

Request for Proposal (RFP)
For
Employee and Retiree
Health Insurance
(also coverage for
spouse and/or dependents)

South Arkansas Community College
Purchasing Department
PO Box 7010
El Dorado, Arkansas 71731-7010

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Opening Time: 2:00 p.m.
Opening Date: March 3, 2006
Opening Location: South Arkansas Community College
Office of Fiscal Affairs
300 South West Avenue
El Dorado, AR 71730

General Information for Vendors

The following is a Request for Proposal (RFP) for vendors to provide employee and retiree health insurance coverage. **The College will accept sealed proposals until 2:00 p.m. on March 3, 2006. All vendors should provide two hard copies of their proposal and one electronic medium (3 ½ floppy or CD).**

Any questions should be directed to R. Scott Andrews, Vice President for Fiscal Affairs, at 870.864.7160 or randrews@southark.edu. Failure to receive messages will not extend deadline for proposals.

All proposals shall be addressed to and delivered to:

Judy Tomlinson, Purchasing Official
South Arkansas Community College
300 South West Avenue
PO Box 7010
El Dorado, AR 71731-7010

1 GENERAL SCOPE OF CONTRACT:

- 1.1 Each vendor is solely responsible for the timely delivery of the proposal(s) by the specified deadline. Proposals received after the specified time and date shall not be considered. All proposals shall be guaranteed and binding for a period of not less than sixty (60) days past the proposal opening date.
- 1.2 A vendor will be selected on the basis of the proposals submitted which is, in the opinion of the Vice President for Fiscal Affairs and selection committee, in the best interest of this College. It must be recognized by the interested parties submitting proposals, that some of these factors are judgment items, and that the decision of the Vice President for Fiscal Affairs and the selection committee is final. The College reserves the right to reject any and all proposals or parts thereof, and to waive informalities in the proposals received.
- 1.3 If available, each vendor must list five (5) names and addresses of firms they currently have contracts with of similar size and operations of SACC. The list must include the name of the firm, the contact person, and a valid phone number.
- 1.4 In the performance of any Agreement/Contract that could result from this RFP, the Contractor must agree to the following:
 - 1.4.1 Discrimination: In order to comply with the provisions of Arkansas ACT 954 of 1977, as amended, relating to unfair employment practices; (a) the bidders will not discriminate against any employee or applicant for employment because of race, sex, color, age, religion, handicap, or national origin; (b) in all

solicitations for advertisements for employees, the bidders will state that all qualified applicants will receive consideration without regard to race, color, sex, age, handicap or national origin; (c) the bidders will furnish such relevant information and reports as requested by the College or the Human Resources Commission for the purpose of determining compliance with Arkansas State Statute; (d) failure of the bidder to comply with the statute, the rules and regulations promulgated thereunder and this nondiscrimination clause shall be deemed a breach of contract and it may be canceled, terminated or suspended in whole or in part; (e) the bidder will include the provisions of items (a) through (d) in every subcontract so that such provisions will be binding upon such subcontractor or vendor.

- 1.5 The College reserves the right to cancel any contract with thirty (30) days written notice for non-compliance with any of the terms of the proposal.

2 CONTRACT ADMINISTRATION:

- 2.1 The Purchasing Official for South Arkansas Community College will be responsible for the award and administration of the contract.
- 2.2 The South Arkansas Community College Purchasing Official must approve any third party assignment in writing.

3 TERMS AND CONDITIONS:

- 3.1 The terms of the contract will be for one (1) year with the option for an annual renewal for six (6) additional years.
- 3.2 All costs will be binding at the time of the proposal opening for a period of one (1) year. Any price changes or rates can be revised during the contract period only if South Arkansas Community College and the Contractor agree in writing. Such agreement should be filed with the South Arkansas Community College Purchasing Official.
- 3.3 Each contractor must furnish a toll-free phone contact phone number.

