



Funding Advantage Plan Activity Report

Report Ending: May 2017

Employer Name: **XYZ Manufacturing**
 Agency Name: **ABC Agency Inc**
 Plan Year: **December 2016 through November 2017**

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 2016	215.05	215.05	0.00	0.00	215.05	3,071.00
January 2017	1,354.68	1,569.73	0.00	0.00	1,354.68	6,928.00
February 2017	1,531.88	3,101.61	0.00	0.00	1,531.88	10,261.00
March 2017	2,423.70	5,525.31	0.00	0.00	2,423.70	13,725.00
April 2017	1,161.67	6,686.98	0.00	0.00	1,161.67	17,320.00
May 2017	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.



Funding Advantage Plan Activity Report

Report Ending: May 2017

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 2016	215.05	215.05	0.00	0.00	215.05	3,071.00
January 2017	1,354.68	1,569.73	0.00	0.00	1,354.68	6,928.00
February 2017	1,531.88	3,101.61	0.00	0.00	1,531.88	10,261.00
March 2017	2,423.70	5,525.31	0.00	0.00	2,423.70	13,725.00
April 2017	1,161.67	6,686.98	0.00	0.00	1,161.67	17,320.00
May 2017	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



Funding Advantage Plan Activity Report

Report Ending: May 2017

Employer Name: **XYZ Manufacturing**

Agency Name: **ABC Agency Inc**

Member Participation Summary

Month	Total Employees	Total Spouses	Total Children	Total Dependents	Total Members
May 2015	12	2	3	5	17
June 2015	12	2	3	5	17
July 2015	11	1	2	3	14
August 2015	11	1	2	3	14
September 2015	11	1	2	3	14
October 2015	11	1	2	3	14
November 2015	13	1	4	5	18
December 2015	2	1	1	2	4
December 2015	14	2	4	6	20
January 2016	14	2	4	6	20
February 2016	14	2	4	6	20
March 2016	14	2	4	6	20
April 2016	13	2	4	6	19
May 2016	12	2	4	6	18
June 2016	12	2	4	6	18
July 2016	12	2	4	6	18
August 2016	18	2	6	8	26
September 2016	14	2	5	7	21
October 2016	15	2	5	7	22
November 2016	18	4	7	11	29
December 2016	16	3	5	8	24
January 2017	22	3	5	8	30
February 2017	18	3	5	8	26
March 2017	19	3	5	8	27
April 2017	20	3	5	8	28
May 2017	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



Funding Advantage Plan Activity Report

Report Ending: May 2017

Employer Name: **XYZ Manufacturing**

Agency Name: **ABC Agency Inc**

Plan Year: **December 2016 through November 2017**

Claim Activity by Service Category

Plan Year To Date	Office Visits	Emergency Room	Outpatient Physician Services	Lab and 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	Lab and 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%



Funding Advantage Plan Activity Report
Report Ending: May 2017

Employer Name: **XYZ Manufacturing**

Agency Name: **ABC Agency Inc**

Plan Year: **December 2016 through November 2017**

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

Employee	Claimant Relationship	Claims Paid
----------	-----------------------	-------------



Funding Advantage Plan Activity Report

Report Ending: May 2017

Employer Name: **XYZ Manufacturing**

Agency Name: **ABC Agency Inc**

Plan Year: **December 2016 through November 2017**

Claim Activity by Service Provider

Top 25 Plan Year Paid Claims

Provider Name	Plan Year To Date			March 2017 through May 2017		
	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



Funding Advantage Plan Activity Report

Report Ending: May 2017

Employer Name: **XYZ Manufacturing**

Agency Name: **ABC Agency Inc**

Plan Year: **December 2016 through November 2017**

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 2017 through May 2017	
	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