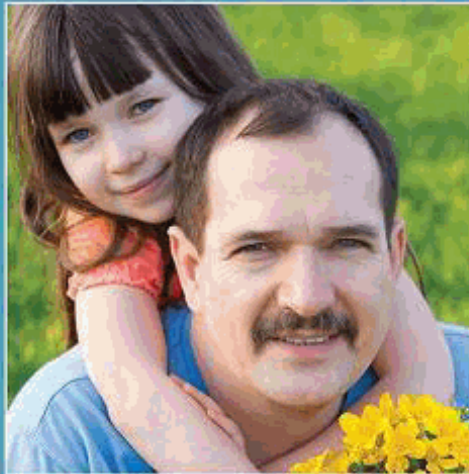




Medical & Dental

Tiered Enrollment Report



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Medical





Medical Tiered Enrollment Report - November 2007

Group :
Subgroup :
Class :

Page 1

Report Period 09/2007 through 11/2007

Plan Description	Date	Employee Only	Employee + Spouse	Employee + Family	Employee + Children	Total Subscribers	Total Members
H S A EE Only	Sep-07	1	0	0	0	1	1
	Oct-07	1	0	0	0	1	1
	Nov-07	0	0	0	0	0	0
	Total	2	0	0	0	2	2
PPO	Sep-07	1	1	1	0	3	6
	Oct-07	2	2	2	0	6	12
	Nov-07	1	1	1	0	3	6
	Total	4	4	4	0	12	24



Medical Tiered Enrollment Report - November 2007

Group :
Subgroup :
Class :

Page 2

Report Period 09/2007 through 11/2007

Plan Description	Date	Employee Only	Employee + Spouse	Employee + Family	Employee + Children	Total Subscribers	Total Members
H S A EE Only	Sep-07	11	0	0	0	11	12
	Oct-07	22	0	0	0	22	22
	Nov-07	11	0	0	0	11	11
	Total	44	0	0	0	44	45
HSA EE + Dep	Sep-07	0	4	6	1	11	34
	Oct-07	0	8	12	2	22	68
	Nov-07	0	4	6	1	11	34
	Total	0	16	24	4	44	136
PPO	Sep-07	1	4	9	3	17	50
	Oct-07	2	11	13	6	32	91
	Nov-07	1	5	10	3	19	59
	Total	4	20	32	12	68	200



Medical Tiered Enrollment Report - November 2007

Group :
Subgroup :
Class :

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Report Period 09/2007 through 11/2007

Plan Description	Date	Employee Only	Employee + Spouse	Employee + Family	Employee + Children	Total Subscribers	Total Members
H S A EE Only	Sep-07	30	0	0	0	30	33
	Oct-07	62	0	0	0	62	62
	Nov-07	33	0	0	0	33	33
	Total	125	0	0	0	125	128
HSA EE + Dep	Sep-07	0	7	21	13	41	140
	Oct-07	0	14	42	26	82	276
	Nov-07	0	7	21	13	41	138
	Total	0	28	84	52	164	554
PPO	Sep-07	17	8	11	10	46	103
	Oct-07	24	12	23	20	79	192
	Nov-07	11	5	10	10	36	87
	Total	52	25	44	40	161	382



Medical Tiered Enrollment Report - November 2007

Group :

Subgroup :

Class :

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Report Period 09/2007 through 11/2007

Plan Description	Date	Employee Only	Employee + Spouse	Employee + Family	Employee + Children	Total Subscribers	Total Members
PPO	Sep-07	0	0	0	0	0	0
	Oct-07	1	0	0	0	1	1
	Nov-07	1	0	0	0	1	1
	Total	2	0	0	0	2	2



Group:

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	61	24	48	27	160	379
	Oct-07	114	47	92	54	307	725
	Nov-07	58	22	48	27	155	369
	Grand Total	233	93	188	108	622	1,473



Dental





Dental Tiered Enrollment Report - November 2007

Group :
Subgroup :
Class :

Page 1

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



Dental Tiered Enrollment Report - November 2007

Group :

Subgroup :

Class :

Page 2

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



Dental Tiered Enrollment Report - November 2007

Group :
Subgroup :
Class :

Page 3

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



Group:

Report Period 09/2007 through 11/2007

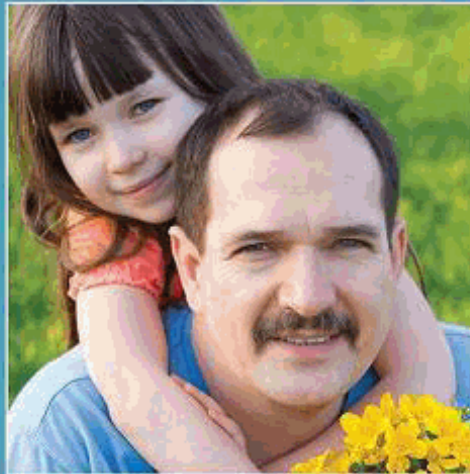
Plan Description	Date	Employee Only	Employee + Spouse	Employee + Family	Employee + Children	Total Subscribers	Total Members
Total for all Plans	Sep-07	54	27	48	26	155	366
	Oct-07	54	25	50	26	155	374
	Nov-07	53	25	51	26	155	378
	Grand Total	161	77	149	78	465	1,118

*** END OF REPORT ***



Medical & Dental

Activity Report



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Medical





Medical Claims Activity Report - December 2007

Group :

Subgroup:

Class:

Page 1

Report Period 07/2007 through 12/2007

Plan Description	Date	Eligible Subs.	Eligible Mems.	Billed Prem.	No. of Medical Claims	Medical Paid	No. of Vision Claims	Vision Paid	No. of Drug Claims	Drugs Paid	Total Claims Paid	Claims Adjust.	Net Claims Expense	Per Subs. Per Mo.
Indemnity	Jul-07	0	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Aug-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Sep-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Oct-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Nov-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Dec-07	1	2	752.46	2	0.00	0	0.00	39	308.01	308.01	0.00	308.01	308.01
	Total	1	2	\$752.46	2	\$0.00	0	\$0.00	39	\$308.01	\$308.01	\$0.00	\$308.01	\$308.01

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



Medical Claims Activity Report - December 2007

Group :
Subgroup:
Class:

Report Period 07/2007 through 12/2007

Plan Description	Date	Eligible Subs.	Eligible Mems.	Billed Prem.	No. of Medical Claims	Medical Paid	No. of Vision Claims	Vision Paid	No. of Drug Claims	Drugs Paid	Total Claims Paid	Claims Adjust.	Net Claims Expense	Per Subs. Per Mo.
	Jul-07	0	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Aug-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Sep-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Oct-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Nov-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Dec-07	0	0	0.00	0	0.00	0	0.00	8	4.56	4.56	0.00	4.56	0.00
	Total	0	0	\$0.00	0	\$0.00	0	\$0.00	8	\$4.56	\$4.56	\$0.00	\$4.56	\$0.00
PPO	Jul-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Aug-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Sep-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Oct-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Nov-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Dec-07	84	127	36,385.25	128	14,067.90	0	0.00	264	8,364.50	22,432.40	3.19	22,429.21	267.01
	Total	84	127	\$36,385.25	128	\$14,067.90	0	\$0.00	264	\$8,364.50	\$22,432.40	\$3.19	\$22,429.21	\$267.01

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



Medical Claims Activity Report - December 2007

Group :

Subgroup:

Class:

Page 3

Report Period 07/2007 through 12/2007

Plan Description	Date	Eligible Subs.	Eligible Mems.	Billed Prem.	No. of Medical Claims	Medical Paid	No. of Vision Claims	Vision Paid	No. of Drug Claims	Drugs Paid	Total Claims Paid	Claims Adjust.	Net Claims Expense	Per Subs. Per Mo.
PPO	Jul-07	0	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Aug-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Sep-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Oct-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Nov-07	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
	Dec-07	0	0	0.00	17	10,485.84	0	0.00	22	527.90	11,013.74	0.00	11,013.74	0.00
	Total	0	0	\$0.00	17	\$10,485.84	0	\$0.00	22	\$527.90	\$11,013.74	\$0.00	\$11,013.74	\$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



