LARGE CLAIMS REPORT

GROUP NAME: County of Jefferson 2006- 2007

UNDERWRITER: [redacted]

DATE SUBMITTED:

DATE COMPLETED:

PAID CLAIMS	WORKING DIAGNOSIS	SUMMARY OF CASE
$222,030.00	deceased	
$137,867.00	antitryspsin deficient w/COPD,thyroid canc	active, ongoing. Expected costs 227,800
$80,707.00	deceased	
$73,593.00	Non Hodgkin's lymphoma	active, ongoing. Expected costs 77,500
$56,603.00	deceased	
$57,098.00	rectal canc	Active, ongoing. Expected costs 9800
$46,305.00	CAD, CABG	Active, ongoing. Expected costs 47,100
$45,891.00	Cervical disc disease w/hx cord compression	Active, ongoing. Expected costs 33,200
$42,948.00	Hx juvenile osteochondrosis, aseptic necrosis of head of femur	Active, ongoing. Expected costs 8800k

JEFFERSON COUNTY
HIGH CLAIMANT REPORT WITH DIAGNOSIS
FOR DRUG, HOTT, MEDICAL, MEDICARE CARVEOUT, MEDICARE PART D CLAIMS
MEMBERS WITH TOTAL CLAIMS OF $50,000 AND ABOVE
PAID PERIOD: JANUARY 1, 2008 THROUGH APRIL 30, 2008

GROUP NUMBERS: ALL

PRODUCT: MEDICAL AND DRUG

CASE NUMBER	PREDOMINANT DIAGNOSIS DESCRIPTION	MEDICARE PART D PAID AMOUNT BY MEMBER	DRUG PAID AMOUNT BY MEMBER	MEDICAL PAID AMOUNT BY PREDOMINANT DIAGNOSIS	TOTAL PAID AMOUNT BY MEMBER
1	ENCOUNTER FOR OTHER AND UNSPECIFIED AFTERCARE	$0	$6,545	$252,666	$318,831
2	OTHER CONGENITAL MUSCULOSKELETAL ANOMALIES	$0	$996	$42,857	$52,513
	TOTAL	**$0**	**$7,541**	**$295,522**	**$371,344**

** Members that have a total paid amount below $50,000 are reflected in two or more group IDs (subgroup IDs, package numbers) or product types.

TOTAL FOR ALL	**$0**	**$7,541**	**$295,522**	**$371,344**

PAID CLAIMS REPORT

County of Jefferson - MLR Report
by Incurred Period
Paid Through May 2008

Incurred Period	Member Count	Subscriber Count	Billed Premium	Paid Capitation	Paid Medical Claims	Total Rx	Total Claims	Medical Loss Ratio
2006/Jan	730	573	$239,523	$2,985	$108,833	$33,899	$145,717	61%
2006/Feb	745	581	$243,635	$3,046	$124,357	$32,934	$160,336	66%
2006/Mar	746	584	$244,494	$3,068	$128,457	$36,214	$167,739	69%
2006/Apr	746	586	$244,805	$2,851	$93,949	$34,150	$130,950	53%
2006/May	745	587	$244,200	$2,847	$151,858	$35,755	$190,460	78%
2006/Jun	741	586	$242,972	$2,830	$152,109	$39,450	$194,389	80%
2006/Jul	736	582	$241,153	$2,812	$192,020	$30,867	$225,699	94%
2006/Aug	740	587	$242,989	$2,827	$212,840	$31,986	$247,653	102%
2006/Sep	742	587	$243,204	$2,840	$142,974	$31,875	$177,689	73%
2006/Oct	743	588	$243,086	$2,846	$142,821	$35,965	$181,632	75%
2006/Nov	744	588	$243,086	$2,846	$108,126	$34,253	$145,226	60%
2006/Dec	740	588	$241,926	$2,829	$111,502	$35,012	$149,343	62%
2007/Jan	712	577	$245,825	$2,864	$121,531	$35,126	$159,520	65%
2007/Feb	727	589	$250,806	$2,928	$370,120	$34,641	$407,689	163%
2007/Mar	727	589	$250,816	$2,929	$209,757	$39,883	$252,570	101%
2007/Apr	731	595	$252,155	$2,945	$124,404	$36,560	$163,909	65%
2007/May	722	589	$249,423	$2,907	$162,117	$37,426	$202,451	81%
2007/Jun	724	595	$250,670	$2,916	$175,545	$39,520	$217,981	87%
2007/Jul	726	597	$251,507	$2,924	$178,860	$36,165	$217,950	87%
2007/Aug	726	595	$249,887	$2,920	$224,943	$41,347	$269,210	108%
2007/Sep	734	599	$252,693	$2,952	$110,879	$39,021	$152,852	60%
2007/Oct	730	595	$251,045	$2,935	$171,037	$39,522	$213,494	85%
2007/Nov	725	595	$249,822	$2,915	$154,467	$38,200	$195,581	78%
2007/Dec	729	598	$250,899	$2,930	$189,553	$40,927	$233,410	93%
TOTALS	**17611**	**14130**	**$5,920,620**	**$69,690**	**$3,863,062**	**$870,698**	**$4,803,451**	**81%**

JEFFERSON COUNTY

PAID CLAIMS, EARNED INCOME, AND EXPOSURE BY LINE OF BUSINESS
FOR DENTAL, DRUG, HOTT, MEDICAL, MEDICARE CARVEOUT, MEDICARE HMO, MEDICARE SUPP, MENTAL HEALTH, VISION
RENEWAL MONTH: JANUARY

REPORT PERIOD: JANUARY 01, 2008 THROUGH MAY 31, 2008

EXPERIENCE PERIOD: JANUARY 01, 2008 THROUGH MAY 31, 2008

GROUP NUMBER: All

			----------CLAIMS AND CAPITATION EXPENSE----------							----------EARNED INCOME----------					
REPORT PERIOD	# OF MEDICAL SUBSCRIBERS	# OF MEDICAL MEMBERS	MEDICAL	DRUG	DENTAL	MENTAL HEALTH	VISION	CAPITATION EXPENSE	TOTAL	MEDICAL	DRUG	DENTAL	MENTAL HEALTH	VISION	TOTAL
2008-01	595	717	$0	$13,841	$0	$0	$0	$0	$13,841	$225,928	$39,869	$0	$0	$0	$265,797
2008-02	598	721	$200,598	$46,283	$0	$2,808	$0	$0	$249,689	$227,106	$40,077	$0	$0	$0	$267,184
2008-03	599	716	$379,918	$39,732	$0	$135	$0	$0	$419,786	$226,954	$40,051	$0	$0	$0	$267,005
2008-04	601	720	$284,473	$55,639	$0	$5,403	$0	$0	$325,516	$228,013	$40,237	$0	$0	$0	$268,250
2008-05	600	717	$125,636	$47,226	$0	$473	$0	$0	$173,335	$227,737	$40,189	$0	$0	$0	$267,926
TOTAL	**2,993**	**3,591**	**$970,625**	**$202,722**	**$0**	**$8,819**	**$0**	**$0**	**$1,182,167**	**$1,135,738**	**$200,423**	**$0**	**$0**	**$0**	**$1,336,161**

Capitation is included in claims expense as applicable.

EMPLOYEE CENSUS

DEPT = departments
- first group = general revenue
- second group = law enforcement
- third group = public works
- fourth group = parks
- fifth group = assessor
- sixth group = COBRA & retirees

SPEC ACCT = 5 digit code for plan in force at present for employees

first 3 digits represent which health plan utilized
- 000 = refused
- 707 = High PPO
- 797 = Core PPO
- 533 = Low PPO

fourth digit represents level of health plan
- 0 = refused
- 1 = employee only
- 2 = employee & spouse
- 3 = employee & children
- 4 = employee & family

fifth digit represents level of dental plan
- 0 = refused
- 1 = employee only
- 2 = employee & spouse
- 3 = employee & children
- 4 = employee & family

HEALTH COST = paid by employee for their upgrade from CORE plan or their dependent coverage

DENTAL COST = paid by employee for dependent coverage

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000090	00000	R	R	R	R	R			64.7	10/20/1943	M	63050
000034	00000	R	R	R	R	R			55.6	11/24/1952	M	63052
000093	00000	R	R	R	R	R			54.3	3/24/1954	F	63012
000034	00000	R	R	R	R	R			38.4	2/21/1970	F	63052
000092	00000	R	R	R	R	R			53.2	5/19/1955	M	63020
000270	00000	R	R	R	R	R			48.0	7/22/1960	M	63020
000092	00000	R	R	R	R	R			52.5	1/11/1956	M	63049
000210	00000	R	R	R	R	R			55.4	2/5/1953	F	63023
000500	00001	R	Y	R	R	1		-	45.2	5/8/1963	F	63028
000300	00001	R	Y	R	R	1		-	40.8	9/25/1967	F	63630
000090	00001	R	Y	R	R	1		-	44.9	8/18/1963	F	63020
000519	00001	R	Y	R	R	1		-	39.1	6/16/1969	F	63028
000270	00001	R	Y	R	R	1		-	37.5	1/23/1971	F	63129
000092	00001	R	Y	R	R	1		-	37.8	9/30/1970	F	63028
000270	00001	R	Y	R	R	1		-	28.1	6/9/1980	F	63050
000360	00001	R	Y	R	R	1		-	50.0	7/24/1958	F	63023
000360	00002	R	Y	R	R	2		23.24	50.5	1/9/1958	F	63020
000092	00003	R	Y	R	R	3		33.68	40.2	4/15/1968	M	63012
000360	00004	R	Y	R	R	4		56.92	38.4	2/17/1970	F	63028
000300	00004	R	Y	R	R	4		56.92	42.6	12/3/1965	F	63070
000300	00004	R	Y	R	R	4		56.92	40.7	11/12/1967	F	63028
000300	53311	Y	Y	533	1	1	-	-	37.6	12/10/1970	M	63129
000068	53311	Y	Y	533	1	1	-	-	54.1	6/25/1954	M	63019
000270	53321	Y	Y	533	2	1	372.14	-	49.7	11/6/1958	F	63129
000300	53322	Y	Y	533	2	2	372.14	23.24	37.0	7/14/1971	M	63020
000180	53333	Y	Y	533	3	3	286.30	33.68	32.8	9/28/1975	F	63020
000092	53344	Y	Y	533	4	4	595.32	56.92	40.1	6/22/1968	M	63123
000504	53344	Y	Y	533	4	4	595.32	56.92	33.3	3/27/1975	M	63026
000303	53344	Y	Y	533	4	4	595.32	56.92	48.4	3/7/1960	F	63028
000270	70711	Y	Y	707	1	1	42.73	-	54.8	9/22/1953	M	63028
000093	70711	Y	Y	707	1	1	42.73	-	53.8	10/15/1954	M	63020
000091	70711	Y	Y	707	1	1	42.73	-	54.6	11/28/1953	F	63028
000068	70711	Y	Y	707	1	1	42.73	-	50.0	6/29/1958	F	63020
000068	70711	Y	Y	707	1	1	42.73	-	57.4	2/22/1951	F	63050
000270	70711	Y	Y	707	1	1	42.73	-	45.3	3/28/1963	F	63020
000068	70711	Y	Y	707	1	1	42.73	-	50.2	5/13/1958	M	63070
000031	70711	Y	Y	707	1	1	42.73	-	22.6	11/15/1985	F	63028
000420	70711	Y	Y	707	1	1	42.73	-	54.9	8/12/1953	F	63050
000034	70711	Y	Y	707	1	1	42.73	-	22.4	1/27/1986	M	63028
000031	70711	Y	Y	707	1	1	42.73	-	39.8	10/4/1968	F	63052
000270	70711	Y	Y	707	1	1	42.73	-	25.9	8/5/1982	F	63020
000091	70711	Y	Y	707	1	1	42.73	-	59.4	2/4/1949	M	63028
000150	70711	Y	Y	707	1	1	42.73	-	38.9	8/4/1969	F	63050
000271	70711	Y	Y	707	1	1	42.73	-	57.7	10/26/1950	F	63020
000210	70711	Y	Y	707	1	1	42.73	-	50.8	9/9/1957	F	63020
000330	70711	Y	Y	707	1	1	42.73	-	53.9	9/5/1954	M	63020
000092	70711	Y	Y	707	1	1	42.73	-	57.5	1/12/1951	M	63010
000068	70711	Y	Y	707	1	1	42.73	-	59.8	10/2/1948	M	63050
000031	70711	Y	Y	707	1	1	42.73	-	32.2	5/1/1976	F	63019
000034	70711	Y	Y	707	1	1	42.73	-	35.5	12/24/1972	M	63028
000270	70711	Y	Y	707	1	1	42.73	-	35.2	4/18/1973	F	63601
000360	70711	Y	Y	707	1	1	42.73	-	40.4	1/31/1968	F	63630
000300	70711	Y	Y	707	1	1	42.73	-	27.1	6/11/1981	M	63050

