

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

Purchasing/Property Records/Warehouse

817 Bill Beck Boulevard, Building 2000 • Kissimmee • Florida 34744-4495

Phone: 407-870-4630 • Fax: 407-870-4616 • www.osceola.k12.fl.us

SCHOOL BOARD MEMBERS

- District 1 – Jay Wheeler
407-390-0505
- District 2 – Julius Melendez
407-922-5113
- District 3 – Cindy Lou Hartig
407-832-3999
- District 4 – David Stone, Vice Chair
407-933-2700
- District 5 – John McKay, Chair
407-957-4056



Superintendent of Schools

Michael A. Grego, Ed.D.

June 18, 2009

Healthcare Clinic (onsite) For the School District of Osceola County, Florida

RFP # SDOC-09-P-119 NM Addendum # 4

(To be attached and become a part of the RFP)

The Due Date for submittals is **July 14**, 2009, 2:00 p.m., at the School District of Osceola County, 817 Bill Beck Blvd., Building 2000, Purchasing Department Office, Kissimmee, Florida.

The original Request For Proposal (RFP) documents shall remain in full force and effect, except as modified by this Addendum and past Addendums, and this Addendum shall take precedence over any contrary provisions in the prior documents. If you have any questions regarding this Addendum please feel free to contact Neil D. McDonald, Purchasing Supervisor, by email at mcdonald@osceola.k12.fl.us or by phone at (407) 870-4625.

This addendum is being issued to document questions and information regarding this RFP.

Questions/Answers:

1. Section 3.25 Termination/Cancellation of Contract (page 15) – In that the Respondents are required to give ninety (90) days written notice should they desire to cancel, may this section be amended to require the School Board to give cancellation notice in writing with a minimum of ninety (90) days, rather than the listed thirty (30) days notice? **This could be discussed during contract negotiations.**
2. Section 3.63 Proposal Bond (page 24) – The requirements stated in this section stipulate 10% of the proposal amount. First of all, is this for one (1) year or for the term of the agreement (five [5] years)? Secondly, is the 10% based upon the total amount of our proposal (management fee and variable pass-through costs) or just for the portion of the management fee only since the variable costs are dependent upon the utilization which will not be a stagnant number? Thirdly, our bond experts, ProSureGroup, Inc., have informed us that should a proposal/bid bond be issued by a surety, that surety must be prepared to support performance and payment bond conditions of the contract document at the time of bid. Practically, this is not feasible since the contract has yet to be negotiated between the School Board and the successful Respondent. Without specifics of the underlying conditions of the contract, the surety cannot in good faith guarantee the financial support required by the bond provisions within this RFP. Notwithstanding, the counter-intuitive language of the Award section (Section 3.09) lists options for the School Board to make multiple awards and/or to further negotiate any proposal, including price, with the highest-rated proposer, which creates an ambiguity as to the liability of the proposal bond. Under the conditions stipulated in this RFP, it does not appear any fiduciary/surety would be able to provide a proposal bond which will be affected by the following performance and payment bond requirements. **This could be discussed during contract negotiations.**

Student Achievement – Our Number One Priority

Districtwide Accreditation by the Southern Association of Colleges and Schools

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An Equal Opportunity Agency

3. Section 3.64 Performance and Payment Bonds (page 24) – Similar concerns for the performance and payment bond requirements as stated above in the proposal bond comments. Of particular concern is the performance bond being issued with no contract in place specifying and/or guaranteeing performance metrics that have been agreed upon by the School Board and the successful Respondent. With nothing to measure, it is impossible for financial liability to be defined. In regard to the payment bond requirement, our successful onsite medical clinic model does not necessitate the billing or payment requirements for subcontractors or vendors. Those costs, to include medical staff, prescriptions, labs, equipment, supplies, etc are all direct pass-through costs that would be sent with receipts back-up to the School Board monthly for payment directly to CareHere for those vendor's costs. There are no markups or profit made by CareHere/Crowne for any of the pass-through costs/services. Therefore, a payment bond would not be applicable. Of additional concern is the requirement of the performance and payment bonds to be based at 100% of the total turnkey amount of the project. The total turnkey of this project is and cannot be a fixed amount because of the cost for services will be dependent upon the utilization of the medical clinic services. Should the utilization be higher or lower than initially projected, there will be cost increases or decreases from the initial projections. As an example, if the utilization is higher, there would be a commensurate increased use of prescriptions, available hours of medical staff, supplies, equipment, etc. On the other hand, if utilization was lower than projected, the above-described services and supplies would be less and the School Board should not have to pay for services/supplies, etc not utilized. **Performance bond is part of the standard RFP language, and the payment retainage is part of the contract template. These issues will be part of contract negotiations.**
4. Rather than performance and/or payment bonds, it might be a better idea if the School Board required proposers to submit performance guarantees that would be tied directly to metrics based on their projections. The School Board would then have financial penalties in place if the successful Respondent did not meet or exceed recommendations/performance over which they have control and responsibility. **This could be discussed during contract negotiations.**
5. Appendix A: Feasibility Analysis, Revenue Projections, Staffing 2. (page 47) – We recommend separating the MA from the Physician Assistant position box and moving that to the Other box with Office Manager, Admin Assistant, etc. (reason for this, the medical assistant in no way can be related professionally with the Physician Assistant level). **This changed in Addendum #2, Appendix A1.**
6. Vendor Prescribed Assumptions – Scenario Two, Staffing 5. (page 52) – **This changed in Addendum #2, Appendix A1.**
7. What experience does Aon have with regard to onsite health clinics in Florida and elsewhere? What other groups (by name, employee size and whether public sector/school boards) has Aon helped with onsite health center consultation and implementation? **The School Board is not aware of any.**
8. Since the District's Evaluation Committee consists of District staff and Aon Consulting as an advisor, what, if any, will Aon's advice weigh on selection of the clinic administrator? **Aon Consulting is a non-voting member of the Evaluation Committee and will help the Committee with answers to any questions they may have of the data being submitted by firms responding to this RFP.**
9. What business relationships, formal or informal, does Aon have with any clinic administrators? **The School Board is not aware of any.**

10. What compensation will be paid or is expected to be paid to Aon Consulting by the clinic administrator? **The School Board is not aware of any.**
11. Tab 9 (page 39) requests insurance carrier info but no limits at this point – is this acceptable at the time of submission that we acknowledge the capability of attaining required limits, or is it your intention to require the minimum limits established in Section 3.20 (pages 13-14) at the time of submittal or upon selection and prior to execution of the contract? Please clarify. **The insurance limits addressed in 3.20 (Insurance Requirements) are the minimum requirements.**
12. Tab 10 (page 40) indicates that respondents shall be prepared to supply a financial statement upon request, but it doesn't actual request it. Is the School District looking for general information to provide insight into the financial stability of the firm responding? **All respondents shall supply a financial statement, preferably a certified audit of the last available fiscal year, but a third party prepared financial statement and the latest Dunn & Bradstreet report will be acceptable.**
13. We are requesting claims information/reports from CIGNA for a recent 12 month period of time: **See attached files, starting on page 7, for this information/summary reports.**
14. **Insurance Requirements, Section 3.20, Page 13; Which reads:**
Each respondent shall include in their submittal proof of insurance capabilities, including but not limited to, the following requirements:

- A. Workers' Compensation – As required by Florida law. The Workers' Compensation policy shall state that it cannot be canceled or materially changed without first giving thirty (30) days prior notice thereof in writing to the School Board. Firms that have owner/operators that have filed a "Notice of Election to be Exempt" shall supply a copy of said notice.

Requirements for Respondents that qualify for an exemption under the Florida Worker's Compensation law in Chapter 440 Florida Statutes are detailed below:

Incorporated or unincorporated firms with less than four employees shall be required to sign a Hold Harmless Agreement relieving the School Board of liability in the event they and/or their employees are injured while providing goods and/or services to the School Board.

Incorporated or unincorporated firms with four or more employees shall be required to provide a copy of their "Notice of Election to be Exempt", along with valid proof of coverage for non-exempt employees.

The waiver mentioned above is included as an attachment to this bid. Waivers shall be returned with the bid proposal as detailed in the Submittal Requirements.

- B. Commercial General Liability Insurance
 1. Each occurrence
 - (a) One Million Dollars (\$1,000,000)
 2. Aggregate
 - (a) One Million Dollars (\$1,000,000)
- C. Professional Liability Insurance
 1. (a) One Million Dollars (\$1,000,000) with a deductible not to exceed \$25,000

The respondent shall carry Property Damage and Public Liability Insurance in the minimum amounts listed above, and Worker's Compensation and Employer's Liability Insurance in statutory amounts. All insurance policies shall be issued by insurers licensed to do business in the State of Florida and any insuring company is required to have a minimum rating of B, Class VIII in the "Best Key Rating Guide" published by A.M. Best & Company, Inc.

If coverage as required is written on a claims-made basis, the Respondent warrants that any retroactive date applicable to coverage under the policy precedes the effective date of this Agreement; and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of 3 years beginning from the time that work under the Agreement is completed.

The respondent shall either cover any subcontractors on its policy or require the subcontractor to obtain coverage to meet these requirements and file appropriate forms with the School Board.

Certificate of Insurance: A certificate of insurance indicating that the respondent has coverage in accordance with the requirements herein set forth shall be furnished by the respondent to the School Board Representative prior to the execution of the contract and annually upon renewal thereafter. Respondent agrees that School Board will make no payments pursuant to the terms of the contract until all required proof or evidence of insurance have been provided to the School Board Representative. Respondent agrees that the insurer shall waive its rights of subrogation, if any, against the School Board. These shall be completed by the authorized Resident Agent and returned to the Purchasing Office. This certificate shall be dated and show:

- (1) The name of the insured respondent, the specified job by name, name of the insurer, the number of the policy, its effective date and its termination date.
- (2) Statement that the Insurer will mail notice to the School Board at least thirty (30) days prior to any material changes in provisions or cancellation of the policy.
- (3) School Board shall be named as an additional insured on General Liability Insurance as evidenced by the endorsement.

