



STEPHEN F. AUSTIN STATE UNIVERSITY

NACOGDOCHES, TEXAS

PROCUREMENT AND PROPERTY SERVICES

P. O. Box 13030
NACOGDOCHES, TX 75962

REQUEST FOR PROPOSAL

RFP NUMBER
ATH-INSURE-FY17

PROPOSAL MUST BE RECEIVED BEFORE:
5:00PM, THURSDAY, MAY 25, 2017

MAIL PROPOSAL TO:

Stephen F. Austin State University
Procurement and Property Services
P. O. Box 13030
Nacogdoches, TX 75962-3030

HAND DELIVER AND/OR EXPRESS MAIL TO:

Stephen F. Austin State University
Procurement and Property Services
2124 Wilson Drive
Nacogdoches, TX 75962

Show RFP Number, Due Date and Time on Return Envelope

NOTE: PROPOSAL must be time stamped at **Stephen F. Austin State University Procurement and Property Services** before the hour and date specified for receipt of proposal.

REFER INQUIRIES TO:

Carol Fountain
Stephen F. Austin State University
Procurement and Property Services
936.468.6495
email: fountaincw@sfasu.edu

**STEPHEN F. AUSTIN STATE UNIVERSITY
Request for Proposal #ATH-EXCESS INS-FY17**

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SECTION 1 INTRODUCTION

1.1 SCOPE OF PROPOSAL

Stephen F. Austin State University, hereafter referred to as "SFA" or "the University", is seeking proposals for athletic excess insurance for the 2017-2018 athletic season in accordance with the Statement of Work herein.

1.2 CONTRACT TERM

- 1.2.1 The Term of the Agreement shall be from August 1, 2017 through August 1, 2018. Thereafter, the term of this Agreement may be extended for four additional 1-year periods at the option of SFA. Renewal will be based upon mutual agreement after negotiation of renewal rates.
- 1.2.2 Awarded vendor shall notify SFA of anticipated increase in premiums and/or administration fees no later than April 1st of each year.
- 1.2.3 Note that the university's fiscal year is 9/1 - 8/31; however, this insurance follows the athletic year that includes pre-season training.

1.3 RESPONDENT QUALIFICATIONS

- 1.3.1 Respondent shall be able to furnish proof of Errors & Omissions Liability Insurance to a limit of at least \$1 Million.
- 1.3.2 The insurance company must have an A. M. Best Rating of at least A-.
- 1.3.3 The insurance company must be authorized to transact business in the State of Texas and be permitted by the Texas State Board of Insurance to contract with the State and any of its subdivisions.
- 1.3.4 If applicable, insurance must be provided on policy forms approved by the State Board of Insurance as to form and by the Attorney General as to liability coverage.

1.4 SFA INFORMATION

- 1.4.1 SFA is an institution of higher education operated as an agency of the State of Texas. SFA employs approximately 1600 full and part-time faculty and staff members. SFA had an enrollment of 12,742 full and part-time students during the Fall 2016 semester. Most staff positions are based on a 12-month appointment coinciding with the fiscal year (9/1 - 8/31). Contracts are executed only for faculty members, and limited other appointments. A nine-member Board of Regents is appointed by the governor of Texas, with each regent serving staggered six-year terms.
- 1.4.2 SFA Athletic Insurance Plan and Claims History
 - a. Current Insurance Carrier: AG Administrators
 - b. Premium History
 - 2016-2017 SIR Pool – \$155,508 to date
 - Aggregate Deductible - \$300,000

	Premium – \$35,000 Administrative Fee – \$25,000 Medical Maximum (per covered injury) - \$90,000
2015-2016	SIR Pool – \$271,303 to date Aggregate Deductible - \$280,000 Premium – \$32,500 Administrative Fee – \$22,000 Medical Maximum (per covered injury) - \$90,000
2014-2015	SIR Pool - \$210,598 to date Aggregate Deductible – \$255,000 Premium – \$29,500 Administrative Fee – \$22,000 Medical Maximum (per covered injury) - \$90,000
2013-2014	SIR Pool - \$240,622 to date Aggregate Deductible – \$235,000 Premium – \$27,500 Administrative Fee – \$18,500 Medical Maximum (per covered injury) - \$90,000
2012-2013	SIR Pool - \$282,130 to date Aggregate Deductible – \$225,000 Premium – \$27,500 Administrative Fee – \$18,500 Medical Maximum (per covered injury) - \$90,000

- c. The University has never filed a catastrophic injury claim with the NCAA.
- d. A Plan Design and Loss Lag Summary dated 3/20/2017 is attached as Exhibit D.
- d. A Claims Detail Report is attached as Exhibit E.

1.4.3 Additional information about the University can be found at www.sfasu.edu. Specific financial information available on the website can be accessed at <http://www.sfasu.edu/controller/accounting/index.asp>. University finance related policies are available at <http://www.sfasu.edu/policies/>.

1.5 SCHEDULE OF EVENTS*

Issuance of Request for Proposals.....	April 25, 2017
Proposal Closing.....	May 25, 2017, 5:00pm
Evaluation of Proposals and Selection of Finalists and/or Negotiations	June 2017
Award of Agreement	June 2017

*Dates are tentative and subject to change.

1.6 OPEN RECORDS

The parties understand the information exchanged in the negotiation process is confidential to the fullest extent permitted by law, and neither party will disclose such information to anyone other

than representatives of the negotiating parties except as required by Texas law. Final awards and agreements, after all negotiations are completed, may be subject to open records.

1.7 HISTORICALLY UNDERUTILIZED BUSINESSES

In accordance with Gov't Code 2161.252, Stephen F. Austin State University has determined that subcontracting opportunities are not probable under this agreement.

Stephen F. Austin State University is an equal opportunity employer and all Historically Underutilized Businesses (HUBs) are encouraged to participate. In addition, SFA actively promotes a Historically Underutilized Business program in compliance with the State of Texas. Respondents are encouraged to actively seek to subcontract or partner with HUBs in an effort to create an environment that supports, where possible, the HUB program and actively acknowledge and values diversity. More information about HUBs or the University's HUB program can be found at <http://www.sfasu.edu/purchasing/703.asp>.

1.8 CONFIDENTIALITY

Pursuant to the Gramm-Leach-Bliley Act (GLBA), every Service Provider (Contractor), defined as any person or entity that receives, maintains, processes or otherwise is permitted access to nonpublic personal information as defined in 16 C.F.R. § 313.3(n), whether in paper, electronic, or other form, about a university employee or student through its provision of services directly to the university is subject to the following requirements:

- a. The Service Provider (Contractor) must ensure the security and confidentiality of nonpublic personal information as defined in 16 C.F.R. § 313.3(n), protect against any anticipated threats or hazards to the security and integrity of such information and protect against unauthorized access to or use of such information that could result in substantial harm or inconvenience to any university employee or student.
- b. To the extent contractor is provided Stephen F. Austin State University employee or student information owned, possessed or used by Stephen F. Austin State University and that is communicated to, learned, or otherwise acquired by Contractor in the performance of Contractor's duties and obligations under this Agreement, Contractor, its management, employees and agents agree to keep such information confidential, beginning on the date Contractor is first given access to said data and continuing through the term of this Agreement and any time thereafter. Contractor, its employees and agents shall not disclose, communicate or divulge, or permit disclosure, communication or divulgence, to another or use for Contractor's, its management's, employees' or agents' own benefit or the benefit of another, any such confidential information, unless required by law. Contractor shall take appropriate safeguards to protect the data and limit access to such to only those representatives of Contractor that must have access for the purposes of this Agreement.

1.9 HIPAA COMPLIANCE

Contractor warrants to Stephen F. Austin State University that it is familiar with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations, and will comply with all applicable HIPAA requirements in the course of the contract. Contractor warrants that it will cooperate with Stephen F. Austin State University in the course of performance of the contract so that both parties will be in compliance with HIPAA, including cooperation and coordination with SFA privacy officials and other compliance officers required by HIPAA and its regulations.

1.10 EXCESS OBLIGATIONS

Any contract resulting from this solicitation is contingent upon the continued availability of lawful appropriations by the Texas Legislature. If the Texas Legislature fails at any time to continue funding for the payments and/or other obligations that thereafter become due hereunder, then the State of Texas' obligations under this Agreement are terminated as of the date that the funding expires without further obligation of the State, other than its obligation to pay vendor for amounts accrued on or before such date.

1.11 CANCELLATION

The university reserves the right to cancel any contract resulting from this solicitation upon ninety (90) days notice should the quality of services rendered ever fall below levels deemed acceptable by the university. The university shall be the sole judge of the acceptability of services provided hereunder.

SECTION 2 STATEMENT OF WORK

2.1 SCOPE OF WORK

- 2.1.1 Stephen F. Austin State University is seeking proposals for athletic excess insurance for the 2017-2018 athletic season. The university is seeking a long-term working relationship with a quality insurance provider that can provide claims management, cost control and risk management concepts and ideas while working within the realities of a university athletic program.
- 2.1.2 The university desires to receive proposals for various coverage plans or programs that respondents believe would offer the best value to the university; i.e., athletic gap, self-insured retention, aggregate deductible, group participation, etc. Respondents are encouraged to offer other options.
- 2.1.3 The university also desires to receive proposals for personal insurance policies that can be offered to student athletes without insurance, as a means of off-setting costs and claims on the University's policy. The university assumes no liability associated with such a purchase by a student except that for some athletes, the University may pay the policy premium.

NOTE: Proposals including personal insurance policies will not be evaluated as part of the athletic excess insurance purchase. The university reserves the right to review these proposals separately and negotiate with any vendor making such a proposal.

- 2.1.4 The university requires web-based access to claims information and reporting, and onsite or webinar based training on claims software.

2.2 SFA ATHLETIC PROGRAM INFORMATION

- 2.2.1 SFA athletics has an approved NCAA policy manual that includes written policies and procedures designed to reduce the risk of loss.
- 2.2.2 Every effort will be made to utilize all Stephen F. Austin State University rehabilitation resources as a cost containment before outside sources are considered. The University owns and operates a 5300 sq. ft. sports medicine facility with a large rehabilitation area.
- 2.2.3 SFA has four (4) full-time athletic trainers, one (1) part-time athletic trainer, and four (4) graduate assistant athletic trainers. All athletic trainers are certified by the National Athletic Trainers Board of Certification and licensed by the State of Texas. SFA also employs one (1) part-time registered dietician to work with athletes.
- 2.2.4 The NCAA provides its member institutions with a policy up to \$20 million in lifetime benefits to varsity student-athletes who are catastrophically injured during qualifying play or practice, or during travel to these activities. The current NCAA policy has a \$90,000 deductible
- 2.2.5 Student Athlete Physical Exam and Insurance Requirements
- a. All student-athletes participating in an intercollegiate sports program are required to undergo a comprehensive physical examination prior to any participation in practice or competition. All new student-athletes are required to complete the Medical History form and are given a complete physical examination by SFA Student Health Clinic Physicians and/or SFA Athletics Team Physicians under the supervision of the Head Athletic Trainer.

Thereafter, all returning student-athletes are required to complete an annual health history update, with physical examination or specialty consultation performed by SFA Athletic Training Staff and/or SFA Athletics Team Physicians only on those areas of the body where a change has occurred from the time of the initial examination.

Each physical examination focuses on the following areas of concern:

1. Evaluation of Sports Health History Evaluation Form (first year student-athletes);
 2. Evaluation of existing medical records;
 3. Orthopedic Checks;
 4. Sight;
 5. Blood analysis to include sickle cell solubility test (no drug screening); and
 6. Personal and mental evaluation (at physician's discretion).
 7. Baseline neurocognitive tests.
 8. EKG cardiac testing.
- b. All non-scholarship or walk-on athletes are required to carry personal health insurance. All scholarship athletes are encouraged, not required, to carry personal health insurance. An athlete's personal health insurance is primary. Any expenses not covered by the athlete's health insurance; i.e., deductible, co-payments and balance, shall be covered secondarily by this policy. Where practical and possible, SFA desires to pay out of pocket expenses with a University Procurement Card (MasterCard).
- c. Approximately 2-4% of athletes have no health insurance coverage. For these athletes with no insurance, this policy shall be primary. Where practical and possible, SFA desires to pay out of pocket expenses with a University Procurement Card (MasterCard).

2.2.6 SFA Athletic Programs

ATHLETIC PROGRAMS	NUMBER OF PARTICIPANTS	
	MEN	WOMEN
Baseball	40	0
Basketball (Men's)	15	0
Basketball (Women's)	5 (practice player)	15
Bowling (Women's)	0	10
Cheerleading (Coed)	20	52
Cross Country	12	25
Dance Team (Coed)	4	35
Football	105	0
Golf	10	10
Mascot	1	1
Soccer (Women's)	2 (practice player)	25
Softball	0	25

Student Athletic Trainers	21	49
Student Managers	10	10
Tennis	0	10
Track and Field	35	40
Volleyball	0	15
Beach Volleyball (starting Fall 2018)	0	10
GRAND TOTAL	280	332

2.3 GENERAL SPECIFICATIONS

- 2.3.1 Coverage shall be considered to be blanket for additions and deletions of whole sports activities or changes in participants. Additions and deletions of whole sports activities, if any, will be reported to the agent on a quarterly basis. Changes in participants will not be reported. Pro rata additional or return premiums are to be invoiced within 30 days after each report. Exceptions to blanket coverage will be considered if it can be shown that the coverage represents a better value.
- 2.3.2 Certificates of insurance should not be required for each student. Beneficiary forms will not be completed by each student. All beneficiaries from Accidental death will be paid, in the absence of a designated beneficiary, to the estate of the deceased.
- 2.3.3 The University reserves the right to modify coverage limits, deductibles, definitions, etc. throughout the term of the contract as necessary to maintain adequate coverage at a reasonable cost. The University also desires the selected respondent to suggest and provide cost-saving options throughout the term of the policy.
- 2.3.4 Claims Reports are to be provided upon request. Electronic claims reporting and information through a web interface is preferred.
- 2.3.5 The Agent shall agree to meet at the University with Athletic Department personnel who will be directly responsible for processing claims. This meeting will be for the purpose of reviewing all forms and procedures that will be required.
- 2.3.6 SFA does not pay for psychological services or for associated prescription medications. Students are referred to the counseling center on campus, or parents are advised to take responsibility.

2.4 COVERAGE SPECIFICATIONS

2.4.1 DEFINITIONS

- (a) **Policyholder** – Stephen F. Austin State University, 1936 North Street, P. O. Box 13030, Nacogdoches, TX 75962.

- (b) **Intercollegiate Sport** – a sport, which has been accorded varsity status by the university; which is administered by the university's department of intercollegiate athletics and for which the eligibility of the participating student athletes is reviewed and certified in accordance with NCAA legislation, rules or regulations.
- (c) **Covered Event** – an Intercollegiate Sport competition scheduled by the university and includes pre-competition activities and play/practice sessions, which are authorized, organized and supervised by the university.
- (d) **Accident or Accidental** – an unforeseen, unexpected and unintended occurrence.
- (e) **Injury** – bodily injury, hurt or harm which results directly from an Accident or overuse and which is independent from disease, sickness or other bodily infirmity, except as defined in Benefit Exclusions.
- (f) **Covered Travel** – team or group travel, which is:
 - i. directly to or from the location of a Covered Event;
 - ii. authorized by the University;
 - iii. supervised by staff members or designated representatives of the University;
 - iv. commenced upon departing from the meeting place for such authorized and supervised team or group travel, and terminates upon return directly to the meeting place from which such Covered Travel began.
- (g) **Disappearing Deductible** – allows payments by other insurance to reduce or satisfy the deductible.
- (h) **Doctor or Physician** – a person, not related to the covered person, licensed for the practice of medicine, osteopathy, dentistry, chiropractic, optometry, physical therapy or podiatry, or other legally licensed providers acting within the scope of their license.
- (i) **Hospital** – a lawfully operated institution, other than one operated by the Veterans Administration or other U.S. Government agencies, which has laboratory, x-ray facilities, an operating room where major operations are performed, a minimum of five (5) rooms for the diagnosis, care and treatment by a licensed Physician, and which has a Graduate Nurse (RN) always on duty, and maintains permanent medical history records. It is not primarily a place for nursing or rest care, or for the treatment of chronic or long-term injuries or sickness, or for care of the aged, the mentally ill, drug addiction or alcoholism.
- (j) **Usual, Customary and Reasonable Expense** – fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.
- (k) **Benefit Exclusions** – no Covered Medical Expenses shall be payable under the policy for:
 - i. Suicide or any attempted threat by covered person, while sane or insane;
 - ii. Intentionally self-inflicted injuries;
 - iii. Declared or undeclared war or any act thereof;
 - iv. Infections, except pyogenic infections due to Accidental cut;
 - v. Accident occurring while the covered person is operating, or learning to operate, or performing duties as a member of the crew of any aircraft;
 - vi. Dental treatment, except as a result of injury to sound and natural teeth as provided for in the policy;

- vii. Replacement of eyeglasses or hearing aids, or eye examinations and hearing examinations for the correction of vision or hearing, or fitting of glasses or hearing aids, unless an Injury has caused impairment of sight or hearing;
- viii. Injury received while fighting, unless Covered Person was an innocent victim;
- ix. Injury for which the Covered Person is entitled to benefits under any Workers Compensation Act or Law or similar legislation;
- x. Injury received in the commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's being engaged in an illegal occupation;
- xi. The Covered Person's being intoxicated or under the influence of any narcotic, unless administered on the advice of a Doctor;
- xii. Cosmetic surgery or elective surgery except as the result of a covered Injury occurring while the policy is in force;
- xiii. Any Injury occurring other than as a participant in an intercollegiate athletic event, or the practice for, or the travel to and from such event; and
- xiv. Expenses for the treatment of illness or disease in any form, except:
 - 1. When treatment is rendered necessary by bodily Injury caused by a Covered Accident;
 - 2. In the event of a cardiovascular Accident or stroke or other similar traumatic event caused by exertion while participating in a Covered Event;
NOTE: Heart or Circulatory pre-existing conditions are excluded. This means the insured has neither been medically diagnosed nor received any medical care for hypertension, angina, heart attack, stroke, brain circulatory malfunction or other heart or circulatory condition within 5 years prior to the date of the covered activity.
 - 3. In the event of the aggravation of a condition which existed prior to the effective date of coverage.
NOTE: Heart or Circulatory pre-existing conditions are excluded. This means the insured has neither been medically diagnosed nor received any medical care for hypertension, angina, heart attack, stroke, brain circulatory malfunction or other heart or circulatory condition within 5 years prior to the date of the covered activity.

