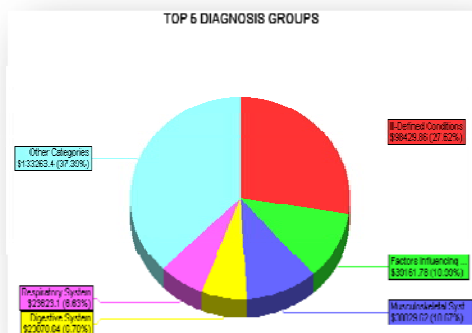


DATA ANALYSIS & REPORTING

Select Sample Reports

Integrated Charts and Graphing



Drill-Down to Individual Transaction/EOB

Provider	# of Services	Total Amount	Payment Amount	
ASSOCIATED ASSOC	1	\$146.00	\$87.00	More Details
ASSOCIATED MEDICAL GROUP	1	\$169.00	\$0.00	More Details
CREATIVE ASSOC	1	\$95.00	\$0.00	More Details
CREATIVE HOSP	1	\$283.00	\$87.00	More Details
ENDOCR MEDICAL GROUP	1	\$180.00	\$131.00	More Details
FACILITY PARTNERS	2	\$250.00	\$0.00	More Details
PHYSICIANS ASSOC	2	\$272.00	\$87.00	More Details
Total Procedures:	9	\$1,395.00	\$392.00	

Benchmark Plan Performance

Utilization Statistics				
Claim Type	Statistics	Group	% Norm Difference	Norm Category
All Medical Claims				
	Services/1000 Members	15,566		
	Plan Payment/Member	\$1,599.73		
	Plan Payment/Contract	\$3,904.43	\$6,675.07	-41.51% National Overall*
	Plan Payment/Contract	\$3,904.43	\$6,009.98	-42.67% 200 or More EE's*
	Plan Payment/Contract	\$3,904.43	\$6,994.39	-44.18% Northeast Region*
	Plan Payment/Contract	\$3,904.43	\$6,752.23	-42.18% Finance Industries*

- Normative Comparison Summary
- Key Utilization Indicators
- Claim Analysis Overview
- Cost by Age Group
- Utilization Benchmark Summary
- Preventable Conditions
- Top Ranked – Procedures, Providers, Drugs

Normative Comparison Summary

A1 Manufacturing - Group ID: DEMO3

Output Generated: 5/6/2010

Date Range: Check Date 4/1/2009 through 3/31/2010

Comparisons: None

Enrollments, Payments & Savings	
Total Health Plan Contracts	236
Total Health Plan Members	576
Members per Contract	2.44
Average Member Age	39.49
Average Employee Age	51.47
Inpatient Facility	\$228,218.78
Outpatient Facility	\$434,813.77
Inpatient Professional	\$4,456.83
Outpatient Professional	\$574,442.98
Dental	\$156,277.06
Total Plan Payment	\$1,398,209.42
Total Charges	\$3,238,398.11
Total Plan Payment	\$1,398,209.42
Employee Responsibility	\$212,965.81
Other Insurance COB	\$18,834.20
Not Covered	\$849,237.51
Overall N/W Savings Amount	\$759,151.17
Overall N/W Savings Percent	23.44%

Utilization Statistics					
Claim Type	Statistics	Group	Norm	% Difference	Norm Category
All Medical Claims	Services/1000 Members	20,113			
	Plan Payment/Member	\$2,156.13			
	Plan Payment/Contract	\$5,262.43	\$8,932.81	-41.09%	National, Overall*
	Plan Payment/Contract	\$5,262.43	\$9,113.36	-42.26%	200 or More EEs*
	Plan Payment/Contract	\$5,262.43	\$8,996.68	-41.51%	Midwest Region*
	Plan Payment/Contract	\$5,262.43	\$8,184.88	-35.71%	Agriculture/Mining/Construction*
Inpatient Facility	Services/1000 Members	2,267			
	Plan Payment/Member	\$396.21			
	Plan Payment/Contract	\$967.03			
	Admissions/1000 Members	85			
	Average Length of Stay (Days)	1.3			
	Days/1000 Members	115			
Outpatient Facility	Services/1000 Members	7,641			
	Plan Payment/Member	\$754.89			
	Plan Payment/Contract	\$1,842.43			
Inpatient Professional	Services/1000 Members	30			
	Plan Payment/Member	\$7.74			
	Plan Payment/Contract	\$18.88			
Outpatient Professional	Services/1000 Members	10,238			
	Plan Payment/Member	\$997.30			
	Plan Payment/Contract	\$2,434.08			

* Derived from: **Employer Health Benefits 2009 Annual Survey (#7936), The Henry J. Kaiser Family Foundation and HRET, September 2009.**
 This information was reprinted with permission from the Henry J. Kaiser Family Foundation. The Kaiser Family Foundation is a non-profit private operating foundation, based in Menlo Park, California, dedicated to producing and communicating the best possible analysis and information on health issues.

