

CITY OF SANTA FE

"REQUEST FOR PROPOSALS"

Dental Benefit Plan

RFP #'15/25/P

PROPOSAL DUE:

**February 23, 2015
2:00 P.M.
PURCHASING OFFICE
CITY OF SANTA FE
2651 SIRINGO ROAD
BUILDING "H" SANTA FE,
NEW MEXICO 87505**

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1. Vendor Response Form
2. Instructions Relating to Local Preference Certification Form
3. Local Preference Certification Form
4. Resident Veterans Preference
5. Sample Contract
6. Minimum Wage Ordinance
7. Supplemental Information (Electronic Attachments)
 - a. Dental Census
 - b. Dental Plan Document and Amendment
 - c. Dental Top Providers
 - d. Dental Claims and Utilization

REQUEST FOR PROPOSALS

PROPOSAL NUMBER '15/25/P

Proposals will be received by the City of Santa Fe and shall be delivered to the City of Santa Fe Purchasing Office, 2651 Siringo Road Building "H" Santa Fe, New Mexico 87505 **until 2:00 P.M. local prevailing time February 23, 2015**. Any proposal received after this deadline will not be considered. This proposal is for the purpose of procuring professional services for the following:

Dental Benefit Plan

The proponent's attention is directed to the fact that all applicable Federal Laws, State Laws, Municipal Ordinances, and the rules and regulations of all authorities having jurisdiction over said item shall apply to the proposal throughout, and they will be deemed to be included in the proposal document the same as though herein written out in full.

The City of Santa Fe is an Equal Opportunity Employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation or national origin. The successful proponent will be required to conform to the Equal Opportunity Employment regulations.

Proposals may be held for sixty (60) days subject to action by the City. The City reserves the right to reject any of all proposals in part or in whole. Proposal packets are available by contacting: Shirley Rodriguez, City of Santa Fe, Purchasing Office, 2651 Siringo Road, Building "H" Santa Fe, New Mexico, 87505, (505) 955-5711.



Robert Rodarte, Purchasing Officer

Received by the Santa Fe New Mexican Newspaper on: 01/16/15
To be published on: 01/22/15

Received by the Albuquerque Journal Newspaper on: 01/16/15
To be published on: 01/22/15

PROPOSAL SCHEDULE

RFP # '15/25/P

1. Advertisement: January 22, 2015
2. Issuance of RFP'S: January 22, 2015
3. Receipt of proposals:
February 23, 2015 at 2:00 p.m.
local prevailing time.
Purchasing Office 2651
Siringo Road Bldg., "H"
Santa Fe, New Mexico
87505 (505) 955-5711
4. Evaluation of proposals: March 2, 2015
5. Interviews: March 9, 2015
6. Recommendation of award
to Finance Committee: March 30, 2015
7. Recommendation of award
to City Council: April 8, 2015

DATES HELD WITHIN THE PROPOSAL SCHEDULE POST RFP SUBMITTAL AND CONSIDERATION BY FINANCE COMMITTEE AND CITY COUNCIL ARE TENTATIVE AND SUBJECT TO CHANGE WITHOUT NOTICE.

INFORMATION FOR PROPONENTS

1. RECEIPT OF PROPOSALS

The City of Santa Fe (herein called "City"), invites firms to submit one original and ten copies of the proposal. Proposals will be received by the Purchasing Office, until 2:00 p.m. local prevailing time, February 23, 2015.

The packets shall be submitted and addressed to the Purchasing Office, at 2651 Siringo Road Bldg. "H" Santa Fe, New Mexico 87505. No late proposals will be accepted whether hand delivered, mailed or special delivery. Do not rely on "overnight delivery" without including some lead-time. "Overnight delivery" will be determined to be non-responsive if delivered late, no matter whose fault it was. It is recommended that extra days be included in the anticipated delivery date to ensure delivery is timely. The Purchasing Office is closed 12:00 p.m. to 1:00 p.m. The outside of the envelope should clearly indicate the following information:

Proposal number: '15/25/P
Title of the proposal: City of Santa Fe Self-Funded Dental Insurance Program
Name and address of the proponent:

Any proposal received after the time and date specified shall not be considered. No proposing firm may withdraw a proposal within 60 days after the actual date of the opening thereof.

2. PREPARATION OF PROPOSAL

Vendors shall comply with all instructions and provide all the information requested. Failure to do so may disqualify your proposal. All information shall be given in ink or typewritten. Any corrections shall be initialed in ink by the person signing the proposal.

This request for proposal may be canceled or any and all proposals may be rejected in whole or in part, whenever the City of Santa Fe determines it is in the best interest of the city.

3. ADDENDA AND INTERPRETATIONS

No oral interpretation of the meaning of any section of the proposal documents will be binding. Oral communications are permitted in order to make an assessment of the need for an addendum. Any questions concerning the proposal must be addressed prior to the date set for receipt of proposal.

Every request for such interpretations should be in writing addressed to, Purchasing Officer, 2651 Siringo Road Bldg. "H" Santa Fe, New Mexico, 87505 and to be given consideration must be received at least (5) days prior to the date set for the receiving of proposals.

Any and all such interpretations and any supplemental instruction will be in the form of written addenda to the RFP, which if issued, will be delivered to all prospective firms not later than three days prior to the date fixed for the receipt of the proposals. Failure of any proposing firm to receive any such addenda or interpretations shall not relieve such firm from any obligation under their proposal as submitted. All addenda so issued shall become part of the contract documents.

The City reserves the right to not comply with these time frames if a critical addendum is required or if the proposal deadline needs to be extended due to a critical reason in the best interest of the City of Santa Fe.

4. LAWS AND REGULATIONS

The proposing firm's attention is directed to the fact that all applicable Federal Laws, State Laws, Municipal Ordinances, and the rules and regulations of all authorities having jurisdiction over said item shall apply to the contract throughout. They will be deemed to be included in the contract the same as though herein written out in full.

5. METHOD OF AWARD

The proposal is to be awarded based on qualified proposals as per the enclosed rating system and at the discretion and consideration of the governing body of the City of Santa Fe. The selection committee may interview the top three rated proponents; however, contracts may be awarded without such interviews. At its discretion the city reserves the right to alter the membership or size of the selection committee. The City reserves the right to change the number of firms interviewed.

6. COMPLIANCE WITH CITY'S MINIMUM WAGE RATE ORDINANCE (LIVING WAGE ORDINANCE)

A copy of the City of Santa Fe Ordinance No. 2003-8, passed by the Santa Fe City Council on February 26, 2003 is attached. The proponent or bidder will be required to submit the proposal or bid such that it complies with the ordinance to the extent applicable. The recommended Contractor will be required to comply with the ordinance to the extent applicable, as well as any subsequent changes to the Ordinance throughout the term of this contract.

7. RESIDENT and LOCAL PREFERENCE

INTENT AND POLICY

The city recognizes that the intent of the state resident preference statute is to give New Mexico businesses and contractors an advantage over those businesses, manufacturers and contractors from outside the State of New Mexico. The underlying policy is to give a preference to those persons and companies who contribute to the economy of the State of New Mexico by maintaining businesses and other facilities within the state and giving employment to residents of the state (1969 OP. Att'y Gen. No. 69-42). The city also has adopted a policy to include a local preference to those persons and companies who

contribute to the economy of the County of Santa Fe by maintaining businesses and other facilities within the county and giving employment to residents of the county.

APPLICATION-IN-STATE AND OUT OF STATE BIDDERS

With acknowledgment of this intent and policy, the preference will only be applied when bids are received from in-state and county businesses, manufacturers and contractors that are within 5% of low bids received from out-of-state businesses, manufacturers and contractors (13-1-21 (A) -1-21 (F) and 13-4-2 (C) NMSA 1978).

To be considered a resident for application of the preference, the in-state bidder must have included a valid state purchasing certification number with the submitted bid.

Thus it is recommended that in-state bidders obtain a state purchasing certification number and use it on all bids, in order to have the preference applied to their advantage, in the event an out-of-state bid is submitted. In submitting a bid, it should never be assumed that an out-of-state bid will not be submitted.

For information on obtaining a state purchasing certification number, the potential bidder should contact the State of New Mexico Taxation and Revenue Department.

All resident preferences shall be verified through the State Purchasing Office. Applications for resident preference not confirmed by the State Purchasing Office will be rejected. The certification must be under the bidder's business name submitting the bid.

NON-APPLICATION-COMPETING IN-STATE BIDDERS

If the lowest responsive bid and the next responsive bids within 5% of the lowest bid, are all from the state of New Mexico, then the resident preference will not be applied and the state purchasing certification number will not be considered. To be considered an in-state bidder in this situation, the bidders must meet the definition criteria of Chapter 13-1-21 (A)(1) and Chapter 13-4-2 (A) NMSA 1978. After examining the information included in the bid submitted, the City Purchasing Officer may seek additional information of proof to verify that the business is a valid New Mexico business. If it is determined by the city Purchasing Officer that the information is not factual and the low responsive bid is actually an out-of-state bidder and not a New Mexico business, then the procedures in the previous section may be applied.

If the bidder has met the above criteria, the low responsive "resident" bid shall be multiplied by .95. If that amount is then lower than the low responsive bid of a "non-resident" bidder, the award will be based taking into consideration the resident preference of 5%.

APPLICATION FOR LOCAL PREFERENCE

For the purposes of this section, the terms resident business and resident manufacturer shall be defined as set out in Section 13-1-21 NMSA 1978; the term local as applied to a business or manufacturer shall mean:

Principal Office and location must be stated: To qualify for the local preference, the principal place of business of the enterprise must be physically located within the Santa Fe County Geographic Boundaries. The business location inserted on the Form must be a physical location, street address or such. DO NOT use a post office box or other postal address. Principal place of business must have been established no less than six months preceding application for certification.

The PREFERENCE FACTOR for resident and local preferences applied to bids shall be .95 for resident and .90 for local. The preference for proposals shall be 1.05 for resident and 1.10 for local.

New Mexico Resident Veteran Business Preference: New Mexico law, Section 13-1-22 NMSA 1978, provides a preference in the award of a public works contract for a "resident veteran business". Certification by the NM Department of Taxation and Revenue for the resident veteran business requires the Offeror to provide evidence of annual revenue and other evidence of veteran status.

An Offeror who wants the veteran business preference to be applied to its proposal is required to submit with its proposal the certification from the NM Department of Taxation and Revenue and the sworn affidavit attached hereto as Appendix E.

If an Offeror submits with its proposal a copy of a valid and current veteran resident business certificate, 7%, 8%, or 10% of the total weight of all the evaluation factors used in the evaluation of proposal may be awarded.

The local preference or resident business preference is not cumulative with the resident veteran business preference.

Proposals for Goods and Services. When proposals for the purchase of goods or services pursuant to Section 23 are received, the evaluation score of the proposal receiving the highest score of all proposals from those proponents in the first category listed above shall be multiplied by the Preference Factor. If the resulting score of that proposal receiving the preference is higher than or equal to the highest score of all proposals received, the contract shall be recommended to that proponent receiving the preference. If no proposals are received from proponents in the first category, or if the proposal receiving the preference does not qualify for an award after multiplication by the Preference Factor, the same procedure shall be followed with respect to the next category of proposals listed to determine if a proponent qualifies for award.

Qualifications for Resident Preference. No resident business or manufacturer, as defined, shall be given any preference in the awarding of contracts for furnishing goods or services to the city, unless it shall have qualified with the State Purchasing Agent as a resident business or manufacturer and obtained a certification number as provided in Section 13-1-22 NMSA 1978. The certification number must be submitted with its bid for an offeror to qualify for this preference. The Central Purchasing Office shall determine if a resident preference is applicable to a particular offer on a case by case basis.

Qualifications for Local Preference. The Central Purchasing Office shall have available a form to be completed by all bidders/proponents who desire to apply for the local preference

as a local business. The completed form with the information certified by the offeror must be submitted by the bidders/proponents with their bid or proposal to qualify for this preference.

Limitation. No offeror shall receive more than a 5% for resident and 10% for local preference pursuant to this section on any one offer submitted. A bidder may not claim cumulative preferences.

Application. This section shall not apply to any purchase of goods or services when the expenditure of federal and/or state funds designated for a specific purchase is involved and the award requirements of the funding prohibit resident and/or local preference(s). This shall be determined in writing by the department with the grant requirements attached to the Purchasing Office before the bid or request for proposals is issued.

Exception. The City Council at their discretion can approve waiving the Local Preference requirements for specific projects or on a case by case basis if it is the City's best interest to do so.

New Mexico Resident Preference Number (if applicable)_____

8. PROTESTS AND RESOLUTIONS PROCEDURES

Any proponent, offeror, or contractor who is aggrieved in connection with a procurement may protest to the Purchasing Officer. The protest must be in writing and submitted within fifteen (15) days and requirements regarding protest and resolution of protests are available from the Purchasing Office upon request.

SPECIAL CONDITIONS

1. GENERAL

When the City's Purchasing Officer issues a purchase order document in response to the vendor's bid, a binding contract is created.

2. ASSIGNMENT

Neither the order, nor any interest therein, nor claim under, shall be assigned or transferred by the vendor, except as expressly authorized in writing by the City Purchasing Officer's Office. No such consent shall relieve the vendor from its obligations and liabilities under this order.

3. VARIATION IN SCOPE OF WORK

No increase in the scope of work of services or equipment after award will be accepted, unless means were provided for within the contract documents. Decreases in the scope of work of services or equipment can be made upon request by the city or if such variation has been caused by documented conditions beyond the vendor's control, and then only to the extent, as specified elsewhere in the contract documents.

4. DISCOUNTS

Any applicable discounts should be included in computing the bid submitted. Every effort will be made to process payments within 30 days of satisfactory receipt of goods or services. The City Purchasing Officer shall be the final determination of satisfactory receipt of goods or services.

5. TAXES

The price shall include all taxes applicable. The city is exempt from gross receipts tax on tangible personal property. A tax exempt certificate will be issued upon written request.

6. INVOICING

(A) The vendor's invoice shall be submitted in duplicate and shall contain the following information: invoice number and date, description of the supplies or services, quantities, unit prices and extended totals. Separate invoices shall be submitted for each and every complete order.

(B) Invoice must be submitted to ACCOUNTS PAYABLE and NOT THE CITY PURCHASING AGENT.

7. METHOD OF PAYMENT

Every effort will be made to process payments within 30 days of receipt of a detailed invoice and proof of delivery and acceptance of the products hereby contracted or as otherwise specified in the compensation portion of the contract documents.

8. DEFAULT

The city reserves the right to cancel all or any part of this order without cost to the city if the vendor fails to meet the provisions for this order, and except as otherwise provided herein, to hold the vendor liable for any excess cost occasioned by the city due to the vendor's default. The vendor shall not be liable for any excess cost if failure to perform the order arises out of causes beyond the control and with the fault or negligence of the Vendor and these causes have been made known to the City of Santa Fe in written form within five working days of the vendor becoming aware of a cause which may create any delay; such causes include, but are not limited to, acts of God or the public enemy, acts of the State or of the Federal Government, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, unusually severe weather and defaults of sub-contractors due to any of the above unless the city shall determine that the suppliers or services to be furnished by the sub-contractor are obtainable from other sources in sufficient time to permit the vendor to meet the required delivery schedule. The rights and remedies of the city are not limited to those provided for in this paragraph and are in addition to any other rights provided for by law.

9. NON-DISCRIMINATION

By signing this City of Santa Fe bid or proposal, the vendor agrees to comply with the Presidents Executive Order No. 11246 as amended.

10. NON-COLLUSION

In signing this bid or proposal, the vendor certifies they have not, either directly or indirectly, entered into action in restraint of full competition in connection with this bid or proposal submittal to the City of Santa Fe.

SCOPE OF SERVICES '15/25/P

1. Introduction

The City of Santa Fe, New Mexico is the City government entity of Santa Fe, New Mexico. This Request for Proposal (RFP) is being distributed for the employee dental plan. This RFP contains specifications covering the claims administration for the self-insured portion of the City of Santa Fe dental insurance program. The City is seeking bids to match the current program in place on a self-funded basis. Quotes should be net of commission and state premium tax for a July 1, 2015 effective date.

This RFP and all subsequent modifications are hereby designated as the sole reference and authority for the preparation of proposals. The release of this RFP supersedes all other documents which may exist related to the work to be done. The contents of this RFP and subsequent modifications take precedence over any and all information related to the claims administration of the insurance program obtained from any source, either by written or verbal communications. This RFP shall not be construed (1) to create an obligation on the part of City of Santa Fe to enter into a contract with any firm or (2) to serve as the basis of a claim for reimbursement for expenditures related to the development of a proposal.

2. Information and General Conditions

2.1 Signature

The proposal must be signed in the name of the TPA and/or Carrier and must bear the original signature of the person authorized to sign proposals on behalf of the TPA and/or Carrier.

2.2 Completion of Proposals

Proposals shall be completed in all respects as required by the instructions herein. A proposal will be rejected if, in the opinion of City of Santa Fe, the information contained was intended to erroneously and of fallaciously mislead City of Santa Fe in the evaluation of the proposal.

2.3 Cost of Preparation of Proposals

Costs for developing responses to this RFP are entirely the responsibility of the Proposers and shall not be chargeable to City of Santa Fe.

2.4 Evaluation Process

During the evaluation, validation and selection process, City of Santa Fe may request meetings with a Proposer's representative to request answers to specific questions or may request that they answer specific questions in writing. The City may require that the Proposers make presentations that are pertinent to the evaluation process.

2.5 Award of Contract

It is anticipated that award of the contract will be made within approximately sixty (60) days after the closing date for the Submission of Proposals. The City of Santa Fe

reserves the right to revise the contract award date and also reserves the right to not award the contract.

2.6 Related Experience

All Proposers must submit information that indicates specific qualifications to complete the work to be done as defined herein. Each Proposer shall submit with their proposal a list of four (4) clients for whom similar work has been performed in the past four (4) years. The reference list shall include the names and addresses of the client, the name, title and telephone number of each client's cognizant manager, and the dates the work was performed. During the evaluation and selection process, City of Santa Fe may contact each of the referenced clients. Proposers are hereby advised that City of Santa Fe maintains the sole and exclusive right to determine whether or not the TPA can perform the work to be done.

2.7 Compliance with Laws

Proposers shall agree to comply with all applicable Federal, State and local laws, rules, regulations, ordinances, policies and procedures in the conduct of the program as specified herein.

2.8 Permits and Licenses

The Proposers, its employees and agents, shall be required to secure and maintain valid permits and licenses as required by law for the execution of services pursuant to this Proposal.

2.9 Professional Liability Coverage

Proposers shall provide proof of professional liability coverage.

2.10 Blanket Fidelity Bond

The Proposers shall be required to maintain a blanket fidelity bond in the amount not less than One Million Dollars (\$1,000,000) with an approved corporate surety covering any and all principals, officers and employees involved in the performance of the agreement.

2.11 Errors and Omissions Insurance

Proposers shall be required to maintain Errors and Omissions Insurance in an amount not less than One million fifty-thousand dollars (\$1,050,000) per occurrence and Two Million Dollars (\$2,000,000) aggregate. If the Proposers already have Errors and Omissions coverage, please specify: carrier, policy number, limits, and deductible and expiration date.

2.12 Proposals from Agents

Proposals from agents are not acceptable. All proposals must be submitted directly by the entity to be providing the services.

3. Statement of Work

Dental Insurance Administration

The City of Santa Fe (City) is requesting proposals for administration of their self-funded dental plan with a July 1, 2015 effective date.

There are approximately 1,250 employees enrolled in Dental. All regular employees working at least 20 hours per week are eligible for coverage the first of the month following their date of hire. Eligible dependents include legally married spouse, domestic partner and dependent children to age 26.

The City of Santa Fe contributes 65% toward the cost of dental coverage for employees and their dependents.

The City of Santa Fe is currently self-funded. The City of Santa Fe offers a traditional Preferred Provider Option (PPO). Coverage includes diagnostic and preventive services twice each year, basic, major and orthodontic services.

The successful offeror will cooperate with the City of Santa Fe to customize information and documents, including contracts, plan documents, ID cards, enrollment materials, letters to participants, etc., that will specifically identify (brand) the City of Santa Fe employee plans.

The offeror selected will be required to perform, but are not limited to, the following services on behalf of the City of Santa Fe:

3.1 Dental Claims Administration – Self-Funded

The City requires the offeror to provide dental claims administration for standard PPO plans matching the current plan design.

Please also quote an option matching current plan design with a Preventive Care/Benefit Incentive. Provide a detailed description of benefits proposed, including covered benefits, limitations and exclusions, co-payments, maximum benefits and other plan conditions. Provide a summary description of each benefit which you are offering which differs from current covered benefits.

All applicable reports, data and plan design information are attached for the proposer's use and information in preparing a responsive proposal.

3.2 PPO Network

Please provide a disruption report based on the current providers top billers. Provider report is in electronic attachment.

- a) How often are provider directories updated?
- b) Is any part of your network leased? If yes, identify the owner of the network and the geographic service area.

3.3 Comprehensive Dental Cost Management Services

Please provide an explanation of cost management services you provide.

3.4 Reports and Records Management

The Proposer will maintain records and information regarding claims filed for a period of time as is deemed appropriate and in accordance with applicable laws. Proposers should also provide monthly claims and utilization reports by the end of the month following the reporting period and quarterly reports within 45 days of the end of the quarter.

3.5 Staffing

A designated account management team will be assigned to handle all City of Santa Fe claims. Participation is required in all City of Santa Fe Health Fairs and Open Enrollment Meetings.

- a) What are the telephone hours for your customer service unit?

3.6 Communication

- A. The City of Santa Fe must be given prior notification of all communication materials sent to City of Santa Fe employees.
- B. Proposers must be able to accept electronic file, record, and transaction formats utilized by the City of Santa Fe. The capability to electronically upload and download data to and from the Proponent's application processing systems without the need to re-key or reformat data is essential.

3.7 Rate Guarantees

Proposers shall provide proposal with rate guarantee options of one (1) and two (2) years.

3.8 Fiduciary Responsibilities

Are you willing to be designated as the claims and appeals fiduciary for the clients' plans? Specifically, you will handle both the benefit determination (a.k.a., ERISA claim) and any mandatory benefit determination on review (a.k.a., ERISA appeals). ERISA reg. section 2560.503-1 (h)(3) requires that an adverse benefit determination be made by a named fiduciary of the plan and that will require your organization to take such a role. If not, please describe why you would be unwilling to agree to this request.

5. General Requirements and Payment of Administrative Fee

5.1 General Requirements

Proposers shall be a recognized administrator licensed to do such business in the State of New Mexico. A copy of the New Mexico license shall be provided by the Dental Plan Administrator prior to execution of the Agreement. Proposers shall also have a City of Santa Fe business license and a New Mexico Taxation and Revenue CRS number.

5.2 Payment of Administrative Fees / Premiums

The City of Santa Fe shall pay the TPA an administrative fee equal to that proposed by the TPA and accepted by City of Santa Fe. Payment shall be made monthly on receipt of an invoice from the TPA. Payment shall be made within Forty-five (45) days of receipt of the monthly invoice from the TPA or Carrier.

6. Proposal Response Requirement

6.1 General

Each Proposer shall complete this portion of the Request for Proposals by discussing each item in the order presented. Responses to this Section will be analyzed by City of Santa Fe to determine the recommendations of the successful Proposer. Responses must be legible, clear, accurate, complete, and must be signed by an authorized representative of the Proposer.

6.2. Title Page

Indicate the name of the firm, the local address, the name of the firm's contact person, the telephone and FAX numbers of the contact person and the date.

6.3 Table of Contents

Include a clear identification of the material submitted by your firm by section and by page number.