4 AWARDING INSTRUCTIONS AND EVALUATION CRITERIA:

- 4.1 The contract will be awarded in the best interest of the College. The selection process will be based upon predetermined methodology and set of evaluation criteria. The evaluation criteria will reflect the following objectives and consideration:
 - 4.1.1 Meeting the minimum coverage of SACC's existing insurance policy set forth in the RFP. (10 points possible)
 - 4.1.2 Total coverage in excess of the minimum coverage of SACC's existing insurance policy provided by the RFP. (20 points possible)
 - 4.1.3 Flexibility of the Plan (30 points possible)
 - 4.1.4 The skills, facilities, experience, knowledge, and ability of the contractor. (40 points possible)
 - 4.1.5 Responses of all references checked. Specifically, the past performance of any vendor's responsiveness to user's needs. (20 points possible)

4.1.6 Cost (80 points possible)

- Eighty (80) points will be awarded to the lowest total cost
- Other bids will be evaluated using the following formula:

$$(a/b)(c) = d$$

a = lowest cost bid in dollars

b = second (third, fourth, etc.) lowest cost bid in dollars

c = 80 (maximum points for lowest cost bid)

d = number of points allocated for that bid

5 RFP DOCUMENT REQUIREMENTS:

- 5.1 An official authorized to bind the bidder to the resultant contract must sign the RFP.
- 5.2 If the bidder submits standard terms and conditions with his bid, and if any section of those terms are in conflict with the Laws of the State of Arkansas or the specifications of the RFP, then the State's Laws and the specifications shall govern.
- 5.3 Contractor references must accompany the RFP document or bid may be rejected.
- 5.4 Contractor should state carrier's rating – i.e. Weiss C-, AM Best B-, etc.
- 5.5 "Comparison With Existing Coverage" document must accompany the RFP document or the bid may be rejected. (see Appendix C)
- 5.6 Contractor should submit plan proposals based on the following categories:
- 5.6.1 PPO ONLY, self insured to \$150K, \$400 deductible
 - 5.6.2 PPO ONLY, self insured to \$150K, \$40 Co-pay
 - 5.6.3 PPO and Indemnity, self insured to \$150K, \$400 deductible
 - 5.6.4 PPO and Indemnity, self insured to \$150K, \$40 Co-pay
 - 5.6.5 PPO ONLY, self insured to \$75K, \$400 deductible
 - 5.6.6 PPO ONLY, self insured to \$75K, \$40 Co-pay
 - 5.6.7 PPO and Indemnity, self insured to \$75K, \$400 deductible
 - 5.6.8 PPO and Indemnity, self insured to \$75K, \$40 Co-pay
 - 5.6.9 PPO ONLY, fully insured, \$400 deductible
 - 5.6.10 PPO ONLY, fully insured, \$40 Co-pay
 - 5.6.11 PPO and Indemnity, fully insured, \$400 deductible
 - 5.6.12 PPO and Indemnity, fully insured, \$40 Co-pay
- 5.7 All plan proposals must include:
- 5.7.1 Total **monthly** plan cost per a)employee/retiree, b) employee and spouse, c) employee and family
 - 5.7.2 List of "covered facilities and health providers" for the College's immediate and surrounding areas for PPO coverage
 - 5.7.3 List of covered expenses, similar to Appendix C
 - 5.7.4 Basic Life Insurance Coverage @ 1.5 times base salary (RETIREEES EXCLUDED)
 - 5.7.5 Prescription Drug Benefit with a listing of drug categories – i.e. specific drugs in formulary, non-formulary, and generic categories.
- 5.8 Plan proposals **MAY** include dental coverage, but is **NOT REQUIRED**.

6 **REQUIRED REFERENCES:**

- 6.1 Contractors must supply five (5) names and addresses of firms they currently have contracts with, of similar size and operations of SACC. The list must include:

Company	Contact Person	Phone with Area Code	E-mail Address	Number of Years of Coverage

NOTE: South Arkansas Community College reserves the right to reject any vendor's RFP whose references are dissatisfied with the services performed by the vendor.

7 **SIGNATURE(S) and CERTIFICATIONS**

- 7.1 The undersigned certifies that he/she has read and understands all terms and conditions of the proposal and will comply with such in every aspect. Further, the undersigned is fully authorized to negotiate and enter into legal contracts on behalf of the vendor.

