



PARAMOUNT
INSURANCE COMPANY

Affiliate of ProMedica

00 Demo Group

Review (02/01/16 - 05/31/16)

# Claims:	33,205
Total Paid:	\$3,950,720
From:	01/01/16
To:	06/30/16

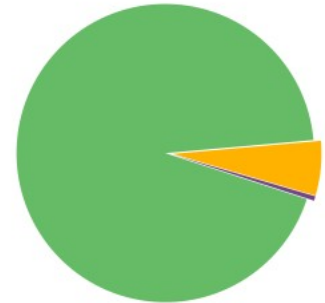
Analysis Overview

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Charge Breakdown

	Amount	Percent
Claims	33,205	
COB	\$20,772	0.5%
Member Paid	\$249,423	5.9%
Plan Paid	\$3,950,720	93.6%

■ Plan ■ Member ■ COB



Impact Overview

Provides an overview of items having the greatest cost impact on the plan and member. This is determined using the highest plan paid and member paid values from each report section

Plan Impact

	Plan Paid
Benefit Category	Inpatient Hospital \$588,936
Diagnosis Category	Musculoskeletal System and Connective Tissue \$409,710
Lifestyle Category	Emotional Disorders \$122,161
Facility	Facility2266 \$455,876
Physician	Physician3444 \$86,867
Age Group	50-54 \$436,387

Member Impact

Item	Member Paid
Benefit Category	ER Emergency \$23,530
Diagnosis Category	Mental Disorders \$16,321
Lifestyle Category	Emotional Disorders \$15,756
Facility	Facility2274 \$17,848
Physician	Physician3707 \$4,096
Age Group	50-54 \$24,609

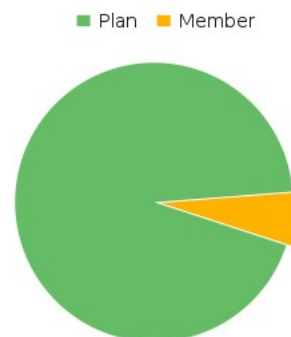
Network Utilization Summary

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Charts the breakdown of network and non-network charges to reveal how network contracts and other discount outlets are utilized by the covered population.

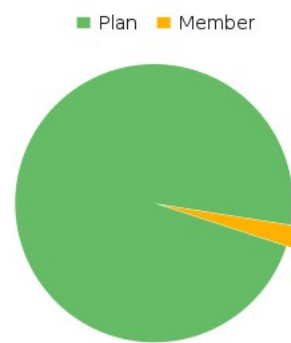
In Network

	Amount	Percent
Plan Paid	\$3,628,180	93.3%
Member Paid	\$241,120	6.2%
COB	\$16,532	0.4%



Out of Network

	Amount	Percent
Plan Paid	\$322,540	91.7%
Member Paid	\$8,303	2.4%
COB	\$4,240	1.2%



Network Breakout

PPO Networks	# Claims	COB Savings	Plan Paid	% Usage
PPO-3395	32,517	\$16,532	\$3,628,180	100.0%
Out of Network Savings	# Claims	COB Savings	Plan Paid	% Usage
OON-3394	688	\$4,240	\$322,540	100.0%

Benefit Cost Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Charts the breakdown of charges and usage per benefit category.



#	Category	Plan Paid	% Usage
1	Prescription	\$1,298,671	32.87%
2	Inpatient Hospital	\$588,936	14.91%
3	Outpatient Surgery	\$260,000	6.58%
4	ER Emergency	\$238,398	6.03%
5	Outpatient Hospital	\$190,883	4.83%
6	Surgery - Office Visit	\$176,459	4.47%
7	Diagnostic Testing	\$145,637	3.69%
8	Office Visit - Specialist	\$114,548	2.90%
9	Office Visit - Primary Care	\$108,435	2.74%
10	Laboratory	\$87,251	2.21%
11	Anesthesia	\$70,419	1.78%
12	Physical Therapy	\$69,177	1.75%
13	Cardiac Rehab	\$65,693	1.66%
14	Mental Nervous (Outpatient)	\$62,505	1.58%
15	Durable Medical Equipment	\$59,572	1.51%
16	Urgent Care Facility	\$47,998	1.21%
17	Preventive - Adult Visits	\$47,148	1.19%
18	Vision	\$44,242	1.12%
19	Injections	\$40,573	1.03%
20	Inpatient Hospital Physician	\$35,097	0.89%
21	Maternity	\$34,519	0.87%
22	Preventive-Child Immunizations	\$33,388	0.85%
23	Mental Nervous (Inpatient)	\$24,020	0.61%
24	Skilled Nursing	\$20,721	0.52%
25	Orthotics	\$18,498	0.47%
26	Surgery	\$17,771	0.45%
27	Ambulance	\$11,501	0.29%
28	Allergy Injections	\$7,843	0.20%
29	Allergy Testing	\$6,140	0.16%
30	Home Healthcare	\$5,944	0.15%
31	Therapy (Outpatient)	\$5,776	0.15%
32	Chemotherapy	\$4,742	0.12%
33	Hospice Care	\$1,907	0.05%

