



**School Board of Leon County, Florida
District Term Contract
DTC-24-1027**

Group Health Insurance

This Contract is between the School Board of Leon County, a public school district within Leon County, Florida, with offices at 2757 West Pensacola Street, Tallahassee, FL 32304 (District), and Capital Health Plan, Inc., (Contractor) located at 2140 Centerville Road, Tallahassee, Florida, 32308. The District and Contractor are collectively referred to herein as "Parties" and individually as a "Party." All capitalized terms shall have the meaning assigned to them in the Contract unless otherwise defined here.

The Contractor responded to the District's Invitation to Negotiate (ITN) No. ITN 506-2023, Group Health Insurance. The District has accepted the Contractor's Request for Best and Final Offers and enters into this Contract in accordance with the terms and conditions of ITN 506-2023, Group Health Insurance.

Accordingly, and in consideration of the mutual promises contained in the Contract, the Parties agree as follows:

I. Scope of Work

The services and/or commodities to be provided by the Contractor pursuant to this Contract are defined in ITN 506-2023, Group Health Insurance, all Addenda which are referenced and incorporated herein. The Contractor's proposal and request for best and final offers are attached as Exhibits B and C.

II. Contract Term

The initial term of the Contract is for three (3) years. The initial Contract term shall begin on April 24, 2024, or on the last date on which it is signed by all Parties, whichever is later.

III. Renewal Terms

The District and the Contractor may renew the Contract in whole or in part, for a renewal term not to exceed three (3) years, or portions thereof, at the renewal pricing specified in the Contractor's original submission, upon mutual agreement of the Parties as set forth in the Contract.

IV. Contract

This Contract, together with the following attached documents (Exhibits), sets forth the entire understanding of the Parties and supersedes all prior agreements, whether written or oral, with respect to such subject matter.

All Exhibits attached to this Contract are incorporated in their entirety and form part of this Contract. The Contract has the following Exhibits:

1. Exhibit A: ITN 506-2023 Group Health Insurance
2. Exhibit B: Vendor Response to ITN 506-2023 Group Health Insurance

3. Exhibit C: Vendor Best and Final Offer to ITN 506-2023 Group Health Insurance

In case of conflict, the documents shall have priority in the order listed:

1. The District Term Contract
2. Exhibit A: The District's ITN 506-2023 Group Health Insurance and all addenda
3. Exhibit C: Vendor Best and Final Offer to ITN 506-2023 Group Health Insurance
4. Exhibit B: Vendor Response to ITN 506-2023 Group Health Insurance

V. Amendments

No oral modifications to this Contract are acceptable. All modifications to this Contract must be in writing and signed by both Parties, except changes to Section VII., below. Any future amendments of the Contract, which alter the definition of the services, shall define the services in the same format as Exhibit A.

Notwithstanding the order listed in Section IV, amendments issued after Contract execution may expressly change the provisions of the Contract. If an amendment expressly alters the Contract, then the most recent amendment will take precedence.

VI. Contract Notices

Contract notices may be delivered by email to the Contractor's designated contact person as prescribed in Section VII.

VII. Contract Management

The District employee who is primarily responsible for maintaining the Contract Administration file is:

Shelly Kelley, Contract Administrator
Office of the General Counsel
Leon County Schools
3397 West Tharpe Street
Tallahassee, FL 32303
Telephone (850) 488-1206
Email: kelleys2@leonschools.net

The District's Contract Manager is:

Pam Faulkner, Benefits Director
Leon County Schools Human Resources
2757 West Pensacola Street
Tallahassee, FL 32304
Telephone: 850-487-7150
Email: faulknerp@leonschools.net

The District may appoint a different Contract Administrator or Manager, which will not require an amendment to the Contract, by sending written notice to the Contractor. Any communication to the District relating to the Contract shall be addressed to the District's Contract Manager or designee.

The Contractor has assigned the following individual(s) to serve as the designated contact person for this Contract:

Primary Contact:

Mark S. Hicks, Director, Sales & Account Management
Capital Health Plan, Inc.
1264 Metropolitan Blvd.
Tallahassee, Florida, 32312
Telephone: (850) 383-3540
Email: mshicks@chp.org

All questions and customer service issues concerning this Contract shall be directed to the Contractor's designated contact person(s), above. It will be the designated contact person's responsibility to coordinate with necessary District personnel, as required, to answer questions and resolve issues. The Contractor must provide written notice to the District's Contract Manager or designee, if a new employee is designated as the contact person for this Contract.

VIII. Termination

A. Termination for Convenience

This Contract may be terminated by either Party at will upon no less than 30 calendar days written notice unless a shorter period of time is mutually agreed upon by both Parties. The Board's sole obligation shall be to reimburse the Contractor for those goods or services shipped and accepted by the Board up to the date of termination, and costs incurred by the Contractor for unfinished goods, which are specifically manufactured for the Board and which are not standard products of the Contractor, as of the date of termination. In no event shall the Board be responsible for the loss of anticipated profit. Notice shall be delivered by certified mail (return receipt requested), by another method of delivery whereby an original signature is obtained, or in person with proof of delivery.

B. Termination for Cause

If a breach of this Contract occurs by the Contractor, the District may terminate the Contract for cause. The District choose to provide, at its exclusive option, an opportunity for the Contractor to cure the breach for cause within 30 calendar days upon written notice of the deficiency by the District. Any breach of this Contract, which is still left uncured by the Contractor after the District has elected to provide 30 calendar days to cure (remedy) the breach, may result in the District's termination of this Contract upon 24 hours written notice by the District. If the District does not elect to afford an opportunity for the Contractor to cure a breach (e.g., instances of egregious Contractor conduct or other Contractor actions which may be harmful to the District), the District may immediately terminate this Contract for cause, upon 24 hours' written notice to the Contractor, as described in this section. Notice shall be delivered by certified mail (return receipt requested), in person with proof of delivery, or by another method of delivery whereby an original signature is obtained.

C. Termination for Unauthorized Employment

Violation of the provisions of Section 274A of the Immigration and Nationality Act shall be grounds for unilateral cancellation of this Contract.

D. Termination for Lack of Funds

In the event the funds to finance this Contract become unavailable, the District may terminate the Contract upon no less than 24 hours notice, in writing, to the Contractor. Notice shall be delivered by certified mail (return receipt requested), in-person with proof of delivery, or by another method of delivery whereby an original signature is obtained. The District shall be the final authority as to the availability of funds.

E. Contract Termination Requirements

If at any time, the Contract is cancelled, terminated, or otherwise expires, and a Contract is subsequently executed with a contractor other than the Contractor or service delivery is provided by the District, the Contractor has the affirmative obligation to assist in the smooth transition of Contract services to the subsequent provider. This includes but is not limited to, the timely provision of all Contract-related documents, information, and reports not otherwise protected from disclosure by law to the replacing party.

IX. Assignment

The Contractor shall not sell, assign, or transfer its responsibilities or interests under this Contract to another party without prior written approval of the District's Contract Manager or designee. The District shall, at all times, be entitled to assign or transfer its rights, duties, and obligations under this Contract to another governmental agency or special district of the State of Florida upon providing written notice to the Contractor.

X. Subcontracts

The Contractor is fully responsible for all work performed under this Contract. The Contractor may, upon receiving written consent from the District's Contract Manager or designee, enter into written subcontract(s) for performance of certain obligations under this Contract. No subcontract shall relieve the Contractor of any responsibility for the performance of its contractual duties. All payments to subcontractors shall be made by the Contractor.

It is understood and agreed that the District shall not be liable to any subcontractor for any expenses or liabilities incurred under the subcontract and that the Contractor shall be solely liable to the subcontractor for all expenses and liabilities under this Contract. All subcontractors are subject to the same background check requirements as are referenced in Exhibit A.

XI. Price Adjustments

Any price decrease effectuated during the Contract period by reason of market change or special sales offered to other customers shall be passed on to the District. This shall also apply to all in-place equipment on a rent or lease plan. Price increases are not accepted unless otherwise stated. All prices are firm and shall be held for the duration of the Contract term. The District may, at its sole discretion, review a request from the Contractor for an equitable adjustment in Contract pricing if pricing or supply availability is affected by extreme or unforeseen conditions in the marketplace outside of the Contractor's control. Requests shall be submitted to the District's Contract Manager along with justification and backup information, as necessary, such as a letter from a manufacturer regarding price increases. The District will consider the request and respond within 30 days. The Contractor shall continue to fill orders at the current Contract pricing until a decision has been made.

XII. Additions/Deletions

During the term of the Contract, the District reserves the right to add or delete the number of commodities or services when considered to be in its best interest. Pricing shall be comparable to amounts awarded.

XIII. Other Conditions

A. Public Records

The Contractor agrees to (a) keep and maintain public records required by the Board to perform the service; (b) upon request from the Board's custodian of public records, provide the Board with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Florida Statute; (c) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Contract term and following completion of the Contract if the Contractor does not transfer the records to the Board; and (d) upon completion of the Contract, transfer, at no cost to the Board all public records in possession of the Contractor, or keep and maintain public records required by the Board to perform contractual obligations. If the Contractor transfers all public records to the Board upon completion of the Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public record disclosure requirements. If the Contractor keeps and maintains public records upon completion of the Contract, then the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Board, upon request, in a format that is compatible with its information technology systems. The Board may unilaterally terminate the Contract for refusal by any Contractor to allow public access to all documents, papers, letters, or other material made or received by the Contractor in conjunction with the Contract unless the records are exempt from Section 24(a) of Art. I of the State Constitution and either Section 119.07(1), F.S. or Section 119.071, F.S. Additionally, the Contractor may be subject to penalties under Section 119.10, F.S.

If the Contractor has questions regarding the application of Chapter 119, Florida Statutes, to the Contractor's duty to provide public records relating to this Contract, contact the custodian of public records at:

**Leon County Schools
ATTN: Julie Jernigan
2757 West Pensacola Street
Tallahassee, Florida 32304
Telephone: (850) 487-7177
Email: jerniganj@leonschools.net**

B. Disputes

Any dispute concerning performance of the terms of this Contract shall be resolved informally by the Contract Managers. Any dispute that cannot be resolved informally shall be reduced to writing and delivered to the District's Assistant Superintendent of Business Services or

designee. The District's Assistant Superintendent of Business Services, or designee, shall decide the dispute, reduce the decision to writing, and deliver a copy to the Parties, the Contract Managers, and the District's Contract Administrator.

C. Notices

All notices required or permitted by this Contract shall be given in writing and by hand delivery or email to the respective Parties. All notices by hand-delivery shall be deemed received on the date of delivery, and all notices by email shall be deemed received when they are transmitted and not returned as undelivered or undeliverable. Both Parties may change their contact information and Contract Manager by written notice given to the other Party as provided above.

D. Insurance

The Contractor agrees to provide adequate insurance coverage on a comprehensive basis and to hold such insurance at all times during the existence of this Contract. The Contractor accepts full responsibility for identifying and determining the type(s) and extent of insurance necessary to provide reasonable financial protection for the Contractor and the District under this Contract. At a minimum, this coverage shall include general liability coverage no less than \$1 million per occurrence and \$2 million in aggregate. Upon the execution of this Contract, the Contractor shall furnish the District's Contract Manager, or designee, written verification of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The District reserves the right to require additional insurance where appropriate.

If the Contractor is a state agency or subdivision as defined in Section 768.28, F.S., the Contractor shall furnish the District, upon request, written verification of liability protection in accordance with Section 768.28, F.S. Nothing herein shall be construed to extend any Party's liability beyond that provided in Section 768.28., F.S.

E. Employee Status

This Contract does not create an employee/employer relationship between the Parties. It is the intent of the Parties that the District and Contractor are independent contractors under this Contract and neither is the employee of the other for all purposes, including, but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, the State Workers Compensation Act, and the State unemployment insurance law.

F. Force Majeure

Neither Party shall be liable for loss or damage suffered as a result of any delay or failure in performance under this Contract or interruption or performance resulting directly or indirectly from acts of God, fire, explosions, earthquakes, floods, water, wind, lightning, civil or military authority, acts of public enemy, war, riots, civil disturbances, insurrections, strikes, or labor disputes.

G. Available Funding

The District's performance and obligation to pay for goods and services under this Contract are contingent upon available annual funding. The costs of services paid under any other Contract or from any other source are not eligible for reimbursement under this Contract.

H. Scrutinized Companies Contractor Certification

The Contractor certifies they are not listed on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S., and they are not currently engaged in a boycott of Israel. If the resulting Contract exceeds \$1,000,000.00 in total, (not including renewal years), the Contractor certifies that they are not listed on either the Scrutinized Companies with Activities in Sudan List, or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created pursuant to Sections 215.473, F.S., and 215.4725, F.S., and further certifies they are not engaged in business operations in Cuba or Syria. Pursuant to Sections 287.135(5), F.S., and 287.135(3), F.S., the Contractor agrees the District may immediately terminate the resulting Contract for cause if the Contractor is found to have submitted a false certification or if the Contractor is placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or has engaged in business operations in Cuba or Syria during the term of the resulting Contract. Any company that submits a bid or proposal for a Contract, or intends to enter into or renew a Contract with an agency or local governmental entity for goods or services of any amount, must certify that the company is not participating in a boycott of Israel.

I. E-VERIFY

In accordance with Section 448.095, Florida Statutes, the Parties shall utilize the U.S. Agency of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp>, to verify the employment eligibility of all employees hired during the term of this Agreement.

This Contract, including all attachments, exhibits, and amendments, contains the entire understanding of the parties concerning the subject matter and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Contract may not be amended or modified except by mutual written agreement unless expressly stated herein.

In **WITNESS THEREOF**, the parties hereto have caused this Contract to be executed by their undersigned officials as duly authorized.

CONTRACTOR:
CAPITAL HEALTH PLAN, INC.



Sabin Bass, President & CEO


Date

SCHOOL BOARD OF LEON COUNTY, FL


Rosanne Wood, Board Chair


Date


Rocky Hanna, Superintendent


Date

Invitation to Negotiate (ITN)



"Preparing students to become responsible, respectful, independent learners equipped with the critical thinking skills necessary to compete in our global society."



Group Health Insurance

ITN 506-2023

ITN Released: February 8, 2023

Deadline for Questions*: 2:00 p.m. on February 21, 2023

Replies Due*: 2:00 p.m. on March 9, 2023

June Kail
Procurement Officer
Leon County Schools
Purchasing Department
3397 West Tharpe Street
Tallahassee, Florida 32303

*Timeline subject to change. Changes will be communicated through an addendum to this ITN (see Section 1.8)

ITN Timeline

Steps in the ITN process	Date and Time	Location (if applicable)
Release of ITN	February 8, 2023	District Website https://www.leonschools.net/Page/4411
Non-Mandatory Pre-Reply Conference	February 15, 2023 at 2:00 p.m.	<u>Conference Call</u> Dial-In: 1-605-562-8400 Access Code: 4228924
Written Questions Due	February 21, 2023 at 5:00 p.m.	Submit to: June Kail, Procurement Officer Subject: ITN 506-2023, Group Health Insurance Email: purchasing@leonschools.net
Anticipated Posting of Answers to Submitted Questions	February 28, 2023	District Website https://www.leonschools.net/Page/4411
Sealed Replies Due and Opened	March 9, 2023 at 2:00 p.m.	Submit to: Leon County Schools Purchasing Department Attn: June Kail, Procurement Officer ITN 506-2023, Group Health Insurance 3397 W. Tharpe Street Tallahassee, FL 32303* <small>*Also the location for the Reply Opening</small>
Evaluation Team Meeting	March 13, 2023 at 2:00 p.m.	Leon County Schools Purchasing Department 3397 W. Tharpe Street Tallahassee, FL 32303
Anticipated Negotiations	April - May 2023	Leon County Schools Purchasing Department 3397 W. Tharpe Street Tallahassee, FL 32303
Negotiation Team Meeting	May 2023	The meeting date and time will be posted at least seven (7) days prior to the meeting on the District's website at https://www.leonschools.net/Page/4411
Anticipated Date the District will Advertise its Notice of Intended Board Decision	May 2023	District Website https://www.leonschools.net/Page/4411

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Exhibit A will be posted separately on the District website in multiple parts.		

SECTION 1: Key information



1.1. Quick Facts

- a. The Board, on behalf of the Leon County School District, is inviting competitive sealed responses from qualified Respondents to explore the various questions outlined in the ITN and to determine, through the negotiation process, the best way to provide medical benefits to eligible employees, retirees, and their dependents (collectively it's Members). The District has determined negotiations are necessary for it to receive the best value.
 - b. This ITN is a multi-step procurement process, including a technical evaluation, a cost evaluation, and a negotiation phase.
 - c. The use of capitalization (such as Respondent) denotes words and phrases with special meaning as defined in [Section 5. Definitions](#).
 - d. All dates and times reflect Eastern Time (Tallahassee, Florida) unless otherwise indicated.
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1.2. Resources

- a. The District currently offers four (4) health plans to current and retired employees. The 2022/2023 Benefits Guide also provides further detail on current coverage options, available at <https://www.leonschools.net/cms/lib/FL01903265/Centricity/Domain/33/LCS%202022-2023%20Benefit%20Guide-Final.pdf>.
 - b. Services are currently provided through contracts with Capital Health Plan and Florida Blue. The current contract is available at <https://www.leonschools.net/cms/lib/FL01903265/Centricity/Domain/195/CURRENT%20RFP/RFP4312018GROUPHEALTHINSURANCE/RFP4312018FINALGroupHealthInsurance.pdf>.
 - c. The bargaining agreements with the applicable bargaining units are available at <https://www.leonschools.net/Page/86>.
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1.3. How to Contact Us (Procurement Rules and Information)

- a. All questions related to this ITN must be made in writing, via email, to the Procurement Officer listed below. Questions will only be accepted if submitted in writing on or before the date and time specified in the Timeline.
 - b. The Non-Mandatory (optional) Pre-Reply Conference is an opportunity for interested companies to ask questions. Oral questions will be entertained at the Non-Mandatory Pre-Reply Conference as outlined in the Timeline. The District's answers to oral inquiries are non-binding and are not considered the official position of the District unless those questions are subsequently submitted in writing, per this Section.
 - c. On or about the date referenced in the Timeline, the District will advertise its answers to written questions on the District's website.
 - d. Between the release of the solicitation, and the end of the 72-hour period following the advertisement of the Notice of Board Decision (the 72-hour period excludes Saturdays, Sundays, and District holidays), Respondents to this ITN, or persons acting on their behalf, may not contact any employee or officer of the Leon County School Board or Superintendent concerning any aspect of this solicitation, except in writing to the Procurement Officer as provided in this solicitation or during the negotiation phase, as directed by the District. Violation of this provision may be grounds for rejecting a Reply.
 - e. Any person requiring special accommodations in responding to this solicitation because of a disability should contact the LCS Purchasing Department at (850) 488-1206, at least five
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(5) days before any pre-solicitation conference, solicitation opening, or public meeting. Persons who are deaf, hard-of-hearing, deaf-blind, or speech-disabled may contact the LCS Purchasing Office by using the Florida Relay Service at 1-800-955-8771 (TTY/ASCII).

f. The District's Procurement Officer

Name: June Kail, Procurement Officer
Purchasing Department
Leon County Schools
3397 W. Tharpe Street
Tallahassee, FL 32303
Telephone: (850) 488-1206
Email: purchasing@leonschools.net

- g. The Respondent shall not initiate or execute any negotiation, decision, or action arising from any verbal discussion with any District or Avail employee related to this ITN (see Section 2.2 of this ITN). Only written communications from the District's Procurement Officer are considered duly authorized expressions on behalf of the District. Additionally, only written communications from a Respondent are recognized as duly authorized expressions on behalf of the Respondent. Any discussion by a Respondent with any employee or representative of the District, involving cost or price information, outside of the negotiation phase, and occurring before the District advertises its Notice of Board Decision, may result in the rejection of that Respondent's Reply.



1.4. Developing Your Reply

- a. This ITN is being issued as part of an open, competitive process and sets out the steps and conditions that apply.
- b. Respondents should take the time to read and understand the ITN. In particular, they should:
 1. Review Title XLVIII, [K-20 Education Code](#), within the Florida Statutes.
 2. Develop a strong understanding of the District's requirements detailed in [Section 2](#).
 3. Ensure their company is on file and in good standing with the Florida Department of State, or provide certification of exemption from this requirement, as required for all entities defined under Chapters 607, 617, or 620, Florida Statutes (F.S.), seeking to do business with the District.
- c. Respondents should prepare a clear and concise Reply, avoiding complicated jargon, and thoroughly describing their innovative solutions and their ability to meet the expectations of the District.
- d. Respondents must follow the format and instructions included in this ITN for their Reply submittal.
- e. Replies that contain provisions that are contrary to the material requirements of this ITN are not permitted. Including alternate provisions or conditions may result in the Reply being deemed non-responsive to the solicitation. However, as this is an ITN, the District reserves the right to review innovative solutions and negotiate the best terms and conditions, if determined to be in its' best interest.
- f. Respondents must use the Rate Information Sheet, Attachment I, to submit its pricing. Respondents shall not change or substantially alter the form, but fill it out completely, as instructed in Section 3.2 of this ITN.
- g. Respondents should thoroughly review their Reply before submission to ensure its Reply is complete and accurate and it has provided all information requested in the format prescribed in Section 3, Procurement Rules and Information.

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- h. The District is not liable for any costs incurred by a Respondent while responding to this ITN, including the costs associated with attending site visits, oral presentations, or negotiations, as applicable.
 - i. Respondents are expected to submit questions or concerns they have regarding the requirements or terms and conditions of this solicitation during the question and answer phase, per Section 1.3, a.
 - j. The District shall reject any and all Replies that do not meet the following **pass/fail criteria (also referred to as Mandatory Responsiveness Criteria)**. Any Reply rejected for failure to meet these requirements will not be evaluated further:
 - 1. The Respondent shall ensure that all data generated, used, or stored by the Respondent under the prospective Contract will reside and remain in the United States, and will not be transferred outside of the United States at any time;
 - 2. The Respondent's Reply shall demonstrate that it has at least three (3) years within the last five (5) years, of business/corporate experience in providing health insurance coverage to commercial or governmental clients;
 - 3. Respondent's Reply and all services to be provided under the Contract will be compliant with all laws, rules, and other authority applicable to providing the services including, but not limited to, Florida's Open Government laws (Article I, Section 24, Florida Constitution, and Chapter 119, F.S.);
 - 4. The Respondent shall complete and submit Attachment II, Required Provisions Certification, and Attachment III, Notice of Conflict of Interest; and
 - 5. The Respondent attests that it is currently licensed to operate as an insurer in the State of Florida and has a current AM Best rating.
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1.5. Submitting Your Reply

- a. Respondents shall submit their Replies in a sealed envelope or package with the relevant ITN number and the date and time of the reply opening clearly marked on the envelope or packaging. Respondents may submit their Bids by mail, courier, delivery services (such as FedEx or UPS), or hand-delivery to the location below. **The District will not accept any Replies submitted by email or fax.**
 - b. Respondents must mail or otherwise deliver their Replies to the following address:
Leon County Schools
Purchasing Department
ITN 506-2023, Group Health Insurance Re-Solicitation
Attn: June Kail, Procurement Office
3397 W. Tharpe Street
Tallahassee, FL 32303
 - c. It is the Respondent's responsibility to ensure their Reply is delivered to the District by the date and time stipulated in the Timeline. The District's clock will stamp Replies received and shall provide the official time for the reply opening. **Late Replies will not be accepted.**
 - d. Submit a Technical Reply and a Cost Reply in separately sealed and clearly labelled packages. The Cost Reply may be shipped along with the Technical Reply as long as it is sealed separately (such as in a sealed envelope) within the same shipping container and clearly marked.
 - e. Submit one (1) signed, original Technical Reply, five (5) hardcopies of the Technical Reply, and five (5) electronic copies of the Technical Reply in searchable PDF format on an electronic storage device (CD, DVD, or flash drive (not password protected)). The
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original physical Technical Reply will take precedence in the event there is a discrepancy between the original and one of the physical or electronic copies.

- f. Submit one (1) signed, original Cost Reply, five (5) hardcopies of the Cost Reply, and five (5) electronic copies of the Cost Reply in searchable PDF format on an electronic storage device (CD, DVD, or flash drive (not password protected)). If the electronic copy and original paper copy do not match, the original paper copy of the Cost Reply will take precedence.
- g. The signed original Technical Reply and Cost Reply shall be clearly marked as “Original” and the physical copies shall be numbered one (1) through five (5).
- h. If the Respondent includes information in their Reply that they believe is and have marked as confidential or trade secret, they should submit a redacted copy of their Reply, as outlined in Section 3.6, the Respondent should submit one (1) redacted hard copy and one (1) redacted electronic copy, in searchable PDF format (in addition to the non-redacted version).
- i. Respondents are encouraged to print Reply documents double-sided and minimize the use of non-recyclable materials.
- j. All documentation produced as part of this Reply shall become the exclusive property of the District, may not be returned to or removed by the Respondent or its agents, and will become a matter of public record, subject to the provisions of Chapter 119, F.S. Selection or rejection of the Reply will not affect this right. Should the District reject all Replies and re-solicit, information submitted in response to this ITN will become a matter of public record as indicated in Section 119.071, F.S. The District shall have the right to use any ideas, adaptations of any ideas, or recommendations presented in any Reply. The award or rejection of a Reply shall not affect this right.



1.6. Reply Opening

- a. Replies are due and will be publicly opened at the time, date, and location specified in the Timeline.
- b. District staff are not responsible for the inadvertent opening of a Reply that is improperly sealed or addressed or those not correctly identified with the ITN number.
- c. After the Bid Opening, interested parties may submit a written request to the Procurement Officer for the names of all Respondents who submitted Replies.



1.7. Disposition of Replies

- a. The District reserves the right to withdraw this ITN at any time and by doing, assumes no liability to any Respondent.
- b. The District reserves the right to reject any Replies received in response to this ITN.
- c. The District reserves the right to waive Minor Irregularities when doing so would be in the best interest of the District. At its exclusive option, the District may correct Minor Irregularities but is under no obligation to do so.
- d. All Replies become the property of Leon County Schools and will be a matter of public record subject to the provisions of Chapter 119, F.S. Selection or rejection of the Reply will not affect this right. Should the District reject all Replies and re-solicit, information submitted in response to this ITN will become a matter of public record as indicated in Section 119.071, F.S.



1.8. Changes to the ITN

The District will post all addenda and materials relative to this procurement on the District's Purchasing website at <https://www.leonschools.net/Page/4411>. **Interested parties are responsible for monitoring this site for new or changing information relative to this**

procurement. Respondents are responsible for ensuring that all addendums have been read and incorporated, as applicable, in their Reply.



1.9. Protest Procedures

Pursuant to Section 120.57(3), F.S., a Notice of Intent to Protest or a Formal Written Protest must be filed with the District's Purchasing Department within the timeframes established in Florida Statutes. Filings may be made physically at 3397 W. Tharpe Street, Tallahassee, Florida 32305, or via email to bidprotests@leonschools.net. Protests must be made in compliance with Rules 28-110.003 and 28-110.004, Florida Administrative Code (F.A.C.). Filings received on a weekend, District holiday, or after 5:00 p.m. will be filed the next business day.

Failure to file a protest within the time prescribed in Section 120.57(3), F.S., or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, F.S.

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SECTION 2: Scope of Work

2.1. Background

The District and the School Board were created under Section 4, Article IX of the Constitution of the State of Florida. The District is an independent taxing and reporting entity managed, controlled, operated, administered, and supervised by District school officials, following relevant provisions of the Florida K-20 Education Code, Chapters 1000 – 1013, F.S. The Board consists of five (5) elected officials responsible for the adoption of policies, which govern the operation of District public schools. The Superintendent of Schools is responsible for the administration and management of the schools within the applicable parameters of state laws, State Board of Education Rules, and School Board policies.

The District has a staff of approximately 4,800 people, including instructional, instructional support, administrative, support positions. Three (3) bargaining units represent instructional and school-related employees within the District. Compensation and benefits for union employees are negotiated, subject to ratification by union membership and approval by the Board. There are currently 3,484 active employees and retirees enrolled in one of the District's health coverage plans. As of November 16, 2022, there are:

Member Type	Active Members	Active Dependents
Employees	2,271	2,851
Retirees	1,213	270

2.2. Procurement Overview

Through this solicitation, the District is seeking competitive and innovative solutions from experienced medical insurance companies. The minimum requirements outlined in this ITN are based on the current program, but the District is inviting creative solutions from interested vendors. The Successful Respondent's solution shall be all-inclusive of any supportive services required to smoothly and successfully operate the program.

To assist with the ITN process, the District has engaged Avail Benefits, LLC, to consult with the District as a subject matter expert. No Respondent, broker, or agent shall provide any commission, fee, or benefit to Avail for consideration for or concerning the services sought through this ITN.

Further, the District has a contract for Employee Benefits Brokerage and Consulting Services with HUB Public Risk (Broker Partner). The current contract is available at <https://www.leonschools.net/Page/2476>. Our Broker Partner will assist the District throughout the solicitation process and will be responsible for contract effectuation and management of the Contract.

2.3. Transition and Service Implementation

The District will work with the Awarded Respondent(s) to execute one (1) or more contracts for services soon after the award of this ITN. Respondents should have the ability to begin the implementation of services for Open Enrollment 2023, with coverage beginning October 1, 2023. If a Vendor is concerned about their ability to meet the District's anticipated timeline, this

should not dissuade them from submitting a Reply. Vendors should communicate their concerns and proposed timeline in TAB E of their Reply.

2.4. Contract Term

We anticipate that the Contract(s) will commence in May 2023. The expected Contract term and options to renew are:

Description	Time Period
Initial term of the Contract	Three (3) years, with an annual plan pricing finalized in June 2024 (Year 2) and in June 2025 (Year 3)
Optional Contract Renewal Term(s)	Up to three (3) years, or portions thereof
Maximum term of the Contract	Six (6) years

2.5. Goals and Objectives of the ITN

The District has specific goals relating to what it hopes to accomplish through this ITN and the new Contract(s). These include, but are not limited to the following:

- Provide the highest quality, comprehensive healthcare benefits to the District's Members, while maintaining affordability and cost efficiencies;
- Ensure a smooth transition/continuation of services from the current Contractor, to any new Contractor; minimizing disruption in the services provided;
- Determine what fully-insured or combination of fully-insured programs are in the best interest of the District and its Members;
- Determine what type of plan or combination of plan types is in the best interest of the District and its Members;
- Ensure competitive pricing throughout the term of the Contract, including guarding against unexpectedly high renewal rate increases;
- Establish innovative and effective claims cost containment strategies throughout the term of the Contract(s);
- Provide innovative and flexible solutions that will meet current and future needs of the District and its Members;
- Provide robust and detailed reporting to the District to support management oversight; and
- Expand the use of modern technology to enhance coverage and services and improve the Member experience.

2.6. Current Services

The District currently makes medical benefits available to eligible employees following the collective bargaining agreements between the District and the employees' unions. Coverage is also available to eligible retirees and dependents, including spouses and eligible children. Eligible employees and their dependents may continue their benefits while on an approved leave of absence by paying the full amount of the premiums. The District contributes at least 80% of single coverage premiums and at least 60% of two-person/family coverage premiums.

Two (2) coverage plans are currently available to Members: an HMO plan offered by Capital Health Plan and a PPO plan offered by Florida Blue. The District would like to continue to make available both an HMO plan option and a PPO plan option, but it is willing to consider alternative plan structures.

2.7. Scope of Work

The District is seeking an experienced health benefits provider to offer an HMO plan, a PPO plan, and/or an innovative alternative plan. Replies should specifically address the following service areas:

- a. **Plan Benefits**: The Contractor(s) shall provide coverage that meets or exceeds the coverage provided today. The District's current plans are included in the Benefits Guide linked in Section 1.2 of the ITN. Current census data for the District's plans is provided as Exhibit A.
- b. **Provider Network**: The Contractor(s) shall provide a robust and established provider network representing all major medical disciplines, diagnostic testing, laboratory testing, and prescriptions.
- c. **Utilization Management & Case Management**: The goal of utilization management (UM) and case management is to promote quality specialty and ancillary health care services for Members in the most efficient, timely, and cost-effective manner. This involves the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services and other resources. The Contractor shall ensure that their UM team effectively and efficiently manages the utilization of specialty health care services such as consultations, surgical procedures, diagnostic imaging, emergency room visits, outside hospital admissions, and durable medical equipment. Case management is a component of UM that oversees inpatient care and ensures that the patient's needs are being met with the most medically appropriate care for their current acuity level. It is vital to our Members that they receive quality care that is appropriate and medically necessary.
- d. **Preventative Health/Wellness Programs**: The Contractor shall provide a program that encourages healthy behaviours that lead to a better quality of life for Members, fewer healthcare encounters, and a reduction in the acuity level of encounters.
- e. **Member Engagement**: The Contractor(s) shall provide a Member Engagement program that addresses both the Contract transition and ongoing communications and support.
- f. **Claims Processing**: The Contractor(s) shall perform all aspects of claims processing, including receipt of claims, coordination of claims, reimbursement, adjudication, and payment.
- g. **Account Management**: The Contractor(s) shall provide engaged and responsive account management through a designated account manager or team. These duties include serving as a liaison to the District and our Broker Partner, ensuring invoices are correct, resolving escalated issues, meeting regularly with the Broker Partner and Contract Manager, and keeping the District abreast of changes or enhancements to technology or coverage. The Contractor's representative or team shall be available, as needed, for on-site meetings, with at least three (3) business days' notice.
- h. **Reporting**: The Contractor(s) shall provide the following reports by the date listed below. Ad-hoc report requests shall be fulfilled within three (3) business days of request. The Contract Manager and Broker Partner will work with the Contractor to finalize the format of the requested data within 30 days of Contract execution; however, Respondents are expected to provide most, if not all, of the information listed below.

Report #	Report Name	Due Date	Description
DEL-001	Quarterly Preventative Health Utilization	By the 5 th business day of each July, October, January, and April for the prior quarter	This report shall include the total available screening/preventative health benefits provided at no cost and how many are utilized each quarter, by Member ID, including gender, whether Member or Dependent and any other relevant information.
DEL-002	Quarterly High-Cost Claims	By the 5 th business day of each July, October, January, and April for the prior quarter	This report shall provide detailed information on the top 10% of claims, by Member ID, for the quarter. Claim costs should reflect actual costs after network discounts.
DEL-003	Quarterly Claims History	By the 5 th business day of each July, October, January, and April for the prior quarter	This report shall provide detailed information on all claims for the quarter, by Member ID. Claim costs should reflect actual costs after network discounts.
DEL-004	Quarterly Pharmacy Utilization	By the 5 th business day of each July, October, January, and April for the prior quarter	This report shall provide detailed information on all pharmacy utilization for the quarter, by Member ID. This should reflect costs, broken out by network discounts, manufacturer's discounts, Medicare contributions, etc.
DEL-005	Quarterly Wellness Program Utilization	By the 5 th business day of each July, October, January, and April for the prior quarter	This report shall provide detailed information on the quarterly utilization of the wellness program benefits.
DEL-006	Quarterly Denied Coverage	By the 5 th business day of each July, October, January, and April for the prior quarter	This report shall provide detailed information on all referrals, authorization requests, and prescriptions that were denied the prior quarter. This information shall include when the request was submitted, the patient's acuity level, the associated problem from the Member's Problem List, the status of the request, who reviewed the request, the reason for

Report #	Report Name	Due Date	Description
			the denial, if it was appealed, and if an alternative treatment plan was issued.
DEL-007	Annual Preventative Health Utilization	By the 10 th business day of July, for the period of July 1 st - June 30 th	This report shall include the total available screening/preventative health benefits provided at no cost and how many are utilized each year, by Member ID, including gender, whether Member or Dependent and any other relevant information.
DEL-008	Annual High-Cost Claims	By the 10 th business day of July, for the period of July 1 st - June 30 th	This report shall provide detailed information on the top 10% of claims, by Member ID, for the year. Claim costs should reflect actual costs after network discounts.
DEL-009	Annual Claims History	By the 10 th business day of July, for the period of July 1 st - June 30 th	This report shall provide detailed information on all claims for the year, by Member ID. Claim costs should reflect actual costs after network discounts.
DEL-010	Annual Medical Loss Ratios	By the 10 th business day of July, for the period of July 1 st - June 30 th	This report shall show the annual proportion of premium revenues spent on clinical services and quality improvement for Members.
DEL-011	Annual Pharmacy Utilization	By the 10 th business day of July, for the period of July 1 st - June 30 th	This report shall provide detailed information on all pharmacy utilization for the year, by Member ID. This should reflect costs, broken out by network discounts, manufacturer's discounts, Medicare contributions, etc.
DEL-012	Annual Wellness Program Utilization	By the 10 th business day of July, for the period of July 1 st - June 30 th	This report shall provide detailed information on the yearly utilization of the wellness program benefits.
DEL-013	Annual Denied Coverage	By the 10 th business day of	This report shall provide detailed information on all referrals, authorization

Report #	Report Name	Due Date	Description
		July, for the period of July 1 st - June 30 th	requests, and prescriptions that were denied the prior year. This information shall include when the request was submitted, the patient's acuity level, the associated problem from the Member's Problem List, the status of the request, who reviewed the request, the reason for the denial, if it was appealed, and if an alternative treatment plan was issued.

2.8. Performance Monitoring

The District may utilize any or all of the following methodologies in monitoring the Respondent's performance under the Contract and in determining compliance with Contract terms and conditions:

- Desk reviews of records related to group health insurance benefits, coverage, and claims (shall include any documents and databases pertaining to the Contract and may be based on all documents and data or a sampling of same, whether random or statistical);
- On-site reviews of Contract records maintained at the Contractor's business location;
- Interviews with the Contractor, Broker Partner, or District staff;
- Site Visits; and
- Bi-annual and annual audits.

The Contract Manager will provide a written monitoring report to the Contractor within three (3) weeks of a monitoring visit. Non-compliance issues identified by the Contract Manager will be described in detail to provide the Respondent the opportunity for correction, where feasible.

Within 10 calendar days of receipt of the District's written monitoring report (which may be transmitted by email), the Contractor shall provide a formal Corrective Action Plan (CAP) to the Contract Manager (email acceptable), in response to all noted deficiencies to include responsible individuals and required time frames for achieving compliance. Unless specifically agreed upon in writing by the Contract Manager time frames for compliance shall not exceed 30 calendar days from the date of receipt of the monitoring report by the Contractor. CAPs that do not contain all information required shall be rejected by the Contract Manager in writing (email acceptable). The Contractor shall have 15 calendar days from the receipt of such written rejection to submit a revised CAP; this will not increase the required time for achieving compliance. All noted deficiencies shall be corrected within the time frames identified in the CAP, or as amended with prior approval of the District. If deficiencies are not corrected within the approved timeframe, the District will impose a financial consequence of \$5,000 per day until corrected. The Contract Manager may conduct follow-up monitoring at any time to determine compliance based upon the submitted CAP.

SECTION 3: Procurement Rules and Information

3.1. Contents and Format of Technical Reply Submittals

Replies are to be organized in TABs as directed below. Respondents shall include all the requested information in each TAB or their Reply may be deemed non-responsive. Additionally, information included in the incorrect section or exceeding the page limitations may not be scored by the District's evaluation team.

a. **TAB A Overview** (limit 15 pages)

1) **Cover Letter**

A cover letter on the Respondent's letterhead with contact information and the name and signature of the representative of the responding organization, authorized to legally obligate the Respondent to provide the services requested. The cover letter must state that the Respondent agrees to provide the services as described in their Reply and the ITN.

2) **Executive Summary**

An executive summary of the Respondent's Reply. The executive summary will describe the overall solution, cost methodology, assumptions, and innovative ideas the Respondent proposes in a concise and meaningful manner. Do not include pricing information in the executive summary.

3) **Financial Interest**

Please include a list of any Board/District employees or officials that have a material financial interest (over 5%) using Attachment III, Section 2. Please include the employee/official's name, title/position, and the date they filed the required Conflict of Interest Statement with the Leon County Supervisor of Elections before the Reply Opening.

4) **Required Forms**

Respondents shall complete the following forms, as appropriate, and include them in **TAB A**.

- The completed, notarized Attachment II, Required Provisions Certification, signed by the authorized representative who signs the above-mentioned cover letter;
- Documentation from the State of Florida Office of Insurance Regulation supporting active licensure;
- Documentation from Best's Credit Ratings supporting a rating of AM Best;
- Completed Application for Vendor Status, and associated forms (if Respondent is not already registered with the District)
(<https://www.leonschools.net/cms/lib/FL01903265/Centricity/Domain/195/FORMS/Application%20for%20Vendor%20Status-ACH%20forms%20FEB%202021.pdf>);
- Attachment III, Notice of Conflict of Interest;
- Attachment IV, Vendor Contact Information; and
- The completed, notarized, Attachment VI, Local Preference Affidavit (if applicable).

b. **TAB B Experience and Organization** (limit 50 pages)

1) **References**

Using Attachment V, Respondent's Reference Form, Respondents shall provide at least three (3), but no more than five (5), references from businesses or governmental agencies for whom the Respondent has provided services of similar scope and size to the services identified in this ITN. References should reflect current experience and must be able to support the experience requirements of this ITN. To qualify as current experience, services described by references shall be ongoing or shall have been completed within the 12 months preceding the issuance date of this ITN.

The references shall be completed and signed by the individual offering the reference, and certified by a notary public, utilizing Attachment V, Respondent's Reference Form for References. Reference(s) shall identify the type of services provided by the Respondent, dates of service provision, the firm/agency name of the entity for which the services were provided, and the reference provider's current telephone number and address. Reference(s) shall include a paragraph describing services similar in magnitude and scope to those requested in the ITN. **Current or former employees of the District or current or former members of the Board may not be used and will not be accepted as references if speaking to the services rendered to the District.** The District reserves the right to contact reference sources listed or not listed in the Respondent's Reply and to consider references when determining best value.

2) **Prior Work Experience**

i. **Narrative/Record of Past Experience**

As indicated in Section 1.4(j) of this ITN, it is a Mandatory Responsiveness Requirement that the Respondent has at least three (3) years, within the last five (5) years, of business/corporate experience in providing medical benefits coverage to commercial or governmental clients. Details of the Respondent's experience that meets this requirement shall be provided in narrative form and with enough detail for the District to determine its complexity and relevance. Specifically, Respondents shall include:

- A description of experience providing services similar in nature to the services sought in this ITN;
- The specific length of time the Respondent has provided similar services, and where services were provided;
- All current or prior (within three (3) years) federal, State, or government contracts for the provision of related services, including a description of the specific services provided, census of those covered (broken out into members and dependents, active and retired, as applicable);
- All current or prior (within three (3) years) school district contracts for the provision of related services, including a description of the specific services provided, census of those covered (broken out into members and dependents, active and retired, as applicable);

- A narrative summary of contract performance in all of the above-identified contracts, self-disclosing any identified performance deficiencies and the assessment of financial consequences or liquidated damages;
- The name(s), telephone number(s), and address(es) for the specified federal, State, or government contract manager(s);
- A summary of any exemplary or qualitative findings, recommendations, or other validations, which demonstrate operational experience. (i.e., specialized accreditation, grant awards, etc.); and
- A list of all contracts within the last five (5) years that were terminated before the natural expiration of the contract term, both those related to performance issues and those for any other reason, along with an explanation of the circumstances related to the termination.

ii. Disputes

Respondents shall identify all contract disputes they (or their affiliates, subcontractors, agents, etc.) have had with any customer within the last three (3) years, relating to contracts under which they provided services similar in nature to those described herein. This shall include any circumstance involving the performance or non-performance of a contractual obligation that resulted in (i) identification by the contract customer that the Respondent was in default or breach of a duty under the contract or not performing obligations as required under the Contract; (ii) the issuance of a notice of default or breach; (iii) the institution of any judicial or quasi-judicial action against the Respondent as a result of the alleged default or defect in performance; or (iv) the assessment of any fines, liquidated damages, or financial consequences. Respondents must indicate whether the disputes were resolved and, if so, explain how they were resolved.

iii. Subcontractor Information

If the Respondent plans to use subcontractors to provide any performance under the Contract, the Respondent shall include detailed information for all subcontractors with whom it plans on contracting. This information shall be provided using Attachment VII, Subcontracting Form. This information shall, at a minimum, include the following: name, contact information, the service(s) subcontractor will be providing under the prospective contract, the number of years the subcontractor has provided services, projects of similar size and scope to the Services sought via this ITN the subcontractor has provided, and all instances of contractual default or debarment (as a prime or subcontractor) the subcontractor has had in the past five (5) years.

3) Staffing Plan

The Respondent shall describe all staff assigned to the Contract, including an organizational chart outlining the hierarchy of key personnel for the Contract proposed under this ITN. The Respondent shall also provide job descriptions for all account management positions assigned to the Contract. If a position is not dedicated full-time to the proposed Contract, the percentage of time should be noted on the Staffing Plan.

c. TAB C Description of Solution (limit 25 pages)

The Respondent shall describe the following:

- Its understanding of the District's current coverage benefits;
- Its understanding of the District's goals and objectives of this ITN;
- How its recommended approach will meet the ITN's goals and objectives;
- Any risks or challenges it recognizes related to the District's goals, requirements, or current operations;
- How it will ensure quality services are provided while ensuring costs are managed appropriately;
- How it will focus on member engagement and customer service;
- Its approach differentiators;
- Its approach to transition/service implementation; and
- Why its solution represents the best value for the District.

d. TAB D Service Area Detail (limit 150 pages)

Respondents shall use this TAB to describe, in detail, their proposed solution and how services will be provided, organized by the following service areas. This shall include all methodologies, plans, resources, technological tools, and operational processes. This section should include value-added services or deliverables it will provide the District or its Members at no additional cost. This section should also include any exceptions or proposed modifications to the standard Contract Terms and Conditions included in Section 4 of this ITN.

Respondents shall also provide the following information or, if the Respondent is unable to provide or the requested information is not applicable, include a brief explanation of why.

1) Plan Benefits

- i. A summary of its proposed HMO and PPO plan(s)
- ii. Complete Attachment VIII, Benefits Comparison Table, to allow the District to evaluate its current PPO and HMO benefit plans against other available PPO and HMO benefit plans. If there are any other differences between its proposed PPO and HMO plans and the current PPO and HMO benefit plans which are not captured by the Benefits Comparison Table, the Respondent shall identify those differences by adding additional sheets behind the Benefits Comparison Table.

2) Provider Network

- i. Provide a complete list, in alphabetical order, of its network providers located in the following Florida counties: Leon, Gadsden, Jefferson, and Wakulla. All providers on these lists should be available to provide services to Members.
- ii. Provide a list of all network speciality care facilities/providers outside of the geographic coverage area, such as UF Health Shands Hospital, Moffitt Cancer Center, or the Mayo Clinic, and any limitations on patient care or special referral processes to receive coverage at the listed facilities/providers.

- iii. Provide a Top 25 Provider Network List of the top in-network providers based on annual claims payments.
- iv. Identify all available network discounts.
- v. Describe the strengths and weaknesses of its provider network.
- vi. Describe the process for contracting and on-boarding new providers.
- vii. Provide a Top 25 Prescription Coverage List of the top in-network/preferred pharmaceuticals based on annual claims payments.

3) Utilization Management & Case Management

The Respondent shall describe its approach to UM and case management, including:

- An overview of what benefits require a referral (or prior authorization);
- The process used to review and authorize referrals;
- The appeals process for referrals that are denied;
- The process for reviewing inpatient care to determine it is the most appropriate placement;
- Step-down care options including rehabilitation, home health services, and outpatient treatment; and
- The software and tools used to review referrals and requests.

4) Preventative Health/Wellness Programs

The Respondent shall describe their approach to preventative health and wellness initiatives and programs, including:

- How programs are communicated and promoted to Members;
- Benefits of the program to Members;
- The health conditions targeted by the program, such as diabetes, smoking cessation, weight management, etc.; and
- How the program is monitored, what metrics define success, and how this information will be utilized by the Contractor's account management team and communicated to the Board.

5) Member Engagement

- i. Include a Member Communication Plan, describing the plan materials and how the Respondent intends to provide Members with complete, current, and accurate information about their benefits or ways to improve their health.
 - Provide sample communications and promotional materials.
 - Describe whether it will conduct Benefit Fairs. If so, provide details on location, frequency, and what is included in the event. Other than providing a location and basic utilities that are readily available at the location, the Contractor shall be

responsible for all costs associated with conducting Benefit Fairs or on-site events, including clean-up.

- ii. Describe and provide examples and pictures, as appropriate, of all tools that are available to Members to monitor their healthcare and their benefits. This includes web-based and mobile applications and integration with wearable devices such as Apple Watches and FitBits.
- iii. Describe how the Respondent intends to engage with the Broker Partner on Member communication and education.
- iv. Describe how Members can:
 - Access relevant brochures and forms;
 - Order ID cards and display ID cards using a mobile application or mobile-optimized website;
 - Access preventative educational information;
 - Access general health and chronic disease information;
 - Complete health risk assessments;
 - Communicate with customer support; and
 - Locate network providers and facilities.

6) Claims Processing

Each Respondent shall include the following when describing its approach to claims processing:

- Its training, minimum qualifications, experience, and turnover of medical claims processors;
- Targets and actual statistics for clean claims processing turnaround time and accuracy (year-to-date);
- Threshold under which claims processors can approve a claim for payment;
- Coordination of benefits process;
- Methodology for reimbursing an out-of-network hospital provider (radiologists, pathologists, anaesthesiologists, etc.);
- Process and tools used to ensure claims are processed accurately and timely;
- Processes to identify fraudulent claims, abuse, and other fraudulent actions;
- Procedure for handling emergency admissions requests;
- Procedures for handling and resolving claim inquiries from Members; and
- Procedure for resolving errors, including overpayments.

7) Account Management

The Respondent shall describe its approach to account management, including:

- What positions will be assigned to the Account Management function/team;
- Job descriptions for those assigned positions;
- Identifying the proposed Contractor Representative, their resume, and position within the organizational structure;
- How the relationship with the Broker Partner and District will be managed; and
- Describing what differentiates the Respondent from other companies in terms of Account Management.

e. **TAB E Implementation and Transition Plan** (limit 25 pages)

To ensure complete and successful implementation of services, and a smooth transition to the Contract(s), the Successful Respondent shall provide a preliminary Implementation and Transition Plan (Plan). This Plan shall outline key activities that must be completed while working with the Board and the current contractor during a transition period. Each Respondent shall describe in detail their Plan for:

- Onboarding of resources;
- Implementing new services, by service area;
- Provider network set-up with the most advantageous discount rates, if applicable;
- Introduction to District stakeholders;
- Member communication and onboarding focused on minimizing the disruption of a transition to Members and their dependents;
- The transition of services from current healthcare providers that may be out-of-network; and
- Other required service operation transition services.

f. **TAB F Additional Ideas for Improvement, Innovation, Cost Reduction, and Supplemental Materials** (limit 35 pages)

In TAB F of its Reply, each Respondent is invited to elaborate on innovative solutions, additional ideas, pricing models, plan structures, or tools for service improvements that are not specifically addressed in TABs B – E but may be made available via the Respondent's offering and the potential benefits to the Board that each would bring. The District is interested in ideas or tools that will provide the highest level of performance and operational efficiencies. Each Respondent must describe, in detail, all additional features, capabilities, or services that it will provide in the additional features section. **Actual proposed pricing shall only be provided using Attachment I, Rate Information Sheet.**

3.2. **Contents and Format of Cost Reply Submittals**

Each Respondent shall complete and submit Attachment I, Rate Information Sheet, indicating pricing for the Contract's initial term. The Rate Information Sheet shall **NOT** be included in the Respondent's Technical Reply. The Cost Replies shall be provided in a separate, sealed

envelope. This envelope may be included in the shipping package with the Respondent's Technical Replies; however, it must be separately sealed within the package. While factors that contribute to cost may be discussed in the Respondent's Reply, actual pricing shall only be included in the Cost Reply. Inclusion of price information in the Technical Reply may result in finding the Reply non-responsive. Cost points will be awarded based on Attachment I, as described in Section 3.3 and Attachment IX of this ITN. The District may request that Respondents submit alternate pricing models during the Negotiation Phase of the ITN process.

Each Cost Reply shall include:

- Attachment I, Rate Information Sheet;
- Total cost to the District and Members, both with and without optional services;
- Any pooling point and associated costs;
- Any profit-sharing programs offered;
- Any wellness funds offered;
- Any rate guarantees available;
- The credibility factor used (e.g., manual blend at 75% or fully credible);
- Any cost assumptions such as plan structure, exclusivity, etc.
- What levels and amounts of network discount, claims target guarantees and performance guarantees or medical loss ratio (MLR) reimbursements are available to provide the best value; and
- The renewal rating process and methodology proposed, including the timeline of renewal calculations and offer.

3.3. Reply Evaluation and Negotiation Process

The ITN process is used to determine the best method for achieving a specific goal or solving a particular problem and identifies one or more responsive Respondents with which the District may negotiate to receive the best value.

This process involves two (2) phases; the Evaluation Phase and the Negotiation Phase. After Replies are received, responsive Replies will be reviewed using the Evaluation Criteria, specified in Attachment IX, by an Evaluation Team designated by the District. Cost Replies will be evaluated by the LCS Purchasing Office using the Cost Evaluation Criteria on Attachment IX. Scores will be combined, establishing the Respondent's overall score (including the Technical and Cost Score). The overall scores will be reviewed to establish a competitive range of Replies reasonably susceptible of an award. The District, at its sole discretion, will determine which of those Respondents, if any, with which to proceed to the Negotiation Phase. After negotiations are conducted, the Board will award the contract to the Responsible Respondent who it determines will provide the best value to the Board, based on the Selection Criteria in this ITN.

a. Evaluation Phase Methodology

The designated Evaluation Team members will individually and independently review and evaluate each Reply on each of the following Technical Evaluation sections, per the criteria included in Attachment IX.

Technical Evaluation Section	Available Points (scored by Evaluators)	Weight	Weighted Available Points
References and Prior Work Experience	1-5	10%	100
Description of Solution and Innovation	1-5	10%	100
Plan Benefits Service Area Detail	1-5	20%	200
Provider Network Service Area Detail	1-5	20%	200
Utilization Management Services Area Detail	1-5	10%	100
Preventative Health/Wellness Program Service Area Detail	1-5	5%	50
Member Engagement Service Area Detail	1-5	5%	50
Claims Processing Service Area Detail	1-5	5%	50
Account Management Service Area Detail	1-5	5%	50
Reporting Service Area Detail	1-5	10%	100
TOTAL		100%	1,000

Evaluation Team members will assign a score of 1–5 (using **no fractions or decimals**) to each Technical Evaluation Section. The Evaluation Team members must include a written comment justifying any score other than 3 (adequate).

The table below provides scoring guidelines to be used by Evaluation Team members when allocating Technical Evaluation points:

Assessment	Scoring Guidelines	Evaluator Score
Poor	Reply fails to address the component or it does not describe any experience related to the component; OR Reply is inadequate in most basic requirements, specifications, or provisions for the specific criteria.	1
Marginal	Reply minimally addresses the requirements; one or more major considerations of the component are not addressed or are so limited that it results in a low degree of confidence in the Respondent's response or proposed offering; OR Reply meets many of the basic requirements specifications, or provisions, but is lacking in some essential respects for the specific criteria.	2
Adequate	Reply adequately meets the minimum requirements, specifications, or provisions, and is generally capable of meeting the District's needs for specific criteria.	3
Good	Reply more than adequately meets the minimum requirements, specifications, or provisions, and exceeds those requirements in some respects for the specific criteria.	4

Assessment	Scoring Guidelines	Evaluator Score
Excellent	Reply fully meets all minimum requirements, specifications, and provisions and exceeds the requirements in most aspects for the specific criteria.	5

The Technical Evaluation scores received from each Evaluation Team member will be multiplied by their assigned weight. For each Respondent's Reply, their Technical Reply scores from all Evaluation Team members will be averaged to obtain the Respondent's weighted Final Technical Evaluation Score. The District will combine the Respondent's Final Technical Reply Score and the Respondent's Final Cost Reply Score to determine the Respondent's Final Evaluation Score.