6.4 Profile of Firm

- A. State whether your firm is local, regional, national or international. Include information on any affiliations and/or subsidiaries.
- B. State the location of the offices from which the work will be done if your firm is awarded the contract, the number of partners, managers, seniors, supervisors and other professional staff employed by these offices.
- C. Describe the range of activities performed by the offices from which the work will be performed (i.e., insurance sales, administration of other types of programs, general management services.)

6.5 Proposers Staffing and Qualifications

- A. Indicate the name of the person who will manage the administration activities as specified in this RFP. Provide a brief resume of the manager's background training and experience. Specifically discuss the individual's experience in managing a claims administration program of the size and scope of the program described herein.

- B. Indicate the names of claims supervisors who will be assigned to City of Santa Fe's program. Include a brief resume of each individual's background training and experience. Indicate whether the supervisors are licensed by the State.

6.6 Reports

Describe the various reports related to the program that will be prepared by your firm as part of this proposal, and the frequency thereof. Attach samples of proposed reports.

6.7 Transition Program

Describe the recommended process to be implemented with regard to transition of open claims to a new claims administrator. Include a time frame for implementation of the program from the date of award of contract.

6.8 Record Keeping

Describe record keeping procedures to be utilized for all aspects of the claims administration program.

6.9 Fee / Premium Structure

- A. Describe in detail all fees or premiums to be charged. The fee structure shall be quoted for a four year contract with annual amounts quoted for each year.
- B. Annual amounts shall include applicable gross receipts taxes.
- C. Discuss any additional cost for report modifications, specialization, etc.
- D. Provide information on rate guarantees.

6.10 Experience of Firm

Discuss experience of your firm relative to administration of claim programs.

- A. Provide the number of self-insured clients for which you currently provide services.
- B. Provide a sample benefit plan description for your Consumer Directed plan(s).
- C. Describe your claim administration process in detail (i.e., auto adjudication capabilities, supervisory level involvement, and service team).
- D. Describe your standard banking arrangements for self-funded clients. Minimum Premium Funding arrangements will be considered.

6.11 PPO Network

- A. Provide GeoAccess analysis for Dental care providers. Please also provide a Provider Disruption Report based on Top Providers from current plan.
- B. Describe your PPO network contracting arrangements. Is your network leased or owned? Describe any special programs or resources you offer to providers.
- C. Provide your average discounts for the following in the Santa Fe, NM area:
 - Dental Care Providers and Specialist office visits

6.12 Comprehensive Dental Cost Management Services

- A. Describe your company's utilization review, case management, and disease management programs.
- B. Are these programs internally managed by your organization or contracted/outsourced to another company?

6.13 Plan Design

- A. Proposers are required to provide quotes based on the City's current plan design as well as an option with a Preventive Care Benefit/Incentive option.
- B. Proposers must quote the above options. Proposers may be disqualified if unable to quote these options. However, in addition to the requested options proposers may suggest changes that may provide the most cost effective benefit solution.

6.14 Personnel / Account Maintenance

The proposer shall list the names of the personnel who will be performing the work for the City and include a copy of their resumes and areas of responsibility they will assume in the overall implementation of this service.

6.15 Standard Agreement

Include a copy of your firm's standard Agreement covering Administration Self Insured programs. This RFP shall become part of an approved contract as an appendix.

6.16 COBRA Administration

Provide complete details on COBRA administration.

6.17 Vendor Response Forms

Complete forms provided.

ADDITIONAL REQUIREMENTS

I. POLICY TERMINATION

The agreement may be terminated by either party with or without cause, subject to a 90-day notice.

II. SUBROGATION

Please describe in detail (on a separate sheet) the fee basis for subrogation recovery activities when applicable (percentage of recovery not acceptable).

III. FINANCIAL STATEMENT

Proposers are required to provide current financial statements as part of this proposal.

IV. EXCEPTIONS

Describe in detail services offered which do not meet or exceed the requirements of these specifications (use separate sheet).

V. REFERENCES

Please provide a list of four (4) clients for whom your firm has provided administration services in the past two (2) years.

VI. CLAIMS SERVICE AGREEMENT

Please provide a proposed Third Party Administrator Claims Service Agreement incorporating the terms listed herein for a term of four (4) years beginning July 1, 2015.

**EVALUATION CRITERIA
&
WEIGHTED VALUES**

EVALUATION COMMITTEE MEMBERS

Human Resources Department Director or representative
 City of Santa Fe Group Insurance Advisory Committee Members
 Representative(s) from AON Risk Solutions
 City of SF Purchasing Director

At its discretion, the City reserves the right to alter the membership and size of the committee.

Scores of the evaluation committee members will be totaled to determine the top rated firms.

If interviews are conducted for the top three rated firms, those scores totaled from the evaluation committee members from the interview evaluations will determine the final top rated firm, unless other tangible extenuating circumstances are documented.

Unless noted elsewhere in this RFP, the same evaluation form will be used to separate the interview scores.

DENTAL INSURANCE

<u>PROPOSAL CRITERIA</u>	Weighted Value	Score 1-5	Evaluation Pts.	Maximum Score
Dental Claims Administration Fees	35% x			175
Provider Network	35% x			175
Ease of Eligibility Maintenance	30% x			150
Total				500
Evaluation Points	1-lowest	5-Highest		

RESPONSE FORMS

For ASO:

Please provide detailed benefit summaries for all plans quoted. If your plan does not match the current plan the City of Santa Fe (COSF) has in force, you must provide a summary of the differences.

	Current Program
Current Contribution Structure:	COSF pays 65% of cost for employees and dependents
Current Premium Equivalents:	EE \$36.16 ES \$68.46 EC \$60.74 EF \$92.03
Eligibility:	Employees working 20 or more hours per week. Effective first of the month following date of hire. Domestic partners are covered.
Vendor's Minimum Employer Contribution Level:	
Vendor's Credibility Factors Used to Generate Quote:	
Vendor's Expected or Targeted Loss Ratios:	
Rate Guarantees Provided:	
Vendor's Minimum Participation Requirements:	

For ASO Quotes:

Fees (PEPM):	Current Fee/Basis (PEPM, Transaction, etc.)	Current PEPM Fees/Costs	Vendor Response
ASO Fee	Employee	\$3.60	
	Dependents	\$3.60	

Please provide complete detail of your ASO fees.

INSTRUCTIONS RELATING TO LOCAL PREFERENCE CERTIFICATION FORM

1. **All information must be provided.** A 10% local preference may be available for this procurement. To qualify for this preference, an offeror **must** complete and submit **the local preference certification form with its offer**. If an offer is received without the form attached, completed, notarized, and signed or if the form is received without the required information, the preference will not be applied. **The local preference form or a corrected form will not be accepted after the deadline for receipt of bids or proposals.**
2. **Local Preference precedence over State Preference:** The Local Preference takes precedence over the State Resident Preference and only one such preference will be applied to any one bid or proposal. If it is determined that the local preference applies to one or more offerors in any solicitation, the State Resident Preference will not be applied to any offers.
3. **Principal Office and location must be stated:** To qualify for the local preference, the principal place of business of the enterprise must be physically located within the Santa Fe County Geographic Boundaries. The business location inserted on the Form must be a physical location, street address or such. **DO NOT** use a post office box or other postal address. Principal place of business must have been established no less than six months preceding application for certification.
4. **Subcontractors do not qualify:** Only the business, or if joint venture, one of the parties of the joint venture, which will actually be performing the services or providing the goods solicited by this request and will be responsible under any resulting contract will qualify for this preference. A subcontractor may not qualify on behalf of a prime contractor.
5. **Definition:** The following definition applies to this preference.

A local business is an entity with its Principal office and place of business located in Santa Fe County.

A Principal office is defined as: The main or home office of the business as identified in tax returns, business licenses and other official business documents. A Principal office is the primary location where the business conducts its daily operations, for the general public, if applicable. A temporary location or movable property, or one that is established to oversee a City of Santa Fe project does not qualify as a Principal office.

Additional Documentation: If requested a business will be required to provide, within 3 working days of the request, documentation to substantiate the information provided on the form. Any business which must be registered under state law must be able to show that it is a business entity in good standing if so requested.

LOCAL PREFERENCE CERTIFICATION FORM

RFP/RFB NO: _____

Business Name: _____

Principal Office: _____
Street Address City State Zip Code

City of Santa Fe Business License # _____ (Attach Copy to this Form)

Date Principal Office was established: _____ (Established date must be six months before date of Publication of this RFP or RFB).

CERTIFICATION

I hereby certify that the business set out above is the principal Offeror submitting this offer or is one of the principal Offerors jointly submitting this offer (e.g. as a partnership, joint venture). I hereby certify that the information which I have provided on this Form is true and correct, that I am authorized to sign on behalf of the business set out above and, if requested by the City of Santa Fe, will provide within 3 working days of receipt of notice, the necessary documents to substantiate the information provided on this Form.

Signature of Authorized Individual: _____

Printed Name: _____

Title: _____ Date: _____

Subscribed and sworn before me by _____ this _____, day of _____

My commission expires _____

Notary Public

SEAL

YOU MUST RETURN THIS FORM WITH YOU OFFER

RESIDENT VETERANS PREFERENCE CERTIFICATION

_____ (NAME OF CONTRACTOR) hereby certifies the following in regard to application of the resident veterans' preference to this procurement.

Please check one box only:

I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is less than \$1M allowing me the 10% preference discount on this solicitation. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is more than \$1M but less than \$5M allowing me the 8% preference discount on this solicitation. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is more than \$5M allowing me the 7% preference discount on this solicitation. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

I agree to submit a report or reports to the State Purchasing Division of the General Services Department declaring under penalty of perjury that during the last calendar year starting January 1 and ending on December 31, the following to be true and accurate:

In conjunction with this procurement and the requirements of this business application for a Resident Veteran Business Preference/Resident Veteran Contractor Preference under Sections 13-1-21 or 13-1-22 NMSA 1978, which awarded a contract which was on the basis of having such veterans preference, I agree to report to the State Purchasing Division of the General Services Department the awarded amount involved. I will indicate in the report the award amount as a purchase from a public body or as a public works contract from a public body as the case may be.

I understand that knowingly giving false or misleading information on this report constitutes a crime.

I declare under penalty of perjury that this statement is true to the best of my knowledge. I understand that giving false or misleading statements about material fact regarding this matter constitutes a crime.

(Signature of Business Representative)*

(Date)

*Must be an authorized signatory of the Business.

The representation made by checking the above boxes constitutes a material representation by the business. If the statements are proven to be incorrect, this may result in denial of an award or un-award of the procurement.

SIGNED AND SEALED THIS _____ DAY OF _____, 2012.

NOTARY PUBLIC

My Commission Expires:

DENTAL PSA SAMPLE FOR RFP

REQUEST FOR PROPOSALS
CITY OF SANTA FE
PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT is made and entered into by and between the City of Santa Fe (the "City") and _____ (the "Contractor"). The date of this Agreement shall be the date when it is executed by the City and the Contractor, whichever occurs last.

1. SCOPE OF SERVICES

Administration of their self-funded dental plan with a July 1, 2015 effective date.

There are approximately 1,250 employees enrolled in Dental. All regular employees working at least 20 hours per week are eligible for coverage the first of the month following their date of hire. Eligible dependents include legally married spouse, domestic partner and dependent children to age 26.

The City of Santa Fe contributes 65% toward the cost of dental coverage for employees and their dependents.

The City of Santa Fe is currently self-funded. The City of Santa Fe offers a traditional Preferred Provider Option (PPO). Coverage includes diagnostic and preventive services twice each year, basic, major and orthodontic services.

The Contractor will cooperate with the City of Santa Fe to customize information and documents, including contracts, plan documents, ID cards, enrollment materials, letters to participants, etc., that will specifically identify (brand) the City of Santa Fe employee plans.

A. The Contractor will be required to perform, but are not limited to, the following services on behalf of the City of Santa Fe:

- (1) **Dental Claims Administration – Self-Funded**
The City requires the Contractor to provide dental claims administration for standard PPO plans matching the plan design released in the Request for Proposal # _____ and agreed upon by the Contractor through its submittal, which included a Preventive Care/Benefit Incentive and a detailed

description of benefits, including covered benefits, limitations and exclusions, co-payments, maximum benefits and other plan conditions.

(2) PPO Network

As submitted in response to RFP #_____.

(3) Comprehensive Dental Cost Management Services

As submitted in response to RFP #_____.

(4) Reports and Records Management

The Contractor will maintain records and information regarding claims filed for a period of time as is deemed appropriate and in accordance with applicable laws. Contractor should also provide monthly claims and utilization reports by the end of the month following the reporting period and quarterly reports within 45 days of the end of the quarter.

(5) Staffing

A designated account management team will be assigned to handle all City of Santa Fe claims. Participation is required in all City of Santa Fe Health Fairs and Open Enrollment Meetings.

(6) Communication

- a. The City of Santa Fe must be given prior notification of all communication materials sent to City of Santa Fe employees.
- b. Contractor must be able to accept electronic file, record, and transaction formats utilized by the City of Santa Fe. The capability to electronically upload and download data to and from the Proponent's application processing systems without the need to re-key or reformat data is essential.

(7) Rate Guarantees

Rate guarantee options of one (1) and two (2) years as submitted in response to RFP#_____.

(8) Fiduciary Responsibilities

Contractor is designated as the claims and appeals fiduciary for the City's plans. Specifically, Contractor will handle both the benefit determination (a.k.a., ERISA claim) and any mandatory benefit determination on review (a.k.a., ERISA appeals). ERISA reg. section 2560.503-1 (h)(3) requires that an adverse benefit determination be made by a named fiduciary of the plan and that will require the Contractor to take such a role.

2. STANDARD OF PERFORMANCE; LICENSES

A. The Contractor represents that it possesses the experience and knowledge necessary to perform the services described under this Agreement.

B. The Contractor agrees to obtain and maintain throughout the term of this Agreement, all applicable professional and business licenses required by law, for itself, its employees, agents, representatives and subcontractors.

3. COMPENSATION

A. The City shall pay to the Contractor in full payment for services rendered, a sum not to exceed _____dollars (\$_____),plus/ inclusive of applicable gross receipts taxes. , Payment shall be made for services actually rendered at a rate of _____ dollars (\$_____) per hour.

B. The Contractor shall be responsible for payment of gross receipts taxes levied by the State of New Mexico on the sums paid under this Agreement.

C. Payment shall be made upon receipt, approval and acceptance by the City of detailed statements containing a report of services completed. Compensation shall be paid only for services actually performed and accepted by the City.

4. APPROPRIATIONS

The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by the City for the performance of this Agreement. If sufficient appropriations and authorization are not made by the City, this Agreement shall terminate upon written notice being given by the City to the Contractor. The City's decision as to whether sufficient appropriations are available shall be accepted by the

Contractor and shall be final.

5. TERM AND EFFECTIVE DATE

This Agreement shall be effective when signed by the City and the Contractor, whichever occurs last, and shall terminate on _____ unless sooner pursuant to Article 6 below.

6. TERMINATION

A. This Agreement may be terminated by the City upon 30 days written notice to the Contractor.

(1) The Contractor shall render a final report of the services performed up to the date of termination and shall turn over to the City original copies of all work product, research or papers prepared under this Agreement.

(2) If compensation is not based upon hourly rates for services rendered, therefore the City shall pay the Contractor for the reasonable value of services satisfactorily performed through the date Contractor receives notice of such termination, and for which compensation has not already been paid.

(3) If compensation is based upon hourly rates and expenses, Contractor shall be paid for services rendered and expenses incurred through the date Contractor receives notice of such termination.

7. STATUS OF CONTRACTOR; RESPONSIBILITY FOR PAYMENT OF EMPLOYEES AND SUBCONTRACTORS

A. The Contractor and its agents and employees are independent contractors performing professional services for the City and are not employees of the City. The Contractor, and its agents and employees, shall not accrue leave, retirement,

insurance, bonding, use of City vehicles, or any other benefits afforded to employees of the City as a result of this Agreement.

B. Contractor shall be solely responsible for payment of wages, salaries and benefits to any and all employees or subcontractors retained by Contractor in the performance of the services under this Agreement.

C. The Contractor shall comply with City of Santa Fe Minimum Wage, Article 28-1-SFCC 1987, as well as any subsequent changes to such article throughout the term of this Agreement.

8. CONFIDENTIALITY

Any confidential information provided to or developed by the Contractor in the performance of this Agreement shall be kept confidential and shall not be made available to any individual or organization by the Contractor without the prior written approval of the City.

9. CONFLICT OF INTEREST

The Contractor warrants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required under this Agreement. Contractor further agrees that in the performance of this Agreement no persons having any such interests shall be employed.

10. ASSIGNMENT; SUBCONTRACTING

The Contractor shall not assign or transfer any rights, privileges, obligations or other interest under this Agreement, including any claims for money due, without the prior written consent of the City. The Contractor shall not subcontract any portion of the

services to be performed under this Agreement without the prior written approval of the City.

11. RELEASE

The Contractor, upon acceptance of final payment of the amount due under this Agreement, releases the City, its officers and employees, from all liabilities, claims and obligations whatsoever arising from or under this Agreement. The Contractor agrees not to purport to bind the City to any obligation not assumed herein by the City unless the Contractor has express written authority to do so, and then only within the strict limits of that authority.

12. INSURANCE

A. The Contractor, at its own cost and expense, shall carry and maintain in full force and effect during the term of this Agreement, comprehensive general liability insurance covering bodily injury and property damage liability, in a form and with an insurance company acceptable to the City, with limits of coverage in the maximum amount which the City could be held liable under the New Mexico Tort Claims Act for each person injured and for each accident resulting in damage to property. Such insurance shall provide that the City is named as an additional insured and that the City is notified no less than 30 days in advance of cancellation for any reason. The Contractor shall furnish the City with a copy of a Certificate of Insurance as a condition prior to performing services under this Agreement.

B. Contractor shall also obtain and maintain Workers' Compensation insurance, required by law, to provide coverage for Contractor's employees throughout the term of this Agreement. Contractor shall provide the City with evidence of its

compliance with such requirement.

C. Contractor shall maintain professional liability insurance throughout the term of this Agreement providing a minimum coverage in the amount required under the New Mexico Tort Claims Act. The Contractor shall furnish the City with proof of insurance of Contractor's compliance with the provisions of this section as a condition prior to performing services under this Agreement.

13. INDEMNIFICATION

The Contractor shall indemnify, hold harmless and defend the City from all losses, damages, claims or judgments, including payments of all attorneys' fees and costs on account of any suit, judgment, execution, claim, action or demand whatsoever arising from Contractor's performance under this Agreement as well as the performance of Contractor's employees, agents, representatives and subcontractors.

14. NEW MEXICO TORT CLAIMS ACT

Any liability incurred by the City of Santa Fe in connection with this Agreement is subject to the immunities and limitations of the New Mexico Tort Claims Act, Section 41-4-1, et. seq. NMSA 1978, as amended. The City and its "public employees" as defined in the New Mexico Tort Claims Act, do not waive sovereign immunity, do not waive any defense and do not waive any limitation of liability pursuant to law. No provision in this Agreement modifies or waives any provision of the New Mexico Tort Claims Act.

15. THIRD PARTY BENEFICIARIES

By entering into this Agreement, the parties do not intend to create any right, title or interest in or for the benefit of any person other than the City and the

Contractor. No person shall claim any right, title or interest under this Agreement or seek to enforce this Agreement as a third party beneficiary of this Agreement.

16. RECORDS AND AUDIT

The Contractor shall maintain, throughout the term of this Agreement and for a period of three years thereafter, detailed records that indicate the date, time and nature of services rendered. These records shall be subject to inspection by the City, the Department of Finance and Administration, and the State Auditor. The City shall have the right to audit the billing both before and after payment. Payment under this Agreement shall not foreclose the right of the City to recover excessive or illegal payments.

17. APPLICABLE LAW; CHOICE OF LAW; VENUE

Contractor shall abide by all applicable federal and state laws and regulations, and all ordinances, rules and regulations of the City of Santa Fe. In any action, suit or legal dispute arising from this Agreement, the Contractor agrees that the laws of the State of New Mexico shall govern. The parties agree that any action or suit arising from this Agreement shall be commenced in a federal or state court of competent jurisdiction in New Mexico. Any action or suit commenced in the courts of the State of New Mexico shall be brought in the First Judicial District Court.

18. AMENDMENT

This Agreement shall not be altered, changed or modified except by an amendment in writing executed by the parties hereto.

19. SCOPE OF AGREEMENT

This Agreement incorporates all the agreements, covenants, and understandings between the parties hereto concerning the services to be performed

hereunder, and all such agreements, covenants and understandings have been merged into this Agreement. This Agreement expresses the entire Agreement and understanding between the parties with respect to said services. No prior agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

20. NON-DISCRIMINATION

During the term of this Agreement, Contractor shall not discriminate against any employee or applicant for an employment position to be used in the performance of services by Contractor hereunder, on the basis of ethnicity, race, age, religion, creed, color, national origin, ancestry, sex, gender, sexual orientation, physical or mental disability, medical condition, or citizenship status.

21. SEVERABILITY

In case any one or more of the provisions contained in this Agreement or any application thereof shall be invalid, illegal or unenforceable in any respect, the validity, legality, and enforceability of the remaining provisions contained herein and any other application thereof shall not in any way be affected or impaired thereby.

22. NOTICES

Any notices required to be given under this Agreement shall be in writing and served by personal delivery or by mail, postage prepaid, to the parties at the following addresses:

City of Santa Fe:

Contractor:

Living Wage Ordinance

Ordinance Number §28-1-28-1.12DSFCC 1987

Purpose:

The City of Santa Fe Living Wage Ordinance was adopted to establish minimum hourly wages.

Who it affects:

- All profit and nonprofit businesses required to have a business license or business registration with the City of Santa Fe.

Compliance:

- Affected businesses are required to pay employees an hourly wage of \$10.66 effective March 1, 2014.
- Beginning January 1, 2009, and each year thereafter, the minimum wage shall be adjusted upward by an amount corresponding to the previous year's increase, if any, in the Consumer Price Index for the Western Region for Urban Wage Earners and Clerical Workers.
- For workers who customarily receive more than \$100 per month in tips or commissions, any tips or commissions received and retained by a worker shall be counted as wages and credited toward satisfaction of the minimum wage provided that, for tipped workers, all tips received by such workers are retained by the workers, except that the pooling of tips among workers shall be permitted.
- The value of health care benefits and child care shall be considered as an element of wages.
- Nonprofit organizations whose primary source of funds is from Medicaid waivers are *exempt*.

Prohibitions against retaliation and circumvention:

- It shall be unlawful for any business, employer or employer's agent or representative to take any action against an individual in retaliation for exercising or communicating rights under this ordinance. This includes retaliation against individuals who mistakenly but in good faith allege noncompliance with the ordinance.
- Taking adverse action against an individual within 60 days of the individual's assertion of or communication of information regarding rights raises a reputable presumption of retaliation for assertion of rights.
- It shall be unlawful for any business or employer to intentionally circumvent the requirements of this ordinance by contracting portions of its operations or leasing portions of its property.

Enforcement and Remedies:

- Administrative Enforcement—The city manager, or his/her designee, is authorized, as appropriate and as resources permit, to enforce this ordinance.
- Criminal Penalty—A person violating this ordinance shall be guilty of a misdemeanor and, upon conviction, for each offense may be subject to fines and imprisonment as set forth in Section 1-3 SFCC 1987. A person violating any of the requirements of this ordinance shall be guilty of a separate offense for each day or portion thereof and for each worker or person to whom any such violation occurred.
- Other Remedies—The city, any individual aggrieved by a violation of this ordinance, or any entity the members of which have been aggrieved by a violation of this ordinance, may bring a civil action in a court of competent jurisdiction to restrain, correct, abate or remedy any violation of this ordinance and, upon prevailing, shall be entitled to such legal or equitable relief as may be appropriate to remedy the violation including, without limitation, reinstatement, the payment of any wages due and an additional amount as liquidated damages equal to twice the amount of any wages due, injunctive relief, and reasonable attorney's fees and costs.

