

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C1-26-16  
Baltimore, Maryland 21244-1850



## **Center of Medicare**

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October 9, 2015

**VIA:**

**EMAIL** (jbendickson@qualitestrx.com; tpro@qualitestrx.com)

Generics Bidco I, LLC  
Mr. James Bendickson, Sr. Government Pricing Analyst  
130 Vintage Dr.  
Huntsville, AL 35811

**RE: Notice of Determination to Impose a Civil Money Penalty for Pharmaceutical Manufacturer  
Contract Number P1191**

Dear Mr. James Bendickson:

Pursuant to 42 CFR §423.2335(d), the Centers for Medicare & Medicaid Services (CMS) is providing notice to Generics Bidco I, LLC that CMS has made a determination to impose a civil money penalty (CMP) in the amount of \$58,983.39.

**Basis for Civil Money Penalty**

This action is based on your organization's failure to pay specified Part D sponsors within 38 calendar days of receipt of the quarterly invoice from the third party administrator, in violation of 42 CFR §423.2315(b)(3) and Section II(b) of the Medicare Coverage Gap Discount Program Agreement (Discount Agreement).

Based on the payment confirmation report provided by your organization and the payment confirmations provided by Part D sponsors, CMS has determined to impose a CMP of \$58,983.39 to Generics Bidco I, LLC due to untimely payments for the 2014 second quarter invoices. Specifically, the following Part D sponsors did not receive payments within the requisite 38-day time period:

- 171 Part D Sponsors      \$235,933.57 (Breakdown on Attachment 2)

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The CMP that your company owes is equal to:

- 25% on the amount paid late, \$58,983.39

The determination by CMS to impose a CMP will become final and due no later than December 7, 2015 if you do not request a hearing to appeal in the manner and timeframe described below. Please see the required payment method below under Method to Submit CMP Payments.

Please note that any further failures by Generics Bidco I, LLC to comply with these or any other CMS requirements may subject your organization to termination as described in 42 CFR §423.2345 and section VIII of the Discount Agreement.

### **Right to Request a Hearing**

Your organization may request a hearing to appeal CMS' determination in accordance with Section VIII (c) of the Discount Agreement. You must send a written request for a hearing to the Departmental Appeals Board office listed below, and a copy to CMS at the address listed below, within 60 calendar days from receipt of this notice. Your request must be received no later than December 7, 2015. The request for a hearing must identify the specific issues, the findings of fact and conclusions of law with which you disagree, and specify the basis for each contention that the finding or conclusion of law is incorrect. Your request should be sent to:

Nancy K. Rubenstein  
Director, Civil Remedies Division  
Departmental Appeals Board  
U.S. Department of Health & Human Services  
330 Independence Avenue, SW  
Cohen Building, Room G-644  
Washington, DC. 20201

A copy of your hearing request should also be sent to CMS at the following address:

Craig Miner  
Deputy Director, Division of Part D Policy  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
MAIL STOP: C1-26-16  
Baltimore, MD 21244  
Email: [Craig.miner@cms.hhs.gov](mailto:Craig.miner@cms.hhs.gov)

### **Method to Submit CMP Payments**

All CMP payments must be made using Pay.gov (See Attachment for instructions). Pay.gov provides a free service to Federal government agencies and to the entities that make online payments to a Federal government agency. The Pay.gov Collection Service collects and processes the Internet-authorized

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deductions from a checking or savings account via Automated Clearing House (ACH) debit entries processed at the Federal Reserve Bank of Cleveland (FRB-C). Your Pay.gov payment transaction will not require a Username and Password in Pay.gov.

Companies sometimes have blocks on their bank accounts that will only allow designating transactions to be processed. It may be necessary to provide your banking institute with the following two pieces of information to unblock the bank account:

- **Originating Depository Financial Institution (ODFI):** FRB-C is the payment processor for ACH payments made through Pay.gov and will appear as the ACH ODFI. FRB-C processes Pay.gov ACH transactions under the American Bankers Association (ABA) routing numbers 041036046 and 042736141.
- **Company ID:** Every ACH batch contains a company ID number in accordance with the National Automated Clearing House Association (NACHA) requirements. CMS' company ID number for Pay.gov payments is 7505008012.

