REQUEST FOR PROPOSALS

FOR

CONVENTIONALLY INSURED

EMPLOYEE GROUP HEALTH, HMO, PPO, PRESCRIPTION DRUG,

DENTAL INSURANCE AND PATIENT CENTERED MEDICAL HOME SERVICES

AND

EMPLOYEE GROUP

HEALTH, HMO, PPO, MEDICAL MANAGEMENT, PRESCRIPTION DRUG, DENTAL

AND PATIENT CENTERED MEDICAL HOME SERVICES

ADMINISTRATIVE SERVICES

AND

SPECIFIC STOP/LOSS INSURANCE COVERAGE FOR

LUCAS COUNTY EMPLOYEES AND THEIR FAMILIES

ONE GOVERNMENT CENTER

SUITE 800

TOLEDO, OHIO 43604

AUGUST, 2012

LEGAL NOTICE

The Board of County Commissioners, Lucas County, Ohio will be receiving proposals for conventionally insured Employee Group Life Insurance, Health, HMO, Prescription Drug, Dental, Dental PPO and Patient Centered Medical Home Services. The Board will also receive proposals for Administrative Services, Medical Management and Specific Stop-Loss Reinsurance for the self-insured Lucas County Health, HMO, Prescription Drug, Dental and Patient Centered Medical Home Services.

Written specifications are available through the county website at: www.co.lucas.oh.us under Bid Posting Notifications beginning Monday, August 6, 2012.

Proposals must be completed and returned no later than 2:00 p.m. on Monday, September 17, 2012. Materials must be stamped for time and date at the office of the Lucas County Commissioners, One Government Center, Suite 800,Toledo, Ohio 43604-2259. All proposal materials will be opened and identified at that time. All coverage is effective March 1, 2013. Questions may be directed to Jim Wells, Consultant in writing at jwells@co.lucas.oh.us.

The right is reserved to reject any and all proposals.

By order of the Board of County Commissioners, Lucas County, Ohio

Pete Gerken, President

Tina Skeldon Wozniak, Commissioner

Carol Contrada, Commissioner

Adopted: July 10, 2012

Publish: August 5, 2012

SECTION I: INTRODUCTION

As Plan Sponsor, the Board of Commissioners, Lucas County, Ohio (hereinafter referred to as The Board or the County) currently makes available group term health, dental, HMO, and prescription drug coverage for more than 3250 employees. Eligibility requirements are defined and administered by Lucas County and for reference are included in the Lucas County Plan Documents. Respondents should note the employee initial eligibility, maintenance of eligibility, dependent child and spouse eligibility criteria. Since 1982 the Board of Commissioners of Lucas County has closely monitored an upward trend in health care costs and has periodically requested proposals from the insurance, HMO, Pharmacy Benefit Management (PBM) and administrative services industry to recommend innovative solutions to the problem without reducing benefits. As a result of this periodic request for proposal process the Board has contracted with, at various times, insurance companies, HMOs, preferred provider organizations (PPOs), pharmacy benefit managers (PBMs) and third party administrators (TPAs).

This request for proposals is intended to solicit quotations from qualified insurance companies for group health, PPO, HMO, prescription drug, dental and dental PPO conventional insurance quotations as well as administrative services and reinsurance quotations for the health, prescription drug and dental portions of the benefits plan for program years 2013, 2014 and 2015. (Program year begins March 1 each year for all benefits.) This request also includes proposals for patient centered medical home services, accountable care organization financing, bundled service pricing, specialty pharmacy services, and guarantee of network pricing.

CURRENT HEALTH PLANS The Board currently provides employees their choice of one HMO plan (Paramount) or one of two health plans (the Lucas County Plan) through a PPO network (FrontPath or Healthspan), their choice of either a traditional dental indemnity plan, a dental plan through a PPO network of dentists (Ameritas), a dental plan through a sole provider (Corner Dental) and one prescription drug plan (TotalScript).

There is no employee payroll deduction required to participate in any of these plans. The lone exception is for employees who enroll in a health care plan for family coverage who wish to have their spouse enrolled as primary with one of the Lucas County health plans. Spouses are required to enroll as primary through any health care plans or retiree health care plans available through their employer (other than Medicare) for which they are eligible as required by the Plan Document. There is no payroll deduction for spouses enrolled as secondary with Lucas County.

The health plan through the Healthspan PPO has no deductible, requires a $10 co-payment for primary care physician office visits, a $15 co-payment for specialists, a $15 co-payment for participating urgent car centers and a $100 co-payment for emergency room usage. The plan requires a 10% coinsurance payment for medical services with an annual out of pocket maximum of $1,000 per individual and $2,000 per family. Physician office and emergency room co-payments are not included in the out of pocket maximums. There is no coverage for elective services provided out of network.

The Paramount HMO plan has no deductible, requires a $10 co-payment for primary care office visits, a $15 co-payment for specialists, a $15 co-payment for participating urgent care centers and a $100 co-payment for emergency room usage. The plan requires a 25% coinsurance payment for medical services with an annual out of pocket maximum of $1,500 per individual and $3,000 per family. Physician office and emergency room co-payments are not included in the out of pocket maximums. There is no coverage for elective services provided out of network.

The health plan through the FrontPath PPO also requires a $10 co-payment for primary care physician office visits, a $15 co-payment for specialists, a $15 co-payment for participating urgent care centers and a $100 co-payment for emergency room usage. The PPO plan requires a 30% coinsurance payment for medical services with an annual out of pocket maximum of $2,000 per individual and $4,000 per family if services are provided within the FrontPath network of participating providers. The Multi Plan network serves as the PPO wrap network. Elective medical services obtained from medical providers not participating in FrontPath require a 50% co-payment with NO annual out of pocket maximum. Urgent Care and emergency room co-payments do not apply to the annual out of pocket maximums but physician office visit co-payments do. There is no deductible.

CURRENT DENTAL PLANS The traditional dental plan has no annual deductible and pays 100% up to the UCR for preventative dentistry services. For restorative services the plan requires a $25 per person annual deductible ($75 per family) and pays 80% up to the UCR. The maximum benefit payable by the plan is $1,000 per covered person per plan year. There is no orthodontia coverage. This is the same level of benefit that is provided through the sole provider Corner Dental plan option.

The Dental PPO plan (Ameritas) requires all services be provided by a participating network provider in order for services to be paid at the highest level. There is no annual deductible and the plan pays up to 100% of the UCR for preventative dentistry services.

For restorative services the plan requires a $25 per person annual deductible ($75 per family) and pays 80% up to the UCR. The maximum benefit payable by the plan is $1,500 per covered person per plan year. Participating providers in the dental PPO plan have agreed to accept the UCR payment as payment in full without balance billing. Additionally, the dental PPO plan will pay 80% of an approved orthodontia treatment plan, up to a total plan maximum benefit of $1,000 per non adult member, per lifetime. The PPO plan uses the Ameritas network of dental providers. The County is currently in the second year of a three- year agreement with Ameritas with an option to renew for the third year. Quotations for the dental PPO option for multiple years are being requested at this time.

All three of the dental plans pay 100% up to the reasonable or contracted fee for Type 1 (Preventative), 80% up to the reasonable or contracted fee for Type 2 (Basic Restorative) and up to 70% of the reasonable or contracted fee for Type 3 (Major Restorative) benefits.

CURRENT PRESCRIPTION DRUG PLAN The prescription drug program is administered by Total Script. Effective April 1, 2004 the retail portion of the plan has no annual deductible and requires a 20% co-payment for each generic medication up to $8 per script for up to a 30-day supply (Tier I). A co-payment of $25 per script is required for preferred brand name medications for up to a 30-day supply (Tier II). A 20% co-payment, or $40 per script, whichever is greater, is required for any non-preferred brand name medication or any brand name medication dispensed for which there is an AB generic equivalent manufactured (including DAWs) for up to a 30 day supply and for any brand name medication introduced to the market after April 1, 2004 for 36 months (Tier III). Injectable insulin and oral contraceptives are covered. Disposable syringes and needles are also covered but only when prescribed with insulin. Insulin and Human Organ Transplant drugs are considered generic for purposes of determining the co-payment. A mail order option is available with the above co-payment schedule but with a 90-day supply (Tier III medications are limited to a 30 day supply).

Enrollees are eligible for a 90 day supply of Tier I and Tier II medications and an annual $350 out of pocket maximum for Tier II brand name medications and $500 for Tier III medications if they enroll in and complete the Lucas County Expanded Prescription Drug Use Review Program with a participating pharmacist. This program is available at no charge for any enrollee. The Total Script formulary applies. Respondents must demonstrate the ability to administer the Prescription Drug Use Review Program negotiated benefit. Specialty pharmacy services are available through the mail order program. All medications costing in excess of $500 and all genetic testing will be referred to medical management for review for medical necessity.

Effective March 1, 2011 collective bargaining amendments to the prescription drug plan include the exclusion of all brand name proton pump inhibitors and effective October 1, 2011 the implementation of a therapeutic step therapy program.

The Board is currently under contract with the Health Care Payer's Coalition (HCPC) to provide administrative services for the Lucas County Plan through FrontPath, the Lucas County Plan through Healthspan, the dental indemnity plan and the sole provider dental plan. The Dental PPO program is conventionally insured through Ameritas. Health Care Strategies, Inc. is under contract to HCPC to provide medical management and case management services. A specific stop/loss policy is provided through HM Life. The specific attachment point is $425,000 including the self-insured health and prescription drug benefits.

Coordination of benefit provisions apply to all the above benefits. The above is only a brief summary. Copies of the actual plan documents are included elsewhere in this web site. **To view the actual plan documents** please visit the Lucas County website by accessing "On Line Services," then "Document Center" and finally "Employee Benefits Folder" where all of the plan documents are available for viewing.

Plan enrollment, including COBRA enrollment, as of July, 2012 is described below.

	Single	Family	Total
Paramount (HMO)	380	979	1359
Lucas County Plan (PPOHealthSpan)	199	417	616
Lucas County Plan (PPO FrontPath)	345	883	1228
Lucas County Dental Plan	666	1594	2260
Lucas Count Dental PPO (Ameritas)	215	699	914
Lucas County Drug Plan	923	2287	3210
Lucas County Dental Plan (Corner)	030	070	100

Open enrollment meetings are held each year in December and January. Employees are encouraged to attend and make their selections for the next program year. Selections are binding for the entire program year. Program years begin March 1 each year for all programs. Selected vendors are required to be present during open enrollment meetings to present their product offerings. No confidential or proprietary information is being required of any respondent to this request for proposals. Any information provided as part of any proposal will be considered confidential subject to applicable public information laws. **Respondents are required to clearly indicate any portions of their proposal the respondent considers to be proprietary, confidential or trade secret.**

A schedule of the services currently being provided to the County and their respective fees is included in Section VI.

Quotes for Vision coverage are not being requested as part of this RFP process.

All proposals should clearly delineate the respondent's ability to comply with all prevailing State and Federal laws including, but not limited to, Ohio's prompt pay laws, the Health Insurance Portability and Accountability Act and state and federal health care reform legislation. Selected vendors will be required to receive, process and comprehend the County's 834 file reporting format for updating enrollment weekly.

Should the County elect a self-insured format to finance these benefits the County is interested in receiving proposals from qualified claims administrators to provide medical management services, including determination of medical necessity, network steerage, preadmission certification, concurrent and retrospective review services, receive and adjudicate health insurance claims, provide accurate and timely utilization reports and arrange for specific stop/loss insurance policies that limit the County's financial liability for medical and prescription drug claims to a 15/12 specific level of not more than $425,000 per person per year. This figure is for the Lucas County Plan level of benefits with a $10 PCP, $15 specialist office visit rider and additional wellness provisions consistent with health care reform including (but not limited to) annual physicals, mammograms, pap tests (including lab charges), PSA tests and well child state mandated benefits. Stop/loss attachment points for lesser amounts will be considered. The stop loss attachment point does not include dental claims but does include prescription drug claims. The County's stop loss liability for dental claims is limited to the $1,000 annual maximum allowed in the dental plan of benefits. The County mayor may not elect to continue to purchase stop/loss insurance.

Data reporting is considered to be a very important service and the County does not wish to be placed in a position of incomplete or insufficient data regarding the plan's performance. As such, all proposal respondents are advised to carefully read and be in compliance with the proposal requirements and timelines set forth in this request for proposals. Respondents are also advised that submission of a proposal is understood to mean that they are aware of these data requirements, are in complete agreement with them, are capable of compliance, are willing to completely comply, and acknowledge that these requirements take precedence over any subsequent contract language and/or interpretation the respondent may wish or attempt to impose to restrict the provision of data.

The self insurance claims experience provided in this RFP represent net dollars billed to the County and paid after provider discounts, cost management and coordination of benefit savings have been realized though they may not include discounts retained by insurance carriers for conventionally insured products. Insurance companies and HMOs report on a different basis and may not reveal the actual paid amounts. Proposal materials submitted should highlight expected paid claims and all provider discounts, if any, and c.o.b. savings anticipated. Any provider discounts should be expressed as guaranteed dollars or as a guaranteed percentage of paid claims but with a documentable estimate of what the total claims cost after discounting will be.

Respondents must document that the actual amount billed to the County for self-insured health, dental and Rx services is the actual amount reimbursed to medical providers for the services. The County requires electronic support documentation for all invoices submitted for claims. Please see Section III, paragraph 17 for the required claims invoice format.

The County is interested in receiving proposals for conventionally insuring all lines of coverage (Health, HMO, Dental, Dental PPO and Prescription Drug). Therefore, proposals are welcome from any interested parties wishing to address all or only certain lines of coverage or portions of the services proposed as defined below. Interested parties are welcome to quote on any or all lines of coverage. Administrative services agents should be prepared to provide stop/loss insurance to be inclusive of any line of coverage they intend to recommend be retained in the ASO format The County retains the right to conventionally insure any and all lines of coverage. The County retains the right to negotiate directly with any carrier.

Respondents interested in submitting a conventional quote for the Lucas County Plan should complete and return form #4 for the current level of coverage and for current benefits through a PPO network and #4A for **HMO** coverage. Forms may be amended as needed to accommodate the concept, entity, and/or product being proposed.

CLAIMS ADMINISTRATION

The County may wish to purchase claims administration services for self-insured medical, dental and prescription drug coverage. The chosen administrator must be licensed in the State of Ohio, demonstrate the expertise to provide all facets of service commonly associated with claims processing including, but not limited to: receiving and adjudicating claims from medical providers and employees, validating enrollment in the plan, determining medical necessity, providing concurrent and retrospective review, validating legitimate expenditures, authorizing payments, cutting and mailing the actual checks and explanation of benefits (EOB) forms, and providing routine monthly and quarterly reports according to the informational requirements specified in Section **III** (General Plan Provisions), as well as any reporting required by federal, state, and/or local statutes applicable to funding arrangements of this type. A monthly electronic report, using the county file format detailing all claims activity, including provider tax ID, medical procedure codes, billed charge amounts and actual amount due for all self-insured plans must be submitted to the County for electronic auditing purposes in addition to a paper invoice. Please see Section III, paragraph #17.

Proposals from third party administrators that are recommending a network of preferred providers must include a letter from that network indicating that their administrative capabilities have been audited by that network and that the full value of the network negotiated contracts with the medical providers of that network will be realized by the County.

The chosen claims administrator will be required to submit a level one SAS-70 report describing its procedures and safeguards or the equivalent. Additionally, the chosen claims administrator will be responsible for all facets of operationalization including the initial enrollment of all employees and dissemination of all personalized identification cards by March 1, 2013. Summary Plan Descriptions will be displayed on the County website. Other than coordination, no agency or staff of the County shall be required to handle claims or provide services other than distribution of claim forms.

In order to maximize the cash flow advantages inherent in ASO programming and, at the same time observe legal limitations imposed on the County, certain parameters of performance are required of the administrative services agent.

1. The claims administrator must receive and adjudicate all clean claims within 20 days of receipt.
2. A detailed report of claims must then be forwarded to the County for review before payment is authorized
3. Upon receipt of this claims report the County may instruct the administrator to advance to the provider a prescribed level of compensation while reserving a small percentage of certain claims scheduled for medical audit by the County.
4. The County will then advance the amount authorized to the administrator to forward to the appropriate medical providers.

It is conceivable, depending upon **HMO** enrollment, that the monthly claims due by the County could total as much as $3,000,000. The County must be protected against the unlikely eventuality that these funds would be used for some purpose other than those for which they are intended: payments to providers as reimbursement for medical services provided. Therefore, the chosen administrator must secure a performance bond, or errors and omissions insurance coverage, sufficient to cover the cost of these claims specifically naming The Board of Commissioners, Lucas County, Ohio as the insured. This performance bond or insurance coverage must be executed entirely and exclusively on behalf of the County's account and should be separate and distinct from any letters of credit and/or performance bonds the chosen administrator may currently or otherwise have in force. This bond or insurance is in addition to any bonding required of third party administrators by state law.

The County may consider up to a three-year contract award for these services. Those parties interested in submitting a proposal must complete the **Non-Collusion Affidavit (Form #1A), Delinquent Tax Statement (Form #1B), and proposal Forms 2A, 2B, and 2C as well as the Additional Forms.** Any Third Party Administrator selected by the County must be licensed to do business in the state of Ohio.

PREFERRED PROVIDER ORGANIZATIONS (PPOs)

The County is interested in receiving proposals for providing health coverage through preferred provider networks (PPOs). **Therefore, proposals are welcome from any interested parties wishing to address all or only certain lines of coverage or portions of the services proposed as defined below.** Interested parties are welcome to quote on any or all lines of coverage. Respondents for PPO services under this approach need to clearly identify the following parameters associated with utilization of their products:

- Nature of the Panel including listing of all inpatient facilities (including whether it is possible to utilize the hospital panel without ancillary medical contracts and/or physician panel).
- Requirement for utilization of physician panels.
- Complete listings of physicians included on panel.
- Complete listing of all ancillary medical facilities available (including requirement to utilize or not utilize).
- Steerage requirements (if any) including service area dimensions inside of which steerage penalties apply,
- Reimbursement methodology (discount from billed charges, DRG, per-diems, other),
- Expected savings by line of business (Inpatient hospital, outpatient hospital, ambulatory surgical, radiology, laboratory, physician panel, durable medical, etc.).
- Medical management (address flexibility or inflexibility associated with medical management including any requirements to utilize PPO's only or if the county is permitted to select its own).
- Third party administrative relations (including whether County is required to utilize a certain TPA only or permitted to select their own).
- Charges for access to panel(s) including a breakdown by line of service, if permitted (e.g., charges for hospital panel access only, physician panel only, ancillary medical, etc.),
- Hospitals listed as participating must include all internal ancillary services including ER, laboratory, pathology, radiology, etc.
- Any nationally recognized accreditation including Centers of Excellence and Human Organ Transplant facilities.
- A wrap network to provide reduced payment for emergency services provided outside the service area of the PPO.

ULTIMATE LIABILITY (STOP/LOSS) COVERAGE.

The County does not currently purchase aggregate stop/loss insurance. It is the specific intention of the County to determine in advance the annual financial exposure the County must assume for hospital, surgical, physician, other medical, and prescription drug expenses. The most recent claims experience information available on the group defines total expenditures from January 1, 2009 through July, 2012 paid in actual claims (See Section VI, Claims History).

These stop/loss policies can be provided either through the claims processing agent or a separate insurer. **Those offering proposals for reinsurance should complete and return Form #3 along with a completed Non-Collusion Affidavit (Form #1A) and Delinquent Property Tax Form (Form #1B) as well as the Additional Forms.**

Interested parties should note the County may wish to guarantee reinsurance premiums for two (2) years while retaining the flexibility of altering the attachment point for the second year of coverage.

The County may, or may not, elect to purchase reinsurance for these lines of coverage.

HMO REQUEST FOR PROPOSALS

Effective March 1, 2009 the Paramount HMO was self insured for the first time. Currently 42%of all enrollment is in this HMO. The current HMO contract is scheduled to expire February 28, 2013.

It is the specific intention of this request for proposals to solicit proposals from qualified carriers for a conventionally insured HMO option for plan years beginning 2013 and 2014 at the current level of benefits. Such proposals should include all of the medical management features and services commonly associated with HMO managed care plans. Respondents should clearly indicate the hospital, physician, ancillary medical service providers and centers of excellence that participate in the network. Traditional HMO medical management services should be described and may be expanded to include the patient centered medical home parameters described elsewhere in this RFP. Carriers that propose a HMO option on a self insured basis must comply with the repricing exercises described in Section III as well as completing the administrative services form.

PATIENT CENTERED MEDICAL HOME SERVICES Lucas County has a long history of innovation in providing employee group health coverage and a long history of embracing managed care products. The County is interested in receiving proposals that employ the principles of patient centered medical home as described in HB 198.

"The patient centered medical home (PCMH) is a model of care provided by physician practices that seeks to strengthen the physician-patient relationship by replacing episodic care based on illness and patient complaints with coordinated care and long term healing relationship."

Each patient has on ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician (or advance practice nurse) led cared team is responsible for providing all patient care needs and, when needed, arranges for appropriate care with other qualified physicians. A medical home emphasizes enhanced care through open scheduling, expanded hours and communications between patients, physicians and staff. The ultimate goal is an improved patient outcome and, ultimately, reductions in the cost of health care.

The PCMH is an approach to providing comprehensive primary care to adults, youth and children. The PCMH will broaden access to primary care, while enhancing care coordination. Clinicians practicing in the highest level medical home will:

- Take personal responsibility and accountability for the ongoing care of patients;
- Be accessible to their patients on short notice for expanded hours and open scheduling;
- Be able to conduct consultations through e-mail and telephone;
- Utilize the latest health information technology and evidence-based medical approaches, as well as maintain updated electronic personal health records;
- Conduct regular check-ups with patients to identify looming health crises, and initiate treatment/prevention measures before costly, last minute emergency procedures are required;
- Advise patients on preventative care based on environmental and genetic risk factors they face;
- Help patients make healthy lifestyle decisions; and;
- Coordinate care, when needed, making sure procedures are relevant, necessary and performed efficiently.

The County is seeking proposals similar to the Patient Centered Primary Care Collaborative of Central Ohio, which is comprised of primary care teams, health plans, employers, and other strategic partners. Respondents are free to propose the most effective components of their patient centered medical home model and the costs associated with their product.

ACCOUNTABLE CARE ORGANIZATIONS. Consistent with its long history of innovation the County is interested in receiving proposals from any qualified Accountable Care Organizations. This method of financing should document areas of high cost and propose alternative methods of financing health care for the group that will result in a lower overall cost and an improved patient outcome.

BUNDLED SERVICE PRICING/SPECIALTY PHARMACY SERVICES/GUARANTEE OF NETWORK PRICING The County is interested in exploring the possibilities of contracting for bundled service pricing, specialty pharmacy services, and guarantee of network pricing that will result in a lower net cost to the County, control the cost of high dollar medications and help control the cost of chronically ill patients. The County will request the contract will include a guarantee of network pricing that will come, subject to audit, and require the contractor to reimburse Lucas County for any overages from the guarantees. This provision requires vendors to guarantee their rates and costs of service, while agreeing to allow Lucas County to audit all necessary claims data in order to ensure the County receives what we are promised.

There are no required forms for respondents proposing these specific innovations. Respondents are free to amend the enclosed forms to represent their product or simply provide narrative descriptions of how their programs would work.

IN ADDITION

Lucas County is willing to consider separate rating arrangements for smokers and nonsmokers. This concept of charging lesser rates for non-smokers has long been advocated by the life insurance industry. Lucas County will entertain a separate rate advantage for those who elect to smoke versus those who refrain.

Respondents should be aware that this request for proposals is for informational purposes. This information is shared with labor representatives after submission in order to facilitate the collective bargaining process between the County and its employees. As a result the benefits described within this RFP are subject to change. Proposals submitted in response to this RFP are likewise subject to negotiation consistent with state law.

In addition to these coverage arrangements, the County has retained Wells & Associates LLC of Toledo, Ohio as a consultant to provide health care cost containment consulting programming. This programming includes utilization review, demographic, and risk analysis, program benefit modification recommendations and cost containment employee communications. They have had considerable input into the preparation of these specifications and will assist County personnel in the evaluation of the returned materials.

SECTION II: INFORMATION FOR RESPONDENTS

1. Proposals shall be completed and returned no later than 2:00 P.M. on Monday, September 17, 2012 to the office of the Lucas County Commissioners, One Government Center, Suite 800, Toledo, Ohio 43604. The returned materials should include all appropriate enclosed forms, completed as specified. Materials should be returned in sealed envelopes clearly marked "Proposal for Health and/or Prescription Drug and/or Dental Services" with the submitter's name and address clearly marked in the upper left-hand corner of the package. All materials will be opened and recorded at the same time specified above. No proposals will be received after that time. Stop/loss quotations may be submitted after that date, but only if a proposal for administrative services has been received by the September 17th deadline.

2. Questions regarding these specifications may be directed to Mr. James P. Wells, consultant to the County, in writing at jwells@co.lucas.oh.us and copy Colleen Abbott at cabbott@co.lucas.oh.us.

3. Submission of completed materials will serve as evidence that the interested party has examined the RFP materials and is satisfied and aware of their requirements, the conditions existing and the expectations of the employees and dependents of Lucas County.

4. Contractual arrangements will be made as soon as possible after proposal submission and evaluation. Respondents should be prepared to provide services as early as March 1, 2013 for health, prescription drug, dental, dental PPO, patient centered medical home services, coverage through an accountable care organization, bundled service pricing, specialty pharmacy services and guarantee of network pricing. Selected contractors will be notified as soon as possible. The chosen contractor must be prepared to execute a written contract with the Board and should submit as part of their proposal the actual contract they are proposing to enter into with the Board to perform the services proposed and not merely a sample contract. Changes after the RFP is received will not be entertained by the respondent and will only be changed by Lucas County.

5. The selected contractor will have to provide all of the normal administrative and service procedures routinely provided under an insurance contract plus any additional information and reporting requirements that may be considered desirable or necessary over time by the County as specified later in this request for proposals packet.

6. Insurers shall comply with all requirements of the general law and duly constituted authorities of the State of Ohio.

7. Assurances must be provided by the contractor that no employee of the contractor is a member of the Lucas County Commissioners, County staff, its committees, or is in a position to give the contractor an advantage or has the respondent colluded with any other respondent or potential respondent colluded with any other respondent. (See Non-Collusion Affidavit).

8. Respondents must provide a detailed listing of similar cases administered by the contractor in the State of Ohio. Past contractual work shall not be construed to provide an advantage.

9. All respondents will be reviewed for compliance with all state and federal equal employment opportunity laws and regulations.

10. All respondents are required to complete the Non-Collusion Affidavit contained in Section VII of this document. This form must be notarized. This affidavit states that neither he nor any of his agents, nor any other party for him, has paid or agreed to pay, directly or indirectly, any person, firm, or corporation any money or valuable consideration for assistance in procuring or attempting to procure the contract herein referred to, and further agreeing that no such money or considerations will be hereafter paid.

11. All respondents are required to complete and submit the Delinquent Personal Property Tax Statement contained in Section VII of this document. This contract attachment states that the respondent will resolve, or make acceptable arrangements to resolve, all delinquent personal property taxes, if any, prior to entry into a contract with Lucas County. This form must be notarized.

12. The completed proposal materials must be submitted by an insurance company, or an administrative service company, or agency affiliate of the company. These specifications, as of March 1, 2013 (health, prescription drug, and dental), rescind and negate all prior agents of record agreements or similar arrangements. Lucas County will not determine any agent of record or agent authorization for any of these products. In the event multiple proposals are submitted by an insurance company it will be the insurance company's responsibility to designate the agent.

13. Please include, in addition to your original quotation or proposal, one clearly legible copy.

14. The limits and coverage set forth in these specifications are acceptable minimums. The signer of the returned materials, by submission, declares that sufficient investigation has been made to determine the character and extent of the benefits to be contracted and agrees, if the contract is awarded, to contract with Lucas County and provide its employees with insurance coverage and/or administrative services and/or stop/loss coverage as identified in the specifications within the time limits required, for the price quoted in the proposal materials.

15. In selecting a carrier or administrative service agent, the County will consider, but not limited to the following:

a. Low initial cost;
b. Low ultimate net cost, including provider discounts, c.o.b. savings, administration, network access fees, repricing fees and stop loss charges;
c. Evidence of the ability to service the account;
d. Number and location of providers;
e. Evidence of the ability to provide requested information relevant to the utilization status of the group at no additional cost.
f. Reputation and past experience of the contractor; and,
g. Such other factors as may be disclosed by the information called for in these RFP documents including compliance with the County's electronic data transfer procedures.
h. Audited financial statements.

16. A copy of the actual contract for the services provided must be included with your proposal. Not merely a sample. A copy of the claims forms and procedures to be utilized must also be included.

17. All interested parties shall be forewarned that Lucas County reserves the right to disqualify any and all proposals before or after opening upon evidence of collusion with intent to defraud or other illegal practices upon the part of those submitting proposals.

18. Each line of coverage, at the option of the County, may be considered, evaluated, and awarded separate and distinct from any other proposal item or line of coverage.

19. Interested parties should note the Lucas County plan of benefits:

(1) Are in writing and are available to all employees; and
(2) Do not discriminate in favor of highly compensated employees.

20. In accordance with Ohio Senate Bill 169, effective January 1, 1989, all interested administrators must agree to utilize the "Birthday Rule" in processing coordination of benefits and comply with all prompt pay laws. All other requirements of this legislation must also be met. Coordination of benefits is required in the administration of all plans including the prescription drug program.

21. The County currently administers its own COBRA program. As a result no proposals for COBRA administration are being requested in this RFP. Respondents should be aware that the County requires selected contractors to utilize the COBRA forms, procedures, and policies developed by and currently in use at the County. Questions regarding this provision may be directed to Ms. Colleen Abbott in writing to cabbott@co.lucas.oh.us.

22. The Board is authorized to enter into agreements for the services described in this document without competitive bidding. The request for proposals is an informal procedure adopted solely for purposes of identifying potential providers of the services and shall not be constructed to limit, restrict, or impair in any manner the right of the County to enter into agreements or refrain from doing so at its sole discretion subject only to the requirements of the Ohio Revised Code. The County shall have no obligation to enter into an agreement with the lowest bidder or bidders. It may reject any or all proposals, negotiate an agreement or agreements with any party or parties whether or not they have submitted proposals and, if so, whether or not their proposals were lowest, and may re-advertise for new proposals, if in its' judgment, the best interests of the County will not be served by the proposals received.

23. Respondents should be aware that confidential and/or proprietary and/or trade secret information is not being requested as part of this request for proposals. Respondents who feel compelled to submit information the respondent determines to be confidential, proprietary or a trade secret to better promote their proposals are welcome to do so but shall be subject to Ohio's public information laws. In such a case the respondent should clearly indicate which sections of their proposal contains confidential, proprietary or trade secret information.

24. Respondents should submit a copy of the Business Associate Agreement for the services they are submitting a proposal to perform if their proposed services would require such an agreement under applicable law.

SECTION III: GENERAL PLAN PROVISIONS

1. The Board is interested in purchasing employee group insurance or administrative services and stop/loss coverage as economically as possible consistent with good service. As a result, all proposals submitted will be evaluated according to their relative merits in relation to the best interests of County employees and their dependents. All permanent hourly and salaried employees of the County shall become eligible for coverage according to the provisions of the Lucas County Plan Documents, except as stated below.

2. As Plan Sponsor, the Board is responsible for determining eligibility. Briefly, employees become eligible for coverage under this Plan at 12:01 A.M. on the 31st day (91st day for life insurance) following their date of hire if both of the following requirements are met:

(1) They have completed and furnished a timely application for coverage; and

(2) They have been Actively at Work more than twenty (20) hours per week for a period of four (4) consecutive weeks.

Provided, however, that the following persons shall not become eligible for coverage: temporary or emergency employees whose employment will not exceed three (3) calendar months; and students whose employment will not exceed fifteen hundred (1500) hours in any calendar year.

Employees hired on or after March 1, 2001 must be in either active pay status or active work status for a minimum average of 20 hours per week in order to maintain eligibility for benefits.

If an employee's spouse is eligible for a health plan through his/her employer, or a retiree health plan through his/her former employer, other than Medicare, that spouse must enroll in a single plan through his/her employer or former employer as primary regardless of any required payroll deduction or premium sharing imposed by their employer. Spouses may then enroll in the health plans offered by the Board as secondary subject to any hardship appeals.

3. A complete description of the medical and prescription drug benefits is contained in the respective plan documents. These coverages are described in Section IV. Any deviations from the current benefits should be clearly delineated. Any benefit deviations proposed are subject to collective bargaining.

4. It is the administrative agent's responsibility to:

a. Prepare summary plan description booklets and certificates for the County's website.
b. Print and issue personalized identification cards within 30 days of contract award;
c. Process, administer, adjudicate and pay all claims per contract in a prompt manner according to the timelines for payment authorized by the County. Claims payments shall be handled on a "Direct Pay" basis, with remuneration going directly to the provider or the insured. No agency or staff of the County shall be required to handle claims other than the distribution of forms
d. Regardless of the method of funding proposed, and in addition to the electronic support documentation required of all vendors, the carrier or administrative services company will be responsible for providing detailed quarterly and annual reports pertaining to all claims in process, paid and reserved. Financial data provided on a monthly basis must include, but not be limited to, utilization and financial data for the group. Copies of claims incurred may be requested on an individual basis. Additional reports of this nature will be requested.

The specific parameters of these information requests are outlined below:

* Dollar amount of claims
* Number of claims
* Number of claims by spouses enrolled as primary
* Dollar value of the claims by spouses enrolled as primary
* Number of claims by spouses enrolled as secondary
* Dollar value of claims by spouses enrolled as secondary
* Number of claims by dependents
* Dollar amount of claims by dependents by age
* Number of claims by employee
* Dollar amount of claims by employee
* Number of claims by diagnostic category (total group)
* Dollar amount of claims by diagnostic category (total group)
* Dollar amount of claims by provider
* Number of cases by provider
* Number of hospital admissions by provider
* Total hospital days confined
* Total outpatient services provided by diagnostic category by provider
* Dollar amount of outpatient services provided by diagnostic category by provider
* Claim charges total
* Claim charges eligible
* Inpatient, outpatient and Physician claims paid
* Coordination of benefits savings
* Listing of claimants (providers) by total claims submitted, claims period, billed charges, discount, net paid
* Number of prescriptions filled by month, by Tier Level (brand and generic)
* Value of discount from AWP brand, and generic, total plan paid, total enrollee paid, average co-payments/Tier
* Dollar amount of prescriptions filled by month, brand, and generic
* Number of prescriptions and dollar amount of prescriptions filled by provider.

e. The carrier or administrative services company is required to work in cooperation with the County's health care cost containment consultant in providing the type detailed information noted in paragraph (d) above in both a timely and cooperative fashion.

f. A detailed annual report, or rate renewal development summary, summarizing all plan activity for the year and including the calculation of rate adjustments must be provided.

g. Provide all other services necessary to communicate and administer the plan.

h. A health insurance conversion privilege for all plan participants, regardless of chosen funding method, and which meets State Insurance Department regulations as to plan design, must be provided. There shall be no charge to the County for the right of employee conversion

I. The health insurer must demonstrate the capability to implement the plan as early as March 1, 2013 attend open enrollment meetings to explain their product and service the account thereafter.

j. All respondents must have, and must demonstrate evidence of at the time of submission of the proposal, a procedure for reviewing claims and their appropriateness made against the client's account. The proposal must allow for appeals procedures for employee claims that have been denied

k. All proposals must detail procedures utilized in handling Medicare claims.

5. Rate structures submitted must be guaranteed for a minimum of twelve (12) months with rate caps for subsequent years. Rate structures guaranteed for a minimum of twenty-four (24) months or second and third year rate caps are required as part of your proposal.

6. The County requires all insurance or ASO contracts to provide for renewal rate quotations within 120 days of contract expiration.

7. The County reserves the right to terminate any policy or contract entered into with 30 days written notice to the carrier or contractor. Reciprocal termination requires 90 days notice.

8. The Lucas County staff will be responsible for:

a. Updating enrollment information on all employees. This will include supplying, on a weekly basis, a complete enrollment file of all persons enrolled in the plan for that week. This information is transferred to the selected vendor by providing an 834 electronic file of eligible persons.
b. Issuing a single monthly payment, consolidated from all accounts of participating County departments to the insurance carrier or administrative services company.
c. Dispensing claim forms or kits provided by the carrier or administrative services company to employees utilizing benefits.

9. No reduction of existing benefit schedules will be considered when coverage is assumed under a new contractor unless approved by Lucas County prior to March 1, 2013.

10. No eligible person shall be denied benefits under the plan due to the error or omission by Lucas County staff or its agents to which such persons would otherwise be entitled solely for reason of transferring coverage from the present program to the new carrier or administrative services agent.

11. The contractor shall waive any "actively at work" clauses or related provisions for purposes of contract takeover.

12. The contractor shall waive any preexisting condition clause consistent with applicable law and the Lucas County Plan Documents.

13. Each contractor shall have a coordination of benefits provision under ALL lines of coverage that will dictate an order of coordination developed to protect the long- range best cost containment concerns of the County and its employees and its benefits as negotiated through the collective bargaining process. ALL COB PROVISIONS MUST BE IN ACCORDANCE WITH APPLICABLE STATE LAW. RESPONDENTS SHOULD BE AWARE OF THE SPOUSE, RETIRED SPOUSE AND DEPENDENT CHILDREN ELIGIBILITY REQUIREMENTS AND SHOULD ADDRESS IN THEIR PROPOSAL THE SPECIFIC PROCEDURES INCLUDED IN THEIR PROPOSAL TO ADEQUATELY ADMINISTER THE NEGOTIATED BENEFITS.

14. All proposals shall include a subrogation plan provision under which the insurer or administrative services company will have the right to recover benefits paid on behalf of an enrollee from a party whose negligent or wrongful actions caused illness or injury to the employee and/or his/her dependents. The carrier or administrator will make a prompt payment of the benefits even though a third party is liable, but the right is reserved to have such payment refunded if the liability is later assumed by the third party.

15. Monthly reporting requirements will require documentation of savings under each of these plan provisions.

16. It is requested that the successful contractor maintain an office locally or make other provisions to adequately service the account.

17. Data format for individual claim date. The format in the following page(s) entitled Comma Delimited-File must be utilized for submission of individual claims to the County for payment. This is the required format for electronic support documentation of claims invoices. This exact order must be followed. Each field must be comma delimited. If any particular field does not apply to your product or service please note that field with a single comma and go on to the next field.

16.All proposals submitted must be in compliance with all laws.

18. A list of the most common CPT codes billed to the County self-insured plans is included in this section. A sample of hospital claims and hospital billing codes of previously adjudicated medical claims are available for conducting a claim repricing exercise. NO confidential, proprietary or trade secret information is contained in this sample. The County is interested in determining what the cost of these services would be in the 2013-2014 plan year. Respondents interested in contracting with the County to provide employee group health coverage on a self –insured basis MUST complete the claims repricing exercise for both the CPT and hospital claims. Respondents must provide sufficient source documentation of any figures provided in any repricing exercise submitted as a response to this RFP. All responses are subject to applicable public information laws. Respondents should clearly indicate which sections of their proposal, including any repricing exercise, might contain confidential, proprietary or trade secret information.

Inquiries may be directed in writing to:

Mr. James P. Wells

Wells & Associates LLC

2820 Rathbun Rd.

Toledo, Ohio 43606

419-471-7451

Comma Delimited- File must contain ALL fields in EXACT order and name. If a field(s) does not apply to you and your services simply place a comma for that field and move on to the next field.

Field Name	Description	Type	Size
DOS_Month	Month for date of service	Text	2
DOS_Day	Day for date of service	Text	2
DOS_Year	Year for date of service	Text	2
Cert	Employee number	Text	6
Seq	Person code (i.e. 01, 02, 03)	Text	2
From_DOS	Starting date of service (for multiple dates)	Text	8
To_DOS	Ending date of service (for multiple dates)	Text	8
Claim_No	Claim number	Text	11
ESSN	Employee SSN	Text	9
DSSN	Dependent SSN	Text	9
Pat_LName	Patient's last name	Text	15
Pat_FName	Patient's first name	Text	15
Pat_MI	Patient's middle initial	Text	1
Pat_Suffix	Patient's suffix (i.e. Jr, Sr, I, II, etc.)	Text	6
Type	Short description for type of visit	Text	25
Line_1_Benefit_Code	Visit code	Text	3
Description	Long description for type of visit	Text	40
Relationship	Code for relationship to employee	Text	10
Provider_TIN	Provider tax id number	Text	9
Institution_Group	Business name of provider	Text	40
Pro_Last_Name	Provider's last name	Text	15
Pro_First_Name	Provider's first name	Text	15
Pro_MI	Provider's middle initial	Text	1
Pro_Suffix	Provider's suffix	Text	6
Pro_Degree	Provider's degree (i.e. DDS, MD, etc.)	Text	5
IDC91	IDC-9 code	Text	7
IDC92	IDC-9 code	Text	7
IDC93	IDC-9 code	Text	7
IDC94	IDC-9 code	Text	7
Received_Date	Date vendor received claim	Text	8
Incurrec_Date	Date of service	Text	8
Pro_Net_Paid	Amount provider paid	Text	22
Emp_Net_Paid	Amount employee paid	Text	22
Net_Paid	Total paid	Text	22
COB_Savings	Amount of savings from COB	Text	22
COB_Allowed_Not_Paid	Amount allowed not paid by COB	Text	22
Pro_Check_No	Provider check number	Text	8
Emp_Check_No	Employee check number	Text	8

COB_Adj	COB adjustment	Text	22
Total_Charge	Total charges	Text	22
Total_Discount	Total discounts	Text	22
Total_Ineligible	Total ineligible amount	Text	22
Total_Copay	Total amount of co-pay	Text	22
Total_Over_Usual	Total amount above usual amount	Text	22
Total_Deductible	Total amount of deductible	Text	22
Total_Not_Covered_Other	Total amount not covered	Text	22
Total_Coinsurance	Total amount by other insurance	Text	22
Total_Disallowed	Total amount disallowed	Text	22
Total_Paid	Total amount paid	Text	22
Procedure	Description of the procedure performed	Text	6
Modifier	Modifier of procedure	Text	2
Filler1	Extra field	Text	2
Filler2	Extra field	Text	2
Filler3	Extra field	Text	2
Client_ID	Employee number for prescriptions	Text	8
Acct_ID	Lucas County account number for prescriptions	Text	8
Group_ID	Group ID for Lucas County	Text	8
Member_Date_of_Birth	Member's date of birth	Text	18
NDC	Prescription code	Text	11
Metric_Quantity	For prescription	Text	8
Days_Supply	For prescription	Text	3
AWP_Ingredient_Cost	For prescription	Text	22
Account_Ingredient_Cost	For prescription	Text	22
Account_Dispensing_Fee	For prescription	Text	22

TOP 100 PROCEDURE CODES
99213
99214
93005
99284
99283
90806
99285
96375
93306
85027
80061
90945
85025
92014
99203
99396
77413
84484
82553
87086
97110
70553
72148
45378
88175
99244
99215
99204
95811
59400
88305
96374
94760
73721
96372
96376
99232
90801
84443
93971
99395
90805
81001
92004
74177
66984
99223
74020
99212
98941
78815
99243
84445
31296
77059
93970
99219
81003
95810
99245
90847
45385
71020
43239
80076
72158
59510
72141
66982
82947
22551
99202
70551
77055
99222
78452
74183
80048
99392
74176
97140
99233
73221
76705
90808
83690
99205
98940
84520
85652
70486
76830
99393
85610
99394
29827
73610
73562
97112
47562

1	2	3a PAT CNTL #	4 TYPE OF BILL
MERCY ST VINCENT MEDICAL CENTER 2213 CHERRY STREET TOLEDO, OH 436082801 4192518600	P.O. BOX 636447 CINCINNATI, OH 45263	00044881629 N06002 b. MED REC. # 5902681	111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
344428250	04/03/2012	04/05/2012	

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted]	a [redacted]
b [redacted]	c [redacted] e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	[redacted]	04/03/2012	11	1	1	14	01	C6											Y	

31 CODE	31 DATE	32 CODE	32 DATE	33 CODE	33 DATE	34 CODE	34 DATE	35 CODE	35 SPAN FROM	35 SPAN THROUGH	36 CODE	36 SPAN FROM	36 SPAN THROUGH	37
a 11	04/03/2012	A1	07/20/1950											a
b														b

38	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
	a 01	$1,079.46	80	$2.00	A3	$94,495.00
	b					
	c					
	d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0214			04/03/2012	2	$5,541.20	$0.00	1
2	0250			04/03/2012	12	$354.79	$0.00	2
3	0251			04/03/2012	28	$441.95	$0.00	3
4	0252			04/03/2012	43	$2,021.00	$0.00	4
5	0255			04/03/2012	3	$1,665.81	$0.00	5
6	0272			04/03/2012	9	$4,838.10	$0.00	6
7	0278			04/03/2012	2	$18,963.99	$0.00	7
8	0300			04/03/2012	7	$177.05	$0.00	8
9	0301			04/03/2012	27	$4,573.88	$0.00	9
10	0302			04/03/2012	1	$269.13	$0.00	10
11	0305			04/03/2012	4	$413.24	$0.00	11
12	0324			04/03/2012	1	$544.43	$0.00	12
13	0402			04/03/2012	1	$514.59	$0.00	13
14	0410			04/03/2012	3	$501.20	$0.00	14
15	0450			04/03/2012	1	$1,696.52	$0.00	15
16	0481			04/03/2012	3	$46,810.13	$0.00	16
17	0483			04/03/2012	1	$4,588.09	$0.00	17
18	0730			04/03/2012	3	$579.90	$0.00	18
19								19
20								20
21								21
22								22
23		PAGE 1 OF 2	CREATION DATE	08/01/2012	TOTALS	$94,495.00	$0.00	23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1467493551
A FRONTPATH		Y	Y			57 OTHER PRV ID	
B							
C							

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A [redacted]	18	[redacted]	LUCAS CO	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A 537390	1210215935647105460	
B		
C		

66 DX														68
	410.70 Y	414.01 Y	250.00 Y	412	496 Y	272.4 Y	593.9 Y	403.90 Y	585.3 Y					
	275.42 Y	276.7 Y	588.89 Y	278.00 Y	V17.3									

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	558	72 ECI				73
410.70											

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
00.66	04/04/2012	36.07	04/04/2012	37.22	04/04/2012	
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	
88.53	04/04/2012	00.45	04/04/2012	00.40	04/04/2012	

80 REMARKS	81CC		
FRONTPATH PO BOX 5810 TROY,MI 480075810	a	B3	282N00000X
	b		
	c		
	d		

76 ATTENDING	NPI 1912941246	QUAL 1G	OTH000
LAST RETHOLTZ		FIRST MICHAEL	
77 OPERATING	NPI 1508058900	QUAL 1G	OTH000
LAST SMITH		FIRST JAMES	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

1 MERCY ST VINCENT MEDICAL CENTER 2213 CHERRY STREET TOLEDO, OH 436082801 4192518600	2 P.O. BOX 636447 CINCINNATI, OH 45263	3a PAT. CNTL # 00044892817 N06003 b. MED. REC. # 0035971	4 TYPE OF BILL 111
		5 FED. TAX NO. 344428250	6 STATEMENT COVERS PERIOD FROM 05/21/2012 THROUGH 05/23/2012

