

# RESOLUTION OF THE TOWNSHIP OF IRVINGTON, NJ

**DA16-0913-33**

No. \_\_\_\_\_

Date of Adoption SEPTEMBER 13, 2016

APPROVED AS TO FORM AND LEGALITY ON THE BASIS OF FACTS SET FORTH BY \_\_\_\_\_

*Legislative Research Officer*

**JONES**

**COX**

PRESENTED BY COUNCIL MEMBER \_\_\_\_\_

SECONDED BY \_\_\_\_\_

## AUTHORIZE THE AWARD OF A NON-FAIR AND OPEN CONTRACT FOR MEDICARE COVERAGE FOR RETIREES OVER SIXTY-FIVE(65) YEARS OLD

WHEREAS, the Township of Irvington has a need to provide Medicare coverage for retirees over sixty-five years old; and,

WHEREAS, the Administration has reviewed pricing proposal submitted by Aetna Life Insurance Company and wish to award a non-fair and open contract to this firm; and,

WHEREAS, this service will exceed the bid threshold and pursuant to the provisions of N.J.S.A. 19:44A-20.4 the vendor has completed the required pay to plays forms; and,

WHEREAS, the C-271 Political Contribution Disclosure forms were on file in the Office of the Municipal Clerk and Purchasing Agent on August 03, 2016; and,

WHEREAS, the anticipated term of this contract is one year starting on September 14, 2016 through September 15, 2017; and

WHEREAS, Aetna Life Insurance Company has completed and submitted a Business Entity Disclosure Certification which certifies that Aetna Medicare has not made any reportable contributions to a political or candidate committee in the Township of Irvington in the previous one year, and that the contract will prohibit Aetna Medicare from making any reportable contributions through the term of the contract, and

NOW THEREFORE, BE IT RESOLVED that the Municipal Council of the Township of Irvington authorizes the award of a non-fair and open contract to Aetna Life Insurance Company of 151 Farmington Avenue, Hartford, CT 06156; and,

BE IT FURTHER RESOLVED that the Township Attorney is hereby authorized and directed to prepare the necessary contract, and the Mayor and Township Clerk are authorized and directed to sign the same; and

BE IT FURTHER RESOLVED, notice of this action shall be published in newspapers as required by law by the Municipal Clerk.

### RECORD OF COUNCIL VOTE

X = Indicates Vote    N.V. = No Vote    A.B. = Absent

COUNCIL MEMBER	YES	NO	N.V.	A.B.	COUNCIL MEMBER	YES	NO	N.V.	A.B.
BURGESS, 1ST VICE PRESIDENT	X				INMAN	X			
COX	X				JONES, 2ND VICEPRESIDENT	X			
FREDERIC	X				LYONS, PRESIDENT				
DR. HUDLEY	X								

PRESIDENT OF COUNCIL David Lyons MUNICIPAL CLERK John E. Miller DATE SEPT 13, 2016

I hereby certify that the foregoing is a true copy of a Resolution duly adopted by the Municipal Council. In witness whereof I have hereunto set my hand and the Corporate Seal of the Township of Irvington.

MUNICIPAL CLERK John E. Miller

DATE SEP 13 2016

ADMINISTRATOR ☒ ASSESSOR ☐ BLDG ☐ CFO ☒ COLLECTOR ☐ COURT ☐ ENGINEER ☐ FIRE ☒ HEALTH ☐ HOUSING ☐ INIC ☐ JUDGE ☐ LEGAL ☒ LIBR ☐ LICEN ☐ MAYOR ☐ OCDP ☐ PARKS ☐ PAYROLL ☐ PUBLIC SAFETY ☒ DIR ☐ PUBLIC WORKS ☐ PURCHASING ☐ SEC ☒ PB/ZBA ☐ TRAFFIC ☐ ZONING ☒ OFF ☐ DLGS ☐ GNCD ☐ OTHER(S): \_\_\_\_\_



TOWNSHIP OF IRVINGTON  
 Aetna Medicare<sup>SM</sup> Plan (PPO)  
 Medicare (C04) ESA PPO  
 Rx \$5/\$10/\$10/\$10