For Pay.gov technical issues contact Pay.gov Customer Service at (800) 624-1373 *or* (216) 579-2112, Monday–Friday from 6:00 A.M. to 7:00 P.M. Eastern Time.

You will find it helpful to have the following information available when you complete your payment:

- P# (P#####)
- CMP payment demand letter from CMS
- Bank account and routing numbers
- Point of contact regarding the payment
- Business mailing address

Acknowledgement of this letter is required, please reply to [CGDPandManufacturers@cms.hhs.gov](mailto:CGDPandManufacturers@cms.hhs.gov). If you have any questions about this notice, please contact Sonia Eaddy at [Sonia.eaddy@cms.hhs.gov](mailto:Sonia.eaddy@cms.hhs.gov).

Sincerely,

/s/

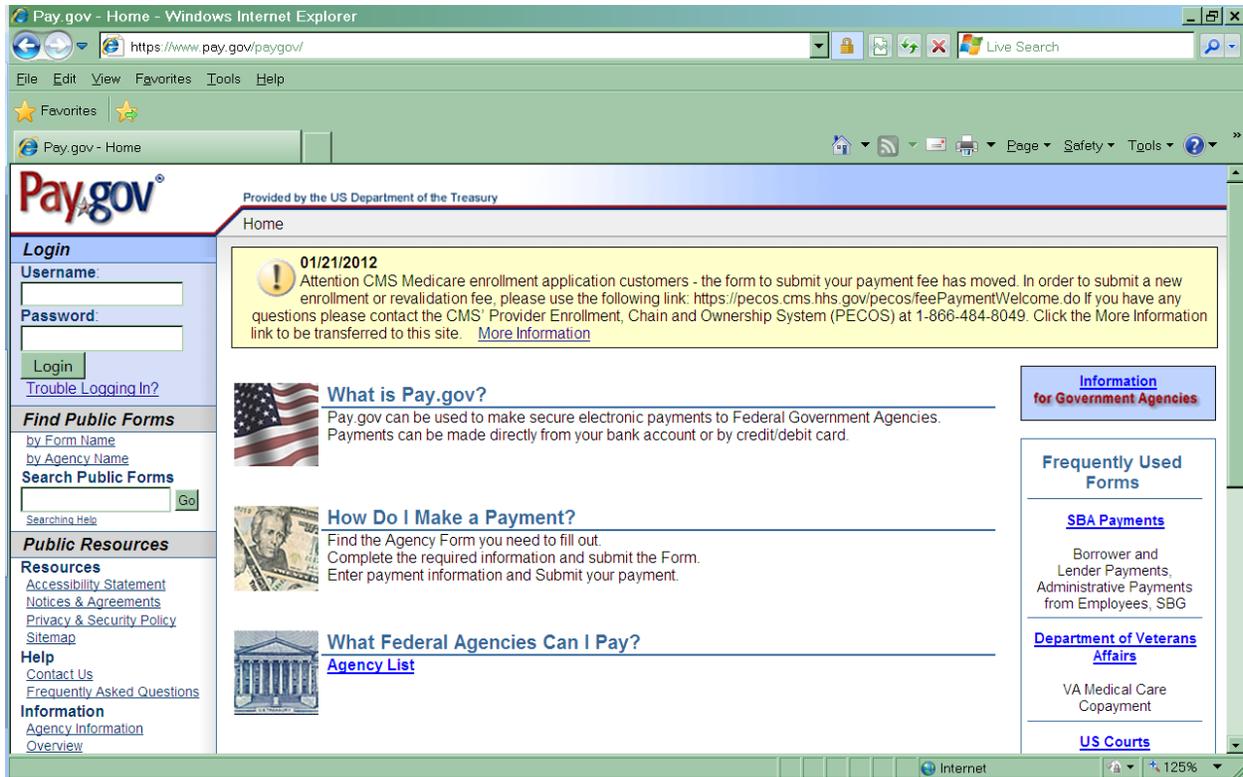
Amy K. Larrick  
Acting Director, Medicare Drug Benefit and C & D Data Group

cc: Ms. Cheri Rice, CMS/CM/MPPG  
Ms. Amanda Johnson, CMS/CM/MPPG  
Ms. Frankeena Wright, CMS/OL  
Mr. Aaron Albright, CMS/OC  
Ms. Jill Abrams, DHHS/OGC  
Ms. Jennifer Garver, DHHS/OGC  
Ms. Nancy Rubenstein, DHHS/DAB

