



June 23, 2017

Honorable Rick Lewis
Montague County Judge
PO Box 475
Montague, TX 76251

Dear Judge Lewis:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to enclose the group health renewal packet for your upcoming plan anniversary date. Here are some highlights of your 2017-18 Plan Year renewal (explanations below):

- 1) Projected Pool needed amount for claims and operational expenses for Plan Year 2018: +7%**
- 2) Montague County Renewal Rate change(s):**
 - a. Health Plan: + 8.25%
 - b. Dental Plan: + 3.8%
 - c. Life/AD&D, STD/LTD: No change to rates
- 3) Your County's Reserved Surplus Distribution from 2015 Fiscal Year: \$17,154**
- 4) Deadline for returning signed renewal documents to TAC HEBP: July 31, 2017**
- 5) Your Employee Benefits Consultant: Rameshea Brandon (ramesheab@county.org);(800) 456-5974**

1) Pool Performance. The Pool has stayed below the national average for health plan rate increases for the past twelve years. This year, the needed amount for Plan Year 2018 pool-wide is increasing by 7%, which is consistent with projected medical and pharmacy cost trends at the state and national levels.

2) Renewal Rates. Rates are set annually using a comprehensive process which determines the actuarial needs of the Pool for the coming year. We then evaluate each individual group based on a combination of the group's size, claims experience over the past 12-36 months, average member age, and geographic area.

3) Surplus Distribution. At the end of 2016, due to a significant spike in high claims, the Pool did not recognize a surplus. Your Board of Directors voted, however, to reserve a portion of the surplus from 2015 operations, with half of the reserved amount to be distributed with the 2017 renewal and half with the 2018 renewal. The 2017 distribution includes 2% interest.

4) Deadline to Return Renewal: Please sign and return renewal signature page by this date.

5) Questions and Concerns. Because you are currently using a grandfathered plan, we have included 2 alternate plan options for you, the 'G' and 'G2' plans. Both of these are grandfathered plans, so adopting one of them would not change your ACA grandfathered status. If you have questions about your renewal, are interested in the impact of changes to your plan, or are considering changes to your personnel policies that will affect benefits (e.g.;

adding/dropping retiree benefits, changing waiting period, etc.), please be sure to discuss this with your Employee Benefits Consultant so we can coordinate the changes with your renewal.

Other important items to note for the upcoming plan year:

Electronic Renewal: You will be completing your Renewal Notice and Benefits Confirmation (RNBC) online through the OASys system. After completing the form online, save and print it, sign the signature page (the last page of the form: "TAC HEBP Member Contact Designation"), and send it to TAC HEPB via email, or fax to (512) 481-8481.

Affordable Care Act Fees: The HEBP Board voted to pay 2017 ACA fees on behalf of Pooled groups; see attached 'Health Care Reform Updates' document for details.

Dental Plans: There will not be Open Enrollment for dental coverage this year.

Open Enrollment Toolkit: This will be sent via email and contains the forms and notices your group will need to process employee benefit renewals.

ACTION REQUIRED: Please present the renewal to the Commissioners Court for approval, have your authorized OASys user complete the Renewal Notice and Benefit Confirmation forms online, and

scan and email or fax the signed document to TAC no later than July 31, 2017.

TAC HEBP understands how valuable medical coverage is for your employees and their families. We appreciate your partnership with the Pool, and want to continue helping Montague County offer this important benefit. Again, we thank you for your membership in the Pool and look forward to working with you for the upcoming plan year.

Sincerely,



Quincy Quinlan, Director
Health and Benefits Services Department
Texas Association of Counties

Enclosures:

- Renewal Checklist
- Renewal Calendar
- Renewal Notice and Benefit Confirmation (RNBC)
- 2016-17 Plan Year Claims Reports
- Health Care Reform Updates for 2017-18 Plan Year
- Grandfathered Plan FAQs
- HEBP Territory Map and Contact Info



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2017 - 2018 Renewal Notice and Benefit Confirmation

Group: 94581 - Montague County

Anniversary Date: 10/01/2017

Return to TAC by: 7/31/2017

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 1-512-481-8481 or email to MariaC@County.org.