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000300	70711	Y	Y	707	1	1	42.73	-	28.0	7/4/1980	M	63010
000270	70711	Y	Y	707	1	1	42.73	-	51.6	12/15/1956	M	63139
000270	70711	Y	Y	707	1	1	42.73	-	56.8	10/13/1951	M	63050
000300	70711	Y	Y	707	1	1	42.73	-	39.0	7/21/1969	F	63050
000092	70711	Y	Y	707	1	1	42.73	-	52.9	8/14/1955	F	63020
000270	70711	Y	Y	707	1	1	42.73	-	42.7	11/12/1965	F	63023
000300	70711	Y	Y	707	1	1	42.73	-	26.4	2/27/1982	F	63131
000093	70711	Y	Y	707	1	1	42.73	-	55.2	4/28/1953	M	63050
000068	70711	Y	Y	707	1	1	42.73	-	46.6	11/20/1961	F	63050
000068	70711	Y	Y	707	1	1	42.73	-	55.2	4/20/1953	F	63051
000270	70711	Y	Y	707	1	1	42.73	-	29.6	12/19/1978	M	63125
000092	70711	Y	Y	707	1	1	42.73	-	50.7	10/20/1957	M	63028
000330	70711	Y	Y	707	1	1	42.73	-	65.6	12/19/1942	F	63050
000270	70711	Y	Y	707	1	1	42.73	-	47.0	7/23/1961	F	63010
000270	70712	Y	Y	707	1	2	42.73	23.24	56.9	9/1/1951	F	63016
000300	70712	Y	Y	707	1	2	42.73	23.24	25.4	2/24/1983	F	63020
000330	70713	Y	Y	707	1	3	42.73	33.68	51.0	7/16/1957	F	63020
000270	70713	Y	Y	707	1	3	42.73	33.68	38.0	7/1/1970	F	63023
000303	70713	Y	Y	707	1	3	42.73	33.68	44.9	8/31/1963	F	63050
000300	70714	Y	Y	707	1	4	42.73	56.92	44.1	6/12/1964	F	63016
000093	70722	Y	Y	707	2	2	554.27	23.24	63.4	3/1/1945	M	63016
000361	70722	Y	Y	707	2	2	554.27	23.24	58.2	5/16/1950	M	63020
000271	70722	Y	Y	707	2	2	554.27	23.24	54.9	9/5/1953	F	63627
000270	79710	Y	R	797	1	R	-		46.5	12/31/1961	F	63020
000270	79710	Y	R	797	1	R	-	-	51.7	10/16/1956	F	63010
000519	79711	Y	Y	797	1	1	-	-	60.3	3/27/1948	F	63028
000033	79711	Y	Y	797	1	1	-	-	58.4	2/8/1950	M	63028
000210	79711	Y	Y	797	1	1	-	-	59.7	11/9/1948	F	63050
000030	79711	Y	Y	797	1	1	-	-	43.8	10/6/1964	F	63020
000270	79711	Y	Y	797	1	1	-	-	45.6	12/7/1962	M	63020
000308	79711	Y	Y	797	1	1	-	-	36.1	6/14/1972	F	63028
000270	79711	Y	Y	797	1	1	-	-	62.3	3/18/1946	F	63028
000300	79711	Y	Y	797	1	1	-	-	34.8	9/6/1973	M	63128
000068	79711	Y	Y	797	1	1	-	-	63.4	2/28/1945	F	63050
000300	79711	Y	Y	797	1	1	-	-	26.5	12/31/1981	F	63010
000091	79711	Y	Y	797	1	1	-	-	34.0	6/25/1974	F	63050
000068	79711	Y	Y	797	1	1	-	-	38.3	3/29/1970	M	63052
000519	79711	Y	Y	797	1	1	-	-	27.7	11/9/1980	F	63670
000092	79711	Y	Y	797	1	1	-	-	28.1	6/10/1980	M	63048
000241	79711	Y	Y	797	1	1	-	-	56.0	7/30/1952	F	63020
000270	79711	Y	Y	797	1	1	-	-	56.1	6/10/1952	F	63020
000270	79711	Y	Y	797	1	1	-	-	55.5	2/1/1953	F	63020
000034	79711	Y	Y	797	1	1	-	-	38.1	6/4/1970	M	63070
000240	79711	Y	Y	797	1	1	-	-	24.3	3/5/1984	F	63050
000093	79711	Y	Y	797	1	1	-	-	50.6	12/6/1957	M	63050
000303	79711	Y	Y	797	1	1	-	-	26.3	4/8/1982	F	63020
000031	79711	Y	Y	797	1	1	-	-	24.4	2/24/1984	F	63010
000067	79711	Y	Y	797	1	1	-	-	57.5	2/2/1951	M	63050
000092	79711	Y	Y	797	1	1	-	-	51.9	9/1/1956	M	63070
000210	79711	Y	Y	797	1	1	-	-	57.8	10/11/1950	F	63016
000360	79711	Y	Y	797	1	1	-	-	58.5	1/11/1950	F	63020
000300	79711	Y	Y	797	1	1	-	-	32.8	9/23/1975	F	63020
000092	79711	Y	Y	797	1	1	-	-	53.3	4/3/1955	M	63070

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000300	79711	Y	Y	797	1	1	-	-	57.3	4/5/1951	F	63050
000300	79711	Y	Y	797	1	1	-	-	51.4	2/11/1957	F	63110
000270	79711	Y	Y	797	1	1	-	-	43.3	3/27/1965	F	63026
000300	79711	Y	Y	797	1	1	-	-	34.8	9/8/1973	F	63052
000240	79711	Y	Y	797	1	1	-	-	25.6	12/2/1982	F	63020
000270	79711	Y	Y	797	1	1	-	-	48.5	12/29/1959	M	63028
000300	79711	Y	Y	797	1	1	-	-	30.5	1/16/1978	F	63125
000270	79711	Y	Y	797	1	1	-	-	40.6	12/11/1967	F	63020
000090	79711	Y	Y	797	1	1	-	-	58.2	5/22/1950	F	63028
000210	79711	Y	Y	797	1	1	-	-	57.8	10/16/1950	F	63020
000300	79711	Y	Y	797	1	1	-	-	35.4	1/31/1973	F	63020
000360	79711	Y	Y	797	1	1	-	-	35.1	5/20/1973	F	63028
000068	79711	Y	Y	797	1	1	-	-	65.8	10/15/1942	F	63049
000092	79711	Y	Y	707	1	1	-	-	49.3	3/15/1959	M	63052
000092	79711	Y	Y	797	1	1	-	-	40.3	3/21/1968	F	63051
000270	79711	Y	Y	797	1	1	-	-	62.5	1/14/1946	F	63050
000300	79711	Y	Y	797	1	1	-	-	62.2	5/19/1946	F	63050
000091	79711	Y	Y	797	1	1	-	-	35.0	7/6/1973	M	63640
000240	79711	Y	Y	797	1	1	-	-	42.4	2/17/1966	F	63020
000068	79711	Y	Y	797	1	1	-	-	63.5	1/6/1945	F	63020
000030	79711	Y	Y	797	1	1	-	-	52.6	12/1/1955	F	63019
000271	79711	Y	Y	797	1	1	-	-	56.4	3/1/1952	M	63050
000300	79711	Y	Y	797	1	1	-	-	35.9	8/30/1972	F	63109
000270	79711	Y	Y	797	1	1	-	-	41.4	2/5/1967	F	63109
000090	79711	Y	Y	797	1	1	-	-	33.8	9/13/1974	M	63020
000271	79711	Y	Y	797	1	1	-	-	61.7	11/6/1946	M	63601
000303	79711	Y	Y	797	1	1	-	-	24.2	4/11/1984	F	63049
000301	79711	Y	Y	797	1	1	-	-	23.5	1/8/1985	F	63020
000519	79711	Y	Y	797	1	1	-	-	29.6	12/6/1978	F	63066
000068	79711	Y	Y	797	1	1	-	-	59.4	2/8/1949	M	63020
000300	79711	Y	Y	797	1	1	-	-	38.7	11/16/1969	M	63010
000240	79711	Y	Y	797	1	1	-	-	48.8	10/11/1959	F	63028
000271	79711	Y	Y	797	1	1	-	-	56.5	12/30/1951	F	63050
000034	79711	Y	Y	797	1	1	-	-	54.6	12/13/1953	F	63020
000092	79711	Y	Y	797	1	1	-	-	56.2	5/17/1952	F	63050
000270	79711	Y	Y	797	1	1	-	-	27.3	3/29/1981	M	63028
000270	79711	Y	Y	797	1	1	-	-	36.0	7/18/1972	F	63028
000270	79711	Y	Y	797	1	1	-	-	73.0	7/22/1935	F	63023
000241	79711	Y	Y	797	1	1	-	-	22.2	4/24/1986	F	63028
000092	79711	Y	Y	797	1	1	-	-	44.5	1/16/1964	M	63028
000092	79711	Y	Y	797	1	1	-	-	58.1	6/22/1950	F	63050
000504	79711	Y	Y	797	1	1	-	-	41.9	8/22/1966	M	63052
000034	79711	Y	Y	797	1	1	-	-	30.8	9/7/1977	F	63050
000300	79711	Y	Y	797	1	1	-	-	49.8	9/17/1958	M	63010
000360	79711	Y	Y	797	1	1	-	-	46.1	6/13/1962	F	63020
000068	79711	Y	Y	797	1	1	-	-	52.2	4/19/1956	F	63023
000500	79711	Y	Y	797	1	1	-	-	56.9	8/12/1951	M	63066
000091	79711	Y	Y	797	1	1	-	-	54.2	4/25/1954	M	63627
000241	79711	Y	Y	797	1	1	-	-	67.3	4/1/1941	F	63028
000241	79711	Y	Y	797	1	1	-	-	67.2	4/20/1941	F	63050
000330	79711	Y	Y	797	1	1	-	-	51.4	2/24/1957	F	63052
000241	79711	Y	Y	797	1	1	-	-	44.2	5/16/1964	F	63028
000500	79711	Y	Y	797	1	1	-	-	57.9	8/8/1950	M	63012

