



**CAMERON COUNTY  
PURCHASING DEPARTMENT  
INVITATION TO RFP**

**RFP NUMBER # 1460-EH**

**RFP TITLE: ADMINISTRATIVE SERVICES ONLY (ASO), PHARMACY BENEFIT  
MANAGEMENT, MEDICAL PROVIDER NETWORK, , COBRA SERVICES, STOP LOSS  
INSURANCE**

**DATE DUE: MARCH 29, 2022**

**DUE NO LATER THAN 11:00 A.M.**

RFP's will be opened at the Cameron County Courthouse, 1100 East Monroe Street, Brownsville, Texas in the Purchasing Department – 3<sup>rd</sup> Floor – Room # 345 at 11:01 a.m. (as per Purchasing Dept. time clock) on deadline due date. RFPs received later than the date and time above will not be considered.

Please return **ORIGINAL, SIX (6) COPIES AND 1 SOFT COPY ON A FLASH DRIVE** RFP in sealed envelope. Digital files must be in a searchable PDF, Word, or Excel file format as requested. Be sure that return envelope shows the RFP Number, Description and is marked "SEALED RFP".

RETURN RFP TO:

By U.S. mail or delivered to the office of Purchasing Dept., **County Courthouse (Dancy Bldg.)  
1100 E. Monroe St, 3<sup>rd</sup> Floor, Room 345, Brownsville, Texas 78520.**

For additional information or to request addendum email: Mike Forbes or Dalia Loera at [mforbes@co.cameron.tx.us](mailto:mforbes@co.cameron.tx.us) or [dalia.loera@co.cameron.tx.us](mailto:dalia.loera@co.cameron.tx.us)

[http://www.co.cameron.tx.us/administration/purchasing\\_department/bids\\_rfp\(q\)\\_and\\_addms\\_and\\_tabs.php](http://www.co.cameron.tx.us/administration/purchasing_department/bids_rfp(q)_and_addms_and_tabs.php)

**YOU MUST SIGN BELOW IN INK; FAILURE TO SIGN WILL DISQUALIFY THE OFFER.**

**All prices must be typewritten or written in ink.**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ e-mail \_\_\_\_\_

Historically Underutilized Business (State of Texas) Certification VID Number: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

How did you find out about this RFP? \_\_\_\_\_ (ex: Newspaper, Web, Mail)

**Is Proposer's principal place of Business within Cameron County? Yes - No**

(Your signature attests to your offer to provide the goods and/or services in this RFP according to the published provision of this RFP. When an award letter is issued, this RFP becomes the contract. If a RFP required specific Contract is to be utilized in addition to this RFP, this signed RFP will become part of that contract. When an additional Contract is required a RFP award does not constitute a contract award and RFP / Contract is not valid until contract is awarded by Commissioners Court (when applicable) signed by County Judge) and Purchase Order is issued.



**REQUEST FOR PROPOSAL (RFP) #1460 EH  
ADMINISTRATIVE SERVICES ONLY (ASO), PHARMACY BENEFIT  
MANAGEMENT, MEDICAL PROVIDER NETWORK, COBRA SERVICES,  
STOP LOSS INSURANCE  
EFFECTIVE OCTOBER 1, 2022**

The enclosed ***Request for Proposal (RFP)*** and accompanying documents are for your convenience in proposing the enclosed referenced products and/or services for Cameron County. **Sealed proposals must be received no later than Tuesday, March 29, 2022 at 11:00 a.m.** at the following address:

Purchasing Department  
County Courthouse (Dancy Bldg.)  
1100 E. Monroe St., 3<sup>rd</sup> Floor, Room 345, Brownsville, TX 78520

Please reference (RFP) #1460 EH ADMINISTRATIVE SERVICES ONLY (ASO), PHARMACY BENEFIT MANAGEMENT, MEDICAL PROVIDER NETWORK, COBRA SERVICES, STOP LOSS INSURANCE in all correspondence pertaining to this proposal and affix this number to the outside front of the proposal envelope or box for identification. All proposals shall be to the attention of Michael Forbes, Cameron County. Please submit one original, six (6) hard copies and 1 soft copy on a flash drive.

Proposals received after the deadline will be returned unopened and will be considered void and unacceptable.

Awards will be made approximately 60 days prior to the effective date. To obtain results, or if you have any questions, please contact Michael Forbes, 956.544.0871, [mforbes@co.cameron.tx.us](mailto:mforbes@co.cameron.tx.us) or [purchasing@co.cameron.tx.us](mailto:purchasing@co.cameron.tx.us). **Questions and inquiries must be submitted in writing via e-mail to the individual(s) identified above prior to 5:00 p.m. CST on Friday March 11, 2022.**

If proposer desires not to submit a proposal at this time, but wishes to remain on the commodity notification list, please submit a "No Quote" response (same time/location). Cameron County is always very conscious and extremely appreciative of the time and effort expended to submit a proposal. However, on "No Quote" responses please communicate any proposal requirement(s) which may have influenced your decision to "No Quote."

If response is not received in the form of a "Request for Proposal" or "No Quote" for three (3) consecutive proposals, Proposer shall be removed from said notification list. However, if you choose to "No Quote" at this time but desire to remain on the notification list for other commodities, please state the specific product/service for which your firm wishes to be classified.

## CHECK LIST

Items checked below represent components that comprise this RFP/proposal package. If the item **IS NOT** checked, it is **NOT APPLICABLE** to this RFP/proposal. Offerors are asked to review the package to be sure that all applicable parts are included. If any portion of the package is missing, notify the Purchasing Department immediately. It is the Offeror's responsibility to be familiar with all the Requirements and Specifications. Be sure you understand the following before you return your RFP packet.

**Cover Sheet**

Your company name, address and your signature (**IN INK**) should appear on this page.

**Instructions to Proposers**

You should be familiar with all of the Instructions to Proposers.

**Special Requirements**

This section provides information you must know in order to make an offer properly.

**Specifications / Scope of Work**

This section contains the detailed description of the product/service sought by the

County.

### Attachments

**Attachments A, B, C, D, E, F, G, H, I**

Be sure to complete these forms and return with packet.

**RFP Guaranty & Performance Bond Information & Requirements**

This form applies only to certain RFPs/proposals. All public work contracts over 25,000 require a Payment Bond and over \$100,000 must also have a Performance Bond in a form approved by the County. Please read carefully and fill out completely

**Minimum Insurance Requirements**

Included when applicable

**Worker's Compensation Insurance Coverage Rule 110.110**

This requirement is applicable for a building or construction contract.

**Financial Statement**

When this information is required, you must use this form.

### Other - Final Reminders to double-check before submitting RFP

Is your RFP sealed with RFP #, title, Proposer Name, & return address, on outside?

Did you complete, sign and submit page 1?

Did you complete and submit attachments A, B, C, D, E, F, G, H, I?

Did you provide the number of copies as required on the cover page?

Did you visit our website for any addendums?

[http://www.co.cameron.tx.us/administration/purchasing\\_department/bids\\_rfp\(q\)\\_and\\_addms\\_and\\_tabs.php](http://www.co.cameron.tx.us/administration/purchasing_department/bids_rfp(q)_and_addms_and_tabs.php)

If not interested in responding please let us know why e-mail to [Purchasing@co.cameron.tx.us](mailto:Purchasing@co.cameron.tx.us)

## INSTRUCTIONS FOR SUBMITTING RFP'S

These General Instructions apply to all offers made to Cameron County, Texas (herein after referred to as "County") by all prospective proposers s (herein after referred to as "Proposers") on behalf of Solicitations including, but not limited to, Invitations to RFP and Requests for Quotes.

Carefully read all instructions, requirements and specifications. Fill out all forms properly and completely. Submit your RFP with all appropriate supplements and/or samples. Prior to returning your sealed RFP response / submittal, all Addendums - if issued - should be reviewed and downloaded by entering the County Purchasing web

[http://www.co.cameron.tx.us/administration/purchasing\\_department/bids\\_rfp\(q\)\\_and\\_addms\\_and\\_tabs.php](http://www.co.cameron.tx.us/administration/purchasing_department/bids_rfp(q)_and_addms_and_tabs.php)

Addendums Column (updated Addendums). These Addendums must be signed and returned with your RFP in order to avoid disqualification. All Tabulations can also be viewed and downloaded at this site. Annual RFP award information can be accessed at:

[http://www.co.cameron.tx.us/administration/purchasing\\_department/bids\\_rfp\(q\)\\_and\\_addms\\_and\\_tabs.php](http://www.co.cameron.tx.us/administration/purchasing_department/bids_rfp(q)_and_addms_and_tabs.php)

Review this document in its entirety. Be sure your RFP is complete, and double check your RFP for accuracy.

Cameron County is an Equal Employment Opportunity Employer. Review this document in its entirety. Be sure your RFP is complete, and double check your RFP for accuracy.

**GOVERNING FORMS: In the event of any conflict between the terms and provisions of these requirements and the specifications, the specifications shall govern. In the event of any conflict of interpretation of any part of this overall document, Cameron County's interpretation shall govern. Where substitutions are used, they must be of equivalent value or service, and specified by the Proposer as such, in the columns to the right on the "Minimum Specifications' Forms". The County's specifications may be exceeded and should be noted by the Proposers as such. Any RFP NOT MEETING the Minimum Requirements specified will be rejected.**

**GOVERNING LAW: This invitation to RFP is governed by the competitive RFP requirements of the County Purchasing Act, Texas Local Government Code, §262.021 et seq., as amended. Offerors shall comply with all applicable federal, state and local laws and regulations. Offeror is further advised that these requirements shall be fully governed by the laws of the State of Texas and that Cameron County may request and rely on advice, decisions and opinions of the Attorney General of Texas and the County Attorney concerning any portion of these requirements.**

Questions requiring only clarification of instructions or specifications will be handled verbally. If any questions results in a change or addition to this RFP, the Change(s) and addition(s) will be forwarded to all proposers s involved as quickly as possible in the form of a written addendum only. Verbal changes to Bids/RFP's/RFQ's must be backed-up by written addendum or written Q/A clarifications which would be posted on County Purchasing Web site. Without written Addendum or written Q / A clarification, verbal changes to Bids / RFP / RFQ will not apply.

Sign the Vendor's Affidavit Notice, complete answers to Attachments A, B, C, D, E, F, G, H, I and return all with your RFP.

## CONFLICT OF INTEREST QUESTIONNAIRE:

### **For vendor or other person doing business with local governmental entity**

This questionnaire must be filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

**By law this questionnaire must be filed with the records administrator (County Clerk's Office) of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed.** See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.

Please review this entire document, if for any reason there is any information to disclose, relative to any questions in this Conflict of Interest form, you must file with County Clerk's Office subject to above instructions.

**The form can be downloaded at the following web site:**

[http://www.co.cameron.tx.us/Purchasing/Docs/CIQ\\_2019.pdf](http://www.co.cameron.tx.us/Purchasing/Docs/CIQ_2019.pdf)

## DISCLOSURE OF INTERESTS:

This questionnaire must be filed with the records administrator (County Clerk's Office) of the local government and no later than the 7<sup>th</sup> business day after the person becomes aware of facts that require this statement to be filed. Cameron County, Texas requires all persons or firms seeking to do business with the County to **provide the following information if the person becomes aware of facts that require this statement to be filed.** Every question must be answered. If the question is not applicable, answer with "N/A."

Please review this entire document, if for any reason there is any information to disclose, relative to any questions in this disclosure of interest form, you must file with County Clerk's Office subject to above instructions.

**The form can be downloaded at the following web site:**

<http://www.co.cameron.tx.us/Purchasing/Disclosure%20of%20Interest.pdf>

## TEXAS ETHICS COMMISSION FORM 1295

All RFPs prior to award or award of Contract by Commissioner's Court will require that the Texas Ethics Commission (TEC) Form 1295 Electronic (on line) Vendor filing procedure be completed by Vendor.

All Vendors being recommended to Commissioners Court for award or renewal of award on Agenda must register and obtain a TEC Certification for the specific award. This Certification Form 1295 must be electronically submitted, printed and notarized. Notarized form must be emailed or delivered to County Purchasing Department making the request for form. This process must be completed prior to Commissioners Court Agenda for approval consideration of RFP award. There is no charge for this TEC online process.

Texas Ethics Commission (TEC) Form 1295 must be completed (by firm - on line "New Form 1295 Certificate of Interested Parties Electronic Filing Application" Site at: [https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm) )

If any Vendors have questions as to TEC Form 1295 visit the County Purchasing Web site left column tab "Vendor – TEC Form 1295" for more information. TEC Web site links can be found at this location including Question / Answers and Video instructions.

Tab Link: [http://www.co.cameron.tx.us/administration/purchasing\\_department/index.php](http://www.co.cameron.tx.us/administration/purchasing_department/index.php)

PROPOSER SHALL SUBMIT RFP ON THE FORM PROVIDED, SIGN THE VENDOR AFFIDAVIT, AND RETURN ENTIRE RFP PACKET. In the event of inclement weather and County Offices are officially closed on a Proposal deadline day, RFP's will be received until 2:00 p.m. of the next business day. Proposals will be opened at the Cameron County Courthouse, 1100 East Monroe Street, Brownsville, Texas in the Purchasing Department – 3<sup>rd</sup> Floor – Room # 345 (as per Purchasing Dept. time clock.

PROPOSER SHALL SUBMIT RFP ON THE FORM PROVIDED, SIGN THE VENDOR AFFIDAVIT, AND RETURN ENTIRE RFP PACKET. In the event of inclement weather and County Offices are officially closed on a Proposal deadline day, RFP's will be received until 2:00 p.m. of the next business day. Proposals will be opened at the Cameron County Courthouse, 1100 E. Monroe Street, Brownsville, Texas in the Purchasing Department – 3<sup>rd</sup> Floor – Room # 345 (as per Purchasing Dept. time clock.)

RFP's SUBMITTED AFTER THE SUBMISSION DEADLINE SHALL BE RETURNED UNOPENED AND WILL BE CONSIDERED VOID AND UNACCEPTABLE.

SUCCESSFUL PROPOSER WILL BE NOTIFIED BY MAIL. All responding proposers will receive written notification regarding the outcome of the award.

PROPOSERS MAY ATTEND PUBLICLY HELD COMM COURT MEETING FOR AWARD OF THIS SOLICITATION. All responding proposers are welcome to attend the publicly held Commissioners Court meeting relative to the outcome / award of this solicitation. Court Meeting agenda date and times may be obtained at the following web site:

[http://www.co.cameron.tx.us/commissioner\\_s\\_court\\_agenda/index.php](http://www.co.cameron.tx.us/commissioner_s_court_agenda/index.php)

OPEN RECORDS ACCESS TO ALL INFORMATION SUBMITTED. All information included will be open to the public, other proposers, media as per the Open Records Act and not be confidential in nature. If you deem any information as confidential, it should not be made part of your RFP package.

### PLEASE NOTE CAREFULLY

THIS IS THE ONLY APPROVED INSTRUCTION FOR USE ON YOUR RFP. ITEMS BELOW APPLY TO AND BECOME A PART OF TERMS AND CONDITIONS OF RFP. ANY EXCEPTIONS THERETO MUST BE IN WRITING.

1. **ORIGINAL, SIX (6) COPIES AND 1 SOFT COPY ON A FLASH DRIVE OF RFP's MUST BE SUBMITTED** Digital files must be in a searchable PDF, Word, or Excel file format as requested. Each RFP shall be placed in a separate envelope completely and properly identified with the name and number of the RFP. RFP's must be in the Purchasing Department BEFORE the hour and date specified.
2. **Claim Repricing Response.** Bidders responding to the medical and pharmacy provider networks must complete the separate claims repricing file. The claim repricing file will only be released to qualified bidders properly licensed and

authorized to conduct business in Texas. To receive the claims repricing file, the bidder should review, sign and return the Exhibit E - Use and Disclosure form to the Purchasing Department. Exhibit E should identify the third party administrator, pharmacy benefit manager, or network administrator that will be completing the repricing request file. Following receipt of the agreement, HUB International will transmit the data securely to the requestor. Detailed line item responses are requested. The response file should be submitted in a separate sealed envelope marked Confidential in the excel file provided. The response file will only be provided to HUB. The County cannot sign any Non-Disclosure Agreements; however, the data will be maintained only by HUB and if an NDA is required, please submit it directly to HUB at: [randy.mcgraw@hubinternational.com](mailto:randy.mcgraw@hubinternational.com).

3. RFP's MUST give full firm name and address of the Proposer. Failure to manually sign RFP will disqualify it. Person signing RFP should show TITLE or AUTHORITY TO BIND THE FIRM IN A CONTRACT.
4. RFP's CANNOT be altered or amended after deadline time. Any alterations made before deadline time must be initiated by Proposer or his authorized agent. No RFP can be withdrawn after opening time without approval by the Commissioners Court based on a written acceptable reason.
5. The County is exempt from State Sales Tax and Federal Excise Tax. DO NOT INCLUDE TAX IN RFP. Cameron County claims exemption from all sales and/or use taxes under Texas Tax Code §151.309, as amended. Texas Limited Sales Tax Exemption Certificates will be furnished upon written request to the Cameron County Purchasing Agent.
6. Any Catalog, brand name or manufacturer's reference used in a RFP invitation is descriptive-NOT restrictive-it is to indicate type and quality desired. RFPs on brand of like nature and quality will be considered. If RFP is based on other than reference specifications, proposal must show manufacturer, brand or trade name, lot number, etc., of article offered. If other than brand(s) specified is offered, illustrations and complete descriptions should be made part of the RFP. If Proposer takes no exception to specifications or reference data, he will be required to furnish brand names, numbers, etc. as specified.
7. Written and verbal inquiries pertaining to RFP's must give RFP Number and Company.
8. NO substitutions or cancellations permitted without written approval of Purchasing Agent.
9. The County reserves the right to accept or reject all or any part of any RFP, waiver minor technicalities. The County of Cameron reserves the right to award by item category or by total RFP. Prices should be itemized. County also reserves the right to award either with or without trade-in, if applicable.
10. RFP unit price on quantity specified – extend and show total. In case of errors in extension, UNIT prices shall govern. RFP's subject to unlimited price increase will not be considered.
11. This is an RFP inquiry only and implies no obligation on the part of Cameron County.
12. Acceptance of and final payment for the item will be contingent upon satisfactory performance of the product received by the County.
13. Partial RFP's will be accepted and awarded by complete category.

14. It is expected that the Proposer will meet all state and federal safety standards and laws in effect on the date of the RFP for the item(s) being specified, and the particular use for which they are meant.
15. It is the responsibility of the proposer to ask any and all questions the proposer feels to be pertinent to the proposal. Cameron County shall not be required to attempt to anticipate such questions for proposers. Cameron County will endeavor to respond promptly to all questions asked.



## SCORING

### EVALUATION AND SELECTION CRITERIA

#### WEIGHTED QUANTITATIVE SCORING:

Each Vendor will be assigned a score of 1- 4 by evaluator for each criteria

- 4 = Very good / Exceeds expectations
- 3 = Above expectations
- 2 = Meets expectations
- 1 = Does not meet expectations
- 0 = non responsive

Evaluator average by category will be multiplied by the assigned weight for each vendor then totaled.

Scoring for c will be a ratio and based on a pro rata factor of the best cost submitted.

Ex: Vendor W - cost \$100,000 = 4 points X assigned weight (i.e.: 25%) = 100 points  
Vendor X – cost \$150,000 = 2.66 points X assigned weight (i.e.: 25%) = 75 points  
Vendor Y – cost \$200,000 = 2 points X assigned weight (i.e.: 25%) = 50 points  
 $\$100,000 \div \$200,000 = .50 \times 4 = 2 \times 25 = 50$   
 $\$100,000 \div \$150,000 = .66 \times 4 = 2.64 \times 25 = 66$

Once RFPs are reviewed and scored, a short list will be compiled. Interviews may be conducted with Proposers determined by total score rankings. Additional information may be required at that time. Negotiations will begin with the Proposer selected for the project. Commissioners Court will make the final selection and possible approval of the contract.

WEIGHT x SCORE POINTS = GRAND TOTAL

#### CATEGORY

Proposer's total proposed cost	30
Proposer's qualifications/experience	20
Proposer's support service	25
The proposed services and approach meeting Cameron County's needs and requirements for as well as future needs.	25
TOTAL	<u>100</u>

In the "Price" Category, the maximum points will be assigned to the RFP with lowest, total cost computed as specified. The points assigned to each of the other RFPs will be reduced by the percentage by which the RFP's computed cost exceeds the lowest cost.

The points assigned for the other categories will be based on the information provided in the RFPs, checks of references cited, and data available from independent sources such as technical journals and rating newsletters.

#### Note:

**Cameron County currently recognizes HUB International, as their benefits consultant for the RFP. All services and rates are preferred to be quoted NET of commissions.**

Proposals submitted by brokers or agents can be considered. Any fees paid to a non-employee of the offeror must be disclosed, for services such as local customer service support or enrollment assistance, along with a description of the services provided by any non-employee of the offeror in the Agent Services tab of the separate Excel file Questionnaire.

## SCOPE OF SERVICE REQUESTED

Cameron County is seeking proposals for the following services for a October 1, 20122 effective date:

- Administrative Services Only (ASO), network administration, Pharmacy Benefit Management services for its self-insured employee and Pre-65 retiree's health plan. Cameron County currently has a medical ASO agreement, PPO Network, and pharmacy benefit management agreements with Aetna.
- Cameron County has stop loss coverage through the Aetna.
- COBRA/HIPAA Administration: Cameron County currently contracts COBRA/HIPAA administration with Pay Flex.

### PLEASE NOTE:

Cameron County reserves the right to choose multiple Contractors for the various products and services necessary to provide a comprehensive health insurance program for the County employees, dependents, and retirees. If any component proposed by the Contractor is contingent on placing other components with the same Contractor, please indicate so on the RFP response.

The schedule for this Request for Proposals is as follows:

Release RFP to Vendors.....	February 22, 2022
Deadline for Questions and Inquiries.....	March 11, 2022 @ 5:00 p.m.
Proposal Submission Deadline .....	March 29 2022@ 11:00 a.m.
Vendor Selection and Contract Negotiations.....	May 2022
Earliest Award of Any Single Contract.....	May or June 2022
Contract/Service Effective Date .....	October 1, 2022

Sealed proposals will be accepted until **11:00 A.M. C.S.T. on Tuesday, March 29, 2022, and should be addressed to:**

Michael Forbes, Purchasing Agent  
RFP # 1460-EH  
County Courthouse (Dancy Bldg.)  
1100 E. Monroe St., 3<sup>rd</sup> Floor, Room 345, Brownsville, TX 78520

## **CURRENT BENEFIT PROGRAM**

The following information is intended to be a summary of the current program. Copies of the certificate of coverage for each of these coverage's as well as the claims data are included in the appendix of this RFP.

### Eligibility, Waiting Period and Five Year History

- Cameron County has approximately 1575 enrolled active employees, 55 benefit eligible pre-65 retirees.
- Active full-time employees working 30 hours or more per week are eligible to participate in ALL the programs listed below.
- Retirees are eligible for medical plan the day they retire with TCDRS.
- The waiting period for new hires is first of the month following 30 days.
- The County has been with Aetna since 10/1/2019. The plan was previously administered by the Texas Association of Counties since 2007

### Active and Retiree Medical, Pharmacy and Stop Loss Plan

For all current Medical and Pharmacy plan designs, please see the attached Benefit Summary and Benefit Booklet (Exhibit B). For the stop loss coverage and administrative fees, please refer to the attached contract (Exhibit C).

- Cameron County offers two medical plans of similar plan design. One plan uses an open access PPO network. The second plan uses and ACO provider network.
- Aetna/CVS is the administrator for the pharmacy program.
- The individual specific for the stop loss is \$250,000 with a medical and RX contract.
- The stop loss contract for is on a 24/12 basis.

Current Employee and Retiree Medical Premium Contribution

	<b>Active PPO Deductions</b>	<b>Active ACO Deductions</b>	<b>Pre – 65 Retiree PPO Rates</b>	<b>Pre – 65 Retiree ACO Rates</b>
<b>Employee Only</b>	\$30.00	\$15.00	\$275.86	\$250.78
<b>Employee / Spouse</b>	\$215.63	\$168.75	\$633.58	\$575.98
<b>Employee / Child</b>	\$133.13	\$93.75	\$551.08	\$500.98
<b>Employee / Children</b>	\$167.50	\$125.00	\$585.45	\$532.23
<b>Employee / Family</b>	\$305.00	\$250.00	\$722.95	\$657.23

\*\*Employer Funding Rate \$650 per tier

**PROPOSAL REQUIREMENTS**

*(Plan Year Proposed 10/1/22 thru 9/30/23)*

**If you are a TPA or Carrier Proposing on ASO services:** the County is seeking the following:

1. Match current Medical plans described in the attached benefit booklet as closely as possible.
2. Along with your services, please propose the most appropriate PPO and or ACO medical network that will meet the County’s provider network needs. You will need to include a network disruption analysis and re-pricing.
3. Provide a stop-loss quote at this time with the following individual specifics: \$250,000 and \$300,000.
4. Please complete the questionnaires as well as applicable rate sheets.
5. Please complete the re-pricing request.

Note: The County reserves the right to change any of the plan designs before October 1, 2022. The County is seeking proposal responses for a three-year contract period for self-funded contract with two one year extension options.

**Exhibit (Electronic Files)**

- Exhibit A – Census**
- Exhibit B – Medical Benefit Booklet**
- Exhibit C – Stop loss exhibit**
- Exhibit D - Claims Report**
- Exhibit E – Use and Disclosure Agreement**
- Exhibit F -Questionnaire (must be returned in an excel file format**

ANY QUESTIONS concerning this Request for Proposal and Specifications should be directed in writing to Michael Forbes at 956.544.0871, [mforbes@co.cameron.tx.us](mailto:mforbes@co.cameron.tx.us) or [purchasing@co.cameron.tx.us](mailto:purchasing@co.cameron.tx.us).

**Questions and inquiries must be submitted in writing via e-mail to the individual(s) identified above prior to 5:00 p.m. CST on Friday March 11, 2022.**

## **EXECUTIVE SUMMARY**

*Format and Content: Please included in your RFP's as part of your cover.*

### **Executive Summary (2 pages max.)**

Summary of Proposal as submitted

### **Introduction (2 pages max.)**

Proposals must include confirm that the firm will comply with all of the provisions in this RFP. If exceptions will be taken it should be so noted. Proposals must be signed by a company officer empowered to bind the company. A proposer's failure to include these items in their proposals may cause their proposal to be determined to be non-responsive and the proposal may be rejected. Include the following: *Firms Name, Address, Phone #, Contact Name, Phone #, Email address.*

### **Management Plan for the Project (1 page max.)**

Proposers must provide a comprehensive narrative statement that sets out the management plan they intend to follow and illustrates how their plan will serve to accomplish desired results and meet Cameron County's needs.

### **Experience and Qualifications (2 pages max.)**

Provide list specific to the personnel assigned to accomplish the work called for in this RFP; illustrate the lines of authority; designate the individual responsible and accountable for the completion of each component and deliverable of the RFP.

Provide a narrative description of the organization of the project team. Provide a personnel roster that identifies each person who will actually work on the contract and provide the following information about each person listed and title.

### **Price RFP Proposal (1 page max.)**

Proposer's price proposals must include an itemized list of all direct and indirect costs associated with the performance of this contract. To answer this section, you can include the pricing sheets provided in the next few pages.

### **Evaluation Criteria (2 pages total max. for all criteria)**

Explain your company strengths/advantages as they pertain to each of the Evaluation Scoring criteria's below. Note each criteria separately with explanation for each.

- Proposer's total proposed cost
- Proposer's qualifications/experience
- Proposer's support service
- The proposed services and approach meeting Cameron County's needs and requirements for as well as future needs.

## **PRICING**

Please provide a detailed pricing proposal for your products and services. Enter your fees or price offers in the appropriate tabs of Exhibit F, and also provide your standard format for your price proposal. Include any and all standard and optional components, including setup fees, service fees, customization fees, employee vs. dependent usage fees, report costs, communications materials costs, upgrade or maintenance charges, etc.

### **MEDICAL CLAIMS RE-PRICING**

THE FOLLOWING ONLY APPLIES TO ALL VENDORS PARTICIPATING IN THIS RFP

It is important that you follow the procedures in this repricing file document. Failure to submit a complete detailed repricing file will be taken into consideration during the decision-making process.

We recognize the sensitive nature of detailed repricing data. This information will only be used in a summary format by HUB International and its clients. No detailed information will be shared with any outside parties. We also understand that network membership and contracts are subject to change at any time and the data you return represents a best estimate only.

**ATTACHMENT A  
REFERENCES**

Please list three (3) references of current customers who can verify the quality of service your company provides. The County prefers customers of similar size and scope of work to this RFP.  
***THIS FORM MUST BE RETURNED WITH YOUR RFP.***

**REFERENCE ONE**

Government/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Scope of Work \_\_\_\_\_

**REFERENCE TWO**

Government/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

**REFERENCE THREE**

Government/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Scope of Work: \_\_\_\_\_



**ATTACHMENT B**

STATE OF TEXAS  
COUNTY OF CAMERON

**AFFIDAVIT**

The undersigned certifies that the RFP costs contained in this RFP have been carefully checked and are submitted as correct and final and if RFP is accepted (within 60 days), agrees to furnish any and/or all items upon which costs are offered, at the cost(s) and upon the conditions contained in the Specifications.

BEFORE ME, the undersigned authority, A Notary Public in and for the State of \_\_\_\_\_, on this day personally appeared \_\_\_\_\_ who, after having first been duly sworn, upon oath did depose and say;

That the foregoing RFP submitted by \_\_\_\_\_ hereinafter called "Proposer" is the duly authorized agent of said company and that the person signing said RFP has been duly authorized to execute the same. Proposer affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this RFP in collusion with any other Proposer. The Proposer is not a member of any trust, pool, or combination to control the cost of products or services RFP on, or to influence any person to RFP or not to RFP thereon. I further affirm that the Proposer has not given, offered to give, nor intends to give, at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discounts, trip, favor, or service to a public servant in connection with the submitted RFP. The contents of this RFP as to costs, terms or conditions of said RFP have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this RFP.

Name and Address of Proposer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

\_\_\_\_\_  
Signature  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

SWORN TO AND SUBSCRIBE BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for County \_\_\_\_\_ State \_\_\_\_\_

***THIS FORM MUST BE RETURNED WITH YOUR RFP***

**ATTACHMENT C**  
**RESIDENCE CERTIFICATION**

Pursuant to Texas Government Code §2252.001 *et seq.*, as amended, Cameron County requests Residence Certification. §2252.001 *et seq.* of the Government Code provides some restrictions on the awarding of governmental contracts; pertinent provisions of §2252.001 are stated below:

“Nonresident Proposer” refers to a person who is not a resident.

“Resident Proposer” refers to a person whose principal place of business is in this state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

I certify that \_\_\_\_\_ is a  
Resident

(Company Name)

Proposer of Texas as defined in Government Code §2252.001.

I certify that \_\_\_\_\_ is a  
Nonresident

(Company Name)

Proposer as defined in Government Code §2252.001 and our principal place of business is

\_\_\_\_\_  
(City and State)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

***THIS FORM MUST BE RETURNED WITH YOUR RFP***

**ATTACHMENT D**

**CAMERON COUNTY EXPRESSLY REQUESTS THAT PROPOSERS NOT DISCUSS THIS ENGAGEMENT OR THIS PROPOSER'S PLANS, EXPERIENCE OR CREDENTIALS WITH OTHER PROPOSERS OR ANY MEMBER OF COMMISSIONERS' COURT, ANY COUNTY OFFICIAL, OR ANY EVALUATION COMMITTEE MEMBER APPOINTED BY COMMISSIONERS COURT. EXCLUDED ARE PRE-PROPOSAL CONFERENCES, EVALUATION COMMITTEE SCHEDULED PROPOSER PRESENTATIONS OR PROPOSER INTERVIEWS, OR EVALUATION COMMITTEE SCHEDULED EQUIPMENT OR SERVICES DEMONSTRATIONS. YOU MAY CONTACT THE PURCHASING AGENT / PURCHASING DEPARTMENT AT ANY TIME.**

**FROM RFP OPENING DATE THROUGH COMMISSIONERS COURT MEETING FOR SELECTION, VENDORS WILL NOT APPROACH THE COUNTY JUDGE OR COMMISSIONERS TO DISCUSS MATTERS PERTAINING TO THIS RFP.**

- 01. Has any individual with the firm submitting this Proposal Response made any contact with any Member of Commissioners Court, any County Official, or an Evaluation Committee member concerning this Invitation to RFP, other than questions to the Purchasing Agent?

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- 02. Has any individual with the firm submitting this Proposal Response made any contact with any other Proposer concerning this Invitation to RFP?

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\_\_\_\_\_  
Signature of person submitting this RFP

\_\_\_\_\_

Date

***THIS FORM MUST BE RETURNED WITH YOUR RFP***

**ATTACHMENT E**  
**ORDER NO. 2007O2005**

THE STATE OF TEXAS     §  
                                      §  
COUNTY OF CAMERON   §

**ORDER ADOPTING CONTRACTING RULES  
FOR PERSONS INDEBTED TO COUNTY**

WHEREAS, pursuant to V.T.C.A., Local Government Code, Section 262.0276, a commissioners court is authorized to adopt rules permitting a county to refuse to enter into a contract or other transaction with a person indebted to the county;

WHEREAS, the Commissioners Court of Cameron County finds it is in the best interest of Cameron County to adopt such rules;

NOW THEREFORE, BE IT ORDERED by the Commissioners Court of Cameron County, that the following rules be adopted regarding Cameron County and persons interested in doing business with Cameron County:

1. Cameron County may refuse to enter into a contract or other transaction with a person with a past due debt to Cameron County, including delinquent ad valorem taxes, even if the person is the lowest bidder or successful proposer; and
2. **For purposes of this Order, a debt is past due if it is not received in the County Treasurer's Office by the due date in a written agreement or notice, and ad valorem taxes are past due if not received in the County Tax Assessor/Collector's Office by February 1<sup>st</sup> following the January 1<sup>st</sup> on which the ad valorem taxes are due.**
3. For purposes of this Order, a person includes an individual, sole proprietorship, corporation, nonprofit corporation, partnership, joint venture, limited liability company, and any other entity that proposes or otherwise seeks to enter into a contract or other transaction with Cameron County requiring approval by the Commissioners Court.

**ADOPTED this   13   day of March, 2007.**

Taxpayer Identification Number (T.I.N.): \_\_\_\_\_

Cameron   County   Acct   #s:   Real   Estate   \_\_\_\_\_   Personal  
Property\_\_\_\_\_

01. Is the person or the firm submitting this Bid current with all local and State taxes?

\_\_\_\_\_

\_\_\_\_\_  
Signature of person submitting this   RFP

\_\_\_\_\_  
Date

**THIS FORM MUST BE RETURNED WITH YOUR RFP**

**ATTACHMENT F**  
**Certification Regarding Debarment, Suspension Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, in the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid/proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, theory, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid/proposal and/or application had one or more public transactions terminated of cause or default.

Company name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

If the proposer is unable to certify to all of the statements in this Certification, such proposer should attach an explanation to this proposal.

***THIS FORM MUST BE RETURNED WITH YOUR RFP***

ATTACHMENT G

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

OFFICE USE ONLY

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001 (1-a) with a local Governmental entity and the vendor meets requirements under Section 176.006(a).

Date Received

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

1 Name of vendor who has a business relationship with local governmental entity.

2. [ ] Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate tiling authority not later than the 7th business day after the date on which you became aware that the originally tiled questionnaire was incomplete or inaccurate.)

3. [ ]. Name of local government officer about whom the information in this section is being disclosed.

Name of Officer

This section (item 3 including subparts A, B, C, & D) must be completed for each officer with whom the vendor has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income from the vendor?

[ ]Yes [ ]No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local Government officer named in this section AND the taxable income is not received from the local governmental entity?

[ ]Yes [ ]No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local Government officer services as an officer or director, or holds an ownership interest of one percent or more?