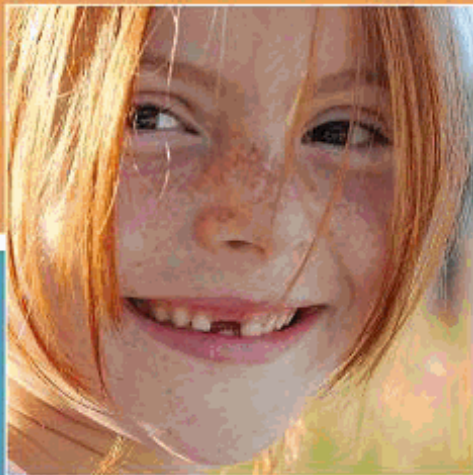
Medical Claims Activity Summary Report - December 2007

Group:
Summary Total All Plans

Page 4

Report Period 07/2007 through 12/2007															
Date	Eligible Subs.	Eligible Mems.	Billed Prem.	Prem. Adjust.	Paid Prem.	No. of Medical Claims	Medical Paid	No. of Vision Claims	Vision Paid	No. of Drug Claims	Drugs Paid	Total Claims Paid	Claims Adjust.	Net Claims Expense	Per Subs. Per Mo.
Jul-07	0	0	\$0.00	\$0.00	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Aug-07	0	0	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
Sep-07	0	0	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
Oct-07	0	0	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
Nov-07	0	0	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	0.00
Dec-07	85	129	37,137.71	740.61	37,890.17	147	24,553.74	0	0.00	333	9,204.97	33,758.71	3.19	33,755.52	397.12
Total	85	129	\$37,137.71	\$740.61	\$37,890.17	147	\$24,553.74	0	\$0.00	333	\$9,204.97	\$33,758.71	\$3.19	\$33,755.52	\$397.12

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





Dental Claims Activity Report - December 2007

Group :

Subgroup:

Class:

Page 1

Report Period 07/2007 through 12/2007

Plan Description	Date	Eligible Subs.	Eligible Mems.	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:
Summary Total All Plans

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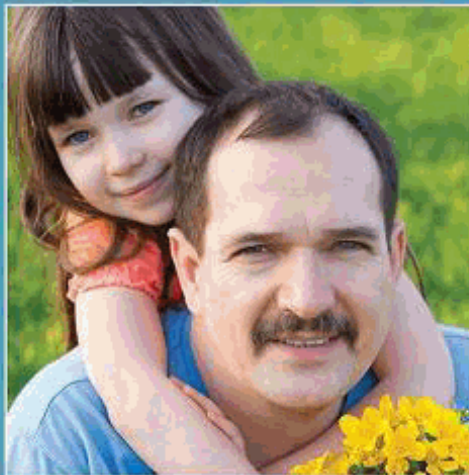
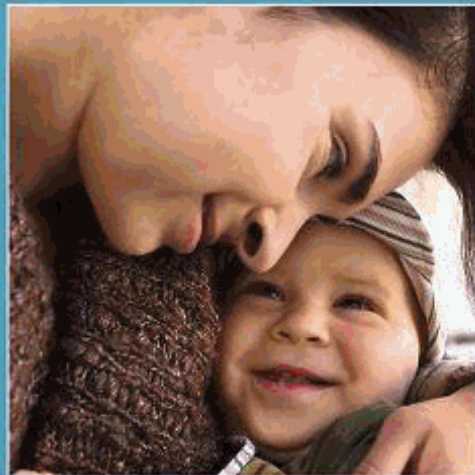
Report Period 07/2007 through 12/2007										
Date	Eligible Subs.	Eligible Mem.	Billed Prem.	Prem. Adjust.	Paid Prem.	No. of Dental Claims	Dental Paid	Claims Adjust.	Net Claims Expense	Per Subs. Per Mo.
Jul-07	0	0	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00
Aug-07	0	0	0.00	0.00	0.00	0	0.00	0.00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



