

REQUEST FOR PROPOSAL #13-1406FL PHARMACY BENEFIT MANAGEMENT SERVICES

Manatee County, a political subdivision of the State of Florida (hereinafter "Manatee County" or the "County") will receive proposals from individuals, corporations, partnerships, and other legal entities authorized to do business in the State of Florida, to provide a Pharmacy Benefit Management Services.

DEADLINE FOR CLARIFICATION REQUESTS: **July 15, 2013 at 5:00 PM** shall be the deadline to submit all inquiries, suggestions, or requests concerning interpretation, clarification or additional information pertaining to this Request for Proposal to the Manatee County Purchasing Division. This deadline has been established to maintain fair treatment for all potential bidders or Proposers, while ensuring an expeditious transition to a final agreement.

TIME AND DATE DUE: Proposals will be received until **July 31, 2013 at 4:00 P.M.** at which time they will be **publicly opened**. All interested parties are invited to attend this opening.

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Important Note: A prohibition of Lobbying is in place. Please review paragraph A.17 carefully to avoid violation and possible sanctions.

FOR INFORMATION CONTACT:
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Manatee County Financial Management Department
Purchasing Division

AUTHORIZED FOR RELEASE: 

SECTION A: INFORMATION TO PROPOSERS

PROPOSERS MUST COMPLY WITH THE FOLLOWING INSTRUCTIONS TO BE CONSIDERED FOR SELECTION.

A.01 OPENING LOCATION

These proposals will be publicly opened at Manatee County Purchasing Division, 1112 Manatee Avenue West, 8th Floor, Suite 803, Bradenton, Florida 34205, in the presence of County officials at the time and date stated on the cover sheet. All Proposers or their representatives are invited to attend.

A.02 PROPOSAL INFORMATION AND PROPOSAL DOCUMENTS

Bids and Proposals on <http://www.mymanatee.org>

Bid or Proposal documents and the Notices of Source Selection related to those Bids or Proposals are available for download in a portable document format (.PDF) file on the Manatee County web page on the Purchasing tab under "Bids and Proposals". You may view and print these files using Adobe Acrobat software. You may download a free copy of this software (Adobe) from the County's web page if you do not have.

Manatee County collaborates with the Manatee Chamber of Commerce on distributing solicitations using the RFP Tool web page on the Chambers website: <http://www.Manateechamber.com> to post Bid and Proposal documents in a portable document format (.PDF) file. This step is in addition to the posting on Manatee County Government web page.

Manatee County may also use an internet service provider to distribute Bids and Proposals. A link to that service <http://www.DemandStar.com>, is provided on this website under the Tab "MyDemandStar". Participation in the DemandStar system is not a requirement for doing business with Manatee County.

Note: The County posts the **Notice of Source Selection** seven (7) calendar days prior to COMMENCING NEGOTIATIONS with the selected firms.

IT IS THE RESPONSIBILITY OF EACH PROPOSER, PRIOR TO SUBMITTING THEIR PROPOSAL, TO CONTACT THE MANATEE COUNTY PURCHASING DIVISION (see contact information on page one of this document) TO DETERMINE IF ADDENDA WERE ISSUED AND TO MAKE SUCH ADDENDA A PART OF THEIR PROPOSAL.

A.03 REQUIREMENTS FOR FORMAT AND DELIVERY OF PROPOSALS

Any proposals received after the stated time and date will not be considered. It shall be the sole responsibility of the Proposer to have their proposal delivered to the Manatee County Purchasing Division for receipt on or before the stated time and date. If a

proposal is sent by U.S. Mail, the Proposer shall be responsible for its timely delivery to the Purchasing Division. Proposals delayed by mail shall not be considered, shall not be opened at the public opening, and arrangements shall be made for their return at the Proposer's request and expense.

Proposals must be submitted in the format specified in Section C hereof. The contents of each proposal shall be **separated and arranged with tabs in the same order as listed in the Subsections within Section C** identifying the response to each specific item thereby facilitating expedient review of all responses.

A.04 CLARIFICATION & ADDENDA

Each Proposer shall examine all Request for Proposal documents and shall judge all matters relating to the adequacy and accuracy of such documents. Any inquiries, suggestions or requests concerning interpretation, clarification or additional information pertaining to the Request for Proposal shall be made in writing through the Manatee County Purchasing Division. The County shall not be responsible for oral interpretations given by any County employee, representative, or agent. The issuance of a written addendum by the Purchasing Division is the only official method whereby interpretation, clarification or additional information can be given.

Addenda shall be posted on <http://www.mymanatee.org>.

It shall be the responsibility of each Proposer, prior to submitting their proposal, to contact the Manatee County Purchasing Division at (941)748-4501, ext. 3014 to determine if addenda were issued and to acknowledge receipt of same on the Proposal Signature page (Attachment A).

DEADLINE FOR CLARIFICATION REQUESTS: July 15, 2013 at 12:00 PM shall be the deadline to submit all inquiries, suggestions, or requests concerning interpretation, clarification or additional information pertaining to this Request for Proposal to the Manatee County Purchasing Division.

This deadline has been established to maintain fair treatment for all potential bidders or Proposers, while ensuring an expeditious transition to a final agreement.

A.05 SEALED & MARKED

One signed (1) Original (marked Original) and Five (5) marked copies and Two (2) CDs of your proposal shall be submitted in one sealed package, clearly marked on the outside with the **"RFP #13-1406FL / Pharmacy Benefit Management Services** and as follows:

Manatee County Purchasing Division
1112 Manatee Avenue West, Suite 803
Bradenton, FL 34205

A.06 LEGAL NAME

Proposals shall clearly indicate the legal name, address and telephone number of the Proposer (company, firm, partnership, individual). Proposals shall be signed above the typed or printed name and title of the signer. The signer shall have the authority to bind the Proposer to the submitted proposal.

A.07 PROPOSAL EXPENSES

All expenses for making proposals to the County are to be borne by the Proposer.

A.08 EXAMINATION OF OFFER

The examination of the proposal and the Proposer generally requires a period of not less than ninety (90) calendar days from the date of the opening of the proposals.

A.09 DISCLOSURE

Upon receipt, all inquiries and responses to inquiries related to this Request for Proposal become "Public Records" and are subject to public disclosure consistent with Chapter 119, Florida Statutes.

Proposals become subject to disclosure thirty (30) days after the Opening or if a notice of intended award decision is made earlier than this time as provided by Florida Statute 119.071(1)(b). No announcement of review of the offer shall be conducted at the public opening. If the County rejects all offers and concurrently notices its intent to reissue the solicitation, initial offers are exempt until the County provides notice of its intended decision or, thirty (30) days after the opening of the new offers.

A.10 ERRORS OR OMISSIONS

Once a proposal is submitted, the County shall not accept any request by any Proposer to correct errors or omissions in the proposal.

A.11 DISQUALIFICATION DUE TO NON-RESPONSIVENESS

Manatee County reserves the right to find that any proposal received which does not contain all of the information, attachments, verification, forms or other information, may be considered non-responsive and therefore be disqualified from eligibility to proceed further in the RFP process.

A.12 RESERVED RIGHTS

The County reserves the right to accept or reject any and/or all proposals, to waive irregularities and technicalities, and to request resubmission. Any sole response

received by the first submission date may or may not be rejected by the County, depending on available competition and timely needs of the County. The County reserves the right to award the contract to a responsible Proposer submitting a responsive proposal, with a resulting negotiated agreement which is most advantageous and in the best interests of the County. The County shall be the sole judge of the proposal, and the resulting negotiated agreement that is in its best interest and its decision shall be final. Also, the County reserves the right to make such investigation as it deems necessary to determine the ability of any Proposer to perform the work or service requested. Information the County deems necessary to make this determination shall be provided by the Proposer. Such information may include, but shall not be limited to: current financial statements prepared by an independent CPA; verification of availability of equipment and personnel; and past performance records.

A.13 APPLICABLE LAWS

Proposer must be authorized to transact business in the State of Florida. All applicable laws and regulations of the State of Florida and ordinances and regulations of Manatee County will apply to any resulting agreement. Any involvement with any Manatee County procurement shall be in accordance with Manatee County Code Chapter 2-26. Procedures and deadlines concerning protests related to this Request for Proposal shall be those which are set forth in § 2-26-61 of the County Code.

A.14 CODE OF ETHICS

With respect to this proposal, if any Proposer violates, directly or indirectly, the ethics provisions of the Manatee County Purchasing Code and/or Florida criminal or civil laws related to public procurement, including but not limited to Florida Statutes Chapter 112, Part II, Code of Ethics for Public Officers and Employees, such Proposer will be disqualified from eligibility to perform the work described in this Request for Proposal, and may also be disqualified from furnishing future goods or services to, and from submitting any future bids or proposals to supply goods or services to, Manatee County.

By submitting a proposal, the Proposer represents to the County that all statements made and materials submitted are truthful, with no relevant facts withheld. If a Proposer is determined to have been untruthful in its proposal or any related presentation, such Proposer will be disqualified from eligibility to perform the work described in this Request for Proposal, and may also be disqualified from furnishing future goods or services to, and from submitting any future bids or proposals to supply goods or services to, Manatee County.

A.15 COLLUSION

By offering a submission to this Request for Proposal the Proposer certifies the Proposer has not divulged to, discussed or compared his proposal with other Proposers and has not colluded with any other Proposer or parties to this proposal whatsoever. Also, the Proposer certifies, and in the case of a joint proposal, each party thereto

certifies, as to their own organization that in connection with this proposal:

- a. any prices and/or data submitted have been arrived at independently, without consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices and/or cost data, with any other Proposer or with any competitor;
- b. any prices and/or cost data quoted for this proposal have not been knowingly disclosed by the Proposer prior to the scheduled opening directly or indirectly to any competitor;
- c. no attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition;
- d. the only person or persons interested in this proposal as principal or principals is/are named therein and that no person other than therein mentioned has any interest in this proposal or in the contract to be entered into; and
- e. no person or agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees.

A.16 PUBLIC ENTITY CRIMES

In accordance with Section 287.133, Florida Statutes, a person or affiliate who has been placed on the convicted Proposer list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases or real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for Category Two for a period of 36 months from the date of being placed on the convicted Proposer list.

In addition, Manatee Code of Laws Chapter 2-26 Article V prohibits the award of County contracts to any person or entity who/which has, within the past 5 years, been convicted of, or admitted to in court or sworn to under oath, a public entity crime or of any environmental law that, in the reasonable opinion of the Purchasing Official, establishes reasonable grounds to believe the person or business entity will not conduct business in a reasonable manner.

To ensure compliance with the foregoing, the Code requires all persons or entities desiring to contract with the County to execute and file with the purchasing official an affidavit, executed under the pain and penalties of perjury, confirming that person,

entity, and any person(s) affiliated with the entity, does not have such a record and is therefore eligible to seek and be awarded business with the County. **Proposer is to complete Attachment "C" and submit with your proposal.**

A.17 LOBBYING

After the issuance of any Request for Proposal, prospective Proposers, or any agent, representative or person acting at the request of such Proposer shall not contact, correspondence. This requirement begins with the issuance of a Request for Proposal, and ends upon execution of the final Contract or when the Proposal has been canceled. Violators of this prohibition shall be subject to sanctions as provided in the Manatee County Purchasing Code of Law Chapter 2-26. communicate with or discuss any matter relating in any way to the Request for Proposal with any officer, agent or employee of Manatee County other than the Purchasing Official or as directed in the Request for Proposal. This prohibition includes the act of carbon copying officers, agents or employees of Manatee County on email.

A.18 EQUAL EMPLOYMENT OPPORTUNITY

In accordance with the provisions of Title VI of the Civil Rights Act of 1964 and Title 15, Part 8 of the Code of Federal Regulations, Manatee County hereby notifies all prospective Proposers that they will affirmatively ensure minority business enterprises will be afforded full opportunity to participate in response to this advertisement and will not be discriminated against on the grounds of race, color or national origin in consideration for an award of contract.

A.19 AMERICANS WITH DISABILITIES ACT

The Board of County Commissioners of Manatee County, Florida, does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of the County's functions including one's access to, participation, employment, or treatment in its programs or activities. Anyone requiring reasonable accommodation for the **public meetings** specified herein (i.e. Information Conference or Proposal Opening), should contact the person named on the first page of this document at least twenty four (24) hours in advance of the activity to request accommodations.

END SECTION A

SECTION B: SCOPE OF SERVICES

B.01 BACKGROUND

The County desires to contract for Pharmacy Benefit Management (PBM) Services starting January 1, 2014.

The County has a contract with a Preferred Pharmacy Network Partner and has designed its prescription plan to incentivize members to use the preferred pharmacy via lower out of pocket costs. All generic medications and some Over the Counter (OTC) products dispensed for the members of the Manatee "YourChoice" Health Plan are 100% covered at preferred pharmacies. Over 65% of all County employees, dependents and retirees prescriptions are filled at the preferred pharmacies. The County is interested in a 90 day retail option that results in savings or a model that provides a more cost effective and member oriented solution to competitive pharmacy pricing. The County requires excellent customer service.

The County has a unique approach to health and disease management and desires a Proposer who is supportive of the model currently in place. Manatee County provides a comprehensive clinical team of professionals who work in an integrated fashion to support the health and welfare of the employees and their dependents. Onsite are Nurse Case Managers, Behavioral Health Staff, Registered Dietician, Clinical Pharmacist, Wellness Coaches and Fitness Specialists.

The County currently contracts with a Clinical Pharmacist who works on-site with the Benefit Division along with the other contracted clinical staff. The Clinical Pharmacist must have access to the PBM claim adjudication system in order to provide care management to the members and support to the local pharmacies, but also to enter prior authorizations for brand and specialty medications. It is the expectation of the County that the onsite clinical pharmacist maintain this role and responsibility as the case manager for the specialty patients, including the selection of and the authorization of specialty pharmacies and medications. The County reserves the right to change the Clinical Pharmacist as it deems necessary or appropriate.

B.02 SCOPE

a. This Request for Proposal is to define the requirements to support our members. County requests that all proposals submitted must be fully disclosed with regard to network rates, dispensing fees, administrative and other fees, rebates, and margin. The County is interested in Proposers proposing 1.) a broad network (all pharmacies are available to the plan where members can receive discounts on their medications) and 2.) a narrow network (established preferred pharmacies, or a limited number of pharmacies where members can receive discounts on their medications). The County will evaluate the proposals and determine which model best suits the County in terms of broad or narrow, with or without the existing preferred pharmacy arrangement. If the current arrangement with a preferred pharmacy is maintained, County requires its

contracted PBM to administer the Preferred Pharmacy Provider reimbursement at the agreed upon rates between County and the Preferred Pharmacy Provider, and apply the appropriate copay incentives to members; additionally, the County is interested in learning if the proposer will be supportive providing a clinical pharmacist, identified by the County, that will be fully dedicated to the County and located at the County's Employee Health Benefits (EHB) Division.