Contactor	
Address	
City, State, and Zip Code	
Authorized Agent	
Title	
Date	
Signature(s)	

- 7.2 All contractors submitting RFPs must complete a "Contract and Grant Disclosure and Certification Form," as required by Arkansas Governor's Executive Order 98-04. (see Appendix A)
- 7.3 All vendors submitting RFPs must supply a copy of the Business' Equal Opportunity (EO) Policy, as required by Act 2157 of 2005 of the Arkansas Regular Legislative Session. (see Appendix B).

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM (APPENDIX A)

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SOCIAL SECURITY NUMBER
TAXPAYER ID #: ----- OR -----

FEDERAL ID NUMBER

SUBCONTRACTOR:
☐ Yes ☒ No

SUBCONTRACTOR NAME:

TAXPAYER ID NAME:

IS THIS FOR:
☐ Goods? ☐ Services? ☐ Both?

YOUR LAST NAME:

FIRST NAME:

M.I.:

ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

For Individuals *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/Y Y	To MM/Y Y	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies

For an Entity (Business) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/Y Y	To MM/Y Y	Person's Name(s)	Ownership Interest (%) Position of Control
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Vendor Contact Person _____ Title _____ Phone No. _____

A) Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Agency Phone No. _____ Contract or Grant No. _____

(Appendix B)

ATTENTION BIDDERS:

Act 2157 of 2005 of the Arkansas Regular Legislative Session requires that any business or person bidding on a request for quotation, responding to a request for proposal or qualifications, or negotiating a contract with the state for professional or consultant services, submit their most current equal opportunity policy (EO Policy).

Although bidders are encouraged to have a viable equal opportunity policy, a written response stating the bidder does not have such an EO Policy will be considered that bidder's response and will be acceptable in complying with the requirement of Act 2157.

This is a mandatory requirement when submitting an offer as described above.

Should you have any questions regarding this requirement, please contact my office by calling (870) 864-7164.

Sincerely,

Judy Tomlinson
Agency Purchasing Official

To be completed by business or person submitting response:

EO Policy Attached

EO Policy is not available from business or person

(Company)

(Address)

(Name)

(Title)

(Signature)

(Date)

South Arkansas Community College Comparison with Existing Coverage

Health Insurance Plan for Employees and Retirees and their Spouses and Dependents

Coverage	Eligible Employees and Retirees Spouse Dependents		
Service Requirement	First day of the month following employment		
Open Enrollment	Annually from November 1 though November 30		
Consolidated Omnibus Budget Reconciliation Act (COBRA) Coverage			
Health Insurance Portability and Accountability Act (HIPPA) of 1996 compliant			
Comprehensive Medical Expense Coverage Benefit	Current	<i>Does Proposal Meet or Exceed Current Coverage? (Y.N)</i>	
Maximum life time benefit per covered person (subject to automatic reinstatement - up to \$10K annually)	\$1,500,000		
Deductible - covered person, per calendar year (maximum of two deductibles per family)	\$400		
Prescription Drug Program - covered	\$50		

person per calendar year (maximum of two deductibles per family) See below for coverage			
In-Patient Deductible for Non-PPO Hospital (for PPO)	\$100		
Emergency Room per visit (illness only)	\$50		

**Coverage under
PPO and
Indemnity Plans**

	In- Network	<i>Does Proposal Meet or Exceed Current Coverage? (Y.N)</i>	Out-of- Network	<i>Does Proposal Meet or Exceed Current Coverage? (Y.N)</i>	Indemnity	<i>Does Proposal Meet or Exceed Current Coverage? (Y.N)</i>
NOTE: UCRC = usual, customary and reasonable charges)						
Comprehensive Medical per covered person of the first \$10K	80%		60%		70%	
Thereafter to end of the Plan Year	100%		100%		100%	
Injury Accident (Eligible Expenses) No deductible up to \$500 per accident Thereafter subject to deductible	100%		100%		100%	
	80%		60%		70%	
Second Surgical Opinions	100%		100%		100%	
Pre-natal Care (eligible expenses, UCRC)	80%		60%		70%	
Maternity Care (eligible expenses, UCRC)	80%		60%		70%	
Well Baby and Well Child Care (birth to 17 years)	80%		60%		70%	
Flu Shots (one per	80%		60%		70%	

