

# 12 Month Report - Medical

Group Number: Webb County - 060256

Claims Paid Through: 4/30/2016

Month / Year	Total EEs	Total Members	Contribution	PEPM Contributions	Paid Medical	PEPM Medical	Paid RX	PEPM RX	Total Paid	PEPM	PMPM
Apr-2016	1,435	3,247	\$117,686.00	\$82.01	\$607,089.62	\$423.06	\$248,019.50	\$172.84	\$855,109.12	\$595.89	\$263.35
Mar-2016	1,446	3,254	\$117,441.50	\$81.22	\$819,830.21	\$566.96	\$261,428.87	\$180.79	\$1,081,259.08	\$747.76	\$332.29
Feb-2016	1,461	3,281	\$118,582.50	\$81.17	\$538,614.42	\$368.66	\$282,210.96	\$193.16	\$820,825.38	\$561.82	\$250.18
Jan-2016	1,465	3,280	\$119,334.82	\$81.46	\$779,825.53	\$532.30	\$243,630.17	\$166.30	\$1,023,455.70	\$698.60	\$312.03
Dec-2015	1,461	3,244	\$108,478.00	\$74.25	\$856,467.10	\$586.22	\$274,000.44	\$187.54	\$1,130,467.54	\$773.76	\$348.48
Nov-2015	1,461	3,253	\$108,592.72	\$74.33	\$845,309.55	\$578.58	\$253,891.10	\$173.78	\$1,099,200.65	\$752.36	\$337.90
Oct-2015	1,459	3,254	\$108,378.29	\$74.28	\$1,342,688.71	\$920.28	\$225,060.41	\$154.26	\$1,567,749.12	\$1,074.54	\$481.79
Sep-2015	1,464	3,263	\$108,535.36	\$74.14	\$895,126.14	\$611.42	\$245,366.82	\$167.60	\$1,140,492.96	\$779.03	\$349.52
Aug-2015	1,465	3,268	\$109,170.18	\$74.52	\$897,079.38	\$612.34	\$238,367.38	\$162.71	\$1,135,446.76	\$775.05	\$347.44
Jul-2015	1,467	3,273	\$108,998.10	\$74.30	\$958,330.34	\$653.26	\$243,029.91	\$165.66	\$1,201,360.25	\$818.92	\$367.05
Jun-2015	1,473	3,288	\$109,467.38	\$74.32	\$848,587.86	\$576.09	\$313,308.50	\$212.70	\$1,161,896.36	\$788.80	\$353.37
May-2015	1,468	3,281	\$109,426.96	\$74.54	\$851,435.64	\$580.00	\$264,103.43	\$179.91	\$1,115,539.07	\$759.90	\$340.00
Total for 12 months			\$1,344,091.81		\$10,240,384.50		\$3,092,417.49		\$13,332,801.99		