For any plan or funding changes other than those listed below, please contact Maria Castillo at 1-800-456-5974.

MEDICAL

Medical: Plan 1200 \$30 Copay, \$1000 Ded, 80%, \$3000 OOP Max

RX Plan: Option 4A \$10/25/40

Your % rate increase is: 8.25%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2017	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$747.38	\$809.04	\$ 809.04	\$ 0	\$ 809.04
Employee + Child(ren)	\$1,175.10	\$1,272.04	\$ 809.04	\$ 463.00	\$ 1272.04
Employee + Spouse	\$1,595.14	\$1,726.74	\$ 809.04	\$ 917.70	\$ 1726.74
Employee + Family	\$2,022.88	\$2,189.76	\$ 809.04	\$ 1380.72	\$ 2189.76

M Initial to accept Medical Plan and New Rates.

DENTAL

Dental: Plan II w/Ortho - 100% Prevent., \$50 Ded, 80% Basic, 50% Major

Your % rate increase is: 3.80%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2017	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$28.70	\$29.78	\$ 29.78	\$ 0	\$ 29.78
Employee + Child(ren)	\$59.32	\$61.56	\$ 29.78	\$ 31.78	\$ 61.56
Employee + Spouse	\$63.14	\$65.54	\$ 29.78	\$ 35.76	\$ 65.54
Employee + Family	\$93.70	\$97.26	\$ 29.78	\$ 67.48	\$ 97.26

M Initial to accept Dental Plan and New Rates.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2017 - 2018 Alternate Plan Proposal

Group: 94581 - Montague County

Effective Date: 10/01/2017


	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1200	1200	1200-G	1200-G2
Option:	RX-4A	RX-4A	RX-4A-G	RX-4A-G2
Rates				
Employee Only	\$747.38	\$809.04	\$778.04	\$749.12
Employee + Child(ren)	\$1,175.10	\$1,272.04	\$1,223.04	\$1,177.32
Employee + Spouse	\$1,595.14	\$1,726.74	\$1,660.08	\$1,597.86
Employee + Family	\$2,022.88	\$2,189.76	\$2,105.10	\$2,026.10
Medical Plan				
Deductible In/Out Network	\$1000/3000	\$1000/3000	\$1200/3600	\$1370/4110
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$3600/7200	\$4100/8200
Office Visit	\$30	\$30	\$35	\$40
Specialist Visit				
Emergency Room Hospital	\$120	\$120	\$120	\$135
Prescription Plan				
Prescription Card Co-Pay	10/25/40	10/25/40	10/30/45	15/30/50
Deductible	\$0	\$0	\$0	\$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 7/31/2017 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 1200 Rx-4A

Fax the signed document to 1-512-481-8481.

Signature  Date DA July 2017

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$20,000

	Current Rates	New Rates Effective 10/1/2017	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.168	\$0.168	100%	0%
Basic AD&D	\$0.027	\$0.027	100%	0%

 w Initial to accept New Basic Life Rates.

RETIREE

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical	<u>Pre 65</u>	Post 65	<u>Both</u>
Dental	Pre 65	Post 65	<u>Both</u>

 w Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Employees
89 days - Day following waiting period

Elected Officials
Date of hire

 w Initial to confirm.

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

County/Group processes COBRA on OASYS
**County/Group is responsible for fulfilling COBRA notification process and requirements.*

BCBS COBRA Department processes COBRA
**BCBS COBRA Department administers via COBRA contract with the County/Group*

 pe Initial to confirm COBRA Administration.