Nonexclusive Remedies and Penalties—The remedies provided in this section are not exclusive, and nothing in this ordinance shall preclude any person from seeking any other remedies, penalties, or relief provided by law.

Posting and Publication:

- Any business subject to the provisions of this ordinance shall as a condition to obtaining and holding a City of Santa Fe business license or registration, post and display in a prominent location next to its business license or registration on the business premises a notice, in English and Spanish, that the business is in compliance with the provisions of this ordinance and post the text of this notice. Failure to comply with this section shall be construed a violation of this ordinance and, in addition, shall be considered grounds for suspensions, revocation, or termination of the business license or registration.

For more information, please contact: Constituent Services at 505-955-6949 Email: constituentservices@santafenm.gov

Gender	BirthDate	HireDate	Zip	Coverage
M	04/15/1987	03/22/2010	87505	Core Domestic Partner (Double)
M	06/16/1971	02/29/1992	87144	Core Employee + Child(ren)
M	02/23/1977	11/06/1995	87501	Core Employee + Child(ren)
F	10/04/1980	09/09/2002	87501	Core Employee + Child(ren)
M	12/06/1987	01/04/2010	87560	Core Employee + Child(ren)
F	09/14/1968	08/15/2011	87532	Core Employee + Child(ren)
M	05/08/1961	05/22/2006	87507	Core Employee + Child(ren)
M	12/29/1982	06/03/2013	87507	Core Employee + Child(ren)
M	08/17/1976	01/11/2010	87506	Core Employee + Child(ren)
M	05/11/1953	09/12/2011	87501	Core Employee + Child(ren)
M	02/12/1975	06/25/2007	87507	Core Employee + Family
M	01/28/1976	06/15/2009	87508	Core Employee + Family
M	04/18/1969	05/09/2011	87035	Core Employee + Family
F	11/28/1964	03/27/2006	87501	Core Employee + Family
M	03/16/1963	10/01/2007	87144	Core Employee + Family
M	04/19/1989	10/04/2010	87502	Core Employee + Family
M	09/24/1972	04/30/2012	87507	Core Employee + Family
M	10/06/1960	11/01/2010	87507	Core Employee + Spouse
F	06/05/1959	03/05/2012	87506	Core Employee + Spouse
M	04/13/1956	03/30/1998	87701	Core Employee + Spouse
M	12/08/1959	12/17/2003	87501	Core Employee + Spouse
F	07/22/1949	10/28/1996	87506	Core Employee + Spouse
M	03/23/1981	05/28/2013	87507	Core Employee + Spouse
F	08/23/1955	02/17/2007	87505	Core Employee + Spouse
M	01/11/1988	12/10/2007	87505	Core Single
M	12/01/1989	05/31/2011	87508	Core Single
M	08/01/1990	05/31/2011	87501	Core Single
M	03/13/1943	07/14/2014	87107	Core Single
M	05/17/1987	06/15/2009	87505	Core Single
M	06/29/1969	10/01/2001	87501	Core Single
M	09/25/1971	03/22/1993	87501	Core Single
F	10/03/1978	05/31/2011	87507	Core Single
M	09/11/1955	01/24/1998	87592	Core Single
M	03/12/1956	10/20/2003	87106	Core Single
M	01/23/1986	04/11/2007	87502	Core Single
M	11/27/1953	10/15/2007	87507	Core Single
F	03/21/1987	03/31/2008	87507	Core Single
M	06/03/1974	05/05/2003	87507	Core Single
M	05/07/1978	03/24/2006	87505	Core Single
F	05/25/1990	05/10/2010	87533	Core Single
M	05/10/1986	09/14/2009	87144	Core Single
M	11/07/1955	05/20/2008	87507	Core Single
F	11/27/1955	05/16/2005	87507	Core Single
M	02/19/1959	11/03/2008	87507	Core Single
M	03/26/1969	08/15/1994	87501	Core Single
M	10/23/1961	04/01/1996	87552	Core Single

F	11/12/1985	10/31/2011	87507	Core Single
F	04/25/1956	01/29/2007	87505	Core Single
M	10/04/1978	01/29/2007	87501	HRA Employee + Child(ren)
M	04/10/1954	12/11/2003	87507-0000	HRA Employee + Child(ren)
F	04/03/1966	08/08/2006	87504	HRA Employee + Child(ren)
M	06/27/1977	09/16/2002	87501	HRA Employee + Child(ren)
M	06/08/1959	02/07/2011	72032	HRA Employee + Family
M	01/23/1967	12/27/2010	87507	HRA Employee + Family
M	11/01/1988	03/23/2009	87111	HRA Employee + Spouse
M	10/02/1985	12/27/2011	87507	HRA Single
M	03/09/1993	05/13/2013	87552	HRA Single
M	12/31/1956	04/28/2014	87501	HRA Single
M	06/22/1954	10/23/2007	87507	HRA Single
M	04/30/1985	03/31/2008	87505	HRA Single
M	03/12/1960	06/25/2003	87508	HRA Single
M	11/09/1955	02/05/2007	87505	HRA Single
M	07/13/1989	06/15/2009	87552	HRA Single
M	02/23/1983	05/18/2009	87507	HRA Single
M	01/26/1966	08/23/1997	87144	Premium Domestic Partner (double)
M	11/14/1985	01/29/2007	87108	Premium Domestic Partner (double)
M	11/17/1963	02/22/1986	87505	Premium Domestic Partner (double)
M	05/07/1982	01/29/2007	87120	Premium Domestic Partner (double)
F	02/05/1957	06/16/1997	87504	Premium Domestic Partner (double)
M	02/15/1966	07/11/2003	87123	Premium Domestic Partner (double)
M	02/15/1960	06/01/2009	87505	Premium Domestic Partner (double)
M	05/26/1952	02/04/2002	87507	Premium Domestic Partner (double)
M	01/07/1970	05/12/2008	87507	Premium Domestic Partner (double)
M	12/15/1979	11/22/1999	87505	Premium Domestic Partner (double)
M	03/07/1963	04/13/1993	87501	Premium Domestic Partner (double)
M	04/17/1979	02/12/2008	87505	Premium Domestic Partner (double)
M	03/09/1960	09/17/2014	87501	Premium Domestic Partner (double)
M	03/09/1955	06/30/2001	87501	Premium Domestic Partner (double)
M	11/06/1963	09/23/2009	87501	Premium Domestic Partner (double)
F	02/13/1962	11/14/2011	87504	Premium Domestic Partner (double)
M	06/25/1950	11/16/2010	87508	Premium Domestic Partner (double)
M	09/28/1958	06/05/2008	87507	Premium Domestic Partner (double)
M	02/21/1980	05/27/2009	87507	Premium Domestic Partner (double)
F	11/16/1986	06/02/2007	87505	Premium Domestic Partner (double)
F	08/21/1965	07/03/2006	87501	Premium Domestic Partner (double)
M	01/26/1981	12/13/2011	87144	Premium Domestic Partner (double)
M	09/04/1981	01/31/2005	87507	Premium Domestic Partner (double)
M	12/03/1979	02/21/2008	87507	Premium Domestic Partner + Family
F	04/13/1985	03/23/2009	87502	Premium Domestic Partner + Family
M	12/01/1965	02/25/1995	87592	Premium Domestic Partner + Family
M	10/29/1959	03/22/2004	87508	Premium Domestic Partner + Family
M	07/28/1979	01/19/1999	87507	Premium Domestic Partner + Family
F	07/14/1968	03/03/2014	87505	Premium Domestic Partner + Family

M	10/31/1977	05/07/2001	87505	Premium Domestic Partner + Family
M	05/27/1971	01/13/2003	87594	Premium Domestic Partner + Family
M	04/19/1968	07/20/1994	87507	Premium Domestic Partner + Family
F	12/23/1982	06/30/2001	87535	Premium Domestic Partner + Family
F	08/26/1958	02/28/2005	87505	Premium Domestic Partner + Family
M	05/19/1981	02/17/2007	87505	Premium Domestic Partner + Family
M	09/20/1971	06/03/2009	87507	Premium Domestic Partner + Family
M	11/13/1972	01/28/2014	87574	Premium Domestic Partner + Family
M	09/22/1978	10/15/2013	87508	Premium Domestic Partner + Family
M	09/11/1964	11/17/2008	87507	Premium Domestic Partner + Family
F	09/30/1963	06/07/2010	87501	Premium Domestic Partner + Family
M	05/27/1981	04/28/2014	87507	Premium Domestic Partner + Family
F	03/25/1961	04/12/2000	87120	Premium Domestic Partner + Family
F	03/31/1987	04/24/2007	87508	Premium Domestic Partner + Family
M	04/28/1980	03/29/2004	87505	Premium Domestic Partner + Family
M	07/04/1972	05/24/1999	87522	Premium Domestic Partner + Family
M	06/13/1989	02/13/2008	87552	Premium Domestic Partner + Family
M	06/16/1966	12/13/1999	87501	Premium Domestic Partner + Family
M	09/11/1983	03/23/2009	87113	Premium Domestic Partner + Family
F	01/31/1980	07/22/2013	87507	Premium Domestic Partner + Family
M	06/11/1962	01/22/2002	87505	Premium Domestic Partner + Family
M	03/21/1966	12/02/2003	87505-0000	Premium Domestic Partner + Family
M	04/02/1978	03/22/2001	87502	Premium Domestic Partner + Family
M	01/16/1974	04/21/2008	87507	Premium Domestic Partner + Family
M	01/06/1973	06/06/2011	87552	Premium Domestic Partner + Family
M	09/25/1969	03/04/2002	87552	Premium Domestic Partner + Family
M	06/01/1977	02/16/2004	87507	Premium Domestic Partner + Family
M	05/11/1987	05/31/2011	87507	Premium Employee + Child(ren)
F	07/23/1961	02/11/2013	87507	Premium Employee + Child(ren)
M	02/16/1959	01/22/2004	87505	Premium Employee + Child(ren)
M	07/25/1970	04/01/1996	87507	Premium Employee + Child(ren)
F	10/27/1967	10/19/1993	87507	Premium Employee + Child(ren)
M	02/19/1960	10/24/1992	87501	Premium Employee + Child(ren)
M	07/20/1986	07/23/2012	87532	Premium Employee + Child(ren)
M	03/17/1955	07/12/2002	87505	Premium Employee + Child(ren)
M	09/20/1975	01/22/2002	87532	Premium Employee + Child(ren)
F	05/04/1974	08/21/2006	87507	Premium Employee + Child(ren)
F	03/22/1967	07/23/2007	87505	Premium Employee + Child(ren)
M	02/27/1968	12/16/2013	87507	Premium Employee + Child(ren)
M	03/22/1980	10/04/2010	87505	Premium Employee + Child(ren)
F	03/17/1964	05/31/2003	87508	Premium Employee + Child(ren)
M	03/13/1986	01/07/2008	87507	Premium Employee + Child(ren)
M	11/17/1961	12/02/2013	87501	Premium Employee + Child(ren)
M	09/02/1974	03/23/2009	87114	Premium Employee + Child(ren)
F	05/06/1976	05/15/1999	87505	Premium Employee + Child(ren)
F	08/13/1958	11/01/2012	87505	Premium Employee + Child(ren)
M	12/24/1989	06/21/2010	87552	Premium Employee + Child(ren)

M	08/29/1977	11/22/2014	87507	Premium Employee + Child(ren)
F	05/23/1962	08/15/1990	87505	Premium Employee + Child(ren)
F	06/04/1970	12/29/1997	87505	Premium Employee + Child(ren)
M	02/09/1978	03/01/2002	87507	Premium Employee + Child(ren)
M	11/06/1970	05/12/1990	87508	Premium Employee + Child(ren)
F	01/19/1968	11/15/1999	87505	Premium Employee + Child(ren)
F	01/07/1985	05/05/2014	87507	Premium Employee + Child(ren)
F	12/16/1985	01/23/2007	87507	Premium Employee + Child(ren)
F	12/07/1964	12/05/1994	87504	Premium Employee + Child(ren)
F	03/21/1975	08/23/1997	87505	Premium Employee + Child(ren)
F	06/18/1980	12/22/2003	87501	Premium Employee + Child(ren)
F	05/21/1965	07/08/1989	87501	Premium Employee + Child(ren)
M	07/21/1971	08/30/2004	87560	Premium Employee + Child(ren)
F	03/22/1972	06/18/2002	87004	Premium Employee + Child(ren)
M	06/03/1958	04/07/1997	87501	Premium Employee + Child(ren)
M	05/09/1970	04/25/1994	87501	Premium Employee + Child(ren)
F	03/31/1970	04/02/2007	87507	Premium Employee + Child(ren)
M	11/13/1983	03/22/2010	87124	Premium Employee + Child(ren)
M	10/22/1970	10/19/1996	87501	Premium Employee + Child(ren)
M	12/13/1990	10/15/2013	87507	Premium Employee + Child(ren)
M	08/01/1966	03/10/2014	87505	Premium Employee + Child(ren)
M	06/18/1982	09/28/2006	87508	Premium Employee + Child(ren)
M	09/04/1975	03/12/2007	87505	Premium Employee + Child(ren)
M	09/21/1968	08/17/2002	87507	Premium Employee + Child(ren)
M	06/22/1955	05/27/2011	87592	Premium Employee + Child(ren)
F	01/02/1952	08/25/2003	87507	Premium Employee + Child(ren)
M	07/16/1983	03/10/2003	87532	Premium Employee + Child(ren)
M	07/16/1960	06/25/2001	87501	Premium Employee + Child(ren)
M	05/22/1970	01/06/2003	87507	Premium Employee + Child(ren)
M	02/28/1975	04/03/2000	87507	Premium Employee + Child(ren)
F	02/14/1973	11/07/2011	87505	Premium Employee + Child(ren)
M	08/14/1970	12/19/2001	87505	Premium Employee + Child(ren)
F	01/14/1976	08/14/2000	87507	Premium Employee + Child(ren)
F	11/08/1964	06/08/1998	87505	Premium Employee + Child(ren)
M	07/30/1959	07/12/2004	87508	Premium Employee + Child(ren)
M	08/15/1956	05/15/1995	87109	Premium Employee + Child(ren)
F	04/14/1981	12/29/2000	87507	Premium Employee + Child(ren)
F	07/16/1956	06/06/2002	87505	Premium Employee + Child(ren)
M	05/21/1980	04/10/2014	87507	Premium Employee + Child(ren)
M	02/25/1970	03/01/2004	87505	Premium Employee + Child(ren)
M	10/19/1975	03/04/1996	87501	Premium Employee + Child(ren)
F	05/02/1987	12/03/2011	87504	Premium Employee + Child(ren)
F	09/11/1963	07/01/2000	87505	Premium Employee + Child(ren)
M	05/23/1956	12/20/2000	87504	Premium Employee + Child(ren)
F	07/08/1972	12/22/2003	87567	Premium Employee + Child(ren)
M	06/12/1962	09/15/1990	87505	Premium Employee + Child(ren)
M	07/16/1975	12/20/1993	87574	Premium Employee + Child(ren)

M	03/07/1983	06/18/2001	87715	Premium Employee + Child(ren)
F	08/04/1972	10/07/1995	87505	Premium Employee + Child(ren)
F	10/28/1980	10/06/2014	87574	Premium Employee + Child(ren)
F	02/25/1960	10/09/2007	87505	Premium Employee + Child(ren)
M	07/10/1969	10/27/2014	87048	Premium Employee + Child(ren)
M	07/11/1982	11/05/2007	87507	Premium Employee + Child(ren)
M	07/15/1968	04/16/2001	87507	Premium Employee + Child(ren)
M	10/08/1966	06/22/2004	87507	Premium Employee + Child(ren)
M	04/30/1977	03/07/2005	87532	Premium Employee + Child(ren)
M	12/23/1986	01/07/2008	87507	Premium Employee + Child(ren)
F	07/15/1966	02/20/1995	87505	Premium Employee + Child(ren)
M	06/04/1973	06/30/2001	87501	Premium Employee + Child(ren)
F	04/26/1971	03/20/1995	87501	Premium Employee + Child(ren)
M	02/12/1986	06/18/2012	87505	Premium Employee + Child(ren)
F	10/27/1972	07/19/2010	87501	Premium Employee + Child(ren)
F	11/20/1978	08/09/1999	87505	Premium Employee + Child(ren)
F	08/27/1973	03/20/2000	87501	Premium Employee + Child(ren)
F	12/15/1971	11/15/2004	87507	Premium Employee + Child(ren)
M	01/15/1970	07/10/2007	87507	Premium Employee + Child(ren)
M	03/04/1980	05/20/2002	87507	Premium Employee + Child(ren)
F	01/14/1978	11/19/2007	87507	Premium Employee + Child(ren)
M	04/15/1968	10/16/2000	87507	Premium Employee + Child(ren)
M	12/26/1987	04/16/2010	87565	Premium Employee + Child(ren)
M	05/25/1969	11/15/2010	87504	Premium Employee + Child(ren)
F	03/30/1964	12/09/2004	87540	Premium Employee + Child(ren)
M	12/02/1972	04/02/2001	87507	Premium Employee + Child(ren)
M	02/05/1988	06/04/2007	87505	Premium Employee + Child(ren)
M	02/25/1970	09/16/2002	87701	Premium Employee + Child(ren)
M	02/22/1983	05/09/2003	87507	Premium Employee + Child(ren)
M	11/08/1976	07/15/2002	87506	Premium Employee + Child(ren)
M	12/04/1976	05/29/1999	87505	Premium Employee + Child(ren)
M	07/03/1984	02/04/2013	87507	Premium Employee + Child(ren)
M	05/28/1979	02/22/2000	87504	Premium Employee + Child(ren)
M	10/19/1971	04/04/2011	87532	Premium Employee + Child(ren)
F	07/20/1963	08/20/2004	87508	Premium Employee + Child(ren)
M	06/20/1966	02/28/2005	87508	Premium Employee + Child(ren)
M	04/24/1981	02/03/2004	87506	Premium Employee + Child(ren)
M	04/19/1974	01/28/2013	87507	Premium Employee + Child(ren)
M	12/16/1964	12/17/2007	87502	Premium Employee + Child(ren)
M	10/27/1963	05/04/2009	87532	Premium Employee + Child(ren)
M	04/11/1981	07/06/1999	87552	Premium Employee + Child(ren)
M	02/03/1977	07/23/2012	87507	Premium Employee + Child(ren)
M	03/04/1984	03/12/2008	87538	Premium Employee + Child(ren)
M	02/16/1983	05/08/2002	87505	Premium Employee + Child(ren)
F	11/05/1970	07/17/2006	87501	Premium Employee + Child(ren)
M	10/23/1978	10/16/2000	87507	Premium Employee + Child(ren)
M	09/13/1963	03/02/1991	87507	Premium Employee + Child(ren)

F	10/14/1984	05/29/2012	87504	Premium Employee + Child(ren)
F	10/03/1966	07/31/2006	87508	Premium Employee + Child(ren)
F	07/14/1956	03/30/2006	87505	Premium Employee + Child(ren)
M	11/29/1950	03/09/1995	87122	Premium Employee + Child(ren)
F	10/07/1962	09/17/2007	87567	Premium Employee + Child(ren)
F	04/13/1963	10/04/2001	87507	Premium Employee + Child(ren)
F	05/27/1987	01/11/2010	87507	Premium Employee + Child(ren)
F	06/09/1961	09/10/2008	87507	Premium Employee + Child(ren)
M	07/12/1965	10/26/2004	87501	Premium Employee + Child(ren)
F	03/17/1965	10/15/2002	87507	Premium Employee + Child(ren)
M	04/01/1981	04/15/2013	87544	Premium Employee + Child(ren)
M	02/02/1977	05/01/1999	87123	Premium Employee + Child(ren)
M	11/20/1965	03/17/2008	87507	Premium Employee + Child(ren)
M	07/22/1989	01/07/2008	87507	Premium Employee + Child(ren)
F	06/28/1981	06/20/2005	87532	Premium Employee + Child(ren)
M	11/14/1970	11/09/1992	87552	Premium Employee + Child(ren)
M	07/06/1969	05/27/2003	87144	Premium Employee + Child(ren)
M	07/15/1977	01/07/2008	87121	Premium Employee + Child(ren)
M	03/06/1966	05/11/1998	87552	Premium Employee + Child(ren)
F	10/09/1979	01/08/2000	87505	Premium Employee + Child(ren)
M	03/12/1989	09/30/2014	87507	Premium Employee + Child(ren)
M	01/21/1962	05/21/2007	87144	Premium Employee + Child(ren)
M	11/07/1979	12/12/2005	87502-6455	Premium Employee + Child(ren)
F	12/04/1964	07/17/2006	87502	Premium Employee + Child(ren)
F	06/06/1954	03/08/2004	87010	Premium Employee + Child(ren)
M	03/01/1953	06/30/2001	87522	Premium Employee + Family
M	01/01/1972	05/15/2002	87507	Premium Employee + Family
M	06/30/1963	03/19/1990	87506	Premium Employee + Family
M	06/03/1984	02/04/2013	87507	Premium Employee + Family
M	12/08/1962	12/05/1994	87505	Premium Employee + Family
M	06/18/1983	03/23/2009	87124	Premium Employee + Family
M	09/02/1981	06/09/2008	87124	Premium Employee + Family
M	09/05/1977	05/01/2000	87501	Premium Employee + Family
M	10/18/1978	05/08/2006	87144	Premium Employee + Family
M	07/24/1976	12/02/2013	87535	Premium Employee + Family
M	09/04/1970	06/27/1998	87124	Premium Employee + Family
M	07/08/1959	03/24/1986	87507	Premium Employee + Family
F	03/15/1954	04/19/2004	87507	Premium Employee + Family
M	03/28/1986	03/22/2010	87124	Premium Employee + Family
F	04/24/1965	06/12/2000	87532	Premium Employee + Family
M	06/01/1968	06/30/2001	87056	Premium Employee + Family
M	07/09/1970	03/19/2012	87507	Premium Employee + Family
M	08/23/1975	05/22/2001	87124	Premium Employee + Family
M	06/25/1976	03/18/2002	87125	Premium Employee + Family
M	01/06/1965	04/03/2006	87501	Premium Employee + Family
M	08/23/1961	06/30/2001	87505	Premium Employee + Family
M	04/30/1968	03/20/1990	87501	Premium Employee + Family

