



Dental





Report Period 09/2007 through 11/2007

Plan Description	Date	Employee Only	Employee + Spouse	Employee + Family	Employee + Children	Total Subscribers	Total Members
Premier With Waiting Period	Sep-07	1	0	1	0	2	4
	Oct-07	1	0	1	0	2	4
	Nov-07	1	0	1	0	2	4
	Total	3	0	3	0	6	12
Premier Without Waiting Period	Sep-07	1	1	0	0	2	3
	Oct-07	0	1	0	0	1	2
	Nov-07	0	1	0	0	1	2
	Total	1	3	0	0	4	7



Report Period 09/2007 through 11/2007

Plan Description	Date	Employee Only	Employee + Spouse	Employee + Family	Employee + Children	Total Subscribers	Total Members
Premier With Waiting Period	Sep-07	2	1	2	0	5	11
	Oct-07	2	1	5	0	8	24
	Nov-07	2	1	5	0	8	24
	Total	6	3	12	0	21	59
Premier Without Waiting Period	Sep-07	9	9	12	3	33	81
	Oct-07	9	9	12	3	33	81
	Nov-07	9	9	12	3	33	81
	Total	27	27	36	9	99	243



Report Period 09/2007 through 11/2007

Plan Description	Date	Employee Only	Employee + Spouse	Employee + Family	Employee + Children	Total Subscribers	Total Members
Premier With Waiting Period	Sep-07	15	3	10	6	34	73
	Oct-07	16	1	10	6	33	70
	Nov-07	15	1	11	6	33	73
	Total	46	5	31	18	100	216
Premier Without Waiting Period	Sep-07	26	13	23	17	79	194
	Oct-07	26	13	22	17	78	193
	Nov-07	26	13	22	17	78	194
	Total	78	39	67	51	235	581



Report Period 09/2007 through 11/2007

Plan Description	Date	Employee Only	Employee + Spouse	Employee + Family	Employee + Children	Total Subscribers	Total Members
Total for all Plans	Sep-07	54	27	48	26	155	366
	Oct-07	54	25	50	26	155	374
	Nov-07	53	25	51	26	155	378
	Grand Total	161	77	149	78	465	1,118

*** END OF REPORT ***



Dental Claims Activity Report - December 2007
Group : Clint Newell Motors, Inc
Subgroup: Clint Newell Motors, Inc Active
Class: ODS Network

Report Period 07/2007 through 12/2007

Plan Description	Date	Eligible Subs.	Eligible Mem.	Billed Prem.	No. of Dental Claims	Dental Paid	Claims Adjust.	Net Claims Expense	Per Subs. Per Mo.
Dental Error Plan	Jul-07	0	0	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00
	Aug-07	0	0	0.00	0	0.00	0.00	0.00	0.00
	Sep-07	0	0	0.00	0	0.00	0.00	0.00	0.00
	Oct-07	0	0	0.00	0	0.00	0.00	0.00	0.00
	Nov-07	0	0	0.00	0	0.00	0.00	0.00	0.00
	Dec-07	0	0	0.00	2	0.00	0.00	0.00	0.00
	Total	0	0	\$0.00	2	\$0.00	\$0.00	\$0.00	\$0.00

Premium and eligibility marked with an asterisk (*) on the Group Summary page indicates forecasted data, which will be updated in a subsequent month. Claim amounts represent claims paid within a given month, but do not include either administrative costs or claims incurred but not received (IBNR). Minor modifications to eligibility counts and premium may also be as retroactive adjustments are applied. Please contact The ODS Companies if you have any questions.
Report run on: 1/2/2008



Dental Claims Activity Summary Report - December 2007
Group: Clint Newell Motors, Inc
Summary Total All Plans

Report Period 07/2007 through 12/2007											
Date	Eligible Subs.	Eligible Mem.	Billed Prem.	Prem. Adjust.	Paid Prem.	No. of Dental Claims	Dental Paid	Claims Adjust.	Net Claims Expense	Per Subs. Per Mo.	
Jul-07	0	0	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	
Aug-07	0	0	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00	
Sep-07	0	0	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00	
Oct-07	0	0	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00	
Nov-07	0	0	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00	
Dec-07	0	0	0.00	0.00	0.00	2	0.00	0.00	0.00	0.00	
Total	0	0	\$0.00	\$0.00	\$0.00	2	\$0.00	\$0.00	\$0.00	\$0.00	

*** END OF REPORT ***

Premium and eligibility marked with an asterisk (*) on the Group Summary page indicates forecasted data, which will be updated in a subsequent month. Claim amounts represent claims paid within a given month, but do not include either administrative costs or claims incurred but not received (IBNR). Minor modifications to eligibility counts and premium may also be as retroactive adjustments are applied. Please contact The ODS Companies if you have any questions.
 Report run on: 1/2/2008



Distribution of Charges - December 2007
Dental - Monthly
Clint Newell Motors, Inc

Claims paid 07/2007 through 12/2007

TYPE OF CHARGES	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	07/07 -06/08	% of Total	* ODS Norm % of Total
Diagnostic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$217.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$217.00	63%	18%
Preventive	0.00	0.00	0.00	0.00	0.00	130.00	0.00	0.00	0.00	0.00	0.00	0.00	130.00	37%	17%
Oral Surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	8%
Restorative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	19%
Crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	19%
Endodontic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	6%
Periodontic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	5%
Prosthodontic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	7%
Misc. Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	1%
Total Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.00	100%	100%
Total Allowable Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Allowable/Charge Ratio	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Total Paid Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Paid/Charge Ratio	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Net Claims Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

*ORTHODONTIC PAYMENTS ARE NOT INCLUDED
 Report run on : 01/02/08

*** END OF REPORT ***



Distribution of Paid Claims - December 2007
Dental - Monthly
Clint Newell Motors, Inc

Claims paid 07/2007 through 12/2007

TYPE OF CLAIMS	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	7/07-6/08	%
Diagnostic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Preventive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Oral Surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Restorative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Endodontic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Periodontic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Prosthodontic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Misc. Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Orthodontics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Dental Paid Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	100%
Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Net Claims Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Report run on : 01/02/08

*** END OF REPORT ***



Savings 07/2007 through 12/2007

TYPE OF SAVINGS	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Total Savings
Delta Difference													
Delta Fee System	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ODS Consultant Review	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Delta Contract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ODS Claims Processing													
Optional Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Eligibility Verification	0.00	0.00	0.00	0.00	0.00	347.00	0.00	0.00	0.00	0.00	0.00	0.00	347.00
Plan / Contract Limitations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Non-covered Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.00
Other													
Maximum Plan Allowance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other - Non Specific Codings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Coordination of Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Savings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.00
Total Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.00
Total Member Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.00
Savings as Percentage of Total Charges	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%

*ORTHODONTIC PAYMENTS ARE NOT INCLUDED
 Report run on : 01/02/08

*** END OF REPORT ***