Medical & Dental

Distribution of Charges Report



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Medical





Distribution of Charges - December 2007

Medical - Monthly

Page 1

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
Hospital / Facility															
Room & Board	\$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%
Inpatient	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%	17%
Outpatient	0.00	0.00	0.00	0.00	0.00	1,780.00	0.00	0.00	0.00	0.00	0.00	0.00	1,780.00	2%	6%
Emergency Room	0.00	0.00	0.00	0.00	0.00	1,249.00	0.00	0.00	0.00	0.00	0.00	0.00	1,249.00	1%	1%
Total Hospital / Facility	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,029.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,029.00	3%	29%
Behavioral Health															
Inpatient	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%	0%
Outpatient	0.00	0.00	0.00	0.00	0.00	405.00	0.00	0.00	0.00	0.00	0.00	0.00	405.00	0%	1%
Total Behavioral Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$405.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$405.00	0%	2%
Provider															
Surgical	0.00	0.00	0.00	0.00	0.00	8,446.00	0.00	0.00	0.00	0.00	0.00	0.00	8,446.00	9%	10%
Professional Services	0.00	0.00	0.00	0.00	0.00	38,808.97	0.00	0.00	0.00	0.00	0.00	0.00	38,808.97	41%	15%
Total Provider	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47,254.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47,254.97	50%	25%
Other															
X-Ray	0.00	0.00	0.00	0.00	0.00	4,356.00	0.00	0.00	0.00	0.00	0.00	0.00	4,356.00	5%	7%
Drugs	0.00	0.00	0.00	0.00	0.00	32,864.15	0.00	0.00	0.00	0.00	0.00	0.00	32,864.15	35%	28%
Lab	0.00	0.00	0.00	0.00	0.00	4,731.65	0.00	0.00	0.00	0.00	0.00	0.00	4,731.65	5%	4%
DME & Miscellaneous	0.00	0.00	0.00	0.00	0.00	1,239.74	0.00	0.00	0.00	0.00	0.00	0.00	1,239.74	1%	6%
Total Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,191.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,191.54	46%	44%
Total Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$93,880.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$93,880.51	100%	100%
Total Allowable Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68,928.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68,928.69		
Allowable/Charge Ratio	0.00%	0.00%	0.00%	0.00%	0.00%	73.42%	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	\$33,758.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,758.71		
Paid/Charge Ratio	0.00%	0.00%	0.00%	0.00%	0.00%	35.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			
Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.19		
Net Claims Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,755.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,755.52		

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



Dental





Distribution of Charges - December 2007
Dental - Monthly

Page 1

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%			
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%			
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		

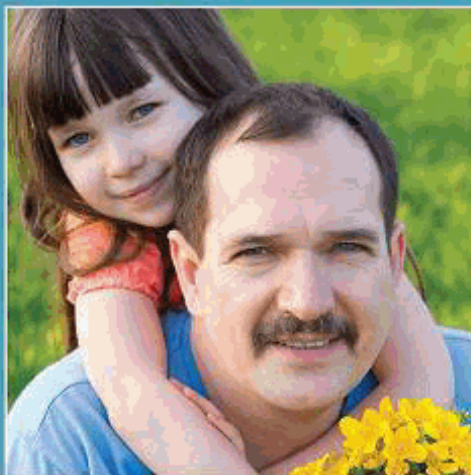
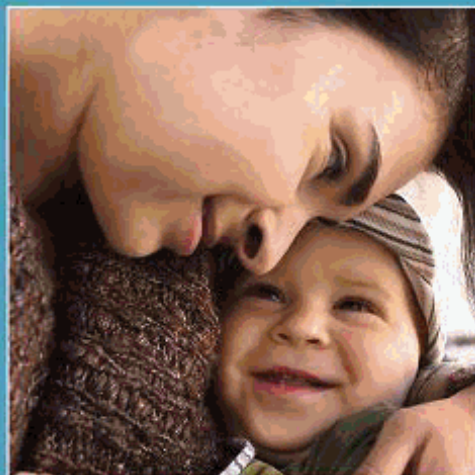
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 Report run on : 01/02/08

