

TRANSYLVANIA COUNTY
FINANCE OFFICE

PURCHASING AGENT
Jennifer L. Galloway
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FINANCE DIRECTOR
Jonathan Griffin

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Transylvania County Wellness Center RFP
Addendum #2

To: All Potential Bidders
From: Jennifer Galloway, Purchasing Agent
Date: May 8th, 2023

This addendum is for clarification of items and follow up to questions. To clarify utilization numbers included below, there are currently 890 members eligible to use the Wellness Center – Transylvania County and City of Brevard employees, spouses, retirees, and children 12 and older. Part-time employees are eligible to utilize the Wellness Center, but most do not.

Overview

- 1) *Is Transylvania County and/or City of Brevard self-insured or fully insured?*
Both are Self-Insured.

Budget and Staffing

- 2) *What amount of funding do both Transylvania County and City of Brevard allocate toward the Wellness Center?*
Transylvania County allocates \$11,332.20 per month for services and the City of Brevard allocates \$3,977.75 per month. In addition to the monthly fee, the County pays for lab costs invoiced by Blue Mountain Medicine averaging \$2,613.82 per month over the past year and a flat fee of \$350 each month for EHR system access for three users. The City's lab cost has averaged \$325 over the past year
- 3) *Can you share Wellness Center expenses for the previous year broken out by line item?*
Transylvania County can only provide copies of invoices received for billing purposes. Blue Mountain Medicine maintains their own records of expenses broken out by line item. A copy of the most recent invoice with associated lab fees is attached at the bottom of this document with any personally identifying information removed.
- 4) *Is there a maximum budget or previous contract value that you can share with prospective bidders?*
Please see the answer to question #2 above.

- 5) *Are the County/City billed separately for services related to the clinic by the current vendor, or split proportionately based on number of lives, clinic utilization, etc.?*

The City and County are billed separately for services related to the clinic. The original clinic operated for the equivalent of 3 days a week and the County paid for the whole of the contract cost. To add the equivalent of 1 additional day a week, the City of Brevard took on the fiscal impact of the additional day. Currently the County pays $\frac{3}{4}$ of the contract cost and the City pays for the remaining $\frac{1}{4}$.

- 6) *Does the current clinic staff have non-compete agreements and in place? If not, are they open to transitioning to work for the selected vendor?*

Transylvania County does not employ the current clinic staff, they are employees of Blue Mountain Medicine. County staff are not aware of their employment agreements; however, two staff members will be retiring effective September 1st. There is one medical office assistant that has verbally told County staff that she is open to transitioning to work for a new vendor, interests of other staff are unknown currently.

- 7) *In the past two years, what has Transylvania County allocated (budgeted) for the health center?*

The FY 2022 budgeted amount was \$180,000. The FY 2023 budgeted amount was \$160,520.

- 8) *In the past two years, what have been the actual expenditures that have passed through the health center including such items as administrative fees, staffing cost, lab fees, temporary staffing, etc.*

The FY 2022 actual was \$178,892.20. The current year actual is \$153,776.34 as of 5/3/2023. This number includes the monthly fee paid to Blue Mountain Medicine in addition to costs for HER, Labs, and UDS Cups.

- 9) *The RFP indicates that the County would be responsible for "operation supplies". Is it fair to characterize that these supplies for the current Wellness Center operation are passed through to the County from the current vendor? If so, can you identify any other costs that are similarly passed through?*

Fees for labs is passed through to the county at cost in addition to purchasing urine drug screen cups.

- 10) *Are the County and City open to alternative fee arrangements such as a fixed-fee model in which we only pass through external lab costs and pharmaceuticals/vaccine costs?*

Currently we have a model which has a fixed fee for the clinic service except for a pass through for all external lab services. Vaccinations are currently provided through the Public Health Department for position specific needs, flu shots, etc.

- 11) *Is the physician required to employ a NP or PA? Or can the wellness center be run by the physician and an EMT?*

See # 12 below

- 12) *The RFP states that the “provider should be a licensed medical doctor,” and that the “provider should also staff the wellness center at a minimum with a Nurse Practitioner”... please clarify. Are they open to a full time Nurse Practitioner provider model, with a Supervising Physician and Medical Director providing appropriate oversight?*

Transylvania County is open to a model with a Supervising Physician/Medical Director providing oversight to a mid-level professional as the primary clinician.

- 13) *If there is an existing NP, what kind of non-compete language does he/she have with existing vendor and could he/she work with a new vendor?*

See #6 above

- 14) *Is there a desire to retain any of the existing staff? If so, are there non-compete agreements that would need to be negotiated/addressed?*

See #6 Above

Equipment

- 15) *What equipment, furniture, and devices will stay in the clinic? And what will we need to replace?*

All current office furniture, copier, scanner, fixtures, 3 computers, break room table, chairs and basic appliances, exam room exam table, scales, bariatric blood draw chair, Tanita scales (owned by County),

- 16) *Will the centrifuge stay in the lab?*

Lab equipment (centrifuge, printer, and label printer) is owned by Quest diagnostics and could remain if the same lab is used by the new clinic provider.

- 17) *Since there is an existing physical clinic space, if the County/City changes vendors, who owns the existing equipment/supplies, and will they remain in place or will the new vendor order new equipment/supplies?*

Transylvania County owns the computers and the furniture, fixtures and equipment including desks and chairs. The new vendor will be responsible for stocking their own supplies.

Operations

- 18) *How many employees need allergy shots? How often? Where do the shots come from—the patient or from the allergist directly?*

Currently, 5 individuals use the Employee Wellness Center for allergy injections. They vary from weekly injections to monthly with the typical being every two weeks.

The allergy serum must be ordered by MD or allergist for the serum to be produced. Clinic staff cannot order allergy serum. Most Dr's in our area refer to allergy partners for this specialty. We prefer to pick up the serum ourselves as it insures only medical professionals have handled the vials. In the past, Allergy partners attempted to mail the serum to the clinic and the post office delivered it to an incorrect address. Being picked up by our staff protects patient privacy, the safety and efficiency delivery of the serum.

The Wellness Center supplies needles, syringes gloves and cold spray for the injections.

19) What is your volume of new hires each month on average?

