

eServices Customer Reporting
Sample Report Package
Automated & Custom Reports

Reports by Service Level

REPORT NAME	STANDARD	SELECT	EXPANDED
Financial			
Claim Expenses by Size of Payment	<input type="checkbox"/>	•	•
Claim Lag Study	<input type="checkbox"/>	•	•
Detail Payment †	<input type="checkbox"/>	C	C
Detail Payment Non - Confidential		C	C
Financial Managed Ad Hoc			•
Large Loss Claim Payments †	<input type="checkbox"/>	C	C
Payments by Benefit Type	<input type="checkbox"/>	•	•
Payments By Month	<input type="checkbox"/>	•	•
Premium Managed Ad Hoc ‡			•
Premium vs Claims Incurred Including IBNR ‡	<input type="checkbox"/>	•	•
Managed Pharmacy			
Key Generic Substitution Indicators By Month			•
Managed Pharmacy Ad Hoc			•
Managed Pharmacy Cost and Utilization by Month		•	•
Managed Pharmacy Critical Indicators			•
Managed Pharmacy Plan Performance	<input type="checkbox"/>	•	•
Managed Pharmacy Utilization by Age Group			•
Top Drug Utilization Ranked by Net Paid			•
Top Drug Utilization Ranked by Volume			•
Top Therapeutic Class Utilization Ranked by Net Paid			•
Top Therapeutic Class Utilization Ranked by Volume			•
Medical			
Bill Count by Month †			•
Claim Experience Report	<input type="checkbox"/>	•	•
Cost and Utilization by Procedure		•	•
Cost and Utilization Summary		•	•
Distribution of Discounts			•
Distribution of Ineligible Charges			•
Distribution of Other Savings			•
Healthcare Cost Management Summary	<input type="checkbox"/>	•	•

Reports by Service Level (cont.)

REPORT NAME	STANDARD	SELECT	EXPANDED
HRA Plan Design Status ♦	<input type="checkbox"/>	•	•
HRA Plan Sponsor Statement of Position ♦	<input type="checkbox"/>	•	•
HRA Termed Balance ♦	<input type="checkbox"/>	•	•
Inpatient Event Ad Hoc			•
Inpatient Utilization and Costs by Admission Type		•	•
Inpatient Utilization by Diagnosis			•
Medical Dollar Ad Hoc			•
Medical Utilization Ad Hoc			•
Member Cost Sharing Detail Report - Non-Confidential		•	•
Member Cost Sharing Detail Report-ASO Confidential †		C	C
Network Utilization	<input type="checkbox"/>	•	•
Outpatient Utilization by Diagnosis			•
Top Hospitals Ranked by Total Net Paid			•
Top Physicians Ranked by Total Net Paid			•
Utilization and Costs by Provider Type			•
Utilization by Age Group			•
Utilization by Diagnosis			•
Membership			
Membership by Market		•	•
Membership By Month	<input type="checkbox"/>	•	•
Membership Managed Ad Hoc			•
Membership with Demographic and Geographic Factors		•	•

- Automated Reports are system generated on a prearranged schedule using fixed date and data parameters
- Custom Reports which are customer driven on an as-needed basis using flexible date and data parameters
- C** Report is available to those with Confidential access
- ± Report includes information for fully insured funding only
- † Report includes information for ASO funding only
- ♦ Report includes HRA plan information

Financial

Claim Expenses by Size of Payment

Payment Category	Metrics	Number of Claimants	% Claimants	Payments	% Payments
Total		2,043	100.0%	\$3,028,750.32	100.0%
<\$.01		19	0.9%	(\$4,365.19)	(0.1%)
\$.01-\$49		195	9.5%	5,472.25	0.2%
\$50-\$99		202	9.9%	\$14,834.39	0.5%
\$100-\$249		420	20.6%	\$69,991.81	2.3%
\$250-\$499		380	18.6%	\$135,179.03	4.5%
\$500-\$999		302	14.8%	\$215,372.49	7.1%
\$1,000-\$2,499		324	15.9%	\$503,095.44	16.6%
\$2,500-\$4,999		103	5.0%	\$361,542.33	11.9%
\$5,000-\$9,999		52	2.5%	\$363,521.02	12.0%
\$10,000-\$14,999		22	1.1%	\$257,225.76	8.5%

Claim Lag Study

Book Year/Month	Metrics Service Year/Month	Payments						Total
		2008-01	2008-02	2008-03	2008-04	2008-05	2008-06	
2008-01		\$111,394	\$0	\$0	\$0	\$0	\$0	\$111,394
2008-02		\$216,056	\$167,146	\$0	\$0	\$0	\$0	\$383,202
2008-03		\$64,015	\$350,339	\$135,190	\$0	\$0	\$0	\$549,544
2008-04		\$8,916	\$37,311	\$303,377	\$166,481	\$0	\$0	\$516,086
2008-05		\$10,550	\$18,506	\$18,923	\$258,669	\$182,371	\$0	\$489,019
2008-06		\$2,222	\$6,085	\$21,927	\$19,803	\$250,822	\$185,902	\$486,760
Total		\$413,152	\$579,387	\$479,417	\$444,953	\$433,193	\$185,902	\$2,536,004

Detail Payment

Subscriber Number	Subscriber Name	Claimant First Name	Relationship	Employment Status	Medicare Status	Benefit Type	Payment Type	Series Designator	Check Number	Service Day	Issue Day	Charge Day	Medicare	Payments								
00011111111	LASTNAME, A.	ANAME	Subscriber	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999903	2/2/2004	26-FEB-04	20-FEB-04		\$18.02								
									00999904	2/2/2004	26-FEB-04	20-FEB-04		\$11.76								
						Outpatient/Professional Medical	Other Payments, Standard	VE	00999914	5/3/2004	20-MAY-04	14-MAY-04		\$47.19								
									10000001	2/2/2004	20-FEB-04	23-FEB-04		\$46.40								
						40000004	5/3/2004	14-MAY-04	17-MAY-04		\$34.93											
Total													\$158.30									
Total													\$158.30									
00011111112	LASTNAME, B.	BNAME	Subscriber	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999902	1/26/2004	12-FEB-04	06-FEB-04		\$34.45								
									00999905	5/24/2004	17-JUN-04	11-JUN-04		\$37.39								
									00999906	2/4/2004	26-FEB-04	20-FEB-04		\$1.14								
									00999908	4/10/2004	06-MAY-04	30-APR-04		\$37.39								
									00999910	3/5/2004	25-MAR-04	19-MAR-04		\$34.45								
		Total													\$144.82							
		XNAME	Spouse	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999901	12/22/2003	15-JAN-04	09-JAN-04		\$55.22								
									00999907	2/4/2004	26-FEB-04	20-FEB-04		\$18.26								
									00999911	3/3/2004	25-MAR-04	19-MAR-04		\$51.42								
									00999912	4/30/2004	20-MAY-04	14-MAY-04		\$48.77								
									12000021	4/26/2004	07-MAY-04	10-MAY-04		\$114.59								
		Outpatient X-Ray and Lab	Other Payments, Standard	VE	23000032	4/26/2004	21-MAY-04	24-MAY-04		\$20.30												
		Total													\$308.56							
		YNAME	Child	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999909	3/25/2004	08-APR-04	02-APR-04		\$6.50								
									Outpatient/Professional Medical	Other Payments, Standard	VE	30000003	3/25/2004	12-APR-04	13-APR-04		\$43.28					
									Outpatient/Professional Medical	Other Payments, Standard	VE	20000002	2/16/2004	08-MAR-04	09-MAR-04		\$43.28					
									Total													\$93.06
									ZNAME	Child	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999913	5/6/2004	20-MAY-04	14-MAY-04		\$61.71	
		Outpatient/Professional Medical	Other Payments, Standard	VF	01000001	5/6/2004	28-MAY-04	01-JUN-04									\$44.89					
		Total														\$106.60						
Total													\$653.04									
Total													\$3,273,298.92									

Financial Managed Ad Hoc

Suffix	Employment Status	Metrics	UnitedHealthcare Options w/ Ben Diff PPO Payments	UnitedHealthcare Options w/o Ben Diff PPO Payments	UnitedHealthcare Indemnity Payments	UnitedHealthcare Dental Managed Indemnity Payments	Total Payments
AA	Active		\$334,336.91	\$85,048.00	\$0	\$0	\$417,384.91
C	Active		\$1,502,107.99	\$84,459.26	\$0	\$0	\$1,586,567.25
	Retired		\$6,868.98	\$0	\$0	\$0	\$6,868.98
DD	Active		\$0	\$0	\$0	\$79,957.11	\$79,957.11
L	Active		\$0	\$0	\$1,341.53	\$0	\$1,341.53
	Retired		\$1,240.89	\$0	\$270,328.19	\$0	\$271,569.08
Total			\$1,842,554.77	\$169,507.26	\$271,669.72	\$79,957.11	\$2,363,688.86

Large Loss Claim Payments

Claimant	Relationship	Subscriber	Employment Status	Medicare Status	Policy Number	Suffix	Account	Product	HMO Account Division	Payments
First name	Child	0000000012 LASTNAME, X.	Not Active	Non- Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$231,861.76
	Total									\$231,861.76
First name	Child	00000300123 LASTNAME, X.	Not Active	Non-Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$4,443.58
First name	Total									\$4,443.58
First name	Other Dependent	00000001234 LASTNAME, X.	Not Active	Non-Medicare	000001234	AC	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$166.597.75
First name	Total									\$166.597.75
First name	Spouse	00000012345 LASTNAME, X.	Active	Non-Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$102,951.52
First name	Total									\$102,951.52
Total										\$505,854.61

Payments by Benefit Type

Benefit Type		Relationship Group	Subscriber	Spouse	Dependent/Other	Total
		Metrics	Payments	Payments	Payments	Payments
50	Dental		\$83,151.90	\$64,115.31	\$68,766.18	\$216,033.39
70	Orthodontia		\$0.00	\$0.00	\$8,669.29	\$8,669.29
200	Medco Health		\$351,820.43	\$218,479.41	\$112,327.41	\$682,627.25
260	Inpatient Hospital Room & Board		\$92,086.43	\$40,053.51	\$56,042.84	\$188,182.78
270	Inpatient Hospital Miscellaneous		\$336,389.41	\$94,304.29	\$31,004.03	\$461,697.73
300	Outpatient Hospital Miscellaneous		\$123,245.79	\$126,805.98	\$71,471.47	\$321,523.24
310	Emergency Room		\$34,311.85	\$19,655.80	\$20,616.91	\$74,584.56
320	Surgery		\$79,494.60	\$88,983.14	\$28,898.83	\$197,376.57
330	Anesthesia		\$28,999.63	\$20,529.74	\$6,595.97	\$56,125.34
350	Assistant Surgical		\$10,909.06	\$1,453.11	\$97.53	\$12,459.70
360	Inpatient Medical		\$19,294.39	\$2,400.78	\$14,588.36	\$36,283.53
380	Other Medical		\$9,095.17	\$261.14	\$1,077.58	\$10,433.89
390	Chemotherapy		\$127.18	\$4,399.91	\$789.11	\$5,316.20
400	Radiation Therapy		\$10,490.98	\$53.84	\$0.00	\$10,544.82
410	Outpatient X-Ray and Lab		\$197,836.80	\$121,870.14	\$52,511.69	\$372,218.63
420	Outpatient Psychiatric		\$7,369.57	\$9,068.03	\$6,776.30	\$23,213.90
450	Comprehensive Medical Expenses		\$33,353.46	\$96.04	\$109.13	\$33,558.63
470	Supplemental Accident		\$7,251.83	\$5,189.65	\$15,177.14	\$27,618.62
Total			\$1,628,755.97	\$970,515.94	\$654,695.40	\$3,253,967.31