## Product Type: PPO

Claimant Number	Status	Age	Gender	Relationship	Medical Claims	Rx Claims	Total Paid Claims	Diagnosis Code	Last DOS
1633254G		1			\$443,062.41	\$0.00	\$443,062.41	RESPIRATORY DISTRESS SYNDROME IN NEWBORN	3/10/2015
1289800G	Retired	62	F	SP	\$309,149.65	\$4,022.34	\$313,171.99	METABOLIC ENCEPHALOPATHY	4/3/2016
1666047G	Active	1	F	CH	\$308,416.88	\$1,282.46	\$309,699.34	Attention to artificial openings	3/18/2016
1339106G	Active	60	F	EE	\$175,879.28	\$4,030.41	\$179,909.69	SPONDYLOLISTHESIS CONGENITAL	4/19/2016
1298611G	Active	46	M	EE	\$161,435.30	\$15,510.62	\$176,945.92	Other specified complication of vascular prosthetic devices, implants and grafts. initial	4/13/2016
1289285G	Active	16	F	CH	\$148,732.16	\$8,230.06	\$156,962.22	End stage renal disease	4/7/2016
1305151G	Retired	44	M	EE	\$151,616.75	\$28.08	\$151,644.83	OTHER MALIGNANT LYMPHOMAS UNSPECIFIED SITE	4/6/2016
1308752G	Active	55	M	EE	\$123,376.17	\$18,259.51	\$141,635.68	DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT	4/21/2016
1004842G	Active	46	M	EE	\$3,074.74	\$137,438.79	\$140,513.53	Unspecified cirrhosis of liver	3/25/2016
1315375G	Retired	50	M	EE	\$122,359.90	\$13,784.71	\$136,144.61	END STAGE RENAL DISEASE	4/21/2016
1046122G	Active	33	M	EE	\$78,540.30	\$49,794.70	\$128,335.00	UNSPECIFIED SEPTICEMIA	2/26/2016
1294016G	Active	51	M	EE	\$122,165.72	\$3,178.01	\$125,343.73	ACUTE RENAL FAILURE UNSPECIFIED	4/22/2016
38379G	Active	69	F	EE	\$103,267.18	\$4,326.09	\$107,593.27	OCCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT CEREBRAL INFARCTION	4/21/2016
1305252G	Active	64	F	SP	\$99,980.65	\$952.19	\$100,932.84	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	4/5/2016
1431709G	Active	63	M	EE	\$4,233.39	\$96,310.00	\$100,543.39	Unspecified cirrhosis of liver	12/29/2015
1294765G	Active	68	M	SP	\$94,323.70	\$6,039.32	\$100,363.02	END STAGE RENAL DISEASE	4/27/2016
1294783G	Active	64	F	EE	\$78,718.99	\$9,975.30	\$88,694.29	DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	4/13/2016
1294703G	Active	53	F	SP	\$73,951.68	\$5,022.21	\$78,973.89	END STAGE RENAL DISEASE	4/22/2016



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Webb County ASO AND STOPLOSS EXHIBIT HEALTH

Medical Plan: <b>Plan 700 - NG</b>		Group #	<b>60256</b>
Rx 7/25/40 without Rx ded		AD =	<b>1/1/2016</b>
Condition Management, Blue Care Connections:	Not Included		
Benefits Value Advisor:	Not Included		
	<b>Composite</b>	<b>1/1/2016</b>	<b>Annual *</b>
Assumed employee enrollment	1,483		1,483
Expected paid claims - medical	\$602.07		\$10,714,438
Expected paid claims - Rx	\$207.90		\$3,699,788
<b>Total Expected Paid Claims</b>	<b>\$809.97</b>		<b>\$14,414,226</b>
Base Administration Charge **	\$39.95		\$710,950
Condition Mgt. / Blue Care Connections Charge	\$0.00		\$0
Benefits Advisor Charge	\$0.00		\$0
Stoploss Charges ***			
\$220,000 per Participant (medical only)	\$38.15		\$678,917
125% Aggregate (medical and Rx)	\$3.40		\$60,506
<b>Monthly Fixed Cost</b>	<b>\$81.50</b>		<b>\$1,450,374</b>
<b>Maximum Claim Liability Factor****</b>	<b>\$1,012.46</b>		<b>\$18,017,738 ****</b>
<b>Projected Maximum Cost For Administration, Stoploss And Paid Claims</b>	<b>\$1,093.96</b>		<b>\$19,468,112</b>

Minimum funding amounts should include expected paid claims (EPC), administration, stoploss charges and estimated reserves; if actual paid claims exceed EPC, the County will be required to make additional funds available up to the Maximum Claim Liability.

\* This **annual** projection is based on the current enrollment; the actual results will differ.

\*\* Costs associated with special services or custom materials provided will be supplemental billed separate and apart from the Administrative Charges outlined in this exhibit.

\*\*\* If the specific (indiv.) stoploss limit is changed, the stoploss charge & Liability Factors will be adjusted.