County operates with an ACE Philosophy (Accountability, Civility and Ethics) and expects that all Proposers with the County operate with the same standard. Exceptional customer service and accountability towards the Employee Health Benefits staff and the members of the health plan plays a significant factor in the County's selection of Proposers to support the health plan.

The PBM will provide a comprehensive pharmacy network and support the Manatee Preferred Pharmacy network via claims adjudication, pharmacy payment, etc. County has approximately 9,000 prescriptions being filled monthly for its 6,600 members with 3,100 members using the prescription benefit monthly. County pays approximately \$5.1 million annually on the pharmacy benefit. Generic utilization exceeds 80% of all prescriptions dispensed. Current PBM mail service pharmacy utilization is voluntary and is less than 1% of total prescription volume.

The following generally describes the "Scope of Services" that will be the selected Proposer's responsibility:

- b. The Proposer is required to possess the experience in the administration of the proposed services for accounts of similar size and complexity as being sought by County and as referenced in Section C.03a.
- c. The Proposer will maintain a local and/or toll-free phone number available for use by the Plan participants and Providers for claim questions and customer service.
- d. Proposer is required to allow the Plan's Clinical Pharmacist access to the claim adjudication system from County location for the purpose of utilization management.
- e. Proposer is required to agree that all data belongs to the County.
- f. Proposer is required to provide regional comparative data, in summary format, detailing the plans performance for cost and utilization as compared to other similarly sized and comparable municipalities, as well as comparative monthly reports at no cost to the County.
- g. Proposer will embrace the County's health management model and demonstrate forward thinking philosophy.

B.03 SERVICES TO BE PROVIDED BY SUCCESSFUL PROPOSER

The successful Proposer shall provide the following:

- a. Pharmacy claims processing
- b. Customer Service support
- c. Plan Design recommendations
- d. Mail-service pharmacy
- e. Pharmacy and therapeutic (P&T) committee formulary development and review;
- f. Pharmacy network management
- g. Negotiation and administration of product discounts, including manufacturer rebates
- h. Generic substitution
- i. Drug utilization review (DUR)
- j. Clinical prior authorization and step therapy
- k. Consumer and Physician education
- l. Disease management
- m. Consumer compliance programs
- n. Comprehensive reporting on costs and utilization
- o. Access to the real-time claim adjudication system by Clinical Pharmacist located at the local EHB office.
- p. Visible support of the County's health plan model and eagerness to offer additional opportunities to enhance the model.

END SECTION B

SECTION C: FORM OF PROPOSAL

This section identifies specific information which must be contained within each proposal. The contents of each proposal shall be **separated** and **arranged with tabs** in the same order as listed in **Sections C.01, through C.16**, identifying the response to each specific item.

The information that you provide shall be used to determine those Proposers with perceived ability to perform the Scope of Services as stated in this Request for Proposal which may overall best meet the needs of County. A review with those Proposers reasonably susceptible of being selected for award may be conducted for the purposes of clarification of both ability and benefit to Manatee County. See Section D. Selection.

C.01 MINIMUM QUALIFICATIONS (Licensing) TO BE CONSIDERED

To qualify for any consideration, the Proposer(s) must present copies of any licensing or certification which will be required by law to perform the services set out in the scope of services required in this RFP.

The Proposer must present certification that they are HIPAA compliant.

Proposals may be presented by a single business entity, a joint venture, or partnership.

After County staff validates the Minimum Qualifications have been met, those Proposals found to be in compliance will be considered by the evaluation committee.

C.02 ADMINISTRATIVE SUBMITTAL

Proposal Signature Form (Attachment A).

Public Contracting and Environmental Crimes Certification (Attachment C).

Affidavit of No Conflict (Exhibit D)

C.03 INFORMATION TO BE SUBMITTED REGARDING PROPOSER(S)

Proposers are to document in their Proposals they have the following experience:

Note: Tabs are required to separate and identify each item defined in this Section C.03.

a. Proposers shall have substantial, current and verifiable experience in performing the services described within the scope of services set forth herein. Provide a list of at least **five (5) references** with knowledge of your firm's past experience in providing the services as described in the Request for Proposal and contract performance with local government. References shall be Client Manager employees in senior level management positions at the governmental entity. Include the name of the entity, a description of the contract project, the dates of service and the name(s) and telephone number(s) of the contact persons. This list shall be for both Governmental and Private

side references for the past five (5) years.

b. Provide a description of each Proposers' **background and size**. Provide a general statement of qualifications to include Proposers' professional credentials, legal status, and experience in providing the service enumerated in this Request for Proposal.

c. Submit a narrative **explaining the direct economic benefit to County to be realized by selecting Proposer(s)**. Please include a discussion of the employment, subcontracting, and support services contracting which would be procured within County.

d. Provide an **explanation of the Proposers' legal capacity** to fully perform all of the scope of services. Include a description of corporate or other structure and governance, and detail the legal, financial, and technical capabilities of Proposer(s) relevant to performing the scope of services. If more than one Proposer is teaming up to submit a proposal, any prior work any two or more joint proposers have done before should be detailed. Is your company currently involved in any discussions or negotiations that would change the basic ownership structure or significantly affect company management?

e. Identify each **principal of the firm and other "key personnel"** who will be professionally associated with the County and actively assigned to this account. Do not include personnel that will not have a key role in providing services. Describe their respective areas of expertise and responsibilities.

For each identified person, provide the following:

- Full Name
- Title
- Professional credentials
- Area of expertise
- Office address
- Email address
- Telephone number
- Personalized resumes which identify the qualifications, training and experience of each key personnel

f. **Local Office, Procurement, Hiring.** Gaining maximum economic impact is paramount. Proposer(s) should therefore describe whether the managing office will be located within the County, and detail what plans and policies will be adopted to help ensure County citizens receive preferential consideration for employment, and Proposers located within the County will be used as suppliers of goods and services needed to perform the scope of services.

g. Disclose **any ownership interest in other entities** involved in these services which might reasonably be selected to perform work under the scope of services set

forth in this Request for Proposal. This ownership disclosure shall be included, whether such ownership occurs by the Proposer through a parent, subsidiary or holding company or any other form of business entity. Submit entity names and the percent of ownership for each.

h. **Provide authorization for a County auditor and/or financial analyst to have access to your financial records at the primary location of the business entity** explained in response to item C.03.F, or such other location as may be agreed, for the purposes of verifying your financial representations, review and assessment of the historical and current financial capacity of your business entity and its expected ability to meet ongoing financial obligations to the County as proposed in this proposal to County. Please confirm that the County will be able to audit your organization with an independent auditor of the County's choice on an annual basis if the County desires. Please confirm that Manatee reserves the right to audit claims records, billing records, pharmacy contracts, rebates, and rebate contracts. The County requires that audit discrepancies will be settled within 90 days of audit report.

The County's audit and /or financial analyst agents will report their findings in a summary report to the County Purchasing Official, which will be placed in the contact files for subsequent use and review.

i. List **litigation** including pending claims or if settled the outcome(s) against your organization (or parent) in the past five years. Please list any consent decrees and or disciplinary actions that have been issued or pending from any State or federal regulatory agency or group.

j. **Claim Re-Pricing:** County will provide current plan design along with a **claims re-pricing** file that will include sample claims data including NDC #, quantity dispensed, date of dispensing, retail/mail indicator, patient copayment, DAW code and the day's supply. Interested proposers should request an electronic version of the claim file for the purpose of re-pricing.

Please utilize the paid claim file to conduct a re-pricing exercise with the County's own data. **County is interested in your proposed rates for both broad network, a narrow network, and with keeping the existing preferred network in place. A listing of the preferred pharmacies by Pharmacy ID will be provided with the claim file upon request.** Please define the specifics of your analysis and how you can best service and price your offer to the County.

k. Provide **confirmation** that your firm, if selected, will have the manpower and equipment necessary to render the program fully operational on January 1, 2014.

l. Provide a statement of your firm's **willingness to provide a multi-year rate guarantee.**

m. Provide information of your **demonstrable reporting capabilities** (include samples).

n. Provide a **statement as to your transparency and disclosure of all fees** that

are paid by your firm (Proposer).

C.04 ACCOUNT IMPLEMENTATION /MANAGEMENT

Note: Tabs are required to separate and identify each item defined in this Section C.04.

a. Proposer shall provide the names and positions of the account team that would be assigned to the County, if different than shown in C.03e. Include their roles and responsibilities along with a brief biography, including experience as it pertains to prescription benefits and experience working with clients in the public sector.

b. Proposer shall describe their implementation process and timeline. Confirm that implementation is included in your pricing. What are your data requirements relative to a "history file"? Describe in detail your organization's transition support, including any implementation credits, for the County if your organization is selected. Confirm that your entity can effectively implement the plan no later than January 1, 2014.

c. Does Proposer perform client and member surveys? If yes, please provide your most recent two years' survey results for each.

d. Proposer to demonstrate and explain how you support conducting a Formulary Disruption Analysis using the current County Formulary and a claims file. Will you be able to identify the number of members and claims impacted.

e. The County anticipates providing a file of existing Prior Authorizations, and Step Edits currently in place for members. Proposer to describe their experience with utilizing these files to facilitate a smooth implementation and minimize member disruption.

f. Proposer to confirm the implementation team will be the same team that will manage the account after implementation, if not provide further explanation.

g. Proposer to provide their recommendation as to the frequency of meetings with the Account Management Team and the County. Will meetings be in person or via teleconference?

h. Proposer shall describe Account Management services options to the County.

C.05 ELIGIBILITY/ PLAN DESIGN

Note: Tabs are required to separate and identify each item defined in this Section C.05.

Eligibility information is provided by Aetna on a monthly basis. Full file eligibility is provided. Terminations are identified as eliminations from the file. Provide answers and other information for the following:

a. What is your process for online eligibility updates?

- b. Will you accept eligibility provided in the current format available from Aetna? **See Exhibit D.** If not, provide alternatives.
- c. What are your requirements for the member's identification card? The County expects that the Medical ID number is utilized as the eligibility for the Prescription Benefit via the eligibility feed. We do not desire to have the PBM provide a separate ID card for Rx coverage, but that the Group number, Bin and PIN are included on the medical ID Card.
- d. What is your requirement, if any, for group numbers on the member's identification card?
- e. What reporting segmentation is available? (Active, retirees, salaried, hourly, division). Confirm your ability to support individual eligibility as opposed to family plans. For example, all County members of the health plan and their dependents have their own unique ID number.
- f. Can you administer percentage copay with an out-of-pocket maximum per prescription? Can you pass Dispense as Written (DAW 2) penalties to a member when their annual out-of-pocket maximum is exceeded for the claim?
- g. Can you administer an Out-of-Pocket Annual Maximum? Can you pass Dispense as Written to a member penalties when their annual out-of-pocket maximum is exceeded for the year?
- h. Can you administer an additional Out-of-Pocket Maximum per prescription for Specialty Medications?
- i. Can you administer a Preferred Provider Organization (PPO) type benefit design such as the one the County offers for preferred and non-preferred pharmacies?
- j. Confirm that you accept eligibility files that change/update benefit designs for value based copays for clinical programs for qualified or selected members.

C.06 CUSTOMER SERVICE

Note: Tabs are required to separate and identify each item defined in this Section C.06.

Proposer to provide the following:

- a. List the location of the customer service center that will serve the County and your customer service hours.
- b. How many customer service representatives will be assigned to the County account? Are they dedicated customer service reps?
- c. Describe services for patients using languages other than English.

- d. Describe your recommended approach for handling inquiries from County members and their families. Will there be a toll free number dedicated for the County? Describe the Interactive Voice Response (IVR) calling tree process. How many levels are planned before they are able to reach a customer service representative?
- e. What is your Average Speed of Answer?
- f. What is the Abandonment Rate and how is it defined?
- g. What percent of calls are answered within 30 seconds?
- h. Describe on-line services available to County members through your website.
- i. Do you provide member satisfaction surveys? If yes, please provide the most recent member survey results.
- j. Describe your backup power supply procedure in the event of a power failure? Describe your disaster recovery plan.

C.07 CLAIMS ADJUDICATION

Note: Tabs are required to separate and identify each item defined in this Section C.07.

Proposer to provide the following:

- a. Please describe your claims processing system for adjudicating the County prescription claims.
- b. What drug data source(s) is used to determine the Average Wholesale Price (AWP) for retail and mail order when processing pharmacy claims?
- c. What is the frequency of AWP update? Is there a specific date/time?
- d. What is the drug data source of AWP pricing used when billing the County? Are the frequency of update and the same drug data source of AWP, the same as pharmacy updates?
- e. Please describe your claims submission window for electronically submitted claims? Reversed claims?
- f. Please describe your paper claims process. In what situations will you process paper claims? What options are available to the County for paper claims processing?

C.08 CLINICAL SUPPORT/FORMULARY

Note: Tabs are required to separate and identify each item defined in this Section C.08.

Proposer to provide the following:

- a. Describe your organization's Pharmacy & Therapeutics (P&T) Committee. Is the P&T Committee your own or is it outsourced? If outsourced, what organization runs the Committee?
- b. How is the P&T Committee structured and its members selected? What are the qualifications of its members?
- c. How frequently does P&T Committee meet?
- d. Describe the P&T Committee role in formulary development and maintenance?
- e. Describe your organization's formulary? Is there one or multiple formularies? If multiple, what are the differences and strategic intent?
- f. What formulary are you proposing to County? Please complete a formulary disruption analysis using the included "**Exhibit C**" Drug Formulation Wall Chart from the current formulary.
- g. Do you own your own Formulary or is it outsourced? If outsourced, describe the Formulary provider.
- h. How often is the Formulary changed or updated?
- i. What are the timing requirements for the P&T committee to review new drugs?
- j. How will the County be notified of formulary changes?
- k. Do you charge a Formulary Management Fee?
- l. Would the County be able to customize or make changes to your proposed Formulary? Describe the process.
- m. Confirm that you will provide an online formulary look up tool to County members. Please indicate whether that formulary tool can be accessed without the use of a username and password for the member or provider.
- n. The YourChoice Health Plan has a foundation of preventative care and supportive services to assist members in achieving a healthy lifestyle (Behavioral Health, Diabetes, Fitness and Wellness, Tobacco Cessation). Describe other services/programs/opportunities that your organization has in place that will enhance the YourChoice Health Plan.
- o. Describe clinical programs offered to the County at no additional cost? Does the County retain all savings derived from these programs?

