Employee Medical Benefits Board

Minutes

Monday, December 1, 2014 6:15 pm

Newtown Municipal Center Newtown, CT

THESE MINUTES ARE SUBJECT TO APPROVAL BY THE MUNICIPAL BUILDINGS STRATEGIC PLAN ADVISORY COMMITTEE

The Employee Medical Benefits Board held a regular meeting on Monday, December 1, 2014 in meeting room #1 of the Newtown Municipal Center, Newtown, CT. The meeting was called to order at 6:27 pm.

Present: Mark Mattioli, Donna Van Waalwijk **Absent:** Jim Loring, Paul Smith, and Dan McAloon

Others Present: Bob Tait and Ron Bienkowski

No quorum was met.

1. Acceptance of Minutes from Previous Meeting: Postponed until next meeting due to lack of a quorum.

2. New Business: (Also see attachments)

<u>Review Updated Claim Months of September, October & November</u>: Bob Tait shared the following:

- Claims experience report: Sept = \$895k; Oct = \$1.075 MM; Nov = \$951k
- Claim/enrollment report by subgroup: Mr. Mattioli asked Mr. Tait to divide the claim totals by the number of enrollees, so average claims per enrollment category appear. Mr. Tait said he would add it to his spreadsheet.
- Anthem claim reports, 2014 and 2013: Mr. Tait indicated that Joe Spurgeon would be detailing the aggregate number of high claimants relative to the previous 12-month period, at our next meeting. Mr. Mattioli said this would be an important factor, in understanding the Anthem Reinsurance renewal rate at that time. Last year they increased the premium 17%, and the logic was that the group had a large # of high claimants during the claim period.

<u>Review Status of Self-Insurance Reserve Fund:</u> Mr. Tait shared his initial projections, which he intends to use as a starting point for the 2015-2016 budget. Fund balance at 11/30/14: \$2.445 MM. Estimate for 6/30/15: \$3.167 MM.

Mr. Mattioli also mentioned that he had talked to Superintendent Erardi about possibly investing in wellness initiatives in order to get employees engaged in the process of managing their health. There are various ways to set up incentives for employees.

<u>Review/Discuss Rx Cost-Containment Option</u>: Bob Tait shared an exhibit, summarizing a program option related to Rx mail-order, which if added to the program at some future date, could offer members significant discounts on medications sourced from <u>other countries</u> through this third party, CRX International. Members will review the materials and discuss with insurance consultant at next meeting.

There is a possible impact to reserve, by plan enrollment increase. Mr. Bienkowski asked about the impact of teacher retirements in 2015, who remain on the plan. Board can review the numbers at the next meeting, and discuss possible impact relative to previous year(s).

<u>Elect a Chairman to Serve the Board for 2015:</u> This agenda item was tabled until the next meeting due to the lack of quorum.

3. Communications:

<u>Review Draft Memo for Distribution following Feburary 2014 Reserve Decision:</u> The Board members were asked to provie industry tend data sourced from health insurers, consultants, and/or business groups.

4. Finalize 2015 Meeting Dates:

The 2015 meeting dates will be: February 2, April 6, September 14, and November 16th.

Meeting Adjourned at 7:18pm

Respectfully Submitted,

Aileen Nosal, Clerk

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	3	<u>Mar-13</u> 279.000	677,000	956,000	12	<u>Mar-12</u>	692.000	000'066	4 10000 10000	Mar-14	336,000	856,000	1,192,000	5	Mar-15		ž			のないの時代の話	TOTAL	
	FISCAL YEAR 2012 - 2013	<u>Feb-13</u> 246.000	754,000	1,000,000	FISCAL YEAR 2011 - 2012	Feb-12	657,000	884,000	FISCAL YEAR 2013 - 2014	Feb-14	203,000	721,000	924,000	FISCAL YEAR 2014 - 2015	Feb-15		•			2014 - 2015		
AIMS ANALYSIS	FISCAL Y	<u>Jan-13</u> 242.000	596,000	838,000	FISCAL Y	<u>Jan-12</u>	238,000 601 000	839,000	FISCAL Y	Jan-14	220,000	546,000	766,000	FISCAL Y	Jan-15						TOWN	
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		Oct-12 198.000	812,000	1,010,000		<u>Oct-11</u>	561 000	732,000	Contraction of the second second	Oct-13	180,000	741,000	921,000		Oct-14	475,000	1.074.000					
	新生活がためおませ	Sep-12 168.000	611,000	779,000		<u>Sep-11</u>	266,000	1,008,000	Additional and a state	Sep-13	389,000	493,000	882,000		Sep-14	352,000	895,000			State Barrier		
	The second s	Aug-12 226.000	764,000	000'066	Contraction of the second	Aug-11	304,000	922,000	AL ANALANA ALCA	Aug-13	238,000	865,000	1,103,000		Aug-14	221,000	1.042.000			のないないないないない		200,000
	のないないないないの	<u>Jul-12</u> 247 000	722.000	000'696	Contraction of the second second	Jul-11	213,000	1,073,000	Street and an and a street of the	Jul-13	275,000	958,000	1,233,000		Jul-14	284,000	939.000				1,200,000 1,000,000 800,000 600,000	200,
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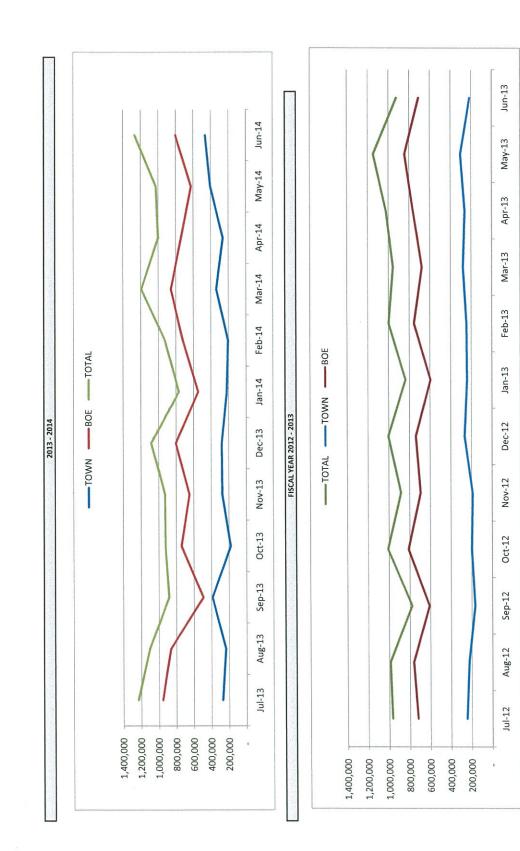
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12/1/2014 **2**

TOWN OF NEWTOWN MEDICAL SELF INSURANCE FUND ANALYSIS @ NOVEMBER 30, 2014 FISCAL YEAR 2014 - 2015 FORCAST

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FUND BALANCE @ JULY 1, 2014 <u>REVENUES: JULY 1, 2014 TO NOVEMBER 30, 2014</u>	2,210,990	
EMPLOYER CONTRIBUTIONS	4,681,078	
EMPLOYEE CONTRIBUTIONS	746,223	
RETIREE/COBRA/AGENCY CONTRIBUTIONS	184,368	
INTEREST EARNED ON INVESTMENTS	8	
TOTAL REVENUES	5,611,669	
EXPENSES: JULY 1, 2014 TO NOVEMBER 30, 2014		
CLAIMS/NAF	4,901,000	
ADMINISTRATIVE FEES	448,924	
CONSULTANT FEES	27,500 50%	
TOTAL EXPENSES	5,377,424	
FUND BALANCE @ NOVEMBER 30, 2014	2,445,235	

ESTIMATED REVENUES: DECEMBER 1, 2014 TO JUNE 30, 2015 EMPLOYFR CONTRIRUTIONS TOWN OF NEWTOWN MEDICAL SELF INSURANCE FUND ANALYSIS @ NOV 30, 2014 FISCAL YEAR 2014 - 2015 FORCAST

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2,210,990	11,334,589	2,335,000	615,000	5,000	14,289,589	12,191,542 <<< <from analysis<="" claims="" th=""><th>1,086,646</th><th>55,000</th><th>13,333,188</th><th>3,167,391</th></from>	1,086,646	55,000	13,333,188	3,167,391
	2,967,280 8,367,309	301,000 2,034,000	265,000 350,000							
FUND BALANCE @ JULY 1, 2014	ESTIMATED REVENUES EMPLOYER CONTRIBUTIONS: MUNICIPAL EDUCATION + GRANTS	EMPLOYEE CONTRIBUTIONS: MUNICIPAL EDUCATION	RETIREE/COBRA/AGENCY CONTRIBUTIONS: MUNICIPAL EDUCATION	INTEREST EARNED ON INVESTMENTS	TOTAL REVENUES	ESTIMATED EXPENSES CLAIMS/NAF: MUNICIPAL EDUCATION	ADMINISTRATIVE FEES: MUNICIPAL EDUCATION	CONSULTANT FEES	TOTAL EXPENSES	ESTIMATED FUND BALANCE @ JUNE 30, 2015

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3,047,886

25% OF TOTAL CLAIMS =

TOWN OF NEWTOWN MEDICAL SELF INSURANCE FUND ANALYSIS @ NOV 30, 2014 FISCAL YEAR 2015 - 2016 FORECAST

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	(same as prior year)					(%8)				
3,167,391	11,334,589	2,475,100	615,000	10,000	14,434,689	13,166,865 (8%)	1,200,000	55,000	14,421,865	3,180,215
	2,967,280 8,367,309	319,060 2,156,040	265,000 350,000							
ESTIMATED FUND BALANCE @ JULY 1, 2015	ESTIMATED REVENUES EMPLOYER CONTRIBUTIONS: MUNICIPAL EDUCATION + GRANTS	EMPLOYEE CONTRIBUTIONS: MUNICIPAL EDUCATION	RETIREE/COBRA/AGENCY CONTRIBUTIONS: MUNICIPAL EDUCATION	INTEREST EARNED ON INVESTMENTS	TOTAL REVENUES	ESTIMATED EXPENSES CLAIMIS/NAF: MUNICIPAL EDUCATION	ADMINISTRATIVE FEES: MUNICIPAL EDUCATION	CONSULTANT FEES	TOTAL EXPENSES	ESTIMATED FUND BALANCE @ JUNE 30, 2016

3,291,716

25% OF TOTAL CLAIMS =

TOWN	TOWN OF NEWTOWN - MEDICAL SELF INSURA	N - MEDIC	CAL SELF	INSURANC	E FUND -	CLAIMS #	NALYSIS	FOUR MO	NTHS END	NCE FUND - CLAIMS ANALYSIS - FOUR MONTHS ENDING 10/31/2014 VS. 10/31/2013	VS. 10/31/2013		
			# CONTRACTS	RACTS			# MEMBERS	ABERS		PAID C	PAID CLAIMS (4 MTHS ENDING 10/31)	NDING 10/31)	
GROUP DESCRIPTION	GROUP 3	<u>0ct-13</u>	Oct-14 0	CHANGE 4	<u>%</u> 16.0%	<u>Oct-13</u> 54	<u>Oct-14</u>	CHANGE 2	<u>%</u> 3.7%	<u>Oct-13</u> 98.260.44	<u>Oct-14</u> 113.832.97	<u>CHANGE</u> 15.572.53	<u>%</u> 15.8%
POLICE	00120/200	41	42	r ++	2.4%	127	127	0	0.0%	480,533.86	126,995.84	(353,538.02)	-73.6%
PUBLIC WORKS	005709102	68	34	-34	-50.0%	180	89	<u> </u>	-50.6%	188,473.46	171,443.49	(17,029.97)	-9.0%
TOWN HALL	005709103	32	33	-1	3.1%	85	84	-1	-1.2%	151,386.85	379,436.66	228,049.81	150.6%
NON-UNION	005709105	25	26	1	4.0%	73	68	Ņ	-6.8%	127,085.68	220,754.85	93,669.17	73.7%
DISPATCH	005709107	11	10	4	-9.1%	16	17	4	6.3%	59,246.11	138,238.09	78,991.98	133.3%
PARKS & REC	005709108	8	6	7	12.5%	26	28	2	7.7%	40,222.73	62,097.90	21,875.17	54.4%
TOWN OF NEWTOWN	005709110	0	Ч	1		0	1	1		ı	1,232.21	1,232.21	
HEALTH DISTRICT	005709114	4	4	0	%0.0	10	13	m	30.0%	13,736.68	23,003.88	9,267.20	67.5%
RETIRED POLICE	005709131	4	9	2	50.0%	9	∞	2	33.3%	13,890.90	9,097.05	(4,793.85)	-34.5%
RETIRED POLICE	005709132	1	Ч	0	%0.0	1	1	0	0.0%	2,534.68	1,083.43	(1,451.25)	-57.3%
RETIRED POLICE	005709133	1	0		.100.0%	1	0	Ļ	-100.0%	1,223.64	ſ	~	-100.0%
BOE - ADMINISTRATORS	005709201	14	11	'n	-21.4%	44	38	9-	-13.6%	17,692.77	31,916.12	14,223.35	80.4%
BOE - AIDES	005709202	50	50	0	0.0%	153	156	S	2.0%	250,931.52	302,036.57	51,105.05	20.4%
BOE - CUSTODIANS	005709205	50	48	-2	-4.0%	116	109	L-	-6.0%	409,436.55	234,812.09	(174,624.46)	-42.6%
BOE - NURSES	005709206	7	7	0	%0.0	18	18	0	0.0%	17,529.63	35,888.51	18,358.88	104.7%
BOE - SECRETARIES	005709207	43	44	7	2.3%	121	111	-10	-8.3%	167,777.10	404,129.30	236,352.20	140.9%
BOE - TEACHERS	005709208	302	283	-19	-6.3%	855	820	-35	-4.1%	1,612,800.18	1,283,845.62	(328,954.56)	-20.4%
BOE	005709216	1	0	- -	100.0%	7	0	Ļ	-100.0%	8,025.78	481.31	(7,544.47)	-94.0%
BOE - RETIREES	005709217	28	25	'n	-10.7%	42	37	Ϋ́	-11.9%	102,580.09	68,322.90	(34,257.19)	-33.4%
BOE - CENTRAL OFFICE	005709218	13	12	-1	-7.7%	39	38	4	-2.6%	94,570.96	57,924.61	(36,646.35)	-38.8%
BOE - OTHER	005709219	10	11	1	10.0%	25	28	ŝ	12.0%	25,808.78	23,196.34	(2,612.44)	-10.1%
BOE - RETIREES	005709224	2	2	0	0.0%	2	2	0	0.0%	3,266.49	4,412.70	1,146.21	35.1%
BOE - CENTRAL OFFICE - HSA	005709227	2	m	1	50.0%	7	6	2	28.6%	3,272.87	782.47	(2,490.40)	-76.1%
BOE - HSA	005709229	S	Ŋ	0	0.0%	10	8	-2	-20.0%	860.11	367.74	(492.37)	-57.2%
BOE - AIDES - HSA	005709232	2	2	0	0.0%	S	Ŋ	0	%0.0	ı	1,633.57	1,633.57	
BOE - RETIREES - HSA	005709235	1	2	1	100.0%	1	æ	2	200.0%	1	1,085.08	1,085.08	
BOE - TEACHERS - HSA	005709237	62	70	∞	12.9%	142	162	20	14.1%	139,859.30	180,483.14	40,623.84	29.0%
BOE - ADMIN - NON UNION	005709239	2	ß	1	50.0%	ŋ	7	2	40.0%	10,346.55	18,511.81	8,165.26	78.9%
BOE - COBRA	005709240	4	£	-1	-25.0%	S	4	-1	-20.0%	43,364.25	23,873.79	(19,490.46)	-44.9%
BOE - COBRA - HSA	005709244	0	2	2		0	9	9		ı	3,955.56	3,955.56	
BOE - COBRA - PPO	005709245	0	2	2		0	2	2		ı	5,569.42	5,569.42	
BOE - COBRA - ADM	005709249	0	2	2		0	8	∞		1	16,166.63	16,166.63	
		818	782	-36	-4.4%	2,170	2,063	(107)	-4.9%	4,084,717.96	3,946,611.65	(138,106.31)	-3.4%

Error (s/b 34/35)

Page 1

11/11/2013 Premium and Expense Report Summary

11/11/2013 CT Version Cover Page

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Analytic Paid Period Nov-2012 through Oct-2013 As of 11/11/2013

Expense Report

NEWTOWN TOWN AND BOARD OF EDUCATION

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Expense Report Summary

Reporting Period: Nov-2012 through Oct-2013

\$0.00 \$12,705,814.24		\$1,429,460.49	\$132,437.48	\$11,143,916.27	25,570	9,671	291	290	4,211	2,088	2,791	
\$959,950.76	\$0.00	\$59,490.50	\$11,269.40	\$889,190.86	2,171	819	24	27	360	171	237	10/2013
		\$47,023.15	\$8,197.95	\$889,532.01	2,171	820	23	26	359	172	240	09/2013
60		\$119,336.22	\$10,283.90	\$915,501.53	2,115	790	22	24	354	167	223	08/2013
		\$110,998.04	\$14,947.35	\$1,008,947.05	2,106	791	23	22	353	165	228	07/2013
	\$0.00	\$125,080.41	\$11,089.50	\$878,668.46	2,125	802	24	24	351	172	231	06/2013
	\$0.00	\$161,964.27	\$13,561.13	\$1,063,461.76	2,127	806	24	25	352	172	233	05/2013
		\$175,998.36	\$9,770.55	\$915,807.82	2,128	807	24	24	350	177	232	04/2013
		\$154,555.52	\$10,641.56	\$1,145,307.82	2,113	805	24	26	346	176	233	03/2013
		\$122,008.25	\$10,199.20	\$891,300.60	2,115	803	25	24	345	178	231	02/2013
		\$131,725.66	\$11,219.12	\$751,718.30	2,122	804	26	24	346	177	231	01/2013
\$		\$113,084.46	\$11,509.72	\$1,014,226.21	2,144	813	26	23	348	181	235	12/2012
	\$0.00	\$108,195.65	\$9,748.10	\$780,253.85	2,133	811	26	21	347	180	237	11/2012
TOTAL PLAN PAID CLAIMS	CAPITATION	PHARMACY	DENTAL	MEDICAL	TOTAL MEMBERS	TOTAL	SUBSCRIBER & CHILDREN	SUBSCRIBER & CHILD	SUBSCRIBER , SPOUSE & CHILD	& SUBSCRIBER	SUBSCRIBER	DATE

In Connecticut: Anthem Blue Cross and Blue Shield is the tude name of Anthem Neith Plazs, Inc. In Maine: Arthem Blue Cross and Blue Shield is the tude name of Anthem Neith Plans of Mane, Inc. In New Heeppines, Maren Blue Cross and Blue Shield is the tude name of Mane Neith Plans of Neith Plans of Neith Plans of Neith Plans, Inc. In New Heeppines, Maren Blue Cross and Blue Shield is the tude name of Reserver of Ure Blue Cross and Lue Shield and Neith Plans, Blue Cross and Blue Shield is the tude name of Reserver of Ure Blue Cross and Lue Shield and Neith Plans, Blue Cross and Blue Shield is the tude name of and provinged Hormation which biologies to Anthem Blue Cross and Blue Shield and shoeld be haveful a protocol under the Anton Shaadard or optication. This report contains are optically confident and the Shield and Sheet S

Anthem. . Health insights DataView Direct

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

11/11/2013 Page 1

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NEWTOWN TOWN AND BOARD OF EDUCATION [005709] CT [1900-01-01] 9999-12-31] 2012-11-01 [2013-10-31] Premium and Expense Report Summary

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Expense Report by Rating Product Description

Reporting Period: Nov-2012 through Oct-2013

Rating Product Description: BlueCare POE

	(0		10
TOTAL PLAN PAID CLAIMS	\$	\$54.60	\$201.36
CAPITATION	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00	\$0.00
DENTAL	\$0.00	07	\$0.00
MEDICAL CLAIMS	\$146.76	\$54.60	\$201.36
TOTAL			
TOTAL			
SUBSCRIBER & CHILDREN			
SUBSCRIBER & CHILD			
SUBSCRIBER , SPOUSE & CHILD			
SUBSCRIBER & SPOUSE			
SUBSCRIBER			
DATE	11/2012	12/2012	

Rating Product Description: BlueCare POS

	0	~	(0)	6
TOTAL PLAN PAID CLAIMS	\$0.00	-\$121.53	-\$59.16	-\$180.69
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$0.00	-\$121.53	-\$59.16	-\$180.69
TOTAL				
TOTAL				
SUBSCRIBER & CHILDREN				
SUBSCRIBER & CHILD				
SUBSCRIBER , SPOUSE & CHILD				
SUBSCRIBER & SPOUSE		3		
SUBSCRIBER ONLY				
DATE	11/2012	07/2013	09/2013	

Rating Product Description: CDHP HRA & HIA (Trad Health Plan)

SUBSCF	BSCRIBER SUBSCRIBER		SUBSCRIBER , SPOUSE &	SUBSCRIBER	SUBSCRIBER	TOTAL	TOTAL	MEDICAL	DENTAL	PHARMACY		TOTAL PLAN
DATE ONLY	8	SPOUSE	CHILD	& CHILD	& CHILDREN	CONTRACTS	MEMBERS	CLAIMS	CLAIMS	CLAIMS	CAPITATION	PAID CL
7/2013 0		0	0	0	0	0	0	\$0.00	\$0.00	\$449.39	\$0.00	\$449.39
8/2013 0	0		0	0	0	0	0	\$0.00	\$0.00	\$5,601.36	\$0.00	\$5,601.36
09/2013 0	0	6	0	0	0	0	0	\$0.00	\$0.00	\$18,144.20	\$0.00	\$18,144.20
0/2013								\$0.00	\$0.00	\$1,766.66	\$0.00	\$1,766.66
0		-	0	0	0	0	0	\$0.00	\$0.00	\$25,961.61	\$0.00	\$25,961.61

In Generation: Anthrem Blue Cooss and Blue Sheld is the trade name of Anthrem Health Plans, Inc. In Maine: Anthrem Blue Cooss and Blue Sheld is the trade name Authorn Health and the Cooss and Blue Sheld Sheld is the trade name of Anthrem Health Health and Sheld is the trade name Licenses of the Blue Cooss and Blue Sheld Anthrem Blue Cooss and Blue Sheld is the Anthrem Sheld Plans (In Shender) and Licenses of the Blue Cooss and Blue Sheld Anthrem Blue Cooss and Blue Sheld is the Anthrem Sheld Plans (In Shender) and Licenses of the Blue Cooss and Blue Sheld Anthrem Blue Cooss and Blue Sheld is Anthrem Sheld Plans (In Shelder) and Coost and Anthrem Sheld Coost and Blue Sheld Anthrem Sheld Anthrem Sheld Anthrem Sheld Plans (In Shelder) and Coost and Anthrem Sheld Anthrem Sheld Coost and Anthrem Blue Sheld Anthrem Sheld Anthrem Sheld Anthrem Sheld Anthrem Sheld Coost and Blue Sheld Anthrem Sheld Coost Anthrem Sheld An

Anthem Data View Direct

This report represents the Medical. Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal. Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.