The Final Evaluation Scores for all Respondents will be used to rank the Replies (Reply with the highest score = 1, the second-highest = 2, etc.). The ranking of Replies will be used to establish a competitive range to determine which Respondents may be invited to participate in the Negotiation Phase. At the District's determination, Responsive Respondent(s) will be invited to the Negotiation Phase based upon their Final Evaluation Scores. Respondents are cautioned to propose the best possible offers in its initial Replies, as failing to do so may result in the Respondent not being selected to proceed to the Negotiation Phase.

b. Negotiation Phase Methodology

In the Negotiation Phase, the Respondent's negotiators will meet with the District's designated Negotiation Team to negotiate rates/pricing/costs and Contract terms and conditions, as applicable to the services being procured through this ITN. Respondents should be prepared, if invited, to participate in on-site negotiations with the District's Negotiation Team located in Tallahassee, Florida. By submitting a Reply, a Respondent agrees to be bound to the terms of Section 4 – Contract Terms and Conditions. Respondents should assume these terms will apply during the Contract term, but the District reserves the right to negotiate different terms, requirements, or compensation models, pricing, and conditions if the District determines that it provides the best value to the District or its Members.

Reservation of Rights

The District reserves the right to negotiate with any or all Responsive and Responsible Respondents, consecutively or concurrently, to determine the best value for a recommendation of award. During the Negotiation Phase, the District reserves the right to exercise the following rights. This list is not exhaustive.

- 1) Schedule additional negotiation sessions with any or all Responsive Respondents.
- 2) Require any or all Responsive Respondents to provide additional revised or final written Replies addressing specified topics.
- 3) Require any or all Responsive Respondents to provide a written Best and Final Offer (BAFO).
- 4) Require any or all Responsive Respondents to address services, prices, or conditions offered by any other vendor.

- 5) Pursue a Contract with one or more Responsive Respondents for the services sought in this ITN and any addenda thereto, and request additional, revised, or final BAFOs.
- 6) Pursue the division of Contracts between Responsive Respondents by plan type, member type, geographic area, or any other criterion the District determines is in its best interest.
- 7) Arrive at an agreement with any Responsive Respondent, finalize principal Contract terms with such Respondent, and terminate negotiations with any or all other Respondents.
- 8) Decline to conduct further negotiations with any Respondent.
- 9) Re-open negotiations with any Respondent.
- 10) Take any additional administrative steps deemed necessary in determining the final award, including additional fact-finding, evaluation, or negotiation when necessary and consistent with the terms of this solicitation.
- 11) Review and rely on relevant information contained in the Replies received from any Respondent.
- 12) Review and rely on relevant portions of the evaluations conducted.
- 13) Reject any and all Replies if the District determines such action is in the best interest of the District.
- 14) Negotiate simultaneously or separately with competing Respondents.
- 15) Accept portions of a competing Respondent's Reply and merge such portions into one project, including contracting with the interested entities offering such portions.
- 16) Utilize subject matter experts, subject matter advisors, and multi-governmental entities advisors to assist the Negotiation Team.
- 17) Contact other clients of the Respondent whether the Respondent submitted them as a reference, with or without informing the Respondent.
- 18) Visit a site where the Respondent is currently providing goods or services, with or without inviting the Respondent to participate.

The District has sole discretion in deciding whether and when to take any of the foregoing actions, the scope, and manner of such actions, the Responsive Respondent(s) affected, and whether to provide concurrent public notice of such decision(s).

Before award, the District reserves the right to seek clarifications, request Reply revisions, and request any information deemed necessary for proper evaluation of Replies. Respondents that proceed to negotiations will be required to make an in-person presentation/demonstration and may be required to provide additional references, an opportunity for a site visit, etc. The District reserves the right to require attendance by particular representatives of the Respondent. Any written summary of presentations or demonstrations provided by the Respondent shall include a list of persons attending on behalf of the Respondent, a copy of the agenda, copies of all visuals or handouts, and shall become part of the Respondent's Reply. Failure to provide requested information may result in rejection of the Reply.

As part of the negotiation process, the District will review references as described in Section 3.1, b., and assess the extent of success of the projects associated with those references.

The District also reserves the right to contact references provided or not provided by the Respondent. Respondents may be required to provide additional references. The results of the reference checking may influence any final negotiations and selection of the Respondent.

3.4. Final Selection and Notice of Intent to Award

The focus of the Negotiation Phase is to achieve the solution that satisfies the District's primary goals as identified in Section 2.5 of this ITN while providing the best value to the District, based upon the selection criteria listed below.

a. Selection Criteria

- 1) The Respondent's articulation of its overall approach to providing the requested services;
- 2) The innovation of the Respondent's approach to providing the services;
- 3) The Respondent's articulation of its solution and its ability to implement and execute the solution to meet the goals and objectives of this ITN;
- 4) The Respondent's demonstrated ability to provide comprehensive quality services cost-effectively and affordably;
- 5) The strength of the Respondent's network and the ability to provide Member services with minimal disruption;
- 6) The Respondent's experience in providing the services being procured and the maturity of its solution and offering;
- 7) How the Respondent's approach satisfies the goals identified herein;
- 8) The Respondent's approach to minimizing the risk to the District of future rate/price changes and the predictability of the renewal process; and
- 9) The value of the Respondent's proposed rates/pricing and any offered Value-Added Services.

b. Best and Final Offers (BAFOs) and Award Decision

After the Negotiation Phase, the District will issue a written Request for Best and Final Offer(s) (RBAFO) to one (1) or more of the Respondents who participated in negotiations.

At a minimum, based upon the negotiation process, BAFOs must contain:

- 1) A revised Description of Solution;
- 2) All negotiated terms and conditions; and
- 3) A final Cost Reply.

Each BAFO will be submitted to the District for review by the Negotiation Team. Thereafter, the Negotiation Team will meet in a public forum to make a recommendation of award to the Offer that they determine constitutes the best value to the District, based upon the Selection Criteria. In so doing, the Negotiation Team is not required to score any Respondent's BAFO but will base their recommendation on the foregoing Selection Criteria. The score from the Evaluation Phase will not carry over into the Negotiation phase, and the Negotiation Team will not be bound by any Evaluation Phase scores. The Procurement Officer will prepare a report to the Leon County School Board regarding the recommendation of the Negotiation Team.

The District does not anticipate re-opening negotiations after receiving BAFOs but reserves the right to do so if it is in the best interest of the District.

3.5. Advertising Notice of Board Decision

The Negotiation Team will send its award recommendation to the Board. The Board will make the final award decision whether to reject all replies or award the ITN to the Respondent(s) who provides the best value, based on the Selection Criteria, taking into consideration the award recommended by the Negotiation Team.

The Notice of Board Decision will be advertised on or about the date shown in the Timeline and will remain posted for a period of 72 hours (Saturdays, Sundays, and District holidays shall be excluded in the computation of the 72-hour period).

3.6. No Prior Involvement and Conflicts of Interest

Any Respondent who participated through decision, approval, disapproval, recommendation, preparation of any part of the purchase, influenced the content of the solicitation, rendered advice, investigated, audited, or served in any other advisory capacity, is ineligible to participate in this solicitation.

Additionally, no Respondent shall compensate in any manner, directly or indirectly, any officer, agent, or employee of the District for any act or service which he/she may do, or perform for, or on behalf of, any officer, agent, or employee of the Respondent. No officer, agent, or employee of the District or Board shall have any interest, directly or indirectly, in any Contract or purchase made, or authorized to be made, by anyone for, or on behalf of, the Board. The Respondent shall have no interest, and shall not acquire any interest that shall conflict in any manner or degree with the performance of the services required under this ITN.

Certification and acceptance of this provision is incorporated in Attachment II, Required Provisions Certification.

3.7. Confidentiality, Proprietary, or Trade Secret Material

The District takes its public records responsibilities as provided under Chapter 119, F.S. and Article I, Section 24 of the Florida Constitution, very seriously. If the Respondent considers any portion of the documents, data, or records submitted in response to this solicitation to be confidential, trade secret, or otherwise not subject to disclosure under Chapter 119, F.S., the Florida Constitution, or other authority, the Respondent must also simultaneously provide the District with a separate redacted copy of its Reply and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy shall contain the District's solicitation name, number, and the name of the Respondent on the cover, and shall be clearly titled "Redacted Copy." The redacted copy shall be provided to the District at the same time the Respondent submits its Reply to the solicitation, and must only exclude or redact those exact portions which are claimed confidential, proprietary, or trade secret. The Respondent shall be responsible for defending its determination that the redacted portions of its response are confidential, trade secret, or otherwise not subject to disclosure. Further, the Respondent shall protect, defend, and indemnify the District for any and all claims arising from or relating to Respondent's

determination that the redacted portions of its response are confidential, proprietary, trade secret, or otherwise not subject to disclosure. If the Respondent fails to submit a Redacted Copy with its Reply, the District is authorized to produce the entire documents, data, or records submitted by the Respondent in answer to a public record request for these records. In no event shall the District, Board, or any of its employees or agents, be liable for disclosing, or otherwise failing to protect, the confidentiality of information submitted in response to this solicitation.

3.8. Small Business Participation

The Board established the Small Business Development Program to support innovative race and gender-neutral strategies to promote small business participation per Board Policy 6325.

3.9. Local Business Preference

This ITN, in the evaluation phase, is subject to the local preference provisions specified in Board Policy 6450.

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SECTION 4: Contract Terms and Conditions

4.1. Contract Modifications

During the term of the Contract, the District may unilaterally require changes (altering, adding to, or deducting from the specifications) provided such changes are within the general scope of this solicitation. The District and the firm will enter into negotiations for the annual plan pricing for the coverage years beginning October 1, 2024, and October 1, 2025.

Any changes, other than purely administrative changes or otherwise stated in the Contract, will require a written change order or formal Contract amendment.

4.2. Use by Other Public Agencies

Pursuant to their own governing laws, and subject to the agreement of the Contractor, other entities may be permitted to make purchases at the terms and conditions contained herein. Any such purchases are independent of the agreement between the District and Contractor, and the District shall not be a party to any transaction between the Contractor and any other purchaser.

The District hereby notifies interested parties that the Florida Department of Management Services purchasing agreements and state term contracts have been reviewed for the goods and services contemplated by this solicitation and the District has determined conducting our own solicitation is in our best interest.

4.3. Travel Expenses

The District shall not be responsible for the payment of any travel expenses incurred by Respondents due to this ITN or Contract.

4.4. E-Verify

Per Executive Order 11-116, "The provider agrees to utilize the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.gov/employers>, to verify the employment eligibility of all new employees hired during the contract term by the Provider. The Provider shall also include a requirement in subcontracts that the subcontractor shall utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term." Contractors meeting the terms and conditions of the E-Verify System are deemed to comply with this provision.

Beginning January 1, 2021, every public employer, contractor, and subcontractor shall register with and use the E-Verify system to verify the work authorization status of all newly hired employees. A public employer, contractor, or subcontractor shall not enter into a contract unless each party to the contract registers with and uses the E-Verify system per Section 448.095, F.S.

4.5. Subcontracts

The Contractor may, only with the prior written consent of the District, enter into written subcontracts for the delivery or performance of services as indicated in this ITN. Anticipated subcontract agreements known at the time of Reply submission must be identified in the submitted Reply using Attachment VII, Subcontracting Form. If a subcontract has been identified at the time of submission, a copy of the proposed subcontract must be submitted to the District.

No subcontract, which the Contractor enters into concerning the performance of any of its functions under the Contract, shall in any way relieve the Contractor of any responsibility for the performance of its duties. All subcontractors, regardless of function, providing services on District property, shall comply with the District's security requirements, as defined by the Board, including background checks, compliance with Board Policy 2.021, the Jessica Lunsford Act, and all other Contract requirements. All payments to subcontractors shall be made by the Contractor.

If a subcontractor is utilized by the Contractor, the Contractor shall pay the subcontractor within seven (7) working days after receipt of full or partial payments from the District, per Section 287.0585, F.S. It is understood, and agreed that the District shall not be liable to any subcontractor for any expenses or liabilities incurred under the subcontract and that the Contractor shall be solely liable to the subcontractor for all expenses and liabilities under the Contract. Failure by the Contractor to pay the subcontractor within seven (7) working days will result in a penalty to be paid by the Prime Contractor to the subcontractor in the amount of one-half ($\frac{1}{2}$) of one percent (1%) of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen percent (15%) of the outstanding balance due.

4.6. Background Screening Requirements

Florida Statutes contain certain fingerprinting and/or screening requirements pertaining to all persons or entities entering into contracts with Schools, School Boards, School Districts, and Charter Schools who may have personnel who will be on school grounds when students may be present. Any individual who fails to meet the statutory requirements shall not be allowed on school grounds. Failure to comply with the statutory requirements will be considered a material default of this Contract. The Contractor shall bear all costs associated with background screening.

District Contact

Donald Kimbler

Office of Safety & Security

Leon County Schools

Monday-Friday (excluding District holidays), 8:00 a.m. – 5:00 p.m.

Phone: (850) 487-7293

Email: kimblerd@leonschools.net

4.7. Insurance

The Respondent shall obtain insurance to cover those liabilities which are necessary to provide reasonable financial protection for the Respondent and the District under any Contract resulting from this ITN. This shall include but is not limited to, workers' compensation, general liability, and property damage coverage. The District must be an additional named insured on the Respondent's insurance related to the Contract. Upon the execution of the Contract, the Contractor shall furnish the Contract Manager with written verification of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The District reserves the right to require additional insurance where appropriate.

4.8. Copyrights, Right to Data, Patents, and Royalties

Where contracted activities produce original writing, sound recordings, pictorial reproductions, drawings, or other graphic representation and works of any similar nature, the District has the right to use, duplicate and disclose such materials in whole or in part, in any manner, for any purpose whatsoever and to have others acting on behalf of the District to do so.

The District shall have unlimited rights to use, disclose or duplicate, for any purpose whatsoever, all information and data developed, derived, documented, or furnished by the Respondent. All computer programs and other documentation produced as part of the Contract shall become the exclusive property of the District, and may not be copied or removed by any employee of the Contractor's without express written permission of the District.

The Contractor, without exception, shall indemnify, and save harmless the District, the Board, and its employees from liability of any nature or kind, including costs and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or supplied by the Vendor. The Vendor has no liability when such claim is solely and exclusively due to the combination, operation, or use of any article supplied hereunder with equipment or data not supplied by the Contractor or is based solely and exclusively upon the District's alteration of the article. The District will provide prompt written notification of a claim of copyright or patent infringement, and will afford the Contractor the full opportunity to defend the action, and control the defense of such claim.

Further, if such a claim is made or is pending, the Contractor may, at its option and expense, procure for the District the right to continue the use of, replace, or modify the article to render it non-infringing. If none of the alternatives are reasonably available, the District agrees to return the article to the Contractor upon its request and receive reimbursement, fees, and costs, if any, as may be determined by a court of competent jurisdiction. If the Contractor uses any design, device, or materials covered by letter, patent or copyright, it is mutually agreed and understood without exception that the Contract prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work to be performed hereunder.

4.9. Independent Contractor Status

The Successful Respondent shall be considered an independent contractor in the performance of its duties, and responsibilities. The District shall neither have nor exercise any control or direction over the methods by which the Contractor shall perform its work and functions other than as provided herein. Nothing is intended to, nor shall be deemed to constitute, a partnership or a joint venture with the Contractor(s).

4.10. Contact with Students

No Contractor staff, subcontractors, suppliers, or anyone involved in any manner with providing goods or services under the Contract(s) shall have direct or indirect contact with students at school sites. A violation of this provision shall result in immediate termination of the offender and issuance of a trespass notice from the Board. The Contractor shall be responsible for ensuring

compliance by all employees, independent contractors, subcontractors, or other persons involved in any manner with providing goods or services under the Contract(s).

4.11. Assignment

The Contractor shall not assign its responsibilities or interests to another party without the prior written approval of the District. The Board shall, at all times, be entitled to assign or transfer its rights, duties, and obligations to another governmental entity of the State of Florida, upon giving written notice to the Contractor.

4.12. Force Majeure

Neither party shall be liable for loss or damage suffered as a result of any delay or failure in performance under the Contract or interruption of performance resulting directly or indirectly from acts of God, fire, explosions, earthquakes, floods, water, wind, lightning, civil or military authority, acts of public enemy, war, riots, civil disturbances, insurrections, strikes, or labor disputes.

4.13. Severability

The invalidity or unenforceability of any particular provision shall not affect the other provisions hereof and shall be construed in all respects as if such invalid or unenforceable provision was omitted, so long as the material purposes can still be determined and effectuated.

4.14. Reservation of Rights

The District reserves the exclusive right to make certain determinations regarding the service requirements. The absence of the District setting forth a specific reservation of rights does not mean that any provision regarding the services to be performed is subject to mutual agreement. The District reserves the right to make any and all determinations exclusively which it deems are necessary to protect the best interests of the District and the health, safety, and welfare of the District's employees, and of the general public which is served by the Board, either directly or indirectly, through these services.

4.15. Americans with Disabilities Act

The Respondent shall comply with the Americans with Disabilities Act (ADA). In the event of the Respondent's noncompliance with the non-discrimination clauses, the ADA, or with any other such rules, regulations, or orders, the Contract may be canceled, terminated, or suspended in whole or in part, and the Respondent may be declared ineligible for further contracts.

4.16. Employment of District Personnel

The Contractor shall not knowingly engage, employ or utilize, on a full-time, part-time, or any other basis during the term of the Contract, any current or former employee of the District where such employment conflicts with Section 112.3185, F.S.

4.17. Legal Requirements

The applicable provisions of all federal, state, county, and local laws, and all ordinances, rules, and regulations shall govern development, submittal, and evaluation of all Replies received in response to this ITN and shall govern any and all claims and disputes which may arise between a person(s) submitting a Reply hereto and the Leon County School Board, by and through its

officers, employees and authorized representatives, or any other person, natural or otherwise; and lack of knowledge by any Contractor shall not constitute a cognizable defense against the legal effect thereof.

4.18. Conflict of Law and Controlling Provisions

The Contract, plus any conflict of law issue, shall be governed by the laws of the State of Florida. The venue for any legal proceedings will be Leon County, Florida

4.19. Default

If the awarded Respondent should breach the Contract(s) awarded, the Board reserves the right to seek all remedies in law and/or in equity.

4.20. Termination

a. Termination at Will

The Contract may be terminated by the District upon no less than 60 calendar days' notice and by the Contractor upon no less than 180 calendar days' notice, without cause, unless a lesser time is mutually agreed upon by both parties. Notice shall be delivered by certified mail (return receipt requested), by another method of delivery whereby an original signature is obtained, or in-person with proof of delivery.

b. Termination for Cause

Performance issues will be handled per Section 2.8 of the ITN. In the event the Contractor's performance issues are not remedied or are so egregious as to cause damage to life, safety, or property, the District may terminate the Contract upon 24 hours' written notice to the Contractor. Notice shall be delivered by certified mail (return receipt requested), in-person with proof of delivery, or by another method of delivery whereby an original signature is obtained.

c. Termination for Unauthorized Employment

Violation of the provisions of Section 274A of the Immigration and Nationality Act shall be grounds for unilateral cancellation of the Contract.

d. Termination for Lack of Funds

In the event the funds to finance this Contract become unavailable, the District may terminate the Contract upon no less than 24 hours' notice, in writing, to the Contractor. Notice shall be delivered by certified mail (return receipt requested), in-person with proof of delivery, or by another method of delivery whereby an original signature is obtained. The District shall be the final authority as to the availability of funds.

e. Contract Termination Requirements

If at any time, the Contract is canceled, terminated, or otherwise expires, and a Contract is subsequently executed with a Contractor other than the Contractor or service delivery is provided by the District, the Contractor has the affirmative obligation to assist in the smooth transition of Contract services to the subsequent provider. This includes, but is not limited to, the timely provision of all Contract-related documents, information, and reports, not otherwise protected from disclosure by law to the replacing party.

4.21. Public Records

To the extent that information is utilized in the performance of the Contract(s) or generated as a result of it, and to the extent that information meets the definition of “public record,” as defined in Section 119.011(12), F.S., said information is recognized by the parties to be a public record and, absent a provision of law or administrative rule or regulation requiring otherwise, shall be made available for inspection and copying by any person upon request as provided in Chapter 119, F.S. The Contractor agrees to (a) keep and maintain public records required to perform the service; (b) upon request from the District’s custodian of public records, provide the District with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, F.S., or as otherwise provided by law; (c) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Contract term and following completion of the Contract if the Contractor does not transfer the records to the District; and (d) upon completion of the contract, transfer, at no cost, to the District all public records in possession of the Contractor or keep and maintain public records required by the District to perform the service. If the Contractor transfers all public records to the District upon completion of the contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the Contract, the Contractor shall meet all applicable requirements for retaining public records.

All records stored electronically must be provided to the District, upon request from the District’s custodian of public records or Contract Manager, in a format that is compatible with the information technology systems of the District. Unless a greater retention period is required by state or federal law, all documents pertaining to the program contemplated by this ITN shall be retained by the Respondent for five (5) years after the termination of the resulting contract or longer as may be required by any renewal or extension of the Contract. The District may unilaterally cancel the Contract for refusal by the Respondent to allow public access to all documents, papers, letters, or other material made or received by the Respondent in conjunction with the Contract unless the records are exempt from Section 24(a) of Art. I of the State Constitution and either Sections 119.07(1), or 119.071, F.S.

4.22. Indemnification

The Contractor shall be liable and agrees to be liable for, and shall indemnify, defend, and hold the District, Board, its employees, agents, officers, heirs, and assignees harmless from any and all claims, suits, judgments, or damages including court costs and attorney’s fees arising out of intentional acts, negligence, or omissions by the Contractor, or its employees or agents, in the course of the operations of the Contract, including any claims or actions brought under Title 42 USC §1983, the Civil Rights Act.

4.23. Disputes

Any dispute concerning the performance of the terms of the Contract shall be resolved informally by the Contract Manager. Any dispute that cannot be resolved informally shall be reduced to

writing and delivered to the District's Divisional Director of Business Services, or designee. The District's Divisional Director of Business Services or designee shall decide the dispute, reduce the decision to writing, and deliver a copy to the parties, the Contract Managers, and the District's Contract Administrator.

4.24. Scrutinized Companies Certification

The Respondent certifies they are not listed on the Scrutinized Companies that Boycott Israel List, created under Section 215.4725, F.S., and they are not currently engaged in a boycott of Israel. If the Contract exceeds \$1,000,000 in total (not including renewal years), the Respondent certifies that it is not listed on either the Scrutinized Companies with Activities in Sudan List, or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created under Sections 215.473 and 215.4725, F.S., and further certifies they are not engaged in business operations in Cuba or Syria as stated in Section 287.135(2)(b)2, F.S. Per Sections 287.135(5) and 287.135(3), F.S., the Respondent agrees the Board may immediately terminate the Contract for cause if the Respondent is found to have submitted a false certification or if the Respondent is placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or has engaged in business operations in Cuba or Syria during the term of the Contract. Any company that submits a Reply for a contract or upon execution or renewal of a contract with an agency or local governmental entity for goods or services of any amount must certify that the company is not participating in a boycott of Israel.

4.25. Anti-Discrimination

No person shall, on the basis of sex (including transgender, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information be excluded from participation in, be denied the proceeds or benefits of, or be otherwise subjected to, discrimination in the performance of this Contract.

4.26. Discriminatory Vendor List

Per the provisions of 287.134(2)(a), F.S. "An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity." The Vendor certifies, by submission and signature of their Proposal, that neither the Proposer, nor its principal Vendor, agent or representative is presently on the discriminatory vendor list, or otherwise precluded by Section 287.134, F.S. from participating in this Contract.

4.27. Public Entity Crime & Convicted Vendor List

Per the provisions of 287.133 (2)(a), F.S. "a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal or reply on a contract to provide any goods or services to a public entity, may not submit a bid, proposal or reply on a contract with a public entity for the construction or repair of a public building

or public work, may not submit bids, proposals or replies on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Florida Statute 287.017 for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list. The Vendor certifies, by submission and signature of their Proposal, that neither the Proposer, nor its principal, agent, or representative is presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction or otherwise precluded by Section 287.133, F.S. from participating in this Contract.

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SECTION 5: Definitions

In this ITN, the following words and expressions have the definitions below, unless the context otherwise clearly leads to a different interpretation.

Adjacent County Vendor	A Vendor who has a physical business address, staffed by at least one (1) person, in the geographical boundaries of the following Florida counties, Gadsden, Jefferson, or Wakulla.
Business Day	Any weekday in Florida, excluding Saturdays, Sundays, and District-observed holidays.
Contract	The written agreement entered by the Board and Successful Bidder(s) resulting from the award of this solicitation for the delivery of the goods or services described herein.
Contract Manager	The District's representative, or their designee, responsible for oversight of the resulting Contract including performance monitoring and certification of invoices for payment.
Day	A calendar day, unless otherwise noted.
Dependent(s)	The eligible spouse, child, or family member receiving benefits through a Member.
District/Board (LCS)	Leon County School District, with the Leon County School Board serving as the contracting entity
Mandatory Responsiveness Requirements	Terms, conditions, and requirements that must be met by the Respondent to be considered responsive to this solicitation.
Material Deviation(s)	A deviation which, in the District's sole discretion, is not in substantial accordance with the requirements herein, provides a significant competitive advantage to one Respondent over other Respondents, has a potentially substantial effect on the quantity or quality of items proposed, services proposed, or cost to the District.
Member(s)	An eligible LCS employee that has enrolled in the applicable health plan.
Member Engagement	When providers, patients, and the medical benefits Contractor work together to enhance the patient's experience and access to healthcare including, but not limited to, communications, notifications, patient portals, mobile applications that help monitor health, how to locate network providers, and health literacy information.
Minor Irregularity	A variation from the requirements herein that does not give the Respondent a substantial competitive advantage or benefit not enjoyed by other Respondents and does not adversely impact the interests of the District.
Respondent	A legally qualified corporation, partnership, or other business entity that submits a Reply to the District in response to this ITN. This term differs from suppliers, which refers to the marketplace at large.
Responsible Respondent	A Respondent who can fully perform all aspects of the Contract Requirements and has the integrity and reliability to ensure good faith performance.
Responsive Reply	A Reply, submitted by a Responsible Respondent, which conforms to all material aspects of this ITN.
Subcontract	An agreement between the Contractor and any other person or organization, in which that person or organization agrees to perform any duties on the Bidder's behalf under

the Contract. The Successful Respondent is not relieved of its duties under the Contract when it enters a Subcontract.

**Successful
Respondent(s) or
Contractor**

The Respondent(s) who is awarded the Contract(s) to deliver the goods or provide the services sought in this ITN.

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Attachment I Rate Information Sheet

Each Respondent shall submit rates for the base/initial term in the tables below. Renewal rates will be calculated based on the methodology proposed and accepted through the Negotiation Phase. These rates shall be inclusive of the services sought and defined in the ITN. All cost assumptions should be detailed with the Respondent's Cost Reply, per Section 3.2. **All Rates should reflect the Proposed 10-month Rate.**

The "Closest Match" Proposed Plan Rates will be used to calculate the Cost Reply Score; however, the "Respondent's Recommended Alternative" Proposed Plan Rates will be an important topic and factor in the Negotiation Phase.

Closest Match to Capital Selection HDHP HMO

Tier	Proposed Plan Rates Closest Match to Capital Selection HDHP HMO	x	Weight	=	Weighted Plan Rates Closest Match	Proposed Plan Rates Respondent's Recommended Alternative
Single Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
2-Person Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
Family Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
Family Coverage (2 District Employees)	\$ _____	x	.15	=	\$ _____	\$ _____
Overage Dependent	\$ _____	x	.10	=	\$ _____	\$ _____
SUBTOTAL A Weighted Closest Match to Capital Selection HDHP HMO					\$ _____	

Closest Match to Value Selection HMO

Tier	Proposed Plan Rates Closest Match to Value Selection HMO	x	Weight	=	Weighted Plan Rates Closest Match	Proposed Plan Rates Respondent's Recommended Alternative
Single Coverage	\$ _____	x	.25	=	\$ _____	\$ _____

Tier	Proposed Plan Rates Closest Match to Value Selection HMO	x	Weight	=	Weighted Plan Rates Closest Match	Proposed Plan Rates Respondent's Recommended Alternative
2-Person Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
Family Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
Family Coverage (2 District Employees)	\$ _____	x	.15	=	\$ _____	\$ _____
Overage Dependent	\$ _____	x	.10	=	\$ _____	\$ _____
SUBTOTAL B						
Weighted Closest Match to Value Selection HMO					\$ _____	

Closest Match to BlueOptions 05172/05173 PPO

Tier	Proposed Plan Rates Closest Match to BlueOptions 05172/05173 PPO	x	Weight	=	Weighted Plan Rates Closest Match	Proposed Plan Rates Respondent's Recommended Alternative
Single Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
2-Person Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
Family Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
Family Coverage (2 District Employees)	\$ _____	x	.15	=	\$ _____	\$ _____
Overage Dependent	\$ _____	x	.10	=	\$ _____	\$ _____
SUBTOTAL C						
Weighted Closest Match to BlueOptions 05172/05173 PPO					\$ _____	

Closest Match to BlueOptions 03559 PPO

Tier	Proposed Plan Rates Closest Match to BlueOptions 03559 PPO	x	Weight	=	Weighted Plan Rates Closest Match	Proposed Plan Rates Respondent's Recommended Alternative
Single Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
2-Person Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
Family Coverage	\$ _____	x	.25	=	\$ _____	\$ _____
Family Coverage (2 District Employees)	\$ _____	x	.15	=	\$ _____	\$ _____
Overage Dependent	\$ _____	x	.10	=	\$ _____	\$ _____
SUBTOTAL D Weighted Closest Match to BlueOptions 03559 PPO					\$ _____	

By initialling this box, I verify the submitted rates are a 10-month rate.	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div>	GRAND TOTAL CLOSEST MATCH PLAN RATE (add Subtotals A, B, C, and D)	\$ _____
--	---	---	----------

Company Name	Authorized Representative (Signature)	Date
FEIN #	Authorized Representative (Printed)	

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Attachment II
Required Provisions Certifications

1. Business/Corporate Experience

This is to certify that the Respondent has at least three (3) years, within the last five (5) years, of business/corporate experience in providing health insurance coverage to commercial or governmental clients, as described in this ITN.

2. Prime Vendor

This is to certify that the Successful Respondent will act as the Prime Contractor to the District for all services provided under the Contract(s).

3. Meets Legal Requirements

This is to certify that the Respondent's Reply and all services provided under the Contract will be compliant with all laws, rules, and other authority applicable to providing the services including, but not limited to, Florida's Open Government laws (Article I, Section 24, Florida Constitution, Chapter 119, F.S.).

4. Financial Standing

This is to certify that the Respondent is currently licensed to operate as an insurer in the State of Florida and has a current AM Best rating.

5. Data Location

All data generated, used, or stored by the Respondent under the prospective Contract will reside and remain in the United States, and will not be transferred outside of the United States at any time.

6. Federal Debarment

This is to certify that the Respondent, nor its principles, is currently disbarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this solicitation by any Federal department or agency.

7. Conflict of Interest

Per Section 1001.42(12)(i), F.S., this certifies that no member of the Leon County School Board or the Superintendent has any financial interest in the Respondent whatsoever.

8. Statement of No Inducement

This is to certify that no attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a Reply with regards to this ITN. Furthermore, this is to certify that the Reply contained herein is submitted in good faith and not subject to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other non-competitive Reply.

9. Statement of Non-Disclosure

This is to certify that neither the rates contained in this Reply nor the approximate amount of this Reply has been disclosed before award, directly or indirectly, to any other Respondent or any competitor.

10. Statement of Non-Collusion

This is to certify that the prices and amounts in this Reply have been arrived at independently, without consultation, communications, or agreement as to any matter relating to such prices with any other

Respondent or with any competitor and not to restrict competition. Replies that have pricing contingent on another Respondent's offer shall submit a joint Reply.

11. Scrutinized Companies Certification

The Respondent certifies they are not listed on the Scrutinized Companies that Boycott Israel List, created under Section 215.4725, F.S., and they are not currently engaged in a boycott of Israel. If the resulting Contract exceeds \$1,000,000.00 in total, not including renewal years, the Respondent certifies that they are not listed on either the Scrutinized Companies with Activities in Sudan List, or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created under Sections 215.473, F.S., and 215.4725, F.S., and further certifies they are not engaged in business operations in Cuba or Syria. In compliance with Sections 287.135(5), F.S., and 287.135(3), F.S., the Respondent agrees the District may immediately terminate the resulting Contract for cause if the Respondent is found to have submitted a false certification or if the Respondent is placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or has engaged in business operations in Cuba or Syria during the term of the Contract. Any company that submits a bid or proposal for a Contract, or intends to enter into or renew a contract with an agency or local governmental entity for commodities or services, of any amount, must certify that the company is not participating in a boycott of Israel.

By signing this certification below, the Authorized Representative affirms they have the authority to bind the Respondent and acknowledges and affirms the statements above.

STATE OF FLORIDA
COUNTY OF _____

Authorized Representative (Print)

Authorized Representative (Signature)

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by _____ (name of authorized representative) as _____ (position title) for _____ (Vendor Name).

Notary Signature

(NOTARY SEAL)

Name of Notary (Typed, Printed, or Stamped)

Personally Known _____ OR

Produced Identification _____ Type of Identification _____

Attachment III
Notice of Conflict of Interest

Vendor Name: _____

Solicitation Number: ITN 506-2023

To participate in this solicitation process and comply with the provisions of Chapter 112.313, Florida Statutes, the undersigned corporate officer hereby discloses the following information to the Leon County School Board. Respondents shall complete either Section 1 or Section 2.

Section 1

I hereby certify that no official or employee of the School Board requiring the goods or services described in these specifications has a material financial interest in this company.

Authorized Representative (Signature)

Authorized Representative (Print)

Section 2

I hereby certify that the following named Leon County School Board official(s) and employee(s) have material financial interest(s) (over 5%) in this company, and they have filed Conflict of Interest Statements with the Leon County Supervisor of Elections, before the Reply Opening.

Name	Title/Position	Date of Filing
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Representative (Signature)

Authorized Representative (Print)

Attachment IV Respondent Contact Information

The Respondent shall identify the contact information for solicitation and contractual purposes via the requested fields of the table below.

	For solicitation purposes, the Respondent's representative shall be:	For contractual purposes, should the Respondent be awarded, the Respondent's representative shall be:
Name:		
Title:		
Street Address:		
City, State, Zip code		
Telephone: (Office)		
Telephone: (Cell)		
Email:		

Company Name	Authorized Representative (Signature)	Date
FEIN #	Authorized Representative (Printed)	

Attachment V
Respondent's Reference Form

In the spaces provided below, the Respondent shall list all company names under which it has operated during the past five (5) years.

On the following pages, the Respondent shall provide the information indicated for three (3) separate and verifiable references. The references listed must be for businesses or government agencies for whom the Respondent has provided services of similar scope and size to the services identified in the ITN. The same reference may not be listed for more than one (1) organization and confidential references shall not be included. In the event, the Respondent has had a name change since the time work was performed for a listed reference, the name under which the Respondent operated at that time must be provided in the space provided for the Respondent's Name.

References that are listed as subcontractors in the response will not be accepted as references under this solicitation. Additionally, References shall pertain to current and ongoing services or those that were completed before January 1, 2021. References shall not be given by:

- Persons employed by the District within the past three (3) years.
- Persons currently or formerly employed or supervised by the Respondent or its affiliates.
- Board members within the Respondent's organization.
- Relatives of any of the above.

Additionally, the District reserves the right to contact references other than those identified by the Respondent to obtain additional information regarding past performance.

Respondent's Reference Form

Reference #1

Respondent Name: _____

Reference Company: _____

Company Name		Address	
Primary Contact Person		Secondary Contact Person	
Name		Name	
Title		Title	
Phone		Phone	
Email		Email	
Location Where Services Were Provided			
Contract Term			

Effective Date (Month/Year)

Termination Date (Month/Year)

Brief description of the services performed for this reference:

Would you contract with the Respondent again? Yes_____ No_____

Overall contract performance: O Poor O Fair O Adequate O Good O Excellent

Signature (Primary Reference Contact)

Date

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this _____ day of _____, 20____, by _____ (name of authorized representative) as _____ (position title) for _____ (company name).

Notary Signature

(NOTARY SEAL)

Name of Notary (Typed, Printed, or Stamped)

Personally Known [] **OR** Produced Identification [] Type of Identification _____

Respondent's Reference Form

Reference #2

Respondent Name: _____

Reference Company: _____

Company Name		Address	
Primary Contact Person		Secondary Contact Person	
Name		Name	
Title		Title	
Phone		Phone	
Email		Email	
Location Where Services Were Provided			
Contract Term			

Effective Date (Month/Year)

Termination Date (Month/Year)

Brief description of the services performed for this reference:

Would you contract with the Respondent again? Yes_____ No_____

Overall contract performance: ☐ Poor ☐ Fair ☐ Adequate ☐ Good ☐ Excellent

Signature (Primary Reference Contact)

Date

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by _____ (name of authorized representative) as _____ (position title) for _____ (company name).

Notary Signature

(NOTARY SEAL)

Name of Notary (Typed, Printed, or Stamped)

Personally Known ☐ **OR** Produced Identification ☐ Type of Identification _____

Respondent's Reference Form

Reference #3

Respondent Name: _____

Reference Company: _____

Company Name		Address	
Primary Contact Person		Secondary Contact Person	
Name		Name	
Title		Title	
Phone		Phone	
Email		Email	
Location Where Services Were Provided			
Contract Term			

Effective Date (Month/Year)

Termination Date (Month/Year)

Brief description of the services performed for this reference:

Would you contract with the Respondent again? Yes_____ No_____

Overall contract performance: O Poor O Fair O Adequate O Good O Excellent

Signature (Primary Reference Contact)

Date

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this _____ day of _____, 20____, by _____ (name of authorized representative) as _____ (position title) for _____ (company name).

Notary Signature

(NOTARY SEAL)

Name of Notary (Typed, Printed, or Stamped)

Personally Known [] **OR** Produced Identification [] Type of Identification _____

Attachment VI
Local Preference Affidavit

To qualify for the Local Vendor Preference, a Respondent must be physically located in Leon County (or an Adjacent County), employ at least one (1) person at that location, and have been licensed, as required, for at least six (6) months before the Reply Opening. The Respondent, on a day-to-day basis, should provide the goods/services provided under this Contract substantially from the local business address. Post Office boxes are not acceptable for purposes of obtaining this preference.

The Respondent affirms that it is a Local or Adjacent County Business, as defined by Board Policy 6450.

Please complete the following in support of the self-certification:

Respondent Name: _____

Address: _____

County of Location: _____

Phone to Local Location: _____

Email: _____

Length of Time at this Location: _____ **# of Employees at this Location:** _____

Is your business certified as a small business enterprise through Leon County Schools? _____

STATE OF FLORIDA

COUNTY OF _____

Authorized Representative (Print)

Authorized Representative (Signature)

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by _____ (name of authorized representative) as _____ (position title) for _____ (company name).

Notary Signature

(NOTARY SEAL)

Name of Notary (Typed, Printed, or Stamped)

Personally Known ☐ **OR** Produced Identification ☐ Type of Identification _____

Attachment VII
Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: _____

Type/Description of Goods or Service Subcontractor will provide:

Subcontractor Company Name: _____ FEIN: _____

Contact Person: _____ Contact Phone Number: _____

Address: _____

Email address: _____

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No _____

Local Respondent? Yes _____ No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Attachment VIII Benefit Comparison Table

Respondents shall complete the following table for both the “closest match” and “alternative plans.”

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
Capital Selection HMO				
Overall Deductible	Single	\$0		
	Family	\$0		
	Other Deductibles for Specific Services?	No		
Out-of-Pocket Maximum (Medical)	Single	\$2,000		
	Family	\$4,500		
Out-of-Pocket Maximum (Pharmacy)	Single	\$4,600		
	Family	\$8,700		
Specialty Care	Referral to See Specialist	Yes		
	Specialist Visit	Office: \$40/Visit Telehealth: \$40/Visit		
Testing	Diagnostic Test	No Charge		
	Imaging	\$100/Visit		
Pharmacy	Tier 1	\$15/\$30/\$45		
	Tier 2	\$30/\$60/\$90		
	Tier 3	\$50/\$100/\$150		
	Specialty	\$50		
Outpatient Surgery	Ambulatory Service Facility Fee	\$100/Visit		
	Hospital Facility Fee	\$250/Visit		
	Physician/Surgeon Fees	\$40/Provider		
Immediate Medical Attention	Emergency Room Care	\$300/Visit		
	Emergency Medical Transportation	\$100/Transport		
	Urgent Care	Urgent Care Center: \$25/Visit Telehealth: \$25/Visit Amwell: \$15/Visit		
Hospital Stay	Facility Fee	\$250/Admission \$250/Observation		
	Physician/	No Charge if		

**Benefit Plan Comparison
Attachment VIII
ITN 506-2023
Group Health Insurance Re-Procurement**

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
	Surgeon Fees	Admitted Observation: \$40/Provider		
Mental Health Services	Outpatient Services	\$40/Visit		
	Inpatient Services	\$250/ Admission		
Pregnancy/Childbirth	Childbirth/Delivery Professional Services	No Charge		
	Childbirth/Delivery Facility Services	\$250/Admission		
Ancillary Services	Home Health Care	No Charge		
	Rehabilitation Services	\$40/Visit		
	Habilitation Services	Not Covered		
	Skilled Nursing Care	No Charge		
	Durable Medical Equipment	No Charge		
	Hospice Services	No Charge		
Value Selection HDHP HMO				
Overall Deductible	Single	\$2,500		
	Family	\$5,000		
	Other Deductibles for Specific Services?	No		
Out-of-Pocket Maximum (Medical)	Single	\$4,000		
	Family	\$8,500		
Out-of-Pocket Maximum (Pharmacy)	Single	\$2,850		
	Family	\$5,200		
Specialty Care	Referral to See Specialist	Yes		
	Specialist Visit	Office: \$75/Visit Telehealth: \$75/Visit		
Testing	Diagnostic Test	No Charge		
	Imaging	\$250/Visit		
Pharmacy	Tier 1	\$15/\$30/\$45		
	Tier 2	\$50/\$100/\$150		
	Tier 3	\$100/\$200/\$300		
	Specialty	\$100		
Outpatient Surgery	Ambulatory Service Facility Fee	\$250/Visit		

**Benefit Plan Comparison
Attachment VIII
ITN 506-2023
Group Health Insurance Re-Procurement**

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
	Hospital Facility Fee	\$500/Visit		
	Physician/Surgeon Fees	\$75/Provider		
Immediate Medical Attention	Emergency Room Care	\$500/Visit		
	Emergency Medical Transportation	\$250/Transport		
	Urgent Care	Urgent Care Center: \$50/Visit Telehealth: \$50/Visit Amwell: \$15/Visit		
Hospital Stay	Facility Fee	\$500/Admission \$500/Observation		
	Physician/Surgeon Fees	No Charge if Admitted Observation: \$75/Provider		
Mental Health Services	Outpatient Services	\$75/Visit		
	Inpatient Services	\$500/Admission		
Pregnancy/Childbirth	Childbirth/Delivery Professional Services	No Charge		
	Childbirth/Delivery Facility Services	\$500/Admission		
Ancillary Services	Home Health Care	No Charge		
	Rehabilitation Services	\$75/Visit		
	Habilitation Services	<i>Not Covered</i>		
	Skilled Nursing Care	No Charge		
	Durable Medical Equipment	No Charge		
	Hospice Services	No Charge		
BlueOptions 05172/05173 PPO				
Overall Deductible	Single	\$3,000/\$5,000		
	Family	\$10,000		
	Other Deductibles for Specific Services?	No		
Out-of-Pocket Maximum (Medical)	Single	\$6,550/\$6,850		
	Family	\$13,100		
Out-of-Pocket Maximum (Pharmacy)	Single	\$2,850		
	Family	\$5,200		
Specialty Care	Referral to See Specialist	Yes		

**Benefit Plan Comparison
Attachment VIII
ITN 506-2023
Group Health Insurance Re-Procurement**

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
	Specialist Visit	Deductible + 10% coinsurance		
Testing	Independent Clinical Lab	Deductible		
	Independent Diagnostic Testing Center	Deductible + 10% coinsurance		
	Imaging	Deductible + 10% coinsurance		
Pharmacy	Generic	Retail: Deductible + \$10 copay Mail: Deductible + \$25 copay		
	Preferred Brand	Retail: Deductible + \$50 copay Mail: Deductible + \$125 copay		
	Non-Preferred Brand	Retail: Deductible + \$80 copay Mail: Deductible + \$200 copay		
	Specialty	Subject to the cost share based on applicable drug tier		
Outpatient Surgery	Facility Fee	Deductible + 10% coinsurance		
	Physician/Surgeon Fees	Deductible + 10% coinsurance		
Immediate Medical Attention	Emergency Room Care	Deductible + 10% coinsurance		
	Emergency Medical Transportation	Deductible + 10% coinsurance		
	Urgent Care	Deductible + 10% coinsurance		
Hospital Stay	Facility Fee	Deductible + 10% coinsurance		
	Physician/Surgeon Fees	Deductible + 10% coinsurance		
Mental Health Services	Outpatient Services	Deductible + 10% coinsurance		
	Inpatient Services	Deductible + 10% coinsurance		
Pregnancy/Childbirth	Childbirth/Delivery Professional Services	Deductible + 10% coinsurance		
	Childbirth/Delivery Facility Services	Deductible + 10% coinsurance		
Ancillary Services	Home Health Care	Deductible + 10% coinsurance		
	Rehabilitation Services	Deductible + 10% coinsurance		

**Benefit Plan Comparison
Attachment VIII
ITN 506-2023
Group Health Insurance Re-Procurement**

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
	Habilitation Services	<i>Not Covered</i>		
	Skilled Nursing Care	Deductible + 10% coinsurance		
	Durable Medical Equipment	Deductible + 10% coinsurance		
	Hospice Services	Deductible + 10% coinsurance		
BlueOptions 03559 PPO				
Overall Deductible	Single	\$500		
	Family	\$1,500		
	Other Deductibles for Specific Services?	No		
Out-of-Pocket Maximum (Medical)	Single	\$2,500		
	Family	\$7,500		
Out-of-Pocket Maximum (Pharmacy)	Single	\$2,850		
	Family	\$5,200		
Specialty Care	Referral to See Specialist	No		
	Specialist Visit	\$30/Visit		
Testing	Independent Clinical Lab	No charge		
	Independent Diagnostic Testing Center	\$75/Visit		
	Imaging	Physician's Office: \$30/Visit Testing Center: \$75/Visit		
Pharmacy	Generic	Retail: \$15/Script Mail: \$30/Script		
	Preferred Brand	Retail: \$30/Script Mail: \$60/Script		
	Non-Preferred Brand	Retail: \$50/Script Mail: \$100/Script		
	Specialty	Subject to the cost share based on applicable drug tier		
Outpatient Surgery	Ambulatory Service Facility Fee	\$75/Visit		
	Hospital (Option 1) Facility Fee	\$100/Visit		
	Physician/Surgeon Fees	Deductible + 10% coinsurance		
Immediate Medical Attention	Emergency Room Care	\$100/Visit + 10% coinsurance		

**Benefit Plan Comparison
Attachment VIII
ITN 506-2023
Group Health Insurance Re-Procurement**

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
	Emergency Medical Transportation	Deductible + 10% coinsurance		
	Urgent Care	\$30/Visit Value Choice Provider: \$0 (visits 1-2), \$30/Visit for remaining visits		
Hospital Stay	Facility Fee (Hospital Option 1)	\$400/Admission		
	Physician/Surgeon Fees	Deductible + 10% coinsurance		
Mental Health Services	Outpatient Services	No charge		
	Inpatient Services	No charge		
Pregnancy/Childbirth	Childbirth/Delivery Professional Services	Deductible + 10% coinsurance		
	Childbirth/Delivery Facility Services	\$400/Admission		
Ancillary Services	Home Health Care	Deductible + 10% coinsurance		
	Rehabilitation Services	\$30/Visit		
	Habilitation Services	Not Covered		
	Skilled Nursing Care	Deductible + 10% coinsurance		
	Durable Medical Equipment	Deductible + 10% coinsurance		
	Hospice Services	Deductible + 10% coinsurance		

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Attachment IX Evaluation Criteria

Technical Reply Evaluation Score (0 – 1,000 Points)

Experience and Ability to Provide Services

Evaluation of the Respondent's experience and ability to provide services will be based upon the information contained in its entire Reply, but primarily on the information contained in **TAB B**.

a. References

This section will be evaluated using, but not limited to, the following considerations:

- 1) How relevant are the services described in the Respondent's references to the services sought in this ITN?
- 2) How well do the references demonstrate the Respondent's satisfactory performance of contract services of similar size and scope to the services sought in this ITN?
- 3) How well do the references demonstrate the Respondent's ability to provide the requested services?
- 4) Are there any issues or concerns identified in the references relating to the Respondent's experience and ability to provide services?

b. Prior Work Experience

This section will be evaluated using, but not limited to, the following considerations:

- 1) Has the Respondent demonstrated in its Reply that it has experience in performing the requirements of contracts with similar size and scope as the services sought?
- 2) How well did the Respondent convey their ability to provide services as described in this ITN?
- 3) Does the Respondent have relevant commercial or governmental health coverage experience?
- 4) Are there any issues or concerns identified regarding the Respondent's experience or ability to provide the services sought?

Description of Offering

Evaluation of the Respondent's proposed offering will be based upon the information contained in their entire Reply, but primarily on the information contained in **TAB C**. Replies will be evaluated using, but not limited to, the following considerations:

- 1) Demonstrates the Respondent's ability to effectively provide quality health insurance with a robust provider network at the levels required by this ITN;
- 2) Maximizes operational efficiencies and supports the District's goals; and
- 3) Demonstrates a thorough, effective, and beneficial plan for the delivery of group health insurance coverage.
- 4) How well does the summary of the offering, and the explanation of why it is the best value for the District, address and meet the goals, needs, and expectations of the District and the Board?
- 5) How well does the Respondent demonstrate their understanding of the goals to be achieved via this ITN?

Service Area Detail Solution

Evaluation of each Respondent's service area detail solution will be based upon the information contained in **TABs D, F, and G** of a Respondent's Reply. Replies for each service area will be evaluated based on how well the offering operationally addresses the initial requirements described in Section 2,

the benefits of the innovative solutions presented and how well they meet the District's goals, and how the Respondent's transition plan for each area minimizes the disruption to the Members and Dependents. Evaluation of this area will be based upon the information contained in **TAB D**. Replies given for each service area below will be evaluated for reasonableness, thoroughness, and viability in meeting initial requirements described in Section 2, Scope of Work, and the District's goals described in Section 2.5 of this ITN.

Cost Reply Evaluation Score (0 - 300 Points)

A total of up to 300 points may be awarded to a Respondent's Cost Reply.

- 1) **Maximum Cost Points:** The Respondent submitting the lowest Grand Total Closest Match Rate will receive the maximum number of Cost Points.
- 2) **Cost Reply Score:** Cost Points are assigned to each Respondent based on the Base and Renewal Term Points allocated in 1), above, using Attachment I, Rate Information Sheet of its Reply. Cost Points will be determined using the formula below:

The Respondent submitting the lowest Grand Total Closest Match Plan Rate will be awarded 300 points.

$$\frac{N}{(X)} \times 300 = TCP$$

Where: **N** = Lowest Grand Total Closest Match Plan Rate Weighted proposed by any Respondent
X = Respondent's Actual Grand Total Closest Match Plan Rate Weighted
TCP = Total Cost Points

Final Evaluation Score

The Reply Evaluation Score is the sum of the Respondent's weighted Technical Reply Evaluation Score (0 – 1,000 points) and Cost Reply Score (0 – 300 points).

[The remainder of this page is purposefully blank]

EXHIBIT B

a. **TAB A Overview** (limit 15 pages)

1) *Cover Letter*

A cover letter on the Respondent's letterhead with contact information and the name and signature of the representative of the responding organization, authorized to legally obligate the Respondent to provide the services requested. The cover letter must state that the Respondent agrees to provide the services as described in their Reply and the ITN.

Response: See attachment labeled "Tab A.1 Cover Letter", see page # 2.

2) *Executive Summary*

An executive summary of the Respondent's Reply. The executive summary will describe the overall solution, cost methodology, assumptions, and innovative ideas the Respondent proposes in a concise and meaningful manner. Do not include pricing information in the executive summary.

Response: See attachment labeled "Tab A.2 Executive Summary", see page # 3.

3) *Financial Interest*

Please include a list of any Board/District employees or officials that have a material financial interest (over 5%) using Attachment III, Section 2. Please include the employee/official's name, title/position, and the date they filed the required Conflict of Interest Statement with the Leon County Supervisor of Elections before the Reply Opening.

Response: See attachment labeled "Tab A.3 Attachment III", see page # 5.

4) *Required Forms*

Respondents shall complete the following forms, as appropriate, and include them in **TAB A**.

- The completed, notarized Attachment II, Required Provisions Certification, signed by the authorized representative who signs the above-mentioned cover letter;
- Documentation from the State of Florida Office of Insurance Regulation supporting active licensure;
- Documentation from Best's Credit Ratings supporting a rating of AM Best;
- Completed Application for Vendor Status, and associated forms (if Respondent is not already registered with the District)
(<https://www.leonschools.net/cms/lib/FL01903265/Centricity/Domain/195/FORMS/Application%20for%20Vendor%20Status-ACH%20forms%20FEB%202021.pdf>);
- Attachment III, Notice of Conflict of Interest;
- Attachment IV, Vendor Contact Information; and
- The completed, notarized, Attachment VI, Local Preference Affidavit (if applicable).

Response: See attachments labeled:

- "Tab A.4 Attachment II", see page # 6
- "Tab A.4 AM Best Capital Health Plan", see page # 8
- "Tab A.4 Certificate of Eligibility Attachment 3 CHP Renewal HCPC Approval Certificate", see page # 10
- "Tab A.4 Certificate of Eligibility Attachment 4 NCQA Letter", see page # 11
- "Tab A.4 Attachment VI", see page # 13
- "Tab A.4 Attachment IV", see page # 14.

March 9, 2023

June Kail
Procurement Officer
Leon County Schools
Purchasing Department
3397 West Tharpe Street
Tallahassee, FL. 32303

RE: ITN 506-2023 Group Health Insurance

Dear Mrs. Kail:

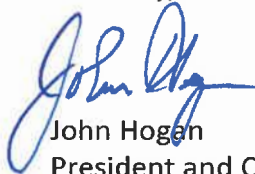
Capital Health Plan is pleased to have the opportunity to respond to this ITN and continue to serve Leon County School Board in providing the best overall HMO value for the School Board and its employees, retirees and their dependents in the Tallahassee area.

Contact information for representative authorized to legally obligate Capital Health Plan to provide the services is:

John Hogan
President and CEO
850-383-3492

Capital Health Plan agrees to provide services and described in the reply and the ITN.

Sincerely,


John Hogan
President and CEO

Enclosures

CONFIDENTIAL

Executive Summary

Capital Health Plan

Capital Health Plan is pleased to have the opportunity to respond to this Invitation to Negotiate (ITN) and continue to serve the Leon County School District in providing the best overall value for the School Board, and its employees, retirees, and their dependents in the Tallahassee area.

Established in 1982, CHP was the Tallahassee area's first HMO and has served the Leon County School District consistently for 38 years. All of CHP's business is fully underwritten in Florida and has included, for decades, other major public employers such as the State of Florida, Leon County, and the City of Tallahassee. In addition, thousands of area businesses and organizations have relied on Capital Health Plan for their health care and coverage for many years. Today, the health plan serves over 134,000 members.

As an integrated health system, CHP provides value by accepting responsibility for the delivery as well as the financing and underwriting of health care. The health plan does not simply offer an HMO benefit; it is an HMO and is directly involved in delivering health care services in the Tallahassee area. A key component of CHP's delivery system is its employed medical staff, who practice in three state-of-the-art health centers CHP has developed to exclusively serve its membership. These health centers are equipped with electronic medical records and can accommodate a broad range of preventive, primary, and specialty care services, including evening and weekend urgent care, lab, x-ray, and digital mammography, colon screening, an eye care service, wound care, and centers focused on the needs of seniors and the chronically ill. CHP's ability to offer this highly organized component of its delivery system provides unique opportunities for adding value. The staff model of CHP's delivery system is the engine of our program, consistently driving better results on measures of clinical care, member satisfaction, and affordability.

Long recognized by the National Committee on Quality Assurance (NCQA) as the highest rated health plan in Florida, CHP seeks to be not just a model program for Leon County School District, but one of the top performing health plans in the nation. The plan strives to distinguish itself with the affordability of its program, the quality of clinical care and services it provides, and its capacity to consistently and dependably manage and underwrite the risk of the diverse populations it serves. Highlights of the value CHP provides to the Leon County School District include:

Affordability: Cost savings for the Leon County School District, its workforce, and retirees

Capital Health Plan's administrative costs represent less than 4% of our total revenues. This is one of the lowest levels in the nation. CHP's overhead has been below 5% of revenues for over 25 years.

