



EST. 1984



Florida Sheriffs Employee Benefits Trust

Protecting Those Who Protect Us



RISK MANAGEMENT FUND

Protecting Those Who Protect Us



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Florida Sheriffs Employee Benefits Trust (FSEBT) Overview

- Established by Florida Sheriffs for Sheriffs and interested counties in 1984
- Over 20 members throughout the state
- Governed by an elected Board of Trustees
- Administered in house

The FSEBT acts like an umbrella, protecting each Sheriff's Office Plan housed under it. By joining the Trust, participants benefit by increasing their negotiation leverage with carriers, as well as being able to better control and manage their own finances.

Members have the option to self-insure, fully insure, or a combination of the two while choosing from a wide variety of benefits options including but not limited to:

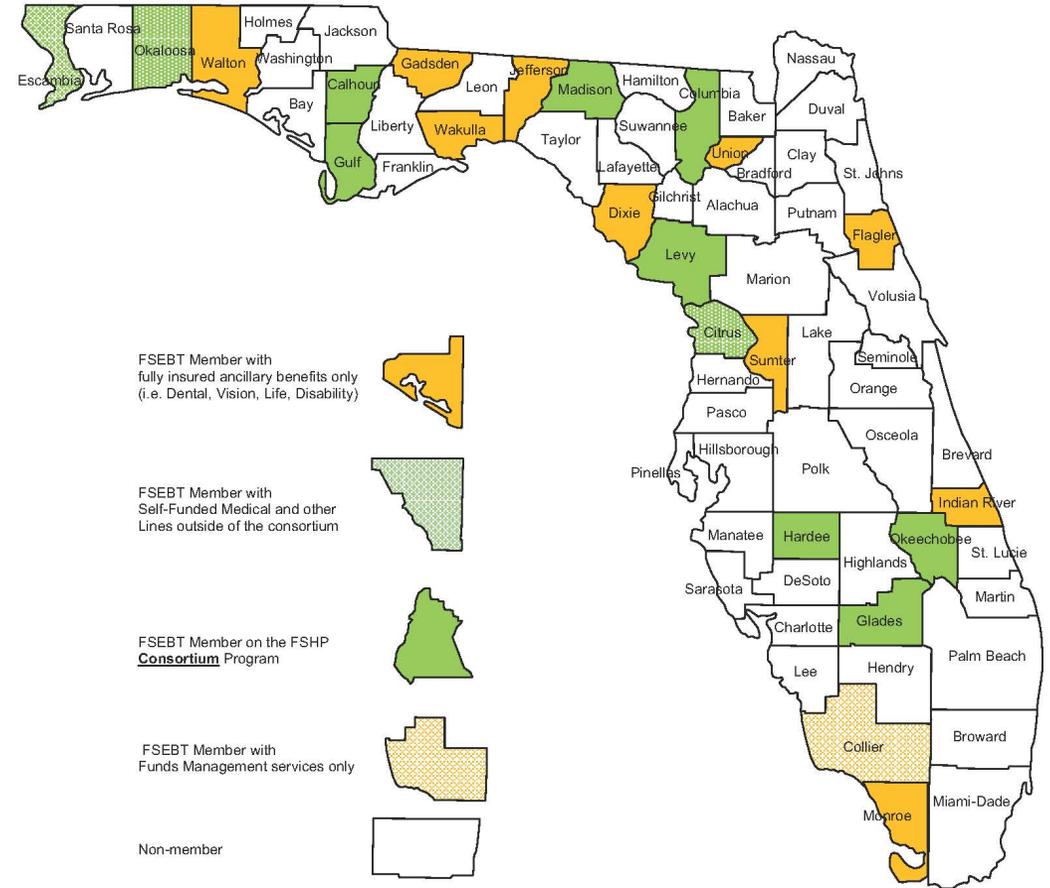
- ✓ **Medical**
- ✓ **Dental**
- ✓ **Vision**
- ✓ **Basic Life/AD&D**
- ✓ **Voluntary Life/AD&D**
- ✓ **Long/Short Term Disability**
- ✓ **Section 125**
- ✓ **Dependent Care / Flexible Spending Accounts**
- ✓ **Voluntary Worksite Benefits**



Who We Are

- Established in 1984, as permitted by Florida Statute 112.08 for insurance pooling
- Created to better serve Sheriffs' offices and their employees
- Each Member participating in the FSHP or with Self-funded Medical plans receives a monthly financial statement and claims reports
- Expert plan design review and consultation to ensure benefits meet the needs of your staff
- Transparent pricing on all lines of coverage
- Online Benefits Administration System offers consolidated billing, enrollment portal, and ongoing benefits assistance for members and their employees all in one convenient online portal