\*\*\*\* This **annual** aggregate amount is based on the current enrollment; in no event will the group's Claim Liability be less than \$17,116,851

### TERMINATION

Run-Off Administration	\$0.00		\$0
Run-Off Liability Factor	\$409.08		\$1,819,997
		<b>Total</b>	<b>\$1,819,997</b>

Upon termination, the run-off factors above will be multiplied times the total of all memberships actually exposed during each of the three months immediately preceding contract termination and the result will be the obligation of the group; the TOTAL above is based on the current enrollment. (The Run-Off Administration amount (if applicable) is due and payable whether or not BCBSTX processes the run-off claims.)

The rates above are effective for **twelve** months contingent upon:

- 1) The effective date will be not be later than January 1, 2016
- 2) The County paying 100% of the employee - only cost for all lines of coverage
- 3) A minimum enrollment of **1,483** employees with **52%** carrying dependent coverage
- 4) A monthly enrollment of no fewer than **1,409** employees
- 5) No additional taxes being imposed and no increase in existing taxes
- 6) The maximum medical and prescription drug claims for each participant applying to the aggregate stoploss is \$220,000
- 7) The maximum aggregate stoploss benefit payments shall not exceed a maximum of unlimited per policy period.
- 8) Prescription drug claims are not subject to the specific stoploss insurance.
- 9) The aggregate stoploss insurance shall apply to the medical and prescription drug claims subject to the levels identified above.
- 10) Basis of stop loss: both aggregate and specific stop loss are on a **24 / 12** basis.
- 11) Caremark is the administrator of the prescription drug program. Rx administration costs included in the expected claims above. (\$.00 per electronic claim, \$1.50 per paper claim.)
- 12) The County is required to fund bank account for medical and Rx claims.

Signature of Contracting Authority: \_\_\_\_\_

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



# TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Webb County

ASO EXHIBIT  
DENTAL

Dental Plan: **Custom plan w / Ortho**

Group #: **60256**

AD = **1/1/2016**

	Composite	Annual*
Assumed employee enrollment	<u>1,483</u>	<u>1483</u>
Total Expected Paid Claims *	\$36.64	\$652,045
Administration Charge	\$3.56	\$63,354
<b>Monthly Fixed Cost</b>	\$3.56	\$63,354
Employer Account Minimum Balance:	\$27,169	

\* This annual projection is based on the current enrollment; the actual results will differ.

The rates above are effective for **twelve** months contingent upon:

- 1) An effective date no later than **1/1/2016**
- 2) The County paying 100% of the employee only cost for all lines of coverage
- 3) A monthly enrollment of no fewer than **1,409** employees
- 4) No additional taxes being imposed and no increase in existing taxes
- 5) The County is required to fund bank account for dental claims.

Signature of Contracting Authority:

\_\_\_\_\_

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



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## BENEFIT HIGHLIGHTS

### Plan 1100-NGS

(Non-Grandfathered ACA)

## BlueChoice Network

This is a general summary of your benefits. Please refer to your benefit booklet for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Upon receipt of your benefit booklet, carefully review the plan's limitations and exclusions.