[ ]Yes [ ]No

D. Describe each employment or business and family relationship with the local government officer named in this section.

4. [ ]

Signature of vendor doing business with the governmental entity

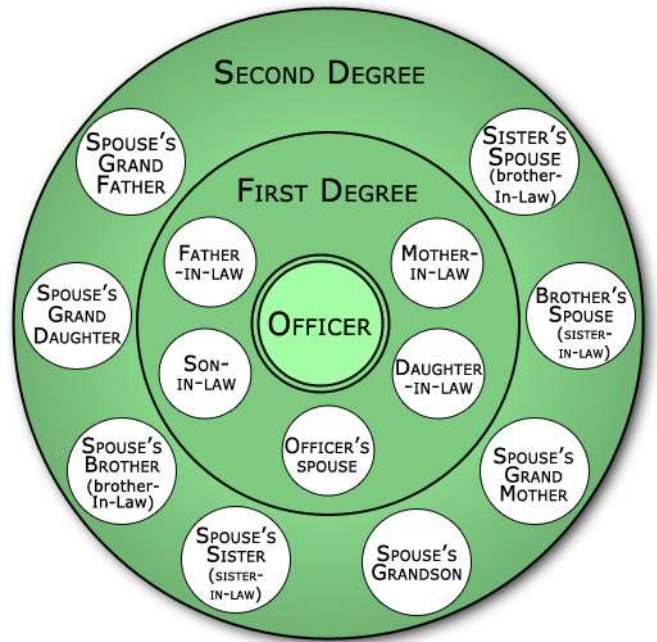
Date

## NEPOTISM CHART

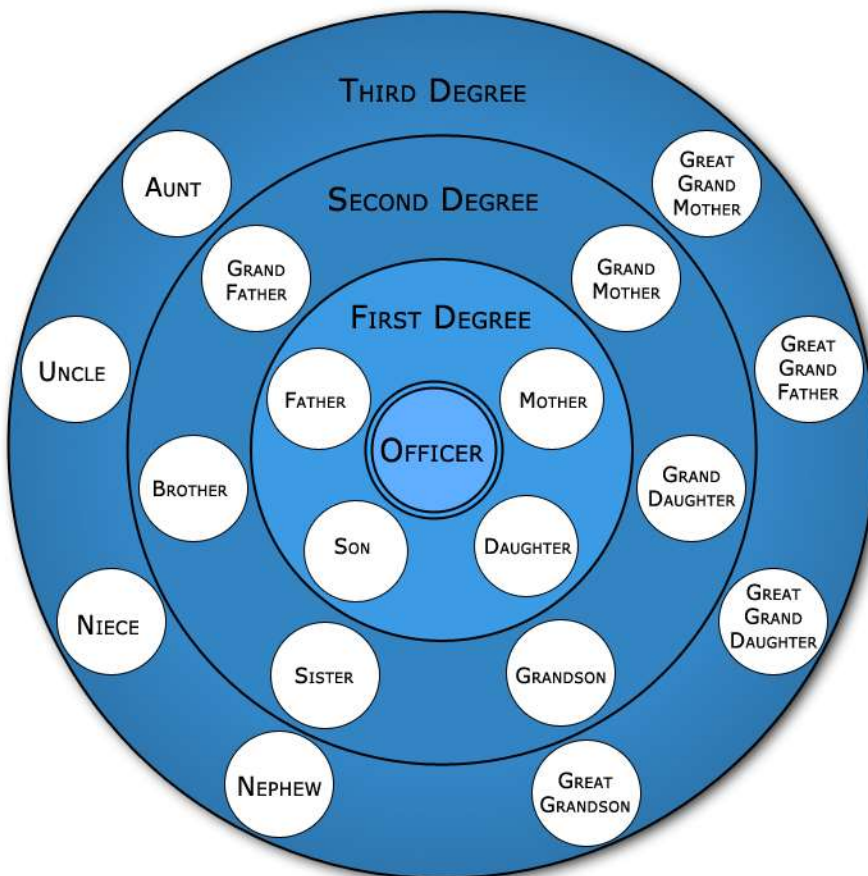
The chart below shows

- **Affinity Kinship** (relationship by marriage)
- **Consanguinity Kinship** (relationship by blood) for purposes of interpreting nepotism as defined in VTCA Government Code, Chapter 573, §§573.021 - .025

### AFFINITY KINSHIP Relationship by Marriage



### CONSANGUINITY KINSHIP Relationship by Blood



**ATTACHMENT H  
DISCLOSURE OF INTERESTS**

**MUST BE FILLED OUT AND SUBMITTED WITH THE BID/RFP/RFQ  
IF DISCLOSING: BIDDER / PROPOSER MUST ALSO FILE WITH THE COUNTY CLERK'S  
OFFICE  
THE PURCHASING DEPT. WILL NOT BE FILING ON THE BIDDER'S BEHALF**

Cameron County, Texas requires all persons or firms seeking to do business with the County to provide the following information. Every question must be answered. If the question is not applicable, answer with "N/A." By law, this questionnaire must be filed with the records administrator (County Clerk's Office) of the local government.

Date \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FIRM is: 1. Corporation ( )      2. Partnership ( )      3. Sole Owner ( )  
4. Association ( )      5. Other ( ) \_\_\_\_\_

**DISCLOSURE QUESTIONS**

If additional space is necessary, please use the reverse side of this page or attach separate sheet.

1. State the names of each "employee, elected official, or member of Commissioners Court" of Cameron County having Substantial Interest in Business Entity Local Govt. Code 171.002
  - a) For purpose of this chapter, a person has a substantial interest in a business entity if:
    - (1) the person owns 10 percent or more of the voting stock or shares of the business entity or owns either 10 percent or more or \$15,000 or more of the fair market value of the business entity; or
    - (2) funds received by the person from the business entity exceeds 10 percent of the person's gross income for the previous year.
  - b) A person has a substantial interest in real property if the interest is an equitable or legal ownership with a fair market value of \$2,500 or more.



**DISCLOSURE OF INTERESTS (CONTINUED)**

- c) A local public official is considered to have a substantial interest under this section if a person related to the official in the first degree by consanguinity or affinity, as determined under Chapter 573, Government Code, has a substantial interest under this section.

Name	Title	Department

**CERTIFICATE**

I certify that all information provided is true and correct as of the date of this statement, that I have not knowingly withheld disclosure of any information requested; and that supplemental statements will be promptly submitted to the Cameron County as changes occur.

Certifying Person: \_\_\_\_\_  
(Type or Print)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Certifying Person: \_\_\_\_\_



**HOUSE BILL 89 VERIFICATION**

I, \_\_\_\_\_,  
*[Person Name]*

the undersigned representative of \_\_\_\_\_  
*[Company or Business Name]*

(hereafter referred to as Company) being an adult over the age of eighteen (18) years of age, does hereby depose and verify that the Company named above, under the provisions of Subtitle F, Title 10, Texas Government Code Chapter 2270:

1. Does not currently boycott the country of Israel; and
2. Will not boycott the country of Israel during the term of the contract with Cameron County, Texas.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Pursuant to Section 2270.001, Texas Government Code:*

1. *“Boycott Israel” means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
2. *“Company” means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.*

***THIS FORM MUST BE RETURNED WITH YOUR RFP***

## **GENERAL TERMS & CONDITIONS (Requests for proposals (RFP))**

**ADDENDA:** If RFP specifications, terms or conditions are revised, the Cameron County Purchasing Department will issue an addendum addressing the nature of the changes and notify interested potential Proposers. Proposers must acknowledge receipt and consideration of any such changes by signing the addendum and including it in the RFP package containing the Proposer's submittal.

**ADVERTISING:** Unless otherwise required by law, Proposers to County RFPs shall not publish and shall keep confidential their intentions and actions respecting any response to the RFP.

**AWARD:** Cameron County may hold RFP responses for a period of sixty (60) days. Cameron County reserves the right to reject any or all responses to RFPs. Cameron County reserves the right to award a contract, if any, based on the Proposer's response when compared to the EVALUATION CRITERIA (AS STATED IN THE RFP) and, in accordance with the laws of the State of Texas, reserves the right to waive any formality or irregularity, to make awards to more than one proposer. Commissioners Court reserves the right to determine the method and procedures for the final award of all RFPs at any time they may choose, regardless of the Point System used by the Evaluation Committee.

**BONDS:** If the contract that may be entered into with the County will likely require a performance guarantee or bond, the Purchasing Department will attach a separate page to the RFP explaining those requirements.

**CANCELLATION AND TERMINATION:** In any contract resulting from the RFP, the County shall have the right to cancel all or any part of the undelivered portion of the contract if (1) Proposer breaches any of the terms hereof, including, but not limited to, applicable warranties, and/or (2) Proposer becomes insolvent or files for bankruptcy. Such right of cancellation is in addition to, and not in lieu of, any other remedies that the County may have in law or equity. Cancellation of work hereunder shall be effected by the delivery to the Proposer of a "Notice of Cancellation of Undelivered Work" specifying the extent to which performance of work, including all goods and services, under the contract is cancelled and the date upon which such cancellation becomes effective.

The performance of work under any resulting contract may be terminated in whole, or in part, by the County in accordance with this provision. The County shall have the right to terminate all or any part of the contract if (1) the Proposer breaches any of the terms hereof, including, but not limited to, applicable warranties, and/or (2) Proposer becomes insolvent or files for bankruptcy. Such right of termination is in addition to, and not in lieu of, any other remedies that the County may have in law or equity. Termination of work hereunder shall be effected by the delivery to the Proposer of a "Notice of Termination" specifying the extent to which performance of work, including all goods and services, under the contract is terminated and the date upon which such termination becomes effective.

**CHANGE ORDERS:** No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All change orders to the contract will be made in writing by mutual consent of the Proposer and the County.

**CONTRACT RENEWALS:** Contract Renewals must receive Commissioners Court approval. For contract renewal status and information, please contact Elisa Cisneros at 956-982-5405 e-mail: [Elisa.Cisneros2@co.cameron.tx.us](mailto:Elisa.Cisneros2@co.cameron.tx.us) Cameron County Purchasing Dept. or Dylbia Jeffries 956-550-1340 [djefferies@co.cameron.tx.us](mailto:djefferies@co.cameron.tx.us) at the Cameron County Civil Legal Division. Any cost escalations

are limited to those stated by the original contract terms. All contracts with a one (1) year renewal option require that the Proposer must notify Cameron County of any anticipated cost increases in writing at least three months (90 calendar days) prior to the annual renewal award date unless otherwise specified within the specific provisions of the contract up for renewal. This allows the County sufficient time to find an alternative vendor if possible. If Proposer fails to notify the County within time noted it shall be assumed that there will be no cost increase for the following year's award period if renewed. This procedure does not apply to any contract that allows for Open Market Price increases or Cost allowance increases.

**DISCRIMINATION:** In order to encourage fair employment practices, the Proposer agrees as follows: 1.) Proposer will not discriminate against any employee or applicant for employment because of race, sex, color, age, religion, handicap, or national origin; 2) in all solicitations or advertisements for employees, the Proposer will state that all qualified applicants will receive consideration without regard to race, color, sex, age, religion, handicap or national origin; 3) the Proposer will furnish such relevant information and reports as requested by the County for the purpose of determining compliance with these regulations; and 4) failure of the Proposer to comply with these laws will be deemed a breach of contract and it may be cancelled, terminated or suspended in whole or in part as a result thereof.

**DISQUALIFICATION OF PROPOSER:** Upon submitting a response to this RFP, Proposer certifies that the Proposer has not violated the antitrust laws of this state codified in Texas Business and Commerce Code 15.01, *et seq.*, as amended, or the federal antitrust laws, and has not communicated directly or indirectly its RFP considerations, plan or response to any competitor or any other person engaged in such line of business. Any and all responses may be rejected if the County believes that collusion exists among the Proposers. If multiples are submitted by a Proposer and after all responses to the RFPs are opened one or more of the responses are withdrawn, the result will be that all of the responses submitted by that Proposer will be withdrawn; however, nothing herein prohibits a Proposer from submitting multiples for different products or services.

**EVALUATION:** All responses will be evaluated in accordance with law and reviewed to assure they are in the best interest of Cameron County. Evaluations shall be based on criteria bearing on cost and performance of the items or services in the user environment. Any specific criteria section or sections identified elsewhere in this RFP may be evaluated by one or more evaluators once the basis and details of this process have been approved by the Purchasing Officer and acknowledged by the Evaluation Committee. Detailed information pertaining to this selective evaluation process is available to Proposers and the Commissioners Court upon request. Evaluation sheets and any summary of all responses are subject to review by the Cameron County Purchasing Department and Evaluation Committee's recommendation to Cameron County Commissioners Court. Compliance with all RFP requirements, delivery terms and needs of the using department are considerations in evaluating responses. Pricing is NOT the only criterion for making a recommendation (see criteria and relative importance of cost and other evaluation factors, if any, specified elsewhere in this RFP). The Cameron County Purchasing Department reserves the right to contact any Proposer, at any time, to clarify, verify or request information with regard to that Proposer's response. The Cameron County Purchasing Department further reserves the right to hold negotiation discussions with any responsible Proposer determined to be reasonably susceptible of being selected for award in accordance with law.

**PROTEST PROCEDURES:** Procedure - This protest procedure is available to Proposers responding to this RFP and requesting a debriefing conference.

Debriefing Conference – A debriefing conference must be requested in writing to the Purchasing Department within five (5) business days from the date of the RFP award by the Cameron County Commissioners’ Court. Debriefing questions must be submitted in writing to the Purchasing Department no later than two (2) business days before the scheduled date for the Debriefing Conference. These questions will be answered at the debriefing conference. Follow-up questions must be submitted (in writing) no later than one (1) business day after the date of the Debriefing Conference and answered no later than two (2) business days after the date of the Debriefing Conference. Follow-up answers will be sent via e-mail or fax (if e-mail not available). For RFPs, Proposers are given the opportunity to ask questions of the Evaluation Committee relative to their responses and the Committee’s scores.

Protests are made: 1. To the Purchasing Department after the debriefing conference. Proposer protests shall be received, in writing, by the Purchasing Department within five (5) business days after the debriefing conference. 2. To the Protest Committee, only after the protest to the Purchasing Department was not satisfactorily resolved. Protests to the Protest Committee shall be made within five (5) business days after the Proposer has received notification from the County Purchasing Department of its decision.

Grounds for protest

1. Errors were made in computing the score.
2. The County failed to follow procedures established in the RFP, the Purchasing policy on acquisitions or applicable state or federal laws or regulations.
3. Bias, discrimination or conflict of interest on the part of an evaluator. Protests not based on these criteria shall not be considered.

Format and Content - Protesting Proposers shall include, in their written protest to the Cameron County Purchasing Department, all facts and arguments upon which they rely. Proposers shall, at a minimum, provide:

1. Information about the protesting Proposer; name of firm, mailing address, phone number and name of individual responsible for submission of the protest.
2. Information about the acquisition and the acquisition method.
3. Specific and complete statement of the County’s action(s) being protested.
4. Specific reference to the grounds for the protest.
5. Description of the relief or corrective action requested.
6. For protests to the Protest Committee, a copy of the Purchasing Department’s written decision on the protest.

Review Process:

1. Upon receipt of a Proposer’s protest, the Purchasing Department shall postpone further steps in the acquisition process until the Proposer protest has been resolved.

2. The Department's internal protest review procedures consist of the following:

a) The Purchasing Department shall perform an objective review of the protest by individuals not involved in the acquisition protested. The review shall be based on the written protest material submitted by the Proposer.

b) A written decision will be delivered to the Proposer within five business days after receipt of the protest, unless more time is needed. The protesting Proposer shall be notified if additional time is necessary.

Final Determination:

The final determination shall:

1. Find the protest lacking in merit and uphold the agency's action; or

2. Find only technical or harmless errors in the agency's acquisition process, determine the agency to be in substantial compliance, and reject the protest; or 3. Find merit in the protest and provide the agency options that may include recommendations to a) correct its errors and reevaluate all proposals, and/or b) reissue the Proposer solicitation document; or c) make other findings and determine other courses of action as appropriate.

Protest Committee Review Process:

Protests to the Protest Committee may be made only for Protest Committee approved acquisitions, and only after review by County Purchasing Department. Protests of the decisions of County Purchasing Department shall be made by letter to the Protest Committee, who may establish procedures to resolve the protest. Protests shall be received by the Protest Committee within five business days after the decision of Purchasing Department in order to be considered. The Committee's decision is final, with no further administrative appeal available.

**FISCAL FUNDING:** A multi-year lease or lease/purchase arrangement (if requested by the Special Requirements/Instructions), or any contract continuing as a result of an extension option, must include "fiscal funding out" clause. If, for any reason, funds are not appropriated to continue the lease or contract, said lease or contract shall become null and void on the last day of the current appropriation of funds. After expiration of the lease, leased equipment shall be removed by the Proposer from the using department without penalty of any kind or form to Cameron County. All charges and physical activity related to delivery, installation, removal and redelivery shall be the responsibility of the Proposer.

**GRATUITIES AND PROHIBITION AGAINST PERSONAL INTEREST IN CONTRACTS:** Any elected or appointed official who has any substantial interest, either direct or indirect, in any business entity seeking to contract with the County, shall, before any vote or decision on any matter involving the business entity, file an affidavit stating the nature and extent of interest and shall abstain from any participation in the matter. This is not required if the vote or decision will not have any special effect on the entity other than its effect on the public. However, if a majority of the governing body is also required to file, and do file similar affidavits, then the member is not required to abstain from further participation. Attached and included in this RFP is a disclosure of all of this Company's business or pecuniary financial relationships with officers or employees of Cameron County or County entities (if any such relationships exists) which must be filled out, attached and included with the RFP response. The County may, by written notice to the Proposer, cancel this contract without liability to Proposer if it is determined by County that gratuities, in the form of entertainment, gifts, or otherwise, were offered or given by the Proposer, or any agent, or representative of the Proposer,

to any officer or employee of Cameron County with a view toward securing a contract or securing favorable treatment with respect to the awarding or amending or the making or any determinations with respect to the performance of such a contract. In the event this contract is cancelled by County pursuant to this provision, County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the costs incurred by Proposer in providing such gratuities. Proposer guarantees that he has not retained a person to solicit or secure any contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the Proposer for the purpose of securing business.

**HISTORICALLY UNDERUTILIZED BUSINESS (HUB) CERTIFICATION:** If Proposer is a Certified Historically Underutilized Business (HUB), please include a copy of your HUB Certificate with your response. This information will assist Cameron County in the percentage tracking of HUB utilization.

**INSURANCE:** The Proposer shall secure and maintain, throughout the duration of the Contract, insurance of such types and in such amounts as may be necessary to protect the Proposer and the interests of the County against all hazards or risks of loss as hereinafter specified. The form and limits of such insurance, together with the insurer, shall be acceptable to the County. It shall be the responsibility of the Proposer to maintain adequate insurance coverage at all times. Failure of the Proposer to maintain adequate coverage shall not relieve the Proposer of any contractual responsibility or obligation.

**MAINTENANCE:** Maintenance required for equipment requested in RFPs should be available in Cameron County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the Pricing/Delivery Information form. If Cameron County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.

**MATERIAL SAFETY DATA SHEETS:** Under the "Hazardous Communication Act", commonly known as the "Texas Right To Know Act", a Proposer must provide to the County with each delivery, material safety data sheets which are applicable to hazardous substances defined in the Act. Failure of the Proposer to furnish this documentation will be cause to reject any RFP applying thereto.

**NAME BRANDS:** Specifications may reference name brands and model numbers. It is not the intent of Cameron County to restrict responses to RFPs in such cases, but to establish a desired quality level of merchandise or to meet a pre-established standard common to similar existing items. Proposers may offer items of equal stature and standard, but the burden of proof of such stature and standard rests with Proposers. Cameron County shall act as sole judge in determining equality and acceptability of products offered.

**PRICING:** Prices for all goods and/or services shall be firm for the duration of the contract and shall be stated on the Pricing/Delivery Information form. Prices shall be all inclusive: No price changes, additions, or subsequent qualifications will be honored during the term of the contract. All prices must be written in ink or typewritten. Pricing on all transportation, freight, drayage and other charges are to be prepaid by the Proposer and included in the price. If there are any additional charges of any kind, other than those mentioned above, specified or unspecified, Proposer MUST indicate the items required and attendant prices or forfeit the right to payment for such items. Where unit pricing and extended pricing differ, unit pricing prevails.

**RECYCLED MATERIALS:** Cameron County encourages the use of products made of recycled materials and shall give preference in purchasing to products made of recycled materials if the products meet applicable specifications as to quantity and quality. County will be the sole judge in determining product preference application.

**SCANNED RE-TYPED RESPONSE:** If in its RFP response, Proposer either electronically scans, re-types, or in some way reproduces the County's published RFP package, then in event of any conflict between the terms and provisions of the County's published RFP specifications, or any portion thereof, and the terms and provisions of the RFP response made by Proposer, the County's RFP specifications as published shall control. Furthermore, if an alteration of any kind to the County's published RFP specifications is only discovered after the contract is executed and is or is not being performed, the contract is subject to immediate cancellation.

**SILENCE OF SPECIFICATIONS:** The apparent silence of specifications as to any detail, or the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail and that only material and workmanship of the finest quality are to be used. All interpretations of specifications shall be made on the basis of this statement. The items furnished under this contract shall be new, unused of the latest product in production to commercial trade and shall be of the highest quality as to materials used and workmanship. The manufacturer furnishing these items shall be experienced in design and construction of such items and shall be an established supplier of the item needed in the RFP. Substitute items will not be accepted unless approved (in advance).

**SUPPLEMENTAL MATERIALS:** Proposers are responsible for including all pertinent product data in the returned RFP package. Literature, brochures, data sheets, specification information, completed forms requested as part of the RFP package and any other facts which may affect the evaluation and subsequent contract award should be included. Materials such as legal documents and contractual agreements, which the Proposer wishes to include as a condition of the RFP response must also be in the returned RFP response package. Failure to include all necessary and proper supplemental materials may be cause to reject the Proposer's entire RFP.

**TITLE TRANSFER:** Title and Risk of Loss of goods shall not pass to Cameron County until Cameron County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Proposers are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirements/Instructions" section of this RFP package and/or on the Purchase Order as a "Deliver To:" with the address.

**USAGE REPORTS:** Cameron County reserves the right to request, and receive at no additional cost up to two (2) times during the contract period, a usage report detailing the products and/or services furnished to date under a contract resulting from this RFP. The reports must be furnished no later than five (5) working days after written request and itemize all purchases to date by

Cameron County department with a description, of each item purchased, including the manufacturer, quantity of each item purchased, the per unit and extended price of each item purchased, and the total amount and price of all items purchased.

**WARRANTY PRICE:** (a) The cost to be paid by the County shall be that contained in Proposer's response to the RFP which Proposer warrants to be no higher than Proposer's current prices on



orders by others for products of the kind and specification covered by this agreement for similar quantities under similar or like conditions and methods of purchase. In the event Proposer breaches this warranty, the prices of the items shall be reduced to the Proposer's current prices on orders by others, or in the alternative, County may cancel this contract without liability to Proposer for breach or Proposer's actual expense.

(b) The Proposer warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for commission, percentage, brokerage, or contingent fee excepting bona fide employees of bona fide established commercial or selling agencies maintained by the Proposer for the purpose of securing business. For breach or violation of this warranty, the County shall have the right in addition to any other right or rights to cancel this contract without liability and to deduct from the contract price, or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

Proposers shall furnish all data pertinent to warranties or guarantees that may apply to items in the RFP.

Proposers may not limit or exclude any implied warranties.

Proposer warrants that products sold and services provided to the County shall conform to the highest commercial and/or professional standards in the industry and laws established by the U.S. Department of Labor, U.S. Department of Homeland Security, Occupational Safety and Health Administration and O.S.H.A. Act of 1970. In the event any product does not conform to OSHA Standards, where applicable, Cameron County may return the product for correction or replacement at the Proposer's expense. If Proposer fails to make the appropriate correction within a reasonable time, Cameron County may correct at the Proposer's expense.

**WARRANTY ITEMS/PRODUCTS:** Proposer warrants that products sold and services provided to the County shall conform to the highest commercial and/or professional standards in the industry and laws established by the U.S. Department of Labor, U.S. Department of Homeland Security, Occupational Safety and Health Administration and O.S.H.A. Act of 1970. In the event product does not conform to OSHA Standards, where applicable, Cameron County may return the product for correction or replacement at the Proposer's expense. If Proposer fails to make the appropriate correction within a reasonable time, Cameron County may correct at the Proposer's expense.

Proposer shall not limit or exclude any implied warranties and any attempt to do so shall render this contract voidable at the option of the County.

Proposer warrants that the goods furnished will conform to the specifications, drawings and descriptions listed in the RFP invitation and to the sample(s) furnished by Proposer, if any. In the event of a conflict between the specifications, drawings and descriptions, the specifications shall govern. All items must be new, in first class condition, unless otherwise specified. The design, strength, and quality of materials must conform to the highest standards of manufacturing practice.

Items supplied under this contract shall be subject to the County's approval. Successful Proposer shall warrant that all items/services shall conform to the proposed specifications and/or all warranties as stated in the Uniform Commercial Code and be free from all defects in material, workmanship and title. Any items found defective or not meeting specifications shall be picked up and promptly replaced by the successful Proposer at no expense to the County.

**SAFETY WARRANTY:** As noted above, Proposer warrants that the products sold to County shall conform to the standards promulgated by the U.S. Department of Labor under the Occupational Safety and Health Act of 1970. In the event the product does not conform to OSHA standards, County may return the product for correction or replacement at the Proposer's expense. In the event Proposer fails to make the appropriate correction within a reasonable time, correction made by County will be at Proposer's expense. Have you attached the required warranty information to the RFP (if applicable)? "Yes" or "No"

### **APPLICABLE LAW**

To the extent, it is applicable, this agreement shall be governed by the Uniform Commercial Code. Wherever the term "Uniform Commercial Code" is used, it shall be construed as meaning "the Uniform Commercial Code" as adopted in the State of Texas as effective and in force on the date of this agreement. Otherwise, Texas state and federal law shall apply.

**ASSIGNMENT DELEGATION:** No right, obligation or interest in this contract shall be assigned or delegated to another by Proposer without the written permission of the County. Any attempted assignment or delegation by Proposer shall be wholly void and totally ineffective for all purposes unless made in conformity with this paragraph.

**CONTRACT OBLIGATION:** Cameron County Commissioners Court must award any resulting contract and the County Judge or other person authorized by the Cameron County Commissioners Court must sign the contract before it becomes binding on Cameron County or the Proposer. Department Heads are NOT authorized to sign agreements for Cameron County. Binding agreements shall remain in effect until all products and/or services covered by this RFP - have been delivered and accepted and all contract requirements have been satisfied.

**ERRORS AND OMISSIONS:** Errors and Omissions in the RFP or any provision herein described will not be construed as to relieve the Proposer of any responsibility or obligation requisite to the complete and satisfactory implementation, operation, and support of all obligations under any resulting contract.

**FORCE MAJEURE:** If, by reason of Force Majeure, either party hereto shall be rendered unable wholly, or in part, to carry out its obligations under this RFP and any resulting contract, then such party shall give notice and full particulars of Force Majeure in writing to the other party within a reasonable time after occurrence of the event or cause relied upon, and the obligation of the party giving such notice, so far as it is affected by such Force Majeure, shall be suspended during the continuance of the inability then claimed, except as hereinafter provided, but for no longer period, and such party shall endeavor to remove or overcome such inability with all reasonable dispatch. The term "Force Majeure" as employed herein, shall mean acts of God, strikes, lockouts, or other industrial disturbances, act of public enemy, orders of any kind of government of the United States or the State of Texas or any civil or military authority, insurrections, riots, epidemics, landslides, lightening, earthquakes, fires, hurricanes, storms, floods, washouts, droughts, arrests, restraint of government and people, civil disturbances, explosions, breakage or accidents to machinery, pipelines or canals, or other causes not reasonably within the control of the party claiming such inability. It is understood and agreed that the settlement of strikes and lockouts shall be entirely with the discretion of the party having the difficulty, and that the above requirement that any Force Majeure shall be remedied with all reasonable dispatch shall not require the settlement of strikes and lockouts by acceding to the demands of the opposing party or parties when such settlement is unfavorable in the judgment of the party having the difficulty.

**HOLD HARMLESS AGREEMENT:** The successful Proposer shall indemnify and hold Cameron County harmless from all claims for personal injury, death and/or property damage resulting directly or indirectly from Proposer's performance. Proposer shall procure and maintain, with respect to the subject matter of this RFP, appropriate insurance coverage including, as a minimum, public liability and property damage with adequate limits to cover Proposer's liability as may arise directly or indirectly from work performed and goods or services sold under the terms of this RFP. Certification of such coverage must be provided to the County upon request.

**INFRINGEMENTS:** There will be no warranty by County against infringements. As part of this contract for sales, Proposer agrees to ascertain whether goods manufactured in accordance with the specifications attached to this agreement will give rise to the rightful claim of any third person by way of infringement or the like. County makes no warranty that the production of goods according to the specification will not give rise to such a claim, and in no event shall County be liable to Proposer for indemnification in the event that Proposer gets sued on the grounds of infringement or the like. If Proposer is of the opinion that an infringement or the like will result, Proposer shall notify County to that effect in writing within two (2) weeks after the signing of this agreement. If County does not receive notice and is subsequently held liable for the infringement or the like, Proposer will hold County harmless. If Proposer in good faith ascertains that production of the goods in accordance with the specifications will result in infringement or the like, this contract shall be null and void, except that County will pay Proposer the reasonable price of Proposer's search as to infringement. The Proposer agrees to protect the County from claims involving infringement of patents or copyrights.

**INTERPRETATION PAROLE EVIDENCE:** unless a separate contract or addendum hereof is prepared and entered into following the award of this RFP to a successful Proposer, the parties intend this writing as a final expression of the terms of this RFP and the general terms of any resulting contract. No course of prior dealings between the parties and no usage of the trade shall be relevant to supplement or explain any term. Acceptance or acquiescence in a course of performance rendered under this RFP and any resulting contract shall not be relevant to determine meaning even though the accepting or acquiescing party has knowledge of the performance and opportunity for objection. Whenever a term defined by the Uniform Commercial Code is used in this agreement, the definition contained in the Code is to Control, if applicable.

**LATE RESPONSES:** RFP responses must be received by the County before the hour and date specified. Responses received after the time and date specified will be disqualified and may be returned to sender. The County is not responsible for lateness or non-delivery of mail, delivered to wrong office, carrier, etc.

**MODIFICATIONS:** This contract can be modified or rescinded only by a writing signed by both of the parties or their duly authorized agents.

**O.S.H.A:** Proposer must meet all Federal and State OSHA requirements.

**REMEDIES:** The successful Proposer and County agree that both parties have all rights, duties, defenses and remedies available under law.

**RIGHT TO ASSURANCE:** During the RFP process and any resulting contract, whenever a Proposer or County in good faith has reason to question the other's intent to perform, demand may be made that the other party give written assurance of intent. In the event that a demand is made, and no

assurance is given within five (5) days, such failure may be treated as an anticipatory repudiation of the RFP and any resulting contract.

**SEVERABILITY:** If any section, subsection, paragraph, sentence, clause, phrase or word of these requirements or the specifications shall be held invalid, such holding shall not affect the remaining portions of these requirements and the specifications and it is hereby declared that such remaining portions would have been included in these requirements and the specifications as though the invalid portion had been omitted.

**VENUE:** Both parties agree that venue for any litigation arising from this contract shall lie in Cameron County, Texas.

**PROPOSER SHALL CONFIRM ACCEPTANCE OF RFB TERMS:** The Proposer shall specifically state acceptance of these terms and conditions as a basis for providing the County with a response to this RFP.

**THESE TERMS INCORPORATED:** These General Terms and Conditions shall be incorporated in the response to the RFP and any resulting contract to this RFP. The Proposer shall specifically state acceptance of these terms and conditions as a basis for providing the County with a response to this RFP.

**OTHER TERMS:** The Proposer shall state any exceptions desired to these terms and conditions and may suggest alternate wording that addresses the intent of the term or condition. The County may accept or reject any suggestions in accordance with law.

## CAMERON COUNTY

## Medical Employee Census as of 1/1/2022

Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
1	M	11/28/1989	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
2	M	10/29/1982	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
3	F	7/7/1983	78526	10/1/2019	11/30/2021	POSII - ACTIVE	Employee + Children
4	M	5/4/1951	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
5	F	7/12/1997	78550	2/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
6	M	6/24/1995	78586	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
7	M	10/26/1976	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
8	M	8/16/1990	78521	11/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee Only
9	F	11/4/1975	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
10	F	5/27/1969	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
11	F	8/10/1991	78521	11/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee Only
12	M	10/9/1992	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
13	M	6/23/1962	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
14	F	5/4/1968	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
15	F	5/25/1960	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
16	M	11/11/1956	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
17	M	1/9/1951	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
18	M	9/8/1996	78520	12/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
19	F	9/18/1972	78526	12/1/2020	10/1/2021	POSII - ACTIVE	Employee + 1 Child
20	M	10/27/1976	78570	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
21	M	10/12/1961	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
22	F	5/23/1971	78552	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
23	F	3/8/1966	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
24	M	12/3/1961	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
25	M	11/16/1975	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
26	F	9/1/1967	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
27	F	2/23/1976	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
28	M	11/20/1965	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
29	M	8/3/1963	78586	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
30	F	7/26/1976	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
31	M	2/26/1960	78521	10/1/2019	10/28/2021	TWH POSII - ACTIVE	Employee + Family
32	F	6/11/1964	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
33	M	3/31/1951	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
34	M	1/31/1980	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
35	M	10/10/1958	78586	1/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
36	F	3/3/1958	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
37	M	2/10/1981	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
38	M	3/13/1978	78586	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
39	F	2/18/1985	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
40	M	2/4/1959	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
41	M	5/30/1995	78542	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
42	F	9/11/1963	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
43	M	7/10/1958	78526	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee + Spouse
44	M	6/3/1998	78586	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
45	M	9/6/1959	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
46	F	10/14/1966	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
47	M	8/24/1968	78566	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
48	F	3/24/1994	78566	3/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
49	M	9/25/1985	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
50	F	6/16/1974	78552	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
51	M	12/21/1970	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
52	M	7/22/1980	78593	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
53	M	9/12/1996	78566	11/1/2021	11/1/2021	POSII - ACTIVE	Employee Only
54	F	9/19/1975	78593	10/1/2019	12/31/2021	TWH POSII - ACTIVE	Employee + Family
55	M	1/4/1972	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
56	M	11/26/1966	78526	7/1/2020	10/1/2021	POSII - ACTIVE	Employee + Family

## CAMERON COUNTY

## Medical Employee Census as of 1/1/2022

Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
57	F	8/4/1972	78552	10/1/2019	12/13/2021	POSII - ACTIVE	Employee Only
58	M	2/24/1958	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
59	F	12/25/1959	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
60	M	1/7/1953	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
61	F	10/16/1969	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
62	F	7/11/1970	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
63	M	11/29/1959	78520	1/1/2021	10/1/2021	POSII - ACTIVE	Employee + Family
64	F	9/20/1959	78578	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
65	M	12/31/1959	78521	6/1/2021	10/20/2021	TWH POSII - ACTIVE	Employee + Spouse
66	F	1/28/1962	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
67	F	7/6/1973	78566	4/1/2020	11/1/2021	POSII - ACTIVE	Employee + Family
68	M	9/1/1966	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
69	M	11/4/1967	78521	2/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
70	M	11/10/1965	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
71	M	3/5/1960	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
72	F	10/3/1971	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
73	F	10/20/1957	78526	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Spouse
74	F	12/1/1959	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
75	M	6/10/1961	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
76	M	2/12/1976	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
77	F	1/7/1972	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
78	F	3/19/1966	78521	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
79	F	12/3/1975	78522	10/1/2019	10/24/2021	POSII - ACTIVE	Employee + 1 Child
80	M	9/26/1964	78583	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
81	M	2/2/1963	78521	10/1/2019	10/9/2021	POSII - RETIRED	Employee Only
82	F	5/25/1966	78521	10/1/2019	11/1/2021	POSII - ACTIVE	Employee + Family
83	M	7/15/1979	78520	5/1/2021	10/1/2021	POSII - ACTIVE	Employee + Children
84	M	2/14/1972	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
85	M	12/25/1965	78592	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
86	M	3/2/1966	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
87	F	9/2/1974	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
88	F	1/22/1978	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
89	F	7/7/1977	78521	10/1/2019	11/10/2021	TWH POSII - ACTIVE	Employee + Family
90	F	2/9/1975	78552	10/1/2019	12/31/2021	POSII - ACTIVE	Employee + Children
91	M	12/27/1980	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
92	M	12/31/1980	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
93	F	4/23/1976	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
94	F	12/6/1980	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
95	M	11/29/1969	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
96	F	8/19/1966	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
97	M	6/27/1983	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
98	M	7/18/1977	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
99	F	2/9/1969	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
100	F	1/11/1982	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
101	M	8/17/1985	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
102	M	5/11/1985	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
103	F	12/19/1977	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
104	M	5/23/1986	78566	10/1/2019	10/5/2021	POSII - ACTIVE	Employee Only
105	F	8/9/1977	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
106	M	5/6/1972	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
107	M	2/13/1984	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
108	F	4/10/1973	78575	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
109	M	8/20/1984	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
110	M	8/28/1974	78569	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
111	M	8/30/1976	78521	10/1/2020	10/1/2021	POSII - ACTIVE	Employee + Spouse
112	M	5/10/1967	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family

## CAMERON COUNTY

## Medical Employee Census as of 1/1/2022

Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
113	F	8/25/1976	78550	10/1/2019	1/31/2022	POSII - ACTIVE	Employee + Children
114	F	9/30/1957	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
115	M	2/1/1958	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
116	M	10/1/1972	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
117	M	5/20/1951	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
118	M	9/4/1962	78583	10/1/2019	10/28/2021	POSII - ACTIVE	Employee + 1 Child
119	M	8/6/1967	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
120	F	8/22/1969	78550	10/1/2019	12/12/2021	POSII - ACTIVE	Employee + Spouse
121	M	3/15/1975	78593	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
122	M	12/2/1963	78586	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee + 1 Child
123	M	6/24/1960	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
124	M	8/18/1969	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
125	F	10/23/1964	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
126	F	5/12/1961	78504	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
127	F	4/16/1973	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
128	F	8/28/1974	78520	10/1/2019	10/16/2021	POSII - ACTIVE	Employee + Children
129	M	2/14/1966	78592	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
130	F	6/22/1974	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
131	M	10/22/1964	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
132	F	2/21/1970	78521	10/1/2019	12/28/2021	TWH POSII - ACTIVE	Employee Only
133	M	8/19/1933	78586	1/1/2021	10/1/2021	POSII - COBRA	Employee + Spouse
134	M	5/2/1963	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
135	F	9/21/1963	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
136	M	12/11/1971	78583	11/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
137	F	12/30/1968	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
138	F	10/1/1965	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
139	F	3/11/1965	78521	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
140	F	5/13/1972	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
141	F	7/21/1981	78526	2/1/2022	2/1/2022	POSII - ACTIVE	Employee Only
142	F	12/6/1976	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
143	F	7/25/1963	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
144	M	5/25/1970	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
145	M	9/5/1976	78521	5/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
146	F	2/13/1976	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
147	F	4/16/1977	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
148	M	1/9/1984	78520	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
149	F	8/23/1976	78586	10/1/2019	11/30/2021	POSII - ACTIVE	Employee + Family
150	M	9/11/1972	78541	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
151	F	12/20/1967	78575	10/1/2019	10/17/2021	POSII - ACTIVE	Employee Only
152	F	9/27/1971	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
153	M	12/28/1976	78541	10/1/2021	10/11/2021	POSII - ACTIVE	Employee + Family
154	M	7/25/1971	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
155	M	11/4/1986	78586	7/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
156	F	9/28/1985	78575	10/1/2019	11/24/2021	POSII - ACTIVE	Employee + 1 Child
157	M	10/1/1986	78521	10/1/2019	12/30/2021	TWH POSII - ACTIVE	Employee + Spouse
158	M	10/7/1974	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
159	M	2/28/1984	78569	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
160	F	5/15/1977	78521	3/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
161	M	12/15/1987	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
162	M	4/27/1976	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
163	F	8/9/1985	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
164	M	1/18/1964	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
165	F	4/8/1988	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
166	F	8/1/1967	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
167	M	5/20/1968	78521	10/1/2019	1/31/2022	POSII - ACTIVE	Employee + Spouse
168	F	2/27/1962	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only

