



## **RFP250254JLO**

### **Employee Benefits - Medical Stop-Loss Insurance Policy**

Issue Date: 9/12/2025

Questions Deadline: 10/17/2025 05:00 PM (ET)

Response Deadline: 10/22/2025 02:30 PM (ET)

### **Contact Information**

Contact: Jana Olsen

Address: Lee County Procurement Management  
Administration

1st Floor

Procurement Management Department

2115 Second Street, 1st Floor

Fort Myers, FL 33901

Phone: (239) 533-8848

Email: [jolsen@leegov.com](mailto:jolsen@leegov.com)

## Event Information

Number: RFP250254JLO  
Title: Employee Benefits - Medical Stop-Loss Insurance Policy  
Type: Request for Proposals  
Issue Date: 9/12/2025  
Question Deadline: 10/17/2025 05:00 PM (ET)  
Response Deadline: 10/22/2025 02:30 PM (ET)  
Notes: Notice to Contractor / Vendor / Proposer(s)  
Request for Proposal (RFP)  
Lee County, Florida, is requesting proposals from qualified individuals/firms for the attached solicitation.

Those individuals/firms interested in being considered for this solicitation are instructed to submit, in accordance with specifications, their sealed proposals, pertinent to this project prior to the date and time specified to the office of the Procurement Management Director, either electronically via Ion Wave *or* hand-delivered to 2115 Second Street, 1st Floor, Fort Myers, FL 33901.

Hand-delivered proposals shall be received in a sealed envelope, prior to the time scheduled to receive proposals, and shall be clearly marked with the solicitation name, solicitation number, bidder name, and contact information as identified in these solicitation documents. Download the Bid Invitation and complete all Attributes, Bid Lines if applicable, and Supplier Information. Ensure all requested attachments are included as specified and the Bid Invitation is signed and dated.

The sealed proposals submitted are to be publicly opened at the Lee County Procurement Management Division office located at 2115 Second Street, 1st Floor, Fort Myers, Florida 33901, and read aloud for the purpose of selecting a vendor to furnish; all necessary labor, services, materials, equipment, tools, consumables, transportation, skills and incidentals required for Lee County, Fort Myers, Florida, in conformance with solicitation documents, which include technical specifications and/or a scope of work.

The Scope of Work/Specifications for this solicitation is available from <https://leegov.ionwave.net>. Proposers who obtain Scope of Work/Specifications from sources other than <https://leegov.ionwave.net> are cautioned that the solicitation package may be incomplete. The County's official bidders list, addendum(s) and information must be obtained from <https://leegov.ionwave.net>. It is the proposer's responsibility to check for posted information. The County may not accept incomplete proposals.

Submissions containing corrupted, unreadable, or otherwise inaccessible documents may be considered non-responsive and may be disqualified from further evaluation.

Questions regarding this solicitation are to be submitted electronically at <https://leegov.ionwave.net> under the questions tab for this solicitation.

Sincerely,  
Robin Dennard, CPPB

Procurement Manager

\*<https://leegov.ionwave.net> is the County's official posting site

CAUTION: Proposers should take caution that the County is not responsible for any power outages or internet failures. It is suggested that you upload your response in adequate time to assure that it will post on the day prior to the closing time.

### Billing Information

Address: Lee County Clerk of Court  
Post Office Box 2238  
Fort Myers, FL 33902-2238

## Bid Activities

### Evaluation Meeting 1

11/6/2025 10:00:00 AM (ET)

The Evaluation Committee will meet to evaluate the proposals received. The Evaluation Committee will discuss, score, and rank each proposal received in accordance with the Evaluation Criteria listed within the solicitation.

The discussion/evaluation phase of the meeting is open to the public. Public comments are limited to three minutes per person.

**Location:** Lee County Procurement Management Office; 2115 Second Street, Fort Myers, FL 33901

## Bid Attachments

### RFP Standard NON-CCNA Terms and Conditions 06.12.24.pdf

[View Online](#)

RFP Standard NON-CCNA Terms and Conditions

### Lee County Insurance Requirement.pdf

[View Online](#)

Insurance Guide

### Special Conditions - RFP250254JLO.pdf

[View Online](#)

Special Conditions

### Detailed Specifications - RFP250254JLO.pdf

[View Online](#)

Detailed Specifications

### LCBOCC Stop Loss 2025 Attachment A.xlsx

[View Online](#)

Attachment A - Stop Loss Matrix

### Submittal Reqs and Eval Criteria - RFP250254JLO.pdf

[View Online](#)

Submittal Requirements and Evaluation Criteria

### Sunbiz\_Sample.pdf

[View Online](#)

Sunbiz\_Sample

### Affidavit Certification of Immigration Laws.pdf

[View Online](#)

Affidavit Certification of Immigration Laws

### Reference Survey.pdf

[View Online](#)

Reference Survey

## **Negligence Breach and or Non-Compliance Disclosure Form.pdf**

[View Online](#)

Negligence Breach and or Non-Compliance Disclosure Form

## **Sub-Contractor Consultant List.pdf**

[View Online](#)

Sub-Contractor Consultant List

## **Public Entity Crime Form.pdf**

[View Online](#)

Public Entity Crime Form

## **Affidavit of Compliance with Florida Statutes.pdf**

[View Online](#)

Affidavit of Compliance with Florida Statutes

## **Vendor Background Screening Affidavit.pdf**

[View Online](#)

Vendor Background Screening Affidavit

## **Sealed Proposal Label.pdf**

[View Online](#)

Sealed Proposal Label

## **Requested Attachments**

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### **Attachment A - Stop Loss Matrix**

*(Attachment required)*

Attachment A - Stop Loss Matrix Excel Sheet

### **Criteria 1: Qualifications**

*(Attachment required)*

Please refer to Submittal Requirements and Evaluation Criteria for further instructions and details on Criteria 1 - Qualifications

### **Criteria 2: Experience, Personnel & Reference**

*(Attachment required)*

Please refer to Submittal Requirements and Evaluation Criteria for further instructions and details on Criteria 2 - Experience, Personnel & Reference

### **Criteria 3: Plan of Approach & Pricing**

*(Attachment required)*

Please refer to Submittal Requirements and Evaluation Criteria for further instructions and details on Criteria 3 - Plan of Approach & Pricing

### **Criteria 4: Local Vendor Preference**

Please refer to Submittal Requirements and Evaluation Criteria for further instructions and details on Criteria 4 - Local Vendor Preference

### **Sunbiz Registration**

Please submit a copy of your registration **from the website** [www.sunbiz.org](http://www.sunbiz.org) establishing your firm as authorized (including authorized representatives) to conduct business in the State of Florida, as provided by the *Florida Department of State, Division of Corporations(a sample is attached for your reference)*.

### **Affidavit Certification of Immigration Laws**

*(Attachment required)*

Submission of this form constitutes acknowledgement that the Bidder is in compliance in regard to all applicable immigration laws.

## Reference Survey

(Attachment required)

Provide this form to reference respondents. **This form will be turned in with the proposal package.**

1. **Section 1:** Bidder/Proposer to complete with reference respondent's information prior to providing to them for their response. (This is not the Bidder/Proposer's information.)
2. **Section 2:** Enter the name of the Bidder/Proposer; provide the project information in which the reference respondent is to provide a response.
3. The reference respondent should complete "Section 3."
4. **Section 4:** The reference respondent to print and sign name
5. **Three (3) Reference responses** are to be **returned with the proposal package.**
6. Failure to obtain reference surveys may make your company non-responsive.

## Negligence Breach and or Non-Compliance Disclosure Form

(Attachment required)

The form may be used to disclose negligence or breach of contract litigation that your company may be a part of over the past ten years. You may need to duplicate this form to list all history. If the Proposer has more than 10 lawsuits, you may narrow them to litigation of the company or subsidiary submitting the solicitation response. Include, at a minimum, litigation for similar projects completed in the State of Florida. The final outcome should include in whose favor the litigation was settled and was a monetary amount awarded. The settlement amount may remain anonymous.

## Sub-Contractor Consultant List

(Attachment required)

If Sub-Contractors/Consultants be utilized on this project?, please complete and attach the "Sub-Contractor List" form. If sub-contractors will be utilized, but are unknown at the time of submission, attach the form stating "unknown at this time."

## Public Entity Crime Form

(Attachment required)

Any person or affiliate as defined by statute who has been placed on the convicted CONSULTANT list following a conviction for a public entity crime may not submit a bid or a contract to provide any goods or services to the County; may not submit a bid on a contract with the County for the construction or repair of a public building or public work; may not submit bids or leases of real property to the County; may not be awarded or perform works as a Proposer, supplier, sub Proposer, or consultant under a contract with the County, and may not transact business with the County in excess of \$25,000.00 for a period of 36 months from the date of being placed on the convicted CONSULTANT list.

## Affidavit of Compliance with Florida Statutes

(Attachment required)

Vendor pursuant to Florida Statute certifies that Vendor is not owned by a government of a foreign country of concern, a government of a foreign country of concern does not have a controlling interest in Vendor, and Vendor is not organized under the law of nor has its principal place of business in a foreign country of concern, as defined by statute.

## Vendor Background Screening Affidavit

(Attachment required)

By completing and signing this form, you are affirming compliance with Florida Statutes Chapter 435 regarding background checks and acknowledging responsibility for maintaining proper documentation for five years. Please read the affidavit carefully, complete all required sections, and have the form notarized.

1	<b>Company Name</b> Provide full company name as listed on Sunbiz. <hr/> <hr/> <hr/> <hr/> <hr/>
	<i>(Required: Maximum 100 characters allowed)</i>
	<b>Primary Point of Contact Name</b> Provide primary point of contact name and title for submitted information. <hr/> <hr/> <hr/>
	<i>(Required: Maximum 1000 characters allowed)</i>
	<b>Primary Point of Contact Email</b> Please provide an email address for the primary point of contact. <input type="text"/>
<i>(Required: Email address)</i>	
<b>Primary Point of Contact Telephone</b> Please provide a telephone number for the primary point of contact. <input type="text"/> (____) _____ - _____ ext: <input type="text"/>	
<i>(Required)</i>	
<b>Physical Business Address</b> Please provide the physical address for the company. <hr/> <hr/> <hr/>	
<i>(Required: Maximum 1000 characters allowed)</i>	
<b>Location Principal Place of Business</b> Principal place of business is located within the boundaries of: <input type="checkbox"/> Lee County, FL <input type="checkbox"/> Non-Local	
<i>(Required: Check only one)</i>	
<b>Longevity</b> Number of years at principal place of business: <input type="text"/>	
<i>(Required: Numbers only)</i>	

**8 Are you registered in the E-Verify system?**

Are you registered in the E-Verify system?

Florida law (§ 448.095, F.S.) requires all contractors and subcontractors entering into contracts with public agencies on or after January 1, 2021, to register with and use the federal E-Verify system to confirm the employment eligibility of all new hires. Contractors must ensure compliance before contract execution, as failure to do so may result in contract termination and ineligibility for future public contracts.

☐ Yes ☐ No

(Required: Check only one)

**9 Local Business Tax License #**

If applicable, provide Lee County business tax license number with expiration date. Attach a copy of the current license with your solicitation package.

(Optional: Maximum 1000 characters allowed)

**10 Addendum Acknowledgement**

**NOTE REQUIREMENT:** : IT IS THE SOLE RESPONSIBILITY OF THE BIDDER/PROPOSER TO CHECK LEE COUNTY PROCUREMENT MANAGEMENT WEB SITE FOR ANY ADDENDA ISSUED FOR THIS PROJECT. THE COUNTY WILL POST ADDENDA TO THIS WEB PAGE BUT WILL NOT NOTIFY.

By submitting this bid/proposal package, the Bidder/Proposer makes all representations required by the instructions and further warrants and represents that: Bidder/Proposer has examined copies of all the solicitation documents and addenda. Please acknowledge the number of addendum(s) reviewed.

(Required: Numbers only)

**11 Tax Payer Identification Number**

(1) Employer Identification Number -or- (2) Social Security Number:

\*\* Lee County collects your social security number for tax reporting purposes only

(Required: Maximum 20 characters allowed)

**12 Collusion Statement**

Lee County, Florida, the undersigned, as Bidder/Proposer, hereby declares that no person or other persons, other than the undersigned, are interested in this solicitation as Principal, and that this solicitation is submitted without collusion with others; and that we have carefully read and examined the specifications or scope of work, and with full knowledge of all conditions under which the services herein is contemplated must be furnished, hereby bid/propose and agree to furnish this service according to the requirements set out in the solicitation documents, specifications or scope of work for said service for the prices as listed on the county provided price sheet or (CCNA) agree to negotiate prices in good faith if a contract is awarded.

☐ Accept ☐ Reject

(Required: Check only one)



**1  
3** **Scrutinized Companies Certification**

Section 287.135, FL §, "Prohibition against contracting with scrutinized companies." Prohibits agencies from contracting with companies, for goods or services over \$1,000,000, that are on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, Scrutinized Companies that Boycott Israel List, have been engaged in a boycott of Israel, or been engaged in business operations in Cuba or Syria. The County reserves the right to review, on a case-by-case basis, and waive this stipulation if it is deemed to advantageous to the County.

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above is in compliance with Section 287.135, FL §. I understand that submission of a false certification may subject company to contract termination, civil penalties, attorney's fees, and/or costs.

☐ Certify ☐ Reject

(Required: Check only one)

**1  
4** **Business Relationship Disclosure**

**Business Relationship Disclosure Requirement:** Sections 112.313(3) and 112.313(7), FL §, prohibit certain business relationships on the part of public officers and employees, their spouses, and their children. See Part III, Chapter 112, FL §, and/or the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers, Candidates and Employees" for more details on these prohibitions. However, Section 112.313(12), FL § (1983), provides certain limited exemptions to the above-referenced prohibitions, including one where the business is awarded under a system of sealed, competitive bidding; the public official has exerted no influence on bid negotiations or specifications; and where disclosure is made, prior to or at the time of the submission of the bid, of the official's or his spouse's or child's interest and the nature of the intended business. The Commission on Ethics has promulgated this form for such disclosure, if and when applicable to a public officer or employee.

**If this disclosure is applicable, request form "INTEREST IN COMPETITIVE BID FOR PUBLIC BUSINESS" (Required by 112.313(12)(b), FL § (1983)) to be completed and returned with solicitation response. It is the bidder/proposer's responsibility to disclose this relationship, failure to do so could result in being declared non-responsive.**

☐ Business Relationship Applicable (request form) ☐ Business Relationship NOT Applicable

(Required: Check only one)

**1  
5** **Disadvantaged Business Enterprise**

Disadvantaged, Minority, Women, Veterans Business Enterprise (DBE, MBE, WBE, VBE) Proposer? If yes, please attach a current certificate.

☐ Yes (Current certificate is attached) ☐ No

(Required: Check only one)

**1  
6** **Acknowledge Completion Requirements and Pricing**

I acknowledge and understand that any blank spaces on the form(s), qualifying notes or exceptions, counter offers, lack of required submittals, or signatures on any forms may result in the submission being declared non-responsive by the County. Pricing shall be inclusive of all labor, equipment, supplies, overhead, profit, material, and any other incidental costs required to perform and complete all work as specified in the Contract Documents. All Unit Prices will be bid at the nearest whole penny. In the event there is a discrepancy between a subtotal or total amount and the unit prices and extended amounts, the unit prices will prevail and the corrected extension(s) and total(s) will be considered the price. The County will only accept bids submitted on bid forms provided by the County. Bids submitted on other forms, other than those provided by the County, will be deemed non-responsive and ineligible for award. Bidders may not adjust or modify County-authored data as provided within the Bid Schedule. Bids received with modified data may deem the Bidder as non-responsive and ineligible for award.

☐ I agree.

(Required: Check if applicable)

**1  
7** **Vendor Acknowledgement and Acceptance of Terms and Conditions**

The Terms and Conditions have been reviewed and are being accepted by the submission of this proposal.

☐ Acknowledge and Accept

(Required: Check if applicable)



1  
8

**Vendor Acknowledgement and Acceptance of Insurance Requirements**

The Lee County Insurance Requirements have been reviewed and are being accepted by the submission of this proposal.

☐ Acknowledge and Accept

*(Required: Check if applicable)*

1  
9

**Vendor Acknowledgement and Acceptance of Special Conditions**

The Special Conditions have been reviewed and are being accepted by the submission of this proposal.

☐ Acknowledge and Accept

*(Required: Check if applicable)*

2  
0

**Vendor Acknowledgement and Acceptance of Detailed Specifications**

The Detailed Specifications have been reviewed and are being accepted by the submission of this proposal.

☐ Acknowledge and Accept

*(Required: Check if applicable)*

2  
1

**Vendor Acknowledgement and Acceptance of Submittal Requirements and Evaluation Criteria**

The Submittal Requirements and Evaluation Criteria have been reviewed and are being accepted by the submission of this proposal.

☐ Acknowledge and Accept

*(Required: Check if applicable)*

2  
2

**Requirements / Related Project Experience**

Is your company a carrier that provides these services directly and not an independent agent or broker?