FSEBT MEMBERSHIP

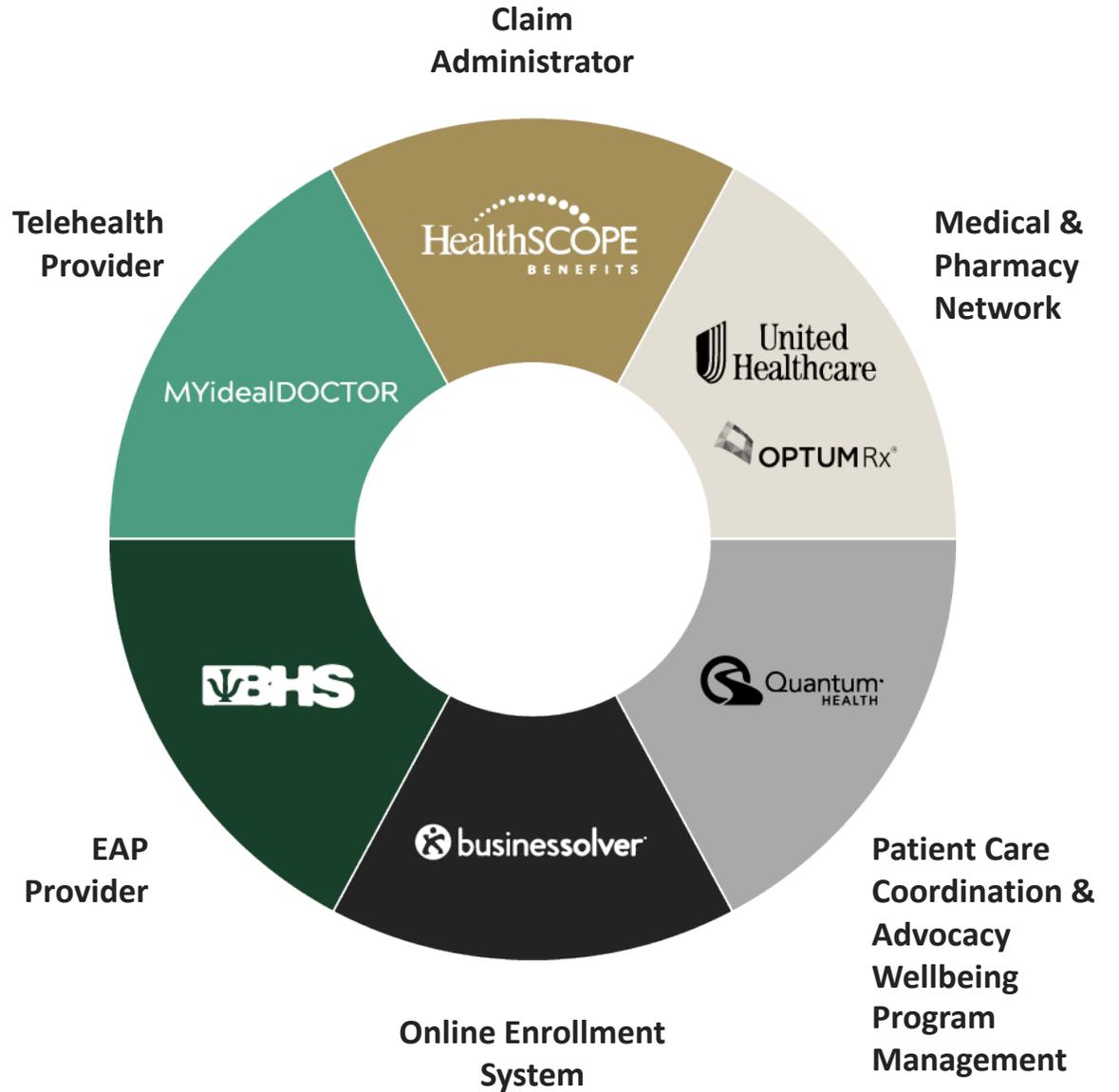




Florida Sheriffs Health Plan:

A Self-Funded Medical Pool offered by the FSEBT

- Requested by Sheriffs for their employees and families
- Long-term strategy for a stable program:
 - Addition of Sheriffs' offices annually
 - Preventive/proactive care and management of healthcare journeys
- Dedicated structure with a focus on the right care at the right time for the right price, with the goal of getting back to living and working





The Plan:

Making Healthcare Work for You

- Quantum Health Care Coordinators focus on the *right* care, at the *right* time, at the best value for the member and the plan
- The focus is on the member and managing their condition
- Preventive care is key, therefore at no cost to members
- Generic prescriptions for Chronic Condition are provided at no cost to the member when ordered through the Care Pathways Chronic Conditions Management Program with MyQHealth.
- Provider network is UHC Choice PPO (one of the largest in the nation).
- 24/7 telemedicine with MYidealDOCTOR
- Behavioral health specialty focus with EAP included
- **And more.....**