8 PATIENT NAME [redacted]

9 PATIENT ADDRESS [redacted]

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18 CONDITION CODES	29 ACDT STATE	30
[redacted]	[redacted]	05/21/2012	10	3	2	17	01	C6		Y

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE
05	05/21/2012	A1	10/24/1946

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	$1,079.46	80	$2.00	A3	$137,640.35

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	0120			05/21/2012	2	$2,255.42	$0.00
2	0250			05/21/2012	26	$3,587.25	$0.00
3	0251			05/21/2012	36	$1,122.45	$0.00
4	0252			05/21/2012	6	$723.44	$0.00
5	0270			05/21/2012	1	$1,483.68	$0.00
6	0271			05/21/2012	4	$123.95	$0.00
7	0272			05/21/2012	6	$713.69	$0.00
8	0278			05/21/2012	12	$81,813.30	$0.00
9	0300			05/21/2012	2	$51.50	$0.00
10	0301			05/21/2012	1	$102.69	$0.00
11	0305			05/21/2012	2	$307.52	$0.00
12	0360			05/21/2012	17	$41,081.44	$0.00
13	0420			05/21/2012	2	$908.37	$0.00
14	0424			05/21/2012	1	$413.18	$0.00
15	0430			05/21/2012	1	$220.76	$0.00
16	0434			05/21/2012	1	$296.83	$0.00
17	0710			05/21/2012	7	$2,434.88	$0.00
23		PAGE 1 OF 2	CREATION DATE	08/01/2012	TOTALS	$137,640.35	$0.00

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
A FRONTPATH		Y	Y			1467493551

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]	01	[redacted]	LUCAS COUNTY	

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
540963	1215015483774105460	

66 DX: 996.78 Y | 338.29 Y | 722.52 Y | 724.2 Y | 285.9 N | 727.03 Y | V64.00

69 ADMIT DX 996.78 | 70 PATIENT REASON DX | 71 PPS CODE 498 | 72 ECI E8781 Y

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE
81.38	05/21/2012	77.79	05/21/2012	81.37	05/21/2012
c. 82.01	05/21/2012	d. 82.01	05/21/2012	e. 81.62	05/21/2012

76 ATTENDING NPI 1447364773 QUAL 1G OTH000 — LAST ANDRESHAK FIRST THOMAS

77 OPERATING NPI 1447364773 QUAL 1G OTH000 — LAST ANDRESHAK FIRST THOMAS

78 OTHER NPI QUAL — LAST FIRST

79 OTHER NPI QUAL — LAST FIRST

80 REMARKS
FRONTPATH PO BOX 5810 TROY,MI
480075810

81CC a B3 282N00000X

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

1	2	3a PAT. CNTL #	4 TYPE OF BILL
THE TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 436069984	THE TOLEDO HOSPITAL PO BOX 630253 CINCINNATI, OH 452630253	999903423	111
		b. MED REC. # 347973	
		5 FED. TAX NO. 344428256	6 STATEMENT COVERS PERIOD FROM 03/14/2012 THROUGH 03/26/2012

8 PATIENT NAME	9 PATIENT ADDRESS
a	a [redacted]
b [redacted]	b [redacted] c [redacted] d [redacted] e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE
[redacted]		03/14/2012	16	5	1	15	62												Y

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a	B1	07/04/1948	11	03/14/2012											20120424
b															

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
	a	01	$2,462.00	80	$12.00		
	b						
	c						
	d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0201			03/14/2012	2	$12,188.00	$0.00	1
2	0206			03/14/2012	10	$38,890.00	$0.00	2
3	0250			03/14/2012	546	$2,652.00	$0.00	3
4	0255			03/14/2012	125	$500.00	$0.00	4
5	0260			03/14/2012	1	$450.00	$0.00	5
6	0270			03/14/2012	6	$2,724.00	$0.00	6
7	0274			03/14/2012	2	$632.00	$0.00	7
8	0278			03/14/2012	43	$45,025.00	$0.00	8
9	0279			03/14/2012	10	$3,000.00	$0.00	9
10	0300			03/14/2012	17	$4,144.00	$0.00	10
11	0301			03/14/2012	59	$6,536.00	$0.00	11
12	0302			03/14/2012	22	$2,873.00	$0.00	12
13	0305			03/14/2012	27	$2,399.00	$0.00	13
14	0306			03/14/2012	1	$361.00	$0.00	14
15	0307			03/14/2012	1	$74.00	$0.00	15
16	0320			03/14/2012	18	$7,189.00	$0.00	16
17	0351			03/14/2012	1	$1,889.00	$0.00	17
18	0352			03/14/2012	3	$7,554.00	$0.00	18
19	0360			03/14/2012	1	$43,260.00	$0.00	19
20	0361			03/14/2012	1	$439.00	$0.00	20
21	0390			03/14/2012	3	$2,922.00	$0.00	21
22	0391			03/14/2012	1	$818.00	$0.00	22
23		PAGE 1 OF 2	CREATION DATE	08/01/2012	TOTALS	$213,621.00	$0.00	23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI	
A	GEICO		Y	Y			1407854771	A
B	LUCAS COUNTY		Y	Y			57 OTHER PRV ID	B
C								C

	58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	UNKNOWN, UNKNOWN	G8	[redacted]	LUCAS COUNTY	100LC1A
C	[redacted]	Self			

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		1214300002	
B			
C			

66 DX												68
	823.92 Y	854.00 Y	824.9 Y	812.01 Y	924.8 Y	821.01 Y	891.1 Y	401.9 Y	414.01 Y			
	600.00 Y											

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI	73
823.92				956		

74 PRINCIPAL PROCEDURE CODE	DATE	74 a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
79.15	03/14/2012	79.36	03/14/2012	79.66	03/14/2012	
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	
78.17	03/14/2012	78.15	03/14/2012	86.69	03/22/2012	

76 ATTENDING	NPI 1699783357	QUAL	
LAST FERGUSON		FIRST ERIC	
77 OPERATING	NPI 1104819861	QUAL	
LAST GEORGIADIS		FIRST GREGORY	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC		
529542	a	B3	282N00000X
	b		
	c		
	d		

1	2	3a PAT. CNTL #	4 TYPE OF BILL
UNIV TOLEDO MEDICAL CTR 3000 ARLINGTON AVE TOLEDO, OH 436142598 4193837400	UNIV TOLEDO MEDICAL CTR DEPT L674 COLUMBUS, OH 43260	1209600746 b. MED. REC. # 00818118	117

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
340967014	04/05/2012	04/09/2012	

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted]	a [redacted]
[redacted]	b [redacted] c [redacted] d [redacted] e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	[redacted]	04/05/2012	05	2	2	15	01												Y	

CONDITION CODES

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a														20120612
b														

38	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a	A3	$140,620.09	01	$1,436.00	80	$4.00
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0121	MED-SUR-GY/SEMI		04/05/2012	4	$5,744.00	$0.00	1
2	0250	PHARMACY		04/05/2012	105	$1,184.18	$0.00	2
3	0259	DRUGS/OTHER		04/05/2012	61	$688.32	$0.00	3
4	0270	MED-SUR SUPPLIES		04/05/2012	34	$4,374.00	$0.00	4
5	0271	NON-STER SUPPLY		04/05/2012	2	$16.00	$0.00	5
6	0272	STERILE SUPPLY		04/05/2012	85	$5,478.00	$0.00	6
7	0300	LAB		04/05/2012	20	$780.00	$0.00	7
8	0301	CHEMISTRY TESTS		04/05/2012	17	$1,743.00	$0.00	8
9	0302	IMMUNOLOGY TESTS		04/05/2012	2	$446.00	$0.00	9
10	0305	HEMATOLOGY TESTS		04/05/2012	9	$620.00	$0.00	10
11	0312	HYSTOLOGY TESTS		04/05/2012	1	$170.00	$0.00	11
12	0360	OR SERVICES		04/05/2012	1	$20,092.00	$0.00	12
13	0370	ANESTHESIA		04/05/2012	1	$2,695.00	$0.00	13
14	0636	DRUG/DETAIL CODE		04/05/2012	72	$5,399.59	$0.00	14
15	0710	RECOVERY ROOM		04/05/2012	4	$4,733.00	$0.00	15
16	0811	LIVING/DONOR		04/05/2012	1	$86,457.00	$0.00	16
17								17
18								18
19								19
20								20
21								21
22								22
23		PAGE 1 OF 1	CREATION DATE	08/01/2012	TOTALS	$140,620.09	$0.00	23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A FRONTPATH		Y	Y		$140,620.09	1811971302	A
B						57 OTHER PRV ID	B
C							C

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A [redacted]	18	[redacted]		100LCLA
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A	1216700159	LUCAS COUNTY
B		
C		

66 DX																		67
	403.91	Y	585.6	Y	582.1	Y	276.2	N	414.01	Y	275.3	N	272.4	Y	412	1	V45.82	1
	V15.82	1																

68	69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI	73
	403.91					652		

74 PRINCIPAL PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
55.69	04/05/2012	99.21	04/05/2012	00.92	04/05/2012	
OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1073509089	QUAL	
LAST SELMAN		FIRST STEVEN	
77 OPERATING	NPI 1073509089	QUAL	
LAST SELMAN		FIRST STEVEN	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS

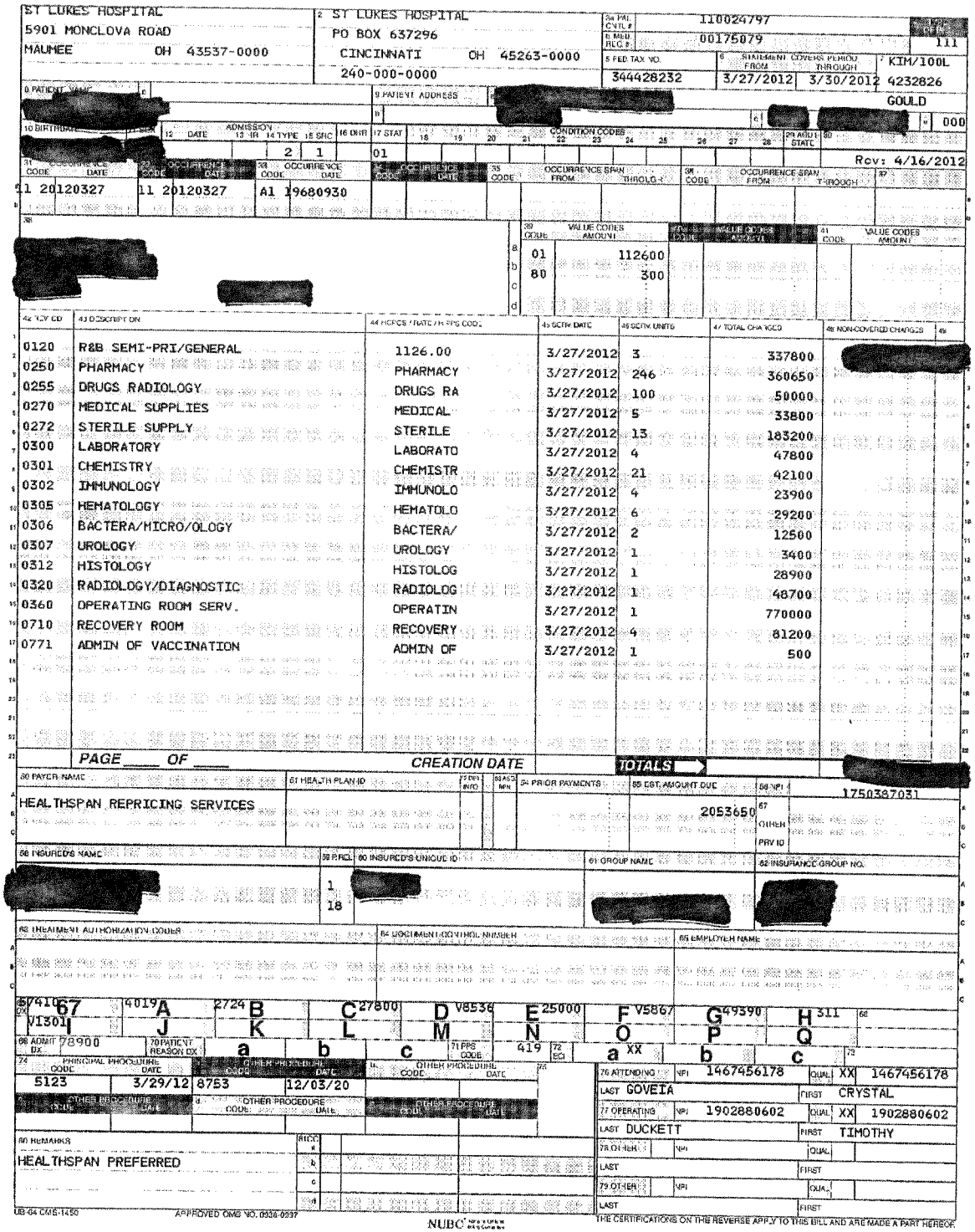
CORRECT CLAIM LATE CHARGES ADDED
PLEASE PROCESS

81CC	
a	B3282N00000X
b	
c	
d	

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997

NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF



ST LUKES HOSPITAL
5901 MONCLOVA ROAD
MAUMEE OH 43537-0000

2 ST LUKES HOSPITAL
PO BOX 637296
CINCINNATI OH 45263-0000
240-000-0000

3a PAT. CNTL # 110024797
b MED. REC # 00175079
111

5 FED TAX NO. 344428232
6 STATEMENT COVERS PERIOD FROM 3/27/2012 THROUGH 3/30/2012
7 KIM/100L 4232826

8 PATIENT NAME [redacted]
9 PATIENT ADDRESS [redacted]
GOULD
[redacted] 000

10 BIRTHDATE [redacted]
12 ADMISSION DATE 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30
2 1 01
Rev: 4/16/2012

31 CODE DATE 11 20120327
32 OCCURRENCE CODE DATE 11 20120327
33 OCCURRENCE CODE DATE A1 19680930
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37

38 [redacted]

39 VALUE CODES CODE AMOUNT
a 01 112600
b 80 300
c
d
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0120	R&B SEMI-PRI/GENERAL	1126.00	3/27/2012	3	337800	[redacted]
0250	PHARMACY	PHARMACY	3/27/2012	246	360650	
0255	DRUGS RADIOLOGY	DRUGS RA	3/27/2012	100	50000	
0270	MEDICAL SUPPLIES	MEDICAL	3/27/2012	5	33800	
0272	STERILE SUPPLY	STERILE	3/27/2012	13	183200	
0300	LABORATORY	LABORATO	3/27/2012	4	47800	
0301	CHEMISTRY	CHEMISTR	3/27/2012	21	42100	
0302	IMMUNOLOGY	IMMUNOLO	3/27/2012	4	23900	
0305	HEMATOLOGY	HEMATOLO	3/27/2012	6	29200	
0306	BACTERA/MICRO/OLOGY	BACTERA/	3/27/2012	2	12500	
0307	UROLOGY	UROLOGY	3/27/2012	1	3400	
0312	HISTOLOGY	HISTOLOG	3/27/2012	1	28900	
0320	RADIOLOGY/DIAGNOSTIC	RADIOLOG	3/27/2012	1	48700	
0360	OPERATING ROOM SERV.	OPERATIN	3/27/2012	1	770000	
0710	RECOVERY ROOM	RECOVERY	3/27/2012	4	81200	
0771	ADMIN OF VACCINATION	ADMIN OF	3/27/2012	1	500	

PAGE ___ OF ___ CREATION DATE TOTALS [redacted]

50 PAYER NAME: HEALTHSPAN REPRICING SERVICES
51 HEALTH PLAN ID
52 REL INFO
53 ASG BEN
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE: 2053650
56 NPI: 1750387031
57 OTHER PRV ID

58 INSURED'S NAME [redacted]
59 P REL 1 18
60 INSURED'S UNIQUE ID [redacted]
61 GROUP NAME [redacted]
62 INSURANCE GROUP NO. [redacted]

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

67	4019	2724	27800	V8536	25000	V5867	49390	311
I	J	K	L	M	N	O	P	Q
67410 V1301								

66 ADMIT DX 78900
70 PATIENT REASON DX a b c
71 PPS CODE 419
72 ECI a XX b c

74 PRINCIPAL PROCEDURE CODE DATE 5123 3/29/12
OTHER PROCEDURE CODE DATE 8753 12/03/20
OTHER PROCEDURE CODE DATE
OTHER PROCEDURE CODE DATE
OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1467456178 QUAL XX 1467456178
LAST GOVEIA FIRST CRYSTAL
77 OPERATING NPI 1902880602 QUAL XX 1902880602
LAST DUCKETT FIRST TIMOTHY
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
HEALTHSPAN PREFERRED

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997
NUBC
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

1 MERCY ST ANNE HOSPITAL 3404 W SYLVANIA AVE TOLEDO, OH 436234467 4194072663	2 PO BOX 636512 CINCINNATI, OH 45263	3a PAT. CNTL # 00031728217 00N06002 b. MED. REC. # 8146019	4 TYPE OF BILL 131
		5 FED. TAX NO. 311556401	6 STATEMENT COVERS PERIOD FROM 05/03/2012 THROUGH 05/03/2012

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted]	a [redacted]
b [redacted]	b [redacted] c [redacted] e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	[redacted]	05/03/2012		1	1		01												Y	

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	05/03/2012	A1	06/14/1970											
b														

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a A3	$3,478.07				
	b					
	c					
	d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0300		36415	05/03/2012	1	$25.75	$0.00	
2	0301		80048	05/03/2012	1	$313.00	$0.00	
3	0301		82270	05/03/2012	1	$74.18	$0.00	
4	0305		85025	05/03/2012	1	$166.87	$0.00	
5	0306		87045	05/03/2012	1	$142.82	$0.00	
6	0306		87046	05/03/2012	1	$178.63	$0.00	
7	0306		87427	05/03/2012	1	$93.44	$0.00	
8	0320		74000	05/03/2012	1	$512.31	$0.00	
9	0450		99285	05/03/2012	1	$1,971.07	$0.00	
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23		PAGE 1 OF 1	CREATION DATE	08/01/2012	TOTALS	$3,478.07	$0.00	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1912954553
A FRONTPATH		Y	Y			57	
B MED MUTUAL OF OHIO		Y	Y		$0.00	OTHER PRV ID	
C							

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A [redacted]	19	[redacted]	LUCAS COUNTY	941546064
B	Chil			
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A	1213115959641105462	
B		
C		

66 DX											68
	569.3	333.94	305.1								

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI				73
	5693								

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1578558128	QUAL	
LAST KATKO		FIRST JEFFERY	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC		
FRONTPATH PO BOX 5810 TROY,MI 480075810	a	B3	282N00000X
	b		
	c		
	d		

1 MERCY ST ANNE HOSPITAL 3404 W SYLVANIA AVE TOLEDO, OH 436234467 4194072663	2 PO BOX 636512 CINCINNATI, OH 45263	3a PAT. CNTL # 00031715232 00N06002 b. MED REC. # 8028435	4 TYPE OF BILL 131
		5 FED. TAX NO. 311556401	6 STATEMENT COVERS PERIOD FROM 04/12/2012 THROUGH 04/14/2012

8 PATIENT NAME	9 PATIENT ADDRESS	10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	29 ACDT STATE	30
				04/12/2012		1	1		01		Y

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	04/12/2012	A1	09/26/1952											
b														

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a A3	$23,879.53				
	b					
	c					
	d					

	42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0250			04/13/2012	2	$3.00	$0.00	
2	0251			04/12/2012	3	$5.25	$0.00	
3	0251			04/13/2012	1	$25.00	$0.00	
4	0260		96360	04/12/2012	1	$728.64	$0.00	
5	0260		96361	04/12/2012	1	$126.93	$0.00	
6	0260		96375	04/12/2012	1	$271.87	$0.00	
7	0300		36415	04/12/2012	3	$77.25	$0.00	
8	0300		36415	04/13/2012	1	$25.75	$0.00	
9	0300		36415	04/14/2012	1	$25.75	$0.00	
10	0301		80048	04/12/2012	1	$313.00	$0.00	
11	0301		80053	04/14/2012	1	$128.71	$0.00	
12	0301		82550	04/12/2012	2	$297.68	$0.00	
13	0301		82550	04/13/2012	1	$148.84	$0.00	
14	0301		82553	04/12/2012	2	$387.60	$0.00	
15	0301		82553	04/13/2012	1	$193.80	$0.00	
16	0301		8387491	04/12/2012	4	$944.40	$0.00	
17	0301		84443	04/14/2012	1	$95.18	$0.00	
18	0301		8448491	04/12/2012	4	$791.88	$0.00	
19	0305		85025	04/12/2012	1	$166.87	$0.00	
20	0305		85610	04/12/2012	1	$84.80	$0.00	
21	0305		85651	04/14/2012	1	$47.40	$0.00	
22	0305		85730	04/12/2012	1	$124.87	$0.00	
23		PAGE 1 OF 2	CREATION DATE	08/01/2012	TOTALS	$23,879.53	$0.00	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI	57 OTHER PRV ID
A FRONTPATH		Y	Y			1912954553	
B							
C							

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	01		LUCAS COUNTY	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A	1211015946112105462	
B		
C		

66 DX	67	68
780.2	530.81	729.1	300.00	722.6	790.6				

69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
	7802			

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1912941246	QUAL	
LAST RETHOLTZ		FIRST MICHAEL	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC	
FRONTPATH PO BOX 5810 TROY,MI 480075810	a. B3	282N00000X
	b	
	c	
	d	

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ST LUKES HOSPITAL 5901 MONCLOVA ROAD MAUMEE, OH 435371899 4198935911	ST LUKES HOSPITAL PO BOX 637296 CINCINNATI, OH 45263	109848220	131
		b. MED REC. # 00268455	
		5 FED. TAX NO. 344428232	6 STATEMENT COVERS PERIOD FROM 02/10/2012 THROUGH 02/10/2012

8 PATIENT NAME	9 PATIENT ADDRESS
[redacted]	a [redacted] b [redacted]

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18-28 CONDITION CODES	29 ACDT STATE	30
[redacted]	[redacted]	02/10/2012		1	1		01			Y

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a	11	02/10/2012	A1	10/09/1957											
b															

38

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a						
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0250			02/10/2012	5	$50.25	$0.00	
2	0255			02/10/2012	30	$150.00	$0.00	
3	0320		74010	02/10/2012	1	$277.00	$0.00	
4	0361		49450	02/10/2012	1	$304.00	$0.00	
5	0450		9928425	02/10/2012	1	$634.00	$0.00	
6	0761		96374	02/10/2012	1	$120.00	$0.00	
7	0761		96375	02/10/2012	2	$240.00	$0.00	
8-22								
23		PAGE 1 OF 1	CREATION DATE	08/01/2012	TOTALS	$1,775.25	$0.00	

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A	[redacted]		Y				1750387031	
B	MEDICARE		Y	Y		$0.00		
C								

	58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	[redacted]	01 Self	[redacted]	UNKNOWN	100LC1A
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		021612258366514	
B			
C			

66 DX												67	68
	V55.1	Y	272.4	Y	V13.01	N	V10.3	Y	V12.54	U			

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1013108844	QUAL	
LAST ASHRAFMOGHAL		FIRST NADIA	
77 OPERATING	NPI 1013108844	QUAL	
LAST ASHRAFMOGHAL		FIRST NADIA	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC			
	a			
	b			
	c			
	d			

1 MERCY ST VINCENT MEDICAL CENTER 2213 CHERRY STREET TOLEDO, OH 43608	2 MERCY ST VINCENT MEDICAL CENTER PO BOX 636447 CINCINNATI, OH 45263, 43608	3a PAT. CNTL # 00044840838 b. MED. REC. # 4755022	4 TYPE OF BILL 131
		5 FED. TAX NO 344428250	6 STATEMENT COVERS PERIOD FROM 02/09/2012 THROUGH 02/10/2012

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted]	a [redacted]
b [redacted]	b [redacted] c [redacted] d [redacted] e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
04/23/1947	F	02/09/2012		1	1		01													

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a	11	02/09/2012	A1	04/23/1947											
b															

[redacted]

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a	A3	$19,924.35				
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY		02/09/2012	3	$0.75	$0.00	
2	250	PHARMACY		02/10/2012	4	$231.45	$0.00	
3	251	DRUGS/GENERIC		02/10/2012	7	$367.15	$0.00	
4		DRUGS/GENERIC				$0.00	$0.00	
5	252	DRUGS/NONGENERIC		02/10/2012	4	$55.60	$0.00	
6	255	DRUGS/INCIDENT RAD		02/09/2012	75	$379.50	$0.00	
7	300	LAB	36415	02/09/2012	3	$70.85	$0.00	
8	300	LAB	36415	02/10/2012	2	$51.50	$0.00	
9	301	CHEMISTRY TESTS	80048	02/09/2012	1	$286.83	$0.00	
10	301	CHEMISTRY TESTS	80048	02/10/2012	1	$286.83	$0.00	
11	301	CHEMISTRY TESTS	82550	02/09/2012	2	$287.68	$0.00	
12	301	CHEMISTRY TESTS	82553	02/09/2012	2	$387.58	$0.00	
13	301	CHEMISTRY TESTS	82947	02/09/2012	1	$56.11	$0.00	
14	301	CHEMISTRY TESTS	82947	02/10/2012	3	$168.33	$0.00	
15	301	CHEMISTRY TESTS	83874	02/09/2012	2	$461.68	$0.00	
16	301	CHEMISTRY TESTS	83874	02/10/2012	2	$461.68	$0.00	
17	301	CHEMISTRY TESTS	84484 91	02/09/2012	3	$580.65	$0.00	
18	301	CHEMISTRY TESTS	84484 91	02/10/2012	2	$387.10	$0.00	
19	305	HEMATOLOGY TESTS	85025	02/09/2012	1	$163.14	$0.00	
20	305	HEMATOLOGY TESTS	85027	02/10/2012	1	$144.38	$0.00	
21	324	DX X-RAY/CHEST	71010	02/09/2012	1	$544.43	$0.00	
22	341	NUC MED/DX	78452	02/10/2012	1	$6,042.36	$0.00	
23		**PAGE 1 OF 2**	**CREATION DATE**	08/01/2012	**TOTALS**	$19,924.35	$0.00	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A						1467493551	
B							
C							

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A [redacted]	18	[redacted]		100LC2P
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A 531540	20120316000WWW001KMV	
B		
C		

66 DX										68
	786.50	411.1	786.05	250.00	244.9	401.9	V15.82	424.0	272.4	

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73
	411.1									

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE

80 REMARKS	81CC		
	a		
	b		
	c		
	d		

76 ATTENDING	NPI 1215932165	QUAL	
LAST ORLOP		FIRST STANLEY	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

MERCY ST ANNE HOSPITAL
3404 W SYLVANIA AVE
TOLEDO OH 43623-4467

2 MERCY ST ANNE HOSPITAL
PO BOX 636512
CINCINNATI OH 45263-0000
240-000-0000

3a PAT CNTL # 00031750760 00L54002
b MED REC # 8053839
4 TYPE OF BILL 131
5 FED. TAX NO. 311556401
6 STATEMENT COVERS PERIOD FROM 6/12/2012 THROUGH 6/12/2012
7 KIM/ 4879800
QSYSOPR

8 PATIENT NAME [redacted]
9 PATIENT ADDRESS [redacted]
[redacted] 000

10 BIRTHDATE [redacted] 11 SEX [redacted] 12 ADMISSION DATE 13 HR 14 TYPE 1 15 SRC 1 16 DHR 17 STAT 01
18–28 CONDITION CODES 29 ACDT STATE 30
Rev: 6/26/2012

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE
05	20120612	05	20120612	A1	19550429		

35 OCCURRENCE SPAN CODE FROM THROUGH; 36 OCCURRENCE SPAN CODE FROM THROUGH; 37

38 [redacted]

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	45	9900				
b	A3	252416				
c						
d						

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0250	PHARMACY	PHARMACY	6/12/2012	1	360	[redacted]	
0320	RADIOLOGY/DIAGNOSTIC	73610	6/12/2012	1	51231		
0320	RADIOLOGY/DIAGNOSTIC	73630	6/12/2012	1	51231		
0450	EMERGENCY ROOM	29515	6/12/2012	1	41619		
0450	EMERGENCY ROOM	99283	6/12/2012	1	107975		
	PAGE ___ OF ___	CREATION DATE		TOTALS		[redacted]	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
HEALTHSPAN REPRICING SERVICES					252416	1912954553

57 OTHER PRV ID

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]	G8	[redacted]		100LC2P

63 TREATMENT AUTHORIZATION CODES; 64 DOCUMENT CONTROL NUMBER; 65 EMPLOYER NAME

66 DX 8248 67 I 4939 A J 5051 B K C 9597 L D M E N F O G P H Q 68

69 ADMIT DX 9597 70 PATIENT REASON DX a b c 71 PPS CODE 72 ECI a b c 73

74 PRINCIPAL PROCEDURE CODE DATE; a. OTHER PROCEDURE CODE DATE; b. OTHER PROCEDURE CODE DATE; c. OTHER PROCEDURE CODE DATE; d. OTHER PROCEDURE CODE DATE; e. OTHER PROCEDURE CODE DATE; 75

76 ATTENDING NPI 1952361297 QUAL XX 1952361297
LAST MARTIN FIRST KEVIN
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
HEALTHSPAN PREFERRED

81CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

SECTION IV: PLAN OF BENEFITS

The Lucas County Plan Documents define and describe in great detail the hospital, physician, other medical, and prescription drug coverage programs for County employees. Plan documents for the Lucas County Plan through the FrontPath network, the Lucas County Plan through the Physicians Health Collaborative network and the Paramount HMO alternative describe the medical coverage through their respective plans. Parties interested in administering the County's program or providing insurance through conventional insurance premiums should understand that the Plan Document is the ultimate determiner of the plan of benefits County employees are entitled to.

These plan documents are available elsewhere on the Lucas County website by accessing "On Line Services," then accessing the "Document Center," and finally accessing the "Employee Benefits Folder" where all of the plan documents are available for viewing.

Prescription drug coverage requires a co-pay of 20% up to $8 per script for generics, $25 for preferred brand name medication and 20%, or $40, whichever is greater, for any non-preferred brand name medication dispensed or those for which there is an AB generic chemical equivalent available (including DAWs) and any brand name medication introduced to the market after April 1, 2004 for a period of 36 months. Effective March 1, 2011 brand name proton pump inhibitors are specifically excluded. Effective October 1, 2011 a step therapy program was being implemented.

INCLUDED IN THIS SECTION

- COMPARISON OF BENEFITS CHART

Please note: The enclosed Comparison of Benefits Chart is only a brief summary of how some if the benefits from each of the health plans is paid. The Plan Documents are the ultimate determiner of benefits.

Comparison of Benefits

The benefit plan year for ALL benefits begins March 1, 2012 and continues through February 28, 2013.

The following information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Certificate of Coverage" or the "Plan Document" on the Lucas County Employee Benefit website for each respective health care plan if further clarification is needed. In the event of a conflict between this information and the "Certificate of Coverage" or the "Plan Document", the Certificate/Plan Document shall control.

All non emergency care in the Paramount and the Lucas County Physician's Health Collaborative plans MUST be delivered by network providers. It is the enrollee's responsibility to use physicians and other medical providers that participate in network.

Benefits	Lucas County Plan thru HealthSpan Network (Formerly known as Physicians Health Collaborative) (10% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).	Paramount Health Care (25% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).	Lucas County Plan thru Frontpath Network (30% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures delivered by network providers. 50% co-insurance applies to non emergency, non network services.)
Pre-Existing Condition	Not applicable	Not applicable	Not applicable
Out-Of-Pocket Maximum	$1000 Single - $2000 Family Co-Payments/Coinsurance for DME, Prosthetics, Home health, Outpatient Physical /Occupational/ Speech Therapy, Infertility Services,Vision rebate, **do not** apply toward Out of Pocket maximums.	$1500 Single - $3000 Family Co-Payments/Coinsurance for DME, Prosthetics, Home health, Chiropractic, Outpatient Physical/Occupational/ Speech Therapy, Infertility Services,Vision rebate, **do not** apply toward Out of Pocket maximums.	$2000 Single - $4000 Family Co-payments will not accumulate toward satisfying these yearly maximums. There is NO out of pocket maximum for non emergency, non network services.
Certain Preventive Care will be covered in network at 100% with no co-pays. Preventive Care will include screenings, checkups, patient counseling to prevent illnesses, diseases or other health problems, including, but not limited to the following:			
Well Child Care	100% with no co-pay	100% with no co-pay	100% with no co-pay
Well Baby Care	100% with no co-pay	100% with no co-pay	100% with no co-pay
Routine Pap	100% with no co-pay	100% with no co-pay	100% with no co-pay
Mammograms	100% with no co-pay	100% with no co-pay	100% with no co-pay
Prostate Exams	100% with no co-pay	100% with no co-pay	100% with no co-pay
Immunizations	100% with no co-pay	100% with no co-pay	100% with no co-pay
Routine Preventive Services & Screenings	100% with no co-pay	100% with no co-pay	100% with no co-pay
Diagnostic Testing	100% with no co-pay	100% with no co-pay	100% with no co-pay
Certain Health Education	100% with no co-pay	100% with no co-pay	100% with no co-pay
Hearing Exam	100% with no co-pay	100% with no co-pay	100% with no co-pay

Benefits	Lucas County Plan thru HealthSpan Network (Formerly known as Physicians Health Collaborative)	Paramount Health Care	Lucas County Plan thru the Frontpath Network
The following benefits are subject to co-payments and/or co-insurance.			
Office Visits for (non preventive) Medical Problems	$10 co-pay for office visit only with Pediatrician or PCP or IM. Remainder paid at 90%/10%.	$10 co-pay for office visit only with Member's PCP. Remainder paid at 75%/25%.	$10 co-pay for general practitioner office visit only. Remainder paid at 70%/30%.
Specialist Visit	$15 co-pay for office visit only. Remainder paid at 90%/10%.	$15 co-pay for office visit only. Remainder paid at 75%/25%.	$15 co-pay for office visit only. Remainder paid at 70%/30%.
OB/GYN (other than for routine preventive services)	$15 co-pay per visit with a plan physician. Remainder paid at 90%/10%.	$15 co-pay per visit with a plan physician. Remainder paid at 75%/25%.	$10 co-pay for office visit only. Remainder paid at 70%/30%.
Maternity Care	$15 co-pay for initial visit. Prenatal office exams covered in full. Hospital delivery and ancillary services paid at 90%/10%.	$15 co-pay for initial visit. Prenatal office exams covered in full. Hospital delivery and ancillary services paid at 75%/25%.	$10 co-pay for office visit. Remainder paid at 70%/30%.
Allergy Treatment	$10 co-pay if performed by PCP, $15 co-pay if performed by a Specialist. ($25 co-pay per testing session)	$10 co-pay with PCP, $15 co-pay for Specialist. ($25 co-pay per testing session.	Testing: Plan pays 70% up to $1000. Injection: Employee pays 30%.
Infertility Diagnosis & Testing	10% coinsurance for diagnosis & testing for infertility. $10 co-pay for PCP office visits, $15 co-pay for Specialist's visits. Exclusions include but are not limited to: sterilization reversal, reproductive technologies such as IVF, GIFT, ZIFT, embryo transplant svcs, self-injectable infertility drugs.	25% coinsurance for diagnosis & testing for infertility. $10 co-pay for PCP, $15 co-pay for Specialist's visits. Exclusions include but are not limited to: sterilization reversal, reproductive technologies such as IVF, GIFT, ZIFT, embryo transplant svcs, self-injectable infertility drugs.	Employee pays 30% of diagnosis and testing. Excludes all reproductive technologies.
Sterilization Services, Vasectomy, Tubiligation	Paid at 90%/10%.	Paid at 75%/25%.	Paid at 70%/30%.
Vision Exams/ Hardware	Vision-$15 co-pay for one routine vision exam every 365 days. No PCP referral required. $100 reimbursement every 24 months toward frames, lenses, additional exam or contact lenses, with a paid receipt.	Vision-$15 co-pay for one routine vision exam every 365 days. No PCP referral required. $100 reimbursement every 24 months toward frames, lenses or contact lenses, with a paid receipt.	Vision - $15 co-pay for one routine vision exam every 365 days up to reasonable & customary. No referral required. $100 reimbursement every 24 months for frames, lenses or contact lenses, or additional exam with a paid receipt.

Benefits	Lucas County Plan thru HealthSpan Network (Formerly known asPhysicians Health Collaborative)	Paramount Health Care	Lucas County Plan thru the Frontpath Network
Renal Dialysis	Paid at 90%/10%. Requires prior authorization. (Must enroll in Medicre Part A & B if eligible.)	Paid at 75%/25%. Requires prior authorization. (Must enroll in Medicre Part A & B if eligible.)	Paid at 70%/30%. Requires prior authorization. (Must enroll in Medicre Part A & B if eligible.)
Cardiac Rehabilitation Phase I and II	Paid at 90%/10%. Phase III and IV may be paid at 100% through the Lucas County Wellness Program.	Paid at 75%/25%. Phase III and IV may be paid at 100% through the Lucas County Wellness Program.	Paid at 70%/30%. Phase III and IV may be paid at 100% through the Lucas County Wellness Program.
Chemotherapy & Radio-Therapy	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Outpatient Surgery	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Ambulance	Air/Ground - 10% coinsurance applies to emergency transportation.	Air/Ground - 25% coinsurance applies to emergency transportation.	Air/Ground - 30% coinsurance applies to emergency transportation.
Emergency Accident Care, Urgent Care Centers	Emergency Room - $100 co-pay, waived if admitted within 24 hours. If admitted then 10% coinsurance. Urgent Care- $15 co-pay, waived if admitted. If admitted then 10% coinsurance.	Emergency Room - $100 co-pay, waived if admitted within 24 hours. If admitted then 25% coinsurance. Urgent Care- $15 co-pay, waived if admitted. If admitted then 25% coinsurance.	Emergency Room - $100 co-pay, waived if admitted within 48 hours. If admitted then 30% coinsurance. Urgent Care- $15 co-pay per visit. If admitted then 30% coinsurance.
Mental Health (Outpatient)	$15 co-pay for office visit only. Additional services paid at 90%.	$15 co-pay for office visit only. Additional services paid at 75%.	$15 co-pay for office visit only. Additional services paid at 70%.
Mental Health (Inpatient)	Paid at 90%/10%. Requires prior authorization	Paid at 75%/25%. Requires prior authorization	Paid at 70%/30%. Requires prior authorization
Outpatient Chemical Dependency, Substance Abuse	$15 Co-pay per visit	$15 Co-pay per visit	$15 Co-pay per visit
Home Health Care	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Hospice Care	Paid at 90%/10%. Requires prior authorization. Bereavement counseling limited to 2 visits.	Paid at 75%/25%. Bereavement counseling available first 12 months after death of family member.	Paid at 70%/30%. Requires prior authorization. Bereavement counseling limited to 2 visits.
Chiropractic	$20 Co-pay per visit. Up to $500 max. benefit per Member.	$20 Co-pay per visit. Up to $500 max. benefit per Member.	Neuro/Muscular Manipulations – Plan pays 70%. Up to $500 max. benefit per Member.

Benefits	Lucas County Plan thru HealthSpan Network (Formerly known as Physicians Health Collaborative)	Paramount Health Care	Lucas County Plan thru the Frontpath Network
Room, Board & Ancillary Services in Semiprivate, Intensive Care or Coronary Unit	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Detoxification for Alcohol/Substance Abuse & Rehabilitation	Paid at 90%/10% for Detox. Requires prior authorization.	Paid at 75%/25% for Detox. Requires prior authorization.	Paid at 70%/30% for Detox. Requires prior authorization.
Inpatient, Chemical Dependency/Substance Abuse	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Physical Therapy	$25 Co-pay per visit. Limited to 30 visits per Plan Year. Prior Authorization required after first 15 visits. Provided in an Outpatient setting or Specialist's Office, combined with Occupational Therapy.	$25 Co-pay per Visit up to 30 Visits per Member, combined with Occupational Therapy.	Employee pays 30%. Limited to 15 visits per Plan Year. Additional visits with prior authorization. Provided in an Outpatient setting or Specialist's Office.
Physician Services in the Hospital, Includes Surgery & Anesthesia	Paid at 90%/10%.	Paid at 75%/25%.	Paid at 70%/30% unless otherwise specified in the Plan Document. Assistant Surgeon pays 20% surgical allowance.
Skilled Nursing Facility	Paid at 90%/10%, up to a maximum of 100 days per Member. Requires prior authorization.	Paid at 75%/25%, up to a maximum of 100 days per Member. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Durable Medical Equipment	Employee pays 10%. Requires prior authorization for items over $1,500. Subject to Medicare Part B guidelines.	Employee pays 25%. Requires prior authorization for items over $1,500. Subject to Medicare Part B guidelines.	Employee pays 30%. Requires prior authorization for items over $1,500.
Prescription Drugs	All medications in excess of $500 require prior authorization.	All medications in excess of $500 require prior authorization.	All medications in excess of $500 require prior authorization.

Other Designated Services Requiring Prior Authorization: All inpatient hospitalizations, all biopsies, skilled nursing facility stays, outpatient surgeries (not performed at physicians office), chemotherapy/infusion therapy, renal dialysis, radiation therapy, human organ transplant evaluation and transplantation, home health services, hyperbaric oxygen treatment, speech/respiratory therapy prior to first visit, physical/occupational therapy after the first 15 visits, durable medical equipment ($1,500 purchase or rental), hospice care, and blepheroplasty.

Benefits	Lucas County Plan thru HealthSpan Network (Formerly known as Physicians Health Collaborative)	Paramount Health Care	Lucas County Plan thru the Frontpath Network
Hospitals (Toledo area only listed. For complete listing of all in-network hospitals, please refer to appropriate provider directory or website).	Mercy Children's Hospital, Mercy St. Anne Hospital, Mercy St. Charles Hospital, Mercy St. Vincent's Med Center, St. Luke's Hospital, Wood County Hospital.	Toledo, Toledo Children's, Flower, St. Luke's Hospital, Bay Park, UT Medical Center, Fulton County Health Center, Wood County Hospital.	Toledo, Toledo Children's, Flower, UT Medical Center, St. Charles, St. Vincent's Mercy, Mercy Children's, Wood County, St. Luke's Hospital, Bay Park, St. Anne Mercy, & Fulton County Health Center.
Prescription Drug Coverage *All medications in excess of $500 require prior authorization	Through the Lucas County Prescription Drug Plan. Tier I: Generic – 20% up to $8 (up to a 30-day supply); Tier II: Brand-$25 (up to 30- day supply); Tier III: 20% of the cost or $40 whichever is greater– no cap (up to 30-day supply). 90-day mail order option available for Tier I & Tier II. Max. $350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. Max $500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program. All Brand Name Proton Pump Inhibitors are excluded from coverage. Step Therapy applies effective 3/1/2012.	Through the Lucas County Prescription Drug Plan. Tier I: Generic – 20% up to $8 (up to a 30-day supply); Tier II: Brand-$25 (up to 30- day supply); Tier III: 20% of the cost or $40 whichever is greater– no cap (up to 30-day supply). 90-day mail order option available for Tier I & Tier II. Max. $350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. Max $500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program. All Brand Name Proton Pump Inhibitors are excluded from coverage. Step Therapy applies effective 3/1/2012.	Through the Lucas County Prescription Drug Plan. Tier I: Generic – 20% up to $8 (up to a 30-day supply); Tier II: Brand-$25 (up to 30- day supply); Tier III: 20% of the cost or $40 whichever is greater– no cap (up to 30-day supply). 90-day mail order option available for Tier I & Tier II. Max. $350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. Max $500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program. All Brand Name Proton Pump Inhibitors are excluded from coverage. Step Therapy applies effective 3/1/2012.

Notes:

Lucas County Plan through HealthSpan (Physician's Health Collaborative) - This plan pays 90% of all contracted cost of covered services performed within the HealthSpan (Physician's Health Collaborative) network. The employee pays 10% of the contracted cost of covered services performed within the network up to a yearly maximum out-of-pocket coinsurance of $1000 maximum per individual or $2000 maximum per family. Once you reach the out-of-pocket expense of $1000 per individual or $2000 per family, you will not be responsible to pay any more out-of-pocket expenses except for those applicable co-pays. Benefits are not paid for non-emergency elective medical services performed by non-participating network medical providers.

Notes:

1) The Lucas County Plan through HealthSpan (Physicians Health Collaborative) requires use of plan providers except for Emergency Medical Conditions.

2) Referrals from a PCP to see plan Specialists are NOT required. Limited benefits renew each Contract/ PlanYear.

3) Employees or dependents who are in the middle of treatment and who are switching health plans need to coordinate treatment with the new health plan for services on or after March 1, 2012 including rental of medical equipment and services like maternity care, surgery, dialysis, and mental health care.
4) Member ID cards will show the new HealthSpan network name and logo. All members will receive new ID cards effective March 1, 2012.

Lucas County Plan through Frontpath– This Plan pays 70% of the contracted cost of covered services performed within the FrontPath network. The employee pays 30% of the contracted cost of covered services performed within the FrontPath network up to a yearly maximum out-of-pocket coinsurance of $2000 maximum per individual or $4000 maximum per family. This means that the employee pays 30% of the contracted cost of covered services and the County pays 70% of the contracted cost of covered services up to the annual maximum(s). Once you reach the out-of-pocket coinsurance expense of $2000 per individual or $4000 per family, and you continue to use the FrontPath network, you will not be responsible to pay any more out-of-pocket coinsurance expenses, except for applicable co-pays. For enrollees in this plan who seek non-emergency elective medical services outside of the FrontPath network, the Lucas County Plan will pay 50% up to the Usual Customary and Reasonable amount and the employee will pay 50% up to the Usual Customary and Reasonable amount. The $2000 per individual and the $4000 per family out-of-pocket coinsurance maximum(s) do not apply for non-emergency elective medical services provided outside of the FrontPath participating network. Co- payments will continue to apply. Co-payments do not apply to coinsurance out-of-pocket maximums.
Eligible dependents away at school may use the local Urgent Care Center or the College Infirmary for conditions including, but not limited to, colds, flu, ear infections, sprains or strains with the applicable $10 office visit co-pay. All other non-emergency services and routine care must be performed in-network or the out-of-network charge of 50% will be applicable with no out of pocket maximum.

Paramount Health Care - For those services that have a coinsurance associated with them, the Paramount Plan pays 75% of the contracted cost of covered services performed within the Paramount network. The employee pays 25% of the contracted cost of covered services performed within the network up to a yearly maximum out-of-pocket coinsurance of $1500 maximum per individual or $3000 maximum per family. Once you reach the out-of-pocket expense of $1500 per individual or $3000 per family, you will not be responsible to pay any more out-of-pocket expenses except for those applicable co-pays. Benefits are not paid for non-emergency elective medical services performed by non-participating network medical providers. Referrals from Paramount PCP to see plan Specialists are NO LONGER required.

Paramount's Student Program – Paramount's STUDENT 101 program will cover student care for Emergency, Urgent Care and for follow up services. If your child needs medical care away from home beyond Emergency services, simply contact Paramount's Utilization Management department at (800) 891-2520 and select the option for *Out of Plan and Student referrals* or visit their website at www.paramounthealthcare.com. Appropriate co-pays will apply, along with a 25% coinsurance for any diagnostic/lab services. For Emergency services, **notification to the member's PCP should take place within 72 hours following the visit.** Routine wellness care, such as physical exams must be scheduled with the Member's PCP in the Paramount service area.