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000210	79711	Y	Y	797	1	2	-	-	31.6	12/3/1976	F	63050
000031	79711	Y	Y	797	1	1	-	-	39.0	7/8/1969	F	63020
000092	79711	Y	Y	797	1	1	-	-	71.8	9/29/1936	M	63125
000271	79711	Y	Y	797	1	1	-	-	33.4	1/30/1975	M	63648
000300	79711	Y	Y	797	1	1	-	-	49.2	5/7/1959	F	63028
000270	79711	Y	Y	797	1	1	-	-	32.1	5/24/1976	M	63028
000504	79711	Y	Y	797	1	1	-	-	34.5	1/24/1974	F	63020
000519	79711	Y	Y	797	1	1	-	-	20.9	8/5/1987	F	63052
000270	79711	Y	Y	797	1	1	-	-	32.4	2/2/1976	F	63028
000033	79711	Y	Y	797	1	1	-	-	25.1	6/13/1983	F	63128
000067	79711	Y	Y	797	1	1	-	-	48.1	6/9/1960	M	63050
000270	79711	Y	Y	797	1	1	-	-	30.1	6/19/1978	F	63123
000092	79711	Y	Y	797	1	1	-	-	41.4	2/5/1967	M	63070
000270	79711	Y	Y	797	1	1	-	-	23.2	4/22/1985	M	63070
000092	79711	Y	Y	797	1	1	-	-	49.5	1/6/1959	M	63123
000270	79711	Y	Y	797	1	1	-	-	51.0	7/2/1957	F	63050
000300	79711	Y	Y	797	1	1	-	-	40.3	3/23/1968	F	63028
000067	79711	Y	Y	797	1	1	-	-	56.6	12/17/1951	F	63028
000033	79711	Y	Y	797	1	1	-	-	49.0	7/22/1959	F	63028
000091	79711	Y	Y	797	1	1	-	-	24.4	2/20/1984	M	63124
000034	79711	Y	Y	797	1	1	-	-	53.4	2/21/1955	M	63048
000300	79711	Y	Y	797	1	1	-	-	61.2	4/20/1947	M	63123
000092	79711	Y	Y	797	1	1	-	-	49.6	12/22/1958	F	63050
000031	79711	Y	Y	797	1	1	-	-	60.0	7/13/1948	F	63052
000067	79711	Y	Y	797	1	1	-	-	59.7	11/6/1948	M	63041
000210	79711	Y	Y	797	1	1	-	-	54.4	2/17/1954	F	63050
000240	79711	Y	Y	797	1	1	-	-	57.4	2/16/1951	F	63028
000091	79711	Y	Y	797	1	1	-	-	26.6	11/20/1981	F	63070
000270	79711	Y	Y	797	1	1	-	-	47.1	5/29/1961	F	63129
000270	79711	Y	Y	797	1	1	-	-	36.9	8/15/1971	F	63012
000180	79711	Y	Y	797	1	1	-	-	46.6	12/14/1961	F	63050
000091	79711	Y	Y	797	1	1	-	-	30.2	4/23/1978	M	63104
000091	79711	Y	Y	797	1	1	-	-	56.4	2/23/1952	F	63070
000271	79711	Y	Y	797	1	1	-	-	42.9	8/17/1965	M	63628
000092	79711	Y	Y	797	1	1	-	-	50.0	7/28/1958	F	63020
000270	79711	Y	Y	797	1	1	-	-	27.2	5/9/1981	F	63104
000271	79711	Y	Y	797	1	1	-	-	55.2	4/20/1953	F	63050
000270	79711	Y	Y	797	1	1	-	-	30.2	5/10/1978	M	63110
000180	79711	Y	Y	797	1	1	-	-	53.4	2/16/1955	F	63050
000300	79711	Y	Y	797	1	1	-	-	33.3	3/26/1975	F	63026
000270	79711	Y	Y	797	1	1	-	-	44.9	8/16/1963	M	63020
000068	79711	Y	Y	797	1	1	-	-	62.6	12/1/1945	F	63028
000090	79711	Y	Y	797	1	1	-	-	59.1	6/3/1949	M	63050
000300	79711	Y	Y	797	1	1	-	-	27.3	3/31/1981	F	63108
000068	79711	Y	Y	797	1	1	-	-	51.9	8/12/1956	M	63012
000031	79711	Y	Y	797	1	1	-	-	56.3	3/15/1952	F	63023
000240	79711	Y	Y	797	1	1	-	-	37.5	1/21/1971	M	63020
000180	79711	Y	Y	797	1	1	-	-	41.4	1/30/1967	F	63028
000420	79711	Y	Y	797	1	1	-	-	46.7	10/26/1961	M	63048
000241	79711	Y	Y	797	1	1	-	-	45.6	12/12/1962	F	63050
000068	79711	Y	Y	797	1	1	-	-	23.1	6/8/1985	F	63050
000360	79711	Y	Y	797	1	1	-	-	46.0	7/22/1962	F	63020
000034	79711	Y	Y	797	1	1	-	-	38.4	3/6/1970	M	63050

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000300	79711	Y	Y	797	1	1	-	-	34.0	7/3/1974	F	63012
000300	79711	Y	Y	797	1	1	-	-	61.5	1/11/1947	M	63016
000034	79711	Y	Y	797	1	1	-	-	39.5	1/8/1969	M	63070
000500	79712	Y	Y	797	1	2	-	23.24	54.1	5/29/1954	M	63070
000303	79712	Y	Y	797	1	2	-	23.24	54.6	12/12/1953	F	63050
000360	79712	Y	Y	797	1	2	-	23.24	53.2	4/30/1955	F	63020
000210	79712	Y	Y	797	1	2	-	23.24	52.3	3/10/1956	F	63020
000303	79712	Y	Y	797	1	2	-	23.24	58.2	5/13/1950	F	63020
000210	79712	Y	Y	797	1	2	-	23.24	53.4	2/16/1955	F	63050
000420	79712	Y	Y	797	1	2	-	23.24	56.9	8/12/1951	F	63020
000270	79712	Y	Y	797	1	2	-	23.24	37.1	5/24/1971	F	63019
000271	79712	Y	Y	797	1	2	-	23.24	58.5	1/7/1950	M	63050
000300	79712	Y	Y	797	1	2	-	23.24	42.6	11/22/1965	F	63020
000092	79712	Y	Y	797	1	2	-	23.24	46.0	7/25/1962	M	63050
000301	79712	Y	Y	797	1	2	-	23.24	42.4	2/11/1966	F	63670
000270	79712	Y	Y	797	1	2	-	23.24	63.2	4/24/1945	F	63050
000210	79712	Y	Y	797	1	2	-	23.24	45.8	9/28/1962	F	63028
000270	79713	Y	Y	797	1	3	-	33.68	25.9	8/30/1982	F	63028
000271	79713	Y	Y	797	1	3	-	33.68	36.0	7/19/1972	M	63050
000033	79713	Y	Y	797	1	3	-	33.68	35.5	1/9/1973	F	63028
000093	79713	Y	Y	797	1	3	-	33.68	37.0	7/1/1971	F	63050
000300	79713	Y	Y	797	1	3	-	33.68	49.4	3/2/1959	F	63020
000300	79713	Y	Y	797	1	3	-	33.68	40.0	7/23/1968	M	63010
000301	79713	Y	Y	797	1	3	-	33.68	50.4	2/3/1958	F	63020
000270	79714	Y	Y	797	1	4	-	56.92	36.8	10/7/1971	F	63628
000270	79714	Y	Y	797	1	4	-	56.92	59.7	11/14/1948	M	63128
000300	79714	Y	Y	797	1	4	-	56.92	40.5	1/3/1968	F	63020
000300	79714	Y	Y	797	1	4	-	56.92	42.4	2/14/1966	F	63048
000092	79721	Y	Y	797	2	1	459.91	-	64.5	1/23/1944	M	63023
000092	79721	Y	Y	797	2	1	459.91	-	52.0	6/27/1956	F	63020
000092	79722	Y	Y	797	2	2	459.91	23.24	54.7	11/4/1953	M	63049
000068	79722	Y	Y	797	2	2	459.91	23.24	54.5	12/31/1953	F	63020
000068	79723	Y	Y	797	2	3	459.91	33.68	49.5	12/28/1958	M	63028
000067	79731	Y	Y	797	3	1	364.10	-	35.8	9/27/1972	M	63028
000270	79731	Y	Y	797	3	1	364.10	-	58.6	12/24/1949	M	63020
000300	79731	Y	Y	797	3	1	364.10	-	44.6	11/28/1963	F	63020
000271	79733	Y	Y	797	3	3	364.10	33.68	37.1	5/20/1971	M	63028
000330	79733	Y	Y	797	3	3	364.10	33.68	46.6	12/8/1961	F	63050
000092	79734	Y	Y	797	3	4	364.10	56.92	48.2	5/18/1960	M	63020
	251	GENERAL	FUND									
000380	00000	R	R	R	R	R			35.1	5/28/1973	M	63028
000380	00000	R	R	R	R	R	-	-	47.1	5/28/1961	M	63020
000380	00000	R	R	R	R	R	-		35.9	7/31/1972	M	63650
000380	00000	R	R	R	R	R			59.4	3/3/1949	M	63026
000380	00000	R	R	R	R	R			36.1	6/4/1972	F	63028
000380	00000	R	R	R	R	R			36.5	12/28/1971	M	63049
000380	00001	R	Y	R	R	1		-	47.2	4/30/1961	M	63012
000380	00001	R	Y	R	R	1		-	62.2	4/26/1946	M	63019
000380	00001	R	Y	R	R	1		-	40.5	1/27/1968	F	63028
000380	00001	R	Y	R	R	1		-	48.8	9/19/1959	M	63010

