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Solicitation ID: 1808

Solicitation Title: RFP720-1808 Dental HMO Insurance Plan

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Organization Name: University Of Texas System - 720

Posting Requirements: 21+ Days for Solicitation Notice

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Solicitation Posting Date: 1/22/2018

Response Due Date: 2/15/2018

Response Due Time: 2:30 PM

Solicitation Description: Dental HMO Insurance Plan

Class/Item Code: 94828-Dental Services

Record Attachments

#	Name	Description
1	ESBD_File_119976_RFP 720-1808 Dental HMO Insurance Plan.docx	RFP Document
2	ESBD_File_119976_RFP720-1808 Dental HMO Insurance Plan - APPENDIX TWO.docx	Appendix Two - Sample Agreement



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REQUEST FOR PROPOSAL

RFP No. 720-1808 Dental HMO Insurance Plan

Proposal Submittal Deadline: THURSDAY, FEBRUARY 15th, 2018 at 2:30 PM CST

The University of Texas System
Office of Employee Benefits

Prepared By:
Darya Vienne
The University of Texas System
210 West 7th Street
Austin, Texas 78701-2982
dvienne@utsystem.edu
January 22, 2018

REQUEST FOR PROPOSAL

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SECTION 1

INTRODUCTION

1.1 Description of The University of Texas System

For more than 130 years, The University of Texas System (“**UT System**” and “**University**”) has been committed to improving the lives of Texans and people all over the world through education, research and health care.

The UT System is one of the nation’s largest systems of higher education with budgeted expenses for Fiscal Year (FY) 2018 at \$18.3 billion and with 14 institutions that educate more than 217,000 students and provide patient care at UT-owned and affiliated hospitals and clinics that account for more than 6.78 million outpatient visits and 1.38 million hospital days annually. Each year, UT institutions award more than one-third of all undergraduate degrees in Texas and almost two-thirds of all health professional degrees. With more than 20,000 faculty – including Nobel laureates – and more than 70,000 health care professionals, researchers, student advisors, and support staff, the UT System is one of the largest employers in the state.

The UT System ranks third in the nation in patent applications, and because of the high caliber of scientific research conducted at UT institutions, the UT System is ranked No. 1 in Texas and third in the nation in federal research expenditures. In addition, the UT System is home to three (3) of the nation’s National Cancer Institute Cancer Centers – UT MD Anderson, UT Southwestern and UT Health Science Center-San Antonio – which must meet rigorous criteria for world-class programs in cancer research.

Chancellor William H. McRaven’s ambitious vision for the UT System includes eight “Quantum Leaps,” that address many of the most significant challenges of our time, including building the nation’s next generation of leaders through core education in leadership and ethics; leading a brain health revolution by accelerating discoveries and treatments for neurological diseases; elevating higher education’s role in national security; driving unprecedented levels of collaboration between higher and K-12 education; and increasing student access and success.

Other numerous transformational initiatives implemented over the past several years have cemented UT as a national leader in higher education, including the expansion of educational opportunities in South Texas with the opening of The University of Texas Rio Grande Valley in the fall of 2015. And UT is the only system of higher education in the nation establishing not one (1), but two (2) new medical schools in 2016 at The University of Texas at Austin and UT Rio Grande Valley.

University of Texas institutions are setting the standard for excellence in higher education and will continue do so thanks to our generous donors and the leadership of the Chancellor, the Board of Regents and UT presidents.

1.2 Background and Special Circumstances

UT System’s Office of Employee Benefits (“**OEB**”) is seeking a qualified Proposer to provide competitive quotes for System’s Dental HMO Insurance Plan offered under the System Uniform Group Insurance Program to eligible employees, retirees and dependents of all 14 UT System Institutions in accordance with the terms, conditions and requirements set forth in this Request for Proposal. The intention is to maintain the level of benefits and strength of the network currently offered under the current Dental HMO plan, although adding higher benefits may be discussed during implementation.

OEB is considered a “Covered Entity” under Title 2 of the Health Insurance Portability and

Accountability Act (HIPAA) of 1996, Public Law 104-191, 1996. As such, OEB must comply with all provisions of HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH), 45 CFR §§ 160 and 164 (hereinafter collectively, “**HIPAA**”) regarding all privacy and security measures relevant to the operations of the programs within OEB when operating in a capacity subject to HIPAA. Additionally, any person or entity who performs functions or activities on behalf of, or provides certain services to a covered entity that involve access to protected health information are considered business associates under HIPAA. OEB requires appropriate Business Associate Agreements with such Proposers.

1.3 Objective of Request for Proposal

The University of Texas System is soliciting proposals in response to this Request for Proposal No.720-1808 (this “**RFP**”), from qualified Proposers to provide a dental health maintenance organization (HMO) insurance plan offered under the System Uniform Group Insurance Program (the “**Services**”) more specifically described in **Section 5** of this RFP.

1.4 Group Purchase Authority

Texas law authorizes institutions of higher education (defined by [§61.003, Education Code](#)) to use the group purchasing procurement method (ref. §§[51.9335](#), [73.115](#), and [74.008](#), *Education Code*). Additional Texas institutions of higher education may therefore elect to enter into a contract with the successful Proposer under this RFP. In particular, Proposer should note that University is part of The University of Texas System (**UT System**), which is comprised of fourteen institutions described at <http://www.utsystem.edu/institutions>. UT System institutions routinely evaluate whether a contract resulting from a procurement conducted by one of the institutions might be suitable for use by another, and if so, this RFP could give rise to additional purchase volumes. As a result, in submitting its proposal, Proposer should consider proposing a pricing model and other commercial terms that take into account the higher volumes and other expanded opportunities that could result from the eventual inclusion of other institutions in the purchase contemplated by this RFP. Any purchases made by other institutions based on this RFP will be the sole responsibility of those institutions.

SECTION 2

NOTICE TO PROPOSER

2.1 Submittal Deadline

University will accept proposals submitted in response to this RFP until 2:30 p.m., Central Standard Time (“CST”) on Thursday, February 15th, 2018 (the “**Submittal Deadline**”).

2.2 University Contact Person

Proposers will direct all questions or concerns regarding this RFP to the following University contact (“**University Contact**”):

Darya Vienne
Email: dvienne@utsystem.edu

University specifically instructs all interested parties to restrict all contact and questions regarding this RFP to written communications delivered to (i) University Contact, or (ii) if questions relate to Historically Underutilized Businesses, to HUB Coordinator (ref. **Section 2.5** of this RFP). *University Contact must receive all questions or concerns no later than 2:30 p.m. CST on Friday, February 2nd, 2018.* University will have a reasonable amount of time to respond to questions or concerns. It is University’s intent to respond to all appropriate questions and concerns; however, University reserves the right to decline to respond to any question or concern.

2.3 Criteria for Selection

The successful Proposer, if any, selected by University through this RFP will be the Proposer that submits a proposal on or before the Submittal Deadline that is the most advantageous to University. The successful Proposer is referred to as “**Contractor.**”

Proposer is encouraged to propose terms and conditions offering the maximum benefit to University in terms of (1) service, (2) total overall cost, and (3) project management expertise.

The evaluation of proposals and the selection of Contractor will be based on the information provided in the proposal. University may consider additional information if University determines the information is relevant.

Criteria to be considered by University in evaluating proposals and selecting Contractor, will be these factors:

2.3.1 Threshold Criteria Not Scored

- A. Ability of University to comply with laws regarding Historically Underutilized Businesses; and
- B. Ability of University to comply with laws regarding purchases from persons with disabilities.

2.3.2 Scored Criteria

- A. Cost (15%);
- B. Vendor Experience and Company Information (10%);
- C. Deviations (15%);
- D. Operational Services (10%);
- E. Benefit and Network Administration (20%);

- F. Customer and Account Service (20%);
- G. Technical and Data Exchange (10%).

2.4 Key Events Schedule

Issuance of RFP	January 22, 2018
Pre-Proposal Conference (ref. Section 2.6 of this RFP)	1 p.m. CST, Wednesday, January 31, 2018
Deadline for Questions / Concerns (ref. Section 2.2 of this RFP)	2:30 p.m. CST on Friday, February 2nd, 2018
Submittal Deadline (ref. Section 2.1 of this RFP)	2:30 p.m. CST on Thursday, February 15th, 2018

2.5 Historically Underutilized Businesses

2.5.1 All agencies of the State of Texas are required to make a good faith effort to assist historically underutilized businesses (each a “**HUB**”) in receiving contract awards. The goal of the HUB program is to promote full and equal business opportunity for all businesses in contracting with state agencies. Pursuant to the HUB program, if under the terms of any agreement or contractual arrangement resulting from this RFP, Contractor subcontracts any of the Services, then Contractor must make a good faith effort to utilize HUBs certified by the Procurement and Support Services Division of the Texas Comptroller of Public Accounts. Proposals that fail to comply with the requirements contained in this **Section 2.5** will constitute a material failure to comply with advertised specifications and will be rejected by University as non-responsive. Additionally, compliance with good faith effort guidelines is a condition precedent to awarding any agreement or contractual arrangement resulting from this RFP. Proposer acknowledges that, if selected by University, its obligation to make a good faith effort to utilize HUBs when subcontracting any of the Services will continue throughout the term of all agreements and contractual arrangements resulting from this RFP. Furthermore, any subcontracting of the Services by Proposer is subject to review by University to ensure compliance with the HUB program.

2.5.2 University has reviewed this RFP in accordance with [34 TAC §20.285](#), and has determined that subcontracting opportunities are probable under this RFP. The HUB participation goal for this RFP is **26%**.

- 2.5.3 A HUB Subcontracting Plan (“HSP”) is a required as part of, *but submitted separately from*, Proposer’s proposal. The HSP will be developed and administered in accordance with University’s Policy on Utilization of Historically Underutilized Businesses and incorporated for all purposes.

Each Proposer must complete and return the HSP in accordance with the terms and conditions of this RFP. Proposers that fail to do so will be considered non-responsive to this RFP in accordance with [§2161.252, Government Code](#).

Questions regarding the HSP may be directed to:

Contact: Kyle Hayes
HUB Coordinator
Phone: 512-322-3745
Email: khayes@utsystem.edu

Contractor will not be permitted to change its HSP unless: (1) Contractor completes a new HSP, setting forth all modifications requested by Contractor, (2) Contractor provides the modified HSP to University, (3) University HUB Program Office approves the modified HSP in writing, and (4) all agreements resulting from this RFP are amended in writing to conform to the modified HSP.

- 2.5.4 Proposer must submit, **via email**, one (1) HSP in PDF format to University on Thursday, February 15th, 2018 at 2:30 PM CST (ref. **Section 3.2** of this RFP.) to the email address below:

HSP Submittal Email: utadminHSP@utsystem.edu

Proposer must include the following information in the email submission:

Subject Line: RFP 720-1808, Dental HMO Insurance Plan, Proposal due date: **Thursday, February 15th, 2018 at 2:30 PM CST**, HUB Subcontracting Plan.

Body: Proposer company name and the name and contact information of the person who prepared the HSP.

Instructions on completing an HSP

Proposer must visit <https://www.utsystem.edu/offices/historically-underutilized-business/hub-forms> to download the most appropriate HUB Subcontracting Plan (HSP) / Exhibit H form for use with this Request for Proposal. Proposer will find, on the HUB Forms webpage, a link to “Guide to Selecting the Appropriate HSP Option”. **Please click on this link and read the Guide first before selecting an HSP Option.** Proposer shall select, from the four (4) Options available, the Option that is most applicable to Proposer’s subcontracting intentions. These forms are in **fillable** PDF format and must be downloaded and opened with *Adobe Acrobat/ Reader* to utilize the fillable function. If Proposer has any questions regarding which Option to use, Proposer shall contact the HUB Coordinator listed in 2.5.3.

Proposer must complete the HSP, then print, sign and scan *all pages* of the HSP Option selected, with additional support documentation*, **to the submittal email address noted above**. NOTE: signatures must be “wet” signatures. Digital signatures are not acceptable.

Any proposal submitted in response to this RFP that does not have a corresponding HSP meeting the above requirements may be rejected by University and returned to Proposer unopened as non-responsive due to material failure to comply with advertised specifications.

University will send an email confirmation to each Proposer upon receipt of the Proposer's HSP. Each Proposer's HSP will be evaluated for completeness and compliance prior to opening the proposal to confirm Proposer compliance with HSP rules and standards. Proposer's failure to submit one (1) completed and signed HUB Subcontracting Plan **to the email address noted above** may result in University's rejection of the proposal as non-responsive due to material failure to comply with advertised specifications; such a proposal may be returned to the Proposer unopened (ref. **Section 1.5 of Appendix One** to this RFP). **Note:** *The requirement that Proposer provide one (1) completed and signed pdf of the HSP under this **Section 2.5.4** is separate from, and does not affect, Proposer's obligation to provide University with the number of copies of its proposal as specified in **Section 3.1** of this RFP.*

***If Proposer's submitted HSP refers to specific page(s) / Sections(s) of Proposer's proposal that explain how Proposer will perform entire contract with its own equipment, supplies, materials and/or employees, Proposer must submit copies of those pages with the HSP sent to the HSP Submittal email address noted above. In addition, all solicitation emails to potential subcontractors must be included as backup documentation to the Proposer's HSP to demonstrate Good Faith Effort. Failure to do so will slow the evaluation process and may result in DISQUALIFICATION.**

2.6 Pre-Proposal Conference

University will hold a pre-proposal conference at:

1 p.m., Central Time on Wednesday, January 31st, 2018

Prospective Proposers are invited to call-in:

Conference call-in number: 877-226-9790
Passcode: 2241454

The pre-proposal conference will allow all Proposers an opportunity to ask University's representatives relevant questions and clarify provisions of this RFP.

SECTION 3

SUBMISSION OF PROPOSAL

3.1 Number of Copies

- A. Proposer must submit a total of six (6) complete and identical copies of its *entire* proposal. An *original* signature by an authorized officer of Proposer must appear on the Execution of Offer (ref. **Section 2** of **APPENDIX ONE**) of at least one (1) copy of the submitted proposal. The copy of the Proposer's proposal bearing an original signature should contain the mark "original" on the front cover of the proposal.

University does not consider electronic signatures to be valid therefore the original signature must be a "wet signature."

- B. One (1) complete electronic copy of its entire proposal in a single .pdf file on USB Flash Drive. USB Flash Drive must include a protective cover and be labeled with Proposer's name and RFP number.

In addition, Proposer must submit one (1) complete electronic copy of the proposal in a single .pdf file on separate USB Flash Drive on which all proposed pricing information, provided in response to **Section 6**, has been removed.

3.2 Submission

Proposals must be received by University on or before the Submittal Deadline (ref. **Section 2.1** of this RFP) and should be delivered to:

The University of Texas System Administration
210 West 7th Street
Austin, Texas 78701-2982
Attn: Darya Vienne

NOTE: Show the Request for Proposal number and submittal date in the lower left-hand corner of sealed bid envelope (box / container).

Proposals must be typed on letter-size (8-1/2" x 11") paper, and must be submitted in a 3-ring binder. Preprinted material should be referenced in the proposal and included as labeled attachments. Sections within a proposal should be divided by tabs for ease of reference.

3.3 Proposal Validity Period

Each proposal must state that it will remain valid for University's acceptance for a minimum of one hundred and twenty (120) days after the Submittal Deadline, to allow time for evaluation, selection, and any unforeseen delays.

3.4 Terms and Conditions

- 3.4.1 Proposer must comply with the requirements and specifications contained in this RFP, including the Agreement (ref. **APPENDIX TWO**), the Notice to Proposer (ref. **Section 2** of this RFP), Proposal Requirements (ref. **APPENDIX ONE**) and the Specifications and Additional Questions (ref. **Section 5** of this RFP). If there is a conflict among the provisions in this RFP, the provision requiring Proposer to

supply the better quality or greater quantity of services will prevail, or if such conflict does not involve quality or quantity, then interpretation will be in the following order of precedence:

- 3.4.1.1. Specifications and Additional Questions (ref. **Section 5** of this RFP);
- 3.4.1.2. Agreement (ref. **Section 4** and **APPENDIX TWO**);
- 3.4.1.3. Proposal Requirements (ref. **APPENDIX ONE**);
- 3.4.1.4. Notice to Proposers (ref. **Section 2** of this RFP).

3.5 Submittal Checklist

Proposer is instructed to complete, sign, and return the following documents as a part of its proposal. If Proposer fails to return each of the following items with its proposal, then University may reject the proposal:

- 3.5.1 Signed and Completed Execution of Offer (ref. **Section 2** of **APPENDIX ONE**)
- 3.5.2 Signed and Completed Pricing and Delivery Schedule (ref. **Section 6** of this RFP)
- 3.5.3 Responses to Proposer's General Questionnaire (ref. **Section 3** of **APPENDIX ONE**)
- 3.5.4 Signed and Completed Addenda Checklist (ref. **Section 4** of **APPENDIX ONE**)
- 3.5.5 Responses to questions and requests for information in the Specifications and Additional Questions Section (ref. **Section 5** of this RFP)
- 3.5.6 Signed and completed originals of the HUB Subcontracting Plan or other applicable documents (ref. **Section 2.5** of this RFP).
- 3.5.7 Responses to questions and requests for information in **APPENDICES FOUR, FIVE, SIX** and **SEVEN**.

SECTION 4

GENERAL TERMS AND CONDITIONS

The terms and conditions contained in the attached Agreement (ref. **APPENDIX TWO**) or, in the sole discretion of University, terms and conditions substantially similar to those contained in the Agreement, will constitute and govern any agreement that results from this RFP. If Proposer takes exception to any terms or conditions set forth in the Agreement, Proposer will submit redlined **APPENDIX TWO** as part of its proposal in accordance with **Section 5.2.1** of this RFP. Proposer's exceptions will be reviewed by University and may result in disqualification of Proposer's proposal as non-responsive to this RFP. If Proposer's exceptions do not result in disqualification of Proposer's proposal, then University may consider Proposer's exceptions when University evaluates the Proposer's proposal.

SECTION 5

SPECIFICATIONS AND ADDITIONAL QUESTIONS

5.1 General

The minimum requirements and the specifications for the Services, as well as certain requests for information to be provided by Proposer as part of its proposal, are set forth below. As indicated in **Section 2.3** of this RFP, the successful Proposer is referred to as the “**Contractor.**”

Contract Term: University intends to enter into an Agreement with the Contractor to perform the Services for an initial three (3) year base term, with the option to renew for three (3) additional one (1) year renewal periods, upon mutual written agreement of both parties.

Disclosure of Existing Agreement: University has an existing insurance brokerage services agreement with Delta Dental, which is scheduled to expire August 31, 2018.

5.2 Additional Questions Specific to this RFP

Proposer must submit the following information as part of Proposer’s proposal:

- 5.2.1 If Proposer takes exception to any terms or conditions set forth in the Agreement (ref. **APPENDIX TWO**), Proposer must redline APPENDIX TWO and include **APPENDIX TWO** as part of its Proposal. If Proposer agrees with terms or conditions set forth in the **APPENDIX TWO**, Proposer will submit a written statement acknowledging it.
- 5.2.2 By signing the Execution of Offer (ref. **Section 2** of **APPENDIX ONE**), Proposer agrees to comply with Certificate of Interested Parties laws (ref. [§2252.908, Government Code](#)) and [1 TAC §§46.1 through 46.5](#)) as implemented by the Texas Ethics Commission (“TEC”), including, among other things, providing TEC and University with information required on the form promulgated by TEC and set forth in **APPENDIX THREE**. *Proposer may learn more about these disclosure requirements, including applicable exceptions and use of the TEC electronic filing system, by reviewing [§2252.908, Government Code](#), and information on the [TEC website](#). **The Certificate of Interested Parties must only be submitted by Contractor upon delivery to University of a signed Agreement.***
- 5.2.3 In its proposal, Proposer must indicate whether it will consent to include in the Agreement the “Access by Individuals with Disabilities” language that is set forth in **APPENDIX FOUR, Access by Individuals with Disabilities**. If Proposer objects to the inclusion of the “Access by Individuals with Disabilities” language in the Agreement, Proposer must, as part of its proposal, specifically identify and describe in detail all of the reasons for Proposer’s objection. NOTE THAT A GENERAL OBJECTION IS NOT AN ACCEPTABLE RESPONSE TO THIS QUESTION.
- 5.2.4 In its proposal, Proposer must respond to each item listed in **APPENDIX FIVE, Electronic and Information Resources (EIR) Environment Specifications**. **APPENDIX FIVE** will establish specifications, representations, warranties and agreements related to the EIR that Proposer is offering to provide to University. Responses to **APPENDIX FIVE** will be incorporated into the Agreement and will be binding on Contractor.
- 5.2.3 In its proposal, Proposer must respond to each item listed in **APPENDIX SIX, Security Characteristics and Functionality of Contractor’s Information Resources**. **APPENDIX SIX** will establish specifications, representations, warranties and agreements related to the EIR that Proposer is offering to provide to University. Responses to **APPENDIX SIX** will be incorporated into the Agreement and will be binding on Contractor.

5.3 Scope of Work

Contractor must provide the following services to University: qualified and appropriately licensed Contractors to offer a dental health maintenance organization (dental HMO) plan for UT employees, retired employees, and their dependents (“**UT Participants**”). This includes the following services:

5.3.1 Financial Requirements

A. Insurance Risk

This plan is to be a fully-insured dental health maintenance organization (dental HMO) plan. This means that Contractor will have full liability for claims incurred during the period of the Contract (ref. **Section 5.1** of this RFP), including those claims incurred under the Contract but not submitted for payment until after termination of the Contract. The liability of the UT System, UT participants, and the state will be strictly limited to the premiums collected under the Contract. The Contractor will be at risk for any liability in excess thereof.

B Contractor Financial Strength

To be eligible for consideration, Contractor must have a net worth of at least \$5 million, as demonstrated by an audited financial statement as of the close of the Contractor’s most recent fiscal year.

C. Premium Payment Methodology

For each monthly coverage period, the UT System shall pay the Contractor the premiums for subscribers covered by the dental plan within sixty (60) days from the beginning of the coverage month based on UT System’s self-bill. Specific details on the requirements for the payment of the premium rates, including the self-bill, are included in the technical and data exchange requirements section of this RFP (ref. **Section 5.3.5** of this RFP).

[Section 51.012 of the Texas Education Code](#) authorizes UT System to make any payment through electronic funds transfer (or by electronic pay card). The Contractor must be able to receive reimbursement payments from UT System through ACH or other electronic fund transfer methods. Banking information will be verified during implementation. Any changes to the Contractor’s banking information must be communicated in writing to the UT System at least thirty (30) days in advance of the effective date of the change.

D. Premium Rate Guarantees and Adjustments

In rating the proposed plan, it is required that the premium rates contained in this proposal be guaranteed for the 36-month period from September 1, 2018 through August 31, 2021. Any future renewal rate adjustments are subject to approval of the UT System in accordance with information contained in this Scope of Work (ref. **Section 5.3** of this RFP).

E. Determination of Renewal Premium Rates

During the third Fiscal Year of guaranteed premium rates (September 1, 2020 – August 31, 2021), Contractor will be required to conduct good faith discussions with UT System prior to February 1, 2021, for the premium rates for the succeeding three (3)-year period from September 1, 2021 through August 31, 2024. If there is no agreement reached by March 1, 2021, the UT System reserves the right to terminate the agreement with Contractor and submit the Contract to competitive bidding.

The renewal rating procedure to be used in the determination of premium rates for years following the original 36-month guarantee period is to be clearly detailed in the proposal. In developing renewal rates, Contractor may include the anticipated level of incurred claims, a reasonable provision for retention and a reasonable profit margin. Contractor will not be allowed to include a deficit recovery provision in its renewal fee. Any deficit existing upon the termination of the Contract will not be recoverable.

In order to obtain UT System’s approval of the premium rates, Contractor must provide full documentation of the renewal rate determination and must demonstrate to the satisfaction of UT System the appropriateness of the renewal rates.

F. Premium Rate Requirements

The following coverage categories and rating relativities must be used in submitting the proposed premium rates in response to this RFP:

Coverage Category	Rating Relativity
Subscriber Only	1.0
Subscriber and Spouse	1.9
Subscriber and Child(ren)	2.1
Subscriber and Family	3.0
Surviving Spouse Only	0.9
Surviving Spouse and Child(ren)	2.0
Child(ren) Only	1.1

“Subscriber” includes Employees and Retired Employees. In accordance with the above chart, the “Subscriber and Spouse” rate should be 1.9 times the “Subscriber Only” rate, and similarly for the other coverage categories. Premium rates must be uniform throughout the State of Texas.

G. Actuarial / Financial Contact

Proposers must provide the name, mailing address, email address, telephone number, and fax number of the actuarial / financial personnel responsible for the preparation of the Contracting Contractor’s rates. The named person should be capable of responding to inquiries concerning the rates and must cooperate with requests for information made by the UT System or its consulting actuaries.

H. Fiduciary Liability

Contractor must assume fiduciary duty and liability for all of its actions associated with the performance of its duties under the awarded Contract.

5.3.2 Benefits Administration and Network Services

The UT System currently offers a fully insured dental HMO plan to eligible employees, retired employees and their dependents, as authorized by Chapter 1601 of the Texas Insurance Code. Therefore, UT System requires that Contractor be able to effectively administer a provider network, benefit design, and overall program which meets or exceeds the requirements presented in **Section 5.3** of this RFP. UT System is also seeking a Contractor to provide Third Party Administrator services for the two (2) self-insured UT System dental PPO plans. That selection will have no bearing on the selection of Contractor for this RFP.

A. Continuity of Coverage

UT System must ensure that plan participants do not lose coverage solely because of a change in Contractors. All provisions and exclusions met under the current plan must be credited under any new plan.

No covered person will experience any change in benefits as simply a result of execution of a new Contract for administration of the plan. Contractor must be able to accept data pertaining to plan provisions, exclusions, etc., and provide full and complete continuity of coverage without regard to the execution of a new Contract in accordance herewith.

B. Benefit Design - Continuity of Coverage

The benefits for the UT Dental HMO plan currently being offered to eligible UT System employees and retired employees is located in the Evidence of Coverage in **APPENDIX EIGHT** of this RFP. In response to this RFP, Contractors must submit premium rates in accordance with this Schedule of Benefits.

New wellness initiatives may be added on an ongoing basis and UT System may elect to make enhancements to the benefit design based on plan experience or other factors during the Contract period. Contractor should be prepared to make adjustments as needed.

C. Performance Standards

1. Plan Design Changes

UT System Requirement: Requested plan design changes must be implemented by the Contractor with 100% accuracy following final approval and agreement between UT System and the Contractor regarding specific expectations and effective dates.

Financial Penalty: A penalty of \$10,000 may be assessed for each set-up error, up to a maximum of \$50,000 per Contract Year.

2. Provider Additions / Terminations

UT System Requirement: Contractor must provide the number of provider additions and terminations by category. UT System requires Contractor to maintain an overall net gain of Contracting providers throughout the plan year.

Contractor must report the total number of dental providers who are added to and terminated from the UT Dental HMO plan each quarter. A list of added and terminated providers must be attached to the report.

Financial Penalty: No penalty is associated with this requirement.

5.3.3 Operational Services -

Contractor must administer the UT Dental HMO plan in a manner consistent with all applicable laws and regulations, as well as with the requirements set forth in this RFP by the UT System. Contractor must provide all services associated with the administration of the plan, including, but not limited to the items specified in the following sections. Contractor may recover the cost of the requirements described in this section only by making provision for such expenses in the proposed premium rates for the fully insured dental HMO plan. Contractor must provide general administrative support as required in the operation of the fully insured dental HMO plan, and legal and technical assistance as it relates to the operation and administration of the plan.

A. Implementation and Account Teams

If selected, Contractor must notify UT System in writing of the names and roles of all members of its complete Implementation Team no later than March 1, 2018. In addition, Contractor will be required to establish an Account Management Team that is acceptable to UT System and agree to make staffing adjustments to this team as required by UT System throughout the Contract period. Contractor must ensure that the Account Management Team is established no later than April 1, 2018, and that this team will be available to assist UT System as required every Monday through Friday from 8:00 a.m. until 5:00 p.m. Central Time (excluding national holidays).

Contractor's Implementation and Account Management Teams must each include a designated information technology contact with the technical knowledge and expertise to efficiently and effectively collaborate with UT System's information technology team regarding data transmission, data integrity, and timely processing of data. The designated information technology contact should be appropriately positioned within the Contractor's organization to allow for direct management and possible changes of all technical issues related to the Contract.

B. Customer and Account Service

The Contractor's Account Management Team must provide a minimum of two (2) in-person reviews to the UT System per fiscal year regarding the utilization and performance of the UT Dental HMO plan, including recommendations and updates regarding ongoing implementation activities. The UT System may also require quarterly operational meetings (in-person or via telephone conference), as needed.

Contractor's customer service unit should be staffed and trained adequately to handle the plan's specific benefit questions, claims administration, resolution of complaints, and program or claim clarification. Contractor's customer service hours must include, at a minimum, Monday through Friday from 8:00 a.m. to 5:00 p.m. Central Time, excluding national holidays.

Contractor must designate Contractor customer service representatives as contacts for UT System staff. Contractor warrants and represents that it will adequately train additional team members as needed to support the UT System's requirements. Contractor must accept verbal verification of a UT System participant's coverage by an authorized representative of the UT System or verify the participant's coverage through an online UT System and subsequently update coverage in Contractor's UT System prior to receipt of the UT System's weekly / monthly enrollment information.

Contractor must dedicate additional staff members, as needed, to update UT System related records and accounts and to provide additional help for Contractor client service team during and following the UT System Annual Enrollment period including the 2018 Annual Enrollment period, which is held in July prior to the September 1, 2018 Contract effective date.

Customer Service call centers must be located within the United States, preferably in the state of Texas. The establishment of toll free lines (telephone and facsimile) is required and customer service staffing levels must be adequate at a minimum to maintain the following performance standards:

- Average abandonment rate of 5% or less; and
- Average time to answer of thirty (30) seconds or less.

C. Claims Processing and Administration

Contractor must process and administer all required UT Dental HMO plan claims (when applicable, e.g. Emergency dental care) incurred in connection with UT System member claims on or after September 1, 2018 and throughout the term of the Contract. General requirements for claims processing include the following:

- Using UT System enrollment records, Contractor must create and maintain enrollment records for all participants to be relied on for the processing of claims and other administrative functions for the UT Dental HMO plan. In the event of a conflict between enrollment data stored at UT System and information on file with Contractor, the UT System's information must be considered authoritative;
- Contractor must review claims for eligibility based on covered dates of services. All ineligible claims that are inadvertently paid by Contractor must be recaptured;
- Contractor must process claims submitted directly by UT Dental HMO plan participants, including Coordination of Benefits claims for which the UT Dental HMO plan pays secondary benefits. Each direct claim payment must include an Explanation of Benefits (EOB).
- UT Dental HMO plan claims filed by UT Participants must be processed within five (5) calendar days of submission to Contractor unless additional information and / or investigation is required.

Contractor must investigate unusual or extraordinary charges to determine all relevant circumstances and report to UT System its findings. In the event Contractor issues excess payments or payments for ineligible claims or participants, it will assume 100% liability for incorrect payments which result from policy or UT System errors attributable to Contractor in whole or in part. Contractor must maintain a complete and accurate claims reporting UT System and provide for the retention, maintenance, and storage of all payment records with provision for appropriate reporting to the UT System. Contractor must maintain all such records throughout the term of the Contract and for at least three (3) years following the end of Contract, and must make such records accessible and available to UT System for inspection and audit upon UT System's request. In the event Contractor is scheduled to destroy payment records, Contractor must contact the UT System for approval prior to the destruction of the payment records. If UT System approves destruction, verification of the destroyed records must be required at UT System's direction.

Contractor must provide UT System with access to statistical information associated with UT Dental HMO Plan. The information to be made available must include current fiscal year information as well as the full twelve (12) months of the preceding fiscal year. Contractor must furnish all necessary software and hardware at no additional cost to UT System.

If, at any point, the Contract is terminated, Contractor must provide these records to UT System or its authorized administrator.

D. Appeals Procedure

Contractor's appeals procedure must be in compliance with all applicable statutes and regulations including, but not limited to, the rules and regulations of the Texas Department of Insurance. Contractor must have all levels of appeals required by law.

D. Fraud Prevention and Detection

Contractor must use automated UT Systems to detect fraud and misuse of the program, overpayments, wrongful or incorrect payments, unusual or extraordinary charges, verification of enrollment and unnecessary dental treatment. Contractor must also conduct thorough, diligent, and timely investigations with regard to fraudulent or suspicious claims and report monthly all such claims to UT System.

Contractor understands that UT System may develop further policies in connection with the detection and prevention of fraud or abuse of UT Dental HMO plan. Contractor must comply with all applicable laws, regulations, and policies and is encouraged to develop additional safeguards as allowed by law.

F. Performance Standards

1. Customer Service Call Handling

UT System Requirement: When contacting the toll-free UT Dental HMO customer service number, the average time a caller waits before speaking to Contractor's customer service representative should be thirty (30) seconds or less. The average abandonment rate should not exceed 5%. UT System-specific data is preferred; however, if UT System-specific data is not available due to technical limitations, these two customer service statistics for the complete book of business may be reported instead.

Financial Penalty: A separate penalty of \$4,000 each may be assessed for each quarter in which the Average Speed of Answer (ASA) exceeds thirty (30) seconds and for each quarter in which the Abandonment Rate (ABR) exceeds 5%.

2. Call Center Outages

UT System Requirement: Outages of customer service access points, including telephone and IVR services at the Customer Service call center should be kept to a minimum. If an outage does occur (or is expected to occur), Contractor must report the outage to UT System as soon as possible and service should generally be restored within one (1) hour of the outage, dependent upon specific circumstances.

Financial Penalty: A penalty of \$1,000 may be assessed for each outage over one (1) hour but less than eight (8) hours. If an outage is greater than eight (8) hours but less than twenty-four (24) hours, a penalty of \$2,000 may be assessed. If an outage lasts longer than twenty-four (24) hours, a penalty of \$4,000 may be assessed for each occurrence, up to a maximum penalty of \$12,000 for each quarter. OEB may waive this penalty based on extenuating circumstances, including down time due to unusually severe weather, a natural disaster, or an act of terrorism.

3. Claims Processing

UT System Requirement: For each of the timelines specified below, Contractor should process and make payments to providers or UT System participants in accordance with the following performance standards:

- 85% of claims should be processed within fifteen (15) calendar days following date of receipt of complete claim.

- 98% of claims should be processed within thirty (30) calendar days following date of receipt of complete claim.

Contractor must report its total number of claims received from UT System participants, the total dollar amounts paid and denied, the average processing time (in days) for these claims, and the percentage processed within fifteen (15) calendar days and thirty (30) calendar days from the date that all required information is received.

Financial Penalty: A penalty of \$4,000 may be assessed for each quarter that either of the above Claims Processing standards are not met.

4. Appeals

UT System Requirement: Contractor should average processing appeals for UT System participants within thirty (30) calendar days following date of receipt. Contractor must report the total number of appeals received, upheld and denied from UT System participants; plus, the average time (in days) to reach a decision and the percentage processed within fifteen (15) and thirty (30) calendar days.

Financial Penalty: A penalty of \$4,000 may be assessed for each quarter in which the average time to resolve complaints received from UT System participants exceeds thirty (30) calendar days.

5. Complaints

UT System Requirement: The average time for Contractor to resolve UT System participants' complaints should not exceed thirty (30) calendar days, with at least 90% resolved in fifteen (15) calendar days. Contractor must report the total number of complaints received from UT System participants (via mail or email), the average length of time to resolve complaints, and the percentage resolved within fifteen (15) calendar days of receipt. UT System specific data is required.

Financial Penalty: A penalty of \$4,000 may be assessed for each quarter in which the average time to resolve complaints received from UT System participants exceeds thirty (30) calendar days or when fewer than 90% are resolved within fifteen (15) calendar days.

6. Member Surveys

UT System Requirement: At least annual member surveys must be conducted. UT System requires that an overall average Member Satisfaction Rate of 90% or greater be achieved for each Contract Year.

Financial Penalty: A penalty of \$10,000 may be assessed for each Contract Year in which the overall Member Satisfaction Rate as reported via survey falls below 90%.

7. Fraud Detection

UT System Requirement: Automated UT Systems and other measures sufficient to detect fraud, abuse, overpayments, wrongful or incorrect payments, and to verify enrollment should be in place. Contractor must include a written description of its comprehensive fraud detection plan with its response. Any incidents of fraud, abuse, overpayments, wrongful or incorrect payments, as well as verification of enrollment, must be included in the quarterly report. Contractor must also report the total number of dollars recovered through fraud investigation activity.

Financial Penalty: No penalty is associated with this requirement.

5.3.4 Reporting and Information Sharing

Routine Contractor reporting, including utilization and cost data, is required to support the UT System's ability to proactively monitor trends and to identify / address variances on targeted Contractor performance guarantees and customer service standards. The timelines and formats for required reports shall be specified by the UT System. Additionally, UT System may request customized reports on an ad hoc basis. Such reports must be provided in a timely manner at no additional cost to UT System.

A. Performance Monitoring

Some report formats must include a column indicating a performance standard for the item being reported, which must be utilized by UT System as a benchmark to monitor compliance and to analyze the reported statistics. See the Administrative Performance Report template, included as **APPENDIX TWELVE** to this RFP, for examples of this type of reporting.

B. UT Dental HMO Statistics

Contractor must accumulate claims payment statistics and develop reports for the UT Dental HMO plan as is typically done in the normal course of business, but no less frequently than on a quarterly basis. Contractor must provide copies of such reports to the UT System along with results of any audits conducted in connection with the reports.

C. Consulting Actuary

UT System retains an independent consulting actuary on insurance matters. The consulting actuary assists and advises UT System staff on benefit plan design, proposal review, and premium rate analysis. UT System staff or the consulting actuary may, from time to time, request that Contractor provides additional information specific to the UT Dental HMO plan. Contractor must cooperate with and act in good faith in working with the consulting actuary and must be prepared to respond to these requests promptly.

D. Flexible Spending Account Administration

Contractor is required to exchange eligibility and claims information electronically on a real-time basis with Contracted administrator of the UT FLEX Plan to facilitate the administration and adjudication of claims submitted for reimbursement under a UT Dental plan participant's Healthcare Reimbursement Account.

E. Performance Standards

1. Administrative Report Timeliness

UT System Requirement: Each Administrative Performance Report is due no later than the 20th of the month following the end of the UT System plan year quarter or by the first business day following the 20th, if it falls on a weekend or holiday.

Financial Penalty: A penalty of \$2,000 may be assessed for each quarter in which Contractor fails to submit the Administrative Performance Report by the required due date.

2. Other Reporting Requirements

UT System Requirement: UT System retains an actuary to assist and advise the UT System staff on benefit plan design, proposal review, and rating analysis. UT System may, from time to time, require Contractor to provide information specific to UT System for actuarial analysis. Contractor must cooperate with and act in good faith in working with UT System staff and actuary and must be prepared to respond to these requests within the requested time period. Financial Penalty: No penalty is associated with this requirement.

5.3.5 Technical and Data Exchange Requirements

Each institution of the UT System self-administers its eligibility. The UT System's institutions do not use the same payroll UT System; currently approximately nine (9) different systems are used. UT System institutions transmit eligibility data to the UT System, and the UT System in turn transmits the appropriate data to the plan Contractor.

Datasets are transmitted by institutions directly to the UT System as often as desired. Institutions can also make real time updates to the UT System eligibility database and can transmit either a full replacement file or a partial replacement file as needed. Some institutions update their payroll files only shortly before payroll is processed; therefore, they transmit eligibility data to UT System only twice per month. However, other institutions update their data more often.

Due to the nature of the processes involved, there can often be a delay between the effective date of coverage and notification of eligibility to the Contractor. To accommodate the variation in institutional eligibility administration and payroll UT Systems and minimize delays and errors, the UT System has developed standardized methods for receiving and transmitting information between UT System, institutions, and Contractors.

OEB is currently evaluating bids to modernize its information systems (IS). If a finalist is selected and a contract awarded, OEB is planning a phased implementation over the next three (3) years, UT institution by UT institution. This means that over the next three (3) years there will likely be a second electronic data interchange ("EDI") that will need to be established between the Contractor and the new IS platform, in addition to the current EDI between the Contractor and OEB. UT institutions that migrate to the new platform will be part of the second EDI, while those awaiting migration will remain on the current one.

A. Secure File Transfer Protocol (SFTP) Over the Internet

UT System's security requirements mandate that SFTP be used to access all UT System servers. A Contractor's ability to use SFTP over the Internet and to work with HIPAA-compliant ANSI X12 transaction sets will be important considerations in the UT System's evaluation of the proposals. The minimum encryption level should comply with FIPS 140.-2.

B. Web Authentication Via Security Assertion Markup Language (SAML)

Security Assertion Markup Language (SAML) is an XML-based framework that forms the basis for the method of single sign-on user authentication that UT System strongly prefers be used for a Contractor's UT System-specific website. An alternative method of user authentication must also be provided for those UT Participants who cannot or who choose not to authenticate via single sign-on, including many retired employees. Responses that indicate

a Contractor's willingness and ability to implement SAML-based authentication (v2.0) will be strongly preferred over those that do not.

When implementing SAML-based authentication for a Contractor's UT System-specific website, each of the 14 UT System institutions will act as an Identity Provider (IdP) and determine whether the user has authenticated properly using local credentials. If the user authenticates correctly, UT System will redirect the user's browser and pass a SAML assertion to Contractor site in question. Contractor site will accept the SAML assertion in order to grant access.

Contractor must either agree to use UT System's SAML Discovery Service or to host an alternative solution for IdP discovery on the Contractor's UT System-specific website and subsequently accept the IdP's assertion that identifies the individual using the Benefits Identification (BID) number, which is included as an attribute in the SAML assertion. Each participant has a unique BID, and BIDs will be regularly communicated to Contractor via eligibility dataset.

Only user authentication will be handled via SAML. Authorization to access specific information, such as limiting the ability to view member-specific data to only the authenticated member, will still need to be handled by the Contractor website.

It is UT System's strong preference that the Contractor be capable of immediate implementation of SAML-based authentication (v2.0) at the start of the Contract period or that the Contractor anticipates being able to implement within three (3) to six (6) months of the start of the Contract period. A Contractor who is currently unable to implement SAML-based authentication (v2.0) should provide a statement of its ability to support authentication via proxy and should note in its response whether it anticipates being able to implement SAML-based authentication (v2.0) and, if so, when it anticipates being ready to do so.

C. Eligibility Data

1. Security Protocols

Contractor will be required to accept encrypted eligibility data via Secure File Transfer Protocol (SFTP) over the Internet. The data is encrypted using Pretty Good Privacy (PGP) public key encryption. The UT System requires that these methods be used and responses must affirmatively state that the Contractor agrees to use both PGP encryption and SFTP. The minimum encryption level should comply with FIPS 140.-2

2. Eligibility Dataset Exchange

Currently, a full replacement eligibility file is being transmitted by the UT System to the current UT Dental HMO plan provider one time per week. Files are available to the provider by 6:00 a.m. (Central time) on the designated day of the transmission.

Contractor will be required to receive and process at least one (1) replacement eligibility (enrollment) dataset per week. Contractor may receive either full or partial replacement datasets each week. A partial replacement dataset includes only records for individuals who are new or who have had a change in coverage since the last dataset was generated. If Contractor elects to receive weekly partial datasets, then once per month a full replacement dataset that includes all current participants will be sent to Contractor. Each year during the second half of August and the majority of September, larger than normal datasets can be expected due to updates related to annual enrollment and the start of the new plan year.

It is UT System's expectation that Contractor will immediately process eligibility datasets and that updated information will be loaded into Contractor's information UT System within twenty-four (24) hours of receipt under normal circumstances. Within twenty-four (24) hours,

Contractor must positively confirm via email the receipt, processing, and successful load (or failure to load) of each eligibility dataset. Further, in the event that an eligibility dataset fails to load, Contractor should provide an explanation for the failure to load either within or as immediate follow-up to the initial notification. Contractor must work directly with UT System as needed to ensure that any dataset load issues are resolved as quickly as possible and updates are loaded to Contractor's information UT System. Datasets are not sent on weekends; however, they may be sent on holidays unless other arrangements are made in advance with the OEB team.

The required format for eligibility data being transferred to and from the UT System is the HIPAA-compliant "Benefit Enrollment and Maintenance Transaction Set (ASC X12N 834)" format.

D. Retroactive Eligibility Adjustments

UT System requires Contractor to allow a retroactive window for eligibility changes to be made up to ninety (90) calendar days after the end of the coverage period affected. The adjustments that must be allowed include activation of eligibility, termination of eligibility, and other variations that may occur as a result of participant status changes. UT System retroactively adjusts the payment of premium, to ensure agreement with updated eligibility information.

E. Requirements to Facilitate Emergency Updates

On occasion, UT institutions may need to make emergency updates to the coverage of their plan participants. Emergency updates are updates to eligibility coverages on Contractor's eligibility UT System made through a means other than the eligibility dataset. The UT System has implemented a "controlled emergency update email process" through which an institution Benefits or Human Resources representative can submit an emergency update request when needed.

UT Institutions are required to update the UT System eligibility database prior to sending an emergency update request to the plan Contractor. The eligibility UT System verifies the coverage prior to sending an emergency update email which is always sent from a single, controlled email account.

Social Security Numbers will never be transmitted on emergency update email messages. Contractor will either need to be able to add a new member to their eligibility UT System prior to receiving the Social Security Number or be able to connect to a secured UT System website to retrieve complete update information. The link to the secure website will be included in all emergency update email messages.

The emergency update system can be configured to send the email update request to designated Contractor staff members for handling. The email can be formatted to include Contractor's preferences for coding, and its structure does include some free form text. Contractor may choose up to five (5) email addresses to receive emergency update emails. Confirmation of a completed update to Contractor's database is required within four (4) business hours of receipt of an emergency update email.

Preference will be given to responses indicating the willingness and ability to accept and process emergency updates via email as specified above. However, if Contractor is unable to receive and process emergency update emails, Contractor may, as a less preferred option, provide an access-controlled software interface through which the UT System can directly update the Contractor's eligibility database. The preferred method for this option is an Internet interface accessible via a Web browser such as Firefox, Microsoft Internet Explorer, Google Chrome, or Apple Safari.

F. Data Format for Premium Payments

UT System will produce a “self-bill” by the fourteenth (14th) day of the month for the premium due for the prior month (billing month). Self-bills currently are created in a UT System-specific premium billing dataset format; however, for the purpose of this Contract, self-bills may be generated in either an administrative fee billing format or in the HIPAA-compliant “Payroll Deducted and Other Group Premium Payment for Insurance Products Transaction Set (ASC X12N 820)” format.

The dataset will be transmitted via SFTP over the Internet to a secure FTP server. Upon placement of the dataset on the server, an automated email will be sent to the appropriate Contractor contacts with notification of the dataset transmission and self-billing total. Each self-bill will reflect remittance detail for the current month along with any necessary adjustments for the prior three months.

Based on an eligibility snapshot taken from the UT System eligibility database on the first Sunday of each month, the UT System will prepare a report detailing the premium remittance as support for the monthly payment of the premium. The report will reference specific plan participants, their BIDs, affected coverage periods, and the amounts being remitted for each.

G. Ad Hoc Requests and Issue Resolution

Contractor must provide UT System with priority positioning for delivery of ad hoc UT System service requests and / or issue resolutions. Through the designation of an appropriate technical contact as required for the Implementation and Account Management Teams, the Contractor must ensure that all UT System information UT Systems requests and issues are given priority positioning and thoroughly analyzed to ensure speedy resolution. The Contractor must provide competent, focused attention to each information UT System request or issue presented by UT System.

It is the expectation that Contractor will make every effort to deliver a resolution within thirty (30) calendar days from receipt of UT System’s written notification of a request or issue related to Contractor’s information UT Systems. UT System will be responsible for supplying detailed information reasonably necessary for Contractor to complete the requested services. If a 30-day resolution is not reasonable for a particular issue, the Contractor must provide UT System with an implementation plan and timeline for resolution within five (5) days from receipt of notification.

An example of a requirement falling under this provision would include, but would not be limited to modifications to benefits and / or eligibility processing requirements must be reviewed, responded to, and approved by Contractor within fifteen (15) days of such request by UT System. If the Contractor requires adjustments prior to granting approval, the Contractor must immediately notify the UT System and set up weekly update meetings to be held until the UT System agrees that the modifications will meet the UT System’s operating requirements. Once requested modifications have been mutually agreed upon, the Contractor must complete the eligibility and/or benefits project, including required testing within forty-five (45) days of UT Systems’ approval.

5.3.6 Communication Requirements

Contractor will be required to communicate information regarding the UT Dental HMO plan design approved by UT System. All plan communications should be designed to educate both potential enrollees and current UT Participants and must be approved by UT System prior to dissemination. Communications regarding the UT Dental HMO plan must be clear and concise, using terminology familiar to participants as specified by UT System.

Contractor must develop UT Dental HMO plan communications for written, electronic, and verbal dissemination to accommodate the varying needs of potential participants. However, UT System prefers that electronic communication be used whenever reasonably possible. Printed materials must always be made available electronically. Communication materials must meet ADA requirements for accessibility.

Contractor may recover the costs of the services described in this section only by making provision for such costs in the calculation of the proposed premium rates (ref. **Section 6.1** of this RFP).

A. General Information

Communication materials to be developed by Contractor may include, but are not limited to:

- Participant brochures and information for inclusion in benefits books and newsletters;
- A customized UT System-specific UT Dental HMO plan website;
- Presentations to institution Benefits Staff and participants;
- Scripted responses to be used by customer service representatives;
- Advertising materials in association with UT System UT Dental HMO plan enrollment;
- Explanations of Benefits (EOBs), order forms, and claim forms;
- Online Dental Provider Directory, including a specific disclaimer stating that the list of dentists is subject to change;
- News releases, including Contract signing announcement;
- Participant welcome packet; and
- Token giveaways for enrollment fairs and events.

Communication materials designed for UT Dental HMO plan participants cannot, and Contractor represents and warrants that it must not, advertise or promote coverage, products or materials, other than those relating to Contractor's administration of the UT System UT Dental HMO plan.

Important: All materials relating to the Plan must be approved by UT System prior to distribution to UT Participants.

B. Annual Enrollment

Annual Enrollment information must be promptly provided to all benefits-eligible employees and retirees. The requirements listed below apply to all Annual Enrollment materials, including information for benefits guides.

1. Customer Service Information

All items must include the customer service phone number, hours of operation, a description of the process for filing claims (if applicable), the appeal process for treatment or claim denials, and Contractor's website address.

2. Description of Benefits

Contractor must provide a Schedule of Benefits that contains the benefits as good as those set forth in the Evidence of Coverage provided as Appendix Eight in this RFP. The summary shall include any additions, limitations and exclusions and the fee schedule.

3. Provider Directory

UT Dental HMO plan provider directory must be made available in electronic format on Contractor's UT System-specific website. It should indicate each provider's address, assigned office code, and whether or not the provider is accepting new patients. The online directory must be updated at least monthly and must include a disclaimer that providers are subject to change.

Contractor's customer service center must produce and mail customized provider directories to UT Participants upon request.

4. Due Dates for Enrollment Materials

All educational and enrollment materials used for both Annual Enrollment and new employees must be distributed to all UT System Institution Benefit Offices no later than **June 15** of each plan year.

5. Attendance at Annual Enrollment Meetings

Contractor is required to attend key scheduled Annual Enrollment meetings at each UT Institution when requested by the institution Benefits Office at Contractor's own expense. Contractor participation at Annual Enrollment meetings will help educate employees about the UT Dental HMO plan discussed in this RFP. If Contractor is unable to attend all Annual Enrollment meetings being offered at a particular UT Institution, UT institution will have the discretion to designate a particular meeting or meetings as high-priority and request Contractor attendance specifically for the designated priority meeting(s).

Note: Based on prior Annual Enrollment experience, The UT Dental HMO Contractor is generally requested to attend approximately 20-25 Annual Enrollment events each year.

6. Customer Service During Annual Enrollment

Contractor's dedicated Customer Service staff will be required to assist in answering questions regarding the UT Dental HMO plan each year during UT System Annual Enrollment period(s), including during the July 2018 Annual Enrollment period. Education by Contractor Customer Service staff must be provided to all current and potential UT Dental HMO plan participants. Customer service should be made available via phone, email, in writing, or in person.

C. UT System-Specific Website

Before deploying the UT System-specific website, Contractor must submit information describing:

- (1) the architecture of the website or application;*
- (2) the authentication mechanism for the website or application; and*
- (3) the administrator level access to data included in the website or application.*

Before deploying the UT System-specific website, the website must be subject to vulnerability and penetration tests either conducted by UT System or an independent third party.

Contractor must be available to address additional information security-related questions.

Contractor must establish a customized, UT System-specific website with the primary goal of allowing participants to easily access plan information regarding customer service toll-free numbers, claims, and plan contacts for UT Dental HMO plan. The website must meet all requirements as detailed in this section.

Contractor's UT System-specific website must be available to UT System for testing no later than **June 1, 2018**. The final UT System-approved website for plan year 2018-2019 must be completed by **June 23, 2018**, and must include UT System-approved enrollment materials. UT System must approve new website additions or redesigns at least two (2) weeks prior to any scheduled launch date. Contractor must update the website as often as needed with UT System-specific content (e.g., news) when requested by UT System. UT System's requests must be implemented within two (2) weeks from the request date, or within a reasonable time as agreed by the UT System, depending on the complexity of the update requested.

1. Content Specifications

The UT System-specific website must be kept regularly updated with timely, relevant information for the UT Dental HMO plan. All content for the UT System-specific website must be approved by the UT System before it is released. The site must include:

- A link to the UT Dental HMO Benefit Guide and summary, as approved by the UT System;
- The UT System-approved provider directory which must be updated on the website at least weekly during Annual Enrollment and monthly throughout the plan year. The online provider directory must include:
 - a geographic look-up capability by ZIP Code that is user friendly,
 - each provider's specialty,
 - each provider's assigned unique office code, and
 - an indication about whether each provider is accepting new patients or not.
- All information must be updated in accordance with the above time frames. The online and printed provider directories must include a disclaimer that providers are subject to change;
- Customer service information, including phone numbers, mail and claim addresses, hours of operation, and guidelines for the complaint and appeals processes;
- Electronic forms or email addresses for customer complaints and questions. Response to email complaints should have no more than a 48-hour turnaround time. A tracking UT System for complaints submitted online, similar to the tracking of telephone complaints, must be in place, with the ability to provide data and details to the UT System upon request;
- All necessary Contractor forms (e.g., claim forms) for participants. If forms are made available in PDF format, an easily identifiable link must be provided to download Adobe Acrobat Reader to enable participant viewing and printing;
- UT System's branding and a UT System-specific welcome message must be included to clearly indicate the site is specific to UT System and the UT Dental HMO plan;
- A link to UT System's UT Benefits website; and

- If Contractor provides a website through which a participant may view specific information about himself / herself, the site must utilize secured protocol (https://) and require authentication. The site may not use the participant's social security number as either the user identification or the password. The Benefits ID may be used as the user identification. Authentication via Single Sign-On using SAML 2.0 is strongly preferred over requiring a unique user identification and password specific to the site. See **Section 5.3.5** of this RFP entitled "Technical and Data Requirements" for additional details.

2. Technical Specifications

UT System-specific website must be accessible to as many participants as possible. Therefore, the following specifications must be met:

- All website content must be clearly visible and functional in Internet Explorer, Safari, Microsoft Edge, Firefox, and Google Chrome browsers;
 - Entering a Social Security Number should not be required at any time to access information on the website;
 - The log-on page must not allow the browser to store the information entered in the cache. The auto-complete feature must be turned off for every form;
 - The font must be easy to read, no smaller than 10px; and
 - All web content and downloadable documents, including Adobe Portable Document Format (PDF) files, must be made accessible to persons with disabilities, in accordance with **APPENDICES FOUR** and **FIVE** of this RFP document.
3. Before deploying UT System-specific website, Contractor must submit information describing:
- (a) the architecture of the website or application;
 - (b) the authentication mechanism for the website or application; and
 - (c) the administrator level access to data included in the website or application.
4. Before deploying the UT System-specific website, the website must be subject to vulnerability and penetration tests either conducted by UT System or an independent third party.

Contractor must be available to address additional information security-related questions.

D. Prohibitions; Notice of Inquiries from third parties

As the administrator for the UT Dental HMO plan, Contractor may receive numerous inquiries from interested third parties relating to the UT Dental HMO plan and their program administration. Contractor is strictly prohibited from disseminating any information about coverage, products, or materials on Contractor's website other than those explicitly relating to Contractor's plan offered or service provided to UT System participants, including the UT System-specific UT Dental HMO plan website.

Contractor must forward all inquiries from interested third parties relating to the UT System UT Dental HMO plan and their program administration to the UT System Office of Employee Benefits.

E. Dissemination of Communication Materials

Communication materials may be considered “published” when a final electronic copy is delivered to UT System or is accessible on Contractor’s website. Materials that contain protected health information or other confidential information such as a participant’s Benefits ID number must be mailed in an envelope or packaging designed to secure the confidential information from casual viewers.

E. Plan Booklets

An evidence of coverage (certificate) approved by the Texas Department of Insurance for the UT Dental HMO plan must be provided each plan year. If corrections or amendments are made during a plan year, all UT Participants will receive an updated evidence of coverage from the Contractor. The updated plan certificate will also be posted on UT System website. The plan certificate must include any additions, limitations and exclusions, and a description of the appeals process. The plan certificate should include a description of current eligibility requirements, as set forth in Chapter 1601 of the Texas Insurance Code.

Contractor is responsible for providing a draft of the certificate each year. Final drafts of any required plan booklets must be submitted by the Contractor to the UT System for review by **May 4, 2018**.

F. Dental Identification (ID) Cards

Prior to **September 1, 2018**, Contractor must send UT Dental HMO ID cards to all UT Dental HMO participants, including those who enroll in the plan during the July 2018 Annual Enrollment period. Throughout the Contract period, Contractor must issue ID cards to all new enrollees within five (5) business days after Contractor receives the enrollment information from UT System. Additionally, due to information security requirements, Contractor must provide UT System with a monthly dataset that includes all identifying information from each ID card issued and the name and address to which each was sent for all ID cards issued during the prior month.

The ID card may not include UT System participant’s social security number. The card must use the Benefits ID number as specified by UT System, as well as other standard information in a format prescribed by the UT System including the participant’s name and a summary of benefits for the UT Dental HMO plan. Replacement cards must be provided at the request of a UT Dental HMO participant. Once initially distributed, ID cards do not need to be automatically replaced unless changes to the benefit plan design require updates to the information shown on the card or changes are made to a participant’s name as shown on the card (such as a change to a participant’s last name due to marriage).

G. Training of UT System and Institution Staff

Contractor must provide training to UT System staff and institution HR and Benefits staff regarding the UT Dental HMO plan. Centralized training for UT Institution HR and Benefits staff occurs on an annual basis during the Benefits and Human Resources Conference (BHRC) hosted in Austin by OEB in June. In addition, specific training for institution HR and Benefits staff may be required at other times during the year based on changes to operations and the needs of the UT System.

H. Performance Standards

1. Website Outages

UT System Requirement: Outages of customer service access points, including the UT System-specific website, should be kept to a minimum. If an outage does occur (or is expected to occur), Contractor must report the outage to UT System as soon as possible and service should generally be restored within one (1) hour of the outage, dependent upon specific circumstances.

Financial Penalty: A penalty of \$1,000 may be assessed for each outage over one (1) hour but less than eight (8) hours. If an outage is greater than eight (8) hours but less than twenty-four (24) hours, a penalty of \$2,000 may be assessed. If an outage lasts longer than twenty-four (24) hours, a penalty of \$4,000 may be assessed for each occurrence, up to a maximum penalty of \$12,000 for each quarter. OEB may waive this penalty based on extenuating circumstances, including down time due to unusually severe weather, a natural disaster, or an act of terrorism.

2. Annual Enrollment Materials

UT System Requirement: Contractor must meet all due date requirements as specified in this RFP for materials related to Annual Enrollment.

Financial Penalty: A penalty of \$4,000 may be assessed for each violation of the due date requirements for: (1) preparation of the UT System-specific website; and (2) distribution of plan materials.

5.4 Additional Questions Specific to this RFP

Proposer must submit the following information as part of Proposer's proposal:

Vendor Experience and Company Information (10%)

1. Provide references from three (3) of Proposer's higher education customers from the past five (5) years for services that are similar in scope, size, and complexity to the Services described in this RFP.

Provide the following information for each customer:

- Customer name and address;
 - Contact name with email address and phone number;
 - Time period in which work was performed;
 - Short description of work performed.
2. Has Proposer worked with University institutions in the past five (5) years? If "yes," state University Institution name, department name, department contact, and provide a brief description of work performed.
 3. Provide Proposer's total commercial TPA enrollment as of December 1, 2015 and December 1, 2016. Provide a statement of the Proposer's capacity to enroll new participants and the likelihood of any future limitations on enrollment.
 4. Explain Proposer's previous experience in providing fully-insured dental HMO insurance, as applicable, to groups of 10,000 or more, especially higher education institutions and governmental organizations.

Provide the following information that applies to the Dental HMO Plan:

5. The full legal name, address, telephone number, and URL for the corporate website.

6. The name, title, mailing address, telephone number, fax number, and email address for the following individuals:
 - The organization's contact person for this RFP;
 - The person authorized to execute any contract(s) that may be awarded;
 - The person who will serve as the organization's legal counsel;
 - The actuarial / financial expert(s) responsible for preparation of items in this response, who must be available to respond to inquiries made by UT System or its consulting actuary and provide any requested information concerning such items.
7. If applicable, a description of the parent company of the Proposer as well as any subsidiaries and/or affiliates, including whether each is publicly or privately owned.
8. Type of incorporation (for-profit, not-for-profit, or nonprofit); publicly or privately owned and state of incorporation.
9. Copies of recent ratings and reports regarding the Proposer issued by independent rating organizations or similar entities (e.g. Best's, Moody's, Standard & Poor's, etc.).
10. A copy of Proposer's most recent audited financial statement.
11. A copy of the organizational chart identifying the personnel who will be responsible for the administration and management of Contractor's contract with UT System.
12. A copy of Proposer's current certificate of authority, issued by the Texas Department of Insurance, to operate as a third-party administrator providing dental services in the State of Texas.
13. Date the group dental services were first provided in the State of Texas.
14. A copy of the Proposer's current State of Texas Vendor ID number (14-digit number).
15. Provide the names and addresses of all parties who would receive compensation as a result of the Proposer's selection under this RFP, including, but not limited to, consulting fees, finder's fees, and service fees.
16. State the name and address of any sponsoring, parent, or other entity that provides financial support to Proposer. Include an indication of the type of support (i.e., guarantees, letters of credit, etc.) provided as well as the maximum limits of additional financial support from other entities. If applicable, provide a copy of the sponsoring organization's most current audited financial statement.
17. Is Proposer presently actively considering or subject to any mergers with and/or acquisitions of or by other organizations? If so, provide specifics. Affirm that Proposer agrees to notify the UT System immediately upon reaching any form of binding agreement

in connection with any merger, acquisition or reorganization of the Proposer's management.

18. Disclose any contractual relationships with affiliates that could present a conflict of interest with the Proposer's role as insurer of the UT Dental HMO plan.
19. Describe any litigation, regulatory proceedings, and / or investigations completed, pending or threatened against the Proposer and / or any of its related affiliates, officers, directors, and any person or subcontractor performing any part of the services being requested in connection with the Contract during the past five (5) years. Identify the full style of each suit, proceeding or investigation, including county and state, regulatory body and/or federal district, and provide a brief summary of the matters in dispute, current status and resolution, if any.
20. Describe any investigations, proceedings, or disciplinary actions by any state regulatory agency against the organization and / or any of its related affiliates, officers, directors and any person or subcontractor performing any part of the services being requested in connection with the Contract during the past five (5) years. Identify the full style of each suit, proceeding or investigation including county and state, regulatory body and/or federal district, and provide a brief summary of the matters in dispute, current status and resolution, if any.

Deviations from the RFP (15%)

21. Identify any provision in Proposer's response that does not conform to the standards described in the RFP. For each deviation, provide the specific location in the response and a detailed explanation as to how the provision differs from the RFP standards and why.

Operational Services (10%)

22. Where is Proposer's primary administrative facility located?
23. State if Proposer contracts with a management or service company for some or all of the administrative services. If applicable, specify the name of the company, the services provided, and the method of reimbursement. Note that this would require compliance with the HUB requirements described in this RFP.
24. Provide a detailed description of the Proposer's HIPAA Privacy and Security Compliance programs as these would apply to UT System data in the Proposer's capacity as a Covered Entity. Include information on workforce training and monitoring.
25. Describe all policies and practices implemented to ensure the privacy of all confidential information as defined in the Contract, including but not limited to protected health information as defined by the HIPAA privacy rule, employee/participant information, or other confidential information about the UT System and its participants. Include a link to the Proposer's HIPAA policies and Notice of Privacy Practices as well as a brief description of any HIPAA violations alleged against the Proposer by consumers or the Department of Health and Human Services, including the outcomes.

26. Provide the name of Proposer's HIPAA privacy officer and a description of his or her qualifications.
27. Confirm Proposer's compliance with current HIPAA rules and regulations applicable to data transmission and privacy, and the organization's willingness to comply with future changes.
28. List any entities with whom Proposer anticipates sharing or disclosing any PHI (Protected Health Information) that the Proposer has created or received from (or on behalf of) the UT System. State the general purpose for which the PHI will be shared or disclosed, and confirm that each entity will comply with requirements for business associates under HIPAA with regard to this PHI.
29. Provide a detailed description of the procedures and systems Proposer uses to prevent, deter, detect and investigate fraud or related issues, and explain how such processes shall be utilized in connection with the UT Dental HMO plan.
30. Discuss Proposer's policies and procedures for addressing situations in which benefits have been utilized after a participant's eligibility has terminated?
31. Describe Proposer's experience in providing cost-containment enhancements to current and former clients.
32. Describe Proposer's quality assurance (QA) program. Provide the name of the designated senior executive responsible for the program as well as a copy of the Proposer's current QA policies and procedures.
33. Describe Proposer's processes for monitoring the appropriateness of dental care services, including underutilization and overutilization, if any.
34. Does Proposer have an information security plan in place, supported by security policies and procedures, to ensure the protection of information and information resources? If so, provide an outline of the plan and note how often it is updated. If not, describe what alternative methodology Proposer uses to ensure the protection of information and information resources.
35. Describe the procedures and tools used for monitoring the integrity and availability of the information systems interacting with the service proposed, detecting security incidents, and ensuring timely remediation.
36. Describe the physical access controls used to limit access to Proposer's data center and network components.
37. What procedures and best practices does Proposer follow to harden all information systems that would interact with the service proposed, including any systems that would hold, process, or from which UT System data may be accessed?

38. If Proposer were selected, would Proposer agree to a vulnerability scan and penetration tests by UT System of all information systems that would interact with the service proposed including any systems that would hold, process, or from which UT System data may be accessed? If the Proposer objects to a vulnerability scan and penetration tests, describe in detail the reasons for objection.
39. Does Proposer have a data backup and recovery plan, supported by policies and procedures, in place for the hosted environment? If so, provide an outline of the plan and note how often it is updated. If not, describe what alternative methodology Proposer uses to ensure the restoration and availability of UT System data.
40. Does Proposer encrypt data backups? If so, describe the methods used to encrypt backup data. If not, what alternative safeguards will Proposer use to protect UT System data backups against unauthorized access?
41. Does Proposer encrypt data in transit and at rest? If so, describe how that security is provided. If not, what alternative methods are used to safeguard data in transit and at rest?
42. What technical security measures does Proposer propose to take to detect and prevent unintentional (accidental) and intentional corruption or loss of UT System data?
43. What safeguards does Proposer have in place to segregate UT System and other customers' data to prevent accidental or unauthorized access to UT System data?
44. What safeguards does Proposer have in place to prevent the unauthorized use, reuse, distribution, transmission, manipulation, copying, modification, access, or disclosure of UT System data?
45. What administrative safeguards and best practices does Proposer employ with respect to staff members (Proposer and third-party) who would have access to the environment hosting all information systems that would interact with the service proposed, including any information systems that would hold, process, or from which UT System data may be accessed, to ensure that UT System data and resources will not be accessed or used in an unauthorized manner.
46. Describe the procedures and methodology in place to detect information security breaches and notify customers in a manner that meets the requirements of HIPAA and Texas breach notification laws.
47. Describe the procedures Proposer has in place to isolate or disable all information systems that would interact with the service proposed, including any systems that would hold, process, or from which Institution data may be accessed, when a security breach is identified?
48. Describe the safeguards in place to ensure that all information systems that would interact with the service proposed, including any systems that would hold, process, or from which UT System data may be accessed, reside within the United States.