Paramount Health Care and the Lucas County Plan through HealthSpan (formerly Physicians Health Collaborative) require use of plan providers except for Emergency Medical Conditions. Limited benefits renew each Contract/ PlanYear.

Treatments that are in progress for employees and dependents who are switching from one health plan to another, need to be coordinated with their new health plan for any dates of service on or after March 1, 2012. Some of the most common treatments needing coordination include, but are not limited to, scheduled surgery, maternity, mental health and substance abuse care. Employees can call Paramount Member Services at 419-887-2525 or toll free at 1-800-462-3589 for questions and assistance. Members enrolled in either Lucas County Health Plan may call Health Care Payer's Coalition at 419-244-0135 for questions and assistance.

Lucas County Wellness Program – All eligible Lucas County employees and their eligible spouse/dependents may utilize the Lucas County Wellness Program. For more information, please call the health coaches at 213-2088.

Lucas County Prescription Drug Plan
Schedule of Benefits

Administered by: Total Script (Catalyst), 10901 West 120th Avenue, Suite 175, Broomfield, CO 80021, 1-800-752-2211

Rx Mail Order Company: Immediate Pharmaceutical Services (IPS), www.ipsrx.com

Effective March 1, 2012, the Lucas County Prescription Drug Plan will provide the following benefit:

- TIER I: 20% co-pay for generic medication up to $8 per script for up to a 30-day supply retail & 90-day supply mail order.
- TIER II: $25 per script for brand name medication up to a 30-day supply retail & 90-day supply mail order.
- TIER III: 20% or $40.00 (whichever is greater) co-pay with no cap up to a 30-day supply retail & 30-day supply mail order. All new brand name medications introduced to the market will be considered Tier III for a period of 36 months.
- Medications may be subject to change among Tiers during the course of the plan year.
- All medications costing in excess of $500 must be referred to the claims administrator for prior authorization.
- Employees and/or family members on certain medications will be required to comply with a mandatory step formulary component .
- All brand name proton pump inhibitors, including Nexium, are not covered.
- Enrollees will be eligible for a 90-day supply of Tier I & II medication and a yearly $350 annual cap on Tier II brand name medication if they enroll in and maintain continuous compliance in the Lucas County Prescription Drug Use Review Program at one of the local participating prescription drug use review pharmacies.
- Enrollees will be eligible for a $500 yearly cap on Tier III medication if they enroll in and maintain continuous compliance in the Lucas County Prescription Drug Use Review Program at one of the local participating prescription drug use review pharmacies. The prescription medication Enbrel requires a prior authorization and will remain at a straight 20% co-payment, with no cap, unless member is enrolled in and compliant with the DUR Program.
- The Plan will continue to pay 100% of the cost of certain over the counter (OTC) medications for enrollees with a prescription. These include, but may not necessarily be limited to: Prilosec OTC 20 mg, Prevacid 24 hr., Claritin Syrup, Claritin Tablets, Claritin Reditab, Claritin-D 24 and store brand laratadine D-24 tablets. You must have a valid written prescription from your physician in order to receive this benefit.

If you use a non-participating pharmacy, eligible expenses will be reimbursed at a reduced level. If you are vacationing or traveling outside of the network, you must purchase the prescription and submit eligible expenses for reimbursement, minus the applicable deductible. You may obtain reimbursement claim forms on the Lucas County Health Benefits website, or in the Health Benefits Department, Suite 440, in the Government Center.

Injectible insulin and oral contraceptives are covered. Disposable syringes and needles are also covered, but only when prescribed with insulin. Insulin and Human Organ Transplant drugs shall be considered generic for purposes of the Lucas County Drug Plan and are subject to the generic co-pay.

Generic Drug Policy:

If a Brand Drug is dispensed when a generic equivalent is available, then the Member is responsible for the copay plus any cost differential between the Brand name and the Generic.

Coordination of Benefits Policy:

If any eligible person is entitled to prescription drug benefits under another plan, and the eligible person is primary on that plan, expenses will be coordinated so that the primary plan pays first and the secondary plan pays the remaining eligible expense to the applicable co-payment amount. Dependent children fall under the "Birthday Rule" which states that whichever parent's birthday comes first in the calendar year, that parent's coverage will be primary, unless a specific court order states otherwise. In order to receive the secondary refund to the applicable co-payment amount, a claim form must be completed and submitted toTotal Script at the address above.

Health Coaches
Eligibility/Exclusions
Programs & Services
Wellness Activity Calendar
Wellness @ Work Newsletter
Prescription Drug Use Review Program
Reimbursement Specifications
Helpful Links
What's New?

Prescription Drug Use Review Program

Prescription Drug Use Review Program

The Prescription Drug Use Review Program provides for private and confidential sessions between the patient and a participating pharmacist. National data indicates patients feel better when they take their medications properly. These sessions are designed to educate the participant on the proper usage of their medication. While the pharmacist cannot alter the physician's prescribing wishes, these sessions assist the physician in monitoring for negative interaction and unwanted side effects with other prescription medications, supplements and over the counter products, many of which previously required a prescription.

This program is not only very popular with enrollees but has resulted in improved patient outcomes. You are a prime candidate for this program if:

1. You are taking multiple prescription medications;
2. You are combining prescription medications with supplements or over the counter medications;
3. You are being doctored by multiple physicians who are prescribing medications; or,
4. You are taking your medications but you just don't feel well.

This program is free and completely confidential. There is no cost to participate. Employees, spouses, and dependent children enrolled in the Lucas County employee prescription drug plan are eligible to participate. The program duration is twelve months from the date of the initial session. Enrollees who complete the program are welcome to re-enroll in order to continue to enjoy the incentives to participate.

Incentives to Participate

* A 90-days supply of Tier I and Tier II prescription medications at the same co-payment cost as the mail order program. Note: Tier III medications are not available with a 90-day supply.
* Each enrollee who completes the program may receive up to $50.00 worth of coupons toward their Tier II prescription drug co-payment at the participating pharmacy.
* Enrollees who complete the program will have their annual out-of-pocket maximum for Tier II brand name medications limited to $350.00/year and a $500.00/year out-of-pocket maximum for Tier III medications.
* For patients with diabetes, up to 100 free test strips and lancets are provided for each month and your blood sugar readings are reviewed and recorded. Results may be forwarded to your physician at your request.
* If an enrollee has four (4) Tier II brand name medications each costing $25.00 in co-payments per month through the mail order program they will spend $400.00 in twelve months. If that same enrollee completes this program, they will be limited to an out-of-pocket maximum of $350.00; a savings to the enrollee of $50.00.
* Patients currently using the mail order program may benefit from routine access to a pharmacist and other medical professionals. Note: While enrolled in the Drug Use Review Program, the mail order program is suspended.

Services Available

* Regular private sessions with a pharmacist to discuss your medications, supplements and over-the-counter drugs.
* During each visit to the pharmacist or nurse, your blood pressure will be taken and your cholesterol and blood glucose levels may be checked.
* Certain participating pharmacies have agreed to forward your test results to your physician directly. This may save you the cost of a lab test when you visit your physician.

No pharmacists can alter or override a prescription. Only your physician can change your medication. This process is not intended as a substitution for the professional judgment of the prescribing physician or any other health care professional providing services to you.

Some County elected officials have agreed to allow up to an hour of work release time for the initial Drug Use Review session. If you use work release time for the initial session, you must show documentation of attendance from the participating pharmacy. Please check with your elected offical for their participation regarding work release time.

Questions about the program may be directed to the participating pharmacies listed, or Diane Ducey-Prebeg at (419)213-4531.

Participating Pharmacies

The Pharmacy Counter
2655 W. Central Ave
Toledo, OH 43606
419.473.1493

The Pharmacy Counter
1515 S. Byrne Rd.
Toledo, OH 43614
419.382.3475

The Pharmacy Counter
2701 Navarre Ave.
Oregon, OH 43614
419.698.5408

Kahler Pharmacy
1941 Airport Highway
Toledo, OH 43614
419.382.2911

Ryan Pharmacy
3340 Dorr St.
Toledo, OH 43607
419.531.2836

Erie Drug
4502 Lewis Ave.
Toledo, OH 43612
419.476.4322

Mercy St. Anne
3404 W. Sylvania Ave.
Toledo, OH
419-251-4778

Mercy St. Vincent
2213 Cherry St.
Toledo, OH
419-251-4778

Mercy St. Charles
2600 Navarre Ave.
Oregon, OH
419-251-4778

Mercy Outpatient
2200 Jefferson
Toledo, OH
419-251-4778

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Schedule of Benefits
Lucas County Dental Plan

Effective 3-1-12

Administered by ***Health Care Payer's Coalition, (HCPC)***
Address: **701 Adams Street, Suite 850, Toledo, OH 43604**
Phone Number: **1-877-934-4272 or (419) 244-0135**

Aid To Preventive Dentistry

Covered 100% up to the UCR (Usual Customary & Reasonable) No Deductible Required
No deductible is required, but cost of services are applied to the annual maximum.

- Prophylaxis (Cleaning) - 2 per benefit period
- Topical Fluoride - 2 per benefit period (up to age 19)
- Oral Exam - 2 per benefit period
- Bite-wing X-ray - 1 per benefit period
- Full Mouth X-rays – once every 60 months
- Sealants on permanent molars – once every 36 months (up to age 16)
- Space Maintainers

Basic Restorative Treatments

Covered 80% up to the UCR (Usual Customary & Reasonable) Deductible Required
Deductible is required and cost of services are applied to the annual maximum.

Includes, but is not limited to:

- Denture and bridge repair
- Fillings
- Simple Extractions
- Emergency Treatment - Temporary relief of pain
- Oral Surgery and complex extractions
- Periodontal Cleaning
- Periodontal Therapy and surgery (gum disease)
- Endodontic Therapy and surgery (root canal)
- Injections
  Anesthesia and sedation

Major Restorative Treatments

Covered 70% up to the UCR (Usual Customary & Reasonable) Deductible Required
Deductible is required and cost of services are applied to the annual maximum.

Includes, but is not limited to:

- Inlays and crowns
- Dentures, full or partial
- Replacement or addition of teeth
- Implants
- Bridges, fixed and removable dentures or bridgework

ORTHODONTIA SERVICES ARE NOT COVERED!

(Over)

Deductibles and Maximums

Annual Deductible: $25 per Single
$75 per Family
(No more than $25 is applied to one family member)
Annual Maximums: $1000 per person *per benefit period*
Benefit Period: **(March 1, 2012 – February 28, 2013)**

Predetermination

If treatment is expected to cost in excess of $200, a *predetermination* or an estimate of the dentist's charges should be sent to Health Care Payer's Coalition (HCPC) **before** treatment begins. This procedure is explained in the Lucas County Dental Benefit Plan Document.

UCR=Usual, customary and reasonable charge

This information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Lucas County Benefit Plan Certificate of Coverage" if further clarification is needed. In the event of a conflict between this information and the "Lucas County Dental Benefit Plan Certificate of Coverage" the Certificate shall control.

Schedule of Benefits
Lucas County Dental PPO Plan

Administered by: ***Ameritas Life Insurance Company, (effective 3/1/2012)***
Address: P.O. 82520, Lincoln, NE 68501
Phone Number: 1-800-487-5553
To obtain an up-dated list of ***Ameritas*** *PREFERRED Providers:* ***www.ameritasgroup.com*** *(on main page is: Find a Provider Dental)*

Aid To Preventive Dentistry

Covered 100% — No Deductible applied

No deductible is applied, but services are applied to the annual maximum.

- Prophylaxis (Cleaning) - 2 per benefit period
- Topical Fluoride - 2 per benefit period (up to age 19)
- Oral Exam - 2 per benefit period
- Bite-wing X-ray - 1 per benefit period
- Full Mouth X-rays - once every 60 months
- Sealants on permanent molars – once every 36 months (up to age 16)
- Space Maintainers

Basic Restorative Treatments

Covered 80% of Contracted Fee — Deductible applied

Deductible is applied, and services are applied to the annual maximum.

Includes, but is not limited to:

- Denture and bridge repair
- Fillings
- Simple Extractions
- Emergency Treatment - Temporary relief of pain
- Oral Surgery and complex extractions
- Periodontal Cleaning
- Periodontal Therapy and surgery (gum disease)
- Endodontic Therapy and surgery (root canal)
- Injections
- Anesthesia and sedation

Major Restorative Treatments

Covered 70% of the Contracted Fee — Deductible applied

Deductible is applied, and services are applied to the annual maximum.

Includes, but is not limited to:

- Inlays and crowns
- Dentures, full or partial
- Replacement or addition of teeth
- Implants
- Bridges, fixed and removable dentures or bridgework

Deductibles and Maximums

Annual Deductible: $25 per Single
$75 per Family
(no more than $25 is applied to one family member)

Annual Maximums: $1,500 per person *per benefit period*

Benefit Period: **(March 1, 2012 – February 28, 2013)**

(over)

Orthodontia – up to age 19

The Ameritas Dental PPO Plan will pay 80% of an approved orthodontia treatment plan, up to a total plan maximum benefit of $1,000 per member under the age of 19, per lifetime.
****Orthodontia treatments that began prior to enrolling in the Ameritas Dental PPO Plan will not be reimbursed the full level of benefits****

Network

All dental and orthodontia services must be provided through the Ameritas network of dental providers in order for the maximum benefit to be paid.

Predetermination

If treatment is expected to cost in excess of $300, a *predetermination* or an estimate of the dentist's charges should be sent to Ameritas **before** treatment begins. This procedure is explained in the Ameritas Certificate of Coverage.

This information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Ameritas Certificate of Coverage" if further clarification is needed. In the event of a conflict between this information and the "Ameritas Certificate of Coverage" the Certificate shall control.

Schedule of Benefits
Corner Dental - Patient's Choice Dental Plan

Effective 3-1-12

ALL services must be rendered by a Corner Dental provider, or no benefit will be paid!!!

Administered by ***Health Care Payer's Coalition, (HCPC)***
Address: **701 Adams Street, Suite 850, Toledo, OH 43604**
Phone Number: **1-877-934-4272 or (419) 244-0135**

Aid To Preventive Dentistry

Covered 100% up to the negotiated network reimbursement — No Deductible Required

No deductible is required, but cost of services are applied to the annual maximum.

- Prophylaxis (Cleaning) - 2 per benefit period
- Topical Fluoride - 2 per benefit period (up to age 19)
- Oral Exam - 2 per benefit period
- Bite-wing X-ray - 1 per benefit period
- Full Mouth X-rays – once every 60 months
- Sealants on permanent molars – once every 36 months (up to age 16)
- Space Maintainers

Basic Restorative Treatments

Covered 80% up to the negotiated network reimbursement — Deductible Required

Deductible is required and cost of services are applied to the annual maximum.

Includes, but is not limited to:

- Denture and bridge repair
- Fillings
- Simple Extractions
- Emergency Treatment - Temporary relief of pain
- Oral Surgery and complex extractions
- Periodontal Cleaning
- Periodontal Therapy and surgery (gum disease)
- Endodontic Therapy and surgery (root canal)
- Injections
  Anesthesia and sedation

Major Restorative Treatments

Covered 70% up to the negotiated network reimbursement — Deductible Required

Deductible is required and cost of services are applied to the annual maximum.

Includes, but is not limited to:

- Inlays and crowns
- Dentures, full or partial
- Replacement or addition of teeth
- Implants
- Bridges, fixed and removable dentures or bridgework

ORTHODONTIA SERVICES ARE NOT COVERED!

Deductibles and Maximums

Annual Deductible: $25 per Single
$75 per Family
(No more than $25 is applied to one family member)
Annual Maximums: $1000 per person *per benefit period*
Benefit Period: **(March 1, 2012 – February 28, 2013)**

Predetermination

If treatment is expected to cost in excess of $200, a *predetermination* or an estimate of the dentist's charges should be sent to Health Care Payer's Coalition (HCPC) **before** treatment begins. This procedure is explained in the Lucas County Dental Benefit Plan Document.

UCR=Usual, customary and reasonable charge

This information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Lucas County Benefit Plan Certificate of Coverage" if further clarification is needed. In the event of a conflict between this information and the "Lucas County Dental Benefit Plan Certificate of Coverage" the Certificate shall control.

SECTION V CENSUS INFORMATION

Please see the employee census for each of the plans located on the Lucas County Website at www.co.lucas.oh.us under "Bid Posting Notification."

SECTION VI CLAIMS HISTORY

Interested parties should note the medical, dental and drug claims experience described in this section represents net dollars paid by Lucas County after all provider discounts, coordination of benefits savings, etc. have been realized.

2007 Rates			
Dept. Charges Effective 01/01/07			
Contract Rates & COBRA Rates Effective 03/01/07			
	Single		Family
Paramount Health Care			
Premium	$208.69		$562.65
COBRA	$212.86		$573.90
Department	$274.56		$722.70
HCPC - health (self-insured)			
Admin. Fee.	$13.50		$13.50
Quantum Care, Inc. (Medical Mgt.)	$1.65		$1.65
FrontPath (network access fees)	$4.00		$4.00
Kanawha (stop-loss)	$6.12		$15.48
COBRA	$280.05		$737.15
Department	$274.56		$722.70
Total Script - drug			
Admin. Fee	$0.00		$0.00
COBRA	$95.63		$211.14
Department	$93.75		$207.00
HCPC- dental			
Admin. Fee	$2.00		$2.00
COBRA	$24.17		$67.17
Department	$23.70		$65.85
MetLife Dental PPO			
Premium	$17.30		$47.43
COBRA	$17.65		$48.38
Department	$23.70		$65.85
MetLife			
Life	$0.119		per 1000
AD&D	$0.02		per 1000
Total:	$0.139		
CJCC - $4.17	(3.57 + .60)		per 30,000
All other depts. - $5.56	(4.76 + .80)		per 40,000

2008 Rates			
Dept. Charges Effective 01/01/08			
Contract Rates & COBRA Rates Effective 03/01/08			
	Single		Family
Paramount Health Care			
Premium	$232.49		$626.82
COBRA	$237.14		$639.36
Department	$274.56		$722.70
HCPC - health (self-insured)			
Admin. Fee.	$13.50		$13.50
Quantum Care, Inc. (Medical Mgt.)	$1.65		$1.65
FrontPath (network access fees)	$4.00		$4.00
Kanawha (stop-loss)	$6.12		$15.48
COBRA	$280.05		$737.15
Department	$274.56		$722.70
Total Script - drug			
Admin. Fee	$0.00		$0.00
COBRA	$95.63		$211.14
Department	$93.75		$207.00
HCPC- dental			
Admin. Fee	$2.00		$2.00
COBRA	$24.17		$67.17
Department	$23.70		$65.85
MetLife Dental PPO			
Premium	$17.30		$47.43
COBRA	$17.65		$48.38
Department	$23.70		$65.85
MetLife			
Life	$0.119		per 1000
AD&D	$0.02		per 1000
Total:	$0.139		
CJCC - $4.17	(3.57 + .60)		per 30,000
All other depts. - $5.56	(4.76 + .80)		per 40,000

2009 Rates			
Dept. Charges Effective 01/01/09			
Contract Rates & COBRA Rates Effective 03/01/09			
	Single		Family
Paramount Health Care			
Admin. Fee.	$23.73		$63.37
COBRA	$280.05		$737.15
Department	$274.56		$722.70
HCPC - health (self-insured)			
Admin. Fee. (Incl. Medical Mgt)	$16.84		$16.84
PHC (network access fees)	$4.50		$4.50
FrontPath (network access fees)	$5.50		$5.50
Stop Loss	$3.36		$10.31
COBRA	$280.05		$737.15
Department	$274.56		$722.70
Total Script - drug			
Admin. Fee	$0.00		$0.00
COBRA	$95.63		$211.14
Department	$93.75		$207.00
HCPC- dental			
Admin. Fee	$2.14		$2.14
COBRA	$24.17		$67.17
Department	$23.70		$65.85
MetLife Dental PPO			
Premium	$17.30		$47.43
COBRA	$17.65		$48.38
Department	$23.70		$65.85
MetLife			
Life	$0.119		per 1000
AD&D	$0.02		per 1000
Total:	$0.139		
CJCC - $4.17	(3.57 + .60)		per 30,000
All other depts. - $5.56	(4.76 + .80)		per 40,000

2010 Rates			
Dept. Charges Effective 01/01/10			
Contract Rates & COBRA Rates Effective 03/01/10			
	Single		Family
Paramount Health Care			
Admin. Fee.	$39.50		$39.50
COBRA	$280.05		$737.15
Department	$274.56		$722.70
HCPC - health (self-insured)			
Admin. Fee. (Incl. Medical Mgt)	$16.84		$16.84
PHC (network access fees)	$4.50		$4.50
FrontPath (network access fees)	$5.50		$5.50
Stop Loss	$3.95		$11.88
COBRA	$280.05		$737.15
Department	$274.56		$722.70
Total Script - drug			
Admin. Fee	$0.00		$0.00
COBRA	$95.63		$211.14
Department	$93.75		$207.00
HCPC- dental			
Admin. Fee	$2.14		$2.14
COBRA	$24.17		$67.17
Department	$23.70		$65.85
MetLife Dental PPO			
Premium	$18.68		$51.22
COBRA	$19.05		$52.24
Department	$23.70		$65.85
MetLife			
Life	$0.130		per 1000
AD&D	$0.02		per 1000
Total:	$0.150		per 1000
$6.00 per EE per month			per 40,000

2011 Rates			
Dept. Charges Effective 01/01/11			
Contract Rates & COBRA Rates Effective 03/01/11			
	Single		Family
Paramount Health Care			
Admin. Fee.	$39.50		$39.50
COBRA	$280.05		$737.15
Department	$274.56		$722.70
HCPC - health (self-insured)			
Admin. Fee. (Incl. Medical Mgt)	$16.84		$16.84
PHC (network access fees)	$4.50		$4.50
FrontPath (network access fees)	$5.50		$5.50
Stop Loss	$4.23		$12.85
COBRA	$280.05		$737.15
Department	$274.56		$722.70
Total Script - drug			
Admin. Fee	$0.00		$0.00
COBRA	$95.63		$211.14
Department	$93.75		$207.00
HCPC- dental			
Admin. Fee	$2.14		$2.14
COBRA	$24.17		$67.17
Department	$23.70		$65.85
Ameritas Dental PPO			
Premium	$20.88		$57.60
COBRA	$21.30		$58.75
Department	$23.70		$65.85
Sun Life			
Life	$0.130		per 1000
AD&D	$0.02		per 1000
Total:	$0.150		per 1000
$6.00 per EE per month			per 40,000

2012			
Dept. Charges Effective 01/01/12			
Contract Rates & COBRA Rates Effective 03/01/12			
	Single		Family
Paramount Health Care			
Admin. Fee.	$33.39		$33.39
COBRA	$308.00		$810.87
Department	$302.02		$794.97
HCPC - health (self-insured)			
Admin. Fee. (Incl. Medical Mgt)	$14.53		$14.53
PHC (network access fees)	$4.50		$4.50
FrontPath (network access fees)	$5.50		$5.50
Stop Loss			
COBRA	$308.02		$810.87
Department	$302.02		$794.97
Total Script - drug			
COBRA	$105.19		$232.25
Department	$103.13		$227.70
HCPC- dental			
Admin. Fee	$1.99		$1.99
COBRA	$26.59		$73.89
Department	$26.07		$72.44
Ameritas Dental PPO			
Premium	$20.88		$57.60
COBRA	$26.59		$73.89
Department	$26.07		$72.44
Corner Dental Plan			
Admin. Fee	$1.99		$1.99
COBRA	$26.59		$73.89
Department	$26.07		$72.44
Sun Life			
Life	$0.130		per 1000
AD&D	$0.02		per 1000
Total:	$0.150		per 1000
$6.00 per EE per month			per 40,000

HMO Program Expense 2008

Paramount Health Care

Enrollment	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Avg. Enrollment
Single	521	525	506	502	499	494	491	487	486	483	483	483	497
Family	1,126	1,124	1,126	1,123	1,130	1,125	1,123	1,122	1,122	1,118	1,132	1,122	1,124
	1,647	1,649	1,632	1,625	1,629	1,619	1,614	1,609	1,608	1,601	1,615	1,605	1,621
COBRA Enrollment:													
Single	12	11	9	9	11	12	8	8	7	7	7	4	
Family	3	2	2	2	1	2	1	0	0	0	0	0	
	15	13	11	11	12	14	9	8	7	7	7	4	10
Total Enrollment	1,662	1,662	1,643	1,636	1,641	1,633	1,623	1,617	1,615	1,608	1,622	1,609	1,631

Premiums paid to Paramount Health Care

	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
Premium	$ 744,458.57	$ 743,232.99	$ 823,601.10	$ 820,325.70	$ 826,199.57	$ 818,860.11	$ 815,979.04	$ 816,444.02	$ 816,747.13	$ 812,612.45	$ 816,140.88	$ 817,323.87	$ 9,671,925.43
COBRA Premium	$ 6,007.02	$ 3,838.27	$ 3,346.05	$ 3,113.56	$ 4,346.66	$ 3,811.03	$ 2,254.25	$ 1,859.92	$ 1,627.43	$ 1,627.43	$ 1,162.45	$ 697.47	$ 33,691.54
Total Premium	$ 750,465.59	$ 747,071.26	$ 826,947.15	$ 823,439.26	$ 830,546.23	$ 822,671.14	$ 818,233.29	$ 818,303.94	$ 818,374.56	$ 814,239.88	$ 817,303.33	$ 818,021.34	$ 9,705,616.97

Department Revenue for Paramount Health Care

	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
Income	$ 959,595.78	$ 958,106.16	$ 952,861.14	$ 949,045.68	$ 955,824.54	$ 947,297.34	$ 945,924.54	$ 941,963.88	$ 945,577.38	$ 940,041.96	$ 944,378.16	$ 945,173.46	$ 11,385,790.02
COBRA Income	$ 6,127.08	$ 3,914.98	$ 3,412.98	$ 3,113.56	$ 4,433.60	$ 4,124.40	$ 2,299.34	$ 1,897.12	$ 1,659.98	$ 1,659.98	$ 1,185.70	$ 711.42	$ 34,540.14
Spouse Primary Contrib.												$ 320,945.00	$ 320,945.00
Total Income	$ 965,722.86	$ 962,021.14	$ 956,274.12	$ 952,159.24	$ 960,258.14	$ 951,421.74	$ 948,223.88	$ 943,861.00	$ 947,237.36	$ 941,701.94	$ 945,563.86	$ 1,266,829.88	$ 11,741,275.16
Monthly Net	$ 215,257.27	$ 214,949.88	$ 129,326.97	$ 128,719.98	$ 129,711.91	$ 128,750.60	$ 129,990.59	$ 125,557.06	$ 128,862.80	$ 127,462.06	$ 128,260.53	$ 448,808.54	
YTD Net	$ 215,257.27	$ 430,207.15	$ 559,534.12	$ 688,254.10	$ 817,966.01	$ 946,716.61	$ 1,076,707.20	$ 1,202,264.26	$ 1,331,127.06	$ 1,458,589.12	$ 1,586,849.65	$ 2,035,658.19	

HMO Program Expense 2009

Paramount Health Care

Enrollment	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Avg. Enrollment
# Single	481	487										0	484
# Family	1,114	1,108										0	1,111
	1,595	1,595	0	0	0	0	0	0	0	0	0	0	1,595
COBRA Enrollment:													
#Single	2	3											
#Family	1	0											
	3	3	0	0	0	0	0	0	0	0	0	0	6
Total Enrollment	1,598	1,598	0	0	0	0	0	0	0	0	0	0	1,598

Premiums paid to Paramount Health Care

Premium	$ 810,105.17	$ 807,415.51											Total
COBRA Premium	$ 1,743.70	$ 697.47											
Total Premium	$ 811,848.87	$ 808,112.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,619,961.85

Department Revenue for Paramount Health Care

Income	$ 937,151.16	$ 934,115.16											
COBRA Income	$ 1,753.00	$ 711.42											
Total Income	$ 938,904.16	$ 934,826.58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,873,730.74
Monthly Net	$ 127,055.29	$ 126,713.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
YTD Net	$ 127,055.29	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	

PARAMOUNT HEALTH CARE

		Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sept. 09	Oct-09	Nov-09	Dec-09	Total
Claims Cost		$ -	$ -	$ 86,676.88	$ 471,535.24	$ 736,852.11	$ 505,197.74	$ 755,647.12	$ 652,652.52	$ 684,223.30	$ 833,041.62	$ 534,937.65	$ 570,039.75	$ 5,830,803.93
Administration Fees		$ -	$ -	$ 80,344.78	$ 79,941.37	$ 79,790.90	$ 79,632.34	$ 79,323.58	$ 79,513.69	$ 79,236.75	$ 78,690.42	$ 79,925.73	$ 78,698.24	$ 795,097.80
Stop Loss		$ -	$ -	$ 12,776.79	$ 12,775.63	$ 12,775.63	$ 12,738.21	$ 12,686.89	$ 12,690.48	$ 12,670.09	$ 12,598.38	$ 12,677.04	$ 12,608.69	$ 126,997.83
COBRA Admin. Fees		$ -	$ -	$ 71.19	$ 221.66	$ 134.56	$ 110.83	$ 158.29	$ 134.56	$ 134.56	$ 255.52	$ 158.29	$ 182.02	$ 1,561.48
COBRA Stop loss		$ -	$ -	$ 10.08	$ 23.75	$ 20.39	$ 17.03	$ 23.75	$ 20.39	$ 20.39	$ 37.52	$ 23.75	$ 27.11	$ 224.16
COBRA Util. Review		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Admin. & Access Fees		$ -	$ -	$ 93,202.84	$ 92,962.41	$ 92,721.48	$ 92,498.41	$ 92,192.51	$ 92,359.12	$ 92,061.79	$ 91,581.84	$ 92,784.81	$ 91,516.06	$ 923,881.27
Bank Service Charges														$ -
Total Claims, Admin.&FP Fees		$ -	$ -	$ 179,879.72	$ 564,497.65	$ 829,573.59	$ 597,696.15	$ 847,839.63	$ 745,011.64	$ 776,285.09	$ 924,623.46	$ 627,722.46	$ 661,555.81	$ 6,754,685.20
Income														
# Single		0	0	483	473	469	468	465	463	460	454	459	454	
Dept. Chg.	$274.56	$ -	$ -	$ 132,612.48	$ 129,866.88	$ 128,768.64	$ 128,494.08	$ 127,670.40	$ 127,121.28	$ 126,297.60	$ 124,650.24	$ 126,023.04	$ 124,650.24	$ 1,276,154.88
# Family		0	0	1,088	1,085	1,085	1,083	1,079	1,080	1,079	1,074	1,080	1,075	
Dept. Chg.	$722.70	$ -	$ -	$ 786,297.60	$ 784,129.50	$ 784,129.50	$ 782,684.10	$ 779,793.30	$ 780,516.00	$ 779,793.30	$ 776,179.80	$ 780,516.00	$ 776,902.50	$ 7,810,941.60
Total Active Income		$ -	$ -	$ 918,910.08	$ 913,996.38	$ 912,898.14	$ 911,178.18	$ 907,463.70	$ 907,637.28	$ 906,090.90	$ 900,830.04	$ 906,539.04	$ 901,552.74	$ 9,087,096.48
Total Active Enrollment		0	0	1,571	1,558	1,554	1,551	1,544	1,543	1,539	1,528	1,539	1,529	
COBRA Single Income		$ -	$ -	$ 840.15	$ 1,120.20	$ 840.15	$ 560.10	$ 840.15	$ 840.15	$ 840.15	$ 2,207.49	$ 1,120.20	$ 1,400.25	$ 10,608.99
COBRA Family Income		$ -	$ -	$ -	$ 1,474.30	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 7,371.50
Total COBRA Income		$ -	$ -	$ 840.15	$ 2,594.50	$ 1,577.30	$ 1,297.25	$ 1,577.30	$ 1,577.30	$ 1,577.30	$ 2,944.64	$ 1,857.35	$ 2,137.40	$ 17,980.49
COBRA Single Enrollment				3	4	3	3	3	3	3	4	4	5	
COBRA Family Enrollment			$ -	$ -	1	1	1	1	1	1	1	1	1	
Total COBRA Enrollment		0	0	3	5	4	4	4	4	4	5	5	6	
Total Enrollment		0	0	1,574	1,563	1,558	1,555	1,548	1,547	1,543	1,533	1,544	1,535	
Active Income		$ -	$ -	$ 918,910.08	$ 913,996.38	$ 912,898.14	$ 911,178.18	$ 907,463.70	$ 907,637.28	$ 906,090.90	$ 900,830.04	$ 906,539.04	$ 901,552.74	$ 9,087,096.48
Adjustments		$ -	$ -	$ (722.70)	$ 694.32	$ (823.68)	$ (1,170.84)	$ (1,020.96)	$ 997.26	$ (650.10)	$ (1,647.36)	$ 6,778.86	$ (1,546.38)	$ 888.42
Total Active Income		$ -	$ -	$ 918,187.38	$ 914,690.70	$ 912,074.46	$ 910,007.34	$ 906,442.74	$ 908,634.54	$ 905,440.80	$ 899,182.68	$ 913,317.90	$ 900,006.36	$ 9,087,984.90
Plus COBRA Income		$ -	$ -	$ 840.15	$ 2,594.50	$ 1,577.30	$ 1,297.25	$ 1,577.30	$ 1,577.30	$ 1,577.30	$ 2,944.64	$ 1,857.35	$ 2,137.40	$ 17,980.49
Subtotal		$ -	$ -	$ 919,027.53	$ 917,285.20	$ 913,651.76	$ 911,304.59	$ 908,020.04	$ 910,211.84	$ 907,018.10	$ 902,127.32	$ 915,175.25	$ 902,143.76	$ 9,105,965.39
Bank Service - Interest Credit														$ -
Overpayments/Refunds		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 983.33	$ -	$ -	$ 983.33
Stop Loss Settlement		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Spouse Primary Contributions													$ 340,476.13	
Total Income		$ -	$ -	$ 919,027.53	$ 917,285.20	$ 913,651.76	$ 911,304.59	$ 908,020.04	$ 910,211.84	$ 907,018.10	$ 903,110.65	$ 915,175.25	$ 1,242,619.89	$ 9,447,424.85
Monthly Net		$ -	$ -	$ 739,147.81	$ 352,787.55	$ 84,078.17	$ 313,608.44	$ 60,180.41	$ 165,200.20	$ 130,733.01	$ (21,512.81)	$ 287,452.79	$ 581,064.08	
YTD Net		$ -	$ -	$ 739,147.81	$ 1,091,935.36	$ 1,176,013.53	$ 1,489,621.97	$ 1,549,802.38	$ 1,715,002.58	$ 1,845,735.59	$ 1,824,222.78	$ 2,111,675.57	$ 2,692,739.65	$ 2,692,739.65
Avg. Cost/Contract				$114.28	$361.16	$532.46	$384.37	$547.70	$481.58	$503.10	$603.15	$406.56	$430.98	

PARAMOUNT HEALTH CARE

	Jan. 2010	Feb. 2010	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug. 2010	Sept. 2010	Oct. 10	Nov. 10	Dec. 10	Total
Claims Cost	$ 751,048.34	$ 650,536.14	$ 740,337.59	$ 702,552.83	$ 628,081.73	$ 722,604.56	$ 686,311.13	$ 614,682.65	$ 896,852.57	$ 922,478.87	$ 774,329.31	$ 757,422.16	$ 8,847,237.88
Administration Fees	$ 78,428.58	$ 78,032.72	$ 57,196.00	$ 56,761.50	$ 56,801.00	$ 56,208.50	$ 55,853.00	$ 55,971.50	$ 55,576.50	$ 55,616.00	$ 54,814.30	$ 56,022.00	$ 717,281.60
Stop Loss	$ 12,543.01	$ 12,453.81	$ 13,659.10	$ 13,689.31	$ 13,622.01	$ 13,542.66	$ 13,503.30	$ 13,439.95	$ 13,404.34	$ 13,388.51	$ 13,356.82	$ 13,356.85	$ 159,959.67
COBRA Admin. Fees	$ 182.02	$ 300.67	$ 347.69	$ 355.50	$ 237.00	$ 197.50	$ 276.50	$ 158.00	$ 237.00	$ 237.00	$ 237.00	$ 237.00	$ 3,002.88
COBRA Stop loss	$ 27.11	$ 43.91	$ 45.66	$ 47.43	$ 31.63	$ 19.75	$ 43.51	$ 23.73	$ 31.63	$ 39.56	$ 43.51	$ 43.51	$ 440.94
COBRA Util. Review	$ -	$ -	$ -										
Total Admin. & Access Fees	$ 91,180.72	$ 90,831.11	$ 71,248.45	$ 70,853.74	$ 70,691.64	$ 69,968.41	$ 69,676.31	$ 69,593.18	$ 69,249.47	$ 69,281.07	$ 68,451.63	$ 69,659.36	$ 880,685.09
Bank Service Charges													
Total Claims, Admin &FP Fees	$ 842,229.06	$ 741,367.25	$ 811,586.04	$ 773,406.57	$ 698,773.37	$ 792,572.97	$ 755,987.44	$ 684,275.83	$ 966,102.04	$ 991,759.94	$ 842,780.94	$ 827,081.52	$ 9,727,922.97
Income													
# Single	459	457	440	437	435	430	426	425	422	421	422	419	
Dept. Chg. $274.56	$ 126,023.04	$ 125,473.92	$ 120,806.40	$ 119,982.72	$ 119,433.60	$ 118,060.80	$ 116,962.56	$ 116,688.00	$ 115,864.32	$ 115,589.76	$ 115,864.32	$ 115,040.64	$ 1,425,790.08
# Family	1,067	1,059	1,006	1,007	1,002	997	995	990	988	987	984	985	
Dept. Chg. $722.70	$ 771,120.90	$ 765,339.30	$ 727,036.20	$ 727,758.90	$ 724,145.40	$ 720,531.90	$ 719,086.50	$ 715,473.00	$ 714,027.60	$ 713,304.90	$ 711,136.80	$ 711,859.50	$ 8,720,820.90
Total Active Income	$ 897,143.94	$ 890,813.22	$ 847,842.60	$ 847,741.62	$ 843,579.00	$ 838,592.70	$ 836,049.06	$ 832,161.00	$ 829,891.92	$ 828,894.66	$ 827,001.12	$ 826,900.14	$ 10,146,610.98
Total Active Enrollment	1,526	1,516	1,446	1,444	1,437	1,427	1,421	1,415	1,410	1,408	1,406	1,404	0
COBRA Single Income	$ 1,400.25	$ 2,800.50	$ 2,520.45	$ 2,240.40	$ 1,400.25	$ 1,400.25	$ 1,400.25	$ 840.15	$ 1,400.25	$ 1,120.20	$ 1,400.25	$ 1,400.25	$ 19,323.45
COBRA Family Income	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ -	$ 1,474.30	$ 737.15	$ 737.15	$ 1,474.30	$ 737.15	$ 737.15	$ 9,582.95
Total COBRA Income	$ 2,137.40	$ 3,537.65	$ 3,257.60	$ 2,977.55	$ 2,137.40	$ 1,400.25	$ 2,874.55	$ 1,577.30	$ 2,137.40	$ 2,594.50	$ 2,137.40	$ 2,137.40	$ 28,906.40
COBRA single Enrollment	4	7	6	7	6	6	5	4	5	4	5	5	
COBRA Family Enrollment	1	1	1	1	1	1	1	1		1	1	1	
Total Enrollment	1,531	1,524	1,453	1,452	1,444	1,434	1,427	1,420	1,415	1,413	1,412	1,410	17,335
Active Income	$ 897,143.94	$ 890,813.22	$ 847,842.60	$ 847,741.62	$ 843,579.00	$ 838,592.70	$ 836,049.06	$ 832,161.00	$ 829,891.92	$ 828,894.66	$ 827,001.12	$ 826,900.14	$ 10,146,610.98
Adjustments	$ (896.28)	$ 896.28	$ (2,240.70)	$ (2,818.20)	$ 6,027.78	$ (4,263.60)	$ (10,433.28)	$ 1,271.82	$ 1,691.58	$ 173.58	$ (1,271.82)	$ 1,417.02	$ (10,445.82)
Total Active Income	$ 896,247.66	$ 891,709.50	$ 845,601.90	$ 844,923.42	$ 849,606.78	$ 834,329.10	$ 825,615.78	$ 833,432.82	$ 831,583.50	$ 829,068.24	$ 825,729.30	$ 828,317.16	$ 10,136,165.16
Plus COBRA Income	$ 2,137.40	$ 3,537.65	$ 3,257.60	$ 2,977.55	$ 2,137.40	$ 1,400.25	$ 2,874.55	$ 1,577.30	$ 2,137.40	$ 2,594.50	$ 2,137.40	$ 2,137.40	$ 28,906.40
Subtotal	$ 898,385.06	$ 895,247.15	$ 848,859.50	$ 847,900.97	$ 851,744.18	$ 835,729.35	$ 828,490.33	$ 835,010.12	$ 833,720.90	$ 831,662.74	$ 827,866.70	$ 830,454.56	$ 10,165,071.56
Bank Service - Interest Credit													
Overpayments/Refunds							$ 13,269.88						
Stop Loss Settlement												$ 14,589.81	
Total Income	$ 898,385.06	$ 895,247.15	$ 848,859.50	$ 847,900.97	$ 851,744.18	$ 835,729.35	$ 841,760.21	$ 835,010.12	$ 833,720.90	$ 831,662.74	$ 827,866.70	$ 845,044.37	$ 10,165,071.56
Monthly Net	$ 56,156.00	$ 153,879.90	$ 37,273.46	$ 74,494.40	$ 152,970.81	$ 43,156.38	$ 85,772.77	$ 150,734.29	$ (132,381.14)	$ (160,097.20)	$ (14,914.24)	$ 17,962.85	$ 437,148.59
YTD Net	$ 56,156.00	$ 210,035.90	$ 247,309.36	$ 321,803.76	$ 474,774.57	$ 517,930.95	$ 603,703.72	$ 754,438.01	$ 622,056.87	$ 461,959.67	$ 447,045.43	$ 465,008.28	
Avg. Cost/Contract	$550.12	$486.46	$558.56	$532.65	$483.92	$552.70	$529.77	$481.88	$682.76	$701.88	$596.87	$586.58	

PARAMOUNT HEALTH CARE

	Jan. 2011	Feb. 2011	March 2011	Apr. 2011	May 2011	June 2011	July 2011	Aug. 2011	Sept. 2011	Oct. 2011	Nov. 2011	Dec. 2011	Total
Claims Cost	$ 1,191,509.26	$ 626,209.75	$ 715,116.96	$ 642,853.30	$ 745,175.83	$ 1,181,043.33	$ 914,170.90	$ 776,717.52	$ 758,554.13	$ 754,808.32	$ 920,625.84	$ 755,402.02	$ 9,982,187.16
Administration Fees	$ 55,853.00	$ 53,799.00	$ 54,549.50	$ 54,786.50	$ 54,984.00	$ 54,036.00	$ 53,048.50	$ 53,878.00	$ 53,799.00	$ 58,838.50	$ 48,404.00	$ 53,088.00	$ 649,064.00
Stop Loss	$ 13,352.69	$ 13,150.94	$ 13,297.72	$ 14,439.68	$ 14,426.99	$ 14,358.83	$ 14,127.85	$ 14,243.66	$ 14,234.72	$ 14,183.92	$ 14,143.85	$ 14,072.22	$ 168,033.07
COBRA Admin. Fees	$ 316.00	$ 276.50	$ 237.00	$ 276.50	$ 197.50	$ 237.00	$ 395.00	$ 316.00	$ 276.50	$ 395.00	$ 355.50	$ 237.00	$ 3,515.50
COBRA Stop loss	$ 39.53	$ 35.58	$ 31.63	$ 38.23	$ 21.15	$ 34.00	$ 59.54	$ 33.84	$ 29.61	$ 59.54	$ 46.69	$ 25.38	$ 454.72
COBRA Util. Review	$ -	$ -	$ -										
Total Admin. & Access F	$ 69,561.22	$ 67,262.02	$ 68,115.85	$ 69,540.91	$ 69,629.64	$ 68,665.83	$ 67,630.89	$ 68,471.50	$ 68,339.83	$ 73,476.96	$ 62,950.04	$ 67,422.60	$ 821,067.29
Bank Service Charges													
Total Claims, Admin.&FI	$ 1,261,070.48	$ 693,471.77	$ 783,232.81	$ 712,394.21	$ 814,805.47	$ 1,249,709.16	$ 981,801.79	$ 845,189.02	$ 826,893.96	$ 828,285.28	$ 983,575.88	$ 822,824.62	$ 10,803,254.45
Income													
# Single	439	418	393	391	388	381	375	372	379	384	380	373	
Dept. Chg.	$ 120,531.84	$ 114,766.08	$ 107,902.08	$ 107,352.96	$ 106,529.28	$ 104,607.36	$ 102,960.00	$ 102,136.32	$ 104,058.24	$ 105,431.04	$ 104,332.80	$ 102,410.88	$ 1,283,018.88
# Family	978	968	988	995	995	992	976	986	983	976	977	973	
Dept. Chg.	$ 706,800.60	$ 699,573.60	$ 714,027.60	$ 719,086.50	$ 719,086.50	$ 716,918.40	$ 705,355.20	$ 712,582.20	$ 710,414.10	$ 705,355.20	$ 706,077.90	$ 703,187.10	$ 8,518,464.90
Total Active Income	$ 827,332.44	$ 814,339.68	$ 821,929.68	$ 826,439.46	$ 825,615.78	$ 821,525.76	$ 808,315.20	$ 814,718.52	$ 814,472.34	$ 810,786.24	$ 810,410.70	$ 805,597.98	$ 9,801,483.78
Total Active Enrollment	1,417	1,386	1,381	1,386	1,383	1,373	1,351	1,358	1,362	1,360	1,357	1,346	0
COBRA Single Income	$ 1,960.35	$ 1,680.30	$ 1,400.25	$ 1,680.13	$ 1,400.25	$ 1,680.30	$ 1,960.35	$ 2,240.40	$ 1,960.35	$ 2,240.40	$ 2,240.40	$ 1,400.25	$ 21,843.73
COBRA Family Income	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ -	$ 737.15	$ 1,474.30	$ -	$ -	$ 1,474.30	$ 737.15	$ -	$ 7,371.50
Total COBRA Income	$ 2,697.50	$ 2,417.45	$ 2,137.40	$ 2,417.28	$ 1,400.25	$ 2,417.45	$ 3,434.65	$ 2,240.40	$ 1,960.35	$ 3,714.70	$ 2,977.55	$ 1,400.25	$ 29,215.23
COBRA single Enrollmer	6	6	6	6	5	5	6	7	$ 7.00	7	8	7	
COBRA Family Enrollme	1	1	1	1	1	1	1	1	0	1	1	1	
Total Enrollment	1,424	1,393	1,388	1,393	1,389	1,379	1,358	1,366	1,369	1,368	1,366	1,354	16,547
Active Income	$ 827,332.44	$ 814,339.68	$ 821,929.68	$ 826,439.46	$ 825,615.78	$ 821,525.76	$ 808,315.20	$ 814,718.52	$ 814,472.34	$ 810,786.24	$ 810,410.70	$ 805,597.98	$ 9,801,483.78
Adjustments	$ 968.88	$ (9,552.84)	$ -	$ 4,235.22	$ 4,610.76	$ (476.52)	$ (5,333.46)	$ 6,128.76	$ (968.88)	$ 3,064.38	$ 549.12	$ (1,546.38)	$ 1,679.04
Total Active Income	$ 828,301.32	$ 804,786.84	$ 821,929.68	$ 830,674.68	$ 830,226.54	$ 821,049.24	$ 802,981.74	$ 820,847.28	$ 813,503.46	$ 813,850.62	$ 810,959.82	$ 804,051.60	$ 9,803,162.82
Plus COBRA Income	$ 2,697.50	$ 2,417.45	$ 2,137.40	$ 2,417.28	$ 1,400.25	$ 2,417.45	$ 3,434.65	$ 2,240.40	$ 1,960.35	$ 3,714.70	$ 2,977.55	$ 1,400.25	$ 29,215.23
Subtotal	$ 830,998.82	$ 807,204.29	$ 824,067.08	$ 833,091.96	$ 831,626.79	$ 823,466.69	$ 806,416.39	$ 823,087.68	$ 815,463.81	$ 817,565.32	$ 813,937.37	$ 805,451.85	$ 9,832,378.05
Bank Service - Interest Credit													
Overpayments/Refunds						$ 8,880.49	$ 9,152.16		$ 278,198.97		$ 7,337.84	$ -	$ 303,569.46
Stop Loss Settlement						$ 78,226.48							$ 78,226.48
Total Income	$ 830,998.82	$ 807,204.29	$ 824,067.08	$ 833,091.96	$ 831,626.79	$ 910,573.66	$ 815,568.55	$ 823,087.68	$ 1,093,662.78	$ 817,565.32	$ 821,275.21	$ 805,451.85	$ 10,214,173.99
Monthly Net	$ (430,071.66)	$ 113,732.52	$ 40,834.27	$ 120,697.75	$ 16,821.32	$ (339,135.50)	$ (166,233.24)	$ (22,101.34)	$ 266,768.82	$ (10,719.96)	$ (162,300.67)	$ (17,372.77)	$ (589,080.46)
YTD Net	$ (430,071.66)	$ (316,339.14)	$ (275,504.87)	$ (154,807.12)	$ (137,985.80)	$ (477,121.30)	$ (643,354.54)	$ (665,455.88)	$ (398,687.06)	$ (409,407.02)	$ (571,707.69)	$ (589,080.46)	
Avg. Cost/Contract	$885.58	$497.83	$564.29	$511.41	$586.61	$906.24	$722.98	$618.73	$604.01	$605.47	$720.04	$607.70	

