

Employer Name: **XYZ Manufacturing**
Agency Name: **ABC Agency Inc**
Plan Year: **December through May**

Paid Claim Summary Plan Year To Date

Paid Month	Claims Paid	Accumulated Claims Paid	Stop Loss Exclusions	Specific Stop Loss Recoveries	Net Accumulated Aggregate Claims	Accumulated Maximum Claim Exposure
December	215.05	215.05	0.00	0.00	215.05	3,071.00
January	1,354.68	1,569.73	0.00	0.00	1,354.68	6,928.00
February	1,531.88	3,101.61	0.00	0.00	1,531.88	10,261.00
March	2,423.70	5,525.31	0.00	0.00	2,423.70	13,725.00
April	1,161.67	6,686.98	0.00	0.00	1,161.67	17,320.00
May	2,367.95	9,054.93	0.00	0.00	2,367.95	20,566.00
Total	9,054.93	9,054.93	0.00	0.00	9,054.93	20,566.00

Paid Claims By Coverage Type

	Employee	Spouse	Children
Plan Year Total Paid	5,395.71	1,682.10	2,071.86

This report assists the employer with understanding the overall financial performance of their plan.

- Month - the month in which a claim is paid
- Claims Paid - the dollar amount of claims paid in that month
- Accumulated Claims Paid - running total of claims paid since the start of the plan year
- Stop Loss Exclusions - any claim paid that does not apply to the stop loss coverage deductibles
- Specific Stop Loss Recoveries - stop loss claim payments on individual large claims
- Net Accumulated Aggregate Claims - claims paid less stop loss exclusions and less specific stop loss recoveries. This is total amount of claims paid by the employer that accumulate against the aggregate stop loss coverage
- Accumulated Maximum Claim Exposure - this is the aggregate stop loss coverage attachment point. This is the maximum amount of claims the employer has to fund. If the Net Accumulated Aggregate Claims are greater than this amount, the aggregate stop loss coverage covers them.

Employer Name: **XYZ Manufacturing**
Agency Name: **ABC Agency Inc**

Multi-Year Paid Claim Summary

Paid Month	Claims Paid	Accumulated Claims Paid	Stop Loss Exclusions	Specific Stop Loss Recoveries	Net Accumulated Aggregate Claims	Accumulated Maximum Claim Exposure
December	215.05	215.05	0.00	0.00	215.05	3,071.00
January	1,354.68	1,569.73	0.00	0.00	1,354.68	6,928.00
February	1,531.88	3,101.61	0.00	0.00	1,531.88	10,261.00
March	2,423.70	5,525.31	0.00	0.00	2,423.70	13,725.00
April	1,161.67	6,686.98	0.00	0.00	1,161.67	17,320.00
May	2,367.95	9,054.93	0.00	0.00	2,367.95	20,566.00
Total	9,054.93	9,054.93	0.00	0.00	9,054.93	20,566.00

Paid Claims By Coverage Type

	Employee	Spouse	Children
Total Paid	5,395.71	1,682.10	2,071.86

Employer Name: **XYZ Manufacturing**

Agency Name: **ABC Agency Inc**

Member Participation Summary

Month	Total Employees	Total Spouses	Total Children	Total Dependents	Total Members
May	12	2	3	5	17
June	12	2	3	5	17
July	11	1	2	3	14
August	11	1	2	3	14
September	11	1	2	3	14
October	11	1	2	3	14
November	13	1	4	5	18
December	2	1	1	2	4
December	14	2	4	6	20
January	14	2	4	6	20
February	14	2	4	6	20
March	14	2	4	6	20
April	13	2	4	6	19
May	12	2	4	6	18
June	12	2	4	6	18
July	12	2	4	6	18
August	18	2	6	8	26
September	14	2	5	7	21
October	15	2	5	7	22
November	18	4	7	11	29
December	16	3	5	8	24
January	22	3	5	8	30
February	18	3	5	8	26
March	19	3	5	8	27
April	20	3	5	8	28
May	18	3	4	7	25