Premium and Expense Report by Rating Product Desc

11/11/2013 Page 2

cipat: Anham Bian Cross and Bian Shield is the trade name of Anham Hanh Plans, Inc. In Mains: Anham Bian Cross and Bian Shield is the trade name of Anham Plans, Inc. In Mains: Anham Bian Cross and Bian Shield is the trade name of Anham Plans, Inc. In Mains: Anham Bian Cross and Bian Shield is the trade name of Anham Plans, Inc. In Mains: Anham Bian Cross and Bian Shield is the trade name of Anham Plans, Inc. In Mains: Anham Bian Cross and Bian Shield is the trade name of Anham Plans, Inc. In Mains: Anham Bian Cross and Bian Shield is the trade name of Anham Plans, Inc. In Mains: Anham Shield Cross and Bian Shield is the trade name of Anham Plans, Inc. In Mains: Anham Shield Crossing and Cross and Bian Shield is the trade name of Anham Plans, Inc. In Mains: Anham Shield Cross and Bian Shield and Plans Shield is the trade name of Anham Plans (Inc. In Shield Anham Shield Cross and Bian Shield and Plans) and Anham Shield Cross and Bian Shield and Plans Shield and Plans Shield and Plans (Inc. In Shield Crossing and Shield Anham Shield Cross and Bian Shield and Plans Shield and Plans



Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

0 \$10,860,629.25	\$0.00	\$0.00	\$0.00	\$10,860,629.25	24,286	9,160	279	274	3,975	2,014	2,618	
	\$0.00	\$0.00	\$0.00	\$868,088.77	2,006	747	23	24	332	164	204	10/2013
0 \$848,115.74	\$0.00	\$0.00	\$0.00	\$848,115.74	2,008	750	22	23	331	165	209	09/2013
\$889,274.62	\$0.00	\$0.00	\$0.00	\$889,274.62	2,003	747	21	23	333	161	209	08/2013
	\$0.00	\$0.00	\$0.00	\$997,069.17	1,994	748	22	21	332	159	214	07/2013
	\$0.00	\$0.00	\$0.00	\$859,382.66	2,034	766	23	23	334	166	220	06/2013
\$	\$0.00	\$0.00	\$0.00	\$1,035,309.34	2,036	770	23	24	335	166	222	05/2013
	\$0.00	\$0.00	\$0.00	\$899,406.59	2,038	772	23	23	333	171	222	04/2013
\$	\$0.00	\$0.00	\$0.00	\$1,126,108.39	2,023	770	23	25	329	170	223	03/2013
	\$0.00	\$0.00	\$0.00	\$879,260.82	2,025	768	24	23	328	172	221	02/2013
	\$0.00	\$0.00	\$0.00	\$723,401.02	2,027	768	25	23	328	171	221	01/2013
	\$0.00	\$0.00	\$0.00	\$982,647.35	2,049	777	25	22	330	175	225	12/2012
		\$0.00	\$0.00	\$752,564.78	2,043	777	25	20	330	174	228	11/2012
PA	CAPITA	PHARMACY CLAIMS	DENTAL	MEDICAL	TOTAL	TOTAL	SUBSCRIBER & CHILDREN	SUBSCRIBER & CHILD	, SPOUSE & CHILD	SUBSCRIBER & SPOUSE	SUBSCRIBER	DATE
	-											

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t Description:
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Preferred

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
173	3 33	3 31	3 14	3 14	3 11	3 11	3 10	3 10	3 10	3 10	2 10	2 9	SUBSCRIBER
74	7	7	6	თ	თ	თ	6	6	ŋ	б	б	6	R SUBSCRIBER & SPOUSE
236	28	28	21	21	17	17	17	17	17	18	18	17	, SPOUSE &
16	ω	ω	_	_	-	-	_	_	_	_	_	-	SUBSCRIBER & CHILD
12	-	-	د.	ح	-	ح	-	-	-	-	-	ــ	SUBSCRIBER & CHILDREN
511	72	70	43	43	36	36	35	35	35	36	36	34	TOTAL
1,284	165	163	112	112	91	91	90	06	06	95	95	90	TOTAL
\$281,121.10	\$20,975.15	\$41,310.28	\$25,888.12	\$11,881.57	\$18,754.60	\$27,549.22	\$15,987.64	\$18,587.95	\$11,994.74	\$28,203.24	\$32,449.87	\$27,538.72	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$178,242.70	\$108.11	\$625.61	\$1,814.68	\$14,640.33	\$15,419.79	\$31,988.12	\$21,337.47	\$30,204.29	\$15,103.89	\$9,543.52	\$29,185.84	\$8,271.05	PHARMACY
\$0.00	\$0.00	\$0.00			\$0.00		\$0.00						CAPITA
\$459,363.80	\$21,083.26	\$41,935.89											PAIL

NEWTOWN TOWN AND BOARD OF EDUCATION

Expense Report by Rating Product Description

Reporting Period: Nov-2012 through Oct-2013

Rating Product Description: CDHP HSA (Trad Health Plan)

Premium and Expense Report by Rating Product Desc

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Expense Report by Rating Product Description

Reporting Period: Nov-2012 through Oct-2013

Rating Product Description: Dental

TOTAL PLAN PAID CLAIMS	\$9,748.10	\$11,509.72	\$11,219.12	\$10,199.20	\$10,641.56	\$9,770.55	\$13,561.13	\$11,089.50	\$14,947.35	\$10,283.90	\$8,197.95	\$11,269.40	\$132,437.48
	00					00					00		
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL	\$9,748.10	\$11,509.72	\$11,219.12	\$10,199.20	\$10,641.56	\$9,770.55	\$13,561.13	\$11,089.50	\$14,947.35	\$10,283.90	\$8,197.95	\$11,269.40	\$132.437.48
MEDICAL CLAIMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL MEMBERS	466	465	465	463	463	465	463	459	455	459	452	452	5.527
TOTAL	191	191	192	193	194	193	193	193	191	191	189	188	2.299
SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN	5	5	5	5	5	5	5	5	5	5	5	5	60
	9	2	Ş	5	5	ę	ю	4	4	4	4	5	53
SUBSCRIBER , SPOUSE & CHILD	67	67	66	65	65	67	67	65	65	66	65	66	791
SUBSCRIBER SUBSCRIBER ONLY & SPOUSE	56	56	57	58	58	58	56	56	54	55	55	54	673
SUBSCRIBER	57	58	59	60	61	60	62	63	63	61	60	58	777
DATE	11/2012	12/2012	01/2013	02/2013	03/2013	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	

Rating Product Description: Managed Drug

SSCRIBER	SUBSCRIBER ONI V & SPOUSE	SUBSCRIBER , SPOUSE & CHILD	SUBSCRIBER & CHILD	SUBSCRIBER & CHILDREN	TOTAL	TOTAL	MEDICAL CLAIMS	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN PAID CLAIMS
	0	0	0			0	\$0.00	\$0.00	\$99,924.60	\$0.00	\$99,924.60
0	0	0	0	0	0	0	\$0.00	\$0.00	\$83,898.62	\$0.00	\$83,898.62
0	0	0	0	0	0	0	\$0.00	\$0.00	\$122,182.14	\$0.00	\$122,182.14
0	0	0	0	0	0	0	\$0.00	\$0.00	\$106,904.36	\$0.00	\$106,904.36
0	0	0	0	0	0	0	\$0.00	\$0.00	\$124,351.23	\$0.00	\$124,351.23
0	0	0	0	0	0	0	\$0.00	\$0.00	\$154,660.89	\$0.00	\$154,660.89
0	0	0	0	0	0	0	\$0.00	\$0.00	\$129,976.15	\$0.00	\$129,976.15
0	0	0	0	0	0	0	\$0.00	\$0.00	\$109,660.62	\$0.00	\$109,660.62
0	0	0	0	0	0	0	\$0.00	\$0.00	\$95,908.32	\$0.00	\$95,908.32
0	0	0	0	0	0	0	\$0.00	\$0.00	\$111,920.18	\$0.00	\$111,920.18
0	0	0	0	0	0	0	\$0.00	\$0.00	\$28,253.34	\$0.00	\$28,253.34
0	0	0	0	0	0	0	\$0.00	\$0.00	\$57,615.73	\$0.00	\$57,615.73
0	0	0	0	0	0	0	\$0.00	\$0.00	\$1,225,256.18	\$0.00	\$1,225,256.18

Premium and Expense Report by Rating Product Desc 11/11/2013

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Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client. This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.



Expense Report by Rating Product Description

Reporting Period: Nov-2012 through Oct-2013

Rating Product Description: Riders

-\$1,300.80	\$0.00	\$0.00	\$0.00	-\$1,300.80	0	0	0	0	0	0	0	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	10/2013
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	09/2013
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	08/2013
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	07/2013
-\$1,500.00	\$U.UU	\$0,00	\$0.00	-\$1,300.80				8				12/2012
TOTAL PLAN PAID CLAIMS	CAPITATION	PHARMACY	DENTAL	MEDICAL CLAIMS	TOTAL MEMBERS	R TOTAL CONTRACTS	SUBSCRIBER & CHILDREN	SUBSCRIBER & CHILD	, SPOUSE & CHILD	& SPOUSE	SUBSCRIBER	DATE

Rating Product Description: Vision

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
128	9	10	10	11	11	11	11	11	11	11	11	11	SUBSCRIBER
107	9	6	9	8	9	9	9	9	9	9	9	9	R SUBSCRIBER
283	24	23	23	23	23	23	24	24	24	24	24	24	SUBSCRIBER , SPOUSE & CHILD
18	2	2	2	2	2	2	-	-	-	1	-	-	SUBSCRIBER & CHILD
12	-	-	7	4	4	ч	4	4	ــ	-	1	-	SUBSCRIBER & CHILDREN
548	45	45	45	45	46	46	46	46	46	46	46	46	TOTAL
1,593	133	131	131	130	132	132	133	133	134	134	135	135	TOTAL MEMBERS
\$3,446.05	\$126.94	\$165.15	\$338.79	\$117.84	\$531.20	\$603.20	\$413.59	\$611.48	\$45.04	\$114.04	\$375.19	\$3.59	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	PHARMACY CLAIMS
0 \$0.00	\$0.00				\$0.00	\$0.00	\$0.00						CAPITA.
\$3,446.05	\$126.94												TOTAL PL PAID CLA

In Connecticit: Anthem Bine Crors and Bine Shield is the trade name of Anthem Neath Plans, Inc. In Maine: Anthem Bine Crors and Bine Shield is the trade name of Anthem Neath Plans of the Shield is the trade name of Anthem Neath Plans of Maine, In Near Heaven Neath Plans of Maine Neath Plans of Maine, In Near Heaven Neath Plans of Near Heaven Neath Plans of Near Heaven Neath Plans of Near Heaven Near Hea

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Heath Insights Data View Direct

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

11/11/2013 Page 4

Premium and Expense Report by Rating Product Desc

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

QUASI AGENCIES - 005709100

CAPITATION PAID CLAIMS	\$0.00 \$13,234.83	\$0.00 \$14,721.93	\$0.00 \$37,373.11	\$0.00 \$9,338.49	\$0.00 \$12,347.48	\$0.00 \$17,252.48	\$0.00 \$17,958.44	\$0.00 \$13,851.30	\$0.00 \$20,240.21	\$0.00 \$28,547.47	\$0.00 \$23,975.78	\$0.00 \$25,496.98	\$0.00 \$234.338.50
PHARMACY CLAIMS	\$3,697.33	\$3,066.49	\$2,738.61	\$3,486.57	\$3,829.40	\$4,748.37	\$4,406.21	\$2,651.41	\$3,072.22	\$4,873.58	\$1,007.60	\$1,475.28	\$39 053 07
DENTAL	\$425.20	\$1,861.30	\$709.20	\$421.80	\$1,429.00	\$1,231.60	\$2,874.40	\$1,947.20	\$2,493.80	\$1,978.80	\$469,60	\$1,448.40	¢17 290 30
MEDICAL CLAIMS	\$9,112.30	\$9,794.14	\$33,925.30	\$5,430.12	\$7,089.08	\$11,272.51	\$10,677.83	\$9,252.69	\$14,674.19	\$21,695.09	\$22,498.58	\$22,573.30	\$177 00£ 13
TOTAL	62	61	62	63	62	61	62	62	60	61	56	54	776
TOTAL	27	26	27	28	28	27	28	28	27	28	26	25	305
SUBSCRIBER & CHILDREN	۲	-	-	-	0	0	0	0	0	0	0	0	
SUBSCRIBER	0	0	0	0	~	-	~	۲-	~	-	-	٢	-
		8	8	8	8	8	8	8	8	7 1	6	6 1	
SUBSCRIBER, SPOUSE & SUBSCRIBER CHILD & CHILD	80	7 8 0	7 8 0	7 8 0	7 8 1	7 8 1	7 8 1	7 8 1	6 8 3	8 7 1	8 6 1	7 6 1	
SUBSCRIBER, SPOUSE & SUBSCRIBER CHILD & CHILD	7 8	10 7 8 0	11 7 8 0	12 7 8 0	12 7 8 1	11 7 8 1	12 7 8 1	12 7 8 1	12 6 8 1	12 8 7 1	11 8 6 6	11 7 6 1	2

POLICE - 005709101

	SUBSCRIBER SUBSCRIBER	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER & CHILD	SUBSCRIBER & CHILDREN	TOTAL	TOTAL	MEDICAL	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN PAID CLAIMS
	0000	23	-	1	42	128	\$11,234.38	\$2,319.30	\$1,229.54	\$0.00	\$14,783.22
5	œ	23	-	-	42	128	\$22,697.05	\$1,858.00	\$2,456.78	\$0.00	\$27,011.83
01/2013 9	Ø	23	-	۴	42	127	\$23,609.05	\$2,577.60	\$3,394.33	\$0.00	\$29,580.98
02/2013 9	Ø	23	-	~	42	127	\$19,292.40	\$3,306.20	\$2,356.57	\$0.00	\$24,955.17
03/2013 9	ω	23	-	٣	42	126	\$21,342.91	\$2,223.60	\$1,734.02	\$0.00	\$25,300.53
04/2013 9	œ	23	-	-	42	126	\$25,341.54	\$2,407.60	\$3,602.89	\$0.00	\$31,352.03
05/2013 9	ω	23	-	٣	42	126	\$25,898.92	\$3,255.80	\$3,575.02	\$0.00	\$32,729.74
06/2013 9	œ	23	£	-	42	126	\$25,429.80	\$2,970.70	\$1,387.18	\$0.00	\$29,787.68
07/2013 9	7	23	-	٣	41	124	\$73,188.46	\$2,531.00	\$1,496.94	\$0.00	\$77,216.40
38/2013 8	ω	23	÷	~	41	125	\$44,569.51	\$1,550.00	\$2,316.20	\$0.00	\$48,435.71
09/2013 8	ω	23	-	٣	41	125	\$309,308.60	\$1,903.00	\$815.04	\$0.00	\$312,026.64
10/2013 7	Ø	24	۴	٣	41	127	\$36,986.46	\$3,725.60	\$2,143.05	\$0.00	\$42,855.11
104	95	277	12	12	500	1,515	\$638,899.08	\$30,628.40	\$26,507.56	\$0.00	\$696,035.04

In Connecticut: Anthrem Base Cross and Blus Shield is the trade name of Anthrem Health Plans. Inc., Maliner: Anthrem Bluse Cross and Blus Shield is the trade name of Anthrem Health Plans. Inc., Inc. and Anthrem Health Charles and Anthrem Bluse Cross and Blus Shield is the trade name of Anthrem Health Plans. Inc., Inc. and Anthrem Bluse Cross and Blus Shield is the trade name of Anthrem Health Plans. Inc., Inc. and Anthrem Health Charles and Anthrem Blue Cross and Blue Shield is the trade name and the cross and Blue Shield Anthrem Blue Cross and Blue Shield Anthrem Blue Cross and Blue Shield Anthrem Blue Cross and Blue Shield Anthrem Health Plans. Inc., Belt Anthrem Blue Cross and Blue Shield Anthrem Shield Anthrem Blue Cross and Blue Shield Anter Shield Anthrem Blue Cross and Blue Shield Anthrem Shield Anthrem Shield Anthrem Shield Anthrem Blue Cross and Blue Shield Anthrem Shield Anthrem Blue Cross and Blue Shie





This report represents the Medical. Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.





Page 1 11/11/2013

Premium and Expense Report by Firm Division

Premium and Expense Report by Firm Division 11/11/2013 Page 2

In Connecticit: Authons Bane Cross and Bane Shaled is the trade name of Ardness Heath, Ben. In Maine: Anthons Blane Cross and Blane Shaled is the trade name of Ardness Heath Brane of Ardness Heath Planes (Heath Planes of Ardness Heath Planes). The Heather Heath Planes of Ardness Heath Planes of Ardness Heath Planes (Heath Planes) and Bane Shaled is the trade name of Ardness Heath Planes of Heather Ardness Heather Heather Ardness Heather Ardness Heather Ardne

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Heath Insights DataView Direct

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
80	თ	Ø	6	7	7	7	7	7	7	7	7	6	SUBSCRIBER
140	11	11	11	12	12	1	12	12	12	12	12	12	SUBSCRIBER SUBSCRIBER
149	13	13	13	12	12	13	13	12	12	12	12	12	SUBSCRIBER, SPOUSE & CHILD
5	0	0	0	0	0	0	0	-	-	_	_	_	SUBSCRIBER & CHILD
29	2	2	2	2	2	2	2	ω	ω	ω	ω	ω	SUBSCRIBER & CHILDREN
403	32	32	32	33	33	33	34	35	35	35	35	34	TOTAL
1,051	85	85	86	85	85	86	88	68	90	91	91	90	TOTAL MEMBERS
\$757,875.71	\$31,244.54	\$22,064.50	\$43,345.05	\$33,215.32	\$41,341.01	\$108,931.03	\$69,340.87	\$141,188.92	\$90,383.88	\$49,779.86	\$71,885.34	\$55,155.39	MEDICAL
\$28,643.30	\$2,757.00	\$1,734.45	\$1,948.00	\$3,718.40	\$2,857.20	\$2,677.40	\$2,361.65	\$1,312.60	\$1,067.80	\$3,229.80	\$2,291.00	\$2,688.00	DENTAL
\$61,821.96	\$2,185.84	\$1,263.61	\$5,390.40	\$2,519.74	\$5,455.88	\$9,613.19	\$8,991.48	\$7,666.24	\$4,128.35	\$6,963.79	\$3,243.71	\$4,399.73	PHARMACY
\$0.00	\$0.00	\$0.00				\$0.00		\$0.00		\$0.00	\$0.00		CAPITATION
\$848,340.97	\$36,187.38					(0		(0					TOTAL PLAN PAID CLAIMS

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	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
254	22	22	22	22	22	22	22	20	20	20	20	20	SUBSCRIBER
102	8	8	6	თ	б	8	10	10	10	10	10	10	SUBSCRIBER & SPOUSE
350	30	30	32	32	32	32	30	28	26	26	26	26	SUBSCRIBER, SPOUSE & CHILD
26	4	2	2	2	2	2	2	2	2	2	2	2	SUBSCRIBER & CHILD
48	4	4	4	4	4	4	4	4	4	4	4	4	SUBSCRIBER & CHILDREN
780	68	66	66	66	66	68	68	64	62	62	62	62	TOTAL
2,076	180	176	178	178	178	182	180	170	162	164	164	164	TOTAL MEMBERS
\$712,229.82	\$18,796.52	\$22,944.04	\$51,825.52	\$76,769.52	\$24,414.98	\$90,773.66	\$94,118.74	\$18,730.30	\$43,589.10	\$52,340.14	\$194,120.52	\$23,806.78	MEDICAL CLAIMS
\$20,085.20	\$845.00	\$0.00	\$1,810.10	\$2,643.55	\$940.80	\$1,345.97	\$1,037.10	\$3,923.36	\$2,223.00	\$1,921.32	\$2,443.00	\$952.00	DENTAL CLAIMS
\$42,072.21	\$2,005.03	\$1,533.29	\$5,012.30	\$4,288.59	\$2,627.23	\$4,851.49	\$4,407.69	\$2,520.24	\$5,126.64	\$2,778.07	\$2,474.75	\$4,446.89	PHARMACY CLAIMS
\$0.00	\$0.00								\$0.00	\$0.00			CAPITA
\$774,387.23	\$21,646.55										(0		PAID

TOWN HALL - 005709103

Premium and Expense Report by Firm Division

NEWTOWN TOWN AND BOARD OF EDUCATION

Reporting Period: Nov-2012 through Oct-2013

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NON-UNION - 005709105

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TOTAL PLAN PAID CLAIMS	\$35,582.98	\$28,602.82	\$36,423.61	\$35,679.80	\$47,564.21	\$52,735.81	\$30,047.65	\$66,085.59	\$36,732.60	\$30,713.48	\$27,320.19	\$32,319.41	\$459,808.15
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$10,330.27	\$9,938.74	\$12,662.45	\$12,005.53	\$16,874.18	\$14,515.57	\$12,674.20	\$11,928.18	\$10,653.19	\$11,413.62	\$93.75	\$4,123.91	\$127,213.59
DENTAL	\$2,134.60	\$2,057.42	\$1,889.20	\$1,776.60	\$616.80	\$1,484.60	\$1,528.06	\$1,364.60	\$2,173.40	\$2,139.80	\$2,773.10	\$1,410.40	\$21,348.58
MEDICAL CLAIMS	\$23,118.11	\$16,606.66	\$21,871.96	\$21,897.67	\$30,073.23	\$36,735.64	\$15,845.39	\$52,792.81	\$23,906.01	\$17,160.06	\$24,453.34	\$26,785.10	\$311,245.98
TOTAL MEMBERS	78	78	78	78	78	78	78	77	77	76	76	73	925
TOTAL	26	26	26	26	26	26	26	26	26	26	26	25	311
-													
SUBSCRIBER TOTAL & CHILDREN CONTRACTS	2	2	2	2	2	2	2	ε	ю	2	2	2	26
SUBSCRIBER SUBSCRIBER & CHILD	0 2	0	0 2	0	0 2	0 2	0 2	3	3	1 2	1 2	0 2	2 26
	0	13 0 2	13 0 2	13 0 2	13 0 2	13 0 2	13 0 2	12 0 3	12 0 3	12 1 2	12 1 2	11 0 2	150 2 26
SUBSCRIBER, SPOUSE & SUBSCRIBER CHILD & CHILD	13 0	7 13 0 2	7 13 0 2	7 13 0 2	7 13 0 2	7 13 0 2	7 13 0 2	7 12 0 3	7 12 0 3	7 12 1 2	7 12 1 2	8 11 0 2	7
R SUBSCRIBER, SPOUSE & SUBSCRIBER CHILD & CHILD	7 13 0	4 7 13 0 2	4 7 13 0 2	4 7 13 0 2	4 7 13 0 2	4 7 13 0 2	4 7 13 0 2	4 7 12 0 3	4 7 12 0 3	4 7 12 1 2	4 7 12 1 2	4 8 11 0 2	150 2

DISPATCH/CLERICAL - 005709107

	SUBSCRIBER	SUBSCRIBER SUBSCRIBER	SUE	SUBSCRIBER SUBSCRIBER	SUBSCRIBER	TOTAL	TOTAL	MEDICAL	DENTAL	PHARMACY	NOLLATION	TOTAL PLAN
DATE		& SPOUSE	CHILD	& CHILD	& CHILUKEN	11	MEMBERS 16	\$39.920.14	\$942.00	\$233.34	\$0.00	
12/2012		ა ო		0 0	0	ŧ	16	\$6,254.82	\$240.00	\$199.12	\$0.00	\$6,693.94
01/2013	. 2	0	~	0	0	11	16	\$12,558.65	\$0.00	\$577.39	\$0.00	\$13,136.04
02/2013	7	б	~	0	0	11	16	\$15,620.44	\$841.00	\$1,099.14	\$0.00	\$17,560.58
33/2013	7	б	F	0	0	11	16	\$11,786.14	\$414.00	\$325.99	\$0.00	\$12,526.13
04/2013	7	ę	F	0	0	11	16	\$15,755.04	\$120.00	\$390.99	\$0.00	\$16,266.03
05/2013	7	ю	۲	0	0	11	16	\$19,776.55	\$817.50	\$1,344.90	\$0.00	\$21,938.95
06/2013	2	ю	-	0	0	11	16	\$16,449.77	\$301.00	\$271.65	\$0.00	\$17,022.42
07/2013	7	e	~	0	0	11	16	\$15,224.04	\$559.60	\$1,265.53	\$0.00	\$17,049.17
08/2013	2	б	~	0	0	11	16	\$14,444.34	\$393.60	\$794.01	\$0.00	\$15,631.95
09/2013	7	ю	~	0	0	11	16	\$11,581.03	\$120.00	\$266.03	\$0.00	\$11,967.06
0/2013	7	ю	-	0	0	11	16	\$13,326.09	\$471.00	\$800.84	\$0.00	\$14,597.93
	84	36	12	0	0	132	192	\$192,697.05	\$5,219.70	\$7,568.93	\$0.00	\$205,485.68

(b) the true and or Administration Plans, Ice. In Multi- Administration screen disa behavioral in the trust and end solidies. Administration of Administration Plans, Ice. In Multi-Administration Science disa periodi for the administra-tionistic and administration of the administration of Administration Science and Administration Conference and Multi-Administration and Base Statistication behavioral and provide administration and administration admi In Connecticut: Anthem Blue Cross and Blue Sheled Anthem Heath Plans of Manue ... In New Heath Reserverse of the Blue Cross and Blue added Assound Reserverse of the Blue Cross and Blue added Assound Reserverse of the Blue Cross and Blue Added Assound Plans and Added and Added and Added and This report I attracted anyly for the use of the addided This report is attracted anyly for the use and added in immediately notify. The Synthes Month addapt

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client. This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.