F	08/28/1969	12/30/2009	87507	Premium Employee + Family
F	04/26/1949	01/22/2008	87505	Premium Employee + Family
M	01/30/1985	03/22/2010	87508	Premium Employee + Family
M	04/28/1966	07/17/1989	87507	Premium Employee + Family
M	03/01/1962	06/19/1995	87505	Premium Employee + Family
M	09/08/1983	08/30/2006	87507	Premium Employee + Family
M	03/01/1952	05/22/2006	87507	Premium Employee + Family
F	07/29/1968	10/29/2012	87501	Premium Employee + Family
M	11/01/1972	03/31/2014	87502	Premium Employee + Family
M	04/02/1970	02/08/2010	87507	Premium Employee + Family
M	04/06/1961	07/23/1990	87506	Premium Employee + Family
M	08/10/1961	01/31/2011	87111	Premium Employee + Family
F	04/15/1974	01/06/2014	87506	Premium Employee + Family
F	01/05/1965	11/12/2011	87508	Premium Employee + Family
M	09/29/1957	01/06/1993	87508	Premium Employee + Family
M	04/02/1967	01/29/2007	87508	Premium Employee + Family
M	05/23/1975	12/26/1998	87507	Premium Employee + Family
F	06/04/1992	11/11/2007	87505	Premium Employee + Family
F	05/22/1981	09/30/2002	87502	Premium Employee + Family
M	12/07/1969	04/16/2001	87111	Premium Employee + Family
M	01/18/1961	02/03/2014	87506	Premium Employee + Family
M	10/03/1964	07/06/1993	87544	Premium Employee + Family
M	11/16/1976	05/04/2009	87508	Premium Employee + Family
F	09/27/1983	01/08/2000	87501	Premium Employee + Family
F	01/06/1964	01/03/2005	87505-0000	Premium Employee + Family
F	04/25/1989	11/26/2012	87507	Premium Employee + Family
M	04/09/1966	07/17/1993	87124	Premium Employee + Family
M	07/30/1976	01/14/2008	87507	Premium Employee + Family
M	11/16/1983	04/14/2014	87532	Premium Employee + Family
M	07/12/1963	09/26/1994	87505	Premium Employee + Family
M	03/16/1972	11/11/2002	87507	Premium Employee + Family
F	09/21/1977	08/27/2007	87505	Premium Employee + Family
F	04/24/1963	05/05/2003	87506	Premium Employee + Family
M	05/02/1969	06/07/1993	87501	Premium Employee + Family
M	12/22/1978	10/15/2013	87508	Premium Employee + Family
M	01/23/1971	05/01/1995	87502	Premium Employee + Family
M	08/21/1981	03/22/2010	87574	Premium Employee + Family
M	06/26/1977	06/02/2014	87505	Premium Employee + Family
M	03/13/1988	12/07/2013	87506	Premium Employee + Family
M	09/09/1956	03/27/2007	87505	Premium Employee + Family
M	09/19/1969	09/25/1995	87507	Premium Employee + Family
M	09/17/1982	06/15/2009	87035	Premium Employee + Family
M	11/28/1977	06/07/2005	87532	Premium Employee + Family
M	11/20/1962	11/17/2008	87507	Premium Employee + Family
F	08/24/1982	11/18/2004	87506	Premium Employee + Family
M	01/08/1965	01/25/2010	87507	Premium Employee + Family
M	03/04/1958	06/27/1998	87505	Premium Employee + Family

F	05/21/1959	03/02/2009	87502	Premium Employee + Family
M	05/03/1967	01/05/2004	87144	Premium Employee + Family
M	04/07/1963	08/11/2008	87508	Premium Employee + Family
M	01/12/1971	04/16/2001	87114	Premium Employee + Family
F	03/19/1973	09/18/2008	87506	Premium Employee + Family
M	04/01/1958	07/26/2010	87113	Premium Employee + Family
M	09/28/1959	07/08/2002	87505	Premium Employee + Family
M	01/22/1982	07/23/2012	87540	Premium Employee + Family
M	04/09/1985	07/28/2005	87505	Premium Employee + Family
M	12/27/1967	07/03/2006	87505	Premium Employee + Family
M	05/26/1970	03/13/2006	87507	Premium Employee + Family
F	11/07/1979	10/21/1995	87507	Premium Employee + Family
M	02/09/1976	09/15/2010	87041	Premium Employee + Family
M	06/02/1989	05/31/2011	87112	Premium Employee + Family
M	09/02/1971	12/13/2004	87501	Premium Employee + Family
M	05/17/1976	10/16/2000	87505	Premium Employee + Family
F	07/14/1956	02/05/2012	87507	Premium Employee + Family
F	12/29/1974	10/07/1995	87552	Premium Employee + Family
M	05/12/1964	11/10/1990	87505	Premium Employee + Family
M	11/28/1964	11/01/1999	87533	Premium Employee + Family
M	08/09/1964	07/05/2005	87505	Premium Employee + Family
M	06/28/1985	12/07/2013	87507	Premium Employee + Family
M	05/31/1962	03/26/2008	87501	Premium Employee + Family
M	09/11/1973	07/16/2007	87507	Premium Employee + Family
F	10/03/1978	02/07/2005	87502	Premium Employee + Family
F	08/15/1963	11/07/1994	87505	Premium Employee + Family
M	11/08/1985	10/15/2013	87507	Premium Employee + Family
M	02/15/1973	05/11/1998	87552-0000	Premium Employee + Family
M	07/30/1961	09/08/2012	87508	Premium Employee + Family
M	11/28/1971	03/24/2008	87507	Premium Employee + Family
M	01/22/1983	05/05/2003	87552	Premium Employee + Family
M	10/22/1963	11/10/2014	87508	Premium Employee + Family
M	05/20/1976	06/27/1998	87501	Premium Employee + Family
M	02/01/1978	03/01/2002	87505	Premium Employee + Family
M	06/11/1970	05/29/2012	87535	Premium Employee + Family
M	06/05/1959	03/17/2003	87508	Premium Employee + Family
M	03/01/1973	08/08/2011	87144	Premium Employee + Family
F	08/22/1975	12/06/2000	87508	Premium Employee + Family
F	01/30/1971	06/26/2000	87507	Premium Employee + Family
M	10/13/1966	09/09/2006	87505	Premium Employee + Family
M	07/23/1965	07/02/2007	87507	Premium Employee + Family
F	11/20/1970	08/18/2008	87506	Premium Employee + Family
M	12/30/1961	09/07/2004	87507	Premium Employee + Family
M	04/28/1982	02/17/2005	87505	Premium Employee + Family
M	05/09/1979	06/02/2008	87507	Premium Employee + Family
M	07/11/1979	09/01/2001	87505	Premium Employee + Family
M	02/24/1965	04/18/2001	87501	Premium Employee + Family

M	03/27/1979	05/08/2006	87120	Premium Employee + Family
M	04/15/1972	03/22/2004	87535	Premium Employee + Family
F	11/03/1953	05/21/1997	87502	Premium Employee + Family
M	02/06/1978	01/07/2008	87507	Premium Employee + Family
M	01/01/1976	10/27/2008	87144	Premium Employee + Family
M	05/29/1977	01/07/2008	87144	Premium Employee + Family
M	03/06/1970	07/11/2005	87532	Premium Employee + Family
M	01/23/1979	07/20/1998	87505	Premium Employee + Family
F	04/09/1963	02/02/2011	87507	Premium Employee + Family
M	04/01/1979	01/08/2003	87507	Premium Employee + Family
F	03/06/1974	07/19/2004	87507	Premium Employee + Family
F	03/12/1971	01/06/2003	87567	Premium Employee + Family
M	09/19/1971	07/20/1991	87505	Premium Employee + Family
M	03/15/1989	06/03/2013	87144	Premium Employee + Family
M	08/15/1984	03/23/2009	87508	Premium Employee + Family
M	01/12/1979	04/16/2001	87120	Premium Employee + Family
M	03/13/1967	06/27/1998	87507	Premium Employee + Family
M	09/29/1982	03/23/2009	87114	Premium Employee + Family
M	06/18/1981	03/29/2004	87144	Premium Employee + Family
M	12/25/1978	03/25/2013	87507	Premium Employee + Family
M	03/27/1964	02/04/2013	87507	Premium Employee + Family
M	01/19/1963	08/21/1999	87124	Premium Employee + Family
M	06/10/1954	03/12/2012	87507	Premium Employee + Family
M	08/21/1978	02/04/2008	87745	Premium Employee + Family
M	06/18/1967	03/23/2009	87508	Premium Employee + Family
M	08/21/1978	03/23/2009	87544	Premium Employee + Family
M	02/20/1975	03/29/1999	87507	Premium Employee + Family
M	09/28/1979	09/05/2006	87508	Premium Employee + Family
M	03/14/1967	03/18/2002	87508	Premium Employee + Family
M	02/25/1971	11/30/2009	87507	Premium Employee + Family
M	11/10/1976	03/23/2009	87505	Premium Employee + Family
M	10/22/1979	03/22/2010	87567	Premium Employee + Family
M	02/22/1971	09/14/2009	87505	Premium Employee + Family
F	10/30/1968	10/29/2012	87501	Premium Employee + Family
M	08/10/1965	08/02/2004	87015	Premium Employee + Family
M	08/09/1980	01/05/2004	87592	Premium Employee + Family
M	05/03/1962	07/08/1991	87505	Premium Employee + Family
M	03/26/1981	12/16/1999	87505	Premium Employee + Family
M	10/12/1969	02/23/2009	87508	Premium Employee + Family
M	05/22/1978	09/14/2009	87508	Premium Employee + Family
M	09/25/1967	06/17/1995	87122	Premium Employee + Family
M	06/11/1966	04/03/1999	87501	Premium Employee + Family
M	09/13/1973	04/25/2005	87502	Premium Employee + Family
M	04/13/1972	08/23/1997	87505	Premium Employee + Family
M	02/22/1965	07/14/2008	87506	Premium Employee + Family
M	09/19/1986	03/10/2008	87535	Premium Employee + Family
M	04/11/1975	09/02/2013	87567	Premium Employee + Family

M	03/28/1962	04/13/1993	87553	Premium Employee + Family
M	11/19/1981	06/14/2002	87507	Premium Employee + Family
M	07/06/1969	07/10/1990	87505	Premium Employee + Family
F	03/09/1959	08/26/2013	87507	Premium Employee + Family
F	05/07/1965	07/31/1989	87535	Premium Employee + Family
M	07/21/1975	06/12/1995	87505	Premium Employee + Family
M	04/24/1973	03/10/2008	87507	Premium Employee + Family
M	06/13/1978	04/21/1997	87535	Premium Employee + Family
M	09/23/1981	02/08/2012	87508	Premium Employee + Family
M	12/24/1969	12/06/2010	87552	Premium Employee + Family
M	05/15/1961	02/24/2003	87505	Premium Employee + Family
M	06/26/1976	09/19/2007	87552	Premium Employee + Family
M	10/28/1987	06/03/2013	87110	Premium Employee + Family
M	06/23/1962	05/14/1990	87507	Premium Employee + Family
M	10/07/1966	05/13/2013	87505	Premium Employee + Family
M	08/15/1964	05/05/1997	87701	Premium Employee + Family
M	08/14/1980	01/13/2003	87506	Premium Employee + Family
F	11/26/1979	04/09/2007	87504	Premium Employee + Family
M	02/17/1954	12/16/1995	87506	Premium Employee + Family
F	08/10/1980	07/05/2006	87004	Premium Employee + Family
M	03/03/1967	12/17/2001	87552	Premium Employee + Family
M	10/24/1977	01/17/2008	87507	Premium Employee + Family
M	11/16/1970	09/05/1999	87507	Premium Employee + Family
F	05/22/1981	03/17/2000	87507	Premium Employee + Family
M	04/11/1971	05/18/2009	87508	Premium Employee + Family
M	06/18/1979	10/15/2013	87105	Premium Employee + Family
M	11/04/1977	09/12/2005	87041	Premium Employee + Family
M	12/06/1982	03/22/2010	87507	Premium Employee + Family
M	11/19/1961	03/20/2000	87041	Premium Employee + Family
M	01/14/1981	09/11/2000	87501	Premium Employee + Family
F	02/14/1978	02/18/2014	87507	Premium Employee + Family
F	11/22/1972	12/26/1995	87507	Premium Employee + Family
M	11/24/1972	01/26/2004	87532-3211	Premium Employee + Family
F	03/13/1972	07/18/1995	87732	Premium Employee + Family
F	05/26/1975	07/01/2000	87501	Premium Employee + Family
M	11/21/1985	04/28/2014	87507	Premium Employee + Family
M	11/18/1968	10/24/1994	87501	Premium Employee + Family
F	08/06/1963	09/22/2014	87505	Premium Employee + Family
M	10/05/1983	10/15/2013	87507	Premium Employee + Family
M	08/06/1975	09/04/2007	87505	Premium Employee + Family
M	04/06/1978	01/07/2008	87120	Premium Employee + Family
M	03/30/1978	08/14/1999	87505	Premium Employee + Family
M	03/06/1962	11/23/1992	87505	Premium Employee + Family
M	11/22/1971	08/29/1994	87502	Premium Employee + Family
M	10/11/1969	04/16/2001	87120	Premium Employee + Family
F	11/16/1971	11/02/1998	87732	Premium Employee + Family
M	10/19/1970	11/13/2006	87507	Premium Employee + Family

F	04/21/1969	09/20/2005	87505	Premium Employee + Family
M	11/19/1965	07/11/1987	87501	Premium Employee + Family
M	10/25/1977	03/29/2004	87507	Premium Employee + Family
M	01/04/1966	09/24/2001	87507	Premium Employee + Family
M	11/06/1981	05/31/2011	87144	Premium Employee + Family
M	09/01/1983	03/29/2004	87120	Premium Employee + Family
M	02/25/1965	06/10/2008	87508	Premium Employee + Family
F	08/14/1984	02/22/2010	87508	Premium Employee + Family
F	08/31/1965	04/26/1993	87501	Premium Employee + Family
M	03/21/1969	10/23/2006	87507	Premium Employee + Family
M	08/24/1964	08/26/1991	87501	Premium Employee + Family
M	02/20/1986	05/15/2012	87532	Premium Employee + Family
M	11/05/1959	07/08/1989	87522-0000	Premium Employee + Family
M	04/24/1959	12/17/2001	87505	Premium Employee + Family
F	11/27/1972	07/29/1995	87505	Premium Employee + Family
M	10/08/1957	02/20/1995	87540	Premium Employee + Family
M	10/17/1969	03/01/2004	87004	Premium Employee + Family
F	09/28/1962	05/03/2006	87507	Premium Employee + Family
F	06/08/1972	04/21/2009	87501	Premium Employee + Family
M	08/04/1965	10/12/2004	87574	Premium Employee + Family
F	06/25/1974	03/11/2008	87507	Premium Employee + Family
M	11/04/1982	06/30/2001	87507	Premium Employee + Family
M	12/05/1980	07/26/2002	87056	Premium Employee + Family
M	08/08/1966	11/13/2012	87507	Premium Employee + Family
F	08/23/1979	09/08/2003	87507	Premium Employee + Family
F	03/31/1978	11/15/1999	87501	Premium Employee + Family
M	11/18/1985	06/03/2013	87108	Premium Employee + Family
M	05/11/1964	04/29/1989	87505	Premium Employee + Family
M	12/27/1966	08/14/2000	87508	Premium Employee + Family
M	08/10/1979	01/29/2007	87508	Premium Employee + Family
M	01/17/1966	01/09/1999	87506	Premium Employee + Family
F	01/29/1967	11/29/1986	87508	Premium Employee + Family
M	08/02/1966	07/11/1994	87505	Premium Employee + Family
M	01/22/1949	08/03/2009	87574	Premium Employee + Family
M	11/23/1956	06/30/2001	87507	Premium Employee + Family
M	02/24/1985	03/26/2007	87507	Premium Employee + Family
M	02/14/1972	07/20/1991	87506	Premium Employee + Family
M	09/09/1981	07/02/2001	87501	Premium Employee + Family
M	02/29/1972	05/10/1994	87562	Premium Employee + Family
F	02/23/1969	04/23/2001	87506	Premium Employee + Family
M	04/04/1955	05/03/1997	87501	Premium Employee + Family
M	01/24/1979	01/07/2008	87124	Premium Employee + Family
M	03/01/1986	01/29/2007	87144	Premium Employee + Family
M	06/17/1977	01/07/2008	87114	Premium Employee + Family
F	01/06/1966	10/03/2008	87507	Premium Employee + Family
M	05/04/1958	01/27/1986	87507	Premium Employee + Family
M	12/03/1977	08/14/2000	87532	Premium Employee + Family

F	11/03/1966	04/22/2002	87507	Premium Employee + Family
M	04/02/1961	02/10/1996	87124	Premium Employee + Family
M	10/11/1984	10/26/2009	87507	Premium Employee + Family
M	01/10/1974	06/06/2005	87701	Premium Employee + Family
M	07/30/1976	12/22/2003	87535	Premium Employee + Family
M	11/05/1967	06/26/2000	87532	Premium Employee + Family
M	04/25/1984	05/16/2011	87507	Premium Employee + Family
M	02/03/1976	07/13/2004	87508	Premium Employee + Family
M	12/29/1977	07/23/2012	87508	Premium Employee + Family
M	03/23/1965	06/27/2011	87508	Premium Employee + Family
M	10/20/1976	07/09/2012	87592	Premium Employee + Family
F	10/20/1979	03/01/2005	87507	Premium Employee + Family
M	07/16/1951	04/19/2010	87507	Premium Employee + Family
M	08/01/1981	06/03/2013	87538	Premium Employee + Family
M	08/31/1976	08/17/2002	87010	Premium Employee + Family
M	03/14/1956	08/26/1995	87505	Premium Employee + Family
M	02/25/1987	02/28/2011	87505	Premium Employee + Family
F	11/07/1957	11/15/1999	87502-4072	Premium Employee + Family
M	04/30/1973	06/03/2013	87120	Premium Employee + Family
M	09/10/1948	02/21/2000	87504	Premium Employee + Family
M	05/25/1969	03/22/1999	87552	Premium Employee + Family
M	02/06/1971	11/22/1993	87535	Premium Employee + Family
M	01/18/1971	02/15/1999	87505	Premium Employee + Family
M	09/24/1982	05/08/2006	87144	Premium Employee + Family
M	06/20/1979	09/24/2012	87501	Premium Employee + Family
M	02/18/1981	01/29/2007	87144	Premium Employee + Family
M	01/18/1966	03/12/2012	87507	Premium Employee + Family
M	06/02/1971	07/26/2010	87507	Premium Employee + Family
M	05/03/1976	05/08/2006	87507	Premium Employee + Family
M	09/13/1964	09/08/2008	87505	Premium Employee + Family
F	02/26/1966	07/21/2014	87507	Premium Employee + Family
F	07/26/1977	07/21/2014	87501	Premium Employee + Family
M	10/25/1958	09/20/1997	87507	Premium Employee + Family
M	01/26/1979	10/02/2007	87562	Premium Employee + Family
F	08/12/1957	01/17/1995	87505	Premium Employee + Family
M	08/03/1980	10/02/2006	87505	Premium Employee + Family
M	01/22/1981	07/09/2012	87507	Premium Employee + Family
F	08/15/1965	10/20/2003	87501	Premium Employee + Family
M	12/06/1977	03/22/2010	87122	Premium Employee + Family
M	12/18/1957	11/26/2014	87557	Premium Employee + Family
M	10/19/1982	04/06/2009	87502	Premium Employee + Family
M	09/08/1967	08/28/1995	87506	Premium Employee + Family
M	05/13/1975	08/06/2012	87508	Premium Employee + Family
M	09/26/1992	12/07/2013	87507	Premium Employee + Family
M	05/15/1971	10/21/1997	87507	Premium Employee + Family
M	11/22/1971	06/21/2010	87552	Premium Employee + Family
F	04/03/1981	03/31/2006	87501	Premium Employee + Family

F	08/10/1964	09/16/1996	87506	Premium Employee + Family
M	02/02/1971	03/14/1992	87540	Premium Employee + Family
M	10/30/1973	05/29/1995	87144	Premium Employee + Family
M	04/09/1970	10/11/1993	87507	Premium Employee + Family
M	07/17/1959	06/23/2006	87501	Premium Employee + Family
M	02/06/1970	01/24/1994	87552	Premium Employee + Family
M	09/15/1968	12/14/1999	87535	Premium Employee + Family
M	06/14/1980	01/09/2008	87507	Premium Employee + Family
F	06/07/1970	10/13/1997	87501	Premium Employee + Family
M	10/09/1981	05/21/2007	87507	Premium Employee + Family
M	04/15/1979	02/25/1999	87552	Premium Employee + Family
M	01/20/1978	08/06/2001	87552	Premium Employee + Family
M	07/14/1960	02/05/2007	87552	Premium Employee + Family
M	06/20/1970	11/29/1999	87552	Premium Employee + Family
M	06/02/1964	12/22/1997	87505	Premium Employee + Family
M	07/19/1974	06/14/2004	87507	Premium Employee + Family
F	01/11/1959	10/08/2005	87592	Premium Employee + Family
M	09/01/1968	05/18/2009	87507	Premium Employee + Family
M	06/02/1971	12/28/1996	87001	Premium Employee + Family
M	08/12/1982	01/07/2008	87553	Premium Employee + Family
F	10/02/1985	05/29/2007	87532	Premium Employee + Family
M	10/14/1955	09/25/1995	87501	Premium Employee + Family
M	09/05/1970	03/04/2013	87507	Premium Employee + Family
F	09/21/1969	06/10/1995	87505	Premium Employee + Family
M	09/27/1975	05/01/1995	87144	Premium Employee + Family
M	08/04/1961	08/12/1995	87501	Premium Employee + Family
F	05/09/1978	05/29/1997	87144	Premium Employee + Family
M	11/28/1968	07/30/1990	87552	Premium Employee + Family
M	01/03/1984	08/25/2008	87507	Premium Employee + Family
M	04/12/1980	04/15/2002	87745	Premium Employee + Family
M	08/25/1967	02/24/1996	87505	Premium Employee + Family
M	10/09/1982	10/15/2013	87508	Premium Employee + Family
M	12/20/1979	01/29/2007	87144	Premium Employee + Family
M	05/25/1966	12/16/2013	87552	Premium Employee + Family
M	03/20/1977	08/07/2006	87502	Premium Employee + Family
M	11/01/1973	07/05/2006	87507	Premium Employee + Family
F	12/04/1969	04/02/1990	87507	Premium Employee + Family
M	06/11/1987	09/15/2005	87507	Premium Employee + Family
M	01/10/1972	07/30/1994	87144	Premium Employee + Family
M	03/17/1989	05/11/2013	87505	Premium Employee + Family
M	11/25/1971	06/24/2013	87505	Premium Employee + Family
M	04/05/1962	07/11/2011	87010	Premium Employee + Family
M	10/21/1960	03/30/1998	87505	Premium Employee + Family
M	07/23/1974	01/19/2004	87506	Premium Employee + Family
M	08/18/1967	08/23/1997	87507	Premium Employee + Family
M	11/18/1964	07/06/2010	87507	Premium Employee + Family
M	10/07/1960	02/23/2010	87501	Premium Employee + Family