PARAMOUNT HEALTH CARE 2012

	Jan. 2012	Feb. 2012	March 2012	Apr. 2012	May 2012	June 2012	July 2012	Aug. 2012	Sept. 2012	Oct. 2012	Nov. 2012	Dec. 2012	Total
Claims Cost	$ 763,039.56	$ 574,790.40	$ 751,709.61	$ 594,812.75	$ 1,078,050.47	$ 830,807.27	$ 922,585.52						
Administration Fees	$ 52,969.50	$ 52,890.50	$ 45,243.45	$ 45,610.74	$ 45,744.30	$ 45,744.30	$ 45,343.62						
Stop Loss	$ 14,029.44	$ 14,025.21	$ 13,558.15	$ 13,558.15	$ 13,611.27	$ 13,664.39	$ 13,536.71						
COBRA Admin. Fees	$237.00	$ 513.50	$ 306.62	$ 200.34	$ 267.12	$ 133.56	$ 233.73						
COBRA Stop loss	$ 25.38	$ 54.99	$ 35.91	$ 19.80	$ 31.68	$ 15.84	$ 27.72						
Total Admin. & Access F	$ 67,261.32	$ 67,484.20	$ 59,144.13	$ 59,389.03	$ 59,654.37	$ 59,558.09	$ 59,141.78	$ -	$ -	$ -	$ -	$ -	$ -
Bank Service Charges													
Total Claims, Admin.&FI	$ 830,300.88	$ 642,274.60	$ 810,853.74	$ 654,201.78	$ 1,137,704.84	$ 890,365.36	$ 981,727.30	$ -	$ -	$ -	$ -	$ -	$ 5,947,428.50
Income													
# Single	373	372	373	373	374	375	380						
Dept. Chg.	$ 112,653.46	$ 112,351.44	$ 112,653.46	$ 112,653.46	$ 112,955.48	$ 113,257.50	$ 114,767.60	$ -	$ -	$ -	$ -	$ -	$ 791,292.40
# Family	969	969	983	991	987	991	979						
Dept. Chg.	$ 770,325.93	$ 770,325.93	$ 781,455.51	$ 787,815.27	$ 784,635.39	$ 787,815.27	$ 778,275.63	$ -	$ -	$ -	$ -	$ -	$ 5,460,648.93
Total Active Income	$ 882,979.39	$ 882,677.37	$ 894,108.97	$ 900,468.73	$ 897,590.87	$ 901,072.77	$ 893,043.23	$ -	$ -	$ -	$ -	$ -	$ 6,251,941.33
Total Active Enrollment	1,342	1,341	1,356	1,364	1,361	1,366	1,359	0	0	0	0	0	0
COBRA Single Income	$ 1,680.30	$ 3,640.65	$ 2,772.54	$ 2,156.42	$ 2,464.68	$ 1,232.24	$ 2,156.42						
COBRA Family Income	$ -	$ -											
Total COBRA Income	$ 1,680.30	$ 3,640.65	$ 2,772.54	$ 2,156.42	$ 2,464.68	$ 1,232.24	$ 2,156.42	$ -	$ -	$ -	$ -	$ -	$ -
COBRA single Enrollmer	6	9	9	8	7	5	6						
COBRA Family Enrollme	0	0	0	0	0	0	0						
Total Enrollment	1,348	1,350	1,365	1,372	1,368	1,371	1,365	0	0	0	0	0	9,539
Active Income	$ 882,979.39	$ 882,677.37	$ 894,108.97	$ 900,468.73	$ 897,590.87	$ 901,072.77	$ 893,043.23	$ -	$ -	$ -	$ -	$ -	$ 6,251,941.33
Adjustments	$ 621.72	$ (604.04)	$ (302.02)	$ 302.02	$ 3,259.72	$ 3,529.72	$ (4,738.57)						$ 2,068.55
Total Active Income	$ 883,601.11	$ 882,073.33	$ 893,806.95	$ 900,770.75	$ 900,850.59	$ 904,602.49	$ 888,304.66	$ -	$ -	$ -	$ -	$ -	$ 6,254,009.88
Plus COBRA Income	$ 1,680.30	$ 3,640.65	$ 2,772.54	$ 2,156.42	$ 2,464.68	$ 1,232.24	$ 2,156.42	$ -	$ -	$ -	$ -	$ -	$ 16,103.25
Subtotal	$ 885,281.41	$ 885,713.98	$ 896,579.49	$ 902,927.17	$ 903,315.27	$ 905,834.73	$ 890,461.08	$ -	$ -	$ -	$ -	$ -	$ 6,270,113.13
Bank Service - Interest Credit													
Overpayments/Refunds		$ 53,471.49			$ 4,585.96								$ 58,057.45
Stop Loss Settlement													$ -
Total Income	$ 885,281.41	$ 939,185.47	$ 896,579.49	$ 902,927.17	$ 907,901.23	$ 905,834.73	$ 890,461.08	$ -	$ -	$ -	$ -	$ -	$ 6,328,170.58
Monthly Net	$ 54,980.53	$ 296,910.87	$ 85,725.75	$ 248,725.39	$ (229,803.61)	$ 15,469.37	$ (91,266.22)	$ -	$ -	$ -	$ -	$ -	$ 380,742.08
YTD Net	$ 54,980.53	$ 351,891.40	$ 437,617.15	$ 686,342.54	$ 456,538.93	$ 472,008.30	$ 380,742.08	$ 380,742.08	$ 380,742.08	$ 380,742.08	$ 380,742.08	$ 380,742.08	
Avg. Cost/Contract	$615.95	$475.76	$594.03	$476.82	$831.66	$649.43	$719.21						

PHYSICIANS HEALTH COLLABORATIVE 2009

		Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sept.-09	Oct-09	Nov-09	Dec-09	Total
Claims Cost		$ -	$ -	$ -	$ 3,824.19	$ 2,900.94	$ 2,083.80	$ 7,670.89	$ 9,033.91	$ 17,667.61	$ 3,413.88	$ 4,920.44	$ 2,482.56	$ 53,998.22
Administration Fees		$ -	$ -	$ 319.96	$ 353.64	$ 336.80	$ 303.12	$ 336.80	$ 370.48	$ 387.32	$ 370.48	$ 370.48	$ 421.00	$ 3,570.08
Stop Loss		$ -	$ -	$ 171.45	$ 171.45	$ 171.45	$ 168.09	$ 171.45	$ 178.17	$ 188.48	$ 178.17	$ 178.17	$ 178.17	$ 1,755.05
HCPC/QUANTUM Util. Review		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
HCPC HCS Case Management		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PHC Network fees		$ -	$ -	$ 85.50	$ 94.50	$ 90.00	$ 85.50	$ 90.00	$ 99.00	$ 103.50	$ 99.00	$ 99.00	$ 99.00	$ 945.00
Ohio Health Choice Network		$ -	$ -	$ -	$ 236.94	$ 262.13	$ 675.46	$ 572.82	$ 161.32	$ 88.27	$ -	$ 126.10	$ -	$ 2,123.04
USA/MCO Network		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -				$ -
COBRA Admin. Fees		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Stop loss		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Util. Review		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Access Fees		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Admin. & Access Fees		$ -	$ -	$ 576.91	$ 856.53	$ 860.38	$ 1,232.17	$ 1,171.07	$ 808.97	$ 767.57	$ 647.65	$ 773.75	$ 698.17	$ 8,393.17
Bank Service Charges														$ -
Total Claims, Admin.&FP Fees		$ -	$ -	$ 576.91	$ 4,680.72	$ 3,761.32	$ 3,315.97	$ 8,841.96	$ 9,842.88	$ 18,435.18	$ 4,061.53	$ 5,694.19	$ 3,180.73	$ 62,391.39
Income														
# Single		0	0	5	5	5	4	5	7	7	7	7	8	
Dept. Chg.	$274.56	$ -	$ -	$ 1,372.80	$ 1,372.80	$ 1,372.80	$ 1,098.24	$ 1,372.80	$ 1,921.92	$ 1,921.92	$ 1,921.92	$ 1,921.92	$ 2,196.48	$ 16,473.60
# Family		0	0	14	15	15	15	15	15	16	15	15	15	
Dept. Chg.	$722.70	$ -	$ -	$ 10,117.80	$ 10,840.50	$ 10,840.50	$ 10,840.50	$ 10,840.50	$ 10,840.50	$ 11,563.20	$ 10,840.50	$ 10,840.50	$ 10,840.50	$ 108,405.00
Total Active Income		$ -	$ -	$ 11,490.60	$ 12,213.30	$ 12,213.30	$ 11,938.74	$ 12,213.30	$ 12,762.42	$ 13,485.12	$ 12,762.42	$ 12,762.42	$ 13,036.98	$ 124,878.60
Total Active Enrollment		0	0	19	20	20	19	20	22	23	22	22	23	
COBRA Single Income		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Family Income		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total COBRA Income		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total COBRA Enrollment		0	0	0	0	0	0	0	0	0	0	0	0	
Total Enrollment		0	0	19	20	20	19	20	22	23	22	22	23	210
Active Income		$ -	$ -	$ 11,490.60	$ 12,213.30	$ 12,213.30	$ 11,938.74	$ 12,213.30	$ 12,762.42	$ 13,485.12	$ 12,762.42	$ 12,762.42	$ 13,036.98	$ 124,878.60
Adjustments		$ -	$ -	$ -	$ 722.70	$ -	$ (274.56)	$ -	$ -	$ -	$ -	$ -	$ 549.12	$ 997.26
Total Active Income		$ -	$ -	$ 11,490.60	$ 12,936.00	$ 12,213.30	$ 11,664.18	$ 12,213.30	$ 12,762.42	$ 13,485.12	$ 12,762.42	$ 12,762.42	$ 13,586.10	$ 125,875.86
Plus COBRA Income		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal		$ -	$ -	$ 11,490.60	$ 12,936.00	$ 12,213.30	$ 11,664.18	$ 12,213.30	$ 12,762.42	$ 13,485.12	$ 12,762.42	$ 12,762.42	$ 13,586.10	$ 125,875.86
Bank Service - Interest Credit					$ -									$ -
Overpayments/Refunds		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Stop Loss Settlement		$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Income		$ -	$ -	$ 11,490.60	$ 12,936.00	$ 12,213.30	$ 11,664.18	$ 12,213.30	$ 12,762.42	$ 13,485.12	$ 12,762.42	$ 12,762.42	$ 13,586.10	$ 125,875.86
Monthly Net		$ -	$ -	$ 10,913.69	$ 8,255.28	$ 8,451.98	$ 8,348.21	$ 3,371.34	$ 2,919.54	$ (4,950.06)	$ 8,700.89	$ 7,068.23	$ 10,405.37	
YTD Net		$ -	$ -	$ 10,913.69	$ 19,168.97	$ 27,620.95	$ 35,969.16	$ 39,340.50	$ 42,260.04	$ 37,309.98	$ 46,010.87	$ 53,079.10	$ 63,484.47	$ 63,484.47
Avg. Cost/Contract				30.36	234.04	188.07	174.52	442.10	447.40	801.53	184.62	258.83	138.29	

PHYSICIANS HEALTH COLLABORATIVE 2010

	Jan. 2010	Feb. 2010	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug 2010	Sept. 2010	Oct. 2010	Nov. 2010	Dec. 2010	Total
Claims Cost	$ 10,204.87	$ 3,775.79	$ 3,228.99	$ 13,843.72	$ 42,281.69	$ 29,167.58	$ 2,652.21	$ 4,574.48	$ 3,706.34	$ 8,441.68	$ 4,153.71	$ 10,506.50	$ 136,537.56
Administration Fees	$ 404.16	$ 319.96	$ 454.68	$ 454.68	$ 471.52	$ 437.84	$ 454.68	$ 471.52	$ 471.52	$ 471.52	$ 488.36	$ 488.36	$ 5,388.80
Stop Loss	$ 191.84	$ 167.86	$ 241.46	$ 241.46	$ 253.34	$ 249.39	$ 249.39	$ 245.41	$ 245.41	$ 245.41	$ 249.36	$ 249.36	$ 2,829.69
HCPC/QUANTUM Util. Review													$ -
HCPC HCS Case Management													$ -
PHC Network fees	$ 108.00	$ 85.50	$ 121.50	$ 121.50	$ 126.00	$ 117.00	$ 121.50	$ 135.00	$ 126.00	$ 126.00	$ 130.50	$ 130.50	$ 1,449.00
Ohio Health Choice Network	$ 219.91	$ 96.67	$ 445.45	$ 87.94	$ 82.83	$ 15.01	$ 290.03	$ 63.05	$ 163.93		$ 151.32	$ 113.49	$ 1,729.63
OHC Network Savings Amt. [	$ 106.02	$ 26.67	$ 112.61	$ 23.44	$ 12.95	-	$ 33.99	$ 7.39	-	$ 19.21	$ 17.74	-	$ 360.02
COBRA Admin. Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Stop loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Util. Review	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Access Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Admin. & Access Fees	$ 1,029.93	$ 696.66	$ 1,375.70	$ 929.02	$ 946.64	$ 819.24	$ 1,149.59	$ 922.37	$ 1,006.86	$ 862.14	$ 1,037.28	$ 981.71	$ 11,757.14
Bank Service Charges													
Total Claims, Admin.&FP Fee	$ 11,234.80	$ 4,472.45	$ 4,604.69	$ 14,772.74	$ 43,228.33	$ 29,986.82	$ 3,801.80	$ 5,496.85	$ 4,713.20	$ 9,303.82	$ 5,190.99	$ 11,488.21	$ 148,294.70
Income													$ -
# Single	8	7	10	10	10	9	9	11	11	11	12	12	
Dept. Chg. $274.	$ 2,196.48	$ 1,921.92	$ 2,745.60	$ 2,745.60	$ 2,745.60	$ 2,471.04	$ 2,471.04	$ 3,020.16	$ 3,020.16	$ 3,020.16	$ 3,294.72	$ 3,294.72	$ 32,947.20
# Family	16	14	17	17	18	18	18	17	17	17	17	17	
Dept. Chg. $722.	$ 11,563.20	$ 10,117.80	$ 12,285.90	$ 12,285.90	$ 13,008.60	$ 13,008.60	$ 13,008.60	$ 12,285.90	$ 12,285.90	$ 12,285.90	$ 12,285.90	$ 12,285.90	$ 146,708.10
Total Active Income	$ 13,759.68	$ 12,039.72	$ 15,031.50	$ 15,031.50	$ 15,754.20	$ 15,479.64	$ 15,479.64	$ 15,306.06	$ 15,306.06	$ 15,306.06	$ 15,580.62	$ 15,580.62	$ 179,655.30
Total Active Enrollment	24	21	27	27	28	27	27	28	28	28	29	29	
COBRA Single Income													$ -
COBRA Family Income													$ -
Total COBRA Income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Single Enrollment													$ -
COBRA Familly Enrollment													$ -
Total Enrollment	24	21	27	27	28	27	27	28	28	28	29	29	323
Active Income	$ 13,759.68	$ 12,039.72	$ 15,031.50	$ 15,031.50	$ 15,754.20	$ 15,479.64	$ 15,479.64	$ 15,306.06	$ 15,306.06	$ 15,306.06	$ 15,580.62	$ 15,580.62	$ 179,655.30
Adjustments	$ -		$ -	$ -		$ (274.56)							
Total Active Income	$ 13,759.68	$ 12,039.72	$ 15,031.50	$ 15,031.50	$ 15,754.20	$ 15,205.08	$ 15,479.64	$ 15,306.06	$ 15,306.06	$ 15,306.06	$ 15,580.62	$ 15,580.62	$ 179,380.74
Plus COBRA Income	$ -		$ -										
Subtotal	$ 13,759.68	$ 12,039.72	$ 15,031.50	$ 15,031.50	$ 15,754.20	$ 15,205.08	$ 15,479.64	$ 15,306.06	$ 15,306.06	$ 15,306.06	$ 15,580.62	$ 15,580.62	$ 179,380.74
Bank Service Fee													$ -
Overpayments/Refunds													$ -
Stop Loss Settlement													
Total Income	$ 13,759.68	$ 12,039.72	$ 15,031.50	$ 15,031.50	$ 15,754.20	$ 15,205.08	$ 15,479.64	$ 15,306.06	$ 15,306.06	$ 15,306.06	$ 15,580.62	$ 15,580.62	$ 179,380.74
Monthly Net	$ 2,524.88	$ 7,567.27	$ 10,426.81	$ 258.76	$ (27,474.13)	$ (14,781.74)	$ 11,677.84	$ 9,809.21	$ 10,592.86	$ 6,002.24	$ 10,389.63	$ 4,092.41	
YTD Net	$ 2,524.88	$ 10,092.15	$ 20,518.96	$ 20,777.72	$ (6,696.41)	$ (21,478.15)	$ (9,800.31)	$ 8.90	$ 10,601.76	$ 16,604.00	$ 26,993.63	$ 31,086.04	$ 31,086.04
Avg. Cost/Contract	$468.12	$212.97	$170.54	$547.14	$1,543.87	$1,110.62	$140.81	$196.32	$168.33	$332.28	$179.00	$396.15	

PHYSICIANS HEALTH COLLABORATIVE 2011

	Jan. 2011	Feb. 2011	March 2011	April 2011	May 2011	June 2011	July 2011	Aug. 2011	Sept. 2011	Oct. 2011	Nov. 2011	Dec. 2011	Total
Claims Cost	$ 7,152.37	$ 2,793.24	$ 3,864.20	$ 104,071.15	$ 160,173.06	$ 205,082.90	$ 196,298.05	$ 190,904.53	$ 351,191.07	$ 290,249.85	$ 283,274.92	$ 170,439.17	$ 1,965,494.51
Administration Fees	$ 488.36	$ 522.04	$ 9,312.52	$ 9,497.76	$ 9,497.76	$ 9,379.88	$ 9,363.04	$ 9,800.88	$ 9,548.28	$ 9,581.96	$ 9,750.36	$ 10,092.28	$ 96,835.12
Stop Loss	$ 249.36	$ 253.31	$ 4,920.20	$ 5,777.93	$ 5,782.16	$ 5,717.91	$ 5,683.59	$ 5,802.99	$ 5,777.29	$ 5,794.53	$ 5,820.07	$ 5,879.77	$ 57,459.11
HCPC/QUANTUM Util. Review													$ -
HCPC HCS Case Management	$ -	$ -	$ -										$ -
PHC Network fees	$ 130.50	$ 139.50	$ 2,488.60	$ 2,538.00	$ 2,538.00	$ 2,515.50	$ 2,511.00	$ 2,619.00	$ 2,601.00	$ 2,560.50	$ 2,605.50	$ 2,623.00	$ 25,870.00
Ohio Health Choice Network	$ 88.27	$ 100.88	$ 514.17	$ 582.79	$ 2,507.60	$ 2,415.78	$ 6,149.06	$ 18,992.24	$ 37,388.55	$ 17,668.86	$ 52,522.05	$ 1,658.48	$ 140,588.73
OHC Network Savings Amt. Due	$ 10.35	$ 11.82	$ 97.42	$ 440.93	$ 690.58	$ 274.31	$ 1,659.26	$ 3,599.16	$ 8,144.60	$ 3,957.44	$ 9,405.93	$ 1,020.64	$ 29,312.44
COBRA Admin. Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 33.68	$ 33.68
COBRA Stop loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8.46	$ 8.46
COBRA Util. Review	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Access Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9.00	
Total Admin. & Access Fees	$ 966.84	$ 1,027.55	$ 17,332.81	$ 18,837.41	$ 21,016.10	$ 20,303.38	$ 25,365.95	$ 40,814.27	$ 63,459.72	$ 39,563.29	$ 80,103.91	$ 21,325.31	$ 350,116.54
Bank Service Charges									$ -				
Total Claims, Admin.&FP Fees	$ 8,119.21	$ 3,820.79	$ 21,197.01	$ 122,908.56	$ 181,189.16	$ 225,386.28	$ 221,664.00	$ 231,718.80	$ 414,650.79	$ 329,813.14	$ 363,378.83	$ 191,764.48	$ 2,315,611.05
Income													$ -
# Single	12	13	208	166	167	167	168	178	178	176	179	184	
Dept. Chg. $274.56	$ 3,294.72	$ 3,569.28	$ 57,108.48	$ 45,576.96	$ 45,851.52	$ 45,851.52	$ 46,126.08	$ 48,871.68	$ 48,871.68	$ 48,322.56	$ 49,146.24	$ 50,519.04	$ 493,109.76
# Family	17	17	345	395	395	390	387	393	391	393	394	397	
Dept. Chg. $722.70	$ 12,285.90	$ 12,285.90	$ 249,331.50	$ 285,466.50	$ 285,466.50	$ 281,853.00	$ 279,684.90	$ 284,021.10	$ 282,575.70	$ 284,021.10	$ 284,743.80	$ 286,911.90	$ 2,828,647.80
Total Active Income	$ 15,580.62	$ 15,855.18	$ 306,439.98	$ 331,043.46	$ 331,318.02	$ 327,704.52	$ 325,810.98	$ 332,892.78	$ 331,447.38	$ 332,343.66	$ 333,890.04	$ 337,430.94	$ 3,321,757.56
Total Active Enrollment	29	30	553	561	562	557	555	571	569	569	573	581	$ 560.10
COBRA Single Income			$ -									$ 560.10	$ -
COBRA Family Income			$ -										$ 560.10
Total COBRA Income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 560.10	$ 1.00
COBRA Single Enrollment												$ 1.00	$ -
COBRA Family Enrollment													
Total Enrollment	29	30	553	561	562	557	555	571	569	569	573	582	5,711
Active Income	$ 15,580.62	$ 15,855.18	$ 306,439.98	$ 331,043.46	$ 331,318.02	$ 327,704.52	$ 325,810.98	$ 332,892.78	$ 331,447.38	$ 332,343.66	$ 333,890.04	$ 337,430.94	$ 3,321,757.56
Adjustments	$ -	$ 274.56	$ -	$ 22,334.40	$ 1,445.40	$ (621.72)	$ 274.56	$ 3,916.44	$ (1,445.40)	$ -		$ 1,445.40	
Total Active Income	$ 15,580.62	$ 16,129.74	$ 306,439.98	$ 353,377.86	$ 332,763.42	$ 327,082.80	$ 326,085.54	$ 336,809.22	$ 330,001.98	$ 332,343.66	$ 333,890.04	$ 338,876.34	$ 3,349,381.20
Plus COBRA Income	$ -		$ -										
Subtotal	$ 15,580.62	$ 16,129.74	$ 306,439.98	$ 353,377.86	$ 332,763.42	$ 327,082.80	$ 326,085.54	$ 336,809.22	$ 330,001.98	$ 332,343.66	$ 333,890.04	$ 338,876.34	$ 3,349,381.20
Bank Service Fee													$ -
Overpayments/Refunds													$ -
Stop Loss Settlement													
Total Income	$ 15,580.62	$ 16,129.74	$ 306,439.98	$ 353,377.86	$ 332,763.42	$ 327,082.80	$ 326,085.54	$ 336,809.22	$ 330,001.98	$ 332,343.66	$ 333,890.04	$ 338,876.34	$ 3,349,381.20
Monthly Net	$ 7,461.41	$ 12,308.95	$ 285,242.97	$ 230,469.30	$ 151,574.26	$ 101,696.52	$ 104,421.54	$ 105,090.42	$ (84,648.81)	$ 2,530.52	$ (29,488.79)	$ 147,111.86	
YTD Net	$ 7,461.41	$ 19,770.36	$ 305,013.33	$ 535,482.63	$ 687,056.89	$ 788,753.41	$ 893,174.95	$ 998,265.37	$ 913,616.56	$ 916,147.08	$ 886,658.29	$ 1,033,770.15	$ 1,033,770.15
Avg. Cost/Contract	$279.97	$127.36	$38.33	$219.09	$322.40	$404.64	$399.39	$405.81	$728.74	$579.64	$634.17	$329.49	$405.47

HEALTHSPAN (FOMERLY PHYSICIANS HEALTH COLLABORATIVE) 2012

	Jan. 2012	Feb. 2012	March 2012	April 2012	May 2012	June 2012	July 2012	Aug. 2012	Sept. 2012	Oct. 2012	Nov. 2012	Dec. 2012	Total
Claims Cost	$ 125,679.67	$ 337,753.41	$ 660,238.93	$ 362,085.18	$ 61,559.52	$ 464,404.43	$ 643,567.68						
Administration Fees	$ 9,442.12	$ 9,649.32	$ 8,645.35	$ 8,761.59	$ 8,761.59	$ 8,935.95	$ 8,921.42						
Stop Loss	$ 5,841.38	$ 5,828.53	$ 5,767.54	$ 5,853.16	$ 5,832.54	$ 5,872.55	$ 5,905.05						
PHC Network fees	$ 2,592.00	$ 2,592.00	$ 2,677.50	$ 2,713.50	$ 2,713.50	$ 2,767.50	$ 2,763.00						
Ohio Health Choice Network	$ 18,893.26	$ 5,809.22	$ 8,685.89	$ 4,374.60	$ 1,941.60	$ 45,716.92	$ 4,908.19						
OHC Network Savings Amt. Due	$ 478.81		$ 1,633.50	$ 1,658.25	$ 1,660.00	$ 1,682.25	$ 1,688.50						
Optum Network Fees													
COBRA Admin. Fees	$ 33.68	$ 16.84	$ 14.53	$ 58.12	$ 43.59	$ 43.59	$ 43.59	$ -	$ -	$ -	$ -		$ 253.94
COBRA Stop loss	$ 8.46	$ 4.23	$ 3.96	$ 15.84	$ 11.88	$ 11.88	$ 11.88	$ -	$ -	$ -	$ -		$ 68.13
COBRA OHC Network Savings	$ -	$ -	$ 5.50	$ 8.25	$ 8.25	$ 8.25	$ 8.25	$ -	$ -	$ -	$ -	$ -	$ 38.50
COBRA Access Fees	$ 9.00	$ 4.50	$ 4.50	$ 18.00	$ 13.50	$ 13.50	$ 13.50	$ -	$ -	$ -	$ -		
Total Admin. & Access Fees	$ 37,298.71	$ 23,904.64	$ 27,438.27	$ 23,461.31	$ 20,986.45	$ 65,052.39	$ 24,263.38	$ -	$ -	$ -	$ -	$ -	$ 222,405.15
Bank Service Charges									$ -				
Total Claims, Admin.&FP Fees	$ 162,978.38	$ 361,658.05	$ 687,677.20	$ 385,546.49	$ 82,545.97	$ 529,456.82	$ 667,831.06	$ -	$ -	$ -	$ -	$ -	$ 2,877,693.97
Income													$ -
# Single	181	181	184	187	188	195	197						
$302.02	$ 54,665.62	$ 54,665.62	$ 55,571.68	$ 56,477.74	$ 56,779.76	$ 58,893.90	$ 59,497.94	$ -	$ -	$ -	$ -	$ -	$ 396,552.26
# Family	395	394	410	416	414	415	417						
$794.97	$ 314,013.15	$ 313,218.18	$ 325,937.70	$ 330,707.52	$ 329,117.58	$ 329,912.55	$ 331,502.49	$ -	$ -	$ -	$ -	$ -	$ 2,274,409.17
Total Active Income	$ 368,678.77	$ 367,883.80	$ 381,509.38	$ 387,185.26	$ 385,897.34	$ 388,806.45	$ 391,000.43	$ -	$ -	$ -	$ -	$ -	$ 2,670,961.43
Total Active Enrollment	576	575	594	603	602	610	614	0	0	0	0	0	$ -
COBRA Single Income	$ 560.10	$ 280.05	$ 308.06	$ 1,232.24	$ 924.18	$ 924.18	$ 924.18						$ 5,152.99
COBRA Family Income	$ -	$ -	$ -										
Total COBRA Income	$ 560.10	$ 280.05	$ 308.06	$ 1,232.24	$ 924.18	$ 924.18	$ 924.18	$ -	$ -	$ -	$ -	$ -	$ 5,152.99
COBRA Single Enrollment	$ 1.00	$ 1.00	$ 1.00	$ 3.00	$ 3.00	$ 3.00	$ 3.00						$ -
COBRA Family Enrollment	0	0	0	0									
Total Enrollment	577	576	595	606	605	613	617	0	0	0	0	0	4,189
Active Income	$ 368,678.77	$ 367,883.80	$ 381,509.38	$ 387,185.26	$ 385,897.34	$ 388,806.45	$ 391,000.43	$ -	$ -	$ -	$ -	$ -	$ 2,670,961.43
Adjustments	$ -	$ (111.09)	$ 1,780.87	$ 3,481.90	$ 302.02	$ 2,003.05	$ -			$ -			$ 7,456.75
Total Active Income	$ 368,678.77	$ 367,772.71	$ 383,290.25	$ 390,667.16	$ 386,199.36	$ 390,809.50	$ 391,000.43	$ -	$ -	$ -	$ -	$ -	$ 2,678,418.18
Plus COBRA Income	$ 560.10	$ 280.05	$ 308.06	$ 1,232.24	$ 924.18	$ 924.18	$ 924.18	$ -	$ -	$ -	$ -	$ -	$ 5,152.99
Subtotal	$ 369,238.87	$ 368,052.76	$ 383,598.31	$ 391,899.40	$ 387,123.54	$ 391,733.68	$ 391,924.61	$ -	$ -	$ -	$ -	$ -	$ 2,683,571.17
Bank Service Fee													$ -
Overpayments/Refunds						$ 3,921.44							$ 3,921.44
Stop Loss Settlement													$ -
Total Income	$ 369,238.87	$ 368,052.76	$ 383,598.31	$ 391,899.40	$ 387,123.54	$ 395,655.12	$ 391,924.61	$ -	$ -	$ -	$ -	$ -	$ 2,687,492.61
Monthly Net	$ 206,260.49	$ 6,394.71	$ (304,078.89)	$ 6,352.91	$ 304,577.57	$ (133,801.70)	$ (275,906.45)	$ -	$ -	$ -	$ -	$ -	
YTD Net	$ 206,260.49	$ 212,655.20	$ (91,423.69)	$ (85,070.78)	$ 219,506.79	$ 85,705.09	$ (190,201.36)						
Avg. Cost/Contract	$282.46	$627.88	$1,155.76	$636.22	$136.44	$863.71	$1,082.38						

LUCAS COUNTY FRONTPATH 2008

		Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
Claims Cost		$ 1,860,279.95	$ 1,088,482.55	$ 1,075,875.02	$ 1,213,151.63	$ 1,471,640.96	$ 1,077,845.29	$ 1,394,717.49	$ 1,238,731.76	$ 1,514,648.21	$ 1,592,317.04	$ 1,326,074.92	$ 1,759,898.84	$ 16,613,663.66
Administration Fees		$ 27,054.00	$ 26,797.50	$ 27,094.50	$ 27,135.00	$ 27,054.00	$ 27,067.50	$ 26,973.00	$ 27,027.00	$ 43,719.00	$ 26,892.00	$ 26,797.50	$ 26,689.50	$ 340,300.50
Stop Loss		$ 25,293.60	$ 25,074.36	$ 27,884.88	$ 27,894.09	$ 27,823.02	$ 27,871.72	$ 27,930.96	$ 27,867.77	$ 27,700.62	$ 27,744.08	$ 27,609.81	$ 27,497.94	$ 328,192.85
HCPC/QUANTUM Util. Review		$ 3,306.60	$ 3,276.90	$ 3,311.55	$ 3,316.50	$ 3,306.60	$ 3,308.25	$ 3,296.70	$ 3,309.90	$ 3,291.75	$ 3,286.80	$ 3,276.90	$ 3,263.70	$ 39,552.15
HCPC Case Management		$ 5,292.00	$ 6,183.00	$ 8,244.00	$ 8,796.00	$ 7,140.00	$ 6,819.00	$ 8,868.00	$ 9,828.00	$ 8,328.00	$ 9,048.00	$ 4,608.00	$ 3,912.00	$ 87,066.00
FrontPath Access Fees		$ 8,004.00	$ 8,004.00	$ 8,044.00	$ 8,040.00	$ 8,036.00	$ 8,020.00	$ 8,000.00	$ 8,000.00	$ 8,024.00	$ 7,972.00	$ 7,948.00	$ 7,928.00	$ 96,020.00
USA/MCO Network		$ 739.62	$ 4,753.38	$ 6,778.43	$ 4,014.84	$ 4,815.10	$ 4,689.51	$ 3,609.85	$ 2,165.61	$ 1,368.86	$ 9,048.00	$ 4,608.00	$ 3,912.00	$ 50,503.20
USA/MCO Audit Balance Due														$ -
COBRA Admin. Fees		$ 108.00	$ 162.00	$ 121.50	$ 135.00	$ 121.50	$ 175.50	$ 148.50	$ 121.50	$ 108.00	$ 121.50	$ 121.50	$ 96.75	$ 1,541.25
COBRA Stop loss		$ 48.96	$ 73.44	$ 59.22	$ 64.88	$ 59.22	$ 85.54	$ 72.38	$ 59.22	$ 52.64	$ 59.22	$ 59.22	$ 53.74	$ 747.68
COBRA Util. Review		$ 13.20	$ 19.80	$ 14.85	$ 16.50	$ 16.50	$ 16.50	$ 18.15	$ 14.85	$ 13.20	$ 14.85	$ 13.20	$ 13.50	$ 185.10
COBRA Access Fees		$ 36.00	$ 44.00	$ 36.00	$ 36.00	$ 32.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 36.00	$ 40.00	$ 36.00	$ 456.00
Total Admin. & Access Fees		$ 69,895.98	$ 74,388.38	$ 81,588.93	$ 79,448.81	$ 78,403.94	$ 78,093.52	$ 78,957.54	$ 78,433.85	$ 92,646.07	$ 84,222.45	$ 75,082.13	$ 73,403.13	$ 944,564.73
Bank Service Charges														$ -
Total Claims, Admin.&FP Fees		$ 1,930,175.93	$ 1,162,870.93	$ 1,157,463.95	$ 1,292,600.44	$ 1,550,044.90	$ 1,155,938.81	$ 1,473,675.03	$ 1,317,165.61	$ 1,607,294.28	$ 1,676,539.49	$ 1,401,157.05	$ 1,833,301.97	$ 17,558,228.39
Income														
# Single		616	605	615	617	616	614	603	607	609	606	606	601	
Dept. Chg.	$274.56	$ 169,128.96	$ 166,108.80	$ 168,854.40	$ 169,403.52	$ 169,128.96	$ 168,579.84	$ 165,559.68	$ 166,657.92	$ 167,207.04	$ 166,383.36	$ 166,383.36	$ 165,010.56	$ 2,008,406.40
# Family		1,385	1,372	1,396	1,393	1,392	1,391	1,397	1,392	1,387	1,386	1381	1381	
Dept. Chg.	$722.70	$ 1,000,939.50	$ 991,544.40	$ 1,008,889.20	$ 1,006,721.10	$ 1,005,998.40	$ 1,005,275.70	$ 1,009,611.90	$ 1,005,998.40	$ 1,002,384.90	$ 1,001,662.20	$ 998,048.70	$ 998,048.70	$ 12,035,123.10
Total Active Income		$ 1,170,068.46	$ 1,157,653.20	$ 1,177,743.60	$ 1,176,124.62	$ 1,175,127.36	$ 1,173,855.54	$ 1,175,171.58	$ 1,172,656.32	$ 1,169,591.94	$ 1,168,045.56	$ 1,164,432.06	$ 1,163,059.26	$ 14,043,529.50
Total Active Enrollment		2,001	1,977	2,011	2,010	2,008	2,005	2,000	1,999	1,996	1,992	1987	1,982	
COBRA Single Income		$ 2,240.40	$ 3,360.60	$ 2,520.45	$ 2,800.50	$ 2,520.45	$ 3,640.65	$ 3,080.55	$ 2,520.45	$ 2,240.40	$ 2,520.45	$ 2,008.43	$ 2,287.10	$ 31,740.43
COBRA Family Income		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total COBRA Income		$ 2,240.40	$ 3,360.60	$ 2,520.45	$ 2,800.50	$ 2,520.45	$ 3,640.65	$ 3,080.55	$ 2,520.45	$ 2,240.40	$ 2,520.45	$ 2,008.43	$ 2,287.10	$ 31,740.43
Total COBRA Enrollment		9	11	9	9	8	10	10	10	9	9	9	7	
Total Enrollment		2,010	1,988	2,020	2,019	2,016	2,015	2,010	2,009	2,005	2,001	1,996	1,989	24,078
Active Income		$ 1,170,068.46	$ 1,157,653.20	$ 1,177,743.60	$ 1,176,124.62	$ 1,175,127.36	$ 1,173,855.54	$ 1,175,171.58	$ 1,172,656.32	$ 1,169,591.94	$ 1,168,045.56	$ 1,164,432.06	$ 1,163,059.26	$ 14,043,529.50
Adjustments		$ 3,960.66	$ (2,269.08)	$ (1,994.52)	$ -	$ (169,522.24)	$ 448.14	$ 2,587.86	$ 2,095.50	$ (2,341.68)	$ 2,688.84	$ (274.56)	$ (3,613.50)	$ (168,234.58)
Total Active Income		$ 1,174,029.12	$ 1,155,384.12	$ 1,175,749.08	$ 1,176,124.62	$ 1,005,605.12	$ 1,174,303.68	$ 1,177,759.44	$ 1,174,751.82	$ 1,167,250.26	$ 1,170,734.40	$ 1,164,157.50	$ 1,159,445.76	$ 13,875,294.92
Plus COBRA Income		$ 2,240.40	$ 3,360.60	$ 2,520.45	$ 2,800.50	$ 2,520.45	$ 3,640.65	$ 3,080.55	$ 2,520.45	$ 2,240.40	$ 2,520.45	$ 2,008.43	$ 2,287.10	$ 31,740.43
Spouse Primary Contribution														
Subtotal		$ 1,176,269.52	$ 1,158,744.72	$ 1,178,269.53	$ 1,178,925.12	$ 1,008,125.57	$ 1,177,944.33	$ 1,180,839.99	$ 1,177,272.27	$ 1,169,490.66	$ 1,173,254.85	$ 1,166,165.93	$ 392,266.11	$ 385,507.16
Bank Service Fees								$ 649.40	$ 839.40	$ 917.00	$ 793.80	$ 932.40	$ 1,553,998.97	$ 13,907,035.35
Overpayments/Refunds		$ 5,756.75	$ 11,982.35	$ -	$ 5,337.47	$ 1,183.20	$ 21,486.25	$ 1,036.84	$ 904.86	$ 109.26	$ 227,337.05	$ 16,145.50	$ 35,710.37	$ 326,989.90
Stop Loss Settlement		$ -	$ -	$ -	$ -	$ -	$ -	$ 130,578.51	$ -	$ -	$ -	$ -	$ -	$ 130,578.51
Total Income		$ 1,182,026.27	$ 1,170,727.07	$ 1,178,269.53	$ 1,184,262.59	$ 1,009,308.77	$ 1,199,430.58	$ 1,313,104.74	$ 1,179,016.53	$ 1,170,516.92	$ 1,401,385.70	$ 1,183,243.83	$ 1,590,643.14	$ 14,369,669.56
Monthly Net		$ (748,149.66)	$ 7,856.14	$ 20,805.58	$ (108,337.85)	$ (540,736.13)	$ 43,491.77	$ (160,570.29)	$ (138,149.08)	$ (436,777.36)	$ (275,153.79)	$ (217,913.22)	$ (242,658.83)	
YTD Net		$ (748,149.66)	$ (740,293.52)	$ (719,487.94)	$ (827,825.79)	$ (1,368,561.92)	$ (1,325,070.15)	$ (1,485,640.44)	$ (1,623,789.52)	$ (2,060,566.88)	$ (2,335,720.67)	$ (2,553,633.89)	$ (2,796,292.72)	$ (2,796,292.72)
Avg. Cost/Contract		$ 960.29	$ 584.95	$ 573.00	$ 640.22	$ 768.87	$ 573.67	$ 733.17	$ 655.63	$ 801.64	$ 837.85	$ 701.98	$ 921.72	$ 729.22