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000380	00001	R	Y	R	R	1		-	44.8	10/13/1963	M	63023
000380	00001	R	Y	R	R	1		-	39.2	4/26/1969	M	63051
000380	00002	R	Y	R	R	2		23.24	29.4	2/19/1979	M	63010
000380	00002	R	Y	R	R	2		23.24	31.3	4/4/1977	M	63048
000380	00004	R	Y	R	R	4		56.92	56.0	7/1/1952	M	63020
000380	00004	R	Y	R	R	4		56.92	51.8	9/14/1956	F	63049
000380	00004	R	Y	R	R	4		56.92	51.0	8/2/1957	M	63010
000380	53321	Y	Y	533	2	1	372.14	-	50.2	4/16/1958	F	63020
000380	53321	Y	Y	533	2	1	372.14	-	57.9	8/9/1950	F	63028
000380	53321	Y	Y	533	2	1	372.14	-	53.4	2/6/1955	F	63020
000380	53322	Y	Y	533	2	2	372.14	23.24	49.5	1/4/1959	M	63020
000380	53333	Y	Y	533	3	3	286.30	33.68	34.0	7/19/1974	M	63050
000380	53333	Y	Y	533	3	3	286.30	33.68	34.2	5/12/1974	F	63020
000380	53333	Y	Y	533	3	3	286.30	33.68	37.1	6/5/1971	M	63028
000380	53333	Y	Y	533	3	3	286.30	33.68	43.8	9/25/1964	M	63020
000380	53334	Y	Y	533	3	4	286.30	56.92	40.8	10/3/1967	M	63052
000380	53344	Y	Y	533	4	4	595.32	56.92	30.2	5/8/1978	M	63026
000380	70711	Y	Y	707	1	1	42.73	-	51.2	5/19/1957	M	63026
000380	70711	Y	Y	707	1	1	42.73	-	61.5	1/16/1947	M	63026
000380	70711	Y	Y	707	1	1	42.73	-	50.2	5/12/1958	M	63070
000380	70711	Y	Y	707	1	1	42.73	-	32.9	8/2/1975	F	63050
000380	70711	Y	Y	707	1	1	42.73	-	56.9	8/15/1951	F	63047
000380	70711	Y	Y	707	1	1	42.73	-	63.9	9/7/1944	M	63049
000380	70711	Y	Y	707	1	1	42.73	-	37.6	12/6/1970	F	63051
000380	70711	Y	Y	707	1	1	42.73	-	43.9	8/8/1964	M	63050
000380	70711	Y	Y	707	1	1	42.73	-	24.1	5/16/1984	M	63020
000380	70711	Y	Y	707	1	1	42.73	-	55.3	3/20/1953	F	63020
000380	70711	Y	Y	707	1	1	42.73	-	39.8	9/6/1968	F	63129
000380	70711	Y	Y	707	1	1	42.73	-	60.4	2/23/1948	F	63020
000380	70711	Y	Y	707	1	1	42.73	-	56.1	5/26/1952	M	63020
000380	70711	Y	Y	707	1	1	42.73	-	62.3	4/2/1946	M	63049
000380	70711	Y	Y	707	1	1	42.73	-	28.2	4/30/1980	F	63050
000380	70711	Y	Y	707	1	1	42.73	-	35.3	3/15/1973	M	63026
000380	70711	Y	Y	707	1	1	42.73	-	20.4	2/3/1988	M	63052
000380	70711	Y	Y	707	1	1	42.73	-	55.7	10/27/1952	F	63050
000380	70711	Y	Y	707	1	1	42.73	-	33.7	11/7/1974	M	63020
000380	70711	Y	Y	707	1	1	42.73	-	58.5	12/30/1949	M	63020
000380	70711	Y	Y	707	1	1	42.73	-	52.1	6/19/1956	F	63050
000380	70711	Y	Y	707	1	1	42.73	-	33.8	9/21/1974	M	63050
000380	70711	Y	Y	707	1	1	42.73	-	27.4	2/7/1981	M	63048
000380	70711	Y	Y	707	1	1	42.73	-	37.7	10/16/1970	M	63028
000380	70711	Y	Y	707	1	1	42.73	-	59.2	5/21/1949	M	63670
000380	70711	Y	Y	707	1	1	42.73	-	52.0	7/27/1956	F	63020
000380	70711	Y	Y	707	1	1	42.73	-	52.0	7/27/1956	F	63020
000380	70711	Y	Y	707	1	1	42.73	-	43.5	12/28/1964	F	63664
000380	70711	Y	Y	707	1	1	42.73	-	37.0	7/12/1971	M	63028
000380	70711	Y	Y	707	1	1	42.73	-	28.6	12/3/1979	M	63048
000380	70711	Y	Y	707	1	1	42.73	-	30.0	6/28/1978	M	63012
000380	70711	Y	Y	707	1	1	42.73	-	42.7	11/12/1965	F	63020
000380	70711	Y	Y	707	1	1	42.73	-	54.6	12/23/1953	M	63020
000380	70711	Y	Y	707	1	1	42.73	-	49.5	1/9/1959	F	63020
000380	70711	Y	Y	707	1	1	42.73	-	51.9	9/6/1956	F	63070
000380	70711	Y	Y	707	1	1	42.73	-	56.6	11/28/1951	F	63050

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000380	70711	Y	Y	707	1	1	42.73	-	37.8	9/8/1970	M	63050
000380	70711	Y	Y	707	1	1	42.73	-	58.1	6/8/1950	M	63019
000380	70711	Y	Y	707	1	1	42.73	-	47.5	1/5/1961	M	63028
000380	70711	Y	Y	707	1	1	42.73	-	47.1	6/19/1961	F	63012
000380	70711	Y	Y	707	1	1	42.73	-	54.0	7/9/1954	F	63016
000380	70711	Y	Y	707	1	1	42.73	-	53.2	4/27/1955	M	63012
000380	70711	Y	Y	707	1	1	42.73	-	46.8	9/23/1961	M	63010
000380	70711	Y	Y	707	1	1	42.73	-	60.3	3/16/1948	M	63020
000380	70712	Y	Y	707	1	2	42.73	23.24	40.9	9/4/1967	M	63036
000380	70712	Y	Y	707	1	2	42.73	23.24	54.8	9/21/1953	F	63020
000380	70712	Y	Y	707	1	2	42.73	23.24	57.4	3/9/1951	M	63050
000380	70712	Y	Y	707	1	2	42.73	23.24	45.2	4/17/1963	F	63050
000380	70713	Y	Y	707	1	3	42.73	33.68	34.2	5/15/1974	M	63016
000380	70714	Y	Y	707	1	4	42.73	56.92	56.7	10/29/1951	F	63028
000380	70714	Y	Y	707	1	4	42.73	56.92	52.2	4/24/1956	M	63050
000380	70714	Y	Y	707	1	4	42.73	56.92	36.4	2/15/1972	M	63084
000380	70714	Y	Y	707	1	4	42.73	56.92	36.4	2/21/1972	M	63028
000380	70714	Y	Y	707	1	4	42.73	56.92	49.3	3/21/1959	M	63303
000380	70720	Y	R	707	2	R	554.27		64.7	11/8/1943	M	63010
000380	70722	Y	Y	707	2	2	554.27	23.24	61.7	11/9/1946	M	63050
000380	70722	Y	Y	707	2	2	554.27	23.24	63.6	11/27/1944	M	63070
000380	70722	Y	Y	707	2	2	554.27	23.24	60.5	1/11/1948	M	63020
000380	70722	Y	Y	707	2	2	554.27	23.24	66.2	5/2/1942	M	63012
000380	70724	Y	Y	707	2	4	554.27	56.92	53.4	3/10/1955	M	63028
000380	70733	Y	Y	707	3	3	447.23	33.68	32.2	4/18/1976	M	63020
000380	70733	Y	Y	707	3	3	447.23	33.68	40.9	8/17/1967	M	63664
000380	70733	Y	Y	707	3	3	447.23	33.68	49.0	7/10/1959	M	63016
000380	70733	Y	Y	707	3	3	447.23	33.68	29.2	5/2/1979	F	63050
000380	70734	Y	Y	707	3	4	447.23	56.92	33.8	9/4/1974	M	63028
000380	70734	Y	Y	707	3	4	447.23	56.92	38.3	3/9/1970	M	63028
000380	70744	Y	Y	707	4	4	832.53	56.92	43.0	7/8/1965	M	63048
000380	70744	Y	Y	707	4	4	832.53	56.92	51.1	6/5/1957	M	63069
000380	70744	Y	Y	707	4	4	832.53	56.92	42.1	6/11/1966	M	63028
000380	79710	Y	R	797	1	R	-		32.5	1/1/1976	M	63028
000380	79710	Y	R	797	1	R	-	-	34.9	8/9/1973	M	63051
000380	79711	Y	Y	797	1	1	-	-	27.8	9/5/1980	F	63010
000380	79711	Y	Y	797	1	1	-	-	46.9	8/20/1961	M	63023
000380	79711	Y	Y	797	1	1	-	-	55.7	11/12/1952	M	63010
000380	79711	Y	Y	797	1	1	-	-	23.7	10/15/1984	M	63020
000380	79711	Y	Y	797	1	1	-	-	44.2	5/9/1964	M	63028
000380	79711	Y	Y	797	1	1	-	-	28.9	8/25/1979	M	63028
000380	79711	Y	Y	797	1	1	-	-	41.6	12/21/1966	M	63070
000380	79711	Y	Y	797	1	1	-	-	24.7	10/20/1983	M	63125
000380	79711	Y	Y	797	1	1	-	-	30.5	1/14/1978	M	63047
000380	79711	Y	Y	797	1	1	-	-	60.9	8/23/1947	M	63028
000380	79711	Y	Y	797	1	1	-	-	47.4	2/18/1961	M	63028
000380	79711	Y	Y	797	1	1	-	-	41.8	9/30/1966	F	63050
000380	79711	Y	Y	797	1	1	-	-	33.9	9/3/1974	M	63033
000380	79711	Y	Y	797	1	1	-	-	31.8	9/15/1976	M	63385
000380	79711	Y	Y	797	1	1	-	-	30.3	3/28/1978	M	63016
000380	79711	Y	Y	797	1	1	-	-	29.7	10/13/1978	M	63012
000380	79711	Y	Y	797	1	1	-	-	23.9	8/17/1984	M	63052
000380	79711	Y	Y	797	1	1	-	-	30.5	1/18/1978	M	63020