☐ Yes ☐ No

*(Required: Check only one)*

Supplier Information

Company Name:

Contact Name:

Address:

Phone:

Fax:

Email:

Supplier Notes

By submitting responses to Lee County Procurement Management, each vendor hereby agrees to the terms and conditions stated herein. Vendor hereby agrees to conducting transactions with Lee County Procurement Management by electronic means. The vendor and Lee County agree that electronic signatures of the vendor included in documents to Lee County Procurement Management are intended to authenticate the writing. The vendors’ electronic signature shall have the same force and effect as manual signatures. Electronic Signature means any electronic sound, symbol, or process attached to or logically associated with a record and executed and adopted by a party with the intent to sign such record, including facsimile or email electronic signatures pursuant to the Electronic Signature Act of 1996 (Fla. Stat. § 668.001 et seq.) and the Uniform Electronic Transaction Act (Fla. Stat. § 668.50) as amended from time to time.

Print Name

Signature

## **DETAILED SPECIFICATIONS**

### **1. GENERAL SCOPE OF PROJECT**

1.1. Lee County Board of County Commissioners seeks to contract with a qualified Vendor to provide Stop Loss insurance coverage for its employees.

1.1.1. Any plan proposed should be on a group contract basis.

1.1.2. The Stop Loss coverage will commence January 1, 2026.

### **2. OVERVIEW**

2.1. The County currently provides Stop Loss insurance coverage for its employees. As of January 2025, approximately 3,295 employees are enrolled in the medical plan.

2.2. The County desires to continue to provide such benefits to all qualifying personnel. A full census file has been provided with the solicitation.

2.3. Currently, Aon will be providing consulting services for this solicitation and will be the agent of record for the account.

2.4. During the solicitation process, all communication must be through the County's Procurement Management Department contact listed: Jana Olsen, [jolsen@leegov.com](mailto:jolsen@leegov.com). **No direct contact** shall be made to the consulting firm, county department, or any person other than the Procurement Management Department contact listed herein.

2.4.1. Any and all questions must be submitted via [Ionwave Login](#) for the specific project.

### **3. MISC. TERMS AND PROVISIONS**

3.1. The County reserves the right to change the coverage at any time during the term of the Agreement.

3.2. Vendor should match the current plan design and any requested plan design options as described within the specifications and Attachment A – Disability Matrix of the solicitation.

### **4. REQUIREMENTS/RELATED PROJECT EXPERIENCE**

4.1. The County will only contract with carriers and companies that provide these services.

4.2. The County will not contract with independent agents or brokers to provide these services.

**End of Detailed Specifications**

## SPECIAL CONDITIONS

These are conditions applicable to this solicitation only and have not been included in the County's standard Terms and Conditions nor the Scope of Work.

1. To allow proposers adequate time to review the solicitation documents and prepare a proposal submission package, we have included all information currently available. It is the County's intent to provide a report of major claims as soon as the report has been completed. The report will be published in the form of an addendum posted in Ion Wave under solicitation number RFP250254JLO.
2. **SPECIAL INSTRUCTIONS – PLEASE CAREFULLY READ AND FOLLOW**

- 2.1. Vendors shall submit their proposals in two phases as instructed below. **Proposals must be submitted exactly as instructed. If the Vendor's proposal is not submitted exactly as instructed, the proposal will be deemed non-responsive.**

### **2.1.1. Phase One**

- 2.1.1.1. Vendor shall submit a proposal either electronically via Ion Wave or hand-delivered to **Lee County Procurement Management Department at 2115 Second Street, 1st Floor, Fort Myers, FL 33901 no later than 2:30PM on October 22, 2025.** Vendors must submit their proposal to Lee County Procurement Management Department before submitting through Aon's Greater Insight system, as instructed in Phase Two.

- 2.1.1.2. Failure to submit a proposal to Lee County Procurement Management Department on or before the Due Date / Opening Date **shall deem Vendor Non-Responsive and therefore ineligible for award.**

### **2.1.2. Phase Two**

- 2.1.2.1. In addition to Vendors submitting their proposals as instructed in Phase One, Vendors must also submit their proposal via Aon's Greater Insight System **between 2:30PM on October 22, 2025 and 5:00PM on October 23, 2025. Submissions received outside of these timeframes may be deemed as non-responsive upon review by the Procurement Management Department.**

#### **2.1.2.1.1 Vendors currently on the Aon Stop Loss Panel**

- 2.1.2.1.1.1. Use your login credentials to enter your proposal into the Greater Insight System. You must also submit your proposal to the Procurement Management Department as instructed in Phase One.

#### **2.1.2.1.2 Vendors not currently an Aon Stop Loss panel carrier**

- 2.1.2.1.2.1 Request access to the Aon Greater Insight portal by providing your contact information as soon as possible to Jana Olsen, Procurement Analyst for Lee County Procurement Management, via email at [jolsen@leegov.com](mailto:jolsen@leegov.com). You must also submit your proposal to the Procurement Management Department as instructed in Phase One.

## 3. PROJECT TERM

- 3.1 The Vendor shall be responsible for furnishing and delivering to the Lee County requesting Department(s) the commodity or services on an "as needed basis" for an initial one-year (1) period. Upon mutual written agreement of both parties, the parties may renew the Agreement, in whole or in part, for a renewal term or

terms not to exceed the term of three (3) years. The increments of renewal shall be at the sole discretion of the County as deemed in its best interest.

- 3.2 The commencement date of the Agreement is expected to be January 1, 2026. The County reserves the right to adjust this commencement date at its discretion, where deemed in its best interest.

#### **4. LOCAL PREFERENCE**

- 4.1 The Lee County Local Vendor Preference shall be included as part of the evaluation process for this project. As such, Lee County at its sole discretion may choose to award a preference to any qualified Local Vendor.

**End of Special Conditions**

## SUBMITTAL REQUIREMENTS & EVALUATION CRITERIA

### 1. SUBMITTAL REQUIREMENTS & EVALUATION CRITERIA

- 1.1 Interested firms shall include the following information in their submittal responses to this solicitation. The following format and sequence should be followed in order to provide consistency in the firm's responses and to ensure each proposal receives full consideration. Use paper settings of 8 ½ x 11 sheet pages only with minimum font size of 10 points and with tabs or section dividers to separate sections as defined below. Electronic submission sections shall be saved as individual files to attach. More than one section is permitted on one page unless otherwise indicated below. Undesignated information shall be uploaded in the 'Other Attachments' section of the Response Tab or inserted at the rear of each paper submittal package. Place page numbers at the bottom of every page, excluding dividers if submitting a paper proposal. Proposal documents should not contain links to other web pages; such links will not be reviewed for evaluation purposes.
- 1.2 Submittal package printed single-sided (if paper proposal). **PLEASE INCLUDE PAGE CRITERIA/SECTION DIVIDERS FOR PAPER PROPOSALS AND NAME EACH ATTACHMENT ACCORDING TO THE CRITERIA FOR ELECTRONIC SUBMITTALS** so that those evaluating your submittal can easily compare each section with others that are submitted. If any of the information provided by the Proposer is found to be, in the sole opinion of the Evaluation Committee and Procurement Management Director, substantially unreliable, their proposal may be rejected.
- 1.3 For paper proposals, proposers shall submit one (1) original hard copy (clearly marked as such) and one (1) electronic version on a USB flash drive set(s) containing the proposal submittal in an unlocked PDF format. The County may request specific files be submitted in specialty format (IE: Provide a Project Timeline in Excel format.) Proposer shall accommodate such specialty requests as stated within the submittal requirements describe herein. Should files not be provided in the format or quantity as requested Proposer may be deemed non-Responsive and therefore ineligible for award. Limit the color and number of images to avoid unmanageable file sizes.

#### **COVER PAGE: Introduction**

- Project RFP Number & Name
- Firm's Name & Address
- Firm's Contact Person & Information (phone, fax and email address)
- How many years has Proposer been in business under present name?
- Under what other former names has your organization operated?
- **Complete Attachment A – Tab: Cover Page**

#### **CRITERIA 1: Qualifications of Company**

- Provide a description of your firm, your firm's experience, and underlying philosophy in providing the services as described and requested herein. Description should include details such as: abilities, capacity, skill, strengths, number of years, location of office(s), as well as MBE, WBE, DBE, VBE or similar status, and recent, current, and/or projected workload, etc...
- Provide a brief description of your company's financial condition and indicate your company's AM Best Financial Rating. It is desired that companies maintain an A- or better AM Best Report financial rating.
- **Complete Attachment A – Tab 1: Qualifications**



## **CRITERIA 2: Company Relevant Experience, Personnel & Reference**

- Provide a list of entities your firm currently provides coverage for that are similar in size and coverage that being described herein.
- Provide greater detail of a maximum of three (3) projects/accounts similar in scope and size to that being requested through this solicitation that your firm has completed recently or currently services. Details for each project/account example provided should include:
  - Client Name
  - Medical Enrolled Count
  - Point of contact Name, Title, Phone and Email
- Provide a statement of understanding that your Company recognizes the County reserves the right to evaluate the proposing Company on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.) as part of their experience criteria.
- Provide a detailed description of the firm's specific project management team, inclusive of sub-Consultants anticipated to be utilized, that will be assigned to the Lee County contract. Identify the roles and responsibilities of the primary team members as they pertain/apply to the Project Approach and include details that demonstrate individual's knowledge and understanding of the types of services to be performed as well as previous experience in similar or related work.
- Firm must identify staff member that will serve as Project Director that shall be authorized and responsible to act on behalf of the Consultant with respect to directing, coordinating and administering all aspects of the services to be provided and performed.
- Provide a statement acknowledging your firm's understanding that the project management team/key team members assigned to the Lee County contract, as described above, shall not be substituted without the expressed permission of Lee County.
- Provide resumes, licensure, and certifications of proposed specific project management team, inclusive of sub-Consultants anticipated to be utilized, to be assigned to the Lee County contract.
- **Complete Attachment A – Tab 2: Experience & Reference**

*\*Firms are encouraged to submit valid copies of MBE, WBE, DBE, VBE or similar certifications for adequate committee consideration."*

## **CRITERIA 3: Plan Design & Pricing Proposal**

- Provide a detailed Plan of Approach that explains how your Company intends to comply with and meet the anticipated deliverables as detailed within this solicitation.
- Provide a price proposal based on the current plan design (\$475 ISL)
- Provide pricing on these additional options:
  - Specific Deductible at \$500,000 and \$525,000
- **Complete Attachment A – Tab 3: Plan Design & Pricing**

## **CRITERIA 4: Local Vendor Preference**

- If applicable, provide documentation supporting your firm's physical business address located within the boundaries of Lee County, Florida; having at least two (2) full-time employees in Lee County; and a Local Business Tax Receipt issued by Lee County at least one year prior to solicitation opening.
  - All qualified local vendors will be awarded five (5) points out of a possible one hundred (100) point score.

## **Paper Proposal ONLY - Response Attachments**

- Proposals shall include all forms located in the solicitation Response Attachments tab. Failure to include all forms may deem proposer non-responsive and therefore ineligible for award.

## 2. SCORING CRITERIA & WEIGHT

CRITERIA	CRITERIA DESCRIPTION	MAX. POINTS AVAILABLE
1	Qualifications of Firm (Tab 1)	20
2	Relevant Experience, Personnel & Reference (Tab 2)	25
3	Plan Design & Pricing (Tab 3)	50
4	Local Vendor Preference	5
<b>TOTAL POINTS</b>		<b>100</b>
<i>*Additional details and documents found within submittal package, although not located within criteria as listed above, may be reviewed and considered by evaluation committee when scoring Proposers.</i>		

## 3. RFP SUBMISSION SCHEDULE

Submission Description	Date(s)	Time
Advertise Request for Proposal (RFP)	Friday, September 12, 2025	N/A
Pre-Proposal Meeting	N/A	N/A
Proposal Question Deadline	8 Calendar days prior to submission deadline	Prior to 5:00 PM
Submission Deadline	Wednesday, October 22, 2025	Prior to 2:30 PM
First Committee Meeting & Discussion	TBD	TBD
Notify Shortlist Selection via e-mail (If applicable)	TBD	N/A
Final Scoring/Selection Meeting (If applicable)	TBD	TBD
Board Meeting	Tuesday, December 2, 2025	9:30 AM

### **PUBLIC MEETING NOTICES AFTER OPENING SHALL BE POSTED TO THE AWARD DETAILS SECTION WITHIN EACH SOLICITATION.**

#### **Additional notes on Submission Schedule:**

- *Submission Schedule is provided as a guideline only and is subject to change at the discretion of Lee County authorized personnel.*
- *Changes in closing date or other parameters may occur and will be posted to the Lee County Procurement website. It shall be the responsibility of Contractor to verify all dates through County website.*
- *Unless otherwise stated, location of all openings and meetings will take place at **2115 Second Street, 1<sup>st</sup> Floor, Fort Myers, FL 33901.***

*End of Submittal Requirements & Evaluation Criteria Section*



**Solicitation No.:** RFP250254JLO

**Solicitation Name:** Employee Benefits – Medical Stop-Loss Insurance Policy

**Subject:** Addendum Number 1

The following represents clarification, additions, deletions, and/or modifications to the above referenced bid. This addendum shall hereafter be regarded as part of the solicitation. Items not referenced herein remain unchanged, including the response date. Words, phrases or sentences with a strikethrough represent deletions to the original solicitation. Underlined words and bolded, phrases or sentences represent additions to the original solicitation.

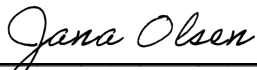
**1. ATTACHMENT:**

**See attached file containing updated claims through September 2025:**

- **HighClaimants MedRx 10-24 through 9-25.**

**BIDDER/PROPOSER IS ADVISED, YOU ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THIS ADDENDUM WHEN SUBMITTING A BID/PROPOSAL. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE BIDDER/PROPOSER BEING CONSIDERED NON-RESPONSIVE.**

**ALL OTHER TERMS AND CONDITIONS OF THE SOLICITATION DOCUMENTS ARE AND SHALL REMAIN THE SAME.**

  
\_\_\_\_\_  
Jana Olsen

Procurement Analyst Direct Line: 239-533-8848  
Lee County Procurement Management

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

Large Claim Listing

Contractholder Number - 881673

- This report is designed to meet your need for data in evaluating your benefit plan. We have removed individual member identifiers (e.g., name, ID number, etc.) because most plan sponsors find that their needs can be met without identifiers and also to comply with state and federal health information privacy regulations.
- Amounts below reflect Medical and RX costs.

Total Group

Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 1	\$557,048	\$0	\$1,360,138	\$1,917,186	Acute Upper Respiratory Infection, Unspecified	Child	881673-17-001
Claimant 2	\$460,895	\$43,624	\$456,746	\$961,265	Sepsis, Unspecified Organism	Subscriber	881673-17-251
Claimant 3	\$710	\$614,324	\$263,544	\$878,578	Laceration Without Foreign Body Of Left Eyelid And Periocular Area, Initial Encounter	Subscriber	881673-17-001
Claimant 4	\$464,298	\$25,202	\$380,694	\$870,195	Sepsis, Unspecified Organism	Subscriber	881673-16-012
Claimant 5	\$3,467	\$471,533	\$314,557	\$789,557	Fecal Impaction	Subscriber	881673-17-003
Claimant 6	\$511,722	\$12,240	\$200,552	\$724,515	Other Postprocedural Complications And Disorders Of Respiratory System, Not Elsewhere	Spouse	881673-16-003
Claimant 7	\$484,604	\$902	\$136,514	\$622,020	Incisional Hernia Without Obstruction Or Gangrene	Spouse	881673-16-001
Claimant 8	\$535,728	\$742	\$0	\$536,470	Malignant Neoplasm Of Unspecified Part Of Left Bronchus Or Lung	Subscriber	881673-17-001
Claimant 9	\$447,438	\$11,474	\$0	\$458,913	Other Malignant Neuroendocrine Tumors	Spouse	881673-16-001
Claimant 10	\$418,066	\$39,134	\$0	\$457,200	Infection And Inflammatory Reaction Due To Peritoneal Dialysis Catheter, Initial Encounter	Spouse	881673-17-001
Claimant 11	\$259,187	\$196,984	\$0	\$456,171	Dehydration	Subscriber	881673-17-001
Claimant 12	\$46,147	\$408,295	\$0	\$454,442	Lung Transplant Infection	Child	881673-17-003
Claimant 13	\$413,638	\$1,502	\$0	\$415,139	Dysphagia, Unspecified	Subscriber	881673-16-001
Claimant 14	\$393,927	\$15,712	\$0	\$409,639	Nonrheumatic Aortic (valve) Stenosis	Subscriber	881673-17-001
Claimant 15	\$304,520	\$25,356	\$43,210	\$373,086	Postprocedural Hemorrhage Of A Circulatory System Organ Or Structure Following Other	Subscriber	881673-17-012
Claimant 16	\$331,124	\$40,229	\$0	\$371,353	Infection And Inflammatory Reaction Due To Internal Right Knee Prosthesis, Initial Encounter	Subscriber	881673-17-012
Claimant 17	\$324,274	\$0	\$41,097	\$365,370	Restricted Diagnosis	Domestic	881673-17-001
Claimant 18	\$333,305	\$2,461	\$0	\$335,765	Malignant Neoplasm Of Prostate	Subscriber	881673-16-001
Claimant 19	\$332,575	\$1,895	\$0	\$334,470	Other Specified Sepsis	Child	881673-16-001
Claimant 20	\$1,932	\$330,669	\$0	\$332,601	Complete Rotator Cuff Tear Or Rupture Of Left Shoulder, Not Specified As Traumatic	Spouse	881673-16-012
Claimant 21	\$274,346	\$46,051	\$0	\$320,397	Type 2 Diabetes Mellitus With Diabetic Autonomic (poly)neuropathy	Spouse	881673-17-001
Claimant 22	\$4,127	\$314,788	\$0	\$318,915	Sensorineural Hearing Loss, Bilateral	Subscriber	881673-16-014
Claimant 23	\$294,426	\$19,841	\$0	\$314,267	Bloodstream Infection Due To Central Venous Catheter, Initial Encounter	Subscriber	881673-16-002



## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

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- Amounts below reflect Medical and RX costs.