49. Detail the planned data Security and handling of data.
50. Data Separation. Describe the Proposer's implementation strategy for segregating sensitive and non-sensitive data including: 1) How the Proposer ensures different levels of protection mechanisms and security controls based on the University of Texas System Data Classification scheme; and 2) How the Proposer integrates updated or new security controls specified by the University of Texas System.
51. Data Disposition and Removal. Explain how the Proposer reliably deletes UT System data upon request or under the terms of the contractual agreement. Describe the evidence that is available and provided after data has been successfully deleted.
52. Encryption for Data in Transit. Explain how strong encryption using a robust algorithm with keys of required strength are used for encryption in transmission and in processing per requirements identified in NIST 800-53v4. Explain how cryptographic keys are managed, protection mechanisms, and who has access to them. Describe how strong data encryption is used for web sessions and other network communication including data upload and downloads. Define how encryption in transmission is used to ensure data security between applications (whether cloud or on premise) and during session state.
53. Encryption for Data at Rest. Describe how strong data encryption is applied to data at rest in all locations where Confidential information is stored.
54. Provide evidence that processes are in place to compartmentalize the job responsibilities of the Proposer's administrators from the responsibilities of other staff and different administrators to ensure the principles of Least Privilege and Separation of Duties.
55. Training. Provide documentation regarding HIPAA and Security Awareness training that meets industry standards (e.g. NIST 800-53v4, HIPAA Rules).
56. Malicious Insiders. Provide policy, procedures, and controls to demonstrate how Proposer protects against malicious insiders.
57. Acceptable Use Policies. Describe the service Proposer's process to ensure all personnel read and understand the Proposer's acceptable use policy, and negotiate an agreement.

Benefit and Network Administration (20%)

58. Provide a detailed description of any exclusions, limitations and / or preexisting condition clauses which pertain to the benefits schedule as well as any enhanced benefits and additional definitions to be considered in evaluating the product(s) the Proposer is proposing in response to this RFP.
59. UT System currently administers COBRA continuation internally; however, Proposer, if selected, may be responsible for COBRA administration at some point in the contract. Confirm that Proposer is able to provide COBRA administration for former UT System either internally or with an outside vendor.

60. Confirm that Proposer understands and agrees that UT System will determine eligibility for UT Dental HMO plan for all UT System employees, retirees and dependents.

61. In providing responses to the following inquiries, if Proposer's administrative or management processes differ within the state of Texas, provide individual responses for each provider network included in the proposal. The following chart indicates the locations of the fourteen (14) UT System institutions. Complete the chart to indicate the number of network providers currently providing dental services on behalf of Proposer in each area listed. Do not count individuals more than once if they provide services at multiple locations.

Important: If Proposer is proposing the inclusion of more than one provider network, complete separate charts for each network.

Network #1

	Number of General Dentists	Number of Pedodontists	Number of Orthodontists	Number of Endodontists	Number of Periodontists	Number of Oral Surgeons	Number of Other Dental Specialists	Total Number of All Types for each Location
Arlington								
Austin								
Brownsville								
Dallas								
El Paso								
Edinburg/McAllen								
Galveston Island								
Galveston County (Mainland)								
Harlingen								
Houston								
Odessa/Midland								
San Antonio								
Tyler								

Entire State of Texas								
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Network #2

	Number of General Dentists	Number of Pedodontists	Number of Orthodontists	Number of Endodontists	Number of Periodontists	Number of Oral Surgeons	Number of Other Dental Specialists	Total Number of All Types for each Location
Arlington								
Austin								
Brownsville								
Dallas								
El Paso								
Edinburg/McAllen								
Galveston Island								
Galveston County (Mainland)								
Harlingen								
Houston								
Odessa/Midland								
San Antonio								
Tyler								
Entire State of Texas								

62. Confirm that Proposer's GeoAccess reports will provide the number of UT System employees with (a) a General Dentist within 5, 10, 15 and 30 miles; and (b) a Specialty Dentist within 5, 10, 15 and 30 miles. Note: Proposer should use the Zip Code data in the Appendix TEN of this RFP to prepare the GeoAccess report. Prepare a separate report for General Dentists and each Specialty Dentist category listed in the above chart(s).

63. For each Provider Network submitted in response to this RFP, vendors must provide a separate Provider Network CD or DVD, including one file for primary dentists and one file for specialty dental providers. Each file name should include your company name, and whether the file contains primary or specialty dentists. Failure to properly identify the data may result in a delay in the review of your response. The files must be in fixed-length text format, and follow the dataset layout as specified in **APPENDIX NINE**.

NOTE: The documentation required is more than what is primarily listed in a vendor's provider directory. Please note the following when preparing the Provider Network CD's or DVD's:

Provide GeoAccess reports showing the number of System employees with:

- General Dentist within 5, 10, 15 and 30 miles; and
- Specialty Dentist within 5, 10 and 30 miles.

The format may not be altered. **No other format will be accepted.**

All required data fields must be filled in. If not, your proposal will not be considered complete. **Blank records, abbreviated names or extra fields are not acceptable.**

Only specialty codes provided by the System are valid. See the list of specialty codes included in the dataset layout (see **APPENDIX NINE**).

Provide three (3) copies of each Provider Network CD/DVD.

64. Describe the management of Proposer's provider network(s). If the network is leased from another entity, fully describe that entity and the contractual relationship. If Proposer contracts with a management company, provide details of the arrangement including any limitations the arrangement may or will have on Proposer's ability to comply with each of the requirements set forth in this RFP.
65. How does a plan participant access the network? Is there any type of precertification required? If so, what is done if a plan participant receives services from a network provider without getting the required precertification?
66. Does the plan operate provider networks outside of Texas that would be available to UT System participants working, living in or visiting out-of-state? If so, describe the network(s) including numbers and locations of providers as well as applicable reimbursement arrangements and details of any reciprocity.
67. Describe the professional liability coverage requirements for each type of dental provider, including all provider facilities, in Proposer's network.
68. Describe any fee and risk sharing arrangements that Proposer has with dental network providers.
69. Describe the minimum periods that are included in Proposer's dental provider contracts concerning:
- a) Provider's notice to not accept new patients
 - b) Provider's intent to terminate
 - c) Provider's intent to terminate

- d) Provider's required continuation of care to existing network plan participants following the provider's termination from the network.
70. Describe the training / orientation process for new network dental providers including participant eligibility, billing, and quality improvement responsibilities.
 71. Describe the growth of Proposer's Texas network over the past three (3) years and if there are plans for future development of the network.
 72. Explain how Proposer's network providers are selected and the requirements to be a network provider including any requirements of ownership of dispensing facilities and inventory levels.
 73. Does Proposer currently contract with any providers affiliated with the UT System health institutions? If so, provide the names of these providers and the institutions where they provide dental care services. Note: UT System is unable to provide a listing of specific dental providers affiliated with UT System health institutions.
 74. List any national and regional dental clinics in Proposer's network.
 75. What has been Proposer's provider turnover rate for each of the last two (2) years?
 76. Describe Proposer's method for informing plan participants of additions to and terminations from Proposer's provider network.
 77. Provide a detailed explanation of the manner in which Proposer compensates its dentists. Include explanations of the following in the response:
 - a) Capitation: Discuss how Proposer Capitates Primary Dentists. Explain how and when supplemental payments are made and the methodology used to determine the amount of supplemental payment.
 - b) Supplemental Payments to Primary Dentists. Explain how and when supplemental payments are made and the methodology used to determine the amount of supplemental payment.
 - c) Payments to Specialists.
 - d) Miscellaneous payments such as consulting fees and payments for emergency or out-of-area treatment.
 78. Provide a listing of the names and total amounts paid for the ten (10) dentists that received the largest capitation during the most recent 12-month period. Provide a separate listing showing the total amounts paid for the top ten (10) dentists in the current UT Dental HMO plan that received the largest total payments during the previous year. The top ten (10) facilities by service area in the UT plan is in **APPENDIX TEN** of this RFP.
 79. How does Proposer resolve issues such as provider non-compliance with contractual requirements?
 80. How would Proposer engage network providers in efforts aimed at improving patient care and reducing overall health care costs?

81. What performance-based systems does Proposer utilize in connection with network providers?
82. How is the network's performance measured?
83. Describe the wellness programs and / or tools offered by Proposer that would be available to UT Dental plan participants.
84. What specific attributes of Proposer's wellness programs are designed to identify and engage those whose health habits or status place them at risk (e.g., individuals who smoke, have oral cancer, etc.), even though they are not presently experiencing adverse health effects, rather than just the "worried well" or those who seek reinforcement of already healthy lifestyles?
85. What referral sources will Proposer employ to identify members for participation in UT System "Living Well" wellness programs and services?
86. Identify what Proposer considers to be the key changes in the past year in any aspect of Proposer's wellness programs, and prospective changes for the next 1-2 years.
87. Detail any wellness programs currently being offered by Proposer that are designed to improve the health and well-being of all individuals, including healthy and low-risk individuals. Indicate whether these programs are managed directly by Proposer or provided by a subcontractor.
88. Provide a sample Dental claim form and describe the claim filing process.
89. Confirm that UT System will have a specific high-level contact for issues regarding UT Dental HMO plan administration and indicate where this contact will be located.
90. How long will claims records specific to the UT Dental HMO plan be maintained?
91. For the claims office that would be processing claims for UT Participants, provide the following statistics for all claims paid by Proposer for the most recent 12- month period:

PERIOD:	COMPANY STANDARD	ACTUAL
Claims payment accuracy rate		
Claims processing accuracy rate		
Financial accuracy rate		
Average turnaround time		

92. Confirm how Proposer will adjudicate coordination of benefit ("COB") claims for participants who have another primary dental plan.

93. Explain the process for obtaining dental records required to pay a claim. If records are needed, state who is responsible for the cost of obtaining the records.
94. Provide the average time involved in approving or denying a Dental claim.
95. Provide a detailed description of the grievance and appeals process for benefits and services provided.
96. Does Proposer have the capability to exchange claims data on a real-time basis with the contracted administrator of the UT FLEX flexible spending account plan administrator?

Customer and Account Service (20%)

97. Briefly outline Proposer's account management philosophy. Include information about how the team members are compensated by Proposer.
98. How many other contracting customer organizations is the assigned account manager currently servicing and how many total members are represented by those organizations?
99. What is the Proposer's account manager / executive turn-over rate for the last twelve (12) months?
100. What is the expected response time for the account management team when responding to Office of Employee Benefits (OEB) staff? To UT Institution HR staff?
101. What is the expected response time for escalated customer service team members to members of the OEB staff? To UT Institution HR staff?
102. Describe the organization, location and structure of the account service team that shall (1) initially implement the UT Dental HMO plan; and (2) provide ongoing program support. Provide a resume of each team member, including Contractor-related duties and length of time with your organization. Describe any other duties these personnel will be performing related to non-UT System responsibilities.
103. Provide an organizational chart identifying the personnel who will be responsible for the administration and management of Proposer's contract with the UT System, if selected. Describe any other duties these personnel will be performing relating to non-UT System responsibilities.
104. Provide the names and titles of Proposer's administrative support staff that will administer the UT Dental HMO plan, including the total number of full-time equivalent employees and which employees are located in Texas. What is the turnover rate among this staff for the past two (2) years?
105. Describe in detail the facilities, personnel, and procedures Proposer intends to use to service those functions required for the UT Dental HMO Insurance Plan. This response should include a description of: 1) personnel that will be available to confer with UT

concerning financial issues, 2) legal and other expertise available to represent Proposer in administrative hearings and litigation, including subrogation, and to assist UT System in the execution of its duties under the Contract, and 3) Proposer's internal processes to deal with participant grievances.

106. Describe Proposer's customer service unit, including the manner in which it is accessed, hours of operation, and the location(s) of the customer service call centers to be utilized by UT System participants.
107. Are any major changes currently planned or anticipated for the customer service organization or facilities (e.g., moving to a different location, reorganizing or merging units)? If so, please describe.
108. Will Proposer provide a separate toll free number for UT System members? Provide the days and hours in which this access will be available.
109. How many telephone lines and support staff will be dedicated to customer service and claims processing for the UT Dental HMO plan?
110. Explain the process used by the Customer Service department to assist members in locating a specialty provider who is able to assist with needed care. Confirm that Customer Service will ensure, to the fullest extent possible, that the member is able to see a specialty dentist in a timely manner.
111. How does a participant change their primary dentist? How long does the process take from the requested change to the participant showing on the new provider's roster? Can each covered member in a family have a separate primary dentist?
112. How are after-hours calls to customer service handled?
113. Indicate the average number of telephone calls received over the past six (6) months on a weekly basis for the primary call center(s) to be utilized by UT System participants.
114. Does Proposer's customer service system support TTY, also known as TDD (Telecommunications Device for the Deaf) technologies?
115. How does Proposer's customer service system support non-English-speaking participants?
116. Briefly describe the training that each employee or representative receives to provide customer service. Include the length of time it takes to advance from training to a qualified Customer Service Representative (CSR).
117. How does Proposer ensure that its CSRs are providing timely and accurate information?
118. How does Proposer monitor first-call resolution and member inquiries that do not get resolved?

119. Does Proposer's customer service inquiry system allow CSRs to enter information and provide the ability for CSRs to review previous notes to better assist members?
120. Can CSRs view historical claims information online to assist participants? Will participants be able to view their claims information online via the organization's UT System-specific website? How will designated UT System staff members access claims information for UT System participants so that specific claims can be reviewed and / or specific reporting requested?
121. Provide a sample copy of all written materials to be used in administering the UT Dental HMO plan coverage. As a minimum, Proposer's response should include the following:
 - a) Annual Enrollment/Marketing Packets: Include copies of proposed marketing materials; all proposed newspaper, billboard, television and radio advertisements for Annual Enrollment; and presentation materials for employee meetings.
 - b) Post enrollment member packets: Include a copy of the proposed benefits books, including a complete description of benefits provided, limitations, and exclusions.
 - c) Provide a sample copy of all forms that must be completed by a System enrollee.
Note: The System will not utilize Proposer's enrollment form.
122. Explain in detail the services that will be available at no additional cost to System regarding communications and participation of the organization's personnel at employee / retiree meetings during annual enrollment periods.
123. Describe Proposer's current reporting capability. Provide samples of utilization and administrative performance reports currently available to contracting plans. How often are reports prepared? Describe the method that Proposer would use to determine the cost of any special reports that might be requested by UT System.
124. If Proposer is unable to provide any information requested in the Administrative Performance Report template included as APPENDIX TWELVE please describe in detail any information that cannot be provided and explain why it cannot be provided.
125. Describe any unique reporting capabilities that differentiate Proposer from its competitors.
126. Confirm that Proposer can provide normative data against which the UT System can benchmark its plan.
127. Describe Proposer's processes for monitoring the adequacy of customer service and provider and participant satisfaction. Does Proposer currently perform overall participant satisfaction surveys? If so, does an outside organization perform the surveys? Provide a copy of the latest survey and its results, including the percentage of participants who indicated that they were "satisfied" or "very satisfied" with the overall program.

Technical and Data Exchange Capabilities (10%)

128. Describe the Proposer's ability to provide automated notification upon receipt of eligibility data as well as automated, timely notifications confirming either successful load or failure to load for any eligibility dataset received from UT System.
129. Explain how Proposer plans to ensure that it meets all requirements regarding protecting the confidentiality of social security numbers as outlined in this RFP, including the requirements of Section 35.58 of the Texas Business and Commerce Code, CONFIDENTIALITY OF SOCIAL SECURITY NUMBER.
130. Describe Proposer's experience with automated enrollment systems, including any specific automated systems that Proposer has worked with.
131. Explain how data is entered into Proposer's eligibility system. Provide a data flow diagram of the process to receive, audit, and load eligibility datasets, including an indication of whether the diagram refers to a current or proposed system. If documenting a proposed system, the anticipated implementation date should be included.
132. Where is the location of the computer system that maintains and hosts Proposer's eligibility system and data? Is a third-party application used for entering data into the organization's eligibility system or was proprietary software developed in-house?
133. Upon receipt of eligibility datasets from UT System, can Proposer's eligibility system produce a detailed error report indicating which records which have been accepted for loading and which have been rejected? Will such reports be provided following each eligibility transmission?
134. Discuss the staffing and capabilities of the Proposer's team that would be responsible for managing information systems and data for the UT Dental HMO plan.
135. How soon after receiving eligibility data from UT System would any updates be reflected in Proposer's eligibility system?
136. Describe Proposer's process for implementing changes to the benefit plan design. How much advance notice is required for a change to be made in Proposer's information system?
137. What quality assurance processes are integrated into Proposer's information systems to ensure accurate programming of the initial benefit plan design and to improve the accuracy of programming related to plan design changes during the contract period?
138. Confirm Proposer's ability to accept emergency updates to dental eligibility, as specified in this RFP. How long after such change will it take the change to process through to the primary dentist's roster? Additionally, describe the organization's ability to provide a website allowing designated UT System's staff to view eligibility and make emergency eligibility updates directly in the Proposer's database when necessary.

Premium Rates (5%)

139. Detail the renewal rating procedure to be used in the determination of premium rates for years following the original 36-month guarantee period.
140. After the initial three (3)-year contract, UT System requires 210 days' advance notice before the end of each plan year of any increase in the premium rates for the next plan year. Confirm that Proposer agrees to this requirement.
141. State whether Proposer will offer any guarantee of maximum increases for future years, starting September 1st, 2021. If so, state these guarantees.
142. Describe all discounts that may be available to University, including, educational, federal, state and local discounts.
143. As described in this RFP, the UT System will remit payment of the premiums to the Proposer within 60 days from the beginning of the coverage period. Confirm that the Proposer understands and agrees to this provision.
144. Proposed rates must include all required services as specified in this RFP, and required services must not have extra fees. Confirm that the Proposer agrees to this requirement.
145. Proposer's proposed rates must not include a provision for state taxes. Confirm that the Proposer agrees to this requirement.
146. Proposer must not have minimum participation requirements for the premium rates quoted in **Section 6**. Confirm that the Proposer agrees to this requirement.

SECTION 6

PRICING AND DELIVERY SCHEDULE

Proposal of: _____
(Proposer Company Name)

To: The University of Texas System

RFP No.: 720-1808 Dental HMO Insurance Plan

Ladies and Gentlemen:

Having carefully examined all the specifications and requirements of this RFP and any attachments thereto, the undersigned proposes to furnish the required pursuant to the above-referenced Request for Proposal upon the terms quoted (firm fixed price) below. The University will not accept proposals which include assumptions or exceptions to the work identified in this RFP.

6.1 Monthly Premium Rates (10%)

Monthly Premium Rates (September 1, 2018 through August 31, 2021)

Using the following rate proposal chart, provide proposed monthly rates guaranteed for a fully insured Dental HMO Insurance Plan* for the 36-month period beginning 9/1/2018 through 8/31/2021. In order for Proposer’s proposal to be in compliance with this RFP, proposed rates must be provided for each of the coverage levels. All rates are derived from the “Subscriber Only” rate based on the applicable rating formula.

	<i>Rating Category</i>	<i>Rating Formulary</i>	<i>Monthly Rate **</i>
1	<i>Subscriber Only</i>	1.0	\$ _____
2	<i>Subscriber & Spouse</i>	1.9 x (1)	\$ _____
3	<i>Subscriber & Child(ren)</i>	2.1 x (1)	\$ _____
4	<i>Subscriber & Family</i>	3.0 x (1)	\$ _____
5	<i>Spouse Only ***</i>	(2) – (1)	\$ _____
6	<i>Child(ren) Only ***</i>	(3) – (1)	\$ _____
7	<i>Spouse & Child(ren) ***</i>	(4) – (1)	\$ _____

* A description of the required Schedule of Benefits is in the Evidence of Coverage in Appendix Eight of this RFP.

** Rates are rounded to the nearest \$0.01.

*** Rates used for surviving dependents of deceased active or retired employees only. For COBRA rates, the vendor should add a 2% administrative fee.

Using the following table, provide the projected percentages of the UT rate proposal which the vendor expects to allocate to each of the following:

Payments to Dentists	Amount
Capitation to Primary Dentists	
Supplemental payments to Primary Dentists	
Payments to Specialists	
Miscellaneous payments (consulting Fees, emergencies, etc.)	
Total	
Payments to Dentists	Amount
Marketing	
Administration	
Profit	
Total UT Premium	(100%)

The percentage of the premium for administration is _____%

The premium rates above are guaranteed for _____ Plan Years.

List and explain any other types of fees:

6.3 Delivery Schedule of Events and Time Periods

Indicate number of calendar days needed to commence the Services from the execution of the services agreement:

_____ Calendar Days

6.4 Payment

[Section 51.012, Education Code](#), authorizes University to make payments through electronic funds transfer methods. Proposer agrees to accept payments from University through those methods, including the automated clearing house system (“ACH”). Proposer agrees to provide Proposer’s banking information to University in writing on Proposer letterhead signed by an authorized representative of Proposer. Prior to the first payment, University will confirm Proposer’s banking information. Changes to Proposer’s bank information must be communicated to University in writing at least thirty (30) days before the effective date of the change and must include an [IRS Form W-9](#) signed by an authorized representative of Proposer.

University, an agency of the State of Texas, is exempt from Texas Sales & Use Tax on goods and services in accordance with [§151.309, Tax Code](#), and [Title 34 TAC §3.322](#). Pursuant to [34 TAC §3.322\(c\)\(4\)](#), University is not required to provide a tax exemption certificate to establish its tax exempt status.

Respectfully submitted,

Proposer: _____

By: _____
(Authorized Signature for Proposer)

Name: _____

Title: _____

Date: _____

APPENDIX ONE
PROPOSAL REQUIREMENTS

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SECTION 1

GENERAL INFORMATION

1.1 Purpose

University is soliciting competitive sealed proposals from Proposers having suitable qualifications and experience providing services in accordance with the terms, conditions and requirements set forth in this RFP. This RFP provides sufficient information for interested parties to prepare and submit proposals for consideration by University.

By submitting a proposal, Proposer certifies that it understands this RFP and has full knowledge of the scope, nature, quality, and quantity of the services to be performed, the detailed requirements of the services to be provided, and the conditions under which such services are to be performed. Proposer also certifies that it understands that all costs relating to preparing a response to this RFP will be the sole responsibility of the Proposer.

PROPOSER IS CAUTIONED TO READ THE INFORMATION CONTAINED IN THIS RFP CAREFULLY AND TO SUBMIT A COMPLETE RESPONSE TO ALL REQUIREMENTS AND QUESTIONS AS DIRECTED.

1.2 Inquiries and Interpretations

University may in its sole discretion respond in writing to written inquiries concerning this RFP and mail its response as an Addendum to all parties recorded by University as having received a copy of this RFP. Only University's responses that are made by formal written Addenda will be binding on University. Any verbal responses, written interpretations or clarifications other than Addenda to this RFP will be without legal effect. All Addenda issued by University prior to the Submittal Deadline will be and are hereby incorporated as a part of this RFP for all purposes.

Proposers are required to acknowledge receipt of each Addendum as specified in this Section. The Proposer must acknowledge all Addenda by completing, signing and returning the Addenda Checklist (ref. **Section 4** of **APPENDIX ONE**). The Addenda Checklist must be received by University prior to the Submittal Deadline and should accompany the Proposer's proposal.

Any interested party that receives this RFP by means other than directly from University is responsible for notifying University that it has received an RFP package, and should provide its name, address, telephone and facsimile (**FAX**) numbers, and email address, to University, so that if University issues Addenda to this RFP or provides written answers to questions, that information can be provided to that party.

1.3 Public Information

Proposer is hereby notified that University strictly adheres to all statutes, court decisions and the opinions of the Texas Attorney General with respect to disclosure of public information.

University may seek to protect from disclosure all information submitted in response to this RFP until such time as a final agreement is executed.

Upon execution of a final agreement, University will consider all information, documentation, and other materials requested to be submitted in response to this RFP, to be of a non-confidential and non-proprietary nature and, therefore, subject to public disclosure under the *Texas Public Information Act* (ref. [Chapter 552, Government Code](#)). Proposer will be advised of a request for public information that implicates their materials and will have the opportunity to raise any objections to disclosure to the Texas Attorney General. Certain information may be protected from release under §§[552.101](#), [552.104](#), [552.110](#), [552.113](#), and [552.131](#), *Government Code*.

1.4 Type of Agreement

Contractor, if any, will be required to enter into a contract with University in a form substantially similar to the Agreement between University and Contractor (the "**Agreement**") attached to this RFP as **APPENDIX TWO** and incorporated for all purposes.

1.5 Proposal Evaluation Process

University will select Contractor by using the competitive sealed proposal process described in this Section. Any proposals that are not submitted by the Submittal Deadline or that are not accompanied by required number of completed and signed originals of the HSP will be rejected by University as non-responsive due to material failure to comply with this RFP (ref. **Section 2.5.4** of this RFP). Upon completion of the initial review and evaluation of proposals, University may invite one or more selected Proposers to participate in oral presentations. University will use commercially reasonable efforts to avoid public disclosure of the contents of a proposal prior to selection of Contractor.

University may make the selection of Contractor on the basis of the proposals initially submitted, without discussion, clarification or modification. In the alternative, University may make the selection of Contractor on the basis of negotiation with any of the Proposers. In conducting negotiations, University will use commercially reasonable efforts to avoid disclosing the contents of competing proposals.

University may discuss and negotiate all elements of proposals submitted by Proposers within a specified competitive range. For purposes of negotiation, University may establish, after an initial review of the proposals, a competitive range of acceptable or potentially acceptable proposals composed of the highest rated proposal(s). In that event, University may defer further action on proposals not included within the competitive range pending the selection of Contractor; provided, however, University reserves the right to include additional proposals in the competitive range if deemed to be in the best interest of University.

After the Submittal Deadline but before final selection of Contractor, University may permit Proposer to revise its proposal in order to obtain the Proposer's best and final offer. In that event, representations made by Proposer in its revised proposal, including price and fee quotes, will be binding on Proposer. University will provide each Proposer within the competitive range with an equal opportunity for discussion and revision of its proposal. University is not obligated to select the Proposer offering the most attractive economic terms if that Proposer is not the most advantageous to University overall, as determined by University.

University reserves the right to (a) enter into an agreement for all or any portion of the requirements and specifications set forth in this RFP with one or more Proposers, (b) reject any and all proposals and re-solicit proposals, or (c) reject any and all proposals and temporarily or permanently abandon this selection process, if deemed to be in the best interests of University. Proposer is hereby notified that University will maintain in its files concerning this RFP a written record of the basis upon which a selection, if any, is made by University.

1.6 Proposer's Acceptance of RFP Terms

Proposer (1) accepts [a] Proposal Evaluation Process (ref. **Section 1.5** of **APPENDIX ONE**), [b] Criteria for Selection (ref. **2.3** of this RFP), [c] Specifications and Additional Questions (ref. **Section 5** of this RFP), [d] terms and conditions of the Agreement (ref. **APPENDIX TWO**), and [e] all other requirements and specifications set forth in this RFP; and (2) acknowledges that some subjective judgments must be made by University during this RFP process.

1.7 Solicitation for Proposal and Proposal Preparation Costs

Proposer understands and agrees that (1) this RFP is a solicitation for proposals and University has made no representation written or oral that one or more agreements with University will be awarded under this RFP; (2) University issues this RFP predicated on University's anticipated requirements for the Services, and University has made no representation, written or oral, that any particular scope of services will actually be required by University; and (3) Proposer will bear, as its sole risk and responsibility, any cost that arises from Proposer's preparation of a proposal in response to this RFP.

1.8 Proposal Requirements and General Instructions

- 1.8.1 Proposer should carefully read the information contained herein and submit a complete proposal in response to all requirements and questions as directed.
- 1.8.2 Proposals and any other information submitted by Proposer in response to this RFP will become the property of University.
- 1.8.3 University will not provide compensation to Proposer for any expenses incurred by the Proposer for proposal preparation or for demonstrations or oral presentations that may be made by Proposer. Proposer submits its proposal at its own risk and expense.
- 1.8.4 Proposals that (i) are qualified with conditional clauses; (ii) alter, modify, or revise this RFP in any way; or (iii) contain irregularities of any kind, are subject to disqualification by University, at University's sole discretion.
- 1.8.5 Proposals should be prepared simply and economically, providing a straightforward, concise description of Proposer's ability to meet the requirements and specifications of this RFP. Emphasis should be on completeness, clarity of content, and responsiveness to the requirements and specifications of this RFP.
- 1.8.6 University makes no warranty or guarantee that an award will be made as a result of this RFP. University reserves the right to accept or reject any or all proposals, waive any formalities, procedural requirements, or minor technical inconsistencies, and delete any requirement or specification from this RFP or the Agreement when deemed to be in University's best interest. University reserves the right to seek clarification from any Proposer concerning any item contained in its proposal prior to final selection. Such clarification may be provided by telephone conference or personal meeting with or writing to University, at University's sole discretion. Representations made by Proposer within its proposal will be binding on Proposer.
- 1.8.7 Any proposal that fails to comply with the requirements contained in this RFP may be rejected by University, in University's sole discretion.

1.9 Preparation and Submittal Instructions

1.9.1 Specifications and Additional Questions

Proposals must include responses to the questions in Specifications and Additional Questions (ref. **Section 5** of this RFP). Proposer should reference the item number and repeat the question in its response. In cases where a question does not apply or if unable to respond, Proposer should refer to the item number, repeat the question, and indicate N / A (Not Applicable) or N / R (No Response), as appropriate. Proposer should explain the reason when responding N / A or N / R.

1.9.2 Execution of Offer

Proposer must complete, sign and return the attached Execution of Offer (ref. **Section 2** of **APPENDIX ONE**) as part of its proposal. The Execution of Offer must be signed by a representative of Proposer duly authorized to bind the Proposer to its proposal. Any proposal received without a completed and signed Execution of Offer may be rejected by University, in its sole discretion.

1.9.3 Pricing and Delivery Schedule

Proposer must complete and return the Pricing and Delivery Schedule (ref. **Section 6** of this RFP), as part of its proposal. In the Pricing and Delivery Schedule, the Proposer should describe in detail (a) the total fees for the entire scope of the Services; and (b) the method by which the fees are calculated. The fees must be inclusive of all associated costs for delivery, labor, insurance, taxes, overhead, and profit.

University will not recognize or accept any charges or fees to perform the Services that are not specifically stated in the Pricing and Delivery Schedule.

In the Pricing and Delivery Schedule, Proposer should describe each significant phase in the process of providing the Services to University, and the time period within which Proposer proposes to be able to complete each such phase.

1.9.4 Proposer's General Questionnaire

Proposals must include responses to the questions in Proposer's General Questionnaire (ref. **Section 3** of **APPENDIX ONE**). Proposer should reference the item number and repeat the question in its response. In cases where a question does not apply or if unable to respond, Proposer should refer to the item number, repeat the question, and indicate N / A (Not Applicable) or N / R (No Response), as appropriate. Proposer should explain the reason when responding N / A or N / R.

1.9.5 Addenda Checklist

Proposer should acknowledge all Addenda to this RFP (if any) by completing, signing and returning the Addenda Checklist (ref. **Section 4** of **APPENDIX ONE**) as part of its proposal. Any proposal received without a completed and signed Addenda Checklist may be rejected by University, in its sole discretion.

1.9.6 Submission

*Proposer should submit all proposal materials as instructed in **Section 3** of this RFP. RFP No. (ref. **Title Page** of this RFP) and Submittal Deadline (ref. **Section 2.1** of this RFP) should be clearly shown (1) in the Subject line of any email transmitting the proposal, and (2) in the lower left-hand corner on the top surface of any envelope or package containing the proposal. In addition, the name and the return address of the Proposer should be clearly visible in any email or on any envelope or package.*

Proposer must also submit two (2) copies of the HUB Subcontracting Plan (also called the HSP) as required by **Section 2.5** of this RFP.

University will not under any circumstances consider a proposal that is received after the Submittal Deadline or which is not accompanied by the HSP as required by **Section 2.5** of this RFP. University will not accept proposals submitted by telephone or FAX transmission.

Except as otherwise provided in this RFP, no proposal may be changed, amended, or modified after it has been submitted to University. However, a proposal may be withdrawn and resubmitted at any time prior to the Submittal Deadline. No proposal may be withdrawn after the Submittal Deadline without University's consent, which will be based on Proposer's written request explaining and documenting the reason for withdrawal, which is acceptable to University.

SECTION 2

EXECUTION OF OFFER

THIS EXECUTION OF OFFER MUST BE COMPLETED, SIGNED AND RETURNED WITH PROPOSER'S PROPOSAL. FAILURE TO COMPLETE, SIGN AND RETURN THIS EXECUTION OF OFFER WITH THE PROPOSER'S PROPOSAL MAY RESULT IN THE REJECTION OF THE PROPOSAL.

- 2.1 Representations and Warranties.** Proposer represents, warrants, certifies, acknowledges, and agrees as follows:
- 2.1.1 Proposer will furnish the Services to University and comply with all terms, conditions, requirements and specifications set forth in this RFP and any resulting Agreement.
 - 2.1.2 This RFP is a solicitation for a proposal and is not a contract or an offer to contract. Submission of a proposal by Proposer in response to this RFP will not create a contract between University and Proposer. University has made no representation or warranty, written or oral, that one or more contracts with University will be awarded under this RFP. Proposer will bear, as its sole risk and responsibility, any cost arising from Proposer's preparation of a response to this RFP.
 - 2.1.3 Proposer is a reputable company that is lawfully and regularly engaged in providing the Services.
 - 2.1.4 Proposer has the necessary experience, knowledge, abilities, skills, and resources to perform the Services.
 - 2.1.5 Proposer is aware of, is fully informed about, and is in full compliance with all applicable federal, state and local laws, rules, regulations and ordinances relating to performance of the Services.
 - 2.1.6 Proposer understands (i) the requirements and specifications set forth in this RFP and (ii) the terms and conditions set forth in the Agreement under which Proposer will be required to operate.
 - 2.1.7 Proposer will not delegate any of its duties or responsibilities under this RFP or the Agreement to any sub-contractor, except as expressly provided in the Agreement.
 - 2.1.8 Proposer will maintain any insurance coverage required by the Agreement during the entire term.
 - 2.1.9 All statements, information and representations prepared and submitted in response to this RFP are current, complete, true and accurate. University will rely on such statements, information and representations in selecting Contractor. If selected by University, Proposer will notify University immediately of any material change in any matters with regard to which Proposer has made a statement or representation or provided information.
 - 2.1.10 PROPOSER WILL DEFEND WITH COUNSEL APPROVED BY UNIVERSITY, INDEMNIFY, AND HOLD HARMLESS UNIVERSITY, THE STATE OF TEXAS, AND ALL OF THEIR REGENTS, OFFICERS, AGENTS AND EMPLOYEES, FROM AND AGAINST ALL ACTIONS, SUITS, DEMANDS, COSTS, DAMAGES, LIABILITIES AND OTHER CLAIMS OF ANY NATURE, KIND OR DESCRIPTION, INCLUDING REASONABLE ATTORNEYS' FEES INCURRED IN INVESTIGATING, DEFENDING OR SETTling ANY OF THE FOREGOING, ARISING OUT OF, CONNECTED WITH, OR RESULTING FROM ANY NEGLIGENT ACTS OR OMISSIONS OR WILLFUL MISCONDUCT OF PROPOSER OR ANY AGENT, EMPLOYEE, SUBCONTRACTOR, OR SUPPLIER OF PROPOSER IN THE EXECUTION OR PERFORMANCE OF ANY CONTRACT OR AGREEMENT RESULTING FROM THIS RFP.
 - 2.1.11 Pursuant to §§[2107.008](#) and [2252.903](#), *Government Code*, any payments owing to Proposer under the Agreement may be applied directly to any debt or delinquency that Proposer owes the State of Texas or any agency of the State of Texas, regardless of when it arises, until such debt or delinquency is paid in full.
 - 2.1.12 Any terms, conditions, or documents attached to or referenced in Proposer's proposal are applicable to this procurement only to the extent that they (a) do not conflict with the laws of the State of Texas or this RFP, and (b) do not place any requirements on University that are not set forth in this RFP. Submission of a proposal is Proposer's good faith intent to enter into the Agreement with University as specified in this RFP and that Proposer's intent is not contingent upon University's acceptance or execution of any terms, conditions, or other documents attached to or referenced in Proposer's proposal.
 - 2.1.13 Pursuant to Chapter 2270, *Government Code*, Proposer certifies Proposer (a) does not currently boycott Israel; and (b) will not boycott Israel during the Term of the Agreement. Proposer acknowledges the Agreement may be terminated and payment withheld if this certification is inaccurate.
 - 2.1.14 Pursuant to Subchapter F, Chapter 2252, *Government Code*, Proposer certifies Proposer is not engaged in business with Iran, Sudan, or a foreign terrorist organization. Proposer acknowledges the Agreement may be terminated and payment withheld if this certification is inaccurate.
- 2.2 No Benefit to Public Servants.** Proposer has not given or offered to give, nor does Proposer intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to a public servant in connection with its proposal. Failure to sign this Execution of Offer, or signing with a false statement, may void the submitted proposal or any resulting Agreement, and Proposer may be removed from all proposer lists at University.
- 2.3 Tax Certification.** Proposer is not currently delinquent in the payment of any taxes due under [Chapter 171, Tax Code](#), or Proposer is exempt from the payment of those taxes, or Proposer is an out-of-state taxable entity that is not subject to those taxes, whichever is applicable. A false certification will be deemed a material breach of any resulting contract or agreement and, at University's option, may result in termination of any resulting Agreement.

- 2.4 Antitrust Certification.** Neither Proposer nor any firm, corporation, partnership or institution represented by Proposer, nor anyone acting for such firm, corporation or institution, has violated the antitrust laws of the State of Texas, codified in [§15.01 et seq., Business and Commerce Code](#), or the Federal antitrust laws, nor communicated directly or indirectly the proposal made to any competitor or any other person engaged in such line of business.
- 2.5 Authority Certification.** The individual signing this document and the documents made a part of this RFP, is authorized to sign the documents on behalf of Proposer and to bind Proposer under any resulting Agreement.
- 2.6 Child Support Certification.** Under [§231.006, Family Code](#), relating to child support, the individual or business entity named in Proposer's proposal is not ineligible to receive award of the Agreement, and any Agreements resulting from this RFP may be terminated if this certification is inaccurate.
- 2.7 Relationship Certifications.**
- No relationship, whether by blood, marriage, business association, capital funding agreement or by any other such kinship or connection exists between the owner of any Proposer that is a sole proprietorship, the officers or directors of any Proposer that is a corporation, the partners of any Proposer that is a partnership, the joint venturers of any Proposer that is a joint venture, or the members or managers of any Proposer that is a limited liability company, on one hand, and an employee of any member institution of University, on the other hand, other than the relationships which have been previously disclosed to University in writing.
 - Proposer has not been an employee of any member institution of University within the immediate twelve (12) months prior to the Submittal Deadline.
 - No person who, in the past four (4) years served as an executive of a state agency was involved with or has any interest in Proposer's proposal or any contract resulting from this RFP (ref. [§669.003, Government Code](#)).
 - All disclosures by Proposer in connection with this certification will be subject to administrative review and approval before University enters into any Agreement resulting from this RFP with Proposer.
- 2.8 Compliance with Equal Employment Opportunity Laws.** Proposer is in compliance with all federal laws and regulations pertaining to Equal Employment Opportunities and Affirmative Action.
- 2.9 Compliance with Safety Standards.** All products and services offered by Proposer to University in response to this RFP meet or exceed the safety standards established and promulgated under the Federal Occupational Safety and Health Law ([Public Law 91-596](#)) and the *Texas Hazard Communication Act*, [Chapter 502, Health and Safety Code](#), and all related regulations in effect or proposed as of the date of this RFP.
- 2.10 Exceptions to Certifications.** Proposer will and has disclosed, as part of its proposal, any exceptions to the information stated in this [Execution of Offer](#). All information will be subject to administrative review and approval prior to the time University makes an award or enters into any Agreement with Proposer.
- 2.11 Manufacturer Responsibility and Consumer Convenience Computer Equipment Collection and Recovery Act Certification.** If Proposer will sell or lease computer equipment to University under any Agreement resulting from this RFP then, pursuant to [§361.965\(c\), Health & Safety Code](#), Proposer is in compliance with the Manufacturer Responsibility and Consumer Convenience Computer Equipment Collection and Recovery Act set forth in [Chapter 361, Subchapter Y, Health & Safety Code](#), and the rules adopted by the Texas Commission on Environmental Quality under that Act as set forth in [30 TAC Chapter 328, §361.952\(2\), Health & Safety Code](#), states that, for purposes of the Manufacturer Responsibility and Consumer Convenience Computer Equipment Collection and Recovery Act, the term "computer equipment" means a desktop or notebook computer and includes a computer monitor or other display device that does not contain a tuner.
- 2.12 Conflict of Interest Certification.**
- Proposer is not a debarred Proposer or the principal of a debarred Proposer (i.e. owner, proprietor, sole or majority shareholder, director, president, managing partner, etc.) either at the state or federal level.
 - Proposer's provision of services or other performance under any Agreement resulting from this RFP will not constitute an actual or potential conflict of interest.
 - Proposer has disclosed any personnel who are related to any current or former employees of University.
 - Proposer has not given, nor does Proposer intend to give, at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to an officer or employee of University in connection with this RFP.

2.13 Proposer should complete the following information:

If Proposer is a Corporation, then State of Incorporation: _____

If Proposer is a Corporation, then Proposer's Corporate Charter Number: _____

RFP No.: 720-1808 Dental PHMO Insurance Plan

NOTICE: WITH FEW EXCEPTIONS, INDIVIDUALS ARE ENTITLED ON REQUEST TO BE INFORMED ABOUT THE INFORMATION THAT GOVERNMENTAL BODIES OF THE STATE OF TEXAS COLLECT ABOUT SUCH INDIVIDUALS. UNDER §§[552.021](#) AND [552.023](#), GOVERNMENT CODE, INDIVIDUALS ARE ENTITLED TO RECEIVE AND REVIEW SUCH INFORMATION. UNDER [§559.004, GOVERNMENT CODE](#), INDIVIDUALS ARE ENTITLED TO HAVE GOVERNMENTAL BODIES OF THE STATE OF TEXAS CORRECT INFORMATION ABOUT SUCH INDIVIDUALS THAT IS INCORRECT.

Submitted and Certified By:

(Proposer Institution's Name)

(Signature of Duly Authorized Representative)

(Printed Name / Title)

(Date Signed)

(Proposer's Street Address)

(City, State, Zip Code)

(Telephone Number)

(FAX Number)

(Email Address)

SECTION 3

PROPOSER'S GENERAL QUESTIONNAIRE

NOTICE: WITH FEW EXCEPTIONS, INDIVIDUALS ARE ENTITLED ON REQUEST TO BE INFORMED ABOUT THE INFORMATION THAT GOVERNMENTAL BODIES OF THE STATE OF TEXAS COLLECT ABOUT SUCH INDIVIDUALS. UNDER §§552.021 AND 552.023, GOVERNMENT CODE, INDIVIDUALS ARE ENTITLED TO RECEIVE AND REVIEW SUCH INFORMATION. UNDER §559.004, GOVERNMENT CODE, INDIVIDUALS ARE ENTITLED TO HAVE GOVERNMENTAL BODIES OF THE STATE OF TEXAS CORRECT INFORMATION ABOUT SUCH INDIVIDUALS THAT IS INCORRECT.

Proposals must include responses to the questions contained in this Proposer's General Questionnaire. Proposer should reference the item number and repeat the question in its response. In cases where a question does not apply or if unable to respond, Proposer should refer to the item number, repeat the question, and indicate N / A (Not Applicable) or N / R (No Response), as appropriate. Proposer will explain the reason when responding N / A or N / R.

3.1 Proposer Profile

3.1.1 Legal name of Proposer company:

Address of principal place of business:

Address of office that would be providing service under the Agreement:

Number of years in Business: _____

State of incorporation: _____

Number of Employees: _____

Annual Revenues Volume: _____

Name of Parent Corporation, if any _____

NOTE: If Proposer is a subsidiary, University prefers to enter into a contract or agreement with the Parent Corporation or to receive assurances of performance from the Parent Corporation.

3.1.2 State whether Proposer will provide a copy of its financial statements for the past two (2) years, if requested by University.

3.1.3 Proposer will provide a financial rating of the Proposer entity and any related documentation (such as a Dunn and Bradstreet analysis) that indicates the financial stability of Proposer.

3.1.4 Is Proposer currently for sale or involved in any transaction to expand or to become acquired by another business entity? If yes, Proposer will explain the expected impact, both in organizational and directional terms.

3.1.5 Proposer will provide any details of all past or pending litigation or claims filed against Proposer that would affect its performance under the Agreement with University (if any).

3.1.6 Is Proposer currently in default on any loan agreement or financing agreement with any bank, financial institution, or other entity? If yes, Proposer will specify the pertinent date(s), details, circumstances, and describe the current prospects for resolution.

3.1.7 Proposer will provide a customer reference list of no less than three (3) organizations with which Proposer currently has contracts and / or to which Proposer has previously provided services (within the past five (5) years) of a type and scope similar to those required by University's RFP. Proposer will include in its customer reference list the customer's company name, contact person, telephone number, project description, length of business relationship, and background of services provided by Proposer.

- 3.1.8 Does any relationship exist (whether by family kinship, business association, capital funding agreement, or any other such relationship) between Proposer and any employee of University? If yes, Proposer will explain.
- 3.1.9 Proposer will provide the name and Social Security Number for each person having at least 25% ownership interest in Proposer. This disclosure is mandatory pursuant to [§231.006, Family Code](#), and will be used for the purpose of determining whether an owner of Proposer with an ownership interest of at least 25% is more than 30 days delinquent in paying child support. Further disclosure of this information is governed by the *Texas Public Information Act* (ref. [Chapter 552, Government Code](#)), and other applicable law.

3.2 Approach to Project Services

- 3.2.1 Proposer will provide a statement of the Proposer's service approach and will describe any unique benefits to University from doing business with Proposer. Proposer will briefly describe its approach for each of the required services identified in **Section 5.3** Scope of Work of this RFP.
- 3.2.2 Proposer will provide an estimate of the earliest starting date for services following execution of the Agreement.
- 3.2.3 Proposer will submit a work plan with key dates and milestones. The work plan should include:
- 3.2.3.1 Identification of tasks to be performed;
 - 3.2.3.2 Time frames to perform the identified tasks;
 - 3.2.3.3 Project management methodology;
 - 3.2.3.4 Implementation strategy; and
 - 3.2.3.5 The expected time frame in which the services would be implemented.
- 3.2.4 Proposer will describe the types of reports or other written documents Proposer will provide (if any) and the frequency of reporting, if more frequent than required in this RFP. Proposer will include samples of reports and documents if appropriate.

3.3 General Requirements

- 3.3.1 Proposer will provide summary resumes for its proposed key personnel who will be providing services under the Agreement with University, including their specific experiences with similar service projects, and number of years of employment with Proposer.
- 3.3.2 Proposer will describe any difficulties it anticipates in performing its duties under the Agreement with University and how Proposer plans to manage these difficulties. Proposer will describe the assistance it will require from University.

3.4 Service Support

Proposer will describe its service support philosophy, how it is implemented, and how Proposer measures its success in maintaining this philosophy.

3.5 Quality Assurance

Proposer will describe its quality assurance program, its quality requirements, and how they are measured.

3.6 Miscellaneous

- 3.6.1 Proposer will provide a list of any additional services or benefits not otherwise identified in this RFP that Proposer would propose to provide to University. Additional services or benefits must be directly related to the goods and services solicited under this RFP.
- 3.6.2 Proposer will provide details describing any unique or special services or benefits offered or advantages to be gained by University from doing business with Proposer. Additional services or benefits must be directly related to the goods and services solicited under this RFP.
- 3.6.3 Does Proposer have a contingency plan or disaster recovery plan in the event of a disaster? If so, then Proposer will provide a copy of the plan.

SECTION 4

ADDENDA CHECKLIST

Proposal of: _____
(Proposer Company Name)

To: The University of Texas System

Ref.: 720-1808 Dental HMO Insurance Plan

RFP No.: 720-1808

Ladies and Gentlemen:

The undersigned Proposer hereby acknowledges receipt of the following Addenda to the captioned RFP (initial if applicable).

Note: If there was only one (1) Addendum, initial just the first blank after No. 1, not all five (5) blanks below.

No. 1 _____ No. 2 _____ No. 3 _____ No. 4 _____ No. 5 _____

Respectfully submitted,

Proposer: _____

By: _____
(Authorized Signature for Proposer)

Name: _____

Title: _____

Date: _____

APPENDIX TWO
SAMPLE AGREEMENT
(INCLUDED AS SEPARATE ATTACHMENT)

APPENDIX THREE

**CERTIFICATE OF INTERESTED PARTIES
(Texas Ethics Commission Form 1295)**

This is a sample Texas Ethics Commission's FORM 1295 – CERTIFICATE OF INTERESTED PARTIES. If not exempt under [Section 2252.908\(c\), Government Code](#), Contractor must use the Texas Ethics Commission electronic filing web page (at https://www.ethics.state.tx.us/whatsnew/FAQ_Form1295.html) to complete the most current Certificate of Interested Parties form and submit the form as instructed to the Texas Ethics Commission and University. **The Certificate of Interested Parties will be submitted only by Contractor to University with the signed Agreement.**

CERTIFICATE OF INTERESTED PARTIES		FORM 1295	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY	
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.			
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.			
4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
5 Check only if there is NO Interested Party. <input type="checkbox"/>			
6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.			
_____ Signature of authorized agent of contracting business entity			
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.			
_____ Signature of officer administering oath		_____ Printed name of officer administering oath	
_____ Title of officer administering oath			
ADD ADDITIONAL PAGES AS NECESSARY			

APPENDIX FOUR

ACCESS BY INDIVIDUALS WITH DISABILITIES

Contractor represents and warrants (**EIR Accessibility Warranty**) the electronic and information resources and all associated information, documentation, and support Contractor provides to University under this Agreement (**EIRs**) comply with applicable requirements set forth in [1 TAC Chapter 213](#), and [1 TAC §206.70](#) (ref. [Subchapter M, Chapter 2054, Government Code](#).) To the extent Contractor becomes aware that EIRs, or any portion thereof, do not comply with the EIR Accessibility Warranty, then Contractor represents and warrants it will, at no cost to University, either (1) perform all necessary remediation to make EIRs satisfy the EIR Accessibility Warranty or (2) replace EIRs with new EIRs that satisfy the EIR Accessibility Warranty. If Contractor fails or is unable to do so, University may terminate this Agreement and, within thirty (30) days after termination, Contractor will refund to University all amounts University paid under this Agreement.

APPENDIX FIVE

ELECTRONIC AND INFORMATION RESOURCES ENVIRONMENT SPECIFICATIONS

The specifications, representations, warranties and agreements set forth in Proposer's responses to this **APPENDIX FIVE** will be incorporated into the Agreement.

Basic Specifications

1. If the EIR will be hosted by University, please describe the overall environment requirements for the EIR (size the requirements to support the number of concurrent users, the number of licenses and the input/output generated by the application as requested in the application requirements).
 - A. Hardware: If Proposer will provide hardware, does the hardware have multiple hard drives utilizing a redundant RAID configuration for fault tolerance? Are redundant servers included as well?
 - B. Operating System and Version:
 - C. Web Server: Is a web server required? If so, what web application is required (Apache or IIS)? What version? Are add-ins required?
 - D. Application Server:
 - E. Database:
 - F. Other Requirements: Are any other hardware or software components required?
 - G. Assumptions: List any assumptions made as part of the identification of these environment requirements.
 - H. Storage: What are the space/storage requirements of this implementation?
 - I. Users: What is the maximum number of users this configuration will support?
 - J. Clustering: How does the EIR handle clustering over multiple servers?
 - K. Virtual Server Environment: Can the EIR be run in a virtual server environment?
2. If the EIR will be hosted by Proposer, describe in detail what the hosted solution includes, and address, specifically, the following issues:
 - A. Describe the audit standards of the physical security of the facility; and
 - B. Indicate whether Proposer is willing to allow an audit by University or its representative.
3. If the user and administrative interfaces for the EIR are web-based, do the interfaces support Firefox on Mac as well as Windows and Safari on the Macintosh?
4. If the EIR requires special client software, what are the environment requirements for that client software?
5. Manpower Requirements: Who will operate and maintain the EIR? Will additional University full time employees (FTEs) be required? Will special training on the EIR be required by Proposer's technical staff? What is the estimated cost of required training.
6. Upgrades and Patches: Describe Proposer's strategy regarding EIR upgrades and patches for both the server and, if applicable, the client software. Included Proposer's typical release schedule, recommended processes, estimated outage and plans for next version/major upgrade.

Security

1. Has the EIR been tested for application security vulnerabilities? For example, has the EIR been evaluated against the Open Web Application Security Project (**OWASP**) Top 10 list that includes flaws like cross site scripting and SQL injection? If so, please provide the scan results and specify the tool used. University will not take final delivery of the EIR if University determines there are serious vulnerabilities within the EIR.
2. Which party, Proposer or University, will be responsible for maintaining critical EIR application security updates?
3. If the EIR is hosted, indicate whether Proposer's will permit University to conduct a penetration test on University's instance of the EIR.
4. If confidential data, including HIPAA or FERPA data, is stored in the EIR, will the data be encrypted at rest and in transmittal?

Integration

1. Is the EIR authentication Security Assertion Markup Language (**SAML**) compliant? Has Proposer ever implemented the EIR with Shibboleth authentication? If not, does the EIR integrate with Active Directory? Does the EIR support TLS connections to this directory service?
2. Does the EIR rely on Active Directory for group management and authorization or does the EIR maintain a local authorization/group database?
3. What logging capabilities does the EIR have? If this is a hosted EIR solution, will University have access to implement logging with University's standard logging and monitoring tools, RSA's Envision?
4. Does the EIR have an application programming interface (**API**) that enables us to incorporate it with other applications run by the University? If so, is the API .Net based? Web Services-based? Other?
5. Will University have access to the EIR source code? If so, will the EIR license permit University to make modifications to the source code? Will University's modifications be protected in future upgrades?
6. Will Proposer place the EIR source code in escrow with an escrow agent so that if Proposer is no longer in business or Proposer has discontinued support, the EIR source code will be available to University.

Accessibility Information

Proposer must provide the following, as required by [1 TAC §213.38\(b\)](#):

1. Accessibility information for the electronic and information resources (**EIR**)¹ products or services proposed by Proposer, where applicable, through one of the following methods:
 - (A) URL to completed Voluntary Product Accessibility Templates (**VPATs**)² or equivalent reporting templates;
 - (B) accessible electronic document that addresses the same accessibility criteria in substantially the same format as VPATs or equivalent reporting templates; or
 - (C) URL to a web page which explains how to request completed VPATs, or equivalent reporting templates, for any product under contract; and
2. Credible evidence of Proposer's capability or ability to produce accessible EIR products and services. Such evidence may include, but is not limited to, Proposer's internal accessibility policy documents, contractual warranties for accessibility, accessibility testing documents, and examples of prior work results.

¹ Electronic and information resources are defined in [§2054.451, Government Code](#) and [1 TAC §213.1 \(6\)](#).

² Voluntary Product Accessibility Templates are defined in [1 TAC §213.1 \(19\)](#). For further information, see this [VPAT document](#) provided by the Information Technology Industry Council.

APPENDIX SIX

SECURITY CHARACTERISTICS AND FUNCTIONALITY OF CONTRACTOR'S INFORMATION RESOURCES

The specifications, representations, warranties and agreements set forth in Proposer's responses to this **APPENDIX SIX** will be incorporated into the Agreement.

"Information Resources" means any and all computer printouts, online display devices, mass storage media, and all computer-related activities involving any device capable of receiving email, browsing Web sites, or otherwise capable of receiving, storing, managing, or transmitting Data including, but not limited to, mainframes, servers, Network Infrastructure, personal computers, notebook computers, hand-held computers, personal digital assistant (PDA), pagers, distributed processing systems, network attached and computer controlled medical and laboratory equipment (i.e. embedded technology), telecommunication resources, network environments, telephones, fax machines, printers and service bureaus. Additionally, it is the procedures, equipment, facilities, software, and Data that are designed, built, operated, and maintained to create, collect, record, process, store, retrieve, display, and transmit information.

"University Records" means records or record systems that Proposer (1) creates, (2) receives from or on behalf of University, or (3) has access, and which may contain confidential information (including credit card information, social security numbers, and private health information (**PHI**) subject to Health Insurance Portability and Accountability Act (**HIPAA**) of 1996 (Public Law 104-191), or education records subject to the Family Educational Rights and Privacy Act (**FERPA**).

General Protection of University Records

1. Describe the security features incorporated into Information Resources to be provided or used by Proposer pursuant to this RFP.
2. List all products, including imbedded products that are a part of Information Resources and the corresponding owner of each product.
3. Describe any assumptions made by Proposer in its proposal regarding information security outside those already listed in the proposal.

Complete the following additional questions if the Information Resources will be hosted by Proposer:

4. Describe the monitoring procedures and tools used for monitoring the integrity and availability of all products interacting with Information Resources, including procedures and tools used to, detect security incidents and to ensure timely remediation.
5. Describe the physical access controls used to limit access to Proposer's data center and network components.
6. What procedures and best practices does Proposer follow to harden all systems that would interact with Information Resources, including any systems that would hold or process University Records, or from which University Records may be accessed?
7. What technical security measures does the Proposer take to detect and prevent unintentional, accidental and intentional corruption or loss of University Records?
8. Will the Proposer agree to a vulnerability scan by University of the web portal application that would interact with Information Resources, including any systems that would hold or process University Records, or from which University Records may be accessed? If Proposer objects, explain basis for the objection to a vulnerability scan.
9. Describe processes Proposer will use to provide University assurance that the web portal and all systems that would hold or process University Records can provide adequate security of University Records.
10. Does Proposer have a data backup and recovery plan supported by policies and procedures, in place for Information Resources? If yes, briefly describe the plan, including scope and frequency of backups, and how often the plan is updated. If no, describe what alternative methodology Proposer uses to ensure the restoration and availability of University Records.
11. Does Proposer encrypt backups of University Records? If yes, describe the methods used by Proposer to encrypt backup data. If no, what alternative safeguards does Proposer use to protect backups against unauthorized access?
12. Describe the security features incorporated into Information Resources to safeguard University Records containing confidential information.

Complete the following additional question if Information Resources will create, receive, or access University Records containing PHI subject to HIPAA:

13. Does Proposer monitor the safeguards required by the HIPAA Security Rule (45 C.F.R. § 164 subpts. A, E (2002)) and Proposer's own information security practices, to ensure continued compliance? If yes, provide a copy of or link to the Proposer's HIPAA Privacy & Security policies and describe the Proposer's monitoring activities and the frequency of those activities with regard to PHI.

Access Control

1. How will users gain access (i.e., log in) to Information Resources?
2. Do Information Resources provide the capability to use local credentials (i.e., federated authentication) f+or user authentication and login? If yes, describe how Information Resources provide that capability.
3. Do Information Resources allow for multiple security levels of access based on affiliation (e.g., staff, faculty, and student) and roles (e.g., system administrators, analysts, and information consumers), and organizational unit (e.g., college, school, or department)? If yes, describe how Information Resources provide for multiple security levels of access.
4. Do Information Resources provide the capability to limit user activity based on user affiliation, role, and/or organizational unit (i.e., who can create records, delete records, create and save reports, run reports only, etc.)? If yes, describe how Information Resources provide that capability. If no, describe what alternative functionality is provided to ensure that users have need-to-know based access to Information Resources.
5. Do Information Resources manage administrator access permissions at the virtual system level? If yes, describe how this is done.
6. Describe Proposer's password policy including password strength, password generation procedures, password storage specifications, and frequency of password changes. If passwords are not used for authentication or if multi-factor authentication is used to Information Resources, describe what alternative or additional controls are used to manage user access.

Complete the following additional questions if Information Resources will be hosted by Proposer:

7. What administrative safeguards and best practices does Proposer have in place to vet Proposer's and third-parties' staff members that would have access to the environment hosting University Records to ensure need-to-know-based access?
8. What procedures and best practices does Proposer have in place to ensure that user credentials are updated and terminated as required by changes in role and employment status?
9. Describe Proposer's password policy including password strength, password generation procedures, and frequency of password changes. If passwords are not used for authentication or if multi-factor authentication is used to Information Resources, describe what alternative or additional controls are used to manage user access.

Use of Data

Complete the following additional questions if Information Resources will be hosted by Proposer:

1. What administrative safeguards and best practices does Proposer have in place to vet Proposer's and third-parties' staff members that have access to the environment hosting all systems that would hold or process University Records, or from which University Records may be accessed, to ensure that University Records will not be accessed or used in an unauthorized manner?
2. What safeguards does Proposer have in place to segregate University Records from system data and other customer data and/or as applicable, to separate specific University data, such as HIPAA and FERPA protected data, from University Records that are not subject to such protection, to prevent accidental and unauthorized access to University Records ?
3. What safeguards does Proposer have in place to prevent the unauthorized use, reuse, distribution, transmission, manipulation, copying, modification, access, or disclosure of University Records?
4. What procedures and safeguards does Proposer have in place for sanitizing and disposing of University Records according to prescribed retention schedules or following the conclusion of a project or termination of a contract to render University Records unrecoverable and prevent accidental and unauthorized access to University Records? Describe the degree to which sanitizing and disposal processes addresses University data that may be contained within backup systems. If University data contained in backup systems is not fully sanitized, describe processes in place that would prevent subsequent restoration of backed-up University data.

Data Transmission

1. Do Information Resources encrypt all University Records in transit and at rest? If yes, describe how Information Resources provide that security. If no, what alternative methods are used to safeguard University Records in transit and at rest?

Complete the following additional questions if Information Resources will be hosted by Proposer:

2. How does data flow between University and Information Resources? If connecting via a private circuit, describe what security features are incorporated into the private circuit. If connecting via a public network (e.g., the Internet), describe the way Proposer will safeguard University Records.
3. Do Information Resources secure data transmission between University and Proposer? If yes, describe how Proposer provides that security. If no, what alternative safeguards are used to protect University Records in transit?

Notification of Security Incidents

Complete the following additional questions if Information Resources will be hosted by Proposer:

1. Describe Proposer's procedures to isolate or disable all systems that interact with Information Resources in the event a security breach is identified, including any systems that would hold or process University Records, or from which University Records may be accessed.
2. What procedures, methodology, and timetables does Proposer have in place to detect information security breaches and notify University and other customers? Include Proposer's definition of security breach.
3. Describe the procedures and methodology Proposer has in place to detect information security breaches, including unauthorized access by Proposer's and subcontractor's own employees and agents and provide required notifications in a manner that meets the requirements of the state breach notification law.

Compliance with Applicable Legal & Regulatory Requirements

Complete the following additional questions if Information Resources will be hosted by Proposer:

1. Describe the procedures and methodology Proposer has in place to retain, preserve, backup, delete, and search data in a manner that meets the requirements of state and federal electronic discovery rules, including how and in what format University Records are kept and what tools are available to University to access University Records.
2. Describe the safeguards Proposer has in place to ensure that systems (including any systems that would hold or process University Records, or from which University Records may be accessed) that interact with Information Resources reside within the United States of America. If no such controls, describe Proposer's processes for ensuring that data is protected in compliance with all applicable US federal and state requirements, including export control.
3. List and describe any regulatory or legal actions taken against Proposer for security or privacy violations or security breaches or incidents, including the final outcome.

APPENDIX SEVEN
INFORMATION SECURITY THIRD-PARTY ASSESSMENT SURVEY
(INCLUDED AS SEPARATE ATTACHMENT)

APPENDIX EIGHT
CURRENT EVIDENCE OF COVERAGE
(INCLUDED AS SEPARATE ATTACHMENT)

APPENDIX NINE
DATASET REQUIREMENTS
(INCLUDED AS SEPARATE ATTACHMENT)

APPENDIX TEN
UT PLAN HISTORY
(INCLUDED AS SEPARATE ATTACHMENT)

APPENDIX ELEVEN

**CHAPTER 1601, TEXAS INSURANCE CODE
(INCLUDED AS SEPARATE ATTACHMENT)**

APPENDIX TWELVE
ADMINISTRATIVE PERFORMANCE REPORT TEMPLATE
(INCLUDED AS SEPARATE ATTACHMENT)

AGREEMENT BETWEEN UNIVERSITY AND CONTRACTOR

This Agreement between University and Contractor ("**Agreement**") is made and entered into effective as of _____ (the "**Effective Date**"), by and between The University of Texas System, an agency and institution of higher education established under the laws of the State of Texas ("**University**"), and _____, Federal Tax Identification Number _____ ("**Contractor**").

University and Contractor hereby agree as follows:

1. **Scope of Work.**

- 1.1 Contractor will perform the scope of the work (**Work**) in **Exhibit A**, Scope of Work, to the satisfaction of University and in accordance with the schedule (**Schedule**) for Work in **Exhibit B**, Schedule. Time is of the essence in connection with this Agreement. University will have no obligation to accept late performance or waive timely performance by Contractor.
- 1.2 Contractor will obtain, at its own cost, any and all approvals, licenses, filings, registrations and permits required by federal, state or local, laws, statutes, regulations and ordinances (collectively, **Applicable Laws**), for the performance of Work.

2. **The Project.**

The Work will be provided in connection with _____ and all other related, necessary and appropriate services (**Project**).

3. **Time for Commencement and Completion.**

The term (**Initial Term**) of this Agreement will begin on the Effective Date and expire on _____, 20____, or (i) the last expiration date of any policies University procures through Contractor, or (ii) the day after all claims or disputes related to all policies procured by University through Contractor are finally resolved and settled to University's satisfaction. University will have the option to renew this Agreement for four (4) additional one (1) year terms (each a **Renewal Term**). The Initial Term and each Renewal Term are collectively referred to as the **Term**.

4. **Contractor's Obligations.**

- 4.1 Contractor will perform Work in compliance with (a) all Applicable Laws, and (b) the Board of Regents of The University of Texas System [Rules and Regulations](#), the policies of [The University of Texas System](#); (collectively, **University Rules**). Contractor represents and warrants that neither Contractor nor any firm, corporation or institution represented by Contractor, or anyone acting for the firm, corporation or institution, (1) has violated the antitrust laws of the State of Texas, [Chapter 15, Texas Business and Commerce Code](#), or federal antitrust laws, or (2) has communicated directly or indirectly the content of Contractor's response to University's procurement solicitation to any competitor or any other person engaged in a similar line of business during the procurement process for this Agreement.
- 4.2 Contractor represents and warrants that (a) it will use its best efforts to perform Work in a good and workmanlike manner and in accordance with the highest standards of Contractor's profession or business, and (b) all Work to be performed will be of the quality that prevails among similar businesses of superior knowledge and skill engaged in providing similar services in major United States urban areas under the same or similar circumstances.

- 4.3 Contractor will call to University's attention in writing all information in any materials supplied to Contractor (by University or any other party) that Contractor regards as unsuitable, improper or inaccurate in connection with the purposes for which the material is furnished.
- 4.4 University at all times is relying on Contractor's skill and knowledge in performing Work. Contractor represents and warrants that Work will be accurate and free from any material defects. Contractor's duties and obligations under this Agreement will not be in any way diminished by reason of any approval by University. Contractor will not be released from any liability by reason of any approval by University.
- 4.5 Contractor will, at its own cost, correct all material defects in Work as soon as practical after Contractor becomes aware of the defects. If Contractor fails to correct material defects in Work within a reasonable time, then University may correct the defective Work at Contractor's expense. This remedy is in addition to, and not in substitution for, any other remedy for defective Work that University may have at law or in equity.
- 4.6 Contractor will maintain a staff of properly trained and experienced personnel to ensure satisfactory performance under this Agreement. Contractor will cause all persons connected with Contractor directly in charge of Work to be duly registered and licensed under all Applicable Laws. Contractor will assign to the Project a designated representative who will be responsible for administration and coordination of Work.
- 4.7 Contractor represents and warrants it is duly organized, validly existing and in good standing under the laws of the state of its organization; it is duly authorized and in good standing to conduct business in the State of Texas; it has all necessary power and has received all necessary approvals to execute and deliver this Agreement; and the individual executing this Agreement on behalf of Contractor has been duly authorized to act for and bind Contractor.
- 4.8 Contractor represents and warrants that neither the execution and delivery of this Agreement by Contractor nor the performance of its duties and obligations under this Agreement will (a) result in the violation of any provision of its organizational documents; (b) result in the violation of any provision of any agreement by which it is bound; or (c) conflict with any order or decree of any court or other body or authority having jurisdiction.
- 4.9 Contractor represents and warrants that: (i) Work will be performed solely by Contractor, its full-time or part-time employees during the course of their employment, or independent contractors who have assigned in writing all right, title and interest in their work to Contractor (for the benefit of University); (ii) University will receive free, good and clear title to all Work Material developed under this Agreement; (iii) Work Material and the intellectual property rights protecting Work Material are free and clear of all encumbrances, including security interests, licenses, liens, charges and other restrictions; (iv) Work Material will not infringe upon or violate any patent, copyright, trade secret, trademark, service mark or other property right of any former employer, independent contractor, client or other third party; and (v) the use, reproduction, distribution, or modification of Work Material will not violate the rights of any third parties in Work Material, including trade secret, publicity, privacy, copyright, trademark, service mark and patent rights.
- 4.10 If this Agreement requires Contractor's presence on University's premises or in University's facilities, Contractor agrees to cause its employees, representatives, agents, or subcontractors to become aware of, fully informed about, and in full compliance with all applicable University Rules, including those relative to personal health, security, environmental quality, safety, fire prevention, noise, smoking, and access restrictions.