Capital Health Plan has demonstrated a strong commitment to the Leon County School District to maintain affordable rates while still offering employees a rich and comprehensive benefit plan. While health care costs continue to escalate nationwide, over the past 15 years, Capital Health Plan has been able to provide the School Board with consistent single digit renewal increases without significant benefit changes or reductions. We are not aware of any other School Board in the state that has had a similar experience with any other health plan. We are once again pleased to offer premiums that demonstrate CHP's focus on affordability.

Quality of Care and Service

CHP has been consistently recognized as the highest rated commercial and Medicare HMO in Florida by the National Committee on Quality Assurance in their annual evaluations and audited reviews of industry performance across a broad range of clinical and service indicators.

One of the most important indicators of high quality care and service incorporated in these reviews is the overall satisfaction level with the plan expressed in standardized member surveys. CHP is the only health plan in the nation to have a “top ten” industry result on this key metric for employers and their workforces all 25 years the NCQA has conducted the survey.

The 2022 NCQA and CMS survey results on percentage of highly satisfied commercial and Medicare members reporting a 9 or 10 satisfaction level on a 10 point scale are shown below.

Commercial HMO	Medicare HMO
CHP – 74.1%	CHP – 81.6%
Industry Average – 49.1%	Industry Average – 64.9%

These satisfaction levels significantly contribute to CHP’s ability to engage members and the medical community we are a part of to optimize “Triple Aim” outcomes to improve population health, improve quality of care and service, and sustain affordability.

Overall Solution

CHP has dependably assumed and managed the underwriting risk for almost all of the health benefits provided to the Leon County School District’s workforce and retirees in the Tallahassee area for over three decades. We have the clinical and financial capacity to continue to do so. The growth in CHP membership has broadly encompassed both retiree and active employee populations. Leon County School District has an aging workforce and a significant pool of retirees, posing major challenges for health plans managing chronic conditions and their associated costs. CHP has geared its delivery system to respond successfully to those challenges and has embraced that responsibility for the Leon County School District for many years.

Today, the key focus of reform in our nation’s health care delivery is how to move from an expensive, volume driven, fee-for-service system to a value-driven, risk-assuming, system focused on outcomes, including affordability. Capital Health Plan has been such a system since its creation.

We appreciate the opportunity to respond to this ITN. We are hopeful the Leon County School District will continue to find value in CHP’s proposal. We look forward to the opportunity to discuss our proposal further during the negotiation phase of this ITN.

Attachment III
Notice of Conflict of Interest

Vendor Name: Capital Health Plan, Inc.

Solicitation Number: ITN 506-2023

To participate in this solicitation process and comply with the provisions of Chapter 112.313, Florida Statutes, the undersigned corporate officer hereby discloses the following information to the Leon County School Board. Respondents shall complete either Section 1 or Section 2.

Section 1

I hereby certify that no official or employee of the School Board requiring the goods or services described in these specifications has a material financial interest in this company.



Authorized Representative (Signature)

John Hogan, President and CEO

Authorized Representative (Print)

Section 2

I hereby certify that the following named Leon County School Board official(s) and employee(s) have material financial interest(s) (over 5%) in this company, and they have filed Conflict of Interest Statements with the Leon County Supervisor of Elections, before the Reply Opening.

Name	Title/Position	Date of Filing
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Representative (Signature)

Authorized Representative (Print)

Attachment II Required Provisions Certifications

1. **Business/Corporate Experience**

This is to certify that the Respondent has at least three (3) years, within the last five (5) years, of business/corporate experience in providing health insurance coverage to commercial or governmental clients, as described in this ITN.

2. **Prime Vendor**

This is to certify that the Successful Respondent will act as the Prime Contractor to the District for all services provided under the Contract(s).

3. **Meets Legal Requirements**

This is to certify that the Respondent's Reply and all services provided under the Contract will be compliant with all laws, rules, and other authority applicable to providing the services including, but not limited to, Florida's Open Government laws (Article I, Section 24, Florida Constitution, Chapter 119, F.S.).

4. **Financial Standing**

This is to certify that the Respondent is currently licensed to operate as an insurer in the State of Florida and has a current AM Best rating.

5. **Data Location**

All data generated, used, or stored by the Respondent under the prospective Contract will reside and remain in the United States, and will not be transferred outside of the United States at any time.

6. **Federal Debarment**

This is to certify that the Respondent, nor its principles, is currently disbarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this solicitation by any Federal department or agency.

7. **Conflict of Interest**

Per Section 1001.42(12)(i), F.S., this certifies that no member of the Leon County School Board or the Superintendent has any financial interest in the Respondent whatsoever.

8. **Statement of No Inducement**

This is to certify that no attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a Reply with regards to this ITN. Furthermore, this is to certify that the Reply contained herein is submitted in good faith and not subject to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other non-competitive Reply.

9. **Statement of Non-Disclosure**

This is to certify that neither the rates contained in this Reply nor the approximate amount of this Reply has been disclosed before award, directly or indirectly, to any other Respondent or any competitor.

10. **Statement of Non-Collusion**

This is to certify that the prices and amounts in this Reply have been arrived at independently, without consultation, communications, or agreement as to any matter relating to such prices with any other

Respondent or with any competitor and not to restrict competition. Replies that have pricing contingent on another Respondent's offer shall submit a joint Reply.

11. Scrutinized Companies Certification

The Respondent certifies they are not listed on the Scrutinized Companies that Boycott Israel List, created under Section 215.4725, F.S., and they are not currently engaged in a boycott of Israel. If the resulting Contract exceeds \$1,000,000.00 in total, not including renewal years, the Respondent certifies that they are not listed on either the Scrutinized Companies with Activities in Sudan List, or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created under Sections 215.473, F.S., and 215.4725, F.S., and further certifies they are not engaged in business operations in Cuba or Syria. In compliance with Sections 287.135(5), F.S., and 287.135(3), F.S., the Respondent agrees the District may immediately terminate the resulting Contract for cause if the Respondent is found to have submitted a false certification or if the Respondent is placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or has engaged in business operations in Cuba or Syria during the term of the Contract. Any company that submits a bid or proposal for a Contract, or intends to enter into or renew a contract with an agency or local governmental entity for commodities or services, of any amount, must certify that the company is not participating in a boycott of Israel.

By signing this certification below, the Authorized Representative affirms they have the authority to bind the Respondent and acknowledges and affirms the statements above.

STATE OF FLORIDA

COUNTY OF Leon

John Hogan

Authorized Representative (Print)


Authorized Representative (Signature)

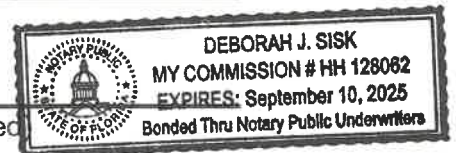
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 10 day of March, 2023, by John Hogan (name of authorized representative) as President and CEO (position title) for Capital Health Plan, Inc. (Vendor Name).


Notary Signature

(NOTARY SEAL)

Deborah J. Sisk

Name of Notary (Typed, Printed, or Stamped)



Personally Known ☒ OR

Produced Identification _____ Type of Identification _____

Capital Health Plan, Inc.

AMB #: 064116 NAIC #: 95112 FEIN #: 591830622

AM Best Rating Unit: [AMB #: 070909 - Blue Cross & Blue Shield of Florida Grp](#)



View additional [news, reports and products](#) for this company.

Best's Credit Ratings

Rating (Rating Category):	A+ (Superior)
Affiliation Code:	g (Group)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	March 11, 2022
Initial Rating Date:	March 09, 2000

Rating Office: A.M. Best Rating Services, Inc.

Senior Financial Analyst: Jennifer Asamoah

Director: Joseph R. Zazzera

Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Rating (Rating Category):	aa- (Superior)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	March 11, 2022
Initial Rating Date:	April 27, 2006


Financial Size Category: XV (\$2 Billion or greater)

View AM Best's [Rating Review Form](#)


8

Financial Strength Rating		Long-Term Issuer Credit Rating	
Effective Date	Rating	Effective Date	Rating
March 11, 2022	A+	March 11, 2022	aa-
August 31, 2021	A+ u	August 31, 2021	aa- u
August 12, 2021	A+	August 12, 2021	aa-
August 07, 2020	A+	August 07, 2020	aa-
June 13, 2019	A+	June 13, 2019	aa-
May 23, 2018	A+	May 23, 2018	aa-
May 30, 2017	A+	May 30, 2017	aa-


Best's Credit & Financial Reports




[Best's Credit Report](#) - financial data included in Best's Credit Report reflects the data used in determining the current credit rating(s) for AM Best Rating Unit: AMB #: [070909 - Blue Cross & Blue Shield of Florida Grp.](#)



[Best's Credit Report - Archive](#) - reports which were released prior to the current Best's Credit Report.



[Best's Financial Report](#) - financial data included in Best's Financial Report reflects the most current data available to AM Best, including updated financial exhibits and additional company information, and is available to subscribers of Best's Insurance Reports.



[Best's Financial Report - Archive](#) - reports which were released prior to the current Best's Financial Report.

View additional [news, reports and products](#) for this company.

Press Releases	
<u>Date</u>	<u>Title</u>
Mar 11, 2022	AM Best Takes Various Credit Rating Actions on GuideWell Mutual Holding Corporation and Certain Triple-S Management Corp. Subs.
Aug 31, 2021	AM Best Places Credit Ratings of GuideWell Mutual Holding Corp. and Subsidiaries Under Review With Developing Implications
Apr 29, 2015	A.M. Best Affirms Ratings of Blue Cross and Blue Shield of Florida, Inc. d.b.a. Florida Blue and its Affiliates
May 13, 2014	A.M. Best Upgrades Ratings of Affiliates of Blue Cross Blue Shield of Florida, Inc. d.b.a. Florida Blue
Apr 26, 2013	A.M. Best Upgrades Ratings of Blue Cross Blue Shield of Florida, Inc. d.b.a. Florida Blue and Health Options, Inc.
Apr 26, 2012	A.M. Best Revises Outlook to Positive for Blue Cross Blue Shield of Florida, Inc. and Health Options, Inc.
Mar 23, 2011	A.M. Best Affirms Ratings of Blue Cross and Blue Shield of Florida, Inc. and Its Subsidiaries
<div><div><div></div><div></div><div>1</div><div>2</div><div></div><div></div></div><div>Page size: 10</div><div>15 items in 2 pages</div></div>	

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Health Plan
Certified

This is to confirm that Capital Health Plan, Inc. has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, and authorized in Chapter 641, Part III, Florida Statutes, State of Florida and is authorized to operate the following:

Capital Health Plan, Inc.
2140 Centerville Place
Tallahassee, FL 32308

EFFECTIVE DATE: 05/30/2022

EXPIRATION DATE: 05/29/2024



Simone Marstiller, Secretary
Division of Health Quality Assurance

Certificate of Authority

STATE OF FLORIDA
OFFICE OF

INSURANCE COMMISSIONER AND TREASURER

THIS IS TO CERTIFY THAT:

CAPITAL GROUP HEALTH SERVICES OF FLA. INC
2140 CENTERVILLE ROAD
TALLAHASSEE, FLORIDA 32308

HAS DULY QUALIFIED PURSUANT TO CHAPTER 641, PART II,
FLORIDA STATUTES FOR A HEALTH MAINTENANCE ORGANIZATION
CERTIFICATE OF AUTHORITY AND IS ENTITLED TO TRANSACT
BUSINESS IN ACCORDANCE WITH THE AUTHORIZATION CITED ABOVE.

05	25	82	12	18	9756201	240.00	87001			
ISSUE DATE		TYPE	CLASS	APPLICATION	TAKES & FEES	COMPANY CODE	EXPIRATION DATE			

INSURANCE COMMISSIONER
TREASURER AND STATE
FIRE MARSHAL

March 10, 2021

John Hogan
President/Chief Executive Officer
Capital Health Plan, Inc.
P. O. Box 15349
Tallahassee, FL 32317-5349

Dear Mr. Hogan:

We are pleased to inform you that based on the information gathered during your recent HP survey, the National Committee for Quality Assurance (NCQA) Review Oversight Committee has awarded **Capital Health Plan, Inc.** the accreditation status(es) listed below. The final assessment report, which incorporates relevant changes made in response to your organization's earlier comments, is now ready for your review. You may now access the final report and results online by visiting <https://irt.ncqa.org>. The final results are available by selecting your organization's project on the Dashboard and going to "View Final Report" from the actions menu. If this section does not appear, please follow the instructions in the attached documents entitled "Log In and Dashboard" and "User Management" and update your user rights.

Product Line/ Product	Accreditation Status	Effective Date	Expiration Date
Commercial-HMO	Accredited	March 9, 2021	March 9, 2024
Medicare-HMO	Accredited	March 9, 2021	March 9, 2024

The NCQA Health Plan Report Card will be updated to reflect this status by no later than the 15th of April. A certificate reflecting your accreditation status(es) can be downloaded from my.ncqa.org. Also, for your convenience, you may download the NCQA accreditation seal by visiting our Web site at www.ncqa.org. Please refer to the 'Guidelines for Advertising NCQA HPA Survey Accreditation,' enclosed.

If you have reason to believe that the compliance scoring of any standard or standards does not accurately reflect your organization's compliance with the standards, you have the opportunity to request a reconsideration of compliance designations and/or accreditation outcome by the NCQA Reconsideration Committee. To proceed with reconsideration, NCQA must receive within the next 30 days a written request for reconsideration that addresses at least one of the grounds for appeal identified in the Reconsideration section of the "Administrative Policies and Procedures" of the 2020 *Standards and Guidelines for the Accreditation of Health Plans*. This request must not exceed five pages in length and must include a listing of the standards for which reconsideration is being requested. A fee, as specified in the Agreement for HP Accreditation Survey, "Pricing Methodology and Cancellation Policy" (Exhibit A), is charged for reconsideration. The fee must be paid at the time reconsideration is requested.

In order to maintain your accreditation status(es), Capital Health Plan, Inc. will need to participate in a resurvey approximately three months prior to the expiration date. Your next survey will be on the standards in effect at the time of the survey. It will be conducted using NCQA's Interactive Review System (IRT). The first, or offsite, stage will begin immediately upon submission of your organization's completed Survey Tool. During this stage, NCQA reviews the organization against most of the standards and elements, thus reducing the duration of the second, or onsite, stage which will be scheduled to begin seven weeks after your Survey Tool is submitted to NCQA.

We have tentatively reserved **December 12, 2023**, as the submission date of the completed Survey Tool to NCQA. NCQA has tentatively set **February 5 - 6, 2024** for your two-day onsite survey. If the proposed dates present a problem for you or if you have any questions regarding these dates, please contact Cindy Francis, Program Manager, Accreditation, at (202) 955-5147 or e-mail francis@ncqa.org.

If you have questions about the IRT, please contact NCQA Customer Support at (888) 275-7585 or via my.ncqa.org. You can also visit www.ncqa.org for additional information.

While it is our understanding that the results of this accreditation survey may satisfy a state regulatory requirement, NCQA assumes no responsibility for transmitting copies of this report to relevant state agencies.

We wish to acknowledge your quality improvement efforts, which were evident throughout the survey process. NCQA looks forward to working with you and your staff again in the future.

Sincerely,



Sue Matthiesen
Assistant Vice President, Accreditation

Attachment VI
Local Preference Affidavit

To qualify for the Local Vendor Preference, a Respondent must be physically located in Leon County (or an Adjacent County), employ at least one (1) person at that location, and have been licensed, as required, for at least six (6) months before the Reply Opening. The Respondent, on a day-to-day basis, should provide the goods/services provided under this Contract substantially from the local business address. Post Office boxes are not acceptable for purposes of obtaining this preference.

The Respondent affirms that it is a Local or Adjacent County Business, as defined by Board Policy 6450.

Please complete the following in support of the self-certification:

Respondent Name:

Capital Health Plan, Inc.

Address: 2140 Centerville Road, Tallahassee, FL. 32308

County of Location: Leon County, FL.

Phone to Local Location: 850-383-3333

Email: _____

Length of Time at this Location: 40 years **# of Employees at this Location:** _____

Is your business certified as a small business enterprise through Leon County Schools? _____

STATE OF FLORIDA

COUNTY OF Leon

John Hogan, President and CEO

Authorized Representative (Print)

John Hogan

Authorized Representative (Signature)

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 10 day of March, 2023, by John Hogan (name of authorized representative) as President and CEO (position title) for Capital Health Plan, Inc (company name).

Deborah J. Sisk
Notary Signature

(NOTARY SEAL)

Deborah J. Sisk
Name of Notary (Typed, Printed, or Stamped)




Personally Known ☒ OR Produced Identification ☐ Type of Identification _____

Attachment IV Respondent Contact Information

The Respondent shall identify the contact information for solicitation and contractual purposes via the requested fields of the table below.

	For solicitation purposes, the Respondent's representative shall be:	For contractual purposes, should the Respondent be awarded, the Respondent's representative shall be:
Name:	Deborah Sisk	John Hogan
Title:	Account Executive	President and CEO
Street Address:	2140 Centerville Road	2140 Centerville Road
City, State, Zip code	Tallahassee, FL. 32308	Tallahassee, FL. 32308
Telephone: (Office)	850-383-3329	850-383-3492
Telephone: (Cell)	850-509-9323	N/A
Email:	djsisk@chp.org	N/A

Capital Health Plan, Inc.		February, 2023
Company Name	Authorized Representative (Signature)	Date
591830622	John Hogan, President and CEO	
FEIN #	Authorized Representative (Printed)	

b. **TAB B Experience and Organization** (limit 50 pages)

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1) References

Using Attachment V, Respondent's Reference Form, Respondents shall provide at least three (3), but no more than five (5), references from businesses or governmental agencies for whom the Respondent has provided services of similar scope and size to the services identified in this ITN. References should reflect current experience and must be able to support the experience requirements of this ITN. To qualify as current experience, services described by references shall be ongoing or shall have been completed within the 12 months preceding the issuance date of this ITN.

The references shall be completed and signed by the individual offering the reference, and certified by a notary public, utilizing Attachment V, Respondent's Reference Form for References. References(s) shall identify the type of services provided by the Respondent, dates of service provision, the firm/agency name of the entity for which the services were provided, and the reference provider's current telephone number and address. Reference(s) shall include a paragraph describing services similar in magnitude and scope to those requested in the ITN. **Current or former employees of the District or current or former members of the Board may not be used and will not be accepted as references if speaking to the services rendered to the District.** The District reserves the right to contact reference sources listed or not listed in the Respondent's Reply and to consider references when determining best value.

Response: See attachments labeled "Tab B-1 Attachment V Respondent's Reference Form 1" see page # 7, "Tab B-1 Attachment V Respondent's Reference Form 2" see page # 8, and "Tab B-1 Attachment V Respondent's Reference Form 3" see page # 9.

2) Prior Work Experience

i. Narrative/Record of Past Experience

As indicated in Section 1.4(j) of this ITN, it is a Mandatory Responsiveness Requirement that the Respondent has at least three (3) years, within the last five (5) years, of business/corporate experience in providing medical benefits coverage to commercial or governmental clients. Details of the Respondent's experience that meets this requirement shall be provided in narrative form and with enough detail for the District to determine its complexity and relevance. Specifically, Respondents shall include:

- A description of experience providing services similar in nature to the services sought in this ITN;

Response: Established in 1982, CHP was the Tallahassee area's first HMO and has served the Leon County School District consistently for 38 years. All of CHP's business is fully underwritten in Florida and has included, for decades, other major public employers such as the State of Florida, Leon County, and the City of Tallahassee. In addition, thousands of area businesses and organizations have relied on Capital Health Plan for their health care and coverage for many years. Today, the health plan serves over 134,000 members throughout its 9 county service area in North Florida.

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- The specific length of time the Respondent has provided similar services, and where services were provided;

Response: Capital Health Plan has provided comprehensive and affordable health care to our members in the Tallahassee area since 1982. For years, we have proudly served Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, and Wakulla counties in Florida. In January 2023, Capital Health Plan expanded its service area to include Madison and Taylor counties.

- All current or prior (within three (3) years) federal, State, or government contracts for the provision of related services, including a description of the specific services provided, census of those covered (broken out into members and dependents, active and retired, as applicable);

Response: Capital Health Plan provides group health coverage to numerous federal, state and local government clients, including schools, within the CHP service area. Note that the groups listed below are active with CHP.

Contracts	Services Provided	Begin Date	End Date	Total Members	Total Medicare Retirees
State of Florida	Group Health	1983	Active	53,232	7,624
City of Tallahassee	Group Health	1983	Active	5,248	1,266
Leon County BOCC	Group Health	1983	Active	2,921	303
FEHB	Group Health	1986	Active	2,800	201
Wakulla County BOCC	Group Health	1985	Active	621	45
Gadsden County BOCC	Group Health	1994	Active	304	49
Jefferson County BOCC	Group Health	2007	Active	220	21
Franklin County BOCC	Group Health	2012	Active	214	21
City of Quincy	Group Health	2006	Active	201	27

- All current or prior (within three (3) years) school district contracts for the provision of related services, including a description of the specific services provided, census of those covered (broken out into members and dependents, active and retired, as applicable);

Response: Capital Health Plan provides group health coverage for the employees of several schools within the CHP Service area. Note that these school districts are active contracts with CHP.

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Contract	Services Provided	Begin Date	End Date	Total Members	Total Medicare Retirees
Leon County School District	Group Health	1985	Active	5,289	1,188
Gadsden County School District	Group Health	1995	Active	621	214
Wakulla County School District	Group Health	1987	Active	586	94
Franklin County School District	Group Health	2013	Active	161	13
Liberty County School District	Group Health	2015	Active	149	5
Jefferson County School District	Group Health	1998	Active	136	61

- A narrative summary of contract performance in all of the above-identified contracts, self-disclosing any identified performance deficiencies and the assessment of financial consequences or liquidated damages;

Response: Capital Health Plan has no performance deficiencies.

- The name(s), telephone number(s), and address(es) for the specified federal, State, or government contract manager(s);

Response:

Contract	Contract Manager	Telephone #	Address
State of Florida	Marcus Gordon	850-412-8504	4050 Esplanade Way, Tallahassee, FL. 32399
City of Tallahassee	Natalie Prato	850-891-8217	300 South Adams Street, Tallahassee, FL. 32301
Leon County School District	Pam Faulkner	850-487-7390	2757 West Pensacola Street, Tallahassee, FL. 32304
Leon County BOCC	Danielle Woods	850-606-2417	315 S. Calhoun Street Suite #210, Tallahassee, FL. 32301
FEHB	Shannon Edwards		
Wakulla County BOCC	Debbie Dubose	850-926-9500 X 707	P O Box 1263, Crawfordville, FL 32326
Wakulla County School District	Sharon Lewis	850-926-005 X 238	69 Arran Road, Crawfordville, FL. 32327

CONFIDENTIAL			
Gadsden County School District	Shekinah Dawkins	850-662-2186	35 Martin Luther King Jr. Blvd, Quincy, FL. 3351
Gadsden County BOCC	Becky Maas	850-855-8648	9-B East Jefferson St., Quincy, FL. 32351
Liberty County BOCC	Lisa Shuler	850-643-2339	10818 N.W. State Road 20, Bristol, FL. 32321
Jefferson County BOCC	John Stephens	850-342-0218 X 231	One Court House Circle, Monticello, FL. 32344
City of Quincy	Carolyn Bush	850-618-1895	404 W. Jefferson Street, Quincy, FL. 32351
Franklin County School District	Karen Peddie	850-670-2810	85 School Road, East Point, FL.
Liberty County School District	Melanie King	805-643-2275	11051 NW SR 20, Bristol, FL 32321
Jefferson County School District	Taryn Bellflower	850-342-0100	1490 W. Washington Street, Monticello, FL. 32344

- A summary of any exemplary or qualitative findings, recommendations, or other validations, which demonstrate operational experience. (i.e., specialized accreditation, grant awards, etc.); and

Response: Each year, National Committee on Quality Assurance (NCQA) rates health plans across the country, and CHP has earned top ratings since NCQA began comparing health plans in 2005. According to NCQA's Private Health Insurance Plan Ratings in 2022, CHP's Private Commercial Plan is 4.0 out of 5. According to the NCQA's Medicare Health Insurance Plan Ratings for 2022, CHP's Medicare Plan is rated 4.5 out of 5.

CHP has been recognized by the NCQA as the highest rated health plan in Florida in their annual evaluations and audited reviews of industry performance across a broad range of clinical and service indicators.

One of the most important indicators of high quality care and service incorporated in these reviews is the overall satisfaction level with the plan expressed in standardized member surveys. CHP is the only health plan in the nation to have a "top ten" industry result on this key metric for employers and their workforces all 25 years the NCQA has conducted the survey.

- A list of all contracts within the last five (5) years that were terminated before the natural expiration of the contract term, both those related to performance issues and those for any other reason, along with an explanation of the circumstances related to the termination.

CONFIDENTIAL

Response:

Group_Name	Termination Date	Termination Reason Description
First Florida Credit Union	12/31/2019	Switched to another carrier
Hopping, Green & Sams, P.A.	1/31/2022	Business Closed
Big Bend Hospice, Inc.	9/30/2019	Switched to another carrier
Prime Technological Services, LLC	2/28/2022	Switched to another carrier
Municipal Code Corporation	12/31/2021	Business Sold
Sunshine Community Bank	3/31/2018	Business Sold
Nelson Mullins Riley & Scarborough LLP dba Nelson Mullins Broad and Cassel	12/31/2019	Switched to another carrier
Keith Lawson Company, Inc.	2/29/2020	Switched to another carrier
Miracle Hill Nursing Home	8/31/2017	Switched to another carrier, returned to CHP coverage 12/2022.
GT Technologies/Precision Engine Products	12/31/2018	Switched to another carrier
Preferred Managing Agency, LLC	12/31/2022	Business Closed
D.O.S. of Eden Springs	10/31/2017	Switched to another carrier
Resort Vacation Properties of St. George Island	8/31/2022	Business Sold
MRL, LLC dba The Strip	12/31/2019	Business Closed
Ajax Building Company, LLC	12/31/2022	Business Sold
Scottish American Insurance General Agency, Inc dba Florida Home Builders Ins	8/31/2020	Switched to another carrier
Standard Precast Inc	12/31/2019	Business Sold
Florida Coalition Against Domestic Violence	9/30/2020	Business Closed

i. Disputes

Respondents shall identify all contract disputes they (or their affiliates, subcontractors, agents, etc.) have had with any customer within the last three (3) years, relating to contracts under which they provided services similar in nature to those described herein. This shall include any circumstance involving the performance or non- performance of a contractual obligation that resulted in (i) identification by the contract customer that the Respondent was in default or breach of a duty under the contract or not performing obligations as required under the Contract; (ii) the issuance of a notice of default or breach; (iii) the institution of any judicial or quasi-judicial action against the Respondent as a result of the alleged default or defect in performance; or (iv) the assessment of any fines, liquidated damages, or financial consequences. Respondents must indicate whether the disputes were resolved and, if so, explain how they were resolved.

Response: Capital Health Plan has no disputes.

ii. Subcontractor Information

If the Respondent plans to use subcontractors to provide any performance under the Contract, the Respondent shall include detailed information for all subcontractors with whom it plans on contracting. This information shall be provided using Attachment VII, Subcontracting Form. This information shall, at a minimum, include the following: name, contact information, the service(s) subcontractor will be providing under the prospective contract, the number of years the subcontractor has provided services, projects of similar

size and scope to the Services sought via this ITN the subcontractor has provided, and all instances of contractual default or debarment (as a prime or subcontractor) the subcontractor has had in the past five (5) years.

Response: See attachments labeled:

- “Tab B-2iii Attachment VII Subcontracting Form Aim Specialty Health” see page # 10,
- “Tab B-2iii Attachment VII Subcontracting Form Amwell Inc.” see page # 11,
- “Tab B-2iii Attachment VII Subcontracting Form BCBS of FL” see page # 12,
- “Tab B-2iii Attachment VII Subcontracting Form Copywell dba Express Printing” see page # 13,
- “Tab B-2iii Attachment VII Subcontracting Form CSS” see page # 14,
- “Tab B-2iii Attachment VII Subcontracting Form Data Stat” see page # 15,
- “Tab B-2iii Attachment VII Subcontracting Form HealthTrio” see page # 16,
- “Tab B-2iii Attachment VII Subcontracting Form Healthwise” see page # 17,
- “Tab B-2iii Attachment VII Subcontracting Form Healthy People” see page # 18,
- “Tab B-2iii Attachment VII Subcontracting Form Language Line” see page # 19,
- “Tab B-2iii Attachment VII Subcontracting Form OptumInsight” see page # 20,
- “Tab B-2iii Attachment VII Subcontracting Form Payspan Inc” see page # 21,
- “Tab B-2iii Attachment VII Subcontracting Form Performant Recovery” see page # 22,
- “Tab B-2iii Attachment VII Subcontracting Form Prime Therapeutics” see page # 23,
- “Tab B-2iii Attachment VII Subcontracting Form Primetime Medical Software” see page # 24,
- “Tab B-2iii Attachment VII Subcontracting Form Rapid Press Inc” see page # 25,
- “Tab B-2iii Attachment VII Subcontracting Form Target Print” see page # 26, and
- “Tab B-2iii Attachment VII Subcontracting Form VARIS LLC” see page # 27.

3) *Staffing Plan*

The Respondent shall describe all staff assigned to the Contract, including an organizational chart outlining the hierarchy of key personnel for the Contract proposed under this ITN. The Respondent shall also provide job descriptions for all account management positions assigned to the Contract. If a position is not dedicated full-time to the proposed Contract, the percentage of time should be noted on the Staffing Plan.

Response: Attached is an organizational chart outlining the hierarchy of key personnel. See attachment labeled “Tab B-3 Sales and Account Management”, see page # 31. The biographies of the key staff can be found in the attachment labeled “Tab B-3 Capital Health Plan Biographies” see page # 28. Staff assigned to the Contract are:

- Deborah Sisk is the Account Executive assigned to the Leon County School District and will engage any CHP employee or department necessary to assist with resolving any issues. Deborah has had the pleasure of managing the Leon County School District account for over 15 years. Deborah will devote as much time as necessary to meet or exceed contractual requirements; we anticipate that on average 25% of her time will be needed to assist the Leon County School District with any issues that arise.
- Deborah will be supported by Mark Hicks, Director of Sales & Account Management. Mark will devote as much time as necessary to meet or exceed contractual requirements; we anticipate that on average 15% of his time will be needed to assist the Leon County School District with any issues that arise.
- Tom Glennon, SVP of Marketing and Administration, will also spend time as needed to meet any contractual requirements.

Respondent's Reference Form

Reference #1

Respondent Name: Capital Health Plan, Inc.

Reference

Company Name	City of Tallahassee	Address	300 South Adams Street Tallahassee, FL 32301
Primary Contact Person		Secondary Contact Person	
Name	Natalie Prato	Name	
Title	Benefits Administrator	Title	
Phone	850-891-8217	Phone	
Email	Natalie.Prato@talov.com	Email	
Location Where Services Were Provided	Leon County, FL.		
Contract Term	01-01-2023	12-31-2023	
	Effective Date (Month/Year)	Termination Date (Month/Year)	

Brief description of the services performed for this reference:

Capital Health Plan provides HMO Group Health Insurance and Retiree Advantage coverage.

Would you contract with the Respondent again? Yes XX No

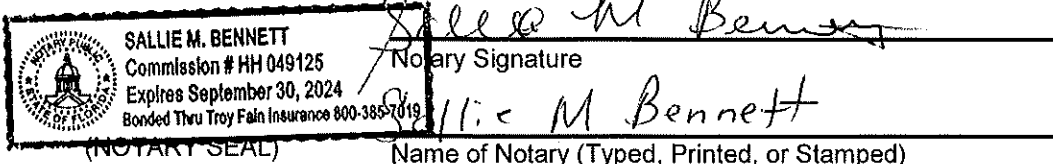
Overall contract performance: O Poor O Fair O Adequate O Good XX Excellent

[Signature] February 22, 2023

Signature (Primary Reference Contact)

Date

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 22nd day of February, 2023, by Natalie Prato (name of authorized representative) as Benefit Administrator (position title) for City of Tallahassee (company name).



Name of Notary (Typed, Printed, or Stamped)

Personally Known ☒ OR Produced Identification ☐ Type of Identification

Respondent's Reference Form

Reference #2

Respondent Name: Capital Health Plan, Inc.

Reference Company: Wakulla County School District

Company Name	Wakulla County School District	Address	69 Arran Road, P.O. Box 100 Crawfordville, FL 32326
Primary Contact Person		Secondary Contact Person	
Name	Sharon Lewis	Name	
Title	Finance Assistant	Title	
Phone	850-926-0065	Phone	
Email	sharon.lewis@wcsb.us	Email	
Location Where Services Were Provided	Wakulla County, FL.		
Contract Term	10-01-2022	09-30-2023	
	Effective Date (Month/Year)	Termination Date (Month/Year)	

Brief description of the services performed for this reference:

Capital Health Plan provides HMO Group Health Insurance and Retiree Advantage coverage.

Would you contract with the Respondent again? Yes XX No

Overall contract performance: O Poor O Fair O Adequate O Good ☒ Excellent

Sharon Lewis

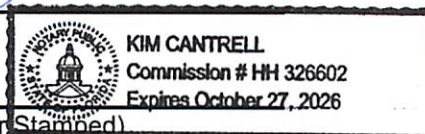
February 17, 2023

Signature (Primary Reference Contact)

Date

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this 17th day of Feb, 2023, by Sharon Lewis (name of authorized representative) as Finance Assistant (position title) for Wakulla County School (company name).
Kim Cantrell Board

Notary Signature



(NOTARY SEAL)

Name of Notary (Typed, Printed, or Stamped)

Personally Known ☒ OR Produced Identification ☐ Type of Identification

Respondent's Reference Form

Reference #3

Respondent Name: Capital Health Plan, Inc.

Reference Company: Liberty County School District

Company Name	Liberty County School District	Address	11051 NW State Road 20 Bristol, FL 32321
Primary Contact Person		Secondary Contact Person	
Name	Melanie King	Name	
Title	Director of Finance	Title	
Phone	850-643-2275	Phone	
Email	Melanie.king@lcsb.org	Email	
Location Where Services Were Provided	Liberty County, FL.		
Contract Term	10-01-2022	09-30-2023	
	Effective Date (Month/Year)	Termination Date (Month/Year)	

Brief description of the services performed for this reference:

Capital Health Plan provides HMO Group Health Insurance and Retiree Advantage coverage.

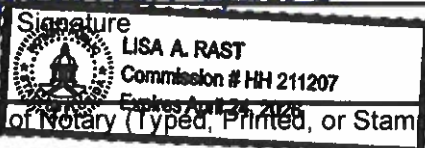
Would you contract with the Respondent again? Yes XX No

Overall contract performance: O Poor O Fair O Adequate ☒ Good O Excellent

Melanie King 2-15-23
Signature (Primary Reference Contact) Date

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this 15th day of February, 2023, by Melanie King (name of authorized representative) as Finance Director (position title) for Liberty County School District (company name).

Notary Signature



(NOTARY SEAL)

Name of Notary (Typed, Printed, or Stamped)

Personally Known ☒ OR Produced Identification ☐ Type of Identification

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Radiation benefits management program

Subcontractor Company Name: AIM Specialty Health FEIN: 36-3692630

Contact Person: Amanda Pearson Contact Phone Number: 224-456-3594

Address: 4800 Deerwood Campus Parkway, Jacksonville, FL 32246

Email address: PearsonA@imspecialtyhealth.com

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No x

Local Respondent? Yes _____ No x

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

The AIM Radiation Oncology Solution is a radiation benefits management program that promotes appropriate, cost-effective radiation treatment for members with cancer. The program is built on evidence based care and creates value by comprehensively managing the modality, fractionation, image-guidance technology, and billing codes of radiation treatments

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Urgent Care, Telehealth Services

Subcontractor Company Name: Amwell, Inc. FEIN: _____

Contact Person: Daniel Galambos Contact Phone Number: 330-990-5969

Address: 75 State Street, Boston, MA 02109

Email address: _____

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No X

Local Respondent? Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Amwell connects CHP members to board-certified online doctors, 24/7, using your phone, tablet, or computer.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Blue Card network, Away From Home Care and anti-fraud investigative service.

Subcontractor Company Name: BCBS of Florida FEIN: _____

Contact Person: Sabina Vera Contact Phone Number: 904-905-1760

Address: 4800 Deerwood Campus Parkway, Jacksonville, FL 32246

Email address: _____

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No X

Local Respondent? Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

BCBS of Florida is an independent licensee of Blue Cross and Blue Shield Association. The Association governs the business practices of approximately 42 independent plans located nationwide and in Puerto Rico. As an affiliate of BCBS of FL CHP members have access to the Blue Card Network and Away From Home Care program. Additionally, BCBS of FL also provides anti-fraud investigative services. Processing claims through the Blue Card system and SIU functions. BCBS provides these services to CHP in connection with CHP's entire membership.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Printing and mailing

Subcontractor Company Name: Copywell Inc DBA Express Printing FEIN: 59-3573942

Contact Person: Tony Shah Contact Phone Number: 850-222-9777

Address: 3927 N Monroe Street, Tallahassee, FL 32303

Email address: tony@iprintquick.com

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No _____

Local Respondent? Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Printing and mailing services.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Conducts surveys of consumers

Subcontractor Company Name: Center for Study of Services (CSS) FEIN: 52-1000466

Contact Person: Hershal Patel Contact Phone Number: 202-454-3052

Address: 16625 K Street NW, Ste 800, Washington, DC 20006

Email address: hpatel@cssresearch.org

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No x

Local Respondent? Yes _____ No x

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

CAHPS survey Vendor: Commercial and Medicare

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Survey data collection services

Subcontractor Company Name: Data Stat FEIN: 38-2791120

Contact Person: Allison Zapor Contact Phone Number: 734-994-0540 Ext 190

Address: 395 Research Park Drive, Ann Arbor, MI 48108

Email address: _____

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No x

Local Respondent? Yes _____ No x

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

DataStat specializes in survey data collection services and advanced reporting, specifically in support of health services research and public policy research.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Healthcare information technology and services

Subcontractor Company Name: HealthTrio LLC FEIN: _____

Contact Person: Connie Lagneaux, RN BSN MBA Contact Phone Number: 520-748-6176

Address: 603 N. Wilmot Road, Tucson, AZ 85711

Email address: _____

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No x _____

Local Respondent? Yes _____ No x _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

HealthTrio is a healthcare information technology and services company whose primary mission is to connect all healthcare participants to improve the quality of care and streamline administrative processes. Their solutions facilitate the sharing of information online in real-time with consumers and their health care providers and are fully installed and working in healthcare environments throughout the United States.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Shared medical decision making and unbiased and evidence based medical science information.

Subcontractor Company Name: Healthwise, Inc. FEIN: _____

Contact Person: Tad Arnt, Chief Operations Officer Contact Phone Number: 208-331-6991

Address: 2601 N Bogus Basin Rd, Boise, ID 83702

Email address: _____

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No X

Local Respondent? Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Healthwise was founded in 1975 in Boise, Idaho, as a 501c(3) nonprofit company with a mission to help people make better health
decisions. Today, they are still guided by the same mission. They provide smart, cost-effective, and reliable ways to deliver
health content that fits in to their programs, quality initiatives, and daily workflows for their clients.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

HEDIS Audit Firm

Subcontractor Company Name: Healthy People FEIN: 270377805

Contact Person: Katharine Iskrent Contact Phone Number: 858-488-1710

Address: 774 Mays Blvd., #10-119; Incline Village, NV 89451

Email address: KI@HealthyPeopleTeam.com

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No X

Local Respondent? Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

HEDIS Data Auditor

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Interpretation Services

Subcontractor Company Name: Language Line Solutions FEIN: _____

Contact Person: Vito Matuz Contact Phone Number: 831-648-5810

Address: P O Box 202564, Dallas, TX. 75320-2564

Email address: _____

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No X

Local Respondent? Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Language Line has been in business for over 30 years and offers interpretations of over 200 languages. They are available 24/7

to provide assistance for our limited English Proficient customers both appropriately and timely.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

U^à[*aã}Á^!cã•

Subcontractor Company Name: U]ć{ 9•ã @ã8ã FEIN: 41-1858498

Contact Person: ÙaãT aqã Contact Phone Number: Jcãî î Fã Jc

Address: GcãQ}[çã}ÔãY c | FcãÔ^Ú^!ãY c | FFI

Email address: sara.mahlik@optum.com

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No Y

Local Respondent? Yes _____ No Y

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

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Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Payments

Subcontractor Company Name: Payspan, Inc. FEIN: 59-3259342

Contact Person: Logan Hartke, Customer Relationship Mgr. Contact Phone Number: 904-588-7030

Address: 771 Belfort Parkway, Ste 200, Jacksonville, FL 32256

Email address: RM@payspan.com

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No X

Local Respondent? Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Provider payment and remittance processing.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Recovery

Subcontractor Company Name: Performant Recovery, Inc. FEIN: 94-2370483

Contact Person: Taylor Culberson Contact Phone Number: 303-325-6999

Address: 333 North Canyons Parkway, Ste 100 Livermore, CA 94551

Email address: _____

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No X _____

Local Respondent? Yes _____ No X _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Audits of managed Medicare claims to ensure that payments were proper and in compliance with all applicable guidance.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Pharmacy Benefit Manager (PBM)

Subcontractor Company Name: Prime Therapeutics FEIN: _____

Contact Person: Samara Austin (Commercial), Sr. Director Contact Phone Number: 904-588-7030
o Client Engagement

Address: 10151 Deerwood Park Blvd, Bldg 300, Ste 230, Jacksonville, FL 32256

Email address: _____

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No x _____

Local Respondent? Yes _____ No x _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Prime Therapeutics is the Pharmacy Benefit Manager for CHP. Prime works to control costs and manage benefits through focus on affordability and experience. Specifically, they keep pharmacy costs low so that medicines are more affordable for the members we serve and provide an optimal client and member experience. Working with health plans, Prime also leverages direct connections to deliver programs that coordinate across medical, pharmacy, and wellness benefits to achieve better health outcomes. Prime offers industry-leading integration solutions including their GuidedHealth clinical program suite.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Medical Software

Subcontractor Company Name: Primetime Medical Software Corporation FEIN: 83-3430187

Contact Person: Matthew Ferrante, CEO Contact Phone Number: 803-796-980

Address: 3150 Rogers Road, Suite 107, Lake Forest, NC 27587

Email address: ferrante@medicalhistory.com

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No X

Local Respondent? Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

IMH provides a health questionnaire library that interacts with our Electronic Health Record (EHR). Selected questionnaires are made
available to patients who are scheduled for appointments with the NextGen Electronic Health Care system and can provide
verification information. Data entered on these questionnaires is then available within the EHR for physician review and documentation.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Heath Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Printing and mailing

Subcontractor Company Name: Rapid Press, Inc. FEIN: 59-1217-692

Contact Person: Lourdes Madsen Contact Phone Number: 850-893-7346

Address: 3626 Cagney Drive, Tallahassee, FL, 32309

Email address: Lourdes@RapidPress.com

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No _____

Local Respondent? Yes _____ No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Printing and mailing services.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Printing and mail services

Subcontractor Company Name: Target Print & Mail FEIN: _____

Contact Person: Tracey Cohen Contact Phone Number: 850-701-2357

Address: 2843 Industrial Plaza Drive, Tallahassee, FL 32301

Email address: _____

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No _____

Local Respondent? Yes _____ No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Target Print & Mail is a premier provider of commercial printing signs, mailing and graphic design solutions.

Attachment VII Subcontracting Form

The Respondent shall complete the information below on all subcontractors that will be providing services to the Respondent to meet the requirements of the Contract, should the Respondent be awarded. Submission of this form does not indicate the District's approval of such subcontractor(s), but provides the District with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Prime Respondent Name: Capital Health Plan, Inc.

Type/Description of Goods or Service Subcontractor will provide:

Inpatient DRG and APC/Outpatient recovery audit services

Subcontractor Company Name: VARIS LLC FEIN: 75-3143798

Contact Person: Joy Wilkie Contact Phone Number: 916-294-0860

Address: 9245 Sierra College Blvd., Ste 100, Roseville, CA 95661

Email address: jwilkie@varis1.com

Currently Registered as a Small
Business with Leon County Schools? Yes _____ No X

Local Respondent? Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Post Pay and Onsite DRG and APC audit services. VARIS review includes data analytics, human analysis and complex medical
record review. VARIS further customizes its review process to mirror the health plan policies and payment methodologies to
identify improper payments made due to coding, billing and processing errors.

THOMAS P. GLENNON

1264 Metropolitan Blvd. · Tallahassee, Florida 32317 · 850-383-3393 · E-mail: tpglennon@chp.org

Thomas P. Glennon – Senior Vice President, Marketing/Administrative Services, Capital Health Plan

Tom Glennon is responsible for the overall senior leadership, management and performance of the marketing, sales, account services, enrollment processing, and member services functions of the plan. He also establishes policies, procedures and workflows for the productive accomplishment of all activity within these areas. Tom monitors internal and external changes associated with the health plan's markets, products, contracts, benefit designs, and legal environment to ensure compliance with federal, state and local rules and regulations.

Tom is responsible for providing strategic analysis of CHP's marketplace and delivery system to assist in the identification of new target markets, the development of enrollment projections and budgets, and the creation of new product options based on marketplace opportunities and demands. He is responsible for evaluating opportunities and initiatives to improve marketing, the quality of administrative services, customer interaction and experience with the plan.

Tom holds a Florida Life & Health license. He is an accomplished and experienced leader in marketing, sales, and business development with over thirty years of industry experience. Tom's previous background includes serving as CHP's Sr. VP of Business & Community Development, Executive Director/VP of Sales & Marketing for Coventry Health Care of Florida/Vista Healthplan, and VP of Sales & Marketing for Healthplan Southeast in Tallahassee.

PROFESSIONAL AFFILIATIONS

- 2-18 Life & Health – Florida Insurance License
- Member – United Way Health Council
- Member – National Association of Health Underwriters

EDUCATION

- University of Connecticut, Master of Business Administration, 1992
- University of South Florida, Bachelor of Science in Finance, 1988

MARK S. HICKS, SR., MHP

1264 Metropolitan Blvd. · Tallahassee, Florida 32317 · 850-383-3540 · E-mail: mshicks@chp.org

Mark S. Hicks, Sr. – Director, Sales & Account Management, Capital Health Plan

Mark S. Hicks, Sr. is responsible for managing, planning, coordinating and directing the sales and account services functions for Capital Health Plan. Mark develops marketing plans and strategies, interprets and applies state and federal regulations to benefit plan offerings, educates company employees, employer group representatives, and partner sales agents on Capital Health Plan's benefit plan offerings. Mark also directs and supervises the activities of CHP sales representatives and service teams.

Mark holds a Florida Life, Health & Annuities license. He is an experienced leader in sales, business development, client management, operations and strategic planning with proven success in managing profitable business segments to meet growth goals. He has over twenty-four years of health care industry experience combined with ten years of association management experience providing a diverse background in sales, marketing, customer service and operations. Mark's previous background includes serving as Senior Manager of Sales for FBMC Benefits Management, Strategic Account Manager for Aetna. Additionally, he served as the Director of Marketing Operations for Coventry Health Care. Mark serves on the Board of Directors for the Florida Association of Health Underwriters and is the Membership Chair/President Elect of the Capital Area Association of Health Underwriters.

PROFESSIONAL AFFILIATIONS

- 2-40 Health – Florida Insurance License #D004250
- Managed Healthcare Professional (MHP), *AHIP*
- Professional, Academy for Healthcare Management (PHAM), *AHIP*
- Advanced Self-Funded Certification, National Association of Health Underwriters
- Membership Chair/President Elect, Capital Area Association of Health Underwriters
- Vice-Chair, Chapter Leadership & Development, Florida Association of Health Underwriters
- Board of Directors, Working Well, Tallahassee, Florida
- Executive Leadership Team, Big Bend Heart Walk – AHA
- Past President, Capital Area Association of Health Underwriters (2011-2013)
- 2013 Aetna Gold Circle Honoree – Exceeded 95% Retention for Block of Business

DEBORAH J. SISK

1545 Raymond Diehl Road · Tallahassee, Florida 32317 · 850-383-3329 · E-mail: djsisk@chp.org

Deborah J. Sisk – Sales Account Executive, Capital Health Plan

Deborah J. Sisk has been serving the State of Florida members as the CHP assigned account manager for the past twenty years. In this role she has direct responsibility for managing contractual requirements, ensuring performance guarantees are properly tracked and met, responding to daily calls from DSGI staff, preparing monthly, quarterly and annual reports, conducting open enrollment meetings, and educating State employees and retirees on the benefits available through the State of Florida Group.

In addition, Deborah is responsible for selling and promoting Capital Health Plan Commercial and Medicare Advantage plans to employer groups. Deborah manages and services existing accounts directly and through partner agents to ensure the successful retention of employer groups. She assists the Sales Director in implementing the strategic marketing plan and in coordinating, tracking, and monitoring projects and reports related to renewal and new sales activity.

Deborah is a skilled account executive with over 40 years of insurance experience. She holds a Florida Life & Health license. Her previous background includes positions as CHP's Major Account Manager, CHP's Marketing Coordinator, Sales Representative at Florida Transportation Builders Association, Marketing Coordinator at Fringe Benefits, Adjuster at Slade & Darnell Adjusters, and various marketing roles with the Travelers Insurance Company.

EDUCATION

Florida State University
Tallahassee, Florida, 1978

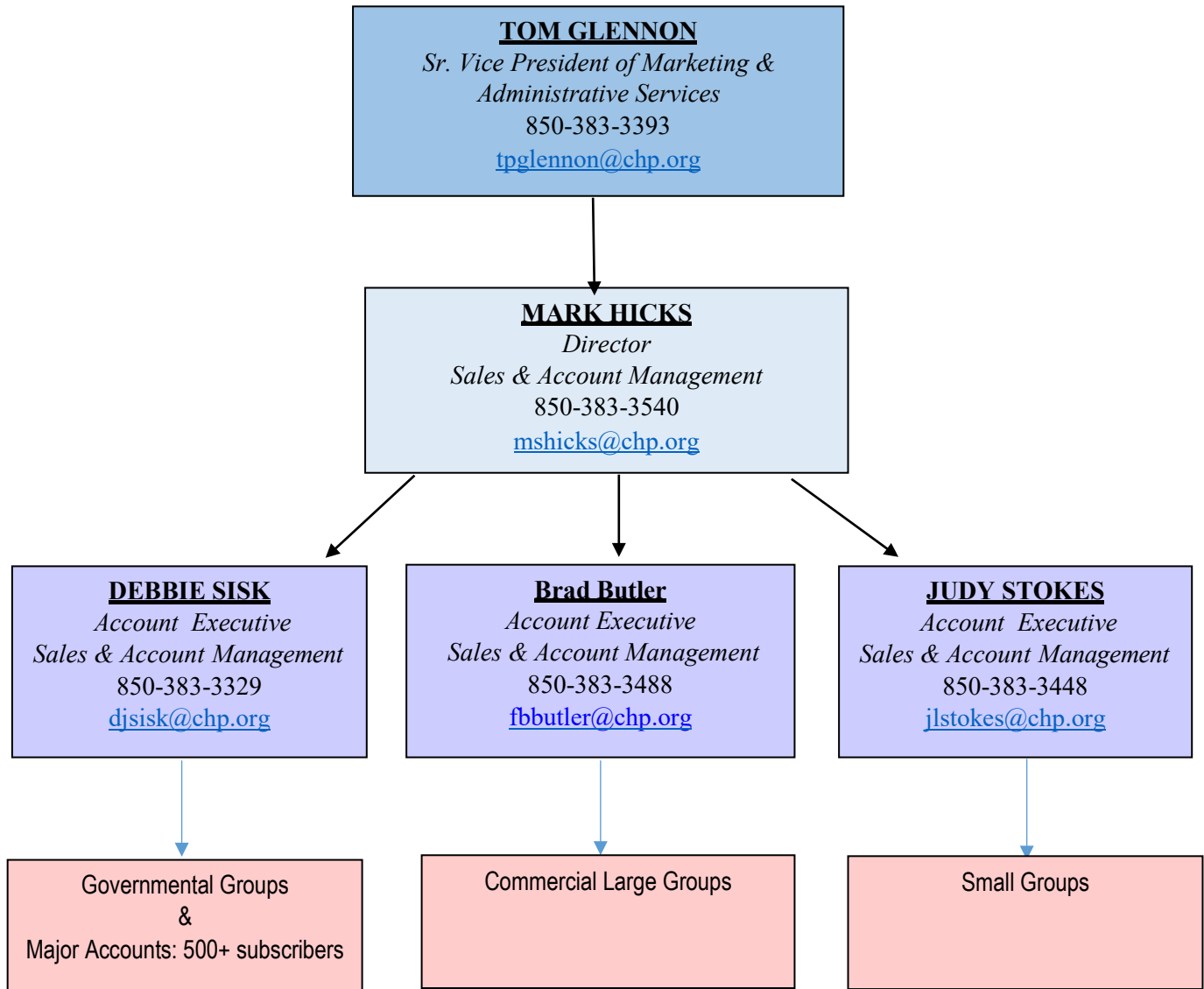
Tallahassee Community College
Tallahassee, Florida, 1976

PROFESSIONAL AFFILIATIONS

- 2-18 Life and Health Florida Insurance License #A244261

Sales & Account Management

Staff Contact Information



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c. **TAB C Description of Solution** (limit 25 pages)

The Respondent shall describe the following:

- Its understanding of the District's current coverage benefits;

Response: Capital Health Plan is a current carrier and has worked with the Leon County School District for 38 years to provide comprehensive, affordable health care to District employees and their families. As such, we have an excellent understanding of the current coverage benefits.

- Its understanding of the District's goals and objectives of this ITN;

Response: The goals and objectives listed in the ITN are understood.

- Provide the highest quality, comprehensive healthcare benefits to the District's Members, while maintaining affordability and cost efficiencies;

Response: As an integrated health system, CHP provides value by accepting responsibility for the delivery as well as the financing and underwriting of health care. The health plan does not simply offer an HMO benefit; it is an HMO and is directly involved in delivering health care services in the Tallahassee area. A key component of CHP's delivery system is its employed medical staff, the Physician Group of Capital Health Plan, who practice in three state-of-the-art health centers CHP has developed to exclusively serve its membership. These health centers are equipped with electronic medical records and can accommodate a broad range of preventive, primary, and specialty care services, including evening and weekend urgent care, lab, x-ray, and digital mammography, colon screening, an eye care service, wound care, and centers focused on the needs of seniors and the chronically ill. CHP's ability to offer this highly organized component of its delivery system provides unique opportunities for adding value. The staff model of CHP's delivery system is the engine of our program, consistently driving better results on measures of clinical care, member satisfaction, and affordability.

31% of the District's members have chosen a primary care physician from the Physician Group of CHP. In 2022, over 10,000 visits were utilized by State of Florida members at CHP centers.

- Ensure a smooth transition/continuation of services from the current Contractor, to any new Contractor; minimizing disruption in the services provided;

Response: Capital Health Plan, as the current carrier, would assist in any transition/continuation processes or activities as necessary.

- Determine what fully-insured or combination of fully-insured programs are in the best interest of the District and its Members;

Response: Capital Health Plan provides a fully-insured program for the Leon County School District.

Throughout CHP's 38-year history of serving the District, we have provided a fully insured program. These fully underwritten premiums are significantly lower than those in other school

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districts throughout the state. Additionally, CHP's benefits are significantly richer than what other school districts provide.

- Determine what type of plan or combination of plan types is in the best interest of the District and its Members;

Response: Capital Health Plan's current plans have served the District's employees and dependents well as demonstrated by consistently low single-digit rate increases coupled with comprehensive benefits. CHP is committed to working with the District and its staff should they wish to explore alternative plan options that might prove beneficial to the District moving forward. As such, we have proposed an alternate plan option that helps address current trends and potential cost drivers in the community.

- Ensure competitive pricing throughout the term of the Contract, including guarding against unexpectedly high renewal rate increases;

Response: Capital Health Plan has demonstrated a strong commitment to the District to maintain affordable rates while still offering employees a rich and comprehensive benefit plan. While health care costs continue to escalate nationwide, over the past 15 years, Capital Health Plan has been able to provide the School District with consistent single-digit renewal increases without significant benefit changes or reductions. The average increase for this period was under 5%. Capital Health Plan is a community-rated plan, which guards against unexpected high renewal rates typically seen with experience rated plans. Additionally, CHP's administrative costs represent less than 4% of our total revenues. This is one of the lowest levels in the nation. CHP's overhead has been below 5% of revenues for over 25 years.

- Establish innovative and effective claims cost containment strategies throughout the term of the Contract(s);

Response: Capital Health Plan has daily monitoring reports that track the age of claims in our system. Each claim examiner is audited on a monthly basis in addition to performing multiple targeted monthly audits.