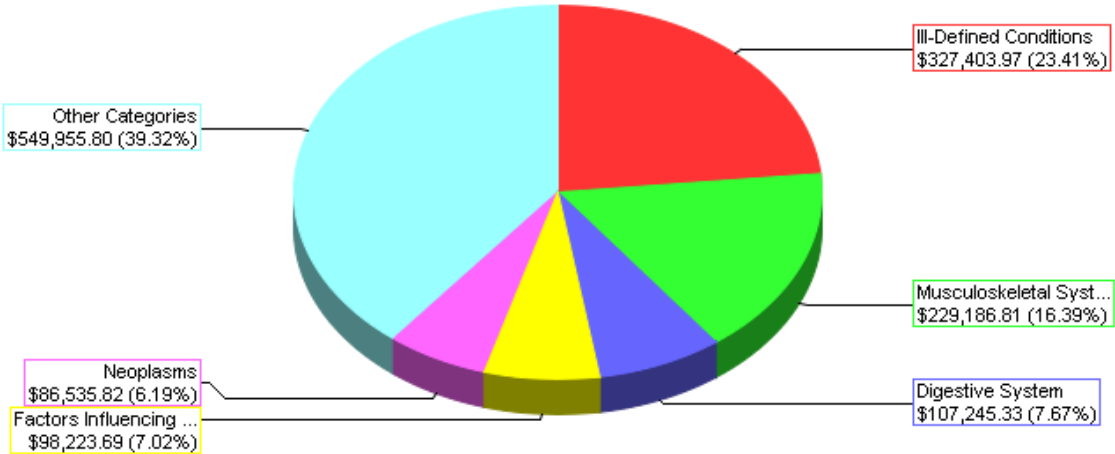
Per-Network Savings				
PPO	Charges	Exclusions	Discount Amount	% Savings
ABCPPO	\$2,336,475.63	\$0.00	\$745,345.50	31.90%
DEFPPPO	\$41,824.33	\$0.00	\$189.19	0.45%
Other	\$860,098.15	\$0.00	\$13,616.48	27.99%
Total	\$3,238,398.11	\$0.00	\$759,151.17	23.44%

In-Network Statistics		
Number of Services	10425	(70.97%)
Plan Payment	\$878,777.00	(62.85%)

Claim Type	% Services	Plan Payment
InpatientFacility	11.72%	24.35%
Outpatient Facility	38.91%	40.41%
Inpatient Professional	0.15%	0.46%
Outpatient Professional	49.16%	34.55%

Top Five Payees by Plan Payment		
Payee	% of Payments	Payments
ASSOCIATED ASSOC	26.85%	\$375,396.60
ASSISTANCE INC	14.82%	\$207,226.07
ASSOCIATED HOSPITAL	6.96%	\$97,321.46
ENDOCR ASSOC	3.31%	\$46,286.50
ASSISTANCE MEDICAL CENTER	3.18%	\$44,478.70
All Other Payees	44.88%	\$627,500.09

TOP 5 DIAGNOSIS GROUPS



Key Utilization Indicators

A1 Manufacturing - Group ID: DEMO3

Date Range 1: Check Date 1/1/2009 through 4/30/2009 (120 days)

Date Range 2: Check Date 1/1/2010 through 4/30/2010 (120 days)

Comparisons: None

	Check Date 1/1/2009 - 4/30/2009	Check Date 1/1/2010 - 4/30/2010	% Difference
Enrollment			
Average Member Age	39.24	40.24	2.55%
Average Employee Age	51.22	52.22	1.95%
Number of Enrollment Contracts	236.00	236.00	0.00%
Total Members	576.00	576.00	0.00%
Members per Contract	2.44	2.44	0.00%
Payments			
Inpatient Facility	\$8,745.02	\$71,549.86	718.18%
Outpatient Facility	\$68,244.87	\$143,098.31	109.68%
Inpatient Professional	\$36,788.54	\$0.00	-100.00%
Outpatient Professional	\$251,881.11	\$175,365.72	-30.38%
Dental	\$52,925.67	\$50,571.30	-4.45%
Total Payments	\$418,585.21	\$440,585.19	5.26%
Unit Cost			
Payment per Enrollment Contract	\$1,773.67	\$1,866.89	5.26%
Payment per Member	\$726.71	\$764.90	5.26%
Inpatient Facility			
Admissions/1000 Members	19.10	31.25	63.64%
Average Length of Stay(Days)	2.09	1.44	-30.92%
Days/1000 Members	39.93	45.14	13.04%
Services/1000 Members	71.18	1,194.44	1,578.05%
Payment/Service	\$213.29	\$104.00	-51.24%
Payment/Member	\$15.18	\$124.22	718.18%
Payment/Contract	\$37.06	\$303.18	718.18%
Outpatient Facility			
Services/1000 Members	795.14	2,687.50	237.99%
Payment/Service	\$149.01	\$92.44	-37.96%
Payment/Member	\$118.48	\$248.43	109.68%
Payment/Contract	\$289.17	\$606.35	109.68%
Inpatient Professional			
Services/1000 Members	192.71	0.00	-100.00%
Payment/Service	\$331.43	\$0.00	-100.00%
Payment/Member	\$63.87	\$0.00	-100.00%
Payment/Contract	\$155.88	\$0.00	-100.00%
Outpatient Professional			
Services/1000 Members	4,397.57	3,366.32	-23.45%
Payment/Service	\$99.44	\$90.44	-9.05%
Payment/Member	\$437.29	\$304.45	-30.38%
Payment/Contract	\$1,067.29	\$743.08	-30.38%

This report provides an overview of your group's medical cost and utilization. Key indicators can help identify both where positive changes have occurred and where potential problems exist.