Loss Deductible Clause: The School Board shall be exempt from, and in no way liable for, any sums of money that may represent a deductible in any insurance policy. The payment of such deductible shall be the sole responsibility of the respondent and/or subcontractor providing such insurance.

Change to read:

Insurance Requirements, Section 3.20, Page 13; Which reads:

Each respondent shall include in their submittal proof of insurance capabilities, including but not limited to, the following requirements:

- A. Workers' Compensation – As required by Florida law. The Workers' Compensation policy shall state that it cannot be canceled or materially changed without first giving thirty (30) days prior notice thereof in writing to the School Board. Firms that have owner/operators that have filed a "Notice of Election to be Exempt" shall supply a copy of said notice.

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Incorporated or unincorporated firms with four or more employees shall be required to provide a copy of their "Notice of Election to be Exempt", along with valid proof of coverage for non-exempt employees.

The waiver mentioned above is included as an attachment to this bid. Waivers shall be returned with the bid proposal as detailed in the Submittal Requirements.

B. Commercial General Liability Insurance

1. Each occurrence
 - (a) **Five Million Dollars (\$5,000,000)**
2. Aggregate
 - (a) **Ten Million Dollars (\$10,000,000)**

C. Professional Liability Insurance

1. (a) **Five Million Dollars (\$5,000,000)** with a deductible not to exceed \$25,000

The respondent shall carry Property Damage and Public Liability Insurance in the minimum amounts listed above, and Worker's Compensation and Employer's Liability Insurance in statutory amounts. All insurance policies shall be issued by insurers licensed to do business in the State of Florida and any insuring company is required to have a minimum rating of B, Class VIII in the "Best Key Rating Guide" published by A.M. Best & Company, Inc.

If coverage as required is written on a claims-made basis, the Respondent warrants that any retroactive date applicable to coverage under the policy precedes the effective date of this Agreement; and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of 3 years beginning from the time that work under the Agreement is completed.

The respondent shall either cover any subcontractors on its policy or require the subcontractor to obtain coverage to meet these requirements and file appropriate forms with the School Board.

Certificate of Insurance: A certificate of insurance indicating that the respondent has coverage in accordance with the requirements herein set forth shall be furnished by the respondent to the School Board Representative prior to the execution of the contract and annually upon renewal thereafter. Respondent agrees that School Board will make no payments pursuant to the terms of the contract until all required proof or evidence of insurance have been provided to the School Board Representative. Respondent agrees that the insurer shall waive its rights of subrogation, if any, against the School Board. These shall be completed by the authorized Resident Agent and returned to the Purchasing Office. This certificate shall be dated and show:

- (1) The name of the insured respondent, the specified job by name, name of the insurer, the number of the policy, its effective date and its termination date.
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- (3) School Board shall be named as an additional insured on General Liability Insurance as evidenced by the endorsement.

Loss Deductible Clause: The School Board shall be exempt from, and in no way liable for, any sums of money that may represent a deductible in any insurance policy. The payment of such deductible shall be the sole responsibility of the respondent and/or subcontractor providing such insurance.

15. Schedule of Events:

<i>June 17, 2009</i>	Deadline for questions – Due before 1:00 p.m.
<i>July 14, 2009</i>	Due Date
<i>July 30, 2009</i>	Written Evaluations (Committee)
• <i>August 5 & 6*, 2009</i>	<i>The week of</i>
<i>August 25, 2009</i>	Oral Presentations / Informal Interviews (Committee)
<i>August 26, 2009</i>	Recommendation of Top-Ranked Firm
<i>September 22, 2009</i>	Pre-Contract Meetings
	Submittal of Final Contract for Board Approval

*The Board requests that Respondents keep the week of August 3rd open for Oral Presentations. Depending on the number of Firms Short-Listed, Oral Presentation should be August 5th and may be August 6th. As soon as the Evaluation Committee has selected firms to invite for the Oral Presentation, the Purchasing Department will contact these firms about dates and times of the Oral Interviews.

If you have any questions regarding this Addendum #2 please contact Neil D. McDonald, Purchasing Supervisor by phone at (407) 870-4625 or by email at mcdonaln@osceola.k12.fl.us

Please sign and include this Addendum #2 in your submittal indicating that you have read and understand the changes listed herein.

Authorized Signature

Date



SCHOOL DISTRICT OF OSCEOLA COUNTY
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT - MEDICAL

July 2008 thru May 2009

Account : 3198508

Reported Claims: All Claims

YTD/MONTH	PRODUCT TYPE	CAP	IN NETWORK	OUT OF NETWORK	DRUG	TOTAL CLAIMS	Total HRA	Total HRA & Claims	TOTAL SUBS	TOTAL MBRS
Jul-08	COMP	\$0	\$3,250	\$0	\$4,626	\$7,876	\$0	\$7,876	364	364
	DPP4	\$10,222	\$137,111	\$2,561	\$37,091	\$186,985	\$0	\$186,985	316	410
	EPP4	\$259,853	\$3,213,493	\$0	\$511,586	\$3,984,931	\$0	\$3,984,931	5,576	10,246
	OAPIN	\$2,056	\$38,304	\$36	\$8,944	\$49,340	\$0	\$49,340	117	248
	PPO1	\$389	\$4,368	\$303	\$7,375	\$12,435	\$0	\$12,435	35	52
Jul-2008 Total		\$272,520	\$3,396,526	\$2,900	\$569,621	\$4,241,567	\$0	\$4,241,567	6,408	11,320
Aug-08	COMP	\$0	(\$2,446)	\$0	\$3,933	\$1,487	\$0	\$1,487	357	357
	DPP4	\$10,713	\$144,197	\$880	\$26,308	\$182,098	\$0	\$182,098	305	403
	EPP4	\$270,071	\$2,862,522	\$0	\$524,128	\$3,656,721	\$0	\$3,656,721	5,460	10,028
	OAPIN	\$2,078	\$36,592	\$97	\$9,126	\$47,893	\$0	\$47,893	115	237
	PPO1	\$398	\$10,184	(\$10,274)	\$8,876	\$9,184	\$0	\$9,184	35	52
Aug-2008 Total		\$283,260	\$3,051,048	(\$9,296)	\$572,371	\$3,897,382	\$0	\$3,897,382	6,272	11,077
Sep-08	COMP	\$0	\$1,350	\$0	\$9,226	\$10,576	\$0	\$10,576	372	372
	DPP4	\$10,908	\$124,190	\$574	\$43,748	\$179,420	\$0	\$179,420	299	394
	EPP4	\$268,403	\$2,145,113	\$0	\$544,564	\$2,958,079	\$0	\$2,958,079	5,397	9,930
	OAPIN	\$1,976	\$14,430	\$0	\$9,674	\$26,080	\$0	\$26,080	189	382
	OAP1	\$0	\$0	\$0	\$860	\$860	\$0	\$860	152	253
	PPO1	\$398	\$12,044	\$451	\$7,992	\$20,884	\$0	\$20,884	35	52
Sep-2008 Total		\$281,685	\$2,297,128	\$1,024	\$616,063	\$3,195,900	\$0	\$3,195,900	6,444	11,383
Oct-08	COMP	\$0	\$225	\$0	\$6,289	\$6,514	\$0	\$6,514	402	402
	DPP4	\$10,514	\$87,284	(\$4,862)	\$7,517	\$100,453	\$0	\$100,453	0	0
	EPP4	\$263,590	\$1,921,481	\$0	\$181,636	\$2,366,707	\$0	\$2,366,707	3	5
	OAPIN	\$0	\$1,731	\$0	\$111,633	\$113,364	\$0	\$113,364	1,453	2,647
	OAP1	\$0	\$0	\$0	\$249,393	\$249,393	\$508	\$249,901	4,527	7,972
	PPO1	\$0	\$8,694	\$0	\$3,672	\$12,366	\$0	\$12,366	0	0
Oct-2008 Total		\$274,104	\$2,019,415	(\$4,862)	\$560,140	\$2,848,797	\$508	\$2,849,304	6,385	11,026
Nov-08	COMP	\$0	\$41,074	\$0	\$7,415	\$48,489	\$0	\$48,489	402	402
	DPP4	(\$11,332)	\$234,722	(\$71)	\$26	\$223,345	\$0	\$223,345	0	0
	EPP4	(\$275,439)	\$84,408	\$0	\$11,293	(\$179,738)	\$0	(\$179,738)	3	5
	OAPIN	\$42,870	\$774,775	\$51	\$201,588	\$1,019,285	\$0	\$1,019,285	1,459	2,659
	OAP1	\$130,058	\$591,092	\$2,604	\$365,470	\$1,089,224	\$698,054	\$1,787,278	4,536	7,996
	PPO1	(\$16)	\$5,801	\$1,120	\$0	\$6,904	\$0	\$6,904	0	0
Nov-2008 Total		(\$113,859)	\$1,731,873	\$3,704	\$585,792	\$2,207,510	\$698,054	\$2,905,564	6,400	11,062
Dec-08	COMP	\$0	(\$3,849)	\$0	\$7,875	\$4,026	\$0	\$4,026	401	401
	DPP4	(\$168)	\$1,033	\$48	\$0	\$912	\$0	\$912	0	0
	EPP4	(\$3,412)	\$115,316	\$0	\$1,511	\$113,415	\$0	\$113,415	3	5
	OAPIN	\$22,369	\$689,697	\$397	\$225,330	\$937,793	\$0	\$937,793	1,461	2,667
	OAP1	\$67,654	\$734,362	\$9,238	\$335,535	\$1,146,789	\$405,725	\$1,552,514	4,541	8,008
	PPO1	\$0	\$672	\$53	\$0	\$725	\$0	\$725	0	0
Dec-2008 Total		\$86,443	\$1,537,231	\$9,736	\$570,251	\$2,203,660	\$405,725	\$2,609,386	6,406	11,081