### Total Group

#### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 24	\$24,007	\$287,401	\$0	\$311,408	Calculus Of Gallbladder With Chronic Cholecystitis Without Obstruction	Spouse	881673-17-001
Claimant 25	\$967	\$309,095	\$0	\$310,062	Azoospermia Due To Systemic Disease	Subscriber	881673-17-001
Claimant 26	\$304,015	\$5,279	\$0	\$309,294	Malignant Neoplasm Of Descending Colon	Subscriber	881673-16-013
Claimant 27	\$243,737	\$55,743	\$0	\$299,479	Dizziness And Giddiness	Spouse	881673-16-001
Claimant 28	\$290,287	\$1,685	\$0	\$291,972	Non-st Elevation (nSTEMI) Myocardial Infarction	Subscriber	881673-16-001
Claimant 29	\$5,046	\$286,317	\$0	\$291,363	Cellulitis Of Right Upper Limb	Subscriber	881673-16-012
Claimant 30	\$6,756	\$284,325	\$0	\$291,081	Essential (primary) Hypertension	Subscriber	881673-16-005
Claimant 31	\$289,231	\$107	\$0	\$289,339	Acute Duodenal Ulcer With Hemorrhage	Spouse	881673-16-001
Claimant 32	\$47,373	\$236,684	\$0	\$284,057	Cholesteatoma Of Attic, Left Ear	Subscriber	881673-17-005
Claimant 33	\$271,516	\$8,625	\$0	\$280,141	Spinal Stenosis, Lumbar Region With Neurogenic Claudication	Subscriber	881673-16-013
Claimant 34	\$263,043	\$11,733	\$0	\$274,776	Malignant Neoplasm Of Upper Lobe, Right Bronchus Or Lung	Subscriber	881673-16-001
Claimant 35	\$3,497	\$266,418	\$0	\$269,915	Headache, Unspecified	Subscriber	881673-17-012
Claimant 36	\$269,006	\$5	\$0	\$269,012	Preterm Newborn, Gestational Age 30 Completed Weeks	Child	881673-16-003
Claimant 37	\$252,622	\$12,131	\$0	\$264,752	Other Spondylosis With Radiculopathy, Lumbar Region	Spouse	881673-16-003
Claimant 38	\$1,632	\$239,103	\$0	\$240,735	Abnormal Findings On Diagnostic Imaging Of Liver And Biliary Tract	Subscriber	881673-17-001
Claimant 39	\$228,288	\$11,408	\$0	\$239,696	Other Pericardial Effusion (noninflammatory)	Subscriber	881673-16-001
Claimant 40	\$221,198	\$7,597	\$0	\$228,796	Encounter For Antineoplastic Chemotherapy	Subscriber	881673-17-001
Claimant 41	\$3,715	\$222,364	\$0	\$226,079	Chronic Myeloid Leukemia, Bcr/abl-positive, Not Having Achieved Remission	Subscriber	881673-16-001
Claimant 42	\$219,382	\$4,250	\$0	\$223,631	Nonrheumatic Aortic (valve) Stenosis With Insufficiency	Subscriber	881673-17-001
Claimant 43	\$217,917	\$180	\$0	\$218,097	Atherosclerotic Heart Disease Of Native Coronary Artery With Unstable Angina Pectoris	Subscriber	881673-17-001
Claimant 44	\$3,349	\$207,175	\$0	\$210,524	Ventricular Premature Depolarization	Spouse	881673-16-001
Claimant 45	\$26,479	\$182,188	\$0	\$208,667	Contusion Of Eyeball And Orbital Tissues, Right Eye, Initial Encounter	Child	881673-17-001
Claimant 46	\$49,147	\$159,227	\$0	\$208,374	Rectal Abscess	Child	881673-16-001



## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

Contractholder Number - 881673

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#### Total Group

##### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 47	\$57,579	\$139,625	\$0	\$197,204	Crohn's Disease Of Both Small And Large Intestine With Unspecified Complications	Subscriber	881673-17-001
Claimant 48	\$9,723	\$187,405	\$0	\$197,128	Follicular Disorder, Unspecified	Spouse	881673-17-017
Claimant 49	\$65,374	\$131,547	\$0	\$196,922	Other Intestinal Obstruction Unspecified As To Partial Versus Complete Obstruction	Subscriber	881673-17-012
Claimant 50	\$60,976	\$0	\$134,140	\$195,117	Sepsis, Unspecified Organism	Spouse	881673-16-001
Claimant 51	\$192,946	\$32	\$0	\$192,978	Multiple Sclerosis	Spouse	881673-17-001
Claimant 52	\$19,794	\$169,623	\$0	\$189,416	Ulcerative (chronic) Rectosigmoiditis With Rectal Bleeding	Subscriber	881673-16-001
Claimant 53	\$176,304	\$12,563	\$0	\$188,866	Displaced Fracture Of Greater Tuberosity Of Left Humerus, Initial Encounter For Closed Fracture	Subscriber	881673-17-001
Claimant 54	\$2,045	\$185,222	\$0	\$187,266	Noninfective Gastroenteritis And Colitis, Unspecified	Subscriber	881673-17-003
Claimant 55	\$164,853	\$21,953	\$0	\$186,806	Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic	Spouse	881673-16-001
Claimant 56	\$184,843	\$638	\$0	\$185,481	Abscess Of Lung With Pneumonia	Subscriber	881673-16-008
Claimant 57	\$60,248	\$121,154	\$0	\$181,403	Generalized Abdominal Pain	Subscriber	881673-16-001
Claimant 58	\$180,591	\$393	\$0	\$180,983	Nonrheumatic Aortic (valve) Stenosis With Insufficiency	Subscriber	881673-16-003
Claimant 59	\$24,606	\$155,881	\$0	\$180,486	Crohn's Disease, Unspecified, Without Complications	Subscriber	881673-16-001
Claimant 60	\$154,205	\$22,130	\$0	\$176,335	Takotsubo Syndrome	Spouse	881673-16-001
Claimant 61	\$105,155	\$69,761	\$0	\$174,916	Type 2 Diabetes Mellitus With Diabetic Peripheral Angiopathy With Gangrene	Subscriber	881673-17-001
Claimant 62	\$81,690	\$92,874	\$0	\$174,564	Malignant Neoplasm Of Left Kidney, Except Renal Pelvis	Subscriber	881673-16-003
Claimant 63	\$3,633	\$169,746	\$0	\$173,379	Chest Pain, Unspecified	Child	881673-16-251
Claimant 64	\$4,587	\$168,656	\$0	\$173,243	Hypereosinophilic Syndrome (hes), Unspecified	Child	881673-17-001
Claimant 65	\$171,576	\$261	\$0	\$171,837	Displaced Pilon Fracture Of Right Tibia, Initial Encounter For Closed Fracture	Child	881673-17-017
Claimant 66	\$51,989	\$119,571	\$0	\$171,559	Malignant Neoplasm Of Right Kidney, Except Renal Pelvis	Subscriber	881673-16-012
Claimant 67	\$162,949	\$6,707	\$0	\$169,656	Hypertensive Heart And Chronic Kidney Disease With Heart Failure And With Stage 5 Chronic Kidney Disease, Or End Stage Renal Disease	Spouse	881673-17-012
Claimant 68	\$149,945	\$19,293	\$0	\$169,238	Incisional Hernia Without Obstruction Or Gangrene	Spouse	881673-16-013





## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

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#### Total Group

##### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 69	\$99,324	\$68,991	\$0	\$168,315	Sepsis, Unspecified Organism	Subscriber	881673-16-002
Claimant 70	\$4,144	\$163,587	\$0	\$167,731	Other Cerebral Infarction	Spouse	881673-17-012
Claimant 71	\$93,049	\$70,215	\$0	\$163,264	Covid-19	Subscriber	881673-16-013
Claimant 72	\$154,224	\$8,492	\$0	\$162,716	Malignant Neoplasm Of Upper-outer Quadrant Of Left Female Breast	Spouse	881673-17-001
Claimant 73	\$25,011	\$135,612	\$0	\$160,624	Multiple Myeloma In Relapse	Subscriber	881673-17-012
Claimant 74	\$128,203	\$25,582	\$0	\$153,785	Atherosclerotic Heart Disease Of Native Coronary Artery With Other Forms Of Angina Pectoris	Subscriber	881673-17-002
Claimant 75	\$58,286	\$93,603	\$0	\$151,889	Acute Transverse Myelitis In Demyelinating Disease Of Central Nervous System	Spouse	881673-17-001
Claimant 76	\$151,471	\$4	\$0	\$151,476	Twin Liveborn Infant, Delivered By Cesarean	Child	881673-16-001
Claimant 77	\$9,333	\$140,735	\$0	\$150,068	Interstitial Pulmonary Disease, Unspecified	Spouse	881673-17-014
Claimant 78	\$147,999	\$0	\$0	\$147,999	Single Liveborn Infant, Delivered Vaginally	Child	881673-16-001
Claimant 79	\$104,362	\$43,386	\$0	\$147,748	Malignant Neoplasm Of Upper-inner Quadrant Of Left Female Breast	Subscriber	881673-17-001
Claimant 80	\$143,250	\$3,012	\$0	\$146,262	Guillain-barre Syndrome	Subscriber	881673-16-001
Claimant 81	\$144,331	\$1,487	\$0	\$145,818	Displaced Intertrochanteric Fracture Of Left Femur, Initial Encounter For Closed Fracture	Spouse	881673-16-001
Claimant 82	\$1,997	\$143,759	\$0	\$145,756	Other Spondylosis With Radiculopathy, Cervical Region	Subscriber	881673-17-012
Claimant 83	\$137,880	\$4,651	\$0	\$142,531	Non-st Elevation (nSTEMI) Myocardial Infarction	Spouse	881673-17-001
Claimant 84	\$31,531	\$110,980	\$0	\$142,511	Crohn's Disease Of Small Intestine With Intestinal Obstruction	Child	881673-16-003
Claimant 85	\$14,996	\$126,759	\$0	\$141,756	Urinary Tract Infection, Site Not Specified	Subscriber	881673-17-002
Claimant 86	\$140,376	\$631	\$0	\$141,007	Unspecified Mood (affective) Disorder	Child	881673-16-003
Claimant 87	\$132,864	\$8,060	\$0	\$140,924	Sepsis, Unspecified Organism	Spouse	881673-17-001
Claimant 88	\$100,317	\$40,290	\$0	\$140,608	Dislocation Of Internal Left Hip Prosthesis, Initial Encounter	Spouse	881673-16-001
Claimant 89	\$111,821	\$25,532	\$0	\$137,353	Pseudarthrosis After Fusion Or Arthrodesis	Subscriber	881673-16-012
Claimant 90	\$29,405	\$106,754	\$0	\$136,159	Hydronephrosis With Renal And Ureteral Calculous Obstruction	Subscriber	881673-16-001
Claimant 91	\$4,514	\$131,118	\$0	\$135,633	Other Specified Diseases Of Intestine	Subscriber	881673-17-001



LEE COUNTY BOARD OF COUNTY COMMISSIONERS

Large Claim Listing

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Total Group

Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 92	\$119,958	\$15,610	\$0	\$135,568	Secondary Malignant Neoplasm Of Bone	Subscriber	881673-17-001
Claimant 93	\$104,748	\$30,351	\$0	\$135,099	Mechanical Loosening Of Internal Right Knee Prosthetic Joint, Initial Encounter	Spouse	881673-16-001
Claimant 94	\$90,444	\$42,492	\$0	\$132,936	Benign Lipomatous Neoplasm Of Skin And Subcutaneous Tissue Of Right Leg	Spouse	881673-16-001
Claimant 95	\$37,067	\$94,749	\$0	\$131,816	Secondary Malignant Neoplasm Of Brain	Spouse	881673-17-003
Claimant 96	\$2,994	\$127,219	\$0	\$130,212	Sprain Of Metatarsophalangeal Joint Of Left Great Toe, Subsequent Encounter	Spouse	881673-17-012
Claimant 97	\$127,262	\$2,509	\$0	\$129,771	Acute Respiratory Failure With Hypercapnia	Spouse	881673-16-008
Claimant 98	\$125,082	\$4,469	\$0	\$129,551	Calculus Of Gallbladder With Chronic Cholecystitis Without Obstruction	Subscriber	881673-16-012
Claimant 99	\$121,256	\$6,370	\$0	\$127,626	Unspecified Abdominal Hernia With Obstruction, Without Gangrene	Spouse	881673-16-007
Claimant 100	\$125,766	\$1,656	\$0	\$127,422	Type 2 Diabetes Mellitus With Other Specified Complication	Spouse	881673-16-001
Claimant 101	\$2,361	\$124,931	\$0	\$127,292	Peripheral Opacity Of Cornea, Left Eye	Subscriber	881673-16-001
Claimant 102	\$34,124	\$67	\$92,563	\$126,754	Acute Myeloblastic Leukemia, Not Having Achieved Remission	Child	881673-17-001
Claimant 103	\$113,209	\$13,500	\$0	\$126,709	St Elevation (stemi) Myocardial Infarction Involving Other Coronary Artery Of Anterior Wall	Subscriber	881673-16-003
Claimant 104	\$123,301	\$2,313	\$0	\$125,614	Spinal Stenosis, Lumbar Region With Neurogenic Claudication	Spouse	881673-16-003
Claimant 105	\$123,545	\$14	\$0	\$123,559	Traumatic Subdural Hemorrhage Without Loss Of Consciousness, Initial Encounter	Spouse	881673-17-005
Claimant 106	\$49,782	\$73,494	\$0	\$123,276	Restricted Diagnosis	Subscriber	881673-16-001
Claimant 107	\$1,371	\$121,326	\$0	\$122,697	Neoplasm Of Unspecified Behavior Of Bone, Soft Tissue, And Skin	Subscriber	881673-16-001
Claimant 108	\$11,085	\$111,372	\$0	\$122,457	Other Chest Pain	Subscriber	881673-16-001
Claimant 109	\$24,516	\$97,484	\$0	\$122,001	Chronic Inflammatory Demyelinating Polyneuritis	Spouse	881673-16-012
Claimant 110	\$6,458	\$115,408	\$0	\$121,866	Shortness Of Breath	Subscriber	881673-16-012
Claimant 111	\$1,194	\$119,678	\$0	\$120,872	Localization-related (focal) (partial) Symptomatic Epilepsy And Epileptic Syndromes With Simple Partial Seizures, Intractable, Without Status	Child	881673-17-009
Claimant 112	\$70,964	\$49,323	\$0	\$120,287	Hemangioma Of Intracranial Structures	Child	881673-16-001
Claimant 113	\$13,268	\$106,774	\$0	\$120,042	Chronic Sinusitis, Unspecified	Subscriber	881673-17-018
Claimant 114	\$93,706	\$25,658	\$0	\$119,364	Anal Fissure, Unspecified	Spouse	881673-17-001



## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

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### Total Group

#### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 115	\$118,883	\$39	\$0	\$118,922	Nausea With Vomiting, Unspecified	Child	881673-16-003
Claimant 116	\$117,346	\$86	\$0	\$117,431	Atherosclerotic Heart Disease Of Native Coronary Artery With Unstable Angina Pectoris	Subscriber	881673-16-018
Claimant 117	\$88,599	\$28,711	\$0	\$117,309	Migraine, Unspecified, Not Intractable, With Status Migrainosus	Spouse	881673-17-001
Claimant 118	\$116,446	\$521	\$0	\$116,967	Stenosis Due To Other Internal Prosthetic Devices, Implants And Grafts, Initial Encounter	Spouse	881673-17-001
Claimant 119	\$30,896	\$84,256	\$0	\$115,153	Lower Abdominal Pain, Unspecified	Spouse	881673-16-001
Claimant 120	\$7,198	\$107,823	\$0	\$115,021	Fatty (change Of) Liver, Not Elsewhere Classified	Subscriber	881673-16-001
Claimant 121	\$114,660	\$321	\$0	\$114,980	Secondary Malignant Neoplasm Of Liver And Intrahepatic Bile Duct	Subscriber	881673-16-017
Claimant 122	\$89,523	\$25,019	\$0	\$114,542	Non-st Elevation (nSTEMI) Myocardial Infarction	Subscriber	881673-16-001
Claimant 123	\$108,794	\$5,216	\$0	\$114,009	Traumatic Pneumothorax, Initial Encounter	Subscriber	881673-17-013
Claimant 124	\$112,613	\$1,137	\$0	\$113,750	Sepsis, Unspecified Organism	Subscriber	881673-17-001
Claimant 125	\$755	\$112,456	\$0	\$113,212	Not Available/applicable	Child	881673-17-001
Claimant 126	\$8,713	\$104,217	\$0	\$112,930	Macular Cyst, Hole, Or Pseudohole, Right Eye	Subscriber	881673-17-001
Claimant 127	\$33,595	\$78,338	\$0	\$111,933	Anorectal Abscess	Subscriber	881673-16-003
Claimant 128	\$49,762	\$61,991	\$0	\$111,753	Acute Bronchitis, Unspecified	Subscriber	881673-16-001
Claimant 129	\$111,744	\$0	\$0	\$111,744	Other Pericardial Effusion (noninflammatory)	Subscriber	881673-16-012
Claimant 130	\$109,215	\$2,060	\$0	\$111,275	Acute Respiratory Failure With Hypoxia	Subscriber	881673-17-001
Claimant 131	\$95,842	\$15,385	\$0	\$111,226	Thrombosis Due To Vascular Prosthetic Devices, Implants And Grafts, Initial Encounter	Spouse	881673-16-005
Claimant 132	\$111,194	\$0	\$0	\$111,194	Displaced Comminuted Fracture Of Shaft Of Right Tibia, Initial Encounter For Closed Fracture	Spouse	881673-16-001
Claimant 133	\$106,154	\$4,415	\$0	\$110,569	Other Cerebral Infarction	Subscriber	881673-16-001
Claimant 134	\$2,138	\$108,092	\$0	\$110,230	Unspecified Lump In The Right Breast, Overlapping Quadrants	Subscriber	881673-16-001
Claimant 135	\$97,576	\$12,455	\$0	\$110,031	Malignant Neoplasm Of Upper-outer Quadrant Of Left Female Breast	Spouse	881673-17-003
Claimant 136	\$109,836	\$98	\$0	\$109,934	Hypertrophy Of Adenoids	Child	881673-17-010