Benefits and Premiums are effective September 01, 2016 through December 31, 2016

PLAN DESIGN AND BENEFITS  
 PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network & Out-of-Network Providers
<b>Annual Deductible</b>	Covered 100%
This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.	
<b>Annual Maximum Out-of-Pocket Amount</b>	Covered 100%
The maximum out-of-pocket limit applies to all covered Medicare Part A and B benefits including deductible.	
<b>Primary Care Physician Selection</b>	Optional
There is no requirement for member pre-certification. Your provider will do this on your behalf.	
<b>Referral Requirement</b>	None
PREVENTIVE CARE	This is what you pay for Network & Out-of-Network Providers
<b>Annual Wellness Exams</b>	Covered 100%
One exam every 12 months.	
<b>Routine Physical Exams</b>	Covered 100%
One exam every 12 months.	
<b>Medicare Covered Immunizations</b>	Covered 100%
Pneumococcal, Flu, Hepatitis B	
<b>Routine GYN Care</b>	Covered 100%
<b>(Cervical and Vaginal Cancer Screenings)</b>	
One routine GYN visit and pap smear every 24 months.	
<b>Routine Mammograms</b>	Covered 100%
<b>(Breast Cancer Screening)</b>	
One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.	
<b>Routine Prostate Cancer Screening Exam</b>	Covered 100%
For covered males age 50 & over, every 12 months.	
<b>Routine Colorectal Cancer Screening</b>	Covered 100%
For all members age 50 & over.	
<b>Routine Bone Mass Measurement</b>	Covered 100%
<b>Additional Medicare Preventive Services*</b>	Covered 100%
<b>Diabetic Eye Exams</b>	Covered 100%



## TOWNSHIP OF IRVINGTON

Aetna Medicare<sup>SM</sup> Plan (PPO)

Medicare (C04) ESA PPO

Rx \$5/\$10/\$10/\$10

<b>Routine Eye Exams</b>	Covered 100%
--------------------------	--------------

One annual exam every 12 months.	
----------------------------------	--

<b>Routine Hearing Screening</b>	Covered 100%
----------------------------------	--------------

One exam every 12 months.	
---------------------------	--

**PHYSICIAN SERVICES****This is what you pay for Network & Out-of-Network Providers**

<b>Primary Care Physician Visits</b>	Covered 100%
--------------------------------------	--------------

Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.	
--	--

<b>Physician Specialist Visits</b>	Covered 100%
------------------------------------	--------------

**DIAGNOSTIC PROCEDURES****This is what you pay for Network & Out-of-Network Providers**

<b>Outpatient Diagnostic Laboratory</b>	Covered 100%
---	--------------

<b>Outpatient Diagnostic X-ray</b>	Covered 100%
------------------------------------	--------------

<b>Outpatient Diagnostic Testing</b>	Covered 100%
--------------------------------------	--------------

<b>Outpatient Complex Imaging</b>	Covered 100%
-----------------------------------	--------------

**EMERGENCY MEDICAL CARE****This is what you pay for Network & Out-of-Network Providers**

<b>Urgently Needed Care; Worldwide</b>	Covered 100%
--	--------------

<b>Emergency Care; Worldwide (waived if admitted)</b>	Covered 100%
---	--------------

<b>Ambulance Services</b>	Covered 100%
---------------------------	--------------

**HOSPITAL CARE****This is what you pay for Network & Out-of-Network Providers**

<b>Inpatient Hospital Care</b>	Covered 100%
--------------------------------	--------------

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

<b>Outpatient Surgery</b>	Covered 100%
---------------------------	--------------

**MENTAL HEALTH SERVICES****This is what you pay for Network & Out-of-Network Providers**

<b>Inpatient Mental Health Care</b>	Covered 100%
-------------------------------------	--------------

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

<b>Outpatient Mental Health Care</b>	Covered 100%
--------------------------------------	--------------

**ALCOHOL/DRUG ABUSE SERVICES****This is what you pay for Network & Out-of-Network Providers**



TOWNSHIP OF IRVINGTON

Aetna Medicare<sup>SM</sup> Plan (PPO)