Claim Analysis Overview

A1 Manufacturing - Group ID: DEMO3

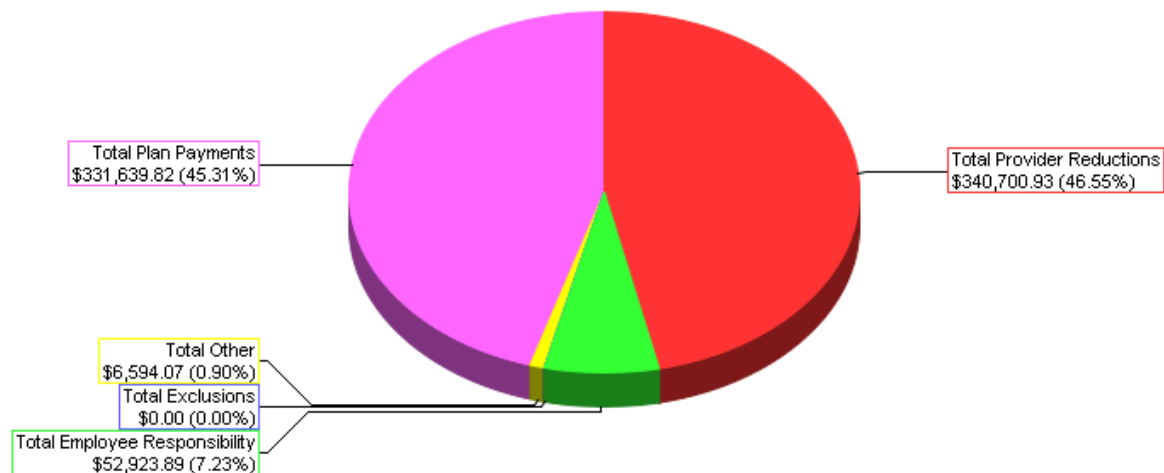
Output Generated: 5/6/2010

Date Range: Check Date 1/1/2010 through 3/31/2010

Comparisons: None

	Total	% of Total Charges	Employee	% Employee	% of Total Charges	Dependent	% Dependent	% of Total Charges
Total Number of Claims Processed	1,735		678			1,057		
Total Number of Services	3,940		1,501			2,439		
Total Charges	\$731,858.71		\$297,902.19	40.70%		\$433,956.52	59.30%	
Total Provider Reductions	\$340,700.93	46.55%	\$121,052.42	35.53%	40.63%	\$219,648.51	64.47%	50.62%
Total Employee Responsibility	\$52,923.89	7.23%	\$16,665.23	31.49%	5.59%	\$36,258.66	68.51%	8.36%
Total Exclusions	\$0.00	0.00%	\$0.00	N/A	0.00%	\$0.00	N/A	0.00%
Total Other Insurance	\$6,594.07	0.90%	\$632.80	9.60%	0.21%	\$5,961.27	90.40%	1.37%
Total Plan Payment	\$331,639.82	45.31%	\$159,551.74	48.11%	53.56%	\$172,088.08	51.89%	39.66%

Cost Distribution



This report provides an overview of claim expenditures, provider reductions and employee responsibility. These costs are broken out by employee and dependent for further analysis.

Cost by Age Group

A1 Manufacturing - Group ID: DEMO3

Output Generated: 5/7/2010

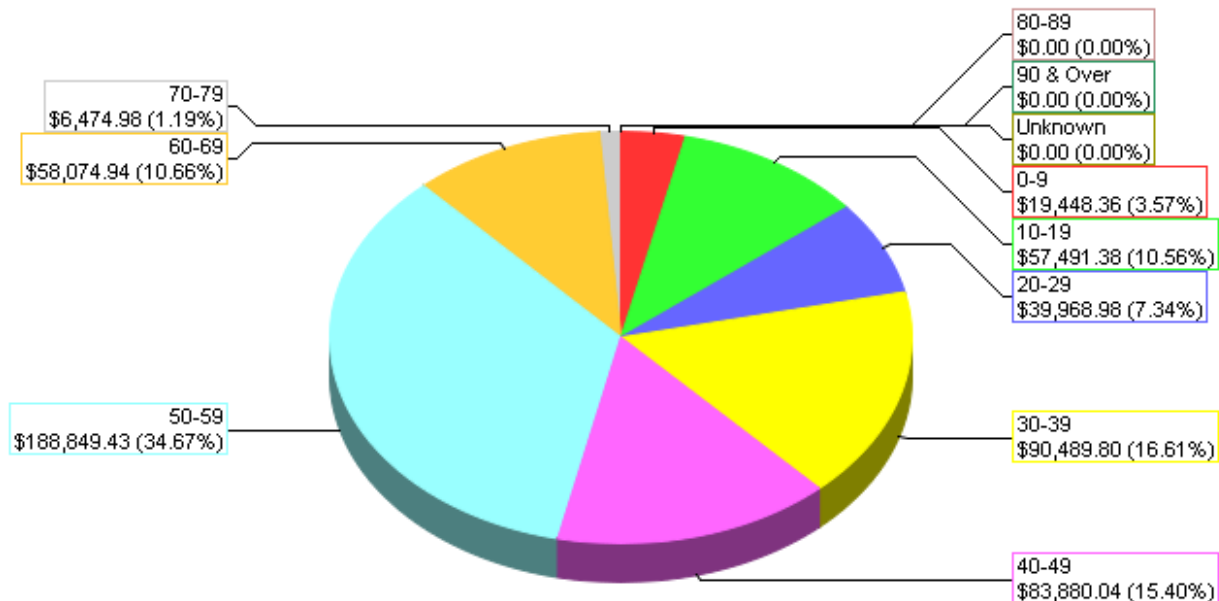
Date Range: Check Date 1/1/2010 through 4/30/2010