2.4.2 PLAN OUTLINE

The insurance plan shall provide excess insurance for Covered Persons (student athletes) of Stephen F. Austin State University for Covered Accidents. Claims will be paid *EXCESS of all other insurance* for expenses incurred within the benefit period from the date of the Accident.

- (a) **Covered Person (or Insured)** – Means a male or female student attending the university and participating as a player on an athletic team in an Intercollegiate Sport sanctioned and recognized by the university; or as a student manager or student trainer of such a team formally identified as such by the university; or as a member of the athletic team support group cheerleaders, mascots, and dancers – officially recognized by the university; or any other person identified by the university and approved by the insurance company. Covered Person shall be understood to include non-enrolled students that have signed scholarship papers and are participating in university authorized activities such as summer or non-traditional season training or conditioning.
- (b) **Covered Accident** – Means one which:
 - i. Occurs to a Covered Person while the policy is in effect and while he or she is participating in a Covered Event or performing directly assigned duties in connection with a Covered Event; or
 - ii. Occurs during Covered Travel to or from the location of a Covered Event; or

- iii. Occurs during a temporary stay at the location of a Covered Event held away from the location of the Policyholder while he or she is engaged in an authorized activity or travel;
- iv. In no event includes an illness or disease, except as identified in the Benefit Exclusions of the proposed policy(s).

2.4.3 ACCIDENT MEDICAL EXPENSE BENEFIT

(a) Accident Medical Expense Benefit – if, as a result of Injury, an insured incurs Covered Medical Expenses starting within 180 days from the date of the Covered Accident causing the Injury, the insurance company will pay, less the deductible (if any) and not to exceed the maximum benefit amounts, all Covered Medical Expenses incurred within 2 years from such date.

(b) Covered Medical Expense – including, but not limited to:

- i. Hospital Room and Board
- ii. Intensive Care Room and Board
- iii. Hospital Stay Miscellaneous Expenses
- iv. Inpatient and Outpatient Hospital Expenses
- v. Surgery and Anesthesiology Expenses
- vi. Doctor's Visits
- vii. X-Ray, Diagnostic Imaging, and Laboratory Expenses
- viii. Nursing Services
- ix. Inpatient and Outpatient Physiotherapy – including, but not limited to:
 - a. Therapeutic Modalities
 - b. Therapeutic Exercise
 - c. Manual Therapy
 - d. Massage Therapy
 - e. Acupuncture
 - f. Soft Tissue Mobilization
 - g. Hydrotherapy
- x. Chiropractic Expenses
- xi. Ambulance
- xii. Medical Equipment Expenses
- xiii. Medical Services and Supplies
- xiv. Dental Expenses for Athletic Related Injuries to Sound Teeth
- xv. Prescription Drugs
- xvi. Biological Injections – including, but not limited to:
 - a. Platelet Rich Plasma (PRP)
 - b. Prolotherapy
 - c. Stem Cells

2.4.4 EXPANDED MEDICAL

(a) Expanded medical – the definition of Injury is expanded for the Accident Medical Expense Benefit to include Repetitive Motion Injuries resulting from the play, practice or conditioning of Intercollegiate Sports. Such Repetitive Motion Injuries will be eligible under the Accident Medical Expense Benefit.

(b) Repetitive Motion Injuries - injuries such as, but not limited to, strains, sprains, hernia, tennis elbow, tendonitis, bursitis, and muscle tears.

- (c) **Orthopedic Appliances** – expanded medical expense coverage to include orthopedic appliances. Orthopedic appliances are defined as an apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body.
- (d) **Acquired Brain Injuries** – cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological and psychophysiological testing or treatment, neurofeedback therapy, remediation, post-acute transition services or community reintegration services as a result of and related to an acquired brain injury.
- (e) **Temporomandibular Joint Injuries** – diagnostic or surgical treatment of conditions affecting the temporomandibular joint (including the jaw and the craniomandibular joint) which is medically necessary as a result of an accident of trauma.

2.4.5 HMO-PPO COVERAGE

- (a) **HMO-PPO Coverage** – insurance company will pay for Covered Medical Expenses denied under any Other Plan for failure to follow their prescribed procedures including, but not limited to, being out of network or out of the service area, under the Accident Medical Expense Benefit, subject to all of the terms of that benefit.
- (b) **Other Plans** - any group medical plan, Health Maintenance Organization (HMO) and/or Preferred Provider Organizations (PPO).

2.4.6 RE-INJURY OF PRIOR INJURY

- (a) **Re-Injury of Prior Injury** – the definition of Injury is expanded for the Accident Medical Expense Benefit to include the re-injuring and/or aggravation of an Injury which:
 - i. occurred prior to the effective date of the insured's coverage under the policy; or occurred during the policy term and such Injury was not fully rehabilitated at the time of the re-injury
 - ii. such re-injuries will be eligible under the Accident Medical Expense Benefit only if the re-injury and/or aggravation occur under circumstances which would have otherwise been covered under the policy.

2.4.7 HEART OR CIRCULATORY MALFUNCTION

- (a) **Heart or Circulatory Malfunction** – the definition of Injury is expanded for all benefits to include injuries resulting, within 90 days from the date of the covered activity, from a Heart or Circulatory Malfunction.
- (b) **Heart or Circulatory Malfunction** - a cardiac Accident of the heart or circulatory system that includes heart attack, stroke, brain circulatory malfunction, and heat exhaustion. **Such malfunction must (1) be first diagnosed and treated while the insured's coverage under this policy is in force; and (2) occur while taking part in a Covered Event.**

2.4.8 PLAY/PRACTICE/TRAVEL ACCIDENTAL DEATH & DISMEMBERMENT

If a covered Injury results in any of the losses specified below within 180 days after the date of the covered Accident, the insurance company will pay the applicable amount stated below, but not more than one of the amounts so specified, whichever is largest:

Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Definitions

Loss of a hand or foot means complete severance through or above the wrist or ankle joint.

Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Severance means the complete separation and dismemberment of the part from the body.

The Aggregate Maximum on the Accidental Death & Dismemberment benefits is \$1,000,000.

SECTION 3 INSTRUCTIONS TO RESPONDENTS

3.1 CONTACT INFORMATION

- 3.1.1 All questions regarding the RFP or response must be forwarded to the Assistant Director of Procurement and Property Services:

Carol Fountain
P.O. Box 13030, SFA Station
Nacogdoches, TX 75962
Phone: 936.468.6495
Fax: 936.468.4282
Email: fountaincw@sfasu.edu

- 3.1.2 The deadline for submitting questions related to this RFP is 5:00pm Thursday, May 15, 2017.

3.2 SUBMITTAL DEADLINE AND LOCATION

- 3.2.1 All proposals must be received by SFA no later than 5:00pm, Thursday, May 25, 2017.

- 3.2.2 Proposals are to be submitted to:

MAIL PROPOSAL TO:

Stephen F. Austin State University
Procurement and Property Services
P.O. Box 13030
Nacogdoches, TX 75962-3030

HAND DELIVER AND/OR EXPRESS MAIL TO:

Stephen F. Austin State University
Procurement and Property Services
2124 Wilson Drive
Nacogdoches, TX 75962

- 3.2.3 All U.S. Mail addressed to any component of SFA is delivered to a central mail room and redistributed by SFA personnel to the addressee's on-campus post office box. Consequently, there is a possibility of delay between receipt of mail at the central mail room and receipt in the Procurement and Property Services Department. Proposals must be in the office of the Procurement and Property Services Department by the time set for RFP closing in order to be considered, and receipt by SFA at the central mail room will not be deemed sufficient. The university shall not be responsible for responses received after the due date and time. Late responses will not be considered under any circumstances. Properly identified late responses will be returned to the respondent unopened.
- 3.2.4 Proposals will be publicly opened Friday, May 26, 2017 at 8:00am in the office of the Director of Procurement, 2124 Wilson Drive. Only the names of the Respondents will be read aloud.
- 3.2.5 Proposals received after the time for closing will be returned to Respondent unopened regardless of the circumstance. It is the responsibility of the Respondent to get the proposals delivered in a timely manner, regardless of delivery method or circumstances.
- 3.2.6 SFA offers facsimile or email service as a convenience only. The only telephone number for FAX submission of responses is 936-468-4282. The only email for email submission of responses is bids@sfasu.edu. The University shall not be responsible for responses or portions of responses received late, illegible, incomplete, or otherwise non-responsive due to failure of electronic equipment, technology error, operator error or being sent to the wrong fax number or email. Confirmation of facsimile or email responses is recommended but not required.

- 3.2.7 Proposals may be withdrawn at any time prior to the time and date set for proposal closing.
- 3.2.8 Stephen F. Austin State University reserves the right to accept or reject any or all proposals and to waive irregularities or technicalities provided such waiver does not substantially change the offer or provide a competitive advantage to any Respondent in the judgment of Stephen F. Austin State University.

3.3 SUBMITTAL INSTRUCTIONS

- 3.3.1 All proposals must be submitted in the format prescribed in Section 3.6.
- 3.3.2 **Each Respondent must submit at least one original proposal with original signatures on the Execution of Offer and Form of Proposal and five (5) complete copies.**
- 3.3.3 All proposals must be complete and convey all of the information requested to be considered responsive. If the proposal fails to conform to the essential requirements of the RFP, SFA alone will determine whether the variance is significant enough to consider the proposal susceptible to being made acceptable and therefore a candidate for further consideration, or not susceptible to being made acceptable and therefore not considered for award.
- 3.3.4 Each respondent, by submitting a proposal, represents that the respondent has read and completely understands the request for proposal documents and agrees to abide by the terms of this RFP and any resulting agreement. Failure of the selected contractor to fulfill the provisions of this request for proposal shall in no way relieve the obligation of the Contractor to furnish all services necessary to carry out the provisions of the agreement.
- 3.3.5 Proposals shall be signed by a legally authorized representative of the Respondent. Unsigned proposals (Exhibit A) will be rejected as a material failure.

3.4 ACCEPTANCE AND FORMATION OF AGREEMENT

- 3.4.1 Respondents are encouraged to propose more than one coverage option that may represent the best value to the University.
- 3.4.2 No recommendation for award will be made until Stephen F. Austin State University is fully satisfied that the Respondent is professionally competent and properly equipped to render the specified service.
- 3.4.3 The University reserves the right to further negotiate, after proposals are opened, with any Respondent that submits a proposal. SFA may award a contract(s) based on initial proposals received without any discussion of such proposals. Therefore, each proposal should be submitted on the most favorable and complete price and terms possible.
- 3.4.4 SFA reserves the right to enter into an agreement not based only on the cost to the University, but which, in the sole opinion of SFA, is deemed to represent the best value to SFA.

3.5 EVALUATION CRITERIA

3.5.1 Award will be based on a comprehensive review and analysis based on a weighted value of averaged evaluation scores and negotiation of the proposal that best meets the needs of the university. Submission of a proposal represents concurrence with this method of evaluation and award. Furthermore, Respondents will not, under any circumstances, dispute any award made using this method.

3.5.2 Evaluation of the proposals will be performed by an evaluation committee representing Stephen F. Austin State University. Proposals will be evaluated using the following criteria, which are listed below in no particular order. Stephen F. Austin State University reserves the right to award an agreement not based only on the cost to the University, but on the criteria that best meet the university's requirements and goals. The university shall be the sole judge of determining which proposal represents the best value to the university.

3.5.3 Criteria

- a. 20% Insurance premiums/cost, including anticipated out of pocket expenses based on the type of insurance plan/program offered;
- b. 20% Proven record of processing claims **quickly and effectively**, communicating with training staff, and negotiating with medical providers;
- c. 15% Insurance company and agent qualifications and services that best meet the needs of SFA;
- d. 15% Claims administration and reporting capabilities including web-based access and training;
- e. 15% Coverage, endorsements, limits and deductibles that best meet the needs of SFA;
- f. 15% Other services aimed at reducing cost, risk, etc. or providing added value, and that best meet the needs of SFA;

3.6 PROPOSAL FORMAT

3.6.1 Proposals shall be prepared in a straightforward and concise manner, identifying clearly and concisely any deviations, enhancements and other differences that exist between the RFP and the respondent's proposed services. Emphasis should be placed on responsiveness to the RFP requirements, completeness and clarity of content and conformance to the RFP instructions. **Respondents shall organize their proposal in a point-by-point format according to Section 3.6.2.** Failure to follow point-by-point presentation could be grounds for disqualification.

3.6.2 **Proposal shall include the following information and be submitted in the following order.**

- a. Required Submittals - **failure to provide any of the following documents will result in disqualification of the proposal from further consideration**
 - i. Exhibit A – Signed Execution Of Offer
 - ii. Exhibit B – Acknowledgement of Addenda, if any

- iii. Exhibit C – Claims Administration and Reporting Documentation
 - iv. Exhibit D – Pricing Summary
 - v. Proposed coverage and cost – clearly identify the type of insurance offered and provide an explanation as to the benefit to SFA of the proposed insurance; show a complete cost breakdown
 - vi. Respondent's standard form of agreement, including all terms and conditions;
- b. Required Evaluation Submittals
- i. Respondent qualifications showing the minimum requirements outlined in Section 1.3 and including an agency resume and account team information that lists the account team that will provide constant and continuous service to SFA, including individuals with primary responsibility for SFA's account - include names, titles, educational background, risk manager reference, and areas of expertise.
 - ii. State specific differences in terms, conditions, definitions and coverage as stated in Sections 2.3 and 2.4. Differences must reference the applicable numbered section. If not itemized as a Difference, it will be understood that the proposed policy is in agreement with the General and Coverage Preferences stated herein.
 - iii. Explanation and listing of customer services available to SFA, including risk management services aimed at helping reduce cost; itemize any cost associated with these services;
 - iv. Explanation of process to train SFA staff on usage of web-based claims software;
 - v. Provide a detailed outline of the claims handling process, including, but not limited to: steps and timeframes involved in filing and processing of claims, and an example of access to web-based claims processing;
 - vi. Include a proposal for personal insurance available for purchase by student athletes for health insurance, including coverage for athletic accidents; provide coverage and deductible options and associated costs.
 - vii. References: List three (3) entities (preferably educational institutions or entities similar in size and scope to SFA) who have been using your firm for similar or like services on a regular basis for the past 6-12 months. At a minimum the company name, contact person, address and phone number must be provided; **NOTE:** Stephen F. Austin State University reserves the right to check references prior to award. Any negative responses received may be grounds for disqualification of the bid.

EXHIBIT A

EXECUTION OF OFFER

In compliance with this RFP, and subject to all the conditions herein, the undersigned offers and agrees to furnish any or all commodities or services and to comply with all terms, conditions and requirements set forth in the RFP documents and contained herein.

By signature hereon, Respondent affirms that he/she has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted Qualifications. Failure to sign the response, or signing it with a false statement, shall void the submitted response or any resulting contracts, and the Respondent may be removed from all bid lists.

By the signature hereon affixed, the Respondent hereby certifies that neither the Respondent nor the firm, corporation, partnership, or institution represented by the Respondent or anyone acting for such firm, corporation, or institution has violated the antitrust laws of this State or the Federal antitrust laws nor communicated directly or indirectly the response made to any competitor or any other person engaged in such line of business.

By signature hereon, Respondent certifies that if a Texas address is shown as the address of the Respondent, Respondent qualifies as a Texas Resident Bidder as defined in Rule 34 TAC 20.38.

Certifications:

Texas Family Code Child Support Certification. By signature hereon, Respondent certifies as follows: "Under Section 231.006, Texas Family Code, the Contractor certifies it is not ineligible to receive the payments specified in the Agreement and acknowledges that this Agreement may be terminated and payment may be withheld if this certification is inaccurate."

Sales Tax Certification. By signing the Agreement, the Respondent certifies as follows: "Under Section 2155.004, Texas Government Code, the Contractor certifies that the individual or business entity named in this Agreement is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate."

Franchise Tax Certification. By signing the Agreement, a corporate or limited liability company, Respondent certifies that it is not currently delinquent in the payment of any Franchise Taxes due under Chapter 171 of the Texas Tax Code, or that the corporation or limited liability company is exempt from the payment of such taxes, or that the corporation or limited liability company is an out-of-state corporation or limited liability company that is not subject to the Texas Franchise Tax, whichever is applicable. Contractor acknowledges and agrees that if this certification is false or inaccurate, at University's option, the Agreement may be terminated and payment withheld.

Payment of Debts to the State of Texas. That pursuant to Section 403.0551, Texas Government Code, the Respondent agrees that any payments owing to the Contractor under this contract may be applied towards any debt or delinquent taxes that the Contractor owes the State of Texas or any agency of the State of Texas, until such debt or delinquent taxes are paid in full.

The person signing the Response should show title or authority to bind his/her firm in contract.

Federal Employer's Identification Number: _____

Sole Owner should also enter Social Security No.: _____

Respondent/Company: _____

Signature (INK): _____

Name (Typed/Printed): _____

Title: _____

Street: _____

City/State/Zip: _____

Telephone No/Fax No: _____

Email: _____

**THIS SHEET MUST BE COMPLETED, SIGNED, AND RETURNED WITH RESPONDENT'S PROPOSAL.
FAILURE TO SIGN AND RETURN THIS SHEET MAY RESULT IN THE REJECTION OF YOUR RESPONSE.**

EXHIBIT B

ACKNOWLEDGEMENT OF ADDENDA

Receipt is hereby acknowledged of the following addenda to this RFP.