M	11/28/1959	10/11/1988	87507	Premium Employee + Family
F	07/31/1980	06/09/2014	87562	Premium Employee + Family
M	07/03/1971	01/13/2003	87144-8601	Premium Employee + Family
M	04/22/1965	08/23/1999	87110	Premium Employee + Family
M	10/21/1960	04/03/2000	87505	Premium Employee + Family
M	10/31/1986	07/21/2014	87507	Premium Employee + Family
M	04/12/1966	12/13/2011	87144	Premium Employee + Family
M	01/01/1954	04/16/1990	87505	Premium Employee + Family
M	07/27/1982	12/22/2003	87144	Premium Employee + Family
M	09/29/1977	05/13/2000	87501	Premium Employee + Family
M	08/11/1979	07/23/2012	87508	Premium Employee + Family
M	05/25/1969	12/13/1994	87552	Premium Employee + Family
M	05/20/1971	10/30/2007	87552	Premium Employee + Family
M	11/15/1972	03/19/2012	87124	Premium Employee + Family
M	08/19/1984	01/02/2014	87501	Premium Employee + Family
M	10/17/1946	08/30/2004	87508	Premium Employee + Family
M	04/03/1978	01/02/2013	87507	Premium Employee + Family
F	01/27/1976	03/29/2011	87508	Premium Employee + Family
M	10/01/1977	10/20/2003	87505	Premium Employee + Family
M	10/27/1974	08/22/2007	87507	Premium Employee + Family
M	02/01/1965	11/22/2005	87502	Premium Employee + Family
M	06/09/1980	05/18/1996	87507	Premium Employee + Family
M	12/06/1968	03/13/2006	87507	Premium Employee + Family
M	03/22/1970	08/12/2013	87507	Premium Employee + Family
M	05/23/1957	01/26/1985	87502	Premium Employee + Family
M	09/26/1977	11/24/2014	87506	Premium Employee + Family
M	09/01/1973	10/04/1993	87507	Premium Employee + Family
M	08/13/1965	10/04/2010	87582	Premium Employee + Family
M	05/24/1971	08/12/1991	87535	Premium Employee + Family
M	11/11/1966	07/08/2002	87106	Premium Employee + Family
M	07/29/1980	07/16/2007	87508	Premium Employee + Family
M	02/24/1962	06/30/2001	87552	Premium Employee + Family
M	02/08/1974	07/15/1996	87552	Premium Employee + Family
M	06/29/1971	05/05/1997	87552	Premium Employee + Family
M	07/10/1962	03/18/2000	87532	Premium Employee + Family
M	04/03/1978	03/20/2000	87507	Premium Employee + Family
M	12/17/1960	06/12/1995	87501	Premium Employee + Family
M	04/13/1987	10/03/2013	87505	Premium Employee + Family
M	06/19/1965	12/21/1992	87507	Premium Employee + Family
F	08/24/1988	03/10/2008	87507	Premium Employee + Family
M	10/26/1967	03/04/1996	87552	Premium Employee + Family
M	07/20/1962	12/18/2007	87505	Premium Employee + Family
M	05/16/1977	04/17/2000	87552	Premium Employee + Family
M	04/13/1969	04/01/1991	87535	Premium Employee + Family
F	10/20/1961	05/01/2006	87574	Premium Employee + Family
M	06/26/1975	07/14/2014	87004	Premium Employee + Family
M	06/16/1961	02/25/1995	87035	Premium Employee + Family

M	02/09/1958	10/16/2006	87109	Premium Employee + Family
M	06/01/1971	03/22/2010	87120	Premium Employee + Family
M	07/28/1985	07/23/2007	87507	Premium Employee + Family
M	03/05/1983	01/29/2007	87112	Premium Employee + Family
M	11/28/1970	04/06/2009	87501	Premium Employee + Family
M	07/23/1977	05/08/2006	87508	Premium Employee + Family
F	12/28/1961	02/21/1994	87507	Premium Employee + Family
F	11/23/1960	05/25/2007	87507	Premium Employee + Family
M	08/16/1983	03/22/2010	87114	Premium Employee + Family
M	05/22/1982	01/29/2007	87114	Premium Employee + Family
M	01/27/1955	11/27/2007	87507	Premium Employee + Family
M	04/19/1973	08/16/2004	87144	Premium Employee + Family
M	11/01/1969	02/25/1995	87144	Premium Employee + Family
M	03/02/1960	07/15/1991	87105	Premium Employee + Spouse
M	09/30/1954	01/11/2010	87120	Premium Employee + Spouse
M	06/15/1971	02/19/2007	87506	Premium Employee + Spouse
M	03/25/1984	12/19/2011	87505	Premium Employee + Spouse
F	09/16/1970	01/22/2000	87535	Premium Employee + Spouse
F	12/31/1949	05/24/2006	87532	Premium Employee + Spouse
F	06/08/1971	03/05/1990	87502	Premium Employee + Spouse
M	07/11/1950	05/26/2009	87507	Premium Employee + Spouse
F	10/13/1955	02/14/2005	87507	Premium Employee + Spouse
M	06/17/1986	07/22/2013	87507	Premium Employee + Spouse
F	05/22/1958	07/26/1997	87532	Premium Employee + Spouse
M	09/20/1957	06/02/1997	87507	Premium Employee + Spouse
F	08/12/1976	12/16/2013	87505	Premium Employee + Spouse
M	05/18/1960	08/16/1999	87505	Premium Employee + Spouse
F	07/08/1951	10/15/1991	87501	Premium Employee + Spouse
M	04/14/1954	11/03/1997	87507	Premium Employee + Spouse
F	12/31/1947	12/03/2007	87501	Premium Employee + Spouse
M	08/31/1955	04/08/2008	87507	Premium Employee + Spouse
M	01/27/1987	03/23/2009	87144	Premium Employee + Spouse
F	09/25/1957	11/13/2003	87501	Premium Employee + Spouse
M	01/11/1986	10/20/2014	87110	Premium Employee + Spouse
F	01/07/1959	12/09/2013	87505	Premium Employee + Spouse
M	08/15/1955	06/18/2012	87508	Premium Employee + Spouse
M	11/28/1968	12/07/2013	87144	Premium Employee + Spouse
M	10/24/1987	04/11/2006	87505	Premium Employee + Spouse
M	01/12/1962	03/04/2014	87505	Premium Employee + Spouse
M	08/06/1957	11/04/2013	87501	Premium Employee + Spouse
M	08/11/1975	08/02/2003	87508	Premium Employee + Spouse
F	07/01/1983	04/30/2011	87507	Premium Employee + Spouse
M	05/08/1962	01/20/1992	87501	Premium Employee + Spouse
M	04/13/1958	08/11/2008	87505	Premium Employee + Spouse
M	12/06/1953	07/02/2001	87124	Premium Employee + Spouse
M	08/30/1951	05/28/2013	87505	Premium Employee + Spouse
M	09/25/1945	03/12/2012	87507	Premium Employee + Spouse

M	04/13/1954	01/12/2009	87505	Premium Employee + Spouse
F	03/18/1951	01/12/2004	87592	Premium Employee + Spouse
M	01/27/1984	01/29/2007	87507	Premium Employee + Spouse
M	11/03/1955	07/30/1994	87505	Premium Employee + Spouse
M	11/06/1979	12/30/2013	87505	Premium Employee + Spouse
M	10/28/1951	03/07/2002	87507	Premium Employee + Spouse
F	08/22/1975	06/04/2012	87540	Premium Employee + Spouse
M	10/22/1953	07/28/2008	87507	Premium Employee + Spouse
M	11/07/1949	07/13/2005	87502	Premium Employee + Spouse
M	01/21/1954	07/10/1997	87504	Premium Employee + Spouse
M	10/13/1980	08/11/2008	87507	Premium Employee + Spouse
F	10/31/1956	10/17/1994	87507	Premium Employee + Spouse
M	11/24/1979	03/24/2014	87501	Premium Employee + Spouse
M	10/04/1968	06/30/2001	87507	Premium Employee + Spouse
M	04/07/1989	02/17/2014	87501	Premium Employee + Spouse
F	04/14/1958	05/06/1996	87505	Premium Employee + Spouse
F	12/24/1951	06/05/1989	87504-0000	Premium Employee + Spouse
F	06/04/1967	08/30/2004	87507	Premium Employee + Spouse
M	11/18/1950	08/01/1994	87505	Premium Employee + Spouse
F	07/19/1960	12/15/1997	87505	Premium Employee + Spouse
M	03/09/1954	02/12/1996	87501	Premium Employee + Spouse
M	02/25/1949	10/18/2008	87508	Premium Employee + Spouse
M	09/18/1981	06/10/2013	87507	Premium Employee + Spouse
M	11/04/1955	03/06/2000	87566	Premium Employee + Spouse
M	02/03/1950	04/09/2007	87505	Premium Employee + Spouse
F	01/28/1961	03/13/2000	87552	Premium Employee + Spouse
F	05/17/1983	06/17/2013	87507	Premium Employee + Spouse
M	01/17/1967	01/22/2007	87501	Premium Employee + Spouse
M	12/27/1967	08/05/2006	87574	Premium Employee + Spouse
F	06/14/1971	12/14/1996	87574	Premium Employee + Spouse
M	06/11/1979	08/23/2005	87574	Premium Employee + Spouse
M	12/05/1947	06/07/2004	87532	Premium Employee + Spouse
M	04/14/1957	06/28/2004	87508	Premium Employee + Spouse
M	03/22/1988	05/29/2012	87144	Premium Employee + Spouse
M	04/20/1978	10/18/2011	87505	Premium Employee + Spouse
M	03/30/1973	10/16/2000	87501	Premium Employee + Spouse
M	07/26/1960	06/30/2001	87507	Premium Employee + Spouse
F	08/03/1956	09/14/1993	87501	Premium Employee + Spouse
M	09/15/1976	05/13/2013	87533	Premium Employee + Spouse
M	01/24/1952	06/30/2001	87574	Premium Employee + Spouse
M	02/14/1962	07/02/2007	87507	Premium Employee + Spouse
M	07/21/1984	07/07/2014	87535	Premium Employee + Spouse
M	03/12/1955	09/12/1994	87505	Premium Employee + Spouse
M	05/14/1982	05/05/2003	87562	Premium Employee + Spouse
M	05/01/1984	08/15/2006	87506	Premium Employee + Spouse
M	10/14/1981	07/23/2012	87507	Premium Employee + Spouse
M	09/06/1962	04/11/1988	87533-0000	Premium Employee + Spouse

F	10/28/1969	01/05/2004	87505	Premium Employee + Spouse
F	08/27/1954	07/01/2000	87535	Premium Employee + Spouse
M	10/29/1956	12/11/2013	87507	Premium Employee + Spouse
M	09/08/1945	10/04/1999	87501	Premium Employee + Spouse
M	08/27/1959	04/16/2001	87506	Premium Employee + Spouse
F	07/30/1984	06/21/2006	87576	Premium Employee + Spouse
F	02/18/1966	05/29/2012	87507	Premium Employee + Spouse
M	09/02/1989	04/18/2009	87507	Premium Employee + Spouse
M	10/25/1965	10/05/1998	87522	Premium Employee + Spouse
M	01/17/1944	03/22/2000	87501	Premium Employee + Spouse
M	01/21/1962	07/18/2011	87144	Premium Employee + Spouse
M	04/27/1950	11/28/1994	87048	Premium Employee + Spouse
F	03/16/1984	04/30/2012	87501	Premium Employee + Spouse
M	05/06/1956	03/06/2013	87574	Premium Employee + Spouse
M	07/17/1982	02/04/2008	87120	Premium Employee + Spouse
F	04/09/1951	11/13/2007	87505	Premium Employee + Spouse
F	12/08/1958	04/23/2012	87506	Premium Employee + Spouse
M	02/20/1979	03/29/2004	87505	Premium Employee + Spouse
F	10/24/1962	07/12/2004	87507	Premium Employee + Spouse
F	07/02/1960	12/15/2006	87505	Premium Employee + Spouse
F	08/16/1967	04/18/2012	87507	Premium Employee + Spouse
M	06/11/1941	06/30/2001	87505	Premium Employee + Spouse
M	01/08/1971	06/03/1996	87505	Premium Employee + Spouse
M	08/24/1989	03/23/2009	87114	Premium Employee + Spouse
M	03/15/1983	08/06/2007	87501	Premium Employee + Spouse
M	03/11/1960	12/19/2000	87565	Premium Employee + Spouse
M	04/11/1950	01/13/1990	87522	Premium Employee + Spouse
M	12/08/1956	05/04/2009	87701	Premium Employee + Spouse
F	02/17/1960	02/19/1996	87505	Premium Employee + Spouse
F	03/05/1959	03/11/2004	87508	Premium Employee + Spouse
M	01/12/1950	03/31/2014	87010	Premium Employee + Spouse
M	03/09/1957	12/12/2011	87504-1031	Premium Employee + Spouse
M	08/01/1950	09/26/2006	87505	Premium Employee + Spouse
M	12/31/1982	10/15/2013	87505	Premium Employee + Spouse
M	11/18/1957	05/13/1992	87507	Premium Employee + Spouse
M	03/28/1984	01/07/2008	87120	Premium Employee + Spouse
F	01/25/1967	01/05/2000	87567	Premium Employee + Spouse
M	04/15/1966	09/09/2006	87507	Premium Employee + Spouse
F	01/06/1966	03/13/2006	87502	Premium Employee + Spouse
F	07/15/1959	08/06/2012	87506	Premium Employee + Spouse
F	12/08/1954	05/31/2008	87508	Premium Employee + Spouse
F	02/25/1951	07/04/1992	87501	Premium Employee + Spouse
M	11/04/1980	12/02/2009	87505	Premium Employee + Spouse
M	01/20/1968	06/09/2008	87124	Premium Employee + Spouse
F	03/24/1981	06/20/2006	87507	Premium Employee + Spouse
M	12/24/1970	11/25/2014	87507	Premium Employee + Spouse
F	03/30/1959	08/15/1994	87507	Premium Employee + Spouse

F	10/14/1953	06/23/2014	87508	Premium Employee + Spouse
M	07/30/1954	01/18/1994	87508	Premium Employee + Spouse
M	08/12/1982	12/10/2012	87532	Premium Employee + Spouse
F	01/15/1963	10/21/2013	87501	Premium Employee + Spouse
F	08/10/1960	10/11/1993	87507	Premium Employee + Spouse
M	09/14/1966	07/05/2014	87507	Premium Employee + Spouse
M	02/21/1958	12/28/2008	87535	Premium Employee + Spouse
M	03/21/1972	03/26/2001	87507	Premium Employee + Spouse
M	07/01/1983	12/13/2007	87124	Premium Employee + Spouse
M	07/27/1951	05/08/1995	87552	Premium Employee + Spouse
M	09/13/1954	07/17/2014	87562	Premium Employee + Spouse
M	11/09/1982	08/20/2007	87505	Premium Employee + Spouse
M	03/04/1978	03/29/2004	87505	Premium Employee + Spouse
M	07/12/1963	12/20/1993	87501	Premium Employee + Spouse
M	09/26/1967	11/22/2014	87544	Premium Employee + Spouse
M	07/24/1986	04/06/2009	87144	Premium Employee + Spouse
M	05/11/1965	05/22/2006	87505	Premium Employee + Spouse
F	10/09/1965	06/23/2006	87507	Premium Employee + Spouse
F	02/26/1957	11/12/1994	87535	Premium Employee + Spouse
F	10/07/1951	10/14/2013	87505	Premium Employee + Spouse
F	02/03/1950	05/09/2005	87505	Premium Employee + Spouse
M	02/02/1954	08/30/2006	87501	Premium Employee + Spouse
M	11/14/1961	06/30/2001	87107	Premium Employee + Spouse
M	05/15/1959	07/08/2013	87501	Premium Employee + Spouse
F	10/06/1977	01/08/2000	87507	Premium Employee + Spouse
M	11/25/1972	02/28/2011	87508	Premium Employee + Spouse
M	08/11/1977	01/21/2014	87108	Premium Employee + Spouse
M	03/05/1951	09/27/2014	87505	Premium Employee + Spouse
M	08/19/1951	12/03/1996	87505	Premium Employee + Spouse
M	05/18/1971	05/21/2007	87507	Premium Employee + Spouse
M	01/13/1961	01/07/2008	87507	Premium Employee + Spouse
M	05/16/1957	08/26/1995	87505	Premium Employee + Spouse
F	02/10/1966	04/25/1994	87508	Premium Employee + Spouse
M	03/30/1961	05/21/2003	87505	Premium Employee + Spouse
F	11/27/1958	02/28/1998	87505	Premium Employee + Spouse
M	12/23/1949	07/01/2000	87505	Premium Employee + Spouse
M	02/16/1958	04/12/2002	87507	Premium Employee + Spouse
F	08/14/1975	04/22/2014	87505	Premium Employee + Spouse
M	07/03/1968	02/16/2004	87507	Premium Employee + Spouse
M	01/11/1970	05/17/2010	87505	Premium Employee + Spouse
M	10/09/1958	09/07/2010	87507	Premium Employee + Spouse
M	06/08/1986	09/05/2006	87535	Premium Employee + Spouse
M	12/01/1964	07/01/2013	87552	Premium Employee + Spouse
M	06/04/1990	12/07/2013	87501	Premium Single
F	12/07/1946	11/01/2004	87501	Premium Single
F	07/23/1966	08/22/2009	87506	Premium Single
F	01/17/1988	05/27/2008	87505	Premium Single

M	11/14/1985	03/17/2014	87052	Premium Single
M	06/19/1964	06/30/2001	87124	Premium Single
M	12/22/1958	05/14/2014	87121	Premium Single
M	08/08/1991	07/21/2014	87507	Premium Single
M	10/01/1991	12/07/2013	87123	Premium Single
M	12/03/1970	04/01/1998	87124	Premium Single
F	02/24/1984	04/13/2004	87507	Premium Single
M	04/16/1984	03/16/2006	87552	Premium Single
M	10/02/1956	11/30/1999	87507	Premium Single
F	05/29/1964	03/04/1996	87505	Premium Single
F	04/03/1970	04/07/2014	87507	Premium Single
F	05/29/1986	03/11/2008	87507	Premium Single
M	07/02/1960	06/08/1991	87501	Premium Single
M	09/26/1949	04/12/2010	87501	Premium Single
M	01/09/1988	07/23/2011	87507	Premium Single
M	01/09/1988	04/30/2012	87507	Premium Single
M	12/30/1983	03/03/2014	87507	Premium Single
M	11/06/1966	09/13/1993	87507	Premium Single
M	03/27/1986	03/22/2010	87505	Premium Single
F	05/27/1970	07/17/2006	87507	Premium Single
F	02/19/1987	04/28/2014	87507	Premium Single
M	09/28/1965	06/10/1991	87531	Premium Single
M	08/16/1970	03/22/1999	87501-0000	Premium Single
M	10/10/1974	01/21/2009	87505	Premium Single
M	11/04/1963	06/18/2012	87567	Premium Single
M	04/07/1966	12/19/1999	87109	Premium Single
M	11/28/1965	07/31/2009	87507	Premium Single
F	02/05/1982	06/27/2000	87535	Premium Single
M	06/09/1991	09/09/2013	87505	Premium Single
M	08/17/1947	05/17/2004	87056	Premium Single
M	04/11/1963	07/15/2008	87505	Premium Single
M	03/27/1976	06/05/2013	87507	Premium Single
M	01/10/1951	06/30/2001	87505	Premium Single
M	01/16/1986	02/17/2014	87598	Premium Single
M	04/11/1964	04/15/1989	87507	Premium Single
M	09/08/1977	03/29/2004	87114	Premium Single
M	08/21/1951	06/04/2012	87507	Premium Single
F	01/13/1951	10/10/2012	87505	Premium Single
M	08/08/1986	02/22/2010	87505	Premium Single
F	01/23/1975	03/01/2011	87505	Premium Single
M	09/14/1959	07/25/2005	87504	Premium Single
M	05/11/1963	08/01/2008	87532	Premium Single
M	08/05/1934	10/08/2009	87501	Premium Single
F	02/24/1971	12/13/2006	87502	Premium Single
M	09/21/1989	02/04/2008	87506	Premium Single
M	02/16/1983	08/04/2008	87505	Premium Single
F	06/07/1960	08/23/1997	87505	Premium Single

M	04/15/1985	10/02/2007	87508	Premium Single
M	05/10/1991	09/07/2011	87505	Premium Single
F	09/22/1972	08/05/2013	87114	Premium Single
F	04/13/1968	07/16/2001	87505	Premium Single
M	03/17/1952	10/22/2001	87532	Premium Single
M	08/27/1956	02/26/2007	87501	Premium Single
F	12/28/1982	08/31/2009	87114	Premium Single
F	04/26/1954	12/13/2004	87056	Premium Single
M	05/05/1958	09/28/1992	87124	Premium Single
F	07/05/1959	03/17/1994	87501	Premium Single
F	01/17/1988	03/31/2014	87505	Premium Single
M	07/28/1989	04/28/2014	87508	Premium Single
M	10/19/1988	03/29/2010	87507	Premium Single
M	08/07/1979	06/18/2012	87594	Premium Single
M	03/28/1984	08/04/2014	87507	Premium Single
M	08/14/1960	04/22/2014	87552	Premium Single
F	05/26/1963	07/30/1994	87508	Premium Single
M	09/15/1992	05/15/2012	87507	Premium Single
F	07/24/1959	06/23/2014	87502	Premium Single
F	06/06/1977	03/21/2009	87508	Premium Single
M	07/08/1972	10/11/2013	87501	Premium Single
M	01/09/1954	12/15/2003	87501	Premium Single
F	08/15/1989	06/27/2011	87507	Premium Single
F	11/15/1954	07/02/2001	87505	Premium Single
F	09/21/1967	09/06/1997	87507	Premium Single
M	02/20/1981	05/24/2004	87505	Premium Single
M	01/01/1990	05/19/2014	87532	Premium Single
F	02/08/1963	06/11/2001	87502	Premium Single
M	07/03/1958	01/03/2012	87501	Premium Single
M	08/06/1955	09/14/1998	87505	Premium Single
M	11/27/1982	03/05/2003	87540	Premium Single
M	01/14/1964	06/25/2001	87505	Premium Single
F	05/11/1962	07/18/1994	87505	Premium Single
M	07/19/1974	08/25/2008	87111	Premium Single
M	01/11/1972	09/29/2014	87507	Premium Single
M	03/04/1975	03/22/2010	87505	Premium Single
M	05/02/1993	03/25/2013	87507	Premium Single
M	01/04/1955	12/04/2001	87507	Premium Single
M	11/26/1987	12/10/2012	87004	Premium Single
F	01/20/1965	05/06/1995	87502	Premium Single
M	04/28/1966	01/22/2001	87507	Premium Single
M	10/11/1948	12/20/1999	87505	Premium Single
M	03/25/1992	02/24/2014	87507	Premium Single
F	02/10/1951	10/08/2005	87507	Premium Single
F	05/26/1958	05/20/2013	87505	Premium Single
M	06/22/1957	11/27/2006	87502	Premium Single
M	05/30/1967	08/04/1997	87507	Premium Single

F	01/08/1952	08/28/2007	87507	Premium Single
F	09/12/1959	03/16/1992	87504-0000	Premium Single
F	02/04/1965	11/29/2004	87501	Premium Single
M	01/17/1969	06/15/2009	87501	Premium Single
M	02/03/1972	08/20/2007	87507	Premium Single
F	08/25/1973	08/16/1999	87508	Premium Single
M	01/02/1976	01/07/2008	87505	Premium Single
M	09/01/1974	03/26/2012	87507	Premium Single
F	06/21/1984	04/06/2009	87507	Premium Single
M	05/21/1977	10/14/2014	87507	Premium Single
M	10/04/1990	07/21/2014	87124	Premium Single
F	08/08/1965	01/14/2008	55614	Premium Single
M	10/08/1964	10/06/2014	87501	Premium Single
M	01/22/1963	05/14/2008	87505	Premium Single
M	11/26/1966	08/14/2000	87501	Premium Single
M	08/30/1952	06/21/1993	87505	Premium Single
M	07/03/1984	05/08/2006	87507	Premium Single
M	10/07/1977	09/08/2014	87112	Premium Single
M	07/08/1960	10/16/2000	87701	Premium Single
F	10/21/1956	08/08/2007	87010	Premium Single
M	09/08/1982	03/29/2004	87199	Premium Single
F	12/31/1959	12/19/1992	87501	Premium Single
M	04/07/1987	05/09/2005	87041	Premium Single
M	04/04/1988	05/31/2011	87505	Premium Single
M	10/12/1948	05/04/1998	87501	Premium Single
M	06/13/1969	09/29/2008	87507	Premium Single
F	06/18/1981	07/19/2004	87562	Premium Single
M	07/26/1980	03/17/2014	87505	Premium Single
F	08/25/1971	05/17/1997	87501	Premium Single
F	07/06/1987	11/18/2013	87507	Premium Single
M	11/15/1986	01/29/2007	87120	Premium Single
F	04/19/1955	07/31/1997	87505	Premium Single
F	09/05/1966	11/03/1997	87501	Premium Single
M	10/30/1977	06/10/1999	87505	Premium Single
M	03/13/1982	05/20/2004	87506	Premium Single
M	01/28/1947	10/02/2000	87505	Premium Single
M	01/21/1967	06/02/2011	87507	Premium Single
M	04/22/1967	10/11/1993	87505	Premium Single
M	01/20/1986	01/10/2011	87507	Premium Single
F	08/10/1960	12/15/1999	87507	Premium Single
F	11/08/1962	10/15/1988	87501-0000	Premium Single
F	04/20/1984	09/21/2004	87505	Premium Single
M	08/20/1955	12/05/2002	87535	Premium Single
F	09/29/1985	03/12/2005	87505	Premium Single
M	03/12/1984	05/08/2006	87507	Premium Single
F	02/08/1972	06/23/2012	87144	Premium Single
F	06/23/1967	09/24/2012	87507	Premium Single