Edits are contained within CHP's Core Claims Processing System and CES module (code auditing software embedded within the system) to help identify, for further investigation, billing issues which are inconsistent on a physician or facility claim. The system contains a complete claim history on each member and identifies duplicate dates of service, treatments and procedures and pends identified claims for review by an examiner. CHP also works closely with the Special Investigative Unit of Blue Cross/Blue Shield of Florida to investigate questionable claim submissions detected by our data mining software.

- Provide innovative and flexible solutions that will meet current and future needs of the District and its Members;

Response: The staff model of CHP's delivery system is the engine of our program, consistently driving better results on measures of clinical care, member satisfaction, and affordability. Additionally, Capital Health Plan, consistently monitors and assesses potential costs trends in the community in order to address those issues head on.

Examples of CHP's unique ability to address the specific needs of the District:

- In response to the continued escalation of ER utilization and costs, CHP partnered with Tallahassee Memorial Hospital to increase the availability of urgent care and after-hours care in outlying counties.
 - CHP has recently deployed a same-day-appointment scheduler to assist members in making appointments for urgent care convenient to their schedule.
 - CHP identified a need in the community for wound care and as such opened a Wound Care Clinic in one of our health centers.
 - CHP has partnered with a cardiology specialist and physical therapists to serve members in our health centers for more efficiency and quality.
- Provide robust and detailed reporting to the District to support management oversight; and

Response: CHP will continue to work with the District staff to provide reports as needed.

- Expand the use of modern technology to enhance coverage and services and improve the Member experience.

Response: CHP is committed to enhancing coverage and services for its members. This was recently demonstrated through our ability and willingness to implement telehealth for the vast majority of our primary care and specialty care providers. This includes low-cost, 24-7 telehealth services through our contracted telehealth vendor, Amwell.

- How its recommended approach will meet the ITN's goals and objectives;

Response: CHP believes that the current benefits provide the best value to the School District; however, we have proposed an alternative for consideration and remain open to further discussions should the School District want to explore other options.

- Any risks or challenges it recognizes related to the District's goals, requirements, or current operations;

Response: Maintaining moderate rate increases while preserving comprehensive benefits presents a challenge to not just the District, but to all groups seeking to provide the best value to their employees and dependents. New high-cost drugs continually being introduced to the market high or unnecessary emergency room utilization, and other factors that create cost pressure, will continue to be challenges for the District and the community at large. CHP as a fully-insured HMO centered in the local community, provides the best opportunity for the District to moderate the impact on their employees.

- How it will ensure quality services are provided while ensuring costs are managed appropriately;

Response: Since its inception, CHP has a proven track record of:

- Stability
- Minimal Physician Turnover
- Minimal Member Turnover
- Higher Member Satisfaction
- Higher Quality Care and Service

- Lower Administrative Overhead
- Better Affordability

The plan strives to distinguish itself with the affordability of its program, the quality of clinical care and services it provides, and its capacity to consistently and dependably manage and underwrite the risk of the diverse populations it serves.

- How it will focus on member engagement and customer service;

Response: Capital Health Plan is part of the local community. Our employees live and work here and many of their children attend schools in the Leon County School District. CHP's account management team is committed to assisting the District and Broker Partner in engaging with members throughout the year. Our Tallahassee call center and member services staff accept walk-in members, as well as phone calls, to assist with any issues or concerns. Capital Health Plan produces multiple communications throughout the year, including: employer, member, and provider newsletters, an active social media presence and a robust website that includes member tools and information. We are available and happy to discuss other ideas the District or its Broker Partner may have to encourage further member engagement.

- Its approach differentiators;

Response: As an integrated health system, CHP provides value by accepting responsibility for the delivery as well as the financing and underwriting of health care. The health plan does not simply offer an HMO benefit; it is an HMO and is directly involved in delivering health care services in the Tallahassee area.

A key component of CHP's delivery system is the Physician Group of Capital Health Plan, its employed medical staff, who practice in three state-of-the art health centers CHP has developed to serve its membership. The staff model of CHP's delivery system is the engine of our program consistently driving better results on measures of clinical care, member satisfaction and affordability.

CHP has been consistently recognized as the highest rated commercial and Medicare HMO in Florida by the National Committee on Quality Assurance in their annual evaluations and audited reviews of industry performance across a broad range of clinical and service indicators.

The plan specifically targets low medical trends, industry leading quality of care and service, high actuarial value benefit levels, low administrative overhead and minimal, statutorily required net income levels.

- Its approach to transition/service implementation; and

Response: CHP will work with the District to implement any changes, if necessary, resulting from the ITN, see Tab E page 1.

- Why its solution represents the best value for the District.

Response: While most of our nation's health care system is struggling to move from an expensive volume driven, fee for service system to a value driven, risk assuming system focused on outcomes including affordability; CHP has been such a system since its creation and has the

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clinical and financial capacity to continue to provide the best value for the Leon County School District.

Our proposed premium rates and track record of single-digit rate increases, protects the District from the risk of adverse financial experience. CHP's demonstrated ability to consistently provide value to the District is tied to our commitment to accept accountability for the financial risk and affordability of our benefits and premiums as well as the quality of healthcare and service our members receive.

d. **TAB D Service Area Detail** (limit 150 pages)

Respondents shall use this TAB to describe, in detail, their proposed solution and how services will be provided, organized by the following service areas. This shall include all methodologies, plans, resources, technological tools, and operational processes. This section should include value-added services or deliverables it will provide the District or its Members at no additional cost. This section should also include any exceptions or proposed modifications to the standard Contract Terms and Conditions included in Section 4 of this ITN.

Respondents shall also provide the following information or, if the Respondent is unable to provide or the requested information is not applicable, include a brief explanation of why.

1) Plan Benefits

- i. A summary of its proposed HMO and PPO plan(s)

Response: Capital Health Plan currently offers two HMO plans to the Leon County School District. Capital Selection with a \$15/\$30/\$50 prescription drug benefit, and a lower cost, less rich plan, the Value Selection with a \$15/\$50/\$100 prescription drug benefit, see page # 59.

- ii. Complete Attachment VIII, Benefits Comparison Table, to allow the District to evaluate its current PPO and HMO benefit plans against other available PPO and HMO benefit plans. If there are any other differences between its proposed PPO and HMO plans and the current PPO and HMO benefit plans which are not captured by the Benefits Comparison Table, the Respondent shall identify those differences by adding additional sheets behind the Benefits Comparison Table.

Response: Capital Health Plan is proposing two alternate plans for the District's consideration. These plans are outlined behind the Benefits Comparison Table. See "Tab D.1.ii Attachment VIII" see page 19.

2) Provider Network

- i. Provide a complete list, in alphabetical order, of its network providers located in the following Florida counties: Leon, Gadsden, Jefferson, and Wakulla. All providers on these lists should be available to provide services to Members.

Response:

Our Affiliated Network Includes:

- All Acute Care Hospitals in the service area

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- Over 750 affiliated physicians and other health care professionals
- Over 62,000 retail pharmacies

Capital Health Plan's provider network includes the physicians of See attachment labeled "Provider Listing 2023", see page 25.

- ii. Provide a list of all network specialty care facilities/providers outside of the geographic coverage area, such as UF Health Shands Hospital, Moffitt Cancer Center, or the Mayo Clinic, and any limitations on patient care or special referral processes to receive coverage at the listed facilities/providers.

Response:

See attachment labeled "Tab D.2.ii Centers of Excellence", see page # 44.

- iii. Provide a Top 25 Provider Network List of the top in-network providers based on annual claims payments.

Response: See attachment labeled "Top 25 Provider with TIN" see page # 54.

- iv. Identify all available network discounts.

Response: CHP's network discounts provide the District with significant savings. Our overall average network discount is approximately 64% of eligible billed charges.

- v. Describe the strengths and weaknesses of its provider network.

Response: As a mixed model, local HMO, CHP's network is unique in that we both own and operate local clinical facilities, employ physicians, nurses and other clinical staff while also contracting with other providers located throughout the community.

A key component of CHP's delivery system is its employed medical staff who practice in three state-of-the art health centers CHP has developed to exclusively serve our membership. These health centers are equipped with electronic medical records and can accommodate a broad range of preventive, primary and specialty care services including evening and weekend urgent care, lab, x-ray and digital mammography, colon screening, an eye care service, wound care, and centers focused on the needs of seniors and the chronically ill.

Whether members are longtime patients or new to their practice, every

aspect of their patient-centered medical care* is coordinated by a primary care physician dedicated to improving their health. CHP's ability to offer this highly organized component of its delivery system provides unique opportunities for adding value. The staff model of CHP's delivery system is the engine of our program consistently driving better results on measures of clinical care, member satisfaction and affordability.

The Leon County School District, like most large employers, has an aging workforce and a significant number of retirees posing major challenges for health plans managing chronic conditions and their associated costs. To meet the rising need for the type of specialized care required for older members, CHP added the Nancy Van Vessel, M.D., Center for Healthy Aging to our list of services. The new Center focuses on age-friendly care for our older members, and is conveniently located in our new Metropolitan Health Center. Recognized as an "Age-Friendly Health System" – a national recognition designated by the John A. Hartford Foundation and the Institute for Healthcare Improvement – the Center brings a holistic approach to meeting the unique health care needs of these older adults.

In addition to CHP services offered exclusively to our members in CHP owned clinical facilities, Capital Health Plan also has an extensive network of affiliated primary and specialty care physicians located throughout our service area who provide care to our members in their own offices. Capital Health Plan's network also includes hospitals and other clinical facilities throughout the service area. We are unaware of any other plan that can match the size and scope of our network in the service area.

As previously stated, CHP works with Centers of Excellence located throughout the Southeast for use when medically appropriate.

Capital Health Plan's pharmacy network provides coverage at over 62,000 retail pharmacies nationwide. Members may also choose to fill their maintenance medications via mail order with Express Scripts Home Delivery.

Capital Health Plan members are covered for urgently needed care anywhere and anytime in the United States, and for emergencies anywhere in the world. We also participate in the BlueCross BlueShield Global® Core and the Away From Home Care® programs. These programs provide coverage when appropriate for our members who are traveling outside the service area or living outside the area for an extended time.

One of the challenges that CHP faces is in the rural counties around the Tallahassee area, where they have limited provider resources. Although we contract with the majority of available providers in each of those communities, members may still have to travel to Tallahassee for specialty care or more complex clinical services.

**The Physician Group of Capital Health Plan achieved the National Committee for Quality Assurance (NCQA) recognition as a Patient Centered Medical Home (PCMH) in 2020.*

- vi. Describe the process for contracting and on-boarding new providers.

Response: Capital Health Plan maintains an open network and accepts requests for participation at any given time. These requests can be initiated by a member, provider, or employer group. Upon receipt, the request is reviewed and evaluated by a CHP Committee comprised of medical management and senior managers. The service proposal is reviewed for consideration with the current network and member needs evaluated. If it is deemed beneficial to our membership to have this provider available, a contract proposal is sent to the provider.

To ensure that we meet the needs of our members, we routinely review our network for any potential specialty or service area deficiencies and identify solutions to address them. Upon identification of a deficiency, we review publications, FL licensing, and seek to identify new providers in an area where the specialty is deficient.

Annual surveys are issued to network providers for input on physicians and facilities that are currently out of network and would be beneficial to our members. Research is performed on the referred party, and the information is presented to the committee for consideration. If it is deemed beneficial to our membership to have this provider available, a contract proposal is sent to the provider.

Once contract terms have been agreed upon, we then initiate initial credentialing to ensure that we maintain a quality network of providers. Upon successful completion of the credentialing process, the contract is executed and implemented. CHP then works with the provider to ensure that they are familiar with our online tools, provider portal, website, and processes. We have a Network Services Department that continues to provide support to the provider.

- vii. Provide a Top 25 Prescription Coverage List of the top in-network/preferred pharmaceuticals based on annual claims payments.

Response: See attachment labeled "Tab D.2.vii Top 25 Drugs by Paid Amount" see page 56.

3) Utilization Management & Case Management

The Respondent shall describe its approach to UM and case management, including:

- An overview of what benefits require a referral (or prior authorization);

Response: See attachment labeled “Tab D.3 Medical Services that Require Prior Authorization 1 2-8-2022” see page # 57.

- The process used to review and authorize referrals;

Response: Reviews are performed in the following circumstances: for services or codes that are pending for medical review on post-service claims, for services in an out-of-service area or at non-network facilities, or if there are clinical criteria that must be met in order for services to be covered. The primary care physician, provider of service, member, or the member's representative may call, fax, or submit an electronic request before services are rendered.

1. The submitted information is reviewed by a CHP Care Coordination staff member. Should additional information be needed, CHP will request the needed information.
2. If an electronic request does not automatically result in a decision, the information will then be provided to the CHP designated staff (trained staff, nurses, a physician reviewer, and the Medical Director) to review and render a decision.
3. Written approvals and denials are provided to the members and the primary care physician once the request has gone through a utilization review.

Our members and providers can access authorization numbers through our electronic portal or by calling CHP Member Services or Network Services.

- The appeals process for referrals that are denied;

Response: If the member, provider, or authorized representative (with a signed Appointment of Representative form) does not agree with the utilization decision that has been made, any of the above parties have the right to file an internal appeal. The parties listed have 180 days (for commercial) and 60 days (for Medicare) to file an appeal. The appeal needs to be in writing, explaining the subject of the appeal and the reason that the party believes the request should be approved. Parties also have the right to file a simultaneous external appeal with our contracted vendor, the Medical Review Institute of America (MRIoA). The decision of the external appeal is binding.

The internal appeal will issue a decision and provide all parties with a written determination. A standard appeal decision will render a decision within 30 days, and an appeal that is urgent will render a decision within 72 hours. (An urgent appeal is if the member or the physician believe that a member's health could be seriously harmed by waiting up to 30 days for a decision.)

CHP Member Services is also available to assist members with filing an appeal.

- The process for reviewing inpatient care to determine it is the most appropriate placement;

Response: Capital Health Plan does not use medical protocol products such as InterQual, Milliman, or Optimed for making determinations regarding the most appropriate placement of inpatient care, rather most of the local acute inpatient facilities utilize one of these medical protocol products to assist with level of care, length of stay, etc. Capital Health Plan care and case managers do follow along with the acute inpatient facilities and update the authorization every 1-2 calendar days. It is the coordination between the facilities and Capital Health Plan that helps guide the discharge and next level of care. Inpatient precertification is performed in-house. We have dedicated staff for the authorization process for all aspects of IP services.

- Step-down care options including rehabilitation, home health services, and outpatient treatment; and

Response: The CHP Care Coordination Care Managers and Certified Case Managers work closely with all acute inpatient facilities, making sure our members receive the appropriate step-down care following their inpatient stays. CHP has multiple contracted local rehabilitation facilities, including LTAC, IPRH, and SNFs. If a member is transferred to an inpatient step-down care unit, CHP nurses and case managers continue to follow the member, working closely with the facility care team for the next level of transition.

- The software and tools used to review referrals and requests.

Response: Capital Health Plan has an automated prior authorization and E-Referral system that works through EDIT 278 real-time automation. The authorization engine requests additional information, if needed, using EDI 275. The provider then responds with the appropriate information, and the authorization engine responds with a decision using an EDIT 278 response. There are some utilization decisions that are issued instantly via the 275 and 278 files.

4) Preventative Health/Wellness Programs

The Respondent shall describe their approach to preventative health and wellness initiatives and programs, including:

- How programs are communicated and promoted to Members;

Response: When a new member is enrolled, they receive a welcome postcard that directs them to a welcome page on the website (below), which provides helpful links to get them started.

<https://capitalhealth.com/members/important-member-information>

In addition to CHP's website and secure member portal, population based targeted mailings are completed several times during the year. Topics include: diabetes management, completing preventative care such as adolescent immunizations, colon cancer screening, and completing an annual wellness visit with the member's PCP.

Additionally, at open enrollment, members are provided an SBC, which provides details on their plan benefits. Once they are enrolled, they will receive their CHP Member ID Card as well as access to CHPConnect, the secure member portal where members can view their benefit information, select a PCP, review lab results, request an ID card, review referrals and authorizations, and more.

Twice a year, members will receive our Healthline newsletter, which provides articles on current healthcare topics written by CHP physicians and clinical staff and updates on any plan changes or benefit enhancements.

- Benefits of the program to Members;

Response: As an HMO, Capital Health Plan supports wellness and prevention activities as a basic premise of our care model. CHP's mission for 40 years has been to improve the health of the communities we serve by providing high quality comprehensive care through primary care focused patient-centered healthcare. With this in mind, the Wellness Program includes referrals back to the member's primary care physician to "close the loop" ensuring that all gaps in care appropriate for the specific member are addressed. The Wellness Program is voluntary, non-discriminatory and promotes health and/or prevents disease while maintaining the confidentiality of the members.

- The health conditions targeted by the program, such as diabetes, smoking cessation, weight management, etc.; and

Response: **Weight management and pre-diabetes - CHP Fitness**

Reimbursement Program: The CHP Fitness Reimbursement Program reimburses members for payments they have made (up to a maximum of \$150 per family) during the calendar year toward health and fitness center memberships (members do not need to be overweight or pre-diabetic to use this benefit). Eligible programs include gyms and fitness centers, internet- or app-based subscription

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programs, Weight Watchers, the TMH Diabetes Prevention Program, and more. In 2021, Leon County School District employees and retirees were reimbursed over \$50,000 for health and fitness-related expenses.

Smoking Cessation: Capital Health Plan's smoking cessation programs offer members the choice of online, telephone, or in-person counseling. CHP provides over-the-counter or prescription drugs to members when they are enrolled in these programs and prescribed by the member's primary care physician. Members do not have a cost share for smoking cessation counseling visits. There are many tobacco cessation resources available on the website as well, including the AHEC Florida Network, the Florida Quit Line, Smoke Free, and more.

Diabetes Resources: Members with diabetes can be referred to the TMH Metabolic Health Center. The Metabolic Health Center is staffed with nurses and dietitians who are certified diabetes educators. CHP members must first contact their primary care office to obtain a referral. Additionally, members may obtain a referral to other network endocrinologists. There are many diabetes resources available on the CHP website as well.

Complex Case Management: Capital Health Plan's Complex Case Management program integrates with several other program services offered to meet the needs of members. Case Managers may make referrals for members in the program to the following appropriate areas or services based on member assessment or the need to assist member engagement in health and well-being:

Utilization Management: Case managers collaborate with other Care Coordination staff who may assist in referrals and updating case managers on inpatient stays for members with complex diagnoses, catastrophic events, or repeat hospitalizations.

Disease Management: This program provides continued educational materials to members who may be diabetic, have COPD, heart failure, asthma, etc., to keep them engaged in their condition maintenance. The case managers have access to Capital Health Plan's disease management systems to ensure these services are coordinated or to refer members who have not been identified through the disease management program yet. Disease management programs are evaluated at least annually. Additional programs are added based on the current needs of the membership.

Health Information Line: Case managers may direct members to

Capital Health Plan's Health Information Line as a resource for times when they may not be available. This is a 24-hour/day phone line staffed by health care professionals who are able to assist with health-related questions. While not a substitute for a visit with the physician, the staff of the Health Information Line can provide tips, tools, and resources to help members manage their health.

Nancy Van Vessem, MD, Center for Healthy Aging: The Nancy Van Vessem, MD, Center for Healthy Aging seeks to provide a comprehensive approach to the medical care of Capital Health Plan seniors and members with certain chronic conditions. The doctors are internal medicine physicians who support the member with the physical, social, and emotional aspects of chronic illness so that improved outcomes are more likely to be achieved. The Case Managers may identify and refer members to enroll in the Nancy Van Vessem, MD, Center for Healthy Aging if they have a combination of multiple chronic conditions, such as diabetes, heart failure, coronary artery disease, etc., and are considered likely to benefit from this intensive primary care-based approach.

Behavioral Healthcare: Case Managers work together with contracted providers to help with assessments and/or refer to community-based programs that offer expertise in behavioral health and/or substance use disorder treatment [ex. the Florida Assertive Community Treatment (FACT) program at Apalachee Center, Inc., a program based on a nationally-recognized program known as the Program of Assertive Community Treatment]. The program is designed to render comprehensive, community-based services to people with severe and persistent mental illness, providing intensive treatment, rehabilitation, and support services in clients' homes, at their jobs, and in social settings. A consulting psychiatrist is also available to assist the case management staff with behavioral health residential and prolonged outpatient program referrals.

Medication Management: Case Managers consult with the Registered Pharmacy Technician in the department for in-depth medication reviews, including the Pharmacy Benefit Manager's reporting tools, in order to assist with recommendations to relay to prescribing physicians and/or to assist with additional education for the member in case management.

- How the program is monitored, what metrics define success, and how this information will be utilized by the Contractor's account management team and communicated to the Board.

Response: Each component of CHP's wellness and disease management programs is evaluated at least annually. CHP's goals are

set to meet or exceed the NCQA's 90th National Percentile for defined measures included in the NCQA HEDIS measure set. This information is available to the District and Broker Partner during the quarterly meetings with District staff.

5) *Member Engagement*

- i. Include a Member Communication Plan, describing the plan materials and how the Respondent intends to provide Members with complete, current, and accurate information about their benefits or ways to improve their health.
 - Provide sample communications and promotional materials.

Response: Upon enrolling in the plan, members receive a postcard with instructions on how to access their benefit information. Additional documents for members include:

- Summary of Benefits and Coverage for Capital Selection 15/30/50 and Value Selection HDHP 15/50/100 see page # 59.
 - Large Group Member Handbook see page # 71.
 - Away from Home Care FAQs see page # 72.
 - Amwell Telehealth Services Brochure see page # 74
 - Healthline, a CHP member newsletter see page # 76
 - Medicare Made Easy for Members Turning 65 and Retiring see page 102
- Describe whether it will conduct Benefit Fairs. If so, provide details on location, frequency, and what is included in the event. Other than providing a location and basic utilities that are readily available at the location, the Contractor shall be responsible for all costs associated with conducting Benefit Fairs or on-site events, including clean-up.

Response: Yes, Capital Health Plan will conduct benefit fairs for members annually at open enrollment and will be coordinated with District staff. All meetings will be staffed by CHP-licensed staff member(s) who can answer questions and educate members on the CHP's benefits and services. Copies of SBCs and additional educational materials will be provided. There is no additional cost. CHP is open to other opportunities that may be beneficial to the District.

- ii. Describe and provide examples and pictures, as appropriate, of all tools that are available to Members to monitor their healthcare and their benefits. This includes web- based and mobile applications and integration with wearable devices such as Apple Watches and FitBits.

Response: **CHPConnect:** Capital Health Plan members can access secure information via Capital Health Plan's web-based portal, CHPConnect. Capabilities include, but are not limited to:

- Viewing their personal health record (PHR) and a comprehensive historical summary of care and test results.
- Lab results: members may review recent labs.
- Health trackers that allow members to track health information such as blood pressure, blood sugar, body mass index, cholesterol, hemoglobin A1C, peak flow readings, pulse, temperature, weight, and immunizations
- Health Risk Appraisal—a personal health questionnaire that evaluates member health risks and quality of life
- Request a change in their primary care physician.
- Request a replacement ID card be mailed.
- Print a temporary card until the replacement arrives.
- Claims Status
- Benefits and Eligibility

Healthwise Web-based tools: Members can also access topics within the Healthwise Knowledgebase on the CHP website. The Healthwise Knowledgebase is helpful to consumers with differing interests and needs as it covers a continuum of health issues.

Members and prospective members can go to <https://capitalhealth.com/> to see trusted tools and resources for managing health-related concerns including:

Healthwise® Knowledgebase is a searchable medical encyclopedia providing descriptions of symptoms, pictures, and treatment options. With more than 8,000 topics on health conditions, medical tests and procedures, medications, and everyday health and wellness issues, the Healthwise® Knowledgebase helps people become informed about their health and health care and involved in an active partnership with their doctors. Easily accessed at www.capitalhealth.com.

Healthwise® Video Library: a searchable database of educational videos on a range of health topics. These videos increase engagement by showing, rather than telling, members what they need to know about their health. Members tune into videos to find out exactly what they need to know to take better care of themselves: Easily access on www.capitalhealth.com

Healthwise Symptom Checker: symptom-based topics are used to assess people's health concerns and determine when to seek care from a health professional. Topics include a Check Your Symptoms section that members can use to evaluate symptoms through an interactive process. Based on the individual's responses to triage questions, he or she will receive a treatment recommendation based

on the urgency of the symptom.

Healthwise Shared Decision Making Tools: Decision Points help people determine the right course of action when making critical health treatment decisions, guiding them through the decision-making process and helping them to blend evidence-based medical information with their own personal preferences.

CHP Health Information Line: The Health Information Line is a 24-hour a day phone line staffed by health care professionals who are able to assist members with their health-related questions. While not a substitute for a visit with a physician, the Health Information Line staff can provide members with tips, tools, and resources to help them manage their health.

- iii. Describe how the Respondent intends to engage with the Broker Partner on Member communication and education.

Response: Capital Health Plan will engage with the Broker Partner regarding member communication and education recommendations. CHP is open to discussing opportunities that may be beneficial for the District's members.

- iv. Describe how Members can:

- Access relevant brochures and forms;

Response: CHP members can access relevant brochures and forms on Capital Health Plan's website. Additionally, CHP has created a custom landing page (www.capitalhealth.com/LCS) for Leon County School District members to review and access all District-specific information. Members or prospective, future members can call Member Services at 850-383-3311 to have information sent via regular mail if they cannot access the internet.

- Order ID cards and display ID cards using a mobile application or mobile-optimized website;

Response: CHP members can request an ID cards via CHPConnect or by contacting Member Services at 850-383-3311 from 8:00 a.m. - 5:00 p.m., Monday – Friday or by emailing member services directly at memberservices@chp.org.

- Access preventative educational information;

Response: Capital Health Plan members can access secure information via Capital Health Plan's web-based portal, CHPConnect. Members can access benefit and other general healthcare information via CHP's website at www.capitalhealth.com or by calling CHP's Health Information Line.

- Access general health and chronic disease information;

Response: Capital Health Plan members can access secure information, via Capital Health Plan's web based portal, CHPConnect. Members can access benefit and other general healthcare information via CHP's website at www.capitalhealth.com or by calling CHP's Health Information line.

Healthwise Shared Decision Making Tools: Decision Points help people determine the right course of action when making critical health treatment decisions, guiding them through the decision-making process and helping them to blend evidence-based medical information with their own personal preferences.

CHP Health Information Line: Capital Health Plan members can also access information by calling the CHP Health Information Line at 850-383-3400 (24 hours a day, 7 days a week). Members can talk with a health care professional regarding their questions or health-related concerns.

- Complete health risk assessments;

Response: Capital Health Plan members can access health risk assessments on CHP's secure member portal, CHPConnect. The Health Risk Appraisal (HRA) is a personal health questionnaire that evaluates members' health risks and quality of life. Members will receive a wellness score and suggestions on how to improve their quality of life.

Components of the HRA: CHP's HRA includes questions that collect information about:

- member demographics
- member's personal health history, including chronic illness(es) and current treatment, self-care
- dietary and nutritional practices
- Quality of life indicators, i.e., sun exposure, sleep habits, possible indicators of depression or emotional health
- self-perceived health status, health status as related to work attendance
- preventive screening practices, health management, and preventive screenings
- potentially effective behavioral change strategies, health planning
- special needs such as hearing or vision impairment, language preference

Members may complete an HRA every six months, receiving the following results:

- an overall summary that includes their wellness score

- a clinical summary report that describes their individual risk factors, listing areas to improve or maintain
- information about how to reduce risk by changing specific health behaviors
- reference information to help them understand the HRA results
- a comparison to their previous HRA results, if applicable Members access, complete, and submit the HRA through CHPConnect, an electronic health record portal that provides secure electronic transmission of information. When the HRA has been completed online, a report is generated and sent back to the member, providing an overall wellness score, an analysis of current health practices with suggestions to improve or enhance health, a section explaining how to set and work toward goals, and sources for additional information. Members are encouraged to share their HRA results with their PCP during their annual wellness visit
- Communicate with customer support; and

Response: Capital Health Plan members can communicate with a customer service representative via phone by calling 850-383-3311, mail, or email. Walk-ins and appointments are also welcome at our local member services call center, located in our Metropolitan Health Center. CHP's hours of operation are 8:00 am to 5:00 pm Monday – Friday.

- Locate network providers and facilities.

Response: Physicians and facilities can be located by going to Capital Health Plan's website at <https://capitalhealth.com/directories/provider-directory>. Information includes office hours, address, phone numbers, residency, bio, and a picture of the physician.

6) *Claims Processing*

Each Respondent shall include the following when describing its approach to claims processing:

- Its training, minimum qualifications, experience, and turnover of medical claims processors;

Response: New claims examiners are trained for a period of six weeks by a dedicated claims trainer. New examiners receive an orientation that covers HMO policies and practices, HIPAA and other regulatory laws, etc. They receive extensive training in the use and functionality of the CHP's Core Claims Processing System. Claims training is broken down into eight modules that cover the types of claims encountered in the course of their daily work. Training begins with electronic claims, since this represents 97% of the claims received. During this training, examiners learn the policies and procedures for the service(s) provided, the system edits that accompany the claims, and

the contracts of the providers rendering the service. Output is monitored through an audit process until mastery of the module is shown by the examiner. Examiners are then instructed on data entry and the processing of paper claims, again with the audit process in place to assure the quality of the examiner's work product. Ongoing training is given throughout the year for changes in workflow, benefits, and system changes as needed. Cross-training on various claims and processes occurs throughout the year for experienced examiners. We require our examiners to have a minimum of a high school education. Turnover is very low—less than 3%.

- Targets and actual statistics for clean claims processing turnaround time and accuracy (year-to-date);

Response: The 2022 target for turnaround time (TAT) for claims processed within 14 days was 90%; for 30 days it was 99.5%. Our actual TAT for 2022 was 97.46% for claims processed within 14 days and 99.69% for claims processed within 30 days. For 2022, our target accuracies-- processing accuracy, payment accuracy, and financial accuracy was 95%, 97%, and 99% respectively. Our actual accuracies for 2022 were 98.85%, 99.76%, and 99.86%.

- Threshold under which claims processors can approve a claim for payment;

Response: \$10,000. Claims above that threshold require additional review from a designated high-dollar examiner and/or Claims Department management.

- Coordination of benefits process;

Response: Capital Health Plan follows the published NAIC (National Association of Insurance Commissioners) Model COB guidelines to determine the primacy of insurance coverage in cases where two or more insurance coverages are involved. Various forms of investigative techniques (including but not limited to: inquiry letters, calls to other insurance carriers, contact with attorneys, etc.) are used to verify the type of coverage and determine the primary carrier for the claim(s) in question. When coordinating benefits, Capital Health Plan processes COB in accordance with Florida State Statute 627.4235.

- Methodology for reimbursing an out-of-network hospital provider (radiologists, pathologists, anesthesiologists, etc.);

Response: As a licensed affiliate of the Blue Cross Blue Shield Association, CHP has access to local plan pricing for claims outside of our service area, and we pay those claims accordingly. If local plan

pricing for those providers is not available, CHP will pay those claims at our standard, usual, and customary allowable rates. In rare instances, when a non-network provider is approved for an unusual medical need, CHP and the provider agree to payment terms before services are rendered. Out-of-area emergency services are paid in accordance with the statutory requirements for such services.

- Process and tools used to ensure claims are processed accurately and timely;

Response: Capital Health Plan has daily monitoring reports that track the age of claims in our system. Each claim examiner is audited on a monthly basis, in addition to performing multiple targeted monthly audits.

- Processes to identify fraudulent claims, abuse, and other fraudulent actions;

Response: Edits are contained within CHP's Core Claims Processing System and CES module (code auditing software embedded within the system) to help identify, for further investigation, billing issues that are inconsistent on a physician or facility claim. The system contains a complete claim history on each member, identifies duplicate dates of service, treatments, and procedures, and pends identified claims for review by an examiner. CHP also works closely with the Special Investigative Unit of Blue Cross/Blue Shield of Florida to investigate questionable claim submissions detected by our data mining software.

- Procedure for handling emergency admissions requests;

Response: Emergency admissions are always covered without preauthorization if the service is a covered benefit. Once the plan is notified of the admission, the Care Coordination staff gathers pertinent information, which is reviewed by a nurse. Covered benefits are approved. Potential denials are sent to a physician reviewer for determination.

- Procedures for handling and resolving claim inquiries from Members; and

Response: All claims inquiries, whether written, telephonic, or electronic, originate through the Member Services Department. Inquiries requiring Claims Department involvement are communicated electronically to the Claims Department via Capital Health Plan's Call Tracking System (CTS). Inquiries are researched by a lead claim examiner or operational research specialist. Any work required to resolve the issue is completed, and a response is sent via the CTS system back to Member Services so they can notify the member.

- Procedure for resolving errors, including overpayments.

Response:

a). Pre-payment reviews: We utilize prepayment analytics and reporting to identify common errors prior to claims payment. Those errors are corrected prior to funds being released to the provider. Errors are sent to our Payment Integrity and Training Department to identify additional training needs.

b). Post-payment Examiner and targeted audits: We conduct weekly, monthly, and quarterly audits to identify potential processing and financial errors. When an error is found, it is corrected, and if necessary, a refund is requested. Errors are reviewed by the Payment Integrity and Training Department to identify additional training needs.

c). Third-party vendor audits: We utilize third-party vendors to find common billing errors that may not be otherwise detected by system software. When overpayments are detected, refunds are requested or recouped from the provider.

7. Account Management

The Respondent shall describe its approach to account management, including:

- What positions will be assigned to the Account Management function/team;

Response: Capital Health Plan's account management goal is to manage and nurture customer relationships with our clients to ensure they get the most from their benefits and the many health and wellness programs offered by CHP.

The account management team's primary function as it relates to our clients is to serve as the day-to-day contact, resolve any escalated issues, conduct open enrollment meetings, participate in benefit fairs, and analyze data and make recommendations.

Deborah Sisk will be the primary Account Manager assigned to the District. Deborah has been serving the District members as the CHP assigned account manager for over 15 years. Ms. Sisk will be directly supported by Mark Hicks, Director of Sales & Account Management and Tom Glennon, SVP of Marketing and Administration. Other members of the CHP team will work to support the District as needed.

- Job descriptions for those assigned positions;

Response: See attachments labeled "Tab D.7 1 Senior VP of Marketing & Administration" see page # 123, "Tab D.7 2 Director of Sales and Account Marketing" see page # 124 and "Tab D.7 3 Account Executive" see page # 125.

- Identifying the proposed Contractor Representative, their resume, and position within the organizational structure;

Response: Deborah Sisk, Account Executive under the guidance and management of Mark S. Hicks, Director of sales & Account Management. Resumes can be found in attachment labeled “Tab B-3 Capital Health Plan Biographies” see Tab B page # 35 and 36.

- How the relationship with the Broker Partner and District will be managed; and

Response: CHP will work with the Broker Partner and District by phone calls, emails, and site visits to further develop our relationships and meet the needs of the Leon County School District.

- Describing what differentiates the Respondent from other companies in terms of Account Management.

Response: Capital Health Plan is local. As such, the account management team can respond to the needs of the District and Broker Partner at a moment’s notice, and in person if necessary. The account management team is extremely accessible to the District and Broker Partners and can easily be reached via email, office, cell phone or in person. Capital Health Plan’s account management team has over 45 years of combined Leon County School District specific experience.

Additionally, CHP’s senior leadership is easily accessible to the account management team, as well as the District and Broker Partner should the need for their involvement be necessary or beneficial for the District.

Attachment VIII Benefit Comparison Table

Respondents shall complete the following table for both the “closest match” and “alternative plans.”

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
Capital Selection HMO				
Overall Deductible	Single	\$0	\$0	\$0
	Family	\$0	\$0	\$0
	Other Deductibles for Specific Services?	No	No	No
Out-of-Pocket Maximum (Medical)	Single	\$2,000	\$2000	\$2000
	Family	\$4,500	\$4500	\$4500
Out-of-Pocket Maximum (Pharmacy)	Single	\$4,600	\$4600	\$4600
	Family	\$8,700	\$8700	\$8700
Specialty Care	Referral to See Specialist	Yes	Yes	Yes
	Specialist Visit	Office: \$40/Visit Telehealth: \$40/Visit	Office: \$40/Visit Telehealth: \$40/Visit	Office: \$40/Visit Telehealh: \$40/Visit
Testing	Diagnostic Test	No Charge	No Charge	No Charge
	Imaging	\$100/Visit	\$100/Visit	\$100/Visit
Pharmacy	Tier 1	\$15/\$30/\$45	Tier 1 - Preferred Generic \$15/\$30/\$45 Tier 2 - Non-Preferred Generic \$15/\$30/\$45	Tier 1 - Preferred Generic \$15/\$30/\$45 Tier 2 - Non-Preferred Generic \$15/\$30/\$45
	Tier 2	\$30/\$60/\$90	Tier 3 - Preferred Brand \$30/\$60/\$90	Tier 3 - Preferred Brand \$50/\$100/\$150
	Tier 3	\$50/\$100/\$150	Tier 4 - Non-Preferred Brand \$50/\$100/\$150	Tier 4 Non-Preferred Brand \$100/\$200/\$300
	Specialty	\$50	Tier 5 - Preferred Specialty \$50 Tier 6 - Non-Preferred Specialty	Tier 5 - Preferred Specialty \$100 Tier 6 - Non-Preferred Specialty \$100
Outpatient Surgery	Ambulatory Service Facility Fee	\$100/Visit	\$100/Visit	\$100/Visit
	Hospital Facility Fee	\$250/Visit	\$250/Visit	\$250/Visit
	Physician/Surgeon Fees	\$40/Provider	\$40/Provider	\$40/Provider
Immediate Medical Attention	Emergency Room Care	\$300/Visit	\$300/Visit \$250/Observation	20% Coinsurance/Visit
	Emergency Medical Transportation	\$100/Transport	\$100/Transport	\$100/Transport
	Urgent Care	Urgent Care Center: \$25/Visit Telehealth: \$25/Visit Amwell: \$15/Visit	Urgent Care Center: \$25/Visit Telehealth: \$25/Visit Amwell: \$15/Visit	Urgent Care Center: \$25/Visit Telehealth: \$25/Visit Amwell: \$15/Visit
Hospital Stay	Facility Fee	\$250/Admission \$250/Observation	\$250/Admission \$250/Observation	\$250/Admission \$250/Observation
	Physician/	No Charge if	No Charge if admitted \$40/provider for observation	No Charge if admitted \$40/provider for observation

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
	Surgeon Fees	Admitted Observation: \$40/Provider	No Charge if admitted \$40/provider for observation	No Charge if admitted \$40/provider for observation
Mental Health Services	Outpatient Services	\$40/Visit	\$40/Visit	\$40/Visit
	Inpatient Services	\$250/ Admission	\$250/Admission	\$250/Admission
Pregnancy/Childbirth	Childbirth/Delivery Professional Services	No Charge	No Charge	No Charge
	Childbirth/Delivery Facility Services	\$250/Admission	\$250/Admission	\$250/Admission
Ancillary Services	Home Health Care	No Charge	No Charge	No Charge
	Rehabilitation Services	\$40/Visit	\$40/Visit	\$40/Visit
	Habilitation Services	Not Covered	Not Covered	Not Covered
	Skilled Nursing Care	No Charge	No Charge	No Charge
	Durable Medical Equipment	No Charge	No Charge	No Charge
	Hospice Services	No Charge	No Charge	No Charge
Value Selection HDHP HMO				
Overall Deductible	Single	\$2,500	\$2,500	\$2,500
	Family	\$5,000	\$5,000	\$5,000
	Other Deductibles for Specific Services?	No	No	No
Out-of-Pocket Maximum (Medical)	Single	\$4,000	\$4,000	\$4,000
	Family	\$8,500	\$8,500	\$8,500
Out-of-Pocket Maximum (Pharmacy)	Single	\$2,850	\$2,850	\$2,850
	Family	\$5,200	\$5,200	\$5,200
Specialty Care	Referral to See Specialist	Yes	Yes	Yes
	Specialist Visit	Office: \$75/Visit Telehealth: \$75/Visit	Office: \$75/Visit Telehealth: \$75/Visit	Office: \$75/Visit Telehealth: \$75/Visit
Testing	Diagnostic Test	No Charge	No Charge	No Charge
	Imaging	\$250/Visit	\$250/Visit	\$250/Visit
Pharmacy	Tier 1	\$15/\$30/\$45	Tier 1 - Preferred Generic \$15/\$30/\$60 Tier 2 - Non-Preferred Generic \$15/\$30/\$50	Tier 1 - Preferred Generic \$15/\$30/\$60 Tier 2 - Non-Preferred Generic \$15/\$30/\$50
	Tier 2	\$50/\$100/\$150	Tier 3 - Preferred Brand \$50/\$100/\$150	Tier 3 - Preferred Brand \$50/\$100/\$150
	Tier 3	\$100/\$200/\$300	Tier 4 Non-Preferred Brand \$100/\$200/\$300	Tier 4 Non-Preferred Brand \$100/\$200/\$300
	Specialty	\$100	Tier 5-Preferred Brand \$100 Tier 4 Non-Preferred Brand \$100	Tier 5-Preferred Brand \$100 Tier 4 Non-Preferred Brand \$100
Outpatient Surgery	Ambulatory Service Facility Fee	\$250/Visit	\$250/Visit	\$250/Visit

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
	Hospital Facility Fee	\$500/Visit	\$500/Visit	\$500/Visit
	Physician/Surgeon Fees	\$75/Provider	\$75/Provider	\$75/Provider
Immediate Medical Attention	Emergency Room Care	\$500/Visit	\$500/visit \$500/observation	20% Coinsurance WIA 20%/Observation
	Emergency Medical Transportation	\$250/Transport	\$250/Transport	\$250/Transport
	Urgent Care	Urgent Care Center: \$50/Visit Telehealth: \$50/Visit Amwell: \$15/Visit	Urgent Care Center: \$50/Visit Telehealth: \$50/Visit Amwell: \$15/Visit	Urgent Care Center: \$50/Visit Telehealth: \$50/Visit Amwell: \$15/Visit
Hospital Stay	Facility Fee	\$500/Admission \$500/Observation	\$500/Admission \$500/Observation	\$500/Admission \$500/Observation
	Physician/Surgeon Fees	No Charge if Admitted Observation: \$75/Provider	No Charge if Admitted. Observation: \$75/Provider	No Charge if Admitted. Observation: \$75/Provider
Mental Health Services	Outpatient Services	\$75/Visit	\$75/Visit	\$75/Visit
	Inpatient Services	\$500/Admission	\$500/Admission	\$500/Admission
Pregnancy/Childbirth	Childbirth/Delivery Professional Services	No Charge	No Charge	No Charge
	Childbirth/Delivery Facility Services	\$500/Admission	\$500/Admission	\$500/Admission
Ancillary Services	Home Health Care	No Charge	No Charge	No Charge
	Rehabilitation Services	\$75/Visit	\$75/Visit	\$75/Visit
	Habilitation Services	Not Covered	Not Covered	Not Covered
	Skilled Nursing Care	No Charge	No Charge	No Charge
	Durable Medical Equipment	No Charge	No Charge	No Charge
	Hospice Services	No Charge	No Charge	No Charge
BlueOptions 05172/05173 PPO				
Overall Deductible	Single	\$3,000/\$5,000	N/A	N/A
	Family	\$10,000	N/A	N/A
	Other Deductibles for Specific Services?	No	N/A	N/A
Out-of-Pocket Maximum (Medical)	Single	\$6,550/\$6,850	N/A	N/A
	Family	\$13,100	N/A	N/A
Out-of-Pocket Maximum (Pharmacy)	Single	\$2,850	N/A	N/A
	Family	\$5,200	N/A	N/A
Specialty Care	Referral to See Specialist	Yes	N/A	N/A

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
	Specialist Visit	Deductible + 10% coinsurance	N/A	N/A
Testing	Independent Clinical Lab	Deductible	N/A	N/A
	Independent Diagnostic Testing Center	Deductible + 10% coinsurance	N/A	N/A
	Imaging	Deductible + 10% coinsurance	N/A	N/A
Pharmacy	Generic	Retail: Deductible + \$10 copay Mail: Deductible + \$25 copay	N/A	N/A
	Preferred Brand	Retail: Deductible + \$50 copay Mail: Deductible + \$125 copay	N/A	N/A
	Non-Preferred Brand	Retail: Deductible + \$80 copay Mail: Deductible + \$200 copay	N/A	N/A
	Specialty	Subject to the cost share based on applicable drug tier	N/A	N/A
Outpatient Surgery	Facility Fee	Deductible + 10% coinsurance	N/A	N/A
	Physician/Surgeon Fees	Deductible + 10% coinsurance	N/A	N/A
Immediate Medical Attention	Emergency Room Care	Deductible + 10% coinsurance	N/A	N/A
	Emergency Medical Transportation	Deductible + 10% coinsurance	N/A	N/A
	Urgent Care	Deductible + 10% coinsurance	N/A	N/A
Hospital Stay	Facility Fee	Deductible + 10% coinsurance	N/A	N/A
	Physician/Surgeon Fees	Deductible + 10% coinsurance	N/A	N/A
Mental Health Services	Outpatient Services	Deductible + 10% coinsurance	N/A	N/A
	Inpatient Services	Deductible + 10% coinsurance	N/A	N/A
Pregnancy/Childbirth	Childbirth/Delivery Professional Services	Deductible + 10% coinsurance	N/A	N/A
	Childbirth/Delivery Facility Services	Deductible + 10% coinsurance	N/A	N/A
Ancillary Services	Home Health Care	Deductible + 10% coinsurance	N/A	N/A
	Rehabilitation Services	Deductible + 10% coinsurance	N/A	N/A

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
	Habilitation Services	<i>Not Covered</i>	N/A	N/A
	Skilled Nursing Care	Deductible + 10% coinsurance	N/A	N/A
	Durable Medical Equipment	Deductible + 10% coinsurance	N/A	N/A
	Hospice Services	Deductible + 10% coinsurance	N/A	N/A
BlueOptions 03559 PPO				
Overall Deductible	Single	\$500	N/A	N/A
	Family	\$1,500	N/A	N/A
	Other Deductibles for Specific Services?	No	N/A	N/A
Out-of-Pocket Maximum (Medical)	Single	\$2,500	N/A	N/A
	Family	\$7,500	N/A	N/A
Out-of-Pocket Maximum (Pharmacy)	Single	\$2,850	N/A	N/A
	Family	\$5,200	N/A	N/A
Specialty Care	Referral to See Specialist	No	N/A	N/A
	Specialist Visit	\$30/Visit	N/A	N/A
Testing	Independent Clinical Lab	No charge	N/A	N/A
	Independent Diagnostic Testing Center	\$75/Visit	N/A	N/A
	Imaging	Physician's Office: \$30/Visit Testing Center: \$75/Visit	N/A	N/A
Pharmacy	Generic	Retail: \$15/Script Mail: \$30/Script	N/A	N/A
	Preferred Brand	Retail: \$30/Script Mail: \$60/Script	N/A	N/A
	Non-Preferred Brand	Retail: \$50/Script Mail: \$100/Script	N/A	N/A
	Specialty	Subject to the cost share based on applicable drug tier	N/A	N/A
Outpatient Surgery	Ambulatory Service Facility Fee	\$75/Visit	N/A	N/A
	Hospital (Option 1) Facility Fee	\$100/Visit	N/A	N/A
	Physician/Surgeon Fees	Deductible + 10% coinsurance	N/A	N/A
Immediate Medical Attention	Emergency Room Care	\$100/Visit + 10% coinsurance	N/A	N/A

Current Plan			Closest Match Plan	Alternative Plan
Coverage Category	Coverage Type	Coverage Level		
	Emergency Medical Transportation	Deductible + 10% coinsurance	N/A	N/A
	Urgent Care	\$30/Visit Value Choice Provider: \$0 (visits 1-2), \$30/Visit for remaining visits	N/A	N/A
Hospital Stay	Facility Fee (Hospital Option 1)	\$400/Admission	N/A	N/A
	Physician/Surgeon Fees	Deductible + 10% coinsurance	N/A	N/A
Mental Health Services	Outpatient Services	No charge	N/A	N/A
	Inpatient Services	No charge	N/A	N/A
Pregnancy/Childbirth	Childbirth/Delivery Professional Services	Deductible + 10% coinsurance	N/A	N/A
	Childbirth/Delivery Facility Services	\$400/Admission	N/A	N/A
Ancillary Services	Home Health Care	Deductible + 10% coinsurance	N/A	N/A
	Rehabilitation Services	\$30/Visit	N/A	N/A
	Habilitation Services	Not Covered	N/A	N/A
	Skilled Nursing Care	Deductible + 10% coinsurance	N/A	N/A
	Durable Medical Equipment	Deductible + 10% coinsurance	N/A	N/A
	Hospice Services	Deductible + 10% coinsurance	N/A	N/A

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Provider List 2023

A Woman's Place- Tallahassee Memorial Healthcare	Mastectomy Supplies	1301 E 6th Avenue	Tallahassee	FL	32303
AbdelMagid, Hiyam MD	Internal Medicine	1910 Hillbrooke Trail, Suite 2	Tallahassee	FL	32311
Abukamil, Rami MD	Psychiatry	1616 Physicians Drive	Tallahassee	FL	32308
Adamson, Marissa OD	Optometry	1491 Governors Square Blvd.	Tallahassee	FL	32301
Adleta, Jaime M APRN	Psychiatry	2634 Capital Circle NE, Building C	Tallahassee	FL	32308
Agarwal, Anju MD	Endocrinology	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Agbunag, Melody MD	Psychiatry	2634 Capital Circle NE, Building C	Tallahassee	FL	32308
Aintablian, Nectar MD	Pediatrics	1881 Professional Park Circle, Suite 80	Tallahassee	FL	32308
Alex, Kendra LCSW	Behavioral Health Counselor	1725 Capital Circle NE, Suite 206	Tallahassee	FL	32308
Alhumayyd, Ziad M MD	Neurology	1401 Centerville Road, Suite 504	Tallahassee	FL	32308
Allard, Jay E. MD	Gynecology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Allee, J. Galt MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Allen, Brian MD	Family Medicine	3445 Bannerman Road, Suite 100	Tallahassee	FL	32312
Allen, Daniel D. DO	Psychiatry	1616 Physicians Drive	Tallahassee	FL	32308
Allmon, Patricia APRN	Psychiatry	1616 Physicians Drive	Tallahassee	FL	32308
Almaguer, Adam M MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Alvarez, David MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Alvarez, Sarah MD	Pediatrics	3606 Maclay Blvd., Suite 102	Tallahassee	FL	32312
Amanze, Adanna C MD	Maternal Fetal Medicine	3445 Bannerman Road, Suite 300	Tallahassee	FL	32312
Amanze, Marie M MD	Hematology Oncology	1309 Thomaswood Drive	Tallahassee	FL	32308
Amedisys	Home Health	2623 Centennial Blvd., Suite 201	Tallahassee	FL	32308
American Home Patient	Durable Medical Equipment	2755 Power Mill Court, Suite A	Tallahassee	FL	32301
Amin, Poonam OD	Optometry	2312 Centerville Place	Tallahassee	FL	32308
Ananga, Anne A APRN	Psychiatry	1720 South Gadsden Street	Tallahassee	FL	32301
Andrews, Maria MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
Apalachee Center, Inc dba Eastside Psychiatric Hospital	Inpatient Behavioral Health	2634 Capital Circle NE	Tallahassee	FL	32308
Appelbaum, Jonathan MD	Internal Medicine	2200 S Monroe Street	Tallahassee	FL	32301
Appiah, Aaron MD	Ophthalmology	2280 Wednesday Street, Suite 1	Tallahassee	FL	32308
Aronchick, Amanda MD	Pathology	1899 Eider Court	Tallahassee	FL	32308
Artesia Dialysis	Dialysis Center	2417 Mill Creek Lane, Unit 3	Tallahassee	FL	32308
Ashmore, Emily MD	Ophthalmology	2439 Care Drive	Tallahassee	FL	32308
Asselin, Craig A PsyD	Psychology	2606 Centennial Place	Tallahassee	FL	32308
Ayala, Ricardo MD	Neurology	1401 Centerville Road, Suite 600	Tallahassee	FL	32308
Babl, Christopher MD	Pain Management	2605 Welaunee Blvd.	Tallahassee	FL	32308
Baggs IV, Wade MD	Family Medicine	3900 Esplanade Way	Tallahassee	FL	32311
Bailey, Aisha DO	Pediatrics	3375 Capital Circle NE, Suite D	Tallahassee	FL	32308
Bailey, Clifton MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308
Bailey, G. Leonard PhD	Psychology	2888 Mahan Drive, Suite 1	Tallahassee	FL	32308
Bailey, Ricardo MD	Family Medicine	2888-3 Mahan Drive	Tallahassee	FL	32308
Baker, Janelle R APRN	Psychiatry	43 Oak Street	Crawfordville	FL	32327
Ball, William K DO	Family Medicine	2382 Crawfordville Hwy, Suite C	Crawfordville	FL	32327
Bamgbose, Florence APRN	Geriatrics	1835 Buford Court	Tallahassee	FL	32308

Provider List 2023

Barber, Sara APRN	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Barnes Healthcare Services	Durable Medical Equipment; Oxygen a	2524 Cathay Court	Tallahassee	FL	32308
Barrentine, Kara C LMHC	Behavioral Health Counselor	2634 Capital Circle NE, Building C	Tallahassee	FL	32308
Barry, Julia DO	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Bartley, Karen MD	Family Medicine	15 Council Moore Road	Crawfordville	FL	32327
Basso, Emma LCSW	Behavioral Health Counselor	1030 East Lafayette Street, Suite 2	Tallahassee	FL	32301
Bavikati, Venkata MD	Cardiology	2100 Centerville Road	Tallahassee	FL	32308
Beaty, Narlin MD	Neurosurgery	1401 Centerville Road, Suite 300	Tallahassee	FL	32308
Beaupied, Jennifer LCSW	Behavioral Health Counselor	820 E Park Avenue, Suite D-100	Tallahassee	FL	32301
Becker, Marie MD	Otolaryngology	1405 Centerville Road, #5400	Tallahassee	FL	32308
Beggs, Kathryn OD	Optometry	1491 Governors Square Blvd.	Tallahassee	FL	32301
Behavior Management Consultants	Applied Behavior Analysis Therapy	4820 Kerry Forest Pkwy, Suite A	Tallahassee	FL	32309
Bellamy, David MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Bendre, Dhananjay MD	Radiation Oncology	1775 One Healing Place	Tallahassee	FL	32308
Benson, Ashlee M RDN	Medical Nutritional Counseling	820 E Park Avenue, Suite D-100	Tallahassee	FL	32301
Berenson, Eric MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Berg, David C. MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Bernabe Jr., Daniel MD	Family Medicine	3900 Esplanade Way	Tallahassee	FL	32311
Bernhardt, Michael J MD	Dermatology	1626 Riggins Road	Tallahassee	FL	32308
Bhanderi, Viralkumar K MD	Hematology Oncology	2351 Phillips Road	Tallahassee	FL	32308
Bidwell, Grayson T LMHC	Behavioral Health Counselor	2634 Capital Circle NE, Building B	Tallahassee	FL	32308
Bidwell, Patrice MD	Anesthesiology	2910 Kerry Forest Pkwy, Suite D4, Box 301	Tallahassee	FL	32309
Big Bend Hospice	Hospice	1723 Mahan Center Blvd	Tallahassee	FL	32308
Bir, Shyamal C MD	Neurology	1401 Centerville Road, Suite 504	Tallahassee	FL	32308
Bisono Jimenez, Indhira MD	Rheumatology	3900 Esplanade Way	Tallahassee	FL	32311
Blackburn, Richard E MD	Neurology	2868 Mahan Drive, Suite 5	Tallahassee	FL	32308
Blake, Camille J DO	Internal Medicine	1260 Metropolitan Blvd.	Tallahassee	FL	32312
Blank, Shelby MD	General Surgery	1401 Centerville Road, Suite G-02	Tallahassee	FL	32308
Blocker, Kenara J APRN	Psychiatry	1820 Miccosukee Commons Drive	Tallahassee	FL	32308
Bogan, Yolanda PhD	Psychology	3122 Mahan Drive, Suite 801-228	Tallahassee	FL	32308
Bolek, Timothy MD	Radiation Oncology	2003 Centre Pointe Blvd.	Tallahassee	FL	32308
Borom, Andrew H MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Bouchard, Eric MD	Internal Medicine	1300 Medical Drive	Tallahassee	FL	32308
Brabant, Jill A APRN	Psychiatry	2634 Capital Circle NE, Building C	Tallahassee	FL	32308
Bradford, Angela MD	Family Medicine	1491 Governors Square Blvd., Suite 2200	Tallahassee	FL	32301
Bradford, Robert MD	Urology	2000 Centre Pointe Blvd.	Tallahassee	FL	32308
Bramwell, Nicole D APRN	Psychiatry	79 LaSalle Path	Quincy	FL	32351
Brannen Jr., Willard PhD	Psychology	2940 East Park Avenue, Suite 1A	Tallahassee	FL	32301
Brickler, A.J. MD	OB/GYN	1401 Centerville Road, #202	Tallahassee	FL	32308
Britt, Geami MD	OB/GYN	1401 Centerville Road, Suite 202	Tallahassee	FL	32308
Broeseker, Tim MD	Hematology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Brooks, H. Logan MD	Ophthalmology	2439 Care Drive	Tallahassee	FL	32308