In the past year, Transylvania County averaged 5.8 new full-time employees each month and 8.9 new part-time employees each month.

The City of Brevard has an average of 2 new employees each month.

20) Can you send a blueprint of the space? It can be a rough sketch.

A blueprint will be included in the next addendum.

21) "No appointment times will be required" ... please clarify. Typically, onsite clinics have 20–30-minute appointment slots and accommodate walk-ins if needed.

Transylvania County desires the ability to have walk-in appointments as needed but understands the need for advanced appointments.

22) Based on the current 29 hours per week schedule, the 5-year average monthly appointments of 140, equates to 1.1 visit/hr. (125 = 1 visit per hour). What if any incentives/premium differential are in place to drive activity? Are incentives based on participation or outcome based?

For County Employees: Incentives are a \$50 per month discount on the employee premium (which makes employee only coverage free) to those that participate and meet 2 of 4 biometric criteria.

- a. Waist circumference abdomen cir < 40" male or <35" female; or improve 5%
- b. Blood Pressure <140/90 mmhg; or improve 10/5 mmh; or improve 5%
- c. Cholesterol Ratio <5.5; or improve by 10; or improve 5%
- d. Hemoglobin A1c <= 6.8; or improve 5%

For City Employees: Incentives are contributions to an HSA. Employees are offered a \$750 contribution to the employees' Health Savings Account if they complete the annual wellness screening and if the employee meets a waist measurement goal (or similar measure) then they will receive an additional contribution of \$250 to the Health Savings Account.

23) Is any clinic utilization data available by day or even by hour?

The numbers below are reflective of 2022. Please note that utilization was higher pre-pandemic as reflected in the RFP document, but the numbers do include utilization by Transylvania County and the City of Brevard. There were close to 46 additional visits per month in 2018.

Month	Average Visits Per Day
January	11.8
February	7.8
March	5.8
April	6.75
May	6.7
June	8.4
July	6.6
August	6.2
September	6.4
October	6.4
November	8.9

24) *Services are to include telehealth visits... please clarify. What hours/days would telehealth be available?*

The current provider has provided telehealth visits over the phone on an as needed basis within their current operating schedule. The provider has seen growth in the number of telehealth appointments requested throughout the pandemic.

25) *Please provide more specifics as to what will be included in the migration of data from existing vendor.*

Quest Diagnostics is the current vendor for Electronic Health Records and will be terminating that service at the end of the calendar 2023. The current provider has estimated that each patient could have between 20 and 50 supplemental documents and has estimated that there are around 1,000 health records that will need to be migrated. A new vendor would have from September 1st to the end of December to migrate the data to a new EHR vendor. The company that provides scheduling (Kareo) will soon offer EHR management too. The current provider felt that this could be the easiest transition to a new EHR platform, but a new vendor may choose a platform.

26) *The RFP references that the Wellness Center was initiated to deliver, among other things, a low-cost access point for employees and dependents to gain basic medical care; wellness related services such as biometric screening; chronic condition management; health/lifestyle education; and referral services. Are there other specific health conditions, social or environmental community challenges, or care access/delivery*

challenges that are of specific concern for the City or County? Are there specific goals or programs that the organizations would like to leverage the Wellness Center to address?

Every three years, Transylvania Public Health completes a Community Health Assessment (CHA) that involves collecting information about health concerns and then selecting health priorities. We would expect our employee health data to mirror the results of the CHA. The most recent CHA was published in Spring of 2022 and is linked [here](#). The top priorities to address were mental health, substance use, and obesity. Transylvania County and the City of Brevard both provide access to the Employee Assistance Network for employee assistance programs for mental health support. Transylvania County has supported the CARE Coalition since 2010 in response to growing concerns of substance use. The County has also collaborated with the Wellness Center in the past for weight loss support and diabetes prevention educational opportunities. Additional data and prior health assessment information can be found [here](#).

27) Would Transylvania County consider an initial contract term of three years rather than the one year as listed in the RFP, subject to specified conditions such as termination for cause or lack of budget appropriation? We have found that a longer initial contract term greatly enhances our ability to attract and retain our clinical team.

Yes, Transylvania County would be willing to consider a multiple year contract term.

28) Who is/are the relevant health plan carriers? If available, please provide us with new hire information identifying current medical plan choices and solutions so we can understand the benefit design from a total program perspective.

Transylvania County:

- Blue Options PPO /Administered by Blue Cross and Blue Shield of North Carolina
- Employee has choice of 2 Health Plans:
 - Plan 1 – Co-Pay Plan for In-Network– \$40 Copays for Primary Care Visit, \$80 Specialist Visit, Urgent Care and RX. All other services apply to \$1,500 deductible, then 80/20 co-insurance up to \$2,000 out-of-pocket maximum. *See Plan 1 document for more detailed information.*
 - Plan 2 – Deductible Plan for In-Network except \$25 copay for Primary Care Visit and RX. All other services apply to \$1,000 deductible, then 80/20 co-insurance up to \$2,000 out-of-pocket maximum. *See Plan 2 document for more detailed information.*
- Routine eye examinations only are covered annually for a BCBSNC network provider.
- Prescription Drugs – 4 Tiers - \$5 generic/ \$45 preferred / \$60.00 non preferred /4th Tier is 25% up to a max of \$100.00./ Mail order is available @ 2.5 co-pays for a 90 day supply. 90 day supply at pharmacy.

City of Brevard:

A summary of Brevard's benefit options is included at the end of this document and benefits are provided through Blue Cross Blue Shield.

29) *If available, please provide year-end health plan summary report(s), showing utilization and unit cost performance. This data can help us estimate potential cost savings.*
We do not have this type of document available now. If it becomes available, we will include it in a future addendum.

30) *Does the current Wellness Center operation generate return on investment (ROI) reporting? If so, can a copy of that reporting be provided?*
The only ROI information tracked is the cost avoidance for employees for a PCP visit copayment and is attached as an Appendix document.

31) *Does the current Wellness Center operation generate trend reporting that identifies the claims spend of the users of the health centers vs. non-users of the health center?*
No, the Wellness Center does not provide that information.

32) *How does the current health center define engagement? What is your current engagement level?*
Not defined or tracked

33) *How does your current health center define utilization? What is your current utilization level?*
Not specifically defined. Utilization level would be number of visits by month.