Medicare (C04) ESA PPO

Rx \$5/\$10/\$10/\$10

<b>Inpatient Substance Abuse (Detox and Rehab)</b>	Covered 100%
--	--------------

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

<b>Outpatient Substance Abuse (Detox and Rehab)</b>	Covered 100%
---	--------------

<b>OTHER SERVICES</b>	<b>This is what you pay for Network &amp; Out-of-Network Providers</b>
-----------------------	--

<b>Skilled Nursing Facility (SNF) Care</b>	Covered 100%
--	--------------

Limited to 100 days per Medicare Benefit Period\*\*.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

<b>Home Health Agency Care</b>	Covered 100%
--------------------------------	--------------

<b>Hospice Care</b>	Covered by Medicare at a Medicare certified hospice.
---------------------	--

<b>Outpatient Rehabilitation Services (Speech, Physical, and Occupational therapy)</b>	Covered 100%
--	--------------

<b>Cardiac Rehabilitation Services</b>	Covered 100%
--	--------------

<b>Pulmonary Rehabilitation Services</b>	Covered 100%
--	--------------

<b>Chiropractic Services</b>	Covered 100%
------------------------------	--------------

Limited to Medicare - covered services for manipulation of the spine

<b>Durable Medical Equipment/ Prosthetic Devices</b>	Covered 100%
--	--------------

<b>Podiatry Services</b>	Covered 100%
--------------------------	--------------

Limited to Medicare covered benefits only.

<b>Diabetic Supplies</b>	Covered 100%
--------------------------	--------------

Includes supplies to monitor your blood glucose

<b>Outpatient Dialysis Treatments</b>	Covered 100%
---------------------------------------	--------------

<b>Medicare Part B Prescription Drugs</b>	Covered 100%
---	--------------

#### **ADDITIONAL NON-MEDICARE COVERED SERVICES**

<b>Healthy Lifestyle Coaching</b>	Covered
-----------------------------------	---------

One phone call per week.

#### **PHARMACY - PRESCRIPTION DRUG BENEFITS**

<b>Prescription drug calendar year deductible</b>	\$0
---	-----

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.



TOWNSHIP OF IRVINGTON  
Aetna Medicare<sup>SM</sup> Plan (PPO)  
Medicare (C04) ESA PPO  
Rx \$5/\$10/\$10/\$10

#### Pharmacy Network

S2

Your Medicare Part D plan is associated with pharmacies in the above network. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>).

<b>Formulary</b>	Open 2
<b>Initial Coverage Limit (ICL)</b>	\$3,310

The Initial Coverage Limit includes the applicable plan deductible. Until covered Medicare Prescription Drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied), cost-sharing is as follows:

4 Tier with Specialty Plan	Retail cost-sharing (in-network) up to a 30-day supply	Retail cost-sharing up to a 90-day supply	Preferred mail order cost-sharing up to a 90-day supply
<b>Tier 1 - Generic</b> Generic Drugs	\$5	\$5	\$5
<b>Tier 2 - Preferred Brand</b> Preferred Brand Drugs	\$10	\$10	\$10
<b>Tier 3 - Non-Preferred Brand</b> Non-Preferred Brand Drugs	\$10	\$10	\$10
<b>Tier 4 - Specialty</b> Includes high-cost/unique generic and brand drugs	\$10	\$10	\$10

#### Coverage Gap†

Once covered Medicare Prescription Drug expenses have reached the Initial Coverage Limit, the Coverage Gap begins. Member cost sharing between the Initial Coverage Limit and until \$4,850 in true out-of-pocket costs for Covered Part D drugs are incurred is as follows:



Your plan sponsor/former employer provides additional coverage during the Coverage Gap stage. This means that you will continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Once you reach \$4,850 in out of pocket drug expenses, you qualify for the Catastrophic Coverage phase.

---

<b>Catastrophic Coverage</b>	Greater of \$2.95 or 5% for covered generic (including brand drugs treated as generic) drugs. Greater of \$7.40 or 5% for all other covered drugs.
------------------------------	--

---

Catastrophic Coverage benefits start once \$4,850 in true out-of-pocket costs is incurred.