## Attachment 1

### Step 1

Access Pay.gov at <https://www.pay.gov>



### Step 2

On the Pay.gov home page,

- In the **Search Public Forms** box (on the left side of the home page), Type: *Medicare Coverage Gap Discount (not case sensitive)*
- then click on Go

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The screenshot shows a Windows Internet Explorer browser window displaying search results on the pay.gov website. The search query is "medicare Coverage gap discount" and it returned 3 results. The results are listed in a table with columns for Form Name, Form Number, OMB Number, and Agency Name. The first result is "CMS Data Payment Form" (Form Number: CMS Data Payment), the second is "CMS Medicare Application Fee" (Form Number: Medicare-app-fee-1), and the third is "Medicare Coverage Gap Discount Program CMPs" (Form Number: Medicare CGDP CMPs). Each result includes a brief description and a "View PDF" link. The left sidebar contains navigation links for Password, Find Public Forms, Search Public Forms, Public Resources, and Information. The bottom of the page features the HHS Department of Health and Human Services logo.

Form Name	Form Number	OMB Number	Agency Name
<a href="#">CMS Data Payment Form</a>	CMS Data Payment		Department of Health and Human Services
<a href="#">CMS Medicare Application Fee</a>	Medicare-app-fee-1		Department of Health and Human Services
<a href="#">Medicare Coverage Gap Discount Program CMPs</a>	Medicare CGDP CMPs		Department of Health and Human Services

### Step 3

Click on **Medicare Coverage Gap Discount Program CMPs** link. You will be taken to the civil money penalty collection form. Have available your payment demand letter from CMS.

The screenshot shows a web browser window with the URL <https://www.pay.gov/paygov/forms/forminstance.html?nc=1330705111240&agencyFormId=38616929&userForm>. The page title is "Pay.gov - Form Instance - Windows Internet Explorer". The form is titled "Medicare Coverage Gap Discount Program" and "Civil Money Penalty Payment". It lists "Required Fields" and includes the following input fields:

- \*Manufacturer P Number:
- \*Manufacturer Name:
- \*Address:
- \*City:
- \*State:
- \*Zip Code:
- \*Point of Contact Name:
- \*Point of Contact Phone:
- \*Point of Contact Email:
- \*Date of Demand Letter:
- Invoice Quarter for which Penalties are due:
  - \*Quarter:
  - \*Year:
- \*Payment Amount: \$   
(Note: This must be the total amount due)

At the bottom of the form, there are two buttons: "Submit Data" and "PDF Preview".