34) *Can you provide a copy of utilization / engagement reporting currently provided for the Wellness Center operation?*
See # 23 above

Wellness, Programming & Incentives

35) *Does the City or County currently provide incentives to employees for participating in wellness related activities? If so, please describe? If not, is that something the organizations would be open to considering?*
See # 22 above

36) *Does the City or County directly contract with other healthcare vendors beyond the wellness center vendor? For example, an EAP provider, behavioral health provider. If so, can you identify those other vendors?*
Transylvania County provides employee access for EAP through the Employee Assistance Network. The Sheriff's Office provides additional support to their employees through embedded services with Responder Support Services in Asheville, NC.

The City of Brevard uses the Employee Assistance Network for EAP. They contract with Dr. David Ward who has done some wellness programs and health coaching for

employees. This program is currently under review as it has changed and been limited since COVID.

37) *The RFP references the delivery of certain requested wellness related services. Can you confirm using the table below whether specific services are currently being delivered, whether they are requested going forward, and volume and time-period for service delivery as applicable?*

Service/Event	Currently being delivered? Yes/No	Requested for future? Yes/No	Current volume (if applicable)	Time period for which service is requested (e.g., are there certain months / periods requested for delivery the service
Biometric screenings	And	And		Annually Birthday month for County Employees / April May for City Employees
Flu shots	N	N		
HRAs				
Health coaching programs	And	And		No specific program; ongoing counseling as needed
Disease management programs	N	Possibly		Depending on programs and the need within our employee group.
Other?				

38) *Are there expected occupational services to be provided at the health center beyond pre-employment drug screens that are mentioned in the RFP? If so, please provide the requested service type and historic/anticipated volumes. A non-exclusive list of occupational health services that we frequently are asked to provide are provided below for reference:*

Service	Yes/No	2021 visit volume	2022 visit volume
Pre-employment drug screens	And		200 estimate
Pre-employment physicals	N		
Lift testing as part of the pre-employment physical	N		
Urine Drug Screening	And		200 estimate

Breath Alcohol Testing	N		
Immunizations for safety/work purposes	N		
Lab evaluation for annual surveillance (i.e. – lead monitoring)	N		
OSHA-mandated hearing tests	N		
Respiratory surveillance testing (Annual OSHA questionnaires/spirometry/exam)	N		
Fit testing (specify qualitative or quantitative)	N		
Return to work exams (for non-work related conditions)	N		
Fit for duty exams (exam when an employee is underperforming on the job)	N		
Annual firefighter physicals	N		
Annual law enforcement physicals	N		
MMI paperwork	N		
Other services (please list)			

39) *How many first responders are eligible to use the Wellness Center? Please identify the number by occupation (e.g., fire, EMS, 911/telecommunicators, police, sheriff's deputies, corrections officers, etc.).*

Estimated combined numbers are Law Enforcement 120, Telecommunications 20, EMS 40, Fire 30.

40) *Does the current Wellness Center operation provide targeted programming or services to support the health issues that can arise from specific types of occupations such as fire, police, EMS, public works, etc.? If so, please describe.*

The Wellness Center does not currently provide additional programming or services to support public safety staff. As mentioned above, the Sheriff's Office provides additional support to their staff. Our EMS department is also developing a Peer Support Team to assist other public safety agencies.

41) *Does the current Health Clinic operation coordinate care and/or support referrals to or from any specific types of public safety employee resource such as an EAP program, Peer Support Program, Wellness Committee, or Chaplaincy Program? If so, please describe.*
Please see 36 and 40 above.

42) *Is there currently a Wellness Center care approach for integrating occupational health, behavioral health, and primary care services generally and, particularly, for first responders? If so, please describe.*

There is no approach to integrate care services for employees, but Transylvania County will pursue additional behavioral health services to centralize employees with the possibility of an embedded model for first responders.

43) Do the current Wellness Center staff participate in new employee orientation?

Since they are employees of a 3rd party contractor they do not. But we are open to establishing an orientation program.

44) Will any of the current staff be staying on? Or would all positions need to be filled with new employees?

See # 6 above

45) Is there a required emr (electronic medical record) system?

There is not a required system. Please see question # 25 above for additional information.

46) Has paper charting ever been considered? This would allow the patients' medical records to be property of the wellness center and not the physician.

Paper charting was used in the first years of the Employee Wellness Center. But transitioned to EMR about year 4 for consistency.

47) Does the county provide medical malpractice for the wellness center physician and staff?

No, it is required of the provider to cover the appropriate level of Medical Malpractice required by the RFP

Attachments

The following pages include a sample invoice, City of Brevard employee benefits, and a sample spreadsheet calculating return on investment.



Blue Mountain Medicine
Anthony Fisher, MD

Date: 4/3/23

Transylvania County
101 South Broad Street
Brevard, NC 28712

Re: Invoice (Labs, EHR, and UDS Cups)

Labs: \$ 2,202.92

EHR: \$ 350.00

UDS Cups: \$ 282.35 (I received this bill after I sent last invoice.) -KF

Total: \$ 2,835.27

Payable to: Blue Mountain Medicine PLLC
150 S. Caldwell St.
Brevard, NC 28712

Attachments:



P.O. BOX 740736
ATLANTA, GA 30374-0736

Invoice

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Lab Tax ID: #38-2084239

Invoice Date	Invoice Amount
03/28/2023	\$2,704.84

Invoice Number 9203126361 Client Number 07406986 Lab Code ATL
Client Name: EMPLOYEE WELLNESS CENTER
Terms: 30 Days

Date of Collection	Specimen	Patient Name	Patient I.D.	Services	CPT #	Service Code	Amount
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EMPLOYEE WELLNESS CENTER 07406986
WELLNESS CENTER COUNTY
150 S GASTON ST
BREVARD NC 28712

02/22/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				URIC ACID	84550	0000905	\$4.53
				RENAL FUNC PNL	80069	0010314	\$3.28
PATIENT TOTAL							\$11.68

02/22/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				PSA, TOTAL	84153	0005363	\$10.53
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
PATIENT TOTAL							\$56.23

02/23/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
PATIENT TOTAL							\$45.70