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000380	79711	Y	Y	797	1	1	-	-	49.2	4/28/1959	M	63376
000380	79711	Y	Y	797	1	1	-	-	31.2	5/5/1977	F	63050
000380	79711	Y	R	797	1	R	-	-	44.6	11/29/1963	F	63020
000380	79711	Y	Y	797	1	1	-	-	30.9	8/24/1977	M	63026
000380	79711	Y	Y	797	1	1	-	-	33.1	6/4/1975	M	63020
000380	79711	Y	Y	797	1	1	-	-	30.6	11/15/1977	F	63028
000380	79711	Y	Y	797	1	1	-	-	59.7	11/2/1948	M	63028
000380	79711	Y	Y	797	1	1	-	-	26.8	9/4/1981	M	63026
000380	79711	Y	Y	797	1	1	-	-	23.0	7/16/1985	M	63016
000380	79711	Y	Y	797	1	1	-	-	31.5	12/24/1976	M	63010
000380	79711	Y	Y	797	1	1	-	-	42.0	7/7/1966	M	63052
000380	79711	Y	Y	797	1	1	-	-	22.5	12/30/1985	M	63052
000380	79711	Y	Y	797	1	1	-	-	42.7	10/26/1965	M	63012
000380	79711	Y	Y	797	1	1	-	-	35.3	3/20/1973	M	63010
000380	79711	Y	Y	797	1	1	-	-	52.4	2/16/1956	M	63010
000380	79711	Y	Y	797	1	1	-	-	22.9	8/10/1985	M	63028
000380	79711	Y	Y	797	1	1	-	-	59.0	7/14/1949	M	63050
000380	79711	Y	Y	797	1	1	-	-	22.3	3/8/1986	M	63010
000380	79711	Y	Y	797	1	1	-	-	25.8	9/23/1982	M	63010
000380	79711	Y	Y	797	1	1	-	-	31.4	2/15/1977	F	63020
000380	79711	Y	Y	797	1	1	-	-	23.8	9/11/1984	M	63674
000380	79711	Y	Y	797	1	1	-	-	25.4	1/31/1983	M	63052
000380	79711	Y	Y	797	1	1	-	-	42.0	7/9/1966	F	63028
000380	79711	Y	Y	797	1	1	-	-	48.5	1/2/1960	M	63028
000380	79711	Y	Y	797	1	1	-	-	54.9	8/13/1953	F	63050
000380	79711	Y	Y	797	1	1	-	-	28.2	4/29/1980	F	63049
000380	79711	Y	Y	797	1	1	-	-	28.7	10/23/1979	M	63028
000380	79711	Y	Y	797	1	1	-	-	24.9	8/13/1983	M	63020
000380	79711	Y	Y	797	1	1	-	-	29.7	10/27/1978	F	63010
000380	79711	Y	Y	797	1	1	-	-	54.1	6/16/1954	M	63028
000270	79711	Y	Y	797	1	1	-	-	32.1	5/24/1976	M	63028
000380	79711	Y	Y	797	1	1	-	-	39.1	5/20/1969	M	63028
000380	79711	Y	Y	797	1	1	-	-	25.9	8/4/1982	F	63010
000380	79711	Y	Y	797	1	1	-	-	35.3	3/31/1973	M	63020
000380	79711	Y	Y	797	1	1	-	-	27.7	10/22/1980	M	63010
000380	79711	Y	Y	797	1	1	-	-	28.9	8/19/1979	F	63303
000380	79711	Y	Y	797	1	1	-	-	24.8	9/29/1983	M	63019
000380	79711	Y	Y	797	1	1	-	-	59.4	3/6/1949	M	63050
000380	79711	Y	Y	797	1	1	-	-	32.4	2/17/1976	M	63028
000380	79711	Y	Y	797	1	1	-	-	59.8	10/5/1948	F	63664
000380	79711	Y	Y	797	1	1	-	-	33.9	8/16/1974	M	63020
000380	79711	Y	Y	797	1	1	-	-	25.6	11/22/1982	M	63048
000380	79711	Y	Y	797	1	1	-	-	45.4	3/8/1963	M	63028
000380	79711	Y	Y	797	1	1	-	-	32.8	9/12/1975	M	63010
000380	79711	Y	Y	797	1	1	-	-	23.2	4/15/1985	M	63050
000380	79711	Y	Y	797	1	1	-	-	41.1	6/9/1967	M	63052
000380	79711	Y	Y	797	1	1	-	-	64.0	7/18/1944	M	63016
000380	79711	Y	Y	797	1	1	-	-	36.1	6/4/1972	M	63070
000380	79711	Y	Y	797	1	1	-	-	45.4	2/23/1963	M	63020
000380	79711	Y	Y	797	1	1	-	-	28.8	10/8/1979	M	63028
000380	79711	Y	Y	797	1	1	-	-	58.0	7/10/1950	M	63050
000380	79711	Y	Y	797	1	1	-	-	39.5	1/1/1969	M	63019
000380	79711	Y	Y	797	1	1	-	-	32.6	11/25/1975	M	63050

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000380	79711	Y	Y	797	1	1	-	-	26.7	11/8/1981	M	63028
000380	79711	Y	Y	797	1	1	-	-	28.3	3/18/1980	M	63020
000380	79711	Y	Y	797	1	1	-	-	45.4	2/14/1963	F	63052
000380	79711	Y	Y	797	1	1	-	-	22.6	12/4/1985	M	63052
000380	79711	Y	Y	797	1	1	-	-	30.4	1/30/1978	F	63020
000380	79711	Y	Y	797	1	1	-	-	21.3	3/24/1987	F	63051
000380	79711	Y	Y	797	1	1	-	-	26.5	1/11/1982	M	63028
000380	79711	Y	Y	797	1	1	-	-	47.0	7/28/1961	M	63010
000380	79711	Y	Y	797	1	1	-	-	34.2	5/6/1974	M	63026
000380	79711	Y	Y	797	1	1	-	-	25.7	10/24/1982	M	63020
000380	79711	Y	Y	797	1	1	-	-	25.8	9/30/1982	M	63049
000380	79711	Y	Y	797	1	1	-	-	62.3	4/4/1946	M	63050
000380	79711	Y	Y	797	1	1	-	-	37.8	9/21/1970	M	63050
000380	79711	Y	Y	797	1	1	-	-	49.4	2/28/1959	M	63050
000380	79711	Y	Y	797	1	1	-	-	35.6	12/14/1972	F	63050
000380	79711	Y	Y	797	1	1	-	-	46.0	6/27/1962	M	63020
000380	79711	Y	Y	797	1	1	-	-	27.4	2/27/1981	M	63129
000380	79711	Y	Y	797	1	1	-	-	26.7	10/21/1981	M	63051
000380	79711	Y	Y	797	1	1	-	-	24.1	6/2/1984	M	63020
000380	79711	Y	Y	797	1	1	-	-	25.5	1/7/1983	F	63019
000380	79711	Y	Y	797	1	1	-	-	40.3	3/19/1968	F	63628
000380	79711	Y	Y	797	1	1	-	-	35.2	4/25/1973	M	63028
000380	79711	Y	Y	797	1	1	-	-	37.7	10/15/1970	M	63028
000380	79712	Y	Y	797	1	2	-	23.24	24.3	4/4/1984	M	63087
000380	79712	Y	Y	797	1	2	-	23.24	45.9	8/20/1962	M	63048
000380	79712	Y	Y	797	1	2	-	23.24	49.0	7/1/1959	F	63020
000380	79713	Y	Y	797	1	3	-	33.68	40.3	3/10/1968	M	63050
000380	79713	Y	Y	797	1	3	-	33.68	46.8	9/11/1961	F	63050
000380	79713	Y	Y	797	1	3	-	33.68	37.8	9/12/1970	F	63020
000380	79713	Y	Y	797	1	3	-	33.68	29.2	5/13/1979	F	63020
000380	79713	Y	Y	797	1	3	-	33.68	36.6	12/8/1971	M	63020
000380	79714	Y	Y	797	1	4	-	56.92	35.0	7/21/1973	M	63051
000380	79714	Y	Y	797	1	4	-	56.92	29.7	11/6/1978	M	63010
000380	79714	Y	Y	797	1	4	-	56.92	40.4	2/16/1968	M	63070
000380	79714	Y	Y	797	1	4	-	56.92	38.3	3/31/1970	M	63016
000380	79714	Y	Y	797	1	4	-	56.92	37.8	9/30/1970	M	63052
000380	79721	Y	Y	797	2	1	459.91	-	58.2	5/15/1950	M	63019
000380	79721	Y	Y	797	2	1	459.91	-	64.2	4/28/1944	M	63049
000380	79722	Y	Y	797	2	2	459.91	23.24	26.7	10/14/1981	M	63048
000380	79722	Y	Y	797	2	2	459.91	23.24	26.9	8/9/1981	M	63026
000380	79722	Y	Y	797	2	2	459.91	23.24	41.0	7/1/1967	M	63028
000380	79723	Y	Y	797	2	3	459.91	33.68	49.2	5/21/1959	M	63028
000380	79733	Y	Y	797	3	3	364.10	33.68	42.4	1/30/1966	M	63020
000380	79733	Y	Y	797	3	3	364.10	33.68	44.3	4/10/1964	M	63019
000380	79733	Y	Y	797	3	3	364.10	33.68	44.9	8/11/1963	M	63016
000380	79734	Y	Y	797	3	4	364.10	56.92	30.7	11/1/1977	M	63070
000380	79744	Y	Y	797	4	4	709.04	56.92	52.8	9/10/1955	M	63052
	216	SHERIFF	FUND									
000061	00000	R	R	R	R	R			45.4	2/13/1963	M	63052
000061	00000	R	R	R	R	R			44.5	1/13/1964	M	63023