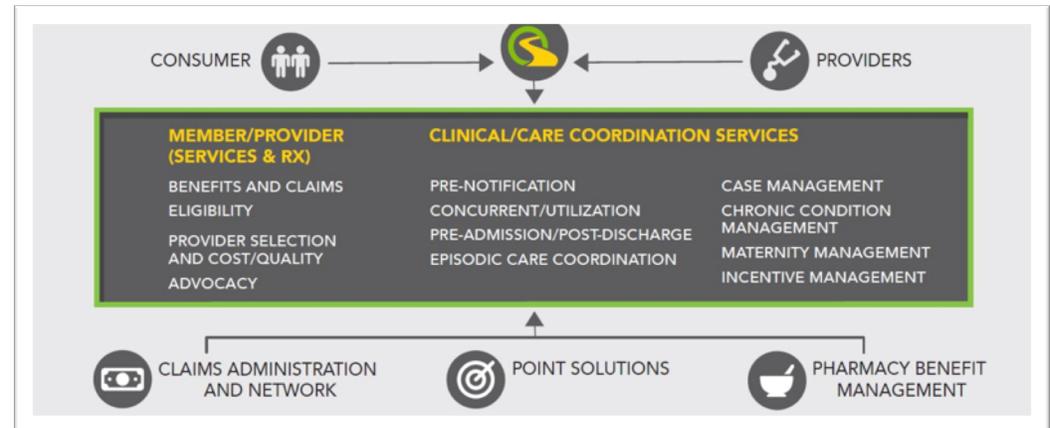


Care Coordinators

MyQHealth™

Turn to your Care Coordinators for help with:

- ID cards
- Claims, billing and benefit questions
- Finding in-network providers
- Pre-certification
- Nurse support to help guide members through their healthcare journey, whether small or extensive
- Reducing out-of-pocket costs
- Tobacco Cessation
- Educating on simple steps to improve health
- Wellness Program enrollment and engagement
- Enrollment in Chronic Condition Management Program and Early Steps Maternity Program





Care Coordination:

Managing Care



Real-Time Intercept

Through **real time intercept** and member engagement, the plan can identify cost drivers and reduce plan spending.



Efficient Monitoring

Since inception (10/01/2016), our model identified and eliminated over 120 unnecessary inpatient days, with a savings of more than \$750,000.



Specialized Care

High cost claimants are identified and given specialized care. 77 members who were previously high/moderate risk members are now low risk in the 2020 plan year.



Full Engagement

100% Engagement of high-risk members



Care Coordination: Managing Care

	2016 PY	2017 PY	2018 PY	Current Trend
Members ¹	496	787	1,082	37.5%
Employees ¹	322	540	730	35.2%
Medical	\$3,103,895	\$3,985,239	\$6,420,893	61.1%
Retail Pharmacy	\$445,038	\$680,003	\$963,980	41.8%
Claims Over Pooling Point	(\$666,111)	(\$425,486)	(\$1,196,929)	181.3%
Total	\$2,882,822	\$4,239,756	\$6,187,944	46.0%
Actual PMPM	\$484	\$449	\$477	6.2%

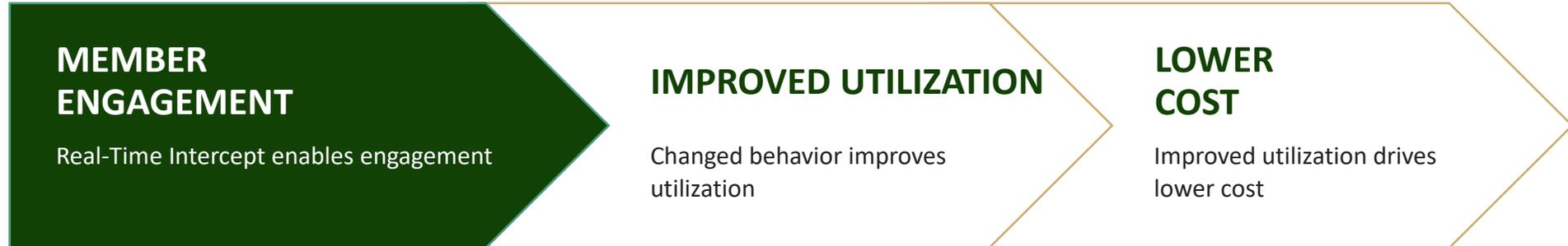
\$1,491,858

**TOTAL AVOIDED COST SINCE
10/01/16**



The Consumer Experience

Drives All Results





A Focus on

Prevention

- **Early Steps Maternity Program – all at no cost to member**
 - ✓ One-on-one coaching calls with a nurse or health coach
 - ✓ Online education portal with all related benefits information
 - ✓ Receive one of three free informational books
 - ✓ Home health visit within 3 days of baby’s discharge
- **Care Pathways Chronic Conditions Program**
 - ✓ Asthma, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN)
 - ✓ Receive no-cost approved maintenance medications
 - ✓ No cost condition specific testing and screenings
- **Tobacco Cessation Program & Coaching**
- **Health Coaching Program to assist in building a better nutrition program, weight loss programs and becoming more active**

EARLY STEPS MATERNITY PROGRAM

PERSONALIZED CARE FOR YOU AND YOUR BABY

When you enroll, you'll have peace of mind knowing a supportive expert is by your side throughout your entire pregnancy and beyond. Our nurses and Maternity Coaches can provide invaluable advice and tips on:

- Everything from morning sickness to breastfeeding
- What to expect during pregnancy
- Preparing for labor, delivery and a new baby
- Nutrition and healthy eating

Not only will we help your family begin or grow with confidence, we'll help you to reduce your stress and keep you and your baby's health on the right track.