Benefit Cost Analysis

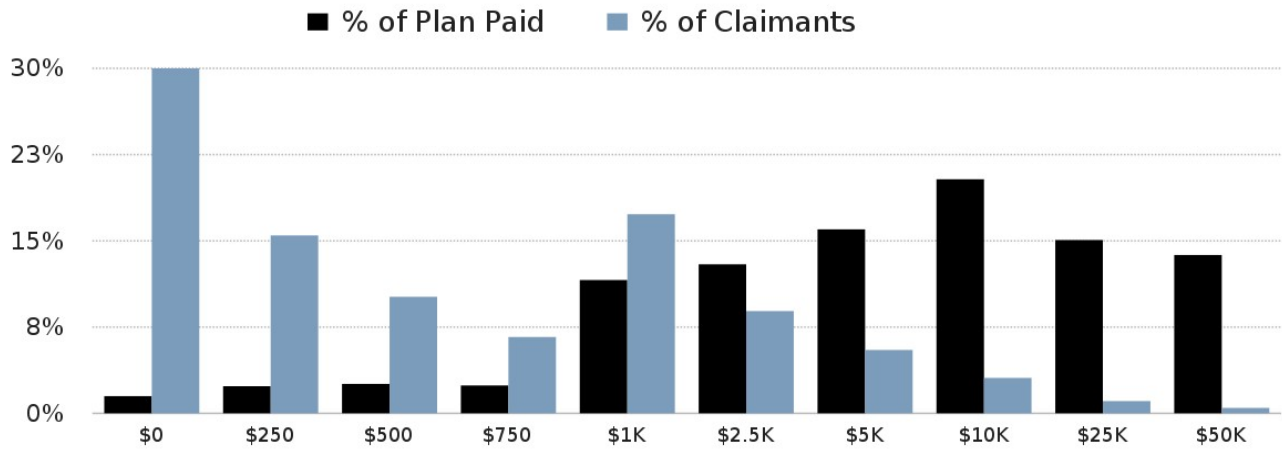
Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

34	Speech Therapy	\$1,903	0.05%
35	Health Clinic	\$1,836	0.05%
36	Substance Abuse (Inpatient)	\$1,554	0.04%
37	Other	\$926	0.02%
38	Supplies	\$89	0.00%
		\$3,950,720	

Paid Claims Distribution

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

This report shows the number of members who incurred claims and the associated dollar cost. For example, 506 individual members had net claims payments totaling between \$0-\$249; and 8 members incurred claims payments between \$50,000-\$99,999. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