02/23/23				T-4, FREE	84439	0000866	\$8.74
				TSH	84443	0000899	\$5.13
				T-3, FREE	84481	0034429	\$12.78
PATIENT TOTAL							\$26.65

02/27/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	PROFILE	0010231	\$3.79
				82947 84520 82565 84295			
				82435 82374 82310 84155			
				82040 82247 84075 84460			
				THE PROCEDURES LISTED BELOW WERE NOT PERFORMED			(\$0.56)
				POTASSIUM (SR)	84132		

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THE INFORMATION PROVIDED ON THIS STATEMENT IS CONFIDENTIAL AND ONLY FOR THE INTENDED RECIPIENT



P.O. BOX 740736
ATLANTA, GA 30374-0736

Invoice

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Lab Tax ID: #38-2084239

Invoice Date: 03/28/2023 Invoice Amount Due: \$2,704.84

Invoice Number 9203126361 Client Number 07406986 Lab Code ATL

Client Name: EMPLOYEE WELLNESS CENTER
Terms: 30 Days

Date of Collection	Specimen Number	Patient Name	Patient I.D.	Services	CPT #	Service Code	Amount
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				AST (SGOT)	84450		
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
				PATIENT TOTAL			\$45.14
02/28/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				T-4, FREE	84439	0000866	\$8.74
				TRIGLYCERIDES	84478	0000896	\$1.29
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
				FERRITIN	82728	0000457	\$6.67
				IRON, TOTAL, & IBC	PROFILE	0007573	\$6.11
				83540 83550			
				PATIENT TOTAL			\$67.22
02/28/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
				PATIENT TOTAL			\$45.70
03/01/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				PSA, TOTAL	84153	0005363	\$10.53
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
				PATIENT TOTAL			\$56.23
03/01/23				THYROGLOBULIN AB	86800	0000267	\$13.70
				T-4, FREE	84439	0000866	\$8.74
				TSH	84443	0000899	\$5.13
				THYROID PEROXID AB	86376	0005081	\$22.87
				T-3, FREE	84481	0034429	\$12.78
				PATIENT TOTAL			\$63.22

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P.O. BOX 740736
ATLANTA, GA 30374-0736

Invoice

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Lab Tax ID: #38-2084239

Invoice Date: Invoice Amount Due:

03/28/2023 \$2,704.84

Invoice Number 9203126361 Client Number 07406986 Lab Code ATL

Client Name: EMPLOYEE WELLNESS CENTER
Terms: 30 Days

Date of Collection	Specimen Number	Patient Name	Patient I.D.	Services	CPT #	Service Code	Amount
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Continued From Previous Page

03/03/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TESTOSTERONE, MALE, IA	84403	0000873	\$12.02
				TRIGLYCERIDES	84478	0000896	\$1.29
				URIC ACID	84550	0000905	\$4.53
				PSA, TOTAL	84153	0005363	\$10.53
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D, 25-OH, TOTAL, IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
PATIENT TOTAL							\$72.78

03/06/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				VIT D, 25-OH, TOTAL, IA	82306	0017306	\$24.45
				CHEM TEST 15	PROFILE	0034715	\$3.91
				80053 82248			
THE PROCEDURES LISTED BELOW WERE NOT PERFORMED							
				PROTEIN	84155		
				ALBUMIN (SR)	82040		
				BILIRUBIN, TOTAL	82247		
				ALK PHOSPHATASE	84075		
				AST (SGOT)	84450		
				ALT (SGPT)	84460		
				TSH W/REFL FT4	84443	0036127	\$5.13
PATIENT TOTAL							\$45.82

03/07/23				AMYLASE	82150	0000243	\$6.61
				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				LIPASE	83690	0000606	\$9.83
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				HS CRP	86141	0010124	\$13.90
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D, 25-OH, TOTAL, IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
PATIENT TOTAL							\$76.04

03/08/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29

Continued on Next Page

THE INFORMATION PROVIDED ON THIS STATEMENT IS CONFIDENTIAL AND ONLY FOR THE INTENDED RECIPIENT



P.O. BOX 740736
ATLANTA, GA 30374-0736

Invoice

Page 5 of 13

Lab Tax ID: #38-2084239

Invoice Date:	03/28/2023
Invoice Amount Due:	\$2,704.84

Invoice Number	9203126361	Client Number	07406986	Lab Code	ATL
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Client Name:	EMPLOYEE WELLNESS CENTER
Terms:	30 Days

Date of Collection	Specimen Number	Patient Name	Patient I.D.	Services	CPT #	Service Code	Amount
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Continued From Previous Page

				TRIGLYCERIDES	84478	0000896	\$1.29
				PSA, TOTAL	84153	0005363	\$10.53
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
				PATIENT TOTAL			\$56.23

03/10/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				PATIENT TOTAL			\$3.87

03/10/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
				PATIENT TOTAL			\$45.70

03/10/23				FERRITIN	82728	0000457	\$6.67
				FOLATE,SERUM	82746	0000466	\$9.84
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				VITAMIN B12	82607	0000927	\$7.39
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				IRON, TOTAL, & IBC	PROFILE	0007573	\$6.11
				83540 83550			
				PTH,INTACT & CALCIUM	83970	0008837	\$113.21
				THE PROCEDURES LISTED BELOW WERE NOT PERFORMED			(\$12.58)
				CALCIUM	82310		
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				PATIENT TOTAL			\$167.34

03/10/23				VITAMIN B1,THIAMINE	84425	0005042	\$67.93
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03/13/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
				PATIENT TOTAL			\$45.70

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THE INFORMATION PROVIDED ON THIS STATEMENT IS CONFIDENTIAL AND ONLY FOR THE INTENDED RECIPIENT



P.O. BOX 740736
ATLANTA, GA 30374-0736

Invoice

Page 6 of 13

Lab Tax ID: #38-2084239

Invoice Date: 03/28/2023 Invoice Amount Due: \$2,704.84

Invoice Number 9203126361 Client Number 07406986 Lab Code ATL

Client Name: EMPLOYEE WELLNESS CENTER
Terms: 30 Days

Date of Specimen Collection	Patient Name	Patient I.D.	Services	CPT #	Service Code	Amount
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Continued From Previous Page