When you enroll, you'll earn access to:

- Personalized one-on-one coaching calls with a nurse or health coach
- An online maternity education portal
- A one-stop resource for pregnancy-related benefits information
- One of three informational books for FREE
- One Home Health Consultation at no cost within one week from hospital discharge

Enroll today!

CONTACT YOUR TRUSTED CARE COORDINATORS
at 1-877-711-9778 or visit www.floridasheriffhealthplan.com

HEALTH COACHING PROGRAM

TAKE CONTROL OF YOUR HEALTH

Getting—or keeping—you healthy is why we're here. Whether you want to lose weight, eat healthier or be more active, your very own Health Coach will guide you every step of the way. And, if you're at risk for developing a chronic condition such as diabetes or COPD, we'll work with you to ensure you receive the right care at the best cost.

GET STARTED TODAY!
Sign up today by calling 1-877-711-9778 or visit FloridaSheriffHealthPlan.com.

And don't forget—Health Coaching by Quantum Health is a free service as part of your Florida Sheriffs Multiple Employers Trust health plan benefits.

Enroll Today!

IN THIS LIFE-CHANGING PROGRAM, YOU AND YOUR COACH WILL:

- Discuss your current health, health history and goals
- Develop a personalized plan that fits your goals and lifestyle
- Track your progress along the way

CONTACT YOUR CARE COORDINATORS
877-711-9778 or visit FloridaSheriffHealthPlan.com

CARE PATHWAYS

Based on Nationally Recognized Guidelines

Follow the guidelines below, which show that you are effectively managing your chronic condition. These might even be steps you are already taking!

- Use your Florida Sheriffs Multiple Employers Trust health insurance ID card when you receive these services. When the insurance claim is processed, you will be given credit automatically.

Make it your doctor does not recommend or prescribe any of these treatment options, call your Care Coordinator for advice (24/7).

Asthma

- Get a flu shot every year
- Use Inhaler Controller Medication as needed (inhaler is not recommended by your doctor)
- Visit your doctor every year

Diabetes

- Hemoglobin A1c blood test at least once for each year. This is a test that shows what the average blood sugar has been over the past three months to see if your diabetes management plan is working
- Lipid screen once per year (blood test to check cholesterol, or fat levels, in the blood)
- Microalbumin or Urine Protein Test every year. This is a test to check for even small amounts of blood protein called albumin which can be an early sign of kidney disease. You do not need to complete this test if you are taking an ACE-inhibitor or Angiotensin Receptor Blocker (ARB).
- Take a cholesterol/lipid screening skills evaluation (inhaler is not recommended or prescribed by your doctor)
- Have an eye exam every two years
- PCP or specialist visit at least once per year

HELPFUL HINT:
Being able to self-manage your asthma symptoms with a rescue inhaler can reduce stress by decreasing the likelihood that your symptoms will be life-threatening.

WHY DO I NEED AN EYE EXAM?
Did you know that retinopathy caused by damage to blood vessels in the eye is a common complication with diabetes? When left untreated, it can cause severe damage and even blindness. If you get it, that's a pretty good reason to get your regular eye exam!

MyQHealth, 877-711-9778 | FloridaSheriffHealthPlan.com

IF YOU'RE READY TO QUIT, WE'RE READY TO HELP

TAKE THAT STEP TOWARD BETTER HEALTH—OUR TOBACCO CESSATION PROGRAM IS EASY AND FREE

Florida Sheriffs Multiple Employers Trust comes about you and your health. That's why they'll pay for ALL the consultation fees any time you speak with one of our expert, certified tobacco cessation coaches!

IN THE PROGRAM, YOU AND YOUR DEDICATED COACH WILL:

- Connect one-on-one during live coaching sessions
- Create a personalized plan to help you meet your goals
- Access important resources you need to succeed
- Learn how to receive FREE medications and nicotine replacement to increase your chances of reducing or quitting

DID YOU KNOW
An astounding 54% of tobacco users who go through our Tobacco Cessation Program are tobacco-free after just six months!

Enroll Today!

CONTACT YOUR CARE COORDINATORS
1-877-711-9778 or visit www.floridasheriffhealthplan.com



(PPOM)

Personal Precision Oncology Management

PPOM expertly combines City of Hope's expertise and experience in precision medicine with Quantum Health's empathetic care support and navigation to provide a high level of customized and collaborative services for patients and their local physicians.

As part of this collaboration, PPOM provides a range of value-based services that enhance the patient experience and improve outcomes, including genomic testing review, enhanced test results interpretation, decision support for complex and rare cancers, retrospective case reviews for complex cases and peer-to-peer discussions and consultations with treating physicians to support care decisions.

Furthermore, if the best treatment for a patient is a clinical trial, PPOM personnel, using City of Hope's extensive database, are trained to identify when a trial might be appropriate and which trial is likely to be most meaningful for the patient. Trials may also represent an important avenue for cost savings because charges for the investigational therapy may be paid by the trial sponsor.