LUCAS COUNTY FRONTPATH 2009

		Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Total
Claims Cost		$ 1,402,349.10	$ 1,342,131.60	$ 1,774,984.79	$ 1,362,461.12	$ 1,385,544.70	$ 1,444,069.82	$ 1,239,952.99	$ 1,085,850.58	$ 1,326,449.12	$ 1,210,424.87	$ 1,167,449.99	$ 1,030,150.96	$ 15,771,819.64
Administration Fees		$ 26,892.00	$ 26,487.00	$ 33,157.96	$ 32,854.84	$ 33,006.40	$ 32,955.88	$ 32,871.68	$ 32,753.80	$ 32,804.32	$ 32,551.72	$ 32,602.24	$ 32,551.72	$ 381,489.56
Stop Loss		$ 27,720.37	$ 27,163.63	$ 15,920.60	$ 15,988.72	$ 16,012.93	$ 15,940.76	$ 15,916.78	$ 15,872.41	$ 15,906.93	$ 15,828.04	$ 15,800.70	$ 15,776.72	$ 213,848.59
HCPC/QUANTUM Util. Review		$ 3,528.00	$ 2,424.00	$ -	$ 236.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,188.94
HCPC HCS Case Management		$ 3,286.80	$ 3,237.30	$ -	$ 592.00	$ 296.00	$ 500.00	$ 2,007.00	$ 296.00	$ 296.00	$ 1,620.00	$ 1,332.00	$ 861.00	$ 14,324.10
FrontPath Access Fees		$ 7,924.00	$ 7,864.00	$ 10,851.50	$ 10,835.00	$ 10,796.50	$ 10,758.00	$ 10,741.50	$ 10,703.00	$ 10,780.00	$ 10,664.50	$ 10,642.50	$ 10,626.00	$ 123,186.50
USA/MCO Network		$ -	$ 8,273.51	$ 3,356.03	$ 1,330.72	$ 225.40	$ 1,046.76	$ 370.51	$ 985.26	$ 82.65	$ 3,955.34	$ 151.32	$ 1,020.62	$ 20,798.12
COBRA Admin. Fees		$ 162.00	$ 94.50	$ 144.88	$ 117.88	$ 117.88	$ 235.76	$ 185.24	$ 252.60	$ 168.40	$ 151.56	$ 202.08	$ 168.40	$ 2,001.18
COBRA Stop loss		$ 78.96	$ 46.06	$ 33.83	$ 40.32	$ 23.52	$ 74.84	$ 50.86	$ 71.25	$ 54.22	$ 37.19	$ 40.55	$ 61.40	$ 613.00
COBRA Util. Review		$ 19.80	$ 13.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 33.00
COBRA Access Fees		$ 36.00	$ 24.00	$ 44.00	$ 44.00	$ 38.50	$ 55.00	$ 71.50	$ 71.50	$ 66.00	$ 60.50	$ 55.00	$ 60.50	$ 626.50
Total Admin. & Access Fees		$ 69,647.93	$ 75,627.20	$ 63,508.80	$ 62,040.42	$ 60,517.13	$ 61,567.00	$ 62,215.07	$ 61,005.82	$ 60,158.52	$ 64,868.85	$ 60,826.39	$ 61,126.36	$ 763,109.49
Bank Service Charges														$ -
Total Claims, Admin.&FP Fees		$ 1,471,997.03	$ 1,417,758.80	$ 1,838,493.59	$ 1,424,501.54	$ 1,446,061.83	$ 1,505,636.82	$ 1,302,168.06	$ 1,146,856.40	$ 1,386,607.64	$ 1,275,293.72	$ 1,228,276.38	$ 1,091,277.32	$ 16,534,929.13
Income														
# Single		598	605	609	610	608	608	607	603	601	599	597	596	
Dept. Chg.	$274.56	$ 164,186.88	$ 166,108.80	$ 167,207.04	$ 167,481.60	$ 166,932.48	$ 166,932.48	$ 166,657.92	$ 165,559.68	$ 165,010.56	$ 164,461.44	$ 163,912.32	$ 163,637.76	$ 1,988,088.96
# Family		1,383	1,361	1,364	1,352	1,355	1,348	1,346	1,343	1,347	1,340	1,338	1,336	
Dept. Chg.	$722.70	$ 999,494.10	$ 983,594.70	$ 985,762.80	$ 977,090.40	$ 979,258.50	$ 974,199.60	$ 972,754.20	$ 970,586.10	$ 973,476.90	$ 968,418.00	$ 966,972.60	$ 965,527.20	$ 11,717,135.10
Total Active Income		$ 1,163,680.98	$ 1,149,703.50	$ 1,152,969.84	$ 1,144,572.00	$ 1,146,190.98	$ 1,141,132.08	$ 1,139,412.12	$ 1,136,145.78	$ 1,138,487.46	$ 1,132,879.44	$ 1,130,884.92	$ 1,129,164.96	$ 13,705,224.06
Total Active Enrollment		1,981	1,966	1,973	1,962	1,963	1,956	1,953	1,946	1,948	1,939	1,935	1,932	
COBRA Single Income		$ 3,360.60	$ 1,960.35	$ 1,960.35	$ 1,960.35	$ 1,960.35	$ 2,800.50	$ 2,520.45	$ 2,800.50	$ 2,520.45	$ 2,240.40	$ 2,800.50	$ 1,680.30	$ 28,565.10
COBRA Family Income		$ -	$ -	$ 737.15	$ -	$ -	$ 2,948.60	$ 1,474.30	$ 2,211.45	$ 1,474.30	$ 737.15	$ 1,474.30	$ 2,211.45	$ 13,268.70
Total COBRA Income		$ 3,360.60	$ 1,960.35	$ 2,697.50	$ 1,960.35	$ 1,960.35	$ 5,749.10	$ 3,994.75	$ 5,011.95	$ 3,994.75	$ 2,977.55	$ 4,274.80	$ 3,891.75	$ 41,833.80
COBRA Single Enrollment		8	6	7	8	7	8	10	10	10	9	9	8	
COBRA Family Enrollment		1	0	1	0	0	2	3	3	2	2	1	3	
Total COBRA Enrollment		9	6	8	8	7	10	13	13	12	11	10	11	
Total Enrollment		1,990	1,972	1,981	1,970	1,970	1,966	1,966	1,959	1,960	1,950	1,945	1,943	23,572
Active Income		$ 1,163,680.98	$ 1,149,703.50	$ 1,152,969.84	$ 1,144,572.00	$ 1,146,190.98	$ 1,141,132.08	$ 1,139,412.12	$ 1,136,145.78	$ 1,138,487.46	$ 1,132,879.44	$ 1,130,884.92	$ 1,129,164.96	$ 13,705,224.06
Adjustments		$ 5,882.58	$ (5,131.50)	$ (3,338.94)	$ (7,501.56)	$ 72.60	$ 722.70	$ (1,893.54)	$ 3,136.98	$ 3,237.96	$ (3,469.92)	$ (173.58)	$ 1,170.84	$ (7,285.38)
Total Active Income		$ 1,169,563.56	$ 1,144,572.00	$ 1,149,630.90	$ 1,137,070.44	$ 1,146,263.58	$ 1,141,854.78	$ 1,137,518.58	$ 1,139,282.76	$ 1,141,725.42	$ 1,129,409.52	$ 1,130,711.34	$ 1,130,335.80	$ 13,697,938.68
Plus COBRA Income		$ 3,360.60	$ 1,960.35	$ 2,697.50	$ 1,960.35	$ 1,960.35	$ 5,749.10	$ 3,994.75	$ 5,011.95	$ 3,994.75	$ 2,977.55	$ 4,274.80	$ 3,891.75	$ 41,833.80
Subtotal		$ 1,172,924.16	$ 1,146,532.35	$ 1,152,328.40	$ 1,139,030.79	$ 1,148,223.93	$ 1,147,603.88	$ 1,141,513.33	$ 1,144,294.71	$ 1,145,720.17	$ 1,132,387.07	$ 1,134,986.14	$ 1,134,227.55	$ 13,739,772.48
Bank Service Fees		$ 996.80	$ 926.00	$ 923.40	$ 1,241.56	$ 847.37	$ 1,299.38	$ 1,380.25	$ 1,228.41	$ 1,252.48	$ 1,182.21	$ 1,369.15	$ 1,364.28	$ 14,011.29
Overpayments/Refunds		$ 30,682.63	$ 27,742.61	$ 161,795.20	$ 35,985.27	$ 2,751.99	$ 6,440.29	$ 17,773.18	$ 1,180.94	$ 2,727.88	$ 108.57	$ 18,973.69	$ 1,454.79	$ 307,617.04
Stop Loss Settlement		$ -	$ -	$ -	$ 169,333.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 169,333.24
Spouse Primary Contributions													$ 433,333.25	
Total Income		$ 1,204,603.59	$ 1,175,200.96	$ 1,315,047.00	$ 1,345,590.86	$ 1,151,823.29	$ 1,155,343.55	$ 1,160,666.76	$ 1,146,704.06	$ 1,149,700.53	$ 1,133,677.85	$ 1,155,328.98	$ 1,570,379.87	$ 14,230,734.05
Monthly Net		$ (267,393.44)	$ (242,557.84)	$ (523,446.59)	$ (78,910.68)	$ (294,238.54)	$ (350,293.27)	$ (141,501.30)	$ (152.34)	$ (236,907.12)	$ (141,615.87)	$ (72,947.40)	$ 479,102.55	
YTD Net		$ (267,393.44)	$ (509,951.28)	$ (1,033,397.87)	$ (1,112,308.55)	$ (1,406,547.09)	$ (1,756,840.36)	$ (1,898,341.66)	$ (1,898,494.00)	$ (2,135,401.12)	$ (2,277,016.99)	$ (2,349,964.39)	$ (1,870,861.84)	
Avg. Cost/Contract		$739.70	$718.94	$928.06	$723.10	$734.04	$765.84	$662.34	$585.43	$707.45	$654.00	$631.50	$561.65	

LUCAS COUNTY FRONTPATH 2010

		Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sept 10	Oct. 10	Nov.	Dec.	Total
Claims Cost		$ 1,437,798.59	$ 1,198,749.89	$ 1,680,607.28	$ 1,690,604.13	$ 1,488,680.52	$ 1,272,499.41	$ 1,273,704.98	$ 1,581,260.41	$ 1,264,712.61	$ 1,329,164.92	$ 1,195,750.27	$ 1,442,426.47	$ 16,855,959.48
Administration Fees		$ 32,383.32	$ 32,063.36	$ 32,770.64	$ 32,905.36	$ 33,141.12	$ 32,898.94	$ 32,821.16	$ 32,753.80	$ 32,821.16	$ 32,349.64	$ 32,383.32	$ 32,080.20	$ 391,372.02
Stop Loss		$ 15,897.83	$ 15,526.38	$ 18,367.50	$ 18,487.09	$ 18,582.19	$ 18,491.19	$ 18,419.91	$ 18,392.20	$ 18,277.38	$ 18,253.68	$ 18,249.76	$ 18,210.26	$ 214,955.37
HCPC/QUANTUM Util. Review														$ -
HCPC HCS Case Management		$ 148.00	$ 296.00	$ 444.00	$ 592.00	$ 888.00	$ 1,184.00	$ -	$ 592.00	$ 499.00	$ 1,683.00	$ 296.00		$ 6,622.00
FrontPath Access Fees		$ 10,576.50	$ 10,466.50	$ 10,780.00	$ 10,802.00	$ 10,824.00	$ 10,752.50	$ 10,670.00	$ 10,703.00	$ 10,642.50	$ 10,609.50	$ 10,593.00	$ 10,538.50	$ 127,958.00
USA/MCO Network			$ 2,516.93	$ 1,168.93	$ (584.59)	$ 209.40	$ -	$ 777.17	$ 8,105.29	$ 68.22	$ 235.89	-	$ 2,940.51	$ 15,437.75
COBRA Admin. Fees		$ 168.40	$ 185.24	$ 185.24	$ 185.24	$ 218.92	$ 151.56	$ 151.56	$ 151.56	$ 168.40	$ 134.72	$ 117.88	$ 235.76	$ 2,054.48
COBRA Stop loss		$ 40.73	$ 50.86	$ 58.72	$ 51.38	$ 83.07	$ 51.41	$ 43.48	$ 43.48	$ 47.43	$ 39.53	$ 39.53	$ 63.23	$ 612.85
COBRA Util. Review			$ -											$ -
COBRA Access Fees		$ 60.50	$ 60.50	$ 60.50	$ 71.50	$ 66.00	$ 66.00	$ 49.50	$ 49.50	$ 55.00	$ 55.00	$ 44.00	$ 60.00	$ 698.00
Total Admin. & Access Fees		$ 59,075.28	$ 61,165.77	$ 63,835.53	$ 62,509.98	$ 64,012.70	$ 63,595.60	$ 62,932.78	$ 70,790.83	$ 62,579.09	$ 63,360.96	$ 61,723.49	$ 64,128.46	$ 759,710.47
Bank Service Charges		$ 1,403.57	$ 1,232.63	$ 1,211.19	$ 740.51	$ 706.31	$ 723.98	$ 739.18	$ 743.67	$ 1,055.09	$ 1,676.28	$ 1,332.66	$ 657.48	$ 12,222.55
Total Claims, Admin.&FP Fees		$ 1,498,277.44	$ 1,261,148.29	$ 1,745,654.00	$ 1,753,854.62	$ 1,553,399.53	$ 1,336,818.99	$ 1,337,376.94	$ 1,652,794.91	$ 1,328,346.79	$ 1,394,202.16	$ 1,258,806.42	$ 1,507,212.41	$ 17,627,892.50
Income														
# Single		594	589	615	611	605	597	597	596	594	588	584	574	
Dept. Chg.	$274.56	$ 163,088.64	$ 161,715.84	$ 168,854.40	$ 167,756.16	$ 166,108.80	$ 163,912.32	$ 163,912.32	$ 163,637.76	$ 163,088.64	$ 161,441.28	$ 160,343.04	$ 157,597.44	$ 1,961,456.64
# Family		1,329	1,314	1,345	1,353	1,363	1,358	1,352	1,350	1,341	1,341	1,342	1,342	
Dept. Chg.	$722.70	$ 960,468.30	$ 949,627.80	$ 972,031.50	$ 977,813.10	$ 985,040.10	$ 981,426.60	$ 977,090.40	$ 975,645.00	$ 969,140.70	$ 969,140.70	$ 969,863.40	$ 969,863.40	$ 11,657,151.00
Total Active Income		$ 1,123,556.94	$ 1,111,343.64	$ 1,140,885.90	$ 1,145,569.26	$ 1,151,148.90	$ 1,145,338.92	$ 1,141,002.72	$ 1,139,282.76	$ 1,132,229.34	$ 1,130,581.98	$ 1,130,206.44	$ 1,127,460.84	$ 13,618,607.64
Total Active Enrollment		1,923	1,903	1,960	1,964	1,968	1,955	1,949	1,946	1,935	1,929	1,926	1,916	
COBRA Single Income		$ 2,520.45	$ 2,520.45	$ 2,520.45	$ 2,800.50	$ 2,520.45	$ 1,960.35	$ 2,240.40	$ 2,240.40	$ 2,520.45	$ 2,240.40	$ 1,680.30	$ 3,080.55	$ 28,845.15
COBRA Family Income		$ 737.15	$ 1,474.30	$ 1,474.30	$ 737.15	$ 2,948.60	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 12,531.55
Total COBRA Income		$ 3,257.60	$ 3,994.75	$ 3,994.75	$ 3,537.65	$ 5,469.05	$ 2,697.50	$ 2,977.55	$ 2,977.55	$ 3,257.60	$ 2,977.55	$ 2,417.45	$ 3,817.70	$ 41,376.70
COBRA Single Enrollment		9	9	9	10	9	8	8	8	9	8	7	11	
COBRA Family Enrollment		2	2	2	3	3	2	1	1	1	1	1	1	
Total COBRA Enrollment		11	11	11	13	12	10	9	9	10	9	8	12	
Total Enrollment		1,934	1,914	1,971	1,977	1,980	1,965	1,958	1,955	1,945	1,938	1,934	1,928	23,399
Active Income		$ 1,123,556.94	$ 1,111,343.64	$ 1,140,885.90	$ 1,145,569.26	$ 1,151,148.90	$ 1,145,338.92	$ 1,141,002.72	$ 1,139,282.76	$ 1,132,229.34	$ 1,130,581.98	$ 1,130,206.44	$ 1,127,460.84	$ 13,618,607.64
Adjustments		$ 1,344.42	$ (795.00)	$ (12,806.64)	$ (2,991.78)	$ 3,310.56	$ (1,546.38)	$ 1,618.98	$ (3,237.96)	$ 5,014.68	$ (3,815.46)	$ (1,994.52)	$ (4,364.58)	$ (15,249.00)
Total Active Income		$ 1,124,901.36	$ 1,110,548.64	$ 1,128,079.26	$ 1,142,577.48	$ 1,154,459.46	$ 1,143,792.54	$ 1,142,621.70	$ 1,136,044.80	$ 1,137,244.02	$ 1,126,766.52	$ 1,128,211.92	$ 1,123,096.26	$ 13,598,343.96
Plus COBRA Income		$ 3,257.60	$ 3,994.75	$ 3,994.75	$ 3,537.65	$ 5,469.05	$ 2,697.50	$ 2,977.55	$ 2,977.55	$ 3,257.60	$ 2,977.55	$ 2,417.45	$ 3,817.70	$ 41,376.70
Subtotal		$ 1,128,158.96	$ 1,114,543.39	$ 1,132,074.01	$ 1,146,115.13	$ 1,159,928.51	$ 1,146,490.04	$ 1,145,599.25	$ 1,139,022.35	$ 1,140,501.62	$ 1,129,744.07	$ 1,130,629.37	$ 1,126,913.96	$ 13,639,720.66
Bank Fee Credit		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Stop Loss Settlement					$ 99,577.23	$ 10,098.72								
Spouse Primary Contributions		$ 59,290.58	$ 59,000.57	$ 59,112.07	$ 89,612.99	$ 60,000.70	$ 59,464.24	$ 59,144.64	$ 58,896.64	$ 86,404.66	$ 59,585.10	$ 60,379.37	$ 58,100.52	$ 109,675.95
Total Income		$ 1,187,449.54	$ 1,173,543.96	$ 1,191,186.08	$ 1,335,305.35	$ 1,230,027.93	$ 1,205,954.28	$ 1,204,743.89	$ 1,197,918.99	$ 1,226,906.28	$ 1,189,329.17	$ 1,191,008.74	$ 1,185,014.48	$ 768,992.08
Monthly Net		$ (310,827.90)	$ (87,604.33)	$ (554,467.92)	$ (418,549.27)	$ (323,371.60)	$ (130,864.71)	$ (132,633.05)	$ (454,875.92)	$ (101,440.51)	$ (204,872.99)	$ (67,797.68)	$ (322,197.93)	$ 14,518,388.69
YTD Net		$ (310,827.90)	$ (398,432.23)	$ (952,900.15)	$ (1,371,449.42)	$ (1,694,821.02)	$ (1,825,685.73)	$ (1,958,318.78)	$ (2,413,194.70)	$ (2,514,635.21)	$ (2,719,508.20)	$ (2,787,305.88)	$ (3,109,503.81)	$ (3,109,503.81)
Avg. Cost/Contract		$774.70	$658.91	$885.67	$887.13	$784.55	$680.32	$683.03	$845.42	$682.95	$719.40	$650.88	$781.75	
Overpayments/Refunds		$ 25,813.35	$ 45,243.64	$ 3,142.08	$ 24,743.14	$ 43,319.66	$ 4,330.35	$ 11,698.22	$ 16,009.60	$ 27,647.67	$ 1,181.04	$ 14,528.30	$ 205,571.85	$ 423,228.90

LUCAS COUNTY HEALTH PLAN FRONTPATH 2011

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sept 11	Oct. 11	Nov. 11	Dec 11	Total
Claims Cost	$ 1,880,518.53	$ 1,203,277.76	$ 1,669,506.03	$ 915,862.52	$ 1,265,757.92	$ 882,139.99	$ 1,060,481.40	$ 1,348,640.69	$ 835,366.87	$ 900,090.33	$ 740,216.96	$ 955,777.25	$ 13,657,636.25
Administration Fees	$ 31,692.88	$ 31,861.28	$ 22,986.00	$ 22,784.52	$ 22,683.48	$ 22,327.70	$ 22,094.08	$ 21,993.04	$ 22,026.72	$ 22,496.82	$ 21,118.78	$ 21,437.32	$ 285,502.62
Stop Loss	$ 17,929.21	$ 17,937.05	$ 12,988.66	$ 14,019.22	$ 13,920.97	$ 13,792.95	$ 13,792.95	$ 13,407.93	$ 13,510.73	$ 13,446.64	$ 13,421.10	$ 13,318.78	$ 171,486.19
Ingenix Negotiated Fees									$ 342.70				$ 342.70
HCPC HCS Case Manag	$ 592.00	$ -	$ 740.00	$ 1,555.00	$ -	$ 296.00	$ 1,332.00		$ 148.00	$ 3,256.00	$ -		$ 7,919.00
FrontPath Access Fees	$ 10,367.50	$ 10,400.50	$ 7,518.50	$ 7,491.00	$ 7,430.50	$ 7,342.50	$ 7,342.50	$ 7,199.50	$ 7,188.50	$ 7,150.00	$ 7,128.00	$ 7,051.00	$ 93,610.00
USA/MCO Network	$ 827.06	$ 23.41	$ 140.41	$ 217.00	$ 31.53	$ 681.89	$ -	$ -	$ 591.83	$ 38.20	$ 111.13	$ 4.19	$ 2,666.65
COBRA Admin. Fees	$ 168.40	$ 185.24	$ 185.24	$ 168.40	$ 202.08	$ 185.24	$ 269.44	$ 252.60	$ 269.44	$ 235.76	$ 235.76	$ 185.24	$ 2,542.84
COBRA Stop loss	$ 43.48	$ 51.38	$ 59.31	$ 84.40	$ 76.62	$ 72.39	$ 89.31	$ 76.46	$ 102.16	$ 102.32	$ 110.94	$ 81.01	$ 949.78
COBRA Util. Review		$ -											$ -
COBRA Access Fees	$ 60.50	$ 60.50	$ 66.00	$ 55.00	$ 55.00	$ 60.50	$ 77.00	$ 66.00	$ 88.00	$ 77.00	$ 77.00	$ 60.50	$ 803.00
Total Admin. & Access F	$ 61,681.03	$ 60,519.36	$ 44,684.12	$ 46,374.54	$ 44,400.18	$ 44,759.17	$ 44,997.28	$ 42,995.53	$ 44,268.08	$ 46,802.74	$ 42,202.71	$ 42,138.04	$ 565,822.78
Bank Service Charges	$ 1,224.34	$ 1,835.97	$ 1,083.32	$ 947.10	$ 543.75	$ 1,107.30	$ 1,107.30	$ 1,767.78	$ 1,052.57	$ 1,052.69	$ 964.43	$ 1,032.04	$ 13,718.59
Total Claims, Admin.&FF	$ 1,943,423.90	$ 1,265,633.09	$ 1,715,273.47	$ 963,184.16	$ 1,310,701.85	$ 928,006.46	$ 1,106,585.98	$ 1,393,404.00	$ 880,687.52	$ 947,945.76	$ 783,384.10	$ 998,947.33	$ 14,237,177.62
Income													
# Single	563	571	410	404	399	390	384	383	382	378	375	366	
Dept. Chg.	$ 154,577.28	$ 156,773.76	$ 112,569.60	$ 110,922.24	$ 109,549.44	$ 107,078.40	$ 105,431.04	$ 105,156.48	$ 104,881.92	$ 103,783.68	$ 102,960.00	$ 100,488.96	$ 1,374,172.80
# Family	1,322	1,320	957	958	952	945	933	926	924	922	920	916	
Dept. Chg.	$ 955,409.40	$ 953,964.00	$ 691,623.90	$ 692,346.60	$ 688,010.40	$ 682,951.50	$ 674,279.10	$ 669,220.20	$ 667,774.80	$ 666,329.40	$ 664,884.00	$ 661,993.20	$ 8,668,786.50
Total Active Income	$ 1,109,986.68	$ 1,110,737.76	$ 804,193.50	$ 803,268.84	$ 797,559.84	$ 790,029.90	$ 779,710.14	$ 774,376.68	$ 772,656.72	$ 770,113.08	$ 767,844.00	$ 762,482.16	$ 10,042,959.30
Total Active Enrollment	1,885	1,891	1,367	1,362	1,351	1,335	1,317	1,309	1,306	1,300	1,295	1,282	
COBRA Single Income	$ 2,520.45	$ 2,800.50	$ 2,520.45	$ 1,400.25	$ 2,520.45	$ 2,240.40	$ 3,640.65	$ 3,640.65	$ 3,360.60	$ 2,520.45	$ 2,800.50	$ 1,960.35	$ 31,925.70
COBRA Family Income	$ 737.15	$ 737.15	$ 1,474.30	$ 2,211.45	$ 2,211.45	$ 2,211.45	$ 2,211.45	$ 1,474.30	$ 2,948.60	$ 3,685.75	$ 2,948.60	$ 2,948.60	$ 25,800.25
Total COBRA Income	$ 3,257.60	$ 3,537.65	$ 3,994.75	$ 3,611.70	$ 4,731.90	$ 4,451.85	$ 5,852.10	$ 5,114.95	$ 6,309.20	$ 6,206.20	$ 5,749.10	$ 4,908.95	$ 57,725.95
COBRA Single Enrollmer	10	10	10	7	7	8	11	10	11	11	10	7	
COBRA Family Enrollmer	1	1	2	3	3	3	3	2	3	4	4	4	
Total COBRA Enrollment	11	11	12	10	10	11	14	12	14	15	14	11	
Total Enrollment	1,896	1,902	1,379	1,372	1,361	1,346	1,331	1,321	1,320	1,315	1,309	1,293	
Active Income	$ 1,109,986.68	$ 1,110,737.76	$ 804,193.50	$ 803,268.84	$ 797,559.84	$ 790,029.90	$ 779,710.14	$ 774,376.68	$ 772,656.72	$ 770,113.08	$ 767,844.00	$ 762,482.16	0
Adjustments	$ (375.54)	$ (2,862.42)	$ (1,618.98)	$ (4,538.16)	$ (3,888.06)	$ (4,885.32)	$ (823.68)	$ (3,165.36)	$ (1,069.86)	$ (1,372.80)	$ (549.12)	$ (3,092.76)	$ 10,042,959.30
Total Active Income	$ 1,109,611.14	$ 1,107,875.34	$ 802,574.52	$ 798,730.68	$ 793,671.78	$ 785,144.58	$ 778,886.46	$ 771,211.32	$ 771,586.86	$ 768,740.28	$ 767,294.88	$ 759,389.40	$ (28,242.06)
Plus COBRA Income	$ 3,257.60	$ 3,537.65	$ 3,994.75	$ 3,611.70	$ 4,731.90	$ 4,451.85	$ 5,852.10	$ 5,114.95	$ 6,309.20	$ 6,206.20	$ 5,749.10	$ 4,908.95	$ 10,014,717.24
Subtotal	$ 1,112,868.74	$ 1,111,412.99	$ 806,569.27	$ 802,342.38	$ 798,403.68	$ 789,596.43	$ 784,738.56	$ 776,326.27	$ 777,896.06	$ 774,946.48	$ 773,043.98	$ 764,298.35	$ 57,725.95
Bank Fee Credit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,072,443.19
Returned HCPC Fees													
Stop Loss Settlement			$ 71,894.63	$ 87,676.06	$ -	$ 17,897.60				$ 12,500.00	$ 11,500.00		$24,000.00
Spouse Primary Contribu	$ 58,537.12	$ 58,677.58	$ 86,475.35	$ 58,756.59	$ 56,323.99	$ 57,125.86	$ 56,698.98	$ 84,151.39	$ 56,214.33	$ 116,444.41			$ 293,912.70
Interest Income			$ 1,448.18					$ 26,232.22		$ 57,445.15	$ 57,850.85	$ 56,821.17	$ 745,078.36
Total Income	$ 1,171,405.86	$ 1,170,090.57	$ 964,939.25	$ 950,223.21	$ 854,727.67	$ 864,619.89	$ 841,437.54	$ 886,709.88	$ 834,110.39	$ 961,336.04	$ 842,394.83	$ 849,222.40	$ 11,191,217.53
Monthly Net	$ (772,018.04)	$ (95,542.52)	$ (750,334.22)	$ (12,960.95)	$ (455,974.18)	$ (63,386.57)	$ (265,148.44)	$ (506,694.12)	$ (46,577.13)	$ 13,390.28	$ 59,010.73	$ (149,724.93)	
YTD Net	$ (772,018.04)	$ (867,560.56)	$ (1,617,894.78)	$ (1,630,855.73)	$ (2,086,829.91)	$ (2,150,216.48)	$ (2,415,364.92)	$ (2,922,059.04)	$ (2,968,636.17)	$ (2,955,245.89)	$ (2,896,235.16)	$ (3,045,960.09)	$ (3,045,960.09)
Avg. Cost/Contract	$1,025.01	$665.42	$1,243.85	$702.03	$963.04	$689.46	$831.39	$1,054.81	$667.19	$720.87	$598.46	$772.58	
Overpayments/Refunds	$ 117.69	$ 13,342.05	$ 47,971.08	$ 47,860.08	$ 11,467.65	$ 15,725.73	$ 27,502.70	$ 111.22	$ 41,454.94	$ 26,156.00	$ 28,315.53	$ 9,137.01	$ 269,161.68

LUCAS COUNTY HEALTH PLAN FRONTPATH 2012

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sept 12	Oct. 12	Nov. 12	Dec. 12	Total
Claims Cost	$ 377,433.65	$ 896,969.06	$ 1,155,491.28	$ 902,315.36	$ 825,617.98	$ 1,002,063.47	$ 934,461.11						$ -
Administration Fees	$ 21,605.72	$ 21,353.12	$ 18,017.20	$ 17,959.08	$ 17,668.48	$ 17,755.66	$ 1,795.83						$ 6,094,351.91
Stop Loss	$ 13,318.94	$ 13,241.84	$ 12,270.57	$ 12,316.18	$ 12,205.98	$ 12,206.80	$ 12,414.39						$ 116,155.09
Multiplan Negotiated Fees				$ 1,924.06	$ 2,109.61	$ -	$ 1,771.18						$ 87,974.70
HCPC HCS Case Manage	$ 148.00	$ 2,664.00	$ -	$ 2,220.00	$ 592.00	$ 888.00	$ 148.00						$ 5,804.85
FrontPath Access Fees	$ 7,040.00	$ 7,007.00	$ 6,803.50	$ 6,809.00	$ 6,748.50	$ 6,726.50	$ 6,693.50						$ 6,660.00
PHCS-National Wrap Net				$ 815.13	$ 262.00	$ -	$ 100.19						$ 47,828.00
Optum Network Fees		$ 37,550.32				$ 38,213.50	$ 7,140.00						$ 1,177.32
COBRA Admin. Fees	$ 202.08	$ 235.76	$ 159.83	$ 130.77	$ 145.30	$ 203.42	$ 159.83						$ 82,903.82
COBRA Stop loss	$ 89.47	$ 102.32	$ 76.88	$ 72.92	$ 60.63	$ 88.76	$ 85.21						$ 1,236.99
COBRA Access Fees	$ 66.00	$ 66.00	$ 60.50	$ 55.00	$ 55.00	$ 71.50	$ 60.50						$ 576.19
Total Admin. & Access Fe	$ 42,470.21	$ 82,220.36	$ 37,388.48	$ 42,302.14	$ 39,847.50	$ 76,154.14	$ 30,368.63	$ -	$ -	$ -	$ -	$ -	$ 434.50
Bank Service Charges	$ 583.97	$ 941.89	$ 745.51	$ 1,019.54	$ 1,419.38	$ 1,032.69	$ 1,044.69						$ 350,751.46
Total Claims, Admin &FP F	$ 420,487.83	$ 980,131.31	$ 1,193,625.27	$ 945,637.04	$ 866,884.86	$ 1,079,250.30	$ 965,874.43	$ -	$ -	$ -	$ -	$ -	$ 6,787.67
													$ 6,451,891.04
Income													
# Single	363	363	352	348	345	339	338						
Dept. Chg. $27	$ 109,633.26	$ 109,633.26	$ 106,311.04	$ 105,102.96	$ 104,196.90	$ 102,384.78	$ 102,082.76	$ -	$ -	$ -	$ -	$ -	$ 739,344.96
# Family	917	911	885	890	882	884	879						
Dept. Chg. $72	$ 728,987.49	$ 724,217.67	$ 703,548.45	$ 707,523.30	$ 701,163.54	$ 702,753.48	$ 698,778.63	$ -	$ -	$ -	$ -	$ -	$ 4,966,972.56
Total Active Income	$ 838,620.75	$ 833,850.93	$ 809,859.49	$ 812,626.26	$ 805,360.44	$ 805,138.26	$ 800,861.39	$ -	$ -	$ -	$ -	$ -	$ 5,706,317.52
Total Active Enrollment	1,280	1,274	1,237	1,238	1,227	1,223	1,217	0	0	0	0	0	$ 8,696.00
COBRA Single Income	$ 2,520.45	$ 2,520.45	$ 2,156.42	$ 1,848.36	$ 2,156.42	$ 3,080.60	$ 1,848.36						
COBRA Family Income	$ 2,211.45	$ 3,685.25	$ 3,243.48	$ 3,243.48	$ 3,243.48	$ 3,243.48	$ 4,054.35						
Total COBRA Income	$ 4,731.90	$ 6,205.70	$ 5,399.90	$ 5,091.84	$ 5,399.90	$ 6,324.08	$ 5,902.71	$ -	$ -	$ -	$ -	$ -	$ 39,056.03
COBRA Single Enrollment	8	8	7	6	6	9	7						
COBRA Family Enrollment	4	4	4	4	4	4	4						
Total COBRA Enrollment	12	12	11	10	10	13	11	0	0	0	0	0	
Total Enrollment	1,292	1,286	1,248	1,248	1,237	1,236	1,228	0	0	0	0	0	
Active Income	$ 838,620.75	$ 833,850.93	$ 809,859.49	$ 812,626.26	$ 805,360.44	$ 805,138.26	$ 800,861.39	$ -	$ -	$ -	$ -	$ -	$ 5,706,317.52
Adjustments	$ 1,891.96	$ (5,866.81)	$ (683.88)	$ (604.04)	$ 8,060.79	$ (1,208.08)	$ (7,043.64)						
Total Active Income	$ 840,512.71	$ 827,984.12	$ 809,175.61	$ 812,022.22	$ 813,421.23	$ 803,930.18	$ 793,817.75	$ -	$ -	$ -	$ -	$ -	$ 5,700,863.82
Plus COBRA Income	$ 4,731.90	$ (5,866.81)	$ 5,399.90	$ 5,091.84	$ 5,399.90	$ 6,324.08	$ 5,902.71	$ -	$ -	$ -	$ -	$ -	$ 26,983.52
Subtotal	$ 845,244.61	$ 822,117.31	$ 814,575.51	$ 817,114.06	$ 818,821.13	$ 810,254.26	$ 799,720.46	$ -	$ -	$ -	$ -	$ -	$ 5,727,847.34
Returned HCPC Fees													$ 0.00
Stop Loss Settlement				$ 34,336.19	$ -	$ 15,900.71							$ 50,236.90
Spouse Primary Contributi	$ 56,952.82	$ 57,395.23	$ 103,173.54	$ 80,042.22	$ 80,207.61	$ 78,922.98							$ 456,694.40
Interest Income					$ 15,493.08								$ 15,493.08
Total Income	$ 902,197.43	$ 879,512.54	$ 917,749.05	$ 931,492.47	$ 914,521.82	$ 905,077.95	$ 799,720.46	$ -	$ -	$ -	$ -	$ -	$ 6,250,271.72
Monthly Net	$ 481,709.60	$ (100,618.77)	$ (275,876.22)	$ (14,144.57)	$ 47,636.96	$ (174,172.35)	$ (166,153.97)	$ -	$ -	$ -	$ -	$ -	
YTD Net	$ 481,709.60	$ 381,090.83	$ 105,214.61	$ 91,070.04	$ 138,707.00	$ (35,465.35)	$ (201,619.32)	$ (201,619.32)	$ (201,619.32)	$ (201,619.32)	$ (201,619.32)	$ (201,619.32)	$ (201,619.32)
Avg. Cost/Contract	$325.45	$762.15	$956.43	$757.72	$700.80	$873.18	$786.54						
Overpayments/Refunds	$ 1,436.30	$ 2,623.56	$ 2,796.88		$ 294.00								
											$ -	$ -	$ 7,150.74

LUCAS COUNTY DRUG PLAN 2008

rvice Period:		Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
iims Costs		$ 651,312.70	$ 582,475.54	$ 629,219.79	$ 626,498.35	$ 625,594.63	$ 572,835.53	$ 608,465.76	$ 594,344.40	$ 626,385.50	$ 641,185.56	$ 575,632.38	$ 641,928.62	$ 7,375,878.76
min. Fee (Drug Use Review)		$ 268.85	$ 8,048.94	$ 6,632.94	$ 7,033.96	$ 7,567.71	$ 3,188.38	$ 7,404.34	$ 7,133.27	$ 7,053.66	$ 8,440.01	$ 6,308.94	$ 6,649.99	$ 75,730.99
)BRA Admin. Fees														$ -
tal Costs		$ 651,581.55	$ 590,524.48	$ 635,852.73	$ 633,532.31	$ 633,162.34	$ 576,023.91	$ 615,870.10	$ 601,477.67	$ 633,439.16	$ 649,625.57	$ 581,941.32	$ 648,578.61	$ 7,451,609.75
ome														
ingle		1,137	1,132	1,115	1,118	1,113	1,106	1,097	1,093	1,091	1,082	1,085	1,075	
pt. Chg.	$93.75	$ 106,593.75	$ 106,125.00	$ 104,531.25	$ 104,812.50	$ 104,343.75	$ 103,687.50	$ 102,843.75	$ 102,468.75	$ 102,281.25	$ 101,437.50	$ 101,718.75	$ 100,781.25	$ 1,241,625.00
amily		2,513	2,502	2,527	2,515	2,520	2,514	2,515	2,513	2,509	2,486	2,504	2,501	
pt. Chg.	$207.00	$ 520,191.00	$ 517,914.00	$ 523,089.00	$ 520,605.00	$ 521,640.00	$ 520,398.00	$ 520,605.00	$ 520,191.00	$ 519,363.00	$ 514,602.00	$ 518,328.00	$ 517,707.00	$ 6,234,633.00
al		$ 626,784.75	$ 624,039.00	$ 627,620.25	$ 625,417.50	$ 625,983.75	$ 624,085.50	$ 623,448.75	$ 622,659.75	$ 621,644.25	$ 616,039.50	$ 620,046.75	$ 618,488.25	$ 7,476,258.00
)BRA Single Income		$ 1,816.97	$ 1,721.34	$ 1,434.45	$ 1,051.93	$ 1,721.34	$ 1,912.60	$ 1,434.45	$ 1,530.08	$ 1,243.19	$ 1,147.56	$ 956.30	$ 478.15	$ 16,448.36
BRA Family Income		$422.28	$422.28	$422.28	$422.28	$211.14	$422.28	$211.14	$0.00	$0.00	$0.00	$0.00	$0.00	$2,533.68
)BRA Total		$ 2,239.25	$ 2,143.62	$ 1,856.73	$ 1,474.21	$ 1,932.48	$ 2,334.88	$ 1,645.59	$ 1,530.08	$ 1,243.19	$ 1,147.56	$ 956.30	$ 478.15	$ 18,982.04
BRA Enrollment		16	18	17	15	15	18	16	16	14	13	11	8	177
al Enrollment		3,666	3,652	3,659	3,648	3,648	3,638	3,628	3,622	3,614	3,581	3,600	3,584	43,540
ive Income		$ 626,784.75	$ 624,039.00	$ 627,620.25	$ 625,417.50	$ 625,983.75	$ 624,085.50	$ 623,448.75	$ 622,659.75	$ 621,644.25	$ 616,039.50	$ 620,046.75	$ 618,488.25	$ 7,476,258.00
ustments		$ 2,015.25	$ (1,769.25)	$ (656.25)	$ (921.75)	$ (750.10)	$ (843.75)	$ (371.25)	$ 1,054.50	$ (207.00)	$ 191.25	$ (601.50)	$ (617.25)	$ (3,477.10)
al Active Income		$ 628,800.00	$ 622,269.75	$ 626,964.00	$ 624,495.75	$ 625,233.65	$ 623,241.75	$ 623,077.50	$ 623,714.25	$ 621,437.25	$ 616,230.75	$ 619,445.25	$ 617,871.00	$ 7,472,780.90
s COBRA Revenue		$ 2,239.25	$ 2,334.88	$ 1,856.73	$ 1,474.21	$ 1,932.48	$ 2,334.88	$ 1,645.59	$ 1,530.08	$ 1,243.19	$ 1,147.56	$ 956.30	$ 478.15	$ 19,173.30
unds/Rebates				$ 100,359.30		$ 83.90	$ 194,039.78			$ 172,876.98			$ 169,263.90	$ 636,623.86
al Income		$ 631,039.25	$ 624,604.63	$ 729,180.03	$ 625,969.96	$ 627,250.03	$ 819,616.41	$ 624,723.09	$ 625,244.33	$ 795,557.42	$ 617,378.31	$ 620,401.55	$ 787,613.05	$ 8,128,578.06
nthly Net		$ (20,542.30)	$ 34,080.15	$ 93,327.30	$ (7,562.35)	$ (5,912.31)	$ 243,592.50	$ 8,852.99	$ 23,766.66	$ 162,118.26	$ (32,247.26)	$ 38,460.23	$ 139,034.44	$ 676,968.31
D Net		$ (20,542.30)	$ 13,537.85	$ 106,865.15	$ 99,302.80	$ 93,390.49	$ 336,982.99	$ 345,835.98	$ 369,602.64	$ 531,720.90	$ 499,473.64	$ 537,933.87	$ 676,968.31	$ 676,968.31
j. Cost/Contract		$ 177.74	$ 161.70	$ 173.78	$ 173.67	$ 173.56	$ 158.34	$ 169.75	$ 166.06	$ 175.27	$ 181.41	$ 161.65	$ 180.97	$ 171.14
al Number of Scripts		9,486	8,534	8,866	8,776	8,547	8,092	8,234	8,079	8,187	8,840	8,182	8,944	102,767
Scripts per enrollee		2.6	2.3	2.4	2.4	2.3	2.2	2.3	2.2	2.3	2.5	2.3	2.5	0.0
st/Script		$ 68.69	$ 69.20	$ 71.72	$ 72.19	$ 74.08	$ 71.18	$ 74.80	$ 74.45	$ 77.37	$ 73.49	$ 71.12	$ 72.52	$ 72.51

LUCAS COUNTY DRUG PLAN 2009

rvice Period:		Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Total
aims Costs		$ 638,408.73	$ 590,398.00	$ 670,170.01	$ 655,761.73	$ 625,513.08	$ 672,387.98	$ 664,185.17	$ 624,571.88	$ 660,958.60	$ 692,369.63	$ 643,035.05	$ 680,856.04	$ 7,818,615.90
lmin. Fee (Drug Use Review)		$ 8,655.89	$ 7,390.66	$ 6,547.55	$ 7,711.91	$ 7,672.03	$ 6,596.83	$ 7,197.10	$ 6,144.63					$ 57,916.60
)BRA Admin. Fees		$ -							$ -					$ -
tal Costs		$ 647,064.62	$ 597,788.66	$ 676,717.56	$ 663,473.64	$ 633,185.11	$ 678,984.81	$ 671,382.27	$ 630,716.51	$ 660,958.60	$ 692,369.63	$ 643,035.05	$ 680,856.04	$ 7,876,532.50
come														
Single		1,078	1,089	1,088	1,083	1,079	1,074	1,075	1,066	1,059	1,054	1,054	1,052	
pt. Chg.	$93.75	$ 101,062.50	$ 102,093.75	$ 102,000.00	$ 101,531.25	$ 101,156.25	$ 100,687.50	$ 100,781.25	$ 99,937.50	$ 99,281.25	$ 98,812.50	$ 98,812.50	$ 98,625.00	$ 1,204,781.25
Family		2,499	2,467	2,462	2,455	2,454	2,448	2,440	2,444	2,442	2,429	2,435	2,427	
pt. Chg.	$207.00	$ 517,293.00	$ 510,669.00	$ 509,634.00	$ 508,185.00	$ 507,978.00	$ 506,736.00	$ 505,080.00	$ 505,908.00	$ 505,494.00	$ 502,803.00	$ 504,045.00	$ 502,389.00	$ 6,086,214.00
tal		$ 618,355.50	$ 612,762.75	$ 611,634.00	$ 609,716.25	$ 609,134.25	$ 607,423.50	$ 605,861.25	$ 605,845.50	$ 604,775.25	$ 601,615.50	$ 602,857.50	$ 601,014.00	$ 7,290,995.25
OBRA Single Income		$ 765.04	$ 765.04	$ 860.67	$ 860.67	$ 860.67	$ 1,051.93	$ 956.30	$ 1,147.56	$ 860.67	$ 1,539.32	$ 1,243.19	$ 1,051.93	$ 11,962.99
OBRA Family Income		$211.14	$0.00	$211.14	$211.14	$211.14	$1,055.70	$422.28	$844.56	$422.28	$422.28	$633.42	$1,055.71	$5,700.79
OBRA Total		$ 976.18	$ 765.04	$ 1,071.81	$ 1,167.44	$ 1,071.81	$ 2,107.63	$ 1,378.58	$ 1,992.12	$ 1,282.95	$ 1,961.60	$ 1,876.61	$ 2,107.64	$ 17,759.41
OBRA Single Enrollment		8	8	11	11	9	10	12	12	12	11	12	13	
OBRA Family Enrollment		1	0	1	2	1	3	4	4	3	3	2	4	
OBRA Enrollment		9	8	12	13	10	13	16	16	15	14	14	17	0
tal Enrollment		3,586	3,564	3,562	3,551	3,543	3,535	3,531	3,526	3,516	3,497	3,503	3,496	42,410
tive Income		$ 618,355.50	$ 612,762.75	$ 611,634.00	$ 609,716.25	$ 609,134.25	$ 607,423.50	$ 605,861.25	$ 605,845.50	$ 604,775.25	$ 601,615.50	$ 602,857.50	$ 601,014.00	$ 7,290,995.25
justments		$ 1,390.50	$ (2,694.75)	$ (753.75)	$ (1,429.50)	$ (695.25)	$ (394.50)	$ (640.50)	$ 1,300.50	$ (769.50)	$ (902.25)	$ 2,652.00	$ (1,335.75)	$ (4,272.75)
tal Active Income		$ 619,746.00	$ 610,068.00	$ 610,880.25	$ 608,286.75	$ 608,439.00	$ 607,029.00	$ 605,220.75	$ 607,146.00	$ 604,005.75	$ 600,713.25	$ 605,509.50	$ 599,678.25	$ 7,286,722.50
is COBRA Revenue		$ 976.18	$ 765.04	$ 1,071.81	$ 1,167.44	$ 1,071.81	$ 2,107.63	$ 1,378.58	$ 1,992.12	$ 1,282.95	$ 1,961.60	$ 1,876.61	$ 2,107.64	$ 17,759.41
funds/Rebates				$ 192,025.12		$ -	$ 187,734.18			$ 176,181.90			$ 179,208.90	$ 735,150.10
tal Income		$ 620,722.18	$ 610,833.04	$ 803,977.18	$ 609,454.19	$ 609,510.81	$ 796,870.81	$ 606,599.33	$ 609,138.12	$ 781,470.60	$ 602,674.85	$ 607,386.11	$ 780,994.79	$ 8,039,632.01
nthly Net		$ (26,342.44)	$ 13,044.38	$ 127,259.62	$ (54,019.45)	$ (23,674.30)	$ 117,886.00	$ (64,782.94)	$ (21,578.39)	$ 120,512.00	$ (89,694.78)	$ (35,648.94)	$ 100,138.75	$ 163,099.51
D Net		$ (26,342.44)	$ (13,298.06)	$ 113,961.56	$ 59,942.11	$ 36,267.81	$ 154,153.81	$ 89,370.87	$ 67,792.48	$ 188,304.48	$ 98,609.70	$ 62,960.76	$ 163,099.51	$ 163,099.51
g. Cost/Contract		$ 180.44	$ 167.73	$ 189.98	$ 186.84	$ 178.71	$ 192.07	$ 190.14	$ 178.88	$ 187.99	$ 197.99	$ 183.57	$ 194.75	$ 185.72
tal Number of Scripts		8,957	8,430	9,511	8,880	8,574	8,556	8,610	8,469	8,879	9,415	8,599	8,982	105,862
f Scripts per enrollee		2.5	2.4	2.7	2.5	2.4	2.4	2.4	2.4	2.5	2.7	2.5	2.6	2.5
st/Script		$ 72.24	$ 70.91	$ 71.15	$ 74.72	$ 73.85	$ 79.36	$ 77.98	$ 74.47	$ 74.44	$ 73.54	$ 74.78	$ 75.80	$ 74.40