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July 2008 thru May 2009

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YTD/MONTH	PRODUCT TYPE	CAP	IN NETWORK	OUT OF NETWORK	DRUG	TOTAL CLAIMS	Total HRA	Total HRA & Claims	TOTAL SUBS	TOTAL MBRS
Jan-09	COMP	\$0	\$3,590	\$0	\$6,662	\$10,252	\$0	\$10,252	402	402
	DPP4	\$0	(\$26,221)	\$0	\$0	(\$26,221)	\$0	(\$26,221)	0	0
	EPP4	\$5	\$27,260	\$0	(\$2,366)	\$24,899	\$0	\$24,899	3	5
	OAPIN	\$22,411	\$937,132	\$3,068	\$174,597	\$1,137,207	\$0	\$1,137,207	1,457	2,652
	OAP1	\$67,732	\$1,112,961	\$11,296	\$359,852	\$1,551,840	\$326,678	\$1,878,518	4,552	8,006
	PPO1	\$0	\$2,032	\$0	\$0	\$2,032	\$0	\$2,032	0	0
Jan-2009 Total		\$90,147	\$2,056,753	\$14,364	\$538,744	\$2,700,009	\$326,678	\$3,026,687	6,414	11,065
Feb-09	COMP	\$0	(\$10,431)	\$0	\$6,673	(\$3,758)	\$0	(\$3,758)	405	405
	DPP4	\$0	(\$373)	\$0	\$144	(\$230)	\$0	(\$230)	0	0
	EPP4	(\$296)	(\$144,005)	\$0	\$8,004	(\$136,297)	\$0	(\$136,297)	3	5
	OAPIN	\$24,258	\$893,837	\$1,971	\$198,114	\$1,118,181	\$0	\$1,118,181	1,461	2,666
	OAP1	\$59,660	\$1,014,311	(\$8,390)	\$364,312	\$1,429,895	\$302,357	\$1,732,252	4,545	8,004
	PPO1	\$0	(\$70)	\$645	\$0	\$576	\$0	\$576	0	0
Feb-2009 Total		\$83,622	\$1,753,270	(\$5,773)	\$577,247	\$2,408,366	\$302,357	\$2,710,723	6,414	11,080
Mar-09	COMP	\$0	\$5,167	\$0	\$6,259	\$11,426	\$0	\$11,426	406	406
	DPP4	\$0	(\$16,550)	\$0	\$0	(\$16,550)	\$0	(\$16,550)	0	0
	EPP4	\$0	\$10,336	\$0	\$8,195	\$18,531	\$0	\$18,531	3	5
	OAPIN	\$24,528	\$685,260	\$946	\$208,166	\$918,901	\$0	\$918,901	1,459	2,668
	OAP1	\$59,603	\$1,461,676	\$4,140	\$383,276	\$1,908,696	\$315,925	\$2,224,621	4,543	8,005
	PPO1	\$0	\$160	\$182	\$0	\$342	\$0	\$342	0	0
Mar-2009 Total		\$84,132	\$2,146,050	\$5,269	\$605,897	\$2,841,347	\$315,925	\$3,157,272	6,411	11,084
Apr-09	COMP	\$0	(\$2,555)	\$0	\$7,632	\$5,077	\$0	\$5,077	404	404
	DPP4	\$0	(\$320)	(\$762)	\$0	(\$1,083)	\$0	(\$1,083)	0	0
	EPP4	\$11	(\$6,893)	\$0	\$0	(\$6,882)	\$0	(\$6,882)	3	5
	OAPIN	\$24,428	\$774,764	\$375	\$194,047	\$993,614	\$0	\$993,614	1,460	2,683
	OAP1	\$59,653	\$1,789,409	\$1,729	\$420,079	\$2,270,870	\$270,477	\$2,541,346	4,541	8,019
	PPO1	\$0	\$159	\$16	\$0	\$176	\$0	\$176	0	0
Apr-2009 Total		\$84,093	\$2,554,563	\$1,357	\$621,758	\$3,261,772	\$270,477	\$3,532,248	6,408	11,111
May-09	COMP	\$0	\$1,253	\$0	\$6,202	\$7,455	\$0	\$7,455	399	399
	DPP4	\$0	(\$355)	\$0	\$0	(\$355)	\$0	(\$355)	0	0
	EPP4	(\$29)	(\$26,215)	\$0	\$0	(\$26,244)	\$0	(\$26,244)	3	5
	OAPIN	\$24,479	\$1,086,690	\$103	\$237,122	\$1,348,394	\$0	\$1,348,394	1,457	2,678
	OAP1	\$59,676	\$1,242,550	\$2,133	\$388,207	\$1,692,565	\$202,928	\$1,895,493	4,543	8,027
	PPO1	\$0	(\$242)	\$0	\$0	(\$242)	\$0	(\$242)	0	0
May-2009 Total		\$84,126	\$2,303,680	\$2,236	\$631,531	\$3,021,573	\$202,928	\$3,224,501	6,402	11,109
PRODUCT TYPE Totals	COMP	\$0	\$36,629	\$0	\$72,791	\$109,420	\$0	\$109,420	4,314	4,314
	DPP4	\$30,857	\$684,718	(\$1,632)	\$114,833	\$828,776	\$0	\$828,776	920	1,207
	EPP4	\$782,757	\$10,202,815	\$0	\$1,788,550	\$12,774,121	\$0	\$12,774,121	16,457	30,244
	OAP1	\$504,036	\$7,946,361	\$22,751	\$2,866,985	\$11,340,132	\$2,522,651	\$13,862,784	36,480	64,290
	OAPIN	\$191,454	\$5,933,211	\$7,045	\$1,578,341	\$7,710,052	\$0	\$7,710,052	12,088	22,187
	PPO1	\$1,168	\$43,804	(\$7,505)	\$27,914	\$65,381	\$0	\$65,381	105	156
Grand Total		\$1,510,273	\$24,847,537	\$20,658	\$6,449,414	\$32,827,882	\$2,522,651	\$35,350,533	70,364	122,398



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Account : 3198508
Reported Claims: All Claims

YTD/MONTH	PRODUCT TYPE	CAP	IN NETWORK	OUT OF NETWORK	DRUG	TOTAL CLAIMS	Total HRA	Total HRA & Claims	TOTAL SUBS	TOTAL MBRS
Jun-08	COMP	\$0	\$2,802	\$0	\$5,022	\$7,823	\$0	\$7,823	366	366
	DPP4	\$11,268	\$105,291	\$719	\$34,092	\$151,370	\$0	\$151,370	317	411
	EPP4	\$287,458	\$2,302,180	\$0	\$539,204	\$3,128,842	\$0	\$3,128,842	5,607	10,266
	OAPIN	\$2,519	\$22,189	\$1,070	\$8,253	\$34,031	\$0	\$34,031	118	247
	PPO1	\$380	\$7,391	\$981	\$9,562	\$18,315	\$0	\$18,315	35	52
Jun-2008 Total		\$301,625	\$2,439,853	\$2,770	\$596,133	\$3,340,381	\$0	\$3,340,381	6,443	11,342
Jul-08	COMP	\$0	\$3,250	\$0	\$4,626	\$7,876	\$0	\$7,876	364	364
	DPP4	\$10,222	\$137,111	\$2,561	\$37,091	\$186,985	\$0	\$186,985	316	410
	EPP4	\$259,853	\$3,213,493	\$0	\$511,586	\$3,984,931	\$0	\$3,984,931	5,576	10,246
	OAPIN	\$2,056	\$38,304	\$36	\$8,944	\$49,340	\$0	\$49,340	117	248
	PPO1	\$389	\$4,368	\$303	\$7,375	\$12,435	\$0	\$12,435	35	52
Jul-2008 Total		\$272,520	\$3,396,526	\$2,900	\$569,621	\$4,241,567	\$0	\$4,241,567	6,408	11,320
Aug-08	COMP	\$0	(\$2,446)	\$0	\$3,933	\$1,487	\$0	\$1,487	357	357
	DPP4	\$10,713	\$144,197	\$880	\$26,308	\$182,098	\$0	\$182,098	305	403
	EPP4	\$270,071	\$2,862,522	\$0	\$524,128	\$3,656,721	\$0	\$3,656,721	5,460	10,028
	OAPIN	\$2,078	\$36,592	\$97	\$9,126	\$47,893	\$0	\$47,893	115	237
	PPO1	\$398	\$10,184	(\$10,274)	\$8,876	\$9,184	\$0	\$9,184	35	52
Aug-2008 Total		\$283,260	\$3,051,048	(\$9,296)	\$572,371	\$3,897,382	\$0	\$3,897,382	6,272	11,077
Sep-08	COMP	\$0	\$1,350	\$0	\$9,226	\$10,576	\$0	\$10,576	372	372
	DPP4	\$10,908	\$124,190	\$574	\$43,748	\$179,420	\$0	\$179,420	299	394
	EPP4	\$268,403	\$2,145,113	\$0	\$544,564	\$2,958,079	\$0	\$2,958,079	5,397	9,930
	OAPIN	\$1,976	\$14,430	\$0	\$9,674	\$26,080	\$0	\$26,080	189	382
	OAP1	\$0	\$0	\$0	\$860	\$860	\$0	\$860	152	253
PPO1	\$398	\$12,044	\$451	\$7,992	\$20,884	\$0	\$20,884	35	52	
Sep-2008 Total		\$281,685	\$2,297,128	\$1,024	\$616,063	\$3,195,900	\$0	\$3,195,900	6,444	11,383
Oct-08	COMP	\$0	\$225	\$0	\$6,289	\$6,514	\$0	\$6,514	402	402
	DPP4	\$10,514	\$87,284	(\$4,862)	\$7,517	\$100,453	\$0	\$100,453	0	0
	EPP4	\$263,590	\$1,921,481	\$0	\$181,636	\$2,366,707	\$0	\$2,366,707	3	5
	OAPIN	\$0	\$1,731	\$0	\$111,633	\$113,364	\$0	\$113,364	1,453	2,647
	OAP1	\$0	\$0	\$0	\$249,393	\$249,393	\$508	\$249,901	4,527	7,972
PPO1	\$0	\$8,694	\$0	\$3,672	\$12,366	\$0	\$12,366	0	0	
Oct-2008 Total		\$274,104	\$2,019,415	(\$4,862)	\$560,140	\$2,848,797	\$508	\$2,849,304	6,385	11,026
Nov-08	COMP	\$0	\$41,074	\$0	\$7,415	\$48,489	\$0	\$48,489	402	402
	DPP4	(\$11,332)	\$234,722	(\$71)	\$26	\$223,345	\$0	\$223,345	0	0
	EPP4	(\$275,439)	\$84,408	\$0	\$11,293	(\$179,738)	\$0	(\$179,738)	3	5
	OAPIN	\$42,870	\$774,775	\$51	\$201,588	\$1,019,285	\$0	\$1,019,285	1,459	2,659
	OAP1	\$130,058	\$591,092	\$2,604	\$365,470	\$1,089,224	\$698,054	\$1,787,278	4,536	7,996
PPO1	(\$16)	\$5,801	\$1,120	\$0	\$6,904	\$0	\$6,904	0	0	
Nov-2008 Total		(\$113,859)	\$1,731,873	\$3,704	\$585,792	\$2,207,510	\$698,054	\$2,905,564	6,400	11,062