Prescription Medications

- Administered through OptumRx
- Free Mail Order (90-day supply) for generic maintenance prescriptions through OptumRx
- Chronic Condition prescriptions (generic) covered at 100% when adherence activities are completed
- Additional care coordination for Specialty Medication prescriptions

RX adherence is the first line of defense for member health, so we promote responsible RX use

Lack of RX adherence leads to:

- greater inpatient costs
- loss of work days
- greater risk to plan
- more costs to member



Hello!

Would you like to receive FREE prescriptions and services? The Florida Sheriffs understand the need for medication adherence as well as timely physician visits and testing. Because you are a member of the Florida Sheriffs health plan, we're offering you the opportunity to receive free medications and services for your chronic condition(s) when you complete at least half of the care pathway activities listed on FloridaSheriffsHealthPlan.com under the My Health tab.

If you are diagnosed with **asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), congestive heart failure (CHF), or hypertension**, you will qualify for the following along with select medications by staying up-to-date with the required care pathway activities:

SERVICES	RECOMMENDED TIMELINE
Hemoglobin A1C Test	4 per year
Lipid Profile Test	2 per year
Dilated Eye Exam	1 per year
Flu Shot	Annual*
Pneumonia Vaccine	Once annual, then one every 5 years
Physician Office Visits	4 per year diabetic 1 per year other conditions
Glucose Sensor	Requires prior authorization
Diabetes Education	First year 10 sessions, 4 hours next 2 years (a session is per service billed)
Podiatric Visit	1 per 6 months as referred by MD/DO/NP
Microalbumin or Urine protein test	1 per year

* If you completed a flu shot at your employer's office or outside of your plan benefits, please call your Care Coordinators to update your care path.

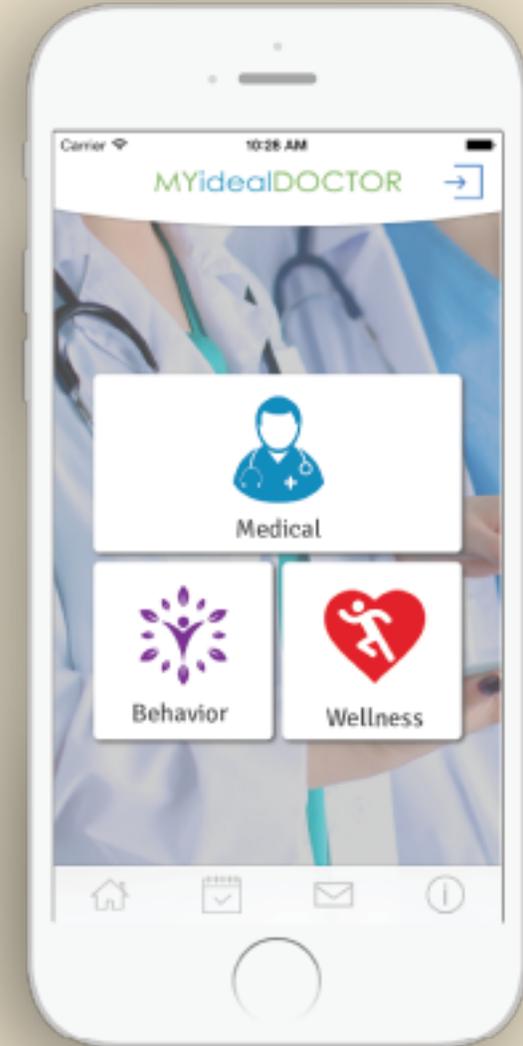


24/7

Telehealth Access

Provides members with 24/7/365 on-demand access to board certified physicians for consulting, diagnosis and prescriptions via interactive audio or video for common and acute illness:

- ✓ Allergies
 - ✓ Bronchitis
 - ✓ Cold/Flu
 - ✓ Constipation/Diarrhea
 - ✓ Ear Infection
 - ✓ Fever
 - ✓ Joint Aches and Pains
 - ✓ Skin Inflammations
 - ✓ Sore Throats
 - ✓ And many more...
- 4-hour and 72-hour nurse call backs to ensure complete satisfaction and care completion





Provider Network

Doctors You Want

- Access to National PPO Network through United Healthcare, providing coverage for those outside of area/state
- Ability to nominate providers
- The contracting team works to bring those select providers in at low contracted rates, promoting plan stability

UnitedHealthcare

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Find a Doctor

Find providers in your network

Looking for a doctor? It's a good idea to check the list of network providers for your plan first. When you choose a network provider, you'll likely pay less for care. Sign in on [myuhc.com](#) to find the most up-to-date list of network providers for your plan.

[Sign In](#)

[Find a Physician, Hospital or Health Care Facility](#)

[Find a Mental Health Clinician or Facility](#)

[Find a Dentist](#)

[Find a Vision Care Provider](#)



Behavioral Health Options

- Network of Behavioral Health professionals that assist with determining the proper course of action for behavioral health and substance abuse needs
- Immediate care consulting and triage
- Helps reduce self diagnosis and referrals to an inappropriate provider
- Guide members to specific specialties within industry
- Includes 5 EAP visits
- Includes Legal and Financial counseling services



Members

- MemberAccess
- Newsletters & Fact Sheets
- Member Tips & Resources
- BHS Privacy Practices

Members

Behavioral health is an important component of our total health and well-being.