Comparisons: None

Age Group	# of Clmnts	# of Empl Clmnts	# of Dep Clmnts	# of Svcs	Claim Amount	Discount Amount	Discount Amount % of Charges	Employee Resp	Employee Resp % of Charges	Plan Payment	Plan Payment % of Charges
0-9	73	0	73	460	\$42,910.88	\$10,111.04	23.56%	\$5,824.96	13.57%	\$19,448.36	45.32%
10-19	119	5	114	946	\$111,461.45	\$19,847.95	17.81%	\$9,924.61	8.90%	\$57,491.38	51.58%
20-29	69	12	57	647	\$112,204.35	\$27,036.29	24.10%	\$11,853.08	10.56%	\$39,968.98	35.62%
30-39	62	43	19	876	\$200,212.90	\$47,027.70	23.49%	\$14,745.65	7.36%	\$90,489.80	45.20%
40-49	113	65	48	1,378	\$211,664.32	\$51,350.29	24.26%	\$21,498.15	10.16%	\$83,880.04	39.63%
50-59	119	74	45	1,737	\$330,297.21	\$50,681.49	15.34%	\$27,054.26	8.19%	\$188,849.43	57.18%
60-69	36	26	10	829	\$101,722.71	\$21,658.70	21.29%	\$11,745.77	11.55%	\$58,074.94	57.09%
70-79	6	2	4	126	\$26,885.25	\$2,262.37	8.41%	\$3,011.10	11.20%	\$6,474.98	24.08%
80-89	0	0	0	0	\$0.00	\$0.00	N/A	\$0.00	N/A	\$0.00	N/A
Total	597	227	370	6,999	\$1,137,359.07	\$229,975.83	20.22%	\$105,657.58	9.29%	\$544,677.91	47.89%

65 & Over	11	6	5	205	\$40,385.27	\$5,654.92	14.00%	\$4,335.14	10.73%	\$13,724.08	33.98%
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Percent of Total Cost By Age Group



This report can be used to monitor claim amounts and network discounts by age bands for your plan.

Utilization Benchmark Summary

A1 Manufacturing - Group ID: DEMO3

Output Generated: 5/6/2010

Date Range: Check Date 1/31/2010 through 3/31/2010

Comparisons: None

Benchmark Type	Value For Group	National Benchmark Value	Percent Variance from Benchmark
Medical Encounters			
% persons having at least one office visit, home visit or ER visit	31.9444%	12.8548%	149%
ER Services			
% persons under 18 who had at least one ER visit	2.2727%	2.8603%	-21%
% persons under 6 who had at least one ER visit	N/A	N/A	N/A
% persons between 6 and 17 who had at least one ER visit	2.2727%	2.5479%	-11%
% persons between 18 and 64 who had at least one ER visit	2.0225%	2.8438%	-29%
% persons 65 and older who had at least one ER visit	0.0000%	3.8959%	-100%
Dental Services			
% persons under 18 who had at least one dental visit	50.0000%	12.5260%	299%
% persons between 18 and 64 who had at least one dental visit	25.1685%	10.4384%	141%
Mammography Services			
% women age 40 and over who received a mammogram	8.6331%	5.4904%	57%
% women age 40 to 49 who received a mammogram	10.2564%	5.2192%	97%
% women age 50 to 64 who received a mammogram	9.3023%	5.9014%	58%
% women age 65 and over who received a mammogram	0.0000%	5.2438%	-100%
Infectious Diseases			
% persons presenting Hepatitis cases	0.1736%	0.0005%	31,807%
% persons presenting Tuberculosis cases	0.0000%	0.0008%	-100%
% persons presenting STD cases (Syphilis, Chlamydia, Gonorrhea)	0.0000%	0.0755%	-100%
% persons presenting Symptomatic HIV cases	0.1736%	0.0023%	7,537%
Cancers			
% persons presenting Cancer cases (All Types)	0.5208%	0.0734%	609%
% persons presenting Lung Cancer cases	0.0000%	0.0091%	-100%
% persons presenting Colon and Rectum Cancer cases	0.0000%	0.0078%	-100%
% persons presenting Prostate Cancer cases	0.1736%	0.0262%	563%
% persons presenting Breast Cancer cases	0.1736%	0.0199%	773%
% persons presenting Leukemia cases	0.0000%	0.0020%	-100%
Diabetes			
% persons having services associated with physician-diagnosed, non-pregnancy diabetes	2.0833%	1.2000%	74%

This application displays a summary of your group's utilization versus selected benchmark values. The benchmark values were derived from information supplied through the United States Department of Health and Human Services, Centers for Disease Control and Prevention. Note that if a particular service is not available through your plan, this application will show little or no utilization for that service category.