Provider List 2023

Brown-Speights, Joedrecka MD	Family Medicine	2911 Roberts Avenue	Tallahassee	FL	32310
Brumberg, Robert DO	Vascular Surgery	2631 Centennial Blvd, Suite 100	Tallahassee	FL	32308
Brunson, Stephanie D LMHC	Behavioral Health Counselor	471 W Tennessee Street	Tallahassee	FL	32301
Bryant Jr., Tony MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Brynwood Health and Rehabilitation Center	Skilled Nursing Facility	1656 South Jefferson Street	Monticello	FL	32344
Buckman, David LMHC	Behavioral Health Counselor	1840 Fiddler Court	Tallahassee	FL	32308
Bui, Viet MD	Ophthalmology	2020 Fleischmann Road	Tallahassee	FL	32308
Bunnell, Walter MD	Pediatrics	1881 Professional Park Circle, Suite 80	Tallahassee	FL	32308
Burday, David MD	Urology	2000 Centre Pointe Blvd.	Tallahassee	FL	32308
Bures-Forsthoefel, Jana MD	OB/GYN	1405 Centerville Road, #4200	Tallahassee	FL	32308
Burgos, Lisa M LCSW	Behavioral Health Counselor	1363 East Lafayette Street, Suite C	Tallahassee	FL	32301
Burns, Caitlin LCSW	Behavioral Health Counselor	1363 East Lafayette Street, Suite C	Tallahassee	FL	32301
Burns, David MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Byrd, Miles E MD	OB/GYN	2770 Capital Medical Blvd., Suite 200	Tallahassee	FL	32308
Caldwell, J. Brewster DO	Dermatology	2433 Mahan Drive	Tallahassee	FL	32308
Campbell, Robert MD	Family Medicine	2911 Roberts Avenue	Tallahassee	FL	32310
Campo, Carlos MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308
Camps, Joseph MD	Urology	2000 Centre Pointe Blvd.	Tallahassee	FL	32308
Cannavo, Charity B LMHC	Behavioral Health Counselor	2509 Barrington Circle, Suite 108	Tallahassee	FL	32308
Capital City Surgical Center	Ambulatory Surgical Center	2807-2 Capital Medical Blvd.	Tallahassee	FL	32308
Capital Medical and Surgical, Inc	Durable Medical Equipment	2740 Capital Circle NE	Tallahassee	FL	32308
Capital Medical Corporation	Durable Medical Equipment	1324 Thomaswood Drive	Tallahassee	FL	32308
Capital Speech and Language Therapy Services	Speech Therapy	2930 Capital Medical Blvd.	Tallahassee	FL	32308
Cardenas, Virginia P APRN	Psychiatry	2507 Callaway Road, Suite 101	Tallahassee	FL	32303
Carlquist, Erin MD	Pathology	1899 Eider Court	Tallahassee	FL	32308
Carpio, Francisco MD	Urology	2619 Centennial Blvd., Suite 102	Tallahassee	FL	32308
Carr, Stephen MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Castillo, David MD	Family Medicine	2634 Capital Circle NE, Building C	Tallahassee	FL	32308
Castro, Shamil MD	Family Medicine	1910 Hillbrook Trail Suite 2	Tallahassee	FL	32311
Cayer Behavioral Group	Applied Behavior Analysis Therapy	2331 Hansen Court	Tallahassee	FL	32301
Center for Orthopedic and Sports Medicine	Physical Therapy	2615 Centennial Blvd. Suite 101	Tallahassee	FL	32308
CenterWell Home Health	Home Health	1709 Hermitage Blvd., Suite 102	Tallahassee	FL	32308
Centre Point Health and Rehabilitation	Skilled Nursing Facility	2255 Centerville Road	Tallahassee	FL	32308
Cepeda Valery, Beatriz MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Chandler III, Gilbert S MD	Pain Management	2605 Welaunee Blvd.	Tallahassee	FL	32308
Charles, Martine DC	Chiropractic	1102 W Jefferson Street	Quincy	FL	32351
Chen, Chaowen MD	Neurology	1401 Centerville Road, Suite 504	Tallahassee	FL	32308
Chiu-Geers, Christine MD	Family Medicine	1491 Governors Square Blvd., Suite 1600	Tallahassee	FL	32301
Chung, Eric E MD	Radiation Oncology	2003 Centre Pointe Blvd.	Tallahassee	FL	32308
Cintron, Brigitta PA-C	Psychiatry	1820 Miccosukee Commons Drive	Tallahassee	FL	32308
Clark, Brittany MD	Internal Medicine	2414 E Plaza Drive	Tallahassee	FL	32308
Clark, Leslie S LCSW	Behavioral Health Counselor	2888 Mahan Drive, Suite 4	Tallahassee	FL	32308

Provider List 2023

Clements, Arthur MD	Gynecology	1219 Hodges Drive	Tallahassee	FL	32308
Cognetta, Armand MD	Dermatology	1707 Riggins Road, Bldg. A	Tallahassee	FL	32308
Cole, Russell MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
Colvin-Guthrie, Kay PhD	Psychology	2898 Mahan Drive, Suite #5	Tallahassee	FL	32308
Connors, Debra LMHC	Behavioral Health Counselor	1616 Physicians Drive	Tallahassee	FL	32308
Conoly, Kristi B APRN	Psychiatry	1996 S Jefferson Street	Monticello	FL	32344
Cook, Lisa MD	Internal Medicine	2140 Centerville Place	Tallahassee	FL	32308
Cook, Lisa MD	Pediatrics	2140 Centerville Place	Tallahassee	FL	32308
Corpuz, Frederick MD	Internal Medicine	1840 Capital Medical Court	Tallahassee	FL	32308
Cottrell, C. Raymond MD	Gastroenterology	2400 Miccosukee Road	Tallahassee	FL	32308
Covenant Home Health Care, LLC	Home Health	1921 Capital Circle NE	Tallahassee	FL	32308
Covenant Hospice	Hospice	1921 Capital Circle NE	Tallahassee	FL	32308
Cox, Marilyn M MD	Cardiology	2100 Centerville Road	Tallahassee	FL	32308
Crooms, Jeffrey MD	General Surgery	1405 Centerville Road, #4400	Tallahassee	FL	32308
Cruz, Narlito V MD	Allergy and Immunology	2646 Centennial Place, Suite B	Tallahassee	FL	32308
Crymes, Jillian B LCSW	Behavioral Health Counselor	2140-B Crawfordville Hwy	Crawfordville	FL	32327
Curran, Ryan MD	Family Medicine	1491 Governors Square Blvd.	Tallahassee	FL	32301
Currieo, Steven MD	Family Medicine	1491 Governors Square Blvd.	Tallahassee	FL	32301
Dalrymple, Dean MD	Pediatrics	2140 Centerville Place	Tallahassee	FL	32308
D'Ambrosio Rodriguez, Fabiola D MD	Pediatric Endocrinology	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Dault, Joshua MD	Radiation Oncology	2003 Centre Pointe Blvd.	Tallahassee	FL	32308
Davis, Amanda MD	Urgent Care	1264 Metropolitan Blvd	Tallahassee	FL	32312
Davis, Kathryn MD	Family Medicine	302 Norton Drive, Suite 103	Tallahassee	FL	32308
Davis, Matthew MD	Neurosurgery	1401 Centerville Road, Suite 300	Tallahassee	FL	32308
D-Charles, Claude DC	Chiropractic	1711 South Gadsden Street	Tallahassee	FL	32301
Dease, James M. LMHC	Behavioral Health Counselor	1535 Killearn Center Blvd., Suite C-1	Tallahassee	FL	32309
Debelius-Enemark, Peter MD	Psychiatry	1616 Physicians Drive	Tallahassee	FL	32308
Deeb, Al E. MD	General Surgery	1630 North Plaza Drive	Tallahassee	FL	32308
Deeb, Larry C MD	Pediatric Endocrinology	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Deem, Brian MD	Family Medicine	1549 South Jefferson Street	Monticello	FL	32344
Deitchman, Paul PhD	Psychology	313 Williams Street, Suite 5	Tallahassee	FL	32303
Del Carpio Tenorio, Cristian MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Dellock, Carey MD	Cardiology	2770 Capital Medical Blvd., Suite 109-C	Tallahassee	FL	32308
DeRosier, Leo MD	Plastic and Reconstructive Surgery	2030 Fleischmann Road	Tallahassee	FL	32308
Desloge Home Oxygen and Medical Equipment	Durable Medical Equipment	1611 Jaydell Circle	Tallahassee	FL	32308
Dickens, Elizabeth L MD	Family Medicine	2140 Centerville Place, Suite D	Tallahassee	FL	32308
Dickinson, Holly S EdS	Behavioral Health Counselor	1801 North Meridian Road, Suite B	Tallahassee	FL	32303
Dixon, David DO	OB/GYN	1401 Centerville Road, #202	Tallahassee	FL	32308
Dixon, William MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Dobak, William J DO	Maternal Fetal Medicine	1401 Centerville Road, Suite 400	Tallahassee	FL	32308
Doll, Avon MD	Nephrology	2617 Mitcham Drive, Suite 102	Tallahassee	FL	32308
Dolly, F. Ray MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308

Provider List 2023

Dortch, John MD	General Surgery	1401 Centerville Road, Suite G-02	Tallahassee	FL	32308
Douglas, Wade MD	General Surgery	1401 Centerville Road, #100	Tallahassee	FL	32308
Douso, Michael MD	OB/GYN	2626 Care Drive, Suite 105	Tallahassee	FL	32308
Durgin, III, Chesley F. MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Easterling, Rebecca MD	Family Medicine	6721 Thomasville Road, Suite 4	Tallahassee	FL	32312
Eden Springs Nursing and Rehabilitation Center	Skilled Nursing Facility	4679 Crawfordville Highway	Crawfordville	FL	32327
Edwards, Marlisha MD	Family Medicine	1260 Metropolitan Blvd.	Tallahassee	FL	32312
Elie, Gregorie MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
Elphick, Esther MD	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Elrahman, Mohamed MD	Internal Medicine	1264 Metropolitan Blvd	Tallahassee	FL	32312
Elzie, John MD	Pediatrics	1881 Professional Park Circle, Suite 80	Tallahassee	FL	32308
Engel, Adam MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Engel, Lisa MD	OB/GYN	1401 Centerville Road, Suite 202	Tallahassee	FL	32308
Enhabit Home Health and Hospice	Home Health	2510 Miccosukee Road, Suite 110	Tallahassee	FL	32308
Erwin-Wilson, Vickie MD	Family Medicine	2621 Mitcham Drive, Unit 103	Tallahassee	FL	32308
Estupinan, Danny MD	Neurology	1401 Centerville Road, Suite 600	Tallahassee	FL	32308
Evers, Tanya MD	OB/GYN	1301 Hodges Drive	Tallahassee	FL	32308
Fahey, Mark MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Farber, Nicholas MD	Ophthalmology	2439 Care Drive	Tallahassee	FL	32308
Fares, Mary Ann MD	Neurology	1401 Centerville Road, Suite 300	Tallahassee	FL	32308
Farrell, Brian DC	Chiropractic	2309 Wednesday Street	Tallahassee	FL	32308
Farrell, James S DO	Urology	2619 Centennial Blvd., Suite 102	Tallahassee	FL	32308
Ferguson, Edward R MD	Cardiothoracic Surgery	1405 Centerville Road, Suite 5000	Tallahassee	FL	32308
Fernandez, Alberto MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308
Ferraro, Jeffrey T MD	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Fisher, Heather R RDN	Medical Nutritional Counseling	6600 War Admiral Trail	Tallahassee	FL	32309
Fitzsimmons, Christine K DO	Gynecology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Fleischer, Charles R MD	Family Medicine	2911 Roberts Avenue	Tallahassee	FL	32310
Flowers, Kerwyn DO	Family Medicine	2911 Roberts Avenue	Tallahassee	FL	32310
Ford, Jerry MD	Ophthalmology	2020 Fleischmann Road	Tallahassee	FL	32308
Ford, Michael MD	Dermatology	2040 Fleischmann Road	Tallahassee	FL	32308
Ford, Philbert MD	Infectious Disease	2009 Miccosukee Road	Tallahassee	FL	32308
Forster, Edward MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
Forsthoefel, Kelly MD	OB/GYN	1405 Centerville Road, Suite 4200	Tallahassee	FL	32308
Forsthoefel, Michael MD	Internal Medicine	1300 Medical Drive	Tallahassee	FL	32308
Foster, Sharron C MD	Internal Medicine	438 West Brevard Street	Tallahassee	FL	32301
Frank, Deborah PhD	Psychology	2065 Delta Way, #1	Tallahassee	FL	32303
Franz, Alexander MD	OB/GYN	1401 Centerville Road, Suite 202	Tallahassee	FL	32308
Freeman, Lance M MD	Endocrinology	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Freilich, Ira MD	Dermatology	1474 Market Street	Tallahassee	FL	32312
Fresenius Kidney Care Central Tallahassee	Dialysis Center	2600 Centennial Place	Tallahassee	FL	32308
Fresenius Kidney Care Tallahassee South	Dialysis Center	1407 E Lafayette Street	Tallahassee	FL	32301

Provider List 2023

Friall, Andrea King MD	Gynecology	1401 Centerville Road, #202	Tallahassee	FL	32308
FSU Multidisciplinary Center	Behavioral Health Center	2139 Maryland Circle, Suite 1200	Tallahassee	FL	32303
Fuhrmeister, Joshua MD	Pain Management	2160 Capital Circle NE, Suite 200	Tallahassee	FL	32308
Gallegos, Juan J MD	Cardiothoracic Surgery	1405 Centerville Road, Suite 5000	Tallahassee	FL	32308
Gamble, Terreze MD	Family Medicine	2888-3 Mahan Drive	Tallahassee	FL	32308
Gao, Hong MD	Gastroenterology	2400 Miccosukee Road	Tallahassee	FL	32308
Gass, Carlton PhD	Neuropsychology	1401 Centerville Road, Suite 504	Tallahassee	FL	32308
Gast, Gregory LMHC	Behavioral Health Counselor	3295 Crawfordville Highway, Suite 4	Crawfordville	FL	32327
George, Adrienne MD	Gynecology	2770 Capital Medical Blvd., Suite 200-B	Tallahassee	FL	32308
Gibbons, Karen S LMHC	Behavioral Health Counselor	820 E Park Avenue, Suite D-100	Tallahassee	FL	32301
Gilleon, Spencer E MD	Otolaryngology	1405 Centerville Road, #5400	Tallahassee	FL	32308
Gillette, Donna PhD	Psychology	2509 Barrington Circle	Tallahassee	FL	32308
Giove, Gian-Carlo MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32303
Glickenberger, Robert MD	Gastroenterology	2457 Care Drive D-100	Tallahassee	FL	32308
Gonzalez, Candace MD	General Surgery	2626 Care Drive, Suite 206	Tallahassee	FL	32308
Goodwin, Cynthia R LCSW	Behavioral Health Counselor	2140-B Crawfordville Hwy	Crawfordville	FL	32327
Granville, Lisa J MD	Internal Medicine	4449 Meandering Way	Tallahassee	FL	32308
Gray, Royce P MD	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Gray, Shayla MD	Family Medicine	1616 Physicians Drive	Tallahassee	FL	32308
Gredler, Frank MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Green, William MD	Dermatology	1707 Riggins Road	Tallahassee	FL	32308
Groll, Stacia K MD	Family Medicine	2420 East Plaza Drive	Tallahassee	FL	32308
Gundluru, Rajani MD	Endocrinology	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Gunning, Drake H LCSW	Behavioral Health Counselor	1114 Thomasville Road, Suite D	Tallahassee	FL	32303
Gunter, Henry L MD	Urgent Care	1264 Metropolitan Blvd	Tallahassee	FL	32312
Guyer, Aaron MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Gwock, Stanley J MD	Family Medicine	2140 Centerville Place	Tallahassee	FL	32308
Haddock, Amy MD	OB/GYN	1401 Centerville Road, #202	Tallahassee	FL	32308
Haney, Michael L LMHC	Behavioral Health Counselor	2300 Killlearn Center Blvd.	Tallahassee	FL	32309
Haney, Rita LCSW	Behavioral Health Counselor	322 Beard Street	Tallahassee	FL	32303
Hanger Prosthetics and Orthotics, Inc.	Prosthetics/ Orthotics	2717 Mahan Drive Suite 2	Tallahassee	FL	32308
Harmon, Kristin MD	Endocrinology	1961 Buford Blvd.	Tallahassee	FL	32308
Harmson, Jeremy S DO	Endocrinology	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Harper, Larry MD	Plastic Surgery	2452 Mahan Drive Suite 101	Tallahassee	FL	32308
Harruna, Shayibu G. MD	Interventional Cardiology	2770 Capital Medical Blvd., Suite 109	Tallahassee	FL	32308
Hart, Celeste B MD	Endocrinology	1705 South Adams Street	Tallahassee	FL	32301
Hartlage, Gregory MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Hartsfield, Paul MD	Family Medicine	1843 Fiddler Court	Tallahassee	FL	32308
Hasan, Muhanad A MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308
HCA Florida Capital Hospital	Hospital	2626 Capital Medical Blvd	Tallahassee	FL	32308
HCA Florida Capital Hospital Inpatient Rehabilitation	Hospital- Inpatient Rehabilitation	2626 Capital Medical Blvd.	Tallahassee	FL	32308
Hellgren, Tracey MD	Family Medicine	2911 Roberts Avenue	Tallahassee	FL	32310

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Henderson, Angela PhD	Psychology	1535 Killearn Center Blvd., Suite C-5	Tallahassee	FL	32308
Hercule, Hantz C MD	Family Medicine	438 W Brevard Street	Tallahassee	FL	32301
Hernandez, Jane LMHC	Behavioral Health Counselor	1616 Physicians Drive	Tallahassee	FL	32308
Hewitt, Todd D MD	Orthopedic Sports Medicine	2605 Welaunee Blvd.	Tallahassee	FL	32308
Heyser, Bill DC	Chiropractic	2457 Care Drive, Suite A101	Tallahassee	FL	32308
Hill, Adriene DC	Chiropractic	2001-C Crawfordville Highway	Crawfordville	FL	32327
Hill, Brook J MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Hill, Cory OD	Optometry	2312 Centerville Place	Tallahassee	FL	32308
Hinson-Knipple, Lindsay MD	OB/GYN	1401 Centerville Road, Suite 202	Tallahassee	FL	32308
Hogan, Patricia MD	Family Medicine	2850-A Capital Medical Blvd.	Tallahassee	FL	32308
Hogans-Mathews, Shermeeka M MD	Family Medicine	2911 Roberts Avenue	Tallahassee	FL	32310
Holder, Kevin MD	Cardiology	2770 Capital Medical Blvd., Suite 109-C	Tallahassee	FL	32308
Holmes, Zinnah MD	Family Medicine	2140 Centerville Place	Tallahassee	FL	32308
Hooper, Chika PhD	Psychology	1114 East Tennessee Street	Tallahassee	FL	32308
Hope, Gina D MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
Houlios Miller, Christine LCSW	Behavioral Health Counselor	2888-4 Mahan Drive	Tallahassee	FL	32308
Howard, Brett MD	General Surgery	1405 Centerville Road, #4400	Tallahassee	FL	32308
Howell, Rebecca PA	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Huang, David MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308
Huang, Ningyi MD	Psychiatry	2634 Capital Circle NE, Building B	Tallahassee	FL	32308
Hugger, Kennessa MD	Pediatrics	2623 Centennial Blvd., Suite 103	Tallahassee	FL	32308
Hume, Roderick MD	Maternal Fetal Medicine	1401 Centerville Road Suite 400	Tallahassee	FL	32308
Humphreys, Ann RDN	Medical Nutritional Counseling	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Hutchinson, Hank L MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Inglese, Marcus MD	Dermatology	1704 Riggins Road, Bldg. D	Tallahassee	FL	32308
Interim Healthcare of Northwest Florida, Inc.	Home Health	1962-B Village Green Way	Tallahassee	FL	32308
Jackson, Angela APRN	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Jackson, Okanta MD	Dermatology	1632 Riggins Road, Bldg. E	Tallahassee	FL	32308
Jacobs, Amy C RDN	Medical Nutritional Counseling	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Jaggears, Floyd MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Jain, Amit MD	Hematology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Janney, Ashley MD	Family Medicine	6721 Thomasville Road, Suite 4	Tallahassee	FL	32312
Jarrard, Joey MD	General Surgery	1405 Centerville Road, Suite 4400	Tallahassee	FL	32308
Jenkins, Gene DC	Chiropractic	1298 Timberlane Road	Tallahassee	FL	32312
Jiandani, Sandya G MD	Family Medicine	3900 Esplanade Way	Tallahassee	FL	32311
Johnson Jr., Robert H APRN	Psychiatry	2634 Capital Circle NE, Building B	Tallahassee	FL	32308
Johnson, Danielle LCSW	Behavioral Health Counselor	1820 Miccosukee Commons Drive	Tallahassee	FL	32308
Johnson, David MD	Pain Management	1401 Oven Park Drive	Tallahassee	FL	32308
Johnson, Monica LCSW	Behavioral Health Counselor	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Joiner, Sabrina LCSW	Behavioral Health Counselor	2140 B Crawfordville Hwy.	Crawfordville	FL	32327
Jones, David MD	Pediatrics	2140 Centerville Place	Tallahassee	FL	32308
Jones, Lynn MD	Internal Medicine	1264 Metropolitan Blvd	Tallahassee	FL	32312

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Jones, Roland MD	Pain Management	1401 Oven Park Drive	Tallahassee	FL	32308
Jones-Ince, Ingrid MD	Internal Medicine	1300 Miccosukee Road	Tallahassee	FL	32308
Joseph, Rohan MD	General Surgery	2626 Care Drive, Suite 206	Tallahassee	FL	32308
Joshi, Hiren J MD	Nephrology	1845 Jaclif Court, Suite A	Tallahassee	FL	32308
Joy, Marcus DDS	Oral and Maxillofacial Surgery	2648 Centennial Place	Tallahassee	FL	32308
Kaelin, Lawrence MD	Vascular Surgery	2631 Centennial Blvd, Suite 100	Tallahassee	FL	32308
Kafrouni Gerges, Antoni MD	Endocrinology	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Kaji, Arjun MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Kaklamanos, Keely W PhD	Psychology	1801 North Meridian Road, Suite B and C	Tallahassee	FL	32303
Kato, Kenneth MD	Ophthalmology	2020 Fleischmann Road	Tallahassee	FL	32308
Katopodis, John MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Katz, Paul MD	Internal Medicine	4449 Meandering Way	Tallahassee	FL	32308
Keen, David MD	Family Medicine	41 Feli Way	Crawfordville	FL	32327
Keenan, Terance E LCSW	Behavioral Health Counselor	2014 Delta Blvd.	Tallahassee	FL	32303
Kemp, Amelia B LMHC	Behavioral Health Counselor	1628 New Legend Court	Tallahassee	FL	32312
Kennedy, Pamela MD	Dermatology	1355 Thomaswood Drive	Tallahassee	FL	32308
Kent, Charles MD	Family Medicine	3301 Thomasville Road Suite 102	Tallahassee	FL	32308
Ketsela, Gizatchew MD	Infectious Disease	2927 Kerry Forest Parkway	Tallahassee	FL	32309
Khairallah, Farhat MD	Cardiology	2100 Centerville Road	Tallahassee	FL	32308
Khalillullah, Sayeed MD	Nephrology	2617 Mitcham Drive, Suite 102	Tallahassee	FL	32308
Kilgore, Kellery A PsyD	Psychology	2634 Capital Circle NE, Building B	Tallahassee	FL	32308
Killius, James MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Kimble, Cynthia MD	Family Medicine	2451 Centerville Road	Tallahassee	FL	32308
Kirbo, Ben MD	Plastic Surgery	2030 Fleischmann Road	Tallahassee	FL	32308
Kirk, Jeffrey MD	Vascular Surgery	2626 Care Drive, Suite 208	Tallahassee	FL	32308
Kitch, Donna PhD	Psychology	2606 Centennial Place	Tallahassee	FL	32308
Ko, Fang Sarah MD	Ophthalmology	2020 Fleischmann Road	Tallahassee	FL	32308
Koeppel, Anna T MD	Pediatrics	3606 Maclay Blvd., Suite 102	Tallahassee	FL	32312
Kolli, Hari MD	Nephrology	2617 Mitcham Drive, Suite 102	Tallahassee	FL	32308
Konda, Amulya MD	Gastroenterology	2400 Miccosukee Road	Tallahassee	FL	32308
Kostic, Michelle N. APRN	Urgent Care	1264 Metropolitan Blvd	Tallahassee	FL	32312
Kreamer, Stefanie MD	Family Medicine	178 LaSalle Leffall Drive	Quincy	FL	32351
Krishnamoorthy, Narayanan MD	Family Medicine	1300 Medical Drive	Tallahassee	FL	32308
Kseri, Ramiz Y MD	Internal Medicine	2911 Roberts Avenue	Tallahassee	FL	32310
Kubiak, Larry PhD	Psychology	2888-4 Mahan Oaks Center	Tallahassee	FL	32308
Kurako, Kateryna MD	Neurology	1401 Oven Park Drive	Tallahassee	FL	32308
Laboratory Corporation of America (LabCorp)	Laboratory	2140 Centerville Place	Tallahassee	FL	32308
Laboratory Corporation of America (LabCorp)	Laboratory	1491 Governors Square Blvd. Suite 1300-A	Tallahassee	FL	32301
Laboratory Corporation of America (LabCorp)	Laboratory	545 John Knox Road	Tallahassee	FL	32303
Laboratory Corporation of America (LabCorp)	Laboratory	2477 Tim Gamble Place, Suite 102	Tallahassee	FL	32308
Laboratory Corporation of America (LabCorp)	Laboratory	1560 Capital Circle NW	Tallahassee	FL	32303
Laboratory Corporation of America (LabCorp)	Laboratory	1264 Metropolitan Blvd.	Tallahassee	FL	32312

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Laboratory Corporation of America (LabCorp)	Laboratory	5610 W Lasalle Street	Tampa	FL	33607
Lamb, Carrow B LCSW	Behavioral Health Counselor	2507 Callaway Road, Suite 101	Tallahassee	FL	32303
Landau, Jeffrey PhD	Psychology	8 South Main Street	Chattahoochee	FL	32324
Lang, Jouasha LCSW	Behavioral Health Counselor	104 East Washington Street, Suite G	Quincy	FL	32351
LaRosa, Stephen MD	Family Medicine	2140 Centerville Place	Tallahassee	FL	32308
Laurie, Shaun MD	Internal Medicine	1628 North Plaza Drive	Tallahassee	FL	32308
Lawson, Janice MD	Hematology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Lawson, Matthew MD	Neurosurgery	1401 Centerville Road, Suite 300	Tallahassee	FL	32308
Lazar, Daniel OD	Optometry	2312 Centerville Place	Tallahassee	FL	32308
Ledbetter, Sherry LCSW	Behavioral Health Counselor	2140-B Crawfordville Highway	Crawfordville	FL	32327
Lee, Albert MD	Neurosurgery	1401 Centerville Road, Suite 300	Tallahassee	FL	32308
Lee, Matthew C MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Lee, Stephanie MD	Gynecology	3217 Capital Medical Blvd.	Tallahassee	FL	32308
Lewis, Judith MD	Internal Medicine	1260 Metropolitan Blvd.	Tallahassee	FL	32312
Lewis, Mariah LCSW	Behavioral Health Counselor	1114 Thomasville Road, Suite D	Tallahassee	FL	32303
Lincicome, Heather LCSW	Behavioral Health Counselor	1616 Physicians Drive	Tallahassee	FL	32308
Lockwood, Maribel MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Loeb, Alexander E MD	Orthopedic Surgery	1911 Miccosukee Road	Tallahassee	FL	32308
Loeb, Peter E MD	Orthopedic Surgery	1911 Miccosukee Road	Tallahassee	FL	32308
Lopez, Simon J MD	Family Medicine	2140 Centerville Road, Suite W	Tallahassee	FL	32308
Loucks, Tara C APRN	Gastroenterology	2140 Centerville Place	Tallahassee	FL	32308
Louie, Deanna MD	Ophthalmology	2020 Fleischmann Road	Tallahassee	FL	32308
Luhmann, Kurt MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Lynch, Windrik MD	Pain Management	2160 Capital Circle NE, Suite 200	Tallahassee	FL	32308
Machado, Ronald MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
Macri, Nicodemo J MD	Physical Medicine and Rehabilitation	2255 Centerville Road	Tallahassee	FL	32308
Maddux, Meagan H LMHC	Behavioral Health Counselor	2140-B Crawfordville Hwy	Crawfordville	FL	32327
Madsen, Kathryn LCSW	Behavioral Health Counselor	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Mageau, Ronald MD	Pathology	1899 Eider Court	Tallahassee	FL	32308
Maitland, Charles G MD	Neurology	1401 Centerville Road, Suite 510	Tallahassee	FL	32308
Malone IV, Randolph A MD	Allergy and Immunology	2804 Remington Green Circle, Suite 1	Tallahassee	FL	32308
Mamin, Mashfiq MD	Psychiatry	1616 Physicians Drive	Tallahassee	FL	32308
Mangan, Michael MD	Gastroenterology	2400 Miccosukee Road	Tallahassee	FL	32308
Mann, Katie APRN	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Manohar, Akshay MD	Infectious Disease	2009 Miccosukee Road	Tallahassee	FL	32308
March, Megan MD	Vascular Surgery	2631 Centennial Blvd, Suite 100	Tallahassee	FL	32308
Marina, Ovidiu MD	Radiation Oncology	1775 One Healing Place	Tallahassee	FL	32308
Marks, Jane LMHC	Behavioral Health Counselor	3325-C Thomasville Road	Tallahassee	FL	32308
Martin, J. True MD	Neurology	1401 Centerville Road, Suite 600	Tallahassee	FL	32308
Martin, James E. MD	Pediatrics	1881 Professional Park Circle, Suite 80	Tallahassee	FL	32308
Martin, Laura MD	Genetics	3333 Capital Oaks Drive	Tallahassee	FL	32309
Martinez Vargas, Juan R MD	Internal Medicine	1300 Medical Drive	Tallahassee	FL	32308

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Martinez, Marino A MD	Internal Medicine	4012 Kelcey Court, Suite 203	Tallahassee	FL	32308
Martinez-Alvernia, Efrain A MD	Neurology	1401 Centerville Road, Suite 600	Tallahassee	FL	32308
Masangkay, Generoso P MD	Psychiatry	2634 Capital Circle NE, Building C	Tallahassee	FL	32308
Mason, Sharon APRN	Psychiatry	1835 Buford Court	Tallahassee	FL	32308
Mathis, Cierra L RDN	Medical Nutritional Counseling	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Matta, Daniel MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
Matthews, Amanda MD	Ophthalmology	2535 Capital Medical Blvd.	Tallahassee	FL	32308
Mazziotta, Joseph MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
McAlpine, Ken MD	Gynecology	1401 Centerville Road, #202	Tallahassee	FL	32308
McAlpine, Patricia LCSW	Behavioral Health Counselor	4411 Grace Park Trail	Tallahassee	FL	32317
McCarthy, Brian DPM	Podiatry	2858 Mahan Drive, Suites 1 and 2	Tallahassee	FL	32308
McCray, April C LCSW	Behavioral Health Counselor	2902 S Monroe Street	Tallahassee	FL	32301
McDermott, Maci J MD	Pediatrics	3606 Maclay Blvd., Suite 102	Tallahassee	FL	32312
McDougall, Robin B LCSW	Behavioral Health Counselor	124 Salem Court, #1	Tallahassee	FL	32301
McDowell, Ardythe B APRN	Psychiatry	1616 Physicians Drive	Tallahassee	FL	32308
McGooden, Corene C LCSW	Behavioral Health Counselor	2911 Roberts Avenue	Tallahassee	FL	32310
McGrogan, Kaitlin A DO	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
McKinnie, Vikki MD	Gynecology	1401 Centerville Road, #202	Tallahassee	FL	32308
McNutt, Scott LMHC	Chemical Dependency	721 1/2 East 6th Avenue, Suite B	Tallahassee	FL	32303
McWilliams, Todd OD	Optometry	2312 Centerville Place	Tallahassee	FL	32308
Meagher, Sean MD	Diagnostic Radiology	2770 Capital Medical Blvd., Suite 109-C	Tallahassee	FL	32308
Meikle-Paige, Robea R LMHC	Behavioral Health Counselor	2634 Capital Circle NE, Building C	Tallahassee	FL	32308
Mejia, Hector A MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Mellman, David M. MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Mendoza, Jose MD	Internal Medicine	2382 Crawfordville Hwy, Suite C	Crawfordville	FL	32327
Mendoza-Rodriguez, Mayra MD	Pediatrics	872 West Orange Avenue	Tallahassee	FL	32310
Merritt, George DPM	Podiatry	1866 Buford Blvd.	Tallahassee	FL	32308
Messerschmidt, Cory A MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Michelotti, Cecile LCSW	Behavioral Health Counselor	2344 Hansen Lane, Unit 1	Tallahassee	FL	32301
Mignon, Yvette MD	Internal Medicine	1965 Capital Circle NE Ste 200	Tallahassee	FL	32308
Mihaly, Brandy APRN	Psychiatry	1616 Physicians Drive	Tallahassee	FL	32308
Miller, Erica N LCSW	Behavioral Health Counselor	2892 E Park Avenue, Suite 7	Tallahassee	FL	32301
Miller, Iraida C APRN	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Miller, Nancy PA	Urgent Care	1264 Metropolitan Blvd	Tallahassee	FL	32312
Miller, Revonn LMHC	Behavioral Health Counselor	1363 East Lafayette Street, Suite C	Tallahassee	FL	32301
Miller, Sharon PhD	Behavioral Health Counselor	319 Gaile Avenue	Tallahassee	FL	32305
Miller, Sr., Bayard D MD	Neurology	1401 Centerville Road, Suite 504	Tallahassee	FL	32308
Mills, Steven PhD	Psychology	616 Universal Drive	Tallahassee	FL	32303
Mincy, Michael LCSW	Behavioral Health Counselor	2888-4 Mahan Drive	Tallahassee	FL	32308
Mincy, Shelly LCSW	Behavioral Health Counselor	2888-4 Mahan Drive	Tallahassee	FL	32308
Miracle Hill Nursing and Convalescent Center Inc	Skilled Nursing Facility	1329 Abraham Street	Tallahassee	FL	32304
Mital, Satish MD	Internal Medicine	1300 Medical Drive	Tallahassee	FL	32308

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Mitchell, Michael MD	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Mitchell, Raquel MD	Pediatrics	1205 Marion Avenue	Tallahassee	FL	32303
Mobley, Kyle S MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Mock, Rachel E PhD, LMHC	Behavioral Health Counselor	175 Geddie Road	Tallahassee	FL	32304
Moltisanti, Allison PhD	Neuropsychology	1401 Centerville Road, Suite 504	Tallahassee	FL	32308
Moore, Mark MD	Anesthesiology	1300 Miccosukee Road	Tallahassee	FL	32308
Moore, Timothy OD	Optometry	1491 Governors Square Blvd.	Tallahassee	FL	32301
Morales, Roberto MD	OB/GYN	2001 Miccosukee Road	Tallahassee	FL	32308
Morris, Deborah MD	Palliative Care	1405 Centerville Road, Suite 5200	Tallahassee	FL	32308
Morris, Tod MD	Hematology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Morrow, Megan L MD	General Surgery	1401 Centerville Road, Suite G02	Tallahassee	FL	32308
Morse, William MD	Family Medicine	1803 Miccosukee Commons Drive, Suite 201	Tallahassee	FL	32308
Mostella-Morgan, Faith D LCSW	Behavioral Health Counselor	820 E Park Avenue, Suite D-100	Tallahassee	FL	32301
Mota, Manoela MD	Gastroenterology	2400 Miccosukee Road	Tallahassee	FL	32308
Mousa, Mina S MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Munasifi, Faisal MD	Psychiatry	1407 MD Lane, Suite A	Tallahassee	FL	32308
Muniyappa, Kishor MD	Gastroenterology	4012 Kelcey Court, Suite 103	Tallahassee	FL	32308
Murphy, Christopher DO	Urology	2000 Centre Pointe Blvd.	Tallahassee	FL	32308
Murphy, Jean MD	Palliative Care	1405 Centerville Road, Suite 5200	Tallahassee	FL	32308
Murrah, Charles MD	Cardiothoracic Surgery	1405 Centerville Road, #5000	Tallahassee	FL	32308
MYDMEDOC, LLC	Durable Medical Equipment	977 Del Mar Drive	Lady Lake	FL	32159
Nair-Collins, Sangeeta MD	Internal Medicine	1300 Miccosukee Road	Tallahassee	FL	32308
Nava, Kristen B MD	Urgent Care	1264 Metropolitan Blvd.	Tallahassee	FL	32312
Neal, Amy MD	Family Medicine	2140 Centerville Place	Tallahassee	FL	32308
Ness, John MD	Family Medicine	616 Universal Drive	Tallahassee	FL	32303
Newberry, Mark MD	Family Medicine	602 East 5th Avenue	Havana	FL	32333
Newell, Charles MD	Ophthalmology	2439 Care Drive	Tallahassee	FL	32308
NHC Homecare Crawfordville	Home Health	3295 Crawfordville Highway	Crawfordville	FL	32327
NHC Homecare Quincy	Home Health	1962 Pat Thomas Parkway	Quincy	FL	32351
Nichols, Joshua DPM	Podiatry	1866 Buford Blvd.	Tallahassee	FL	32308
Nickerson, Maritza OD	Optometry	1491 Governors Square Blvd.	Tallahassee	FL	32301
Noel, Thomas E MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Norcross-Miller, Leslie LMHC	Behavioral Health Counselor	908 Thomasville Road	Tallahassee	FL	32303
Nova, Alfredo MD	OB/GYN	1634 North Plaza Drive	Tallahassee	FL	32308
Numotion	Manual and Power Wheelchairs	1839 S. Monroe Street, Unit D and E	Tallahassee	FL	32301
Oberste, David MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
O'Brien, Alexandra L LCSW	Behavioral Health Counselor	2354 Christopher Place	Tallahassee	FL	32308
Okoroji, Chukwuma MD	Family Medicine	2473 Care Drive Suite 102	Tallahassee	FL	32308
Okoroji, Chukwuma MD	OB/GYN	2473 Care Drive Suite 102	Tallahassee	FL	32308
Oliver, H. Whit MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
Omotayo, Adekunle MD	Internal Medicine	1491 Governors Square Blvd.	Tallahassee	FL	32308
O'Neal, Karli LCSW	Behavioral Health Counselor	1607 Village Square Blvd., Suite 6	Tallahassee	FL	32309

Provider List 2023

Ortiz, Ricardo MD, DMD	Oral and Maxillofacial Surgery	3665 Coolidge Court, Suite 102	Tallahassee	FL	32311
Ortiz, Winston MD	Neurology	1401 Centerville Road, Suite 600	Tallahassee	FL	32308
Otekeiwebia, Anthony MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308
Owens, Whitney L LMHC	Behavioral Health Counselor	820 E Park Avenue, Suite D-100	Tallahassee	FL	32301
Palmer, Lucile S LCSW	Behavioral Health Counselor	4460 Charles Samuel Drive	Tallahassee	FL	32309
Pandit, Niraj MD	Cardiology	2770 Capital Medical Blvd., Suite 109-C	Tallahassee	FL	32308
Pappachristou, Dianne I DO	Family Medicine	178 LaSalle Leffall Drive	Quincy	FL	32351
Paredes, Alfredo MD	Plastic Surgery	2452 Mahan Drive Suite 101	Tallahassee	FL	32308
Park, Thomas M MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Pascoe, David E MD	Dermatology	1903 Welby Way	Tallahassee	FL	32308
Patel, Kaushal P MD	Nephrology	2617 Mitcham Drive, Suite 102	Tallahassee	FL	32308
Patel, Margi MD	Neurology	1401 Centerville Road, Suite 300	Tallahassee	FL	32308
Patel, Pareshkumar MD	Hematology Oncology	2351 Phillips Road	Tallahassee	FL	32308
Patel, Pooja MD	Rheumatology	1961 Buford Blvd.	Tallahassee	FL	32308
Patel, Rajeshri MD	Pulmonary Medicine	2770 Capital Medical Blvd., Suite 200	Tallahassee	FL	32308
Pathology Associates	Pathology	1899 Eider Court	Tallahassee	FL	32308
Patterson, Todd DO	Pediatrics	2406 East Plaza Drive	Tallahassee	FL	32308
Paulson, Helen MD	Family Medicine	1491 Governors Square Blvd., Suite 2200	Tallahassee	FL	32301
Payne Bruce, Brittany LMHC	Behavioral Health Counselor	267 John Knox Road, Suite 202	Tallahassee	FL	32303
Peabody, Mitchell DO	Hematology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Peele, Thomas MD	Pediatrics	2416 East Plaza Drive	Tallahassee	FL	32308
Penate, Ailyn PsyD	Neuropsychology	2840 Remington Green Circle, Suite 3	Tallahassee	FL	32308
Pennington II, George P MD	General Surgery	1401 Centerville Road, Suite G02	Tallahassee	FL	32308
Pentaleri, Michael MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Perez De Armas, Jorge MD	Hematology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Perry IV, E. Jonathan MD	Family Medicine	1803 Miccosukee Commons Drive, Suite 202	Tallahassee	FL	32308
Perry, Gregory D MD	Family Medicine	1407 MD Lane Suite B	Tallahassee	FL	32308
Persinger, Virginia C PsyD	Neuropsychology	1401 Centerville Road, Suite 504	Tallahassee	FL	32308
Peters, Abby H MD	Pediatrics	1205 Marion Avenue	Tallahassee	FL	32303
Pfeifer, Cybelle MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308
Pfeifer, James W DO	Psychiatry	1616 Physicians Drive	Tallahassee	FL	32308
Phelps, Amanda APRN	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Phillips, Johnathan G LCSW	Behavioral Health Counselor	1210 E Park Avenue	Tallahassee	FL	32301
Pickett, Scott M PhD	Psychology	2507 Callaway Road, Suite 101	Tallahassee	FL	32303
Pierre, Venette DO	Pediatrics	205 N Mulberry Street	Monticello	FL	32344
Pijut, Patti CRNA	Anesthesiology	2030 Fleischmann Road	Tallahassee	FL	32308
Pitts, Calonie R LCSW	Behavioral Health Counselor	2634 Capital Circle NE, Building C	Tallahassee	FL	32308
Pomidor, Alice K MD	Geriatrics	1264 Metropolitan Blvd.	Tallahassee	FL	32312
Popa, Ileana MD	Internal Medicine	1260 Metropolitan Blvd., 3rd Floor	Tallahassee	FL	32312
Popa, Ovidiu MD	OB/GYN	3375 Capital Circle NE, Suite E	Tallahassee	FL	32308
Porter, Scott PhD	Neuropsychology	1614 Mahan Center Blvd., Suite 104	Tallahassee	FL	32308
Powers, David B MD	Internal Medicine	1300 Medical Drive	Tallahassee	FL	32308

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Price, Christopher MD	Pathology	1899 Eider Court	Tallahassee	FL	32308
Price, Kristin M MD	Internal Medicine	1300 Miccosukee Road	Tallahassee	FL	32308
Price, Mary K PhD	Psychology	2065 Delta Way, #1	Tallahassee	FL	32303
Price, Ryan DO	Pediatric Orthopedics	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Quincy Dialysis	Dialysis Center	878 Strong Road	Quincy	FL	32351
Quintero, Stephen MD	Family Medicine	2911 Roberts Avenue	Tallahassee	FL	32310
Radiology Associates	Diagnostic/Xray	1600 Phillips Road	Tallahassee	FL	32308
Railey, Michael PhD	Psychology	1607 Village Square Blvd., Suite 5	Tallahassee	FL	32309
Ramdial, Savitri P MD	Geriatrics	2911 Roberts Avenue	Tallahassee	FL	32310
Ramsey, Shawn DO	OB/GYN	2770 Capital Medical Blvd., Suite 200	Tallahassee	FL	32308
Ramsook, Ryan MD	Physiatry and Interventional Pain Man	547 North Monroe Street	Tallahassee	FL	32301
Rankin, Krista W MD	Urgent Care	1264 Metropolitan Blvd	Tallahassee	FL	32312
Rassam, Amer MD	Hematology Oncology	1653 Mahan Center Blvd.	Tallahassee	FL	32308
Ravi, Neelima MD	Internal Medicine	1491 Governors Square Blvd.	Tallahassee	FL	32301
Ravilla, Sudha MD	Clinical Lipidology	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Rawlings, Jeffrey MD	Plastic Surgery	2452 Mahan Drive Suite 101	Tallahassee	FL	32308
Rawlings, Lisa MD	Diagnostic Radiology	1491 Governors Square Blvd.	Tallahassee	FL	32301
Rayatzadeh, Hussein MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Red Hills Surgical Center	Ambulatory Surgical Center	1608 Surgeons Drive	Tallahassee	FL	32308
Reese, Kristi M MD	Family Medicine	2140 Centerville Place	Tallahassee	FL	32308
Reese, Ronald C MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Reeves, Mark D PhD	Psychology	2634 Capital Circle NE, Building C	Tallahassee	FL	32308
Rehab Engineering, LLC	Prosthetics/ Orthotics	1719 Mahan Drive	Tallahassee	FL	32308
Reid, Rashida A MD	Internal Medicine	4012 Kelcey Court, Suite 203	Tallahassee	FL	32308
Renehan, James MD	Urology	2000 Centre Pointe Blvd.	Tallahassee	FL	32308
Rengifo-Moreno, Pablo A MD	Interventional Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Retzer, Allison MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Reyes, Lina MD	Psychiatry	1407 MD Lane, Suite A	Tallahassee	FL	32308
Reyes, Oliver DO	Pediatrics	1205 Marion Avenue	Tallahassee	FL	32303
Reynolds, Paul DPM	Podiatry	2858 Mahan Drive, Suites 1 and 2	Tallahassee	FL	32308
Riccardi, Christina J PhD	Psychology	2507 Callaway Road, Suite 101	Tallahassee	FL	32303
Richardson, Charlie MD	Family Medicine	438 West Brevard Street	Tallahassee	FL	32301
Richardson, Jack D LCSW	Chemical Dependency	2724-8 Capital Circle NE	Tallahassee	FL	32308
Richardson, Stephen MD	Dermatology	1714 Mahan Center Blvd., Bldg. B	Tallahassee	FL	32308
Rierson, Davis A MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Riesgo, Vincent J MD	Internal Medicine	1300 Miccosukee Road	Tallahassee	FL	32308
Rignanese, Shane MD	Family Medicine	1491 Governors Square Blvd.	Tallahassee	FL	32301
Rincon-Bejarano, Luz A MD	Internal Medicine	1300 Medical Drive	Tallahassee	FL	32308
Riverchase Health and Rehabilitation Center	Skilled Nursing Facility	1017 Strong Road	Quincy	FL	32351
Rizzo, Luke LAc	Acupuncture	1401 Oven Park Drive	Tallahassee	FL	32308
Roberts, Adrian MD	Otolaryngology	1405 Centerville Road, #5400	Tallahassee	FL	32308
Robinson, David MD	Pediatrics	1301 Hodges Drive	Tallahassee	FL	32308

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Robinson, Temple MD	Internal Medicine	1720 South Gadsden Street	Tallahassee	FL	32301
Rodgers, Nakeisha R MD	Internal Medicine	1300 Miccosukee Road	Tallahassee	FL	32308
Rodriguez, Andres MD	Gastroenterology	2400 Miccosukee Road	Tallahassee	FL	32308
Rodriguez, Cristina B MD	Pediatrics	2416 East Plaza Drive	Tallahassee	FL	32308
Rolle, Garrison MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Romero-Corral, Abel MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Rose, Cielo DO	Internal Medicine	1264 Metropolitan Blvd	Tallahassee	FL	32312
Rosenberg, Laurence Z MD	Plastic Surgery	2030 Fleischmann Road	Tallahassee	FL	32308
Rosenberg, Lori W MD	Gynecology	3217 Capital Medical Blvd.	Tallahassee	FL	32308
Rosner, Laura MD	Family Medicine	1803 Miccosukee Commons Drive	Tallahassee	FL	32308
Ross, Fred MD	Family Medicine	1612 West Plaza Drive	Tallahassee	FL	32308
Rowan, Russell DPM	Podiatry	1866 Buford Blvd.	Tallahassee	FL	32308
Rowland, Robert MD	Internal Medicine	1300 Medical Drive	Tallahassee	FL	32308
Ruark, Tim MD	General Surgery	1401 Centerville Road, Suite G-02	Tallahassee	FL	32308
Russell, Anthony MD	Pain Management	1633 Physicians Drive	Tallahassee	FL	32308
Russell, Karen MD	Hematology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Rust, Casey MD	Family Medicine	2911 Roberts Avenue	Tallahassee	FL	32310
Saff, Ronald MD	Allergy and Immunology	2300 Centerville Road	Tallahassee	FL	32308
Saint, David MD	Cardiovascular Surgery	1405 Centerville Road, #5000	Tallahassee	FL	32308
Sampson, Wayne A MD	Internal Medicine	1381-A Cross Creek Circle	Tallahassee	FL	32301
Sandroni, Stephen MD	Internal Medicine	2200 S Monroe Street	Tallahassee	FL	32301
Sankuratri, Madhuri MD	Infectious Disease	1975 Buford Blvd.	Tallahassee	FL	32308
Sarvis, Jamey MD	Urology	2000 Centre Pointe Blvd.	Tallahassee	FL	32308
Saunders-Jones, Remelda MD	Family Medicine	1725 Capital Circle NE #305	Tallahassee	FL	32308
Schafer, Brittany MD	Family Medicine	2888 East Mahan Drive, Suite 6	Tallahassee	FL	32308
Schilling, Holly PhD	Psychology	2898 Mahan Drive, Suite 5	Tallahassee	FL	32308
Schwartz, Roy MD	General Surgery	1910 Buford Blvd. Suite B	Tallahassee	FL	32308
Scoles, Wesley MD	Family Medicine	1549 South Jefferson Street	Monticello	FL	32344
Scott, Hayley MD	Family Medicine	1491 Governors Square Blvd.	Tallahassee	FL	32301
Select Specialty Hospital	Long Term Acute Care	1554 Surgeons Drive	Tallahassee	FL	32308
Sellinger, Scott MD	Urology	2000 Centre Pointe Blvd.	Tallahassee	FL	32308
Senesac, Deborah LCSW	Behavioral Health Counselor	1725 Capital Circle NE, Suite 206	Tallahassee	FL	32308
Serventi, Steven LMHC	Behavioral Health Counselor	908 Thomasville Road	Tallahassee	FL	32303
Seven Hills Health and Rehabilitation Center	Skilled Nursing Facility	3333 Capital Medical Blvd.	Tallahassee	FL	32308
Seven Hills Surgery Center, LLC	Ambulatory Surgical Center	2010 Fleischmann Road	Tallahassee	FL	32308
Sgan, Stephen MD	Pathology	1899 Eider Court	Tallahassee	FL	32308
Shands Hospital	Hospital	1600 S.W. Archer Road	Gainesville	FL	32610
Sharp, Philip V MD	Radiation Oncology	1775 One Healing Place	Tallahassee	FL	32308
Shearer, Amanda MD	Family Medicine	1491 Governor's Square Blvd., Suite 2300	Tallahassee	FL	32301
Sheffler, Julia L PhD	Psychology	2507 Callaway Road, Suite 101	Tallahassee	FL	32303
Shelton, Danielle E MM, CEDS	Eating Disorders	820 E Park Avenue, Suite I-100	Tallahassee	FL	32301
Sherman, Brian MD	Ophthalmology	1401 Centerville Road, #402	Tallahassee	FL	32308

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Sherman, Brian MD	Pediatric Ophthalmology	1401 Centerville Road, #402	Tallahassee	FL	32308
Shokat, Max DO	Physiatry and Interventional Pain Man	1931 Welby Way, Suite 4	Tallahassee	FL	32308
Shrestha, Less MD	Rheumatology	3900 Esplanade Way	Tallahassee	FL	32311
Sieloff, Eliot MD	General Surgery	1401 Centerville Road, Suite G-02	Tallahassee	FL	32308
Silberman, Gad MD	Cardiac Electrophysiology	2100 Centerville Road	Tallahassee	FL	32308
Silberman, Jeannine MD	Hematology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Simmons, Kathryn MD	Pediatrics	1205 Marion Avenue	Tallahassee	FL	32303
Simpson, Robert PhD	Psychology	2907 Kerry Forest Parkway	Tallahassee	FL	32309
Singh, Hardeep MD	Gastroenterology	2400 Miccosukee Road	Tallahassee	FL	32308
Singh, Jayati MD	Pediatrics	2623 Centennial Blvd., Suite 103	Tallahassee	FL	32308
Singletery, June C LCSW	Behavioral Health Counselor	207 Office Plaza Drive	Tallahassee	FL	32301
Sirmans, Sally M APRN	Psychiatry	1407 MD Lane, Suite A	Tallahassee	FL	32308
Smith, David MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Smith, Denise MD	Vascular Surgery	2631 Centennial Blvd, Suite 100	Tallahassee	FL	32308
Smith, Evelyn R APRN	Psychiatry	2634 Capital Circle NE, Building C	Tallahassee	FL	32308
Smith, Kimberly MD	Family Medicine	178 LaSalle Leffall Drive	Quincy	FL	32351
Smith, Nancy RDN	Medical Nutritional Counseling	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Smith, Orson MD	Clinical Lipidology	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Smith, Thomas PhD, LCSW	Psychology	2940 East Park Avenue, Suite 1A	Tallahassee	FL	32301
Smith, Victoria L MD	Family Medicine	2915 Kerry Forest Parkway, Suite 103	Tallahassee	FL	32309
Snyder, Jeffery MD	Thoracic and Cardiac Surgery	2770 Capital Medical Blvd., Suite 109-C	Tallahassee	FL	32308
Snyder, Katherin RDN	Medical Nutritional Counseling	2633 Centennial Blvd., Suite 100	Tallahassee	FL	32308
Solanki, Rajendra H. DO	Cardiology	2770 Capital Medical Blvd, Suite 109-C	Tallahassee	FL	32308
Soles, Clara F LMHC	Behavioral Health Counselor	1363 East Lafayette Street, Suite C	Tallahassee	FL	32301
Soliman, Farah MD	Internal Medicine	1260 Metropolitan Blvd., 3rd floor	Tallahassee	FL	32312
Solomon, Jennifer L PhD	Psychology	215 East Tharpe Street	Tallahassee	FL	32303
Somerset, Joshua MD	Gastroenterology	2400 Miccosukee Road	Tallahassee	FL	32308
Soni, Bhavik MD	Dermatology	1707 Riggins Road, Bldg. A	Tallahassee	FL	32308
Sonnone, Ashley E LMHC	Behavioral Health Counselor	250 Pinewood Drive	Tallahassee	FL	32303
Sorenson, Jamie L MD	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Soto, Joseph MD	Otolaryngology	1405 Centerville Road, #5400	Tallahassee	FL	32308
Southeastern Outpatient Surgery Center	Ambulatory Surgical Center	2030 Fleischmann Road	Tallahassee	FL	32308
Southeastern Surgery Center	Ambulatory Surgical Center	2000 Centre Pointe Blvd	Tallahassee	FL	32308
Southeastern Therapy Services, LLC	Speech Therapy	3139 Eliza Road	Tallahassee	FL	32308
Speech Language Pathology Services of Tallahassee	Speech Therapy	3845 Killearn Court, Suite 2	Tallahassee	FL	32309
Speer, Connie MD	Pediatric Psychiatry	1407 MD Lane, Suite A	Tallahassee	FL	32308
Speights, Anthony C MD	HIV Specialist	2200 S Monroe Street	Tallahassee	FL	32301
Spells, Melanie APRN	Urgent Care	1264 Metropolitan Blvd.	Tallahassee	FL	32312
Spooner, Bryan DPM	Podiatry	1866 Buford Blvd.	Tallahassee	FL	32308
St. Hillier, Donna PhD	Psychology	219 East 5th Avenue	Tallahassee	FL	32303
Stamou, Sotiris C MD	Thoracic and Cardiac Surgery	2770 Capital Medical Blvd., Suite 109-C	Tallahassee	FL	32308
Standridge, Matthew L MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308

