



## FINANCE DEPARTMENT

### PURCHASING DIVISION

**Request for Proposals (RFP)  
Shared Off-Site/Near-Site Healthcare Clinic  
Racine Unified School District, the County of Racine and the City of Racine  
RFP # 16-FIN-001  
July 12, 2016**

Sealed proposals are invited from qualified firms to provide a Shared Off-Site/Near-Site Healthcare Clinic and related services for Racine Unified School District (RUSD), the County of Racine and the City of Racine. **Sealed proposals for this request must be received in the Racine County Purchasing Division Office, located at 730 Wisconsin Avenue 4<sup>th</sup> floor Racine, WI 53403 by 2:00 PM (CT) on or before August 30, 2016.**

Racine Unified School District (RUSD), the County of Racine and the City of Racine (collectively hereinafter "the County Coalition") is considering a collaborative effort in providing off-site/near-site healthcare to each entity's health insurance participants and their dependents. It is undetermined where the clinic will be physically located, but the space will be designed somewhat around the successful proposer's requirements that may need to be negotiated between the County Coalition and the selected firm of this request.

Interested and qualified firms having the ability to staff accordingly and manage the services of an employer-based clinic may request the electronic RFP packet starting July 12, 2016 by contacting :

Kenneth J. Schmidt  
Racine County Purchasing Coordinator  
730 Wisconsin Avenue  
Racine, WI 53403  
Phone: (262) 636-3700  
E-mail: [ken.schmidt@racinecounty.com](mailto:ken.schmidt@racinecounty.com)

The term of this request is for three (3) years and may be renewable thereafter by written mutual agreement between the County and the awarded firm of this request. If awarded, services of this request are projected to begin on or about February 1, 2017. Award of this request is contingent upon receiving funding and the necessary approvals for this request. Continuation beyond 12/31 of each year is contingent upon the appropriation of funds by the governing bodies of each separate agency.

Racine County reserves the right to waive any informalities or technicalities and to reject any and all proposals or parts thereof deemed to be unsatisfactory or not in the County's best interests. Furthermore, Racine County reserves the right to cancel any order or contract for failure of the successful firm to comply with the terms, conditions and specifications of this request and/or contract. Racine County reserves the right to award this request to the firm whose proposal is overall the most advantageous to the County in the County's sole determination.

## General RFP Information

1. The County Coalition requires a high level of service from any firm who is looking to do business with the County Coalition. Quality, service and price are all critical factors that the County Coalition considers when doing business and in continuing business with firms. This is especially important when it comes to the requirements of this request. Dissatisfaction due to product or performance may result in the County Coalition discontinuing service with a firm.
2. All three agencies named in this RFP are tax-exempt municipalities under WI Stats 77.54(9a)(b)(m).
3. The County Coalition seeks opportunities for collaboration and shared services with public or potentially, private sector entities. Keeping this strategic goal in mind, the County Coalition works with other units of government to develop areas of intergovernmental cooperation. This intergovernmental cooperation could include sharing an off-site/near-site healthcare clinic.
4. Successful firm shall provide a certificate of insurance upon award as per the requirements of Exhibit "C" attached. Proof of Insurance is required when award is made.
5. All proposals shall be binding for one hundred eighty (180) calendar days following the proposal opening date unless the firm(s), upon the request of the County Coalition agrees to an extension.
6. Firms may withdraw their proposal at any time before the proposal due date and time by written request for withdrawal to the attention of the Racine County purchasing coordinator and by presenting proper identification upon request. **Faxed and emailed proposals will be rejected. Late proposals will not be accepted and will remain unopened and returned to sender.**
7. Standard Terms and Conditions are included with this request and are hereby made a part of it.
8. All firms receiving an RFP packet directly from Racine County will be registered with Racine County in connection with this RFP document. Registered companies will receive addendum or other information concerning this request for proposal.
9. If a firm receives an RFP packet from any source or entity other than Racine County, the firm is responsible to contact Racine County to register themselves as a bidder with Racine County (if you don't register with Racine County as instructed herein, you won't receive emailed notice of future addenda) and check with Racine County to request any addenda issued for this request. Failure to do so in no way obligates Racine County to issue addendum or other information concerning this request to the firm.
10. No reimbursement will be made by Racine County for any cost incurred in preparing responses to this solicitation, or for cost incurred before a formal notice to proceed is issued if a contract is awarded.
11. Racine County shall be the Owners of any and all of the reports, plans, specifications and documents resulting from this RFP and firm shall provide both digital and hard copies of all reports, plans and documents as indicated in this RFP to Owner in a format usable to

Racine County. Awarded firm shall also waive any rights to copyright protection so Owner may reproduce, distribute and use all reports, plans, specifications and documents as it so chooses.

12. Any proposal/response and any and all supporting materials submitted in conjunction with this request will become a public record, subject to public inspection.
13. Firms responding to this request are to provide with their proposal, a proposed contract covering all the terms, conditions and specifications for the performance of all work for this request.
14. Respondents are to list any consultants or subcontractors that may be used to help complete this project.
15. Any questions resulting in further clarification or modification to this (RFP) document will be handled by written addenda. Questions shall be directed to Kenneth Schmidt, Purchasing Coordinator at Racine County via email to [ken.schmidt@racinecounty.com](mailto:ken.schmidt@racinecounty.com). Questions must be asked by 4:30 p.m. CT on August 1, 2016. Any changes as a result of issues raised will be made by written addenda and issued by Racine County to all known RFP document holders. It is the firm's responsibility to check with Racine County for addenda prior to submitting your proposal. Verbal and other interpretations or clarifications will be without legal effect.
16. Respondents are responsible for familiarizing themselves with the technical requirements before submitting a proposal as Racine County shall not be held liable or accountable for any error or omission in any part of this RFP or resulting services. Prior to the deadline for questions, a firm shall notify Racine County of any error, omission, inconsistency or other factor which requires clarification that is discovered while reviewing the documents or preparing a proposal.
17. Confidentiality and Security – This document or any portion thereof may not be used for any purpose other than the submission of proposals. The successful firm must agree to maintain security standards consistent with the security policy of Racine County. These include strict control of access to secure areas, sensitive data and maintaining confidentiality of information gained while carrying out their duties. The successful firm will be required to ensure that all personnel employed on the contract, which require access to secure and confidential County information or facilities, meet the criteria for personal security clearance prescribed by Racine County. Racine County reserves the right to deny access to any individual that is not fully compliant with security criteria without disruption to project cost or timeline.
18. Background checks will also be required from the awarded firm for any employee or subcontractor employee who will be involved with this project. The cost of this will be at the awarded firm's or subcontractor's expense.
19. Unpublished information pertaining to the County Coalition or their employees obtained by the firm as a result of participation in this RFP or resulting contract is confidential and must not be disclosed without written authorization from the County Coalition.
20. The firm must comply with all requirements of HIPAA to the extent that HIPAA applies to the County Coalition. To the extent that specific contract provisions are required by HIPAA, parties agree to negotiate such provisions in good faith. The selected firm will also be

required to sign a Business Associate Agreement for HIPAA purposes with the County Coalition.

21. It is mutually understood and agreed and it is the intent of the parties that an independent contractor relationship will be established under the terms and conditions of the agreement; that employees of the selected provider are not nor shall be deemed employees of the County Coalition and that employees of the County Coalition are not nor shall be deemed to be employees of the selected provider.

Firms submitting a proposal for this request must provide a written statement declaring if they have any affiliation with any personnel within any of of the three entities within the County Coalition.

## 22. INDEMNIFICATION

The firm shall indemnify and hold Racine Unified School District (RUSD), Racine County, the City of Racine, United Health Care (RUSD's, Racine County's and the City of Racine's medical insurance third party administrator) and all of their partners harmless from and against (a) any and all claims arising from contracts between the firm and third parties made to effectuate the purposes of this agreement and (b) any and all claims, liabilities or damages arising from the preparation or presentation of any products or software covered by this agreement, including the costs of litigation and counsel fees.

## 23. NON-COLLUSIVE STATEMENT

Each vendor, by submitting a response, certifies that it is not a party to any collusive action with any personnel within any entity within the County Coalition. Each vendor also certifies that it is not a party to any collusive action with any other party submitting a proposal in response to this solicitation.

24. The County reserves the right to reject any or all proposals, to waive any technicality in any proposal and accept any proposal deemed to be the most advantageous to the County.
25. This request and possible resulting contract shall be interpreted under the laws of the State of Wisconsin. Any disputes or claims that arise under this contract shall be litigated in the Circuit Court of Racine County, WI.

## **Project Background and Description**

The County Coalition participants including Racine Unified School District (RUSD), the County of Racine and the City of Racine have previously all had a successful clinic model implemented in the interest of reducing health care costs. To continue in this cost reduction strategy and to make the clinic services more attractive to its potential users, the County Coalition is exploring pursuing a collaborative effort in retaining the services of an off-site/near-site healthcare service to provide services to the County Coalition entities health insurance participants and their dependents.

## SECTION I

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### STATEMENT OF INTENT

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1. The County Coalition entities are all located in Southeastern Wisconsin and desire to offer an off-site/near-site clinic that will supplement the current health benefit plan offered to employees;
2. Awarded contracts will be held independently between all three agencies within the County Coalition and the awarded firm.
3. The intent is to begin implementation in Fall of 2016, with services beginning on or around February 1, 2017.
4. The shared off-site/near-site clinic will be located at a location(s) to be mutually agreed upon between the Firm and the County Coalition participants.
5. The County Coalition are considering these services to control healthcare costs and solidify their position as the employer of choice in the community, as well as utilizing contracted services as an employee retention tool.
6. Consistency in the quality of care and demonstrated health improvement is important to the County Coalition.
7. The County Coalition is particularly interested in offering a program that provides significant disease management and population health management resources. The off-site/near-site clinic firm must be willing to partner with each entity and their medical insurance carrier / third party administrator in promoting overall health and productivity initiatives to all employees.
8. The County Coalition is looking for an off-site/near-site clinic partner that will provide both urgent care services and preventive care that will reduce each entity's overall medical expense and supplement and expand their current wellness program resources. Serious consideration will be given to those proposals that demonstrate an ability to support the programs each entity has already developed and reduce healthcare expense.
9. The County Coalition is seeking a true partner in implementing an off-site/near-site clinic. In light of this, serious consideration will be given to partners willing to commit to financial performance and service guarantees.
10. The County Coalition expects an off-site/near-site clinic provider to integrate data with each entity's health plan and to provide meaningful reporting to measure the return on investment.

## SECTION II

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### SUMMARY OF REQUIREMENTS

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**The scope of services includes the following categories:**

1. Preventive care, urgent care, pediatric and primary care services
2. Wellness services
3. Limited pharmacy or medication services (within Wisconsin state law)

**Primary Care/Preventive Care/Urgent Care Services**

1. Flu shots
2. Allergy shots
3. Urgent care services
4. Preventive care/physicals
5. Coordination of referrals outside the clinic for specialist visits or additional diagnostics and follow up on preventive guidelines based on age
6. Routine lab draws (sent out for resulting)
7. Sports physicals
8. Routine skin cancer screenings

**Wellness Related Services**

1. Provide wellness related educational materials
2. Provide strategic collaboration on various wellness activities and initiatives
3. Provide customized programs and on-going disease management for employees with chronic conditions
4. Provide Health Risk Assessment as well as follow up coaching/review
5. Conduct biometric screenings and coordinate additional onsite health events
6. Integrate with, support, and enhance current wellness related programs
7. Provide health and lifestyle coaching, including diet and exercise
8. Assist in creation of an annual wellness calendar of events

**Pharmacy and Medication Services**

1. Dispense common generic medications
2. Provide prescriptions and e-prescribing capabilities

**Administrative Services / Onsite Clinic Management**

1. Manage program implementation to achieve successful implementation on the agreed upon timeframe and implementation budget.
2. Conduct surveys to measure patient satisfaction and notify the County Coalition - inclusive of any complaints promptly and provide a remedy.
3. Participate in periodic wellness committee meetings
4. Integrate with vendors that provide services to the County Coalition - inclusive; including medical, EAP, coaching and wellness, and other vendors
5. Perform clinic staff recruiting and replacement searches
6. Manage clinic staff and the training of clinic staff
7. Provide technology required to operate the clinic including an Electronic Medical Record (EMR), email for staff, etc.
8. Ensure compliance with state and federal medical practice guidelines
9. Audit clinic operations and clinical efficacy

10. Develop marketing materials to support the clinic opening and ongoing marketing needs
11. Provide annual reporting and analytics to support incentive program operation and management
12. Provide monthly reporting to measure clinic utilization/participation rates, number of visits, types of conditions seen, medications prescribed, number of referrals to specialists, etc. by each entity and in aggregate
13. Provide clear financial reporting for all supply and equipment purchases and monthly fees by entity and in aggregate
14. Perform ad hoc reporting as necessary
15. Meet with the shared clinic governance committee monthly, or as deemed necessary
16. Complete medical FMLA certification and Short Term Disability Administration/Certification
17. Assist with ADA qualifying criteria
18. Integrate clinic claims data with medical insurance carrier / third party administrators
19. Maintain equipment
20. Coordinate care with existing physicians and medical personnel
21. Ensure HIPAA compliance
22. Provide reporting by entity and in aggregate
23. Ability to track & collect different payments at time of service for each entity & by plan type
24. Provide replacement staff when clinic staff will be absent more than one day
25. Offset clinic operational costs with any payments received by member or insurance carrier / third party administrator
26. All proposals should be inclusive of travel fees

**Alternate service may include: (Alternate Proposal #1)**

1. Occupational medicine, including basic triage of occupational medicine services
2. Physical therapy/chiropractic services
3. Show ability to manage referrals related to workers' compensation injuries
4. Provide recommendation to each entity on injury trends that may be impacted by safety programming
5. Drug testing (post-employment offer, reasonable suspicion and random screenings)
6. DOT physicals
7. Post-employment functional exams
8. Pre-employment physicals
9. TB tests
10. Blood borne pathogen evaluations
11. Firefighter physicals
12. Police physicals
13. Audiograms
14. EAP services

## SECTION III

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### OFF-SITE/NEAR-SITE CLINIC SPECIFICATIONS AND BACKGROUND INFORMATION

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#### A. GENERAL INFORMATION

1. If the County Coalition proceeds with an off-site or near-site clinic implementation, they would ideally like to open the clinic on or about February, 2017.
2. The shared off-site/near-site clinic will be located at a location to be mutually agreed upon by the Firm, and the County Coalition.
3. Please see the attached utilization data that highlights relevant utilization for medical and Rx programs for the County Coalition.
4. Racine County is located in southeast Wisconsin, 25 miles south of the Milwaukee metro area. Racine County has a population of approximately 195,041 citizens. The County has a workforce of approximately 1,400 regular full time and regular part time employees.

The City of Racine, located in Racine County, WI has a population of approximately 78,199. The City has a workforce of approximately 1,108 regular full time and regular part time employees.

Racine Unified School District, located in Racine County, has approximately 2,600 full time and 400 part time employees.

#### B. ELIGIBILITY

Racine County will allow employees and dependents of benefit enrolled employees access to the clinic as well as members who retired from Racine County and are on the medical plan along with their enrolled dependents. There are currently 1,204 employees, 1,853 dependents and 640 Humana retirees and dependents enrolled in the County's current medical plan.

The City of Racine will allow benefit enrolled employees and dependents access to the clinic, as well as members who retired from the City's and are on the current medical plan. There are currently 690 employees, 2,048 dependents, and 890 retirees and their dependents enrolled in the cities current medical plan.

RUSD will allow benefit enrolled employees and dependents access to the clinic, as well as retirees who retired from the district and are enrolled within the current medical plan. There are currently 6,500 employees, dependents, and retirees and their dependents enrolled in the RUSD's current medical plan. There are approximately 2,600 employee subscribers, approximately 1,370 spouses, approximately 2,280 dependent children and approximately 400 retiree subscribers on RUSD's current health plan.



### **C. PROPOSED HOURS OF OPERATION**

Based on previously outlined clinic services, please make recommendations for hours of operation.

### **D. PROPOSED STAFFING MODEL**

Based on previously outlined clinic services requested, please make recommendations for staffing and include the cost of your proposed staffing model in your proposal pricing.

### **E. CURRENT HEALTH PLAN**

1. The County Coalition entities are currently self-funded for group medical insurance. Please prepare your ROI models accordingly.
2. Racine County currently offers two self-funded health insurance plans with United Health Care (UHC) as their third party administrator (TPA).
3. The City of Racine offers two self-funded HRA plans, with UHC as their third party administrator.
4. RUSD offers a self funded HRA plan with UHC as their third party administer.
5. Racine Unified School District, the County of Racine and the City of Racine require signing of a Business Associate Agreement to assure protection of PHI. This allows for the sharing of standard data information sets for clinic operations.
6. All agencies will require claims submission from the clinic operator to their TPA's in a standard EDI format for claims that occur in the clinic.

### **F. CURRENT WELLNESS PROGRAMS, HRA PARTICIPATION AND INCENTIVES**

1. The County of Racine provides a Health Risk Assessment with biometric testing for employees. This is currently a voluntary program with no incentives to participate.
2. The City of Racine offers its employees a Health Risk Assessment program which includes a wellness questionnaire. The wellness questionnaire is part of the contracted services provided by United Health Care (UHC). Completion of the wellness questionnaire, a wellness class and a meeting with a health care professional for the employee and spouse on the City's health insurance results in a cash incentive of \$200 for the employee and \$100 for the participating spouse. The program is voluntary.
3. Racine County and the City of Racine provide flu shots, health risk assessments and biometric screenings at various scheduled times throughout the year and will look for the off-site/near-site clinic to coordinate these services.

4. RUSD provides Health Risk Assessment with biometric testing for employees and provides an incentive for participation. Current participation is 50% - 60%. Other health challenges are offered from time to time with various recognitions and rewards.

## SECTION IV

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### OTHER

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#### A. INSURANCE

The successful firm of this request shall agree that it will, at all times during the term of the agreement, keep in force and effect insurance policies required by the contract as specified in Exhibit C.

#### B. FIRM/EMPLOYEES

1. All personnel associated with the account shall wear an ID badge, dress appropriately and maintain proper hygiene.
2. All Sub-Contractors must be identified in your proposal response. If Sub-Contractors are used, the County will consider the proposing firm to be the Prime Contractor and to be solely responsible in all contractual matters, including payment of any and all charges resulting from such Sub-Contractor arrangements. The Prime Contractor will be fully responsible for the acts, errors, and omissions of the Sub-Contractor. The successful respondent shall cause appropriate provision of its proposal to be inserted in all subcontracts ensuing to ensure fulfillment of all contractual provisions by Sub-Contractors.
3. The County shall be entitled to request the removal of individuals associated with this service for any of the following grounds, provided that such request be in writing and shall specify the reasons for the County dissatisfaction: (i) unsatisfactory performance that causes negative operational impact at the County or causes the County to commit additional resources to avoid operational impact; (ii) dishonesty or belligerent conduct or (iii) violation of County rules or policies related to this Contract.

Upon such written request, the County and Contractor shall decide on a course of action to cure any such problems, provided that there shall be no cure opportunity required for problems involving categories (ii) or (iii) in the preceding sentence. In the event Contractor does not cure the problem within (7) days from the date of notice, Contractor shall remove such person and shall promptly provide a qualified replacement. The County will be liable for payment of services only up to the time of dismissal and provided then only if services rendered meet the minimum requirements of the County. The Contractor is responsible for ensuring that any substitute personnel have comparable skills and experience. The County reserves the right to interview substitute personnel prior to commencement of activity on the project.