5. Contract Amount.

- 5.1 University, an agency of the State of Texas, is exempt from Texas Sales & Use Tax on the Work in accordance with Section 151.309, *Texas Tax Code*, and Title 34 *Texas Administrative Code* ("**TAC**") Section 3.322.
- 5.2 The Contract Amount includes all applicable federal, state or local sales or use taxes payable as a result of the execution or performance of this Agreement.
- 5.3 In the event that this Agreement is terminated, then within thirty (30) days after termination, Contractor will reimburse University for all fees paid by University to Contractor that were (a) not earned by Contractor prior to termination, or (b) for goods or services that the University did not receive from Contractor prior to termination.
- 5.4 So long as Contractor has provided University with its current and accurate Federal Tax Identification Number in writing, University will pay Contractor for the performance of the Work as set forth in **Exhibit A**. Contractor understands and agrees that payments under this Agreement may be subject to the withholding requirements of Section 3402 (t) of the Internal Revenue Code.

6. Payment Terms.

- 6.1 Notwithstanding any provision of this Agreement to the contrary, University will not be obligated to make any payment (whether a Progress Payment or Final Payment) to Contractor if Contractor is in default under this Agreement.
- 6.2 The cumulative amount of all Progress Payments and the Final Payment (defined below) will not exceed the Contract Amount in **Exhibit C** and/or **Exhibit D**, Payment for Services.
- 6.3 No payment made by University will (a) be construed to be final acceptance or approval of that part of the Work to which the payment relates, or (b) relieve Contractor of any of its duties or obligations under this Agreement.
- 6.4 The acceptance of Final Payment by Contractor will constitute a waiver of all claims by Contractor except those previously made in writing and identified by Contractor as unsettled at the time of the Final Invoice for payment.
- 6.5 University will have the right to verify the details in Contractor's invoices and supporting documentation, either before or after payment, by (a) inspecting the books and records of Contractor at mutually convenient times; (b) examining any reports with respect to the Project; and (c) other reasonable action. In the event University makes any payment in advance of services, the parties agree that University is entitled to full and complete repayment of any sums unearned by Contractor. University may offset or withhold any payment under this Agreement to achieve such repayment. In the event that the Agreement is terminated, any unearned advance payment will be paid to University by Contractor within 30 days of request.
- 6.6 [Section 51.012, Texas Education Code](#), authorizes University to make payments through electronic funds transfer methods. Contractor agrees to accept payments from University through those methods, including the automated clearing house system (ACH). Contractor agrees to provide Contractor's banking information to University in writing on Contractor letterhead signed by an authorized representative of Contractor. Prior to the first payment, University will confirm Contractor's banking information. Changes to Contractor's bank information must be communicated to University in accordance with **Section 12.14** in writing

at least thirty (30) days before the effective date of the change and must include an [IRS Form W-9](#) signed by an authorized representative of Contractor.

- 6.9 Notwithstanding any other provision of this Agreement, University is entitled to a discount of ____% (Prompt Payment Discount) off of each payment that University submits within ____ days after University's receipt of Contractor's invoice for that payment.]

7. Ownership and Use of Work Material.

- 7.1 All drawings, specifications, plans, computations, sketches, data, photographs, tapes, renderings, models, publications, statements, accounts, reports, studies, and other materials prepared by Contractor or any subcontractors in connection with Work (collectively, **Work Material**), whether or not accepted or rejected by University, are the sole property of University and for its exclusive use and re-use at any time without further compensation and without any restrictions.
- 7.2 Contractor grants and assigns to University all rights and claims of whatever nature and whether now or hereafter arising in and to Work Material and will cooperate fully with University in any steps University may take to obtain or enforce patent, copyright, trademark or like protections with respect to Work Material.
- 7.3 Contractor will deliver all Work Material to University upon expiration or termination of this Agreement. University will have the right to use Work Material for the completion of Work or otherwise. University may, at all times, retain the originals of Work Material. Work Material will not be used by any person other than University on other projects unless expressly authorized by University in writing.
- 7.4 Work Material will not be used or published by Contractor or any other party unless expressly authorized by University in writing. Contractor will treat all Work Material as confidential.

8. Default and Termination

- 8.1 In the event of a material failure by a party to this Agreement to perform in accordance with its terms (**default**), the other party may terminate this Agreement upon thirty (30) days' written notice of termination setting forth the nature of the material failure; provided, that, the material failure is through no fault of the terminating party. The termination will not be effective if the material failure is fully cured prior to the end of the thirty-day (30-day) period.
- 8.2 University may, without cause, terminate this Agreement at any time upon giving fifteen (15) days' advance written notice to Contractor. Upon termination pursuant to this Section, Contractor will be entitled to payment of an amount that will compensate Contractor for Work satisfactorily performed from the time of the last payment date to the termination date in accordance with this Agreement; provided, that, Contractor has delivered all Work Material to University. Notwithstanding any provision in this Agreement to the contrary, University will not be required to pay or reimburse Contractor for any services performed or for expenses incurred by Contractor after the date of the termination notice, that could have been avoided or mitigated by Contractor.
- 8.3 Termination under **Sections 8.1** or **8.2** will not relieve Contractor from liability for any default or breach under this Agreement or any other act or omission of Contractor.

- 8.4 If Contractor fails to cure any default within thirty (30) days after receiving written notice of the default, University will be entitled (but will not be obligated) to cure the default and will have the right to offset against all amounts due to Contractor under this Agreement, any and all reasonable expenses incurred in connection with University's curative actions.
- 8.5 In the event that this Agreement is terminated, then within thirty (30) days after termination, Contractor will reimburse University for all fees paid by University to Contractor that were (a) not earned by Contractor prior to termination, or (b) for goods or services that University did not receive from Contractor prior to termination.

9. Indemnification

- 9.1 TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAWS, CONTRACTOR WILL AND DOES HEREBY AGREE TO INDEMNIFY, PROTECT, DEFEND WITH COUNSEL APPROVED BY UNIVERSITY, AND HOLD HARMLESS UNIVERSITY AND RESPECTIVE AFFILIATED ENTERPRISES, REGENTS, OFFICERS, DIRECTORS, ATTORNEYS, EMPLOYEES, REPRESENTATIVES AND AGENTS (COLLECTIVELY, **INDEMNITEES**) FROM AND AGAINST ALL DAMAGES, LOSSES, LIENS, CAUSES OF ACTION, SUITS, JUDGMENTS, EXPENSES, AND OTHER CLAIMS OF ANY NATURE, KIND, OR DESCRIPTION, INCLUDING REASONABLE ATTORNEYS' FEES INCURRED IN INVESTIGATING, DEFENDING OR SETTLING ANY OF THE FOREGOING (COLLECTIVELY, **CLAIMS**) BY ANY PERSON OR ENTITY, ARISING OUT OF, CAUSED BY, OR RESULTING FROM CONTRACTOR'S PERFORMANCE UNDER OR BREACH OF THIS AGREEMENT AND THAT ARE CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENT ACT, NEGLIGENT OMISSION OR WILLFUL MISCONDUCT OF CONTRACTOR, ANYONE DIRECTLY EMPLOYED BY CONTRACTOR OR ANYONE FOR WHOSE ACTS CONTRACTOR MAY BE LIABLE. THE PROVISIONS OF THIS SECTION WILL NOT BE CONSTRUED TO ELIMINATE OR REDUCE ANY OTHER INDEMNIFICATION OR RIGHT WHICH ANY INDEMNITEE HAS BY LAW OR EQUITY. ALL PARTIES WILL BE ENTITLED TO BE REPRESENTED BY COUNSEL AT THEIR OWN EXPENSE.
- 9.2 IN ADDITION, CONTRACTOR WILL AND DOES HEREBY AGREE TO INDEMNIFY, PROTECT, DEFEND WITH COUNSEL APPROVED BY UNIVERSITY, AND HOLD HARMLESS INDEMNITEES FROM AND AGAINST ALL CLAIMS ARISING FROM INFRINGEMENT OR ALLEGED INFRINGEMENT OF ANY PATENT, COPYRIGHT, TRADEMARK OR OTHER PROPRIETARY INTEREST ARISING BY OR OUT OF THE PERFORMANCE OF SERVICES OR THE PROVISION OF GOODS BY CONTRACTOR, OR THE USE BY INDEMNITEES, AT THE DIRECTION OF CONTRACTOR, OF ANY ARTICLE OR MATERIAL; PROVIDED, THAT, UPON BECOMING AWARE OF A SUIT OR THREAT OF SUIT FOR INFRINGEMENT, UNIVERSITY WILL PROMPTLY NOTIFY CONTRACTOR AND CONTRACTOR WILL BE GIVEN THE OPPORTUNITY TO NEGOTIATE A SETTLEMENT. IN THE EVENT OF LITIGATION, UNIVERSITY AGREES TO REASONABLY COOPERATE WITH CONTRACTOR. ALL PARTIES WILL BE ENTITLED TO BE REPRESENTED BY COUNSEL AT THEIR OWN EXPENSE.

10. Relationship of the Parties.

For all purposes of this Agreement and notwithstanding any provision of this Agreement to the contrary, Contractor is an independent contractor and is not a state employee, partner, joint venturer, or agent of University. Contractor will not bind nor attempt to bind University to any agreement or contract. As an independent contractor, Contractor is solely responsible for all taxes, withholdings, and other statutory or contractual obligations of any sort, including workers' compensation insurance.

11. Insurance.

11.1 Contractor, consistent with its status as an independent contractor will carry and will cause its subcontractors to carry, at least the following insurance, with companies authorized to do insurance business in the State of Texas or eligible surplus lines insurers operating in accordance with the [Texas Insurance Code](#), having an A.M. Best Rating of A-:VII or better, and in amounts not less than the following minimum limits of coverage:

11.1.1 Workers' Compensation Insurance with statutory limits, and Employer's Liability Insurance with limits of not less than \$1,000,000:

Employers Liability - Each Accident	\$1,000,000
Employers Liability - Each Employee	\$1,000,000
Employers Liability - Policy Limit	\$1,000,000

Workers' Compensation policy must include under Item 3.A. of the information page of the Workers' Compensation policy the state in which Work is to be performed for University.

11.1.2 Commercial General Liability Insurance with limits of not less than:

Each Occurrence Limit	\$1,000,000
Damage to Rented Premises	\$ 300,000
Personal & Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
Products - Completed Operations Aggregate	\$2,000,000

The required Commercial General Liability policy will be issued on a form that insures Contractor's and subcontractor's liability for bodily injury (including death), property damage, personal, and advertising injury assumed under the terms of this Agreement.

11.1.3 Business Auto Liability Insurance covering all owned, non-owned or hired automobiles, with limits of not less than \$1,000,000 single limit of liability per accident for Bodily Injury and Property Damage;

11.1.4 Professional Liability (Errors & Omissions) Insurance with limits of not less than \$5,000,000 each occurrence. Such insurance will cover all Work performed by or on behalf of Contractor and its subcontractors under this Agreement. Renewal policies written on a claims-made basis will maintain the same retroactive date as in effect at the inception of this Agreement. If coverage is written on a claims-made basis, Contractor agrees to purchase an Extended Reporting Period Endorsement, effective twenty-four (24) months after the expiration or cancellation of the policy. No Professional Liability policy written on an occurrence form will include a sunset or similar clause that limits coverage unless such clause provides coverage for at least twenty-four (24) months after the expiration or termination of this Agreement for any reason.

11.2 Contractor will deliver to University:

11.2.1 Evidence of insurance on a Texas Department of Insurance approved certificate form verifying the existence and actual limits of all required insurance policies after the execution and delivery of this Agreement and prior to the performance of any Work by Contractor under this Agreement. Additional evidence of insurance will be provided verifying the continued existence of all required insurance no later than thirty (30) days after each annual insurance policy renewal.

11.2.1.1 ***All insurance policies*** (with the exception of workers' compensation, employer's liability and professional liability) will be endorsed and name the Board of Regents of The University of Texas System and University as Additional Insureds for liability caused in whole or in part by Contractor's acts or omissions with respect to its on-going and completed operations up to the actual liability limits of the required insurance policies maintained by Contractor. Commercial General Liability Additional Insured *endorsement* including ongoing and completed operations coverage will be submitted with the Certificates of Insurance. Commercial General Liability and Business Auto Liability will be *endorsed* to provide primary and non-contributory coverage.

11.2.1.2 Contractor hereby waives all rights of subrogation against the Board of Regents of The University of Texas System and University. ***All insurance policies*** will be *endorsed* to provide a waiver of subrogation in favor of the Board of Regents of The University of Texas System and University. No policy will be canceled until after thirty (30) days' unconditional written notice to University. ***All insurance policies*** will be *endorsed* to require the insurance carrier providing coverage to send notice to University thirty (30) days prior to any cancellation, material change, or non-renewal relating to any insurance policy required in this **Section 11**.

11.2.1.3 Contractor will pay any deductible or self-insured retention for any loss. Any self-insured retention must be declared to and approved by University prior to the performance of any Work by Contractor under this Agreement. All deductibles and self-insured retentions will be shown on the Certificates of Insurance.

11.2.1.4 Certificates of Insurance and *Additional Insured Endorsements* as required by this Agreement will be mailed, faxed, or emailed to the following University contact:

Name:
Address:
Facsimile Number:
Email Address:

11.3 Contractor's or subcontractor's insurance will be primary to any insurance carried or self-insurance program established by University or. Contractor's or subcontractor's insurance will be kept in force until all Work has been fully performed and accepted by University in writing, *except* as provided in this **Section 11.3**.

11.3.1 Professional Liability Insurance coverage written on a claims-made basis requires Contractor to purchase an *Extended Reporting Period Endorsement*, effective for twenty-four (24) months after the expiration or cancellation of the policy.

12. Miscellaneous.

12.1 **Assignment and Subcontracting.** Except as specifically provided in **Exhibit E**, Historically Underutilized Business Subcontracting Plan, Contractor's interest in this Agreement (including Contractor's duties and obligations under this Agreement, and the fees due to Contractor under this Agreement) may not be subcontracted, assigned, delegated, or otherwise transferred to a third party, in whole or in part, and any attempt to do so will (a) not be binding on University; and (b) be a breach of this Agreement for which Contractor will be subject to all remedial actions provided by Applicable Laws, including [Chapter 2161, Texas Government Code](#), and [34 TAC §§20.101 – 20.108](#). The benefits and burdens of this Agreement are assignable by University.

12.2 **Texas Family Code Child Support Certification.** Pursuant to [§231.006, Texas Family Code](#), Contractor certifies it is not ineligible to receive the award of or payments under this Agreement, and acknowledges this Agreement may be terminated and payment withheld if this certification is inaccurate.

12.3 **Tax Certification.** If Contractor is a taxable entity as defined by [Chapter 171, Texas Tax Code](#), then Contractor certifies it is not currently delinquent in the payment of any taxes due under Chapter 171, Contractor is exempt from the payment of those taxes, or Contractor is an out-of-state taxable entity that is not subject to those taxes, whichever is applicable.

12.4 **Payment of Debt or Delinquency to the State.** Pursuant to [§§2107.008](#) and [2252.903, Texas Government Code](#), Contractor agrees any payments owing to Contractor under this Agreement may be applied directly toward any debt or delinquency Contractor owes the State of Texas or any agency of the State of Texas, regardless of when it arises, until paid in full.

12.5 **Loss of Funding.** Performance by University under this Agreement may be dependent upon the appropriation and allotment of funds by the Texas State Legislature (**Legislature**) and/or allocation of funds by the Board of Regents of The University of Texas System (**Board**). If Legislature fails to appropriate or allot necessary funds, or Board fails to allocate necessary funds, then University will issue written notice to Contractor and University may terminate this Agreement without further duty or obligation. Contractor acknowledges that appropriation, allotment, and allocation of funds are beyond University's control.

12.6 **Entire Agreement; Modifications.** This Agreement (including all exhibits, schedules, supplements and other attachments (collectively, **Exhibits**)) supersedes all prior agreements, written or oral, between Contractor and University and will constitute the entire Agreement and understanding between the parties with respect to its subject matter. This Agreement and each of its provisions will be binding upon the parties, and may not be waived, modified, amended or altered, except by a writing signed by University and Contractor. All Exhibits are attached to this Agreement and incorporated for all purposes.

12.7 **Force Majeure.** Neither party hereto will be liable or responsible to the other for any loss or damage or for any delays or failure to perform due to causes beyond its reasonable control

including acts of God, strikes, epidemics, war, riots, flood, fire, sabotage, or any other circumstances of like character (**force majeure occurrence**). Provided, however, in the event of a force majeure occurrence, Contractor agrees to use its best efforts to mitigate the impact of the occurrence so that University may continue to provide mission critical services during the occurrence.

- 12.8 **Captions.** The captions of sections and subsections in this Agreement are for convenience only and will not be considered or referred to in resolving questions of interpretation or construction.
- 12.9 **Venue; Governing Law.** Travis County, Texas, will be the proper place of venue for suit on or in respect of this Agreement. This Agreement, all of its terms and conditions and all of the rights and obligations of its parties, will be construed, interpreted and applied in accordance with, governed by and enforced under, the laws of the State of Texas.
- 12.10 **Waivers.** No delay or omission in exercising any right accruing upon a default in performance of this Agreement will impair any right or be construed to be a waiver of any right. A waiver of any default under this Agreement will not be construed to be a waiver of any subsequent default under this Agreement.
- 12.11 **Confidentiality and Safeguarding of University Records; Press Releases; Public Information.** Under this Agreement, Contractor may (1) create, (2) receive from or on behalf of University, or (3) have access to, records or record systems (collectively, **University Records**). Among other things, University Records may contain social security numbers, credit card numbers, or data protected or made confidential or sensitive by Applicable Laws. Additional mandatory confidentiality and security compliance requirements with respect to University Records subject to the Family Educational Rights and Privacy Act, [20 United States Code \(USC\) §1232g \(FERPA\)](#), are addressed in **Section 12.30**. Additional mandatory confidentiality and security compliance requirements with respect to University Records subject to the [Health Insurance Portability and Accountability Act](#) and [45 Code of Federal Regulations \(CFR\) Part 160](#) and [subparts A and E of Part 164](#) (collectively, **HIPAA**) are addressed in **Section 12.24**. Contractor represents, warrants, and agrees that it will: (1) hold University Records in strict confidence and will not use or disclose University Records except as (a) permitted or required by this Agreement, (b) required by Applicable Laws, or (c) otherwise authorized by University in writing; (2) safeguard University Records according to reasonable administrative, physical and technical standards (such as standards established by the National Institute of Standards and Technology and the Center for Internet Security, as well as the Payment Card Industry Data Security Standards) that are no less rigorous than the standards by which Contractor protects its own confidential information; (3) continually monitor its operations and take any action necessary to assure that University Records are safeguarded and the confidentiality of University Records is maintained in accordance with all Applicable Laws and the terms of this Agreement; and (4) comply with University Rules regarding access to and use of University's computer systems, including [UTS165](#). At the request of University, Contractor agrees to provide University with a written summary of the procedures Contractor uses to safeguard and maintain the confidentiality of University Records.
- 12.11.1 **Notice of Impermissible Use.** If an impermissible use or disclosure of any University Records occurs, Contractor will provide written notice to University within one (1) business day after Contractor's discovery of that use or disclosure. Contractor will promptly provide University with all information requested by University regarding the impermissible use or disclosure.
- 12.11.2 **Return of University Records.** Contractor agrees that within thirty (30) days after the expiration or termination of this Agreement, for any reason, all

University Records created or received from or on behalf of University will be (1) returned to University, with no copies retained by Contractor; or (2) if return is not feasible, destroyed. Twenty (20) days before destruction of any University Records, Contractor will provide University with written notice of Contractor's intent to destroy University Records. Within five (5) days after destruction, Contractor will confirm to University in writing the destruction of University Records.

- 12.11.3 **Disclosure.** If Contractor discloses any University Records to a subcontractor or agent, Contractor will require the subcontractor or agent to comply with the same restrictions and obligations as are imposed on Contractor by this **Section 12.11.**
- 12.11.4 **Press Releases.** Except when defined as part of Work, Contractor will not make any press releases, public statements, or advertisement referring to the Project or the engagement of Contractor as an independent contractor of University in connection with the Project, or release any information relative to the Project for publication, advertisement or any other purpose without the prior written approval of University.
- 12.11.5 **Public Information.** University strictly adheres to all statutes, court decisions and the opinions of the Texas Attorney General with respect to disclosure of public information under the *Texas Public Information Act (TPIA)*, [Chapter 552, Texas Government Code](#). In accordance with §§[552.002](#) and [2252.907](#), *Texas Government Code*, and at no additional charge to University, Contractor will make any information created or exchanged with University pursuant to this Agreement (and not otherwise exempt from disclosure under TPIA) available in a format reasonably requested by University that is accessible by the public.
- 12.11.6 **Termination.** In addition to any other termination rights in this Agreement and any other rights at law or equity, if University reasonably determines that Contractor has breached any of the restrictions or obligations in this Section, University may immediately terminate this Agreement without notice or opportunity to cure.
- 12.11. **Duration.** The restrictions and obligations under this Section will survive expiration or termination of this Agreement for any reason.
- 12.12 **Binding Effect.** This Agreement will be binding upon and inure to the benefit of the parties hereto and their respective permitted assigns and successors.
- 12.13 **Records.** Records of Contractor's costs, reimbursable expenses pertaining to the Project and payments will be available to University or its authorized representative during business hours and will be retained for four (4) years after final Payment or abandonment of the Project, unless University otherwise instructs Contractor in writing.
- 12.14 **Notices.** Except as otherwise provided by this Section, notices, consents, approvals, demands, requests or other communications required or permitted under this Agreement, will be in writing and sent via certified mail, hand delivery, overnight courier, facsimile transmission (to the extent a facsimile number is provided below), or email (to the extent an email address is provided below) as indicated below, and notice will be deemed given (i) if delivered by certified mailed, when deposited, postage prepaid, in the United States mail, or (ii) if delivered by hand, overnight courier, facsimile (to the extent a facsimile number is provided below) or email (to the extent an email address is provided below), when received:

If to University: _____

Fax: _____
Email: _____
Attention: _____

with copy to: _____

Fax: _____
Email: _____
Attention: _____

If to Contractor: _____

Fax: _____
Email: _____
Attention: _____

or other person or address as may be given in writing by either party to the other in accordance with this Section.

Notwithstanding any other requirements for notices given by a party under this Agreement, if Contractor intends to deliver written notice to University pursuant to [§2251.054, Texas Government Code](#), then Contractor will send that notice to University as follows:

Fax: _____
Email: _____
Attention: _____

with copy to: _____

Fax: _____
Email: _____
Attention: _____

or other person or address as may be given in writing by University to Contractor in accordance with this Section.

12.15 **Severability.** In case any provision of this Agreement will, for any reason, be held invalid or unenforceable in any respect, the invalidity or unenforceability will not affect any other provision of this Agreement, and this Agreement will be construed as if the invalid or unenforceable provision had not been included.

12.16 **State Auditor's Office.** Contractor understands acceptance of funds under this Agreement constitutes acceptance of authority of the Texas State Auditor's Office or any successor agency (**Auditor**), to conduct an audit or investigation in connection with those

funds (ref. §§[51.9335\(c\)](#), [73.115\(c\)](#) and [74.008\(c\)](#), *Texas Education Code*). Contractor agrees to cooperate with Auditor in the conduct of the audit or investigation, including providing all records requested. Contractor will include this provision in all contracts with permitted subcontractors.

- 12.17 **Limitation of Liability.** EXCEPT FOR UNIVERSITY'S OBLIGATION (IF ANY) TO PAY CONTRACTOR CERTAIN FEES AND EXPENSES UNIVERSITY WILL HAVE NO LIABILITY TO CONTRACTOR OR TO ANYONE CLAIMING THROUGH OR UNDER CONTRACTOR BY REASON OF THE EXECUTION OR PERFORMANCE OF THIS AGREEMENT. NOTWITHSTANDING ANY DUTY OR OBLIGATION OF UNIVERSITY TO CONTRACTOR OR TO ANYONE CLAIMING THROUGH OR UNDER CONTRACTOR, NO PRESENT OR FUTURE AFFILIATED ENTERPRISE, SUBCONTRACTOR, AGENT, OFFICER, DIRECTOR, EMPLOYEE, REPRESENTATIVE, ATTORNEY OR REGENT OF UNIVERSITY, OR THE UNIVERSITY OF TEXAS SYSTEM, OR ANYONE CLAIMING UNDER UNIVERSITY HAS OR WILL HAVE ANY PERSONAL LIABILITY TO CONTRACTOR OR TO ANYONE CLAIMING THROUGH OR UNDER CONTRACTOR BY REASON OF THE EXECUTION OR PERFORMANCE OF THIS AGREEMENT.
- 12.18 **Survival of Provisions.** No expiration or termination of this Agreement will relieve either party of any obligations under this Agreement that by their nature survive expiration or termination, including **Sections 6.7, 9, 12.5, 12.9, 12.10, 12.11, 12.13, 12.16, 12.17, 12.19 and 12.21.**
- 12.19 **Breach of Contract Claims.** To the extent that [Chapter 2260, Texas Government Code](#), as it may be amended from time to time (**Chapter 2260**), is applicable to this Agreement and is not preempted by other Applicable Laws, the dispute resolution process provided for in [Chapter 2260](#) will be used, as further described herein, by University and Contractor to attempt to resolve any claim for breach of contract made by Contractor:
- 12.19.1 Contractor's claims for breach of this Agreement that the parties cannot resolve pursuant to other provisions of this Agreement or in the ordinary course of business will be submitted to the negotiation process provided in [subchapter B](#) of Chapter 2260. To initiate the process, Contractor will submit written notice, as required by [subchapter B](#) of Chapter 2260, to University in accordance with the notice provisions in this Agreement. Contractor's notice will specifically state that the provisions of [subchapter B](#) of Chapter 2260 are being invoked, the date and nature of the event giving rise to the claim, the specific contract provision that University allegedly breached, the amount of damages Contractor seeks, and the method used to calculate the damages. Compliance by Contractor with [subchapter B](#) of Chapter 2260 is a required prerequisite to Contractor's filing of a contested case proceeding under [subchapter C](#) of Chapter 2260. The chief business officer of University, or another officer of University as may be designated from time to time by University by written notice to Contractor in accordance with the notice provisions in this Agreement, will examine Contractor's claim and any counterclaim and negotiate with Contractor in an effort to resolve the claims.
- 12.19.2 If the parties are unable to resolve their disputes under **Section 12.19.1**, the contested case process provided in [subchapter C](#) of Chapter 2260 is Contractor's sole and exclusive process for seeking a remedy for any and all of Contractor's claims for breach of this Agreement by University.

- 12.19.3 Compliance with the contested case process provided in [subchapter C](#) of Chapter 2260 is a required prerequisite to seeking consent to sue from the Legislature under [Chapter 107, Texas Civil Practices and Remedies Code](#). The parties hereto specifically agree that (i) neither the execution of this Agreement by University nor any other conduct, action or inaction of any representative of University relating to this Agreement constitutes or is intended to constitute a waiver of University's or the state's sovereign immunity to suit and (ii) University has not waived its right to seek redress in the courts.
- 12.19.2 The submission, processing and resolution of Contractor's claim is governed by the published rules adopted by the Texas Attorney General pursuant to [Chapter 2260](#), as currently effective, thereafter enacted or subsequently amended.
- 12.19.3 University and Contractor agree that any periods provided in this Agreement for notice and cure of defaults are not waived.
- 12.20 **Undocumented Workers.** The *Immigration and Nationality Act* ([8 USC §1324a](#)) (**Immigration Act**) makes it unlawful for an employer to hire or continue employment of undocumented workers. The United States Immigration and Customs Enforcement Service has established the [Form I-9 Employment Eligibility Verification Form \(I-9 Form\)](#) as the document to be used for employment eligibility verification ([8 CFR §274a](#)). Among other things, Contractor is required to: (1) have all employees complete and sign the I-9 Form certifying that they are eligible for employment; (2) examine verification documents required by the I-9 Form to be presented by the employee and ensure the documents appear to be genuine and related to the individual; (3) record information about the documents on the I-9 Form, and complete the certification portion of the I-9 Form; and (4) retain the I-9 Form as required by Applicable Laws. It is illegal to discriminate against any individual (other than a citizen of another country who is not authorized to work in the United States) in hiring, discharging, or recruiting because of that individual's national origin or citizenship status. If Contractor employs unauthorized workers during performance of this Agreement in violation of the Immigration Act then, in addition to other remedies or penalties prescribed by Applicable Laws, University may terminate this Agreement in accordance with **Section 8**. Contractor represents and warrants that it is in compliance with and agrees that it will remain in compliance with the provisions of the Immigration Act.
- 12.21 **Limitations.** THE PARTIES ARE AWARE THERE ARE CONSTITUTIONAL AND STATUTORY LIMITATIONS (**LIMITATIONS**) ON THE AUTHORITY OF UNIVERSITY (A STATE AGENCY) TO ENTER INTO CERTAIN TERMS AND CONDITIONS THAT MAY BE PART OF THIS AGREEMENT, INCLUDING TERMS AND CONDITIONS RELATING TO LIENS ON UNIVERSITY'S PROPERTY; DISCLAIMERS AND LIMITATIONS OF WARRANTIES; DISCLAIMERS AND LIMITATIONS OF LIABILITY FOR DAMAGES; WAIVERS, DISCLAIMERS AND LIMITATIONS OF LEGAL RIGHTS, REMEDIES, REQUIREMENTS AND PROCESSES; LIMITATIONS OF PERIODS TO BRING LEGAL ACTION; GRANTING CONTROL OF LITIGATION OR SETTLEMENT TO ANOTHER PARTY; LIABILITY FOR ACTS OR OMISSIONS OF THIRD PARTIES; PAYMENT OF ATTORNEYS' FEES; DISPUTE RESOLUTION; INDEMNITIES; AND CONFIDENTIALITY, AND TERMS AND CONDITIONS RELATED TO LIMITATIONS WILL NOT BE BINDING ON UNIVERSITY EXCEPT TO THE EXTENT AUTHORIZED BY THE LAWS AND CONSTITUTION OF THE STATE OF TEXAS.

12.22 **Ethics Matters; No Financial Interest.** Contractor and its employees, agents, representatives and subcontractors have read and understand [University's Conflicts of Interest Policy](#), [University's Standards of Conduct Guide](#), and applicable state ethics laws and rules at <http://utsystem.edu/offices/general-counsel/ethics>. Neither Contractor nor its employees, agents, representatives or subcontractors will assist or cause University employees to violate University's Conflicts of Interest Policy, University's Standards of Conduct Guide, or applicable state ethics laws or rules. Contractor represents and warrants that no member of the Board has a direct or indirect financial interest in the transaction that is the subject of this Agreement.

Further, Contractor agrees to comply with [§2252.908, Texas Government Code \(Disclosure of Interested Parties Statute\)](#), and [1 TAC §§46.1 through 46.5 \(Disclosure of Interested Parties Regulations\)](#), as implemented by the Texas Ethics Commission (TEC), including, among other things, providing the TEC and University with information required on the form promulgated by TEC. Proposers may learn more about these disclosure requirements, including the use of TEC's electronic filing system, by reviewing the information on TEC's website at https://www.ethics.state.tx.us/whatsnew/FAQ_Form1295.html.

12.23 **Enforcement.** Contractor agrees and acknowledges that University is entering into this Agreement in reliance on Contractor's special and unique knowledge and abilities with respect to performing Work. Contractor's services provide a peculiar value to University. University cannot be reasonably or adequately compensated in damages for the loss of Contractor's services. Accordingly, Contractor acknowledges and agrees that a breach by Contractor of the provisions of this Agreement will cause University irreparable injury and damage. Contractor, therefore, expressly agrees that University will be entitled to injunctive and/or other equitable relief in any court of competent jurisdiction to prevent or otherwise restrain a breach of this Agreement.

12.24 **HIPAA Compliance.** University is a HIPAA Covered Entity and some of the information Contractor receives, maintains or creates for or on behalf of University may constitute Protected Health Information (PHI) that is subject to HIPAA. Before Contractor may receive, maintain or create any University Records subject to HIPAA, Contractor will execute the HIPAA Business Associate Agreement (BAA) in **EXHIBIT D**, HIPAA Business Associate Agreement. To the extent that the BAA conflicts with any term contained in this Agreement, the terms of the BAA will control.

12.25 **Access by Individuals with Disabilities. Access by Individuals with Disabilities.** Contractor represents and warrants (**EIR Accessibility Warranty**) the electronic and information resources and all associated information, documentation, and support Contractor provides to University under this Agreement (**EIRs**) comply with applicable requirements in [1 TAC Chapter 213](#) and [1 TAC §206.70](#) (ref. [Subchapter M, Chapter 2054, Texas Government Code](#)). To the extent Contractor becomes aware the EIRs, or any portion thereof, do not comply with the EIR Accessibility Warranty, then Contractor represents and warrants it will, at no cost to University, either (1) perform all necessary remediation to make the EIRs satisfy the EIR Accessibility Warranty or (2) replace the EIRs with new EIRs that satisfy the EIR Accessibility Warranty. If Contractor fails or is unable to do so, University may terminate this Agreement and, within thirty (30) days after termination, Contractor will refund to University all amounts University paid under this Agreement.

12.26 **Historically Underutilized Business Subcontracting Plan.** Contractor agrees to use good faith efforts to subcontract Work in accordance with the Historically Underutilized Business Subcontracting Plan (**HSP**) (ref. **Exhibit E**). Contractor agrees to maintain business records documenting its compliance with the HSP and to submit a monthly compliance report to

University in the format required by Texas Procurement and Support Services Division of the Texas Comptroller of Public Accounts or any successor agency (collectively, **TPSS**). Submission of compliance reports will be required as a condition for payment under this Agreement. If University determines that Contractor has failed to subcontract as set out in the HSP, University will notify Contractor of any deficiencies and give Contractor an opportunity to submit documentation and explain why the failure to comply with the HSP should not be attributed to a lack of good faith effort by Contractor. If University determines that Contractor failed to implement the HSP in good faith, University, in addition to any other remedies, may report nonperformance to the TPSS in accordance with [34 TAC §§20.101 through 20.108](#). University may also revoke this Agreement for breach and make a claim against Contractor.

12.26.1 **Changes to the HSP.** If at any time during the Term, Contractor desires to change the HSP, before the proposed changes become effective (a) Contractor must comply with [34 TAC §20.14](#); (b) the changes must be reviewed and approved by University; and (c) if University approves changes to the HSP, this Agreement must be amended in accordance with **Section 12.6** to replace the HSP with the revised subcontracting plan.

12.26.2 **Expansion of Work.** If University expands the scope of Work through a change order or any other amendment, University will determine if the additional Work contains probable subcontracting opportunities *not* identified in the initial solicitation for Work. If University determines additional probable subcontracting opportunities exist, Contractor will submit an amended subcontracting plan covering those opportunities. The amended subcontracting plan must comply with the provisions of [34 TAC §20.14](#) before (a) this Agreement may be amended to include the additional Work; or (b) Contractor may perform the additional Work. If Contractor subcontracts any of the additional subcontracting opportunities identified by University without prior authorization and without complying with [34 TAC §20.14](#), Contractor will be deemed to be in breach of this Agreement under **Section 8** and will be subject to any remedial actions provided by Applicable Laws, including [Chapter 2161, Texas Government Code](#), and [34 TAC §20.14](#). University may report nonperformance under this Agreement to the TPSS in accordance with [34 TAC §§20.101 through 20.108](#).

12.27 **Responsibility for Individuals Performing Work; Criminal Background Checks.** Each individual who is assigned to perform Work under this Agreement will be an employee of Contractor or an employee of a subcontractor engaged by Contractor. Contractor is responsible for the performance of all individuals performing Work under this Agreement. Prior to commencing Work, Contractor will (1) provide University with a list (**List**) of all individuals who may be assigned to perform Work on University's premises and (2) have an appropriate criminal background screening performed on all the individuals on the List. Contractor will determine on a case-by-case basis whether each individual assigned to perform Work is qualified to provide the services. Contractor will not knowingly assign any individual to provide services on University's premises who has a history of criminal conduct unacceptable for a university campus or healthcare center, including violent or sexual offenses. Contractor will update the List each time there is a change in the individuals assigned to perform Work on University's premises.

Prior to commencing performance of Work under this Agreement, Contractor will provide University a letter signed by an authorized representative of Contractor certifying compliance with this Section. Contractor will provide University an updated certification letter each time there is a change in the individuals on the List.

- 12.28 **Office of Inspector General Certification.** Contractor acknowledges that University is prohibited by federal regulations from allowing any employee, representative, agent or subcontractor of Contractor to work on site at University's premises or facilities if that individual is not eligible to work on federal healthcare programs including Medicare, Medicaid, or other similar federal programs. Therefore, Contractor will not assign any employee, representative, agent or subcontractor that appears on the List of Excluded Individuals issued by the United States Office of the Inspector General (**OIG**) to work on site at University's premises or facilities. Contractor will perform an OIG sanctions check quarterly on each of its employees, representatives, agents, and subcontractors during the time the employees, representatives, agents, or subcontractors are assigned to work on site at University's premises or facilities. Contractor acknowledges that University will require immediate removal of any employee, representative, agent, or subcontractor of Contractor assigned to work at University's premises or facilities if the employee, representative, agent, or subcontractor is found to be on the OIG's List of Excluded Individuals. The OIG's List of Excluded Individuals may be accessed through the following Internet website: <http://exclusions.oig.hhs.gov/>
- 12.29 **External Terms.** This Agreement completely supplants, replaces, and overrides all other terms and conditions or agreements, written or oral, concerning Contractor's performance or provision of goods or services under this Agreement (**External Terms**). External Terms are null and void and will have no effect under this Agreement, even if University or its employees, contractors, or agents express assent or agreement to External Terms. External Terms include any shrinkwrap, clickwrap, browswrap, web-based terms and conditions of use, and any other terms and conditions displayed in any format that University or its employees, contractors, or agents are required to accept or agree to before or in the course of accessing or using any goods or services provided by Contractor.
- 12.30 **FERPA Compliance.** Some of the University Records Contractor receives, creates or maintains for or on behalf of University constitute **Education Records** (as defined by [FERPA](#)), or **Personally Identifiable Information from Education Records** (as defined by [FERPA](#)) (collectively, **FERPA Data**). Before Contractor may access, create or maintain any of University's FERPA Data, Contractor must execute **EXHIBIT F**, FERPA Confidentiality and Security Addendum. **EXHIBIT F**, FERPA Confidentiality and Security Addendum, contains terms required by University to ensure that Contractor complies with FERPA (including the requirements of [34 CFR §99.33\(a\)](#)) and University Rules related to FERPA, including (i) a description of all FERPA Data subject to this Agreement, and (ii) recognition that University retains the right to control Contractor's access, use, and disclosure of all FERPA Data. Except to the extent **Section 12.11** conflicts with **EXHIBIT F**, FERPA Confidentiality and Security Addendum, Contractor will comply with **Section 12.11** in connection with all FERPA Data. To the extent that **EXHIBIT F**, FERPA Confidentiality and Security Addendum, conflicts with any term contained in this Agreement, the terms of **EXHIBIT F**, FERPA Confidentiality and Security Addendum, will control.
- 12.31 **Contractor Certification regarding Boycotting Israel.** Pursuant to Chapter 2270, *Texas Government Code* Contractor certifies Contractor (1) does not currently boycott Israel; and (b) will not boycott Israel during the Term of this Agreement. Contractor acknowledges this Agreement may be terminated and payment withheld if this certification is inaccurate.
- 12.32 **Contractor Certification regarding Business with Certain Countries and Organizations.** Pursuant to Subchapter F, Chapter 2252, *Texas Government*, Contractor certifies Contractor (1) is not engaged in business with Iran, Sudan, or a foreign terrorist organization. Contractor acknowledges this Agreement may be terminated and payment withheld if this certification is inaccurate.

University and Contractor have executed and delivered this Agreement to be effective as of the Effective Date.

UNIVERSITY:

CONTRACTOR:

THE UNIVERSITY OF TEXAS

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Attach:

EXHIBIT A – Scope of Work

EXHIBIT B – Schedule

EXHIBIT C – Payment for Services

EXHIBIT D – HIPAA Business Associate Agreement

EXHIBIT E – HUB Subcontracting Plan

EXHIBIT F – FERPA Confidentiality and Security Addendum

EXHIBIT A

SCOPE OF WORK

[Note: Provide a detailed description and break-down of all tasks Contractor is to perform and technical standards for the tasks, if appropriate.]

EXHIBIT B
SCHEDULE

EXHIBIT C

PAYMENT FOR SERVICES

EXHIBIT D

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement"), effective _____ ("Effective Date"), is entered into by and between The University of Texas _____ on behalf of its _____ ("Covered Entity") and _____, a _____ company doing business as "_____" ("Business Associate", as more fully defined in section 1(c)) (each a "Party" and collectively the "Parties").

RECITALS

WHEREAS, Covered Entity has entered or is entering into that certain _____ Agreement with Business Associate ("the Underlying Agreement") by which it has engaged Business Associate to perform services;

WHEREAS, Covered Entity possesses Protected Health Information that is protected under HIPAA and the HIPAA Regulations, HITECH Act and state law, including the Medical Records Privacy Act (MRPA), and is permitted to manage such information only in accordance with HIPAA and the HIPAA Regulations, HITECH Act, and MRPA;

WHEREAS, Business Associate may receive such information from Covered Entity, or create, receive, maintain or transmit such information on behalf of Covered Entity, in order to perform certain of the services under the Underlying Agreement;

WHEREAS, the Parties desire to comply with health information privacy and security protections subsequent to the enactment of the HITECH Act, Subtitle D of the American Recovery and Reinvestment Act of 2009 which has established requirements for compliance with HIPAA. In particular, the requirements provide that: (1) Covered Entity give affected individuals notice of security breaches affecting their PHI, and Business Associate give notice to Covered Entity pursuant to the provisions below; (2) Business Associate comply with the HIPAA security regulations; and (3) additional and/or revised provisions be included in Business Associate Agreement;

WHEREAS, Under HIPAA and HITECH, Covered Entity is required to enter into protective agreements, generally known as "business associate agreements," with certain downstream entities that will be entrusted with HIPAA-protected health information;

WHEREAS, Health information is further protected by state law, including the MRPA; and

WHEREAS, Covered Entity wishes to ensure that Business Associate will appropriately safeguard Protected Health Information.

NOW THEREFORE, Covered Entity and Business Associate agree as follows:

1. Definitions. The Parties agree that the following terms, when used in this Agreement, shall have the following meanings, provided that the terms set forth below shall be deemed to be modified to reflect any changes made to such terms from time to time as defined in HIPAA and the HIPAA Regulations and the MRPA. All capitalized terms used in this Agreement but not defined below shall have the meaning assigned to them under the HIPAA Regulations.
 - a. "Breach" shall have the meaning given such term under 45 C.F.R. § 164.402 as such regulation is revised from time to time.

- b. "Breach of System Security" means unauthorized acquisition of computerized data that compromises the security, confidentiality, or integrity of Sensitive Personal Information maintained by a person, including data that is encrypted if the person accessing the data has the key required to decrypt the data.
- c. "Business Associate" means, with respect to a Covered Entity, a person who:
- 1) on behalf of such Covered Entity or of an Organized Health Care Arrangement (as defined under the HIPAA Regulations) in which the Covered Entity participates, but other than in the capacity of a member of the workplace of such Covered Entity or arrangement, creates, receives, maintains, or transmits PHI for a function or activity regulated by HIPAA, HIPAA Regulations, or MRPA including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities listed at 42 C.F.R. 3.20, billing, benefit management, practice management, and re-pricing; or
 - 2) provides, other than in the capacity of a member of the workforce of such Covered Entity, legal, actuarial, accounting, consulting, Data Aggregation, management, administrative, accreditation, or financial services to or for such Covered Entity, or to or for an Organized Health Care Arrangement in which the Covered Entity participates, where the provision of the service involves the disclosure of PHI from such Covered Entity or arrangement, or from another Business Associate of such Covered Entity or arrangement, to the person.
- d. "Data Aggregation" means, with respect to PHI created or received by Business Associate in its capacity as the Business Associate of Covered Entity, the combining of such PHI by Business Associate with the PHI received by Business Associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.
- e. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- f. "HIPAA Regulations" means the regulations promulgated under HIPAA by the United States Department of Health and Human Services, including, but not limited to, 45 C.F.R. Part 160 and 45 C.F.R. Part 164 subparts A and E ("The Privacy Rule") and the Security Standards as they may be amended from time to time, 45 C.F.R. Parts 160, 162 and 164, Subpart C ("The Security Rule").
- g. "HITECH Act" means the provisions of Division A, Title XIII of the American Recovery and Reinvestment Act of 2009, known as The Health Information Technology for Economic and Clinical Health, Act 42 U.S.C. §3000 et. seq., and implementing regulations and guidance, including the regulations implemented in 78 Fed. Reg. 5566 (January 25, 2013).
- h. "Individually Identifiable Health Information" means information that is a subset of health information, including demographic information collected from an individual, and:
- 1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
 - 2) relates to past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
 - a) that identifies the individual; or

b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

i. "MRPA" means Texas Medical Records Privacy Act, as codified in Section 181 et seq. of the Texas Health and Safety Code and as implemented through regulations including the Standards Relating to the Electronic Exchange of Health Information, codified at Title 1, Section 390.1 et seq. of the Texas Administrative Code.

j. "Protected Health Information" or "PHI" means Individually Identifiable Health Information that is transmitted by electronic media; maintained in any medium described in the definition of the term electronic media in the HIPAA Regulations; or transmitted or maintained in any other form or medium. The term excludes Individually Identifiable Health Information in educational records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. § 1232g; records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and employment records held by a Covered Entity in its role as employer and regarding a person who has been deceased more than 50 years.

k. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system, but does not include minor incidents that occur on a routine basis, such as scans, "pings", or unsuccessful random attempts to penetrate computer networks or servers maintained by Business Associate.

l. "Sensitive Personal Information" means: (1) an individual's first name or first initial and last name in combination with any one or more of the following items, if the name and the items are not encrypted: (a) social security number; (b) driver's license number or government-issued identification number; (c) account number or credit or debit card number in combination with any required security code, access, code, or password that would permit access to an individual's financial account; or (2) PHI information that identifies an individual and relates to: (a) the physical or mental health or condition of the individual; (b) the provision of health care to the individual; or (c) payment for the provision of health care to the individual.

m. "Unsecured PHI" means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified in the guidance issued under Section 13402(h)(2) of the HITECH Act on the HHS web site.

2. Permitted Uses and Disclosures.

a. **Compliance with Law.** Covered Entity and Business Associate agree to comply with HIPAA, HIPAA Regulations, the HITECH Act, and the MRPA.

b. **Performance of Services.** Except as otherwise permitted by this Agreement, Business Associate may create, receive, maintain or transmit PHI on behalf of Covered Entity only in connection with the performance of the services contracted for in the Underlying Agreement or as Required by Law (as that term is defined by 45 C.F.R. § 164.103).

c. **Proper Management and Administration.** Business Associate may use PHI it receives in its capacity as Covered Entity's Business Associate for the proper management and administration of Business Associate in connection with the performance of services in the Underlying Agreement, as permitted by this Agreement or as Required by Law (as that term is defined by 45 C.F.R. § 164.103), and to carry out the legal responsibilities of Business Associate. Business Associate may also disclose Covered Entity's PHI for such proper management and administration of Business Associate and to carry out the legal responsibilities of Business

Associate. Any such disclosure of PHI shall only be made in accordance with the terms of this Agreement, including Section 5(c) if to an agent or subcontractor of Business Associate, and only if Business Associate obtains reasonable written assurances from the person to whom the PHI is disclosed that: (1) the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and (2) Business Associate will be notified by such person of any instances of which it becomes aware in which the confidentiality of the PHI has been breached.

- d. Data Aggregation. Business Associate may use and disclose PHI received by Business Associate in its capacity as Covered Entity's business associate in order to provide Data Aggregation services relating to Covered Entity's health care operations only with Covered Entity's permission.
- e. Business Associate may use and disclose de-identified health information if written approval from the Covered Entity is obtained, and the PHI is de-identified in compliance with the HIPAA Rules.

3. Nondisclosure.

a. As Provided in Agreement. Business Associate shall not use or further disclose Covered Entity's PHI other than as permitted or required by this Agreement or as Required by Law (as that term is defined by 45 C.F.R. § 164.103).

b. Disclosures Required By Law. Business Associate shall not, without prior written consent of Covered Entity, disclose any PHI on the possibility that such disclosure is required by law without notifying, to the extent legally permitted, Covered Entity so that the Covered Entity shall have an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such a disclosure, Business Associate, shall, to the extent permissible by law, refrain from disclosing the PHI until Covered Entity has exhausted all alternatives for relief. Business Associate shall require reasonable assurances from persons receiving PHI in accordance with Section 2(c) that such persons will provide Covered Entity with similar notice and opportunity to object before disclosing PHI when a disclosure is required by law.

c. Additional Restrictions. If Covered Entity notifies Business Associate that Covered Entity has agreed to be bound by additional restrictions on the uses or disclosures of Covered Entity's PHI pursuant to HIPAA or the HIPAA Regulations, Business Associate shall be bound by such additional restrictions and shall not disclose Covered Entity's PHI in violation of such additional restrictions to the extent possible consistent with Business Associate's obligations set forth in the Underlying Agreement.

d. Restrictions Pursuant to Subject's Request. If Business Associate has knowledge that an individual who is the subject of PHI in the custody and control of Business Associate has requested restrictions on the disclosure of PHI, Business Associate must comply with the requested restriction if (a) the Covered Entity agrees to abide by the restriction; or (b) the disclosure is to a health plan for purposes of carrying out payment or health care operations and the PHI pertains solely to a health care item or service for which Covered Entity has been paid out of pocket in full. If the use or disclosure of PHI in this Agreement is based upon an Individual's specific authorization for the use or disclosure of his or her PHI, and the Individual revokes such authorization, the effective date of such authorization has expired, or such authorization is found to be defective in any manner that renders it invalid, Business Associate shall, if it has notice of such revocation, expiration, or invalidity, cease the use and disclosure of the Individual's PHI except to the extent it has relied on such use or disclosure, or if an exception under the Privacy Rule expressly applies.

- e. Remuneration. Business Associate shall not directly or indirectly receive remuneration in exchange for disclosing PHI received from or on behalf of Covered Entity except as permitted by HITECH Act § 13405, the MRP, and any implementing regulations that may be promulgated or revised from time to time.
 - f. Disclosure. Business Associate shall not use or disclose PHI in a manner that would violate Subpart E of 45 C.F.R. part 164, or MRP, if done by the Covered Entity itself except as authorized under Section 2 of this Agreement.
4. Minimum Necessary. Business Associate shall limit its uses and disclosures of, and requests for, PHI, to the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request.
5. Additional Business Associate Obligations.
- a. Safeguards. Business Associate shall use appropriate safeguards and comply with Subpart C of 45 C.F.R. 164 with respect to electronic PHI to prevent use or disclosure of the PHI other than as provided for by this Agreement. Business Associate shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any paper or electronic PHI it creates, receives, maintains, or transmits on behalf of Covered Entity.
 - b. To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under the Privacy Rule, Business Associate shall comply with the requirements of the Privacy Rule that apply to the Covered Entity in the performance of the obligations.
 - c. Business Associate's Agents and Subcontractors.
 - 1) Business Associate shall ensure that any agents and subcontractors to whom it provides PHI agree to only create, receive, maintain or transmit PHI on behalf of the Business Associate under the same restrictions that apply to Business Associate. Such agreement between Business Associate and subcontractor or agent must be in writing and must comply with the terms of this Agreement and the requirements outlined at 45 C.F.R. §164.504(e)(2); 45 C.F.R. §164.502(e)(1)(ii); 45 C.F.R. §164.314; and 45 C.F.R. §164.308(b)(2). Additionally, Business Associate shall ensure agent or subcontractor agree to and implement reasonable and appropriate safeguards to protect PHI.
 - 2) If Business Associate knows of a pattern of activity or practice of its subcontractor or agent that constitutes a material breach or violation of the agent or subcontractor's obligation under the contract or other arrangement, the Business Associate must take steps to cure the breach and end the violation and if such steps are not successful, must terminate the contract or arrangement if feasible. If it is not feasible to terminate the contract, Business Associate must promptly notify the Covered Entity.
 - d. Reporting. Business Associate shall, as soon as practicable but not more than five (5) business days after becoming aware of any successful security incident or use or disclosure of Covered Entity's PHI or Sensitive Personal Information in violation of this Agreement, report any such use or disclosure to Covered Entity. With the exception of law enforcement delays that satisfy the requirements under 45 C.F.R. § 164.412 or as otherwise required by applicable state law, Business Associate shall notify Covered Entity in writing without unreasonable delay and in no case later than ten (10) calendar days upon discovery of a Breach of Unsecured PHI or Breach of Security System. Such notice must include, to the extent possible, the name of each individual whose Unsecured PHI or Sensitive Personal Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed during such

breach. Business Associate shall also provide, to the extent possible, Covered Entity with any other available information that Covered Entity is required to include in its notification to individuals under 45 C.F.R. § 164.404(c) and Section 521.053, Texas Business & Commerce Code at the time of Business Associate's notification to Covered Entity or promptly thereafter as such information becomes available. For purposes of this Agreement, a Breach of Unsecured PHI or Breach of Security System shall be treated as discovered by Business Associate as of the first day on which such breach is known to Business Associate (including any person, other than the individual committing the breach, who is an employee, officer, or other agent of Business Associate, as determined in accordance with the federal common law of agency) or should reasonably have been known to Business Associate following the exercise of reasonable diligence.

e. Mitigation. Business Associate shall have procedures in place to mitigate, to the maximum extent practicable, any deleterious effect from any Use or Disclosure (as defined by 45 C.F.R. §160.103).

f. Sanctions. Business Associate shall apply appropriate sanctions in accordance with Business Associate's policies against any employee, subcontractor or agent who uses or discloses Covered Entity's PHI in violation of this Agreement or applicable law.

g. Covered Entity's Rights of Access and Inspection. From time to time upon reasonable notice, or upon a reasonable determination by Covered Entity that Business Associate has breached this Agreement, Covered Entity may inspect the facilities, systems, books and records of Business Associate related to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity or the safeguarding of such PHI to monitor compliance with this Agreement. Business Associate shall document and keep current such security measures and safeguards and make them available to Covered Entity for inspection upon reasonable request including summaries of any internal or external assessments Business Associate performed related to such security controls and safeguards. The fact that Covered Entity inspects, or fails to inspect, or has the right to inspect, Business Associate's facilities, systems and procedures does not relieve Business Associate of its responsibility to comply with this Agreement, nor does Covered Entity's (1) failure to detect or (2) detection but failure to require Business Associate's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of Covered Entity's enforcement or termination rights under this Agreement. This Section shall survive termination of this Agreement.

h. United States Department of Health and Human Services. Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary of the United States Department of Health and Human Services for purposes of determining Covered Entity's compliance with HIPAA and the HIPAA regulations, provided that Business Associate shall promptly notify Covered Entity upon receipt by Business Associate of any such request for access by the Secretary of the United States Department of Health and Human Services, and shall provide Covered Entity with a copy thereof as well as a copy of all materials disclosed pursuant thereto, unless otherwise prohibited by law.

i. Training. Business Associate shall provide such training in the privacy and security of PHI to its Workforce (as that term is defined by 45 C.F.R. § 160.103) as is required for Business Associate's compliance with HIPAA, HIPAA Regulations, HITECH, and the MRPA.

6. Obligation to Provide Access, Amendment and Accounting of PHI.

a. Access to PHI. Business Associate shall make available to Covered Entity, in the time and manner designated by the Covered Entity, such information as necessary to allow Covered Entity to meet its obligations under the HIPAA Regulations, PHI contained in a Designated

Record Set held by Business Associate as Covered Entity may require to fulfill Covered Entity's obligations to provide access to, and copies of, PHI in accordance with HIPAA and the HIPAA Regulations and MRPA. In the event that any individual requests access to PHI directly from Business Associate, Business Associate shall notify Covered Entity within five (5) business days that such request has been made.

b. Amendment of PHI. Business Associate shall make available to Covered Entity PHI contained in a Designated Record Set held by Business Associate as Covered Entity may require to fulfill Covered Entity's obligations to amend PHI in accordance with HIPAA and the HIPAA Regulations. In addition, Business Associate shall, as directed by Covered Entity, incorporate any amendments to Covered Entity's PHI into copies of such information maintained by Business Associate. In the event that any individual requests amendment of PHI directly from Business Associate, Business Associate shall forward such request to Covered Entity within five (5) business days.

c. Accounting of Disclosures of PHI.

1) Record of Disclosures. Business Associate shall maintain a record of all disclosures of PHI received from, or created or received by Business Associate on behalf of, Covered Entity, except for those disclosures identified in Section 6(c)(2) below, including the date of the disclosure, the name and, if known, the address of the recipient of the PHI, a brief description of the PHI disclosed, and the purpose of the disclosure which includes an explanation of the reason for such disclosure. Business Associate shall make this record available to Covered Entity upon Covered Entity's request. If Business Associate maintains records in electronic form, Business Associate shall account for all disclosures made during the period of three (3) years preceding the request. In the event that any individual requests an accounting of disclosures of PHI directly from Business Associate, Business Associate shall notify Covered Entity within five (5) business days that such request has been made and provide Covered Entity with a record of disclosures within ten (10) days of an individual's request. If the request from an individual comes directly to Covered Entity and Covered Entity notifies Business Associate that it requires information from Business Associate in order to respond to the individual, Business Associate shall make available to Covered Entity such information as Covered Entity may require within ten (10) days from the time of request by Covered Entity.

2) Certain Disclosures Need Not Be Recorded. The following disclosures need not be recorded:

a) disclosures to carry out Covered Entity's treatment, payment and health care operations as defined under the HIPAA Regulations;

b) disclosures to individuals of PHI about them as provided by the HIPAA Regulations;

c) disclosures for Covered Entity's facility's directory, to persons involved in the individual's care, or for other notification purposes as provided by the HIPAA Regulations;

d) disclosures for national security or intelligence purposes as provided by the HIPAA Regulations;

e) disclosures to correctional institutions or law enforcement officials as provided by the HIPAA Regulations;

f) disclosures that occurred prior to the later of (i) the Effective Date or (ii) the date that Covered Entity is required to comply with HIPAA and the HIPAA Regulations;

g) disclosures pursuant to an individual's authorization in accordance with HIPAA and the HIPAA Regulations; and

h) any other disclosures excepted from the right to an accounting by the HIPAA Regulations.

7. Material Breach, Enforcement and Termination.

a. Term. This Agreement shall become effective on the Effective Date and shall continue unless or until this Agreement terminates, the Underlying Agreement terminates, or the Business Associate has completed performance of the services in the Underlying Agreement, whichever is earlier.

b. Termination. Either Party may terminate this Agreement:

1) immediately if the other Party is finally convicted in a criminal proceeding for a violation of HIPAA or the HIPAA Regulations;

2) immediately if a final finding or stipulation that the other Party has violated any standard or requirement of HIPAA or other security or privacy laws is made in any administrative or civil proceeding in which the other Party has been joined; or completed performance of the services in the Underlying Agreement, whichever is earlier.

3) pursuant to Sections 7(c) or 8(b) of this Agreement.

c. Remedies. Upon a Party's knowledge of a material breach by the other Party, the non-breaching Party shall either:

1) provide an opportunity for the breaching Party to cure the breach and end the violation or terminate this Agreement and the Underlying Agreement if the breaching Party does not cure the breach or end the violation within ten (10) business days or a reasonable time period as agreed upon by the non-breaching party; or

2) immediately terminate this Agreement and the Underlying Agreement if cure is not possible.

d. Injunctions. Covered Entity and Business Associate agree that any violation of the provisions of this Agreement may cause irreparable harm to Covered Entity. Accordingly, in addition to any other remedies available to Covered Entity at law or in equity, Covered Entity shall be entitled to seek an injunction or other decree of specific performance with respect to any violation of this Agreement or explicit threat thereof, without any bond or other security being required and without the necessity of demonstrating actual damages.

e. Indemnification. This indemnification provision is enforceable against the Parties only to the extent authorized under the constitution and laws of the State of Texas. The Parties will indemnify, defend and hold harmless each other and each other's respective employees, directors, officers, subcontractors, agents or other members of its workforce, each of the foregoing hereinafter referred to as "indemnified party," against all actual and direct losses suffered by the indemnified party and all liability to third parties arising from or in connection with any breach of this Agreement or of any warranty hereunder or from any negligence or wrongful acts or omissions, including failure to perform its obligations under MRPA, HIPAA, the HIPAA

Regulations, and the HITECH Act by the indemnifying party or its employees, directors, officers, subcontractors, agents or other members of its workforce.

f. Breach of PHI and Breach of System Security. Business Associate will pay or reimburse Covered Entity for all costs and penalties incurred by Covered Entity in connection with any incident giving rise to a Breach of PHI and/or a Breach of System Security, including without limitation all costs related to any investigation, any notices to be given, reasonable legal fees, or other actions taken to comply with HIPAA, the HITECH Act, or any other applicable law or regulation, where (i) the PHI was in the custody or control of Business Associate when the Breach of PHI and/or Breach of System Security occurred, or (ii) the Breach of PHI and/or Breach of System Security was caused by the negligence or wrongful acts or omissions of Business Associate and its employees, directors, officers, subcontractors, agents or other members of its workforce.

8. General Provisions.

a. State Law. Nothing in this Agreement shall be construed to require Business Associate to use or disclose PHI without written authorization from an individual who is a subject of the PHI, or written authorization from any other person, where such authorization would be required under state law for such use or disclosure.

b. Amendment. Covered Entity and Business Associate agree to enter into good faith negotiations to amend this Agreement to come into compliance with changes in state and federal laws and regulations relating to the privacy, security and confidentiality of PHI. Covered Entity may terminate this Agreement upon thirty (30) days written notice in the event that Business Associate does not promptly enter into an amendment that Covered Entity, in its sole discretion, deems sufficient to ensure that Covered Entity will be able to comply with such laws and regulations.

c. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended or shall be deemed to confer upon any person other than Covered Entity, Business Associate, and their respective successors and assigns, any rights, obligations, remedies or liabilities.

d. Ambiguities. The Parties agree that any ambiguity in this Agreement shall be resolved in favor of a meaning that complies and is consistent with applicable law protecting the privacy, security, and confidentiality of PHI, including, without limitation, MRPA, HIPAA, the HIPAA Regulations, and the HITECH Act.

e. Primacy. To the extent that any provision of this Agreement conflicts with the provision of any other agreement or understanding between the Parties, this Agreement shall control.

f. Destruction/Return of PHI. Business Associate agrees that, pursuant to 45 C.F.R. § 164.504(e)(2)(ii)(I), upon termination of this Agreement or the Underlying Agreement, for whatever reason,

1) It will return or destroy all PHI, if feasible, received from or created or received by it on behalf of Covered Entity that Business Associate maintains in any form, and retain no copies of such information which for purposes of this Agreement shall mean all backup tapes. Prior to doing so, Business Associate further agrees to recover any PHI in the possession of its subcontractors or agents. An authorized representative of Business Associate shall certify in writing to Covered Entity, within thirty (30) days from the date of termination or other expiration of the Underlying Agreement, that all PHI has been returned or disposed of as provided above and that Business Associate or its subcontractors or agents no longer retain any such PHI in any form.

2) If it is not feasible for Business Associate to return or destroy said PHI, Business Associate will notify the Covered Entity in writing. The notification shall include a statement that the Business Associate has determined that it is infeasible to return or destroy the PHI in its possession, and the specific reasons for such determination. Business Associate shall comply with the Security Rule and extend any and all protections, limitations and restrictions contained in this Agreement to Business Associate's use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible.

3) If it is infeasible for Business Associate to obtain, from a subcontractor or agent any PHI in the possession of the subcontractor or agent, Business Associate must provide a written explanation to Covered Entity and require the subcontractors and agents to agree to comply with the Security Rule and extend any and all protections, limitations and restrictions contained in this Agreement to the subcontractors' and/or agents' use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible.

g. Offshore Work. In performing the functions, activities or services for, or on behalf of Covered Entity, Business Associate shall not, and shall not permit any of its agents or subcontractors who receive Covered Entity's PHI to, transmit or make available any PHI to any entity or individual outside the United States without prior written consent of Covered Entity.

h. Integration. This Agreement embodies and constitutes the entire agreement and understanding between the Parties with respect to the subject matter hereof and supersedes all prior oral or written agreements, commitments and understandings pertaining to the subject matter hereof.

i. Governing Law. This Agreement is governed by, and shall be construed in accordance with, applicable federal law and the laws of the State of Texas without regard to choice of law principles.

j. Notices. Any notices to be given hereunder to a Party shall be made via U.S. Mail or express courier to such Party's address given below, and/or (other than for the delivery of fees) via facsimile to the facsimile telephone numbers listed below.

If to Covered Entity:
The applicable U.T. Institution(s)'s Privacy Officer.

With copy to:
The University of Texas System Privacy Officer
Office of Systemwide Compliance
201 West 7th Street
Austin, Texas 78701

If to Business Associate: _____

Each Party named above may change its address and that of its representative for notice by the giving of notice thereof in the manner herein above provided.

k. Privilege. Notwithstanding any other provision in this Agreement, this Agreement shall not be deemed to be an agreement by Business Associate to disclose information that is privileged, protected, or confidential under applicable law to the extent that such privilege, protection or confidentiality (a) has not been waived or (b) is not superseded by applicable law.

l. Multiple Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original and all of which shall together constitute one and the same instrument. Facsimile and electronic (pdf) signatures shall be treated as if they are original signatures.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their respective duly authorized representatives in the manner legally binding upon them as of the date indicated below.

BUSINESS ASSOCIATE

COVERED ENTITY
THE UNIVERSITY OF TEXAS

By: _____

(Authorized Signature)

Name: _____

(Type or Print)

Title: _____

Date: _____

By: _____

(Authorized Signature)

Name: _____

(Type or Print)

Title: _____

Date: _____

EXHIBIT E

HUB SUBCONTRACTING PLAN

EXHIBIT F

FERPA CONFIDENTIALITY AND SECURITY ADDENDUM

This FERPA Confidentiality and Security Addendum (“**Addendum**”) is made and entered into effective as of [] (the “**Effective Date**”) by and between **The University of Texas System**, a state agency and institution of higher education established under the laws of the State of Texas (“**University**”) and _____ (“**Contractor**”), (collectively, “**Parties**”). The purpose of this Addendum is to provide the terms under which Contractor is required to maintain the confidentiality and security of any and all University records subject to the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g (“**FERPA**”) which Contractor will create, receive, or maintain on behalf of University pursuant to [Identify underlying contract to which the Addendum is attached.] (“**Underlying Agreement**”).

1. **FERPA**. The Parties understand and agree that:

- 1.1 As part of the work (“**Work**”) that Contractor will provide pursuant to the Underlying Agreement, Contractor is expected to create, receive or maintain, records or record systems from or on behalf of University that (a) are subject to FERPA or (b) contain personally identifiable information from “Education Records” as defined by and subject to FERPA (collectively, “**FERPA Records**”) namely: directory information such as name, phone number, mailing address, year of graduation, and other general information. FERPA Records include all data in any form whatsoever, including electronic, written and machine readable form.
- 1.2 Notwithstanding any other provision of the Underlying Agreement, this Addendum or any other agreement, all FERPA Records created, received or maintained by Contractor pursuant to the Underlying Agreement will remain the sole and exclusive property of University.

2. **FERPA Compliance**. In connection with all FERPA Records that Contractor may create, receive or maintain on behalf of University pursuant to the Underlying Agreement, Contractor is designated as a University Official with a legitimate educational interest in and with respect to such FERPA Records, only to the extent to which Contractor (a) is required to create, receive or maintain FERPA Records to carry out the Underlying Agreement, and (b) understands and agrees to all of the following terms and conditions *without reservation*:

- 2.1 **Prohibition on Unauthorized Use or Disclosure of FERPA Records:** Contractor will hold University FERPA Records in strict confidence. Contractor will not use or disclose FERPA Records received from or on behalf of University, including any FERPA Records provided by a University student directly to Contractor, except as permitted or required by the Underlying Agreement or this Addendum.
- 2.2 **Maintenance of the Security of FERPA Records:** Contractor will use the administrative, technical and physical security measures, including secure encryption in the case of electronically maintained or transmitted FERPA Records, approved by University and that are at least as stringent as the requirements of UT System Information and Resource Use & Security Policy, UTS 165 at <http://www.utsystem.edu/board-of-regents/policy-library/policies/uts165->

[information-resources-use-and-security-policy](#), to preserve the confidentiality and security of all FERPA Records received from, or on behalf of University, its students or any third party pursuant to the Underlying Agreement.

