QUESTIONS AND ANSWERS NO. 2

REQUEST FOR PROPOSAL

PROJECT NO. RFP 15-22

PROJECT TITLE: Property and Casualty Insurance

Date: July 22, 2015

To: Prospective Respondents

From: Procurement Operations Department, Houston Community College

Subject: Questions and Answers Request for Proposals, HCC Project No. RFP 15-22

1. We would also want to know the amount of HCC claims (if any) resulting from Hurricane Ike?

Answer: \$5.8 million.

2. A schedule of drivers, and the schedule should include the drivers name, address, date of birth, driver license number, state licensed, date first licensed. Do you pull MVR's on your drivers? If so how often. Do you permit people less than 25 years of age to drive HCCS owned vehicles? Where are the vehicles garaged (provide a schedule of garaging location if applicable) and what is the largest concentration of vehicles garaged in the one location.

Answer: Yes, MVR's are pulled for drivers (primary drivers MVR records are pulled annually and occasional drivers are pulled every three years). No we do not allow employees 25 years or under to drive HCC's owned vehicles. HCC has 178 vehicles located at various campus sites.

3. Do you have any open claims for any lines of business currently pending? If so, provide nature of the claim, location address, and reserve associated with each claim.

Answer: See the revised Exhibit A-CC, posted on the solicitation WEBSITE.

4. Describe international exposure? Do HCCS Student and Faculty travel internationally? Is there a student or faculty exchange program? If so provide list of countries normally frequented, time spent and how often.

Answer: See International Insurance scope of coverage. HCC has numerous student and faculty exchange programs. HCC students, faculty, staff and board members travel internationally to the following countries annually; Qatar, Austria, Vietnam, Italy, France, Germany, Australia and Bolivia.

5. Describe Tank exposure?

Answer: HCC has one underground storage tank.

6. Please provide information regarding General Liability —Audited financials, Current budget, Narratives for any large or unusual losses, explaining what occurred, if there is any context to be given, as well as any policies/procedures/changes that occurred as a result of the loss in order to mitigate the chance of that type of loss occurring again

Answer: See the revised Exhibit A-CC, posted on the solicitation <u>WEBSITE</u>.

7. Please provide information regarding Law Enforcement Liability—Copies of all contracts and agreements (interlocals agreements, etc.) entered into with other entities, Current EEOC log, Current law enforcement policies and procedures manual, Current employment manual (including policies and procedures pertaining to sexual harassment, discrimination and employee grievances), List of employees authorized for moonlighting, Current detention facility policies and procedure manual, Copy of the latest state inspection report for the detention facilities

Answer: Information will be provided to the awarded vendor for purposes of binding the line of coverage.

8. Please provide information regarding Educators Legal/Employment Practices Liability if claims made coverage, provide the retro-date, Current student handbook, Current employment manual (including policies and procedures pertaining to sexual harassment, discrimination and employee grievances), Audited financials, Current budget, Any law firms you would like to request as approved counsel

Answer: See Exhibit R.

9. Please provide information regarding Workers Comp—Currently valued loss runs (preferably in excel format) for at least the last 7 years, Narratives for any large or unusual losses, explaining what occurred, if there is any context to be given, as well as any policies/procedures/changes that occurred as a result of the loss in order to mitigate the chance of that type of loss occurring again, Current coverage structure (endorsements, etc.), Current payrolls by NCCI class code, Historical payrolls (preferably by NCCI class code), Employee concentration, Most current MOD factor calculations for the past 3 years

Answer: See Exhibit T.

10. With regards to the Named Storm 2% TIV Deductible: Does the deductible apply per damaged location?

Answer: Yes, per building.

11. Does the deductible apply separately to building and or contents?

Answer: No, buildings and contents have the same deductible.

12. Is Flood Coverage provided for every location?

Answer: Yes.

13. Is the Flood Coverage written on a master policy or is a policy written for each location?

Answer: Policy is written for each location.

14. Will the \$4,000,000 Excess Liability be required to extend over the International Coverage?

Answer: Yes.

15. Please confirm the Passenger Vans (4) on the vehicle schedule will continue to be utilized for the transport of students on a regular basis.

Answer: Yes.

16. Have you had on-site monitoring visits by state or federal regulatory agencies? If yes, please provide details?

Answer: No.

17. Has the district been criticized by the state board of education? If yes, please provide details.

Answer: No.

18. How many board members are to be elected or appointed to office this year? If elected, are they elected by District or at large?

Answer: All Board of Trustees are elected by Districts. Elections will be held in November 2015 and the Trustees will take office in January 2016. The current terms for Districts III, VI, and VIII expire December 31, 2015; the election for District IV is to fill the unexpired term, which expires December 31, 2017 (there are no Trustee elections scheduled for 2016 as HCC Trustee elections are held on odd years).

19. What is the percentage of students for special education or disabled students?

Answer: Less than 3%, more detailed information will be provided to the awarded vendor for purposes of binding the line of coverage.

20. Retroactive date for current policy?

Answer: September 1, 2014.

21. Any new campuses opening in the next 24-months?

Answer: Yes, please see the HCC 2013 CIP Bond <u>WEBSITE</u> where the latest information on all current projects can be reviewed.

22. Any closings or mergers in the next 12 months?

Answer: None at this time.

23. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed? If yes, please explain each situation?

Answer: Changes in employment status (promotions, retirement, etc.) are constantly occurring; detailed information will be provided to the awarded vendor for purposes of binding the line of coverage.

24. Any sexual abuse/molestation charges against a Student? Employee? Other? If yes, please explain

Answer: Information will be provided to the awarded vendor for purposes of binding the line of coverage.

25. Any EEOC complaints in the last 12-months? If yes, please give detailed answer

Answer: Information will be provided to the awarded vendor for purposes of binding the line of coverage.

26. Any special education hearing in the last 12-months?

Answer: No.

27. Is there any drug testing at any campus for students or faculty/employee?

Answer: Only HCC Police Officers and primary drivers who drive HCC owned vehicles.

28. Any contracts for Food? Transportations? Custodial? Medical/health? Accounting? Specialized education? Clerical?

Answer: Yes.

29. When was law enforcement agency established?

Answer: 1971.

30. Do you authorize off-duty employment?

Answer: Yes.

31. Do you want coverage for moonlighting?

Answer: Yes.

32. Are you a party to any Mutual Aid Agreements? With whom?

Answer: yes, Fusion Center.

33. Number of Chiefs to be covered? Other ranking officers? Full-time armed officers with arrest authority? Reserve officer or part time? Canines? Unarmed Part time?

Answer: One (1) Chief, seven (7) unpaid regular commissioned officers, one (1) K-9. All other police officers are listed in the scope of services.

34. Average number of hours per officer/per week?

Answer: 40 hours.

35. Any school crossing guards?

Answer: No.

36. Minimum education requirements?

Answer: 15 hours of college or prior military active duty.

37. Written exam for hiring? Psychological exam? Background and employment checks?

Answer: No written exam; HCC does complete a psychological and background check.

38. Do officers receive training and certifications before street duty?

Answer: Yes.

39. Written policies for all officers? And is there any Continuing Education requirements?

Answer: Yes.

40. Complete training in use of: baton? Chemical Irritants? Stun gun/Taser? Carotid Control Hold?

Answer: Yes, training in the use of baton and taser.

41. How often do officer re-certify for firearms?

Answer: Twice per year.

42. Do officers receive training in CPR? First Aid? Use of defibrillators?

Answer: No.

43. When was manual originally assembled?

Answer: 2008.

44. Last updated manual?

Answer: 2013.

45. Do you have written polices pertaining to: Use of deadly force? Use of non-deadly forces? Search

and Seizure? Intoxicated Arrests? Off duty employment?

Answer: Yes.

46. Is there more information or a policy structure for the "Construction Trades High School" whose losses are on SRG 0009112065-A?

Answer: Yes, there is a policy structure for all accident policies.

47. What is policy SRG 0009102437-C?

Answer: Truck driving accident.

48. Was there an increase in the health science coverage or exposure in 2013-2014?

Answer: Yes.

49. We would need student travel data and faculty travel data to create the best price for an out of country medical policy

Answer: Information will be provided to the awarded vendor for purposes of binding the line of coverage. Vendors are encouraged to provide their best offer based on the detailed information regarding this and all lines of coverage as provided in the RFP.

50. Does HCC have an indemnification policy or practice applicable to Employed Lawyers, regardless of whether those Lawyers are Directors or Officers of HCC? If yes, please provide details and attach indemnification provisions and limit of liability provisions as well as any other indemnification policies or agreements.

Answer: Vendors are encouraged to provide their best offer based on the detailed information regarding this and all lines of coverage as provided in the RFP.

51. Please indicate which areas account for five percent or more of total work done by HCC lawyers: Contract drafting/review/ approval, copyright/patent/trademark, collection/repossession, corporate finance, corporate transactional, environmental compliance, ERISA/employee benefits, International law, Labor relations, litigation, other regulatory compliance, pro bono, real estate, securities, taxation, utility regulation? Please indicate the number of lawyers working in the areas noted.