The successful Contractor(s) shall establish and maintain procedures and controls for the purpose of assuring that no information in its records or obtained from the County or from others in carrying out its functions under the contract shall be used or disclosed by it. The County reserves the right to review such procedures to ensure acceptability to the County. If information and/or records are requested of the successful Contractor(s) by anyone other than County personnel, the County – inclusive shall be notified immediately. The County will address all requests. All

reports generated for this contract shall become the property of the three participating agencies.

### C. FINANCIAL STABILITY

The Firm, including any subcontractors, must have the financial capability to undertake the requirement. In order to demonstrate its financial capability, **The County will require finalists to submit the financial information detailed below by both the Contractor and subcontractor if applicable.** The requested information must be provided within five (5) working days of the County's written request.

1. Audited Financial Statements for the Respondent's last three (3) fiscal years or for the years that the Respondent has been in business if this is less than three (3) years, including as a minimum the Balance Sheet, Statement of Retained Earnings, Income Statement and any notes to the statements.
2. If the date of the Financial Statements provided in A) above is more than three (3) months from the date on which the County requests this information, the Respondent must also provide Interim Financial Statements consisting of a Balance Sheet and year to date Income Statement), as of two (2) months prior to the date of the County's request.
3. Evidence by certification from the Chief Financial Officer or an authorized signing officer of the Respondent, regarding the accuracy of any financial information provided.
4. Formal certification on proposer's stationary signed by the owner or authorized officer of the company indicating the proposing firm has not filed for bankruptcy in any form, nor are there any current intentions of filing any type of bankruptcy proceedings. In the event a proposer has or is considering filing bankruptcy of any type, formal certification will take on the form of a written explanation of such filing, complete with history and current status.
5. A confirmation letter from the Respondent's financial institution(s) outlining the total of lines of credit granted and the amount of credit that remains available and not drawn upon as of one month prior to the date of the County's request.
6. If any proposal is submitted by a joint venture, then the specific financial information requested may be required from each member of the joint venture depending on the magnitude and impact of their role in the joint venture.
7. If the Contractor or subcontractor is a subsidiary of another company, then the specific financial information requested is also required from the parent company.

### D. PERFORMANCE GUARANTEE

In an effort to reduce risk, the County desires a performance guarantee. The firm is required to include, as part of their response, their policy regarding performance guarantees for failed implementations or language that supports evidence of your firm's ability to provide a performance guarantee in the event of an unsuccessful implementation. Included in the guarantee should be financial penalties for the firm's failure to meet any of the proposed objectives of the implementation.

## E. TERM, PRICING AND PAYMENT

### 1. Term

The term of the contract will be for a 3 (three) year period may be renewable thereafter by written mutual agreement independently between the County Coalition participant entities and the awarded firm of this request. It is anticipated that services will commence in February 2017.

### 2. Pricing

All firms must complete each area of the Pricing Document Worksheet. Each price noted must be a not to exceed fee and be all inclusive; i.e. items which are normally referred to as **reimbursable expenses** (such as travel and expenses) must be included in the line item pricing.

### 3. Payment

Payment will be made monthly within thirty days of a properly documented invoice. The County's general payment terms are net 30 and payment will be made within thirty (30) days after acceptance of goods/services and receipt of a properly documented invoice.

Firms who wish to quote a discount for early payment against a purchase order may do so (reference the payment terms of the Pricing Document). For example: 1%/10 days. Discounts will be taken into consideration when evaluating costs. Note: Invoice must be sent to the location specified on the purchase order to avoid delays in payment.

Some entities within the County Coalition prefer to remit payment through the use of a Commercial Purchasing Card (P-card). If your firm is willing to accept payment in the form of a P-card, please detail what fees, if any that would be applied to a P-card purchase transaction.

## SECTION V

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### UTILIZATION DATA & SUMMARY OF BENEFITS AND COVERAGE

See Attached Exhibits

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## **Proposal Submission & Review**

Proposals must be submitted in **two separately sealed envelopes/boxes** to the address and by the proposal due date and time as indicated in this RFP in order to be considered. Firms responding to this RFP are to **submit 9 complete hardcopy proposals and 1 electronic copy on a jump drive** to Racine County with their information organized as outlined herein for **each** sealed envelope/box.

### **Notice to Respondents:**

The electronic copy of the firm pricing proposal shall include the completed Pricing worksheets that have been provided in Microsoft Excel.

The pricing form for this request is included in the RFP packet in an Excel file. When completing this form, do not make any changes to the document other than completing the blank response fields. All firms are advised the official copy of the Excel spreadsheets are the hardcopies kept in the Racine County Purchasing Division. In the case of conflict between the spreadsheets submitted with your proposal and the information of the official hardcopy, the official hardcopy shall govern and may result in your proposal being rejected.

Proposal Review – A team of RUSD, County of Racine and City of Racine staff members will review and score firms' technical proposals first and then will review and score fee/ROI proposals. The proposals will then be shortlisted and the top firms will be invited in for a one (1) hour interview to be held on **September 14, 2016**. Interviews will be required of selected finalists at the provider's expense.

**NOTE: Respondents should set aside September 14, 2016 for the interview. Please block your calendars accordingly.**

It is anticipated that short listed firms will be notified of their interview date and time on or before **September 14, 2016**.

The County reserves the right to request site visits to aid in making an award decision prior to making an award. The County's award decision shall be final.

The County reserves the right to request any additional information that might be deemed necessary during the evaluation process.

Proposals shall be prepared in accordance with the proposal response format as follows. Proposals not complying with this format may be considered non-responsive and may be rejected.

## **Proposal Submission**

### Formatting Requirements for Proposal Submittal

#### **Envelope/Box #1 (Qualifications/Technical Proposal):**

Label this envelope/box as: **Shared Off-site/Near-Site Healthcare Clinic, RFP #16-FIN-001, Qualifications/Technical Proposal**. Submit 9 complete hardcopies of your Qualifications/Technical Proposal and 1 electronic copy on a jump drive in this Envelope/Box #1.

#### **Qualifications/Technical Proposal**

Firms responding to this request are to provide their qualifications with their proposals to include:

1. Completed Exhibit A.
2. Completed and Signed Addenda Acknowledgements (if any are issued).
3. Firm name, address, telephone number, and contact person with email address for this request.
4. Brief history of firm; describe firm's experience, how long you've been providing these services and the stability of your firm in providing these types of services.
5. Include a statement of your firm's interest and qualifications for this service. Indicate firm's specific abilities to provide the services required for a shared off-site/near-site healthcare clinic and firm's qualifications related to service requirements. Include your firm's license or certification to provide the services of this request and include a list of your staff showing their credentials and qualifications (resumes of staff to be assigned to provide the services of this request).
6. As referenced in the General RFP Information, item #23, include your statement indicating your firm is independent of either any association with the County – inclusive participants. If a relationship exists, please explain the nature. List any subcontractors that may be used (if any) at any time throughout the contract term.
7. Provide three (3) references of clients you've provided these services for over the past three (3) years (preferably from Wisconsin public sector clients). Include firm name, contact person, address, e-mail address and telephone number of Owners for which firms have provided similar services that the County may contact.
8. As referenced in Section IV, item C, provide your firm's proof of financial stability for the County's review.



## Proposed Service Explanation, Service Plan and Schedule

1. Participation Rates
  - a. What are the typical participation rates achieved in the off-site/near-site health centers you operate?
  - b. How do you define optimal participation? What are the key factors in achieving optimal participation? What actions do you take when participation rates are not meeting your expectations?
  - c. What participation rates are assumed in developing your projected financial performance? What is the basis for these participation rate assumptions?
  - d. What incentive program structures were assumed in developing these assumptions? Please describe why you believe these participation rates are realistic.
  - e. Does your financial projection include the cost of incentives used to drive participation? Why or why not?
  - f. How do you drive participation in the off-site/near-site health centers that you operate?
  
2. Defining Success
  - a. How do you define success with your off-site/near-site healthcare centers?
  - b. How do you measure success? Please provide sample reports demonstrating your measures of success and describe how your existing clients utilize these reports.
  
3. Incentive Program Structure
  - a. Please outline the incentive structures that you would recommend to drive participation and utilization of the proposed off-site/near-site health center.
  - b. How do you encourage utilization by members across the health risk spectrum?
    - i. How do you achieve utilization of healthy members?
    - ii. How do you achieve utilization of at risk members?
    - iii. How do you support members with active disease?
    - iv. Do you recommend that all employees and spouses receive care in the health center at least once annually? Why or why not?
  
4. Provide a brief summary of your understanding of this request and requirements as depicted in this document and identify key issues from your firm's perspective.
  
5. Firms are to include their proposed service plan outlined in Section II, Summary of Requirements that would be used to provide services with a detailed description of the services to be provided and firm's approach and methodology in providing services.
  
6. Should the County decide to pursue the services, outlined in Section II Summary of Requirements , Future Services, (Alternate Proposal #1), please address how your firm will accommodate these services, as illustrated in item #5, above.

7. The Provider/Contractor shall be responsible for employing adequate staff to provide services under this contract. Indicate in your proposal your staffing plan and hours of operation to meet the County Coalition's needs.
8. Address how Intergovernmental and Private Collaboration may impact your proposal.

**Insurance Requirements**

1. Acknowledge firm's ability to obtain insurance as required or provide certificate of insurance as per the County Coalition individual entity requirements – Reference Exhibit C with this packet.

**Envelope/Box #2 (Pricing Document Proposal):**

Label this envelope/box as: **Pricing Document – Shared Off-site/Near-Site Healthcare Clinic, RFP #16-FIN-001**. Submit 9 complete hardcopies of your Pricing Document Proposal and 1 electronic copy on a jump drive in this Envelope/Box #2.

1. Pricing Document – Complete the Pricing Document Worksheet as indicated above and submit in Envelope/Box #2.
  - A. Include your financial response to Alternate Proposal #1

Financial Performance Guarantee – Provide an analysis complete with ROI with a financial performance guarantee that assures the County that the financial performance your firm has proposed is realistic and achievable and also include your financial guarantee to the County in the event of an unsuccessful implementation.

2. Metrics
  - A. What metrics are used in your performance guarantee?
  - B. How many visits does your financial projection assume will be delivered each year of the projection? What is the average cost of these visits?
  - C. Of these visits, how many are expected to be
    1. Redirected from community-based providers (care that would have happened elsewhere)?
    2. New demand caused by the incentive program and/or convenience?
  - D. How do you measure cost reduction? Why do you do it that way?
3. The County shall not be responsible for, nor shall make reimbursement for any additional fees unless prior written mutual agreement has been made.
4. Value Added Services  
Identify any value-added services your firm is willing to provide the County at no additional cost if awarded this request.
5. Intergovernmental and Private Entity Collaboration  
Detail out any cost savings (or additional costs) that may be realized if another public or private entity were to be included as part of your clinic now or in the future.
6. Proposed Contract  
Include with your proposal a proposed contract covering all the terms, conditions and specifications for performing the work and services of this request. Firm agrees the contract will be subject to changes required by the County or County Coalition participant's and firm will make such changes as requested.

**Shared Off-site/Near-Site Healthcare Clinic  
 Racine Unified School District, the County of Racine & the City of Racine  
 RFP #16-FIN-001  
 Evaluation Criteria Form**

(This form will be used to rate firms Proposals)

Firm: \_\_\_\_\_

Evaluation Criteria	Maximum Pts.	Points
1. <b><u>Proposal Merit</u></b> Firm addresses all questions in the RFP, and provides specific examples that support answers where required or necessary.	5	_____
2. <b><u>Professional &amp; Related Service Experience:</u></b> Extent of the firm's experience in providing the services of this request. The extent to which the firm has personnel with the necessary experience and training to perform the work of this request and has demonstrated competence in providing services to accounts having similar requirements to that of this request and the extent of client satisfaction.	15	_____
3. <b><u>Key Personnel Qualifications, Approach, Methodology &amp; Service Plan:</u></b> Evaluation of the key personnel's experience and qualifications to provide services, firm's approach and methodology employed for the provision of services, ability to interface with clients and service plan for this request. Impact of Intergovernmental Cooperation and benefits.	25	_____
4. <b><u>Net Financial Performance:</u></b> Review and evaluation of fee proposal and ROI in providing services as needed.	35	_____
<b>Subtotal</b>	80	_____
<hr/>		
5. <b><u>Interview:</u></b> The extent to which the evaluation team feels the firm has the capability to perform the duties required, perform the services of this request in a professional manner and is the best fit for the County, City and School District's shared healthcare clinic.	20	_____
<b>Total</b>	100	_____

## Standard Terms & Conditions for Request for Proposal

### **Negotiations**

This is a negotiated procurement. Negotiation is a procedure that includes the receipt of proposal from offers, permits bargaining, and usually affords an opportunity to revise offers before award of a contract. Bargaining, in the sense of discussion, persuasion, alteration of initial assumption and positions may apply to price, schedule, technical requirements, type of contract or other terms of a proposed contract. Award may be made on the basis of the original proposal without negotiations with any offer.

### **Binding Contract**

A proposal received in response to a request for proposal (RFP) is an offer that can be accepted by the County to create a binding contract.

### **Award**

In awarding a contract, price is but one factor to be considered and the award is not required to be made to the lowest offer. Awards shall be made to the responsive, responsible firm whose proposal overall is the most advantageous to the County.

### **Rejection of Proposals**

The County reserves the right to reject all proposals of parts thereof which are determined not to be in the best interest for the County. Such rejection is not subject to appeal.

### **Funding**

If funds are not appropriated for payment of this contract, the contract may be terminated within thirty-(30) day written notice without any early termination penalties, charges, fees or cost of any kind to the County.

### **Delivery Terms**

Proposals shall include delivery costs to the specified delivery point, all transportation charges prepaid and borne by the contractor.

### **Delays in Delivery**

Delays in delivery caused by bona fide strikes, government priority or requisition, riots, fires, sabotage, acts of God or any other delay deemed by the County to be clearly and unequivocally beyond the contractors control, shall be recognized by the County. The firm may be relieved of meeting the delivery time specified, if a firm files with the County a request for extension of time, signed by a responsible official, giving in detail the essential circumstance which, upon verification by County's authorized representative, justifies such extension.

**EXHIBIT A**

**REQUEST FOR PROPOSAL**

**STATEMENT**

**Request for Proposals (RFP)**  
**Shared Off-site/Near-Site Healthcare Clinic**  
**Racine Unified School District, the County of Racine and the City of Racine**  
**RFP #16-FIN-001**

RFP Statement

Complete this page and include it with your sealed response to this request. Please insert it in the Qualifications/Technical Proposal of Envelope/Box #1 as requested.

I have read this Request for Proposal (RFP), all the attachments, addenda (if any) and exhibits issued for this project and understand their contents and requirements.

**Binding Signatures:**

The undersigned firm, submitting their proposal, hereby declares and agrees to be bound, and to perform the work in accordance with all the terms, conditions and requirements of this Request for Proposals, the within and foregoing proposal, the contract, the applicable specifications and special provisions, and the schedule of prices as hereby submitted and made part of their proposal submission.

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

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

Signature (Manual Signature) \_\_\_\_\_

Name (Print or Type) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**EXHIBIT B**

**PRICING DOCUMENT WORKSHEET**



**RACINE UNIFIED SCHOOL DISTRICT, THE CITY OF RACINE AND THE COUNTY OF RACINE**  
**OFF-SITE / NEAR SITE MEDICAL CLINIC**  
**RFP 16-FIN-001**  
**PRICING DOCUMENT WORKSHEET**

**OFF-SITE / NEAR SITE CLINIC PROJECTION WORKSHEET**



Respondent Name:

Staffing Model:  PA, PD or Mixed Model

**Pricing Document Worksheet Instructions:**

- \* Complete spreadsheet in full.
- \* Expand the cell comments denoted by the red corner triangle for clarification of detail requirements.
- \* Year 1 should reflect February 1, 2017 to January 31, 2018.
- \* If there is not a charge for a specific line item in your model please put a zero in those cells, and make note in the "Notes" column.
- \* If your model has fees associated with other services not listed, please include them by inserting a row and typing in red font in those cells so they are easily identified.
- \* If you have proposed more than one staffing model, please copy and paste this worksheet tab within this workbook and name the tab accordingly.
- \* Complete the ancillary services and additional questions on tab 3 of 3.

ESTIMATED EXPENSES	Year 1	Year 2	Year 3	Year 4	Year 5	Notes
<b>Supplies and Equipment</b>						
Miscellaneous Clinic Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Immunizations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Drug Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Additional Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Supplies and Equipment</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Personnel and Personnel Expenses</b>						
<b>Personal Staffing Model (Full Time Equivalent, FTE)</b>						
Physician	0.0	0.0	0.0	0.0	0.0	
Physician Assistant	0.0	0.0	0.0	0.0	0.0	
Nurse Practitioner	0.0	0.0	0.0	0.0	0.0	
Registered Nurse	0.0	0.0	0.0	0.0	0.0	
Licensed Practical Nurse	0.0	0.0	0.0	0.0	0.0	
Medical Office Assistant	0.0	0.0	0.0	0.0	0.0	
Receptionist	0.0	0.0	0.0	0.0	0.0	
Health Coach	0.0	0.0	0.0	0.0	0.0	
<i>[Add Additional Personnel]</i>	0.0	0.0	0.0	0.0	0.0	
<b>Total FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Personnel Salaries</b>						
Physician	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Physician Assistant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Nurse Practitioner	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Registered Nurse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Licensed Practical Nurse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Medical Office Assistant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Receptionist	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Health Coach	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<i>[Add Additional Personnel Salaries]</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Salaries</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
Benefits Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Part Time Off Replacement Staffing Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Personnel Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Facility Operational Expenses</b>						
Medical Waste	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Medical Recycling	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Facility Operational Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Additional Operational Expenses</b>						
Management Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Rent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Malpractice and Liability Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Recruiting	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Travel (Ongoing After Implementation)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Technology Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Dues and Licenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Professional Development	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Marketing and Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Laboratory Professional Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Billing Processing and Fees: Carrier Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Credit Card Processing Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Telemedicine / E-visit Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Equipment Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<i>[Add Additional Operational Expense]</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Additional Operational Fees</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**RACINE UNIFIED SCHOOL DISTRICT, THE CITY OF RACINE AND THE COUNTY OF RACINE**  
**OFF-SITE / NEAR SITE MEDICAL CLINIC**  
**RFP 16-FIN-008**  
**PRICING DOCUMENT**



Respondent Name: [Respondant Name Here]

Wellness Related Expenses						
HRA / Biometric Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wellness Educational Materials	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wellness Portal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>[Add Additional Wellness Related Expense]</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Wellness Fees</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Ongoing Operational Fees</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
ADDITIONAL EXPENSES	Year 1	Year 2	Year 3	Year 4	Year 5	Notes
<i>Start-up Implementation Fees</i>						
Information Technology	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Facility Equipment and Furnishing (one-time)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Staffing fees prior to clinic opening	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Travel (One time during start-up)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Recruiting	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Marketing and Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<i>[Add additional Fees]</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Start-up Fees</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Total Ongoing Operational Plus Start-up Fees</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
Revenue	Year 1	Year 2	Year 3	Year 4	Year 5	
<i>Clinic Revenue</i>						
Hours Per Week Clinic Proposed to be Open	0	0	0	0	0	
Weeks Per Year Clinic Proposed to be Open	0	0	0	0	0	
Number of Expected Clinic Office Visits Per Year*	0	0	0	0	0	
<small>* (not including lab, immunization or drug testing visits)</small>						
Estimated Member Capture Rate in Clinic	0%	0%	0%	0%	0%	
<i>CoPay Revenue</i>						
<i>Estimated Direct Cost Avoidance</i>						
Reduction in Specialist Visits/Outpatient Visits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reduction in ER Visits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reduction in Urgent Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reduction in Inpatient Costs/Days	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reduction in Fees Associated with Primary Care Office Visits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reduction in Flu Shots	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Savings from Discounted Routine and Diagnostic Lab	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reduction in Fees Replacing Occupational Health Office Visits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reduction in Biometric Screenings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reduction in Replacement Staffing Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Fix Savings by Dispensament Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<i>[Add additional direct cost avoidance here]</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Estimated Direct Cost Avoidance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<i>Estimated Indirect Cost Avoidance</i>						
Productivity Savings: Medical Visits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Productivity Savings: Presenteeism and Absenteeism	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Wellness / Health Improvement Related Savings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<i>[Add additional indirect cost avoidance opportunities here]</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Indirect Cost Avoidance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Total Direct and Indirect Cost Avoidance and Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**RACINE UNIFIED SCHOOL DISTRICT, THE CITY OF RACINE AND THE COUNTY OF RACINE**  
**OFF-SITE / NEAR SITE MEDICAL CLINIC**  
**RFP 16-FIN-001**  
**PRICING DOCUMENT WORKSHEET**



Respondent Name: [Respondant Name Here]

**Ancillary Services Available**

**Ancillary Service Instructions:**

\*Please use the chart below to identify ancillary services that could be available at an additional cost, but are not included in your proposal.