*** END OF REPORT ***



Medical & Dental

Distribution of Paid Claims Report



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Medical





Distribution of Paid Claims - December 2007
Medical - Monthly

Page 1

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	%
Hospital / Facility														
Room & Board	\$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%
Inpatient	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%
Outpatient	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%
Emergency Room	0.00	0.00	0.00	0.00	0.00	924.10	0.00	0.00	0.00	0.00	0.00	0.00	924.10	2.74%
Total Hospital / Facility	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$924.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$924.10	2.74%
Behavioral Health														
Inpatient	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%
Outpatient	0.00	0.00	0.00	0.00	0.00	201.60	0.00	0.00	0.00	0.00	0.00	0.00	201.60	0.60%
Total Behavioral Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$201.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$201.60	0.60%
Provider														
Surgical	0.00	0.00	0.00	0.00	0.00	1,776.35	0.00	0.00	0.00	0.00	0.00	0.00	1,776.35	5.26%
Professional Services	0.00	0.00	0.00	0.00	0.00	15,697.06	0.00	0.00	0.00	0.00	0.00	0.00	15,697.06	46.50%
Total Provider	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,473.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,473.41	51.76%
Other														
X-Ray	0.00	0.00	0.00	0.00	0.00	2,886.73	0.00	0.00	0.00	0.00	0.00	0.00	2,886.73	8.55%
Drugs	0.00	0.00	0.00	0.00	0.00	9,204.97	0.00	0.00	0.00	0.00	0.00	0.00	9,204.97	27.27%
Lab	0.00	0.00	0.00	0.00	0.00	2,635.41	0.00	0.00	0.00	0.00	0.00	0.00	2,635.41	7.81%
DME & Miscellaneous	0.00	0.00	0.00	0.00	0.00	432.49	0.00	0.00	0.00	0.00	0.00	0.00	432.49	1.28%
Total Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,159.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,159.60	44.91%
Total Medical Paid Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,758.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,758.71	100%
Total Vision	\$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	\$33,758.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,758.71	
Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.19	
Net Claims Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,755.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,755.52	

Report run on : 01/02/08



Dental





Distribution of Paid Claims - December 2007
Dental - Monthly

Page 1

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	

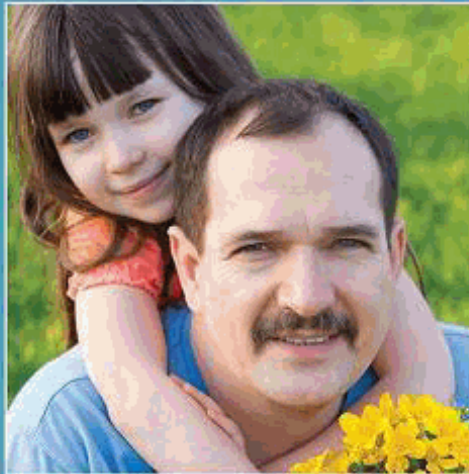
Report run on : 01/02/08

*** END OF REPORT ***



Medical & Dental

Savings Report



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Medical





Savings Report - December 2007
Medical - Monthly

Page 1

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
ODS Savings, Beyond the Basics													
Network Discounts, Participating Providers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,223.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,223.39
Negotiated Agreements	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
Advance Clinical Editing and Repricing	0.00	0.00	0.00	0.00	0.00	182.53	0.00	0.00	0.00	0.00	0.00	0.00	182.53
Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,405.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,405.92
ODS RX Program													
Network Discounts	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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ODS Claims Processing													
Eligibility Verification	0.00	0.00	0.00	0.00	0.00	166.00	0.00	0.00	0.00	0.00	0.00	0.00	166.00
Non-covered Services	0.00	0.00	0.00	0.00	0.00	59.70	0.00	0.00	0.00	0.00	0.00	0.00	59.70
Plan Limit Restrictions	0.00	0.00	0.00	0.00	0.00	321.66	0.00	0.00	0.00	0.00	0.00	0.00	321.66
Standard Clinical Editing	0.00	0.00	0.00	0.00	0.00	4,206.72	0.00	0.00	0.00	0.00	0.00	0.00	4,206.72
Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,754.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,754.08
Other													
Maximum Plan Allowance	0.00	0.00	0.00	0.00	0.00	445.35	0.00	0.00	0.00	0.00	0.00	0.00	445.35
Other - Non Specific Codings	0.00	0.00	0.00	0.00	0.00	529.00	0.00	0.00	0.00	0.00	0.00	0.00	529.00
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
Third Party Liability	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	\$974.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$974.35
Total Savings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,134.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,134.35
Total Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$93,880.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$93,880.51
Total Member Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,329.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,329.69
Savings as Percentage of Total Charges	0.00%	0.00%	0.00%	0.00%	0.00%	26.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.77%

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



Dental





Savings Report - December 2007
Dental - Monthly

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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%

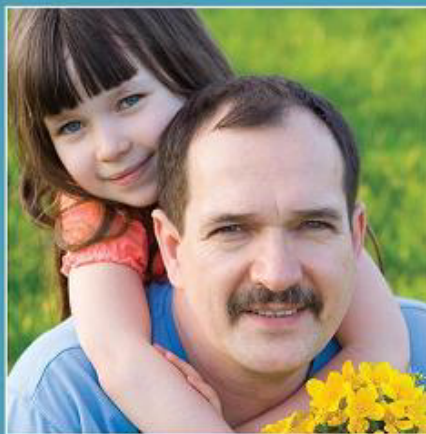
*ORTHODONTIC PAYMENTS ARE NOT INCLUDED
 Report run on : 01/02/08