covered person, per calendar year)				
Temporomandibular Joint Syndrome (TMJ) (eligible expenses, maximum benefit \$2K per lifetime)	80%	60%	70%	
Tests for Hyperthyroidism, Phenylketonuria, Sickle-Cell Anemia, Mammography, Pap Smear, Prostate Cancer (PSA) (eligible expenses, UCRC)	80%	60%	70%	
Office Visits (eligible expenses)	80%	60%	70%	
Annual physical exam (maximum \$75 per calendar year) Deductible Waived	100%	100%	100%	
Chiropractic Treatment (maximum \$500 per calendar year)	70%	70%	70%	
Alcohol/Substance Abuse Eligible expenses, UCRC Maximum Lifetime Benefit = \$15K In-patient/Out-patient \$7,500 per covered person, per calendar year Out-patient only care limited to \$2K	80%	60%	70%	
Mental/Nervous Illness In-patient maximum 30 days per covered person, per calendar year Out-patient maximum 30 visits per covered person, per calendar year	80%	60%	70%	
Human Organ Transplants Maximum Covered	80%	60%	70%	

person's Lifetime for network facility = \$1 mil Maximum Covered person's Lifetime for other-than-network facility = \$250K				
Hospital Room and Board (eligible expenses, up to avg semi-private room and board charge)	80%	60%	70%	
Intensive Care Unit - UCRC	80%	60%	70%	
All other hospital expenses	80%	60%	70%	
Extended Care Facility - eligible expenses Care must begin 7 days after 5 consecutive days in hospital 60 days maximum per covered person, per calendar year	80%	60%	70%	
Hospice Services - eligible expenses Lesser of 6 months or \$10K	80%	60%	70%	
Home Health Care Maximum of 100 visits per calendar year Lifetime maximum of \$10K	80%	60%	70%	
All other eligible expenses, UCRC	80%	60%	70%	
Out-patient Benefits	80%	60%	70%	

Prescription Drug Coverage

Retail Outlets

Current

Generic Drug

100% after deductible and \$10 co-pay

Preferred Brand

100% after deductible and \$25 co-pay

Proposal

Non-preferred Brand	100% after deductible and \$50 co-pay
Mail Order (90 day supply maximum)	
Generic Drug	100% after deductible and \$20 co-pay
Preferred Brand	100% after deductible and \$50 co-pay
Non-preferred Brand	100% after deductible and \$100 co-pay

Maximum Out-of-Pocket, per covered person

\$2K of covered expenses incurred during a calendar year plus deductible = \$2,400

Pre-existing condition coverage

None after 12 consecutive months of coverage under plan
 Month-for-month credit given for coverage under another health plan
 - must provide proof of coverage

Self-funded plan up to \$150K
Employer and employee contributed plan
Employer paid life insurance @ 1.5 times salary