- p. Describe clinical programs offered to the County at an additional fee. How is the fee assessed? Does the County retain all savings derived from these programs?
- q. Describe any additional unique clinical programs your organization provides.
- r. Is the pricing or guarantees including rebates offered to the County predicated upon adoption of any clinical programs?
- s. Describe your Drug Utilization Review (DUR) program.
- t. Please provide an overview of any clinical programs intended to support the education of pharmacy customers about appropriate use of their medication including medication adherence.
- u. How will you support the County's efforts towards maximizing generic utilization, choose lowest cost brands and overall cost containment?
- v. On-site Clinical Pharmacist: Describe in detail your organization's ability to provide the County with the services of a fulltime clinical Pharmacist. The goal of the Clinical Pharmacist is to work on a multi-disciplinary team of clinical professionals to develop and maintain clinical and wellness programs that will enhance the quality of life, promote cost containment, enhance customer service at network pharmacies and improve clinical and financial outcomes in accordance with the Manatee YourChoice Health Plan document and pharmacy benefit design.

If the County seeks to have this position as part of the PBM arrangement, it will be provided at no direct cost to the County via the arrangement of the PBM. Pharmacist will work out of the County EHB offices and selected County worksites. The hours will be flexible based upon the scheduling needs of plan members and programs and will be determined by the County Benefit Manager. The Clinical Pharmacist for the YourChoice Health Plan is dedicated fully to the Health Plan and located with the other Advocates of the Health Plan at the County Employee Health Benefits office and has access to the PBM claims processing system.

C.09 PHARMACY NETWORK

Note: Tabs are required to separate and identify each item defined in this Section C.09.

Proposer to provide the following:

- a. How many pharmacies are in your proposed network?
- b. Please list any national or Florida regional chains that are excluded from your proposed network.
- c. Are you aware of any retail pharmacies in the County that are NOT in your proposed network? Please list.

d. Provide the discount off of AWP (Average Wholesale Price) in post rollback figures Wholesale Acquisition Price (WAC) or based pricing, as well as the dispensing fee for members of the Your Choice Health Plan for the following using two (2) different scenarios:

- Provide pricing below with the use of a Broad Network and
- Provide pricing below with the use of a Narrow Network. The County will be considering each scenario in conjunction to comparing with the current preferred pharmacy provider to determine the best possible solution for the County.

Claims with less than 31 day supply:

Brand Discount from AWP
Single Source Generic Discount from AWP*
Generic Discount from AWP (Non-MAC) maximum allowable cost
Dispensing fee/claim

Claims with 31-90 day supply

Brand Discount from AWP
Single Source Generic Discount from AWP*
Generic Discount from AWP (Non-MAC)
Dispensing Fee/Claim

Specialty Pharmaceuticals:

Brand Discount from AWP
Single Source Generic from AWP*
Generic Discount from AWP (Non-MAC)
Dispensing Fee/Claim

***Single Source Generic is defined as a drug with only one FDA approved abbreviated New Drug Application (ANDA) generic, excluding Authorized Generics.**

Please provide specific detail of pharmacies included in the Narrow Network proposed above in the pricing scenario.

- e. Please provide a standard Pharmacy Network contract.
- f. Define Brand Drug.
- g. Define Generic Drug.
- h. Define Specialty Drug
- i. Please confirm that you will process claims using the price for the National Drug Code (NDC) submitted by the pharmacy. Are you able to exclude re-packagers and unit dose products with higher per unit pricing?

- j. Confirm that your definition of a Single Source Generic is a drug with only one FDA approved (ANDA) generic, excluding Authorized Generics.
- k. Confirm you will provide the dispensing pharmacy's usual and customary cash price to the County members if lower than the proposed network pharmacy rates for retail, mail and specialty.
- l. Will there be exceptions to the rates quoted above? If yes, please describe. How will discount improvements over time be communicated to the County?
- m. How is the dispensing fee billed for Usual and Customary claims (U&C)?
- n. Describe the MAC list(s) proposed for the County? How many items are on the MAC list? What percent of generic claims are reimbursed at MAC rate? Is there more than one MAC list anticipated to support the County? If yes, please describe process.
- o. How often is MAC list(s) updated? If more than one MAC list is maintained, are similar updates made at the same time?
- p. Describe your methodology for determining MAC pricing? Will you pass on to the County the lower of the MAC rate or the contracted pharmacy network rate? How long should the County expect before a new multi-source product be added to the MAC list after patent expiration?
- q. Will you guarantee a generic effective discount from AWP? If yes, what is your guarantee? Will it improve over the life of the Agreement, if so when? Is the generic effective discount measured against all generics or MAC generics only?
- r. Describe your definition of transparency and pass-through. Confirm whether, upon request, you will share with the County the contract agreements you have with respective pharmacies for transparent clients.
- s. Will a County member pay the lower of the AWP Discount, U&C price, MAC, or the copay? Or is the pharmacy allowed to collect the full copay if it is higher?
- t. Please confirm that there is no "minimum price" that is charged to the County or members for prescription products.
- u. The County may negotiate a three year agreement with the successful PBM. Please describe if rates provided above will be the same for the proposed term of the agreement or if there will be further reductions over time. Please describe your proposed pricing over time.
- v. Will your company sign a "most favored customer" commitment with the County stating that if you negotiate or offer a better price or discount, or a better business arrangement to another client of similar size, who has a similar program, your company must also offer it to the County?
- w. Will your company sign a fiduciary commitment agreement with the County

stating that all decisions are made solely and exclusively with the best interests of the County and its plan members – with the understanding that violation is considered a material breach?

x. What is the payment frequency and cycles for a typical clean retail? Please describe the process for a typical month.

y. Will you agree to use the following definition in your contract? Pass-Through Pricing - The term "Pass-Through Pricing" shall mean PBM's agreement that the only revenue that PBM shall derive under this Agreement is a fully disclosed Management Fee and any additional Administrative Fees agreed to by Plan. Pass-Through Pricing shall also mean that PBM agrees that it shall not derive any revenues whatsoever from spreads between amounts charged to Plan and amounts paid to Participating Pharmacies, and PBM agrees to disclose and pass-through to Plan all Financial Benefits obtained from all Pharmaceutical Manufacturers to include any financial benefits received by PBM that are classified as any other type of revenue other than a rebate. (e.g. admin fee, formulary fee, etc.).

z. Describe your pharmacy audit processes. What procedures do you have in place to detect fraud and abuse? For a situation involving a County member, what percentage of recovered monies is shared with the County?

aa. How does your system address copay coupons for members? The County has seen that pharmacy companies or disease specific groups offer copay coupons for some brand drugs, but often that value is higher than the member's maximum copay and the additional savings of the coupon does not reduce the plan paid cost. What means do you have to maximize the copay coupons?

bb. Utilizing the Paid Claim File (Exhibit A) complete a re-pricing exercise using the rates proposed.

C.10 REBATES

Note: Tabs are required to separate and identify each item defined in this Section C.10.

a. Describe the Rebate program offered for the County, including estimated rates per 30 day retail claim and 90 day retail or mail service claim in a three tier benefit. Provide a timeline beginning with the utilization of a rebateable product and ending with the receipt of a rebate check by client. Include all data transactions that occur so that the County understands your process.

b. On what basis are rebates paid? Per claim basis, on a "per formulary brand", or "per rebateable brand"? Is there a minimum guarantee? How are rebates adjusted based on days supply between 30 and 90 day supply?

c. What percentage of rebates is retained by your organization?

d. Does your organization hold contracts with brand manufacturers directly, or is

this an outsourced function? If outsourced, please describe the rebate aggregator and rebate process?

e. Is the rebate offering for the life of the contract or will it change by year? If it changes, please provide details.

f. Describe rebate process for specialty drugs obtained at a retail pharmacy? Mail service pharmacy? Specialty Pharmacy? Specialty Pharmacy not owned by organization?

C.11 SPECIALTY PHARMACY

Note: Tabs are required to separate and identify each item defined in this Section C.11.

a. Does your organization provide a specialty pharmacy program? How do you define a specialty product?

b. Is the specialty pharmacy owned by your organization, or is it a subcontracted service? If subcontracted, please describe the specialty partner organization(s)?

c. If subcontracted, describe the interface between customer service centers, with a focus on how to check the status of a pending prescription delivery.

d. The County currently utilizes local Florida Specialty Pharmacy providers for certain products and disease states. Please state your organization's ability to work with other specialty pharmacy providers. Will you permit them to join your pharmacy network to serve County members? Will you permit a County contracted Preferred Pharmacy Partner to dispense specialty medications?

e. Describe how manufacturer rebates are allocated to the County for specialty products? Are they passed onto the client at 100%?

f. Do pharmaceutical manufacturers support your compliance, data provision and patient support programs? If yes, are those fees retained by your organization?

g. Specify any other source of revenue that your organization receives from Specialty drug manufacturers, including funding for any of your clinical programs.

h. Please describe your pricing for specialty pharmaceutical products including discounts, dispensing fees, rebate handling, and any case management fees that may be applicable.

i. Describe your specialty formulary including a tiered formulary based upon rebateable products (if applicable).

j. Describe your company's long and short term solutions to managing the specialty cost with employers, particularly an employer like the County who has integrated, comprehensive onsite disease management programs in place.

C.12 MAIL SERVICE PHARMACY

Note: Tabs are required to separate and identify each item defined in this Section C.12.

- a. Does your organization own its mail service facility? Please list the location of the mail facility that will service the County members. If subcontracted, please provide an overview of your subcontracted mail service provider.
- b. What is the turnaround for a typical mail service prescription? Describe how your organization defines turnaround time, including criteria for starting and dispensing?
- c. The County seeks a lowest cost of therapy approach. Will you agree to not drive mail utilization to higher ingredient cost products? If not, please describe specific situations where this would occur.
- d. Provide postage charges or any other fees specific to mail order.

C.13 Reporting

Note: Tabs are required to separate and identify each item defined in this Section C.13.

- a. Describe your standard reporting package proposed for the County as part of your service offering.
- b. Please provide a sample report package.
- c. Do you provide on-line claims analysis and data analytics tools for the County to create their own queries and reports? Please describe the functionality of this software.
- d. How often are reports provided? Describe monthly vs. quarterly reports. Are there additional costs for online reporting?
- e. How are one time ad-hoc reporting requests handled? Describe how any costs for ad-hoc reports are handled and expected turnaround time.
- f. How are regularly provided custom reporting requests handled? Describe how any costs for regularly provided custom reports are handled and expected turnaround time.
- g. Are you able to provide stop loss reporting to the County's Proposer? Do you have experience with this type of reporting with other clients?
- h. The County seeks a full "paid claims file" on a monthly basis for its use. Describe your ability to provide claims history on a monthly basis and any costs associated. The prescription claim data is the exclusive property of the County. The County expects that they will be apprised of any opportunities for the PBM to sell the

County data, however, the data shall not be sold unless the County approves, and any revenue generated from the sale shall be returned directly to the County.

C.14 SAMPLE MATERIALS

Note: Tabs are required to separate and identify each item defined in this Section C.14.

The County would like to review current examples of materials and documents used in servicing similar clients. Please provide an electronic file whenever possible.

Please provide samples of the following:

- Two Party Agreement for the services proposed.
- Organizational Chart.
- Implementation Schedule to accommodate a January 1, 2014 start date. Where possible, identify both the County and your organization's responsibilities during the implementation process.
- Plan setup questionnaire detailing information needed for set up of the County within your system(s).
- Standard communications that goes out to new members eligible for prescription benefits.
- Formulary disruption and pharmacy network disruption communications to members.
- Sample billing invoice.
- Sample standard reports and sample quarterly and annual reporting.
- Clinical programs available to the County.

C.15 FEES

Note: Tabs are required to separate and identify each item defined in this Section C.15.

a. Please describe your administrative fees and any other potential charges or incidentals charges that your management company may incur. Please specify basis for fees (per paid claim, all transactions, etc.)

- Pharmacy claims processing
- Customer Service support
- Plan Design recommendations
- Pharmacy and therapeutic (P&T) committee formulary development and review;
- Pharmacy network management
- Negotiation and administration of product discounts, including manufacturer rebates
- Generic substitution
- Drug utilization review (DUR)
- Clinical prior authorization and step therapy

- Consumer and Physician education
 - Disease management
 - Consumer compliance programs
 - Comprehensive reporting on costs and utilization
 - Access to the real-time claim adjudication system by Clinical Pharmacist located at the local EHB office.
- b. Please outline any fees your organization charges for mailing communications.
- c. Please outline any additional fees that your organization charges for customized communications
- d. Please outline any additional fees for ad hoc report requests, IT programming, etc.
- e. Does your organization charge a fee (Y/N) for:
- Rejected or denied claims
 - Reversed claims

If yes, how are these claims identified and what is the charge?

- f. Manatee County seeks to administer its own Prior Authorization criteria for many products. When this occurs, are there any fees to County?
- g. Describe any fees for Prior Authorizations not administered by the County.
- h. Does your organization charge for Clinical Services provided? If yes, describe the process.

C.16 Performance Measurements

Note: Tabs are required to separate and identify each item defined in this Section C.16.

- a. Describe performance measurements proposed and penalties your organization will pay the County if quoted service levels are not met. Please indicate which guarantees are specific to the County, which are “line of business”, and which are “across all business lines”. Indicate the measurement period for the guarantee. At a minimum, the County suggests inclusion of:
- Implementation: The initial group structure, benefit plan design will be entered into the PBM system by 35 days prior to implementation data.
 - Eligibility: Participant eligibility will be loaded 30 days prior to the start date and new eligible members will be loaded in the system w/in 2 days of receipt.
 - Customer Service Center Guarantees
 - Mail Service Turnaround times

- Claims processing accuracy
- On time reporting
- Meeting guarantees
- Member satisfaction guarantee
- Account management satisfaction guarantee
- Pricing Guarantees: AWP, MAC, rebates, dispensing fee etc

END SECTION C

SECTION D: SELECTION

D.01 EVALUATION FACTORS

Evaluation of proposals will be conducted by an evaluation committee. The committee's goal will be to identify the proposal which will overall best meet the needs of Manatee County as determined from the proposals received and subsequent investigation by the County. General factors to be applied will be: (1) the perceived ability of the Proposer(s) to perform the Scope of Services as stated in this Request for Proposal in the most timely and effective manner possible, (2) the legal, technical and financial capabilities of Proposer(s), and (3) the experience of Proposer(s) and the perceived ability of the proposer to embrace and support the YourChoice model.

These evaluation factors shall determine the successful proposal.

D.02 RELATIVE IMPORTANCE OF EVALUATION FACTORS

Unless noted, no weight will be assigned to the Evaluation Factors stated above.

D.03 PRELIMINARY RANKING

An evaluation committee shall determine from the responses to this Request for Proposal and subsequent investigation as necessary, the Proposer(s) most qualified to be selected to negotiate an agreement.

D.04 REVIEW OF PROPOSERS AND PROPOSALS

In-person reviews may be conducted with responsible Proposers who are deemed reasonably susceptible of being selected for award, for the purposes of assuring full understanding of: (a) conformance to the solicitation requirements, (b) the abilities of the Proposer, and (c) the proposal submitted.