*** END OF REPORT ***



Medical

Large Claims Report



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Large Claims Report - December 2007
Medical - Monthly (Over \$20,000)

Page 1

Claims Paid 07/2007 through 12/2007

Identifier	Current Elig Status	Term Date	Patient Diagnosis	Paid Claims
16292550	Eligible		Malignant Neoplasm of Female Breast	\$34,658.66
13880600	Eligible		Diseases of Pancreas	21,157.58
Total Large Claims Paid				\$55,816.24
Total Claims Paid for Group				\$166,412.40
% of Total Claims Paid				33.54%
Total Adjustments				\$3.19
Total Net Claims Expense				\$166,409.21

***VISION PAYMENTS ARE NOT INCLUDED**

Report run on: 01/02/2008

***** END OF REPORT *****



Group Name
Claims Incurred 2/1/2009 to 4/30/2009 as of 5/31/2009
Pharmaceutical Cost and Utilization Report

		Scripts per 1,000 Members	Allowed per Script	Allowed PMPM	Member Cost Share	Paid PMPM	% Member Cost Share
Retail							
	Brand	3,771	\$ 123.50	\$ 38.81	\$ 5.73	\$ 33.08	14.8%
	Generic	7,396	\$ 25.26	\$ 15.57	\$ 4.87	\$ 10.70	31.3%
	Non-Drug	384	\$ 63.75	\$ 2.04	\$ 0.33	\$ 1.71	16.2%
Total Retail		11,551	\$ 58.61	\$ 56.42	\$ 10.93	\$ 45.49	19.4%
Mail							
	Brand	331	\$ 325.20	\$ 8.97	\$ 1.10	\$ 7.87	12.3%
	Generic	701	\$ 46.22	\$ 2.70	\$ 0.80	\$ 1.90	29.6%
	Non-Drug	40	\$ 165.00	\$ 0.55	\$ 0.07	\$ 0.48	12.7%
Total Mail		1,072	\$ 136.79	\$ 12.22	\$ 1.97	\$ 10.25	16.1%
Specialty		53	\$ 2,260.92	\$ 9.99	\$ 0.11	\$ 9.88	1.1%
Total		12,676	\$ 74.43	\$ 78.63	\$ 13.01	\$ 65.62	16.5%
% of Non-Specialty Retail		92%		82%		82%	
% of Non-Specialty Mail		8%		18%		18%	
% of Non-Specialty Brand		32%		70%		73%	
% of Non-Specialty Generic		64%		27%		23%	



Distribution of Payments

Group Name

Pharmacy Membership

	Group Name						Peer Group			
Distribution of Allowed Dollars	Members	Dollars	Members (%)	Members (%)	Allowed (%)	Allowed (%)	Members (%)	Members (%)	Allowed (%)	Allowed (%)
Less than \$25	41	\$ 488	23.6%	<div></div>	0.7%	<div></div>	22.1%	<div></div>	0.7%	<div></div>
\$25.01 to \$50	12	\$ 466	6.9%	<div></div>	0.7%	<div></div>	10.9%	<div></div>	1.1%	<div></div>
\$50.01 to \$100	13	\$ 917	7.5%	<div></div>	1.3%	<div></div>	12.7%	<div></div>	2.6%	<div></div>
\$100.01 to \$150	8	\$ 1,044	4.6%	<div></div>	1.5%	<div></div>	8.0%	<div></div>	2.7%	<div></div>
\$150.01 to \$250	26	\$ 5,202	14.9%	<div></div>	7.3%	<div></div>	11.9%	<div></div>	6.4%	<div></div>
\$250.01 to \$500	29	\$ 10,342	16.7%	<div></div>	14.5%	<div></div>	15.3%	<div></div>	15.1%	<div></div>
\$500.01 to \$1000	29	\$ 19,863	16.7%	<div></div>	27.9%	<div></div>	10.8%	<div></div>	20.8%	<div></div>
\$1000.01 to \$2000	11	\$ 13,299	6.3%	<div></div>	18.7%	<div></div>	5.5%	<div></div>	20.6%	<div></div>
\$2000.01 to \$5000	4	\$ 12,560	2.3%	<div></div>	17.6%	<div></div>	2.2%	<div></div>	18.0%	<div></div>
\$5000.01 and over	1	\$ 7,124	0.6%	<div></div>	10.0%	<div></div>	0.6%	<div></div>	12.2%	<div></div>
	174	\$ 71,306	100%		100%		100%		100%	