Addenda No. _____ Dated _____

Addenda No. _____ Dated _____

Addenda No. _____ Dated _____

Addenda No. _____ Dated _____

Respondent/Company: _____

**Refer to the SFA Procurement and Property Services Department website to
confirm all addenda issued: <http://www.sfasu.edu/purchasing/122.asp>**

EXHIBIT C

CLAIMS ADMINISTRATION AND REPORTING DOCUMENTATION

Respondent Name: _____

Authorized Signature: _____

-
-
- A. Does Insurance Company, or an Administrative Agent, or Third Party Processor have responsibility for claim servicing?
- Insurance Company____ Administrative Agent____ Third Party Processor____
- B. List the location of the office where claims will be paid.
- C. List name, title, telephone number, and years of experience of administering student claims of the person responsible for the payment of claims.
- D. Will the claims office provide information on all claims rejected and the reason for the rejection?
- E. Will the claims office provide web-based access of all claims status to the university?
- F. Is the claims administrator able to separate claims data for an ongoing plan year and a current plan year?
- G. Identify, and explain fully any system that will be employed to determine a usual, customary or reasonable charge for medical expense other than a physician's charge for surgery.
- H. Pended Claims: How frequently are requests for additional information sent to the insured and/or physician if there is no response from the first attempt?
- I. Please describe in detail the web-based reporting of claims or accessing claims information.

EXHIBIT D PRICING SUMMARY

FULLY INSURED PLAN DESIGN	AMOUNT
OPTION 1	
Deductible	
\$0	
\$250	
\$500	
\$1,000	
\$2,500	
\$5,000	
OPTION 2	
Deductible	
\$0	
\$250	
\$500	
\$1,000	
\$2,500	
\$5,000	
AGGREGATE DEDUCTIBLE PROGRAM	
OPTION 1	
Deductible - \$	
Attachment Point	
Premium	
Claim Fee	
Other Fees	
OPTION 2	
Deductible - \$	
Attachment Point	
Premium	
Claim Fee	
Other Fees	
OPTION 3	
Deductible - \$	
Attachment Point	
Premium	
Claim Fee	
Other Fees	

EXHIBIT D

PRICING SUMMARY-CONTINUED

AGGREGATE DEDUCTIBLE PROGRAM	AMOUNT
OPTION 4	
Deductible - \$	
Attachment Point	
Premium	
Claim Fee	
Other Fees	
OTHER	

EXHIBIT E

Plan Design and Loss Lag Summary



**STEPHEN F. AUSTIN STATE UNIVERSITY
ATHLETICS INSURANCE PROGRAMS
PLAN DESIGN AND LOSS LAG SUMMARY
2012 - 2016 PLAN YEARS
DATA AS OF MARCH 20, 2017
A-G ADMINISTRATORS, INC**



PLAN & PREMIUM HISTORY

YEAR	2012	2013	2014	2015	2016
ICS PREMIUM	\$ 27,500	\$ 27,500	\$ 29,500	\$ 32,500	\$ 35,000
ATTACHMENT	\$ 225,000	\$ 235,000	\$ 255,000	\$ 280,000	\$ 300,000

DEDUCTIBLE CLAIMS PAID

CLAIMS	2012	2013	2014	2015	2016
03.20.13	103 \$ 72,749				
03.20.14	179 \$ 224,904	124 \$ 92,521			
03.20.15	183 \$ 225,091	177 \$ 212,951	112 \$ 46,307		
03.20.16	183 \$ 225,000	183 \$ 234,930	206 \$ 183,659	142 \$ 91,511	
03.20.17	183 \$ 224,864	201 \$ 234,650	209 \$ 209,876	246 \$ 269,528	148 \$ 136,483

INSURED PAID CLAIMS

CLAIMS	2012	2013	2014	2015	2016
03.20.13	0 \$ -				
03.20.14	15 \$ 8,698	0 \$ -			
03.20.15	33 \$ 36,176	0 \$ -	0 \$ -		
03.20.16	35 \$ 56,091	5 \$ 1,224	0 \$ -	0 \$ -	
03.20.17	35 \$ 57,266	10 \$ 5,972	0 \$ -	0 \$ -	0 \$ -

OTHER PAID CLAIMS

03.20.17	1 \$ 4,797	3 \$ 2,180	5 \$ 6,633	6 \$ 8,637	2 \$ 90
Totals	219 \$ 286,927	214 \$ 242,802	214 \$ 216,509	252 \$ 278,165	150 \$ 136,573

EXHIBIT F

Claims Detail Report

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2012	US059722-5	425723-1	\$134.58	\$109.58	\$0.00	\$0.00	\$25.00
		425723-2	\$38,942.35	\$35,698.57	\$0.00	\$0.00	\$3,243.78
		425723-3	\$61,179.74	\$54,664.68	\$0.00	\$0.00	\$6,515.06
		425723-4	\$141.74	\$61.74	\$0.00	\$0.00	\$80.00
		425723-5	\$429.05	\$256.68	\$0.00	\$0.00	\$172.37
		425723-6	\$141.74	\$41.74	\$0.00	\$0.00	\$100.00
		425723-7	\$9,509.30	\$83.89	\$2,528.94	\$334.75	\$6,561.72
		425723-8	\$207.08	\$111.21	\$0.00	\$12.19	\$83.68
		425723-9	\$135.66	\$101.96	\$0.00	\$0.00	\$33.70
		425723-10	\$110.93	\$70.93	\$0.00	\$0.00	\$40.00
		425723-12	\$4,412.46	\$3,941.36	\$0.00	\$0.00	\$471.10
		425723-14	\$18,164.64	\$0.00	\$2,321.08	\$3,049.20	\$12,794.36
		425723-15	\$4,655.86	\$4,420.27	\$0.00	\$0.00	\$235.59
		425723-16	\$250.00	\$215.00	\$0.00	\$0.00	\$35.00
		425723-17	\$312.56	\$252.56	\$0.00	\$0.00	\$60.00
		425723-18	\$589.16	\$494.16	\$0.00	\$0.00	\$95.00
		425723-19	\$250.00	\$225.00	\$0.00	\$0.00	\$25.00
		425723-20	\$250.00	\$120.94	\$0.00	\$0.00	\$129.06
		425723-21	\$645.00	\$525.00	\$0.00	\$0.00	\$120.00
		425723-22	\$476.39	\$0.00	\$0.00	\$175.96	\$300.43
		425723-23	\$210.17	\$6.59	\$0.00	\$12.19	\$191.39
		425723-24	\$10,233.14	\$9,144.21	\$0.00	\$359.55	\$729.38
		425723-26	\$167.70	\$68.91	\$0.00	\$12.19	\$86.60
		425723-27	\$366.28	\$246.28	\$0.00	\$0.00	\$120.00
		425723-28	\$184.62	\$0.00	\$0.00	\$18.78	\$165.84
		425723-29	\$15,903.24	\$13,292.00	\$0.00	\$0.00	\$2,611.24
		425723-30	\$8,914.71	\$7,605.79	\$0.00	\$0.00	\$1,308.92
		425723-31	\$110.93	\$90.93	\$0.00	\$0.00	\$20.00
		425723-32	\$380.00	\$266.03	\$0.00	\$0.00	\$113.97
		425723-33	\$535.00	\$253.69	\$0.00	\$0.00	\$281.31
		425723-34	\$250.00	\$210.00	\$0.00	\$0.00	\$40.00

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2012	US059722-5	425723-36	\$4,611.68	\$3,728.44	\$0.00	\$0.00	\$883.24
		425723-37	\$181.80	\$101.80	\$0.00	\$0.00	\$80.00
		425723-38	\$1,882.80	\$1,257.80	\$0.00	\$0.00	\$625.00
		425723-39	\$254.01	\$0.00	\$0.00	\$93.39	\$160.62
		425723-41	\$70.87	\$30.87	\$0.00	\$0.00	\$40.00
		425723-42	\$37,375.21	\$16,454.30	\$0.00	\$7,253.49	\$13,667.42
		425723-43	\$377.46	\$78.39	\$0.00	\$71.32	\$227.75
		425723-44	\$1,064.75	\$774.76	\$0.00	\$0.00	\$289.99
		425723-45	\$18,544.69	\$16,220.14	\$0.00	\$0.00	\$2,324.55
		425723-46	\$9,465.22	\$8,818.96	\$0.00	\$0.00	\$646.26
		425723-47	\$135.66	\$100.66	\$0.00	\$0.00	\$35.00
		425723-48	\$21,810.27	\$0.00	\$8,555.38	\$7,887.27	\$5,367.62
		425723-49	\$1,356.52	\$0.00	\$270.95	\$216.98	\$868.59
		425723-50	\$141.74	\$61.74	\$0.00	\$0.00	\$80.00
		425723-51	\$348.97	\$54.30	\$0.00	\$37.96	\$256.71
		425723-52	\$110.93	\$60.93	\$0.00	\$0.00	\$50.00
		425723-53	\$228.82	\$193.82	\$0.00	\$0.00	\$35.00
		425723-54	\$44,027.35	\$39,481.07	\$0.00	\$0.00	\$4,546.28
		425723-57	\$2,902.55	\$2,486.55	\$0.00	\$0.00	\$416.00
		425723-58	\$77.45	\$0.00	\$0.00	\$16.32	\$61.13
		425723-59	\$3,240.75	\$1,846.90	\$0.00	\$0.00	\$1,393.85
		425723-60	\$553.25	\$0.00	\$0.00	\$288.30	\$264.95
		425723-61	\$110.93	\$75.93	\$0.00	\$0.00	\$35.00
		425723-62	\$580.00	\$558.91	\$0.00	\$0.00	\$21.09
		425723-63	\$5,413.15	\$4,189.68	\$0.00	\$0.00	\$1,223.47
		425723-64	\$34,063.44	\$26,974.72	\$0.00	\$1,475.75	\$5,612.97
		425723-65	\$240.00	\$215.00	\$0.00	\$0.00	\$25.00
		425723-66	\$9,399.63	\$8,927.80	\$0.00	\$0.00	\$471.83
		425723-67	\$765.00	\$0.00	\$0.00	\$0.00	\$765.00
		425723-68	\$225.00	\$205.00	\$0.00	\$0.00	\$20.00
		425723-69	\$5,329.39	\$2,903.90	\$0.00	\$407.00	\$2,018.49

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2012	US059722-5	425723-70	\$309.30	\$187.68	\$0.00	\$19.15	\$102.47
		425723-71	\$360.00	\$320.00	\$0.00	\$0.00	\$40.00
		425723-72	\$519.72	\$370.62	\$0.00	\$0.00	\$149.10
		425723-73	\$31,560.00	\$30,654.54	\$0.00	\$0.00	\$905.46
		425723-74	\$5,221.08	\$4,518.06	\$0.00	\$0.00	\$703.02
		425723-75	\$21,023.14	\$0.00	\$3,109.50	\$3,442.00	\$14,471.64
		425723-76	\$360.00	\$325.00	\$0.00	\$0.00	\$35.00
		425723-77	\$3,511.74	\$157.09	\$0.00	\$500.00	\$2,854.65
		425723-79	\$140.70	\$0.00	\$0.00	\$71.32	\$69.38
		425723-80	\$363.60	\$243.60	\$0.00	\$30.00	\$90.00
		425723-81	\$3,637.10	\$3,346.34	\$0.00	\$0.00	\$290.76
		425723-82	\$7,413.61	\$6,539.71	\$0.00	\$689.98	\$183.92
		425723-83	\$125.23	\$75.23	\$0.00	\$0.00	\$50.00
		425723-84	\$1,050.40	\$850.40	\$0.00	\$100.00	\$100.00
		425723-85	\$60,230.88	\$57,108.19	\$0.00	\$12.19	\$3,110.50
		425723-86	\$7,484.82	\$3,881.18	\$0.00	\$71.32	\$3,532.32
		425723-87	\$5,124.73	\$4,215.61	\$0.00	\$0.00	\$909.12
		425723-88	\$31,284.03	\$29,713.46	\$0.00	\$12.18	\$1,558.39
		425723-89	\$608.12	\$420.30	\$0.00	\$0.00	\$187.82
		425723-91	\$275.57	\$125.57	\$0.00	\$0.00	\$150.00
		425723-92	\$2,153.93	\$1,894.55	\$0.00	\$0.00	\$259.38
		425723-93	\$250.00	\$120.94	\$0.00	\$0.00	\$129.06
		425723-94	\$4,716.08	\$4,156.10	\$0.00	\$0.00	\$559.98
		425723-95	\$12,768.64	\$8,106.52	\$0.00	\$1,100.75	\$3,561.37
		425723-97	\$8,281.84	\$5,568.23	\$0.00	\$0.00	\$2,713.61
		425723-98	\$72.70	\$0.00	\$0.00	\$12.19	\$60.51
		425723-99	\$2,500.00	\$0.00	\$2,000.00	\$0.00	\$500.00
		425723-100	\$1,046.65	\$0.00	\$148.00	\$26.25	\$872.40
		425723-101	\$586.76	\$481.76	\$0.00	\$0.00	\$105.00
		425723-102	\$4,455.68	\$4,320.68	\$0.00	\$0.00	\$135.00
		425723-103	\$139,735.85	\$127,478.44	\$0.00	\$4,257.25	\$8,000.16

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2012	US059722-5	425723-104	\$7,853.90	\$3,802.29	\$0.00	\$827.58	\$3,224.03
		425723-105	\$4,769.76	\$2,962.96	\$0.00	\$51.43	\$1,755.37
		425723-106	\$750.00	\$568.84	\$0.00	\$0.00	\$181.16
		425723-107	\$5,346.08	\$515.32	\$2,321.00	\$0.00	\$2,509.76
		425723-110	\$250.00	\$147.91	\$0.00	\$0.00	\$102.09
		425723-111	\$1,212.58	\$595.00	\$0.00	\$63.00	\$554.58
		425723-112	\$17,700.95	\$5,220.00	\$4,667.70	\$0.00	\$7,813.25
		425723-113	\$300.78	\$210.78	\$0.00	\$0.00	\$90.00
		425723-114	\$5,123.65	\$3,816.26	\$0.00	\$420.15	\$887.24
		425723-115	\$136.65	\$0.00	\$0.00	\$6.59	\$130.06
		425723-116	\$3,086.61	\$1,649.12	\$0.00	\$0.00	\$1,437.49
		425723-118	\$70.87	\$45.87	\$0.00	\$0.00	\$25.00
		425723-119	\$3,439.03	\$3,057.28	\$0.00	\$0.00	\$381.75
		425723-120	\$663.04	\$43.01	\$0.00	\$298.30	\$321.73
		425723-121	\$255.49	\$0.00	\$0.00	\$30.97	\$224.52
		425723-122	\$20,444.57	\$17,247.72	\$0.00	\$0.00	\$3,196.85
		425723-123	\$204.63	\$121.80	\$0.00	\$0.00	\$82.83
		425723-124	\$419.70	\$208.58	\$0.00	\$0.00	\$211.12
		425723-125	\$2,856.73	\$856.23	\$0.00	\$18.78	\$1,981.72
		425723-126	\$543.30	\$145.66	\$0.00	\$76.32	\$321.32
		425723-127	\$350.05	\$270.05	\$0.00	\$0.00	\$80.00
		425723-128	\$250.00	\$199.62	\$0.00	\$0.00	\$50.38
		425723-129	\$13,400.58	\$10,998.26	\$0.00	\$0.00	\$2,402.32
		425723-131	\$708.71	\$0.00	\$0.00	\$271.62	\$437.09
		425723-132	\$527.64	\$250.18	\$0.00	\$0.00	\$277.46
		425723-133	\$3,854.97	\$3,048.47	\$0.00	\$0.00	\$806.50
		425723-134	\$135.00	\$0.00	\$0.00	\$76.32	\$58.68
		425723-135	\$11,923.70	\$10,808.54	\$0.00	\$0.00	\$1,115.16
		425723-136	\$7,994.84	\$4,906.81	\$0.00	\$0.00	\$3,088.03
		425723-137	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00
		425723-139	\$111.92	\$0.00	\$0.00	\$6.59	\$105.33

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2012	US059722-5	425723-140	\$395.00	\$299.99	\$0.00	\$0.00	\$95.01
		425723-141	\$1,443.87	\$666.75	\$0.00	\$0.00	\$777.12
		425723-142	\$110.93	\$0.00	\$0.00	\$6.59	\$104.34
		425723-143	\$260.93	\$107.33	\$0.00	\$0.00	\$153.60
		425723-144	\$13,003.44	\$3,652.38	\$0.00	\$3,000.00	\$6,351.06
		425723-145	\$110.93	\$90.93	\$0.00	\$0.00	\$20.00
		425723-146	\$5,487.60	\$4,123.89	\$0.00	\$232.32	\$1,131.39
		425723-147	\$163.76	\$81.74	\$0.00	\$0.00	\$82.02
		425723-149	\$70.87	\$20.87	\$0.00	\$0.00	\$50.00
		425723-150	\$4,149.99	\$2,773.10	\$0.00	\$12.19	\$1,364.70
		425723-151	\$353.00	\$218.00	\$0.00	\$0.00	\$135.00
		425723-152	\$4,061.79	\$3,375.59	\$0.00	\$0.00	\$686.20
		425723-154	\$23,804.14	\$20,632.98	\$0.00	\$0.00	\$3,171.16
		425723-155	\$4,700.00	\$2,312.54	\$0.00	\$0.00	\$2,387.46
		425723-156	\$3,944.78	\$3,656.46	\$0.00	\$0.00	\$288.32
		425723-157	\$250.00	\$90.24	\$0.00	\$0.00	\$159.76
		425723-159	\$570.00	\$389.69	\$0.00	\$0.00	\$180.31
		425723-160	\$137.02	\$112.02	\$0.00	\$0.00	\$25.00
		425723-161	\$611.00	\$405.20	\$0.00	\$0.00	\$205.80
		425723-162	\$39,828.57	\$37,933.05	\$0.00	\$0.00	\$1,895.52
		425723-163	\$547.33	\$0.00	\$0.00	\$305.38	\$241.95
		425723-164	\$495.00	\$454.53	\$0.00	\$0.00	\$40.47
		425723-165	\$385.00	\$364.42	\$0.00	\$0.00	\$20.58
		425723-166	\$7,175.40	\$5,830.38	\$0.00	\$590.00	\$755.02
		425723-168	\$835.00	\$715.00	\$0.00	\$63.25	\$56.75
		425723-169	\$29,495.69	\$26,053.17	\$0.00	\$0.00	\$3,442.52
		425723-170	\$8,349.04	\$7,189.14	\$0.00	\$0.00	\$1,159.90
		425723-171	\$14,674.00	\$9,784.38	\$0.00	\$22.60	\$4,867.02
		425723-172	\$137.19	\$112.19	\$0.00	\$0.00	\$25.00
		425723-173	\$293.84	\$268.84	\$0.00	\$0.00	\$25.00
		425723-174	\$1,120.53	\$140.00	\$0.00	\$321.49	\$659.04