This report summarizes the employer's plan membership

Total Employees - the number of employees participating in the plan

Total Spouses - the number of spouses participating in the plan

Total Children - the number of children participating in the plan

Total Dependents - the number of children and spouses being covered

Total Members - Total Employees plus Total Dependents

Employer Name: **XYZ Manufacturing**
Agency Name: **ABC Agency Inc**
Plan Year: **December through May**

Claim Activity by Service Category

Plan Year To Date									
	Office Visits	Emergency Room	Outpatient Physician Services	Laband Diagnostic	Outpatient Hospital	Inpatient Hospital	Prescription Drugs	Other Services	Totals
Claim Count:	53	1	0	1	3	0	72	0	130
Amount Billed:	12,141.14	1,057.00	0.00	204.00	203.00	0.00	9,936.79	0.00	23,541.93
Discounts:	4,520.80	818.66	0.00	46.96	156.92	0.00	6,074.77	0.00	11,618.11
Discount %:	37.2%	77.5%	0.0%	23.0%	77.3%	0.0%	61.1%	0.0%	49.4%
Amounts Not Covered:	0.00	0.00	0.00	157.04	0.00	0.00	0.00	0.00	157.04
Not Covered %:	0.0%	0.0%	0.0%	77.0%	0.0%	0.0%	0.0%	0.0%	0.7%
Member Paid Amount:	1,480.00	212.28	0.00	0.00	46.08	0.00	878.75	0.00	2,617.11
Member Paid %:	12.2%	20.1%	0.0%	0.0%	22.7%	0.0%	8.8%	0.0%	11.1%
Plan Paid Amount:	6,140.34	26.06	0.00	0.00	0.00	0.00	2,983.27	0.00	9,149.67
Plan Paid %:	50.6%	2.5%	0.0%	0.0%	0.0%	0.0%	30.0%	0.0%	38.9%
Average Claim Payment \$:	115.86	26.06	0.00	0.00	0.00	0.00	41.43	0.00	70.38
Percent of Total Billed Dollars:	51.6%	4.5%	0.0%	0.9%	0.9%	0.0%	42.2%	0.0%	100.0%
Percent of Total Paid Dollars:	67.1%	0.3%	0.0%	0.0%	0.0%	0.0%	32.6%	0.0%	100.0%

Last Three Months									
	Office Visits	Emergency Room	Outpatient Physician Services	Laband Diagnostic	Outpatient Hospital	Inpatient Hospital	Prescription Drugs	Other Services	Totals
Claim Count:	34	1	0	1	2	0	52	0	90
Amount Billed:	7,950.14	1,057.00	0.00	204.00	128.00	0.00	7,117.97	0.00	16,457.11
Discounts:	3,196.74	818.66	0.00	46.96	104.88	0.00	4,399.37	0.00	8,566.61
Discount %:	40.2%	77.5%	0.0%	23.0%	81.9%	0.0%	61.8%	0.0%	52.1%
Amounts Not Covered:	0.00	0.00	0.00	157.04	0.00	0.00	0.00	0.00	157.04
Not Covered %:	0.0%	0.0%	0.0%	77.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Member Paid Amount:	910.00	212.28	0.00	0.00	23.12	0.00	540.00	0.00	1,685.40
Member Paid %:	11.4%	20.1%	0.0%	0.0%	18.1%	0.0%	7.6%	0.0%	10.2%
Plan Paid Amount:	3,843.40	26.06	0.00	0.00	0.00	0.00	2,178.60	0.00	6,048.06
Plan Paid %:	48.3%	2.5%	0.0%	0.0%	0.0%	0.0%	30.6%	0.0%	36.8%
Average Claim Payment \$:	113.04	26.06	0.00	0.00	0.00	0.00	41.90	0.00	67.20
Percent of Total Billed Dollars:	48.3%	6.4%	0.0%	1.2%	0.8%	0.0%	43.3%	0.0%	100.0%
Percent of Total Paid Dollars:	63.5%	0.4%	0.0%	0.0%	0.0%	0.0%	36.0%	0.0%	100.0%

Employer Name: **XYZ Manufacturing**

Agency Name: **ABC Agency Inc**

Plan Year: **December through May**

High Dollar Claimants Plan Year To Date
All Claimants \$10,000 or More Paid Claims