Payments by Month

Book Year/Month	Benefit Payment Metrics	Medical Payments	Managed Pharmacy Payments	Dental Payments	Capitation Payments	Total Payments
2008-01		\$317,226	\$91,715	\$31,602	\$3,399	\$443,943
2008-02		\$350,872	\$101,771	\$28,873	\$3,276	\$484,792
2008-03		\$513,536	\$109,514	\$39,833	\$3,179	\$666,062
2008-04		\$383,653	\$168,086	\$44,186	\$3,294	\$599,218
2008-05		\$394,700	\$106,412	\$32,445	\$3,252	\$536,810
2008-06		\$386,409	\$105,128	\$47,764	\$3,172	\$542,474
Total		\$2,346,397	\$682,627	\$224,703	\$19,572	\$3,273,299

Premium Managed Ad Hoc

Bill Quarter	Primary Coverage Indicator	Restated Billed Premium	Restated Billed Subscribers	Restated Billed Premium PSPM
Q22008	Primary Coverage	\$101,002	207	\$487.93
	Not Primary Coverage	\$13,164	0	\$0
Q32008	Primary Coverage	\$223,031	463	\$483.65
	Not Primary Coverage	\$37,986	0	\$0
Q42008	Primary Coverage	\$145,032	304	\$477.08
	Not Primary Coverage	\$52,615	0	\$0
Total		\$573,729	974	\$224,703

Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Year/Month	Members	Subscribers	Premium	Premium PMPM	Medical Payments	Capitation Payments	Managed Pharmacy Payments	Total Payments	Claims to Premium Ratio	Total Payments PMPM	12 Month Rolling Average PMPM
2008-01	165,814	64,789	\$46,448,856	\$280.13	\$26,920,205	\$3,907,394	\$8,214,718	\$39,042,318	84.1%	\$235.46	\$270.69
2008-02	164,912	64,945	\$45,894,116	\$300.67	\$27,974,798	\$3,903,596	\$8,015,982	\$39,894,376	86.9%	\$261.36	\$273.63
2008-03	163,541	63,127	\$45,827,494	\$300.72	\$27,655,783	\$3,895,226	\$8,450,951	\$40,001,960	87.3%	\$262.49	\$274.83
2008-04	164,236	63,879	\$45,737,844	\$300.85	\$28,311,318	\$3,885,077	\$8,405,053	\$40,601,448	88.8%	\$267.06	\$278.66
2008-05	168,784	64,984	\$47,134,940	\$310.54	\$29,026,484	\$3,876,716	\$8,654,564	\$41,557,765	88.2%	\$273.79	\$283.09
2008-06	164,222	65,632	\$47,086,836	\$310.59	\$28,015,983	\$3,860,405	\$8,410,831	\$40,287,219	85.6%	\$265.74	\$284.28
2008-07	163,124	64,124	\$46,410,000	\$306.17	\$31,129,666	\$3,861,036	\$8,632,570	\$43,623,272	94.0%	\$287.79	\$286.79
2008-08	165,219	63,555	\$46,949,332	\$310.07	\$29,762,108	\$3,847,580	\$8,598,165	\$42,207,853	89.9%	\$278.76	\$288.46
2008-09	164,547	64,875	\$46,860,841	\$310.44	\$29,681,554	\$3,835,691	\$8,761,837	\$42,279,081	90.2%	\$293.52	\$290.04
2008-10	167,945	65,845	\$46,281,210	\$307.49	\$31,211,241	\$3,825,585	\$9,141,693	\$44,178,519	95.5%	\$280.09	\$291.84
2008-11	166,457	66,901	\$46,773,474	\$311.80	\$27,498,190	\$3,822,505	\$8,455,999	\$39,776,694	85.0%	\$280.86	\$293.07
2008-12	167,855	65,974	\$46,731,337	\$311.75	\$28,739,275	\$3,815,958	\$9,539,989	\$42,095,222	90.1%	\$265.11	\$294.71

Total by Experience Period

Current Period	1,687,165	710,836	\$537,767,671	\$355,547,178	\$41,603,325	\$101,786,721	\$498,937,225	92.8%	\$295.73
Prior Period	1,830,646	5,035,670	\$558,136,281	\$345,924,044	\$46,336,770	\$103,282,353	\$495,543,167	88.8%	\$270.69

Average Membership/PMPM Premium and Payments by Experience Period

Current Period	140,597	59,236	\$318.74	\$210.74	\$24.66	\$60.33	\$295.73
Prior Period	152,554	419,639	\$304.88	\$188.96	\$25.31	\$56.42	\$270.69

% Change

Current Period vs Prior Period	(7.8%)	(85.9%)	4.5%	11.5%	(2.6%)	6.9%	9.2%
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Managed Pharmacy

Key Generic Substitution Indicators by Month

Service Year/Month	Metrics	% of Total Prescriptions - Generic	Ingredient Cost Paid per Prescription - Generic	Generic Substitution Rate	% of Total Prescriptions - Single Source	Ingredient Cost Paid per Prescription - Single Source	% of Total Prescriptions - Multi Source	Ingredient Cost Paid per Prescription - Multi Source	% Multi Source-Physician DAW	% Multi Source-Patient DAW	% Multi Source-State Law DAW	% Multi Source-Other DAW
2008-07		39.6%	\$17.70	79.2%	50.0%	\$89.57	10.4%	\$31.19	17.5%	18.5%	3.7%	60.2%
2008-08		41.3%	\$18.84	81.1%	49.0%	\$88.64	9.6%	\$41.81	18.8%	17.7%	3.7%	59.8%
2008-09		40.9%	\$17.83	80.8%	49.4%	\$90.68	9.7%	\$47.30	18.4%	19.1%	3.0%	59.4%
2008-10		41.2%	\$17.45	80.2%	48.6%	\$90.25	10.2%	\$37.26	15.7%	18.7%	2.7%	63.0%
2008-11		41.1%	\$17.49	81.2%	49.4%	\$88.63	9.5%	\$34.67	15.6%	19.2%	2.5%	62.6%
2008-12		42.1%	\$18.27	81.2%	48.1%	\$84.38	9.8%	\$45.70	15.5%	18.8%	2.7%	63.0%
Total		41.1%	\$17.87	80.6%	49.1%	\$88.67	9.9%	\$39.56	16.9%	18.7%	3.0%	61.4%

Managed Pharmacy Ad Hoc

Metrics	Number of Claimants	Number of Prescriptions	Plan Net Paid	HRA Net Paid	Total Net Paid	Total Net Paid per Prescription	Total Net Paid per Claimant
	585	1,207	\$12,116.56	\$5,926.19	\$18,042.75	\$14.95	\$30.84

Managed Pharmacy Cost and Utilization by Month

Service Year/ Month	Number of Subscribers	Number of Members	Retail Generic Number of Prescriptions	Retail Brand Number of Prescriptions	Retail Total Number of Prescriptions	Home Delivery Generic - Number of Prescriptions	Home Delivery Brand - Number of Prescriptions	Home Delivery Total - Number of Prescriptions	Total Generic Number of Prescriptions	Total Brand Number of Prescriptions	Total Number of Prescriptions	Net Paid	Net Paid per Prescription	Net Paid per Member
2008-01	916	2,346	756	1,154	1,910	31	94	125	787	1,248	2,035	\$101,862	\$50.06	\$43.42
2008-02	926	2,377	769	1,120	1,889	37	82	119	806	1,202	2,008	\$111,531	\$55.54	\$46.92
2008-03	916	2,365	817	1,299	2,116	28	101	129	845	1,400	2,245	\$135,222	\$60.23	\$57.18
2008-04	910	2,351	723	1,165	1,888	42	108	150	765	1,273	2,038	\$120,943	\$59.34	\$51.44
2008-05	902	2,340	724	1,187	1,911	37	95	132	761	1,282	2,043	\$109,386	\$53.54	\$46.75
2008-06	903	2,349	681	1,199	1,880	29	71	100	710	1,270	1,980	\$139,880	\$70.65	\$59.55
Total	5,473	14,128	4,470	7,124	11,594	204	551	755	4,674	7,675	12,349	\$718,824	\$58.21	\$50.88

Managed Pharmacy Critical Indicators

Metrics	Submission Method	Retail	Home Delivery
Number of Claimants		1,566	172
Number of Prescriptions		11,594	755
Prescriptions PMPY		9.85	0.64
Prescriptions per Claimant		7.40	4.39
% of Total Prescriptions - Single Source		51.4%	62.8%
% of Total Prescriptions - Multi Source		10.0%	10.2%
% of Total Prescriptions - Generic		38.6%	27.0%
Generic Substitution Rate		79.4%	72.6%
% Multi-Source Physician DAW		15.3%	20.8%
% Multi-Source Patient DAW		24.2%	1.3%
% Multi-Source State Law DAW		5.2%	3.9%
% Multi-Source Other DAW		55.3%	74.0%
Average Net Paid PMPM		\$44.20	\$6.68
Average Net Paid per Claimant per Period		\$398.79	\$548.41
Average Net Paid per Prescriptions		\$53.86	\$124.94
Average Copay per Prescription		\$14.48	\$37.48
Average Days Supply		23.68	83.28
Average Ingredient Cost Paid per Day of Therapy		\$2.80	\$1.95

Metrics	
Number of Claimants	1,619
Number of Prescriptions	12,349
Prescriptions PMPY	10.49
Prescriptions per Claimant	7.63
% of Total Prescriptions - Single Source	52.1%
% of Total Prescriptions - Multi Source	10.0%
% of Total Prescriptions - Generic	37.8%
Generic Substitution Rate	79.1%
% Multi-Source Physician DAW	15.6%
% Multi-Source Patient DAW	22.8%
% Multi-Source State Law DAW	5.1%
% Multi-Source Other DAW	56.5%
Average Net Paid PMPM	\$50.88
Average Net Paid per Claimant per Period	\$443.99
Average Net Paid per Prescriptions	\$58.21
Average Copay per Prescription	\$15.89
Average Days Supply	27.32
Average Ingredient Cost Paid per Day of Therapy	\$2.64

Current Period – Detail Current Period – Total

Metrics	Submission Method	Retail	Home Delivery
Number of Claimants		1,453	135
Number of Prescriptions		10,693	648
Prescriptions PMPY		9.86	0.60
Prescriptions per Claimant		7.36	4.80
% of Total Prescriptions - Single Source		52.0%	63.3%
% of Total Prescriptions - Multi Source		9.8%	9.1%
% of Total Prescriptions - Generic		38.2%	27.6%
Generic Substitution Rate		79.5%	75.2%
% Multi-Source Physician DAW		23.8%	22.0%
% Multi-Source Patient DAW		27.2%	5.1%
% Multi-Source State Law DAW		3.1%	6.8%
% Multi-Source Other DAW		45.9%	66.1%
Average Net Paid PMPM		\$34.92	\$6.95
Average Net Paid per Claimant per Period		\$312.74	\$669.44
Average Net Paid per Prescriptions		\$42.50	\$139.47
Average Copay per Prescription		\$11.70	\$19.23
Average Days Supply		22.99	82.72
Average Ingredient Cost Paid per Day of Therapy		\$2.27	\$1.92