SCHOOL DISTRICT OF OSCEOLA COUNTY
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT - MEDICAL
June 2008 thru May 2009

Account : 3198508
Reported Claims: All Claims

YTD/MONTH	PRODUCT TYPE	CAP	IN NETWORK	OUT OF NETWORK	DRUG	TOTAL CLAIMS	Total HRA	Total HRA & Claims	TOTAL SUBS	TOTAL MBRS
Dec-08	COMP	\$0	(\$3,849)	\$0	\$7,875	\$4,026	\$0	\$4,026	401	401
	DPP4	(\$168)	\$1,033	\$48	\$0	\$912	\$0	\$912	0	0
	EPP4	(\$3,412)	\$115,316	\$0	\$1,511	\$113,415	\$0	\$113,415	3	5
	OAPIN	\$22,369	\$689,697	\$397	\$225,330	\$937,793	\$0	\$937,793	1,461	2,667
	OAP1	\$67,654	\$734,362	\$9,238	\$335,535	\$1,146,789	\$405,725	\$1,552,514	4,541	8,008
	PPO1	\$0	\$672	\$53	\$0	\$725	\$0	\$725	0	0
Dec-2008 Total		\$86,443	\$1,537,231	\$9,736	\$570,251	\$2,203,660	\$405,725	\$2,609,386	6,406	11,081
Jan-09	COMP	\$0	\$3,590	\$0	\$6,662	\$10,252	\$0	\$10,252	402	402
	DPP4	\$0	(\$26,221)	\$0	\$0	(\$26,221)	\$0	(\$26,221)	0	0
	EPP4	\$5	\$27,260	\$0	(\$2,366)	\$24,899	\$0	\$24,899	3	5
	OAPIN	\$22,411	\$937,132	\$3,068	\$174,597	\$1,137,207	\$0	\$1,137,207	1,457	2,652
	OAP1	\$67,732	\$1,112,961	\$11,296	\$359,852	\$1,551,840	\$326,678	\$1,878,518	4,552	8,006
	PPO1	\$0	\$2,032	\$0	\$0	\$2,032	\$0	\$2,032	0	0
Jan-2009 Total		\$90,147	\$2,056,753	\$14,364	\$538,744	\$2,700,009	\$326,678	\$3,026,687	6,414	11,065
Feb-09	COMP	\$0	(\$10,431)	\$0	\$6,673	(\$3,758)	\$0	(\$3,758)	405	405
	DPP4	\$0	(\$373)	\$0	\$144	(\$230)	\$0	(\$230)	0	0
	EPP4	(\$296)	(\$144,005)	\$0	\$8,004	(\$136,297)	\$0	(\$136,297)	3	5
	OAPIN	\$24,258	\$893,837	\$1,971	\$198,114	\$1,118,181	\$0	\$1,118,181	1,461	2,666
	OAP1	\$59,660	\$1,014,311	(\$8,390)	\$364,312	\$1,429,895	\$302,357	\$1,732,252	4,545	8,004
	PPO1	\$0	(\$70)	\$645	\$0	\$576	\$0	\$576	0	0
Feb-2009 Total		\$83,622	\$1,753,270	(\$5,773)	\$577,247	\$2,408,366	\$302,357	\$2,710,723	6,414	11,080
Mar-09	COMP	\$0	\$5,167	\$0	\$6,259	\$11,426	\$0	\$11,426	406	406
	DPP4	\$0	(\$16,550)	\$0	\$0	(\$16,550)	\$0	(\$16,550)	0	0
	EPP4	\$0	\$10,336	\$0	\$8,195	\$18,531	\$0	\$18,531	3	5
	OAPIN	\$24,528	\$685,260	\$946	\$208,166	\$918,901	\$0	\$918,901	1,459	2,668
	OAP1	\$59,603	\$1,461,676	\$4,140	\$383,276	\$1,908,696	\$315,925	\$2,224,621	4,543	8,005
	PPO1	\$0	\$160	\$182	\$0	\$342	\$0	\$342	0	0
Mar-2009 Total		\$84,132	\$2,146,050	\$5,269	\$605,897	\$2,841,347	\$315,925	\$3,157,272	6,411	11,084
Apr-09	COMP	\$0	(\$2,555)	\$0	\$7,632	\$5,077	\$0	\$5,077	404	404
	DPP4	\$0	(\$320)	(\$762)	\$0	(\$1,083)	\$0	(\$1,083)	0	0
	EPP4	\$11	(\$6,893)	\$0	\$0	(\$6,882)	\$0	(\$6,882)	3	5
	OAPIN	\$24,428	\$774,764	\$375	\$194,047	\$993,614	\$0	\$993,614	1,460	2,683
	OAP1	\$59,653	\$1,789,409	\$1,729	\$420,079	\$2,270,870	\$270,477	\$2,541,346	4,541	8,019
	PPO1	\$0	\$159	\$16	\$0	\$176	\$0	\$176	0	0
Apr-2009 Total		\$84,093	\$2,554,563	\$1,357	\$621,758	\$3,261,772	\$270,477	\$3,532,248	6,408	11,111
May-09	COMP	\$0	\$1,253	\$0	\$6,202	\$7,455	\$0	\$7,455	399	399
	DPP4	\$0	(\$355)	\$0	\$0	(\$355)	\$0	(\$355)	0	0
	EPP4	(\$29)	(\$26,215)	\$0	\$0	(\$26,244)	\$0	(\$26,244)	3	5
	OAPIN	\$24,479	\$1,086,690	\$103	\$237,122	\$1,348,394	\$0	\$1,348,394	1,457	2,678
	OAP1	\$59,676	\$1,242,550	\$2,133	\$388,207	\$1,692,565	\$202,928	\$1,895,493	4,543	8,027
	PPO1	\$0	(\$242)	\$0	\$0	(\$242)	\$0	(\$242)	0	0
May-2009 Total		\$84,126	\$2,303,680	\$2,236	\$631,531	\$3,021,573	\$202,928	\$3,224,501	6,402	11,109

May-09 Paid Claims includes a charge of \$84154.53 that was deducted from you account and paid as capitation to CIGNA Behavioral Health.



SCHOOL DISTRICT OF OSCEOLA COUNTY
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT - MEDICAL
June 2008 thru May 2009

Account : 3198508

Reported Claims: All Claims

<i>YTD/MONTH</i>	<i>PRODUCT TYPE</i>	<i>CAP</i>	<i>IN NETWORK</i>	<i>OUT OF NETWORK</i>	<i>DRUG</i>	<i>TOTAL CLAIMS</i>	<i>Total HRA</i>	<i>Total HRA & Claims</i>	<i>TOTAL SUBS</i>	<i>TOTAL MBRS</i>
PRODUCT TYPE Totals	COMP	\$0	\$39,430	\$0	\$77,813	\$117,243	\$0	\$117,243	4,680	4,680
	DPP4	\$42,126	\$790,009	(\$914)	\$148,925	\$980,146	\$0	\$980,146	1,237	1,618
	EPP4	\$1,070,214	\$12,504,995	\$0	\$2,327,754	\$15,902,963	\$0	\$15,902,963	22,064	40,510
	OAP1	\$504,036	\$7,946,361	\$22,751	\$2,866,985	\$11,340,132	\$2,522,651	\$13,862,784	36,480	64,290
	OAPIN	\$193,973	\$5,955,401	\$8,115	\$1,586,594	\$7,744,083	\$0	\$7,744,083	12,206	22,434
	PPO1	\$1,549	\$51,195	(\$6,523)	\$37,476	\$83,696	\$0	\$83,696	140	208
Grand Total		\$1,811,898	\$27,287,390	\$23,428	\$7,045,546	\$36,168,263	\$2,522,651	\$38,690,914	76,807	133,740

