



# Judiciary of Guam

Administrative Office of the Courts  
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HON. ROBERT J. TORRES  
CHIEF JUSTICE

HON. ALBERTO C. LAMORENA III  
PRESIDING JUDGE

JOSHUA F. TENORIO  
ADMINISTRATOR OF THE COURTS

June 2, 2016

## MEMORANDUM:

TO: All Prospective Offerors

From: Administrator of the Courts

Subject: **Amendment no. 2**

**Ref: RFP No. 16-01; Group Medical and Dental Insurance**

Below are responses to questions/clarifications submitted to my office in reference to RFHP 16-01, Group Medical and Dental Insurance:

1. Under Exhibit G page 50 of 183 (page 49) - Medical and Dental Plan Designs, under the Pharmacy Coverage on all plan designs, there is no mention of "Specialty Drug Coverage". Could you clarify what tier level specialty drug coverage would fall under i.e. Formulary Brand or Non-Formulary Brand?

**Response:** Specialty Drugs are considered a separate category.

2. Exhibit Q page 103 of 183 Please reconcile the differences in the pharmacy benefit description shown in Exhibit G (co-payments) versus the Schedule of Benefits in Exhibit Q (co-insurance %). For this benefit, are offeror to follow what's shown in Exhibit G or Q?

**Response:** Please see revised **Exhibit G**.

3. Should the dates in Exhibit S be changed from 10/1/14 to 10/1/16 and from 4/1/16 to 4/1/17?

**Response:** Yes. Please see revised **Exhibit S**.

4. Exhibit N shows blanks for just 1 Dental Plan. Are we to price only the Dental 2000 Plan?

**Response:** No Please see revised **Exhibit N**. All pages have been updated.

5. Are the Additional Coverage's in Exhibit N supposed to be built into the quoted rates on pages 90-5? Or should we price without these modifications, and then show the cost of each modification?

**Response:** Each is to be priced. Please see **revised Exhibit N**.

6. Please clarify the dollar amount for the gym subsidy per individual per month.

**Response:** \$40.00.

7. Has the Judiciary received any participating rebates in any of the past two years? If so, may we know the amounts?

**Response:** The Judiciary has received one rebate for \$55,797.57 paid on 3/26/2015.

8. Please clarify the type of reporting required for the disease management program.

**Response:** Please see revised **Exhibit O** and **Exhibit U**.

9. Please clarify the intent to remove the termination of coverage after ninety (90) days outside the service area. Would there be any limitations at all?

**Response:** All limitations except the out of area date limit would apply.

10. Was the new Guam Regional Medical City Hospital offered a participating provider option for the Year 2016 year?

**Response:** Yes.

11. Is the current OOP maximum limit for HSA2000 combined for medical and RX?

**Response:** Yes.

12. It appears the total claims from the triangles does not match the total claims from the raw data. For example, for HSA from FY 2015:

Triangle - \$53,691.37  
Raw Data - \$156,543.26

**Response:** We are unable to replicate your calculation of the Triangle number. Please restate your question.

13. Is there any additional claims-related data for GRMC available from the current carrier? For example, number/type of specialty referrals and/or prior authorization requests they've received.

**Response:** All Claims data obtained has been provided.

14. We are requesting for the monthly count of subscribers and members by plan and by tier for FY 2015 and 2016, including the most recent count of subscribers and members by plan and by tier.

**Response:** Please see **Attachment 1** for revised tables.

15. Can you provide a breakdown of the count of dental plan subscribers and members for FY 2016 by dental plan (Dental \$2000 AND Dental \$1000) and by tier?

**Response:** Please see **Attachment 2**.

16. For Exhibit C Proposal Evaluation Form – Part 3, please provide the Relative Weights for each item in Part 3?

**Response:** Please see revised **Exhibit C**.

17. We are requesting for a revised electronic version of Exhibit N.

- a. Exhibit N Excel file: "Dental" tab should have two sets of non-protected cells for Monthly Premiums Proposed since two dental plans are offered.
- b. Exhibit N Excel file: "Additional" tab should have a Dental 2000 column with non-protected cells similar to the one shown in page 96 of the RFHP.

**Response:** Please see the revised **Exhibit N and CD**.

18. Please clarify the settlement date stated in the Participating Contract section of Exhibit S.

**Response:** Please see the revised **Exhibit S**.

19. Please confirm that Durable Medical Equipment (DME) coverage is limited to Accessories, CPAP Machine, Crutches, Hospital Beds, Suction Machine, Oxygen, Walkers and Wheelchairs as stated in the Schedule of Benefits.

**Response:** DME is limited to medically necessary durable medical equipment items as determined by a physician.

20. For the HSA 2000 Medical Plan Design shown in Exhibit G on page 49, is it the Judiciary's intention to have members pay 70% co-share for selected services at non-par providers instead of the current 50% co-share?

**Response:** Please see the revised **Exhibit G**. This should be 30%.

21. Can you provide the number and submitted amount of hearing aids claims for FY 2015 and FY 2016?

**Response:** This information is in the claims data provided.

22. Please expound on the desired orthodontic coverage as a plan modification. Will the offeror be allowed to set rules on coverage including eligibility, covered procedures and exclusions?

**Response:** A 50% benefit is desired for Orthodontic coverage to the Plan max of \$2000. Offerors may present their plan designs to address the desired alternate benefit.

23. Regarding the NetCare claims data file, non-par claims are tagged using the two plan numbers 28337 and 28340. There are, however, certain claims with these plan numbers for providers that appear to be participating providers. Is there a way to identify non-par claims in the claims data?

**Response:** The response from NetCare is indicated below:

Yes plans 28337 and 28340 are NON-PAR claims. There are 21 Dental Claims in these 2 plans;

- 18 claim s NON-PAR
- 1 Independent dentist at St. Luke’s who isn’t part of the network who was refunded at NON-PAR rates
- 2 reimbursed dental claims who used NON-PAR PI providers and refunded as NON-PAR rates

We do not have a field indication when a provider is NON-PAR.

**Please be reminded that this Amendment no. 2 shall be acknowledged in your proposal.**

If you have any questions please contact Gloria J. Long, Procurement & Facilities Management Administrator at 475-3433/3175/3393 or email at [glong@guamcourts.org](mailto:glong@guamcourts.org) and/or [mantonio@guamcourts.org](mailto:mantonio@guamcourts.org).

JOSHUA F. TENORIO

**Cc:**  
P&FMA  
RFHP File

**Attachments:**

Exhibit C  
Exhibit G  
Exhibit N (and CD)  
Exhibit O  
Exhibit S  
Exhibit U  
Attachment 1 – Revised JOG Health Insurance Program  
(Subscriber & Member Months)  
Attachment 2 - Dental Subscriber Data (As of May 31, 2016)

# EXHIBIT C

Proposal Evaluation

Part 3 (Revised)

**EXHIBIT C (continued) (Revised)**

**Proposal Evaluation Form - Part 3 (40%)**

**\*\*This Evaluation Form is Only a Sample\*\***

All offerors must answer questions found in Exhibit C, Parts 1, 2 and 3. These answers need to be submitted on the Excel format provided in the RFP package, as well as in PDF format, within the formal response. Costs will be evaluated by the Judiciary of Guam Evaluation Committee. This portion is worth 40% of the total score.