M	09/17/1970	04/12/2004	87507	Premium Single
M	06/25/1991	07/21/2014	87507	Premium Single
F	10/31/1961	11/29/1999	87501	Premium Single
M	12/01/1987	06/21/2012	87567	Premium Single
M	02/10/1988	07/21/2014	87507	Premium Single
M	11/02/1970	01/07/2008	87015	Premium Single
M	02/04/1959	02/02/2004	87144	Premium Single
F	12/17/1976	11/07/2013	87505	Premium Single
M	05/14/1957	05/21/2012	87501	Premium Single
M	11/10/1956	05/17/2012	87507	Premium Single
M	10/27/1976	06/24/2004	87124	Premium Single
M	06/12/1978	10/15/2013	87505	Premium Single
F	05/10/1944	07/19/2004	87504	Premium Single
M	11/10/1991	04/18/2012	87505	Premium Single
F	01/16/1961	10/31/2011	87505	Premium Single
M	07/12/1993	09/07/2011	87505	Premium Single
M	07/14/1959	08/13/1990	87504	Premium Single
F	09/13/1962	11/05/1994	87506	Premium Single
M	02/11/1957	03/13/2002	87507	Premium Single
M	05/03/1989	09/23/2008	87574	Premium Single
M	07/28/1985	07/16/2012	87507	Premium Single
M	10/30/1951	06/30/2001	87505	Premium Single
F	11/16/1958	12/12/2007	87508	Premium Single
F	11/18/1979	09/18/2006	87501	Premium Single
M	05/02/1967	03/07/2012	87507	Premium Single
F	03/14/1958	12/10/2012	87110	Premium Single
M	12/06/1949	01/10/2000	87111	Premium Single
F	03/20/1967	04/15/2002	87048	Premium Single
M	08/18/1986	11/01/2008	87501	Premium Single
M	05/24/1976	07/23/2012	87107	Premium Single
M	05/04/1963	03/26/1990	87501	Premium Single
M	07/19/1970	10/03/2005	87507	Premium Single
M	10/17/1968	07/05/2006	87535	Premium Single
M	01/22/1985	07/24/2002	87505	Premium Single
F	10/20/1954	03/10/2014	87501	Premium Single
M	08/29/1986	03/23/2009	87507	Premium Single
M	06/08/1979	07/21/2008	87552	Premium Single
F	02/12/1970	02/03/1997	87594-1741	Premium Single
M	09/05/1992	12/07/2013	87552	Premium Single
M	12/09/1957	12/11/2003	87505	Premium Single
M	07/14/1976	07/06/1994	87552	Premium Single
M	10/15/1969	04/23/2001	87105	Premium Single
M	12/14/1979	03/26/2001	87501	Premium Single
M	08/23/1982	08/06/2007	87502	Premium Single
F	02/03/1982	07/04/2005	87507	Premium Single
M	05/09/1964	05/01/1994	87507	Premium Single
M	05/16/1961	01/09/1999	87505	Premium Single

M	07/12/1964	06/29/2000	87504	Premium Single
F	10/25/1962	10/24/2001	87552	Premium Single
M	01/30/1954	05/30/2006	87041	Premium Single
F	12/21/1959	07/15/1991	87501	Premium Single
M	02/06/1953	03/24/2009	87144	Premium Single
M	06/15/1969	06/30/2001	87507	Premium Single
M	01/18/1980	03/10/2008	87507	Premium Single
M	04/16/1991	05/19/2014	87507	Premium Single
F	07/03/1962	06/25/2012	87501	Premium Single
M	02/05/1967	12/26/1990	87508	Premium Single
F	04/19/1969	05/07/2014	87507	Premium Single
M	10/06/1987	11/19/2007	87505	Premium Single
F	08/23/1954	01/14/2013	87505	Premium Single
F	04/28/1975	11/06/1993	87504	Premium Single
M	07/31/1951	12/15/2004	87507	Premium Single
F	04/27/1965	03/05/2003	87507	Premium Single
M	02/04/1969	01/08/2000	87507	Premium Single
M	03/13/1979	04/04/2006	87501	Premium Single
M	11/03/1950	01/20/2004	87501	Premium Single
M	04/04/1962	07/07/2014	87501	Premium Single
M	05/14/1963	09/10/2001	87532	Premium Single
M	08/13/1985	07/09/2012	87522	Premium Single
M	02/27/1984	06/16/2009	87532	Premium Single
M	07/25/1984	05/08/2006	87552	Premium Single
F	12/13/1987	11/20/2006	87505	Premium Single
M	08/14/1992	07/21/2014	87507	Premium Single
F	04/16/1961	12/03/2007	87504	Premium Single
F	06/18/1972	04/29/2003	87532	Premium Single
M	03/19/1987	01/07/2012	87501	Premium Single
M	08/28/1979	05/29/2007	87505	Premium Single
M	01/26/1957	09/06/2012	87502	Premium Single
F	10/23/1960	06/30/2001	87502	Premium Single
F	08/14/1970	09/12/1992	87507	Premium Single
F	02/19/1969	08/25/2008	87507	Premium Single
M	07/18/1990	05/13/2013	87505	Premium Single
F	02/08/1973	07/01/2000	87507	Premium Single
F	12/06/1993	10/20/2014	87505	Premium Single
M	11/24/1983	04/29/2014	87507	Premium Single
M	07/30/1979	09/26/2011	87594	Premium Single
F	11/06/1965	07/24/2007	87502	Premium Single
M	01/10/1962	08/02/2014	87507	Premium Single
M	03/04/1983	11/22/2004	87508	Premium Single
M	06/28/1985	03/28/2007	87501	Premium Single
M	09/09/1988	07/15/2013	87106	Premium Single
M	06/23/1954	01/03/1994	87507	Premium Single
M	05/10/1982	05/22/2002	87535	Premium Single
F	01/19/1983	07/27/2009	87507	Premium Single

M	08/27/1971	10/20/2014	87505	Premium Single
M	08/16/1970	04/23/2002	87507	Premium Single
M	08/08/1986	12/21/2009	87532	Premium Single
F	06/24/1963	05/24/2004	87535	Premium Single
M	05/09/1961	11/12/1991	87501-0000	Premium Single
M	08/19/1987	12/17/2012	87106	Premium Single
M	05/24/1975	06/03/1996	87507	Premium Single
M	12/14/1977	01/28/2008	87507	Premium Single
M	04/23/1975	09/04/2007	87505	Premium Single
M	03/11/1981	07/07/2014	87505	Premium Single
M	09/15/1984	09/15/2014	87501	Premium Single
M	01/22/1944	11/18/1995	87502	Premium Single
M	09/15/1981	06/28/2012	87505	Premium Single
F	07/06/1966	03/04/2000	87507	Premium Single
M	05/31/1987	12/07/2013	87508	Premium Single
M	01/16/1987	12/17/2007	87505	Premium Single
M	06/04/1958	09/04/2008	87574	Premium Single
M	01/04/1978	01/20/2004	87505	Premium Single
F	07/27/1955	08/17/1987	87502	Premium Single
M	12/24/1964	09/22/1997	87505	Premium Single
M	03/16/1970	05/05/2014	87507	Premium Single
F	11/21/1962	03/31/2014	87507	Premium Single
M	08/30/1975	11/14/2005	87510	Premium Single
M	07/18/1963	04/26/1995	87507	Premium Single
M	07/27/1949	04/04/1994	87508	Premium Single
M	05/30/1987	02/18/2013	87507	Premium Single
M	11/22/1960	06/12/2006	87507	Premium Single
M	11/17/1948	04/29/1989	87501-0000	Premium Single
F	06/01/1939	11/16/1998	87505	Premium Single
M	04/12/1954	03/15/1999	87504	Premium Single
M	10/02/1990	02/25/2013	87508	Premium Single
F	10/21/1980	01/29/2001	87507	Premium Single
M	02/19/1992	05/13/2013	87106	Premium Single
M	05/24/1985	03/04/2013	87507	Premium Single
M	09/28/1987	07/14/2007	87508	Premium Single
M	11/25/1980	01/04/2010	87144	Premium Single
M	06/07/1960	11/08/2010	87952	Premium Single
M	09/11/1978	03/24/2009	87507	Premium Single
F	08/21/1988	01/11/2010	87507	Premium Single
F	09/22/1976	06/22/2006	87507	Premium Single
M	05/27/1974	07/17/2007	87532	Premium Single
F	09/20/1956	05/11/1999	87507	Premium Single
M	06/26/1960	09/08/1997	87501	Premium Single
M	03/24/1960	04/30/2007	87508-1451	Premium Single
M	06/23/1977	10/27/2008	87508	Premium Single
M	11/23/1976	03/01/2002	87582	Premium Single
F	12/30/1986	09/22/2008	87506	Premium Single

M	06/08/1989	11/17/2014	87508	Premium Single
M	09/17/1984	07/08/2013	87507	Premium Single
M	09/19/1963	05/30/1997	87501	Premium Single
F	05/02/1965	04/03/2000	87505	Premium Single
M	02/23/1968	09/08/1997	87505	Premium Single
M	03/06/1960	07/29/2009	87552	Premium Single
M	05/15/1984	08/25/2014	87102	Premium Single
M	06/02/1976	07/13/1996	87507	Premium Single
F	11/22/1970	08/13/1990	87501	Premium Single
F	12/15/1959	06/26/2006	87501	Premium Single
M	08/08/1989	06/18/2012	87114	Premium Single
M	10/11/1976	12/17/2001	87501	Premium Single
F	09/11/1981	05/22/2007	87501	Premium Single
M	10/18/1951	05/24/1999	87507	Premium Single
M	07/13/1963	03/16/2006	87507	Premium Single
M	04/01/1987	03/04/2013	87507	Premium Single
M	08/03/1988	10/01/2007	87507	Premium Single
M	05/13/1983	07/28/2005	87502	Premium Single
M	09/22/1986	02/17/2007	87552	Premium Single
F	10/07/1968	03/21/2011	87508	Premium Single
F	09/25/1953	11/03/2003	87508	Premium Single
F	02/01/1958	01/02/2006	87083	Premium Single
M	05/29/1964	12/01/1997	87505	Premium Single
F	03/13/1977	01/31/2000	87501	Premium Single
M	06/30/1970	08/11/2014	87533	Premium Single
M	06/30/1989	11/28/2011	87505	Premium Single
F	05/19/1966	03/26/2001	87505	Premium Single
F	10/08/1972	09/29/2014	87505	Premium Single
M	09/16/1992	04/09/2012	87505	Premium Single
M	05/29/1975	03/31/2014	87505	Premium Single
F	05/06/1967	03/05/2001	87507	Premium Single
F	04/22/1979	05/12/2014	87502	Premium Single
M	12/08/1992	06/25/2012	87552	Premium Single
F	09/27/1968	03/12/2007	87552	Premium Single
M	07/20/1959	08/21/1995	87501	Premium Single
F	04/29/1941	05/08/2006	87505	Premium Single
M	07/23/1979	08/23/2004	87507	Premium Single
F	11/21/1979	06/01/2009	87505	Premium Single
M	07/24/1985	03/23/2009	87104	Premium Single
M	01/27/1964	11/03/2008	87505	Premium Single
F	10/02/1967	12/07/2003	87505	Premium Single
F	08/11/1954	10/29/2001	87501	Premium Single
F	01/18/1972	08/31/1991	87506-5474	Premium Single
F	09/30/1975	05/07/1996	87506	Premium Single
M	04/29/1990	12/27/2010	87505	Premium Single
M	10/07/1977	12/27/1997	87501	Premium Single
F	05/04/1974	07/26/2010	87592	Premium Single

M	03/26/1978	02/05/2002	87144	Premium Single
M	06/16/1962	05/05/1997	87506	Premium Single
M	07/21/1990	01/06/2014	87507	Premium Single
F	08/05/1978	03/18/2009	87501	Premium Single
F	01/20/1950	06/30/2001	87507	Premium Single
M	10/06/1955	06/10/2013	87507	Premium Single
M	12/04/1984	05/29/2007	87560	Premium Single
M	10/30/1955	06/22/1991	87501	Premium Single
M	02/06/1972	03/20/2010	87114	Premium Single
F	10/03/1957	03/05/2002	87505	Premium Single
M	05/12/1983	01/09/2007	87507	Premium Single
F	08/31/1984	09/11/2007	87562	Premium Single
M	06/21/1958	11/04/2013	87105	Premium Single
M	11/12/1951	05/28/2013	87535	Premium Single
M	03/11/1979	02/19/2004	87552	Premium Single
M	08/30/1970	10/01/2012	87508	Premium Single
F	04/08/1968	05/18/1998	87567	Premium Single
M	04/03/1969	05/11/2009	87501	Premium Single
M	08/27/1984	01/29/2007	87102	Premium Single
F	11/08/1986	10/16/2006	87508	Premium Single
F	12/11/1978	02/19/2007	87505	Premium Single
M	12/08/1969	02/20/2001	87505	Premium Single
F	06/15/1978	02/14/2000	87501	Premium Single
F	04/24/1969	07/28/2008	87501	Premium Single
F	01/13/1963	03/06/2000	87507	Premium Single
F	02/13/1958	01/06/2000	87501	Premium Single
M	07/29/1963	07/08/1989	87501-0000	Premium Single
F	01/19/1977	06/03/2013	87552	Premium Single
M	02/22/1985	11/13/2012	87507	Premium Single
M	10/18/1978	07/31/2006	87507	Premium Single
M	04/29/1970	06/02/2011	87501	Premium Single
M	07/11/1988	07/23/2012	87552	Premium Single
M	12/31/1999	10/06/2014	76017	Premium Single
M	02/14/1983	03/22/2010	87109	Premium Single
M	12/31/1981	03/23/2009	87109	Premium Single
F	02/19/1985	03/11/2013	87112	Premium Single
M	11/28/1978	09/02/2014	87120	Premium Single
M	03/01/1954	12/08/2008	87507	Premium Single
F	09/12/1978	04/16/2001	87507	Premium Single
M	05/07/1954	07/23/2008	87083	Premium Single
M	07/25/1949	04/15/2014	87508	Premium Single
M	01/03/1959	03/18/2000	87507	Premium Single
F	06/09/1948	01/01/2006	87505	Premium Single
M	06/28/1982	04/28/2008	87031	Premium Single
M	10/05/1985	01/29/2003	87507	Premium Single
M	02/15/1987	05/06/2013	87505	Eligible for Coverage - Opted Out
M	10/10/1970	09/02/2014	87505	Eligible for Coverage - Opted Out

M	03/29/1992	12/07/2013	87533	Eligible for Coverage - Opted Out
M	08/02/1987	05/13/2013	87507	Eligible for Coverage - Opted Out
M	01/03/1991	11/10/2014	87004	Eligible for Coverage - Opted Out
M	12/03/1968	10/02/2006	87507	Eligible for Coverage - Opted Out
F	09/06/1962	01/11/2010	87592	Eligible for Coverage - Opted Out
M	12/19/1956	09/27/2010	87505	Eligible for Coverage - Opted Out
F	06/09/1991	05/26/2009	87505	Eligible for Coverage - Opted Out
M	09/04/1952	07/18/2011	87592	Eligible for Coverage - Opted Out
M	05/26/1959	03/31/2003	87527	Eligible for Coverage - Opted Out
M	05/23/1981	02/05/2013	87124	Eligible for Coverage - Opted Out
M	06/06/1990	09/10/2014	87505	Eligible for Coverage - Opted Out
M	03/05/1995	05/26/2012	87505	Eligible for Coverage - Opted Out
M	07/01/1993	07/15/2014	87507	Eligible for Coverage - Opted Out
M	03/07/1964	08/01/2005	87144	Eligible for Coverage - Opted Out
F	04/14/1968	01/07/2009	87507	Eligible for Coverage - Opted Out
M	03/23/1973	10/11/1993	87507	Eligible for Coverage - Opted Out
F	02/14/1984	06/11/2007	60103	Eligible for Coverage - Opted Out
M	06/24/1989	01/16/2013	87507	Eligible for Coverage - Opted Out
M	10/06/1965	05/17/1999	87505	Eligible for Coverage - Opted Out
M	03/11/1993	06/11/2014	87532	Eligible for Coverage - Opted Out
M	03/23/1977	12/02/2013	87506	Eligible for Coverage - Opted Out
M	11/11/1973	06/16/2014	87144	Eligible for Coverage - Opted Out
M	11/15/1989	08/11/2012	87505	Eligible for Coverage - Opted Out
F	07/13/1986	03/10/2008	87505	Eligible for Coverage - Opted Out
F	01/31/1971	11/03/2008	87004	Eligible for Coverage - Opted Out
M	08/28/1990	07/21/2014	87114	Eligible for Coverage - Opted Out
M	08/07/1970	05/25/2006	87532	Eligible for Coverage - Opted Out
M	01/25/1993	12/07/2013	87124	Eligible for Coverage - Opted Out
M	01/16/1956	04/16/2001	87505	Eligible for Coverage - Opted Out
M	03/12/1994	05/31/2011	87508	Eligible for Coverage - Opted Out
M	04/06/1947	09/22/1997	87041	Eligible for Coverage - Opted Out
M	01/13/1985	02/23/2008	87508	Eligible for Coverage - Opted Out
M	06/20/1955	06/30/2003	87507	Eligible for Coverage - Opted Out
M	10/20/1993	07/21/2014	87507	Eligible for Coverage - Opted Out
M	09/28/1971	06/16/2014	87508	Eligible for Coverage - Opted Out
M	09/04/1992	03/18/2013	87501	Eligible for Coverage - Opted Out
M	12/04/1952	01/08/2001	87532	Eligible for Coverage - Opted Out
M	08/29/1990	07/08/2013	87507	Eligible for Coverage - Opted Out
M	10/31/1959	09/29/2014	87507	Eligible for Coverage - Opted Out
M	08/01/1962	01/19/2010	87501-0000	Eligible for Coverage - Opted Out
M	05/20/1962	11/27/2006	87552	Eligible for Coverage - Opted Out
F	03/14/1956	10/23/2006	87507	Eligible for Coverage - Opted Out
F	05/07/1988	03/25/2014	87505	Eligible for Coverage - Opted Out
M	06/23/1950	05/28/2013	87506	Eligible for Coverage - Opted Out
M	05/08/1994	06/21/2011	87501	Eligible for Coverage - Opted Out
F	06/11/1967	09/17/2012	87507	Eligible for Coverage - Opted Out
M	07/12/1954	12/13/2001	87552	Eligible for Coverage - Opted Out

F	10/27/1976	07/29/1999	87507	Eligible for Coverage - Opted Out
M	04/12/1980	10/24/2001	87505	Eligible for Coverage - Opted Out
M	02/16/1955	10/26/1995	87508	Eligible for Coverage - Opted Out
M	12/30/1981	06/17/2014	87114	Eligible for Coverage - Opted Out
F	12/21/1971	12/27/2012	87574	Eligible for Coverage - Opted Out
M	07/11/1990	10/17/2014	87507	Eligible for Coverage - Opted Out
F	01/06/1954	12/06/2011	87047	Eligible for Coverage - Opted Out
M	07/31/1973	09/06/2008	87507	Eligible for Coverage - Opted Out
M	02/03/1984	03/10/2008	87701	Eligible for Coverage - Opted Out
M	03/02/1953	01/22/2013	87506	Eligible for Coverage - Opted Out
F	10/12/1984	05/05/2003	87505	Eligible for Coverage - Opted Out
M	07/08/1994	11/04/2014	87505	Eligible for Coverage - Opted Out
F	07/04/1990	12/02/2013	87552	Eligible for Coverage - Opted Out
F	11/06/1974	09/22/2007	87532	Eligible for Coverage - Opted Out
M	05/07/1965	08/12/2013	87507	Eligible for Coverage - Opted Out
M	05/15/1987	03/31/2014	87507	Eligible for Coverage - Opted Out
M	09/09/1985	03/27/2007	87504	Eligible for Coverage - Opted Out
M	12/01/1977	03/01/2002	87732	Eligible for Coverage - Opted Out
M	05/01/1988	06/18/2009	87508	Eligible for Coverage - Opted Out
F	03/22/1976	10/15/2013	87501	Eligible for Coverage - Opted Out
M	08/17/1985	04/29/2013	87501	Eligible for Coverage - Opted Out
M	10/24/1990	10/15/2013	87507	Eligible for Coverage - Opted Out
M	11/14/1960	03/10/2014	87505	Eligible for Coverage - Opted Out
M	06/30/1988	07/22/2013	87552	Eligible for Coverage - Opted Out
F	09/18/1951	02/28/2005	87567	Eligible for Coverage - Opted Out
F	06/30/1970	11/18/2013	87041	Eligible for Coverage - Opted Out
F	04/12/1972	05/31/2005	87532	Eligible for Coverage - Opted Out
F	02/03/1973	09/13/2014	87505	Eligible for Coverage - Opted Out
M	04/25/1941	08/27/2001	87507	Eligible for Coverage - Opted Out
M	05/17/1957	09/04/2012	87505	Eligible for Coverage - Opted Out
M	03/08/1989	09/19/2007	87507	Eligible for Coverage - Opted Out
F	12/23/1998	06/26/2014	87701	Eligible for Coverage - Opted Out
M	07/09/1964	08/26/1995	87501	Eligible for Coverage - Opted Out
F	07/28/1973	09/30/2002	87505	Eligible for Coverage - Opted Out
F	04/21/1977	08/22/2007	87507	Eligible for Coverage - Opted Out
M	11/07/1985	01/14/2011	87505	Eligible for Coverage - Opted Out
M	10/11/1980	07/25/2011	87505	Eligible for Coverage - Opted Out
M	03/06/1977	12/23/2013	87505	Eligible for Coverage - Opted Out
M	04/03/1978	03/20/1999	87501	Eligible for Coverage - Opted Out
M	12/02/1973	03/29/2004	87507	Eligible for Coverage - Opted Out
M	11/20/1976	10/18/2008	87507	Eligible for Coverage - Opted Out
F	12/01/1975	01/24/2008	87505	Eligible for Coverage - Opted Out
M	02/15/1990	09/24/2007	87507	Eligible for Coverage - Opted Out
F	03/31/1981	10/20/2014	87532	Eligible for Coverage - Opted Out
F	07/21/1964	12/26/2001	87505	Eligible for Coverage - Opted Out
M	07/14/1974	04/18/2011	87507	Eligible for Coverage - Opted Out
M	05/07/1988	11/18/2014	87507	Eligible for Coverage - Opted Out