Anthem. . Data View Direct



Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

PARKS & REC - 005709108

\$0.00 \$89,373.57		\$7,783.01	\$6,050.60	\$75,539.96	322	97	12	12	51	12	10	
\$0.00		\$90.61	\$283.00	\$12,606.56	26	~	-	-1	4	-	د	10/2013
\$0.00		\$494.41	\$1,040.80	\$15,519.54	26	8	-	1	4	-	د	09/2013
\$0.00 \$6,789.06			\$453.60	\$5,922.12	26	8	-	1	4	4	-	08/2013
\$0.00		\$1,192.66	\$709.60	\$1,496.49	26	8	-	_	4	4	-	07/2013
\$0.00		\$90.42	\$435.00	\$2,681.31	26	8	-	-	4	-	-	06/2013
\$0.00		\$889.02	\$157.00	\$2,984.28	21	6	-	-	ω	4	0	05/2013
\$0.00 \$3,356.78		\$1,195.98	\$496.40	\$1,664.40	25	7	<u> </u>	-	4	4	0	04/2013
\$0.00 \$3,466.25		\$214.45	\$602.20	\$2,649.60	26	8	-	-	4	4	-	03/2013
		\$729.59	\$395.00	\$1,762.85	30	9	-	1	თ	-	-	02/2013
\$0.00 \$24,379.34		\$812.79	\$720.00	\$22,846.55	30	9	-	_	თ	-	-	01/2013
\$0.00		\$952.41	\$609.00	\$2,712.39	30	9	ــ	-1	თ	ح	-	12/2012
\$0.00		\$707.33	\$149.00	\$2,693.87	30	9	1	-1	Сл	1	1	11/2012
TOTAL PLAN PAID CLAIMS	CAPITATION	PHARMACY	DENTAL CLAIMS	MEDICAL	TOTAL	TOTAL	& CHILDREN	SUBSCRIBER & CHILD	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER ONLY & SPOUSE	SUBSCRIBER	DATE

TOWN OF NEWTOWN - 005709110

SUBSCRIBER ONLY SUBSCRIBER & SUBSCRIBER CHILD SUBSCRIBER & CHILD SUBSCRIBER & CHILD TOTAL MEMBERS TOTAL CLAMS TOTAL CLAMS MEDICAL CLAMS DENTRA CLAMS CLAMS										•	1012010
SUBSCRIBER ONLY SUBSCRIBER SUBSCRIBER SUBSCRIBER CHILD SUBSCRIBER SUBSCRIBER CHILD SUBSCRIBER SUBSCRIBER CHILD SUBSCRIBER SUBSCRIBER CHILD SUBSCRIBER SUBSCRIBER CHILD SUBSCRIBER SUBSCRIBER CHILD SUBSCRIBER SUBSCRIBER CHILD SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCR		\$0.00	\$0.00	0	0	0	0	0	0	0	10/2013
SUBSCRIBER ONLY SUBSCRIBER		\$0.00	\$0.00	0	0	0	0	0	0	0	09/2013
SUBSCRIBER ONLY SUBSCRIBER		\$0.00	\$0.00	0	0	0	0	0	0	0	08/2013
SUBSCRIBER ONLY SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER CHILD SUBSCRIBER SUBSCRIBER SUBSCRIBER CHILD SUBSCRIBER SUBSCRIB		\$0.00	\$0.00	0	0	0	0	0	0	0	07/2013
SUBSCRIBER ONLY SUBSCRIBER SUBSCRIBER SPOUSE SUBSCRIBER SUBSCRIBER SPOUSE SUBSCRIBER SUBSCRIBER SPOUSE SUBSCRIBER SPOUSE SUBSCRIBER SCHILD SUBSCRIBER SCHILD CLAIMS CLAIMS CLAIMS CLAIMS SUBSCRIBER SOUG SUBSCRIBER SOUG SUBSCRIBER SUBSCRIBER SUBSCRIBER		\$0.00	\$0.00	0	0	0	0	0	0	0	06/2013
SUBSCRIBER ONLY SUBSCRIBER SUBSCRIBER SPOUSE SUBSCRIBER SPOUSE		\$0.00	\$0.00	0	0	0	0	0	0	0	05/2013
SUBSCRIBER SUBSCRIBER <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>04/2013</td>		\$0.00	\$0.00	0	0	0	0	0	0	0	04/2013
SUBSCRIBER SUBSCRIBER <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>03/2013</td>		\$0.00	\$0.00	0	0	0	0	0	0	0	03/2013
SUBSCRIBER CHILD REAL DENTI ONLY & SUBSCRIBER SUBSCRIBER SUBSCRIBER CONTRACTS MEMBERS CLAIMS CLAIMS CLAIMS CLAIMS CLAIMS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		\$0.00	\$0.00	0	0	0	0	0	0	0	02/2013
SUBSCRIBER SUBSCRIBER, SUBSCRIBER, SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER CHILD & CLAIM SUBSCRIBER CHILD & CLAIM SUBSCRIBER CHILD & CLAIM SUBSCRIBER SUBSCRIBER CHILD & CLAIM SUBSCRIBER SUBSCRIBER SUBSCRIBER CONTRACTS MEMBERS CLAIM SUBSCRIBER SUBSCR		\$0.00	\$0.00	0	0	0	0	0	0	0	01/2013
SUBSCRIBER SUBSCRIBER, SUBSCRIBER, SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER CONTRACTS MEMBERS CLAIMS CLAIM ONLY & SPOUSE CHILD & CHILD & CHILDREN CONTRACTS MEMBERS CLAIMS CLAIM		\$0.00	\$0.00	0	0	0	0	0	0	0	12/2012
SUBSCRIBER SUBSCRIBER, SUBSCRIBER SPOUSE & SUBSCRIBER SUBSCRIBER TOTAL TOTAL MEDICAL ONLY & SPOUSE CHILD & CHILD & CHILDREN CONTRACTS MEMBERS CLAIMS		\$0.00	\$0.00	0	0	0	0	0	0	0	11/2012
	PHARMACY	DENTAL	MEDICAL	TOTAL MEMBERS	TOTAL	& CHILDREN	SUBSCRIBER & CHILD	SUBSCRIBER, SPOUSE & CHILD		SUBSCRIBER	DATE

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Health Insights Data View Direct

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

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Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division 11/11/2013 Page 4

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

HEALTH DISTRICT - 005709114

DATE	SUBSCRIBER	SUBSCRIBER ONLY & SPOUSE	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN		TOTAL	TOTAL	MEDICAL CLAIMS	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN PAID CLAIMS
1/2012	0	2	-	0	£	4	10	\$377.45	\$0.00	\$153.71	\$0.00	\$531.16
2/2012	0	2	~	0	Ţ	4	10	\$1,903.12	\$150.00	\$63.32	\$0.00	\$2,116.44
01/2013	0	2	-	0	٣	4	10	\$7,265.02	\$172.00	\$181.17	\$0.00	\$7,618.19
2/2013	0	2	-	0	£	4	10	\$21,642.39	\$167.80	\$969.72	\$0.00	\$22,779.91
\$2013	0	2	-	0	٣	4	10	\$4,081.15	\$120.00	\$151.94	\$0.00	\$4,353.09
1/2013	0	2	-	0	Ţ	4	10	\$3,147.76	\$225.60	\$1,070.25	\$0.00	\$4,443.61
/2013	0	2	~	0	-	4	10	\$4,099.97	\$0.00	\$26.67	\$0.00	\$4,126.64
/2013	0	2	~	0	~	4	10	\$1,964.33	\$118.00	\$599.30	\$0.00	\$2,681.63
17/2013	0	2	-	0	٣	4	10	\$1,313.32	\$118.00	\$166.56	\$0.00	\$1,597.88
08/2013	0	2	-	0	٣	4	10	\$3,466.72	\$10.00	\$168.86	\$0.00	\$3,645.58
09/2013	0	2	-	0	٣	4	10	\$2,976.67	\$157.00	\$0.00	\$0.00	\$3,133.67
0/2013	0	2	L	0	۲	4	10	\$5,333.87	\$0.00	\$25.68	\$0.00	\$5,359.55
	0	24	12	0	12	48	120	\$57,571.77	\$1,238.40	\$3,577.18	\$0.00	\$62,387.35

TOWN OF NEWTOWN COBRA - 005709116

S I	UBSCRIBER, SPOUSE & S CHILD	UBSCRIBER & CHILD	SUBSCRIBER & CHILDREN	TOTAL	TOTAL MEMBERS	MEDICAL CLAIMS	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN PAID CLAIMS
1	0		0	٢	4	\$4,258.01	\$0.00	\$121.26	\$0.00	\$4,379.27
0	0	-	0	0	0	\$12,600.20	\$0.00	\$105.96	\$0.00	\$12,706.16
1	0		0	1	4	\$16,858.21	\$0.00	\$227.22	\$0.00	\$17,085.43





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Summary level membership counts are for medical coverage only.

Premium and Expense Report by Firm Division 11/11/2013

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

RETIRED POLICE - 005709131

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
24	2	2	2	2	2	2	2	2	2	2	2	2	SUBSCRIBER
12	-	-	-	4	-	4	-	-	4	-	-	ч	SUBSCRIBER & SPOUSE
ŋ	0	0	0	0	0	0		_	-		1	1	SUBSCRIBER, SPOUSE & CHILD
6	-	-	1	1	1	-	0	0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
48	4	4	4	4	4	4	4	4	4	4	4	4	TOTAL
78	6	6	6	6	6	6	7	7	7	7	7	7	TOTAL MEMBERS
\$34,324.61	\$723.93	\$6,697.91	\$538.97	\$3,655.39	\$857.74	\$7,887.40	\$1,177.04	\$6,119.16	\$3,725.80	\$894.15	\$960.46	\$1,086.66	MEDICAL CLAIMS
\$1,334.00	\$143.00	\$0.00	\$0.00	\$0.00	\$0.00	\$905.00	\$286.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$7,472.83	\$706.37	\$31.99	\$218.16	\$1,175.18	\$488.10	\$958.08	\$1,261.65	\$562.34	\$638.93	\$104.35	\$1,274.66	\$53.02	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	CAPITATION
\$43,131.44	\$1,573.30			\$4,830.57	\$1,345.84	\$9,750.48	\$2,724.69	\$6,681.50			\$2,235.12	\$1,139.68	TOTAL PLAN PAID CLAIMS

RETIRED POLICE - 005709132

SPUID: SUMMER CONTRACTS MEMBERS CLAMMS SUIO SUIO <th< th=""><th>\$10,728.63</th><th>\$0.00</th><th>\$4,915.48</th><th>\$293.00</th><th>\$5,520.15</th><th>12</th><th>12</th><th>0</th><th>0</th><th>0</th><th>0</th><th>12</th><th></th></th<>	\$10,728.63	\$0.00	\$4,915.48	\$293.00	\$5,520.15	12	12	0	0	0	0	12	
SPCINDE® SUBSCINDER CONTRACTS MEMBERS CLAMMS S0.00 S246.70 S0.00 S284.18 <			\$0.00	\$0.00	\$167.03	1	1	0	0	0	0	-	10/2013
SPUID: SUBSCINEER CLAIMS State 70 <	\$454.78		\$454.78	\$0.00	\$0.00	-	-	0	0	0	0	-	09/2013
SPUID: SUBSCINEER CLAIMS State 70 <	\$1,022.78	\$0.00	\$441.91	\$0.00	\$580.87	-	1	0	0	0	0	-	08/2013
SPCHILD SUBSCINIE CONTRACTS MEMBERS CLAIMS Stand <	\$890.09	\$0.00	\$779.53	\$0.00	\$110.56	-	4	0	0	0	0	-	07/2013
SPUID: SUBSCINENT CONTRACT: MEMBERS CLAMMS State	\$439.18		\$284.18	\$155.00	\$0.00	-	4	0	0	0	0	-	06/2013
SPUID: SUBSCINENT CONTRACT: MEMBERS CLAIMS CLAIMS <th< td=""><td>\$960.35</td><td>\$0.00</td><td>\$639.07</td><td>\$0.00</td><td>\$321.28</td><td>-</td><td>-</td><td>0</td><td>0</td><td>0</td><td>0</td><td>4</td><td>05/2013</td></th<>	\$960.35	\$0.00	\$639.07	\$0.00	\$321.28	-	-	0	0	0	0	4	05/2013
SPUID: SUBJOURDER CONTRACT: MEMBERS CLAIMS CLAIMS <th< td=""><td></td><td></td><td>\$284.18</td><td>\$0.00</td><td>\$558.05</td><td>4</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td>04/2013</td></th<>			\$284.18	\$0.00	\$558.05	4	1	0	0	0	0		04/2013
SPUIDS SUBSCINENT CONTRACTS MEMBERS CLAIMS CLAIMS <th< td=""><td></td><td></td><td>\$284.18</td><td>\$0.00</td><td>\$278.54</td><td>-</td><td>4</td><td>0</td><td>0</td><td>0</td><td>0</td><td>-</td><td>03/2013</td></th<>			\$284.18	\$0.00	\$278.54	-	4	0	0	0	0	-	03/2013
SPUIDS CHILDS SUBSCINENT CONTRACTS MEMBERS CLAIMS CLAIMS <thclaims< th=""> CLAIMS <thclaims< th=""></thclaims<></thclaims<>			\$599.90	\$0.00	\$2,785.11	-	1	0	0	0	0	-	02/2013
SPUIDS CHILDS SUBSCINENC CONTRACTS MEMBERS CLAIMS CLAIMS <thclaims< th=""> CLAIMS <thclaims< th=""></thclaims<></thclaims<>	8		\$516.80	\$0.00	\$422.48	-	4	0	0	0	0	-	01/2013
SPUIDS CLAIMS SUBSCRIPT CONTRACTS MEMBERS CLAIMS CLAIMS CLAIMS CLAIMS 0 0 0 1 1 \$158.23 \$138.00 \$246.70 \$0.00			\$384.25	\$0.00	\$138.00	-	4	0	0	0	0	-	12/2012
CHILD & CHILDE & CHILDE & CONTRACTS MEMBERS CLAIMS CLAIMS CAPITATION			\$246.70	\$138.00	\$158.23	4	د	0	0	0	0	1	11/2012
	TOTAL PLAN PAID CLAIMS	CAPITATION	PHARMACY CLAIMS	DENTAL	MEDICAL	TOTAL	TOTAL	SUBSCRIBER & CHILDREN	SUBSCRIBER & CHILD	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER SUBSCRIBER	SUBSCRIBER	DATE

specifical Anthem Blac Cors and Blas Schold J: Na trade name of Anthem Neath Plans, Inc. In Maine, Anthem Blac Cors and Blas Schold J: the trade name of Anthem Neath Plans, Inc. Independent on the Neath Plans of the Neath Plans, Inc. Independent on the Blac Cors and Blas Schold J: The trade name of Anthem State Cors and Blas Schold J: The

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

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Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division



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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

RETIRED POLICE - 005709133

- 10	32	00	02	00	00	88	24	93	29	28	00	10	03
TOTAL PLAN PAID CLAIMS	\$166.32	\$0.00	\$43.02	\$0.00	\$0.00	\$266.88	\$52.24	\$2,008.93	\$592.29	\$436.28	\$0.00	\$195.07	\$3,761.03
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$43.06	\$0.00	\$43.02	\$0.00	\$0.00	\$76.19	\$52.24	\$56.19	\$37.68	\$93.35	\$0.00	\$9.07	\$410.80
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$186.00	\$306.00
MEDICAL CLAIMS	\$123.26	\$0.00	\$0.00	\$0.00	\$0.00	\$70.69	\$0.00	\$1,952.74	\$554.61	\$342.93	\$0.00	\$0.00	\$3,044.23
TOTAL	F	-	۴	-	-	-	-	-	-	-	-	1	12
TOTAL	1	۲	٢	٢	٢	1	٢	٢	٢	1	٢	1	12
	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER, SPOUSE & CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER ONLY & SPOUSE	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER	F	-	-	٢	-	-	-	-	-	-	-	۲	12
DATE	11/2012	12/2012	01/2013	02/2013	03/2013	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	

NEWTOWN PUBLIC SCHOOLS-ADMINISTRATORS - 005709201

			SUBSCRIBER,									in the second
DATE	UBSCRIBER	SUBSCRIBER SUBSCRIBER	SPOUSE & CHILD	& CHILD & CHILDREN	& CHILDREN	CONTRACTS	MEMBERS	CLAIMS	CLAIMS	CLAIMS	CAPITATION	PAID CLAIMS
11/2012	4	ю	ю	0	0	10	24	\$3,643.71	\$0.00	\$147.71	\$0.00	\$3,791.42
12/2012	4	ю	ę	0	0	10	24	\$2,953.43	\$0.00	\$410.92	\$0.00	\$3,364.35
01/2013	ო	ю	ю	0	0	თ	23	\$2,026.67	\$0.00	\$1,422.38	\$0.00	\$3,449.05
02/2013	3	9	ю	0	0	6	23	\$1,945.46	\$0.00	\$501.57	\$0.00	\$2,447.03
03/2013	С	8	ю	0	0	თ	23	\$1,784.05	\$0.00	\$966.95	\$0.00	\$2,751.00
04/2013	e	ю	8	0	0	6	23	\$4,822.37	\$0.00	\$1,480.98	\$0.00	\$6,303.35
05/2013	ო	ю	ю	0	0	თ	23	\$4,465.77	\$0.00	\$1,657.81	\$0.00	\$6,123.58
06/2013	ი	ю	e	0	0	თ	23	\$2,318.02	\$0.00	\$1,590.70	\$0.00	\$3,908.72
07/2013	-	9	2	0	0	9	15	\$4,322.54	\$0.00	\$635.14	\$0.00	\$4,957.68
08/2013	2	ю	5	0	0	10	31	\$1,630.10	\$0.00	\$750.58	\$0.00	\$2,380.68
9/2013	2	4	80	0	0	14	44	\$4,548.51	\$0.00	\$393.53	\$0.00	\$4,942.04
0/2013	2	4	8	0	0	14	44	\$4,978.36	\$0.00	\$434.01	\$0.00	\$5,412.37
J	33	38	47	0	0	118	320	\$39,438.99	\$0.00	\$10,392.28	\$0.00	\$49,831.27

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal. Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

Summary level membership counts are for medical coverage only.



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Premium and Expense Report by Firm Division

Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NEWTOWN PUBLIC SCHOOLS AIDES - 005709202

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
120	10	10	10	10	10	10	10	10	10	10	10	10	SUBSCRIBER
75	7	7	6	6	6	6	6	6	6	6	7	6	SUBSCRIBER & SPOUSE
301	27	26	27	27	24	24	24	25	25	25	24	23	SPOUSE & CHILD
24	2	2	2	2	2	2	2	2	2	2	2	2	SUBSCRIBER & CHILD
41	4	4	ω	ω	4	4	4	ω	ω	ω	ы	ω	SUBSCRIBER & CHILDREN
561	50	49	48	48	46	46	46	46	46	46	46	44	TOTAL CONTRACTS
1,727	153	150	149	149	141	141	141	142	142	142	142	135	TOTAL MEMBERS
\$590,360.67	\$72,392.29	\$75,395.46	\$44,124.06	\$35,427.17	\$71,257.37	\$34,405.05	\$34,421.81	\$50,459.89	\$20,066.99	\$49,654.04	\$70,093.67	\$32,662.87	MEDICAL CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$88,614.86	\$4,453.21	\$3,441.72	\$8,685.81	\$7,011.80	\$6,680.61	\$10,466.06	\$10,500.95	\$9,750.17	\$8,342.86	\$9,491.77	\$4,707.69	\$5,082.21	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$678,975.53	\$76,845.50		\$52,809.87	\$42,438.97	\$77,937.98	\$44,871.11	\$44,922.76	\$60,210.06	\$28,409.85	\$59,145.81	\$74,801.36		TOTAL PLAN PAID CLAIMS

NEWTOWN PUBLIC SCHOOLS CUSTODIANS - 005709205

DATE SUBSCRIBER CNLY SUBSCRIBER & SPOUSE & SPOUSE & SPOUSE & SPOUSE & SPOUSE & SUBSCRIBER SUBSCRIBER SUBSCRIBER & CHILD & SCHILD & SCHIL	\$853,728.65	\$0.00	\$104,126.72	\$0.00	\$749,601.93	1,369	588	0	44	184	184	176	
SUBSCRIBER ONLY SUBSCRIBER & SPOUSE & SUBSCRIBER SUBSCRIBER CHILD RE & CHILD RE A SUBSCRIBER CHILD RE & CHILD RE A SUBSCRIBER CHILD RE & CHILD RE A TOTAL REMERS TOTAL CLAIMS MEDICAL CLAIMS PARMACY CLAIMS PARMACY CLAIMS CAPITATION PAIR PAIR TOTAL REMERS CLAIMS	\$200,175.15	\$0.00	\$5,316.64	\$0.00	\$194,858.51	116	50	0	ω	16	16	15	10/2013
SUBSCRIBER ONLY SUBSCRIBER & SPOUSE & SPOUSE SUBSCRIBER SPOUSE & CHILD RE & CHILD RE A SUBSCRIBER SUBSCRIBER & CHILD RE & CHILD REN TOTAL CONTRACTS MEDICAL MEMBERS CENTAL CLAIMS PHARMACY CLAIMS CAPITATION PAIR PAIR TOTAL REDICAL CLAIMS	\$63,870.57	\$0.00	\$3,322.73	\$0.00	\$60,547.84	116	50	0	ω	16	16	15	09/2013
SUBSCRIBER ONLY SUBSCRIBER & SPOUSE & SPOUSE SUBSCRIBER SPOUSE & CHILD RE & CHILD RE & CLAIMS & SO.00 & S10,889.24 & SO.00 & S10,889.24 & SO.00 & S10,889.24 & S0.00 & S10,889.24 & S0.00 & S8,203.24 & S0.00 & S8,203.24 & S0.00 & S8,203.24 & S0.00 & S9,192.62 & S0.00 & S11,612.04 & S0.00 & S11,283.37 &	\$43,772.24	\$0.00	\$13,087.56	\$0.00	\$30,684.68	116	50	0	ω	16	16	15	08/2013
SUBSCRIBER ONLY SUBSCRIBER & SPOUSE & SPOUSE & SUBSCRIBER SPOUSE & CHILD RE & CHILD RE A SUBSCRIBER SUBSCRIBER & CHILD RE & CHILD RE & CHILD RE A TOTAL REPORTACTS MEDICAL MEMBERS CLAIMS	\$101,618.59	\$0.00	\$7,720.71	\$0.00	\$93,897.88	116	50	0	ω	16	16	15	07/2013
SUBSCRIBER ONLY SUBSCRIBER & SPOUSE & SPOUSE & SUBSCRIBER SUBSCRIBER CHILD R SUBSCRIBER SUBSCRIBER & CHILD R SUBSCRIBER CHILD R SUBSCRIBER SUBSCRID R SUBSCRIBER SUBSCRID R SUBSCRIBER SUBSCRID R SUBSCRID R	\$57,673.87	\$0.00	\$9,931.27	\$0.00	\$47,742.60	113	49	0	4	15	15	15	06/2013
SUBSCRIBER ONLY SUBSCRIBER & SPOUSE & SUBSCRIBER SPOUSE & SUBSCRIBER SPOUSE & SUBSCRIBER SPOUSE & SUBSCRIBER SPOUSE & SUBSCRIBER CHILD RE & CHILD RE & CHILD RE TOTAL CLAIMS TOTAL CLAIMS MEDICAL CLAIMS DENTAL CLAIMS PHARMACY CLAIMS CAPITATION PAIL 14 15 15 15 4 0 48 112 \$62,321.08 \$0.00 \$10,889.24 \$0.00 \$0.00 \$10,889.24 \$0.00 \$0.00 \$10,889.24 \$0.00 \$0.00 \$10,889.24 \$0.00 \$0.00 \$10,889.24 \$0.00 \$0.00 \$10,889.24 \$0.00 \$0.00 \$10,889.24 \$0.00 <td>\$45,872.55</td> <td>\$0.00</td> <td>\$11,283.37</td> <td>\$0.00</td> <td>\$34,589.18</td> <td>113</td> <td>49</td> <td>0</td> <td>4</td> <td>15</td> <td>15</td> <td>15</td> <td>05/2013</td>	\$45,872.55	\$0.00	\$11,283.37	\$0.00	\$34,589.18	113	49	0	4	15	15	15	05/2013
SUBSCRIBER ONLY SUBSCRIBER & SPOUSE SUBSCRIBER SPOUSE SUBSCRIBER SPOUSE SUBSCRIBER & SPOUSE SUBSCRIBER & CHILD & CHILD TOTAL & CLAIMS TOTAL CLAIMS MEDICAL CLAIMS DENTAL CLAIMS PHARMACY CLAIMS CAPITATION PAIL 14 15 15 15 4 0 48 112 \$62,321.08 \$0.00 \$10,889.24 \$0.00 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$10,889.24 \$0.00 \$28,865.03 \$0.00 \$8,827.74 \$0.00 \$28,805.03 \$0.00 \$8,203.24 \$0.00 \$8,030.24 \$0.00 \$8,030.24 \$0.00 \$8,030.24 \$0.00 \$8,030.24 \$0.00 \$8,030.24 \$0.00 \$8,030.24 \$0.00 \$8,030.24 \$0.00 \$8,030.24 \$0.00 \$8,030.24 \$0.00 \$8,010.3	\$52,768.30	\$0.00	\$11,612.04	\$0.00	\$41,156.26	114	49	0	4	15	15	15	04/2013
SUBSCRIBER ONLY SUBSCRIBER & SPOUSE SUBSCRIBER SPOUSE SUBSCRIBER CHILD SUBSCRIBER & CHILD SUBSCRIBER & CHILD SUBSCRIBER & CHILD TOTAL & CLAIMS TOTAL CLAIMS DENTAL CLAIMS PHARMACY CLAIMS CAPITATION PAIL PAIL 14 15 15 4 0 48 112 \$62,321.08 \$0.00 \$10,899.24 \$0.00 \$10,899.2	\$65,659.07	\$0.00	\$9,192.62	\$0.00	\$56,466.45	113	48	0	4	15	15	14	03/2013
SUBSCRIBER Indication SUBSCRIBER SPOUSE & SPOUSE & SPOUSE & SPOUSE & CHILD SUBSCRIBER & CHILD SUBSCRIBER & CHILD SUBSCRIBER & CHILD SUBSCRIBER & CHILD SUBSCRIBER & CHILD TOTAL & CAIMS MEDICAL CLAIMS Dentral CLAIMS PHARMACY CLAIMS CAPITATION PAIE 15 15 4 0 48 112 \$62,321.08 \$0.00 \$6,827.74	\$32,791.80	\$0.00	\$6,739.56	\$0.00	\$26,052.24	113	48	0	4	15	15	14	02/2013
SUBSCRIBER CTAL TOTAL TOTAL DENTAL DENTAL DENTAL CLAIMS SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER CONTRACTS MEMBERS CLAIMS CLAIMS CLAIMS CLAIMS CLAIMS CLAIMS SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER CONTRACTS MEMBERS CLAIMS CLAIMS CLAIMS CLAIMS CLAIMS SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER CLAIMS SUBSCRIBER CLAIMS SUBSCRIBER CLAIMS SUBSCRIBER CLAIMS SUBSCRIBER	\$37,068.27	\$0.00	\$8,203.24	\$0.00	\$28,865.03	113	48	0	4	15	15	14	01/2013
SUBSCRIBER TOTAL TOTAL MEDICAL DENTAL PHARMACY CLAIMS CLAIMS CLAIMS CLAIMS CLAIMS CLAIMS CLAIMS CAPITATION PAIL 2 14 15 15 4 0 48 112 \$62,321.08 \$0.00 \$10,889.24 \$0.00	\$79,247.92	\$0.00	\$6,827.74	\$0.00	\$72,420.18	114	49	0	4	15	15	15	12/2012
SUBSCRIBER SUBSCRIBER, SUBSCRIBER, SUBSCRIBER SUBSCRIBE	\$73,210.32	\$0.00	\$10,889.24	\$0.00	\$62,321.08	112	48	0	4	15	15	14	11/2012
	TOTAL PLAN PAID CLAIMS	CAPITATION	PHARMACY CLAIMS	DENTAL	MEDICAL	TOTAL MEMBERS	TOTAL	SUBSCRIBER & CHILDREN	SUBSCRIBER & CHILD	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER & SPOUSE		DATE