Proposers shall be available for presentations to and interviews with the evaluation committee, upon reasonable notification from the Purchasing Division. The date(s) and time(s) of any such presentations / interviews shall be determined solely by the County, and may be closed to the public in the discretion of the Purchasing Official, and to the extent permitted by law.

D.05 SELECTION FOR NEGOTIATION

The evaluation committee will make a recommendation to the County Administrator as to the proposer which the County should enter into negotiations. The County Administrator will act upon that recommendation and, if accepted, the successful Proposer will be invited to enter negotiations led by the Purchasing Division.

D.06 AWARD

Award of an agreement is subject to the successful negotiations and the approval of either the County Administrator or the Board of County Commissioners (as provided for in the current Purchasing Code and Procurement Procedures).

END SECTION

SECTION E: NEGOTIATION OF THE AGREEMENT

E.01 GENERAL

The following general terms and conditions apply to the proposal submitted for consideration and the subsequent negotiations:

- a. The proposal will serve as a basis for negotiating an agreement, but not compel adherence to its terms or conditions.
- b. Upon submission, all proposals become the property of the County which has the right to use any or all ideas presented in any proposal submitted in response to this Request for Proposal whether or not the proposal is accepted.
- c. Pursuant to this Section "E" it is anticipated the Agreement shall remain in effect for a period of three (3) years, but may be renewed through mutual agreement of both parties, for an additional 2 years of one year each up to a total aggregate of five years.
- d. All products and papers produced in the course of this engagement become the property of the County upon termination or completion of the engagement.

E.02 AGREEMENT

The selected Proposer shall be required to negotiate an agreement, in a form and with provisions acceptable to Manatee County.

Negotiated Agreements may or may not include all elements of this RFP or the resulting successful proposal where alternative terms or conditions become more desirable to the County, and the parties agree to such terms.

The parties will negotiate the term of the agreement, and the circumstances in which it may be renewed, assigned or terminated.

The parties will negotiate matters of insurance, liability, record-keeping, auditing, and all other relevant contractual matters.

END SECTION E

ATTACHMENT A

**PROPOSAL SIGNATURE FORM
RFP #13-1406FL**

The undersigned represents that by signing the proposal, that he/she has the authority and approval of the legal entity purporting to submit the proposal, and that all of the facts and responses set forth in the proposal are true and correct. If the proposer is selected by the County to negotiate an agreement, the undersigned certifies that the proposer's negotiators will negotiate in good faith to establish an agreement to provide the services described in the Scope of Services of this Request for Proposal.

Print or Type Proposer's Information Below:

_____ Name of Proposer	_____ Telephone Number
_____ Street Address	
_____ Email Address	_____ Web Address
_____ Print Name & Title of Authorized Officer	_____ Signature of Authorized Officer
_____ Date Signed	
Acknowledge Addendum No. _____	Dated: _____
Acknowledge Addendum No. _____	Dated: _____
Acknowledge Addendum No. _____	Dated: _____

ATTACHMENT B

PUBLIC CONTRACTING AND ENVIRONMENTAL CRIMES CERTIFICATION

SWORN STATEMENT PURSUANT TO ARTICLE V,
MANATEE COUNTY PURCHASING CODE

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to the Manatee County Board of County Commissioners by _____,
[print individual's name and title]

_____ For _____
[name of entity submitting sworn statement]

whose business address is: _____

and (if applicable) its Federal Employer Identification Number (FEIN) is _____. If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:

I understand that no person or entity shall be awarded or receive a county contract for public improvements, procurement of goods or services (including professional services) or a county lease, franchise, concession or management agreement, or shall receive a grant of county monies unless such person or entity has submitted a written certification to the County that it has not:

(1) been convicted of bribery or attempting to bribe a public officer or employee of Manatee County, the State of Florida, or any other public entity, including, but not limited to the Government of the United States, any state, or any local government authority in the United States, in that officer's or employee's official capacity; or

(2) been convicted of an agreement or collusion among bidders or prospective bidders in restraint of freedom of competition, by agreement to bid a fixed price, or otherwise; or

(3) been convicted of a violation of an environmental law that, in the sole opinion of the County's Purchasing Director, reflects negatively upon the ability of the person or entity to conduct business in a responsible manner; or

(4) made an admission of guilt of such conduct described in items (1), (2) or (3) above, which is a matter of record, but has not been prosecuted for such conduct, or has made an admission of guilt of such conduct, which is a matter of record, pursuant to formal prosecution. An admission of guilt shall be construed to include a plea of nolo contendere; or

(5) where an officer, official, agent or employee of a business entity has been convicted of or has admitted guilt to any of the crimes set forth above on behalf of such and entity and pursuant to the direction or authorization of an official thereof (including the person committing the offense, if he is an official of the business entity), the business shall be chargeable with the conduct herein above set forth. A business entity shall be chargeable with the conduct of an affiliated entity, whether wholly owned, partially owned, or one which has common ownership or a common Board of Directors.

For purposes of this Form, business entities are affiliated if, directly or indirectly, one business entity controls or has the power to control another business entity, or if an individual or group of

individuals controls or has the power to control both entities. Indicia of control shall include, without limitation, interlocking management or ownership, identity of interests amount family members, shared organization of a business entity following the ineligibility of a business entity under this Article, or using substantially the same management, ownership or principles as the ineligible entity.

Any person or entity, who claims that this Article is inapplicable to him/her/it because a conviction or judgment has been reversed by a court of competent jurisdiction, shall prove the same with documentation satisfactory to the County's Purchasing Director. Upon presentation of such satisfactory proof, the person or entity shall be allowed to contract with the County.

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR MANATEE COUNTY IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT ANY CONTRACT OR BUSINESS TRANSACTION SHALL PROVIDE FOR SUSPENSION OF PAYMENTS, OR TERMINATION, OR BOTH, IF THE CONTRACTING OFFICER OR THE COUNTY ADMINISTRATOR DETERMINES THAT **SUCH PERSON OR ENTITY HAS MADE FALSE CERTIFICATION.**

[Signature]

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 200____ by _____.

Personally known _____ OR Produced identification _____
[Type of identification]

Notary Public Signature My commission expires _____

[Print, type or stamp Commissioned name of Notary Public]

Signatory Requirement - In the case of a business entity other than a partnership or a corporation, this affidavit shall be executed by an authorized agent of the entity. In the case of a partnership, this affidavit shall be executed by the general partner(s). In the case of a corporation, this affidavit shall be executed by the corporate president.

EXHIBIT "A"
PAID CLAIM FILES

County will provide a claims re-pricing file that will include sample claims data including NDC #, quantity dispensed, date of dispensing, retail/mail indicator, patient copayment, DAW code and the day's supply. Interested proposers should request an electronic version of the claim file for the purpose of re-pricing.

Please contact Frank G. Lambertson, Contracts Negotiator, Email: frank.lambertson@mymanatee.org Manatee County Financial Management Department, Purchasing Division.

EXHIBIT B

Prescription Benefits

Prescription Plan Only Maximum Out-of-Pocket Expense *:

\$1,400 per Individual
\$2,800 per Family

Preferred Pharmacies include: Sweetbay Pharmacies, Pelots, and CareOne Pharmacy

Retail Pharmacy: 90 day at retail at preferred pharmacies only. 30 Day Supply maximum at non preferred

Maximum co-pay is \$100.00 per script for Retail (\$150.00 Specialty Medication) and \$300.00 per script for Mail Order

RETAIL PHARMACY	PREFERRED PHARMACY	NON-PREFERRED
Generic	No co-pay	\$10.00 or 20% whichever is greater
Preferred Brand	\$15.00 or 25% whichever is greater	\$20.00 or 30% whichever is greater
Non-Preferred	\$40.00 or 45% whichever is greater	\$50.00 or 55% whichever is greater
Over-the-Counter (OTC) with a Prescription ***	No copay	\$10.00 or 20% whichever is greater

MAIL ORDER PHARMACY

Generic	\$13.00 or 15% whichever is greater	Not available
Preferred Brand	\$38.00 or 25% whichever is greater	Not available
Non-Preferred	\$100.00 or 40% whichever is greater	Not available

Specialty Pharmacy

Maximum \$100 per Script

Generic or Brand per Script	25% coinsurance Maximum of \$150.00	\$25% coinsurance Maximum of \$150.00
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* Adjusted annually by the County Administrator. Maximum out-of-pocket expense does not include drug prescriptions when a member elects a Brand drug when a Generic drug is available or when a member elects a multi-source brand not on the Plans Preferred Drug list.

A 30-day supply of the following non-prescription allergy and stomach acid suppressant medications is covered as an over-the-counter prescription benefit:

Oral Allergy Medications	Ocular Eye Medications	Stomach Acid Suppression
Alavert	Alaway	Axid
Alavert D	Zaditor	Pepcid
Claritin		Prilosec
Claritin D		Tagament
Zyrtec		Zantac
Zyrtec D		

EXHIBIT C

DRUG FORMULARY WALL CHART

Physicians and Pharmacists: Please refer to this list when prescribing/dispensing medications. All strengths and formulations of the medications listed within this document are considered preferred unless specifically noted. Some products may be covered at non-preferred Branded Copy as determined by the plan's Benefit design. Due to the constantly changing nature of drug therapy, the formulary is a dynamic document and is subject to change without notice. The most up-to-date listing of the formulary can be found online at www.optumrx.com

Brand name is listed in ALL CAPS. Generic available is listed in lowercase.

- Caveat Legend (restrictions do not apply to all plans)
= use with caution in the elderly
= use with caution in the elderly and in patients with renal impairment
+ Brand and generic are covered
= Age restrictions apply
NP = Non-Preferred Brand Alternative
PA = Prior authorization may be required
ST = Step Therapy may be required

Table of drug classes and products including Anthelmintics (mebendazole), Antibacterials (ceftriaxone, cefuroxime axetil), Anticancer (abacavir, didanosine DR), Antifungals (itraconazole, voriconazole), Antihypertensives (benazepril, captopril), and Antidiabetics (glimepiride, glipizide).

Table of drug classes and products including Antimicrobials (ethambutol, rifampin), Antiprotozoals (chloroquine phosphate, primaquine), Antivirals (apivir, didanosine DR), Antineoplastics (anastrozole, capecitabine), and Immunosuppressants (azathioprine, cyclosporine).

Table of drug classes and products including Antiarrhythmics (amiodarone, digoxin), Anticoagulants and Blood Modifiers (anagrelide, warfarin), Antihyperlipidemics (cholestyramine, simvastatin), and Antihypertensives (benazepril, lisinopril).

Table of drug classes and products including Analgesics (butalbital/APAP, acetaminophen), Anticholinergics (butylbromide, tolterodine), Anticonvulsants (carbamazepine, phenytoin), Antidepressants (amitriptyline, duloxetine), and Antipsychotics (haloperidol, ziprasidone).

<p>ESTROGENS</p>	<p>MOUTH AND THROAT</p>	<p>OPHTHALMICS</p>	<p>ANTIBIOTICS</p>
<p>estradiol: ENUVIA estradiol/norgestrel: MENEST mesthesis/acetone: PREMARIN estradiol: PRELUPHASE A/DRA: PREMPRO C/M/HA: PROL ENRAGE: VIVELLE DOT</p>	<p>chlorhexidine gluconate lidocaine viscous pilocarpine sodium fluoride w/potassium nitrate</p> <p>stannous fluoride triamcinolone acetonide FLUORABON FLUOR-A-DAY LOZIL-FLUR</p>	<p>bacitracin bacitracin/neomycin/ polymyxin B w/hydrocortisone oint bacitracin/polymyxin B ciprofloxacin soln dexamethasone/ neomycin/polymyxin B erythromycin gentamicin gramicidin/neomycin/ polymyxin B solution ofloxacin</p> <p>sulfacetamide w/prednisolone tobramycin w/dexamethasone trifluridine trimethoprim/polymyxin B BLEPHAMIDE MOXEZA NATACYN TOBRODEX oint TOBREX oint VIGAMOX</p>	<p>albuterol (not AccuNeb): PERFORMIST FORADIL AEROLIZER*: SEREVENT DISKUS* PROAIR HFA: XOPENEX HFA</p> <p>* Should not be used for the treatment of acute exacerbations</p>
<p>OSTEOPOROSIS PRODUCTS</p> <p>alendronate oral plus D3: ACTONEL estradiol/norgestrel: EVISTA ibandronate tab</p>	<p>RHEUMATOID ARTHRITIS</p> <p>leflunomide: DEPEN TIRA SULFINPYRAZONE: RHEUMAREX</p>	<p>OPHTHALMICS</p> <p>dexamethasone ciclofenac fluorometholone flurbiprofen ketorolac tromethamine</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast aminophylline: ELIXOPHYLLIN diphylline/guaifenesin: THEO-24 theophylline, SR tab</p>
<p>PROGESTINS</p> <p>mexestrol/medroxyprogesterone: MIRA</p>	<p>SUBSTANCE ABUSE PRODUCTS</p> <p>buprenorphine: SUBOXONE film</p>	<p>OPHTHALMICS</p> <p>dexamethasone prednisolone prednisolone phosphate FML, FORTE PRED MILD</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>THYROID LOWERING</p> <p>methimazole: PROPTHYRACIL</p>	<p>ALKALINIZING AGENTS</p> <p>citrate-2, -3, -K: tricitrates potassium citrate CR</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>THYROID REPLACEMENTS</p> <p>levothyroxine: SYNTHROID</p>	<p>ELECTROLYTE REPLACEMENTS</p> <p>potassium bicarbonate: w/chloride effervescent tab</p> <p>potassium chloride: CR cap/tab phospha 250</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>MISCELLANEOUS ENDOCRINE PRODUCTS</p> <p>granisetron HCl: GRANISOL levothyroxine: SYNTHROID</p>	<p>ELECTROLYTE REPLACEMENTS</p> <p>potassium bicarbonate: w/chloride effervescent tab</p> <p>potassium chloride: CR cap/tab phospha 250</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>MISCELLANEOUS OBSTETRICS/ GYNECOLOGICAL PRODUCTS</p> <p>amniocentesis: methylergometrine</p>	<p>IRON PREPARATIONS</p> <p>corvita 150 FE-C plus ferocon feroformic ferriplus 90 ferrex 28, 150 forte ferrogels forte foltrin hematogen hemocyte-1 tab</p> <p>iferex 150 forte martenic nyliron 150 forte poly-iron 150 forte polysaccharide iron forte purevit dualle plus se-tan plus ti-iron ti-hem 500 ti-hem 150</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>DIABETIC SUPPLIES</p> <p>Coverage of diabetic testing supplies includes, but is not limited to, the products listed below. Coverage may vary by plan.</p> <p>ARICHECK ACTIVE, AVIVA PLUS, COMFORT CURVE, COMPACT UNARIS W/ BLOOD GLUCOSE TEST STRIPS, GENESIS SENSORS, ONE STEP AN IONIC POUCH ONE TOUCH ULTRA ONE TOUCH VERIO SURESTEP</p> <p>BD WIRE-LESS 1 (PUMP) kit</p> <p>ALCOBATREX, MILETIC, ONE TOUCH, ONE TOUCH ULTRA, ONE TOUCH VERIO, SURESTEP</p>	<p>IRON PREPARATIONS</p> <p>corvita 150 FE-C plus ferocon feroformic ferriplus 90 ferrex 28, 150 forte ferrogels forte foltrin hematogen hemocyte-1 tab</p> <p>iferex 150 forte martenic nyliron 150 forte poly-iron 150 forte polysaccharide iron forte purevit dualle plus se-tan plus ti-iron ti-hem 500 ti-hem 150</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>DIABETIC SUPPLIES</p> <p>Coverage of diabetic testing supplies includes, but is not limited to, the products listed below. Coverage may vary by plan.</p>	<p>IRON PREPARATIONS</p> <p>corvita 150 FE-C plus ferocon feroformic ferriplus 90 ferrex 28, 150 forte ferrogels forte foltrin hematogen hemocyte-1 tab</p> <p>iferex 150 forte martenic nyliron 150 forte poly-iron 150 forte polysaccharide iron forte purevit dualle plus se-tan plus ti-iron ti-hem 500 ti-hem 150</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>ARICHECK ACTIVE, AVIVA PLUS, COMFORT CURVE, COMPACT UNARIS W/ BLOOD GLUCOSE TEST STRIPS, GENESIS SENSORS, ONE STEP AN IONIC POUCH ONE TOUCH ULTRA ONE TOUCH VERIO SURESTEP</p>	<p>IRON PREPARATIONS</p> <p>corvita 150 FE-C plus ferocon feroformic ferriplus 90 ferrex 28, 150 forte ferrogels forte foltrin hematogen hemocyte-1 tab</p> <p>iferex 150 forte martenic nyliron 150 forte poly-iron 150 forte polysaccharide iron forte purevit dualle plus se-tan plus ti-iron ti-hem 500 ti-hem 150</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>
<p>RESPIRATORY</p> <p>AEROCHEAMBER, AEROCHEAMBER mini, BRONCHO VAPOR, NASIVENT, EZ SPACER, INSPIRASE, SPINHALER, etc.</p>	<p>MISCELLANEOUS RENAL</p> <p>calcium acetate B-complex/CA sodium polystyrene sulfonate</p> <p>FOSRENOL RENVETA</p>	<p>OPHTHALMICS</p> <p>betaxolol carteolol levobunolol metipranolol</p>	<p>ANTIASTHMATICS AND COPD (ORAL)</p> <p>albuterol, SR tab: terbutaline montelukast: zafirlukast</p>