Benefit Reminder

Out of Pocket Maximum	\$ 1
Copay	\$ 2

What percent of the members spend what amount of the dollars?

	Group Name		Peer Group	
	Members	Dollars	Members	Dollars
\$1,000 and over	9.2%	46.3%	8.3%	50.7%
\$2,000 and over	2.9%	27.6%	2.8%	30.1%
\$5,000 and over	0.6%	10.0%	0.6%	12.2%

Claims Incurred 2008 and paid through March 2009



Distribution of Payments

Group Name

Pharmacy Membership

	Group Name						Peer Group			
Distribution of Paid Dollars	Members	Dollars	Members (%)	Members (%)	Paid (%)	Paid (%)	Members (%)	Members (%)	Paid (%)	Paid (%)
Less than \$25	52	\$ 299	29.9%	<div></div>	0.5%	<div></div>	37.4%	<div></div>	0.6%	<div></div>
\$25.01 to \$50	11	\$ 428	6.3%	<div></div>	0.7%	<div></div>	8.0%	<div></div>	1.0%	<div></div>
\$50.01 to \$100	12	\$ 854	6.9%	<div></div>	1.4%	<div></div>	10.7%	<div></div>	2.7%	<div></div>
\$100.01 to \$150	15	\$ 1,959	8.6%	<div></div>	3.3%	<div></div>	7.3%	<div></div>	3.2%	<div></div>
\$150.01 to \$250	19	\$ 3,707	10.9%	<div></div>	6.2%	<div></div>	9.8%	<div></div>	6.7%	<div></div>
\$250.01 to \$500	32	\$ 11,385	18.4%	<div></div>	19.1%	<div></div>	12.4%	<div></div>	15.3%	<div></div>
\$500.01 to \$1000	24	\$ 17,205	13.8%	<div></div>	28.9%	<div></div>	8.3%	<div></div>	20.4%	<div></div>
\$1000.01 to \$2000	5	\$ 6,894	2.9%	<div></div>	11.6%	<div></div>	4.0%	<div></div>	18.9%	<div></div>
\$2000.01 to \$5000	3	\$ 9,727	1.7%	<div></div>	16.3%	<div></div>	1.7%	<div></div>	17.4%	<div></div>
\$5000.01 and over	1	\$ 7,064	0.6%	<div></div>	11.9%	<div></div>	0.5%	<div></div>	13.8%	<div></div>
	174	\$ 59,522	100%		100%		100%		100%	

Benefit Reminder

Out of Pocket Maximum	\$ 1
Copay	\$ 3

What percent of the members spend what amount of the dollars?

	Group Name		Peer Group	
	Members	Dollars	Members	Dollars
\$1,000 and over	5.2%	39.8%	6.2%	50.1%
\$2,000 and over	2.3%	28.2%	2.2%	31.2%
\$5,000 and over	0.6%	11.9%	0.5%	13.8%

Claims Incurred 2008 and paid through March 2009



Pharmaceutical Utilization Report
Group Name
Claims Incurred 2/1/2009 to 4/30/2009 as of 5/31/2009
Non-Specialty Drug Utilization by Therapeutic Class

Top 20 Classes

Therapeutic Class	By Script Amount
Antidepressants	90
Antihypertensives	78
Analgesics - Opioid	77
Antihyperlipidemics	73
Ulcer Drugs	39
Antidiabetics	37
Thyroid Agents	34
Penicillins	33
Beta Blockers	32
Antiasthmatic and Bronchodilator Agents	29
Antianxiety Agents	29
Contraceptives	25
Cough/Cold/Allergy	23
Hypnotics	23
Antihistamines	22
Nasal Agents - Systemic and Topical	20
Calcium Channel Blockers	16
Estrogens	16
Macrolides	15
Androgens-Anabolic	14
Total	725
Total of All Non-Specialty Drugs	954
Percent of All Non-Specialty Drugs	76.0%