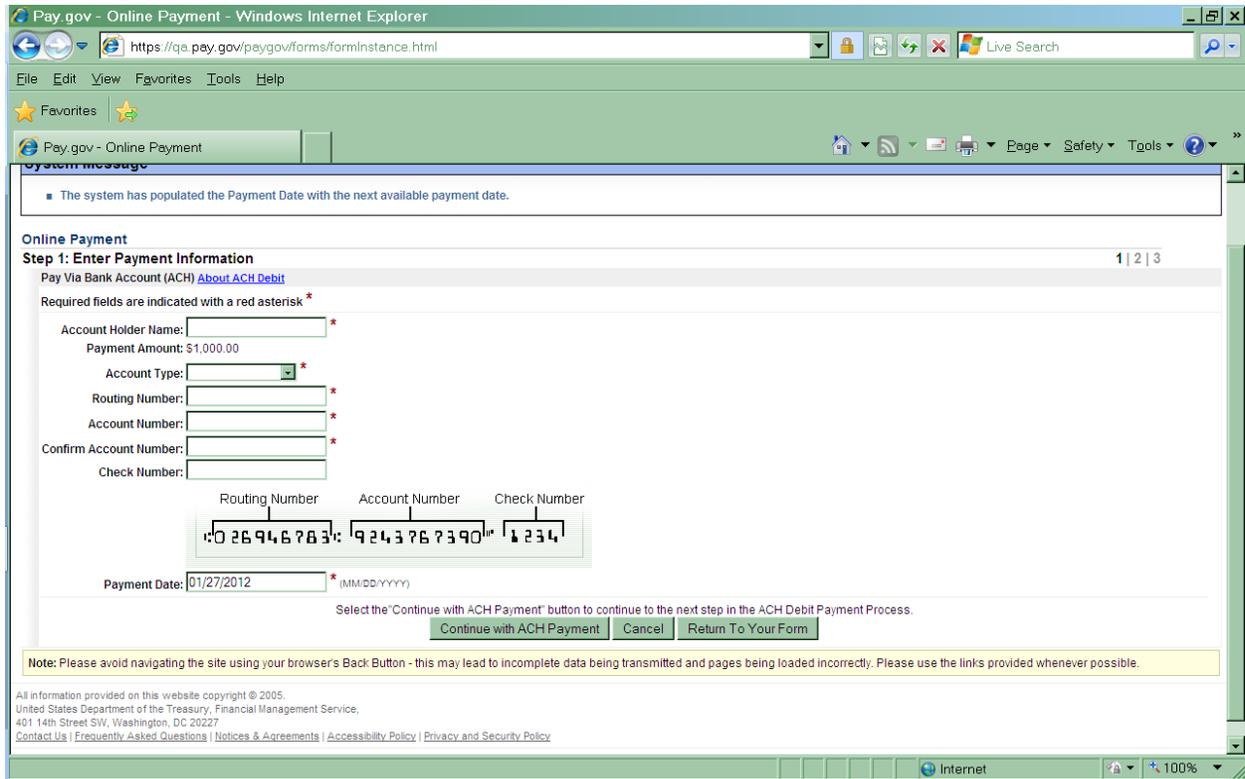
- Complete the required fields
  - **Manufacturer P Number:** (P#####) must be a P followed by 4-digits
  - **Manufacturer Name:** manufacturer's complete name
  - **Point of Contact:** person authorized to make the payment
  - **Point of Contact Phone:** (\*\*\*\_\*\*\_\*-\*\*\*\*) telephone number must include dashes
  - **Point of Contact Email:** email address
  - **Mailing address:** Street, city, state, and zip code
  - **Date of Demand Letter:** (MM/DD/YEAR) typed date on the demand letter received from CMS
  - **Quarter:** (Q1, Q2, Q3, Q4) use the drop arrow to select the calendar year quarter in which the invoice payment was late or unpaid
  - **Year:** use the drop down arrow to select the calendar year in which the invoice payment was late or unpaid
  - **Payment Amount:** the total amount indicated on the demand letter from CMS
- Review
- Click on Submit Data

NOTE: You will immediately receive a message if **any** of the required information is missing on the payment form. Click OK, complete the missing information, and click on Submit Data.



### Step 4

Have your banking information available to enter the payment information. Enter bank information, review, and print your payment confirmation to complete your Pay.gov payment.



- Enter Payment Information
  - **Account Holder Name:** name as it appears on the actual banking account

***Notice the payment amount you entered on the previous screen has populated. Click on Return To Your Form to correct the payment amount.***

- **Account Type:** (Personal Checking, Personal Savings, Business Checking, or Business Savings) use the drop down arrow to select account type
- **Routing Number:** bank routing number
- **Account Number:** bank account number
- **Confirm Account Number:** re-type your bank account number
- **Check Number:** check number used for this payment
- **Payment Date:** automatically populates the next available date in which the financial institutes can initiate the payment transaction

**Continue with ACH Payment-** will move you the next step of your payment

**Cancel-** will cancel all information entered during this session

**Return To Your Form-** will take you back to the Civil Money Penalty form

**Note: You will be redirected to the Pay.gov home page to start a new session if you click on Continue with ACH Payment before the account information is entered.**