Process for evaluation of costs:

1. For each plan requested, the total annual premium will be evaluated on a scale of 0 to 5. The total annual premium will be provided by each bidder. The annual premium will be determined by the quoted insured premiums times the current enrollment figures times 12. The lowest cost for each item will receive the highest score from each evaluator, the next lowest cost will receive the second highest score from each evaluator, etc.
2. For each alternative plan design component requested, the cost impact will be evaluated on a scale of 0 to 5. The total annual cost will be determined in the same manner as noted above for fully insured plans. The lowest cost for each item will receive the highest score from each evaluator, the next lowest cost will receive the second highest score from each evaluator, etc.
3. In the event that there are greater than six (6) offerors to be evaluated, the "possible POINTS" will be increased so that there are a correct number of integers with which to score.

Rater No.: \_\_\_\_\_

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

**HSA2000 as changed means the Proposed FY17 Plan with the change in Non-Participating coverage where the Plan pays 70% and the Member pays 30%.**

| POSSIBLE POINTS |  | RELATIVE WEIGHT | EVALUATOR SCORE | RELATIVE TOTAL | EVALUATOR SCORE | RELATIVE TOTAL | EVALUATOR SCORE | RELATIVE TOTAL |
|-----------------|--|-----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|
|                 |  | (A) X           | (B) =           | (C)            | (B) =           | (C)            | (B) =           | (C)            |
|                 |  |                 | OFFEROR:        |                | OFFEROR:        |                | OFFEROR:        |                |
| 0 - 5           | 1. Proposed FY17 PPO1000 deductible plan: evaluation for total annual premium                        | 11              |                 |                |                 |                |                 |                |
| 0 - 5           | 2. Proposed FY17 HSA2000 deductible plan: ( <b>as changed</b> ) evaluation for total annual premium. | 3               |                 |                |                 |                |                 |                |
| 0 - 5           | 3. Dental plan1000: evaluation for total annual  | 1               |                 |                |                 |                |                 |                |

| POSSIBLE POINTS |   | RELATIVE WEIGHT | EVALUATOR SCORE | RELATIVE TOTAL | EVALUATOR SCORE | RELATIVE TOTAL | EVALUATOR SCORE | RELATIVE TOTAL |
|-----------------|---|-----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|
|                 |   | (A) X           | (B) =           | (C)            | (B) =           | (C)            | (B) =           | (C)            |
|                 |   | OFFEROR:        |                 |                | OFFEROR:        |                |                 | OFFEROR:       |
|                 | premium.  |                 |                 |                |                 |                |                 |                |
| 0-5             | 4. Dental plan 2000: evaluation for total annual premium  | 1               |                 |                |                 |                |                 |                |
|                 | 5. Provide the percentage of guaranteed retention for the following fully insured, but participating, contracts:<br><br>(The lowest retention would receive the highest score.)   |                 |                 |                |                 |                |                 |                |
| 0 - 5           | a) PPO1000  | .9              |                 |                |                 |                |                 |                |
| 0 - 5           | b) HSA2000 <b>as changed</b>  | .9              |                 |                |                 |                |                 |                |
| 0 - 5           | c) Dental 1000  | .1              |                 |                |                 |                |                 |                |
| 0 - 5           | d. Dental 2000  | .1              |                 |                |                 |                |                 |                |
|                 | 6. Alternative Plan Design: Proposal for the same plan details as the proposed FY17HSA 2000 plan <b>as changed</b> , but with a \$2000 annual individual deductible and \$6,000 annual family deductible and Participating plan max of \$3000 per individual and \$9000 per family– all other plan details remain the same. |                 |                 |                |                 |                |                 |                |
| 0 - 5           | a) HSA2000 <b>as changed</b>  | 1               |                 |                |                 |                |                 |                |
|                 | 7. Impact of adding a combined in-network and out-of-network deductible where out-of-network claims accumulate at the in-network reimbursement rate for the same procedure to the Proposed FY17 PPO1000 Plan and the HSA 2000 plan as changed.  |                 |                 |                |                 |                |                 |                |
| 0 - 5           | a) PPO1000  | .5              |                 |                |                 |                |                 |                |

| POSSIBLE POINTS |   | RELATIVE WEIGHT | EVALUATOR SCORE | RELATIVE TOTAL | EVALUATOR SCORE | RELATIVE TOTAL | EVALUATOR SCORE | RELATIVE TOTAL |
|-----------------|---|-----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|
|                 |   | (A) X           | (B) =           | (C)            | (B) =           | (C)            | (B) =           | (C)            |
|                 |   | OFFEROR:        |                 | OFFEROR:       |                 | OFFEROR:       |                 |                |
| 0 - 5           | b) HSA2000 <u>as changed</u>  | .5              |                 |                |                 |                |                 |                |
|                 | 8. Impact of increasing the coverage of hearing aids t \$1000 per member per 24 months from the current plan limitation of \$500 per member per year, once every three years.   |                 |                 |                |                 |                |                 |                |
| 0 - 5           | a) PPO1000  | .5              |                 |                |                 |                |                 |                |
| 0 - 5           | b) HSA2000 <u>as changed</u>  | .5              |                 |                |                 |                |                 |                |
|                 | 9. Impact of increasing the coverage for vision hardware to \$200 per member per 24 months from the current \$100 per 12 months   |                 |                 |                |                 |                |                 |                |
| 0 - 5           | a) PPO1000  | .5              |                 |                |                 |                |                 |                |
| 0 - 5           | b) HSA2000 <u>as changed</u>  | .5              |                 |                |                 |                |                 |                |
|                 | 10. Reduction to add \$75 copayment for the use of the Emergency Room (waived if admitted) for the Proposed FY17 PPO 1000 plan and the Proposed FY17 HSA 2000 plan as changed.  |                 |                 |                |                 |                |                 |                |
| 0 - 5           | a) PPO1000 (1000/2000)  | .5              |                 |                |                 |                |                 |                |
| 0 - 5           | b) HSA2000 <u>as changed</u>  | .5              |                 |                |                 |                |                 |                |
|                 | 11. Impact of removing the limitation that results in the suspension of coverage after 90 days outside the coverage area. Vendors must be clear exactly how proposed rates will be impacted or what the new rates will be |                 | -               | -              | -               | -              | -               | -              |
| 0 - 5           | a) PPO1000 (1000/2000)  | .5              | -               | -              | -               | -              | -               | -              |

| POSSIBLE POINTS                  |   | RELATIVE WEIGHT | EVALUATOR SCORE | RELATIVE TOTAL | EVALUATOR SCORE | RELATIVE TOTAL | EVALUATOR SCORE | RELATIVE TOTAL |
|----------------------------------|---|-----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|
|                                  |   | (A) X           | (B) =           | (C)            | (B) =           | (C)            | (B) =           | (C)            |
|                                  |   |                 | OFFEROR:        |                | OFFEROR:        |                | OFFEROR:        |                |
| 0 - 5                            | b) HSA2000 <u>as changed</u>  | .5              | -               | -              | -               | -              | -               | -              |
|                                  | 12. Cost to add medically necessary wound care and hyperbaric oxygen therapy to all base plans. |                 |                 |                |                 |                |                 |                |
| 0 - 5                            | a) PPO 1000   | .5              |                 |                |                 |                |                 |                |
| 0 - 5                            | b) HSA 2000 <u>as changed</u>   | .5              |                 |                |                 |                |                 |                |
|                                  | 13. Cost to add orthodontics with 50% coverage to the Dental 2000 Plan.                         |                 |                 |                |                 |                |                 |                |
| 0 - 5                            | Dental 2000 with Orthodontics   | 1               |                 |                |                 |                |                 |                |
| <b>Cumulative Relative Total</b> |   | 26              |                 |                |                 |                |                 |                |
| <u>Weight of Part 3</u>          |   | 40%             |                 | x 40%          |                 | x 40%          |                 | x 40%          |
| <b>Total Weighted Points</b>     |   |                 |                 |                |                 |                |                 |                |

| SCORING                                 | TOTAL POINTS |
|---|--------------|
| Part 1 Total Weighted Points            |              |
| Part 2 Total Weighted Points            | +            |
| Part 3 Total Weighted Points            | +            |
| <b>Cumulative Total Weighted Points</b> | =            |