Preventable Conditions

A1 Manufacturing - Group ID: DEMO3

Output Generated: 10/29/2010

Date Range: Check Date 1/1/2009 through 9/30/2010

Comparisons: None

This table displays your group's experience with certain illnesses that may be modifiable using disease prevention and health promotion initiatives. Diseases and injuries are categorized as preventable when there is a modifiable factor that influences the development or severity of the condition. For example, hypertension, dietary fat, cholesterol, tobacco use, inadequate exercise and obesity are all modifiable factors that influence the risk of heart disease and stroke. Genetic predisposition and age also influence the risk of heart disease and stroke, but these factors cannot be modified.

Diagnosis Category	# of Admissions	Avg Length of Stay	Avg Plan Payment per day	# of Services	# of Patients	Avg Plan Payment per patient	Total Charges	Total Plan Payment	Diagnosis Prefixes Considered
Cerebrovascular Disease									
- Cerebral Hemorrhage	0.00	0.00	0.00	2.00	1.00	\$53.00	\$15,925.70	\$53.00	430 - 432
- Occlusion Cerebral Artery	0.00	0.00	0.00	4.00	4.00	\$112.75	\$711.00	\$451.00	433 - 434
- Trans-ischemic Attack	0.00	0.00	0.00	3.00	1.00	\$920.25	\$1,710.00	\$920.25	435
- Stroke	0.00	0.00	0.00	21.00	2.00	\$540.50	\$2,170.00	\$1,081.00	436
- Other Cerebrovascular Disease	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	437 - 438
Heart Disease									
- Heart Attack	0.00	0.00	0.00	5.00	2.00	\$9,869.46	\$39,327.95	\$19,738.91	410 & 412 - 413
- Other Acute Heart Disease	1.00	1.00	877.83	195.00	17.00	\$1,092.67	\$35,726.75	\$18,575.34	411 & 420 - 427 & 429
- Chronic Heart Disease	2.00	1.00	936.70	182.00	9.00	\$5,232.07	\$96,979.47	\$47,088.59	414
- Congestive Heart Failure	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	428
Manageable									
- Diabetes & Related	4.00	1.00	1,004.68	400.00	29.00	\$1,083.46	\$57,444.62	\$31,420.42	250 & 357.2 & 362.00 & 366.41 & 648.0
- Asthma	0.00	0.00	0.00	139.00	26.00	\$265.73	\$12,665.68	\$6,908.98	493
Vascular Disease									
- Arteriosclerosis	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	440
- Aneurysm	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	441 - 442
- Peripheral Vascular Disease	0.00	0.00	0.00	7.00	2.00	\$266.00	\$1,320.00	\$532.00	443
Weight-Related Disease									
- Obesity/Hypertalimentionation	0.00	0.00	0.00	3.00	2.00	\$138.25	\$620.00	\$276.50	278
- Phlebitis	0.00	0.00	0.00	4.00	2.00	\$225.11	\$716.75	\$450.22	451
- Varicose Veins	0.00	0.00	0.00	12.00	2.00	\$1,695.15	\$12,982.80	\$3,390.29	454
Totals:	7.00	1.00	967.14	977.00	99.00	\$1,322.09	\$278,300.72	\$130,886.50	

Top 30 Procedure Codes by Plan Payment Amount

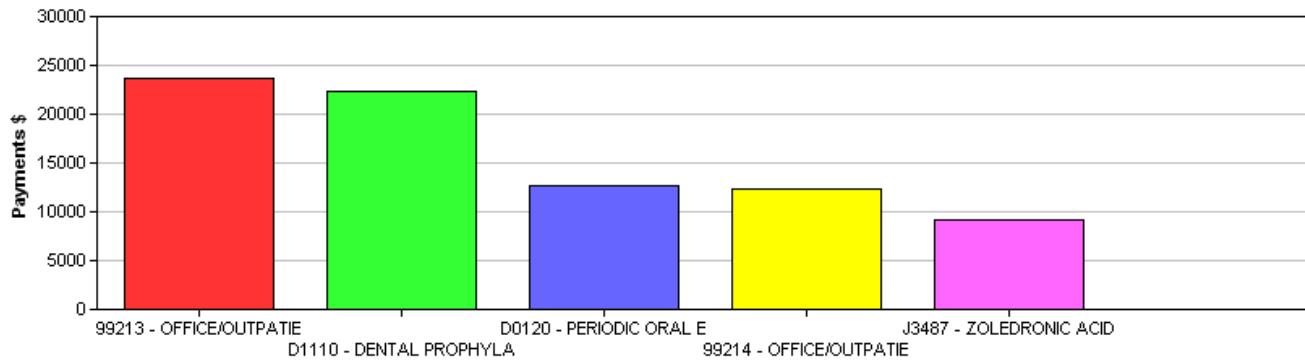
A1 Plan Analysis - Group ID: DEMO3

Output Generated: 10/29/2010

Date Range: Check Date 1/1/2010 through 9/30/2010 (Paid Data)

Comparisons: Procedure Code <> "