- 2.3 **Reporting of Unauthorized Disclosures or Misuse of FERPA Records and Information:** Contractor, as soon as practicable after discovery, will report to University any use or disclosure of FERPA Records not authorized by this Addendum. Contractor's report will identify the following, as soon as practicable after such information is known to Contractor: (i) the nature of the unauthorized use or disclosure, (ii) the FERPA Records used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what Contractor has done or will do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action Contractor has taken or will take to prevent future similar unauthorized use or disclosure. Contractor will provide such other information, including written reports, as reasonably requested by University. For purposes of this **Section 2.3**, an unauthorized disclosure or use includes any access or use of an "Education Record" (as defined by FERPA) by a Contractor employee or agent that the employee or agent does not require to perform Work or access by any employee or agent that does not involve the provision of Work.
- 2.4 **Right to Audit:** If University has a reasonable basis to believe that Contractor is not in compliance with the terms of this Addendum, University may audit Contractor's compliance with FERPA as Contractor's compliance relates to University's FERPA Records maintained by Contractor.
- 2.5 **Five Year Exclusion for Improper Disclosure of Education Records.** Under the federal regulations implementing FERPA, improper disclosure or redisclosure of personally identifiable information from University's "Education Records" (as defined by FERPA) by Contractor or its employees or agents may result in Contractor's complete exclusion from eligibility to contract with University for at least five (5) years.
3. **Secure Destruction of FERPA Records.** Contractor agrees that no later than 30 days after expiration or termination of the Underlying Agreement or this Addendum for any reason, or within thirty (30) days after University's written request, Contractor will halt all access, use, creation, or processing of FERPA Records and will Securely Destroy all FERPA Records, including any copies created by Contractor or any subcontractor; and Contractor will certify in writing to University that all FERPA records have been Securely Destroyed. "**Secure Destruction**," "**Securely Destroy**" and "**Securely Destroyed**" mean shredding, erasing or otherwise modifying a record so as to make it unreadable or indecipherable.
4. **Disclosure.** Contractor will restrict disclosure of FERPA Records solely to those employees, subcontractors, or agents of Contractor that have a need to access the FERPA Records in order for Contractor to perform its obligations under the Underlying Agreement or this Addendum. If Contractor discloses any FERPA Records to a subcontractor or agent, Contractor will require the subcontractor or agent to comply with restrictions and obligations that align with the restrictions and obligations imposed on Contractor by the Underlying Agreement and this Addendum, including requiring each subcontractor or agent to agree to the same restrictions and obligations in writing.

5. **Termination.** This Addendum will remain in effect until the earlier of (a) expiration or termination of the Underlying Agreement, or (b) the date University terminates this Addendum by giving Contractor sixty (60) days' written notice of University's intent to terminate. **Sections 2, 3, 4, and 6** of this Addendum will survive expiration or termination of the Underlying Agreement and this Addendum.
6. **Breach.** In the event of a breach, threatened breach or intended breach of this Addendum by Contractor, University (in addition to any other rights and remedies available to University at law or in equity) will be entitled to preliminary and final injunctions, enjoining and restraining such breach, threatened breach or intended breach.
7. **Governing Law.** The validity, construction, and performance of this Addendum are governed by the laws of the State of Texas, and suit may be brought in **Travis** County, Texas to enforce the terms of this Addendum.
8. **Non-Assignment.** The rights and obligations of the Parties under this Addendum may not be sold, assigned or otherwise transferred.

AGREED TO AND SIGNED BY THE PARTIES.

The University of Texas at []

CONTRACTOR

By: _____

by: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

DeltaCare[®] USA

Dental HMO Program
for Eligible Employees
and Dependents

The University of Texas System

Combined Evidence of Coverage and Disclosure Form



deltadentalins.com/universityoftexas

Provided by:

Alpha Dental Programs, Inc.
1701 Shoal Creek, Suite 240
Highland Village, TX 75077

Administered by:

Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023
800-893-3582

EVIDENCE OF COVERAGE DISCLOSURE FORM

Dental HMO Program

This booklet is a Combined Evidence of Coverage and Disclosure Form (“EOC”) for your Dental HMO Program (“Program”) provided by:

Alpha Dental Programs, Inc. (“Alpha”) dba DeltaCare
A Single Service Health Maintenance Organization (“HMO”)
1701 Shoal Creek, Suite 240
Highland Village, TX 75077
800-893-3582

The Program has been established and is administered in accordance with the provisions of a Group Dental Service Contract (“Contract”) issued by Alpha.

Administrative functions described throughout this booklet may be performed by Delta Dental Insurance Company (“Delta Dental”), as designated by Alpha.

This EOC describes the provisions of the contract between your Group and Alpha. THE EOC CONSTITUTES ONLY A SUMMARY OF THE PROGRAM. THE CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE. A COPY OF THE CONTRACT WILL BE FURNISHED UPON REQUEST. ANY DIRECT CONFLICT BETWEEN THE CONTRACT AND THE EOC WILL BE RESOLVED ACCORDING TO THE TERMS WHICH ARE MOST FAVORABLE TO YOU.

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW TO OBTAIN DENTAL BENEFITS.

The telephone number where you may obtain information about benefits is 800 893-3582. These calls will be answered by Alpha’s Administrator, Delta Dental.

TEXAS NOTICE OF COMPLAINT

IMPORTANT NOTICE

To obtain information or make a complaint, you may call Alpha's toll-free telephone number at:

800-893-3582

You may also write to Alpha at:

P.O. Box 1860
Alpharetta, GA 30023

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

800-252-3439

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771

Web: <http://www.tdi.state.tx.us>

E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM

DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO

YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja, usted pueda llamar al numero de telefono gratis de Alpha al:

800-893-3582

Usted tambien puede escribir a Alpha:

P.O. Box 1860
Alpharetta, GA 30023

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771

Web: <http://www.tdi.state.tx.us>

E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O

RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU

POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

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Definitions

As used in this booklet:

Administrator means Delta Dental Insurance Company ("Delta Dental"), operating as an Administrator in the State of Texas. Administrative functions described in the Contract and in this booklet may be performed by Delta Dental, as designated by Alpha. The mailing address for Delta Dental is P.O. Box 1803, Alpharetta, GA 30023. Delta Dental will answer calls directed to 800-893-3582.

Benefits means those dental services available under the terms of the Group Dental Service Contract and described in this booklet.

Client means the applicant (employer or other organization) contracting to obtain Benefits for Eligible Enrollees.

Contract Dentist means a Dentist who provides services in general dentistry, and who has agreed to provide Benefits to Enrollees under this Program.

Contract Orthodontist means a Dentist who specializes in orthodontics, and who has agreed to provide Benefits to Enrollees under this Program.

Contract Specialty Care Dentist means a Dentist who provides Specialized Services, and has agreed to provide Benefits to Enrollees under this Program.

Copayment means the amount charged to an Enrollee by a Dentist for the Benefits provided under this Program.

Dentist means a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed.

Eligible Dependent means a dependent of an Eligible Employee or an Eligible Retiree who is eligible for Benefits as described by the Client.

Eligible Employee means an employee who is eligible for Benefits as described by the Client.

Eligible Person means an Eligible Employee, an Eligible Dependent, an Eligible Retiree or a surviving dependent (spouse or child(ren)) of an Eligible Employee or Eligible Retiree.

Eligible Retiree means a retiree of The University of Texas System eligible for Benefits as described by the Client

Emergency Dental Services means procedures administered in a Dentist's facility, emergency dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.

Enrollee means an Eligible Person enrolled to receive Benefits.

Open Enrollment Period means the period preceding the date of commencement of the contract term or a period as otherwise requested by the Client and agreed to by Alpha.

Optional means any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Contract.

Preauthorization means the process by which Alpha determines if a procedure or treatment is a referable Benefit under the Enrollee's plan.

Primary Enrollee means an Eligible Employee, an Eligible Retiree or a surviving dependent of an Eligible Employee or Eligible Retiree enrolled to receive Benefits.

Service Area means the State of Texas, **except** for the following counties:

Armstrong, Bailey, Bowie, Brewster, Briscoe, Brown, Carson, Castro, Cochran, Coke, Coleman, Collingsworth, Concho, Crosby, Culberson, Dallam, Deaf Smith, Donley, Edwards, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, Jasper, Jeff Davis, Kinney, Lamb, Lipscomb, Loving, Lubbock, McCulloch, Menard, Moore, Motley, Newton, Ochiltree, Oldham, Parmer, Pecos, Potter, Presidio, Randall, Reeves, Roberts, Runnels, Sabine, San Augustine, Schleicher, Shelby, Sherman, Sutton, Swisher, Terrell, Tom Green, Val Verde, Wheeler, and Willacy.

Specialized Services mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics, periodontics or pediatric dentistry.

We, Us or Our means Alpha or the Administrator as appropriate.

Eligibility for Benefits

Eligible Employees, Retirees and Dependents receive Benefits effective the first day of enrollment in the Program. Subject to cancellation or a qualified status change event as provided under this Program, enrollment of Eligible Employees Retirees and Dependents is for a minimum period of one year.

You are eligible to enroll as an Eligible Employee if you meet the eligibility requirements defined by the Client.

For the purposes of this Program, the term Eligible Employee will also include those individuals who are no longer an employee of the Client, but who are covered under the Consolidated Omnibus Budget Reconciliation Act (COBRA). You may apply for coverage for yourself (or for yourself and your dependents) on or before your eligibility date, within 31 days of your eligibility date or during the annual Open Enrollment Period.

You are eligible to receive the Benefits described in this booklet if you are a former employee of the Client who meets all eligibility as determined by the Client and has retired under the:

- 1) Teacher Retirement System of Texas;
- 2) Employees Retirement System of Texas; or
- 3) Optional Retirement Program.

Eligible Dependents include:

- 1) your spouse as defined by the Texas Family Code;
- 2) your unmarried child(ren) under age 25, including stepchildren, and adopted children;
- 3) your unmarried grandchildren under age 25, provided the child meets the requirements which includes proof that you claim the child as your dependent for federal tax purposes;
- 4) certain children over age 25, who are determined by the Client to be medically incapacitated and are unable to provide their own support; and
- 5) children for whom you are named a legal guardian by a court or who are the subject of a medical support order requiring such coverage.

Eligible Dependents become eligible on:

- 1) the date you are eligible for coverage;
- 2) as soon as an Eligible Dependent becomes your dependent, or at any time subject to a change in legal custody or lawful order to provide Benefits.

Newborn children (including newborn adopted children) are covered from and after the moment of birth. Notice of birth must be received within 31 days after the date of birth for coverage to continue beyond 31 days.

Dependents in active military service are not eligible. No Eligible Dependent may be enrolled under more than one Eligible Person. Medicare eligibility shall not affect the eligibility of an Eligible Employee, Retiree, or Dependent.

You must live or work in Alpha's Service Area. The permanent legal residence of any enrolled dependent must be the same as yours, or you must live or work in the Service Area and the residence of any enrolled dependent must be:

- 1) in Alpha's Service Area with the person having temporary or permanent conservatorship or guardianship of such dependents, where you have legal responsibility for the health care of such dependents; or
- 2) in Alpha's Service Area under other circumstances where you are legally responsible for the health care of such dependents; or
- 3) in Alpha's Service Area with your spouse; or
- 4) anywhere in the United States for a child whose coverage under the Program is required by a medical support order.

Premiums

This Program requires premiums to be paid to us. If you are required to pay all or any portion of the premiums, you will be advised of the amount prior to enrollment and it will be deducted from your earnings by payroll deduction, or you will be requested to pay it directly. The Client will be responsible for sending all payments of premiums to us except payments you are requested to pay directly. Should you voluntarily cancel enrollment and subsequently desire to reenroll, all Client enrollment requirements will apply.

How to use the Program - Choice of Contract Dentist

To enroll in this Program, you must select a Contract Dentist for both yourself and any Dependent Enrollee from the list of Contract Dentists furnished during the enrollment process. If you fail to select a Contract Dentist or the Contract Dentist selected becomes unavailable, we will request the selection of another Contract Dentist or assign you to a Contract Dentist.

You may change your assigned Contract Dentist by directing a request to the Customer Service department at 800-893-3582. In order to ensure that your Contract Dentist is notified and our eligibility lists are correct, changes in Contract Dentists must be requested prior to the 21st of the month for changes to be effective the first day of the following month.

Shortly after enrollment you will receive a membership packet that tells you the effective date of your Program and the address and telephone number of your Contract Dentist. After the effective date in your membership packet, you may obtain dental services which are Benefits. To make an appointment, simply call your Contract Dentist's facility and identify yourself as an Enrollee in this Program. Initial appointments should be scheduled within three weeks unless a specific time has been requested. Your assigned Contract Dentist also maintains a 24-hour emergency services system seven days a week. Inquiries regarding availability of appointments and accessibility of Dentists should be directed to the Customer Service department at 800-893-3582.

EACH ENROLLEE MUST GO TO HIS OR HER ASSIGNED CONTRACT DENTIST TO OBTAIN COVERED SERVICES, EXCEPT FOR INCOMPLETE SERVICES IN CONNECTION WITH A DENTAL OR ORTHODONTIC PROCEDURE STARTED BEFORE THE ENROLLEE'S ELIGIBILITY WITH THIS PROGRAM AS DESCRIBED BELOW, SERVICES PROVIDED BY A CONTRACT SPECIALITY CARE DENTIST OR FOR EMERGENCY DENTAL SERVICES. (REFER TO SCHEDULE A). ANY OTHER TREATMENT PROVIDED BY AN OUT-OF-NETWORK DENTIST (UNLESS EXPRESSLY AUTHORIZED BY ALPHA) IS NOT COVERED UNDER THIS PROGRAM.

Upon request of a newly covered Enrollee, we will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. We will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. New Enrollees may request completion of treatment in progress by calling the Customer Service

department at 800-893-3582 during normal business hours, or by sending us a written request.

Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If the Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for us to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total paid by the Enrollee and/or coverage provided by all plans is not more than 100 percent of total Allowable Expenses (as defined under *Coordination of Benefits*).

Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, we will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

If your assigned Contract Dentist's agreement with Alpha terminates, that Contract Dentist will complete (a) a partial or full denture for which final impressions have been taken, and (b) all work on every tooth upon which work has started (such as completion of root canals in progress and delivery of crowns when teeth have been prepared).

Benefits, Limitations and Exclusions

This Program provides the Benefits described in the *Description of Benefits and Copayments* subject to the *Limitations and Exclusions*. The services are performed as deemed appropriate by your attending Contract Dentist. A Contract Dentist may provide services either personally or through associated dentists, technicians or hygienists who may lawfully perform the services.

Copayments and Other Charges

You are required to pay any Copayments listed in the *Description of Benefits and Copayments* directly to the Dentist who provides treatment.

Emergency Dental Services

You should contact your Contract Dentist for Emergency Dental Services for covered dental procedures whenever possible. If you require Emergency Dental Services and are unable to reach your Contract Dentist, you should call Customer Service at 800-893-3582 for assistance in obtaining urgent care; or during non-business hours, you may seek immediate treatment from another Dentist and we will reimburse you for the cost of Emergency Dental Services which exceeds your Copayment(s). Emergency Dental Services are limited to listed procedures and as described in code D9110 "Palliative (emergency) treatment of dental pain." Further treatment must be obtained from the assigned Contract Dentist. (Refer to Schedule A).

Specialized Services

Specialized Services for oral surgery, endodontics, periodontics or pediatric dentistry must be referred by the assigned Contract Dentist. The Enrollee will pay for all Specialized Services, which are Benefits provided by a Contract Specialty Care Dentist, directly to the Contract Specialty Care Dentist.

IF YOU REQUIRE SPECIALIZED SERVICES AND THERE IS NO CONTRACT SPECIALTY CARE DENTIST TO PROVIDE THESE SERVICES WITHIN 35 MILES OF YOUR HOME ADDRESS, YOUR ASSIGNED CONTRACT DENTIST MUST RECEIVE AUTHORIZATION FROM US TO REFER YOU TO AN OUT-OF-NETWORK DENTIST TO PROVIDE THE SPECIALIZED SERVICES. SPECIALIZED SERVICES PERFORMED BY AN OUT-OF-NETWORK DENTIST THAT ARE NOT AUTHORIZED ARE NOT COVERED.

If the services of a Contract Orthodontist are needed, please refer to Orthodontics in the *Description of Benefits and Copayments*, and *Limitations and Exclusions of Benefits* to determine which procedures are covered under this Program.

Claims for Reimbursement

Claims for covered Emergency Dental Services must be submitted to us within 90 days of the end of treatment. Valid claims received after the 90 day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. All claims must be received within one year of the treatment date.

We will acknowledge receipt of Enrollee claims in writing and initiate investigation of claims within 15 days. The Enrollee will be requested to provide additional information, if required.

Claims submitted with all necessary information will be accepted or rejected within 15 business days of receipt. Notice of rejected claims will state the reason for the rejection. In the event additional information is required and a determination cannot be made, you will receive written notification within this 15-day period stating the reason for the delay.

All claims will be accepted or rejected within 45 days of that notice. Accepted claims will be paid not later than the fifth business day following notice of acceptance. If payment is subject to performance of an act by the Enrollee, the claim will be paid not later than the fifth business day after the date the act is performed.

In the event we fail to pay a Contract Dentist, you will not be liable to that Dentist for any sums owed by us. Except for provisions in *Emergency Dental Services*, (unless otherwise expressly authorized by us), we will not pay a Dentist who is not a Contract Dentist, therefore, if you have received unauthorized treatment from an out-of-network Dentist, you will be liable to that Dentist for the cost of services. For further clarification, refer to the provisions for *Emergency Dental Services* and *Specialized Services*.

Coordination of Benefits

This Program provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits program if the other policy or program covers services or expenses in addition to dental care. Otherwise, Benefits provided under this Program by out-of-network Dentists are coordinated with any similar benefits provided by any other group dental insurance policy or any group dental benefits program. The determination of which policy or program is primary shall be governed by the rules stated in the Contract.

When this plan is secondary, it may reduce its Benefits so that the total Benefits paid or provided by all plans during a claim determination period are not more than 100 percent of total Allowable Expenses. "Allowable Expense" is defined as a service or expense, including deductibles and Copayments, that is covered at least in part by any of the plans covering the person.

An Enrollee shall provide to us and we may release to or obtain from any insurance company or other organization, any information about the Enrollee that is needed to administer coordination of benefits. We will, in our sole discretion, determine whether any reimbursement to an insurance company or other organization is warranted under these coordination of benefits provisions, and any such reimbursement will be deemed to be Benefits under this Program. We will have the right to recover from a Dentist, Enrollee, insurance company or other organization, as we choose, the amount of any Benefits paid by us which exceeds our obligations under these coordination of benefit provisions.

Enrollee Complaint Procedure

A complaint means any dissatisfaction expressed by an Enrollee or a physician, provider or other person designated to act on behalf of the Enrollee orally or in writing about any aspect of our operation, including but not limited to dissatisfaction with administration; procedures; denial, reduction or termination of services for reasons **not related to medical necessity**; disenrollment decisions or the quality of dental services performed by a Contract Dentist. You may call the Customer Service department at 800-893-3582 or write to:

Quality Management Department
P.O. Box 1860
Alpharetta, GA 30023

Written communication must include (1) the name of the patient; (2) the name, address, telephone number and identification number of the Primary Enrollee; (3) the name of the Client and 4) the Dentist's name and facility location.

Should an Enrollee choose to have a physician, provider or other person act on his or her behalf during the complaint process, he or she must provide us with express written permission designating that individual as their representative and include a signed release, compliant with HIPAA, authorizing the disclosure of confidential information such as their personal health information (PHI).

A complaint does not include a misunderstanding or problem of misinformation which can be promptly resolved by supplying correct information to the Enrollee's satisfaction.

We do not make determinations about the medical necessity of dental services and only determine if services are covered Benefits under the Contract. We will provide notification if any dental services are not covered Benefits, stating the specific Contract provision(s).

Within five business days after receipt of an oral or written complaint, the quality management coordinator will send a letter acknowledging the date of receipt of the complaint, and a description of our complaint procedures, estimated time frames for resolution of complaints, and a request for any necessary information. If the complaint was received orally, the acknowledgement will include a one-page complaint form with instructions to return for prompt resolution of the complaint. Processing of a complaint will generally not begin until we receive the information shown above, except as noted below for complaints involving Emergency Dental Services.

The complainant may call the Customer Service department at 800-893-3582 at any time between 7:00 a.m. and 8:00 p.m., Central Time, to discuss the complaint. Those complaints requiring professional expertise shall be referred to a licensed dental consultant or, if necessary, the dental director for response. Certain complaints may also require a second opinion for a clinical evaluation of the dental services provided. Second opinions will be provided at another Contract Dentist's facility, unless otherwise authorized by Alpha's dental consultant. We will only pay for a second opinion that we have authorized.

We will resolve a complaint involving Emergency Dental Services within 24 hours after our receipt. Complaints that do not involve Emergency Dental Services will be resolved within 30 calendar days after receipt. We will send to the complainant a written report which describes the complaint and our resolution. The report will contain a statement of the specific clinical and/or contractual reasons for the resolution and will advise the complainant of:

- a) the specialization of any Dentist or other provider consulted,
- b) a description of our appeal procedure, and
- c) the time frames for our appeal process and final decision.

In the event a complainant is not satisfied with our resolution of a complaint, he/she will have the right to appeal the decision before a complaint appeal panel. Within five business days after receipt of a request for an appeal, we will send a letter acknowledging the date of receipt of the request and include a statement of the complainant's rights to:

- a) appear before an appeal panel in person (or through a representative if a minor or disabled) in the area where the Enrollee received the care or at an agreed upon location; or
- b) write to an appeal panel;
- c) present alternative expert testimony;
- d) present oral or written information; and
- e) question those responsible for the prior resolution.

Our appeal panel is composed of Enrollee representatives, Contract Dentist representatives and Alpha representatives in equal numbers. Contract Dentists cannot review a case in which they rendered care or a case they reviewed during our complaint or appeal process. The panel will include a Contract Specialty Care

Dentist if the quality of specialty care is at issue. Our employees cannot serve as Enrollee members.

No later than five business days before the scheduled meeting of the appeal panel, unless the complainant agrees otherwise, we shall provide to the complainant or the complainant's designated representative:

- a) any documentation to be presented to the panel by us;
- b) the specialization of any providers consulted during the investigation of the appeal; and
- c) the name and affiliation of each Alpha representative on the panel.

We will send a written resolution of the appeal within 30 calendar days after receipt of an appeal. Investigation and resolution of appeals involving ongoing Emergency Dental Services will be concluded in accordance with the dental immediacy of the case, but no later than 24 hours after receipt of request for appeal. At the request of the Enrollee, we will provide, instead of an appeal panel, a provider who has not previously reviewed the case and who is of the same or similar specialty as ordinarily manages the procedure or treatment under appeal. The provider reviewing the appeal may interview the Enrollee or the Enrollee's designated representative and will make a decision on the appeal. Initial notice of decision of the appeal may be delivered orally, but will be followed by a written notice of the determination within three calendar days.

Notice of our final decision will include a statement of the specific clinical and/or contract provision(s) on which the decision was based, and the toll-free telephone number and address of the Texas Department of Insurance.

Any Enrollee, including an Enrollee who has attempted to resolve a complaint through the complaint process described above, may file a complaint with the Texas Department of Insurance at P.O. Box 149091, Austin, Texas 78714-9091. The Department's toll-free telephone number is 800-252-3439.

The commissioner will investigate a complaint against us to determine our compliance with the insurance laws within 60 days after the Department receives the complaint and all information necessary for the Department to determine compliance. The commissioner may extend the time necessary to complete an investigation in the event any of the following circumstances occur:

- a) additional information is needed;
- b) an on-site review is necessary;
- c) we, the provider, or the complainant do not provide all documentation necessary to complete the investigation; or
- d) other circumstances beyond the control of the Department.

We will not engage in any retaliatory action (including termination or refusal to renew a Contract) against a Client, an Enrollee, or a Dentist (on behalf of an Enrollee) for filing a complaint or appealing a decision.

Renewal and Termination of Benefits

This Program renews on the anniversary of the contract term unless we provide 120 days notice of a change in premiums or Benefits and the Client does not accept the change. All Benefits terminate for any Enrollee as of the date that this Program is terminated, such person ceases to be eligible under the terms of this Program, or such person's enrollment is cancelled under the terms of this Program. We are not obligated to continue to provide Benefits to any such person in such event, except for completion of single procedures commenced while this Program was in effect.

Cancellation of Enrollment

Subject to the *Enrollee Complaint Procedure*, or the *Optional Continuation of Coverage* provision, an Eligible Employee's or Eligible Dependent's enrollment under this Program may be cancelled, or renewal of enrollment refused, in the following events:

- 1) Immediately:
 - a) upon loss of eligibility as described in this Evidence of Coverage; or
 - b) if an Enrollee engages in conduct detrimental to safe operations and the delivery of services while in a Contract Dentist's facility;
- 2) Upon 15 days written notice if the Enrollee knowingly commits or permits another person to commit fraud or deception in obtaining Benefits under the Program;
- 3) Upon 30 days written notice if:
 - a) the premiums are not paid by or on behalf of the Enrollee on the date due or within the 30-day premium grace period. However, the Enrollee may continue to receive Benefits during the 30-day period and may be reinstated during the term of the Contract upon payment of any unpaid premium. If coverage is not reinstated, the Enrollee will be responsible for the cost of services rendered during the 30-day grace period; or
 - b) the Enrollee fails to pay Copayments. However, the Enrollee may be reinstated during the term of the Contract upon payment of all delinquent charges; or
 - c) a satisfactory dentist-patient relationship fails to be established with multiple contract facilities. We must show that we have, in good faith, provided the Enrollee with the opportunity to select an alternative Contract Dentist. If the Enrollee establishes a history of unsatisfactory relationships, we will notify the Enrollee in writing, at least 30 days in advance, that we consider the dentist-patient relationships to be unsatisfactory. We will also specify the changes that are necessary in order to avoid cancellation, and show that the Enrollee failed to make these changes; or
 - d) the Primary Enrollee or the Dependent Enrollee neither resides, lives or works in Alpha's Service Area. However, coverage for a child who is the subject of a medical support order cannot be cancelled solely because the child does not reside, live or work in Alpha's Service Area;
- 4) Upon 60 days written notice if the Contract is terminated or not renewed.

Cancellation of a Primary Enrollee's enrollment shall automatically cancel the enrollment of any of his or her Dependent Enrollees.

Optional Continuation of Coverage

COBRA Continuation Option

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) requires that continued health care coverage be made available to Qualified Beneficiaries who lose health care coverage under the group plan as a result of a Qualifying Event. Enrollees may be entitled to continue coverage under this plan, at the Qualified Beneficiary's expense, if certain conditions are met. The period of continued coverage depends on the Qualifying Event.

DEFINITIONS

The meaning of key terms used in this section are shown below.

Qualified Beneficiary means:

- 1) you and/or your dependents who are enrolled in the Alpha plan on the day before the Qualifying Event, or
- 2) a child who is born to or placed for adoption with you during the period of continued coverage, provided such child is enrolled within 30 days of birth or placement for adoption.

Qualifying Event means any of the following events which, except for the election of this continued coverage, would result in a loss of coverage under the dental plan:

- | | |
|----------|---|
| Event 1. | the termination of employment (other than termination for gross misconduct) or the reduction in work hours, by your employer; |
| Event 2. | your death; |
| Event 3. | your divorce or legal separation from your spouse; |
| Event 4. | your dependent's loss of dependent status under the plan; and |
| Event 5. | as to your dependents only, your entitlement to Medicare. |

You or your means the Primary Enrollee.

PERIODS OF CONTINUED COVERAGE

Qualified Beneficiaries may continue coverage for 18 months following the month in which Qualifying Event 1 occurs.

This 18-month period can be extended for a total of 29 months, provided:

- 1) a determination is made under Title II or Title XVI of the Social Security Act that an individual is disabled on the date of the Qualifying Event or became disabled at any time during the first 60 days of continued coverage; and

- 2) notice of the determination is given to the COBRA administrator during the initial 18 months of continued coverage and within 60 days of the date of the determination.

This period of coverage will end on the first of the month that begins more than 30 days after the date of the final determination that the disabled individual is no longer disabled. You must notify the COBRA administrator within 30 days of any such determination.

If, during the 18 months continuation period resulting from Qualifying Event 1, your dependents, who are Qualified Beneficiaries, experience Qualifying Events 2, 3, 4 or 5, they may choose to extend coverage for up to a total of 36 months (inclusive of the period continued under Qualifying Event 1).

Your dependents, who are Qualified Beneficiaries, may continue coverage for 36 months following the occurrence of Qualifying Events 2, 3, 4 or 5.

When an employer has filed for bankruptcy under Title II, United States Code, benefits may be substantially reduced or eliminated for retired employees and their dependents, or the surviving spouse of a deceased retired employee. If this benefit reduction or elimination occurs within one year before or one year after the filing, it is considered a Qualifying Event. If the Primary Enrollee is a retiree, and has lost coverage because of this Qualifying Event, he or she may choose to continue coverage until his or her death. The Primary Enrollee's dependents who have lost coverage because of this Qualifying Event may choose to continue coverage for up to 36 months following the Primary Enrollee's death.

ELECTION OF CONTINUED COVERAGE AND PREMIUM PAYMENT

Your employer shall notify Alpha within 30 days of Qualifying Event 1. A Qualified Beneficiary must notify his or her employer in writing within 60 days of Qualifying Events 2, 3, 4 or 5, and the COBRA administrator within 60 days of receiving the election notice from the employer. Otherwise, the option of continued coverage will be lost.

Within 14 days of receiving notice of a Qualifying Event, the employer will provide a Qualified Beneficiary with the necessary benefits information, monthly premium charge, enrollment forms, and instructions to allow election of continued coverage. Premium payment must be fully paid by the Enrollee and includes a 2% administrative fee. If a Qualified Beneficiary becomes disabled as described above under *Periods of Continued Coverage*, the premium will include a 50% administrative fee during the 11-month coverage extension due to disability.

A Qualified Beneficiary will then have 60 days to give his or her COBRA administrator written notice of the election to continue coverage. Failure to provide this written notice of election to the COBRA administrator within 60 days will result in loss of the right to continue coverage.

A Qualified Beneficiary has 45 days from the written election of continued coverage to pay the initial premium to his or her COBRA administrator, which includes the

premium for each month since the loss of coverage. Failure to pay the required premium within the 45 days will result in loss of the right to continue coverage and any premium received after that will be returned to the Qualified Beneficiary.

CONTINUED COVERAGE BENEFITS

The Benefits under the continued coverage will be the same as those provided to active employees and their dependents who are still enrolled in the dental plan. If the employer changes the coverage for active employees, the continued coverage will change as well. Premiums will be adjusted to reflect the changes made.

TERMINATION OF CONTINUED COVERAGE

A Qualified Beneficiary's continued coverage will terminate at the end of the month in which any of the following events first occur:

- 1) the allowable number of consecutive months of continued coverage is reached;
- 2) failure to pay the required premiums in a timely manner;
- 3) the employer ceases to provide any group dental plan to its employees;
- 4) the individual moves out of Alpha's Service Area;
- 5) the individual first obtains coverage for dental Benefits, after the date of the election of continued coverage, under another group health plan (as an employee or dependent) which does not contain or apply any exclusion or limitation with respect to any pre-existing condition of such a person, if that pre-existing condition is covered under this plan; or
- 6) entitlement to Medicare.

The employer shall notify ALPHA within 30 days of the occurrence of number 3 above. The COBRA administrator shall notify ALPHA within 30 days of the occurrence of any of the other events listed above. Once coverage terminates, it cannot be reinstated.

TERMINATION OF THE EMPLOYER'S DENTAL CONTRACT

If the dental contract between the employer and Alpha terminates prior to the time that the continuation coverage would otherwise terminate, the employer shall notify a Qualified Beneficiary either 30 days prior to the termination or when all Enrollees are notified, whichever is later, of the ability to elect continuation of coverage under the employer's subsequent dental plan, if any. The continuation coverage will be provided only for the balance of the period that a Qualified Beneficiary would have remained covered under the Alpha plan had such plan with the former employer not terminated. The employer shall notify the successor plan in writing of the Qualified Beneficiaries receiving continuation coverage so they may be notified of how to continue coverage. The continuation coverage will terminate if a Qualified Beneficiary fails to comply with the requirements pertaining to enrollment in and payment of premiums to the new group benefit plan.

OPEN ENROLLMENT CHANGE OF COVERAGE

A Qualified Beneficiary may elect to change continuation coverage during any subsequent open enrollment period, if the employer has contracted with another plan to provide coverage to its active employees. The continuation coverage under the other plan will be provided only for the balance of the period that a Qualified Beneficiary would have remained under the Alpha plan.

Group Continuation Option

An Enrollee whose coverage under the Contract ceases for any reason other than involuntary termination for cause, and who has been continuously covered under the Contract for at least three consecutive months immediately prior to such termination, or under any previous group contract providing similar services and benefits that the current Contract replaced, may request continuation of coverage for himself or herself and any covered Dependent Enrollees, subject to the following requirements:

- 1) Continuation must be requested in writing, and received by the Client together with the first contribution, no later than the 60th day after the later of:
 - a) the date coverage would otherwise terminate, or
 - b) the date the Enrollee is given notice of the right to elect continuation.
- 2) The Enrollee must remit payment to the Client, not later than the 45th day after the initial election of coverage, and thereafter, monthly on the due date of each payment, the amount of contribution required for continuation plus 2% of the amount of the group rate for coverage under the Contract. Following the first payment made after the initial election of coverage, payment of premium shall be considered timely if made by the 30th day after the date on which payment is due.
- 3) Coverage so continued will terminate on the first of the following dates:
 - a. the date coverage provided by law would end, which is:
 - 1) for any Enrollee not eligible for continuation coverage under COBRA, at the end of the nine-month period after the date the election to continue coverage is made; or
 - 2) for any enrollee eligible for continuation coverage under COBRA, six additional months following any period of continuation provided under COBRA law;
 - b. the date the Enrollee fails to remit required contributions in a timely manner;
 - c. with respect to any person whose coverage is being continued, the date that person becomes covered for similar benefits under any program arranged by any other group; or
 - d. the date on which the Contract is terminated in its entirety.

Entire Contract

This EOC, the Group Contract, the Contract Application, and any attached schedules, appendices, endorsements and riders to the Contract, constitute the entire agreement governing the Program. No amendment is valid unless approved by

an executive officer of Alpha and attached to this EOC. No agent has authority to amend this EOC or waive any of its provisions.

Incontestability

In the absence of fraud or intentional misrepresentation made by you in the enrollment application, all statements made in that application are representations and not warranties. The statements are considered to be truthful and are made to the best of your knowledge and belief. A statement may not be used to void, cancel or non-renew your coverage or reduce Benefits unless (i) it is in a written enrollment application signed by you, and (ii) a signed copy of the enrollment application is or has been furnished to you or your personal representative.

Conformity with State Law

If this EOC is not in conformity with Texas laws or other applicable laws, it will not be rendered invalid but will be construed and applied as if it were in full compliance with Texas law and other applicable laws.

SCHEDULE A

Description of Benefits and Copayments

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under this program and is not to be interpreted as CDT-2011 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999	I. DIAGNOSTIC - <i>When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees." *</i>	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	\$20.00
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$15.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$15.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$15.00
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every 24 months</i> ¹	No Cost
D0220	Intraoral - periapical first film	No Cost
D0230	Intraoral - periapical each additional film	No Cost
D0240	Intraoral - occlusal film	No Cost
D0250	Extraoral - first film	No Cost
D0260	Extraoral - each additional film	No Cost
D0270	Bitewing <i>radiograph</i> - single film	No Cost
D0272	Bitewings <i>radiographs</i> - two films	No Cost
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i> ¹	No Cost
D0277	Vertical bitewings - 7 to 8 films	No Cost
D0330	Panoramic film	\$5.00

D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost

D1000-D1999 II. PREVENTIVE - When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees." *

D1110	Prophylaxis <i>cleaning</i> - adult - 1 per 6 month period ¹	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (within the 6 month period) ¹	\$25.00
D1120	Prophylaxis <i>cleaning</i> - child - 1 per 6 month period ¹	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (within the 6 month period) ¹	\$25.00
D1203	Topical application of fluoride - child - to age 19; 1 per 6 month period ¹	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>through age 15</i>	\$10.00
D1510	Space maintainer - fixed - unilateral	\$135.00
D1515	Space maintainer - fixed - bilateral	\$135.00
D1520	Space maintainer - removable - unilateral	\$160.00
D1525	Space maintainer - removable - bilateral	\$180.00
D1550	Re-cementation of space maintainer	\$15.00

D2000-D2999 III. RESTORATIVE - When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees." *

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.

- Replacement of existing crowns, inlays and onlays requires the restoration to be 5+ years old. Replacement of a lost or stolen crown, inlay or onlay is not a covered Benefit. Please see Exclusion #5 in Schedule B, Limitations and Exclusions of Benefits.

D2140	Amalgam - one surface, primary or permanent	\$10.00
D2150	Amalgam - two surfaces, primary or permanent	\$15.00
D2160	Amalgam - three surfaces, primary or permanent	\$25.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$35.00
D2330	Resin-based composite - one surface, anterior	\$30.00
D2331	Resin-based composite - two surfaces, anterior	\$40.00
D2332	Resin-based composite - three surfaces, anterior	\$50.00

D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$65.00
D2391	Resin-based composite - one surface, posterior	\$60.00
D2392	Resin-based composite - two surfaces, posterior	\$70.00
D2393	Resin-based composite - three surfaces, posterior	\$80.00
D2394	Resin-based composite - four or more surfaces, posterior	\$110.00
D2510	Inlay - metallic - one surface	\$287.00
D2520	Inlay - metallic - two surfaces	\$310.00
D2530	Inlay - metallic - three or more surfaces	\$335.00
D2542	Onlay - metallic - two surfaces	\$400.00
D2543	Onlay - metallic - three surfaces	\$405.00
D2544	Onlay - metallic - four or more surfaces	\$405.00
D2610	Inlay - porcelain/ceramic - one surface	\$385.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$395.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$405.00
D2740	Crown - porcelain/ceramic substrate	\$575.00
D2750	Crown - porcelain fused to high noble metal	\$575.00
D2751	Crown - porcelain fused to predominantly base metal	\$525.00
D2752	Crown - porcelain fused to noble metal	\$550.00
D2790	Crown - full cast high noble metal	\$575.00
D2791	Crown - full cast predominantly base metal	\$525.00
D2792	Crown - full cast noble metal	\$550.00
D2794	Crown - titanium	\$575.00
D2910	Recement inlay, onlay or partial coverage restoration	\$15.00
D2920	Recement crown	\$15.00
D2930	Prefabricated stainless steel crown - primary tooth	\$80.00
D2940	Protective restoration	\$15.00
D2950	Core buildup, including any pins	\$75.00
D2951	Pin retention - per tooth, in addition to restoration	\$15.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$150.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$80.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$575.00
D2980	Crown repair, by report	\$50.00

D3000-D3999 IV. ENDODONTICS - *When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees."* *

D3110	Pulp cap - direct (excluding final restoration)	\$15.00
D3120	Pulp cap - indirect (excluding final restoration)	\$10.00

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$40.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	\$150.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration)	\$225.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration)	\$260.00
D3346	Retreatment of previous root canal therapy - anterior	\$320.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$380.00
D3348	Retreatment of previous root canal therapy - molar	\$460.00
D3410	Apicoectomy/periradicular surgery - anterior	\$125.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$170.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$220.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$100.00
D3430	Retrograde filling - per root	\$40.00
D3450	Root amputation, per root	\$70.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$80.00

D4000-D4999 V. PERIODONTICS - *When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees." **

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$120.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$65.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$140.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$100.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$350.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$203.00
D4320	Provisional splinting - intracoronal	\$80.00
D4321	Provisional splinting - extracoronal	\$75.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$45.00

D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$27.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i> ...	\$50.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	\$45.00

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Replacement of an existing denture or partial denture requires the denture to be 5+ years old. Replacement of a lost or stolen denture or partial denture is not a covered Benefit. Please see Exclusion #5 in Schedule B, Limitations and Exclusions of Benefits.

D5110	Complete denture - maxillary	\$620.00
D5120	Complete denture - mandibular	\$620.00
D5130	Immediate denture - maxillary	\$630.00
D5140	Immediate denture - mandibular	\$630.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$495.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$475.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$640.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$640.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$480.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$480.00
D5410	Adjust complete denture - maxillary	\$15.00
D5411	Adjust complete denture - mandibular	\$15.00
D5421	Adjust partial denture - maxillary	\$15.00
D5422	Adjust partial denture - mandibular	\$15.00
D5510	Repair broken complete denture base	\$85.00
D5520	Replace missing or broken teeth - complete denture (each tooth) .	\$70.00
D5610	Repair resin denture base	\$80.00
D5620	Repair cast framework	\$80.00
D5630	Repair or replace broken clasp	\$80.00

D5640	Replace broken teeth - per tooth	\$80.00
D5650	Add tooth to existing partial denture	\$80.00
D5660	Add clasp to existing partial denture	\$95.00
D5730	Reline complete maxillary denture (chairside)	\$60.00
D5731	Reline complete mandibular denture (chairside)	\$60.00
D5740	Reline maxillary partial denture (chairside)	\$60.00
D5741	Reline mandibular partial denture (chairside)	\$60.00
D5750	Reline complete maxillary denture (laboratory)	\$195.00
D5751	Reline complete mandibular denture (laboratory)	\$195.00
D5760	Reline maxillary partial denture (laboratory)	\$195.00
D5761	Reline mandibular partial denture (laboratory)	\$195.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	\$245.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	\$245.00
D5850	Tissue conditioning, maxillary	\$25.00
D5851	Tissue conditioning, mandibular	\$25.00
D5862	Precision attachment, by report	\$195.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 per unit, beyond the 6th unit.*
- *Replacement of an existing crown, pontic or stress breaker requires the bridge to be 5+ years old. Replacement of a lost or stolen crown, pontic or stress breaker is not a covered Benefit. Please see Exclusion #5 in Schedule B, Limitations and Exclusions of Benefits.*

D6210	Pontic - cast high noble metal	\$575.00
D6211	Pontic - cast predominantly base metal	\$525.00
D6212	Pontic - cast noble metal	\$550.00
D6240	Pontic - porcelain fused to high noble metal	\$575.00
D6241	Pontic - porcelain fused to predominantly base metal	\$525.00
D6242	Pontic - porcelain fused to noble metal	\$550.00
D6245	Pontic - porcelain/ceramic	\$620.00
D6250	Pontic - resin with high noble metal	\$575.00
D6251	Pontic - resin with predominantly base metal	\$525.00
D6252	Pontic - resin with noble metal	\$550.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$190.00
D6720	Crown - resin with high noble metal	\$575.00
D6721	Crown - resin with predominantly base metal	\$525.00
D6722	Crown - resin with noble metal	\$550.00

D6750	Crown - porcelain fused to high noble metal	\$575.00
D6751	Crown - porcelain fused to predominantly base metal	\$525.00
D6752	Crown - porcelain fused to noble metal	\$550.00
D6780	Crown - ¾ cast high noble metal	\$575.00
D6781	Crown - ¾ cast predominantly base metal	\$525.00
D6782	Crown - ¾ cast noble metal	\$550.00
D6790	Crown - full cast high noble metal	\$575.00
D6791	Crown - full cast predominantly base metal	\$525.00
D6792	Crown - full cast noble metal	\$550.00
D6930	Recement fixed partial denture	\$55.00
D6940	Stress breaker	\$150.00
D6950	Precision attachment	\$195.00
D6980	Fixed partial denture repair, by report	\$195.00

D7000-D7999 X. Oral and Maxillofacial Surgery - (When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees.")*

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - deciduous tooth	\$15.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$15.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$50.00
D7220	Removal of impacted tooth - soft tissue	\$60.00
D7230	Removal of impacted tooth - partially bony	\$75.00
D7240	Removal of impacted tooth - completely bony	\$100.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$135.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$40.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$100.00
D7280	Surgical access of an unerupted tooth	\$85.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$60.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$90.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$35.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$125.00

D8000-D8999 XI. ORTHODONTICS

**** If a Copayment dollar amount is not listed, the Enrollee pays 75 percent of the Contract Orthodontist's "filed fees."**

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.
- The Retention Copayment includes adjustments and/or office visits up to 24 months.
- Replacement of a lost, stolen or broken orthodontic appliance is not a covered Benefit. Please see Exclusion #13 in Schedule B, Limitations and Exclusions of Benefits.

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: \$200.00

- D0210 Intraoral - complete series (including bitewings)
- D0322 Tomographic survey
- D0330 Panoramic film
- D0340 Cephalometric film
- D0350 Oral/facial photographic images
- D0470 Diagnostic casts

The benefit for post-treatment records includes: \$70.00

- D0210 Intraoral - complete series (including bitewings)
- D0470 Diagnostic casts

- D8010 Limited orthodontic treatment of the primary dentition **
- D8020 Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19* **
- D8030 Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19* **
- D8040 Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* **
- D8050 Interceptive orthodontic treatment of the primary dentition **
- D8060 Interceptive orthodontic treatment of the transitional dentition **
- D8070 Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* **
- D8080 Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* **
- D8090 Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* **
- D8660 Pre-orthodontic treatment visit \$25.00

D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	**
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees."* *

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$25.00
D9220	Deep sedation/general anesthesia - first 30 minutes	\$180.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$165.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$35.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$55.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$5.00
D9440	Office visit - after regularly scheduled hours	\$40.00
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$210.00
D9951	Occlusal adjustment, limited	\$30.00
D9952	Occlusal adjustment, complete	\$145.00
D9972	External bleaching - per arch - <i>limited to one bleaching tray and gel for two weeks of self treatment</i>	\$155.00

* If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed, referable procedures that are not available in the contract facility or that require a Dentist to provide Specialized Services, may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric dentist at 75 percent of the Contract Specialty Care Dentist's "filed fees." Specialized Services are only available upon referral by the assigned Contract Dentist.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." As used in this Schedule, "filed fees" mean the Contract Dentist's fees on file with Alpha and charged by the Contract Dentist for performing a specific dental service. Questions regarding these fees should be directed to the Customer Service department at 800-893-3582.

Emergency Dental Services - The Contract Dentist will provide Emergency Dental Services for covered procedures whenever possible. If an Enrollee requires Emergency Dental Services and is unable to access care from the Contract Dentist, then Alpha shall reimburse the Enrollee for the cost of such Emergency Dental Services which exceeds the Copayment. Emergency Dental Services shall be limited to listed procedures, and as described in code D9110 above: (Palliative (emergency) treatment of dental pain). Any further treatment of the cause of such Emergency

Dental Services must be obtained from the Contract Dentist. All services are subject to the limitations and exclusions of the program.

FOOTNOTES

- 1 Frequency limitations do not apply when services are needed more frequently due to medical necessity as determined by the Contract Dentist.*

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the general Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a contract pediatric Dentist are available at 75 percent of the contract specialty care dentist's "filed fees." Referral by the assigned Contract Dentist is required before services are rendered.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this program are limited as follows:

Upon request of a newly covered Enrollee, Alpha will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. Alpha will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800 893-3582 during normal business hours, or by sending a written request to Alpha.

Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for Alpha to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total

paid by the Enrollee and/or coverage provided by all plans is not more than 100 percent of total Allowable Expenses (as defined in the Coordination of Benefits section of the Evidence of Coverage).

Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, Alpha will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

7. Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under this program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist including the services of an out-of-network dentist who provides Specialized Services, unless expressly authorized by Alpha except for *Emergency Dental Services* as described in *Schedule A*.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility or other similar care facility.
12. Prescription drugs.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies.

16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

As used in this Schedule, "filed fees" means the Contract Dentist's fees on file with Alpha and charged by the Contract Dentist for performing a specific dental service. Questions regarding these fees should be directed to the Customer Service department at 800-893-3582.

Glossary

The following dental terms have the meanings indicated:

Abrasion - The abnormal wearing away of the tooth by chewing, incorrect brushing methods, grinding or similar causes.

Alveoloplasty - A surgical procedure to reshape the jaw bones to achieve normal bone contour in preparation for tooth replacement via denture, partials or bridges.

Amalgam - A metal alloy used in filling teeth.

Apicoectomy - The surgical removal of the root tip.

Appliance - A device used to provide function or therapeutic effect.

Attrition - The normal loss of tooth substance resulting from friction during chewing.

Banding - Application of preformed stainless steel rings that are fitted around the teeth and cemented in place.

Banding dentition - Treatment of a tooth which involves banding (for orthodontic purposes).

Cephalometric x-rays - X-rays used in studying the measurements of the head in relation to specific soft tissue and bony reference points.

Cleft palate - A birth defect resulting in an incomplete closure or formation of the palate.

Debridement - The removal of plaque and tartar, above and below the gumline, which makes the ability to evaluate the gum condition difficult.

Equilibration - Changing the occlusal forms of the teeth by selective grinding, with the interest of balancing occlusal stresses more evenly on the teeth.

Erosion - Chemical or mechanical destruction of tooth substance, the mechanism of which is incompletely known, that leads to the creation of a depression in the tooth surface at the gumline.

Exostosis - An excessive growth of bone.

Expansion appliance - An appliance used to widen a dental arch to increase the room available for permanent teeth and/or to correct the bite.

Frenum - The fibers that attach the cheek, lips or tongue to the tissue lining the mouth.

Frenectomy - Surgical removal or loosening of the frenum.

Functional appliance - An appliance used to achieve minor tooth movement, to strengthen the muscles of the oral cavity or to maintain space created by the loss or delayed eruption of the teeth.

Gingiva - The soft tissue which covers a tooth or the gum surrounding a tooth.

Gingivectomy - The surgical removal of the unsupported gingiva to the level where it is attached.

Gingivoplasty - Surgical contouring of the gingiva to facilitate maintenance of tissue health and integrity.

Headgear - An apparatus encircling the head or neck that provides attachment for an intraoral appliance in use of extraoral anchorage.

Implant - A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement of a missing tooth.

Lingual - Pertaining to the tongue.

Macrognathia - A definite overgrowth of the mandible and maxilla.

Mandible - The lower jaw.

Mandibular - Pertaining to the lower jaw.

Maxilla - The upper jaw.

Maxillary - Pertaining to the upper jaw.

Micrognathia - An abnormal smallness of the jaws, especially the mandible.

Myofunctional therapy - Training to curb or eliminate abnormal muscle function of the oral cavity.

Occlusal - The chewing surfaces of the posterior teeth.

Occlusion - The contact between the upper and lower teeth when in a closed position.

Orthodontic appliance - Any appliance used to apply forces for tooth movement during orthodontic treatment.

Palate - The roof of the mouth.

Palatal - Pertaining to the roof of the mouth.

Palliative - Action that relieves pain but does not cure the cause of the pain.

Panoramic film - An x-ray that offers a full view of the entire length of the jaws in a single x-ray.

Pediatric or Pedodontic - Pertaining to children.

Periapical - The area surrounding or enclosing the root tip of a tooth.

Periodontitis - Gingival changes that occur due to infection and loss of attachment between the tooth and gums. Periodontitis is a long-term progressive disease.

Periradicular - Around the root.

Pontic - The term used for the artificial tooth on a bridge.

Prophylaxis - The removal of plaque, tartar and stains on the crown portion of the teeth, including polishing.

Pulp cap - The covering of an exposed dental nerve with material that protects it from foreign irritants.

Quadrant - One of the four equal sections into which the dental arches can be divided; begins at the middle of the arch and goes to the last tooth on either side.

Rebase - Process of refitting a denture by replacing the acrylic base material.

Resin - Broad term used to indicate an organic substance that is usually tooth colored. Composite resin used in filling teeth, most often in the front of the mouth.

Retainer - An appliance used to maintain the positions of the teeth and jaws gained by orthodontic procedures.

Retrograde filling - A method of sealing the root canal by preparing and filling it from the root tip.

Root planing - A procedure designed to remove bacteria, tartar and diseased root tissue from the root surfaces. Often referred to as "deep cleaning."

Sealant - Application of a resin material to the biting surfaces of the permanent molars to seal the surface crevices to prevent the formation of decay.

Study model - A positive likeness of dental structures (teeth and adjoining tissues) for the purpose of study and treatment planning.

Supernumerary - Any tooth in excess of the 32 normal permanent teeth.

Temporomandibular joint - The joint formed by the connection of the lower jaw to the skull.

Tracing - As it relates to orthodontic treatment, a tracing is a line drawing of pertinent features of a cephalometric x-ray made on a piece of transparent paper placed over an x-ray. The tracing provides measurements of soft tissue and bony reference points that aid in predicting growth patterns and orthodontic diagnosis and treatment planning.

Trigeminal nerve - The main nerve that provides feeling to the muscles and tissues of the face, jaws and teeth.

Vertical demension - The vertical height of the face with teeth in occlusion.

If you have any questions or need additional information,
call or write:

Toll Free
800-893-3582

Administered by:
Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023

Dataset Requirements

Benefit Enrollment and Maintenance Transaction Set

(ASC X12N 834) can be found at:

<https://www.utsystem.edu/sites/default/files/offices/employee-benefits/docs/X095.pdf>, with addenda at <https://www.utsystem.edu/sites/default/files/offices/employee-benefits/docs/X095A1.pdf>.

Payroll Deducted and Other Group Premium Payment for Insurance Products Transaction Set (ASC X12N 820) can be found at:

<https://www.utsystem.edu/sites/default/files/offices/employee-benefits/docs/X061.pdf>, with addenda at <https://www.utsystem.edu/sites/default/files/offices/employee-benefits/docs/X061A1.pdf>.

OEB Premium Billing Dataset layout:

PREMIUM BILLING HEADER RECORD

FIELD	DESCRIPTION	SIG/REQ	TYPE & LENGTH	FORMAT	BEG	END	SUB/DEP
HR_RC_TYPE	RECORD TYPE	REQ	A0002	VALUE 'HR'	0001	0002	
HR_SAC	STATE AGENCY CODE	REQ	A0003		0003	0005	
HR_DS_TYPE	DATASET TYPE	REQ	A0004	BILL / RMTN	0006	0009	
HR_BIL_CYM	BILLING MONTH	REQ	A0006	YYYYMM	0010	0015	
HR_CYMD	RUN DATE	REQ	A0008	YYYYMMDD	0016	0023	
HR_HHII	RUN TIME	REQ	A0004	HHII	0024	0027	
HR_TO	SAC SENT TO	REQ	A0003		0028	0030	
HR_FROM	SAC SENT FROM	REQ	A0003		0031	0033	
HR_FILL	HR FILLER		A0126		0034	0159	
HR_LAS_BYT	HR LAST BYTE OF RECORD	SIG	A0001	VALUE 'Z'	0160	0160	SUB/DEP

PREMIUM BILLING TRAILER RECORD

FIELD	DESCRIPTION	SIG/REQ	TYPE & LENGTH	FORMAT	BEG	END	SUB/DEP
TR_RC_TYPE	RECORD TYPE	REQ	A0002	VALUE 'TR'	0001	0002	
TR_SAC	STATE AGENCY CODE	REQ	A0003		0003	0005	
TR_SUB_CTR	NUMBER OF SUBSCRIBER RECORDS	REQ	N0007		0006	0012	
TR_COV_CTR	NUMBER OF COVERAGE RECORDS	REQ	N0007		0013	0019	
TR_SIGN	SIGN OF AMOUNT	REQ	A0001	+ OR -	0020	0020	
TR_TOT_PRM	TOTAL PREMIUM AMOUNT	REQ	N0011	\$\$\$\$\$\$\$cc	0021	0031	
TR_FILL	TR FILLER		A0128		0032	0159	
TR_LAS_BYT	TR LAST BYTE OF RECORD	SIG	A0001	VALUE 'Z'	0160	0160	SUB/DEP

PREMIUM BILLING SUBSCRIBER RECORD

FIELD	DESCRIPTION	SIG/REQ	TYPE & LENGTH	FORMAT	BEG	END	SUB/DEP
SR_RC_TYPE	RECORD TYPE	REQ	A0002	VALUE 'SR'	0001	0002	SUB
SR_SAC	STATE AGENCY CODE	REQ	A0003		0003	0005	SUB
SR_SUB_FIL	SUBSCRIBER BID FILLER	REQ	A0001	BLANK	0006	0006	SUB
SR_SUB_BID	SUBSCRIBER BENEFITS ID	REQ	A0008	AAAAAAAA	0007	0014	SUB
SR_NAME_F	SUBSCRIBER FIRST NAME	REQ	A0020		0015	0034	SUB
SR_NAME_M	SUBSCRIBER MIDDLE NAME	REQ	A0015		0035	0049	SUB
SR_NAME_L	SUBSCRIBER LAST NAME	REQ	A0025		0050	0074	SUB
SR_NAME_S	SUBSCRIBER NAME SUFFIX	REQ	A0004		0075	0078	SUB
SR_STATE	STATE OF RESIDENCE	REQ	A0002		0079	0080	SUB
SR_ZIP	ZIP CODE OF RESIDENCE	REQ	A0005		0081	0085	SUB
SR_EM_CYMD	FIRST ELIGIBLE EMPLOYMENT DATE	REQ	A0008	YYYYMMDD	0086	0093	SUB
SR_EM_STAT	EMPLOYMENT STATUS	REQ	A0003		0094	0096	SUB
SR_ST_CYMD	STATUS DATE	REQ	A0008	YYYYMMDD	0097	0104	SUB
SR_SOURCE	CREATION SOURCE		A0008		0105	0112	SUB
SR_CR_CYMD	CREATION DATE		A0008	YYYYMMDD	0113	0120	SUB
SR_UP_CYMD	UPDATE DATE		A0008	YYYYMMDD	0121	0128	SUB
SR_FILL	SR FILLER		A0031		0129	0159	
SR_LAS_BYT	SR LAST BYTE OF RECORD	SIG	A0001	VALUE 'Z'	0160	0160	SUB/DEP

PREMIUM BILLING COVERAGE RECORD

FIELD	DESCRIPTION	SIG/REQ	TYPE & LENGTH	FORMAT	BEG	END	SUB/DEP
CR_RC_TYPE	RECORD TYPE	REQ	A0002	VALUE 'CR'	0001	0002	SUB/DEP
CR_SAC	STATE AGENCY CODE OF SUBSCRIBER	REQ	A0003		0003	0005	SUB/DEP
CR_SUB_FIL	SUB BID FILLER	REQ	A0001	BLANK	0006	0006	
CR_SUB_BID	SUBSCRIBER BENEFITS ID	REQ	A0008	AAAAAAAA	0007	0014	SUB/DEP
CR_RCOD	RELATIONSHIP CODE	REQ	A0002		0015	0016	SUB/DEP
CR_DEP_FIL	DEP BID FILLER	REQ	A0001	BLANK	0017	0017	DEP
CR_DEP_BID	DEPENDENT BENEFITS ID	REQ	A0008	AAAAAAAA	0018	0025	DEP
CR_DOB	DATE OF BIRTH	REQ	A0008	YYYYMMDD	0026	0033	SUB/DEP
CR_GENDER	GENDER	REQ	A0001	M OR F	0034	0034	SUB/DEP
CR_CV_TYPE	COVERAGE TYPE	REQ	A0002		0035	0036	SUB/DEP
CR_CV_CYM	COVERAGE MONTH	REQ	A0006	YYYYMM	0037	0042	SUB/DEP
CR_CV_EFF	COVERAGE EFFECTIVE DATE	REQ	A0008	YYYYMMDD	0043	0050	SUB/DEP
CR_SLCT	SELECTION TYPE	REQ	A0001		0051	0051	SUB/DEP
CR_SMOKE	SMOKER SWITCH	REQ	A0001		0052	0052	SUB/DEP
CR_PLAN	COVERAGE PLAN CODE	REQ	A0002		0053	0054	
CR_LEVL	LEVEL OF COVERAGE	REQ	A0003		0055	0057	SUB/DEP
CR_MAX_SW	MAXIMUM COVERAGE OR TIMES SALARY SWITCH	SIG	A0001		0058	0058	SUB
CR_AMT	COVERAGE AMOUNT	REQ	N0007	9999999	0059	0065	SUB/DEP
CR_ANL_PAY	ANNUAL RATE OR PAI DEP COVERAGE AMT	REQ	N0007		0066	0072	DEP
CR_SIGN	SIGN OF AMOUNT	REQ	A0001	+ OR -	0073	0073	SUB/DEP
CR_PRM_AMT	PREMIUM AMOUNT	REQ	N0006	\$\$\$\$cc	0074	0079	SUB/DEP
CR_FILL_2	CR FILLER 2		A0012		0080	0091	
CR_BL_CODE	BILLING/PAYMENT/SUSPENSE CODE	REQ	A0004		0092	0095	SUB/DEP
CR_SUS_JUS	SUSPENSE JUSTIFICATION	REQ	A0020		0096	0115	SUB
CR_ORIG_MM	ORIGINAL BILLING MONTH		A0006	YYYYMM	0116	0121	SUB/DEP
CR_O_DS_TY	ORIGINAL DATASET TYPE		A0004	BILL/RMTN	0122	0125	SUB/DEP
CR_C_DS_TY	CURRENT DATASET TYPE		A0004	BILL/RMTN	0126	0129	SUB/DEP
CR_FEE_TYP	FEE TYPE		A0003		0130	0132	
CR_FILL_3	CR FILLER 3		A0027		0133	0159	
CR_LAS_BYT	CR LAST BYTE OF RECORD	SIG	A0001	VALUE 'Z'	0160	0160	SUB/DEP

CLIENT: UT System Components
APPLICATION: PFD Network Layout
MEDIA: CD
FORMAT: ASCII
RECORD LENGTH: 194

DESCRIPTION	FIELD LENGTH	REQUIRED	TYPE	COMMENTS	START BYTE	END BYTE
DHMO Code	2	Y	A/N	Obtained from the System	1	2
Dentist's License Number	5	Y	A/N	Assigned by the Texas Board of Dental Examiners	3	7
Dentist's Last Name	30	Y	A/N		8	37
Dentist's First Name	25	Y	A/N		38	62
Dentist's Middle Initial	2	Y	A/N		63	64
Street Address of Dentist's Office	30	Y	A/N	(NO P.O. Boxes) Bldg Name, Suite #, or Floor	65	94
Complete second location address	30	Y	A/N	2nd location address, including City and ZIP	95	124
City of dentist's office	25	Y	A/N	City of Primary Address	125	149
Street address ZIP code	5	Y	A/N	ZIP of Primary Address	150	154
Specialty	4	Y	A/N	GD = General Dentistry E = Endodontics O = Orthodontics P = Periodontics Pe = Pedodontics Pr = Prosthodontics S = Oral Surgery L = Limited Care	155	158
Status	3	Y	A/N	O = Open Practice C = Closed Practice	159	161
Affiliated w/a Group	3	Y	A/N	Y = Yes N = No	162	164
Group Name	30	Y	A/N	Name of the Group Practice	165	194

CLIENT: UT System Components
APPLICATION: Specialty Network Layout
MEDIA: CD
FORMAT: ASCII
RECORD LENGTH: 192

DESCRIPTION	FIELD LENGTH	REQUIRED	TYPE	COMMENTS	START BYTE	END BYTE
DHMO Code	2	Y	A/N	Obtained from the System	1	2
Dentist's License Number	5	Y	A/N	Assigned by the Texas Board of Dental Examiners	3	7
Dentist's Last Name	30	Y	A/N		8	37
Dentist's First Name	25	Y	A/N		38	62
Dentist's Middle Initial	2	Y	A/N		63	64
Street Address of Dentist's Office	30	Y	A/N	(NO P.O. Boxes) Bldg Name, Suite #, or Floor	65	94
Complete second location address	30	Y	A/N	2nd location address, including City and ZIP	95	124
City of dentist's office	25	Y	A/N	City of Primary Address	125	149
Street address ZIP code	5	Y	A/N	ZIP of Primary Address	150	154
Specialty	4	Y	A/N	E = Endodontics O = Orthodontics P = Periodontics Pr = Prosthodontics S = Oral Surgery OTH = All Other Specialties	155	158
Affiliated w/a Group	3	Y	A/N	Y = Yes N = No	159	161
Group Name	30	Y	A/N	Name of the Group Practice	162	192

**University of Texas System
Uniform Group Insurance Program
Enrollment by Plan - September 2017**

	<u>UT SELECT Health Plan</u>	<u>UT SELECT Dental PPO Plan</u>	<u>UT SELECT Plus Plan</u>	<u>Dental HMO Plan</u>
<u>Active Employees</u>				
Subscriber Only	54,912	19,156	17,860	4,041
Subscriber & Spouse	9,509	4,960	5,259	758
Subscriber & Children	13,337	4,887	5,404	680
Subscriber & Family	15,333	7,011	7,863	1,055
Total	93,091	36,014	36,386	6,534
<u>COBRA</u>				
Subscriber Only	436	221	214	36
Subscriber & Spouse	61	34	35	1
Subscriber & Children	33	7	26	2
Subscriber & Family	72	29	41	3
Total	602	291	316	42
<u>Retirees</u>				
Subscriber Only	17,392	7,899	3,599	608
Subscriber & Spouse	6,816	4,711	2,476	276
Subscriber & Children	457	242	130	12
Subscriber & Family	574	322	232	26
Total	25,239	13,174	6,437	922
<u>Surviving Spouses</u>				
Spouse Only	763	698	168	21
Children Only	25	17	8	0
Spouse & Children	41	21	18	1
Total	829	736	194	22
<u>Benefits Eligible on Leave</u>				
Subscriber Only	293	107	122	30
Subscriber & Spouse	74	37	47	4
Subscriber & Children	74	22	30	2
Subscriber & Family	73	33	35	5
Total	514	199	234	41
<u>Other</u>				
Subscriber Only	46	20	19	6
Subscriber & Spouse	2	1	1	
Subscriber & Children	1			
Subscriber & Family	1			1
Children Only	0			
Total	50	21	20	7
<u>Total</u>				
Subscriber Only	73,079	27,403	21,814	4,721

Subscriber & Spouse	16,462	9,743	7,818	1,039
Subscriber & Children	13,902	5,158	5,590	696
Subscriber & Family	16,053	7,395	8,171	1,090
Spouse Only	763	698	168	21
Children Only	25	17	8	0
Spouse & Children	41	21	18	1
Total	120,325	50,435	43,587	7,568

Tab	Report Title
1	Historical Monthly Enrollment by Plan
2	Historical Yearly Enrollment by Plan
3	UT Medical and Dental Plan Enrollment by Plan, Status, and Level
4	UT Dental HMO Enrollment by Gender, Level and Status
5	Subscriber Enrollment by ZIP Code (with County)
6	5 Year Premium History
7	Dental HMO Top 10 Providers by Area
8	Dental HMO Specialty Utilization

**University of Texas System
Uniform Group Insurance Program
Historical Monthly Enrollment***

Month	UT SELECT DENTAL PPO	UT SELECT PLUS	DENTAL HMO
Sep-14	50,744	30,203	8,442
Oct-14	50,994	30,466	8,532
Nov-14	51,032	30,594	8,555
Dec-14	51,115	30,694	8,604
Jan-15	51,062	30,720	8,622
Feb-15	50,942	30,835	8,607
Mar-15	50,962	30,946	8,697
Apr-15	51,013	31,072	8,739
May-15	51,043	31,154	8,763
Jun-15	50,765	31,096	8,725
Jul-15	50,677	31,199	8,819
Aug-15	50,611	31,278	8,763
Sep-15	51,182	36,444	8,113
Oct-15	51,254	36,982	8,109
Nov-15	51,273	37,196	8,153
Dec-15	51,393	37,395	8,217
Jan-16	51,397	37,485	8,245
Feb-16	51,389	37,629	8,309
Mar-16	51,470	37,735	8,371
Apr-16	51,514	37,820	8,434
May-16	51,515	37,866	8,434
Jun-16	51,243	37,464	8,406
Jul-16	51,339	37,506	8,446
Aug-16	51,375	37,549	8,470
Sep-16	51,255	41,146	7,897
Oct-16	51,505	41,365	8,024
Nov-16	51,655	41,474	8,106
Dec-16	51,716	41,493	8,175
Jan-17	51,671	41,431	8,222
Feb-17	51,584	41,345	8,201
Mar-17	51,566	41,305	8,214
Apr-17	51,361	41,052	8,161
May-17	51,218	40,905	8,144
Jun-17	50,796	40,176	8,014
Jul-17	50,794	40,125	8,014
Aug-17	50,687	40,032	7,018

* Number of members. Does not include dependents.