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000061	00000	R	R	R	R	R			54.5	1/24/1954	M	63051
000061	00000	R	R	R	R	R			45.2	5/9/1963	M	63023
000061	00000	R	R	R	R	R			48.3	4/13/1960	F	63050
000061	00001	R	Y	R	R	1		-	40.1	6/21/1968	F	63050
000061	00003	R	Y	R	R	3		33.68	45.6	11/27/1962	M	63020
000061	00004	R	Y	R	R	4		56.92	55.4	2/25/1953	M	63020
000061	53321	Y	Y	533	2	1	372.14	-	51.8	10/5/1956	M	63020
000061	53322	Y	Y	533	2	2	372.14	23.24	59.3	4/2/1949	F	63050
000061	53322	Y	Y	533	2	2	372.14	23.24	54.5	1/26/1954	M	63028
000061	70711	Y	Y	707	1	1	42.73	-	51.0	6/28/1957	M	63028
000061	70711	Y	Y	707	1	1	42.73	-	60.0	7/31/1948	M	63028
000061	70711	Y	Y	707	1	1	42.73	-	41.2	4/27/1967	M	63020
000061	70711	Y	Y	707	1	1	42.73	-	41.0	7/16/1967	M	63051
000061	70711	Y	Y	707	1	1	42.73	-	57.6	12/19/1950	M	63020
000061	70711	Y	Y	707	1	1	42.73	-	57.1	6/5/1951	M	63028
000061	70711	Y	Y	707	1	1	42.73	-	62.0	7/26/1946	M	63010
000061	70711	Y	Y	707	1	1	42.73	-	60.5	1/1/1948	M	63020
000061	70711	Y	Y	707	1	1	42.73	-	56.8	9/12/1951	M	63019
000061	70711	Y	Y	707	1	1	42.73	-	44.7	10/28/1963	M	63050
000061	70711	Y	Y	707	1	1	42.73	-	44.5	1/6/1964	M	63020
000061	70711	Y	Y	707	1	1	42.73	-	54.3	3/16/1954	M	63028
000061	70711	Y	Y	707	1	1	42.73	-	56.9	9/6/1951	M	63051
000061	70711	Y	Y	707	1	1	42.73	-	46.3	4/1/1962	M	63052
000061	70711	Y	Y	707	1	1	42.73	-	59.8	9/30/1948	M	63070
000061	70711	Y	Y	707	1	1	42.73	-	60.0	7/18/1948	M	63026
000061	70711	Y	Y	707	1	1	42.73	-	44.9	8/28/1963	M	63028
000061	70711	Y	Y	707	1	1	42.73	-	57.2	5/2/1951	M	63028
000061	70711	Y	Y	707	1	1	42.73	-	56.2	5/11/1952	M	63010
000061	70711	Y	Y	707	1	1	42.73	-	42.1	5/29/1966	M	63020
000061	70711	Y	Y	707	1	1	42.73	-	59.9	8/18/1948	M	63020
000061	70711	Y	Y	707	1	1	42.73	-	45.4	3/7/1963	F	63050
000061	70711	Y	Y	707	1	1	42.73	-	50.4	2/14/1958	M	63020
000061	70711	Y	Y	707	1	1	42.73	-	48.6	12/26/1959	M	63023
000061	70711	Y	Y	707	1	1	42.73	-	51.5	1/8/1957	M	63016
000061	70711	Y	Y	707	1	1	42.73	-	49.3	4/3/1959	M	63028
000061	70712	Y	Y	707	1	2	42.73	23.24	59.4	2/24/1949	M	63049
000061	70712	Y	Y	707	1	2	42.73	23.24	52.4	2/10/1956	M	63020
000061	70713	Y	Y	707	1	3	42.73	33.68	50.8	10/9/1957	M	63049
000061	70713	Y	Y	707	1	3	42.73	33.68	43.6	12/24/1964	M	63020
000061	70714	Y	Y	707	1	4	42.73	56.92	30.9	8/26/1977	M	63050
000061	70714	Y	Y	707	1	4	42.73	56.92	41.5	1/2/1967	M	63050
000061	70720	Y	R	707	2	R	554.27		54.3	3/12/1954	M	63050
000061	70721	Y	Y	707	2	1	554.27	-	52.5	1/10/1956	M	63050
000061	70722	Y	Y	707	2	2	554.27	23.24	60.7	10/26/1947	M	63028
000061	70722	Y	Y	707	2	2	554.27	23.24	68.6	12/8/1939	M	63122
000061	79711	Y	Y	797	1	1	-	-	48.0	7/10/1960	M	63020
000061	79711	Y	Y	797	1	1	-	-	51.4	2/6/1957	M	63010
000061	79711	Y	Y	797	1	1	-	-	52.9	8/7/1955	M	63050
000061	79711	Y	Y	797	1	1	-	-	51.8	9/19/1956	M	63020
000061	79711	Y	Y	797	1	1	-	-	39.1	6/14/1969	M	63020
000061	79711	Y	Y	797	1	1	-	-	61.7	11/14/1946	F	63028
000061	79711	Y	Y	797	1	1	-	-	62.7	11/2/1945	F	63050
000061	79711	Y	Y	797	1	1	-	-	37.4	2/9/1971	M	63020

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000061	79711	Y	Y	797	1	1	-	-	39.3	3/26/1969	M	63020
000061	79711	Y	Y	797	1	1	-	-	35.3	3/30/1973	M	63020
000061	79711	Y	Y	797	1	1	-	-	51.8	9/21/1956	M	63020
000061	79711	Y	Y	797	1	1	-	-	34.1	5/27/1974	M	63020
000061	79711	Y	Y	797	1	1	-	-	63.1	6/13/1945	M	63020
000061	79711	Y	Y	797	1	1	-	-	28.8	9/21/1979	M	63020
000061	79711	Y	Y	797	1	1	-	-	51.2	4/22/1957	M	63050
000061	79711	Y	Y	797	1	1	-	-	46.5	1/6/1962	M	63020
000061	79711	Y	Y	797	1	1	-	-	45.6	12/20/1962	M	63020
000061	79711	Y	Y	797	1	1	-	-	43.2	4/16/1965	M	63052
000061	79711	Y	Y	797	1	1	-	-	58.8	10/12/1949	M	63020
000061	79711	Y	Y	797	1	1	-	-	37.7	11/16/1970	M	63020
000061	79711	Y	Y	797	1	1	-	-	41.9	8/25/1966	M	63030
000061	79711	Y	Y	797	1	1	-	-	59.6	11/22/1948	M	63012
000061	79711	Y	Y	797	1	1	-	-	60.8	10/11/1947	M	63050
000061	79711	Y	Y	797	1	1	-	-	61.3	4/7/1947	M	63049
000061	79711	Y	Y	797	1	1	-	-	52.4	2/8/1956	M	63028
000061	79711	Y	Y	797	1	1	-	-	48.0	7/19/1960	M	63020
000061	79711	Y	Y	797	1	1	-	-	58.4	2/20/1950	M	63050
000061	79711	Y	Y	797	1	1	-	-	57.9	9/6/1950	M	63050
000061	79711	Y	Y	797	1	1	-	-	51.3	4/9/1957	M	63020
000061	79711	Y	Y	797	1	1	-	-	47.8	9/17/1960	M	63020
000061	79711	Y	Y	797	1	1	-	-	32.5	1/10/1976	M	63020
000061	79711	Y	Y	797	1	1	-	-	56.3	4/2/1952	M	63016
000061	79711	Y	Y	797	1	1	-	-	41.8	9/12/1966	M	63023
000061	79711	Y	Y	797	1	1	-	-	64.8	10/10/1943	M	63028
000061	79711	Y	Y	797	1	1	-	-	55.9	8/14/1952	M	63028
000061	79711	Y	Y	797	1	1	-	-	41.5	1/22/1967	M	63010
000061	79711	Y	Y	797	1	1	-	-	46.8	9/9/1961	M	63028
000061	79711	Y	Y	797	1	1	-	-	49.4	2/17/1959	M	63052
000061	79711	Y	Y	797	1	1	-	-	50.0	7/21/1958	M	63028
000061	79711	Y	Y	797	1	1	-	-	49.9	8/15/1958	M	63010
000061	79711	Y	Y	797	1	1	-	-	51.8	9/30/1956	M	63010
000061	79711	Y	Y	797	1	1	-	-	57.5	1/1/1951	M	63626
000061	79711	Y	Y	797	1	1	-	-	42.5	1/1/1966	F	63070
000061	79711	Y	Y	797	1	1	-	-	53.7	11/10/1954	F	63020
000061	79711	Y	Y	797	1	1	-	-	23.0	7/18/1985	M	63050
000061	79711	Y	Y	797	1	1	-	-	45.5	1/16/1963	M	63020
000061	79711	Y	Y	797	1	1	-	-	59.3	3/12/1949	M	63020
000061	79711	Y	Y	797	1	1	-	-	30.5	12/25/1977	M	63601
000061	79711	Y	Y	797	1	1	-	-	56.7	10/20/1951	M	63050
000061	79711	Y	Y	797	1	1	-	-	55.9	9/7/1952	M	63020
000061	79711	Y	Y	797	1	1	-	-	54.2	4/26/1954	M	63020
000061	79711	Y	Y	797	1	1	-	-	58.2	4/27/1950	M	63050
000061	79711	Y	Y	797	1	1	-	-	38.7	10/21/1969	M	63028
000061	79711	Y	Y	797	1	1	-	-	54.3	4/4/1954	M	63028
000061	79711	Y	Y	797	1	1	-	-	41.0	7/12/1967	M	63028
000061	79711	Y	Y	797	1	1	-	-	40.7	10/19/1967	M	63028
000061	79711	Y	Y	797	1	1	-	-	54.4	2/15/1954	M	63028
000061	79711	Y	Y	797	1	1	-	-	31.8	9/7/1976	M	63050
000061	79711	Y	Y	797	1	1	-	-	55.8	9/11/1952	M	63010
000061	79712	Y	Y	797	1	2	-	23.24	51.3	3/28/1957	M	63051
000061	79712	Y	Y	797	1	2	-	23.24	58.3	3/15/1950	M	63028