Top 5 Procedure Codes



Procedure Code	Number of Claims	Number of Services	Total Charge Amount	Discount Amount	Employee Responsibility Amount	Other Amount	Plan Payment Amount
99213 - OFFICE/OUTPATIENT VISIT, EST	650	656	\$56,207.38	\$27,023.54	\$5,435.99	\$77.00	\$23,670.85
D1110 - DENTAL PROPHYLAXIS ADULT	398	399	\$26,014.00	\$3,236.00	\$0.00	\$486.70	\$22,291.30
D0120 - PERIODIC ORAL EVALUATION	466	467	\$15,393.00	\$2,539.50	\$0.00	\$195.20	\$12,658.30
99214 - OFFICE/OUTPATIENT VISIT, EST	195	198	\$26,352.64	\$11,480.11	\$2,504.93	\$0.00	\$12,367.60
J3487 - ZOLEDRONIC ACID	8	8	\$10,965.00	\$1,102.50	\$753.56	\$0.00	\$9,108.94
S9494 - HIT ANTIBIOTIC TOTAL DIEM	2	2	\$10,395.00	\$3,118.50	\$0.00	\$0.00	\$7,276.50
88305 - TISSUE EXAM BY PATHOLOGIST	29	41	\$10,631.63	\$3,683.15	\$377.38	\$0.00	\$6,571.10
63030 - LOW BACK DISK SURGERY	3	6	\$82,500.00	\$76,106.40	\$0.00	\$0.00	\$6,393.60
63056 - DECOMPRESS SPINAL CORD	2	2	\$7,280.00	\$0.00	\$979.72	\$0.00	\$6,300.28
99396 - PREV VISIT, EST, AGE 40-64	61	61	\$10,584.53	\$4,361.43	\$390.00	\$0.00	\$5,833.10
59400 - OBSTETRICAL CARE	4	4	\$13,440.00	\$6,817.00	\$868.30	\$0.00	\$5,754.70
99215 - OFFICE/OUTPATIENT VISIT, EST	50	52	\$10,788.00	\$4,961.20	\$243.00	\$0.00	\$5,583.80
D1120 - DENTAL PROPHYLAXIS CHILD	128	131	\$6,450.00	\$901.00	\$0.00	\$0.00	\$5,549.00
97110 - THERAPEUTIC EXERCISES	169	189	\$15,960.36	\$10,459.96	\$390.20	\$0.00	\$5,110.20
D0274 - DENTAL BITEWINGS FOUR FILMS	142	142	\$6,015.00	\$954.00	\$0.00	\$44.00	\$5,017.00
99244 - OFFICE CONSULTATION	33	33	\$8,826.09	\$3,655.59	\$243.00	\$0.00	\$4,927.50
D4341 - PERIODONTAL SCALING & ROOT	18	47	\$7,460.00	\$1,232.00	\$1,432.80	\$0.00	\$4,795.20
59510 - CESAREAN DELIVERY	2	2	\$8,900.00	\$3,108.00	\$1,029.20	\$0.00	\$4,762.80
D2750 - CROWN PORCELAIN W/ H NOBLE M	10	12	\$9,539.00	\$799.00	\$4,448.50	\$0.00	\$4,291.50
78465 - HEART IMAGE (3D), MULTIPLE	10	10	\$8,036.00	\$3,410.00	\$555.60	\$0.00	\$4,070.40
00840 - ANESTH, SURG LOWER ABDOMEN	2	2	\$4,231.00	\$0.00	\$219.20	\$0.00	\$4,011.80
D2391 - POST 1 SRFC RESINBASED CMPST	44	63	\$7,173.00	\$1,533.00	\$1,919.20	\$0.00	\$3,720.80
99203 - OFFICE/OUTPATIENT VISIT, NEW	57	57	\$8,156.56	\$3,926.66	\$511.00	\$0.00	\$3,718.90
J2700 - OXACILLIN SODIUM INJECITON	4	5	\$5,083.23	\$1,524.97	\$0.00	\$0.00	\$3,558.26
98941 - CHIROPRACTIC MANIPULATION	170	182	\$9,033.00	\$5,337.00	\$145.00	\$0.00	\$3,551.00
D2392 - POST 2 SRFC RESINBASED CMPST	37	48	\$7,314.00	\$2,307.25	\$1,494.15	\$0.00	\$3,512.60
99212 - OFFICE/OUTPATIENT VISIT, EST	157	159	\$10,473.00	\$5,743.00	\$1,206.70	\$24.60	\$3,498.70
41899 - DENTAL SURGERY PROCEDURE	5	8	\$8,045.00	\$4,021.00	\$540.50	\$0.00	\$3,483.50
00630 - ANESTH, SPINE, CORD SURGERY	2	2	\$3,912.00	\$227.70	\$204.93	\$0.00	\$3,479.37
45378 - DIAGNOSTIC COLONOSCOPY	10	11	\$9,682.89	\$4,971.89	\$1,397.04	\$0.00	\$3,313.96
Total in Top 30		2,999	\$424,841.31	\$198,541.35	\$27,289.90	\$827.50	\$198,182.56
All Other		6,607	\$940,148.25	\$511,275.63	\$86,373.82	\$2,992.81	\$339,505.99
Grand Total	4,491	9,606	\$1,364,989.56	\$709,816.98	\$113,663.72	\$3,820.31	\$537,688.55