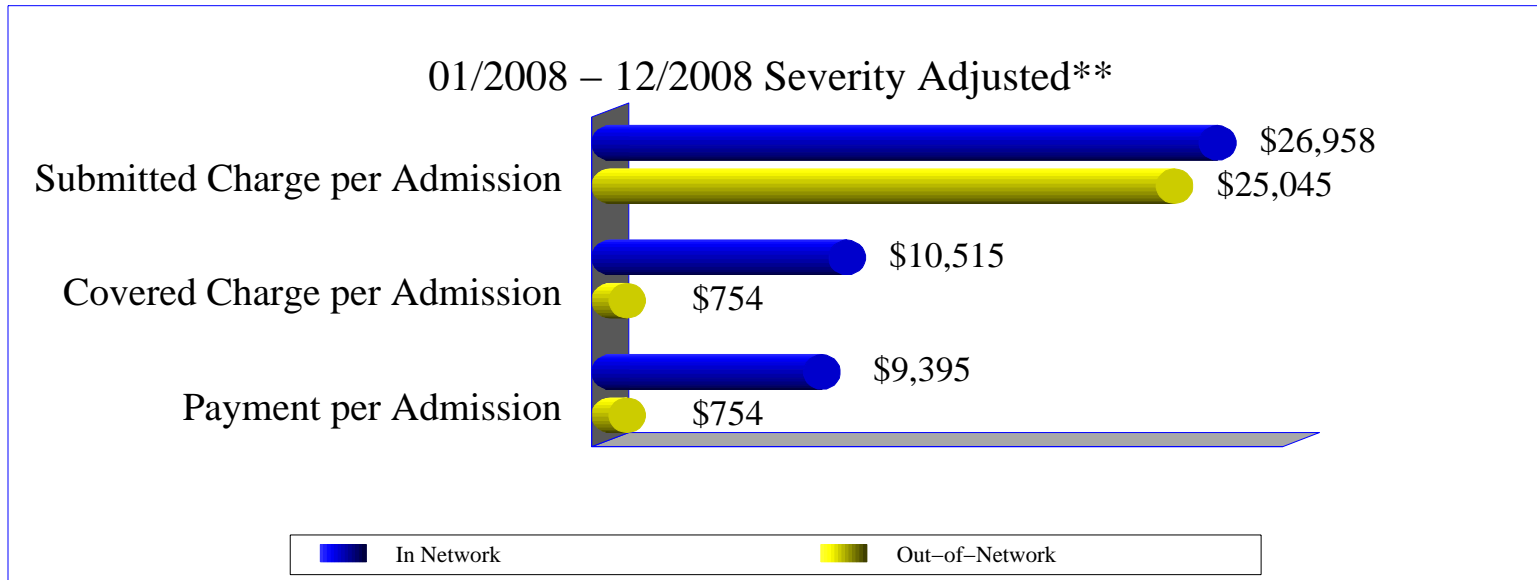
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
INPATIENT FACILITY TOTAL UTILIZATION AND COSTS*
Based on Processed Dates**

DESCRIPTION	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM**
Average Number of Members	11,175	11,540	3.3%	
Number of Admissions	847	931	9.9%	
Number of Days	3,148	3,576	13.6%	
Average Length of Stay	3.7	3.8	2.7%	5.4
Admissions per 1,000 Members	75.8	80.7	6.5%	29.2
Bed Days per 1,000 Members	281.7	309.9	10.0%	158.9
INPATIENT FACILITY SUBMITTED CHARGES	\$23,180,333	\$27,522,352	18.7%	
Average Submitted Charge per Admission	\$27,368	\$29,562	8.0%	\$28,263
Average Submitted Charge per Day	\$7,364	\$7,696	4.5%	\$5,200
INPATIENT FACILITY COVERED CHARGES	\$8,670,611	\$10,605,621	22.3%	
Average Covered Charge per Admission	\$10,237	\$11,392	11.3%	\$13,558
Average Covered Charge per Day	\$2,754	\$2,966	7.7%	\$2,494
INPATIENT FACILITY PAYMENTS	\$7,811,939	\$9,477,419	21.3%	
Average Payment per Admission	\$9,223	\$10,180	10.4%	\$11,177
Average Payment per Day	\$2,482	\$2,650	6.8%	\$2,056

*Includes only those services billed through the facility

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
SEVERITY ADJUSTED AVERAGE COST PER ADMISSION*
Based on Processed Dates**



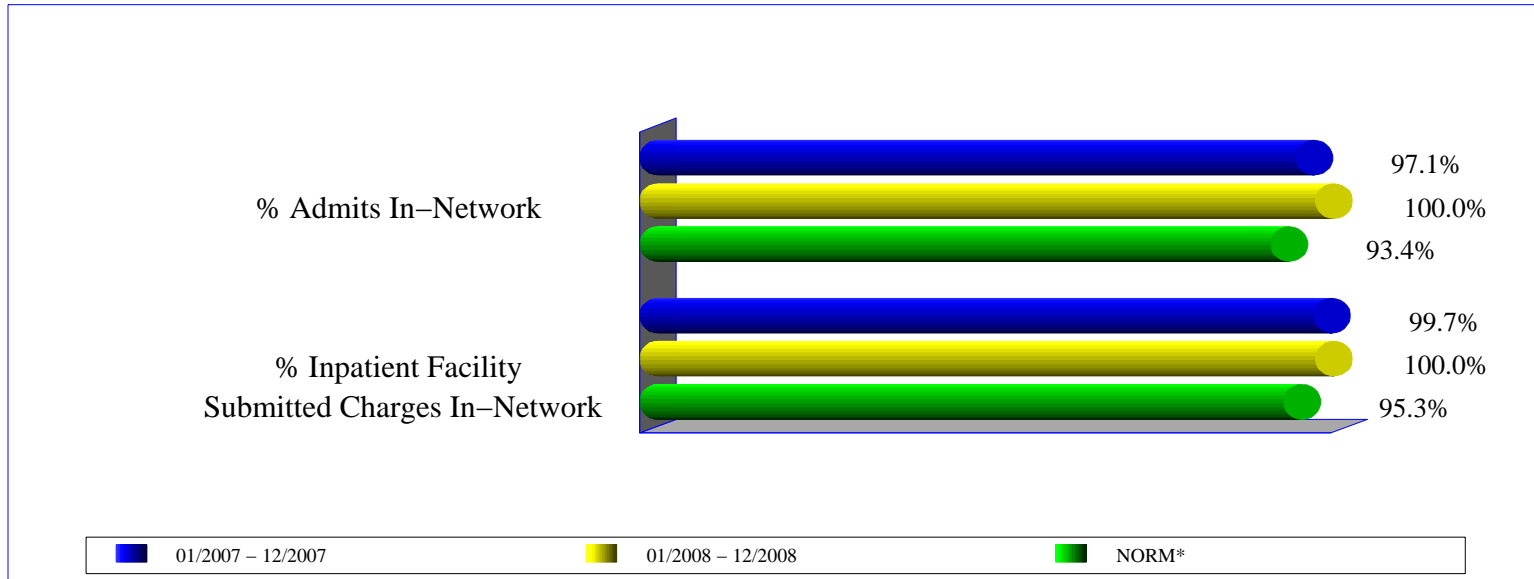
DESCRIPTION	01/2007 – 12/2007						01/2008 – 12/2008					
	Actual			Severity Adjusted**			Actual			Severity Adjusted**		
	In-Network	Out-of-Network	Total	In-Network	Out-of-Network	Total	In-Network	Out-of-Network	Total	In-Network	Out-of-Network	Total
Average Severity Index	1.1531	0.6043	1.1427	1.0000	1.0000	1.0000	1.0976	1.1018	1.0977	1.0000	1.0000	1.0000
Number of Admissions	831	16	847	831	16	847	918	13	931	918	13	931
Average Length of Stay	3.7	3.8	3.7	3.2	6.3	3.3	3.9	3.1	3.8	3.5	2.8	3.5
Submitted Charge per Admit	\$27,502	\$20,380	\$27,368	\$23,851	\$33,724	\$23,949	\$29,590	\$27,596	\$29,562	\$26,958	\$25,045	\$26,931
Covered Charge per Admit	\$10,413	\$1,112	\$10,237	\$9,030	\$1,840	\$8,958	\$11,541	\$831	\$11,392	\$10,515	\$754	\$10,378
Payment per Admit	\$9,381	\$1,009	\$9,223	\$8,136	\$1,670	\$8,071	\$10,312	\$831	\$10,180	\$9,395	\$754	\$9,274

*Includes only those services billed through the facility

**Adjusting for severity of a particular illness allows for ease in comparing admission experience between different

***illnesses, facilities, or plan years based on the mix of the illnesses incurred at a particular facility or time period.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PERCENTAGE OF INPATIENT FACILITY NETWORK UTILIZATION
Based on Processed Dates**



**Distribution of Inpatient Facility Charges and Admissions
by In-Network and Out-of-Network**

DESCRIPTION	01/2007 - 12/2007	01/2008 - 12/2008	% CHANGE	NORM*
NUMBER OF ADMISSIONS	35	98	180.0%	
In-Network	34	98	188.2%	
Out-of-Network	1	0	(100.0%)	
% of Admissions In-Network	97.1%	100.0%		93.4%
INPATIENT FACILITY SUBMITTED CHARGES	\$1,158,617	\$2,983,238	157.5%	
In-Network	\$1,154,871	\$2,983,238	158.3%	
Out-of-Network	\$3,746	\$0	(100.0%)	
% of Charges In-Network	99.7%	100.0%		95.3%