EXHIBIT D



HEALTH CARE ENROLLMENT SPECIFICATION

2000 Byte Data Dictionary

**Proprietary Format
Version 2**

Revision: September 8, 2008

Aetna Eligibility File Layout ~ Table Definitions

- ◇ The following is a list of definitions that are needed to interpret the values within the data specification:

Field #: The number assigned to a data element.

Field Name: The name of the data element.

Picture: **X** = Alphanumeric data element. Unless otherwise directed within the field definition, alphanumeric fields should be left justified and space filled. **ALPHA CHARACTERS MUST BE UPPER CASE. If field is not used, fill with spaces.**

9 = Numeric data element. Unless otherwise directed within the field definition, numeric fields should be right justified and zero filled. **If field is not used, fill with zeros.**

(#) = The length of the field.

Start: The first position of the field.

End: The last position of the field.

Business System: Identifies the Aetna system that the data element will be sent to.

AAS = The data element is used for a member who elects Non-HMO medical, stand-alone Dental, Pharmacy and/or Vision coverage and the Health Network Product.

HMO = The data element is used for a member who elects HMO coverage.

EDI 834 = This data element is used for all EDI 834 implementations.

Usage: **R** = Use of field is required for the specified business system.

C = Use of field is conditional for the specified business system.

O = Use of field is optional for the specified business system.

Field Definition/Description: Defines the use of the field.

Valid Values: When applicable, specific values are provided for use in the field.

Filler: Unused record space in which spaces should be sent.

2000 Byte File Structure

For successful implementation, coordinate all processes through the regional Employer Services Connectivity Lead.

Header Record (Record Type 001)
(Positions 1-2000)

Member Detail Record (Record Type 010):

Common Data Segment (Positions 1-722)	HMO Benefit Segment (Positions 723-972)	Non-HMO Benefit Segment (Positions 973-1222)	Benefit Segment #3 (Positions 1223-1472)	Benefit Segment #4 (Positions 1473-1722)	Benefit Segment #5 (Positions 1723-1972)
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(Reserved Segment – 1973 -2000)

Trailer Record (Record Type 099)
(Positions 1-2000)

<p>Trailer Record (Record Type 099) (Positions 1-2000)</p>

Aetna Eligibility File Layout ~ Header Record

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
1	Record Type	X(3)	1	3	AAS/HMO	R	Identifies the type of information contained on the record.	001 = Header
2	Customer Number	9(7)	4	10	AAS	R	Number which uniquely identifies the plan sponsor.	Applicable code values will be provided by your eligibility consultant.
3	Company Code	X(2)	11	12	HMO	R	Code which identifies the HMO company providing the benefits.	Applicable code values will be provided by your eligibility consultant.
4	Group Number	X(7)	13	19	HMO	R	Identification code which uniquely identifies the plan sponsor. <i>Alpha-numeric field in which data element must be right justified and zero filled if less than 7 bytes.</i>	Applicable code values will be provided by your eligibility consultant.
5	Customer Name	X(15)	20	34	AAS/HMO	R	Name of the plan sponsor.	
6	File Creation Date	9(8)	35	42	AAS/HMO	R	The date the plan sponsor created the file.	Format: CCYYMMDD
7	File Effective Date	9(8)	43	50	AAS/HMO	R	Indicates the effective date of the file. All transactions other than additions, terminations or reinstatements use this date.	Format: CCYYMMDD
8	Termination Effective Date	9(8)	51	58	HMO	C	Used for full file processing only. This date is used as the effective date of termination for any member not reported on the plan sponsor's file, yet exists as an active member on the HMO system.	Format: CCYYMMDD

Aetna Eligibility File Layout ~ Header Record

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
9	File Purpose Code	X(2)	59	60	HMO	R	Value to indicate the method of processing, i.e., Full In-force or Changes Only.	Applicable code values will be provided by your eligibility consultant.
10	Reserved	X(1)	61	61	HMO	O	Space reserved for future use.	
11	File Sequence Number	9(6)	62	67	AAS/HMO	O	Sequential number used to determine the order in which files have been sent. Field use is optional, but highly recommended for troubleshooting purposes.	
12	Filler	X(432)	68	499	AAS/HMO	R	Space reserved for future use.	
13	Reserved	X(24)	500	523	AAS/HMO	R	Space reserved for future use.	
14	Filler	X(376)	524	899	AAS/HMO	R		
15	EDI-SUB-ID	X(20)	900	919	EDI 834	C	EDI Sub ID.	
16	EDI-Batch-ID	X(15)	920	934	EDI 834	C	EDI Batch ID	
17	EDI-Usage-IND	X(1)	935	935	EDI 834	C	EDI Usage Indicator	
18	ELR-IND	X(1)	936	936	EDI834	R	ELR Indicator which indicates whether the input file has to go through account structure mapping or not	EX: 'Y', 'N', ''
19	Filler	X(1064)	937	2000	AAS/HMO	R		

Aetna Eligibility File Layout ~ Member Detail Record

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
1	Record Type	X(3)	1	3	AAS/HMO	R	Identifies the type of information contained on the record.	010 = Basic Health Care
2	Employee Social Security Number	9(9)	4	12	AAS/HMO	R	The social security number of the employee.	
3	Reserved	X(3)	13	15	AAS/HMO	R	Space reserved for future use.	
4	Member Social Security Number	9(9)	16	24	AAS/HMO	C	The social security number of the member. <u>HMO</u> : Field use is required for employee records.	
5	Reserved	X(5)	25	29	AAS/HMO	R	Space reserved for future use.	
6	Alternate ID	9(10)	30	39	AAS	O	Number reported by plan sponsor as an alternate employee identifier.	
7	Health Insurance Claim Number	X(12)	40	51	AAS/HMO	O	Number assigned by Medicare. This field is required for all HMO Medicare records.	Value with all zeros if sent on a non-Medicare Commercial record and member is <u>no longer</u> a Medicare Direct participant.
8	Last Name	X(20)	52	71	AAS/HMO	R	Last name of the member.	
9	First Name	X(15)	72	86	AAS/HMO	R	First name of the member.	
10	Middle Initial	X(1)	87	87	AAS/HMO	O	Middle initial of the member.	
11	Name Prefix	X(2)	88	89	HMO	O	Prefix of the member's name, i.e., DR.	
12	Name Suffix	X(3)	90	92	AAS/HMO	O	Suffix of the member's name, i.e., JR, SR, MD. <u>AAS</u> : Suffix may be reported on the employee's record only.	

Aetna Eligibility File Layout ~ Member Detail Record

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
13	Relationship Code	X(2)	93	94	AAS/HMO	R	The relationship of the insured individual to the employee.	01 = Self; Employee 02 = Wife 03 = Husband 04 = Son 05 = Daughter 06 = Sponsored mother 07 = Sponsored father 08 = Sponsored male child 09 = Sponsored female child 10 = Sponsored male 11 = Sponsored female 12 = Common law spouse 13 = Divorced spouse 14 = Domestic Partner 15 = Confidential Partner 16 = Grandchild
14	Gender Code	X(1)	95	95	AAS/HMO	R	Gender of the member.	M = Male F = Female
15	Birth Date	9(8)	96	103	AAS/HMO	R	Member's date of birth.	Format: CCYYMMDD
16	Special Characteristics	9(1)	104	104	AAS/HMO	O	Indicates if over-age dependent is eligible for coverage.	AAS: 0 = Not reported 1 = Attends school 2 = Depends upon employee for support 3 = On disability HMO: 1 = Student 3 = Handicap
17	Medicare Eligibility	9(1)	105	105	AAS	O	Indicates if a member is eligible for Medicare benefits. <i>Default to zero if not reported.</i>	0 = Not eligible for Medicare benefits. 1 = Eligible for Medicare Primary benefits 2 = Eligible for Aetna Primary benefits

Aetna Eligibility File Layout ~ Member Detail Record

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
18	Mailing Address 1	X(30)	106	135	AAS/HMO	C	Member's first street address.	
19	Mailing Address 2	X(30)	136	165	AAS/HMO	O	Member's second street address, if needed.	
20	City	X(20)	166	185	AAS/HMO	C	City applicable to member's mailing address. For AAS: City must be alphabetic and upper case.	
21	State	X(2)	186	187	AAS/HMO	C	State applicable to member's mailing address.	AAS: Value with ZZ if address is not USA, US Territory, or Canada.
22	Zip Code	X(9)	188	196	AAS/HMO	C	Zip code applicable to member's mailing address.	AAS: Value with all zeros if state code is populated with ZZ .
23	Communications Disability Code	X(2)	197	198	AAS/HMO	C	Indicates if a member has a disability in communicating.	Y = Yes N = No
<i>Default to spaces if not reported</i>								
24	Reserved	X(3)	199	201	AAS/HMO	R	Space reserved for future use.	
25	Home Phone Number	X(10)	202	211	AAS/HMO	R	Home phone number of the individual.	Format Example: Report 1-222-333-4444 as 2223334444
26	Work Phone Number	X(10)	212	221	AAS	O	Work phone number of the employee.	Format Example: Report 1-222-333-4444 as 2223334444
27	Hire Date	9(8)	222	229	HMO	O	The date the employee was hired.	Format: CCYYMMDD
28	Reporting Field	X(10)	230	239	AAS/HMO	O	Used to report additional employee information, i.e., employee number.	

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 Proprietary Document
 Version 1 - September 8, 2008

Aetna Eligibility File Layout ~ Member Detail Record

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
29	Division Code	X(15)	240	254	AAS	O	Employee's work division.	
30	Work Location Zip Code	X(9)	255	263	AAS	O	Zip code of the employee's work location.	
31	Ethnicity Code	X(2)	264	265	AAS/HMO	O	This field is used for data collection	00 = Race not provided 01 = White 02 = African American/ Black 03 = Hispanic /Latino 04 = Asian 05 = Other 08 = American Indian/ Alaskan Native 09 = Caucasian 10 = Black (Non-Hispanic) 11 = Unknown 12 = Pacific Islander 13 = White and African American/Black 14 = White and Hispanic/Latino 15 = White and Asian

Aetna Eligibility File Layout ~ Member Detail Record

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
31	Ethnicity Code	X(2)	264	265	AAS/HMO	O	This field is used for data collection	16 = White and American Indian/Alaskan Native 17 = White and Pacific Islander 18 = African American/Black and White 19 = African American/Black and Hispanic/Latino 20 = African American/Black and Asian 21 = African American/Black and American Indian/Alaskan Native 22 = African American/Black and Pacific Islander 23 = Hispanic/Latino and White 24 = Hispanic/Latino and African American/Black 25 = Hispanic/Latino and Asian 26 = Hispanic/Latino and American Indian/Alaskan Native 27 = Hispanic/Latino and Pacific Islander 28 = Asian and White 29 = Asian and African American/Black 30 = Asian and Hispanic/Latino 31 = Asian and American Indian/Alaskan Native 32 = Asian and Pacific Islander 33 = American Indian/Alaskan Native and White

Aetna Eligibility File Layout ~ Member Detail Record

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
31	Ethnicity Code	X(2)	264	265	AAS/HMO	O	This field is used for data collection	34 = American Indian/Alaskan Native and African American/Black 35 = American Indian\Alaskan Native and Hispanic/Latino 36 = American Indian/Alaskan Native and Asian 37 = American Indian/Alaskan Native and Pacific Islander 38 = Pacific Islander and White 39 = Pacific Islander and African American/Black 40 = Pacific Islander and Hispanic/Latino 41 = Pacific Islander and Asian 42 = Pacific Islander and American Indian/Alaskan Native
32	Language Code	X(2)	266	267	AAS/HMO	C	This field is used to determine what language code will be used in sending out pertinent correspondence for a member.	<i>Applicable code values will be provided by your eligibility consultant.</i>
33	Part A Effective Date	9(8)	268	275	AAS/HMO	O	This field is required for all HMO Medicare records.	Format: CCYYMMDD
34	Part B Effective Date	9(8)	276	283	AAS/HMO	O	This field is required for all HMO Medicare records.	Format: CCYYMMDD
35	Signature Date	9(8)	284	291	AAS/HMO	O	This field is required for all Medicare new add records.	Format: CCYYMMDD
36	Election Type	X(1)	292	292	AAS/HMO	O	This field is required for all HMO Medicare records.	'S'
37	ESRD Indicator	X(1)	293	293	AAS/HMO	O	This field is required for all HMO Medicare records.	'Y' or 'N'
38	E-mail Address	X(35)	294	328	AAS/HMO	O	This field is used for the employee e-mail address.	
39	Reserved	X(394)	329	722	AAS	O	Space reserved for future use.	