Every year, about 42.5 million American adults or 18.2% of the total adult population in the United States suffers from a mental health condition such as depression or anxiety (Substance Abuse and Mental Health Services Administration 2014). In an effort to promote wellbeing, BHS offers services for a wide range of emotional issues including depression, stress, anxiety, family and work-related problems, substance abuse and many other mental health conditions.

MemberAccess is a place to check benefits, log on to the online work/life website and discover useful member resources including BHS newsletters and fact sheets.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

What's New! Effective June 1, 2015, BHS will offer an Employee Assistance Program (EAP) to all of our members and their immediate families. The EAP is a confidential service that provides support and guidance when you need it most.

Your EAP can help with the following issues:

- Stress & Depression
- Work-Related Problems
- Personal Relationships
- Alcohol & Drug Abuse
- Marital/Family
- AD/HD
- Personality Conflicts
- Childcare
- Legal & Crime
- Dis. Treatment
- College & Job
- Family Violence
- Trauma

WHY USE THE EAP? Please call the EAP for a variety of reasons. The EAP is a confidential service that provides support and guidance when you need it most.

- You are overwhelmed with a problem
- You have something to worry, but you can't seem to handle the stress of the problem
- You are having physical, ongoing signs of stress like headaches, upset stomach, insomnia, etc.
- You need an objective point of view about a problem
- You've tried various solutions, and none seem to work
- The situation is affecting your work and/or your personal relationships
- You are experiencing a major life transition

ACCESSING YOUR BENEFITS Accessing your EAP benefits begins with a call to BHS.

Your BHS Care Coordinator is available Monday-Friday from 7:00 am - 5:30 pm CT by calling 800-245-1160.

For more information, visit www.bhshealthsystems.com or login to MemberAccess to learn more about your EAP.

CONFIDENTIALITY Your use of the EAP is completely confidential. BHS does not notify human resources or your supervisor of your use of the EAP.

Financial Consultation

Your Employee Assistance Program (EAP) provides free and confidential financial consultations with accountants and certified financial professionals.

This service provides objective, professional advice to help you make positive financial decisions. You have access to professionals with a broad range of experience in financial services, including financial planning and financial education.

The network of financial advisors do not sell products, if additional services are needed, there is a 20% discount off the regular fee. Your EAP can help you address issues such as:

- Credit Counseling
- Debt and Budgeting Assistance
- Tax and Estate Planning
- Retirement Readiness
- College Preparation

ACCESSING YOUR BENEFITS Accessing your EAP benefits begins with a call to BHS.

Your BHS Care Coordinator is available Monday-Friday from 7:00 am - 5:30 pm CT by calling 800-245-1160.

For more information, visit www.bhshealthsystems.com or login to MemberAccess to learn more about your EAP.

Legal Consultation

Your Employee Assistance Program (EAP) provides free and confidential legal consultations with experienced attorneys, mediators and legal document specialists.

Through your EAP, you may receive free telephone or office consultation for legal matters with an attorney in your area. If additional services are needed, you will receive a 20% discount off the professional's hourly rate. Your EAP legal benefits can help you address issues such as:

- Child Actions
- Family Legal Services
- Personal Injury
- Criminal Matters
- Business/Legal Issues
- Estate Planning
- Wills

ACCESSING YOUR BENEFITS Accessing your EAP benefits begins with a call to BHS.

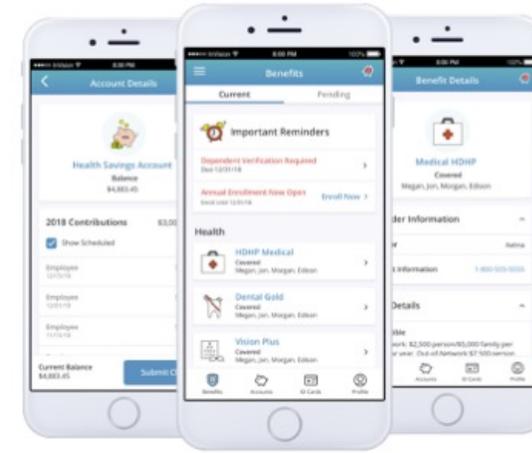
Your BHS Care Coordinator is available Monday-Friday from 7:00 am - 5:30 pm CT by calling 800-245-1160.

For more information, visit www.bhshealthsystems.com or login to MemberAccess to learn more about your EAP.



Online Enrollment & Eligibility Platform

- Review and elect benefits
- 24/7/365 Access to vital plan information
- Update beneficiary information
- Make qualifying event election changes, such as adding dependents due to marriage and birth
- Reference Center provides important documents and links to carrier resources



All your benefits in the palm of your hand

All of your benefits information on the MyChoiceSM Mobile App!