Only for initial ranking: total premiums will be reduced by 4% Business Privilege Tax (BPT) for those organizations not benefiting from a BPT abatement.

# EXHIBIT G

Medical & Dental Plan Designs

(Revised)

**EXHIBIT G (Revised)**

**Medical and Dental Plan Designs**

The following outlines the current core level of benefits with updates required for PPACA required changes, plus the additional alternative plan features requested.

The Judiciary of Guam requests a quote for the following plan options:

1. HSA Plan with a \$2,000 annual deductible /\$4,000 annual family deductible;
2. PPO Plan with a \$1,000 annual deductible /\$2,000 annual family deductible;
3. Dental

Disease management program which provides at a minimum quarterly reporting on disease states.

| <b>HSA2000</b>   |   |                                    |
|--|---|------------------------------------|
| <b>Important Information about your coverage</b>   | <b>PARTICIPATING Providers</b>  | <b>NON-PARTICIPATING Providers</b> |
| <b>Deductible per individual member</b>  | <b>\$2,000</b>  | <b>\$4,000</b>                     |
| <b>Deductible Per Family</b><br>The entire family deductible amount of \$4,000 must be satisfied by one or more family members before the plan begins to pay for any covered expense | <b>\$4,000</b>  | <b>\$12,000</b>                    |
| <b>Member Cost-Sharing</b>   | <b>0%, no deductible</b>  | <b>Not covered</b>                 |
| Preventive Services  |   |                                    |
| Outpatient Phys. Copays, after deductible  |   |                                    |
| Primary Care   | <b>\$20</b>   | <b>30%</b>                         |
| Specialists  | <b>\$40</b>   | <b>30%</b>                         |
| Pharmacy (Retail), after deductible  |   |                                    |
| Generic  | <b>10%</b>  | <b>30%</b>                         |
| Formulary Brand  | <b>20%</b>  | <b>30%</b>                         |
| Non-Formulary Brand  | <b>30%</b>  | <b>30%</b>                         |
| Specialty Drugs  | <b>40%</b>  | <b>30%</b>                         |
| Other Medical, after deductible  | <b>20%</b>  | <b>30%</b>                         |
| <b>Coverage Maximums</b>   | <b>None</b>   |                                    |
| Individual member annual maximum   |   |                                    |
| <b>Out-of-Pocket Maximums (including accumulated deductible)</b>   |   |                                    |
| Per Individual member per policy year  | <b>\$4,000</b>  | <b>No Maximum</b>                  |
| Per Family per policy year   | <b>\$11,900</b>   | <b>No Maximum</b>                  |
| <b>Any Services in The Philippines, Hawaii &amp; the U.S. Mainland (Pre-Certification required)</b>  | <b>Requires Referral from your Doctor and approval in advance from Plan</b> |                                    |

| <b>PPO1000</b>  |  |  |
|---|--|--|
| <b>Important Information about your coverage</b>  | <b>PARTICIPATING Providers</b>   | <b>NON-PARTICIPATING Providers</b>   |
| <b>Deductible per individual member</b>   | <b>\$1,000</b>   | <b>\$2,000</b>   |
| <b>Deductible Per Family</b><br><b>If a member meets their \$1,000 deductible, the plan begins to pay for covered services for that individual</b>  | <b>\$2,000</b>   | <b>\$6,000</b>   |
| <b>Member Cost-Sharing</b><br>Preventive Services<br>Outpatient Phys. Copays<br>Primary Care<br>Specialists<br>Pharmacy (Retail)<br>Generic<br>Formulary Brand<br>Non-Formulary Brand<br>Specialty Drugs<br>Other Medical | <b>0%, no deductible</b><br><br><b>\$20, no deductible</b><br><b>\$40, no deductible</b><br><br><b>10%, no deductible</b><br><b>20%, no deductible</b><br><b>30%, no deductible</b><br><b>40%, no deductible</b><br><b>20%, after deductible</b> | <b>Not covered</b><br><br><b>30%, after deductible</b><br><b>30%, after deductible</b><br><br><b>30%, after deductible</b><br><b>30%, after deductible</b><br><b>30%, after deductible</b><br><b>30%, after deductible</b><br><b>30%, after deductible</b> |
| <b>Coverage Maximums</b><br>Individual member annual maximum  | <b>None</b>  |  |
| <b>Out-of-Pocket Maximums (including accumulated deductible)</b><br>Per Individual member per policy year<br>Per Family per policy year   | <b>\$3,000</b><br><b>\$9,000</b>   | <b>No Maximum</b><br><b>No Maximum</b>   |
| <b>Any Services in The Philippines, Hawaii &amp; the U.S. Mainland (Pre-Certification required)</b>   | <b>Requires Referral from your Doctor and approval in advance from Plan</b>  |  |

## DENTAL

| BENEFITS  | When you go to PARTICIPATING Providers  | When you go to NON-PARTICIPATING Providers  |
|---|---|---|
| <p><b>Diagnostic &amp; Preventive Care</b></p> <ol style="list-style-type: none"> <li>1. Caries Susceptibility Test</li> <li>2. Exams (Once every 6 months)</li> <li>3. Fluoride treatment (Annually for children age 19 &amp; under)</li> <li>4. Prophylaxis (Cleaning of teeth once every 6 months)</li> <li>5. Sealants (For permanent molars of children age 15 &amp; under)</li> <li>6. Space maintainers (For children age 15 &amp; under) includes adjustments within 6 months of installation</li> <li>7. Study Models</li> <li>8. Treatment Plan</li> <li>9. X-rays (Bite Wing Maximum of 4 per Plan Year)</li> <li>10. X-rays (Full Mouth, once every 3 years)</li> </ol>   | <p><b>100% of Eligible Expenses</b></p> | <p><b>70% of Eligible Expenses<br/>(Covered Persons pay excess above Eligible Expenses)</b></p> |
| <p><b>Basic &amp; Restorative Care</b></p> <p><b>General Services</b></p> <ol style="list-style-type: none"> <li>1. Emergency Care (During office hours)</li> <li>2. Pulp Treatment</li> <li>3. Routine Fillings (Silver &amp; composite resin)</li> </ol> <p><b>Oral Surgery</b></p> <ol style="list-style-type: none"> <li>1. Simple Extractions</li> <li>2. Complicated Extractions</li> <li>3. Impactions</li> </ol> <p><b>Periodontal Care</b></p> <ol style="list-style-type: none"> <li>1. Periodontal Prophylaxis (Cleaning once every 6 months)</li> <li>2. Periodontal Treatment</li> </ol> <p>Conscious Sedation and Nitrous Oxide for children under the age of 13.</p> <p><b>Pulpotomy &amp; Root Canals/Endodontic Surgery &amp; Care</b></p> | <p><b>80% of Eligible Expenses</b></p>  | <p><b>70% of Eligible Expenses<br/>(Covered Persons pay excess above Eligible Expenses)</b></p> |
| <p><b>Major &amp; Replacement Care</b></p> <p><b>Fixed Prosthetics</b></p> <ol style="list-style-type: none"> <li>1. Crowns</li> <li>2. Gold Inlays &amp; Onlays</li> <li>3. Replacement of Crown Restoration (Once every 5 years)</li> <li>4. Under Dental 2000, Orthodontics</li> </ol> <p><b>Removable Prosthetics</b></p> <ol style="list-style-type: none"> <li>1. Full Dentures (Once every 5 years)</li> </ol>   | <p><b>50% of Eligible Expenses</b></p>  | <p><b>35% of Eligible Expenses<br/>(Covered Persons pay excess above Eligible Expenses)</b></p> |