- Review the payment summary,

The screenshot shows a web browser window titled "Pay.gov - Online Payment - Windows Internet Explorer". The address bar shows the URL: <https://qa.pay.gov/paygov/payments/enterACHDebitPaymentInformation.html>. The page content is titled "Step 2: Authorize Payment" and includes a "Payment Summary" section with the following details:

- Account Holder Name: manufacturer Inc
- Payment Amount: \$1,000.00
- Account Type: Business Checking
- Routing Number: 041000124
- Account Number: \*\*\*\*\*0424
- Check Number: 0002
- Payment Date: 01/27/2012

Below the summary is an "Email Confirmation Receipt" section with input fields for "Email Address:", "Confirm Email Address:", and "CC:". A note says "Separate multiple email addresses with a comma".

The "Authorization and Disclosure" section includes a checkbox for "I agree to the authorization and disclosure language." which is checked. Below this is a scrollable area containing the following text:

the U.S. Treasury Department's Financial Management Service. As used in this document, "we" or "us" refers to the Financial Management Service and its agents and contractors operating Pay.gov. "You" refers to the end-user reading this document and agreeing to it prior to engaging in a debit transaction.

I. Consumers

A. Authorization

You acknowledge that you have read and understand the consumer disclosure language and authorize the Federal Reserve financial institution of Cleveland to debit the named financial institution account. This authorization is to remain in full force and effect until we have received notification of its termination in such time and in such manner as to afford Pay.gov a reasonable opportunity to act on it, or unless otherwise terminated for any reason by Pay.gov.

B. Disclosure

In case of errors or questions about a transaction, immediately contact the Federal agency using the Pay.gov service or contact Pay.gov directly.

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- Enter email address(es) to receive the payment confirmation
- Please add to the CC box: [cgdg\\_manufacturers@cms.hhs.gov](mailto:cgdg_manufacturers@cms.hhs.gov)
- Read and/or print the Authorization and Disclosure. If you agree, Click, *I agree to the authorization and disclosure language*

**Submit Payment-** will submit your payment and move you to the final step of your payment

**Cancel-** will cancel all information entered during this session

**Return To Your Form-** will take you back to the Civil Money Penalty form

- Print the payment confirmation.

The screenshot displays the Pay.gov Online Payment interface in a Windows Internet Explorer browser window. The address bar shows the URL: <https://qa.pay.gov/paygov/payments/authorizeACHPayment.html>. The page title is "Pay.gov - Online Payment".

The main content area is titled "Online Payment" and "Step 3: Confirm Payment". It displays a confirmation message: "Thank you. Your transaction has been successfully completed. It is recommended you [print a copy](#) for your records." A "Print this window" icon is visible next to the message.

Below the confirmation message, the "Pay.gov Tracking Information" is provided:

- Application Name: Medicare Coverage Gap Discount Program CMPs
- Pay.gov Tracking ID: 3FOHC800
- Agency Tracking ID: 120008876801
- Transaction Date and Time: 01/29/2012 12:36 EST

The "Payment Summary" section includes the following details:

- Account Holder Name: manufacturer Inc
- Payment Amount: \$1,000.00
- Account Type: Business Checking
- Routing Number: 041000124
- Account Number: \*\*\*\*\*0424
- Check Number: 0002
- Payment Date: 01/27/2012

At the bottom of the payment summary, there are links for "Return to your form search results" and "Return to Home".

The left sidebar contains navigation options such as "Login", "Find Public Forms", and "Public Resources". The footer of the page includes the "fmu" logo.