Metrics	
Number of Claimants	1,487
Number of Prescriptions	11,341
Prescriptions PMPY	10.46
Prescriptions per Claimant	7.63
% of Total Prescriptions - Single Source	52.6%
% of Total Prescriptions - Multi Source	9.8%
% of Total Prescriptions - Generic	37.6%
Generic Substitution Rate	79.3%
% Multi-Source Physician DAW	23.7%
% Multi-Source Patient DAW	26.0%
% Multi-Source State Law DAW	3.3%
% Multi-Source Other DAW	46.9%
Average Net Paid PMPM	\$41.87
Average Net Paid per Claimant per Period	\$366.36
Average Net Paid per Prescriptions	\$48.04
Average Copay per Prescription	\$12.13
Average Days Supply	26.40
Average Ingredient Cost Paid per Day of Therapy	\$2.21

Prior Period – Detail Prior Period – Total

Managed Pharmacy Plan Performance

Tier Level	Submission Method Category	Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
Tier 1	Retail	1,109	4,470	\$89,543	\$75,368	\$9,451	\$222	\$0	\$32,223	\$0	\$2.28	\$52,817	\$11.82	\$3.74
	Home Delivery	71	204	\$12,819	\$10,829	\$0	\$6	\$0	\$3,237	\$0	\$0.23	\$7,598	\$37.24	\$0.54
Tier 2	Retail	1,080	5,300	\$107,443	\$527,314	\$9,414	\$865	\$0	\$81,966	\$0	\$5.80	\$455,627	\$85.97	\$32.25
	Home Delivery	136	450	\$29,856	\$92,985	\$0	\$34	\$0	\$18,341	\$0	\$1.30	\$74,678	\$165.95	\$5.29
Tier 3	Retail	642	1,824	\$33,497	\$166,146	\$3,183	\$438	\$0	\$53,713	\$0	\$3.80	\$116,053	\$63.63	\$8.21
	Home Delivery	52	101	\$5,908	\$18,757	\$0	\$13	\$0	\$6,720	\$0	\$0.48	\$12,050	\$119.31	\$0.85

Detail

Tier Level	Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
Tier 1	1,135	4,674	\$102,362	\$86,196	\$9,451	\$228	\$0	\$35,460	\$0	\$2.51	\$60,415	\$12.93	\$4.28
Tier 2	1,146	5,750	\$137,298	\$620,300	\$9,414	\$899	\$0	\$100,307	\$0	\$7.10	\$530,306	\$92.23	\$37.54
Tier 3	676	1,925	\$39,404	\$184,903	\$3,183	\$450	\$0	\$60,433	\$0	\$4.28	\$128,103	\$66.55	\$9.07

Subtotals by Tier

Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
1,619	12,349	\$279,064	\$891,399	\$22,047	\$1,578	\$0	\$196,200	\$0	\$13.89	\$718,824	\$58.21	\$50.88

Total

Managed Pharmacy Utilization by Age Group

Age Band	Metrics	Number of Claimants	Number of Prescriptions	Number of Prescriptions PMPY	Number of Prescriptions per Claimant	Net Paid	Net Paid PMPM	Net Paid per Claimant	Net Paid per Prescription
<1		21	68	0.06	3.24	\$750	\$0.05	\$35.70	\$11.02
1-9		227	979	0.83	4.31	\$48,691	\$3.45	\$214.50	\$49.74
10-19		234	1,071	0.91	4.58	\$49,922	\$3.53	\$213.34	\$46.61
20-24		71	350	0.30	4.93	\$16,073	\$1.14	\$226.38	\$45.92
25-29		74	369	0.31	4.99	\$18,545	\$1.31	\$250.60	\$50.26
30-34		150	1,159	0.98	7.73	\$86,139	\$6.10	\$574.26	\$74.32
35-39		213	1,242	1.05	5.83	\$58,406	\$4.13	\$274.21	\$47.03
40-44		251	2,065	1.75	8.23	\$98,088	\$6.94	\$390.79	\$47.50
45-49		175	1,616	1.37	9.23	\$87,463	\$6.19	\$499.79	\$54.12
50-54		129	1,705	1.45	13.22	\$105,754	\$7.49	\$819.80	\$62.03
55-59		88	1,029	0.87	11.69	\$113,272	\$8.02	\$1,287.18	\$110.08
60-64		45	573	0.49	12.73	\$28,980	\$2.05	\$644.00	\$50.58
65-69		9	92	0.08	10.22	\$5,539	\$0.39	\$615.44	\$60.21
70-74		2	23	0.02	11.50	\$834	\$0.06	\$416.83	\$36.25
75 +		1	8	0.01	8.00	\$368	\$0.03	\$368.30	\$46.04

Detail

Metrics	Number of Claimants	Number of Prescriptions	Number of Prescriptions PMPY	Number of Prescriptions per Claimant	Net Paid	Net Paid PMPM	Net Paid per Claimant	Net Paid per Prescription
	1,619	12,349	10.49	7.63	\$718,824	\$50.88	\$443.99	\$58.21

Total

Top Drug Utilization Ranked by Net Paid

Drug Name	FDB Standard Therapeutic Class	Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
TEMODAR	ANTINEOPLASTICS		1	14	\$40,037.90	0.1%	5.6%	\$2,859.85	19.64	\$146.51
	Subtotal		0	14	\$40,037.90	0.1%	5.6%	\$2,859.85	19.64	\$146.51
NEXIUM	ANTI-ULCER PREPS/GASTROINTESTINAL PREPS		65	204	\$28,838.81	1.7%	4.0%	\$141.37	38.79	\$4.02
	Subtotal		0	204	\$28,838.81	1.7%	4.0%	\$141.37	38.79	\$4.02
GLEEVEC	ANTINEOPLASTICS		1	5	\$22,834.98	0.0%	3.2%	\$4,567.00	30.00	\$152.99
	Subtotal		0	5	\$22,834.98	0.0%	3.2%	\$4,567.00	30.00	\$152.99
LIPITOR	LIPOTROPICS		77	255	\$22,014.25	2.1%	3.1%	\$86.33	40.23	\$2.64
	Subtotal		0	255	\$22,014.25	2.1%	3.1%	\$86.33	40.23	\$2.64
Subtotal			0	483	\$130,951.08	3.9%	18.2%	\$271.12	38.79	\$7.45

Top Drugs

Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,604	11,866	\$587,873.14	96.1%	81.8%	\$49.54	26.86	\$2.36

All Other Drugs

Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,619	12,349	\$718,824.22	100.0%	100.0%	\$58.21	27.32	\$2.64

All Drugs

Top Drug Utilization Ranked by Volume

Drug Name	FDB Standard Therapeutic Class	Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
ZYRTEC	ANTI-HISTAMINES		113	278	\$11,717.49	2.3%	1.6%	\$42.15	32.19	\$1.73
	Subtotal		0	278	\$11,717.49	2.3%	1.6%	\$42.15	32.19	\$1.73
LIPITOR	LIPOTROPICS		77	255	\$22,014.25	2.1%	3.1%	\$86.33	40.23	\$2.64
	Subtotal		0	255	\$22,014.25	2.1%	3.1%	\$86.33	40.23	\$2.64
SYNTHROID	THYROID PREPS		53	217	\$1,065.02	1.8%	0.1%	\$4.91	37.18	\$0.52
	Subtotal		0	217	\$1,065.02	1.8%	0.1%	\$4.91	37.18	\$0.52
NEXIUM	ANTI-ULCER PREPS/GASTROINTESTINAL PREPS		65	204	\$28,838.81	1.7%	4.0%	\$141.37	38.79	\$4.02
	Subtotal		0	204	\$28,838.81	1.7%	4.0%	\$141.37	38.79	\$4.02
SINGULAIR	BRONCHIAL DILATORS		67	193	\$13,622.25	1.6%	1.9%	\$70.58	32.88	\$2.64
	Subtotal		0	193	\$13,622.25	1.6%	1.9%	\$70.58	32.88	\$2.64
Subtotal			0	1,147	\$77,257.82	9.3%	10.7%	\$67.36	36.21	\$2.30

Top Drugs

Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,578	11,202	\$641,566.40	90.7%	89.3%	\$57.27	26.41	\$2.69

All Other Drugs

Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,619	12,349	\$718,824.22	100.0%	100.0%	\$58.21	27.32	\$2.64

Total Drugs

Top Therapeutic Class Utilization Ranked by Net Paid

FDB Standard Therapeutic Class	Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
MISCELLANEOUS		199	482	2.42	26.61	\$71,098	\$5.03	\$147.51	13.9%	72.6%	13.5%	50.8%
ANTINEOPLASTICS		17	55	3.24	28.51	\$66,536	\$4.71	\$1,209.75	54.5%	40.0%	5.5%	90.9%
PSYCHOSTIMULANTS-ANTIDEPRESSANTS		258	1,041	4.03	33.44	\$62,423	\$4.42	\$59.96	33.0%	64.4%	2.6%	92.7%
ANTI-ULCER PREPS/GASTROINTESTINAL PREPS		141	463	3.28	35.20	\$54,591	\$3.86	\$117.91	7.8%	92.2%	0.0%	100.0%
LIPOTROPICS		141	565	4.01	37.88	\$48,464	\$3.43	\$85.78	2.5%	97.0%	0.5%	82.4%
Subtotal		0	2,606	0	33.35	\$303,112	\$21.45	\$116.31	18.8%	77.4%	3.8%	83.4%

Top Therapeutic Classes

Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
	1,527	9,743	6.38	25.71	\$415,712	\$29.42	\$42.67	42.9%	45.4%	11.7%	78.6%

All Other Therapeutic Classes

Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
	1,619	12,349	7.63	27.32	\$718,824	\$50.88	\$58.21	37.8%	52.1%	10.0%	79.1%

All Therapeutic Classes

Top Therapeutic Class Utilization Ranked by Volume

FDB Standard Therapeutic Class	Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
PSYCHOSTIMULANTS-ANTIDEPRESSANTS		258	1,041	4.03	33.44	\$62,423	\$4.42	\$59.96	33.0%	64.4%	2.6%	92.7%
SYSTEMIC CONTRACEPTIVES		183	629	3.44	37.53	\$14,736	\$1.04	\$23.43	49.4%	31.8%	18.8%	72.5%
ANTI-HISTAMINES		270	626	2.32	29.96	\$25,643	\$1.82	\$40.96	10.1%	89.6%	0.3%	96.9%
NARCOTIC ANALGESICS		271	595	2.20	11.87	\$13,681	\$0.97	\$22.99	79.0%	10.4%	10.6%	88.2%
OTHER HYPOTENSIVES		140	572	4.09	39.18	\$14,908	\$1.06	\$26.06	42.8%	54.0%	3.1%	93.2%
Subtotal		0	3,463	0	30.79	\$131,390	\$9.30	\$37.94	41.4%	52.0%	6.6%	86.3%

Top Therapeutic Classes

Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
	1,464	8,886	6.07	25.97	\$587,434	\$41.58	\$66.11	36.5%	52.2%	11.4%	76.3%

All Other Therapeutic Classes

Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
	1,619	12,349	7.63	27.32	\$718,824	\$50.88	\$58.21	37.8%	52.1%	10.0%	79.1%

All Therapeutic Classes

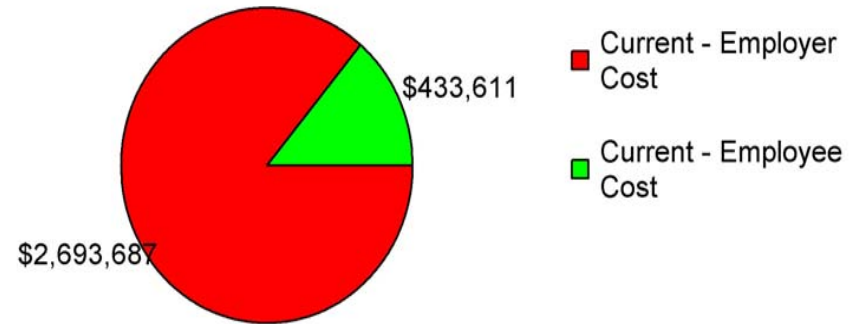
Medical

Bill Count by Month

Process Year/Month	Employment Status	Medicare Status	Metrics	Bill Count
2008-01	Active	Non-Medicare		1,951
		Medicare		4
2008-02	Active	Non-Medicare		2,205
		Medicare		5
2008-03	Active	Non-Medicare		2,214
		Medicare		2
2008-04	Active	Non-Medicare		2,165
		Medicare		4
2008-05	Active	Non-Medicare		2,224
		Medicare		1
2008-06	Active	Non-Medicare		2,422
Total				13,197