|  |                |             |
|--|----------------|-------------|
| 2. Partial Dentures (Once every 5 years)     |                |             |
| 3. Each Additional Tooth                     |                |             |
| 4. Relines                                   |                |             |
| <b>Deductible</b>                            | <b>None</b>    | <b>None</b> |
| <b>Registration Fee Per Visit To Dentist</b> | <b>None</b>    | <b>None</b> |
| <b>Coverage Maximum</b>                      | <b>\$2,000</b> |             |
| Per Member per Plan Year                     |                |             |

**Terms:**

1. Unused balances are not transferable to the following year.
2. Charges for Non-participating Providers are limited to the lesser of actual charges of the Company's determination of the usual, customary and reasonable charge in geographic location where the service was rendered, unless otherwise provided in the agreement. The covered member pays any excess above Eligible Charges.
3. There is to be a single out-of-pocket maximum for all plan coverage, including medical, prescription drug, and mental health and substance use disorder benefits. All in-network copays, coinsurance, and deductibles across all categories of covered expenses under the plan must apply towards the out-of-pocket maximum.

See Exhibits H and Q for further details on the current plan designs and required provisions.

**Alternative Plan Designs Requested**

In addition to the current two benefit plans, the Judiciary of Guam is considering offering a third option with less member cost sharing. Please provide the cost and price for the following plan design (on the provided Excel file).

Additionally, the Judiciary of Guam would like to consider modifying the offered plans as indicated below. Please confirm your ability to administer such plans, and provide the percent change in premium rates that would apply to each plan, as applicable, (on the provided Excel file).

**Medical**

- Modification #1: Under the HSA 2000 Plan, coverage for all non-participating providers will be as follows: Items that are now covered by Plan at 50% are increased to 70% by Plan. (Plan pays 70% and members pay 30% after deductible is met). Deductible per individual member for non-participating provider is \$2,000.00. Deductible per family for non-participating provider is \$6,000.00. Out-of-pocket max per individual member per plan year is \$3,000.00 for participating providers. Out-of-pocket max per family per plan year is \$9,000.00 for participating providers.
- Modification #2: Proposed FY16 PPO1000 and HSA2000 plans but with a combined in-network and out-of-network deductible where out-of-network claims accumulate at the in-network reimbursement rate for the same procedure.
- Modification #3: Remove the limitation that results in the suspension of coverage after 90 days outside the coverage area.
- Modification #4: Increase coverage for hearing aids to \$1000 per member per 24 months from current plan of \$500 per member per year once every three years.
- Modification #5: Increase coverage for vision hardware to \$200 per member per 24 months from current plan of \$100 per 12 months.
- Modification #6: All base plans shall be modified to include coverage of medically necessary wound care and hyperbaric oxygen therapy.
- Modification #7: All base plans shall be modified to include a \$75 co-pay for use of the emergency room. Co-payment shall be waived if the visit results in an inpatient hospital admission.
- Modification #8: The Dental 2000 Plan will include orthodontic services at 50% coverage .

Notes:

1. The above is intended to broadly define all medical and dental plans. In case of discrepancies between the request for health proposal and the contract, the contract shall govern. In case of discrepancies between the Certificate and the Contract, the Certificate shall govern.
2. Where no limitation or maximum is specified, none may be imposed.
3. Schedule of Benefits to be corrected to reflect that in the PPO1000 Plan, the following service: Urgent Care, shall be covered after deductible is met as follows: Plan pays 80% Member pays 20%.

# EXHIBIT N

Premium and Retention Quotation

(Revised)

**EXHIBIT N (continued)**  
**Premium and Retention Quotation**  
**For Contract Year October 2016 to September 2017**  
**Judiciary PPO 1000 Deductible Plan (no changes)**

**MONTHLY PREMIUM PROPOSED**

| Class                        | Active Employees |
|------------------------------|------------------|
| I. Employee                  |                  |
| II. Employee and Spouse      |                  |
| III. Employee and Child(ren) |                  |
| IV. Employee and Family      |                  |

|   |      |
|---|------|
| 1 Anticipated total premium in contract year  |      |
| 2 Percent of premium to be used to pay incurred claims<br><br>(assumes _____ employees in Class I; _____ employees in Class II; _____ employees in Class III; _____ employees in Class IV or refunds to employees |      |
| 3 Balance of premium, in percent  |      |
| 4 Disposition of balance of premium, in percent:  |      |
| A. Commissions  | NONE |
| B. Administrative Services or other fees  |      |
| C. Claim payment expense  |      |
| D. Reinsurance expense  |      |
| E. General and overhead Expense   |      |
| F. Gross receipts tax   |      |
| G. Increase in Returnable reserves  |      |
| H. Charges for risks or contingencies   |      |
| I. Profit   |      |
| J. Total (must equal 3 above)   |      |
| K. Gross receipts tax   |      |
| L. Increase in Returnable reserves  |      |
| M. Charges for risks or contingencies   |      |
| 5 Explain how items 4C, D, E, G, H and I are computed   |      |
| 6 How will these expenses in percentages be affected if employees covered are 25% more or less than shown in 2?   |      |
| 7 Will interest be allowed on unrevealed claim reserves and other funds of the Government of Guam held by the undersigned?  |      |
| 8 If yes, at what rate  |      |
| 9 Please provide the percentage of guaranteed retention   |      |

**EXHIBIT N (continued)**

**Premium and Retention Quotation  
For Contract Year October 2016 to September 2017  
Judiciary HSA2000 Deductible Plan**

Base plan non-participating provider **changed** to Plan pays 70% Member pays 30%