PLAN INFORMATION

Broker or Consultant Information

Please confirm your broker or consultant's name, if applicable:

Agency Name: _____

Agency Address: _____
Number and Street

_____ City _____ State _____ Zip _____

Broker Representative or Consultant's Name: _____

Contact Phone Number: _____

Contact Email Address: _____

_____ Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- Broker commissions are included in rates listed on page 1.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Form must be received by **7/31/2017** in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

TAC HEBP Member Contact Designation Montague County

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, each Member Group hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member Group reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP.

Please list changes and/or corrections below.

Name/Title Ms. Jennifer Essary/Auditor

Address PO Box 56
Montague, 76251-0056

Phone 940-894-6090

Fax 940-894-3110

Email jessarymca@gmail.com

BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

Name/Title Linda McGaughey/Treasurer

Address PO BOX 186
Montague, TX 76251

Phone 940-894-2161

Fax 940-894-3110

Email lmcgaughey@windstream.net

HIPAA Secured Fax

PRIMARY CONTACT

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

Name/Title Honorable Linda McGaughey/Treasurer

Address PO Box 186
Montague, TX 76251

Phone 940-894-2161

Fax 940-894-3110

Email lmcgaughey@windstream.net

Signature of County Judge or Contracting Authority

Date: 10th July 2017

Please PRINT Name and Title

The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

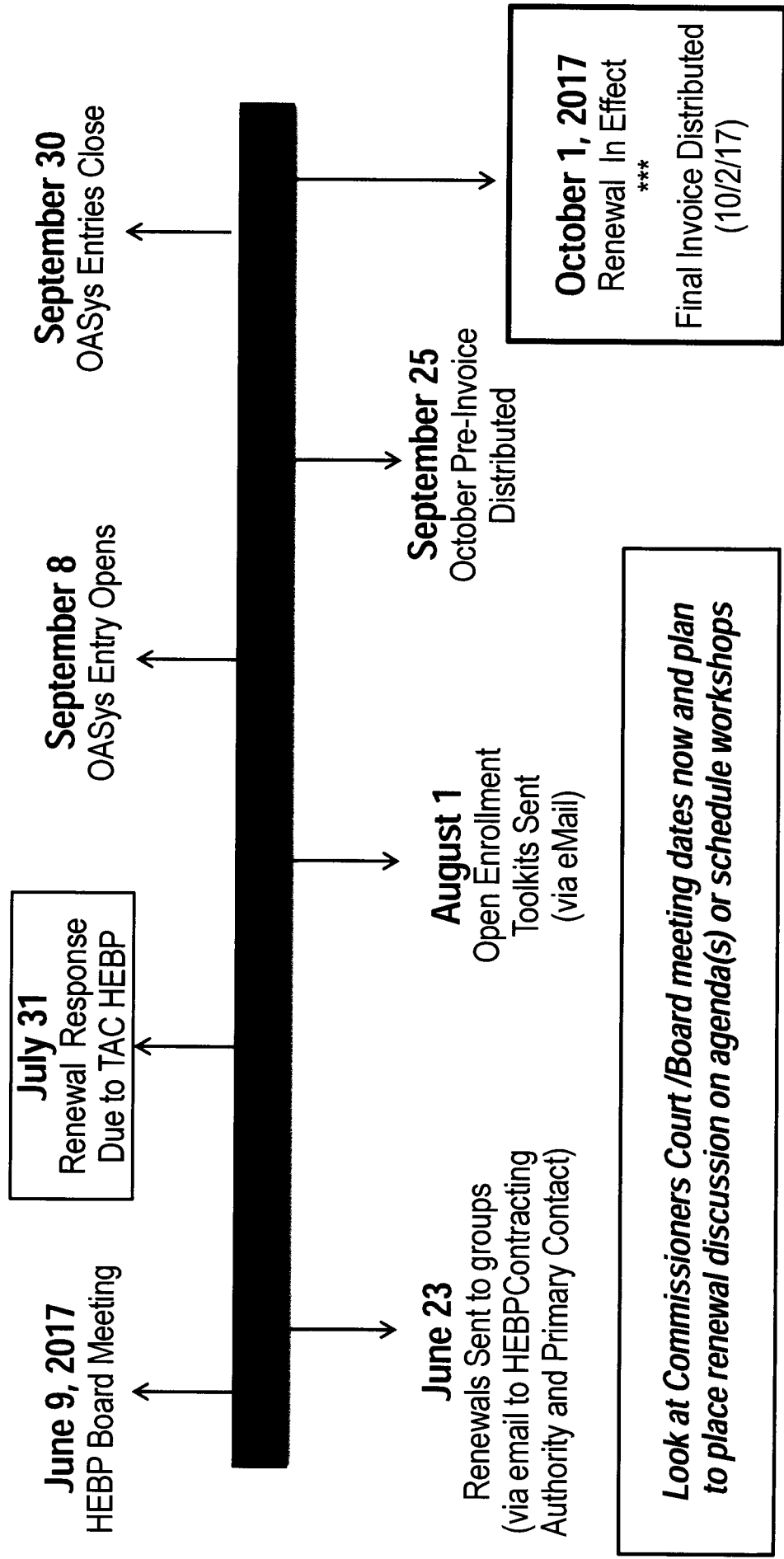
Renewal Checklist

To renew your TAC HEBP medical, prescription drug, dental, and/or life benefits, please refer to the enclosed calendar and the procedures listed below:

- 1.) **Print the Renewal Notice and Benefit Confirmation (RNBC) form,** and other relevant documents from your Renewal Packet that your Commissioners Court or Governing Board may wish to review.
- 2.) **Have your Commissioners Court or governing board approve the renewal rates.** If you are interested in an alternate plan, or making changes to your current plan, please call your Employee Benefits Consultant, at (800) 456-5974.
- 3.) **In OASys, complete the RNBC form.** Be sure to review all pages, and fill in the contribution amounts for all of your health and dental plans.