Claim Experience

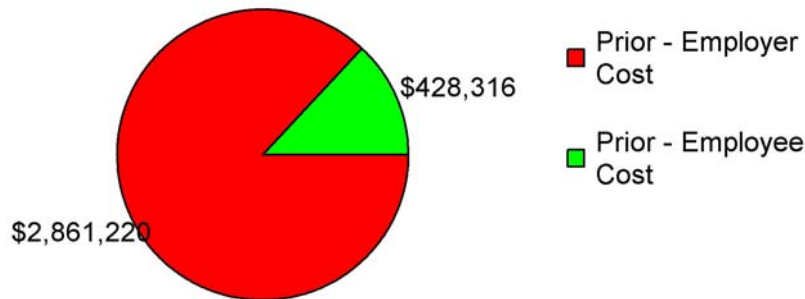
Metrics	Type of Coverage	Medical	Pharmacy
Prior - Average Number of Subscribers		875	811
Current - Average Number of Subscribers		951	912
% Change - Average Number of Subscribers		8.6%	12.5%
Prior - Average Number of Members		2,251	2,169
Current - Average Number of Members		2,402	2,355
% Change - Average Number of Members		6.7%	8.6%
Prior - Contract Size		2.57	2.67
Current - Contract Size		2.53	2.58
% Change - Contract Size		(1.8%)	(3.5%)



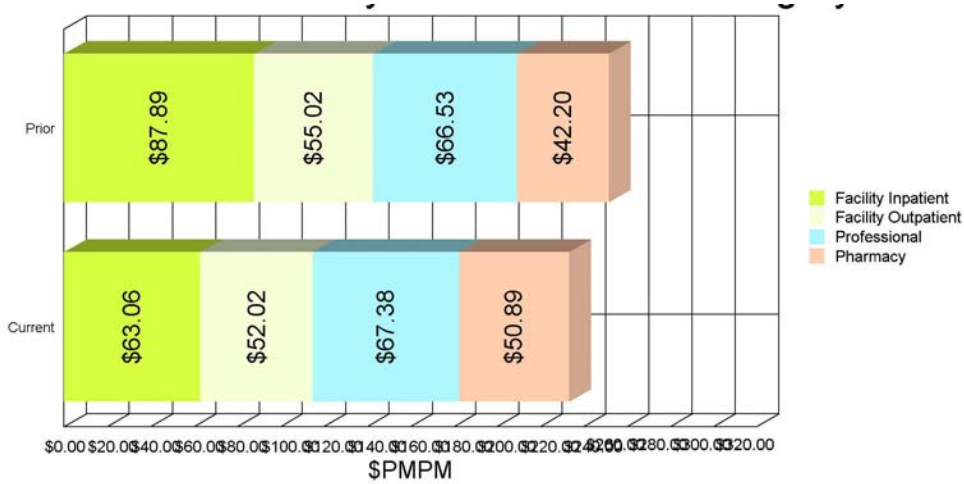
Metrics	Prior Employer Cost	Prior Employer Cost Sharing	Current Employer Cost	Current Employer Cost Sharing	% Change Employer Cost Sharing
	\$2,861,220	87.0%	\$2,693,687	86.1%	(1.0%)

Benefit Cost Sharing Detail

Enrollment Detail



Prior Benefit Cost Sharing (Prior to COB)



Note: Professional Consists of Primary Care, OB/GYN, Specialty and Allied Health

Claim Cost by Healthcare Cost Category

Healthcare Cost Category Rollup	Metrics	Prior Total Net Paid	Current Total Net Paid	Prior - Net Paid PMPM	Current Net Paid PMPM	% Change Net Paid PMPM
1	Facility Inpatient	\$1,187,027	\$908,820	\$87.89	\$63.06	(28.2%)
2	Facility Outpatient	\$747,608	\$749,809	\$55.35	\$52.03	(6.0%)
3	Physician - Primary Care	\$201,937	\$219,713	\$14.95	\$15.25	2.0%
4	Physician - OB/GYN	\$48,464	\$85,142	\$3.59	\$5.91	64.6%
5	Physician - Specialty	\$531,352	\$566,519	\$39.34	\$39.31	(0.1%)
6	Allied Health	\$116,745	\$99,699	\$8.64	\$6.92	(20.0%)
7	Managed Pharmacy	\$544,779	\$718,824	\$41.87	\$50.88	21.5%
Total		\$3,377,912	\$3,348,526	\$251.64	\$233.36	(7.3%)

Claim Cost by Healthcare Cost Category Detail

Metrics	Prior - Total Capitation Net Paid	Current - Total Capitation Net Paid	Prior - Total Capitation Net Paid PMPM	Current - Total Capitation Net Paid PMPM	% Change Total Capitation Net Paid PMPM
	\$8,478	\$19,563	\$0.63	\$1.36	116.3%

Other Claim Cost

Metrics	Prior Total Net Paid	Current Total Net Paid	Prior - Net Paid PMPM	Current Net Paid PMPM	% Change Net Paid PMPM
	\$3,386,390	\$3,368,089	\$252.27	\$234.72	(7.0%)

Total Costs

Healthcare Cost Category Detail	Metrics	Prior Number of Units	Current Number of Units	Prior Units per 1000	Current Units per 1000	Prior - Net Paid per Unit	Current Net Paid per Unit	% Change Units per 1000	% Change Net Paid per Unit
2 Facility Outpatient		5,201	4,947	2,310.5	2,059.7	\$143	\$152	(10.9%)	6.1%
3 Physician - Primary Care		2,542	2,641	1,129.3	1,099.6	\$79	\$83	(2.6%)	4.7%
4 Physician - OB/GYN		255	319	113.3	132.8	\$190	\$267	17.2%	40.4%
5 Physician - Specialty		1,476	1,702	655.7	708.6	\$360	\$333	8.1%	(7.5%)
6 Allied Health		249	272	110.6	113.2	\$469	\$367	2.4%	(21.8%)

Outpatient and Professional Utilization by Healthcare Cost Category

Diagnosis Chapter Rollup	Metrics	Prior Total Net Paid	Current Total Net Paid	Prior - Net Paid PMPM	Current Net Paid PMPM	% Change Net Paid PMPM
1	CIRCULATORY SYSTEM	\$280,603	\$479,747	\$20.78	\$33.29	60.2%
2	NEOPLASMS	\$440,496	\$352,263	\$32.61	\$24.44	(25.1%)
3	INJURY AND POISONING	\$380,730	\$268,024	\$28.19	\$18.60	(34.0%)
4	MUSKULO CNCTV TISSUE	\$272,875	\$202,001	\$20.20	\$14.02	(30.6%)
5	GENITOURINARY SYSTEM	\$213,695	\$177,593	\$15.82	\$12.32	(22.1%)
6	DIGESTIVE SYSTEM	\$265,921	\$142,089	\$19.69	\$9.86	(49.9%)
7	RESPIRATORY SYSTEM	\$256,180	\$140,856	\$18.97	\$9.77	(48.5%)
8	NERVOUS SYS SENSE ORGANS	\$150,011	\$128,186	\$11.11	\$8.89	(19.9%)
Total		\$2,833,133	\$2,629,702	\$209.77	\$182.48	(13.0%)

Cost by Diagnosis Chapter

Metrics	
Prior - Number of Days	580
Current - Number of Days	360
Prior - Days per 1000	257.7
Current - Days per 1000	149.9
Prior - Net Paid per Day	\$2,069
Current - Net Paid per Day	\$2,690
% Change - Days per 1000	(41.8%)
% Change - Net Paid per Day	30.0%
Prior - Number of Admissions	81
Current - Number of Admissions	80
Prior - Admissions per 1000	36.0
Current - Admissions per 1000	33.3
Prior - Net Paid per Admission	\$14,819
Current - Net Paid per Admission	\$12,107
% Change - Admissions per 1000	(7.4%)
% Change - Net Paid per Admission	(18.3%)

Inpatient Utilization

Cost and Utilization by Procedure

Procedure Chapter	Metrics	Prior Period Number of Claimants	Prior Period Number of Procedures	Prior Period Covered Amount	Prior Period Covered Amount PMPM	Prior Period Net Paid	Prior Net Paid PMPM	Current Period Number of Claimants	Current Period Number of Procedures	Current Period Covered Amount	Current Period Covered Amount PMPM	Current Period Net Paid	Current Net Paid PMPM
OPERATIONS NERVOUS SYS		13	47	\$85,485	\$6.33	\$81,658	\$6.05	16	17	\$23,935	\$1.66	\$18,053	\$1.25
OPERATIONS ENDOCRINE SYS		0	0	0	\$0.00	0	\$0.00	2	0	\$3,772	\$0.26	\$2,464	\$0.17
OPERATIONS EYE		15	26	\$11,558	\$0.86	\$9,693	\$0.72	19	22	\$32,793	\$2.28	\$25,661	\$1.78
OPERATIONS EAR		17	26	\$12,197	\$0.90	\$9,041	\$0.67	18	23	\$9,019	\$0.63	\$7,625	\$0.53
OPER NOSE MOUTH PHARYNX		21	77	\$54,708	\$4.05	\$45,103	\$3.34	23	20	\$22,060	\$1.53	\$14,626	\$1.01
OPER RESPIRATORY SYS		10	14	\$14,197	\$1.05	\$12,362	\$0.92	8	8	\$279,881	\$19.42	\$279,108	\$19.37
OPER HEMIC LYMPHATIC SYS		4	5	\$313,333	\$23.20	\$312,327	\$23.13	1	2	\$436	\$0.03	\$349	\$0.02
OPER DIGESTIVE SYS		51	80	\$221,002	\$16.36	\$199,580	\$14.78	57	76	\$140,791	\$9.77	\$110,162	\$7.64
OPER URINARY SYS		13	22	\$123,649	\$9.16	\$117,509	\$8.70	9	10	\$5,582	\$0.39	\$4,257	\$0.30
OPER MALE GENITAL ORGANS		6	8	\$4,604	\$0.34	\$3,693	\$0.27	14	13	\$38,630	\$2.68	\$33,783	\$2.34
OPER FEMALE GENITAL ORGANS		29	43	\$44,309	\$3.28	\$39,421	\$2.92	39	54	\$87,293	\$6.06	\$72,020	\$5.00
OBSTETRICAL PROCEDURES		10	29	\$28,222	\$2.09	\$22,942	\$1.70	20	33	\$92,671	\$6.43	\$70,448	\$4.89
OPER INTEGUMENTARY SYS		129	254	\$85,601	\$6.34	\$73,985	\$5.48	132	230	\$102,088	\$7.08	\$93,417	\$6.48
MISC DIAG THERAPEUTIC		1,593	17,110	\$1,509,039	\$111.73	\$1,196,558	\$88.59	1,769	19,287	\$1,621,009	\$112.48	\$1,319,040	\$91.53