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2012	US059722-5	425723-175	\$41,346.42	\$38,344.46	\$0.00	\$12.19	\$2,989.77
		425723-177	\$151.43	\$121.43	\$0.00	\$0.00	\$30.00
		425723-179	\$270.93	\$0.00	\$0.00	\$208.07	\$62.86
		425723-180	\$110.93	\$75.93	\$0.00	\$0.00	\$35.00
		425723-181	\$353.00	\$252.00	\$0.00	\$0.00	\$101.00
		425723-182	\$10,335.13	\$6,778.30	\$0.00	\$0.00	\$3,556.83
		425723-190	\$3,798.30	\$3,422.93	\$0.00	\$160.00	\$215.37
		425723-191	\$629.82	\$488.70	\$0.00	\$0.00	\$141.12
		425723-192	\$1,174.50	\$469.75	\$0.00	\$0.00	\$704.75
		425723-193	\$13,133.63	\$0.00	\$2,922.88	\$4,056.80	\$6,153.95
		425723-194	\$7,409.25	\$0.00	\$1,544.12	\$1,416.22	\$4,448.91
		425723-195	\$3,217.36	\$0.00	\$0.00	\$1,300.00	\$1,917.36
		425723-196	\$7,794.94	\$5,845.26	\$0.00	\$0.00	\$1,949.68
		425723-197	\$199.28	\$0.00	\$0.00	\$54.43	\$144.85
		425723-198	\$13,797.02	\$11,636.68	\$0.00	\$0.00	\$2,160.34
		425723-199	\$1,043.03	\$0.00	\$0.00	\$23.70	\$1,019.33
		425723-200	\$816.15	\$696.15	\$0.00	\$0.00	\$120.00
		425723-201	\$31,255.11	\$0.00	\$0.00	\$20,287.90	\$10,967.21
		425723-202	\$8,824.64	\$8,114.27	\$0.00	\$0.00	\$710.37
		425723-207	\$81,426.77	\$79,962.73	\$0.00	\$49.54	\$1,414.50
		425723-215	\$1,058.36	\$672.62	\$0.00	\$0.00	\$385.74
		425723-244	\$12,354.09	\$9,733.75	\$0.00	\$0.00	\$2,620.34
		425723-248	\$409.39	\$0.00	\$0.00	\$53.02	\$356.37
		425723-255	\$666.89	\$0.00	\$0.00	\$312.61	\$354.28
		425723-266	\$335.00	\$306.53	\$0.00	\$0.00	\$28.47
		425723-276	\$181.80	\$131.80	\$0.00	\$0.00	\$50.00
		425723-292	\$277.40	\$61.80	\$0.00	\$0.00	\$215.60
		425723-295	\$11,584.86	\$0.00	\$0.00	\$2,050.29	\$9,534.57
		425723-329	\$1,184.45	\$1,052.37	\$0.00	\$0.00	\$132.08
		425723-333	\$4,708.59	\$4,372.84	\$0.00	\$15.62	\$320.13
		425723-334	\$22,411.73	\$22,178.40	\$0.00	\$0.00	\$233.33

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2012	US059722-5	425723-335	\$296.87	\$256.62	\$0.00	\$0.00	\$40.25
		425723-336	\$869.25	\$0.00	\$0.00	\$0.00	\$869.25
		425723-343	\$160.00	\$0.00	\$0.00	\$0.00	\$160.00
		425723-347	\$269.00	\$227.97	\$0.00	\$0.00	\$41.03
		425723-359	\$684.72	\$0.00	\$0.00	\$226.36	\$458.36
		425723-360	\$173.24	\$41.74	\$0.00	\$0.00	\$131.50
		425723-361	\$58.68	\$0.00	\$0.00	\$0.00	\$58.68
		425723-362	\$74,234.12	\$7,197.67	\$0.00	\$51,221.90	\$15,814.55
		425723-363	\$28,390.02	\$19,746.88	\$0.00	\$24.38	\$8,618.76
		425723-364	\$348.02	\$156.75	\$0.00	\$0.00	\$191.27
		425723-365	\$4,701.88	\$3,667.50	\$0.00	\$0.00	\$1,034.38
		425723-367	\$35,710.04	\$33,003.62	\$0.00	\$261.00	\$2,445.42
		425723-397	\$3,164.11	\$0.00	\$0.00	\$1,000.00	\$2,164.11
		425723-398	\$525.75	\$114.33	\$0.00	\$0.00	\$411.42
		425723-399	\$17,913.44	\$16,153.85	\$0.00	\$190.92	\$1,568.67
		425723-400	\$58.68	\$0.00	\$0.00	\$0.00	\$58.68
		425723-401	\$58.68	\$0.00	\$0.00	\$0.00	\$58.68
		425723-402	\$4,425.63	\$2,766.21	\$0.00	\$0.00	\$1,659.42
		425723-425	\$93.77	\$84.47	\$0.00	\$0.00	\$9.30
		425723-427	\$590.00	\$0.00	\$0.00	\$92.17	\$497.83
		425723-440	\$715.42	\$370.84	\$0.00	\$0.00	\$344.58
		425723-442	\$1,000.87	\$558.51	\$0.00	\$0.00	\$442.36
		425723-443	\$1,331.97	\$18.53	\$0.00	\$925.00	\$388.44
		425723-446	\$232.31	\$0.00	\$0.00	\$0.00	\$232.31
		425723-465	\$131.00	\$70.93	\$0.00	\$0.00	\$60.07
		425723-472	\$659.34	\$392.17	\$0.00	\$0.00	\$267.17
		425723-553	\$727.90	\$238.95	\$0.00	\$0.00	\$488.95
		425723-579	\$2,873.00	\$2,684.65	\$0.00	\$0.00	\$188.35
		Total	\$1,484,814.50	\$1,049,584.12	\$30,389.55	\$122,710.76	\$282,130.07
2013	US160740	425723-204	\$4,748.96	\$4,288.86	\$0.00	\$0.00	\$460.10
		425723-205	\$2,971.56	\$2,494.63	\$0.00	\$76.32	\$400.61

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2013	US160740	425723-206	\$405.00	\$111.57	\$0.00	\$76.32	\$217.11
		425723-208	\$151.43	\$0.00	\$0.00	\$6.59	\$144.84
		425723-209	\$360.00	\$195.32	\$0.00	\$0.00	\$164.68
		425723-210	\$23,238.67	\$21,302.47	\$0.00	\$0.00	\$1,936.20
		425723-211	\$801.03	\$296.03	\$0.00	\$138.70	\$366.30
		425723-212	\$199.28	\$150.03	\$0.00	\$0.00	\$49.25
		425723-213	\$392.00	\$0.00	\$0.00	\$0.00	\$392.00
		425723-217	\$380.00	\$0.00	\$0.00	\$0.00	\$380.00
		425723-218	\$922.88	\$464.67	\$0.00	\$0.00	\$458.21
		425723-219	\$1,170.87	\$763.26	\$0.00	\$0.00	\$407.61
		425723-220	\$485.22	\$292.38	\$0.00	\$0.00	\$192.84
		425723-221	\$733.48	\$407.33	\$0.00	\$24.38	\$301.77
		425723-222	\$117.36	\$0.00	\$0.00	\$0.00	\$117.36
		425723-223	\$141.74	\$81.74	\$0.00	\$0.00	\$60.00
		425723-224	\$375.00	\$215.24	\$0.00	\$0.00	\$159.76
		425723-225	\$25,826.07	\$0.00	\$0.00	\$12,016.00	\$13,810.07
		425723-227	\$110.93	\$0.00	\$0.00	\$6.59	\$104.34
		425723-228	\$181.80	\$0.00	\$0.00	\$18.78	\$163.02
		425723-229	\$292.73	\$0.00	\$0.00	\$25.37	\$267.36
		425723-230	\$6,433.89	\$5,737.58	\$0.00	\$0.00	\$696.31
		425723-231	\$10,954.70	\$9,036.02	\$0.00	\$0.00	\$1,918.68
		425723-232	\$8,868.14	\$6,787.04	\$0.00	\$0.00	\$2,081.10
		425723-233	\$110.93	\$0.00	\$0.00	\$6.59	\$104.34
		425723-234	\$560.00	\$284.01	\$0.00	\$0.00	\$275.99
		425723-235	\$15,024.20	\$14,107.03	\$0.00	\$0.00	\$917.17
		425723-236	\$70.87	\$0.00	\$0.00	\$12.19	\$58.68
		425723-237	\$8,670.00	\$7,736.80	\$0.00	\$0.00	\$933.20
		425723-238	\$833.36	\$557.33	\$0.00	\$0.00	\$276.03
		425723-239	\$310.93	\$275.93	\$0.00	\$0.00	\$35.00
		425723-240	\$981.69	\$0.00	\$0.00	\$87.87	\$893.82
		425723-241	\$12,868.79	\$9,878.71	\$0.00	\$0.00	\$2,990.08

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2013	US160740	425723-242	\$360.00	\$310.00	\$0.00	\$0.00	\$50.00
		425723-243	\$8,360.77	\$7,630.35	\$0.00	\$0.00	\$730.42
		425723-245	\$4,770.65	\$3,391.50	\$0.00	\$0.00	\$1,379.15
		425723-246	\$135.66	\$0.00	\$0.00	\$6.59	\$129.07
		425723-247	\$222.30	\$0.00	\$0.00	\$18.78	\$203.52
		425723-249	\$199.37	\$179.37	\$0.00	\$0.00	\$20.00
		425723-250	\$6,258.18	\$4,275.92	\$0.00	\$0.00	\$1,982.26
		425723-251	\$5,901.10	\$5,103.02	\$0.00	\$0.00	\$798.08
		425723-252	\$4,161.12	\$2,543.76	\$0.00	\$0.00	\$1,617.36
		425723-253	\$360.00	\$198.35	\$0.00	\$0.00	\$161.65
		425723-254	\$1,317.47	\$229.60	\$0.00	\$141.78	\$946.09
		425723-256	\$250.00	\$45.14	\$0.00	\$0.00	\$204.86
		425723-257	\$3,101.85	\$2,928.34	\$0.00	\$0.00	\$173.51
		425723-258	\$70.87	\$20.87	\$0.00	\$0.00	\$50.00
		425723-259	\$110.00	\$0.00	\$0.00	\$5.66	\$104.34
		425723-260	\$5,094.64	\$3,063.60	\$0.00	\$12.19	\$2,018.85
		425723-261	\$615.00	\$495.00	\$0.00	\$0.00	\$120.00
		425723-262	\$8,515.40	\$5,340.18	\$0.00	\$239.31	\$2,935.91
		425723-263	\$8,533.40	\$6,998.82	\$0.00	\$0.00	\$1,534.58
		425723-264	\$135.66	\$100.66	\$0.00	\$0.00	\$35.00
		425723-265	\$500.00	\$425.00	\$0.00	\$0.00	\$75.00
		425723-267	\$4,610.65	\$4,028.29	\$0.00	\$18.78	\$563.58
		425723-268	\$520.00	\$472.51	\$0.00	\$0.00	\$47.49
		425723-269	\$16,379.81	\$4,342.55	\$0.00	\$5,478.19	\$6,559.07
		425723-270	\$2,870.87	\$198.24	\$0.00	\$1,000.00	\$1,672.63
		425723-271	\$181.80	\$145.45	\$0.00	\$0.00	\$36.35
		425723-272	\$385.00	\$325.00	\$0.00	\$0.00	\$60.00
		425723-273	\$790.00	\$690.00	\$0.00	\$0.00	\$100.00
		425723-274	\$590.00	\$470.00	\$0.00	\$0.00	\$120.00
		425723-275	\$2,133.45	\$1,903.45	\$0.00	\$0.00	\$230.00
		425723-277	\$46,730.80	\$41,046.84	\$0.00	\$0.00	\$5,683.96

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2013	US160740	425723-279	\$681.45	\$113.70	\$0.00	\$96.69	\$471.06
		425723-280	\$96.69	\$62.82	\$0.00	\$0.00	\$33.87
		425723-281	\$70.87	\$56.70	\$0.00	\$0.00	\$14.17
		425723-282	\$135.00	\$50.22	\$0.00	\$0.00	\$84.78
		425723-283	\$212.61	\$167.61	\$0.00	\$0.00	\$45.00
		425723-285	\$277.95	\$162.67	\$0.00	\$0.00	\$115.28
		425723-286	\$5,067.70	\$0.00	\$2,112.70	\$354.28	\$2,600.72
		425723-287	\$5,593.36	\$3,915.76	\$0.00	\$59.99	\$1,617.61
		425723-288	\$449.19	\$212.72	\$0.00	\$0.00	\$236.47
		425723-289	\$5,019.70	\$4,223.01	\$0.00	\$0.00	\$796.69
		425723-290	\$96.69	\$70.60	\$0.00	\$0.00	\$26.09
		425723-291	\$11,032.22	\$2,724.03	\$0.00	\$739.79	\$7,568.40
		425723-293	\$935.00	\$395.62	\$0.00	\$0.00	\$539.38
		425723-296	\$135.00	\$35.00	\$0.00	\$0.00	\$100.00
		425723-297	\$1,905.00	\$1,152.10	\$0.00	\$0.00	\$752.90
		425723-298	\$33,898.94	\$30,149.46	\$0.00	\$0.00	\$3,749.48
		425723-299	\$5,396.65	\$4,339.21	\$0.00	\$0.00	\$1,057.44
		425723-300	\$655.00	\$495.00	\$0.00	\$0.00	\$160.00
		425723-301	\$137.02	\$100.72	\$0.00	\$0.00	\$36.30
		425723-302	\$70.87	\$35.87	\$0.00	\$0.00	\$35.00
		425723-303	\$10,054.06	\$7,299.20	\$0.00	\$12.19	\$2,742.67
		425723-304	\$486.14	\$416.14	\$0.00	\$0.00	\$70.00
		425723-305	\$167.83	\$0.00	\$0.00	\$12.19	\$155.64
		425723-306	\$1,737.00	\$1,349.13	\$0.00	\$0.00	\$387.87
		425723-307	\$400.00	\$135.00	\$0.00	\$0.00	\$265.00
		425723-309	\$3,181.00	\$0.00	\$0.00	\$0.00	\$3,181.00
		425723-310	\$4,830.25	\$3,529.37	\$0.00	\$0.00	\$1,300.88
		425723-311	\$385.00	\$171.16	\$0.00	\$0.00	\$213.84
		425723-312	\$16,712.13	\$12,286.27	\$0.00	\$12.19	\$4,413.67
		425723-313	\$320.87	\$139.07	\$0.00	\$0.00	\$181.80
		425723-314	\$4,474.66	\$3,106.11	\$0.00	\$0.00	\$1,368.55

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2013	US160740	425723-315	\$293.17	\$133.16	\$0.00	\$0.00	\$160.01
		425723-316	\$58,862.72	\$56,845.03	\$0.00	\$0.00	\$2,017.69
		425723-318	\$8,733.32	\$7,758.09	\$0.00	\$0.00	\$975.23
		425723-319	\$250.00	\$200.00	\$0.00	\$0.00	\$50.00
		425723-320	\$96.15	\$61.15	\$0.00	\$0.00	\$35.00
		425723-321	\$6,798.22	\$0.00	\$0.00	\$3,018.56	\$3,779.66
		425723-322	\$1,138.73	\$583.08	\$0.00	\$0.00	\$555.65
		425723-323	\$6,129.31	\$5,497.02	\$0.00	\$0.00	\$632.29
		425723-324	\$1,182.10	\$1,006.92	\$0.00	\$0.00	\$175.18
		425723-325	\$385.00	\$308.00	\$0.00	\$0.00	\$77.00
		425723-326	\$649.07	\$540.10	\$0.00	\$0.00	\$108.97
		425723-327	\$11,712.66	\$8,199.76	\$0.00	\$1,000.00	\$2,512.90
		425723-328	\$250.00	\$139.54	\$0.00	\$0.00	\$110.46
		425723-330	\$10,565.50	\$7,245.68	\$0.00	\$0.00	\$3,319.82
		425723-331	\$1,211.00	\$0.00	\$0.00	\$0.00	\$1,211.00
		425723-332	\$2,239.75	\$1,473.56	\$0.00	\$0.00	\$766.19
		425723-337	\$881.00	\$248.01	\$0.00	\$0.00	\$632.99
		425723-338	\$495.00	\$425.00	\$0.00	\$0.00	\$70.00
		425723-339	\$104.34	\$0.00	\$0.00	\$0.00	\$104.34
		425723-340	\$1,729.41	\$0.00	\$0.00	\$0.00	\$1,729.41
		425723-341	\$625.00	\$305.48	\$0.00	\$0.00	\$319.52
		425723-342	\$887.00	\$442.48	\$0.00	\$0.00	\$444.52
		425723-344	\$8,771.10	\$5,801.39	\$0.00	\$0.00	\$2,969.71
		425723-345	\$49,724.03	\$46,011.48	\$0.00	\$0.00	\$3,712.55
		425723-348	\$12,669.67	\$6,672.83	\$0.00	\$2,000.00	\$3,996.84
		425723-349	\$250.95	\$0.00	\$0.00	\$0.00	\$250.95
		425723-350	\$4,810.90	\$2,974.40	\$0.00	\$60.47	\$1,776.03
		425723-351	\$12,278.39	\$11,384.41	\$0.00	\$0.00	\$893.98
		425723-352	\$1,355.53	\$0.00	\$0.00	\$0.00	\$1,355.53
		425723-353	\$70.87	\$0.00	\$0.00	\$0.00	\$70.87
		425723-355	\$4,757.70	\$3,856.97	\$0.00	\$0.00	\$900.73

