

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237086						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
6	10	997	01	CLAIM WIRE BILLING	02- non-AAS	n/a	*	n/a	Required account on all Self-Funded Medical and/or Rx controls including SI-HNO/HMO; enables Aetna to wire for program fees, including any Pharmacy rebates.	4-Inactive	n/a
7	10	000	01	HSA ACCOUNT	NON- AAS	035	SA		COVERS ALL EMPLOYEES AND DEPENDENTS PARTICIPATING IN THE HEALTH SAVINGS ACCOUNT (HSA)		
8	10	001	01	HDHP - ACTIVE	I - MEA Tape Claim/ EBS List Bill	035	AA	001	COVERS ACTIVE EMPLOYEES ONLY WHO ELECT THE OPEN ACCESS CHOICE POS II HDHP W/HSA & W/ RX. ( \$1,600 INN DED; 80/60 COINS/COST SHARE) INCLUDES RETIREES AND COBRA PARTICIPANTS.	1-Active	
9	10	001	01	HDHP - ACTIVE	I - MEA Tape Claim/ EBS List Bill	035	AB	002	COVERS ACTIVE EMPLOYEES PLUS FAMILY WHO ELECT THE OPEN ACCESS CHOICE POS II HDHP W/HSA & W/ RX. ( \$1,600 INN DED; 80/60 COINS/COST SHARE) INCLUDES RETIREES AND COBRA PARTICIPANTS.	1-Active	
10	10	101	01	HDHP - COBRA	I - MEA Tape Claim/ EBS List Bill	035	AA	001	COVERS ACTIVE EMPLOYEES ONLY WHO ELECT THE OPEN ACCESS CHOICE POS II HDHP W/HSA & W/ RX. ( \$1,600 INN DED; 80/60 COINS/COST SHARE) INCLUDES RETIREES AND COBRA PARTICIPANTS.	3-COBRA	
11	10	101	01	HDHP - COBRA	I - MEA Tape Claim/ EBS List Bill	035	AB	002	COVERS ACTIVE EMPLOYEES PLUS FAMILY WHO ELECT THE OPEN ACCESS CHOICE POS II HDHP W/HSA & W/ RX. ( \$1,600 INN DED; 80/60 COINS/COST SHARE) INCLUDES RETIREES AND COBRA PARTICIPANTS.	3-COBRA	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3					Customer Number 737549						
4					Control Number 237086						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
12	10	201	01	HDHP - U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	035	AA	001	COVERS ACTIVE EMPLOYEES ONLY WHO ELECT THE OPEN ACCESS CHOICE POS II HDHP W/HSA & W/ RX. ( \$1,600 INN DED; 80/60 COINS/COST SHARE) INCLUDES RETIREES AND COBRA PARTICIPANTS.	2-Retiree	
13	10	201	01	HDHP - US 65 RETIREE	I - MEA Tape Claim/ EBS List Bill	035	AB	002	COVERS ACTIVE EMPLOYEES PLUS FAMILY WHO ELECT THE OPEN ACCESS CHOICE POS II HDHP W/HSA & W/ RX. ( \$1,600 INN DED; 80/60 COINS/COST SHARE) INCLUDES RETIREES AND COBRA PARTICIPANTS.	2-Retiree	
14	10	202	01	HDHP - O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	035	AA	001	COVERS ACTIVE EMPLOYEES ONLY WHO ELECT THE OPEN ACCESS CHOICE POS II HDHP W/HSA & W/ RX. ( \$1,600 INN DED; 80/60 COINS/COST SHARE) INCLUDES RETIREES AND COBRA PARTICIPANTS.	2-Retiree	
15	10	202	01	HDHP - O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	035	AB	002	COVERS ACTIVE EMPLOYEES PLUS FAMILY WHO ELECT THE OPEN ACCESS CHOICE POS II HDHP W/HSA & W/ RX. ( \$1,600 INN DED; 80/60 COINS/COST SHARE) INCLUDES RETIREES AND COBRA PARTICIPANTS.	2-Retiree	
22	10	203	01	HDHP - O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	035	AA	001	COVERS ACTIVE EMPLOYEES ONLY WHO ELECT THE OPEN ACCESS CHOICE POS II HDHP W/HSA & W/ RX. ( \$1,600 INN DED; 80/60 COINS/COST SHARE) INCLUDES RETIREES AND COBRA PARTICIPANTS.	2-Retiree	
23	10	203	01	HDHP - O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	035	AB	002	COVERS ACTIVE EMPLOYEES PLUS FAMILY WHO ELECT THE OPEN ACCESS CHOICE POS II HDHP W/HSA & W/ RX. ( \$1,600 INN DED; 80/60 COINS/COST SHARE) INCLUDES RETIREES AND COBRA PARTICIPANTS.	2-Retiree	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237086						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	OPTI ON 1 PLAN Sum.	OPTI ON 1 PLAN No.	OPTION 1 PLAN Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
6	11	001	01	POS II - ACTIVE	I - MEA Tape Claim/ EBS List Bill	035	BA	010	COVERS ACTIVE EMPLOYEES AND THEIR DEPENDENTS WHO ELECT THE OPEN ACCESS MANAGED CHOICE POS II PLAN W/ RX. ( \$500 INN DED; 80/60 COINS/COST SHARE; \$15 PCP, \$30 SPC ) INCLUDES RETIREES AND COBRA PARTICIPANTS.	1-Active	
7	11	101	01	POS II - COBRA	I - MEA Tape Claim/ EBS List Bill	035	BA	010	COVERS ACTIVE EMPLOYEES AND THEIR DEPENDENTS WHO ELECT THE OPEN ACCESS MANAGED CHOICE POS II PLAN W/ RX. ( \$500 INN DED; 80/60 COINS/COST SHARE; \$15 PCP, \$30 SPC ) INCLUDES RETIREES AND COBRA PARTICIPANTS.	3-COBRA	
8	11	201	01	POS II - U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	035	BA	010	COVERS ACTIVE EMPLOYEES AND THEIR DEPENDENTS WHO ELECT THE OPEN ACCESS MANAGED CHOICE POS II PLAN W/ RX. ( \$500 INN DED; 80/60 COINS/COST SHARE; \$15 PCP, \$30 SPC ) INCLUDES RETIREES AND COBRA PARTICIPANTS.	2-Retiree	
9	11	202	01	POS II - O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	035	BA	010	COVERS ACTIVE EMPLOYEES AND THEIR DEPENDENTS WHO ELECT THE OPEN ACCESS MANAGED CHOICE POS II PLAN W/ RX. ( \$500 INN DED; 80/60 COINS/COST SHARE; \$15 PCP, \$30 SPC ) INCLUDES RETIREES AND COBRA PARTICIPANTS.	2-Retiree	