- 4.) **Print the completed RNBC form** and have your county judge or contracting authority initial and sign in the indicated space.
- 5.) **Return the signed Renewal Notice & Benefit Confirmation.** Please email or fax the signed form to your Employee Benefits Specialist at (512) 481-8481, no later than **July 31, 2017.**

Please make copies of all documents for your records.

Key Renewal Dates: October 1 Anniversary Date



Look at Commissioners Court /Board meeting dates now and plan to place renewal discussion on agenda(s) or schedule workshops



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Health Care Reform Updates for 2017 – 2018 Plan Year

Affordable Care Act (ACA) Related Legislation

As of the date of this printing, ACA regulations and requirements are still in effect. TAC HEBP is closely watching legislative efforts to modify or replace the ACA, and will provide education and guidance to our Pool members if and when changes affecting your plans and/or reporting requirements are forthcoming. We utilize outside sources as well as TAC staff to monitor and analyze this issue. The guidance in this document is based on the law as it currently exists. However, the update should not be regarded as legal advice. We encourage you to check with your county attorney for a thorough discussion of statutory interpretation issues.

Large Employer Coverage Mandates

Effective for plan years beginning on or after Jan. 1, 2016, employers with 50 or more full time equivalent employees must offer health coverage to at least 95% of employees who work an average of 30 hours per week or more. The coverage must meet minimum value (pay at least 60 percent of covered costs; all TAC plans comply with this requirement) and be considered affordable (employer cannot collect more than 9.69% of employee's W-2 Box 1 income for self-only coverage).

Measurement Periods

All groups should have defined a standard measurement period of between 3 and 12 months for tracking the hours of part-time and variable-hour employees. For plan years beginning on or after January 1, 2015, employees who work on average 30 hours per week or more during the preceding measurement period must be offered health coverage. The employee must be offered coverage for a period of time equal to or greater than the length of the measurement period but not less than 6 months. Coverage will start after a standard administrative period of not more than 90 days.