This is one app you will definitely want to download to make your life much easier. Here are some of the valuable features the MyChoice app offers you:



Current Benefits – View your current medical, dental, vision plans, medical savings accounts, voluntary and supplement benefits.



Beneficiaries – View your listed primary and contingent beneficiaries for applicable insurance policies.



Messages – Stay on top of important deadlines, send and receive important documentation in regards to your benefits, such as dependent verification and EOI.



ID Card – View your virtual card. Keep all of your Medical ID information at the tip of your fingers!



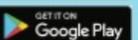
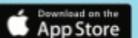
Contact Info – Easily contact a representative for general questions about your benefits, benefits enrollment, life events or required documentation.

You can do all this with a few taps of a finger, plus much more!



Download the app now!

Once you download it, log into [\[benefitsolver\].com](https://benefitsolver.com) to receive your access code.



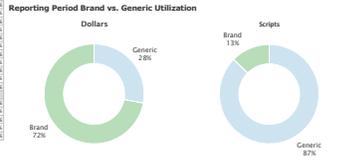
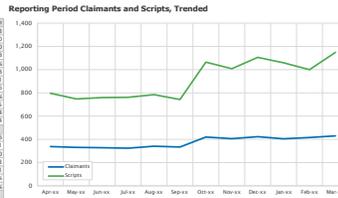


Monthly Claims Reports

- Monthly reports to evaluate claims activity
- Monitor and track potential specific claimants and status of stop loss for your group and pool on aggregate basis
- Help analyze and identify trends, contributing to pool stability

Healthcare Trends - Pharmacy

Metric	Reporting	Benchmark	Comparison
# Employees	761	761	761
# Members	1,277	1,150	1,150
Avg Age	35.37	35.40	35.40
Avg Family Size	1.47	1.43	1.43
Gender Mix (% of Female)	42.62%	41.23%	41.23%
# Claims	872	813	813
# Scripts	12,956	12,596	12,596
Employer Cost (\$K)	\$1,204.98	\$844.45	\$844.45
% of Claimants to Members	68.48%	67.02%	67.02%
Avg Script Cost	\$109.72	\$101.81	\$101.81
Avg Script/Claimant	1.46	1.30	1.30
Avg Script/Member	8.60	7.50	7.50
Script/Prescription	1.00	1.00	1.00
Employer Cost (\$K)	\$1,204.98	---	\$844.45
Total Cost (\$K)	\$148.14	---	\$68.21
Total Concurrence (\$K)	\$0.00	---	\$0.00
Total Deductible (\$K)	\$5.91	---	\$4.1
Total Cost (\$K)	\$1,260.07	---	\$948.81
Employee %	2.1%	12.59%	26.6%
Employer %	92.00%	87.41%	92.31%



Reporting Period: Paid April 20XX to March 20XX
 Comparison Period: Paid April 20XX to March 20XX
 Benchmark: Commercial

Healthcare Trends - Medical

Metric	Reporting	Benchmark	Comparison
# Employees	761	761	761
# Members	1,277	1,150	1,150
Avg Age	35.37	35.40	35.40
Avg Family Size	1.47	1.43	1.43
Gender Mix (% of Female)	42.62%	41.23%	41.23%
# Claims	1,207	963	963
# Scripts	12,956	12,596	12,596
Total Paid (in thousands)	\$6,339	\$4,922	\$4,922
Avg Lines/Member	1.59	0.51	0.51
% of Claimants to Members	81.55%	86.78%	78.55%
Claims/1000	12.96%	8.87%	11.45%
Inpatient Days/1000	121.41	104.99	115.66%
ER Visits/1000	248.51	172.81	219.74
Avg Cost/Claimant	\$463.91	\$514.31	\$415.43
Avg Cost/Member	\$5,211.65	\$3,336.74	\$3,191.45
Avg Lines/Claimant	89.82%	87.62%	89.78%
% to Paid to Network (Final)	99.72%	99.19%	99.26%
% to Paid to Network (Final)	99.87%	97.39%	99.87%