In Connection: Anthem Bios Cross and Bios Shield is the trade name of Amtern Heath Plans, Inc. In Manie: Anthem Bios Cross and Bios Shield is the trade name of Anthem Health Plans of Menn, Bu, Where Heapping, Mann Bius Cross and Bios Shield is the trade name of anthem health Plans of Menn, Bu, Where Heapping, Mann Bios Cross and Bios Shield is the trade name of sectors are set in tensories of the sector annual sector and the Shield and Shield and Shield is the trade name of antion problem of the sector and antional antional sectors and Bios Shield and Shield and

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division

Anthem, .

Health Insights DataView Direct

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NEWTOWN PUBLIC SCHOOLS NURSES - 005709206

TOTAL PLAN PAID CLAIMS	\$5,397.10	\$5,855.10	\$2,739.38	\$10,094.62	\$3,890.60	\$1,674.47	\$4,413.56	\$36,792.91	\$4,063.65	\$5,828.55	\$3,018.37	\$4,619.06	\$88,387.37
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$1,327.52	\$67.22	\$423.76	-\$85.74	\$495.89	\$396.86	\$715.89	\$675.22	\$124.48	\$100.36	\$453.51	\$73.55	\$4,768.52
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$4,069.58	\$5,787.88	\$2,315.62	\$10,180.36	\$3,394.71	\$1,277.61	\$3,697.67	\$36,117.69	\$3,939.17	\$5,728.19	\$2,564.86	\$4,545.51	\$83,618.85
TOTAL	15	15	15	15	15	15	15	15	14	14	18	18	184
TOTAL	7	7	7	7	7	7	7	7	9	9	7	7	82
SUBSCRIBER & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER & CHILD	1	-	-	-	-	~	-	-	-	-	-	-	12
SUBSCRIBER, SPOUSE & CHILD	2	2	2	2	2	2	2	2	2	2	ю	ę	26
SUBSCRIBER SUBSCRIBER ONLY & SPOUSE	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER	4	4	4	4	4	4	4	4	ю	8	ę	ю	44
DATE	1/2012	12/2012	01/2013	02/2013	03/2013	4/2013	05/2013	06/2013	07/2013	08/2013	09/2013	0/2013	

NEWTOWN PUBLIC SCHOOLS-SECRETARIES - 005709207

	SUBSCRIBER ONLY & SPOLISE	SUBSCRIBER, SPOUSE & CHILD		SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN	TOTAL	TOTAL	MEDICAL CLAIMS	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN PAID CLAIMS
	12	22	0		44	125	\$24,688.54	\$0.00	\$5,051.75	\$0.00	\$29,740.29
12/2012 7	12	22	-	2	44	126	\$20,211.20	\$0.00	\$3,076.60	\$0.00	\$23,287.80
7 7	12	22	F	2	44	126	\$22,993.87	\$0.00	\$13,905.74	\$0.00	\$36,899.61
02/2013 7	12	22	-	2	44	126	\$12,098.85	\$0.00	\$7,657.16	\$0.00	\$19,756.01
03/2013 7	12	22	-	2	44	125	\$26,254.48	\$0.00	\$6,118.93	\$0.00	\$32,373.41
04/2013 7	12	22	£	2	44	125	\$30,940.78	\$0.00	\$13,331.73	\$0.00	\$44,272.51
05/2013 7	12	22	0	2	43	123	\$31,779.18	\$0.00	\$6,417.22	\$0.00	\$38,196.40
06/2013 7	12	22	0	2	43	123	\$27,248.98	\$0.00	\$8,110.73	\$0.00	\$35,359.71
07/2013 7	12	22	0	2	43	123	\$51,713.89	\$0.00	\$8,008.59	\$0.00	\$59,722.48
08/2013 7	12	22	0	2	43	122	\$37,155.91	\$0.00	\$6,943.67	\$0.00	\$44,099.58
09/2013 7	12	22	0	2	43	122	\$20,400.10	\$0.00	\$2,204.79	\$0.00	\$22,604.89
10/2013 7	12	22	0	2	43	121	\$36,901.48	\$0.00	\$4,448.67	\$0.00	\$41,350.15
85	144	264	5	24	522	1.487	\$342,387.26	\$0.00	\$85,275.58	\$0.00	\$427,662.84

Premium and Expense Report by Firm Division 11/11/2013 Page 9

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This report represents the Medical. Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal. Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

Summary level membership counts are for medical coverage only.



Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NEWTOWN PUBLIC SCHOOLS TEACHERS - 005709208

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
981	73	73	74	76	84	84	85	86	85	85	87	68	SUBSCRIBER
791	62	63	62	62	68	67	68	68	68	67	68	68	SUBSCRIBER & SPOUSE
1,896	153	153	154	155	160	161	161	159	160	159	160	161	SUBSCRIBER, SPOUSE & CHILD
92	8	80	8	7	7	7	7	8	8	6	8	7	SUBSCRIBER & CHILD
64	σ	თ	თ	5	5	5	5	5	წ	თ	ნ	თ	SUBSCRIBER & CHILDREN
3,824	302	302	303	305	324	324	326	326	326	326	329	331	TOTAL
10,665	855	856	858	860	904	904	907	900	904	902	906	909	TOTAL MEMBERS
\$5,199,373.89	\$319,274.90	\$175,511.36	\$508,293.53	\$496,637.25	\$435,259.62	\$565,244.78	\$472,782.72	\$661,368.16	\$556,806.02	\$342,431.81	\$347,228.37	\$318,535.37	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$493,447.75	\$23,441.65	\$9,091.10	\$42,577.11	\$37,973.28	\$42,631.69	\$48,824.60	\$65,052.71	\$53,694.76	\$43,411.71	\$49,123.31	\$33,693.91	\$43,931.92	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$5,692,821.64	\$342,716.55	\$184,602.46	\$550,870.64	\$534,610.53	\$477,891.31	\$614,069.38	\$537,835.43	\$715,062.92	\$600,217.73	\$391,555.12	\$380,922.28	\$362,467.29	TOTAL PLAN PAID CLAIMS

NEWTOWN BOARD OF ED - 005709216

21	10/2013 1	09/2013 1	08/2013 1	07/2013 1	06/2013 1	05/2013 1	04/2013 2	03/2013 2	02/2013 2	01/2013 3	12/2012 3	11/2012 3	DATE ONLY
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & SPOUSE
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER, SPOUSE & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
21	1	-	-	-	-	-	2	2	2	з	з	ω	TOTAL
21	-	-	_	-	-	-	2	2	2	ω	ω	ω	TOTAL
\$322,793.56	\$884.34	\$207.48	\$6,055.62	\$530.20	\$1,373.37	\$16,122.75	\$15,436.19	\$55,119.99	\$1,188.05	\$30,679.42	\$94,163.97	\$101,032.18	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL
\$4,295.12	\$0.00	\$0.00	\$132.83	\$215.31	\$354.97	\$393.23	\$1,384.30	\$248.36	\$260.47	\$680.65	\$325.53	\$299.47	PHARMACY
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$327,088.68	\$884.34	\$207.48	\$6,188.45	\$745.51	\$1,728.34	\$16,515.98	\$16,820.49	\$55,368.35	\$1,448.52	\$31,360.07	\$94,489.50	\$101,331.65	TOTAL PLAN PAID CLAIMS

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Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division



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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NEWTOWN PUBLIC SCHOOLS RETIREES - 005709217

SUBSCRIBER SUBSCRIBER	S		SUBSCRIBER	SUBSCRIBER SUBSCRIBER	TOTAL	TOTAL	MEDICAL	DENTAL	PHARMACY		TOTAL PLAN
CHILD	CHILD	_	& CHIL	DREN	CONTRACTS	MEMBERS	CLAIMS	CLAIMS	CLAIMS	CAPITAT	PAID
17 13 2 0 0	0	0	0		32	49	\$23,072.29	\$0.00	\$4,577.49	\$0.00	\$27,649.78
6 13 2 0	2 0 0	0	0		31	48	\$25,620.67	\$0.00	\$7,131.54	\$0.00	\$32,752.21
7 11 2 0 0	2 0 0	0	0	0	30	45	\$9,430.70	\$0.00	\$4,452.25	\$0.00	\$13,882.95
7 11 2 0	2 0	0		0	30	45	\$12,016.44	\$0.00	\$5,064.62	\$0.00	\$17,081.06
7 10 2 0 0	2 0	0	0	0	29	43	\$17,837.95	\$0.00	\$6,765.63	\$0.00	\$24,603.58
6 11 2 0 0	2 0 0	0	0	_	29	44	\$31,261.36	\$0.00	\$6,209.30	\$0.00	\$37,470.66
7 10 2 0	2 0 0	0	0		29	43	\$35,729.78	\$0.00	\$7,000.82	\$0.00	\$42,730.60
6 10 2 0 0	2 0 0	0	0	_	28	42	\$23,747.54	\$0.00	\$8,341.54	\$0.00	\$32,089.08
8 11 3 0 0	0 8	0	0	~	32	50	\$30,885.52	\$0.00	\$5,059.47	\$0.00	\$35,944.99
7 10 3 0 0	3 0	0	0		30	47	\$20,506.09	\$0.00	\$2,968.36	\$0.00	\$23,474.45
9 2 0 0	2 0 0	0	0		30	44	\$15,508.66	\$0.00	\$2,519.40	\$0.00	\$18,028.06
17 9 2 0 0	2 0	0	0		28	42	\$21,975.53	\$0.00	\$3,157.06	\$0.00	\$25,132.59
204 128 26 0 0		0	0	-	358	542	\$267,592.53	\$0.00	\$63,247.48	\$0.00	\$330,840.01

NEWTOWN PUBLIC SCHOOLS - CENTRAL OFFICE - 005709218

PLAN	\$6,360.24	\$6,220.61	\$4,355.43	\$7,455.49	\$1,529.37	\$5,424.55	\$3,692.79	\$13,157.53	\$27,136.66	\$16,230.38	\$40,940.76	\$10,263.16	\$142,766.97
TOTAL PLAN PAID CLAIMS													
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$1,815.44	\$955.28	\$1,292.90	\$326.21	\$723.28	\$1,927.15	\$1,091.48	\$1,999.22	\$2,529.52	\$2,275.39	\$83.99	\$1,207.44	\$16,227.30
DENTAL CLAIMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$4,544.80	\$5,265.33	\$3,062.53	\$7,129.28	\$806.09	\$3,497.40	\$2,601.31	\$11,158.31	\$24,607.14	\$13,954.99	\$40,856.77	\$9,055.72	\$126,539.67
TOTAL	38	38	26	26	31	31	33	37	38	39	39	39	415
TOTAL	14	14	11	11	13	13	14	14	13	13	13	13	156
SUBSCRIBER & CHILDREN	٢	-	-	-	-	-	-	0	0	0	0	0	7
SUBSCRIBER & CHILD	0	0	0	0	-	-	2	2	-	~	~	۲	10
SUBSCRIBER, SPOUSE & CHILD	9	9	4	4	5	5	5	9	9	9	9	9	65
SUBSCRIBER & SPOUSE	2	2	2	2	2	2	2	2	2	ю	ę	ю	27
SUBSCRIBER	5	5	4	4	4	4	4	4	4	ю	ю	ю	47
DATE	11/2012	12/2012	01/2013	02/2013	03/2013	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	

Premium and Expense Report by Firm Division In Connecticut: Anthrem Base Cross and Base Sheeld is the trade name of Anthrem Health Plans, Inc., Makine, Anthrem Blase Cross and Blue Sheeld is the trade name statement and a statement of the statement and constraint leads beliefs that the trace transmer and the constraint and the other and the presence of the Blue Cross and Blue Sheeld Structure and the Sheeld Structure and the statement of Anthrem Sheeld Structure and the statement of the Blue Cross and Blue Sheeld Structure and the sheeld Structure and the statement of Anthrem Sheeld Structure and and a statement of the Blue Cross and Blue Sheeld Structure and and and Blue Sheeld Structure and the statement of Anthrem Sheeld Anter of a statement of the Internation and the Sheeld Structure and Sheeld Structure and the structure and the structure and the structure and the Cross and Blue Sheeld Structure and Sheeld Structure and Sheeld Structure and Anthrem Sheeld Anter of Anthrem Blue Anter of Anthrem Sheeld Anter of Anthrem Blue Anter of Anthrem Sheeld Anter of Anthrem Blue Anter of Anthrem Blue Anter of Anthrem Sheeld Anter of Anthrem Sheeld Anter of Anthrem Blue Anter of Anthrem Blue Anter of Anthrem Sheeld Anter of Anthrem Sheeld Anter of Anthrem Blue Anter of Anthrem Blue Anter of Anthrem Blue Anter of Anthrem Sheeld Anter of Anthrem Sheeld Anter of Anthrem Sheeld Anter of Anthrem Sheeld Anter of Anthrem Blue Anter of Anthrem Blue Anter of Anter of Anthrem Sheeld Anter of Anthrem Blue Anter of Anthrem Sheeld Anter of Anthrem Anter of Anter of Anthrem Blue Anter of Anthrem Blue Anter of Anthrem Blue Anter of Anthrem Anter of Anthrem Anter of Anthrem Anter of Anthrem Blue

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Summary level membership counts are for medical coverage only.



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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NEWTOWN PUBLIC SCHOOLS - OTHER - 005709219

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
71	4	თ	U	υ	თ	7	7	7	6	6	7	7	SUBSCRIBER
20	1	-	4	-	2	2	2	2	2	2	2	2	SUBSCRIBER & SPOUSE
53	4	4	4	თ	თ	4	4	4	4	თ	თ	თ	SUBSCRIBER, SPOUSE & CHILD
12	1	-1	-	1	-	-	Ъ	4	4		-	1	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
156	10	11	11	12	13	14	14	14	13	14	15	15	TOTAL
356	25	26	26	30	32	30	30	30	29	32	33	33	TOTAL MEMBERS
\$63,527.84	\$4,123.14	\$4,122.65	\$11,318.06	\$4,963.37	\$6,517.84	\$7,159.96	\$4,101.83	\$7,473.65	\$2,242.85	\$2,409.14	\$4,136.63	\$4,958.72	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL
\$13,714.79	\$187.90	\$231.39	\$1,294.00	-\$432.78	\$2,954.60	\$1,660.75	\$494.76	\$997.33	\$2,750.49	\$1,012.33	\$1,544.35	\$1,018.62	PHARMACY
\$0.00	\$0.00				\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$77,242.63			\$4 354 34	\$10 C12 C13	\$9,4/2.44	\$8,820.71	\$4,596.59	\$8,4/0.98	\$4,993.34	\$3,421.47	\$5,680.98		TOTA

NEWTOWN PUBLIC SCHOOLS TEACHERS - 005709220

	07/2013	
		SUBSCRIBE
		R SPOUSE & CHILD
		SUBSCRIBER & CHILD
		SUBSCRIBER & CHILDREN
		TOTAL
		TOTAL
-\$121.53	-\$121.53	MEDICAL
\$0.00	\$0.00	DENTAL
\$0.00	\$0.00	PHARMACY
\$0.00	\$0.00	CAPITATION
-\$121.53	-\$121.53	TOTAL PLAN PAID CLAIMS

In Connectical: Anisom Blac Cross and Blac Solidd is he total name of Anisom Neath Plans, Inc. In Maine: Advisom Blac Cross and Blac Solid is the total name of Anisom Neath Plans, Inc. In Maine: Advisom Blac Cross and Blac Solid is the storage of the storage of

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This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NEWTOWN PUBLIC SCHOOLS-RETIREES - 005709224

	JBSCRIBER ONLY	SUBSCRIBER ONLY & SPOUSE	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER & CHILD	SUBSCRIBER & CHILDREN	TOTAL	TOTAL	MEDICAL CLAIMS	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN PAID CLAIMS
11/2012	2	t	0	0	0	e	4	\$1,705.03	\$0.00	\$210.28	\$0.00	\$1,915.31
12/2012	2	-	0	0	0	ß	4	\$489.92	\$0.00	\$424.84	\$0.00	\$914.76
01/2013	2	-	0	0	0	ß	4	\$1,324.98	\$0.00	\$411.85	\$0.00	\$1,736.83
02/2013	2	-	0	0	0	e	4	\$2,985.04	\$0.00	\$437.24	\$0.00	\$3,422.28
03/2013	2	0	0	0	0	2	2	\$728.28	\$0.00	\$187.80	\$0.00	\$916.08
04/2013	2	0	0	0	0	2	7	\$78.37	\$0.00	\$772.62	\$0.00	\$850.99
05/2013	2	0	0	0	0	2	2	\$3,726.88	\$0.00	\$77.94	\$0.00	\$3,804.82
06/2013	2	0	0	0	0	2	7	\$649.07	\$0.00	\$4.71	\$0.00	\$653.78
07/2013	2	0	0	0	0	2	7	\$462.57	\$0.00	\$61.38	\$0.00	\$523.95
08/2013	2	0	0	0	0	2	7	\$419.72	\$0.00	\$94.03	\$0.00	\$513.75
09/2013	2	0	0	0	0	2	7	\$1,225.93	\$0.00	\$0.00	\$0.00	\$1,225.93
0/2013	2	0	0	0	0	2	2	\$489.71	\$0.00	\$513.15	\$0.00	\$1,002.86
J	24	4	0	0	0	28	32	\$14,285.50	\$0.00	\$3,195.84	\$0.00	\$17,481.34

NEWTOWN PUBLIC SCHOOLS-SECRETARIES HSA - 005709226

TOTAL PLAN PAID CLAIMS	\$54.60	\$54.60
CAPITATION	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00
DENTAL	\$0.00	\$0.00
MEDICAL CLAIMS	\$54.60	\$54.60
TOTAL MEMBERS		
TOTAL		
SUBSCRIBER & CHILDREN		
SUBSCRIBER & CHILD		
SUBSCRIBER, SPOUSE & CHILD		
SUBSCRIBER & SPOUSE		
SUBSCRIBER		
DATE	12/2012	

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Summary level membership counts are for medical coverage only.