			CHOLESTEROL, TOTAL	82465	0000334	\$1.29
			HEMOGLOBIN A1C	83036	0000496	\$5.90
			HDL-CHOLESTEROL	83718	0000608	\$1.29
			TRIGLYCERIDES	84478	0000896	\$1.29
			PSA, TOTAL	84153	0005363	\$10.53
			CBC (DIFF/PLT)	85025	0006399	\$2.56
			COMP METAB PNL	80053	0010231	\$3.79
			VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
			TSH W/REFL FT4	84443	0036127	\$5.13
			PATIENT TOTAL			\$56.23

03/14/23			HEP B SURF AG W/CONF	87340	0000498	\$9.59
			HEP B CORE IGM AB	86705	0004848	\$15.98
			HEP C AB W/REFL HCV	86803	0008472	\$13.12
			HIV 1/2 AG/AB,4 W/RFL	87389	0091431	\$21.07
			PATIENT TOTAL			\$59.76

03/14/23			CHOLESTEROL, TOTAL	82465	0000334	\$1.29
			HEMOGLOBIN A1C	83036	0000496	\$5.90
			HDL-CHOLESTEROL	83718	0000608	\$1.29
			TRIGLYCERIDES	84478	0000896	\$1.29
			CBC (DIFF/PLT)	85025	0006399	\$2.56
			COMP METAB PNL	80053	0010231	\$3.79
			VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
			TSH W/REFL FT4	84443	0036127	\$5.13
			PATIENT TOTAL			\$45.70

03/15/23			CHOLESTEROL, TOTAL	82465	0000334	\$1.29
			HEMOGLOBIN A1C	83036	0000496	\$5.90
			HDL-CHOLESTEROL	83718	0000608	\$1.29
			SED RATE BY MOD WEST	85652	0000809	\$4.54
			TRIGLYCERIDES	84478	0000896	\$1.29
			CBC (DIFF/PLT)	85025	0006399	\$2.56
			HS CRP	86141	0010124	\$13.90
			COMP METAB PNL	80053	0010231	\$3.79
			VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
			TSH W/REFL FT4	84443	0036127	\$5.13
			PATIENT TOTAL			\$64.14

03/15/23			CHOLESTEROL, TOTAL	82465	0000334	\$1.29
			HEMOGLOBIN A1C	83036	0000496	\$5.90
			HDL-CHOLESTEROL	83718	0000608	\$1.29
			TRIGLYCERIDES	84478	0000896	\$1.29
			PSA, TOTAL	84153	0005363	\$10.53
			CBC (DIFF/PLT)	85025	0006399	\$2.56
			COMP METAB PNL	80053	0010231	\$3.79
			VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45

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THE INFORMATION PROVIDED ON THIS STATEMENT IS CONFIDENTIAL AND ONLY FOR THE INTENDED RECIPIENT



P.O. BOX 740736
ATLANTA, GA 30374-0736

Invoice

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Lab Tax ID: #38-2084239

Invoice Date:	Invoice Amount Due:	
03/28/2023	\$2,704.84	
Invoice Number	Client Number	Lab Code
9203126361	07406986	ATL
Client Name:	EMPLOYEE WELLNESS CENTER	
Terms:	30 Days	

Date of Collection	Specimen	Patient Name	Patient I.D.	Services	CPT #	Service Code	Amount
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Continued From Previous Page

				TSH W/REFL FT4	84443	0036127	\$5.13
				PATIENT TOTAL			\$56.23
03/15/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				T-4, FREE	84439	0000866	\$8.74
				TRIGLYCERIDES	84478	0000896	\$1.29
				TSH	84443	0000899	\$5.13
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				T-3, FREE	84481	0034429	\$12.78
				PATIENT TOTAL			\$67.22
03/16/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
				PATIENT TOTAL			\$45.70
03/16/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				PSA, TOTAL	84153	0005363	\$10.53
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
				PATIENT TOTAL			\$56.23
03/17/23				CHOLESTEROL, TOTAL	82465	0000334	\$1.29
				HEMOGLOBIN A1C	83036	0000496	\$5.90
				HDL-CHOLESTEROL	83718	0000608	\$1.29
				TRIGLYCERIDES	84478	0000896	\$1.29
				PSA, TOTAL	84153	0005363	\$10.53
				CBC (DIFF/PLT)	85025	0006399	\$2.56
				COMP METAB PNL	80053	0010231	\$3.79
				VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
				TSH W/REFL FT4	84443	0036127	\$5.13
				PATIENT TOTAL			\$56.23

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P.O. BOX 740736
ATLANTA, GA 30374-0736

Invoice

Page 8 of 13

Lab Tax ID: #38-2084239

Invoice Date: Invoice Amount Due:

03/28/2023 \$2,704.84

Invoice Number Client Number Lab Code
9203126361 07406986 ATL

Client Name: EMPLOYEE WELLNESS CENTER
Terms: 30 Days

Date of Specimen Patient Name	Patient I.D.	Services	CPT #	Service Code	Amount
Collection Number					

Continued From Previous Page

		CHOLESTEROL, TOTAL	82465	0000334	\$1.29
		HEMOGLOBIN A1C	83036	0000496	\$5.90
		HDL-CHOLESTEROL	83718	0000608	\$1.29
		T-4, FREE	84439	0000866	\$8.74
		TRIGLYCERIDES	84478	0000896	\$1.29
		TSH	84443	0000899	\$5.13
		CBC (DIFF/PLT)	85025	0006399	\$2.56
		COMP METAB PNL	80053	0010231	\$3.79
		VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
		T-3, FREE	84481	0034429	\$12.78
		PATIENT TOTAL			\$67.22

03/20/23		CHOLESTEROL, TOTAL	82465	0000334	\$1.29
		HEMOGLOBIN A1C	83036	0000496	\$5.90
		HDL-CHOLESTEROL	83718	0000608	\$1.29
		T-4, FREE	84439	0000866	\$8.74
		TRIGLYCERIDES	84478	0000896	\$1.29
		TSH	84443	0000899	\$5.13
		CRP	86140	0004420	\$7.47
		CBC (DIFF/PLT)	85025	0006399	\$2.56
		COMP METAB PNL	80053	0010231	\$3.79
		VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
		T-3, FREE	84481	0034429	\$12.78
		PATIENT TOTAL			\$74.69