ACA Fees

ACA fees for this plan year are as follows: The Patient-Centered Outcomes Research Institute (PCORI) fee is to help fund research relating to patient-centered outcomes and evaluating risks and benefits of medical treatments, services, etc. In 2016, the fee is \$2.26 per member per year.

For the 2017-18 plan year, the HEBP Board of Directors has elected to pay these fees on behalf of all Pool members.

ACA Reporting

2017 is the third year of reporting requirements under the ACA. In January 2018, all employers with 50 or more full time equivalent employees must provide a form 1095C to every employee or ex-employee who worked full time for any month during calendar year 2016. (Full time for ACA purposes is 30 hours per week on average over the course of the employer's measurement period.) A copy of these forms must be provided to the IRS along with an informational transmittal form (1094C). The purpose of this reporting is to allow the IRS to determine whether the employer has satisfied the ACA Employer Mandate, and to determine whether employees and their dependents were eligible for subsidies when purchasing coverage through the Federal Exchange. TAC HEBP will continue offering ARTS (Affordable Care Act Reporting and Tracking Service) to our groups at no charge, which will enable them to produce the necessary forms. In addition to producing the required forms, ARTS will also track lookback measurement periods and perform affordability testing when applicable.

Your employees and any covered retiree or COBRA participant will also receive a form 1095B from TAC HEBP. The purpose of this form is to provide proof of health coverage that satisfies the ACA Individual Mandate.

Limits on Cost-sharing and Combined maximum out-of-pocket

Effective for plan years beginning on or after Jan. 1, 2014, **non-grandfathered** health plans are subject to limits on cost-sharing or out-of-pocket costs. For 2017-18, out-of-pocket expenses may not exceed **\$7,150** for self-only coverage and **\$14,300** for family coverage. Out-of-pocket costs which apply to these limits include medical plan co-payments, deductibles, and co-insurance AND prescription co-payments and deductibles.

Excise Tax delay

Implementation of an Excise Tax on health plans costing more than a federally-established threshold has been delayed until 2020. TAC HEBP will be monitoring this and any other ACA developments, and will update you if changes occur that might affect your health plan.

Updated June 9, 2017



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Frequently Asked Questions about Grandfathered Health Benefit Plans

1) What is a "grandfathered plan"?

Grandfathered health plans under the Patient Protection and Affordable Care Act (ACA) are those existing without major changes to their provisions since March 23, 2010, the date of the ACA's enactment.

2) What makes a non-grandfathered plan different?

Grandfathered plans do not have to comply with several ACA requirements, including those listed below, which *Non-grandfathered* plans *must* comply with:

- Provide coverage for preventive care without member cost-sharing (no co-pays, deductibles, or coinsurance) when using an in-network provider. There are over 60 services included in this requirement, including annual wellness visits for all ages, age and gender appropriate immunizations and screenings, and contraceptive services for women. A full listing can be found at <http://www.healthcare.gov/what-are-my-preventive-care-benefits>
- Limitations on out-of-pocket maximum amounts
- External review of appeals: a member who contests the denial of a service recommended by his/her medical provider can request an appeal by a federally appointed external review board; the cost of this appeal is charged to the plan
- Coverage for out-of-network emergency services at no additional cost over in-network cost
- Coverage of routine costs associated with clinical trials

3) What causes a plan to lose grandfathered status?

Changing the balance of employer and employee share of costs as follows:

- Increase co-pays by more than \$5 or a percentage equal to medical inflation (currently 9.5%) plus 15%, whichever is greater.

Example: if the plan had a \$20 office visit co-pay in March of 2010, it could be increased to \$25 without losing grandfathered status

- Increase deductible or maximum out-of-pocket amount by more than a percentage equal to medical inflation (currently 9.5%) plus 15%, whichever is greater.

Example: if the plan had a \$500 deductible and a \$2500 out-of-pocket maximum in March of 2010, it could increase the deductible to \$600 and the out-of-pocket maximum to \$3100 without losing grandfathered status (note that these are non-standard amounts for TAC HEBP plans)

- Decrease percentage of plan coinsurance rate by any amount.