Premium and Expense Report by Firm Division 11/11/2013

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NEWTOWN PUBLIC SCHOOLS - CENTRAL OFFICE HSA - 005709227

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & SPOUSE
24	2	2	2	2	2	2	2	2	2	2	2	2	SUBSCRIBER, SPOUSE & CHILD
1	0	-	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
25	2	ω	2	2	2	2	2	2	2	2	2	2	TOTAL
86	7	9	7	7	7	7	7	7	7	7	7	7	TOTAL MEMBERS
\$3,417.22	\$70.04	\$967.28	\$0.00	\$2.86	\$347.08	\$24.54	\$243.09	\$0.00	\$322.46	\$387.12	\$1,027.37	\$25.38	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$9,115.43	\$95.30	\$425.34	\$263.57	\$1,448.48	\$910.74	\$1,085.76	\$207.53	\$1,895.18	\$973.40	\$738.94	\$96.14	\$975.05	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$12,532.65	\$165.34	Ś	\$263.57	\$1,451.34	\$1,257.82	\$1,110.30	\$450.62	\$1,895.18		\$1,126.06	\$1,123.51	\$1,000.43	TOTAL PLAN PAID CLAIMS

NEWTOWN PUBLIC SCHOOLS - HSA - 005709229

6	10/2013 3	09/2013 2	08/2013 1	01/2013 0	12/2012 0	11/2012 0	DATE SUBSCRIE
0	0	0	0	0	0	0	
5	-	-	0	-	7	-	SUBSCRIBER, SPOUSE & CHILD
-	-1	0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
12	5	ω	ح	-	-	-	TOTAL
33	10	7	-	C1	UI	U	TOTAL
\$758.87	\$60.48	\$0.00	\$0.00	\$698.39	\$0.00	\$0.00	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL
\$101.24	\$12.81	\$0.00	\$0.00	\$88,43	\$0.00	\$0.00	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$860.11	\$73.29	\$0.00	\$0.00	\$786.82	\$0.00	\$0.00	TOTAL PLAN PAID CLAIMS

In Connectical: Anthem Base Cross and Base Shield is the trade name of Anthem Heath Plans, Inc. In Maine: Anthem Blase Cross and Blase Shield is the trade name of Anthem Heath Plans of Mane, Inc. In Neuroperformance, and the Shield is the trade name of Anthem Heath Plans of Mane, Inc. In Neuroperformance, and the Shield is the trade name of Anthem Heath Plans of Mane, Inc. In Neuroperformance, and the Shield is the trade name of Anthem Heath Plans of Mane, Inc. In Neuroperformance, and the Shield is the trade name of Anthem Heath Plans of Heath Plans of Mane, Inc. In Neuroperformance, and the Shield is the trade name of Anthem Heath Plans of Heath Plans, Inc. In Neuroperformance, and the Shield is the trade name of Anthem Heath Plans of Heath Pla

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Premium and Expense Report by Firm Division 11/11/2013 Page 14

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NEWTOWN PUBLIC SCHOOLS AIDES - 005709232

. PLAN	\$146.76	\$429.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$576.43
TOTAL PLAN PAID CLAIMS	00	0	00	0	00	00	00	00	00	00	00	00	0
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$146.76	\$429.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$576.43
TOTAL	1	5	S	S	5	5	9	9	5	S	S	5	58
TOTAL	1	7	2	2	2	2	ę	ñ	2	2	2	2	25
SUBSCRIBER & CHILD & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER & CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER, SPOUSE & CHILD	0	-	٢	-	-	1	F	-	-	٢	t	۲	11
SUBSCRIBER SUBSCRIBER ONLY & SPOUSE	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER	1	+	+	F	+	+	2	2	-	٢	F	1	14
DATE	11/2012	12/2012	01/2013	02/2013	03/2013	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	

NEWTOWN BOE RETIRED TEACHERS HSA WIMELLON - 005709235

TOTAL PLAN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL CLAIMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	-	-	۲	1	4
TOTAL	-	٢	-	1	4
UBSCRIBER & CHILD & CHILDREN	0	0	0	0	0
SUBSCRIBER & CHILD	0	0	0	0	0
SUBSCRIBER, SPOUSE & CHILD	0	0	0	0	0
JBSCRIBER SPOUSE		0	0	0	0
	-	-	-	-	4
DATE	07/2013	08/2013	09/2013	10/2013	



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Premium and Expense Report by Firm Division

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NEWTOWN BOE TEACHERS HSA W/MELLON - 005709237

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
149	28	27	11	12	9	9	9	9	Q	9	Q	8	SUBSCRIBER
74	7	7	6	6	6	6	6	6	6	6	6	6	SUBSCRIBER & SPOUSE
196	24	24	18	18	14	14	14	14	14	14	14	14	SUBSCRIBER, SPOUSE & CHILD
14	2	2	1	1	1	1	1	1	-	1	-	1	SUBSCRIBER & CHILD
12	-	4	-	7	-	-	-	-	-	1	-	-	SUBSCRIBER & CHILDREN
445	62	61	37	38	31	31	31	31	31	31	31	30	TOTAL CONTRACTS
1,103	142	141	86	66	78	78	78	78	78	78	78	77	TOTAL MEMBERS
\$276,515.34	\$20,844.63	\$40,343.00	\$25,888.12	\$11,878.71	\$18,407.52	\$27,524.68	\$15,744.55	\$18,587.95	\$11,672.28	\$27,117.73	\$30,992.83	\$27,513.34	MEDICAL CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	DENTAL CLAIMS
\$194,987.64	\$1,766.66	\$18,344.47	\$7,152.47	\$13,641.24	\$14,509.05	\$30,902.36	\$21,129.94	\$28,309.11	\$14,130.49	\$8,716.15	\$29,089.70	\$7,296.00	PHARMACY CLAIMS
\$0.00	\$0.00						\$0.00	\$0.00			\$0.00	\$0.00	CAPITATION
\$471,502.98	\$22,611.29		\$33,040.59			\$58,427.04						\$34,809.34	TOTAL PLAN PAID CLAIMS

ADM - NON UNION - 005709239

DATE			SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER & CHILD	SUBSCRIBER & CHILDREN	TOTAL	TOTAL	MEDICAL	DENTAL	PHARMACY	CAPITATION	TOTAL PLAN PAID CLAIMS
11/2012	1	1	1	0	0	3	7	\$3,646.95	\$0.00	\$32.03	\$0.00	\$3,678.98
12/2012	4	-	4	0	0	ω	7	\$5,751.82	\$0.00	\$490.30	\$0.00	\$6,242.12
01/2013	-	4	-	0	0	ω	7	\$701.07	\$0.00	\$772.23	\$0.00	\$1,473.30
02/2013	-	4	-	0	0	ω	7	\$464.52	\$0.00	\$357.27	\$0.00	\$821.79
03/2013		-	4	0	0	ω	7	\$1,687.14	\$0.00	\$859.08	\$0.00	\$2,546.22
04/2013	-	-	4	0	0	ω	7	\$453.31	\$0.00	\$723.07	\$0.00	\$1,176.38
05/2013	-	-	-	0	0	ω	7	\$1,924.88	\$0.00	\$938.53	\$0.00	\$2,863.41
06/2013	-	-	4	0	0	ω	7	\$3,843.80	\$0.00	\$192.50	\$0.00	\$4,036.30
07/2013	-	0	-	0	0	2	σı	\$1,861.92	\$0.00	\$162.06	\$0.00	\$2,023.98
08/2013	-	0	-	0	0	2	თ	\$3,329.76	\$0.00	\$881.36	\$0.00	\$4,211.12
09/2013	-	0	-	0	0	2	ъ	\$1,107.32	\$0.00	\$21.14	\$0.00	\$1,128.46

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Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

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\$27,106.87

\$648.61 \$6,078.18

\$0.00

\$2,982.99 \$33,185.05

\$2,334.38

\$0.00

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11/11/2013 Page 16 Premium and Expense Report by Firm Division



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Premium and Expense Report by Firm Division

Reporting Period: Nov-2012 through Oct-2013

NEWTOWN PUBLIC SCHOOLS TEACHERS COBRA - 005709240

TOTAL PLAN	\$285.68	\$0.00	\$1.93	\$0.00	\$0.00	\$236.94	\$380.32	\$249.64	\$863.70	\$2,369.87	\$8,508.72	\$27,861.17	\$40.757.97
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$84.83	-\$8.82	\$4.09	\$749.37	\$328.14	\$113.77	\$1 271 38
DENTAL CLAIMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$285.68	\$0.00	\$1.93	\$0.00	\$0.00	\$236.94	\$295.49	\$258.46	\$859.61	\$1,620.50	\$8,180.58	\$27,747.40	\$39 486 59
TOTAL	-	-	1	1	-	1	5	5	5	5	5	5	36
TOTAL	٢	۲	۴	-	۲	٦	2	7	4	4	4	4	26
SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	c
SUBSCRIBER & CHILD	0	0	0	0	0	0	0	0	0	0	0	0	c
SUBSCRIBER, SPOUSE & CHILD	0	0	0	0	0	0		٣	0	0	0	0	•
sul									-	_			1
S	0	0	0	0	0	0	0	0	٣	٣	-	٣	-
SUBSCRIBER SUBSCRIBER SUI	0	0	1 0	0	0	1	1	6	3	6	3	ъ С	00

NEWTOWN PUBLIC SCHOOLS PPO COBRA - 005709245

DATE	SUBSCRIBER	SUBSCRIBER ONLY & SPOUSE	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN	SUBSCRIBER & CHILDREN	TOTAL	TOTAL	MEDICAL CLAIMS	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN PAID CLAIMS
02/2013	0	0	0	-	0	٦	2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
03/2013	0	0	0	-	0	£	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04/2013	0	0	0	F	0	٢	2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05/2013	0	0	0	-	0	÷	2	\$2,537.55	\$0.00	\$1.89	\$0.00	\$2,539.44
06/2013	0	0	0	0	0	0	0	\$2,123.38	\$0.00	\$0.00	\$0.00	\$2,123.38
07/2013								\$2,970.87	\$0.00	\$0.00	\$0.00	\$2,970.87
	0	0	0	4	0	4	80	\$7,631.80	\$0.00	\$1.89	\$0.00	\$7,633.69

11/11/2013 Page 17 Premium and Expense Report by Firm Division



Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client. This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.



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Premium and Expense Report by Firm Division

critical: Anthorn Ban Cross and Ban Saladi Is the trade name of Anthorn Health Flans, Inc. In Mainer, Anthorn Bale Cross and Ban Saladi Is the trade name of trade the Ban Cross and Ban Saladi Is the trade name of Anthorn Health Flans, Inc. In Mainer, Anthorn Bale Cross and Ban Saladi Is the trade name of trade the Cross and Ban Saladi Association, Steppinger and Ban Saladi Is the trade name of Anthorn Bales Cross and Ban Saladi Is the trade name of trade the Cross and Ban Saladi Association, Steppinger and Ban Saladi Is the Saladi Association, Trave, The trade name of trade to Isociation and the Saladi Association (Cross and Ban Saladi Association) and the Saladi Association (Cross Association) and trade to Isociation (Saladi Isociation) and the Cross and Ban Saladi and Sheald Is handed as provident Arkines the Anthorn Bane Contrac-ter (Is Interested rely) for the Main Bane Cross and Bane Saladi and Sheald Is handed as provident the Anthorn Salari of Banister Contrac-ter (Is Interested rely) for the saladi and the Saladi and Sheald Is handed as provident the Anthorn Salari of Banister Contrac-ter (Is Interested rely) for the Mainer Bane Contracter (Is Interested Technic The Anthorn Bane Contracter (Is Interested rely) and the meeting of more plane are the anti-strate and work of the Anthorn Bane Contracter (Is Interested rely) and the meeting of more relative to anthorn (Is Interested rely) and the meeting of the meeting of the meeting of the Mainer and Technic Is addressent. Social Is addressent (Is Interested Technic The Anthorn Technic Is addressent (Is Interested Technic Is Interested Tech

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Health Insights DataView Direct

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	DATE
12	-	-	ـ	ـ	4	ـ	1	-	-	4	-	1	SUBSCRIBER
0	0	0	0	0	0	0	0	0	0	0	0	0	V SUBSCRIBER
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER, SPOUSE & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
12	1	1	4	1		1	-	1	-	1	-	1	TOTAL
12	-	-	د	-	د	-	-	-	-	-	-	-	TOTAL
\$5,167.69	\$111.04	\$0.00	\$901.02	\$0.00	\$560.43	\$177.99	\$170.95	\$0.00	\$0.00	\$2,105.09	\$526.17	\$615.00	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL
\$1,773.45	\$54.39	\$0.00	\$243.17	\$187.45	\$256.00	\$210.38	\$229.18	\$187.45	\$0.00	\$216.96	\$188.47	\$0.00	PHARMACY
\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	CAPITATION
\$6,941.14	\$165.43		\$1,	\$187.45	\$816.43					\$2,322.05			TOTAL PLAN PAID CLAIMS

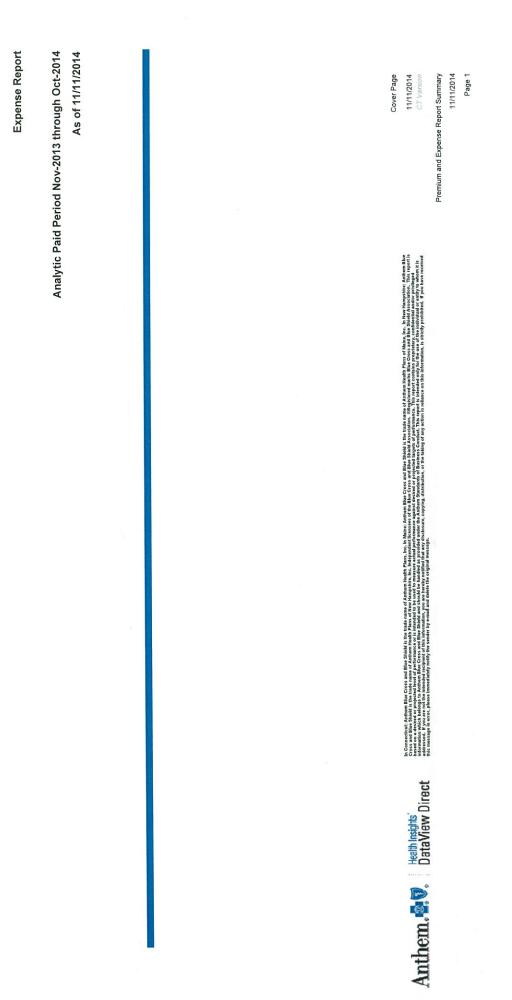
NEWTOWN PUBLIC SCHOOLS AIDES COBRA - 005709248

	09/2013	08/2013	07/2013	DATE
ы	د	-	1	SUBSCRIBER
0	0	0	0	& SUBSCRIBER
0	0	0	0	SUBSCRIBER, SPOUSE & CHILD
0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	& CHILDREN
ω	1	-	-	TOTAL
ω		-	-	TOTAL MEMBERS
\$0.00	\$0.00	\$0.00	\$0.00	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$201.20	\$201.20	\$0.00	\$0.00	PHARMACY
\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$201.20	\$201.20	\$0.00	\$0.00	TOTAL PLAN PAID CLAIMS

NEWTOWN PUBLIC SCHOOLS CP COBRA - 005709247

Premium and Expense Report by Firm Division Reporting Period: Nov-2012 through Oct-2013

NEWTOWN TOWN AND BOARD OF EDUCATION



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Expense Report Summary

Reporting Period: Nov-2013 through Oct-2014

08/2014 06/2014 04/2014 02/2014 07/2014 05/2014 03/2014 01/2014 12/2013 11/2013 10/2014 09/2014 DATE SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER SUBSCRIBER CHILD & CHILD & CHILD & CHILD & CHILDREN 2,761 234 224 225 234 233 231 232 228 226 231 228 235 1,982 170 169 171 171 167 166 166 167 167 157 159 4,076 345 341 342 338 338 337 337 335 335 335 343 343 276 262 23 21 20 21 21 21 21 22 22 22 22 22 23 22 23 23 CONTRACTS 9,357 782 781 782 765 765 781 781 782 786 783 789 780 TOTAL MEMBERS 24,682 2,054 2,051 2,057 2,073 2,069 2,062 2,063 2,059 2,031 2,031 2,047 2,085 \$10,345,036.29 \$1,141,503.29 CLAIMS \$817,396.13 \$769,127.40 \$622,157.39 \$808,481.63 \$875,739.08 \$859,959.99 \$970,051.53 \$913,963.35 \$775,637.80 \$870,285.66 \$920,733.04 CLAIMS \$129,321.88 \$12,710.06 \$13,700.05 \$15,220.00 \$10,105.79 \$10,746.04 \$10,766.66 \$10,006.40 \$11,284.38 \$9,086.00 \$8,846.90 \$8,224.50 \$8,625.10 PHARMACY \$1,789,444.73 \$158,953.73 \$109,098.20 \$155,629.85 \$110,378.01 \$172,469.18 \$160,717.58 \$122,576.43 \$179,049.72 \$144,871.49 \$183,663.35 \$124,401.67 \$167,635.52 CAPITATION \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 TOTAL PLAN PAID CLAIMS \$12,263,802.90 \$1,159,207.04 \$1,040,454.93 \$1,325,256.85 \$1,095,150.67 \$1,105,851.20 \$997,756.42 \$980,145.42 \$989,390.26 \$936,621.04 \$924,744.93 \$800,559.57 \$908,664.57

Health Insights Data View Direct n Connecticat: Anthem Bare Cross and Blue Shidel is the treate same of chinem bleak bits, bits to hains: Anthem Bare Cross and Bare Shidel is the treate same of the same of a function of the same of

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Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

Page 1

11/11/2014

NEWTOWN TOWN AND BOARD OF EDUCATION | 005709 | CT | 1900-01-01 | 9999-12-31 2013-11-01 | 2014-10-31

Premium and Expense Report Summary

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Expense Report by Rating Product Description

Reporting Period: Nov-2013 through Oct-2014

Rating Product Description: Ben Adj Error RPC

TOTAL PLAN PAID CLAIMS	\$0.00	\$0.00
CAPITATION	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00
DENTAL	\$0.00	\$0.00
MEDICAL CLAIMS	\$0.00	\$0.00
TOTAL		
TOTAL		
SUBSCRIBER & CHILDREN		
SUBSCRIBER & CHILD		
SUBSCRIBER , SPOUSE & CHILD		
SUBSCRIBER & SPOUSE		
SUBSCRIBER		
DATE	08/2014	

Rating Product Description: BlueCare POE

OTAL PLAN	-\$25.00	-\$25.00
CAPITATION	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00
DENTAL	\$0.00	\$0.00
MEDICAL CLAIMS	-\$25.00	-\$25.00
TOTAL		
TOTAL		
SUBSCRIBER & CHILDREN		
SUBSCRIBER & CHILD		
SUBSCRIBER , SPOUSE & CHILD		
SUBSCRIBER & SPOUSE		
SUBSCRIBER		
DATE	12/2013	

Rating Product Description: BlueCare POS

TOTAL PLAN PAID CLAIMS	\$0.00	\$0.00
CAPITATION	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00
DENTAL	\$0.00	\$0.00
MEDICAL CLAIMS	\$0.00	\$0.00
TOTAL MEMBERS		
TOTAL		
SUBSCRIBER & CHILDREN		
SUBSCRIBER & CHILD		
SUBSCRIBER , SPOUSE & CHILD		
SUBSCRIBER & SPOUSE		
SUBSCRIBER		
DATE	04/2014	



Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.



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Premium and Expense Report by Rating Product Desc

Expense Report by Rating Product Description

Reporting Period: Nov-2013 through Oct-2014

Rating Product Description: CDHP HSA (Trad Health Plan)

\$0.00	\$272,204.41	\$0.00	\$532,595.67	2.054	882	12	36	345	86	391	
	\$15,394.11	\$0.00	\$29,251.81	201	86	د	ω	33	11	38	10/2014
\$0.00	\$19,251.84	\$0.00	\$37,279.33	201	86	ـ	ы	33	11	38	09/2014
\$0.00	\$18,054.76	\$0.00	\$39,975.87	165	68	ــ	ы	28	8	28	08/2014
\$0.00	\$11,789.70	\$0.00	\$33,476.77	172	70	ـ	ы	30	7	29	07/2014
\$0.00	\$36,506.15	\$0.00	\$52,854.94	166	72	ـ	ы	28	8	32	06/2014
\$0.00	\$30,993.65	\$0.00	\$63,476.45	166	72	د	ы	28	8	32	05/2014
\$0.00	\$12,574.12	\$0.00	\$81,679.98	166	72	ــ	ω	28	8	32	04/2014
\$0.00	\$33,582.01	\$0.00	\$34,838.64	166	72	ـ	ы	28	8	32	03/2014
\$0.00	\$28,968,45	\$0.00	\$66,847.33	166	72	-	ω	28	8	32	02/2014
\$0.00	\$13,447.94	\$0.00	\$31,768.61	161	70	ـ	ω	27	7	32	01/2014
\$0.00	\$33,758.69	\$0.00	\$29,003.74	161	70	ــ	ω	27	7	32	12/2013
\$0.00	\$17,882.99	\$0.00	\$32,142.20	163	72	_	ω	27	7	34	11/2013
CAPITATION	PHARMACY	DENTAL CLAIMS	MEDICAL	TOTAL MEMBERS	TOTAL	SUBSCRIBER & CHILDREN	SUBSCRIBER & CHILD	SUBSCRIBER , SPOUSE & CHILD	SUBSCRIBER ONLY & SPOUSE	SUBSCRIBER	DATE

Rating Product Description: Century Preferred

	ſ	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
150	201	38	38	28	29	32	32	32	32	32	32	32	34	ONLY
50	80	11	11	œ	7	8	8	8	8	8	7	7	7	SUBSCRIBER ONLY & SPOUSE
44	345	33	33	28	30	28	28	28	28	28	27	27	27	, SPOUSE &
5	36	ы	ω	ω	ω	ω	ы	ω	ω	ω	ω	ω	ω	& CHILD & CHILDREN
ï	12	-	د	-	-	-	د.	-	-	-	د	-	-	& CHILDREN
	882	86	86	68	70	72	72	72	72	72	70	70	72	CONTRACTS
	2.054	201	201	165	172	166	166	166	166	166	161	161	163	MEMBERS
	\$532.595.67	\$29,251.81	\$37,279.33	\$39,975.87	\$33,476.77	\$52,854.94	\$63,476.45	\$81,679.98	\$34,838.64	\$66,847.33	\$31,768.61	\$29,003.74	\$32,142.20	CLAIMS
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CLAIMS
	\$272.204.41	\$15,394.11	\$19,251.84	\$18,054.76	\$11,789.70	\$36,506.15	\$30,993.65	\$12,574.12	\$33,582.01	\$28,968.45	\$13,447.94	\$33,758.69	\$17,882.99	CLAIMS
1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
	\$804.800.08	\$44,645.92	\$56,531.17	\$58,030.63	\$45,266.47	\$89,361.09	\$94,470.10	\$94,254.10	\$68,420.65	\$95,815.78	\$45,216.55	\$62,762.43	\$50,025.19	PAID CLAIMS
	3		7	U.	7	U	0	0	01	w.	01	w	U	

		0	0	0	0	0	0	0	0	0	-	4	
	0/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
2,370	197	196	197	195	202	199	201	200	199	196	194	194	SUBSCRIBER
1,884	148	147	149	154	159	160	158	159	163	162	162	163	SUBSCRIBER SUBSCRIBER
3,731	310	310	311	306	307	309	309	310	312	315	314	318	SUBSCRIBER , SPOUSE & CHILD
240	19	19	19	19	20	20	20	20	20	20	22	22	SUBSCRIBER & CHILD
250	22	22	21	21	22	21	21	21	20	20	19	20	SUBSCRIBER & CHILDREN
8,475	969	694	697	695	710	709	709	710	714	713	711	717	TOTAL
22,628	1,862	1,858	1,866	1,859	1,881	1,888	1,885	1,891	1,907	1,908	1,901	1,922	TOTAL
\$9,808,310.60	\$778,512.54	\$832,637.83	\$835,341.73	\$784,027.26	\$1,088,169.75	\$857,251.74	\$778,115.54	\$934,307.29	\$702,058.01	\$590,195.78	\$884,837.38	\$742,855.75	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$9,808,310.60	\$778,512.54	\$832,637.83	\$835,341.73	\$784,027.26	\$1,088,169.75	\$857,251.74	\$778,115.54	\$934,307.29	\$702,058.01	\$590,195.78	\$884,837.38	\$742,855.75	TOTAL PLAN PAID CLAIMS

a Connecticat Anthem Base Cross and Base Sheld is the total name of Anthem Neaht Pars, Inc. In Maine: Anthem Base Cross and Base Sheld is the total name of Anthem Neaht Pars, Inc. In Maine: Anthem Base Cross and Base Sheld is the total name of Anthem Neaht Pars, Inc. In Maine: Anthem Base Cross and Base Sheld is the total name of Anthem Neaht Pars, Inc. In Maine: Anthem Base Cross and Base Sheld is the total name of Anthem Neaht Pars, Inc. In Maine: Anthem Base Cross and Base Sheld Ante Cross and Ante Sheld Ante Cross and Base Sheld Ante Cross and Ante Cross and Ante Cross and Base Sheld Ante Cross and Ante Cross and Ante Cross and Ante Cross and Base Sheld Ante Cross and Ante Cross and Ante Cross and Ante Cros

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client. This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Premium and Expense Report by Rating Product Desc

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Expense Report by Rating Product Description

Reporting Period: Nov-2013 through Oct-2014

Rating Product Description: Dental

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SUBSCRIBER , SPOUSE & CHILD		SUBSCRIBER & CHILD	SUBSCRIBER & CHILDREN	TOTAL	TOTAL MEMBERS	MEDICAL CLAIMS	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN PAID CLAIMS
67	I	5	5	192	458	\$0.00	\$8,625.10	\$0.00	\$0.00	\$8,625.10
66		4	ŝ	189	449	\$0.00	\$8,224.50	\$0.00	\$0.00	\$8,224.50
65		4	ŝ	188	444	\$0.00	\$10,766.66	\$0.00	\$0.00	\$10,766.66
64		4	9	189	445	\$0.00	\$10,746.04	\$0.00	\$0.00	\$10,746.04
63		4	7	188	442	\$0.00	\$10,105.79	\$0.00	\$0.00	\$10,105.79
62		4	7	185	436	\$0.00	\$15,220.00	\$0.00	\$0.00	\$15,220.00
63		4	7	187	443	\$0.00	\$13,700.05	\$0.00	\$0.00	\$13,700.05
63		4	7	187	441	\$0.00	\$11,284.38	\$0.00	\$0.00	\$11,284.38
63		4	7	188	445	\$0.00	\$8,846.90	\$0.00	\$0.00	\$8,846.90
66		4	7	192	454	\$0.00	\$9,086.00	\$0.00	\$0.00	\$9,086.00
64		4	7	193	454	\$0.00	\$10,006.40	\$0.00	\$0.00	\$10,006.40
65		4	6	196	459	\$0.00	\$12,710.06	\$0.00	\$0.00	\$12,710.06
771		49	79	2,274	5,370	\$0.00	\$129,321.88	\$0.00	\$0.00	\$129,321.88

Rating Product Description: Managed Drug

SUBSCRIBER SUBSCRIBER , SPOUSE , CHILD	IBER SUBSCRIBER D & CHILD	SUBSCRIBER & CHILDREN	TOTAL	TOTAL	MEDICAL CLAIMS	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN PAID CLAIMS
0	0	0	0	0	\$0.00	\$0.00	\$106,518.68	\$0.00	\$106,518.68
0	0	0	0	0	\$0.00	\$0.00	\$149,904.66	\$0.00	\$149,904.66
0	0	0	0	0	\$0.00	\$0.00	\$154,187.58	\$0.00	\$154,187.58
0	0	0	0	0	\$0.00	\$0.00	\$115,903.04	\$0.00	\$115,903.04
0	0	0	0	0	\$0.00	\$0.00	\$145,467.71	\$0.00	\$145,467.71
0	0	0	0	0	\$0.00	\$0.00	\$110,002.31	\$0.00	\$110,002.31
0	0	0	0	0	\$0.00	\$0.00	\$129,723.93	\$0.00	\$129,723.93
0	0	0	0	0	\$0.00	\$0.00	\$135,963.03	\$0.00	\$135,963.03
0	0	0	0	0	\$0.00	\$0.00	\$98,588.31	\$0.00	\$98,588.31
0	0	0	0	0	\$0.00	\$0.00	\$137,575.09	\$0.00	\$137,575.09
0	0	0	0	0	\$0.00	\$0.00	\$89,846.36	\$0.00	\$89,846.36
0	0	0	0	0	\$0.00	\$0.00	\$143,559.62	\$0.00	\$143,559.62
0	0	0	0	0	\$0.00	\$0.00	\$1,517,240.32	\$0.00	\$1,517,240.32

Premium and Expense Report by Rating Product Desc 11/11/2014







Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

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Expense Report by Rating Product Description

Reporting Period: Nov-2013 through Oct-2014

Rating Product Description: PPO COMP

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & SPOUSE
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER , SPOUSE & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
0	0	0	0	0	0	0	0	0	0	0	0	0	TOTAL
0	0	0	0	0	0	0	0	0	0	0	0	0	TOTAL MEMBERS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	PHARMACY
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	CAPITATION
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	TOTAL PLAN PAID CLAIMS

Rating Product Description: Riders

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & SPOUSE
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER , SPOUSE & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
0	0	0	0	0	0	0	0	0	0	0	0	0	TOTAL
0	0	0	0	0	0	0	0	0	0	0	0	0	TOTAL MEMBERS
-\$234.63	\$0.00	\$0.00	\$173.24	-\$407.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
-\$234.63	\$0.00	\$0.00	\$173.24	-\$407.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	TOTAL PLAN PAID CLAIMS

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Premium and Expense Report by Rating Product Desc

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Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client. This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.