**Attachment 2**

	<b>Contract Number</b>	<b>Contract Name</b>	<b>Invoiced Amount</b>
1	E0654	IBT VOLUNTARY EMPLOYEE	\$329.72
2	E3014	PSERS HOP PROGRAM	\$916.88
3	E4744	MO DOT AND MSHP MEDICAL	\$549.70
4	E7316	UNION PACIFIC RAILROAD	\$56.60
5	E7848	OKLAHOMA STATE AND EDUC	\$1,135.01
6	H0084	CARE IMPROVEMENT PLUS O	\$315.91
7	H0104	BLUE CROSS AND BLUE SHI	\$256.89
8	H0150	HEALTHSPRING OF ALABAMA	\$315.91
9	H0316	UNITEDHEALTHCARE OF ARI	\$35.57
10	H0332	KS PLAN ADMINISTRATORS,	\$219.04
11	H0351	HEALTH NET OF ARIZONA	\$117.24
12	H0504	CA PHYSICIANS SERV/DBA	\$1,527.16
13	H0543	PACIFICARE OF CALIFORNI	\$1,872.54
14	H0544	CALIFORNIA HEALTH PLAN	\$2.48
15	H0562	HEALTH NET_OF CA	\$2,059.63
16	H0564	BLUE CROSS OF CALIFORNI	\$120.68
17	H0602	ROCKY MOUNTAIN HEALTH P	\$60.63
18	H0609	PACIFICARE OF COLORADO	\$769.44
19	H0755	HEALTH NET OF CONNECTIC	\$275.69
20	H1016	AVMED INC	\$2.00
21	H1036	HUMANA MEDICAL PLAN IN	\$1,263.60
22	H1286	UNITED HEALTHCARE INSUR	\$751.76
23	H1509	UNITED HEALTHCARE INSUR	\$8,043.59
24	H1517	ANTHEM INSURANCE COMPAN	\$120.68
25	H1607	ANTHEM INSURANCE COMPAN	\$221.42
26	H1608	COVENTRY HEALTH AND LIF	\$114.43
27	H1609	COVENTRY HEALTH CARE OF	\$115.45
28	H1944	UNITED HEALTHCARE INSUR	\$105.31
29	H1951	HUMANA HEALTH BENEFIT P	\$230.22
30	H1961	TENET CHOICES INC. / P	\$4.90
31	H1994	SELECTHEALTH, INC.	\$112.65
32	H2111	UNITED HEALTHCARE INSUR	\$110.10
33	H2150	KAISER FNDN HP OF THE M	\$16.32
34	H2230	BLUE CROSS AND BLUE SHI	\$231.68
35	H2425	BLUE PLUS	\$229.14
36	H2459	UCARE MINNESOTA	\$399.29

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37	H2462	HEALTHPARTNERS	\$2,700.75
38	H2654	UNITED HEALTHCARE OF TH	\$419.96
39	H2663	GROUP HEALTH PLAN INC.	\$924.73
40	H2672	COVENTRY HEALTH CARE OF	\$34.26
41	H2802	UNITED HEALTHCARE OF TH	\$381.81
42	H2931	HEALTH PLAN OF NEVADA	\$76.07
43	H2960	HOMETOWN HEALTH PLAN	\$5.99
44	H3107	OXFORD HEALTH PLANS (NJ	\$550.74
45	H3113	OXFORD HEALTH PLANS OF	\$73.40
46	H3152	AETNA HEALTH INC.	\$470.22
47	H3156	AMERIHEALTH HMO_INC	\$196.57
48	H3305	PREFERRED CARE	\$2,680.48
49	H3307	OXFORD HEALTH PLANS (NY	\$1,056.29
50	H3330	HIP HEALTH PLAN OF NY	\$2,630.09
51	H3335	EXCELLUS HEALTH PLAN I	\$2,170.27
52	H3342	EMPIRE HEALTHCHOICE ASS	\$758.54
53	H3351	EXCELLUS HEALTH PLAN I	\$2,192.19
54	H3370	EMPIRE HEALTHCHOICE HMO	\$597.78
55	H3379	UNITED HEALTHCARE OF NE	\$110.10
56	H3388	CAPITAL DISTRICT PHYSIC	\$1,045.63
57	H3449	PARTNERS NATIONAL HEALT	\$160.07
58	H3456	UNITED HEALTHCARE OF NO	\$842.43
59	H3655	COMMUNITY INSURANCE COM	\$120.19
60	H3659	UNITED HEALTHCARE OF OH	\$545.71
61	H3664	MCKINLEY LIFE INSURANCE	\$98.29
62	H3668	MT. CARMEL HEALTH PLAN	\$4.98
63	H3755	COMMUNITY CARE HMO INC	\$519.53
64	H3805	PACIFICARE OF OREGON I	\$305.93
65	H3813	ODS HEALTH PLAN	\$106.35
66	H3817	REGENCE BLUECROSS BLUES	\$727.32
67	H3887	UNITED HEALTHCARE INSUR	\$107.69
68	H3907	UNIVERSITY OF PITTSBURG	\$115.84
69	H3909	INDEPENDENCE BLUE CROSS	\$98.29
70	H3916	HIGHMARK INC.	\$957.29
71	H3931	AETNA HEALTH INC	\$126.37
72	H3949	ELDER HEALTH PENNSYLVAN	\$210.61
73	H3952	KEYSTONE HEALTH PLAN EA	\$693.98
74	H3957	KEYSTONE HEALTH PLAN WE	\$306.65
75	H3959	HEALTHAMERICA PENNSYLVA	\$435.68
76	H3962	KEYSTONE HEALTH PLAN CE	\$315.91
77	H4005	TRIPLE-S INC.	\$122.15
78	H4006	MCS LIFE INSURANCE COMP	\$105.31