Answer: Information will be provided to the awarded vendor for purposes of binding the line of coverage.

52. Please provide a brief description of the structure and management of the legal department.

Answer: General information can be found on the HCC <u>WEBSITE</u> for the Office of General Counsel. More detailed information will be provided to the awarded vendor for purposes of binding the line of coverage.

53. Please indicate the types of legal work that are typically referred by HCC to outside counsel and any

guidelines governing such referrals.

Answer: Information will be provided to the awarded vendor for purposes of binding the line of coverage.

54. Handbook and other supporting documentation

Answer: General information can be found on the HCC <u>WEBSITE</u> for the Human Resources Department.

55. How many employees are union member

Answer: None.

56. Number of employees in each salary range: 50k or less, 50-100k, 100k-250k and 250 or above

Answer: Information will be provided to the awarded vendor for purposes of binding the line of coverage.

57. Schedule of Tanks with noted info: Tank #, UST/AST, Install Date, Capacity in Gallons, Contents, Tank Construction Material, type of overfill/spill protection, type of tank leak detection, AST Diking & Base Construction, Piping Construction Material and Piping Leak Detection type.

Answer: HCC has one (1) storage tank; more detailed information will be provided to the awarded vendor for purposes of binding the line of coverage.

58. Is there any 100 year flood plain exposure within the boundaries of the entity?

Answer: No.

59. Has school ever been cited for violation of building codes? If yes, please explain

Answer: No.

60. Is there National Flood Insurance Program Coverage in place? If yes, what is the limit

Answer: Yes, \$500,000.

61. Are any school buildings now or scheduled to be vacant?

Answer: No.

62. Is there any woodworking or spray painting done on premises?

Answer: Yes.

63. Are any of the buildings sprinklered? If yes, please identify locations

Answer: Yes; more detailed information will be provided to the awarded vendor for purposes of binding the line of coverage.

64. Number of School nurses?

Answer: None.

65. Number of Grandstands and any with capacity over 5,000?

Answer: One (1) located at Central College with less than 5,000 seating capacity.

66. Are students allowed to use specialized machinery in unsupervised situation? If yes, please explain

Answer: No.

67. Does the applicant use, have or provide lessons for aircraft or watercraft?

Answer: No.

68. Is there a policy regarding visitor check in? Please explain policy

Answer: Yes, all visitors must check in with unarmed security officer.

69. Does the school have a "zero tolerance" plan in place regarding violent behavior?

Answer: Yes.

70. Does the applicant have a swimming pool? Is it open for public use? Number of lifeguards? Height of diving boards?

Answer: No.

71. How many dormitories are owned by the school? Is there a no hazing policy in force?

Answer: None.

72. We will need the plan design for club sports for the past four years as well as identify which loss runs are associated with this program by carrier and policy number

Answer: See attached loss runs.

73. Describe any location(s) with a concentration of stored vehicles whose total values exceed \$500,000

Answer: Commercial Truck Driving Program – 555 Community College Drive.

74. Do all bus drivers have a Commercial Driver's License (CDL)?

Answer: Presently HCC does not have bus drivers. HCC has two buses that are used in the

Commercial Truck Driving Program. They are used for instructional purpose only.

75. Are buses parked in a secure, well-lit area? Are buses used for student trips? How far do buses drive on an average trip?

Answer: Yes, buses are parked in a well-lit area. No, the HCC owned buses are not used to transport student trips.

76. Do you sponsor a Driver Education program? Are vehicles equipped with dual controls?

Answer: No.

77. Number of employees handling money or have custody/maintenance of records, money or securities?

Answer: HCC has a blanket policy.

78. Is pre-employment verification, personal references or record of prior convictions completed?

Answer: Yes.

79. Is a complete inventory made with physical check of stock and equipment? If yes, by whom and how often?

Answer: Yes, by the Asset Management Department annually.

80. State the value of negotiable securities owned or held? Where are these kept?

Answer: HCC has no negotiable securities; all securities are named HCC. All securities are held in safekeeping and or thru tri-party collateral.

81. Please attach a list of names of employee benefits plans required to be bonded by Title 1 of the ERISA for which coverage is requested.

Answer: Not applicable.

82. Could you provide premiums paid for each line of coverage for 2014-15, 13-14, 12-13, 11-12 and 10-11?

Answer: Please see the attached 5-year summary.

83. Please provide premiums for all expiring policies that are to be quoted in this RFP.

Answer: Please see the attached 5-year summary.

84. Could you provide annual premium by line for all lines of business for the current insurance program?

Answer: Please see the attached 5-year summary.

85. While HCC's letter and RFP wording clearly state that HCC is not seeking an agent or broker of record, standard industry protocols of only quoting through one agent or broker suggest that the incumbent will have exclusive access to represent incumbent carriers as well as other competing markets they may have already contacted. Will HCC consider directing the incumbent agent I broker to release non-incumbent markets to assure open competition?

Answer: See RFP Exhibit 2, issued with the RFP on June 25, 2015, which is intended to facilitate the requested action.

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Loss Run Report Page 1 of 2



Markel Online

Loss Run Report

Loss Run Report	
Choose an Insured from the dropdown list to get a summary of all policies and editions for also click on the dropdown control and start typing the Insured's Name.	a named Insured. You can
also click on the dropdown control and start typing the Insured's Name.	
Choose an Insured from the List: - Select an Insured	Include Expired
Or enter a Policy Number to get a summary for a specific policy number only.	
or enter a rolley trainible to get a summary for a specific policy trainible only.	
Policy Number: XOMS176414	
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External Loss Run Report

We currently do not have online reports available for Garage or certain Excess and Umbrella policies. If you are unable to locate your loss run information, please submit a request to: lossruns@markelcorp.com.

<u>Export to Excel</u> - Requires MS Excel. This will create and format the current loss run information below into an Excel Spreadsheet.

Loss Runs For: Risk Placement Services, Inc.

Summary for Insured Name: HOUSTON COMMUNITY COLLEGE SYSTEM Report Date: 5/19/2015

Policy Number	Effective Date	Expiration Date	Claim Count		Indemnity	LAE	Total
XOAZ119308-0	9/1/2008	9/1/2009	0	Paid Reserved: Incurred:	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0
Totals	Policy Count :	= 7	0		\$0	\$0	\$0

Loss Run Report Page 2 of 2

Policy Number	Effective Date	Expiration Date	Claim Count		Indemnity	LAE	Tota
XOMS176409-1	9/1/2009	9/1/2010	0	Paid Reserved: Incurred:	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0
XOMS176410-0	9/1/2010	9/1/2011	0	Paid Reserved: Incurred:	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0
XOMS176411-0	9/1/2011	9/1/2012	0	Paid Reserved: Incurred:	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0
XOMS176412-0	9/1/2012	9/1/2013	0	Paid Reserved: Incurred:	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0
XOMS176413-0	9/1/2013	9/1/2014	0	Paid Reserved: Incurred:	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0
XOMS176414-0	9/1/2014	9/1/2015	0	Paid Reserved: Incurred:	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0
Totals	Policy Count	: = 7	0		\$0	\$0	\$0

Group Special Risk Admin Systems Houston Community College Claims Summary Report - Paid Claims Only Policy Years 2010 - 2015 Prepared 06/22/2015



Policy Num	Billed	Not Covered	Other Insurance		Repriced Savings	Write Off		<u>Paid</u>
050171-129	0	0		0		O	0	0
Total	0	0		0		0	0	0