---

**Requirements:**

<b>Precertification</b>	Applies
<b>Step-Therapy</b>	Does Not Apply

---

**Non-Part D Drug Rider**

- Agents when used for anorexia, weight loss, or weight gain
  - Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
  - Agents when used for the treatment of sexual or erectile dysfunction (ED)
  - Agents when used for the symptomatic relief of cough and colds
  - Agents used to promote fertility
  - Agents used for cosmetic purposes or hair growth
- 

\* Additional Medicare preventive services include:

- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Cardiovascular disease screening
- Diabetes screening tests and diabetes self-management training (DSMT)
- Medical nutrition therapy
- Glaucoma screening
- Screening and behavioral counseling to quit smoking and tobacco use
- Screening and behavioral counseling for alcohol misuse
- Adult depression screening
- Behavioral counseling for and screening to prevent sexually transmitted infections
- Behavioral therapy for obesity
- Behavioral therapy for cardiovascular disease
- Behavioral therapy for HIV screening
- Hepatitis C screening
- Lung cancer screening



TOWNSHIP OF IRVINGTON

Aetna Medicare<sup>SM</sup> Plan (PPO)

Medicare (C04) ESA PPO

Rx \$5/\$10/\$10/\$10

**\*\*A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.**

**Not all PPO Plans are available in all areas**

**Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.**

**This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.**

**Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). Not all health services are covered. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location.**

**The formulary and pharmacy network may change at any time. You will receive notice when necessary.**

**Members who get "extra help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.**

**You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.**

**See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location.**

**Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's preferred drug list. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Pharmacy participation is subject to change.**

**Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.**

**In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.**

**The following is a partial list of what isn't covered or limits to coverage under this plan:**



TOWNSHIP OF IRVINGTON  
Aetna Medicare<sup>SM</sup> Plan (PPO)  
Medicare (C04) ESA PPO  
Rx \$5/\$10/\$10/\$10

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your Evidence of Coverage
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

† Your plan sponsor or former employer provides additional coverage during the coverage gap phase for covered brand name drugs. This means that you will generally continue to pay the same amount for covered brand name drugs throughout the coverage gap phase of the plan as you paid in the initial coverage phase.

Coinsurance is applied against the overall cost of the drug, before any discounts or benefits are applied.

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits.

Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for "off label" use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs". These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction



TOWNSHIP OF IRVINGTON  
Aetna Medicare<sup>SM</sup> Plan (PPO)  
Medicare (C04) ESA PPO  
Rx \$5/\$10/\$10/\$10

Aetna receives rebates from drug manufacturers that may be considered when determining our preferred drug list. Rebates do not reduce the amount you pay the pharmacy for covered prescriptions. Pharmacy participation is subject to change.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances when a network pharmacy is not available. If you become ill while traveling in the United States, but are outside of your plan's service area, you may need to use an out-of-network pharmacy. An additional cost may be charged for drugs received at an out-of-network pharmacy. Quantity limits and restrictions may apply.

If you reside in a long-term care facility, your cost share is the same as at a retail pharmacy and you may receive up to a 31-day supply.

You may get drugs from an out-of-network pharmacy in certain situations, but are limited to a 30-day supply.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24/7
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**
- Your state Medicaid office

If you qualify, Medicare could pay for up to 75 percent or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it.

#### **Your Plan Includes Supplemental Coverage (Non-Part D Drug Rider)**

Your Plan Includes a Supplemental Benefit Prescription Drug Rider. Certain types of drugs or categories of drugs are not normally covered by Medicare prescription drug plans. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." This plan offers additional coverage for some prescription drugs not normally covered. The amount paid when filling a prescription for these drugs does not count towards qualifying for catastrophic coverage. For those receiving Extra Help from Medicare to pay for prescriptions, the Extra Help will not pay for these drugs.