LUCAS COUNTY DRUG PLAN 2010

Service Period:	Jan. 2010	Feb. 2010	Mar. 2010	Apr-10	May-10	Jun-10	Jul-10	Aug. 2010	Sept. 2010	Oct. 10	Nov. 10	Dec. 10	Total
Claims Costs	$ 679,067.42	$ 506,324.49	$ 687,581.60	$ 646,244.47	$ 578,592.01	$ 621,338.74	$ 568,776.84	$ 628,278.66	$ 604,136.04	$ 584,868.90	$ 606,611.46	$ 635,497.38	$ 7,347,318.01
Admin. Fee (per Rx)	$ 13,011.00	$ 12,378.00	$ 13,935.00	$ 12,699.00	$ 12,561.00	$ 13,071.00	$ 12,066.00	$ 13,320.00	$ 12,604.50	$ 12,846.00	$ 12,871.50	$ 13,165.00	$ 154,528.00
Admin. Fee (Drug Use Re	$ 7,278.81	$ 6,691.38	$ 6,820.76	$ 6,514.94	$ 5,418.79	$ 8,086.36	$ 6,347.11	$ 6,577.97	$ 5,392.86	$ 6,993.42	$ 5,737.42	$ 6,236.57	$ 78,096.39
COBRA Admin. Fees													
Total Costs	$ 699,357.23	$ 525,393.87	$ 708,337.36	$ 665,458.41	$ 596,571.80	$ 642,496.10	$ 587,189.95	$ 648,176.63	$ 622,133.40	$ 604,708.32	$ 625,220.38	$ 654,898.95	$ 7,579,942.40
Income													
# Single	1,056	1,054	1,057	1,059	1,051	1,034	1,036	1,035	1,028	1,023	1,005	1,005	
Dept. Chg.	$ 99,000.00	$ 98,812.50	$ 99,093.75	$ 99,281.25	$ 98,531.25	$ 96,937.50	$ 97,125.00	$ 97,031.25	$ 96,375.00	$ 95,906.25	$ 94,218.75	$ 94,218.75	$ 1,166,531.25
# Family	2,409	2,390	2,378	2,369	2,376	2,372	2,392	2,361	2,346	2,341	2,343	2,343	
Dept. Chg.	$ 498,663.00	$ 494,730.00	$ 492,246.00	$ 490,383.00	$ 491,832.00	$ 491,004.00	$ 495,144.00	$ 488,727.00	$ 485,622.00	$ 484,587.00	$ 485,001.00	$ 485,001.00	$ 5,882,940.00
Total	$ 597,663.00	$ 593,542.50	$ 591,339.75	$ 589,664.25	$ 590,363.25	$ 587,941.50	$ 592,269.00	$ 585,758.25	$ 581,997.00	$ 580,493.25	$ 579,219.75	$ 579,219.75	$ 7,049,471.25
COBRA Single Income	$ 956.30	$ 1,243.19	$ 1,625.71	$ 1,721.34	$ 1,243.19	$ 1,243.19	$ 1,338.82	$ 1,338.82	$ 1,338.82	$ 1,243.19	$ 1,051.93	$ 1,338.82	$ 15,683.32
COBRA Family Income	$422.28	$422.28	$633.42	$211.14	$422.28	$422.28	$633.42	$422.28	$422.28	$633.42	$422.28	$844.56	$5,911.92
COBRA Total	$ 1,378.58	$ 1,665.47	$ 2,259.13	$ 1,932.48	$ 1,665.47	$ 1,665.47	$ 1,972.24	$ 1,761.10	$ 1,761.10	$ 1,876.61	$ 1,474.21	$ 2,183.38	$ 21,595.24
COBRA Single Enrollmen	10	13	13	14	13	13	13	14	14	13	11	13	
COBRA Family Enrollment	2	2	3	4	4	3	2	2	2	2	2	3	
Total COBRA Enrollment	12	15	16	18	17	16	15	16	16	15	13	16	
Total Enrollment	3,477	3,459	3,451	3,446	3,444	3,422	3,443	3,412	3,390	3,379	3,361	3,364	41,048
Active Income	$ 597,663.00	$ 593,542.50	$ 591,339.75	$ 589,664.25	$ 590,363.25	$ 587,941.50	$ 592,269.00	$ 585,758.25	$ 581,997.00	$ 580,493.25	$ 579,219.75	$ 579,219.75	$ 7,049,471.25
Adjustments	$ (207.00)	$ (1,167.75)	$ (2,070.00)	$ (2,464.50)	$ 2,882.25	$ (1,070.25)	$ (3,320.25)	$ (7,190.25)	$ (1,144.50)	$ (2,257.50)	$ (203.25)	$ (203.25)	$ (18,416.25)
Total Active Income	$ 597,456.00	$ 592,374.75	$ 589,269.75	$ 587,199.75	$ 593,245.50	$ 586,871.25	$ 588,948.75	$ 578,568.00	$ 580,852.50	$ 578,235.75	$ 579,016.50	$ 579,016.50	$ 7,031,055.00
Plus COBRA Revenue	$ 1,378.58	$ 1,665.47	$ 2,259.13	$ 1,932.48	$ 1,665.47	$ 1,665.47	$ 1,972.24	$ 1,761.10	$ 1,761.10	$ 1,876.61	$ 1,474.21	$ 2,183.38	$ 21,595.24
Refunds/Rebates			$ 220,902.58			$ 232,975.48				$ 120,593.60			$ 574,471.66
Total Income	$ 598,834.58	$ 594,040.22	$ 812,431.46	$ 589,132.23	$ 594,910.97	$ 821,512.20	$ 590,920.99	$ 580,329.10	$ 582,613.60	$ 700,705.96	$ 580,490.71	$ 581,199.88	$ 7,627,121.90
Monthly Net	$ (100,522.65)	$ 68,646.35	$ 104,094.10	$ (76,326.18)	$ (1,660.83)	$ 179,016.10	$ 3,731.04	$ (67,847.53)	$ (39,519.80)	$ 95,997.64	$ (44,729.67)	$ (73,699.07)	$ 47,179.50
YTD Net	$ (100,522.65)	$ (31,876.30)	$ 72,217.80	$ (4,108.38)	$ (5,769.21)	$ 173,246.89	$ 176,977.93	$ 109,130.40	$ 69,610.60	$ 165,608.24	$ 120,878.57	$ 47,179.50	$ 47,179.50
Avg. Cost/Contract	$ 201.14	$ 151.89	$ 205.26	$ 193.11	$ 173.22	$ 187.75	$ 170.55	$ 189.97	$ 183.52	$ 178.96	$ 186.02	$ 194.68	
Total Number of Scripts	8,674	8,252	9,290	8,466	8,374	8,714	8,044	8,880	8,403	8,564	8,581	8,777	103,019
# of Scripts per enrollee	2.5	2.4	2.7	2.5	2.4	2.5	2.3	2.6	2.5	2.5	2.6	2.6	2.5
Cost/Script	$ 80.63	$ 63.67	$ 76.25	$ 78.60	$ 71.24	$ 73.73	$ 73.00	$ 72.99	$ 74.04	$ 70.61	$ 72.86	$ 74.62	$ 73.58

LUCAS COUNTY DRUG PLAN 2011

Service Period:	Jan. 2011	Feb. 2011	Mar. 2011	April 2011	May 2011	June 2011	July 2011	Aug. 2011	Sept. 2011	Oct. 2011	Nov. 2011	Dec. 2011	Total
Claims Costs	$ 607,215.99	$ 589,549.11	$ 719,246.04	$ 608,222.92	$ 597,938.34	$ 570,286.52	$ 574,486.38	$ 638,588.29	$ 590,152.48	$ 621,701.35	$ 593,412.24	$ 544,423.45	$ 7,255,223.11
Admin. Fee	$ 13,198.50	$ 12,544.50	$ 14,628.00	$ 12,762.00	$ 12,997.50	$ 12,756.00	$ 11,880.00	$ 13,062.00	$ 12,343.50	$ 12,819.00	$ 12,526.50	$ 12,493.50	$ 154,011.00
Admin. Fee DUR Progra	$ 5,086.32	$ 6,619.91	$ 8,093.18	$ 6,116.48	$ 6,103.98	$ 4,841.33	$ 5,985.84	$ 5,130.03	$ 5,502.23	$ 5,338.38	$ 4,636.22	$ 5,039.68	$ 68,493.58
COBRA Admin. Fees													
Total Costs	$ 625,500.81	$ 608,713.52	$ 741,967.22	$ 627,101.40	$ 617,039.82	$ 587,883.85	$ 592,352.22	$ 656,780.32	$ 607,998.21	$ 639,858.73	$ 610,574.96	$ 561,956.63	$ 7,477,727.69
Income													
# Single	988	1,001	963	960	950	938	930	934	941	940	933	926	
Dept. Chg.	$ 92,625.00	$ 93,843.75	$ 90,281.25	$ 90,000.00	$ 89,062.50	$ 87,937.50	$ 87,187.50	$ 87,562.50	$ 88,218.75	$ 88,125.00	$ 87,468.75	$ 86,812.50	$ 1,069,125.00
# Family	2,315	2,307	2,338	2,346	2,340	2,331	2,301	2,303	2,293	2,284	2,291	2,278	
Dept. Chg.	$ 479,205.00	$ 477,549.00	$ 483,966.00	$ 485,622.00	$ 484,380.00	$ 482,517.00	$ 476,307.00	$ 476,721.00	$ 474,651.00	$ 472,788.00	$ 474,237.00	$ 471,546.00	$ 5,739,489.00
Total	$ 571,830.00	$ 571,392.75	$ 574,247.25	$ 575,622.00	$ 573,442.50	$ 570,454.50	$ 563,494.50	$ 564,283.50	$ 562,869.75	$ 560,913.00	$ 561,705.75	$ 558,358.50	$ 6,808,614.00
COBRA Single Income	$ 1,243.19	$ 1,434.45	$ 1,243.19	$ 669.41	$ 1,243.19	$ 1,147.56	$ 1,338.82	$ 1,721.34	$ 1,530.08	$ 1,434.45	$ 1,530.08	$ 1,243.19	$ 15,778.95
COBRA Family Income	$422.28	$422.48	$633.42	$633.42	$211.14	$422.28	$732.42	$211.14	$422.28	$1,266.84	$844.56	$633.42	$6,855.68
COBRA Total	$ 1,665.47	$ 1,856.93	$ 1,876.61	$ 1,302.83	$ 1,454.33	$ 1,569.84	$ 2,071.24	$ 1,932.48	$ 1,952.36	$ 2,701.29	$ 2,374.64	$ 1,876.61	$ 22,634.63
COBRA Single Enrollmer	14	14	14	11	10	11	14	14	17	17	16	14	
COBRA Family Enrollmer	2	2	3	3	2	2	2	2	2	4	4	5	
Total COBRA Enrollment	16	16	17	14	12	13	16	16	19	21	20	19	
Total Enrollment	3,319	3,324	3,318	3,320	3,302	3,282	3,247	3,253	3,253	3,245	3,244	3,223	39,330
Active Income	$ 571,830.00	$ 571,392.75	$ 574,247.25	$ 575,622.00	$ 573,442.50	$ 570,454.50	$ 563,494.50	$ 564,283.50	$ 562,869.75	$ 560,913.00	$ 561,705.75	$ 558,358.50	$ 6,808,614.00
Adjustments	$ (449.25)	$ (363.00)	$ (1,468.50)	$ 19.50	$ (207.00)	$ (1,296.75)	$ (1,769.25)	$ 300.75	$ (285.00)	$ (3,395.46)	$ 660.00	$ (864.30)	$ (9,118.26)
Total Active Income	$ 571,380.75	$ 571,029.75	$ 572,778.75	$ 575,641.50	$ 573,235.50	$ 569,157.75	$ 561,725.25	$ 564,584.25	$ 562,584.75	$ 557,517.54	$ 562,365.75	$ 557,494.20	$ 6,799,495.74
Plus COBRA Revenue	$ 1,665.47	$ 1,856.93	$ 1,876.61	$ 1,302.83	$ 1,454.33	$ 1,569.84	$ 2,071.24	$ 1,932.48	$ 1,952.36	$ 2,701.29	$ 2,374.64	$ 1,876.61	$ 22,634.63
Refunds/Rebates	$ 117,548.40	$ -	$ 116,504.20	$ -	$ 119,241.20			$ 123,804.40					$ 477,098.20
Total Income	$ 690,594.62	$ 572,886.68	$ 574,655.36	$ 693,448.53	$ 574,689.83	$ 570,727.59	$ 683,037.69	$ 566,516.73	$ 564,537.11	$ 684,023.23	$ 564,740.39	$ 559,370.81	$ 7,299,228.57
Monthly Net	$ 65,093.81	$ (35,826.84)	$ (167,311.86)	$ 66,347.13	$ (42,349.99)	$ (17,156.26)	$ 90,685.47	$ (90,263.59)	$ (43,461.10)	$ 44,164.50	$ (45,834.57)	$ (2,585.82)	
YTD Net	$ 65,093.81	$ 29,266.97	$ (138,044.89)	$ (71,697.76)	$ (114,047.75)	$ (131,204.01)	$ (40,518.54)	$ (130,782.13)	$ (174,243.23)	$ (130,078.73)	$ (175,913.30)		$ (178,499.12)
Avg. Cost/Contract	$ 188.46	$ 183.13	$ 223.62	$ 188.89	$ 186.87	$ 179.12	$ 182.43	$ 201.90	$ 186.90	$ 197.18	$ 188.22	$ 174.36	$ 190.13
Total Number of Scnpts	8,799	8,363	9,752	8,508	8,665	8,504	7,920	8,708	8,229	8,546	8,351	8,329	0
# of Scnpts per enrollee	2.7	2.5	2.9	2.6	2.6	2.6	2.4	2.7	2.5	2.6	2.6	2.6	0.0
Cost/Scnpt	$ 71.09	$ 72.79	$ 76.08	$ 73.71	$ 71.21	$ 69.13	$ 74.79	$ 75.42	$ 73.88	$ 74.87	$ 73.11	$ 67.47	

LUCAS COUNTY DRUG PLAN 2012

Service Period:		Jan. 2012	Feb. 2012	Mar. 2012	April 2012	May 2012	June 2012	July 2012	Aug. 2012	Sept. 2012	Oct. 2012	Nov. 2012	Dec. 2012	Total
Claims Costs		$ 607,020.96	$ 591,029.44	$ 617,208.35	$ 575,793.67	$ 639,493.51	$ 573,988.71	$ 578,716.59						
Admin. Fee		$ 13,986.21	$ 12,792.29	$ 11,438.75	$ 10,545.00	$ 11,373.65	$ 10,372.18	$ 10,414.23						
Admin. Fee DUR Program		$ 6,310.21	$ 5,158.81	$ 4,737.83	$ 5,698.28	$ 6,061.78								
Total Costs		$ 627,317.38	$ 608,980.54	$ 633,384.93	$ 592,036.95	$ 656,928.94	$ 584,360.89	$ 589,130.82	$ -	$ -	$ -	$ -	$ -	$ 4,292,140.45
Income														
# Single		915	915	912	906	905	909	917						
$	103.13	$ 94,363.95	$ 94,363.95	$ 94,054.56	$ 93,435.78	$ 93,332.65	$ 93,745.17	$ 94,570.21	$ -	$ -	$ -	$ -	$ -	$ 657,866.27
# Family		2,270	2,269	2,273	2,290	2,269	2,284	2,270						
$	227.70	$ 516,879.00	$ 516,651.30	$ 517,562.10	$ 521,433.00	$ 516,651.30	$ 520,066.80	$ 516,879.00	$ -	$ -	$ -	$ -	$ -	$ 3,626,122.50
Total		$ 611,242.95	$ 611,015.25	$ 611,616.66	$ 614,868.78	$ 609,983.95	$ 613,811.97	$ 611,449.21	$ -	$ -	$ -	$ -	$ -	$ 4,283,988.77
COBRA Single Income		$ 1,243.19	$ 1,625.71	$ 1,472.66	$ 1,576.35	$ 1,472.66	$ 1,683.04	$ 1,157.09						
COBRA Family Income		$633.42	$844.56	$696.75	$696.75	$696.75	$696.75	$696.75						
COBRA Total		$ 1,876.61	$ 2,470.27	$ 2,169.41	$ 2,273.10	$ 2,169.41	$ 2,379.79	$ 1,853.84	$ -	$ -	$ -	$ -	$ -	$ 15,192.43
COBRA Single Enrollment		14	15	15	15	13	14	11						
COBRA Family Enrollment		3	3	3	3	3	3	3						
Total COBRA Enrollment		17	18	18	18	16	17	14	0	0	0	0	0	
Total Enrollment		3,202	3,202	3,203	3,214	3,190	3,210	3,201	0	0	0	0	0	22,422
Active Income		$ 611,242.95	$ 611,015.25	$ 611,616.66	$ 614,868.78	$ 609,983.95	$ 613,811.97	$ 611,449.21	$ -	$ -	$ -	$ -	$ -	$ 4,283,988.77
Adjustments		$ 621.00	$ (515.65)	$ (476.84)	$ 124.57	$ (1,447.89)	$ 4,803.14							
Total Active Income		$ 611,863.95	$ 610,499.60	$ 611,139.82	$ 614,993.35	$ 608,536.06	$ 618,615.11	$ 611,449.21	$ -	$ -	$ -	$ -	$ -	$ 4,287,097.10
Plus COBRA Revenue		$ 1,876.61	$ 2,470.27	$ 2,169.41	$ 2,273.10	$ 2,169.41	$ 2,379.79	$ 1,853.84	$ -	$ -	$ -	$ -	$ -	$ 15,192.43
Refunds/Rebates		$ 118,114.20	$ 108.50	$ -		$ 114,093.63	$ -	$ 104,435.64						
Total Income		$ 731,854.76	$ 613,078.37	$ 613,309.23	$ 617,266.45	$ 724,799.10	$ 620,994.90	$ 717,738.69	$ -	$ -	$ -	$ -	$ -	$ 4,639,041.50
Monthly Net		$ 104,537.38	$ 4,097.83	$ (20,075.70)	$ 25,229.50	$ 67,870.16	$ 36,634.01	$ 128,607.87	$ -	$ -	$ -	$ -	$ -	
YTD Net		$ 104,537.38	$ 108,635.21	$ 88,559.51	$ 113,789.01	$ 181,659.17	$ 218,293.18	$ 346,901.05	$ 346,901.05	$ 346,901.05	$ 346,901.05	$ 346,901.05		$ 346,901.05
Avg. Cost/Contract		$ 195.91	$ 190.19	$ 197.75	$ 184.21	$ 205.93	$ 182.04	$ 184.05						$ 191.43
Total Number of Scripts		9,272	8,467	9,151	8,436	8,960	8,243	8,302						
# of Scripts per enrollee		2.9	2.6	2.9	2.6	2.8	2.6	2.6						0.0
Cost/Script		$ 67.66	$ 71.92	$ 69.21	$ 70.18	$ 73.32	$ 70.89	$ 70.96						

LUCAS COUNTY DENTAL PLAN 2008

	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Totals
)ental Claims	$ 187,107.05	$ 114,206.90	$ 131,624.93	$ 196,490.34	$ 200,765.47	$ 113,693.49	$ 208,385.97	$ 64,195.75	$ 129,676.99	$ 193,399.25	$ 84,662.53	$ 136,063.55	$ 1,760,272.22
\dmin. Fees	$ 6,004.00	$ 5,962.00	$ 5,978.00	$ 5,952.00	$ 5,956.00	$ 5,942.00	$ 5,872.00	$ 5,914.00	$ 5,900.00	$ 5,864.00	$ 5,864.00	$ 5,850.00	$ 71,058.00
:OBRA Admin. Fees	$ 38.00	$ 34.00	$ 34.00	$ 30.00	$ 38.00	$ 38.00	$ 32.00	$ 26.00	$ 20.00	$ 24.00	$ 20.00	$ 20.00	$ 354.00
Total Admin.	$ 6,042.00	$ 5,996.00	$ 6,012.00	$ 5,982.00	$ 5,994.00	$ 5,980.00	$ 5,904.00	$ 5,940.00	$ 5,920.00	$ 5,888.00	$ 5,884.00	$ 5,870.00	$ 71,412.00
'otal Claims + Total Admin.	$ 193,149.05	$ 120,202.90	$ 137,636.93	$ 202,472.34	$ 206,759.47	$ 119,673.49	$ 214,289.97	$ 70,135.75	$ 135,596.99	$ 199,287.25	$ 90,546.53	$ 141,933.55	$ 1,831,684.22
ıcome													
Single	951	946	939	938	935	930	917	917	915	906	904	902	
	$22,538.70	$22,420.20	$22,254.30	$22,230.60	$22,159.50	$22,041.00	$21,732.90	$21,732.90	$21,685.50	$21,472.20	$21,424.80	$21,377.40	$263,070.00
$23.70													
Family	2,049	2,039	2,048	2,038	2,044	2,040	2,038	2,036	2,035	2,031	2,030	2,026	
	$134,926.65	$134,268.15	$134,860.80	$134,202.30	$134,597.40	$134,334.00	$134,202.30	$134,070.60	$134,004.75	$133,741.35	$133,675.50	$133,412.10	$1,610,295.90
$65.85													
'otal Active Income	$ 157,465.35	$ 156,688.35	$ 157,115.10	$ 156,432.90	$ 156,756.90	$ 156,375.00	$ 155,935.20	$ 155,803.50	$ 155,690.25	$ 155,213.55	$ 155,100.30	$ 154,789.50	$ 1,873,365.90
:OBRA Single Income	$ 459.23	$ 362.55	$ 362.55	$ 314.21	$ 435.06	$ 362.55	$ 314.21	$ 314.21	$ 217.53	$ 298.87	$ 241.70	$ 241.70	$ 3,924.37
:OBRA Family Income	$ 134.34	$ 134.34	$ 134.34	$ 134.34	$ 67.17	$ 268.68	$ 131.70	$ -	$ 67.17	$ 67.17	$ -	$ -	$ 1,139.25
otal COBRA Income	$ 593.57	$ 496.89	$ 496.89	$ 448.55	$ 502.23	$ 631.23	$ 445.91	$ 314.21	$ 284.70	$ 366.04	$ 241.70	$ 241.70	$ 5,063.62
OBRA Enrollment	15	17	16	15	15	18	15	15	15	15	13	11	
otal Enrollment	3,015	3,002	3,003	2,991	2,994	2,988	2,970	2,968	2,965	2,952	2,947	2,939	35,734
ctive Income	$ 157,465.35	$ 156,688.35	$ 157,115.10	$ 156,432.90	$ 156,756.90	$ 156,375.00	$ 155,935.20	$ 155,803.50	$ 155,690.25	$ 155,213.55	$ 155,100.30	$ 154,789.50	$ 1,873,365.90
djustments	$ 300.30	$ (455.70)	$ 318.75	$ (42.15)	$ 18.45	$ 23.70	$ (294.90)	$ 287.10	$ (42.15)	$ 13.20	$ (47.40)	$ (113.25)	$ (34.05)
otal Active Income	$ 157,765.65	$ 156,232.65	$ 157,433.85	$ 156,390.75	$ 156,775.35	$ 156,398.70	$ 155,640.30	$ 156,090.60	$ 155,648.10	$ 155,226.75	$ 155,052.90	$ 154,676.25	$ 1,873,331.85
lus COBRA Income	$ 593.57	$ 496.89	$ 496.89	$ 448.55	$ 502.23	$ 631.23	$ 445.91	$ 314.21	$ 284.70	$ 366.04	$ 241.70	$ 241.70	$ 5,063.62
otal Income	$ 158,359.22	$ 156,729.54	$ 157,930.74	$ 156,839.30	$ 157,277.58	$ 157,029.93	$ 156,086.21	$ 156,404.81	$ 155,932.80	$ 155,592.79	$ 155,294.60	$ 154,917.95	$ 1,878,395.47
lonthly Net	$ (34,789.83)	$ 36,526.64	$ 20,293.81	$ (45,633.04)	$ (49,481.89)	$ 37,356.44	$ (58,203.76)	$ 86,269.06	$ 20,335.81	$ (43,694.46)	$ 64,748.07	$ 12,984.40	$ 46,711.25
TD Net	$ (34,789.83)	$ 1,736.81	$ 22,030.62	$ (23,602.42)	$ (73,084.31)	$ (35,727.87)	$ (93,931.63)	$ (7,662.57)	$ 12,673.24	$ (31,021.22)	$ 33,726.85	$ 46,711.25	$ 46,711.25
vg. Cost/Contract	$ 64.06	$ 40.04	$ 45.83	$ 67.69	$ 69.06	$ 40.05	$ 72.15	$ 23.63	$ 45.73	$ 67.51	$ 30.72	$ 48.29	$ 51.26

LUCAS COUNTY DENTAL PLAN 2009

	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Totals
Dental Claims	$ 154,530.42	$ 151,101.01	$ 217,754.93	$ 248,424.04	$ 154,749.39	$ 135,555.63	$ 132,850.52	$ 138,603.29	$ 142,627.03	$ 119,335.83	$ 101,092.41	$ 121,321.69	$ 1,817,946.19
Admin. Fees	$ 5,842.00	$ 5,794.00	$ 6,167.48	$ 6,124.68	$ 6,128.96	$ 6,113.98	$ 6,084.02	$ 6,049.78	$ 6,060.48	$ 6,009.12	$ 6,043.36	$ 6,004.84	$ 72,422.70
COBRA Admin. Fees	$ 32.00	$ 20.00	$ 16.98	$ 14.98	$ 17.12	$ 29.96	$ 23.54	$ 29.96	$ 21.40	$ 23.54	$ 27.82	$ 27.82	$ 285.12
Total Admin.	$ 5,874.00	$ 5,814.00	$ 6,184.46	$ 6,139.66	$ 6,146.08	$ 6,143.94	$ 6,107.56	$ 6,079.74	$ 6,081.88	$ 6,032.66	$ 6,071.18	$ 6,032.66	$ 72,707.82
Total Claims + Total Admin.	$ 160,404.42	$ 156,915.01	$ 223,939.39	$ 254,563.70	$ 160,895.47	$ 141,699.57	$ 138,958.08	$ 144,683.03	$ 148,708.91	$ 125,368.49	$ 107,163.59	$ 127,354.35	$ 1,890,654.01
Income													
#Single	900	908	905	903	895	894	892	876	876	873	874	871	
	$21,330.00	$21,519.60	$21,448.50	$21,401.10	$21,211.50	$21,187.80	$21,140.40	$20,761.20	$20,761.20	$20,690.10	$20,713.80	$20,642.70	$252,807.90
$23.70													
#Family	2,016	1,992	1,983	1,969	1,972	1,964	1,955	1,955	1,953	1,943	1,942	1,939	
	$132,753.60	$131,173.20	$130,580.55	$129,658.65	$129,856.20	$129,329.40	$128,736.75	$128,736.75	$128,605.05	$127,946.55	$127,880.70	$127,683.15	$1,552,940.55
$65.85													
Total Active Income	$154,083.60	$152,692.80	$152,029.05	$151,059.75	$151,067.70	$150,517.20	$149,877.15	$149,497.95	$149,366.25	$148,636.65	$148,594.50	$148,325.85	$1,805,748.45
COBRA Single Income	$ 241.70	$ 241.70	$ 193.36	$ 169.19	$ 193.36	$ 265.87	$ 265.87	$ 314.21	$ 217.53	$ 271.40	$ 241.70	$ 241.70	$ 2,857.59
COBRA Family Income	$ 67.17	$ -	$ -	$ -	$ -	$ 201.51	$ -	$ 67.17	$ 67.17	$ 67.17	$ 131.70	$ 201.51	$ 803.40
Total COBRA Income	$ 308.87	$ 241.70	$ 193.36	$ 169.19	$ 193.36	$ 467.38	$ 265.87	$ 381.38	$ 284.70	$ 338.57	$ 373.40	$ 443.21	$ 3,660.99
COBRA Single Enrollment	10	8	7	9	8	9	11	11	11	10	10	11	
CBORA Family Enrollment	1	0	0	0	0	1	1	1	1	1	1	2	
COBRA Enrollment	11	8	7	9	8	10	12	12	12	11	11	13	
Total Enrollment	2,927	2,908	2,895	2,881	2,875	2,868	2,859	2,843	2,841	2,827	2,827	2,823	34,374
Active Income	$154,083.60	$152,692.80	$152,029.05	$151,059.75	$151,067.70	$150,517.20	$149,877.15	$149,497.95	$149,366.25	$148,636.65	$148,594.50	$148,325.85	$ 1,805,748.45
Adjustments	$ 147.45	$ (389.85)	$ (258.15)	$ (484.65)	$ 97.50	$ (155.40)	$ (305.55)	$ 158.10	$ 281.85	$ (442.50)	$ 400.35	$ (179.10)	$ (1,129.95)
Total Active Income	$154,231.05	$152,302.95	$151,770.90	$150,575.10	$151,165.20	$150,361.80	$149,571.60	$149,656.05	$149,648.10	$148,194.15	$148,994.85	$148,146.75	$ 1,804,618.50
Plus COBRA Income	$ 308.87	$ 241.70	$ 193.36	$ 169.19	$ 193.36	$ 467.38	$ 265.87	$ 381.38	$ 284.70	$ 338.57	$ 373.40	$ 443.21	$ 3,660.99
Total Income	$154,539.92	$152,544.65	$151,964.26	$150,744.29	$151,358.56	$150,829.18	$149,837.47	$150,037.43	$149,932.80	$148,532.72	$149,368.25	$148,589.96	$ 1,808,279.49
Monthly Net	($5,864.50)	($4,370.36)	($71,975.13)	($103,819.41)	($9,536.91)	$9,129.61	$10,879.39	$5,354.40	$1,223.89	$23,164.23	$42,204.66	$21,235.61	$ (82,374.52)
YTD Net	($5,864.50)	($10,234.86)	($82,209.99)	($186,029.40)	($195,566.31)	($186,436.70)	($175,557.31)	($170,202.91)	($168,979.02)	($145,814.79)	($103,610.13)	($82,374.52)	($82,374.52)
Avg. Cost/Contract	54.80	53.96	77.35	88.36	55.96	49.41	48.60	50.89	52.34	44.35	37.91	45.11	55.00

LUCAS COUNTY DENTAL PLAN 2010

	Jan. 2010	Feb. 2010	Mar. 2010	Apr. 2010	May-10	Jun-10	Jul-10	Aug. 2010	Sept. 2010	Oct. 10	Nov. 10	Dec. 10	Totals
Dental Claims	$ 103,489.86	$ 110,208.92	$ 175,535.84	$ 162,652.02	$ 132,383.37	$ 115,186.91	$ 142,475.10	$ 109,393.65	$ 136,052.73	$ 116,253.86	$ 119,561.51	$ 69,616.37	$ 1,492,810.14
Admin. Fees	$ 5,893.44	$ 5,910.68	$ 5,675.28	$ 5,692.40	$ 5,622.43	$ 5,703.94	$ 5,581.12	$ 5,578.98	$ 5,608.94	$ 5,480.54	$ 5,499.80	$ 5,486.90	$ 67,734.45
COBRA Admin. Fees	$ 23.54	$ 27.82	$ 44.94	$ 40.66	$ 25.68	$ 29.96	$ 32.10	$ 27.82	$ 27.82	$ 25.68	$ 25.68	$ 29.96	$ 361.66
Total Admin.	$ 5,916.98	$ 5,938.50	$ 5,720.22	$ 5,733.06	$ 5,648.11	$ 5,733.90	$ 5,613.22	$ 5,606.80	$ 5,636.76	$ 5,506.22	$ 5,525.48	$ 5,516.86	$ 68,096.11
Total Claims + Total Admin.	$ 109,406.84	$ 116,147.42	$ 181,256.06	$ 168,385.08	$ 138,031.48	$ 120,920.81	$ 148,088.32	$ 115,000.45	$ 141,689.49	$ 121,760.08	$ 125,086.99	$ 75,133.23	$ 1,560,906.25
Income													$ -
#Single	871	866	839	836	832	819	814	812	818	808	802	791	$ -
$23.70	$20,642.70	$20,524.20	$19,884.30	$19,813.20	$19,718.40	$19,410.30	$19,291.80	$19,244.40	$19,386.60	$19,149.60	$19,007.40	$18,746.70	$ 234,819.60
#Family	1,925	1,900	1,823	1,826	1,822	1,813	1,800	1,795	1,787	1,780	1,779	1,781	$ -
$65.85	$126,761.25	$125,115.00	$120,044.55	$120,242.10	$119,978.70	$119,386.05	$118,530.00	$118,200.75	$117,673.95	$117,213.00	$117,147.15	$117,278.85	$ 1,437,571.35
Total Active Income	$147,403.95	$145,639.20	$139,928.85	$140,055.30	$139,697.10	$138,796.35	$137,821.80	$137,445.15	$137,060.55	$136,362.60	$136,154.55	$136,025.55	$ -
COBRA Single Income	$ 241.70	$ 290.04	$ 459.23	$ 435.06	$ 217.53	$ 290.04	$ 338.38	$ 290.04	$ 290.04	$ 265.87	$ 290.04	$ 313.30	$ 1,672,390.95
COBRA Family Income	$ 67.17	$ 67.17	$ 134.34	$ 67.17	$ 201.51	$ 134.34	$ 67.17	$ 67.17	$ 67.17	$ 67.17	$ 67.17	$ 67.17	$ 3,721.27
Total COBRA Income	$ 308.87	$ 357.21	$ 593.57	$ 502.23	$ 419.04	$ 424.38	$ 405.55	$ 357.21	$ 357.21	$ 333.04	$ 357.21	$ 380.47	$ 1,074.72
COBRA Single Enrollment	10	11	12	14	13	12	13	12	12	12	12	12	$ 4,795.99
COBRA Family Enrollment	2	2	2	3	3	2	1	1	1	1	1	1	
COBRA Enrollment	12	13	14	17	16	14	14	13	13	13	13	13	
Total Enrollment	2,808	2,779	2,676	2,679	2,670	2,646	2,628	2,620	2,618	2,601	2,594	2,585	$ 31,904.00
Active Income	$147,403.95	$145,639.20	$139,928.85	$140,055.30	$139,697.10	$138,796.35	$137,821.80	$137,445.15	$137,060.55	$136,362.60	$136,154.55	$136,025.55	$ 1,672,390.95
Adjustments	$ (42.15)	$ (366.15)	$ (748.05)	$ (324.00)	$ 97.50	$ (400.35)	$ (34.20)	$ (168.60)	$ (218.55)	$ (1,021.95)	$ (260.70)	$ (21.00)	$ (3,508.20)
Total Active Income	$147,361.80	$145,273.05	$139,180.80	$139,731.30	$139,794.60	$138,396.00	$137,787.60	$137,276.55	$136,842.00	$135,340.65	$135,893.85	$136,004.55	$ 1,668,882.75
Plus COBRA Income	$ 308.87	$ 357.21	$ 593.57	$ 502.23	$ 419.04	$ 424.38	$ 405.55	$ 357.21	$ 357.21	$ 333.04	$ 357.21	$ 380.47	$ 4,795.99
Total Income	$147,670.67	$145,630.26	$139,774.37	$140,233.53	$140,213.64	$138,820.38	$138,193.15	$137,633.76	$137,199.21	$135,673.69	$136,251.06	$136,385.02	$1,673,678.74
Monthly Net	$38,263.83	$29,482.84	($41,481.69)	($28,151.55)	$2,182.16	$17,899.57	($9,895.17)	$22,633.31	($4,490.28)	$13,913.61	$11,164.07	$61,251.79	$112,772.49
YTD Net	$38,263.83	$67,746.67	$26,264.98	($1,886.57)	$295.59	$18,195.16	$8,299.99	$30,933.30	$26,443.02	$40,356.63	$51,520.70	$112,772.49	
Avg. Cost/Contract	$38.96	$41.79	$67.73	$62.85	$51.70	$45.70	$56.35	$43.89	$54.12	$46.81	$48.22	$29.07	$48.93

LUCAS COUNTY DENTAL PLAN 2011

	Jan. 2011	Feb. 2011	Mar. 2011	Apr. 2011	May 2011	June 2011	July 2011	Aug. 2011	Sept. 2011	Oct. 2011	Nov. 2011	Dec. 2011	Totals
Dental Claims	$ 158,949.31	$ 91,122.67	$ 115,740.29	$ 72,062.20	$ 167,270.92	$ 144,607.49	$ 132,871.09	$ 147,025.86	$ 118,741.63	$ 117,060.48	$ 119,664.96	$ 109,464.38	$ 1,494,581.28
Admin. Fees	$ 5,384.24	$ 5,382.10	$ 5,146.70	$ 5,159.54	$ 5,106.04	$ 5,039.70	$ 5,016.16	$ 5,050.40	$ 4,999.04	$ 5,011.88	$ 4,969.08	$ 4,949.82	$ 61,214.70
COBRA Admin. Fees	$ 32.10	$ 29.96	$ 27.82	$ 23.54	$ 25.68	$ 23.54	$ 32.10	$ 29.96	$ 29.96	$ 32.10	$ 34.24	$ 23.54	$ 344.54
Total Admin.	$ 5,416.34	$ 5,412.06	$ 5,174.52	$ 5,183.08	$ 5,131.72	$ 5,063.24	$ 5,048.26	$ 5,080.36	$ 5,029.00	$ 5,043.98	$ 5,003.32	$ 4,973.36	$ 61,559.24
Total Claims + Total Admin.	$ 164,365.65	$ 96,534.73	$ 120,914.81	$ 77,245.28	$ 172,402.64	$ 149,670.73	$ 137,919.35	$ 152,106.22	$ 123,770.63	$ 122,104.46	$ 124,668.28	$ 114,437.74	$ 1,556,140.52
													$ -
Income													$ -
#Single	769	781	709	708	703	692	687	696	697	697	684	677	
	$18,225.30	$18,509.70	$16,803.30	$16,779.60	$16,661.10	$16,400.40	$16,281.90	$16,495.20	$16,518.90	$16,518.90	$16,210.80	$16,044.90	$ 201,450.00
$23.70													
													$ -
#Family	1,753	1,734	1,696	1,700	1,687	1,672	1,650	1,653	1,642	1,641	1,644	1,639	$ -
	$115,435.05	$114,183.90	$111,681.60	$111,945.00	$111,088.95	$110,101.20	$108,652.50	$108,850.05	$108,125.70	$108,059.85	$108,257.40	$107,928.15	$ 1,324,309.35
$65.85													
													$ -
Total Active Income	$133,660.35	$132,693.60	$128,484.90	$128,724.60	$127,750.05	$126,501.60	$124,934.40	$125,345.25	$124,644.60	$124,578.75	$124,468.20	$123,973.05	$ 1,525,759.35
COBRA Single Income	$ 338.38	$ 265.87	$ 265.87	$ 193.36	$ 265.87	$ 241.70	$ 338.38	$ 314.21	$ 265.87	$ 217.53	$ 217.53	$ 19.19	$ 2,943.76
COBRA Family Income	$ 67.17	$ 268.68	$ 201.51	$ 201.51	$ 67.17	$ 67.17	$ 67.17	$ 67.17	$ 201.51	$ 403.02	$ 403.02	$ 335.85	$ 2,350.95
Total COBRA Income	$ 405.55	$ 534.55	$ 467.38	$ 394.87	$ 333.04	$ 308.87	$ 405.55	$ 381.38	$ 467.38	$ 620.55	$ 620.55	$ 355.04	$ 5,294.71
COBRA Single Enrollment	13	10	11	10	9	10	12	11	11	11	9	8	
COBRA Family Enrollment	1	3	3	3	1	1	1	1	2	4	5	5	
COBRA Enrollment	14	13	14	13	10	11	13	12	13	15	14	13	
Total Enrollment	2,536	2,528	2,419	2,421	2,400	2,375	2,350	2,361	2,352	2,353	2,342	2,329	$ 28,766.00
Active Income	$133,660.35	$132,693.60	$128,484.90	$128,724.60	$127,750.05	$126,501.60	$124,934.40	$125,345.25	$124,644.60	$124,578.75	$124,468.20	$123,973.05	$ 1,525,759.35
Adjustments	$ 92.25	$ 94.80	$ (18.45)	$ 276.60	$ (287.10)	$ (442.50)	$ (324.00)	$ 429.30	$ (216.00)	$ 84.30	$ (100.05)	$ 229.20	$ (181.65)
Total Active Income	$133,752.60	$132,788.40	$128,466.45	$129,001.20	$127,462.95	$126,059.10	$124,610.40	$125,774.55	$124,428.60	$124,663.05	$124,368.15	$124,202.25	$ 1,525,577.70
Plus COBRA Income	$ 405.55	$ 534.55	$ 467.38	$ 394.87	$ 333.04	$ 308.87	$ 405.55	$ 381.38	$ 467.38	$ 620.55	$ 620.55	$ 355.04	$ 5,294.71
Total Income	$134,158.15	$133,322.95	$128,933.83	$129,396.07	$127,795.99	$126,367.97	$125,015.95	$126,155.93	$124,895.98	$125,283.60	$124,988.70	$124,557.29	$1,530,872.41
Monthly Net	($30,207.50)	$36,788.22	$8,019.02	$52,150.79	($44,606.65)	($23,302.76)	($12,903.40)	($25,950.29)	$1,125.35	$3,179.14	$320.42	$10,119.55	($25,268.11)
YTD Net	($30,207.50)	$6,580.72	$14,599.74	$66,750.53	$22,143.88	($1,158.88)	($14,062.28)	($40,012.57)	($38,887.22)	($35,708.08)	($35,387.66)	($25,268.11)	$10,119.55
Avg. Cost/Contract	$ 64.81	$ 38.19	$ 49.99	$ 31.91	$ 71.83	$ 63.02	$ 58.69	$ 64.42	$ 52.62	$ 51.89	$ 53.23	$ 49.14	$54.10

LUCAS COUNTY DENTAL PLAN 2012

	Jan. 2011	Feb. 2011	Mar. 2011	Apr. 2011	May 2011	June 2011	July 2011	Aug. 2011	Sept. 2011	Oct. 2011	Nov. 2011	Dec. 2011	Totals
Dental Claims	$ 61,856.10	$ 85,933.04	$ 180,595.18	$ 107,407.29	$ 198,291.53	$ 68,377.85	$ 152,072.62						$ 854,533.61
Admin. Fees	$ 4,922.00	$ 4,911.30	$ 4,489.44	$ 4,493.42	$ 4,475.51	$ 4,471.53	$ 4,477.50						$ 32,240.70
COBRA Admin. Fees	$ 25.68	$ 27.82	$ 24.18	$ 25.87	$ 19.90	$ 27.86	$ 21.89						$ 173.20
Total Admin.	$ 4,947.68	$ 4,939.12	$ 4,513.62	$ 4,519.29	$ 4,495.41	$ 4,499.39	$ 4,499.39	$ -	$ -	$ -	$ -	$ -	$ 32,413.90
Total Claims + Total Admin.	$ 66,803.78	$ 90,872.16	$ 185,108.80	$ 111,926.58	$ 202,786.94	$ 72,877.24	$ 156,572.01	$ -	$ -	$ -	$ -	$ -	$ 886,947.51
													$ -
Income													$ -
#Single	670	671	659	653	652	649	658						
	$17,466.90	$17,492.97	$17,180.13	$17,023.71	$16,997.64	$16,919.43	$17,154.06	$0.00	$0.00		$0.00	$0.00	$ 120,234.84
$26.07													
#Family	1,627	1,625	1,600	1,609	1,597	1,598	1,590						$ -
	$117,859.88	$117,715.00	$115,904.00	$116,555.96	$115,686.68	$115,759.12	$115,179.60	$0.00	$0.00		$0.00	$0.00	$ -
$72.44													$ 814,660.24
													$ -
Total Active Income	$135,326.78	$135,207.97	$133,084.13	$133,579.67	$132,684.32	$132,678.55	$132,333.66	$0.00	$0.00	$0.00	$0.00	$0.00	$ 934,895.08
COBRA Single Income	$ 193.36	$ 241.70	$ 186.13	$ 212.72	$ 132.95	$ 212.72	$ 159.54						$ 1,339.12
COBRA Family Income	$ 201.51	$ 201.51	$ 369.45	$ 295.56	$ 369.45	$ 369.45	$ 369.45						$ 2,176.38
Total COBRA Income	$ 394.87	$ 443.21	$ 555.58	$ 508.28	$ 502.40	$ 582.17	$ 528.99	$ -	$ -	$ -	$ -	$ -	$ 3,515.50
COBRA Single Enrollment	8	9	8	8	6	8	8						
COBRA Family Enrollment	4	4	4	4	5	5	4						
COBRA Enrollment	$ 12.00	13	12	12	11	13	12	0	0	0	0	0	
Total Enrollment	2,309	2,309	2,271	2,274	2,260	2,260	2,260	0	0	0	0	0	$ 15,943.00
Active Income	$135,326.78	$135,207.97	$133,084.13	$133,579.67	$132,684.32	$132,678.55	$132,333.66	$0.00	$0.00	$0.00	$0.00	$0.00	$ 934,895.08
Adjustments	$ 129.56	$ (93.51)	$ (237.62)		$ (310.06)	$ 304.29	$ (411.56)						$ (618.90)
Total Active Income	$135,456.34	$135,114.46	$132,846.51	$133,579.67	$132,374.26	$132,982.84	$131,922.10	$0.00	$0.00	$0.00	$0.00	$0.00	$ 934,276.18
Plus COBRA Income	$ 394.87	$ 443.21	$ 555.58	$ 508.28	$ 502.40	$ 582.17	$ 528.99	$ -	$ -	$ -	$ -	$ -	$ 3,515.50
Total Income	$135,851.21	$135,557.67	$133,402.09	$134,087.95	$132,876.66	$133,565.01	$132,451.09	$0.00	$0.00	$0.00	$0.00	$0.00	$937,791.68
Monthly Net	$69,047.43	$44,685.51	($51,706.71)	$22,161.37	($69,910.28)	$60,687.77	($24,120.92)	$0.00	$0.00	$0.00	$0.00	$0.00	$937,791.68
YTD Net	$69,047.43	$113,732.94	$62,026.23	$84,187.60	$14,277.32	$74,965.09	$50,844.17	$50,844.17	$50,844.17	$50,844.17	$50,844.17	$50,844.17	$0.00
Avg. Cost/Contract	$ 28.93	$ 39.36	$ 81.51	$ 49.22	$ 89.73	$ 32.25	$ 69.28						

AMERITAS PPO 2011

	Jan. 2011	Feb. 2011	Mar. 2011	Apr-11	May-11	Jun-11	Jul-11	Aug. 2011	Sept. 2011	Oct. 2011	Nov. 2011	Dec. 2011	Total
Premium	$ -	$ -	$ 47,546.64	$ 46,860.48	$ 47,426.60	$ 46,981.44	$ 46,856.16	$ 45,609.84	$ 49,410.00	$ 46,923.84	$ 46,965.60	$ 46,682.64	$ 471,263.24
COBRA Premium	$ -	$ -	$ 115.20	$ 194.10	$ 136.50	$ 194.10	$ 308.88	$ 136.08	$ 136.08	$ 99.36	$ 155.70	$ 329.76	$ 1,805.76
Total Premium	$ -	$ -	$ 47,661.84	$ 47,054.58	$ 47,563.10	$ 47,175.54	$ 47,165.04	$ 45,745.92	$ 49,546.08	$ 47,023.20	$ 47,121.30	$ 47,012.40	$ 473,069.00
Income													
#Single	0	0	233	234	232	229	225	223	229	228	230	231	2,294
	$ -	$ -	$ 5,522.10	$ 5,545.80	$ 5,498.40	$ 5,427.30	$ 5,332.50	$ 5,285.10	$ 5,427.30	$ 5,403.60	$ 5,451.00	$ 5,474.70	$ 54,367.80
#Family	0	0	741	734	737	734	732	708	732	731	729	727	
	$ -	$ -	$ 48,794.85	$ 48,333.90	$ 48,531.45	$ 48,333.90	$ 48,202.20	$ 46,621.80	$ 48,202.20	$ 48,136.35	$ 48,004.65	$ 47,872.95	$ 481,034.25
Total Active Income	$ -	$ -	$ 54,316.95	$ 53,879.70	$ 54,029.85	$ 53,761.20	$ 53,534.70	$ 51,906.90	$ 53,629.50	$ 53,539.95	$ 53,455.65	$ 53,347.65	$ 535,402.05
COBRA Single Income	$0.00	$ -	$ -	$ 21.30	$ 21.30	$ 21.30	$ 21.30	$ 21.30	$ 21.30	$ 41.76	$ 42.60	$ 42.60	$254.76
COBRA Family Income	$ -	$ -	$ 117.50	$ 176.25	$ 117.50	$ 172.80	$ 293.75	$ 117.50	$ 117.50	$ 57.60	$ 117.50	$ 293.75	$ 1,581.65
Total COBRA Income	$ -	$ -	$ 117.50	$ 197.55	$ 138.80	$ 194.10	$ 315.05	$ 138.80	$ 138.80	$ 99.36	$ 160.10	$ 336.35	$ 1,836.41
COBRA Single Enrollmen	0	0	0	1	1	1	1	1	1	2	2	2	
COBRA Family Enrollment	0	0	3	3	3	3	3	3	2	2	2	3	
Total Enrollment	0	0	977	972	973	967	961	935	964	963	963	963	9,638
Active Income	$ -	$ -	$ 54,316.95	$ 53,879.70	$ 54,029.85	$ 53,761.20	$ 53,534.70	$ 51,906.90	$ 53,629.50	$ 53,539.95	$ 53,455.65	$ 53,347.65	$ 535,402.05
Adjustments	$ -	$ -	$ (65.85)	$ (347.70)	$ 150.15	$ (113.25)	$ (47.40)	$ 197.55	$ -	$ -	$ 131.70	$ (18.45)	$ (113.25)
Total Active Income	$ -	$ -	$ 54,251.10	$ 53,532.00	$ 54,180.00	$ 53,647.95	$ 53,487.30	$ 52,104.45	$ 53,629.50	$ 53,539.95	$ 53,587.35	$ 53,329.20	$ 535,288.80
Plus COBRA Income	$ -	$ -	$ 117.50	$ 197.55	$ 138.80	$ 194.10	$ 315.05	$ 138.80	$ 138.80	$ 99.36	$ 160.10	$ 336.35	$ 1,836.41
Total Income	$ -	$ -	$ 54,368.60	$ 53,729.55	$ 54,318.80	$ 53,842.05	$ 53,802.35	$ 52,243.25	$ 53,768.30	$ 53,639.31	$ 53,747.45	$ 53,665.55	$ 537,125.21
Monthly Net	$ -	$ -	$ 6,706.76	$ 6,674.97	$ 6,755.70	$ 6,666.51	$ 6,637.31	$ 6,497.33	$ 4,222.22	$ 6,616.11	$ 6,626.15	$ 6,653.15	$ 64,056.21
YTD Net	$ -	$ -	$ 6,706.76	$ 13,381.73	$ 20,137.43	$ 26,803.94	$ 33,441.25	$ 39,938.58	$ 44,160.80	$ 50,776.91	$ 57,403.06	$ 64,056.21	
Avg. Cost/Contract			$48.78	$48.41	$48.88	$48.79	$49.08	$48.93	$51.40	$48.83	$48.93	$48.82	$ 49.08