UT SELECT MED

110,242
110,697
111,036
111,436
111,410
111,404
111,769
112,155
112,371
111,821
112,181
112,848
113,867
115,063
115,541
115,915
116,318
116,490
116,884
117,290
117,503
117,154
117,819
118,228
119,319
120,015
120,375
120,645
120,725
120,513
120,459
120,071
119,710
119,078
119,165
118,984

**University of Texas System
Uniform Group Insurance Program
Dental Enrollment History**

	UT SELECT Dental PPO Plan			UT SEL Plus			Der
	Subscribers	Dependents	Total	Subscribers	Dependents	Total	Subscribers I
FY2015	50,611	40,187	90,798	31,278	32,458	63,736	8,763
FY2016	51,375	40,373	91,748	37,549	37,812	75,361	8,470
FY2017	50,687	40,005	90,692	40,032	40,233	80,265	7,018

Note: As of August in each plan year.

<u>ntal HMO Plan</u>		<u>UT SELECT</u>
<u>Dependents</u>	<u>Total</u>	<u>Medical Plan</u>
		<u>Subscribers</u>
6,524	15,287	112,848
6,349	14,819	118,228
5,933	12,951	118,984

**University of Texas
Uniform Group Insurance
Dental HMO Plan Enrollment by S**

Age	SUB	SSP	SCH	Males SFM	OTH	TOT	
							Active Em
15-19		1				1	
20-24	94		3	1	1	99	
25-29	372		34	7	12	425	
30-34	311		93	17	80	501	
35-39	233		55	31	160	479	
40-44	156		36	45	120	357	
45-49	136		25	39	107	307	
50-54	115		37	40	64	256	
55-59	98		33	13	47	191	
60-64	78		47	4	7	136	
65-69	20		16	3	3	42	
70+	8		6	1	1	16	
Total	1622		385	201	602	0	2810
							COBRA S
15-19						0	
20-24						0	
25-29		9				9	
30-34						0	
35-39				1		1	
40-44						0	
45-49		1	1			2	
50-54		1				1	
55-59						0	
60-64		2				2	
65-69						0	
70+						0	
Total		13	1	1	0	0	15
							Retired En
15-19						0	
20-24						0	
25-29						0	
30-34						0	
35-39						0	
40-44						0	

45-49	1					1
50-54	6	1				7
55-59	17	4	1	5		27
60-64	33	25		4	1	63
65-69	56	49		4		109
70+	75	66		2	4	147
Total	188	145	1	15	5	354

Other Sub

15-19						0
20-24	1					1
25-29	6	1				7
30-34	3					3
35-39	1			1		2
40-44	2					2
45-49						0
50-54						0
55-59	4					4
60-64						0
65-69						0
70+						0
Total	17	1	0	1	0	19

Total Subs

15-19	1	0	0	0	0	1
20-24	95	3	1	1	0	100
25-29	387	35	7	12	0	441
30-34	314	93	17	80	0	504
35-39	234	55	32	161	0	482
40-44	158	36	45	120	0	359
45-49	138	26	39	107	0	310
50-54	122	38	40	64	0	264
55-59	119	37	14	52	0	222
60-64	113	72	4	11	1	201
65-69	76	65	3	7	0	151
70+	83	72	1	3	4	163
Total	1840	532	203	618	5	3198

System
 nce Program
 itatus- September, 2017

SUB	SSP	SCH	Females		TOT	SUB	SSP
			SFM	OTH			
mployees							
					0	1	0
185	3	4			192	279	6
599	45	28	18		690	971	79
499	62	71	49		681	810	155
269	39	104	121		533	502	94
220	28	90	106		444	376	64
175	32	79	73		359	311	57
180	47	74	54		355	295	84
148	63	24	24		259	246	96
105	41	5	7		158	183	88
34	11				45	54	27
5	2		1		8	13	8
2419	373	479	453	0	3724	4041	758

ubscribers							
					0	0	0
					0	0	0
9					9	18	0
2			1		3	2	0
5					5	5	0
			1		1	0	0
4		1			5	5	1
3			1		4	4	0
					0	0	0
					0	2	0
					0	0	0
					0	0	0
23	0	1	3	0	27	36	1

mployees							
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
1	1				2	1	1

3					3	4	0
5	1	2	3		11	11	2
23	6	3	1	1	34	40	10
99	32	6	6	3	146	132	57
101	48		1	2	152	157	97
188	43			11	242	263	109
420	131	11	11	17	590	608	276

scribers

					0	0	0
1					1	2	0
3					3	9	1
4	3	1	1		9	7	3
3			2		5	4	0
			1		1	2	0
3			1		4	3	0
1					1	1	0
2		1			3	6	0
2					2	2	0
					0	0	0
					0	0	0
19	3	2	5	0	29	36	4

scribers

0	0	0	0	0	0	1	0
186	3	4	0	0	193	281	6
611	45	28	18	0	702	998	80
505	65	72	51	0	693	819	158
277	39	104	123	0	543	511	94
221	29	90	108	0	448	379	65
185	32	80	74	0	371	323	58
189	48	76	58	0	371	311	86
173	69	28	25	1	296	292	106
206	73	11	13	3	306	319	145
135	59	0	1	2	197	211	124
193	45	0	1	11	250	276	117
2881	507	493	472	17	4370	4721	1039

SCH	Total SFM	OTH	TOT
0	0	0	1
5	1	0	291
35	30	0	1115
88	129	0	1182
135	281	0	1012
135	226	0	801
118	180	0	666
114	118	0	611
37	71	0	450
9	14	0	294
3	3	0	87
1	2	0	24
680	1055	0	6534

0	0	0	0
0	0	0	0
0	0	0	18
0	1	0	3
1	0	0	6
0	1	0	1
1	0	0	7
0	1	0	5
0	0	0	0
0	0	0	2
0	0	0	0
0	0	0	0
2	3	0	42

0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	2

0	0	0	4
2	3	0	18
4	6	1	61
6	10	4	209
0	5	2	261
0	2	15	389
12	26	22	944



0	0	0	0
0	0	0	2
0	0	0	10
1	1	0	12
0	3	0	7
0	1	0	3
0	1	0	4
0	0	0	1
1	0	0	7
0	0	0	2
0	0	0	0
0	0	0	0
2	6	0	48



0	0	0	1
5	1	0	293
35	30	0	1143
89	131	0	1197
136	284	0	1025
135	228	0	807
119	181	0	681
116	122	0	635
42	77	1	518
15	24	4	507
3	8	2	348
1	4	15	413
696	1090	22	7568

**University of Texas System
Uniform Group Insurance Program
Subscriber Enrollment by ZIP Code (with County) - Septemb**

ZIP Code	County	UT SELECT Dental PPO	UT SELECT Dental Plus	Dental HMO
75001	DALLAS	30	39	8
75002	COLLIN	89	95	9
75006	DALLAS	68	74	7
75007	DENTON	115	84	25
75009	COLLIN	7	6	2
75010	DENTON	66	74	13
75011	DALLAS	3		
75013	COLLIN	72	89	10
75016	DALLAS	2		
75019	DALLAS	154	149	26
75020	GRAYSON	6	3	
75021	GRAYSON	2		
75022	DENTON	28	21	5
75023	COLLIN	94	87	20
75024	COLLIN	92	96	7
75025	COLLIN	154	134	22
75026	COLLIN		1	
75027	DENTON	1		
75028	DENTON	59	48	7
75029	DENTON	1		
75030	DALLAS	2		
75032	ROCKWALL	49	31	3
75033	DENTON	24	25	1
75034	COLLIN	81	74	10
75035	COLLIN	57	81	10
75038	DALLAS	35	53	15
75039	DALLAS	67	64	15
75040	DALLAS	42	72	15
75041	DALLAS	17	15	5
75042	DALLAS	31	17	2
75043	DALLAS	83	92	24
75044	DALLAS	71	69	7
75045	DALLAS		1	
75046	DALLAS	1	1	
75047	DALLAS			1
75048	DALLAS	29	32	7
75050	DALLAS	48	56	15
75051	DALLAS	24	28	7
75052	DALLAS	135	141	22
75054	DALLAS	31	29	7
75056	DENTON	85	68	9
75057	DENTON	6	14	1
75058	GRAYSON	2	1	
75060	DALLAS	74	61	21
75061	DALLAS	58	50	16
75062	DALLAS	63	62	12
75063	DALLAS	125	103	31
75065	DENTON	11	9	1

75067	DENTON	58	42	19
75068	DENTON	34	36	3
75069	COLLIN	24	19	3
75070	COLLIN	98	91	12
75071	COLLIN	31	35	7
75074	COLLIN	64	78	11
75075	COLLIN	111	118	16
75076	GRAYSON	3	3	
75077	DENTON	42	27	5
75078	COLLIN	9	7	1
75080	DALLAS	214	386	33
75081	DALLAS	86	98	17
75082	DALLAS	73	58	13
75083	DALLAS	5	4	1
75085	DALLAS	1	1	
75086	COLLIN	4	3	
75087	ROCKWALL	42	50	5
75088	DALLAS	30	35	8
75089	ROCKWALL	43	59	7
75090	GRAYSON	5		
75091	GRAYSON	1	1	
75092	GRAYSON	1	7	
75093	COLLIN	130	138	10
75094	COLLIN	38	32	8
75098	DALLAS	50	80	10
75102	NAVARRO	2		
75103	VAN ZANDT	10	7	2
75104	DALLAS	103	131	14
75105	NAVARRO	1		
75106	DALLAS	3	1	1
75109	NAVARRO	4	2	
75110	NAVARRO	16	5	
75114	KAUFMAN	4	7	
75115	DALLAS	116	153	19
75116	DALLAS	32	38	7
75117	VAN ZANDT	4	1	
75119	ELLIS	16	15	3
75120	ELLIS		1	
75121	COLLIN		1	
75123	DALLAS	2	3	
75124	HENDERSON	7	1	
75125	ELLIS	2	5	1
75126	KAUFMAN	68	73	12
75132	ROCKWALL	1	1	
75134	DALLAS	29	59	6
75135	HUNT	3	3	2
75137	DALLAS	39	48	4
75138	DALLAS	1		
75140	VAN ZANDT	4	2	
75141	DALLAS	1	6	1
75142	KAUFMAN	13	18	
75143	HENDERSON	11	4	2
75144	NAVARRO	2	4	
75146	DALLAS	39	52	4
75147	KAUFMAN	4	1	

75148	HENDERSON	2	2	1
75149	DALLAS	41	62	8
75150	DALLAS	58	86	15
75152	ELLIS	1	6	
75153	NAVARRO		1	
75154	ELLIS	71	80	10
75156	KAUFMAN	18	4	3
75157	KAUFMAN		1	
75158	KAUFMAN	2	4	2
75159	DALLAS	22	19	2
75160	KAUFMAN	14	9	1
75161	KAUFMAN	4	6	1
75163	HENDERSON	3	2	
75165	ELLIS	37	39	2
75166	COLLIN	1	1	
75167	ELLIS	6	9	1
75168	ELLIS	1		
75169	VAN ZANDT	2	8	
75172	DALLAS	1	3	1
75173	COLLIN	2	3	1
75180	DALLAS	16	30	4
75181	DALLAS	46	51	15
75182	DALLAS	27	19	9
75185	DALLAS	1	3	
75189	ROCKWALL	23	24	4
75201	DALLAS	72	77	12
75202	DALLAS	12	11	1
75203	DALLAS	24	19	5
75204	DALLAS	128	117	32
75205	DALLAS	83	93	7
75206	DALLAS	173	104	40
75207	DALLAS	20	16	6
75208	DALLAS	97	73	11
75209	DALLAS	94	79	11
75210	DALLAS	3	1	1
75211	DALLAS	69	79	14
75212	DALLAS	37	32	2
75214	DALLAS	143	118	12
75215	DALLAS	12	25	2
75216	DALLAS	57	51	14
75217	DALLAS	45	75	4
75218	DALLAS	78	55	11
75219	DALLAS	169	176	36
75220	DALLAS	69	58	11
75222	DALLAS	2	2	
75223	DALLAS	23	16	2
75224	DALLAS	51	38	9
75225	DALLAS	59	102	5
75226	DALLAS	12	5	6
75227	DALLAS	51	68	15
75228	DALLAS	80	80	11
75229	DALLAS	114	121	7
75230	DALLAS	103	115	7
75231	DALLAS	61	42	8
75232	DALLAS	50	60	8

75233	DALLAS	14	25	2
75234	DALLAS	32	35	6
75235	DALLAS	265	202	60
75236	DALLAS	20	29	3
75237	DALLAS	31	53	6
75238	DALLAS	64	50	3
75240	DALLAS	31	30	2
75241	DALLAS	40	60	12
75242	DALLAS	1		
75243	DALLAS	80	90	19
75244	DALLAS	56	38	4
75246	DALLAS	3	3	2
75247	DALLAS	2	3	1
75248	DALLAS	119	129	14
75249	DALLAS	22	33	5
75251	DALLAS	6	11	
75252	DALLAS	85	258	15
75253	DALLAS	3	16	5
75254	DALLAS	31	47	6
75286	DALLAS		1	
75287	DALLAS	102	122	24
75354	DALLAS		1	
75357	DALLAS	2		
75360	DALLAS	1		
75374	DALLAS		1	
75376	DALLAS	1		
75379	DALLAS	2	2	
75380	DALLAS	1	1	
75381	DALLAS		2	
75382	DALLAS		1	
75390	DALLAS	4	9	2
75401	HUNT	3	1	
75402	HUNT	1	5	
75407	COLLIN	6	7	1
75409	COLLIN	9	7	
75410	RAINS	1	2	
75414	GRAYSON	1		
75418	FANNIN	8	4	2
75422	HUNT		1	
75424	COLLIN		2	1
75426	RED RIVER	2	2	
75428	HUNT		1	
75433	HOPKINS	2	2	
75435	LAMAR	2	1	
75438	FANNIN		1	
75440	RAINS	2	1	
75442	COLLIN		2	
75446	FANNIN	1	1	2
75447	FANNIN	1		
75451	CAMP		2	
75452	FANNIN	1		
75453	HUNT	1	2	
75454	COLLIN	6	8	
75455	TITUS	4		
75456	TITUS	2		

75457	FRANKLIN	2	1	
75459	GRAYSON	1		
75460	LAMAR	2	1	
75462	LAMAR	3		
75470	LAMAR		1	
75471	HOPKINS	1		
75472	RAINS	1	2	
75473	LAMAR	1		
75474	HUNT	3	1	
75476	FANNIN	3		
75478	HOPKINS	1		
75480	FRANKLIN	1		
75482	HOPKINS	4	5	
75490	FANNIN	2		
75491	GRAYSON	1	2	
75492	FANNIN		1	
75494	WOOD	7	7	
75495	GRAYSON	3	2	1
75496	HUNT	2	2	
75497	WOOD	3	1	
75501	BOWIE	8	4	
75503	BOWIE	5	3	
75505	BOWIE		1	
75550	RED RIVER	1	1	
75551	CASS	2	4	
75554	RED RIVER	1	1	
75555	CASS	1		
75559	BOWIE	3	2	
75560	CASS	1		
75561	BOWIE		1	
75562	CASS		1	
75563	CASS	3		
75565	CASS		1	
75567	BOWIE	2		
75568	MORRIS	1		
75569	BOWIE	2	1	
75570	BOWIE	4	8	
75571	MORRIS		3	
75572	CASS		1	
75574	BOWIE	2		
75601	GREGG	9	6	1
75602	GREGG	5	3	1
75603	GREGG	6		1
75604	GREGG	17	14	1
75605	GREGG	33	20	1
75606	GREGG	1		
75630	CASS	1	2	
75631	PANOLA		1	
75633	PANOLA		6	1
75638	MORRIS	1		
75639	PANOLA		1	
75640	UPSHUR	6		
75643	PANOLA		1	
75644	UPSHUR	10	10	
75645	UPSHUR	8	8	

75647	GREGG	28	14	4
75650	HARRISON	4	9	1
75652	RUSK	11	14	1
75653	RUSK	1	1	
75654	RUSK	9	6	
75656	CASS		1	
75657	MARION	2		
75661	HARRISON	2		
75662	GREGG	24	19	1
75663	GREGG	1		
75667	RUSK	3		
75668	MORRIS	2		
75669	PANOLA	1		
75670	HARRISON	4	1	
75671	HARRISON		1	
75672	HARRISON	3	2	
75681	RUSK	3	2	
75683	UPSHUR		1	
75684	RUSK	6	6	
75686	CAMP	2	3	
75691	RUSK	1	1	
75692	HARRISON		1	
75693	GREGG	5	5	1
75701	SMITH	190	118	12
75702	SMITH	51	44	3
75703	SMITH	244	191	18
75704	SMITH	21	17	
75705	SMITH	11	7	1
75706	SMITH	24	29	2
75707	SMITH	148	90	12
75708	SMITH	32	29	1
75709	SMITH	20	22	2
75710	SMITH	1		
75711	SMITH	10	6	
75712	SMITH	7	2	
75713	SMITH	8	4	
75750	SMITH	12	18	1
75751	HENDERSON	14	12	
75752	HENDERSON	5	5	
75754	VAN ZANDT	15	7	
75755	UPSHUR	20	11	2
75756	HENDERSON	7	8	1
75757	SMITH	31	19	1
75758	HENDERSON	15	18	
75760	NACOGDOCHES	2	1	
75762	SMITH	45	44	6
75763	ANDERSON	12	7	
75764	CHEROKEE	1		
75765	WOOD	20	15	2
75766	CHEROKEE	30	27	3
75770	HENDERSON	4	1	
75771	SMITH	74	66	6
75773	WOOD	11	13	1
75778	HENDERSON	4	3	1
75780	CHEROKEE		1	

75783	WOOD	4	4	
75784	CHEROKEE		1	
75785	CHEROKEE	24	16	1
75788	NACOGDOCHES	1	1	
75789	SMITH	15	9	1
75790	VAN ZANDT	6	8	
75791	SMITH	75	38	5
75792	SMITH	43	15	
75799	SMITH	1		1
75801	ANDERSON	34	44	1
75802	ANDERSON	2		
75803	ANDERSON	26	39	
75831	LEON	3	2	
75833	LEON	6	1	
75835	HOUSTON	14	16	2
75839	ANDERSON	5	7	2
75840	FREESTONE	5	3	
75844	HOUSTON	8	11	
75845	TRINITY	4	1	
75846	LEON		1	
75847	HOUSTON	2		
75850	LEON	1	4	
75851	HOUSTON	8	9	1
75852	MADISON	1	2	1
75853	ANDERSON	3	2	
75855	LEON	3	4	
75856	TRINITY	1	3	
75859	FREESTONE	1		
75860	FREESTONE	5	4	
75861	ANDERSON	8	15	1
75862	TRINITY	31	25	
75901	ANGELINA	10	5	1
75903	ANGELINA	1		
75904	ANGELINA	3	8	
75915	ANGELINA	1	1	
75925	CHEROKEE	4	3	1
75926	TRINITY		1	
75928	NEWTON	1		
75929	SAN AUGUSTINE	2		
75930	SABINE	1		
75931	SABINE	1	1	
75933	NEWTON	2	1	
75934	POLK		1	
75935	SHELBY	1		
75936	TYLER	1	1	
75938	TYLER	2	3	
75939	POLK	2	6	
75941	ANGELINA		2	
75942	TYLER		1	
75943	NACOGDOCHES	3		
75944	NACOGDOCHES		1	
75948	SABINE	5		
75949	ANGELINA	1		
75951	JASPER	6	8	1
75954	SHELBY	1	1	

75956	JASPER	2	3	1
75959	SABINE		1	
75960	POLK	1	1	
75961	NACOGDOCHES	7	3	1
75963	NACOGDOCHES		1	
75964	NACOGDOCHES	6	4	1
75965	NACOGDOCHES	7	4	
75966	NEWTON	1	2	
75974	SHELBY	3		
75977	NEWTON	1		
75979	TYLER	12	5	1
75980	ANGELINA	1		1
76001	TARRANT	69	55	12
76002	TARRANT	32	53	10
76003	TARRANT	5	2	1
76004	TARRANT	6	3	2
76005	TARRANT	10	11	4
76006	TARRANT	83	82	19
76007	TARRANT	1		
76008	PARKER	7	2	
76009	JOHNSON	2	5	3
76010	TARRANT	74	127	20
76011	TARRANT	43	49	11
76012	TARRANT	139	86	15
76013	TARRANT	238	261	43
76014	TARRANT	51	41	12
76015	TARRANT	59	58	8
76016	TARRANT	114	91	22
76017	TARRANT	112	73	22
76018	TARRANT	36	34	11
76019	TARRANT	12	25	
76020	TARRANT	9	1	3
76021	TARRANT	60	47	15
76022	TARRANT	18	13	7
76023	WISE	2	1	
76028	JOHNSON	30	30	7
76031	JOHNSON	1	6	1
76033	JOHNSON	8	3	
76034	TARRANT	50	29	8
76035	HOOD	1	1	
76036	TARRANT	11	9	2
76039	TARRANT	62	56	22
76040	TARRANT	31	30	11
76043	SOMERVELL	2	1	
76044	JOHNSON	4		
76048	HOOD	4	3	2
76049	HOOD	8	14	5
76050	JOHNSON	6	2	
76051	TARRANT	81	68	6
76052	TARRANT	2	2	
76053	TARRANT	19	26	5
76054	TARRANT	21	13	4
76055	HILL	2		
76058	JOHNSON	2	3	2
76059	JOHNSON		1	

76060	TARRANT	15	7	2
76061	JOHNSON	1	1	
76063	TARRANT	94	99	27
76064	ELLIS	3		
76065	ELLIS	57	38	4
76066	PARKER	2		
76067	PALO PINTO	2	1	2
76070	SOMERVELL	1		
76071	WISE	1	1	
76073	WISE	1	3	
76078	WISE	1		
76082	PARKER	5	2	1
76084	JOHNSON	5	8	
76085	PARKER	1	1	
76086	PARKER	6	2	
76087	PARKER	12	10	1
76088	PARKER	2		
76092	TARRANT	51	63	13
76093	JOHNSON		1	
76094	TARRANT	2	2	1
76096	TARRANT	1	1	
76097	JOHNSON		1	
76099	TARRANT	1	1	
76101	TARRANT		2	
76102	TARRANT	8	10	2
76103	TARRANT	11	5	2
76104	TARRANT	6	4	3
76105	TARRANT	4	1	4
76106	TARRANT	3		
76107	TARRANT	20	13	5
76108	TARRANT	10	19	5
76109	TARRANT	19	15	1
76110	TARRANT	12	9	4
76111	TARRANT	6	8	
76112	TARRANT	34	35	9
76114	TARRANT	3	5	
76115	TARRANT	2	2	1
76116	TARRANT	12	13	
76117	TARRANT	10	13	1
76118	TARRANT	18	14	1
76119	TARRANT	9	12	1
76120	TARRANT	28	20	4
76123	TARRANT	14	23	1
76124	TARRANT	1		
76126	TARRANT	15	13	
76131	TARRANT	17	13	1
76132	TARRANT	13	16	4
76133	TARRANT	21	25	5
76134	TARRANT	9	12	1
76135	TARRANT	4	4	
76137	TARRANT	24	20	8
76140	TARRANT	15	11	5
76148	TARRANT	10	10	5
76155	TARRANT	9	11	2
76161	TARRANT		1	

76162	TARRANT		1	
76164	TARRANT	2	1	
76177	TARRANT	8	5	
76179	TARRANT	22	13	2
76180	TARRANT	30	20	5
76182	TARRANT	19	23	3
76201	DENTON	7	6	2
76205	DENTON	11	6	1
76207	DENTON	9	8	1
76208	DENTON	19	11	1
76209	DENTON	11	8	
76210	DENTON	30	27	4
76226	DENTON	13	12	3
76227	DENTON	13	14	5
76230	MONTAGUE	1	1	
76233	GRAYSON	1		
76234	WISE	6	1	
76238	COOKE		1	
76240	COOKE	12	4	
76241	COOKE	1		
76244	TARRANT	37	33	
76245	GRAYSON	1	1	
76247	DENTON	3	4	1
76248	TARRANT	24	33	11
76249	DENTON	2		2
76252	COOKE		1	
76255	MONTAGUE	3		
76258	DENTON	2	2	
76259	DENTON		2	
76262	DENTON	23	20	2
76265	MONTAGUE		1	
76266	DENTON	4	9	
76271	GRAYSON		1	
76272	COOKE	1	2	
76273	GRAYSON	2		1
76301	WICHITA	1	1	
76308	WICHITA	1	1	
76309	WICHITA	2	1	
76310	WICHITA		2	
76367	WICHITA		1	
76370	ARCHER		1	
76401	ERATH	3	2	
76426	WISE	3	1	
76427	JACK		2	
76430	SHACKELFORD	3		
76431	WISE	1		
76433	ERATH	1	1	
76436	HAMILTON		1	
76442	COMANCHE	2	2	
76446	ERATH	1		
76448	EASTLAND		1	
76453	PALO PINTO	1	1	
76457	HAMILTON	1	1	
76458	JACK	5	3	
76462	HOOD	1		

76474	COMANCHE		2	
76476	HOOD	1		
76486	JACK	2		
76487	PARKER	1		
76501	BELL	5	2	1
76502	BELL	16	7	2
76503	BELL	1		
76504	BELL	6	3	1
76511	BELL	2	2	
76513	BELL	10	5	
76520	MILAM		2	
76522	CORYELL	15	21	3
76524	MCLENNAN		3	1
76525	CORYELL	1	4	
76527	WILLIAMSON	4	3	1
76528	CORYELL	34	34	3
76530	WILLIAMSON	6	2	
76531	HAMILTON	5	2	
76534	BELL		1	
76537	WILLIAMSON	4	5	
76538	CORYELL	2	2	
76539	LAMPASAS	1	2	
76541	BELL	2	3	
76542	BELL	5	6	1
76543	BELL	4	3	
76548	BELL	4	4	
76549	BELL	8	5	1
76550	LAMPASAS	7	6	
76556	MILAM	2		
76557	MCLENNAN	4		
76559	BELL	1	1	
76561	CORYELL	2	1	
76567	MILAM	6	2	1
76570	FALLS		3	
76571	BELL	7	4	
76574	WILLIAMSON	42	37	11
76576	CORYELL	1		
76577	MILAM	3	2	
76578	WILLIAMSON	3	1	1
76579	BELL	1		
76622	HILL		1	
76624	MCLENNAN		1	
76626	NAVARRO		1	
76629	ROBERTSON	3		
76633	MCLENNAN	1		
76634	BOSQUE	3	1	
76638	MCLENNAN	1	1	
76639	NAVARRO	1		
76641	NAVARRO	2		
76642	LIMESTONE		1	
76643	MCLENNAN	6	1	
76645	HILL	3		
76651	ELLIS	1	1	
76653	LIMESTONE	1	2	
76655	MCLENNAN	2	2	

76656	FALLS	2		
76657	MCLENNAN	6	3	1
76661	FALLS	3	5	
76664	MCLENNAN	3		
76667	LIMESTONE	4	7	1
76670	ELLIS		1	1
76671	BOSQUE	2	3	
76682	MCLENNAN	3	2	
76689	BOSQUE	5	1	
76690	BOSQUE		1	
76691	MCLENNAN	1		
76692	HILL	4	2	1
76693	FREESTONE	2		
76705	MCLENNAN	2	1	2
76706	MCLENNAN	2	2	1
76708	MCLENNAN	5	4	
76710	MCLENNAN	3	8	1
76711	MCLENNAN	2	1	
76712	MCLENNAN	12	1	
76801	BROWN	7	6	
76802	BROWN		1	
76804	BROWN	1		
76823	BROWN	1	2	
76825	MCCULLOCH	2	1	
76832	SAN SABA		1	
76834	COLEMAN	2	1	
76844	MILLS	1	1	
76848	MENARD	1		
76849	KIMBLE	1		
76853	LAMPASAS	2		
76856	MASON	3	1	
76861	RUNNELS	1		
76862	CONCHO	1		
76872	MCCULLOCH		1	
76874	KIMBLE	1		
76877	SAN SABA	7	6	
76878	COLEMAN	2	1	
76901	TOM GREEN	5	1	
76903	TOM GREEN	3		
76904	TOM GREEN	1	2	
76905	TOM GREEN	1		
76943	CROCKETT	1		
76950	SUTTON		1	
76951	STERLING	1		
77002	HARRIS	21	25	10
77003	HARRIS	36	27	4
77004	HARRIS	176	200	23
77005	HARRIS	227	390	12
77006	HARRIS	170	168	37
77007	HARRIS	155	136	24
77008	HARRIS	118	96	21
77009	HARRIS	88	82	21
77010	HARRIS	2	3	
77011	HARRIS	19	27	4
77012	HARRIS	9	17	5

77013	HARRIS	11	11	2
77014	HARRIS	30	39	10
77015	HARRIS	46	74	12
77016	HARRIS	35	55	18
77017	HARRIS	37	43	5
77018	HARRIS	64	59	7
77019	HARRIS	98	114	18
77020	HARRIS	24	25	7
77021	HARRIS	113	125	23
77022	HARRIS	28	21	8
77023	HARRIS	56	55	14
77024	HARRIS	75	88	8
77025	HARRIS	443	517	72
77026	HARRIS	15	37	14
77027	HARRIS	80	89	9
77028	HARRIS	27	29	3
77029	HARRIS	14	16	5
77030	HARRIS	321	321	61
77031	HARRIS	50	26	9
77032	HARRIS	6	8	
77033	HARRIS	65	88	18
77034	HARRIS	46	41	9
77035	HARRIS	168	146	21
77036	HARRIS	64	62	14
77037	HARRIS	10	5	2
77038	HARRIS	23	16	4
77039	HARRIS	11	12	1
77040	HARRIS	49	42	11
77041	HARRIS	42	41	2
77042	HARRIS	50	56	7
77043	HARRIS	33	30	7
77044	HARRIS	51	84	15
77045	HARRIS	125	165	23
77046	HARRIS	13	14	1
77047	HARRIS	160	190	33
77048	HARRIS	56	65	18
77049	HARRIS	53	63	7
77050	HARRIS	5	6	1
77051	HARRIS	60	68	18
77052	HARRIS	1		
77053	HARRIS	101	107	23
77054	HARRIS	472	372	158
77055	HARRIS	54	37	10
77056	HARRIS	53	65	8
77057	HARRIS	67	70	8
77058	HARRIS	63	69	14
77059	HARRIS	84	84	8
77060	HARRIS	11	12	3
77061	HARRIS	24	36	4
77062	HARRIS	131	116	11
77063	HARRIS	53	57	16
77064	HARRIS	49	64	14
77065	HARRIS	33	46	6
77066	HARRIS	41	40	7
77067	HARRIS	8	28	3

77068	HARRIS	10	14	3
77069	HARRIS	13	17	4
77070	HARRIS	36	38	6
77071	HARRIS	99	121	17
77072	HARRIS	42	65	14
77073	HARRIS	22	51	4
77074	HARRIS	76	60	20
77075	HARRIS	60	89	10
77076	HARRIS	13	33	4
77077	HARRIS	79	97	22
77078	HARRIS	13	27	4
77079	HARRIS	49	44	5
77080	HARRIS	35	36	2
77081	HARRIS	81	72	19
77082	HARRIS	77	105	24
77083	HARRIS	173	154	24
77084	HARRIS	92	107	15
77085	HARRIS	65	62	12
77086	HARRIS	10	15	5
77087	HARRIS	54	76	8
77088	HARRIS	48	73	12
77089	HARRIS	160	188	38
77090	HARRIS	22	46	9
77091	HARRIS	27	34	3
77092	HARRIS	27	38	13
77093	HARRIS	19	24	1
77094	HARRIS	12	7	4
77095	HARRIS	87	100	11
77096	HARRIS	277	280	31
77098	HARRIS	124	119	24
77099	HARRIS	57	70	9
77205	HARRIS	1	2	
77206	HARRIS	2		
77207	HARRIS	3	2	
77210	HARRIS		1	
77213	HARRIS	2	1	
77217	HARRIS	1	1	
77218	HARRIS		1	
77219	HARRIS		2	
77220	HARRIS	2		
77221	HARRIS	2	1	
77222	HARRIS	1		
77223	HARRIS		2	
77224	HARRIS		2	
77225	HARRIS	4	7	
77226	HARRIS			1
77227	HARRIS	2	4	
77228	HARRIS	2		
77229	HARRIS	1	1	1
77230	HARRIS	8	15	2
77231	HARRIS	1	2	
77233	HARRIS	1	2	
77234	HARRIS	1	1	
77235	HARRIS	2	4	
77240	HARRIS		2	

77241	HARRIS		1	
77242	HARRIS	2	3	2
77245	HARRIS	1	3	
77248	HARRIS		1	
77249	HARRIS	2	1	
77251	HARRIS	1		
77252	HARRIS		1	1
77254	HARRIS	3	4	1
77258	HARRIS		3	
77261	HARRIS	1		
77263	HARRIS	1		
77266	HARRIS	4	5	
77267	HARRIS	2	1	
77268	HARRIS	1		1
77270	HARRIS		1	
77271	HARRIS	2		3
77272	HARRIS	3	2	
77274	HARRIS	2		
77275	HARRIS		1	
77277	HARRIS	3	4	
77279	HARRIS	1		
77284	HARRIS	1	2	
77287	HARRIS	1	1	
77288	HARRIS	1	1	1
77289	HARRIS	2	1	
77290	HARRIS	1	2	
77292	HARRIS		1	
77293	HARRIS			1
77301	MONTGOMERY	16	13	
77302	MONTGOMERY	9	9	1
77303	MONTGOMERY	8	10	1
77304	MONTGOMERY	28	29	5
77306	MONTGOMERY	6	1	2
77316	MONTGOMERY	12	13	1
77318	MONTGOMERY	9	14	
77320	WALKER	70	50	
77325	HARRIS	1	1	
77327	LIBERTY	11	15	1
77328	LIBERTY	1	6	2
77331	SAN JACINTO	9	2	1
77334	WALKER	2		
77335	POLK	1	1	1
77336	HARRIS	8	6	2
77338	HARRIS	31	62	13
77339	HARRIS	50	54	8
77340	WALKER	64	52	14
77342	WALKER	4	5	
77345	HARRIS	41	32	4
77346	HARRIS	91	103	16
77347	HARRIS	2	3	
77348	WALKER	1		
77351	POLK	27	30	1
77354	MONTGOMERY	17	21	1
77355	MONTGOMERY	4	20	1
77356	MONTGOMERY	28	26	3

77357	MONTGOMERY	10	8	3
77358	WALKER	3	7	1
77359	SAN JACINTO	1	2	
77360	POLK	9	5	2
77362	MONTGOMERY	3	4	
77363	GRIMES	5	2	
77364	SAN JACINTO	13	4	1
77365	MONTGOMERY	25	24	3
77367	WALKER	4	2	
77369	LIBERTY	2	1	
77371	SAN JACINTO	1	1	1
77372	MONTGOMERY	8	10	
77373	HARRIS	45	85	8
77375	HARRIS	24	30	1
77376	HARDIN		1	
77377	HARRIS	31	29	2
77378	MONTGOMERY	8	14	4
77379	HARRIS	70	83	12
77380	MONTGOMERY	17	24	4
77381	MONTGOMERY	29	46	1
77382	HARRIS	25	26	2
77383	HARRIS	1	1	
77384	MONTGOMERY	10	17	4
77385	MONTGOMERY	17	19	3
77386	MONTGOMERY	43	50	12
77387	MONTGOMERY	1	1	
77388	HARRIS	57	67	13
77389	HARRIS	24	26	9
77391	HARRIS		1	
77393	MONTGOMERY		1	
77396	HARRIS	55	97	18
77399	POLK	11	8	1
77401	HARRIS	185	332	14
77402	HARRIS	5	6	1
77404	MATAGORDA	2	2	
77406	FORT BEND	103	85	10
77407	FORT BEND	140	151	33
77410	HARRIS	1		
77411	HARRIS	4	1	
77414	MATAGORDA	5	3	2
77418	AUSTIN	3	3	
77419	MATAGORDA	1	1	
77420	WHARTON	1	1	
77422	BRAZORIA	4	20	2
77423	WALLER	7	7	2
77426	WASHINGTON	1	2	
77429	HARRIS	75	67	19
77430	BRAZORIA	4	4	1
77433	HARRIS	65	79	17
77434	COLORADO	1		
77435	WHARTON	2	8	1
77437	WHARTON	5	7	1
77441	FORT BEND	18	22	2
77442	COLORADO	1		
77444	FORT BEND		2	

77445	WALLER	3	3	1
77447	HARRIS	5	8	2
77448	WHARTON	1		
77449	HARRIS	111	141	17
77450	HARRIS	83	79	16
77454	WHARTON		1	
77456	MATAGORDA	1	2	1
77459	FORT BEND	509	578	86
77461	FORT BEND	7	9	
77465	MATAGORDA	2	1	
77466	WALLER	2	1	
77469	FORT BEND	95	129	21
77470	COLORADO	1		
77471	FORT BEND	33	49	17
77473	AUSTIN			1
77474	AUSTIN	4	3	
77475	COLORADO	1		
77476	FORT BEND			1
77477	FORT BEND	152	131	21
77478	FORT BEND	170	140	25
77479	FORT BEND	427	451	66
77480	BRAZORIA	4	4	1
77481	FORT BEND		2	
77482	MATAGORDA		2	
77484	WALLER	5	5	
77485	AUSTIN			1
77486	BRAZORIA	2	13	4
77487	FORT BEND		2	
77488	WHARTON	7	6	
77489	FORT BEND	169	237	24
77491	HARRIS		1	
77493	HARRIS	17	42	10
77494	HARRIS	116	124	26
77496	FORT BEND		2	1
77497	FORT BEND	1	3	1
77498	FORT BEND	134	149	31
77501	HARRIS	1		
77502	HARRIS	29	28	9
77503	HARRIS	13	19	2
77504	HARRIS	28	24	6
77505	HARRIS	39	51	13
77506	HARRIS	13	21	3
77507	HARRIS	1		1
77508	HARRIS	1	1	
77510	GALVESTON	185	155	22
77511	BRAZORIA	100	118	17
77512	BRAZORIA	1	4	
77514	CHAMBERS	1	3	
77515	BRAZORIA	56	88	8
77516	BRAZORIA	2	5	
77517	GALVESTON	54	47	7
77518	GALVESTON	27	29	6
77520	HARRIS	15	22	2
77521	HARRIS	20	46	11
77522	HARRIS	1	5	

77523	CHAMBERS	8	22	3
77530	HARRIS	21	27	7
77531	BRAZORIA	8	16	1
77532	HARRIS	27	32	1
77533	LIBERTY	1		
77534	BRAZORIA	6	9	
77535	LIBERTY	11	23	2
77536	HARRIS	57	53	17
77538	LIBERTY		2	
77539	GALVESTON	363	374	43
77541	BRAZORIA	13	17	1
77545	FORT BEND	107	142	21
77546	GALVESTON	240	287	30
77547	HARRIS	4	5	
77549	GALVESTON	3	4	1
77550	GALVESTON	945	602	113
77551	GALVESTON	625	516	70
77552	GALVESTON	20	30	
77553	GALVESTON	18	13	
77554	GALVESTON	278	242	27
77555	GALVESTON	67	27	5
77560	CHAMBERS		1	
77561	LIBERTY	1		
77562	HARRIS	6	10	1
77563	GALVESTON	146	134	17
77564	LIBERTY		2	
77565	GALVESTON	37	39	6
77566	BRAZORIA	44	45	5
77568	GALVESTON	301	301	26
77571	HARRIS	34	53	9
77572	HARRIS	1	1	
77573	GALVESTON	807	773	103
77574	GALVESTON	8	8	
77575	LIBERTY	4	8	1
77577	BRAZORIA	1	6	
77578	BRAZORIA	145	189	16
77580	CHAMBERS	1	5	
77581	BRAZORIA	203	215	39
77582	LIBERTY		1	
77583	BRAZORIA	87	157	20
77584	BRAZORIA	794	966	149
77586	HARRIS	79	93	5
77587	HARRIS	9	16	7
77588	BRAZORIA		5	1
77590	GALVESTON	360	358	38
77591	GALVESTON	287	285	33
77592	GALVESTON	16	14	2
77598	HARRIS	82	74	18
77611	ORANGE	7		
77612	JASPER	3	1	
77613	JEFFERSON	1		
77617	GALVESTON		2	
77619	JEFFERSON	2	9	1
77623	GALVESTON	5	3	
77624	TYLER	1		

77625	HARDIN	1	2	1
77626	ORANGE	2		
77627	JEFFERSON	9	3	1
77630	ORANGE	8	7	1
77631	ORANGE	1		
77632	ORANGE	7	7	
77639	ORANGE	1		
77640	JEFFERSON	4	8	
77642	JEFFERSON	10	7	2
77643	JEFFERSON	1		
77650	GALVESTON	23	9	2
77651	JEFFERSON	7	5	
77655	JEFFERSON		1	
77656	HARDIN	3	5	
77657	HARDIN	4	16	1
77659	HARDIN		1	
77662	ORANGE	4	9	1
77663	HARDIN	3		
77664	TYLER	6	1	1
77665	CHAMBERS	1	2	
77670	ORANGE	1	1	
77701	JEFFERSON	3	4	
77702	JEFFERSON		3	2
77703	JEFFERSON	2	2	2
77704	JEFFERSON	1		
77705	JEFFERSON	13	8	1
77706	JEFFERSON	12	10	
77707	JEFFERSON	6	8	
77708	JEFFERSON	4	3	1
77713	JEFFERSON	4	5	1
77720	JEFFERSON	1		1
77726	JEFFERSON	1	2	
77801	BRAZOS		1	
77802	BRAZOS	9	2	
77803	BRAZOS	3	4	1
77805	BRAZOS	1		
77806	BRAZOS		1	
77807	BRAZOS	4	3	2
77808	BRAZOS	7	2	1
77830	GRIMES	1	1	
77831	GRIMES	3	4	
77833	WASHINGTON	11	7	
77834	WASHINGTON	1	2	
77835	WASHINGTON	4	2	
77836	BURLESON	6	1	
77837	ROBERTSON	1		
77840	BRAZOS	2	2	1
77842	BRAZOS		1	
77845	BRAZOS	16	14	
77852	BURLESON	1		
77853	LEE	3		
77855	LEON	1		
77857	MILAM	1		
77861	GRIMES	3		
77864	MADISON	11	4	1

77868	GRIMES	5	8	
77871	LEON	4	1	
77872	MADISON	2	2	
77873	GRIMES		2	1
77879	BURLESON	1	2	
77880	WASHINGTON	3	1	1
77881	BRAZOS		1	
77901	VICTORIA	4	4	
77903	VICTORIA	2	2	
77904	VICTORIA	4	4	
77905	VICTORIA	3	2	
77951	VICTORIA		1	
77954	DE WITT	3	4	
77957	JACKSON	3		
77963	GOLIAD	2	4	
77964	LAVACA	3	2	
77968	VICTORIA	2	3	
77975	LAVACA		1	
77979	CALHOUN	2		
77983	CALHOUN	1		
77984	LAVACA	1		
77993	GOLIAD		1	
77995	LAVACA	1		
78002	BEXAR	6	5	1
78003	BANDERA	12	8	5
78004	KENDALL	2		
78005	FRIO	1		
78006	KENDALL	145	87	9
78009	MEDINA	15	13	3
78013	KENDALL	7	4	
78014	LA SALLE	1	3	
78015	BEXAR	71	48	1
78016	MEDINA	9	9	2
78017	FRIO	3	3	
78022	LIVE OAK		2	
78023	BEXAR	213	154	44
78024	KERR	1	2	
78025	KERR	3	2	
78026	ATASCOSA	1		
78027	KENDALL	1		1
78028	KERR	25	11	1
78039	MEDINA	2	3	
78040	WEBB		1	
78041	WEBB	2	4	
78043	WEBB	1	1	
78044	WEBB	1		
78045	WEBB	7	4	2
78046	WEBB	4	2	
78050	ATASCOSA		1	
78052	ATASCOSA	10	8	
78054	BEXAR			1
78055	BANDERA	3	1	
78056	MEDINA	9	8	
78057	FRIO	1	1	
78058	KERR	2	1	

78059	MEDINA	2	2	1
78061	FRIO	4	3	1
78063	BANDERA	31	21	1
78064	ATASCOSA	2	4	
78065	ATASCOSA	10	6	
78066	MEDINA		3	1
78069	BEXAR	5	1	1
78070	COMAL	24	20	2
78071	LIVE OAK	1	1	
78073	BEXAR	8	7	
78076	ZAPATA		1	
78101	BEXAR	7	8	1
78102	BEE	24	29	4
78104	BEE	4	2	
78108	GUADALUPE	15	30	
78109	BEXAR	32	27	2
78112	BEXAR	3	3	1
78113	KARNES	1	2	
78114	WILSON	24	10	2
78117	KARNES		1	
78118	KARNES	1	3	
78119	KARNES	5	5	
78121	WILSON	13	6	2
78123	GUADALUPE		1	
78124	GUADALUPE	3	2	1
78130	COMAL	41	34	2
78131	COMAL		2	
78132	COMAL	20	18	3
78133	COMAL	20	10	1
78140	GONZALES	1		
78142	BEE	1		
78145	BEE	1	1	
78146	BEE		1	
78147	WILSON		1	
78148	BEXAR	19	12	1
78151	KARNES	1		
78152	BEXAR		3	1
78154	GUADALUPE	34	26	4
78155	GUADALUPE	21	8	1
78156	GUADALUPE	3	1	
78160	WILSON	2	2	
78161	WILSON	1		
78162	BEE		2	
78163	COMAL	25	13	2
78164	DE WITT	4	4	
78201	BEXAR	101	56	14
78202	BEXAR	7	7	1
78203	BEXAR	3		1
78204	BEXAR	22	17	5
78205	BEXAR	8	1	1
78207	BEXAR	29	34	6
78208	BEXAR	9	4	2
78209	BEXAR	162	88	9
78210	BEXAR	41	37	9
78211	BEXAR	18	17	3

78212	BEXAR	100	49	11
78213	BEXAR	93	78	12
78214	BEXAR	11	11	3
78215	BEXAR	13	5	3
78216	BEXAR	79	55	15
78217	BEXAR	39	16	7
78218	BEXAR	37	21	3
78219	BEXAR	8	7	1
78220	BEXAR	3	4	1
78221	BEXAR	33	19	5
78222	BEXAR	10	10	2
78223	BEXAR	37	43	10
78224	BEXAR	13	12	5
78225	BEXAR	4	9	4
78226	BEXAR	5	8	3
78227	BEXAR	66	52	8
78228	BEXAR	116	82	20
78229	BEXAR	187	128	37
78230	BEXAR	267	188	33
78231	BEXAR	75	35	5
78232	BEXAR	113	73	6
78233	BEXAR	52	33	8
78234	BEXAR		1	
78235	BEXAR	1		1
78236	BEXAR	1	1	
78237	BEXAR	35	33	6
78238	BEXAR	61	34	8
78239	BEXAR	26	21	7
78240	BEXAR	354	195	67
78242	BEXAR	20	24	6
78244	BEXAR	15	22	7
78245	BEXAR	126	99	27
78246	BEXAR			1
78247	BEXAR	91	52	16
78248	BEXAR	96	63	5
78249	BEXAR	331	269	62
78250	BEXAR	181	148	37
78251	BEXAR	114	81	20
78252	BEXAR	11	7	1
78253	BEXAR	84	85	10
78254	BEXAR	195	176	47
78255	BEXAR	105	87	16
78256	BEXAR	75	70	13
78257	BEXAR	51	28	6
78258	BEXAR	173	112	34
78259	BEXAR	60	51	7
78260	BEXAR	69	65	10
78261	BEXAR	24	28	4
78263	BEXAR	4		1
78264	BEXAR	3	3	2
78265	BEXAR	1		
78266	COMAL	7	7	3
78268	BEXAR	2	2	
78269	BEXAR	11	3	
78270	BEXAR	2	3	

78278	BEXAR	5	4	1
78279	BEXAR	1		
78280	BEXAR	2		
78283	BEXAR	2	4	
78296	BEXAR	1		
78332	JIM WELLS	3	2	
78335	SAN PATRICIO	2	2	
78336	SAN PATRICIO	4	3	
78343	NUECES	1		
78344	WEBB		2	
78355	BROOKS		1	
78357	DUVAL	1		
78358	ARANSAS	1		
78362	SAN PATRICIO	2	4	
78363	KLEBERG	1		
78368	SAN PATRICIO	1	2	
78370	SAN PATRICIO		3	
78372	JIM WELLS		1	
78373	NUECES	54	15	2
78374	SAN PATRICIO	2	3	
78381	ARANSAS	3		
78382	ARANSAS	11	4	
78383	JIM WELLS	2	1	
78384	DUVAL	2		
78387	SAN PATRICIO	1	1	
78389	BEE	1	5	
78390	SAN PATRICIO	1		
78391	BEE		1	
78401	NUECES	1		
78404	NUECES	5	3	1
78410	NUECES	1		
78411	NUECES	1	1	
78412	NUECES	7	5	
78413	NUECES	5	3	
78414	NUECES	4	7	1
78415	NUECES	2	1	
78416	NUECES	1	1	
78418	NUECES	15	5	1
78466	NUECES		1	
78480	NUECES		1	
78501	HIDALGO	107	51	7
78502	HIDALGO	4	8	1
78503	HIDALGO	14	13	2
78504	HIDALGO	204	130	25
78505	HIDALGO	2		
78516	HIDALGO	13	6	1
78520	CAMERON	115	69	8
78521	CAMERON	83	60	6
78522	CAMERON	1		
78523	CAMERON	3	4	
78526	CAMERON	106	51	6
78535	CAMERON		1	
78536	STARR	2	1	
78537	HIDALGO	16	6	
78538	HIDALGO	8	8	

78539	HIDALGO	286	182	28
78540	HIDALGO	28	16	1
78541	HIDALGO	132	92	17
78542	HIDALGO	60	42	8
78543	HIDALGO	14	7	
78550	CAMERON	37	32	7
78551	CAMERON	2		
78552	CAMERON	32	43	7
78553	CAMERON	3		2
78557	HIDALGO	5	3	
78558	HIDALGO	5	2	
78559	CAMERON	10	7	1
78560	HIDALGO		1	
78562	HIDALGO	1	1	
78566	CAMERON	20	13	3
78569	WILLACY	2	3	
78570	HIDALGO	17	10	1
78572	HIDALGO	47	26	4
78573	HIDALGO	19	17	6
78574	HIDALGO	27	17	5
78575	CAMERON	37	20	1
78576	HIDALGO	1	3	
78577	HIDALGO	32	23	5
78578	CAMERON	15	11	
78580	WILLACY	5	7	
78582	STARR	8	5	
78583	CAMERON	3		
78586	CAMERON	26	21	7
78589	HIDALGO	25	13	1
78593	CAMERON	2	1	
78594	WILLACY	1		
78595	HIDALGO	1		
78596	HIDALGO	16	18	3
78597	CAMERON	6	7	
78599	HIDALGO	7	4	2
78602	BASTROP	117	93	15
78605	BURNET	15	1	3
78606	BLANCO	14	4	1
78609	LLANO	6	3	
78610	HAYS	116	71	14
78611	BURNET	18	11	
78612	BASTROP	36	27	7
78613	WILLIAMSON	164	134	22
78614	GONZALES		1	
78615	WILLIAMSON		1	2
78616	CALDWELL	18	10	3
78617	TRAVIS	36	27	7
78619	HAYS	14	16	2
78620	HAYS	69	32	5
78621	BASTROP	113	45	13
78622	CALDWELL	2	1	
78623	COMAL	3		
78624	GILLESPIE	21	7	
78626	WILLIAMSON	29	22	14
78627	WILLIAMSON	3	1	

78628	WILLIAMSON	86	41	2
78629	GONZALES	3	3	
78630	WILLIAMSON	1	2	1
78631	GILLESPIE	1		
78632	GONZALES	2	1	
78633	WILLIAMSON	67	32	1
78634	WILLIAMSON	41	35	6
78636	BLANCO	7	2	2
78638	GUADALUPE	2		
78639	LLANO	10	3	1
78640	HAYS	118	83	19
78641	WILLIAMSON	120	99	14
78642	WILLIAMSON	41	11	4
78643	LLANO	6	3	
78644	CALDWELL	29	18	4
78645	TRAVIS	35	21	2
78646	WILLIAMSON	3	1	
78648	CALDWELL	4	3	
78650	BASTROP	8	6	2
78652	TRAVIS	29	18	1
78653	TRAVIS	87	51	9
78654	BURNET	21	10	1
78655	CALDWELL	4	2	
78656	CALDWELL	3	2	
78657	BURNET	6	7	
78659	BASTROP	14	7	
78660	TRAVIS	252	210	50
78661	CALDWELL	1		
78662	BASTROP	9	5	
78663	BLANCO	4	3	
78664	WILLIAMSON	100	82	11
78665	BLANCO	84	66	7
78666	HAYS	57	27	11
78667	HAYS	3		
78669	TRAVIS	26	23	3
78671	GILLESPIE	2	1	
78672	LLANO	1		
78676	HAYS	30	24	2
78680	WILLIAMSON	4	5	
78681	WILLIAMSON	103	81	8
78683	WILLIAMSON	1		
78691	TRAVIS	3	2	1
78701	TRAVIS	77	73	13
78702	TRAVIS	196	89	46
78703	TRAVIS	424	248	66
78704	TRAVIS	432	185	47
78705	TRAVIS	360	143	100
78708	TRAVIS	5	3	1
78709	TRAVIS	2	2	
78711	TRAVIS		2	
78712	TRAVIS	40	21	6
78713	TRAVIS	31	21	3
78714	TRAVIS	5	5	1
78715	TRAVIS	4	4	
78716	TRAVIS	2		

78717	WILLIAMSON	70	66	10
78719	TRAVIS	3	2	
78720	TRAVIS	3	2	
78721	TRAVIS	83	26	17
78722	TRAVIS	196	82	32
78723	TRAVIS	431	186	66
78724	TRAVIS	57	29	6
78725	TRAVIS	38	26	5
78726	TRAVIS	46	31	7
78727	TRAVIS	194	97	31
78728	TRAVIS	77	60	9
78729	WILLIAMSON	127	85	17
78730	TRAVIS	37	37	4
78731	TRAVIS	566	313	58
78732	TRAVIS	49	44	2
78733	TRAVIS	60	46	3
78734	TRAVIS	65	44	6
78735	TRAVIS	101	60	8
78736	TRAVIS	43	40	11
78737	TRAVIS	73	52	10
78738	TRAVIS	37	37	8
78739	TRAVIS	106	82	9
78741	TRAVIS	177	86	57
78742	TRAVIS		1	
78744	TRAVIS	119	66	15
78745	TRAVIS	337	192	70
78746	TRAVIS	274	162	14
78747	TRAVIS	59	37	14
78748	TRAVIS	221	106	38
78749	TRAVIS	241	124	28
78750	TRAVIS	177	110	21
78751	TRAVIS	548	246	134
78752	TRAVIS	156	60	29
78753	TRAVIS	175	84	27
78754	TRAVIS	83	65	12
78755	TRAVIS	3	9	1
78756	TRAVIS	198	99	25
78757	TRAVIS	419	161	45
78758	TRAVIS	242	125	46
78759	TRAVIS	478	256	49
78760	TRAVIS	3	2	2
78761	TRAVIS	1	2	
78763	TRAVIS	15	5	
78764	TRAVIS	1		
78765	TRAVIS	19	6	1
78766	TRAVIS	8	3	1
78767	TRAVIS		2	
78768	TRAVIS	4	3	
78801	UVALDE		3	
78802	UVALDE	1		
78832	KINNEY		3	
78834	DIMITT		1	
78838	UVALDE	1	1	
78839	ZAVALA	1		
78842	VAL VERDE	1		

78850	MEDINA	2		
78852	MAVERICK	2		
78853	MAVERICK	1		
78861	MEDINA	11	9	2
78870	UVALDE	1		
78872	ZAVALA		1	
78873	REAL	1		
78883	BANDERA	1		
78884	UVALDE	3		
78885	BANDERA	1		
78886	MEDINA		1	
78932	FAYETTE	1		
78933	AUSTIN	1	2	
78934	COLORADO		1	
78938	FAYETTE	1		
78940	FAYETTE	4	1	
78941	FAYETTE	4	1	1
78942	LEE	8	5	1
78944	AUSTIN	1		
78945	FAYETTE	9	11	1
78946	FAYETTE	1	2	
78947	LEE	13	5	1
78949	FAYETTE	4	2	1
78950	AUSTIN	1	3	
78953	BASTROP	12	3	
78954	FAYETTE	5	4	
78956	FAYETTE	1	1	
78957	BASTROP	59	37	6
78959	GONZALES	2		
78962	COLORADO	3	2	1
78963	FAYETTE	1	1	
79036	HUTCHINSON	1		
79065	GRAY	1		
79092	OLDHAM	1		
79101	POTTER		1	
79103	POTTER	1		
79106	POTTER	1		
79109	RANDALL	3		
79110	RANDALL		1	
79119	RANDALL	1		
79121	RANDALL	2		
79237	DONLEY	1		
79248	COTTLE	1		
79316	TERRY	1		
79336	HOCKLEY	1		
79364	LUBBOCK		1	
79366	LUBBOCK	1		
79407	LUBBOCK	2	1	
79410	LUBBOCK	1	1	
79413	LUBBOCK	1		
79416	LUBBOCK	2		
79423	LUBBOCK	2	1	
79424	LUBBOCK	3	1	
79508	TAYLOR	1		
79510	CALLAHAN	1		

79541	TAYLOR		1	
79556	NOLAN		1	
79601	TAYLOR	4		
79602	TAYLOR	2		
79604	TAYLOR		1	
79605	TAYLOR	2	2	
79606	TAYLOR	4	2	
79701	MIDLAND	7	5	
79702	MIDLAND		1	
79703	MIDLAND	10	4	
79704	MIDLAND	1		
79705	MIDLAND	30	20	
79706	MIDLAND	7	11	
79707	MIDLAND	28	9	
79710	MIDLAND	1		
79714	ANDREWS	2	4	
79720	HOWARD	2		
79731	CRANE	2		
79734	JEFF DAVIS	47	15	
79735	PECOS	5		
79745	WINKLER	1		
79756	WARD	3		
79758	ECTOR	1		
79760	ECTOR	2	2	
79761	ECTOR	43	23	
79762	ECTOR	85	56	
79763	ECTOR	18	10	
79764	ECTOR	9	4	
79765	ECTOR	35	31	
79766	ECTOR		3	
79768	ECTOR	1	1	
79769	ECTOR		1	
79788	WARD		1	
79821	EL PASO	3	1	
79830	BREWSTER	1	1	
79831	BREWSTER	2	1	
79835	EL PASO	5	5	2
79836	EL PASO			1
79838	EL PASO		1	
79839	HUDSPETH		1	
79843	PRESIDIO	2		
79849	EL PASO		3	
79901	EL PASO	4	1	
79902	EL PASO	185	80	35
79903	EL PASO	21	20	5
79904	EL PASO	29	24	4
79905	EL PASO	12	5	4
79907	EL PASO	37	26	8
79911	EL PASO	27	14	
79912	EL PASO	489	260	51
79913	EL PASO	4	4	1
79915	EL PASO	29	15	7
79917	EL PASO	1		
79922	EL PASO	42	10	4
79924	EL PASO	44	34	10

79925	EL PASO	62	40	3
79926	EL PASO			1
79927	EL PASO	17	9	2
79928	EL PASO	25	23	6
79930	EL PASO	45	34	8
79932	EL PASO	69	27	7
79934	EL PASO	22	16	4
79935	EL PASO	22	9	3
79936	EL PASO	108	76	12
79938	EL PASO	35	32	10
79947	EL PASO		2	
79952	EL PASO	1		
79968	EL PASO	5		2
79997	EL PASO	1		

	Foreign OUT OF STATE	1 1449	774	7
TOTAL		50,427	43,583	7,567

er, 2017

ZIP Code	County	UT SELECT Health Plan
75001	DALLAS	84
75002	COLLIN	216
75006	DALLAS	165
75007	DENTON	254
75009	COLLIN	14
75010	DENTON	171
75011	DALLAS	3
75013	COLLIN	188
75016	DALLAS	2
75019	DALLAS	406
75020	GRAYSON	11
-75021	GRAYSON	3
75022	DENTON	63
75023	COLLIN	217
75024	COLLIN	233
75025	COLLIN	347
75026	COLLIN	2
75027	DENTON	1
75028	DENTON	131
75029	DENTON	1
75030	DALLAS	2
75032	ROCKWALL	101
75033	DENTON	57
75034	COLLIN	189
-75035	COLLIN	171
75038	DALLAS	118
75039	DALLAS	162
75040	DALLAS	152
75041	DALLAS	44
75042	DALLAS	53
75043	DALLAS	253
75044	DALLAS	168
75045	DALLAS	2
75046	DALLAS	2
75047	DALLAS	1
75048	DALLAS	75
75050	DALLAS	134
-75051	DALLAS	71
75052	DALLAS	360
75054	DALLAS	77
75056	DENTON	191
75057	DENTON	23
75058	GRAYSON	2
75060	DALLAS	178
75061	DALLAS	136
75062	DALLAS	159
75063	DALLAS	306
75065	DENTON	25

75067	DENTON	132
75068	DENTON	78
-75069	COLLIN	50
75070	COLLIN	228
75071	COLLIN	80
75074	COLLIN	160
75075	COLLIN	252
75076	GRAYSON	6
75077	DENTON	82
75078	COLLIN	22
75080	DALLAS	495
75081	DALLAS	207
75082	DALLAS	156
75083	DALLAS	9
75085	DALLAS	3
-75086	COLLIN	7
75087	ROCKWALL	104
75088	DALLAS	79
75089	ROCKWALL	121
75090	GRAYSON	5
75091	GRAYSON	1
75092	GRAYSON	9
75093	COLLIN	329
75094	COLLIN	98
75098	DALLAS	169
75102	NAVARRO	2
75103	VAN ZANDT	26
75104	DALLAS	277
-75105	NAVARRO	1
75106	DALLAS	5
75109	NAVARRO	7
75110	NAVARRO	22
75114	KAUFMAN	15
75115	DALLAS	321
75116	DALLAS	84
75117	VAN ZANDT	5
75119	ELLIS	39
75120	ELLIS	1
75121	COLLIN	1
75123	DALLAS	5
75124	HENDERSON	10
-75125	ELLIS	10
75126	KAUFMAN	170
75132	ROCKWALL	2
75134	DALLAS	106
75135	HUNT	8
75137	DALLAS	100
75138	DALLAS	2
75140	VAN ZANDT	9
75141	DALLAS	10
75142	KAUFMAN	33
75143	HENDERSON	26
75144	NAVARRO	8
75146	DALLAS	103
-75147	KAUFMAN	9

75148	HENDERSON	5
75149	DALLAS	131
75150	DALLAS	186
75152	ELLIS	7
75153	NAVARRO	1
75154	ELLIS	173
75156	KAUFMAN	26
75157	KAUFMAN	1
75158	KAUFMAN	10
75159	DALLAS	47
75160	KAUFMAN	29
75161	KAUFMAN	14
-75163	HENDERSON	4
75165	ELLIS	88
75166	COLLIN	5
75167	ELLIS	20
75168	ELLIS	1
75169	VAN ZANDT	14
75172	DALLAS	6
75173	COLLIN	8
75180	DALLAS	60
75181	DALLAS	130
75182	DALLAS	64
75185	DALLAS	4
75189	ROCKWALL	60
-75201	DALLAS	183
75202	DALLAS	25
75203	DALLAS	56
75204	DALLAS	324
75205	DALLAS	224
75206	DALLAS	366
75207	DALLAS	49
75208	DALLAS	206
75209	DALLAS	217
75210	DALLAS	13
75211	DALLAS	184
75212	DALLAS	90
75214	DALLAS	302
-75215	DALLAS	52
75216	DALLAS	157
75217	DALLAS	155
75218	DALLAS	156
75219	DALLAS	433
75220	DALLAS	162
75222	DALLAS	5
75223	DALLAS	50
75224	DALLAS	116
75225	DALLAS	207
75226	DALLAS	25
75227	DALLAS	159
75228	DALLAS	197
-75229	DALLAS	292
75230	DALLAS	255
75231	DALLAS	130
75232	DALLAS	134

75233	DALLAS	43
75234	DALLAS	91
75235	DALLAS	765
75236	DALLAS	64
75237	DALLAS	100
75238	DALLAS	142
75240	DALLAS	68
75241	DALLAS	126
75242	DALLAS	1
-75243	DALLAS	214
75244	DALLAS	101
75245	DALLAS	1
75246	DALLAS	9
75247	DALLAS	10
75248	DALLAS	285
75249	DALLAS	68
75251	DALLAS	14
75252	DALLAS	204
75253	DALLAS	29
75254	DALLAS	88
75286	DALLAS	1
75287	DALLAS	256
-75354	DALLAS	1
75357	DALLAS	2
75360	DALLAS	1
75374	DALLAS	1
75376	DALLAS	1
75379	DALLAS	4
75380	DALLAS	3
75381	DALLAS	2
75382	DALLAS	2
75390	DALLAS	18
75401	HUNT	6
75402	HUNT	6
75407	COLLIN	14
-75409	COLLIN	19
75410	RAINS	4
75414	GRAYSON	1
75416	LAMAR	1
75417	RED RIVER	2
75418	FANNIN	22
75422	HUNT	1
75424	COLLIN	5
75426	RED RIVER	4
75428	HUNT	3
75433	HOPKINS	4
75435	LAMAR	3
75438	FANNIN	1
-75440	RAINS	5
75442	COLLIN	2
75446	FANNIN	4
75447	FANNIN	1
75449	FANNIN	1
75451	CAMP	3
75452	FANNIN	5

75453	HUNT	4
75454	COLLIN	15
75455	TITUS	5
75456	TITUS	1
75457	FRANKLIN	4
75459	GRAYSON	1
-75460	LAMAR	4
75462	LAMAR	3
75470	LAMAR	1
75471	HOPKINS	1
75472	RAINS	3
75473	LAMAR	1
75474	HUNT	5
75476	FANNIN	3
75478	HOPKINS	1
75482	HOPKINS	10
75490	FANNIN	2
75491	GRAYSON	4
75492	FANNIN	1
-75494	WOOD	14
75495	GRAYSON	7
75496	HUNT	7
75497	WOOD	7
75501	BOWIE	15
75503	BOWIE	8
75505	BOWIE	1
75550	RED RIVER	2
75551	CASS	6
75554	RED RIVER	2
75555	CASS	2
75559	BOWIE	9
75560	CASS	1
-75561	BOWIE	3
75562	CASS	1
75563	CASS	4
75565	CASS	1
75567	BOWIE	3
75568	MORRIS	1
75569	BOWIE	5
75570	BOWIE	18
75571	MORRIS	3
75572	CASS	2
75574	BOWIE	3
75601	GREGG	19
75602	GREGG	10
-75603	GREGG	8
75604	GREGG	37
75605	GREGG	60
75606	GREGG	2
75630	CASS	4
75631	PANOLA	1
75633	PANOLA	7
75638	MORRIS	1
75639	PANOLA	1
75640	UPSHUR	6

75643	PANOLA	2
75644	UPSHUR	28
75645	UPSHUR	17
-75647	GREGG	54
75650	HARRISON	14
75652	RUSK	31
75653	RUSK	1
75654	RUSK	16
75656	CASS	1
75657	MARION	3
75661	HARRISON	2
75662	GREGG	56
75663	GREGG	2
75667	RUSK	3
75668	MORRIS	2
75669	PANOLA	2
-75670	HARRISON	5
75671	HARRISON	1
75672	HARRISON	5
75681	RUSK	6
75683	UPSHUR	1
75684	RUSK	15
75686	CAMP	5
75691	RUSK	2
75692	HARRISON	1
75693	GREGG	18
75701	SMITH	380
75702	SMITH	122
75703	SMITH	537
-75704	SMITH	50
75705	SMITH	24
75706	SMITH	70
75707	SMITH	296
75708	SMITH	86
75709	SMITH	55
75710	SMITH	1
75711	SMITH	16
75712	SMITH	9
75713	SMITH	15
75750	SMITH	42
75751	HENDERSON	29
75752	HENDERSON	14
-75754	VAN ZANDT	30
75755	UPSHUR	42
75756	HENDERSON	19
75757	SMITH	58
75758	HENDERSON	37
75760	NACOGDOCHES	6
75762	SMITH	104
75763	ANDERSON	23
75764	CHEROKEE	1
75765	WOOD	45
75766	CHEROKEE	70
75770	HENDERSON	9
75771	SMITH	184