**MONTHLY PREMIUM PROPOSED**

| Class                        | Active Employees |
|------------------------------|------------------|
| I. Employee                  |                  |
| II. Employee and Spouse      |                  |
| III. Employee and Child(ren) |                  |
| IV. Employee and Family      |                  |

|   |   |      |
|---|---|------|
| 1 | Anticipated total premium in contract year  |      |
| 2 | Percent of premium to be used to pay incurred claims<br><br>(assumes _____ employees in Class I; _____ employees in Class II; _____ employees in Class III; _____ employees in Class IV or refunds to employees |      |
| 3 | Balance of premium, in percent  |      |
| 4 | Disposition of balance of premium, in percent:  |      |
|   | A. Commissions  | NONE |
|   | B. Administrative Services or other fees  |      |
|   | C. Claim payment expense  |      |
|   | D. Reinsurance expense  |      |
|   | E. General and overhead Expense   |      |
|   | F. Gross receipts tax   |      |
|   | G. Increase in Returnable reserves  |      |
|   | H. Charges for risks or contingencies   |      |
|   | I. Profit   |      |
|   | J. Total (must equal 3 above)   |      |
|   | K. Gross receipts tax   |      |
|   | L. Increase in Returnable reserves  |      |
|   | M. Charges for risks or contingencies   |      |
| 5 | Explain how items 4C, D, E, G, H and I are computed   |      |
| 6 | How will these expenses in percentages be affected if employees covered are 25% more or less than shown in 2?   |      |
| 7 | Will interest be allowed or unrevealed claim reserves and other funds of the Government of Guam held by the undersigned?  |      |
| 8 | If yes, at what rate  |      |
| 9 | Please provide the percentage of guaranteed retention   |      |

**EXHIBIT N (continued)**  
**Premium and Retention Quotation**  
**For Contract Year October 2016 to September 2017**  
**Judiciary Dental**

**MONTHLY PREMIUM PROPOSED**

| Class                        | Active Employees |
|------------------------------|------------------|
| I. Employee                  |                  |
| II. Employee and Spouse      |                  |
| III. Employee and Child(ren) |                  |
| IV. Employee and Family      |                  |

|   | 1000 Plan | 2000 Plan |
|---|-----------|-----------|
| 1 Anticipated total premium in contract year  |           |           |
| 2 Percent of premium to be used to pay incurred claims<br><br>(assumes _____ employees in Class I; _____ employees in Class II; _____ employees in Class III; _____ employees in Class IV or refunds to employees |           |           |
| 3 Balance of premium, in percent  |           |           |
| 4 Disposition of balance of premium, in percent:  |           |           |
| A. Commissions  | NONE      | NONE      |
| B. Administrative Services or other fees  |           |           |
| C. Claim payment expense  |           |           |
| D. Reinsurance expense  |           |           |
| E. General and overhead Expense   |           |           |
| F. Gross receipts tax   |           |           |
| G. Increase in Returnable reserves  |           |           |
| H. Charges for risks or contingencies   |           |           |
| I. Profit   |           |           |
| J. Total (must equal 3 above)   |           |           |
| K. Gross receipts tax   |           |           |
| L. Increase in Returnable reserves  |           |           |
| M. Charges for risks or contingencies   |           |           |
| 5 Explain how items 4C, D, E, G, H and I are computed   |           |           |
| 6 How will these expenses in percentages be affected if employees covered are 25% more or less than shown in 2?   |           |           |
| 7 Will interest be allowed on unrevealed claim reserves and other funds of the Government of Guam held by the undersigned?  |           |           |
| 8 If yes, at what rate  |           |           |
| 9 Please provide the percentage of guaranteed retention   |           |           |

**EXHIBIT N (continued)**

**Premium and Retention Quotation  
For Contract Year October 2016 to September 2017**

Alternative Plan: The same plan details as the **new** proposed FY17 HSA2000 plan, but with a non participating provider \$2000 annual individual deductible and non-participating provider \$6,000 annual family deductible – all other plan details remain the same. The total Out of Pocket Max per individual member per plan year is \$3000 for participating providers. Out of pocket max per family per plan year is \$9,000 for participating providers.

**MONTHLY PREMIUM PROPOSED**

| Class                        | Active Employees |
|------------------------------|------------------|
| I. Employee                  |                  |
| II. Employee and Spouse      |                  |
| III. Employee and Child(ren) |                  |
| IV. Employee and Family      |                  |

|   |   |      |
|---|---|------|
| 1 | Anticipated total premium in contract year  |      |
| 2 | Percent of premium to be used to pay incurred claims<br>(assumes _____ employees in Class I; _____ employees in Class II; _____ employees in Class III; _____ employees in Class IV or refunds to employees |      |
| 3 | Balance of premium, in percent  |      |
| 4 | Disposition of balance of premium, in percent:  |      |
|   | A. Commissions  | NONE |
|   | B. Administrative Services or other fees  |      |
|   | C. Claim payment expense  |      |
|   | D. Reinsurance expense  |      |
|   | E. General and overhead Expense   |      |
|   | F. Gross receipts tax   |      |
|   | G. Increase in Returnable reserves  |      |
|   | H. Charges for risks or contingencies   |      |
|   | I. Profit   |      |
|   | J. Total (must equal 3 above)   |      |
|   | K. Gross receipts tax   |      |
|   | L. Increase in Returnable reserves  |      |
|   | M. Charges for risks or contingencies   |      |
| 5 | Explain how items 4C, D, E, G, H and I are computed   |      |
| 6 | How will these expenses in percentages be affected if employees covered are 25% more or less than shown in 2?   |      |
| 7 | Will interest be allowed on unrevealed claim reserves and other funds of the Government of Guam held by the undersigned?  |      |
| 8 | If yes, at what rate  |      |

**EXHIBIT N (continued)**

**Additional Coverage  
For Contract Year October 2016 to September 2017**

| Plan Design Alternative  | PPO1000 Plan | HSA2000 Plan | HSA2000 Adjusted |
|--|--------------|--------------|------------------|
| 1 Cost, if any to add a combined in-network and out-of-network deductible where out-of-network claims accumulate at the in-network reimbursement rate for the same procedure to the Proposed FY16 PPO1000 and HSA2000 plans. |              |              |                  |
| 2 Cost, if any to adjust proposals for removing the limitation that results in the suspension of coverage after 90 days outside the coverage area.   |              |              |                  |
| 3 Cost, if any to increase coverage for hearing aids to \$1,000 per member per 24 months from current plan of \$500 per member per year, once every three years.   |              |              |                  |
| 4 Cost, if any to increase coverage for vision hardware to \$200 per member per 24 months from current plan of \$100 per 12 months.  |              |              |                  |
| 5 Cost, if any to add coverage of medically necessary wound care and hyperbaric oxygen therapy to all base plans   |              |              |                  |
| 6 Reduction, if any to add a \$75.00 copayment for the use of the emergency room. Copayment to be waived if the visit results in an inpatient stay.  |              |              |                  |
| 7 Cost, if any to add coverage of orthodontic services at 50% coverage as a benefit to the Dental 2000 Plan  |              |              |                  |

# EXHIBIT O

Reporting Guidelines for Health Insurance  
Carriers  
(Revised)

**EXHIBIT O (Revised)**

**Reporting Guidelines for Health Insurance Carriers**

These reporting guidelines apply to all health insurance carriers (including health insurance companies and health maintenance organizations) contracting with or intending to contract with the Judiciary of Guam.