10	11	203	01	POS II - O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	035	BA	010	COVERS ACTIVE EMPLOYEES AND THEIR DEPENDENTS WHO ELECT THE OPEN ACCESS MANAGED CHOICE POS II PLAN W/ RX. ( \$500 INN DED; 80/60 COINS/COST SHARE; \$15 PCP, \$30 SPC ) INCLUDES RETIREES AND COBRA PARTICIPANTS.	2-Retiree	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
6	10	001	01	PPOII DENTAL BASE - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	AA	001	(FLORIDA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
7	10	001	01	PPOII DENTAL BASE - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	AB	002	(CALIFORNIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
8	10	001	01	PPOII DENTAL BASE - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	AC	003	(NORTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
9	10	001	01	PPOII DENTAL BASE - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	AD	004	(GEORGIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
10	10	001	01	PPOII DENTAL BASE - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	AE	005	(WASHINGTON) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
11	10	001	01	PPOII DENTAL BASE - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	AF	006	(TEXAS) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
12	10	001	01	PPOII DENTAL BASE - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	AG	007	(SOUTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
13	10	001	01	PPOII DENTAL BASE - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	AH	008	(PENNSYLVANIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
14	10	001	01	PPOII DENTAL BASE - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	AI	009	(MICHIGAN) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
15	10	101	01	PPOII DENTAL BASE - COBRA	I - MEA Tape Claim/ EBS List Bill	400	AA	001	(FLORIDA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
16	10	101	01	PPOII DENTAL BASE - COBRA	I - MEA Tape Claim/ EBS List Bill	400	AB	002	(CALIFORNIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
17	10	101	01	PPOII DENTAL BASE - COBRA	I - MEA Tape Claim/ EBS List Bill	400	AC	003	(NORTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
18	10	101	01	PPOII DENTAL BASE - COBRA	I - MEA Tape Claim/ EBS List Bill	400	AD	004	(GEORGIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
19	10	101	01	PPOII DENTAL BASE - COBRA	I - MEA Tape Claim/ EBS List Bill	400	AE	005	(WASHINGTON) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
20	10	101	01	PPOII DENTAL BASE - COBRA	I - MEA Tape Claim/ EBS List Bill	400	AF	006	(TEXAS) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
21	10	101	01	PPOII DENTAL BASE - COBRA	I - MEA Tape Claim/ EBS List Bill	400	AG	007	(SOUTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
22	10	101	01	PPOII DENTAL BASE - COBRA	I - MEA Tape Claim/ EBS List Bill	400	AH	008	(PENNSYLVANIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
23	10	101	01	PPOII DENTAL BASE - COBRA	I - MEA Tape Claim/ EBS List Bill	400	AI	009	(MICHIGAN) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
24	10	201	01	PPOII DENTAL - BASE U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AA	001	(FLORIDA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
25	10	201	01	PPOII DENTAL - BASE U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AB	002	(CALIFORNIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
26	10	201	01	PPOII DENTAL - BASE U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AC	003	(NORTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
27	10	201	01	PPOII DENTAL - BASE U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AD	004	(GEORGIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
28	10	201	01	PPOII DENTAL - BASE U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AE	005	(WASHINGTON) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
29	10	201	01	PPOII DENTAL - BASE U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AF	006	(TEXAS) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
30	10	201	01	PPOII DENTAL - BASE U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AG	007	(SOUTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
31	10	201	01	PPOII DENTAL - BASE U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AH	008	(PENNSYLVANIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
32	10	201	01	PPOII DENTAL - BASE U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AI	009	(MICHIGAN) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
33	10	202	01	PPOII DENTAL - BASE O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AA	001	(FLORIDA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
34	10	202	01	PPOII DENTAL - BASE O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AB	002	(CALIFORNIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
35	10	202	01	PPOII DENTAL - BASE O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AC	003	(NORTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