Detail

Prior Period Number of Claimants	Prior Period Number of Procedures	Prior Period Covered Amount	Prior Period Covered Amount PMPM	Prior Period Net Paid	Prior Net Paid PMPM	Current Period Number of Claimants	Current Period Number of Procedures	Current Period Covered Amount	Current Period Covered Amount PMPM	Current Period Net Paid	Current Net Paid PMPM
1,595	18,378	\$3,111,713	\$230.39	\$2,692,065	\$199.32	1,779	20,436	\$2,814,422	\$195.30	\$2,384,592	\$165.47

Total

Cost and Utilization Summary

Metrics	Prior Period	Current Period	Change
Highlights			
Demographics			
Average Enrolled Subscribers	0	978	0
Average Enrolled Membership	0	2,318	0
Average Contract Size	0	2.4	0
Average Family Size	0	3.3	0
Age/Gender Factor	0	0.9	0
Claimants per 1,000	0	301.2	0
Covered Expenses PMPM			
Total Covered Expenses PMPM	\$0.00	\$122.14	0
Standard Medical Covered Expenses PMPM	\$0.00	\$108.37	0
Mental Health/Substance Abuse Covered Expenses PMPM	\$0.00	\$0.24	0
Managed Pharmacy Covered Expenses PMPM	\$0.00	\$13.53	0
Total Net Paid PMPM			
Total Net Paid PMPM	\$0.00	\$65.31	0
Standard Medical Total Net Paid PMPM	\$0.00	\$61.14	0
Mental Health/Substance Abuse Total Net Paid PMPM	\$0.00	\$0.28	0
Managed Pharmacy Total Net Paid PMPM	\$0.00	\$3.89	0
Benefit Adequacy			
Percent of Covered Expenses(before COB) Paid by the Plan	0.00%	47.70%	47.7
High Cost Claimants (\$50,000+)			
Number of Claimants	0	0	0
Total Net Paid PMPM	\$0.00	\$0.00	0
Percent of Total Net Paid	0.00%	0.00%	0
Inpatient Utilization			
Admissions per 1,000	0	5.6	0
Days per 1,000	0	10.8	0
Average Length of Stay	0	1.92	0
Average Paid per Day	\$0	\$3,529	0
Network Indicators			
Eligible Medical Expenses Paid at Network Benefit Level	0.00%	92.80%	92.8
Eligible Medical Expenses from Participating Providers	0.00%	91.80%	91.8

Average UHC Participating Provider Discount	0.00%	35.40%	35.4
Total UHC Network Provider Discount PMPM	\$0.00	\$59.82	0
Details			
High Cost Claimants (\$50,000+)			
High Cost Claimants per 1,000	0	0	0
Average Paid per High Cost Claimant	\$0	\$0	0
Percent of Total Net Paid	0.00%	0.00%	0
Standard Medical - Total Net Paid PMPM (excludes MH/SA)			
Standard Medical - Total Net Paid PMPM	\$0.00	\$61.14	0
Physician	\$0.00	\$24.40	0
Primary Care	\$0.00	\$8.37	0
Specialists (including OB/GYN)	\$0.00	\$16.03	0
Facility	\$0.00	\$34.72	0
Inpatient	\$0.00	\$19.18	0
Outpatient	\$0.00	\$15.53	0
Allied Health	\$0.00	\$2.02	0
Medical Pharmacy	\$0.00	\$0.00	0
Standard Medical - Total Net Paid Unit Costs (excludes MH/SA)			
Inpatient Facility Total Net Paid per Admission	\$0	\$8,052	0
Medical	\$0	\$2,847	0
Surgical	\$0	\$11,825	0
Maternity (includes Well Newborn)	\$0	\$4,051	0
Other Newborn	\$0	\$0	0
Non-Acute	\$0	\$0	0
Inpatient Facility Total Net Paid per Day	\$0	\$4,187	0
Medical	\$0	\$1,898	0
Surgical	\$0	\$5,913	0
Maternity(includes Well Newborn)	\$0	\$2,025	0
Other Newborn	\$0	\$0	0
Non-Acute	\$0	\$0	0
Outpatient Surgery Total Net Paid per Encounter	\$0	\$2,057	0
Emergency Room Total Net Paid per Visit	\$0	\$539	0
Inpatient - Total Net Paid per Physician Visit	\$0.00	\$65.71	0
Primary Care	\$0.00	\$72.57	0
Specialist	\$0.00	\$61.13	0
OB/GYN	\$0.00	\$0.00	0
Outpatient - Total Net Paid per Physician Visit	\$0.00	\$59.30	0

Primary Care	\$0.00	\$56.90	0
Specialist	\$0.00	\$60.03	0
OB/GYN	\$0.00	\$74.86	0
Standard Medical - Utilization (excludes MH/SA)			
Inpatient Admissions per 1,000	0	5.6	0
Medical	0	0.9	0
Surgical	0	3	0
Maternity	0	1.7	0
Other Newborn	0	0	0
Non-Acute	0	0	0
C-Section Rate	0%	25%	25
Inpatient Days per 1,000	0	10.8	0
Medical	0	1.3	0
Surgical	0	6	0
Maternity	0	3.5	0
Other Newborn	0	0	0
Non-Acute	0	0	0
Inpatient Average Length of Stay	0	1.92	0
Medical	0	1.5	0
Surgical	0	2	0
Maternity	0	2	0
Other Newborn	0	0	0
Non-Acute	0	0	0
Surgical Outpatient Facility Visits per 1,000	0	9.5	0
Emergency Room Visits per 1,000	0	17.3	0
Inpatient - Physician Visits per 1,000	0	6	0
Primary Care	0	3	0
Specialist	0	4	0
OB/GYN	0	0	0
Outpatient - Physician Visits per 1,000	0	288	0
Primary Care	0	188	0
Specialist	0	75	0
OB/GYN	0	25	0
Managed Pharmacy			
Total Net Paid PMPM	\$0.00	\$3.89	0
Tier1	\$0.00	\$0.90	0
Tier2	\$0.00	\$2.24	0
Tier3	\$0.00	\$0.76	0
Tier4	\$0.00	\$0.00	0

Total Net Paid PMPM by Submission Method			
Retail Delivery	\$0.00	\$3.11	0
Home Delivery	\$0.00	\$0.78	0
Total Net Paid per Script	\$0.00	\$14.95	0
Tier1	\$0.00	\$6.04	0
Tier2	\$0.00	\$29.72	0
Tier3	\$0.00	\$20.68	0
Tier4	\$0.00	\$0.00	0
Total Net Paid per Script by Submission Method			
Retail Delivery	\$0.00	\$13.27	0
Home Delivery	\$0.00	\$30.33	0
Scripts per Member per Year	0	3.1	0
Tier1	0	1.8	0
Tier2	0	0.9	0
Tier3	0	0.4	0
Tier4	0	0	0
Scripts per Member per Year by Submission Method			
Retail Delivery	0	2.8	0
Home Delivery	0	0.3	0
Average Total Net Paid per Day	\$0.00	\$0.50	0
Retail Delivery	\$0.00	\$0.55	0
Home Delivery	\$0.00	\$0.37	0
Other Indicators			
Percent Generic Scripts	0.00%	52.70%	52.7
Percent Home Delivery Scripts	0.00%	9.90%	9.9
Benefit Adequacy	0.00%	19.30%	19.3
Mental Health / Substance Abuse			
Total Net Paid PMPM	\$0.00	\$0.28	0
Inpatient	\$0.00	\$0.00	0
Outpatient	\$0.00	\$0.28	0
Unit Costs			
Inpatient per Admission	\$0	\$0	0
Inpatient per Day	\$0	\$0	0
Outpatient per Encounter	\$0	\$0	0
Utilization			
Inpatient Admissions per 1,000	0	0	0
Inpatient Days per 1,000	0	0	0
Average Length of Stay	0	0	0
Outpatient Encounters per 1,000	0	0	0

Other Indicators			
Eligible Medical Expenses from Participating Providers	0.00%	82.10%	82.1
Eligible Medical Expenses Paid at Network Benefit Level	0.00%	65.10%	65.1

Distribution of Discounts

Healthcare Cost Category Detail	Metrics	Contracted Discount	Special Negotiated Discount	Shared Savings Discount	Prompt Payment Discount	Customer Specific Discount	Other Discount	Total Discounts
Physician - Primary Care		\$129,634	(\$85)	\$1,626	\$0	\$0	\$23	\$131,198
Physician - OB/GYN		\$73,766	\$0	\$81	\$0	\$0	\$349	\$74,196
Physician - Specialty		\$451,563	(\$129)	\$5,233	\$0	\$0	\$371	\$457,038
Allied Health		\$45,572	\$25	\$2,414	\$0	\$0	\$0	\$48,010
Facility Inpatient		\$700,953	\$3,886	\$894	\$0	\$0	\$0	\$705,733
Facility Outpatient		\$593,213	\$1,653	\$1,550	\$0	\$0	\$5,423	\$601,839
Medical Pharmacy		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total		\$1,994,701	\$5,349	\$11,797	\$0	\$0	\$6,166	\$2,018,013

Distribution of Ineligible Charges

Healthcare Cost Category Detail	Metrics	Duplicate Bill	R&C Reduction	Benefit Limits	Pre-existing Conditions	Abuse and Fraud	Medical Claim Review	Other Ineligible Charges	Total Ineligible Charges
Physician - Primary Care		\$21,875.47	\$1,891.62	\$3,904.51	\$0.00	\$2,969.50	\$235.00	\$18,380.06	\$49,256.16
Physician - OB/GYN		\$52,385.14	\$2,331.40	\$5,566.00	\$0.00	\$0.00	\$0.00	\$9,657.32	\$69,939.86
Physician - Specialty		\$57,079.55	\$11,481.18	\$1,639.34	\$0.00	\$1,239.00	\$1,147.96	\$69,955.96	\$142,542.99
Allied Health		\$7,243.65	\$6,145.02	\$8,143.50	\$0.00	\$0.00	\$2,719.48	\$14,771.02	\$39,022.67
Facility Inpatient		\$77,414.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122,977.87	\$200,392.09
Facility Outpatient		\$74,785.67	\$5,233.05	\$1,621.60	\$0.00	\$450.00	\$1,230.16	\$91,277.54	\$174,598.02
Medical Pharmacy		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,063.47	\$1,063.47
Total		\$290,783.70	\$27,082.27	\$20,874.95	\$0.00	\$4,658.50	\$5,332.60	\$328,083.24	\$676,815.26

Distribution of Other Savings

Metrics	Healthcare Cost Category Detail	Physician Primary Care	Physician - OB/GYN	Physician - Specialty	Allied Health	Facility Inpatient	Facility Outpatient	Medical Pharmacy	Total
Commercial COB Reductions		\$663	\$3,527	\$12,448	\$1,372	\$3,877	\$8,827	\$112	\$30,827
Commercial COB Savings		\$1,254	\$3,263	\$2,056	\$265	\$2,290	\$8,412	\$0	\$17,541
Commercial COB Total		\$1,917	\$6,790	\$14,505	\$1,637	\$6,167	\$17,239	\$112	\$48,367
Medicare COB Reductions		\$421	\$0	\$0	\$155	\$1,050	\$1,166	\$0	\$2,792
Medicare COB Savings		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicare COB Total		\$421	\$0	\$0	\$155	\$1,050	\$1,166	\$0	\$2,792
Provider Sanction		\$0	\$0	\$2,013	\$0	\$0	\$0	\$0	\$2,013
All Other Savings		\$0	(\$31)	(\$26)	(\$0)	(\$553)	(\$8,140)	\$0	(\$8,750)
Total Savings		\$2,338	\$6,759	\$16,492	\$1,792	\$6,665	\$10,265	\$112	\$44,422