Top 25 Provider Names by Plan Payment Amount

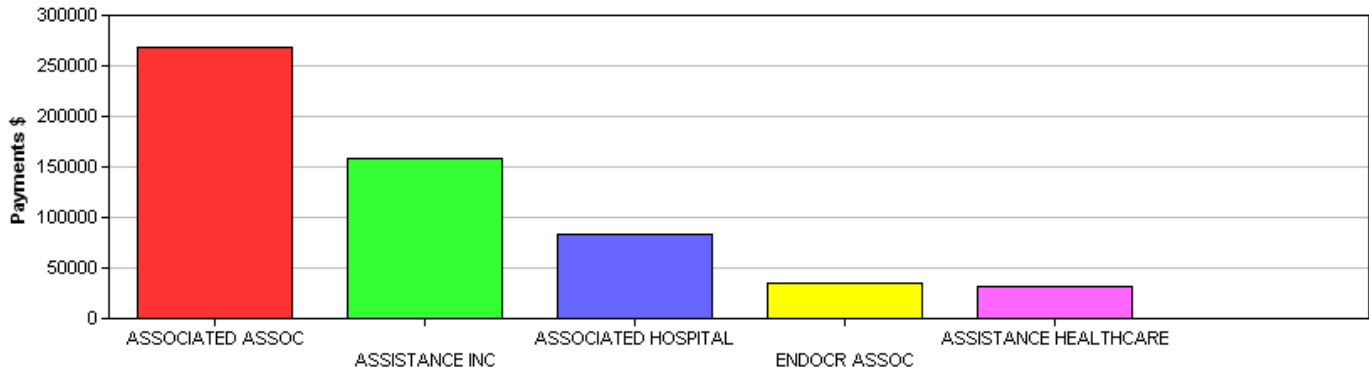
A1 Plan Analysis - Group ID: DEMO3

Output Generated: 10/29/2010

Date Range: Check Date 1/1/2010 through 9/30/2010 (Paid Data)

Comparisons: None

Top 5 Provider Names



Provider Name	Number of Claims	Number of Services	Total Charge Amount	Discount Amount	Employee Responsibility Amount	Other Amount	Plan Payment Amount
ASSOCIATED ASSOC	1,199	2,734	\$639,576.35	\$323,566.96	\$47,331.00	\$332.15	\$268,346.24
ASSISTANCE INC	35	35	\$158,240.21	\$0.00	\$189.00	\$0.00	\$158,051.21
ASSOCIATED HOSPITAL	177	558	\$218,957.22	\$118,606.15	\$9,300.09	\$7,443.38	\$83,607.60
ENDOCR ASSOC	226	492	\$96,696.40	\$48,721.80	\$12,968.82	\$88.31	\$34,917.47
ASSISTANCE HEALTHCARE	39	77	\$49,830.31	\$12,218.86	\$4,304.64	\$1,185.17	\$32,121.64
ASSISTANCE ASSOC	125	223	\$53,657.49	\$23,904.13	\$2,323.43	\$0.00	\$27,429.93
ASSISTANCE MEDICAL CENTER	51	131	\$54,816.92	\$26,520.17	\$3,095.87	\$24.60	\$25,176.28
GREEN SURGERY	142	312	\$47,737.45	\$21,316.35	\$3,235.25	\$0.00	\$23,185.85
ASSOCIATED LAB	87	173	\$47,890.37	\$22,561.12	\$2,517.59	\$0.00	\$22,811.66
SURGERY	149	363	\$39,043.00	\$16,465.60	\$3,810.85	\$311.00	\$18,455.55
ASSOCIATED SURGERY	164	331	\$36,952.71	\$18,115.30	\$831.90	\$1,036.80	\$16,968.71
ASSOCIATED MEDICAL GROUP	146	219	\$105,097.00	\$87,093.30	\$1,289.90	\$0.00	\$16,713.80
ASSOCIATED DENTAL	127	326	\$40,490.00	\$17,564.15	\$5,842.15	\$652.00	\$16,431.70
ASSOCIATED MEDICAL CENTER	11	50	\$21,441.20	\$6,020.68	\$80.59	\$0.00	\$15,339.93
ASSOCIATED MED CTR	6	9	\$28,917.50	\$16,221.68	\$1,063.56	\$0.00	\$11,632.26
ASSOCIATED BONE & JOINT	44	99	\$30,142.00	\$17,803.40	\$941.20	\$0.00	\$11,397.40
ASSOCIATED RADIOLOGY	74	112	\$19,431.00	\$8,763.50	\$614.90	\$0.00	\$10,052.60
CREATIVE HOSPITAL	17	50	\$65,567.93	\$53,831.66	\$2,265.86	\$0.00	\$9,470.41
ASSOCIATED UNIV	22	31	\$28,081.42	\$17,982.31	\$769.46	\$0.00	\$9,329.65
ASSOCIATED HOSP	44	81	\$20,580.54	\$10,469.50	\$1,814.17	\$190.40	\$8,106.47
CREATIVE MED CTR	10	130	\$53,694.10	\$43,832.49	\$1,907.15	\$0.00	\$7,954.46
ENDOCR ENDOCR	54	174	\$16,244.00	\$5,702.40	\$2,271.27	\$1,119.71	\$7,150.62
ENDOCR SURGERY	64	156	\$10,196.00	\$2,050.00	\$1,717.80	\$0.00	\$6,428.20
CREATIVE ASSOC	62	133	\$12,750.00	\$5,524.50	\$1,023.50	\$0.00	\$6,202.00
ASSOCIATED MEDICINE	103	226	\$16,628.86	\$9,431.24	\$1,129.00	\$0.00	\$6,068.62
Total in Top 25		7,225	\$1,912,659.98	\$934,287.25	\$112,638.95	\$12,383.52	\$853,350.26
All Other		4,117	\$463,705.13	\$216,870.47	\$56,450.77	\$241.40	\$190,142.49
Grand Total	5,023	11,342	\$2,376,365.11	\$1,151,157.72	\$169,089.72	\$12,624.92	\$1,043,492.75