M	12/04/1992	03/04/2013	87506	Eligible for Coverage - Opted Out
F	11/24/1993	05/27/2013	87507	Eligible for Coverage - Opted Out
F	12/10/1964	05/15/2013	87508	Eligible for Coverage - Opted Out
F	04/27/1991	05/18/2011	87508	Eligible for Coverage - Opted Out
F	06/10/1989	02/17/2014	87549	Eligible for Coverage - Opted Out
M	10/06/1957	03/05/2001	87566	Eligible for Coverage - Opted Out
M	11/19/1968	06/01/1999	87001	Eligible for Coverage - Opted Out
M	11/15/1946	04/21/2014	87507	Eligible for Coverage - Opted Out
F	03/03/1964	10/16/2006	87505	Eligible for Coverage - Opted Out
F	01/02/1992	12/10/2012	87501	Eligible for Coverage - Opted Out
F	04/11/1988	05/02/2013	87507	Eligible for Coverage - Opted Out
F	12/29/1984	06/17/2008	87501	Eligible for Coverage - Opted Out
M	02/08/1993	04/02/2012	87552	Eligible for Coverage - Opted Out
F	05/27/1992	10/24/2013	87552	Eligible for Coverage - Opted Out
M	10/21/1990	12/07/2013	87507	Eligible for Coverage - Opted Out
M	04/22/1947	02/22/2010	87507	Eligible for Coverage - Opted Out
M	06/11/1961	01/25/2010	87507	Eligible for Coverage - Opted Out
M	07/09/1980	07/21/2014	87507	Eligible for Coverage - Opted Out
F	04/15/1970	06/07/2004	87507	Eligible for Coverage - Opted Out
F	01/09/1987	12/30/2013	87501	Eligible for Coverage - Opted Out
M	09/26/1959	09/08/2008	87552	Eligible for Coverage - Opted Out
F	02/21/1964	12/28/2009	87507	Eligible for Coverage - Opted Out
F	08/26/1983	03/29/2004	87507	Eligible for Coverage - Opted Out
F	08/07/1970	03/19/2008	87505	Eligible for Coverage - Opted Out
M	09/27/1974	01/22/2007	87507	Eligible for Coverage - Opted Out
F	04/12/1992	08/01/2007	87502	Eligible for Coverage - Opted Out
M	02/10/1979	09/29/2003	87507	Eligible for Coverage - Opted Out
M	11/28/1968	06/15/2009	80922	Eligible for Coverage - Opted Out
M	03/11/1983	12/12/2005	87113	Eligible for Coverage - Opted Out
F	04/10/1954	06/05/2004	87505	Eligible for Coverage - Opted Out
M	07/14/1960	05/07/2007	87507	Eligible for Coverage - Opted Out
M	11/18/1967	03/29/2004	87509	Eligible for Coverage - Opted Out
M	02/09/1991	06/17/2008	87505	Eligible for Coverage - Opted Out
M	06/07/1989	04/15/2009	87552	Eligible for Coverage - Opted Out
M	11/05/1993	09/15/2014	87552	Eligible for Coverage - Opted Out
M	06/11/1985	07/14/2014	87508	Eligible for Coverage - Opted Out
M	03/10/1990	03/18/2013	87111	Eligible for Coverage - Opted Out
F	08/15/1968	04/17/2002	87552	Eligible for Coverage - Opted Out
M	03/06/1988	03/23/2009	87552	Eligible for Coverage - Opted Out
F	11/30/1992	11/17/2014	87504	Eligible for Coverage - Opted Out
M	04/02/1965	02/23/2000	87535	Eligible for Coverage - Opted Out
M	09/23/1974	04/30/2007	87532	Eligible for Coverage - Opted Out
F	07/30/1938	04/21/2009	87505	Eligible for Coverage - Opted Out

SUMMARY PLAN DESCRIPTION

CITY OF SANTA FE

DENTAL PLAN *Concordia FLEX*

ADMINISTRATIVE INFORMATION

Plan Name: City of Santa Fe

Informal Plan Name: Concordia **FLEX**

Employer/Plan Sponsor: City of Santa Fe

Plan Sponsor Tax Identification No.: 85-6000168

Plan Number: 895333000, 895333099

Type of Plan: Group Dental

Type of Administration: Third Party Administration

Plan Administrator: Colleen Higgins Vigil
Benefits Administrator
City of Santa Fe
P.O. Box 909
Santa Fe, NM 85704
Telephone number: (505) 955-6125

Claims Administrator: United Concordia Companies, Inc.
4401 Deer Path Road
Harrisburg, PA 17110
Telephone number: (800) 332-0366

Agent for Service of Legal Process: N/A

Funding Medium: The Plan is funded by employer contributions. The Claims Administrator is not liable for the payment of Plan Benefits.

Trustee(s): N/A

Plan Year: July 1 through June 30

INTRODUCTION

This Summary Plan Description is written in an easy-to-understand way to explain the Group Dental Plan (“the Plan”) and provide information on the Plan which you may need in the future. If you have any questions after reading this Summary Plan Description, contact the Plan Administrator or the Claims Administrator at the address and telephone number under the Administrative Information section at the beginning of this document.

The Plan is intended to provide dental benefits for eligible employees and their covered dependents.

WHO IS ELIGIBLE FOR COVERAGE

If you are a full-time employee regularly scheduled to work at least 20 hours per week, you are eligible for coverage under the Plan. The employee’s effective date is the first month following the employee orientation which takes place the first Thursday of each month.

Your existing dependents are eligible on the date you become eligible for employee coverage and their coverage begins when yours begins. Future dependents are eligible on the date you acquire them. Their coverage begins the later of the first day of the month following that date or the date the Claims Administrator receives the new dependent’s enrollment.

Your eligible dependents are:

- Enrolled spouse, unless legally separated or domestic partner
- Enrolled children, including stepchildren, adopted children, or enrolled children placed for adoption if you are legally required to provide support until the adoption is finalized, and foster children, domestic partner's children, who:
 - qualify as your dependent under Internal Revenue Code Section 152, regardless of whether a divorced custodial parent has released the claim to the child’s dependency exemptions under Internal Revenue Code Section 152(e).
 - are under age 26

For a child under the limiting age listed above, the following factors will not affect eligibility to enroll as a Dependent: financial dependency on or residency with the Certificate Holder; marital status; student status; employment; eligibility to enroll for coverage under another policy or contract; or any combination of these factors.

ENROLLMENT

Before the beginning of each Plan Year, the Employer will hold an enrollment period during which you may elect benefits under the Plan for the upcoming Plan Year. The enrollment period will begin and end on dates determined by the Plan Administrator. These dates will be prior to the beginning of the next Plan Year. New employees will be enrolled in the Plan upon becoming eligible to participate.

To enroll in the Plan, you must complete the election forms provided by the Plan Administrator. If you do not complete the proper election forms, you may not participate in the Plan. You must let the Plan Administrator know when new dependents become eligible. You must also inform the Plan Administrator when you no longer have eligible dependents. Your employer will notify the Claims Administrator. Individuals eligible for coverage as employees may not also be enrolled as dependents. If you and your spouse are both eligible for employee coverage under the Plan, only one of you can enroll your eligible dependents.

CHANGE IN BENEFIT ELECTIONS

Generally, your Plan elections must stay in effect for the entire Plan Year. There are certain limited circumstances under which you are permitted to change your annual election. The following events are changes that if consistent with the requested change in your benefit election will permit you to change your benefit election during a Plan Year.

- You get married or divorced
- You have a child or adopt a child
- Your spouse or a child dies
- Your spouse commences or terminates employment
- Your or your spouse's employment status changes from full-time to part-time or from part-time to full-time
- You or your spouse take an unpaid leave of absence
- There is a significant change in the dental coverage that is provided by your spouse's employer

COST

Your employer pays the monthly premium.

HOW THE DENTAL PLAN WORKS

Choice of Dentist

You may choose any licensed dentist for services to be covered by the Plan. However, you will limit your out-of-pocket cost if you choose a United Concordia participating dentist. Participating dentists accept the Plan's allowance as payment in full for covered benefits. Your out-of-pocket cost will be limited to any applicable coinsurance, deductibles or amounts exceeding the program maximum. Participating dentists will also complete and send claims directly to the Claims Administrator.

If you go to a dentist who is not a United Concordia's participating dentist, you may have to pay the dentist at the time of service. You will also have to pay the difference between the dentist's charge and the amount that the Plan allows, in addition to any coinsurance or deductible. You may have to submit the claim and wait for the Claims Administrator to reimburse you.

To find a participating dentist, visit *Find a Dentist* on the Claims Administrator's website at www.unitedconcordia.com or telephone the Claims Administrator's Interactive Voice Response System at the toll-free number under the Administrative Information section of this document.

When you visit the dental office, let your dentist know that you are covered under a United Concordia program. If your dentist has questions about your eligibility or benefits, instruct the office to call the Claims Administrator's Interactive Voice Response System at the number under the Administrative Information section of this document or visit *Dental Inquiry* on the Claims Administrator's website at www.unitedconcordia.com.

Claims Submission and Payment

Upon completion of treatment, a claim form needs to be filed with the Claims Administrator. If you visit a United Concordia participating dentist, the dental office will submit claims forms for you and your dependents. The Claims Administrator will pay covered benefits directly to the participating dentist. Both you and the dentist will be notified if your claim is denied or reduced.

Most dental offices submit claim forms for patients. However, if you do not receive treatment from a participating dentist, you may have to complete and send a claim form to the Claims Administrator in the event the dental office will not do this for you. Send the claim form or predetermination to the address provided by the Claims Administrator. Be sure to include the patient's name, date of birth, the employee's contract ID number, patient's relationship to employee, the employee's name and address, and the name and policy number of a second insurer if the patient is covered by another dental plan. Your dentist should complete the treatment and provider information or supply an itemized receipt for you to attach to the claim form. The Claims Administrator will send payment to you if covered services are provided by a non-participating dentist and you do not indicate on the claim that you wish payment to be sent to the dentist. You will receive an explanation of benefits.

Should you have any questions concerning your coverage, eligibility or a specific claim, contact the Claims Administrator at the address and telephone number on the Administrative Information page of this document or log onto *My Dental Benefits* at www.unitedconcordia.com.

Predetermination of Benefits

A predetermination is a review in advance of treatment by the Claims Administrator to determine eligibility and coverage for planned services in accordance with the Schedule of Benefits and the Plan allowance. Predetermination is not required to receive a benefit for any service under the Plan. However, it is recommended for extensive, more costly treatment. A predetermination gives you and your dentist an estimate of what your coverage is and how much your share of the cost will be for the treatment being considered.

To have services predetermined, you or your dentist should submit a claim form showing the planned procedures but leaving out the dates of services. Be sure to sign the predetermination request. Substantiating material such as radiographs and periodontal charting may be requested by the Claims Administrator to estimate benefits. The Claims Administrator will determine benefits payable, taking into account exclusions and limitations and alternate treatment options based upon accepted standards of dental practice. You and your provider, if participating in United Concordia's network, will receive an explanation of the estimated benefits.

When the services are performed, simply have your dentist call the Claims Administrator's Interactive Voice Response System at the telephone number on the Administrative Information page of this document, or fill in the dates of service for the completed procedures on the predetermination notification and re-submit it to the Claims Administrator for processing. Any predetermination amount estimated by the Claims Administrator is subject to continued eligibility of the patient. The Claims Administrator may also make adjustments at the time of final payment to correct any mathematical errors, apply coordination of benefits, and comply with the member's Plan in effect and remaining program maximum dollars at date of service.

BENEFITS

Schedule of Benefits

Your benefits are shown on the attached Schedule of Benefits. The Schedule of Benefits lists:

- the dental service groupings covered, shown with a "Plan Pays" percentage
- the percentage of the Plan allowance that the Plan will pay
- any waiting periods applicable to the services
- any deductibles you must pay before any benefits will be paid by the Plan, and the services excluded from the deductibles
- any maximums for services for a given period of time; for example, annual for most services and lifetime for orthodontics.

If the service grouping is shown on the Schedule of Benefits as not covered or at "Plan Pays -- 0%", no benefits will be paid for the dental procedures in that grouping. Service groupings shown with "Plan Pays" percentages of less than 100% require you to pay a portion of the cost. For example, if the Plan pays 80%, your share is 20% of the Plan allowance.

The general descriptions below explain the service groupings on the Schedule of Benefits. The descriptions are not all-inclusive – they include only the most common dental procedures in a service grouping. Specific dental procedures may be shifted among groupings or may not be covered depending on your Employer's choice of Plan. Check the Schedule of Benefits at the back of this document to see which groupings are covered and have your provider call the Claims Administrator to verify coverage of specific dental procedures. Services covered on the Schedule of Benefits are also subject to the Alternate Treatment Provision following this section and the Schedule of Limitations and Exclusions attached to this document.

- Exams and X-rays for diagnosis – oral evaluations, bitewings, periapical and full-mouth x-rays
- Cleanings, Fluoride Treatments, Sealants for prevention
- Palliative Treatment for relief of pain in emergencies
- Space Maintainers to prevent tooth movement
- Basic Restorative to treat caries (cavities, tooth decay) – amalgam and anterior composite resin fillings, stainless steel crowns, crown build-ups and posts and cores
- Endodontics to treat the dental pulp, pulp chamber and root canal – root canal treatment and retreatment, pulpotomy, pulpal therapy, apicoectomy, and apexification
- Non-surgical Periodontics for non-surgical treatment of diseases of the gums and bones supporting the teeth – periodontal scaling and root planing, periodontal maintenance (prophylaxis)
- Repairs of Crowns, Inlays, Onlays, Bridges, Dentures – repair, recementation, re-lining, re-basing and adjustment
- Simple Extractions – non-surgical extraction of teeth and root removal

- Surgical Periodontics for surgical treatment of the tissues supporting and surrounding the teeth (gums and bone) – gingivectomy, gingivoplasty, gingival curettage, osseous surgery, crown lengthening, bone and tissue replacement grafts
- Complex Oral Surgery for surgical treatment of the hard and soft tissues of the mouth – surgical extractions, impactions, excisions, exposure, and root removal; alveoplasty and vestibuloplasty.
- Anesthesia for elimination of pain during treatment – general or nitrous oxide or IV sedation
- Inlays, Onlays, Crowns when the teeth cannot be restored by fillings
- Prosthetics – fixed bridges, partial and complete dentures
- Orthodontics for treatment of poor alignment and occlusion – diagnostic x-rays, active treatment and retention for eligible dependent children

Alternate Treatment Provision

There are often several ways to treat a dental condition. For example, a filling or a crown can restore a tooth, or a fixed bridge or a partial denture can replace missing teeth. An Alternate Benefit Provision (ABP) will be applied if a dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The Plan will pay for the lesser benefit, professionally acceptable procedure. The ABP does not commit you to the less costly treatment. If you and your dentist choose the more expensive treatment, you are responsible for the additional charges beyond those allowed for the less expensive procedure under the ABP.

Limitations and Exclusions

Services covered by the Plan as indicated on the Schedule of Benefits are subject to frequency or age limitations detailed on the attached Schedules of Limitations and Exclusions. No benefits will be provided for services, supplies or charges detailed under the Exclusions on the attached Schedule of Limitations and Exclusions.

COORDINATION OF BENEFITS

If you or your dependents are covered by any other dental benefits plan and receive a service covered by this Plan and the other, benefits will be coordinated. This means that one plan will be primary and determine its benefits before those of the other plan and without considering the other plan's benefits. The other plan will be secondary and determine its benefits after the other plan. The secondary plan's benefits may be reduced because of the primary plan's payment. Each plan will provide only that portion of its benefit that is required to cover expenses. This prevents duplicate payments and overpayments. Upon determination of primary or secondary liability, this Plan will determine payment.

1. The following words and phrases regarding the Coordination of Benefits ("COB") provision are defined as set forth below:
 - A) **Allowable Amount** is the Plan's allowance for items of expense, when the care is covered at least in part by one or more Plans covering the Member for whom the claim is made.
 - B) **Claim Determination Period** means a benefit year. However, it does not include any part of a year during which a person has no coverage under this Plan.

- C) **Other Dental Plan** is any form of coverage which is separate from this Plan with which coordination is allowed. **Other Dental Plan** shall be any of the following which provides dental benefits, or services, for the following: Group insurance or group type coverage, whether insured or uninsured. This includes prepayment groups. It also includes coverage other than school accident type coverage (including grammar, high school and college student coverages) for accidents only, including athletic injury, either on a twenty-four (24) hour basis or on a "to and from school basis," or group or group type hospital indemnity benefits of \$100 per day or less.
 - D) **Primary Plan** is the plan which determines its benefits first and without considering the other plan's benefits. A plan that does not include a COB provision may not take the benefits of another plan into account when it determines its benefits.
 - E) **Secondary Plan** is the plan which determines its benefits after those of the other plan (Primary Plan). Benefits may be reduced because of the other plan's (Primary Plan) benefits.
 - F) **Plan** means this document including all schedules and all riders thereto, providing dental care benefits to which this COB provision applies and which may be reduced as a result of the benefits of other dental plans.
2. The fair value of services provided by the Claims Administrator shall be considered to be the amount of benefits paid by the Claims Administrator. The Claims Administrator will be fully discharged from liability to the extent of such payment under this provision.
3. In order to determine which plan is primary, the Plan will use the following rules.
- A) The other plan does not have a provision similar to this one, then that plan shall be primary.
 - B) If both plans have COB provisions, the plan covering the Member as a primary insured is determined before those of the plan which covers the person as a Dependent.
 - C) Dependent Child/Parents Not Separated or Divorced -- The rules for the order of benefits for a Dependent child when the parents are not separated or divorced are:
 - 1) The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year;
 - 2) If both parents have the same birthday, the benefits of the plan which covered the parent longer are determined before those of the plan which covered the other parent for a shorter period of time;
 - 3) The word "birthday" refers only to month and day in a calendar year, not the year in which the person was born;
 - 4) If the other plan does not follow the birthday rule, but instead has a rule based upon the gender of the parent; and if, as a result, the plans do not agree on the order of benefits, the rule based upon the gender of the parent will determine the order of benefits.
 - D) Dependent Child/Separated or Divorced Parents -- If two or more plans cover a person as dependent child of divorced or separated parents, benefits for the child are determined in this order:
 - 1) First, the plan of the parent with custody of the child.
 - 2) Then, the plan of the spouse of the parent with the custody of the child; and
 - 3) Finally, the plan of the parent not having custody of the child.
 - 4) If the specific terms of a court decree state that one of the parents is responsible for the dental care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has actual knowledge of those terms, the benefits of that plan are determined first. The plan of the other parent shall be the Secondary Plan.
 - 5) If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the dental care expenses of the child, the plans covering the child shall follow the order of benefit determination rules outlined in Section C.3. above, titled Dependent Child/Parents Not Separated or Divorced.

- E) Active/Inactive Member
 - 1) For actively employed Members and their spouses over the age of 65 who are covered by Medicare, the plan shall be primary.
 - 2) When one contract is a retirement plan and the other is an active plan, the active plan is primary. When two retirement plans are involved, the one in effect for the longest time is primary. If another contract does not have this rule, then this rule will be ignored.
 - F) If none of these rules apply, then the contract which has continuously covered the Member for a longer period of time shall be primary.
 - G) The plan covering an individual as a COBRA continuee will be secondary to a plan covering that individual as a Member or a Dependent.
4. Right to Receive and Release Needed Information -- Certain facts are needed to apply these COB rules. The Claims Administrator has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person. Any health information furnished to a third party will be released in accordance with federal law. Each person claiming benefits under This Plan must give any facts needed to pay the claim.
 5. Facility of Payment -- A payment made under another plan may include an amount which should have been paid under This Plan. If it does, the Claims Administrator may pay the amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan, and the Claims Administrator will not pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the services prepaid by the Claims Administrator.
 6. Right of Recovery -- If the payment made by the Claims Administrator is more than it should have paid under this COB provision, the Claims Administrator may recover the excess from one or more of the following: (1) persons it has paid or for whom it has paid; or (2) insurance companies; or (3) other organization. Members are required to assist the Claims Administrator to implement this section.

SUBROGATION OF BENEFITS

In the event any payment is made under the Plan, the Plan shall be subrogated and shall succeed to the rights of any Participant against any other plan, person or entity for recovery of dental care expenses for which such other plan, person or entity is liable. All amounts so recovered, by settlement, judgment or otherwise, shall be paid to the Plan, for ultimate disposition thereunder, which may include payment to the Employer. Participants shall furnish such information, execute and deliver such assignment documents and other instruments, and take whatever steps are necessary to secure the rights of the Plan and the Employer. Participants shall take no action to prejudice the rights and interests of the Plan or the Employer hereunder.

NON-ALIENATION OF BENEFITS

No right or benefit provided for under the Plan shall be subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, or charge, and any attempt to anticipate, alienate, sell, transfer, assign, pledge, encumber, or charge the same shall be void. However, this Section shall not be construed to prevent a Participant from directing the Plan to pay expenses directly to a provider of services or products if those expenses are otherwise reimbursable to the Participant under Plan. In such event, the Plan shall be relieved of all further responsibility with respect to that particular expense.

TERMINATION OF COVERAGE

Your coverage and/or your dependents' coverage will end on the date provided by the Plan Administrator or the date the Claims Administrator receives the termination notice when the following events occur:

- Your termination of employment with the Plan Administrator.
- Your failure to satisfy the Plan's eligibility requirements.
- Your dependents cease to be dependents as defined by the Plan.
- Your disenrollment from the Plan.
- Your failure to immediately return to work after an approved leave of absence with the Plan Administrator during which you were entitled to receive coverage under the Plan.
- Your fraudulent use of dental services or facilities.
- Your failure to timely pay any required contributions under this Plan.

If your coverage or your dependent's is terminated as described above, coverage for completion of a dental procedure, other than orthodontics, that requires two or more dental office visits on separate days will extend for ninety (90) days after termination. The procedure must be started prior to your termination date. This extension of benefits does not apply if the termination is due to nonpayment of premiums or fraud on your part. In the case of orthodontic treatment, if covered under the Plan, your coverage will extend through the end of the month of termination.

If the Plan is terminated, your coverage will end on the date of the Plan's termination.

COORDINATION WITH OTHER LAWS

Family & Medical Leave Act. A Participant on an Employer approved leave of absence under the Family & Medical leave Act shall continue to participate in the Plan in accordance with the requirements of such act.

Qualified Medical Child Support Order. To the extent required by ERISA Section 609(a), the Plan shall comply with the terms of any medical child support order determined by the Plan Administrator to constitute a Qualified Medical Child Support Order. A Plan participant or beneficiary can obtain, without charge, a copy of the Plan's procedures governing Qualified Medical Child Support Order determinations from the Plan Administrator named in the SPD.