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2013	US160740	425723-356	\$428.58	\$19.79	\$0.00	\$12.19	\$396.60
		425723-357	\$812.00	\$578.40	\$0.00	\$0.00	\$233.60
		425723-358	\$417.00	\$0.00	\$0.00	\$0.00	\$417.00
		425723-366	\$630.00	\$281.21	\$0.00	\$0.00	\$348.79
		425723-368	\$10,262.74	\$7,964.93	\$0.00	\$24.38	\$2,273.43
		425723-369	\$470.00	\$430.00	\$0.00	\$0.00	\$40.00
		425723-370	\$765.00	\$535.48	\$0.00	\$0.00	\$229.52
		425723-371	\$1,000.13	\$0.00	\$0.00	\$294.76	\$705.37
		425723-373	\$170.60	\$0.00	\$0.00	\$24.48	\$146.12
		425723-374	\$575.00	\$525.00	\$0.00	\$0.00	\$50.00
		425723-375	\$334.43	\$199.43	\$0.00	\$0.00	\$135.00
		425723-376	\$4,803.51	\$4,321.50	\$0.00	\$0.00	\$482.01
		425723-377	\$21,147.47	\$20,247.47	\$0.00	\$0.00	\$900.00
		425723-378	\$10,101.10	\$8,096.71	\$0.00	\$95.31	\$1,909.08
		425723-382	\$5,477.70	\$4,775.35	\$0.00	\$0.00	\$702.35
		425723-383	\$445.61	\$224.47	\$0.00	\$0.00	\$221.14
		425723-385	\$8,205.45	\$6,960.24	\$0.00	\$0.00	\$1,245.21
		425723-386	\$4,519.85	\$2,816.84	\$0.00	\$36.60	\$1,666.41
		425723-388	\$6,217.15	\$5,365.58	\$0.00	\$0.00	\$851.57
		425723-389	\$12,965.26	\$12,017.76	\$0.00	\$0.00	\$947.50
		425723-390	\$1,662.93	\$0.00	\$0.00	\$542.13	\$1,120.80
		425723-393	\$276.24	\$206.24	\$0.00	\$0.00	\$70.00
		425723-394	\$230.00	\$205.00	\$0.00	\$0.00	\$25.00
		425723-395	\$348.02	\$150.73	\$0.00	\$0.00	\$197.29
		425723-396	\$614.00	\$0.00	\$0.00	\$0.00	\$614.00
		425723-403	\$691.00	\$0.00	\$0.00	\$0.00	\$691.00
		425723-404	\$6,508.50	\$2,670.68	\$0.00	\$455.00	\$3,382.82
		425723-405	\$55,317.73	\$51,867.73	\$0.00	\$0.00	\$3,450.00
		425723-406	\$170.60	\$0.00	\$0.00	\$24.48	\$146.12
		425723-407	\$141,445.81	\$136,444.78	\$0.00	\$0.00	\$5,001.03
		425723-408	\$212.34	\$0.00	\$0.00	\$22.42	\$189.92

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2013	US160740	425723-409	\$4,802.25	\$0.00	\$2,112.70	\$0.00	\$2,689.55
		425723-410	\$9,118.95	\$0.00	\$4,199.56	\$53.40	\$4,865.99
		425723-411	\$34,160.83	\$26,515.85	\$3,695.10	\$303.79	\$3,646.09
		425723-412	\$11,679.10	\$10,130.85	\$0.00	\$0.00	\$1,548.25
		425723-414	\$4,945.33	\$4,294.77	\$0.00	\$0.00	\$650.56
		425723-416	\$151.43	\$15.49	\$0.00	\$0.00	\$135.94
		425723-417	\$29,878.55	\$27,898.07	\$0.00	\$50.60	\$1,929.88
		425723-418	\$311.39	\$123.11	\$0.00	\$0.00	\$188.28
		425723-419	\$641.00	\$510.62	\$0.00	\$0.00	\$130.38
		425723-420	\$10,394.14	\$6,022.62	\$0.00	\$70.16	\$4,301.36
		425723-421	\$31,829.02	\$0.00	\$3,381.69	\$9,822.56	\$18,624.77
		425723-423	\$3,513.20	\$119.28	\$2,307.45	\$170.19	\$916.28
		425723-424	\$1,126.00	\$762.05	\$0.00	\$0.00	\$363.95
		425723-426	\$7,203.24	\$6,293.32	\$0.00	\$0.00	\$909.92
		425723-428	\$31,501.52	\$30,841.52	\$0.00	\$0.00	\$660.00
		425723-429	\$13,244.88	\$11,366.55	\$0.00	\$24.38	\$1,853.95
		425723-430	\$2,124.00	\$0.00	\$0.00	\$0.00	\$2,124.00
		425723-432	\$1,443.25	\$1,132.95	\$0.00	\$0.00	\$310.30
		425723-433	\$18,916.57	\$11,590.06	\$0.00	\$218.93	\$7,107.58
		425723-434	\$24,620.49	\$16,574.44	\$0.00	\$3,439.25	\$4,606.80
		425723-435	\$4,765.00	\$3,945.94	\$0.00	\$0.00	\$819.06
		425723-437	\$109.00	\$0.00	\$0.00	\$0.00	\$109.00
		425723-438	\$8,590.42	\$5,551.13	\$0.00	\$280.25	\$2,759.04
		425723-439	\$135.66	\$72.11	\$0.00	\$0.00	\$63.55
		425723-441	\$1,540.47	\$1,188.44	\$0.00	\$0.00	\$352.03
		425723-444	\$33,647.64	\$30,858.74	\$0.00	\$0.00	\$2,788.90
		425723-445	\$993.00	\$525.00	\$0.00	\$0.00	\$468.00
		425723-448	\$5,451.25	\$2,537.06	\$0.00	\$0.00	\$2,914.19
		425723-449	\$5,447.81	\$4,802.35	\$0.00	\$0.00	\$645.46
		425723-450	\$648.00	\$0.00	\$0.00	\$0.00	\$648.00
		425723-453	\$4,066.39	\$2,964.13	\$0.00	\$298.30	\$803.96

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2013	US160740	425723-454	\$2,930.00	\$668.25	\$0.00	\$0.00	\$2,261.75
		425723-458	\$162.97	\$0.00	\$0.00	\$0.00	\$162.97
		425723-462	\$4,056.00	\$2,406.23	\$0.00	\$0.00	\$1,649.77
		425723-464	\$460.00	\$300.00	\$0.00	\$0.00	\$160.00
		425723-471	\$183.85	\$0.00	\$0.00	\$0.00	\$183.85
		425723-473	\$2,432.23	\$645.80	\$0.00	\$0.00	\$1,786.43
		425723-477	\$1,029.83	\$798.26	\$0.00	\$0.00	\$231.57
		425723-547	\$1,451.62	\$727.91	\$0.00	\$128.28	\$595.43
		425723-548	\$279.00	\$239.15	\$0.00	\$0.00	\$39.85
		AGA-0000251	\$5,147.76	\$4,189.07	\$0.00	\$0.00	\$958.69
		AGA-0002676	\$7,632.81	\$6,143.21	\$0.00	\$225.48	\$1,264.12
		AGA-0007109	\$581.00	\$454.05	\$0.00	\$0.00	\$126.95
		AGA-0011632	\$745.00	\$381.10	\$0.00	\$0.00	\$363.90
		Total	\$1,219,700.37	\$917,868.40	\$17,809.20	\$43,400.65	\$240,622.12
2014	US407126	425723-474	\$85.68	\$0.00	\$0.00	\$0.00	\$85.68
		425723-475	\$264.06	\$85.00	\$0.00	\$0.00	\$179.06
		425723-478	\$96.96	\$40.87	\$0.00	\$0.00	\$56.09
		425723-479	\$142.19	\$0.25	\$0.00	\$0.00	\$141.94
		425723-481	\$1,308.23	\$765.07	\$0.00	\$0.00	\$543.16
		425723-482	\$1,849.50	\$1,220.05	\$0.00	\$0.00	\$629.45
		425723-483	\$110.93	\$65.93	\$0.00	\$0.00	\$45.00
		425723-484	\$584.82	\$509.82	\$0.00	\$0.00	\$75.00
		425723-485	\$5,262.70	\$2,984.51	\$0.00	\$76.32	\$2,201.87
		425723-486	\$4,168.69	\$3,950.87	\$0.00	\$0.00	\$217.82
		425723-487	\$136.21	\$0.00	\$0.00	\$0.00	\$136.21
		425723-488	\$137.02	\$0.00	\$0.00	\$0.00	\$137.02
		425723-489	\$31,432.73	\$27,088.27	\$0.00	\$0.00	\$4,344.46
		425723-490	\$488.18	\$245.92	\$0.00	\$0.00	\$242.26
		425723-491	\$138.12	\$103.12	\$0.00	\$0.00	\$35.00
		425723-492	\$4,403.96	\$3,438.39	\$0.00	\$0.00	\$965.57
		425723-494	\$12,744.73	\$8,947.03	\$0.00	\$1,347.78	\$2,449.92

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2014	US407126	425723-495	\$95.60	\$40.87	\$0.00	\$0.00	\$54.73
		425723-496	\$141.74	\$0.71	\$0.00	\$12.19	\$128.84
		425723-497	\$841.00	\$662.89	\$0.00	\$0.00	\$178.11
		425723-498	\$5,127.70	\$4,161.45	\$0.00	\$0.00	\$966.25
		425723-499	\$5,490.25	\$4,762.78	\$0.00	\$0.00	\$727.47
		425723-500	\$7,033.00	\$4,727.70	\$0.00	\$0.00	\$2,305.30
		425723-501	\$365.00	\$256.19	\$0.00	\$0.00	\$108.81
		425723-502	\$104.34	\$0.00	\$0.00	\$0.00	\$104.34
		425723-503	\$749.88	\$633.07	\$0.00	\$0.00	\$116.81
		425723-504	\$4,076.43	\$3,460.58	\$0.00	\$0.00	\$615.85
		425723-505	\$3,714.63	\$3,561.82	\$0.00	\$0.00	\$152.81
		425723-506	\$3,450.00	\$435.00	\$0.00	\$1,000.00	\$2,015.00
		425723-509	\$271.07	\$54.68	\$0.00	\$0.00	\$216.39
		425723-510	\$275.50	\$185.50	\$0.00	\$20.00	\$70.00
		425723-511	\$166.47	\$136.47	\$0.00	\$0.00	\$30.00
		425723-512	\$250.00	\$195.66	\$0.00	\$0.00	\$54.34
		425723-513	\$827.00	\$581.60	\$0.00	\$0.00	\$245.40
		425723-514	\$365.00	\$341.00	\$0.00	\$0.00	\$24.00
		425723-515	\$5,304.71	\$2,872.58	\$556.33	\$0.00	\$1,875.80
		425723-516	\$775.46	\$613.37	\$0.00	\$0.00	\$162.09
		425723-517	\$992.00	\$801.30	\$0.00	\$0.00	\$190.70
		425723-518	\$94.52	\$64.52	\$0.00	\$0.00	\$30.00
		425723-519	\$480.00	\$400.00	\$0.00	\$0.00	\$80.00
		425723-520	\$338.88	\$0.00	\$0.00	\$0.00	\$338.88
		425723-522	\$250.00	\$120.94	\$0.00	\$0.00	\$129.06
		425723-523	\$565.02	\$83.25	\$0.00	\$0.00	\$481.77
		425723-524	\$235.00	\$175.00	\$0.00	\$0.00	\$60.00
		425723-525	\$360.00	\$0.00	\$0.00	\$164.65	\$195.35
		425723-526	\$370.00	\$219.97	\$0.00	\$115.03	\$35.00
		425723-527	\$70.87	\$45.87	\$0.00	\$0.00	\$25.00
		425723-528	\$250.00	\$44.20	\$0.00	\$0.00	\$205.80

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2014	US407126	425723-529	\$2,648.00	\$1,405.84	\$0.00	\$0.00	\$1,242.16
		425723-530	\$9,727.00	\$4,939.86	\$0.00	\$1,000.00	\$3,787.14
		425723-531	\$141.74	\$101.74	\$0.00	\$0.00	\$40.00
		425723-532	\$7,176.73	\$6,035.82	\$0.00	\$0.00	\$1,140.91
		425723-533	\$262.07	\$210.10	\$0.00	\$0.00	\$51.97
		425723-534	\$29,235.85	\$24,788.48	\$0.00	\$603.44	\$3,843.93
		425723-536	\$135.00	\$75.00	\$0.00	\$0.00	\$60.00
		425723-537	\$233.44	\$0.00	\$0.00	\$0.00	\$233.44
		425723-538	\$400.73	\$1.75	\$0.00	\$12.19	\$386.79
		425723-539	\$157.30	\$0.00	\$0.00	\$68.66	\$88.64
		425723-540	\$205.87	\$177.81	\$0.00	\$0.00	\$28.06
		425723-541	\$70.87	\$35.87	\$0.00	\$0.00	\$35.00
		425723-542	\$167.29	\$87.29	\$0.00	\$0.00	\$80.00
		425723-543	\$208.99	\$138.99	\$0.00	\$0.00	\$70.00
		425723-544	\$110.93	\$70.93	\$0.00	\$0.00	\$40.00
		425723-545	\$382.02	\$68.14	\$0.00	\$0.00	\$313.88
		425723-546	\$8,333.02	\$5,924.32	\$0.00	\$0.00	\$2,408.70
		425723-549	\$4,823.18	\$4,591.80	\$0.00	\$0.00	\$231.38
		425723-551	\$631.28	\$561.28	\$0.00	\$0.00	\$70.00
		425723-554	\$348.00	\$243.00	\$0.00	\$0.00	\$105.00
		425723-555	\$6,347.34	\$5,586.50	\$0.00	\$0.00	\$760.84
		425723-556	\$573.87	\$0.71	\$0.00	\$0.00	\$573.16
		425723-557	\$136.48	\$109.23	\$0.00	\$0.00	\$27.25
		425723-558	\$536.03	\$214.91	\$0.00	\$0.00	\$321.12
		425723-559	\$4,209.65	\$3,814.03	\$0.00	\$12.19	\$383.43
		425723-560	\$4,722.22	\$3,680.94	\$0.00	\$12.19	\$1,029.09
		425723-561	\$252.67	\$0.00	\$0.00	\$30.87	\$221.80
		425723-562	\$490.00	\$0.00	\$0.00	\$0.00	\$490.00
		425723-563	\$96.42	\$0.00	\$0.00	\$0.00	\$96.42
		425723-564	\$4,652.50	\$0.00	\$2,320.28	\$0.00	\$2,332.22
		425723-565	\$1,242.18	\$0.00	\$0.00	\$211.29	\$1,030.89

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2014	US407126	425723-566	\$303.00	\$218.66	\$0.00	\$0.00	\$84.34
		425723-567	\$1,749.00	\$782.60	\$0.00	\$0.00	\$966.40
		425723-568	\$1,282.00	\$772.92	\$0.00	\$0.00	\$509.08
		425723-569	\$1,403.00	\$226.46	\$0.00	\$76.32	\$1,100.22
		425723-570	\$560.00	\$0.00	\$0.00	\$157.88	\$402.12
		425723-571	\$942.00	\$0.00	\$0.00	\$0.00	\$942.00
		425723-572	\$245.87	\$93.00	\$0.00	\$0.00	\$152.87
		425723-573	\$489.85	\$449.85	\$0.00	\$0.00	\$40.00
		425723-574	\$70.87	\$56.84	\$0.00	\$0.00	\$14.03
		425723-575	\$1,144.00	\$0.00	\$0.00	\$0.00	\$1,144.00
		425723-576	\$4,670.88	\$4,463.32	\$0.00	\$0.00	\$207.56
		425723-577	\$993.00	\$0.00	\$0.00	\$0.00	\$993.00
		425723-578	\$450.00	\$350.00	\$0.00	\$0.00	\$100.00
		425723-580	\$360.00	\$0.00	\$0.00	\$182.67	\$177.33
		AGA-0000159	\$10,884.51	\$10,236.60	\$0.00	\$0.00	\$647.91
		AGA-0000162	\$110.87	\$61.07	\$0.00	\$0.00	\$49.80
		AGA-0000250	\$385.00	\$171.16	\$0.00	\$0.00	\$213.84
		AGA-0000852	\$3,238.00	\$1,182.34	\$0.00	\$0.00	\$2,055.66
		AGA-0000883	\$3,635.17	\$3,474.91	\$0.00	\$0.00	\$160.26
		AGA-0000970	\$238.70	\$114.39	\$0.00	\$0.00	\$124.31
		AGA-0000983	\$7,073.25	\$0.00	\$3,018.72	\$0.00	\$4,054.53
		AGA-0000984	\$28,356.17	\$0.00	\$0.00	\$14,691.55	\$13,664.62
		AGA-0000994	\$235.00	\$195.00	\$0.00	\$0.00	\$40.00
		AGA-0001096	\$133.76	\$83.76	\$0.00	\$0.00	\$50.00
		AGA-0001108	\$1,023.00	\$248.82	\$0.00	\$0.00	\$774.18
		AGA-0001109	\$394.00	\$240.86	\$0.00	\$0.00	\$153.14
		AGA-0001454	\$21,067.38	\$494.85	\$7,602.70	\$2,000.00	\$10,969.83
		AGA-0001527	\$1,427.11	\$926.88	\$0.00	\$0.00	\$500.23
		AGA-0001642	\$698.00	\$321.96	\$0.00	\$0.00	\$376.04
		AGA-0001643	\$461.00	\$258.33	\$0.00	\$0.00	\$202.67
		AGA-0001732	\$158.00	\$0.00	\$0.00	\$0.00	\$158.00