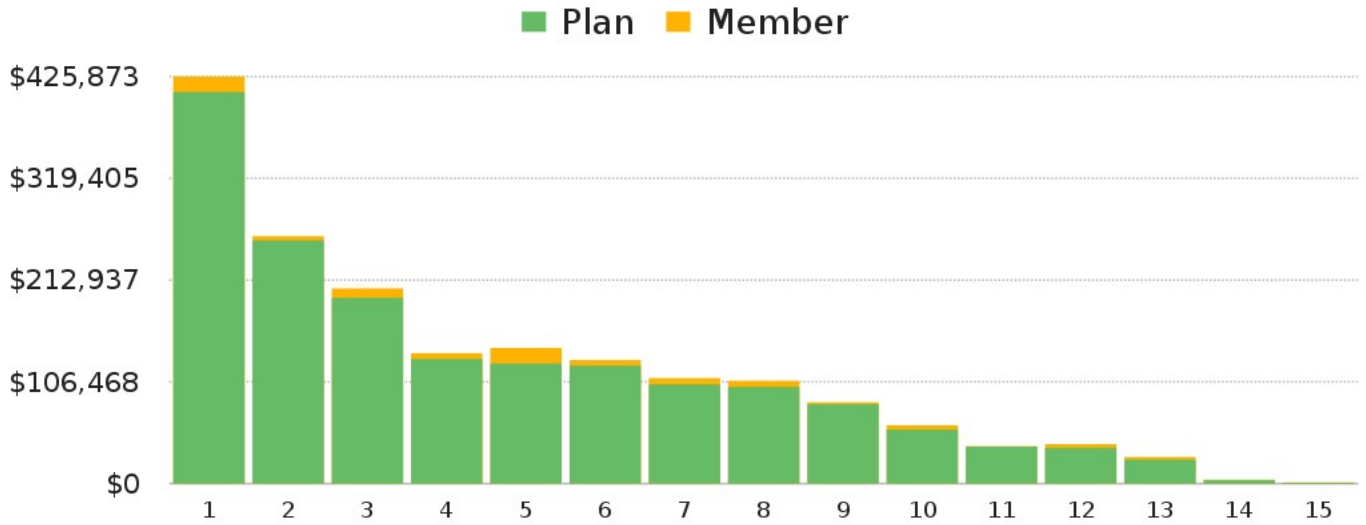


Expense Band	# of Claimants	% of Total Claimants	Plan Paid	% Usage	Cumulative % Usage	Cumulative Paid
< \$0-\$249	506	30.4%	\$60,085	1.5%	1.5%	\$60,085
\$250-\$499	261	15.7%	\$94,637	2.4%	3.9%	\$154,722
\$500-\$749	171	10.3%	\$102,692	2.6%	6.5%	\$257,414
\$750-\$999	112	6.7%	\$97,134	2.5%	9.0%	\$354,547
\$1,000-\$2,499	292	17.6%	\$464,433	11.8%	20.7%	\$818,981
\$2,500-\$4,999	150	9.0%	\$519,132	13.1%	33.9%	\$1,338,113
\$5,000-\$9,999	93	5.6%	\$641,199	16.2%	50.1%	\$1,979,312
\$10,000-\$24,999	52	3.1%	\$815,701	20.6%	70.7%	\$2,795,013
\$25,000-\$49,999	18	1.1%	\$603,930	15.3%	86.0%	\$3,398,943
\$50,000-\$99,999	8	0.5%	\$551,777	14.0%	100.0%	\$3,950,720

Diagnosis Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Charts the distribution of cost across high level diagnostic categories. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

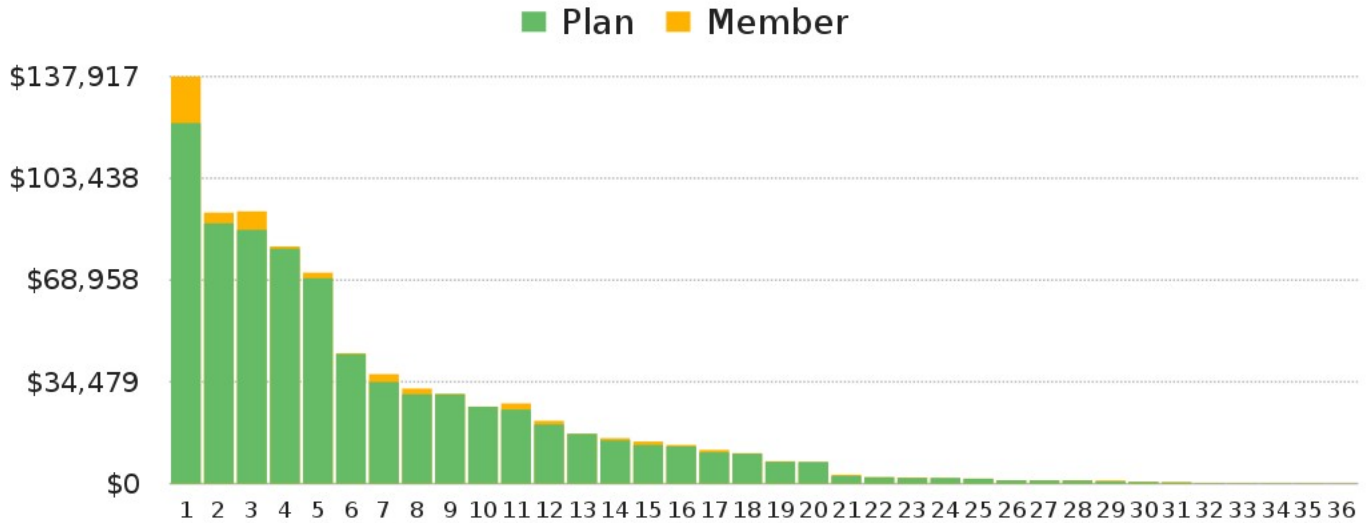


#	Category	# Claimants	Plan Paid	% Usage
1	Musculoskeletal System and Connective Tissue	285	\$409,710	10.37%
2	Circulatory System	152	\$254,471	6.44%
3	Injuries and Poisoning	168	\$194,449	4.92%
4	Digestive System	100	\$130,386	3.30%
5	Mental Disorders	217	\$125,651	3.18%
6	Nervous System	136	\$123,455	3.12%
7	Neoplasms	112	\$103,817	2.63%
8	Genitourinary System	140	\$101,172	2.56%
9	Eye and Adnexa	255	\$83,008	2.10%
10	Endocrine/Nutritional/Metabolic Diseases	168	\$56,544	1.43%
11	Congenital Anomalies	15	\$38,639	0.98%
12	Diseases of Ear and Mastoid Process	153	\$37,460	0.95%
13	Infectious and Parasitic	96	\$25,117	0.64%
14	Perinatal Period	2	\$3,852	0.10%
15	Autism	1	\$1,000	0.03%
	Other	1,589	\$2,261,989	57.26%
	Total		\$3,950,720	100.00%

Lifestyle Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Charts the cost distribution among custom lifestyle ICD categories. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.