COBRA Continuation Coverage. Notwithstanding the termination provisions of the Plan described above, if the Employer normally employed 20 or more employees on a typical business day during the preceding calendar year, continuation coverage shall be provided under the Plan in accordance with ERISA Section 601 through 608, code Section 4980B, and Title XXII of the Public Health Services Act ("COBRA continuation coverage"). The terms of such COBRA continuation coverage are described below:

- a) COBRA continuation coverage shall be offered under the following circumstances (“qualifying events”) if participation under the Plan ordinarily would terminate as a result of such circumstances: (1) the Participant’s termination of employment (other than by reason of such Participant’s gross misconduct) or reduction of work hours to a level that would exclude him and his family from the Plan; (2) the Participant’s divorce or legal separation; (3) death of the Participant; (4) the Participant’s entitlement of Medicare benefits; (5) a dependent child ceasing to qualify as a “dependent” eligible for coverage under the terms of the Plan; or (6) the commencement by the Employer on or after July 1, 1986 of a Title 11 bankruptcy proceeding. (Item (6) affects only retired Participants, their Spouses and Dependents).
- b) COBRA continuation coverage shall be offered only to the Participant and/or his Spouse and his Dependents who were covered under the Plan on the day before the qualifying event occurred and who lose coverage under the Plan on account of the qualifying event (“qualified beneficiaries”). The qualified beneficiary shall be entitled to elect only the type of coverage he was receiving under the Plan at the time of the qualifying event. The right to elect core coverage, i.e., basic hospitalization and major medical coverage, shall be offered separately. Non-core coverage will not be offered separately from core coverage under the Contract.
- c) In the case of qualifying event described in (a)(2) or (5) above, the Participant or his family must notify the Employer of the qualifying event within 60 days of the date of the event. In all other cases, the Employer shall be deemed to be notified of the qualifying event. Within 14 days of such notification, the Employer shall provide the Participant and/or his family with a notice of the right to elect COBRA continuation coverage.
- d) The Participant, his Spouse, or his Dependent may elect COBRA continuation coverage within 60 days of the later of the date of the qualifying event, or the date to the notice form the Employer to qualified beneficiary. Each qualified beneficiary may make a separate election for COBRA continuation coverage. If an election is made within the 60-day period, the Plan shall permit payment for COBRA continuation coverage during the period preceding such election to be made not less than 45 days after the date of the election. If the election to continue coverage is not made within the above 60-day period, then no further opportunity to continue coverage will be extended to the Participant, his Spouse or his Dependents. COBRA continuation coverage is not conditioned upon evidence of insurability.
- e) In the case of (a) (1) above, COBRA continuation coverage may continue for up to 18 months. If, within the first sixty (60) days of continuation coverage, it is determined that the qualified beneficiary was disabled (under Title II or XV of the Social Security Act), continuation coverage may continue an additional 11 months, or a total of 29 months. To qualify for the additional 11 months, the Employer must be notified of the disability within 60 days after the date of determination. Such additional coverage will cease if the disability terminates. Therefore, the Employer must be notified within 30 days of the date of any final determination that the disability no longer exists. In the case of (a)(2) through (5), coverage may continue for up to 36 months. In this case of (a)(6), coverage may continue (1) until the death of the retired Participant or of any qualified beneficiary who, on the day before the qualifying event, was a surviving spouse or dependent child of the Participant, for up to 36 months after the death of the Participant. Notwithstanding the continuation periods specified above, COBRA continuation coverage shall terminate with respect to a qualified beneficiary upon the earlier of:

- i The date on which the Employer ceases to provide any group dental plan to any employee;
 - ii The date upon which coverage under the plan ceases as a result of failure to make timely premium payments as required by (f) below; premium payments shall be considered timely if made within 30 days of the due date; however, coverage shall be terminated retroactively as of the due date if payments are not received within 30 days; non-sufficient fund checks are not payment;
 - iii The date upon which the qualified beneficiary becomes covered under any other group dental plan (as an employee or otherwise) if such plan does not contain an exclusion or limitation with respect to any preexisting condition of such qualified beneficiary; or
 - iv The date upon which the qualified beneficiary (other than a qualified beneficiary described in (a) (6) above) becomes entitled to Medicare benefits. In the event of multiple qualifying events, the maximum required continuation period is 36 months.
- f) The Plan shall require payment of a premium for any period of COBRA continuation coverage in an amount that shall not exceed 102% of the cost to the Plan for such period of coverage for active Participants with respect to who a qualifying event has not occurred. The Cost to the Plan for coverage shall be determined for a period of 12 months selected by the Plan and shall be determined before the beginning of such period. The qualified beneficiary may elect to make any required premium payments in monthly installments. If the COBRA continuation period is extended from 18 months to 29 months due to disability as provided in (e) above, the premium for the additional 11 months of coverage shall be an amount not to exceed 150% of the cost to the Plan for such coverage, rather than 102% of such cost.

PLAN AMENDMENT

The Plan Sponsor reserves the right, at any time, to amend or terminate the Plan or amend or eliminate benefits under the Plan for any reason. All changes will be communicated in writing. If the Plan is discontinued, benefits, if any, will be paid for all charges incurred for covered services prior to the termination date.

ERISA CLAIMS AND APPEAL PROCEDURES

The Plan's ERISA Claims and Appeal Procedures are furnished automatically, without charge, as an attachment to this document and are incorporated by reference into this Summary Plan Description.

ERISA STATEMENT OF RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse and dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interests of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a (pension, welfare) benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a (welfare) benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

ERISA CLAIMS AND APPEAL PROCEDURES

United Concordia Companies, Inc. (the “Claims Administrator”) will make benefit determinations and resolve claimant appeals in a thorough, appropriate, and timely manner to ensure that claimants are afforded a full and fair review of claims for benefits. Benefit determinations will be made in accordance with the Plan documents and consistently among claimants. The claimant or his/her authorized representative may submit written comments, documents, records and other information relating to claims or appeals. The Claims Administrator will provide a review that takes into account all information submitted whether or not it was considered with its first determination on the claim. Any notifications by the Claims Administrator required under these procedures will be supplied to the claimant or his/her authorized representative.

DEFINITIONS

The following terms when used in this document have the meanings shown below.

“Adverse benefit determination” is a denial, reduction, or termination of or failure to make payment (in whole or in part) based on a determination of eligibility to participate in a plan or the application of any utilization review; or a determination that an item or service otherwise covered is experimental or investigational or not medically (dentally) necessary or appropriate.

“Authorized representative” is a person granted authority by the claimant and the Claims Administrator to act on behalf of a claimant regarding a claim for benefit or an appeal of an adverse benefit determination. An assignment of benefit is not a grant of authority to act on the claimant’s behalf in pursuing and appealing a benefit determination.

“Claimant” is a participant and/or beneficiary of an employee welfare benefit plan to whom a benefit may be due.

Claim for Benefits is a request for a plan benefit or benefits by a claimant in accordance with the Plan’s reasonable procedure for filing benefit claims.

“Claim involving urgent care” is any claim for dental treatment when the application of the time periods for making non-urgent care determinations could seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function; or in the opinion of a dentist with knowledge of the claimant’s dental condition, would subject the claimant to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim. Since the Claims Administrator does not require advance approval of emergency care in order to obtain a benefit, there are no claims involving urgent care as defined under the dental plan. The ERISA procedures for claims involving urgent care do not apply.

“Pre-service claim” is any Claim for Benefits under a group health plan when the terms of the plan condition receipt of the benefit, in whole or in part, on approval of the benefit in advance of obtaining dental care. The Plan does not require approval of planned dental treatment in advance of receiving care. Therefore, there are no pre-service claims as defined under the dental plan, and the ERISA procedures for pre-service claims do not apply. All claims under the dental plan are post-service claims.

“Post-service claim” (“claim”) is any Claim for Benefits under a group health plan that is not a pre-service claim.

“Relevant” A document, record, or other information will be considered “**relevant**” to a given claim:

- a. if it was relied on in making the benefit determination;
- b. if it was submitted, considered, or generated in the course of making the benefit determination (even if the plan did not rely on it);
- c. if it demonstrated that, in making the determination, the plan followed its own administrative processes and safeguards for ensuring appropriate decision-making and consistency;
- d. or if it is a statement of the plan’s policy or guidance concerning the denied benefit, without regard to whether it was relied upon in making the benefit determination.

PROCEDURES FOR POST-SERVICE CLAIMS

Benefit Determinations:

The Claims Administrator will determine benefits and notify claimants of adverse benefit determinations no later than 30 days after receipt of the claim.

The Claims Administrator may extend this 30-day period by 15 days if additional information about the claim is required or the extension is necessary due to matters beyond the control of the Plan. The Claims Administrator will notify the claimant of the extension before the end of the initial 30-day period. The Claims Administrator will explain the circumstances requiring the extension, the additional information required and the date by which the Plan expects to make the benefit determination. The claimant will have 45 days to provide the information requested. The time it takes the claimant to respond to the request for additional information will not be counted toward the time the Claims Administrator is required to make the benefit determination.

When all information is received and the benefit determination is made, the Claims Administrator will send a notice of adverse benefit determination to the claimant. The notice will include:

- a. the specific reason for the adverse benefit determination;
- b. reference to the specific plan provisions on which the determination is based;
- c. description of any additional material or information necessary for the claimant to perfect the claim and why it is necessary;
- d. any relevant internal rule, guideline, protocol, criteria, or clinical judgment the plan relied on in making its decision and why it was necessary, or a statement that a copy is available free of charge upon request;
- e. a description of the Plan's review procedures and time limits applicable to those procedures;
- f. a statement of the claimant's right to bring a civil claim under ERISA.

Appeals:

If the claimant is dissatisfied by the benefit determination, the claimant or his authorized representative may file an appeal with the Claims Administrator within 180 days of receipt of the adverse benefit determination. To file an appeal, telephone the toll-free number listed on your notice of adverse benefit determination.

The Claims Administrator will review the claim and notify the claimant of its decision within 60 days of the request for appeal. Any dentist advisor involved in reviewing the appeal will be different from and not in a subordinate position to the dentist advisor involved in the initial benefit determination.

Notice of the appeal decision will include the following in written or electronic form:

- a. the specific reason for the appeal decision;
- b. reference to specific plan provisions on which the decision was based;
- c. a statement that the claimant is entitled to receive upon request and free of charge, reasonable accessibility to and copies of all relevant documents, records, and criteria including an explanation of clinical judgment on which the decision was based and identification of the dental experts;
- d. a statement of the claimant's right to bring a civil action under ERISA;
- e. the following statement: "You and your Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency."

SCHEDULE OF EXCLUSIONS AND LIMITATIONS

Some exclusions and/or limitations may be waived depending on the Member's medical condition. Only American Dental Association procedure codes are covered.

EXCLUSIONS – The following services, supplies or charges are excluded:

1. For house or hospital calls for dental services and for hospitalization costs (e.g. facility-use fees).
2. That are the responsibility of Workers' Compensation or employer's liability insurance, or for treatment of any automobile-related injury in which the Member is entitled to payment under an automobile insurance policy. The Company's benefits would be in excess to the third-party benefits and therefore, the Company would have right of recovery for any benefits paid in excess.
3. For prescription and non-prescription drugs, vitamins or dietary supplements.
4. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.
5. Which are Cosmetic in nature as determined by the Company (e.g. bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).
6. Elective procedures (e.g. the prophylactic extraction of third molars).
7. For congenital mouth malformations or skeletal imbalances (e.g. treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).
8. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered under the Certificate.
9. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under the Certificate. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.
10. For treatment of fractures and dislocations of the jaw.
11. For treatment of malignancies or neoplasms.
12. Services and/or appliances that alter the vertical dimension (e.g. full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
13. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.
14. Preventive restorations.
15. Periodontal splinting of teeth by any method.
16. For duplicate dentures, prosthetic devices or any other duplicative device.
17. For which in the absence of insurance the Member would incur no charge.
18. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.
19. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.
20. For treatment and appliances for bruxism (e.g. night grinding of teeth).
21. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
22. Incomplete treatment (e.g. patient does not return to complete treatment) and temporary services (e.g. temporary restorations).

23. Procedures that are:

- part of a service but are reported as separate services
- reported in a treatment sequence that is not appropriate
- misreported or that represent a procedure other than the one reported.

24. Specialized procedures and techniques (e.g. precision attachments, copings and intentional root canal treatment).

25. Fees for broken appointments.

26. Those not Dentally Necessary or not deemed to be generally accepted standards of dental treatment. If no clear or generally accepted standards exist, or there are varying positions within the professional community, the opinion of the Company will apply.

27. For prosthetic services (e.g. full or partial dentures or fixed bridges) if such services replace one (1) or more teeth missing prior to Member's eligibility.

LIMITATIONS – Covered services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age:

1. Full mouth x-rays – one (1) every 5 year(s).
2. Bitewing x-rays – one (1) set(s) per calendar year.
3. Oral Evaluations:
 - Comprehensive and periodic – two (2) of these services per calendar year. Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three (3) or more year(s).
 - Limited problem focused and consultations – one (1) of these services per dentist per patient per 12 months.
 - Detailed problem focused – one (1) per dentist per patient per 12 months per eligible diagnosis.
4. Prophylaxis – two (2) per calendar year. One (1) additional for Members under the care of a medical professional during pregnancy.
5. Fluoride treatment – one (1) per calendar year under age seventeen (17).
6. Space maintainers – one (1) per tooth per lifetime for Members under age seventeen (17).
7. Sealants – one (1) per tooth per 4 year(s) under age seventeen (17) on permanent first and second molars.
8. Prefabricated stainless steel crowns – one (1) per tooth per lifetime for Members under age fifteen (15).
9. Periodontal Services:
 - Full mouth debridement – one (1) per lifetime.
 - Periodontal maintenance following active periodontal therapy – two (2) per calendar year in addition to routine prophylaxis.
 - Periodontal scaling and root planing – one (1) per 24 months per area of the mouth.
 - Surgical periodontal procedures – one (1) per 24 months per area of the mouth.
 - Guided tissue regeneration – one (1) per tooth per lifetime.
10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
 - Basic restorations – not within 12 months of previous placement.
 - Single crowns, inlays, onlays – not within 7 year(s) of previous placement.
 - Buildups and post and cores – not within 7 year(s) of previous placement.
 - Replacement of natural tooth/teeth in an arch – not within 7 year(s) of a fixed partial denture, full denture or partial removable denture.
11. Denture relining, rebasing or adjustments are considered part of the denture charges if provided within 6 months of insertion by the same dentist. Subsequent denture relining or rebasing limited to one (1) every 3 year(s) thereafter.
12. Pulpal therapy – one (1) per eligible tooth per lifetime. Eligible teeth limited to primary anterior teeth under age six (6) and primary posterior molars under age twelve (12).
13. Root canal retreatment – one (1) per tooth per lifetime.
14. Recementation – one (1) per 12 months. Recementation during the first 6 months following insertion of the crown or bridge by the same dentist is included in the crown or bridge benefit.
15. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP.
16. Payment for orthodontic services shall cease at the end of the month after termination by the Company.

Schedule of Benefits

Concordia FlexSM

	Plan Pays
Class I Services	
• Exams	100%
• All X-Rays	100%
• Cleanings & Fluoride Treatments	100%
• Sealants	100%
• Space Maintainers	100%
Class II Services	
• Palliative Treatment (Emergency)	80%
• Basic Restorative (Fillings, etc.)	80%
• Endodontics	80%
• Non-surgical Periodontics	80%
• Simple Extractions	80%
• Surgical Periodontics	80%
• Complex Oral Surgery	80%
• General Anesthesia	80%
Class III Services	
• Inlays, Onlays, Crowns	50%
• Prosthetics (Bridges, Dentures)	50%
• Repairs of Crowns, Inlays, Onlays,	50%
• Repairs of Bridges	50%
• Denture Repair	50%
Orthodontics	
• Diagnostic, Active, Retention Treatment	50%

Deductibles & Maximums

- \$50 per Calendar Year Deductible (excludes Class I Services & Orthodontics) per Member not to exceed \$150 per family
- \$1500 per Calendar Year Maximum per Member
- \$1500 Lifetime Maximum per Member for Orthodontics

All services on this Schedule of Benefits are subject to the Schedule of Exclusions and Limitations.

Participating Dentists accept the Maximum Allowable Charge as payment in full.

United Concordia

Rider to Schedule of Benefits and Schedule of Exclusions and Limitations

Implantology

This Rider is effective on May 1, 2011 and is attached to and made a part of the Schedule of Benefits and Schedule of Exclusions and Limitations.

SCHEDULE OF BENEFITS

The Company will pay implantology benefits for eligible Members for the following Covered Services equal to 50% of the Maximum Allowable Charge.

Implantology Services

Surgical Services

- D6010 surgical placement of implant body: endosteal implant
- D6040 surgical placement: eposteal implant
- D6050 surgical placement: transosteal implant
- D6100 implant removal, by report

Supporting Structures

- D6055 dental implant supported connecting bar
- D6056 prefabricated abutment – includes placement
- D6057 custom abutment – includes placement

Implant/Abutment Supported Removable Dentures

- D6053 implant/abutment supported removable denture for completely edentulous arch
- D6054 implant/abutment supported removable denture for partially edentulous arch

Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)

- D6078 implant/abutment supported fixed denture for completely edentulous arch
- D6079 implant/abutment supported fixed denture for partially edentulous arch

Single Crowns, Abutment Supported

- D6058 abutment supported porcelain/ceramic crown
- D6059 abutment supported porcelain fused to metal crown (high noble metal)
- D6060 abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061 abutment supported porcelain fused to metal crown (noble metal)
- D6062 abutment supported cast metal crown (high noble metal)
- D6063 abutment supported cast metal crown (predominantly base metal)
- D6064 abutment supported cast metal crown (noble metal)
- D6094 abutment supported crown – (titanium)

Single Crowns, Implant Supported

- D6065 implant supported porcelain/ceramic crown
- D6066 implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067 implant supported metal crown (titanium, titanium alloy, high noble metal)

Fixed Partial Denture, Abutment Supported

- D6068 abutment supported retainer for porcelain/ceramic FPD
- D6069 abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- D6070 abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- D6071 abutment supported retainer for porcelain fused to metal FPD (noble metal)
- D6072 abutment supported retainer for cast metal FPD (high noble metal)
- D6073 abutment supported retainer for cast metal FPD (predominantly base metal)
- D6074 abutment supported retainer for cast metal FPD (noble metal)
- D6194 abutment supported retainer crown for FPD – (titanium)

R-Implant (03/07)

Fixed Partial Denture, Implant Supported

- D6075 implant supported retainer for ceramic FPD
- D6076 implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- D6077 implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)

Other Implant Services

- D6090 repair implant supported prosthesis, by report
- D6095 repair implant abutment, by report

Deductible(s)

Deductible will be applied to implantology services.

Maximum(s)

The Maximum amount per Member for implantology services is \$1500 per person per calendar year.

Waiting Period(s)

No Waiting Period will be applied to implantology services.

SCHEDULE OF EXCLUSIONS AND LIMITATIONS

The Schedule of Exclusions and Limitations is amended as follows:

Exclusions

Any exclusions relating to implantology services are deleted.

Limitations

The following limitation does not apply to the above listed implantology procedures:

An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist.

The following limitations are added to the Schedule of Exclusions and Limitations:

Implantology services are limited to one (1) per tooth per seven years.

Implantology services are limited to Member's age eighteen (18) and older.

CITY OF SANTA FE

Account Number: 0329659
Coverage Period: 05/01/2011 - 11/30/2014
Activity Period: 05/01/2011 - 11/30/2014

Contracts by Tier

Coverage Date	Single	Two Party	Parent and Child	Parent and Children	Family	Total Contracts
05/01/2011	404	229	84	74	429	1,220
06/01/2011	402	229	84	74	428	1,217
07/01/2011	397	228	80	76	444	1,225
08/01/2011	395	231	80	75	442	1,223
09/01/2011	394	232	80	76	443	1,225
10/01/2011	402	233	79	78	442	1,234
11/01/2011	402	234	78	77	441	1,232
12/01/2011	406	235	77	76	443	1,237
01/01/2012	394	231	78	76	438	1,217
02/01/2012	401	232	76	75	439	1,223
03/01/2012	404	231	74	74	440	1,223
04/01/2012	405	231	75	73	440	1,224
05/01/2012	402	232	74	74	435	1,217
06/01/2012	399	232	74	74	434	1,213
07/01/2012	398	237	74	73	444	1,226
08/01/2012	409	239	78	72	446	1,244
09/01/2012	405	240	77	71	444	1,237
10/01/2012	405	245	77	71	445	1,243
11/01/2012	404	244	77	71	445	1,241
12/01/2012	402	244	78	71	444	1,239
01/01/2013	404	241	80	68	443	1,236

02/01/2013	406	239	81	69	440	1,235
03/01/2013	409	240	81	71	440	1,241
04/01/2013	408	239	80	72	438	1,237
05/01/2013	406	235	81	73	440	1,235
06/01/2013	408	239	78	74	431	1,230
07/01/2013	407	243	76	81	447	1,254
08/01/2013	405	242	77	83	444	1,251
09/01/2013	405	242	74	81	441	1,243
10/01/2013	404	238	74	83	442	1,241
11/01/2013	405	241	75	81	446	1,248
12/01/2013	409	237	76	77	443	1,242
01/01/2014	411	236	73	79	446	1,245
02/01/2014	409	234	74	79	450	1,246
03/01/2014	409	236	75	75	449	1,244
04/01/2014	408	234	74	77	450	1,243
05/01/2014	414	234	75	79	444	1,246
06/01/2014	415	232	78	75	437	1,237
07/01/2014	418	227	79	77	450	1,251
08/01/2014	424	226	79	78	451	1,258
09/01/2014	424	225	79	78	448	1,254
10/01/2014	428	227	78	76	450	1,259
11/01/2014	428	231	80	77	450	1,266
Totals	17,494	10,107	3,331	3,244	19,026	53,202

CITY OF SANTA FE

Account Number:

0329659

Paid Period:

05/01/2011 - 11/30/2014

Claims & Contracts

Paid Date	Contracts	Billed Admin Fees	Paid Claims	Claims Paid PEPM
05/01/2011	1,220	\$4,392	\$0	\$0.00
06/01/2011	1,217	\$4,381	\$69,359	\$56.99
07/01/2011	1,225	\$4,410	\$75,129	\$61.33
08/01/2011	1,223	\$4,392	\$70,660	\$57.78
09/01/2011	1,225	\$4,392	\$87,628	\$71.53
10/01/2011	1,234	\$4,432	\$60,859	\$49.32
11/01/2011	1,232	\$4,428	\$68,211	\$55.37
12/01/2011	1,237	\$4,439	\$64,215	\$51.91
01/01/2012	1,217	\$4,381	\$54,680	\$44.93
02/01/2012	1,223	\$4,396	\$77,577	\$63.43
03/01/2012	1,223	\$4,392	\$74,636	\$61.03
04/01/2012	1,224	\$4,406	\$70,044	\$57.23
05/01/2012	1,217	\$4,378	\$61,059	\$50.17
06/01/2012	1,213	\$4,360	\$73,256	\$60.39
07/01/2012	1,226	\$4,414	\$59,172	\$48.26
08/01/2012	1,244	\$4,471	\$80,301	\$64.55
09/01/2012	1,237	\$4,453	\$52,867	\$42.74
10/01/2012	1,243	\$4,464	\$70,986	\$57.11
11/01/2012	1,241	\$4,468	\$74,633	\$60.14
12/01/2012	1,239	\$4,446	\$59,958	\$48.39
01/01/2013	1,236	\$4,450	\$62,798	\$50.81
02/01/2013	1,235	\$4,432	\$65,421	\$52.97
03/01/2013	1,241	\$4,457	\$81,537	\$65.70
04/01/2013	1,237	\$4,450	\$68,267	\$55.19
05/01/2013	1,235	\$4,428	\$72,770	\$58.92
06/01/2013	1,230	\$4,410	\$57,687	\$46.90
07/01/2013	1,254	\$4,486	\$63,215	\$50.41
08/01/2013	1,251	\$4,486	\$97,583	\$78.00
09/01/2013	1,243	\$4,464	\$51,738	\$41.62
10/01/2013	1,241	\$4,453	\$51,980	\$41.89
11/01/2013	1,248	\$4,489	\$78,675	\$63.04
12/01/2013	1,242	\$4,468	\$51,780	\$41.69

01/01/2014		1,245	\$4,453	\$67,527	\$54.24
02/01/2014		1,246	\$4,460	\$59,409	\$47.68
03/01/2014		1,244	\$4,468	\$59,685	\$47.98
04/01/2014		1,243	\$4,460	\$73,536	\$59.16
05/01/2014		1,246	\$4,478	\$77,270	\$62.01
06/01/2014		1,237	\$4,439	\$58,257	\$47.10
07/01/2014		1,251	\$4,486	\$72,436	\$57.90
08/01/2014		1,258	\$4,511	\$88,835	\$70.62
09/01/2014		1,254	\$4,514	\$51,431	\$41.01
10/01/2014		1,259	\$4,532	\$68,752	\$54.61
11/01/2014		1,266	\$4,576	\$57,095	\$45.10
	Totals	53,202	\$191,142	\$2,842,915	\$53.44