36	10	202	01	PPOII DENTAL - BASE O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AD	004	(GEORGIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
37	10	202	01	PPOII DENTAL - BASE O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AE	005	(WASHINGTON) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
38	10	202	01	PPOII DENTAL - BASE O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AF	006	(TEXAS) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
39	10	202	01	PPOII DENTAL - BASE O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AG	007	(SOUTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
40	10	202	01	PPOII DENTAL - BASE O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AH	008	(PENNSYLVANIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	



	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
41	10	202	01	PPOII DENTAL - BASE O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	AI	009	(MICHIGAN) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
42	10	203	01	PPOII DENTAL - BASE O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	AA	001	(FLORIDA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
43	10	203	01	PPOII DENTAL - BASE O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	AB	002	(CALIFORNIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
44	10	203	01	PPOII DENTAL - BASE O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	AC	003	(NORTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
45	10	203	01	PPOII DENTAL - BASE O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	AD	004	(GEORGIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
46	10	203	01	PPOII DENTAL - BASE O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	AE	005	(WASHINGTON) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
47	10	203	01	PPOII DENTAL - BASE O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	AF	006	(TEXAS) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
48	10	203	01	PPOII DENTAL - BASE O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	AG	007	(SOUTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
49	10	203	01	PPOII DENTAL - BASE O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	AH	008	(PENNSYLVANIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
50	10	203	01	PPOII DENTAL - BASE O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	AI	009	(MICHIGAN) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII BASE DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
51	11	001	01	PPOII DENTAL - PREMIUM - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	BA	020	(FLORIDA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
52	11	001	01	PPOII DENTAL - PREMIUM - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	BB	021	(CALIFORNIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
53	11	001	01	PPOII DENTAL - PREMIUM - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	BC	022	(NORTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
54	11	001	01	PPOII DENTAL - PREMIUM - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	BD	023	(GEORGIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
55	11	001	01	PPOII DENTAL - PREMIUM - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	BE	024	(WASHINGTON) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
56	11	001	01	PPOII DENTAL - PREMIUM - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	BF	025	(TEXAS) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
57	11	001	01	PPOII DENTAL - PREMIUM - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	BG	026	(SOUTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
58	11	001	01	PPOII DENTAL - PREMIUM - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	BH	027	(PENNSYLVANIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
59	11	001	01	PPOII DENTAL - PREMIUM - ACTIVE	I - MEA Tape Claim/ EBS List Bill	400	BI	029	(MICHIGAN) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
60	11	101	01	PPOII DENTAL - PREMIUM - COBRA	I - MEA Tape Claim/ EBS List Bill	400	BA	020	(FLORIDA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
61	11	101	01	PPOII DENTAL - PREMIUM - COBRA	I - MEA Tape Claim/ EBS List Bill	400	BB	021	(CALIFORNIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
62	11	101	01	PPOII DENTAL - PREMIUM - COBRA	I - MEA Tape Claim/ EBS List Bill	400	BC	022	(NORTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
63	11	101	01	PPOII DENTAL - PREMIUM - COBRA	I - MEA Tape Claim/ EBS List Bill	400	BD	023	(GEORGIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
64	11	101	01	PPOII DENTAL - PREMIUM - COBRA	I - MEA Tape Claim/ EBS List Bill	400	BE	024	(WASHINGTON) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
65	11	101	01	PPOII DENTAL - PREMIUM - COBRA	I - MEA Tape Claim/ EBS List Bill	400	BF	025	(TEXAS) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