#	Category	# Claimants	Plan Paid	% Usage
1	Emotional Disorders	215	\$122,161	3.09%
2	Communicable Diseases	121	\$88,161	2.23%
3	Accident - Open Wound	112	\$86,006	2.18%
4	Cardiovascular Disease, Unspecified	16	\$79,624	2.02%
5	Accident - Fracture, Dislocation, Sprains, Concussion	35	\$69,589	1.76%
6	Wellness & Screening - Routine General Medical Examination - Adult	245	\$43,871	1.11%
7	Back Pain	66	\$34,417	0.87%
8	Migraine	33	\$30,268	0.77%
9	Wellness & Screening - Preventative/Wellness Evaluations - Child	136	\$30,260	0.77%
10	Wellness & Screening - Rectal and Colon	28	\$26,035	0.66%
11	Hypertension	105	\$25,082	0.63%
12	Diabetes Type 1	9	\$20,041	0.51%
13	Wellness & Screening - Mammogram	100	\$16,867	0.43%
14	Wellness & Screening - Personal and Family History	69	\$14,651	0.37%
15	Asthma	46	\$13,100	0.33%
16	Chemotherapy	2	\$12,596	0.32%
17	Diabetes Type 2	49	\$10,618	0.27%
18	Heart Failure	3	\$10,144	0.26%
19	Malignant Neoplasm - Prostate	4	\$7,389	0.19%
20	Maternity	9	\$7,313	0.19%
21	Drug	1	\$2,569	0.07%
22	Poisoning	3	\$2,129	0.05%
23	Alcohol	3	\$1,921	0.05%
24	Malignant Neoplasm - Lung	1	\$1,907	0.05%
25	Malignant Neoplasm - Breast	4	\$1,653	0.04%
26	Wellness & Screening - Pap Test	15	\$1,147	0.03%
27	Accident - Poisoning	5	\$1,100	0.03%

Lifestyle Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

28	High Cholesterol	10	\$1,081	0.03%
29	Accident - Contusion	8	\$765	0.02%
30	Wellness & Screening - Prostate	8	\$594	0.02%
31	Obesity	5	\$400	0.01%
32	Wellness & Screening - Depression	1	\$182	0.00%
33	Malignant Neoplasm - Colon / Rectum	1	\$116	0.00%
34	Gout	1	\$101	0.00%
35	Malignant Neoplasm - Leukemia	2	\$82	0.00%
36	Accident - Burns & Trauma	1	\$56	0.00%
	Other	1,604	\$3,186,725	80.66%
	Total		\$3,950,720	100.00%

Member Relationship Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Enrollment and expense analysis by member relationship and gender. Members active as of 06/30/2016. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

Relationship	# Enrolled	Plan Paid	% Paid	Average Paid	PMPM
Employee	679	\$2,089,945	53%	\$3,078	\$515
Spouse	471	\$934,276	24%	\$1,984	\$332
Dependent	821	\$911,590	23%	\$1,110	\$186
Total	1,971	\$3,935,811	100%	\$1,997	\$334