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Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
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Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
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Benefit Segments:

Groupings of fields which provide product-specific information. Required segments will be determined by the plan sponsor's eligibility consultant.

Space fill unused benefit segments.

40	HMO Health Care Benefit Usage Flag	X(3)	723	725	HMO	C	Code which indicates the use of the benefit segment.	HMO
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If segment is not used, positions 723-972 should be space filled.

41	File Number	9(3)	726	728	HMO	C	Number corresponding to a group.	Applicable code values will be provided by your eligibility consultant.
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The field is defined as numeric, therefore, the number will be formatted as such: 001, 002, 003, etc. These numbers will correspond to each individual group on the file.

42	Company Code	X(2)	729	730	HMO	R	Code which identifies the HMO company providing the benefits.	Applicable code values will be provided by your eligibility consultant.
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Applicable code values will be provided by your eligibility consultant.

43	Group Number	X(7)	731	737	HMO	R	Identification code which uniquely identifies the plan sponsor.	Applicable code values will be provided by your eligibility consultant.
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Alpha-numeric field in which data element must be right justified and zero filled if less than 7 bytes.

44	Reserved	9(3)	738	740	HMO	R	Space reserved for future use.	
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Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
45	Class Code	X(5)	741	745	HMO	R	Plan sponsor-specific codes used to subgroup the enrollment population. Used for plan sponsors that want to report class/plan id instead of location/plan.	
46	Plan ID	X(5)	746	750	HMO	R	Code identifying the benefit plan type. Used for plan sponsors that want to report class/plan id instead of location/plan.	
47	Effective Date	9(8)	751	758	HMO	R	The date on which the member's benefits begin.	Format: CCYYMMDD
48	Coverage Termination Date	9(8)	759	766	HMO	C	The date on which the member's benefits end. <i>To electronically terminate a member's coverage, this field must be valued with the appropriate coverage end date.</i>	Format: CCYYMMDD
49	Reserved	9(8)	767	774	HMO	R	Space reserved for future use.	
50	Coverage Tier Level	X(1)	775	775	HMO	R	The coverage level of the employee, which should correspond to the billing rate.	S = Single; Employee Only C = Couple; Employee + Spouse P = Parent/Child; Employee + 1 Child Q = Parent/Children; Employee + children F = Family; Employee, Spouse and children
51	Out of Area	X(1)	776	776	HMO	C	Used to identify out of area dependents	Y = Yes
52	Reserved	X(3)	777	779	HMO	R	Space reserved for future use.	

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Benefit Segments

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
53	Reserved	9(5)	780	784	HMO	R	Space reserved for future use.	
54	Primary Physician Provider Number	9(11)	785	795	HMO	C	The identification number of the primary care physician selected by the member. Member's provider selection is required when adding coverage.	EX: 00000000210
55	PCP Change	9(1)	796	796	HMO	O	To change provider for existing HMO members use '1'. New add records and records not requiring a PCP change use '0'.	1 = PCP change 0 = New add or no PCP change
<p>THIS FIELD MUST BE APPROVED BY THE CONSULTANT TO SEE IF APPLICABLE FOR CLIENT'S USE.</p>								
56	Dental Provider Number	9(11)	797	807	HMO	O	The identification number of the dental provider selected by the member.	EX: 00000011210
57	Reserved	9(1)	808	808	HMO	R	Space reserved for future use.	
58	Premium Amount	9(6)	809	814	HMO	O	The periodic dollar amount of the benefit.	
59	Premium Amount Sign	X(1)	815	815	HMO	O	Character sign to indicate positive or negative premium dollar amounts.	+ = Positive dollar - = Negative dollar * = Assumed positive dollar
60	Reserved	9(1)	816	816	HMO	R	Space reserved for future use.	
61	Reserved	9(7)	817	823	HMO	R	Space reserved for future use.	

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
62	Other Coverage (COB)	X(2)	824	825	HMO	O	Indicates if member has other health care coverage.	00 = COB not reported 01 = Member does not have other coverage. 02 = Member has other coverage with an unidentified carrier. 03 = Member has other coverage with Blue Cross/Blue Shield. 04 = Member has other coverage with Medicare/Champs. 05 = Member has other coverage with an HMO. 06 = Member has other coverage with an employer sponsored plan. 07 = Member has other coverage with a commercial insurance company. 08 = Member has other coverage with Medicaid. 09 = Other
63	Reserved	9(7)	826	832	HMO	R	Space reserved for future use.	
64	Reserved	9(7)	833	839	HMO	R	Space reserved for future use.	
65	Reserved	9(7)	840	846	HMO	R	Space reserved for future use.	
66	Reserved	9(7)	847	853	HMO	R	Space reserved for future use.	
67	Location	X(3)	854	856	HMO	C	Used for plan sponsors that want to report location/plan instead of class/plan id.	Applicable codes will be provided by your eligibility consultant.
68	Plan	X(5)	857	861	HMO	C	Used for plan sponsors that want to report location/plan instead of class/plan id.	Applicable codes will be provided by your eligibility consultant.
69	Service Area	X(4)	862	865	HMO	R	Service Area	Ex: GN03

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Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
70	Auto Enroll Flag	X(1)	866	866	HMO	R	Auto Enrollment Flag.	Y = Yes N = No
71	Reserved	X(17)	867	883	HMO	R	Space reserved for future use	
72	Reserved	9(11)	884	894	HMO	R	Space reserved for future use	
73	Reserved	X(8)	895	902	HMO	R	Space reserved for future use	
74	Reserved	X(8)	903	910	HMO	R	Space reserved for future use	
75	Reserved	9(2)	911	912	HMO	R	Space reserved for future use	
76	Reserved	X(60)	913	972	HMO	R	Space reserved for future use	
77	Traditional Health Care Benefit Usage Flag	X(3)	973	975	AAS	C	Code which indicates the use of the benefit segment. <i>If segment is not used, positions 973-1222 should be space filled.</i>	'AAS' - Traditional health care 'DEN' - Dental benefit 'PHA' - Pharmacy benefit 'HPA' - Health Network Product in AAS Platform
78	ELR Number	9(3)	976	978	AAS	R	Number required by the AAS system which identifies which plan sponsor-specific process the file should be run through.	Applicable code values will be provided by your eligibility consultant.
79	Reserved	X(2)	979	980	AAS	R	Space reserved for future use.	
80	Control Number	X(7)	981	987	AAS	R	Number which uniquely identifies the plan sponsor. <i>Alpha-numeric field in which data element must be right justified and zero filled if less than 7 bytes.</i>	Applicable code values will be provided by your eligibility consultant.

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
81	Suffix	9(3)	988	990	AAS	R	Number which uniquely identifies a divisional breakdown within the plan sponsor organization.	Applicable code values will be provided by your eligibility consultant.
82	Account	X(5)	991	995	AAS	R	Plan sponsor-specific codes used to subgroup the enrollment population. <i>Alpha-numeric field in which data element must be right justified and zero filled if less than 5 bytes.</i>	Applicable code values will be provided by your eligibility consultant.
83	Plan ID	X(5)	996	1000	AAS	R	Code identifying the benefit plan type. <i>AAS requires a 3 byte numeric value in this field using positions 996-998. Space fill positions 999-1000.</i>	Format Example: Report plan number 1 as '001' , Report plan number 10 as '010' . Applicable code values will be provided by your eligibility consultant.
84	Effective Date	9(8)	1001	1008	AAS	R	The effective date of the member's record. Dependent effective dates must be later than or equal to the effective date of the applicable employee's record.	Format: CCYYMMDD
85	Coverage Termination Date	9(8)	1009	1016	AAS	C	The date on which the member's benefits end.	Format: CCYYMMDD
86	Reserved	9(8)	1017	1024	AAS	R	Space reserved for future use.	
87	Reserved	X(1)	1025	1025	AAS	R	Space reserved for future use.	

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Benefit Segments

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
88	Out of Area indicator	X(1)	1026	1026	AAS	O	Indicates a dependent is living outside an area where HNO coverage is available. The dependent is then allowed to enroll as a subscriber in a PPO plan. Their HNO membership will not be in force. <i>Default to N if not reported.</i>	Y = Yes N = No
89	Claim Office	X(3)	1027	1029	AAS	R	Actna claim office providing claim services.	Applicable code values will be provided by your eligibility consultant.
90	Network ID	9(5)	1030	1034	AAS	C	The number that identifies a group of providers that service and support a specific health care network product. <i>Numeric field which should be defaulted to spaces if not reported.</i>	
91	Primary Physician Provider Number	9(11)	1035	1045	AAS	C	The identification number of the primary care physician selected by the member. Should be valued only when benefit usage flag is 'AAS'.	EX: 00000078838
92	Pre-Seen by Primary Care Physician / Provider Cap office	9(1)	1046	1046	AAS	O	Indicates if member was previously seen by selected primary care physician or provider cap office. Should be valued when benefit usage flag is 'AAS' or 'HPA'. Provider Cap office coded in field # 111 <i>Default to zero if not reported.</i>	0 = No 1 = Yes
93	Dental Provider Number	9(11)	1047	1057	AAS	C	The identification number of the dentist by the enrollee. Should be valued only when benefit usage flag is 'DEN'.	EX: 00000389594

#	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
94	Pre-Seen by Dental Provider	9(1)	1058	1058	AAS	O	Indicates if member was previously seen by the selected dentist. Should be valued only when benefit usage flag is 'DEN'.	0 = No 1 = Yes
95	In Network Medical Co-Insurance	9(7)	1059	1065	AAS	C	Dollar and cents amount of enrollee medical co-insurance. Required if needed for claim payment.	Individual medical co-insurance: \$1,500.50. Report as: 0150050
96	Earnings Type	9(1)	1066	1066	AAS	C	Indicates the type of earnings reported. Required if benefits are based on earnings.	0 = Earnings not reported 1 = Annual earnings 2 = Monthly earnings 3 = Weekly earnings
97	Earnings	9(7)	1067	1073	AAS	C	Whole dollar amount of employee's earnings.	Report \$25500.50 earnings as 0025500
98	Other Coverage (COB)	X(2)	1074	1075	AAS	O	Indicates if member has other health care coverage.	00 = COB not reported 01 = Member does not have other coverage. 02 = Member has other coverage with an unidentified carrier. 03 = Member has other coverage with Blue Cross/Blue Shield. 04 = Member has other coverage with Medicare/Champus. 05 = Member has other coverage with an HMO. 06 = Member has other coverage with an employer sponsored plan. 07 = Member has other coverage with a commercial insurance company. 08 = Member has other coverage with Medicaid. 09 = Other
99	OON Medical Co-Insurance	9(7)	1076	1082	AAS	C	Dollar and cents amount of member's co-insurance. Required if needed for claim payment.	Individual medical co-insurance: \$1500.50. Report as 0150050

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Benefit Segments

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
100	OON Medical Deductible	9(7)	1083	1089	AAS	C	Dollar and cents amount of enrollee's deductible. Required if needed for claim payment.	Individual medical deductible: \$250.50. Report as 0025050
101	OON Family Co-Insurance	9(7)	1090	1096	AAS	C	Dollar and cents amount of family medical co-insurance. Required if needed for claim payment.	Family medical co-insurance: \$1,500.50. Report as 0150050
102	OON Family Deductible	9(7)	1097	1103	AAS	C	Dollar and cents amount of family medical deductible. Required if needed for claim payment.	Family medical deductible: \$500.50. Report as 0050050
103	In Network Medical Deductible	9(7)	1104	1110	AAS	C	Dollar and cents amount of enrollee medical deductible.	Individual medical deductible: \$250.50. Report as 0025050
104	Reserved	X(1)	1111	1111	AAS	R	Space reserved for future use.	
105	In Network Family Co-Insurance	9(7)	1112	1118	AAS	C	Dollar and cents amount of family medical deductible.	Family medical co-insurance: \$1,500.50. Report as 0150050
106	Reserved	X(1)	1119	1119	AAS	R	Space reserved for future use.	
107	Prior Coverage Indicator	X(1)	1120	1120	AAS	O	Indicates whether or not enrollee had prior coverage under another carrier.	Medical: 0 =Yes 1 =No Dental: 2 =Yes 3 =No
108	Reserved	X(1)	1121	1121	AAS	R	Space reserved for future use.	
109	Late Entrant Indicator	9(1)	1122	1122	AAS	R	Applicable to dental PPO and DMO products.	1 =Yes 0 =No

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Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
110	In Network Family Deductible	9(7)	1123	1129	AAS	C	Dollar and cents amount of family medical co-insurance.	Family medical deductible: \$500.50. Report as 0050050
111	Reserved	X(04)	1130	1133	AAS	R	Space reserved for future use	
112	Provider Cap office	9(11)	1134	1144	AAS	O	The identification number of the Provider Cap Office selected by the member. Should only be used when benefit usage flag is 'HPA'. <i>(Valid Pre-seen indicator is in field # 91)</i>	Ex: 00000024562
113	Cobra COC Expiration Date	9(8)	1145	1152	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the date on which a member's continuation of coverage ends. This field is also used for auto-termination process if the service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: CCYYMMDD
114	Cobra COC Event Date	9(8)	1153	1160	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the date of the event that makes a member eligible for continuation of coverage. This field is also used for auto-termination process if that service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: CCYYMMDD

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Benefit Segments

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
115	Cobra COC Length	9(2)	1161	1162	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the continuation period, in months, that a member may get to continue coverage. This field is also used for auto-termination process if that service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: MM
116	Filler	X(60)	1163	1222	AAS	R	Filler	
117	Benefit 3 Usage Flag	X(3)	1223	1225	AAS	C	Code which indicates the use of the benefit segment. <i>If segment is not used, positions 1223-1472 should be space filled.</i>	'AAS' - Traditional health care 'DEN' - Dental benefit 'PHA' - Pharmacy benefit 'HPA' - Health Network Product in AAS Platform
118	ELR Number	9(3)	1226	1228	AAS	R	Number required by the AAS system which identifies which plan sponsor-specific process the file should be run through.	Applicable code values will be provided by your eligibility consultant.
119	Reserved	X(2)	1229	1230	AAS	R	Space reserved for future use.	
120	Control Number	X(7)	1231	1237	AAS	R	Number which uniquely identifies the plan sponsor. <i>Alpha-numeric field in which data element must be right justified and zero filled if less than 7 bytes.</i>	Applicable code values will be provided by your eligibility consultant.
121	Suffix	9(3)	1238	1240	AAS	R	Number which uniquely identifies a divisional breakdown within the plan sponsor organization.	Applicable code values will be provided by your eligibility consultant.