LEE COUNTY BOARD OF COUNTY COMMISSIONERS

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Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 137	\$107,937	\$721	\$0	\$108,658	Pulmonary Hypertension, Unspecified	Subscriber	881673-16-001
Claimant 138	\$23,615	\$84,531	\$0	\$108,145	Unspecified Synovitis And Tenosynovitis, Left Forearm	Spouse	881673-17-001
Claimant 139	\$96,478	\$10,855	\$0	\$107,333	Spinal Stenosis, Lumbar Region With Neurogenic Claudication	Subscriber	881673-17-001
Claimant 140	\$100,316	\$6,564	\$0	\$106,880	Paresthesia Of Skin	Spouse	881673-16-002
Claimant 141	\$75,591	\$30,893	\$0	\$106,484	Paroxysmal Atrial Fibrillation	Subscriber	881673-17-001
Claimant 142	\$47,127	\$59,272	\$0	\$106,398	Migraine With Aura, Not Intractable, Without Status Migrainosus	Subscriber	881673-16-013
Claimant 143	\$5,341	\$100,760	\$0	\$106,100	Right Upper Quadrant Pain	Child	881673-16-001
Claimant 144	\$18,976	\$86,590	\$0	\$105,566	Sacroiliitis, Not Elsewhere Classified	Spouse	881673-16-001
Claimant 145	\$39,797	\$65,686	\$0	\$105,483	Multiple Sclerosis	Subscriber	881673-16-001
Claimant 146	\$518	\$104,718	\$0	\$105,236	Inflammatory Disorders Of Scrotum	Subscriber	881673-16-002
Claimant 147	\$101,543	\$3,555	\$0	\$105,098	Cerebral Infarction Due To Embolism Of Right Carotid Artery	Subscriber	881673-17-004
Claimant 148	\$102,583	\$991	\$0	\$103,574	Transsexualism	Spouse	881673-16-001
Claimant 149	\$91,573	\$11,545	\$0	\$103,117	Arthritis Of Bilateral Temporomandibular Joint	Subscriber	881673-17-001
Claimant 150	\$2,619	\$99,876	\$0	\$102,495	Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic	Spouse	881673-16-012
Claimant 151	\$85,047	\$16,516	\$0	\$101,563	Essential Tremor	Subscriber	881673-16-001
Claimant 152	\$31,679	\$68,212	\$0	\$99,891	Noninfective Gastroenteritis And Colitis, Unspecified	Spouse	881673-17-001
Claimant 153	\$78,475	\$20,645	\$0	\$99,121	Paroxysmal Atrial Fibrillation	Spouse	881673-16-012
Claimant 154	\$85,882	\$13,007	\$0	\$98,889	Low Back Pain, Unspecified	Subscriber	881673-17-001
Claimant 155	\$98,789	\$0	\$0	\$98,789	Sepsis Due To Methicillin Resistant Staphylococcus Aureus	Spouse	881673-16-251
Claimant 156	\$91,001	\$7,516	\$0	\$98,517	Benign Prostatic Hyperplasia With Lower Urinary Tract Symptoms	Spouse	881673-16-002
Claimant 157	\$44,786	\$53,376	\$0	\$98,162	Sepsis, Unspecified Organism	Subscriber	881673-16-001
Claimant 158	\$82,452	\$15,518	\$0	\$97,969	Viral Intestinal Infection, Unspecified	Subscriber	881673-17-013



## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

Contractholder Number - 881673

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- Amounts below reflect Medical and RX costs.

#### Total Group

##### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 159	\$19,771	\$78,131	\$0	\$97,902	Complex Tear Of Lateral Meniscus, Current Injury, Right Knee, Initial Encounter	Subscriber	881673-17-013
Claimant 160	\$82,180	\$15,689	\$0	\$97,869	Spinal Stenosis, Cervical Region	Spouse	881673-17-001
Claimant 161	\$2,790	\$94,017	\$0	\$96,807	Other Foreign Object In Esophagus Causing Other Injury, Initial Encounter	Child	881673-16-001
Claimant 162	\$2,387	\$94,322	\$0	\$96,709	Not Available/applicable	Subscriber	881673-17-001
Claimant 163	\$317	\$95,559	\$0	\$95,876	Encounter For Screening For Malignant Neoplasm Of Colon	Subscriber	881673-16-012
Claimant 164	\$1,251	\$93,497	\$0	\$94,748	Rheumatoid Arthritis With Rheumatoid Factor, Unspecified	Subscriber	881673-16-012
Claimant 165	\$89,596	\$4,625	\$0	\$94,221	Urinary Tract Infection, Site Not Specified	Subscriber	881673-16-251
Claimant 166	\$91,403	\$2,814	\$0	\$94,217	Complication Of Other Artery Following A Procedure, Not Elsewhere Classified, Initial	Subscriber	881673-17-004
Claimant 167	\$5,813	\$87,845	\$0	\$93,658	Other Instability, Left Ankle	Subscriber	881673-16-001
Claimant 168	\$92,320	\$1,136	\$0	\$93,456	Secondary And Unspecified Malignant Neoplasm Of Intra-abdominal Lymph Nodes	Subscriber	881673-17-003
Claimant 169	\$92,440	\$70	\$0	\$92,510	Major Depressive Disorder, Recurrent Severe Without Psychotic Features	Subscriber	881673-17-001
Claimant 170	\$91,847	\$250	\$0	\$92,097	Periumbilical Pain	Child	881673-16-003
Claimant 171	\$1,440	\$90,585	\$0	\$92,025	Left Sided Colitis Without Complications	Subscriber	881673-17-001
Claimant 172	\$69,662	\$22,344	\$0	\$92,006	Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-dominant Side	Spouse	881673-17-001
Claimant 173	\$46,677	\$45,240	\$0	\$91,917	Calculus Of Gallbladder With Chronic Cholecystitis Without Obstruction	Spouse	881673-17-003
Claimant 174	\$19,063	\$72,746	\$0	\$91,809	Hallux Valgus (acquired), Left Foot	Spouse	881673-17-001
Claimant 175	\$91,107	\$65	\$0	\$91,171	Unspecified B-cell Lymphoma, Unspecified Site	Subscriber	881673-17-001
Claimant 176	\$45,614	\$45,453	\$0	\$91,067	Sepsis, Unspecified Organism	Subscriber	881673-16-001
Claimant 177	\$1,307	\$88,597	\$0	\$89,904	Gastritis, Unspecified, Without Bleeding	Subscriber	881673-16-013
Claimant 178	\$89,628	\$141	\$0	\$89,769	Maxillary Hypoplasia	Spouse	881673-16-003
Claimant 179	\$2,204	\$87,290	\$0	\$89,494	Other Disorders Of Pituitary Gland	Spouse	881673-17-005
Claimant 180	\$67,181	\$21,948	\$0	\$89,129	Osteomyelitis Of Vertebra, Lumbar Region	Spouse	881673-16-001
Claimant 181	\$87,899	\$547	\$0	\$88,446	Spinal Stenosis, Cervical Region	Subscriber	881673-16-001





## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

Contractholder Number - 881673

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### Total Group

#### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 182	\$76,078	\$12,223	\$0	\$88,302	Pain In Thoracic Spine	Spouse	881673-16-012
Claimant 183	\$19,990	\$68,002	\$0	\$87,992	Hereditary Motor And Sensory Neuropathy	Spouse	881673-16-001
Claimant 184	\$87,836	\$29	\$0	\$87,865	Cervical Disc Disorder With Radiculopathy, High Cervical Region	Subscriber	881673-16-001
Claimant 185	\$21,727	\$65,945	\$0	\$87,672	Generalized Abdominal Pain	Subscriber	881673-17-001
Claimant 186	\$9,036	\$78,465	\$0	\$87,500	Rheumatic Disorders Of Both Mitral And Tricuspid Valves	Spouse	881673-16-012
Claimant 187	\$86,734	\$614	\$0	\$87,349	Malignant Neoplasm Of Lower-outer Quadrant Of Left Female Breast	Subscriber	881673-16-013
Claimant 188	\$87,254	\$25	\$0	\$87,279	Primary Osteoarthritis, Left Shoulder	Subscriber	881673-17-001
Claimant 189	\$83,106	\$4,002	\$0	\$87,108	Lymphedema, Not Elsewhere Classified	Spouse	881673-16-001
Claimant 190	\$2,319	\$84,643	\$0	\$86,963	Acute Recurrent Maxillary Sinusitis	Spouse	881673-16-001
Claimant 191	\$80,529	\$6,203	\$0	\$86,732	Malignant Neoplasm Of Endometrium	Child	881673-16-001
Claimant 192	\$86,316	\$248	\$0	\$86,564	Malignant Neoplasm Of Upper-outer Quadrant Of Left Female Breast	Spouse	881673-16-003
Claimant 193	\$70,231	\$15,770	\$0	\$86,001	Radiculopathy, Lumbar Region	Subscriber	881673-16-003
Claimant 194	\$72,383	\$13,439	\$0	\$85,822	Lower Abdominal Pain, Unspecified	Subscriber	881673-16-001
Claimant 195	\$30,022	\$55,489	\$0	\$85,511	Other Specified Diseases Of Biliary Tract	Spouse	881673-16-001
Claimant 196	\$77,082	\$8,148	\$0	\$85,230	Type 2 Diabetes Mellitus With Other Specified Complication	Subscriber	881673-16-001
Claimant 197	\$83,333	\$1,474	\$0	\$84,806	Intraductal Carcinoma In Situ Of Left Breast	Spouse	881673-16-001
Claimant 198	\$31,555	\$53,167	\$0	\$84,722	Acute Embolism And Thrombosis Of Peroneal Vein, Bilateral	Subscriber	881673-17-002
Claimant 199	\$81,742	\$2,923	\$0	\$84,665	Umbilical Hernia Without Obstruction Or Gangrene	Spouse	881673-16-013
Claimant 200	\$83,798	\$737	\$0	\$84,535	Diverticulitis Of Large Intestine With Perforation And Abscess Without Bleeding	Spouse	881673-16-001
Claimant 201	\$81,722	\$2,210	\$0	\$83,932	Type 2 Diabetes Mellitus With Other Skin Complications	Subscriber	881673-16-001
Claimant 202	\$61,837	\$21,693	\$0	\$83,530	Acute Cystitis With Hematuria	Spouse	881673-16-001
Claimant 203	\$64,075	\$19,354	\$0	\$83,428	Infection Following A Procedure, Superficial Incisional Surgical Site, Initial Encounter	Spouse	881673-16-001
Claimant 204	\$83,366	\$40	\$0	\$83,406	Twin Liveborn Infant, Delivered By Cesarean	Child	881673-16-001





LEE COUNTY BOARD OF COUNTY COMMISSIONERS

Large Claim Listing

Contractholder Number - 881673

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Total Group

Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 205	\$71,783	\$11,093	\$0	\$82,876	Encounter For Screening For Malignant Neoplasm Of Colon	Subscriber	881673-16-013
Claimant 206	\$67,033	\$15,560	\$0	\$82,593	Nausea With Vomiting, Unspecified	Child	881673-16-002
Claimant 207	\$72,009	\$10,528	\$0	\$82,537	Instability Of Internal Left Knee Prosthesis, Initial Encounter	Subscriber	881673-16-012
Claimant 208	\$81,108	\$1,280	\$0	\$82,388	Preterm Premature Rupture Of Membranes, Unspecified As To Length Of Time Between Rupture And Onset Of Labor, Third Trimester	Spouse	881673-17-001
Claimant 209	\$81,746	\$545	\$0	\$82,291	Other Pancytopenia	Subscriber	881673-16-001
Claimant 210	\$5,022	\$76,916	\$0	\$81,938	Strain Of Muscle, Fascia And Tendon Of Long Head Of Biceps, Right Arm, Initial Encounter	Subscriber	881673-17-001
Claimant 211	\$5,907	\$76,016	\$0	\$81,923	Unspecified Viral Hepatitis C Without Hepatic Coma	Subscriber	881673-17-003
Claimant 212	\$81,540	\$88	\$0	\$81,628	Pre-excitation Syndrome	Child	881673-16-001
Claimant 213	\$80,106	\$1,511	\$0	\$81,617	Spinal Stenosis, Lumbar Region With Neurogenic Claudication	Spouse	881673-16-001
Claimant 214	\$80,542	\$822	\$0	\$81,364	Malignant Neoplasm Of Prostate	Spouse	881673-16-004
Claimant 215	\$77,936	\$2,498	\$0	\$80,434	St Elevation (stemi) Myocardial Infarction Involving Other Coronary Artery Of Anterior Wall	Subscriber	881673-16-001
	\$79,868	\$296	\$0	\$80,164	Unspecified Fracture Of Upper End Of Left Tibia, Initial Encounter For Closed Fracture	Child	881673-17-001
Claimant 216	\$63,517	\$16,525	\$0	\$80,042	(idiopathic) Normal Pressure Hydrocephalus	Spouse	881673-17-001
Claimant 217	\$51,595	\$27,919	\$0	\$79,513	Unspecified Atrial Flutter	Spouse	881673-17-001
Claimant 218	\$64,219	\$14,920	\$0	\$79,139	Atrioventricular Block, Complete	Subscriber	881673-17-012
Claimant 219	\$78,698	\$324	\$0	\$79,022	Non-st Elevation (nstemi) Myocardial Infarction	Subscriber	881673-17-001
Claimant 220	\$79,011	\$10	\$0	\$79,020	Ulcerative Colitis, Unspecified, Without Complications	Subscriber	881673-16-001
Claimant 221	\$78,629	\$295	\$0	\$78,923	Low Back Pain, Unspecified	Subscriber	881673-17-013
Claimant 222	\$4,745	\$73,826	\$0	\$78,572	Noninfective Gastroenteritis And Colitis, Unspecified	Subscriber	881673-16-001
Claimant 223	\$78,508	\$0	\$0	\$78,508	Other Specified Complication Of Vascular Prosthetic Devices, Implants And Grafts, Initial	Spouse	881673-17-001
Claimant 224	\$52,443	\$26,065	\$0	\$78,508	Atherosclerotic Heart Disease Of Native Coronary Artery Without Angina Pectoris	Subscriber	881673-17-012
Claimant 225	\$78,453	\$50	\$0	\$78,502	Occlusion And Stenosis Of Left Carotid Artery	Subscriber	881673-17-001
Claimant 226	\$53,393	\$24,651	\$0	\$78,044	Other Supraventricular Tachycardia	Subscriber	881673-17-001
Claimant 227							



## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

Contractholder Number - 881673

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### Total Group

#### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 228	\$63,810	\$14,106	\$0	\$77,916	Obstructive Sleep Apnea (adult) (pediatric)	Subscriber	881673-17-001
Claimant 229	\$71,838	\$5,914	\$0	\$77,752	Orthostatic Hypotension	Spouse	881673-16-012
Claimant 230	\$48,930	\$28,438	\$0	\$77,368	Calculus Of Gallbladder Without Cholecystitis Without Obstruction	Subscriber	881673-16-013
Claimant 231	\$62,178	\$14,443	\$0	\$76,621	Sepsis, Unspecified Organism	Subscriber	881673-17-003
Claimant 232	\$74,403	\$1,944	\$0	\$76,347	Sepsis, Unspecified Organism	Subscriber	881673-16-251
Claimant 233	\$75,824	\$159	\$0	\$75,984	Noninfective Gastroenteritis And Colitis, Unspecified	Subscriber	881673-16-001
Claimant 234	\$7,863	\$68,114	\$0	\$75,977	Complete Rotator Cuff Tear Or Rupture Of Right Shoulder, Not Specified As Traumatic	Subscriber	881673-16-001
Claimant 235	\$75,494	\$204	\$0	\$75,698	Multiple Sclerosis	Spouse	881673-16-001
Claimant 236	\$75,240	\$49	\$0	\$75,289	Intramural Leiomyoma Of Uterus	Spouse	881673-16-251
Claimant 237	\$441	\$74,690	\$0	\$75,131	Other Specified Hypothyroidism	Spouse	881673-16-012
Claimant 238	\$74,631	\$479	\$0	\$75,110	Spinal Stenosis, Lumbar Region With Neurogenic Claudication	Subscriber	881673-16-012
Claimant 239	\$74,097	\$1,009	\$0	\$75,105	Sepsis, Unspecified Organism	Spouse	881673-17-005
Claimant 240	\$62,245	\$12,340	\$0	\$74,585	Postprocedural Hematoma Of A Genitourinary System Organ Or Structure Following A	Subscriber	881673-16-001
Claimant 241	\$74,074	\$438	\$0	\$74,512	Spondylolisthesis, Lumbosacral Region	Spouse	881673-17-013
Claimant 242	\$74,253	\$144	\$0	\$74,396	Calculus Of Gallbladder With Acute Cholecystitis Without Obstruction	Spouse	881673-16-001
Claimant 243	\$23,527	\$50,803	\$0	\$74,330	Encounter For Antineoplastic Chemotherapy	Subscriber	881673-17-012
Claimant 244	\$2,489	\$71,803	\$0	\$74,291	Encounter For Screening For Malignant Neoplasm Of Colon	Spouse	881673-17-003
Claimant 245	\$74,247	\$0	\$0	\$74,247	Multiple Sclerosis	Subscriber	881673-17-001
Claimant 246	\$2,437	\$71,709	\$0	\$74,146	Sprain Of Medial Collateral Ligament Of Left Knee, Initial Encounter	Subscriber	881673-16-009
Claimant 247	\$67,117	\$6,928	\$0	\$74,045	Hydronephrosis With Renal And Ureteral Calculous Obstruction	Subscriber	881673-16-014
Claimant 248	\$4,301	\$69,623	\$0	\$73,924	Contusion Of Scalp, Initial Encounter	Subscriber	881673-16-001
Claimant 249	\$66,436	\$7,153	\$0	\$73,589	Multiple Sclerosis	Subscriber	881673-16-001
Claimant 250	\$71,734	\$1,806	\$0	\$73,540	Unilateral Primary Osteoarthritis, Left Knee	Subscriber	881673-16-001



## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

Contractholder Number - 881673

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### Total Group

#### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 251	\$73,537	\$0	\$0	\$73,537	Single Liveborn Infant, Delivered By Cesarean	Child	881673-17-013
Claimant 252	\$68,857	\$4,124	\$0	\$72,981	Intervertebral Disc Disorders With Radiculopathy, Lumbar Region	Spouse	881673-17-001
Claimant 253	\$65,927	\$6,738	\$0	\$72,664	Cerebral Infarction Due To Thrombosis Of Unspecified Precerebral Artery	Subscriber	881673-17-012
Claimant 254	\$66,985	\$5,584	\$0	\$72,568	Multiple Fractures Of Ribs, Right Side, Initial Encounter For Closed Fracture	Spouse	881673-17-001
Claimant 255	\$2,091	\$70,013	\$0	\$72,105	Nontoxic Multinodular Goiter	Subscriber	881673-16-012
Claimant 256	\$57,577	\$14,482	\$0	\$72,060	Induration Penis Plastica	Spouse	881673-16-001
Claimant 257	\$53,800	\$17,332	\$0	\$71,132	Paroxysmal Atrial Fibrillation	Subscriber	881673-16-001
Claimant 258	\$63,383	\$7,744	\$0	\$71,127	Fibrosclerosis Of Right Breast	Subscriber	881673-16-013
Claimant 259	\$70,938	\$47	\$0	\$70,985	Traumatic Subdural Hemorrhage With Loss Of Consciousness Status Unknown, Initial Encounter	Child	881673-16-001
Claimant 260	\$69,987	\$926	\$0	\$70,912	Maxillary Hyperplasia	Spouse	881673-17-003
Claimant 261	\$70,674	\$0	\$0	\$70,674	Single Liveborn Infant, Delivered Vaginally	Child	881673-17-003
Claimant 262	\$70,236	\$171	\$0	\$70,406	Autistic Disorder	Child	881673-16-017
Claimant 263	\$3,442	\$66,598	\$0	\$70,039	Calculus Of Kidney	Subscriber	881673-17-001
Claimant 264	\$69,215	\$567	\$0	\$69,782	Sepsis Due To Pseudomonas	Subscriber	881673-16-001
Claimant 265	\$66,690	\$2,987	\$0	\$69,676	Cerebral Infarction Due To Unspecified Occlusion Or Stenosis Of Left Middle Cerebral Artery	Subscriber	881673-16-001
Claimant 266	\$18,760	\$50,907	\$0	\$69,667	Anogenital (venereal) Warts	Spouse	881673-17-013
Claimant 267	\$69,597	\$0	\$0	\$69,597	Calculus Of Gallbladder And Bile Duct With Acute Cholecystitis With Obstruction	Subscriber	881673-16-001
Claimant 268	\$66,112	\$2,974	\$0	\$69,086	Encounter For Antineoplastic Chemotherapy	Spouse	881673-17-001
Claimant 269	\$68,690	\$341	\$0	\$69,032	Spinal Stenosis, Lumbar Region With Neurogenic Claudication	Subscriber	881673-16-003
Claimant 270	\$68,573	\$177	\$0	\$68,750	Encounter For Antineoplastic Radiation Therapy	Spouse	881673-16-012
Claimant 271	\$68,567	\$111	\$0	\$68,678	Gestational (pregnancy-induced) Hypertension Without Significant Proteinuria, Complicating	Child	881673-16-001
Claimant 272	\$67,061	\$1,541	\$0	\$68,602	Saddle Embolus Of Pulmonary Artery With Acute Cor Pulmonale	Spouse	881673-16-251
Claimant 273	\$68,378	\$32	\$0	\$68,410	Sprain Of Ligaments Of Cervical Spine, Subsequent Encounter	Child	881673-16-002



## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

Contractholder Number - 881673

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### Total Group

#### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 274	\$40,593	\$27,705	\$0	\$68,298	Atherosclerotic Heart Disease Of Native Coronary Artery With Unspecified Angina Pectoris	Subscriber	881673-17-012
Claimant 275	\$65,051	\$3,240	\$0	\$68,291	Other Acute Appendicitis Without Perforation, With Gangrene	Spouse	881673-16-001
Claimant 276	\$62,246	\$6,002	\$0	\$68,247	Right Lower Quadrant Pain	Spouse	881673-17-002
Claimant 277	\$67,764	\$281	\$0	\$68,046	Other Nonspecific Abnormal Finding Of Lung Field	Spouse	881673-17-001
Claimant 278	\$46,687	\$20,999	\$0	\$67,686	Unspecified Pre-existing Hypertension Complicating Childbirth	Subscriber	881673-17-013
Claimant 279	\$59,199	\$8,350	\$0	\$67,550	Malignant Neoplasm Of Overlapping Sites Of Left Female Breast	Spouse	881673-16-003
Claimant 280	\$19,479	\$47,537	\$0	\$67,016	Other Hypersomnia	Spouse	881673-16-003
Claimant 281	\$66,748	\$190	\$0	\$66,938	Bipolar Disorder, Current Episode Depressed, Severe, Without Psychotic Features	Child	881673-16-001
Claimant 282	\$66,772	\$154	\$0	\$66,926	Unspecified Acute Appendicitis	Subscriber	881673-17-001
Claimant 283	\$40,270	\$26,342	\$0	\$66,612	Nontoxic Multinodular Goiter	Spouse	881673-17-001
Claimant 284	\$54,041	\$12,268	\$0	\$66,310	Mild Protein-calorie Malnutrition	Child	881673-16-001
Claimant 285	\$38,663	\$27,496	\$0	\$66,159	Hallux Valgus (acquired), Left Foot	Subscriber	881673-17-001
Claimant 286	\$65,277	\$869	\$0	\$66,146	Encounter For Attention To Colostomy	Spouse	881673-16-001
Claimant 287	\$37,409	\$28,568	\$0	\$65,977	Urinary Tract Infection, Site Not Specified	Spouse	881673-16-001
Claimant 288	\$39,699	\$25,924	\$0	\$65,623	Bipolar Disorder, Current Episode Mixed, Severe, With Psychotic Features	Spouse	881673-17-003
Claimant 289	\$65,399	\$0	\$0	\$65,399	Calculus Of Gallbladder And Bile Duct With Acute Cholecystitis Without Obstruction	Spouse	881673-16-001
Claimant 290	\$23,327	\$41,725	\$0	\$65,052	Syncope And Collapse	Subscriber	881673-17-001
Claimant 291	\$1,034	\$63,971	\$0	\$65,005	Hypopituitarism	Child	881673-16-012
Claimant 292	\$46,414	\$18,548	\$0	\$64,961	Complete Rotator Cuff Tear Or Rupture Of Right Shoulder, Not Specified As Traumatic	Spouse	881673-16-001
Claimant 293	\$27,173	\$37,552	\$0	\$64,725	Type 2 Diabetes Mellitus With Diabetic Chronic Kidney Disease	Spouse	881673-17-001
Claimant 294	\$55,281	\$9,187	\$0	\$64,468	Transient Cerebral Ischemic Attack, Unspecified	Subscriber	881673-17-001
Claimant 295	\$63,866	\$164	\$0	\$64,030	Other Acute Postprocedural Pain	Spouse	881673-16-001
Claimant 296	\$50,292	\$13,618	\$0	\$63,910	Postprocedural Hemorrhage Of A Respiratory System Organ Or Structure Following A	Spouse	881673-17-005



LEE COUNTY BOARD OF COUNTY COMMISSIONERS

Large Claim Listing

Contractholder Number - 881673

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- Amounts below reflect Medical and RX costs.

Total Group

Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 297	\$63,651	\$0	\$0	\$63,651	Single Liveborn Infant, Delivered By Cesarean	Child	881673-17-010
Claimant 298	\$63,047	\$452	\$0	\$63,499	Postmenopausal Bleeding	Spouse	881673-16-012
Claimant 299	\$37,027	\$26,290	\$0	\$63,318	Paroxysmal Atrial Fibrillation	Spouse	881673-16-001
Claimant 300	\$63,137	\$36	\$0	\$63,173	Preterm Premature Rupture Of Membranes, Onset Of Labor More Than 24 Hours Following Rupture,	Subscriber	881673-16-003
Claimant 301	\$46,165	\$16,844	\$0	\$63,009	Hypotension, Unspecified	Spouse	881673-17-001
Claimant 302	\$62,851	\$110	\$0	\$62,961	Sprain Of Tibiofibular Ligament Of Left Ankle, Initial Encounter	Child	881673-16-003
Claimant 303	\$55,490	\$7,457	\$0	\$62,947	Esophageal Obstruction	Subscriber	881673-17-001
Claimant 304	\$529	\$62,256	\$0	\$62,785	Not Available/applicable	Subscriber	881673-17-001
Claimant 305	\$56,518	\$6,196	\$0	\$62,714	Atherosclerotic Heart Disease Of Native Coronary Artery With Unstable Angina Pectoris	Spouse	881673-17-001
Claimant 306	\$62,118	\$538	\$0	\$62,656	Atherosclerotic Heart Disease Of Native Coronary Artery With Unspecified Angina Pectoris	Subscriber	881673-17-001
Claimant 307	\$1,435	\$61,213	\$0	\$62,647	Non-st Elevation (nSTEMI) Myocardial Infarction	Subscriber	881673-16-012
Claimant 308	\$62,638	\$0	\$0	\$62,638	Preterm Newborn, Gestational Age 31 Completed Weeks	Child	881673-16-003
Claimant 309	\$36,692	\$25,790	\$0	\$62,482	Chronic Migraine Without Aura, Intractable, Without Status Migrainosus	Spouse	881673-17-002
Claimant 310	\$28,700	\$33,696	\$0	\$62,397	Primary Osteoarthritis, Left Shoulder	Spouse	881673-17-004
Claimant 311	\$62,324	\$0	\$0	\$62,324	Autistic Disorder	Child	881673-17-001
Claimant 312	\$13,794	\$48,406	\$0	\$62,200	Nontoxic Goiter, Unspecified	Subscriber	881673-16-001
Claimant 313	\$61,376	\$739	\$0	\$62,114	Acute Cystitis With Hematuria	Subscriber	881673-17-002
Claimant 314	\$39,434	\$22,662	\$0	\$62,096	Transient Cerebral Ischemic Attack, Unspecified	Subscriber	881673-16-009
Claimant 315	\$41,948	\$20,029	\$0	\$61,977	Other Cirrhosis Of Liver	Subscriber	881673-17-012
Claimant 316	\$61,719	\$25	\$0	\$61,744	Abscess Of Lung With Pneumonia	Subscriber	881673-17-001
Claimant 317	\$60,093	\$1,631	\$0	\$61,724	Autistic Disorder	Child	881673-17-251
Claimant 318	\$7,009	\$54,705	\$0	\$61,714	Diverticulitis Of Large Intestine Without Perforation Or Abscess Without Bleeding	Subscriber	881673-16-012
Claimant 319	\$33,983	\$27,551	\$0	\$61,534	Other Spondylosis With Radiculopathy, Lumbosacral Region	Spouse	881673-16-001





LEE COUNTY BOARD OF COUNTY COMMISSIONERS

Large Claim Listing

Contractholder Number - 881673

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- Amounts below reflect Medical and RX costs.

Total Group

Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 320	\$2,418	\$58,945	\$0	\$61,362	Encounter For Screening For Malignant Neoplasm Of Colon	Subscriber	881673-17-001
Claimant 321	\$44,794	\$16,541	\$0	\$61,336	Other Intervertebral Disc Displacement, Lumbar Region	Subscriber	881673-16-005
Claimant 322	\$56,870	\$4,071	\$0	\$60,941	Multiple Sclerosis	Subscriber	881673-16-001
Claimant 323	\$4,112	\$56,670	\$0	\$60,782	Polyp Of Colon	Spouse	881673-17-005
Claimant 324	\$56,581	\$4,179	\$0	\$60,759	Occlusion And Stenosis Of Bilateral Carotid Arteries	Spouse	881673-17-003
Claimant 325	\$53,958	\$6,558	\$0	\$60,516	Non-st Elevation (nSTEMI) Myocardial Infarction	Spouse	881673-17-013
Claimant 326	\$60,102	\$333	\$0	\$60,434	Neoplasm Of Uncertain Behavior Of Colon	Subscriber	881673-16-001
Claimant 327	\$51,034	\$9,340	\$0	\$60,374	Malignant Neoplasm Of Prostate	Subscriber	881673-16-001
Claimant 328	\$49,204	\$11,025	\$0	\$60,229	Rectal Abscess	Subscriber	881673-16-001
Claimant 329	\$57,042	\$3,122	\$0	\$60,164	Pneumonia, Unspecified Organism	Spouse	881673-17-003
Claimant 330	\$14,796	\$45,053	\$0	\$59,849	Pleurodynia	Spouse	881673-17-001
Claimant 331	\$59,371	\$260	\$0	\$59,631	Pyonephrosis	Child	881673-16-001
Claimant 332	\$2,555	\$56,738	\$0	\$59,294	Not Available/applicable	Child	881673-17-012
Claimant 333	\$53,765	\$5,448	\$0	\$59,213	Unilateral Primary Osteoarthritis, Right Knee	Subscriber	881673-16-012
Claimant 334	\$46,646	\$12,309	\$0	\$58,955	Other And Unspecified Ventral Hernia With Obstruction, Without Gangrene	Subscriber	881673-16-012
Claimant 335	\$58,299	\$434	\$0	\$58,733	Non-st Elevation (nSTEMI) Myocardial Infarction	Subscriber	881673-17-005
Claimant 336	\$58,444	\$259	\$0	\$58,703	Melena	Subscriber	881673-16-003
Claimant 337	\$56,293	\$2,215	\$0	\$58,508	Atelectasis	Subscriber	881673-16-001
Claimant 338	\$49,605	\$8,861	\$0	\$58,465	Unspecified Fracture Of The Lower End Of Right Radius, Initial Encounter For Closed Fracture	Subscriber	881673-16-001
Claimant 339	\$5,029	\$53,154	\$0	\$58,183	Calculus Of Bile Duct Without Cholangitis Or Cholecystitis Without Obstruction	Spouse	881673-16-001
Claimant 340	\$53,674	\$4,415	\$0	\$58,090	Atherosclerotic Heart Disease Of Native Coronary Artery With Unstable Angina Pectoris	Spouse	881673-17-251
Claimant 341	\$10,202	\$47,562	\$0	\$57,764	Spinal Stenosis, Cervical Region	Subscriber	881673-17-001





## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

Contractholder Number - 881673

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- Amounts below reflect Medical and RX costs.