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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
169	F	12/24/1965	78526	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
170	M	3/30/1963	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
171	F	12/24/1960	78523	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
172	M	1/4/1971	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
173	M	2/10/1963	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
174	F	11/26/1971	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
175	M	2/27/1972	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
176	M	6/12/1965	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
177	M	2/16/1973	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
178	F	4/24/1960	78521	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
179	M	2/12/1962	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
180	F	6/11/1969	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
181	M	11/18/1969	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
182	M	5/27/1972	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
183	F	4/9/1970	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
184	F	2/25/1972	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
185	M	10/23/1979	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
186	F	7/21/1981	78552	10/1/2019	12/12/2021	POSII - ACTIVE	Employee Only
187	F	2/3/1967	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
188	F	3/28/1982	78586	11/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
189	M	9/28/1975	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
190	M	6/23/1969	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
191	F	6/5/1976	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
192	F	9/26/1981	78550	10/1/2019	12/30/2021	POSII - ACTIVE	Employee Only
193	M	5/7/1973	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
194	M	10/15/1983	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
195	M	12/22/1974	78569	5/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
196	M	8/3/1982	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
197	F	3/24/1986	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
198	F	9/26/1973	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
199	F	10/2/1969	78520	1/1/2021	10/1/2021	POSII - ACTIVE	Employee + Spouse
200	M	1/16/1984	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
201	M	2/3/1961	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
202	F	10/10/1977	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
203	M	8/24/1951	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
204	M	5/23/1977	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
205	F	9/4/1973	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
206	F	11/19/1987	78570	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
207	F	9/3/1981	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
208	M	4/24/1976	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
209	M	2/27/1970	78521	7/1/2021	10/1/2021	POSII - ACTIVE	Employee + Family
210	F	9/14/1955	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
211	F	11/20/1953	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
212	F	3/29/1959	78550	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
213	M	5/19/1957	77320	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Spouse
214	M	9/4/1954	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
215	F	7/5/1958	78597	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
216	F	12/12/1955	78520	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
217	M	1/4/1956	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
218	M	1/21/1956	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
219	M	5/30/1956	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
220	M	1/28/1961	78593	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
221	F	7/12/1962	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
222	M	2/14/1961	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
223	F	12/29/1960	28777	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Spouse
224	M	9/22/1960	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children



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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
225	M	4/5/1967	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
226	M	6/16/1965	78521	10/1/2020	10/1/2021	POSII - RETIRED	Employee Only
227	M	8/26/1971	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
228	F	6/13/1970	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
229	F	2/5/1971	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
230	F	1/4/1969	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
231	F	5/27/1973	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
232	M	8/7/1961	78551	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
233	F	9/12/1961	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
234	F	6/3/1968	78526	11/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
235	M	11/17/1957	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
236	F	8/12/1974	78535	2/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
237	M	5/9/1982	78520	4/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
238	M	5/23/1972	78550	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
239	F	4/3/1982	78520	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
240	M	4/17/1981	78521	10/1/2019	10/10/2021	POSII - ACTIVE	Employee + Children
241	M	8/12/1983	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
242	F	7/12/1984	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
243	F	5/16/1984	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
244	F	12/26/1973	78578	10/1/2019	12/2/2021	POSII - ACTIVE	Employee Only
245	M	7/18/1971	78520	4/1/2021	12/17/2021	POSII - ACTIVE	Employee Only
246	F	4/14/1968	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
247	M	1/15/1985	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
248	F	2/27/1986	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
249	M	12/25/1974	78526	5/1/2020	10/1/2021	POSII - ACTIVE	Employee + Spouse
250	F	11/15/1982	78526	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
251	M	4/6/1981	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
252	M	9/5/1987	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
253	M	7/10/1980	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
254	M	6/10/1980	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
255	M	12/6/1973	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
256	F	7/21/1977	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
257	F	12/13/1987	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
258	M	11/20/1987	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
259	F	11/30/1973	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
260	M	3/2/1956	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
261	F	3/7/1964	78521	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Family
262	M	4/2/1960	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
263	M	11/9/1960	78526	9/1/2020	10/1/2021	POSII - RETIRED	Employee + Spouse
264	F	9/23/1969	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
265	F	12/5/1960	78552	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Family
266	M	10/25/1969	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
267	M	12/10/1959	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
268	F	8/26/1962	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
269	M	5/9/1968	78526	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
270	M	11/9/1963	78526	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
271	F	3/12/1961	78521	10/1/2019	11/26/2021	TWH POSII - ACTIVE	Employee Only
272	M	11/4/1967	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
273	M	1/13/1961	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
274	F	7/22/1976	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
275	F	11/2/1978	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
276	F	8/14/1963	78578	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
277	M	1/21/1964	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
278	M	3/8/1972	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
279	M	4/15/1978	78583	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
280	F	9/19/1979	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only

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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
281	M	12/18/1975	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
282	M	1/15/1981	78589	3/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
283	M	1/11/1981	78596	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
284	M	5/19/1968	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
285	F	3/26/1982	78566	10/1/2019	11/30/2021	POSII - ACTIVE	Employee + Spouse
286	M	11/15/1974	78523	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
287	F	7/20/1983	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
288	F	8/4/1968	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
289	F	9/18/1967	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
290	F	7/20/1968	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
291	M	12/27/1980	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
292	F	8/31/1979	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
293	F	9/10/1968	78550	8/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
294	M	6/4/1984	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
295	M	8/2/1971	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
296	F	12/25/1984	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
297	F	12/16/1977	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
298	F	1/30/1968	78521	10/1/2019	11/30/2021	POSII - ACTIVE	Employee + Children
299	F	2/4/1977	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
300	F	11/27/1986	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
301	M	4/30/1982	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
302	M	8/13/1974	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
303	M	8/14/1960	78526	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
304	F	5/30/1978	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
305	F	8/10/1985	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
306	F	10/21/1980	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
307	F	7/8/1979	78586	10/1/2019	11/7/2021	TWH POSII - ACTIVE	Employee + Children
308	M	6/15/1952	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
309	M	9/8/1952	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
310	M	8/25/1961	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
311	F	11/5/1971	78567	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
312	F	8/19/1959	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
313	M	9/30/1974	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
314	M	2/26/1966	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
315	M	7/29/1961	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
316	M	3/22/1977	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
317	F	12/20/1964	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
318	F	10/4/1976	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
319	M	1/1/1976	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
320	M	7/11/1970	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
321	F	4/11/1969	78566	9/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
322	F	5/13/1975	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
323	F	8/27/1980	78521	7/1/2021	10/1/2021	POSII - ACTIVE	Employee + Family
324	M	4/20/1972	78559	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
325	F	6/17/1982	78539	11/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee Only
326	M	12/7/1966	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
327	M	9/19/1974	78526	10/1/2019	12/31/2021	POSII - ACTIVE	Employee + Family
328	M	2/26/1984	78566	10/1/2019	12/1/2021	POSII - ACTIVE	Employee + Family
329	M	1/10/1970	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
330	M	5/23/1977	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
331	F	5/9/1973	78526	11/1/2020	10/1/2021	POSII - ACTIVE	Employee + Family
332	M	11/18/1981	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
333	F	10/10/1969	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
334	M	3/1/1982	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
335	F	5/23/1955	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
336	M	9/14/1983	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse

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337	M	6/23/1973	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
338	F	5/25/1981	78503	10/1/2019	10/25/2021	POSII - ACTIVE	Employee + Family
339	M	9/28/1957	78521	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
340	M	5/15/1982	78583	9/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
341	M	9/9/1954	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
342	M	9/8/1952	78550	10/1/2019	11/1/2021	POSII - ACTIVE	Employee Only
343	M	3/2/1976	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
344	F	2/24/1974	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
345	M	5/5/1985	78521	9/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
346	M	11/20/1983	78526	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
347	M	12/18/1971	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
348	F	9/28/1958	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
349	M	12/9/1964	78578	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Spouse
350	F	7/14/1971	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
351	M	9/23/1963	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
352	F	9/20/1959	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
353	M	4/8/1973	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
354	M	2/10/1966	78520	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee + Family
355	M	6/25/1973	78521	10/1/2019	10/26/2021	POSII - ACTIVE	Employee Only
356	F	8/27/1962	78526	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
357	F	9/6/1965	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
358	M	4/30/1971	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
359	F	9/18/1975	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
360	M	11/17/1972	78552	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
361	M	9/13/1977	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
362	F	11/27/1972	78521	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
363	F	8/29/1969	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
364	M	3/31/1968	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
365	F	3/3/1969	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
366	M	9/30/1967	78520	10/1/2019	10/2/2021	TWH POSII - ACTIVE	Employee Only
367	F	8/28/1976	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
368	M	5/17/1969	78586	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
369	F	9/6/1978	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
370	F	12/17/1965	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
371	F	6/8/1974	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
372	M	3/4/1981	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
373	F	4/17/1972	78566	7/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee + Children
374	M	7/26/1980	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
375	F	1/27/1976	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
376	M	9/18/1972	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
377	M	12/17/1973	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
378	F	9/14/1982	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
379	F	11/5/1972	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
380	M	8/7/1979	78520	12/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
381	F	3/6/1976	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
382	M	1/5/1966	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
383	M	4/28/1967	78520	5/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
384	F	10/6/1970	78539	1/1/2022	1/1/2022	POSII - ACTIVE	Employee + Children
385	F	11/30/1977	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
386	M	7/24/1972	78516	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
387	F	2/21/1982	78559	7/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
388	M	2/20/1982	78503	12/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
389	F	7/26/1979	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
390	M	4/5/1974	78550	2/1/2021	10/1/2021	POSII - ACTIVE	Employee + Children
391	F	1/31/1967	78578	8/1/2020	10/1/2021	POSII - RETIRED	Employee + Spouse
392	M	11/16/1968	78521	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only

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393	F	8/15/1984	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
394	F	1/3/1985	78575	3/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
395	M	11/9/1982	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
396	M	4/20/1985	78586	11/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
397	F	12/2/1972	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
398	F	4/15/1986	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
399	F	12/20/1976	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
400	M	12/20/1978	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
401	F	2/1/1980	78570	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
402	M	8/30/1951	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
403	F	12/20/1977	78570	11/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
404	M	10/4/1950	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
405	M	11/5/1948	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
406	M	6/18/1949	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
407	F	8/25/1987	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
408	F	10/24/1980	78550	7/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
409	M	10/11/1987	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
410	F	10/18/1987	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
411	F	2/14/1988	78521	10/1/2021	10/21/2021	TWH POSII - ACTIVE	Employee Only
412	F	1/17/1967	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
413	F	9/4/1979	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
414	M	10/23/1964	78550	10/1/2019	12/11/2021	POSII - ACTIVE	Employee + Family
415	M	10/13/1958	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
416	M	10/4/1958	78552	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
417	F	8/13/1957	78559	7/1/2020	10/1/2021	POSII - RETIRED	Employee Only
418	F	7/11/1962	78586	4/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
419	M	6/6/1962	78504	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
420	M	8/8/1962	78578	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Spouse
421	F	3/4/1967	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
422	F	11/7/1972	78586	10/1/2021	10/1/2021	POSII - ACTIVE	Employee + Family
423	M	9/18/1958	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
424	M	10/8/1976	78520	11/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
425	M	11/8/1967	78550	6/1/2021	10/1/2021	POSII - ACTIVE	Employee + Family
426	F	11/6/1961	78526	4/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
427	F	7/8/1969	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
428	F	5/19/1978	78520	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
429	M	3/5/1972	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
430	M	2/7/1973	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
431	F	5/13/1977	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
432	F	8/22/1978	78550	12/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
433	F	2/10/1969	78521	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
434	M	7/3/1982	78552	10/1/2019	11/12/2021	POSII - ACTIVE	Employee + Family
435	M	4/30/1980	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
436	F	11/27/1969	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
437	F	3/14/1969	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
438	M	2/26/1969	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
439	M	12/3/1974	78520	10/1/2019	11/10/2021	POSII - ACTIVE	Employee + Children
440	F	8/5/1978	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
441	F	9/14/1976	78586	7/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
442	F	5/4/1979	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
443	F	1/18/1971	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
444	F	5/27/1980	78526	12/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
445	M	4/29/1986	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
446	F	6/4/1977	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
447	M	1/24/1987	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
448	F	1/15/1987	78520	10/1/2019	12/3/2021	POSII - ACTIVE	Employee + 1 Child

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449	F	11/15/1984	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
450	F	8/12/1961	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
451	M	9/29/1984	78573	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee Only
452	M	9/23/1978	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
453	F	6/26/1973	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
454	M	9/30/1981	78520	10/1/2019	12/16/2021	POSII - ACTIVE	Employee Only
455	M	1/10/1977	78526	11/1/2021	11/1/2021	POSII - ACTIVE	Employee Only
456	M	8/6/1952	78551	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
457	M	8/22/1956	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
458	M	9/2/1967	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
459	M	8/18/1967	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
460	M	9/23/1958	78520	11/1/2021	11/1/2021	POSII - ACTIVE	Employee Only
461	F	9/24/1957	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
462	M	6/27/1959	78550	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
463	M	7/11/1963	78583	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
464	F	9/11/1964	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
465	F	10/18/1969	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
466	F	10/5/1977	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
467	M	1/5/1974	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
468	F	8/27/1966	78521	10/1/2019	1/31/2022	POSII - ACTIVE	Employee + Family
469	M	10/10/1961	78566	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
470	F	4/13/1974	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
471	F	12/5/1972	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
472	F	10/21/1975	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
473	M	4/25/1978	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
474	M	11/2/1976	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
475	M	3/27/1963	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
476	M	9/20/1982	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
477	F	3/24/1983	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
478	F	6/9/1978	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
479	F	2/15/1970	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
480	M	1/18/1968	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
481	F	5/24/1983	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
482	M	12/12/1977	78526	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
483	M	10/4/1984	78593	6/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
484	F	9/21/1970	78552	4/1/2021	1/31/2022	POSII - ACTIVE	Employee + 1 Child
485	M	10/28/1982	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
486	M	7/25/1969	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
487	M	1/26/1972	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
488	M	3/5/1986	78526	2/1/2020	12/16/2021	POSII - ACTIVE	Employee + Family
489	F	3/6/1978	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
490	M	8/16/1974	78521	11/1/2020	10/1/2021	POSII - ACTIVE	Employee + Family
491	F	4/25/1948	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
492	F	1/5/1987	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
493	F	10/8/1964	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
494	M	10/7/1953	78586	2/1/2020	10/26/2021	TWH POSII - ACTIVE	Employee Only
495	M	5/2/1986	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
496	M	9/2/1963	78586	10/1/2019	10/14/2021	TWH POSII - ACTIVE	Employee + Spouse
497	F	8/10/1980	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
498	M	6/24/1959	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
499	M	3/9/1957	78521	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
500	M	9/9/1957	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
501	M	7/31/1958	78015	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Spouse
502	M	8/22/1962	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
503	M	10/31/1959	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
504	M	2/12/1960	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family

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505	F	11/1/1963	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
506	F	10/13/1958	79336	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
507	F	11/10/1977	78521	10/1/2019	11/10/2021	POSII - ACTIVE	Employee + Children
508	F	1/20/1962	78526	10/1/2019	10/12/2021	POSII - ACTIVE	Employee Only
509	M	5/14/1972	78504	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
510	F	4/2/1968	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
511	M	2/11/1976	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
512	M	8/2/1962	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
513	M	11/20/1970	78566	10/1/2019	10/4/2021	POSII - ACTIVE	Employee + 1 Child
514	M	11/4/1966	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
515	F	12/1/1980	78586	4/1/2020	10/28/2021	POSII - ACTIVE	Employee Only
516	M	12/1/1967	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
517	M	12/2/1973	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
518	M	3/7/1977	78520	9/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
519	F	11/24/1971	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
520	M	12/13/1969	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
521	M	10/27/1979	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
522	F	7/15/1967	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
523	M	9/3/1975	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
524	M	12/9/1969	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
525	M	8/12/1968	78526	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee + Children
526	M	1/22/1982	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
527	M	12/22/1976	78586	11/1/2021	11/1/2021	POSII - ACTIVE	Employee Only
528	F	6/25/1976	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
529	M	10/23/1984	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
530	M	7/26/1947	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
531	M	3/6/1972	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
532	F	4/6/1977	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
533	M	2/13/1962	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
534	F	10/30/1985	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
535	F	9/8/1974	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
536	F	12/26/1977	78567	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
537	F	2/2/1986	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
538	F	8/20/1963	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
539	F	5/25/1958	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
540	F	2/9/1964	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
541	M	6/22/1961	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
542	F	6/24/1959	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
543	F	9/14/1967	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
544	M	2/20/1964	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
545	F	8/31/1970	78520	2/1/2020	10/1/2021	POSII - ACTIVE	Employee + 1 Child
546	F	7/27/1975	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
547	M	2/24/1971	78526	10/1/2019	10/3/2021	POSII - ACTIVE	Employee + Spouse
548	M	12/28/1961	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
549	F	10/6/1969	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
550	F	2/6/1963	78063	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Spouse
551	M	9/8/1966	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
552	M	4/17/1966	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
553	M	7/9/1967	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
554	M	9/7/1965	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
555	M	10/12/1978	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
556	M	1/10/1963	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
557	F	5/6/1966	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
558	F	7/5/1979	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
559	F	8/20/1978	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
560	M	9/18/1978	78520	10/1/2019	11/11/2021	POSII - ACTIVE	Employee + Children

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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
561	M	4/1/1977	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
562	F	1/15/1976	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
563	M	11/16/1981	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
564	F	10/15/1981	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
565	F	2/5/1978	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
566	M	2/21/1971	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
567	F	1/3/1983	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
568	M	9/11/1978	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
569	F	7/2/1981	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
570	F	5/6/1983	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
571	M	9/25/1972	78521	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
572	M	10/5/1983	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
573	F	11/7/1979	78572	12/1/2021	12/2/2021	TWH POSII - ACTIVE	Employee Only
574	F	8/31/1981	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
575	M	2/25/1968	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
576	M	12/19/1976	78550	8/1/2021	10/1/2021	POSII - ACTIVE	Employee + 1 Child
577	M	11/17/1969	78520	10/1/2019	11/12/2021	POSII - ACTIVE	Employee + Children
578	F	3/25/1969	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
579	F	2/8/1982	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
580	M	12/31/1984	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
581	F	9/25/1970	78526	11/1/2021	11/1/2021	POSII - ACTIVE	Employee Only
582	M	3/24/1986	78586	5/1/2020	10/1/2021	POSII - ACTIVE	Employee + Children
583	M	8/11/1972	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
584	F	7/16/1971	78550	12/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
585	F	5/21/1974	78216	10/1/2021	10/1/2021	POSII - ACTIVE	Employee + 1 Child
586	M	9/14/1973	78526	11/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
587	F	11/3/1980	78521	10/1/2019	11/18/2021	TWH POSII - ACTIVE	Employee + Family
588	F	3/26/1981	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
589	F	8/25/1987	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
590	M	3/21/1961	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
591	M	11/19/1981	78521	10/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee + Children
592	M	1/29/1981	78526	10/1/2019	12/1/2021	POSII - ACTIVE	Employee + Family
593	M	4/2/1987	78520	10/1/2019	10/29/2021	POSII - ACTIVE	Employee Only
594	F	1/3/1964	78552	10/1/2019	11/11/2021	POSII - ACTIVE	Employee Only
595	F	11/24/1958	78575	10/1/2019	12/27/2021	POSII - ACTIVE	Employee Only
596	F	5/20/1973	78599	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
597	M	12/3/1973	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
598	M	12/24/1959	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
599	F	6/19/1962	78586	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
600	M	3/2/1966	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
601	M	2/2/1974	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
602	M	9/5/1959	78566	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
603	M	6/22/1959	78520	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
604	M	9/8/1959	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
605	M	5/5/1962	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
606	M	10/4/1969	78520	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
607	M	12/24/1962	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
608	M	4/1/1963	78552	2/1/2022	2/1/2022	POSII - ACTIVE	Employee + Family
609	F	8/29/1974	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
610	M	9/3/1962	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
611	F	12/24/1966	78550	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee + Spouse
612	F	4/13/1968	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
613	M	10/3/1974	78596	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
614	M	11/17/1961	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
615	M	10/13/1967	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
616	M	10/28/1965	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children

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617	M	6/9/1974	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
618	F	12/22/1978	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
619	F	9/26/1975	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
620	M	11/9/1976	78593	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
621	M	4/13/1978	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
622	F	11/19/1976	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
623	F	4/27/1983	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
624	M	9/23/1980	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
625	M	2/15/1980	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
626	F	11/27/1960	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
627	F	11/16/1983	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
628	M	9/3/1970	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
629	F	9/28/1985	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
630	F	6/11/1986	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
631	F	11/4/1970	78521	2/1/2022	2/1/2022	POSII - ACTIVE	Employee + Children
632	M	5/1/1985	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
633	M	8/7/1981	78520	9/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
634	F	5/21/1979	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
635	M	7/11/1973	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
636	F	9/23/1976	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
637	F	10/13/1982	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
638	M	9/11/1972	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
639	M	2/27/1977	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
640	F	12/24/1973	78596	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
641	M	6/8/1965	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
642	M	2/21/1964	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
643	F	10/14/1957	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
644	F	1/31/1959	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
645	F	10/25/1971	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
646	F	5/13/1971	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
647	M	10/1/1970	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
648	M	10/24/1966	78526	6/1/2020	10/1/2021	POSII - RETIRED	Employee Only
649	F	1/27/1977	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
650	M	12/9/1972	78520	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
651	M	10/14/1970	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
652	M	6/10/1977	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
653	M	1/5/1971	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
654	M	8/31/1979	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
655	M	1/3/1978	78593	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
656	F	2/28/1966	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
657	F	9/8/1974	78583	10/1/2019	10/31/2021	POSII - ACTIVE	Employee + Children
658	F	10/8/1981	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
659	M	7/11/1982	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
660	M	5/28/1976	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
661	M	4/20/1964	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
662	M	5/10/1972	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
663	M	11/19/1968	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
664	F	6/8/1980	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
665	M	11/29/1969	78526	11/1/2021	11/1/2021	POSII - RETIRED	Employee Only
666	F	11/15/1981	78521	10/1/2019	12/28/2021	TWH POSII - ACTIVE	Employee Only
667	F	10/22/1979	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
668	M	10/14/1976	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
669	M	7/15/1982	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
670	M	7/11/1970	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
671	M	2/20/1969	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
672	F	10/22/1972	78526	10/1/2019	12/28/2021	POSII - ACTIVE	Employee + Family



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673	F	12/15/1978	78526	4/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
674	M	6/26/1979	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
675	F	1/7/1986	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
676	F	6/7/1984	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
677	F	7/9/1985	78521	10/1/2019	10/18/2021	POSII - ACTIVE	Employee + Children
678	M	8/31/1972	78578	11/1/2021	11/1/2021	POSII - ACTIVE	Employee Only
679	M	1/5/1982	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
680	F	11/11/1986	78552	10/1/2021	10/1/2021	POSII - ACTIVE	Employee + Children
681	M	2/18/1987	78553	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
682	F	10/21/1985	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
683	M	7/16/1967	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
684	M	3/17/1978	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
685	M	1/26/1957	78583	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
686	M	10/7/1973	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
687	M	9/24/1975	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
688	M	7/14/1975	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
689	M	1/30/1966	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
690	M	7/18/1959	78596	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
691	M	3/30/1965	78586	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
692	F	5/24/1968	78596	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
693	M	11/20/1974	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
694	F	11/11/1968	78520	2/1/2022	2/1/2022	POSII - ACTIVE	Employee Only
695	F	12/11/1966	78520	12/1/2021	1/1/2022	POSII - ACTIVE	Employee Only
696	F	10/22/1968	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
697	M	4/15/1974	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
698	M	3/30/1973	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
699	M	2/28/1963	78578	10/1/2019	10/27/2021	POSII - ACTIVE	Employee + Spouse
700	M	8/12/1970	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
701	M	3/10/1975	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
702	F	4/6/1970	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
703	F	1/27/1976	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
704	M	1/26/1968	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
705	M	2/15/1980	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
706	M	2/17/1982	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
707	M	5/4/1978	78570	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
708	F	1/5/1974	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
709	F	3/30/1982	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
710	F	8/5/1974	78521	10/1/2019	12/22/2021	TWH POSII - ACTIVE	Employee Only
711	F	10/28/1982	78552	8/1/2021	10/1/2021	POSII - ACTIVE	Employee + Children
712	F	3/17/1980	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
713	F	2/14/1977	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
714	M	7/25/1983	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
715	F	10/9/1979	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
716	M	8/11/1969	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
717	F	2/20/1978	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
718	M	7/1/1974	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
719	F	7/31/1984	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
720	F	12/22/1970	78578	11/1/2019	12/2/2021	TWH POSII - ACTIVE	Employee + Children
721	M	11/11/1976	78535	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
722	M	1/19/1985	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
723	M	9/26/1976	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
724	M	11/1/1986	78570	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
725	M	12/5/1980	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
726	M	10/10/1986	78552	11/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
727	F	12/7/1986	78521	8/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
728	M	7/9/1984	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only

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729	M	12/3/1972	78592	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
730	M	1/18/1987	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
731	F	6/22/1987	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
732	M	8/3/1987	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
733	F	8/25/1970	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
734	M	6/18/1972	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
735	F	4/14/1973	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
736	M	7/9/1965	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
737	M	8/7/1986	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
738	M	4/8/1952	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
739	F	1/23/1963	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
740	F	9/20/1960	78526	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
741	F	1/17/1958	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
742	M	11/24/1968	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
743	F	12/30/1968	78520	2/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee + Family
744	M	9/5/1964	78526	12/1/2021	12/4/2021	POSII - COBRA	Employee + Spouse
745	M	10/23/1968	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
746	M	2/14/1968	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
747	M	8/6/1971	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
748	M	3/12/1968	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
749	F	7/2/1969	78520	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
750	M	11/10/1974	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
751	F	3/23/1973	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
752	F	2/8/1977	78586	10/1/2019	10/20/2021	POSII - ACTIVE	Employee Only
753	M	9/24/1967	78559	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
754	F	7/15/1969	78566	10/1/2019	10/27/2021	POSII - ACTIVE	Employee + 1 Child
755	M	7/15/1969	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
756	F	9/23/1976	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
757	M	8/25/1973	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
758	F	6/9/1974	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
759	F	5/30/1965	78567	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Spouse
760	F	5/10/1962	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
761	F	8/30/1978	78526	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
762	M	1/1/1959	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
763	M	3/28/1981	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
764	M	12/28/1974	78593	8/1/2020	10/1/2021	POSII - ACTIVE	Employee + Children
765	F	6/2/1982	78559	5/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
766	F	9/7/1982	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
767	F	3/27/1971	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
768	F	7/23/1982	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
769	M	12/10/1970	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
770	F	11/25/1980	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
771	F	2/25/1980	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
772	M	7/31/1983	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
773	M	8/26/1980	78521	10/1/2019	11/30/2021	POSII - ACTIVE	Employee + Children
774	F	3/7/1984	78550	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
775	F	8/1/1973	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
776	M	5/21/1977	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
777	F	4/9/1980	78583	10/1/2019	12/16/2021	POSII - ACTIVE	Employee + Children
778	M	6/30/1975	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
779	F	1/3/1985	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
780	M	12/12/1975	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
781	F	3/13/1975	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
782	M	12/15/1986	78552	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
783	F	12/3/1980	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
784	F	5/1/1979	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family

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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
785	F	12/28/1950	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
786	M	10/5/1984	78520	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
787	F	5/12/1980	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
788	F	10/30/1987	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
789	F	9/5/1987	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
790	F	7/14/1952	78575	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
791	M	5/16/1962	78550	1/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
792	M	4/11/1983	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
793	M	4/12/1988	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
794	M	10/20/1959	78566	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Spouse
795	F	11/11/1961	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
796	M	7/15/1976	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
797	M	12/12/1966	78578	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
798	F	5/17/1968	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
799	M	8/25/1973	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
800	F	12/11/1966	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
801	F	5/23/1962	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
802	M	7/17/1959	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
803	F	8/10/1969	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
804	F	1/23/1963	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
805	F	7/17/1966	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
806	F	11/3/1964	78526	10/1/2019	12/8/2021	TWH POSII - ACTIVE	Employee Only
807	M	11/7/1964	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
808	M	9/3/1963	78526	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
809	F	8/31/1962	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
810	M	3/16/1964	78520	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
811	M	11/18/1959	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
812	F	12/27/1961	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
813	F	12/11/1964	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
814	F	4/2/1981	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
815	F	7/7/1965	78523	10/1/2019	12/24/2021	POSII - ACTIVE	Employee Only
816	M	3/6/1980	78593	10/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
817	F	11/16/1974	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
818	M	2/8/1973	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
819	F	1/8/1982	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
820	M	5/23/1981	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
821	F	2/6/1968	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
822	M	9/10/1979	78539	11/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
823	M	12/31/1967	78566	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
824	M	11/6/1975	78526	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
825	M	11/30/1975	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
826	M	11/26/1979	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
827	F	2/22/1985	78552	10/1/2019	10/11/2021	POSII - ACTIVE	Employee + Family
828	F	2/13/1973	78526	7/1/2021	10/1/2021	POSII - ACTIVE	Employee + Family
829	F	10/15/1974	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
830	F	11/26/1985	78521	12/1/2021	12/28/2021	TWH POSII - ACTIVE	Employee Only
831	F	6/7/1986	78586	10/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
832	M	9/30/1986	78526	11/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
833	M	7/13/1970	78521	8/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
834	M	5/13/1975	78552	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
835	M	10/22/1976	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
836	M	5/20/1987	78521	10/1/2019	12/1/2021	POSII - ACTIVE	Employee Only
837	F	7/27/1952	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
838	M	1/2/1950	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
839	M	8/30/1978	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
840	M	7/8/1987	78577	5/15/2020	10/1/2021	POSII - ACTIVE	Employee Only

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841	M	1/1/1967	76574	10/1/2019	11/30/2021	POSII - ACTIVE	Employee + 1 Child
842	F	2/12/1984	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
843	M	5/2/1962	78578	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
844	F	12/22/1963	78520	10/1/2019	10/20/2021	POSII - ACTIVE	Employee Only
845	F	12/11/1968	78520	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
846	M	2/25/1956	78578	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
847	M	3/7/1958	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
848	M	6/25/1960	78566	10/1/2019	10/13/2021	POSII - ACTIVE	Employee + Spouse
849	M	1/5/1959	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
850	M	2/17/1965	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
851	F	3/10/1974	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
852	M	3/1/1963	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
853	M	4/6/1965	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
854	M	6/28/1959	78520	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee + Family
855	F	10/20/1972	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
856	M	1/14/1972	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
857	M	5/16/1974	78526	10/1/2019	10/12/2021	POSII - ACTIVE	Employee + Family
858	M	8/12/1960	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
859	M	11/24/1954	78583	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
860	F	4/25/1974	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
861	F	12/19/1961	78570	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
862	M	4/24/1975	78552	11/1/2021	11/1/2021	POSII - ACTIVE	Employee Only
863	M	12/10/1962	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
864	M	6/19/1974	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
865	M	11/15/1966	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
866	M	7/23/1972	78526	10/1/2019	12/28/2021	POSII - ACTIVE	Employee + Family
867	F	2/19/1977	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
868	F	10/15/1979	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
869	F	8/30/1961	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
870	M	2/5/1967	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
871	M	2/16/1963	78526	3/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
872	F	5/30/1964	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
873	M	12/23/1969	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
874	F	11/19/1977	78520	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
875	F	12/15/1973	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
876	M	6/26/1981	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
877	F	4/26/1958	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
878	M	12/23/1971	78526	10/1/2019	10/31/2021	POSII - ACTIVE	Employee + Spouse
879	F	2/1/1982	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
880	F	2/1/1970	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
881	F	9/21/1981	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
882	M	1/7/1976	78521	12/1/2021	12/1/2021	POSII - ACTIVE	Employee + Family
883	M	9/15/1982	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
884	F	4/20/1983	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
885	F	6/27/1977	78593	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
886	M	6/19/1983	78521	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
887	F	10/25/1972	78526	10/1/2019	11/2/2021	POSII - RETIRED	Employee Only
888	F	8/24/1972	78583	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
889	F	10/2/1983	78553	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
890	F	6/5/1983	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
891	M	12/21/1972	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
892	M	4/29/1979	78521	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee + Children
893	M	6/7/1981	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
894	F	11/30/1971	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
895	M	11/26/1986	78575	10/1/2019	10/13/2021	TWH POSII - ACTIVE	Employee Only
896	F	4/30/1971	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only

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897	M	7/16/1986	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
898	M	1/10/1986	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
899	M	10/2/1977	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
900	F	6/16/1981	78593	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
901	M	10/15/1978	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
902	M	11/12/1980	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
903	M	5/28/1976	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
904	F	12/8/1972	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
905	F	10/8/1987	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
906	M	5/3/1957	78592	11/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
907	M	12/5/1978	78526	10/1/2019	10/28/2021	TWH POSII - ACTIVE	Employee + 1 Child
908	M	6/5/1957	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
909	F	6/16/1963	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
910	F	1/1/1961	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
911	M	1/16/1959	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
912	M	5/23/1960	78578	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
913	M	12/25/1960	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
914	M	7/29/1969	78578	10/1/2019	11/8/2021	POSII - ACTIVE	Employee + Children
915	F	12/3/1974	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
916	M	12/12/1961	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
917	F	12/8/1964	78521	10/1/2019	11/24/2021	POSII - ACTIVE	Employee Only
918	F	1/24/1974	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
919	M	11/2/1967	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
920	M	3/28/1978	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
921	M	4/5/1971	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
922	M	12/19/1978	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
923	F	12/30/1970	78583	2/27/2020	10/1/2021	TWH POSII - ACTIVE	Employee + Family
924	M	11/27/1965	78593	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
925	F	1/9/1970	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
926	M	10/10/1976	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
927	F	8/7/1982	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
928	M	12/19/1970	78583	10/1/2021	10/1/2021	POSII - ACTIVE	Employee + Family
929	M	8/9/1975	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
930	F	11/19/1970	78552	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
931	M	11/15/1978	78550	6/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
932	M	2/4/1972	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
933	F	2/11/1974	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
934	F	4/28/1982	78521	10/1/2019	10/7/2021	POSII - ACTIVE	Employee Only
935	M	7/28/1965	78526	10/1/2019	10/31/2021	POSII - ACTIVE	Employee + 1 Child
936	F	10/9/1978	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
937	M	9/13/1968	78586	10/1/2019	10/1/2021	POSII - RETIRED	Employee + 1 Child
938	F	10/20/1982	78559	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
939	F	11/19/1979	78521	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
940	M	6/30/1974	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
941	M	7/14/1969	78520	10/1/2019	12/1/2021	POSII - RETIRED	Employee + Family
942	M	7/26/1968	78583	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
943	M	11/10/1968	78578	2/1/2021	10/1/2021	POSII - ACTIVE	Employee + Family
944	F	5/11/1982	78575	12/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee + Family
945	F	2/25/1984	78570	3/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee + Family
946	F	6/10/1980	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
947	M	1/23/1985	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
948	M	8/15/1985	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
949	M	7/4/1948	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
950	M	4/7/1986	78539	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
951	F	3/4/1985	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
952	M	11/10/1982	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only

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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
953	M	8/11/1986	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
954	F	3/21/1987	78552	10/1/2019	11/22/2021	TWH POSII - ACTIVE	Employee + Family
955	F	7/15/1982	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
956	F	12/23/1980	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
957	F	3/15/1951	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
958	M	10/24/1986	78520	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
959	M	10/25/1982	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
960	M	9/14/1974	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
961	M	4/11/1979	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
962	M	1/12/1967	78521	10/1/2019	12/13/2021	POSII - RETIRED	Employee Only
963	F	1/15/1973	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
964	F	1/19/1962	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
965	M	8/23/1970	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
966	M	9/5/1959	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
967	F	5/26/1962	78596	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
968	M	10/25/1967	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
969	M	4/4/1967	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
970	M	9/24/1970	78526	12/1/2021	12/1/2021	POSII - ACTIVE	Employee + Spouse
971	M	1/1/1972	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
972	M	11/4/1974	78559	11/1/2020	12/27/2021	TWH POSII - ACTIVE	Employee + Spouse
973	F	12/14/1974	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
974	F	5/3/1961	78550	10/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
975	M	3/9/1974	78552	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
976	M	12/20/1962	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
977	M	4/7/1960	78520	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
978	F	9/12/1962	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
979	M	11/30/1961	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
980	F	3/27/1977	78566	10/1/2019	10/7/2021	TWH POSII - ACTIVE	Employee Only
981	M	7/9/1968	78521	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
982	F	4/25/1963	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
983	M	5/29/1965	78586	4/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
984	M	4/19/1966	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
985	M	9/16/1964	78566	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
986	M	9/11/1975	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
987	M	2/8/1966	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
988	M	9/16/1968	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
989	M	7/29/1980	78550	5/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
990	F	9/29/1974	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
991	M	1/20/1978	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
992	F	11/29/1975	78550	12/1/2021	12/2/2021	TWH POSII - ACTIVE	Employee Only
993	F	12/9/1968	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
994	F	12/26/1980	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
995	M	5/28/1983	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
996	F	1/18/1985	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
997	M	1/4/1982	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
998	F	2/24/1986	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
999	M	10/17/1972	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1000	F	12/30/1985	78526	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1001	F	4/26/1952	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1002	M	9/4/1948	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1003	M	11/2/1973	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1004	F	1/16/1970	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1005	M	1/21/1987	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1006	F	8/1/1976	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1007	F	3/14/1973	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1008	M	12/28/1981	78526	10/1/2020	10/27/2021	POSII - ACTIVE	Employee Only