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Stannard, Charles "Chuck" LCSW	Behavioral Health Counselor	2014 Delta Blvd.	Tallahassee	FL	32303
Steingart, David LCSW	Behavioral Health Counselor	1425 Piedmont Drive E, Suite 304	Tallahassee	FL	32308
Steinmetz, Robert MD	Ophthalmology	2439 Care Drive	Tallahassee	FL	32308
Stephens III, William B MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Stephens, Amanda J DO	Gynecology Oncology	1775 One Healing Place	Tallahassee	FL	32308
Steverson, Rebekah MD	Pediatrics	1205 Marion Avenue	Tallahassee	FL	32303
Stewart, David MD	Pathology	1899 Eider Court	Tallahassee	FL	32308
Stoetzel, Spencer R. MD	Orthopedic Surgery	1911 Miccosukee Road	Tallahassee	FL	32308
Storms, Jennifer APRN	Wound Care	1264 Metropolitan Blvd	Tallahassee	FL	32312
Stowers, Kris MD	Orthopedic Sports Medicine	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Strickland, Mark C MD	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Stromberg, Catherine LMFT	Behavioral Health Counselor	1725 Capital Circle NE, Suite 206	Tallahassee	FL	32308
Strong, Cyneetha MD	Family Medicine	2911 Roberts Avenue	Tallahassee	FL	32310
Stuart, Patty LMFT	Behavioral Health Counselor	219 East 5th Avenue	Tallahassee	FL	32303
Suchak, Niharika N MD	Internal Medicine	4449 Meandering Way	Tallahassee	FL	32308
Sullivan, Ronald MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
SunCrest OMNI	Home Health	4004 Norton Lane, Suite 204	Tallahassee	FL	32308
Sundstrom, Christopher MD	OB/GYN	1401 Centerville Road, #202	Tallahassee	FL	32308
Sunshine State Dialysis	Dialysis Center	2710 Allen Road	Tallahassee	FL	32312
Sunshine, Kelly E APRN	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Swanson, Carol PhD	Psychology	1804 Miccosukee Commons Drive, Suite 204	Tallahassee	FL	32308
Sweeney, Timothy MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Swiney, Tommy DO	Psychiatry	250 John Knox Road Suite 5	Tallahassee	FL	32303
Syed, Yusef A MD	Radiation Oncology	1775 One Healing Place	Tallahassee	FL	32308
Sykes, Kristina APRN	Psychiatry	1820 Miccosukee Commons Drive	Tallahassee	FL	32308
Sykes, Sharon K LCSW	Behavioral Health Counselor	2940 E Park Avenue, Suite 2i	Tallahassee	FL	32301
Taba, Kiana MD	Rheumatology	3900 Esplanade Way	Tallahassee	FL	32311
Tadros, Basim MD	Internal Medicine	1260 Metropolitan Blvd.	Tallahassee	FL	32312
Tallahassee Brain Stimulation Center	Transcranial Magnetic Stimulation Tre	1407 MD Lane, Suite A	Tallahassee	FL	32308
Tallahassee Diagnostic Imaging Center	Diagnostic/Xray	1600 Phillips Road	Tallahassee	FL	32308
Tallahassee Dialysis	Dialysis Center	1607 Physicians Drive	Tallahassee	FL	32308
Tallahassee Emergency Center Northeast	Hospital	1260 Metropolitan Blvd.	Tallahassee	FL	32308
Tallahassee Endoscopy Center	Ambulatory Surgical Center	2400 Miccosukee Road	Tallahassee	FL	32308
Tallahassee Health Imaging	Diagnostic/Xray	2510 Miccosukee Road, Suite 100	Tallahassee	FL	32308
Tallahassee Living Center	Skilled Nursing Facility	1650 Phillips Road	Tallahassee	FL	32308
Tallahassee Memorial Behavioral Health Center	Behavioral Health Center	1616 Physicians Drive	Tallahassee	FL	32308
Tallahassee Memorial Center for Pain Management	Ambulatory Surgical Center	2824 Suite 2 Mahan Drive	Tallahassee	FL	32308
Tallahassee Memorial Home Health	Home Health	1619 Physician's Drive	Tallahassee	FL	32308
Tallahassee Memorial Hospital	Hospital	1300 Miccosukee Road	Tallahassee	FL	32308
Tallahassee Memorial Outpatient Physical Therapy	Physical Therapy	16 W. Washington Street	Quincy	FL	32351
Tallahassee Memorial Outpatient Physical Therapy	Physical Therapy	15 Council Moore Road	Crawfordville	FL	32327
Tallahassee Memorial Rehabilitation Center	Rehab Center	1609 Medical Drive	Tallahassee	FL	32308

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Tallahassee Memorial Rehabilitation Services	Outpatient Rehabilitation	1425 Village Square Blvd., Suite 3	Tallahassee	FL	32312
Tallahassee Memorial Sleep Center	Sleep Study Facility	1401 Centerville Road Suite 800	Tallahassee	FL	32308
Tallahassee Outpatient Surgery Center	Ambulatory Surgical Center	3334 Capital Medical Blvd., Suite 500	Tallahassee	FL	32308
Tallahassee Physical Therapy and Rehabilitation Services	Compression Garments	132 Salem Court	Tallahassee	FL	32301
Tallahassee Plastic Surgery Center	Ambulatory Surgical Center	2452 Mahan Drive Suite 102	Tallahassee	FL	32308
Tallahassee South Dialysis (Davita)	Dialysis Center	2410 S. Adams Street	Tallahassee	FL	32301
Tate, Tolonda N LMHC	Behavioral Health Counselor	346 Office Plaza Drive	Tallahassee	FL	32301
Tatini, Prasanti MD	Psychiatry	1820 Miccosukee Commons Drive	Tallahassee	FL	32308
Taylor, Scott B DO	Pathology	1899 Eider Court	Tallahassee	FL	32308
Taylor, Suzan LCSW	Behavioral Health Counselor	2065 Delta Way, #1	Tallahassee	FL	32303
Tetreault, Scott MD	Hematology Oncology	2351 Phillips Road	Tallahassee	FL	32308
Thabes, John MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308
Thomas, Craig LAC	Acupuncture	1401 Oven Park Drive	Tallahassee	FL	32308
Thompson, William MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Tie, Cynthia MD	Dermatology	1903 Welby Way	Tallahassee	FL	32308
Tierney, Anne LCSW	Behavioral Health Counselor	2065 Delta Way, Suite 1	Tallahassee	FL	32303
Tiwari, Shaun MD	Internal Medicine	1300 Medical Drive	Tallahassee	FL	32308
TMH Rehabilitation and Outpatient Center	Physical Therapy	1609 Medical Drive	Tallahassee	FL	32308
TMH Urgent Care	Urgent Care	1541 Medical Drive	Tallahassee	FL	32308
TMH Urgent Care at Southwood	Urgent Care	3900 Esplanade Way	Tallahassee	FL	32311
TMH Walk In Clinic at Wakulla	Urgent Care	15 Council Moore Road	Crawfordville	FL	32327
Todd, Gregory MD	Internal Medicine	2200 S Monroe Street	Tallahassee	FL	32301
Tolley, Barrett DDS	Oral and Maxillofacial Surgery	3330 Capital Oaks Drive	Tallahassee	FL	32308
Torgerson, Neil DMD	Dental-TMJ	1305 Thomaswood Drive	Tallahassee	FL	32308
Tran, Jean-Paul MD	Urology	2000 Centre Pointe Blvd.	Tallahassee	FL	32308
Trosten, Deborah LMHC	Behavioral Health Counselor	400 Capital Circle SE, Suite 18171	Tallahassee	FL	32301
Truman, Thomas MD	Pediatric Intensivist	1300 Miccosukee Road	Tallahassee	FL	32308
Tryzmel, Johny MD	Pediatric Intensivist	1300 Miccosukee Road	Tallahassee	FL	32308
Tucker, Mary J MD	Family Medicine	1491 Governor's Square Blvd., Suite 1600	Tallahassee	FL	32301
Turn About Inc.	Behavioral Health Center	1344 Cross Creek Circle, Suite 2	Tallahassee	FL	32301
Turner, John C MD	Family Medicine	302 Norton Drive, Suite 103	Tallahassee	FL	32308
Umana, Ernesto MD	Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Umana, Lisa CRNA	Anesthesiology	2030 Fleischmann Road	Tallahassee	FL	32308
Valentine, Pamela V PhD	Psychology	2940 East Park Avenue, Suite 1A	Tallahassee	FL	32301
Van Der Kooi, Kaisa MD	Dermatology	1708 Riggins Road	Tallahassee	FL	32308
Van der Linden, Austyn LCSW	Behavioral Health Counselor	2354 Christopher Place	Tallahassee	FL	32308
Van Durme, Daniel J MD	Family Medicine	2911 Roberts Avenue	Tallahassee	FL	32310
Van Tassel, D. John DC	Chiropractic	2309 Wednesday Street	Tallahassee	FL	32308
VanGaasbeek, Debra APRN	Psychiatry	1407 MD Lane, Suite A	Tallahassee	FL	32308
VanLandingham, Cody A MD	Family Medicine	1511 Surgeons Drive, Suite C	Tallahassee	FL	32308
VanLandingham, Hugh MD	Family Medicine	1511 Surgeons Drive Suite A	Tallahassee	FL	32308
Vara, Anthony R MD	Urology	2619 Centennial Blvd., Suite 102	Tallahassee	FL	32308

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Vargas Estrada, Andres M MD	Interventional Cardiology	1300 Medical Drive	Tallahassee	FL	32308
Vegas, Carl MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Vennalaganti, Prashanth R MD	Gastroenterology	2400 Miccosukee Road	Tallahassee	FL	32308
Venturini, Andrea A. MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308
Vermeer, Matthew W MD	Family Medicine	616 Universal Drive	Tallahassee	FL	32303
Vermess, David MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Vining, Justin MD	Pediatric Cardiology	2418 E Plaza Drive	Tallahassee	FL	32308
Waldenberger, Leonard MD	Internal Medicine	2770 Capital Medical Blvd., Suite 200	Tallahassee	FL	32308
Wall, Cindy LMHC	Behavioral Health Counselor	2910 Kerry Forest Pkwy, Suite D4, PMB 325	Tallahassee	FL	32309
Wallace, Mervin MD	Family Medicine	1803 Miccosukee Commons Drive, Suite 202	Tallahassee	FL	32308
Walter, Bradley N MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Walters, Jordan MD	Orthopedic Surgery	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Walther, Russell MD, DDS	Oral and Maxillofacial Surgery	2648 Centennial Place	Tallahassee	FL	32308
Warren, Heather R APRN	Psychiatry	2634 Capital Circle NE, Building B	Tallahassee	FL	32308
Wasserman, Jeffrey DO	Internal Medicine	1249 Strong Road	Quincy	FL	32351
Ways, Rondal DC	Chiropractic	1711 South Gadsden Street	Tallahassee	FL	32301
Weaver, Tony MD	Ophthalmology	2020 Fleischmann Road	Tallahassee	FL	32308
Weeks, Julia MD	Family Medicine	1301 Hodges Drive	Tallahassee	FL	32308
Wesley, Lonnie LCSW	Behavioral Health Counselor	1725 Capital Circle NE, Suite 206	Tallahassee	FL	32308
West Tallahassee Dialysis	Dialysis Center	5857 West Tennessee Street	Tallahassee	FL	32304
Westminster Oaks	Skilled Nursing Facility	4449 Meandering Way	Tallahassee	FL	32308
Whealdon, Katharine LCSW	Behavioral Health Counselor	2606 Centennial Place	Tallahassee	FL	32308
Whitaker, Cynthia S LCSW	Behavioral Health Counselor	2898 Mahan Drive, Suite 3	Tallahassee	FL	32308
Whitaker, Graham MD	Otolaryngology	1405 Centerville Road, #5400	Tallahassee	FL	32308
White, Dorothy D MD	OB/GYN	1405 Centerville Road, Suite 4200	Tallahassee	FL	32308
Whitfield, Whitney H MD	Ophthalmology	2535 Capital Medical Blvd.	Tallahassee	FL	32308
Whithaus, Kenneth C MD	Pathology	1899 Eider Court	Tallahassee	FL	32308
Whitney, Stanley J MD	Neurology	2868 Mahan Drive, Suite 5	Tallahassee	FL	32308
Williams Orthotics- Prosthetics, Inc.	Prosthetics/ Orthotics	2360 Centerville Road	Tallahassee	FL	32308
Williams, Chien-yi R MD	Pulmonary Medicine	1607 Saint James Court, Suite 2	Tallahassee	FL	32308
Williams, Gregory A DO	Family Medicine	1803 Miccosukee Commons Drive, Suite 201	Tallahassee	FL	32308
Williams, Janine L APRN	Urgent Care	1264 Metropolitan Blvd	Tallahassee	FL	32312
Willis, Brandy MD	Family Medicine	2646 Centennial Place, Suite A	Tallahassee	FL	32308
Willoughby, Courtney LMHC	Behavioral Health Counselor	1425 E Piedmont Drive, Suite 304	Tallahassee	FL	32308
Wilson, Brian MD	Allergy and Immunology	2646 Centennial Place, Suite B	Tallahassee	FL	32308
Wilson, Leslie MD	Family Medicine	2621 Mitcham Drive, Unit 103	Tallahassee	FL	32308
Winchester, Gary E MD	Family Medicine	1511 Surgeons Drive Suite A	Tallahassee	FL	32308
Winship, Kevin LMHC	Behavioral Health Counselor	1331 East Lafayette Street, Suite A	Tallahassee	FL	32301
Winton, Theresa APRN	Psychiatry	1407 MD Lane, Suite A	Tallahassee	FL	32308
Wolanin, Stephanie MD	Pathology	1899 Eider Court	Tallahassee	FL	32308
Wong, Andrew MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Woodruff, Bruce DMD	Dental-TMJ	2880 Capital Medical Blvd Ste 1	Tallahassee	FL	32308

Provider List 2023

Wooten, Hillary LMFT	Behavioral Health Counselor	2898 Mahan Drive, Suite 3	Tallahassee	FL	32308
Wright, Alexandra N MD	Family Medicine	178 LaSalle Leffall Drive	Quincy	FL	32351
Wright, Anthony J MD	General Surgery	2626 Care Drive, Suite 206	Tallahassee	FL	32308
Yaakob, William MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Yang, Daniel MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Yao, Joanna MD	Pediatrics	1840 Capital Medical Court	Tallahassee	FL	32308
Young, Karen A MD	Ophthalmology	2280 Wednesday Street, Suite 1	Tallahassee	FL	32308
Yowell, Charles MD	Urology	2619 Centennial Blvd., Suite 102	Tallahassee	FL	32308
Yu, Samuel MD	Diagnostic Radiology	1600 Phillips Road	Tallahassee	FL	32308
Zapata, Carlos MD	Endocrinology	2173-B Centerville Place	Tallahassee	FL	32308
Zirgibel, Brian J MD	Orthopedic Surgery	2605 Welaunee Blvd.	Tallahassee	FL	32308
Zislis, Paul D MD	Psychiatry	2606 Centennial Place	Tallahassee	FL	32308
Zorn, Susanna T MD	Orthopedic Sports Medicine	3334 Capital Medical Blvd., Suite 400	Tallahassee	FL	32308
Zorn, Thomas A. MD	Family Medicine	302 Norton Drive, Suite 103	Tallahassee	FL	32308

Attachment D – Question 2.ii: Centers of Excellence Network

The Centers of Excellence (COE) are hospitals and facilities, all located within the United States. This information is pulled from yearly updates that the *U.S. News and World Report* publishes; below are the 2021-2022 COE national rankings. This information is used for members with rare or life-threatening conditions, when services or second opinions are needed outside of our vast network of tertiary and or local providers.

Capital Health Plan (CHP) utilizes multiple financial arrangements for care that is provided outside of our contracted providers.

Facility	Ranking	Age Group	Location
Specialty: Oncology			
University of Texas MD Anderson	1	Adults	Houston, TX
Hospital of University Pennsylvania-Penn Presbyterian	10	Adults	Philadelphia, PA
Memorial Sloan Kettering	2	Adults	New York, New York
Moffitt Cancer Center	26	Adults	Tampa, FL
University of Alabama Birmingham	27	Adults	Birmingham, AL
Mayo Clinic-Rochester	3	Adults	Rochester, MN
Dana Farber/Brigham & Women's Hospital	4	Adults	Cleveland, OH
Mayo Clinic Jacksonville	46	Adults	Jacksonville, FL
Cleveland Clinic	5	Adults	Cleveland, OH
Johns Hopkins Hospital	6	Adults	Baltimore, MD
Northwestern Memorial Hospital	7	Adults	Chicago, IL
UCLA Health	8	Adults	Los Angeles, CA
Cedars-Sinai Medical Center	9	Adults	Los Angeles, CA
Children's Hospital of Philadelphia (CHOP)	1	Pediatric - 17 and Under	Pennsylvania, Pittsburgh
St Jude's	10	Pediatric - 17 and Under	Tennessee, Memphis
Boston Children's Hospital/Dana-Farber	2	Pediatric - 17 and Under	Massachusetts, Boston
Children's Hospital of Alabama-UAB	27	Pediatric - 17 and Under	Birmingham, AL
Cincinnati Children's Hospital	3	Pediatric - 17 and Under	Ohio, Cincinnati
Texas Children's Hospital	4	Pediatric - 17 and Under	Texas, Houston
Shands	45	Pediatric - 17 and Under	Gainesville, FL
Children's National Hospital	5	Pediatric - 17 and Under	Washington D.C.

Children's Healthcare of Atlanta (CHOA)	6	Pediatric - 17 and Under	Georgia, Atlanta
Children's Hospital of Los Angeles	7	Pediatric - 17 and Under	California, Los Angeles
Nationwide Children's Hospital	8	Pediatric - 17 and Under	Ohio, Columbus
Children's Hospital of Colorado	9	Pediatric - 17 and Under	Colorado, Aurora
Specialty: Diabetes / Endocrinology			
Mayo Clinic	1	Adults	Rochester, MN
Mount Sinai Hospital	10	Adults	New York, New York
Massachusetts General	2	Adults	Boston, MA
Tampa General Hospital	28	Adults	Tampa, FL
UCLA Medical Center	3	Adults	Los Angeles, CA
Mayo Clinic Jacksonville	30	Adults	Jacksonville, FL
NYU Langone Hospital	4	Adults	New York, New York
AdventHealth Orlando	40	Adults	Orlando, FL
New York Presbyterian at Columbia & Cornell	5	Adults	New York, New York
UCSF Medical Center	6	Adults	San Francisco, CA
Barnes-Jewish Hospital	7	Adults	St Louis, MO
Johns Hopkins Hospital	8	Adults	Baltimore, MD
Montefiore Medical Center	9	Adults	Bronx, NY
Children's Hospital of Philadelphia (CHOP)	1	Pediatric - 17 and Under	Pennsylvania, Philadelphia
Children's National Hospital	10	Pediatric - 17 and Under	Washington D.C.
Shands	12	Pediatric - 17 and Under	Gainesville, FL
Boston Children's Hospital	2	Pediatric - 17 and Under	Massachusetts, Boston
Arnold Palmer Children's Hospital	29	Pediatric - 17 and Under	Orlando, FL
Cincinnati Children's Hospital	3	Pediatric - 17 and Under	Ohio, Cincinnati
Children's Hospital of Colorado	4	Pediatric - 17 and Under	Colorado, Aurora
Texas Children's Hospital	5	Pediatric - 17 and Under	Texas, Houston
Yale-New haven Hospital	6	Pediatric - 17 and Under	Connecticut, New Haven
University of Pittsburgh Medical Center	7	Pediatric - 17 and Under	Pennsylvania, Pittsburgh
Children's Hospital of Los Angeles	8	Pediatric - 17 and Under	California, Los Angeles
Lucille Packard Children's Hospital	9	Pediatric - 17 and Under	California, Stanford
Specialty: ENT			
Memorial Sloan Kettering	1	Adults	New York, NY
Vanderbilt University Medical Center	10	Adults	Nashville, TN

Massachusetts Eye & Ear Infirmary at Mass General	2	Adults	Boston, MA
Tampa General Hospital	21	Adults	Tampa, FL
University of Alabama Birmingham	25	Adults	Birmingham, AL
Johns Hopkins Hospital	3	Adults	Baltimore, MD
Shands	32	Adults	Gainesville, FL
Shands Jacksonville	39	Adults	Jacksonville, FL
Mayo Clinic	4	Adults	Rochester, MN
UCSF Medical Center	5	Adults	San Francisco, CA
Penn Presbyterian	6	Adults	Philadelphia
Mayo Clinic-Phoenix	7	Adults	Phoenix, AZ
Ohio State University Wexner Medical center	8	Adults	Columbus, OH
University of Michigan Medical Center	9	Adults	Ann Arbor, MI
Specialty: Gastroenterology			
Mayo Clinic	1	Adults	Rochester, MN
St Louis Children's Hospital	10	Adults	Missouri, St Louis
Houston Methodist Hospital	10	Adults	Houston, TX
Cedars-Sinai Medical Center	2	Adults	Los Angeles, CA
Mayo Clinic Jacksonville	26	Adults	Jacksonville, FL
Tampa General Hospital	26	Adults	Tampa, FL
Cleveland Clinic	3	Adults	Cleveland, OH
Cleveland Clinic Weston	33	Adults	Weston, FL
UCLA Medical center	4	Adults	Los Angeles, CA
NYU Langone Hospital	5	Adults	New York, New York
Johns Hopkins	6	Adults	Baltimore, MD
Mayo Clinic-Phoenix	7	Adults	Phoenix, AZ
New York Presbyterian-Columbia & Cornell	8	Adults	New York, NY
Northwestern Memorial Hospital	9	Adults	Chicago, IL
Children's Hospital of Colorado	1	Pediatric - 17 and Under	Colorado, Aurora
St Louis Children's Hospital	10	Pediatric - 17 and Under	St Louis, MO
Boston Children's Hospital	2	Pediatric - 17 and Under	Massachusetts, Boston
Children's Hospital of Philadelphia	3	Pediatric - 17 and Under	Pennsylvania, Philadelphia
Texas Children's Hospital	4	Pediatric - 17 and Under	Texas, Houston
Children's Hospital of Alabama-UAB	41	Pediatric - 17 and Under	Birmingham, AL
Cincinnati Children's Hospital	5	Pediatric - 17 and Under	Ohio, Cincinnati
Children's Hospital of Los Angeles	6	Pediatric - 17 and Under	California, Los Angeles
Children's Medical Center of Dallas	7	Pediatric - 17 and Under	Texas, Dallas
Children's Hospital of Atlanta	8	Pediatric - 17 and Under	Georgia, Atlanta

		Under	
University of Pittsburgh Medical Center	9	Pediatric - 17 and Under	Pennsylvania, Pittsburgh
Specialty: Gynecology			
Mayo Clinic	1	Adults	Rochester, MN
Stanford Hospital	10	Adults	Stanford, CA
Memorial Sloan Kettering	2	Adults	New York, NY
Cleveland Clinic	3	Adults	Cleveland, OH
Brigham & Women's Hospital	4	Adults	Boston, MA
Shands	45	Adults	Gainesville, FL
University of Texas MD Anderson	5	Adults	Houston, TX
Inova Fairfax Hospital	6	Adults	Falls Church, VA
University of Alabama Birmingham	7	Adults	Birmingham, AL
Johns Hopkins Hospital	8	Adults	Baltimore, MD
Massachusetts General	9	Adults	Boston, MA
Specialty: Heart/Heart Surgery			
Cleveland Clinic	1	Adults	Cleveland, OH
Brigham & Women's Hospital	10	Adults	Boston, MA
Mayo Clinic	2	Adults	Rochester, MN
University of Alabama Birmingham	29	Adults	Birmingham, AL
Cedars-Sinai Medical Center	3	Adults	Los Angeles, CA
New York Presbyterian-Columbia & Cornell	4	Adults	New York, New York
NYU Langone Hospital	5	Adults	New York, New York
Shands	50	Adults	Gainesville, FL
Mount Sinai Hospital	6	Adults	New York, New York
Massachusetts General Hospital	7	Adults	Boston, Massachusetts
Stanford Health Care	8	Adults	Stanford, CA
UCLA Medical Center	9	Adults	Los Angeles, CA
Texas Children's Hospital	1	Pediatric - 17 and Under	Texas, Houston
Children's Medical Center-Texas	10	Pediatric - 17 and Under	Texas, Dallas
University of Pittsburgh Medical Center	2	Pediatric - 17 and Under	Pennsylvania, Pittsburgh
Children's Hospital of Alabama at UAB	29	Pediatric - 17 and Under	Birmingham, AL
Children's Hospital of Los Angeles	3	Pediatric - 17 and Under	California, Los Angeles
Boston Children's Hospital/Dana Farber	4	Pediatric - 17 and Under	Massachusetts, Boston
Arnold Palmer Hospital for Children	40	Pediatric - 17 and Under	Orlando, FL
Nicklaus Children's Hospital	46	Pediatric - 17 and Under	Miami, FL
Riley Hospital for Children	5	Pediatric - 17 and Under	Indiana, Indianapolis
Children's Hospital of Colorado	6	Pediatric - 17 and Under	Colorado, Aurora

		Under	
UF Health Shands	7	Pediatric - 17 and Under	Florida, Gainesville
Children's Hospital of Philadelphia	8	Pediatric - 17 and Under	Pennsylvania, Philadelphia
Ann& Robert Lurie's Children's Hospital	9	Pediatric - 17 and Under	Illinois, Chicago
Specialty: Kidney Disorders			
Boston Children's Hospital	1	Pediatric - 17 and Under	Massachusetts, Boston
Children's Mercy Hospital	10	Pediatric - 17 and Under	Missouri, Kansas City
Seattle Children's Hospital	2	Pediatric - 17 and Under	Washington, Seattle
Texas Children's Hospital	3	Pediatric - 17 and Under	Texas, Houston
Licelle Packard Children's Hospital	4	Pediatric - 17 and Under	California, Stanford
Cincinnati Children's Hospital	5	Pediatric - 17 and Under	Ohio, Cincinnati
Children's Hospital of Philadelphia	6	Pediatric - 17 and Under	Pennsylvania, Philadelphia
Children's National Hospital	7	Pediatric - 17 and Under	Washington D.C.
Children's Hospital of Atlanta (CHOA)	8	Pediatric - 17 and Under	Georgia, Atlanta
Nationwide Hospital	9	Pediatric - 17 and Under	Ohio, Columbus
Specialty: Neurology			
UCSF Health	1	Adults	San Francisco, CA
Mount Sinai	10	Adults	New York, NY
Mayo Clinic Jacksonville	16	Adults	Jacksonville, FL
New York Presbyterian Columbia & Cornell	2	Adults	New York, NY
Rush University Medical Center	3	Adults	Chicago, IL
University of Miami Hospital	35	Adults	Miami, FL
Johns Hopkins	4	Adults	Baltimore, MD
AdventHealth Orlando	47	Adults	Orlando, FL
NYU Langone Hospital	5	Adults	New York, NY
Mayo Clinic	6	Adults	Rochester, MN
Cleveland Clinic	7	Adults	Cleveland, OH
UCLA Medical Center	8	Adults	Los Angeles, CA
Northwestern Memorial Hospital	9	Adults	Chicago, IL
Boston Children's Hospital	1	Pediatric - 17 and Under	Massachusetts, Boston
Children's Hospital of Colorado	10	Pediatric - 17 and Under	Colorado, Aurora
Texas Children's Hospital	2	Pediatric - 17 and Under	Texas, Houston
Nicklaus Children's Hospital	24	Pediatric - 17 and Under	Miami, FL

Children's National Hospital	3	Pediatric - 17 and Under	Washington DC
Children's Hospital of Alabama at UAB	33	Pediatric - 17 and Under	Birmingham, AL
Children's Hospital of Alabama-UAB	33	Pediatric - 17 and Under	Birmingham, AL
Children's Hospital of Philadelphia	4	Pediatric - 17 and Under	Pennsylvania, Philadelphia
Shands	45	Pediatric - 17 and Under	Gainesville, FL
Cincinnati Children's Hospital	5	Pediatric - 17 and Under	Ohio, Cincinnati
Nationwide Hospital	6	Pediatric - 17 and Under	Ohio, Columbus
St Louis Children's Hospital	7	Pediatric - 17 and Under	Missouri, St Louis
Lucille Packard Children's Hospital	8	Pediatric - 17 and Under	California, Stanford
Children's Hospital of Los Angeles	9	Pediatric - 17 and Under	California, Los Angeles
Specialty: Neurosurgery			
UCSF Health	1	Adults	San Francisco, CA
Mount Sinai	10	Adults	New York, NY
Mayo Clinic Jacksonville	16	Adults	Jacksonville, FL
New York Presbyterian Columbia & Cornell	2	Adults	New York, NY
Rush University Medical Center	3	Adults	Chicago, IL
University of Miami Hospital	35	Adults	Miami, FL
Johns Hopkins	4	Adults	Baltimore, MD
AdventHealth Orlando	47	Adults	Orlando, FL
NYU Langone Hospital	5	Adults	New York, NY
Mayo Clinic	6	Adults	Rochester, MN
Cleveland Clinic	7	Adults	Cleveland, OH
UCLA Medical Center	8	Adults	Los Angeles, CA
Northwestern Memorial Hospital	9	Adults	Chicago, IL
Boston Children's Hospital	1	Pediatric - 17 and Under	Massachusetts, Boston
Children's Hospital of Colorado	10	Pediatric - 17 and Under	Colorado, Aurora
Texas Children's Hospital	2	Pediatric - 17 and Under	Texas, Houston
Nicklaus Children's Hospital	24	Pediatric - 17 and Under	Miami, FL
Children's National Hospital	3	Pediatric - 17 and Under	Washington DC
Children's Hospital of Alabama at UAB	33	Pediatric - 17 and Under	Birmingham, AL
Children's Hospital of Alabama-UAB	33	Pediatric - 17 and Under	Birmingham, AL
Children's Hospital of Philadelphia	4	Pediatric - 17 and Under	Pennsylvania, Philadelphia

Shands	45	Pediatric - 17 and Under	Gainesville, FL
Cincinnati Children's Hospital	5	Pediatric - 17 and Under	Ohio, Cincinnati
Nationwide Hospital	6	Pediatric - 17 and Under	Ohio, Columbus
St Louis Children's Hospital	7	Pediatric - 17 and Under	Missouri, St Louis
Lucille Packard Children's Hospital	8	Pediatric - 17 and Under	California, Stanford
Children's Hospital of Los Angeles	9	Pediatric - 17 and Under	California, Los Angeles
Specialty: Ophthalmology			
Bascom Palmer	1	Adults	Miami, FL
Cole Eye Institute-Cleveland Clinic	10	Adults	Rochester, MN
Wills Eye Hosp-Thomas Jefferson University Hospital	2	Adults	Philadelphia, PA
Wilmer Eye Institute-Johns Hopkins	3	Adults	Baltimore, MD
Massachusetts Eye & Ear Infirmary-Massachusetts General	4	Adults	Boston, MA
Stein & Doheny Eye Institute-UCLA Medical Center	5	Adults	Los Angeles, CA
Duke University Hospital	6	Adults	Durham, NC
University of Iowa Hospital	7	Adults	Iowa City, Iowa
Kellogg Eye Center-Michigan Medicine	8	Adults	Ann Arbor, MI
UCSF	9	Adults	Los Angeles, CA
Specialty: Orthopedics			
Hospital for Special Surgery	1	Adults	New York, NY
Rothman Orthopedics-Thomas Jefferson University Hospital	10	Adults	Philadelphia, PA
Mayo Clinic	2	Adults	Rochester, MN
Tampa General Hospital	23	Adults	Tampa, FL
Cedars-Sinai	3	Adults	Los Angeles, CA
NYU Langone Hospital	4	Adults	New York, NY
UCLA Medical Center & Orthopedic Hospital-Santa Monica	5	Adults	Santa Monica, CA
Rush University Medical Center	6	Adults	Chicago, IL
Cleveland Clinic	7	Adults	Cleveland, OH
Massachusetts General	8	Adults	Boston, MA
New York Presbyterian-Columbia & Cornell	9	Adults	New York, NY
Children's Hospital of Philadelphia	1	Pediatric - 17 and Under	Pennsylvania, Philadelphia
Children's Healthcare of Atlanta	10	Pediatric - 17 and Under	Georgia, Atlanta
Boston Children's Hospital	2	Pediatric - 17 and Under	Massachusetts, Boston
Dallas-Scottish Rite	3	Pediatric - 17 and Under	Texas, Dallas
Joe Dimaggio Children's Hospital at Memorial	32	Pediatric - 17 and Under	Hollywood, FL

		Under	
Children's Hospital of Los Angeles	4	Pediatric - 17 and Under	California, Los Angeles
Nicklaus Children's Hospital	40	Pediatric - 17 and Under	Miami, FL
Children's Hospital of Alabama-UAB	49	Pediatric - 17 and Under	Birmingham, AL
Cincinnati Children's Hospital	5	Pediatric - 17 and Under	Ohio, Cincinnati
Children's National Hospital	6	Pediatric - 17 and Under	Washington DC
St Louis Children's Hospital	7	Pediatric - 17 and Under	Missouri, St Louis
Rady's Children's Hospital	8	Pediatric - 17 and Under	California, San Diego
Nationwide Children's Hospital	9	Pediatric - 17 and Under	Ohio, Columbus
Specialty: Psychiatry			
Johns Hopkins	1	Adults	Baltimore, MD
NYU Langone Hospital	10	Adults	New York, NY
McLean Hospital-Harvard	2	Adults	Belmont, MA
Massachusetts General	3	Adults	Boston, MA
New York Presbyterian-Columbia	4	Adults	New York, NY
Resnick Neuropsychiatric Hospital-UCLA	5	Adults	Los Angeles, CA
UCSF	6	Adults	San Francisco, CA
Sheppard Pratt Hospital	7	Adults	Baltimore, MD
Menninger Clinic	8	Adults	Houston, TX
Mayo Clinic	9	Adults	Rochester, MN
Specialty: Pulmonology			
Mayo Clinic	1	Adults	Rochester, MN
New York Presbyterian-Columbia	10	Adults	New York, NY
National Jewish Denver-University of Colorado	2	Adults	Denver, CO
Cedars-Sinai	3	Adults	Los Angeles, CA
University of Alabama Birmingham	31	Adults	Birmingham, AL
Shands	37	Adults	Gainesville, FL
UCLA Medical Center	4	Adults	Los Angeles, CA
Cleveland Clinic	5	Adults	Cleveland, OH
NYU Langone Hospital	6	Adults	New York, NY
Johns Hopkins	7	Adults	Baltimore, MD
Penn Presbyterian-University of Pennsylvania	8	Adults	Philadelphia, PA
Jacobs Medical Center-UC San Diego	9	Adults	San Diego, CA
Boston Children's Hospital	1	Pediatric - 17 and Under	Massachusetts, Boston
Seattle Children's Hospital	10	Pediatric - 17 and Under	Washington, Seattle
Children's Hospital of Philadelphia	2	Pediatric - 17 and Under	Pennsylvania, Philadelphia

Shands	21	Pediatric - 17 and Under	Gainesville, FL
Texas Children's Hospital	3	Pediatric - 17 and Under	Texas, Houston
Nicklaus Children's Hospital	36	Pediatric - 17 and Under	Miami, FL
Cincinnati Children's Hospital	4	Pediatric - 17 and Under	Ohio, Cincinnati
Children's Hospital of Colorado	5	Pediatric - 17 and Under	Colorado, Aurora
Lucille Packard Children's Hospital	6	Pediatric - 17 and Under	California, Stanford
Nationwide Children's Hospital	7	Pediatric - 17 and Under	Ohio, Columbus
Children's National Hospital	8	Pediatric - 17 and Under	Washington DC
St Louis Children's Hospital	9	Pediatric - 17 and Under	Missouri, St Louis
Specialty: Rheumatology			
Johns Hopkins	1	Adults	Baltimore, MD
University of Alabama Birmingham	10	Adults	Birmingham, AL
Cleveland Clinic	2	Adults	Cleveland, OH
Mayo Clinic	3	Adults	Rochester, MN
Hospital for Special Surgery-NY Presbyterian	4	Adults	New York, NY
Brigham & Women's Hospital	5	Adults	Boston, MA
Massachusetts General Hospital	6	Adults	Boston, MA
UCSF	7	Adults	San Francisco, CA
NYU Langone Hospital	8	Adults	New York, NY
UCLA Medical Center	9	Adults	Los Angeles, CA
Specialty: Urology			
Mayo Clinic	1	Adults	Rochester, MN
Keck Medical Center-USC	10	Adults	Los Angeles, CA
Cleveland Clinic	2	Adults	Cleveland, OH
Memorial Sloan Kettering	3	Adults	New York, NY
Shands	32	Adults	Gainesville, FL
University of Texas MD Anderson	4	Adults	Houston, TX
Mayo Clinic Jacksonville	47	Adults	Jacksonville, FL
Johns Hopkins	5	Adults	Baltimore, MD
New York Presbyterian-Columbia & Cornell	6	Adults	New York, NY
Cedars-Sinai	7	Adults	Los Angeles, CA
UCLA Medical Center	8	Adults	Los Angeles, CA
NYU Langone Hospital	9	Adults	New York, NY
Boston Children's Hospital	1	Pediatric - 17 and Under	Massachusetts, Boston
Rady Children's Hospital	10	Pediatric - 17 and Under	California, San Diego
Cincinnati Children's Hospital	2	Pediatric - 17 and Under	Ohio, Cincinnati

Riley Hospital	3	Pediatric - 17 and Under	Indiana, Indianapolis
Children's Hospital of Philadelphia	4	Pediatric - 17 and Under	Pennsylvania, Philadelphia
Children's Hospital of Alabama-UAB	43	Pediatric - 17 and Under	Birmingham, AL
Shands	46	Pediatric - 17 and Under	Gainesville, FL
Arnold Palmer Children's Hospital	49	Pediatric - 17 and Under	Orlando, FL
Texas Children's Hospital	5	Pediatric - 17 and Under	Texas, Houston
Children's Hospital Colorado	6	Pediatric - 17 and Under	
Ann and Robert Lurie Hospital for Children	7	Pediatric - 17 and Under	Illinois, Chicago
Monroe Carell Jr. Children's Hospital at Vanderbilt	8	Pediatric - 17 and Under	Tennessee, Nashville
Seattle Children's Hospital	9	Pediatric - 17 and Under	Washington, Seattle

Capital Selection

2020

Provider_TIN	Provider_Name
591917016	TALLAHASSEE MEMORIAL HEALTHCARE, INC
621091430	HCA FLORIDA CAPITAL HOSPITAL DBA CAPITAL REGIONAL MEDICAL CE
591830622	CAPITAL HEALTH PLAN
591943502	SHANDS TEACHING HOSPITAL
592970442	ANESTHESIOLOGY ASSOC OF TALLAHASSEE INC MAIN
593374015	TALLAHASSEE PRIMARY CARE ASSOC
593598056	TALLAHASSEE ORTHOPEDIC CLINIC III, PL
590714831	MAYO CLINIC FLORIDA
591268204	RADIOLOGY ASSOC OF TALLAHASSEE
752535417	TALLAHASSEE OUTPATIENT SURGERY CTR
592825211	NORTH FLORIDA WOMEN'S CARE
591641854	DIGESTIVE DISEASE CLINIC
593337028	MAYO CLINIC JACKSONVILLE
591680273	FLORIDA CLINICAL PRACTICE ASSOCIATION INC
591917016	TALLAHASSEE MEMORIAL PHYSICIAN PARTNERS
264736988	RED HILLS SURGICAL CENTER
591286000	TALLAHASSEE NEURO CLINIC
592601294	TALLAHASSEE DIAGNOSTIC IMAGING CTRS
203452721	TALLAHASSEE CANCER INSTITUTE
592524839	DERMATOLOGY ASSOC OF TALLA
473225688	ARTESIA DIALYSIS LLC
952977916	DVA HEALTHCARE RENAL CARE DBA TALLAHASSEE DIALYSIS
650825133	FLORIDA CANCER SPECIALISTS AND RESEARCH INSTITUTE LLC
462439971	ADVANCED UROLOGY INSTITUTE LLC
331189561	CAPITAL REGIONAL HEALTHCARE, LLC

Minimum Value Selection HDHP

Provider_TIN	Provider_Name
591917016	TALLAHASSEE MEMORIAL HEALTHCARE, INC
591830622	CAPITAL HEALTH PLAN
621091430	HCA FLORIDA CAPITAL HOSPITAL DBA CAPITAL REGIONAL MEDICAL CE
593374015	TALLAHASSEE PRIMARY CARE ASSOC
592970442	ANESTHESIOLOGY ASSOC OF TALLAHASSEE INC MAIN
592825211	NORTH FLORIDA WOMEN'S CARE
331189561	CAPITAL REGIONAL HEALTHCARE, LLC
593598056	TALLAHASSEE ORTHOPEDIC CLINIC III, PL
591724669	NORTH FLORIDA PEDIATRIC ASSOC
264736988	RED HILLS SURGICAL CENTER
650825133	FLORIDA CANCER SPECIALISTS AND RESEARCH INSTITUTE LLC
752535417	TALLAHASSEE OUTPATIENT SURGERY CTR
591268204	RADIOLOGY ASSOC OF TALLAHASSEE
133757370	LABORATORY CORPORATION OF AMERICA
593250865	SAFF, RONALD
832860479	GYNECOLOGY & OBSTETRICS ASSOCIATES OF TALLAHASSEE PLLC
59337028	MAYO CLINIC JACKSONVILLE
591917016	TALLAHASSEE MEMORIAL SURGICAL SPECIALISTS
593557024	PROFESSIONAL PARK PEDIATRICS PA
591943502	SHANDS TEACHING HOSPITAL
260609255	FLORIDA WOMAN CARE LLC
111111111	HEALTH CLUB REIMBURSEMENT
591917016	TALLAHASSEE MEMORIAL PHYSICIAN PARTNERS-CANCER & HEMATOLOGY
591641854	DIGESTIVE DISEASE CLINIC
510468363	JOHN NESS MD PA

2021

Provider_TIN	Provider_Name
591917016	TALLAHASSEE MEMORIAL HEALTHCARE, INC
621091430	HCA FLORIDA CAPITAL HOSPITAL DBA CAPITAL REGIONAL MEDICAL CE
591943502	SHANDS TEACHING HOSPITAL
592970442	ANESTHESIOLOGY ASSOC OF TALLAHASSEE INC MAIN
455170842	HEMATOLOGY AND ONCOLOGY SOLUTIONS OF TALLAHASSEE
593598056	TALLAHASSEE ORTHOPEDIC CLINIC III, PL
591268204	RADIOLOGY ASSOC OF TALLAHASSEE
593374015	TALLAHASSEE PRIMARY CARE ASSOC
752535417	TALLAHASSEE OUTPATIENT SURGERY CTR
592825211	NORTH FLORIDA WOMEN'S CARE
591680273	FLORIDA CLINICAL PRACTICE ASSOCIATION INC
591641854	DIGESTIVE DISEASE CLINIC
264736988	RED HILLS SURGICAL CENTER
650825133	FLORIDA CANCER SPECIALISTS AND RESEARCH INSTITUTE LLC
591917016	TALLAHASSEE MEMORIAL PHYSICIAN PARTNERS
591286000	TALLAHASSEE NEURO CLINIC
592601294	TALLAHASSEE DIAGNOSTIC IMAGING CTRS
952977916	DVA HEALTHCARE RENAL CARE DBA TALLAHASSEE DIALYSIS
203452721	TALLAHASSEE CANCER INSTITUTE
592524839	DERMATOLOGY ASSOC OF TALLA
593337028	MAYO CLINIC JACKSONVILLE
593050876	TALLAHASSEE ENDOSCOPY CENTER
593044545	CENTER FOR ORTHOPEDIC & SPORTS PT
462439971	ADVANCED UROLOGY INSTITUTE LLC
593338654	CARDIOTHORACIC AND VASCULAR SURGICAL ASSOC

Provider_TIN	Provider_Name
593215680	FHHS GLOBAL NETWORK
591917016	TALLAHASSEE MEMORIAL HEALTHCARE, INC
621091430	HCA FLORIDA CAPITAL HOSPITAL DBA CAPITAL REGIONAL MEDICAL CE
592970442	ANESTHESIOLOGY ASSOC OF TALLAHASSEE INC MAIN
593374015	TALLAHASSEE PRIMARY CARE ASSOC
752535417	TALLAHASSEE OUTPATIENT SURGERY CTR
592825211	NORTH FLORIDA WOMEN'S CARE
450439149	MED-TRANS CORP/SHANDSCAIR3
591286000	TALLAHASSEE NEURO CLINIC
593598056	TALLAHASSEE ORTHOPEDIC CLINIC III, PL
831322110	EMERGING THERAPY SOLUTIONS, INC
591943502	SHANDS TEACHING HOSPITAL
591724669	NORTH FLORIDA PEDIATRIC ASSOC
331189561	CAPITAL REGIONAL HEALTHCARE, LLC
203516155	MINUTE CLINIC
591268204	RADIOLOGY ASSOC OF TALLAHASSEE
591830622	CAPITAL HEALTH PLAN
591641854	DIGESTIVE DISEASE CLINIC
621276693	TALLAHASSEE EAR NOSE & THROAT
593337028	MAYO CLINIC JACKSONVILLE
593050876	TALLAHASSEE ENDOSCOPY CENTER
593557024	PROFESSIONAL PARK PEDIATRICS PA
596000708	LEON COUNTY EMS
840611484	LABORATORY CORPORATION OF AMERICA
111111111	HEALTH CLUB REIMBURSEMENT

2022

Provider_TIN	Provider_Name
591917016	TALLAHASSEE MEMORIAL HEALTHCARE, INC
621091430	HCA FLORIDA CAPITAL HOSPITAL DBA CAPITAL REGIONAL MEDICAL CE
314379441	NATIONWIDE CHILDRENS HOSPITAL
591943502	SHANDS TEACHING HOSPITAL
592970442	ANESTHESIOLOGY ASSOC OF TALLAHASSEE INC MAIN
593598056	TALLAHASSEE ORTHOPEDIC CLINIC III, PL
593374015	TALLAHASSEE PRIMARY CARE ASSOC
752535417	TALLAHASSEE OUTPATIENT SURGERY CTR
592825211	NORTH FLORIDA WOMEN'S CARE
264736988	RED HILLS SURGICAL CENTER
591680273	FLORIDA CLINICAL PRACTICE ASSOCIATION INC
952977916	DVA HEALTHCARE RENAL CARE DBA TALLAHASSEE DIALYSIS
591641854	DIGESTIVE DISEASE CLINIC
311024403	PEDIATRIC ACADEMIC ASSOC INC
593337028	MAYO CLINIC JACKSONVILLE
593283127	MEMORIAL HOSPITAL JACKSONVILLE
591268204	RADIOLOGY ASSOC OF TALLAHASSEE
591917016	TALLAHASSEE MEMORIAL PHYSICIAN PARTNERS
571098556	MEDICAL UNIVERSITY HOSPITAL AUTHORITY
592524839	DERMATOLOGY ASSOC OF TALLA
591286000	TALLAHASSEE NEURO CLINIC
592970442	ANESTHESIOLOGY ASSOC OF TALLAHASSEE INC TMH
592601294	TALLAHASSEE DIAGNOSTIC IMAGING CTRS
853818657	SOUTHEAST RADIOLOGY PARTNERS LTD
590714831	MAYO CLINIC FLORIDA

Provider_TIN	Provider_Name
591917016	TALLAHASSEE MEMORIAL HEALTHCARE, INC
650825133	FLORIDA CANCER SPECIALISTS AND RESEARCH INSTITUTE LLC
621091430	HCA FLORIDA CAPITAL HOSPITAL DBA CAPITAL REGIONAL MEDICAL CE
593215680	FHHS GLOBAL NETWORK
264736988	RED HILLS SURGICAL CENTER
593374015	TALLAHASSEE PRIMARY CARE ASSOC
592970442	ANESTHESIOLOGY ASSOC OF TALLAHASSEE INC MAIN
592970442	ANESTHESIOLOGY ASSOC OF TALLAHASSEE INC TMH
591162148	APALACHEE CENTER INC DBA EASTSIDE PSYCHIATRIC HOSPITAL
592825211	NORTH FLORIDA WOMEN'S CARE
840611484	LABORATORY CORPORATION OF AMERICA
752535417	TALLAHASSEE OUTPATIENT SURGERY CTR
591724669	NORTH FLORIDA PEDIATRIC ASSOC
593598056	TALLAHASSEE ORTHOPEDIC CLINIC III, PL
593557024	PROFESSIONAL PARK PEDIATRICS PA
871466300	TALLAHASSEE MEDICAL GROUP, PLLC
591830622	CAPITAL HEALTH PLAN
472462178	CURATIVE LABS INC
590724459	ADVENTHEALTH ORLANDO
591268204	RADIOLOGY ASSOC OF TALLAHASSEE
591641854	DIGESTIVE DISEASE CLINIC
331189561	CAPITAL REGIONAL HEALTHCARE, LLC
831303186	LAKE OLIVER EMERGENCY GROUP LLC
870766051	CARDINAL HEALTHCARE PLLC
853818657	SOUTHEAST RADIOLOGY PARTNERS LTD

Capital Selection

Minimum Value Selection HDHP

2020

Drug_Name
HUMIRA PEN
STELARA
JANUVIA
ENBREL SURECLICK
ELIQUIS
CABOMETYX
TRULICITY
SKYRIZI
VYVANSE
DUPIXENT
OZEMPIC
LATUDA
JULUCA
BIKTARVY
VICTOZA
BOSULIF
ATRIPLA
LENVIMA 20 MG DAILY DOSE
SYMBICORT
ODEFSEY
LANTUS SOLOSTAR
ADDERALL XR
CONCERTA
ADVAIR DISKUS
TRUVADA

Drug_Name
HUMIRA PEN
TRIUMEQ
DUOPA
VYVANSE
OTEZLA
NORDITROPIN FLEXPRO
CONCERTA
ENTRESTO
TROKENDI XR
DEXMETHYLPHENIDATE HCL ER
ADVAIR DISKUS
BUPRENORPHINE HYDROCHLORI
VICTOZA
ORILISSA
ADVAIR HFA
TRULICITY
LAMOTRIGINE ER
NORETHINDRONE ACETATE/ETH
JARDIANCE
NEUPRO
XARELTO
MULTAQ
FLUCELVAX QUADRIVALENT 2020-2021
VRAYLAR
SYMBICORT

2021

Drug_Name
STELARA
HUMIRA PEN
DUPIXENT
ENBREL SURECLICK
ELIQUIS
OZEMPIC
JANUVIA
BOSULIF
REVLIMID
TRULICITY
VYVANSE
SKYRIZI
CABOMETYX
BIKTARVY
ODEFSEY
CALQUENCE
JULUCA
JARDIANCE
DOJOLVI
SKYRIZI PEN
ADDERALL XR
IMBRUVICA
PFIZER-BIONTECH COVID-19 VACCINE
COSENTYX SENSOREADY PEN
LATUDA

Drug_Name
TRIUMEQ
HUMIRA PEN
NORDITROPIN FLEXPRO
PFIZER-BIONTECH COVID-19 VACCINE
ORILISSA
MODERNA COVID-19 VACCINE
VICTOZA
VYVANSE
ADVAIR DISKUS
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMAR/
ENTRESTO
ADDERALL XR
TRELEGY ELLIPTA
BUPRENORPHINE HYDROCHLORI
SYNJARDY XR
FC2 FEMALE CONDOM
GENVOYA
ELIQUIS
ATOMOXETINE
ADVAIR HFA
NUVARING
EPINEPHRINE
DEXMETHYLPHENIDATE HCL ER
LATUDA
FLUCELVAX QUADRIVALENT 2021-2022

2022

Drug_Name
HUMIRA PEN
OZEMPIC
STELARA
ENBREL SURECLICK
SKYRIZI PEN
ELIQUIS
BIKTARVY
DUPIXENT
BOSULIF
IMBRUVICA
COSENTYX SENSOREADY PEN
JARDIANCE
JANUVIA
TRULICITY
VYVANSE
CIMZIA
REVLIMID
RUKOBIA
RYBELSUS
XELJANZ
AUBAGIO
OTEZLA
DESCOVY
JULUCA
SYMBICORT

Drug_Name
HUMIRA PEN
DUPIXENT
TRIUMEQ
ORILISSA
ELIQUIS
SIROLIMUS
TRULICITY
SEMGLEE
BUPRENORPHINE HYDROCHLORI
VYVANSE
TRELEGY ELLIPTA
JANUVIA
DEXMETHYLPHENIDATE HYDROC
SYNJARDY XR
COTEMPLA XR-ODT
FLUCELVAX QUADRIVALENT 2022-2023
TROKENDI XR
TAZAROTENE
NUVARING
URSODIOL
INSULIN ASPART FLEXPEN
OZEMPIC
LO LOESTRIN FE
VALGANCICLOVIR
EMGALITY

MEDICAL SERVICES THAT REQUIRE PRIOR AUTHORIZATION

The medical services below require prior authorization in order to be covered by Capital Health Plan. Although a service may be listed as requiring an authorization, this does not mean that the service itself is covered under all benefit plans. Please refer to the individual Capital Health Plan member benefit handbook for more information about services that may be limited or excluded.

ALL inpatient services

ALL services by a non-contracted provider that is not an emergency service

ALL experimental or investigational services

Anesthesia and facility charges for dental services

Applied Behavioral Analysis (ABA) therapy *

Back (lumbar) and neck (cervical) MRIs (Magnetic Resonance Imaging)

Back (lumbar) and neck (cervical) surgery (also known as spine surgery)

Balloon Dilation of the Eustachian Tube

Bariatric surgery (weight loss surgery) *

Bone growth stimulators (including Osteogenesis stimulators) *

Breast reconstruction surgery

Breast reduction surgery

Chemical peel

Cochlear implants *

Continuous glucose monitors *

Continuous passive motion devices *

Cosmetic/Plastics/Reconstructive surgery *

Cranial Orthosis *

CT colonography (also known as CT colonoscopy)

Deep Brain Stimulation

Dental services *

Dermabrasion

Dermal injections

Durable Medical Equipment *

Enteral nutrition/formula and supplies *

External insulin infusion pumps *

Eyeglasses and contact lenses *

Eyelid and brow surgery (blepharoplasty, ptosis repair, brow lift)

Functional Neuromuscular Stimulation *
 Genetic testing (ALL genetic testing)
 Home Prothrombin Time Monitoring *
 Hyperbaric oxygen (HBO) therapy (outpatient)
 Hyperthermic Intraperitoneal Chemotherapy (HIPEC)
 Implantable hearing devices *
 Kyphoplasty and Vertebroplasty
 Long Term Acute Care Hospitalization
 Mastectomy for gynecomastia
 Negative pressure wound therapy (NPWT) pump *
 Nerve Repair with Allograft
 Nutritional counseling *
 Oral Appliance
 Oral Surgeon Office Visit
 Oral surgery
 Orthognathic surgery
 Orthotics *
 Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders *
 Observation lasting more than 48 hours
 Panniculectomy and Abdominoplasty *
 Partial Hospitalization Program (PHP) for Substance Abuse Treatment
 Percutaneous Left Atrial Appendage Closure (e.g., Watchman Device)
 Power wheelchairs, scooters, and accessories *
 Prosthetics *
 Quantitative Electroencephalography (QEEG)
 Residential Eating Disorders Treatment
 Residential Substance Abuse Treatment
 Rhinoplasty/Septoplasty
 Rhytidectomy
 Sacroplasty
 Sacroiliac (SI) joint fusion surgery
 Seat lift mechanisms *
 Skilled Nursing Facility Care
 Skin and soft tissue substitute grafting (bio-engineered, including amniotic membrane/fluid)
 Sleep studies not ordered by a contracted pulmonologist or ENT (Ears, Nose, and Throat) specialist
 Speech generating devices *
 Spinal cord stimulators (trial, permanent implant, revision, repair, replacement, removal)
 Subcutaneous Implantable Cardioverter Defibrillators
 Tattooing to Correct Color Defects of the Skin
 Thoracic outlet syndrome surgery

TMH Bariatric Services *
 Transcranial Magnetic Stimulation
 Vagus Nerve Stimulation
 Varicose Vein treatment
 Wearable cardioverter-defibrillators (WCD) (e.g., LifeVest) *
 Weight Control Services *
 Wound Treatment Centers other than CHP Skin and Wound Care Center

*Coverage subject to the benefit plan

PLEASE NOTE: Services are subject to utilization review at any time. In order for services to be eligible for coverage by Capital Health Plan, documentation must support the medical necessity for ANY AND ALL services, regardless of whether or not specific criteria exists for that service. Therefore, the above listed items are subject to change at any time. For the most up to date information on services that require prior authorization, members can call Member Services at (850) 383-3311, and providers can call Network Services at (850) 523-7361.