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Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid
2010-2011									
Group Name:	HOUSTON COMMUN	IITY COLLEGE							
BASKETBAL	L-MEN								
1101024801	02/26 - 02/26/2011			\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
1102072501	02/26 - 02/26/2011	COALITION AMERICA		\$0.00		\$0.00	\$0.00	\$0.00	\$68.55
1102072502	03/07 - 04/04/2011	COALITION AMERICA		\$0.00	T-AE	\$0.00	\$0.00	\$0.00	\$18.98
1102072503	05/09 - 05/09/2011	COALITION AMERICA INC		\$0.00	T-AE	\$0.00	\$0.00	\$0.00	\$6.61
1101024805	02/26 - 02/26/2011	UNITED NORTHEAST RADIOLOGY, LLP		\$7.24	T-B2	\$0.00	\$0.00	\$7.24	\$26.76
1101024802	02/26 - 02/26/2011	BAYSHORE MEDICAL CENTER		\$298.05	T-I1	\$475.00	\$0.00	\$298.05	\$1,213.95
1101024804	03/07 - 03/07/2011	MUSCULOSKELETAL RADIOLOGY		\$281.89	T-I1	\$0.00	\$0.00	\$281.89	\$123.11
1101024810	03/07 - 03/07/2011	TX ORTHOPEDIC HOSPITAL		\$513.00	T-I1	\$0.00	\$0.00	\$513.00	\$2,907.00
1101024806	03/07 - 04/04/2011	FONDREN ORTHOPEDIC GP LLP		\$25.00	T-IM	\$0.00	\$0.00	\$25.00	\$75.00
1101024806	03/07 - 04/04/2011	FONDREN ORTHOPEDIC GP LLP		\$57.50	T-IM	\$0.00	\$0.00	\$57.50	\$172.50
1101024807	05/09 - 05/09/2011	FONDREN ORTHOPEDIC GP LLP		\$28.75	T-IM	\$0.00	\$0.00	\$28.75	\$86.25
1101024808	03/21 - 03/21/2011	FONDREN ORTHOPEDIC GP LLP		\$25.00	T-IM	\$0.00	\$0.00	\$25.00	\$75.00
1101024809	07/13 - 07/13/2011	FONDREN ORTHOPEDIC GP LLP		\$28.75	T-IM	\$0.00	\$0.00	\$28.75	\$86.25
1101024803	02/26 - 02/26/2011	GREATER HOUSTON EMERGENCY PHYSICAN		\$0.00	T-N1	\$275.00	\$0.00	\$0.00	\$0.00
	BASKETBALL-MEN		\$6,875.14	\$1,265.18		\$750.00	\$0.00	\$1,265.18	\$4,859.96
FLAG FOOTE									
1101365601	03/01 - 04/28/2011	CAMILLE J GEORGE MD		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
1101365605	03/01 - 03/01/2011	ACS PRIMARY CARE PHYS SW PA		\$0.00		\$0.00	\$0.00	\$0.00	\$860.00
1101365609	03/01 - 03/01/2011	FORT BEND COUNTY EMS		\$0.00		\$0.00	\$0.00	\$0.00	\$801.00
1101365611	03/02 - 03/02/2011	CAMILLE J GEORGE MD		\$0.00		\$0.00	\$0.00	\$0.00	\$4,250.00
1102549801	03/01 - 03/01/2011	PROVIDER ALLIANCE NETWORK		\$0.00	T-AE	\$0.00	\$0.00	\$0.00	\$1,417.02
1101365603	03/02 - 03/02/2011	SUGAR LAND SA SERVICES		\$5,529.96	T-C3	\$0.00	\$0.00	\$5,529.96	\$898.04
1101365610	03/04 - 03/04/2011	MEDICAL PLUS SUPPLIES, INC		\$24.58	T-I2	\$0.00	\$0.00	\$24.58	\$45.64
1101365604	03/01 - 03/02/2011	MEMORIAL RADIOLOGY ASSOC PA		\$7.25	T-IM	\$0.00	\$0.00	\$7.25	\$21.75
1101365606	03/01 - 03/01/2011	MEMORIAL RADIOLOGY ASSOC PA		\$7.50	T-IM	\$0.00	\$0.00	\$7.50	\$22.50
1101365607	03/02 - 03/02/2011	MEMORIAL RADIOLOGY ASSOC PA		\$12.50	T-IM	\$0.00	\$0.00	\$12.50	\$37.50
1101365601	03/01 - 04/28/2011	CAMILLE J GEORGE MD		\$0.00	T-N1	\$750.00	\$0.00	\$0.00	\$5.00
1101365602	03/01 - 03/04/2011	MHHS SOUTHWEST HOSPITAL		\$5,668.05	T-OA	\$0.00	\$0.00	\$5,668.05	\$22,672.20
1101365608	05/26 - 05/26/2011	CAMILLE J GEORGE MD		\$172.70	T-US	\$0.00	\$0.00	\$172.70	\$112.30
	FLAG FOOTBALL-MEN		\$43,315.49	\$11,422.54		\$750.00	\$0.00	\$11,422.54	\$31,142.95
SOCCER-ME		MEDICAL PROVIDER		#0.C2		60.00	#0.00°	#0.00	#0.00°
1102182501	03/27 - 03/27/2011	MEDICAL PROVIDER		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
1102182502	03/30 - 03/30/2011	CAROLINE EMERGENCY PHYSICIANS		\$0.00		\$0.00	\$0.00	\$0.00	\$1,206.00
1102182504	03/30 - 03/30/2011	PARK PLAZA HOSPITAL		\$0.00		\$0.00	\$0.00	\$0.00	\$295.06
1200090701	03/30 - 03/30/2011	COALITION AMERICA		\$0.00		\$0.00	\$0.00	\$0.00	\$683.61



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Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid
1102182503	03/30 - 03/30/2011	PARK PLAZA HOSPITAL		\$990.72	T-C3	\$0.00	\$0.00	\$990.72	\$5,614.08
1102182502	03/30 - 03/30/2011	CAROLINE EMERGENCY PHYSICIANS		\$190.86	T-RC	\$750.00	\$0.00	\$0.00	\$211.14
	SOCCER-MEN		\$9,941.47	\$1,181.58		\$750.00	\$0.00	\$990.72	\$8,009.89
SOCCER-WOM	IEN								
1101365401	02/26 - 02/26/2011			\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
1102887201	03/01 - 03/01/2011	COALITION AMERICA INC		\$0.00	T-AE	\$0.00	\$0.00	\$0.00	\$35.44
1101365402	03/01 - 03/01/2011	MHHS SOUTHWEST HOSPITAL		\$154.10	T-P9	\$750.00	\$0.00	\$154.10	\$636.90
1101784301	05/01 - 05/01/2011	HOUSTON RADIOLOGY ASSOCIATED		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
1101784306	05/01 - 05/01/2011	METHODIST SUGAR LAND HOSPITAL		\$0.00		\$0.00	\$0.00	\$0.00	\$392.50
1101784308	05/01 - 05/01/2011	EMERGIGROUP PHYSICIAN ASSOCIATES		\$310.00	T-CD	\$0.00	\$0.00	\$0.00	\$0.00
1101784305	05/26 - 05/26/2011	TX ORTHOPEDIC HOSPITAL		\$513.00	T-I1	\$92.71	\$0.00	\$513.00	\$2,814.29
1101784307	05/26 - 05/26/2011	MUSCULOSKELETAL RADIOLOGY		\$281.89	T-I1	\$0.00	\$0.00	\$281.89	\$123.11
1101784301	05/01 - 05/01/2011	HOUSTON RADIOLOGY ASSOCIATED		\$0.00	T-N1	\$46.00	\$0.00	\$0.00	\$0.00
1101784302	05/01 - 05/01/2011	EMERGIGROUP PHYSICIAN ASSOCIATES		\$16.83	T-N1	\$293.17	\$0.00	\$0.00	\$0.00
1101784303	05/01 - 05/01/2011	DURA MEDIC LLC		\$0.00	T-N1	\$148.12	\$0.00	\$0.00	\$0.00
1101784304	05/17 - 05/17/2011	FONDREN ORTHOPEDIC GP LLP		\$0.00	T-N1	\$170.00	\$0.00	\$0.00	\$0.00
1101784306	05/01 - 05/01/2011	METHODIST SUGAR LAND HOSPITAL		\$258.50	T-PL	\$0.00	\$0.00	\$258.50	\$641.50
	SOCCER-WOMEN		\$7,678.06	\$1,534.32		\$1,500.00	\$0.00	\$1,207.49	\$4,643.74
	HOUSTON COMMUNITY COLLEGE		\$67,810.16	\$15,403.62		\$3,750.00	\$0.00	\$14,885.93	\$48,656.54



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Prepared: 06/22/2015

Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid
	2010-2011		\$67,810.16	\$15,403.62		\$3,750.00	\$0.00	\$14,885.93	\$48,656.54

Ineligible Codes:

B-187 Primary carrier's discount is not covered B-254 Adjustment to previously processed claim B-259 Balance payable after other insurance T-01 PRESCRIPTION T-08 CONSIDERED ACCORDING TO NPPNIOPN T-4M CONSIDERED ACCORDING TO MOST HEALTH NETWORK T-AE ADMINISTRATION EXPENSE T-AJ ADJUSTMENT TO PREVIOUSLY CONSIDERED CLAIM T-AN MAXIMUM ALLOWABLE FOR ANESTHESIOLOGIST AND CRNA T-B2 BEECHSTREET NETWORK DISCOUNT APPLIED T-C3 CONSIDERED ACCORDING TO THE NEGOTIATED T-C6 CONSIDERED ACCORDING TO THE NEGOTIATED T-C7 CONSIDERED ACCORDING TO THE NEGOTIATED T-C8 CONSIDERED ACCORDING TO THE NEGOTIATED T-C9 CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-C0 BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWORK (GHN) T-11 CONSIDERED ACCORDING TO GALAXY HEALTH NETWORK (GHN) T-12 CONSIDERED ACCORDING TO INTERGROUP T-M CONSIDERED ACCORDING TO INTERGROUP T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO POPIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO POPIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO POPIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE		
B-259 Balance payable after other insurance T-01 PRESCRIPTION T-08 CONSIDERED ACCORDING TO NPPN/OPN T-M CONSIDERED ACCORDING TO AMOST HEALTH NETWORK T-AE ADMINISTRATION EXPENSE T-AJ ADJUSTMENT TO PREVIOUSLY CONSIDERED CLAIM T-AN MAXIMUM ALLOWABLE FOR ANESTHESIOLOGIST AND CRNA T-B2 BEECHSTREET NETWORK DISCOUNT APPLIED T-C3 CONSIDERED ACCORDING TO THE NEGOTIATED T-C4 CONSIDERED ACCORDING TO CONTRACT WITH T-CD CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-C0 BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-11 CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-12 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INTERGROUP T-ND CHARGES NEED ACCORDING TO INTERGROUP T-ND CONSIDERED ACCORDING TO INTERGROUP T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO ONTER TWITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P# CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	3-187	Primary carrier's discount is not covered
T-01 PRESCRIPTION T-08 CONSIDERED ACCORDING TO NPPNIOPN T-4M CONSIDERED ACCORDING TO AMOST HEALTH NETWORK T-AE ADMINISTRATION EXPENSE T-AJ ADJUSTMENT TO PREVIOUSLY CONSIDERED CLAIM T-AN MAXIMUM ALLOWABLE FOR AMESTHESIOLOGIST AND CRNA T-B2 BEECHSTREET NETWORK DISCOUNT APPLIED T-C3 CONSIDERED ACCORDING TO THE NEGOTIATED T-C6 CONSIDERED ACCORDING TO CONTRACT WITH T-CD CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-C0 BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWORK (GHN) T-11 CONSIDERED ACCORDING TO GALAXY HEALTH NETWORK (GHN) T-12 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N6 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P\$ CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PRANCATE WHEN HEALTH SERVICES T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	3-254	Adjustment to previously processed claim
T-08 CONSIDERED ACCORDING TO NPPN/OPN T-4M CONSIDERED ACCORDING TO 4MOST HEALTH NETWORK T-AE ADMINISTRATION EXPENSE T-AJ ADJUSTMENT TO PREVIOUSLY CONSIDERED CLAIM T-AN MAXIMUM ALLOWABLE FOR ANESTHESIOLOGIST AND CRNA T-82 BEECHSTREET NETWORK DISCOUNT APPLIED T-C3 CONSIDERED ACCORDING TO THE NEGOTIATED T-C48 CONSIDERED ACCORDING TO CONTRACT WITH T-CD CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-C0 BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-11 CONSIDERED ACCORDING TO CONTRACT WITH HIG/HPO T-12 CONSIDERED ACCORDING TO CONTRACT WITH HIG/HPO T-12 CONSIDERED ACCORDING TO INTERGROUP T-MM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P1 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P1 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P2 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P3 CONSIDERED ACCORDING TO PLAN CARE AMERICA T-P4 BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND GUSTOMARY ALLOWANCE	3-259	Balance payable after other insurance
T-4M CONSIDERED ACCORDING TO 4MOST HEALTH NETWORK T-AE ADMINISTRATION EXPENSE T-AJ ADJUSTMENT TO PREVIOUSLY CONSIDERED CLAIM T-AN MAXIMUM ALLOWABLE FOR ANESTHESIOLOGIST AND CRNA T-B2 BEECHSTREET NETWORK DISCOUNT APPLIED T-C3 CONSIDERED ACCORDING TO THE NEGOTIATED T-C4 CONSIDERED ACCORDING TO CONTRACT WITH T-CD CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-C0 BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-11 CONSIDERED ACCORDING TO CONTRACT WITH HIG/HPO T-12 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P1 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P1 CONSIDERED ACCORDING TO POVIDER SELECT T-P1 CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND GUSTOMARY ALLOWANCE	Г-01	PRESCRIPTION
T-AE ADMINISTRATION EXPENSE T-AJ ADJUSTMENT TO PREVIOUSLY CONSIDERED CLAIM T-AN MAXIMUM ALLOWABLE FOR ANESTHESIOLOGIST AND CRNA T-B2 BEECHSTREET NETWORK DISCOUNT APPLIED T-C3 CONSIDERED ACCORDING TO THE NEGOTIATED T-C6 CONSIDERED ACCORDING TO THE NEGOTIATED T-C0 CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-C0 BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-11 CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-12 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-08	CONSIDERED ACCORDING TO NPPN/OPN
T-AJ ADJUSTMENT TO PREVIOUSLY CONSIDERED CLAIM T-AN MAXIMUM ALLOWABLE FOR ANESTHESIOLOGIST AND CRNA T-B2 BEECHSTREET NETWORK DISCOUNT APPLIED T-C3 CONSIDERED ACCORDING TO THE NEGOTIATED T-C8 CONSIDERED ACCORDING TO CONTRACT WITH T-CD CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-C0 BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-I1 CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-I2 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P1 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	Γ-4M	CONSIDERED ACCORDING TO 4MOST HEALTH NETWORK
T-AN MAXIMUM ALLOWABLE FOR ANESTHESIOLOGIST AND CRNA T-B2 BEECHSTREET NETWORK DISCOUNT APPLIED T-C3 CONSIDERED ACCORDING TO THE NEGOTIATED T-C6 CONSIDERED ACCORDING TO CONTRACT WITH T-CD CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-C0 BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWIRK (GHN) T-H1 CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO T-I2 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	-AE	ADMINISTRATION EXPENSE
T-B2 BEECHSTREET NETWORK DISCOUNT APPLIED T-C3 CONSIDERED ACCORDING TO THE NEGOTIATED T-C6 CONSIDERED ACCORDING TO CONTRACT WITH T-CD CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-C0 BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-I1 CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO T-I2 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	Γ-AJ	ADJUSTMENT TO PREVIOUSLY CONSIDERED CLAIM
T-C3 CONSIDERED ACCORDING TO THE NEGOTIATED T-C8 CONSIDERED ACCORDING TO CONTRACT WITH T-CD CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-C0 BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-I1 CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO T-I2 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO OPTIME HEALTH SERVICES T-PP CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	Γ-AN	MAXIMUM ALLOWABLE FOR ANESTHESIOLOGIST AND CRNA
T-08 CONSIDERED ACCORDING TO CONTRACT WITH T-CD CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-CO BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-11 CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO T-12 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-B2	BEECHSTREET NETWORK DISCOUNT APPLIED
T-CD CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE T-CO BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-11 CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO T-12 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-C3	CONSIDERED ACCORDING TO THE NEGOTIATED
T-CO BENEFITS COORDINATED WITH YOUR OTHER INSURANCE T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-I1 CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO T-I2 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	Г-с8	CONSIDERED ACCORDING TO CONTRACT WITH
T-DP CHARGES WERE PREVIOUSLY CONSIDERED T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-I1 CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO T-I2 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-CD	CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE
T-GH CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN) T-I1 CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO T-I2 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	r-co	BENEFITS COORDINATED WITH YOUR OTHER INSURANCE
T-I1 CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO T-I2 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-DP	CHARGES WERE PREVIOUSLY CONSIDERED
T-I2 CONSIDERED ACCORDING TO INTERGROUP T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	Г-GH	CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN)
T-IM CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-I1	CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO
T-N1 NO DISCOUNT AVAILABLE T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-I2	CONSIDERED ACCORDING TO INTERGROUP
T-N5 CONSIDERED ACCORDING TO NPPN T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	Γ-IM	CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS
T-NC SERVICES ARE NOT COVERED BY YOUR PLAN T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	Γ-N1	NO DISCOUNT AVAILABLE
T-ND CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-N5	CONSIDERED ACCORDING TO NPPN
T-OA CONSIDERED ACCORDING TO CONTRACT WITH T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-NC	SERVICES ARE NOT COVERED BY YOUR PLAN
T-P# CONSIDERED ACCORDING TO PRIME HEALTH SERVICES T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	Γ-ND	CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A
T-P9 CONSIDERED ACCORDING TO PROVIDER SELECT T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	Г-ОА	CONSIDERED ACCORDING TO CONTRACT WITH
T-PL CONSIDERED ACCORDING TO PLAN CARE AMERICA T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-P#	CONSIDERED ACCORDING TO PRIME HEALTH SERVICES
T-PR BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-P9	CONSIDERED ACCORDING TO PROVIDER SELECT
T-RC CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE	T-PL	CONSIDERED ACCORDING TO PLAN CARE AMERICA
	T-PR	BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT
I	T-RC	CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE
T-US CONSIDERED ACCORDING TO CONTRACT WITH USA/MCO	T-US	CONSIDERED ACCORDING TO CONTRACT WITH USA/MCO