-75773	WOOD	29
75778	HENDERSON	8
75780	CHEROKEE	3
75783	WOOD	14
75784	CHEROKEE	1
75785	CHEROKEE	47
75788	NACOGDOCHES	2
75789	SMITH	31
75790	VAN ZANDT	15
75791	SMITH	140
75792	SMITH	77
75799	SMITH	3
75801	ANDERSON	93
-75802	ANDERSON	4
75803	ANDERSON	80
75831	LEON	8
75832	ANDERSON	1
75833	LEON	8
75835	HOUSTON	41
75839	ANDERSON	21
75840	FREESTONE	12
75844	HOUSTON	24
75845	TRINITY	7
75846	LEON	1
75847	HOUSTON	2
75849	HOUSTON	1
-75850	LEON	5
75851	HOUSTON	19
75852	MADISON	5
75853	ANDERSON	6
75855	LEON	7
75856	TRINITY	5
75859	FREESTONE	1
75860	FREESTONE	11
75861	ANDERSON	29
75862	TRINITY	63
75865	TRINITY	1
75901	ANGELINA	20
75903	ANGELINA	1
-75904	ANGELINA	15
75915	ANGELINA	2
75925	CHEROKEE	11
75926	TRINITY	2
75928	NEWTON	1
75929	SAN AUGUSTINE	2
75930	SABINE	1
75931	SABINE	2
75933	NEWTON	3
75934	POLK	1
75935	SHELBY	1
75936	TYLER	2
75938	TYLER	6
-75939	POLK	8
75941	ANGELINA	2
75942	TYLER	2

75943	NACOGDOCHES	4
75944	NACOGDOCHES	1
75948	SABINE	5
75949	ANGELINA	1
75951	JASPER	20
75954	SHELBY	2
75956	JASPER	5
75959	SABINE	1
75960	POLK	3
75961	NACOGDOCHES	12
-75963	NACOGDOCHES	1
75964	NACOGDOCHES	12
75965	NACOGDOCHES	16
75966	NEWTON	3
75974	SHELBY	4
75975	SHELBY	1
75977	NEWTON	1
75979	TYLER	24
75980	ANGELINA	2
76001	TARRANT	154
76002	TARRANT	116
76003	TARRANT	6
76004	TARRANT	11
-76005	TARRANT	24
76006	TARRANT	194
76007	TARRANT	2
76008	PARKER	11
76009	JOHNSON	11
76010	TARRANT	186
76011	TARRANT	102
76012	TARRANT	265
76013	TARRANT	488
76014	TARRANT	137
76015	TARRANT	134
76016	TARRANT	247
76017	TARRANT	234
-76018	TARRANT	92
76019	TARRANT	18
76020	TARRANT	18
76021	TARRANT	138
76022	TARRANT	43
76023	WISE	3
76028	JOHNSON	76
76031	JOHNSON	9
76033	JOHNSON	13
76034	TARRANT	96
76035	HOOD	2
76036	TARRANT	29
76039	TARRANT	162
-76040	TARRANT	84
76043	SOMERVELL	3
76044	JOHNSON	4
76048	HOOD	15
76049	HOOD	31
76050	JOHNSON	8

76051	TARRANT	176
76052	TARRANT	5
76053	TARRANT	56
76054	TARRANT	43
76055	HILL	2
76058	JOHNSON	7
76059	JOHNSON	2
-76060	TARRANT	28
76061	JOHNSON	2
76063	TARRANT	244
76064	ELLIS	3
76065	ELLIS	119
76066	PARKER	2
76067	PALO PINTO	6
76070	SOMERVELL	1
76071	WISE	2
76073	WISE	5
76078	WISE	2
76082	PARKER	7
76084	JOHNSON	15
-76085	PARKER	2
76086	PARKER	8
76087	PARKER	26
76088	PARKER	2
76092	TARRANT	142
76093	JOHNSON	1
76094	TARRANT	6
76096	TARRANT	2
76097	JOHNSON	1
76099	TARRANT	2
76101	TARRANT	1
76102	TARRANT	19
76103	TARRANT	23
-76104	TARRANT	15
76105	TARRANT	10
76106	TARRANT	5
76107	TARRANT	45
76108	TARRANT	43
76109	TARRANT	46
76110	TARRANT	29
76111	TARRANT	15
76112	TARRANT	85
76114	TARRANT	9
76115	TARRANT	7
76116	TARRANT	34
76117	TARRANT	26
-76118	TARRANT	39
76119	TARRANT	27
76120	TARRANT	61
76123	TARRANT	38
76124	TARRANT	1
76126	TARRANT	30
76129	TARRANT	1
76131	TARRANT	33
76132	TARRANT	38

76133	TARRANT	58
76134	TARRANT	22
76135	TARRANT	9
76137	TARRANT	63
-76140	TARRANT	38
76148	TARRANT	30
76155	TARRANT	27
76161	TARRANT	1
76162	TARRANT	2
76164	TARRANT	3
76177	TARRANT	15
76179	TARRANT	45
76180	TARRANT	61
76182	TARRANT	57
76201	DENTON	15
76205	DENTON	23
76207	DENTON	16
-76208	DENTON	36
76209	DENTON	24
76210	DENTON	70
76225	WISE	1
76226	DENTON	31
76227	DENTON	35
76230	MONTAGUE	2
76233	GRAYSON	1
76234	WISE	8
76238	COOKE	1
76240	COOKE	17
76241	COOKE	1
76244	TARRANT	75
-76245	GRAYSON	2
76247	DENTON	9
76248	TARRANT	76
76249	DENTON	6
76252	COOKE	1
76255	MONTAGUE	2
76258	DENTON	4
76259	DENTON	3
76262	DENTON	57
76265	MONTAGUE	1
76266	DENTON	13
76271	GRAYSON	2
76272	COOKE	3
-76273	GRAYSON	4
76301	WICHITA	3
76308	WICHITA	4
76309	WICHITA	3
76310	WICHITA	3
76354	WICHITA	1
76367	WICHITA	1
76370	ARCHER	1
76384	WILBARGER	1
76401	ERATH	6
76426	WISE	5
76427	JACK	3

76430	SHACKELFORD	3
-76431	WISE	1
76433	ERATH	2
76436	HAMILTON	2
76442	COMANCHE	4
76446	ERATH	1
76448	EASTLAND	1
76450	YOUNG	1
76453	PALO PINTO	2
76457	HAMILTON	2
76458	JACK	8
76462	HOOD	2
76474	COMANCHE	2
76476	HOOD	1
-76486	JACK	2
76487	PARKER	1
76501	BELL	9
76502	BELL	29
76504	BELL	13
76511	BELL	6
76513	BELL	22
76520	MILAM	2
76522	CORYELL	44
76524	MCLENNAN	4
76525	CORYELL	6
76527	WILLIAMSON	9
76528	CORYELL	85
-76530	WILLIAMSON	6
76531	HAMILTON	12
76534	BELL	1
76537	WILLIAMSON	8
76538	CORYELL	6
76539	LAMPASAS	6
76541	BELL	8
76542	BELL	15
76543	BELL	5
76544	BELL	1
76548	BELL	8
76549	BELL	17
76550	LAMPASAS	18
-76554	BELL	1
76556	MILAM	2
76557	MCLENNAN	5
76559	BELL	3
76561	CORYELL	4
76567	MILAM	13
76570	FALLS	2
76571	BELL	11
76574	WILLIAMSON	113
76576	CORYELL	1
76577	MILAM	5
76578	WILLIAMSON	6
76579	BELL	4
-76622	HILL	2
76624	MCLENNAN	2

76626	NAVARRO	2
76629	ROBERTSON	3
76633	MCLENNAN	3
76634	BOSQUE	6
76638	MCLENNAN	2
76639	NAVARRO	1
76641	NAVARRO	3
76642	LIMESTONE	2
76643	MCLENNAN	10
76645	HILL	3
76648	HILL	2
-76651	ELLIS	2
76653	LIMESTONE	4
76655	MCLENNAN	4
76656	FALLS	2
76657	MCLENNAN	13
76661	FALLS	8
76664	MCLENNAN	4
76667	LIMESTONE	13
76670	ELLIS	2
76671	BOSQUE	5
76682	MCLENNAN	5
76689	BOSQUE	7
76690	BOSQUE	1
-76691	MCLENNAN	1
76692	HILL	9
76693	FREESTONE	2
76701	MCLENNAN	1
76704	MCLENNAN	1
76705	MCLENNAN	7
76706	MCLENNAN	8
76708	MCLENNAN	11
76710	MCLENNAN	17
76711	MCLENNAN	4
76712	MCLENNAN	17
76714	MCLENNAN	1
76801	BROWN	15
-76802	BROWN	3
76804	BROWN	1
76823	BROWN	5
76825	MCCULLOCH	4
76832	SAN SABA	1
76834	COLEMAN	3
76844	MILLS	3
76848	MENARD	1
76849	KIMBLE	2
76853	LAMPASAS	3
76856	MASON	8
76859	MENARD	1
76861	RUNNELS	1
-76862	CONCHO	1
76864	MILLS	1
76872	MCCULLOCH	1
76874	KIMBLE	1
76877	SAN SABA	17

76878	COLEMAN	4
76901	TOM GREEN	6
76903	TOM GREEN	5
76904	TOM GREEN	5
76905	TOM GREEN	1
76932	REAGAN	1
76943	CROCKETT	1
76950	SUTTON	2
-76951	STERLING	1
77002	HARRIS	71
77003	HARRIS	71
77004	HARRIS	458
77005	HARRIS	703
77006	HARRIS	415
77007	HARRIS	353
77008	HARRIS	261
77009	HARRIS	215
77010	HARRIS	5
77011	HARRIS	55
77012	HARRIS	39
77013	HARRIS	29
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77015	HARRIS	139
77016	HARRIS	121
77017	HARRIS	100
77018	HARRIS	143
77019	HARRIS	259
77020	HARRIS	69
77021	HARRIS	299
77022	HARRIS	67
77023	HARRIS	149
77024	HARRIS	187
77025	HARRIS	1204
77026	HARRIS	74
-77027	HARRIS	193
77028	HARRIS	64
77029	HARRIS	41
77030	HARRIS	858
77031	HARRIS	97
77032	HARRIS	15
77033	HARRIS	198
77034	HARRIS	104
77035	HARRIS	382
77036	HARRIS	166
77037	HARRIS	19
77038	HARRIS	49
77039	HARRIS	30
-77040	HARRIS	111
77041	HARRIS	96
77042	HARRIS	125
77043	HARRIS	77
77044	HARRIS	164
77045	HARRIS	359
77046	HARRIS	34
77047	HARRIS	415

77048	HARRIS	152
77049	HARRIS	137
77050	HARRIS	14
77051	HARRIS	167
77052	HARRIS	1
-77053	HARRIS	259
77054	HARRIS	1373
77055	HARRIS	112
77056	HARRIS	141
77057	HARRIS	167
77058	HARRIS	154
77059	HARRIS	200
77060	HARRIS	31
77061	HARRIS	73
77062	HARRIS	282
77063	HARRIS	140
77064	HARRIS	139
77065	HARRIS	85
-77066	HARRIS	104
77067	HARRIS	42
77068	HARRIS	32
77069	HARRIS	36
77070	HARRIS	93
77071	HARRIS	263
77072	HARRIS	143
77073	HARRIS	88
77074	HARRIS	187
77075	HARRIS	184
77076	HARRIS	57
77077	HARRIS	224
77078	HARRIS	51
-77079	HARRIS	119
77080	HARRIS	82
77081	HARRIS	221
77082	HARRIS	226
77083	HARRIS	388
77084	HARRIS	237
77085	HARRIS	152
77086	HARRIS	32
77087	HARRIS	144
77088	HARRIS	148
77089	HARRIS	429
77090	HARRIS	79
77091	HARRIS	69
-77092	HARRIS	84
77093	HARRIS	50
77094	HARRIS	26
77095	HARRIS	220
77096	HARRIS	669
77098	HARRIS	289
77099	HARRIS	153
77205	HARRIS	3
77206	HARRIS	2
77207	HARRIS	5
77210	HARRIS	1

77213	HARRIS	3
77215	HARRIS	1
-77217	HARRIS	2
77218	HARRIS	1
77219	HARRIS	2
77220	HARRIS	2
77221	HARRIS	3
77222	HARRIS	1
77223	HARRIS	2
77224	HARRIS	2
77225	HARRIS	17
77226	HARRIS	1
77227	HARRIS	6
77228	HARRIS	2
77229	HARRIS	4
-77230	HARRIS	25
77231	HARRIS	3
77233	HARRIS	4
77234	HARRIS	2
77235	HARRIS	6
77240	HARRIS	2
77241	HARRIS	1
77242	HARRIS	7
77245	HARRIS	4
77248	HARRIS	1
77249	HARRIS	4
77251	HARRIS	1
77252	HARRIS	2
-77254	HARRIS	8
77257	HARRIS	1
77258	HARRIS	3
77261	HARRIS	1
77263	HARRIS	1
77266	HARRIS	9
77267	HARRIS	3
77268	HARRIS	2
77270	HARRIS	1
77271	HARRIS	5
77272	HARRIS	5
77274	HARRIS	2
77275	HARRIS	2
-77277	HARRIS	8
77279	HARRIS	1
77284	HARRIS	3
77287	HARRIS	2
77288	HARRIS	3
77289	HARRIS	3
77290	HARRIS	3
77292	HARRIS	1
77293	HARRIS	1
77301	MONTGOMERY	33
77302	MONTGOMERY	29
77303	MONTGOMERY	24
77304	MONTGOMERY	70
-77306	MONTGOMERY	9

77316	MONTGOMERY	31
77318	MONTGOMERY	27
77320	WALKER	144
77325	HARRIS	1
77327	LIBERTY	29
77328	LIBERTY	13
77331	SAN JACINTO	11
77334	WALKER	3
77335	POLK	4
77336	HARRIS	24
77338	HARRIS	114
77339	HARRIS	118
-77340	WALKER	140
77342	WALKER	11
77345	HARRIS	89
77346	HARRIS	224
77347	HARRIS	5
77348	WALKER	1
77351	POLK	67
77354	MONTGOMERY	47
77355	MONTGOMERY	33
77356	MONTGOMERY	65
77357	MONTGOMERY	24
77358	WALKER	13
77359	SAN JACINTO	2
-77360	POLK	20
77362	MONTGOMERY	7
77363	GRIMES	7
77364	SAN JACINTO	21
77365	MONTGOMERY	58
77367	WALKER	8
77369	LIBERTY	3
77371	SAN JACINTO	5
77372	MONTGOMERY	22
77373	HARRIS	148
77374	HARDIN	1
77375	HARRIS	64
77376	HARDIN	1
-77377	HARRIS	70
77378	MONTGOMERY	29
77379	HARRIS	183
77380	MONTGOMERY	50
77381	MONTGOMERY	85
77382	HARRIS	60
77383	HARRIS	2
77384	MONTGOMERY	39
77385	MONTGOMERY	44
77386	MONTGOMERY	125
77387	MONTGOMERY	2
77388	HARRIS	150
77389	HARRIS	69
-77391	HARRIS	1
77393	MONTGOMERY	1
77396	HARRIS	182
77399	POLK	32

77401	HARRIS	605
77402	HARRIS	13
77404	MATAGORDA	5
77406	FORT BEND	219
77407	FORT BEND	357
77410	HARRIS	2
77411	HARRIS	5
77413	HARRIS	1
77414	MATAGORDA	12
-77417	FORT BEND	1
77418	AUSTIN	7
77419	MATAGORDA	2
77420	WHARTON	2
77422	BRAZORIA	28
77423	WALLER	17
77426	WASHINGTON	4
77429	HARRIS	176
77430	BRAZORIA	11
77433	HARRIS	176
77434	COLORADO	2
77435	WHARTON	11
77437	WHARTON	13
-77441	FORT BEND	46
77442	COLORADO	1
77444	FORT BEND	2
77445	WALLER	8
77447	HARRIS	18
77448	WHARTON	1
77449	HARRIS	304
77450	HARRIS	204
77454	WHARTON	1
77456	MATAGORDA	4
77457	MATAGORDA	1
77459	FORT BEND	1330
77461	FORT BEND	17
-77465	MATAGORDA	4
77466	WALLER	3
77469	FORT BEND	267
77470	COLORADO	1
77471	FORT BEND	109
77473	AUSTIN	1
77474	AUSTIN	8
77475	COLORADO	1
77476	FORT BEND	1
77477	FORT BEND	351
77478	FORT BEND	380
77479	FORT BEND	1076
77480	BRAZORIA	10
-77481	FORT BEND	2
77482	MATAGORDA	2
77484	WALLER	11
77485	AUSTIN	1
77486	BRAZORIA	23
77487	FORT BEND	2
77488	WHARTON	15

77489	FORT BEND	464
77491	HARRIS	1
77493	HARRIS	78
77494	HARRIS	304
77496	FORT BEND	3
77497	FORT BEND	7
-77498	FORT BEND	349
77501	HARRIS	1
77502	HARRIS	73
77503	HARRIS	40
77504	HARRIS	71
77505	HARRIS	119
77506	HARRIS	43
77507	HARRIS	2
77508	HARRIS	2
77510	GALVESTON	408
77511	BRAZORIA	259
77512	BRAZORIA	6
77514	CHAMBERS	4
-77515	BRAZORIA	172
77516	BRAZORIA	7
77517	GALVESTON	122
77518	GALVESTON	73
77520	HARRIS	44
77521	HARRIS	85
77522	HARRIS	6
77523	CHAMBERS	38
77530	HARRIS	64
77531	BRAZORIA	36
77532	HARRIS	60
77533	LIBERTY	1
77534	BRAZORIA	18
-77535	LIBERTY	43
77536	HARRIS	137
77538	LIBERTY	1
77539	GALVESTON	862
77541	BRAZORIA	32
77545	FORT BEND	289
77546	GALVESTON	610
77547	HARRIS	11
77549	GALVESTON	7
77550	GALVESTON	1967
77551	GALVESTON	1380
77552	GALVESTON	55
77553	GALVESTON	35
-77554	GALVESTON	607
77555	GALVESTON	108
77560	CHAMBERS	1
77561	LIBERTY	2
77562	HARRIS	21
77563	GALVESTON	333
77564	LIBERTY	2
77565	GALVESTON	86
77566	BRAZORIA	105
77568	GALVESTON	696

77571	HARRIS	103
77572	HARRIS	2
77573	GALVESTON	1904
-77574	GALVESTON	16
77575	LIBERTY	16
77577	BRAZORIA	10
77578	BRAZORIA	395
77580	CHAMBERS	6
77581	BRAZORIA	503
77582	LIBERTY	1
77583	BRAZORIA	291
77584	BRAZORIA	2175
77586	HARRIS	193
77587	HARRIS	35
77588	BRAZORIA	9
77590	GALVESTON	835
-77591	GALVESTON	655
77592	GALVESTON	37
77598	HARRIS	198
77611	ORANGE	8
77612	JASPER	4
77613	JEFFERSON	1
77617	GALVESTON	2
77619	JEFFERSON	18
77623	GALVESTON	8
77624	TYLER	2
77625	HARDIN	4
77626	ORANGE	2
77627	JEFFERSON	16
-77630	ORANGE	16
77631	ORANGE	1
77632	ORANGE	16
77639	ORANGE	1
77640	JEFFERSON	14
77642	JEFFERSON	22
77643	JEFFERSON	1
77650	GALVESTON	37
77651	JEFFERSON	13
77655	JEFFERSON	1
77656	HARDIN	9
77657	HARDIN	28
77659	HARDIN	2
-77662	ORANGE	16
77663	HARDIN	3
77664	TYLER	9
77665	CHAMBERS	5
77670	ORANGE	2
77701	JEFFERSON	9
77702	JEFFERSON	6
77703	JEFFERSON	7
77704	JEFFERSON	1
77705	JEFFERSON	27
77706	JEFFERSON	25
77707	JEFFERSON	15
77708	JEFFERSON	9

-77713	JEFFERSON	17
77720	JEFFERSON	2
77726	JEFFERSON	3
77801	BRAZOS	4
77802	BRAZOS	13
77803	BRAZOS	9
77805	BRAZOS	1
77806	BRAZOS	1
77807	BRAZOS	8
77808	BRAZOS	11
77830	GRIMES	2
77831	GRIMES	11
77833	WASHINGTON	22
-77834	WASHINGTON	4
77835	WASHINGTON	8
77836	BURLESON	10
77837	ROBERTSON	1
77840	BRAZOS	10
77842	BRAZOS	1
77845	BRAZOS	34
77852	BURLESON	1
77853	LEE	3
77855	LEON	1
77857	MILAM	1
77861	GRIMES	4
77864	MADISON	19
-77868	GRIMES	14
77871	LEON	6
77872	MADISON	6
77873	GRIMES	4
77876	GRIMES	2
77879	BURLESON	3
77880	WASHINGTON	6
77881	BRAZOS	1
77882	ROBERTSON	1
77901	VICTORIA	13
77903	VICTORIA	4
77904	VICTORIA	9
77905	VICTORIA	7
-77951	VICTORIA	1
77954	DE WITT	7
77957	JACKSON	3
77963	GOLIAD	8
77964	LAVACA	8
77968	VICTORIA	5
77969	JACKSON	1
77975	LAVACA	1
77979	CALHOUN	2
77982	CALHOUN	1
77983	CALHOUN	1
77984	LAVACA	1
77993	GOLIAD	1
-77995	LAVACA	1
78002	BEXAR	15
78003	BANDERA	31

78004	KENDALL	2
78005	FRIO	1
78006	KENDALL	262
78009	MEDINA	35
78013	KENDALL	13
78014	LA SALLE	4
78015	BEXAR	133
78016	MEDINA	24
78017	FRIO	7
78022	LIVE OAK	2
-78023	BEXAR	463
78024	KERR	3
78025	KERR	8
78026	ATASCOSA	5
78027	KENDALL	2
78028	KERR	50
78029	KERR	1
78039	MEDINA	5
78040	WEBB	4
78041	WEBB	13
78043	WEBB	10
78044	WEBB	2
78045	WEBB	20
-78046	WEBB	9
78050	ATASCOSA	2
78052	ATASCOSA	17
78054	BEXAR	1
78055	BANDERA	4
78056	MEDINA	16
78057	FRIO	2
78058	KERR	3
78059	MEDINA	9
78061	FRIO	7
78063	BANDERA	62
78064	ATASCOSA	6
78065	ATASCOSA	22
-78066	MEDINA	6
78069	BEXAR	7
78070	COMAL	52
78071	LIVE OAK	2
78073	BEXAR	16
78076	ZAPATA	2
78101	BEXAR	14
78102	BEE	64
78104	BEE	8
78108	GUADALUPE	40
78109	BEXAR	61
78112	BEXAR	9
78113	KARNES	4
-78114	WILSON	37
78117	KARNES	3
78118	KARNES	5
78119	KARNES	12
78121	WILSON	19
78123	GUADALUPE	1

78124	GUADALUPE	5
78130	COMAL	90
78131	COMAL	2
78132	COMAL	48
78133	COMAL	38
78140	GONZALES	1
78141	DE WITT	1
-78142	BEE	1
78145	BEE	2
78146	BEE	1
78147	WILSON	1
78148	BEXAR	26
78151	KARNES	1
78152	BEXAR	6
78154	GUADALUPE	67
78155	GUADALUPE	39
78156	GUADALUPE	3
78160	WILSON	4
78161	WILSON	1
78162	BEE	3
-78163	COMAL	43
78164	DE WITT	13
78201	BEXAR	214
78202	BEXAR	17
78203	BEXAR	4
78204	BEXAR	44
78205	BEXAR	11
78207	BEXAR	86
78208	BEXAR	17
78209	BEXAR	302
78210	BEXAR	100
78211	BEXAR	49
78212	BEXAR	199
-78213	BEXAR	208
78214	BEXAR	33
78215	BEXAR	22
78216	BEXAR	170
78217	BEXAR	79
78218	BEXAR	69
78219	BEXAR	18
78220	BEXAR	11
78221	BEXAR	73
78222	BEXAR	27
78223	BEXAR	95
78224	BEXAR	35
78225	BEXAR	26
-78226	BEXAR	20
78227	BEXAR	162
78228	BEXAR	264
78229	BEXAR	428
78230	BEXAR	557
78231	BEXAR	118
78232	BEXAR	206
78233	BEXAR	104
78235	BEXAR	3

78236	BEXAR	1
78237	BEXAR	93
78238	BEXAR	131
78239	BEXAR	50
-78240	BEXAR	694
78242	BEXAR	59
78244	BEXAR	45
78245	BEXAR	280
78246	BEXAR	2
78247	BEXAR	180
78248	BEXAR	187
78249	BEXAR	737
78250	BEXAR	405
78251	BEXAR	243
78252	BEXAR	21
78253	BEXAR	199
78254	BEXAR	454
-78255	BEXAR	235
78256	BEXAR	178
78257	BEXAR	105
78258	BEXAR	357
78259	BEXAR	128
78260	BEXAR	158
78261	BEXAR	56
78263	BEXAR	8
78264	BEXAR	9
78265	BEXAR	2
78266	COMAL	17
78268	BEXAR	5
78269	BEXAR	13
-78270	BEXAR	5
78278	BEXAR	15
78280	BEXAR	3
78283	BEXAR	5
78296	BEXAR	1
78332	JIM WELLS	5
78335	SAN PATRICIO	5
78336	SAN PATRICIO	12
78343	NUECES	1
78344	WEBB	2
78355	BROOKS	1
78357	DUVAL	1
78358	ARANSAS	1
-78362	SAN PATRICIO	8
78363	KLEBERG	4
78364	KLEBERG	1
78368	SAN PATRICIO	5
78370	SAN PATRICIO	2
78372	JIM WELLS	1
78373	NUECES	96
78374	SAN PATRICIO	6
78377	REFUGIO	1
78380	NUECES	1
78381	ARANSAS	3
78382	ARANSAS	19

78383	JIM WELLS	3
-78384	DUVAL	2
78387	SAN PATRICIO	1
78389	BEE	7
78390	SAN PATRICIO	1
78391	BEE	1
78401	NUECES	1
78404	NUECES	9
78410	NUECES	4
78411	NUECES	3
78412	NUECES	17
78413	NUECES	9
78414	NUECES	16
78415	NUECES	4
-78416	NUECES	2
78418	NUECES	25
78466	NUECES	1
78480	NUECES	1
78501	HIDALGO	230
78502	HIDALGO	14
78503	HIDALGO	51
78504	HIDALGO	470
78505	HIDALGO	2
78516	HIDALGO	32
78520	CAMERON	278
78521	CAMERON	284
78522	CAMERON	1
-78523	CAMERON	9
78526	CAMERON	260
78535	CAMERON	1
78536	STARR	3
78537	HIDALGO	36
78538	HIDALGO	22
78539	HIDALGO	684
78540	HIDALGO	66
78541	HIDALGO	366
78542	HIDALGO	166
78543	HIDALGO	34
78547	STARR	1
78548	STARR	1
-78550	CAMERON	114
78551	CAMERON	3
78552	CAMERON	104
78553	CAMERON	7
78557	HIDALGO	16
78558	HIDALGO	13
78559	CAMERON	23
78560	HIDALGO	3
78562	HIDALGO	5
78563	HIDALGO	1
78565	HIDALGO	1
78566	CAMERON	48
78567	CAMERON	1
-78569	WILLACY	8
78570	HIDALGO	33

78572	HIDALGO	123
78573	HIDALGO	60
78574	HIDALGO	76
78575	CAMERON	74
78576	HIDALGO	7
78577	HIDALGO	106
78578	CAMERON	31
78579	HIDALGO	2
78580	WILLACY	19
78582	STARR	18
78583	CAMERON	5
-78584	STARR	2
78586	CAMERON	72
78589	HIDALGO	64
78591	STARR	1
78593	CAMERON	4
78594	WILLACY	2
78595	HIDALGO	3
78596	HIDALGO	56
78597	CAMERON	20
78599	HIDALGO	21
78602	BASTROP	266
78605	BURNET	22
78606	BLANCO	22
-78609	LLANO	11
78610	HAYS	238
78611	BURNET	40
78612	BASTROP	75
78613	WILLIAMSON	376
78614	GONZALES	1
78615	WILLIAMSON	9
78616	CALDWELL	38
78617	TRAVIS	97
78619	HAYS	41
78620	HAYS	121
78621	BASTROP	220
78622	CALDWELL	3
-78623	COMAL	3
78624	GILLESPIE	33
78626	WILLIAMSON	78
78627	WILLIAMSON	4
78628	WILLIAMSON	150
78629	GONZALES	7
78630	WILLIAMSON	4
78631	GILLESPIE	3
78632	GONZALES	3
78633	WILLIAMSON	115
78634	WILLIAMSON	93
78636	BLANCO	13
78638	GUADALUPE	2
-78639	LLANO	18
78640	HAYS	269
78641	WILLIAMSON	268
78642	WILLIAMSON	60
78643	LLANO	11

78644	CALDWELL	66
78645	TRAVIS	65
78646	WILLIAMSON	4
78648	CALDWELL	10
78650	BASTROP	19
78651	TRAVIS	1
78652	TRAVIS	58
78653	TRAVIS	182
-78654	BURNET	36
78655	CALDWELL	8
78656	CALDWELL	6
78657	BURNET	16
78659	BASTROP	24
78660	TRAVIS	596
78661	CALDWELL	1
78662	BASTROP	14
78663	BLANCO	7
78664	WILLIAMSON	223
78665	BLANCO	176
78666	HAYS	123
78667	HAYS	3
-78669	TRAVIS	68
78671	GILLESPIE	3
78672	LLANO	2
78674	WILLIAMSON	1
78676	HAYS	65
78680	WILLIAMSON	9
78681	WILLIAMSON	224
78683	WILLIAMSON	1
78691	TRAVIS	6
78701	TRAVIS	217
78702	TRAVIS	429
78703	TRAVIS	1220
78704	TRAVIS	798
-78705	TRAVIS	1202
78708	TRAVIS	11
78709	TRAVIS	5
78711	TRAVIS	3
78712	TRAVIS	107
78713	TRAVIS	66
78714	TRAVIS	12
78715	TRAVIS	9
78716	TRAVIS	4
78717	WILLIAMSON	185
78718	TRAVIS	1
78719	TRAVIS	8
78720	TRAVIS	6
-78721	TRAVIS	171
78722	TRAVIS	411
78723	TRAVIS	839
78724	TRAVIS	121
78725	TRAVIS	89
78726	TRAVIS	92
78727	TRAVIS	398
78728	TRAVIS	170

78729	WILLIAMSON	264
78730	TRAVIS	94
78731	TRAVIS	1418
78732	TRAVIS	102
78733	TRAVIS	116
-78734	TRAVIS	137
78735	TRAVIS	197
78736	TRAVIS	113
78737	TRAVIS	152
78738	TRAVIS	99
78739	TRAVIS	245
78741	TRAVIS	536
78742	TRAVIS	1
78744	TRAVIS	283
78745	TRAVIS	727
78746	TRAVIS	547
78747	TRAVIS	135
78748	TRAVIS	428
-78749	TRAVIS	464
78750	TRAVIS	356
78751	TRAVIS	1523
78752	TRAVIS	344
78753	TRAVIS	381
78754	TRAVIS	195
78755	TRAVIS	13
78756	TRAVIS	407
78757	TRAVIS	756
78758	TRAVIS	508
78759	TRAVIS	966
78760	TRAVIS	8
78761	TRAVIS	4
-78762	TRAVIS	1
78763	TRAVIS	23
78764	TRAVIS	2
78765	TRAVIS	31
78766	TRAVIS	16
78767	TRAVIS	5
78768	TRAVIS	8
78801	UVALDE	5
78802	UVALDE	1
78832	KINNEY	3
78833	REAL	1
78834	DIMIT	1
78838	UVALDE	2
-78839	ZAVALA	1
78840	VAL VERDE	2
78841	VAL VERDE	1
78842	VAL VERDE	1
78850	MEDINA	2
78852	MAVERICK	7
78853	MAVERICK	1
78861	MEDINA	25
78870	UVALDE	1
78872	ZAVALA	1
78873	REAL	1

78880	EDWARDS	1
78883	BANDERA	1
-78884	UVALDE	3
78885	BANDERA	1
78886	MEDINA	3
78932	FAYETTE	2
78933	AUSTIN	3
78934	COLORADO	1
78938	FAYETTE	1
78940	FAYETTE	7
78941	FAYETTE	9
78942	LEE	18
78944	AUSTIN	2
78945	FAYETTE	26
78946	FAYETTE	3
-78947	LEE	21
78949	FAYETTE	8
78950	AUSTIN	3
78953	BASTROP	16
78954	FAYETTE	10
78956	FAYETTE	2
78957	BASTROP	119
78959	GONZALES	3
78962	COLORADO	5
78963	FAYETTE	2
79015	RANDALL	1
79036	HUTCHINSON	1
79065	GRAY	1
-79072	HALE	1
79092	OLDHAM	1
79101	POTTER	1
79103	POTTER	1
79106	POTTER	3
79109	RANDALL	3
79110	RANDALL	2
79119	RANDALL	2
79121	RANDALL	3
79124	POTTER	1
79237	DONLEY	1
79244	MOTLEY	1
79248	COTTLE	1
-79316	TERRY	2
79322	CROSBY	1
79336	HOCKLEY	1
79364	LUBBOCK	1
79366	LUBBOCK	1
79407	LUBBOCK	4
79410	LUBBOCK	1
79411	LUBBOCK	1
79413	LUBBOCK	1
79416	LUBBOCK	3
79423	LUBBOCK	4
79424	LUBBOCK	3
79502	STONEWALL	1
-79508	TAYLOR	1

79510	CALLAHAN	1
79512	MITCHELL	2
79541	TAYLOR	1
79553	JONES	1
79556	NOLAN	2
79567	RUNNELS	1
79601	TAYLOR	5
79602	TAYLOR	2
79604	TAYLOR	1
79605	TAYLOR	4
79606	TAYLOR	8
79701	MIDLAND	19
-79702	MIDLAND	1
79703	MIDLAND	20
79704	MIDLAND	1
79705	MIDLAND	66
79706	MIDLAND	20
79707	MIDLAND	53
79710	MIDLAND	1
79714	ANDREWS	6
79720	HOWARD	3
79731	CRANE	4
79734	JEFF DAVIS	84
79735	PECOS	7
79739	GLASSCOCK	1
-79741	ECTOR	1
79745	WINKLER	1
79756	WARD	3
79758	ECTOR	3
79760	ECTOR	4
79761	ECTOR	80
79762	ECTOR	173
79763	ECTOR	36
79764	ECTOR	19
79765	ECTOR	80
79766	ECTOR	4
79768	ECTOR	6
79769	ECTOR	1
-79772	REEVES	1
79788	WARD	1
79821	EL PASO	8
79830	BREWSTER	3
79831	BREWSTER	3
79835	EL PASO	17
79836	EL PASO	5
79838	EL PASO	1
79839	HUDSPETH	1
79843	PRESIDIO	4
79849	EL PASO	4
79901	EL PASO	14
79902	EL PASO	383
-79903	EL PASO	68
79904	EL PASO	76
79905	EL PASO	47
79907	EL PASO	102

79908	EL PASO	1
79911	EL PASO	52
79912	EL PASO	949
79913	EL PASO	9
79915	EL PASO	76
79917	EL PASO	1
79922	EL PASO	64
79923	EL PASO	1
79924	EL PASO	113
-79925	EL PASO	132
79926	EL PASO	1
79927	EL PASO	43
79928	EL PASO	80
79930	EL PASO	109
79932	EL PASO	149
79934	EL PASO	53
79935	EL PASO	42
79936	EL PASO	254
79938	EL PASO	110
79943	EL PASO	1
79947	EL PASO	2
79952	EL PASO	1
-79968	EL PASO	19
79995	EL PASO	2
79997	EL PASO	2
	Foreign	3
	OUT OF STATE	2901
TOTAL		120,245

**University of Texas System
Uniform Group Insurance Program
5 Year Dental Plan Monthly Premium Rate History**

	FY2014	FY2015	FY2016	FY2017
	<u>Dental HMO</u>	<u>Dental HMO</u>	<u>Dental HMO</u>	<u>Dental HMO</u>
<u>Employee/Retiree</u>				
Subscriber Only	\$8.55	\$8.89	\$8.89	\$8.89
Subscriber & Spouse	\$16.25	\$16.90	\$16.90	\$16.90
Subscriber & Children	\$17.96	\$18.68	\$18.68	\$18.68
Subscriber & Family	\$25.65	\$26.67	\$26.67	\$26.67
<u>Surviving Spouses</u>				
Spouse Only	\$7.70	\$8.01	\$8.01	\$8.01
Children Only	\$9.41	\$9.79	\$9.79	\$9.79
Spouse & Children	\$17.10	\$17.78	\$17.78	\$17.78

FY2018

**Dental
HMO**

\$8.89

\$16.90

\$18.68

\$26.67

\$8.01

\$9.79

\$17.78

Dental HMO Top 10 Providers by Area

Facility Number Facility Name

49642 ASPEN DENTAL

43835 MONARCH DENTAL- ALLEN

11128 DENTAL REPUBLIC ALLEN PC

59687 ALLEN WHOLE HEALTH DENTISTRY

42188 ACCENT DENTAL GROUP PA

50472 ASPEN DENTAL

634501 DIAMOND DENTAL CARE PC

639201 MANSOUR AHANGARZADEH DDS

13744 MONARCH DENTAL - N. ARLINGTON

13743 MONARCH DENTAL - S. ARLINGTON

43534 BRIDENT DENTAL AND ORTHODONTICS

46869 BRIDENT DENTAL AND ORTHODONTICS

53775 GOODSMILES DENTAL PLLC

56830 VALUE DENTAL OF ARLINGTON

57886 MORGAN ZOETIC PLLC

58214 CALM DENTISTRY

53949 LEGEND DENTAL PLLC

41055 CASTLE DENTAL- HANCOCK

41548 ALAN C WILLIAMS DDS INC

54958 BLVD DENTISTRY-AUSTIN PLLC

34735 CASTLE DENTAL- BAKER LANE

41053 CASTLE DENTAL- CORNERS

700001 JAMES CORDERA DDS

41051 CASTLE DENTAL- BARTON CREEK

33157 ONION CREEK FAMILY DENTISTRY

48606 HILL COUNTRY DENTIST AND ORTHO

39441 CASTLE DENTAL BASTROP

59251 BASTROP MODERN DENTISTRY

698201 PRO DENTAL PC

41514 LOVETT DENTAL

44038 SAGE DENTAL

437 ROYAL DENTAL

58516 BAYTOWN MODERN DENTISTRY

21781 LOVETT DENTAL

53533 GULFSIDE DENTAL

13745 MONARCH DENTAL - BEDFORD

15462 BRANSON DENTAL

49653 COMMUNITY ACTION HEALTH CENTER

36456 PREMIER DENTAL CARE

44952 ABC FAMILIY DENTAL CARE

57870 BRIDENT DENTAL AND ORTHODONTICS

54327 BRYAN MODERN DENTISTRY

43458 ELEMENT DENTAL

58721 DAFTARIAN DENTISTRY PA

13670 MONARCH DENTAL - BURLESON

729 BURLESON MODERN DENTISTRY

58235 CENTRO DE SALUD FAMILIAR LA FE INC

13751 MONARCH DENTAL - CARROLLTON

41816 CAROLLTON MODERN DENTISTRY

56139 WESTGROVE DENTAL CARE

43510 BRIDENT DENTAL AND ORTHODONTICS

58034 FAIRWAY DENTAL PA

615401 NORTH DALLAS DENTAL ASSOC

56622 WESTGROVE DENTAL CARE

41792 PEPPERMINT DENTAL-LEWISVILLE

55506 METROPLEX DENTAL CARE

40733 DR PHILS FAMILY DENTAL CARE

13671 MONARCH DENTAL - CEDAR HILL

732 CEDAR HILL MODERN DENTISTRY

53930 UPTOWN DENTAL

41052 CASTLE DENTAL-CEDAR PARK

41923 CEDAR PARK MODERN DENTISTRY

49499 MARKET STREET FAMILY DENTAL, PLLC

23619 GMS DENTAL CENTER CHANNELVIEW

41471 TRINITY DENTAL

16075 ROBERT LASELL DDS

49742 ASPEN DENTAL

36365 LOVETT DENTAL

703201 MONARCH DENTAL ASSOCIATES LP

32828 DR ROBERTO K GILES

43466 ELEMENT DENTAL

716701 CONWOOD DENTAL ASSOC

46763 LAKE CONROE DENTISTRY

43608 BRIDENT DENTAL AND ORTHODONTICSL

56153 RIVERCHASE DENTAL CARE

59890 GREAT EXPRESSIONS DENTAL CENTERS

13749 MONARCH DENTAL - CORINTH

16113 LOVETT DENTAL

48877 ASPEN DENTAL

16096 MORGAN STREET DENTAL

53754 TIDE DENTAL PLLC

41859 PICASSO DENTAL

41468 TRINITY CROSBY

58212 CROSS ROADS SMILES DENTISTRY

23860 CASTLE DENTAL

17146 CYPRESS MILL DENTAL

45917 CYPRESS DENTAL GROUP AND ORTHODONTICS

664 CYPRESS DENTISTRY

34925 LIFETIME DENTAL

56209 FAIRFIELD DENTAL CARE AND ORTHODONTICS

54723 CYPRESS CROSSROADS DENTAL GROUP

59012 NORTH CYPRESS SMILES DENTISTRY

13826 MONARCH DENTAL - OAK LAWN

54094 HIGHLAND SMILES DENTAL

13823 MONARCH DENTAL - MOCKINGBIRD

18416 FOREST LANE DENTAL

11129 DENTAL REPUBLIC OAK CLIFF PC

13810 MONARCH CASTLE-CASA LINDA

11648 DENTAL REPUBLIC BACHMAN LAKE

58769 BUCK MOLINA LLC

55509 METROPLEX DENTAL CARE

54810 PRESTON ONE DENTAL STUDIO & ORTHODONTICS

13737 MONARCH DENTAL - DENTON

54856 DENTON MODERN DENTISTRY AND ORTHODONTICS

58526 PHEE DENTAL GROUP

58005 GREAT EXPRESSIONS DENTAL CENTERS

50424 COMFORT SMILE DENTAL

56259 DUNCANVILLE DENTAL CARE

13672 MONARCH DENTAL - DUNCANVILLE

56543 DUNCANVILLE DENTAL CARE

48250 VISTA DENTAL

715801 MONARCH DENTAL
56893 SUNNY SMILES
608501 WALTER L. TIPPIN DDS & PAUL APILADO DDS, INC.
48638 SUNNY SMILES KIDS & ADULT DENTISTRY
40124 ZARAGOZA DENTAL CARE
58237 CENTRO DE SALUD FAMILIAR LA FE INC
55674 YARBROUGH DENTAL GROUP PLLC

56574 ENNIS FAMILY DENTISTRY PLLC

48599 GLADE MODERN DENTISTRY
707901 MONARCH DENTAL CASTLE EULESS
57885 MORGAN ZOETIC PLLC
43509 BRIDENT DENTAL AND ORTHODONTICS

58002 GREAT EXPRESSIONS DENTAL CENTERS

42043 FORNEY MODERN DENTISTRY&ORTHO
53745 DENTAL FAMILY CIRCLE PLLC

16311 CONFI DENTAL PA
56244 WOODCREEK DENTAL CARE
41817 HULEN MODERN DENTISTRY PC
13673 MONARCH DENTAL - RIDGMAR
41789 ARCHSTONE DENTAL- HULEN PLLC
41796 ARCHSTONE DENTAL- BEACH PLLC
55675 FORT WORTH GENTAL DENTAL
13169 CROSS DENTAL
53897 NDS DENTAL
19003 MONARCH DENTAL - SEMINARY
54137 BRIDENT DENTAL - SOUMAVA SEN, DDS
55181 DR WILLIAM HANNA
651101 EARL MITCHELL DDS

8381 DENTAL GALLERY INC
56756 FRIENDSWOOD MODERN DENTISTRY
56495 FRIENDSWOOD MODERN DENTISTRY
54088 BAYBROOK MALL DENTAL PC

32347 MONARCH DENTAL - FRISCO
28710 PRECISION SMILES
55186 NEW SMILES DENTAL EXCELLENCE
42088 ELDORADO SMILES AND ORTHO
54873 SERENE DENTISTRY PLLC
56059 VILLAGE ELM DENTAL CARE

56573 SADDLEBROOK DENTAL AND ORTHODONTICS

54846 GULFSIDE DENTAL GALVESTON PLLC
16102 BROADWAY DENTAL

48640 FIREWHEEL MODERN DENTISTRY
13746 MONARCH DNTL GARLAND BELTLINE
687501 AMERICAN SUNSET DENTAL CENTER
13747 MONARCH DENTAL - S. GARLAND
56104 UNIVERSAL DENTAL CLINIC
59354 WALNUT FAMILY DENTISTRY
43507 BRIDENT DENTAL AND ORTHODONTICS
56131 EASTVIEW DENTAL CARE
59811 JEFFERSON DENTAL CARE

51557 CASTLE DENTAL - GEORGETOWN
53950 LEGEND DENTAL - GEORGETOWN PLLC

43834 MONARCH DENTAL- GRANBURY
41858 ARCHSTONE DENTAL

13686 MONARCH DENTAL GRAND PRAIRIE
53747 IGNATIUS FAMILY & COSMETIC DENTISTRY
56285 KENPAN HU DMD
56142 LAKEVIEW DENTAL CARE
59846 JDC HEALTHCARE
59880 JEFFERSON DENTAL CARE

22178 SMILES FOR YOU
13742 MONARCH DENTAL - GRAPEVINE

41855 PEPPERMINT DENTAL

53076 ABC FAMILY DENTAL CARE
54119 BRIDENT DENTAL AND ORTHODONTICS

678801 GMS DENTAL CENTER MED CENTER
53434 BLVD DENTISTRY
21779 LOVETT DENTAL
664101 MONARCH DENTAL ASSOCIATES LP
58058 JEREMY WADE CHANCE DDS PA
55939 SOUTHERN DENTAL AT PALM CENTER
54849 LOVETT DENTAL
663901 MONARCH DENTAL ASSOCIATES LP
36199 CASTLE DENTAL- NORTH SHEPHERD
51950 LEGACY COMMUNITY HEALTH SERVICES INC

55944 SOUTHERN DENTAL AT DEERBROOK
45966 ATASCOCITA MODERN DENTISTRY
31439 LOVETT DENTAL
43467 ELEMENT DENTAL

55523 CAPSTONE DENTISTRY PLLC
711401 HUMBLE DENTAL ASSOC
37918 ROYAL DENTAL
56269 LAKE HOUSTON DENTAL CARE
707201 CASTLE DTL ASSOC OF TEXAS PC
56212 PARK LAKES DENTAL CARE

55077 ELEMENT DENTAL HUNTSVILLE

22819 CHARLES BRADLEY DDS INC
57249 BRIDENT DENTAL AND ORTHODONTICS
13752 MONARCH DENTAL CASTLE - HURST

58543 HUTTO MODERN DENTISTRY

14438 ANTHONY HENEGAR DDS
41460 HOWARD O PANGBURN JR DDS INC
13738 MONARCH DENTAL - IRVING
13741 MONARCH DENTAL - VALLEY RANCH
687601 IRVING DENTAL GROUP
59658 IRVING FAMILY DENTAL
59805 JEFFERSON DENTAL CARE

53358 HIGHLANDS DENTAL GROUP
55943 SOUTHERN DENTAL AT KATY
45296 KATY MODERN DENTISTRY & ORTHO
45639 GRAND LAKES DENTAL GRP
25042 CINCO RANCH DENTAL PA
38319 NEW AGE DENTAL
18816 DENTAL CENTER OF TEXAS
59572 FULSHEAR MODERN DENTISTRY
37304 LOVETT DENTAL
703001 MONARCH DENTAL ASSOCIATES LP

55955 RIDGE POINT DENTAL
53750 M DENTISTRY
60082 ABC FAMILY DENTAL
16239 OASIS DENTAL

23376 SALVADOR MARRERO DDS
51466 CASTLE DENTAL - KILLEEN

49654 COMMUNITY ACTION HEALTH CENTER

59431 LAKE HOUSTON SMILES DENTISTRY

31322 CASTLE DENTAL CENTER

44030 SAGE DENTAL

49316 GMS DENTAL CENTER

13992 BENT TREE DENTAL ASSOC
56755 LAKE JACKSON MODERN DENTISTRY

13684 MONARCH DENTAL - LAKE WORTH

49461 VITO H RUIZ DDS

23856 CASTLE DENTAL
45300 LEAGUE CITY MODERN DENT
56432 LEAGUE CITY SMILES
56247 GULF BREEZE DENTAL CARE
58817 LEAGUE CITY ELITE DENTISTRY

46098 COMMON ROOTS FAMILY DENTAL
54790 CASTLE HILLS SMILES DENTISTRY
57999 GREAT EXPRESSIONS DENTAL CENTERS
13750 MONARCH DENTAL - LEWISVILLE
43833 MONARCH DENTAL- THE COLONY

32348 MONARCH DENTAL - LITTLE ELM

58043 TRINITY DENTAL

53945 FRESH DENTAL LONGVIEW PLLC
51732 ASPEN DENTAL

43457 ELEMENT DENTAL
56291 ASPEN DENTAL

50326 CASTLE DENTAL
56637 FAVOR DENTAL
56258 PINE CREEK DENTAL

13683 MONARCH DENTAL - MANSFIELD
42044 MANSFIELD SMILES AND ORTHO
41864 PICASSO DENTAL
56601 MANSFIELD SMILES AND ORTHODONTICS
55968 LOWES FARM DENTAL CARE
58051 GREAT EXPRESSIONS DENTAL CENTERS

56313 MIDNITE DENTAL PLLC
54516 BRIDENT DENTAL AND ORTHODONTICS SOUMAVA SEN DD
54517 BRIDENT DENTAL AND ORTHODONTICS

22820 MONARCH DNTL MCKINNEY CUSTER
41802 PEPPERMINT DENTAL-MCKINNEY
13681 MONARCH DENTAL - MCKINNEY

41818 MCKINNEY DENTAL GROUP&ORTHO
56106 EAGLE POINT DENTAL CARE
58484 STARLITE DENTAL

54658 MESQUITE DENTAL GROUP
56141 CREEK CROSSING DENTAL CARE & ORTHO
13748 MONARCH DENTAL - MESQUITE
48327 AMERISMILES DENTAL OF MESQUITE
55510 METROPLEX DENTAL CARE
49504 CHARLES M SAUTER DDS
49652 OKAN DENAL PLLC

45661 SIENNA MODERN DENTISTRY
671701 OPAL MARIE BRANDY DDS
40922 BD DENTAL
36833 CASTLE DENTAL- MISSOURI CITY
40381 LOVETT DENTAL
56270 PARKWAY DENTAL

27059 MONARCH DENTAL - MURPHY
56225 MURPHY CROSSING DENTAL CARE

56434 NRH MODERN DENTISTRY
13678 MONARCH DENTAL - NRH
13680 MONARCH DENTAL - KELLER

42682 WESTPOINTE MODERN DENTISTRY
54441 ASPEN DENTAL
57843 NEW BRAUNFELS MODERN DENTISTRY

56289 LIMA DENTAL

59388 PARIS CHILDREN'S DENTISTRY

703901 CASTLE DTL ASSOC OF TEXAS PC
55938 SOUTHERN DENTAL AT PASADENA PLLC
664801 MONARCH DENTAL ASSOCIATES LP
21777 LOVETT DENTAL
54841 BRIDENT DENTAL & ORTHODONTICS
44044 SAGE DENTAL

45301 PEARLAND MODERN DENTISTRY
26308 ACCENT DENTAL
44041 SAGE DENTAL
38709 TEXAS DENTAL ASSOC PA
11822 CASTLE DENTAL CENTER
53243 PEARLAND DENTISTS
56238 HIGHLAND DENTAL CARE AND ORTHODONTICS
58722 ROYAL DENTAL

35362 CASTLE DENTAL CENTER
41922 PFLUGERVILLE MODERN DENTISTRY

41820 PLANO MODERN DENTISTRY
13675 MONARCH DENTAL - N PLANO
41813 WEST PLANO MODERN DENTISTRY
55558 TEXAS DENTAL SPECIALISTS
55667 METROPLEX DENTAL CARE PLLC
56138 FAMILY FIRST DENTAL CARE
649001 LARRY WHITING DDS

56116 GULFSIDE DENTAL PORT ARTHUR

13812 MONARCH DENTAL - RED OAK

706401 ARTHUR LUK DDS
54822 RICHARDSON FAMILY DENTISTRY
22818 CHONG DENTAL & ASSOC
56657 LAXMI SAI DENTAL PLLC

33734 CASTLE DENTAL RICHMOND
56271 WATERSIDE DENTAL CARE

56804 ROANOKE DENTAL GROUP AND ORTHODONTICS

13824 MONARCH DENTAL - ROCKWALL
42089 ROCKWALL MODERN DNTSTY & ORTHO

28313 CASTLE DENTAL CENTERS
2954 ACE T DENTAL PA

38227 FAMILY DENTISTRY
55141 ROUND ROCK COMFORT DENTISTRY PLLC
48676 ROUND ROCK DENTISTS
706301 CASTLE DTL ASSOC OF TEXAS PC
34736 CASTLE DENTAL- O'CONNOR
11221 PARAMOUNT DENTAL
55172 ROUND ROCK MODERN DENTISTRY
51442 CASTLE VALLEY - PALM VALLEY
58685 GREAT EXPRESSIONS DENTAL CENTERS OF TEXAS
59684 GREENLAWN DENTAL

32339 MONARCH DENTAL - ROWLETT
41861 PEPPERMINT DENTAL
55957 DALROCK DENTAL CARE
58267 SMILE EFFECTS DENTAL & ORTHODONTICS

56335 FOSSIL RANCH DENTAL CARE

42082 BANDERA MODERN DENTISTRY
36384 MONARCH DENTAL-BANDERA
40383 MONARCH DENTAL DE ZAVALA
56252 THE RIM DENTAL CARE AND ORTHODONTICS
645201 JACOB PARK DDS
36984 MONARCH DENTAL-POTRANCO VLLGE
43341 DENTAL WELLNESS CENTER
36454 MONARCH DENTAL-CULEBRA
37919 MONARCH DENTAL- FREDERICKS
7912 ANDREW DE LA GARZA DDS

43965 CRESCENT DENTAL

36997 MONARCH DENTAL-SCHERTZ

56827 VALUE DENTAL PLLC

29848 CHARLES CLEVELAND DDS

40382 MONARCH DENTAL -FORUM
49641 ASPEN DENTAL

41800 PEPPERMINT DENTAL-SHERMAN

55200 JR DENTAL GROUP, PLLC

59895 JEFFERSON DENTAL CARE

45307 HANOVER SMILES DNT GRP & ORTH
45894 SPRING CYPRESS MODERN DENTISTRY
28919 FAMILY DENTAL CARE
706901 CASTLE DTL ASSOC OF TEXAS PC
43468 ELEMENT DENTAL
56211 IMPERIAL OAKS DENTAL CARE
23399 SMILECRAFTERS PA
33395 ROYALTY DENTAL ASSOC
35453 ROYALTY DENTAL ASSOCIATES
25204 TERRY WINCHESTER DDS

59249 BULVERDE DENTISTRY

55942 SOUTHERN DENTAL AT SUGARLAND

49747 SUGAR LAND FAMILY DENTISTRY
23621 GMS DENTAL CENTER SUGAR LAND
9148 ROYAL DENTAL
45320 SUGAR LAND MODERN DENTISTRY
701501 CASTLE DTL ASSOC OF TEXAS PC

45826 SUGAR LAND DENTAL GROUP AND ORTHODONTICS
25492 TOTAL DENTAL- CHRIS K TO DDS
54194 SMILES ON GREATWOOD DENTISTRY
8929 CRESCENTWOOD DENTAL ASSOC
54172 FIRST COLONY MALL DENTAL PC

36511 CASTLE DENTAL -SUNSET VALLEY

55866 ASPEN DENTAL

697301 WOODLANDS DENTAL CARE
8326 WOODLANDS DENTAL PARTNERS

41470 TRINITY DENTAL
43461 ELEMENT DENTAL
54742 TOMBALL SMILES DENTISTRY

56378 FRESH DENTAL AND ORTHODONTICS
53946 FRESH DENTAL PLLC
42184 KAYCARE FAMILY DENTAL PC
49613 ASPEN DENTAL
57487 BROADWAY DENTAL

42478 KITTY HAWK SMILES DNSTY&ORTHO
56249 PAT BOOKER DENTAL CARE

58856 ASPEN DENTAL
53947 STONEHAVEN DENTAL PLLC
51471 CASTLE DENTAL
56292 ASPEN DENTAL

26797 BRANSON DENTAL WATAUGA

26838 MONARCH DENTAL - WAXAHACHIE
41857 PICASSO DENTAL

32349 MONARCH DENTAL - WEATHERFORD
41854 ARCHSTONE DENTAL

55940 SOUTHERN DENTAL AT BAYBROOK
704001 CASTLE DTL ASSOC OF TEXAS PC
652101 JACQUELINE PARK DDS
34195 TEXAS DENTAL ASSOC PA

56245 WILLIS POINT DENTAL CARE

41812 WOODBRIDGE DENTAL GROUP&ORTHO
58028 GREAT EXPRESSIONS DENTAL CENTERS

Address	City	State	ZIP	Subscriber Count
3882 S CLACK ST	ABILENE	TX	79606	0
204 CENTRAL EXPY S STE 59	ALLEN	TX	75013	12
508 W MCDERMOTT DR STE 100	ALLEN	TX	75013	8
915 W EXCHANGE PKWY STE 170	ALLEN	TX	75013	3
161 N BYPASS 35 STE E	ALVIN	TX	77511	17
3819 W INTERSTATE 40	AMARILLO	TX	79109	0
4050 W INTERSTATE 20	ARLINGTON	TX	76017	52
803 WASHINGTON DR	ARLINGTON	TX	76011	34
1005 N COLLINS ST STE 100	ARLINGTON	TX	76011	33
5760 W PLEASANT RIDGE RD	ARLINGTON	TX	76016	25
3779 S COOPER ST	ARLINGTON	TX	76015	16
2142 N COLLINS ST	ARLINGTON	TX	76011	13
2535 E ARKANSAS LN STE 339	ARLINGTON	TX	76010	13
5081 LITTLE SCHOOL RD STE 109	ARLINGTON	TX	76017	8
2301 N COLLINS ST STE 230	ARLINGTON	TX	76011	5
2011 W BARDIN RD	ARLINGTON	TX	76017	4
2525 W ANDERSON LN BLDG 3 Ste 300	AUSTIN	TX	78757	104
1000 E 41ST ST # 230	AUSTIN	TX	78751	111
10711 BURNET RD STE 300	AUSTIN	TX	78758	64
1920 E RIVERSIDE DR SUITE A-140	AUSTIN	TX	78741	71
10710 RESEARCH BLVD STE 302	AUSTIN	TX	78759	63
3001 S LAMAR BLVD STE 100	AUSTIN	TX	78704	52
8229 SHOAL CREEK BLVD STE 109	AUSTIN	TX	78757	51
2901 S CAPITAL OF TEXAS HWY	AUSTIN	TX	78746	52
11215 S INTERSTATE 35 STE 116	AUSTIN	TX	78747	39
4005 MARKET ST STE 150	AUSTIN	TX	78738	44
717 HWY 71 WEST #300	BASTROP	TX	78602	28
1670 HIGHWAY 71 EAST Suite A	BASTROP	TX	78602	4
4310 GARTH RD	BAYTOWN	TX	77521	3
6502 GARTH RD STE 100	BAYTOWN	TX	77521	4
5010 GARTH RD STE 204	BAYTOWN	TX	77521	3
6644 GARTH RD	BAYTOWN	TX	77521	4
6331 GARTH RD STE 100	BAYTOWN	TX	77521	2
4105 DOWLEN RD STE A	BEAUMONT	TX	77706	6
4179 DOWLEN RD	BEAUMONT	TX	77706	4
1717 AIRPORT FWY	BEDFORD	TX	76021	10
1220 AIRPORT FWY STE F	BEDFORD	TX	76022	7
301 S HILLSIDE DR STE 5, 6 & 15	BEEVILLE	TX	78102	4

5420 BELLAIRE BLVD BLDG 4	BELLAIRE	TX	77401	22
4430 E 14TH ST UNIT C	BROWNSVILLE	TX	78521	16
2960 BOCA CHICA BLVD	BROWNSVILLE	TX	78521	8
3001 WILDFLOWER DR STE 511	BRYAN	TX	77802	2
910 N EARL RUDDER FWY STE 100	BRYAN	TX	77802	3
2710 OSLER BLVD	BRYAN	TX	77802	1
140 NW JOHN JONES DR STE 120	BURLESON	TX	76028	12
185 NW JOHN JONES DR STE 600	BURLESON	TX	76028	1
1713 BANKER RD	CANUTILLO	TX	79835	1
2540 OLD DENTON RD STE 188	CARROLLTON	TX	75006	12
2604 OLD DENTON RD STE 112	CARROLLTON	TX	75007	8
3012 E HEBRON PKWY STE 108	CARROLLTON	TX	75010	6
2217 MARSH LN	CARROLLTON	TX	75006	5
1616 W HEBRON PKWY STE 100	CARROLLTON	TX	75010	6
2101 MIDWAY RD STE 250	CARROLLTON	TX	75006	7
3012 E HEBRON PKWY STE 108	CARROLLTON	TX	75010	4
1616 W HEBRON PKWY STE 100	CARROLLTON	TX	75010	5
1235 S JOSEY LN STE 534	CARROLLTON	TX	75006	3
8008 WEST AVE STE 1	CASTLE HILLS	TX	78213	19
420 E PLEASANT RUN RD STE 390	CEDAR HILL	TX	75104	10
398 EAST FM 1382 STE B	CEDAR HILL	TX	75104	5
642 UPTOWN BLVD STE 160	CEDAR HILL	TX	75104	2
401 E WHITESTONE BLVD STE C105	CEDAR PARK	TX	78613	17
1455 E WHITESTONE BLVD STE 127	CEDAR PARK	TX	78613	14
2800 E WHITESTONE BLVD STE 225	CEDAR PARK	TX	78613	7
15201 EAST FWY STE 225	CHANNELVIEW	TX	77530	3
106 TRULY PLZ	CLEVELAND	TX	77327	3
1605 ROCK PRAIRIE RD STE 314	COLLEGE STA	TX	77845	3
1530 TEXAS AVE S #300	COLLEGE STATIC	TX	77840	0
1317 W DAVIS ST STE D	CONROE	TX	77304	4
1410 N LOOP 336 W STE A	CONROE	TX	77304	7
402 SIMONTON ST STE 100	CONROE	TX	77301	4
1403 N LOOP 336 W STE C	CONROE	TX	77304	2
27866 C I 45 N	CONROE	TX	77385	2
3915 W DAVIS ST STE 160	CONROE	TX	77304	1

8455 CRESTWAY DR STE 101	CONVERSE	TX	78109	3
761 S MACARTHUR BLVD STE 117	COPPELL	TX	75019	14
143 S DENTON TAP RD STE 180	COPPELL	TX	75019	2
7650 S INTERSTATE 35 E STE 152	CORINTH	TX	76210	2
4901 S PADRE ISLAND DR	CORPUS CHRISTI TX		78411	2
5425 S PADRE ISLAND DR	CORPUS CHRISTI TX		78411	3
1306 MORGAN AVE	CORPUS CHRISTI TX		78404	1
5858 S PADRE ISL DR #54A	CORPUS CHRISTI TX		78412	1
3811 WEST STATE HWY 31 #801	CORSICANA	TX	75110	3
14045 FM 2100 RD TRLR 250	CROSBY	TX	77532	3
11650 US HIGHWAY 380 STE 100	CROSSROADS	TX	76227	1
25823 HIGHWAY 290 STE E	CYPRESS	TX	77429	9
14315 CYPRESS ROSEHILL RD STE 150	CYPRESS	TX	77429	5
17814 SPRING CYPRESS RD STE 101	CYPRESS	TX	77429	3
9727 BARKER CYPRESS RD STE 600	CYPRESS	TX	77433	2
10750 BARKER CYPRESS RD STE 111	CYPRESS	TX	77433	3
15040 FAIRFIELD VILLAGE SQUARE DR STE 2	CYPRESS	TX	77433	3
14041 GRANT RD SUITE 110	CYPRESS	TX	77429	2
28610 HWY 290, STE F01	CYPRESS	TX	77433	1
4140 LEMMON AVE STE 290	DALLAS	TX	75219	50
4925 MCKINNEY AVE STE 101	DALLAS	TX	75205	49
5400 E MOCKINGBIRD LN STE 219	DALLAS	TX	75206	42
11722 MARSH LN STE 349	DALLAS	TX	75229	26
428 E JEFFERSON BLVD STE 103	DALLAS	TX	75203	21
9440 GARLAND RD STE 230	DALLAS	TX	75218	21
3211 W NORTHWEST HWY	DALLAS	TX	75220	20
4245 N CENTRAL EXPY	DALLAS	TX	75205	17
2525 WYCLIFF AVE #107	DALLAS	TX	75219	16
18111 PRESTON RD STE 100	DALLAS	TX	75252	11
2201 S INTERSTATE 35 E STE 121C	DENTON	TX	76205	5
1300 S LOOP 288 STE 100	DENTON	TX	76205	4
4920 TEASLEY LN STE 160	DENTON	TX	76210	3
2430 S INTERSTATE 35 E STE 210	DENTON	TX	76205	1
216 DALTON DR	DESOTO	TX	75115	6
715 W WHEATLAND RD	DUNCANVILLE	TX	75116	21
201 S CEDAR RIDGE DR	DUNCANVILLE	TX	75116	11
715 W WHEATLAND RD	DUNCANVILLE	TX	75116	3
656 S JACKSON RD	EDINBURG	TX	78539	50

7040 N MESA ST STE A	EL PASO	TX	79912	71
5929 CROMO DR STE B	EL PASO	TX	79912	29
3021 TRAWOOD DR STE1B	EL PASO	TX	79936	23
10039 DYER ST	EL PASO	TX	79924	24
1788 N ZARAGOZA RD	EL PASO	TX	79936	18
700 S OCHOA ST	EL PASO	TX	79901	11
1188 N YARBROUGH DR. STE A	EL PASO	TX	79925	12
1011 E ENNIS AVE STE A	ENNIS	TX	75119	2
1301 W GLADE RD STE 110	EULESS	TX	76039	15
2721 STATE HIGHWAY 121 STE 300	EULESS	TX	76039	12
1060 N MAIN ST STE 103	EULESS	TX	76039	4
1101 N MAIN ST	EULESS	TX	76039	2
3424 LONG PRAIRIE RD STE 300	FLOWER MOUND	TX	75022	4
101 NORTH FM 548 STE 105	FORNEY	TX	75126	8
992 E US HIGHWAY 80 STE D	FORNEY	TX	75126	5
1401 W BERRY ST	FORT WORTH	TX	76110	6
6729 BRIDGE ST	FORT WORTH	TX	76112	5
4833 S HULEN ST STE 101	FORT WORTH	TX	76132	4
1900 MALL CIR	FORT WORTH	TX	76116	4
4800 S HULEN ST STE 102	FORT WORTH	TX	76132	4
7630 N BEACH ST STE 130	FORT WORTH	TX	76137	4
3613 HULEN ST	FORT WORTH	TX	76107	4
7925 WHITNEY DR	FORT WORTH	TX	76108	3
3740 S UNIVERSITY DR STE 201	FORT WORTH	TX	76109	2
4200 SOUTH FWY STE 15	FORT WORTH	TX	76115	2
4511 WESTERN CENTER BLVD	FORT WORTH	TX	76137	2
1124 S LAKE ST STE C	FORT WORTH	TX	76104	2
1511 E BERRY ST	FORT WORTH	TX	76119	2
102 W EL DORADO BLVD STE C1	FRIENDSWOOD	TX	77546	12
1780 S FRIENDSWOOD DR STE A	FRIENDSWOOD	TX	77546	9
1780 S FRIENDSWOOD DR STE A	FRIENDSWOOD	TX	77546	10
1012 BAYBROOK MALL	FRIENDSWOOD	TX	77546	8
5404 PRESTON RD STE 108	FRISCO	TX	75034	7
1901 FM 423 STE 100	FRISCO	TX	75033	8
2875 W MAIN ST	FRISCO	TX	75034	4
5105 ELDORADO PKWY STE 150	FRISCO	TX	75033	3
11501 CUSTER RD STE 100	FRISCO	TX	75035	4
2832 ELDORADO PKWY STE 210	FRISCO	TX	75033	1
905 E HIGHWAY 82 STE 120	GAINESVILLE	TX	76240	1