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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
1009	M	7/25/1976	78568	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1010	F	6/26/1972	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1011	M	10/2/1986	78552	2/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1012	F	9/19/1987	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1013	M	12/10/1956	78535	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1014	M	8/6/1955	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1015	F	11/28/1953	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1016	M	10/6/1964	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1017	M	4/11/1960	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1018	M	7/5/1958	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1019	F	8/14/1960	78521	9/1/2020	10/1/2021	POSII - RETIRED	Employee Only
1020	F	12/1/1972	17576	9/1/2021	10/1/2021	POSII - COBRA	Employee + Children
1021	F	1/29/1969	78593	2/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1022	F	3/6/1959	78559	10/1/2019	10/1/2021	TWH POSII - RETIREE	Employee Only
1023	F	10/12/1956	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1024	F	4/16/1982	78520	11/23/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1025	F	3/30/1967	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1026	M	12/20/1945	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1027	M	2/5/1958	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1028	M	4/2/1964	78521	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee + Spouse
1029	M	12/16/1992	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1030	F	10/27/1979	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1031	M	7/4/1965	78550	11/1/2021	11/1/2021	POSII - ACTIVE	Employee Only
1032	F	5/20/1962	78596	10/1/2019	10/1/2021	POSII - RETIRED	Employee Only
1033	M	3/28/1956	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1034	M	6/16/1960	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1035	M	8/20/1983	78597	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee + Family
1036	F	1/17/1964	78526	4/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1037	M	10/3/1977	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1038	M	1/27/1961	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1039	F	9/12/1968	78550	12/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1040	M	11/21/1954	78578	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1041	F	3/23/1976	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1042	M	6/6/1968	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1043	M	7/11/1970	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1044	F	4/24/1975	78583	2/1/2022	2/1/2022	TWH POSII - ACTIVE	Employee Only
1045	M	4/7/1974	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1046	F	12/25/1969	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1047	M	8/31/1956	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
1048	F	5/9/1962	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1049	F	1/5/1961	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1050	M	11/26/1968	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1051	F	7/1/1967	78575	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1052	F	10/15/1977	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1053	F	9/19/1961	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1054	M	8/30/1959	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1055	M	4/7/1970	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1056	M	8/23/1972	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1057	F	4/1/1979	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1058	F	6/26/1977	78550	7/1/2020	10/24/2021	POSII - ACTIVE	Employee Only
1059	F	4/13/1989	78526	12/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1060	F	10/18/1999	78520	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1061	F	5/7/1976	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1062	F	5/28/1977	78526	9/1/2021	10/1/2021	POSII - ACTIVE	Employee + Children
1063	M	12/29/1985	78520	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee Only
1064	M	11/18/1981	78521	10/19/2020	10/19/2021	POSII - ACTIVE	Employee + 1 Child

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1065	M	11/12/1982	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1066	M	10/31/1971	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1067	M	2/19/1963	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1068	M	5/8/1987	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1069	M	10/8/1978	78552	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1070	F	4/3/1977	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1071	F	3/9/1987	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1072	M	1/28/1961	78577	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
1073	M	2/4/1989	78566	10/1/2019	12/14/2021	POSII - ACTIVE	Employee Only
1074	M	9/22/1994	78526	4/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1075	M	6/23/1964	78521	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1076	M	9/25/1991	78520	9/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1077	F	2/20/1999	78521	5/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1078	M	7/2/1992	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1079	M	10/3/1976	78526	10/1/2019	12/25/2021	POSII - ACTIVE	Employee + Children
1080	F	1/21/1973	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1081	M	8/25/1979	78520	10/1/2019	12/4/2021	POSII - ACTIVE	Employee + Family
1082	M	12/4/1967	78583	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
1083	M	9/27/1969	78583	1/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1084	M	3/30/1987	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1085	M	2/11/1995	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1086	M	6/29/1967	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1087	M	6/22/1973	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1088	M	1/12/1985	78550	8/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1089	M	2/8/1968	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1090	M	3/26/1989	78521	9/1/2020	10/1/2021	POSII - ACTIVE	Employee + Children
1091	M	4/27/1989	78594	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1092	F	2/26/1989	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1093	M	8/15/1990	78586	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1094	F	4/16/1972	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1095	M	10/10/1990	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1096	M	9/10/1991	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1097	M	9/13/1991	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1098	M	7/7/1992	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1099	M	4/18/1993	78521	2/1/2022	2/1/2022	TWH POSII - ACTIVE	Employee Only
1100	F	1/26/1994	78521	10/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1101	M	8/8/1994	78521	4/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1102	M	7/23/1994	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1103	M	8/8/1996	78550	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee Only
1104	F	2/15/1998	78521	11/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1105	F	7/12/1998	78526	10/1/2021	10/14/2021	POSII - ACTIVE	Employee Only
1106	F	4/23/1999	78521	10/1/2021	11/8/2021	POSII - ACTIVE	Employee Only
1107	F	8/7/2001	78566	2/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1108	M	12/7/2001	78550	10/1/2021	11/8/2021	TWH POSII - ACTIVE	Employee Only
1109	M	5/4/2002	78521	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1110	M	8/19/1988	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1111	M	2/24/1984	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1112	F	9/20/1978	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
1113	M	7/29/1988	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1114	M	5/3/1989	78583	10/1/2019	12/22/2021	POSII - ACTIVE	Employee + Children
1115	M	4/12/1989	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1116	M	5/3/1974	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1117	M	1/24/1990	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1118	M	3/2/1986	78566	8/1/2021	11/22/2021	POSII - ACTIVE	Employee + Family
1119	M	10/17/1974	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
1120	M	11/23/1961	78578	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only



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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
1121	M	7/28/1991	78535	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1122	M	4/8/1992	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1123	M	11/17/1992	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1124	F	12/19/1992	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1125	M	8/21/1993	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1126	F	8/11/1993	78520	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1127	M	1/2/1994	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1128	F	2/8/1994	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1129	F	6/4/1964	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1130	F	7/29/1994	78521	2/1/2021	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1131	M	7/7/1973	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1132	F	4/7/1996	78520	6/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1133	M	6/18/1997	78526	8/1/2021	10/11/2021	POSII - ACTIVE	Employee Only
1134	F	4/7/1998	78570	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1135	M	1/9/2000	78526	11/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1136	F	5/22/2000	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1137	M	3/29/2000	78575	1/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1138	M	1/20/2000	78526	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1139	M	4/9/2000	78566	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1140	M	8/13/2001	78526	11/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1141	M	12/19/2001	78521	1/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1142	M	5/18/2002	78550	1/1/2022	1/1/2022	POSII - ACTIVE	Employee Only
1143	M	7/26/1978	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1144	F	7/13/1988	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1145	F	6/8/1989	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1146	F	2/5/1990	78575	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1147	M	8/11/1990	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1148	F	1/11/1991	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1149	M	6/10/1988	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
1150	F	9/6/1991	78552	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1151	M	2/11/1992	78413	11/1/2020	10/1/2021	POSII - ACTIVE	Employee + Children
1152	F	9/6/1992	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1153	F	12/8/1992	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1154	M	1/18/1993	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1155	M	9/19/1993	78521	1/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1156	M	8/7/1993	78550	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1157	M	1/24/1995	78596	12/1/2020	12/27/2021	POSII - ACTIVE	Employee Only
1158	F	1/9/1995	78521	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1159	M	4/22/1995	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1160	M	5/2/1995	78566	5/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1161	M	2/11/1996	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1162	F	1/17/1997	78526	7/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1163	F	9/29/1998	78552	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1164	M	3/5/1999	78566	4/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1165	M	6/3/1953	78566	4/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1166	M	4/6/1983	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1167	F	4/15/1996	78501	11/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1168	F	12/22/1978	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1169	M	4/6/1963	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1170	F	9/12/1973	78526	10/1/2019	1/31/2022	POSII - ACTIVE	Employee + 1 Child
1171	F	5/25/1989	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1172	M	4/3/1982	78520	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1173	F	11/14/1989	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1174	M	9/6/1989	78566	11/1/2021	11/1/2021	POSII - ACTIVE	Employee Only
1175	M	9/8/1989	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1176	M	8/14/1990	78566	1/1/2020	10/1/2021	POSII - ACTIVE	Employee Only

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1177	F	11/6/1988	78520	10/1/2019	11/30/2021	TWH POSII - ACTIVE	Employee Only
1178	F	8/24/1991	78575	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1179	F	4/16/1992	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1180	M	4/25/1993	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1181	M	5/24/1980	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1182	F	10/3/1980	78526	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1183	M	2/25/1994	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1184	F	12/26/1994	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1185	M	11/7/1994	78526	2/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1186	F	8/31/1995	78521	2/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1187	M	6/13/1969	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1188	F	7/3/1997	78596	1/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1189	F	7/22/1981	78520	10/1/2019	11/1/2021	POSII - ACTIVE	Employee Only
1190	F	12/5/1997	78575	12/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1191	F	3/24/1999	78550	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1192	F	5/13/1964	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1193	F	11/2/1978	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1194	M	9/2/1989	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1195	M	7/10/1988	78526	8/1/2020	10/1/2021	POSII - ACTIVE	Employee + Spouse
1196	F	11/10/1989	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1197	F	2/7/1989	78550	11/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1198	M	8/6/1985	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
1199	M	6/7/1990	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1200	M	10/9/1985	78586	10/1/2019	10/20/2021	POSII - ACTIVE	Employee Only
1201	M	2/25/1985	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1202	M	3/12/1991	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
1203	M	11/6/1991	78520	4/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1204	M	4/11/1992	78526	4/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1205	M	6/4/1992	78521	10/1/2019	10/11/2021	POSII - ACTIVE	Employee Only
1206	M	7/15/1992	78539	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1207	F	7/11/1992	78552	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1208	F	6/23/1992	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1209	F	8/9/1993	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1210	F	7/19/1966	78520	10/1/2019	10/1/2021	POSII - RETIRED	Employee + Spouse
1211	M	1/24/1995	78501	8/1/2021	12/28/2021	POSII - ACTIVE	Employee Only
1212	F	7/14/1995	78586	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee Only
1213	F	9/10/1995	78521	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1214	M	6/6/1977	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1215	F	5/20/1976	78552	9/1/2020	12/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1216	F	10/31/1997	78520	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1217	F	10/10/1998	78520	12/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1218	F	12/8/1982	78583	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
1219	F	9/22/1978	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1220	M	8/23/1981	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
1221	M	9/3/1988	78541	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1222	M	8/11/1989	78521	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1223	F	9/6/1989	78567	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1224	F	12/30/1979	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1225	M	11/12/1989	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1226	F	11/22/1989	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1227	M	10/12/1989	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1228	M	9/16/1990	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1229	M	3/14/1991	78578	10/1/2019	11/30/2021	POSII - ACTIVE	Employee + 1 Child
1230	F	9/7/1991	78521	5/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1231	M	9/10/1958	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1232	M	3/5/1992	78521	2/1/2020	2/1/2022	POSII - ACTIVE	Employee Only

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1233	M	9/16/1992	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1234	M	9/27/1991	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
1235	M	4/8/1993	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1236	F	5/20/1994	78559	11/1/2021	12/14/2021	TWH POSII - ACTIVE	Employee + 1 Child
1237	M	6/27/1994	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1238	M	10/15/1994	78552	1/1/2022	1/1/2022	POSII - ACTIVE	Employee + Family
1239	F	3/1/1988	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1240	F	8/26/1996	78521	11/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1241	F	12/29/1969	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1242	F	2/24/1997	78586	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1243	M	5/13/1998	78550	5/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1244	M	5/14/1998	78550	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1245	M	5/25/1998	78521	8/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1246	M	10/28/1998	78526	7/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1247	F	4/14/1999	78580	10/1/2021	10/12/2021	POSII - ACTIVE	Employee Only
1248	M	9/10/1999	78566	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
1249	M	6/9/1999	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1250	F	3/3/1987	78521	9/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1251	M	10/28/2002	78526	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1252	F	6/21/1971	78578	10/1/2019	12/28/2021	TWH POSII - ACTIVE	Employee Only
1253	M	10/6/1988	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
1254	M	3/12/1987	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1255	M	1/10/1989	78526	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1256	F	10/24/1990	78526	10/1/2021	12/29/2021	POSII - ACTIVE	Employee Only
1257	M	12/11/1989	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1258	F	7/6/1991	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1259	F	1/13/1992	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1260	M	5/8/1992	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1261	F	9/7/1994	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1262	M	11/6/1995	78552	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1263	M	11/13/1995	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1264	M	9/7/1996	78526	3/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1265	M	2/9/1997	78559	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee + Family
1266	M	3/28/1997	78521	12/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1267	M	12/20/1997	78592	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1268	M	12/17/1998	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1269	M	9/17/1999	78586	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1270	M	11/28/2000	78566	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1271	M	8/4/1966	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1272	F	7/10/1988	78593	11/1/2019	12/7/2021	POSII - ACTIVE	Employee Only
1273	F	10/4/1988	78542	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1274	F	4/4/1965	78521	7/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1275	M	11/16/1977	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1276	M	11/6/1975	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1277	M	8/26/1989	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1278	F	5/22/1989	78523	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1279	F	7/8/1989	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1280	M	1/17/1990	78577	2/1/2021	12/13/2021	POSII - ACTIVE	Employee Only
1281	F	11/23/1989	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1282	M	7/8/1979	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1283	M	8/15/1981	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1284	M	12/19/1970	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1285	M	7/11/1991	78521	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1286	M	3/8/1991	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1287	M	3/23/1977	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1288	F	10/19/1991	78583	3/1/2020	10/1/2021	POSII - ACTIVE	Employee + 1 Child

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1289	M	2/3/1992	78520	4/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1290	M	5/19/1992	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1291	F	3/21/1976	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1292	F	3/24/1992	78586	11/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee Only
1293	F	8/9/1992	78521	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1294	F	9/28/1992	78526	6/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1295	M	9/11/1992	78520	5/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1296	F	5/14/1994	78520	8/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
1297	M	10/18/1994	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1298	F	9/8/1994	78521	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
1299	M	5/18/1995	78520	8/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1300	F	5/30/1979	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
1301	M	2/22/1985	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1302	M	2/4/1982	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1303	F	9/18/1996	78586	11/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1304	F	9/16/1996	78566	5/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1305	M	12/22/1997	78550	2/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1306	M	2/22/2000	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1307	F	7/30/2000	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1308	F	6/26/2002	78520	2/1/2021	11/2/2021	POSII - ACTIVE	Employee Only
1309	F	2/3/1988	78586	10/1/2019	11/1/2021	POSII - ACTIVE	Employee Only
1310	M	8/18/1970	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
1311	M	3/16/1989	78550	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1312	M	11/24/1973	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1313	M	3/29/1988	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1314	M	10/11/1990	78520	11/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1315	F	11/16/1990	78537	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1316	M	5/9/1991	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1317	F	7/4/1987	78526	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1318	M	9/28/1991	78583	9/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1319	M	2/24/1975	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1320	M	4/28/1993	78526	6/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1321	F	2/12/1995	78586	6/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1322	F	2/12/1995	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1323	F	2/7/1995	78586	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1324	M	3/6/1997	78550	11/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1325	M	8/11/1997	78521	2/1/2022	2/1/2022	POSII - ACTIVE	Employee Only
1326	M	7/17/1997	78586	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1327	F	5/10/1997	78521	3/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1328	M	5/5/1997	78575	2/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1329	F	7/20/1997	78566	10/1/2020	10/13/2021	POSII - ACTIVE	Employee Only
1330	M	6/9/1997	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1331	M	8/21/1997	78520	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee Only
1332	M	1/8/1998	78586	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1333	M	8/2/2000	78521	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
1334	M	2/26/1990	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1335	F	6/1/1987	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1336	F	8/19/1988	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1337	M	2/11/1962	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1338	M	10/27/1975	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1339	M	11/11/1973	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1340	M	7/19/1989	78578	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1341	F	3/5/1985	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1342	M	2/21/1987	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1343	M	7/20/1991	78559	1/1/2020	10/1/2021	POSII - ACTIVE	Employee + Children
1344	M	8/2/1991	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only

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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
1345	M	7/26/1991	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1346	M	2/22/1992	78520	11/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
1347	M	1/21/1992	78521	7/1/2020	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1348	F	10/11/1992	78586	7/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
1349	F	4/28/1993	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1350	F	11/18/1993	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1351	F	2/20/1973	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1352	M	2/16/1994	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1353	F	2/9/1994	78550	2/1/2022	2/1/2022	POSII - ACTIVE	Employee Only
1354	M	11/7/1988	78520	6/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1355	F	7/25/1994	78520	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1356	F	10/7/1979	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1357	M	3/13/1997	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1358	F	1/8/1998	78520	12/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1359	M	4/23/1998	78526	9/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1360	M	1/8/2001	78526	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
1361	M	9/7/1972	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1362	M	9/12/1965	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1363	M	6/24/1993	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1364	M	12/22/1988	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1365	M	9/23/1967	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1366	F	11/19/1988	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
1367	M	12/23/1985	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1368	F	11/1/1978	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1369	F	11/22/1984	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1370	F	1/26/1990	78526	10/1/2021	12/28/2021	TWH POSII - ACTIVE	Employee Only
1371	M	1/18/1990	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1372	F	2/12/1988	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1373	M	6/29/1990	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1374	F	11/1/1990	78550	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1375	F	1/7/1983	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1376	M	11/2/1990	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1377	M	5/4/1983	78578	2/1/2021	10/1/2021	POSII - ACTIVE	Employee + Children
1378	M	9/16/1990	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
1379	M	3/27/1991	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1380	M	2/10/1992	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1381	F	8/18/1992	78575	3/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1382	M	12/21/1992	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1383	F	12/28/1992	78520	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee Only
1384	F	3/3/1993	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1385	F	7/5/1993	78596	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1386	M	10/20/1993	78520	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1387	F	10/1/1996	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1388	M	10/7/1996	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
1389	F	3/31/1997	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1390	M	3/14/1968	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1391	F	1/10/1973	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1392	M	8/10/1999	78578	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee Only
1393	F	1/9/2001	78521	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1394	M	10/12/2001	78586	6/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1395	M	9/7/1972	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1396	M	8/13/2001	78569	7/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1397	M	3/24/1973	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1398	F	1/8/1966	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1399	M	9/2/1961	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1400	F	11/17/1987	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only

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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
1401	M	8/20/1981	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1402	F	9/5/1982	78566	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1403	F	10/27/1983	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1404	M	10/26/1973	78578	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1405	M	8/9/1976	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1406	F	4/1/1985	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1407	F	11/3/1988	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
1408	F	6/6/1989	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1409	M	10/29/1989	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1410	F	5/9/1977	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1411	F	10/7/1987	78520	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1412	F	6/7/1989	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1413	M	11/1/1992	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1414	M	1/6/1993	78521	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1415	F	7/1/1978	78521	10/1/2019	10/21/2021	TWH POSII - ACTIVE	Employee + Children
1416	M	4/26/1993	78578	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1417	M	12/6/1993	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1418	M	6/18/1994	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1419	M	7/4/1994	78586	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1420	M	11/11/1994	78552	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1421	F	3/3/1994	78526	12/1/2020	12/1/2021	POSII - ACTIVE	Employee Only
1422	F	7/17/1971	78550	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
1423	F	10/23/1996	78526	10/1/2019	10/20/2021	TWH POSII - ACTIVE	Employee Only
1424	F	12/28/1994	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1425	F	10/17/2001	78559	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1426	M	12/13/2002	78566	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1427	M	10/15/1988	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1428	F	9/26/1987	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1429	M	4/25/1988	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1430	F	11/18/1988	78586	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee Only
1431	F	8/12/1972	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1432	M	5/30/1985	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1433	F	8/4/1983	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1434	F	10/18/1989	78550	10/1/2019	12/3/2021	TWH POSII - ACTIVE	Employee Only
1435	M	7/24/1986	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1436	M	2/6/1971	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1437	M	10/7/1975	78521	11/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee Only
1438	F	5/31/1990	78526	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1439	F	8/9/1990	78521	1/1/2022	1/1/2022	POSII - ACTIVE	Employee Only
1440	M	12/30/1990	78526	10/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1441	M	2/25/1993	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1442	M	6/8/1993	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1443	F	1/22/1995	78521	3/1/2021	10/1/2021	POSII - ACTIVE	Employee + Spouse
1444	M	12/2/1994	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1445	M	10/18/1995	78521	6/1/2021	10/1/2021	POSII - ACTIVE	Employee + Spouse
1446	M	12/5/1995	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1447	M	11/28/1995	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
1448	M	11/30/1995	78520	8/1/2021	10/5/2021	TWH POSII - ACTIVE	Employee Only
1449	F	3/14/1996	78575	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1450	F	5/10/1996	78586	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1451	M	5/25/1996	78557	11/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee + Family
1452	F	9/19/1966	78521	9/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1453	F	10/26/1996	78583	2/1/2022	2/1/2022	POSII - ACTIVE	Employee Only
1454	M	8/1/1957	78568	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1455	F	4/23/1997	78520	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1456	F	4/4/1997	78552	9/16/2020	10/1/2021	POSII - ACTIVE	Employee Only

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1457	F	3/31/2000	78520	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1458	F	8/17/2001	78520	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1459	F	8/14/1988	78550	10/1/2019	10/8/2021	TWH POSII - ACTIVE	Employee + Children
1460	M	12/27/1983	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1461	M	6/11/1989	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1462	F	5/16/1990	78520	6/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1463	M	3/9/1991	78526	10/1/2019	11/29/2021	POSII - ACTIVE	Employee Only
1464	M	8/6/1965	78526	10/1/2019	11/8/2021	TWH POSII - ACTIVE	Employee Only
1465	F	5/9/1986	78520	7/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1466	F	7/23/1991	78575	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1467	F	5/18/1989	78520	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1468	M	3/8/1992	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1469	F	10/12/1992	78572	3/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1470	M	3/5/1993	78521	5/1/2020	10/1/2021	POSII - ACTIVE	Employee + Children
1471	M	12/5/1992	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1472	F	5/29/1993	78521	11/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1473	M	11/29/1993	78521	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1474	F	12/27/1993	78586	11/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1475	M	10/18/1993	78501	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1476	M	1/19/1995	78521	2/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1477	M	2/23/1995	78520	5/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1478	F	2/5/1995	78566	6/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee + Family
1479	F	12/8/1972	78522	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1480	M	1/15/1998	78586	9/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1481	M	2/14/1998	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1482	M	11/11/1998	78521	11/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
1483	F	4/25/1976	78520	1/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1484	F	7/8/1981	78746	11/1/2021	11/23/2021	POSII - ACTIVE	Employee + Family
1485	M	12/11/1980	78575	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1486	F	9/24/1988	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1487	M	7/12/1989	78550	2/1/2022	2/1/2022	POSII - ACTIVE	Employee Only
1488	M	10/28/1989	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1489	F	4/3/1982	78520	5/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1490	F	4/8/1983	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1491	M	6/8/1988	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1492	M	12/18/1990	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1493	F	4/25/1991	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1494	M	5/29/1991	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1495	F	5/7/1991	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1496	M	3/2/1992	78552	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1497	M	11/9/1992	78521	11/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1498	M	2/6/1994	78520	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1499	M	4/23/1994	78526	2/1/2022	2/1/2022	TWH POSII - ACTIVE	Employee Only
1500	M	5/1/1994	78521	12/1/2021	12/27/2021	POSII - ACTIVE	Employee Only
1501	M	8/7/1994	78552	5/1/2020	11/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1502	F	8/12/1994	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1503	M	8/6/1971	78583	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1504	F	10/24/1988	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1505	M	9/22/1997	78550	2/1/2021	11/12/2021	POSII - ACTIVE	Employee Only
1506	M	9/30/1997	78521	8/31/2020	10/1/2021	POSII - ACTIVE	Employee Only
1507	M	9/11/1997	78521	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1508	M	7/23/1997	78516	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1509	M	5/11/1973	78575	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1510	M	10/18/1973	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1511	F	9/16/1982	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1512	F	11/22/1999	78550	7/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only

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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
1513	F	11/24/1973	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1514	M	10/18/1974	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1515	M	1/28/1967	78520	11/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1516	M	4/12/1993	78526	5/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1517	F	8/19/1988	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1518	F	10/28/1988	78521	1/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1519	F	9/2/1989	78550	10/1/2019	12/28/2021	POSII - ACTIVE	Employee Only
1520	F	4/25/1991	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1521	F	5/2/1991	78552	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1522	M	11/24/1991	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1523	F	3/9/1991	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1524	F	8/10/1988	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1525	M	12/27/1991	78550	3/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1526	M	12/23/1991	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1527	F	12/4/1992	78578	10/1/2019	10/22/2021	TWH POSII - ACTIVE	Employee Only
1528	M	6/10/1993	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1529	M	7/6/1993	78586	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1530	F	4/14/1993	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1531	F	8/15/1994	78501	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1532	M	12/23/1994	78520	10/1/2019	11/23/2021	TWH POSII - ACTIVE	Employee Only
1533	F	10/24/1994	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1534	F	12/21/1994	78521	5/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1535	F	8/30/1995	78575	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1536	M	7/7/1995	78526	3/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1537	M	7/31/1995	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1538	M	6/21/1995	78521	12/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
1539	F	8/25/1995	78520	5/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1540	F	8/20/1996	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1541	F	10/10/1996	78520	10/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1542	M	8/23/1996	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1543	M	8/17/1981	78526	11/2/2020	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1544	M	8/18/1985	78586	10/1/2019	11/14/2021	TWH POSII - ACTIVE	Employee + 1 Child
1545	M	9/10/1999	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1546	M	9/24/1985	78521	1/1/2022	1/1/2022	POSII - ACTIVE	Employee Only
1547	F	12/9/1981	78516	2/1/2020	1/12/2022	POSII - ACTIVE	Employee Only
1548	F	9/11/1981	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1549	M	11/2/1990	78504	4/1/2021	11/9/2021	POSII - ACTIVE	Employee + Family
1550	F	11/14/1986	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1551	M	9/4/1991	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1552	M	7/3/1987	78521	3/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1553	M	6/4/1992	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1554	M	2/26/1980	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1555	M	7/25/1992	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1556	F	10/20/1992	78586	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1557	F	10/23/1992	78596	1/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1558	F	3/25/1994	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1559	F	8/8/1994	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1560	M	12/10/1975	78586	10/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1561	F	4/18/1996	78520	4/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1562	F	11/27/1968	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1563	M	11/17/1996	78521	8/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1564	F	9/20/1975	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1565	M	8/24/1998	78521	10/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1566	F	11/20/1999	78521	1/1/2021	1/3/2022	POSII - ACTIVE	Employee Only
1567	M	6/29/2000	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1568	M	3/25/1977	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only



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Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
1569	M	6/5/1983	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1570	M	4/10/1989	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1571	F	8/13/1989	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1572	M	7/27/1990	78583	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1573	M	12/9/1990	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1574	F	12/18/1990	78586	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1575	M	8/26/1990	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1576	M	12/7/1992	78520	2/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1577	F	2/9/1993	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1578	M	9/24/1986	78566	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1579	F	11/16/1993	78586	8/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1580	F	1/4/1994	78526	1/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1581	M	1/15/1994	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1582	M	3/11/1960	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Spouse
1583	M	3/21/1995	78521	12/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1584	F	6/6/1995	78520	9/1/2021	12/1/2021	POSII - ACTIVE	Employee Only
1585	M	12/21/1995	78520	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1586	F	12/21/1995	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1587	F	12/13/1995	78521	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1588	M	12/13/1995	78521	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1589	F	11/7/1995	78521	9/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1590	F	7/10/1996	78586	8/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1591	M	11/26/1996	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1592	M	1/12/1966	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1593	M	7/3/1999	78586	12/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1594	F	2/2/1984	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1595	M	1/19/1997	78526	10/1/2019	10/2/2021	POSII - ACTIVE	Employee Only
1596	F	9/7/1963	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1597	M	10/28/1975	78586	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1598	M	9/16/1972	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1599	F	12/6/1986	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1600	M	9/22/1973	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1601	M	8/14/1984	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1602	M	11/7/1987	78520	10/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1603	F	6/3/1990	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1604	M	8/11/1990	78521	4/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1605	F	8/17/1990	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1606	M	3/6/1991	78566	2/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee + Children
1607	M	1/2/1992	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Family
1608	M	9/26/1965	78586	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1609	M	5/23/1979	78516	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1610	M	3/8/1993	78586	8/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1611	M	12/27/1992	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1612	M	5/29/1981	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1613	M	7/16/1993	78526	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
1614	F	8/29/1993	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1615	M	8/30/1993	78520	11/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee Only
1616	F	9/5/1993	78521	10/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1617	M	10/7/1975	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Family
1618	F	4/9/1994	78586	11/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1619	F	2/8/1994	78526	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1620	F	2/9/1995	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + 1 Child
1621	F	11/29/1994	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only
1622	M	9/10/1994	78526	5/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1623	M	11/19/1994	78521	1/1/2022	1/1/2022	TWH POSII - ACTIVE	Employee Only
1624	F	9/1/1995	78520	11/1/2020	11/3/2021	TWH POSII - ACTIVE	Employee Only

## CAMERON COUNTY

## Medical Employee Census as of 1/1/2022

Subs ID	Subscriber Gender	Subscriber BirthDate	Subscriber Zip Code	Original Effective Date	Medical Plan Effective Date	Medical Plan Name	Medical Coverage Tier
1625	M	8/11/1975	78566	8/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1626	F	7/4/1987	78521	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + 1 Child
1627	M	10/22/1996	78526	6/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1628	M	7/27/1999	78521	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1629	M	12/29/1999	78521	12/1/2021	12/1/2021	TWH POSII - ACTIVE	Employee Only
1630	M	9/6/1976	78520	10/1/2019	10/26/2021	TWH POSII - ACTIVE	Employee + Children
1631	F	12/26/1984	78550	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1632	M	6/3/1983	78566	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee + Spouse
1633	M	12/30/1980	78559	10/1/2019	10/1/2021	POSII - ACTIVE	Employee + Children
1634	M	8/1/1988	78586	4/1/2020	10/1/2021	POSII - ACTIVE	Employee Only
1635	F	6/19/1987	78521	6/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1636	F	11/26/1992	78575	9/1/2021	10/1/2021	TWH POSII - ACTIVE	Employee Only
1637	M	5/3/1976	78578	1/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1638	F	9/19/1993	78520	7/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1639	M	12/22/1981	78521	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1640	F	1/23/1967	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1641	M	11/13/1987	78537	8/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1642	M	1/15/1998	78526	2/1/2021	10/1/2021	POSII - ACTIVE	Employee Only
1643	F	1/26/1997	78541	9/1/2020	10/1/2021	TWH POSII - ACTIVE	Employee Only
1644	M	6/30/1988	78520	10/1/2019	12/8/2021	TWH POSII - ACTIVE	Employee + Spouse
1645	M	3/31/1961	78520	10/1/2019	10/1/2021	POSII - ACTIVE	Employee Only
1646	F	8/18/1964	78521	11/1/2021	11/1/2021	TWH POSII - ACTIVE	Employee Only
1647	F	10/10/1969	78520	10/1/2019	10/1/2021	TWH POSII - ACTIVE	Employee Only



**PLAN DESIGN & BENEFITS  
 ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
<b>Benefit Limitations</b> - For any service or supply that is subject to a maximum visit, day, or dollar limitation on a per year basis, the benefit year begins on January 1st unless otherwise mandated. Refer to your plan documents for more information.		
<b>Deductible</b> (per calendar year)	\$750 Individual \$2,250 Family	\$1,500 Individual \$4,500 Family
All covered expenses accumulate separately toward the in-network or out-of-network Deductible. Unless otherwise indicated, the deductible must be met prior to benefits being payable. Member cost sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible. Pharmacy expenses do not apply towards the Deductible. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Deductible amount.		
<b>Member Coinsurance</b>	20%	40%
Applies to all expenses unless otherwise stated.		
<b>Payment Limit</b> (per calendar year)	\$3,500 Individual \$7,500 Family	\$7,000 Individual \$15,000 Family
All covered expenses accumulate separately toward the in-network or out-of-network Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. Pharmacy expenses apply towards the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Payment Limit amount.		
<b>Lifetime Maximum</b> Unlimited except where otherwise indicated.		
<b>Primary Care Physician Selection</b>	Optional	Not Applicable
<b>Pre-Certification Requirements</b> Pre-Certification for certain types of Out-of-Network care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$250 per occurrence.		
<b>Referral Requirement</b>	None	None
<b>PREVENTIVE CARE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Routine Adult Physical Exams/ Immunizations</b>	Covered 100%; deductible waived	40%; after deductible
1 exam every 12 months up to age 65, 1 exam every 12 months age 65 and older		
<b>Routine Well Child Exams/Immunizations</b>	Covered 100%; deductible waived	40%; after deductible Covered 100%; deductible waived for Immunizations
7 exams first 12 months, 3 exams 13th - 24th months, 3 exams 25th - 36th months, 1 exam per 12 months thereafter to age 22. Immunizations for dependent children through the date of the child's 6 <sup>th</sup> birthday		
<b>Routine Gynecological Care Exams</b>	Covered 100%; deductible waived	40%; after deductible
1 exam and pap smear per calendar year, includes related fees.		
<b>Routine Mammograms</b>	Covered 100%; deductible waived	40%; after deductible
<b>Women's Health</b>	Covered 100%; deductible waived	40%; after deductible
Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.		



**PLAN DESIGN & BENEFITS**  
**ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

<b>Routine Digital Rectal Exam</b> Recommended: No age or frequency limit.	Covered 100%; deductible waived	40%; after deductible
<b>Prostate-specific Antigen Test</b> Recommended: No age for frequency limit.	Covered 100%; deductible waived	40%; after deductible
<b>Colorectal Cancer Screening</b> Recommended: For all members age 45 and over.	Covered 100%; deductible waived	Covered under Routine Adult Exams
<b>Routine Eye Exams</b> 1 routine exam per 12 months.	Covered 100%; deductible waived	40%; after deductible
<b>Routine Hearing Screening</b> 1 screening per 12 months	Covered 100%; deductible waived	40%; after deductible
<b>PHYSICIAN SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Office Visits to Non-Specialist</b> Includes services of an internist, general physician, family practitioner or pediatrician.	\$35 copay; deductible waived	40%; after deductible
<b>Specialist Office Visits</b>	\$45 copay; deductible waived	40%; after deductible
<b>Office Based Surgery</b>	20%; after deductible	40%; after deductible
<b>Hearing Exams</b> 1 exam per 24 months.	\$45 copay; deductible waived	40%; after deductible
<b>Pre-Natal Maternity</b>	Covered 100%; deductible waived	40%; after deductible
<b>Walk-in Clinics</b> Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room service's or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.	\$35 copay; deductible waived	40%; after deductible
<b>Allergy Testing</b> In a physician's office	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
<b>Allergy Injection</b> In a physician's office	Covered 100%; deductible waived	Your cost sharing is based on the type of service and where it is performed
<b>DIAGNOSTIC PROCEDURES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Diagnostic X-ray</b> (other than Complex Imaging Services) If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%; deductible waived	40%; after deductible
<b>Diagnostic Laboratory</b> If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%; deductible waived	40%; after deductible
<b>Diagnostic Complex Imaging</b> If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	20%; after deductible	40%; after deductible
<b>EMERGENCY MEDICAL CARE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Urgent Care Provider</b>	\$75 copay; deductible waived	40%; after deductible
<b>Non-Urgent Use of Urgent Care Provider</b>	\$75 copay; deductible waived	40%; after deductible
<b>Emergency Room (Facility)</b> Copay waived if admitted	20% after \$300 copay; deductible waived	Same as in-network care
<b>Emergency Room (provider)</b>	20%; after deductible	Same as in-network care



**PLAN DESIGN & BENEFITS  
 ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

<b>Non-Emergency Care in an Emergency Room (Facility)</b>	20% after \$300 copay; deductible waived	Same as in-network care
<b>Non-Emergency Care in an Emergency Room (provider)</b>	20%; after deductible	Same as in-network care
<b>Emergency Use of Ambulance</b>	20%; after deductible	Same as in-network care
<b>Non-Emergency Use of Ambulance</b>	Not Covered	Not Covered
<b>HOSPITAL CARE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Inpatient Coverage</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay. Pre-Certification is required.		
<b>Inpatient Maternity Coverage</b> (includes delivery and postpartum care)	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.		
<b>Outpatient Hospital Expenses</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>Outpatient Surgery - Hospital</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>Outpatient Surgery - Freestanding Facility</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>MENTAL HEALTH SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Inpatient</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.		
<b>Mental Health Office Visits</b>	\$45 copay; deductible waived	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>Other Mental Health Services</b>	Covered 100%; deductible waived	40%; after deductible
<b>SUBSTANCE ABUSE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Inpatient</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.		
<b>Residential Treatment Facility</b>	20%; after deductible	40%; after deductible
<b>Substance Abuse Office Visits</b>	\$45 copay; deductible waived	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>Other Substance Abuse Services</b>	Covered 100%; deductible waived	40%; after deductible
<b>OTHER SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Skilled Nursing Facility</b>	Covered 100%; deductible waived	40%; after deductible
Limited to 25 days per year Your cost sharing applies to all covered benefits incurred during your inpatient stay.		
<b>Home Health Care</b>	Covered 100%; deductible waived	40%; after deductible
Limited to 60 visits per year. Limited to 3 intermittent visits per day by a participating home health care agency; 1 visit equals a period of 4 hrs or less.		
<b>Hospice Care - Inpatient</b>	Covered 100%; deductible waived	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.		
<b>Hospice Care - Outpatient</b>	Covered 100%; deductible waived	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>Private Duty Nursing</b>	Not Covered	Not Covered
<b>Spinal Manipulation Therapy</b>	\$45 copay; deductible waived	40%; after deductible
Limited to 35 visits per year (Airrosti Rehab Centers have a reduced copay to \$35)		



**PLAN DESIGN & BENEFITS  
 ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

<b>Outpatient Short-Term Rehabilitation</b>	\$45 copay; deductible waived	40%; after deductible
Includes Speech, Physical, and Occupational Therapy; limited to 30 visits per year		
<b>Habilitative Physical Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Habilitative Occupational Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Habilitative Speech Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Autism Behavioral Therapy</b>	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health
Combined with outpatient mental health visits		
<b>Autism Applied Behavior Analysis</b>	Refer to MBH Outpatient Mental Health All Other	Refer to MBH Outpatient Mental Health All Other
Covered same as any other Outpatient Mental Health All Other benefit		
<b>Autism Physical Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Autism Occupational Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Autism Speech Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Durable Medical Equipment</b>	20%; after deductible	40%; after deductible
<b>Diabetic Supplies -- (if not covered under Pharmacy benefit)</b>	Covered same as any other medical expense.	Covered same as any other medical expense.
<b>Affordable Care Act Mandated Women's Contraceptives</b>	Covered 100%; deductible waived	Covered same as any other expense.
<b>Women's Contraceptive drugs and devices not obtainable at a pharmacy</b>	Covered 100%; deductible waived	Covered same as any other medical expense.
<b>Infusion Therapy</b> Administered in the home or physician's office	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
<b>Infusion Therapy</b> Administered in an outpatient hospital department or freestanding facility	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
<b>Vision Eyewear</b>	Not Covered	Not Covered
<b>Transplants</b>	20%; after deductible Preferred coverage is provided at an IOE contracted facility only.	40%; after deductible Non-Preferred coverage is provided at a Non-IOE facility.
<b>Bariatric Surgery</b>	Not Covered	Not Covered
<b>FAMILY PLANNING</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Infertility Treatment</b>	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Diagnosis and treatment of the underlying medical condition only.		
<b>Comprehensive Infertility Services</b> Artificial insemination and ovulation induction	Not Covered	Not Covered
<b>Advanced Reproductive Technology (ART)</b> In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	Not Covered	Not Covered
<b>Vasectomy</b>	Your cost sharing is based on the type of service and where it is performed	40%; after deductible
<b>Tubal Ligation</b>	Covered 100%; deductible waived	40%; after deductible



**PLAN DESIGN & BENEFITS  
 ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

PHARMACY	IN-NETWORK	OUT-OF-NETWORK
<b>Pharmacy Plan Type</b>	Aetna Standard Open Formulary	
If the drug cost is lower than the copay, the member pays the lower cost.		
<b>Generic Drugs</b>		
	<b>Retail</b> \$15 copay	NOT COVERED – Member pays total cost of prescription Not Applicable
	<b>Mail Order</b> \$30 copay	
<b>Preferred Brand-Name Drugs</b>		
	<b>Retail</b> \$40 copay	NOT COVERED – Member pays total cost of prescription Not Applicable
	<b>Mail Order</b> \$80 copay	
<b>Non-Preferred Brand-Name Drugs</b>		
	<b>Retail</b> \$60 copay	NOT COVERED – Member pays total cost of prescription Not Applicable
	<b>Mail Order</b> \$120 copay	
<b>Specialty Drugs</b>		
<b>Preferred Brand Specialty</b>	\$80 copay	NOT COVERED – Member pays total cost of prescription
<b>Non-Preferred Brand Specialty</b>	\$80 copay	NOT COVERED – Member pays total cost of prescription
<b>If eligible and enrolled in the Prudent Rx program</b>	\$0 copay	
<b>If eligible and not enrolled in the Prudent Rx program</b>	30% coinsurance	
<b>Pharmacy Day Supply and Requirements</b>		
	<b>Retail</b>	Up to a 30 day supply with 1 x retail copay or a 31-90 day supply for 2 x retail copay option available from Aetna National with Extended Day Supply Network
	<b>Mail Order</b>	A 31-90 day supply from CVS Caremark® Mail Service Pharmacy
	<b>Specialty</b>	Up to a 30 day supply CVS Caremark® <b>Specialty Pharmacy</b> <b>Specialty fills must be through our preferred specialty pharmacy network.</b> Aetna Standard Plan Specialty Drug List
<b>Choose Generics</b> - If the member or the physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.		
<b>Plan Includes:</b> Diabetic supplies, blood glucose monitors, prescription weight loss drugs and contraceptive drugs and devices obtainable from a pharmacy. Includes sexual dysfunction drugs for females and males, including daily dose, additional 8 tablets a month for males for erectile dysfunction. Oral fertility drugs included. Precertification for specialty drugs included Seasonal Vaccinations covered 100% in-network Preventive Vaccinations covered 100% in-network Affordable Care Act mandated female contraceptives and preventive medications covered 100% in-network.		