Healthcare Cost Management Summary

Metrics	Physician Primary Care	Physician - OB/GYN	Physician - Specialty	Allied Health	Facility Inpatient	Facility Outpatient	Medical Pharmacy	Total
Submitted Charges	\$460,902	\$253,332	\$1,280,446	\$248,791	\$1,870,877	\$1,686,926	\$1,290	\$5,802,563
Savings Due to Ineligible Charges	\$49,256	\$69,940	\$142,543	\$39,023	\$200,392	\$174,598	\$1,063	\$676,815
Eligible Charges	\$411,646	\$183,392	\$1,137,903	\$209,768	\$1,670,485	\$1,512,328	\$226	\$5,125,748
Savings Due to Discounts	\$131,198	\$74,196	\$457,038	\$48,010	\$705,733	\$601,839	\$0	\$2,018,013
Covered Amount	\$280,447	\$109,196	\$680,866	\$161,758	\$964,752	\$910,490	\$226	\$3,107,735
Savings due to Deductibles	\$14,591	\$4,819	\$33,332	\$25,152	\$4,823	\$57,338	\$0	\$140,054
Savings due to Coinsurance	\$6,109	\$7,528	\$41,612	\$20,774	\$44,444	\$80,000	\$0	\$200,468
Savings due to Copays	\$37,697	\$4,949	\$22,910	\$14,340	\$0	\$13,193	\$0	\$93,088
Gross Payable	\$222,051	\$91,900	\$583,011	\$101,492	\$915,485	\$759,960	\$226	\$2,674,124
Other Savings	\$2,338	\$6,759	\$16,492	\$1,792	\$6,665	\$10,265	\$112	\$44,422
Net Paid	\$219,713	\$85,142	\$566,519	\$99,699	\$908,820	\$749,694	\$115	\$2,629,702
Net Paid PMPM	\$15.25	\$5.91	\$39.31	\$6.92	\$63.06	\$52.02	\$0.01	\$182.48
Net Paid as a % of Grand Total	8.4%	3.2%	21.5%	3.8%	34.6%	28.5%	0.0%	100.0%

HCCMS excluding Managed Pharmacy

Metrics	Submitted Charges	Savings Due to Discounts	Savings due to Deductibles	Savings Due to Coinsurance	Savings due to Copays	Net Paid	Net Paid PMPM	Net Paid as a % of Grand Total
	\$1,194,088	\$279,064	\$0	\$0	\$196,200	\$718,824	\$50.88	100.0%

HCCMS Managed Pharmacy Costs

Metrics	
Total Deductible as a % of Total Covered Amount	3.5%
Total Coinsurance as a % of Total Covered Amount	5.0%

Total Copay as a % of Total Covered Amount	7.2%
Total Gross Payable as a % of Total Covered Amount	84.3%
Total Other Savings as a % of Total Covered Amount	1.1%
Total Net Paid as a % of Total Covered Amount	83.2%
Submitted Charges	\$6,996,652
Savings Due to Ineligible Charges	\$676,815
Eligible Charges	\$6,319,837
Savings Due to Discounts	\$2,297,078
Covered Amount	\$4,022,759
Savings Due to Deductibles	\$140,054
Savings Due to Coinsurance	\$200,468
Savings Due to Copays	\$289,288
Gross Payable	\$3,392,948
Other Savings	\$44,422
Net Paid	\$3,348,526
Net Paid PMPM	\$233.36

Cost Sharing and Summary Statistics

HRA Plan Design Status

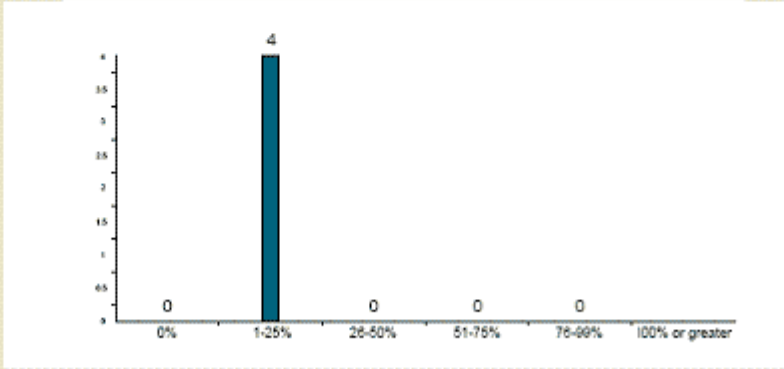
HRA Plan Design Status Summary - All Coverage Tiers & Plan Labels

Start Date: 01/2006 End Date: 08/2007

Health Reimbursement Account (HRA)

Explanation
 This report provides HRA utilization information for claims paid, given the report's date parameters, for all coverage tiers and plan labels.
 The table indicates the number and percentage of the employees and their HRA balances as a percentage of HRA contribution, given the report's date parameters. The graph displays the same information in a bar chart.
 The number of accounts includes only those accounts that are active as of the End Date of the report. Therefore, the number of accounts may not equal the number of subscribers listed on the membership reports.

Percent of HRA Contribution Remaining	Number of Accounts	Percent of Accounts
0%	0	0.00%
1-25%	4	100.00%
26-50%	0	0.00%
51-75%	0	0.00%
76-99%	0	0.00%
100% or greater	0	0.00%
Total	4	100.00%



HRA Plan Sponsor Statement of Position

Quarter/Year	Beginning Obligation	Initial Contribution Amount	Mid Year Contribution Amount	Termed Roll Off Amount	HRA Paid Amount	Remaining Obligation
1Q2008	\$46,846.51	\$37,000.00	\$21,426.17	\$0.00	\$9,694.75	\$96,077.93
2Q2008	\$96,577.93	\$0.00	\$19,000.00	\$750.00	\$9,641.12	\$107,686.81
3Q2008	\$107,686.81	\$0.00	\$17,800.00	\$650.00	\$9,585.77	\$115,251.04
4Q2008	\$115,251.04	\$0.00	\$26,768.68	\$7,419.21	\$17,762.50	\$551,139.59
Grand Total	\$46,846.51	\$37,000.00	\$84,994.85	\$8,819.21	\$46,684.14	\$551,139.59

HRA Termed Balance

Term Year Num	Term Month Num	Term Qtr Year	HRA Balance
2007	8	3QTR2007	\$400.00
2007	9	3QTR2007	\$1,850.00
2008	1	1QTR2008	\$2,012.00
2008	3	1QTR2008	\$1,150.00
2008	5	2QTR2008	\$1,250.00
2008	6	2QTR2008	\$500.00
2008	10	3QTR2008	\$975.00
2008	11	3QTR2008	\$76,040.06
Total			\$84,177.06

Inpatient Event Ad Hoc

Metrics	Covered Amount	Plan Net Paid	HRA Net Paid	Total Net Paid	Plan Net Paid per Day	HRA Net Paid per Day	Total Net Paid per Day
	\$2,420,768.35	\$2,061,435.48	\$28,238.60	\$2,089,674.08	\$1,848.82	\$25.33	\$1,874.15

Inpatient Utilization and Costs by Admission Type

Admission Type Group	Admission Type	Metrics	Number of Admissions	Admissions Per 1000	Number of Days	Days Per 1000	Average Length of Stay	Covered Amount Per Admission	Covered Amount Per Day	Net Paid Per Admission	Net Paid Per Day
Medical / Surgical	Medical		30	12.5	98	40.8	3.3	\$10,112	\$3,096	\$9,689	\$2,966
	Surgical		21	8.7	153	63.7	7.3	\$27,384	\$3,759	\$26,610	\$3,652
	Subtotal		51	21.2	251	104.5	4.9	\$17,224	\$3,500	\$16,657	\$3,384
Maternity	Maternity - Cesarean Section		7	2.9	22	9.2	3.1	\$3,569	\$1,136	\$2,985	\$950
	Maternity - Vaginal Delivery		10	4.2	23	9.6	2.3	\$3,460	\$1,504	\$2,916	\$1,268
	Maternity - Other		2	0.8	4	1.7	2.0	\$6,360	\$3,180	\$5,772	\$2,886
	Subtotal		19	7.9	49	20.4	2.6	\$3,805	\$1,476	\$3,242	\$1,257
Newborn	Newborn - Well		13	5.4	32	13.3	2.5	\$1,278	\$519	\$914	\$371
	Newborn - Other		3	1.2	9	3.7	3.0	\$2,361	\$787	\$2,018	\$673
	Subtotal		16	6.7	41	17.1	2.6	\$1,481	\$578	\$1,121	\$437
MH/SA	MH/SA - Mental Health		4	1.7	19	7.9	4.8	\$6,735	\$1,418	\$5,584	\$1,176
	MH/SA - Substance Abuse		2	0.8	24	10.0	12.0	\$10,215	\$851	\$8,223	\$685
	Subtotal		6	2.5	43	17.9	7.2	\$7,895	\$1,102	\$6,464	\$902
Other	Skilled Nursing		1	0.4	8	3.3	8.0	\$768	\$96	\$768	\$96
	Subtotal		1	0.4	8	3.3	8.0	\$768	\$96	\$768	\$96

Detail

Metrics	Number of Admissions	Admissions Per 1000	Number of Days	Days Per 1000	Average Length of Stay	Covered Amount Per Admission	Covered Amount Per Day	Net Paid Per Admission	Net Paid Per Day
	80	33.3	360	149.9	4.5	\$12,782	\$2,840	\$12,107	\$2,690

Total

Inpatient Utilization by Diagnosis

Diagnosis Chapter	Metrics	Prior Period	Current Period	Prior Period	Current Period	Prior Period	Current Period	Prior Period	Current Period	Prior Period	Current Period	Prior Period	Current Period
		Number of Admissions	Number of Admissions	Number of Days	Number of Days	Average Length of Stay	Average Length of Stay	Covered Amount	Covered Amount	Covered Amount per Admission	Covered Amount per Admission	Covered Amount per Day	Covered Amount per Day
INFECTIOUS & PARASITIC DIS		1	0	6	0	6.0	0	\$12,150	0	\$12,150	0	\$2,025	0
NEOPLASMS		8	9	68	35	8.5	3.9	\$347,886	\$169,091	\$43,486	\$18,788	\$5,116	\$4,831
ENDCR NUTRI METABOLIC IMMUN		3	4	6	9	2.0	2.3	\$6,970	\$10,019	\$2,323	\$2,505	\$1,162	\$1,113
BLOOD & BLOOD FORM ORGANS		0	1	0	2	0	2.0	0	\$12,850	0	\$12,850	0	\$6,425
MENTAL DISORDERS		4	6	155	43	38.8	7.2	\$27,893	\$47,370	\$6,973	\$7,895	\$180	\$1,102
NERVOUS SYS SENSE ORGANS		3	2	11	2	3.7	1.0	\$15,382	\$7,198	\$5,127	\$3,599	\$1,398	\$3,599
CIRCULATORY SYSTEM		8	7	57	86	7.1	12.3	\$165,415	\$403,919	\$20,677	\$57,703	\$2,902	\$4,697
RESPIRATORY SYSTEM		6	3	48	17	8.0	5.7	\$76,403	\$27,528	\$12,734	\$9,176	\$1,592	\$1,619
DIGESTIVE SYSTEM		14	9	79	26	5.6	2.9	\$142,894	\$45,130	\$10,207	\$5,014	\$1,809	\$1,736
GENITOURINARY SYSTEM		5	3	37	11	7.4	3.7	\$131,706	\$16,468	\$26,341	\$5,489	\$3,560	\$1,497
PREGNANCY CHILDBIRTH PUERP		9	19	28	49	3.1	2.6	\$32,936	\$88,917	\$3,660	\$4,680	\$1,176	\$1,815
MUSKULO CNCTV TISSUE		4	1	8	3	2.0	3.0	\$67,773	\$10,376	\$16,943	\$10,376	\$8,472	\$3,459
CONGENITAL ANOMALIES		1	1	1	4	1.0	4.0	\$1,965	\$27,380	\$1,965	\$27,380	\$1,965	\$6,845
PERINATAL PERIOD		3	3	12	9	4.0	3.0	\$10,964	\$7,083	\$3,655	\$2,361	\$914	\$787
INJURY AND POISONING		8	9	49	49	6.1	5.4	\$159,147	\$106,151	\$19,893	\$11,795	\$3,248	\$2,166
OTHER CONDITIONS		4	3	15	15	3.8	5.0	\$29,884	\$43,085	\$7,471	\$14,362	\$1,992	\$2,872
Total		81	80	580	360	7.2	4.5	\$1,229,369	\$1,022,564	\$15,177	\$12,782	\$2,120	\$2,840