Overall Payment Provisions	In-Network Benefits	Out-of-Network Benefits
<p><b>Deductibles</b> Per-admission Deductible Deductible <i>Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)</i></p>	<p>\$0 \$750 Individual / \$2,250 Family</p>	<p>\$0 \$1,000 Individual / \$3,000 Family</p>
<p><b>CoShare Stoploss Maximum</b> Deductibles are not applied to CoShare Stoploss Maximum. Copayment Amounts will apply and will not be required after CoShare Stoploss Maximum has been satisfied. Your benefit booklet will provide more details.  Credit for Coshare Stoploss Maximum from prior carrier (Applied on initial group enrollment only)</p>	<p>\$3,000 Individual / \$9,000 Family  <i>Network Deductible &amp; CoShare Stoploss Maximum <b>will only</b> apply toward Network Deductible &amp; CoShare Stoploss Maximum</i></p> <p>Yes</p>	<p>\$6,000 Individual / \$18,000 Family  <i>Out-of-Network Deductible &amp; CoShare Stoploss Maximum <b>do not</b> apply toward Network Deductible &amp; CoShare Stoploss Maximum</i></p> <p>Yes</p>
<p><b>Copayment Amounts Required</b> Physician office visit/consultation <i>Refer to Medical/Surgical Expenses section for more information</i> <b>Specialty Care Copayment Amount</b> for office visit/consultation when services rendered by a Specialty Care Provider  Urgent Care Outpatient Hospital Emergency Room/Treatment Room  <i>Refer to Emergency Room/Treatment Room section for more information</i></p>	<p>\$25 Copayment Amount \$35 Copayment Amount \$25 / \$35 Copayment Amount \$150 Copayment Amount</p>	<p><i>N/A-Refer to Medical/Surgical Expense section for benefits</i> 70% of Allowable Amount after Plan Year Deductible 70% of Allowable Amount \$150 Copayment Amount</p>
<p><b>Maximum Lifetime Benefits</b> Per Participant</p>	<p>Unlimited</p>	
<p><b>Inpatient Hospital Expenses</b></p>		
<p><b>Inpatient Hospital Expenses</b> <i>All services must be preauthorized</i> <i>All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units</i>  Penalty for failure to preauthorize services</p>	<p>80% of Allowable Amount  None</p>	<p>60% of Allowable Amount  \$250</p>



Initials \_\_\_\_\_ Date \_\_\_\_\_



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

<b>Medical/Surgical Expenses</b>	<b>In-Network Benefits</b>	<b>Out-of-Network Benefits</b>
<b>Medical / Surgical Expenses</b> Services performed during the Physician's office visit/consultation, including lab & x-ray ( <i>does not include Certain Diagnostic Procedures and surgical services</i> )	100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Allergy Injections	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Colonoscopy (All places of treatment and diagnoses)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Physician surgical services performed in any setting	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Home Infusion Therapy ( <i>Services must be preauthorized</i> )	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Organ Transplants	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
All other outpatient services and supplies	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
In Vitro Fertilization Services	<i>Declined</i>	

<b>Extended Care Expenses</b>		
<b>Extended Care Expenses</b> <i>All services must be preauthorized</i>	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Skilled Nursing Facility Home Health Care Hospice Care	25 day maximum each Plan Year* 60 visit maximum each Plan Year* Unlimited	

<b>Special Provisions Expenses</b>		
<b>Serious Mental Illness</b> <i>All services must be preauthorized</i>		
<b>Inpatient Services</b>		
-Hospital services (facility)	80% of Allowable Amount	60% of Allowable Amount
-Physician services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
<b>Outpatient Services</b>		
-Services performed during Physician office visit/consultation (does not include psychological testing)	100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
-All outpatient services and psychological testing	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

\* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated

Initials \_\_\_\_\_ Date \_\_\_\_\_



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Special Provisions Expenses, cont.

### In-Network Benefits

### Out-of-network Benefits

#### Mental Health Care/Chemical Dependency

All services must be preauthorized

##### Inpatient Services

-Hospital services (facility)

80% of Allowable Amount

60% of Allowable Amount

-Physician services

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

##### Plan Year Maximum

30 inpatient days/30 inpatient Physician visits each Plan Year\*

30 inpatient days/30 inpatient Physician visits each Plan Year\*

##### Outpatient Services

-Services performed during Physician office visit/consultation (does not include psychological testing)

100% of Allowable Amount after \$25 Copayment Amount

70% of Allowable Amount after Plan Year Deductible

-Emergency Room/Treatment Room

80% of Allowable Amount after \$150 Copayment Amount

60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible

(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

-Other Outpatient Services and psychological testing

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

##### Plan Year Maximum

30 outpatient visits each Plan Year\*

##### Chemical Dependency Maximum

(Inpatient treatment must be provided in a Chemical Dependency Treatment Center)

Limited to three separate series of treatments for each covered individual per lifetime \*

#### Emergency Room/Treatment Room

##### Accidental Injury & Emergency Care

-Facility charges (outpatient Hospital emergency treatment room charges)

80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

-Physician charges

80% of Allowable Amount after Plan Year Deductible

##### Non-Emergency Care

-Facility charges (outpatient Hospital emergency treatment room charges)

80% of Allowable Amount after \$150 Copayment Amount

60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible

(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

-Physician charges

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

#### Ground and Air Ambulance Services

80% of Allowable Amount after Plan Year Deductible

\* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated

Initials \_\_\_\_\_ Date \_\_\_\_\_



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Special Provisions Expenses, cont.