**MONTHLY REPORTING**

Each carrier shall provide the following data on a monthly claims paid basis, in electronic format, to the Judiciary of Guam:

1. Paid claims by month, separated by Medical and Rx (not incurred)
2. Enrollment by month, by plan, by class/tier (employees only, and also including dependents) and any other subgroup levels as needed by the Judiciary of Guam
3. Total paid premium by month
4. Large claim information (dollar amounts, by plan, and diagnosis, not including any personal identifiers)
5. Claims by type of service (i.e. hospital, physician, ER, etc.)
6. Top Rx usage (highest utilized drugs)
7. Utilization information (average cost of hospital stay, # of physician visits, etc.)
8. Performance Guarantee reports identified in the attached Matrix
9. Fitness and Disease Management reporting per Exhibit U

**QUARTERLY REPORTING**

In addition, quarterly data submissions are required. The penalty for non-compliance is 2.5% of monthly premiums. This amount will be refunded to the Judiciary of Guam for each quarter the above data is not provided as specified in 4 GCA §4302(g).

**AGREEMENT TO REPORTING GUIDELINES**

By signing below, the offeror agrees to comply with the reporting guidelines and that this agreement will be incorporated as an addendum into the contract.

Health Plan: \_\_\_\_\_

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

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

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

Performance Guarantees

| <b>Performance Category</b>                    | <b>Minimum Standard</b>   | <b>Proposed Penalty</b> |
|--|---|-------------------------|
| <b>Account Management &amp; Administration</b> |   |                         |
| Member ID Card                                 | All cards mailed within 10 days of effective date.  | 2.5% of monthly premium |
| Member reimbursements                          | 100 % of Member reimbursements processed within 21 days of receipt.                                 |                         |
| Ineligible Claims                              | All Ineligible claims are reported to Judiciary by reason and amount of claim..                     |                         |
| <b>Appeals &amp; Grievances</b>                |   |                         |
| Appeals  | All appeals filed will be reported to Judiciary by Type of appeal, disease, service, and provider.  | \$5,000 annual penalty  |
| Member Grievance                               | All member grievances will be reported monthly by Type, service, and resolution.                    |                         |
| Provider Grievance                             | All provider grievances involving Judiciary Members will be reported by type, and resolution.       |                         |
| <b>Claims Administration</b>                   |   |                         |
| Financial Accuracy                             | Claims paid with 95% compliance to contracted rates   | 2.5% of monthly premium |
| Payment Accuracy                               | Claims paid with 95% accuracy in accordance with Correct Coding Edits and Medicare processing rules |                         |
| Total Payment Accuracy                         | Overall Claims Payment accuracy accounting for over and under payments.                             |                         |
| Turn around time<br>In area<br>Out of Area     | 95% of clean claims paid within 30 days of receipt reported by in area and out of area claims.      |                         |
| Denial Rate                                    | Less than 5% of claims filed by provider or member are denied                                       |                         |
| <b>Customer Service</b>                        |   |                         |
| Call response time                             | Average speed to answer will be within 30 seconds reported by telephone system metric               | \$10,000 annual penalty |

|  |  |                        |
|--|--|------------------------|
| Call Abandonment Rate                        | Less than 3% of calls are abandoned as measured by automated system metric.  |                        |
| First call Resolution                        | 85% of all calls will be resolved at the initial call and not require follow up or call back. <b>Please indicate how this will be measured by your team.</b>   |                        |
| <b>Gym Access &amp; Accounting</b>           |  |                        |
| Accessibility                                | 99.5 of gyms listed will be available to Judiciary employees throughout the year.  | \$5,000 annual Penalty |
| Reward Payment                               | Reward payment processing will be completed within 30 of member receipt.   |                        |
| Reward Accounting Accuracy                   | Reward tracking and accounting will be 95% accurate.   |                        |
| <b>Medical Management</b>                    |  |                        |
| Precertification/Prior Authorization         | 99% of Urgent requests will be completed within 48 hours<br><br>95% of Priority requests including off island care will be completed within 10 days<br><br>90% Elective requests will be completed within 15 days. | 10,000 annual penalty  |
| Disease Management Program Participation     | 100% of Program participation by chronic disease will be reported monthly  |                        |
| High Cost Pharmaceutical Usage               | 95% of High cost pharmaceutical usage and alternatives will be addressed to provider and member Discount /cost savings program will be explored for members.   |                        |
| <b>Network Management</b>                    |  |                        |
| Provider Directory Accuracy                  | 95% accurate as of open enrollment. Provider terminations reported monthly.  | \$5,000 annual penalty |
| PCP Termination notice and member transition | Members will be given 30 notice of PCP terminations and transition assistance to new provider.   |                        |

|                             |  |                         |
|-----------------------------|--|-------------------------|
| Access to Appointment       | 95% of provider will be open to new patients and offer appointments within 14 days of member request.  |                         |
| Network Utilization         | % of services provided in network vs out of network by service category identified on benefit grid.  |                         |
| <b>Reporting Compliance</b> |  |                         |
| Monthly reports             | 95% accurate and reported for all items in this Matrix and Exhibit O not later than the 15 <sup>th</sup> or the month following the reporting month.   | 2.5% of monthly premium |
| Annual Utilization Report   | Summary for Prior year services due not later than March 1, 2018 for the 2017 Benefit period.<br>99% Accurate with no data integrity issues identified | \$10,000                |
| <b>Web Portal</b>           |  |                         |
| Accuracy                    | 95% of information on portal accurately reflects:<br>Benefits<br>Network<br>Medical Management requirements  | \$1,000.00              |

# EXHIBIT S

Judiciary of Guam Mandatory Contract  
Requirements

(Revised)

## **EXHIBIT S (Revised)**

### **Judiciary of Guam Mandatory Contract Requirements**

#### **PPACA Requirements**

##### **Offerors must comply with the PPACA requirements for summary of benefits and uniform glossary of terms.**

It is the intent of this contract to provide all of the benefits, rights and responsibilities afforded as a result of the Patient Protection and Affordable Care Act (Public Law 111-148), and the regulations promulgated under the authority of this Act, notwithstanding the outcome of any federal court case that is now pending before a court of the United States, or may be brought before a court of the United States concerning this Act.

#### **Participating Contract**

A fully participating contract will be implemented effective 10/1/16 that allows for an annual accounting settlement – no later than 3/1/18 – which will produce either a positive or negative balance after accounting for Incurred claims and guaranteed retention. This surplus will be returned to Judiciary of Guam either toward reducing any needed rate increase or in cash. If the result is a deficit, the amount of the deficit may be added to any needed rate increase for FY 2018 provided the incumbent vendor continues to be the insurance provider.

#### **Guaranteed Renewability of Health Insurance Coverage**

In the event that the Judiciary of Guam invokes the protection afforded by the Health Insurance Portability and Accountability Act of 1996, as amended, found at Section 2712 of the Public Health Services Act, and its regulations, for the guaranteed renewability of health insurance coverage the parties agree that coverage would be continued until a new contract is in place with the first ninety (90) days of coverage guaranteed at the same rate and plan designs.

#### **Important Requirement of any Certificate of Insurance or Group Health Insurance Contract:**

The process to resolve disputes between the insurance provider and the covered person (the subscriber and eligible dependents) related to denial of coverage by the insurance provider, to include rescissions, eligibility, pre-exclusion, medical necessity denial, and post-service reimbursement, must be consistent with the Patient Protection and Affordable Care Act and applicable regulations to include 45 CFR 147.136 and 29 CFR 2560.503. Requirements or provisions for an arbitration process to resolve disputes are not acceptable and will not be agreed to.