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Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid
2011-2012									
Group Name:	HOUSTON COMMUN	IITY COLLEGE							
BASKETBAL	_L-WOMEN								
1201291501	02/25 - 02/25/2012			\$0.00	T-N1	\$0.00	\$0.00	\$0.00	\$0.00
	BASKETBALL-WOMEN		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
SOCCER-ME	EN .								
1104553202	10/01 - 10/01/2011	SUGAR LAND 24 HOUR HOSPITAL		\$0.00	T-CO	\$750.00	\$0.00	\$0.00	\$189.05
1104553204	02/15 - 02/15/2012	MEDIX TECHNOLOGIES		\$0.00	T-CO	\$0.00	\$1,025.00	\$0.00	\$1,025.00
1104553201	10/01 - 10/01/2011			\$0.00	T-N1	\$0.00	\$0.00	\$0.00	\$0.00
1104553202	10/01 - 10/01/2011	SUGAR LAND 24 HOUR HOSPITAL		\$271.04	T-PR	\$0.00	\$0.00	\$0.00	\$0.00
1201952702	03/31 - 03/31/2012	HOUSTON RADIOLOGY ASSOCIATED		\$0.00		\$0.00	\$0.00	\$0.00	\$46.00
1201952703	03/31 - 03/31/2012	METHODIST SUGAR LAND HOSPITAL		\$0.00		\$750.00	\$0.00	\$0.00	\$1,413.25
1201952705	03/31 - 03/31/2012	DURA MEDIC LLC		\$81.00	T-C3	\$0.00	\$0.00	\$81.00	\$189.00
1201952701	03/30 - 03/31/2012			\$0.00	T-N1	\$0.00	\$0.00	\$0.00	\$0.00
1201952704	04/12 - 04/12/2012	TMH PHYSICIAN ORGANIZATION		\$70.60	T-PL	\$0.00	\$0.00	\$70.60	\$282.40
	SOCCER-MEN		\$6,092.34	\$422.64		\$1,500.00	\$1,025.00	\$151.60	\$3,144.70
	HOUSTON COMMUNITY COL	LEGE	\$6,092.34	\$422.64		\$1,500.00	\$1,025.00	\$151.60	\$3,144.70



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Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid	
	2011-2012		\$6,092.34	\$422.64		\$1,500.00	\$1,025.00	\$151.60	\$3,144.70	

Ineligible Codes:

B-187	Primary carrier's discount is not covered
B-254	Adjustment to previously processed claim
B-259	Balance payable after other insurance
T-01	PRESCRIPTION
T-08	CONSIDERED ACCORDING TO NPPN/OPN
T-4M	CONSIDERED ACCORDING TO 4MOST HEALTH NETWORK
T-AE	ADMINISTRATION EXPENSE
T-AJ	ADJUSTMENT TO PREVIOUSLY CONSIDERED CLAIM
T-AN	MAXIMUM ALLOWABLE FOR ANESTHESIOLOGIST AND CRNA
T-B2	BEECHSTREET NETWORK DISCOUNT APPLIED
T-C3	CONSIDERED ACCORDING TO THE NEGOTIATED
T-c8	CONSIDERED ACCORDING TO CONTRACT WITH
T-CD	CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE
T-CO	BENEFITS COORDINATED WITH YOUR OTHER INSURANCE
T-DP	CHARGES WERE PREVIOUSLY CONSIDERED
T-GH	CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN)
T-I1	CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO
T-I2	CONSIDERED ACCORDING TO INTERGROUP
T-IM	CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS
T-N1	NO DISCOUNT AVAILABLE
T-N5	CONSIDERED ACCORDING TO NPPN
T-NC	SERVICES ARE NOT COVERED BY YOUR PLAN
T-ND	CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A
T-OA	CONSIDERED ACCORDING TO CONTRACT WITH
T-P#	CONSIDERED ACCORDING TO PRIME HEALTH SERVICES
T-P9	CONSIDERED ACCORDING TO PROVIDER SELECT
T-PL	CONSIDERED ACCORDING TO PLAN CARE AMERICA
T-PR	BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT
T-RC	CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE
T-US	CONSIDERED ACCORDING TO CONTRACT WITH USA/MCO



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Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid
2012-2013									
Group Name:	HOUSTON COMMU	NITY COLLEGE							
BASKETBAL	_L-MEN								
1300080102	11/19 - 11/19/2012	ST LUKES EPISCOPAL HOSPITAL		\$0.00		\$750.00	\$0.00	\$0.00	\$1,021.00
1300080101	11/16 - 11/16/2012	ST LUKES EPISCOPAL HOSPITAL		\$0.00	T-N1	\$0.00	\$0.00	\$0.00	\$0.00
	BASKETBALL-MEN		\$1,771.00	\$0.00		\$750.00	\$0.00	\$0.00	\$1,021.00
BASKETBAL				40.00	T.04	047.05		00.00	20.00
1202786403	10/17 - 10/17/2012 10/17 - 10/17/2012	TMH PHYSICIAN ASSOC		\$0.00 \$117.00	T-01 T-l1	\$47.65 \$0.00	\$0.00 \$0.00	\$0.00 \$117.00	\$0.00 \$235.00
1202786406	10/17 - 10/17/2012	TIVIN PRI SICIAN ASSUC		\$0.00	T-N1	\$0.00	\$0.00	\$0.00	\$0.00
1202786401	10/05 - 10/12/2012	WEST HOUSTON FAMILY PRACTICE		\$0.00	T-N1	\$344.00	\$0.00	\$0.00	\$0.00
1202786402 1202786404	10/19 - 10/19/2012	METHODIST SUGAR LAND HOSPITAL		\$0.00	T-N1	\$270.00	\$0.00	\$0.00	\$0.00
1202786404	11/06 - 11/16/2012	METHODIST SUGAR LAND HOSPITAL		\$339.45	T-PL	\$88.35	\$0.00	\$339.45	\$1,269.45
1202788405	10/13 - 10/13/2012	WEST HOUSTON EMERGENCY PHY		\$0.00	146	\$0.00	\$0.00	\$0.00	\$310.00
1202798905	10/13 - 10/13/2012	HOUSTON RADIOLOGY ASSOCIATED		\$7.05	T-I1	\$0.00	\$0.00	\$7.05	\$39.95
1202798904	10/16 - 11/07/2012	ATHLETIC ORTHOPEDICS		\$493.20	T-IM	\$0.00	\$0.00	\$493.20	\$1,972.80
1202798906	11/09 - 11/09/2012	ATHLETIC ORTHOPEDICS		\$42.00	T-IM	\$0.00	\$0.00	\$42.00	\$168.00
1202798908	11/27 - 11/27/2012	JACK E JENSEN, MD		\$21.00	T-IM	\$0.00	\$0.00	\$21.00	\$84.00
1202798901	10/12 - 10/12/2012			\$0.00	T-N1	\$0.00	\$0.00	\$0.00	\$0.00
1202798902	10/13 - 10/13/2012	METHODIST SUGAR LAND HOSPITAL		\$282.80	T-PL	\$750.00	\$0.00	\$282.80	\$381.20
	BASKETBALL-WOMEN		\$7,262.90	\$1,302.50		\$1,500.00	\$0.00	\$1,302.50	\$4,460.40
222255 145			¥1,202.00	71,012.00		\$1,000.00	ψυ.υυ	\$1,002.00	ψ4,400.40
SOCCER-ME 1300302612	06/21 - 06/21/2013	OPA I LTD		\$0.00		\$0.00	\$0.00	\$0.00	\$669.15
1300351903	05/03 - 05/03/2013	PROVIDER ALLIANCE NETWORK		\$0.00	T-AE	\$0.00	\$0.00	\$0.00	\$3,311.25
1300351904	05/13 - 06/10/2013	PROVIDER ALLIANCE NETWORK		\$0.00	T-AE	\$0.00	\$0.00	\$0.00	\$881.50
1300302608	02/15 - 02/15/2013	ST LUKES SUGAR LAND HOSPITAL		\$0.00	T-AJ	\$0.00	\$0.00	\$0.00	\$629.20
1300302613	02/09 - 02/09/2013	ST MICHAELS EMERGENCY CENTER		\$64.03	T-C3	\$0.00	\$0.00	\$64.03	\$1,216.60
1300302615	02/09 - 02/09/2013	SUGARLAND EMERGENCY PHYSICIAN		\$35.50	T-c8	\$0.00	\$0.00	\$35.50	\$319.50
1300302604	03/28 - 04/23/2013	MHHS SUGAR LAND HOSPITAL		\$454.00	T-GH	\$0.00	\$0.00	\$454.00	\$1,816.00
1300302610	06/12 - 06/14/2013	MHHS SUGAR LAND HOSPITAL		\$243.20	T-GH	\$0.00	\$0.00	\$243.20	\$972.80
1300302603	02/15 - 02/15/2013	SINGLETON ASSOCIATES		\$371.59	T-IM	\$0.00	\$0.00	\$371.59	\$87.41
1300302601	02/09 - 02/09/2013			\$0.00	T-N1	\$0.00	\$0.00	\$0.00	\$0.00
1300302605	05/03 - 05/03/2013	GREATER HOUSTON ANESTHESIOLOGY		\$1,562.65	T-N1	\$0.00	\$0.00	\$0.00	\$1,407.35
1300302611	05/03 - 05/03/2013	KEY ACCESS INSTITUTE, LLC		\$5,788.87	T-N1	\$0.00	\$0.00	\$0.00	\$1,320.48
1300302614	06/18 - 07/17/2013	ERMI, INC		\$4,403.80	T-NC	\$0.00	\$0.00	\$0.00	\$0.00
1300302606	05/03 - 05/03/2013	ST LUKES SUGAR LAND HOSPITAL		\$13,245.00	T-OA	\$0.00	\$0.00	\$13,245.00	\$7,500.00
1300302609	05/13 - 06/10/2013	MHHS SUGAR LAND HOSPITAL		\$3,526.00	T-OA	\$0.00	\$0.00	\$3,526.00	\$1,250.00
1300302602	02/15 - 02/15/2013	ST LUKES SUGAR LAND HOSPITAL		\$0.00	T-PL	\$0.00	\$0.00	\$0.00	\$0.00