6026 SEAWALL BLVD STE B	GALVESTON	TX	77551	160
3901 BROADWAY ST	GALVESTON	TX	77550	41
5129 N GARLAND AVE STE 700	GARLAND	TX	75040	15
3325 BELT LINE RD	GARLAND	TX	75044	12
328 W HWY 30 STE 1	GARLAND	TX	75043	10
1101 W CENTERVILLE RD STE 200	GARLAND	TX	75041	8
107 N 1ST ST STE B	GARLAND	TX	75040	4
2221 W WALNUT ST	GARLAND	TX	75042	4
780 E CENTERVILLE RD	GARLAND	TX	75041	4
2306 GUTHRIE RD STE 180	GARLAND	TX	75043	1
3415 W WALNUT ST	GARLAND	TX	75042	1
4506 WILLIAMS DR STE 105	GEORGETOWN	TX	78633	6
1013 W UNIVERSITY AVE STE 345	GEORGETOWN	TX	78628	5
3902 E US HIGHWAY 377 STE 100	GRANBURY	TX	76049	5
301 EAST HIGHWAY 377 #100	GRANBURY	TX	76048	1
594 W INTERSTATE 20 STE 205	GRAND PRAIRIE	TX	75052	21
4116 S CARRIER PKWY STE 320	GRAND PRAIRIE	TX	75052	11
2426 S CARRIER PKWY STE 100	GRAND PRAIRIE	TX	75051	6
5244 S STATE HIGHWAY 360 STE 398	GRAND PRAIRIE	TX	75052	2
419 E MAIN ST	GRAND PRAIRIE	TX	75050	1
410 E PIONEER PKWY STE 100	GRAND PRAIRIE	TX	75051	1
2350 HALL JOHNSON RD STE 105	GRAPEVINE	TX	76051	12
306 S PARK BLVD	GRAPEVINE	TX	76051	7
5601 WESLEY ST STE A	GREENVILLE	TX	75402	2
618 N ED CAREY DR	HARLINGEN	TX	78550	19
1208 SO EXPY 83 STE B	HARLINGEN	TX	78550	11
2201 W HOLCOMBE BLVD STE 220	HOUSTON	TX	77030	91
2402 RICE BLVD # C	HOUSTON	TX	77005	80
6137 KIRBY DR	HOUSTON	TX	77005	54
8455 FANNIN ST	HOUSTON	TX	77054	54
2511 W HOLCOMBE BLVD # 200	HOUSTON	TX	77030	48
5703 MARTIN LUTHER KING BLVD	HOUSTON	TX	77021	51
650 MEYERLAND PLAZA MALL	HOUSTON	TX	77096	38
12341 MAIN ST	HOUSTON	TX	77035	34
961 N SHEPHERD DR	HOUSTON	TX	77008	31
1415 CALIFORNIA ST	HOUSTON	TX	77006	27
20131 HIGHWAY 59 N STE 1238	HUMBLE	TX	77338	16
7315 FM 1960 RD E	HUMBLE	TX	77346	10
20135 HIGHWAY 59 N STE A	HUMBLE	TX	77338	7
9490 FM 1960 BYPASS RD W #700	HUMBLE	TX	77338	9

9526 N SAM HOUSTON PKWY E STE 3116	HUMBLE	TX	77396	5
9648 FM 1960 BYPASS RD W	HUMBLE	TX	77338	5
9952 FM 1960 BYPASS RD W	HUMBLE	TX	77338	5
7651 FM 1960 RD E	HUMBLE	TX	77346	5
9809 FM 1960 BYPASS RD W	HUMBLE	TX	77338	4
4801 WILSON RD STE 200	HUMBLE	TX	77396	2
245 INTERSTATE 45 S SUITE D	HUNTSVILLE	TX	77340	14
489 W HARWOOD RD	HURST	TX	76054	12
1460 PRECINCT LINE RD STE 300	HURST	TX	76053	8
1101 MELBOURNE RD STE 2105	HURST	TX	76053	7
5002 GATTIS SCHOOL RD STE 200	HUTTO	TX	78634	4
7475 LAS COLINAS BLVD	IRVING	TX	75063	45
3000 N MACARTHUR BLVD STE B	IRVING	TX	75062	31
3401 W AIRPORT FWY STE 206	IRVING	TX	75062	20
7620 N MACARTHUR BLVD	IRVING	TX	75063	18
6230 N BELT LINE RD STE 310	IRVING	TX	75063	19
2932 N BELT LINE RD	IRVING	TX	75062	2
3733 N BELT LINE RD	IRVING	TX	75038	1
1553 S MASON RD	KATY	TX	77450	12
1215 N FRY RD STE D	KATY	TX	77449	10
25621 NELSON WAY #110	KATY	TX	77494	8
6501 S FRY RD STE 800	KATY	TX	77494	7
2316 S MASON RD	KATY	TX	77450	7
810 S MASON RD STE 215	KATY	TX	77450	6
23922 CINCO VILLAGE CTR BLVD #100	KATY	TX	77494	6
5102 FM 1463 RD STE 100	KATY	TX	77494	4
1998 KATY MILLS BLVD STE D	KATY	TX	77494	5
462 S MASON RD STE 200	KATY	TX	77450	4
151 RIDGE POINT PKWY STE 400	KELLER	TX	76248	3
9500 RAY WHITE RD STE 105	KELLER	TX	76244	2
460 KELLER PKWY STE C 2	KELLER	TX	76248	1
1211 S MAIN ST STE 100	KELLER	TX	76248	1
2201 S W S YOUNG DR STE 115A	KILLEEN	TX	76543	4
2511 TRIMMIER RD STE 170	KILLEEN	TX	76542	2
1311 GENERAL CAVAZOS BLVD STE 303& Ste	KINGSVILLE	TX	78363	1
4521 KINGWOOD DR STE 180	KINGWOOD	TX	77345	2
5103 KYLE CENTER DR STE 105	KYLE	TX	78640	20
9001 SPENCER HWY STE J	LA PORTE	TX	77571	3

400 W FAIRMONT PKWY	LA PORTE	TX	77571	3
145 OYSTER CREEK DR STE 8A	LAKE JACKSON	TX	77566	16
90 OAK DR STE C	LAKE JACKSON	TX	77566	8
6628 LAKE WORTH BLVD STE 200	LAKE WORTH	TX	76135	6
2219 O KANE	LAREDO	TX	78043	2
2925 GULF FWY S STE D	LEAGUE CITY	TX	77573	102
1620 WEST FM 646 STE D	LEAGUE CITY	TX	77573	90
2555 E LEAGUE CITY PKWY STE 160	LEAGUE CITY	TX	77573	34
2640 E LEAGUE CITY PKWY STE 108	LEAGUE CITY	TX	77573	17
176 GULF FREEWAY S.	LEAGUE CITY	TX	77573	7
420 E ROUND GROVE RD STE 640	LEWISVILLE	TX	75067	22
6225 N JOSEY LN STE 118	LEWISVILLE	TX	75056	11
4920 STATE HIGHWAY 121 STE 200	LEWISVILLE	TX	75056	12
1288 W MAIN ST STE 123	LEWISVILLE	TX	75067	7
4770 STATE HIGHWAY 121 STE 100	LEWISVILLE	TX	75056	7
2700 E ELDORADO PKWY STE 106	LITTLE ELM	TX	75068	1
1601 US HIGHWAY 59 N LOOP STE 400	LIVINGSTON	TX	77351	3
3052 N EASTMAN RD STE 108	LONGVIEW	TX	75605	8
3080 N EASTMAN RD STE 104	LONGVIEW	TX	75605	5
103 N BRENTWOOD STE 400	LUFKIN	TX	75904	5
1809 TULANE DR	LUFKIN	TX	75901	2
6209 FM 1488 RD STE A	MAGNOLIA	TX	77354	2
5403 FM 1488 RD STE A	MAGNOLIA	TX	77354	2
6606 FM 1488 RD STE 136	MAGNOLIA	TX	77354	1
101 W DEBBIE LN STE 106	MANSFIELD	TX	76063	12
3300 E BROAD ST STE 120	MANSFIELD	TX	76063	14
1811 HIGHWAY 287 N STE 160	MANSFIELD	TX	76063	12
3300 E BROAD ST STE 120	MANSFIELD	TX	76063	4
3806 E BROAD ST STE 108	MANSFIELD	TX	76063	2
1551 HIGHWAY 287 N STE 411	MANSFIELD	TX	76063	1
801 E NOLANA AVE STE 14	MCALLEN	TX	78504	28
7501 N 10TH ST STE 80	MCALLEN	TX	78504	25
1001 S 10TH ST STE S	MCALLEN	TX	78501	4
8910 STATE HIGHWAY 121 STE 210	MCKINNEY	TX	75070	7
1739 N CENTRAL EXPWY #100	MCKINNEY	TX	75070	5
1720 N CENTRAL EXPY STE 130	MCKINNEY	TX	75070	6

1933 N CENTRAL EXPY STE 520	MCKINNEY	TX	75070	5
1521 N CUSTER RD STE 2900	MCKINNEY	TX	75071	2
4150 ELDORADO PKWY STE 300	MCKINNEY	TX	75070	2
1765 N TOWN EAST BLVD STE 111	MESQUITE	TX	75150	11
1927 FAITHON P LUCAS SR BLVD STE 120	MESQUITE	TX	75181	16
3501 TOWNE CROSSING BLVD STE 180	MESQUITE	TX	75150	15
3600 GUS THOMASSON RD STE 145	MESQUITE	TX	75150	8
1515 N TOWN EAST BLVD STE 215	MESQUITE	TX	75150	5
18640 LYNDON B JOHNSON FWY STE 202	MESQUITE	TX	75150	5
202 E EXPRESSWAY 83 STE E	MISSION	TX	78572	4
8740 HIGHWAY 6 STE 150	MISSOURI CITY	TX	77459	35
2440 TEXAS PKWY STE 262	MISSOURI CITY	TX	77489	28
10360 HIGHWAY 6 STE C	MISSOURI CITY	TX	77459	22
6261 HIGHWAY 6 STE 400	MISSOURI CITY	TX	77459	18
6245 HIGHWAY 6 STE 400	MISSOURI CITY	TX	77459	14
9050 HIGHWAY 6 STE 100	MISSOURI CITY	TX	77459	11
217 E FM 544 STE 501	MURPHY	TX	75094	11
305 E FM 544 UNT 915	MURPHY	TX	75094	6
8533 DAVIS BLVD STE 200	N RICHLAND HILL	TX	76182	2
6455 HILLTOP DR STE 114	N RICHLND HLS	TX	76180	9
8528 DAVIS BLVD STE 100	N RICHLND HLS	TX	76182	8
1659 W STATE HIGHWAY 46 STE 180	NEW BRAUNFELS	TX	78132	4
2830 TOWN CENTER DRIVE STE 12	NEW BRAUNFELS	TX	78130	3
244 FM 306 STE 118	NEW BRAUNFELS	TX	78130	1
1337 E PALMA VISTA DR STE D	PALMVIEW	TX	78572	5
4550 LAMAR AVE STE 300	PARIS	TX	75462	2
3570 SPENCER HWY # C	PASADENA	TX	77504	23
7219 FAIRMONT PKWY STE 100	PASADENA	TX	77505	15
5106 FAIRMONT PKWY	PASADENA	TX	77505	15
5681 FAIRMONT PKWY # B	PASADENA	TX	77505	17
3331 SPENCER HWY	PASADENA	TX	77504	3
1213 MAIN ST UNT A	PASADENA	TX	77506	2
2811 BUSINESS CENTER DR #105	PEARLAND	TX	77584	57
6915 BROADWAY ST	PEARLAND	TX	77581	64
6302 BROADWAY ST STE 150	PEARLAND	TX	77581	25
11302 BROADWAY ST STE 104	PEARLAND	TX	77584	32
10645 BROADWAY ST STE 102	PEARLAND	TX	77584	24
2708 PEARLAND PKWY STE 220	PEARLAND	TX	77581	18
1849 PEARLAND PKWY	PEARLAND	TX	77581	11
1921 N MAIN ST STE 115	PEARLAND	TX	77581	7

18801 LIMESTONE COMMERCIAL DR STE 400	PFLUGERVILLE	TX	78660	19
1553 FM 685 STE 400	PFLUGERVILLE	TX	78660	19
7120 COIT RD STE 110	PLANO	TX	75025	17
3516 PRESTON RD STE 600	PLANO	TX	75093	18
6202 W PARK BLVD STE B	PLANO	TX	75093	13
8700 PRESTON RD STE 126	PLANO	TX	75024	6
4701 W PARK BLVD STE 201	PLANO	TX	75093	8
204 COIT RD STE 100	PLANO	TX	75075	6
660 N CENTRAL EXPY # 644	PLANO	TX	75074	2
2780 HIGHWAY 365 STE C	PORT ARTHUR	TX	77640	3
109 E OVILLA RD STE 400	RED OAK	TX	75154	29
222 MUNICIPAL DR STE 100	RICHARDSON	TX	75080	20
1251 W CAMPBELL RD STE 200	RICHARDSON	TX	75080	18
670 W ARAPAHO RD STE 13	RICHARDSON	TX	75080	16
300 S COTTONWOOD DR STE B	RICHARDSON	TX	75080	9
5614 W GRAND PKWY S STE 120	RICHMOND	TX	77406	8
9825 S MASON RD STE 120	RICHMOND	TX	77406	3
1320 N HIGHWAY 377 STE 100	ROANOKE	TX	76262	1
2306 GREENCREST BLVD	ROCKWALL	TX	75087	9
1039 E INTERSTATE 30 STE 107	ROCKWALL	TX	75087	6
24601 SOUTHWEST FWY STE 200	ROSENBERG	TX	77471	18
117 LANE DR STE 3	ROSENBERG	TX	77471	9
115 SUNDANCE PKWY STE 100	ROUND ROCK	TX	78681	40
1715 S MAYS ST STE E	ROUND ROCK	TX	78664	13
325 UNIVERSITY BLVD	ROUND ROCK	TX	78665	5
117 LOUIS HENNA BLVD # B230	ROUND ROCK	TX	78664	7
7403 O'CONNOR DR	ROUND ROCK	TX	78681	6
2201 DOUBLE CREEK DR STE 2001	ROUND ROCK	TX	78664	6
2150 E PALM VLY BLVD STE 500	ROUND ROCK	TX	78665	3
1700 E PALM VALLEY BLVD	ROUND ROCK	TX	78664	3
200 N RED BUD LN	ROUND ROCK	TX	78665	3
661 LOUIS HENNA BLVD SUITE 420	ROUND ROCK	TX	78664	1
4305 LAKEVIEW PKWY STE 100	ROWLETT	TX	75088	15
5701 PRESIDENT GEORGE BUSH HWY STE 14	ROWLETT	TX	75089	11
8905 LAKEVIEW PKWY	ROWLETT	TX	75088	3
6501 DALROCK RD STE 108	ROWLETT	TX	75089	1
1209 N SAGINAW BLVD STE D	SAGINAW	TX	76179	1

9234 N LOOP 1604 W STE 121	SAN ANTONIO	TX	78249	43
11398 BANDERA RD STE 106	SAN ANTONIO	TX	78250	43
12710 WEST IH-10 #120	SAN ANTONIO	TX	78230	39
6028 WORTH PKWY STE 101	SAN ANTONIO	TX	78257	39
7434 LOUIS PASTEUR DR	SAN ANTONIO	TX	78229	32
430 W LOOP 1604 N STE 109	SAN ANTONIO	TX	78251	27
8237 FREDERICKSBURG RD	SAN ANTONIO	TX	78229	28
7860 CULEBRA RD	SAN ANTONIO	TX	78251	23
4400 FREDERICKSBURG RD STE 103	SAN ANTONIO	TX	78201	28
315 N SAN SABA STE 925	SAN ANTONIO	TX	78207	27
651 BARNES DR BLDG 2 Ste 205	SAN MARCOS	TX	78666	5
17244 INTERSTATE 35 N STE 5	SCHERTZ	TX	78154	4
110 N HIGHWAY 175 STE 106	SEAGOVILLE	TX	75159	5
107 MAIN ST	SEALY	TX	77474	3
8106 AGORA PKWY STE 102	SELMA	TX	78154	1
8143 AGORA PKWY STE 105	SELMA	TX	78154	1
859 E NORTH CREEK DR	SHERMAN	TX	75092	3
11501 SOCORRO RD	SOCORRO	TX	79927	6
1632 SPENCER HWY	SOUTH HOUSTON TX		77587	1
2150 FM 2920 RD STE A	SPRING	TX	77388	7
8707 SPRING CYPRESS RD STE A	SPRING	TX	77379	3
16000 STUEBNER AIRLINE RD STE 230	SPRING	TX	77379	4
25114 GROGANS MILL RD STE D	SPRING	TX	77380	5
19507 I45 STE 522	SPRING	TX	77388	3
2319 RAYFORD RD STE 100	SPRING	TX	77386	2
18425 CHAMPION FOREST DR	SPRING	TX	77379	2
8714 SPRING CYPRESS RD STE 10	SPRING	TX	77379	3
19778 INTERSTATE 45	SPRING	TX	77373	3
17447 KUYKENDAHL RD	SPRING	TX	77379	2
20248 STATE HIGHWAY 46 W STE 140	SPRING BRANCH TX		78070	1
12800 FOUNTAIN LAKE CIR	STAFFORD	TX	77477	13
4724 SWEETWATER BLVD #100	SUGAR LAND	TX	77479	25
16126 SOUTHWEST FWY STE 200	SUGAR LAND	TX	77479	26
226 FLUOR DANIEL DR	SUGAR LAND	TX	77479	24
19984 SOUTHWEST FWY	SUGAR LAND	TX	77479	20
2565 TOWN CENTER BLVD N	SUGAR LAND	TX	77479	23

510 HIGHWAY 6 STE 110	SUGAR LAND	TX	77478	11
3227 HIGHWAY 6 STE B	SUGAR LAND	TX	77478	10
19875 SOUTHWEST FWY STE 120	SUGAR LAND	TX	77479	8
7002 RIVERBROOK DR STE 800	SUGAR LAND	TX	77479	7
16535 SOUTHWEST FWY STE 570	SUGAR LAND	TX	77479	6
5601 BRODIE LN STE 1325	SUNSET VALLEY	TX	78745	27
2320 S 31ST ST STE 120	TEMPLE	TX	76504	3
341 SAWDUST RD	THE WOODLANDS	TX	77380	11
25300 BOROUGH PARK DR # A	THE WOODLANDS	TX	77380	8
14215 FM 2920 RD #103	TOMBALL	TX	77377	2
24179 STATE HIGHWAY 249 STE B	TOMBALL	TX	77375	1
28602 TOMBALL PKWY STE B	TOMBALL	TX	77375	1
8942 S BROADWAY AVE Ste 128	TYLER	TX	75703	31
3873 STATE HIGHWAY 64 W	TYLER	TX	75704	25
6770 OLD JACKSONVILLE HWY STE 105	TYLER	TX	75703	23
4164 S BROADWAY AVE	TYLER	TX	75701	6
5621 S BROADWAY AVE	TYLER	TX	75703	7
902 KITTY HAWK RD STE 100	UNIVERSAL CITY	TX	78148	8
1702 PAT BOOKER RD	UNIVERSAL CITY	TX	78148	6
7506 N NAVARRO ST	VICTORIA	TX	77904	1
824 HEWITT DR STE 300	WACO	TX	76712	3
6001 W WACO DR STE 616	WACO	TX	76710	3
2320 W LOOP 340 STE 200B	WACO	TX	76711	1
8436 DENTON HWY STE 218	WATAUGA	TX	76148	4
895 N HIGHWAY 77 STE 400	WAXAHACHIE	TX	75165	4
1540 N HIGHWAY 77 STE 7	WAXAHACHIE	TX	75165	3
220 ADAMS DR STE 250	WEATHERFORD	TX	76086	3
325 ADAMS DR STE 335	WEATHERFORD	TX	76086	1
1249 W BAY AREA BLVD	WEBSTER	TX	77598	30
1020 W NASA RD 1 STE 250	WEBSTER	TX	77598	27
100 E NASA RD 1 STE 50	WEBSTER	TX	77598	27
304 W BAY AREA BLVD STE 300	WEBSTER	TX	77598	24
12709 INTERSTATE 45 N STE 450	WILLIS	TX	77318	1
3360 W FM 544 STE 930	WYLIE	TX	75098	15
2041 N HIGHWAY 78 STE 105	WYLIE	TX	75098	1

Member Count Total

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27	44
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87	139
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52	85
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28	41
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152	256
133	244
98	162
84	155
75	138
78	130
72	123
63	115
65	104
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7	11

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2	3

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113	177
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Dental HMO SPECIALTY PROVIDER UTILIZATION

Paid Period: September 01, 2016 - August 31, 2017

LICENSE	LAST NAME	FIRST NAME
	DC048351 PFLUGERVILLE MODERN DENTISTRY	DC048351
	JOHN YUN DMD	DC301207
000024050	PRIGMORE	JAMES
	KENNETH KNOPF DMD	DC872608
000005554	BURGER	LAUREN
000005249	HUNT	JOHNNIE
000006176	GREGORY	NICHOLAS
000006210	AMOS	LAKICA
000018271	WALKER	ERIC
000014801	DEASEY	PAUL
000017441	HOITENGA	JOHN
000007798	REBOL	CHRISTOPHE
000007513	EARP	JOHNATHAN
000008928	TORRES	RAFAEL
000010355	PRUITT	RYAN
000004457	GUTTIKONDA	BHARAT RAM
000001663	EDGERTON	DEBRA
000010425	SKINNER	GEOFFREY
	VILLAGE SMILES & ORTHODONTICS	DC054912
	ACCENT DENTAL GROUP PA	DC042188
	DC053936 MILESTONE DENTAL - ARLINGTON	DC053936
	DC054063 KIDZANIA PEDIATRIC DENTISTRY	DC054063
	MODERN DENTAL PROFESSIONALS-ARLINGTON/ PLEASANT	DC057321
	MODERN DENTAL - ARLINGTON/N COLLINS	DC058519
000014657	LUMSDEN	JOSEPH
	DIAMOND DENTAL CARE PC	DC634501
000013616	FOXX	JERRY
000007092	MEYER	KURT
	MONARCH DENTAL-ARLINGTON/PLEASANT	DC056078
	BLVD DENTISTRY-AUSTIN PLLC	DC054958
	DC053949 LEGEND DENTAL PLLC	DC053949
000027536	OVERSTREET	MEREDITH
	KYLE RAYMOND DDS	DC008930
	NANTZ OTHODONTICS PLLC	DC033558
000012117	HARTSFIELD	DON
000022307	HOOVER	GRETCHEN
000012117	HARTSFIELD	DON
	DC053948 VIDA DENTAL PLLC	DC053948
	CASTLE DENTAL-HANCOCK	DC056187
000018590	SHELTON	TRAVIS

000025245 GREGERSON	JEFFREY
000025555 WALTON	DANELLE
DC045577 AUSTIN MODERN DENTISTRY	DC045577
DC046641 AUSTIN MODERN DENTISTRY	DC046641
RONALD HORNE DDS	DC696306
000022307 HOOVER	GRETCHEN
OMNI DENTAL GROUP	DC006538
000021648 THIEL	GREGORY
AVENUE DENTAL	DC040638
CASTLE DENTAL-HANCOCK	DC056790
000020518 AUGUSTINE JR	MICHAEL
DC048884 TRAILS DENTAL GROUP AND ORTHODONTICS	DC048884
CASTLE DENTAL -HANCOCK	DC058161
000022802 CHHEDA	VIMAL
000026549 PRADEEP	CHITRA
000021136 HORNE	MATTHEW
000028004 PETERSON	BETHANY
000029498 BINGHAM	CHRISTOPHE
000014813 SINCLAIR	SANDRA
ENDODONTIC ASSOCIATES OF AUSTIN	DC058812
000014796 OCHOA	ROBERT
000010867 SNOW	WILLIAM
DC052510 NORTHWEST AUSTIN DENTISTS AND ORTHODONTICS	DC052510
000012736 CUSTER	SYLVIA
000025024 POTTER	JOHN
000030354 JHA	RACHANA
000014419 LING	ELIZABETH
000012897 RUSSELL	MERRILL
000030213 KIM	MICHELLE
000018644 OLIVARES	ALBERTO
000014077 KEITH	KELLY
000029874 SINGH	RAVISHER
000023404 BAUCUM	DARRYL
000024649 GENT	THOMAS
CASTLE DENTAL- CORNERS	DC041053
DC048433 AUSTIN MODERN DENTISTRY	DC048433
000012599 MILNER	JERRY
000018052 BOOTH	STEVEN
CASTLE DENTAL -SLAUGHTER LANE	DC058164
000028088 HARIS	MUHAMMAD
000018590 SHELTON	TRAVIS
SOUTHPARK MEADOWS DENTAL GROUP AND ORTHODONTICS	DC054647
000027620 DONANGELO	PRISCILA
000015429 KUNIK	RANDALL
WESTERN TRAILS DENTAL	DC711701
000017310 WATSON	BRIAN
CASTLE DENTAL-BASTOP	DC055748

	SAGE DENTAL	DC044038
000019145	AHMADI	MAHIN
	LOVETT DENTAL	DC041515
	DC053533 GULFSIDE DENTAL	DC053533
	MODERN DENTAL PROFESSIONALS-BEDFORD	DC057322
	MONARCH DENTAL-BEDFORD	DC056705
000019619	ROMERO	GIANCARLO
000022101	TABAKMAN	VLADIMIR
	DC054097 RIO GRANDE ORAL & MAXILLOFACIAL SURGERY	DC054097
	ELEMENT DENTAL	DC043458
	WATSON ORTHODONTIC SPECIALIST	DC016593
000014592	WILSON III	FREDRICK
	FAIRWAY DENTAL PA	DC058034
000027439	HU	KENPAN
	WESTGROVE DENTAL CARE	DC056772
	TEXAS ENDODONTICS	DC057361
	DR PHILS FAMILY DENTAL CARE	DC040733
000028364	UDUNKA	SIMEON
	CEDAR PARK MODERN DENTISTRY	DC054347
	CASTLE DENTAL-CEDAR PARK	DC056194
000023110	KIM	HYUNG
	CHRISTOPHER TYE MD DDS INC	DC641106
	ELEMENT DENTAL	DC043466
000029894	KIM	ANDREW
	PICASSO DENTAL	DC041859
	DC052600 CYPRESS DENTAL GROUP AND ORTHO	DC052600
	FAIRFIELD DENTAL CARE	DC056631
	WOW DENTAL	DC041799
	PRESTON ONE DENTAL STUDIO & ORTHODONTICS	DC054810
	HERMOSA DENTAL & ORTHODONTICS	DC056411
	MODERN DENTAL -DALLAS/N. DALLAS PKWY	DC057329
	ORAL PATHOLOGY ASSOCIATES	DCBR4411
	HIGHLAND PARK ENDODONTICS	DC009487
000019501	HOLLY	LARA
	ARBORS MODERN DENTISTRY PC	DC042868
	ODEL MARSHALL DDS	DC624506
000014236	RAMOS	SAMUEL
	MODERN DENTAL PROFESSIONALS-	DC058491
	DC047656 ARBORS MODERN DENTISTRY	DC047656
000016388	SADLER	WILLIAM
	METROPLEX DENTAL CARE	DC055509
000011502	KOZLOW	PHILIP
	METROPLEX DENTAL CARE	DC055520
000021845	GRIFFIN	STEPHEN
000025719	GARRETT	GAIL
000015108	UTTER	JAMES
	DC050654 ARBORS MODERN DENTISTRY	DC050654

METROPLEX DENTAL CARE	DC055529
000024679 THOTA	GOPIKIRAN
000017122 LARUE	CAROL
DONNA BAREFIELD DDS	DC023214
000023473 ORTIZ	PAULA
000016510 JALOWY	JEFFERY
000014495 ELIZONDO JR	EUTIQUIO
000019189 VILLARREAL-SOSA	CARLOS
000015281 ADAME	JOSEPH
000026180 PACKER	KEITH
000009811 MOLLERE	RODNEY
SUNNY SMILES	DC057200
000023524 XU	ANDREW
000016883 WARD	GUADALUPE
000018882 FEUILLE V	FRANK
ZARAGOZA DENTAL CARE	DC040124
ENNIS FAMILY DENTISTRY PLLC	DC056574
DC052326 GLADE MODERN DENTISTRY AND ORTHO	DC052326
DC046668 GLADE MODERN DENTISTRY	DC046668
DC047660 GLADE MODERN DENTISTRY AND ORTHODONTICS	DC047660
000029495 CHODISETTY	JYOTHI
DC053745 DENTAL FAMILY CIRCLE PLLC	DC053745
FORNEY MODERN DENTISTRY&ORTHO	DC042423
ARCHSTONE DENTAL- BEACH PLLC	DC041796
ESSENTIAL ENDODONTICS PA	DC055015
DC048886 HERITAGE MODERN DENTISTRY	DC048886
WOODCREEK DENTAL CARE	DC056552
HULEN	DC056652
DC047659 HULEN MODERN DENTISTRY	DC047659
000022952 COLEMAN	JASMINE
STAN PREECE DDS	DC658309
DENTAL GALLERY INC	DC035750
FRIENDSWOOD MODERN DENTISTRY	DC056600
000031797 CATMULL	JEREMY
DC046133 ELDORADO SMILES AND ORTHODONTICS	DC046133
PACKARD ORTHODONTICS PA	DC013592
DC053726 BLVD DENTISTRY	DC053726
GULFSIDE DENTAL GALVESTON PLLC	DC054846
BROADWAY DENTAL	DC016102
GULFSIDE DENTAL GALVESTON PLLC	DC055012
000025665 MAGRUDER	JEREMY
000022224 KAISER	MICHAEL
000015154 GLENN III	WILLIAM
000015198 NGUYEN	BANG
DC053530 FIREWHEEL MODERN DENTISTRY	DC053530
DC049531 FIREWHEEL MODERN DENTISTRY	DC049531
DC048879 FIREWHEEL MODERN DENTISTRY	DC048879

	FIREWHEEL MODERN DENTISTRY PC	DC055556
	DC048019 FIREWHEEL CENTER FOR DENTAL SPECIALTIES	DC048019
	MODERN DENTAL -GARLAND CENTERVILLE	DC058494
	MONARCH DENTAL- GARLAND	DC056052
	DC053950 LEGEND DENTAL - GEORGETOWN PLLC	DC053950
000029874	SINGH	RAVISHER
	ARCHSTONE DENTAL	DC041858
	WILLIAM DUBOIS DDS	DC690207
	MONARCH DENTAL-GRAND PRAIRIE	DC056079
000027243	LOCKHART	VERNESHA
000022876	TREVINO	ERNESTO
	DC053933 CORNERSTONE DENTAL - HICKORY CREEK	DC053933
000019349	SEUME	RICHARD
	DC053434 BLVD DENTISTRY	DC053434
	DC053433 BLVD DENTISTRY	DC053433
	DC053463 BLVD DENTISTRY	DC053463
	DC053727 BLVD DENTISTRY PLLC	DC053727
000020597	BHAGIA	VIJAY
	PULVER ORTHODONTICS	DC054105
000014795	OKEEFE	KATHY
	ROSE AND PULVER ORTHODONTICS	DC403002
000023891	BROWN	ASHLEY
	LOVETT DENTAL	DC023479
	NEIL L GORME MD DDS	DC010284
	PINEY POINT ORAL & MAX SURG	DC033006
	TEXAS DENTAL ASSOCIATES PA	DC054936
	JUSTIN DENTAL HEIGHTS PLLC/ BLVD DENTISTRY	DC054921
	GMS DENTAL CENTER MAIN	DC023398
	CASTLE DENTAL	DC026466
	LOVETT DENTAL	DC023477
	BLVD DENTISTRY	DC055861
000023077	YAR KHAN	VAJAHAT
000012136	MURPHY	SHIRLEY
000029110	HOANG	QUOCNAM
	ADVANCED ENDODONTICS	DC023964
	DC046994 COPPERFIELD MODERN DENTISTRY AND ORTHO	DC046994
000021118	VALENTINI	ALICIA
	DC045294 OAK FOREST DENTAL GRP	DC045294
	GMS DENTAL CENTER MAIN	DC012852
	LOVETT DENTAL	DC026009
000026116	DADJOO	NISA
000030012	SHINTA	MUSTAFA
000016927	MOORE	CHRISTOPHE
000020180	YANG	ZANE
000029113	PHAN	CUONG
000016562	EAVES	JAMES
000017164	SNOW	GREGORY

000012465 MCCLELLAN	PATRICK
000017536 BUI	TAN
000020991 HENEHAN	MATTHEW
000021608 WHITE	TIFFANY
000025536 BASTANI	SEAN
000016243 BLANCHARD	ROBERT
DENTAL 4 U PA	DC057591
000011665 MITCHMORE	RANDY
000011336 STAMPER	JAMES
CLEAR CHOICE ORTHODONTIC	DC033154
000032317 IOANNOU	ANDREAS
MEYERLAND PERIODONTAL ASSOC	DC027814
MONARCH DENTAL ASSOCIATES LP	DC676409
000012309 BRADEN	WILLIAM
000019913 SEIDEL	SHELLY
SAWYER HEIGHTS DENTAL	DC056296
000011761 RAYBURN	RODNEY
000015422 HOLUBEC	THEODORE
000027155 MANNING	CHRISTINE
WEST HOUSTON ENDODONTICS	DC050428
000021156 GRIFFITH	IFETAYO
TEXAS DENTAL ASSOC PA	DC036380
BLVD DENTISTRY PLLC	DC054923
000027232 KADAM	PRANITA
ROYAL OAKS SMILES DENTAL GROUP	DC056602
LOVETT DENTAL	DC056979
JOHN SMITH JR DDS	DC621406
LOVETT DENTAL	DC054900
CASTLE DENTAL - PEARLAND PKWY	DC042148
000018000 VELASQUEZ	JESUS
000014744 DENNISON	DAVID
000011116 MOERS	JAMES
LOVETT DENTAL	DC024384
MONARCH DENTAL-FANNIN	DC036105
000022380 SIERRA	CARLOS
DC047493 THE HEIGHTS MODERN DENTISTRY	DC047493
LOVETT DENTAL	DC043235
MONARCH DENTAL ASSOCIATES LP	DC006756
ELEMENT DENTAL	DC043467
DC045753 ATASCOCITA MODERN DENT & ORTHO	DC045753
ROYAL DENTAL	DC037899
LAKE HOUSTON ENDODONTICS	DC055785
CASTLE DENTAL-HUMBLE EAST	DC055485
ELEMENT DENTAL HUNTSVILLE	DC055077
000014215 LOGAN	SCOTT
000021451 HARPER	KIMBERLY
000017998 THOMAS	VILIJA

MONARCH DENTAL - IRVING	DC013738
DC045293 KATY MODERN DENTISTRY & ORTHO	DC045293
CLEAR CHOICE ORTHODONTICS PLLC	DC033163
KATY MODERN DENTISTRY AND ORTHODONTICS	DC054469
000024098 MUSETTI	VALERIA
WILLIAM WINTERSTEEN DMD	DC028971
IMAGE ORTHODONTICS	DC040215
000025425 WILDEY	REX
000013463 HATFIELD JR	LAWRENCE
SAGE DENTAL	DC044030
000021474 GOTCHER	CORBY
000019266 TREDINICK	MARIE-CLAIR
000029181 SHAH	NAMRATA
000027252 SAOUR	TANYA
LEAGUE CITY SMILES DENTISTRY	DC057866
DC047884 SUGAR LAND DENTAL GROUP	DC047884
000011300 AARON	EUGENE
CASTLE DENTAL	DC036123
000019867 LOVOI JR	JOHN
000025378 ANDERSON	WILLIAM
MONARCH DENTAL-LEWISVILLE	DC056651
MONARCH DENTAL-LEWISVILLE	DC056085
MONARCH DENTAL-JOSEY LANE	DC056048
CRESCENT DENTAL	DC057867
ELEMENT DENTAL	DC043457
PICASSO DENTAL	DC041864
DC048189 HERITAGE MODERN DENTISTRY	DC048189
DC049425 MANSFIELD SMILES AND ORTHODONTICS	DC049425
000024291 BECK	ROSA
000023473 ORTIZ	PAULA
000015934 MOLINA-ROJAS	LORENA
000012405 BAKER	KENNETH
000024008 ZACARIAS JR	JOSE
PEPPERMINT DENTAL-MCKINNEY	DC041802
MODERN DENTAL -MCKINNEY CLUSTER	DC058498
000024937 SHAH	SEJAL
MONARCH DENTAL-MCKINNEY	DC056086
MESQUITE DENTAL GROUP	DC054692
000028051 BLAIR	CAMERON
MONARCH DENTAL- MESQUITE/TOWNE CROSSING	DC056075
MESQUITE DENTAL GROUP	DC054668
FORT BEND PEDIATRIC DENTISTRY	DC039937
000020570 HOWE	JOHN
000022788 RANSOM	JESSICA
000026126 SEIJO	GRACIELA
000022788 RANSOM	JESSICA
SIENNA MODERN DENTISTRY	DC055165

DC045311 SIENNA MISSOURI CITY MODERN	DC045311
WILSON ORTHODONTICS	DC040121
000021395 JOHN	BEENA
000013821 WEAVER	JOHN
000015245 HERRINGTON	JAMES
MONARCH DENTAL ASSOCIATES LP	DC006755
SAGE DENTAL	DC044044
MONARCH DENTAL ASSOCIATES LP	DC664801
SAGE DENTAL	DC044041
DC045308 PEARLAND MODERN DENTISTRY	DC045308
G ORTHODONTICS	DC029419
TEXAS DENTAL ASSOC PA	DC038707
DC048259 PEARLAND MODERN DENTISTRY	DC048259
DC045304 PEARLAND MODERN DENTISTRY	DC045304
000018724 MONTZ	DAVID
SOUTH HOUSTON ENDODONTICS PA	DC041329
SAGE DENTAL PEARLAND PLLC	DC055832
SOUTH HOUSTON ORAL FACIAL & IMPLANT SURGERY CENTER	DC055673
PEARLAND DENTISTS	DC056604
TEXAS DENTAL ASSOC PA	DC038706
000014357 REINITZ	RICHARD
LOVETT DENTAL	DC056934
CASTLE DENTAL	DC036124
CASTLE DENTAL ASSOC OF TEXAS PC	DC055032
DC046644 PFLUGERVILLE MODERN DENTISTRY	DC046644
PFLUGERVILLE MODERN DENTISTRY	DC054225
MONARCH DENTAL-N. PLANO/PRESTON	DC056049
MONARCH DENTAL-N. PLANO/PRESTON	DC056072
FAMILY FIRST DENTAL CARE	DC057684
DC049431 WEST PLANO MODERN DENTISTRY AND ORTHODONTIST	DC049431
000016098 STETLER	CHARLES
000024119 WANG	JUN
000020032 VILLARREAL	DAVID
GULFSIDE DENTAL PORT ARTHUR	DC056116
000016025 WIGGINS JR	ROBERT
MODERN DENTAL-RED OAK	DC057537
SOUTHWEST ORAL AND MAX SUR	DC624406
000016756 WU	DAWN
000031041 SAGAR	EKTA
DC047658 ROCKWALL MODERN DENTISTRY AND ORTHODONTICS	DC047658
000023386 AINLEY	CLAY
ROCKWELL ENDODONTICS	DC057238
CASTLE DENTAL- ROSENBERG	DC036870
ROUND ROCK COMFORT DENTISTRY PLLC	DC055141
CASTLE DENTAL-O'CONNOR	DC055750
PARAMOUNT DENTAL	DC011221
SINGH ORTHODONTICS	DC025784

DC048611 ROUND ROCK DENTISTS	DC048611
000022707 ASAY	CALVIN
CARUS DENTAL	DC055163
000022390 KIM	KEVIN
000029874 SINGH	RAVISHER
ROSE DENTAL GROUP PLLC	DC010333
CASTLE DENTAL-O'CONNOR	DC056189
PEPPERMINT DENTAL	DC041861
MONARCH DENTAL-GARLAND/BELT LINE	DC056051
BANDERA MODERN DENTISTRY	DC043954
ROY GONZALEZ DDS	DC646202
DC050198 MONARCH DENTAL - DEZAVALA	DC050198
WORLD PEDIATRIC DENTAL	DC054182
ALAMO MAXILLOFACIAL SURG	DC712006
000022290 ALLES JR	RODNEY
000018990 BOYLE	JOSEPH
ALAMO MAXILLOFACIAL SURG	DC712106
BANDERA MODERN DENTISTRY	DC054351
MONARCH-STONE OAK PKWY	DC036419
DC046708 CULEBRA SMILES AND ORTHODONTICS	DC046708
DENTAL WELLNESS CENTER	DC043341
CHILDREN'S DENTISTRY	DC026562
MONARCH DENTAL-INGRAM HGTS	DC036413
000023649 LONG	LARRY
000011386 SALINAS	ALEX
DC052509 BANDERA MODERN DENTISTRY	DC052509
000015622 GUTIERREZ	GEORGE
MONARCH DENTAL - DEZAVALA	DC056832
000012068 SHIRLEY	JACK
MONARCH DENTAL-BANDERA	DC036385
DC046645 STONE OAK MODERN DENTISTRY	DC046645
000023959 VERONA	NATALIYA
000025074 CANTU	DERRICK
000026197 SCHROEDER	ROBIN
000027102 ADAMS	ROBYN
000030810 SABBAH	AHMED
000013322 CROUCH	GERALD
STEVEN C ALBRIGHT DDS	DC009790
CULEBRA SMILES AND ORTHODONTICS	DC054352
RICARDO DIAZ DDS	DC647107
000016694 CORTEZ	EDDIE
000031990 CHUNG	CHOON
MONARCH DENTAL -TERRELL HILLS	DC056834
000027851 MALLER	STEVEN
DC051141 SOUTH TEXAS PERIODONTAL ASSOCIATES	DC051141
000021002 STEWART	BRYAN
000013329 FERRO	JOSEPH

000023649 LONG	LARRY
CRESCENT DENTAL	DC043965
SAN MARCOS ROOT CANAL SPEC	DC039029
MONARCH DENTAL-SCHERTZ	DC036998
ELEMENT DENTAL	DC043468
RAYMOND MODERN DENTISTRY	DC057671
RAYFORD MODERN DENTISTRY	DC056618
ELEMENT DENTAL SPRING	DC054972
DC045326 SUGAR LAND MODERN DENTISTRY	DC045326
DC045825 SUGAR LAND DENTAL GROUP AND ORTHODONTICS	DC045825
000019956 MATHUR	HIRU
CASTLE DENTAL CENTER	DC011944
DC047703 SUGAR LAND DENTAL GROUP AND ORTHODONTICS	DC047703
CASTLE DENTAL-SUGAR LAND	DC055457
000018148 RIMES	STUART
000021463 THOMAS	SINY
MODERN DENTAL -SUGAR LAND	DC058313
000017963 PATEL	PURVI
PRO DENTAL PC	DC023970
SUGAR LAND DENTAL GROUP AND ORTHODONTICS	DC056605
GARRETT/BOYD DDS MS INC	DC010846
000030595 SADEGHI	SINA
CASTLE DENTAL-SUNSET VALLEY	DC055752
CASTLE DENTAL - SUNSET VALLEY	DC058162
000029874 SINGH	RAVISHER
000028088 HARIS	MUHAMMAD
000019104 LA COUR	RICHARD
000026535 MARTINSEN	MARK
000010468 CLARK	MARTIN
FRESH DENTAL AND ORTHODONTICS	DC056378
KAYCARE FAMILY DENTAL PC	DC042184
KAYCARE FAMILY DENTAL PC	DC042184
DC053946 FRESH DENTAL PLLC	DC053946
000022596 ROSSALL	JONATHAN
000007221 CLYDE	WILLIAM
000013279 RUBY	ROGER
DC053947 STONEHAVEN DENTAL PLLC	DC053947
000020869 DUNAVANT	THOMAS
PICASSO DENTAL	DC041857
000028224 HAWKINS	KASEY
LOVETT DENTAL	DC036374
000016905 GONZALEZ	ANGELA
000024451 ABRAMIAN	JARED
CLEAR LAKE ENDODONTICS	DC012493
LOVETT DENTAL	DC036411
000021717 HAGGARD	ANN
LOVETT DENTAL	DC033989

000020649	SCOTT	MEREDITH
	CASTLE DENTAL- CLEAR LAKE	DC036106
000029014	OAKEY	JAY
	DC046140 WOODBRIDGE DENTAL GROUP AND ORTHO	DC046140
000026168	VAZQUEZ	YARITZA
000016098	STETLER	CHARLES
000013930	PACKARD	ROBERT
	WOODBRIDGE DENTAL GROUP AND ORTHODONTICS	DC057996
	DC047179 WOODBRIDGE DENTAL GROUP AND ORTHO	DC047179
401410439	PALMIERI	DAVID

ADDRESS	CITY	STATE	ZIP CODE	SPECIALTY
				Pediatric Dentist
1761 W ROMNEYA DR STE K	ANAHEIM	CA	92801	Periodontist
1357 OLIVER RD	FAIRFIELD	CA	94534	General Dentist
15450 NEW BARN RD STE 101	MIAMI LAKES	FL	33014	Endodontist
2925 BRAKLEY DR	BATON ROUGE	LA	70816	General Dentist
9804 BLUEBONNET BLVD STE A	BATON ROUGE	LA	70810	Pediatric Dentist
2003 FORSYTHE AVE	MONROE	LA	71201	Oral Surgeon
3301 CANAL ST	NEW ORLEANS	LA	70119	General Dentist
60 BRATTLE ST NO 101	CAMBRIDGE	MA	2138	General Dentist
22 TRUCK HOUSE RD STE 3	SEVERNA PARK	MD	21146	General Dentist
567 N HEWITT RD	YPSILANTI	MI	48197	General Dentist
69 MCDOWELL ST	ASHEVILLE	NC	28801	General Dentist
2446 EMERALD PL	GREENVILLE	NC	27834	General Dentist
2446 EMERALD PL	GREENVILLE	NC	27834	General Dentist
2446 EMERALD PL	GREENVILLE	NC	27834	General Dentist
1998 N MOTEL BLVD	LAS CRUCES	NM	88007	General Dentist
1998 N MOTEL BLVD	LAS CRUCES	NM	88007	General Dentist
324 SE 9TH AVE STE B	HILLSBORO	OR	97123	General Dentist
190 E STACY RD STE 312	ALLEN	TX	75002	Oral Surgeon
161 N BYPASS 35 STE E	ALVIN	TX	77511	
5005 S COOPER ST STE 173	ARLINGTON	TX	76017	
3851 SW GREEN OAK BLVD STE 12	ARLINGTON	TX	76017	Pediatric Dentist
5760 W PLEASANT RIDGE RD	ARLINGTON	TX	76016	Endodontist
1005 N COLLINS ST STE 100	ARLINGTON	TX	76011	Periodontist
4412 MATLOCK RD STE 200	ARLINGTON	TX	76018	General Dentist
4050 W INTERSTATE 20	ARLINGTON	TX	76017	
7416 S COOPER ST STE 100	ARLINGTON	TX	76001	General Dentist
906 N FIELDER RD	ARLINGTON	TX	76012	General Dentist
5760 W PLEASANT RIDGE RD	ARLINGTON	TX	76016	Periodontist
1920 E RIVERSIDE DR SUITE A-140	AUSTIN	TX	78741	
2525 W ANDERSON LN BLDG 3	AUSTIN	TX	78757	
2500 W WILLIAM CANNON DR STE	AUSTIN	TX	78745	Endodontist
5656 BEE CAVES RD STE B104	AUSTIN	TX	78746	Pediatric Dentist
3901 S LAMAR BLVD STE 420	AUSTIN	TX	78704	Orthodontist
7517 CAMERON RD #106	AUSTIN	TX	78752	General Dentist
2555 WESTERN TRLS BLVD #104	AUSTIN	TX	78745	General Dentist
7517 CAMERON RD #106	AUSTIN	TX	78752	General Dentist
1901 W WILLIAM CANNON DR STE	AUSTIN	TX	78745	
1000 E 41ST ST # 230	AUSTIN	TX	78751	Periodontist
11615 ANGUS RD STE 210	AUSTIN	TX	78759	General Dentist

1301 BARBARA JORDAN BLVD STE	AUSTIN	TX	78723	Pediatric Dentist
1192 AIRPORT BLVD STE B	AUSTIN	TX	78702	General Dentist
3601 W WILLIAM CANNON DR BLDG	AUSTIN	TX	78749	Oral Surgeon
3601 W WILLIAM CANNON DR BLDG	AUSTIN	TX	78749	Endodontist
4306 MEDICAL PKWY # 2	AUSTIN	TX	78756	Oral Surgeon
2555 WESTERN TRLS BLVD #104	AUSTIN	TX	78745	General Dentist
12335 HYMEADOW DR STE 250	AUSTIN	TX	78750	Periodontist
3755 S CAPITAL OF TX HWY #292	AUSTIN	TX	78704	Pediatric Dentist
2712 BEE CAVES RD STE 100	AUSTIN	TX	78746	
1000 E 41ST ST # 230	AUSTIN	TX	78751	Oral Surgeon
12505 HYMEADOW DR STE 2D	AUSTIN	TX	78750	General Dentist
8300 N FM 620 BLDG G	AUSTIN	TX	78726	Endodontist
1000 E 41ST ST # 230	AUSTIN	TX	78751	Endodontist
2500 W WILLIAM CANNON DR STE	AUSTIN	TX	78745	Endodontist
811 EAST 32ND ST	AUSTIN	TX	78705	General Dentist
3345 BEE CAVES RD STE 102B	AUSTIN	TX	78746	General Dentist
6211 W WILLIAM CANNON DR	AUSTIN	TX	78749	General Dentist
711 W 38TH ST STE G5	AUSTIN	TX	78705	General Dentist
1405 W KOENIG LN	AUSTIN	TX	78756	General Dentist
4310 MEDICAL PKWY STE 203	AUSTIN	TX	78756	Endodontist
4306 MEDICAL PKWY # 1	AUSTIN	TX	78756	General Dentist
4203 MEDICAL PKWY	AUSTIN	TX	78756	General Dentist
14028 NORTH US HWY 183 STE 43C	AUSTIN	TX	78717	Endodontist
4005 SPICEWOOD SPRINGS RD	AUSTIN	TX	78759	General Dentist
11615 ANGUS RD STE 210	AUSTIN	TX	78759	General Dentist
1801 E 51ST ST STE 390	AUSTIN	TX	78723	General Dentist
4012 MARATHON BLVD	AUSTIN	TX	78756	General Dentist
2915 MEDICAL ARTS ST	AUSTIN	TX	78705	General Dentist
1301 BARBARA JORDAN BLVD STE	AUSTIN	TX	78723	Pediatric Dentist
2206 W PARMER LN	AUSTIN	TX	78727	General Dentist
3800 SPEEDWAY	AUSTIN	TX	78751	General Dentist
10710 RESEARCH BLVD STE 302	AUSTIN	TX	78759	General Dentist
4456 FRONTIER TRL	AUSTIN	TX	78745	General Dentist
300 S LAMAR BLVD STE N	AUSTIN	TX	78704	General Dentist
3001 S LAMAR BLVD STE 100	AUSTIN	TX	78704	
3601 W WILLIAM CANNON DR BLDG	AUSTIN	TX	78749	Orthodontist
11410 JOLLYVILLE RD STE 3102	AUSTIN	TX	78759	General Dentist
11851 JOLLYVILLE RD STE 201	AUSTIN	TX	78759	General Dentist
5000 W SLAUGHTER LN BLDG 2	AUSTIN	TX	78749	Endodontist
3001 S LAMAR BLVD STE 100	AUSTIN	TX	78704	Periodontist
1450 W PARMER LN	AUSTIN	TX	78727	General Dentist
401 W SLAUGHTER LN STE 200	AUSTIN	TX	78748	Endodontist
1801 E 51ST ST STE 390	AUSTIN	TX	78723	General Dentist
4201 BEE CAVES RD STE C209	AUSTIN	TX	78746	General Dentist
2312 WESTERN TRAILS BLVD #104	AUSTIN	TX	78745	
1113 MAIN ST	BASTROP	TX	78602	General Dentist
717 HWY 71 WEST #300	BASTROP	TX	78602	Oral Surgeon

5010 GARTH RD STE 204	BAYTOWN	TX	77521	
1105 E JAMES ST	BAYTOWN	TX	77520	General Dentist
6502 GARTH RD STE 100	BAYTOWN	TX	77521	Oral Surgeon
4179 DOWLEN RD	BEAUMONT	TX	77706	
1717 AIRPORT FWY	BEDFORD	TX	76021	Endodontist
1717 AIRPORT FWY	BEDFORD	TX	76021	Periodontist
4548 BISSONNET ST #300	BELLAIRE	TX	77401	General Dentist
5001 BISSONNET ST STE 105	BELLAIRE	TX	77401	Orthodontist
2330 CENTRAL BLVD	BROWNSVILLE	TX	78520	Oral Surgeon
910 N EARL RUDDER FWY STE 100	BRYAN	TX	77802	
2400 BROADMOOR DR	BRYAN	TX	77802	Orthodontist
1395 SATTLER RD STE 4	CANYON LAKE	TX	78132	General Dentist
1616 W HEBRON PKWY STE 100	CARROLLTON	TX	75010	
1016 E HEBRON PKWY STE 170	CARROLLTON	TX	75010	General Dentist
3012 E HEBRON PKWY STE 108	CARROLLTON	TX	75010	Oral Surgeon
2840 KELLER SPRINGS RD STE 703	CARROLLTON	TX	75006	Endodontist
8008 WEST AVE STE 1	CASTLE HILLS	TX	78213	
241 E FM 1382 STE 319	CEDAR HILL	TX	75104	General Dentist
1455 E WHITESTONE BLVD STE 12	CEDAR PARK	TX	78613	Periodontist
401 E WHITESTONE BLVD STE C10	CEDAR PARK	TX	78613	Periodontist
6908 COLLEYVILLE BLVD	COLLEYVILLE	TX	76034	General Dentist
6904 COLLEYVILLE BLVD	COLLEYVILLE	TX	76034	Oral Surgeon
1403 N LOOP 336 W STE C	CONROE	TX	77304	
8455 CRESTWAY DR STE 101	CONVERSE	TX	78109	Periodontist
3811 WEST STATE HWY 31 #801	CORSICANA	TX	75110	
17814 SPRING CYPRESS RD STE 11	CYPRESS	TX	77429	Oral Surgeon
15040 FAIRFIELD VILLAGE SQUARE	CYPRESS	TX	77433	Endodontist
3306 W CAMP WISDOM RD STE 10C	DALLAS	TX	75237	
18111 PRESTON RD STE 100	DALLAS	TX	75252	
6301 ABRAMS RD STE 125	DALLAS	TX	75231	
14400 DALLAS PKWY # 200	DALLAS	TX	75254	Pediatric Dentist
3302 GASTON AVE	DALLAS	TX	75246	
7001 PRESTON RD STE 301A	DALLAS	TX	75205	Endodontist
8355 WALNUT HILL LN STE 125	DALLAS	TX	75231	Pediatric Dentist
18152 PRESTON RD STE 1-2	DALLAS	TX	75252	Oral Surgeon
7777 FOREST LN STE B101	DALLAS	TX	75230	Oral Surgeon
7125 MARVIN D LOVE #203	DALLAS	TX	75237	General Dentist
7989 BELTLINE RD STE #90	DALLAS	TX	75248	Periodontist
18152 PRESTON RD STE 1-2	DALLAS	TX	75252	Endodontist
8226 DOUGLAS AVE STE 645	DALLAS	TX	75225	General Dentist
2525 WYCLIFF AVE #107	DALLAS	TX	75219	
5050 QUORUM DR STE 340	DALLAS	TX	75254	General Dentist
2525 WYCLIFF AVE #107	DALLAS	TX	75219	Endodontist
3302 GASTON AVE	DALLAS	TX	75246	General Dentist
4390 I30 STE 200	DALLAS	TX	75211	General Dentist
8335 WALNUT HILL LN #200	DALLAS	TX	75231	General Dentist
18152 PRESTON RD STE 1-2	DALLAS	TX	75252	Periodontist

2525 WYCLIFF AVE #107	DALLAS	TX	75219	Periodontist
2201 S INTERSTATE 35 E STE 121C	DENTON	TX	76205	Oral Surgeon
2201 W HIGHWAY 290	DRIPPING SPRING	TX	78620	General Dentist
400 E HIGHWAY 67	DUNCANVILLE	TX	75137	Pediatric Dentist
201 S CEDAR RIDGE DR	DUNCANVILLE	TX	75116	Periodontist
901 CLUBSIDE DR	EAST BERNARD	TX	77435	General Dentist
100 E EBONY LN	EDINBURG	TX	78539	General Dentist
2601 W TRENTON RD	EDINBURG	TX	78539	Oral Surgeon
206 W MAHL ST	EDINBURG	TX	78539	General Dentist
5867 N MESA ST	EL PASO	TX	79912	Orthodontist
965 N RESLER #105	EL PASO	TX	79912	Pediatric Dentist
1788 N ZARAGOZA RD	EL PASO	TX	79936	Periodontist
1188 N YARBROUGH DR. STE A	EL PASO	TX	79925	Endodontist
4009 N MESA ST STE A	EL PASO	TX	79902	General Dentist
6901 HELEN OF TROY STE A	EL PASO	TX	79911	General Dentist
1788 N ZARAGOZA RD	EL PASO	TX	79936	
1011 E ENNIS AVE	ENNIS	TX	75119	
1301 W GLADE RD STE 110	EULESS	TX	76039	Periodontist
1301 W GLADE RD STE 110	EULESS	TX	76039	Oral Surgeon
1301 W GLADE RD STE 110	EULESS	TX	76039	Endodontist
3424 LONG PRAIRIE RD STE 300	FLOWER MOUND	TX	75028	General Dentist
992 E US HIGHWAY 80 STE D	FORNEY	TX	75126	
101 NORTH FM 548 STE 105	FORNEY	TX	75126	Orthodontist
7630 N BEACH ST STE 130	FORT WORTH	TX	76137	
3880 HULEN ST STE 310	FORT WORTH	TX	76107	Endodontist
3400 TEXAS SAGE TRL STE 136	FORT WORTH	TX	76177	Pediatric Dentist
6729 BRIDGE ST	FORT WORTH	TX	76112	Oral Surgeon
6261 GRANBURY RD BLDG D	FORT WORTH	TX	76133	Oral Surgeon
4833 S HULEN ST STE 101	FORT WORTH	TX	76132	Endodontist
7841 SUMMER CREEK DR	FORT WORTH	TX	76123	General Dentist
5700 EDWARDS RANCH RD STE 10	FORT WORTH	TX	76109	Pediatric Dentist
102 W EL DORADO BLVD # C1	FRIENDSWOOD	TX	77546	Endodontist
1780 S FRIENDSWOOD DR STE A	FRIENDSWOOD	TX	77546	Oral Surgeon
15950 EL DORADO PKWY STE 100	FRISCO	TX	75035	Pediatric Dentist
5105 ELDORADO PKWY STE 150	FRISCO	TX	75033	Endodontist
9175 LEBANON RD	FRISCO	TX	75035	Orthodontist
2739 S HULEN ST	FT WORTH	TX	76109	
6026 SEAWALL BLVD STE B	GALVESTON	TX	77551	
3901 BROADWAY ST	GALVESTON	TX	77550	
6026 SEAWALL BLVD STE B	GALVESTON	TX	77551	Oral Surgeon
3314 AVE O	GALVESTON	TX	77550	General Dentist
6026 SEAWALL BLVD STE B	GALVESTON	TX	77551	Endodontist
2601 BROADWAY ST	GALVESTON	TX	77550	General Dentist
3905 AVENUE R	GALVESTON	TX	77550	General Dentist
5129 N GARLAND AVE STE 700	GARLAND	TX	75040	Pediatric Dentist
5129 N GARLAND AVE STE 700	GARLAND	TX	75040	Endodontist
5129 N GARLAND AVE STE 700	GARLAND	TX	75040	Oral Surgeon

5129 N GARLAND AVE STE 700	GARLAND	TX	75040	Periodontist
4170 LAVON DR STE 164	GARLAND	TX	75040	Endodontist
1101 W CENTERVILLE RD STE 200	GARLAND	TX	75041	Periodontist
3325 BELT LINE RD	GARLAND	TX	75044	Oral Surgeon
1013 W UNIVERSITY AVE STE 345	GEORGETOWN	TX	78628	
4506 WILLIAMS DR STE 105	GEORGETOWN	TX	78633	General Dentist
301 EAST HIGHWAY 377 #100	GRANBURY	TX	76048	
3211 S CARRIER PKWY	GRAND PRAIRIE	TX	75052	Periodontist
594 W INTERSTATE 20 STE 205	GRAND PRAIRIE	TX	75052	Periodontist
306 S PARK BLVD	GRAPEVINE	TX	76051	General Dentist
1610 E HARRISON #A	HARLINGEN	TX	78550	General Dentist
4020 FM 2181	HICKORY CREEK	TX	75065	
8022 HIGHWAY 6	HITCHCOCK	TX	77563	General Dentist
2402 RICE BLVD # C	HOUSTON	TX	77005	
107 YALE ST STE 300	HOUSTON	TX	77007	
1801 POST OAK BLVD STE 1D	HOUSTON	TX	77056	
1343 W 43RD ST STE F	HOUSTON	TX	77018	
1140 CLEAR LAKE CITY BLVD STE C	HOUSTON	TX	77062	Orthodontist
909 DAIRY ASHFORD RD STE 107	HOUSTON	TX	77079	Orthodontist
2518 DORRINGTON ST	HOUSTON	TX	77030	General Dentist
909 DAIRY ASHFORD RD STE 107	HOUSTON	TX	77079	Orthodontist
1333 OLD SPANISH TRL STE C	HOUSTON	TX	77054	General Dentist
6137 KIRBY DR	HOUSTON	TX	77005	Pediatric Dentist
6560 FANNIN ST STE 1600	HOUSTON	TX	77030	Oral Surgeon
2450 FONDREN RD STE 320	HOUSTON	TX	77063	Oral Surgeon
650 MEYERLAND PLAZA MALL	HOUSTON	TX	77096	Pediatric Dentist
107 YALE ST STE 300	HOUSTON	TX	77007	Oral Surgeon
1445 NORTH LOOP W STE 1000	HOUSTON	TX	77008	Oral Surgeon
6510 CYPRESS CREEK PKWY	HOUSTON	TX	77069	Pediatric Dentist
3402 HIGHWAY 6 S STE C	HOUSTON	TX	77082	Pediatric Dentist
107 YALE ST STE 300	HOUSTON	TX	77007	Endodontist
8200 WEDNESBURY LN STE 108	HOUSTON	TX	77074	Pediatric Dentist
4778 W BELLFORT ST	HOUSTON	TX	77035	Pediatric Dentist
1400 BLALOCK RD STE D1	HOUSTON	TX	77055	General Dentist
7700 SAN FELIPE ST STE 320	HOUSTON	TX	77063	Endodontist
7031 HIGHWAY 6 N	HOUSTON	TX	77095	Endodontist
650 HEIGHTS BLVD	HOUSTON	TX	77007	Periodontist
1354 W 43RD ST #C	HOUSTON	TX	77018	Endodontist
1445 NORTH LOOP W STE 1000	HOUSTON	TX	77008	Periodontist
995 GULFGATE CENTER MALL	HOUSTON	TX	77087	Orthodontist
6295 BISSONNET ST	HOUSTON	TX	77081	Prosthodontist
6295 BISSONNET ST	HOUSTON	TX	77081	General Dentist
1020 BAY AREA BLVD STE 238	HOUSTON	TX	77058	General Dentist
6609 W SAM HOUSTON PKWY S ST	HOUSTON	TX	77072	General Dentist
13194 BELLAIRE BLVD STE 100	HOUSTON	TX	77072	General Dentist
1000 BAY AREA BLVD STE A	HOUSTON	TX	77058	General Dentist
1000 LOUISIANA ST STE 3760	HOUSTON	TX	77002	General Dentist

910 LOUISIANA ST	HOUSTON	TX	77002	General Dentist
12600 SCARSDALE BLVD STE D	HOUSTON	TX	77089	General Dentist
1000 BAY AREA BLVD STE A	HOUSTON	TX	77058	General Dentist
17776 TOMBALL PKWY STE 20A	HOUSTON	TX	77064	General Dentist
1125 CYPRESS STATION DR STE A	HOUSTON	TX	77090	General Dentist
1222 CLEAR LAKE CITY BLVD	HOUSTON	TX	77062	General Dentist
5901 WESTHEIMER RD STE D	HOUSTON	TX	77057	Endodontist
1722 W ALABAMA ST	HOUSTON	TX	77098	General Dentist
12000 WILCREST DR STE 207	HOUSTON	TX	77031	General Dentist
112 BAMMEL WESTFIELD RD	HOUSTON	TX	77090	Orthodontist
7500 CAMBRIDGE ST # 1210	HOUSTON	TX	77054	Periodontist
9660 HILLCROFT ST STE 353	HOUSTON	TX	77096	Periodontist
8455 FANNIN ST	HOUSTON	TX	77054	Pediatric Dentist
17300 EL CAMINO REAL 112	HOUSTON	TX	77058	Endodontist
8800 KATY FWY STE 210	HOUSTON	TX	77024	Oral Surgeon
1919 TAYLOR ST #3A	HOUSTON	TX	77007	Oral Surgeon
4910 WILLOWBEND BLVD STE C	HOUSTON	TX	77035	General Dentist
7000 FANNIN ST STE 1840	HOUSTON	TX	77030	General Dentist
6830 E SAM HOUSTON PKWY N #10	HOUSTON	TX	77049	General Dentist
19235 KATY FWY S #300B	HOUSTON	TX	77094	Endodontist
1213 HERMANN DR STE 840	HOUSTON	TX	77004	General Dentist
12711 FM 1960 RD W	HOUSTON	TX	77065	Oral Surgeon
1343 W 43RD ST STE F	HOUSTON	TX	77018	Oral Surgeon
5708 CHIMNEY ROCK RD	HOUSTON	TX	77081	General Dentist
2600 S KIRKWOOD RD STE 200	HOUSTON	TX	77077	Periodontist
174 YALE ST STE 1200	HOUSTON	TX	77007	Periodontist
6410 FANNIN ST STE 800	HOUSTON	TX	77030	Oral Surgeon
650 MEYERLAND PLAZA MALL	HOUSTON	TX	77096	Periodontist
8501 S SAM HOUSTON PKWY E D-1	HOUSTON	TX	77075	Endodontist
9388 RICHMOND AVE	HOUSTON	TX	77063	Periodontist
3100 RICHMOND AVE STE 509	HOUSTON	TX	77098	Periodontist
2115 LEXINGTON ST	HOUSTON	TX	77098	General Dentist
6137 KIRBY DR	HOUSTON	TX	77005	Oral Surgeon
8455 FANNIN ST	HOUSTON	TX	77054	Periodontist
9388 RICHMOND AVE	HOUSTON	TX	77063	Periodontist
1911 TAYLOR ST STE D	HOUSTON	TX	77007	Periodontist
174 YALE ST STE 1200	HOUSTON	TX	77007	Orthodontist
8455 FANNIN ST	HOUSTON	TX	77054	Orthodontist
9490 FM 1960 BYPASS RD W #700	HUMBLE	TX	77338	
7315 FM 1960 RD E	HUMBLE	TX	77346	Pediatric Dentist
9952 FM 1960 BYPASS RD W	HUMBLE	TX	77338	Oral Surgeon
19100 W LK HOUST PKWY STE 103	HUMBLE	TX	77346	Endodontist
202 FM 1960 BYPASS RD E STE F	HUMBLE	TX	77338	Oral Surgeon
245 INTERSTATE 45 S SUITE D	HUNTSVILLE	TX	77340	
3205 ROBINSON CREEK PKWY	HUNTSVILLE	TX	77340	General Dentist
3204 N MACARTHUR BLVD STE C	IRVING	TX	75062	General Dentist
9947 N MACARTHUR BLVD STE 125	IRVING	TX	75063	General Dentist