Percentage of Plan Paid

■ Employee ■ Spouse ■ Dependent



Percentage of Claims

■ Employee ■ Spouse ■ Dependent



Male

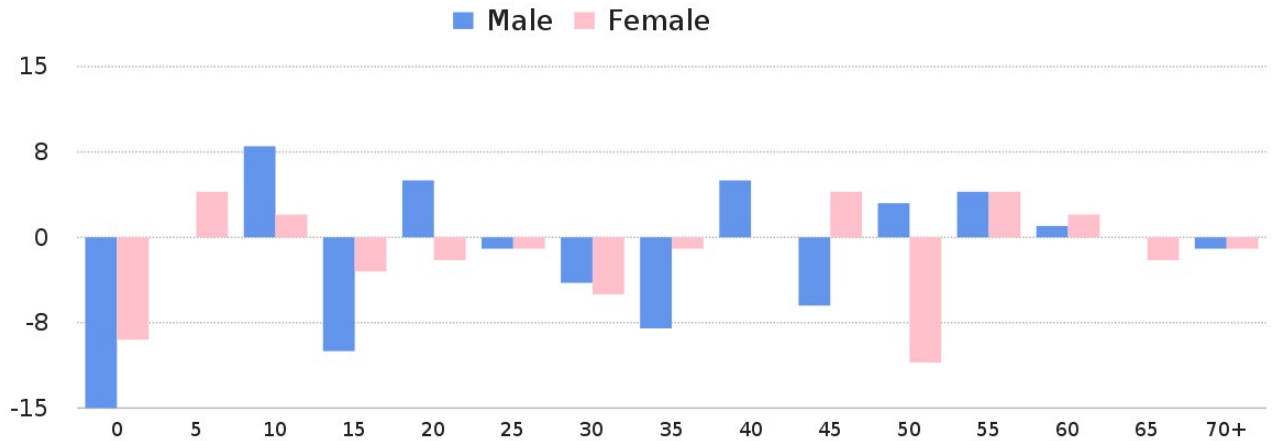
Female

Relation	# Enrolled	Plan Paid	% Usage	PMPM	# Enrolled	Plan Paid	% Usage	PMPM
Employee	135	\$405,571	10%	\$502	544	\$1,684,374	43%	\$518
Spouse	366	\$651,631	17%	\$298	105	\$282,645	7%	\$450
Dependent	431	\$469,837	12%	\$182	390	\$441,752	11%	\$189
Total	932	\$1,527,040	39%	\$274	1,039	\$2,408,771	61%	\$388

Enrollment Activity

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

A comparison of active members as of Dec 31, 2015 to active members as of Jun 30, 2016. The graph shows the amount of change between the two periods by age band and gender.

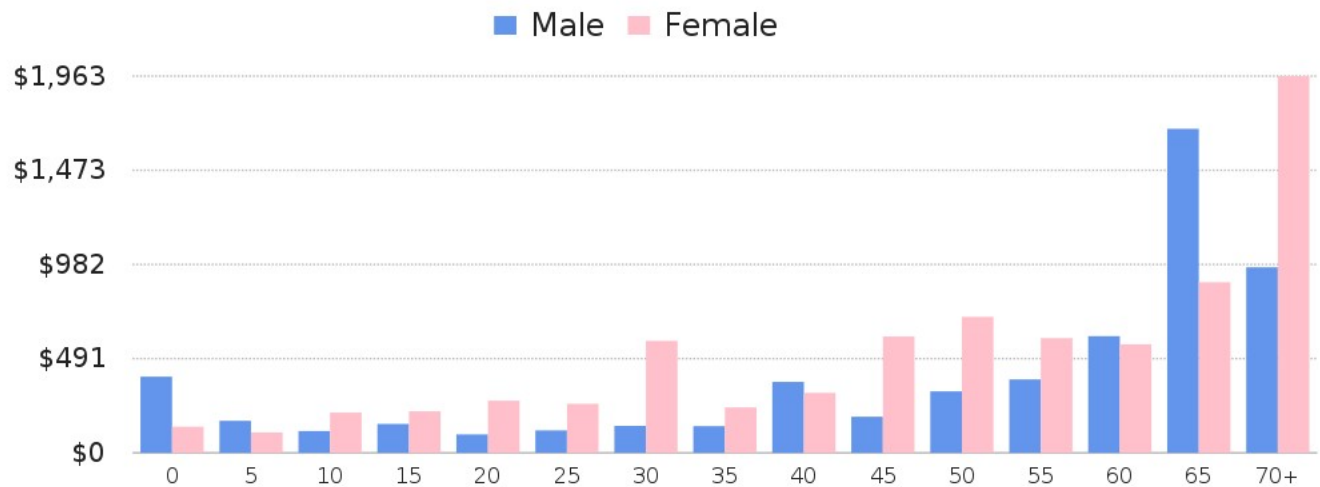


Age Band	Male			Female			All		
	12/15	06/16	Change	12/15	06/16	Change	12/15	06/16	Change
0-4	104	89	-15	79	70	-9	183	159	-24
5-9	63	63	0	74	78	+4	137	141	+4
10-14	98	106	+8	80	82	+2	178	188	+10
15-19	88	78	-10	88	85	-3	176	163	-13
20-24	88	93	+5	84	82	-2	172	175	+3
25-29	27	26	-1	48	47	-1	75	73	-2
30-34	60	56	-4	77	72	-5	137	128	-9
35-39	68	60	-8	94	93	-1	162	153	-9
40-44	69	74	+5	82	82	0	151	156	+5
45-49	77	71	-6	88	92	+4	165	163	-2
50-54	73	76	+3	114	103	-11	187	179	-8
55-59	66	70	+4	100	104	+4	166	174	+8
60-64	49	50	+1	41	43	+2	90	93	+3
65-69	19	19	0	10	8	-2	29	27	-2
70+	6	5	-1	3	2	-1	9	7	-2

Age Group Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Enrollment and expense analysis by member age and gender. Enrollment active as of 06/30/2016. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.