# EXHIBIT U

Wellness and Fitness Benefit (FY 2017)

(Revised)

**EXHIBIT U (Revised)**  
**Wellness and Fitness Benefit (FY2017)**

**Wellness and Fitness Benefits focusing on preventive services and primary care at a minimum shall include the following available to subscribers and dependents.**

- A) Cardiovascular Training;
- B) Resistance and Strength Training;
- C) Flexibility Training;
- D) Regular Group Exercise Classes with options to provide additional classes to organized groups of subscribers upon request to be determined in coordination with the Dept. of Administration;
- E) Nutrition Classes, Counseling and Access to Nutritional Information Material
- F) Health Risk Assessments;
- G) Fitness Assessments including Body Mass Index (BMI) s;
- H) Assistance to individuals with physical or mental impairments to meet the laws on equal access and comply with Americans with Disabilities Act (ADA) regulations;

**Disease management programs shall offer Benefits focusing on the management and coordination of care for persons with chronic health conditions or acute illness.** At a minimum the program shall address the following programs available to subscribers and dependents:

- a. Asthma Care Management
- b. Cancer Care Management
- c. Cardiac Care Management (congestive heart failure, hypertension, ami)
- d. Diabetes and Pre-diabetes Care Management
- e. Neonatal Intensive Care Management
- f. Prenatal Care Management
- g. Smoking Cessation
- h. Pharmacy Management for high cost medications including use of alternates and assistance with rebate or discount programs.

Program design must meet the requirements set forth in the federal Health Insurance Portability and Accountability act of 1996 (HIPAA) for bona fide wellness programs;

Must provide financial incentives to covered employees or individuals for participating in the program;  
and

Must provide to covered employees or individuals for whom it is unreasonably difficult to satisfy the program's applicable standards, reasonable alternative methods for achieving program participation.

For premiums charged for the Wellness/fitness and Disease Management Services, the Carrier shall specify how the premium will vary based on the anticipated efficacy of the program in reducing expected utilization or medical claims costs.

The proposed program methodology must take into consideration the following:

- Anticipated average % of employees or individuals to participate in the program
- Anticipated efficacy of the financial incentive in producing high levels of program participation
- The expected success rates for program participants
- The levels of program participation in prior coverage periods; and
- The realized savings achieved in the prior coverage period.

Quarterly reports shall reflect the following:

- the number of enrollees identified as eligible to participate in the program
- the number of enrollees actually participating in the program
- the success rate of program participants
- the anticipated costs savings to be achieved by the program
- the actual cost savings achieved year to date for the quarter.
- the intangible benefits achieved by program participants.

Reference Title 4 GCA Article 3 Sections 4301(g) (1 through 3)

# ATTACHMENT 1

Judiciary of Guam Health Insurance  
Program

-Subscriber & Member Months-

JUDICIARY OF GUAM HEALTH INSURANCE PROGRAM  
SUBSCRIBER & MEMBER MONTHS

MEDICAL

| Row Labels       | Sum of Class I | Sum of Class II | Sum of Class III | Sum of Class 4 | Sum of DEPS | Sum of MEMBER MONTHS |
|------------------|----------------|-----------------|------------------|----------------|-------------|----------------------|
| <b>12 Months</b> | <b>1721</b>    | <b>299</b>      | <b>654</b>       | <b>961</b>     | <b>3635</b> | <b>8425</b>          |
| <b>FY2015</b>    | <b>470</b>     | <b>76</b>       | <b>135</b>       | <b>205</b>     | <b>886</b>  | <b>1907</b>          |
| <b>HSA2000</b>   |                |                 |                  |                |             |                      |
| 2014-10          | 38             | 6               | 6                | 24             | 74          | 161                  |
| 2014-11          | 38             | 6               | 6                | 24             | 74          | 161                  |
| 2014-12          | 38             | 6               | 6                | 24             | 74          | 161                  |
| 2015-01          | 39             | 5               | 5                | 24             | 73          | 159                  |
| 2015-02          | 40             | 6               | 5                | 24             | 75          | 160                  |
| 2015-03          | 40             | 6               | 5                | 24             | 75          | 161                  |
| 2015-04          | 39             | 6               | 18               | 10             | 73          | 159                  |
| 2015-05          | 39             | 6               | 18               | 9              | 72          | 157                  |
| 2015-06          | 39             | 7               | 18               | 9              | 73          | 156                  |
| 2015-07          | 40             | 7               | 16               | 11             | 74          | 157                  |
| 2015-08          | 40             | 7               | 16               | 11             | 74          | 157                  |
| 2015-09          | 40             | 8               | 16               | 11             | 75          | 158                  |
| <b>PPO1000</b>   | <b>1251</b>    | <b>223</b>      | <b>519</b>       | <b>756</b>     | <b>2749</b> | <b>6518</b>          |
| 2014-10          | 98             | 18              | 23               | 84             | 223         | 533                  |
| 2014-11          | 98             | 18              | 23               | 84             | 223         | 535                  |
| 2014-12          | 102            | 17              | 22               | 85             | 226         | 536                  |
| 2015-01          | 103            | 17              | 21               | 85             | 226         | 537                  |
| 2015-02          | 104            | 17              | 21               | 85             | 227         | 538                  |
| 2015-03          | 104            | 18              | 21               | 85             | 228         | 538                  |
| 2015-04          | 105            | 20              | 70               | 36             | 231         | 543                  |
| 2015-05          | 106            | 19              | 71               | 34             | 230         | 547                  |
| 2015-06          | 108            | 20              | 71               | 34             | 233         | 549                  |
| 2015-07          | 108            | 20              | 59               | 48             | 235         | 552                  |
| 2015-08          | 108            | 20              | 58               | 48             | 234         | 555                  |
| 2015-09          | 107            | 19              | 59               | 48             | 233         | 555                  |

JUDICIARY OF GUAM HEALTH INSURANCE PROGRAM  
SUBSCRIBER & MEMBER MONTHS

MEDICAL

| Row Labels      | Sum of Class I | Sum of Class II | Sum of Class III | Sum of Class 4 | Sum of TOTAL | Sum of DEPS | Sum of MEMBER MONTHS |
|-----------------|----------------|-----------------|------------------|----------------|--------------|-------------|----------------------|
| <b>6 Months</b> | <b>907</b>     | <b>164</b>      | <b>465</b>       | <b>377</b>     | <b>1913</b>  | <b>2465</b> | <b>4378</b>          |
| <b>HSA2000</b>  | <b>261</b>     | <b>54</b>       | <b>97</b>        | <b>81</b>      | <b>493</b>   | <b>553</b>  | <b>1046</b>          |
| 2015-10         | 46             | 6               | 17               | 13             | 82           | 90          | 172                  |
| 2015-11         | 43             | 8               | 17               | 13             | 81           | 91          | 172                  |
| 2015-12         | 43             | 10              | 16               | 13             | 82           | 92          | 174                  |
| 2016-01         | 43             | 10              | 16               | 14             | 83           | 92          | 175                  |
| 2016-02         | 43             | 10              | 16               | 14             | 83           | 94          | 177                  |
| 2016-03         | 43             | 10              | 15               | 14             | 82           | 94          | 176                  |
| <b>PPO1000</b>  | <b>646</b>     | <b>110</b>      | <b>368</b>       | <b>296</b>     | <b>1420</b>  | <b>1912</b> | <b>3332</b>          |
| 2015-10         | 107            | 19              | 58               | 50             | 234          | 316         | 550                  |
| 2015-11         | 107            | 19              | 59               | 49             | 234          | 321         | 555                  |
| 2015-12         | 109            | 18              | 61               | 49             | 237          | 317         | 554                  |
| 2016-01         | 109            | 18              | 61               | 50             | 238          | 318         | 556                  |
| 2016-02         | 107            | 18              | 62               | 49             | 236          | 321         | 557                  |
| 2016-03         | 107            | 18              | 67               | 49             | 241          | 319         | 560                  |