	<i>In-Network Benefits</i>	<i>Out-of-network Benefits</i>
<b>Preventive Care</b>		
Routine annual physical examinations, well-baby care exams, immunizations 6 years of age & over, vision exams, hearing exams, and any other preventive health services as determined by USPSTF	<i>100% of Allowable Amount</i>	<i>70% of Allowable Amount after Plan Year Deductible</i>
Immunizations for Dependent children through the date of the child's 6 <sup>th</sup> birthday	<i>100% of Allowable Amount</i>	<i>100% of Allowable Amount</i>
<b>Speech and Hearing Services</b>		
Services to restore loss of or correct an impaired speech or hearing function without hearing aids	<i>80% of Allowable Amount after Plan Year Deductible</i>	<i>60% of Allowable Amount after Plan Year Deductible</i>
<b>Physical Medicine Services</b>		
Chiropractic Care-Office Services	<i>80% of Allowable Amount after Plan Year Deductible</i>	<i>60% of Allowable Amount after Plan Year Deductible</i>
Plan Year Maximum	<i>35 visit maximum each Plan Year*</i>	
	<i>All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.</i>	

\* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated

## EMPLOYEE INFORMATION

This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.

The following benefits apply to dependent coverage:

- Dependent children are covered to age 26.
- Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.

**Payments:** Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are based on the BCBSTX-determined Allowable Amount, except in the event of Emergency Care received in an outpatient hospital emergency treatment room within 48 hours of the incident. For all other services received by an Out-of-Network Provider, the covered individual will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet.

**Replacement of Medical Coverage:** In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):

- Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
- Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.

Initials \_\_\_\_\_ Date \_\_\_\_\_



# TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Prescription Drug Program Option 5-No Deductible

### Prescription Drug Program

*(Copayments will not apply to Co-Share Stoploss Maximum)*

### Network

#### Retail Pharmacy

Deductible

*\$0 Individual /  
\$0 Family*

Non-Preferred Brand Name Drug

*\$50 Copayment Amount  
(When no generic is available or Rx is prescribed  
Dispense as Written-DAW)*

Brand Name Drug

*\$30 Copayment Amount  
(When no generic is available or Rx is prescribed  
Dispense as Written-DAW)*

Generic Drug

*Lesser of \$10 Copayment Amount  
**OR**  
Actual Cost*

**Note:** Members electing to purchase brand name drugs when "Dispense as Written" (DAW) is not indicated will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.

Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office.

#### Mail Service Pharmacy-up to a 90-day supply

Non-Preferred Brand Name Drug

*\$100 Copayment Amount*

Brand Name Drug

*\$60 Copayment Amount*

Generic Drug

*\$20 Copayment Amount*

**Note:** Prescription Drug Benefits are provided by CVS Caremark through a master contract with the Texas Association of Counties Health and Employee Benefits Pool. Prescription Drugs are not administered by Blue Cross and Blue Shield of Texas