Medical Dollar Ad Hoc

Metrics	Gross Payable	Plan Net Paid	HRA Net Paid	Total Net Paid	R&C Reduction	Total Savings
	\$258,047.28	\$237,190.26	\$47,463.77	\$284,654.03	\$4,902.55	\$20,857.0

Medical Utilization Ad Hoc

Metrics	Number of Claimants	Number of Services	Number of Visits	Plan Net Paid	HRA Net Paid	Total Net Paid
	698	3,765	1,159	\$237,190.26	\$47,463.77	\$284,654.03

Member Cost Sharing Detail Report – Non-Confidential

Policy Number	Scrambled Number	Relationship Summary	Last Name	First Name	Claimant Date of Birth	Network Benefit Level Metrics	Network Benefits - UHG Network				Non-Network Benefits				Total	
							Copay Amount	Co-insurance Amount	Deductible Amount	Total OOP	Copay Amount	Co-insurance Amount	Deductible Amount	Total OOP	Copay Amount	Co-insurance Amount
00000	1234567	Subscriber	LAST	FIRST	01/23/2008		\$70.00	\$0.00	\$0.00	\$70.00					\$70.00	\$0.00
		Spouse	LAST	FIRST	01/23/2008						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2345678	Subscriber	LAST	FIRST	01/23/2008						\$0.00	\$0.00	\$70.00	\$70.00	\$0.00	\$0.00
		Spouse	LAST	FIRST	01/23/2008		\$20.00	\$0.00	\$0.00	\$20.00					\$20.00	\$0.00
		Child	LAST	FIRST	01/23/2008		\$20.00	\$0.00	\$0.00	\$20.00					\$20.00	\$0.00
	3456789	Spouse	LAST	FIRST	01/23/2008		\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00
	4567890	Spouse	LAST	FIRST	01/23/2008		\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00

Member Cost Sharing Detail Report-ASO Confidential

Policy Number	Scrambled Number	Relationship Summary	Last Name	First Name	Claimant Date of Birth	Network Benefit Level Metrics	Network Benefits - UHG Network				Non-Network Benefits				Total	
							Copay Amount	Co-insurance Amount	Deductible Amount	Total OOP	Copay Amount	Co-insurance Amount	Deductible Amount	Total OOP	Copay Amount	Co-insurance Amount
00000	1234567	Subscriber	LAST	FIRST	01/23/2008		\$70.00	\$0.00	\$0.00	\$70.00					\$70.00	\$0.00
		Spouse	LAST	FIRST	01/23/2008						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2345678	Subscriber	LAST	FIRST	01/23/2008						\$0.00	\$0.00	\$70.00	\$70.00	\$0.00	\$0.00
		Spouse	LAST	FIRST	01/23/2008		\$20.00	\$0.00	\$0.00	\$20.00					\$20.00	\$0.00
		Child	LAST	FIRST	01/23/2008		\$20.00	\$0.00	\$0.00	\$20.00					\$20.00	\$0.00
	3456789	Spouse	LAST	FIRST	01/23/2008		\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00
	4567890	Spouse	LAST	FIRST	01/23/2008		\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00

Network Utilization

Metrics	Network Benefit Level	Network Benefits - UHG Network			Non-Network Benefits			Neutral Benefits			Total
	Provider Participation Status Category	UHC Network Provider	Non-UHC Network Provider	Total	UHC Network Provider	Non-UHC Network Provider	Total	UHC Network Provider	Non-UHC Network Provider	Total	
Prior - Eligible Charges		\$5,187,050	\$268,904	\$5,455,954	\$28,309	\$342,786	\$371,096	\$671	\$37,908	\$38,579	\$5,865,629
Prior - Eligible Charges as % of Total		88.4%	4.6%	93.0%	0.5%	5.8%	6.3%	0.0%	0.6%	0.7%	100.0%
Current - Eligible Charges		\$4,755,082	\$27,423	\$4,782,505	\$33,389	\$236,101	\$269,490	\$7,608	\$66,146	\$73,754	\$5,125,748
Current - Eligible Charges as % of Total		92.8%	0.5%	93.3%	0.7%	4.6%	5.3%	0.1%	1.3%	1.4%	100.0%
% Change - Eligible Charges		(8.3%)	(89.8%)	(12.3%)	17.9%	(31.1%)	(27.4%)	1033.8%	74.5%	91.2%	(12.6%)
Prior - Discounts		\$1,950,434	\$0	\$1,950,434	\$0	\$0	\$0	\$0	\$0	\$0	\$1,950,434
Prior - Discounts as % of Total		100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Current - Discounts		\$1,994,577	\$0	\$1,994,577	\$0	\$0	\$0	\$124	\$0	\$124	\$1,994,701
Current - Discounts as % of Total		100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
% Change - Discounts		2.3%	0	2.3%	0	0	0	0	0	0	2.3%
Prior - Discounts as % of Eligible Charges		37.6%	0.0%	35.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%
Current - Discounts as % of Eligible Charges		41.9%	0.0%	41.7%	0.0%	0.0%	0.0%	1.6%	0.0%	0.2%	38.9%
Prior - Total Net Paid		\$2,444,643	\$138,098	\$2,582,741	\$15,275	\$206,286	\$221,561	\$184	\$28,647	\$28,831	\$2,833,133
Prior - Net Paid as % of Total		86.3%	4.9%	91.2%	0.5%	7.3%	7.8%	0.0%	1.0%	1.0%	100.0%
Current - Total Net Paid		\$2,399,561	\$22,851	\$2,422,412	\$12,654	\$141,240	\$153,894	\$4,307	\$49,090	\$53,397	\$2,629,702
Current - Net Paid as % of Total		91.2%	0.9%	92.1%	0.5%	5.4%	5.9%	0.2%	1.9%	2.0%	100.0%
% Change - Total Net Paid		(1.8%)	(83.5%)	(6.2%)	(17.2%)	(31.5%)	(30.5%)	2240.9%	71.4%	85.2%	(7.2%)
Prior - Employer Cost Sharing		87.5%	95.5%	87.9%	63.7%	73.6%	72.8%	30.4%	76.0%	75.3%	86.3%
Current - Employer Cost Sharing		87.3%	83.3%	87.3%	49.5%	60.4%	59.4%	70.7%	74.2%	73.9%	84.6%

Outpatient Utilization by Diagnosis

Diagnosis Chapter	Metrics	Prior Period	Current Period	Prior Period	Current Period	Prior Period	Current Period	Prior Period	Current Period	Prior Period	Current Period
		Number of Claimants	Number of Claimants	Number of Services	Number of Services	Number of Visits	Number of Visits	Covered Amount	Covered Amount	Covered Amount per Service	Covered Amount per Service
INFECTIOUS & PARASITIC DIS		171	166	478	158	143	\$98,564	\$28,482	\$138	\$60	\$624
NEOPLASMS		111	116	529	132	206	\$96,147	\$195,150	\$182	\$172	\$728
ENDR NUTRI METABOLIC IMMUN		222	260	1,179	1,397	234	244	\$53,047	\$58,859	\$45	\$42
BLOOD & BLOOD FORM ORGANS		18	22	79	146	8	816	\$6,788	\$38,631	\$86	\$265
MENTAL DISORDERS		111	145	531	699	374	443	\$57,668	\$83,469	\$109	\$119
NERVOUS SYS SENSE ORGANS		417	454	1,733	1,415	709	712	\$165,992	\$147,481	\$96	\$104
CIRCULATORY SYSTEM		169	200	1,018	970	276	324	\$127,293	\$138,213	\$125	\$142
RESPIRATORY SYSTEM		672	621	3,310	3,202	978	859	\$214,095	\$142,335	\$65	\$44
DIGESTIVE SYSTEM		165	160	540	652	185	205	\$131,026	\$121,765	\$243	\$187
GENITOURINARY SYSTEM		311	351	1,289	1,613	370	465	\$189,076	\$185,380	\$147	\$115
PREGNANCY CHILDBIRTH PUERP		48	73	292	517	52	65	\$18,930	\$58,362	\$65	\$113

Detail

Metrics	Prior Period Number of Claimants	Current Period Number of Claimants	Prior Period Number of Services	Current Period Number of Services	Prior Period Number of Visits	Current Period Number of Visits	Prior Period Covered Amount	Current Period Covered Amount	Prior Period Covered Amount per Service	Current Period Covered Amount per Service
	171	166	478	158	143	\$98,564	\$28,482	\$138	\$60	\$624

Total

Top Hospitals Ranked by Total Net Paid

Hospital Name	City	State	Provider Participation Status Category	Number of Inpatient Admissions	Number of Inpatient Days	Inpatient Covered Amount	Inpatient Net Paid	Outpatient Number of Services	Outpatient Covered Amount	Outpatient Net Paid	Net Paid Total
WOMENS HOSPITAL CITY	FALLS CHURCH	Virginia	Participating Provider	1	71	\$258,268	\$258,268	7	\$4,301	\$3,841	\$262,109
HOSPITAL COUNTY	MARIETTA	Georgia	Participating Provider	10	36	\$194,677	\$193,665	76	\$37,205	\$35,767	\$229,432
HOSPITAL	DALLAS	Texas	Participating Provider	1	18	\$58,818	\$58,157	1	\$169	\$69	\$58,226
Subtotal				12	125	\$511,460	\$510,090	84	\$41,675	\$39,777	\$549,767

Top Hospitals

Metrics	Number of Inpatient Admissions	Number of Inpatient Days	Inpatient Covered Amount	Inpatient Net Paid	Outpatient Number of Services	Outpatient Covered Amount	Outpatient Net Paid	Net Paid Total
	64	211	\$391,021	\$338,322	1,227	\$570,281	\$454,279	\$792,601

All Other Hospitals

Metrics	Number of Inpatient Admissions	Number of Inpatient Days	Inpatient Covered Amount	Inpatient Net Paid	Outpatient Number of Services	Outpatient Covered Amount	Outpatient Net Paid	Net Paid Total
	80	360	\$964,627	\$909,269	1,373	\$654,790	\$536,001	\$1,445,270

All Hospitals

Top Physicians Ranked by Total Net Paid

Physician Name	State	Provider Participation Status Category	Number of Claimants	Number of Visits	Number of Services	Covered Amount	Net Paid
FIRST A LASTNAME	Ohio	Participating Provider	1	8	169	\$42,876	\$42,631
FIRST B LASTNAME	North Carolina	Participating Provider	1	4	69	\$18,357	\$18,237
FIRST C LASTNAME	Georgia	Participating Provider	1	41	125	\$17,275	\$17,050
Subtotal			3	53	363	\$78,508	\$77,918