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Benefit Segments

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
122	Account	X(5)	1241	1245	AAS	R	Plan sponsor-specific codes used to subgroup the enrollment population. <i>Alpha-numeric field in which data element must be right justified and zero filled if less than 5 bytes.</i>	Applicable code values will be provided by your eligibility consultant.
123	Plan ID	X(5)	1246	1250	AAS	R	Code identifying the benefit plan type. <i>AAS requires a 3 byte numeric value in this field using positions 1246-1248. Space fill positions 1249-1250.</i>	Format Example: Report plan number 1 as '001' Report plan number 10 as '010' Applicable code values will be provided by your eligibility consultant.
124	Effective Date	9(8)	1251	1258	AAS	R	The effective date of the member's record. Dependent effective dates must be later than or equal to the effective date of the applicable employee's record.	Format: CCYYMMDD
125	Coverage Termination Date	9(8)	1259	1266	AAS	C	The date on which the member's benefits end.	Format: CCYYMMDD
126	Reserved	9(8)	1267	1274	AAS	R	Space reserved for future use.	
127	Reserved	X(1)	1275	1275	AAS	R	Space reserved for future use.	
128	Out of Area indicator	X(1)	1276	1276	AAS	O	Indicates a dependent is living outside an area where HNO coverage is available. The dependent is then allowed to enroll as a subscriber in a PPO plan. Their HNO membership will not be in force. <i>Default to N if not reported.</i>	Y = Yes N = No

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
129	Claim Office	X(3)	1277	1279	AAS	R	Aetna claim office providing claim services.	Applicable code values will be provided by your eligibility consultant.
130	Network ID	9(5)	1280	1284	AAS	C	The number that identifies a group of providers that service and support a specific health care network product. <i>Numeric field which should be defaulted to spaces if not reported.</i>	
131	Primary Physician Provider Number	9(11)	1285	1295	AAS	C	The identification number of the primary care physician selected by the member. Should be valued only when benefit usage flag is 'AAS'.	EX: 00000078838
132	Pre-Seen by Primary Care Physician / Provider Cap office	9(1)	1296	1296	AAS	O	Indicates if member was previously seen by selected primary care physician or provider cap office. Should be valued when benefit usage flag is 'AAS' or 'HPA'. Provider Cap office coded in pos # 151 <i>Default to zero if not reported.</i>	0 = No 1 = Yes
133	Dental Provider Number	9(11)	1297	1307	AAS	C	The identification number of the dental provider selected by the member. Should be valued only when benefit usage flag is 'DEN'.	EX: 00000389594
134	Pre-Seen by Dental Provider	9(1)	1308	1308	AAS	O	Indicates if member was previously seen by selected dental provider. Should be valued only when benefit usage flag is 'DEN'. <i>Default to zero if not reported.</i>	0 = No 1 = Yes
135	In Network Medical Co-Insurance	9(7)	1309	1315	AAS	C	Dollar and cents amount of enrollee medical co-insurance. Required if needed for claim payment.	Individual medical co-insurance: \$1,500.50. Report as 0150050

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#	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
136	Earnings Type	9(1)	1316	1316	AAS	C	Indicates the type of earnings reported. Required if benefits are based on earnings.	0 = Earnings not reported 1 = Annual earnings 2 = Monthly earnings 3 = Weekly earnings
137	Earnings	9(7)	1317	1323	AAS	C	Whole dollar amount of employee's earnings.	Format Example: Report \$25500.50 earnings as 0025500
138	Other Coverage (COB)	X(2)	1324	1325	AAS	O	Indicates if member has other health care coverage.	00 = COB not reported 01 = Member does not have other coverage. 02 = Member has other coverage with an unidentified carrier. 03 = Member has other coverage with Blue Cross/Blue Shield. 04 = Member has other coverage with Medicare/Champus. 05 = Member has other coverage with an HMO. 06 = Member has other coverage with an employer sponsored plan. 07 = Member has other coverage with a commercial insurance company. 08 = Member has other coverage with Medicaid. 09 = Other
139	OON Medical Co-Insurance	9(7)	1326	1332	AAS	C	Dollar and cents amount of member's co-insurance. Required if needed for claim payment.	Individual medical co-insurance: \$1,500.50. Report as: 0150050
140	OON Medical Deductible	9(7)	1333	1339	AAS	C	Dollar and cents amount of employee's deductible. Required if needed for claim payment.	Individual medical deductible: \$250.50. Report as 0025050

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Benefit Segments

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
141	OON Family Co-Insurance	9(7)	1340	1346	AAS	C	Dollar and cents amount of family co-insurance. Required if needed for claim payment.	Family medical co-insurance: \$2,500.50. Report as 0250050
142	OON Family Deductible	9(7)	1347	1353	AAS	C	Dollar and cents amount of family deductible. Required if needed for claim payment.	Family medical deductible: \$500.50. Report as 0050050
143	In Network Medical Deductible	9(7)	1354	1360	AAS	C	Dollar and cents amount of enrollee medical deductible. Required if needed for claim payment.	Individual medical deductible: \$250.50. Report as 0025050
144	Reserved	X(1)	1361	1361	AAS	R	Space reserved for future use.	
145	In Network Family Co-Insurance	9(7)	1362	1368	AAS	C	Dollar and cents amount of family medical deductible. Required if needed for claim payment.	Family medical co-insurance: \$1,500.50. Report as 0150050
146	Reserved	X(1)	1369	1369	AAS	R	Space reserved for future use.	
147	Prior Coverage Indicator	X(1)	1370	1370	AAS	O	Indicates whether or not enrollee had prior coverage under another carrier.	Medical: 0 =Yes 1 =No Dental: 2 =Yes 3 =No
148	Reserved	X(1)	1371	1371	AAS	R	Space reserved for future use.	
149	Late Entrant Indicator	9(1)	1372	1372	AAS	C	Applicable to dental PPO and DMO products.	1 =Yes 0 =No
150	In Network Family Deductible	9(7)	1373	1379	AAS	C	Dollar and cents amount of family medical co-insurance. Required if needed for claim payment.	Family medical deductible: \$500.50. Report as 0050050
151	Reserved	X(4)	1380	1383	AAS	R	Space reserved for future use.	

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Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
152	Provider Cap office	9(11)	1384	1394	AAS	O	The identification number of the Provider Cap Office selected by the member. Should only be used when benefit usage flag is 'HPA' (Valid Pre-seen indicator is coded in field # 131)	Ex: 00000024562
152	Cobra COC Expiration Date	9(8)	1395	1402	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the date on which a member's continuation of coverage ends. This field is also used for auto-termination process if the service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: CCYYMMDD
154	Cobra COC Event Date	9(8)	1403	1410	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the date of the event that makes a member eligible for continuation of coverage. This field is also used for auto-termination process if that service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: CCYYMMDD
155	Cobra COC Length	9(2)	1411	1412	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the continuation period, in months, that a member may get to continue coverage. This field is also used for auto-termination process if that service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: MM
156	Filler	X(60)	1413	1472	AAS	R		Filler

Aetna Eligibility File Layout ~ Member Detail Record

Benefit Segments

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
157	Benefit 4 Usage Flag	X(3)	1473	1475	AAS	C	Code which indicates the use of the benefit segment. <i>If segment is not used, positions 1473-1722 should be space filled.</i>	'AAS' - Traditional health care 'DEN' - Dental benefit 'PHA' - Pharmacy benefit 'HPA' - Health Network Product in AAS Platform
158	ELR Number	9(3)	1476	1478	AAS	R	Number required by the AAS system which identifies which plan sponsor-specific process the file should be run through.	Applicable code values will be provided by your eligibility consultant.
159	Reserved	X(2)	1479	1480	AAS	R	Space reserved for future use.	
160	Control Number	X(7)	1481	1487	AAS	R	Number which uniquely identifies the plan sponsor. <i>Alpha-numeric field in which data element must be right justified and zero filled if less than 7 bytes.</i>	Applicable code values will be provided by your eligibility consultant.
161	Suffix	9(3)	1488	1490	AAS	R	Number which uniquely identifies a divisional breakdown within the plan sponsors organization.	Applicable code values will be provided by your eligibility consultant.
162	Account	X(5)	1491	1495	AAS	R	Plan sponsor-specific codes used to subgroup the enrollment population. <i>Alpha-numeric field in which data element must be right justified and zero filled if less than 5 bytes.</i>	Applicable code values will be provided by your eligibility consultant.

Aetna Eligibility File Layout ~ Member Detail Record

Benefit Segments

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
163	Plan ID	X(5)	1496	1500	AAS	R	Code identifying the benefit plan type. <i>AAS requires a 3 byte numeric value in this field using positions 1496-1498. Space fill positions 1499-1500.</i>	Format Example: Report plan number 1 as '001' Report plan number 10 as '010'
164	Effective Date	9(8)	1501	1508	AAS	R	The effective date of the member's record. Dependent effective dates must be later than or equal to the effective date of the applicable employee's record.	Format: CCYYMMDD Applicable code values will be provided by your eligibility consultant.
165	Coverage Termination Date	9(8)	1509	1516	AAS	C	The date on which the member's benefits end.	Format: CCYYMMDD
166	Reserved	9(8)	1517	1524	AAS	R	Space reserved for future use.	
167	Reserved	X(1)	1525	1525	AAS	R	Space reserved for future use.	
168	Out of Area indicator	X(1)	1526	1526	AAS	O	Indicates a dependent is living outside an area where HNO coverage is available. The dependent is then allowed to enroll as a subscriber in a PPO plan. Their HNO membership will not be in force. <i>Default to N if not reported.</i>	Y = Yes N = No
169	Claim Office	X(3)	1527	1529	AAS	R	Aetna claim office providing claim services.	Applicable code values will be provided by your eligibility consultant.

Aetna Eligibility File Layout ~ Member Detail Record

Benefit Segments

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
170	Network ID	9(5)	1530	1534	AAS	C	The number that identifies a group of providers that service and support a specific health care network product. <i>Numeric field which should be defaulted to spaces if not reported.</i>	
171	Primary Physician Provider Number	9(11)	1535	1545	AAS	C	The identification number of the primary care physician selected by the member. Should only be used when benefit usage flag is 'AAS'. <i>Numeric field which should be defaulted to spaces if not reported.</i>	EX: 00000078838
172	Pre-Seen by Primary Care Physician/ Provider Cap office	9(1)	1546	1546	AAS	O	Indicates if member was previously seen by selected primary care physician or provider cap office. Should be valued only when benefit usage flag is 'AAS' or 'HPA'. Provider Cap office coded in pos # 191 <i>Default to zero if not reported.</i>	0 = No 1 = Yes
173	Dental Provider Number	9(11)	1547	1557	AAS	C	The identification number of the dental provider selected by the member. Should only be used when benefit usage flag is 'DEN'. <i>Default to zero if not reported.</i>	EX: 00000389594
174	Pre-Seen by Dental Provider	9(1)	1558	1558	AAS	O	Indicates if member was previously seen by selected dental provider. Should only be used when benefit usage flag is 'DEN'. <i>Default to zero if not reported.</i>	0 = No 1 = Yes
175	In Network Medical Co-Insurance	9(7)	1559	1565	AAS	C	Dollar and cents amount of enrollee medical co-insurance. Required if needed for claim payment.	Individual medical co-insurance: \$1,500.50. Report as 0150050
176	Earnings Type	9(1)	1566	1566	AAS	C	Indicates the type of earnings reported. Required if benefits are based on earnings.	0 = Earnings not reported 1 = Annual earnings 2 = Monthly earnings 3 = Weekly earnings

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
177	Earnings	9(7)	1567	1573	AAS	C	Whole dollar amount of employee's earnings.	Report \$25500.50 earnings as 0025500
178	Other Coverage (COB)	X(2)	1574	1575	AAS	O	Indicates if member has other health care coverage.	00 = COB not reported 01 = Member does not have other coverage. 02 = Member has other coverage with an unidentified carrier. 03 = Member has other coverage with Blue Cross/Blue Shield. 04 = Member has other coverage with Medicare/Champus. 05 = Member has other coverage with an HMO. 06 = Member has other coverage with an employer sponsored plan. 07 = Member has other coverage with a commercial insurance company. 08 = Member has other coverage with Medicaid. 09 = Other
179	OON Medical Co-Insurance	9(7)	1576	1582	AAS	C	Dollar and cents amount of member's co-insurance. Required if needed for claim payment.	Individual medical co-insurance \$1500.50. Report as 0150050
180	OON Medical Deductible	9(7)	1583	1589	AAS	C	Dollar and cents amount of enrollee's deductible. Required if needed for claim payment.	Individual medical deductible \$250.50. Report as 0025050
181	OON Family Co-Insurance	9(7)	1590	1596	AAS	C	Dollar and cents amount of family co-insurance. Required if needed for claim payment.	Family medical co-insurance \$2,500.50. Report as 0250050
182	OON Family Deductible	9(7)	1597	1603	AAS	C	Dollar and cents amount of family deductible. Required if needed for claim payment.	Family medical deductible \$500.50. Report as 0050050

Aetna Eligibility File Layout ~ Member Detail Record

Benefit Segments

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
183	In Network Medical Deductible	9(7)	1604	1610	AAS	C	Dollar and cents amount of enrollee medical deductible. Required if needed for claim payment.	Individual medical deductible: \$250.50. Report as 0025050
184	Reserved	X(1)	1611	1611	AAS	R	Space reserved for future use.	
185	In Network Family Co-Insurance	9(7)	1612	1618	AAS	C	Dollar and cents amount of family medical deductible. Required if needed for claim payment.	Family medical co-insurance: \$1,500.50. Report as 0150050
186	Reserved	X(1)	1619	1619	AAS	R	Space reserved for future use.	
187	Prior Coverage Indicator	X(1)	1620	1620	AAS	O	Indicates whether or not enrollee had prior coverage under another carrier.	Medical: 0 =Yes 1 =No Dental: 2 =Yes 3 =No
188	Reserved	9(1)	1621	1621	AAS	R	Space reserved for future use.	
189	Late Entrant Indicator	9(1)	1622	1622	AAS	O	Applicable to dental PPO and DMO products.	1 =Yes 0 =No
190	In Network Family Deductible	9(7)	1623	1629	AAS	C	Dollar and cents amount of family medical co-insurance. Required if needed for claim payment.	Family medical deductible: \$500.50. Report as 0050050
191	Reserved	X(04)	1630	1633	AAS	R	Space reserved for future use.	
192	Provider Cap office	9(11)	1634	1644	AAS	O	The identification number of the Provider Cap Office selected by the member. Should only be used when benefit usage flag is 'HPA' (Valid Pre-seen indicator is coded in field # 171)	Ex: 00000024562

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
193	Cobra COC Expiration Date	9(8)	1645	1652	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the date on which a member's continuation of coverage ends. This field is also used for auto-termination process if the service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: CCYYMMDD
194	Cobra COC Event Date	9(8)	1653	1660	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the date of the event that makes a member eligible for continuation of coverage. This field is also used for auto-termination process if that service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: CCYYMMDD
195	Cobra COC Length	9(2)	1661	1662	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the continuation period, in months, that a member may get to continue coverage. This field is also used for auto-termination process if that service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: MM
196	Filler	X(60)	1663	1722	AAS	R	Filler	
197	Benefit 5 Usage Flag	X(3)	1723	1725	AAS	C	Code which indicates the use of the benefit segment. <i>If segment is not used, positions 1723-1972 should be space filled.</i>	'AAS' - Traditional health care 'DEN' - Dental benefit 'PHA' - Pharmacy benefit 'HPA' - Health Network Product in AAS Platform
198	ELR Number	9(3)	1726	1728	AAS	R	Number required by the AAS system which identifies which plan sponsor-specific process the file should be run through.	Applicable code values will be provided by your eligibility consultant.
199	Reserved	X(2)	1729	1730	AAS	R	Space reserved for future use.	