Month	Number of Employees	Attachment Point Factors		Medical Paid Claims	Rx Paid Claims	Total Paid Claims	Less Specific Reimbursement	Adjusted Paid Claims	
		Month to Date	Year to Date					Month to Date	Year to Date
Nov-11	1,401	\$1,101,270.06	\$1,101,270.06	\$676,550.08	\$171,215.34	\$847,765.42	\$0.00	\$847,765.42	\$847,765.42
Dec-11	1,407	\$1,105,986.42	\$2,207,256.48	\$668,945.33	\$158,902.43	\$827,847.76	\$0.00	\$827,847.76	\$1,675,613.18
Jan-12	1,423	\$1,118,563.38	\$3,325,819.86	\$493,265.97	\$180,825.02	\$674,090.99	\$0.00	\$674,090.99	\$2,349,704.17
Feb-12	1,427	\$1,121,707.62	\$4,447,527.48	\$629,370.32	\$165,732.00	\$795,102.32	\$0.00	\$795,102.32	\$3,144,806.49
Mar-12	1,432	\$1,125,637.92	\$5,573,165.40	\$715,179.18	\$239,473.08	\$954,652.26	\$28,397.91	\$926,254.35	\$4,071,060.84
Apr-12	1,433	\$1,126,423.98	\$6,699,589.38	\$745,351.97	\$191,355.09	\$936,707.06	\$44,105.14	\$892,601.92	\$4,963,662.76
May-12	1,431	\$1,124,851.86	\$7,824,441.24	\$766,600.26	\$173,598.73	\$940,198.99	\$53,447.06	\$886,751.93	\$5,850,414.69
Jun-12	1,426	\$1,120,921.56	\$8,945,362.80	\$624,107.39	\$178,397.25	\$802,504.64	\$33,440.61	\$769,064.03	\$6,619,478.72
Jul-12	1,439	\$1,131,140.34	\$10,076,503.14	\$864,927.75	\$197,093.20	\$1,062,020.95	\$39,397.05	\$1,022,623.90	\$7,642,102.62
Aug-12	1,432	\$1,125,637.92	\$11,202,141.06	\$785,862.68	\$194,739.84	\$980,602.52	\$54,793.33	\$925,809.19	\$8,567,911.81
Sep-12	1,429	\$1,123,279.74	\$12,325,420.80	\$572,236.92	\$185,918.45	\$758,155.37	\$85,558.07	\$672,597.30	\$9,240,509.11
Oct-12	1,449	\$1,139,000.94	\$13,464,421.74	\$762,521.65	\$265,656.33	\$1,028,177.98	\$66,567.11	\$961,610.87	\$10,202,119.98
<b>Total</b>		<b>\$13,464,421.74</b>		<b>\$8,304,919.50</b>	<b>\$2,302,906.76</b>	<b>\$10,607,826.26</b>	<b>\$405,706.28</b>	<b>\$10,202,119.98</b>	

Rx is included in the aggregate coverage.

Month	Number of Employees	Attachment Point Factors		Medical Paid Claims	Rx Paid Claims	Total Paid Claims	Less Specific Reimbursement	Adjusted Paid Claims	
		Month to Date	Year to Date					Month to Date	Year to Date
Nov-13	1,455	\$1,345,889.55	\$1,345,889.55	\$642,638.09	\$211,783.74	\$854,421.83	\$0.00	\$854,421.83	\$854,421.83
Dec-13	1,461	\$1,351,439.61	\$2,697,329.16	\$784,301.09	\$235,785.62	\$1,020,086.71	\$0.00	\$1,020,086.71	\$1,874,508.54
Jan-14	1,495	\$1,382,889.95	\$4,080,219.11	\$756,866.00	\$252,117.29	\$1,008,983.29	\$0.00	\$1,008,983.29	\$2,883,491.83
Feb-14	1,417	\$1,310,739.17	\$5,390,958.28	\$720,777.37	\$192,020.58	\$912,797.95	\$0.00	\$912,797.95	\$3,796,289.78
Mar-14	1,421	\$1,314,439.21	\$6,705,397.49	\$534,103.42	\$210,853.28	\$744,956.70	\$0.00	\$744,956.70	\$4,541,246.48
Apr-14	1,420	\$1,313,514.20	\$8,018,911.69	\$1,232,122.91	\$218,198.97	\$1,450,321.88	\$411,187.14	\$1,039,134.74	\$5,580,381.22
May-14	1,426	\$1,319,064.26	\$9,337,975.95	\$582,699.05	\$214,174.70	\$796,873.75	\$0.00	\$796,873.75	\$6,377,254.97
Jun-14	1,426	\$1,319,064.26	\$10,657,040.21	\$563,068.54	\$196,500.07	\$759,568.61	\$0.00	\$759,568.61	\$7,136,823.58
Jul-14	1,432	\$1,324,614.32	\$11,981,654.53	\$699,538.47	\$219,379.56	\$918,918.03	\$0.00	\$918,918.03	\$8,055,741.61
Aug-14	1,422	\$1,315,364.22	\$13,297,018.75	\$613,055.77	\$221,106.04	\$834,161.81	\$0.00	\$834,161.81	\$8,889,903.42
Sep-14	1,422	\$1,315,364.22	\$14,612,382.97	\$786,924.75	\$219,717.30	\$1,006,642.05	\$0.00	\$1,006,642.05	\$9,896,545.47
Oct-14	1,424	\$1,317,214.24	\$15,929,597.21	\$671,912.76	\$210,407.29	\$882,320.05	\$0.00	\$882,320.05	\$10,778,865.52
Nov-14	1,431	\$1,323,689.31	\$17,253,286.52	\$884,051.31	\$198,215.99	\$1,082,267.30	\$0.00	\$1,082,267.30	\$11,861,132.82
Dec-14	1,435	\$1,327,389.35	\$18,580,675.87	\$658,581.97	\$257,714.62	\$916,296.59	\$0.00	\$916,296.59	\$12,777,429.41
<b>Total</b>		<b>\$18,580,675.87</b>		<b>\$10,130,641.50</b>	<b>\$3,057,975.05</b>	<b>\$13,188,616.55</b>	<b>\$411,187.14</b>	<b>\$12,777,429.41</b>	