Employee

Claimant Relationship

Claims Paid

Employer Name: **XYZ Manufacturing**
Agency Name: **ABC Agency Inc**
Plan Year: **December through May**

Claim Activity by Service Provider
Top 25 Plan Year Paid Claims

Provider Name	Plan Year To Date			March through May		
	Claim Count	Claims Billed	Claims Paid	Claim Count	Claims Billed	Claims Paid
Partners RX Management, LLC	72	9,936.79	2,983.27	52	7,117.97	2,178.60
North Shore Internists Physicians	4	1,520.00	558.89	2	610.00	181.46
Bonaventure Medical Foundation, Inc	5	905.00	556.23	3	611.00	375.44
Andrew Ivanchenko, MD	2	630.00	527.65	0	0.00	0.00
Northwest Community Health Services, Inc	4	1,055.00	527.54	0	0.00	0.00
Ear Nose And Throat Center	3	895.00	484.33	2	668.00	367.98
Advanced Allergy & Asthma Care, S C	2	854.00	460.53	2	854.00	460.53
Quest Diagnostic	3	1,274.14	349.93	3	1,274.14	349.93
Roche Health Solutions, Inc	3	750.00	297.40	1	250.00	97.75
Northwestern Medical Faculty Foundation	1	875.00	258.57	1	875.00	258.57
Hendricks Comm Hospital	3	360.00	254.28	3	360.00	254.28
Lemont Primary Care	3	480.00	202.92	2	320.00	135.28
Tinley Primary Care, Ltd	2	230.00	200.00	2	230.00	200.00
Glen Ellyn Clinic Sc	2	422.00	199.56	2	422.00	199.56
Advocate Health & Hospital Corporation	2	419.00	194.72	1	290.00	127.08
Julie Mariotti, MD	2	270.00	171.35	2	270.00	171.35
	4	288.00	168.00	1	72.00	42.00
Trinity Womens Health Care Sc	1	195.00	160.28	1	195.00	160.28
Community Physicians Of Indianapolis, Inc	2	272.00	155.73	2	272.00	155.73
Franciscan Physician Network	2	448.00	152.41	2	448.00	152.41
Independence Urgent Care	1	189.00	111.77	1	189.00	111.77
Henry Ford Health Systems	1	145.00	106.25	0	0.00	0.00
	1	72.00	42.00	1	72.00	42.00
Mea Elk Grove Llc	1	1,057.00	26.06	1	1,057.00	26.06

Employer Name: **XYZ Manufacturing**
Agency Name: **ABC Agency Inc**
Plan Year: **December through May**

Outpatient Drug Utilization Plan Year To Date
Drug Utilization by Formulary Tier

Formulary Tier	Fill Count	Plan Paid	Utilization %
Tier 1 - Generic Formulary	66	1,375.50	46.11
Tier 2 - Brand Formulary	6	1,607.77	53.89

Top 25 Drugs

Drug Name	Plan Year To Date		March through May	
	Claims Paid	Fill Count	Claims Paid	Fill Count
EpiPen JR 2-Pak	1,218.00	1	1,218.00	1
Other	915.29	32	604.19	24
Omeprazole	185.00	5	97.39	3
Crestor	158.08	1	.00	0
Benicar	149.58	1	.00	0
Nabumetone	91.75	5	47.67	3
ProAir	57.85	2	28.92	1
Losartan Potassium	38.34	4	26.85	3
Atorvastatin Calcium	29.22	1	29.22	1
Levofloxacin	26.06	1	26.06	1
Ventolin HFA	24.26	1	24.26	1
Montelukast	23.08	1	23.08	1
Albuterol Sulfate	13.67	1	13.67	1
Amlodipine Besylate	10.82	2	10.82	2
Azithromycin	10.01	3	4.71	2
Alprazolam	9.69	2	9.69	2
Nystatin	9.27	1	9.27	1
Levothyroxine Sodium	5.69	5	2.68	3
Fluticasone Propionate	5.49	1	.00	0
Metoprolol Tartrate	1.94	1	1.94	1
Metformin Hydrochloride	.18	1	.18	1