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Expense Report by Rating Product Description

Reporting Period: Nov-2013 through Oct-2014

Rating Product Description: Vision

LAN	\$639.85	\$147.23	\$193.00	\$222.06	\$905.60	\$164.47	\$4.85	\$478.60	\$299.97	\$248.24	\$368.50	\$717.28	\$4,389.65
TOTAL PLAN PAID CLAIMS	Ś	ŝ	ŝ	\$	ŝ	ŝ		ŵ	÷	(r)	69	69	\$4,
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$639.85	\$147.23	\$193.00	\$222.06	\$905.60	\$164.47	\$4.85	\$478.60	\$299.97	\$248.24	\$368.50	\$717.28	\$4,389.65
TOTAL	134	134	134	137	137	133	133	132	134	134	134	135	1,611
TOTAL	45	45	45	48	48	48	47	47	47	48	48	48	564
SUBSCRIBER & CHILDREN	1	-	٢	-	۲	-	-	۲	-	۲	-	1	12
SUBSCRIBER & CHILD	2	2	2	-	-	-	-	-	-	-	-	1	15
SUBSCRIBER , SPOUSE & CHILD		25	25	25	25	24	24	24	24	24	24	24	293
SUBSCRIBER SUBSCRIBER ONLY & SPOUSE	8	80	8	80	8	8	80	7	80	8	8	б	96
RIBER		თ	ŋ	13	13	14	13	14	13	14	14	13	148
SUBSCF	6												

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This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal. Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.



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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

QUASI AGENCIES - 005709100

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
171	16	16	17	16	16	14	13	13	13	13	12	12	SUBSCRIBER
81	6	6	7	7	б	7	7	7	7	7	7	7	SUBSCRIBER & SPOUSE
63	6	6	თ	ჯ	თ	ъ	თ	თ	Сл	ъ	თ	6	SUBSCRIBER, SPOUSE & CHILD
12	-	4	-	1	1	-	-	-	4	4	4	4	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
327	29	29	30	29	28	27	26	26	26	26	25	26	TOTAL CONTRACTS
643	56	56	56	55	53	53	52	52	52	52	51	55	TOTAL MEMBERS
\$417,663.69	\$17,736.53	\$10,053.64	\$9,564.08	\$61,076.97	\$154,565.12	\$20,077.46	\$12,803.29	\$73,833.43	\$16,892.90	\$12,839.16	\$10,746.67	\$17,474.44	MEDICAL
\$16,384.48	\$1,997.80	\$884.60	\$957.00	\$1,038.00	\$2,368.68	\$1,219.50	\$952.60	\$844.40	\$1,777.00	\$1,371.60	\$1,056.30	\$1,917.00	DENTAL CLAIMS
\$36,961.77	\$2,518.86	\$2,845.23	\$2,776.03	\$2,384.23	\$4,150.38	\$2,502.13	\$1,635.78	\$3,666.06	\$2,465.24	\$3,251.15	\$5,166.63	\$3,600.05	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$471,009.94	\$22,253.19	\$13,783.47	\$13,297.11		\$161,084.18	\$23,799.09	\$15,391.67	\$78,343.89	\$21,135.14	\$17,461.91	\$16,969.60	\$22,991.49	TOTAL PLAN PAID CLAIMS

POLICE - 005709101

\$0.00 \$38,471,79	\$2,533,45	\$4,732.10	\$31,206.24	127	42		_	24	7	9	10/2014
\$0.00 \$25,258.70	\$2,217.28	\$2,032.30	\$21,009.12	126	42	-	4	24	6	10	09/2014
\$0.00 \$28,005.52	\$2,104.29	\$2,644.00	\$23,257.23	126	42	-	1	24	6	10	08/2014
\$0.00 \$35,259.83	\$3,214.41	\$1,324.00	\$30,721.42	126	41	-	4	24	6	9	07/2014
\$0.00 \$69,298.31	\$3,851.97	\$1,444.00	\$64,002.34	124	41	-	1	24	უ	10	06/2014
\$0.00 \$285,652.1	\$2,349.05	\$3,895.40	\$279,407.66	125	41	-	4	24	6	9	05/2014
\$0.00 \$40,000.76	\$3,859.42	\$5,211.70	\$30,929.64	124	42	-	1	23	7	10	04/2014
\$0.00 \$37,580.91	\$4,072.46	\$3,172.39	\$30,336.06	132	44	-	ـ	25	7	10	03/2014
\$0.00 \$31,123.21	\$2,253.68	\$2,046.60	\$26,822.93	132	44	1	1	25	7	10	02/2014
\$0.00 \$72,494.06	\$4,295.89	\$2,659.60	\$65,538.57	128	41	-	4	25	7	7	01/2014
\$0.00 \$72,022.99	\$4,357.29	\$1,746.80	\$65,918.90	128	41	1	1	25	7	7	12/2013
\$0.00 \$43,707.08	\$4,585.30	\$1,371.50	\$37,750.28	128	41	1	-	25	7	7	11/2013
TOT	PHARMACY CLAIMS CA	DENTAL CLAIMS	MEDICAL	TOTAL MEMBERS	TOTAL	SUBSCRIBER & CHILDREN	SUBSCRIBER & CHILD	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER SUBSCRIBER ONLY & SPOUSE	SUBSCRIBER	DATE

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Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal. Summary level membership counts are for medical coverage only. 108

78

292

12

12

502

1,526

\$706,900.39

\$32,280.39

\$39,694.49

\$0.00

\$778,875.27

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

PUBLIC WORKS - 005709102

PLAN	\$32,701.13	\$41,065.52	\$20,193.18	\$41,174.80	\$93,587.72	\$35,096.71	\$34,261.12	\$40,265.13	\$36,471.16	\$35,908.85	\$37,055.73	\$62,007.75	¢ 600 788 80
TOTAL PLAN PAID CLAIMS													
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$4,061.81	\$4,648.79	\$5,434.11	\$3,787.01	\$5,017.33	\$4,861.02	\$7,637.21	\$4,181.49	\$4,684.69	\$6,298.85	\$2,229.83	\$6,106.71	¢ E0 040 0E
DENTAL	\$2,135.20	\$359.00	\$1,662.46	\$3,199.34	\$985.10	\$1,057.30	\$1,589.00	\$2,366.10	\$1,032.00	\$811.00	\$1,851.60	\$1,467.86	\$40 E4E 0C
MEDICAL CLAIMS	\$26,504.12	\$36,057.73	\$13,096.61	\$34,188.45	\$87,585.29	\$29,178.39	\$25,034.91	\$33,717.54	\$30,754.47	\$28,799.00	\$32,974.30	\$54,433.18	
TOTAL	93	93	06	89	88	88	87	87	87	89	89	89	
TOTAL	35	35	34	34	34	34	34	34	34	34	34	34	
	-	۲	۴	2	2	2	2	2	2	2	2	2	;
SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN	2	2	-	-	~	-	-	-	-	-	-	-	
SUBSCRIBER, SPOUSE & CHILD	16	16	16	15	15	15	14	14	14	15	15	15	
SUBSCRIBER ONLY & SPOUSE	5	5	5	5	5	5	9	9	9	5	5	5	
SUBSCRIBER	11	11	11	11	11	11	11	11	11	11	11	11	A CONTRACTOR OF
DATE	11/2013	12/2013	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	

TOWN HALL - 005709103

TOTAL PLAN	\$125,777.35	\$102,694.08	\$34,830.06	\$61,355.44	\$44,767.70	\$64,866.56	\$54,201.01	\$121,301.74	\$76,335.06	\$44,335.39	\$187,576.84	\$71,189.37	\$989,230.60
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$5,488.14	\$6,185.63	\$8,932.26	\$7,354.07	\$7,925.84	\$5,055.42	\$5,985.17	\$6,272.98	\$4,363.92	\$2,745.98	\$2,579.14	\$6,882.06	\$69,770.61
DENTAL	\$1,443.60	\$1,282.00	\$2,877.30	\$1,883.00	\$978.80	\$3,966.20	\$3,989.55	\$1,750.60	\$1,764.00	\$968.10	\$712.00	\$1,924.90	\$23,540.05
MEDICAL CLAIMS	\$118,845.61	\$95,226.45	\$23,020.50	\$52,118.37	\$35,863.06	\$55,844.94	\$44,226.29	\$113,278.16	\$70,207.14	\$40,621.31	\$184,285.70	\$62,382.41	\$895,919.94
TOTAL	86	86	86	92	06	83	81	81	81	81	83	84	1,014
TOTAL	33	33	33	34	33	32	31	31	31	31	32	33	387
SUBSCRIBER SUBSCRIBER TOTAL & CHILD & CHILDREN CONTRACTS	2	2	2	2	ю	ю	ю	ო	ო	ო	ю	З	32
SUBSCRIBER & CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER, SPOUSE & CHILD	13	13	13	13	13	12	12	12	12	12	13	13	151
SUBSCRIBER & SPOUSE	11	11	11	12	10	10	6	6	б	б	6	თ	119
SUBSCRIBER	7	7	7	7	7	7	7	7	7	7	7	ø	85
DATE	11/2013	12/2013	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	

In Connection: Anthem Base Cross and Base Sheeld is the trade name of Anthem Headh Plans, Inc., In Adams. Anthem Base Cross and Base Sheeld is the trade name of Anthem Elens, Carlo and Plans Sheeld is the trade name of Anthem Elens, Carlo and Plans Sheeld is the trade name of Anthem Elens, Carlo and Plans Sheeld is the trade name of Anthem Elens, Carlo and Sheeld is the trade name of Anthem Elens, Carlo and Base Sheeld is the trade name of Anthem Elens, Carlo and Sheeld is the trade name of Anthem Elens, Carlo and Sheeld is the trade name of Anthem Elens, Carlo and Anthe Cors and Base Sheeld is the trade name of Anthem Elens, Carlo and Anthem Ele



This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.





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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

TOWN OF NEWTOWN - 005709104

0	\$0.00	\$0.00	\$277.00	\$0.00	0	0	0	0	0	0	0	
	\$0.00	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	04/2014
0	\$0.00	\$0.00	\$277.00	\$0.00	0	0	0	0	0	0	0	03/2014
0	\$0.00	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	02/2014
0	\$0.00	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	01/2014
0	\$0.00	\$0,00	\$0.00	\$0.00	0	0	0	0	0	0	0	12/2013
	\$0.00	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	11/2013
TOTAL PLAN PAID CLAIMS	CAPITA	PHARMACY CLAIMS	DENTAL CLAIMS	MEDICAL	TOTAL	TOTAL	SUBSCRIBER & CHILDREN	SUBSCRIBER & CHILD	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER & SPOUSE	SUBSCRIBER	DATE

NON-UNION - 005709105

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
45	б	Сл	4	ω	ω	ω	ω	ω	ω	4	4	4	SUBSCRIBER
93	8	8	8	8	8	8	7	7	7	8	8	8	R SUBSCRIBER
124	10	11	11	10	10	10	10	10	10	10	11	11	SUBSCRIBER, SPOUSE & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILD
14	2	-	1	-	-	-	-	-	_	-	-	2	SUBSCRIBER & CHILDREN
276	26	25	24	22	22	22	21	21	21	23	24	25	TOTAL CONTRACTS
785	68	68	67	63	63	64	62	62	62	65	69	72	TOTAL MEMBERS
\$319,141.71	\$57,745.76	\$27,685.06	\$52,410.16	\$19,685.26	\$13,589.47	\$22,395.07	\$47,462.10	\$22,235.12	\$13,060.90	\$14,455.42	\$14,835.30	\$13,582.09	MEDICAL CLAIMS
\$21,141.30	\$1,475.40	\$2,568.50	\$2,356.40	\$2,181.80	\$1,158.50	\$1,542.60	\$1,780.60	\$2,162.00	\$909.60	\$1,607.30	\$2,746.80	\$651.80	DENTAL CLAIMS
\$159,863.15	\$20,264.94	\$11,326.92	\$11,620.84	\$11,433.81	\$12,958.98	\$12,598.40	\$12,611.42	\$14,186.04	\$16,085.70	\$23,626.82	\$10,406.53	\$2,742.75	PHARMACY CLAIMS
\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				\$0.00	CAPITA
\$500,146.16	\$79,486.10				\$27,706.95			\$38,583,16				\$16,976.64	TOT

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Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

DISPATCH/CLERICAL - 005709107

SUBSCRIBER SUBSCRIBER SPOUSE	SUBSCRIBER, SPOUSE & S CHILD	SUBSCRIBER & CHILD	SUBSCRIBER & CHILDREN	TOTAL	TOTAL	MEDICAL	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN PAID CLAIMS
-	0		0	11	16	\$10,822.72	\$632.00	\$1,577.84	\$0.00	\$13,032.56
1 0	0		0	1	16	\$9,648.97	\$551.00	\$1,209.90	\$0.00	\$11,409.87
1 0	0		0	11	16	\$20,068.75	\$157.00	\$2,562.08	\$0.00	\$22,787.83
1	0		0	11	16	\$9,113.37	\$547.50	\$503.26	\$0.00	\$10,164.13
1 0	0		0	10	15	\$19,190.24	\$0.00	\$2,587.78	\$0.00	\$21,778.02
1 0	0		0	6	13	\$21,176.76	\$610.00	\$516.80	\$0.00	\$22,303.56
2 0	0		0	10	17	\$7,821.38	\$600.00	\$363.88	\$0.00	\$8,785.26
2 0	0		0	6	16	\$19,522.08	\$0.00	\$6,179.33	\$0.00	\$25,701.41
2 0	0		0	6	16	\$6,744.52	\$144.00	\$2,806.86	\$0.00	\$9,695.38
2 0	0		0	6	16	\$7,280.91	\$444.00	\$275.33	\$0.00	\$8,000.24
2 0	0		0	6	16	\$29,041.01	\$424.60	\$11.59	\$0.00	\$29,477.20
2 0	0		0	10	17	\$90,364.16	\$123.00	\$578.11	\$0.00	\$91,065.27
18 0	0		0	119	190	\$250,794.87	\$4,233.10	\$19,172.76	\$0.00	\$274,200.73

PARKS & REC - 005709108

AIMS	\$4,881.02	\$5,463.48	\$5,675.70	\$4,584.05	\$8,635.46	\$12,766.79	\$20,506.53	\$19,275.42	\$13,655.14	\$15,677.18	\$21,662.91	\$11,102.67	\$143,886.35
TOTAL PLAN PAID CLAIMS	\$4,	\$5,	\$5,	\$4,	\$8,	\$12,	\$20,	\$19,	\$13,	\$15,	\$21,	\$11,	\$143,
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$769.09	\$436.46	\$901.03	\$728.71	\$252.26	\$792.33	\$492.47	\$501.29	\$482.78	\$2,743.62	-\$5.77	\$498.90	\$8,593.17
DENTAL	\$328.00	\$0.00	\$248.60	\$157.00	\$633.60	\$691.40	\$429.00	\$1,096.00	\$769.50	\$630.50	\$360.00	\$0.00	\$5,343.60
MEDICAL CLAIMS	\$3,783.93	\$5,027.02	\$4,526.07	\$3,698.34	\$7,749.60	\$11,283.06	\$19,585.06	\$17,678.13	\$12,402.86	\$12,303.06	\$21,308.68	\$10,603.77	\$129,949.58
TOTAL	26	26	28	28	28	28	28	28	28	28	28	28	332
TOTAL	80	ø	6	6	6	6	6	6	6	6	6	6	106
RIBER													
SUBSCRIBER & CHILDREN	۲	~	۲	-	٢	-	-	-	۲	~	٢	-	12
SUBSCRIBER & CHILD & CHILDREN	-	-	2	2	2 1	2 1	2 1	2 1	2 1	2	2	2	22 12
SUBSCRIBER, SPOUSE & SUBSCRIBER SUBSCF CHILD & CHILD & CHILL	\vdash	1 1	4 2 1	4 2 4	4 2	4 2 1	4 2 1	4	4 2 1	4 2 1	4 2 1	4 2 1	
SUBSCRIBER, SPOUSE & CHILD	4	1 4 1	1 4 2 1	1 4 2 1	1 4 2 1	1 4 2 1	1 4 2 1	1 4 2 1	1 4 2 1	1 4 2 1	1 4 2 1	1 4 2 1	22
BER,	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 4 2 1	1 1 4 2 1	1 1 4 2 1	1 1 4 2 1	1 1 4 2 1	1 1 4 2 1	1 1 4 2 1	1 1 4 2 1	1 1 4 2 1	1 1 4 2 1	48 22

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Summary level membership counts are for medical coverage only.





11/11/2014 Page 4 Premium and Expense Report by Firm Division

Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

TOWN OF NEWTOWN - 005709110

	\$55,76	\$0.00	\$1,185.45	8	8	0	0	0	0	8	
	\$9.59	\$0.00	\$0.00		1	0	0	0	0		10/2014
	\$23.89	\$0.00	\$932.43	-	-	0	0	0	0	1	09/2014
	\$0.00	\$0.00	\$253.02	-	1	0	0	0	0	-	08/2014
	\$13.28	\$0.00	\$0.00	-	1	0	0	0	0	-	07/2014
	\$4.50	\$0.00	\$0.00	-	1	0	0	0	0	-	06/2014
	\$4.50	\$0.00	\$0.00	-	-	0	0	0	0	-	05/2014
	\$0.00	\$0.00	\$0.00	-	-1	0	0	0	0	-	04/2014
	\$0.00	\$0.00	\$0.00	-	-	0	0	0	0	-	03/2014
	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	02/2014
	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	01/2014
	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	12/2013
	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	0	11/2013
CAPITATION	PHARMACY CLAIMS	DENTAL CLAIMS	MEDICAL	TOTAL	TOTAL	SUBSCRIBER & CHILDREN	SUBSCRIBER & CHILD	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER & SPOUSE	SUBSCRIBER	DATE

HEALTH DISTRICT - 005709114

0 3 6 \$3,101.43 \$118.00 \$96,23 \$0,00 0 3 6 \$287.76 \$0,00 \$43.55 \$0,00 0 4 13 \$5,217.76 \$436.20 \$162.41 \$0,00 0 4 13 \$5,177.76 \$436.20 \$162.41 \$0,00 0 4 13 \$5,163.83 \$247.00 \$501.64 \$0,00 0 4 13 \$14,402.37 \$238.00 \$344.87 \$0,00 0 4 13 \$10,810.69 \$0,00 \$344.87 \$0,00 0 4 13 \$1,237.23 \$118.00 \$1,248.23 \$0,00 0 4 13 \$2,862.91 \$289.00 \$1,248.23 \$0,00 0 4 13 \$2,862.91 \$2,890.00 \$1,248.23 \$0,00 0 4 13 \$2,865.97.23 \$3,066.80 \$4,277.70 \$0,00
\$118.00 \$96.23 \$0.00 \$453.55 \$436.20 \$162.41 \$247.00 \$501.64 \$238.00 \$344.87 \$0.00 \$1,246.23 \$1,172.80 \$285.29 \$289.00 \$160.88
\$3,101.43 \$118.00 \$96.23 \$287.76 \$0.00 \$453.55 \$5,217.76 \$436.20 \$162.41 \$5,163.83 \$247.00 \$501.64 \$14,402.37 \$238.00 \$344.87 \$10,810.69 \$20.00 \$453.55 \$4,51.25 \$118.00 \$344.87 \$1,242.37 \$20.00 \$467.60 \$4,351.25 \$118.00 \$1,248.23 \$1,237.23 \$1,172.80 \$285.29 \$2,862.91 \$289.00 \$160.88 \$2,865.297.23 \$3,066.80 \$4,277.70
\$118.00 \$96.23 \$0.00 \$453.55 \$436.20 \$162.41 \$247.00 \$501.64 \$238.00 \$344.87 \$0.00 \$467.60 \$118.00 \$14.28 \$118.00 \$1,248.23 \$1,172.80 \$285.29 \$289.00 \$160.88 \$3,066.80 \$4,277.70
00 \$96.23 00 \$453.55 00 \$162.41 00 \$501.64 00 \$344.87 00 \$344.87 00 \$447.60 00 \$1.248.23 00 \$162.62 00 \$1.248.23 00 \$1.248.23 00 \$160.88 00 \$160.88
\$442.000 \$96.23 \$453.55 \$162.41 \$501.64 \$344.87 \$467.60 \$1,248.23 \$265.29 \$160.88 \$160.88

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Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division



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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

RETIRED POLICE - 005709131

TOTAL PLAN PAID CLAIMS	\$1,417.65	\$1,038.20	\$2,456.85	\$596.38	\$2,363.71	\$1,633.26	\$3,567.29	\$3,584.03	\$1,772.06	\$2,518.40	\$1,375.30	\$3,431.29	\$25,754.42
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$1,343.65	\$1,014.21	\$1,804.85	\$241.84	\$768.22	\$349.77	\$2,699.74	\$369.78	\$101.94	\$2,159.78	\$356.92	\$346.37	\$11,557.07
DENTAL	\$0.00	\$0.00	\$36.00	\$108.00	\$1,052.50	\$514.00	\$188.00	\$707.50	\$308.00	\$157.00	\$0.00	\$700.00	\$3,771.00
MEDICAL CLAIMS	\$74.00	\$23.99	\$616.00	\$246.54	\$542.99	\$769.49	\$679.55	\$2,506.75	\$1,362.12	\$201.62	\$1,018.38	\$2,384.92	\$10,426.35
TOTAL	9	9	9	5	5	6	8	8	8	8	8	8	85
TOTAL	4	4	4	4	4	9	9	9	9	9	9	9	62
SUBSCRIBER & CHILD & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	0
JBSCRIBER & CHILD													
sub &	+	~	-	0	0	0	0	0	0	0	0	0	ß
SUBSCRIBER, SPOUSE & SUB CHILD &	0	0	0	0	0	1	0	0	0	0	0	0 0	1 3
SUBSCRIBER, SPOUSE & CHILD	1 0	1 0 1	1 0 1	1 0	1 0 0	1 1 0	2 0 0	2 0	2 0 0	2 0	2 0 0	2 0 0	18 1 3
SUBSCRIBER SPOUSE & CHILD	2 1 0 1	2 1 0 1	2 1 0 1	3 1 0 0	3 1 0 0	4 1 1 0	4 2 0	4 2 0 0	4 2 0 0	4 2 0 0	4 2 0	4 2 0 0	40 18 1 3

RETIRED POLICE - 005709132

TOTAL PLAN	\$3,397.42	\$702.58	\$1,150.89	\$616.63	\$938.27	\$313.21	\$1,096.25	\$1,254.32	\$597.13	\$141.59	\$0.00	\$344.71	\$10 553 00
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$454.77	\$374.98	\$1,150.89	\$502.72	\$938.27	\$313.21	\$926.55	\$307.27	\$311.53	\$26.50	\$0.00	\$344.71	CE GE1 AD
DENTAL	\$0.00	\$327.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$155.00	\$285.60	\$0.00	\$0.00	\$0.00	¢769.70
MEDICAL CLAIMS	\$2,942.65	\$0.00	\$0.00	\$113.91	\$0.00	\$0.00	\$169.70	\$792.05	\$0.00	\$115.09	\$0.00	\$0.00	CA 477 AD
TOTAL MEMBERS	£	-	-	-	-	-	-	-	-	-	-	1	ç
TOTAL	٢	F	£	-	٢	٢	1	٢	٢	t	٢	1	ç
SUBSCRIBER & CHILD & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	c
	0	0	0	0	0	0	0	0	0	0	0	0	4
SUBSCRIBER, SPOUSE & CHILD	0	0	0	0	0	0	0	0	0	0	0	0	•
SUBSCRIBER ONLY & SPOUSE	0	0	0	0	0	0	0	0	0	0	0	0	•
SUBSCRIBER	-	۲	٣	٢	۲	۲	۲	£	۲	~	←	~	
DATE	11/2013	12/2013	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	

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Summary level membership counts are for medical coverage only.