Rx is included in the aggregate coverage.

Month	Number of Employees	Attachment Point Factors		Medical Paid Claims	Rx Paid Claims	Total Paid Claims	Less Specific Reimbursement	Adjusted Paid Claims	
		Month to Date	Year to Date					Month to Date	Year to Date
Jan-15	1,444	\$1,335,743.32	\$1,335,743.32	\$686,589.34	\$208,089.69	\$894,679.03	\$0.00	\$894,679.03	\$894,679.03
Feb-15	1,448	\$1,339,443.44	\$2,675,186.76	\$635,729.49	\$220,319.99	\$856,049.48	\$0.00	\$856,049.48	\$1,750,728.51
Mar-15	1,456	\$1,346,843.68	\$4,022,030.44	\$1,099,063.35	\$249,670.68	\$1,348,734.03	\$0.00	\$1,348,734.03	\$3,099,462.54
Apr-15	1,456	\$1,346,843.68	\$5,368,874.12	\$1,345,628.49	\$257,105.66	\$1,602,734.15	\$104,101.06	\$1,498,633.09	\$4,598,095.63
May-15	1,468	\$1,357,944.04	\$6,726,818.16	\$851,544.07	\$262,260.16	\$1,113,804.23	\$21,295.08	\$1,092,509.15	\$5,690,604.78
Jun-15	1,473	\$1,362,569.19	\$8,089,387.35	\$861,453.19	\$311,448.60	\$1,172,901.79	\$6,358.12	\$1,166,543.67	\$6,857,148.45
Jul-15	1,467	\$1,357,019.01	\$9,446,406.36	\$968,732.82	\$240,915.42	\$1,209,648.24	\$41,158.21	\$1,168,490.03	\$8,025,638.48
Aug-15	1,465	\$1,355,168.95	\$10,801,575.31	\$901,244.47	\$236,534.59	\$1,137,779.06	\$54,078.88	\$1,083,700.18	\$9,109,338.66
Sep-15	1,464	\$1,354,243.92	\$12,155,819.23	\$895,717.10	\$252,282.45	\$1,147,999.55	\$6,809.47	\$1,141,190.08	\$10,250,528.74
<b>Total</b>		<b>\$12,155,819.23</b>		<b>\$8,245,702.32</b>	<b>\$2,238,627.24</b>	<b>\$10,484,329.56</b>	<b>\$233,800.82</b>	<b>\$10,250,528.74</b>	