FUNCTIONALITY	Included in proposal with standard scope and management fees? (Yes / No)	Functionality available at an additional cost?	Cost	Notes
Occupational Medicine, including triage of occupational medicine services				
Physical therapy/chiropractic services				
Demonstrate ability to manage referrals related to worker's compensation injuries				
Ability to provide recommendations to each entity on injury trends that may be impacted by safety programming				
Drug testing. (Post employment offer, reasonable suspicion, random screenings)				
DOT Physicals				
Post-employment functional exams				
Pre-employment physicals				
TB tests				
Blood borne pathogen evaluations				
Firefighter physicals				
Police physicals				
Audiograms				
EAP services				
Electronic medical record (EMR)				
Patient portal				
Online scheduling				
Telemedicine				
E-visits				
Price transparency tools				
Transmission of HAS payments				
Claims submission to the three health plans for RUSD the City and County of Racine				
Claims submission for any insurance company				
Accept inbound claims history from both health plans				
Predictive modeling and data aggregation				
Accept outside HRA and biometric screening files electronically				
Health and wellness challenges				
Software to track incentives or wellness participation				
[Add additional cost savings opportunities here]				

**Additional Cost Questions**

**Additional Cost Question Instructions:**

\*Please use the chart below to answer the questions.

Number of clinics currently managing nationally?	
Number of clinics currently managed in Wisconsin?	
Does your proposal include all of the requirements listed in Section II - Summary of Requirements as listed on pages 6 and 7 of the Request for Proposal? If not, please specify any exclusions within column to the right.	
Are there any additional ancillary services that your firm could offer to the consortium that would be beneficial in increasing direct cost avoidance to the consortium? If so, please detail within the column on the right.	
Will you provide performance guarantees? If so, include a list of the specific services on which you are willing to guarantee your performance, and the cost/percent you are willing to put at risk for each.	
Are you willing to agree to a financial model that will spread the start-up expense over the duration of the contract?	
What are your terms for payment? Do you offer a discount for early payment? Are you willing to accept a purchasing card (credit card) payments for services offered? If so, at what applied fee to the remitter?	

**EXHIBIT C**

**INSURANCE REQUIREMENTS**

**BY ENTITY**

## RACINE COUNTY INSURANCE REQUIREMENTS

### FOR OFFSITE/NEAR-SITE MEDICAL PROFESSIONAL SERVICES

#### I. Minimum Scope and Limits

- A. Professional Liability/Medical Malpractice coverage, with a minimum limit of \$1,000,000 per claim, \$2,000,000 annual aggregate. This insurance is to be maintained for at least two years after the expiration of the contract. If the firm changes insurance carriers and this policy is provided on a "claims made" basis, the firm will secure the appropriate coverage extension to provide coverage to the contract for a period of at least two years following the expiration of the contract.
- B. Commercial General Liability coverage, with limits of no less than the following:
- |    |   |                         |
|----|---|-------------------------|
| 1. | General aggregate limit<br>(Other than Products-Completed Operations) | per project \$1,000,000 |
| 2. | Products-Completed Operations Aggregate                               | per project \$1,000,000 |
| 3. | Personal and Advertising Injury Limit                                 | \$1,000,000             |
| 4. | Each Occurrence Limit   | \$1,000,000             |
| 5. | Fire Damage limit – any one Fire                                      | \$ 50,000               |
| 6. | Medical Expense limit – any one Person                                | \$ 5,000                |
- C. Auto Liability Insurance with a Combined Single Limit of at least \$1,000,000
- D. Workers' Compensation and Employers Liability Insurance with sufficient limits to meet underlying Umbrella Liability insurance requirements
- E. Umbrella Liability providing coverage at least as broad as the underlying General Liability, Automobile Liability and Employers Liability coverages, with a minimum Limit of \$3,000,000 each occurrence and \$3,000,000 annual aggregate, and a maximum self-retention of \$10,000.

#### II. Other Requirements

- A. Acceptability of Insurers. Insurance is to be placed with insurers who have a *Best's Insurance Reports* rating of no less than A and a Financial Size Category of no less than Class VI, and who are authorized as an admitted insurance company in the state of Wisconsin.
- B. Racine County, Racine County's elected and appointed officials, and Racine County employees shall be named as additional insureds on all liability policies for liability arising out of contract work. Please provide a copy of this endorsement with your certificate of insurance.

In addition, the City of Racine, the City of Racine's elected and appointed officials, and the City of Racine's employees shall be named as additional insureds on all liability policies for liability arising out of contract work.

In addition, Racine Unified School District, Racine Unified School District's elected and appointed officials, and Racine Unified School District employees shall be named as additional insureds on all liability policies for liability arising out of contract work.

Certificates of Insurance acceptable to Racine County shall be submitted prior to commencement of the contract. These certificates shall contain a provision that coverage afforded under the policies will not be cancelled until at least 30 days' prior written notice has been given to Racine County.

## CITY OF RACINE

### INSURANCE AND INDEMNIFICATION

#### 5.1 Insurance.

5.1.1 CONTRACTOR. During the Term of this Agreement, CONTRACTOR shall maintain, at its expense, professional malpractice insurance or a program of self-insurance with respect to services provided pursuant to this Agreement of at least Five Million Dollars (\$5,000,000.00) annual aggregate covering the professional acts and omissions of CONTRACTOR Personnel in providing the services or such other amount as may be required for participation in the Wisconsin patient's compensation fund.

In addition to professional liability insurance, CONTRACTOR shall maintain, at its expense, general liability insurance of at least Two Million Dollars (\$2,000,000) per occurrence, Five Million Dollars (\$5,000,000) in the aggregate, and One Million Dollars (\$1,000,000) damage to personal property covering the premises of the Clinic. The CONTRACTOR Personnel providing services pursuant to this Agreement shall participate in the Wisconsin Patients Compensation Fund.

5.1.2 Form of Insurance. CONTRACTOR insurance required to be purchased hereunder shall be written by an insurance company reasonably acceptable to the CLIENT. CONTRACTOR shall provide CLIENT upon written request with proof of insurance that evidences compliance with this provision including, on request, copies of policies and endorsements thereto.

#### 5.2 Indemnification.

5.2.1 By CLIENT. To the extent permitted by law, each CLIENT shall indemnify, defend, and save CONTRACTOR and CONTRACTOR'S members, officers, directors, employees, contractors, agents and representatives (collectively, "CONTRACTOR" for purposes of this Section) harmless from and against any and all losses, claims, damages, liabilities, costs, expenses or deficiencies (including without limitation reasonable attorneys' fees and other costs and expenses reasonably incident to proceedings or investigations or the defense or settlement of any claim or claims) incurred by CONTRACTOR due to or resulting from the respective action or inaction of each CLIENT in the performance of their respective obligations pursuant to this Agreement. Notwithstanding the foregoing, each CLIENT shall each be responsible only for obligations regarding their respective Members; no CLIENT shall be responsible for any indemnification obligation of another CLIENT.

5.2.2 By CONTRACTOR. CONTRACTOR shall indemnify, defend, and save CLIENT and CLIENT'S elected officials, officers, directors, employees, contractors, agents, representatives, and volunteers, and each of them (collectively, "CLIENT" for purposes of this Section) harmless from and against any and all losses, claims, damages, liabilities, costs, expenses or deficiencies (including without limitation reasonable attorneys' fees and other costs and expenses reasonably incident to proceedings or investigations or the defense or settlement of any claim or claims) incurred by CLIENT due to or resulting from the action or inaction of CONTRACTOR or any CONTRACTOR employee or agent in the performance of CONTRACTOR'S obligations pursuant to this Agreement.

**RACINE UNIFIED SCHOOL DISTRICT INSURANCE REQUIREMENTS  
FOR OFFSITE/NEAR-SITE MEDICAL PROFESSIONAL SERVICES**

**I. Minimum Scope and Limits**

- A. Professional Liability/Medical Malpractice coverage, with a minimum limit of \$1,000,000 per claim, \$5,000,000 annual aggregate. This insurance is to be maintained for at least two years after the expiration of the contract. If the firm changes insurance carriers and this policy is provided on a "claims made" basis, the firm will secure the appropriate coverage extension to provide coverage to the contract for a period of at least two years following the expiration of the contract.
  
- B. Commercial General Liability coverage, with limits of no less than the following:
  - 1. General aggregate limit per project \$1,000,000  
(Other than Products-Completed Operations)
  - 2. Products-Completed Operations Aggregate per project \$1,000,000
  - 3. Personal and Advertising Injury Limit \$1,000,000
  - 4. Each Occurrence Limit \$1,000,000
  - 5. Fire Damage limit – any one Fire \$50,000
  - 6. Medical Expense limit – any one Person \$5,000
  
- C. Auto Liability Insurance with a Combined Single Limit of at least \$1,000,000.
- D. Workers' Compensation and Employers Liability Insurance with sufficient limits to meet underlying Umbrella Liability insurance requirements.
- E. Umbrella Liability providing coverage at least as broad as the underlying General Liability, Automobile Liability and Employers Liability coverages, with a minimum limit of \$5,000,000 each occurrence and \$5,000,000 annual aggregate, and a maximum self-retention of \$10,000.

**II. Other Requirements**

- A. Acceptability of Insurers. Insurance is to be placed with insurers who have a Best's Insurance Reports rating of no less than A and a financial size Category of no less than Class VI, and who are authorized as an admitted insurance company in the state of Wisconsin.
  
- B. Racine Unified School District (RUSD), the District's elected and appointed officials, and RUSD employees shall be named as additional insureds on all liability policies for liability arising out of contract work. Please provide a copy of this endorsement with your certificate of insurance.  
In addition, Racine County, Racine County's elected and appointed officials and employees shall be named as additional insureds on all liability policies for liability arising out of contract work.  
In addition, the City of Racine, the City of Racine's elected and appointed officials, and the City of Racine's employees shall be named as additional insureds on all liability policies for liability arising out of contract work.

Certificates of Insurance acceptable to RUSD shall be submitted prior to commencement of the contract. These certificates shall contain a provision that coverage afforded under the policies will not be cancelled until at least 30 days' prior written notice has been given to the Racine Unified School District.

Final insurance requirements to be negotiated with the contractor prior to final selection and contract execution.

**EXHIBIT D**

**ENTITY UTILIZATION**

**AND**

**COST BY**

**PROVIDER TYPE**



**UTILIZATION AND COST BY PROVIDER TYPE**

Customer Name: City of Racine

Policy Number(s): 000712908

Service Dates: ALL

Paid Dates: 01/01/2013 - 05/31/2016

Chiropractic CPT Codes: 97810, 97810, 97811, 97813, 97814, 98925, 98926, 98927, 98928, 98929, 98940, 98941, 98942, 98943, S8990

CATEGORY	TOTALS		2013		2014		2015		2016	
	Net Paid Amount	# of Events	Net Paid Amount	# of Events	Net Paid Amount	# of Events	Net Paid Amount	# of Events	Net Paid Amount	# of Events
EMERGENCY ROOM	\$259,538.09	469	\$496,101.35	706	\$442,697.17	717	\$183,091.47	271		
URGENT CARE	\$1,156.19	20	\$2,267.19	43	\$2,709.32	68	\$540.98	22		
AMBULATORY	\$1,491,946.04	808	\$2,278,976.11	1,218	\$2,136,973.71	1,145	\$1,040,725.50	409		
ADMINSSIONS		387		325		350		117		
		2,479		1,887		3,396		770		
PRIMARY CARE	\$815,959.63	8,571	\$1,025,351.20	8,405	\$844,391.77	7,704	\$342,328.25	3,438		
SPECIALIST	\$2,830,553.29	13,754	\$2,862,149.87	13,155	\$2,653,017.94	12,990	\$1,086,891.97	5,284		
XRAY	\$1,176,748.29	11,411	\$1,173,287.14	11,016	\$977,776.80	10,857	\$453,478.87	4,663		
LAB	\$771,788.21	47,758	\$815,324.21	46,761	\$704,577.40	41,241	\$277,378.11	15,574		
PHYSICAL THERAPY	\$415,009.54	12,525	\$420,443.17	10,417	\$388,679.20	10,185	\$89,130.04	2,751		
CHIROPRACTIC	\$107,646.79	5,621	\$115,415.41	5,304	\$123,662.85	5,578	\$46,568.54	2,347		
PT/CHIRO	\$522,656.33	18,146	\$535,858.58	15,721	\$512,342.05	15,763	\$137,718.58	5,098		

# UTILIZATION AND COST BY PROVIDER TYPE

Customer Name: Racine County

Policy Number(s): 000712930

Service Dates: ALL

Paid Dates: 01/01/2013 - 05/31/2016

Chiropractic CPT Codes: 97810, 97810, 97811, 97813, 97814, 98925, 98926, 98927, 98928, 98929, 98940, 98941, 98942, 98943, S8990

CATEGORY	TOTALS	2013	2014	2015	2016
EMERGENCY ROOM	Net Paid Amount	\$247,725.99	\$464,292.49	\$423,008.05	\$191,059.76
	# of Events	384	657	474	228
URGENT CARE	Net Paid Amount	\$474.88	\$1,425.65	\$2,378.98	\$981.11
	# of Events	12	30	32	14
AMBULATORY	Net Paid Amount	\$1,353,045.71	\$2,012,114.11	\$2,015,204.00	\$892,036.38
	# of Events	645	999	478	184
ADMINSSIONS	Admits	265	268	112	50
	Days	1,721	1,618	596	243
PRIMARY CARE	Net Paid Amount	\$786,480.85	\$709,308.73	\$714,905.79	\$281,949.19
	# of Visits	6,845	5,982	3,933	1,774
SPECIALIST	Net Paid Amount	\$2,464,642.54	\$2,531,097.95	\$2,065,768.75	\$914,965.93
	# of Visits	10,459	10,261	5,052	2,188
XRAY	Net Paid Amount	\$1,178,265.16	\$1,042,519.12	\$866,891.28	\$379,092.41
	# of Services	9,176	8,291	5,550	2,270
LAB	Net Paid Amount	\$386,233.65	\$394,632.76	\$324,440.05	\$112,388.53
	# of Services	22,465	22,178	16,515	5,857
PHYSICAL THERAPY	Net Paid Amount	\$348,554.11	\$288,884.36	\$242,313.82	\$108,794.02
	# of Visits	8,546	7,824	5,171	2,248
CHIROPRACTIC	Net Paid Amount	\$67,556.51	\$75,644.28	\$69,129.84	\$26,305.01
	# of Visits	3,642	3,956	3,129	1,146
PT/CHIRO	Net Paid Amount	\$416,110.62	\$364,528.64	\$311,443.66	\$135,099.03
	# of Visits	12,188	11,780	8,300	3,394

### CLAIMS DETAIL - MEDICAL

Customer Name: RACINE UNIFIED SCHOOL DISTRICT

Policy Number(s): 711959

Service Dates: 01/01/2013 - 05/31/2016

Paid Dates: ALL

Chiropractic CPT Codes: 97810; 97810; 97811; 97813; 97814; 98925; 98926; 98927; 98928; 98929; 98940; 98941; 98942; 98943; 98960

CATEGORY	TOTALS	2013	2014	2015	2016
EMERGENCY ROOM	Net Paid Amount	\$614,729.36	\$1,040,172.62	\$1,087,919.98	\$430,696.72
	# of Events	592	1,057	1,179	504
URGENT CARE	Net Paid Amount	\$4,934.99	\$4,534.02	\$6,923.12	\$3,392.33
	# of Events	36	82	102	60
AMBULATORY	Net Paid Amount	\$2,674,848.46	\$5,475,127.89	\$5,482,195.68	\$2,309,055.58
	# of Events	710	1,290	1,240	506
ADMINSSIONS	Admits	372	363	340	139
	Days	1,632	1,853	1,428	717
PRIMARY CARE	Net Paid Amount	\$1,553,815.11	\$1,932,761.12	\$2,183,654.24	\$702,103.76
	# of Visits	11,269	11,435	12,015	4,995
SPECIALIST	Net Paid Amount	\$5,400,055.75	\$5,655,824.65	\$5,681,165.13	\$2,142,754.96
	# of Visits	14,983	14,462	14,238	5,784
XRAY	Net Paid Amount	\$2,318,952.53	\$2,294,875.42	\$2,117,275.42	\$788,256.92
	# of Services	14,658	15,302	16,447	6,628
LAB	Net Paid Amount	\$781,500.24	\$968,566.76	\$955,208.21	\$354,701.46
	# of Services	40,656	42,913	45,775	16,821
PHYSICAL THERAPY	Net Paid Amount	\$762,964.44	\$723,818.14	\$803,585.66	\$280,807.31
	# of Visits	15,735	14,042	14,850	5,570
CHIROPRACTIC	Net Paid Amount	\$101,956.83	\$96,587.55	\$120,761.27	\$33,690.79
	# of Visits	5,901	6,206	7,110	2,529
PT/CHIRO	Net Paid Amount	\$884,921.27	\$820,405.69	\$924,346.93	\$314,498.10
	# of Visits	21,636	20,248	21,960	8,099