	Enrolled		Plan Paid		Average Paid		PMPM	
Age Group	M	F	M	F	M	F	M	F
0-4	89	70	\$211,255	\$57,151	\$2,374	\$816	\$397	\$137
5-9	63	78	\$62,874	\$49,477	\$998	\$634	\$167	\$106
10-14	106	82	\$71,885	\$102,832	\$678	\$1,254	\$113	\$210
15-19	78	85	\$70,228	\$110,088	\$900	\$1,295	\$151	\$217
20-24	93	82	\$53,362	\$133,245	\$574	\$1,625	\$96	\$272
25-29	26	47	\$18,156	\$71,880	\$698	\$1,529	\$117	\$256
30-34	56	72	\$47,040	\$251,145	\$840	\$3,488	\$140	\$583
35-39	60	93	\$49,912	\$131,721	\$832	\$1,416	\$139	\$237
40-44	74	82	\$163,602	\$153,388	\$2,211	\$1,871	\$370	\$313
45-49	71	92	\$79,950	\$333,401	\$1,126	\$3,624	\$188	\$606
50-54	76	103	\$145,566	\$436,387	\$1,915	\$4,237	\$320	\$709
55-59	70	104	\$160,232	\$371,752	\$2,289	\$3,575	\$383	\$598
60-64	50	43	\$181,834	\$145,535	\$3,637	\$3,385	\$608	\$566
65-69	19	8	\$191,892	\$42,540	\$10,100	\$5,317	\$1,689	\$889
70+	5	2	\$28,909	\$23,480	\$5,782	\$11,740	\$967	\$1,963
Total	936	1,043	\$1,536,698	\$2,414,022	\$2,330	\$3,054	\$275	\$387

Age/Relationship Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Enrollment and expense analysis by age, relationship, and gender. Active as of 06/30/2016. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

Employees

# Enrolled			Plan Paid		% Usage		Avg Paid		PMPM	
Age Group	M	F	M	F	M	F	M	F	M	F
20-24	0	8	\$0	\$12,257	0.0%	0.3%	\$0	\$1,532	\$0	\$256
25-29	7	41	\$4,070	\$63,230	0.1%	1.6%	\$581	\$1,542	\$97	\$258
30-34	14	60	\$23,576	\$238,315	0.6%	6.1%	\$1,684	\$3,972	\$282	\$664
35-39	18	77	\$14,522	\$116,386	0.4%	3.0%	\$807	\$1,512	\$135	\$253
40-44	29	57	\$81,862	\$114,971	2.1%	2.9%	\$2,823	\$2,017	\$472	\$337
45-49	22	70	\$27,165	\$301,253	0.7%	7.7%	\$1,235	\$4,304	\$207	\$720
50-54	20	90	\$62,122	\$303,498	1.6%	7.7%	\$3,106	\$3,372	\$519	\$564
55-59	14	91	\$22,868	\$331,431	0.6%	8.4%	\$1,633	\$3,642	\$273	\$609
60-64	7	41	\$48,510	\$139,886	1.2%	3.6%	\$6,930	\$3,412	\$1,159	\$571
65-69	3	8	\$115,147	\$42,540	2.9%	1.1%	\$38,382	\$5,317	\$6,419	\$889
70+	1	1	\$5,729	\$20,605	0.1%	0.5%	\$5,729	\$20,605	\$958	\$3,446
Total	135	544	\$405,571	\$1,684,374	10.3%	42.8%	\$3,004	\$3,096	\$502	\$518

Spouses

# Enrolled			Plan Paid		% Usage		Avg Paid		PMPM	
Age Group	M	F	M	F	M	F	M	F	M	F
25-29	15	4	\$8,523	\$5,907	0.2%	0.2%	\$568	\$1,477	\$95	\$247
30-34	42	12	\$23,464	\$12,830	0.6%	0.3%	\$559	\$1,069	\$93	\$179
35-39	42	16	\$35,390	\$15,335	0.9%	0.4%	\$843	\$958	\$141	\$160
40-44	45	24	\$81,740	\$38,354	2.1%	1.0%	\$1,816	\$1,598	\$304	\$267
45-49	48	22	\$52,634	\$32,148	1.3%	0.8%	\$1,097	\$1,461	\$183	\$244
50-54	56	13	\$83,444	\$131,933	2.1%	3.4%	\$1,490	\$10,149	\$249	\$1,697
55-59	56	11	\$137,365	\$37,614	3.5%	1.0%	\$2,453	\$3,419	\$410	\$572
60-64	42	2	\$129,147	\$5,649	3.3%	0.1%	\$3,075	\$2,825	\$514	\$472
65-69	16	0	\$76,745	\$0	1.9%	0.0%	\$4,797	\$0	\$802	\$0
70+	4	1	\$23,179	\$2,875	0.6%	0.1%	\$5,795	\$2,875	\$969	\$481
Total	366	105	\$651,631	\$282,645	16.6%	7.2%	\$1,780	\$2,692	\$298	\$450