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Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid
1202799001	09/22 - 09/22/2012	SAN JACINTO METHODIST HOSPITAL		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
1202799002	09/22 - 09/22/2012	EMERGENCY PHYS PROF ASSOC		\$0.00		\$0.00	\$0.00	\$0.00	\$710.00
1202799001	09/22 - 09/22/2012	SAN JACINTO METHODIST HOSPITAL		\$0.00	T-N1	\$750.00	\$0.00	\$0.00	\$904.00
1300029201	11/15 - 12/10/2012	ROBERT H FAIN, MD		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
1300029202	01/16 - 01/16/2013	ROBERT H FAIN, MD		\$0.00		\$215.00	\$0.00	\$0.00	\$0.00
1300289101	11/15 - 02/04/2013	PROVIDER ALLIANCE NETWORK		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
1300289103	01/25 - 01/25/2013	COALITION AMERICA		\$0.00		\$0.00	\$0.00	\$0.00	\$83.38
1300029210	02/04 - 02/04/2013	ANESTHESIOLOGY UTP		\$0.00		\$0.00	\$0.00	\$0.00	\$595.00
1300289101	11/15 - 02/04/2013	PROVIDER ALLIANCE NETWORK		\$0.00	T-AE	\$0.00	\$0.00	\$0.00	\$3,467.83
1300289102	02/04 - 02/04/2013	PROVIDER ALLIANCE NETWORK		\$0.00	T-AE	\$0.00	\$0.00	\$0.00	\$6,512.25
1300029211	02/04 - 02/04/2013	ANESTHESIOLOGY UTP		\$1,400.00	T-AN	\$0.00	\$0.00	\$0.00	\$0.00
1300029203	01/16 - 01/16/2013	MHHS HERMANN HOSPITAL		\$100.95	T-GH	\$305.00	\$0.00	\$100.95	\$98.80
1300029206	01/25 - 01/25/2013	FONDREN ORTHOPEDIC GP LLP		\$362.50	T-IM	\$0.00	\$0.00	\$362.50	\$1,087.50
1300029212	02/04 - 02/04/2013	ANESTHESIOLOGY UTP		\$0.00	T-IM	\$0.00	\$0.00	\$0.00	\$0.00
1300029201	11/15 - 12/10/2012	ROBERT H FAIN, MD		\$0.00	T-N1	\$230.00	\$0.00	\$0.00	\$0.00
1300029210	02/04 - 02/04/2013	ANESTHESIOLOGY UTP		\$126.12	T-N1	\$0.00	\$0.00	\$0.00	\$1,273.88
1300029205	02/04 - 02/10/2013	TGZ ACQUIS CO, LLC		\$0.00	T-N1	\$0.00	\$0.00	\$0.00	\$484.00
1300029209	01/16 - 01/16/2013	RADIOLOGY UTP		\$17.80	T-N5	\$0.00	\$0.00	\$17.80	\$71.20
1300029202	01/16 - 01/16/2013	ROBERT H FAIN, MD		\$0.02	T-NC	\$0.00	\$0.00	\$0.00	\$0.00
1300029208	02/04 - 02/04/2013	STATCARE O&P DME		\$970.00	T-ND	\$0.00	\$0.00	\$970.00	\$1,000.00
1300029207	02/04 - 02/04/2013	MEMORIAL HERMANN TEXAS MEDICAL		\$26,049.00	T-OA	\$0.00	\$0.00	\$26,049.00	\$9,340.00
1300029204	02/04 - 02/04/2013	ROBERT H FAIN, MD		\$3,164.57	T-OA	\$0.00	\$0.00	\$3,164.57	\$385.43
1300029204	02/04 - 02/04/2013	ROBERT H FAIN, MD		\$2,068.42	T-OA	\$0.00	\$0.00	\$2,068.42	\$381.58
1300029204	02/04 - 02/04/2013	ROBERT H FAIN, MD		\$8,638.33	T-OA	\$0.00	\$0.00	\$8,638.33	\$2,212.58
1300351901	02/15 - 02/15/2013	COALITION AMERICA		\$0.00		\$0.00	\$0.00	\$0.00	\$85.47
1300351902	02/15 - 02/15/2013	COALITION AMERICA		\$0.00		\$0.00	\$0.00	\$0.00	\$144.72
1300302607	02/15 - 02/15/2013	ST LUKES SUGAR LAND HOSPITAL		\$0.00		\$750.00	\$0.00	\$0.00	\$1,766.90
	SOCCER-MEN		\$126,828.11	\$72,592.35		\$2,250.00	\$0.00	\$59,310.89	\$51,985.76
	HOUSTON COMMUNITY	COLLEGE	\$135,862.01	\$73,894.85		\$4,500.00	\$0.00	\$60,613.39	\$57,467.16



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Prepared: 06/22/2015

Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid
	2012-2013		\$135,862.01	\$73,894.85		\$4,500.00	\$0.00	\$60,613.39	\$57,467.16

Ineligible Codes:



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Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid
2013-2014									
Group Name:	HOUSTON COMM	UNITY COLLEGE							
BASKETBAL	L-WOMENS								
1400071210	08/13 - 09/24/2014	SELECT PHYSICAL THERAPY HOLDINGS IN		\$0.00		\$0.00	\$0.00	\$0.00	\$2,525.00
1400071205	05/19 - 06/25/2014	SELECT PHYSICAL THERAPY HOLDINGS		\$656.10	T-08	\$0.00	\$0.00	\$656.10	\$2,988.90
1400071207	06/30 - 07/28/2014	SELECT PHYSICAL THERAPY HOLDINGS		\$458.10	T-08	\$0.00	\$0.00	\$458.10	\$2,086.90
1400071208	08/06 - 08/08/2014	SELECT PHYSICAL THERAPY HOLDINGS		\$40.50	T-4M	\$0.00	\$0.00	\$40.50	\$364.50
1400071206	04/06 - 04/06/2014	ACS PRIMARY CARE PHYS SW PA		\$540.00	T-DP	\$0.00	\$0.00	\$0.00	\$0.00
1400071202	04/06 - 04/06/2014	MEMORIAL HERMANN TRC		\$476.60	T-GH	\$750.00	\$0.00	\$476.60	\$1,156.40
1400071201	04/06 - 04/06/2014			\$0.00	T-N1	\$0.00	\$0.00	\$0.00	\$0.00
1400071203	04/06 - 04/06/2014	SYNERGY RADIOLOGY ASSOCIATES		\$4.80	T-N5	\$0.00	\$0.00	\$4.80	\$43.20
1400071204	04/06 - 04/06/2014	ACS PRIMARY CARE PHYS SW PA		\$162.00	T-P#	\$0.00	\$0.00	\$162.00	\$378.00
1400071206	04/06 - 04/06/2014	ACS PRIMARY CARE PHYS SW PA		\$126.22	T-RC	\$0.00	\$0.00	\$0.00	\$163.78
1400071210	08/13 - 09/24/2014	SELECT PHYSICAL THERAPY HOLDINGS IN		\$35.00	T-RC	\$0.00	\$0.00	\$0.00	\$205.00
	BASKETBALL-WOMENS		\$13,161.00	\$2,499.32		\$750.00	\$0.00	\$1,798.10	\$9,911.68
	HOUSTON COMMUNITY	COLLEGE	\$13,161.00	\$2,499.32		\$750.00	\$0.00	\$1,798.10	\$9,911.68



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Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid	
	2013-2014		\$13,161.00	\$2,499.32		\$750.00	\$0.00	\$1,798.10	\$9,911.68	

Ineligible Codes:



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Basketball-MEN 492327 1 499322 1 508200 1 513483 1 Soccer-MEN 462527 1 477370 1	DUSTON COMMUNIT 12/19/2014-12/19/2014 12/19/2014-12/19/2014 12/19/2014-12/19/2014 12/19/2014-12/19/2014 Basketball-MEN 11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/12/2014-11/12/2014	Park Ten Surgical Center Stratose Gulf Anesthesia Associates Gulf Anesthesia Associates Tx Orhtopedic Hospital Stratose Fondren Orthopedic GP LLP	\$9,824.56	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	B-187 B-187	\$750.00 \$0.00 \$0.00 \$0.00 \$750.00	\$0.00 \$0.00 \$900.00 \$1,029.15 \$1,929.15	\$3,454.59 \$0.00 \$0.00 \$0.00 \$3,454.59	\$2,575.4 \$794.56 \$225.00 \$95.83
Basketball-MEN 492327 1 499322 1 508200 1 513483 1 Soccer-MEN 462527 1 477370 1	12/19/2014-12/19/2014 12/19/2014-12/19/2014 12/19/2014-12/19/2014 12/19/2014-12/19/2014 Basketball-MEN 11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/12/2014-11/12/2014	Park Ten Surgical Center Stratose Gulf Anesthesia Associates Gulf Anesthesia Associates Tx Orhtopedic Hospital Stratose	\$9,824.56	\$0.00 \$0.00 \$0.00 \$0.00		\$0.00 \$0.00 \$0.00	\$0.00 \$900.00 \$1,029.15	\$0.00 \$0.00 \$0.00	\$794.56 \$225.00 \$95.88
492327 1 499322 1 508200 1 513483 1 SOCCET-MEN 462527 1 477370 1	12/19/2014-12/19/2014 12/19/2014-12/19/2014 12/19/2014-12/19/2014 Basketball-MEN 11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/12/2014-11/12/2014	Stratose Gulf Anesthesia Associates Gulf Anesthesia Associates Tx Orhtopedic Hospital Stratose	\$9,824.56	\$0.00 \$0.00 \$0.00 \$0.00		\$0.00 \$0.00 \$0.00	\$0.00 \$900.00 \$1,029.15	\$0.00 \$0.00 \$0.00	\$794.56 \$225.00 \$95.88
499322 1 508200 1 513483 1 SOCCET-MEN 462527 1 477370 1	12/19/2014-12/19/2014 12/19/2014-12/19/2014 12/19/2014-12/19/2014 Basketball-MEN 11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/12/2014-11/12/2014	Stratose Gulf Anesthesia Associates Gulf Anesthesia Associates Tx Orhtopedic Hospital Stratose	\$9,824.56	\$0.00 \$0.00 \$0.00 \$0.00		\$0.00 \$0.00 \$0.00	\$0.00 \$900.00 \$1,029.15	\$0.00 \$0.00 \$0.00	\$794.56 \$225.00 \$95.88
508200 1 513483 1 SOCCET-MEN 462527 1 477370 1	12/19/2014-12/19/2014 12/19/2014-12/19/2014 Basketball-MEN 11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/24/2014-11/24/2014 11/12/2014-11/12/2014	Gulf Anesthesia Associates Gulf Anesthesia Associates Tx Orhtopedic Hospital Stratose	\$9,824.56	\$0.00 \$0.00 \$0.00		\$0.00 \$0.00	\$900.00 \$1,029.15	\$0.00 \$0.00	\$225.0 \$95.8
513483 1 Soccer-MEN 462527 1 477370 1	12/19/2014-12/19/2014 Basketball-MEN 11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/12/2014-11/12/2014	Gulf Anesthesia Associates Tx Orhtopedic Hospital Stratose	\$9,824.56	\$0.00 \$0.00		\$0.00	\$1,029.15	\$0.00	\$95.8
Soccer-MEN 462527 1 477370 1	Basketball-MEN 11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/24/2014-11/24/2014 11/12/2014-11/12/2014	Tx Orhtopedic Hospital Stratose	\$9,824.56	\$0.00	B-187				
Soccer-MEN 462527 1 477370 1	11/12/2014-11/12/2014 11/12/2014-11/12/2014 11/24/2014-11/24/2014 11/12/2014-11/12/2014	Stratose	\$9,824.56			\$750.00	\$1,929.15	\$3,454.59	\$3,690.8
462527 1 477370 1	11/12/2014-11/12/2014 11/24/2014-11/24/2014 11/12/2014-11/12/2014	Stratose		\$0.00					
477370 1	11/12/2014-11/12/2014 11/24/2014-11/24/2014 11/12/2014-11/12/2014	Stratose		\$0.00					
	11/24/2014-11/24/2014 11/12/2014-11/12/2014					\$750.00	\$0.00	\$505.20	\$3,796.8
478677 1	11/12/2014-11/12/2014	Fondren Orthopedic GP LLP		\$0.00		\$0.00	\$0.00	\$0.00	\$116.2
				\$0.00		\$0.00	\$0.00	\$29.75	\$89.
482537 1	441041004444410415555	Musculoskeletal Radiology		\$0.00		\$0.00	\$0.00	\$321.89	\$123.
492424 1	11/24/2014-11/24/2014	Stratose		\$0.00		\$0.00	\$0.00	\$0.00	\$6.
492425 1	11/12/2014-11/12/2014	Stratose		\$0.00		\$0.00	\$0.00	\$0.00	\$74.
	Soccer-MEN		\$5,813.07	\$0.00		\$750.00	\$0.00	\$856.84	\$4,206.
Soccer-WOMEN									
459014 1	10/20/2014-10/20/2014	Tmh Physician Organization		\$0.00	B-187	\$99.75	\$0.00	\$136.25	\$0.
471305 1	10/20/2014-10/20/2014	Tmh Physician Organization		\$0.00	B-187	\$99.75	\$0.00	\$136.25	\$0.
471559 1	11/03/2014-11/03/2014	Tmh Physician Organization		\$0.00	B-259	\$697.85	\$0.00	\$0.00	\$0.
471561 1	11/03/2014-11/03/2014	Tmh Physician Organization		\$0.00	B-187	\$0.00	\$1,296.54	\$0.00	\$232.
471564 1	11/03/2014-11/03/2014	Tmh Physician Organization		\$0.00	B-187	\$52.15	\$618.85	\$0.00	\$25.
471567 1	10/20/2014-10/20/2014	Tmh Physician Organization		\$0.00	B-254	\$0.00	\$211.00	\$0.00	\$25.
483508 1	11/03/2014-11/03/2014	Tmh Physician Organization		\$0.00	B-187	\$0.00	\$1,082.37	\$0.00	\$31.
508461 0	02/11/2015-02/11/2015	UT Physicians		\$0.00		\$149.00	\$0.00	\$0.00	\$0.
508462 0	02/11/2015-02/11/2015	UT Physicians		\$0.00		\$134.00	\$0.00	\$0.00	\$0.
510798 0	02/16/2015-02/16/2015	Utp4		\$0.00		\$146.00	\$0.00	\$0.00	\$0.
511902 0	02/11/2015-02/11/2015	DJO Inc		\$0.00		\$50.69	\$0.00	\$0.00	\$0.
520085 0	02/11/2015-02/11/2015	Memorial Mri And Diagnostic		\$0.00		\$270.31	\$0.00	\$525.00	\$1,829.
523975 0	02/11/2015-02/11/2015	Stratose		\$0.00		\$0.00	\$0.00	\$0.00	\$120.
524776 0	03/09/2015-03/09/2015	Utp4		\$0.00		\$0.00	\$0.00	\$97.08	\$48.
524777 0	03/09/2015-03/09/2015	Utp4		\$0.00		\$0.00	\$0.00	\$95.58	\$38.
534489 0	03/09/2015-03/09/2015	Stratose		\$0.00		\$0.00	\$0.00	\$0.00	\$44.
537486 0	03/26/2015-03/26/2015	Utp4		\$0.00		\$0.00	\$0.00	\$97.08	\$48.
542084 0	04/09/2015-04/09/2015	Utp4		\$0.00		\$0.00	\$0.00	\$29.20	\$116.
546000 0	03/26/2015-03/26/2015	Stratose		\$0.00		\$0.00	\$0.00	\$0.00	\$22.
	04/09/2015-04/09/2015	DJO Inc		\$0.00		\$0.00	\$0.00	\$39.81	\$73.9
	04/09/2015-04/09/2015	DJO Inc		\$0.00		\$0.00	\$0.00	\$34.34	\$63.7



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_	Claim Number	Incurred Dates	Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount	Amount Paid
Ī	554085	04/30/2015-04/30/2015	Utp4		\$0.00		\$0.00	\$0.00	\$97.08	\$48.92
	554354	04/09/2015-04/09/2015	Stratose		\$0.00		\$0.00	\$0.00	\$0.00	\$6.72
	561315	04/09/2015-04/09/2015	Stratose		\$0.00		\$0.00	\$0.00	\$0.00	\$17.05
	561316	04/30/2015-04/30/2015	Stratose		\$0.00		\$0.00	\$0.00	\$0.00	\$22.33
		Soccer-WOMEN		\$8,541.03	\$0.00		\$1,699.50	\$3,208.76	\$1,287.67	\$2,817.10
		HOUSTON COMMUNITY COLLEGE		\$24,178.66	\$0.00		\$3,199.50	\$5,137.91	\$5,599.10	\$10,714.15
		2014-2015		\$24,178.66	\$0.00		\$3,199.50	\$5,137.91	\$5,599.10	\$10,714.15