**South Arkansas Community College
Current Census Data**

2005/2006 Salary	GENDER	DATE OF BIRTH	E = Employee F = Family		PLAN	EMPLOYMENT CONTRACT LENGTH	TYPE OF COVERAGE DENTAL
			TYPE OF COVERAGE- HEALTH				
86,484.00	M	1965		E	Indemnity	12	E
41,244.00	F	1954		E	Indemnity	9	E
45,336.00	M	1950		E	Indemnity	9	E
55,188.00	F	1949		E	Indemnity	12	E
58,008.00	M	1951		E	Indemnity	12	F
46,248.00	F	1956		E	Indemnity	12	E
55,500.00	F	1947		E	Indemnity	9	E,SPOUSE
41,088.00	M	1963		E	Indemnity	9	E
38,520.00	M	1951		E	Indemnity	9	E,SPOUSE
50,340.00	F	1952		E	Indemnity	12	E
50,748.00	F	1949		E	Indemnity	9	F
35,940.00	F	1975		E	Indemnity	9	E
29,017.00	F	1958		E	Indemnity	12	E
46,248.00	M	1964		E	Indemnity	12	E
48,972.00	F	1933		E	Indemnity	9	E
54,432.00	F	1944		E	Indemnity	9	E
21,306.00	F	1938		E	Indemnity	9	E
32,376.00	F	1968		E	Indemnity	12	E
42,192.00	F	1970		E	Indemnity	12	E, CHILD
66,500.00	M	1948		E	Indemnity	12	E
39,684.00	F	1950		F	Indemnity	9	F
35,328.00	F	1961		F	Indemnity	9	E, CHILDREN
91,436.00	M	1947		F	Indemnity	12	F
132,360.00	M	1948		F	Indemnity	12	F
60,120.00	F	1952		F	Indemnity	12	E, CHILDREN
RETIREE	M	1942		F	Indemnity	N/A	N/A
33,500.00	F	1976		E	PPO	9	E
30,500.00	F	1956		E	PPO	9	E
26,308.00	M	1969		E	PPO	12	E
17,476.00	F	1967		E	PPO	12	F
41,700.00	F	1953		E	PPO	12	E,SPOUSE
13,009.00	M	1963		E	PPO	12	E
24,060.00	M	1954		E	PPO	12	E
18,353.00	F	1945		E	PPO	12	E
15,340.00	M	1969		E	PPO	12	E
46,404.00	F	1949		E	PPO	12	E
37,500.00	F	1955		E	PPO	12	E
39,876.00	F	1962		E	PPO	9	E
15,656.76	F	1961		E	PPO	12	E
17,821.00	F	1949		E	PPO	12	E

16,476.00	F	1946	E	PPO	12	E
41,988.00	M	1961	E	PPO	12	E
86,292.00	M	1947	E	PPO	12	E,SPOUSE
17,318.00	F	1964	E	PPO	12	E
42,200.00	F	1950	E	PPO	9	E
37,152.00	F	1952	E	PPO	9	E,SPOUSE
13,009.00	M	1980	E	PPO	12	E
31,275.00	F	1951	E	PPO	12	E
18,684.00	M	1964	E	PPO	12	E
13,230.00	M	1955	E	PPO	12	E
25,445.00	F	1953	E	PPO	12	E
17,046.00	F	1974	E	PPO	12	E
25,142.00	F	1969	E	PPO	12	E, CHILD
17,449.00	F	1962	E	PPO	12	E,CHILDREN
18,339.00	M	1960	E	PPO	12	E
37,500.00	F	1971	E	PPO	9	E
13,009.00	F	1964	E	PPO	12	E
51,996.00	F	1970	E	PPO	12	E, CHILD
19,089.00	F	1964	E	PPO	12	E
13,009.00	F	1972	E	PPO	12	E
42,132.00	F	1971	E	PPO	9	E
37,704.00	F	1941	E	PPO	9	E
49,476.00	F	1953	E	PPO	12	E
14,000.00	F	1960	E	PPO	12	E
26,907.84	M	1956	E	PPO	12	E
72,216.00	F	1952	E	PPO	12	E,SPOUSE
23,428.00	M	1949	E	PPO	12	E,SPOUSE
67,113.00	M	1946	E	PPO	12	F
68,160.00	F	1943	E	PPO	12	E
18,353.00	F	1975	E	PPO	12	E
39,888.00	F	1953	E	PPO	12	E,SPOUSE
25,142.00	M	1958	E	PPO	12	E
14,039.00	F	1956	E	PPO	12	E
34,868.00	F	1982	E	PPO	12	E,SPOUSE
22,146.00	F	1962	E	PPO	12	E
19,089.00	F	1959	E	PPO	12	E,CHILDREN
16,280.00	F	1976	E	PPO	12	E
29,309.00	F	1961	E	PPO	12	E
16,319.00	F	1959	E	PPO	12	E
29,000.00	M	1963	E	PPO	9	F
19,584.00	F	1951	E	PPO	12	F
39,384.00	M	1977	E	PPO	12	E
37,968.00	M	1970	E	PPO	9	E
46,448.00	F	1945	E	PPO	12	E
31,248.00	F	1964	E	PPO	12	F
41,484.00	F	1956	E	PPO	9	E
49,428.00	F	1949	E	PPO	9	E