Dependents

# Enrolled			Plan Paid		% Usage		Avg Paid		PMPM	
Age Group	M	F	M	F	M	F	M	F	M	F
0-4	89	70	\$211,255	\$57,151	5.4%	1.5%	\$2,374	\$816	\$397	\$137
5-9	63	78	\$62,874	\$49,477	1.6%	1.3%	\$998	\$634	\$167	\$106
10-14	106	82	\$71,885	\$102,832	1.8%	2.6%	\$678	\$1,254	\$113	\$210
15-19	78	85	\$70,228	\$110,088	1.8%	2.8%	\$900	\$1,295	\$151	\$217
20-24	93	74	\$53,362	\$120,987	1.4%	3.1%	\$574	\$1,635	\$96	\$273
25-29	2	1	\$233	\$1,217	0.0%	0.0%	\$117	\$1,217	\$19	\$204
Total	431	390	\$469,837	\$441,752	11.9%	11.2%	\$1,090	\$1,133	\$182	\$189

Top 30 Providers

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Details the costs associated with the thirty most heavily paid providers utilized by the member population. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

Provider Name	# Claims	Plan Paid	% Usage
Facility2266	1,223	\$455,876	11.54%
Facility2274	1,258	\$415,691	10.52%
Facility2280	397	\$127,102	3.22%
Physician3444	65	\$86,867	2.20%
Physician1748	72	\$76,569	1.94%
Facility22071	79	\$53,968	1.37%
Facility925	2,006	\$52,242	1.32%
Facility1706	116	\$50,603	1.28%
Physician4106	709	\$47,707	1.21%
Physician30019	51	\$42,883	1.09%
Facility2267	22	\$39,259	0.99%
Facility12410	25	\$38,115	0.96%
Physician229	35	\$37,115	0.94%
Physician109	56	\$36,520	0.92%
Physician424	6	\$36,193	0.92%
Facility2275	297	\$33,095	0.84%
Physician3707	598	\$31,818	0.81%
Facility2284	62	\$31,579	0.80%
Physician1266	50	\$29,574	0.75%
Facility2118	320	\$27,800	0.70%
Physician1241	12	\$27,296	0.69%
Physician1751	135	\$25,982	0.66%
Physician8270	4	\$24,248	0.61%
Physician938	6	\$22,431	0.57%
Physician1265	66	\$21,989	0.56%
Physician111	33	\$19,946	0.50%
Physician817	15	\$19,197	0.49%
Facility1558	20	\$18,986	0.48%
Facility4115	32	\$18,592	0.47%
Facility371	107	\$18,390	0.47%
Total	7,877	\$1,967,635	49.80%

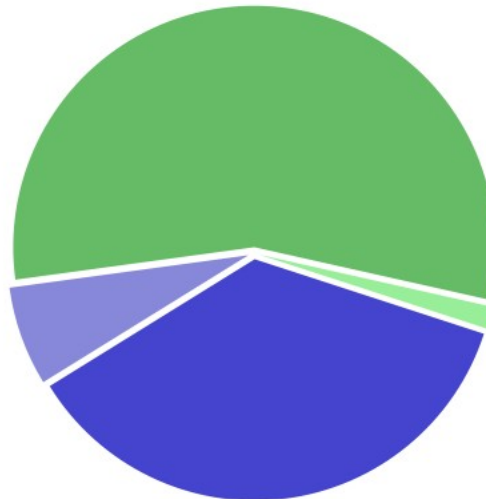
Cost Allocation Summary

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

A detail report on paid dollars from providers and facilities both in and out of network. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

	Network	%	Non Network	%	Total
Facility	\$1,429,752	36.2%	\$263,193	6.7%	\$1,692,945
Physician	\$2,198,428	55.6%	\$59,347	1.5%	\$2,257,776
Total	\$3,628,180	91.8%	\$322,540	8.2%	\$3,950,720

■ Net Facility
 ■ Non Net Facility
 ■ Net Physician
 ■ Non Net Physician



Facility Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

A summary of charges originating from facilities utilized by the member population. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

Network Facilities

Facility	# Claims	Plan Paid	% Usage
Facility2266	1,223	\$455,876	31.88%
Facility2274	1,258	\$415,691	29.07%
Facility2280	397	\$127,102	8.89%
Facility925	2,006	\$52,242	3.65%
Facility2275	297	\$33,095	2.31%
Facility2118	320	\$27,800	1.94%
Facility1558	20	\$18,986	1.33%
Facility4115	32	\$18,592	1.30%
Facility371	107	\$18,390	1.29%
Facility1337	17	\$15,437	1.08%
Facility5284	5	\$15,388	1.08%
Facility26694	17	\$15,034	1.05%
Facility2122	14	\$11,767	0.82%
Other44226	52	\$9,940	0.70%
Facility26336	12	\$8,986	0.63%

Non Network Facilities

Facility	# Claims	Plan Paid	% Usage
Facility22071	79	\$53,968	20.51%
Facility1706	116	\$50,603	19.23%
Facility2267	22	\$39,259	14.92%
Facility12410	25	\$38,115	14.48%
Facility2284	62	\$31,579	12.00%
Facility2429	8	\$16,238	6.17%
Facility2977	11	\$4,553	1.73%
Facility2321	15	\$4,416	1.68%
Facility12613	14	\$3,719	1.41%
Facility12021	12	\$3,491	1.33%
Facility24833	14	\$3,344	1.27%
Facility32511	14	\$2,829	1.07%
Facility10030	6	\$1,884	0.72%
Facility12515	2	\$1,368	0.52%
Facility2415	12	\$940	0.36%