03/20/23		CHOLESTEROL, TOTAL	82465	0000334	\$1.29
		HEMOGLOBIN A1C	83036	0000496	\$5.90
		HDL-CHOLESTEROL	83718	0000608	\$1.29
		T-4, FREE	84439	0000866	\$8.74
		TRIGLYCERIDES	84478	0000896	\$1.29
		TSH	84443	0000899	\$5.13
		CBC (DIFF/PLT)	85025	0006399	\$2.56
		COMP METAB PNL	80053	0010231	\$3.79
		VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
		T-3, FREE	84481	0034429	\$12.78
		PATIENT TOTAL			\$67.22

03/21/23		CHOLESTEROL, TOTAL	82465	0000334	\$1.29
		HEMOGLOBIN A1C	83036	0000496	\$5.90
		HDL-CHOLESTEROL	83718	0000608	\$1.29
		TESTOSTERONE,MALE,IA	84403	0000873	\$12.02
		TRIGLYCERIDES	84478	0000896	\$1.29
		PSA, TOTAL	84153	0005363	\$10.53
		CBC (DIFF/PLT)	85025	0006399	\$2.56
		COMP METAB PNL	80053	0010231	\$3.79
		VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45

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THE INFORMATION PROVIDED ON THIS STATEMENT IS CONFIDENTIAL AND ONLY FOR THE INTENDED RECIPIENT



P.O. BOX 740736
ATLANTA, GA 30374-0736

Invoice

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Lab Tax ID: #38-2084239

Invoice Date:	Invoice Amount Due:	
03/28/2023	\$2,704.84	
Invoice Number	Client Number	Lab Code
9203126361	07406986	ATL
Client Name:	EMPLOYEE WELLNESS CENTER	
Terms:	30 Days	

Date of Collection	Specimen Patient Name	Patient I.D.	Services	CPT #	Service Code	Amount
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Continued From Previous Page

			TSH W/REFL FT4	84443	0036127	\$5.13
			PATIENT TOTAL			\$68.25
03/22/23			CHOLESTEROL, TOTAL	82465	0000334	\$1.29
			HEMOGLOBIN A1C	83036	0000496	\$5.90
			HDL-CHOLESTEROL	83718	0000608	\$1.29
			TRIGLYCERIDES	84478	0000896	\$1.29
			CBC (DIFF/PLT)	85025	0006399	\$2.56
			COMP METAB PNL	80053	0010231	\$3.79
			VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
			TSH W/REFL FT4	84443	0036127	\$5.13
			PATIENT TOTAL			\$45.70
03/22/23			CHOLESTEROL, TOTAL	82465	0000334	\$1.29
			HEMOGLOBIN A1C	83036	0000496	\$5.90
			HDL-CHOLESTEROL	83718	0000608	\$1.29
			T-4, FREE	84439	0000866	\$8.74
			TRIGLYCERIDES	84478	0000896	\$1.29
			TSH	84443	0000899	\$5.13
			CBC (DIFF/PLT)	85025	0006399	\$2.56
			COMP METAB PNL	80053	0010231	\$3.79
			VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
			T-3, FREE	84481	0034429	\$12.78
			PATIENT TOTAL			\$67.22
03/22/23			TESTOSTERONE,MALE,IA	84403	0000873	\$12.02
			CBC (DIFF/PLT)	85025	0006399	\$2.56
			COMP METAB PNL	80053	0010231	\$3.79
			PATIENT TOTAL			\$18.37
03/23/23			CHOLESTEROL, TOTAL	82465	0000334	\$1.29
			HEMOGLOBIN A1C	83036	0000496	\$5.90
			HDL-CHOLESTEROL	83718	0000608	\$1.29
			TRIGLYCERIDES	84478	0000896	\$1.29
			URIC ACID	84550	0000905	\$4.53
			CBC (DIFF/PLT)	85025	0006399	\$2.56
			COMP METAB PNL	80053	0010231	\$3.79
			VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
			TSH W/REFL FT4	84443	0036127	\$5.13
			PATIENT TOTAL			\$50.23
03/23/23			CHOLESTEROL, TOTAL	82465	0000334	\$1.29
			HEMOGLOBIN A1C	83036	0000496	\$5.90
			HDL-CHOLESTEROL	83718	0000608	\$1.29
			TRIGLYCERIDES	84478	0000896	\$1.29
			CBC (DIFF/PLT)	85025	0006399	\$2.56
			COMP METAB PNL	80053	0010231	\$3.79
			VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45

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THE INFORMATION PROVIDED ON THIS STATEMENT IS CONFIDENTIAL AND ONLY FOR THE INTENDED RECIPIENT



P.O. BOX 740736
ATLANTA, GA 30374-0736

Invoice

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Lab Tax ID: #38-2084239

Invoice Date: 03/28/2023
Invoice Amount Due: \$2,704.84

Invoice Number: 9203126361
Client Number: 07406986
Lab Code: ATL

Client Name: EMPLOYEE WELLNESS CENTER
Terms: 30 Days

Date of Collection	Specimen Number	Patient Name	Patient I.D.	Services	CPT #	Service Code	Amount
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Continued From Previous Page

TSH W/REFL FT4 84443 0036127 \$5.13

PATIENT TOTAL \$45.70

CHOLESTEROL, TOTAL	82465	0000334	\$1.29
HEMOGLOBIN A1C	83036	0000496	\$5.90
HDL-CHOLESTEROL	83718	0000608	\$1.29
TRIGLYCERIDES	84478	0000896	\$1.29
CBC (DIFF/PLT)	85025	0006399	\$2.56
COMP METAB PNL	80053	0010231	\$3.79
VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
TSH W/REFL FT4	84443	0036127	\$5.13

PATIENT TOTAL \$45.70

03/24/23	CHOLESTEROL, TOTAL	82465	0000334	\$1.29
	HEMOGLOBIN A1C	83036	0000496	\$5.90
	HDL-CHOLESTEROL	83718	0000608	\$1.29
	T-4, FREE	84439	0000866	\$8.74
	TESTOSTERONE,MALE,IA	84403	0000873	\$12.02
	TRIGLYCERIDES	84478	0000896	\$1.29
	TSH	84443	0000899	\$5.13
	PSA, TOTAL	84153	0005363	\$10.53
	CBC (DIFF/PLT)	85025	0006399	\$2.56
	COMP METAB PNL	80053	0010231	\$3.79
	VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
	T-3, FREE	84481	0034429	\$12.78