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000061	79712	Y	Y	797	1	2	-	23.24	55.8	9/14/1952	M	63020
000061	79712	Y	Y	797	1	2	-	23.24	34.9	8/18/1973	M	63020
000061	79712	Y	Y	797	1	2	-	23.24	49.2	4/29/1959	M	63028
000061	79713	Y	Y	797	1	3	-	33.68	45.1	6/22/1963	M	63028
000061	79713	Y	Y	797	1	3	-	33.68	38.4	2/6/1970	M	63016
000061	79713	Y	Y	797	1	3	-	33.68	32.8	9/7/1975	F	63020
000061	79713	Y	Y	797	1	3	-	33.68	47.8	10/11/1960	M	63020
000061	79714	Y	Y	797	1	4	-	56.92	40.4	2/15/1968	M	63050
000061	79714	Y	Y	797	1	4	-	56.92	46.7	11/16/1961	M	63023
000061	79714	Y	Y	797	1	4	-	56.92	30.4	2/22/1978	M	63020
000061	79724	Y	Y	797	2	4	459.91	56.92	53.3	3/18/1955	M	63019
000061	79731	Y	Y	797	3	1	364.10	-	42.7	11/7/1965	F	63020
	119	PUBLIC WORKS FUND										
000120	00001	R	Y	R	R	1		-	50.5	1/15/1958	M	63028
000120	70711	Y	Y	707	1	1	42.73	-	64.7	11/16/1943	M	63070
000120	70712	Y	Y	707	1	2	42.73	23.24	56.0	7/7/1952	M	63065
000120	79711	Y	Y	797	1	1	-	-	21.4	8/4/1984	M	63050
000120	79711	Y	Y	797	1	1	-	-	56.0	7/6/1952	F	63020
000120	79711	Y	Y	797	1	1	-	-	53.2	5/18/1955	M	63028
000120	79711	Y	Y	797	1	1	-	-	22.9	8/6/1985	M	63020
000120	79711	Y	Y	797	1	1	-	-	34.4	8/13/1971	M	63020
000120	79711	Y	Y	797	1	1	-	-	34.4	12/26/1951	M	63020
000120	79713	Y	Y	797	1	3	-	33.68	46.3	4/5/1962	M	63020
000120	79713	Y	Y	797	1	3	-	33.68	30.3	3/17/1978	F	63020
	11	PARKS FUND										
000150	00000	R	R	R	R	R	-	-	45.4	3/7/1963	F	63048
000150	00000	R	R	R	R	R	-	-	42.4	3/6/1966	F	63050
000150	00001	R	Y	R	R	1	-	-	46.4	3/2/1962	F	63028
000150	00001	R	Y	R	R	1	-	-	43.7	11/8/1964	F	63020
000150	00001	R	Y	R	R	1	-	-	45.5	1/9/1963	F	63050
000150	00001	R	R	R	R	R			29.6	12/15/1978	M	63019
000150	00001	R	Y	R	R	1	-	-	55.4	3/2/1953	F	63020
000150	00004	R	Y	R	R	4	-	56.92	32.6	12/15/1975	F	63020
000150	53321	Y	Y	533	2	1	372.14	-	53.3	3/30/1955	F	63050
000150	70711	Y	Y	707	1	1	42.73	-	57.4	2/21/1951	F	63020
000150	70711	Y	Y	707	1	1	42.73	-	55.0	7/24/1953	F	63020
000150	79710	Y	R	797	1	R	-		47.9	8/7/1960	M	63020
000150	79711	Y	Y	797	1	1	-	-	32.2	4/12/1976	M	63028
000150	79711	Y	Y	797	1	1	-	-	46.6	12/7/1961	M	63020
000150	79711	Y	Y	797	1	1	-	-	27.0	7/3/1981	M	63028
000150	79711	Y	Y	797	1	1	-	-	31.9	8/23/1976	F	63028
000150	79711	Y	Y	797	1	1	-	-	37.4	2/12/1971	F	63050
000150	79711	Y	Y	797	1	1	-	-	42.7	10/14/1965	F	63020
000150	79711	Y	Y	797	1	1	-	-	53.6	12/7/1954	F	63020
000150	79711	Y	Y	797	1	1	-	-	44.4	2/7/1964	F	63066
000150	79711	Y	Y	797	1	1	-	-	51.7	10/18/1956	F	63028
000061	79711	Y	Y	797	1	1	-	-	25.5	1/23/1983	M	63050

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
000150	79711	Y	Y	797	1	1	-	-	39.9	8/7/1968	F	63028
000150	79711	Y	Y	797	1	1	-	-	54.1	6/8/1954	F	63020
000150	79711	Y	Y	797	1	1	-	-	49.3	4/6/1959	F	63020
000150	79711	Y	Y	797	1	1	-	-	42.3	3/10/1966	F	63628
000150	79711	Y	Y	797	1	1	-	-	42.5	1/26/1966	F	63020
000150	79711	Y	Y	797	1	1	-	-	58.2	4/17/1950	M	63070
000150	79711	Y	Y	797	1	1	-	-	36.5	1/27/1972	F	63050
000150	79711	Y	Y	797	1	1	-	-	55.3	3/13/1953	M	63020
000150	79711	Y	Y	797	1	1	-	-	59.1	6/17/1949	F	63050
000150	79711	Y	Y	797	1	1	-	-	22.2	5/9/1986	F	63020
000150	79711	Y	Y	797	1	1	-	-	56.9	8/29/1951	F	63020
000150	79711	Y	Y	797	1	1	-	-	61.4	2/12/1947	F	63020
000150	79711	Y	Y	797	1	1	-	-	62.5	12/31/1945	F	63028
000150	79712	Y	Y	797	1	2	-	23.24	57.5	1/21/1951	F	63010
000150	79712	Y	Y	797	1	2	-	23.24	44.3	3/11/1964	F	63050
000150	79714	Y	Y	797	1	4	-	56.92	39.7	10/15/1968	F	63050
000150	79714	Y	Y	797	1	4	-	56.92	40.9	8/16/1967	F	63020
000150	79731	Y	Y	797	3	1	364.10	-	36.6	11/27/1971	F	63050
000150	79744	Y	Y	797	4	4	709.04	56.92	47.8	9/8/1960	M	63028
	41	ASSESSOR FUND										
639	insured	584	609				37,238.98	5,287.84	44.7		381	MALE
	refuse	55	30						avg age		258	FEMALE
	level 707	=	157									
	level 797	=	405									
	level 533	=	22									
	refuse	=	55									
		HEALTH					DENTAL					
	level	707	1=	135			level 1=	466				
	level	707	2=	13			level 2=	55				
	level	707	3=	6			level 3=	42				
	level	707	4=	3			level 4=	46				
	level	797	1=	379			refuse=	30				
	level	797	2=	12								
	level	797	3=	12								
	level	797	4=	2								
	level	533	1=	2								
	level	533	2=	10								
	level	533	3=	6								
	level	533	4=	4								
	refuse		=	55								

DEPT	SPEC ACCT	HEALTH	DENTAL	HEALTH	HEALTH	DENTAL	HEALTH COST	DENTAL COST	AGE	DATE OF BIRTH	GENDER	ZIP CODE
COBRA	53333	Y	Y	533	3	3	682.96	55.77			M	63050
COBRA	79711	Y	Y	797	1	1	383.27	21.00		11/17/1961	M	63020
COBRA	79711	Y	Y	797	1	1	383.27	21.00		4/4/1954		
COBRA	79711	Y	Y	797	1	1	383.27	21.00				
COBRA	79724	Y	Y	797	2	4	860.04	79.48			M	63028
RETIRE	00001	N	Y	0	-	1	-	21.00			F	63020
RETIRE	00001	N	Y	0	-	1	-	21.00			F	00630
RETIRE	00001	N	Y	0	-	1	-	21.00			M	63028
RETIRE	00001	N	Y	0	-	1	-	21.00			F	63028
RETIRE	00001	N	Y	0	-	1	-	21.00			F	63023
RETIRE	00001	N	Y	0	-	1	-	21.00			F	63020
RETIRE	00001	N	Y	0	-	1	-	21.00			F	63020
RETIRE	00001	N	Y	0	-	1	-	21.00			F	63128
RETIRE	00001	N	Y	0	-	1	-	21.00			F	63050
RETIRE	00002	N	Y	0	-	2	-	44.24			M	63020
RETIRE	53310	Y	N	533	1	0	343.36	-			F	63020
RETIRE	53311	Y	Y	533	1	1	343.36	21.00			F	63010
RETIRE	53322	Y	Y	533	2	2	755.41	44.24			M	63050
RETIRE	70710	Y	N	707	1	0	426.00	-			F	63028
RETIRE	70710	Y	N	707	1	0	426.00	-		9/16/1953	M	63020
RETIRE	70710	Y	N	707	1	0	426.00	-			F	63052
RETIRE	70710	Y	N	707	1	0	426.00	-		6/5/1945	M	63019
RETIRE	70711	Y	Y	707	1	1	426.00	21.00			F	63028
RETIRE	70711	Y	Y	707	1	1	426.00	21.00			F	63050
RETIRE	70711	Y	Y	707	1	1	426.00	21.00			M	63050
RETIRE	79711	Y	Y	797	1	1	383.27	21.00			F	63051
RETIRE	79711	Y	Y	797	1	1	383.27	21.00		11/17/1946	M	63050
RETIRE	79711	Y	Y	797	1	1	383.27	21.00			M	63052
RETIRE	79711	Y	Y	797	1	1	383.27	21.00		2/21/1945	F	63028
	29											
	level	707		7			level 1	20				
	level	797		8			level 2	2				
	level	533		4			level 3	1				
	no health			0			level 4	1				
							no dental	0				

SUMMARY OF BENEFITS

Your Anthem Benefits

Anthem

County of Jefferson / Health 1
Blue Access Choice℠
Summary of Benefits, Effective 1/1/08

707 High PPO

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	None	$300/$600
Out-of-Pocket Limit (Single/Family)	$1,500/$3,000	$3,000/$6,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	$15/$15	30%
• allergy injections (PCP and SCP)	$5	30%
• allergy testing	0%	30%
• routine and non-routine mammograms (regardless of outpatient setting)	$15	30%
• diabetic self management training (regardless of outpatient setting)	$15	30%
• certain medical nutritional therapy (regardless of outpatient setting)	$15	30%
• MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds	0%	30%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams		
• Physician Home and Office Visits (PCP/SCP)	$15/$15	30%
• Other Outpatient Services @ Hospital/Alternative Care Facility	0%	30%
• Immunizations through age 5	No copayment/coinsurance	No copayment/coinsurance
Emergency and Urgent Care		
• **Emergency Room Services @ Hospital (facility/other covered services)** *(copayment waived if admitted)*	$75	$75
• **Urgent Care Center Services**	$50	30%
Inpatient and Outpatient Professional Services Include but are not limited to:	0%	30%
• Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams		
Inpatient Facility Services Unlimited days except for:	$200	30%
• 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)		
• 90 days Network/Non-Network combined for skilled nursing facility		
Outpatient Surgery Hospital/Alternative Care Facility	$100	30%
• Surgery and administration of general anesthesia		
Other Outpatient Services (including but not limited to):	0%	30%
• Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services.		
• Home Care Services (Network/Non-network combined) 90 visits (excludes IV Therapy)		
• Durable Medical Equipment and Orthotics (Network/Non-network combined) $4,000 benefit maximum (excluding Prosthetic Devices and Medical Supplies)		
• Prosthetic Devices $4,000 benefit maximum		
• Physical Medicine Therapy Day Rehabilitation programs		
• Hospice Care	0%	30%
• Ambulance Services	0%	0%

Covered Benefits	Network	Non-Network
Outpatient Therapy Services **(Combined Network & Non-Network limits apply)** • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: • Physical/Manipulation therapy excluding Chiropractic Services: 20 visits • Occupational therapy: 20 visits • Chiropractic Services: 26 visits (Network) Non-Network Not Covered • Speech therapy: unlimited visits	 $15/$15 0%	 30% 30%
Behavioral Health Services: (Network and Non-Network) **Mental Health and Substance Abuse** • Inpatient Facility Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility **Substance Abuse limits** • **Inpatient:** 21 days/6 detox • **Outpatient Facility:** 30 visits • **Outpatient Office Visits:** 30 visits *(Substance Abuse rehabilitation programs are limited to10 episodes per lifetime Network and Non-Network combined.)*	 $200 $15/$15 0%	 30% 30% 30%
Human Organ and Tissue Transplants[1] • Acquisition and transplant procedures, harvest and storage.	No copayment/coinsurance	30%
Prescription Drugs[2] Network Tier structure equals 1/2/3 (and 4, if applicable) • **Network Retail Pharmacies:** (30-day supply) Includes diabetic test strip • **Anthem Rx Direct Mail Service:** (90-day supply) Includes diabetic test strip *Member may be responsible for additional cost when not selecting the available generic drug.* **Medicare Rx - Wrap** **Specialty Medications** must be obtained via our Specialty Pharmacy network in order to receive network level benefits.	$10/$25/$40 $20/$50/$80	50% (min $45)[3] Not covered
Lifetime Maximum (Combined Network and Non-network)[4]	Unlimited	Unlimited