**UnitedHealthcare's ARRA Statement:**

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**EXHIBIT E**

**ENTITY HISTORICAL**

**COST SAVINGS**

**REPORTS**

**BY ENTITY**

**CITY OF RACINE**

**City Health Center Cost Savings Report 2013 Fiscal Year**

				YTD Fiscal Year 2013	
Traditional Fee for Services	ASH MG Fees	UHC Discount	Activity	Charges	
Level 1 - New Patient (99201)	\$76.00	\$73.43	1	\$73.43	
Level 2 - New Patient (99202)	\$131.00	\$127.40	8	\$1,019.20	
Level 3 - New Patient (99203)	\$193.00	\$184.28	37	\$6,818.36	
Level 4 - New Patient (99204)	\$294.00	\$266.16	6	\$1,596.96	
Level 5 - New Patient (99205)	\$372.00	\$361.81	0	\$0.00	
Level 1 - Established Patient (99211)	\$42.00	\$37.28	34	\$1,267.52	
Level 2 - Established Patient (99212)	\$77.00	\$74.13	94	\$6,968.22	
Level 3 - Established Patient (99213)	\$128.00	\$124.20	1034	\$128,422.80	
Level 4 - Established Patient (99214)	\$192.00	\$187.04	338	\$63,219.52	
Level 5 - Established Patient (99215)	\$260.00	\$252.79	5	\$1,263.95	
Drug Screen Collection (8810204)**	\$20.00	\$20.00	0	\$0.00	
Employment Physical (9050204)**	\$45.00	\$45.00	0	\$0.00	
Level 3 - Office Consult (99243)	\$257.00	\$257.00	0	\$0.00	
Level 4 - Office Consult (99244)	\$382.00	\$372.11	0	\$0.00	
**5% discount from Occ. Health Fee schedule					
Preventive Visit 0-1 Years - New Pt. (99381)	\$200.00	\$182.12	0	\$0.00	
Preventive Visit 1-4 Years - New Pt. (99382)	\$212.00	\$198.67	0	\$0.00	
Preventive Visit 5-11 Years - New Pt. (99383)	\$212.00	\$197.25	0	\$0.00	
Preventive Visit 12-17 Years - New Pt. (99384)	\$230.00	\$214.79	3	\$644.37	
Preventive Visit 18-39 Years - New Pt. (99385)	\$230.00	\$214.79	8	\$1,718.32	
Preventive Visit 40-64 Years - New Pt. (99386)	\$286.00	\$251.75	1	\$251.75	
Preventive Visit 65 & Over - New Pt. (99387)	\$292.00	\$276.10	0	\$0.00	
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$158.00	\$151.89	0	\$0.00	
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$176.00	\$169.43	1	\$169.43	
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$176.00	\$168.73	4	\$674.92	
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$193.00	\$185.98	7	\$1,301.86	
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$193.00	\$186.68	11	\$2,053.48	
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$212.00	\$204.22	14	\$2,859.08	
Preventive Visit 65 & Over - Est. Pt. (99397)	\$242.00	\$229.29	1	\$229.29	
<b>Total Visits</b>			<b>1607</b>		
Venipuncture (3641504)	\$27.00	\$1.84	340	\$625.60	
Finger Stick Blood Draw (36416)	\$19.00	\$2.19	0	\$0.00	
HRA Lab Work (8006104/8294704)	\$144.00	\$113.10	0	\$0.00	
Administration of Flu Vaccine (9065804)	\$22.00	\$22.00	190	\$4,180.00	
Administration of Tetanus/Diphtheria (9071804)	\$22.00	\$22.00	0	\$0.00	
Administration of Misc. Immunization	\$22.00	\$22.00	492	\$10,475.52	
Misc. Supplies, Medications & Procedures	Varies			\$54,179.00	
Point of Care Testing	Varies		139	\$9,591.00	
<b>Total Activities</b>			<b>2768</b>		
<b>Projected Medical Expenses</b>				<b>\$299,603.58</b>	
<b>Billed Services</b>					
Health Risk Assessments (\$13.00 each)		(Includes	0	\$0.00	
Supplies & Medications				\$23,289.06	
Clinic Staff Hours			1128.5	\$136,464.50	
Clinic Staff Hours w/Peds NP			0	\$0.00	
<b>Total Billed Services</b>				<b>\$159,753.56</b>	
<b>Medical Savings *</b>				<b>\$139,850.02</b>	
* = Projected Medical Expenses - Billed Services					
<b>Return on Investment (per \$1 spent)</b>				<b>0.88</b>	
Facility Rental Fee				\$14,154.00	
Collaborating Physician Fee				\$4,500.00	
Invoice Total				\$178,407.56	
Number of 1st visits City				516	

**City Health Center Cost Savings Report 2014 Fiscal Year**

			YTD Fiscal Year 2014	
<i>Traditional Fee for Services</i>	<b>ASH MG Fees</b>	<b>Discount</b>	<b>Activity</b>	<b>Charges</b>
Level 1 - New Patient (99201)	\$80.00	\$76.73	0	\$0.00
Level 2 - New Patient (99202)	\$139.00	\$133.14	29	\$3,861.06
Level 3 - New Patient (99203)	\$200.00	\$192.58	65	\$12,517.70
Level 4 - New Patient (99204)	\$308.00	\$299.04	12	\$3,588.48
Level 5 - New Patient (99205)	\$384.00	\$378.10	0	\$0.00
Level 1 - Established Patient (99211)	\$40.00	\$38.95	11	\$428.45
Level 2 - Established Patient (99212)	\$81.00	\$77.47	59	\$4,570.73
Level 3 - Established Patient (99213)	\$135.00	\$129.79	886	\$114,993.94
Level 4 - Established Patient (99214)	\$200.00	\$195.46	432	\$84,438.72
Level 5 - Established Patient (99215)	\$269.00	\$264.17	19	\$5,019.23
Drug Screen Collection (8810204)**	\$20.00	\$20.00	0	\$0.00
Employment Physical (9050204)**	\$45.00	\$45.00	0	\$0.00
Level 3 - Office Consult (99243)	\$264.00	\$261.37	0	\$0.00
Level 4 - Office Consult (99244)	\$392.00	\$388.86	0	\$0.00
		**5% discount from Occ. Health Fee schedule		
Preventive Visit 0-1 Years - New Pt. (99381)	\$193.00	\$190.32	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$209.00	\$207.61	0	\$0.00
Preventive Visit 5-11 Years - New Pt. (99383)	\$209.00	\$206.12	1	\$206.12
Preventive Visit 12-17 Years - New Pt. (99384)	\$226.00	\$224.46	0	\$0.00
Preventive Visit 18-39 Years - New Pt. (99385)	\$226.00	\$224.46	2	\$448.92
Preventive Visit 40-64 Years - New Pt. (99386)	\$265.00	\$263.08	3	\$789.24
Preventive Visit 65 & Over - New Pt. (99387)	\$290.00	\$288.53	0	\$0.00
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$163.00	\$158.72	0	\$0.00
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$181.00	\$177.06	0	\$0.00
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$181.00	\$176.33	5	\$881.65
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$197.00	\$194.35	2	\$388.70
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$197.00	\$195.08	9	\$1,755.72
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$216.00	\$213.42	12	\$2,561.04
Preventive Visit 65 & Over - Est. Pt. (99397)	\$243.00	\$239.60	1	\$239.60
<b>Total Visits</b>			<b>1548</b>	
Venipuncture (3641504)	\$27.00	\$3.60	223	\$802.80
Finger Stick Blood Draw (36416)	\$19.00	\$9.50	0	\$0.00
HRA Lab Work (8006104/8294704)	\$144.00	\$113.10	0	\$0.00
Administration of Flu Vaccine (9065804)	\$35.00	\$31.68	514	\$16,283.52
Administration of Tetanus/Diphtheria (9071804)	\$31.00	\$25.08	0	\$0.00
Admin. Of Addl. Misc. Immunization	\$15.00	\$13.83	245	\$3,349.47
Misc. Supplies, Medications & Procedures	Varies		669	\$95,704.00
Point of Care Testing	Varies		211	\$10,864.00
<b>Total Activities</b>			<b>3410</b>	
<b>Projected Medical Expenses</b>				<b>\$363,693.09</b>
<b>Actual Billed Services</b>				
Health Risk Assessments (\$13.00 each)		(Includes H	0	\$0.00
Supplies & Medications				\$31,335.51
Clinic Staff Hours			1060.5	\$129,912.45
Union Grove Hours			54.5	\$4,905.00
<b>Total Billed Services</b>				<b>\$166,152.96</b>
<b>Medical Savings *</b>				<b>\$162,452.13</b>
* = Projected Medical Expenses - Billed Services				
<b>Return on Investment (per \$1 spent)</b>				<b>0.81</b>
Facility Rental Fee	\$1,215.00			\$14,580.00
Collaborating Physician Fee	\$375.00			\$4,500.00
<b>Monthly PTO Coverage Cost</b>	<b>\$1,334.00</b>		<b>\$16,008.00</b>	
<b>Invoice Total</b>			<b>\$201,240.96</b>	

**City Health Center Cost Savings Report 2015 Fiscal Year**

Traditional Fee for Services	ASH MG Fees	Discount	YTD Fiscal Year 2015	
			Activity	Charges
Level 1 - New Patient (99201)	\$80.00	\$76.73	0	\$0.00
Level 2 - New Patient (99202)	\$139.00	\$133.14	22	\$2,929.08
Level 3 - New Patient (99203)	\$200.00	\$192.58	40	\$7,703.20
Level 4 - New Patient (99204)	\$308.00	\$299.04	0	\$0.00
Level 5 - New Patient (99205)	\$384.00	\$378.10	0	\$0.00
Level 1 - Established Patient (99211)	\$40.00	\$38.95	6	\$233.70
Level 2 - Established Patient (99212)	\$81.00	\$77.47	71	\$5,500.37
Level 3 - Established Patient (99213)	\$135.00	\$129.79	909	\$117,979.11
Level 4 - Established Patient (99214)	\$200.00	\$195.46	368	\$71,929.28
Level 5 - Established Patient (99215)	\$269.00	\$264.17	7	\$1,849.19
Preventative Counseling 45 mins. (99403)	\$182.00	\$182.00	2	\$364.00
Phone Consult (99406)	\$30.00	\$28.00	4	\$112.00
Level 3 - Office Consult (99243)	\$264.00	\$261.37	0	\$0.00
Level 4 - Office Consult (99244)	\$392.00	\$388.86	0	\$0.00
**5% discount from Occ. Health Fee schedule				
Preventive Visit 0-1 Years - New Pt. (99381)	\$207.00	\$190.32	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$216.00	\$207.61	0	\$0.00
Preventive Visit 5-11 Years - New Pt. (99383)	\$225.00	\$206.12	0	\$0.00
Preventive Visit 12-17 Years - New Pt. (99384)	\$254.00	\$224.46	5	\$1,122.30
Preventive Visit 18-39 Years - New Pt. (99385)	\$246.00	\$224.46	3	\$673.38
Preventive Visit 40-64 Years - New Pt. (99386)	\$285.00	\$263.08	2	\$526.16
Preventive Visit 65 & Over - New Pt. (99387)	\$309.00	\$288.53	0	\$0.00
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$186.00	\$158.72	0	\$0.00
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$199.00	\$177.06	0	\$0.00
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$199.00	\$176.33	7	\$1,234.31
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$216.00	\$194.35	15	\$2,915.25
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$221.00	\$195.08	5	\$975.40
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$236.00	\$213.42	7	\$1,493.94
Preventive Visit 65 & Over - Est. Pt. (99397)	\$254.00	\$239.60	1	\$239.60
<b>Total Visits</b>			<b>1474</b>	
Venipuncture (3641504)	\$27.00	\$3.60	225	\$810.00
Finger Stick Blood Draw (36416)	\$10.00	\$9.50	0	\$0.00
MMR Vaccine (90707)	\$88.00	\$88.00	1	\$88.00
Administration of Flu Vaccine (9065804)	\$35.00	\$31.68	369	\$11,689.92
Immunization Administration (90471)	\$31.00	\$25.08	373	\$9,354.84
Administration of Add'l Immunization (90472)	\$15.00	\$13.83	147	\$2,006.28
Misc. Supplies, Medications & Procedures	Varies			\$88,707.00
Point of Care Testing	Varies		252	\$13,682.00
<b>Total Activities</b>			<b>2841</b>	
<b>Projected Medical Expenses</b>				<b>\$344,118.31</b>
<b>Billed Services</b>				
			0	\$0.00
Supplies & Medications				\$41,447.23
Clinic Staff Hours			1018.75	\$125,917.00
Union Grove Charges			35	\$1,527.50
<b>Total Billed Services</b>				<b>\$168,891.73</b>
<b>Medical Savings *</b>				<b>\$175,226.58</b>
* = Projected Medical Expenses - Billed Services				
<b>Facility Rental Fee</b>	\$1,215.00			\$14,580.00
<b>Collaborating Physican Fee</b>	\$375.00			\$4,500.00
<b>Monthly PTO</b>	\$667.00			\$10,005.00
<b>Invoice Total</b>				<b>\$197,811.73</b>

Number of 1st visits this month 84

Number of first visits City 744



**City Health Center Cost Savings Report 2016 Fiscal Year**

Traditional Fee for Services	ASH MG Fees	Discount	YTD Fiscal Year 2016	
			Activity	Charges
Level 1 - New Patient (99201)	\$80.00	\$77.93	3	\$233.79
Level 2 - New Patient (99202)	\$139.00	\$132.52	4	\$530.08
Level 3 - New Patient (99203)	\$200.00	\$191.59	34	\$6,514.06
Level 4 - New Patient (99204)	\$308.00	\$291.85	2	\$583.70
Level 5 - New Patient (99205)	\$384.00	\$361.99	0	\$0.00
Level 1 - Established Patient (99211)	\$42.00	\$36.35	7	\$254.45
Level 2 - Established Patient (99212)	\$81.00	\$77.93	97	\$7,559.21
Level 3 - Established Patient (99213)	\$135.00	\$129.59	681	\$88,250.79
Level 4 - Established Patient (99214)	\$200.00	\$190.43	318	\$60,556.74
Level 5 - Established Patient (99215)	\$269.00	\$254.81	3	\$764.43
Preventative Counseling 45 mins. (99403)	\$182.00	\$182.00	0	\$0.00
Phone Consult ( 99406)	\$30.00	\$28.00	1	\$28.00
Level 3 - Office Consult (99243)	\$264.00	\$212.21	0	\$0.00
Level 4 - Office Consult (99244)	\$392.00	\$315.28	0	\$0.00
**5% discount from Occ. Health Fee schedule				
Preventive Visit 0-1 Years - New Pt. (99381)	\$217.00	\$195.84	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$226.00	\$204.20	0	\$0.00
Preventive Visit 5-11 Years - New Pt. (99383)	\$235.00	\$212.63	0	\$0.00
Preventive Visit 12-17 Years - New Pt. (99384)	\$264.00	\$240.33	0	\$0.00
Preventive Visit 18-39 Years - New Pt. (99385)	\$256.00	\$232.89	2	\$465.78
Preventive Visit 40-64 Years - New Pt. (99386)	\$295.00	\$269.56	0	\$0.00
Preventive Visit 65 & Over - New Pt. (99387)	\$319.00	\$292.36	0	\$0.00
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$196.00	\$175.89	0	\$0.00
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$209.00	\$188.01	0	\$0.00
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$209.00	\$187.41	1	\$187.41
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$226.00	\$204.79	2	\$409.58
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$231.00	\$209.12	5	\$1,045.60
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$246.00	\$222.85	5	\$1,114.25
Preventive Visit 65 & Over - Est. Pt. (99397)	\$264.00	\$240.33	0	\$0.00
<b>Total Visits</b>			<b>1165</b>	
Venipuncture (3641504)	\$27.00	\$3.00	157	\$471.00
Finger Stick Blood Draw (36416)	\$10.00	\$2.94	0	\$0.00
MMR Vaccine (90707)	\$88.00	\$88.00	0	\$0.00
Administration of Flu Vaccine (9065804)	\$35.00	\$13.89	256	\$3,555.84
Immunization Administration(90471)	\$31.00	\$13.89	244	\$3,389.16
Administration of Add'l Immunization (90472)	\$15.00	\$13.89	72	\$960.24
Misc. Supplies, Medications & Procedures	Varies			\$55,603.00
Point of Care Testing	Varies		249	\$13,646.00
<b>Total Activities</b>			<b>2143</b>	
<b>Projected Medical Expenses</b>				<b>\$246,123.11</b>
<b>Billed Services</b>				
			0	\$0.00
Supplies & Medications				\$25,872.20
Clinic Staff Hours			860	\$106,640.00
Union Grove Charges			69	\$4,207.50
<b>Total Billed Services</b>				<b>\$136,719.70</b>
<b>Medical Savings *</b>				<b>\$109,403.41</b>
Facility Rental Fee	\$1,215.00			\$12,150.00
Collaborating Physician Fee	\$375.00			\$3,750.00
Monthly PTO	\$667.00			\$6,670.00
<b>Invoice Total</b>				<b>\$159,289.70</b>
Number of 1st visits this month				

**COUNTY OF RACINE**

**Racine County Health Center Cost Savings Report 2013 Fiscal Year**

			YTD Fiscal Year 2013	
Traditional Fee for Services	ASH MG Fees	UHC Discount	Activity	Charges
Level 1 - New Patient (99201)	\$76.00	\$73.43	2	\$146.86
Level 2 - New Patient (99202)	\$131.00	\$127.40	11	\$1,401.40
Level 3 - New Patient (99203)	\$193.00	\$184.28	31	\$5,712.68
Level 4 - New Patient (99204)	\$294.00	\$266.16	9	\$2,395.44
Level 5 - New Patient (99205)	\$372.00	\$361.81	0	\$0.00
Level 1 - Established Patient (99211)	\$42.00	\$37.28	30	\$1,118.40
Level 2 - Established Patient (99212)	\$77.00	\$74.13	74	\$5,485.62
Level 3 - Established Patient (99213)	\$128.00	\$124.20	698	\$86,691.60
Level 4 - Established Patient (99214)	\$192.00	\$187.04	297	\$55,550.88
Level 5 - Established Patient (99215)	\$260.00	\$252.79	5	\$1,263.95
Employment Physical (9050204)**	\$45.00	\$45.00	0	\$0.00
Level 3 - Office Consult (99243)	\$257.00	\$257.00	0	\$0.00
Level 4 - Office Consult (99244)	\$382.00	\$372.11	0	\$0.00
**5% discount from Occ. Health Fee schedule				
Preventive Visit 0-1 Years - New Pt. (99381)	\$200.00	\$182.12	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$212.00	\$198.67	0	\$0.00
Preventive Visit 5-11 Years - New Pt. (99383)	\$212.00	\$197.25	0	\$0.00
Preventive Visit 12-17 Years - New Pt. (99384)	\$230.00	\$214.79	0	\$0.00
Preventive Visit 18-39 Years - New Pt. (99385)	\$230.00	\$214.79	0	\$0.00
Preventive Visit 40-64 Years - New Pt. (99386)	\$286.00	\$251.75	1	\$251.75
Preventive Visit 65 & Over - New Pt. (99387)	\$292.00	\$276.10	0	\$0.00
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$158.00	\$151.89	0	\$0.00
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$176.00	\$169.43	0	\$0.00
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$176.00	\$168.73	4	\$674.92
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$193.00	\$185.98	8	\$1,487.84
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$193.00	\$186.68	8	\$1,493.44
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$212.00	\$204.22	14	\$2,859.08
Preventive Visit 65 & Over - Est. Pt. (99397)	\$242.00	\$229.29	2	\$458.58
<b>Total Visits</b>			<b>1194</b>	
Venipuncture (3641504)	\$27.00	\$1.84	219	\$402.96
Finger Stick Blood Draw (36416)	\$19.00	\$2.19	0	\$0.00
HRA Lab Work (8006104/8294704)	\$144.00	\$113.10	0	\$0.00
Administration of Flu Vaccine (9065804)	\$22.00	\$22.00	190	\$4,180.00
Administration of Tetanus/Diphtheria (9071804)	\$22.00	\$22.00	0	\$0.00
Administration of Misc. Immunization	\$22.00	\$22.00	386	\$8,492.00
Misc. Supplies, Medications & Procedures	Varies			\$47,969.00
Point of Care Testing	Varies		86	\$8,077.00
<b>Total Activities</b>			<b>2075</b>	
<b>Projected Medical Expenses</b>				<b>\$236,113.40</b>
<b>Billed Services</b>				
Health Risk Assessments (\$13.00 each)	(Includes HRA Lab Work)		0	\$0.00
Supplies & Medications				\$23,289.08
Clinic Staff Hours w/NP			1128.5	\$136,464.50
Clinic Staff Hours w/Peds NP			0	\$0.00
<b>Total Billed Services</b>				<b>\$159,753.58</b>
<b>Medical Savings *</b>				<b>\$76,359.82</b>
* = Projected Medical Expenses - Billed Services				
<b>Return on Investment (per \$1 spent)</b>				<b>0.48</b>
Facility Rental Fee				\$14,154.00
Collaborating Physician Fee				\$4,500.00
<b>Invoice Total</b>				<b>\$178,407.58</b>