Example: if the plan had a 90% coinsurance rate in March of 2010, it could not decrease the rate to 80% without losing grandfathered status

- Lower the employer contribution rate by more than 5% for any group of covered persons.

Example: if the employer paid \$1000 per month toward the cost of employee and spouse coverage in March of 2010, it could not decrease the contribution below \$950 without losing grandfathered status

- Add or reduce an annual dollar limit (overall or for a specific service).

Example: if the plan had no limit on charges for physical therapy services in March of 2010, it could not impose a \$5000 per year maximum on them without losing grandfathered status

- Eliminate or substantially reduce benefits for a particular condition.

Example: if the plan covered counseling and prescription drugs to treat certain mental disorders in March of 2010, it could not eliminate coverage for counseling without losing grandfathered status

4) What plan changes can be made which will not cause the plan to lose grandfathered status?

- Changing insurer or third-party administrator, as long as benefits don't change
- Changing from self-insured to fully-insured, as long as benefits don't change
- Increasing benefits, including adding a wellness program
- Passing along premium increases, as long as cost-sharing percentages remain the same
- Adding a coverage tier (such as employee + 1 child), as long as cost-sharing percentages are consistent with other tiers and stay within the 5% guidelines
- Moving drugs to a different copay tier because the drugs have become available as generic
- Changing provider networks, as long as benefits don't change
- Changes required by law

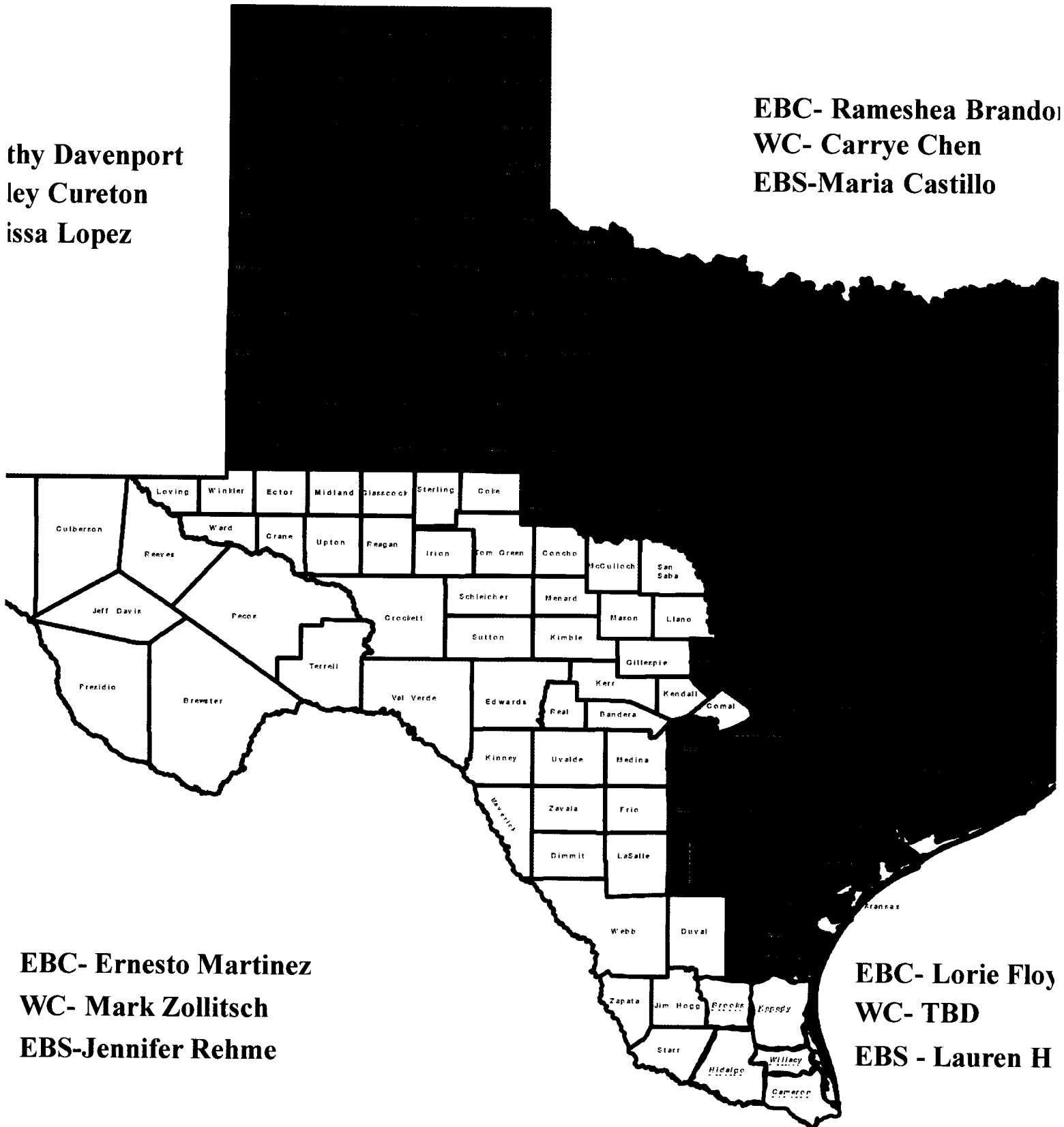
ADDITIONAL NOTES:

- Because of the additional coverage requirements and reduction of employee cost share required by the ACA, changing from grandfathered to non-grandfathered status will likely result in a rate increase. For TAC HEBP groups, this increase is estimated at 1.5 – 2%.
- Under the current regulations, there is no specific end date for grandfathered status.
- Plan changes are measured cumulatively since March 2010.
- Plans must include a notice about grandfathered status in significant participant communications, such as enrollment materials and summary plan descriptions.
- The majority of TAC HEBP member groups still have grandfathered plans.
- All plans in the TAC HEBP Private Exchange are non-grandfathered.

Texas Association of Counties Health & Benefits Services Department

thy Davenport
ley Cureton
issa Lopez

EBC- Rameshea Brandon
WC- Carrye Chen
EBS-Maria Castillo



EBC- Ernesto Martinez
WC- Mark Zollitsch
EBS-Jennifer Rehme

EBC- Lorie Floy
WC- TBD
EBS - Lauren H

ee Benefits Consultant
s Consultant
ze Benefits Specialist

Proposed Jan :



Large Claimant Report Renewal PY 2018

Paid Band : Total (\$10,001 - \$30,000, \$30,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$150,000, \$150,001 - \$200,000, \$200,001 - \$250,000, \$250,001 - \$300,000, \$300,001 - \$400,000, \$400,001 - \$500,000, \$500,000+)

Metrics : (Paid)

Group : (094581 - MONTAGUE COUNTY/TAC)

Paid Month : May 2016 - Apr 2017

Service Category : Exclude (Dental)

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
16990183946	Active	\$324,267.39	\$23.62	\$324,291.01
7490023280	Active	\$21,297.43	\$114,455.63	\$135,753.06
17210432894	Active	\$125,794.82	\$54.48	\$125,849.30
15770067989	Active	\$67,309.22	\$862.52	\$68,171.74
16240374902	Active	\$58,867.78	\$6,312.85	\$65,180.63
7490023351	Active	\$52,801.84	\$820.51	\$53,622.35
7490023321	Active	\$47,072.63	\$3,256.41	\$50,329.04
7490023369	Active	\$37,512.97	\$2,117.69	\$39,630.66
11510940634	Active	\$30,091.92	\$271.99	\$30,363.91
7490023274	Active	\$22,459.64	\$5,336.16	\$27,795.80
8380237023	Active	\$1,009.68	\$25,925.68	\$26,935.36
13270050360	Active	\$26,700.66	\$233.56	\$26,934.22
16990918219	Active	\$21,887.31	\$139.85	\$22,027.16
7490023317	Active	\$6,385.52	\$15,433.76	\$21,819.28
16990918219	Cobra	\$17,152.91	\$85.31	\$17,238.22
7490023304	Active	\$6,989.62	\$7,390.34	\$14,379.96
3630230070	Active	\$9,994.65	\$3,722.54	\$13,717.19
7490023281	Active	\$3,732.00	\$9,223.33	\$12,955.33
17740445380	Active	\$11,991.55	\$80.58	\$12,072.13
3061769712	Active	\$9,936.87	\$1,674.62	\$11,611.49
15770067984	Active	\$10,295.21	\$555.20	\$10,850.41
Query Total	21	\$913,551.62	\$197,976.63	\$1,111,528.25
Report Total	21	\$913,551.62	\$197,976.63	\$1,111,528.25