For information regarding medications that may require a prior authorization, please go to Medication Center <https://capitalhealth.com/providers/medication-center#medical-benefit> or call Network Services / Member Services at the number listed above.


Approved/Revised:

12/10/20	Prior authorization list approved by UMWG
12/29/20	ST removed. No longer requires PA as of 1/1/21.
2/11/21	Removed Cologuard testing effective 2/11/21
12/8/22	No changes for 2022



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, at www.capitalhealth.com/sbc. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-850-383-3311 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Yes.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	Medical: \$2,000 single coverage / \$4,500 family coverage. Pharmacy: \$4,600 single coverage \$8,700 family coverage.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.capitalhealth.com or call 850-383-3311 for a list of network providers .	Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes. Some specialists require a referral . For a list of specialists that require a referral go to capitalhealth.com/ReferralAndAuth	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Office: \$15 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc. Telehealth—Services provided by network providers through remote access technology including web and mobile devices.
	Specialist visit	Office: \$40 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc. Prior authorization required for certain specialist visits. Your benefits/services may be denied. Telehealth—Services provided by network providers through remote access technology including web and mobile devices.
	Preventive care/screening/ immunization	No Charge for covered services	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Diagnostic tests other than x-ray or blood work may incur a cost share.
	Imaging (CT/PET scans, MRIs)	\$100 / visit	Not Covered	Prior authorization required for certain imaging services. Your benefits/services may be denied.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://capitalhealth.com/	Tier 1 – Preferred Generic Tier 2 – Non-Preferred Generic	\$15 / 30-day supply	Not Covered	The formulary is a closed formulary. This means that all available covered medications are shown. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied. Retail or mail order, one copay per 30 day supply up to 90 days.
	Tier 3 – Preferred Brand	\$30 / 30-day supply	Not Covered	
	Tier 4 – Non-Preferred Brand	\$50 / 30-day supply	Not Covered	

members/about-your-medications	Specialty drugs Tier 5 – Preferred Specialty Tier 6 – Non-Preferred Specialty	\$50 / 30-day supply	Not Covered	Limited to 30-day supply and may be limited to certain pharmacies. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$100 / visit Hospital: \$250 / visit	Not Covered	Prior authorization may be required. Your benefits/services may be denied. Cost share applies to all outpatient services.
	Physician/surgeon fees	\$40 / provider	Not Covered	
If you need immediate medical attention	Emergency room care	\$300 / visit \$250 / observation	\$300 / visit \$250 / observation	<u>Copayment</u> is waived if inpatient admission occurs; however, if moved to observation status, an additional <u>copayment</u> may apply based on services rendered.
	Emergency medical transportation	\$100 / transport	\$100 / transport	Covered if medically necessary.
	Urgent care	Urgent care center: \$25 / visit Telehealth: \$25 / visit Amwell: \$15 / visit	Urgent care center: \$25 / visit Telehealth: \$25 / visit Amwell: \$15 / visit	Telehealth – Services are provided by <u>network providers</u> through remote access technology including the web and mobile devices.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 / admission \$250 / observation	Not Covered	Prior authorization required. Your benefits /services may be denied.
	Physician/surgeon fees	No Charge if admitted \$40 /provider for observation	Not Covered	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc.
	Inpatient services	\$250 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.
If you are pregnant	Office visits	\$40 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, etc.
	Childbirth/delivery professional services	No Charge	Not Covered	—————none—————
	Childbirth/delivery facility	\$250 / admission	Not Covered	Prior authorization required. Your benefits

	services			/services may be denied.
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Prior authorization required. Your benefits/services may be denied.
	Rehabilitation services	\$40 / visit	Not Covered	Limited to the consecutive 62-day period immediately following the first service date. Cost share applies regardless of place of service, including office, telehealth, school, etc.
	Habilitation services	Not Covered	Not Covered	—————none—————
	Skilled nursing care	No Charge	Not Covered	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.
	Durable medical equipment	No Charge	Not Covered	Prior authorization required for certain devices. Your benefits/services may be denied.
	Hospice services	No Charge	Not Covered	Prior authorization required for inpatient services. Your benefits/services may be denied.
If your child needs dental or eye care	Children's eye exam	\$15 / visit	Not Covered	—————none—————
	Children's glasses	Not Covered	Not Covered	—————none—————
	Children's dental check-up	Not Covered	Not Covered	—————none—————

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)			
<ul style="list-style-type: none"> Acupuncture Bariatric Surgery Cosmetic Surgery Dental care (Adult) Dental care (Child) 	<ul style="list-style-type: none"> Glasses Habilitation services Hearing aids Infertility treatment Long-term care 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the US Private-duty nursing Routine foot care Weight loss programs 	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none"> Chiropractic care 	<ul style="list-style-type: none"> Annual routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or

www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Capital Health Plan at 1-850-383-3311. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html and <http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 850-383-3311, 1-877-247-6512

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 850-383-3311, 1-877-247-6512.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 850-383-3311, 1-877-247-6512.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 850-383-3311, 1-877-247-6512.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$250
■ Other copayment	\$0

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$560

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$250
■ Other copayment	\$50

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$250
■ Other copayment	\$0

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$900
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$900


The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, at www.capitalhealth.com/sbc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-850-383-3311 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	Deductible: Embedded \$2,500 single coverage. \$5,000 family coverage.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, they have to meet their own individual deductible until the overall family <u>deductible</u> amount has been met.
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> services are covered before you meet your <u>deductible</u> . Amwell services and Retail pharmacy <u>prescription drugs</u> are not subject to the <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Medical: \$4,000 single coverage / \$8,500 family coverage. Pharmacy: \$2,850 single coverage \$5,200 family coverage.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.capitalhealth.com or call 850-383-3311 for a list of <u>network providers</u> .	Be aware, your network provider might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to	Yes. Some <u>specialists</u> require a	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you

Important Questions	Answers	Why This Matters:
see a specialist ?	referral . For a list of specialists that require a referral go to capitalhealth.com/ReferralAndAuth	have a referral before you see the specialist .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Office: \$15 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc. Telehealth—Services provided by network providers through remote access technology including web and mobile devices.
	Specialist visit	Office: \$75 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc. Prior authorization required for certain specialist visits. Your benefits/services may be denied. Telehealth—Services provided by network providers through remote access technology including web and mobile devices.
	Preventive care/screening /immunization	No Charge for covered services	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Diagnostic tests other than x-ray or blood work may incur a cost share.
	Imaging (CT/PET scans, MRIs)	\$250 / visit	Not Covered	Prior authorization required for certain imaging services. Your benefits/services may be denied.
If you need drugs to treat your illness or condition	Tier 1 – Preferred Generic Tier 2 – Non-Preferred Generic	\$15 / 30-day supply	Not Covered	The formulary is a closed formulary. This means that all available covered medications are shown. Prior authorization and/or

More information about prescription drug coverage is available at https://capitalhealth.com/members/about-your-medications	Tier 3 – Preferred Brand	\$50 / 30-day supply	Not Covered	quantity limits may apply. Your benefits/services may be denied. Retail or mail order, one copay per 30 day supply up to 90 days.
	Tier 4 – Non-Preferred Brand	\$100 / 30-day supply	Not Covered	
	Specialty drugs Tier 5 – Preferred Specialty Tier 6 – Non-Preferred Specialty	\$100 / 30-day supply	Not Covered	Limited to 30-day supply and may be limited to certain pharmacies. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$250 / visit Hospital: \$500 / visit	Not Covered	Prior authorization may be required. Your benefits/services may be denied. Cost share applies to all outpatient services.
	Physician/surgeon fees	\$75 / provider	Not Covered	
If you need immediate medical attention	Emergency room care	\$500 / visit \$500 / observation	\$500 / visit \$500 / observation	<u>Copayment</u> is waived if inpatient admission occurs; however if moved to observation status an additional <u>copayment</u> may apply based on services rendered. .
	Emergency medical transportation	\$250 / transport	\$250 / transport	Covered if medically necessary.
	Urgent care	Urgent care center: \$50 / visit Telehealth: \$50 / visit Amwell: \$15 / visit	Urgent care center: \$50 / visit Telehealth: \$50 / visit Amwell: \$15 / visit	Telehealth – Services are provided by <u>network providers</u> through remote access technology including the web and mobile devices.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 / admission \$500 / observation	Not Covered	Prior authorization required. Your benefits /services may be denied.
	Physician/surgeon fees	No Charge if admitted \$75 /provider for observation	Not Covered	—————none—————
If you need mental health, behavioral health, or substance	Outpatient services	\$75 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc.

abuse services	Inpatient services	\$500 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.
If you are pregnant	Office visits	\$75 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, etc.
	Childbirth/delivery professional services	No Charge	Not Covered	—————none—————
	Childbirth/delivery facility services	\$500 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Prior authorization required. Your benefits/ services may be denied.
	Rehabilitation services	\$75 / visit	Not Covered	Limited to the consecutive 62-day period immediately following the first service date. Cost share applies regardless of place of service, including office, telehealth, school, etc.
	Habilitation services	Not Covered	Not Covered	—————none—————
	Skilled nursing care	No Charge	Not Covered	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.
	Durable medical equipment	No Charge	Not Covered	Prior authorization required for certain devices. Your benefits/services may be denied.
	Hospice services	No Charge	Not Covered	Prior authorization required for inpatient services. Your benefits/services may be denied.
If your child needs dental or eye care	Children's eye exam	\$15 / visit	Not Covered	—————none—————
	Children's glasses	Not Covered	Not Covered	—————none—————
	Children's dental check-up	Not Covered	Not Covered	—————none—————

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none"> Acupuncture Bariatric Surgery Cosmetic Surgery 	<ul style="list-style-type: none"> Glasses Habilitation services Hearing aids 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the US Private-duty nursing Routine foot care

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
• Dental care (Adult)	• Infertility treatment	• Weight loss programs
• Dental care (Child)	• Long-term care	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Chiropractic care	• Annual routine eye care (Adult)	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Capital Health Plan at 1-850-383-3311. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html and <http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 850-383-3311, 1-877-247-6512

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 850-383-3311, 1-877-247-6512.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 850-383-3311, 1-877-247-6512.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 850-383-3311, 1-877-247-6512.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,500
■ Specialist copayment	\$75
■ Hospital (facility) copayment	\$500
■ Other copayment	\$0

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$900
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,460

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,500
■ Specialist copayment	\$75
■ Hospital (facility) copayment	\$500
■ Other copayment	\$100

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$800
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$3,320

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,500
■ Specialist copayment	\$75
■ Hospital (facility) copayment	\$500
■ Other copayment	\$0

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$300
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



This is just a cover sheet for the large group member handbook. There are 130 pages in this document. The full document is available upon request

Capital Health Plan Large Employer Member Handbook

Away From Home Care®

Frequently Asked Questions

What is Away From Home Care®?

Away From Home Care® is a program that Capital Health Plan participates in to cover our members who are out of our service area for 90 consecutive days or more. Members can take advantage of the Away From Home Care® benefit when families are apart such as a child away in college, family members residing in different HMO service areas, and/or long term travelers. This benefit allows our members to seek routine and emergency care while outside our service area for an extended period of time.



Does Away From Home Care® cost extra?

No, Away From Home Care® is a benefit offered to Capital Health Plan members as part of your plan with us. A guest membership is set up with a participating HMO in the area where the member is staying. *(Note: Some areas of the country do not have a participating HMO.)*

Is there a limit as to how long I can be out of the service area?

There are certain criteria that must be met for you, or your dependents, to be eligible for Away From Home Care®:

- A member must be out of the service area for at least 90 consecutive days.
- A policyholder can **ONLY** be a guest for a maximum of 6 months each year.
- Dependents on the policy can be enrolled for up to one year and must renew their guest membership each year.
- Other restrictions may apply.



Will the copays be the same?

The copays under Away From Home Care® depend on the copays established by the HMO where you are a guest (also called the Host HMO).

How do I get Away From Home Care® started?

It is a very simple process, as easy as 1-2-3-4:

1. Call Capital Health Plan Member Services at 850-383-3311. Have the address, phone number, county, and state where you (or your dependent) will be. Member Services will verify that there is a participating HMO in the area.
2. Look for an application in the mail (to be completed by the policy holder).
3. Complete and sign the application; send it back to Capital Health Plan at least 15 days before you would like it to be effective. If the application is for someone over the age of 18, he or she must sign the paperwork as well.
4. Look for plan information in the mail from the Host HMO.





Can I choose a Primary Care Physician (PCP) just like I do at Capital Health Plan?

Yes, once you receive information from the Host HMO it will include a list of providers that you can use for medical care.

Please remember that you are **not able** to see your Capital Health Plan PCP when you are home for holidays or brief visits. You can use the Capital Health Plan Urgent Care Center for **urgent medical needs** when you are in the Tallahassee area.

Can my whole family be covered under Away From Home Care®?

All family members are eligible for Away From Home Care®. Each family member will need to have his or her own guest membership.

Will I get a new ID card?

Medical Services

Yes, once the Host HMO processes your application you will receive a new ID card from them to use for your medical services. You will also receive a New Member Package from the Host HMO that you will use when you seek services in that area.

Prescription Services

If your prescription drugs are covered under your Capital Health Plan plan, you will continue to use your Capital Health Plan ID card whenever you fill prescriptions while on Away From Home Care®. Be sure to keep this card on hand.



How do I renew Away From Home Care®?

Your dependent's guest membership will end automatically after one year unless you renew the Away From Home Care® membership. Capital Health Plan will send you a letter and renewal form prior to the termination date on your Away from Home Care® membership to remind you that your coverage is about to end. You will need to complete the renewal form and return it to Capital Health Plan.

- If you are the policy holder, your guest membership will end after 6 months. You can renew for 6 months in the following calendar year.

What if I move or change my address while covered under Away From Home Care®?

Please call Member Services to ensure that your coverage with the Host HMO is still applicable.



I've moved back into the Capital Health Plan service area. How do I cancel my Away From Home Care® membership?

Please call Member Services to terminate your Away From Home Care® coverage. You will need to select a new PCP in our network.

You may not be able select the same PCP you had prior to starting Away From Home Care® if your original physician is not accepting new patients or has left the Capital Health Plan network.



**A faster, easier way to see a doctor
with mobile or web access 24/7/365.**



DOWNLOAD NOW!

**Search the App store or Google Play
for Amwell**

Step 1: Enroll to create your account
Step 2: Enter Service Key **CHP**
Step 3: Select the doctor you'd like to see



capitalhealth.com/amwell



The doctor is always in - midnigh or midday - we're available 24/7/365, using your phone, tablet or computer.

You can use Amwell when:

- You need to see a doctor, but they are not available
- Your doctor's office is closed
- You feel too sick to leave the house
- You need care for your child(ren)
- You're traveling and need a doctor

For only **\$15***, you can use Amwell for common health issues, such as:

- Cold/Flu
- Ear Infection
- Sinusitis
- Fever/Rash
- Bronchitis
- Pink Eye
- UTI
- Strep Throat

*The \$15.00 copayment may vary depending on your plan type.



Healthline



A PUBLICATION OF CAPITAL HEALTH PLAN VOL. 28, NO. 2 WINTER/SPRING 2023

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Fitness with Purpose Through Our Champions

Dr. Amy Neal

Childhood obesity affects 1 in 5 American children, ultimately resulting in long-term health issues like diabetes, heart disease, weakened joints, and low self-esteem. Capital Health Plan (CHP) has been standing up to create a healthier community by encouraging children in the Big Bend to tackle fitness with a purpose through CHAMPIONS, a health and wellness program for K-8 public school students.

CHAMPIONS is offered at more than 50 schools in Leon, Gadsden, Jefferson, Wakulla, Calhoun, and Liberty counties, reaching over 100,000 kids since its inception in 2003. The program supplements the regular school-based P.E. curriculum with lessons that employ body weight exercises, tactical-themed gameplay, positive character development, and nutrition education.

Childhood obesity results from many factors beyond behavior, genetics, and metabolism. Everything from school environments to access to places for physical activity and access to healthy, affordable foods can contribute to children's health. Improving diet and exercise habits is one of the best ways for children to achieve a healthy weight

Kids spend most of their day at school – seven hours, on average – so it's crucial that they have a healthy, supportive environment to promote empowering behavior. Schools play a large role in helping students get the recommended 60 minutes of physical activity every day, which will improve their health, grades, and ability to stay on task.

In fact, there is a connection between childhood obesity and children with low educational engagement, behavioral problems, and school absences. Exercise works as fuel for the brain, boosting performance and keeping the body and mind fit. CHAMPIONS participants have been shown to have increased their aerobic capacity, reduced absenteeism, spend more time engaging in physical activity, and maintain a more normalized body mass index (BMI).

Empowered by the CHP's CHAMPIONS program, students can achieve confidence in their physical abilities and gain a positive relationship with exercise – all of which can lead directly to a happier and healthier adults.

Blood Pressure is More Than Just the Numbers

Amanda Miles, BSN, RN

According to the Centers for Disease Control (CDC), almost half of American adults have high blood pressure (hypertension) that is not controlled. Many people are unaware they have hypertension and, because it has no symptoms, it can quietly worsen until it causes unnecessary disease and even death. The risk is real. Uncontrolled high blood pressure can lead to:

- Heart attack
- Stroke
- Kidney disease and dialysis
- Blindness
- Dementia
- Severe illness from COVID-19

What causes or contributes to high blood pressure? According to Paul Reed, director of the U.S. Office of Disease Prevention and Health Promotion, some of the reasons for developing high blood pressure include:

- Having diabetes
- Having heart disease or plaque in the arteries ('hardening of the arteries')
- Being overweight
- Getting too little exercise
- Not eating a healthy diet
- Smoking or drinking too much alcohol
- A lifestyle or community without easy access to fresh fruits and vegetables and safe exercise areas (called 'Social Determinants of Health')

When a doctor treats only the blood pressure number, without considering the patient's Social Determinants of Health, opportunities may be lost for the most effective treatment plan. Every individual is different, but here are some things to consider when blood pressure is a health concern:

- Having the blood pressure checked regularly by a health professional. The best place is the office of a Primary Care Provider.
- Measuring blood pressure at home. The National Institute of Health (NIH) recommends this for individuals with high blood pressure.
- Taking time in the doctor's office to talk about lifestyle barriers, including access to medication, healthy food, and exercise.
- Working on small changes. Small changes can reap big benefits.

Everyone has challenges. Working with a health care provider to overcome lifestyle obstacles, and to develop the best individual treatment plan, can prevent the 'silent killer' called hypertension from ruining a life. That life may be yours.





Join CHP for an Upcoming Medicare Seminar

Toni Kilgore, Medicare Sales Manager

If you're approaching retirement, Medicare can seem complicated and confusing. It helps to start thinking about your choices ahead of time — before you have to make decisions about your Medicare coverage. Did you know that we offer Employer Group Retiree and Individual Medicare Advantage plans? If you are a State of Florida member or with an employer group offering benefits through us, ask your benefit administrator for more information!

By attending an in-person seminar that is most convenient for you, you will have a more in-depth overview about Medicare and the plans that CHP offers and learn why our local Medicare plan options keep getting better. One of our local representatives will answer your Medicare questions at the end of the seminar, help you enroll online, or make an appointment to discuss your options one on one.

To reserve your spot, please visit capitalhealth.com/calendar or call us at 850.523.7441 (TTY: 850.383.3534), 8:00am – 8:00pm, seven days a week. Let us relieve your stress by helping you find and enroll in the right Medicare plan for you!



Upcoming In-Person Seminars

Join us at an upcoming Medicare Advantage (HMO) seminar at
1491 Governor's Square Boulevard, Tallahassee, FL

Check our website to ensure that you are attending or
 planning to attend the right seminar for you.

capitalhealth.com/calendar

March 2023

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
28	27	28	29	30	31	

April 2023

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

■ Seminar begins at 10:00 a.m.

■ Seminar begins at 5:30 p.m.

■ Savvy Senior Program





Feel Positive About Growing Older

Dr. Alice Pomidor

In less than 10 years, every member of the Baby Boomer generation will have reached the age of 65. While many people see aging as a negative experience, it doesn't have to be. Using healthy aging practices can help ensure that growing older is a positive experience.

At Capital Health Plan (CHP), we believe in an "Age-Friendly Health System," dedicating specialized care to those 65 and up. Whether your needs are chronic and complex or preventive and routine, CHP promotes a balanced approach to connecting the body and mind.

CHP is raising the bar for quality care by devoting the Nancy Van Vessem, M.D., Center for Healthy Aging to focus exclusively on age-friendly care. The Center for Healthy Aging uses the "Four Ms" approach to define an Age-Friendly Health System:

- **What MATTERS:** Knowing and meeting each older adult's specific health and quality-of-life goals and tailoring care to the individual.
- **MEDICATION:** Choosing medications, when needed, that minimize negative impacts across settings of care and support quality-of-life goals.
- **MENTATION:** Using mental activity to prevent, identify, treat, and manage dementia, depression, and delirium.
- **MOBILITY:** Ensuring that older adults can move about safely every day in order to maintain function and do What Matters.

Although there can be challenges to aging, from taking multiple medications per day to experiencing varied levels of disability, a holistic approach to aging can help improve your mobility, independence, and overall quality of life.

We encourage our older members to approach aging with positivity!

40+ YEARS AS NORTH FLORIDA'S MOST TRUSTED HEALTH PLAN

Offering comprehensive and affordable health plans to better serve you.

EMPLOYER GROUPS • INDIVIDUAL & FAMILY • MEDICARE



As one of Florida’s top rated health plans, we are committed to providing our members and their families with affordable and comprehensive health coverage. For over 40 years, we have worked closely with the local medical community to ensure that members have access to quality care.

We now offer Individual and Family plans, in addition to Medicare and Group plans. Our plans offer:



Comprehensive Coverage

Your CHP plan provides comprehensive medical care, including primary care and specialist services; inpatient and outpatient care; hospitalization; mental health and behavioral health services; maternity and newborn care; testing; and X-ray and lab services.



Prescription Drug Coverage & Home Delivery

Your CHP plan covers a wide range of medical prescriptions, including generics, name brand, and mail order options.



Telehealth

You can receive 24-hour access to care for non-emergency medical and behavioral health issues through network providers and via the web and mobile devices through our telehealth provider Amwell.



Preventive Care

Routine health screenings and tests, including the seasonal flu shot, are covered under your plan. Be sure to schedule your wellness exam with your primary care physician (PCP).



Capital Health Plan’s 3 Health Centers

CHP health centers are located throughout our community and are exclusive to our members. They offer a broad range of services including access to CHP exclusive physicians, evening and weekend urgent care services, labs, X-rays, digital mammography, colon screening, and wound care.

KNOW SOMEONE WHO’S NOT CURRENTLY A CHP MEMBER?

We have a team ready to answer all of their questions.
Please have them call to speak with a CHP representative:

Medicare
850.523.7441

Individual & Family
850.523.7220

Employer
850.523.7333

Metropolitan Health Center

The Capital Health Plan Metropolitan Health Center is our third member-exclusive health center. This 72,000 square-foot facility is designed with our growing senior population in mind and will continue to support the health needs of our community long into the future. The Center includes:

Medical Operations

- Capital Health Plan Urgent Care Center
- Nancy Van Vessel, M.D., Center for Healthy Aging
- Primary Care Physician Offices
- Capital Health Plan Radiology Imaging Center
- Capital Health Plan Wound Care Center
- Laboratory Services

Administrative Services

- Capital Health Plan Member Services
- Capital Health Plan Group, Individual, and Medicare Sales



The Metropolitan Blvd Health Center is located on Metropolitan Blvd between the Northeast TMH Emergency Center and the Leon County Tax Collector's Office, near I-10.

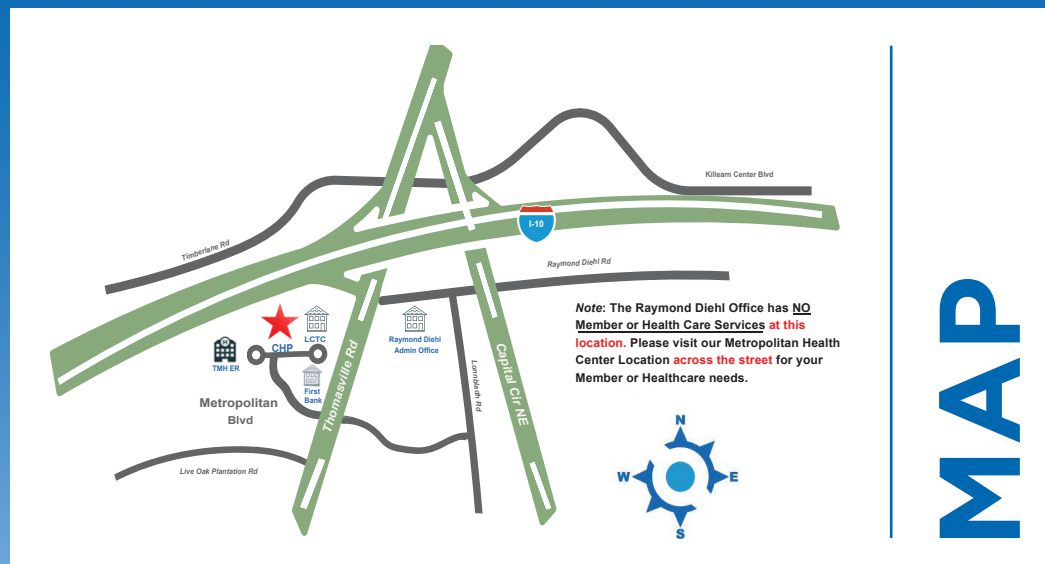
1264 Metropolitan Blvd, Tallahassee, FL 32312

Take I-10 East:

- Take exit 203
- Turn right onto Thomasville Rd.
- Turn right on Metropolitan Blvd.

Take I-10 West:

- Take exit 203, and stay in the left lane
- Turn left onto Thomasville Rd, crossing under I-10
- Take first right on Metropolitan Blvd.



Capital Health Plan Welcomes New Doctors

The Physician Group of Capital Health Plan (CHP) proudly welcomes three primary care physicians to its family of medical professionals: Dr. Alice Pomidor, Dr. Elizabeth Dickens, and Dr. Amanda Shearer. With the addition of these medical practitioners, CHP continues to expand and further provide its members with improved clinical access and affordable care.



Dr. Alice Pomidor

Dr. Pomidor is board-certified in Geriatrics at the Nancy Van Vesseem Center for Healthy Aging at the Metropolitan location. She graduated from medical school at the Feinberg College of Medicine of Northwestern University in Chicago, then completed her family medicine residency and geriatrics fellowship training in the Cleveland-Akron area in Ohio. She is known for being quite thorough, attentive and dedicated to her patients. She very much enjoys taking care of her patients and supporting their caregivers.

When not in the office, Dr. Pomidor enjoys music, reading, walking her dogs, and spending time with her family.



Dr. Elizabeth Dickens

Dr. Dickens is Family Medicine board-certified and works at the Centerville Place location. A native Floridian, she went to medical school at the Florida State University College of Medicine. After completing her residency training in Waco, Texas she practiced in Quincy, Florida. She is known for her attention to detail, good listening skills and dedication to her patients. She loves being a doctor, explaining, “I really enjoy taking care of my patients, knowing their family.” Keeping the “family” in Family Medicine is important to her.

When not in the office, Dr. Dickens enjoys cooking, promoting literacy and spending time with her family.



Dr. Amanda Shearer

Dr. Shearer is a board-certified Family Medicine physician at the Governor’s Square location. Dr. Shearer grew up in rural Northeast Florida and has a passion for helping others. She attended the Florida State University College of Medicine and has lived in Tallahassee since that time. She later attended the Tallahassee Memorial Healthcare Family Medicine Residency Program. Dr. Shearer believes in providing compassionate, comprehensive, high-quality care to her patients with a focus on preventive health. She enjoys working as a team with her patients to find answers to their problems and helping them understand their medical conditions.

During her free time, Dr. Shearer enjoys being outdoors, walking, and spending time with her family and friends.





Looking Into Cataract Awareness

Understanding the Importance of Eye Health

Dr. Daniel Lazar

The new year is here and Cataract Awareness should remain top of mind.

Capital Health Plan (CHP) wants the community to understand the importance of eye health and to talk to a doctor if you believe you're at risk for cataracts.

So what are cataracts? Cataracts occur when the lens in your eye becomes cloudy as natural proteins in the body build up over time. Some say vision with cataracts is like trying to look through a fogged-up windshield or dusty glass: blurry and hazy. Cataracts are a common part of aging - by the time they reach age 65, more than 90% of people in the United States will develop cataracts. It's estimated that more than 24 million Americans have cataracts.

Cataracts don't interfere with your vision all at once - they can develop so slowly that some individuals aren't even aware they're experiencing vision loss! Symptoms can include a slight change in color perception, double vision in one eye, frequent changes in their eyeglass prescription, and light sensitivity.

For CHP members of all ages, the most important thing to note is that cataracts aren't just present in older patients. Certain pre-existing conditions can make you more susceptible at a young age including diabetes, smoking, sun exposure, or other types of eye surgery. Be mindful to take care of pre-existing conditions, wear your sunglasses, and maintain a healthy diet. And

as always, discuss any concerns with an eye doctor and make sure to schedule your annual eye exam!



CHP Case Management Program

The Capital Health Plan (CHP) Case Management Program is a service offered to all CHP members. Our case managers can offer assistance to members who have multiple complex conditions and need help navigating their care. Participation in Case Management is voluntary and members are encouraged to work closely with their primary care physician in determining if these services are appropriate in their individual circumstance. Case Management referrals may be made by contacting:

**Capital Health Plan Member Services
(850) 383-3311**



Breast Cancer

Learn About Early Signs & Detection

Dr. Elizabeth Dickens

One in eight women in the United States will develop breast cancer in their lifetime – and, though rare, men can also receive that same unwanted diagnosis. Because it is one of the most common cancers for women in the U.S., learning how to detect breast cancer and be proactive toward your breast health can save your life.

While many breast cancer diagnoses have unknown causes, genetic and environmental factors are known to be associated. You can avoid some of the biggest risk factors – including living a lifestyle with a poor diet and lack of exercise, consuming alcohol frequently, and being overweight or obese. In addition, your risk is increased if you received radiation therapy to your chest before age 30 or took prescribed combined hormone replacement therapy for menopause. Genetic factors that can't be changed, such as gender, age, and race, also contribute as risk factors. Women are 100 times more likely than men to get breast cancer, with the risk increasing for women over the age of 55, who are Caucasian, and who have a family or personal health history that involves breast or ovarian cancer.

Those diagnosed with breast cancer typically notice few symptoms before their diagnosis, and these signs don't always equate to a breast cancer diagnosis. However, any changes in your breast should always be brought to your doctor's attention. Being cautious and receiving professional screenings could help catch a problem early, when it is easier to treat and the prognosis is better. A change in the

appearance or feel of your breast or nipple may indicate breast cancer – things like tenderness, change of skin textures, change in size or shape, or lumps, along with any discharge.

If you choose to perform self-examinations, you should receive careful instruction from your doctor and bring any abnormal findings to them right away. Self-examinations are NOT a replacement for mammograms. Mammograms use an X-ray to examine the breast tissue, and can detect breast cancer even before lumps can be felt. Mammograms can reveal clusters of calcium, fatty cells, cysts, and cancer. If a mammogram finds anything concerning, additional tests like an ultrasound, MRI, or biopsy may be conducted to provide clearer answers. Mammograms are our BEST tool for early detection and studies have proven they reduce mortality from breast cancer. There are varying recommendations about when to start and stop and how often to get a mammogram. The decision is based on your personal history and personal preferences and should be something you discuss with your doctor.

Breast Cancer Awareness aims to spread knowledge on the disease and save lives. Learning the signs of breast cancer and tips for detecting unusual changes will help maintain your health. Next time you see a pink ribbon, let it be a reminder to make sure you are up to date with your mammogram and to educate those around you.





Fall Prevention Awareness

Learn How to Prevent & Handle Falls

Lori Clemmons, RN

More than 1 in 3 people over the age of 65 experience falls each year. As people get older, what once may have been a simple stumble can be a life-changing tumble, as bones are more susceptible to breaking and the result could be a permanent disability. Falls can occur for many reasons, from safety hazards to slow reflexes, but being aware of the risk factors and following preventive practices are helpful ways to avoid them.

Don't Forget to Exercise

Healthy aging practices are shown to prevent falls and fall-related issues. Exercising keeps muscles, joints, tendons, and ligaments strong while maintaining your balance and coordination. It's especially important to keep up with fitness as you age because bones become weaker over time, and physical activity strengthens your bone density.

Communicate With Your Doctor

Communicating with your doctor will give insight into the potential causes of a fall. Regular visits to the doctor could detect health-related issues that affect your ability to balance. Diabetes, heart disease, low blood pressure, muscle weakness, and foot pain are all risk factors for falls. Even more significantly, alerting your doctor of a past fall, even if you didn't feel hurt, can bring awareness to an issue – such as a vision issue that requires correcting or a bad reaction to a medication.

If you're prescribed medications, ask your doctor about potential side effects that could make you feel tired or dizzy. Medications like anti-anxiety drugs or antihistamines suppress

the central nervous system, reducing alertness and reaction time. In fact, the more medications you take, the more likely you are to experience a fall. Learning about side effects is a great way to be mindful and more aware of when you may be drowsy and, therefore, more vulnerable to falling.

How to Handle a Fall

Falling can be scary and painful, but staying calm will get you up quicker. If you experience a fall, make sure to take a deep breath and collect yourself so your blood pressure has time to decrease before you attempt to stand up. Assessing whether you have any pain or discomfort will also help in planning how to get up so you don't worsen a potential injury.

If you do have a fall, the best way to get up is, if you can, roll onto your hands and knees and crawl to a stable surface like a bed or chair capable of supporting your weight. Slowly get yourself in a kneeling position and use the stable surface to get one leg up at a time. Make sure to sit down once you're off the ground, and take time to rest. If you are injured, always call 911 and visit your doctor.

And if possible, carry a phone or alert system so you can get help sooner if you experience a fall. If you can't get up on your own, call 911 or someone nearby.

The new year is here – please talk to your physician if you are concerned about a fall.

CAPITAL HEALTH PLAN URGENT CARE

Although it is often best to seek care with your primary care doctor, when you cannot wait, urgent care is a great option for your non-life-threatening medical needs that require same-day attention.

Capital Health Plan members have several options for urgent care needs, including the CHP Urgent Care Center, located at:

METROPOLITAN HEALTH CENTER

1264 Metropolitan Blvd.
Tallahassee, Florida 32312

Monday - Friday | 11:00a.m. - 10:00p.m.
Weekends | 9:00a.m. - 8:00p.m.
Holiday hours may vary.

Our urgent care is unique because our clinical staff have collectively over 50 years of urgent care medicine experience and serve only CHP members. Our office has access to laboratory services and onsite imaging. We are excited to offer online scheduling for most conditions, accessed through our website.

You can now book appointments online.

Go to the CHP Urgent Care webpage:

capitalhealth.com/UrgentCare

and click the link that looks as the one shown below:

SCHEDULE SAME-DAY APPOINTMENT >

Urgent Care is Here to Better Serve You!



**Telehealth is also available
for appropriate conditions.**

Call Capital Health Plan Urgent Care at
850-383-3382 to schedule a virtual visit.

Other Urgent Care Options Include:

TMH Main Urgent Care Center

850-431-7816

1541 Medical Drive, Tallahassee, Florida 32308

Monday - Sunday | 9:00a.m. - 9:00p.m.

TMH Southwood Urgent Care Center

850-431-3868

3900 Esplanade Way, Tallahassee, Florida 32311

Monday - Thursday | 9:00a.m. - 9:00p.m.

Friday - Saturday | 9:00a.m. - 5:00p.m.

Sunday | Closed

TMH Crawfordville Walk-In

850-926-7105

15 Council Moore Road, Crawfordville, FL 32327

Monday - Thursday | 9:00a.m. - 8:00p.m.

Friday - Saturday | 9:00a.m. - 5:00p.m.

Sunday | Closed

TMH Quincy Walk-In

850-875-3600

178 Lasalle Lefall Drive, Quincy, Florida 32351

Monday - Thursday | 9:00a.m. - 8:00p.m.

Friday - Saturday | 9:00a.m. - 5:00p.m.

Sunday | Closed



Information Central

Mary Goble, MSN, RN

INF

Annual Notice: Important Plan Information Available on Our Website

In accordance with the National Committee for Quality Assurance (NCQA), Capital Health Plan (CHP) members have online resources to access information 24 hours a day, 7 days a week, 365 days a year. Below is some important information that can be found on the website by visiting www.capitalhealth.com:

Network Directory

The Network Directory is a tool where you can search to find network primary care physicians, specialty physicians, hospitals and other facilities where medical care is provided.

About Your Care

In this section you can find information on how we improve services for our members, Advanced Directives/Living wills, CHP's device management program, preventive health guidelines, and more.

CHPConnect

Through CHP Connect, our online web portal, you can view your member handbook and summary of benefits. The documents outline how to receive primary/specialty care, how to receive care in an emergency, how to submit a claim or a complaint, how to appeal a decision made by us, copayments and other costs, benefits that are excluded from the plan and information on restrictions outside of the CHP provider network.

Programs/Procedure & Medication Center

Under the Providers Section, you can review CHP's health care decision making processes, our affirmative statement about incentives, an explanation of appeal rights, how we evaluate new technology, how to reach us with specific questions about coverage issues, and information about your medications.

Compliance

Under the About Us section, you can learn about your rights and privacy. Included are the Member Rights & Responsibilities, how we use and disclose your personal health information, and how we use that information through our secure processes.

Frequently Asked Questions (FAQ)

In this section you can learn how to obtain language assistance from CHP, as well as how to obtain care after normal office hours, when outside the service area and in case of emergencies.

For printed copies of these documents or further assistance, please **contact CHP Member Services at 850-383-3311.**

FORMATION CEN





Capital Health Plan
P.O. Box 15349
Tallahassee, FL 32317-5349

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HEALTH OR WELLNESS OR
PREVENTION INFORMATION



MEDICARE MADE EASY

A GUIDE TO UNDERSTANDING YOUR MEDICARE
OPTIONS
2023





Medicare Made Easy

Medicare can seem complicated and confusing. It helps to learn and start thinking about your choices ahead of time - before you have to make decisions about your Medicare coverage. This guide is designed to help you understand Medicare so that you can make the best choice for your needs.

Capital Health Plan, Inc.

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How is Medicare Organized?	5
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What is Medicare?

Established in 1965, Medicare is a federally funded health insurance program for:

- People age 65 or older; or
- People younger than 65 who have certain disabilities; or
- People of any age with End Stage Renal Disease (ESRD), permanent kidney failure requiring dialysis or kidney transplant.



Part A: Hospital Insurance

Medicare Part A helps pay for inpatient care in a hospital or skilled nursing facility, some home health care and hospice care.



Part B: Medical Insurance

Medicare Part B helps pay for services from doctors and other health care providers, outpatient care, durable medical equipment and some preventive services.

Capital Health Plan, Inc.



IMPORTANT

Medicare does not cover everything.

Original Medicare provides basic coverage, and there will be gaps in the coverage. You should expect to be responsible for a portion of your health care costs. This is why many people enroll in a Medicare Advantage or Supplement Plan (Medigap) that will help pay for costs and benefits not covered by Original Medicare.

Tab D

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You are eligible to enroll in Medicare when:

You are turning 65.

- If you elected to receive early benefits from Social Security or the Railroad Retirement Board you will automatically be enrolled in Medicare Part A and Part B starting the first day of the month you turn 65.
- You must contact the Social Security Administration to enroll if you are not already receiving social security benefits.
- If your birthday is on the first day of the month, Medicare Part A and Part B will start the first day of the prior month.

You are under 65 and are awarded Medicare benefits due to a disability.

- You will typically be enrolled in Medicare Part A and Part B after you are awarded disability benefits from Social Security or certain disability benefits from the Railroad Retirement Board.

You must have earned 40 credits from about 10 years of Medicare-covered employment to be eligible. You are eligible for Medicare even though you have not elected to receive your Social Security or Railroad Retirement Board benefits.

Note: If you do not qualify for Medicare based on your own work history, you may be able to qualify based on your spouse's work history if he/she is at least 62 years of age and you are at least 65 years of age even if your spouse is deceased or you are divorced. If you remarry, you may not be able to collect benefits on your former spouse's work history unless your former spouse is deceased.

You will need to sign up for Medicare if:

- You are close to 65, but not receiving Social Security or Railroad Retirement Board benefits.
- You worked for a railroad.
- You have End Stage Renal Disease (ESRD).

You will be enrolled in Medicare automatically if:

- You are already receiving Social Security benefits.
- You are already receiving Railroad Retirement Board benefits.
- You have been receiving Social Security disability for 24 months.








When you are automatically enrolled in Medicare, you will receive your red, white and blue Medicare card in the mail before your 65th birthday or your 25th month of disability.

How is Medicare Organized?

Medicare is divided into four different parts - A, B, C and D - which cover different aspects of your health care. The chart below shows what each Medicare Part covers and the costs that are associated with them.

Medicare Parts, Coverage and Costs

	Part	Coverage	Deductible	Copayment/ Coinsurance	Premium
	A	Covers hospital and skilled nursing facility stays, hospice, home health care. Provided by Federal Government.	Yes	Yes	Most will not pay a premium
	B	Covers outpatient care, doctor services, physical and occupational therapy, behavioral health services, preventive care. Provided by Federal Government.	Yes, except for preventive services	Yes, 20% or more for services	Yes, monthly premiums depend on adjusted gross income.
	C	Combines Medicare Part A and Part B and usually Part D. Generally offers extra benefits beyond Original Medicare. Provided by private health plans approved by Medicare.	Varies by plan. \$0 deductible plans are available.	Varies by plan	Yes. \$0 premium plans are available.
	D	Covers outpatient prescription drugs. Provided by private health plans approved by Medicare.	Varies by plan. \$0 deductible plans are available.	Varies by plan	Yes; often combined with Medicare Advantage.
	Medicare Supplement (Medigap) Covers Medicare Part A and Part B cost sharing (deductible and coinsurance) for Original Medicare covered services. Does not include Part D prescription drugs. Provided by private insurance companies approved by the State.		Varies by plan	Varies by plan	Yes, monthly



Medicare Part A

Hospital Insurance

Part A covers inpatient care in a hospital or skilled nursing facility, as well as home health care and hospice services.



What do I pay?

Part A Premium

Most people do not pay a monthly premium for Part A because they or their spouse paid Medicare taxes while working (10 year minimum). You may be able to buy Part A if you are not otherwise eligible.

Part A: Hospital Inpatient Deductible in Original Medicare

There is a deductible for each benefit period.

Part A: Your Costs in Original Medicare

\$0 Home Health Services
\$0 Hospice

There is a coinsurance per day beginning on day 61 for inpatient hospitalization.

There is a coinsurance per day beginning on day 21 for skilled nursing facility stays.



Medicare Part B

Medical Insurance

Part B covers doctor visits and other professional services you receive on an outpatient basis.

What do I pay?

Part B Premium

Most people pay a standard premium each month. If your adjusted gross income is above a certain amount, you will pay more. You also could pay a late enrollment penalty if you delayed your enrollment.

Part B: Deductible in Original Medicare

There is a deductible each year.

Part B: Your costs in Original Medicare

There is no copayment for Medicare-covered preventive services (check with your provider). You typically pay 20% for most Medicare-approved doctor services, outpatient therapy, and durable medical equipment.





Medicare Part C

Medicare Advantage

Part C allows private health plans to offer Medicare-approved plans. Health plans contract with the federal government for the purpose of offering Medicare plans that combine hospital costs, doctor visits and other medical services in one plan. The plans must cover all Medicare Part A and Part B services and may include prescription drug coverage and additional benefits.

What do I pay?

You will continue to pay your Medicare Part B premium and a Part C premium if required. Plans may or may not have deductibles. Many plans charge copayments/coinsurance.

It is recommended to look at the plan for details. All plans have an annual out-of-pocket limit.

Why choose a Medicare Advantage Plan?

- Combines medical/drug coverage
- Additional benefits such as vision, hearing and wellness programs
- May have lower cost sharing than Original Medicare
- Limits on out-of-pocket costs
- Opportunity to change your coverage once a year
- Most plans do not have a deductible

Star Ratings



How Medicare Advantage and Prescription Drug Plans are rated

All Medicare Advantage and Prescription Drug Plans receive an annual star rating from the Center for Medicare and Medicaid Services (CMS). The Star Rating program can help Medicare beneficiaries make better informed choices about their health care coverage since the ratings are based on quality and performance.

A Five Star overall rating is the best rating that a plan can receive. For more details on the Medicare Star Ratings program, please visit www.medicare.gov.



Medicare Part D

Prescription Drug Coverage

Part D plans help pay for the cost of prescription drugs and are sold through private companies. Prescription Drug Plans (PDPs) may offer different drug lists and costs. Part D guidelines are set by Medicare.

There are two ways to get a Prescription Drug Plan. Purchase a Medicare Advantage plan with prescription drug coverage (MAPD) or purchase a stand-alone Prescription Drug Plan (PDP).

What do I pay?

Some plans have deductibles and may charge copayments/coinsurance. Most plans "tier" their drugs so your share of the cost will vary depending on the drugs you use, plan choice and if your pharmacy is in your plan's network. Plans will have a coverage gap, also known as the "donut hole" where a temporary limit will be set on what the plan will pay after you have spent a certain amount for covered drugs.

Your share of the cost will increase in the coverage gap. Once you are out of the coverage gap and have spent an annually established dollar limit, your coverage will automatically be considered "catastrophic coverage," and you will only pay a small amount of shared costs.

How to choose a Part D plan

Once you are eligible for Medicare, you can join a Part D plan. You have a chance to review your plan and make a change each year during the Annual Enrollment Period (AEP) if needed.

- Make sure that the plan you choose covers the medications you take. A plan's list of covered drugs is called a "formulary."
- Check whether the plan includes your pharmacy.
- Compare both premium and cost sharing for plans you are considering.
- Look for Part D plans with a higher star rating. Ratings are based on quality and performance.



Did you know?

You may choose not to take Part D coverage. As with Part B, we advise you to consider that decision carefully.

You may have to pay a penalty if you did not have creditable coverage and you decide later that you need Part D coverage.



Medicare Supplement Plans (Medigap)

A Medicare Supplement plan (Medigap) is a plan sold by private insurance companies that may help fill the gaps in Original Medicare coverage (Part A and Part B). These plans may pay for some or all of the cost sharing or gaps in coverage such as copayments, coinsurance and deductibles. Medicare Supplement plans do not include prescription drug coverage. You must purchase a Part D plan separately.

What do I pay?

You will pay a monthly premium to the plan in addition to any deductibles, copayments or coinsurance that are included in your plan. In addition, you will still pay your Part B premium.

There are standardized plans (A-N) approved by Medicare. Each state chooses how many plans it will offer.

Usually plans offering more coverage and lower cost sharing have a higher premium.

When can I join a Medicare Supplement plan?

- Any time after you turn 65. With some plans you may save money on your premium if you enroll during your Initial Enrollment Period (IEP).
- You may not purchase a Medicare Supplement plan at the same time you have a Medicare Advantage Plan.
- A Medicare Supplement plan is guaranteed renewable as long as you pay your premium.
- You are covered nationwide and will be accepted by any Medicare-approved facility or health care provider that is accepting patients with Original Medicare.



Before You Make A Decision...

Talk about your decision with a Medicare professional. You can call 1-800-633-4227 (1-800-MEDICARE) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You will also find additional resources in the back of this booklet.

Things to consider when choosing a plan:

- How much is the monthly premium?
- What are my out-of-pocket costs if I need care?
- Is my doctor in the network?
- Are my prescription drugs covered?
- What is the plan's Star Rating (MAPD and PDP only)?

How to sign up for Original Medicare (Part A + Part B)



Apply online at
www.socialsecurity.gov



Visit your local
Social Security office



Call Social Security

Medicare Coverage Options

Original Medicare with prescription drug coverage (optional)

Original Medicare for hospital, doctor and outpatient service coverage, with optional Part D prescription drug coverage purchased separately.



Part A

Hospital



Part B

Doctor and Outpatient



Optional*



Part D

Prescription Drug

Medicare Advantage with prescription drug coverage

Offered by private health plans. Combines Part A and Part B and may include additional benefits such as hearing, vision and prescription drug (Part D) coverage.



Part C

Medicare Advantage



Part D

Prescription Drug**

Original Medicare with Medicare Supplement (Medigap)

Medicare Part A and Part B for covered benefits, with Medicare Supplement (Medigap) coverage for Medicare-approved services.



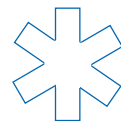
Part A

Hospital



Part B

Doctor and Outpatient



Medigap

Medicare Supplement



Optional*

Part D

Prescription Drug

*Must be purchased separately

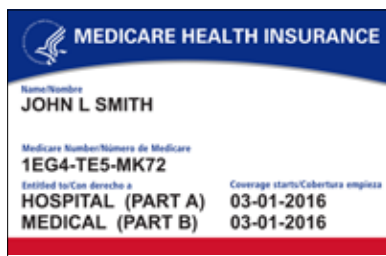
**Included in most plans

What cards will I need to carry?

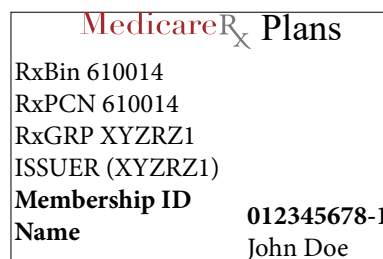
Depending on how you select your coverage, you may need to carry different types of Medicare ID cards, as shown below.

Original Medicare with prescription drug coverage

You will need a government-issued red, white and blue Original Medicare card. If you purchase a Part D Prescription Drug Plan, you will also need a separate card that will be issued by that plan.

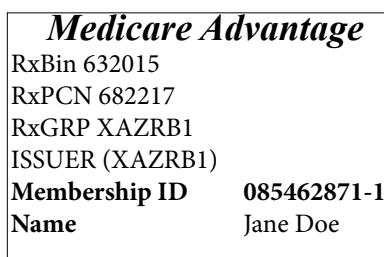


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Medicare Advantage with prescription drug coverage

You will receive a Medicare Advantage ID card from the private health plan you purchase your plan from. The look of these cards will vary by company.

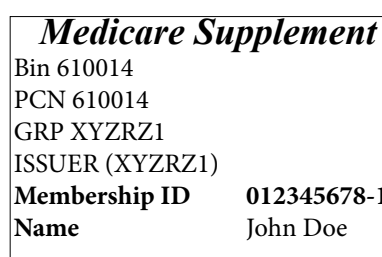


Part A and Part B with Medigap

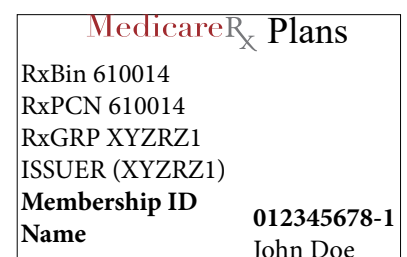
You will need your Original Medicare and Part D cards, and Medicare Supplement ID card. The look of these cards will vary by company.



+



+



Medicare Enrollment Periods

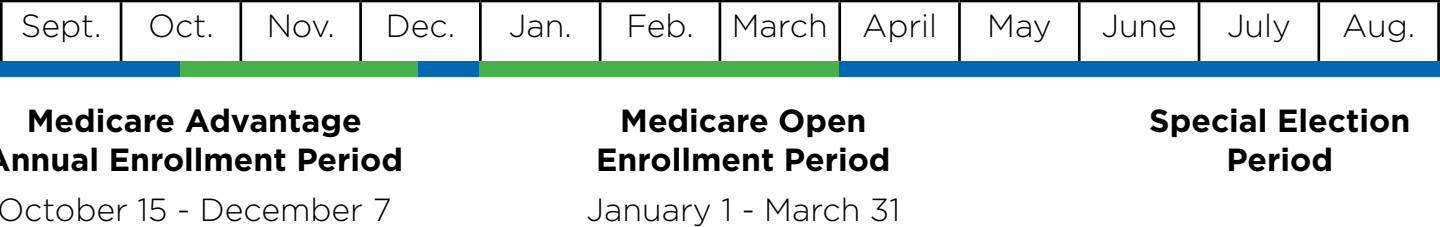
- **Medicare Initial Election Period (IEP)**

- Disability for 24 months
- Turning 65
 - 7 month period, during which you can join a Medicare Advantage Plan
 - Starts 3 months before the month you are eligible for Medicare, includes the month you are eligible, and ends 3 months after you are eligible for Medicare

When is my 7-Month Initial Enrollment Period?



- **Medicare Advantage Enrollment Periods**



Medicare Enrollment Periods

- **Medicare Advantage Annual Enrollment Period (AEP)**

- October 15 - December 7
- Can move from one plan to another
 - Medicare Advantage, Medicare Supplement or Original Medicare
- Changes become effective January 1

- **Medicare Open Enrollment Period (OEP)**

- January 1 - March 31
- Allowed to disenroll from a Medicare Advantage plan and:
 - Switch from a Medicare Prescription Drug Plan (MAPD) to a Medicare Advantage (MA) only plan
 - Switch from a Medicare Advantage (MA) only plan to a Medicare Prescription Drug Plan (MAPD)
 - Switch between two different Medicare Advantage (MA) only plans
 - Join Original Medicare (Part A and Part B), with or without prescription drug coverage (Part D)

- **Medicare Advantage Special Election Period (SEP)**

- May join, leave or change plans if:
 - Move into or out of the plan's service area
 - Lose employer or union group coverage
 - Enter or leave a long term care facility or skilled nursing facility
 - Qualify for the federal Extra Help Program (Low Income Subsidy)
 - Qualify for State Medicaid program
 - Join a 5-Star plan if in a lower rated plan

- **Medicare Supplement (Medigap) Enrollment Periods**

- The best time to purchase a Supplement (Medigap) plan is during your six month Open Enrollment period which begins the first day of the month in which you are 65 or older and enrolled in Medicare Part B
- Once the Open Enrollment period starts, it cannot be delayed or replaced
- If you apply for Supplement (Medigap) coverage after your Open Enrollment period, there is no guarantee that an insurance company will sell you a policy if you do not meet the medical underwriting requirements and they could charge a higher premium
- Some requirements may vary by State

Medicare Eligibility F.A.Q.

Do I need to sign up for Medicare before I turn age 65?

If you are not currently receiving Social Security benefits, then yes, you do need to contact Social Security during the three months before turning 65.

Can I switch Medicare plans?

Yes. In fact, it's smart to review your medical needs every year and decide whether your current Medicare plan is working for you. You have the option with Medicare Advantage plans to change once a year during the annual enrollment period (AEP), unless you qualify for a special enrollment period during the year.

What if I miss an enrollment date?

It's best to call Medicare directly at 1-800-633-4227 (1-800-MEDICARE) 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Talk with a representative, explain your circumstances, and ask if you can still enroll or need to wait until the next enrollment period.

If I start receiving Social Security Benefits at 62, am I eligible for Medicare?

No. You must be 65 to be eligible for Medicare benefits. The exception is if you are under age 65 and have a qualified disability or End Stage Renal Disease.

What if I wait until 66 or older to start my Medicare Benefits?

You must contact Social Security to enroll and start your benefits. You could pay a higher premium for late enrollment. If you are covered under a group health plan based on current employment, you will be eligible for a Special Enrollment Period to sign up for Medicare Part A and/or Part B any time as long as you or your spouse is working. You also have eight months starting the month after the employment ends to sign up for Part B without a penalty.

Will my Medicare Part A premium automatically be deducted from my Social Security check?

No. Most people will not pay a monthly premium for Part A if you or your spouse paid Medicare taxes while working (10-year minimum). If you don't meet the requirements and purchase Part A, you will receive a monthly bill from Medicare.

Do I have to sign up for Medicare Part B (medical services)?

If you are 65 and have credible coverage through an employer, you do not have to sign up for Part B. If you do not have credible employer coverage, you must sign up for Part B or you may incur a late enrollment penalty.