**Racine County Health Center Cost Savings Report 2014 Fiscal Year**

			YTD Fiscal Year 2014	
<i>Traditional Fee for Services</i>	<b>ASH MG Fees</b>	<b>Discount</b>	<b>Activity</b>	<b>Charges</b>
Level 1 - New Patient (99201)	\$80.00	\$76.73	0	\$0.00
Level 2 - New Patient (99202)	\$139.00	\$133.14	22	\$2,929.08
Level 3 - New Patient (99203)	\$200.00	\$192.58	69	\$13,288.02
Level 4 - New Patient (99204)	\$308.00	\$299.04	12	\$3,588.48
Level 5 - New Patient (99205)	\$384.00	\$378.10	0	\$0.00
Level 1 - Established Patient (99211)	\$40.00	\$38.95	10	\$389.50
Level 2 - Established Patient (99212)	\$81.00	\$77.47	102	\$7,901.94
Level 3 - Established Patient (99213)	\$135.00	\$129.79	575	\$74,629.25
Level 4 - Established Patient (99214)	\$200.00	\$195.46	272	\$53,165.12
Level 5 - Established Patient (99215)	\$269.00	\$264.17	10	\$2,641.70
Employment Physical (9050204)**	\$55.00	\$45.00	0	\$0.00
Level 3 - Office Consult (99243)	\$264.00	\$261.37	0	\$0.00
Level 4 - Office Consult (99244)	\$392.00	\$388.86	0	\$0.00
**5% discount from Occ. Health Fee schedule				
Preventive Visit 0-1 Years - New Pt. (99381)	\$207.00	\$190.32	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$216.00	\$207.61	0	\$0.00
Preventive Visit 5-11 Years - New Pt. (99383)	\$225.00	\$206.12	0	\$0.00
Preventive Visit 12-17 Years - New Pt. (99384)	\$254.00	\$224.46	3	\$673.38
Preventive Visit 18-39 Years - New Pt. (99385)	\$246.00	\$224.46	3	\$673.38
Preventive Visit 40-64 Years - New Pt. (99386)	\$285.00	\$263.08	5	\$1,315.40
Preventive Visit 65 & Over - New Pt. (99387)	\$309.00	\$288.53	1	\$288.53
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$186.00	\$158.72	1	\$158.72
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$199.00	\$177.06	1	\$177.06
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$199.00	\$176.33	3	\$528.99
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$216.00	\$194.35	12	\$2,332.20
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$221.00	\$195.08	3	\$585.24
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$236.00	\$213.42	5	\$1,067.10
Preventive Visit 65 & Over - Est. Pt. (99397)	\$254.00	\$239.60	1	\$239.60
<b>Total Visits</b>			<b>1110</b>	
Venipuncture (3641504)	\$27.00	\$3.60	192	\$691.20
Finger Stick Blood Draw (36416)	\$10.00	\$9.50	0	\$0.00
HRA Lab Work (8006104/8294704)	\$144.00	\$113.10	0	\$0.00
Administration of Flu Vaccine (9065804)	\$35.00	\$31.68	305	\$9,662.40
Administration of Tetanus/Diphtheria (9071804)	\$31.00	\$25.08	0	\$0.00
Add'l. Admin. of Misc. Immunization	\$15.00	\$13.83	149	\$2,077.05
Misc. Supplies, Medications & Procedures	Varies		422	\$61,209.00
Point of Care Testing	Varies		150	\$7,494.00
<b>Total Activities</b>			<b>2328</b>	
<b>Projected Medical Expenses</b>				<b>\$247,706.34</b>
				<b>Actual Billed Services</b>
Health Risk Assessments (\$13.00 each)	(Includes HRA Lab Work)		0	\$0.00
Supplies & Medications				\$25,551.12
Clinic Staff Hours w/NP			1075.5	\$131,262.45
Union Grove Hours			144.5	\$13,005.00
<b>Total Billed Services</b>				<b>\$169,818.57</b>
<b>Medical Savings *</b>				<b>\$42,799.77</b>
* = Projected Medical Expenses - Billed Services				
				<b>0.21</b>
<b>Return on Investment (per \$1 spent)</b>				
Facility Rental Fee	\$1,215.00			\$14,580.00
Collaborating Physican Fee	\$375.00			\$4,500.00
Monthly PTO Coverage Cost	\$1,334.00			\$16,008.00
Invoice Total				\$204,906.57

**Racine County Health Center Cost Savings Report 2015 Fiscal Year**

Traditional Fee for Services	ASH MG Fees	Discount	YTD Fiscal Year 2015	
			Activity	Charges
Level 1 - New Patient (99201)	\$80.00	\$76.73	1	\$76.73
Level 2 - New Patient (99202)	\$139.00	\$133.14	9	\$1,198.26
Level 3 - New Patient (99203)	\$200.00	\$192.58	25	\$4,814.50
Level 4 - New Patient (99204)	\$308.00	\$299.04	0	\$0.00
Level 5 - New Patient (99205)	\$384.00	\$378.10	0	\$0.00
Level 1 - Established Patient (99211)	\$40.00	\$38.95	2	\$77.90
Level 2 - Established Patient (99212)	\$81.00	\$77.47	47	\$3,641.09
Level 3 - Established Patient (99213)	\$135.00	\$129.79	650	\$84,363.50
Level 4 - Established Patient (99214)	\$200.00	\$195.46	232	\$45,346.72
Level 5 - Established Patient (99215)	\$269.00	\$264.17	2	\$528.34
Phone Consult ( 99441)	\$30.00	\$28.00	3	\$84.00
Level 3 - Office Consult (99243)	\$264.00	\$261.37	0	\$0.00
Level 4 - Office Consult (99244)	\$392.00	\$388.86	1	\$388.86
**5% discount from Occ. Health Fee schedule				
Preventive Visit 0-1 Years - New Pt. (99381)	\$207.00	\$190.32	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$216.00	\$207.61	1	\$207.61
Preventive Visit 5-11 Years - New Pt. (99383)	\$225.00	\$206.12	0	\$0.00
Preventive Visit 12-17 Years - New Pt. (99384)	\$254.00	\$224.46	3	\$673.38
Preventive Visit 18-39 Years - New Pt. (99385)	\$246.00	\$224.46	4	\$897.84
Preventive Visit 40-64 Years - New Pt. (99386)	\$285.00	\$263.08	0	\$0.00
Preventive Visit 65 & Over - New Pt. (99387)	\$309.00	\$288.53	1	\$288.53
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$186.00	\$158.72	0	\$0.00
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$199.00	\$177.06	1	\$177.06
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$199.00	\$176.33	4	\$705.32
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$216.00	\$194.35	10	\$1,943.50
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$221.00	\$195.08	7	\$1,365.56
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$236.00	\$213.42	8	\$1,707.36
Preventive Visit 65 & Over - Est. Pt. (99397)	\$254.00	\$239.60	0	\$0.00
<b>Total Visits</b>			<b>1011</b>	
Venipuncture (3641504)	\$27.00	\$3.60	168	\$604.80
Finger Stick Blood Draw (36416)	\$10.00	\$9.50	0	\$0.00
MMR Vaccine (90707)	\$88.00	\$88.00	0	\$0.00
Administration of Flu Vaccine (9065804)	\$35.00	\$31.68	243	\$7,698.24
Immunization Administration (90471)	\$31.00	\$25.08	180	\$4,514.40
Administration of Add'l Immunization (90472)	\$15.00	\$13.83	70	\$968.10
Misc. Supplies, Medications & Procedures	Varies		504	\$55,604.00
Point of Care Testing	Varies		166	\$13,528.00
<b>Total Activities</b>			<b>1838</b>	
<b>Projected Medical Expenses</b>				<b>\$231,403.60</b>
				<b>Billed Services</b>
			0	\$0.00
Supplies & Medications				\$36,299.27
Clinic Staff Hours			1018.8	\$125,917.00
Union Grove Charges			35	\$1,527.50
<b>Total Billed Services</b>				<b>\$163,743.77</b>
<b>Medical Savings *</b>				<b>\$67,659.83</b>

\*=Projected Medical Expenses - Billed Services

Facility Rental Fee	\$1,215.00	\$14,580.00
Collaborating Physician	\$375.00	\$4,500.00
PTO Monthly Coverage	\$667.00	\$10,005.00
<b>Invoice Total</b>		<b>\$192,663.77</b>

Number of first visits County 590

## Racine County Health Center Cost Savings Report 2016 Fiscal Year

			YTD Fiscal Year 2016	
Traditional Fee for Services	ASH MG Fees	Discount	Activity	Charges
Level 1 - New Patient (99201)	\$80.00	\$77.93	2	\$155.86
Level 2 - New Patient (99202)	\$139.00	\$132.51	6	\$795.06
Level 3 - New Patient (99203)	\$200.00	\$191.59	23	\$4,406.57
Level 4 - New Patient (99204)	\$308.00	\$291.85	1	\$291.85
Level 5 - New Patient (99205)	\$384.00	\$361.99	0	\$0.00
Level 1 - Established Patient (99211)	\$42.00	\$36.35	3	\$109.05
Level 2 - Established Patient (99212)	\$81.00	\$77.93	11	\$857.23
Level 3 - Established Patient (99213)	\$135.00	\$129.59	404	\$52,354.36
Level 4 - Established Patient (99214)	\$200.00	\$190.43	241	\$45,893.63
Level 5 - Established Patient (99215)	\$269.00	\$254.81	4	\$1,019.24
Phone Consult ( 99441)	\$30.00	\$28.00	1	\$28.00
Level 3 - Office Consult (99243)	\$264.00	\$212.21	0	\$0.00
Level 4 - Office Consult (99244)	\$392.00	\$315.28	0	\$0.00
**5% discount from Occ. Health Fee schedule				
Preventive Visit 0-1 Years - New Pt. (99381)	\$217.00	\$195.84	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$226.00	\$204.20	0	\$0.00
Preventive Visit 5-11 Years - New Pt. (99383)	\$235.00	\$212.63	0	\$0.00
Preventive Visit 12-17 Years - New Pt. (99384)	\$264.00	\$240.33	2	\$480.66
Preventive Visit 18-39 Years - New Pt. (99385)	\$256.00	\$232.89	2	\$465.78
Preventive Visit 40-64 Years - New Pt. (99386)	\$295.00	\$269.56	0	\$0.00
Preventive Visit 65 & Over - New Pt. (99387)	\$319.00	\$292.36	0	\$0.00
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$196.00	\$175.89	0	\$0.00
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$209.00	\$188.01	0	\$0.00
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$209.00	\$187.41	1	\$187.41
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$226.00	\$204.79	5	\$1,023.95
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$231.00	\$209.12	4	\$836.48
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$246.00	\$222.85	3	\$668.55
Preventive Visit 65 & Over - Est. Pt. (99397)	\$264.00	\$240.33	0	\$0.00
<b>Total Visits</b>			<b>713</b>	
Venipuncture (3641504)	\$27.00	\$3.00	115	\$345.00
Finger Stick Blood Draw (36416)	\$10.00	\$2.94	0	\$0.00
MMR Vaccine (90707)	\$88.00	\$88.00	0	\$0.00
Administration of Flu Vaccine (9065804)	\$35.00	\$13.89	144	\$2,000.16
Immunization Administration (90471)	\$31.00	\$13.89	141	\$1,958.49
Administration of Add'l Immunization (90472)	\$15.00	\$13.89	24	\$333.36
Misc. Supplies, Medications & Procedures	Varies		249	\$26,710.00
Point of Care Testing	Varies		187	\$10,886.00
<b>Total Activities</b>			<b>1324</b>	
<b>Projected Medical Expenses</b>				<b>\$151,806.69</b>
<b>Billed Services</b>				
			0	\$0.00
Supplies & Medications				\$22,335.84
Clinic Staff Hours			860	\$106,640.00
Union Grove Charges			69	\$4,207.50
<b>Total Billed Services</b>				<b>\$133,183.34</b>
<b>Medical Savings *</b>				<b>\$18,623.35</b>
Facility Rental Fee	\$1,215.00			\$12,150.00
Collaborating Physican Fee	\$375.00			\$3,750.00
	\$667.00			\$6,670.00
<b>Invoice Total</b>				<b>\$155,753.34</b>

**RACINE UNIFIED SCHOOL DISTRICT**

Traditional Fee for Services	WFMG Fees	UHC Contract Discount	YTD Fiscal Year 2013	
			Activity	Charges
Level 1 - New Patient (99201)	\$76.00	\$73.43	3	\$220.29
Level 2 - New Patient (99202)	\$131.00	\$127.40	29	\$3,694.60
Level 3 - New Patient (99203)	\$193.00	\$184.28	272	\$50,124.16
Level 4 - New Patient (99204)	\$294.00	\$286.16	179	\$51,222.64
Level 5 - New Patient (99205)	\$372.00	\$361.81	0	\$0.00
Level 1 - Established Patient (99211)	\$42.00	\$37.28	31	\$1,155.68
Level 2 - Established Patient (99212)	\$77.00	\$74.13	68	\$5,040.84
Level 3 - Established Patient (99213)	\$128.00	\$124.20	1098	\$136,371.60
Level 4 - Established Patient (99214)	\$192.00	\$187.04	951	\$177,875.04
Level 5 - Established Patient (99215)	\$260.00	\$252.79	3	\$758.37
Level 3 - Office Consult (99243)	\$257.00	\$258.00	0	\$0.00
Level 4 - Office Consult (99244)	\$382.00	\$372.11	1	\$372.11
Preventive Visit 0-1 Years - New Pt. (99381)	\$200.00	\$182.12	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$212.00	\$198.67	0	\$0.00
Preventive Visit 5-11 Years - New Pt. (99383)	\$212.00	\$197.25	3	\$591.75
Preventive Visit 12-17 Years - New Pt. (99384)	\$230.00	\$214.79	12	\$2,577.48
Preventive Visit 18-39 Years - New Pt. (99385)	\$230.00	\$214.79	6	\$1,288.74
Preventive Visit 40-64 Years - New Pt. (99386)	\$286.00	\$251.75	3	\$755.25
Preventive Visit 65 & Over - New Pt. (99387)	\$292.00	\$276.10	0	\$0.00
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$158.00	\$151.89	0	\$0.00
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$176.00	\$169.43	0	\$0.00
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$176.00	\$168.73	9	\$1,518.57
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$193.00	\$185.98	18	\$3,347.64
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$193.00	\$186.68	11	\$2,053.48
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$212.00	\$204.22	7	\$1,429.54
Preventive Visit 65 & Over - Est. Pt. (99397)	\$242.00	\$229.29	0	\$0.00
Preventive Medicine Counseling (99402)	\$146.00	\$131.58	0	\$0.00
Smoking Cessation (99407)	\$56.00	\$56.00	0	\$0.00
HRA Interpretation (99420)	\$155.00	\$155.00	0	\$0.00
Drug Screen Collection (8810204)**	\$20.00	\$19.38	0	\$0.00
Employment Physical (9050204)**	\$45.00	\$43.61	0	\$0.00
<b>Total Visits</b>			2704	
Venipuncture (3641504)	\$27.00	\$1.84	203	\$373.52
Finger Stick Blood Draw (36416)	\$19.00	\$2.19	0	\$0.00
HRA Lab Work (8006104/8294704)	\$144.00	\$113.10	0	\$0.00
Administration of Flu Vaccine (9065804)	\$22.00	\$22.00	0	\$0.00
Administration of Tetanus/Diphtheria (9071804)	\$22.00	\$22.00	458	\$10,076.00
Administration of Misc. Immunization	\$22.00	\$22.00	871	\$19,162.00
Misc. Supplies, Medications & Procedures	Varies			\$99,790.00
Point of Care Testing	Varies		306	\$21,114.00
<b>Total Activities</b>			4542	
<b>Projected Medical Expenses</b>				<b>\$590,913.30</b>
<b>Billed Services</b>				
Health Risk Assessments (Includes HRA Lab Work)			0	\$0.00
Supplies & Medications				\$28,412.87
Clinic Staff Hours			2244	\$274,176.00
Health Maintenance Fee Collected (Health Center)				\$0.00
<b>Total Billed Services</b>				<b>\$302,588.87</b>
Health Maintenance Fee Collected (Payrol Deduct)				\$0.00
<b>Medical Savings *</b>				<b>\$288,324.43</b>
* = Projected Medical Expenses - (Billed Services - Health Maint. Collected)				
Estimated Saved Productivity *			0	\$0.00
*(assuming 2 hours/office visit x \$17/hour)				
<b>Projected Total Savings *</b>	= Medical Savings + Est. Saved Productivity			<b>\$288,324.43</b>
<b>Return on Investment (per \$1 spent)</b>				<b>\$1.74</b>

Facility Rental Fee

28308

Collaborating Physician Fee

9000

Invoice Total

339896.87

Number of first visits

1078



RUSD On-Site Cost Savings Report Beginings July 2013 to June 2014

Traditional Fee for Services	WFMG Fees	Discount	YTD Fiscal Year 2014	
			Activity	Charges
Level 1 - New Patient (99201)	\$80.00	\$76.73	1	\$76.73
Level 2 - New Patient (99202)	\$139.00	\$133.14	49	\$6,523.86
Level 3 - New Patient (99203)	\$200.00	\$192.58	188	\$36,205.04
Level 4 - New Patient (99204)	\$308.00	\$299.04	107	\$31,997.28
Level 5 - New Patient (99205)	\$384.00	\$378.10	0	\$0.00
Level 1 - Established Patient (99211)	\$40.00	\$38.95	14	\$545.30
Level 2 - Established Patient (99212)	\$81.00	\$77.47	51	\$3,950.97
Level 3 - Established Patient (99213)	\$135.00	\$129.79	1290	\$167,429.10
Level 4 - Established Patient (99214)	\$200.00	\$195.46	753	\$147,181.38
Level 5 - Established Patient (99215)	\$269.00	\$264.17	3	\$792.51
Level 3 - Office Consult (99243)	\$264.00	\$261.37	0	\$0.00
Level 4 - Office Consult (99244)	\$392.00	\$388.86	1	\$388.86
Preventive Visit 0-1 Years - New Pt. (99381)	\$207.00	\$190.32	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$216.00	\$207.61	0	\$0.00
Preventive Visit 5-11 Years - New Pt. (99383)	\$225.00	\$206.12	3	\$618.36
Preventive Visit 12-17 Years - New Pt. (99384)	\$254.00	\$224.46	3	\$673.38
Preventive Visit 18-39 Years - New Pt. (99385)	\$246.00	\$224.46	11	\$2,469.06
Preventive Visit 40-64 Years - New Pt. (99386)	\$285.00	\$263.08	6	\$1,578.48
Preventive Visit 65 & Over - New Pt. (99387)	\$309.00	\$288.53	0	\$0.00
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$186.00	\$158.72	1	\$158.72
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$199.00	\$177.06	2	\$354.12
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$199.00	\$176.33	15	\$2,644.95
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$216.00	\$194.35	22	\$4,275.70
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$221.00	\$195.08	22	\$4,291.76
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$236.00	\$213.42	15	\$3,201.30
Preventive Visit 65 & Over - Est. Pt. (99397)	\$254.00	\$239.60	0	\$0.00
Preventive Medicine Counseling (99402)	\$129.00	\$128.37	0	\$0.00
Smoking Cessation (99407)	\$54.00	\$53.57	0	\$0.00
HRA Interpretation (99420)	\$155.00	\$18.73	0	\$0.00
Drug Screen Collection (8810204)**	\$20.00	\$19.38	0	\$0.00
Employment Physical (9050204)**	\$45.00	\$43.61	0	\$0.00
<b>Total Visits</b>			<b>2557</b>	
Venipuncture (3641504)	\$27.00	\$3.60	203	\$730.80
Finger Stick Blood Draw (36416)	\$10.00	\$9.50	0	\$9.50
HRA Lab Work (8006104/8294704)	\$144.00	\$113.10	0	\$0.00
Administration of Flu Vaccine (9065804)	\$35.00	\$31.68	865	\$27,403.20
Administration of Tetanus/Diphtheria (9071804)	\$31.00	\$25.08	0	\$0.00
Add'l. Admin. of Misc. Immunization	\$15.00	\$13.83	128	\$1,770.24
Misc. Supplies, Medications & Procedures	Varies		928	\$102,516.00
Point of Care Testing	Varies		434	\$21,888.00
<b>Total Activities</b>			<b>4187</b>	
<b>Projected Medical Expenses</b>				<b>\$569,674.60</b>
<b>Actual Billed Services</b>				
Health Risk Assessments	(Includes HRA Lab Work)		0	\$0.00
Supplies & Medications				\$38,831.89
Clinic Staff Hours			2386.8	\$307,897.20
				\$0.00
<b>Total Billed Services</b>				<b>\$346,729.09</b>
<b>Medical Savings *</b>				<b>\$163,857.51</b>
<b>Return on Investment (per \$1 spent)</b>				<b>\$0.40</b>
Facility Rental Fee		2840		2840
Collaborating Physician Fee		750		9000
Pto Monthly Coverage Fee		1334		16008
Invoice Total				405817.09