**GENERAL PROVISIONS**

**Dependents Eligibility** Spouse, children from birth to age 26 regardless of student status.

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.  
 Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.



**PLAN DESIGN & BENEFITS  
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction/enhancement, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

Aetna, or its affiliate(s), receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility. Translation of the material into another language may be available. Please call Member Services at **1-888-982-3862**. Puede estar disponible la traducción de este material en otro idioma. Por favor llame a Servicios al Miembro al **1-888-982-3862**.

Plan features and availability may vary by location and group size.  
For more information about Aetna plans, refer to **[www.aetna.com](http://www.aetna.com)**.





Cameron County  
Effective Date: 10-01-2021  
Aetna Choice® POS II -- ASC

**PLAN DESIGN & BENEFITS  
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are both within the CVS Health family.  
© 2016 Aetna Inc.

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**Texas**

All contract state benefits shown above will match for this ancillary state.



**PLAN DESIGN & BENEFITS  
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
<b>Benefit Limitations</b> - For any service or supply that is subject to a maximum visit, day, or dollar limitation on a per year basis, the benefit year begins on January 1st unless otherwise mandated. Refer to your plan documents for more information.		
<b>Deductible</b> (per calendar year)	\$750 Individual \$2,250 Family	\$1,500 Individual \$4,500 Family
All covered expenses accumulate separately toward the in-network or out-of-network Deductible. Unless otherwise indicated, the deductible must be met prior to benefits being payable. Member cost sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible. Pharmacy expenses do not apply towards the Deductible. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Deductible amount.		
<b>Member Coinsurance</b>	20%	40%
Applies to all expenses unless otherwise stated.		
<b>Payment Limit</b> (per calendar year)	\$3,500 Individual \$7,500 Family	\$7,000 Individual \$15,000 Family
All covered expenses accumulate separately toward the in-network or out-of-network Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. Pharmacy expenses apply towards the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Payment Limit amount.		
<b>Lifetime Maximum</b> Unlimited except where otherwise indicated.		
<b>Primary Care Physician Selection</b>	Optional	Not Applicable
<b>Pre-Certification Requirements</b> Pre-Certification for certain types of Out-of-Network care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$250 per occurrence.		
<b>Referral Requirement</b>	None	None
<b>PREVENTIVE CARE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Routine Adult Physical Exams/ Immunizations</b>	Covered 100%; deductible waived	40%; after deductible
1 exam every 12 months up to age 65, 1 exam every 12 months age 65 and older		
<b>Routine Well Child Exams/Immunizations</b>	Covered 100%; deductible waived	40%; after deductible Covered 100%; deductible waived for Immunizations
7 exams first 12 months, 3 exams 13th - 24th months, 3 exams 25th - 36th months, 1 exam per 12 months thereafter to age 22. Immunizations for dependent children through the date of the child's 6 <sup>th</sup> birthday		
<b>Routine Gynecological Care Exams</b>	Covered 100%; deductible waived	40%; after deductible
1 exam and pap smear per calendar year, includes related fees.		
<b>Routine Mammograms</b>	Covered 100%; deductible waived	40%; after deductible
<b>Women's Health</b>	Covered 100%; deductible waived	40%; after deductible
Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.		



**PLAN DESIGN & BENEFITS  
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

<b>Routine Digital Rectal Exam</b> Recommended: No age or frequency limit.	Covered 100%; deductible waived	40%; after deductible
<b>Prostate-specific Antigen Test</b> Recommended: No age for frequency limit.	Covered 100%; deductible waived	40%; after deductible
<b>Colorectal Cancer Screening</b> Recommended: For all members age 45 and over.	Covered 100%; deductible waived	Covered under Routine Adult Exams
<b>Routine Eye Exams</b> 1 routine exam per 12 months.	Covered 100%; deductible waived	40%; after deductible
<b>Routine Hearing Screening</b> 1 screening per 12 months	Covered 100%; deductible waived	40%; after deductible
<b>PHYSICIAN SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Office Visits to Non-Specialist</b> Includes services of an internist, general physician, family practitioner or pediatrician.	\$10 copay; deductible waived	40%; after deductible
<b>Specialist Office Visits</b>	\$45 copay; deductible waived	40%; after deductible
<b>Office Based Surgery</b>	20%; after deductible	40%; after deductible
<b>Hearing Exams</b> 1 exam per 24 months.	\$45 copay; deductible waived	40%; after deductible
<b>Pre-Natal Maternity</b>	Covered 100%; deductible waived	40%; after deductible
<b>Walk-in Clinics</b> Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.	\$35 copay; deductible waived	40%; after deductible
<b>Allergy Testing</b> In a physician's office	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
<b>Allergy Injection</b> In a physician's office	Covered 100%; deductible waived	Your cost sharing is based on the type of service and where it is performed
<b>DIAGNOSTIC PROCEDURES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Diagnostic X-ray</b> (other than Complex Imaging Services) If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%; deductible waived	40%; after deductible
<b>Diagnostic Laboratory</b> If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%; deductible waived	40%; after deductible
<b>Diagnostic Complex Imaging</b> If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	20%; after deductible	40%; after deductible
<b>EMERGENCY MEDICAL CARE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Urgent Care Provider</b>	\$75 copay; deductible waived	40%; after deductible
<b>Non-Urgent Use of Urgent Care Provider</b>	\$75 copay; deductible waived	40%; after deductible
<b>Emergency Room (Facility)</b> Copay waived if admitted	20% after \$300 copay; deductible waived	Same as in-network care
<b>Emergency Room (provider)</b>	20%; after deductible	Same as in-network care



**PLAN DESIGN & BENEFITS  
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

<b>Non-Emergency Care in an Emergency Room (Facility)</b>	20% after \$300 copay; deductible waived	Same as in-network care
<b>Non-Emergency Care in an Emergency Room (provider)</b>	20%; after deductible	Same as in-network care
<b>Emergency Use of Ambulance</b>	20%; after deductible	Same as in-network care
<b>Non-Emergency Use of Ambulance</b>	Not Covered	Not Covered
<b>HOSPITAL CARE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Inpatient Coverage</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay. Pre-Certification is required.		
<b>Inpatient Maternity Coverage</b> (includes delivery and postpartum care)	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.		
<b>Outpatient Hospital Expenses</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>Outpatient Surgery - Hospital</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>Outpatient Surgery - Freestanding Facility</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>MENTAL HEALTH SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Inpatient</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.		
<b>Mental Health Office Visits</b>	\$45 copay; deductible waived	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>Other Mental Health Services</b>	Covered 100%; deductible waived	40%; after deductible
<b>SUBSTANCE ABUSE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Inpatient</b>	20%; after deductible	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.		
<b>Residential Treatment Facility</b>	20%; after deductible	40%; after deductible
<b>Substance Abuse Office Visits</b>	\$45 copay; deductible waived	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>Other Substance Abuse Services</b>	Covered 100%; deductible waived	40%; after deductible
<b>OTHER SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Skilled Nursing Facility</b>	Covered 100%; deductible waived	40%; after deductible
Limited to 25 days per year Your cost sharing applies to all covered benefits incurred during your inpatient stay.		
<b>Home Health Care</b>	Covered 100%; deductible waived	40%; after deductible
Limited to 60 visits per year. Limited to 3 intermittent visits per day by a participating home health care agency; 1 visit equals a period of 4 hrs or less.		
<b>Hospice Care - Inpatient</b>	Covered 100%; deductible waived	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.		
<b>Hospice Care - Outpatient</b>	Covered 100%; deductible waived	40%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.		
<b>Private Duty Nursing</b>	Not Covered	Not Covered
<b>Spinal Manipulation Therapy</b>	\$45 copay; deductible waived	40%; after deductible
Limited to 35 visits per year (Airrosti Rehab Centers have a reduced copay to \$35)		



**PLAN DESIGN & BENEFITS  
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

<b>Outpatient Short-Term Rehabilitation</b>	\$45 copay; deductible waived	40%; after deductible
Includes Speech, Physical, and Occupational Therapy; limited to 30 visits per year		
<b>Habilitative Physical Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Habilitative Occupational Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Habilitative Speech Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Autism Behavioral Therapy</b>	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health
Combined with outpatient mental health visits		
<b>Autism Applied Behavior Analysis</b>	Refer to MBH Outpatient Mental Health All Other	Refer to MBH Outpatient Mental Health All Other
Covered same as any other Outpatient Mental Health All Other benefit		
<b>Autism Physical Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Autism Occupational Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Autism Speech Therapy</b>	\$45 copay; deductible waived	40%; after deductible
<b>Durable Medical Equipment</b>	20%; after deductible	40%; after deductible
<b>Diabetic Supplies -- (if not covered under Pharmacy benefit)</b>	Covered same as any other medical expense.	Covered same as any other medical expense.
<b>Affordable Care Act Mandated Women's Contraceptives</b>	Covered 100%; deductible waived	Covered same as any other expense.
<b>Women's Contraceptive drugs and devices not obtainable at a pharmacy</b>	Covered 100%; deductible waived	Covered same as any other medical expense.
<b>Infusion Therapy</b> Administered in the home or physician's office	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
<b>Infusion Therapy</b> Administered in an outpatient hospital department or freestanding facility	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
<b>Vision Eyewear</b>	Not Covered	Not Covered
<b>Transplants</b>	20%; after deductible Preferred coverage is provided at an IOE contracted facility only.	40%; after deductible Non-Preferred coverage is provided at a Non-IOE facility.
<b>Bariatric Surgery</b>	Not Covered	Not Covered
<b>FAMILY PLANNING</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Infertility Treatment</b>	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Diagnosis and treatment of the underlying medical condition only.		
<b>Comprehensive Infertility Services</b> Artificial insemination and ovulation induction	Not Covered	Not Covered
<b>Advanced Reproductive Technology (ART)</b> In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	Not Covered	Not Covered
<b>Vasectomy</b>	Your cost sharing is based on the type of service and where it is performed	40%; after deductible
<b>Tubal Ligation</b>	Covered 100%; deductible waived	40%; after deductible



**PLAN DESIGN & BENEFITS  
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

PHARMACY	IN-NETWORK	OUT-OF-NETWORK
<b>Pharmacy Plan Type</b>	Aetna Standard Open Formulary	
If the drug cost is lower than the copay, the member pays the lower cost.		
<b>Generic Drugs</b>		
	<b>Retail</b> \$15 copay	NOT COVERED – Member pays total cost of prescription Not Applicable
	<b>Mail Order</b> \$30 copay	
<b>Preferred Brand-Name Drugs</b>		
	<b>Retail</b> \$40 copay	NOT COVERED – Member pays total cost of prescription Not Applicable
	<b>Mail Order</b> \$80 copay	
<b>Non-Preferred Brand-Name Drugs</b>		
	<b>Retail</b> \$60 copay	NOT COVERED – Member pays total cost of prescription Not Applicable
	<b>Mail Order</b> \$120 copay	
<b>Specialty Drugs</b>		
<b>Preferred Brand Specialty</b>	\$80 copay	NOT COVERED – Member pays total cost of prescription
<b>Non-Preferred Brand Specialty</b>	\$80 copay	NOT COVERED – Member pays total cost of prescription
<b>If eligible and enrolled in the Prudent Rx program</b>	\$0 copay	
<b>If eligible and not enrolled in the Prudent Rx program</b>	30% coinsurance	

<b>Pharmacy Day Supply and Requirements</b>		
<b>Retail</b>	Up to a 30 day supply with 1 x retail copay or a 31-90 day supply for 2 x retail copay option available from Aetna National with Extended Day Supply Network	
<b>Mail Order</b>	A 31-90 day supply from CVS Caremark® Mail Service Pharmacy	
<b>Specialty</b>	Up to a 30 day supply CVS Caremark® Specialty Pharmacy Specialty fills must be through our preferred specialty pharmacy network. Aetna Standard Plan Specialty Drug List	

**Choose Generics** - If the member or the physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.

**Plan Includes:** Diabetic supplies, blood glucose monitors, prescription weight loss drugs and contraceptive drugs and devices obtainable from a pharmacy.  
Includes sexual dysfunction drugs for females and males, including daily dose, additional 8 tablets a month for males for erectile dysfunction.  
Oral fertility drugs included.  
Precertification for specialty drugs included  
Seasonal Vaccinations covered 100% in-network  
Preventive Vaccinations covered 100% in-network  
Affordable Care Act mandated female contraceptives and preventive medications covered 100% in-network.

**GENERAL PROVISIONS**

**Dependents Eligibility** Spouse, children from birth to age 26 regardless of student status.

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.  
Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.



**PLAN DESIGN & BENEFITS**  
**ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction/enhancement, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

Aetna, or its affiliate(s), receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility. Translation of the material into another language may be available. Please call Member Services at **1-888-982-3862**. Puede estar disponible la traducción de este material en otro idioma. Por favor llame a Servicios al Miembro al **1-888-982-3862**.

Plan features and availability may vary by location and group size.  
For more information about Aetna plans, refer to **[www.aetna.com](http://www.aetna.com)**.



Cameron County  
Date: 10-01-2021  
(TX)Aetna Whole Health-Rio Grande Valley- Choice® POS II -- ASC

**PLAN DESIGN & BENEFITS**  
**ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are both within the CVS Health family.  
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**Texas**

All contract state benefits shown above will match for this ancillary state.



# Cameron County Commissioners' Court Agenda Request Form

No. 2-F

Date: DECEMBER 8, 2021 Meeting Date Request: DECEMBER 21, 2021  
 Deadline for Action: DECEMBER 21, 2021 Contact Person: ANTHONY LOPEZ/DAN SERNA  
 Department: ADMINISTRATIVE SERVICES Phone: 956-544-0830 Fax: 956-550-1373  
 Department Head Name: DAN SERNA Signature: *Alopez*

**Caption:**

**[CONSENT ITEM]**

CONSIDERATION AND APPROVAL OF STOPLOSS APPLICATION AND SCHEDULE OF INSURANCE FOR FISCAL YEAR 2021-2022

**Background:** (Briefly summarize your request, if needed use separate sheet(s) or attach supporting documentation).

STOPLOSS PROGRAM IS CURRENTLY IN PLACE AS PER COURT APPROVAL

DOCUMENT HAS BEEN REVIEWED BY CONSULTANT RANDY MCGRAW AND STAFF

**PLEASE FILL IN ALL BLANKS WITH REQUIRED INITIALS AND FISCAL DATA INFORMATION OR PLACE N/A IF IS NOT APPLICABLE:**

County Judge N/A Auditor *LA* Budget *AS* Legal *JSD* Human Resources *Alopez For* Purchasing N/A  
 1295 Form N/A

**Fiscal Data:**

Dept. Name: N/A Fund No. N/A Department: Yes -    No -    Amt. Expended: \$ N/A  
 Funds Available: Yes -    No -    General: Yes -    No -    Impact on future budget: Yes -    No -     
 Grant: Yes -    No -   

**Comments:**

**Action taken by Commissioners' Court**

Approved    Tabled    Denied    Motion made by    Seconded    Vote   

County Judge's Office (EMA)  
 Received by:  
 Anthony Lopez ✓  
 12.10.21 at 3:51 pm (1)

# Aetna Life Insurance Company

## Stop Loss Application and Schedule of Insurance

2021C12473  
 151 Farmington Avenue  
 Hartford, CT 06156

<b>Policyholder Information</b>	
Policyholder name (full legal name of entity): Cameron County	
Street:	1100 E. Monroe Street
City:	Brownsville State: TX Zip Code: 78520
Email:	anthony.lopez@co.cameron.tx.us.com Phone: (956) 983-5098
Policy period start:	10/01/2021 Policy period end: 09/30/2022
Total number of employees/covered units covered under the policy: 1,695	
Pre-65 Retirees:	<input checked="" type="checkbox"/> Included <input type="checkbox"/> Excluded Retirees 65+: <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded
Medical paid claims basis: <input checked="" type="checkbox"/> Issued <input type="checkbox"/> Cleared <input type="checkbox"/> N/A	
Business Type: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Government <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> Other <input type="text"/>	
Affiliates or subsidiaries included? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name(s) and address state of the primary location(s) below.	
Affiliate full legal name(s):	Address state of Primary location(s):
Affiliate full legal name(s):	Address state of Primary location(s):
Affiliate full legal name(s):	Address state of Primary location(s):
Affiliate full legal name(s):	Address state of Primary location(s):
Affiliate full legal name(s):	Address state of Primary location(s):
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Affiliate full legal name(s):	Address state of Primary location(s):
Affiliate full legal name(s):	Address state of Primary location(s):
Affiliate full legal name(s):	Address state of Primary location(s):
<b>Third Party Administrator?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete for each administrator or vendor.	
Medical:	
Prescription drug:	
Other:	

<b>Individual Stop Loss Coverage (ISL)</b>	
Individual Stop Loss coverage?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Individual Stop Loss amount: \$250,000
Does individual Stop Loss amount differ by plan or class? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please include the plan(s)/class(es) and amounts below.	
Plan/class:	Individual Stop Loss amount: \$
Plan/class:	Individual Stop Loss amount: \$
Plan/class:	Individual Stop Loss amount: \$
Plan/class:	Individual Stop Loss amount: \$

Plan/class:	Individual Stop Loss amount: \$		
High risk individual Stop Loss amount(s)* included?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes *See Coverage Limitations identified below
Covered benefits:	<input checked="" type="checkbox"/> Medical	<input checked="" type="checkbox"/> Prescription drug	<input type="checkbox"/> Other <input type="text"/>
Contract type:	Claims incurred from	through	or <input checked="" type="checkbox"/> paid basis
	Claims paid from 10/01/2021	through 09/30/2022	
Maximum run-in claims:	<input checked="" type="checkbox"/> N/A or \$	<input type="checkbox"/> per covered person	<input type="checkbox"/> in total
Individual coinsurance percentage reimbursable:	100%		
IOE transplant Stop Loss amount:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	or \$
Family individual Stop Loss amount:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	or \$
Aggregating Specific Stop loss amount:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	or \$
Maximum lifetime individual Stop Loss payment amount:	<input checked="" type="checkbox"/> Unlimited or \$		
Experience Refund Option included?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Experience refund period:	Start date	through	
Loss ratio threshold:	%	Refund share:	%
Maximum refund:	%	Large claim adjustment:	<input checked="" type="checkbox"/> No or Adjustment is:
Large claim identifier:		Date of birth:	
Large claim identifier:		Date of birth:	
Large claim identifier:		Date of birth:	
Large claim identifier:		Date of birth:	
Large claim identifier:		Date of birth:	
Premier product included?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Renewal risk cap included?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Cap: %
Other rate cap included?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Cap: %
Terminal run-out coverage for claims incurred prior to policy termination and paid after termination?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Terminal reserve or liability period:	<input type="text"/> months		
Reimbursement types:			
Immediate reimbursement (Aetna as claims administrator):	<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Individual accelerated claim reimbursement (TPA as claims administrator):	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Other conditions or provisions:			

### Aggregate Stop Loss Coverage (ASL)

Aggregate Stop Loss coverage?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Aggregate Stop Loss percentage: %
Covered benefits:	<input type="checkbox"/> Medical	<input type="checkbox"/> Prescription Drug
	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
	<input type="checkbox"/> Other	<input type="text"/>
Contract type:	Claims incurred from	through
	Claims paid from	through
Maximum run-in claims:	<input checked="" type="checkbox"/> N/A or \$	<input type="checkbox"/> per covered person <input type="checkbox"/> in total
Individual Stop Loss insurer:	<input checked="" type="checkbox"/> Aetna or	<input type="text"/>
Minimum aggregate Stop Loss amount:	<input checked="" type="checkbox"/> N/A \$	

Individual internal limit:  N/A  No  Yes If yes, amount: \$

Maximum annual aggregate Stop Loss payment amount?  N/A  No  Yes If yes, amount: \$

Deficit recoup provision?  N/A  No  Yes If yes, deficit cap: %

Termination provision?  N/A  No  Yes

Terminal run-out coverage for claims incurred prior to policy termination and paid after termination?  No  Yes  
Terminal reserve or liability period:  months

Reimbursement types:  
Monthly budget feature (Aetna as claims administrator):  N/A  No  Yes  
Aggregate accelerated claim reimbursement (TPA as claims administrator):  N/A  No  Yes

Other conditions or provisions:

**Coverage Limitations**

Mental Health claim expenses are  Included  Excluded

Transplant coverage is  Included  Excluded

Is the policyholder a hospital or hospital group?  No  Yes  
If yes, are drafts suppressed for domestic claims?  N/A  No  Yes  
If yes, domestic claims are reimbursed at?  N/A  100%  0%  Other  %

Are any of these limitations included under this Stop Loss policy?

Pre-existing conditions exclusion?  No  Yes  
Dependent non-confinement?  No  Yes  
Actively at Work?  No  Yes

High Risk Individual Stop Loss amounts:

Member Identifier	Date of Birth	Amount	Description
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**Premium Rates and Factors**

Premium rate:  
ISL composite rate: \$79.99 per employee per month (PEPM)  
ASL composite rate: \$ per employee per month (PEPM)

Terminal liability premium rate:  
\*Composite: \$ per employee per month (PEPM) or  N/A  
\*If individual and aggregate Stop Loss coverage is included, the premium rate is combined

Aggregate Stop Loss factor:

Composite: \$ per employee per month (PEPM) or  N/A

Terminal Liability Stop Loss factor:

Composite: \$ per employee per month (PEPM) or  N/A

**Certification and Signature**

You hereby represent that the information contained in this *Stop Loss Application and Schedule of Insurance*, any *Disclosure* statement, and all other information and documents provided by you to us, is true and complete to the best of your knowledge and belief.

Printed name of authorized representative:

Eddie Trevino, Jr.

Signature of authorized representative:



Official Title: Cameron County Judge

Date: December 21, 2021

**Agent of Record**

Agent's name: on file

Agent's firm: on file

Tax ID #: on file

(If countersignature laws require commission sharing with a duly licensed resident agent in another jurisdiction, the above designation will be modified to the extent required by law.)

Attested by:

  
Sylvia Garza-Perez, County Clerk



## **Fraud Notice**

**WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### ***State-specific notices:***

**AL:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**AR:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DC:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FL:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

**LA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ME:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NM:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OK:** **WARNING** - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim

for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  
**OR:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

**RI:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VA:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## HIPAA PRIVACY DATA USE AGREEMENT

[Insert the Name of Network] (herein the "Network")

This Data Use Agreement (this "Agreement") is entered into effective as of \_\_\_\_\_ [date], and until July 1 , 2022, by and among Cameron County (herein "Covered Entity") and \_\_\_\_\_ (herein "Limited Data Set Recipient" or "Recipient") in order to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq., and regulations promulgated there under, as may be amended from time to time (statute and regulations hereafter collectively referred to as "HIPAA") [Covered Entity and Recipient may be referred to herein individually as a "Party" or collectively as the "Parties"]. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in HIPAA.

### STATEMENT OF AGREEMENT

1. HIPAA Compliance and Agents. Recipient hereby agrees to fully comply with the requirements under HIPAA as applicable with respect to Limited Data Set information, including, without limitation, 45 C.F.R. §164.514, throughout the term of this Agreement. Further, Recipient agrees that to the extent it has access to PHI, Recipient will fully comply with the requirements of HIPAA and this Agreement with respect to such PHI; and, further, that every agent, employee, subsidiary, and affiliate of Recipient to whom it provides PHI or Limited Data Set information received from, or created or received by Recipient on behalf of, Covered Entity will be required to fully comply with HIPAA, and will be bound by written agreement to the same restrictions, terms and conditions as set forth in this Agreement. If Covered Entity is required by HIPAA to maintain a Notice of Privacy Policies, Recipient acknowledges that it has received a copy of such notice, read and understands its terms, conditions, and hereby agrees to the extent applicable, to comply and act in accordance with such Notice as it may be amended from time to time by Covered Entity.
2. Use and Disclosure; Rights. Recipient agrees that it shall not to use or disclose PHI or Limited Data Set information except as permitted under this Agreement. Recipient may use or disclose the Limited Data Set information received or created by it, (a) to perform its obligations under this Agreement consistent only with research, public health or limited health care operations purposes, including without limitation the following: for the repricing exercise described in the Cameron County RFP solicitation, in order to properly manage and administer its business, (b) to carry out its legal responsibilities if the disclosure is required by law, or (c) for data aggregation functions, as defined by HIPAA. If pursuant to subsections (a), (b), or (c) above, Recipient discloses Limited Data Set information to others, the Recipient must obtain reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it is disclosed to the person and the person notifies Recipient of any instances of which it is aware that the confidentiality of the information has been breached. Recipient may not disclose Limited Data Set information in a manner that would violate HIPAA if Recipient were a covered entity thereunder. Recipient may only disclose Limited Data Set information to and permit the following persons or classes of persons to use such information: Medical Managed Care Network Administrators, Pharmacy Benefit



Managers and qualified Third Party Administrators, or other persons as may be agreed upon between Covered Entity and Recipient in writing. Recipient will not identify or attempt to identify the individual(s) to which the Limited Data Set information pertains or contact or attempt to contact the individual(s) that Recipient believes to be the subject of any Limited Data Set information.

3. Safeguards; Location. Recipient agrees to develop, document, use, and keep current appropriate procedural, physical, and electronic safeguards, sufficient to comply with the requirements of HIPAA, to prevent any use or disclosure of Limited Data Set information other than as permitted or required by this Agreement. Recipient agrees to notify Covered Entity of the location of any Limited Data Set information disclosed by Covered Entity or created by Recipient on behalf of Covered Entity and held by or under the control of Recipient or those to whom Recipient has disclosed such Limited Data Set information.
4. Report of Improper Use or Disclosure. Recipient shall immediately report to Covered Entity any information of which it becomes aware concerning any use or disclosure of PHI or Limited Data Set information that is not permitted by this Agreement or under HIPAA. This report shall identify the nature of the violating use or disclosure, the PHI or Limited Data Set information used or disclosed, who made the violating use or received the disclosure, what corrective action Recipient has or will take to prevent further violations, including any mitigation, and provide any other information as Covered Entity may request.
5. Termination Rights; Mitigation. Recipient acknowledges and agrees that Covered Entity shall have the right to terminate this Agreement in accordance with this #5 and #6 in the event Recipient breaches or fails to comply with the requirements set forth in this Agreement. In addition, Covered Entity may immediately terminate the Agreement, if Covered Entity determines, in its reasonable discretion, that Recipient has failed to comply with a material term of the Agreement required by HIPAA or is substantially not in compliance with the requirements of HIPAA. In addition to its obligations under this Agreement, Recipient shall take any other reasonable actions available to it to mitigate any detrimental effects of such violation or failure to comply.
6. Breach; Knowledge. If Covered Entity knows of a pattern of activity or practice of Recipient that constitutes a breach or violation of Recipient's obligations under this Agreement, Covered Entity and/or Recipient shall take any steps reasonably necessary to cure such breach and make Recipient comply, and, if such steps are unsuccessful, Covered Entity shall either (a) terminate this Agreement, if feasible, or (b) if cure and termination are not feasible, discontinue disclosure of Limited Data Set information to Recipient and report the breach or violation to DHHS. If Recipient as a covered entity, as defined by HIPAA, violates the terms and conditions of this Agreement or any other agreement in its capacity as a recipient of Limited Data Set information or business associate of another covered entity, Recipient will be, for purposes of #5 of this Agreement, substantially not in compliance with HIPAA.
7. Return of PHI and Limited Data Set Information. Recipient agrees that upon termination of this Agreement, and if feasible, Recipient shall, at its expense, (a) return or destroy all PHI and Limited Data Set information received from, or created or received by Recipient or any of Recipient's subcontractors or agents on behalf of, Covered Entity that Recipient or its subcontractors or agents maintain or control in any form or manner and retain no copies of such information or, (b) if such return or destruction is not feasible, immediately notify Covered Entity of the reasons return or destruction are not feasible, and extend indefinitely the protection of this Agreement to such PHI and Limited Data Set information and limit

further uses and disclosures to those purposes that make the return or destruction of the PHI and Limited Data Set information not feasible.

Acknowledged and agreed to by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Signee

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address

Please identify the person to whom the encrypted data should be submitted:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone #

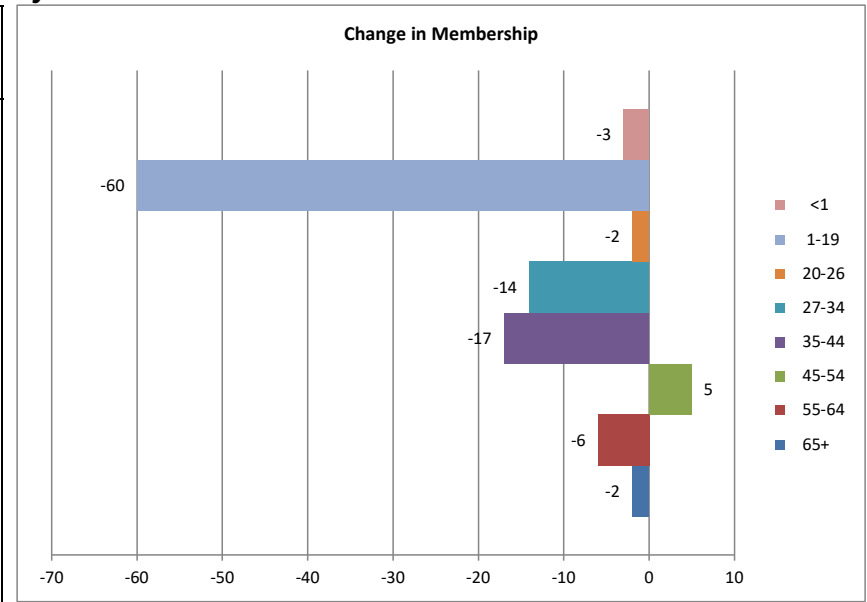
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E-mail address

**CAMERON COUNTY**

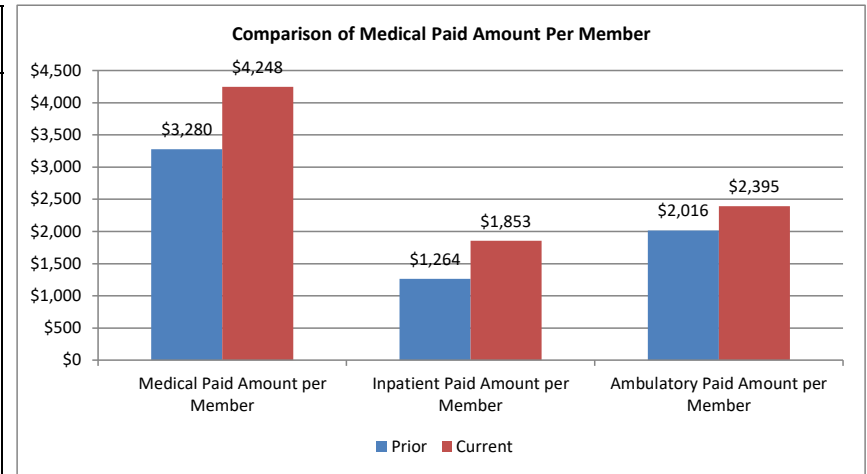
Current Data For Claims Processed October 01, 2020 - September 30, 2021  
 Prior Data For Claims Processed October 01, 2019 - September 30, 2020

**Executive Summary**

DEMOGRAPHICS	Oct'19 - Sep'20	Oct'20 - Sep'21	%Change
	Prior	Current	
Number of Employees	1,745	1,685	-3.5%
Number of Members	3,161	3,062	-3.1%
Percent Male Members	52.8%	52.1%	-0.8%
Percent Female Members	47.2%	47.9%	0.8%
Average Age of Membership	33.0	33.3	1.0%
Members by Age Band			
<1	27	24	-13.7%
1-19	791	731	-7.6%
20-26	485	483	-0.4%
27-34	389	375	-3.5%
35-44	507	490	-3.4%
45-54	534	539	0.9%
55-64	362	356	-1.4%
65+	66	64	-2.9%



FINANCIAL	Prior	Current	%Change
	Total Medical and Pharmacy Paid Amount	\$14,664,414	\$17,584,268
Total Pharmacy Paid Amount	\$4,298,756	\$4,579,322	6.5%
Pharmacy Paid Amount per Member	\$1,360	\$1,496	10.0%
Total Medical Paid Amount	\$10,365,658	\$13,004,946	25.5%
Medical Paid Amount per Member	\$3,280	\$4,248	29.5%
Medical Paid Amount per Employee	\$5,939	\$7,718	30.0%
Total Medical Capitation Payments	\$0	\$0	N/A
Medical Capitation Paid per Member	\$0	\$0	N/A
Total Medical Paid (Claims and Capitation)	\$10,365,658	\$13,004,946	25.5%
Medical Paid per Member (Claims and Capitation)	\$3,280	\$4,248	29.5%
Inpatient Paid Amount per Member	\$1,264	\$1,853	46.7%
Ambulatory Paid Amount per Member	\$2,016	\$2,395	18.8%



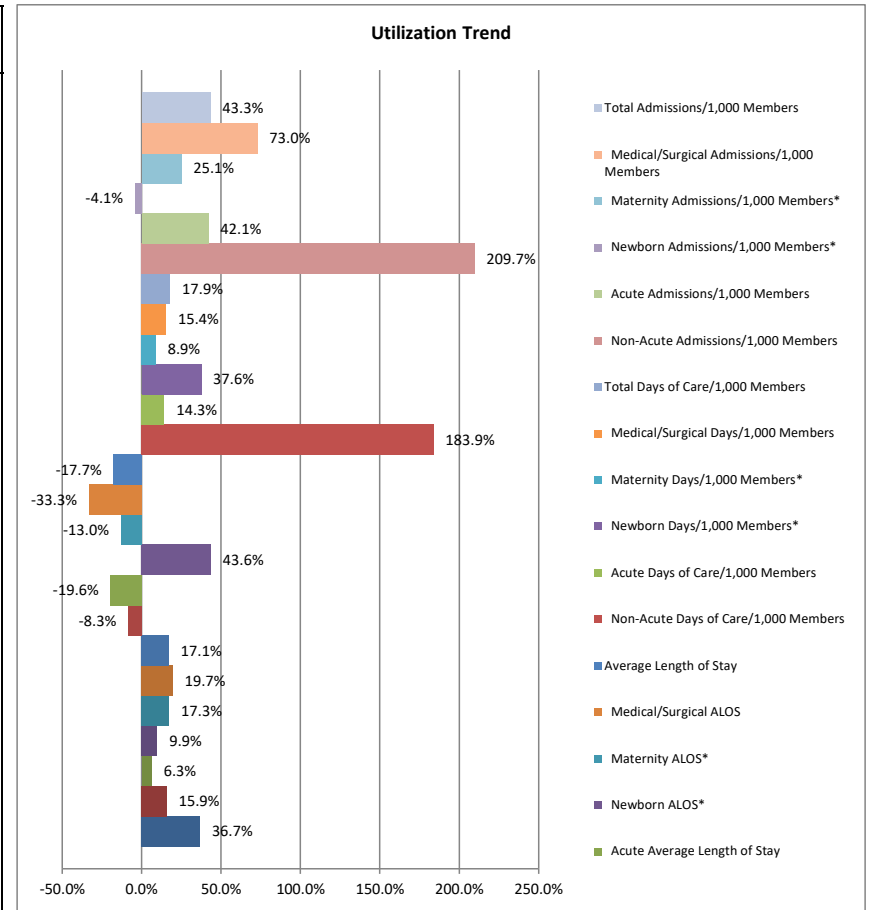
## CAMERON COUNTY

Current Data For Claims Processed October 01, 2020 - September 30, 2021

Prior Data For Claims Processed October 01, 2019 - September 30, 2020

### Executive Summary

UTILIZATION	Prior	Current	%Change
Total Admissions/1,000 Members	44	63	43.3%
Medical/Surgical Admissions/1,000 Members	22	39	73.0%
Maternity Admissions/1,000 Members*	10	13	25.1%
Newborn Admissions/1,000 Members*	9	8	-4.1%
Acute Admissions/1,000 Members	44	62	42.1%
Non-Acute Admissions/1,000 Members	0	1	209.7%
Total Days of Care/1,000 Members	238	280	17.9%
Medical/Surgical Days/1,000 Members	184	213	15.4%
Maternity Days/1,000 Members*	23	25	8.9%
Newborn Days/1,000 Members*	16	22	37.6%
Acute Days of Care/1,000 Members	233	266	14.3%
Non-Acute Days of Care/1,000 Members	5	14	183.9%
Average Length of Stay	5.4	4.4	-17.7%
Medical/Surgical ALOS	8.2	5.5	-33.3%
Maternity ALOS*	2.2	1.9	-13.0%
Newborn ALOS*	1.8	2.6	43.6%
Acute Average Length of Stay	5.3	4.3	-19.6%
Non-Acute Average Length of Stay	16.0	14.7	-8.3%
Total Surgeries/1,000 Members	359	421	17.1%
Inpatient Surgeries/1,000 Members	36	43	19.7%
Ambulatory Surgeries/1,000 Members	324	380	17.3%
Office Visits/1,000 Members	4,161	4,573	9.9%
PCP Office Visits/1,000 Members	2,597	2,762	6.3%
Specialist Office Visits/1,000 Members	1,564	1,812	15.9%
ER Visits/1,000 Members	297	407	36.7%

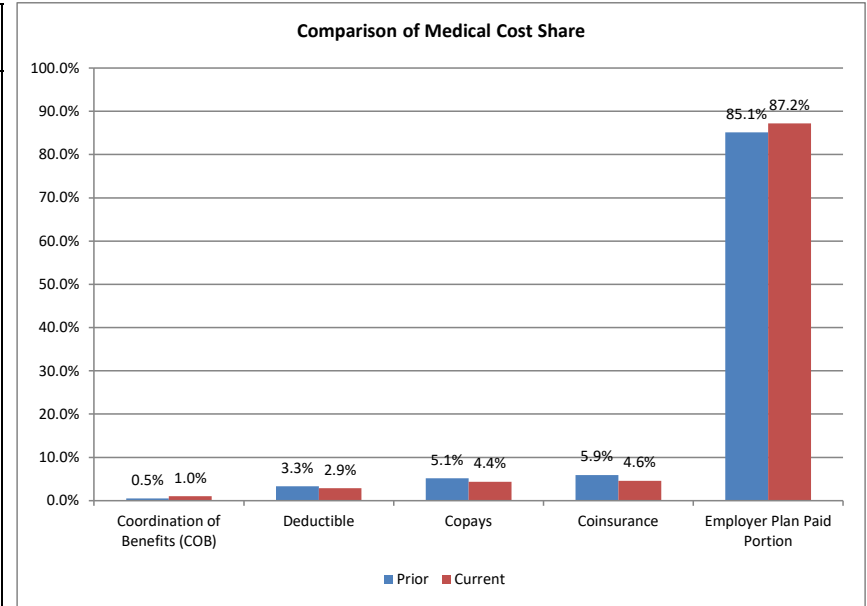


**CAMERON COUNTY**

Current Data For Claims Processed October 01, 2020 - September 30, 2021  
 Prior Data For Claims Processed October 01, 2019 - September 30, 2020

**Executive Summary**

<b>MEDICAL COST SHARE</b>			
	<b>Prior</b>	<b>Current</b>	<b>%Change</b>
Coordination of Benefits (COB)	\$65,295	\$149,576	129.1%
Deductible	\$402,463	\$427,587	6.2%
Copays	\$626,248	\$651,718	4.1%
Coinsurance	\$721,420	\$679,606	-5.8%
Member Paid Portion	\$1,750,131	\$1,758,911	0.5%
Member Paid Portion per Member	\$554	\$575	3.7%
Employer Plan Paid Portion	\$10,365,658	\$13,004,946	25.5%
Employer Plan Paid Portion per Member	\$3,280	\$4,248	29.5%
Employer % Share Medical	85.1%	87.2%	2.1%
Member % Share Medical	14.4%	11.8%	-2.6%
COB % Share Medical	0.5%	1.0%	0.5%



\* For HMO platform products, Well Newborns are not counted. For PPO platform products, Well Newborns are included in the Newborn category.