PATIENT TOTAL \$89.77

CHOLESTEROL, TOTAL	82465	0000334	\$1.29
HEMOGLOBIN A1C	83036	0000496	\$5.90
HDL-CHOLESTEROL	83718	0000608	\$1.29
TRIGLYCERIDES	84478	0000896	\$1.29
PSA, TOTAL	84153	0005363	\$10.53
CBC (DIFF/PLT)	85025	0006399	\$2.56
COMP METAB PNL	80053	0010231	\$3.79
VIT D,25-OH,TOTAL,IA	82306	0017306	\$24.45
TSH W/REFL FT4	84443	0036127	\$5.13

PATIENT TOTAL \$56.23

Referring Client Subtotal

\$2,202.92



PO BOX 740709
ATLANTA, GA 30374-0709

Statement

Page 1 of 1

Lab Tax ID: #38-2084239

EMPLOYEE WELLNESS CENTER 15066830
ANTHONY FISHER
150 S CALDWELL ST
BREVARD, NC 28712-3602

Statement Date: Statement Balance:

02/23/2023 (\$282.35)

Client Number Lab Code
15066830 NDA

Client Name: EMPLOYEE WELLNESS CENTER
Terms: 30 Days
Protocol Number: N/A
PO Number: N/A

Reconciliation

Invoice Number	Invoice Date	Invoice Amount	Payments	Transfer Credits	Other Debits/ Credits	Invoice Balance
9202179313	12/27/22	\$282.35	(\$564.70)	\$0.00	\$0.00	(\$282.35)
BALANCE						(\$282.35)

Current Month Statement Activity

Invoice Number	Specimen Number	Patient Name	Transaction Date	Description	Prior Balance
9202179313			02/06/23	PAYMENT - THANK YOU	\$282.35
9202179313			02/14/23	PAYMENT - THANK YOU	(\$282.35)
9202179313				CURRENT MONTH AMOUNT	(\$282.35)
BALANCE					(\$282.35)

For BillingInquiries:

Weekdays 9AM - 4:30PM EST

Phone: 1-800-345-2455 Fax: 484-676-5464

Or visit our website at [HTTPS://QUESTDIAGNOSTICS.COM/EINVOICE](https://questdiagnostics.com/einvoice)

Statement Aging

Current	30 Days	60 Days	90 Days	120 Days	150 Days	180 Days and over
\$0.00	\$0.00	(\$282.35)	\$0.00	\$0.00	\$0.00	\$0.00

THE INFORMATION PROVIDED ON THIS STATEMENT IS CONFIDENTIAL AND ONLY FOR THE INTENDED RECIPIENT

HEALTH INSURANCE - COMPARING YOUR PLAN OPTIONS

This is a brief outline of the City of Brevard Health Plan Options

Please see the following pages for greater detail. If there is a discrepancy between the summary and the plan document, the plan document will prevail. Refer to the Summary Plan Document (SPD) for the health plans's terms, conditions, limitations, and exclusions.