RUSD On-Site Cost Savings Report Beginnings July 2014 to June 2015

Traditional Fee for Services	WFMG Fees	Discount	YTD Fiscal Year 2014	
			Activity	Charges
Level 1 - New Patient (99201)	\$80.00	\$76.73	1	\$76.73
Level 2 - New Patient (99202)	\$139.00	\$133.14	84	\$11,183.76
Level 3 - New Patient (99203)	\$200.00	\$192.58	210	\$40,441.80
Level 4 - New Patient (99204)	\$308.00	\$299.04	80	\$23,923.20
Level 5 - New Patient (99205)	\$384.00	\$378.10	1	\$378.10
Level 1 - Established Patient (99211)	\$40.00	\$38.95	10	\$389.50
Level 2 - Established Patient (99212)	\$81.00	\$77.47	105	\$8,134.35
Level 3 - Established Patient (99213)	\$135.00	\$129.79	1481	\$192,218.99
Level 4 - Established Patient (99214)	\$200.00	\$195.46	559	\$109,262.14
Level 5 - Established Patient (99215)	\$269.00	\$264.17	3	\$792.51
Level 3 - Office Consult (99243)	\$264.00	\$261.37	0	\$0.00
Level 4 - Office Consult (99244)	\$392.00	\$388.86	0	\$0.00
Preventive Visit 0-1 Years - New Pt. (99381)	\$207.00	\$190.32	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$216.00	\$207.61	0	\$0.00
Preventive Visit 5-11 Years - New Pt. (99383)	\$225.00	\$206.12	0	\$0.00
Preventive Visit 12-17 Years - New Pt. (99384)	\$254.00	\$224.46	8	\$1,795.68
Preventive Visit 18-39 Years - New Pt. (99385)	\$246.00	\$224.46	10	\$2,244.60
Preventive Visit 40-64 Years - New Pt. (99386)	\$285.00	\$263.08	11	\$2,893.88
Preventive Visit 65 & Over - New Pt. (99387)	\$309.00	\$288.53	0	\$0.00
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$186.00	\$158.72	0	\$0.00
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$199.00	\$177.06	0	\$0.00
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$199.00	\$176.33	1	\$176.33
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$216.00	\$194.35	20	\$3,887.00
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$221.00	\$195.08	13	\$2,536.04
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$236.00	\$213.42	10	\$2,134.20
Preventive Visit 65 & Over - Est. Pt. (99397)	\$254.00	\$239.60	0	\$0.00
Preventive Medicine Counseling (99402)	\$129.00	\$128.37	0	\$0.00
Smoking Cessation (99407)	\$54.00	\$53.57	0	\$0.00
HRA Interpretation (99420)	\$155.00	\$18.73	0	\$0.00
Drug Screen Collection (8810204)**	\$20.00	\$19.38	0	\$0.00
Employment Physical (9050204)**	\$45.00	\$43.61	0	\$0.00
<b>Total Visits</b>			<b>2607</b>	
Venipuncture (3641504)	\$27.00	\$3.60	145	\$522.00
Finger Stick Blood Draw (36416)	\$10.00	\$9.50	0	\$0.00
MMR Vaccine (90707)	\$88.00	\$88.00	670	\$58,960.00
Administration of Flu Vaccine (9065804)	\$35.00	\$31.68	679	\$21,510.72
Administration Immunization (90471)	\$31.00	\$25.08	242	\$6,069.36
Add'l. Admin. of Misc. Immunization (90472)	\$15.00	\$13.83	38	\$525.54
Misc. Supplies, Medications & Procedures	Varies		586	\$72,329.00
Point of Care Testing	Varies		442	\$21,445.00
<b>Total Activities</b>			<b>4823</b>	
<b>Projected Medical Expenses</b>				<b>\$583,830.43</b>
<b>Actual Billed Services</b>				
			0	\$0.00
Supplies & Medications	MMR Vaccine			\$76,611.91
Clinic Staff Hours			2073.6	\$267,494.40
Xtra RN for MMR Vaccines				\$3,596.00
<b>Total Billed Services</b>				<b>\$347,702.31</b>
<b>Medical Savings *</b>				<b>\$177,040.12</b>

Facility Rental Fee	2840	28400
Collaborating Physician Fee	750	9000
Pto Monthly Coverage Fee	1334	16008
<b>Invoice Total</b>		<b>406790.31</b>

RUSD On-Site Cost Savings Report Beginning July 2015 to June 2016

Traditional Fee for Services	WFMG Fees	Discount	YTD Fiscal Year 2016	
			Activity	Charges
Level 1 - New Patient (99201)	\$80.00	\$77.93	0	\$0.00
Level 2 - New Patient (99202)	\$139.00	\$132.51	39	\$5,167.89
Level 3 - New Patient (99203)	\$200.00	\$191.59	118	\$22,607.62
Level 4 - New Patient (99204)	\$308.00	\$291.85	79	\$23,056.15
Level 5 - New Patient (99205)	\$384.00	\$361.99	0	\$0.00
Level 1 - Established Patient (99211)	\$42.00	\$36.35	6	\$218.10
Level 2 - Established Patient (99212)	\$81.00	\$77.93	74	\$5,766.82
Level 3 - Established Patient (99213)	\$135.00	\$129.59	1041	\$134,903.19
Level 4 - Established Patient (99214)	\$200.00	\$190.43	432	\$82,265.76
Level 5 - Established Patient (99215)	\$269.00	\$254.81	0	\$0.00
Level 3 - Office Consult (99243)	\$264.00	\$212.21	0	\$0.00
Level 4 - Office Consult (99244)	\$392.00	\$315.28	0	\$0.00
Preventive Visit 0-1 Years - New Pt. (99381)	\$217.00	\$204.20	0	\$0.00
Preventive Visit 1-4 Years - New Pt. (99382)	\$226.00	\$212.63	0	\$0.00
Preventive Visit 5-11 Years - New Pt. (99383)	\$235.00	\$240.33	0	\$0.00
Preventive Visit 12-17 Years - New Pt. (99384)	\$264.00	\$232.89	5	\$1,164.45
Preventive Visit 18-39 Years - New Pt. (99385)	\$256.00	\$269.56	9	\$2,426.04
Preventive Visit 40-64 Years - New Pt. (99386)	\$295.00	\$292.36	7	\$2,046.52
Preventive Visit 65 & Over - New Pt. (99387)	\$319.00	\$289.47	0	\$0.00
Preventive Visit 0-1 Years - Est. Pt. (99391)	\$196.00	\$175.89	0	\$0.00
Preventive Visit 1-4 Years - Est. Pt. (99392)	\$209.00	\$188.01	0	\$0.00
Preventive Visit 5-11 Years - Est. Pt. (99393)	\$209.00	\$187.41	4	\$749.64
Preventive Visit 12-17 Years - Est. Pt. (99394)	\$226.00	\$204.79	13	\$2,662.27
Preventive Visit 18-39 Years - Est. Pt. (99395)	\$231.00	\$209.12	6	\$1,254.72
Preventive Visit 40-64 Years - Est. Pt. (99396)	\$246.00	\$222.85	7	\$1,559.95
Preventive Visit 65 & Over - Est. Pt. (99397)	\$264.00	\$240.33	0	\$0.00
Preventive Medicine Counseling (99402)	\$129.00	\$109.13	0	\$0.00
Smoking Cessation (99407)	\$54.00	\$48.09	0	\$0.00
HRA Interpretation (99420)	\$155.00	\$19.63	0	\$0.00
Drug Screen Collection (8810204)**	\$20.00	\$19.38	0	\$0.00
Employment Physical (9050204)**	\$45.00	\$43.61	0	\$0.00
<b>Total Visits</b>			1840	
Venipuncture (3641504)	\$27.00	\$3.00	72	\$216.00
Finger Stick Blood Draw (36416)	\$10.00	\$2.94	0	\$0.00
MMR Vaccine (90707)	\$88.00	\$88.00	0	\$0.00
Administration of Flu Vaccine (9065804)	\$35.00	\$13.89	539	\$7,486.71
Administration Immunization (90471)	\$31.00	\$13.89	222	\$3,083.58
Add'l. Admin. of Misc. Immunization (90472)	\$15.00	\$13.89	18	\$250.02
Misc. Supplies, Medications & Procedures	Varies		351	\$38,581.00
Point of Care Testing	Varies		258	\$12,819.00
<b>Total Activities</b>			2949	
<b>Projected Medical Expenses</b>				<b>\$348,285.43</b>
				<b>Actual Billed Services</b>
			0	\$0.00
<b>Supplies &amp; Medications</b>				<b>\$28,642.60</b>
Clinic Staff Hours			1712	\$220,848.00
				\$0.00
<b>Total Billed Services</b>				<b>\$249,490.60</b>
				<b>Medical Savings *</b>
Facility Rental Fee		2840		22720
Collaborating Physician Fee		750		7500
Pto Monthly Coverage Fee		1334		13340
Invoice Total				298730.6

**EXHIBIT F**

**COALITION PRESCRIPTION DATA**

## COALITION PRESCRIPTION DATA

<b>City of Racine</b> <u>Claim fill year</u> 2016 (YTD) 2015 2014	<b>Generic</b> <u>Utilization Rate</u> 82.75% 81.32% 79.60%	<b>Number of Scripts Filled</b> 26,925 55,641 56,463	<b>Average Net Cost /RX</b> \$115.95 \$93.18 \$91.57
<b>County of Racine</b> <u>Claim fill year</u> 2016 (YTD) 2015 2014	<b>Generic</b> <u>Dispensing Rate</u> 85.50% 84.80% 82.40%	<b>Total RX</b> 14,324 27,106 45,495	<b>Average Net Cost /RX</b> \$110.91 \$105.17 \$102.20
<b>Racine Unified School District</b> <u>Claim fill year</u> 2016 (YTD) 2015 2014	<b>Generic</b> <u>Utilization Rate</u> 88% 84% 83%	<b>Total RX</b> 29,881 72,854 70,109	<b>Average Net Cost /RX</b> \$61.62 \$83.96 \$83.95
			<b>Average Gross Cost / RX</b> \$122.65 \$116.91 \$112.47
			<b>Average Gross Cost / RX</b> \$93.38 \$101.83 \$102.69

**EXHIBIT G**

**SUMMARY OF BENEFITS**

**AND COVERAGE**

**BY ENTITY**

**RACINE UNIFIED SCHOOL DISTRICT**

**RUSD HEALTH PLAN**

## Racine Unified School District



## Racine Unified School District

Teachers

# Benefits Summary

Teachers

### Medical Online Access — [www.myuhc.com](http://www.myuhc.com)

The tools and information at [myuhc.com](http://myuhc.com) are both practical and personalized so you can get the most out of your benefits. Register at [myuhc.com](http://myuhc.com) and connect to current, comprehensive information about your benefits and health care interests.

- **myuhc.com makes managing your personal health and benefits easy and convenient.** Learn about health conditions, treatments, costs and more. It's all online and at your fingertips just by registering at [myuhc.com](http://myuhc.com).
- **Register now—here's how!**
  1. Log on to [myuhc.com](http://myuhc.com) and click "Register Now"
  2. Enter the requested information.
  3. Begin using the site!
    - Learn about health conditions, treatments and procedures. Medical information in plain English goes right to the point. Plus, it's from reliable resources recognized by physicians.
    - **Select Health Topics of Interest**
- **Get information about hospitals and physicians.** Understand hospitals on quality-of-care and patient safety awards. Identify in-network physicians and hospitals.
- **Select Hospital Comparison Tool or Find a Physician**
- **Organize your medical claims online.** View and print copies of your medical claims.
- **Select Claims Center**
- **Get information about hospitals and physicians.** Understand hospitals on quality-of-care and patient safety awards. Identify in-network physicians and hospitals.
- **Select Hospital Comparison Tool or Find a Physician**
- **Organize your medical claims online.** View and print copies of your medical claims.
- **Select Claims Center**

### Learn more about your coverage

- **Check your current eligibility.** Copies, downloadable and e-mail-ready.
- **Select Plan Summary**
- **Request a medical ID card.** Print a temporary ID card or request a replacement card anytime.
- **Select Manage My Account**
- **Ask health care professionals how. Connect online with a registered nurse who can answer your questions. See in- and out-of-network costs for particular procedures.**
- **Select Treatment Cost Estimator or Plan Comparison Calculator**
- **Learn more about your coverage.** Check your current eligibility, copies, downloadable and e-mail-ready.
- **Select Plan Summary**
- **Request a medical ID card.** Print a temporary ID card or request a replacement card anytime.
- **Select Manage My Account**

### Dental Online Access — [www.myuhcdental.com](http://www.myuhcdental.com)

The tools and information at [myuhcdental.com](http://myuhcdental.com) are both practical and personalized so you can get the most out of your dental benefits. Register at [myuhcdental.com](http://myuhcdental.com) and connect to view, learn about and manage your dental benefits.

- **Learn about dental health conditions, treatments and procedures.** Dental health information in plain English goes right to the point. Learn about the latest techniques, view current news, and find additional resources such as a dental terminology section; so you can understand the words used in your dental treatment plan.
- **Learn about dental health conditions, treatments and procedures.** Dental health information in plain English goes right to the point. Learn about the latest techniques, view current news, and find additional resources such as a dental terminology section; so you can understand the words used in your dental treatment plan.
- **Locate and get information about dentists and specialists.** Locate the most convenient network dentist or specialist for you and your family. You are able to search for a dentist nearest your home or office—with wheelchair access or weekend office hours.
- **Select Dentist Locator**
- **Check your dental claims online.** Research dental claims by date, determine claim status, view and print claim details as well as prevention notices; so you can understand the status of your dental treatment plan.
- **Select Dentist Locator**
- **Check your dental claims online.** Research dental claims by date, determine claim status, view and print claim details as well as prevention notices; so you can understand the status of your dental treatment plan.
- **Select Plan Information**
- **Request a dental ID card.** Request a replacement card anytime.
- **Select Plan Information**

### Learn more about your coverage

- **Check your current eligibility.** Copies, downloadable and e-mail-ready.
- **Select Plan Summary**
- **Request a medical ID card.** Print a temporary ID card or request a replacement card anytime.
- **Select Manage My Account**
- **Learn more about your coverage.** Check your current eligibility, copies, downloadable and e-mail-ready.
- **Select Plan Summary**
- **Request a medical ID card.** Print a temporary ID card or request a replacement card anytime.
- **Select Manage My Account**

### Find answers to the most frequently asked questions

- **Find answers to the most frequently asked questions.** No need to wonder how to find a dentist or when you need or select a specialist; when to find assistance with your plan, how to make an appointment or determine if when you're experiencing it a dental emergency and so much more.
- **Select Plan Information**

This summary is designed to give you an outline of the health benefit programs offered through Racine Unified School District. Consulted in the summary are tips for you on using the plans.

### The Who's Who of Your Medical Plan

- **UnitedHealthcare** is the claims administrator for your PPO medical plan. They determine if you and your dependents are eligible for benefits and process your claims. Please contact UnitedHealthcare with any questions concerning eligibility, plan benefits, or for a status on claim payments.
- **UnitedHealthcare's Customer Service** phone number is 800-440-6155.
- **UnitedHealthcare's Website** is both user-friendly and informative. You can locate doctors and hospital participating in the network as well as allowing you to request additional ID cards, print a temporary ID card, and check on the status of claims.

The website is [www.myuhc.com](http://www.myuhc.com). Registration is required to access your personal information. To register, please follow the steps outlined on the back page of the benefits summary.

- **UnitedHealthcare is your PPO (preferred provider organization), Network.** This means that a group of select hospitals, clinics, and physicians provide quality health care at a reduced rate. You can contact UnitedHealthcare at 800-440-6155 to determine if your Health Care provider is part of their network. Additionally, you can locate the provider directory via the website.

### For myuhc.com registered members

1. Log on to [myuhc.com](http://myuhc.com).
2. Under "Physicians and Facilities", choose either "Find a Physician" or "Find a Hospital or Facility."
3. Enter your selection criteria (UnitedHealthcare Choice Plan) and click on "Go."

### For those not yet registered with myuhc.com

1. Scroll down to Search Our Directory (right side of page).
2. Click view Physician and Facility.
3. Enter city, state, or ZIP code.
4. Select a Plan (i.e., UnitedHealthcare Choice Plan) required.
5. Select a Primary Care Physician or Facility required check on "Go."
6. Click on "Find Now" "Go."

- **UnitedBehavioral Health** is UnitedHealthcare's mental health and substance abuse division. You can contact UnitedBehavioral Health at 800-443-3955 or access their website at [www.uhbehavioral.com](http://www.uhbehavioral.com).
- **Medeo Health** is your Prescription Benefit Manager. Their website is [www.medeohealth.com](http://www.medeohealth.com) and the customer service phone number is 800-818-0095.

### Preauthorization

- You must contact UnitedHealthcare at 800-440-6155 and request preauthorization for the following services:
  - Any NON-NETWORK hospital or surgery procedures (non-emergency)
  - Any transplant procedure (as soon as you are aware of the need for this procedure)
  - Any Mental Health or Substance Abuse treatment.
- Failure to preauthorize any of these treatments will result in a penalty and reduced benefit payments. Please refer to your plan document for specifics.

### Racine Unified Health Center

The Health Center is available to treat acute and chronic illness such as sore throat, earache, sinus infections, and high blood pressure. They can also administer immunizations and conduct school physicals. Visits must be ages 7 and older. The clinic is open Monday and Friday from 7 a.m. to 3:30 p.m., and Tuesday, Wednesday, and Thursday from 9 a.m. to 3:30 p.m.