Top 15 Drug Names by Plan Payment Amount

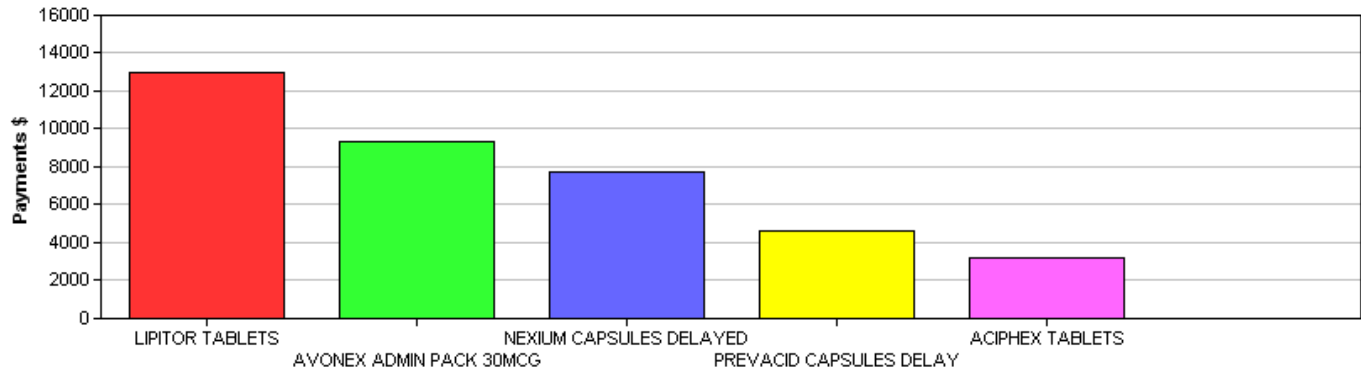
A1 Plan Analysis - Group ID: DEMO3

Output Generated: 10/29/2010

Date Range: Check Date 1/1/2010 through 9/30/2010 (Paid Data)

Comparisons: None

Top 5 Drug Names



Drug Name	Number of Claims	Number of Services	Total Charge Amount	Discount Amount	Employee Responsibility Amount	Other Amount	Plan Payment Amount
LIPITOR TABLETS	146	146	\$21,344.48	\$2,900.07	\$5,486.00	\$0.00	\$12,958.41
AVONEX ADMIN PACK 30MCG S	3	3	\$12,969.47	\$3,468.77	\$180.00	\$0.00	\$9,320.70
NEXIUM CAPSULES DELAYED RELEASED	62	62	\$11,619.61	\$2,036.30	\$1,844.00	\$0.00	\$7,739.31
PREVACID CAPSULES DELAYED RELEASE	37	37	\$6,677.22	\$853.53	\$1,224.00	\$0.00	\$4,599.69
ACIPHEX TABLETS	14	14	\$4,000.42	\$236.91	\$600.00	\$0.00	\$3,163.51
ZOLOFT TABLETS	55	55	\$5,071.70	\$726.68	\$1,645.58	\$0.00	\$2,699.44
ZYRTEC TABLETS	61	61	\$5,797.14	\$1,090.46	\$2,130.00	\$0.00	\$2,576.68
HUMALOG INJECTION	36	36	\$4,256.81	\$767.95	\$1,062.00	\$0.00	\$2,426.86
ZOCOR TABLETS	19	19	\$3,512.08	\$388.91	\$720.00	\$0.00	\$2,403.17
BEXTRA TABLETS	22	22	\$3,444.23	\$413.86	\$746.89	\$0.00	\$2,283.48
CELEBREX CAPSULES	30	30	\$3,457.44	\$235.69	\$960.00	\$0.00	\$2,261.75
PRAVACHOL TABLETS	22	22	\$3,410.29	\$412.19	\$810.00	\$0.00	\$2,188.10
RYTHMOL SR 425MG CAPSULE	3	3	\$2,525.35	\$274.57	\$150.00	\$0.00	\$2,100.78
ALLEGRA TABLETS	35	35	\$3,629.73	\$607.81	\$1,200.00	\$0.00	\$1,821.92
OXYCONTIN TABLETS CONTROLLED RELEASE	7	7	\$2,286.00	\$414.01	\$210.00	\$0.00	\$1,661.99
Total in Top 15		552	\$94,001.97	\$14,827.71	\$18,968.47	\$0.00	\$60,205.79
All Other		14,505	\$2,584,385.52	\$1,189,918.55	\$232,570.90	\$12,624.92	\$1,149,271.15
Grand Total	8,738	15,057	\$2,678,387.49	\$1,204,746.26	\$251,539.37	\$12,624.92	\$1,209,476.94