3401 W AIRPORT FWY STE 206	IRVING	TX	75062	
25621 NELSON WAY #110	KATY	TX	77494	Orthodontist
1260 PIN OAK RD STE 208	KATY	TX	77494	Orthodontist
25621 NELSON WAY #110	KATY	TX	77494	Endodontist
21681 KINGSLAND BLVD	KATY	TX	77450	General Dentist
23922 CINCO VLG CTR BL #111	KATY	TX	77494	Oral Surgeon
20660 WESTHEIMER PKWY STE K	KATY	TX	77450	Orthodontist
715 HILL COUNTRY DR	KERRVILLE	TX	78028	Pediatric Dentist
110 N WASHINGTON ST	LA GRANGE	TX	78945	General Dentist
9001 SPENCER HWY STE J	LA PORTE	TX	77571	
135 OYSTER CREEK DR STE T	LAKE JACKSON	TX	77566	General Dentist
431 THIS WAY ST	LAKE JACKSON	TX	77566	Periodontist
404 N INTERSTATE 35 E STE 118	LANCASTER	TX	75146	General Dentist
1620 WEST FM 646 STE D	LEAGUE CITY	TX	77573	Orthodontist
2555 E LEAGUE CITY PKWY STE 16	LEAGUE CITY	TX	77573	Pediatric Dentist
1620 WEST FM 646 STE D	LEAGUE CITY	TX	77573	Endodontist
2095 W MAIN ST STE A	LEAGUE CITY	TX	77573	General Dentist
2925 GULF FWY S STE D	LEAGUE CITY	TX	77573	Periodontist
2525 S SHORE BLVD STE 201	LEAGUE CITY	TX	77573	Oral Surgeon
500 CRYSTAL FALLS PKWY	LEANDER	TX	78641	General Dentist
1288 W MAIN ST STE 123	LEWISVILLE	TX	75067	Oral Surgeon
1288 W MAIN ST STE 123	LEWISVILLE	TX	75067	Periodontist
4770 STATE HIGHWAY 121 STE 100	LEWISVILLE	TX	75056	Oral Surgeon
1906 S COLORADO ST STE 110	LOCKHART	TX	78644	
103 N BRENTWOOD STE 400	LUFKIN	TX	75904	
1811 HIGHWAY 287 N STE 160	MANSFIELD	TX	76063	
3300 E BROAD ST STE 120	MANSFIELD	TX	76063	Orthodontist
3300 E BROAD ST STE 120	MANSFIELD	TX	76063	Endodontist
2170 MATLOCK RD #100	MANSFIELD	TX	76063	General Dentist
101 W DEBBIE LN STE 106	MANSFIELD	TX	76063	Periodontist
4700 N MCCOLL RD	MCALLEN	TX	78504	General Dentist
5000 N 10TH ST	MCALLEN	TX	78504	General Dentist
820 W NOLANA AVE STE B	MCALLEN	TX	78504	General Dentist
1739 N CENTRAL EXPWY #100	MCKINNEY	TX	75070	
8910 STATE HIGHWAY 121 STE 210	MCKINNEY	TX	75070	Oral Surgeon
6717 ELDORADO PKWY STE 100	MCKINNEY	TX	75070	General Dentist
1720 N CENTRAL EXPY STE 130	MCKINNEY	TX	75070	Periodontist
1765 N TOWN EAST BLVD STE 111	MESQUITE	TX	75150	Oral Surgeon
18835 LYNDON B JOHNSON FWY	MESQUITE	TX	75150	General Dentist
3501 TOWNE CROSSING BLVD STE	MESQUITE	TX	75150	Periodontist
1765 N TOWN EAST BLVD STE 111	MESQUITE	TX	75150	Endodontist
5819 HIGHWAY 6 STE 210	MISSOURI CITY	TX	77459	Pediatric Dentist
9201 SIENNA RANCH RD STE 103	MISSOURI CITY	TX	77459	Pediatric Dentist
6701 HIGHWAY 6 STE 170	MISSOURI CITY	TX	77459	General Dentist
7746 HIGHWAY 6 STE T	MISSOURI CITY	TX	77459	General Dentist
6701 HIGHWAY 6 STE 170	MISSOURI CITY	TX	77459	General Dentist
8740 HIGHWAY 6 STE 150	MISSOURI CITY	TX	77459	Endodontist

8740 HIGHWAY 6 STE 150	MISSOURI CITY	TX	77459	Oral Surgeon
9119 HIGHWAY 6 STE 270	MISSOURI CITY	TX	77459	Orthodontist
3334 FM 1092 RD STE 430	MISSOURI CITY	TX	77459	General Dentist
2000 N GRANDVIEW AVE	ODESSA	TX	79761	General Dentist
824 S ROYALL ST	PALESTINE	TX	75801	General Dentist
5106 FAIRMONT PKWY	PASADENA	TX	77505	Orthodontist
1213 MAIN ST UNT A	PASADENA	TX	77506	
5106 FAIRMONT PKWY	PASADENA	TX	77505	
6302 BROADWAY ST STE 150	PEARLAND	TX	77581	
2811 BUSINESS CENTER DR #105	PEARLAND	TX	77584	Pediatric Dentist
12004 SHADOW CREEK PKWY STE	PEARLAND	TX	77584	Orthodontist
11302 BROADWAY ST STE 104	PEARLAND	TX	77584	Oral Surgeon
2811 BUSINESS CENTER DR #105	PEARLAND	TX	77584	Periodontist
2811 BUSINESS CENTER DR #105	PEARLAND	TX	77584	Endodontist
2443 S GALVESTON AVE	PEARLAND	TX	77581	General Dentist
10905 MEMORIAL HERMANN DR #2	PEARLAND	TX	77584	Endodontist
6302 BROADWAY ST STE 150	PEARLAND	TX	77581	Oral Surgeon
2537 HOUSTON AVE	PEARLAND	TX	77581	Oral Surgeon
2708 PEARLAND PKWY STE 220	PEARLAND	TX	77581	Periodontist
11302 BROADWAY ST STE 104	PEARLAND	TX	77584	Pediatric Dentist
6307 BROADWAY ST	PEARLAND	TX	77581	General Dentist
11302 BROADWAY ST STE 104	PEARLAND	TX	77584	Endodontist
10645 BROADWAY ST STE 102	PEARLAND	TX	77584	Periodontist
18801 LIMESTONE COMMERCIAL D	PFLUGERVILLE	TX	78660	Periodontist
1553 FM 685 STE 400	PFLUGERVILLE	TX	78660	Endodontist
1553 FM 685 STE 400	PFLUGERVILLE	TX	78660	Periodontist
3516 PRESTON RD STE 600	PLANO	TX	75093	Oral Surgeon
3516 PRESTON RD STE 600	PLANO	TX	75093	Endodontist
204 COIT RD STE 100	PLANO	TX	75075	Oral Surgeon
6202 W PARK BLVD STE B	PLANO	TX	75093	Endodontist
7965 CUSTER RD STE 100	PLANO	TX	75025	General Dentist
6300 STONEWOOD DR STE 210	PLANO	TX	75024	General Dentist
203A W GOODWIN ST	PLEASANTON	TX	78064	General Dentist
2780 HIGHWAY 365 STE C	PORT ARTHUR	TX	77640	
5903 W PORT ARTHUR RD	PORT ARTHUR	TX	77640	General Dentist
109 E OVILLA RD STE 400	RED OAK	TX	75154	Endodontist
1001 BUCKINGHAM RD STE 106	RICHARDSON	TX	75081	Oral Surgeon
1000 E CAMPBELL RD STE 116	RICHARDSON	TX	75081	General Dentist
7975 W GRAND PKWY S STE 120	RICHMOND	TX	77407	General Dentist
1039 E INTERSTATE 30 STE 107	ROCKWALL	TX	75087	Endodontist
2927 RIDGE RD STE 113	ROCKWALL	TX	75032	General Dentist
1215 ARISTA DR STE 101	ROCKWALL	TX	75032	Endodontist
24601 SOUTHWEST FWY STE 200	ROSENBERG	TX	77471	Periodontist
1715 S MAYS ST STE E	ROUND ROCK	TX	78664	
7403 O'CONNOR DR	ROUND ROCK	TX	78681	Oral Surgeon
2201 DOUBLE CREEK DR STE 2001	ROUND ROCK	TX	78664	
1500 S AW GRIMES BLVD STE 190	ROUND ROCK	TX	78664	Orthodontist

325 UNIVERSITY BLVD	ROUND ROCK	TX	78665	Pediatric Dentist
16 CHISHOLM TRAIL RD	ROUND ROCK	TX	78681	General Dentist
16000 PARK VALLEY DR STE 160	ROUND ROCK	TX	78681	Oral Surgeon
201 UNIVERSITY OAKS STE 770	ROUND ROCK	TX	78665	General Dentist
7403 O'CONNOR DR	ROUND ROCK	TX	78681	General Dentist
893 N I H 35 STE 200	ROUND ROCK	TX	78664	Oral Surgeon
7403 O'CONNOR DR	ROUND ROCK	TX	78681	Periodontist
5701 PRESIDENT GEORGE BUSH H	ROWLETT	TX	75089	
4305 LAKEVIEW PKWY STE 100	ROWLETT	TX	75088	Oral Surgeon
9234 N LOOP 1604 W STE 121	SAN ANTONIO	TX	78249	Pediatric Dentist
1100 NW LOOP 410 STE 560	SAN ANTONIO	TX	78213	Orthodontist
12710 WEST IH-10 #120	SAN ANTONIO	TX	78230	Orthodontist
18707 HARDY OAK BLVD #305	SAN ANTONIO	TX	78258	Pediatric Dentist
4499 MEDICAL DR STE 190	SAN ANTONIO	TX	78229	Oral Surgeon
8338 N LOOP 1604 WEST BUILDING	SAN ANTONIO	TX	78249	General Dentist
7718 LOUIS PASTEUR CT STE 101	SAN ANTONIO	TX	78229	General Dentist
1139 E SONTERRA BLVD STE 505	SAN ANTONIO	TX	78258	Oral Surgeon
9234 N LOOP 1604 W STE 121	SAN ANTONIO	TX	78249	Periodontist
18850 STONE OAK PKWY	SAN ANTONIO	TX	78258	Periodontist
11010 WEST FM 471	SAN ANTONIO	TX	78253	Endodontist
8237 FREDERICKSBURG RD	SAN ANTONIO	TX	78229	
8202 N LOOP 1604 W STE 104	SAN ANTONIO	TX	78249	Pediatric Dentist
5841 NW LOOP 410 STE 110	SAN ANTONIO	TX	78238	Endodontist
118 MT CALVARY DR #106	SAN ANTONIO	TX	78209	Oral Surgeon
7323 MARBACH RD STE 101	SAN ANTONIO	TX	78227	General Dentist
9234 N LOOP 1604 W STE 121	SAN ANTONIO	TX	78249	Endodontist
3830 MCCULLOUGH AVE STE 100	SAN ANTONIO	TX	78212	Pediatric Dentist
12710 WEST IH-10 #120	SAN ANTONIO	TX	78230	Periodontist
7826 LOUIS PASTEUR DR	SAN ANTONIO	TX	78229	General Dentist
11398 BANDERA RD STE 106	SAN ANTONIO	TX	78250	Oral Surgeon
20821 US HIGHWAY 281 N STE 310	SAN ANTONIO	TX	78258	Endodontist
8210 FLOYD CURL DR	SAN ANTONIO	TX	78229	General Dentist
6756 POSS RD	SAN ANTONIO	TX	78238	Pediatric Dentist
15900 LACANTERA PKWY #20250	SAN ANTONIO	TX	78256	General Dentist
2250 THOUSAND OAKS DR STE 120	SAN ANTONIO	TX	78232	General Dentist
8210 FLOYD CURL DR	SAN ANTONIO	TX	78229	General Dentist
3829 LOCKHILL SELMA RD	SAN ANTONIO	TX	78230	General Dentist
15600 SAN PEDRO AVE STE 107	SAN ANTONIO	TX	78232	Oral Surgeon
11010 WEST FM 471	SAN ANTONIO	TX	78253	Periodontist
4871 FREDERICKSBURG RD	SAN ANTONIO	TX	78229	Periodontist
8210 FLOYD CURL DR	SAN ANTONIO	TX	78229	General Dentist
8425 BANDERA RD #172	SAN ANTONIO	TX	78250	Orthodontist
118 MT CALVARY DR #106	SAN ANTONIO	TX	78209	Periodontist
4501 MCCULLOUGH AVE STE 104	SAN ANTONIO	TX	78212	General Dentist
15321 SAN PEDRO AVE STE 103	SAN ANTONIO	TX	78232	Periodontist
2339 EAST EVANS RD STE 100	SAN ANTONIO	TX	78259	General Dentist
941 DONALDSON AVE	SAN ANTONIO	TX	78228	General Dentist

7860 CULEBRA RD	SAN ANTONIO	TX	78251	Oral Surgeon
651 BARNES DR BLDG 2	SAN MARCOS	TX	78666	
1920 CORPORATE DRIVE STE 107	SAN MARCOS	TX	78666	Endodontist
17244 INTERSTATE 35 N STE 5	SCHERTZ	TX	78154	Endodontist
19507 I45 STE 522	SPRING	TX	77388	
3550 RAYFORD RD STE 210	SPRING	TX	77386	Oral Surgeon
3550 RAYFORD RD STE 210	SPRING	TX	77386	Pediatric Dentist
19507 I45 STE 522	SPRING	TX	77388	Oral Surgeon
19984 SOUTHWEST FWY	SUGAR LAND	TX	77479	Endodontist
510 HIGHWAY 6 STE 110	SUGAR LAND	TX	77478	Oral Surgeon
15200 SOUTHWEST FWY STE 120	SUGAR LAND	TX	77478	Periodontist
2565 TOWN CENTER BLVD N	SUGAR LAND	TX	77479	Oral Surgeon
510 HIGHWAY 6 STE 110	SUGAR LAND	TX	77478	Endodontist
2565 TOWN CENTER BLVD N	SUGAR LAND	TX	77479	Endodontist
15958 CITY WALK STE 230	SUGAR LAND	TX	77479	Prosthodontist
736 HIGHWAY 6 STE 102	SUGAR LAND	TX	77478	General Dentist
2565 TOWN CENTER BLVD N	SUGAR LAND	TX	77479	Pediatric Dentist
1211 LAKE POINTE PKWY STE 100	SUGAR LAND	TX	77478	General Dentist
3425 HIGHWAY 6 STE 108	SUGAR LAND	TX	77478	
510 HIGHWAY 6 STE 110	SUGAR LAND	TX	77478	Periodontist
4645 SWEETWATER BLVD	SUGAR LAND	TX	77479	Orthodontist
272 S COLLINS RD STE 100	SUNNYVALE	TX	75182	General Dentist
5601 BRODIE LN STE 1325	SUNSET VALLEY	TX	78745	Oral Surgeon
5601 BRODIE LN STE 1325	SUNSET VALLEY	TX	78745	Endodontist
5601 BRODIE LN STE 1325	SUNSET VALLEY	TX	78745	General Dentist
5601 BRODIE LN STE 1325	SUNSET VALLEY	TX	78745	Periodontist
2501 PALMER HWY	TEXAS CITY	TX	77590	General Dentist
7111 MEDICAL CTR DR STE 105	TEXAS CITY	TX	77591	General Dentist
4185 TECHNOLOGY FOREST BLVD	THE WOODLANDS	TX	77381	Oral Surgeon
8942 S BROADWAY AVE	TYLER	TX	75703	
6770 OLD JACKSONVILLE HWY STE	TYLER	TX	75703	
6770 OLD JACKSONVILLE HWY #10	TYLER	TX	75703	
3873 STATE HIGHWAY 64 W	TYLER	TX	75704	
4605 OLD BULLARD RD	TYLER	TX	75703	Endodontist
707 TURTLE CREEK DR	TYLER	TX	75701	General Dentist
719 TURTLE CREEK DR	TYLER	TX	75701	General Dentist
824 HEWITT DR STE 300	WACO	TX	76712	
6400 COBBS DR STE 200	WACO	TX	76710	General Dentist
1540 N HIGHWAY 77 STE 7	WAXAHACHIE	TX	75165	
125 PARK PLACE BLVD	WAXAHACHIE	TX	75165	General Dentist
304 W BAY AREA BLVD STE 300	WEBSTER	TX	77598	Pediatric Dentist
251 MED CENTER BLVD STE 220	WEBSTER	TX	77598	General Dentist
17201 FEATHERCRAFT LN	WEBSTER	TX	77598	Periodontist
1560 LIVE OAK ST STE C	WEBSTER	TX	77598	Endodontist
304 W BAY AREA BLVD STE 300	WEBSTER	TX	77598	Oral Surgeon
1015 W MEDICAL CENTER BLVD	WEBSTER	TX	77598	General Dentist
304 W BAY AREA BLVD STE 300	WEBSTER	TX	77598	Periodontist

17201 GLENMOUNT PARK DR	WEBSTER	TX	77598	Orthodontist
1020 W NASA RD 1 STE 250	WEBSTER	TX	77598	Periodontist
1502 N BRAZOS ST	WHITNEY	TX	76692	General Dentist
3360 W FM 544 STE 930	WYLIE	TX	75098	Endodontist
3360 W FM 544 STE 930	WYLIE	TX	75098	Periodontist
611 W BROWN ST STE 100	WYLIE	TX	75098	General Dentist
2640 W FM 544 STE 200	WYLIE	TX	75098	Orthodontist
3360 W FM 544 STE 930	WYLIE	TX	75098	Periodontist
3360 W FM 544 STE 930	WYLIE	TX	75098	Oral Surgeon
7115 LEESBURG PIKE #309	FALLS CHURCH	VA	22043	Endodontist

NETWORK	DELTA PAID	PROCEDURE COUNT
DeltaCare USA Network	\$ 20	4
DeltaCare USA Network	\$ -	14
Premier	\$ -	1
DeltaCare USA Network	\$ (118)	-2
PPO	\$ -	5
Premier	\$ -	3
PPO	\$ -	1
PPO	\$ 210	4
Premier	\$ -	14
PPO	\$ -	2
Premier	\$ -	1
PPO	\$ -	2
PPO	\$ 422	7
PPO	\$ 156	4
PPO	\$ -	3
Premier	\$ -	10
Premier	\$ -	1
PPO	\$ -	6
DeltaCare USA Network	\$ -	5
DeltaCare USA Network	\$ -	1
DeltaCare USA Network	\$ 120	4
DeltaCare USA Network	\$ 14	16
DeltaCare USA Network	\$ -	11
DeltaCare USA Network	\$ -	6
Premier	\$ -	4
DeltaCare USA Network	\$ -	3
Premier	\$ -	3
Non-Participating	\$ -	2
DeltaCare USA Network	\$ -	1
DeltaCare USA Network	\$ 23,338	707
DeltaCare USA Network	\$ 22,854	711
PPO	\$ 466	0
DeltaCare USA Network	\$ 317	24
DeltaCare USA Network	\$ 305	6
PPO	\$ 220	2
Premier	\$ 125	1
Premier	\$ 110	1
DeltaCare USA Network	\$ 80	3
DeltaCare USA Network	\$ -	11
Premier	\$ -	10

PPO	\$	-	9
PPO	\$	-	9
DeltaCare USA Network	\$	-	9
DeltaCare USA Network	\$	-	9
DeltaCare USA Network	\$	-	7
PPO	\$	-	6
DeltaCare USA Network	\$	-	6
Premier	\$	-	6
DeltaCare USA Network	\$	-	5
DeltaCare USA Network	\$	-	5
Premier	\$	-	5
DeltaCare USA Network	\$	-	5
DeltaCare USA Network	\$	-	4
PPO	\$	-	4
Premier	\$	-	4
Premier	\$	-	4
Premier	\$	-	4
PPO	\$	-	4
Premier	\$	-	4
DeltaCare USA Network	\$	-	4
Premier	\$	-	4
Non-Participating	\$	-	3
DeltaCare USA Network	\$	-	3
Premier	\$	-	3
Premier	\$	-	3
PPO	\$	-	3
Non-Participating	\$	-	3
Premier	\$	-	3
PPO	\$	-	3
Non-Participating	\$	-	3
Non-Participating	\$	-	3
PPO	\$	-	3
Non-Participating	\$	-	2
PPO	\$	-	2
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	-	2
Non-Participating	\$	-	2
Non-Participating	\$	-	2
DeltaCare USA Network	\$	-	2
PPO	\$	-	2
PPO	\$	-	1
DeltaCare USA Network	\$	-	1
PPO	\$	-	1
Non-Participating	\$	-	1
DeltaCare USA Network	\$	-	1
PPO	\$	-	6
DeltaCare USA Network	\$	-	1

DeltaCare USA Network	\$	186	10
PPO	\$	-	3
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	46	2
DeltaCare USA Network	\$	-	25
DeltaCare USA Network	\$	-	1
Non-Participating	\$	-	3
PPO	\$	-	1
DeltaCare USA Network	\$	-	6
DeltaCare USA Network	\$	1,269	58
DeltaCare USA Network	\$	57	1
Premier	\$	-	5
DeltaCare USA Network	\$	100	7
PPO	\$	52	2
DeltaCare USA Network	\$	-	13
DeltaCare USA Network	\$	-	6
DeltaCare USA Network	\$	-	1
Non-Participating	\$	-	21
DeltaCare USA Network	\$	-	7
DeltaCare USA Network	\$	-	6
PPO	\$	-	8
DeltaCare USA Network	\$	-	5
DeltaCare USA Network	\$	1,103	45
PPO	\$	-	4
DeltaCare USA Network	\$	1,026	28
DeltaCare USA Network	\$	-	10
DeltaCare USA Network	\$	-	7
DeltaCare USA Network	\$	875	35
DeltaCare USA Network	\$	769	23
DeltaCare USA Network	\$	129	7
DeltaCare USA Network	\$	43	21
Non-Participating	\$	35	2
DeltaCare USA Network	\$	-	28
Premier	\$	-	14
DeltaCare USA Network	\$	-	10
DeltaCare USA Network	\$	-	10
PPO	\$	-	8
DeltaCare USA Network	\$	-	8
DeltaCare USA Network	\$	-	6
Non-Participating	\$	-	4
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Non-Participating	\$	-	3
DeltaCare USA Network	\$	-	3
Non-Participating	\$	-	2
PPO	\$	-	2
Non-Participating	\$	-	2
DeltaCare USA Network	\$	-	1

DeltaCare USA Network	\$	-	1
PPO	\$	-	1
PPO	\$	-	15
DeltaCare USA Network	\$	0	25
PPO	\$	-	1
Non-Participating	\$	-	7
Premier	\$	205	3
PPO	\$	-	3
Non-Participating	\$	-	2
Premier	\$	242	1
PPO	\$	46	3
DeltaCare USA Network	\$	-	38
PPO	\$	-	11
PPO	\$	-	6
Non-Participating	\$	-	5
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	278	5
DeltaCare USA Network	\$	-	11
DeltaCare USA Network	\$	-	7
DeltaCare USA Network	\$	-	7
PPO	\$	-	3
DeltaCare USA Network	\$	1,952	66
DeltaCare USA Network	\$	-	-3
DeltaCare USA Network	\$	494	16
DeltaCare USA Network	\$	-	22
DeltaCare USA Network	\$	-	21
DeltaCare USA Network	\$	-	10
DeltaCare USA Network	\$	-	5
DeltaCare USA Network	\$	-	5
Premier	\$	-	3
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	-	5
DeltaCare USA Network	\$	-	1
Premier	\$	-	5
DeltaCare USA Network	\$	-	4
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DeltaCare USA Network	\$	188	8
DeltaCare USA Network	\$	19,619	583
DeltaCare USA Network	\$	5,946	243
DeltaCare USA Network	\$	-	14
Non-Participating	\$	-	3
PPO	\$	-	2
Premier	\$	-	2
Premier	\$	-	1
DeltaCare USA Network	\$	631	144
DeltaCare USA Network	\$	-	20
DeltaCare USA Network	\$	-	9

DeltaCare USA Network	\$	-	7
DeltaCare USA Network	\$	-	3
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	1,196	28
PPO	\$	-	2
DeltaCare USA Network	\$	388	12
DeltaCare USA Network	\$	-	3
DeltaCare USA Network	\$	-	1
PPO	\$	-	14
Non-Participating	\$	-	2
DeltaCare USA Network	\$	366	10
Premier	\$	-	11
DeltaCare USA Network	\$	20,155	773
DeltaCare USA Network	\$	3,024	109
DeltaCare USA Network	\$	1,543	51
DeltaCare USA Network	\$	717	26
PPO	\$	658	4
DeltaCare USA Network	\$	239	7
Premier	\$	145	12
DeltaCare USA Network	\$	143	3
PPO	\$	137	24
DeltaCare USA Network	\$	69	24
DeltaCare USA Network	\$	68	2
DeltaCare USA Network	\$	66	41
DeltaCare USA Network	\$	52	27
DeltaCare USA Network	\$	44	25
DeltaCare USA Network	\$	26	3
DeltaCare USA Network	\$	23	10
DeltaCare USA Network	\$	23	3
DeltaCare USA Network	\$	-	46
Non-Participating	\$	-	26
PPO	\$	-	18
Non-Participating	\$	-	18
DeltaCare USA Network	\$	-	12
DeltaCare USA Network	\$	-	11
PPO	\$	-	9
DeltaCare USA Network	\$	-	9
DeltaCare USA Network	\$	-	9
DeltaCare USA Network	\$	-	8
PPO	\$	-	6
PPO	\$	-	6
Premier	\$	-	6
Premier	\$	-	5
Non-Participating	\$	-	5
PPO	\$	-	5
Premier	\$	-	5

PPO	\$	-	5
Premier	\$	-	4
PPO	\$	-	4
PPO	\$	-	4
PPO	\$	-	4
Premier	\$	-	3
DeltaCare USA Network	\$	-	3
Non-Participating	\$	-	3
PPO	\$	-	3
DeltaCare USA Network	\$	-	3
Premier	\$	-	3
DeltaCare USA Network	\$	-	3
DeltaCare USA Network	\$	-	3
Non-Participating	\$	-	2
PPO	\$	-	2
DeltaCare USA Network	\$	-	2
Non-Participating	\$	-	2
Non-Participating	\$	-	2
PPO	\$	-	2
DeltaCare USA Network	\$	-	2
Premier	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
Premier	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
PPO	\$	-	1
PPO	\$	-	1
PPO	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
PPO	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	903	44
DeltaCare USA Network	\$	574	41
DeltaCare USA Network	\$	-	8
DeltaCare USA Network	\$	-	7
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	2,841	86
Non-Participating	\$	-	2
PPO	\$	-	9
Premier	\$	-	3

DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	300	9
DeltaCare USA Network	\$	22	1
DeltaCare USA Network	\$	-	13
PPO	\$	-	4
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	-	1
PPO	\$	-	2
Premier	\$	-	2
DeltaCare USA Network	\$	238	11
PPO	\$	-	7
PPO	\$	-	1
PPO	\$	-	12
DeltaCare USA Network	\$	139	1
DeltaCare USA Network	\$	20	36
DeltaCare USA Network	\$	-	27
Premier	\$	-	3
DeltaCare USA Network	\$	-	2
PPO	\$	-	2
PPO	\$	-	9
DeltaCare USA Network	\$	-	21
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	224	6
DeltaCare USA Network	\$	1,005	32
DeltaCare USA Network	\$	5,286	181
DeltaCare USA Network	\$	23	1
DeltaCare USA Network	\$	-	7
Premier	\$	-	4
PPO	\$	-	1
PPO	\$	-	20
Non-Participating	\$	-	11
Non-Participating	\$	-	6
DeltaCare USA Network	\$	888	27
DeltaCare USA Network	\$	-	13
Premier	\$	-	5
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	-	18
Non-Participating	\$	-	12
DeltaCare USA Network	\$	-	4
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	40	34
Premier	\$	-	38
Non-Participating	\$	-	20
Non-Participating	\$	-	10
PPO	\$	-	8
DeltaCare USA Network	\$	-	6

DeltaCare USA Network	\$	-	5
DeltaCare USA Network	\$	-	3
PPO	\$	-	1
Non-Participating	\$	-	3
Premier	\$	2,630	20
DeltaCare USA Network	\$	219	2
DeltaCare USA Network	\$	146	3
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	9,079	300
DeltaCare USA Network	\$	97	234
DeltaCare USA Network	\$	84	4
DeltaCare USA Network	\$	-	19
DeltaCare USA Network	\$	-	18
DeltaCare USA Network	\$	-	14
Premier	\$	-	11
DeltaCare USA Network	\$	-	9
DeltaCare USA Network	\$	-	9
DeltaCare USA Network	\$	-	5
DeltaCare USA Network	\$	-	4
DeltaCare USA Network	\$	-	4
Premier	\$	-	3
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	9
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	26	7
DeltaCare USA Network	\$	-	44
DeltaCare USA Network	\$	-	11
DeltaCare USA Network	\$	-	11
PPO	\$	-	3
Non-Participating	\$	-	2
Premier	\$	-	2
DeltaCare USA Network	\$	336	6
Non-Participating	\$	-	2
DeltaCare USA Network	\$	-	3
DeltaCare USA Network	\$	-	10
Premier	\$	-	1
Premier	\$	-	4
DeltaCare USA Network	\$	-	4
PPO	\$	-	3
DeltaCare USA Network	\$	-	3
DeltaCare USA Network	\$	-	4
DeltaCare USA Network	\$	4,332	108
DeltaCare USA Network	\$	300	16
DeltaCare USA Network	\$	230	6
DeltaCare USA Network	\$	113	2

DeltaCare USA Network	\$	-	32
Premier	\$	-	30
DeltaCare USA Network	\$	-	6
PPO	\$	-	6
PPO	\$	-	3
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	3,173	117
DeltaCare USA Network	\$	-	4
DeltaCare USA Network	\$	280	63
DeltaCare USA Network	\$	210	12
DeltaCare USA Network	\$	114	4
DeltaCare USA Network	\$	25	34
DeltaCare USA Network	\$	-	29
PPO	\$	-	17
Premier	\$	-	14
DeltaCare USA Network	\$	-	12
DeltaCare USA Network	\$	-	11
DeltaCare USA Network	\$	-	8
DeltaCare USA Network	\$	-	8
DeltaCare USA Network	\$	-	6
DeltaCare USA Network	\$	-	6
DeltaCare USA Network	\$	-	5
PPO	\$	-	5
PPO	\$	-	5
DeltaCare USA Network	\$	-	5
Premier	\$	-	5
DeltaCare USA Network	\$	-	4
Non-Participating	\$	-	4
DeltaCare USA Network	\$	-	4
DeltaCare USA Network	\$	-	4
Non-Participating	\$	-	3
Premier	\$	-	3
Premier	\$	-	3
PPO	\$	-	3
Non-Participating	\$	-	3
Non-Participating	\$	-	2
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	-	2
DeltaCare USA Network	\$	-	2
Premier	\$	-	2
PPO	\$	-	1
DeltaCare USA Network	\$	-	1
Non-Participating	\$	-	1
DeltaCare USA Network	\$	-	1
PPO	\$	-	1
Premier	\$	-	1

PPO	\$	-	1
DeltaCare USA Network	\$	824	26
DeltaCare USA Network	\$	-	15
DeltaCare USA Network	\$	-	3
DeltaCare USA Network	\$	146	3
DeltaCare USA Network	\$	-	11
DeltaCare USA Network	\$	-	6
DeltaCare USA Network	\$	-	5
DeltaCare USA Network	\$	-	14
DeltaCare USA Network	\$	-	10
PPO	\$	-	7
DeltaCare USA Network	\$	-	7
DeltaCare USA Network	\$	-	6
DeltaCare USA Network	\$	-	6
Premier	\$	-	6
PPO	\$	-	4
DeltaCare USA Network	\$	-	4
PPO	\$	-	2
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
Non-Participating	\$	-	1
PPO	\$	-	2
DeltaCare USA Network	\$	26	20
DeltaCare USA Network	\$	-	2
PPO	\$	-	2
PPO	\$	-	1
PPO	\$	-	1
Non-Participating	\$	-	1
PPO	\$	-	2
DeltaCare USA Network	\$	5,133	140
DeltaCare USA Network	\$	4,404	141
DeltaCare USA Network	\$	2,899	114
DeltaCare USA Network	\$	2,329	72
Non-Participating	\$	-	5
Non-Participating	\$	-	3
PPO	\$	-	1
DeltaCare USA Network	\$	2,833	136
Non-Participating	\$	-	3
DeltaCare USA Network	\$	490	14
Premier	\$	-	3
DeltaCare USA Network	\$	46	6
Premier	\$	-	15
PPO	\$	-	9
DeltaCare USA Network	\$	-	8
DeltaCare USA Network	\$	-	6
Premier	\$	-	6
DeltaCare USA Network	\$	-	2

Non-Participating	\$	-	1
DeltaCare USA Network	\$	-	0
PPO	\$	-	1
DeltaCare USA Network	\$	37	13
PPO	\$	-	6
Premier	\$	-	5
Non-Participating	\$	-	1
DeltaCare USA Network	\$	-	1
DeltaCare USA Network	\$	-	1
Premier	\$	-	3

INSURANCE CODE

TITLE 8. HEALTH INSURANCE AND OTHER HEALTH COVERAGES

SUBTITLE H. HEALTH BENEFITS AND OTHER COVERAGES FOR GOVERNMENTAL EMPLOYEES

CHAPTER 1601. UNIFORM INSURANCE BENEFITS ACT FOR EMPLOYEES OF THE UNIVERSITY OF TEXAS SYSTEM AND THE TEXAS A&M UNIVERSITY SYSTEM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 1601.001. SHORT TITLE. This chapter may be cited as the State University Employees Uniform Insurance Benefits Act.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.002. PURPOSES. The purposes of this chapter are to:

(1) provide uniformity in the basic group life, accident, and health benefit coverages for all system employees;

(2) enable the systems to attract and retain competent and able employees by providing employees with basic life, accident, and health benefit coverages comparable to those commonly provided in private industry and to employees of a state agency other than a system, including a public college or university whose employees are covered under Chapter [1551](#);

(3) foster, promote, and encourage employment by and service to the systems as a career profession for individuals of high standards of competence and ability;

(4) recognize and protect the investment of the systems in each employee by promoting and preserving economic security and good health among employees;

(5) foster and develop high standards of employer-employee relationships between the systems and their employees; and

(6) recognize the long and faithful service and dedication of employees and encourage them to remain in service until eligible for retirement by providing health benefits and other group benefits for them.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.003. GENERAL DEFINITIONS. In this chapter:

- (1) "Administering carrier" means a carrier or organization that is:
- (A) qualified to engage in business in this state; and
 - (B) designated by a system to administer services, benefits,

insurance coverages, or requirements in accordance with this chapter.

(2) "Basic coverage" means coverage, including health benefit coverage, that meets the basic coverage standards required under Section [1601.053](#)(a)(1).

(3) "Cafeteria plan" means a plan defined and authorized by Section 125, Internal Revenue Code of 1986.

(4) "Group life, accident, or health benefit plan" means a group agreement, policy, contract, or arrangement provided by an administering carrier, including:

(A) a group insurance policy or contract;

(B) a life, accident, medical, dental, or hospital service agreement;

(C) a membership or subscription contract; or

(D) any other similar group arrangement.

(5) "Optional coverage" means group coverage other than the basic coverage.

(6) "Service" means personal service to a system for which an employee is credited in accordance with rules adopted by the system.

(7) "System" means The University of Texas System or The Texas A&M University System.

(8) "The Texas A&M University System" means the entities governed under Chapters [85](#) through [88](#), Education Code, including the Texas Veterinary Diagnostic Laboratory.

(9) "The University of Texas System" means the entities listed or described by Section [65.02](#), Education Code.

(10) "Uniform program" means an employees uniform insurance benefits program provided under this chapter.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.004. DEFINITION OF DEPENDENT. (a) In this chapter, "dependent," with respect to an individual eligible to participate in the uniform program under Section [1601.101](#) or [1601.102](#), means the individual's:

(1) spouse;

(2) unmarried child younger than 25 years of age; and

(3) child of any age who lives with or has the child's care provided by the individual on a regular basis if the child is mentally retarded or physically incapacitated to the extent that the child is dependent on the individual for care or support, as determined by the system.

(b) In this section:

(1) "Child" includes:

(A) an adopted child; and

(B) a stepchild, foster child, or other child who is in a parent-child relationship with an individual who is eligible to participate in the uniform program under Section 1601.101 or 1601.102.

(2) "Spouse" has the meaning assigned by the Family Code.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.005. DEFINITION OF CARRIER. In this chapter, "carrier" means:

(1) an insurance company that is authorized by the department to provide under this code any of the types of insurance coverages, benefits, or services provided for in this chapter, and that:

(A) has an adequate surplus;

(B) has a successful operating history; and

(C) has had successful experience, as determined by the department, in providing and servicing any of the types of group coverage provided for in this chapter;

(2) a corporation operating under Chapter 842 that provides any of the types of coverage, benefits, or services provided for in this chapter and that:

(A) has a successful operating history; and

(B) has had successful experience, as determined by the department, in providing and servicing any of the types of group coverage provided for in this chapter; or

(3) any combination of carriers described by Subdivisions (1) and (2) on terms the system prescribes.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.006. APPLICABILITY OF DEFINITIONS. The definition of a term defined by this subchapter and the use of the terms "employee" and "retired employee" as described by Sections 1601.101 and 1601.102 apply to this chapter unless a different meaning is plainly required by the context in which the term appears.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.007. SYSTEM MAY DEFINE OTHER WORDS. A system may define by rule a word or term necessary in the administration of this chapter.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.008. EXEMPTION FROM EXECUTION. All insurance benefits and other

payments and transactions made under this chapter to a participant under this chapter are exempt from execution, attachment, garnishment, or any other process.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.009. EXEMPTION FROM TAXATION AND FEES. Premiums on a policy, an insurance contract, or an agreement established under this chapter with a health maintenance organization are not subject to any state tax, regulatory fee, or surcharge, including a premium or maintenance tax or fee.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.010. CERTAIN COMBINING OF CARRIERS NOT RESTRAINT OF TRADE. Carriers combining to bid, underwrite, or both bid and underwrite, a group life, accident, or health benefit plan for the uniform program are not in violation of Chapter 15, Business & Commerce Code.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.011. PARTICIPATION OF THE TEXAS A&M UNIVERSITY SYSTEM. Notwithstanding any other provision of this chapter, if The Texas A&M University System elects to participate in the group benefits program under Section 1551.006(c), that system, including the Texas Veterinary Medical Diagnostic Laboratory, does not participate in a uniform program established under this chapter, effective on the date participation in the group benefits program under Chapter 1551 begins.

Added by Acts 2003, 78th Leg., ch. 366, Sec. 4.01, eff. Sept. 1, 2003.

SUBCHAPTER B. ADMINISTRATION AND IMPLEMENTATION

Sec. 1601.051. ADMINISTRATION AND IMPLEMENTATION. A system shall:

- (1) implement a uniform program for the benefit of its employees and retired employees; and
- (2) determine basic procedural and administrative practices for insurance coverage provided under this chapter.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.052. RULEMAKING AUTHORITY. A system shall adopt rules consistent with this chapter as it considers necessary to implement this chapter and its purposes.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.053. GENERAL DUTIES RELATING TO COVERAGE. (a) A system shall:

(1) determine basic coverage standards that must be comparable to those commonly provided:

(A) in private industry; and

(B) to employees of another agency or an institution of higher education in this state under Chapter 1551; and

(2) establish procedures to allow each covered employee and retired employee to obtain prompt action regarding claims pertaining to coverages provided under this chapter.

(b) In designing a coverage plan, a system may consider existing local conditions.

(c) Notwithstanding any other provision of this chapter, a system may adjust a plan and coverage standards as necessary to comply with applicable state and federal law and to provide consistent eligibility for all plans under the program, including eligibility for optional coverages.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 1106 (H.B. 4035), Sec. 3, eff. June 15, 2017.

Sec. 1601.054. COMPETITIVE BIDDING REQUIRED. A system shall submit the uniform program, including any agreement under which a carrier is engaged to administer a self-insured program, for competitive bidding at least every six years.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.055. IDENTIFICATION OF ADMINISTRATIVE COSTS IN BIDS. A system shall include in its respective bid documents for the various coverages a provision calling for each bidder to identify the system's administrative costs as a distinguishable figure and to enumerate the services the bidder will render in exchange for the administrative costs.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.056. INFORMATION ON BIDDERS AND BIDDING CONTRACTS. (a) The department shall, on request by a system, provide a list of all carriers:

(1) authorized to engage in business in this state; and

(2) eligible to bid on insurance coverage provided under this chapter.

(b) The department shall, on request by a system, examine and evaluate a bidding contract and certify the contract's actuarial soundness to the system not later than the 15th day after the date of the request.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.057. SELECTION OF BIDS. (a) A system is not required to select the lowest bid under Section 1601.054 but shall take into consideration other relevant criteria, such as ability to service contracts, past experience, and financial stability.

(b) If a system selects a carrier whose bid differs from that advertised, the governing board of the system shall fully justify and record the reasons for the deviation in the minutes of the next meeting of the governing board.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.058. SELECTION OF HEALTH MAINTENANCE ORGANIZATIONS. A system shall select and contract for services performed by health maintenance organizations that are approved by this state to offer health care services in specific areas of the state to eligible employees and retired employees.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.059. CERTIFICATE OF COVERAGE. A system shall ensure that each employee and retired employee participating under this chapter is issued a certificate of coverage that states:

- (1) the benefits to which the participant is entitled;
- (2) to whom the benefits are payable;
- (3) to whom a claim must be submitted; and
- (4) the provisions of the plan document, in summary form, that

principally affect the participant.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.060. ACCOUNTING BY CARRIER PROVIDING PURCHASED COVERAGE. (a) A carrier providing coverage purchased under this chapter to a system shall provide an accounting for each line of coverage to the system not later than the 120th day after the end of each plan year.

(b) The accounting must be in a form acceptable to the system.

(c) The accounting for each line of coverage must state:

- (1) the cumulative amount of contributions remitted to the carrier under the coverage;

(2) the total of all mortality and other claims, charges, losses, costs, contingency reserve for pending and unreported claims, and expenses incurred; and

(3) the amounts of the allowance for a reasonable profit, contingency reserve, and all other administrative charges.

(d) Information provided under Subsection (c) must be provided:

(1) for the period from the coverage's date of issue to the end of the plan year; and

(2) for the plan year covered by the report.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.061. SPECIAL RESERVE. (a) A carrier issuing a group coverage plan under this chapter may hold as a special reserve for a system an amount that equals the amount by which the total amount described by Section 1601.060(c)(1) exceeds the sum of the corresponding amounts described by Sections 1601.060(c)(2) and (3).

(b) The system may use money in the special reserve at its discretion, including for:

(1) providing additional coverage for participating employees or retired employees;

(2) offsetting necessary rate increases; or

(3) reducing contributions to the coverage by participating employees or retired employees.

(c) A special reserve held by a carrier for a system earns interest at a rate determined each plan year by the carrier and approved by the system as consistent with the rate generally used by the carrier for similar funds held under other group coverages.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.062. REPORTS AND RECORDS BY ADMINISTERING CARRIER. Each contract entered into under this chapter between a system and an administering carrier must:

(1) require the administering carrier to provide reasonable reports that the system determines are necessary for the system to perform its functions under this chapter; and

(2) permit the system and representatives of the state auditor to examine records of the administering carrier as necessary to accomplish the purposes of this chapter.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.063. ASSISTANCE IN REQUESTING MONEY. The Legislative Budget Board and the Governor's Budget and Planning Office shall:

- (1) establish procedures to ensure that each system requests appropriate money to support its uniform program; and
- (2) present appropriate budget recommendations to the legislature.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.064. PHARMACY BENEFIT MANAGER CONTRACTS. (a) In awarding a contract to provide pharmacy benefit manager services under this chapter, a system is not required to select the lowest bid but must select a contract that meets the criteria established by this section.

(b) The contract must state that:

- (1) the system is entitled to audit the pharmacy benefit manager to verify costs and discounts associated with drug claims, pharmacy benefit manager compliance with contract requirements, and services provided by subcontractors;
- (2) the audit must be conducted by an independent auditor in accordance with established auditing standards; and
- (3) to conduct the audit, the system and the independent auditor are entitled access to information related to the services and the costs associated with the services performed under the contract, including access to the pharmacy benefit manager's facilities, records, contracts, medical records, and agreements with subcontractors.

(c) The contract must define the information that the pharmacy benefit manager is required to provide to the system concerning the audit of the retail, independent, and mail order pharmacies performing services under the contract and describe how the results of these audits must be reported to the system, including how often the results must be reported. The contract must state whether the pharmacy benefit manager is required to return recovered overpayments to the system.

(d) The contract must state that any audit of a mail order pharmacy owned by the pharmacy benefit manager must be conducted by an independent auditor selected by the system in accordance with established auditing standards.

Added by Acts 2009, 81st Leg., R.S., Ch. 1207 (S.B. 704), Sec. 8, eff. September 1, 2009.

SUBCHAPTER C. COVERAGE AND PARTICIPATION

Sec. 1601.101. PARTICIPATION ELIGIBILITY: EMPLOYEES. (a) An individual who is employed by the governing board of a system, who performs service, other

than as an independent contractor, for the system, and who is described by this section is eligible to participate as an employee in the uniform program on the date specified by Section [1601.1045](#).

(b) An individual is eligible to participate in the uniform program as provided by Subsection (a) if the individual receives compensation for services performed for the system, is eligible to be a member of the Teacher Retirement System of Texas, and either:

(1) is expected to work at least 20 hours per week and to continue in the employment for a term of at least 4-1/2 months; or

(2) is appointed for at least 50 percent of a standard full-time appointment.

(c) An individual is eligible to participate in the uniform program as provided by Subsection (a) if the individual:

(1) receives compensation for services performed for the system;

(2) is employed at least 20 hours a week; and

(3) is not permitted to be a member of the Teacher Retirement System of Texas because the individual is solely employed by the system in a position that as a condition of employment requires the individual to be enrolled as a student in the system in graduate-level courses.

(d) Repealed by Acts 2011, 82nd Leg., R.S., Ch. 1198, Sec. 5, eff. January 1, 2012.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003. Amended by Acts 2003, 78th Leg., ch. 366, Sec. 4.02, eff. Sept. 1, 2003; Acts 2003, 78th Leg., ch. 1266, Sec. 2.11, eff. Sept. 1, 2003.

Amended by:

Acts 2011, 82nd Leg., R.S., Ch. 91 (S.B. [1303](#)), Sec. 14.002, eff. September 1, 2011.

Acts 2011, 82nd Leg., R.S., Ch. 1198 (S.B. [29](#)), Sec. 5, eff. January 1, 2012.

Sec. 1601.102. PARTICIPATION ELIGIBILITY: RETIREES. (a) An individual who retires in a manner described by this section and who meets the requirements of Subsection (f) is eligible to participate, subject to Section [1601.1045](#), as a retired employee in the uniform program.

(b) An individual is eligible to participate in the uniform program as provided by Subsection (a) if:

(1) the individual has at least 10 years of service with a system for which the individual was eligible to participate in the uniform program under Section [1601.101](#);

(2) the individual's last state employment before retirement was with

that system; and

(3) the individual retires under the jurisdiction of:

(A) the Teacher Retirement System of Texas under Subtitle C, Title 8, Government Code;

(B) the Employees Retirement System of Texas; or

(C) subject to Subsection (c):

(i) the optional retirement program established by Chapter 830, Government Code; or

(ii) any other federal or state statutory retirement program to which the system has made employer contributions.

(c) An individual retiring in the manner described by Subsection (b)(3)(C) is a retired employee only if the individual meets all applicable requirements for retirement, including service and age requirements, adopted by the system comparable to the requirements for retirement under the Teachers Retirement System of Texas.

(d) An individual is eligible to participate in the uniform program as provided by Subsection (a) if the individual:

(1) meets the minimum requirements under Subsection (b) except that the last state employment before retirement is not at the employing system; and

(2) does not meet the requirements for an annuitant under Section 1551.102.

(d-1) An individual is eligible to participate in the uniform program as provided by Subsection (a) if:

(1) the individual meets the minimum requirements under Subsection (b) except that the individual does not have at least 10 years of service as described by Subsection (b)(1);

(2) the individual has at least 10 years of combined service in a position for which the individual was eligible to participate in the uniform program or in the group benefits program under Section 1551.101; and

(3) either:

(A) the individual's greatest number of years of state employment was in a position for which the individual was eligible to participate in the uniform program; or

(B) if the individual's years of employment in positions eligible to participate in the uniform program and the group benefits program are equal, the individual's last state employment before retirement was in a position for which the individual was eligible to participate in the uniform program.

(e) An individual is eligible to participate in the uniform program as provided by Subsection (a) if the individual retired under Subtitle C, Title 8, Government Code, before September 1, 1991, with at least five and less than 10

years of service.

(f) Notwithstanding Subsections (b)-(d), an individual is eligible to participate in the uniform program only if the individual:

(1) has at least 10 years of service credit and the sum of the person's age and amount of service credit, including months of age and credit, equals or exceeds the number 80; or

(2) is at least 65 years old and has at least 10 years of service credit.

(g) A person eligible to participate and participating in the uniform program as an annuitant on September 1, 2003, may continue to participate in the program as an annuitant if a lapse in coverage has not occurred.

(h) Notwithstanding Subsection (b), an individual to whom this subsection applies is eligible to participate in the uniform program as provided by Subsection (a) if:

(1) the individual has at least three years of service with a system for which the individual was eligible to participate in the uniform program under Section [1601.101](#);

(2) the individual's last state employment before retirement was with that system; and

(3) the individual retires under the jurisdiction of:

(A) the Teacher Retirement System of Texas under Subtitle C, Title 8, Government Code;

(B) the Employees Retirement System of Texas; or

(C) subject to Subsection (c):

(i) the optional retirement program established by Chapter [830](#), Government Code; or

(ii) any other federal or state statutory retirement program to which the system has made employer contributions.

(i) Subsection (h) applies only to a person who, on August 31, 2003:

(1) was eligible to participate in the uniform program as an employee under Section [1601.101](#); or

(2) was eligible to participate in the uniform program as a retired employee under this section as this section existed on January 1, 2003.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003. Amended by Acts 2003, 78th Leg., ch. 366, Sec. 4.03, eff. Sept. 1, 2003; Acts 2003, 78th Leg., ch. 1266, Sec. 2.08, eff. June 20, 2003.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 1106 (H.B. [4035](#)), Sec. 4, eff. June 15, 2017.

Acts 2017, 85th Leg., R.S., Ch. 1106 (H.B. [4035](#)), Sec. 5, eff. June 15,

2017.

Acts 2017, 85th Leg., R.S., Ch. 1106 (H.B. 4035), Sec. 6, eff. June 15, 2017.

Sec. 1601.1021. PARTICIPATION ELIGIBILITY: CERTAIN POSTDOCTORAL FELLOWS AND GRADUATE STUDENTS. (a) An individual who is not eligible to participate in the uniform program under Section 1601.101 is eligible to participate in the uniform program under this section if the individual, at an institution in a system:

(1) holds:

(A) a postdoctoral fellowship; or

(B) one or more graduate student fellowships awarded to the individual on a competitive basis that, either singly or in combination, are valued at not less than \$10,000 per year; and

(2) is currently receiving a stipend from an applicable fellowship.

(b) An individual who is eligible to participate in the uniform program under this section shall pay all contributions required under this chapter for the coverage selected by the individual, except that an institution of higher education may make contributions for the individual from available funds other than money appropriated to the institution from the general revenue fund.

(c) An institution of higher education shall determine which individuals are eligible to participate in the uniform program under this section and, at the time of initial eligibility, shall notify each individual of the individual's eligibility to participate in the program.

(d) An individual who participates in the uniform program under this section is not considered an employee of an institution of higher education solely as a result of the individual's participation in the program.

Added by Acts 2011, 82nd Leg., R.S., Ch. 1198 (S.B. 29), Sec. 3, eff. September 1, 2011.

Sec. 1601.103. RIGHT TO COVERAGE. An individual eligible to participate in the uniform program under Section 1601.101 or 1601.102 may not be denied enrollment in any coverage provided under this chapter.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.104. AUTOMATIC COVERAGE. (a) A system shall automatically provide the basic coverage to each full-time employee unless the employee has:

(1) waived participation in the basic coverage; or

(2) selected an optional coverage plan.

(b) An employee or retired employee who is automatically covered under this section may subsequently:

- (1) retain the basic coverage or waive participation in the basic coverage; and
- (2) apply for any other coverage provided under this chapter within applicable standards.

(c) Automatic coverage as described under this section begins on the first date of employment.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.1045. DATE ELIGIBILITY BEGINS; WAITING PERIOD. (a) Except as provided by Subsection (c), (d), or (e), eligibility under Section [1601.101](#) begins on the first day of the calendar month that begins after the 90th day after the date the employee performs services for a system.

(b) Except as provided by Subsection (c), eligibility under Section [1601.102](#), for an individual who does not retire at the end of the last month for which the individual is on the payroll of a system before retirement, begins on the first day of the calendar month that begins after the 90th day after the date the individual retires.

(c) The waiting period established by Subsections (a) and (b) applies only to the determination of initial eligibility to participate in the group health benefits program and does not apply to the determination of initial eligibility to participate in optional coverages under the uniform program.

(d) Notwithstanding Subsection (a), eligibility under Section [1601.101](#) may not begin earlier than the first day that an employee performs services for a system if any amount paid for premium incurred before the date specified under Subsection (a) for the employee and any dependents of the employee is paid from money not appropriated from the general revenue fund, in accordance with policies and procedures established by the system.

(e) Eligibility under Section [1601.101](#) for an employee reemployed under Chapter [613](#), Government Code, begins on the first day of reemployment on which the employee performs services for a system.

Added by Acts 2003, 78th Leg., ch. 366, Sec. 4.05, eff. Sept. 1, 2003.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 150 (H.B. [437](#)), Sec. 2, eff. September 1, 2015.

Sec. 1601.105. WAIVER. An employee or retired employee may waive in writing any coverage provided under this chapter.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.106. OPTIONAL COVERAGE. A system shall provide optional coverage in accordance with Section [1601.201](#).

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.1065. OPTIONAL BASIC COVERAGE PLAN FOR GRADUATE STUDENTS. The system may design and offer a separate optional basic coverage plan for employees who are graduate students. The system shall determine the participation eligibility, coverage, payments, contributions, and costs of a plan offered under this section.

Added by Acts 2017, 85th Leg., R.S., Ch. 1106 (H.B. [4035](#)), Sec. 7, eff. June 15, 2017.

Sec. 1601.107. COVERAGE FOR DEPENDENTS. An individual who is eligible to participate in the uniform program under Section [1601.101](#), [1601.102](#), or [1601.1021](#) is entitled to secure for a dependent of the individual any group coverages provided under this chapter for dependents under rules adopted by the applicable system.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Amended by:

Acts 2011, 82nd Leg., R.S., Ch. 1198 (S.B. [29](#)), Sec. 4, eff. September 1, 2011.

Sec. 1601.108. COVERAGE OPTIONS FOR CERTAIN SURVIVING SPOUSES. (a) This section applies only to the surviving spouse of:

(1) an individual eligible to participate in the uniform program under Section [1601.101](#) who had at least five years of service on the date of the individual's death, including at least three years of service as an eligible employee with the employing system; or

(2) an individual eligible to participate in the uniform program under Section [1601.102](#).

(b) A surviving spouse to whom this section applies may elect to retain any of the following coverages in effect on the date of the participant's death:

(1) the surviving spouse's authorized coverages; and

(2) authorized coverages for any eligible dependent of the deceased participant.

(c) The coverage is at the group rate for other participants.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.109. COVERAGE FOR AIDS, HIV, OR SERIOUS MENTAL ILLNESS. (a) In this section, "serious mental illness" has the meaning assigned by Section [1355.001](#).

(b) A system may not contract for or provide for group insurance or HMO coverage or provide self-insured coverage, that:

(1) excludes or limits coverage or services for acquired immune deficiency syndrome, as defined by the Centers for Disease Control and Prevention of the United States Public Health Service, or human immunodeficiency virus infection; or

(2) provides coverage for serious mental illness that is less extensive than the coverage provided for any other physical illness.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 730 (H.B. [2636](#)), Sec. 2G.020, eff. April 1, 2009.

Sec. 1601.110. DISEASE MANAGEMENT SERVICES. (a) In this section, "disease management services" means services to assist an individual manage a disease or other chronic health condition, such as heart disease, diabetes, respiratory illness, end-stage renal disease, HIV infection, or AIDS, and with respect to which the governing board of a system identifies populations requiring disease management.

(b) A health benefit plan provided under this chapter must provide disease management services or coverage for disease management services in the manner required by the governing board of a system, including:

- (1) patient self-management education;
- (2) provider education;
- (3) evidence-based models and minimum standards of care;
- (4) standardized protocols and participation criteria; and
- (5) physician-directed or physician-supervised care.

Added by Acts 2003, 78th Leg., ch. 589, Sec. 5, eff. June 20, 2003.

Sec. 1601.111. PROGRAMS PROMOTING DISEASE PREVENTION, WELLNESS, AND HEALTH. A system may establish premium discounts, surcharges, rebates, or a revision in otherwise applicable copayments, coinsurance, or deductibles, or any combination of those incentives, for an individual who participates in system-approved programs promoting disease prevention, wellness, and health.

Added by Acts 2011, 82nd Leg., R.S., Ch. 1049 (S.B. 5), Sec. 3.02, eff. June 17, 2011.

SUBCHAPTER D. GROUP COVERAGES

Sec. 1601.151. AUTHORITY TO SELF-INSURE; EXEMPTION FROM OTHER INSURANCE LAWS. (a) Notwithstanding any other provisions of this chapter, the governing board of a system may:

- (1) self-insure a plan provided under this chapter; and
- (2) hire a carrier to administer the system's uniform program.

(b) A plan for which a system provides coverage on a self-insured basis is exempt from any other insurance law of this state that does not expressly apply to that plan or this chapter.

(c) Expenses for the administration of a self-insured plan may come from the contributions of employees and the state after payments for any coverage provided under this chapter have been made.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.152. CAFETERIA PLAN. (a) The governing board of a system may develop, implement, and administer a cafeteria plan.

(b) The governing board may include in the cafeteria plan any benefit that may be included in a cafeteria plan under federal law.

(c) The governing board may cooperate and work with and enter into a necessary contract or agreement with an independent and qualified agency, person, or entity to:

- (1) develop, implement, or administer a cafeteria plan; or
- (2) assist in those activities.

(d) The governing board may adopt an order terminating the cafeteria plan and providing a procedure for the orderly withdrawal of the system and its employees from the cafeteria plan if the governing board determines that a cafeteria plan adopted under this section is no longer advantageous to the system and its employees.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.153. SYSTEMS MAY JOIN IN PROCURING INSURANCE. The systems may join together to procure one or more group contracts with an insurance company authorized to engage in business in this state to insure the employees and retired employees of each participating system.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.154. LONG-TERM CARE COVERAGE. (a) A system may join with a board of trustees that administers the uniform program established under Chapter 1551 or the group program established under Chapter 1575 to provide long-term care insurance coverage.

(b) Each participating board of trustees and the governing board of the system must mutually agree to join together for this purpose, subject to terms that are beneficial to all participants.

(c) A system may not participate in an agreement under this section unless any cost or administrative burden associated with the development or implementation of or communications about the long-term care coverage plan is incidental.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.155. REINSURANCE. A system may arrange with an administering carrier issuing a policy under this chapter for the reinsurance of portions of the total amount of insurance under the policy with other carriers that elect to participate in the reinsurance.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

SUBCHAPTER E. PAYMENTS, CONTRIBUTIONS, AND COSTS

Sec. 1601.201. PAYMENT FOR COVERAGE. (a) A system may not contribute more than the amounts specified by this section for coverages provided under the uniform program.

(b) For an employee designated by the system as working 40 or more hours a week, the system may contribute:

- (1) the full cost of basic coverage for the employee; and
- (2) not more than 50 percent of the cost of dependent coverage.

(c) For an employee designated by the system as working less than 40 hours a week, including an individual employed by the system in a position that as a condition of employment requires the individual to be enrolled as a student in the system in graduate-level courses, the system, from money appropriated from the general revenue fund, may contribute:

- (1) not more than 50 percent of the cost of basic coverage for the employee; and
- (2) not more than 25 percent of the cost of dependent coverage.

(d) Subsection (c) does not prohibit a system from contributing, from money not appropriated from the general revenue fund, amounts in excess of the amount specified by that subsection for:

(1) an individual employed by the system in a position that as a condition of employment requires the individual to be enrolled as a student in the system in graduate level courses; or

(2) an individual who is a tenured faculty member with whom the system has entered into a phased retirement agreement under which the individual will work less than 40 hours a week for a specified period of time at the end of which the individual will retire.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003. Amended by Acts 2003, 78th Leg., ch. 366, Sec. 4.06, eff. Sept. 1, 2003.

Amended by:

Acts 2011, 82nd Leg., R.S., Ch. 1049 (S.B. 5), Sec. 3.03, eff. June 17, 2011.

Sec. 1601.202. FEES FOR CAFETERIA PLAN. (a) The governing board of a system may establish a monthly fee in an amount set by the board to be paid by each employee who elects to participate in a cafeteria plan for the purpose of paying the expenses of administering the cafeteria plan.

(b) If the governing board establishes a monthly fee, each employee who participates in the cafeteria plan must authorize payment of the fee by executing a separate payroll deduction agreement or as part of a salary reduction agreement, as determined by the governing board.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.203. PAYMENT FOR COVERAGE FOR DEPENDENTS. Contributions for coverages for a dependent of an individual eligible to participate in the uniform program under Section 1601.101 or 1601.102 required of the participant that exceed the amount of system contributions shall be paid:

- (1) by a deduction from the monthly compensation of the participant;
- (2) by a reduction of the monthly compensation of the participant in the appropriate amount; or
- (3) in the form and manner the system determines.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.204. AUTHORIZATION OF EMPLOYEE DEDUCTION. (a) Except for a participant who participates in a cafeteria plan, each individual eligible to participate in the uniform program under Section 1601.101 must authorize a deduction from the participant's monthly compensation in an amount equal to the difference between:

- (1) the total cost for coverages for which the participant applies;

and

(2) the amount contributed by the system.

(b) The authorization must be:

(1) in writing or performed electronically; and

(2) in a form satisfactory to the system.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.2041. EMPLOYEE DEDUCTION FOR AUTOMATIC COVERAGE. Each individual automatically enrolled in a uniform program under Section 1601.104 is considered to have authorized a deduction from the participant's monthly compensation in an amount equal to the difference between:

(1) the total cost of the employee's basic coverage; and

(2) the amount contributed by the system for the employee's basic coverage.

Added by Acts 2011, 82nd Leg., R.S., Ch. 1049 (S.B. 5), Sec. 3.04, eff. June 17, 2011.

Sec. 1601.2042. COMPENSATION INSUFFICIENT TO COVER DEDUCTION. If a participant's monthly compensation from which the participant's contribution is deducted is insufficient to pay the participant's contribution for coverage, the system may adopt rules under which the system considers the coverage to have terminated after the last full month for which the contribution was paid in full, as determined by the system.

Added by Acts 2017, 85th Leg., R.S., Ch. 1106 (H.B. 4035), Sec. 8, eff. June 15, 2017.

Sec. 1601.205. EMPLOYEE PAYMENTS FOR PARTICIPATION IN CAFETERIA PLAN. (a) If an employee elects to participate in a cafeteria plan, the employee must execute a salary reduction agreement under which the employee's monthly compensation will be reduced in an amount equal to the difference between:

(1) the amount appropriated for that purpose in the General Appropriations Act or the system's budget; and

(2) the cost of the employee's selected coverages for which the employee is eligible to pay under the cafeteria plan.

(b) The employee must execute a salary reduction agreement for any portion of the cost that is not covered by state or system appropriations and cafeteria plan contributions.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.206. PAYMENT BY RETIRED EMPLOYEE. An individual eligible to participate in the uniform program under Section 1601.102 must execute an agreement and make appropriate contributions in a manner analogous to the requirements adopted under Sections 1601.204 and 1601.205 for an individual eligible to participate in the uniform program under Section 1601.101.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.207. SYSTEM CONTRIBUTIONS. A system shall contribute monthly to the cost of each participant's coverage provided under this chapter an amount:

(1) if the participants are compensated from amounts appropriated in the General Appropriations Act, equal to or greater than the amount appropriated for that purpose in the Act; or

(2) if the participants are compensated from amounts appropriated by the governing board of the system in its official operating budget, an amount equal to the amount appropriated for a participant under the General Appropriations Act.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.208. AMOUNT OF SYSTEM CONTRIBUTION. Not later than November 1 preceding each regular session of the legislature, each system shall certify to the Legislative Budget Board and the budget division of the Governor's Budget and Planning Office the amount necessary to pay the contributions of the system for the coverages provided under this chapter to each employee and retired employee of the system.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.209. ORDER OF PRECEDENCE OF PAYMENT TO SURVIVORS. (a) The amount of group life coverages and group accidental death and dismemberment coverages in force for a participant on the date the participant dies shall be paid, on the establishment of a valid claim, to a person surviving the death in the following order of precedence:

(1) to the beneficiary designated by the participant in a signed and witnessed writing received before death by the appropriate office of the applicable system; or

(2) if a beneficiary is not designated under Subdivision (1), in accordance with the death benefit provisions of Subtitle C, Title 8, Government Code.

(b) For purposes of Subsection (a)(1), a designation, change, or

cancellation of a beneficiary in a document, including a will, that is not executed and filed in the manner described by that subsection is not valid.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.210. PROVISION OF NECESSARY INFORMATION. The Teacher Retirement System of Texas, Optional Retirement Program carriers, and Employees Retirement System of Texas shall provide to each system information the system considers necessary to provide retired employees with the coverages and system contributions provided under this chapter.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.211. LIABILITY FOR BACK CONTRIBUTIONS FOR DROPPED COVERAGE. (a) This section applies to a participant in the uniform program for whom appropriate contributions were not made during the entire plan year because of nonpayment of premiums.

(b) As a condition of enrollment in the same coverage for a subsequent plan year, the participant must make a contribution equal to the contributions not made for the plan year for which appropriate contributions were not made during the entire plan year, unless the nonpayment of premiums was related to a qualified change in status, as determined by the system. The payment shall be made in the form and manner determined by the system.

Added by Acts 2017, 85th Leg., R.S., Ch. 1106 (H.B. 4035), Sec. 8, eff. June 15, 2017.

SUBCHAPTER F. CAFETERIA PLAN FUND

Sec. 1601.251. SYSTEM CAFETERIA PLAN FUND. (a) The governing board of each system may establish and administer a cafeteria plan fund.

(b) The following shall be credited to the cafeteria plan fund of a system:

(1) salary reduction payments for benefits included in a cafeteria plan adopted under this chapter, other than group coverage plans under the uniform program;

(2) appropriations by the state for the administration of a cafeteria plan; and

(3) a monthly fee established under Section [1601.202](#).

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.252. USE OF FUND. The cafeteria plan fund of a system is

available without fiscal year limitation:

(1) for all payments for any benefits included in a cafeteria plan adopted by the system under this chapter other than group coverage plans under the uniform program; and

(2) for payment of expenses of administering the cafeteria plan.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.253. INVESTMENT OF MONEY IN FUND. (a) The governing board of a system may invest the money in the system's cafeteria plan fund.

(b) The earnings, including interest, and the proceeds from the sale of the investments become a part of the fund.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

SUBCHAPTER G. ADVISORY COMMITTEE

Sec. 1601.301. ADVISORY COMMITTEE. An advisory committee for each system shall be selected, serve, and perform duties as provided by this subchapter.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.302. ELECTION OF MEMBERS. One member of the advisory committee shall be elected from each of the components, units, or agencies of the system:

(1) at times designated by the system; and

(2) in accordance with general guidelines for the election provided by the system.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.303. QUALIFICATIONS OF MEMBERS. (a) A member of a system's advisory committee must be an employee of the system.

(b) A member must:

(1) demonstrate mature judgment, special abilities, and sincere interest in employee coverage plans; and

(2) be able to represent the needs of all employees of the component, unit, or agency the member represents with respect to an action of the advisory committee.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.304. TERMS. A member of the advisory committee is elected for a two-year term, subject to reelection.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.305. OFFICERS. Annually, the members of a system's advisory committee shall elect a presiding officer and other necessary officers.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.306. VACANCY. The chief executive officer of a component, unit, or agency of a system shall appoint to the system's advisory committee an employee of the component, unit, or agency to fill the remainder of a vacated term of a member who is an employee of the component, unit, or agency.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.307. DUTIES OF COMMITTEE. (a) The advisory committee of a system shall cooperate and work with the governing board of the system in coordinating and correlating the administration of the uniform program among the various components, units, and agencies of the system.

(b) Members of the advisory committee shall cooperate and work with the governing board of the system as advisors in the development, implementation, coordination, and administration of the uniform program among the various components, units, and agencies of the system.

(c) The advisory committee shall provide a channel for open communication of ideas and suggestions regarding coverages, eligibility, claims, procedures, bidding, administration, and any other aspect of employee plan benefits.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Sec. 1601.308. EXPENSES. (a) A member's service on the advisory committee of a system is in addition to the duties of the member's state office or employment.

(b) An expense incurred by an advisory committee member in performing a duty as a member of the committee shall be paid from money made available for that purpose to the system of which the member is an employee or officer.

(c) Employees may not be required to pay from the amount of employer contributions due the employees or from the amount of additional contributions due for selected coverages under this chapter the expenses of an advisory committee established under this subchapter.

Added by Acts 2001, 77th Leg., ch. 1419, Sec. 3, eff. June 1, 2003.

Amended by:

Acts 2009, 81st Leg., R.S., Ch. 87 (S.B. 1969), Sec. 14.017(a), eff.

September 1, 2009.