Pharmaceutical Utilization Report
Group Name
Claims Incurred 2/1/2009 to 4/30/2009 as of 5/31/2009
Non-Specialty Drug Utilization by Therapeutic Class

Top 20 Classes

Therapeutic Class	By Paid Amount
Ulcer Drugs	\$4,764
Antidepressants	\$4,754
Antihyperlipidemics	\$4,525
Assorted Classes	\$4,243
Antidiabetics	\$4,131
Androgens-Anabolic	\$2,401
Antihypertensives	\$2,267
Antiasthmatic and Bronchodilator Agents	\$2,034
Analgesics - Opioid	\$1,936
Anticonvulsants	\$1,853
Gastrointestinal Agents - Misc.	\$1,764
Diagnostic Products	\$1,717
Hypnotics	\$1,410
Migraine Products	\$1,302
Antihistamines	\$1,018
Contraceptives	\$960
Genitourinary Agents - Misc.	\$959
Cough/Cold/Allergy	\$896
ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant	\$880
Nasal Agents - Systemic and Topical	\$777
Total	\$44,590
Total of All Non-Specialty Drugs	\$50,565
Percent of All Non-Specialty Drugs	88.2%



Pharmaceutical Utilization Report
Group Name
Claims Incurred 2/1/2009 to 4/30/2009 as of 5/31/2009
Non-Specialty Drug Utilization by Drug Name

Top 20 Drugs

Drug Name	Associated Therapeutic Class	By Script Count
Lisinopril	Antihypertensives	32
Hydrocodone/Acetaminophen	Analgesics - Opioid	31
Lipitor	Antihyperlipidemics	30
Amoxicillin	Penicillins	22
Simvastatin	Antihyperlipidemics	21
Lorazepam	Antianxiety Agents	18
Pantoprazole Sodium	Ulcer Drugs	17
Fexofenadine HCl	Antihistamines	16
Azithromycin	Macrolides	15
Levothyroxine Sodium	Thyroid Agents	15
Metoprolol Tartrate	Beta Blockers	14
Lexapro	Antidepressants	13
Metformin HCl	Antidiabetics	13
Oxycodone/Acetaminophen	Analgesics - Opioid	13
Zolpidem Tartrate	Hypnotics	13
Sertraline HCl	Antidepressants	12
Lisinopril/Hydrochlorothiazide	Antihypertensives	11
Prevacid	Ulcer Drugs	11
Amlodipine Besylate	Calcium Channel Blockers	10
Fentanyl	Analgesics - Opioid	10
Total		337
Total of All Non-Specialty Drugs		954
Percent of All Non-Specialty Drugs		35.3%



Pharmaceutical Utilization Report
Group Name
Claims Incurred 2/1/2009 to 4/30/2009 as of 5/31/2009
Non-Specialty Drug Utilization by Drug Name

Top 20 Drugs

Drug Name	Associated Therapeutic Class	By Paid Amount
Lipitor	Antihyperlipidemics	\$2,499
Prograf	Assorted Classes	\$2,249
Cellcept	Assorted Classes	\$1,995
Pantoprazole Sodium	Ulcer Drugs	\$1,899
Asacol	Gastrointestinal Agents - misc.	\$1,759
Prevacid	Ulcer Drugs	\$1,586
Fentanyl	Analgesics - Opioid	\$1,570
Novolin 70/30 Penfill	Antidiabetics	\$1,373
Actos	Antidiabetics	\$1,339
Lexapro	Antidepressants	\$1,242
Androgel pump	Androgens-Anabolic	\$1,170
Androgel	Androgens-Anabolic	\$1,152
Onetouch Ultra Test Strips	Diagnostic Products	\$1,038
Felbatol	Anticonvulsants	\$964
Budeprion XL	Antidepressants	\$859
Fexofenadine HCl	Antihistamines	\$842
Singulair	Antiasthmatic and Bronchodilator Agents	\$789
Cymbalta	Antidepressants	\$764
Ambien CR	Hypnotics	\$735
Vytorin	Antihyperlipidemics	\$733
Total		\$26,555
Total of All Non-Specialty Drugs		\$50,565
Percent of All Non-Specialty Drugs		52.5%