JUDICIARY OF GUAM HEALTH INSURANCE PROGRAM  
SUBSCRIBERS & MEMBER MONTHS

DENTAL

| 12 Months | Row Labels     | Sum of Class I | Sum of Class II | Sum of Class III | Sum of Class 4 | Sum of TOTAL | Sum of DEPS | Sum of MEMBER MONTHS |
|-----------|----------------|----------------|-----------------|------------------|----------------|--------------|-------------|----------------------|
|           | <b>FY2015</b>  | <b>1563</b>    | <b>273</b>      | <b>654</b>       | <b>937</b>     | <b>3427</b>  | <b>4718</b> | <b>8145</b>          |
|           | <b>HSA2000</b> | <b>358</b>     | <b>75</b>       | <b>135</b>       | <b>181</b>     | <b>749</b>   | <b>973</b>  | <b>1722</b>          |
|           | 2014-10        | 28             | 6               | 6                | 22             | 62           | 83          | 145                  |
|           | 2014-11        | 28             | 6               | 6                | 22             | 62           | 83          | 145                  |
|           | 2014-12        | 28             | 6               | 6                | 22             | 62           | 83          | 145                  |
|           | 2015-01        | 30             | 5               | 5                | 22             | 62           | 82          | 144                  |
|           | 2015-02        | 31             | 6               | 5                | 22             | 64           | 81          | 145                  |
|           | 2015-03        | 31             | 6               | 5                | 22             | 64           | 82          | 146                  |
|           | 2015-04        | 30             | 6               | 18               | 8              | 62           | 82          | 144                  |
|           | 2015-05        | 30             | 6               | 18               | 7              | 61           | 81          | 142                  |
|           | 2015-06        | 30             | 7               | 18               | 7              | 62           | 79          | 141                  |
|           | 2015-07        | 31             | 7               | 16               | 9              | 63           | 79          | 142                  |
|           | 2015-08        | 31             | 7               | 16               | 9              | 63           | 79          | 142                  |
|           | 2015-09        | 30             | 7               | 16               | 9              | 62           | 79          | 141                  |
|           | <b>PPO1000</b> | <b>1205</b>    | <b>198</b>      | <b>519</b>       | <b>756</b>     | <b>2678</b>  | <b>3745</b> | <b>6423</b>          |
|           | 2014-10        | 95             | 16              | 23               | 84             | 218          | 308         | 526                  |
|           | 2014-11        | 95             | 16              | 23               | 84             | 218          | 310         | 528                  |
|           | 2014-12        | 98             | 15              | 22               | 85             | 220          | 308         | 528                  |
|           | 2015-01        | 99             | 15              | 21               | 85             | 220          | 309         | 529                  |
|           | 2015-02        | 100            | 15              | 21               | 85             | 221          | 309         | 530                  |
|           | 2015-03        | 100            | 16              | 21               | 85             | 222          | 308         | 530                  |
|           | 2015-04        | 101            | 17              | 70               | 36             | 224          | 310         | 534                  |
|           | 2015-05        | 102            | 17              | 71               | 34             | 224          | 315         | 539                  |
|           | 2015-06        | 104            | 18              | 71               | 34             | 227          | 314         | 541                  |
|           | 2015-07        | 104            | 18              | 59               | 48             | 229          | 315         | 544                  |
|           | 2015-08        | 104            | 18              | 58               | 48             | 228          | 319         | 547                  |
|           | 2015-09        | 103            | 17              | 59               | 48             | 227          | 320         | 547                  |

JUDICIARY OF GUAM HEALTH INSURANCE PROGRAM  
SUBSCRIBERS & MEMBER MONTHS

DENTAL

| Row Labels      | Sum of Class I | Sum of Class II | Sum of Class III | Sum of Class 4 | Sum of TOTAL | Sum of DEPS | Sum of MEMBER MONTHS |
|-----------------|----------------|-----------------|------------------|----------------|--------------|-------------|----------------------|
| <b>6 Months</b> | <b>847</b>     | <b>164</b>      | <b>465</b>       | <b>363</b>     | <b>1839</b>  | <b>2437</b> | <b>4276</b>          |
| <b>FY2016</b>   | <b>213</b>     | <b>54</b>       | <b>97</b>        | <b>67</b>      | <b>431</b>   | <b>525</b>  | <b>956</b>           |
| <b>HSA2000</b>  |                |                 |                  |                |              |             |                      |
| 2015-10         | 38             | 6               | 17               | 11             | 72           | 86          | 158                  |
| 2015-11         | 35             | 8               | 17               | 11             | 71           | 87          | 158                  |
| 2015-12         | 35             | 10              | 16               | 11             | 72           | 88          | 160                  |
| 2016-01         | 35             | 10              | 16               | 11             | 72           | 88          | 160                  |
| 2016-02         | 35             | 10              | 16               | 11             | 72           | 88          | 160                  |
| 2016-03         | 35             | 10              | 15               | 12             | 72           | 88          | 160                  |
| <b>PPO1000</b>  | <b>634</b>     | <b>110</b>      | <b>368</b>       | <b>296</b>     | <b>1408</b>  | <b>1912</b> | <b>3320</b>          |
| 2015-10         | 105            | 19              | 58               | 50             | 232          | 316         | 548                  |
| 2015-11         | 105            | 19              | 59               | 49             | 232          | 321         | 553                  |
| 2015-12         | 107            | 18              | 61               | 49             | 235          | 317         | 552                  |
| 2016-01         | 107            | 18              | 61               | 50             | 236          | 318         | 554                  |
| 2016-02         | 105            | 18              | 62               | 49             | 234          | 321         | 555                  |
| 2016-03         | 105            | 18              | 67               | 49             | 239          | 319         | 558                  |

# ATTACHMENT 2

Dental Subscriber Data

(As of May 31, 2016)

**ATTACHMENT 2**  
**(RFHP 16-01 Amendment no. 2)**

**DENTAL SUBSCRIBER COUNT AS OF MAY 31, 2016**

|               | <b>DENTAL 1000</b> | <b>DENTAL 2000</b> | <b>TOTAL</b> |
|---------------|--------------------|--------------------|--------------|
| EE            | <b>38</b>          | <b>105</b>         | <b>143</b>   |
| EE+SP         | <b>7</b>           | <b>21</b>          | <b>28</b>    |
| EE+CHILD(REN) | <b>12</b>          | <b>69</b>          | <b>81</b>    |
| FAMILY        | <b>11</b>          | <b>50</b>          | <b>61</b>    |
| <b>TOTAL</b>  | <b>68</b>          | <b>245</b>         | <b>313</b>   |