Medical Services	Blue Options HSA Plan		Blue Options Standard PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per plan year)	\$2,500 per person \$5,000 per family	\$5,000 per person \$10,000 per family	\$4,000 per person \$8,000 per family	\$8,000 per person \$16,000 per family
Out-of-Pocket Maximum (includes deductible)	\$2,500 per person \$5,000 per family mem \$5,000 per family	\$6,250 per person \$11,250 per family mem \$13,750 per family	\$8,000 per person \$16,000 per family	\$16,000 per person \$32,000 per family
Primary Care - Office Visit	0% after deductible	30% after deductible	\$35 copay	60% after deductible
Specialist - Office Visit	0% after deductible	30% after deductible	\$70 copay	60% after deductible
Telehealth Visit	0% after deductible	Benefits not available	\$10 copay	Benefits not available
Mental Health Visit	0% after deductible	30% after deductible	\$10 copay	60% after deductible
Ambulance	0% after deductible	0% after deductible	30% after deductible	30% after deductible
Emergency Room	0% after deductible	0% after deductible	\$500 copay	\$500 copay
Urgent Care Center	0% after deductible	30% after deductible	\$70 copay	\$140 copay
Inpatient Hospital Services	0% after deductible	30% after deductible	30% after deductible	60% after deductible
Outpatient Services	0% after deductible	30% after deductible	30% after deductible	60% after deductible
Outpatient lab tests	0% after deductible	30% after deductible	30% after deductible	60% after deductible
Preventive Mammography	0% NO deductible	30% after deductible	0% - NO deductible	30% after deductible
Diagnostic Mammography	0% after deductible	30% after deductible	30% after deductible	60% after deductible
Outpatient x-rays, ultrasounds, and other diagnostic tests such as EEGs and EKGs	0% after deductible	30% after deductible	30% after deductible	60% after deductible
Other Services CT scans, MRIs, PET scans, MRAs ,etc.	0% after deductible	30% after deductible	30% after deductible	60% after deductible
Pharmacy				
Preventive and OTC Medications and Contraceptive	0% - NO deductible	0% - NO deductible	0% - NO deductible	0% - NO deductible
Drugs and Devices as listed at bluecrossnc.com/preventive Up to 30 day supply is one copayment 31-60 day supply is two copayments. 61-90 day supply is three copayment. Prescription Drug copayments, coinsurance, and deductibles (if applicable) apply to the Out-of-Pocket limit. Prior Plan approval, step therapy and quantity limits may apply.				
Prescription Drugs	0% after deductible			
Enhanced Preventive Drugs	0% NO deductible			
Tier 1 Drugs			\$15.00	\$15.00
Tier 2 Drugs			\$45.00	\$45.00
Tier 3 Drugs			\$85.00	\$85.00
Tier 4 Drugs			25%	25%
There is a \$50 per Prescription Minimum and a \$200 per Prescription Maximum for each 30 day supply of a Tier 4 drug.				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Employee Wellness Center Monthly Report, 2022													
2	Utilization in Transylvania County													
3		Total Visits	Clinic Days	Patients Per	Well Visits	Wellness	Co-Pay	Episodic	Episodic Value	Co-Pay	Dependents	Dependent	Dep Co-Pay	
4		In month	Day Ave.		Value	Savings				Savings		Value	Savings	
5	Jan	162	16	10.1	17	\$ 4,250.00	\$ 680.00	42	\$ 8,400.00	\$ 11,000.00	3	\$ 600.00	\$ 240.00	
6	Feb	114	16	7.13	34	\$ 8,500.00	\$ 1,345.00	74	\$ 14,800.00	\$ 5,440.00	6	\$ 1,200.00	\$ 440.00	
7	Mar	94	18.5	5.08	33	\$ 8,250.00	\$ 1,320.00	59	\$ 11,800.00	\$ 4,760.00	2	\$ 400.00	\$ 160.00	
8	Apr	91	16	5.69	30	\$ 7,500.00	\$ 1,155.00	56	\$ 11,200.00	\$ 4,120.00	5	\$ 1,000.00	\$ 400.00	
9	May	99	16.5	6.00	27	\$ 6,750.00	\$ 1,080.00	57	\$ 11,400.00	\$ 4,320.00	3	\$ 600.00	\$ 240.00	
10	Jun	127	17.5	7.26	39	\$ 9,750.00	\$ 1,640.00	87	\$ 17,400.00	\$ 6,640.00	1	\$ 200.00	\$ 80.00	
11	Jul	92	16	5.75	21	\$ 5,250.00	\$ 795.00	70	\$ 14,000.00	\$ 4,680.00	1	\$ 200.00	\$ 80.00	
12	Aug	97	18.5	5.24	38	\$ 9,500.00	\$ 1,505.00	53	\$ 10,600.00	\$ 4,080.00	2	\$ 400.00	\$ 160.00	
13	Sep	95	16.5	5.76	36	\$ 9,000.00	\$ 1,380.00	50	\$ 10,000.00	\$ 3,880.00	9	\$ 1,800.00	\$ 720.00	
14	Oct	90	17	5.29	32	\$ 8,000.00	\$ 1,235.00	49	\$ 9,800.00	\$ 3,840.00	9	\$ 1,800.00	\$ 720.00	
15	Nov	107	15	7.13	29	\$ 7,250.00	\$ 1,145.00	70	\$ 14,000.00	\$ 5,400.00	2	\$ 400.00	\$ 160.00	
16	Dec			#DIV/0!		\$ -			\$ -			\$ -		
17	Running Total			#DIV/0!										
18	2021	1158	198.5	6.0	356	\$47,500.00	\$13,365.00	757	\$151,400.00	\$58,580.00	31	\$6,700.00	\$2,388.00	
19	2020	1181	198.5	5.9	341	\$ 85,250.00	\$ 13,365.00	703	\$ 140,600.00	\$ 49,720.00	97	\$ 19,400.00	\$ 6,010.00	
20	2019	1559	198.5	7.9	331	\$ 82,750.00	\$ 13,700.00	926	\$185,200.00	\$70,360.00	169	\$ 33,800.00	\$ 11,320.00	
21	2018	1649	198.5	8.3	349	\$ 87,250.00	\$ 12,905.00	965	\$ 96,500.00	\$ 54,205.00	195	\$ 23,400.00	\$ 11,440.00	
22	2017	1590	194	8.2	330	\$ 82,500.00	\$ 11,530.00	1026	\$107,600.00	\$ 33,740.00	216	\$ 25,970.00	\$ 10,055.00	
23	2016	1661		9.9	359	\$ 89,750.00	\$ 12,345.00	1090	\$109,000.00	\$ 36,655.00	226	\$ 27,000.00	\$ 7,280.00	
24	2015	1570		10.7	402			977			189			
25	2014	1608		11.9	340			1217			218			
26	Avg well\$250 Avg Epis \$200 Avg Dep \$200													
27	Year to date Co-Pay Savings													
28	Utilization in City of Brevard													
29		Total Visits	Clinic Days	Patients Per	Well Visits	Wellness	Co-Pay	Episodic	Episodic Value	Co-Pay	Dependents	Dependent	Dep Co-Pay	Part Time
30		In month	per month	Day Ave.		Value	Savings			Savings		Value	Savings	
31	Jan	27	16		0	\$ -		26	\$ 2,000.00		1	\$ 200.00		
32	Feb	11			0	\$ -		10	\$ 2,800.00		1	\$ 200.00		
33	Mar	14	18.5		0	\$ -		14	\$ 2,800.00		0	\$ -		
34	Apr	17	16		0	\$ -		17	\$ 3,400.00		0	\$ -		
35	May	12	16.5		0	\$ -		10	\$ 2,000.00		2	\$ 400.00		
36	Jun	20	17.5		0	\$ -		19	\$ 3,800.00		2	\$ 400.00		
37	Jul	14	16		0	\$ -		14	\$ 2,800.00		0	\$ -		
38	Aug	18	18.5		1	\$ 250.00		16	\$ 3,200.00		1	\$ 200.00		
39	Sep	11	16.5		0	\$ -		8	\$ 1,600.00		2	\$ 400.00		
40	Oct	18	17		0	\$ -		15	\$ 3,000.00		3	\$ 600.00		
41	Nov	27	15		1	\$ 250.00		21	\$ 4,200.00		5	\$ 1,000.00		
42	Dec					\$ -			\$ -			\$ -		
43	Running Total													
44	2021	367	198.5	1.85	86	\$21,250.00		175	\$32,800.00		19	\$ 3,800.00		0
45	2020	282	198.5	1.42	89	\$ 22,250.00		159	\$ 31,800.00		30	\$ 6,000.00		0
46	2019	329	198.5	1.66	92	\$ 23,250.00		179	\$ 35,800.00		55	\$ 11,000.00		0
47	2018	380	197.5	1.92	117	\$ 29,250.00		204	\$ 20,400.00		48	\$ 5,760.00		1
48	2017	294	194	1.52	75	\$ 18,750.00		149	\$ 14,900.00		69	\$ 8,280.00		9
49	Utilization Combined	0	0	#DIV/0!	0	\$ -		0	\$ -		0	\$ -		