#### Total Group

##### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 342	\$57,107	\$640	\$0	\$57,747	Non-st Elevation (nSTEMI) Myocardial Infarction	Subscriber	881673-17-004
Claimant 343	\$3,563	\$54,058	\$0	\$57,621	Short Stature (child)	Child	881673-17-003
Claimant 344	\$5,293	\$52,138	\$0	\$57,431	Personal History Of Colonic Polyps	Subscriber	881673-16-001
Claimant 345	\$35,331	\$21,991	\$0	\$57,323	Pain In Right Shoulder	Spouse	881673-16-013
Claimant 346	\$57,315	\$0	\$0	\$57,315	Single Liveborn Infant, Delivered Vaginally	Child	881673-16-001
Claimant 347	\$49,971	\$7,314	\$0	\$57,284	Hypertensive Heart Disease With Heart Failure	Subscriber	881673-17-251
Claimant 348	\$52,466	\$4,647	\$0	\$57,112	Other Cerebral Infarction Due To Occlusion Or Stenosis Of Small Artery	Subscriber	881673-17-001
Claimant 349	\$56,887	\$23	\$0	\$56,910	Viral Intestinal Infection, Unspecified	Child	881673-17-001
Claimant 350	\$12,801	\$43,983	\$0	\$56,784	Other Intestinal Obstruction Unspecified As To Partial Versus Complete Obstruction	Subscriber	881673-17-003
Claimant 351	\$37,453	\$19,139	\$0	\$56,592	Other Cerebral Infarction Due To Occlusion Or Stenosis Of Small Artery	Spouse	881673-17-001
Claimant 352	\$56,432	\$5	\$0	\$56,437	Single Liveborn Infant, Delivered By Cesarean	Child	881673-16-001
Claimant 353	\$1,621	\$54,799	\$0	\$56,420	Hidradenitis Suppurativa	Spouse	881673-17-003
Claimant 354	\$14,925	\$41,460	\$0	\$56,385	Migraine With Aura, Not Intractable, Without Status Migrainosus	Subscriber	881673-16-001
Claimant 355	\$55,919	\$267	\$0	\$56,186	Other Specified Diseases Of Intestine	Spouse	881673-16-001
Claimant 356	\$1,604	\$54,305	\$0	\$55,910	Unspecified Injury Of Left Wrist, Hand And Finger(s), Initial Encounter	Child	881673-17-003
Claimant 357	\$4,388	\$51,517	\$0	\$55,905	Pilonidal Cyst With Abscess	Child	881673-16-001
Claimant 358	\$45,328	\$10,186	\$0	\$55,514	Unilateral Primary Osteoarthritis, Right Knee	Subscriber	881673-17-001
Claimant 359	\$26,289	\$29,216	\$0	\$55,506	Left Lower Quadrant Pain	Spouse	881673-17-001
Claimant 360	\$1,879	\$53,606	\$0	\$55,486	Not Available/applicable	Spouse	881673-16-012
Claimant 361	\$52,680	\$2,688	\$0	\$55,367	Unilateral Primary Osteoarthritis, Right Knee	Subscriber	881673-17-001
Claimant 362	\$5,212	\$50,051	\$0	\$55,263	Pain In Right Shoulder	Subscriber	881673-17-251
Claimant 363	\$55,143	\$0	\$0	\$55,143	Autistic Disorder	Child	881673-16-001



## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

Contractholder Number - 881673

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- Amounts below reflect Medical and RX costs.

### Total Group

#### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 364	\$49,102	\$6,030	\$0	\$55,132	Ulcerative (chronic) Pancolitis Without Complications	Subscriber	881673-17-001
Claimant 365	\$21,922	\$32,858	\$0	\$54,781	Unspecified Atrial Fibrillation	Subscriber	881673-16-001
Claimant 366	\$52,574	\$2,179	\$0	\$54,753	Primary Osteoarthritis, Right Shoulder	Subscriber	881673-17-012
Claimant 367	\$3,502	\$51,162	\$0	\$54,664	Calculus Of Gallbladder With Chronic Cholecystitis Without Obstruction	Spouse	881673-16-001
Claimant 368	\$16,560	\$37,471	\$0	\$54,031	Chlamydial Pneumonia	Subscriber	881673-17-001
Claimant 369	\$53,834	\$85	\$0	\$53,919	Cyst Of Spleen	Spouse	881673-16-001
Claimant 370	\$48,303	\$5,591	\$0	\$53,894	Influenza Due To Other Identified Influenza Virus With Unspecified Type Of Pneumonia	Subscriber	881673-16-002
Claimant 371	\$6,069	\$47,811	\$0	\$53,881	Polyp Of Colon	Spouse	881673-17-001
Claimant 372	\$52,015	\$1,823	\$0	\$53,838	Atherosclerotic Heart Disease Of Native Coronary Artery With Unstable Angina Pectoris	Subscriber	881673-16-001
Claimant 373	\$5,748	\$47,988	\$0	\$53,736	Atherosclerotic Heart Disease Of Native Coronary Artery Without Angina Pectoris	Subscriber	881673-17-001
Claimant 374	\$44,231	\$9,404	\$0	\$53,635	Atherosclerotic Heart Disease Of Native Coronary Artery With Unspecified Angina Pectoris	Subscriber	881673-16-001
Claimant 375	\$37,540	\$16,007	\$0	\$53,547	Hydronephrosis With Renal And Ureteral Calculous Obstruction	Spouse	881673-17-001
Claimant 376	\$52,253	\$1,166	\$0	\$53,419	Unspecified Pre-existing Hypertension Complicating Pregnancy, Third Trimester	Spouse	881673-16-001
Claimant 377	\$52,783	\$484	\$0	\$53,267	Thyrotoxicosis With Toxic Multinodular Goiter Without Thyrotoxic Crisis Or Storm	Subscriber	881673-17-001
Claimant 378	\$27,073	\$26,092	\$0	\$53,165	Migraine, Unspecified, Not Intractable, Without Status Migrainosus	Subscriber	881673-17-003
Claimant 379	\$53,020	\$0	\$0	\$53,020	Other Feeding Difficulties	Child	881673-16-001
Claimant 380	\$381	\$52,636	\$0	\$53,017	Unilateral Primary Osteoarthritis, Right Knee	Spouse	881673-16-012
Claimant 381	\$2,168	\$50,805	\$0	\$52,973	Unilateral Primary Osteoarthritis, Right Knee	Subscriber	881673-16-001
Claimant 382	\$52,932	\$0	\$0	\$52,932	Sepsis, Unspecified Organism	Subscriber	881673-17-001
Claimant 383	\$52,764	\$141	\$0	\$52,905	Unspecified Fracture Of Lower End Of Left Tibia, Initial Encounter For Closed Fracture	Subscriber	881673-17-001
Claimant 384	\$49,275	\$3,547	\$0	\$52,822	Localized Enlarged Lymph Nodes	Spouse	881673-17-005
Claimant 385	\$52,577	\$35	\$0	\$52,613	Calculus Of Gallbladder Without Cholecystitis Without Obstruction	Spouse	881673-16-001
Claimant 386	\$52,521	\$0	\$0	\$52,521	Crohn's Disease Of Small Intestine Without Complications	Subscriber	881673-17-012



## LEE COUNTY BOARD OF COUNTY COMMISSIONERS

### Large Claim Listing

Contractholder Number - 881673

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### Total Group

#### Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 387	\$33,308	\$19,204	\$0	\$52,512	Unspecified Abdominal Pain	Spouse	881673-16-001
Claimant 388	\$30,098	\$22,155	\$0	\$52,254	Unilateral Primary Osteoarthritis, Left Hip	Subscriber	881673-17-003
Claimant 389	\$47,740	\$4,513	\$0	\$52,253	Severe Pre-eclampsia Complicating Childbirth	Spouse	881673-17-010
Claimant 390	\$15,963	\$36,214	\$0	\$52,178	Unspecified Inflammatory Spondylopathy, Site Unspecified	Subscriber	881673-17-003
Claimant 391	\$17,407	\$34,671	\$0	\$52,077	Other Abnormal And Inconclusive Findings On Diagnostic Imaging Of Breast	Subscriber	881673-16-001
Claimant 392	\$37,677	\$14,215	\$0	\$51,893	Syncope And Collapse	Spouse	881673-16-001
Claimant 393	\$36,700	\$15,020	\$0	\$51,720	Chronic Maxillary Sinusitis	Child	881673-17-001
Claimant 394	\$38,760	\$12,834	\$0	\$51,594	Rectocele	Spouse	881673-16-001
Claimant 395	\$40,766	\$10,712	\$0	\$51,478	Essential (primary) Hypertension	Subscriber	881673-16-001
Claimant 396	\$50,658	\$451	\$0	\$51,109	Other Abnormal And Inconclusive Findings On Diagnostic Imaging Of Breast	Spouse	881673-17-001
Claimant 397	\$25,351	\$25,622	\$0	\$50,974	Adenomyosis Of The Uterus	Subscriber	881673-16-001
Claimant 398	\$29,611	\$21,360	\$0	\$50,970	Chronic Migraine Without Aura, Intractable, Without Status Migrainosus	Subscriber	881673-16-001
Claimant 399	\$50,778	\$190	\$0	\$50,967	Spondylolisthesis, Lumbar Region	Subscriber	881673-16-001
Claimant 400	\$42,245	\$8,714	\$0	\$50,959	Left Lower Quadrant Pain	Subscriber	881673-16-002
Claimant 401	\$50,130	\$793	\$0	\$50,923	Headache, Unspecified	Subscriber	881673-17-001
Claimant 402	\$49,730	\$1,095	\$0	\$50,825	Autistic Disorder	Child	881673-16-017
Claimant 403	\$29,498	\$21,157	\$0	\$50,655	Right Upper Quadrant Pain	Spouse	881673-17-013
Claimant 404	\$1,231	\$49,406	\$0	\$50,637	Encounter For Screening Mammogram For Malignant Neoplasm Of Breast	Subscriber	881673-17-001
Claimant 405	\$43,765	\$6,726	\$0	\$50,491	Hypertensive Heart And Chronic Kidney Disease With Heart Failure And With Stage 5 Chronic Kidney Disease, Or End Stage Renal Disease	Subscriber	881673-17-012
Claimant 406	\$2,766	\$47,671	\$0	\$50,437	Myasthenia Gravis Without (acute) Exacerbation	Spouse	881673-16-001
Claimant 407	\$36,309	\$13,928	\$0	\$50,237	Headache, Unspecified	Subscriber	881673-16-001
Claimant 408	\$36,504	\$13,728	\$0	\$50,232	Atherosclerotic Heart Disease Of Native Coronary Artery With Unstable Angina Pectoris	Subscriber	881673-16-001



LEE COUNTY BOARD OF COUNTY COMMISSIONERS

Large Claim Listing

Contractholder Number - 881673

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- Amounts below reflect Medical and RX costs.

Total Group

Claimants with over \$50,000 in claims for 10/1/2024 - 9/30/2025

Claimant	Medical	Rx	Pooled	Total	ICD-10 Code Description	Relationship	Structure
Claimant 409	\$28,791	\$21,401	\$0	\$50,193	Influenza Due To Other Identified Influenza Virus With Other Respiratory Manifestations	Subscriber	881673-16-003
	\$49,933	\$103	\$0	\$50,036	Traumatic Subarachnoid Hemorrhage With Loss Of Consciousness Of 30 Minutes Or Less, Initial	Child	881673-17-001
Claimant 410							



**Request for Proposal (RFP) for Medical Stop Loss Insurance Policy**  
for Lee County Board of County Commissioners (County)

**RFP**

Request for Proposal - Introduction  
Effective 1/1/2026

If you have any questions, please contact Lee County's Procurement Department:

**Jana Olsen**  
Procurement Analyst  
Lee County Board of County Commissioners  
Procurement Management Division  
2115 Second Street, 1st Floor  
Fort Myers, FL 33901  
Email: JOlsen@leegov.com  
Direct Line: (239) 533-8848

**RFP Instructions:**

**Refer to County Procurement RFP Posting for complete RFP Submission Details.**

**Informational Tabs included in this "Attachment A" Document:**

- Introduction
- Scoring Details
- Information
- Data

**Tabs to be completed by proposer in this "Attachment A" Document:**

- Cover Page
- 1 - Qualifications
- 2 - Experience, Personnel & Reference
- 3 - Plan Design & Pricing
- 3 - Plan Design & Pricing cont.

**Any modifications to this RFP will be published in the form of an addendum posted solely by the county on the county's procurement website, [www.leegov.com/procurement](http://www.leegov.com/procurement), under this solicitation number.**



**Request for Proposal (RFP) for Medical Stop Loss Insurance Policy**  
 for Lee County Board of County Commissioners (County)  
 RFP210494CJV  
 Request for Proposal - Scoring  
 Effective 1/1/2022

Scoring Details		
Criteria	Criteria Description	Maximum Points Available
1	Qualifications of Company (Tab 1)	20
2	Company Relevant Experience, Personnel & Reference (Tab 2)	25
3	Plan Design (Tab 3)	50
4	Local Vendor Preference	5
<b>Total Points</b>		<b>100</b>
*Additional details and documents found within submittal package, although not located within tabs as listed above, may be reviewed and considered by evaluation committee when scoring Proposers.		





## Request for Proposal (RFP) for Medical Stop Loss Insurance Policy for Lee County Board of County Commissioners (County)

### RFP

Request for Proposal - Information  
Effective 1/1/2026

Commissions Details:	
Frequency	Monthly
Commission Type	Percentage
Type of Fee / Commission	Broking
Initial Commission	0.00%
Commission Expectation	0
Ongoing Commission	0.00%
Paid To	Aon

Member Counts:	
<b>Total Number of Eligible Employees</b>	<b>4,393</b>
<b>Total Lives</b>	
Single	1829
Family	2477
Grand Total	4306
<b>Actives</b>	
Single	1568
Family	2244
Grand Total	3812
<b>Retirees Under 65</b>	
Single	77
Family	104
Grand Total	181
<b>Retirees Over 65</b>	
Single	180
Family	125
Grand Total	305
<b>COBRA Participants</b>	
Single	4
Family	4
Grand Total	8

Carrier History	
<b>Stop Loss Carrier History</b>	
Current Year (incumbent)	Aetna
Prior Year 1	Aetna
Prior Year 2	Aetna
<b>TPA Carrier History</b>	
Current Year (incumbent)	Aetna
Prior Year 1	Aetna
Prior Year 2	Aetna
<b>PPO Network Provider</b>	
Current	Aetna
Proposed	Aetna

Current Contract	
Specific Deductible Level	\$475,000
Specific Contract Basis	Paid

Aggregating Specific Deductible Level	None
Lasers	None
Rate Tier	Composite
Rate PEPM	\$55.18

Requested Contract	
Specific Deductible Levels to be Quoted	
Current Plan & Alternate Plan 3	\$475,000
Alternate Plan 1 & 4	\$525,000
Alternate Plan 2 & 5	\$550,000
Specific Aggregating Deductible Levels to be Quoted	
Alternate Plan 3, 4 & 5	\$150,000








## Request for Proposal (RFP) for Medical Stop Loss Insurance Policy for Lee County Board of County Commissioners (County)




### RFP







Request for Proposal - Tab 3 Plan Design & Pricing Proposal


Effective 1/1/2026



To allow proposers adequate time to review the solicitation documents and prepare a proposal submission package we have included all information currently available. It is the County's intent to provide data through September 2025 as soon as the report has been completed. The report will be published in the form of an addendum posted on IonWave, <https://leegov.ionwave.net/Login.aspx>, under this solicitation number.

Large Claimants		
2025 YTD (January - July)	2024	2023
 HighClaimants_Med Rx_Over 50k_01- 25 thru 07-25.xlsx	 HighClaimants_Med Rx_Over 50k_01- 24 thru 12-24.xlsx	 HighClaimants_Med RX_2023_Full Year.xls

Claims History		
2025 YTD (January - July)	2024	2023
 Claims 2025 YTD July_08-24 thru 07- 25.xls	 Claims 2024_01-24 thru 12-24.xls	 Claims 2023_01-23 thru 12-23.xls

Membership - OA Select & CPOS II		
2025 YTD (January - July)	2024	2023
 LCBOCC - Membership Enrollment by Tier -	 LCBOCC - Membership Enrollment by Tier -	 LCBOCC - Membership Enrollment by Tier -
 LCBOCC - Membership Enrollment by Tier	 LCBOCC - Membership Enrollment by Tier	 LCBOCC - Membership Enrollment by Tier

Census
8/25/2025
 LCBOCC Census 08.25.25_Stop Loss.xls

Plan Design	
Aetna Choice POS II	OA Aetna Select
 Lee County Aetna Choice POS II 2025 Plan	 Lee County OA Aetna Select 2025 Plan

SBCs	
Aetna Choice POS II	OA Aetna Select

<div><p>Lee County BOCC Aetna Choice POS II 2025.pdf</p></div>	<div><p>Lee County BOCC Open Access Aetna</p></div>
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**Request for Proposal (RFP) for Medical Stop Loss Insurance Policy**  
for Lee County Board of County Commissioners (County)

**RFP**

Request for Proposal - Cover Page Introduction  
Effective 1/1/2026

To Proposer: Please enter your Company's information in the spaces provided below.	
Name of Proposer:	[Enter Company's Name Here]
Proposer's Address:	[Enter Company's Address Here]
Company's Contact Person:	[Enter Company's Contact Person Here]
Phone:	[Enter Contact Information Here]
Fax:	[Enter Contact Information Here]
Email Address:	[Enter Contact Information Here]
How many years has Proposer been in business under present name?	[Enter Company's Response Here]
Under what other former names has your organization operated?	[Enter Company's Response Here]

Officer Statement: Please use the drop downs to the right to provide your Company's acknowledgement of the following statements.	
Proposer acknowledges that the response provided to this proposal in entirety will become part of the contract with County. If any part of the contract does not agree with the response provided herein, Proposer will amend the contract or defer to the proposal.	
Proposer agrees that all existing contractual terms and conditions not addressed in this Request for Proposal will remain unchanged in any future contract or amendment unless County decides otherwise.	