AMERITAS PPO 2012

	Jan. 2012	Feb. 2012	Mar. 2012	Apr-12	May-12	Jun-12	Jul-12	Aug. 2012	Sept. 2012	Oct. 2012	Nov. 2012	Dec. 2012	Total
Premium	$ 46,735.20	$ 46,667.52	$ 44,029.44	$ 44,930.16	$ 44,213.04	$ 45,055.44	$ 44,751.60						$ 316,382.40
COBRA Premium	$ 214.56	$ 272.16	$ 214.56	$ 156.96	$ 156.96	$ 219.60	$ 354.09						$ 1,588.89
Total Premium	$ 46,949.76	$ 46,939.68	$ 44,244.00	$ 45,087.12	$ 44,370.00	$ 45,275.04	$ 45,105.69	$ -	$ -	$ -	$ -	$ -	$ 317,971.29
Income													
#Single	230	228	207	207	205	211	212						
	$ 5,996.10	$ 5,943.96	$ 5,396.49	$ 5,396.49	$ 5,344.35	$ 5,500.77	$ 5,526.84	$ -	$ -	$ -	$ -	$ -	$ 39,105.00
#Family	728	728	692	703	702	703	696						
	$ 52,736.32	$ 52,736.32	$ 50,128.48	$ 50,925.32	$ 50,852.88	$ 50,925.32	$ 50,418.24	$ -	$ -	$ -	$ -	$ -	$ 358,722.88
Total Active Income	$ 58,732.42	$ 58,680.28	$ 55,524.97	$ 56,321.81	$ 56,197.23	$ 56,426.09	$ 55,945.08	$ -	$ -	$ -	$ -	$ -	$ 397,827.88
COBRA Single Income	$42.60	$ 42.60	$ 42.60	$ 42.60	$ 42.60	$ 106.50	$ 63.90						$383.40
COBRA Family Income	$ 235.00	$ 235.00	$ 176.25	$ 117.50	$ 117.50	$ 117.50	$ 293.75						$ 1,292.50
Total COBRA Income	$ 277.60	$ 277.60	$ 218.85	$ 160.10	$ 160.10	$ 224.00	$ 357.65	$ -	$ -	$ -	$ -	$ -	$ 1,675.90
COBRA Single Enrollmen	2	2	2	2	2	3	3						
COBRA Family Enrollment	3	3	2	2	2	3	3						
Total Enrollment	963	961	904	914	911	919	914	0	0	0	0	0	6,486
Active Income	$ 58,732.42	$ 58,680.28	$ 55,524.97	$ 56,321.81	$ 56,197.23	$ 56,426.09	$ 55,945.08	$ -	$ -	$ -	$ -	$ -	$ 397,827.88
Adjustments	$ -	$ 113.40	$ (118.81)	$ 170.95	$ (704.10)	$ 170.95	$ 295.53		$ -	$ -			$ (72.08)
Total Active Income	$ 58,732.42	$ 58,793.68	$ 55,406.16	$ 56,492.76	$ 55,493.13	$ 56,597.04	$ 56,240.61	$ -	$ -	$ -	$ -	$ -	$ 397,755.80
Plus COBRA Income	$ 277.60	$ 277.60	$ 218.85	$ 160.10	$ 160.10	$ 224.00	$ 357.65	$ -	$ -	$ -	$ -	$ -	$ 1,675.90
Total Income	$ 59,010.02	$ 59,071.28	$ 55,625.01	$ 56,652.86	$ 55,653.23	$ 56,821.04	$ 56,598.26	$ -	$ -	$ -	$ -	$ -	$ 399,431.70
Monthly Net	$ 12,060.26	$ 12,131.60	$ 11,381.01	$ 11,565.74	$ 11,283.23	$ 11,546.00	$ 11,492.57	$ -	$ -	$ -	$ -	$ -	$ 81,460.41
YTD Net	$ 12,060.26	$ 24,191.86	$ 35,572.87	$ 47,138.61	$ 58,421.84	$ 69,967.84	$ 81,460.41						
Avg. Cost/Contract	$48.75	$48.84	$48.94	$49.33	$48.70	$49.27	$49.35						

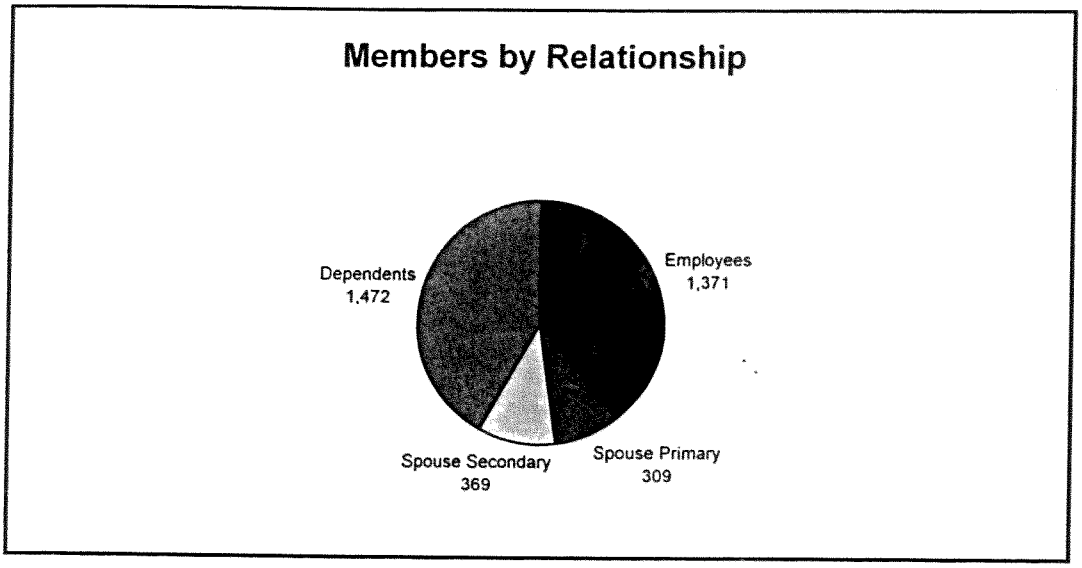
CORNER DENTAL PLAN
2012

	Jan. 2012	Feb. 2012	Mar. 2012	Apr. 2012	May 2012	June 2012	July 2012	Aug. 2012	Sept. 2012	Oct. 2012	Nov. 2012	Dec. 2012	Totals
Dental Claims			$ 3,405.62	$ 9,635.10	$ 6,137.79	$ 3,532.65	$ 3,273.86						$ 25,985.02
Admin. Fees			$ 181.09	$ 189.05	$ 214.92	$ 204.97	$ 199.00						$ 989.03
COBRA Admin. Fees							$ -						$ -
Total Admin.			$ 181.09	$ 189.05	$ 214.92	$ 204.97	$ 199.00	$ -	$ -	$ -	$ -	$ -	$ 989.03
Total Claims + Total Admin.		$ -	$ 3,586.71	$ 9,824.15	$ 6,352.71	$ 3,737.62	$ 3,472.86	$ -	$ -	$ -	$ -	$ -	$ 26,974.05
Income													$ -
#Single			23	24	27	30	30						$ -
$26.07		$0.00	$599.61	$625.68	$703.89	$782.10	$782.10	$0.00	$0.00	$0.00	$0.00	$0.00	$ 3,493.38
#Family			69	68	71	70	70						$ -
$72.44	$0.00	$0.00	$4,998.36	$4,925.92	$5,143.24	$5,070.80	$5,070.80	$0.00	$0.00	$0.00	$0.00	$0.00	$ 348.00 $ 25,209.12
Total Active Income	$0.00	$0.00	$5,597.97	$5,551.60	$5,847.13	$5,852.90	$5,852.90	$0.00	$0.00	$0.00	$0.00	$0.00	$ -
COBRA Single Income													$ 28,702.50
COBRA Family Income													$ -
Total COBRA Income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Single Enrollment													$ -
COBRA Family Enrollment													
COBRA Enrollment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Total Enrollment	0	0	92	92	98	100	100	0	0	0	0	0	$ 482.00
Active Income		$0.00	$5,597.97	$5,551.60	$5,847.13	$5,852.90	$5,852.90	$0.00	$0.00	$0.00	$0.00	$0.00	$ 28,702.50
Adjustments			$ -		$ 466.48	$ 124.58	$ -						$ 591.06
Total Active Income	$0.00	$0.00	$5,597.97	$5,551.60	$6,313.61	$5,977.48	$5,852.90	$0.00	$0.00	$0.00	$0.00	$0.00	$ 29,293.56
Plus COBRA Income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Income	$0.00	$0.00	$5,597.97	$5,551.60	$6,313.61	$5,977.48	$5,852.90	$0.00	$0.00	$0.00	$0.00	$0.00	$29,293.56
Monthly Net	$0.00	$0.00	$2,011.26	($4,272.55)	($39.10)	$2,239.86	$2,380.04	$0.00	$0.00	$0.00	$0.00	$0.00	$29,293.56
YTD Net	$0.00	$0.00	$2,011.26	($2,261.29)	($2,300.39)	$2,239.86	$2,380.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Avg. Cost/Contract			$ 38.99	$ 106.78	$ 64.82	$ 37.38	$ 34.73						

PARAMOUNT
Affiliate of ProMedica

Lucas County Employees
Number of Members by Relationship

March 2011 through February 2012



Category	Members Avg	Member Age Avg Med
Employees	1,371	45.4
Spouse Primary	309	47.1
Spouse Secondary	369	45.3
Dependents	1,472	12.8
Total Members	**3,520**	

PARAMOUNT

Lucas County Employees

Claims Paid March 2011 through February 2012 regardless of Incurred Date

Time Period	Fact	Employee	Spouse Primary	Spouse Secondary	Dependent	Total
201103	Claims Paid Med	1,602	483	121	761	2,967
	Members Avg Med	1,398	348	338	1,471	3,555.0
	Net Pay Med	$394,811.13	$176,064.38	$5,014.67	$140,006.37	$715,896.55
201104	Claims Paid Med	2,114	559	169	1,096	3,938
	Members Avg Med	1,397	315	370	1,481	3,563.0
	Net Pay Med	$416,117.99	$138,770.54	$29,977.29	$210,168.84	$795,034.66
201105	Claims Paid Med	1,784	404	195	873	3,256
	Members Avg Med	1,384	317	366	1,478	3,545.0
	Net Pay Med	$415,557.70	$105,343.98	$7,904.34	$310,568.07	$839,374.09
201106	Claims Paid Med	1,712	443	179	813	3,147
	Members Avg Med	1,372	317	362	1,479	3,530.0
	Net Pay Med	$596,819.27	$172,868.13	$12,971.34	$177,659.04	$960,317.78
201107	Claims Paid Med	1,902	526	218	1,000	3,646
	Members Avg Med	1,368	321	359	1,490	3,538.0
	Net Pay Med	$530,442.87	$163,112.86	$9,669.15	$211,474.46	$914,699.34
201108	Claims Paid Med	1,562	400	144	837	2,943
	Members Avg Med	1,371	322	354	1,477	3,524.0
	Net Pay Med	$410,248.55	$98,136.03	$3,727.77	$265,187.02	$777,299.37
201109	Claims Paid Med	1,980	447	220	1,179	3,826
	Members Avg Med	1,370	315	364	1,476	3,525.0
	Net Pay Med	$551,112.48	$114,741.27	$7,374.89	$261,999.81	$935,228.45
201110	Claims Paid Med	1,737	370	224	949	3,280
	Members Avg Med	1,368	293	387	1,470	3,518.0
	Net Pay Med	$472,272.59	$52,054.44	$6,999.01	$282,555.90	$813,881.94
201111	Claims Paid Med	1,601	347	143	892	2,983
	Members Avg Med	1,362	291	384	1,471	3,508.0
	Net Pay Med	$409,981.40	$63,425.90	$6,208.39	$204,781.36	$684,397.05
201112	Claims Paid Med	2,073	411	149	1,055	3,688
	Members Avg Med	1,354	291	381	1,463	3,489.0
	Net Pay Med	$471,383.94	$84,759.51	$3,818.49	$197,170.62	$757,132.56
201201	Claims Paid Med	1,357	293	130	755	2,535
	Members Avg Med	1,357	286	381	1,451	3,475.0
	Net Pay Med	$342,839.28	$67,882.71	$5,513.46	$215,704.74	$631,940.19
201202	Claims Paid Med	1,552	289	140	783	2,764
	Members Avg Med	1,352	286	380	1,457	3,475.0
	Net Pay Med	$338,516.24	$87,025.26	$4,529.64	$145,569.36	$575,640.50
	Claims Paid Med Average	**1,748**	**414**	**169**	**916**	**3,248**
	Members Med Average	**1,371**	**309**	**369**	**1,472**	**3,520**
	Net Pay Med	**$5,350,103.44**	**$1,324,185.01**	**$103,708.44**	**$2,622,845.59**	**$9,400,842.48**
	% Claims Paid Med	*53.82%*	*12.76%*	*5.21%*	*28.21%*	
	% Members Med	*38.95%*	*8.76%*	*10.48%*	*41.81%*	
	% Net Pay Med	*56.91%*	*14.09%*	*1.10%*	*27.90%*	

PARAMOUNT

Paramount Health Care

Utilization for Employer Group-Lucas County Employees-030579 &5102

Claims Paid March 2011 through February 2012 regardless of Incurred Date

Net Paid by Month

Time Period	Members Avg	Admits Acute	Net Pay IP Admit Acute	Net Pay IP/Admits Acute	Net Pay IP (LTC and Non Acute)	Visits OP Fac Med	Svcs OP Fac Med	Net Pay OP Fac Med	Net Pay OP Fac Med/Visit	Net Pay OP Fac Med/Service	Visits Office Med	Svcs Office Med	Net Pay Prof Med Non Cap	Net Pay Prof Med Non Cap/Visit	Net Pay Prof Med Non Cap/Service	Total Paid	Total PMPM
Mar 2011	3,556	20	$128,033.47	$6,401.67	$0.00	672	2,989	$214,876.96	$319.76	$71.89	1,577	2,735	$372,986.12	$236.52	$136.38	$715,896.55	$201.32
Apr 2011	3,563	19	$105,659.80	$5,561.04	$0.00	1,006	3,726	$284,837.00	$283.14	$76.45	2,135	3,672	$404,537.86	$189.48	$110.17	$795,034.66	$223.14
May 2011	3,545	25	$305,463.31	$12,218.53	$0.00	753	2,967	$157,882.76	$209.67	$53.21	1,725	3,007	$376,028.02	$217.99	$125.05	$839,374.09	$236.78
Jun 2011	3,530	26	$352,710.50	$13,565.79	$0.00	704	2,876	$272,301.89	$386.79	$94.68	1,700	3,092	$335,305.39	$197.24	$108.44	$960,317.78	$272.04
Jul 2011	3,538	31	$204,901.69	$6,609.73	$0.00	815	3,224	$295,996.66	$363.19	$91.81	1,942	3,434	$413,800.99	$213.08	$120.50	$914,699.34	$258.54
Aug 2011	3,524	20	$195,803.37	$9,790.17	$524.18	739	3,175	$271,594.10	$367.52	$85.54	1,575	2,705	$309,377.72	$196.43	$114.37	$777,299.37	$220.57
Sep 2011	3,525	26	$213,827.03	$8,224.12	$2,625.00	972	3,855	$300,807.78	$309.47	$78.03	2,090	3,803	$417,968.64	$199.98	$109.90	$935,228.45	$265.31
Oct 2011	3,518	16	$279,164.37	$17,447.77	$0.00	902	3,296	$207,976.83	$230.57	$63.10	1,754	3,222	$326,740.74	$186.28	$101.41	$813,881.94	$231.35
Nov 2011	3,508	22	$130,321.00	$5,923.68	$0.00	777	3,392	$242,308.16	$311.85	$71.44	1,633	2,964	$311,767.89	$190.92	$105.18	$684,397.05	$195.10
Dec 2011	3,489	24	$177,263.01	$7,385.96	$2,443.00	813	3,338	$216,937.39	$266.84	$64.99	1,956	3,515	$360,489.16	$184.30	$102.56	$757,132.56	$217.01
Jan 2012	3,475	24	$179,682.81	$7,486.78	$0.00	697	2,874	$222,013.89	$318.53	$77.25	1,316	2,224	$230,243.49	$174.96	$103.53	$631,940.19	$181.85
Feb 2012	3,475	19	$99,270.97	$5,224.79	$17,209.61	768	3,253	$218,711.17	$284.78	$67.23	1,451	2,344	$240,448.75	$165.71	$102.58	$575,640.50	$165.65
Total	42,246	272	$2,372,101.33	$8,720.96	$22,801.79	9,618	38,965	$2,906,244.59	$302.17	$74.59	20,854	36,717	$4,099,694.77	$196.59	$111.66	$9,400,842.48	$222.53

PARAMOUNT
Affiliate of ProMedica

Lucas County Employees
High Dollar Utilizers

Claims Paid: March 2011 through February 2012 regardless of Incurred Date

Relationship Medstat	Gender	Age Group Medstat	Highest Dollar CC	Total Paid for Highest Dollar CC	Total Paid for Member	% High Dollar to Total
Child/Other Dependent	Female	Ages 15-17	Musculosk Disord, Congenital	$218,714.64	$233,948.75	93.5%
Employee/Self	Female	Ages 45-49	Cancer - Colon	$143,132.17	$148,753.90	96.2%
Employee/Self	Male	Ages 60-64	Cancer - Colon	$129,135.36	$135,301.72	95.4%
Child/Other Dependent	Male	Ages 18-19	Infections, NEC	$105,613.47	$112,113.31	94.2%
Employee/Self	Male	Ages 45-49	Cancer - Gastroint Ex Colon	$104,785.82	$397,067.99	26.4%
Employee/Self	Male	Ages 55-59	Coronary Artery Disease	$103,931.76	$105,717.69	98.3%
Child/Other Dependent	Male	Ages < 1	Newborns, w/wo Complication	$92,778.43	$93,826.48	98.9%
Child/Other Dependent	Male	Ages 20-24	Mental Hlth - Bipolar Disorder	$90,920.80	$96,346.70	94.4%
Employee/Self	Female	Ages 50-54	Cancer - Colon	$85,642.27	$100,337.56	85.4%
Spouse/Partner	Female	Ages 65-74	Cancer - Colon	$66,414.10	$80,309.01	82.7%
Employee/Self	Male	Ages 40-44	Tumors - Endocrine	$56,923.30	$71,992.92	79.1%
Employee/Self	Male	Ages 65-74	Osteoarthritis	$56,572.84	$58,894.24	96.1%
Employee/Self	Female	Ages 45-49	Immunodeficiency Disorders	$50,690.85	$62,619.40	81.0%
Employee/Self	Female	Ages 50-54	Coronary Artery Disease	$45,982.11	$51,557.89	89.2%
Spouse/Partner	Male	Ages 55-59	Epilepsy	$43,092.66	$63,900.87	67.4%
Employee/Self	Female	Ages 55-59	Cancer - Breast	$41,010.01	$45,606.78	89.9%
Employee/Self	Male	Ages 55-59	Injury - Head	$40,533.07	$57,359.18	70.7%
Employee/Self	Female	Ages 65-74	Infections, NEC	$36,192.87	$57,777.43	62.6%
Employee/Self	Male	Ages 50-54	Coronary Artery Disease	$35,549.83	$53,794.42	66.1%
Employee/Self	Female	Ages 55-59	Hypertension, Essential	$34,943.77	$35,866.42	97.4%
Spouse/Partner	Female	Ages 50-54	Congestive Heart Failure	$33,417.28	$62,974.09	53.1%
Spouse/Partner	Female	Ages 55-59	Arthropathies/Joint Disord NEC	$30,893.70	$40,211.61	76.8%
Spouse/Partner	Female	Ages 30-34	Pregnancy w Compl or Abortion	$30,760.55	$39,704.82	77.5%
Employee/Self	Male	Ages 50-54	Osteoarthritis	$28,679.28	$41,114.21	69.8%
Employee/Self	Female	Ages 50-54	Cancer - Colon	$27,553.46	$57,058.20	48.3%
Employee/Self	Female	Ages 55-59	Gastroint Disord, NEC	$27,524.64	$36,157.95	76.1%
Employee/Self	Female	Ages 45-49	Cancer - Breast	$27,203.94	$38,473.44	70.7%
Employee/Self	Female	Ages 60-64	Osteoarthritis	$27,191.12	$37,335.81	72.8%
Child/Other Dependent	Male	Ages 1-4	Pneumonia, Bacterial	$27,114.09	$42,006.08	64.5%
Employee/Self	Female	Ages 50-54	Cancer - Breast	$26,224.07	$29,072.43	90.2%
Child/Other Dependent	Male	Ages < 1	Cerebrovascular Disease	$26,148.04	$29,259.43	89.4%
Spouse/Partner	Female	Ages 50-54	Infections, NEC	$24,584.53	$45,540.41	54.0%
Child/Other Dependent	Female	Ages 10-14	Signs/Symptoms/Oth Cond, NEC	$24,020.90	$25,121.52	95.6%
Employee/Self	Female	Ages 60-64	Cancer - Breast	$23,441.02	$26,752.94	87.6%
Employee/Self	Male	Ages 50-54	Coronary Artery Disease	$23,363.48	$28,004.23	83.4%
Spouse/Partner	Female	Ages 45-49	Functional Digest Disord, NEC	$22,656.64	$32,383.57	70.0%
Employee/Self	Female	Ages 45-49	Rheumatoid Arthritis	$22,123.98	$25,315.62	87.4%
Employee/Self	Female	Ages 55-59	Skin Disord, Autoim/Collagen	$22,071.82	$26,901.71	82.0%
Employee/Self	Female	Ages 50-54	Cancer - Lymphoma	$21,980.87	$46,404.22	47.4%
Employee/Self	Female	Ages 40-44	Respiratory Disord, NEC	$21,762.12	$25,800.73	84.3%
Spouse/Partner	Female	Ages 55-59	Osteoarthritis	$19,948.80	$32,001.07	62.3%
Employee/Self	Male	Ages 45-49	Cardiovasc Disord, NEC	$19,710.41	$31,413.01	62.7%
Spouse/Partner	Male	Ages 40-44	Osteoarthritis	$19,411.16	$25,204.01	77.0%
Child/Other Dependent	Female	Ages 20-24	Cancer - Endocrine, NEC	$18,439.75	$25,415.85	72.6%

Lucas County Employees
High Dollar Utilizers

Claims Paid: March 2011 through February 2012 regardless of Incurred Date

Relationship Medstat	Gender	Age Group Medstat	Highest Dollar CC	Total Paid for Highest Dollar CC	Total Paid for Member	% High Dollar to Total
Employee/Self	Male	Ages 60-64	Cancer - Skin	$18,202.31	$28,776.42	63.3%
Employee/Self	Female	Ages 50-54	Coronary Artery Disease	$18,136.87	$25,039.84	72.4%
Employee/Self	Female	Ages 60-64	Vascular Disorders, Arterial	$17,661.10	$46,842.94	37.7%
Spouse/Partner	Female	Ages 50-54	Urinary Tract Calculus	$17,634.78	$32,046.61	55.0%
Child/Other Dependent	Male	Ages 1-4	Injury, NEC	$17,179.44	$25,065.20	68.5%
Spouse/Partner	Male	Ages 55-59	Osteoarthritis	$17,133.38	$27,264.23	62.8%
Child/Other Dependent	Male	Ages 20-24	Mental Hlth - Depression	$16,898.28	$28,745.41	58.8%
Employee/Self	Female	Ages 55-59	Renal Function Failure	$15,960.42	$30,287.52	52.7%
Child/Other Dependent	Female	Ages 20-24	Cholecystitis/Cholelithiasis	$14,192.45	$30,413.22	46.7%
Spouse/Partner	Male	Ages 55-59	Cancer - Nonspecified	$14,077.22	$35,467.97	39.7%
Employee/Self	Female	Ages 50-54	Urinary Tract Calculus	$13,901.39	$26,298.62	52.9%
Employee/Self	Female	Ages 35-39	Gastroint Disord, NEC	$12,924.30	$40,399.05	32.0%
Child/Other Dependent	Female	Ages 10-14	Injury - Knee	$11,446.01	$44,045.06	26.0%
Employee/Self	Female	Ages 60-64	Condition Rel to Tx - Med/Surg	$10,205.00	$35,172.39	29.0%

PARAMOUNT
Affiliate of ProMedica

Lucas County Employees

Product: Commercial HMO

Prior Period = Claims Incurred March 2011 through May 2011 and Paid through May 2012
Current Period = Claims Incurred March 2012 through May 2012 and Paid through May 2012

24. Cost Driver Analysis - completed

Overall

Measure	Prior	Current	% Change
Med and Drug Payments	$2,678,120	$2,628,901	-1.8%
Member Months	10,664	10,666	0.0%
Med and Drug Paymts PMPM	$251.14	$246.47	-1.9%
Medical Allowed Amount	$3,011,034	$3,002,423	-0.3%
Drug Allowed Amount	$0	$0	na
Cost Share	$332,914	$373,522	12.2%

Medical Cost Drivers

Measure	Prior	Current	% Change
Medical Payments	$2,678,120	$2,628,901	-1.8%
Med Member Months	10,664	10,666	0.0%
Med Payments PMPM	$251.14	$246.47	-1.9%
Acute Inpatient Facility Cost and Use			
Admits per 1000	87.77	59.25	-32.5%
Days per 1000	239.68	187.30	-21.9%
Paid Amt per Admit	$10,411.80	$13,465.35	29.3%
Allowed Amt PMPM	$81.31	$71.34	-12.3%
Cost Share PMPM	$5.16	$4.85	-5.9%
Paid Amt PMPM	$76.16	$66.48	-12.7%
Non-acute Inpatient Facility Cost			
Allowed Amt PMPM	$0.79	$2.54	222.9%
Cost Share PMPM	$0.00	$0.23	na
Paid Amt PMPM	$0.79	$2.31	193.4%

Medical Cost Drivers, cont.

Measure	Prior	Current	% Change
Outpatient Facility Cost and Use			
Visits per 1000	2,769.32	2,918.51	5.4%
Paid Amt per Visit	$285.07	$367.37	28.9%
Allowed Amt PMPM	$77.56	$105.12	35.5%
Cost Share PMPM	$11.77	$15.78	34.0%
Paid Amt PMPM	$65.79	$89.35	35.8%
Professional Cost and Use			
Visits per 1000	9,418.60	9,288.78	-1.4%
Paid Amt per Visit	$138.12	$114.12	-17.4%
Allowed Amt PMPM	$122.69	$102.49	-16.5%
Cost Share PMPM	$14.29	$14.16	-0.9%
Paid Amt PMPM	$108.41	$88.33	-18.5%

Prescription Drug Cost and Use

Measure	Prior	Current	% Change
Drug Payments	$0	$0	na
Drug Member Months	0	0	na
Scripts per 1000	0.0	0.0	na
Paid Amt per Script	$0.00	$0.00	na
Allowed Amt PMPM	$0.00	$0.00	na
Cost Share PMPM	$0.00	$0.00	na
Paid Amt PMPM	$0.00	$0.00	na

Lucas County Employees

Product: Commercial HMO

Prior Period = Claims Incurred March 2011 through May 2011 and Paid through May 2012

Current Period = Claims Incurred March 2012 through May 2012 and Paid through May 2012

18. Top 10 High Cost Members

Rank	Total Payments	Relationship	Age	Top Clinical Condition*	Currently Active
1	$126,680	Spouse	57	Cancer - Nonspecified	N
2	$80,037	Employee	55	Cancer - Nonspecified	Y
3	$71,148	Employee	61	Neurological Disorders	Y
4	$32,486	Employee	53	Respiratory Disorder	Y
5	$31,717	Spouse	40	Respiratory Disorder	Y
6	$28,505	Employee	43	Osteoarthritis	Y
7	$28,031	Spouse	60	Injury - Respiratory	Y
8	$27,278	Employee	58	Cardiac Arrhythmias	Y
9	$22,813	Spouse	57	Condition Rel to Trauma - Med/Surg	Y
10	$22,133	Employee	60	Tumors - Gastroint, Benign	Y

*If no medical payments, highest cost drug is shown.

19. Claim Distribution

Claims $ Range	Members*	% Mbrs	Net Pay*	% Paymts
$0 and under	1,925	53%	$0	0%
$0.01-$4,999.99	1,646	45%	$709,122	46%
$5,000-$9,999.99	27	1%	$180,466	12%
$10,000-$24,999.99	13	0%	$232,033	15%
$25,000-$49,999.99	5	0%	$148,017	10%
$50,000 and over	3	0%	$277,865	18%

*Claims $ Range and Members are member centric regardless of group and/or product.

**Net Pay dollars are member/group centric and/or member/product centric.

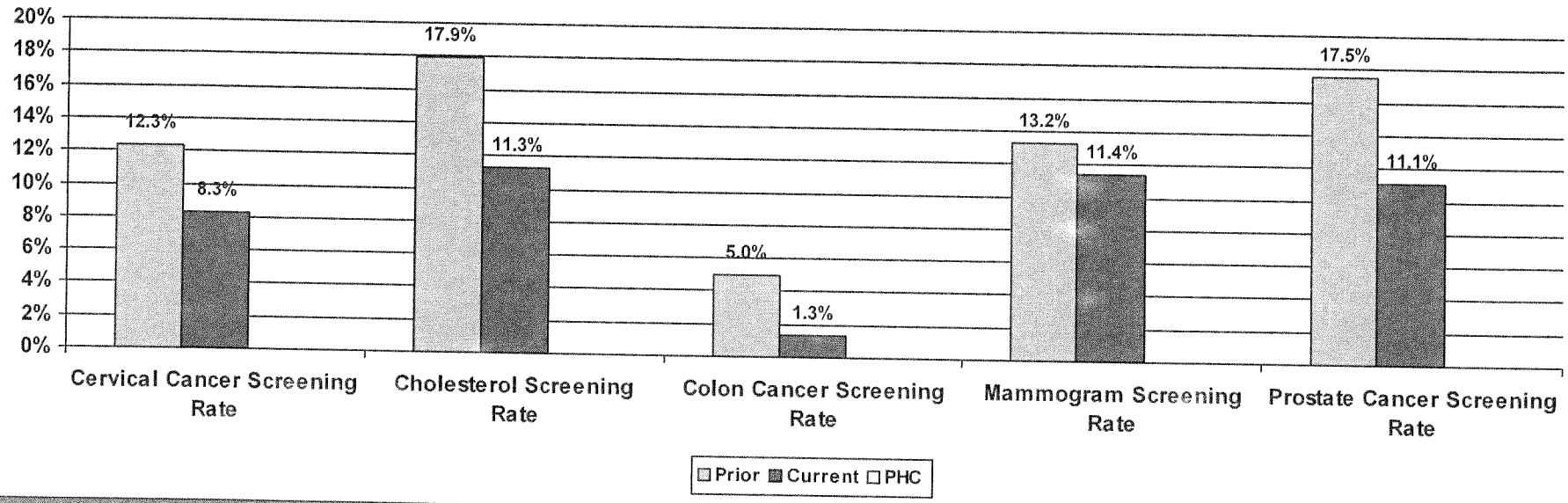
PARAMOUNT
Affiliate of ProMedica

Lucas County Employees

Product: Commercial HMO

Prior Period = Claims Incurred March 2011 through May 2011 and Paid through May 2012
Current Period = Claims Incurred March 2012 through May 2012 and Paid through May 2012

13. Preventive Screening Rates



14. Key Outpatient Utilization Rates - completed

Measure	Prior	Current	% Change
Amb ER Visits per 1000	271.2	332.6	22.6%
Urgent Care Visits per 1000	137.3	181.6	32.3%
Radiology Svcs per 1000	2,528.5	2,792.4	10.4%
OP Surg Visits per 1000	117.0	118.5	1.3%

15. Key Professional Utilization Rates - completed

	Prior	Current	% Change
PCP Office Visits per 1000	2,678.2	2,551.5	-4.7%
Specialist Office Visits per 1000	3,711.2	3,776.7	1.8%

Wellness Rates - completed

	Prior	Current	% Change
Well Baby Visits per 1000	5,210.5	3,490.7	-33.0%
Well Child Visits per 1000	446.6	820.7	83.8%
Well Person Visits per 1000	339.6	368.9	8.6%

PARAMOUNT
Affiliate of ProMedica

Lucas County Employees

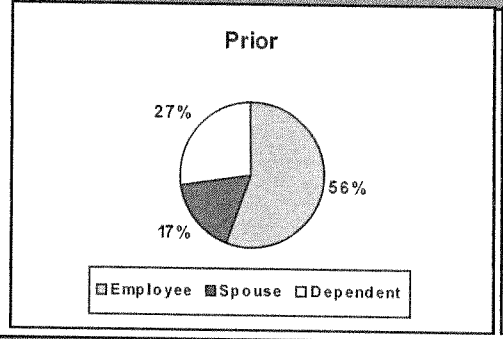
Product: Commercial HMO

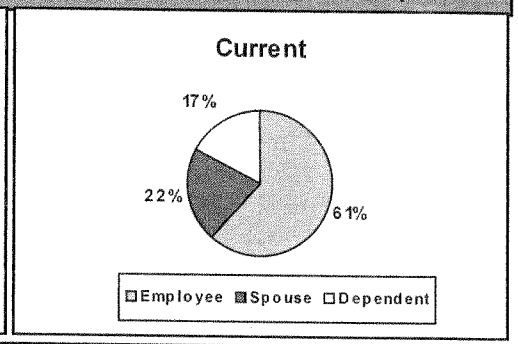
Prior Period = Claims Incurred March 2011 through May 2011 and Paid through May 2012
Current Period = Claims Incurred March 2012 through May 2012 and Paid through May 2012

1. Demographics

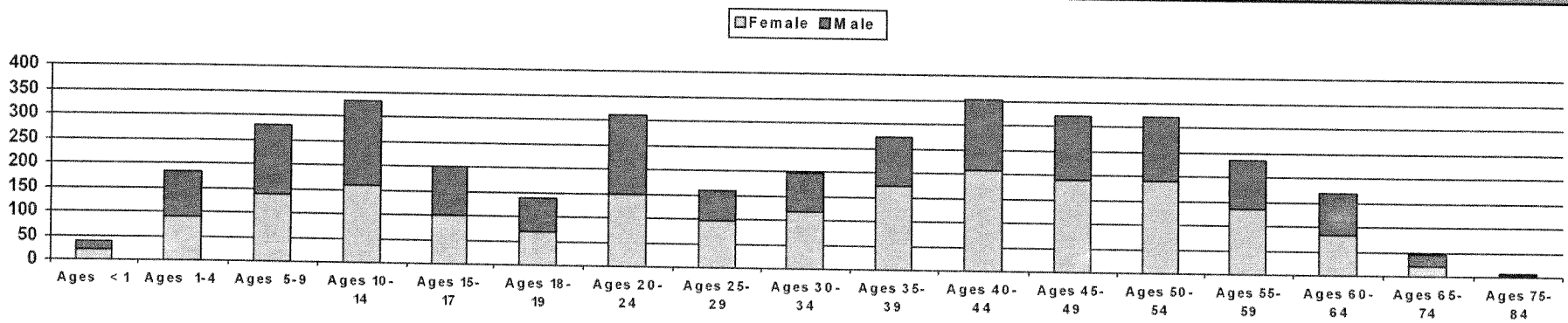
	Prior	Current	% Change
Employees Avg	1,393	1,369	-1.7%
Members Avg	3,555	3,555	0.0%
% Female Mbrs	54.9%	54.5%	-0.4%
Member Avg Age	32.0	31.9	-0.2%
Family Size	2.55	2.60	1.8%

2. Medical and Drug Payments (completed) by Relationship





3. Members by Age Group and Gender: Current Period



4. Cost-sharing (Copay, Coinsurance, and Deductibles)

	Prior	Current	% Change
Medical	11.1%	12.4%	1.4%
Drug	na	na	na

5. Participating Facility Usage

	Inpatient			Outpatient		
	Prior	Current	% Change	Prior	Current	% Change
Par	82.1%	90.3%	8.3%	84.1%	82.6%	-1.5%
Non-par	17.9%	9.7%	-8.3%	15.9%	17.4%	1.5%

Inpatient Rates based upon Number of Admissions

Outpatient Rates based upon Paid Dollars

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/10 THRU: 02/29/12 COVERAGE/TYPE: MM/IND WARNING %: 10 WARNING AMOUNT: 40,000.00
PAID: 03/01/11 THRU: 02/29/12 OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
			SELF	89,507.93	*WARN*	
			SELF	207,015.36	*WARN*	
			SON	64,717.78	*WARN*	
			SELF	95,633.00	*WARN*	
			SELF	422,366.42	*OVER*	
			SELF	119,025.94	*WARN*	
			SELF	66,708.72	*WARN*	
			SPOUSE	185,211.86	*WARN*	
			SPOUSE	139,351.13	*WARN*	
			DAUGHTER	94,553.09	*WARN*	
			SELF	41,728.46	*WARN*	
			SPOUSE	40,412.60	*WARN*	
			SELF	241,162.81	*WARN*	
			SELF	76,318.26	*WARN*	
			SPOUSE	94,330.19	*WARN*	
			SON	93,929.00	*WARN*	
			SELF	100,022.24	*WARN*	
			SELF	90,270.24	*WARN*	
			SELF	56,009.25	*WARN*	
			SELF	44,313.63	*WARN*	
			SPOUSE	41,513.92	*WARN*	
			DAUGHTER	52,231.37	*WARN*	
			SELF	42,708.08	*WARN*	
			SELF	58,595.96	*WARN*	
			SELF	44,207.20	*WARN*	
			SON	74,500.76	*WARN*	
			SON	41,559.41	*WARN*	
			SPOUSE	92,218.87	*WARN*	
			SPOUSE	64,756.40	*WARN*	
			SELF	47,895.43	*WARN*	
			SELF	48,304.36	*WARN*	
			SELF	125,214.16	*WARN*	
			SELF	66,086.71	*WARN*	
			SPOUSE	131,752.75	*WARN*	
			SELF	47,807.55	*WARN*	
			SELF	84,030.48	*WARN*	
			SELF	98,389.35	*WARN*	
			SPOUSE	74,067.54	*WARN*	
			SELF	76,086.06	*WARN*	
			SELF	59,784.98	*WARN*	
			SELF	43,950.07	*WARN*	
			SELF	94,318.75	*WARN*	
			SPOUSE	113,954.62	*WARN*	
			SELF	54,485.28	*WARN*	
			SELF	354,319.15	*WARN*	
			SPOUSE	52,584.63	*WARN*	
			SELF	82,084.23	*WARN*	

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/10 THRU: 02/29/12 COVERAGE/TYPE: MM/IND WARNING %: 10 WARNING AMOUNT: 40,000.00
PAID: 03/01/11 THRU: 02/29/12 OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
			SPOUSE	262,211.72	*WARN*	
			SELF	63,084.55	*WARN*	
			SELF	52,932.58	*WARN*	
			SELF	78,940.64	*WARN*	
			SPOUSE	56,828.26	*WARN*	
			GRAND TOTAL:	5,043,993.73		

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/11 THRU: 02/28/13 COVERAGE/TYPE: MM/IND WARNING %: 10 WARNING AMOUNT: 40,000.00
PAID: 03/01/12 THRU: 02/28/13 OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
			SELF	133,074.18	*WARN*	
			SPOUSE	78,722.13	*WARN*	
			SPOUSE	68,642.71	*WARN*	
			SELF	41,644.58	*WARN*	
			SELF	122,050.36	*WARN*	
			SPOUSE	41,555.78	*WARN*	
			SELF	52,891.01	*WARN*	
			SPOUSE	163,308.85	*WARN*	
			SELF	49,675.40	*WARN*	
			SPOUSE	66,717.82	*WARN*	
			DAUGHTER	98,219.61	*WARN*	
			SELF	73,923.10	*WARN*	
			SELF	149,840.50	*WARN*	
			SON	56,406.82	*WARN*	
			SELF	169,184.36	*WARN*	
			SPOUSE	110,333.18	*WARN*	
			SELF	56,978.52	*WARN*	
			SON	49,122.12	*WARN*	
			SPOUSE	61,755.35	*WARN*	
			SELF	41,167.80	*WARN*	
			SELF	94,616.35	*WARN*	
			SELF	53,717.28	*WARN*	
			GRAND TOTAL:	1,833,547.81		

Lucas County

EXECUTIVE SUMMARY

2012

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPAY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	TOTAL SCRIPTS Tier 1	AVERAGE COPAY Tier 1	TOTAL SCRIPTS Tier 2	AVERAGE COPAY Tier 2	TOTAL SCRIPTS Tier 3	AVERAGE COPAY Tier 3	MO %
JANUARY	8279	9272	$ 621,007.17	$ 80,680.79	$ 66.98	$ 8.70	$ 75.01	1.12	77.1%	7149	$ 2.83	1522	$ 22.24	601	$ 44.25	4.3
FEBRUARY	8235	8467	$ 603,821.73	$ 73,180.23	$ 71.31	$ 8.64	$ 73.32	1.03	77.5%	6562	$ 2.88	1337	$ 21.77	568	$ 44.32	3.4
MARCH	8345	9151	$ *514,628.34*	$ 77,718.49	$ 56.24	$ 8.49	$ 61.67	1.10	77.9%	7129	$ 2.84	1542	$ 23.19	480	$ 45.22	3.0
APRIL	8339	8436	$ 586,444.07	$ 70,054.73	$ 69.52	$ 8.30	$ 70.33	1.01	79.0%	6664	$ 2.86	1341	$ 23.44	431	$ 45.41	3.6
MAY	8326	8960	$ 650,867.12	$ 78,828.54	$ 72.64	$ 8.80	$ 78.17	1.08	78.0%	6989	$ 2.92	1527	$ 23.95	444	$ 49.20	3.9
JUNE	8354	8243	$ *469,553.07*	$ 65,192.43	$ 56.96	$ 7.91	$ 56.21	0.99	79.3%	6537	$ 2.79	1340	$ 22.45	366	$ 46.08	3.4
JULY																
AUGUST																
SEPTEMBER																
OCTOBER																
NOVEMBER																
DECEMBER																
YTD AVERAGES	8,313	8,755	$ 574,386.92	$ 74,275.87	$ 65.61	$ 8.48	$ 69.10	1.05	78.1%	6,838	$ 2.85	1,435	$ 22.84	482	$ 45.75	
YTD TOTALS		52,529	$ 3,446,321.50	$ 445,655.21						41,029	$ 17.12	8,610	$ 137.04	2,890	$ 274.48	

2011

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPAY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	TOTAL SCRIPTS Tier 1	AVERAGE COPAY Tier 1	TOTAL SCRIPTS Tier 2	AVERAGE COPAY Tier 2	TOTAL SCRIPTS Tier 3	AVERAGE COPAY Tier 3	MO %
JANUARY	8307	8799	$ 620,414.49	$ 73,481.77	$ 70.51	$ 8.35	$ 74.69	1.06	72.1%	6344	$ 2.77	1790	$ 21.91	665	$ 25.10	3.9
FEBRUARY	8291	8363	$ 602,093.61	$ 69,419.76	$ 71.99	$ 8.30	$ 72.62	1.01	72.4%	6055	$ 2.83	1688	$ 21.94	620	$ 24.59	4.2
MARCH	8426	9752	$ *617,369.84*	$ 94,089.92	$ 63.31	$ 9.65	$ 73.27	1.16	72.3%	7051	$ 2.85	1980	$ 23.17	721	$ 38.99	4.6
APRIL	8464	8508	$ 620,984.92	$ 81,679.14	$ 72.99	$ 9.60	$ 73.37	1.01	73.3%	6236	$ 2.85	1710	$ 23.56	562	$ 42.04	3.4
MAY	8428	8665	$ 610,935.84	$ 80,584.63	$ 70.51	$ 9.30	$ 72.49	1.03	73.9%	6403	$ 2.85	1702	$ 22.39	560	$ 43.28	4.9
JUNE	8385	8504	$ *463,801.32*	$ 78,558.20	$ 54.54	$ 9.24	$ 55.31	1.01	74.1%	6301	$ 2.79	1651	$ 22.65	552	$ 42.74	3.8
JULY	8303	7920	$ 580,251.38	$ 73,178.64	$ 73.26	$ 9.24	$ 69.88	0.95	73.8%	5845	$ 2.85	1565	$ 22.48	510	$ 41.84	3.6
AUGUST	8398	8708	$ 651,650.29	$ 80,911.80	$ 74.83	$ 9.29	$ 77.60	1.04	73.7%	6418	$ 2.85	1701	$ 22.58	589	$ 41.10	4.1
SEPTEMBER	8314	8229	$ *478,691.58*	$ 77,143.77	$ 58.17	$ 9.37	$ 57.58	0.99	73.9%	6081	$ 2.80	1596	$ 22.67	552	$ 43.37	4.2
OCTOBER	8323	8546	$ 634,520.35	$ 78,006.45	$ 74.25	$ 9.13	$ 76.24	1.03	74.7%	6384	$ 2.80	1629	$ 22.59	533	$ 43.77	4
NOVEMBER	8293	8351	$ 605,938.74	$ 76,319.48	$ 72.56	$ 9.14	$ 73.07	1.01	74.7%	6238	$ 2.84	1551	$ 22.34	562	$ 42.63	4.1
DECEMBER	8291	8329	$ *438,802.78*	$ 74,099.89	$ 52.68	$ 8.90	$ 52.93	1.00	77.5%	6455	$ 2.85	1348	$ 22.85	526	$ 47.34	3.6
YTD AVERAGES	8,352	8,556	$ 577,121.26	$ 78,122.79	$ 67.45	$ 9.13	$ 69.10	1.02	73.9%	6,318	$ 2.83	1,659	$ 22.59	579	$ 39.73	
YTD TOTALS		102,674	$ 6,925,455.14	$ 937,473.45						75,812	$ 33.93	19,910	$ 271.13	6,952	$ 476.79	