Top Physicians

Metrics	Number of Claimants	Number of Visits	Number of Services	Covered Amount	Net Paid
	1,649	5,193	11,752	\$895,226	\$718,094

All Other Physicians

Metrics	Number of Claimants	Number of Visits	Number of Services	Covered Amount	Net Paid
	1,649	5,265	12,259	\$998,453	\$818,768

All Physicians

Utilization and Costs by Provider Type

Place of Service Category	Provider Type Utilization	Metrics	Number of Claimants	Covered Amount	Covered Amount per Claimant	Covered Amount PMPM	Net Paid	Net Paid per Claimant	Net Paid PMPM
							Net Paid		
Inpatient	Facility		79	\$964,627	\$12,210	\$66.94	\$909,269	\$11,510	\$63.10
	Physician Primary Care		43	\$15,552	\$362	\$1.08	\$10,463	\$243	\$0.73
	Physician OB/GYN		21	\$38,464	\$1,832	\$2.67	\$28,292	\$1,347	\$1.96
	Physician Specialist		54	\$122,240	\$2,264	\$8.48	\$103,505	\$1,917	\$7.18
	Allied Health		9	\$8,930	\$992	\$0.62	\$6,087	\$676	\$0.42
Outpatient	Facility		937	\$933,632	\$996	\$64.79	\$762,127	\$813	\$52.89
	Physician Primary Care		1,300	\$266,048	\$205	\$18.46	\$210,215	\$162	\$14.59
	Physician OB/GYN		260	\$70,962	\$273	\$4.92	\$56,967	\$219	\$3.95
	Physician Specialist		760	\$485,208	\$638	\$33.67	\$409,345	\$539	\$28.41
	Allied Health		371	\$152,827	\$412	\$10.60	\$93,613	\$252	\$6.50
	Miscellaneous		34	\$41,254	\$1,213	\$2.86	\$32,088	\$944	\$2.23
	Pharmacy		5	\$7,990	\$1,598	\$0.55	\$7,731	\$1,546	\$0.54

Cost by Provider Type - Details

Metrics	Number of Claimants	Covered Amount	Covered Amount per Claimant	Covered Amount PMPM	Net Paid	Net Paid per Claimant	Net Paid PMPM
	1,783	\$3,107,735	\$1,743	\$215.65	\$2,629,702	\$1,475	\$182.48

Cost by Provider Type - Total

Utilization by Age Group

Medical Age Group	Metrics	Average Member Count	Claimant Count	Covered Amount	Covered Amount PMPM	Covered Amount per Claimant	Net Paid	Net Paid PMPM	Net Paid per Claimant
< 1		25	44	79,606	\$5.52	\$1,809	\$58,295	\$4.05	\$1,325
1 - 9		370	294	279,141	\$19.37	\$949	\$230,849	\$16.02	\$785
10 - 19		446	292	265,647	\$18.43	\$910	\$216,680	\$15.04	\$742
20 - 24		104	59	44,032	\$3.06	\$746	\$36,518	\$2.53	\$619
25 - 34		311	235	495,870	\$34.41	\$2,110	\$416,677	\$28.91	\$1,773
35 - 44		607	453	581,546	\$40.35	\$1,284	\$459,749	\$31.90	\$1,015
45 - 54		389	314	689,134	\$47.82	\$2,195	\$600,475	\$41.67	\$1,912
55 - 64		142	122	599,971	\$41.63	\$4,918	\$541,170	\$37.55	\$4,436
65 +		9	8	72,787	\$5.05	\$9,098	\$69,289	\$4.81	\$8,661

Detail

Metrics	Average Member Count	Claimant Count	Covered Amount	Covered Amount PMPM	Covered Amount per Claimant	Net Paid	Net Paid PMPM	Net Paid per Claimant
	2,402	1,783	3,107,735	\$215.65	\$1,743	\$2,629,702	\$182.48	\$1,475

Total

Utilization by Diagnosis

Diagnosis Chapter	Metrics	Prior Period Number of Claimants	Prior Period Claimants per 1000	Prior Period Net Paid	Prior Period Net Paid % of Total	Prior Net Paid PMPM	Current Period Number of Claimants	Current Period Claimants per 1000	Current Period Net Paid	Current Period Net Paid % of Total	Current Net Paid PMPM
INFECTIOUS & PARASITIC DIS		174	77.3	\$96,220	3.4%	\$7.12	169	70.4	\$26,501	1.0%	\$1.84
NEOPLASMS		111	49.3	\$440,496	15.5%	\$32.61	118	49.1	\$352,263	13.4%	\$24.44
ENDCR NUTRI METABOLIC IMMUN		225	100.0	\$49,341	1.7%	\$3.65	264	109.9	\$61,570	2.3%	\$4.27
BLOOD & BLOOD FORM ORGANS		19	8.4	\$6,873	0.2%	\$0.51	22	9.2	\$50,735	1.9%	\$3.52
MENTAL DISORDERS		112	49.8	\$55,611	2.0%	\$4.12	148	61.6	\$91,506	3.5%	\$6.35
NERVOUS SYS SENSE ORGANS		417	185.3	\$150,011	5.3%	\$11.11	457	190.3	\$128,186	4.9%	\$8.89
CIRCULATORY SYSTEM		171	76.0	\$280,603	9.9%	\$20.78	204	84.9	\$479,747	18.2%	\$33.29
RESPIRATORY SYSTEM		677	300.8	\$256,180	9.0%	\$18.97	627	261.1	\$140,856	5.4%	\$9.77
DIGESTIVE SYSTEM		171	76.0	\$265,921	9.4%	\$19.69	168	69.9	\$142,089	5.4%	\$9.86
GENITOURINARY SYSTEM		312	138.6	\$213,695	7.5%	\$15.82	352	146.6	\$177,593	6.8%	\$12.32
PREGNANCY CHILDBIRTH PUERP		48	21.3	\$59,339	2.1%	\$4.39	74	30.8	\$149,600	5.7%	\$10.38
SKIN & SUBCUTANEOUS TISSUE		179	79.5	\$28,338	1.0%	\$2.10	216	89.9	\$46,393	1.8%	\$3.22
MUSKULO CNCTV TISSUE		333	147.9	\$272,875	9.6%	\$20.20	383	159.5	\$202,001	7.7%	\$14.02
CONGENITAL ANOMALIES		19	8.4	\$21,996	0.8%	\$1.63	25	10.4	\$74,823	2.8%	\$5.19
PERINATAL PERIOD		15	6.7	\$34,704	1.2%	\$2.57	24	10.0	\$35,981	1.4%	\$2.50
INJURY AND POISONING		206	91.5	\$380,730	13.4%	\$28.19	215	89.5	\$268,024	10.2%	\$18.60
OTHER CONDITIONS		662	294.1	\$220,200	7.8%	\$16.30	729	303.5	\$201,835	7.7%	\$14.01

Detail

Metrics	Prior Period Number of Claimants	Prior Period Claimants per 1000	Prior Period Net Paid	Prior Net Paid PMPM	Current Period Number of Claimants	Current Period Claimants per 1000	Current Period Net Paid	Current Net Paid PMPM
	1,596	709.0	\$2,833,133	\$209.77	1,783	742.3	\$2,629,702	\$182.48

Total

Membership by Market

Market Number	Market Name	Single Subscribers	Subscribers with one Dependent	Subscribers with Two or More Dependents	Total Subscribers	Non-Positively Enrolled Dependents	Positively Enrolled Dependents	Total Members
0002407	PHOENIX, AZ	39	31	46	115	0	176	290
0004422	LA., ORANGE & VENTURA, CA	4	2	3	9	0	11	21
0010460	ATLANTA, GA	7	16	16	40	0	64	102
0012471	CHICAGO, IL	7	3	7	17	0	25	41
0013476	INDIANAPOLIS, IN	6	3	11	20	0	39	59
0017622	MONROLE, LA	3	10	19	32	0	70	102
0020494	BOSTON, MA	11	2	9	22	0	34	56
Total		77	67	111	255	0	419	671

Membership by Month

Membership Year/Month	Single Subscribers	Subscribers plus Spouse	Subscribers plus Child/Children	Subscribers plus Family	Total Subscribers	Non-Positively Enrolled Dependents	Positively Enrolled Dependents	Total Members
2008-01	351	142	73	390	956	0	1,439	2,395
2008-02	351	141	75	398	965	0	1,459	2,424
2008-03	344	139	73	399	955	0	1,458	2,413
2008-04	343	139	68	399	949	0	1,450	2,399
Total	2,065	834	421	2,384	5,704	0	8,707	14,411

Membership Managed Ad Hoc

Market Number	Market Name	Single Subscribers	Subscribers with One Dependent	Subscribers with Two or More Dependents	Total Subscribers	Non-Positively Enrolled Dependents	Positively Enrolled Dependents	Total Members
0004422	SAN FRANCISCO, CA	782	380	314	1,475	0	1,276	2,751
0005440	DENVER, CO	391	205	315	910	0	1,225	2,135
0010457	ROME, GA	1	1	1	3	0	3	5
0011468	SOUTHWEST IDAHO, ID	280	233	408	921	0	1,656	2,577
Total		2,275	1,371	1,831	5,477	0	7,116	12,593

Membership with Demographic and Geographic Factors

Gender	Age Group Band	Single Subscribers	Subscribers with One Dependent	Subscribers with Two or More Dependents	Total Subscribers	Positively Enrolled Dependents	Total Members	Percentage of Member Distribution
	< 20	0.0	0.0	0.0	0.0	218.3	218.3	9.1%
	20 - 24	16.0	2.2	0.5	18.7	35.3	54.0	2.2%
	25 - 29	28.2	7.7	18.5	54.3	4.0	58.3	2.4%
	30 - 34	32.7	20.0	46.3	99.0	5.2	104.2	4.3%
	35 - 39	30.3	22.0	84.2	136.5	16.0	152.5	6.3%
	40 - 44	25.3	21.3	88.8	135.5	23.5	159.0	6.6%
	45 - 49	26.5	22.3	65.2	114.0	11.8	125.8	5.2%
	> 50	15.7	25.3	28.3	69.3	9.2	78.5	3.3%
	Total	192.3	159.2	345.0	696.5	541.2	1,237.7	51.5%
	< 20	0.0	0.0	0.0	0.0	227.3	227.3	9.5%
	20 - 24	5.7	0.8	0.0	6.5	43.7	50.2	2.1%
	25 - 29	9.2	1.2	1.0	11.3	37.5	48.8	2.0%
	30 - 34	20.0	6.5	7.0	33.5	66.5	100.0	4.2%
	35 - 39	25.8	10.0	11.5	47.3	88.3	135.7	5.6%
	40 - 44	32.2	6.2	13.8	52.2	107.5	159.7	6.6%
	45 - 49	22.3	9.8	14.0	46.2	64.5	110.7	4.6%
	> 50	11.2	8.0	3.2	22.3	51.7	74.0	3.1%
	Total	151.8	50.0	52.3	254.2	910.0	1,164.2	48.5%
Total		344.2	209.2	397.3	950.7	1,451.2	2,401.8	100.0%

Gender	Metrics	Single Subscribers Average Age	Subscribers with One Dependent Average Age	Subscribers with Two or More Dependents Average Age	Total Subscribers Average Age	Positively Enrolled Dependents Average Age	Total Members Average Age
Male		39	46	41	41	16	30
Female		43	44	42	43	26	30
Total		41	45	41	42	22	30

Metrics	Per Subscriber Geographic Factor	Per Member Geographic Factor	Per Subscriber Demographic Factor	Per Member Demographic Factor
	0.956	0.948	0.000	0.940