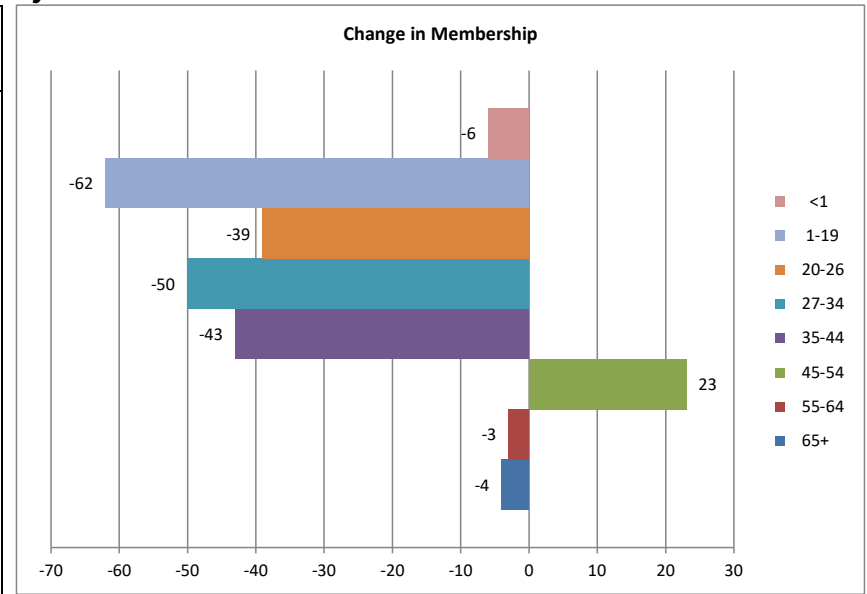
\*\* This represents the true amount paid by the employee less the AHF amount paid by the employer.

**CAMERON COUNTY**

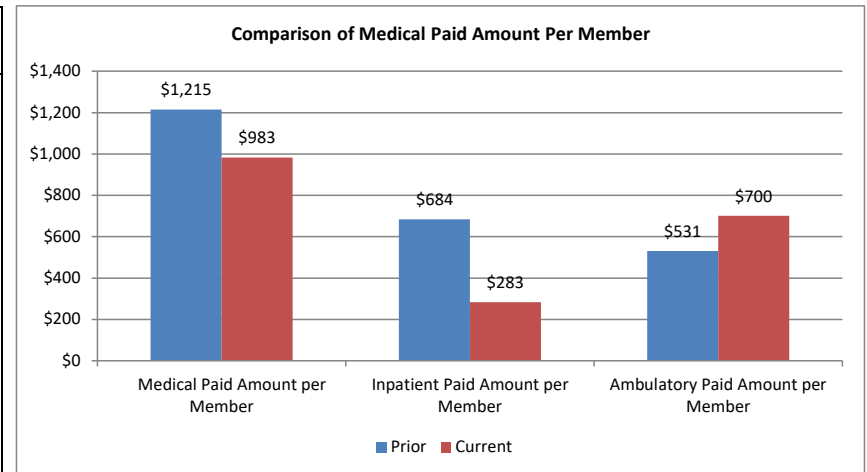
Current Data For Claims Processed October 01, 2021 - December 31, 2021  
 Prior Data For Claims Processed October 01, 2020 - December 31, 2020

**Executive Summary**

DEMOGRAPHICS	Oct'20 - Dec'20	Oct'21 - Dec'21	%Change
	Prior	Current	
Number of Employees	1,716	1,631	-5.0%
Number of Members	3,130	2,947	-5.8%
Percent Male Members	52.3%	52.0%	-0.2%
Percent Female Members	47.7%	48.0%	0.2%
Average Age of Membership	33.1	33.8	2.1%
Members by Age Band			
<1	24	18	-22.5%
1-19	754	692	-8.2%
20-26	503	464	-7.8%
27-34	388	338	-12.7%
35-44	503	460	-8.5%
45-54	538	561	4.2%
55-64	355	352	-0.8%
65+	65	61	-5.7%



FINANCIAL	Prior	Current	%Change
	Total Medical and Pharmacy Paid Amount	\$4,960,143	\$3,982,350
Total Pharmacy Paid Amount	\$1,156,559	\$1,085,042	-6.2%
Pharmacy Paid Amount per Member	\$370	\$368	-0.4%
Total Medical Paid Amount	\$3,803,584	\$2,897,308	-23.8%
Medical Paid Amount per Member	\$1,215	\$983	-19.1%
Medical Paid Amount per Employee	\$2,217	\$1,777	-19.8%
Total Medical Capitation Payments	\$0	\$0	N/A
Medical Capitation Paid per Member	\$0	\$0	N/A
Total Medical Paid (Claims and Capitation)	\$3,803,584	\$2,897,308	-23.8%
Medical Paid per Member (Claims and Capitation)	\$1,215	\$983	-19.1%
Inpatient Paid Amount per Member	\$684	\$283	-58.7%
Ambulatory Paid Amount per Member	\$531	\$700	31.8%



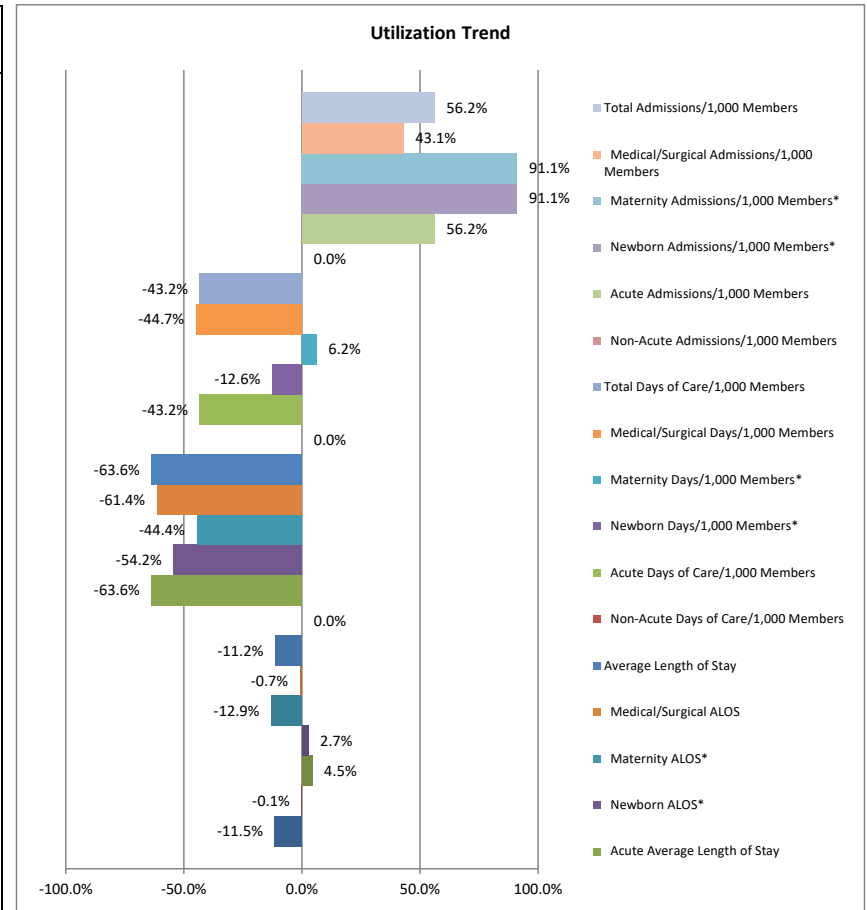
## CAMERON COUNTY

Current Data For Claims Processed October 01, 2021 - December 31, 2021

Prior Data For Claims Processed October 01, 2020 - December 31, 2020

### Executive Summary

UTILIZATION	Prior	Current	%Change
Total Admissions/1,000 Members	11	17	56.2%
Medical/Surgical Admissions/1,000 Members	7	11	43.1%
Maternity Admissions/1,000 Members*	2	3	91.1%
Newborn Admissions/1,000 Members*	2	3	91.1%
Acute Admissions/1,000 Members	11	17	56.2%
Non-Acute Admissions/1,000 Members	0	0	N/A
Total Days of Care/1,000 Members	86	49	-43.2%
Medical/Surgical Days/1,000 Members	69	38	-44.7%
Maternity Days/1,000 Members*	5	5	6.2%
Newborn Days/1,000 Members*	5	5	-12.6%
Acute Days of Care/1,000 Members	86	49	-43.2%
Non-Acute Days of Care/1,000 Members	0	0	N/A
Average Length of Stay	7.9	2.9	-63.6%
Medical/Surgical ALOS	9.4	3.6	-61.4%
Maternity ALOS*	3.0	1.7	-44.4%
Newborn ALOS*	3.4	1.6	-54.2%
Acute Average Length of Stay	7.9	2.9	-63.6%
Non-Acute Average Length of Stay	N/A	N/A	N/A
Total Surgeries/1,000 Members	105	93	-11.2%
Inpatient Surgeries/1,000 Members	10	10	-0.7%
Ambulatory Surgeries/1,000 Members	96	84	-12.9%
Office Visits/1,000 Members	1,121	1,151	2.7%
PCP Office Visits/1,000 Members	676	706	4.5%
Specialist Office Visits/1,000 Members	445	445	-0.1%
ER Visits/1,000 Members	100	89	-11.5%



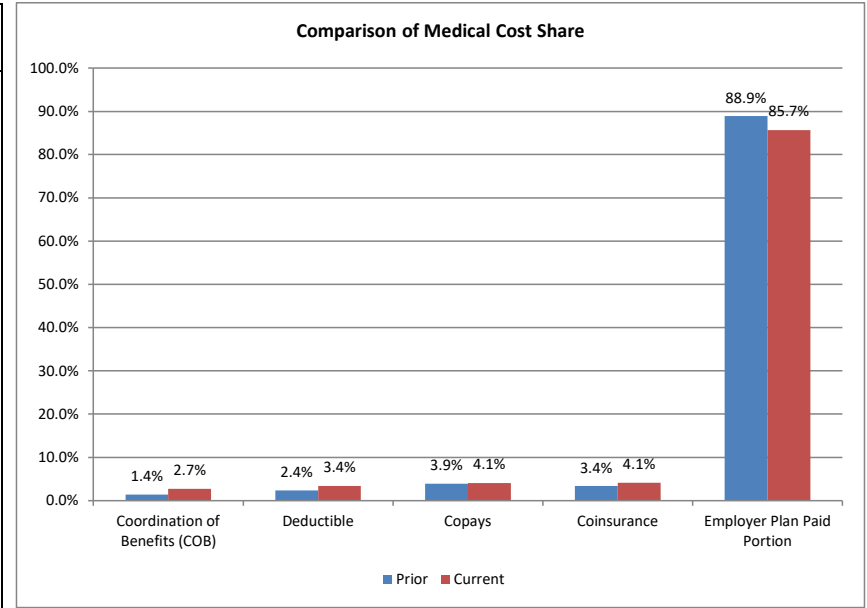
**CAMERON COUNTY**

Current Data For Claims Processed October 01, 2021 - December 31, 2021

Prior Data For Claims Processed October 01, 2020 - December 31, 2020

**Executive Summary**

<b>MEDICAL COST SHARE</b>			
	<b>Prior</b>	<b>Current</b>	<b>%Change</b>
Coordination of Benefits (COB)	\$59,629	\$92,579	55.3%
Deductible	\$101,952	\$115,231	13.0%
Copays	\$168,756	\$137,800	-18.3%
Coinsurance	\$144,593	\$139,405	-3.6%
Member Paid Portion	\$415,302	\$392,436	-5.5%
Member Paid Portion per Member	\$133	\$133	0.3%
Employer Plan Paid Portion	\$3,803,584	\$2,897,308	-23.8%
Employer Plan Paid Portion per Member	\$1,215	\$983	-19.1%
Employer % Share Medical	88.9%	85.7%	-3.2%
Member % Share Medical	9.7%	11.6%	1.9%
COB % Share Medical	1.4%	2.7%	1.4%



\* For HMO platform products, Well Newborns are not counted. For PPO platform products, Well Newborns are included in the Newborn category.

\*\* This represents the true amount paid by the employee less the AHF amount paid by the employer.



**CAMERON COUNTY**

Current Data For Claims Processed October 01, 2020 - September 30, 2021

**Top 50 Providers Report**

<u>Provider Name</u>	<u>Provider City</u>	<u>Provider State</u>	<u>Provider Type</u>	<u>Number of Claimants</u>	<u>Admissions</u>	<u>Visits</u>	<u>Number of Claims</u>	<u>Paid Amount</u>
Misael Tollen Irizarry	Brownsville	TX	Physician	496	0	2,126	2,337	\$357,243
LabCorp	San Antonio	TX	Independent	693	0	1,341	1,833	\$96,329
Clinical Pathology Labs, Inc.	San Antonio	TX	Independent	599	0	1,135	1,459	\$72,810
Carrol L. Anderson	Brownsville	TX	Physician	480	0	885	1,078	\$73,021
Quest Diagnostics	Indianapolis	IN	Independent	457	0	792	991	\$50,871
Exceptional H C Brownsville LLC	Brownsville	TX	Freestanding	361	0	575	958	\$182,378
Doctors Hospital at Renaissance, LTD	Edinburg	TX	Acute Short	375	7	864	946	\$407,281
Valley Radiologists & Associates	Harlingen	TX	Physician	397	0	709	808	\$27,157
Exceptional Physicians Group Brownsville	Brownsville	TX	Physician	348	0	542	796	\$204,555
Nolan E. Perez	Harlingen	TX	Physician	169	0	472	702	\$87,035
Valley Baptist Medical Center-Brownsvill	Brownsville	TX	Acute Short	280	53	511	634	\$2,979,224
Ronaldo D. Factoriza	Brownsville	TX	Physician	80	0	461	618	\$30,630
Rosemary A. Recavarren	Weslaco	TX	Physician	178	0	474	598	\$2,888
Valley Baptist Medical Center-Harlingen	Harlingen	TX	Acute Short	223	41	627	596	\$1,417,310
Luis Garcia	Brownsville	TX	Physician	145	0	381	490	\$23,674
Singleton Associates P.A.	Houston	TX	Physician	265	0	435	478	-\$37,076
Asim Zamir	Brownsville	TX	Physician	159	0	336	476	\$29,879
Balesh Sharma	Brownsville	TX	Physician	41	0	266	459	\$290,083
Exceptional Healthcare Inc.	Dallas	TX	Freestanding	144	0	209	394	\$65,896
Valley Med Urgent Care, PLLC	Brownsville	TX	Urgent Care	143	0	326	377	\$25,540
Kalim J Habet	Brownsville	TX	Physician	108	0	357	367	\$24,737
Valley Regional Medical Center - HCA Aff	Brownsville	TX	Acute Short	213	41	349	363	\$1,086,933
The University of Texas Rio Grande Valle	Harlingen	TX	Physician	173	0	321	330	\$25,797
Timothy C Bothwell	Harlingen	TX	Physician	112	0	282	306	\$19,857
Carlos Rosas	Brownsville	TX	Physician	40	0	206	305	\$11,082
Michael Eisen	Brownsville	TX	Physician	61	0	259	297	\$14,766
Physicians EHC Harlingen LLC	Harlingen	TX	Physician	140	0	196	293	\$70,583
Harlingen VAMC	Harlingen	TX	Acute Short	26	0	192	277	\$50,993
Joey A Ugalino	Brownsville	TX	Physician	40	0	201	272	\$10,789
Community Reference Lab	Harlingen	TX	Independent	56	0	101	266	\$4,807
Yogesh Trakru	Brownsville	TX	Physician	36	0	180	260	\$16,990
Mario A. Sanchez	La Feria	TX	Physician	22	0	216	256	\$13,335
Todd D. Shenkenberg	Harlingen	TX	Physician	33	0	206	254	\$51,098
Martha M Martinez	Brownsville	TX	Physician	53	0	140	251	\$18,068
Kevin T. Nead	Houston	TX	Physician	24	0	134	248	\$45,535
Harlingen Medical Center	Harlingen	TX	Acute Short	93	17	212	243	\$656,627
TelaDoc Physicians, P.A.	Lewisville	TX	Physician	129	0	208	231	\$6,427
Sanjeev A. Vasudevan	Houston	TX	Physician	8	0	124	230	\$59,332
Michael D. Evans	Weslaco	TX	Physician	54	0	214	228	\$14,320
Vicki M. Rodriguez	Brownsville	TX	Physical The	21	0	177	210	\$8,338
Israel Vega	San Benito	TX	Nurse Practit	56	0	176	205	\$12,238
MinuteClinic Diagnostic of Texas, LLC	Forney	TX	Nurse Practit	154	0	200	205	\$5,994
Mir Ali	Brownsville	TX	Physician	35	0	131	200	\$12,757
Mogbolahan M. Kuye	Harlingen	TX	Physician	45	0	176	187	\$9,866
Ricardo A Abraham	Brownsville	TX	Physician	30	0	176	183	\$14,880
Elsa Santos Mendoza	Brownsville	TX	Physician	35	0	130	180	\$10,559
The University of TX M.D. Anderson Cance	Houston	TX	Acute Short	24	1	159	179	\$448,669
Elias R. George	Edinburg	TX	Physician	56	0	138	177	\$7,959
Ivette Marrero-Perez	Brownsville	TX	Optometrist	129	0	162	173	\$19,632
Allister D. Arnold	Corpus Christi	TX	Physician	41	0	127	166	\$34,191



**CAMERON COUNTY**

Current Data For Claims Processed October 01, 2021 - December 31, 2021

**Top 50 Providers Report**

Provider Name	Provider City	Provider State	Provider Type	Number of Claimants	Admissions	Visits	Number of Claims	Paid Amount
LabCorp	San Antonio	TX	Independent	254	0	325	535	\$16,677
Misael Tollen Irizarry	Brownsville	TX	Physician	213	0	388	405	\$71,280
Clinical Pathology Labs, Inc.	San Antonio	TX	Independent	216	0	252	337	\$15,236
Quest Diagnostics	Indianapolis	IN	Independent	173	0	204	282	\$14,030
Carrol L. Anderson	Brownsville	TX	Physician	153	0	194	219	\$17,979
Doctors Hospital at Renaissance, LTD	Edinburg	TX	Acute Short	148	1	205	207	\$53,117
Cliff Morgan Richmond	San Antonio	TX	Physician	55	0	125	179	\$24,519
Rosemary A. Recavarren	Weslaco	TX	Physician	58	0	136	166	\$1,362
Valley Baptist Medical Center-Brownsvill	Brownsville	TX	Acute Short	80	16	126	157	\$256,974
Valley Radiologists & Associates	Harlingen	TX	Physician	120	0	139	152	\$6,073
Ronaldo D. Factoriza	Brownsville	TX	Physician	45	0	99	142	\$8,394
Valley Baptist Medical Center-Harlingen	Harlingen	TX	Acute Short	81	13	130	133	\$356,182
Balesh Sharma	Brownsville	TX	Physician	19	0	78	117	\$177,008
Exceptional H C Brownsville LLC	Brownsville	TX	Freestanding	73	0	86	113	\$26,401
ACN TX Medicaid & HC Partner	Dallas	TX	Dentist	36	0	95	109	\$4,538
Valley Healing Hands LLC	Brownsville	TX	Physical The	6	0	53	104	\$1,190
Asim Zamir	Brownsville	TX	Physician	57	0	82	97	\$7,974
Singleton Associates P.A.	Houston	TX	Physician	56	0	72	87	\$5,090
Elsa Santos Mendoza	Brownsville	TX	Physician	22	0	55	85	\$4,610
Raquel Bolado	Harlingen	TX	Physician	36	0	77	85	\$4,396
Valley Regional Medical Center - HCA Aff	Brownsville	TX	Acute Short	60	3	90	79	\$167,081
Valley Med Urgent Care, PLLC	Brownsville	TX	Urgent Care	30	0	56	79	\$5,149
Timothy C Bothwell	Harlingen	TX	Physician	45	0	73	77	\$4,513
Luis Garcia	Brownsville	TX	Physician	30	0	68	76	\$2,029
Larissa Alejandra Meyer	Galveston	TX	Physician	12	0	51	75	\$25,507
Lilia H. Hernandez	Brownsville	TX	Physician	21	0	74	75	\$2,709
Exceptional Physicians Group Brownsville	Brownsville	TX	Physician	62	0	72	72	\$35,277
Nisar Hussain	Brownsville	TX	Physician	28	0	51	71	\$2,999
Luis A. Reynoso	Harlingen	TX	Physician	9	0	21	63	\$2,173
The University of TX M.D. Anderson Cance	Houston	TX	Acute Short	12	2	60	62	\$192,913
Mario A. Sanchez	La Feria	TX	Physician	6	0	55	61	\$2,378
Community Reference Lab	Harlingen	TX	Independent	20	0	27	61	\$1,247
Carlos Rosas	Brownsville	TX	Physician	18	0	37	59	\$2,019
Mir Ali	Brownsville	TX	Physician	25	0	49	58	\$4,299
Kalim J Habet	Brownsville	TX	Physician	32	0	55	58	\$2,629
Michael Balderas	Harlingen	TX	Physician	27	0	53	57	\$5,802
Yogesh Trakru	Brownsville	TX	Physician	23	0	46	57	\$4,081
Tania Q Jalil	Brownsville	TX	Physician	14	0	45	57	\$3,304
Taiwo A Kuye	Harlingen	TX	Physician	26	0	56	56	\$3,055
Harlingen VAMC	Harlingen	TX	Acute Short	13	0	43	55	\$10,522
Shahid A Bangash	Brownsville	TX	Physician	8	0	55	55	\$6,142
Antonio Figueroa	Brownsville	TX	Physician	16	0	43	55	\$3,288
Children's Physician Services of South T	Corpus Christi	TX	Physician	15	0	35	52	\$11,438
Harlingen Medical Center	Harlingen	TX	Acute Short	26	4	49	50	\$222,429
Ivette Marrero-Perez	Brownsville	TX	Optometrist	39	0	45	49	\$5,282
JK URGENT CARE CLINIC	Brownsville	TX	Physician	26	0	42	48	\$3,099
Asim Zamir	Brownsville	TX	Physician	31	0	38	47	\$3,966
Maria T. Bonuel-Silverio	Brownsville	TX	Physician	19	0	40	47	\$3,280
Juan Gabriel Guajardo	Brownsville	TX	Physician	29	0	46	47	\$3,220
The University of Texas Rio Grande Valle	Harlingen	TX	Physician	35	0	44	46	\$2,696



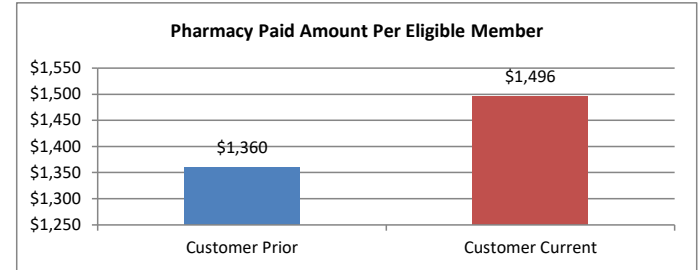
## CAMERON COUNTY

Current Data For Claims October 01, 2020 - September 30, 2021

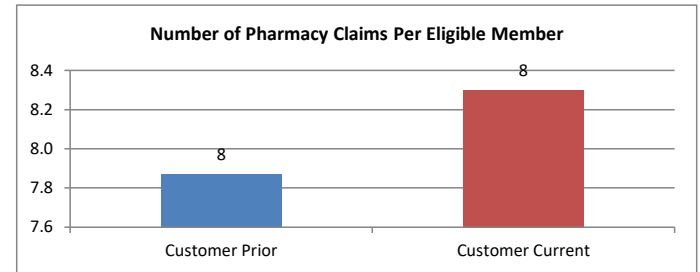
Prior Data For Claims October 01, 2019 - September 30, 2020

### Key Statistics Pharmacy

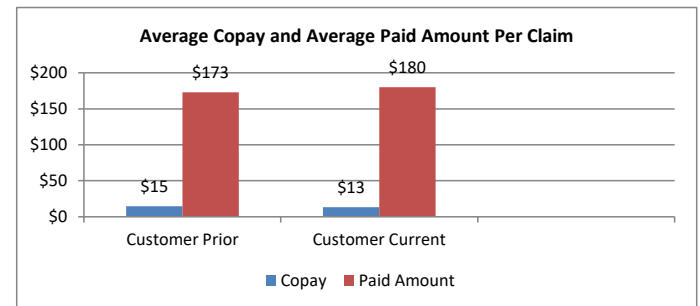
Demographics Summary	Prior	Current	% Change
Number of Employees	1,745	1,685	-3.5%
Number of Members	3,161	3,062	-3.1%
Ratio of Members to Employees	1.8	1.8	0.3%
Percent Male Members	52.8%	52.1%	-0.8%
Percent Female Members	47.2%	47.9%	0.8%
Average Age of Membership	33.0	33.3	1.0%
Number of Utilizing Members	2,357	2,526	7.2%



Key Statistics	Prior	Current	% Change
Total Pharmacy Paid Amount	\$4,298,756	\$4,579,322	6.5%
Pharmacy Paid Amount per Eligible Member	\$1,360	\$1,496	10.0%
Pharmacy Paid Amount per Utilizing Member	\$1,824	\$1,813	-0.6%
Average Paid Amount per Claim	\$172.80	\$180.20	4.3%
Number of Pharmacy Claims	24,877	25,412	2.2%
Number of Pharmacy Claims Per Eligible Member	7.9	8.3	5.5%
Number of Pharmacy Claims Per Utilizing Member	10.6	10.1	-4.7%



Calculated Ingredient Cost	\$4,644,342	\$4,863,571	4.7%
Total Copay Amount	\$362,280	\$337,786	-6.8%
Average Copay Amount per Claim	\$14.56	\$13.29	-8.7%
Generic Utilization	85.9%	82.1%	-3.8%
Generic Substitution	98.8%	98.7%	-0.1%
Brand Utilization	14.1%	17.9%	3.8%
Formulary Utilization	96.9%	92.8%	-4.0%



**CAMERON COUNTY**

Current Data For Claims October 01, 2020 - September 30, 2021

Prior Data For Claims October 01, 2019 - September 30, 2020

**Key Pharmacy Statistics by Generic, Brand Single-Source & Brand Multi-Source**

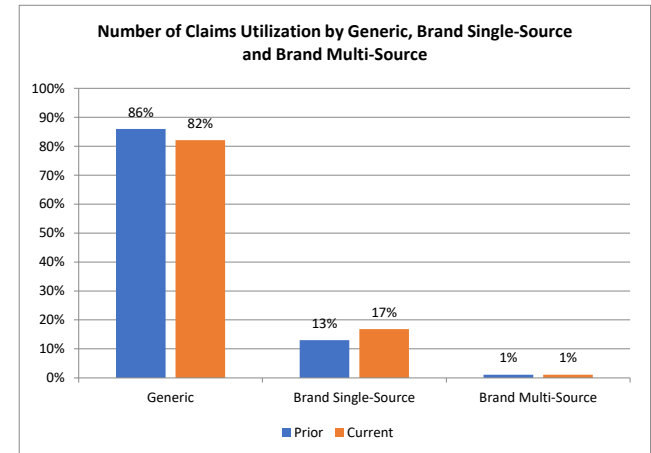
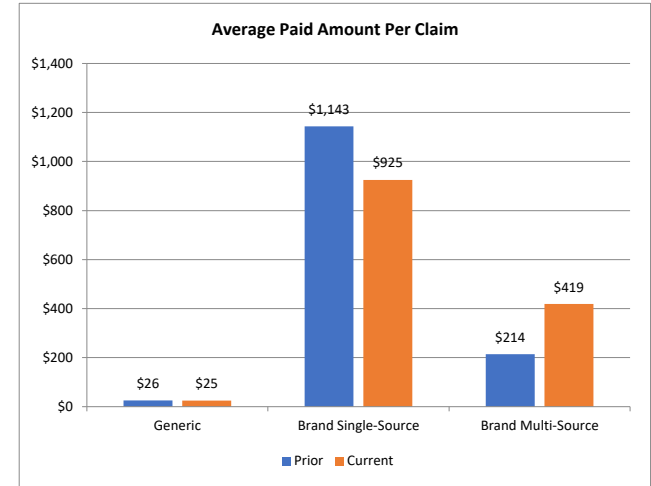
<b>Generic</b>	<b>Prior</b>	<b>Current</b>	<b>% Change</b>
Generic Pharmacy Paid Amount	\$546,422	\$514,492	-5.8%
Generic Pharmacy Paid Amount per Eligible Member	\$173	\$168	-2.8%
Generic Pharmacy Paid Amount per Utilizing Member	\$232	\$204	-12.1%
Average Generic Paid Amount Per Claim	\$25.56	\$24.65	-3.5%
Number of Generic Claims	21,380	20,868	-2.4%
Number of Generic Pharmacy Claims Per Eligible Member	6.8	6.8	0.8%
Calculated Ingredient Cost	\$743,757	\$692,176	-6.9%
Total Copay Amount	\$210,416	\$190,692	-9.4%
Generic Utilization	85.9%	82.1%	-3.8%

<b>Brand Single-Source</b>	<b>Prior</b>	<b>Current</b>	<b>% Change</b>
Brand Single-Source Pharmacy Paid Amount	\$3,695,596	\$3,949,667	6.9%
Brand Single-Source Pharmacy Paid Amount per Eligible Member	\$1,169	\$1,290	10.3%
Brand Single-Source Pharmacy Paid Amount per Utilizing Member	\$1,568	\$1,564	-0.3%
Average Brand Single-Source Paid Amount Per Claim	\$1,143.44	\$925.20	-19.1%
Number of Brand Single-Source Claims	3,232	4,269	32.1%
Number of Brand Single-Source Pharmacy Claims Per Eligible Member	1.0	1.4	36.4%
Calculated Ingredient Cost	\$3,833,323	\$4,047,155	5.6%
Total Copay Amount	\$141,170	\$137,838	-2.4%
Brand Single-Source Utilization	13.0%	16.8%	3.8%

<b>Brand Multi-Source</b>	<b>Prior</b>	<b>Current</b>	<b>% Change</b>
Brand Multi-Source Pharmacy Paid Amount	\$56,737	\$115,163	103.0%
Brand Multi-Source Pharmacy Paid Amount per Eligible Member	\$18	\$38	109.5%
Brand Multi-Source Pharmacy Paid Amount per Utilizing Member	\$24	\$46	89.4%
Average Brand Multi-Source Paid Amount Per Claim	\$214.10	\$418.78	95.6%
Number of Brand Multi-Source Claims	265	275	3.8%
Number of Brand Multi-Source Pharmacy Claims Per Eligible Member	0.1	0.1	7.1%
Calculated Ingredient Cost	\$67,262	\$124,240	84.7%
Total Copay Amount	\$10,694	\$9,256	-13.4%
Brand Multi-Source Utilization	1.1%	1.1%	0.0%



**CAMERON COUNTY**

Current Data For Claims October 01, 2020 - September 30, 2021

**Top Drugs Ranked by Paid Amount**

<b>Drug Label Name</b>	<b>Number of Utilizing Members</b>	<b>Number of Claims</b>	<b>Calculated Ingredient Cost</b>	<b>Paid Amount</b>	<b>Average Paid Amount per Claim</b>	<b>Paid Amount per Utilizing Member</b>	<b>Average Days Supply</b>
HEMLIBRA	1	11	\$460,500	\$459,700	\$41,790.91	\$459,700	1.0
OZEMPIC	65	236	\$323,646	\$311,114	\$1,318.28	\$4,786	51.0
HUMIRA PEN	8	51	\$302,287	\$298,447	\$5,851.90	\$37,306	28.1
TRULICITY	35	205	\$252,403	\$242,413	\$1,182.50	\$6,926	43.3
FARXIGA	37	118	\$148,895	\$141,085	\$1,195.64	\$3,813	73.6
JARDIANCE	32	129	\$122,506	\$116,467	\$902.84	\$3,640	55.1
TRESIBA FLEX	32	105	\$121,034	\$114,135	\$1,087.00	\$3,567	61.9
NORDITROPIN	1	9	\$109,419	\$108,699	\$12,077.61	\$108,699	28.3
NOVOLOG	18	78	\$100,537	\$96,745	\$1,240.32	\$5,375	49.6
NOVOLOG MIX	13	70	\$99,369	\$95,974	\$1,371.06	\$7,383	40.5
COSENTYX PEN	2	14	\$95,219	\$94,099	\$6,721.38	\$47,050	28.0
BIKTARVY	3	29	\$95,757	\$93,612	\$3,228.00	\$31,204	30.0
XELJANZ XR	2	20	\$94,389	\$92,914	\$4,645.71	\$46,457	30.0
VICTOZA	13	54	\$85,435	\$82,705	\$1,531.58	\$6,362	55.0
JANUVIA	24	70	\$81,145	\$76,507	\$1,092.95	\$3,188	72.9
IBRANCE	2	6	\$75,537	\$75,057	\$12,509.43	\$37,528	28.0
STELARA	1	3	\$69,378	\$69,138	\$23,045.90	\$69,138	84.0
TALTZ	1	12	\$68,771	\$67,811	\$5,650.93	\$67,811	28.0
HUMIRA	1	11	\$62,535	\$61,895	\$5,626.85	\$61,895	28.0
LINZESS	32	75	\$65,395	\$61,366	\$818.22	\$1,918	58.0
VASCEPA	42	91	\$59,560	\$56,157	\$617.11	\$1,337	60.3
ENBREL	1	10	\$56,741	\$55,941	\$5,594.13	\$55,941	28.0
XIFAXAN	2	7	\$55,040	\$54,644	\$7,806.30	\$27,322	90.0
ROSUVASTATIN	127	356	\$62,399	\$53,901	\$151.41	\$424	72.9
LEVEMIR	11	37	\$49,433	\$47,455	\$1,282.57	\$4,314	65.0
DEMSER	1	2	\$42,483	\$42,425	\$21,212.36	\$42,425	9.0
HUMATROPE	1	3	\$42,142	\$41,902	\$13,967.31	\$41,902	30.0
LYNPARZA	1	6	\$42,081	\$41,601	\$6,933.49	\$41,601	30.0
DEXCOM G6	17	81	\$38,818	\$34,667	\$427.99	\$2,039	65.2
TRETINOIN	24	48	\$34,027	\$33,331	\$694.39	\$1,389	25.8
JANUMET	11	33	\$34,573	\$32,472	\$983.99	\$2,952	65.7
RYBELSUS	7	20	\$32,336	\$31,229	\$1,561.45	\$4,461	60.0
BRIVIACT	2	22	\$27,399	\$26,154	\$1,188.82	\$13,077	30.0
XOLAIR	1	12	\$26,884	\$25,924	\$2,160.37	\$25,924	28.0
TADALAFIL	22	66	\$25,365	\$24,387	\$369.51	\$1,109	21.8
ELIQUIS	10	36	\$24,409	\$23,193	\$644.25	\$2,319	42.5
CONCERTA	8	61	\$23,886	\$22,963	\$376.45	\$2,870	29.7
LO LOESTRIN	20	85	\$22,615	\$22,670	\$266.71	\$1,134	49.1
PFIZER VACC	304	560	\$0	\$21,599	\$38.57	\$71	1.8
XIGDUO XR	6	17	\$22,055	\$20,945	\$1,232.08	\$3,491	75.9
LUPR DEP-PED	1	2	\$20,974	\$20,815	\$10,407.57	\$20,815	30.0