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
200	Control Number	X(7)	1731	1737	AAS	R	Number which uniquely identifies the plan sponsor.	Applicable code values will be provided by your eligibility consultant.
201	Suffix	9(3)	1738	1740	AAS	R	Alpha-numeric field in which data element must be right justified and zero filled if less than 7 bytes.	Applicable code values will be provided by your eligibility consultant.
202	Account	X(5)	1741	1745	AAS	R	Plan sponsor-specific codes used to subgroup the enrollment population. Alpha-numeric field in which data element must be right justified and zero filled if less than 5 bytes.	Applicable code values will be provided by your eligibility consultant.
203	Plan ID	X(5)	1746	1750	AAS	R	Code identifying the benefit plan type. AAS requires a 3 byte numeric value in this field using positions 1496-1498. Space fill positions 1499-1500.	Format Example: Report plan number 1 as '001', Report plan number 10 as '010', Applicable code values will be provided by your eligibility consultant.
204	Effective Date	9(8)	1751	1758	AAS	R	The effective date of the member's record.	Format: CCYYMMDD
205	Coverage Termination Date	9(8)	1759	1766	AAS	C	Dependent effective dates must be later than or equal to the effective date of the applicable employee's record. The date on which the member's benefits end.	Format: CCYYMMDD

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
206	Reserved	9(8)	1767	1774	AAS	R	Space reserved for future use.	
207	Reserved	X(1)	1775	1775	AAS	R	Space reserved for future use.	
208	Out of Area indicator	X(1)	1776	1776	AAS	O	Indicates a dependent is living outside an area where HNO coverage is available. The dependent is then allowed to enroll as a subscriber in a PPO plan. Their HNO membership will not be in force. <i>Default to N if not reported.</i>	Y = Yes N = No
209	Claim Office	X(3)	1777	1779	AAS	R	Aetna claim office providing claim services.	Applicable code values will be provided by your eligibility consultant.
210	Network ID	9(5)	1780	1784	AAS	C	The number that identifies a group of providers that service and support a specific health care network product. <i>Numeric field which should be defaulted to spaces if not reported.</i>	
211	Primary Physician Provider Number	9(11)	1785	1795	AAS	O	The identification number of the primary care physician selected by the member. Should only be used when benefit usage flag is 'AAS'.	EX: 00000078838
212	Pre-Seen by Primary Care Physician/ Provider Cap office	9(1)	1796	1796	AAS	O	Indicates if member was previously seen by selected primary care physician or provider cap office. Should be valued only when benefit usage flag is 'AAS' or 'HPA'. Provider Cap office coded in pos # 231 <i>Default to zero if not reported.</i>	0 = No 1 = Yes

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
213	Dental Provider Number	9(11)	1797	1807	AAS	C	The identification number of the dental provider selected by the member. Should only be used when benefit usage flag is 'DEN'.	EX: 00000389594
214	Pre-Seen by Dental Provider	9(1)	1808	1808	AAS	O	Indicates if member was previously seen by selected dental provider. Should only be used when benefit usage flag is 'DEN'. <i>Default to zero if not reported.</i>	0 = No 1 = Yes
215	In Network Medical Co-Insurance	9(7)	1809	1815	AAS	C	Dollar and cents amount of enrollee medical co-insurance. Required if needed for claim payment.	Individual medical co-insurance: \$1,500.50. Report as: 0150050
216	Earnings Type	9(1)	1816	1816	AAS	C	Indicates the type of earnings reported. Required if benefits are based on earnings.	0 = Earnings not reported 1 = Annual earnings 2 = Monthly earnings 3 = Weekly earnings
217	Earnings	9(7)	1817	1823	AAS	C	Whole dollar amount of employee's earnings.	Report \$25500.50 earnings as 0025500

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
218	Other Coverage (COB)	X(2)	1824	1825	AAS	O	Indicates if member has other health care coverage.	00 = COB not reported 01 = Member does not have other coverage. 02 = Member has other coverage with an unidentified carrier. 03 = Member has other coverage with Blue Cross/Blue Shield. 04 = Member has other coverage with Medicare/Champus. 05 = Member has other coverage with an HMO. 06 = Member has other coverage with an employer sponsored plan. 07 = Member has other coverage with a commercial insurance company. 08 = Member has other coverage with Medicaid. 09 = Other
219	OON Medical Co-Insurance	9(7)	1826	1832	AAS	C	Dollar and cents amount of member's co-insurance. Required if needed for claim payment.	Individual medical co-insurance: \$1500.50. Report as 0150050
220	OON Medical Deductible	9(7)	1833	1839	AAS	C	Dollar and cents amount of enrollee's deductible. Required if needed for claim payment.	Individual medical deductible: \$250.50. report as 0025050
221	OON Family Co-Insurance	9(7)	1840	1846	AAS	C	Dollar and cents amount of family co-insurance. Required if needed for claim payment.	Family medical co-insurance: \$1,500.50. Report as 0150050
222	OON Family Deductible	9(7)	1847	1853	AAS	C	Dollar and cents amount of family deductible. Required if needed for claim payment.	Family medical deductible: \$500.50 Report 0050050
223	In Network Medical Deductible	9(7)	1854	1860	AAS	C	Dollar and cents amount of enrollee medical deductible. Required if needed for claim payment.	Individual medical deductible: \$250.50 Report as 0025050
224	Reserved	X(1)	1861	1861	AAS	R	Space reserved for future use.	

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
225	In Network Family Co-Insurance	9(7)	1862	1868	AAS	C	Dollar and cents amount of family medical deductible. Required if needed for claim payment.	Family medical co-insurance: \$1,500.50. Report as 0150050
226	Reserved	X(1)	1869	1869	AAS	R	Space reserved for future use.	
227	Prior Coverage Indicator	X(1)	1870	1870	AAS	O	Indicates whether or not enrollee had prior coverage under another carrier.	Medical: 0 = Yes 1 = No Dental: 2 = Yes 3 = No
228	Reserved	9(1)	1871	1871	AAS	R	Space reserved for future use.	
229	Late Entrant Indicator	9(1)	1872	1872	AAS	O	Applicable to dental PPO and DMO products.	0 = No 1 = Yes
230	In Network Family Deductible	9(7)	1873	1879	AAS	C	Dollar and cents amount of family medical co-insurance. Required if needed for claim payment.	Family medical deductible: \$500.50. Report as 0050050
231	Reserved	X(04)	1880	1883	AAS	R	Space reserved for future use.	
232	Provider Cap Office	9(11)	1884	1894	AAS	O	The identification number of the Provider Cap Office selected by the member. Should only be used when benefit usage flag is 'HPA' (Valid Pre-seen indicator is coded in field # 211)	Ex:00000024562
233	Cobra COC Expiration Date	9(8)	1895	1902	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the date on which a member's continuation of coverage ends. This field is also used for auto-termination process if the service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: CCYYMMDD

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
234	Cobra COC Event Date	9(8)	1903	1910	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the date of the event that makes a member eligible for continuation of coverage. This field is also used for auto-termination process if that service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: CCYYMMDD
235	Cobra COC Length	9(2)	1911	1912	AAS	C	Required for customers who have elected the Continuation of Coverage service. It is the continuation period, in months, that a member may get to continue coverage. This field is also used for auto-termination process if that service has been elected by the Customer. <i>Default to zeros if not reported</i>	Format: MM
236	Filler	X(60)	1913	1972	AAS	R		
237	Reserved	X(28)	1973	2000	AAS	R	Space reserved for future use.	

Aetna Eligibility File Layout ~ Trailer Record

Field #	Field Name	Picture	Start	End	Business System	Usage	Field Definition/Description	Valid Values
1	Record Type	X(3)	1	3	AAS/HMO	R	Identifies the type of information contained on the record.	099 = Trailer
2	Total Number of Member Records	9(7)	4	10	AAS/HMO	R	Total number of records on the file including header and trailer records.	
3	HMO Benefit Segment Count	9(7)	11	17	AAS/HMO	O	Total number of members with this segment populated. Field use is optional, but highly recommended for troubleshooting purposes.	
4	Non-HMO Benefit Segment Count	9(7)	18	24	AAS/HMO	O	Total number of members with this segment populated. Field use is optional, but highly recommended for troubleshooting purposes.	
5	Benefit Segment #3 Count	9(7)	25	31	AAS/HMO	O	Total number of members with this segment populated. Field use is optional, but highly recommended for troubleshooting purposes.	
6	Benefit Segment #4 Count	9(7)	32	38	AAS/HMO	O	Total number of members with this segment populated. Field use is optional, but highly recommended for troubleshooting purposes.	
7	Benefit Segment #5 Count	9(7)	39	45	AAS/HMO	O	Total number of members with this segment populated. Field use is optional, but highly recommended for troubleshooting purposes.	
8	Filler	X(1955)	46	2000	AAS/HMO	R		

EXHIBIT "E"
SWEETBAY PHARMACY NETWORK

PHARMACY ID	SERVICE PROVIDER NAME
1003837345	PELOTS PHARMACY
1033227327	SWEETBAY SUPERMARKET PHARMACY 1848
1033227335	SWEETBAY SUPERMARKET PHARMACY 1915
1063520351	SWEETBAY SUPERMARKET PHARMACY 1723
1083722375	SWEETBAY SUPERMARKET PHARMACY 1761
1114186632	SWEETBAY SUPERMARKET PHARMACY 1932
1134237423	SWEETBAY SUPERMARKET PHARMACY 1751
1154439446	SWEETBAY SUPERMARKET PHARMACY 1722
1215045505	SWEETBAY SUPERMARKET PHARMACY 1759
1215045513	SWEETBAY SUPERMARKET PHARMACY 1914
1225146517	SWEETBAY SUPERMARKET PHARMACY 1748
1235247529	SWEETBAY SUPERMARKET PHARMACY 1742
1245563915	SWEETBAY SUPERMARKET PHARMACY 1969
1255449542	SWEETBAY SUPERMARKET PHARMACY 1789
1255598942	SWEETBAY PHARMACY USF MEDICAL NORTH 1966
1265540553	SWEETBAY SUPERMARKET PHARMACY 1840
1275641565	SWEETBAY SUPERMARKET PHARMACY 1707
1306954607	SWEETBAY SUPERMARKET PHARMACY 1916
1316055601	SWEETBAY SUPERMARKET PHARMACY 1756
1326156613	SWEETBAY SUPERMARKET PHARMACY 1729
1326156613	SWEETBAY SUPERMARKET PHARMACY 1729
1376685719	FOSTER DRUGS AND SURGICAL SUPPLY 4003
1386752632	SWEETBAY SUPERMARKET PHARMACY 1909
1407964794	SWEETBAY SUPERMARKET PHARMACY 1749
1417065707	SWEETBAY SUPERMARKET PHARMACY 1728
1427166719	SWEETBAY SUPERMARKET PHARMACY 1709
1437267721	SWEETBAY SUPERMARKET PHARMACY 1783
1477661726	SWEETBAY SUPERMARKET PHARMACY 1703
1497863799	SWEETBAY SUPERMARKET PHARMACY 1854
1518075803	SWEETBAY SUPERMARKET PHARMACY 1737
1528176815	SWEETBAY SUPERMARKET PHARMACY 1859
1538277827	SWEETBAY SUPERMARKET PHARMACY 1930
1588772875	SWEETBAY SUPERMARKET PHARMACY 1856
1619085909	SWEETBAY SUPERMARKET PHARMACY 1765
1629186911	SWEETBAY SUPERMARKET PHARMACY 1931
1679681969	SWEETBAY SUPERMARKET PHARMACY 1774
1689782971	SWEETBAY SUPERMARKET PHARMACY 1708
1689868598	SWEETBAY SUPERMARKET PHARMACY 1937
1700994092	SWEETBAY SUPERMARKET PHARMACY 1764
1760590053	SWEETBAY SUPERMARKET PHARMACY 1883
1760590061	SWEETBAY SUPERMARKET PHARMACY 1717
1770691065	SWEETBAY SUPERMARKET PHARMACY 1755
1780792077	SWEETBAY SUPERMARKET PHARMACY 1741
1790975225	SWEETBAY SUPERMARKET PHARMACY 1923
1851409148	SWEETBAY SUPERMARKET PHARMACY 1801
1851409155	SWEETBAY SUPERMARKET PHARMACY 1922

1881702173	SWEETBAY SUPERMARKET PHARMACY 1725
1881854156	SWEETBAY SUPERMARKET PHARMACY 1963
1902914252	SWEETBAY SUPERMARKET PHARMACY 1919
1932342565	SWEETBAY SUPERMARKET PHARMACY 1968
1952419244	SWEETBAY SUPERMARKET PHARMACY 1779
1972611267	SWEETBAY SUPERMARKET PHARMACY 1724
1003837345	PELOTS PHARMACY

EXHIBIT "F"

AFFIDAVIT OF NO CONFLICT

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME, the undersigned authority, this day personally appeared _____, a principal with full authority to bind _____, hereinafter the "Contractor"), who being first duly sworn, deposes and says:

(a) is not currently engaged or will not become engaged in any obligations, undertakings or contracts that will require the Contractor to maintain an adversarial role against the County or that will impair or influence the advice, recommendations or quality of work provided to the County; and

(b) has provided full disclosure of all potentially conflicting contractual relationships and full disclosure of contractual relationships deemed to raise a question of conflict(s); and

(c) has provided full disclosure of prior work history and qualifications that may be deemed to raise possible question of conflict(s).

Affiant makes this affidavit for the purpose of inducing Manatee County, a political subdivision of the State of Florida, to enter into this Agreement for

Signature

SUBSCRIBED to and sworn before me this _____ day of _____ 20____.

Notary Public
My commission expires:

Personally Known _____ Or Produced Identification

Type of Identification Produced