12 Month Medical Report

Metrics : (Medical Paid, Paid, Pharmacy Paid, Total Contribution, Unique Members, Unique Subscribers)
Rows : (Paid Date)
Columns : (Metrics)
Paid Date : Last 12 TimeMonths
Coverage Type : (Medical)
Group : (094581 - MONTAGUE COUNTY/TAC)

Paid Date	Unique Subscribers	Unique Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
May 2016	94	109	\$77,278.70	\$99,227.15	\$10,062.71	\$109,289.86
Jun 2016	93	109	\$75,767.50	\$66,542.65	\$30,372.31	\$96,914.96
Jul 2016	93	108	\$75,767.50	\$51,363.21	\$20,260.90	\$71,624.11
Aug 2016	92	107	\$75,767.50	\$178,093.82	\$17,087.03	\$195,180.85
Sep 2016	95	109	\$75,691.96	\$84,391.83	\$19,637.05	\$104,028.88
Oct 2016	92	112	\$75,991.80	\$44,268.30	\$22,345.76	\$66,614.06
Nov 2016	93	113	\$76,739.18	\$99,742.30	\$18,322.87	\$118,065.17
Dec 2016	95	115	\$76,739.18	\$65,372.12	\$16,049.81	\$81,421.93
Jan 2017	93	116	\$76,839.56	\$84,701.98	\$30,865.69	\$115,567.67
Feb 2017	93	116	\$77,586.94	\$62,004.93	\$26,751.25	\$88,756.18
Mar 2017	93	116	\$77,586.94	\$160,903.12	\$15,905.06	\$176,808.18
Apr 2017	95	118	\$79,081.70	\$59,949.50	\$29,736.11	\$89,685.61
Total: Selected Filter(s)	111	139	\$920,838.46	\$1,056,560.91	\$257,396.55	\$1,313,957.46

12 Month Dental Report

Metrics : (Dental Paid, Total Contribution, Unique Members, Unique Subscribers)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 TimeMonths

Coverage Type : (Dental)

Group : (094581 - MONTAGUE COUNTY/TAC)

Paid Date	Unique Subscribers	Unique Members	Total Contribution	Dental Paid
May 2016	98	141	\$3,943.76	\$1,579.70
Jun 2016	97	141	\$3,884.28	\$5,678.80
Jul 2016	97	140	\$3,884.28	\$3,503.30
Aug 2016	96	139	\$3,884.28	\$3,507.00
Sep 2016	99	141	\$3,879.58	\$2,603.50
Oct 2016	96	138	\$3,749.90	\$5,389.50
Nov 2016	97	139	\$3,778.60	\$2,359.60
Dec 2016	99	141	\$3,778.60	\$2,268.50
Jan 2017	96	143	\$3,755.64	\$5,093.70
Feb 2017	96	143	\$3,814.96	\$2,065.80
Mar 2017	96	143	\$3,814.96	\$4,797.70
Apr 2017	98	147	\$3,872.36	\$4,712.80
Total: Selected Filter(s)	114	167	\$46,041.20	\$43,559.90