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79	H4036	ANTHEM INSURANCE COMPAN	\$125.31
80	H4152	BLUE CROSS SHIELD OF RI	\$115.28
81	H4456	JOHN DEERE HEALTH PLAN	\$398.98
82	H4564	SCOTT AND WHITE HEALTH	\$210.61
83	H4590	PACIFICARE OF TEXAS IN	\$978.80
84	H4604	UNITEDHEALTHCARE OF UTA	\$220.20
85	H4605	REGENCE BLUECROSS BLUES	\$197.55
86	H4909	ANTHEM HEALTH PLANS OF	\$478.22
87	H5005	PACIFICARE OF WASHINGTO	\$350.87
88	H5009	REGENCE BLUESHIELD	\$336.97
89	H5211	SECURITY HEALTH PLAN OF	\$116.54
90	H5215	NETWORK HEALTH INSURANC	\$177.89
91	H5253	UNITED HEALTHCARE OF WI	\$1,636.77
92	H5262	GUNDERSEN LUTHERAN HEAL	\$327.31
93	H5424	UNITED HEALTHCARE INSUR	\$166.03
94	H5425	SCAN HEALTH PLAN	\$29.89
95	H5435	PACIFICARE LIFE AND HEA	\$110.10
96	H5507	UNITED HEALTHCARE INS.	\$330.30
97	H5509	COVENTRY HEALTH AND LIF	\$130.03
98	H5520	HEALTH NET LIFE INSURAN	\$105.31
99	H5521	AETNA LIFE INSURANCE CO	\$1,232.03
100	H5522	HEALTH ASSURANCE PENNSY	\$460.78
101	H5526	HEALTHNOW NEW YORK INC.	\$231.67
102	H5528	GROUP HEALTH INCORPORAT	\$236.66
103	H5529	COMMUNITY INSURANCE COM	\$240.38
104	H5577	RED MEDICA DE PUERTO RI	\$228.87
105	H5774	AMERICAN HEALTH INC.	\$9.95
106	H5850	SUMMIT HEALTH PLAN, INC	\$3.99
107	H5883	BLUE CARE NETWORK OF MI	\$105.31
108	H5928	CARE1ST HEALTH PLAN	\$106.35
109	H6181	AMERIGROUP NEW YORK, LL	\$105.31
110	H6360	KAISER FOUNDATION HP OF	\$4.88
111	H6609	HUMANA INSURANCE COMPAN	\$1,908.57
112	H7149	COVENTRY HEALTH CARE OF	\$104.50
113	H7301	PERSONAL CARE INSURANCE	\$116.61
114	H8145	HUMANA INSURANCE COMPAN	\$797.77
115	H8552	ANTHEM BLUE CROSS LIFE	\$362.04
116	H8684	AETNA LIFE INSURANCE CO	\$315.91
117	H9572	BLUE CROSS BLUE SHIELD	\$1,407.63
118	H9615	MVP HEALTH PLAN, INC.	\$1,034.07
119	H9847	COVENTRY HEALTH AND LIF	\$337.29
120	H9859	MVP HEALTH PLAN, INC,	\$579.19