# Summary of Medical Benefits

PHO Plan #111800

Benefit	Network	Out-of-Network
<b>Ureline Benefit</b>		
<b>Deductible</b>		
Individual	\$1,500	\$2,500
Family	\$3,000	\$5,000
* After deductible is met - coinsurance starts		
<b>Out-of-pocket Maximum (includes deductible)</b>		
Individual	Member Pays 10% - Insurance Pays 90%	Member Pays 50% - Insurance Pays 50%
Family	\$2,000	\$3,000
	\$4,000	\$6,000
<b>Benefits</b>		
<b>Preventive **</b>	100%	100%
Durable Medical Equipment	100%*	Deductible and Coinsurance Apply
Emergency Health Services	100%*	100%* Prior authorization required when the cost is more than \$1,000
Home Health Care	100%*	100%*
Hospital - Inpatient Stay	100%*	100%*
Maternity Services	100%*	100%*
<b>Occupational Services</b>		
Surgery	100%*	100%*
Diagnostic Services	100%*	100%*
Lab and Radiology	100%*	100%*
Stamography Testing	100%*	100%*
Diagnostic/therapeutic services (CT scan, PET scan, MRI, and Nuclear Medicine)	100%*	100%*
Psychiatry Office Services	100%*	100%*
Professional Fees for Surgical and Medical Services	100%*	100%*
Recreational Health Center	100%*	100%*
Rehabilitation Services - Outpatient Therapy	100%*	100%*
Skilled Nursing Facility/Inpatient Rehabilitation Facility Services (based on stay per hospital rule)	100%*	100%*
Urgent Care Center Services	100%*	100%*
Chiropractic Care (limited to one visit and treatment per day)	100%*	100%*
Mental Health and Substance Abuse Services - Inpatient and Outpatient	100%*	100%*
Mental Health and Substance Abuse Services - Outpatient	100%*	100%*
<b>Prescription Drugs - Retail up to 30-day supply</b>		
Generic Drug	100%*	100%*
Brand Non-Formulary Name Drug	100%*	100%*
Brand Formulary Name Drug	100%*	100%*
Brand Non-Formulary Name Drug	100%*	100%*

\*\* After Out-Of-Pocket Maximum is met.  
\* As determined by the United States Preventative Services Task Force.

Note: The comparisons are outlines of the benefit schedule. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plan.

August 2024



## Dental Plan—Group #522659

The Plan has contracted with UnitedHealthcare to provide dental benefits for you and your family. UHC offers you both preventive and web access to your personal information to make you in managing your dental benefits.

Telephone: You can contact UHC dental by calling 817-816-3596.

Web: You can access your dental benefits or [www.myuhc.com](http://www.myuhc.com). This website offers you the ability to manage your personal information, and you can view claims status, eligibility information and a dental benefits summary.

Annual Maximum	Dental Plan Specifics	\$1,000
<b>Urgent Care/Agreement</b>	\$780 per Covered Person	
<b>Urgent Care/Oral Max</b>	\$1,500	
<b>Type A</b>	80%	
<b>Type B</b>	80%	
<b>Type C</b>	80%	
<b>Type D</b>	80%	

## Dental Pre-Certification

Claims for \$100 or more are subject to pre-certification. Prior to beginning extensive dental treatment, you must fill out the portion of the claim form. Your dentist must complete the form for each service to be done and the charges for those services. The form should be sent to UnitedHealthcare, where it will be reviewed to determine the amount of the benefit payable. Your dental will be informed of the services covered and the benefit available. All non-covered services or charges above the pre-certified benefit will not be covered.

## Arthem DentaCare 100 Plan

A separate enrollment packet is provided by your dentist for the Arthem DentaCare 100 plan. You must choose a clinic from the list of participating providers and verify with the clinic that they are accepting new patients for the DentaCare 100 plan. All family members must receive all services at your chosen clinic unless you receive a referral. Orthodontics must also be done at the referred clinic. You will have no copayments and no annual maximum on regular dental services, but there will be a \$495 copayment for orthodontics that is only provided once per lifetime of the participant. You can only change plans or clinics during your annual open enrollment period.

## UnitedHealth Wellness

Resources and tools to help you stay healthy.

# Racine Unified School District

## Feel good. Be Healthy. Live Well.™

To help you improve your total health and well-being, we are pleased to bring you UnitedHealthcare Wellness™—a comprehensive portfolio of on-site (workplace) and online wellness programs and services from UnitedHealthcare.

- **Total Well-Being Program—myRenewal™**—organizes information on the 5 areas of total well-being: physical, intellectual, social, spiritual, and emotional. Features interactive online tools and resources based on individual needs, and wellness product offerings.
  - **Health Value Program—UnitedHealth Alliance™**—provides up to \$0 periodic savings on certain health care services not covered by your medical, dental or vision plan. Includes discounted rates on orthopedic care (Chiropractic, acupuncture and massage therapy), cosmetic dentistry, laser eye vision correction and more.
  - **Online Health Assessment and Personalized Report**—helps assess your overall current state of health, and sends you an immediate online Personalized Report with results and suggestions to improve your health.
  - **Online Health Improvement Programs**—helps you make lifestyle changes and achieve health objectives in targeted areas like losing weight, gaining energy or improving overall health through various six-week online programs.
  - **Online Personal Health Manager**—allows you to securely and conveniently manage your health information—all in one place.
  - **Healthy Pregnancy Program**—features a pregnancy assessment to identify special needs and risk factors, a 26-hour self-care plan, and resources to experienced nurses, and customized educational materials.
  - **Health and Wellness Educational Information**—includes healthy living articles and general information via our consumer medical Web sites. Sample topics: nutrition/weight management, fitness, smoking cessation, stress management and more.
  - **Other Wellness Programs and Services**—features name and contactor help lines, on-site/worksites wellness programs, preventive care reminders, self-care materials, and employer-sponsored wellness programs.
  - **Healthy Pregnancy Program—Designed for Expectant UHC Members**
- Everyone who enrolls in the program will receive important educational information covering a wide variety of topics, such as proper nutrition, preparing for childbirth, exercises during pregnancy, warning signs, and things to avoid. After your delivery, you will continue to have access to experienced nurses who can help answer any questions.
- After you enroll in the program, maternity nurses are available 24 hours a day to answer key questions or concerns and are just a phone call away.
- To get the best possible benefit from this program, you are encouraged to enroll in the first 12 weeks of pregnancy. However, enrollment is open to members through the 35th week of pregnancy.
- Simply call 800-411-7984 Monday through Thursday, 8 a.m. to 11 p.m., Friday 8 a.m. to 8 p.m., or Saturday 8 a.m. to 5 p.m. Additionally, you can access information at [www.healthylife-pregnancy.com](http://www.healthylife-pregnancy.com).

**CITY OF RACINE**

**CHOICE PLUS 6A PLAN**



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [welcometouhc.com](http://welcometouhc.com) or by calling 1-877-769-7303.

Important Questions	Answers	Why This Matters:
<p>What is the overall <b>deductible</b>?</p>	<p>Network: <b>\$400</b> Individual / <b>\$800</b> Family            Non-Network: <b>\$800</b> Individual / <b>\$1,600</b> Family            Network and Non-Network <b>deductibles</b> cross apply. Per calendar year.            Copays and services listed below as "No Charge" do not apply to the <b>deductible</b>.</p>	<p>You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b>.</p>
<p>Are there other <b>deductibles</b> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
<p>Is there an <b>out-of-pocket limit</b> on my expenses?</p>	<p>Network: <b>\$3,000</b> Individual / <b>\$6,000</b> Family            Non-Network: <b>\$4,000</b> Individual / <b>\$8,000</b> Family. Network and Non-Network <b>out-of-pocket limits</b> cross apply.</p>	<p>The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p>What is not included in the <b>out-of-pocket limit</b>?</p>	<p><b>Premium</b>, balance-billed charges, health care this plan doesn't cover, and penalties for failure to obtain pre-notification for services.</p>	<p>Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b>.</p>
<p>Is there an overall annual <b>limit</b> on what the plan pays?</p>	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.</p>
<p>Does this plan use a <b>network of providers</b>?</p>	<p>Yes. For a list of <b>network providers</b>, see <a href="http://myuhc.com">myuhc.com</a> or call 1-877-769-7303.</p>	<p>If you use an in-network doctor or other health care <b>provider</b>, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b>, or participating for <b>providers</b> in their <b>network</b>. See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b>.</p>
<p>Do I need a referral to see a <b>specialist</b>?</p>	<p>No.</p>	<p>You can see the <b>specialist</b> you choose without permission from this plan.</p>
<p>Are there services this plan doesn't cover?</p>	<p>Yes.</p>	<p>Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b>.</p>

**Questions:** Call 1-877-769-7303 or visit us at [welcometouhc.com](http://welcometouhc.com). If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf](http://cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf) or call the phone number above to request a copy.



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

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% co-ins after ded.	40% co-ins after ded.	Virtual visits (Telehealth) – 20% co-ins after deductible per visit by a designated virtual network provider. No virtual coverage out-of-network.
	Specialist visit	20% co-ins after ded.	40% co-ins after ded.	None
	Other practitioner office visit	20% co-ins after ded.	40% co-ins after ded.	Cost share applies to manipulative (chiropractic) services only and is unlimited per calendar year.
	Preventive care / screening / immunization	No Charge	40% co-ins after ded.	Includes preventive health services specified in the health care reform law.
	Diagnostic test (x-ray, blood work)	20% co-ins after ded.	40% co-ins after ded.	None
If you have a test	Imaging (CT / PET scans, MRIs)	20% co-ins after ded.	40% co-ins after ded.	None
	If you need drugs to treat your illness or condition	Tier 1 – Your Lowest-Cost Option	Not Covered	Not Covered
Tier 2 – Your Midrange-Cost Option		Not Covered	Not Covered	

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
	Tier 3 – Your Highest-Cost Option	Not Covered	Not Covered	
	Tier 4 – Additional High-Cost Options	Not Applicable	Not Applicable	
If you have outpatient surgery	Facility fee (e.g. ambulatory surgery center)	20% co-ins after ded.	40% co-ins after ded.	None
	Physician / surgeon fees	20% co-ins after ded.	40% co-ins after ded.	None
If you need immediate medical attention	Emergency room services	\$150 copay per visit, then 20% co-ins after ded.	\$150 copay per visit, then *20% co-ins after ded.	*Network deductible applies
	Emergency medical transportation	20% co-ins after ded.	*20% co-ins after ded.	*Network deductible applies
	Urgent care	20% co-ins after ded.	40% co-ins after ded.	None
If you have a hospital stay	Facility fee (e.g. hospital room)	20% co-ins after ded.	40% co-ins after ded.	Limited to 365 days per Inpatient Stay. Pre-notification is required non-network or benefit reduces to 50% of eligible expenses.
	Physician / surgeon fees	20% co-ins after ded.	40% co-ins after ded.	None
If you have mental health, behavioral health, or substance abuse needs	Mental / Behavioral health outpatient services	20% co-ins after ded.	40% co-ins after ded.	None
	Mental / Behavioral health inpatient services	20% co-ins after ded.	40% co-ins after ded.	Pre-notification is required non-network or benefit reduces to 50% of eligible expenses.

**Summary of Benefits and Coverage: What This Plan Covers & What it Costs**
**Coverage for: Employee & Family**
**Plan Type: PS1**

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
	Substance use disorder outpatient services	20% co-ins after ded.	40% co-ins after ded.	None
	Substance use disorder inpatient services	20% co-ins after ded.	40% co-ins after ded.	Pre-notification is required non-network or benefit reduces to 50% of eligible expenses.
				Additional copays, deductibles, or co-ins may apply depending on services rendered.
If you are pregnant	Prenatal and postnatal care	No Charge	40% co-ins after ded.	Additional copays, deductibles, or co-ins may apply depending on services rendered.
	Delivery and all inpatient services	20% co-ins after ded.	40% co-ins after ded.	Limited to 365 days per Inpatient Stay. Inpatient pre-notification may apply.
	Home health care	20% co-ins after ded.	40% co-ins after ded.	Limited to 40 visits for skilled care services per calendar year. Pre-notification is required non-network or benefit reduces to 50% of eligible expenses.
	Rehabilitation services	20% co-ins after ded.	40% co-ins after ded.	Outpatient rehabilitation services are unlimited per calendar year.
	Habilitative services	20% co-ins after ded.	40% co-ins after ded.	Limits are combined with Rehabilitation Services limits listed above.
If you need help recovering or have other special health needs	Skilled nursing care	20% co-ins after ded.	40% co-ins after ded.	Nursing limited to 30 days per calendar year. Pre-notification is required non-network or benefit reduces to 50% of eligible expenses.
	Durable medical equipment	20% co-ins after ded.	40% co-ins after ded.	None
	Hospice service	20% co-ins after ded.	40% co-ins after ded.	Inpatient pre-notification is required for non-network or benefit reduces to 50% of eligible expenses.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
If your child needs dental or eye care	Eye exam	20% co-ins after ded.	40% co-ins after ded.	None
	Glasses	Not Covered	Not Covered	No coverage for glasses.
	Dental check-up	Not Covered	Not Covered	No coverage for dental check-up.

**Excluded Services & Other Covered Services:**

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)				
<ul style="list-style-type: none"> <li>• Cosmetic surgery</li> <li>• Dental care (Adult/Child)</li> <li>• Glasses (Adult/Child)</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>	
<b>Other Covered Services</b> (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)				
<ul style="list-style-type: none"> <li>• Acupuncture</li> </ul>	<ul style="list-style-type: none"> <li>• Bariatric surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>• Routine eye care (Adult/Child)</li> </ul>	

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

**Coverage for:** Employee & Family

**Plan Type:** PS1

### Your Rights to Continue Coverage:

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

For more information on your rights to continue coverage, contact the plan at 1-866-747-1019. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.ccoio.cms.gov](http://www.ccoio.cms.gov).

### Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Member Service number listed on the back of your ID card or [myuhc.com](http://myuhc.com).

Additionally, a consumer assistance program may help you file your appeal. Contact [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

### Does this Coverage Provide Minimum Essential Coverage?

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

### Does this Coverage Meet the Minimum Value Standard?

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

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-769-7303.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-877-769-7303.

Navajo (Dine): Dinekehgo shika a’ohwol ninisingo, kwijigo holne’ 1-877-769-7303.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-769-7303.

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



## About these Coverage Examples:

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

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,540
- Patient pays \$2,000

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology <sup>1</sup>	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$400
Copays	\$0
Coinsurance	\$1,400
Limits or exclusions	\$200
<b>Total</b>	<b>\$2,000</b>

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

- Amount owed to providers: \$5,400
- Plan pays \$4,820
- Patient pays \$580

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$400
Copays	\$0
Coinsurance	\$100
Limits or exclusions	\$80
<b>Total</b>	<b>\$580</b>



**This is not a cost estimator.**

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

See the next page for important information about these examples.

## Questions and answers about Coverage Examples:

<p><b>What are some of the assumptions behind the Coverage Examples?</b></p> <ul style="list-style-type: none"> <li>• Costs don't include <u>premiums</u>.</li> <li>• Sample care costs are based on national averages supplied to the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.</li> <li>• The patient's condition was not an excluded or preexisting condition.</li> <li>• All services and treatments started and ended in the same coverage period.</li> <li>• There are no other medical expenses for any member covered under this plan.</li> <li>• Out-of-pocket expenses are based only on treating the condition in the example.</li> <li>• The patient received all care from in-network <b>providers</b>. If the patient had received care from out-of-network <b>providers</b>, costs would have been higher.</li> <li>• If other than individual coverage, the Patient Pays amount may be more.</li> </ul>	<p><b>What does a Coverage Example show?</b></p> <p>For each treatment situation, the Coverage Example helps you see how <u>deductibles</u>, <u>copayments</u>, and <u>coinsurance</u> can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.</p>	<p><b>Can I use Coverage Examples to compare plans?</b></p> <p>✓ <u>Yes</u>. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.</p>
<ul style="list-style-type: none"> <li>• The patient's condition was not an excluded or preexisting condition.</li> <li>• All services and treatments started and ended in the same coverage period.</li> <li>• There are no other medical expenses for any member covered under this plan.</li> <li>• Out-of-pocket expenses are based only on treating the condition in the example.</li> <li>• The patient received all care from in-network <b>providers</b>. If the patient had received care from out-of-network <b>providers</b>, costs would have been higher.</li> <li>• If other than individual coverage, the Patient Pays amount may be more.</li> </ul>	<p><b>Does the Coverage Example predict my own care needs?</b></p> <p>* <u>No</u>. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.</p>	<p><b>Are there other costs I should consider when comparing plans?</b></p> <p>✓ <u>Yes</u>. An important cost is the <u>premium</u> you pay. Generally, the lower your <u>premium</u>, the more you'll pay in out-of-pocket costs, such as <u>copayments</u>, <u>deductibles</u>, and <u>coinsurance</u>. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.</p>
<ul style="list-style-type: none"> <li>• The patient's condition was not an excluded or preexisting condition.</li> <li>• All services and treatments started and ended in the same coverage period.</li> <li>• There are no other medical expenses for any member covered under this plan.</li> <li>• Out-of-pocket expenses are based only on treating the condition in the example.</li> <li>• The patient received all care from in-network <b>providers</b>. If the patient had received care from out-of-network <b>providers</b>, costs would have been higher.</li> <li>• If other than individual coverage, the Patient Pays amount may be more.</li> </ul>	<p><b>Does the Coverage Example predict my future expenses?</b></p> <p>* <u>No</u>. Coverage Examples are <u>not</u> cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your <b>providers</b> charge, and the reimbursement your health plan allows.</p>	<p><b>Can I use Coverage Examples to compare plans?</b></p> <p>✓ <u>Yes</u>. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.</p>

**Questions:** Call 1-877-769-7303 or visit us at [welcometohc.com](http://welcometohc.com). If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [cms.gov/CCHIO/Resources/Files/Downloads/uniform-glossary-final.pdf](http://cms.gov/CCHIO/Resources/Files/Downloads/uniform-glossary-final.pdf) or call the phone number above to request a copy.

**CITY OF RACINE**

**CHOICE PLUS 7A PLAN**



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [welcometouhc.com](http://welcometouhc.com) or by calling 1-877-769-7303.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: <b>\$2,000</b> Individual / <b>\$4,000</b> Family Non-Network: <b>\$4,000</b> Individual / <b>\$8,000</b> Family Per calendar year. Copays and services listed below as "No Charge" do not apply to the <b>deductible</b> .	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
Are there other deductibles for specific services?	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <b>out-of-pocket limit</b> on my expenses?	Network: <b>\$3,000</b> Individual / <b>\$6,000</b> Family Non-Network: <b>\$8,000</b> Individual / <b>\$16,000</b> Family. Network and Non-Network <b>out-of-pocket limits</b> cross apply.	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <b>out-of-pocket limit</b> ?	<b>Premium</b> , balance-billed charges, health care this plan doesn't cover, and penalties for failure to obtain pre-notification for services.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a <b>network</b> of providers?	Yes. For a list of <b>network providers</b> , see <a href="http://myuhc.com">myuhc.com</a> or call 1-877-769-7303.	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a <b>specialist</b> ?	No.	You can see the <b>specialist</b> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

**Questions:** Call 1-877-769-7303 or visit us at [welcometouhc.com](http://welcometouhc.com). If you aren't clear about any of the underlined terms used in this form, see the Glossary.