If I choose a Medicare Advantage Plan, will I still pay for Medicare Part B?

Yes, you will continue to pay your Part B premium and the monthly health plan premium.

If I choose just Original Medicare (Part A and B), are there added costs?

Yes. You will pay deductibles, copayments, coinsurance and Part B premiums.

Do I have to buy a Prescription Drug Plan (PDP) separately?

Maybe. Prescription Drug Plans (PDPs) are sold through private health plans as separate policies. Most Medicare Advantage plans include prescription drug coverage. With Original Medicare or Medicare Supplement plans, you must purchase a separate drug plan.

Can I be refused for Medicare coverage?

No. All people age 65 and older are eligible to receive or purchase Medicare benefits.

Resources

Medicare

For more information on Medicare benefits, visit www.medicare.gov or call 1-800-633-4227 (1-800-MEDICARE) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Social Security Administration

Enroll in Medicare Parts A and B by contacting the Social Security Administration at 1-866-248-2088 (local) or 1-800-772-1213 (TTY 1-800-325-0778) 7:00 am to 7:00 pm, Monday - Friday, or www.socialsecurity.gov. Or visit the Tallahassee office at 2002 Old St. Augustine Road, Suite B-12, 9:00 am to 3:00 pm, Monday, Tuesday, Thursday or Friday and 9:00 am to 12:00 pm on Wednesday.

Serving Health Insurance Needs of Elders (SHINE)

You can also get free information about Medicare through our local SHINE program. Call 1-800-963-5337 or visit www.floridashine.org. TTY users should call 1-800-955-8770. The organization offers counseling and assistance to people with Medicare and their families.

Medicare and You

The official Medicare handbook for Medicare programs is updated each year. You can download a copy by visiting www.medicare.gov or call Medicare to request a copy. For online tools to find and compare drug plans, Medicare Advantage plans and Medigap policies, go to www.medicare.gov.

Area Agency on Aging for North Florida

For help in finding local, state and community-based organizations that serve older adults and their caregivers, call 850-963-5337 or visit www.eldercare.gov.

Your Current Health Plan

Your health plan's customer service center can answer any questions you may have about your current coverage; call the number on your identification card.

Note: The Annual Enrollment Period (AEP), the Open Enrollment Period (OEP) and the Special Enrollment Period (SEP) apply only to Medicare Advantage plans. You can change from Original Medicare to a Medicare Supplement plan, change Medicare Supplement plans, or disenroll from a Medicare Supplement plan any time during the year.

Extra Help (otherwise known as Low Income Subsidy or LIS) may be available to you. This federal program helps people with limited income. The program helps pay for prescription drug costs associated with Medicare Part D. If you qualify for Extra Help (LIS), you may receive help paying for your drug premiums, deductibles and copayments, and will be covered during the Coverage Gap (donut hole). You will also be exempt from the Medicare Part D Late Enrollment Penalty if you didn't have credible drug coverage when you became eligible for Medicare Part D.

To see if you qualify for Extra Help, please call Social Security at 1-800-772-1213 between 7:00 a.m. - 7:00 p.m., Monday - Friday. TTY users should call 1-800-325-0778.

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Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Capital Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-247-6512 (TTY: 1-877-870-8943). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-247-6512 (TTY: 1-877-870-8943).



Capital Health
Capital Health Plan, Inc. P L A N 
An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 15349
Tallahassee, FL 32317-5349
capitalhealth.com/medicare

CAPITAL HEALTH PLAN POSITION DESCRIPTION

SENIOR VICE PRESIDENT – MARKETING and ADMINISTRATION

This is a Senior Management position responsible for leadership, management, and performance of the following functions: Marketing/Sales and Group Services, including Enrollment Processing and Member Services. Establishes policies, procedures and workflow for productive accomplishment of all activity within these areas. Develops and oversees the implementation of quality improvement initiatives in the conduct of business. Monitors internal and external changes associated with the plan's markets, products, contracts, benefit designs and legal environment to ensure compliance with federal, state, and local rules and regulations related to these functions.

Specific Responsibilities

1. Oversees Director reports who have line management responsibility for sales (Commercial and Medicare and other Governmental), enrollment/disenrollment, member orientation/education, complaint resolution and contact tracking. Ensures these functions are performed in compliance with plan products, benefit materials, group health service agreements and state and federal law.
2. Strategic analysis of the marketplace and delivery system to include the development of marketing targets, enrollment projections, new product options and assisting in the development of delivery system enhancements.
3. Analyzes and reports regularly to other Senior Management on opportunities and initiatives to improve marketing, quality of administrative services and productivity.
4. Developing and maintaining strong relationships and information reporting with key customers/employer groups as well as communication between key purchasers and the plan's medical management.
5. Oversees and ensures appropriate and effective staff training and development and reward and recognition programs, in areas of responsibility.
6. Works closely with CEO and CMO in providing oversight of collaborative community benefit initiatives such as CHP Champions and the Capital Health Partnership.
7. Participates with other Senior Managers in establishing and achieving the health plan's overall direction to include an ongoing commitment to improving our value to our customers and the community.
8. Responsible for the development and maintenance of an ongoing program of member communication and service to include promotional materials.
9. Responsible for communicating Marketing developments to CHP's Board of Directors and for effectively representing CHP, along with other Senior Management, in the outside community.
10. Responsible for other duties as may be assigned by the plan's Chief Executive Officer.

Capital Health Plan Job Description

Job Title: Director of Sales & Account Management
Department: Sales & Account Management
Reports To: Sr. VP Marketing/Administrative Services

Summary:

Plans, coordinates and directs the sales function for Capital Health Plan and develops marketing plans and strategies. Interprets and applies state and federal regulations to benefit plan offerings. Educates company employees, employer group representatives, and partner sales agents on Capital Health Plan's benefit plan offerings. Directs and supervises the activities of sales representatives and service teams.

Essential Duties and Responsibilities:

To perform this job successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Other duties may be assigned.

Manages, monitors, and evaluates performance of sales staff. Coordinates sales agent relations and sales department activities.

Develops and monitors the implementation of strategic marketing plans to meet Capital Health Plan membership goals and objectives.

Ensures on-time, high quality development of RFP and ITN responses for employer groups.

Develops and maintains strong customer relationships with key decision-makers in enrolled groups.

Maintains a high level of cooperation and communication with Blue Cross Blue Shield (BCBS) for marketing local dual option and statewide/national proposals and coordinates efforts with BCBS.

Reports and tracks renewal and new sales information internally to ensure appropriate and efficient handling of accounts throughout the organization; reports on market and benefit trends to ensure the retention of current business and preserve Capital Health Plan's competitiveness in the community.

Develops high quality marketing and sales collateral material. Develops and refines benefit language and plan offerings in accordance with state and federal regulations. Ensures all plan documents are developed or revised as needed and approved by the Florida Office of Insurance Regulation, as appropriate.

Represents and promotes Capital Health Plan in all of the communities served through participation at community events or in other forums as necessary. Attends Chamber of Commerce events and speaks at public meetings as necessary.

Manages expenditures to stay within department budget.

Supervisory Responsibilities:

Manages and supervises employees in the Sales Department. Is responsible for the overall direction, coordination, and evaluation of these units. Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Capital Health Plan Job Description

Job Title: Account Executive

Department: Sales & Account Management

Reports To: Director, Sales & Account Management

Summary:

Sells and promotes Capital Health Plan Employer Group, Medicare Advantage, and Individual & Family plans, by conducting educational seminars and participating in related marketing activities. Manages and services existing accounts directly and through partner agents to ensure successful retention of employer groups. Assists the Director, Sales & Account Management in implementing the strategic marketing plan and in coordinating, tracking, and monitoring projects and reports related to renewal and new sales activity.

Essential Duties and Responsibilities:

To perform this job successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Other duties may be assigned.

Manages and services existing employer group accounts, establishing cooperative working relationships with key staff in order to promote retention and achieve high levels of customer satisfaction. Manages and services partner agents to create and maintain cooperative working relationships.

Performs sales of Capital Health Plan's Commercial and Medicare Advantage plans to employer groups within the service area, as well performs direct sales of CHP's Medicare Advantage plans to the Medicare eligible population, and CHP's Individual & Family plans to eligible population in the service area. Educates partner Sales Agents on Capital Health Plan benefit offerings to assist them in managing their existing accounts and sell to new employer groups.

Conducts Annual open enrollment meetings and participates in benefit fairs to maintain and develop relationships with key staff at employer groups and represent Capital Health Plan to prospective and current Members.

Interfaces with departments across the organization and with external resources to resolve account issues that require resolution and insure problems are resolved satisfactorily.

Participates in the preparation of responses to RFP and ITN responses for employer groups, ensuring high quality and on-time submissions.

Participates in the analysis of enrollment trends, tracking renewal and new sales information, and assists in the development of retention strategies while implementing the strategic marketing plan to meet Capital Health Plan membership goals and objectives.

Represents and promotes Capital Health Plan in the service area through participation at community events or in other forums as necessary.

Performs other duties that may be assigned.

e. **TAB E Implementation and Transition Plan** (limit 25 pages)

To ensure complete and successful implementation of services, and a smooth transition to the Contract(s), the Successful Respondent shall provide a preliminary Implementation and Transition Plan (Plan). This Plan shall outline key activities that must be completed while working with the Board and the current contractor during a transition period. Each Respondent shall describe in detail their Plan for:

- Onboarding of resources;
- Implementing new services, by service area;
- Provider network set-up with the most advantageous discount rates, if applicable;
- Introduction to District stakeholders;
- Member communication and onboarding focused on minimizing the disruption of a transition to Members and their dependents;
- The transition of services from current healthcare providers that may be out-of-network; and
- Other required service operation transition services.

Response: If CHP is awarded the contract there will be a continuation of services as provided in this ITN.

Implementation Plan:

Item #	Description	Date Started	Date Completed	Owner
1	Test enrollment files, review key procedures and program process controls (i.e. approval, design, testing, acceptance, user involvement, segregation of duties, and documentation). Department must render functional acceptance approval prior to go-live.	6/15/2023		
2	Establish a website with value add features specific for Leon County School District Open Enrollment. www.capitalhealth.com/LCS	06-25-2023	Completed	CHP
3	Update CHP Member Services with Open Enrollment Information	06-22-23		CHP
4	Schedule regular implementation status meetings with Broker Partner and the District.	6-25-2023		CHP
5	Participate in fall 2023 open enrollment for the 10/01/2023 plan year benefit fairs and meetings coordinated by the Department.	Dates for O/E Needed		CHP/Broker/LCSD
6	Apply the provisions of Covered Benefits and Services and successfully implement all necessary system edits, controls, and/or other policy/procedural functions to ensure accurate administration and provision of Plan coverage for Enrollees.	8/1/2023		CHP

Item #	Description	Date Started	Date Completed	Owner
7	Design and present to the Department for approval all communication materials to be used for Plan Enrollees. Communication materials include ID cards, brochures, explanation of benefit statement forms, paper claim (reimbursement) forms, Summary Plan Description (SPDs), Summaries of Benefits and Coverage (SBCs), standard letters, system generated letters, templates, envelopes, clinical program notices and letters, appeal denial letters, posters and, if applicable, mail order and other pharmacy forms and flyers.	8/30/2023		CHP
8	Create an education plan for medical providers/prior authorization staff at physician's offices so they know the Plan benefits, including providing a regularly updated online reference guide for doctor's office staff regarding pre- authorization processes for medical services, supplies, prescriptions, utilization management, surgeries, and other Plan access/pre-authorization requirements.	08/30/2023	Pending (providers are made aware of changes via the website and in the monthly Network News)	CHP
9	Vendor shall be one-hundred percent (100%) operational prior to the effective date of October 1, 2023, 12:00:00 a.m.	09/01/2023		CHP
10	Vendor shall mail ID Cards (without Social Security Numbers) to all Enrollees within ten (10) business days after receipt of a clean and accurate enrollment file.	09/15/2023		CHP

Capital Health Plan will provide transition services to the District including continued provision of all services until awarded carrier contract for services begin on 10-01-2023. CHP will respond to all inquiries on an as-needed basis. There is no additional cost for this transition.

Transition Plan:

Example transition plan below: Transition to Subsequent Awarded Respondent
a. Upon the earlier of six (6) months before the expiration of the Contract or upon any notice of termination of the Contract, Awarded Respondent shall provide transition services to the District.
b. Transition services shall be provided up to twelve (12) months unless otherwise waived by the District.
c. Transition services shall include:

- Continued provision of all services until a subsequent Awarded Respondent is prepared to provide all essential services
- Awarded Respondent's cooperation with the District, its consultant or designee and the succeeding vendor designated by the District
- Notification and description of current procedures
- Explanation of operations
- Submission of a schedule for timely transition activities
- Respond to all inquiries on an as-needed basis
d. For the services identified in item (c.) above, the services shall be provided at no additional cost if the Contract expires or is terminated by the District for cause, terminated by the District for convenience or by Awarded Respondent for cause.

f. TAB F Additional Ideas for Improvement, Innovation, Cost Reduction, and Supplemental Materials (limit 35 pages)

In TAB F of its Reply, each Respondent is invited to elaborate on innovative solutions, additional ideas, pricing models, plan structures, or tools for service improvements that are not specifically addressed in TABs B – E but may be made available via the Respondent's offering and the potential benefits to the Board that each would bring. The District is interested in ideas or tools that will provide the highest level of performance and operational efficiencies. Each Respondent must describe, in detail, all additional features, capabilities, or services that it will provide in the additional features section. Actual proposed pricing shall only be provided using Attachment I, Rate Information Sheet.

Response: Capital Health Plan has proposed an alternate plan option that helps address current national trends and cost drivers in the local community. Specifically, we have proposed the District's current Capital Selection plan with a higher cost share for the pharmacy benefit to address ongoing prescription cost inflation and a coinsurance benefit for ER services in order to reduce unnecessary and costly ER utilization. This ER benefit is currently in place for CHP employees and has demonstrated a significant reduction in non-emergent ER utilization and services.

CHP will be launching a member app later this spring or by early summer once the final stages of testing are completed. The app will provide members with easy and secure access to their health plan information. Members can view, print or request ID cards, search for doctors, view claim information, lookup benefits and more. Easy access is available 24/7, 365 days a year.

With the app members can:

- View plan information and access important documents including the plan summary
- Display, print or request ID Cards
- Review claims
- Track plan utilization including deductibles and copayments
- Search for in-network doctors and facilities
- Review information for family members enrolled on the plan

EXHIBIT C

Leon County School District

ITN 506-2023 RBAFO

Presented by Capital Health Plan, Inc.

June Kail
Procurement Officer
Leon County Schools
Purchasing Department
3397 West Tharpe Street
Tallahassee, Florida 32303

Nationally Recognized Quality, Locally
Trusted, and Affordable Healthcare.

A. Executive Summary

Capital Health Plan (CHP) is pleased to have the opportunity to respond to this Request for Best and Final Offers (RBAFO) for ITN 506-2023 and continuing to serve the Leon County School District in providing the best overall value for the School Board, and its employees, retirees, and their dependents in the Tallahassee area.

Established in 1982, CHP was the Tallahassee area's first HMO and has served the Leon County School District consistently for over 40 consecutive years. Our plan is a local community partner and has over 450 employees, including 29 physicians, all located in Leon County. All of CHP's business is fully underwritten in Leon and the surrounding 8 Counties and has also included, for over 40 years, other major public employers such as the State of Florida, Leon County, and the City of Tallahassee. In addition, thousands of area businesses, organizations and individuals have relied on Capital Health Plan for their health care and coverage for many years. Today, the health plan serves over 135,000 members throughout the Big Bend region of Florida.

As an integrated health system, CHP provides value by accepting responsibility for the delivery as well as the financing and underwriting of health care. The health plan does not simply offer an HMO benefit; it is an HMO and directly delivers health care services. A key component of CHP's delivery system is its employed medical staff, who practice in three state-of-the-art health centers CHP has developed to exclusively serve its membership. Over the past 2 years, the Physician Group of Capital Health Plan treated or managed over 3,800 of the District's Commercial members and just under 1,000 of its Medicare eligible retirees with over 14,500 and 7,000 visits respectively.

Long recognized by the National Committee on Quality Assurance (NCQA) as the highest rated health plan in Florida, CHP seeks to be not just a model program for Leon County School District, but one of the top performing health plans in the nation. The plan works to distinguish itself through the affordability of its program, the quality of clinical care and services it provides, and its capacity to consistently and dependably manage and underwrite the risk of the diverse populations it serves.

Highlights of the value CHP provides to the Leon County School District include:

Affordability: Cost savings for the Leon County School District, its workforce, and retirees

Capital Health Plan has demonstrated a strong commitment to the Leon County School District to maintain affordable rates while still offering employees a rich and comprehensive benefit plan. Over the past 17 years, Capital Health Plan has consistently delivered to the District predictable single digit renewal increases without significant benefit changes or reductions in coverage. The average increase for this period was under 5%, which is well below industry trends and includes in 2020 a 0% rate increase, as well as a premium refund of \$963,000, in response to the impacts of the pandemic. We are not aware of any other School District in Florida that has had a similar experience with any other health plan.

In Attachment I, Rate Information Sheet, we are offering a single-digit premium rate adjustment that demonstrates CHP's continued focus on affordability. Additionally, as detailed in the [Rate Information Sheet](#), Section C., we are also offering an MLR rebate guarantee, and have committed to average annual rate increases, as determined over the full contract term, of no greater than 8%. These commitments, in combination with the proposed rates, ensure that the District is protected from the downside financial risk of adverse experience and participates in fully insured experience that is potentially more favorable than anticipated.

Though not included in this RBAFO, during negotiations, the District stated its long-term goal is to self-insure the health benefits. We respectfully believe that this would be an unrecoverable mistake and ultimately expose the District to unpredictable rate volatility not experienced in its history of being covered by a fully insured relationship with CHP.

Our ability to maintain the affordability of the premiums has depended upon the consistency of the risk profile - the product selections and offerings as well as the carriers offered. Since 2007 we have been paired with Florida Blue to provide a PPO option alongside our HMO plans to best meet the needs of the District. Our ability to continue this long term track record of predictable, single-digit increases, is dependent on the District's decision to maintain the current structure going forward.

Quality of Care and Service

CHP has been consistently recognized as the highest rated commercial and Medicare HMO in Florida by the National Committee on Quality Assurance (NCQA) in their annual evaluations and audited reviews of industry performance across a broad range of clinical, quality and service indicators. According to NCQA's Private Health Insurance Plan Ratings in 2023, CHPs Private Commercial Plan and Medicare Plan were each awarded a rating of 4.5 out of 5.

In addition, the Centers for Medicare and Medicaid Services ("CMS") awarded CHP's Medicare Advantage plans a rating of 4.5 stars out of 5.

Member Satisfaction

One of the most important indicators of high-quality care and service incorporated in these reviews is the overall satisfaction level with the plan expressed in standardized member surveys.

CHP materially outperformed the industry in this key metric for employers and their workforces again in the 2023 NCQA and CMS survey results as demonstrated by the percentage of highly satisfied commercial and Medicare members reporting a 9 or 10 satisfaction level on a 10-point scale, shown below.

	Commercial HMO	Medicare HMO
CHP	71.2%	93.0%
Industry Average	43.9%	66.6%

CHP is the only health plan in the nation to have a "top ten" industry result all 26 years the NCQA has conducted the survey.

These materially higher satisfaction levels significantly contribute to CHP's ability to engage its members and the medical community as we work to improve population health, improve quality of care and service, and sustain affordability.

Value Added Services

During negotiations, we emphasized the importance of primary care and the relationship between a patient and their doctor as a main tenet in the demonstrated success of our plan and the health of our members. As the complexity of medicine has grown, primary care has become even more essential to help people with medical decision making and navigating the health care system. Studies show that access to primary care

providers results in better health outcomes, higher patient satisfaction, and lower costs of care.* This is why CHP has made significant investments in building a strong primary care network including the Physician Group of Capital Health Plan. The District's members have increased access to primary care physicians through the Physician Group of Capital Health Plan or they may choose an affiliated community physician.

In addition to the current wellness initiatives detailed in Section D, Value-added Services, the District has explicitly stated its interest to offer an online employee wellness program. In response to your request, we are including the Florida Blue Better You Strides Essential wellness program at no additional cost to the District or its employees. The program is a web-based health and wellness engagement portal and mobile app that includes digital access to a personal health journey and resources, health assessments, and self-guided health programs. Additionally, to encourage participation, in the first year of the contract CHP will provide \$50,000 for program incentives and rewards.

Overall Solution

CHP has dependably assumed and managed the underwriting risk for the HMO benefits provided to the Leon County School District's workforce and retirees in the Tallahassee area since 1983. We have the clinical and financial capacity to continue to do so. Leon County School District has an aging workforce and has a significant pool of retirees, posing major challenges for health plans managing chronic conditions and their associated costs. CHP has geared its delivery system to respond successfully to those challenges and has embraced that responsibility for the Leon County School District for many years.

Today, the key focus of reform in our nation's health care delivery is how to move from an expensive, volume driven, fee-for-service system to a value-driven, risk-assuming, system focused on outcomes, including affordability. Capital Health Plan has been such a system since its creation and has the clinical and financial capacity to continue to provide the best value for the Leon County School District. Our proposed premium rates and track record of single-digit rate increases protects the District from the risk of adverse financial experience. CHP's demonstrated ability to consistently provide best value to the District is tied to our commitment to accept accountability for the financial risk and affordability of our benefits and premiums as well as the quality of healthcare and service our members receive.

We appreciate the opportunity to respond to this RBAFO. We are confident that the Leon County School District will continue to find CHP's proposal as the best value as they have done for over the past 40 years.

* Primary Care in High-Income Countries: How United States Compares | Commonwealth Fund - <https://www.commonwealthfund.org/publications/issue-briefs/2022/mar/primary-care-high-income-countries-how-united-states-compares>

B. Service Area Detail

Since its inception, CHP has a proven track record of stability, minimal physician turnover, minimal member turnover, higher member satisfaction, higher quality care and service, lower administrative overhead, and better affordability.

The plan strives to distinguish itself with the affordability of its program, the quality of clinical care and services it provides, and its capacity to consistently and dependably manage and serve the groups and members who entrust CHP with providing high quality and comprehensive benefit plans.

The information below details our commitment to the performance guarantees, staffing, implementation planning, and transition of services should they be needed.

Performance Measures

Capital Health Plan agrees to work with the District to provide the reporting as defined in the ITN subject to any laws or regulations that would preclude us from sharing member specific information or other data as a fully insured HMO licensed in the State of Florida. CHP is also agreeable to the financial penalties as defined in the performance monitoring section.

Staffing

Capital Health Plan is part of the local community. Our over 450 employees live and work here and many of their children attend schools in the Leon County School District. Capital Health Plan provides comprehensive healthcare services to its members. Our business functions are multifaceted and encompass various aspects of managing healthcare services and operations.

CHP's account management team is committed to assisting the District and Broker Partner in engaging with District staff and members throughout the year. Our Tallahassee call center and member services staff accept walk-in members at our Metropolitan location from 8:00 A.M. to 5:00 PM, 5 days a week, as well as accepting phone calls and emails, to assist with any issues or concerns.

CHP's account management team's goal is to manage and nurture customer relationships with our clients to ensure that they receive the most value from their health benefit offerings as well as the very best clinical, health and wellness outcomes. Our focus is to ensure that our members know how to use the plan and that they establish a relationship early on with their chosen primary care physician. We do this through ongoing education starting with in-person meetings each year during the open enrollment period and continuous communication throughout the year. Capital Health Plan produces multiple communications including employer, member, and provider newsletters, has an active social media presence and a robust website that includes member tools and information. We stand ready to discuss other ideas the District or its Broker Partner may have to encourage further member engagement.

Additionally, our account management team is available to meet routinely with District staff to ensure they receive support as needed throughout the contract. The account management team also serves as the day-to-day contact for District staff, working to resolve any escalated issues, conducting meetings as needed, participating in benefit and health fairs, and analyzing appropriate claims, utilization and other data to make recommendations to District staff on strategies to improve outcomes and member engagement.

Capital Health Plan is local. As such, the account management team can respond to the needs of the District and Broker Partner at a moment's notice, and often in person if necessary. The account management team is available by phone, via email, cell phone or again in person. Our account management team has over 46 years of combined Leon County School District specific experience.

Deborah Sisk will serve as the primary Account Manager assigned to the District. Deborah has been working with the District and its members as the CHP assigned account manager for over 15 years. She will be directly supported by Mark Hicks, Director of Sales & Account Management and Tom Glennon, SVP of Marketing and Administration. Other members of the CHP team will also work to support District staff as needed. Additionally, CHP's senior leadership team is easily accessible to the account management team, as well as the District and Broker Partner should the need for their involvement be necessary or beneficial for the District.

Implementation

As the District's long standing health benefit provider, an implementation plan is not necessary but we have included one as a framework for the continuation of services as provided in this ITN.

Item #	Description	Date Started	Owner
1	Schedule regular implementation status meetings with Broker Partner and the District.	3/5/2024	CHP
2	Further enhance and maintain a website with value-add features specific to the Leon County School District: www.capitalhealth.com/LCS	4/1/2024	CHP
3	Design and present to the District for approval all communication materials to be used for Plan Enrollees. Examples include, ID cards; Summaries of Benefits and Coverage (SBCs), etc.	5/1/2024	CHP
4	Ensure accurate administration and provision of Plan coverage for enrollees.	7/1/2024	CHP
5	CHP will be one-hundred percent (100%) operational prior to the effective date of October 1, 2024, 12:00 A.M.	7/1/2024	CHP
6	Participate in all open enrollment meetings for the 10/01/2024 plan year.	Summer 2024	CHP/LCS/Broker Partner
7	Test enrollment files, review key procedures and program process controls (i.e. approval, design, testing, acceptance, user involvement, segregation of duties, and documentation) to render District acceptance and approval prior to go-live.	7/15/2024	CHP/LCS/Broker Partner

Item #	Description	Date Started	Owner
8	Create an education plan for physicians and other medical providers on LCS plan benefits, including an online reference guide for physician staff regarding medical and pharmacy services including formularies and prescriptions, utilization management, case management and any prior authorization requirements. In person training for new providers as necessary.	9/1/2024	CHP
9	Update CHP Member Services with Open Enrollment Information	9/1/2024	CHP

Transition of Services

Should the District terminate its over 40-year relationship with CHP, we would work with the District staff and the new carrier representatives to provide the data and information necessary to assist with the transition. Services shall include the notification and description of current procedures, explanation of current operations, and a timely response to all inquiries on an as-needed basis.

C. Rate Information Sheet

Capital Health Plan has demonstrated a strong commitment to the District to maintain affordable rates while still offering employees rich and comprehensive benefit plans. While health care costs continue to escalate nationwide, over the past 17 years, Capital Health Plan has been able to provide the School District with consistent single-digit renewal increases without significant benefit changes or reductions. The average increase for this period was under 5%, which is well below industry trends and includes a 0% rate increase in 2020, as well as a premium refund of \$963,000, in response to the impacts of the pandemic.

Capital Health Plan is a community-rated plan, which guards against unexpected high renewal rates typically seen with experience-rated plans. Additionally, CHP's administrative costs represent less than 4% of our total revenues - one of the lowest levels in the nation. CHP's overhead has been below 5% of revenues for over 26 years.

Our proposed premium rates and track record of single-digit rate increases, protects the District from the risk of adverse financial experience. CHP's demonstrated ability to consistently provide value to the District is tied to our commitment to accept accountability for the financial risk and affordability of our benefits and premiums as well as the quality of healthcare and service our members receive. We are once again pleased to offer premiums that demonstrate CHP's focus on affordability.

For the purposes of this response and reflective of the current structure, we are defining an "Exclusive Provider" as CHP being the only HMO offering and paired with another PPO offering. We are defining "Slice Provider" to mean CHP's HMO would be offered alongside another carrier's HMO and a PPO or multiple PPO offerings. CHP's Sliced Provider Proposed Rates reflect our assumptions of the potential impact of enrollment changes across carriers, products, and enrollment tiers.

Rate Guarantees

CHP's ability to consistently deliver these affordable rate adjustments has relied upon the stability of the product offerings and the carriers, provided in conjunction with Florida Blue as the PPO carrier. Consistent with our underwriting guidelines, CHP reserves the right to revise these rates if the enrollment change exceeds 15%.

If the stability of the product offerings and the carriers continues, CHP will commit to average annual rate increases, as determined over the full contract term, of no greater than 8%. This commitment is contingent upon a comparable benefit offering and a similar population of members enrolled in CHP's and Florida Blue's products. If the member risk profile changes due to either the type or number of product offerings, or carriers, available to members of the group, CHP reserves the right to revise or withdraw this commitment.

MLR Guarantee

CHP is also offering the District a medical loss ratio (MLR) guarantee whereby, should the commercial contract experience favorable results relative to the target MLR of 93%, CHP will deliver a premium rebate payment to the District. The actual medical loss ratio, as well as the timing and amount of any rebate, will be determined in accordance with Section 2718 of the Public Health Service Act and implementing regulations. This guarantee, in combination with the proposed rates, ensures the District is protected from financial risk and participates in fully insured experience that is potentially more favorable than anticipated.

Maintaining moderate rate increases while preserving comprehensive benefits presents a challenge to not just the District, but to all groups seeking to provide the best value to their employees and dependents. New high-cost drugs continually being introduced to the market, high or unnecessary emergency room utilization, and other factors that create cost pressure, will continue to be challenges for the District and the community at large. CHP as a fully insured HMO centered in the local community, provides the best opportunity for the District to moderate the impact on their employees.

CHP's proposal of fully insured rates coupled with the added feature of a commercial MLR rebate guarantee, protects the Leon County School District from the risk of adverse financial experience while providing the opportunity for lower costs should the actual commercial results outperform the MLR threshold.

Except as otherwise explicitly defined in this RBAFO, all additional cost assumptions are consistent with our Section 3.2 Cost Reply of ITN 506-2023.

EGWP Retiree Rates

Although not specifically requested as part of this RBAFO, we have included preliminary EGWP retiree rates as we have done for our previous contracts with the District. These rates are based on the best information today which does not include guidance forthcoming from Centers for Medicare and Medicaid Services (CMS) regarding required changes to benefits for 2024-25. CHP reserves the right to revise these rates to adjust benefits for required changes and to align with any guidance from CMS.

EGWP

Tier	Capital Selection \$15/\$30/\$50	Quality Choice \$15/\$50/\$100	Capital Selection \$15/\$50/\$100, 20% ER
One Med	\$326.07	\$319.03	\$324.93
Two Med	\$652.15	\$638.06	\$649.87
Med + Spouse	\$1,294.19	\$1,220.38	\$1,262.18
Med + Family	\$1,971.89	\$1,851.34	\$1,918.27

Current and Proposed Benefits

We believe that the current benefits provide the best value to the School District; however, we have proposed alternatives as requested for consideration and remain open to further discussions should the School District want to explore other options.

Our ability to maintain the affordability of the premiums and rich benefit offerings has depended upon the consistency of the risk profile – the product selections and offerings as well as the carriers offered. Since 2007 we have been paired with Florida Blue to provide a PPO option alongside our HMO plans to best meet the needs of the District. Our ability to continue this long-term track record of predictable, single digit increases combined with comprehensive benefits, is dependent on the District's decision to maintain the current structure going forward.

Capital Health Plan has proposed alternative plan options that help address current national trends and cost drivers in the local community. Specifically, we have proposed the District's current Capital Selection plan with a higher cost share for the pharmacy benefit to address ongoing prescription cost inflation and a coinsurance benefit for ER services in order to reduce unnecessary and costly ER utilization. This ER benefit is currently in place for CHP employees and has demonstrated a significant reduction in non-emergent ER utilization and services. We've also provided additional lower cost alternatives as requested in the RBAFO.

Capital Health Plan (CHP) currently offers two HMO plans to the Leon County School District. These plans include the Capital Selection with a \$15/\$30/\$50 prescription drug benefit, and a lower cost, less rich plan, the Value Selection with a \$15/\$50/\$100 prescription drug benefit. As requested in the RBAFO, CHP is proposing the following current and alternate plan designs:

- Proposed Plan Rates Closest Match to Capital Selection HMO - Capital Selection 15/30/50
- Proposed Plan Rates Most Efficient Plan Design (HSA compliant) - CHP HDHP HSA
- Proposed Plan Rates Lowest Premium - Quality Choice
- Proposed Plan Rates Respondent's Recommended Alternative - Capital Selection 15/50/100 with 20% Coinsurance ER

- Proposed Plan Rates Closest Match to Value Selection - Value Selection
- Proposed Plan Rates Most Efficient Plan Design (HSA compliant) - CHP HDHP HSA
- Proposed Plan Rates Lowest Premium - Value Selection II
- Proposed Plan Rates Respondent's Recommended Alternative – Value Selection with 20% Coinsurance ER

Side-by-side benefit comparisons can be found on pages 15 & 16.

ATTACHMENT I
Rate Information Sheet

Each Respondent shall submit rates for the base/initial term in the tables below. These rates shall be inclusive of the services sought and defined in the ITN. All cost assumptions should be detailed with the Respondent's Cost Reply, per Section 3.2. **All Rates should reflect the Proposed 10-month Rate.**

Base Contract Term – **Exclusive Provider**

Closest Match to Capital Selection HDHP HMO

Tier	Proposed Plan Rates Closest Match to Capital Selection HDHP HMO Capital Selection \$15/\$30/\$50	Proposed Plan Rates Most Efficient Plan Design CHP HDHP HSA	Proposed Plan Rates Lowest Premium Quality Choice \$15/\$50/\$100	Proposed Plan Rates Respondent's Recommended Alternative Capital Selection \$15/\$50/\$100, 20% ER
Single Coverage	\$968.12	\$782.18	\$901.35	\$937.25
2-Person Coverage	\$1,936.24	\$1,564.36	\$1,802.70	\$1,874.50
Family Coverage	\$2,613.94	\$2,111.90	\$2,433.66	\$2,530.59
Family Coverage (2 District Employees)	\$2,613.94	\$2,111.90	\$2,433.66	\$2,530.59
Overage Dependent	\$1,064.93	\$860.40	\$991.49	\$1,030.98

Base Contract Term – **Sliced Provider**

Closest Match to Capital Selection HDHP HMO

Tier	Proposed Plan Rates Closest Match to Capital Selection HDHP HMO Capital Selection \$15/\$30/\$50	Proposed Plan Rates Most Efficient Plan Design CHP HDHP HSA	Proposed Plan Rates Lowest Premium Quality Choice \$15/\$50/\$100	Proposed Plan Rates Respondent's Recommended Alternative Capital Selection \$15/\$50/\$100, 20% ER
Single Coverage	\$978.27	\$806.44	\$910.81	\$947.08
2-Person Coverage	\$1,956.54	\$1,612.88	\$1,821.62	\$1,894.16
Family Coverage	\$2,641.35	\$2,177.41	\$2,459.21	\$2,557.14
Family Coverage (2 District Employees)	\$2,641.35	\$2,177.41	\$2,459.21	\$2,557.14
Overage Dependent	\$1,076.10	\$887.08	\$1,001.89	\$1,041.79

Base Contract Term – Exclusive Provider

Closest Match to Value Selection HMO

Tier	Proposed Plan Rates Closest Match to Value Selection HMO Value Selection	Proposed Plan Rates Most Efficient Plan Design CHP HDHP HSA	Proposed Plan Rates Lowest Premium Value Selection II	Proposed Plan Rates Respondent's Recommended Alternative Value Selection 20% ER
Single Coverage	\$685.16	\$782.18	\$667.03	\$678.51
2-Person Coverage	\$1,370.32	\$1,564.36	\$1,334.06	\$1,357.02
Family Coverage	\$1,849.95	\$2,111.90	\$1,801.00	\$1,831.99
Family Coverage (2 District Employees)	\$1,849.95	\$2,111.90	\$1,801.00	\$1,831.99
Overage Dependent	\$753.68	\$860.40	\$733.73	\$746.36

Base Contract Term – Sliced Provider

Closest Match to Value Selection HMO

Tier	Proposed Plan Rates Closest Match to Value Selection HMO Value Selection	Proposed Plan Rates Most Efficient Plan Design CHP HDHP HSA	Proposed Plan Rates Lowest Premium Value Selection II	Proposed Plan Rates Respondent's Recommended Alternative Value Selection 20% ER
Single Coverage	\$706.41	\$806.44	\$687.71	\$699.55
2-Person Coverage	\$1,412.82	\$1,612.88	\$1,375.42	\$1,399.10
Family Coverage	\$1,907.32	\$2,177.41	\$1,856.83	\$1,888.80
Family Coverage (2 District Employees)	\$1,907.32	\$2,177.41	\$1,856.83	\$1,888.80
Overage Dependent	\$777.05	\$887.08	\$756.48	\$769.51

Base Contract Term – **Exclusive Provider**

Closest Match to BlueOptions 05172/05173 PPO

Tier	Proposed Plan Rates Closest Match to BlueOptions 05172/05173 PPO	Proposed Plan Rates Most Efficient Plan Design	Proposed Plan Rates Lowest Premium	Proposed Plan Rates Respondent's Recommended Alternative
Single Coverage	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
2-Person Coverage	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Family Coverage	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Family Coverage (2 District Employees)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Overage Dependent	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

Base Contract Term – **Sliced Provider**

Closest Match to BlueOptions 05172/05173 PPO

Tier	Proposed Plan Rates Closest Match to BlueOptions 05172/05173 PPO	Proposed Plan Rates Most Efficient Plan Design	Proposed Plan Rates Lowest Premium	Proposed Plan Rates Respondent's Recommended Alternative
Single Coverage	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
2-Person Coverage	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Family Coverage	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Family Coverage (2 District Employees)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Overage Dependent	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

Base Contract Term – Exclusive Provider
Closest Match to BlueOptions 03559 PPO

Tier	Proposed Plan Rates Closest Match to BlueOptions 03559 PPO	Proposed Plan Rates Most Efficient Plan Design	Proposed Plan Rates Lowest Premium	Proposed Plan Rates Respondent's Recommended Alternative
Single Coverage	\$ N/A	\$ N/A	\$ N/A	\$ N/A
2-Person Coverage	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Family Coverage	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Family Coverage (2 District Employees)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Overage Dependent	\$ N/A	\$ N/A	\$ N/A	\$ N/A

Base Contract Term – Sliced Provider
Match to BlueOptions 03559 PPO

Tier	Proposed Plan Rates Closest Match to BlueOptions 03559 PPO	Proposed Plan Rates Most Efficient Plan Design	Proposed Plan Rates Lowest Premium	Proposed Plan Rates Respondent's Recommended Alternative
Single Coverage	\$ N/A	\$ N/A	\$ N/A	\$ N/A
2-Person Coverage	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Family Coverage	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Family Coverage (2 District Employees)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Overage Dependent	\$ N/A	\$ N/A	\$ N/A	\$ N/A

Capital Health Plan, Inc.
Company Name


Authorized Representative (Signature)

1/24/2024
Date

59-1830622
FEIN #

Jeff Y. Bedenbaugh
Authorized Representative (Printed)

Benefit Description	Proposed Plan Rates Closest Match to Capital Selection HDHP HMO Capital Selection 15/30/50	Proposed Plan Rates Most Efficient Plan Design CHP HDHP Plan (HSA Qualified)	Proposed Plan Rates Lowest Premium Quality Choice 15/50/100	Proposed Plan Rates Respondent's Recommended Alternative Capital Selection 15/50/100 20%
Single Deductible	N/A	\$1,600	N/A	N/A
Family Deductible	N/A	\$3,200	N/A	N/A
MOOP	\$2,000/\$4,500 Medical \$4,600/\$8,700 Rx (Separate)	\$3,000/6,000 (Medical & Rx Combined)	\$2,000/\$4,500 Medical \$4,850/\$9,200 Rx (Separate)	\$2,000/\$4,500 Medical \$4,600/\$8,700 Rx (Separate)
Primary Care Visit (office or telehealth)	\$15	20% Coinsurance	\$15	\$15
Specialist Visit (office or telehealth)	\$40	20% Coinsurance	\$75	\$40
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$40	20% Coinsurance	\$75	\$40
Imaging (CT/PET Scans, MRIs)	\$100	20% Coinsurance	\$250	\$100
ASC	\$100	20% Coinsurance	\$250	\$100
Outpatient hospital	\$250	20% Coinsurance	\$500	\$250
ER (waived if admitted)	\$300	20% Coinsurance	\$750	20% COINS
Ambulance	\$100	20% Coinsurance	\$250	\$100
Urgent Care	\$25	20% Coinsurance	\$50	\$25
Inpatient hospital (includes medical and MH/SH)	\$250	20% Coinsurance	\$500	\$250
Rehabilitative Therapies (PT/OT/ST)	\$40	20% Coinsurance	\$75	\$40
Routine Eye Exam (CHP Eye Care centers)	\$15	20% Coinsurance	\$15	\$15
Telehealth - Amwell	\$15	\$15	\$15	\$15
Tier 1 - Preferred Generic	\$15	30% Coinsurance	\$15	\$15
Tier 2 - Non-Preferred Generic	\$15	30% Coinsurance	\$15	\$15
Tier 3 - Preferred Brand	\$30	30% Coinsurance	\$50	\$50
Tier 4 - Non-Preferred Brand	\$50	50% Coinsurance	\$100	\$100
Tier 5 - Preferred Specialty	\$50	30% Coinsurance	\$100	\$100
Tier 6 - Non-Preferred Specialty	\$50	50% Coinsurance	\$100	\$100

Benefit Description	Proposed Plan Rates Closest Match to Value Selection HMO Value Selection	Proposed Plan Rates Most Efficient Plan Design CHP HDHP Plan (HSA Qualified)	Proposed Plan Rates Lowest Premium Value Selection II	Proposed Plan Rates Respondent's Recommended Alternative Value Selection w/ 20% Coinsurance ER
Single Deductible	\$2,500	\$1,600	\$3,000	\$2,500
Family Deductible	\$5,000	\$3,200	\$6,000	\$5,000
MOOP	\$4,000/\$8,500 Medical \$2,850/\$5,200 Rx (Separate)	\$3,000/6,000 (Medical & Rx Combined)	\$5,000/\$10,000 Medical \$3,200/\$6,400 Rx (Separate)	\$4,000/\$8,500 Medical \$2,850/\$5,200 Rx (Separate)
Primary Care Visit (office or telehealth)	\$15	20% Coinsurance	\$15	\$15
Specialist Visit (office or telehealth)	\$75	20% Coinsurance	\$75	\$75
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$75	20% Coinsurance	\$75	\$75
Imaging (CT/PET Scans, MRIs)	\$250	20% Coinsurance	\$250	\$250
ASC	\$250	20% Coinsurance	\$250	\$250
Outpatient hospital	\$500	20% Coinsurance	\$500	\$500
ER (waived if admitted)	\$500	20% Coinsurance	20% Coinsurance	20% Coinsurance
Ambulance	\$250	20% Coinsurance	\$250	\$250
Urgent Care	\$50	20% Coinsurance	\$50	\$50
Inpatient hospital (includes medical and MH/SH)	\$500	20% Coinsurance	\$500	\$500
Rehabilitative Therapies (PT/OT/ST)	\$75	20% Coinsurance	\$75	\$75
Routine Eye Exam (CHP Eye Care centers)	\$15	20% Coinsurance	\$15	\$15
Telehealth - Amwell	\$15	\$15	\$15	\$15
Pharmacy Deductible	N/A	N/A	N/A	N/A
Tier 1 - Preferred Generic	\$15	30% Coinsurance	\$15	\$15
Tier 2 - Non-Preferred Generic	\$15	30% Coinsurance	\$15	\$15
Tier 3 - Preferred Brand	\$50	30% Coinsurance	\$50	\$50
Tier 4 - Non-Preferred Brand	\$100	50% Coinsurance	\$100	\$100
Tier 5 - Preferred Specialty	\$100	30% Coinsurance	\$100	\$100
Tier 6 - Non-Preferred Specialty	\$100	50% Coinsurance	\$100	\$100

D. Value Added Services

As a mixed model, local HMO, CHP is unique in that we both own and operate local clinical facilities, employ physicians, nurses and other clinical staff while also contracting with other providers located throughout the community.

As an integrated health system, CHP provides value by accepting responsibility for the delivery as well as the financing and underwriting of health care. The health plan does not simply offer an HMO benefit; it is an HMO and is directly involved in delivering health care services in the Tallahassee area.

Many of the following value-added services are unique to CHP and offer the District a value not likely replicated by any other plan.

Staff Model and Provider Network

A key component of CHP's delivery system is its employed medical staff, the Physician Group of Capital Health Plan, who practice in three state-of-the-art health centers CHP has developed to exclusively serve its membership. These health centers are equipped with electronic medical records and can accommodate a broad range of preventive, primary, and specialty care services, including evening and weekend urgent care, lab, x-ray, and digital mammography, colon screening, an eye care service, wound care, and centers focused on the needs of seniors and the chronically ill. CHP's ability to offer this highly organized component of its delivery system provides unique opportunities for adding value.

The Physician Group of CHP is the engine of our program, consistently driving better results on measures of clinical care, member satisfaction, and affordability. The Physician Group of CHP achieved the National Committee for Quality Assurance (NCQA) recognition as a Patient Centered Medical Home (PCMH) in 2020.

Whether members are longtime patients or new to their practice, every aspect of their patient-centered medical care is coordinated by a primary care physician dedicated to improving their health. In 2023, approximately 2,200 (30%) of the District's members had chosen a primary care physician from the Physician Group of Capital Health Plan. Over the past 2 years, the Physician Group of Capital Health Plan treated or managed over 3,800 of the District's Commercial members and just under 1,000 of the Medicare eligible retirees with over 14,500 and 7,000 visits respectively.

In addition to CHP's employed medical staff, Capital Health Plan contracts with all Acute Care Hospitals in our 9-county service area; over 750 affiliated physicians and other health care professionals; and over 65,000 retail pharmacies. This includes Shands, Mayo, Moffitt, and other Centers of Excellence.

CHP members are covered for urgently needed care anywhere and anytime in the United States, and for emergencies anywhere in the world. We also participate in the BlueCross BlueShield Global® Core and the Away From Home Care® programs. These programs provide coverage when appropriate for our members who are traveling outside the service area or living outside the area for an extended time.

Local Presence and Focus on Community Needs

As an active member of the local community, Capital Health Plan consistently monitors and assesses potential cost trends in order to address those issues head on. Examples of CHP's unique ability to address the specific needs of the community and District include:

- In response to the continued escalation of ER utilization and costs, CHP partnered with Tallahassee Memorial Hospital to increase the availability of urgent care and after-hours care in outlying counties.
- CHP is a leader in cancer prevention. We have prioritized the prevention and early detection of cancer through investment in our own mammography center and colon cancer screening program. We collaborate with our employed physicians, network physicians, and members to consistently exceed the national 90th percentile on colon and breast cancer screening rates for our Medicare and Commercial populations. Our efforts mean lives are saved through early detection and prevention.
- CHP identified a need in the community for wound care and as such opened a Wound Care Clinic in one of our health centers.
- CHP has partnered with a cardiology specialist and physical therapists to serve members in our health centers for more efficiency and quality.
- Many CHP physicians serve as professors for the FSU College of Medicine educating first, second-, and third-year medical students. Our physicians also volunteer to serve as preceptors for TMH/FSU Internal Medicine and Family Practice resident physicians. One of our physicians serves on the FSU College of Medicine Community Board, and another was recently recognized with the Outstanding Clinical Faculty Award in 2023. CHP is a strong supporter of the mission of FSU College of Medicine to educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs.
- CHP also supports Lively Technical College and FAMU nursing students. A CHP nurse currently serves on the Lively Advisory Board and CHP also rotates nursing students through each of our 3 health centers.
- CHP has deployed a same-day-appointment scheduler to assist members in making appointments for primary and urgent care convenient to their schedule.
- CHP is committed to enhancing coverage and services for its members. This was recently demonstrated through our implementation of telehealth for most of our primary care and specialty care providers. This includes low-cost, 24-7 telehealth services through our contracted telehealth vendor, Amwell.

Nancy Van Vesseem Center for Healthy Aging

The Leon County School District, like most large employers, has an aging workforce and a significant number of retirees posing major challenges for health plans managing chronic conditions and their associated costs. To meet the rising need for the type of specialized care required for older members, CHP added the Nancy Van Vesseem, M.D., Center for Healthy Aging to our list of services. The new Center focuses on age-friendly care for our older members and is conveniently located in our new

Metropolitan Health Center. Recognized as an “Age-Friendly Health System” – a national recognition designated by the John A. Hartford Foundation and the Institute for Healthcare Improvement – the Center brings a holistic approach to meeting the unique health care needs of these older adults.

In 2023, the Nancy Van Vessel, M.D., Center for Healthy Aging was recognized as a Million Hearts Hypertension Control Champion. As a Million Hearts Champion, CHP was able to achieve blood pressure control for at least 80% of our adult patients with hypertension. This designation recognizes the Center for Healthy Aging’s work to systematically improve the cardiovascular health of the population and communities they serve.

CHP/Champions

Capital Health Plan has partnered with Leon County Schools, the Titus Sports Academy, the Tallahassee Chamber of Commerce’s World Class Schools, and other local school districts to create a sustainable, activity-based program designed to reduce the growing trend of childhood obesity in our community. Capital Health Plan’s Champions program offers school children, in Leon and surrounding counties, the opportunity to experience a healthy lifestyle through regular school-based fitness activities.

The program strives to teach fitness and physical health to students using a curriculum based on principles and techniques designed to improve gross motor skills, flexibility, posture, balance, and coordination using a long-term physical development approach to fitness. Students are engaged in a fun, positive environment that allows them to become more confident with their physical skills and abilities thus making it more likely they will lead a healthier and more active lifestyle.

Since its inception in 2006, Capital Health Plan has invested approximately \$19.5M into the Champions program. In school year 2023-24, CHP CHAMPIONS has served 25 Leon County schools and has seen over 10,500 Leon County students.

Community Benefit Initiatives

Capital Health Plan’s commitment to community benefit is a vital component in the pursuit of its mission to improve the health of the community. CHP seeks to achieve this purpose through both the continued high performance of the health plan, which directly benefits members by providing quality, affordable coverage, and through its community benefit programming, which directly invests in the community to advance and improve the health of the entire local population including a significant number of individuals that are in poverty, medically needy, and under-served.

Examples of these investments include, a scholarship to identify medical students wanting to practice general internal medicine or geriatrics - two clinical specialties in high demand in the local community, additional scholarships with local universities for nursing and other allied health professions, the support of local Federally Qualified Health Centers (FQHCs) that provide care to the underserved populations in Leon County, the United Way of the Big Bend, and countless other local non-profits working with marginalized communities and populations in and around Tallahassee.

Since 2010, CHP has contributed over \$44 million dollars to the local community for these types of programs and initiatives.

Economic Impact in the Community

Capital Health Plan using output from the Implan Group's IMPlan economic input-output model software has estimated that CHP's financial impact in Leon County will generate over 1.6 billion dollars in 2024.

These economic impacts are created through the direct employment of 29 physicians, 237 medical support staff (RN, LPN, MA, receptionists) and 202 HMO administrative and professional staff (RN, MD, analysts, actuaries, accountants, managers, auditors, clerks) and indirectly through its contracted network of physicians, hospitals and other medical services providers. The plan is estimated to directly impact 6,500 jobs, generate income of \$337 million and generate direct economic output of \$800 million. The indirect and induced impact created under this contract will impact 7,100 jobs, generating income of \$299 million and create an economic output of \$800 million.

Health and Wellness

Capital Health Plan offers wellness programs to encourage members to adopt a healthier way of life through lifestyle changes to prevent the onset of or worsening of an illness or disease. The goal is to make positive health practices the easiest choice for our membership. CHP's Wellness Programs connect members to health programs and classes supporting their commitment to fitness and a healthier lifestyle. All of these programs are offered at no additional cost to the District. Our health and wellness programs include:

- Capital Health Plan, in partnership with Florida Blue, will offer the Florida Blue **Better You Strides Essential** web-based wellness program. Additionally, to encourage participation, in the first year of the contract CHP will provide \$50,000 for program incentives and rewards.
- **Walk with a Doc** is a monthly walking program for everyone interested in taking steps for a healthier lifestyle. Each walk starts with a brief talk on a current health topic lead by a local physician or healthcare provider and then the rest of the time is spent enjoying a healthy walk and fun conversation. It's a great way for members to get out, get active, and enjoy all the benefits that come from walking. The program was started in Columbus, OH in April of 2005 by Dr. David Sabgir and has now expanded to over 500 locations throughout the world. Walking groups are a safe, fun, and free place for CHP members to get some steps, learn about health, and meet new friends.
- **Healthline**, a CHP digital member newsletter, is distributed twice a year. The Healthline contains articles on current healthcare topics written by CHP physicians and clinical staff and updates on any plan changes or benefit enhancements. Additionally, the Healthline and other information on health and wellness is shared on all CHP social media platforms, including Facebook, Instagram, LinkedIn, and YouTube for easy and convenient distribution.
- CHP has created and maintains a **dedicated LCS website** which can be accessed at <https://capitalhealth.com/lcs>. The site contains benefit and plan information specific to the District and also includes posts on wellness and upcoming CHP events and activities.

- CHP and the District’s broker partner have recently come together to develop a digital newsletter specific to the District named **Healthy Perspectives**. It includes articles on health and wellness related topics and can be customized to assist the district with any messaging deemed important to their employees. Healthy Perspectives is provided monthly to the District staff to distribute electronically to all employees.
- **The CHP Wellness Reimbursement Program** reimburses members for payments they have made up to a maximum of \$150 per family during the calendar year toward health and fitness center memberships, internet or app-based subscription programs, Weight Watchers, the TMH Diabetes Prevention Program, and more. In response to requests from community partners, Capital Health Plan expanded this benefit to include Headspace and Calm Apps, as these have been shown to lower depression, stress, and anxiety. In 2022, Leon County School District employees and retirees were reimbursed over \$47,000 for health and fitness-related expenses.
- **Smoking Cessation:** Capital Health Plan’s smoking cessation programs offer members the choice of online, telephone, or in-person counseling. CHP provides over-the-counter or prescription drugs to members when they are enrolled in these programs and prescribed by the member’s primary care physician. Members do not have a cost share for smoking cessation counseling visits. There are many tobacco cessation resources available on the website as well, including the AHEC Florida Network, the Florida Quit Line, Smoke Free, and more.

CHPConnect

Capital Health Plan members can access secure information via Capital Health Plan’s web-based portal, CHPConnect. Capabilities include, but are not limited to:

- Viewing their personal health record (PHR) and a comprehensive historical summary of care and test results.
- Lab results: members may review recent labs.
- Health trackers allow members to track health information such as blood pressure, blood sugar, body mass index, cholesterol, hemoglobin A1C, peak flow readings, pulse, temperature, weight, and immunizations.
- Health Risk Appraisal—a personal health questionnaire that evaluates member health risks and quality of life.
- Request a change in their primary care physician.
- Request a replacement ID card be mailed.
- Print a temporary card until the replacement arrives.
- View claims status
- View benefits and eligibility

Healthwise Web-based Tools

District members can access health and wellness topics within the Healthwise Knowledgebase on the CHP website. The Healthwise Knowledgebase is helpful to consumers with differing interests and needs as it covers a continuum of health issues. The link to this site is located on CHP's homepage at: <https://capitalhealth.com>, and allows members to access evidence-based and peer reviewed trusted tools and resources for managing health-related concerns including:

- **Healthwise® Knowledgebase** is a searchable medical encyclopedia providing descriptions of symptoms, pictures, and treatment options. With more than 8,000 topics on health conditions, medical tests and procedures, medications, and everyday health and wellness issues, the Healthwise® Knowledgebase helps people become informed about their health and health care and involved in an active partnership with their doctors.
- **Healthwise® Video Library:** a searchable database of educational videos on a range of health topics. These videos increase engagement by showing, rather than telling, members what they need to know about their health. Members tune into videos to find out exactly what they need to know to take better care of themselves.
- **Healthwise Symptom Checker:** symptom-based topics are used to assess people's health concerns and determine when to seek care from a health professional. Topics include a Check Your Symptoms section that members can use to evaluate symptoms through an interactive process. Based on the individual's responses to triage questions, he or she will receive a treatment recommendation based on the urgency of the symptom.
- **Healthwise Shared Decision-Making Tools:** Decision Points help people determine the right course of action when making critical health treatment decisions, guiding them through the decision-making process and helping them to blend evidence-based medical information with their own personal preferences.

CHP Health Information Line

The Health Information Line is a 24- hour a day phone line staffed by health care professionals who are able to assist members with their health-related questions. While not a substitute for a visit with a physician, the Health Information Line staff can provide members with tips, tools, and resources to help them manage their health.