66	11	101	01	PPOII DENTAL - PREMIUM - COBRA	I - MEA Tape Claim/ EBS List Bill	400	BG	026	(SOUTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
67	11	101	01	PPOII DENTAL - PREMIUM - COBRA	I - MEA Tape Claim/ EBS List Bill	400	BH	027	(PENNSYLVANIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
68	11	101	01	PPOII DENTAL - PREMIUM - COBRA	I - MEA Tape Claim/ EBS List Bill	400	BI	029	(MICHIGAN) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
69	11	201	01	PPOII DENTAL - PREMIUM- U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BA	020	(FLORIDA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
70	11	201	01	PPOII DENTAL - PREMIUM- U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BB	021	(CALIFORNIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
71	11	201	01	PPOII DENTAL - PREMIUM- U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BC	022	(NORTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
72	11	201	01	PPOII DENTAL - PREMIUM- U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BD	023	(GEORGIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
73	11	201	01	PPOII DENTAL - PREMIUM- U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BE	024	(WASHINGTON) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
74	11	201	01	PPOII DENTAL - PREMIUM- U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BF	025	(TEXAS) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
75	11	201	01	PPOII DENTAL - PREMIUM- U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BG	026	(SOUTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
76	11	201	01	PPOII DENTAL - PREMIUM- U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BH	027	(PENNSYLVANIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
77	11	201	01	PPOII DENTAL - PREMIUM- U65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BI	029	(MICHIGAN) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
78	11	202	01	PPOII DENTAL - PREMIUM- O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BA	020	(FLORIDA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
79	11	202	01	PPOII DENTAL - PREMIUM- O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BB	021	(CALIFORNIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
80	11	202	01	PPOII DENTAL - PREMIUM- O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BC	022	(NORTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
81	11	202	01	PPOII DENTAL - PREMIUM- O65 RETIREE	I - MEA Tape Claim/ EBS List Bill	400	BD	023	(GEORGIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
82	11	203	01	PPOII DENTAL - PREMIUM- O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	BA	020	(FLORIDA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
83	11	203	01	PPOII DENTAL - PREMIUM- O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	BB	021	(CALIFORNIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
84	11	203	01	PPOII DENTAL - PREMIUM- O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	BC	022	(NORTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
85	11	203	01	PPOII DENTAL - PREMIUM- O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	BD	023	(GEORGIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
86	11	203	01	PPOII DENTAL - PREMIUM- O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	BE	024	(WASHINGTON) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
87	11	203	01	PPOII DENTAL - PREMIUM- O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	BF	025	(TEXAS) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
88	11	203	01	PPOII DENTAL - PREMIUM- O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	BG	026	(SOUTH CAROLINA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	
89	11	203	01	PPOII DENTAL - PREMIUM- O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	BH	027	(PENNSYLVANIA) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	

	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
3	Customer Number				737549						
4	Control Number				237087						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
90	11	203	01	PPOII DENTAL - PREMIUM- O65 NOT ELIGIBLE FOR MEDICARE A OR B	I - MEA Tape Claim/ EBS List Bill	400	BI	029	(MICHIGAN) COVERS ELIGIBLE EMPLOYEES AND DEPENDENTS WHO ELECT THE PPOII PREMIUM DENTAL PLAN. INCLUDES RETIREES AND COBRA PARTICIPANTS.	0-Mixed/Unknown	



	B	C	D	E	F	G	H	I	J	K	L
1	Customer Legal Name				SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT						1/1/2024
2	Customer Name to Appear on ID Cards										
3	Customer Number				737549						
4	Control Number				237088						
5	Suffix No.	Acct No.	Acct Type	Account Name Only the 1st 15 characters display on downstream reports	Account Admin	Claim Key	Plan Sum.	Plan No.	Plan Covers (Brief Eligibility Description)	Employment Status (for Medical accounts only)	Copays (optional)
6	10	000	03	SPENDING ACCT	2-Non-AAS	305	AA	001	COVERS ACTIVE EMPLOYEES PARTICIPATING IN THE MEDICAL AND DEPENDENT CARE SPENDING ACCOUNT PLANS.	N/A-billing only	