**Request for Proposal (RFP) for Medical Stop Loss Insurance Policy**  
for Lee County Board of County Commissioners (County)

**RFP**

Request for Proposal - Tab 1 Qualifications of Company  
Effective 1/1/2026

To Proposer: Please enter your Company's name in the space provided below.

Name of Proposer:	[Enter Company's Name Here]
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Provide a description of your Company, your Company's experience, and underlying philosophy in providing the services as described and requested herein. Description should include details such as: abilities, capacity, skill, strengths, number of years, location of office(s), as well as MBE, WBE, DBE, VBE or similar status, and recent, current, and/or projected workload, etc....

[Enter Company's Response Here]

Provide the contact name and email address of the individual that can answer questions on your proposal.

Name:	[Enter Company's Response Here]
Title:	[Enter Company's Response Here]
Phone:	[Enter Company's Response Here]
Email:	[Enter Company's Response Here]
Additional Notes:	[Enter Company's Response Here]





**Request for Proposal (RFP) for Medical Stop Loss Insurance Policy**  
**for Lee County Board of County Commissioners (County)**

**RFP**

Request for Proposal - Tab 2 Company Relevant Experience & References  
Effective 1/1/2026

To Proposer: Please enter your Company's name in the space provided below.

Name of Proposer:	[Enter Company's Name Here]
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Provide details of a maximum of three (3) projects similar in scope and size to that being requested through this solicitation that your Company has completed recently. Details for each project example provided should include:

**Client Reference #1**

Client Name:	[Enter Company's Response Here]
Medical Enrolled Count:	[Enter Company's Response Here]
Point of Contact Name:	[Enter Company's Response Here]
Point of Contact Title:	[Enter Company's Response Here]
Point of Contact Phone:	[Enter Company's Response Here]
Point of Contact Email:	[Enter Company's Response Here]
Additional Notes:	[Enter Company's Response Here]

**Client Reference #2**

Client Name:	[Enter Company's Response Here]
Medical Enrolled Count:	[Enter Company's Response Here]
Point of Contact Name:	[Enter Company's Response Here]
Point of Contact Title:	[Enter Company's Response Here]
Point of Contact Phone:	[Enter Company's Response Here]
Point of Contact Email:	[Enter Company's Response Here]
Additional Notes:	[Enter Company's Response Here]

**Client Reference #3**

Client Name:	[Enter Company's Response Here]
Medical Enrolled Count:	[Enter Company's Response Here]
Point of Contact Name:	[Enter Company's Response Here]
Point of Contact Title:	[Enter Company's Response Here]
Point of Contact Phone:	[Enter Company's Response Here]
Point of Contact Email:	[Enter Company's Response Here]
Additional Notes:	[Enter Company's Response Here]

Provide a statement of understanding that your Company recognizes the County reserves the right to evaluate the proposing Company on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.) as part of their experience criteria.

Please use the drop down to the right to indicate your Company's understanding of the above statement.	
--------------------------------------------------------------------------------------------------------	--

Provide a detailed description of the Company's specific project management team, inclusive of sub-Account Team Member 1:

Name:	[Enter Company's Response Here]
Job Title:	[Enter Company's Response Here]
Main Job Functions:	[Enter Company's Response Here]
Resume/Bio Attached?	



Additional Notes:	[Enter Company's Response Here]
Account Team Member 2:	
Name:	[Enter Company's Response Here]
Job Title:	[Enter Company's Response Here]
Main Job Functions:	[Enter Company's Response Here]
Resume/Bio Attached?	
Additional Notes:	[Enter Company's Response Here]
Account Team Member 3:	
Name:	[Enter Company's Response Here]
Job Title:	[Enter Company's Response Here]
Main Job Functions:	[Enter Company's Response Here]
Resume/Bio Attached?	
Additional Notes:	[Enter Company's Response Here]

Company must identify staff member that will serve as Project Director that shall be authorized and	
Please indicate the Account Team Member that will service as Project Director.	[Enter Company's Response Here]

Provide a statement acknowledging your Company's understanding that the project management	
Use the drop down to the right to provide your understanding.	







Request for Proposal (RFP) for Medical Stop Loss Insurance Policy  
for Lee County Board of County Commissioners (County)

RFP

Request for Proposal - Tab 3 Plan Design & Pricing Proposal  
Effective 1/1/2026

To Proposer: Please enter your Company's name in the space provided below.

Name of Proposer:	[Enter Company's Name Here]
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**General Stop Loss**  
Use drop downs in column to the right of each question to indicate response where applicable. If additional details need to be provided, please use the column to the right of the drop down.

Question	Response	Explanation
Stop Loss quote complies with the quote request parameters outlined in the Read Me First (RMF) and in Greater Insight - without exceptions. (Domicile State, Network, Administrator, UM/CM, Plan Design Current/Proposed & Current Enrollments)		
Confirm whether proposal is Firm (with all underwriting complete - including Medical review), or Illustrative		
Confirm Stop loss covers all claims that are covered by the medical plan (and Rx plan if applicable) at 100% of the paid amount, as long as the claim is eligible to be paid under the plan document (i.e. Plan Mirroring).		
Confirm Stop loss covers clinical trials included.		
Please provide a description of your company's payment turnaround timing standards.	[Enter Company's Response Here]	
Does your company have any participation requirements? If yes, please use explanation column to provide the %.		
Is the included proposed rates subject to change if enrollments vary by a certain %? If yes, please use explanation column to provide the %.		
Please confirm if Stop loss covers the eligibility as described in the plan of benefits without exceptions. If not, list your exceptions in the Explanation column		
Please confirm your proposal includes COBRA/LOA enrollees If so, maximum % of COBRA/LOA allowed of total enrollment in the Explanations column		
Please confirm your proposal includes Pre-65 Retirees If so, maximum % of Pre-65 Retirees allowed of total enrollment in the Explanations column		
Please confirm your proposal includes Post-65 Retirees If so, maximum % of Post-65 Retirees allowed of total enrollment in the Explanations column		
Identify all special arrangements with medical carriers (e.g. interface fees waived/reimbursed)	[Enter Company's Response Here]	



Disclosure Requirements		
Question	Response	Explanation
Please carrier will accept the large claims information provided with the RFP for disclosure purposes.		
Please confirm if all Actively at Work, Disabled and Dependent non confinement provisions will be waived upon disclosure of individuals.		
By submitting your responses to this questionnaire, you represent that you have submitted a complete quote, inclusive of all material information, terms and conditions without reference to any additional or external materials, even if such materials are provided in Greater Insight. You will not change or alter your responses or the terms or conditions of this quote, except by written modification to this questionnaire with notice to Aon. You acknowledge and understand that the information contained herein will be directly presented to the Aon client requesting the quote, and that the client may rely upon this information in selecting the quote and coverage.		
<b>Disclosure Requirements - Policy</b> <i>Use drop downs in column to the right of each question to indicate response where applicable. If additional details need to be provided, please use the column to the right of the drop down.</i>		
Question	Response	Explanation
Indicate and list all items needed to issue the stop loss policy.	[Enter Company's Response Here]	
Additional Comments on any Stop Loss Sections	[Enter Company's Response Here]	

General Information		
<i>Please use the column to the far right to indicate your response as it relates to your proposal. Details on the current Stop Loss plan are included in the middle column. We are requesting to follow the existing plan as much as possible with your bid. Please indicate any deviations with your responses.</i>		
	Current Plan	Vendor Response
Is the current underlying medical plan fully insured?	No	
Stop Loss Part of Captive?	No	
Total Number of Employees Covered under Stop Loss (Actives including COBRA and Disabled)		Vendor Response
Single:	1,829	
Family:	2,477	
Retirees Under 65 Covered Under Stop Loss?	Yes	
Retirees Over 65 Covered Under Stop Loss?	Yes	
Stop Loss Carrier History		Vendor Response
Current Year (incumbent)	Aetna	
Prior Year 1	Aetna	
Prior Year 2	Aetna	
Third Party Administrator (TPA)/ASO Carrier History		Vendor Response
Current Year (incumbent) Medical	Aetna	
Current Year (incumbent) Rx	Aetna	
Prior Year 1 Medical	Aetna	
Prior Year 1 Rx	Aetna	



Prior Year 2 Medical	Aetna	
Prior Year 2 Rx	Aetna	
PPO Network Provider	Current Plan	Vendor Response
Current	Aetna	
Proposed	Aetna	

#### Specific Information

Please use the column to the far right to indicate your response as it relates to your proposal. Details on the current Stop Loss plan are included in the middle column. We are requesting to follow the existing plan as much as possible with your bid. Please indicate any deviations with your responses.

Specific Deductible Level	Current Plan	Vendor Response
Specific Stop Loss Deductible	\$475,000 (current) \$525,000 \$550,000	
Specific Contract Basis	Current Plan	Vendor Response
Specific Contract Basis (i.e. 12/12, 12/24)	Paid	
Is there an Aggregating Specific?	None (current) \$150,000	
Advance Funding/Special Cash Flow Assistance Included	Included	
Specific Maximum Reimbursement	Current Plan	Vendor Response
Specific Annual Maximum Reimbursement	Unlimited	
Specific Lifetime Maximum Reimbursement	Unlimited	
Benefits Covered Under the Specific, e.g. Medical & Rx		Vendor Response
Benefits covered under the Specific	Medical, Rx	
Terminal Liability	Current Plan	Vendor Response
Terminal Liability	Excluded	
Transplants	Current Plan	Vendor Response
Transplants Carved Out?	No	
Actively At Work - Dependent Non-confinement	Current Plan	Vendor Response
Is the policy 'actively at work' provision waived?	Waived upon Disclosure	
Actively at Work is Waived (assumed "yes" upon acceptance of disclosure unless stated otherwise)		
Run in Limit Applies	Current Plan	Vendor Response
Specific Run in Limit	No	
No New Laser Product	Current Plan	Vendor Response
Does your offer include a No New Laser product guarantee?	Included	
If yes, does it include a rate cap?	Included	
If yes, what is your 2nd year rate cap?		
Lasers	Current Plan	Vendor Response
Will the vendor impose lasers?	No	

#### Aggregate

Please use the column to the far right to indicate your response as it relates to your proposal. Details on the current Stop Loss plan are included in the middle column. We are requesting to follow the existing plan as much as possible with your bid. Please indicate any deviations with your responses.

Aggregate Coverage	Current Plan	Vendor Response
Is there Aggregate Stop Loss Coverage?	Excluded	
Aggregate Run In Limit	No	



## Request for Proposal (RFP) for Medical Stop Loss Insurance Policy for Lee County Board of County Commissioners (County)

RFP210494CJV

Request for Proposal - Tab 3 Plan Design &amp; Pricing Proposal

Effective 1/1/2022

To Proposer: Please enter your Company's name in the space provided below.

Name of Proposer:	[Enter Company's Name Here]
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Provide financial quotes and details for the following plan designs.

Please note that updated data through September will be posted as an addendum to this RFP on the County's procurement site when the data is made available. Quotes provided should be accurate firm quotes only.

### Current Plan Design and Rate:

Plan Deductible: \$475,000

Aggregating Specific Deductible: **None**

Rate Tier: Composite

Current Rate: \$55.18 PEPM

## Paid Basis

Policy Months: 12

Lives: 4,393

Lasers: None

Proposer's Rate (PEPM):	[Enter Company's Response Here]
Are there any Laser's included in your proposed rate above? <i>(Please use drop down to the right to indicate response; if yes, please use the cells below to provide additional details)</i>	
Claimant Number	
Type of Laser	
Laser Amount	
Diagnosis	
Comments	
Laser Liability	
Are there any Full-Exclusion Laser's included in your proposed rate above? <i>(Please use drop down to the right to indicate response)</i>	
Does your proposal include a rate cap at renewal? If yes, please indicate the cap	
Confirm No New Laser offered on an evergreen basis (year over year, without future removal based on claims experience)	
Does your proposal include a Run-in Limit Specific?	
Additional Comments/Assumptions:	

### Alternate Plan Design 1 and Rate:

**Plan Deductible: \$525,000**

Aggregating Specific Deductible: **None**

## Rate Tier: Composite

Current Rate: N/A

## Paid Basis

Policy Months: 12

Lives: 4,393

Lasers: None

Proposer's Rate (PEPM):	[Enter Company's Response Here]
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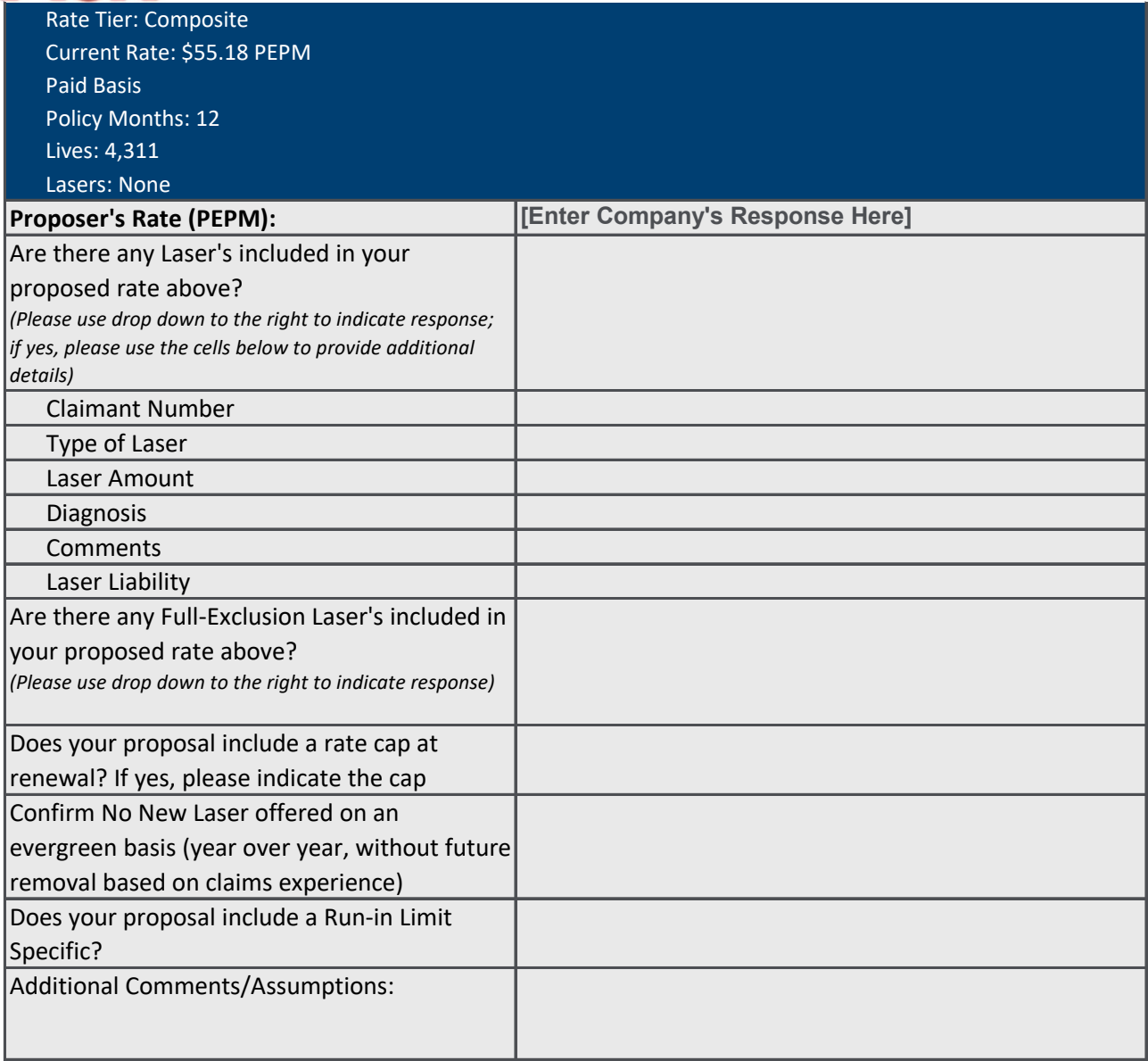


Are there any Laser's included in your proposed rate above? <i>(Please use drop down to the right to indicate response; if yes, please use the cells below to provide additional details)</i>	
Claimant Number	
Type of Laser	
Laser Amount	
Diagnosis	
Comments	
Laser Liability	
Are there any Full-Exclusion Laser's included in your proposed rate above? <i>(Please use drop down to the right to indicate response)</i>	
Does your proposal include a rate cap at renewal? If yes, please indicate the cap	
Confirm No New Laser offered on an evergreen basis (year over year, without future removal based on claims experience)	
Does your proposal include a Run-in Limit Specific?	
Additional Comments/Assumptions:	

<b>Alternate Plan Design 2 and Rate:</b> Plan Deductible: <b>\$550,000</b> Aggregating Specific Deductible: <b>None</b> Rate Tier: Composite Current Rate: N/A Paid Basis Policy Months: 12 Lives: 4,393 Lasers: None	
<b>Proposer's Rate (PEPM):</b>	<b>[Enter Company's Response Here]</b>
Are there any Laser's included in your proposed rate above? <i>(Please use drop down to the right to indicate response; if yes, please use the cells below to provide additional details)</i>	
Claimant Number	
Type of Laser	
Laser Amount	
Diagnosis	
Comments	
Laser Liability	
Are there any Full-Exclusion Laser's included in your proposed rate above? <i>(Please use drop down to the right to indicate response)</i>	
Does your proposal include a rate cap at renewal? If yes, please indicate the cap	
Confirm No New Laser offered on an evergreen basis (year over year, without future removal based on claims experience)	
Does your proposal include a Run-in Limit Specific?	
Additional Comments/Assumptions:	

<b>Alternate Plan Design 3 and Rate:</b> Plan Deductible: <b>\$475,000</b> Aggregating Specific Deductible: <b>\$150,000</b>
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<b>Alternate Plan Design 4 and Rate:</b> Plan Deductible: <b>\$525,000</b> Aggregating Specific Deductible: <b>\$150,000</b> Rate Tier: Composite Current Rate: N/A Paid Basis Policy Months: 12 Lives: 4,393 Lasers: None	
<b>Proposer's Rate (PEPM):</b>	<b>[Enter Company's Response Here]</b>
Are there any Laser's included in your proposed rate above? <i>(Please use drop down to the right to indicate response; if yes, please use the cells below to provide additional details)</i>	
Claimant Number	
Type of Laser	
Laser Amount	
Diagnosis	
Comments	
Laser Liability	
Are there any Full-Exclusion Laser's included in your proposed rate above? <i>(Please use drop down to the right to indicate response)</i>	
Does your proposal include a rate cap at renewal? If yes, please indicate the cap	
Confirm No New Laser offered on an evergreen basis (year over year, without future removal based on claims experience)	
Does your proposal include a Run-in Limit Specific?	