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
FACILITY OUTPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY*
Based on Processed Dates**

FACILITY OUTPATIENT:	Utilization Per 1,000 Members				Average Payment Per Service Category			
	01/2007 – 12/2007	01/2008 – 12/2008	% Change	NORM**	01/2007 – 12/2007	01/2008 – 12/2008	% Change	NORM**
Surgery	157.3	166.7	6.0%	51.7	\$1,143	\$1,202	5.2%	\$1,427
Diagnostic Testing	2,250.7	2,332.4	3.6%	541.1	\$126	\$91	(27.8%)	\$224
Emergency Room	282.8	300.3	6.2%	104.8	\$414	\$436	5.3%	\$538
Other	425.3	633.0	48.8%	354.0	\$156	\$85	(45.5%)	\$132
TOTAL FACILITY OUTPATIENT	3,116.2	3,432.5	10.2%	1,051.6	\$207	\$174	(15.9%)	\$284

FACILITY OUTPATIENT:	Total Utilization ****				Total Payments Per Service Category			
	01/2007 – 12/2007	01/2008 – 12/2008	% Change		01/2007 – 12/2007	01/2008 – 12/2008	% Change	
Surgery	1,758	1,924	9.4%		\$2,008,701	\$2,312,738	15.1%	
Diagnostic Testing	25,152	26,916	7.0%		\$3,159,639	\$2,442,050	(22.7%)	
Emergency Room	3,160	3,466	9.7%		\$1,309,366	\$1,510,834	15.4%	
Other	4,753	7,305	53.7%		\$743,292	\$624,214	(16.0%)	
TOTAL FACILITY OUTPATIENT	34,823	39,611	13.7%		\$7,220,998	\$6,889,837	(4.6%)	

*Includes only those services billed through the facility

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

***A utilization count of one will apply to one episode of the same patient, service category, day, and provider.

****Please note that the dollars in this report may not match other reports due to the methodology used to build the events.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 FACILITIES RANKED BY TOTAL PAYMENTS*
01/2007 – 12/2007**

FACILITY NAME	LOCATION	SERVICE LOCATION	ADMITS	% OF ADMITS	CLAIMANTS**	% OF CLAIMANTS	PAYMENTS	% OF PAYMENTS	PAYMENTS PER CLAIMANT
COLUMBIA OSCEOLA REG MED	KISSIMMEE, FL	TOTAL	219	25.9%	1,490	8.4%	\$3,471,731	23.2%	\$2,330
		Inpatient	219		188		\$2,028,815		\$10,792
		Outpatient	0		1,302		\$1,442,916		\$1,108
FLORIDA HOSPITAL	ORLANDO, FL	TOTAL	253	29.9%	1,424	8.1%	\$3,378,778	22.6%	\$2,373
		Inpatient	253		229		\$2,003,560		\$8,749
		Outpatient	0		1,195		\$1,375,218		\$1,151
ORLANDO REGIONAL MEDICAL CTR	ORLANDO, FL	TOTAL	203	24.0%	706	4.0%	\$2,750,751	18.4%	\$3,896
		Inpatient	203		180		\$1,899,833		\$10,555
		Outpatient	0		526		\$850,918		\$1,618
ST. CLOUD REGIONAL MEDICAL CEN	SAINT CLOUD, FL	TOTAL	86	10.2%	850	4.8%	\$1,300,233	8.7%	\$1,530
		Inpatient	86		82		\$555,988		\$6,780
		Outpatient	0		768		\$744,245		\$969
QUEST DIAGNOSTICS CLINICAL LAB	TUCKER, GA	TOTAL	0	0.0%	6,072	34.4%	\$714,947	4.8%	\$118
		Inpatient	0		0		\$0		\$0
		Outpatient	0		6,072		\$714,947		\$118
UNV TEXAS M D ANDERSON CA CTR	HOUSTON, TX	TOTAL	3	0.4%	2	0.0%	\$457,231	3.1%	\$228,616
		Inpatient	3		1		\$397,823		\$397,823
		Outpatient	0		1		\$59,408		\$59,408
KISSIMMEE SURGERY CENTER	KISSIMMEE, FL	TOTAL	0	0.0%	208	1.2%	\$311,589	2.1%	\$1,498
		Inpatient	0		0		\$0		\$0
		Outpatient	0		208		\$311,589		\$1,498
H LEE MOFFITT CANCER CENTER	TAMPA, FL	TOTAL	2	0.2%	8	0.0%	\$198,651	1.3%	\$24,831
		Inpatient	2		2		\$158,376		\$79,188
		Outpatient	0		6		\$40,275		\$6,713
FL1 MSI	FRANKLIN, TN	TOTAL	0	0.0%	357	2.0%	\$195,611	1.3%	\$548
		Inpatient	0		0		\$0		\$0
		Outpatient	0		357		\$195,611		\$548
NH05AMERIPATH FLORIDA, LLC	TAMPA, FL	TOTAL	0	0.0%	788	4.5%	\$132,501	0.9%	\$168
		Inpatient	0		0		\$0		\$0
		Outpatient	0		788		\$132,501		\$168
SUBTOTAL	TOP TEN FACILITIES	TOTAL	766	90.4%	11,905	67.4%	\$12,912,022	86.3%	\$1,085
		Inpatient	766		682		\$7,044,394		\$10,329
		Outpatient	0		11,223		\$5,867,628		\$523
TOTAL	ALL FACILITIES	TOTAL	847	100.0%	17,676	100.0%	\$14,959,278	100.0%	\$846
		Inpatient	847		1,571		\$7,738,280		\$4,926
		Outpatient	0		16,105		\$7,220,998		\$448

*Includes only those services billed through the facility

**Counts are based on unique patients for a Provider Tax ID.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 FACILITIES RANKED BY TOTAL PAYMENTS*
01/2008 – 12/2008**

FACILITY NAME	LOCATION	SERVICE LOCATION	ADMITS	% OF ADMITS	CLAIMANTS**	% OF CLAIMANTS	PAYMENTS	% OF PAYMENTS	PAYMENTS PER CLAIMANT
COLUMBIA OSCEOLA REG MED	KISSIMMEE, FL	TOTAL	238	25.6%	1,349	7.1%	\$4,387,056	26.6%	\$3,252
		Inpatient	238		204		\$3,128,527		\$15,336
		Outpatient	0		1,145		\$1,258,529		\$1,099
FLORIDA HOSPITAL	ORLANDO, FL	TOTAL	322	34.6%	1,640	8.6%	\$3,958,004	24.0%	\$2,413
		Inpatient	322		292		\$2,410,709		\$8,256
		Outpatient	0		1,348		\$1,547,295		\$1,148
ORLANDO REGIONAL MEDICAL CTR	ORLANDO, FL	TOTAL	211	22.7%	701	3.7%	\$3,418,555	20.7%	\$4,877
		Inpatient	211		189		\$2,587,795		\$13,692
		Outpatient	0		512		\$830,759		\$1,623
ST. CLOUD REGIONAL MEDICAL CEN	SAINT CLOUD, FL	TOTAL	82	8.8%	828	4.3%	\$1,344,432	8.2%	\$1,624
		Inpatient	82		69		\$626,536		\$9,080
		Outpatient	0		759		\$717,896		\$946
QUEST DIAGNOSTICS CLINICAL LAB	TUCKER, GA	TOTAL	0	0.0%	6,310	33.1%	\$536,855	3.3%	\$85
		Inpatient	0		0		\$0		\$0
		Outpatient	0		6,310		\$536,855		\$85
KISSIMMEE SURGERY CENTER	KISSIMMEE, FL	TOTAL	0	0.0%	207	1.1%	\$299,782	1.8%	\$1,448
		Inpatient	0		0		\$0		\$0
		Outpatient	0		207		\$299,782		\$1,448
UNIV OF NORTH CAROLINA HOSPS	CHAPEL HILL, NC	TOTAL	1	0.1%	2	0.0%	\$140,114	0.8%	\$70,057
		Inpatient	1		1		\$126,495		\$126,495
		Outpatient	0		1		\$13,619		\$13,619
NH05AMERIPATH FLORIDA, LLC	TAMPA, FL	TOTAL	0	0.0%	837	4.4%	\$133,233	0.8%	\$159
		Inpatient	0		0		\$0		\$0
		Outpatient	0		837		\$133,233		\$159
WINTER HAVEN HOSPITAL	WINTER HAVEN, FL	TOTAL	2	0.2%	6	0.0%	\$121,965	0.7%	\$20,328
		Inpatient	2		2		\$113,296		\$56,648
		Outpatient	0		4		\$8,669		\$2,167
KISSIMMEE ENDOSCOPY CENTER	KISSIMMEE, FL	TOTAL	0	0.0%	298	1.6%	\$114,361	0.7%	\$384
		Inpatient	0		0		\$0		\$0
		Outpatient	0		298		\$114,361		\$384
SUBTOTAL	TOP TEN FACILITIES	TOTAL	856	91.9%	12,178	63.9%	\$14,454,357	87.7%	\$1,187
		Inpatient	856		757		\$8,993,359		\$11,880
		Outpatient	0		11,421		\$5,460,998		\$478
TOTAL	ALL FACILITIES	TOTAL	931	100.0%	19,067	100.0%	\$16,489,294	100.0%	\$865
		Inpatient	931		1,737		\$9,599,458		\$5,526
		Outpatient	0		17,330		\$6,889,837		\$398

*Includes only those services billed through the facility

**Counts are based on unique patients for a Provider Tax ID.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PROFESSIONAL INPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY
Based on Processed Dates**