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2014	US407126	AGA-0001734	\$524.00	\$0.00	\$0.00	\$0.00	\$524.00
		AGA-0002356	\$115.00	\$50.96	\$0.00	\$0.00	\$64.04
		AGA-0002357	\$179.00	\$82.71	\$0.00	\$0.00	\$96.29
		AGA-0002358	\$763.00	\$501.50	\$0.00	\$0.00	\$261.50
		AGA-0002360	\$610.00	\$130.84	\$0.00	\$0.00	\$479.16
		AGA-0002677	\$2,657.63	\$0.00	\$0.00	\$0.00	\$2,657.63
		AGA-0004354	\$136.21	\$0.00	\$0.00	\$0.00	\$136.21
		AGA-0004910	\$6,958.91	\$5,421.24	\$0.00	\$0.00	\$1,537.67
		AGA-0005224	\$1,243.00	\$609.15	\$0.00	\$0.00	\$633.85
		AGA-0005845	\$1,024.58	\$784.58	\$0.00	\$0.00	\$240.00
		AGA-0006002	\$7,243.82	\$5,803.05	\$0.00	\$76.32	\$1,364.45
		AGA-0006083	\$29,335.33	\$27,022.17	\$631.96	\$76.32	\$1,604.88
		AGA-0006767	\$1,454.00	\$786.92	\$0.00	\$0.00	\$667.08
		AGA-0006981	\$2,054.00	\$1,033.44	\$0.00	\$0.00	\$1,020.56
		AGA-0007111	\$187.00	\$0.00	\$0.00	\$0.00	\$187.00
		AGA-0007118	\$25,360.63	\$22,656.98	\$0.00	\$0.00	\$2,703.65
		AGA-0007121	\$799.75	\$307.75	\$0.00	\$0.00	\$492.00
		AGA-0007291	\$9,593.73	\$8,207.08	\$0.00	\$0.00	\$1,386.65
		AGA-0008156	\$517.30	\$311.54	\$0.00	\$0.00	\$205.76
		AGA-0008979	\$210.32	\$0.71	\$0.00	\$0.00	\$209.61
		AGA-0009054	\$460.00	\$230.10	\$0.00	\$0.00	\$229.90
		AGA-0009079	\$5,811.78	\$2,176.83	\$0.00	\$76.32	\$3,558.63
		AGA-0009183	\$133.00	\$0.00	\$0.00	\$0.00	\$133.00
		AGA-0009720	\$2,141.00	\$1,177.25	\$0.00	\$0.00	\$963.75
		AGA-0009759	\$105.00	\$40.11	\$0.00	\$0.00	\$64.89
		AGA-0009772	\$464.00	\$247.07	\$0.00	\$0.00	\$216.93
		AGA-0009776	\$2,870.43	\$1,911.72	\$0.00	\$0.00	\$958.71
		AGA-0009786	\$43,914.25	\$41,301.93	\$0.00	\$0.00	\$2,612.32
		AGA-0009835	\$339.46	\$87.35	\$0.00	\$0.00	\$252.11
		AGA-0010809	\$495.00	\$435.00	\$0.00	\$0.00	\$60.00
		AGA-0011235	\$4,606.00	\$0.00	\$0.00	\$2,278.00	\$2,328.00

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2014	US407126	AGA-0011336	\$2,042.68	\$0.00	\$0.00	\$0.00	\$2,042.68
		AGA-0011935	\$1,705.00	\$1,445.50	\$0.00	\$0.00	\$259.50
		AGA-0012129	\$5,354.78	\$3,509.28	\$0.00	\$0.00	\$1,845.50
		AGA-0012142	\$5,085.28	\$4,461.15	\$0.00	\$0.00	\$624.13
		AGA-0012153	\$420.39	\$288.21	\$0.00	\$0.00	\$132.18
		AGA-0012806	\$838.00	\$587.18	\$0.00	\$0.00	\$250.82
		AGA-0012808	\$31,711.98	\$1,983.57	\$21,045.00	\$1,923.36	\$6,760.05
		AGA-0012810	\$1,299.75	\$1,073.26	\$0.00	\$0.00	\$226.49
		AGA-0012812	\$367.81	\$0.00	\$0.00	\$18.78	\$349.03
		AGA-0012814	\$5,467.30	\$4,281.12	\$0.00	\$80.31	\$1,105.87
		AGA-0012819	\$265.41	\$0.00	\$0.00	\$0.00	\$265.41
		AGA-0012821	\$37,690.00	\$11,952.23	\$0.00	\$23,302.15	\$2,435.62
		AGA-0013003	\$360.00	\$206.94	\$0.00	\$0.00	\$153.06
		AGA-0013054	\$5,455.12	\$5,256.45	\$0.00	\$0.00	\$198.67
		AGA-0013615	\$141.74	\$1.42	\$0.00	\$0.00	\$140.32
		AGA-0013942	\$29,155.14	\$26,680.25	\$0.00	\$0.00	\$2,474.89
		AGA-0014171	\$28,492.67	\$26,792.27	\$0.00	\$0.00	\$1,700.40
		AGA-0014178	\$27,119.39	\$17,827.67	\$0.00	\$451.84	\$8,839.88
		AGA-0014189	\$136.48	\$90.93	\$0.00	\$0.00	\$45.55
		AGA-0014200	\$455.00	\$276.61	\$0.00	\$0.00	\$178.39
		AGA-0014202	\$118.65	\$0.00	\$0.00	\$0.00	\$118.65
		AGA-0014211	\$345.00	\$210.02	\$0.00	\$0.00	\$134.98
		AGA-0014214	\$615.00	\$82.58	\$0.00	\$152.64	\$379.78
		AGA-0014436	\$955.00	\$905.00	\$0.00	\$0.00	\$50.00
		AGA-0014744	\$230.00	\$111.81	\$0.00	\$0.00	\$118.19
		AGA-0014868	\$389.57	\$0.00	\$0.00	\$163.81	\$225.76
		AGA-0014941	\$1,538.85	\$1,288.85	\$0.00	\$0.00	\$250.00
		AGA-0014954	\$8,235.95	\$7,347.27	\$0.00	\$0.00	\$888.68
		AGA-0014995	\$4,585.28	\$4,052.55	\$0.00	\$0.00	\$532.73
		AGA-0015177	\$2,130.00	\$0.00	\$0.00	\$0.00	\$2,130.00
		AGA-0015199	\$345.00	\$345.00	\$0.00	\$0.00	\$0.00

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2014	US407126	AGA-0015657	\$433.00	\$0.00	\$0.00	\$0.00	\$433.00
		AGA-0015661	\$564.00	\$0.00	\$0.00	\$0.00	\$564.00
		AGA-0015677	\$292.00	\$209.65	\$0.00	\$0.00	\$82.35
		AGA-0016131	\$1,083.00	\$60.00	\$0.00	\$0.00	\$1,023.00
		AGA-0016471	\$722.00	\$90.09	\$0.00	\$0.00	\$631.91
		AGA-0016585	\$4,763.78	\$4,423.78	\$0.00	\$0.00	\$340.00
		AGA-0016589	\$2,438.85	\$1,943.20	\$0.00	\$0.00	\$495.65
		AGA-0016609	\$4,926.09	\$4,249.74	\$0.00	\$62.34	\$614.01
		AGA-0016613	\$11,346.71	\$6,889.51	\$0.00	\$0.00	\$4,457.20
		AGA-0016739	\$37,825.59	\$29,843.15	\$0.00	\$1,368.62	\$6,613.82
		AGA-0016802	\$992.11	\$136.64	\$0.00	\$229.05	\$626.42
		AGA-0017608	\$581.00	\$540.30	\$0.00	\$0.00	\$40.70
		AGA-0017755	\$454.00	\$0.00	\$0.00	\$0.00	\$454.00
		AGA-0017788	\$3,951.83	\$1,265.25	\$0.00	\$22.54	\$2,664.04
		AGA-0017848	\$23,469.03	\$19,533.32	\$0.00	\$0.00	\$3,935.71
		AGA-0017884	\$240.50	\$192.60	\$0.00	\$0.00	\$47.90
		AGA-0017888	\$668.00	\$341.38	\$0.00	\$0.00	\$326.62
		AGA-0017902	\$7,221.25	\$6,761.52	\$0.00	\$0.00	\$459.73
		AGA-0017906	\$7,961.68	\$4,111.11	\$0.00	\$1,000.00	\$2,850.57
		AGA-0017908	\$430.00	\$0.00	\$0.00	\$145.66	\$284.34
		AGA-0019585	\$509.92	\$379.64	\$0.00	\$0.00	\$130.28
		AGA-0020129	\$48.78	\$0.00	\$0.00	\$0.00	\$48.78
		AGA-0020476	\$2,341.00	\$1,926.60	\$0.00	\$0.00	\$414.40
		AGA-0020491	\$295.00	\$245.00	\$0.00	\$0.00	\$50.00
		AGA-0020558	\$38,417.76	\$32,368.92	\$0.00	\$120.00	\$5,928.84
		AGA-0021323	\$401.52	\$331.52	\$0.00	\$0.00	\$70.00
		AGA-0021558	\$2,578.05	\$705.36	\$0.00	\$0.00	\$1,872.69
		AGA-0021863	\$11,908.96	\$7,750.57	\$0.00	\$1,446.98	\$2,711.41
		AGA-0023216	\$702.00	\$633.95	\$0.00	\$0.00	\$68.05
		AGA-0023442	\$4,680.86	\$1,506.09	\$0.00	\$0.00	\$3,174.77
		AGA-0033904	\$1,671.00	\$0.00	\$0.00	\$145.66	\$1,525.34

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2014	US407126	AGA-0033913	\$250.87	\$127.98	\$0.00	\$0.00	\$122.89
		AGA-0035876	\$1,457.20	\$0.00	\$0.00	\$381.32	\$1,075.88
		AGA-0039933	\$23,030.17	\$0.00	\$0.00	\$10,516.60	\$12,513.57
		AGA-0043681	\$1,375.00	\$137.50	\$0.00	\$0.00	\$1,237.50
		AGA-0044168	\$5,180.90	\$0.00	\$2,319.18	\$33.90	\$2,827.82
		AGA-0045176	\$865.00	\$652.00	\$0.00	\$0.00	\$213.00
		Total	\$851,064.60	\$537,104.46	\$37,494.17	\$65,867.74	\$210,598.23
2015	US561933	AGA-0021321	\$404.54	\$32.36	\$0.00	\$0.00	\$372.18
		AGA-0022318	\$1,464.30	\$1,284.30	\$0.00	\$0.00	\$180.00
		AGA-0022323	\$592.00	\$485.09	\$0.00	\$0.00	\$106.91
		AGA-0022338	\$4,629.28	\$4,189.28	\$0.00	\$0.00	\$440.00
		AGA-0022339	\$6,924.15	\$6,502.99	\$0.00	\$0.00	\$421.16
		AGA-0022443	\$135.66	\$90.66	\$0.00	\$0.00	\$45.00
		AGA-0023127	\$377.36	\$205.80	\$0.00	\$14.00	\$157.56
		AGA-0023170	\$221.11	\$141.11	\$0.00	\$0.00	\$80.00
		AGA-0024020	\$90,568.53	\$85,784.48	\$0.00	\$0.00	\$4,784.05
		AGA-0024021	\$1,649.34	\$0.00	\$0.00	\$240.00	\$1,409.34
		AGA-0024636	\$360.00	\$294.59	\$0.00	\$0.00	\$65.41
		AGA-0024637	\$42,545.30	\$36,449.78	\$0.00	\$335.52	\$5,760.00
		AGA-0024728	\$335.00	\$173.29	\$0.00	\$0.00	\$161.71
		AGA-0024849	\$269.04	\$110.48	\$0.00	\$0.00	\$158.56
		AGA-0024908	\$5,337.07	\$4,873.66	\$0.00	\$12.19	\$451.22
		AGA-0024911	\$5,628.76	\$4,717.85	\$0.00	\$0.00	\$910.91
		AGA-0025517	\$891.09	\$628.42	\$0.00	\$0.00	\$262.67
		AGA-0025519	\$70.87	\$55.87	\$0.00	\$0.00	\$15.00
		AGA-0025521	\$615.00	\$465.00	\$0.00	\$0.00	\$150.00
		AGA-0025522	\$5,229.00	\$4,843.84	\$0.00	\$0.00	\$385.16
		AGA-0025523	\$4,923.97	\$4,690.27	\$0.00	\$0.00	\$233.70
		AGA-0026173	\$2,184.70	\$1,130.97	\$0.00	\$0.00	\$1,053.73
		AGA-0027301	\$6,206.53	\$2,213.99	\$0.00	\$244.05	\$3,748.49
		AGA-0027354	\$6,295.08	\$4,807.79	\$0.00	\$51.74	\$1,435.55

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2015	US561933	AGA-0027391	\$438.00	\$334.86	\$0.00	\$0.00	\$103.14
		AGA-0027751	\$140.28	\$85.93	\$0.00	\$0.00	\$54.35
		AGA-0027779	\$230.87	\$180.87	\$0.00	\$0.00	\$50.00
		AGA-0028204	\$20,065.28	\$17,704.28	\$0.00	\$0.00	\$2,361.00
		AGA-0028209	\$34,260.84	\$31,550.84	\$0.00	\$0.00	\$2,710.00
		AGA-0028210	\$601.07	\$485.31	\$0.00	\$0.00	\$115.76
		AGA-0028400	\$1,373.00	\$678.76	\$0.00	\$0.00	\$694.24
		AGA-0028457	\$692.00	\$276.50	\$0.00	\$0.00	\$415.50
		AGA-0028546	\$6,944.46	\$0.00	\$1,905.74	\$791.18	\$4,247.54
		AGA-0028553	\$191.64	\$0.00	\$0.00	\$0.00	\$191.64
		AGA-0028557	\$7,132.74	\$0.00	\$0.00	\$2,632.00	\$4,500.74
		AGA-0028679	\$344.00	\$287.00	\$0.00	\$0.00	\$57.00
		AGA-0028935	\$2,091.00	\$798.86	\$0.00	\$0.00	\$1,292.14
		AGA-0029457	\$34,387.87	\$33,409.03	\$0.00	\$0.00	\$978.84
		AGA-0029480	\$237.34	\$192.34	\$0.00	\$0.00	\$45.00
		AGA-0029481	\$730.00	\$630.00	\$0.00	\$0.00	\$100.00
		AGA-0029482	\$985.00	\$0.00	\$0.00	\$462.71	\$522.29
		AGA-0029712	\$1,158.00	\$531.58	\$0.00	\$0.00	\$626.42
		AGA-0029926	\$650.00	\$433.40	\$0.00	\$0.00	\$216.60
		AGA-0029932	\$1,359.00	\$984.00	\$0.00	\$0.00	\$375.00
		AGA-0030241	\$250.00	\$139.54	\$0.00	\$0.00	\$110.46
		AGA-0030465	\$151.43	\$15.24	\$0.00	\$0.00	\$136.19
		AGA-0030471	\$11,511.78	\$4,575.78	\$1,029.00	\$1,000.00	\$4,851.00
		AGA-0030510	\$4,524.46	\$4,088.03	\$0.00	\$0.00	\$436.43
		AGA-0030629	\$146.61	\$0.00	\$0.00	\$0.00	\$146.61
		AGA-0030678	\$464.00	\$263.28	\$0.00	\$0.00	\$200.72
		AGA-0030704	\$402.08	\$282.08	\$0.00	\$0.00	\$120.00
		AGA-0030741	\$14,578.54	\$8,811.52	\$0.00	\$0.00	\$5,767.02
		AGA-0030745	\$167.29	\$97.29	\$0.00	\$0.00	\$70.00
		AGA-0030747	\$585.00	\$330.59	\$0.00	\$0.00	\$254.41
		AGA-0030748	\$42,268.43	\$36,825.10	\$0.00	\$418.04	\$5,025.29