Ineligible Codes:



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Paid

Claim Nu	imber Incurred Dates Provider Name	Total Charges	Ineligible Charges	Ineligible Code	Benefit Deductible	COB Savings	Discount
B-187	Primary carrier's discount is not covered			7			
B-254	Adjustment to previously processed claim						
B-259	Balance payable after other insurance						
T-01	PRESCRIPTION						
T-08	CONSIDERED ACCORDING TO NPPN/OPN						
T-4M	CONSIDERED ACCORDING TO 4MOST HEALTH NETWORK						
T-AE	ADMINISTRATION EXPENSE						
T-AJ	ADJUSTMENT TO PREVIOUSLY CONSIDERED CLAIM						
T-AN	MAXIMUM ALLOWABLE FOR ANESTHESIOLOGIST AND CRNA						
T-B2	BEECHSTREET NETWORK DISCOUNT APPLIED						
T-C3	CONSIDERED ACCORDING TO THE NEGOTIATED						
T-c8	CONSIDERED ACCORDING TO CONTRACT WITH						
T-CD	CHARGES PREVIOUSLY APPLIED TO DEDUCTIBLE						
T-CO	BENEFITS COORDINATED WITH YOUR OTHER INSURANCE						
T-DP	CHARGES WERE PREVIOUSLY CONSIDERED						
T-GH	CONSIDERED ACCORDING TO GALAXY HEALTH NETWRK (GHN)						
T-I1	CONSIDERED ACCORDING TO CONTRACT WITH IHG/HPO						
T-I2	CONSIDERED ACCORDING TO INTERGROUP						
T-IM	CONSIDERED ACCORDING TO INDEPENDENT MEDICAL SYSTMS						
T-N1	NO DISCOUNT AVAILABLE						
T-N5	CONSIDERED ACCORDING TO NPPN						
T-NC	SERVICES ARE NOT COVERED BY YOUR PLAN						
T-ND	CHARGES HAVE BEEN ADJUSTED IN ACCORDANCE WITH A						
T-OA	CONSIDERED ACCORDING TO CONTRACT WITH						
T-P#	CONSIDERED ACCORDING TO PRIME HEALTH SERVICES						
T-P9	CONSIDERED ACCORDING TO PROVIDER SELECT						
T-PL	CONSIDERED ACCORDING TO PLAN CARE AMERICA						
T-PR	BENEFITS REFLECT PRIMARY CARRIERS DISCOUNT						
T-RC	CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE						
T-US	CONSIDERED ACCORDING TO CONTRACT WITH USA/MCO						



Houston Community College

Field Trip Coverage
Premium and Loss History Updated through 05/31/2015

Policy Year	Gro	ss Premium	Pa	id Claims	Loss Ratio
2007-2008	\$	6,695.00	\$	-	0%
2008-2009	\$	9,618.00	\$	-	0%
2009-2010	\$	11,501.00	\$	-	0%
2010-2011	\$	10,997.00	\$	-	0%
2011-2012	\$	18,466.00	\$	-	0%
2012-2013	\$	16,975.00	\$	-	0%
2013-2014	\$	9,814.00	\$	-	0%
2014-2015	\$	13,586.00	\$	-	0%



RISK MANAGEMENT INSURANCE PREMIUMS

			2010-2011		2011-2012		2012-2013		2013-2014		2014-2015
			Premium		Premium		Premium		Premium		Premium
a.	Property Buildings/Contents/Computers ¹	\$	3,755,725.00		\$4,535,931.00		\$4,786,459.00		\$4,713,840.00	\$	4,284,000.00
	Electronic Data Equipment	Ir	ncluded in Prop		Included in Prop		Included in Prop		Included in Prop	ļ	ncluded in Prop
	Flood	\$	403,590.00		\$275,000.00		\$275,000.00		\$281,951.00	\$	300,000.00
	Terrorism (Included in Primary)	Inc	luded in Primary	In	cluded in Primary	In	cluded in Primary	Inc	luded in Primary	Incl	uded in Primary
	Mold (Included in Primary)	Inc	luded in Primary	In	cluded in Primary	ln	cluded in Primary	Inc	luded in Primary	Incl	uded in Primary
b.	Boiler & Machinery	\$	30,000.00		\$30,000.00		\$25,000.00		\$30,000.00	\$	32,158.00
C.	General Liability	\$	209,980.00		\$210,000.00		\$216,473.00		\$207,641.00	\$	281,754.00
c.1	Police Professional Liability	I	ncluded in GL		Included in GL		Included in GL		Included in GL		Included in GL
c.2	Allied Health/Other Student Professional	I	ncluded in GL		Included in GL		Included in GL		Included in GL		Included in GL
d.	Educators Legal Professional Liability ²	\$	442,390.00		\$405,000.00		\$444,339.00		\$398,568.00	\$	519,425.00
e.	Excess Liability	\$	104,430.00		\$105,000.00		\$109,477.00		\$85,670.00	\$	114,246.00
	Subtotal	\$	4,946,115.00	\$	5,560,931.00	\$	5,856,748.00	\$	5,717,670.00	\$	5,531,583.00
f.	Employee Dishonesty/Loss of Money	\$	8,897.00	\$	9,197.00	\$	10,116.00	\$	8,806.00	\$	8,806.00
g.	Real Estate Environmental/Asbestos Liabilility	\$	-	\$	27,974.42	\$	-	\$	-	\$	29,469.96
h.	Automobile Liability/Physical Damage ⁵	\$	215,888.00	\$	200,942.00	\$	249,288.00	\$	246,741.00	\$	265,859.00
i.	Excess Liability (3100/3200 Main Only)	\$	8,606.00	\$	8,900.00	\$	8,900.00	\$	10,973.59	\$	10,973.59
j.	Accident Coverage-Board Members-Travel Ab	\$	1,710.00	\$	1,800.00	\$	1,980.00	\$	1,810.00	\$	2,100.00
k.	Worker's Compensation/Employer's Liability ⁶	\$	417,973.00	\$	348,305.00	\$	423,841.00	\$	416,751.00	\$	426,940.00
I.	Storage Tank Liability	\$	1,041.00	\$	998.07	\$	1,097.07	\$	893.00	\$	966.00
m.	Board Members 24hr Accident-In-Town Trave	\$	-	\$	-	\$	-	\$	2,000.00	\$	2,100.00
n.	Employed Lawyer Protection	\$	-	\$	-	\$	-	\$	-	\$	18,913.00
	Subtotal	\$	654,115.00	\$	598,116.49	\$	695,222.07	\$	687,974.59	\$	766,127.55
	Student Policy Coverage										
0.	Special Risk: Truck Driver	\$	3,549.00	\$	3,000.00	\$	3,500.00	\$	3,768.00	\$	3,850.00

	GRAND TOTAL	\$ 5,882,698.00	\$ 6,501,398.49	\$ 6,649,062.07	\$ 6,522,611.59	\$ 6,415,922.55
	Subtotal	\$ 234,037.00	\$ 291,181.00	\$ 44,507.00	\$ 41,749.00	\$ 41,811.00
W.	Int'l Medical Coverage/Term Life AD&D	\$ 183,858.00	\$ 210,308.00	\$ -	\$ -	\$ -
٧.	Executive Protection Portfolio Package	\$ 7,564.00	\$ 6,983.00	\$ 7,680.00	\$ 6,598.00	\$ 6,605.00
u.	Accidental Death & Dismemberment	\$ 6,388.00	\$ 4,616.00	\$ 5,077.00	\$ 5,155.00	\$ 5,155.00
t.	International Advantage Package	\$ 36,227.00	\$ 69,274.00	\$ 31,750.00	\$ 30,051.00	\$ 30,051.00
	International Package					
	Subtotal	\$ 48,431.00	\$ 51,170.00	\$ 52,585.00	\$ 75,218.00	\$ 76,401.00
S.	Athletic Catastrophe Accident	\$ 3,541.00	\$ 3,000.00	\$ 3,000.00	\$ 2,642.00	\$ 2,642.00
r.	Athletic Accident	\$ 33,492.00	\$ 37,845.00	\$ 37,845.00	\$ 53,234.00	\$ 55,896.00
q.	Special Risk: Health Science	\$ 4,752.00	\$ 4,300.00	\$ 4,750.00	\$ 13,700.00	\$ 12,060.00
p.	Special Risk: Upward Bound	\$ 3,097.00	\$ 3,025.00	\$ 3,490.00	\$ 1,874.00	\$ 1,953.00