PROFESSIONAL INPATIENT:	Utilization Per 1,000 Members				Average Payment Per Service Category			
	01/2007 – 12/2007	01/2008 – 12/2008	% Change	NORM*	01/2007 – 12/2007	01/2008 – 12/2008	% Change	NORM*
Surgery	53.5	51.7	(3.4%)	22.1	\$787	\$924	17.4%	\$1,021
Anesthesia	22.5	24.9	10.7%	9.0	\$806	\$849	5.3%	\$711
Maternity – Deliveries	22.1	21.4	(3.2%)	5.2	\$1,404	\$1,416	0.9%	\$1,668
Maternity – Non Deliveries	0.4	0.3	(25.0%)	0.2	\$283	\$384	35.7%	\$355
Newborn Care	24.2	28.3	16.9%	7.3	\$391	\$317	(18.9%)	\$222
Hospital Visits	242.1	278.6	15.1%	109.9	\$100	\$89	(11.0%)	\$61
Radiology	106.2	111.6	5.1%	43.7	\$63	\$64	1.6%	\$55
Pathology/Laboratory	208.6	233.4	11.9%	36.2	\$69	\$53	(23.2%)	\$68
Diagnostic Testing	49.8	58.2	16.9%	22.5	\$112	\$75	(33.0%)	\$76
Other	108.0	113.9	5.5%	43.2	\$188	\$189	0.5%	\$135
TOTAL PROFESSIONAL INPATIENT	837.4	922.4	10.2%	299.3	\$205	\$193	(5.9%)	\$195

PROFESSIONAL INPATIENT:	Total Utilization**				Total Payment Per Service Category			
	01/2007 – 12/2007	01/2008 – 12/2008	% Change		01/2007 – 12/2007	01/2008 – 12/2008	% Change	
Surgery	598	597	(0.2%)		\$470,438	\$551,390	17.2%	
Anesthesia	251	287	14.3%		\$202,309	\$243,572	20.4%	
Maternity – Deliveries	247	247	0.0%		\$346,735	\$349,734	0.9%	
Maternity – Non Deliveries	5	3	(40.0%)		\$1,415	\$1,151	(18.6%)	
Newborn Care	270	327	21.1%		\$105,663	\$103,799	(1.8%)	
Hospital Visits	2,705	3,215	18.9%		\$271,354	\$286,029	5.4%	
Radiology	1,187	1,288	8.5%		\$74,805	\$82,230	9.9%	
Pathology/Laboratory	2,331	2,694	15.6%		\$160,548	\$143,283	(10.8%)	
Diagnostic Testing	557	672	20.6%		\$62,306	\$50,114	(19.6%)	
Other	1,207	1,314	8.9%		\$227,312	\$248,086	9.1%	
TOTAL PROFESSIONAL INPATIENT	9,358	10,644	13.7%		\$1,922,883	\$2,059,389	7.1%	

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**A utilization count of one will apply to one episode of the same patient, service category, day, and provider.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PROFESSIONAL OUTPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY
Based on Processed Dates**

PROFESSIONAL OUTPATIENT:	UTILIZATION PER 1000 MEMBERS				AVERAGE PAYMENT PER SERVICE CATEGORY			
	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM*	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM*
Surgery	608.3	618.5	1.7%	216.5	\$215	\$205	(4.7%)	\$254
Anesthesia	124.6	140.9	13.1%	35.9	\$420	\$669	59.3%	\$417
Office Visits	3,504.1	3,606.5	2.9%	1,179.9	\$46	\$42	(8.7%)	\$47
Consultations	271.9	274.1	0.8%	90.1	\$122	\$112	(8.2%)	\$122
Newborn Care	4.9	2.5	(49.0%)	1.2	\$34	\$256	652.9%	\$102
Radiology	716.3	697.7	(2.6%)	303.7	\$102	\$84	(17.6%)	\$118
Pathology/Laboratory	807.0	859.9	6.6%	386.4	\$44	\$35	(20.5%)	\$49
Diagnostic Testing	441.8	450.1	1.9%	162.2	\$124	\$106	(14.5%)	\$104
Vision, Hearing and Speech Exam	136.0	149.8	10.1%	102.3	\$50	\$41	(18.0%)	\$57
Emergency Room	165.9	162.7	(1.9%)	62.3	\$192	\$250	30.2%	\$156
Physical Therapy	187.8	239.3	27.4%	550.5	\$26	\$19	(26.9%)	\$61
Other	1,451.4	1,547.7	6.6%	777.0	\$51	\$49	(3.9%)	\$53
TOTAL PROFESSIONAL OUTPATIENT	8,420.0	8,749.7	3.9%	3,867.9	\$78	\$76	(2.6%)	\$77

PROFESSIONAL OUTPATIENT:	TOTAL UTILIZATION**				TOTAL PAYMENTS PER SERVICE CATEGORY			
	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE		01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	
Surgery	6,798	7,137	5.0%		\$1,463,473	\$1,464,556	0.1%	
Anesthesia	1,392	1,626	16.8%		\$584,481	\$1,087,146	86.0%	
Office Visits	39,158	41,619	6.3%		\$1,798,788	\$1,730,165	(3.8%)	
Consultations	3,039	3,163	4.1%		\$371,931	\$352,955	(5.1%)	
Newborn Care	55	29	(47.3%)		\$1,843	\$7,426	302.9%	
Radiology	8,005	8,052	0.6%		\$815,101	\$676,608	(17.0%)	
Pathology/Laboratory	9,018	9,923	10.0%		\$392,814	\$349,484	(11.0%)	
Diagnostic Testing	4,937	5,194	5.2%		\$614,318	\$548,028	(10.8%)	
Vision, Hearing and Speech Exam	1,520	1,729	13.8%		\$75,394	\$71,349	(5.4%)	
Emergency Room	1,854	1,877	1.2%		\$356,284	\$468,835	31.6%	
Physical Therapy	2,099	2,762	31.6%		\$55,524	\$53,303	(4.0%)	
Other	16,219	17,861	10.1%		\$834,374	\$872,939	4.6%	
TOTAL PROFESSIONAL OUTPATIENT	94,094	100,972	7.3%		\$7,364,325	\$7,682,794	4.3%	

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**A utilization count of one will apply to one episode of the same patient, service category, day, and provider.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 PHYSICIAN SPECIALTIES RANKED BY TOTAL PAYMENTS
Based on Processed Dates**

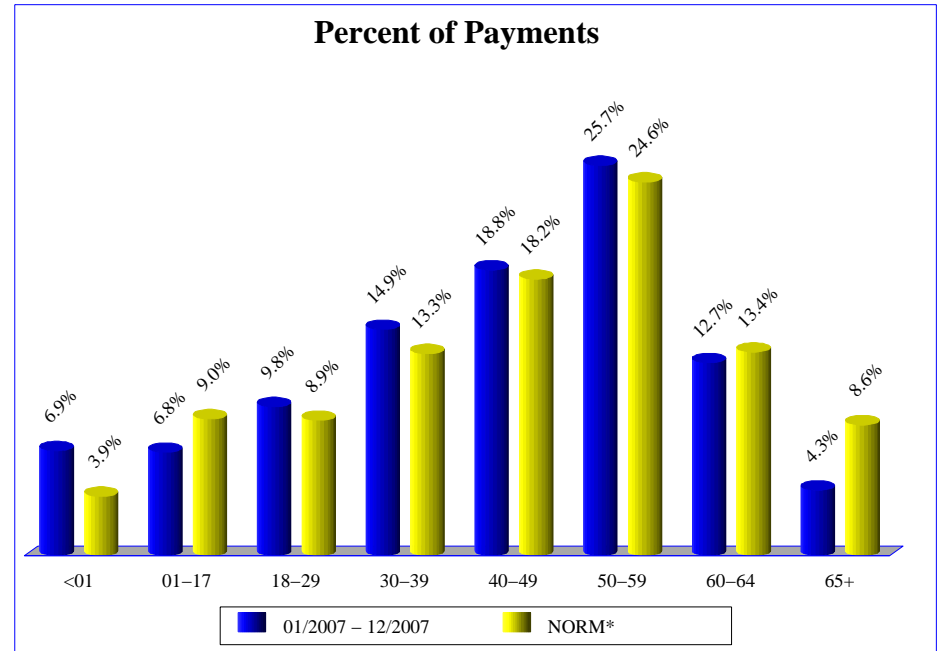
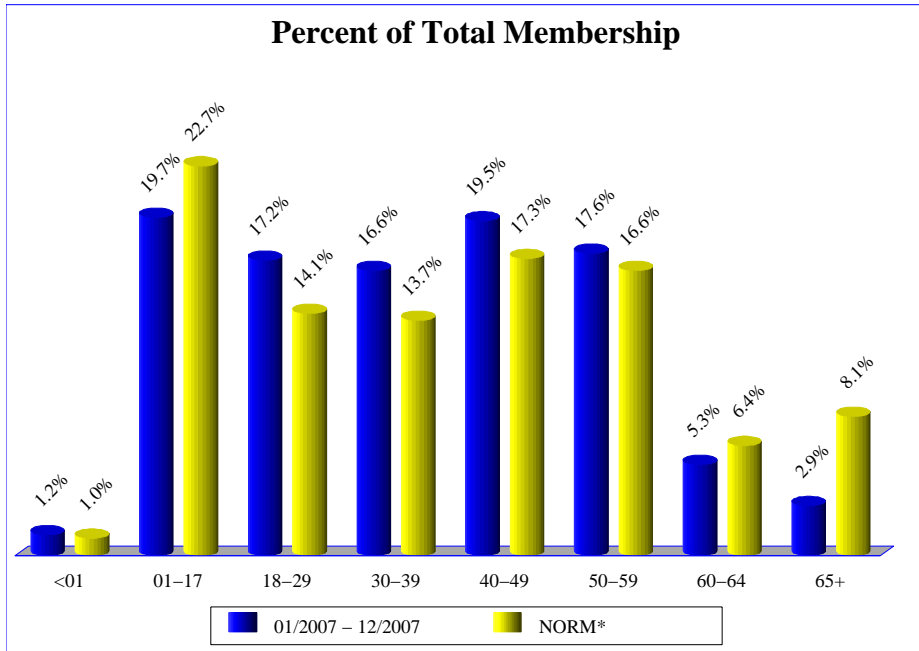
01/2007 – 12/2007							
PHYSICIAN SPECIALTY	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	VISITS	CLAIMANTS*	AVG PAYMENT PER VISIT	AVG PAYMENT PER CLAIMANT	VISITS PER CLAIMANT
FAMILY PRACTICE	\$682,077	37.9%	13,994	5,006	\$49	\$136	2.8
INTERNAL MEDICINE	\$325,124	18.1%	5,973	2,076	\$54	\$157	2.9
PEDIATRICS	\$157,833	8.8%	3,390	1,217	\$47	\$130	2.8
OBSTETRICS	\$74,966	4.2%	2,040	1,110	\$37	\$68	1.8
DERMATOLOGY	\$70,847	3.9%	2,098	1,293	\$34	\$55	1.6
ORTHOPEDIC SURGERY	\$62,089	3.5%	1,416	757	\$44	\$82	1.9
CARDIOVASCULAR DISEA	\$36,057	2.0%	1,076	456	\$34	\$79	2.4
ENDOCRINOLOGY	\$35,214	2.0%	546	252	\$64	\$140	2.2
OTOLARYNGOLOGY	\$30,001	1.7%	707	397	\$42	\$76	1.8
PODIATRY	\$25,687	1.4%	1,196	510	\$21	\$50	2.3
OTHER	\$298,893	16.6%	6,722	3,370	\$44	\$89	2.0
TOTAL	\$1,798,789	100.0%	39,158	16,444	\$46	\$109	2.4