Monthly Analysis

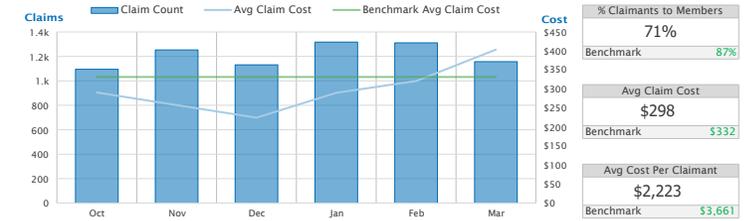
Metric	Apr-20XX	May-20XX	Jun-20XX	Jul-20XX	Aug-20XX	Sep-20XX	Oct-20XX	Nov-20XX	Dec-20XX	Jan-20XX	Feb-20XX	Mar-20XX
# Employees	810	761	761	761	761	761	851	871	871	892	892	892
# Members	1,271	1,151	1,141	1,141	1,151	1,149	1,119	1,211	1,200	1,201	1,274	1,277
Avg Age	35.44	35.61	35.37	35.11	35.41	35.38	35.40	35.26	35.42	35.50	35.40	35.37
Avg Family Size	1.48	1.49	1.49	1.48	1.48	1.48	1.48	1.48	1.47	1.47	1.47	1.47
Gender Mix (% of Female)	42.20%	42.27%	41.4%	41.86%	42.02%	42.26%	42.06%	42.68%	42.37%	42.88%	42.87%	42.88%
# Claims	405	400	493	541	604	627	623	694	670	619	600	633
# Scripts	204	208	289	314	322	319	312	366	358	311	317	313
Total Paid (in thousands)	\$128	\$131	\$143	\$150	\$142	\$144	\$144	\$151	\$154	\$142	\$141	\$147
PMPM	\$160.67	\$168.61	\$189.61	\$192.94	\$185.40	\$188.61	\$172.64	\$184.94	\$189.92	\$166.90	\$166.84	\$172.28
PMPM	\$439.19	\$396.61	\$1,001.54	\$870.84	\$880.37	\$881.82	\$239.25	\$320.31	\$187.82	\$299.81	\$311.28	\$351.45
Avg Lines/Member	1.06	0.96	1.42	1.42	1.42	1.42	0.86	1.17	0.86	1.00	1.00	0.81
Avg Lines/Member	1.73	2.01	5.27	4.13	3.01	3.14	3.41	2.42	2.76	1.60	1.15	1.35
% of Claimants to Members	38.83%	35.59%	42.71%	38.49%	35.96%	35.19%	31.86%	36.49%	34.18%	34.88%	34.78%	44.46%
Claims/1000	31.65	34.76	42.71	38.42	35.44	41.42	30.39	30.80	46.11	43.88	41.40	46.88
Claims/1000	12.96%	11.45%	16.69%	17.47%	12.96%	14.02%	14.07%	16.92	16.69%	14.40%	12.88%	16.82
Inpatient Days/1000	105.19	105.19	105.19	105.19	105.19	105.19	105.19	105.19	105.19	105.19	105.19	105.19
ER Visits/1000	248.51	235.24	284.48	222.80	295.21	284.21	168.84	182.24	208.47	168.00	168.00	205.87
Avg Cost/Claimant	\$1,384.37	\$797.24	\$2,137.96	\$2,085.99	\$1,842.29	\$1,825.11	\$2,190.40	\$791.09	\$687.89	\$578.81	\$781.11	\$881.84
Avg Cost/Member	\$8,727	\$7,241	\$16,463	\$14,747	\$14,103	\$14,103	\$5,911	\$6,881	\$2,891	\$2,581	\$4,601	\$5,260
% to Paid to Network (Final)	99.82%	99.98%	100.00%	100.00%	100.00%	99.14%	97.42%	99.27%	94.18%	100.00%	98.47%	99.33%
% to Paid to Network (Final)	99.72%	99.88%	99.88%	99.88%	99.88%	99.42%	98.42%	99.26%	99.13%	97.20%	99.13%	98.41%
% to Paid to Network (Final)	99.87%	99.87%	99.86%	99.87%	99.87%	97.40%	99.17%	96.16%	98.05%	98.84%	99.28%	99.80%

Reporting Period: Paid April 20XX to March 20XX
 Comparison Period: Paid April 20XX to March 20XX
 Benchmark: Commercial

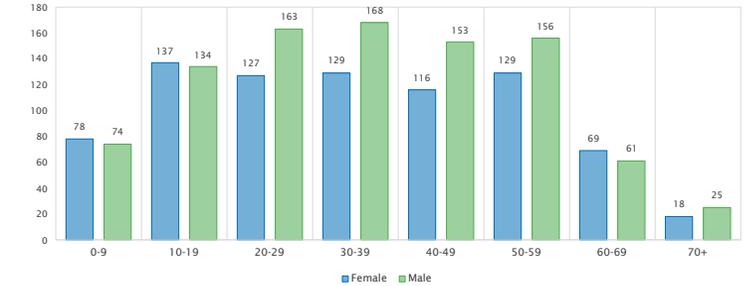
Financial Dashboard

Medical Claims \$2,164,966 PMPM \$280	Pharmacy Claims \$705,672 PMPM \$91	Specialty Drugs \$352,716 % of Total Rx 50%	Admissions \$569,762 Benchmark \$740,282
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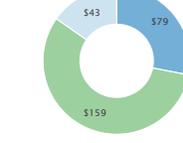
Claims



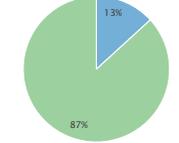
Membership Distribution



PMPM by Place of Service



Employee vs Plan Paid



Employee	Amount Paid
Employee	\$435,775
Plan	\$2,870,638
Total	\$3,306,414

Reporting Period: Paid October 20XX to March 20XX
 Benchmark: Commercial



Florida Sheriffs Employee Benefits Trust

WHERE TO FIND US:

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Tallahassee, Florida 32317

📞 (850) 320-6880

✉️ employeebenefits@fsebt.org

2090

FLORIDA SHERIFFS
RISK MANAGEMENT FUND

Established 1978
Protecting Those Who Protect Us