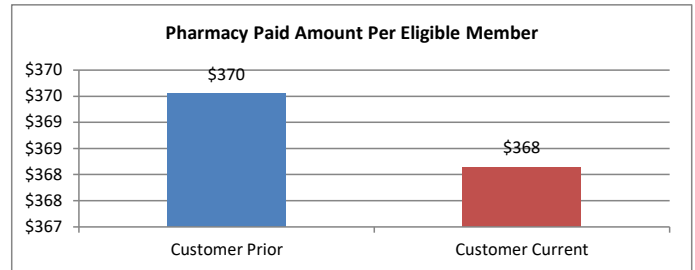
## CAMERON COUNTY

Current Data For Claims October 01, 2021 - December 31, 2021

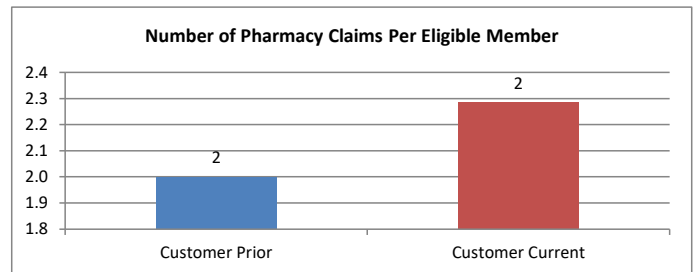
Prior Data For Claims October 01, 2020 - December 31, 2020

### Key Statistics Pharmacy

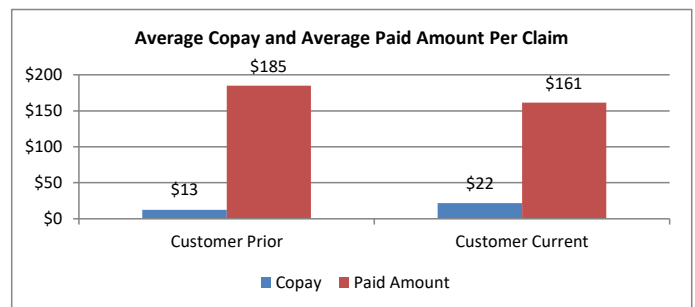
Demographics Summary	Prior	Current	% Change
Number of Employees	1,716	1,631	-5.0%
Number of Members	3,130	2,947	-5.8%
Ratio of Members to Employees	1.8	1.8	-0.9%
Percent Male Members	52.3%	52.0%	-0.2%
Percent Female Members	47.7%	48.0%	0.2%
Average Age of Membership	33.1	33.8	2.1%
Number of Utilizing Members	1,481	1,630	10.1%



Key Statistics	Prior	Current	% Change
Total Pharmacy Paid Amount	\$1,156,559	\$1,085,042	-6.2%
Pharmacy Paid Amount per Eligible Member	\$370	\$368	-0.4%
Pharmacy Paid Amount per Utilizing Member	\$781	\$666	-14.8%
Average Paid Amount per Claim	\$185.02	\$161.22	-12.9%
Number of Pharmacy Claims	6,251	6,730	7.7%
Number of Pharmacy Claims Per Eligible Member	2.0	2.3	14.3%
Number of Pharmacy Claims Per Utilizing Member	4.2	4.1	-2.2%



Calculated Ingredient Cost	\$1,230,235	\$1,211,739	-1.5%
Total Copay Amount	\$78,354	\$146,132	86.5%
Average Copay Amount per Claim	\$12.53	\$21.71	73.2%
Generic Utilization	82.6%	79.0%	-3.6%
Generic Substitution	98.6%	98.6%	0.0%
Brand Utilization	17.4%	21.0%	3.6%
Formulary Utilization	93.9%	89.9%	-4.0%



**CAMERON COUNTY**

Current Data For Claims October 01, 2021 - December 31, 2021

Prior Data For Claims October 01, 2020 - December 31, 2020

**Key Pharmacy Statistics by Generic, Brand Single-Source & Brand Multi-Source**

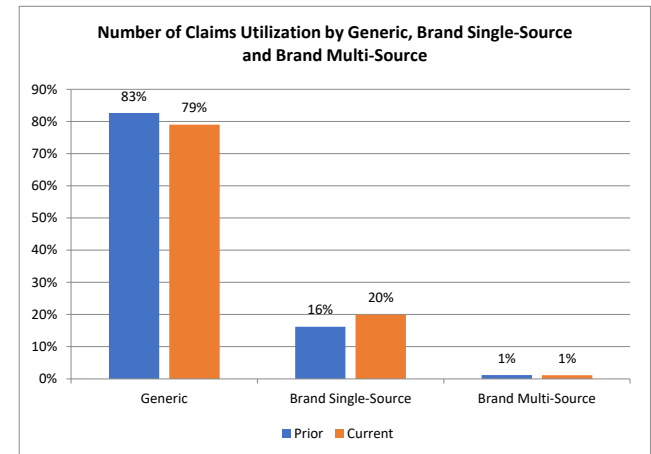
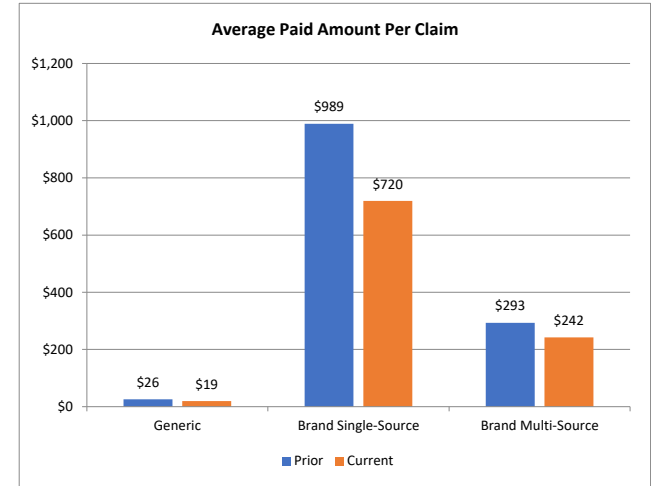
<b>Generic</b>	<b>Prior</b>	<b>Current</b>	<b>% Change</b>
Generic Pharmacy Paid Amount	\$133,248	\$102,815	-22.8%
Generic Pharmacy Paid Amount per Eligible Member	\$43	\$35	-18.1%
Generic Pharmacy Paid Amount per Utilizing Member	\$90	\$63	-29.9%
Average Generic Paid Amount Per Claim	\$25.80	\$19.34	-25.0%
Number of Generic Claims	5,165	5,316	2.9%
Number of Generic Pharmacy Claims Per Eligible Member	1.7	1.8	9.3%
Calculated Ingredient Cost	\$174,411	\$143,234	-17.9%
Total Copay Amount	\$44,358	\$43,735	-1.4%
Generic Utilization	82.6%	79.0%	-3.6%

<b>Brand Single-Source</b>	<b>Prior</b>	<b>Current</b>	<b>% Change</b>
Brand Single-Source Pharmacy Paid Amount	\$1,001,897	\$964,304	-3.8%
Brand Single-Source Pharmacy Paid Amount per Eligible Member	\$320	\$327	2.2%
Brand Single-Source Pharmacy Paid Amount per Utilizing Member	\$677	\$592	-12.6%
Average Brand Single-Source Paid Amount Per Claim	\$989.04	\$719.63	-27.2%
Number of Brand Single-Source Claims	1,013	1,340	32.3%
Number of Brand Single-Source Pharmacy Claims Per Eligible Member	0.3	0.5	40.5%
Calculated Ingredient Cost	\$1,032,559	\$1,048,323	1.5%
Total Copay Amount	\$32,098	\$100,088	211.8%
Brand Single-Source Utilization	16.2%	19.9%	3.7%

<b>Brand Multi-Source</b>	<b>Prior</b>	<b>Current</b>	<b>% Change</b>
Brand Multi-Source Pharmacy Paid Amount	\$21,414	\$17,924	-16.3%
Brand Multi-Source Pharmacy Paid Amount per Eligible Member	\$7	\$6	-11.1%
Brand Multi-Source Pharmacy Paid Amount per Utilizing Member	\$14	\$11	-24.0%
Average Brand Multi-Source Paid Amount Per Claim	\$293.34	\$242.21	-17.4%
Number of Brand Multi-Source Claims	73	74	1.4%
Number of Brand Multi-Source Pharmacy Claims Per Eligible Member	0.0	0.0	7.6%
Calculated Ingredient Cost	\$23,265	\$20,182	-13.3%
Total Copay Amount	\$1,898	\$2,309	21.6%
Brand Multi-Source Utilization	1.2%	1.1%	-0.1%



**CAMERON COUNTY**

Current Data For Claims October 01, 2021 - December 31, 2021

**Top Drugs Ranked by Paid Amount**

<b>Drug Label Name</b>	<b>of Utilizing Members</b>	<b>Number of Claims</b>	<b>Calculated Ingredient Cost</b>	<b>Paid Amount</b>	<b>Average Paid Amount per Claim</b>	<b>Paid Amount per Utilizing Member</b>	<b>Average Days Supply</b>
OZEMPIC	56	84	\$124,531	\$119,932	\$1,427.76	\$2,142	53.0
HEMLIBRA	1	2	\$79,785	\$79,625	\$39,812.50	\$79,625	1.0
HUMIRA PEN	6	34	\$110,023	\$77,039	\$2,265.84	\$12,840	28.0
WELIREG	1	2	\$52,145	\$52,147	\$26,073.34	\$52,147	30.0
TRULICITY	22	36	\$49,471	\$47,614	\$1,322.62	\$2,164	47.3
FARXIGA	25	32	\$35,763	\$33,822	\$1,056.95	\$1,353	67.5
RYBELSUS	18	22	\$33,212	\$32,146	\$1,461.19	\$1,786	54.5
BIKTARVY	3	9	\$29,982	\$29,266	\$3,251.77	\$9,755	30.0
VASCEPA	28	42	\$25,839	\$25,029	\$595.94	\$894	55.0
JARDIANCE	17	28	\$25,175	\$24,202	\$864.36	\$1,424	50.4
NOVOLOG	13	22	\$23,484	\$22,258	\$1,011.73	\$1,712	46.6
TALTZ	2	8	\$30,712	\$22,023	\$2,752.82	\$11,011	28.0
NOVOLOG MIX	9	14	\$21,592	\$21,001	\$1,500.04	\$2,333	46.2
COSENTYX PEN	1	2	\$28,745	\$20,122	\$10,060.90	\$20,122	28.0
TRESIBA FLEX	15	18	\$20,650	\$19,621	\$1,090.04	\$1,308	65.9
JANUVIA	14	19	\$18,385	\$17,477	\$919.83	\$1,248	60.0
STELARA	1	2	\$23,460	\$16,424	\$8,211.90	\$16,424	84.0
XIFAXAN	2	2	\$16,042	\$15,925	\$7,962.63	\$7,963	90.0
VICTOZA	5	9	\$13,047	\$12,652	\$1,405.77	\$2,530	50.0
ROSUVASTATIN	81	93	\$14,776	\$12,609	\$135.58	\$156	72.6
DEXCOM G6	10	24	\$13,823	\$12,477	\$519.87	\$1,248	75.8
OMNIPOD	5	6	\$12,593	\$12,276	\$2,046.08	\$2,455	90.0
HUMIRA	1	6	\$17,375	\$12,167	\$2,027.86	\$12,167	28.0
JANUMET	9	11	\$12,078	\$11,365	\$1,033.17	\$1,263	68.2
MODERNA VAC	238	238	\$0	\$9,520	\$40.00	\$40	1.0
LINZESS	9	9	\$9,540	\$9,225	\$1,024.99	\$1,025	70.0
AURYXIA	2	4	\$9,040	\$8,862	\$2,215.54	\$4,431	45.0
LEVEMIR	6	7	\$8,822	\$8,506	\$1,215.16	\$1,418	64.0
XYREM	1	1	\$8,214	\$8,154	\$8,154.30	\$8,154	23.0
ENBREL	1	2	\$11,573	\$8,101	\$4,050.71	\$8,101	28.0
SYMTUZA	1	2	\$7,882	\$7,722	\$3,861.23	\$7,722	30.0
ELIQUIS	7	7	\$7,285	\$7,210	\$1,029.96	\$1,030	64.3
SYNJARDY	4	6	\$6,412	\$6,096	\$1,015.96	\$1,524	60.0
BRIVIACT	2	5	\$5,998	\$5,702	\$1,140.37	\$2,851	30.0
RESTASIS	4	8	\$6,039	\$5,685	\$710.60	\$1,421	37.5
CONCERTA	5	17	\$5,892	\$5,651	\$332.41	\$1,130	29.1
INVEGA SUST	1	3	\$5,807	\$5,629	\$1,876.45	\$5,629	30.0
XIGDUO XR	4	5	\$5,702	\$5,585	\$1,117.06	\$1,396	66.0
PFIZER VACC	107	137	\$0	\$5,450	\$39.78	\$51	1.0
JANUMET XR	6	11	\$5,847	\$5,335	\$484.99	\$889	40.9
VYVANSE	9	18	\$5,955	\$5,248	\$291.53	\$583	30.0





CAMERON COUNTY  
 High Cost Claimant Summary  
 Paid Dollar Threshold: \$100,000

Reporting Period: 10/2021 - 12/2021 (3 months)

Mr Counter	Status	Gender	Relation ship	Age Band	Medical Paid	Pharmacy Paid	Medical & Pharmacy Total	ISL Deductible	Stop Loss Position	Primary Diag Code	Primary Diagnosis	Primary Drug
1	Active	F	C	0-19	\$212,929	\$132	<b>\$213,061</b>	\$250,000	85%	K85.92	ACUTE PANCREATITIS WITH INFECTED NECROSIS, UNSPECIFIED	LEVOFLOXACIN
2	Active	M	C	20-24	(\$157)	\$175,962	<b>\$175,804</b>	\$250,000	70%	I88.0	NONSPECIFIC MESENTERIC LYMPHADENITIS	HEMLIBRA
3	Retiree	F	E	60-64	\$150,810	\$1,104	<b>\$151,914</b>	\$250,000	61%	N18.6	END-STAGE RENAL DISEASE	SEVELAMER
4	Active	F	S	50-54	\$102,794	\$59	<b>\$102,853</b>	\$250,000	41%	M34.1	CR(E)ST SYNDROME	OMEPRAZOLE
					<b>\$466,376</b>	<b>\$177,256</b>	<b>\$643,631</b>					

CAMERON COUNTY  
 High Cost Claimant Summary  
 Paid Dollar Threshold: \$100,000

Reporting Period: 10/2020 - 09/2021

Mbr Counter	Status	Gender	Relationship	Age Band	Medical Paid	Pharmacy Paid	Medical & Pharmacy Total	ISL Deductible	Stop Loss Position	Primary Diag Code	Primary Diagnosis	Primary Drug
1	Active	M	S	55-59	\$1,149,756	\$0	\$1,149,756	\$225,000	511%	A41.89	OTHER SPECIFIED SEPSIS	n/a
2	Active	F	C	0-19	\$711,107	\$43,356	\$754,464	\$225,000	335%	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	DEMSEER
3	Active	M	C	0-19	\$493,013	\$934	\$493,947	\$225,000	220%	Q25.1	COARCTATION OF AORTA	ADVAIR HFA
4	Active	M	C	20-24	\$1,541	\$474,478	\$476,019	\$225,000	212%	I88.0	NONSPECIFIC MESENTERIC LYMPHADENITIS	HEMLIBRA
5	Active	M	E	60-64	\$305,177	\$649	\$305,826	\$225,000	136%	I25.119	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	ENTRESTO
6	Active	M	E	55-59	\$255,161	\$91	\$255,252	\$225,000	113%	A41.53	SEPSIS DUE TO SERRATIA	ALBUTEROL
7	Active	F	S	65-69	\$220,254	\$6,152	\$226,407	\$225,000	101%	S72.012A	UNSP INTRACAPSULAR FRACTURE OF LEFT FEMUR, INIT FOR CLOS FX	ELIQUIS
8	Active	M	S	45-49	\$203,234	\$315	\$203,549	\$225,000	90%	A41.1	SEPSIS	NADOLOL
9	Retiree	F	E	50-54	\$134,313	\$41,867	\$176,180	\$225,000	78%	C78.6	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	LYNPARZA
10	Active	F	E	50-54	\$121,723	\$48,332	\$170,055	\$225,000	76%	M84.552A	PATH FRACTURE IN NEOPLASTIC DISEASE, LEFT FEMUR, INIT	IBRANCE
11	Retiree	F	E	60-64	\$161,162	\$4,451	\$165,612	\$225,000	74%	Q61.2	POLYCYSTIC KIDNEY, ADULT TYPE	VALGANICLOV , SEVELAMER
12	Active	F	E	65-69	\$162,762	\$0	\$162,762	\$225,000	72%	C7A.00	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	n/a
13	Active	M	E	65-69	\$148,499	\$4,563	\$153,062	\$225,000	68%	I25.110	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	JARDIANCE
14	Active	M	C	0-19	\$573	\$150,641	\$151,214	\$225,000	67%	E55.9	VITAMIN D DEFICIENCY, UNSPECIFIED	HUMATROPE, NORDITROPIN
15	Active	F	S	45-49	\$90,325	\$55,918	\$146,243	\$225,000	65%	K51.90	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	HUMIRA PEN
16	Active	M	S	40-44	\$107,305	\$1,572	\$108,877	\$225,000	48%	N32.3	DIVERTICULUM OF BLADDER	LINEZOLID
17	Active	M	E	50-54	\$102,713	\$507	\$103,219	\$225,000	46%	M51.16	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	SILDENAFIL
					<b>\$4,368,618</b>	<b>\$833,827</b>	<b>\$5,202,445</b>					

This summary does not reflect stop loss reimbursements/adjustments.

Data Source: Aetna

CAMERON COUNTY  
 High Cost Claimant Summary  
 Paid Dollar Threshold: \$100,000

Reporting Period: 10/2019 - 09/2020

Mbr Counter	Status	Gender	Relationship	Age Band	Medical Paid	Pharmacy Paid	Medical & Pharmacy Total	ISL Deductible	Stop Loss Position	Primary Diag Code	Primary Diagnosis	Primary Drug
1	Active	M	C	20-24	\$1,628	\$498,475	<b>\$500,103</b>	\$200,000	250%	I88.0	NONSPECIFIC MESENTERIC LYMPHADENITIS	HEMLIBRA
2	Active	F	E	60-64	\$198,962	\$75,352	<b>\$274,315</b>	\$200,000	137%	Z51.12	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	INLYTA
3	Active	M	E	55-59	\$228,810	\$0	<b>\$228,810</b>	\$200,000	114%	U07.1	COVID-19	na
4	Active	M	S	55-59	\$220,769	\$5,951	<b>\$226,720</b>	\$200,000	113%	I49.01	VENTRICULAR FIBRILLATION	DEXCOM G6
5	Active	F	S	65-69	\$196,704	\$118	<b>\$196,821</b>	\$200,000	98%	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	POT CL MICRO
6	Active	M	E	55-59	\$176,550	\$1,414	<b>\$177,964</b>	\$200,000	89%	M72.6	NECROTIZING FASCIITIS	LEVEMIR
7	Active	M	S	55-59	\$143,955	\$25,020	<b>\$168,975</b>	\$200,000	84%	A41.9	SEPSIS, UNSPECIFIED ORGANISM	NOVOLOG
8	Active	M	S	50-54	\$154,428	\$12,028	<b>\$166,456</b>	\$200,000	83%	A41.9	SEPSIS, UNSPECIFIED ORGANISM	NOVOLOG
9	Active	F	S	65-69	\$140,929	\$9,355	<b>\$150,284</b>	\$200,000	75%	T82.7XXA	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT	NOVOLOG
10	Active	M	E	55-59	\$142,109	\$3,499	<b>\$145,607</b>	\$200,000	73%	A41.9	SEPSIS, UNSPECIFIED ORGANISM	NOVOLOG
11	Active	M	E	55-59	\$142,773	\$2,662	<b>\$145,435</b>	\$200,000	73%	U07.1	COVID-19	LEVEMIR
12	Active	F	E	55-59	\$144,816	\$416	<b>\$145,233</b>	\$200,000	73%	U07.1	COVID-19	CLARITHROMYC
13	Active	M	E	70+	\$136,981	\$6,816	<b>\$143,796</b>	\$200,000	72%	C64.1	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	XARELTO
14	Active	F	S	45-49	\$81,063	\$47,018	<b>\$128,081</b>	\$200,000	64%	K51.90	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	HUMIRA PEN
15	Active	F	C	20-24	\$8,615	\$117,307	<b>\$125,922</b>	\$200,000	63%	M79.671	PAIN IN RIGHT FOOT	ENBREL SRCLK
16	Active	F	E	50-54	\$104,132	\$18,783	<b>\$122,915</b>	\$200,000	61%	T85.79XA	INFECT/INFLM REACTION DUE TO OTH INT PROSTH DEV/GRFT, INIT	LEVEMIR
17	Active	F	E	50-54	\$120,173	\$442	<b>\$120,615</b>	\$200,000	60%	Z51.0	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	PREMARIN
18	Active	F	E	45-49	\$115,573	\$2,467	<b>\$118,040</b>	\$200,000	59%	R10.13	EPIGASTRIC PAIN	LINZESS
19	Retiree	F	S	60-64	\$103,159	\$8,444	<b>\$111,603</b>	\$200,000	56%	K72.00	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA	XIFAXAN
20	Active	F	E	50-54	\$107,226	\$442	<b>\$107,668</b>	\$200,000	54%	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	ESTRADIOL
21	Active	F	E	45-49	\$5,729	\$96,450	<b>\$102,179</b>	\$200,000	51%	C50.412	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	IBRANCE
					<b>\$2,675,083</b>	<b>\$932,459</b>	<b>\$3,607,542</b>					

This summary does not reflect stop loss reimbursements/adjustments.  
 Data Source: Aetna

CAMERON COUNTY

Claims Experience by Month

Paid Period: 10-2019 to 12-2021

Paid Month	ACTIVE/COBRA					RETIREE					TOTAL				
	Subscriber Count	Member Count	Medical	Pharmacy	Total	Subscriber Count	Member Count	Medical	Pharmacy	Total	Subscriber Count	Member Count	Medical	Pharmacy	Total
Oct-19	1675	3084	\$1,056,111	\$208,249	\$1,264,360	48	65	\$8,607	\$21,660	\$30,267	1723	3149	\$1,064,718	\$229,909	\$1,294,627
Nov-19	1670	3079	\$988,609	\$242,487	\$1,231,096	49	67	\$13,937	\$31,355	\$45,292	1719	3146	\$1,002,547	\$273,842	\$1,276,389
Dec-19	1693	3091	\$798,860	\$290,536	\$1,089,396	49	67	\$45,159	\$28,316	\$73,475	1742	3158	\$844,019	\$318,852	\$1,162,871
Jan-20	1691	3094	\$815,952	\$350,157	\$1,166,109	49	67	\$29,044	\$19,710	\$48,754	1740	3161	\$844,996	\$369,867	\$1,214,863
Feb-20	1712	3117	\$830,948	\$328,367	\$1,159,315	46	64	\$61,326	\$31,258	\$92,584	1758	3181	\$892,274	\$359,625	\$1,251,899
Mar-20	1709	3114	\$700,631	\$418,052	\$1,118,683	46	64	\$29,346	\$29,000	\$58,346	1755	3178	\$729,977	\$447,052	\$1,177,029
Apr-20	1722	3132	\$636,711	\$336,792	\$973,503	45	63	\$59,201	\$36,808	\$96,009	1767	3195	\$695,912	\$373,600	\$1,069,512
May-20	1737	3139	\$499,314	\$419,791	\$919,105	45	63	\$16,544	\$22,892	\$39,436	1782	3202	\$515,858	\$442,683	\$958,541
Jun-20	1727	3124	\$676,632	\$303,579	\$980,211	45	63	\$12,606	\$19,108	\$31,714	1772	3187	\$689,238	\$322,687	\$1,011,925
Jul-20	1707	3100	\$1,447,762	\$384,176	\$1,831,938	43	61	\$19,993	\$30,368	\$50,361	1750	3161	\$1,467,755	\$414,544	\$1,882,299
Aug-20	1679	3046	\$1,097,140	\$367,329	\$1,464,469	45	65	\$78,153	\$30,348	\$108,501	1724	3111	\$1,175,293	\$397,677	\$1,572,970
Sep-20	1668	3032	\$1,204,884	\$305,380	\$1,510,264	46	67	\$10,176	\$29,912	\$40,088	1714	3099	\$1,215,060	\$335,292	\$1,550,352
Oct-20	1659	3048	\$632,404	\$370,292	\$1,002,696	49	71	\$24,223	\$37,390	\$61,613	1708	3119	\$656,628	\$407,682	\$1,064,310
Nov-20	1669	3059	\$1,949,503	\$337,892	\$2,287,395	49	71	\$47,852	\$23,602	\$71,454	1718	3130	\$1,997,354	\$361,494	\$2,358,849
Dec-20	1677	3073	\$1,075,917	\$341,809	\$1,417,726	48	70	\$73,685	\$38,138	\$111,823	1725	3143	\$1,149,602	\$379,947	\$1,529,549
Jan-21	1662	3041	\$730,442	\$353,191	\$1,083,633	51	73	\$34,282	\$30,629	\$64,911	1713	3114	\$764,724	\$383,820	\$1,148,544
Feb-21	1677	3055	\$1,054,752	\$322,499	\$1,377,251	50	72	\$81,054	\$30,649	\$111,703	1727	3127	\$1,135,806	\$353,148	\$1,488,954
Mar-21	1664	3020	\$901,970	\$370,153	\$1,272,123	51	73	\$24,720	\$25,062	\$49,782	1715	3093	\$926,690	\$395,215	\$1,321,905
Apr-21	1664	3017	\$840,612	\$392,012	\$1,232,624	52	75	\$65,811	\$26,290	\$92,101	1716	3092	\$906,423	\$418,302	\$1,324,725
May-21	1629	2973	\$875,957	\$340,746	\$1,216,704	53	75	\$142,334	\$28,112	\$170,446	1682	3048	\$1,018,291	\$368,859	\$1,387,149
Jun-21	1603	2931	\$1,326,856	\$368,407	\$1,695,263	55	82	\$53,267	\$27,113	\$80,380	1658	3013	\$1,380,123	\$395,520	\$1,775,643
Jul-21	1568	2884	\$918,563	\$348,691	\$1,267,254	54	79	\$34,110	\$31,525	\$65,635	1622	2963	\$952,673	\$380,216	\$1,332,889
Aug-21	1585	2890	\$1,044,945	\$359,606	\$1,404,551	54	80	\$65,240	\$21,388	\$86,628	1639	2970	\$1,110,185	\$380,994	\$1,491,179
Sep-21	1596	2900	\$960,736	\$381,572	\$1,342,308	55	84	\$45,713	\$17,985	\$63,698	1651	2984	\$1,006,449	\$399,557	\$1,406,006
Oct-21	1580	2877	\$790,837	\$324,731	\$1,115,568	54	82	\$39,355	\$25,726	\$65,081	1634	2959	\$830,192	\$350,456	\$1,180,648
Nov-21	1571	2860	\$662,011	\$398,732	\$1,060,743	55	83	\$75,256	\$29,588	\$104,844	1626	2943	\$737,267	\$428,320	\$1,165,587
Dec-21	1573	2850	\$1,157,554	\$442,687	\$1,600,241	56	86	\$172,294	\$18,970	\$191,264	1629	2936	\$1,329,848	\$461,657	\$1,791,505
Oct'21-Dec'21	1575	2862	\$2,610,402	\$1,166,149	\$3,776,551	55	84	\$286,905	\$74,284	\$361,189	1630	2946	\$2,897,307	\$1,240,433	\$4,137,740
Oct'20-Sep'21	1638	2991	\$12,312,657	\$4,286,872	\$16,599,529	52	75	\$692,291	\$337,882	\$1,030,173	1690	3066	\$13,004,948	\$4,624,754	\$17,629,702
Oct'19-Sep'20	1699	3096	\$10,753,554	\$3,954,895	\$14,708,449	46	65	\$384,092	\$330,735	\$714,827	1746	3161	\$11,137,645	\$4,285,630	\$15,423,275

Note: Member Count contains Subscriber, Spouse, and Children.

Data Source: Aetna AHIA

This table does not reflect Administrative Costs or Stop Loss Adjustments.

## Questionnaire

**Notice: All questions must be answered. Please refrain from responding with a phrase such as “cannot provide at this time or will provide at a later date if selected, etc.” The reviewer will consider these answers non-responsive to the question. All responses must be made within the designated cell(s) of the worksheet provided.**

### GENERAL INFORMATION

1	Parent Company Name:
2	Address:
3	City/State/Zip:
4	Company Name: (If not same as above)
5	Address:
6	City/State/Zip:
7	Contact Person: (Employee of vendor)
8	Contact Phone #:
9	Contact Cellular #:
10	Contact Email:
11	Contact Fax #:
12	Local Address:
13	Local City/State/Zip:
14	Local Contact Person: (Employee of vendor)
15	Local Contact Phone #:
16	Local Contact Cellular #:
17	Local Contact Email:
18	Local Contact Fax #:
19	Federal Tax ID Number:
20	Date Parent Company formed:
21	Date Subsidiary Company formed:
22	Date Company contracted with first group in State of Texas:
23	Date Company was licensed to transact the appropriate line of insurance or administrative related services in the State of Texas:
24	Number of employees employed in Texas and Nationwide:
25	Number of groups you provide similar services to with over 1600 employees in force.
	Private Sector
	Texas
	Nationwide
	Public Sector
	Texas
Nationwide	
27	Is your company using any sub-contractors? If so, please provide the following information in your response for each sub-contractor: Name of sub-contractor, the scope of services the sub-contractor will perform, the reasons why you are sub-contracting these services, the benefit of sub-contracting these services, the depth of experience of the sub-contractor performing these services, and how you evaluated the sub-contractor, and why you selected this vendor to perform these services.

### Questionnaire

28	Has your company recently been acquired or been involved with any merger/acquisition? If yes, briefly describe.
29	Is your company involved in any pending or contemplated acquisition in the next 36 months? If yes, briefly describe.
30	Under what other or former names has your company operated? If yes, briefly describe.
31	Identify any officer, director, employee or agent of your organization who is also an employee, or contractor, of Cameron County.
32	Disclose the name of any Cameron County employee who owns, directly or indirectly, an interest of 5% or more in your firm or any of its subsidiaries. Also disclose any familial or financial relationship anyone in your firm may have with any employee of Cameron County or member of the family of an employee of Cameron County.
33	Identify any affiliation your firm, or an employee of yours, currently has with Cameron County such as a current contract, sub-contractor on a current contract, a member of an advisory board, etc.
34	Describe your company's disaster recovery and contingency plans. Have you ever tested or actually implemented these plans?
35	State your type of business: corporation, non-profit corporation, partnership, joint venture, etc.
36	Has your company been involved in any litigation over the last five years; pending, settled, or dismissed? Explain each separately. If there is any pending litigation, please include an opinion of counsel as to whether the pending litigation will impair the proposer's performance in a contract under this RFP.)
37	Has the proposer or any of the proposer's employees, agents, independent contractors or sub-contractors ever been convicted of, pled guilty to, or pled nolo contendere to any felony; and if so, provide an explanation of the relevant details.
38	Has your company, within the last 10 years, filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, provide an explanation of the relevant details.
39	What separates your firm from other competitors?
40	Has the interested firm, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details.
41	Have you ever failed to complete any work awarded to you? If so, where and why?

### FINANCIAL INFORMATION

1	Ratings (if applicable):
	AM Best
	Moody's
	Standard & Poors

## Questionnaire

	Fitch
2	Describe your firm's financial condition for the last three years. Specify fiscal period, retained earnings, debt, and equity. Detail each year separately:
	Year 1
	Year 2
	Year 3
3	Has your company received any corrective action requests from any State or Federal Government in the last 5 years? If yes, briefly explain.
4	Provide a copy of your most recent audited financial statements with your response.

### CUSTOMER SERVICE

1	What are your customer service hours of operation?
2	Describe the process when an employee calls to discuss an issue. To whom will the employee be directed? What is the average response time for claim inquiries? What percent of inquiries are resolved during the initial telephone call? What percent of inquiries are resolved within five (5) working days after the initial call?
3	How are calls handled after hours and by whom?
4	Is there a toll free number?
5	Are you able to service the hearing impaired or those that speak a foreign language?
6	What office will handle claims processing and payment? Are all claims adjudicated in one location? By one claims team?
7	Do you monitor member satisfaction? How do you monitor satisfaction? How do you handle unsatisfied customers?
8	How are the results communicated to the client and with what frequency?
9	Describe your organization's capabilities with respect to providing communications in Spanish.
10	Will an employee be able to access data or submit inquiries and receive responses online? Describe your online tools such as health assessments, pricing and decision support tools.
11	Please describe your standard member appeal process. Include in your response the differentiation between claims appeals and appeals regarding medical or dental treatment.
12	Provide a resume for each dedicated member of your account management team that will be assigned to the County.

### REFERENCES

1	#1 Current
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## Questionnaire

	Organization Name:
	Address:
	Contact Person:
	Phone #:
	Fax #:
	Email:
	Number of Employees:
	Private/public sector:
	Length of Service:
	Services Provided:
2	#2 Current
	Organization Name:
	Address:
	Contact Person:
	Phone #:
	Fax #:
	Email:
	Number of Employees:
	Private/public sector:
	Length of Service:
	Services Provided:
3	#3 Current
	Organization Name:
	Address:
	Contact Person:
	Phone #:
	Fax #:
	Email:
	Number of Employees:
	Private/public sector:
	Length of Service:
	Services Provided:
4	#1 Former
	Organization Name:
	Address:
	Contact Person:
	Phone #:
	Fax #:
	Email:
	Number of Employees:
	Private/public sector:
	Length of Service:
	Services Provided:
	Reason for termination:
5	#2 Former
	Organization Name:
	Address:
	Contact Person:



### Questionnaire

	Phone #:
	Fax #:
	Email:
	Number of Employees:
	Private/public sector:
	Length of Service:
	Services Provided:
	Reason for termination:
6	#3 Former
	Organization Name
	Address:
	Contact Person:
	Phone #:
	Fax #:
	Email:
	Number of Employees:
	Private/public sector:
	Length of Service:
	Services Provided:
	Reason for termination:

### IMPLEMENTATION INFORMATION

<b>SERVICE PROVIDED (Claims Administration):</b>						
What data would you request from Cameron County and/or the existing carrier in order to complete the implementation process?						
Provide a detailed work plan you would use to implement administration of Cameron County's benefit program effective October 1, 2022. Include key activities, the dates during which they will be performed, the person(s) on your team who would be responsible for carrying them through, and the anticipated time frame in which you would anticipate Cameron County's involvement. Please respond in a tabular or outline format rather than narrative format. Key activities should include the following:						
	Name of Person, Title, Role	Contact Email	Contact Phone	Timefram e (Business days)	Initial Date	Ending Date
Initial planning meeting						
Periodic update meetings						
Preparation and distribution of enrollment kits						
Employee enrollment, including participation in employee meetings						

**Questionnaire**

Processing of elections						
Preparation of your claim administration system inclusive of website accessibility.						
Customer services orientation						
Establishing the account structure, including initiation of periodic report generation (type and frequency).						
Identification card production						
Identification card distribution						
Certificate/SPD drafting, production and distribution						
Insurance contract draft, including applicable amendments or riders						
Provision of actual contract once drafts are approved						
Provision of standard customized claim forms						
Provision of administration manual						
<i>PLEASE PROVIDE ANY ADDITIONAL KEY ACTIVITIES THAT ARE NOT LISTED ABOVE</i>						

**TPA-ASO & PROVIDER NETWORK INFORMATION**

TPA-ASO

1	From what location will claims be paid?
2	What are your standards for claims turnaround time? (provide documentation)
3	Are these standards currently being met by the proposed claim office?