Physician Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

A summary of charges originating from physicians utilized by the member population. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

Network Physicians

Physician	# Claims	Plan Paid	% Usage
Physician3444	65	\$86,867	3.95%
Physician1748	72	\$76,569	3.48%
Physician4106	709	\$47,707	2.17%
Physician30019	51	\$42,883	1.95%
Physician229	35	\$37,115	1.69%
Physician109	56	\$36,520	1.66%
Physician424	6	\$36,193	1.65%
Physician3707	598	\$31,818	1.45%
Physician1266	50	\$29,574	1.35%
Physician1241	12	\$27,296	1.24%
Physician1751	135	\$25,982	1.18%
Physician8270	4	\$24,248	1.10%
Physician938	6	\$22,431	1.02%
Physician1265	66	\$21,989	1.00%
Physician111	33	\$19,946	0.91%

Non Network Physicians

Physician	# Claims	Plan Paid	% Usage
Physician817	15	\$19,197	32.35%
Physician4108	45	\$6,254	10.54%
Physician310	4	\$3,361	5.66%
Physician4134	7	\$2,059	3.47%
Physician2288	12	\$1,965	3.31%
Physician319	2	\$1,703	2.87%
Physician12763	8	\$1,485	2.50%
Physician29978	1	\$1,408	2.37%
Physician34754	1	\$1,363	2.30%
Physician36817	2	\$1,296	2.18%
Physician4176	17	\$891	1.50%
Physician24398	1	\$868	1.46%
Physician36816	1	\$820	1.38%
Physician33898	3	\$764	1.29%
Physician34040	2	\$755	1.27%

Top 30 Prescribers

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Details the costs associated with the thirty most heavily prescribing providers utilized by the member population. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

Provider Name	# Claims	Plan Paid	% Usage
Physician3444	38	\$82,167	6.33%
Physician1748	55	\$75,512	5.81%
Physician30019	41	\$37,222	2.87%
Physician424	6	\$36,193	2.79%
Physician109	26	\$35,862	2.76%
Physician229	25	\$35,762	2.75%
Physician1241	11	\$27,236	2.10%
Physician8270	4	\$24,248	1.87%
Physician938	6	\$22,431	1.73%
Physician111	23	\$19,342	1.49%
Physician457	5	\$17,388	1.34%
Physician488	36	\$15,854	1.22%
Physician805	18	\$14,750	1.14%
Physician451	175	\$13,388	1.03%
Physician923	38	\$12,648	0.97%
Physician25540	2	\$12,428	0.96%
Other44226	52	\$9,940	0.77%
Physician644	4	\$9,660	0.74%
Physician3080	207	\$9,509	0.73%
Physician1904	18	\$9,266	0.71%
Physician366	71	\$9,147	0.70%
Physician308	27	\$9,091	0.70%
Physician7616	26	\$8,814	0.68%
Physician3514	47	\$8,449	0.65%
Physician27493	68	\$8,314	0.64%
Physician695	60	\$8,207	0.63%
Physician691	64	\$7,929	0.61%
Physician1923	8	\$7,900	0.61%
Physician34986	33	\$7,702	0.59%
Physician1509	204	\$7,690	0.59%
Total	1,398	\$604,050	46.51%

Top 30 Pharmacies

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Details the costs associated with the thirty most heavily paid pharmacies utilized by the member population. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

Rollup Name	# Claims	Plan Paid
Total	0	\$0

Pharmacy Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

A summary of charges originating from pharmacies utilized by the member population. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

Prescription Cost Allocation Summary

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

A detail report on paid dollars from prescriptions both in and out of network. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

	Network	%	Non Network	%	Total
Brand	\$0	0.0%	\$0	0.0%	\$0
Generic	\$0	0.0%	\$0	0.0%	\$0
Total	\$0	0.0%	\$0	0.0%	\$0

Net Total

Non Net Total

Top 30 Prescriptions

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

Details the costs associated with the thirty most heavily paid prescriptions utilized by the member population. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

Rollup Name	Used To Treat	# Claims	Average Paid / Script	Plan Paid	% Usage
Total	-	0	\$0	\$0	0.00%

Brand Prescription Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

A summary of charges originating from Brand Prescriptions utilized by the member population. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.

Generic Prescription Analysis

Prepared for **00 Demo Group** on claims paid and incurred between **01/01/16** and **06/30/16**.
Includes all coverage areas.

A summary of charges originating from Generic Prescriptions utilized by the member population. Note: Dollar amounts for Fees/Expenses, Excluded Benefits, and Denied Charges have been excluded in this section. Please refer to the Network Utilization section for excluded totals.