Notes:

- *Flat dollar copayments and Non Network Human Organ and Tissue Transplants are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/ coinsurance are excluded from the out-of-pocket limits.*
- *Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage (%) coinsurance applies.*
- *Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.*
- *Dependent Age: to the end of the calendar year which the child attains age 25*
- *Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.*
- *Physicians Home and office visit copayment applies if the office visit is billed with allergy injections.*
- *No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.*
- *PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.*
- *SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.*
- *Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies, except diabetic test strips.*
- *Benefit period = calendar year*
- *Elective abortions are not covered.*

[1] *Kidney and cornea are treated the same as any other illness and subject to the medical benefits.*
[2] *If applicable, all prescription drug expenses except tier 1, (Network/Non-network, Retail/Mail-service combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment applies. Also if applicable, the Prescription Drug out of pocket maximum applies to Network Retail and Mail-Service combined.*
[3] *Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.*
[4] *Prescription Drugs do not accumulate toward the Medical Lifetime Maximum (if applicable). However, once the Medical Lifetime Maximum is met (if applicable), no additional Prescription Drug claims will be paid.*

Precertification:

- *Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.*

Your Anthem Benefits

Anthem

County of Jefferson / Health 2 797 CORE PPO
Blue Access Choice℠
Summary of Benefits, Effective 1/1/08

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	$500/$1,000	$1,000 /$2,000
Out-of-Pocket Limit (Single/Family)	$1,500/$3,000	$3,000/$6,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) including Office Surgeries and allergy serum:	$15/$30	30%
• allergy injections (PCP and SCP)	$5	30%
• allergy testing	0%	30%
• routine and non-routine mammograms (regardless of outpatient setting)	$15	30%
• diabetic self management training (regardless of outpatient setting)	$15	30%
• certain medical nutritional therapy (regardless of outpatient setting)	$15	30%
• MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds	0%	30%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams		
• Physician Home and Office Visits (PCP/SCP)	$15/$30	30%
• Other Outpatient Services @ Hospital/Alternative Care Facility	0%	30%
• Immunizations through age 5	No copayment/coinsurance	No copayment/coinsurance
Emergency and Urgent Care		
• **Emergency Room Services @ Hospital (facility/other covered services)** *(copayment waived if admitted)*	$100	$100
• **Urgent Care Center Services**	$50	30%
Inpatient and Outpatient Professional Services Include but are not limited to:	0%	30%
• Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams		
Inpatient Facility Services Unlimited days except for:	0%	30%
• 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)		
• 90 days Network/Non-Network combined for skilled nursing facility		
Outpatient Surgery Hospital/Alternative Care Facility	0%	30%
• Surgery and administration of general anesthesia		
Other Outpatient Services (including but not limited to):	0%	30%
• Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services.		
• Home Care Services (Network/Non-network combined) 90 visits (excludes IV Therapy)		
• Durable Medical Equipment and Orthotics (Network/Non-network combined) $4,000 benefit maximum (excluding Prosthetic Devices and Medical Supplies)		
• Prosthetic Devices $4,000 benefit maximum		
• Physical Medicine Therapy Day Rehabilitation programs		
• Hospice Care	0%	30%
• Ambulance Services	0%	0%

Covered Benefits	Network	Non-Network
Outpatient Therapy Services **(Combined Network & Non-Network limits apply)** • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: • Physical/Manipulation therapy excluding Chiropractic Services: 20 visits • Occupational therapy: 20 visits • Chiropractic Services: 26 visits (Network) Non-Network Not Covered • Speech therapy: unlimited visits	 $15/$30 0%	 30% 30%
Behavioral Health Services: (Network and Non-Network) **Mental Health and Substance Abuse** • Inpatient Facility Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility **Substance Abuse limits** • **Inpatient:** 21 days/6 detox • **Outpatient Facility:** 30 visits • **Outpatient Office Visits:** 30 visits *(Substance Abuse rehabilitation programs are limited to10 episodes per lifetime Network and Non-Network combined.)*	 0% $15/$30 0%	 30% 30% 30%
Human Organ and Tissue Transplants[1] • Acquisition and transplant procedures, harvest and storage.	No copayment/coinsurance	30%
Prescription Drugs[2] Network Tier structure equals 1/2/3 (and 4, if applicable) • **Network Retail Pharmacies:** (30-day supply) Includes diabetic test strip • **Anthem Rx Direct Mail Service:** (90-day supply) Includes diabetic test strip **Member may be responsible for additional cost when not selecting the available generic drug.* **Medicare Rx - Wrap** **Specialty Medications** must be obtained via our Specialty Pharmacy network in order to receive network level benefits.	$10/$25/$40 $20/$50/$80	50% (min $45)[3] Not covered
Lifetime Maximum (Combined Network and Non-network)[4]	Unlimited	Unlimited

Notes:

- *Flat dollar copayments and Non Network Human Organ and Tissue Transplants are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/ coinsurance are excluded from the out-of-pocket limits.*
- *Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage (%) coinsurance applies.*
- *Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.*
- *Dependent Age: to the end of the calendar year which the child attains age 25*
- *Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.*
- *Physicians Home and office visit copayment applies if the office visit is billed with allergy injections.*
- *No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.*
- *PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.*
- *SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.*
- *Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies, except diabetic test strips.*
- *Benefit period = calendar year*
- *Elective abortions are not covered.*

[1] *Kidney and cornea are treated the same as any other illness and subject to the medical benefits.*
[2] *If applicable, all prescription drug expenses except tier 1, (Network/Non-network, Retail/Mail-service combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment applies. Also if applicable, the Prescription Drug out of pocket maximum applies to Network Retail and Mail-Service combined.*
[3] *Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.*
[4] *Prescription Drugs do not accumulate toward the Medical Lifetime Maximum (if applicable). However, once the Medical Lifetime Maximum is met (if applicable), no additional Prescription Drug claims will be paid.*

Precertification:

- *Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.*

Your Anthem Benefits

Anthem

County of Jefferson / Health 3 533 Low PPO
Blue Access Choice℠
Summary of Benefits, Effective 1/1/08

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	$1,000 /$2,000	$2,000 /$4,000
Out-of-Pocket Limit (Single/Family)	$2,000 /$4,000	$5,000 /$10,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	$15/$15	30%
• allergy injections (PCP and SCP)	$5	30%
• allergy testing	0%	30%
• routine and non-routine mammograms (regardless of outpatient setting)	$15	30%
• diabetic self management training (regardless of outpatient setting)	$15	30%
• certain medical nutritional therapy (regardless of outpatient setting)	$15	30%
• MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds	0%	30%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams		
• Physician Home and Office Visits (PCP/SCP)	$15/$15	30%
• Other Outpatient Services @ Hospital/Alternative Care Facility	0%	30%
• Immunizations through age 5	No copayment/coinsurance	No copayment/coinsurance
Emergency and Urgent Care		
• **Emergency Room Services @ Hospital (facility/other covered services)** *(copayment waived if admitted)*	$100	$100
• **Urgent Care Center Services**	$50	30%
Inpatient and Outpatient Professional Services Include but are not limited to:	0%	30%
• Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams		
Inpatient Facility Services Unlimited days except for:	0%	30%
• 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)		
• 90 days Network/Non-Network combined for skilled nursing facility		
Outpatient Surgery Hospital/Alternative Care Facility	0%	30%
• Surgery and administration of general anesthesia		
Other Outpatient Services (including but not limited to):	0%	30%
• Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services.		
• Home Care Services (Network/Non-network combined) 90 visits (excludes IV Therapy)		
• Durable Medical Equipment and Orthotics (Network/Non-network combined) $4,000 benefit maximum (excluding Prosthetic Devices and Medical Supplies)		
• Prosthetic Devices $4,000 benefit maximum		
• Physical Medicine Therapy Day Rehabilitation programs		
• Hospice Care	0%	30%
• Ambulance Services	0%	0%

Covered Benefits	Network	Non-Network
Outpatient Therapy Services **(Combined Network & Non-Network limits apply)** • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: • Physical/Manipulation therapy excluding Chiropractic Services: 20 visits • Occupational therapy: 20 visits • Chiropractic Services: 26 visits (Network) Non-Network Not Covered • Speech therapy: unlimited visits	 $15/$15 0%	 30% 30%
Behavioral Health Services: (Network and Non-Network) **Mental Health and Substance Abuse** • Inpatient Facility Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility **Substance Abuse limits** • **Inpatient:** 21 days/6 detox • **Outpatient Facility:** 30 visits • **Outpatient Office Visits:** 30 visits *(Substance Abuse rehabilitation programs are limited to10 episodes per lifetime Network and Non-Network combined.)*	 0% $15/$15 0%	 30% 30% 30%
Human Organ and Tissue Transplants[1] • Acquisition and transplant procedures, harvest and storage.	No copayment/coinsurance	30%
Prescription Drugs[2] Network Tier structure equals 1/2/3 (and 4, if applicable) • **Network Retail Pharmacies:** (30-day supply) Includes diabetic test strip • **Anthem Rx Direct Mail Service:** (90-day supply) Includes diabetic test strip **Member may be responsible for additional cost when not selecting the available generic drug.* **Medicare Rx - Wrap** **Specialty Medications** must be obtained via our Specialty Pharmacy network in order to receive network level benefits.	$10/$25/$40 $20/$50/$80	50% (min $45)[3] Not covered
Lifetime Maximum (Combined Network and Non-network)[4]	Unlimited	Unlimited

Notes:

- *Flat dollar copayments and Non Network Human Organ and Tissue Transplants are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/ coinsurance are excluded from the out-of-pocket limits.*
- *Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage (%) coinsurance applies.*
- *Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.*
- *Dependent Age: to the end of the calendar year which the child attains age 25*
- *Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.*
- *Physicians Home and office visit copayment applies if the office visit is billed with allergy injections.*
- *No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.*
- *PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.*
- *SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.*
- *Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies, except diabetic test strips.*
- *Benefit period = calendar year*
- *Elective abortions are not covered.*

[1] *Kidney and cornea are treated the same as any other illness and subject to the medical benefits.*
[2] *If applicable, all prescription drug expenses except tier 1, (Network/Non-network, Retail/Mail-service combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment applies. Also if applicable, the Prescription Drug out of pocket maximum applies to Network Retail and Mail-Service combined.*
[3] *Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.*
[4] *Prescription Drugs do not accumulate toward the Medical Lifetime Maximum (if applicable). However, once the Medical Lifetime Maximum is met (if applicable), no additional Prescription Drug claims will be paid.*

Precertification:

- *Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.*