2010

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPAY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	TOTAL SCRIPTS Tier 1	AVERAGE COPAY Tier 1	TOTAL SCRIPTS Tier 2	AVERAGE COPAY Tier 2	TOTAL SCRIPTS Tier 3	AVERAGE COPAY Tier 3	MO %
JANUARY	8880	8674	$ 692,078.42	$ 84,093.51	$ 79.79	$ 9.69	$ 77.94	0.98	68.6%	5950	$ 3.64	2074	$ 22.41	650	$ 24.56	4.0
FEBRUARY	8560	8052	$ 518,702.50	$ 69,798.54	$ 64.42	$ 8.67	$ 60.60	0.94	69.4%	5588	$ 2.82	1851	$ 21.45	613	$ 23.39	4.2
MARCH	8869	9290	$ *480,614.02*	$ 88,463.27	$ 51.73	$ 9.52	$ 54.19	1.05	68.1%	6326	$ 2.94	2179	$ 22.96	785	$ 25.28	4.3
APRIL	8531	8466	$ 658,943.47	$ 79,922.45	$ 77.83	$ 9.44	$ 77.24	0.99	69.3%	5867	$ 3.01	1879	$ 23.28	720	$ 25.72	4.9
MAY	8508	8374	$ 585,033.01	$ 75,528.68	$ 69.86	$ 9.02	$ 68.76	0.98	69.2%	5795	$ 2.86	1891	$ 22.41	688	$ 24.09	4.6
JUNE	8470	8714	$ *383,818.58*	$ 77,762.82	$ 44.05	$ 8.92	$ 45.32	1.03	70.2%	6117	$ 2.94	1874	$ 22.70	723	$ 23.85	4.6
JULY	8488	8044	$ 548,776.84	$ 72,169.24	$ 68.22	$ 8.97	$ 64.65	0.95	70.3%	5655	$ 2.84	1688	$ 22.72	701	$ 25.33	4.6
AUGUST	8421	8880	$ 635,472.66	$ 79,752.88	$ 71.56	$ 8.98	$ 75.46	1.05	69.5%	6172	$ 2.83	1948	$ 22.72	760	$ 23.71	4.5
SEPTEMBER	8414	8399	$ *496,146.94*	$ 72,424.22	$ 59.07	$ 8.62	$ 58.97	1.00	71.1%	5972	$ 2.86	1704	$ 21.97	723	$ 24.76	4.6
OCTOBER	8434	8564	$ 597,714.90	$ 75,594.40	$ 69.79	$ 8.83	$ 70.87	1.02	71.0%	6080	$ 2.82	1765	$ 22.59	719	$ 25.85	4.1
NOVEMBER	8444	8581	$ 619,482.96	$ 72,861.91	$ 72.19	$ 8.49	$ 73.36	1.02	71.7%	6153	$ 2.90	1695	$ 21.60	733	$ 25.10	4.9
DECEMBER	8415	8777	$ 531,114.48	$ 74,382.32	$ 60.51	$ 8.47	$ 63.12	1.04	72.1%	6328	$ 2.94	1731	$ 21.81	718	$ 25.11	4.5
YTD AVERAGES	8,536	8,568	$ 562,324.90	$ 76,896.19	$ 65.63	$ 8.97	$ 65.88	1.00	70.0%	6,000	$ 2.95	1,857	$ 22.39	711	$ 24.73	4.5
YTD TOTALS		102,815	$ 6,747,898.78	$ 922,754.24						72,003	$ 35.40	22,279	$ 268.62	8,533	$ 296.75	

2009

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPAY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	TOTAL SCRIPTS Tier 1	AVERAGE COPAY Tier 1	TOTAL SCRIPTS Tier 2	AVERAGE COPAY Tier 2	TOTAL SCRIPTS Tier 3	AVERAGE COPAY Tier 3	MO %
JANUARY	8901	8957	$ 638,408.73	$ 92,226.60	$ 71.27	$ 10.30	$ 71.72	1.01	65.1%	5831	$ 3.88	2039	$ 22.29	1087	$ 22.22	6.1
FEBRUARY	8921	8430	$ 590,398.00	$ 87,974.97	$ 70.04	$ 10.44	$ 66.18	0.94	65.2%	5496	$ 3.86	1871	$ 22.76	1063	$ 22.75	5.7
MARCH	8921	9511	$ 478,144.89	$ 99,281.33	$ 50.27	$ 10.44	$ 53.60	1.07	64.7%	6154	$ 3.81	2081	$ 22.28	1276	$ 23.09	5.7
APRIL	8911	8880	$ 655,761.73	$ 92,427.24	$ 73.85	$ 10.41	$ 73.59	1.00	65.7%	5834	$ 3.91	2038	$ 22.30	1008	$ 23.98	6.06
MAY	8910	8574	$ 625,513.08	$ 89,587.81	$ 72.95	$ 10.45	$ 70.20	0.96	66.0%	5659	$ 3.84	1979	$ 22.69	936	$ 24.52	5.7
JUNE	8898	8556	$ 484,653.80	$ 90,554.18	$ 56.64	$ 10.58	$ 54.47	0.96	66.2%	5664	$ 3.87	1959	$ 22.72	933	$ 25.86	5.51
JULY	8915	8610	$ 664,185.17	$ 86,525.60	$ 77.14	$ 10.05	$ 74.50	0.97	66.8%	5751	$ 3.82	1952	$ 21.99	907	$ 23.86	6.48
AUGUST	8898	8469	$ 624,571.88	$ 86,550.15	$ 73.75	$ 10.22	$ 70.19	0.95	66.6%	5640	$ 3.78	1911	$ 22.09	918	$ 25.08	5.6
SEPTEMBER	8876	8879	$ 484,776.70	$ 89,038.96	$ 54.60	$ 10.03	$ 54.62	1.00	66.7%	5922	$ 3.72	2005	$ 21.71	952	$ 24.67	5.0
OCTOBER	8894	9415	$ 692,369.63	$ 97,088.41	$ 73.54	$ 10.31	$ 77.85	1.06	66.0%	6214	$ 3.77	2173	$ 22.26	1028	$ 24.60	5.53
NOVEMBER	8869	8599	$ 643,035.05	$ 87,772.13	$ 74.78	$ 10.21	$ 72.50	0.97	66.9%	5753	$ 3.68	1904	$ 22.44	942	$ 25.34	5.16
DECEMBER	8915	8982	$ 501,647.14	$ 89,816.56	$ 55.85	$ 10.00	$ 56.27	1.01	68.2%	6126	$ 3.84	1901	$ 22.16	955	$ 25.30	6.9
YTD AVERAGES	8,902	8,822	$ 590,288.82	$ 90,736.99	$ 66.91	$ 10.29	$ 66.31	0.99	66.2%	5,837	$ 3.82	1,984	$ 22.31	1,000	$ 24.27	
YTD TOTALS		105,862	$ 7,083,465.80	$ 1,088,843.92						70,045	$ 45.78	23,812	$ 267.69	12,005	$ 291.27	

TOTAL SCRIPT

Top 20 Utilization Disease by Total Cost

Date Submitted From 1/1/2012 through 6/30/2012

Date of Service All

CTRPNV002 - TOTAL SCRIPT
LUCAS - LUCAS COUNTY

Brand/Generic	Total Cost	Patient Paid	Plan Paid	% of Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claim	Generic % of Total Claims	Plan Paid per Day	Plan Paid per Claim	PMPM	Utilizers
1 Cardiovascular Disease	$631,772	$87,109	$541,321	15.1%	46.2%	12202	23.20%	83.3%	$1.10	$44.36	$10.85	1855
2 Diabetes	$363,106	$23,852	$338,083	9.4%	5.2%	2511	4.80%	57.8%	$2.94	$134.64	$6.78	501
3 Asthma/COPD	$358,122	$37,850	$318,611	8.9%	5.0%	2047	3.90%	10.0%	$4.52	$155.65	$6.39	766
4 Attention Deficit Disorders	$301,217	$36,170	$264,104	7.3%	6.1%	1332	2.50%	23.6%	$6.18	$198.28	$5.30	340
5 Pain Management	$240,804	$26,913	$212,768	5.9%	39.6%	5971	11.40%	91.0%	$1.64	$35.63	$4.27	1842
6 Multiple Sclerosis	$209,923	$975	$208,948	5.8%	0.0%	39	0.10%	0.0%	$122.91	$5,357.64	$4.19	12
7 Depression	$200,890	$26,240	$170,676	4.7%	46.4%	3982	7.60%	87.3%	$1.21	$42.86	$3.42	1000
8 Rheumatic Diseases/Disor	$178,438	$9,294	$169,144	4.7%	0.4%	77	0.10%	10.4%	$70.71	$2,196.68	$3.39	18
9 Dermatologic Diseases/Di	$166,801	$24,652	$139,791	3.9%	32.7%	1580	3.00%	69.0%	$3.98	$88.48	$2.80	954
10 Women's Health	$165,879	$34,220	$131,368	3.7%	40.8%	3169	6.00%	71.4%	$1.28	$41.45	$2.63	878
11 Psychoses	$146,080	$16,890	$124,840	3.5%	19.0%	471	0.90%	48.8%	$8.58	$265.05	$2.50	115
12 Allergic rhinitis/cough/cold	$113,019	$12,958	$99,881	2.8%	52.5%	2542	4.80%	81.3%	$1.10	$39.29	$2.00	1204
13 Seizure Disorders	$107,095	$13,419	$91,364	2.5%	34.2%	1117	2.10%	83.8%	$2.25	$81.79	$1.83	326
14 GERD & Ulcers	$99,496	$7,754	$91,267	2.5%	84.7%	2564	4.90%	89.0%	$0.89	$35.60	$1.83	834
15 Infectious Disease	$85,119	$16,031	$68,888	1.9%	61.6%	3156	6.00%	96.5%	$2.17	$21.83	$1.38	2095
16 Hematologic Diseases/Dis	$77,633	$7,480	$69,073	1.9%	19.3%	660	1.30%	62.6%	$2.62	$104.66	$1.38	200
17 Cancer	$76,331	$1,194	$75,079	2.1%	10.4%	185	0.40%	89.7%	$11.01	$405.83	$1.51	58
18 CMV/HIV/AIDS	$62,739	$966	$61,773	1.7%	7.4%	42	0.10%	4.8%	$34.74	$1,470.78	$1.24	9
19 Other GI Diseases/Disorde	$55,302	$6,192	$49,029	1.4%	17.8%	648	1.20%	76.7%	$4.15	$75.66	$0.98	401
20 Ophthalmic Disease/Disor	$54,019	$8,943	$44,772	1.2%	17.5%	691	1.30%	58.9%	$2.61	$64.79	$0.90	419
Total for Top 20 Brand/Generic	$3,693,785	$399,103	$3,270,780	91.0%	25.5%	44986	85.6%	76.6%	$2.21	$72.71	$65.58	
Total	$4,062,788	$443,531	$3,594,162	100.0%	26.8%	52529	100.0%	78.1%	$2.13	$68.42	$72.06	5287
Total Member Month	49,878											

Proprietary and Confidential. Total Script a CatalystRx Company

TOTAL SCRIPT Rx

Top 20 Drug Brand/Generic by Total Cost

Date Submitted From 1/1/2012 through 6/30/2012

Date of Service All

CTRPNV002 - TOTAL SCRIPT

LUCAS - LUCAS COUNTY

Brand/Generic	Total Cost	Patient Paid	Plan Paid	% of Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claim	Generic % of Total Claims	Plan Paid per Day	Plan Paid per Claim	PMPM	Utilizers
1 SINGULAIR	$125,026	$13,706	$110,808	3.1%	0.0%	557	1.1%	0.0%	$4.57	$198.94	$2.22	227
2 AVONEX	$111,144	$475	$110,669	3.1%	0.0%	19	0.0%	0.0%	$124.07	$5,824.66	$2.22	6
3 ATORVASTATIN CALCIU	$107,295	$5,662	$100,475	2.8%	100.0%	758	1.4%	100.0%	$2.89	$132.55	$2.01	280
4 HUMIRA PEN	$84,541	$750	$83,791	2.3%	0.0%	30	0.1%	0.0%	$80.65	$2,793.03	$1.68	7
5 ADVAIR DISKUS	$87,984	$6,775	$80,556	2.2%	0.0%	275	0.5%	0.0%	$7.29	$292.93	$1.62	133
6 REBIF	$70,821	$375	$70,446	2.0%	0.0%	15	0.0%	0.0%	$117.80	$4,696.42	$1.41	4
7 CYMBALTA	$71,011	$6,134	$61,682	1.7%	0.0%	248	0.5%	0.0%	$6.36	$248.72	$1.24	80
8 CRESTOR	$65,377	$7,741	$57,021	1.6%	0.0%	312	0.6%	0.0%	$4.05	$182.76	$1.14	112
9 ABILIFY	$67,960	$12,020	$55,940	1.6%	0.0%	117	0.2%	0.0%	$16.05	$478.12	$1.12	38
10 JANUVIA	$52,046	$3,940	$48,106	1.3%	0.0%	163	0.3%	0.0%	$6.49	$295.13	$0.96	51
11 AMPHETAMINE/DEXTRO	$56,002	$12,043	$43,758	1.2%	23.1%	440	0.8%	46.6%	$3.32	$99.45	$0.88	109
12 DIOVAN HCT	$50,563	$7,343	$42,930	1.2%	0.0%	297	0.6%	0.0%	$3.70	$144.55	$0.86	80
13 PLAVIX	$45,161	$3,819	$41,002	1.1%	0.0%	152	0.3%	0.0%	$5.36	$269.75	$0.82	61
14 METHYLPHENIDATE HC	$43,949	$4,154	$39,794	1.1%	3.0%	177	0.3%	7.9%	$5.76	$224.83	$0.80	64
15 OMEPRAZOLE	$42,561	$2,695	$39,535	1.1%	88.8%	1436	2.7%	95.4%	$0.67	$27.53	$0.79	509
16 VYVANSE	$44,545	$6,400	$37,409	1.0%	0.0%	256	0.5%	0.0%	$4.85	$146.13	$0.75	71
17 CELEBREX	$40,888	$3,750	$37,138	1.0%	0.0%	152	0.3%	0.0%	$5.26	$244.33	$0.74	64
18 ENBREL	$40,589	$4,503	$36,086	1.0%	0.0%	16	0.0%	0.0%	$80.55	$2,255.36	$0.72	4
19 GLEEVEC	$36,072	$175	$35,897	1.0%	0.0%	7	0.0%	0.0%	$170.94	$5,128.14	$0.72	2
20 PROVIGIL	$33,078	$650	$32,428	0.9%	0.0%	26	0.0%	0.0%	$34.31	$1,247.21	$0.65	12
Total for Top 20 Brand/Generic	$1,276,612	$103,111	$1,165,470	32.4%	12.6%	5453	10.4%	43.0%	$5.25	$213.73	$23.37	
Total	$4,062,788	$443,531	$3,594,162	100.0%	26.8%	52529	100.0%	78.1%	$2.13	$68.42	$72.06	5287

Total Member Month 49,878

BOARD OF LUCAS COUNTY COMMISSIONERS

Monthly Experience Summary

AMERITAS GROUP

Policy #: 350688 *03/01/2011 through 06/30/2012*

LOB	Month	Premium $	Paid Claims $	Paid L/R	EE Lives	Dep Units
DEN	Jun 2012	$44,459	$59,290	133%	914	704
DEN	May 2012	$44,658	$54,067	121%	914	705
DEN	Apr 2012	$42,669	$51,226	120%	914	705
DEN	Mar 2012	$46,410	$62,701	135%	960	731
DEN	Feb 2012	$47,831	$36,454	76%	964	733
DEN	Jan 2012	$46,217	$44,599	97%	965	732
DEN	Dec 2011	$47,305	$37,833	80%	973	737
DEN	Nov 2011	$47,280	$40,221	85%	967	736
DEN	Oct 2011	$46,876	$48,057	103%	966	736
DEN	Sep 2011	$47,390	$43,646	92%	966	738
DEN	Aug 2011	$46,778	$54,680	117%	960	736
DEN	Jul 2011	$46,856	$39,756	85%	961	736
DEN	Jun 2011	$47,982	$50,149	105%	971	741
DEN	May 2011	$47,652	$49,453	104%	968	737
DEN	Apr 2011	$47,169	$47,379	100%	967	731
DEN	Mar 2011	$46,835	$24,786	53%	961	729
TOTAL		$744,367	$744,298		15,291	11,667

Paid Claims : $744,298 Change in Reserves: $24,495 = Incurred Claims: $768,793

** Incurred Claims = Paid Claims + Change in Reserves

SECTION VII: FORMS

NOTE: Respondents are free to add additional information to their proposals, **but must submit at a minimum, the completed Non-Collusion Affidavit (Form #1), the Delinquent Tax Statement (Form #1 B), and the appropriate form for the services they wish to provide.** This section contains the forms referred to in the body of the request for proposal as well as the Additional Forms required of all respondents.

CONTENTS

FORM 1A	NON-COLLUSION AFFIDAVIT (MUST BE FILLED OUT BY ALL RESPONDENTS)
FORM 1B	DELINQUENT TAX STATEMENT (MUST BE FILLED OUT BY ALL RESPONDENTS)
FORM 2A	ADMINISTRATIVE SERVICES COST QUOTATION (ONE YEAR)
FORM 2B	ADMINISTRATIVE SERVICES COST QUOTATION (TWO YEAR)
FORM 2C	ADMINISTRATIVE SERVICES QUESTIONAIRRE (MUST BE COMPLETED BY ALL RESPONDENTS FOR ADMINISTRATIVE SERVICES)
FORM 2D	ADMINISTRATIVE SERVICES COST QUOTATION (PRESCRIPTION DRUG)
FORM 2E	PRESCRIPTION DRUG QUESTIONAIRRE
FORM 3	ULTIMATE LIABILITY (STOP/LOSS) COVERAGE
FORM 4	CONVENTIONAL HEALTH, PPO COVERAGE
FORM 4A	CONVENTIONAL HMO COVERAGE
FORM 5	CONVENTIONAL DENTAL INDEMNITY COVERAGE
FORM 5A	CONVENTIONAL DENTAL PPO COVERAGE
FORM 6	CONVENTIONAL PRESCRIPTION DRUG COVERAGE
FORM 8	PREFERRED PROVIDER ORGANIZATION QUESTIONNAIRE
ADDITIONAL FORMS:	Additional Administrative Requirements Compliance with Support Order(s), No Findings for Recovery Affidavit, Declaration Regarding Material Assistance/Non-assistance to a Terrorist Organization, and Non Discrimination and Equal Employment Opportunity Affidavit.

FORM #1A
NON-COLLUSION AFFIDAVIT OF PRIME RESPONDENT
TO BE NOTARIZED AND SUBMITTED BY EACH RESPONDENT

STATE OF OHIO)
LUCAS COUNTY)SS

_____, being first duly sworn deposes and says that :

(1) He/she is _____of
(OWNER, PARTNER, OFFICER, REPRESENTATIVE, OR AGENT)
_____ THE RESPONDENT THAT

(2) He/She is fully informed regarding the preparation and contents of the attached proposal and all pertinent circumstances regarding such proposal.

(3) Such offering is genuine and is not a collusive or sham offering

(4) Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly with any other Respondent, firm or person to submit a sham proposal in connection with the Contract for which the attached proposal has been submitted or to refrain from offering in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Respondent, or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against Lucas County, its employees, or citizens.

(5) The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the respondent or any of its agents, representatives, owners, employees, or parties in interest including the affiant.

Sworn to before me and subscribed in my presence
this_____day of _____, 20____.

_____
SIGNED

_____ _____
NOTARY PUBLIC TITLE

FORM # 1B
DELINQUENT TAX STATEMENT
CONTRACT AGREEMENT

Section 5719.042. After the award by a taxing district of any contract let by competitive bid and prior to the time the contract is entered into, the person making a bid shall submit to the County a statement affirmed under oath that the person with whom the contract is to be made was not charged at the time the bid was submitted with any delinquent Personal

Property Taxes on the general list of Personal Property of any County in which the taxing district has territory or that such person was charged with delinquent Personal Property Taxes on any such tax list, in which case delinquent taxes and any due and unpaid penalties and interest thereon. If the statement indicates that the taxpayer was charged with any such taxes, a copy of the statement shall be transmitted by the Fiscal Officer to the County Treasurer within thirty days of the date it is submitted.

DELINQUENT PERSONAL PROPERTY TAX STATEMENT
(O.R.C.- SECTION 5791.042)

I _____,_____of_____ _____affirm that at the time that I submitted the proposal for _____ _____ to Lucas County on __ _____, 20___, that_____ was not charged with delinquent Personal Property Taxes by the Lucas County Auditor.

(If personal Property Taxes are delinquent, complete the following section)

The amount of Personal Property Taxes due to Lucas County is _____and unpaid penalties and interest are _____.

_____
Signature

_____
Company

_____
Date

Before me appeared_____on this day of _____, 20___.

_____
Notary Public

FORM #2A
ADMINISTRATIVE SERVICES COST QUOTATION
ONE YEAR QUOTE

ONE YEAR QUOTATION:

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
A. BENEFIT TYPE = HEALTH (HMO)					
SINGLE	380		X _____	=	$_____
FAMILY	979	X	_____	=	$_____
			TOTAL = $_____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
B. BENEFIT TYPE = HEALTH (PPO)					
SINGLE	544	X	$_____	=	$_____
FAMILY	1300	X	$_____	=	$_____
			TOTAL = $_____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
C. BENEFIT TYPE = DENTAL					
SINGLE	696	X	$_____	=	$_____
FAMILY	1664	X	$_____	=	$_____
			TOTAL = $_____		

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

NOTE: All respondents responding with this one- year quote must also complete Form #2C.

FORM #2B
ADMINISTRATIVE SERVICES COST QUOTATION
TWO YEAR QUOTE

TWO YEAR QUOTATION:

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
D. BENEFIT TYPE = HEALTH (HMO)					
SINGLE	380	X	$_____	=	$_____
FAMILY	979	X	$_____	=	$_____
			TOTAL = $_____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
E. BENEFIT TYPE = HEALTH (PPO)					
SINGLE	544	X	$_____	=	$_____
FAMILY	1300	X	$_____	=	$_____
			TOTAL = $_____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
F. BENEFIT TYPE = DENTAL					
SINGLE	696	X	_____	=	$_____
FAMILY	1664	X	_____	=	$_____
			TOTAL = $_____		

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

NOTE: All respondents responding to this two -year quote must also complete Form #2C.

FORM #2C
ADMINISTRATIVE SERVICES QUESTIONNAIRE

NOTE: This form must be completed by all respondents quoting ASO service.

1. How long have you provide claims administration services?
   _____ Years _____ months

2. Will our claims be processed by certain, select individuals or by a pool of claim adjusters?
   _____ Individuals _____ pool

3. Do you have more than one claims processing location?
   _____ One _____ More than one

4. What is the location of the office that will be processing the claims of this account?

   Location _____

5. How many staff members does this claims office have?
   Number_____

6. What type of claim payment system does your staff utilize?

   _____ manual
   _____ batch computer
   _____ on line computer

7. Is your claims processing and reporting system capable of providing the following information on a monthly basis? A yearly basis?

	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
-Dollar Amount of claims	_____	_____	_____	_____
-Number of claims	_____	_____	_____	_____
-Dollar amount of claims by sex	_____	_____	_____	_____
-Number of claims by sex	_____	_____	_____	_____
-Dollar amount of claims by age	_____	_____	_____	_____
-Number of claims by age	_____	_____	_____	_____
-Dollar amount of claims by dependents	_____	_____	_____	_____
-Number of claims by dependents	_____	_____	_____	_____
-Dollar amount of claims by employee	_____	_____	_____	_____
-Number of claims by employee	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

7. Is your claims processing and reporting system capable of providing the following information on a monthly basis? A yearly basis? (continued)

	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
	_____	_____	_____	_____
	_____	_____	_____	_____
-Dollar amount of claims by diagnostic category (total group)	_____	_____	_____	_____
-Number of claims by diagnostic category (total group)	_____	_____	_____	_____
-Dollar amount of claims by diagnostic category by department	_____	_____	_____	_____
-Number of claims by diagnostic category by department	_____	_____	_____	_____
-Total hospital days confined	_____	_____	_____	_____
-Claim charges total	_____	_____	_____	_____
-Claim charges eligible	_____	_____	_____	_____
-Basic vs. Major Medical vs. Med/Surgical claims paid	_____	_____	_____	_____
-Coordination of benefits savings	_____	_____	_____	_____
-Listing of claimants (providers by total claims submitted, claims period, hospital discount savings	_____	_____	_____	_____

SPECIFIC EMPLOYEE DATA:

Employee identification number by:	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
-Claims (number/dollar) amount	_____	_____	_____	_____
-Diagnostic categories of claims	_____	_____	_____	_____
-Employee dependent claims	_____	_____	_____	_____
Employee dependents claims (number/dollar amounts)	_____	_____	_____	_____

8. What means will you utilize to determine appropriate reimbursement schedules for this client?

_____ California Relative Value Schedule
_____ Medical Consultant
_____ Dental Consultant
_____ Usual, reasonable and customary
_____ Other, specify _____

9. If you use U.C.R. schedules, what means will you use to determine UCR value for this client?

_____ Health Insurance Association of America
_____ Zip Code
_____ Other, specify _____

10. Are you prepared to provide this client with the cost source documentation you intend to use in advance of entering into an agreement?
_____ Yes _____ No

11. Under the system of reimbursement you are proposing, who is the responsible party for the following charges?

	ADMINISTRATOR	CLIENT	INSURANCE CO.
Annual Report	_____	_____	_____
Monthly Report	_____	_____	_____
Employee Booklet	_____	_____	_____
Claims Forms	_____	_____	_____
Envelopes	_____	_____	_____
Checks	_____	_____	_____
Postage	_____	_____	_____
Employee Communiqués	_____	_____	_____

12. Is your system capable of generating monthly reports that itemize each claim expenditure by individual employee, complete with diagnosis?
_____ Yes _____ No

13. Does your claims processing capability provide for the following?:

a. Verification of eligibility	_____ Yes _____ Manually	_____ No _____ By Computer
b. Eligibility certification for each claim	_____ Yes	_____ No
c. Coordination of Benefits for each claim	_____ Yes	_____ No
d. Claim calculation are made:	_____ Manually	_____ By Computer
e. Claim checks are drawn	_____ Manually	_____ By Computer
f. Denial letters are drawn	_____ Manually	_____ By Computer

14. Please describe any systems you have in place for updating eligibility, providing client confidentiality, making claim adjustments, and handling questions and complaints from your clients.

_____

_____

_____

_____

_____

_____

15. Please describe the computer system you intend to use to service this account:
Make:_____

Model:_____

Capacity:_____

Language:_____ Tape:_____ Disc:_____

16. How many clients do you currently services and what is the total number of employees this client list represents?

_____ Number of Clients _____ Number of Employees

17. How many total claims does your firm process daily in the office that will be providing services to this client?

_____ Total Number of Daily Claims Processed

Please submit a list of clients serviced by this office that we may contact.

18. Is there any portion of your total claims (e.g., dental) that you refer to any other firm?

Explain:_____

_____

19. Do you subscribe to the Health Insurance Association of America?

_____ Yes _____ No

20. Please explain how and how often you update usual and customary and any other reimbursement schedules.

_____

_____

_____

21. What coordination of benefits procedures do you employ? Please explain briefly.

_____

_____

22. When computing coordination of benefits savings do you include Medicare/Medicaid?

_____ Yes _____ No

23. Will you provide a monthly coordination of benefits savings report to this client?

_____ Yes _____ No

24. Is there an additional charge for this monthly service?

_____ Yes _____ No

25. Expressed in terms of percentage, what is the coordination of benefits savings rate for the office that will be servicing this client?

_____%

26. Please submit copies of the forms used to provide **annual reports, monthly reports, claims and utilization reports, enrollment, claims and, and any special reporting services your firm provides.**

27. Please identify any separate charges for these services.

28.Please feel free to submit any additional information regarding your firm that may further substantiate your qualifications for servicing this account.

29.Please explain your status of compliance with the Health Insurance Portability and Accountability Act.

_____

_____

_____

_____

30.Please verify that the actual amount of claims billed to the County is the actual amount reimbursed to the actual medical service provider and that the medical service provider returns no other remuneration to the administrator/insurance company.

FORM #2D
ADMINISTRATIVE SERVICES COST QUOTATION: PRESCRIPTION DRUG

ONE YEAR QUOTATION:

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
A. BENEFIT TYPE = PRESCRIPTION DRUG (ON A PER EMPLOYEE PER MONTH BASIS)					
SINGLE	923	X	$_____	=	$_____
FAMILY	2287	X	$_____	=	$_____
			TOTAL =		$_____

A1. ALTERNATIVE (PER SCRIPT BASIS)

ADMINISTRATIVE CHARGE PER SCRIPT = $ _____

A2. SECOND YEAR RATE INCREASE CAP OF _____ %

SUMMARY OF OTHER PROPOSED FEATURES:
Number of Pharmacies in Network (if applicable): _____

Please name source of AWP: _____
Discounts from AWP:
Brand Drugs: _____
Generic Drugs: _____
Mail Order Discounts:
Brand Drugs: _____
Generic Drugs: _____
Dispensing Fees:
Brand Drugs: _____
Generic Drugs: _____
Rebates:
Brand Drugs: _____
Generic Drugs: _____

Other Charges: (Explain) _____
_____

All respondents must demonstrate the capability to administer the Lucas County Expanded Prescription Drug Use Review Program.

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

NOTE: All respondents responding to this two year quote must also complete Form #2C and 2E.

FORM #2E
PRESCRIPTION DRUG QUESTIONNAIRE

Please be as complete as possible in providing answers to the following questions regarding you prescription drug company and program. Please repeat the question and follow immediately with your answer. Thank you.

A. Your organization

1) Provide a brief overview of your company.
   - Ownership
   - Size
   - Location of major office
   - Locations of service offices in the Northwest Ohio area.

B. Utilizers of your product(s):

2) Provide the number of employer groups in the Northwest Ohio area using your services and/or programs. Please be specific regarding programs, group sizes, etc.
3) Describe the type and number of managed care networks established and operated by your company. Please provide the enrollment sizes of these managed networks.
4) List the providers in your Toledo area network.
5) What is the number of lives covered by your Toledo area network?
6) What is the number of employer groups using your Toledo area network?
7) How long has your Toledo area network been in operation?
8) How many employer groups have joined your network since the inception of your services in the Toledo are?
9) How many employer groups have left your network since the inception of your services in the Toledo area?
10) Please provide a listing of employer groups participating in the Toledo area network.
11) Please provide the names and telephone numbers of four employer group representatives that may be contacted by the County as references

C. Claims Services:

12) Describe your claims processing system capabilities and answer all the questions on form 2C as appropriate. Pleas comment on your ability to administer the following in particular:
    13) Ability to administer brand vs. generic co-payments by dollar differential
    14) Ability to administer individual and family deductibles.
    15) Ability to administer individual and family maximums(s).
    16) Ability to administer limitations on timing and maximum allowables on refills
    17) Ability to administer co-payments based on the greater of a dollar amount or percentage cost basis.
    18) Describe your step therapy program and the medications to which it applies.
19) Describe your process of maintaining member eligibility. Does your system provide your clients with real-time on-line updated enrollment and verification of eligibility?
20) Does the system provide for a real-time on-line verification for all pharmacies in your network?
21) Does the system provide for real-time on-line verification for all pharmacies outside your network?
22) Describe your system's capabilities for conducting coordination of benefits
23) Explain your process of updating employee files in order to perform coordination of benefits.
24) Does your system provide the ability to analyze the practice patterns of physicians dispensation patters, including (though not limited to) the following:
    - Over utilization (prescribing)

- Prescribing standards
- DAW
- Provisions for Plan Sponsor input or feedback.

D. Satisfaction:

25) Does your company perform satisfaction surveys as part of your quality assurance program? If so,
   26) What is the frequency of the survey process?
   27) Are the surveys random?
   28) Are the survey results shared with participating pharmacies
   29) Are the survey results shared with participating employer groups?

E. Pricing

30) Explain your philosophy in establishing pricing arrangements under your network.
- Does your program utilize:
  - MAC pricing
  - AWP pricing?
  - Rebates?
  - Formulary?
  - Are your participating pharmacies incentivized as regards to dispensing fees? If so, explain
  - How is the final pricing determination made?

31) Describe the process for making payments to providers under network. Be sure to address the following:
  - Use of cards for members.
  - Claims submission process for payment (in and out of network).
  - The application process for reduction of billed charges to network discounts.
  - The process of passing savings through to the employer.
  - Pleas verify that the actual amount of claims billed to the County is the actual amount reimbursed to the actual medical service provider and that no other remuneration is retained by the administrator or returned to the administrator by the medical service provider.

F. Utilization Management:

32) Does your company provide pharmacy management services or a pharmacy management at the individual consumer level? If so,
  - Is the program voluntary or mandatory?
  - Do you target specific high-risk groups or high utilizers or both?
  - Does your pharmacy manager work only with the consumer or with the physician as well?
  - Describe the credentials of the primary pharmacy manager.
  - Are these services billed separately? If so, how much?

G. Use of Group Data & Employer Participation:

33) Does your company sell its database to pharmaceutical companies?
34) If so, how do you compensate the employer for such use of the data?

H. Please explain your status of compliance with the Health Insurance Portability and Accountability Act.

I. Respondents are advised to submit the other related pharmacy program forms (#6, #26, #2D and #2E) as appropriate.

FORM #3
ULTIMATE LIABILITY (STOP/LOSS) COVERAGE

A: AGGREGATE STOP/LOSS:

LINE OF COVERAGE: N/A N/A
Attachment point...(Assuming 100% Enrollment)... N/A including prescription drug

Monthly Premium:

$ _____ Per Single Employee per month ...X... N/A single plans ...$_____

$ _____ Per Family Employee per month ...X... N/A family plans ...$_____

TOTAL MONTHLY PREMIUM ... ...$_____

B: SPECIFIC STOP/LOSS AT $425,000 INCURRED PER COVERED PERSON (INCLUDING PRESCRIPTION DRUG COVERAGE)

Monthly Premium:

$ _____ Per Single Employee per month ...X... 924 single plans ...$_____

$ _____ Per Family Employee per month ...X 2279 family plans ...$_____

TOTAL MONTHLY PREMIUM ... ...$_____

UNDERWRITER:
Please attach additional sheets if enrollee formulas or contingencies are inherent to your proposal.

Insurance Underwriter: _____

Address: _____

Contact Person Name: _____

Address: _____

_____

Telephone #: _____

FORM #4
CONVENTIONAL HEALTH, OR PPO COVERAGE
CURRENT PLAN BENEFITS

ONE YEAR PRICE QUOTATION

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	544	X	$_____	=	$_____
FAMILY	1300	X	$_____	=	$_____
			TOTAL = $_____		

TOTAL =

TWO-YEAR PRICE QUOTATION: SECOND YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	544	X	$_____	=	$_____		___%
FAMILY	1300	X	$_____	=	$_____		___%
					TOTAL = $_____		

TOTAL=

THREE-YEAR PRICE QUOTATION: THIRD YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	544	X	$_____	=	$_____		___%
FAMILY	1300	X	$_____	=	$_____		___%
					TOTAL = $_____		

TOTAL THIRD YEAR=

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FORM #4 A
CONVENTIONAL HMO COVERAGE
CURRENT PLAN BENEFITS

ONE YEAR PRICE QUOTATION

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	380	X	$_____	=	$_____
FAMILY	979	X	$_____	=	$_____
			TOTAL = $_____		

TOTAL =

TWO-YEAR PRICE QUOTATION: SECOND YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR SECOND YEAR RATE CAP
SINGLE	380	X	$_____	=	$_____	___%
FAMILY	979	X	$_____	=	$_____	___%
					TOTAL = $_____	

TOTAL=

THREE-YEAR PRICE QUOTATION: THIRD YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR THIRD YEAR RATE CAP
SINGLE	380	X	$_____	=	$_____	___%
FAMILY	979	X	$_____	=	$_____	___%
					TOTAL = $_____	

TOTAL THIRD YEAR=

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FORM #5
CONVENTIONAL DENTAL INDEMNITY COVERAGE

ONE YEAR PRICE QUOTATION

PROGRAM BEING OFFERED:
(SPECIFY) _____

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	666	X	$_____	=	$_____
FAMILY	1594	X	$_____	=	$_____
			TOTAL = $_____		

TOTAL =

TWO YEAR PRICE QUOTATION

FIRST YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	666	X	$_____	=	$_____
FAMILY	1594	X	$_____	=	$_____
			TOTAL = $_____		

TOTAL=

SECOND YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	666	X	$_____	=	$_____		___%
FAMILY	1594	X	$_____	=	$_____		___%
			TOTAL = $_____				

TOTAL=

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

SUBMITTED BY: _____

TELEPHONE NUMBER: _____

FORM #5A
DENTAL COVERAGE THROUGH A DMO OR PPO NETWORK

ONE YEAR PRICE QUOTATION

PROGRAM BEING OFFERED:
(SPECIFY) _____

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	245	X	_____	=	$_____
FAMILY	769	X	_____	=	$_____
TOTAL =				TOTAL = $	_____

TWO YEAR PRICE QUOTATION

FIRST YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	245	X	$_____	=	$_____
FAMILY	769	X	$_____	=	$_____
TOTAL=				TOTAL = $	_____

SECOND YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	245	X	$_____	=	$_____		____%
FAMILY	769	X	$_____	=	$_____		____%
TOTAL=				TOTAL = $	_____		

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

SUBMITTED BY: _____

TELEPHONE NUMBER: _____

FORM #6
CONVENTIONAL PRESCRIPTION DRUG COVERAGE

ONE YEAR PRICE QUOTATION

PROGRAM BEING OFFERED:
(SPECIFY) _____

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	923	X	$_____	=	$_____
FAMILY	2287	X	$_____	=	$_____
				TOTAL = $	_____

TOTAL =

TWO-YEAR PRICE QUOTATION: SECOND YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	923	X	$_____	=	$_____		___%
FAMILY	2287	X	$_____	=	$_____		___%
					TOTAL = $		_____

TOTAL SECOND YEAR=

THREE-YEAR PRICE QUOTATION: THIRD YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	THIRD YEAR RATE CAP
SINGLE	923	X	$_____	=	$_____		___%
FAMILY	2287	X	$_____	=	$_____		___%
					TOTAL = $		_____

TOTAL THIRD YEAR=

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FORM #8
PREFERRED PROVIDER ORGANIZATION QUESTIONNAIRE

Please be as complete as possible in providing answers to the following questions regarding your preferred provider organization (network) and program. Please repeat the question and follow immediately with your answer. Thank you.

A. Your organization.

1) Provide a brief overview of your company.
   - Ownership
   - Size
   - Location of major office
   - Location of service offices in the Northwest Ohio area.

B. Utilizers of your product(s)

2) Provide the number of employer groups in the Northwest Ohio area using your services and/or programs. Please be specific regarding programs, group sizes, etc.
3) List the providers in your Toledo area network.
4) What is the number of lives covered by your Toledo area network?
5) What is the number of employer groups using your Toledo area network?
6) How long has your Toledo area network been in operation?
7) How many employer groups have left your network since the inception of your service in the Toledo area?
8) Please provide a listing of employer groups participating in the Toledo area network
9) Please provide the names and telephone numbers of four employer group representatives that may be contacted by Benco as references.

C. Network Providers

10) What is the total number of hospital based providers in your network? (Provide a complete directory listing all affiliated hospitals including the identification of those who are contracted for special cervices only.)
11) What tertiary providers are in your network of providers?
12) List all contracting ancillary medical providers in your network of the Northwest Ohio service area including:
    - Radiology
    - Laboratory
    - Urgent/Extended Hours Care Centers
    - Home Health
    - Durable Medical Equipment
    - Hospice
    - Anesthesiology
    - Emergency Medicine
    - Home Infusion Care
    - Physical Therapy
    - Skilled Nursing and Sub-Acute Care
13) What is the total number of physicians under contract to your network? Provide a completed directory listing all physicians
14) How many of your physicians are family practice providers?
15) How many of your physicians are specialists?

D. Satisfaction:

16) Does your company perform satisfaction surveys as part of your quality assurance program? If so,
    17) What is the frequency of the survey process
    18) Are the surveys random?
    19) Are survey results shared with participating facilities/organizations?
    20) Are the survey results shared with participating employer groups?

E. Pricing:

21) Explain your philosophy in establishing pricing arrangements under your network.
22) Hospitals- Inpatient: Is there a standard contracting methodology? If so, is your reimbursement based on discount from billed charges, per diem, DRG's other and/or a combination of these based on diagnosis? Be specific as the County may utilize a third party administrator for these services and will be required to duplicate the methodology.
23) Hospital – Outpatient: Is there a standard contracting methodology? If so is the reimbursement based on discount from billed charges, ambulatory surgical schedule, other and/or a combination of these based on procedure? Please be as specific as possible in your answer.
24) Ancillary Medical Providers (DME, PT, Radiology, Pathology, and Anesthesiology, other): Please specify your reimbursement methodology associated with each.
25) Physicians: What is your reimbursement methodology (e.g., discount from billed charges RBRVS, cut-back from URC, etc.)?
26) Are there any providers such as radiologists, anesthesiologists, pathologists, etc. where your network has an exclusive contract to provide services?
27) Are your providers required by contract to honor a "no-balance billing" provision?
28) Does your network require the County to impose an "out-of-network" sanction (steerage)? If so, what is the minimum percentage required?
29) Does your network complete the re-pricing process for all claims? If so, explain in detail how the County can ascertain the re-pricing is according to the proposed contracted price?
30) Does your network mandate a certain medical management vendor, or utilization of an in-house program? Explain.
31) Which network are you proposing as a wrap network to provide discount pricing for emergency services delivered beyond the geographical influence of your network?
32) Please verify that the actual amounts for claims billed to the County are the actual amounts reimbursed to the actual medical providers and that the medical service provider returns no other remuneration to the administrator/insurance company/PPO Network.

Additional Administrative Requirements
Compliance with Support Order(s)

Financial responsibility, integrity and accountability are essential for operating a business that services the public. Unpaid obligations are a social problem which threatens the welfare of children and increases the burden on taxpayers to provide social services. Due to the public's growing concern with non-paying parents, government initiatives to create additional, effective enforcement mechanisms are necessary. It is in the County's interest that all contractors doing business with Lucas County demonstrate financial responsibility and integrity and accountability.

All bidders **must submit** the **completed** "Compliance Affidavit For Businesses" with their bid. Once a lowest and best bidder has been determined and prior to award, this form will be submitted by Lucas County to the Child Support Enforcement Agency for certification of substantial compliance of court ordered and/or agency ordered child support of any individuals of the company who have twenty-five percent (25%) or greater vested interest in the company. If the individual is found to be not in compliance, said bidder will be notified that the individual is not in compliance and therefore the bidder/company/contractor is not in compliance and will have five (5) days to be in compliance from date of notification. Failure to comply will cause disqualification of the bidder's/company's/contractor's bid.

Bidders should contact Lucas County Child Support Enforcement Agency, 419-213-3106, regarding this requirement should they have questions.

COMPLIANCE AFFIDAVIT FOR BUSINESSES

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE BIDDER AND NOTARIZED

STATE OF OHIO }
}ss:
COUNTY OF LUCAS }

_____, being first duly sworn, deposes and says that
(Authorized Officer)
he/she is _____ of _____
(Title) (Company Name)
the party making the foregoing proposal or bid; that according to his/her knowledge, based upon company records the following individuals have a twenty-five (25%) percent or greater vested interest in _____.
(Company Name)

Name	Child Support Case/Order No:	Social Security Number:

COMPLIANCE AFFIDAVIT FOR BUSINESSES

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE BIDDER AND NOTARIZED

STATE OF OHIO }

COMPLIANCE AFFIDAVIT FOR BUSINESSES

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE BIDDER AND NOTARIZED

STATE OF OHIO }
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COUNTY OF LUCAS }

_____, being first duly sworn, deposes and says that
(Authorized Officer)
he/she is _____ of _____
(Title) (Company Name)
the party making the foregoing proposal or bid; that according to his/her knowledge, based upon company records the following individuals have a twenty-five (25%) percent or greater vested interest in _____.
(Company Name)

Name	Child Support Case/Order No:	Social Security Number:

Please check if applicable: _____ There are no individuals with twenty-five percent (25%) or greater vested interest in _____.
(Company Name)

_____
(Signature)

Affiant: _____

Sworn to and subscribed in my presence this _____ day of _____, 20____.

_____
(Notary Public)

NO FINDINGS FOR RECOVERY AFFIDAVIT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND NOTARIZED

I _____ (NAME), _____ (TITLE), _____ (NAME OF COMPANY)

affirm that at the time that I submitted the bid for _____ (BID TITLE)

to the Board of Lucas County Commissioners on _____ (DATE) that

_____ (NAME OF COMPANY) has / has no (CIRCLE ONE) unresolved finding for recovery from the State Auditor per Ohio Revised Code Section 9.24.

(If there is unresolved finding for recovery from the State Auditor , complete the following section)

The amount of unresolved finding for recovery due the State Auditor is _____ (AMOUNT) and unpaid penalties and interest are _____ (AMOUNT).

_____ (SIGNATURE)

_____ (COMPANY)

_____ (DATE)

Sworn to and subscribed before me this _____day of,_____ 20___.

(SEAL)

_____ (NOTARY)

My Commission Expires:

_____

The following form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion list - http://homelandsecurity.ohio.gov/dma/dma_forms.asp

OHIO PUBLIC SAFETY

Ohio Department of Public Safety
Division of Homeland Security
http://www.homelandsecurity.ohio.gov

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME	FIRST NAME	MIDDLE INITIAL
HOME ADDRESS		
CITY	STATE / ZIP / COUNTY	
HOME PHONE	WORK PHONE	

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME			
BUSINESS ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE NUMBER			

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
   ☐ Yes ☐ No

2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
   ☐ Yes ☐ No

GOVERNMENT BUSINESS AND FUNDING CONTRACTS - CONTINUED

3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☐ No

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☐ No

5. Have you committed an act that you know, or reasonably should have known, affords 'material support or resources' to an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☐ No

6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
☐ Yes ☐ No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of 'yes' to any question, or the failure to answer 'no' to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X _____ _____

Signature Date

NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY AFFIDAVIT

STATE OF _____

SS

COUNTY OF _____

_____ being first duly sworn, deposes and says that
(Name)

he/she is _____ of _____ the party
(Title) (Company)

that made the foregoing proposal; that such party as bidder does not and shall not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin. If awarded the bid and contract under this proposal, said party shall take affirmative action to insure that applicants are employed and that employees are treated, during employment, without regard to their race, religion, color, sex or national origin. If successful as the lowest and best bidder under the foregoing proposal this party shall post non-discrimination notices in conspicuous places available to employees and applicants for employment setting forth the provision of this affidavit.

Furthermore, said party agrees to abide by the assurances found in Section 153.59 of the Ohio Revised Code in the Contract Provisions with the Owner if selected as the successful bidder by the owner.

_____
(Signature)

_____
(Affiant)

_____
(Company/Corporations)

_____
(Address)

_____
(City/State/Zip Code)

Sworn to and subscribed before me this _____ day of _____, 20____.

(Seal)

_____
(Notary)

My Commission Expires:

_____
(Date)