#### **Non-Part D drugs covered under the Supplemental Benefit Prescription Drug Rider are:**

- Agents when used for anorexia, weight loss, or weight gain
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Agents when used for the symptomatic relief of cough and colds
- Agents used to promote fertility



TOWNSHIP OF IRVINGTON  
Aetna Medicare<sup>SM</sup> Plan (PPO)  
Medicare (C04) ESA PPO  
Rx \$5/\$10/\$10/\$10

- Agents used for cosmetic purposes or hair growth

Below is a list non-Part D drugs that are **not** covered under the Supplemental Benefit Prescription Drug Rider:

- Non-prescription drugs
- Outpatient drugs for which the manufacturer requires associated tests or monitoring services be purchased only from the manufacturer as a condition of sale

Non-Part D drugs covered under the rider can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible, initial coverage limit or true out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan. The physician can call Aetna for prior authorization, toll free at **1-800-414-2386**.

You can call Member Services at the number on the back of your Aetna Medicare member ID card if you have questions.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

This information is available for free in other languages. Please call our customer service number at **1-888-982-3862 (TTY: 711)** for additional information. Hours of operation: Monday to Friday, 8 a.m. to 6 p.m.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al **1-888-982-3862 (TTY: 711)**. Horario de atención: de 8 a. m. a 6 p. m., los siete días de la semana.

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, go to [www.aetna.com](http://www.aetna.com).

**\*\*\*This is the end of this plan benefit summary\*\*\***

©2016 Aetna Inc.

GRP\_0009\_659

---

**MEDICARE ADVANTAGE RATE PROPOSAL**

Policy Period Start Date:

09/01/2016

Policy Period End Date:

12/31/2017

Medical Plan:

Medicare (C04) ESA PPO

Hearing Hardware:

Discount Where Available

Lens Reimbursement:

Discounts Only

Pharmacy Plan:

Rx \$5/\$10/\$10/\$10

- Please refer to the Financial Conditions and Plan Design Exhibits for an outline of the level of benefits quoted, as well as the terms and conditions of this proposal.
- All rates are on a Per Member Per Month (PMPM) basis.
- Filed benefits (including copayment amounts), value added services and premiums are subject to CMS approval, and are effective July 1, 2016 through December 31, 2017.
- All counties are included where Aetna Medicare is available.
- These rates include commissions in the amount of \$16.67 per member per month.
- The Patient Protection and Affordable Care Act imposes a new Health Insurer Fee (hereinafter "Fee"). The Fee is effective as of January 1, 2014. Based on current legislation, the Fee will be suspended for 2017, but reinstated starting in 2018. This rate quote includes, where permitted, the estimated proportionate allocation of this Fee for the years where the Fee is applicable.

Medical Health Insurer Fee:	\$33.08
Rx Health Insurer Fee:	\$5.93
Total Health Insurer Fee:	\$39.00

	Medical	Rx	Total
Proposed	\$229.79	\$200.59	\$430.38

Total Medicare Eligible Members	281
---------------------------------	-----

State	Medicare Eligible Members	Medical Rate	Pharmacy Rate	Total Rate
Arizona	4	\$229.79	\$200.59	\$430.38
California	2	\$229.79	\$200.59	\$430.38
Colorado	2	\$229.79	\$200.59	\$430.38
Connecticut	1	\$229.79	\$200.59	\$430.38
Delaware	1	\$229.79	\$200.59	\$430.38
Florida	33	\$229.79	\$200.59	\$430.38
Maryland	1	\$229.79	\$200.59	\$430.38
Massachusetts	2	\$229.79	\$200.59	\$430.38
Nevada	2	\$229.79	\$200.59	\$430.38
New Hampshire	1	\$229.79	\$200.59	\$430.38
New Jersey	211	\$229.79	\$200.59	\$430.38
New York	1	\$229.79	\$200.59	\$430.38
North Carolina	4	\$229.79	\$200.59	\$430.38
Pennsylvania	2	\$229.79	\$200.59	\$430.38
South Carolina	9	\$229.79	\$200.59	\$430.38
Tennessee	1	\$229.79	\$200.59	\$430.38
Texas	3	\$229.79	\$200.59	\$430.38
Virginia	1	\$229.79	\$200.59	\$430.38