29,172.00	M	1965	E	PPO	9	F
19,632.00	F	1971	E	PPO	12	E
46,548.00	F	1954	E	PPO	9	E
36,000.00	F	1961	E	PPO	12	F
37,146.00	F	1950	E	PPO	12	E
43,968.00	M	1949	E	PPO	9	E
45,336.00	F	1949	E	PPO	9	E
40,092.00	F	1945	E	PPO	9	E,SPOUSE
18,019.00	F	1958	E	PPO	12	E
RETIREE	M	1942	E	PPO	N/A	N/A
RETIREE	F	1941	E	PPO	N/A	N/A
RETIREE	M	1943	E	PPO	N/A	N/A
COBRA	M	1943	E	PPO	N/A	E, SPOUSE
COBRA	M	1958	E	PPO	N/A	N/A
COBRA	M	1937	E	PPO	N/A	E, SPOUSE
42,400.00	F	1969	F	PPO	12	F
27,887.00	M	1940	F	PPO	12	E,SPOUSE
40,080.00	M	1975	F	PPO	9	E,SPOUSE
43,044.00	M	1950	F	PPO	9	E
54,156.00	F	1948	F	PPO	12	E,SPOUSE
27,624.00	F	1980	F	PPO	12	E,SPOUSE
52,164.00	M	1945	F	PPO	9	F
43,860.00	F	1956	F	PPO	12	F
49,632.00	F	1944	F	PPO	12	E,SPOUSE
16,476.00	F	1952	F	PPO	12	E,SPOUSE
20,600.00	F	1947	F	PPO	12	E,SPOUSE
30,876.00	M	1982	F	PPO	9	E,SPOUSE
46,548.00	F	1947	F	PPO	9	E,SPOUSE
56,904.00	M	1962	F	PPO	12	F
59,592.00	F	1944	F	PPO	9	E,SPOUSE
41,700.00	M	1956	F	PPO	9	E,CHILDREN
39,012.00	F	1967	F	PPO	9	F
32,000.00	M	1939	F	PPO	9	E,SPOUSE
58,224.00	M	1943	F	PPO	9	E
41,700.00	F	1954	F	PPO	12	E,SPOUSE
49,140.00	F	1949	F	PPO	9	E,SPOUSE
44,304.00	M	1955	F	PPO	9	F
52,380.00	F	1949	N/A	N/A	12	E,SPOUSE
13,009.00	M	1940	N/A	N/A	12	E
20,600.00	F	1958	N/A	N/A	12	F
39,396.00	F	1952	N/A	N/A	12	E
30,837.60	F	1944	N/A	N/A	9	E
COBRA	M	1938	N/A	N/A	N/A	E

South Arkansas Community College
Health Claim Exceeding \$25K
 (figures are PAID amounts)

Fiscal Year 7/1/2002 to 6/30/2003		Gender	Birth Year	Diagnosis/Status
1	\$35,465.23	Male	1930	592.0/574.01 – No longer insured
2	\$31,128.29	Male	1943	185 – No longer insured
3	\$53,802.79	Male	1949	442.2 – No longer insured
4	\$104,156.63	Female	1957	414.01 – No longer insured
Fiscal Year 7/1/2003 to 6/30/2004				
1	\$45,270.92	Male	1945	185 – Eligible for COBRA but not enrolled as of 2/22/06
2	\$28,481.29	Female	1933	414.01
Fiscal Year 7/1/2004 to 6/30/2005				
1	\$49,309.00	Female	1956	174.2
2	\$54,987.89	Female	1947	574.01
3	\$42,646.28	Female	1957	401.9
4	\$32,343.22	Female	1942	414.01 – No longer insured
				724.3
				710.0
				722.6
				427.31
5	\$53,700.89	Female	1955	201.90
6	\$47,952.48	Female	1961	Auto Accident - Eligible for COBRA but not enrolled as of 2/22/06
7	\$41,786.26	Male	1943	414.01/Deceased
Fiscal Year 7/1/2005 to present				
1	\$150,065.95	Female	1955	201.90
2	\$89,837.21	Male	1943	414.01/Deceased
3	\$89,659.05	Male	1937	185.0
				724.02/COBRA