Additional Comments/Assumptions:	
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<b>Alternate Plan Design 5 and Rate:</b> Plan Deductible: \$550,000 Aggregating Specific Deductible: \$150,000 Rate Tier: Composite Current Rate: N/A Paid Basis Policy Months: 12 Lives: 4,393 Lasers: None	
<b>Proposer's Rate (PEPM):</b>	<b>[Enter Company's Response Here]</b>
Are there any Laser's included in your proposed rate above? <i>(Please use drop down to the right to indicate response; if yes, please use the cells below to provide additional details)</i>	
Claimant Number	
Type of Laser	
Laser Amount	
Diagnosis	
Comments	
Laser Liability	
Are there any Full-Exclusion Laser's included in your proposed rate above? <i>(Please use drop down to the right to indicate response)</i>	
Does your proposal include a rate cap at renewal? If yes, please indicate the cap	
Confirm No New Laser offered on an evergreen basis (year over year, without future removal based on claims experience)	
Does your proposal include a Run-in Limit Specific?	
Additional Comments/Assumptions:	





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Profit Corporation

Bill's Widget Corporation

Filing Information

Document Number 6555555  
FEI/EIN Number Date 5111111111111  
Filed 1 10/03/2005  
State FL  
Status ACTIVE  
Last Event DROPPING DBA  
Event Date Filed Event 09/27/2023  
Effective Date NONE

Principal Address

555 N MAIN STREET  
ANYTOWN, USA 99999

Verify either Principal or Mailing address is listed in submittal and on Form 1 if submitting a printed, sealed bid.

Changed: 01/05/2011

Mailing Address

555 N MAIN STREET  
ANYTOWN, USA 99999

Changed: 01/05/2011

Registered Agent Name & Address

MY REGISTERED AGENT  
111 REGISTRATION ROAD  
REGISTRATION, USA 99999

Officer/Director Detail

Name & Address

Title P

PRESIDENT, FIRST  
555 AVENUE  
ANYTOWN, USA 99999

**IMPORTANT:**  
For corporations, ALL documents must be signed by the president of the company or an authorized individual. For any individual other than the president, we will need one of the following to confirm their authority to sign:

1. a corporate resolution by the Board of Directors, or
2. an extract of minutes, or
3. an extract of Vote by the Board of Directors

If the company's articles of incorporation identify additional positions that have the power to bind the corporation, we will accept the articles of incorporation with verification from the president that a certain individual serves in that role (e.g., the president confirms that John Doe is the CEO, and the articles of incorporation provide that the CEO has the power to bind the company).

With respect to an LLC, the authority to bind a limited liability company is controlled by Florida statutes. Managers or managing members have inherent authority to bind an LLC.

If the president of a corporation or a manager/managing member of an LLC delegates their authority, such delegation must be sent to us on company letterhead with the President's or manager's/managing member's original, wet signature.



## **AFFIDAVIT CERTIFICATION IMMIGRATION LAWS**

SOLICITATION NO.: \_\_\_\_\_ SOLICITATION NAME: \_\_\_\_\_

LEE COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

LEE COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY LEE COUNTY.** PROPOSER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

BY REGISTERING AS A VENDOR, SUBMITTING A RESPONSE TO A SOLICITATION, OR ENTERING INTO A CONTRACT, IF YOU ARE OBLIGATED TO COMPLY WITH THE PROVISIONS OF SECTION 448.095, FLA. STAT., "EMPLOYMENT ELIGIBILITY." FURTHER, BY YOUR REGISTRATION AS A VENDOR, RESPONSE TO A SOLICITATION, ENTERING INTO A CONTRACT, YOU AFFIRM AND REPRESENT THAT YOU ARE REGISTERED WITH THE E-VERIFY SYSTEM AND ARE USING SAME, AND WILL CONTINUE TO USE SAME AS REQUIRED BY SECTION 448.095, F.S. COMPLIANCE WITH SECTION 448.095 INCLUDES, BUT IS NOT LIMITED TO, UTILIZATION OF THE E-VERIFY SYSTEM TO VERIFY THE WORK AUTHORIZATION STATUS OF ALL NEWLY HIRED EMPLOYEES, AND REQUIRING ALL SUBCONTRACTORS TO PROVIDE AN AFFIDAVIT ATTESTING THAT THE SUBCONTRACTOR DOES NOT EMPLOY, CONTRACT WITH, OR SUBCONTRACT WITH, AN UNAUTHORIZED ALIEN. FAILURE TO COMPLY WILL LEAD TO TERMINATION AS A VENDOR, DISQUALIFYING YOU FOR AWARD OF A SOLICITATION, DENIAL OF ENTERING INTO A CONTRACT AND/OR, CANCELLATION OF AN ACTIVE CONTRACT, OR IF YOUR SUBCONTRACTOR KNOWINGLY VIOLATES THE STATUTE, THE SUBCONTRACT MUST BE TERMINATED IMMEDIATELY. ANY CHALLENGE TO TERMINATION UNDER THIS PROVISION MUST BE FILED WITH THE DEPARTMENT OF PROCUREMENT MANAGEMENT NO LATER THAN 20 CALENDAR DAYS AFTER THE DATE OF TERMINATION. IF TERMINATED FOR A VIOLATION OF THE STATUTE BY THE VENDOR, THE VENDOR MAY NOT BE ALLOWED TO DO BUSINESS WITH THE COUNTY OR BE AWARDED A SOLICITATION OR CONTRACT FOR A PERIOD OF 1 YEAR AFTER THE DATE OF TERMINATION. ALL COSTS INCURRED TO INITIATE AND SUSTAIN THE AFOREMENTIONED PROGRAMS SHALL BE THE RESPONSIBILITY OF THE VENDOR.

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was signed and acknowledged before me, by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who has produced

(Print or Type Name)

\_\_\_\_\_ as identification.

(Type of Identification)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Notary Commission Number/Expiration

The signee of this Affidavit guarantee, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. **LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

**Lee County Procurement Management  
Reference Survey**

*Reference surveys submitted can be a maximum of twelve (12) months old. If using a previous reference, Proposers must clearly identify the project name and number the reference is being submitted for.*

**Project Name & Number:** \_\_\_\_\_

<b>Section 1</b> Reference Respondent Information	<b>Please return completed form to:</b>
<b>FROM:</b> _____ <b>COMPANY:</b> _____ <b>PHONE #:</b> _____ <b>FAX #:</b> _____ <b>EMAIL:</b> _____	<b>Bidder/Proposer:</b> _____ <b>Due Date:</b> _____ <b>Total # Pages:</b> 1 <b>Phone #:</b> _____ <b>Fax #:</b> _____ <b>Bidder/Proposer E-Mail:</b> _____

<b>Section 2</b>	Enter Bidder/Proposer Information , as applicable Similar Performed Project (Bidder/Proposer to enter details of a project performed for above reference respondent)		
<b>Bidder/Proposer Name:</b> _____			
<b>Reference Project Name:</b> _____	<b>Project Address:</b> _____	<b>Project Cost:</b> _____	
<b>Summarize Scope:</b> _____		_____	_____

**You as an individual or your company has been given as a reference on the project identified above. Please provide your responses in section 3 below.**

<b>Section 3</b>	Indicate: "Yes" or "No"
1. Did this company have the proper resources and personnel by which to get the job done?	
2. Were any problems encountered with the company's work performance?	
3. Were any change orders or contract amendments issued, other than owner initiated?	
4. Was the job completed on time?	
5. Was the job completed within budget?	
6. On a scale of one to ten, ten being best, how would you rate the overall work performance, considering professionalism; final product; personnel; resources. Rate from 1 to 10. (10 being highest)	
7. If the opportunity were to present itself, would you rehire this company?	
8. Please provide any additional comments pertinent to this company and the work performed for you:	

<b>Section 4</b>	<b>Please submit non-Lee County employees as references</b>
------------------	-------------------------------------------------------------

\_\_\_\_\_  
Reference Name (Print Name)

\_\_\_\_\_  
Reference Signature



## ALLEGED NEGLIGENCE/BREACH OF CONTRACT/NON-COMPLIANCE WITH GOVERNMENTAL REGULATION FORM

“Please fill in the form below. Provide details for each incident of alleged negligence, breach of contract or non-compliance with governmental regulation that has occurred over the past 10 years. Examples of non-compliance with governmental regulation include but are not limited to zoning violations, code enforcement violations, civil or criminal citations, denial, or revocation of permits. Provide details for all entities currently or previously owned in whole or in part by the proposer in the last 10 years. Please complete in chronological order with the most recent incident starting on page 1. Please do not modify this form (expansion of spacing allowed) or submit your own variation.”

**Company Name:** \_\_\_\_\_

<b>Type of Incident</b> <i>Alleged Negligence, Breach of Contract, or Non-Compliance</i>	<b>Incident Date And Date Filed</b>	<b>Plaintiff</b> <i>(Company, person, entity-acted against your company or state if your company initiated the action)</i>	<b>Case Number</b>	<b>Court</b> <i>(Name of State and County)</i>	<b>Project</b> <i>(Address and Name)</i>	<b>Allegation</b> <i>(Stated reason your company was accused of negligence, breach of contract or non-compliance of governmental regulation or the allegations your company made)</i>	<b>Final Outcome</b> <i>(Who prevailed and how)</i>

Make as many copies of this sheet as necessary to **provide a 10-year history** of the requested information. If there is no action pending or action taken in the last 10 years, complete the **company name and write “NONE” in the first “Type of Incident” box** of this page and return with your proposal package. This form should also include the primary partners listed in your proposal. Do not include litigation with your company as the plaintiff. Final outcome should include who prevailed and what method of settlement was made. If a monetary settlement was made the amount may remain anonymous.

Proposals may be declared “non-responsive” due to omissions of “Negligence or Breach of Contract” on this disclosure form. Additionally, proposals may be declared “not responsible” due to past or pending lawsuits that are relevant to the subject procurement such that they call into question the ability of the proposer to assure good faith performance. This determination may be made by the Procurement Management Director, after consulting with the County Attorney.

Page Number: \_\_\_\_\_ Of \_\_\_\_\_ Total pages





### SUB-CONTRACTOR/CONSULTANT LIST

Sub-Contractor/Consultant Company Name	Area Of Work	Point Of Contact Or Project Supervisor	Contact Info Phone or Email	Qualified DBE, MBE, WBE, VBE or Similar	Amount or Percentage of Total

Please include sub-contractor/consultant name, area of work (i.e. mechanical, electrical, etc.) and a **valid** phone number and/or email. Also include the dollar value or percentage that the sub-contractor/consultant will be performing. If sub-contractor/consultant qualifies as a current certificate Florida Certified Business Enterprise such as MBE, WBE, DBE, VBE or similar please indicate such above and provide proof of certification.

## Public Entity Crime Form

This form must be signed and sworn to in the presence of a notary public or other officer authorized to administer oaths.

1. This sworn statement is submitted to \_\_\_\_\_  
(Print name of the public entity)

by \_\_\_\_\_  
(Print individual's name and title)

for \_\_\_\_\_  
(Print name of entity submitting sworn statement)

whose business address is \_\_\_\_\_

(If applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: On the attached sheet.) Required as per IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1) (g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including but not limited to, and bid or contract for goods or services to be provided to any public entity or agency or political subdivision or any other state or of the United States, and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  1. A predecessor or successor of a person convicted of a public entity crime:  
or:
  2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those offices, directors, executives, partners, shareholders, employees, members and agents who are active in the management of the affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not fair market value under an arm's length Agreement/Contract, shall be a facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1) (c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of the entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting those sworn statement. (Please indicate which statement applies.)

\_\_\_\_\_ Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of ☐ physical presence or ☐ online notarization, this

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who has produced  
(Print or Type Name)

\_\_\_\_\_ as identification.  
(Type of Identification)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Notary Commission Number/Expiration

**AFFIDAVIT OF COMPLIANCE WITH SECTIONS  
287.138 and 787.06, FLORIDA STATUTES**

Before me, the undersigned authority, personally appeared **(Name of affiant)**  
\_\_\_\_\_, who, after being first duly sworn, deposes and says  
of his or her personal knowledge the following:

1. Affiant is the **( Title)**\_\_\_\_\_ of **(Business Name)**  
\_\_\_\_\_ which does  
business in the State of Florida, hereinafter called the “Vendor.”
2. Vendor, pursuant to Section 287.138, Florida Statutes, certifies that (1) Vendor is not owned by a government of a foreign country of concern; (2) a government of a foreign country of concern does not have a “controlling interest” in Vendor, as defined by Section 287.138(1)(a), Florida Statutes; and (3) Vendor is not organized under the law of nor has its principal place of business in a foreign country of concern. For the purposes of this affidavit, foreign country of concern means the People’s Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People’s Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern, as defined in Section 287.138(1)(c), Florida Statutes, as amended from time to time.
3. Vendor, pursuant to Section 787.06, Florida Statutes, certifies that Vendor does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, as amended from time to time.
4. This Affidavit is executed by the Vendor in accordance with Section 287.138, Florida Statutes, for the purposes of preventing the County from entering contracts with foreign entities of concern which would provide Vendor access to an individual’s personal identifying information.

5. This Affidavit is executed by the Vendor in accordance with Section 787.06, Florida Statutes.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of ☐ physical presence or ☐ online notarization,  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who has produced  
(Print or Type Name)

\_\_\_\_\_ as identification.  
(Type of Identification)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Notary Commission Number/Expiration

## VENDOR BACKGROUND SCREENING AFFIDAVIT



## VENDOR BACKGROUND SCREENING AFFIDAVIT

Florida Statutes Chapter 435 governs required background screenings for any employees, contractors, subcontractors, or agents of the Vendor who will have contact with any vulnerable person, as defined by statute, or who otherwise are required to undergo a Level 1 or Level 2 background screening in accordance with Florida law.

The Vendor is responsible for ensuring that such required background screenings are conducted in accordance with Florida Statutes Chapter 435. Documentation of such completed background screenings must be maintained for a period of no less than five (5) years and are subject to audit by Lee County at any time during such five (5) year period.

**Under penalty of perjury, I declare that I have read and understand the requirements stated above, and that all required background screenings shall be conducted in accordance with this affidavit.** I further understand that there may be additional local, state, and federal regulations that may require background screening, and that the Vendor will be solely responsible for complying with such legal requirements. Furthermore, the Vendor shall indemnify and hold Lee County harmless from any and all claims or actions resulting from failure to comply with this affidavit.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

\_\_\_\_\_  
Name/Title

COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by the above-named person and in their stated capacity, and is either personally known to me or who has produced the following type of identification: (Type of Identification) \_\_\_\_\_.

[Stamp/Seal Required]

\_\_\_\_\_  
Signature, Notary Public

**Cut along the outer border and affix this label to your sealed solicitation envelope to identify it as a “Sealed Submission/ Proposal”.**

**Only Applicable for hand delivered bids – Not required for electronic submissions.**

<b>PROPOSAL DOCUMENTS • DO NOT OPEN</b>	
SOLICITATION NO.:	
SOLICITATION TITLE:	
DATE DUE:	
TIME DUE:	<b>Prior to: 2:30 PM</b>
SUBMITTED BY:	
(Name of Company)	
e-mail address	Telephone
<b>DELIVER TO:</b> Lee County Procurement Management 2115 Second Street, 1 <sup>st</sup> Floor Fort Myers FL 33901	



**\*Notice:** the Date Due/Submission Deadline Date/Opening Date as stated on this label and other forms contained herein may have been updated via issuance of Addenda against this project. It is the sole responsibility of the Contractor/Vendor to monitor the County project webpage for any updates to the Date Due/Submission Deadline Date/Opening Date via Addenda. This label nor other original forms may not be updated. Contractor/Vendor may strike through and update Date Due/Submission Deadline Date/Opening Date at their discretion to match any updates to this date that have been published via Addenda.

Submission received after the time and date of the Date Due/Submission Deadline Date/Opening Date will not be accepted at the sole discretion of the County.

**PLEASE PRINT CLEARLY**