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2015	US561933	AGA-0030750	\$110.93	\$0.25	\$0.00	\$0.00	\$110.68
		AGA-0030785	\$86,216.46	\$82,915.97	\$0.00	\$0.00	\$3,300.49
		AGA-0031170	\$96.42	\$68.33	\$0.00	\$0.00	\$28.09
		AGA-0031171	\$515.00	\$213.79	\$0.00	\$0.00	\$301.21
		AGA-0031356	\$138.12	\$98.12	\$0.00	\$0.00	\$40.00
		AGA-0031443	\$66.59	\$46.68	\$0.00	\$0.00	\$19.91
		AGA-0031544	\$117.36	\$0.00	\$0.00	\$0.00	\$117.36
		AGA-0031546	\$3,090.00	\$2,051.57	\$0.00	\$0.00	\$1,038.43
		AGA-0031565	\$116.67	\$57.69	\$0.00	\$0.00	\$58.98
		AGA-0031569	\$163.02	\$0.00	\$0.00	\$0.00	\$163.02
		AGA-0031698	\$490.00	\$370.00	\$0.00	\$0.00	\$120.00
		AGA-0032073	\$2,851.27	\$2,452.57	\$0.00	\$0.00	\$398.70
		AGA-0032149	\$4,509.33	\$3,570.98	\$0.00	\$0.00	\$938.35
		AGA-0032494	\$110.93	\$70.93	\$0.00	\$0.00	\$40.00
		AGA-0032698	\$427.29	\$0.00	\$0.00	\$6.59	\$420.70
		AGA-0032743	\$3,643.65	\$3,355.68	\$0.00	\$0.00	\$287.97
		AGA-0033010	\$110.93	\$60.93	\$0.00	\$0.00	\$50.00
		AGA-0033165	\$961.78	\$771.82	\$0.00	\$25.87	\$164.09
		AGA-0033343	\$20,655.16	\$19,634.24	\$0.00	\$0.00	\$1,020.92
		AGA-0033387	\$306.00	\$0.00	\$0.00	\$0.00	\$306.00
		AGA-0033389	\$156.00	\$0.00	\$0.00	\$0.00	\$156.00
		AGA-0033765	\$1,900.75	\$731.95	\$0.00	\$0.00	\$1,168.80
		AGA-0034438	\$4,677.51	\$0.00	\$2,099.78	\$17.80	\$2,559.93
		AGA-0034441	\$8,555.62	\$6,101.38	\$0.00	\$10.00	\$2,444.24
		AGA-0034562	\$264.00	\$0.00	\$0.00	\$0.00	\$264.00
		AGA-0034665	\$841.00	\$345.25	\$0.00	\$0.00	\$495.75
		AGA-0034948	\$4,835.28	\$4,645.79	\$0.00	\$0.00	\$189.49
		AGA-0035070	\$655.00	\$515.00	\$0.00	\$0.00	\$140.00
		AGA-0035073	\$507.64	\$431.88	\$0.00	\$0.00	\$75.76
		AGA-0035318	\$199.37	\$0.00	\$0.00	\$95.03	\$104.34
		AGA-0035696	\$209.00	\$105.10	\$0.00	\$0.00	\$103.90

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2015	US561933	AGA-0036137	\$395.38	\$2.88	\$0.00	\$100.52	\$291.98
		AGA-0036138	\$6,081.81	\$2,681.13	\$0.00	\$259.40	\$3,141.28
		AGA-0036485	\$70.87	\$20.87	\$0.00	\$0.00	\$50.00
		AGA-0036979	\$3,932.29	\$3,392.52	\$0.00	\$0.00	\$539.77
		AGA-0037143	\$202.00	\$96.61	\$0.00	\$0.00	\$105.39
		AGA-0037929	\$70.87	\$45.87	\$0.00	\$0.00	\$25.00
		AGA-0037931	\$270.00	\$202.36	\$0.00	\$0.00	\$67.64
		AGA-0037934	\$522.00	\$308.94	\$0.00	\$0.00	\$213.06
		AGA-0037938	\$1,055.13	\$0.00	\$0.00	\$0.00	\$1,055.13
		AGA-0038305	\$4,869.21	\$4,591.10	\$0.00	\$0.00	\$278.11
		AGA-0038351	\$70.87	\$0.86	\$0.00	\$0.00	\$70.01
		AGA-0038371	\$260.93	\$231.16	\$0.00	\$0.00	\$29.77
		AGA-0038377	\$9,351.66	\$7,460.52	\$0.00	\$0.00	\$1,891.14
		AGA-0038389	\$53,764.80	\$41,957.84	\$0.00	\$0.00	\$11,806.96
		AGA-0038395	\$234.48	\$0.00	\$0.00	\$0.00	\$234.48
		AGA-0038435	\$160.00	\$102.45	\$0.00	\$0.00	\$57.55
		AGA-0038618	\$690.00	\$202.22	\$0.00	\$166.78	\$321.00
		AGA-0038623	\$722.00	\$229.64	\$0.00	\$0.00	\$492.36
		AGA-0038827	\$135.00	\$0.00	\$0.00	\$76.32	\$58.68
		AGA-0038897	\$1,025.00	\$762.16	\$0.00	\$0.00	\$262.84
		AGA-0039253	\$420.00	\$103.65	\$0.00	\$0.00	\$316.35
		AGA-0039317	\$521.00	\$0.00	\$0.00	\$0.00	\$521.00
		AGA-0039622	\$2,000.90	\$1,621.17	\$0.00	\$0.00	\$379.73
		AGA-0039705	\$1,255.00	\$1,118.25	\$0.00	\$0.00	\$136.75
		AGA-0039753	\$1,050.00	\$0.00	\$0.00	\$0.00	\$1,050.00
		AGA-0039931	\$19,969.58	\$17,488.67	\$115.10	\$0.00	\$2,365.81
		AGA-0039932	\$5,408.71	\$0.00	\$1,604.76	\$498.26	\$3,305.69
		AGA-0039934	\$25,177.49	\$23,327.83	\$0.00	\$0.00	\$1,849.66
		AGA-0040065	\$1,093.62	\$210.00	\$0.00	\$310.80	\$572.82
		AGA-0040227	\$8,632.90	\$7,374.68	\$0.00	\$0.00	\$1,258.22
		AGA-0041062	\$4,320.00	\$601.17	\$0.00	\$94.32	\$3,624.51

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2015	US561933	AGA-0041368	\$58.68	\$0.00	\$0.00	\$0.00	\$58.68
		AGA-0041922	\$5,299.60	\$0.00	\$0.00	\$2,274.00	\$3,025.60
		AGA-0041923	\$245.00	\$0.00	\$0.00	\$98.39	\$146.61
		AGA-0042146	\$2,244.00	\$1,015.39	\$0.00	\$0.00	\$1,228.61
		AGA-0042434	\$320.00	\$0.00	\$0.00	\$0.00	\$320.00
		AGA-0042435	\$453.00	\$228.61	\$0.00	\$0.00	\$224.39
		AGA-0042436	\$7,016.36	\$0.00	\$1,604.76	\$25.76	\$5,385.84
		AGA-0042640	\$48,016.19	\$46,138.13	\$0.00	\$0.00	\$1,878.06
		AGA-0042832	\$5,289.49	\$4,075.21	\$0.00	\$0.00	\$1,214.28
		AGA-0042858	\$43,903.40	\$20,980.92	\$0.00	\$12,512.00	\$10,410.48
		AGA-0043347	\$3,909.15	\$46.38	\$0.00	\$288.26	\$3,574.51
		AGA-0043350	\$4,593.76	\$1,096.53	\$0.00	\$0.00	\$3,497.23
		AGA-0043471	\$554.00	\$229.36	\$0.00	\$0.00	\$324.64
		AGA-0043486	\$2,529.00	\$1,843.95	\$0.00	\$0.00	\$685.05
		AGA-0043896	\$270.93	\$0.00	\$0.00	\$104.34	\$166.59
		AGA-0044031	\$1,948.00	\$539.91	\$0.00	\$0.00	\$1,408.09
		AGA-0044100	\$1,313.00	\$1,102.92	\$0.00	\$0.00	\$210.08
		AGA-0044198	\$525.00	\$366.00	\$0.00	\$0.00	\$159.00
		AGA-0044512	\$4,014.00	\$2,377.53	\$0.00	\$0.00	\$1,636.47
		AGA-0045224	\$199.80	\$0.00	\$0.00	\$51.74	\$148.06
		AGA-0045228	\$340.85	\$0.00	\$0.00	\$36.13	\$304.72
		AGA-0045334	\$5,464.39	\$0.00	\$0.00	\$893.31	\$4,571.08
		AGA-0045338	\$405.00	\$0.00	\$0.00	\$228.96	\$176.04
		AGA-0045540	\$761.00	\$531.00	\$0.00	\$0.00	\$230.00
		AGA-0045586	\$4,839.00	\$2,455.00	\$0.00	\$0.00	\$2,384.00
		AGA-0045588	\$197.00	\$171.71	\$0.00	\$0.00	\$25.29
		AGA-0045911	\$264.34	\$0.00	\$0.00	\$0.00	\$264.34
		AGA-0045972	\$2,740.66	\$1,751.56	\$0.00	\$76.32	\$912.78
		AGA-0045975	\$63,083.70	\$3,372.67	\$8,567.06	\$32,225.72	\$18,918.25
		AGA-0045977	\$136.75	\$0.00	\$0.00	\$6.59	\$130.16
		AGA-0046082	\$5,401.67	\$4,449.64	\$0.00	\$0.00	\$952.03

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2015	US561933	AGA-0046087	\$400.00	\$363.68	\$0.00	\$0.00	\$36.32
		AGA-0046089	\$140.28	\$95.28	\$0.00	\$0.00	\$45.00
		AGA-0046101	\$11,296.78	\$4,249.34	\$1,029.00	\$1,000.00	\$5,018.44
		AGA-0046123	\$1,871.00	\$1,015.68	\$0.00	\$0.00	\$855.32
		AGA-0046125	\$409.00	\$256.00	\$0.00	\$0.00	\$153.00
		AGA-0046131	\$154.00	\$20.00	\$0.00	\$0.00	\$134.00
		AGA-0047050	\$3,524.00	\$1,602.00	\$0.00	\$0.00	\$1,922.00
		AGA-0047052	\$342.00	\$214.41	\$0.00	\$0.00	\$127.59
		AGA-0047075	\$623.00	\$189.00	\$0.00	\$90.31	\$343.69
		AGA-0047184	\$5,074.00	\$3,819.90	\$0.00	\$286.96	\$967.14
		AGA-0047762	\$2,384.35	\$2,334.35	\$0.00	\$0.00	\$50.00
		AGA-0048253	\$7,962.50	\$4,548.50	\$0.00	\$1,000.00	\$2,414.00
		AGA-0048323	\$956.22	\$480.00	\$0.00	\$150.32	\$325.90
		AGA-0048470	\$144.36	\$0.00	\$0.00	\$0.00	\$144.36
		AGA-0048597	\$178.00	\$113.53	\$0.00	\$0.00	\$64.47
		AGA-0048756	\$330.00	\$79.58	\$0.00	\$0.00	\$250.42
		AGA-0049042	\$8,920.96	\$6,882.69	\$0.00	\$150.32	\$1,887.95
		AGA-0049043	\$39,749.32	\$37,226.48	\$0.00	\$0.00	\$2,522.84
		AGA-0049045	\$620.00	\$578.70	\$0.00	\$0.00	\$41.30
		AGA-0049077	\$1,197.00	\$416.75	\$0.00	\$0.00	\$780.25
		AGA-0049081	\$374.69	\$0.00	\$0.00	\$0.00	\$374.69
		AGA-0049194	\$1,524.00	\$735.00	\$0.00	\$0.00	\$789.00
		AGA-0049387	\$5,220.28	\$4,422.84	\$0.00	\$0.00	\$797.44
		AGA-0050125	\$1,177.00	\$562.22	\$0.00	\$0.00	\$614.78
		AGA-0050161	\$4,473.62	\$0.00	\$2,099.78	\$12.19	\$2,361.65
		AGA-0050255	\$1,142.99	\$130.00	\$0.00	\$359.93	\$653.06
		AGA-0050651	\$1,183.04	\$180.00	\$0.00	\$348.88	\$654.16
		AGA-0050817	\$2,256.00	\$0.00	\$0.00	\$0.00	\$2,256.00
		AGA-0050977	\$413.34	\$0.00	\$0.00	\$0.00	\$413.34
		AGA-0051765	\$1,367.00	\$0.00	\$0.00	\$0.00	\$1,367.00
		AGA-0051841	\$5,253.85	\$3,891.15	\$0.00	\$111.54	\$1,251.16

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2015	US561933	AGA-0051947	\$475.00	\$340.62	\$0.00	\$0.00	\$134.38
		AGA-0051952	\$380.00	\$201.63	\$0.00	\$0.00	\$178.37
		AGA-0052592	\$2,754.89	\$2,509.65	\$0.00	\$0.00	\$245.24
		AGA-0052883	\$4,983.18	\$211.00	\$3,908.18	\$0.00	\$864.00
		AGA-0052894	\$7,389.37	\$6,198.09	\$0.00	\$0.00	\$1,191.28
		AGA-0053087	\$194.40	\$0.00	\$0.00	\$0.00	\$194.40
		AGA-0053111	\$47,083.14	\$43,468.12	\$0.00	\$0.00	\$3,615.02
		AGA-0053115	\$378.30	\$0.00	\$0.00	\$0.00	\$378.30
		AGA-0053125	\$1,125.00	\$242.66	\$0.00	\$0.00	\$882.34
		AGA-0053357	\$424.48	\$328.40	\$0.00	\$0.00	\$96.08
		AGA-0053358	\$304.00	\$248.50	\$0.00	\$0.00	\$55.50
		AGA-0053359	\$5,477.15	\$4,423.54	\$0.00	\$0.00	\$1,053.61
		AGA-0053423	\$790.00	\$517.63	\$0.00	\$0.00	\$272.37
		AGA-0053425	\$853.00	\$250.00	\$0.00	\$0.00	\$603.00
		AGA-0053438	\$655.00	\$455.00	\$0.00	\$0.00	\$200.00
		AGA-0053440	\$9,203.42	\$8,788.04	\$0.00	\$0.00	\$415.38
		AGA-0053442	\$166.47	\$0.00	\$0.00	\$14.19	\$152.28
		AGA-0053445	\$340.00	\$305.00	\$0.00	\$0.00	\$35.00
		AGA-0053446	\$4,794.81	\$35.00	\$2,099.78	\$17.80	\$2,642.23
		AGA-0053447	\$3,150.25	\$2,978.69	\$0.00	\$43.75	\$127.81
		AGA-0053449	\$365.00	\$0.00	\$0.00	\$0.00	\$365.00
		AGA-0053452	\$19,482.00	\$15,353.36	\$0.00	\$0.00	\$4,128.64
		AGA-0053731	\$1,517.00	\$135.99	\$0.00	\$0.00	\$1,381.01
		AGA-0053808	\$314.00	\$0.00	\$0.00	\$0.00	\$314.00
		AGA-0053883	\$2,444.00	\$1,975.35	\$0.00	\$0.00	\$468.65
		AGA-0054168	\$5,200.28	\$4,178.35	\$0.00	\$0.00	\$1,021.93
		AGA-0054169	\$70.87	\$30.87	\$0.00	\$0.00	\$40.00
		AGA-0054209	\$10,097.12	\$0.00	\$0.00	\$3,849.86	\$6,247.26
		AGA-0054438	\$1,439.00	\$246.72	\$0.00	\$0.00	\$1,192.28
		AGA-0054443	\$161.07	\$0.00	\$0.00	\$0.00	\$161.07
		AGA-0054453	\$12,080.35	\$5,202.65	\$0.00	\$2,372.00	\$4,505.70

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2015	US561933	AGA-0055125	\$25,481.28	\$19,145.88	\$0.00	\$660.06	\$5,675.34
		AGA-0055238	\$410.00	\$290.33	\$0.00	\$0.00	\$119.67
		AGA-0055374	\$164.31	\$0.00	\$0.00	\$0.00	\$164.31
		AGA-0056077	\$5,089.28	\$3,414.03	\$0.00	\$305.28	\$1,369.97
		AGA-0056276	\$184.00	\$119.26	\$0.00	\$0.00	\$64.74
		AGA-0056277	\$726.00	\$343.08	\$0.00	\$0.00	\$382.92
		AGA-0056278	\$450.00	\$414.00	\$0.00	\$18.00	\$18.00
		AGA-0056279	\$436.00	\$0.00	\$0.00	\$0.00	\$436.00
		AGA-0056513	\$215.00	\$160.00	\$0.00	\$0.00	\$55.00
		AGA-0056691	\$1,446.00	\$1,073.00	\$0.00	\$0.00	\$373.00
		AGA-0057337	\$179.00	\$134.00	\$0.00	\$0.00	\$45.00
		AGA-0057520	\$310.00	\$24.00	\$0.00	\$0.00	\$286.00
		AGA-0057615	\$726.00	\$0.00	\$0.00	\$0.00	\$726.00
		AGA-0057631	\$1,388.00	\$1,058.00	\$0.00	\$0.00	\$330.00
		AGA-0057637	\$1,114.00	\$641.87	\$0.00	\$72.00	\$400.13
		AGA-0057639	\$198.58	\$179.35	\$0.00	\$0.00	\$19.23
		AGA-0057877	\$170.00	\$0.00	\$0.00	\$0.00	\$170.00
		AGA-0057882	\$595.00	\$515.00	\$0.00	\$0.00	\$80.00
		AGA-0058185	\$8,376.00	\$7,986.31	\$0.00	\$0.00	\$389.69
		AGA-0058727	\$5,581.29	\$3,061.54	\$0.00	\$0.00	\$2,519.75
		AGA-0059019	\$427.40	\$192.13	\$0.00	\$0.00	\$235.27
		AGA-0059150	\$323.02	\$0.00	\$0.00	\$0.00	\$323.02
		AGA-0059560	\$419.00	\$178.44	\$0.00	\$0.00	\$240.56
		AGA-0059605	\$2,408.13	\$0.00	\$0.00	\$926.26	\$1,481.87
		AGA-0059606	\$940.00	\$291.00	\$0.00	\$93.36	\$555.64
		AGA-0059686	\$110.00	\$80.00	\$0.00	\$0.00	\$30.00
		AGA-0059758	\$5,100.02	\$3,933.12	\$0.00	\$14.00	\$1,152.90
		AGA-0059839	\$2,016.00	\$1,250.00	\$0.00	\$0.00	\$766.00
		AGA-0059843	\$615.00	\$615.00	\$0.00	\$0.00	\$0.00
		AGA-0059856	\$140.56	\$0.46	\$0.00	\$0.00	\$140.10
		AGA-0059857	\$673.00	\$548.25	\$0.00	\$0.00	\$124.75