### Questionnaire

4	How is turn around measured?
5	Are pending or duplicate or denied claims included in measured turnaround statistics?
6	What are your standards for payment accuracy? (number of claims paid correctly divided by the total number of claims).
7	What are your standards for procedural accuracy? (number of claims processed correctly divided by the total number of claims).
8	What are your standards for financial accuracy? (total dollars of under and over payment divided by the total claims dollars paid) for the time period January 1, 2021 through December 31, 2021.
9	Provide reports confirming the results identified in questions 6, 7 and 8 above for the time period January 1, 2021 through December 31, 2021.
10	How often and for what periods are these standards measured?
11	What software system do you use to adjudicate claims? Do you own or lease the software? Will you change systems within the next five (5) years?
12	How long are records kept? Explain your document retention policies.
13	Provide samples of the standard claims/utilization reports provided on a routine basis, indicating the frequency and any limitations on the number of reports requested. Identify any additional fees for any standard, additional, or ad hoc reports requested. Are reports available online? If so, how are the reports accessed and protected?
14	Cameron County requires that its consultants and advisors have direct access to actual claim data. Confirm and describe your capabilities to provide direct access to historical claims data, either through data warehousing portals or direct claims feeds.
15	The County reserves the right to audit claim payments and records. Describe your audit policy, including any notice requirements, audit size requirement and time limits or time frames. Any audit conducted by the County may be conducted by its Auditors or a designated third party.
16	Confirm that you will provide and describe the level of support you can provide to the County to construct and maintain its Summary Plan Description Documents.
17	Confirm that eligibility information will be processed and effective within 24 hours of receipt.
18	Describe your ability to reconcile eligibility records maintained by your organization with records maintained by the County. Describe any additional fees or costs associated with eligibility reconciliation services.
19	Can you provide special ad hoc reports if requested by Cameron County or its designated consultant or advisors? Please provide examples and identify any added costs not included in the base administration fees and turn around time for report requests.
20	What networks does your company currently work with?
21	Is your company able to access various networks for the same client? For example, can you patch regional networks together to accommodate members who live in separate areas?
22	Does your company have a proven track record working with wrap or national networks as well as a primary network? Provide details, examples and explanation.
23	Have any stop loss carriers refused to grant or have withdrawn your status as an approved TPA?

### Questionnaire

24	Describe your ability to track, file and recover stop loss reimbursement claims on behalf of Cameron County, if the stop loss provider is carved out.
25	Describe your ability to track, file and recover Prescription Drug Rebates on behalf of Cameron County if the PBM provider is integrated with your organization.
26	To what extent will your legal counsel assist Cameron County in defending suits contesting denial of benefits, eligibility, review of plan documents, legal compliance, etc.?
27	Please describe services provided for a current client that you would describe as above and beyond the scope of requirements of your contracts.
28	Confirm that your company can integrate out of pocket maximum accumulators with a separate Pharmacy Benefit Manager. How frequently are accumulators exchanged and how quickly will your system reflect the update?
29	What options can you offer the County with regards to banking arrangements for H.S.A. participants if implemented in the future?
30	Provide a full description of your H.S.A. integration between claims administration and banking options, as well as distribution options to participants.

### Preferred Provider Network

31	How many clients do you have as of January 1, 2022? How many of these clients are public entities?
32	Provide a GeoAccess report for your network based on the census information provided in the attached census file. The access standard to be used is: Primary Care: two (2) providers within ten (10) miles of the employee census zip code Specialty Care: one (1) provider within ten (10) miles of the employee census zip code Hospitals: one (1) provider within 15 miles of the employee census zip code  In addition, submit the listing of zip codes where the desired access is not met for each of the outlined provider types.
33	How do you accommodate employees or dependents that live outside of the service area?
34	What date was your area network established for Cameron County?
35	If a plan participant is using a network provider prior to the start of the plan, and that provider is not accepting new patients under the plan, will the plan participant be able to continue seeing that provider? What transition and continuity of care rules would apply?
36	Provide the reimbursement process for network providers who refer a plan participant to a non-network specialist or hospital. Are network providers required to refer within the network? What protocol is followed when referrals need to be made outside of the network for specialty care? How are referrals made out of network resolved? What repercussions are there, if any, for providers referring patients outside of the network?
37	What hospitals are under contract as of January 1, 2022 in Cameron County area?

### Questionnaire

38	Are any of your hospital contracts renewing in the next three years? Please provide status of negotiations as of this RFP.
39	Approximately how many members were enrolled in your Cameron County Broad Open Access PPO area network as of January 1, 2021?
40	Is your network self-built, leased or purchased? Please describe third party arrangements (i.e. subcontracting, delegation, PHO arrangements, etc.).
41	Please provide an electronic searchable file of your most recent provider network directory for Cameron County area. This data may be used by Cameron County for a disruption analysis.
42	What are your average fee discounts for: Primary Care Physicians Specialists Hospitals when all area hospitals are included in the network Hospitals when using a tiered or high performance network General Practice Dentists Specialty Practice Dentists Orthodontists (itemize the discount by line item above)
43	Please describe your physician contracts and attach a copy of your standard contract that is used in Cameron County area. If you subcontract or delegate, please attach a copy of your contract with the local subcontractor, IPA or PHO.
44	For the physicians in your Cameron County network, what is the negotiated reimbursement level as a percent of RBRVS? Which year is used in the formula? Describe any anticipated changes for 2022 and 2023.
45	Describe and confirm your ability to offer access for virtual visits and telemedicine visits.
46	Does your organization contract with Urgent Care Centers? Does your organization contract with Emergency Care Centers? If so, please provide a list of both local and national centers with whom you contract.
47	Please provide a list of "Centers of Excellence" for highly specialized care and what services are provided.
48	If your organization manages a provider reimbursement strategy that rewards providers for achieving certain outcomes or metrics, describe your incentive program in detail.
49	Please describe in detail your credentialing process for hospitals and ambulatory surgery facilities. What "quality of care measures" are used?
50	Do you individually credential all physicians or do you rely on a hospital or other entity to perform the credentialing process?
51	Do you require an onsite inspection of the provider's facilities as part of the initial credentialing process?
52	Do you require physicians to have hospital privileges at an in-network facility?
53	How often do you re-credential your providers? Do you have an organized system to identify the providers who are due to be re-credentialed?

### Questionnaire

54	Provide a copy of your provider application form(s), and credentialing documents used for physicians, ancillary providers and hospitals. Are your credentialing requirements consistent with NCQA standards?
55	Does your provider relations department have a structured program that provides support services to your physician network?
56	Describe your capabilities to support the Federal Health Information Technology Initiatives.
57	Describe your organization's provider performance evaluation program. Please describe the extent to which evaluations are data driven and include utilization and outcome cost-effectiveness, and patient satisfaction.
58	Does your organization determine and track complaints about providers and utilize this information as a factor in provider evaluations? If so, please describe this process.
59	Describe your organization's corrective action process for providers and how this information is captured and reported.
60	What formal programs exist for working with providers to improve effectiveness and efficiency? Please describe them.
61	How often would you meet with providers to specifically review and update them regarding Cameron County's benefit plan?
62	How many times a year are provider lists updated? How many times a year are updates sent to members and employers? Do you ever include a physician who has not actually signed a contract with you?
63	Do communication materials indicate providers who are not accepting additional patients?
64	How will you handle situations where a member and their dependents live in separate cities? Please distinguish between temporary situations (e.g., students attending college) and permanent situations (e.g., children residing with a former spouse). Address the case where you have networks in both cities as well as where you have a network in only one of the cities.
65	What controls have you used to prevent cost shifting from inpatient to outpatient settings and to ensure a logical relationship between, for example, the cost of day surgery and the cost of one night's surgical admission? How do you identify and control "code creeping" or other techniques providers use to circumvent your attempts to address accurate coding and repricing.
66	What provisions do you have to expedite or guarantee that all medical providers rendering services at network facilities (i.e. hospitals) are also preferred providers, for example, emergency room sub-contractors, radiology, anesthesiology, etc.?
67	Describe in detail how you determine allowable charges for non-network providers and especially non-contracted Emergency Room providers, ground and air ambulance providers.
68	Please describe how your hospital network reimbursements are currently arranged (i.e., % off retail, DRG, per diem, capitation, other)? If a combination of methodologies exist, please provide the approximate percentage distribution of each.

## Questionnaire

### Medical Management Information

69	The Proposer shall provide a medical services management program which assures delivery of high quality, cost effective health care for Plan member(s). The Proposer shall provide medical services management by utilizing health care resources to achieve optimum member outcome in the most cost-effective manner (e.g., encourage patient use of urgent care instead of E.R. when appropriate).
	The Proposer shall have protocols to identify Gaps in Care and and a process to manage members to reduce Caps in Care .
70	For Medical Management support to Cameron County the Proposer shall have on staff and make available a medical services liaison, who shall be a health care professional or licensed registered nurse, to interact with Cameron County staff.
71	The Proposer shall collaborate and consult with Cameron County to proactively identify opportunities and implement changes for improving quality of services, cost-effectiveness and operational efficiency under the Plan.
72	The Proposer shall ensure that key medical personnel shall be responsible for integrating all medical services and reports for Cameron County and to assist Cameron County in project management and resolution of operational problems.
73	The Proposer shall ensure that utilization management services shall be conducted by experienced licensed registered nurses or licensed medical professionals and provide dedicated utilization management and case management staff for the Plan that report to the medical services liaison.
74	The Proposer shall ensure that case management utilization management service providers shall be staffed with experienced licensed registered nurses preferably certified in case management. The Proposer shall ensure an adequate ratio of case managers to member cases in order to effectively and efficiently manage cases in accordance with established policies and procedures. Case managers will be available to Cameron County plan member(s) Monday-Sunday, 8:30 a.m. to 8:00 p.m. CT.
75	The Proposer shall require that behavioral health program case managers be experienced professional registered nurses, medical doctors, licensed clinical social workers, psychiatrists, psychologists, and/or marriage, family and child counselors, all with experience in behavioral health.
76	The Proposer shall ensure that behavioral health program case managers work with Plan member(s), providers, and Cameron County to coordinate all services deemed necessary for behavioral health care, and shall report quality measures demonstrating this on a quarterly and annual basis.
77	The Proposer shall have specially trained customer service staff that are licensed professionals, to make appropriate mental health and substance abuse referrals.

### Questionnaire

78	The Proposer shall provide a Physician Advisor staff comprised of various medical, surgical and behavioral health specialists who are licensed to practice in Texas with appropriate Board certification, training, experience and expertise commensurate with utilization management or case management. Texas-based Physician Advisors shall be available to defend utilization and case management decisions by the Proposer when Cameron County makes such a request (at no additional expense to Cameron County).
79	The Proposer shall ensure that all areas of the Proposer’s Medical Management program are integrated internally and that all medical services management program staff have system access to Plan member information regardless of the Medical Management program that is serving the member.
80	The Proposer shall integrate all activities under the Medical Management program for Plan member(s) to ensure that decisions made by different departments are not in conflict, and that decisions support efficient utilization of health care resources, and achieve optimum member outcomes in the most cost-effective manner.
81	The Proposer shall provide a utilization management program designed to objectively monitor and evaluate the efficiency, appropriateness and quality of all aspects of care delivery systems. The utilization management program shall efficiently utilize available health care benefit resources and support activities which continually improve the provision of quality medical services to Plan member(s). The Proposer shall demonstrate efficiency of the utilization management program by reporting agreed upon objective quality measures on a quarterly basis.
82	The Proposer shall not delegate its authority to determine medical necessity to any other entity unless agreed to by Cameron County.
83	The Proposer shall ensure that appropriate, optimal healthcare services are delivered in the most appropriate and cost effective setting by monitoring and evaluating the services rendered to Plan member(s), and the Proposer shall report quarterly to Cameron County the Proposer’s evaluation.
84	The Proposer shall identify Plan member(s) with complex and exceptional needs due to chronic or catastrophic illness or injury and provide proactive and intensive case management to optimize the most effective available benefit coverage and resources. The selection criteria shall be approved by Cameron County.
85	The Proposer shall develop a communication plan to facilitate communication and develop partnerships between Plan member(s), providers, and Cameron County to support preventive health care behaviors. The Proposer’s communication plan shall be approved by Cameron County.
86	The Proposer shall support preventive health care behavioral plans and shall report quarterly to Cameron County the Proposer’s performance status.
87	The Proposer shall facilitate the appeals process for the utilization management decisions as specified in URAC guidelines and as agreed to by Cameron County.



### Questionnaire

88	The Proposer shall conduct an annual evaluation of the utilization management and case management program to ensure that the process used continues to be current, appropriate, and effective. A written copy of the annual evaluation shall be provided to Cameron County.
89	The Proposer shall provide quarterly reports on utilization, case management and appeals as specified by Cameron County.
90	The Proposer shall perform targeted pre-service review, to determine medical necessity of elective services and focus on utilization management processes where maximum impact and increased cost savings will benefit Cameron County's population. The Proposer shall provide a list of recommended elective services subject to pre-service review.
91	The Proposer shall apply the utilization management program to all hospitalizations, both Inpatient and Outpatient, including emergencies.
92	The Proposer shall conduct a utilization/medical review to determine the appropriateness and/or medical necessity of disputed claims, which do not fall within the typical guidelines of your standard utilization management program. The Proposer shall fully cooperate with Cameron County, at no cost to Cameron County, in Cameron County's defense, of an action arising out of matters related to the disputed claim.
93	The Proposer's utilization management program shall include: <ul style="list-style-type: none"> <li>a. Prospective or pre-service review, which determines the medical necessity of scheduled, non-emergency hospital admissions and selected Outpatient medical services as defined and covered in the benefit booklets;</li> <li>b. Concurrent review, which determines the medical necessity of services as they are being rendered, such as a determination of the need for continued Inpatient care for hospitalized Plan member(s); and</li> <li>c. Retrospective review, which is performed to review services after they have been provided if, (i) the Proposer was not notified, and therefore, was unable to perform a pre-service or concurrent review, or (ii) services continued longer than originally certified without notification of the extension.</li> </ul>
94	The Proposer shall provide, as a component of the utilization management program, a discharge planning program to evaluate a Plan member's health care needs in order to arrange for appropriate care, services and resources to effect an appropriate timely discharge from an Inpatient setting, and recommendation of less intensive settings for care and treatment as appropriate. Discharge planning is an inherent part of the utilization management process. The Proposer shall assess cases proactively and concurrently at each review stage. The Proposer shall demonstrate the effectiveness of this program.
95	The Proposer shall provide a case management program which facilitates individual assistance to Plan member(s) experiencing complex, acute, chronic illness, or catastrophic injuries. The focus of the program shall be early identification of potential long-term cases and includes the coordination of all services provided during the member's continuum of care.

### Questionnaire

96	The Proposer shall identify Plan member(s) with complex and exceptional needs due to chronic or catastrophic illness. The case management program shall provide individual assistance to Plan member(s) experiencing complex, acute or chronic illness, or catastrophic injuries. The focus of the program shall be early identification of potential long-term cases and includes the coordination of all services provided during the member's continuum of care.
97	The Proposer shall ensure that case management is a collaborative process which assesses Plan member's needs and plans, implements, coordinates, monitors and evaluates options and services for Plan member(s) within the benefit design. Collaboration shall take place with the clinical care team. For the purpose of this section, clinical care team means, all health care professionals working with a Plan member and his or her family plan member(s).
98	The Proposer shall provide, through the expertise and management of the case manager and in collaboration with the clinical care team, a plan of care that shall be designed for a member with special needs or catastrophic health problems in an effort to achieve an optimal health status level. Catastrophic cases shall be evaluated to determine if onsite case management is warranted.
99	The Proposer shall ensure that case management service for Plan member(s) shall be integrated with the medical services management program. The Proposer shall demonstrate the effectiveness of their integrated program.
100	All identified cases shall be reviewed by the case manager, to determine if Plan member(s) meet(s) case management criteria and would benefit from case management interventions.
101	The Proposer shall ensure that Plan member(s) will be identified for possible case management by your utilization review staff, attending physician, appropriate hospital staff and the Plan member or the Plan member's family. The Proposer's utilization review staff will utilize specific criteria, financial factors and pharmacy benefit information in the case management identification process.
102	At Cameron County's discretion, designated Cameron County staff shall refer Plan member(s) for an evaluation to the case management program when Cameron County has been contacted by the Plan member(s) for assistance with their health care problems.

### HIPAA Compliance

103	The Proposer will be compliant with all HIPAA regulations.
104	The Proposer will provide a copy of all HIPAA policies to Cameron County.
105	The Proposer will demonstrate to Cameron County that it has formal procedures for training all personnel who are provided access to PHI.
106	The Proposer will provide samples of all HIPAA forms to be used by Cameron County and its beneficiaries.

### Questionnaire

107	The Proposer will provide adequate proof that it has proper procedures and controls to confirm that any subcontractors or business associates are HIPAA compliant.
108	The Proposer will indemnify Cameron County from penalties associated from HIPAA non-compliance.

### PHARMACY BENEFIT MANAGER

1	Complete the General information regarding your company in the prior section, if it not already included.
2	Provide a list of network pharmacies in Cameron County area. Can this network be customized for Cameron County?
3	What credentialing criteria are used to select participating pharmacies? Are pharmacies required to be re-credentialed? How often?
4	Confirm that the pharmacies in your network are contractually bound to accept the reimbursement formula you are proposing. Can a network pharmacy choose not to participate if it does not like the reimbursement formula? Describe the process by which a network pharmacy is removed from the network.
5	Confirm that you company can share and integrate out of pocket accumulator information with the Medical Plan Third Party Administrator if that organization is not affiliated with yours.
6	Confirm whether your offer is contingent upon the selection of your affiliated or partner firm to perform Medical Plan Administrative Services. Identify that partner if applicable.
7	Should one of the top three pharmacy chains utilized by the County leave your provider network, will you agree to allow the client to terminate its agreement with you without penalty or will you agree to improve the pricing model selected by the County?
8	Confirm your ability to coordinate ID card production with the TPA vendor to produce a single ID card. If separate Medical and Rx Cards are provided, confirm that there is no additional cost to produce ID cards.
9	Confirm that eligibility updates are made within your system within 24 hours of receipt. Will your organization agree to an annual audit and reconciliation of enrollment and eligibility data?
Maximum Allowable Cost (MAC) Features:	
10	How many individual entities (i.e., generic drug, strength, and dosage form) are on your current MAC list? Provide a copy of your complete MAC list, including all MAC prices as of January 1, 2022 or your most current list.
11	What formula do you use to set the MAC? How often do you update the MAC list? Can you customize the list to meet preferences from Cameron County? How does the MAC price compare to your discount formula in terms of a comparable percentage discount?
12	Complete the following table for both retail and mail order claims (use the time period January 1, 2021 through December 31, 2021): *Cost before benefit co-pays applied.
	Retail - Avg. Cost Rx

### Questionnaire

	Retail - Avg. Days Supply
	Retail - Avg. Cost/Day
	Mail Order - Avg. Cost Rx
	Mail Order - Avg. Days Supply
	Mail Order - Avg. Cost/Day
13	Confirm that all of your pharmacies comply with your MAC pricing limits.
14	What was your generic substitution rate for the time period January 1, 2021 through December 31, 2021 with and without the employee “pay the difference” penalty feature?
15	Provide your percent of prescriptions dispensed as “Dispense As Written” by physician DAW and patient DAW separately for the time period January 1, 2021 through December 31, 2021.
16	Describe the process you would apply that involves "new to market" generics.
Communications/Customer Service	
17	Describe communication efforts for notifying all Cameron County plan participants of the new pharmacy plan. Enclose copies of all communication pieces. Indicate which pieces are available in Spanish and other languages.
18	Confirm that Cameron County will review and approve any plan participant communication materials before they are distributed to plan participants.
19	Provide examples of your standard communications materials (both English and Spanish and other languages), including without limitation: <ul style="list-style-type: none"> <li>• Principals of managed pharmacy/introduction to “managed pharmacy benefits”</li> <li>• Formulary features</li> <li>• How to Transfer Prescriptions</li> <li>• Merits of generic substitution</li> <li>• Physician education regarding generic alternatives</li> <li>• Letter targeting specific brands or medical conditions which are candidates for generic alternatives</li> <li>• Specialty Pharmacy and Home Delivery programs</li> </ul>
20	Do you have Internet access for member to access your pharmacy directory? If yes, what is your Internet address and how often is it updated? Provide a full description of all of your online decision making and support tools.
21	Provide the following statistics for the customer service unit you are proposing for Cameron County account for the time period January 1, 2021 through December 31, 2021.
	Total calls Received (Count)
	Total calls answered <30 seconds (Count)
	Total calls answered <30 seconds (Percentage of Total)
	Total calls abandoned (Count)
	Total calls abandoned (Percentage of Total)
22	Please provide a resume for each dedicated Account Manager or assigned personnel that will service Cameron County.

### Questionnaire

23	Confirm that you will provide and describe the level of support you can provide to the County to construct and maintain its Summary Pan Description Documents.
Drug Utilization Review (DUR)	
24	Describe your real time and retrospective system for detecting fraud or abuse (patient or pharmacy). Once detected, how do you intervene? Provide examples of reports used to support these efforts. Provide total dollar amounts and percentage amounts of recovered fraudulent claims for the time period January 1, 2021 through December 31, 2021.
25	Describe what areas are targeted for savings, and why?
26	Describe your ability to identify and resolve Gaps in Care
27	Indicate the staffing levels of your clinical resources (do not include staff model, mail order, or any other staffing to support dispensing activities):
	Pharmacist (Pharm D's)
	No. of Full-Time
	No. of Part-Time
	Length of Time with Company
	Pharmacist (Masters)
	No. of Full-Time
	No. of Part-Time
	Length of Time with Company
	Pharmacist (R. Ph.)
	No. of Full-Time
	No. of Part-Time
	Length of Time with Company
	Analyst/Clerical
	No. of Full-Time
	No. of Part-Time
	Length of Time with Company
28	How many accounts are assigned to each clinical pharmacist? Are pharmacists responsible for client contact and regular meetings?
29	Describe your physician profiling capability. What do you do with this information? Will summary reports be available to Cameron County?
30	Do you have the ability to create edits that would be able to block or flag suspected individual aberrant prescribing patterns?
31	Describe your efforts and results in disease management. What clinical protocols do you currently have in place (if any)? What kind of reporting will you provide to show Cameron County your results? Does any pharmaceutical manufacturer underwrite these programs? If so, how often are protocols developed not involving their products? Provide examples and proof sources.
32	Describe your capabilities of integrating medical and pharmacy claims data.
33	Describe your prior authorization programs and their measurable results. Include the list of drugs Cameron County should consider for prior authorization and explain why.

## Questionnaire

34	Describe your Specialty Pharmacy Program and results.
Formulary Systems	
35	How long has your current formulary been in place? How many accounts and employee contracts are covered by this system as of January 1, 2022?
36	Do you have an exception or appeal policy? Who handles these requests? Please detail your experience and/or proposal for managing exceptions and appeals. Will you allow the medical director from the Third Party Administrator's medical review unit an opportunity to review formulary changes?
37	How is drug coverage determined in the formulary? What medical resources and references are used?
38	How often is the formulary updated? How are new drug products that arrive on the market prior to a formulary update handled? How are physicians and plan sponsors notified of new products or product changes in the formulary? Provide actual examples.
39	Is your formulary broken down by therapeutic or disease state category? Provide a copy of your current mail service and/or retail formulary. Indicate changes to be made that may impact Cameron County for January 1, 2023.
40	Provide your definition for each of these terms:
	Specialty Drug
	Brand Drug
	Generic Drug
	Are these definitions used to determine brand and generic drugs consistently throughout the claims adjudication and client billing process without reclassification of the drug?
41	How do you ensure that the total cost of compound medications is not inappropriately inflated?
42	How do you handle brand manufacturer coupon initiatives?
43	How do you ensure that the total cost of compound medications is not inappropriately inflated?
44	Can you offer a guaranteed rebate program? Please describe.
45	Will you provide improved rebates in successive years of the agreement?
46	Include all performance guarantees that you are offering Cameron County.
47	Can you agree to pass through 100% of all manufacturer rebates and administrative fees, as well other discounts and revenue from the pharmaceutical manufacturers at the point of sale?
48	Is the cost of medication that is paid to the pharmacy the exact amount that is invoiced to the plan sponsor, in other words, "no spread pricing"?
49	What programs do you have to increase formulary compliance by physicians? How do you monitor and promote this compliance?
50	What programs do you have in place to promote generic substitution? Please explain and provide specific examples.
51	What types of programs are in place involving therapeutic substitution? Provide examples. If a plan sponsor does not want to participate, is that optional?
52	Describe your ability to manage exclusions lists.

## Questionnaire

53	Describe your cost control and cost management programs such as step therapy, mandatory generic, quantity limits, specialty drugs, et cetera. Provide sample reports demonstrating proven results from your various programs, as well as member communication pieces.
Mail Service and Specialty Drug Operations	
54	Provide a copy of your typical patient profile, prescription order forms, and prescription labels.
55	Describe your system of providing patient advisory information with prescriptions filled: <ul style="list-style-type: none"> <li>• What percentage of prescriptions receives a patient information supplement?</li> <li>• What is your source for this information? (Provide examples.)</li> <li>• What is your policy regarding auxiliary labels/stickers on the actual prescription vials?</li> </ul>
56	What are the operating hours and location of the mail service facility proposed for Cameron County?
57	Describe your process for ordering refills by mail and include a sample refill order form.
58	Describe your process for ordering refills by phone, including zero refill situations. What percentage of your refills are ordered by phone? Does the phone refill system operate on a 24-hour basis?
59	How are participants notified of their next refill date?
60	Detail the methodology used to measure turnaround time and track prescriptions through the dispensing process. When is a prescription "logged" into the system, and visible to customer service representatives?
61	Describe your policy regarding overall generic substitution. Are there any products you will not substitute? Does this vary from facility location to facility location?
62	Do you engage in repackaging? If so, provide details.
63	Explain how your organization can assist members obtain medications if there are shortages at retail locations.
64	Describe the logistics and management of your Specialty Drug Program.
Quality Control	
65	When hiring Registered Pharmacists, what are your preferred standards for experience? Do you have any absolute minimum standards for experience? What steps do you take at hire to verify credentials?
66	Do you conduct any type of drug screening for new hires (professional and non-professional)? Please explain.
67	How are the automated dispensing functions supervised and monitored?
68	What is the in-house turnaround time for prescriptions? What process exists to track problem prescriptions that are not filled within normal turnaround time? How is your turnaround time goal monitored?
69	What type of controls are in place to handle the mailing of prescriptions during extreme weather conditions?
70	Explain your process for rectifying damaged packages when received by the member.
71	Please describe your standard report package (i.e., no additional cost to Cameron County).
72	Provide examples of recent client-specific ad hoc reporting.

### Questionnaire

73	Will Cameron County or the Third Party Administrator have an online inquiry and ad hoc reporting access to the claims system? Describe how this interface would operate. Are there any additional costs?
74	The County reserves the right to audit claim payments and records. Describe your audit policy, including any notice requirements, audit size requirement and time limits or time frames. Any audit conducted by the County may be conducted by its Auditors or a designated third party.
75	Describe your capabilities to track and report the payment of rebates to Cameron County.
Reporting	
Pharmaceutical Manufacturer (PM)/PBM Relationships	
76	Is your organization owned by a pharmaceutical manufacturer? If yes, describe the organizational linkages and the degree of integration/collaboration between your organizations.
77	Is your organization not owned by, but strategically aligned with a PM? If yes, describe the strategic alliance and the degree of integration/collaboration between your two organizations.
If you answered Yes to the above 2 questions, please continue this section	
78	<p>What are your owner/partner PM's top five drug products by dollar volume through your organization (provide separately for mail and retail). For 2020 and 2021, provide the following for the drugs identified by the previous question:</p> <ul style="list-style-type: none"> <li>• Percentage market share (within the most widely prescribed therapeutic category)</li> <li>• By units dispensed</li> <li>• By dollar volume</li> <li>• Provide the above information for each of the top three competing products within the same therapeutic categories.</li> </ul>
79	For each of the top five PM owner/partner products above and their top three competing drugs, show how each are currently displayed in your formulary document (including relative dollar or other price indicator). Further, for all of these products, list current your current discount and allowable amount (bottle of 100), and what percent of the list price each are reduced by rebates or other special pricing arrangements that will flow back to plan costs.
80	If you have a mail-order operation, list all preferred drugs that are involved with phoning physicians to request changing the prescription. Indicate which of these drugs are manufactured by your owner/partner PM. Further, for each therapeutic exchange, indicate the percentage of the physician calls that result in a changed prescription.
81	For 2020 and for January 1, 2021 through December 31, 2021, in mail order, what percent of generics dispensed were manufactured by your owner/partner PM?
82	List all of the currently operational or planned disease management programs. Indicate which of these involve products of your owner/partner.
Pricing/Performance Guarantees	



### Questionnaire

83	<p>Please confirm your pricing offers on both a traditional guarantee of discounts and rebates, and also a pass through pricing model, with no-spread pricing and 100% return of rebates:</p> <ul style="list-style-type: none"> <li>• Discount formula pricing as of January 1, 2022. Identify your process for determining discounts and base pricing and the frequency with which the discount is recalculated.</li> <li>• MAC pricing must be used for generics. Confirm your agreement to this provision. How are generics outside the MAC list priced? How quickly is the MAC price list updated, and at what point will the Client be billed the updated price?</li> <li>• Dispensing fee for brand; dispensing fee for generic.</li> <li>• Provide your administrative fee on a per claim basis. Indicate if administrative fees are applied to denied claims.</li> <li>• Formulary: <ul style="list-style-type: none"> <li>a) % rebates shared with Cameron County</li> <li>b) % retained or fixed administrative fee (if any)</li> <li>c) Guaranteed level of rebates (on "per prescription" basis; guarantee must be NET of retention or administrative fees)</li> </ul> </li> <li>• When are rebate payments distributed to the Client?</li> </ul>
84	<p>"Lower of" pricing: confirm that the "lower of" formula price or usual and customary price prevails. Describe how your system for this works, including how your pharmacy contract defines usual and customary price. What are your 2021 results for the "lower of" feature?</p>
85	<p>Do you have any special pricing formulas other than those described for "specialty" or injectable products? Please provide details.</p>
86	<p>Indicate all reports and communication materials covered by the proposed administrative fee. Provide examples.</p>
87	<p>Do you pass administrative rebates back to the client? Please elaborate.</p>

### STOP LOSS INFORMATION

1	How long have you (the stop loss reinsurance carrier) been in business?
2	Provide the most recent financial statement for the stop loss reinsurance carrier.
3	What percentage of your overall business is medical stop loss reinsurance related?
4	Please indicate your company's annual stop-loss premium.
5	Please indicate your company's total number of stop-loss cases (clients) (United States only).
6	Do you reinsure the stop-loss coverage? If so, provide details.
7	Please explain your company's procedure for determining reimbursement of claims that exceed the specific stop-loss level. When would those amounts be reimbursed?

### Questionnaire

8	Are cost-containment investigation expenses and PPO percentage of discount costs included in your Specific reimbursements?
9	What is the maximum Specific payout limit?
10	Is there a Run-In limit (amount or time) on “paid” stop loss coverage for both the initial year of coverage or renewal years?
11	How are specific stop-loss charges derived? Provide a description of your rating methodology.
12	Does your Stop Loss contract have any limits for any of the following? If so, please describe.
13	If your company offers discounts for utilizing Centers of Excellence or cost management programs, please provide details on the programs, affiliated costs at the time of claim, and details regarding discounts for utilizing those programs.
14	Is the Stop Loss through a Managing General Underwriter (MGU)? If so, please provide Name, Address, and Phone Number of the MGU being used.
15	If an MGU, do you handle claims “in-house”? If not, who handles them?
16	If an MGU, are there additional Insurance Carriers accepting layers of risk? Please disclose the Names, Address, and Phone Numbers of those carriers and the percentage of risk taken. Answer all of the questions in this RFP relating to any carrier assuming risk.
17	What type of claims data reporting do you require if you provide stop-loss coverage and are not the claims payor? Explain in detail the claim data information you need from the claims administrator at the time of claim.
18	Describe your experience in coordinating claims data exchange with TPA's (Third Party Administrator) or Administrative Services Organization (ASO) Service Providers. Are there any additional fees or resources needed to coordinate with TPA's or Administrators not directly affiliated with your organization?
19	At time of renewal will you agree to quote removing any existing large claim from your rating for the group overall? Please specify what determines a large claim?
20	Will you agree to recognize all eligible claims on the effective date of the contract including hospitalizations, if any, and those related to pre-existing conditions or members not actively at work?
21	Do you require the client to make the initial payment for eligible specific claims and then file for reimbursement, or do you reimburse simultaneously once the claim exceeds the retention level?
22	Provide details on any claim turnaround guarantees.
23	What is the maximum time beyond the date of service that you allow for submission of Stop Loss payments by a Claims Administrator?
24	How recent must claims experience be in order to provide “final terms” and what is the earliest point in time that you will finalize and guarantee your terms and conditions of coverage?
25	Will you agree to waive any “actively-at-work” requirement?
26	Please list three client references for which stop-loss claims have been paid.
27	Do you require the TPA to provide Errors & Omissions coverage? At what limits?

### Questionnaire

28	Does your firm have Errors & Omissions coverage? If so, who is the carrier and what are your policy limits?
29	Do you reserve the right to unilaterally terminate a group for poor experience?
30	Are you licensed to conduct business in the State of Texas?
31	Are there any additional surcharges or taxes not disclosed in this proposal? Please explain.
32	Explain how your company will handle lasering of any members, both initially and at renewal. Will you guarantee that future enrollees will not be lasered?
33	If you provide immediate reimbursement for specific stop loss claims, please describe your definition and turn around times for immediate reimbursement.
34	Will you guarantee renewal terms and conditions in advance? Will you guarantee a maximum rate adjustment with no additional lasering upon renewal? If so, please provide a detailed response.
35	Describe your Specific Advance options and process.
36	Offer your rate quotations in your standard format as well as the Rate Tab in this questionnaire.

### HEALTH SAVING ACCOUNTS (HSA) SERVICES

1	Describe how employees activate their HSA accounts.
2	Describe the various methods that funds can be transferred into the HSA accounts.
3	Provide a complete description for all fees, including set up fees, monthly maintenance fees, banking, reporting fees, transaction fees, access to investment platform fees, in the separate fee tab.
4	Describe any additional specialty services offered and related fees.
5	Describe your ability to provide access to investment funds and options, as well as minimum demand account balances, clearing time frames, and reporting services related to investment fund accounts.
6	Describe your communications support for employer and employee compliance and education.
7	Can you offer automatic payment selection by the member authorizing you to release payment directly to provider upon completion of a claim? If so, do you limit payment only to contracted payments out of pocket amounts, or do you also include non-par balance billed amounts?
8	Can you provide online payment from the HSA account to providers?
9	Describe your ability to integrate your administration with Third Party Administrators and identify which Carriers and Pharmacy Benefit Managers you already have integrated relationships with.

### COBRA ADMINISTRATION SERVICES

Select A-agree, D-Agree with deviation, N-don't agree, from the drop down menu, add explanation for any deviations

1	The Proposer will administer COBRA services for the Cameron County and will also send notices to a separate address for spouses/dependents as needed.
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### Questionnaire

2	The Proposer will archive actual COBRA and/or equivalent related forms for a period of seven (7) years.
3	The Proposer will maintain a system for tracking regulatory changes that may affect the Cameron County and will communicate changes in the regulatory environment to the Cameron County.
4	The Proposer will provide County a COBRA and/or equivalent procedures manual.
5	The Proposer will provide initial notices to newly and currently covered employees.
6	The Proposer will perform an eligibility audit of the current COBRA and/or equivalent continuants when service begins.
7	The Proposer will provide monthly billing and collection of continuation contributions.
8	The Proposer will verify eligibility and that the continuant does not have other coverage prohibiting the continuation of coverage through the Cameron County.
9	The Proposer will identify dependents reaching age limits and notify the Cameron County on a monthly basis for purposes of offering COBRA benefits and possible adjustment of required contributions.
10	The Proposer will identify if there are changes to fees with increases/decreases in the population?
11	The Proposer will communicate Changes in the COBRA Administrator to current participants. Provide samples of materials that will be used.
12	Materials must be able to be customized to meet the the Cameron County's needs in English, Spanish and other languages.
13	Proposer assumes all COBRA mailing responsibility to members and all associated costs.
14	The Proposer will notify the the Cameron County and affected administrators when a member elects COBRA coverage.
15	The Proposer will accept eligibility information electronically via weekly/monthly file feeds.

### AGENT SERVICES

1	Describe your ability and experience in acting as a liaison with the insurance company you represent.
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### Questionnaire

2	Describe your staff, their experience and their assigned responsibilities to any staff members who will assist you in the delivery of services to the City of Laredo.
3	Describe your ability to offer the following services:
	a. Claims submission and disputes
	b. Policy Issue and Policy questions
	c. Benefit questions
	d. Renewal negotiations
	e. Employee Communication campaigns
	f. Billing issues and reconciliation
4	Describe how you will identify concepts or emerging trends that could have favorable impact on The City of Laredo's offering of you products offered.
5	Confirm how you will respond to meeting requests with the Benefits Manager and identify any time restrictions or frequency of such meetings.
6	Confirm your support of enrollment or presentation meetings to Administration, Benefit Committees, Employees, or the City Council.
7	Describe your capabilities to assist the Plan Administrator with specific data requirements for the online enrollment setup, maintenance and on going changes.
8	Have you ever received any disciplinary action from the Texas Department of Insurance? If so, please provide details on the action and outcome.

CAMERON COUNTY TPA RFP PROJECT TIMELINE

Today's Date

Tuesday, February 1, 2022

<b>RFP TIMELINE</b>			
<b>Task</b>	<b>Start Date</b>	<b>Time Allotted (work days)</b>	<b>End Date</b>
HUB & Cameron County Prepare RFP Documents	Friday, January 21, 2022	22	Tuesday, February 22, 2022
RFP Release by "Purchasing"	Tuesday, February 22, 2022	25	Tuesday, March 29, 2022
Deadline for Questions and Response	Friday, March 11, 2022	3	Wednesday, March 16, 2022
Receipt Date - review & analysis by HUB	Tuesday, March 29, 2022	15	Tuesday, April 19, 2022
Review by Cameron County Evaluation Team	Friday, April 22, 2022	10	Friday, May 6, 2022
Vendor Presentations (optional)	Friday, May 6, 2022	5	Friday, May 13, 2022
Best & Final Offers Process (BAFO)	Friday, May 13, 2022	3	Wednesday, May 18, 2022
Review BAFO by Evaluation Team	Wednesday, May 18, 2022	0	Wednesday, May 18, 2022
Recommendations prepared and submitted for Approval	Wednesday, May 18, 2022	2	Friday, May 20, 2022
Court Approval (earliest / latest)	Friday, May 20, 2022	20	Friday, June 17, 2022

\* This timeline is a guideline and subject to change due to potential unforeseen circumstances beyond our control.