You can view the Glossary at [cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf](http://cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf) or call the phone number above to request a copy.



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

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% co-ins after ded.	20% co-ins after ded.	Virtual visits (Telehealth) – 0% co-ins after deductible per visit by a designated virtual network provider. No virtual coverage out-of-network.
	Specialist visit	0% co-ins after ded.	20% co-ins after ded.	None
	Other practitioner office visit	0% co-ins after ded.	20% co-ins after ded.	Cost share applies to manipulative (chiropractic) services only and is unlimited per calendar year.
	Preventive care / screening / immunization	No Charge	20% co-ins after ded.	Includes preventive health services specified in the health care reform law.
	Diagnostic test (x-ray, blood work)	0% co-ins after ded.	20% co-ins after ded.	None
If you have a test	Imaging (CT / PET scans, MRIs)	0% co-ins after ded.	20% co-ins after ded.	None
	If you need drugs to treat your illness or condition	Tier 1 – Your Lowest-Cost Option	Not Covered	No coverage for prescription drugs with UnitedHealthcare.
		Tier 2 – Your Midrange-Cost Option	Not Covered	

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
	Tier 3 – Your Highest-Cost Option	Not Covered	Not Covered	
	Tier 4 – Additional High-Cost Options	Not Applicable	Not Applicable	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% co-ins after ded.	20% co-ins after ded.	None
	Physician / surgeon fees	0% co-ins after ded.	20% co-ins after ded.	None
If you need immediate medical attention	Emergency room services	\$250 copay per visit, then 0% co-ins after ded.	\$250 copay per visit, then *0% co-ins after ded.	*Network deductible applies
	Emergency medical transportation	0% co-ins after ded.	*0% co-ins after ded.	*Network deductible applies
	Urgent care	0% co-ins after ded.	20% co-ins after ded.	None
If you have a hospital stay	Facility fee (e.g., hospital room)	0% co-ins after ded.	20% co-ins after ded.	Pre-notification is required non-network or benefit reduces to 50% of eligible expenses.
	Physician / surgeon fees	0% co-ins after ded.	20% co-ins after ded.	
	Mental / Behavioral health outpatient services	0% co-ins after ded.	20% co-ins after ded.	
If you have mental health, behavioral health, or substance abuse needs	Mental / Behavioral health inpatient services	0% co-ins after ded.	20% co-ins after ded.	None
	Substance use disorder outpatient services	0% co-ins after ded.	20% co-ins after ded.	None

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

Coverage for: Employee &amp; Family

Plan Type: PS1

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
	Substance use disorder inpatient services	0% co-ins after ded.	20% co-ins after ded.	None
If you are pregnant	Prenatal and postnatal care	No Charge	20% co-ins after ded.	Additional copays, deductibles, or co-ins may apply depending on services rendered.
	Delivery and all inpatient services	0% co-ins after ded.	20% co-ins after ded.	Inpatient pre-notification may apply.
If you need help recovering or have other special health needs	Home health care	0% co-ins after ded.	20% co-ins after ded.	Limited to 40 visits for skilled care services per calendar year. Pre-notification is required non-network or benefit reduces to 50% of eligible expenses.
	Rehabilitation services	0% co-ins after ded.	20% co-ins after ded.	Outpatient rehabilitation services are unlimited per calendar year.
	Habilitative services	0% co-ins after ded.	20% co-ins after ded.	Limits are combined with Rehabilitation Services limits listed above.
	Skilled nursing care	0% co-ins after ded.	20% co-ins after ded.	Nursing limited to 30 days per calendar year. Pre-notification is required non-network or benefit reduces to 50% of eligible expenses.
	Durable medical equipment	0% co-ins after ded.	20% co-ins after ded.	None
	Hospice service	0% co-ins after ded.	20% co-ins after ded.	Inpatient pre-notification is required for non-network or benefit reduces to 50% of eligible expenses.
If your child needs dental or eye care	Eye exam	0% co-ins after ded.	20% co-ins after ded.	None

**Summary of Benefits and Coverage: What This Plan Covers & What it Costs**
**Coverage for: Employee & Family**
**Plan Type: PS1**

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
	Glasses	Not Covered	Not Covered	No coverage for glasses.
	Dental check-up	Not Covered	Not Covered	No coverage for dental check-up.

**Excluded Services & Other Covered Services:**

<b>Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)</b>				
<ul style="list-style-type: none"> <li>• Cosmetic surgery</li> <li>• Dental care (Adult/Child)</li> <li>• Glasses (Adult/Child)</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment</li> <li>• Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>	<b>Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)</b>
<ul style="list-style-type: none"> <li>• Acupuncture</li> </ul>	<ul style="list-style-type: none"> <li>• Bariatric surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractic care</li> <li>• Hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>• Routine eye care (Adult/Child)</li> </ul>	



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

**Coverage for:** Employee & Family

**Plan Type:** PS1

### Your Rights to Continue Coverage:

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

For more information on your rights to continue coverage, contact the plan at 1-866-747-1019. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cchio.cms.gov](http://www.cchio.cms.gov).

### Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Member Service number listed on the back of your ID card or [myuhc.com](http://myuhc.com).

Additionally, a consumer assistance program may help you file your appeal. Contact [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

### Does this Coverage Provide Minimum Essential Coverage?

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

### Does this Coverage Meet the Minimum Value Standard?

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

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-769-7303.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-877-769-7303.

Navajo (Dine): Dinék'ehgo shika at'ohwol nimisingo, kwijingo holne' 1-877-769-7303.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-769-7303.

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

## About these Coverage Examples:

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

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,340
- Patient pays \$2,200

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$1,100
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$200
<b>Total</b>	<b>\$2,200</b>

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

- Amount owed to providers: \$5,400
- Plan pays \$4,220
- Patient pays \$1,180

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$2,000
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$80
<b>Total</b>	<b>\$1,180</b>



**This is not a cost estimator.**

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

See the next page for important information about these examples.

## Questions and answers about Coverage Examples:

<p><b>What are some of the assumptions behind the Coverage Examples?</b></p> <ul style="list-style-type: none"> <li>Costs don't include <b>premiums</b>.</li> <li>Sample care costs are based on national averages supplied to the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.</li> <li>The patient's condition was not an excluded or preexisting condition.</li> <li>All services and treatments started and ended in the same coverage period.</li> <li>There are no other medical expenses for any member covered under this plan.</li> <li>Out-of-pocket expenses are based only on treating the condition in the example.</li> <li>The patient received all care from in-network <b>providers</b>. If the patient had received care from out-of-network <b>providers</b>, costs would have been higher.</li> <li>If other than individual coverage, the Patient Pays amount may be more.</li> </ul>	<p><b>What does a Coverage Example show?</b></p> <p>For each treatment situation, the Coverage Example helps you see how <b>deductibles</b>, <b>copayments</b>, and <b>coinsurance</b> can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.</p>	<p><b>Can I use Coverage Examples to compare plans?</b></p> <p>✓ <b>Yes.</b> When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.</p>
<ul style="list-style-type: none"> <li>The patient's condition was not an excluded or preexisting condition.</li> <li>All services and treatments started and ended in the same coverage period.</li> <li>There are no other medical expenses for any member covered under this plan.</li> <li>Out-of-pocket expenses are based only on treating the condition in the example.</li> <li>The patient received all care from in-network <b>providers</b>. If the patient had received care from out-of-network <b>providers</b>, costs would have been higher.</li> <li>If other than individual coverage, the Patient Pays amount may be more.</li> </ul>	<p><b>Does the Coverage Example predict my own care needs?</b></p> <p>* <b>No.</b> Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.</p>	<p><b>Are there other costs I should consider when comparing plans?</b></p> <p>✓ <b>Yes.</b> An important cost is the <b>premium</b> you pay. Generally, the lower your <b>premium</b>, the more you'll pay in out-of-pocket costs, such as <b>copayments</b>, <b>deductibles</b>, and <b>coinsurance</b>. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.</p>
<ul style="list-style-type: none"> <li>The patient's condition was not an excluded or preexisting condition.</li> <li>All services and treatments started and ended in the same coverage period.</li> <li>There are no other medical expenses for any member covered under this plan.</li> <li>Out-of-pocket expenses are based only on treating the condition in the example.</li> <li>The patient received all care from in-network <b>providers</b>. If the patient had received care from out-of-network <b>providers</b>, costs would have been higher.</li> <li>If other than individual coverage, the Patient Pays amount may be more.</li> </ul>	<p><b>Does the Coverage Example predict my future expenses?</b></p> <p>* <b>No.</b> Coverage Examples are <b>not</b> cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your <b>providers</b> charge, and the reimbursement your health plan allows.</p>	<p><b>Can I use Coverage Examples to compare plans?</b></p> <p>✓ <b>Yes.</b> When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.</p>

**Questions:** Call 1-877-769-7303 or visit us at [welcometohc.com](http://welcometohc.com). If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [cms.gov/CCHIO/Resources/Files/Downloads/uniform-glossary-final.pdf](http://cms.gov/CCHIO/Resources/Files/Downloads/uniform-glossary-final.pdf) or call the phone number above to request a copy.

**RACINE COUNTY**

**HEALTH PLAN 8**

# Racine County Health Plan 8: United HealthCare

Coverage Period: 01/01/2016-12/31/2016  
 Coverage for: Single or Family | Plan Type: PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.infonet.goracine.org](http://www.infonet.goracine.org) or by calling 1-262-636-3965 or 1-262-636-3980.

Important Questions	Answers	Why this Matters:
<p>What is the overall <b>deductible</b>?</p>	<p><b>Per Calendar Year; Network - \$400/single, \$800/family. Non Network - \$800/single, \$1600/family. Network &amp; Non Network Deductibles cross apply.</b></p> <p>Does not apply to preventative care.</p>	<p>You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1<sup>st</sup>). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b>.</p>
<p>Are there other <b>deductibles</b> for specific services?</p>	<p><b>\$ No</b></p>	<p>You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
<p>Is there an <b>out-of-pocket limit</b> on my expenses?</p>	<p>Network - <b>\$2000/single, \$4000/family.</b> Non Network - <b>\$3000/single, \$6000/family.</b> Network &amp; Non Network Out of Pocket cross apply.</p>	<p>The <b>out of pocket limit</b> is the most you could pay during a coverage period (calendar year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p>What is not included in the <b>out-of-pocket limit</b>?</p>	<p>Non covered health services, charges that exceed eligible expenses, amounts not covered due to non-notification, health services covered by an optional rider and those that do not apply to the limit.</p>	<p>Even though you pay these expenses, they do not count toward the <b>out-of-pocket limit</b>.</p>
<p>Is there an overall annual limit on what the plan pays?</p>	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.</p>
<p>Does this plan use a <b>network of providers</b>?</p>	<p>Yes. For a list of <b>in-network providers</b>, visit <a href="http://www.myuhc.com">www.myuhc.com</a> or call 877-769-7304.</p>	<p>If you use an in-network doctor or other health care <b>provider</b>, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. See the chart on page 2 for how this plan pays different kinds of <b>providers</b>.</p>
<p>Do I need a referral to see a <b>specialist</b>?</p>	<p>No, you do not need a referral to see a specialist.</p>	<p>You can see the specialist you choose without permission from this plan.</p>
<p>Are there services this</p>	<p>Yes.</p>	<p>Some of the services this plan doesn't cover are listed on page 5. See your plan</p>

Questions: Call 1-262-636-3965 or 1-262-636-3980 or visit us at [www.infonet.goracine.org](http://www.infonet.goracine.org)

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# Racine County Health Plan 8: United HealthCare

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

Coverage Period: 01/01/2016-12/31/2016  
 Coverage for: Single or Family | Plan Type: PPO

plan doesn't cover?

document for additional information about excluded services.



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

Common Medical Event	Services You May Need	Your Cost If You		Limitations & Exceptions
		Use an In-network Provider	Use an Out-of-network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance**	40% coinsurance**	---- none ----
	Specialist visit	20% coinsurance**	40% coinsurance**	---- none ----
	Other practitioner office visit	20% coinsurance**	40% coinsurance**	Covers Chiropractic (Review after 10 visits/year; PT, OT & Speech Therapy (Review after 30 visits/year) and Acupuncture
	Preventive care/screening/immunization	No charge	40% coinsurance**	Includes preventative health services as specified in the Health Care Reform Law.
If you have a test	Diagnostic test (X-ray, blood work)	20% coinsurance**	40% coinsurance**	---- none ----
	Imaging (CT/PET scans, MRIs)	20% coinsurance**	40% coinsurance**	---- none ----

Questions: Call 1-262-636-3965 or 1-262-636-3980 or visit us at [www.infonet.goracine.org](http://www.infonet.goracine.org)  
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# Racine County Health Plan 8: United HealthCare

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

Coverage Period: 01/01/2016-12/31/2016  
Coverage for: Single or Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about <b>prescription drug coverage</b> is available at <a href="http://www.caremark.com">www.caremark.com</a> .	Generic drugs	20% of cost (\$5min/\$25max)	20% of cost (\$5min/\$25max)	Covered by CVS/Caremark. Mail Order – 90 day supply, 20% of cost (\$10 min/\$50 max)
	Preferred brand drugs	20% of cost (\$30min/\$75max)	20% of cost (\$30min/\$75max)	Covered by CVS/Caremark. Mail Order – 90 day supply, 20% of cost (\$60 min/\$150 max)
	Non-preferred brand drugs	20% of cost (\$55min/\$100max)	20% of cost (\$55min/\$100max)	Covered by CVS/Caremark. Mail Order – 90 day supply, 20% of cost (\$110 min/\$200 max)
	Specialty drugs	20% of cost (\$55min/\$100max)	20% of cost (\$55min/\$100max)	----- none -----
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance**	40% coinsurance**	----- none -----
	Physician/surgeon fees	20% coinsurance**	40% coinsurance**	----- none -----
	Emergency room services	20% coinsurance**	20% coinsurance**	----- none -----
If you need immediate medical attention	Emergency medical transportation	20% coinsurance**	20% coinsurance**	----- none -----
	Urgent care	20% coinsurance**	40% coinsurance**	----- none -----
	Facility fee (e.g., hospital room)	20% coinsurance**	40% coinsurance**	Non Network requires notification or \$200 reduction in benefits.
If you have a hospital stay	Physician/surgeon fee	20% coinsurance**	40% coinsurance**	----- none -----
	Mental/Behavioral health outpatient services	20% coinsurance**	40% coinsurance**	Non Network requires notification or \$200 reduction in benefits.
	Mental/Behavioral health inpatient services	20% coinsurance**	40% coinsurance**	Non Network requires notification or \$200 reduction in benefits.
	Substance use disorder outpatient services	20% coinsurance**	40% coinsurance**	Non Network requires notification or \$200 reduction in benefits.
	Substance use disorder inpatient services	20% coinsurance**	40% coinsurance**	Non Network requires notification or \$200 reduction in benefits.
If you are pregnant	Prenatal and postnatal care	20% coinsurance**	40% coinsurance**	Coverage for employee & spouse only

Questions: Call 1-262-636-3965 or 1-262-636-3980 or visit us at [www.infonet.goracine.org](http://www.infonet.goracine.org)

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# Racine County Health Plan 8: United HealthCare

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

Coverage Period: 01/01/2016-12/31/2016  
 Coverage for: Single or Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Delivery and all inpatient services	20% coinsurance**	40% coinsurance**	Coverage for employee & spouse only
	Home health care	20% coinsurance**	40% coinsurance**	Non Network requires notification or \$200 reduction in benefits. Limited to 100 visits/calendar year.
If you need help recovering or have other special health needs	Rehabilitation services	20% coinsurance**	40% coinsurance**	----- none -----
	Habilitation services	20% coinsurance**	40% coinsurance**	----- none -----
	Skilled nursing care	20% coinsurance**	40% coinsurance**	Non Network requires notification or \$200 reduction in benefits. Limited to 30 days/calendar year.
	Durable medical equipment	20% coinsurance**	40% coinsurance**	----- none -----
	Hospice service	20% coinsurance**	40% coinsurance**	Non Network requires notification or \$200 reduction in benefits.
	Eye exam	No charge	No charge	Once every calendar year.
If your child needs dental or eye care	Glasses	\$59/frames, 100% lens	\$59/frames, 100% lens	Frames every 2 years, Lens every 12 months, \$150 max on progressive bifocals, no tinting or coatings
	Dental check-up.	Not covered	Not covered	Separate dental plan must be elected.
		** after deductible	** after deductible	

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# Racine County Health Plan 8: United HealthCare

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

Coverage Period: 01/01/2016-12/31/2016  
Coverage for: Single or Family | Plan Type: PPO

## Excluded Services & Other Covered Services:

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

- Cosmetic surgery
- Dental care (routine)
- Hearing Aids
- Infertility treatment
- Long term care
- Non emergency care when traveling outside the U.S.
- Private duty nursing
- Routine foot care
- Weight loss programs

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

- Acupuncture if provided by a physician
- Bariatric surgery
- Chiropractic care (10 visits/year w/medical review)
- Dental care if due to an accident or Oral Surgery
- Hearing Aids for children under age 18
- Routine eye care
- Routine foot care (by a physician for metabolic or peripheral vascular disease)

### Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact Racine County Human Resources at (262) 636-3965 or (262) 636-3980. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cclio.cms.gov](http://www.cclio.cms.gov).

### Your Grievance and Appeals Rights:

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If your question or concern is about a benefit determination, you may informally contact Customer Service before requesting a formal appeal. If the Customer Service representative cannot resolve the issue to your satisfaction over the phone, you may submit your question in writing. However, if you are not satisfied with a benefit determination you may appeal it as described below, without first informally contacting Customer Service. If you first informally contact Customer Service and later wish to request a formal appeal in writing, you should contact Customer Service at 877-769-7304 and request an appeal. If you request a formal appeal, a Customer Service representative will provide you with the appropriate address of the Claims Administrator. If you are appealing an urgent care claim denial, please refer to the "Urgent Appeals that Require Immediate Action" section below and contact Customer Service immediately. The Customer Service telephone number is shown on your ID card. Customer Service representatives are available to take your call.

### Does this Coverage Provide Minimum Essential Coverage?

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

### Does this Coverage Meet the Minimum Value Standard?

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

### How to Appeal a Claim Decision

If you disagree with a pre-service request for Benefits determination or post-service claim determination after following the above steps, you can contact the Claims Administrator in writing to formally request an appeal. Your request should include: the patient's name and the identification number from the ID card, the date(s) of medical service(s), the provider's name, the reason you believe the claim should be paid and any documentation or other written information to support your request for claim payment. Your first appeal request must be submitted to the Claims Administrator within 180 days after you receive the claim denial.

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

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**About these Coverage Examples:**

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



**This is not a cost estimator.**

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

See the next page for important information about these examples.

**Having a baby**  
 (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,712
- Patient pays \$ 1,828

**Sample care costs:**

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

**Patient pays:**

Deductibles	\$400
Copays	\$0
Coinsurance	\$1,428
Limits or exclusions	\$0
<b>Total</b>	<b>\$1,828</b>

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

- Amount owed to providers: \$5,400
- Plan pays \$ 4,000
- Patient pays \$ 1,400

**Sample care costs:**

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

**Patient pays:**

Deductibles	\$400
Copays	\$0
Coinsurance	\$1000
Limits or exclusions	\$0
<b>Total</b>	<b>\$1,400</b>

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## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

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

### What does a Coverage Example show?

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

### Does the Coverage Example predict my own care needs?

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

### Does the Coverage Example predict my future expenses?

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

### Can I use Coverage Examples to compare plans?

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

### Are there other costs I should consider when comparing plans?

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

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