Claims Paid Analysis
Stephen F. Austin State Univ
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Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2015	US561933	AGA-0059858	\$970.00	\$581.68	\$0.00	\$0.00	\$388.32
		AGA-0059860	\$1,464.00	\$744.47	\$0.00	\$0.00	\$719.53
		AGA-0060414	\$186.32	\$77.44	\$0.00	\$0.00	\$108.88
		AGA-0061329	\$44,693.79	\$43,725.09	\$0.00	\$0.00	\$968.70
		AGA-0061424	\$240.00	\$210.00	\$0.00	\$0.00	\$30.00
		AGA-0062117	\$577.00	\$385.00	\$0.00	\$0.00	\$192.00
		AGA-0062336	\$569.00	\$0.00	\$0.00	\$232.61	\$336.39
		AGA-0062621	\$387.75	\$352.75	\$0.00	\$0.00	\$35.00
		AGA-0063365	\$364.00	\$0.00	\$0.00	\$0.00	\$364.00
		AGA-0063540	\$291.00	\$152.79	\$0.00	\$0.00	\$138.21
		AGA-0063911	\$1,300.00	\$1,230.34	\$0.00	\$0.00	\$69.66
		AGA-0064012	\$225.00	\$0.00	\$0.00	\$0.00	\$225.00
		AGA-0064312	\$260.47	\$209.12	\$0.00	\$0.00	\$51.35
		AGA-0064964	\$23,703.76	\$18,201.38	\$0.00	\$0.00	\$5,502.38
		AGA-0064979	\$927.00	\$684.59	\$0.00	\$0.00	\$242.41
		AGA-0065186	\$1,283.00	\$823.11	\$0.00	\$0.00	\$459.89
		AGA-0078865	\$850.77	\$220.99	\$0.00	\$0.00	\$629.78
		AGA-0079035	\$427.40	\$404.67	\$0.00	\$0.00	\$22.73
		AGA-0083529	\$12,139.00	\$10,658.60	\$0.00	\$0.00	\$1,480.40
		AGA-0084495	\$633.00	\$202.45	\$0.00	\$0.00	\$430.55
		AGA-0087725	\$440.00	\$226.44	\$0.00	\$0.00	\$213.56
		AGA-0090182	\$253.00	\$145.99	\$0.00	\$0.00	\$107.01
	Total		\$1,307,840.25	\$941,603.64	\$26,062.94	\$68,814.26	\$271,303.41
2016	US746419	AGA-0063164	\$29,808.71	\$26,845.50	\$0.00	\$243.25	\$2,719.96
		AGA-0063813	\$181.80	\$50.15	\$0.00	\$6.59	\$125.06
		AGA-0063814	\$5,590.79	\$4,532.80	\$0.00	\$0.00	\$1,057.99
		AGA-0064721	\$18,905.43	\$0.00	\$3,909.28	\$4,006.36	\$10,989.79
		AGA-0064817	\$40,246.33	\$37,092.80	\$0.00	\$0.00	\$3,153.53
		AGA-0064887	\$24,045.11	\$20,088.12	\$0.00	\$0.00	\$3,956.99
		AGA-0064915	\$36,397.26	\$33,538.46	\$0.00	\$0.00	\$2,858.80
		AGA-0064916	\$10,695.90	\$6,071.71	\$0.00	\$152.64	\$4,471.55

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2016	US746419	AGA-0064917	\$4,988.20	\$0.00	\$0.00	\$771.33	\$4,216.87
		AGA-0065219	\$1,304.75	\$336.63	\$0.00	\$152.64	\$815.48
		AGA-0065563	\$79.35	\$0.00	\$0.00	\$0.00	\$79.35
		AGA-0065897	\$135.00	\$85.00	\$0.00	\$0.00	\$50.00
		AGA-0066867	\$3,649.00	\$1,560.84	\$0.00	\$381.60	\$1,706.56
		AGA-0066868	\$1,809.70	\$1,101.57	\$0.00	\$0.00	\$708.13
		AGA-0066869	\$6,735.18	\$2,214.17	\$0.00	\$468.96	\$4,052.05
		AGA-0066999	\$22,458.49	\$19,475.57	\$0.00	\$516.72	\$2,466.20
		AGA-0067458	\$91,853.79	\$79,917.47	\$0.00	\$888.93	\$11,047.39
		AGA-0067462	\$221.70	\$0.00	\$0.00	\$0.00	\$221.70
		AGA-0067656	\$14,321.81	\$12,189.23	\$0.00	\$33.90	\$2,098.68
		AGA-0067801	\$5,644.02	\$468.48	\$4,258.02	\$0.00	\$917.52
		AGA-0067802	\$199.37	\$0.00	\$0.00	\$95.03	\$104.34
		AGA-0067803	\$5,305.96	\$0.00	\$3,909.28	\$207.15	\$1,189.53
		AGA-0068135	\$4,831.74	\$4,634.64	\$0.00	\$0.00	\$197.10
		AGA-0068728	\$319.75	\$303.08	\$0.00	\$0.00	\$16.67
		AGA-0069383	\$5,132.85	\$4,902.86	\$0.00	\$12.19	\$217.80
		AGA-0069584	\$7,578.47	\$5,859.24	\$0.00	\$76.32	\$1,642.91
		AGA-0070049	\$291.80	\$248.56	\$0.00	\$0.00	\$43.24
		AGA-0070147	\$29,955.97	\$28,700.74	\$0.00	\$0.00	\$1,255.23
		AGA-0070249	\$250.00	\$0.00	\$0.00	\$145.66	\$104.34
		AGA-0070285	\$413.34	\$0.00	\$0.00	\$0.00	\$413.34
		AGA-0070338	\$644.22	\$0.00	\$0.00	\$281.19	\$363.03
		AGA-0070487	\$515.00	\$489.69	\$0.00	\$0.00	\$25.31
		AGA-0070746	\$2,684.74	\$2,113.80	\$0.00	\$0.00	\$570.94
		AGA-0071321	\$206.73	\$0.00	\$0.00	\$0.00	\$206.73
		AGA-0071325	\$20,413.05	\$12,650.36	\$0.00	\$0.00	\$7,762.69
		AGA-0071327	\$342.45	\$42.34	\$0.00	\$12.19	\$287.92
		AGA-0071328	\$380.00	\$201.63	\$0.00	\$0.00	\$178.37
		AGA-0071331	\$425.88	\$0.00	\$0.00	\$61.23	\$364.65
		AGA-0071332	\$815.00	\$431.60	\$0.00	\$0.00	\$383.40

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2016	US746419	AGA-0071526	\$44,679.07	\$41,392.37	\$0.00	\$0.00	\$3,286.70
		AGA-0071713	\$527.64	\$0.00	\$0.00	\$130.69	\$396.95
		AGA-0071843	\$693.05	\$431.56	\$0.00	\$0.00	\$261.49
		AGA-0071844	\$814.75	\$524.15	\$0.00	\$0.00	\$290.60
		AGA-0071945	\$27,968.95	\$21,275.94	\$0.00	\$0.00	\$6,693.01
		AGA-0071947	\$1,145.00	\$926.22	\$0.00	\$0.00	\$218.78
		AGA-0072522	\$58.68	\$0.00	\$0.00	\$0.00	\$58.68
		AGA-0073069	\$390.47	\$0.00	\$0.00	\$0.00	\$390.47
		AGA-0073071	\$800.00	\$650.00	\$0.00	\$0.00	\$150.00
		AGA-0073074	\$4,118.00	\$2,183.00	\$0.00	\$0.00	\$1,935.00
		AGA-0073918	\$13,141.50	\$10,343.87	\$0.00	\$1,440.75	\$1,356.88
		AGA-0074156	\$7,395.33	\$6,128.83	\$0.00	\$0.00	\$1,266.50
		AGA-0074255	\$530.00	\$410.00	\$0.00	\$0.00	\$120.00
		AGA-0074291	\$130.79	\$0.00	\$0.00	\$0.00	\$130.79
		AGA-0074328	\$21,302.88	\$18,109.97	\$0.00	\$0.00	\$3,192.91
		AGA-0074361	\$142.92	\$0.00	\$0.00	\$0.00	\$142.92
		AGA-0074424	\$462.40	\$0.00	\$0.00	\$0.00	\$462.40
		AGA-0074429	\$630.00	\$580.00	\$0.00	\$0.00	\$50.00
		AGA-0074894	\$14,381.73	\$10,999.23	\$0.00	\$0.00	\$3,382.50
		AGA-0074922	\$15,114.87	\$8,449.21	\$0.00	\$2,200.50	\$4,465.16
		AGA-0075305	\$6,799.07	\$6,543.91	\$0.00	\$6.59	\$248.57
		AGA-0075997	\$495.00	\$455.00	\$0.00	\$0.00	\$40.00
		AGA-0075998	\$5,439.34	\$3,400.00	\$0.00	\$1,092.45	\$946.89
		AGA-0076001	\$720.85	\$0.00	\$0.00	\$76.32	\$644.53
		AGA-0076058	\$135.00	\$75.59	\$0.00	\$0.00	\$59.41
		AGA-0076296	\$344.00	\$290.92	\$0.00	\$0.00	\$53.08
		AGA-0076511	\$1,020.00	\$79.50	\$0.00	\$305.28	\$635.22
		AGA-0076750	\$1,176.73	\$734.86	\$0.00	\$0.00	\$441.87
		AGA-0076751	\$1,010.00	\$818.56	\$0.00	\$0.00	\$191.44
		AGA-0076752	\$6,005.87	\$5,219.86	\$0.00	\$77.61	\$708.40
		AGA-0076753	\$2,524.00	\$2,195.96	\$0.00	\$0.00	\$328.04

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2016	US746419	AGA-0076754	\$141.74	\$101.74	\$0.00	\$0.00	\$40.00
		AGA-0076887	\$671.00	\$320.00	\$0.00	\$0.00	\$351.00
		AGA-0077725	\$475.00	\$292.28	\$0.00	\$0.00	\$182.72
		AGA-0077885	\$432.00	\$0.00	\$0.00	\$0.00	\$432.00
		AGA-0077886	\$656.00	\$0.00	\$0.00	\$0.00	\$656.00
		AGA-0078155	\$5,466.91	\$4,602.96	\$0.00	\$0.00	\$863.95
		AGA-0078203	\$5,684.02	\$5,478.45	\$0.00	\$0.00	\$205.57
		AGA-0078205	\$5,254.89	\$4,577.44	\$0.00	\$0.00	\$677.45
		AGA-0078938	\$818.31	\$685.38	\$0.00	\$0.00	\$132.93
		AGA-0078960	\$520.00	\$400.00	\$0.00	\$0.00	\$120.00
		AGA-0079022	\$818.31	\$433.08	\$0.00	\$0.00	\$385.23
		AGA-0079092	\$389.00	\$278.17	\$0.00	\$0.00	\$110.83
		AGA-0079120	\$1,216.43	\$118.69	\$0.00	\$0.00	\$1,097.74
		AGA-0079236	\$157.00	\$80.53	\$0.00	\$0.00	\$76.47
		AGA-0079283	\$19,130.08	\$13,555.07	\$0.00	\$0.00	\$5,575.01
		AGA-0079365	\$1,446.00	\$1,171.00	\$0.00	\$54.00	\$221.00
		AGA-0079685	\$135.00	\$108.00	\$0.00	\$0.00	\$27.00
		AGA-0079725	\$360.00	\$210.24	\$0.00	\$0.00	\$149.76
		AGA-0079728	\$5,230.87	\$380.31	\$0.00	\$957.01	\$3,893.55
		AGA-0080311	\$377.42	\$189.55	\$0.00	\$0.00	\$187.87
		AGA-0080911	\$794.41	\$434.41	\$0.00	\$0.00	\$360.00
		AGA-0080913	\$206.53	\$165.41	\$0.00	\$0.00	\$41.12
		AGA-0081014	\$344.00	\$0.00	\$0.00	\$0.00	\$344.00
		AGA-0081015	\$330.00	\$291.40	\$0.00	\$0.00	\$38.60
		AGA-0081077	\$30.00	\$0.00	\$0.00	\$0.00	\$30.00
		AGA-0081078	\$30.00	\$0.00	\$0.00	\$0.00	\$30.00
		AGA-0081737	\$135.00	\$63.00	\$0.00	\$0.00	\$72.00
		AGA-0083221	\$278.00	\$0.00	\$0.00	\$0.00	\$278.00
		AGA-0083406	\$275.77	\$177.67	\$0.00	\$0.00	\$98.10
		AGA-0083594	\$22,291.00	\$9,081.85	\$0.00	\$4,744.00	\$8,465.15
		AGA-0083679	\$689.00	\$72.00	\$0.00	\$0.00	\$617.00

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid
2016	US746419	AGA-0083680	\$505.00	\$174.58	\$0.00	\$0.00	\$330.42
		AGA-0083700	\$70.87	\$0.00	\$0.00	\$14.19	\$56.68
		AGA-0083958	\$252.00	\$0.00	\$0.00	\$0.00	\$252.00
		AGA-0084147	\$847.62	\$384.98	\$0.00	\$135.71	\$326.93
		AGA-0084178	\$360.00	\$0.00	\$0.00	\$0.00	\$360.00
		AGA-0084198	\$330.00	\$300.00	\$0.00	\$0.00	\$30.00
		AGA-0084504	\$135.00	\$0.00	\$0.00	\$76.32	\$58.68
		AGA-0084507	\$2,249.00	\$1,241.80	\$0.00	\$190.00	\$817.20
		AGA-0084663	\$206.53	\$0.86	\$0.00	\$6.59	\$199.08
		AGA-0084674	\$480.00	\$64.99	\$0.00	\$145.66	\$269.35
		AGA-0084706	\$331.79	\$0.00	\$0.00	\$0.00	\$331.79
		AGA-0084716	\$635.00	\$444.93	\$0.00	\$0.00	\$190.07
		AGA-0084836	\$520.00	\$415.00	\$0.00	\$0.00	\$105.00
		AGA-0084982	\$3,274.87	\$6.83	\$0.00	\$1,012.19	\$2,255.85
		AGA-0085152	\$1,241.00	\$0.00	\$0.00	\$0.00	\$1,241.00
		AGA-0085952	\$250.00	\$0.00	\$0.00	\$145.66	\$104.34
		AGA-0086180	\$6,407.83	\$2,507.27	\$0.00	\$76.32	\$3,824.24
		AGA-0086585	\$207.89	\$0.86	\$0.00	\$6.59	\$200.44
		AGA-0086586	\$410.00	\$370.00	\$0.00	\$0.00	\$40.00
		AGA-0086587	\$500.00	\$474.23	\$0.00	\$0.00	\$25.77
		AGA-0087064	\$410.00	\$205.00	\$0.00	\$0.00	\$205.00
		AGA-0087677	\$167.00	\$42.00	\$0.00	\$0.00	\$125.00
		AGA-0087679	\$136.48	\$91.56	\$0.00	\$0.00	\$44.92
		AGA-0088671	\$15,922.19	\$13,837.92	\$0.00	\$0.00	\$2,084.27
		AGA-0088815	\$900.00	\$696.50	\$0.00	\$0.00	\$203.50
		AGA-0089243	\$830.00	\$806.00	\$0.00	\$0.00	\$24.00
		AGA-0089651	\$976.00	\$681.04	\$0.00	\$0.00	\$294.96
		AGA-0089652	\$243.65	\$0.00	\$0.00	\$43.75	\$199.90
		AGA-0089844	\$1,048.67	\$0.00	\$0.00	\$288.35	\$760.32
		AGA-0090049	\$720.00	\$555.45	\$0.00	\$0.00	\$164.55
		AGA-0090050	\$605.00	\$423.73	\$0.00	\$0.00	\$181.27

Claims Paid Analysis
Stephen F. Austin State Univ
From 2012 to 2016 Policy Years

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	School Savings	A-G Discounts	Total Paid		
2016	US746419	AGA-0090179	\$600.00	\$207.91	\$0.00	\$0.00	\$392.09		
		AGA-0090180	\$629.00	\$464.32	\$0.00	\$0.00	\$164.68		
		AGA-0090181	\$846.00	\$212.67	\$0.00	\$0.00	\$633.33		
		AGA-0090183	\$1,178.00	\$841.96	\$0.00	\$0.00	\$336.04		
		AGA-0090184	\$367.00	\$149.73	\$0.00	\$0.00	\$217.27		
		AGA-0090205	\$958.43	\$853.43	\$0.00	\$0.00	\$105.00		
		AGA-0090479	\$1,365.00	\$0.00	\$0.00	\$0.00	\$1,365.00		
		AGA-0090481	\$146.00	\$0.00	\$0.00	\$0.00	\$146.00		
		AGA-0090942	\$7,480.37	\$0.00	\$6,339.33	\$145.66	\$995.38		
		AGA-0091133	\$329.00	\$40.00	\$0.00	\$0.00	\$289.00		
		AGA-0091174	\$5,146.77	\$4,027.43	\$0.00	\$0.00	\$1,119.34		
		AGA-0091425	\$4,978.14	\$4,558.14	\$0.00	\$0.00	\$420.00		
		AGA-0091426	\$284.25	\$0.00	\$0.00	\$0.00	\$284.25		
		AGA-0091427	\$457.00	\$246.47	\$0.00	\$0.00	\$210.53		
		AGA-0091536	\$448.00	\$0.00	\$0.00	\$0.00	\$448.00		
		AGA-0091902	\$122.00	\$105.40	\$0.00	\$0.00	\$16.60		
		AGA-0091903	\$339.00	\$199.00	\$0.00	\$0.00	\$140.00		
		AGA-0092408	\$3,375.29	\$1,777.21	\$0.00	\$28.60	\$1,569.48		
			Total		\$724,882.86	\$529,043.38	\$18,415.91	\$21,914.67	\$155,508.90
		Grand Total			\$5,588,302.58	\$3,975,204.00	\$130,171.77	\$322,708.08	\$1,160,162.73