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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

RETIRED POLICE - 005709133

	12/2013	11/2013	DATE
2	-	1	SUBSCRIBER
0	0	0	R SUBSCRIBER & SPOUSE
0	0	0	SUBSCRIBER, SPOUSE & CHILD
0	0	0	SUBSCRIBER & CHILD
0	0	0	& CHILD & CHILDREN
2	1	4	TOTAL
2	-	-	TOTAL
\$105.71	\$105.71	\$0.00	MEDICAL
\$0.00	\$0.00	\$0.00	DENTAL
\$155.42	\$155.42	\$0.00	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	CAPITATION
\$261.13	\$261.13	\$0.00	TOTAL PLAN PAID CLAIMS

NEWTOWN PUBLIC SCHOOLS-ADMINISTRATORS - 005709201

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
20	-	-	-	-	2	2	2	2	2	2	2	2	SUBSCRIBER
40	2	2	2	2	4	4	4	4	4	4	4	4	SUBSCRIBER & SPOUSE
90	80	80	60	σ	7	7	7	7	8	00	00	00	SUBSCRIBER, SPOUSE & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
150	11	11	11	9	13	13	13	13	14	14	14	14	TOTAL
481	38	38	38	31	40	40	40	40	44	44	44	44	TOTAL
\$81,060.40	\$6,772.45	\$4,413.11	\$7,750.53	\$6,532.86	\$7,389.24	\$3,355.67	\$10,789.82	\$15,256.36	\$5,514.74	\$2,222.97	\$3,396.82	\$7,665.83	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$22,493.49	\$1,461.53	\$1,608.75	\$2,703.63	\$673.26	\$1,735.67	\$1,019.87	\$903.39	\$2,482.25	\$1,560.05	\$2,262.83	\$4,630.74	\$1,451.52	PHARMACY CLAIMS
\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	CAPITATION
\$103,553.89	\$8,233.98		60				(0				\$8,027.56		TOTAL PLAN PAID CLAIMS

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Premium and Expense Report by Firm Division



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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

NEWTOWN PUBLIC SCHOOLS AIDES - 005709202

TOTAL PLAN PAID CLAIMS	\$60,792.71	\$93,292.69	\$53,886.95	\$61,483.93	\$89,970.70	\$131,030.12	\$68,288.45	\$155,771.61	\$97,425.08	\$76,010.54	\$32,286.44	\$96,314.51	\$1,016,553.73
TOTAL PAID C	\$6	\$	цў.	\$6	ŝ		\$	\$15	Ϋ́	\$	\$	\$	\$1,0
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$7,013.20	\$10,848.42	\$12,165.33	\$11,674.67	\$14,504.05	\$13,611.35	\$13,571.72	\$13,071.37	\$9,152.74	\$16,630.63	\$5,370.33	\$17,838.77	\$145,452.58
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$53,779.51	\$82,444.27	\$41,721.62	\$49,809.26	\$75,466.65	\$117,418.77	\$54,716.73	\$142,700.24	\$88,272.34	\$59,379.91	\$26,916.11	\$78,475.74	\$871,101.15
TOTAL	153	153	154	154	155	155	155	154	152	151	155	156	1,847
TOTAL	50	50	51	51	52	52	52	52	51	51	51	50	613
SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN	4	4	4	4	4	4	4	4	4	4	4	З	47
SUBSCRIBER & CHILD	2	2	2	2	2	2	2	2	2	2	2	2	24
RIBER, SE &	2	7	7	7	7	7	27	27	27	27	28	29	327
SUBSCRIE SPOUSE CHILD	27	27	27	0	(N	~							
S		7 2	7 2	7 2	2	7 2	7	7	9	9	5	5	78
S N	7	10 7 2	11 7 2	11 7 2	12 7 2	12 7 2	12 7	12 7	12 6	12 6	12 5	11 5	137 78

NEWTOWN PUBLIC SCHOOLS CUSTODIANS - 005709205

	SUBSCRIBER,		CIECCERED	TOTAL	TOTAL	MEDICAL	DENTAL	PHARMACY		TOTAL PLAN
& SPOUSE	CHILD	& CHILD		CONTRACTS	MEMBERS	CLAIMS	CLAIMS	CLAIMS	CAPITATION	PAID CLAIMS
	15	£	0	50	115	\$75,275.02	\$0.00	\$13,692.54	\$0.00	\$88,967.56
	15	ю	0	50	115	\$149,152.62	\$0.00	\$16,794.34	\$0.00	\$165,946.96
	15	2	0	50	114	\$110,878.10	\$0.00	\$15,402.14	\$0.00	\$126,280.24
	15	2	0	50	114	\$80,868.89	\$0.00	\$12,882.66	\$0.00	\$93,751.55
	15	2	0	48	110	\$83,304.60	\$0.00	\$13,540.41	\$0.00	\$96,845.01
	15	2	0	48	110	\$35,114.60	\$0.00	\$10,590.64	\$0.00	\$45,705.24
5	15	2	0	48	110	\$17,138.61	\$0.00	\$9,973.03	\$0.00	\$27,111.64
10	15	2	0	48	110	\$67,123.96	\$0.00	\$10,565.53	\$0.00	\$77,689.49
	15	2	0	48	110	\$25,061.00	\$0.00	\$6,405.77	\$0.00	\$31,466.77
5	15	2	0	48	110	\$60,019.92	\$0.00	\$10,312.98	\$0.00	\$70,332.90
5	15	2	0	48	109	\$71,799.30	\$0.00	\$7,983.40	\$0.00	\$79,782.70
15	15	7	0	48	109	\$44,119.10	\$0.00	\$9,110.62	\$0.00	\$53,229.72
188	180	26	0	584	1,336	\$819,855.72	\$0.00	\$137,254.06	\$0.00	\$957,109.78

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client. This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.



Page 8 11/11/2014 Premium and Expense Report by Firm Division



Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

NEWTOWN PUBLIC SCHOOLS NURSES - 005709206

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
36	ω	ω	ω	ω	ω	ω	ω	ω	ω	ω	ω	з	SUBSCRIBER
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER SUBSCRIBER ONLY & SPOUSE
36	ω	ω	ω	ω	ω	ы	ω	ы	ω	ω	ω	ω	SUBSCRIBER, SPOUSE & CHILD
12	-	4	ч	L	1	1	-	4	4	-	-	-	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
84	7	7	7	7	7	7	7	7	7	7	7	7	TOTAL CONTRACTS
216	18	18	18	18	18	18	18	18	18	18	18	18	TOTAL MEMBERS
\$70,964.96	\$26,269.12	\$2,674.68	\$1,429.53	\$2,310.84	\$11,912.18	\$2,577.37	\$4,963.25	\$6,673.81	\$3,878.80	\$3,085.66	\$2,427.83	\$2,761.89	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$9,980.98	\$1,262.64	\$434.72	\$433.91	\$1,073.07	\$1,946.15	\$753.74	\$1,217.56	\$634.95	\$560.08	\$585.17	\$996.72	\$82.27	PHARMACY CLAIMS
\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	CAPITA
\$80,945.94	\$27,531.76	\$3,109.40	\$1,863.44		\$13,858.33	\$3,331.11	\$6,180.81	\$7,308.76		\$3,670.83		\$2,844.16	TOTA PAID

NEWTOWN PUBLIC SCHOOLS-SECRETARIES - 005709207

**	\$99,946.14	\$0.00	\$742,160.70	1,392	526	24	0	241	163	86	
0	\$6,693.45	\$0.00	\$24,301.96	111	44	2	0	18	14	10	10/2014
0	\$9,369.15	\$0.00	\$127,559.12	111	44	2	0	18	14	10	09/2014
0	\$7,294.39	\$0.00	\$188,606.52	113	44	2	0	19	14	9	08/2014
9	\$6,599.89	\$0.00	\$33,704.82	114	44	2	0	19	15	8	07/2014
	\$8,142.81	\$0.00	\$60,429.90	114	44	2	0	19	15	œ	06/2014
0	\$9,839.50	\$0.00	\$38,642.31	117	44	2	0	21	13	00	05/2014
0	\$4,963.26	\$0.00	\$69,321.07	117	44	2	0	21	13	00	04/2014
	\$12,733.21	\$0.00	\$81,256.05	118	44	2	0	21	13	8	03/2014
7	\$8,197.97	\$0.00	\$38,775.95	119	44	2	0	21	13	00	02/2014
03	\$8,187.36	\$0.00	\$32,319.03	118	43	2	0	21	13	7	01/2014
o	\$10,612.35	\$0.00	\$21,924.63	118	43	2	0	21	13	7	12/2013
0	\$7,312.80	\$0.00	\$25,319.34	122	44	2	0	22	13	7	11/2013
CAPITATION	PHARMACY	DENTAL CLAIMS	MEDICAL	TOTAL MEMBERS	TOTAL	SUBSCRIBER & CHILDREN	SUBSCRIBER & CHILD	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER & SPOUSE	SUBSCRIBER	DATE

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Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

NEWTOWN PUBLIC SCHOOLS TEACHERS - 005709208

TOTAL PLAN PAID CLAIMS	\$328,609.20	\$405,782.98	\$251,222.81	\$368,614.08	\$390,917.41	\$315,245.90	\$337,959.16	\$371,398.29	\$386,981.81	\$364,674.96	\$252,070.20	\$280,118.65	\$4,053,595.45
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$42,302.20	\$58,756.72	\$50,295.19	\$39,756.41	\$49,526.84	\$40,246.00	\$50,475.14	\$51,792.33	\$37,760.11	\$56,155.04	\$34,573.32	\$56,736.03	\$568,375.33
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$286,307.00	\$347,026.26	\$200,927.62	\$328,857.67	\$341,390.57	\$274,999.90	\$287,484.02	\$319,605.96	\$349,221.70	\$308,519.92	\$217,496.88	\$223,382.62	\$3,485,220.12
TOTAL	856	848	861	859	855	856	855	854	834	832	820	820	10,150
TOTAL	302	300	303	304	303	303	303	303	290	287	283	283	3,564
SUBSCRIBER & CHILDREN	9	9	9	9	9	9	9	7	7	7	80	8	79
SUBSCRIBER & CHILD	80	80	80	თ	თ	თ	თ	თ	œ	80	ω	89	101
SUBSCRIBER, SPOUSE & SUBSCRIBER CHILD & CHILD	\vdash	151 8	154 8	152 9	152 9	152 9	152 9	152 9	151 8	152 8	149 8	149 8	1,819 101
SUBSCRIBER, SPOUSE & SUBSCRIBER CHILD & CHILD	153	63 151 8	62 154 8	63 152 9	62 152 9	62 152 9	62 152 9	61 152 9	55 151 8	54 152 8	54 149 8		
SUBSCRIBER, SPOUSE & SUBSCRIBER CHILD & CHILD	63 153		35				123				25 	149	1,819

NEWTOWN BOARD OF ED - 005709216

ONLY & SPOUSE CHILD & CHILD > CHILD		SUBSCRIBER	SUBSCRIBER SUBSCRIBER	SUE	SUBSCRIBER	SUBSCRIBER	TOTAL	TOTAL	MEDICAL	DENTAL	PHARMACY	NOITATION	TOTAL PLAN
1 0 0 0 1 3461.57 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4751 50.00 \$4755 50.00 \$4755 50.00 \$4755 50.00 \$585839 50.00 \$575432 50.00 \$575432 50.00 \$575432 50.00 \$575432 50.00 \$575336 \$50.00 \$50.00 \$50.00 \$575336 \$50.00 \$575356 \$50.00 \$57433 \$50.00 \$5756336 \$50.00 \$5756336 \$50.00 \$5700 \$5700 \$5700 \$5700 \$5700 \$5700 \$5700 \$5700 \$5700 \$5700 \$5700 \$5700 \$5000 \$5000 \$5000 <th>DATE</th> <th>ONLY</th> <th>& SPOUSE</th> <th>CHILD</th> <th>& CHILU</th> <th>& CHILUKEN</th> <th>CONTRACIO</th> <th>MEMDERS</th> <th>CLAIMS</th> <th>CILING</th> <th>CLAIMO</th> <th></th> <th></th>	DATE	ONLY	& SPOUSE	CHILD	& CHILU	& CHILUKEN	CONTRACIO	MEMDERS	CLAIMS	CILING	CLAIMO		
1 0 0 0 50.00 \$754.29 \$0.00 \$756.28 \$70.00 \$756.28 \$70.00 \$756.28 \$70.00 \$756.28 \$70.00 \$775.29 \$70.00 \$775.29 \$70.00 \$775.29 \$70.00 \$775.29 \$70.00 \$775.29 \$70.00 \$775.28 \$70.00 \$775.29 \$70.00 \$775.29 \$70.00 \$777.29 \$70.00 \$777.29 \$70.00	1/2013	-	0	0	0	0	-	-	\$461.57	\$0.00	\$47.51	\$0.00	\$509.08
1 0 0 1 \$0.00 \$58.89 \$0.00 \$58.99 \$0.00 \$59.90 \$0.00 \$59.90 \$50.90 \$59.90 \$50.90	2013	-	0	0	0	0	F	1	\$138.12	\$0.00	\$754.29	\$0.00	\$892.41
1 0 0 2000 \$0.00	2014	-	0	0	0	0	F	٢	\$507.05	\$0.00	\$585.89	\$0.00	\$1,092.94
1 0 1 34.75 \$0.00 \$635.56 \$0.00 \$54.53 \$0.00 \$54.63 \$50.00 \$54.00 \$55.63 \$0.00 \$54.00 \$50.00 <td>2014</td> <td>-</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>-</td> <td>٢</td> <td>\$105.33</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$105.33</td>	2014	-	0	0	0	0	-	٢	\$105.33	\$0.00	\$0.00	\$0.00	\$105.33
1 0 0 1 23,284,44 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,53 \$0,000 \$54,50 \$50,000 \$54,50 \$50,000	2014	-	0	0	0	0	F	1	\$434.75	\$0.00	\$635.56	\$0.00	\$1,070.31
1 0 0 31.067.64 \$0.00 \$1.6.70 \$0.00 \$3.10.70 \$0.00 \$3.000 \$3.	2014	-	0	0	0	0	F	1	\$3,284.44	\$0.00	\$54.53	\$0.00	\$3,338.97
1 0 1 1 \$3391.08 \$3.00 \$3343.61 \$0.00 3 3 3 3 3 3 3 3 3 1 1 1 1 1 1 1 \$0.00 \$3363.46 \$0.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <	2014	~	0	0	0	0	٣	-	\$1,067.64	\$0.00	\$116.70	\$0.00	\$1,184.34
8 0 0 8 8,000 \$17,29 \$0.00 \$17,29 \$0.00 \$2,000 \$0.00	2014	-	0	0	0	0	F	-	\$391.08	\$0.00	\$343.61	\$0.00	\$734.69
8 0 0 0 8 8,100.56 80.00 80.00 50.00	07/2014								\$363.46	\$0.00	\$17.29	\$0.00	\$380.75
0 0 0 0 8 8 \$6,854.00 \$2,555.38 \$0.00	08/2014								\$100.56	\$0.00	\$0.00	\$0.00	\$100.56
		80	0	0	0	0	ø	ø	\$6,854.00	\$0.00	\$2,555.38	\$0.00	\$9,409.38

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Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client. This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.



11/11/2014 Page 10 Premium and Expense Report by Firm Division



Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

NEWTOWN PUBLIC SCHOOLS RETIREES - 005709217

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
180	15	15	15	15	13	13	15	15	15	16	16	17	SUBSCRIBER
107	6	9	9	11	9	9	9	9	8	8	8	9	SUBSCRIBER & SPOUSE
16	1	1	-	1	1	1	-	-	2	2	2	2	SUBSCRIBER, SPOUSE & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
303	25	25	25	27	23	23	25	25	25	26	26	28	TOTAL CONTRACTS
454	37	37	37	41	35	35	37	37	38	39	39	42	TOTAL MEMBERS
\$174,641.15	\$12,216.91	\$15,538.72	\$11,375.99	\$10,498.32	\$23,232.18	\$7,169.72	\$28,208.27	\$14,767.08	\$12,776.78	\$9,379.75	\$9,417.61	\$20,059.82	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$66,925.00	\$3,894.91	\$4,882.88	\$6,707.19	\$3,207.98	\$5,040.99	\$5,488.37	\$4,842.07	\$7,621.22	\$4,094.24	\$7,639.30	\$8,182.49	\$5,323.36	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$241,566.15	\$16,111.82	\$20,421.60	\$18,083.18	\$13,706.30	\$28,273.17	\$12,658.09	\$33,050.34	\$22,388.30	\$16,871.02	\$17,019.05	\$17,600.10	\$25,383.18	TOTAL PLAN PAID CLAIMS

NEWTOWN PUBLIC SCHOOLS - CENTRAL OFFICE - 005709218

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
26	2	2	2	2	2	2	2	2	2	2	ω	3	SUBSCRIBER
36	з	ы	з	ω	ω	ω	ы	З	З	З	ы	3	SUBSCRIBER SUBSCRIBER ONLY & SPOUSE
72	6	6	6	6	6	6	6	6	6	6	6	6	SUBSCRIBER, SPOUSE & CHILD
12	1	1	1	1	-	1	4	1	-1	1	1	1	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
146	12	12	12	12	12	12	12	12	12	12	13	13	TOTAL CONTRACTS
458	38	38	38	38	38	38	38	38	38	38	39	39	TOTAL MEMBERS
\$172,817.27	\$19,197.07	\$17,713.61	\$7,205.52	\$8,734.59	\$9,076.69	\$10,492.24	\$10,484.11	\$13,325.15	\$17,226.00	\$9,148.24	\$25,276.14	\$24,937.91	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	DENTAL
\$16,824.18	\$2,176.03		\$1,258.64	\$880.28	\$665.28	\$1,303.44	\$1,395.12	\$1,577.93	\$560.59	\$2,145.34	\$1,759.26	\$2,343.40	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$189,641.45	\$21,373.10		\$8,464.16	\$9,614.87	\$9,741.97	\$11,795.68	\$11,879.23	\$14,903.08					TOTAL PLAN PAID CLAIMS

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Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal

Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division



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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

NEWTOWN PUBLIC SCHOOLS - OTHER - 005709219

	SCRIBER	SUBSCRIBER ONI V & SPOLISE	SUBSCRIBER, SPOUSE & CHILD	SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN		TOTAL	TOTAL	MEDICAL	DENTAL	PHARMACY CLAIMS	CAPITATION	TOTAL PLAN
	4	1	4	1		10	25	\$4,587.10	\$0.00	\$1,093.24	\$0.00	
12/2013	4	۴	4	۲	0	10	25	\$3,984.70	\$0.00	\$983.42	\$0.00	\$4,968.12
14	5	٢	4	0	٣	1	27	\$7,239.66	\$0.00	\$1,176.33	\$0.00	\$8,415.99
14	S	۲	4	0	۴	11	27	\$2,185.61	\$0.00	\$1,380.66	\$0.00	\$3,566.27
14	5	٣	4	0	۴	11	27	\$7,697.26	\$0.00	\$1,386.38	\$0.00	\$9,083.64
04/2014	5	٣	4	0	۲	11	27	\$2,440.43	\$0.00	\$829.97	\$0.00	\$3,270.40
14	S	۴	4	0	۲	11	27	\$5,316.84	\$0.00	\$418.86	\$0.00	\$5,735.70
14	S	۴	4	0	٣	11	27	\$5,699.27	\$0.00	\$1,053.46	\$0.00	\$6,752.73
14	S	4	5	0	0	11	28	\$4,094.09	\$0.00	\$688.30	\$0.00	\$4,782.39
4	5	۲	5	0	0	11	28	\$3,877.99	\$0.00	\$966.74	\$0.00	\$4,844.73
4	2	٢	5	0	0	11	28	\$8,738.30	\$0.00	\$515.09	\$0.00	\$9,253.39
0/2014	5	۲	5	0	0	11	28	\$3,543.72	\$0.00	\$772.11	\$0.00	\$4,315.83
]	58	12	52	2	9	130	324	\$59,404.97	\$0.00	\$11,264.56	\$0.00	\$70,669.53

NEWTOWN PUBLIC SCHOOLS-RETIREES - 005709224

IMS	\$386.61	\$193.60	\$511.89	\$659.60	\$568.58	\$836.26	\$908.44	\$830.38	\$644.44	\$433.32	\$770.19	\$2,564.75	\$9,308.06
TOTAL PLAN PAID CLAIMS	ý	÷9	\$	\$6	\$	\$	\$	\$	\$6	Š	\$	\$2,5	\$9,3
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$43.71	\$137.04	\$105.39	\$34.97	\$156.11	\$86.77	\$35.81	\$58.48	\$84.19	\$32.61	\$146.33	\$4.51	\$925.92
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$342.90	\$56.56	\$406.50	\$624.63	\$412.47	\$749.49	\$872.63	\$771.90	\$560.25	\$400.71	\$623.86	\$2,560.24	\$8,382.14
TOTAL MEMBERS	2	3	2	7	7	7	2	7	2	7	7	2	24
TOTAL	2	7	7	7	2	2	2	2	7	7	2	2	24
	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER, SPOUSE & CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER ONLY & SPOUSE	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER	2	2	2	2	2	2	2	2	2	2	2	2	24
DATE	11/2013	12/2013	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	

In Connection: Anthrem Bave Corse and Blue Shelds is the trade name of Anthrem Neah Plans. Anchore Bave Corse and Blue Shelds is the trade a Anthrem Plans of Mans, Inc. We knowpoint a structure and the Sheld S



Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client. This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.



Page 12 11/11/2014 Premium and Expense Report by Firm Division

Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

NEWTOWN PUBLIC SCHOOLS TEACHERS BC - 005709225

[12/2013	SL
		IBSCRIBER SUBS
		SUBSCRIBER & SPOUSE
		SUBSCRIBER, SPOUSE & CHILD
		SUBSCRIBER & CHILD
		SUBSCRIBER & CHILDREN
		R TOTAL CONTRACTS
		TOTAL
-\$25.00	-\$25.00	MEDICAL CLAIMS
\$0.00	\$0.00	DENTAL
\$0.00	\$0.00	PHARMACY
\$0.00	\$0.00	CAPITATION
-\$25.00	-\$25.00	TOTAL PLAN PAID CLAIMS

NEWTOWN PUBLIC SCHOOLS - CENTRAL OFFICE HSA - 005709227

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER SUBSCRIBER ONLY & SPOUSE
24	2	2	2	2	2	2	2	2	2	2	2	2	SUBSCRIBER, SPOUSE & CHILD
11	-	4	4	-	-	1		1	-	-	4	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
35	ω	ω	ω	ω	ω	ω	ω	ω	ω	ω	ω	2	TOTAL CONTRACTS
106	9	9	9	9	9	9	9	9	9	9	9	7	TOTAL
\$7,193.89	\$0.00	\$77.32	\$209.40	\$0.00	\$0.00	\$401.28	\$387.64	\$483.66	\$4,612.75	\$493.73	\$115.66	\$412.45	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$11,558.00	\$263.57	\$28.71	\$28.71	\$174.76	\$51.49	\$458.80	\$2,671.35	\$174.76	\$2,645.01	\$211.24	\$339.30	\$4,510.30	PHARMACY
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$18,751.89	\$263.57	\$106.03	\$238.11	\$174.76	\$51.49	\$860.08	\$3,058.99	\$658.42	\$7,257.76	\$704.97	\$454.96	\$4,922.75	TOTAL PLAN PAID CLAIMS

In Consecting: Anthem Bine Cross and Bine Shelds is the trade name of Anthem Heads Themas, Inc. In Manar Bine Cross and Bine Shelds It has reads name of Anthem Bine Stress Anthem Bine Cross and Bine Shelds It has reads name of Anthem Heads and Anthem Heads and Bine Shelds It has reads name of Anthem Heads It has reads name of Anthem Heads and Anthem Heads Names and Heads and Bine Shelds It has reads names and have reasted bin have reads names of Bine Shelds It has reads names and heads names and have names anthem Anthem Heads and Bine Shelds It has reads names and have reads n

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

NEWTOWN PUBLIC SCHOOLS - HSA - 005709229

PLAN AIMS	\$368.89	\$209.68	\$63.32	\$0.00	\$63.32	\$63.32	\$191.09	\$0.00	\$353.22	\$0.00	\$14.52	\$0.00	\$1,327.36
TOTAL PLAN PAID CLAIMS		40000							45298				
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$0.00	\$63.32	\$0.00	\$63.32	\$63.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$189.96
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$368.89	\$209.68	\$0.00	\$0.00	\$0.00	\$0.00	\$191.09	\$0.00	\$353.22	\$0.00	\$14.52	\$0.00	\$1,137.40
TOTAL	11	8	8	8	8	80	8	ø	ø	ę	8	8	94
TOTAL	9	4	4	4	4	4	4	4	4	£	5	5	51
SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	0
BSCRIBER & CHILD	-	0	0	0	0	0	-	0	0	0	0	0	+
						0	0						
SUBSCRIBER, SPOUSE & CHILD	+	-	+	-	-	-	-	-	+	0	+	-	11
SUBSCRIBER SUBSCRIBER & SPOUSE & CHILD	+	1	1	1	1	0 1	0 1	0	0	0	0	0	0 11
SUBSCRIBER, SPOUSE & CHILD	0 1	3 0 1	3 0 1	3 0 1	3 0 1	3 0 1 0	3 0 1	3 0 1	3 0 1 1	3 0	4 0 1	4 0 1	39 0 11

NEWTOWN PUBLIC SCHOOLS AIDES - 005709232

	0	12	0	52	0	94	35	0	00	0	35	2	5
TOTAL PLAN PAID CLAIMS	\$0.00	\$84.51	\$0.00	\$219.25	\$0.00	\$470.94	\$184.85	\$0.00	\$0.00	\$0.00	\$1,207.85	\$425.72	\$2,593.12
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$9.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.31
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$0.00	\$75.20	\$0.00	\$219.25	\$0.00	\$470.94	\$184.85	\$0.00	\$0.00	\$0.00	\$1,207.85	\$425.72	\$2,583.81
TOTAL	5	5	5	5	S	ŝ	S	ŝ	ŝ	S	2	5	60
TOTAL	2	2	7	7	7	2	2	2	7	2	2	2	24
SUBSCRIBER & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER & CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER, SPOUSE & CHILD	-	۲-	-	-	-	-	-	-	-	-	-	۲	12
SUBSCRIBER & SPOUSE	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER SUBSCRIBER ONLY & SPOUSE	t	-	£	-	-	-	~	÷	~	4	F	۴	12
DATE	11/2013	12/2013	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	

Page 14 11/11/2014 Premium and Expense Report by Firm Division



Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client. This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.





Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

NEWTOWN BOE RETIRED TEACHERS HSA WIMELLON - 005709235

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
12	-	-	-	-1	-	1	-	-	-	-	-	1	SUBSCRIBER
4	-	-	4	-	0	0	0	0	0	0	0	0	SUBSCRIBER & SPOUSE
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER, SPOUSE & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	0	0	0	0	0	0	0	0	SUBSCRIBER & CHILDREN
16	2	2	2	2	-	7	-	د	-	-	1	4	TOTAL CONTRACTS
20	ω	ω	ω	ω	-		-	-	-	-	-	-	TOTAL MEMBERS
\$1,059.40	\$501.68	\$0.00	\$151.32	\$124.18	\$21.65	\$0.00	\$0.00	\$0.00	\$0.00	\$177.82	\$82.75	\$0.00	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL CLAIMS
\$438.20	\$104.52	\$0,00	\$203.38	\$0.00	\$130.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	CAPITATION
\$1,497.60	\$606.20		\$354.70	\$124.18	\$151.95	\$0.00	\$0.00	\$0.00		\$177.82	\$82.75	\$0.00	TOTAL PLAN PAID CLAIMS

NEWTOWN BOE TEACHERS HSA WIMELLON - 005709237

	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	DATE
324	31	31	22	23	27	27	27	27	27	27	27	28	SUBSCRIBER
94	10	10	7	6	8	8	8	8	8	7	7	7	SUBSCRIBER & SPOUSE
286	26	26	22	23	24	24	24	24	24	23	23	23	SUBSCRIBER, SPOUSE & CHILD
24	2	2	2	2	2	2	2	2	2	2	2	2	SUBSCRIBER & CHILD
12	1	-	-	-	-	-	-	-	-	-	-	-	SUBSCRIBER & CHILDREN
740	70	70	54	55	62	62	62	62	62	60	60	61	TOTAL
1,718	162	162	131	133	143	143	143	143	143	138	138	139	TOTAL MEMBERS
\$508,587.49	\$27,770.42	\$33,786.16	\$31,258.36	\$32,069.95	\$52,833.29	\$62,699.23	\$80,821.40	\$34,354.98	\$62,015.33	\$31,097.06	\$28,520.45	\$31,360.86	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL
\$251,920.43	\$10,559.04	\$17,419.59	\$16,004.68	\$11,614.94	\$36,324.36	\$30,534.85	\$9,839.45	\$33,343.93	\$26,323.44	\$13,173.38	\$33,410.08	\$13,372.69	PHARMACY
\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$760,507.92	\$38,329.46		\$47,263.04	\$43,684.89	\$89,157.65	\$93,234.08	\$90,660.85	\$67,698.91	\$88,338.77		\$61,930.53	\$44,733.55	TOTAL PLAN PAID CLAIMS

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Summary level membership counts are for medical coverage only.

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

ADM - NON UNION - 005709239

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TOTAL PLAN PAID CLAIMS	\$371.91	\$1,298.30	\$13,056.66	\$1,516.70	\$12,722.48	\$2,695.55	\$1,326.82	\$5,484.80	\$8,577.78	\$4,449.88	\$2,746.28	\$2,737.87	\$56,985.03
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$192.48	\$598.43	\$244.86	\$420.54	\$580.42	\$723.78	\$288.15	\$1,727.61	\$1,294.28	\$2,289.43	\$1,031.61	\$1,547.81	\$10,939.40
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$179.43	\$699.87	\$12,811.80	\$1,096.16	\$12,142.06	\$1,971.77	\$1,038.67	\$3,757.19	\$7,283.50	\$2,160.45	\$1,714.67	\$1,190.06	\$46,045.63
TOTAL	5	5	5	S	S	5	7	7	7	7	7	7	72
TOTAL	2	2	2	2	2	2	ы	ы	ы	ы	r	3	30
SUBSCRIBER & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER SUBSCRIBER & CHILD & CHILDREN	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBSCRIBER, SPOUSE & CHILD	-	-	-	1	۲	1	۲	+	-	1	٢	-	12
SUBSCRIBER SUBSCRIBER ONLY & SPOUSE	0	0	0	0	0	0	-	-	-	-	+	٢	9
SUBSCRIBER	1	-	-	٢	-	-	-	-	-	-	-	-	12
DATE	11/2013	12/2013	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	

NEWTOWN PUBLIC SCHOOLS TEACHERS COBRA - 005709240

SUBSCRIBER SPOUSE ONLY & SPOUSE CHILD 3 1 0 4 1 0			_						
000	SPOUSE & SUBSCRIBER CHILD & CHILD	& CHILDREN	CONTRACTS	TOTAL	CLAIMS	CLAIMS	CLAIMS	CAPITATION	PAID CLAIMS
0 0	0	0	4	5	\$2,528.38	\$0.00	\$347.11	\$0.00	\$2,875.49
¢	0	0	ŝ	9	\$1,095.11	\$0.00	\$754.71	\$0.00	\$1,849.82
0	0	0	ŝ	9	\$2,114.42	\$0.00	\$990.57	\$0.00	\$3,104.99
0	0	0	4	S	\$1,203.11	\$0.00	\$761.74	\$0.00	\$1,964.85
0	0	0	4	5	\$5,462.53	\$0.00	\$220.57	\$0.00	\$5,683.10
0	0	0	4	S	\$3,909.54	\$0.00	\$380.29	\$0.00	\$4,289.83
0	0	0	4	S	\$2,823.23	\$0.00	\$378.86	\$0.00	\$3,202.09
0	0	0	4	ŝ	\$2,461.34	\$0.00	\$696.90	\$0.00	\$3,158.24
0	0	0	т	4	\$3,274.91	\$0.00	\$458.67	\$0.00	\$3,733.58
0	0	0	т	4	\$4,469.95	\$0.00	\$790.45	\$0.00	\$5,260.40
0	0	0	ю	4	\$7,904.32	\$0.00	\$574.52	\$0.00	\$8,478.84
0	0	0	3	4	\$5,930.05	\$0.00	\$470.92	\$0.00	\$6,400.97
0	0	0	46	58	\$43,176.89	\$0.00	\$6,825.31	\$0.00	\$50,002.20

In Connection: Anthrem Bave Costs and Bave Sheld is the trade name of Anthrem Health Plans, Inc. In Mainer: Anthrem Blave Costs and Blave Sheld is the trade name Anthrem Health Cost and Blave Scheduler. The trade name of Anthrem Health Plans, Inc. In Mainer: Anthrem Blave Costs and Blave Sheld is the trade name Research and Blave Costs and Blave Sheld Sheld Health Costs and Blave Sheld is the Anthrem Plans Plans (and the Anthrem Sheld) and the Costs Research and Blave Costs and Blave Sheld Sheld Sheld Sheld Sheld Anthrem Sheld Sheld Anthrem Health Plans (and Anthrem Sheld) and the Costs and Blave Sheld Sheld Anthrem Sheld Sheld Anthrem Sheld Sheld Anthrem Sheld Sheld Sheld Sheld Anthrem Blave Costs and Blave Sheld Sheld Anthrem Sheld Sheld Sheld Anthrem Sheld Sh

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Summary level membership counts are for medical coverage only.



11/11/2014 Page 16 Premium and Expense Report by Firm Division



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Premium and Expense Report by Firm Division

Blue Cross and Blue Shield is the trade name of Anthee Maine, Inc. In New Hampshire: Anthem Blue Cross and oss and Blue Shield Association. ©Registered marks B Plans, Inc. In Maine: A ield is the trade name s and Blue Shield Ass Arthen Blue Cross and Blue Sheld is the trade r of Anthen Heath Plans of New Hampshite. Inc. existion. This report is based on a desired or pr existion. This report schematic propriate s provide under the Anthem Standards of Busin Weeded recipient of this information, you are be prohibited. If you have received this message to prohibited. If you have received this message hereby notified ye in error, pleas

Anthem, . Health Insights Data View Direct

Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal.

Summary level membership counts are for medical coverage only.

	04/2014	12/2013	11/2013	DATE
2	1	-	1	SUBSCRIBER
0		0	0	SUBSCRIBER & SPOUSE
0		0	0	SUBSCRIBER, SPOUSE & CHILD
0		0	0	SUBSCRIBER & CHILD
0		0	0	SUBSCRIBER & CHILDREN
2		-1	4	TOTAL CONTRACTS
2		-	-	TOTAL MEMBERS
\$125.79	-\$40.88	\$31.61	\$135.06	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	DENTAL
\$675.63	\$0.00	\$204.95	\$470.68	PHARMACY CLAIMS
\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$801.42	-\$40.88	\$236.56	\$605.74	TOTAL PLAN PAID CLAIMS

NEWTOWN PUBLIC SCHOOLS AIDES COBRA - 005709248

	10/2014	09/2014	08/2014	07/2014	06/2014	DATE
œ	2	2	2	-1	1	SUBSCRIBER
0	0	0	0	0	0	SUBSCRIBER SUBSCRIBER
0	0	0	0	0	0	
0	0	0	0	0	0	SPOUSE & SUBSCRIBER SUBSCRIBER CHILD & CHILD & CHILDREN
0	0	0	0	0	0	& CHILDREN
œ	2	2	2	ч	-	TOTAL CONTRACTS
8	2	2	2	-	-	TOTAL
\$3,512.42	\$1,550.90	\$368.10	\$1,308.98	\$241.23	\$43.21	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	DENTAL
\$2,100.21	\$1,345.71	\$727.07	\$0.00	\$27.43	\$0.00	PHARMACY
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$5,612.63	\$2,896.61	\$1,095.17	\$1,308.98	\$268.66	\$43.21	PAID CLAIMS

07/2014	06/2014	DATE	VEWTOWN
-	1	SUBSCRIBER	UBLIC SCH
0	0	SUBSCRIBER ONLY & SPOUSE	DOLS PPO C
0	0	SUBSCRIBEF SPOUSE & CHILD	NEWTOWN PUBLIC SCHOOLS PPO COBRA - 005709245
0	0	SUBSCRIBER SUBSCRIBER TOTAL & CHILD & CHILDREN CONTRACTS I	709245
0	0	SUBSCRIBER & CHILDREN	
4	-	TOTAL	
-	-	TOTAL	
\$241.23	\$43.21	MEDICAL CLAIMS	
\$0.00	\$0.00	DENTAL	
\$27.43	\$0.00	PHARMACY CLAIMS	
\$0.00	\$0.00	CAPITATION	
\$268.66	\$43.21	TOTAL PLAN PAID CLAIMS	

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4 0	10/2014 1 0	09/2014 1 0	08/2014 1 0	4	DATE ONLY & SPOUSE
4	-	-	-	1	SUBSCRIBER, SPOUSE & CHILD
0	0	0	0	0	SUBSCRIBER & CHILD
0	0	0	0	0	SUBSCRIBER & CHILDREN
8	2	2	2	2	TOTAL
24	6	б	6	б	TOTAL
\$3,928.22	\$0.00	\$433.27	\$2,813.89	\$681.06	MEDICAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL
\$27.34	\$27.34	\$0.00	\$0.00	\$0.00	PHARMACY
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CAPITATION
\$3,955.56	\$27.34	\$433.27	\$2,813.89	\$681.06	TOTAL PLAN PAID CLAIMS

NEWTOWN TOWN AND BOARD OF EDUCATION

Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

NEWTOWN PUBLIC SCHOOLS HSA COBRA - 005709244

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Premium and Expense Report by Firm Division

Reporting Period: Nov-2013 through Oct-2014

ADM H S A - 005709249

	36	39	52	33	33
TOTAL PLAN PAID CLAIMS	\$248.36	\$7,360.89	67		\$16,166.63
CAPITATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHARMACY CLAIMS	\$0.00	\$1,817.99	\$1,803.54	\$4,439.64	\$8,061.17
DENTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL CLAIMS	\$248.36	\$5,542.90	\$1,760.21	\$553.99	\$8,105.46
TOTAL	8	8	8	8	32
TOTAL	2	7	7	2	ø
SUBSCRIBER & CHILDREN	0	0	0	0	0
SUBSCRIBER & CHILD	0	0	0	0	0
SUBSCRIBER, SPOUSE & CHILD	2	2	2	2	8
SUBSCRIBER & SPOUSE	0	0	0	0	0
SUBSCRIBER	0	0	0	0	0
DATE	07/2014	08/2014	09/2014	10/2014	

In Convector, Antiwe Bus Cross and Bus Sheld is the trak name of Antiwe Instead Plan. Each Mainer Antiwen Bus. Specific Market Marke

This report represents the Medical, Drug and Connecticut Dental costs only, retention fees will be used in calculation of the renewal. Earned Premium is based on the group's billing rates and does not reflect any other financial obligations between Anthem and Client.

Summary level membership counts are for medical coverage only.







- Consultations with the primary care physicians are conducted as required
- A prescription renewal request service is available at no cost
- o 24/7 emergency pharmacist support

Pharmacy Accreditation

CRX professionals regularly inspect all licensed pharmacies to ensure that all safety protocols and all American/source country regulations are met.

- License verification
- Review dispensing procedures
- · Review pharmacist / technician ratios
- Conduct a complete audit and inspection

Inspection visits ensure uniform safety standards and dispensing procedures. Each supplying pharmacy is then contracted or re-contracted to supply CRX clients.

Medication Procurement

- Tier One countries only
- Government certified products
- · Federally approved facilities
- Manufacturers' original sealed packaging

Liability Insurance

CRX carries full claims-made coverage (through Lloyd's of London) for general liability (including as to products supplied by or on behalf of CRX) and professional liability at US \$2,000,000. A plan holder can be named as an additional insured.

Operations

The CRX computer system (GRA) is a series of real-time, queue based electronically updated operating programs. It is accessible on a 24/7 basis throughout the contracted CRX network.

"GRA" tracks applications and order processing, eligibility, formulary adjustments, safety protocols, product pricing, and, in short, administers all facets of the CRX network. Historical data is maintained and available to each plan holder as required. Incorporated within "GRA" is a mandatory U.S. Drug Utilization Review (DUR) provided through contracts with First DataBank of California and operated by staff pharmacists. This ensures maximum safety is maintained.

The CRX computer systems (GRA) are supported by three servers located in separate time zones in order to eliminate all downtime.

CRX and its affiliates own and operate two Bell telephone systems. The "BCM 400" hardware is powered by Nortel networks creating a fully functioning call centre system with complete monitoring, tracking and reporting capabilities. The Bell "BCM 200" is held in back-up. All call centre activity is digitally recorded to ensure the highest standards for quality, service and safety are maintained. Daily access logs are archived for operations review and reference.

System upgrades and maintenance contracts are current and ensure minimum downtime.

Systems Integration

CRX, its affiliates, and several U.S. based PBM's are launching on a real-time basis, full information sharing. This data exchange provides an ongoing basis for a substantial reduction in claims expense.

Program Launch & Service Support

CRX and its affiliates own and administer all programs in-house. Our staff is dedicated to providing 100% satisfaction to both the Plan Sponsor and all individual participants. Our goal is to provide a positive "yes" environment with direct lines of communication for the immediate resolution of all concerns.

Plan Sponsor Benefits:

- · No administrative costs
- No cost delivery interruption replacement
- enihoqan gniogno bazimoteuO
- Plan design and development assistance
- Website designing and hosting
- Seminars and enrollment presentations
- Local servicing
- Liability insurance coverage

Member Benefits:

- Ongoing open enrollment
- Dedicated toll free telephone and fax numbers

- Call Centre Customer Service Representatives
 - ° Monday to Friday, 8:30am-6:30pm EST/EDT
 - ° Saturday, 9:00am-5:30pm EST/EDT
- Quarterly Call Centre contacts
- · Copay reimbursement policy
- Certified manufacturers' sealed package guarantee

Product Pricing

CRX pricing is based on the following costs:

- Source country government negotiated medication costs
- Contracted international physician prescribing fees
- · Contracted international pharmacy dispensing fees
- Shipping costs
- CRX administrative costs
- Currency hedging programs

Each "Tier One" source country provides wholesale price updates established through government negotiations with each pharmaceutical supplier. This creates a standard unit price for each medication which includes all rebates.

HIPAA Compliance

All materials and information acquired by CRX are kept in the strictest of confidence and only used for the prescribing of medications. CRX plans are designed to be completely compliant with the Canadian Privacy Laws (PIPEDA), equivalent to the U.S. HIPAA standards, and all Privacy Laws of each country supplying medications to plan participants. In order to share restricted information, CRX requires a Business Associate Agreement in all cases.

FDA Letters & Responses

CRX and its affiliates were developed to comply with all laws in all jurisdictions where business operations would take place. This is without exception.

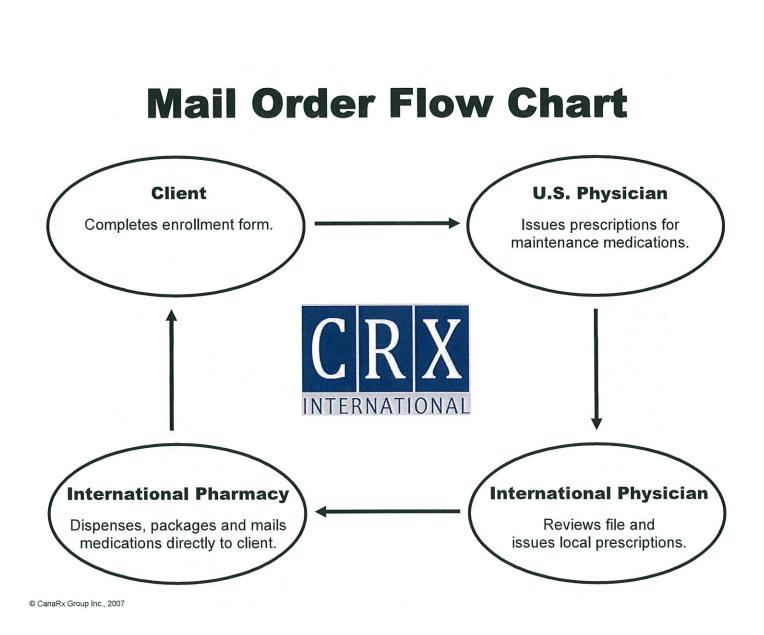
In 2003, CanaRx, an affiliate, introduced the first employee driven international medication program in America. SpringfieldMeds became a giant success saving millions of dollars for both the plan and its employees. In response to the introduction of the SpringfieldMeds program, the FDA issued warning letters questioning the legality of the CanaRx importation program in September and November 2003. CanaRx responded in September of 2003. The FDA then met in Ottawa with Health Canada

where they were assured that CanaRx and its operations were in compliance and not in violation of any Canadian laws.

In the last 11 years, there has been no further contact between CRX, its affiliates, and the FDA. The FDA continues to monitor our quality and safety without incident.

Win / Win & Incentives

High individual enrollment will create large savings and a successful program. CRX will customize and provide program options to maximize participation.





CRX INTERNATIONAL

TOP 25 MEDICATIONS

April 23, 2014

% 7.7 4	15,028.86	\$	00.134,31	\$ 31,489.86	\$	LATOT
% Z .28	1,331.60	\$	792.40	\$ 2,124.00	\$ 06	ABILIFY 15MG
%9 °89	416.30	\$	360.40	\$ 02.977	\$ 06	ЭМ 8 АТИЗ ЦОАЯТ
96.2%	06.115	\$	243.40	\$ 95.30	\$ 06	VESICARE 10MG
%9.43	06.040,f	\$	1,062.40	\$ 3,003.30	\$ 06	ABILIFY 20MG
%0`£9	384.70	\$	226.40	\$ 01.119	\$ 06	DETROL LA 4MG
%L.4T	08.6 2 9,1	\$	07.678	\$ 2,239.20	\$ 720	PENTASA 500MG
%8'99	89.974	\$	247.40	\$ 724.08	\$ 891	0001/03 T3MUNAL
%£.1ð	08.784	\$	296.40	\$ 763.20	\$ 06	ONGLYZA 5MG
72.5%	04.885	\$	04.801	\$ 394.80	\$ 450	NASONEX 50MCG
%8.88	09.1 3 4,1	\$	672.40	\$ 2,124.00	\$ 06	ABILIFY 5MG
%9.43	318.52	\$	04.871	\$ 493.92	\$ 48	РКІЗТІQ 50МG
%1.68	268.20	\$	185.40	\$ 423.60	\$ 06	VYTORIN 10/20MG
%7°LL	446.20	\$	04.871	\$ 624.60	\$ 081	ADVAIR DISKUS 100MCG
%S.07	350.40	\$	04.941	\$ 08.964	\$ 06	CRESTOR 5MG
%9 [.] £2	365.40	\$	131.40	\$ 08.80	\$ 06	CRESTOR 20MG
34.4%	07.731	\$	300.40	\$ 428.10	\$ 06	DEXILANT DR 60MG
%8.68	429.52	\$	296.40	\$ 724.92	\$ 001	DM001 AIVUNAL
63.6%	489.20	\$	04.972	\$ 09.897	\$ 06	SPIRIVA 18MCG
%2.88	246.08	\$	172.40	\$ 84.714	\$ 84	SM01 AIT3Z
%1.89	338.40	\$	158.40	\$ 496.80	\$ 06	CRESTOR 10MG
%9 [.] 02	403.60	\$	04.891	\$ 572.00	\$ 001	CELEBREX 200MG
15.6%	400.60	\$	2,785.40	\$ 3,186.00	\$ 06	BARACLUDE 1MG
%8.49	502.40	\$	273.40	\$ 08.877	\$ 081	ADVAIR DISKUS 250MCG
%9`89	444.24	\$	203.40	\$ 49.748	\$ 48	9W04 MUIXEN
%I'SI	27.141,1	\$	04.014,8	\$ 21.188,7	\$ 211	DM00S ANDISAT
% SAVED ХЯЗ НТІW	SBVINGS XAD HTIN	1	РRICE СRX	U.S. PBM PRICE	ΥΤΙΤΝΑΌΟ	MEDICATION NAME

The CRX price assumes zero copayments and includes all costs to the plan. There are no further charges such as, electronic transaction fees or per member per month administration costs.

All medications are supplied through certified pharmacies in Canada, the United Kingdom, Australia and New Zealand (Tier-One countries).

P.O. Box 44650, Detroit, MI 48244-0650