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121	H9947	BLUE CROSS BLUE SHIELD	\$2,685.95
122	R3332	BLUE CROSS AND BLUE SHI	\$551.91
123	R3444	CARE IMPROVEMENT PLUS S	\$110.10
124	R5287	UNITED HEALTHCARE INSUR	\$328.31
125	R5342	UNITED HEALTHCARE INSUR	\$609.64
126	R5826	HUMANA INSURANCE COMPAN	\$986.09
127	R5941	ANTHEM INSURANCE COMPAN	\$63.84
128	R7444	UNITED HEALTHCARE INSUR	\$142.56
129	S0064	UNITED PROSPERITY LIFE	\$231.68
130	S0522	SYMPHONIX HEALTH INSURA	\$330.30
131	S1030	BCBS OF ALABAMA AND BCB	\$1,096.74
132	S2321	QCC INS CO D/B/A AMERIH	\$52.37
133	S2468	CA PHYSICIANS SERVICE	\$3,740.26
134	S2893	BLUE CROSS BLUE SHIELD	\$535.49
135	S3521	EXCELLUS HEALTH PLAN I	\$1,162.15
136	S4802	STERLING LIFE INSURANCE	\$2,264.65
137	S5540	BLUE CROSS AND BLUE SHI	\$268.26
138	S5580	UNITED AMERICAN INSURAN	\$115.84
139	S5584	BLUE CROSS BLUE SHIELD	\$1,259.44
140	S5593	HIGHMARK SENIOR RESOURC	\$353.63
141	S5596	ANTHEM INSURANCE COMPAN	\$5,510.47
142	S5609	ASURIS NORTHWEST HEALTH	\$355.41
143	S5660	MEDCO HEALTH SOLUTIONS	\$26,920.82
144	S5670	COVENTRY HEALTH AND LIF	\$1,039.04
145	S5674	FIRST HEALTH LIFE AND H	\$2,561.90
146	S5715	HCSC INSURANCE SERVICES	\$1,090.39
147	S5726	BLUE CROSS BLUE SHIELD	\$241.36
148	S5743	BLUE CROSS BLUE SHIELD	\$5,306.39
149	S5753	WISCONSIN PHYSICIAN SER	\$135.19
150	S5755	UNITED AMERICAN INSURAN	\$926.71
151	S5766	FIRST CARE INC.	\$259.99
152	S5768	FIRST HEALTH LIFE & HEA	\$5,774.69
153	S5805	UNITED HEALTHCARE INSUR	\$7,776.17
154	S5810	AETNA LIFE INSURANCE CO	\$737.26
155	S5820	UNITED HEALTHCARE INSUR	\$49,956.71
156	S5884	HUMANA INSURANCE COMPAN	\$1,743.18
157	S5904	BLUE CROSS AND BLUE SHI	\$5.99
158	S5916	REGENCE LIFE AND HEALTH	\$447.54
159	S5921	PACIFICARE LIFE AND HEA	\$12,824.47
160	S5932	HEALTHSPRING INC. HEALT	\$105.31
161	S5953	BLUE CROSS AND BLUE SHI	\$101.77
162	S5960	UNICARE	\$1,036.85

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163	S5967	WELLCARE PRESCRIPTION I	\$322.79
164	S5975	ODS HEALTH PLAN	\$527.56
165	S5983	MEDCO HEALTH SOLUTIONS	\$115.84
166	S5993	HORIZON HEALTHCARE SERV	\$15.90
167	S6875	QCC INS CO D/B/A AMERIH	\$308.90
168	S7950	EXPRESS SCRIPTS INSURAN	\$16,075.10
169	S8067	AVALON HEALTH LTD	\$210.61
170	S8841	NMHC GROUP SOLUTION INS	\$6,924.62
171	S9579	STONEBRIDGE LIFE INSURA	\$4,101.01
		Total	\$235,933.57