01/2008 – 12/2008							
PHYSICIAN SPECIALTY	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	VISITS	CLAIMANTS*	AVG PAYMENT PER VISIT	AVG PAYMENT PER CLAIMANT	VISITS PER CLAIMANT
FAMILY PRACTICE	\$647,792	37.4%	14,638	5,290	\$44	\$122	2.8
INTERNAL MEDICINE	\$285,350	16.5%	6,339	2,255	\$45	\$127	2.8
PEDIATRICS	\$159,993	9.2%	3,581	1,308	\$45	\$122	2.7
OBSTETRICS	\$84,073	4.9%	2,160	1,166	\$39	\$72	1.9
DERMATOLOGY	\$68,735	4.0%	2,309	1,417	\$30	\$49	1.6
ORTHOPEDIC SURGERY	\$58,488	3.4%	1,397	772	\$42	\$76	1.8
CARDIOVASCULAR DISEA	\$39,165	2.3%	1,082	493	\$36	\$79	2.2
ENDOCRINOLOGY	\$30,557	1.8%	427	231	\$72	\$132	1.8
OTOLARYNGOLOGY	\$30,335	1.8%	749	401	\$41	\$76	1.9
PODIATRY	\$29,570	1.7%	1,266	549	\$23	\$54	2.3
OTHER	\$296,107	17.1%	7,671	3,971	\$39	\$75	1.9
TOTAL	\$1,730,165	100.0%	41,619	17,853	\$42	\$97	2.3

*Counts are based on unique counts of claimants for each specialty.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
DEMOGRAPHICS BY AGE AND GENDER CATEGORIES**

Based on Processed Dates
01/2007 – 12/2007



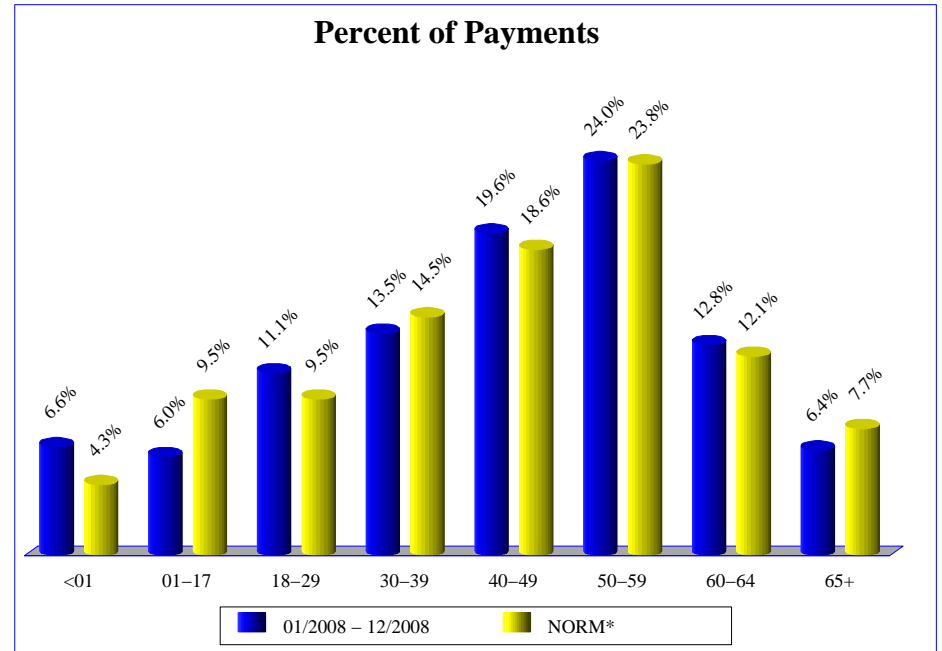
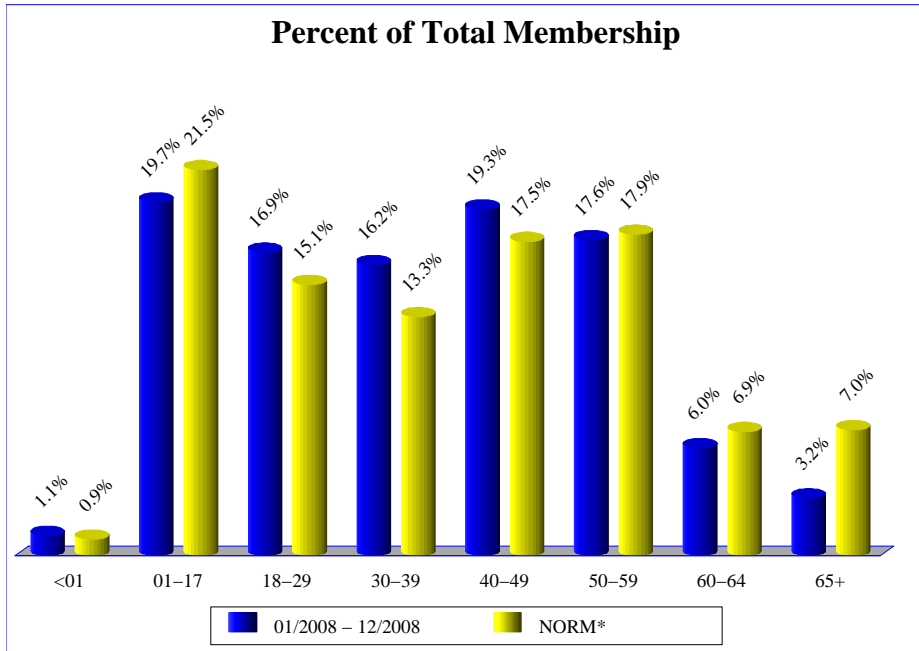
AGE BAND	01/2007 – 12/2007							NORM*				
	NUMBER OF MEMBERS**	% FEMALE	% MALE	MEDICAL PAYMENTS	% OF MEDICAL PAYMENTS	AVERAGE PAYMENTS PER MEMBER	HRA ELIGIBLE PAYMENTS	HRA NON ELIGIBLE PAYMENTS	% FEMALE	% MALE	% OF PAYMENTS	AVERAGE PAYMENTS PER MEMBER
<01	132	0.6%	0.6%	\$1,979,704	6.9%	\$14,960	\$0	\$0	0.5%	0.5%	3.9%	\$6,674
01-17	2,196	9.5%	10.1%	\$1,941,153	6.8%	\$884	\$0	\$0	11.1%	11.6%	9.0%	\$702
18-29	1,918	10.8%	6.4%	\$2,808,088	9.8%	\$1,464	\$0	\$0	7.0%	7.0%	8.9%	\$1,123
30-39	1,859	11.3%	5.4%	\$4,254,494	14.9%	\$2,289	\$0	\$0	6.9%	6.8%	13.3%	\$1,721
40-49	2,184	13.0%	6.5%	\$5,382,601	18.8%	\$2,465	\$0	\$0	8.8%	8.5%	18.2%	\$1,863
50-59	1,964	11.8%	5.8%	\$7,364,931	25.7%	\$3,750	\$0	\$0	8.3%	8.3%	24.6%	\$2,618
60-64	594	3.2%	2.1%	\$3,641,278	12.7%	\$6,131	\$0	\$0	3.2%	3.2%	13.4%	\$3,719
65+	328	1.6%	1.3%	\$1,230,958	4.3%	\$3,759	\$0	\$0	4.2%	3.9%	8.6%	\$1,868
TOTAL	11,175	61.8%	38.2%	\$28,603,207	100.0%	\$2,560	\$0	\$0	50.1%	49.9%	100.0%	\$1,769

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**The average number of members on this report may be different than the overall average reported on other exhibits.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
DEMOGRAPHICS BY AGE AND GENDER CATEGORIES**

Based on Processed Dates
01/2008 – 12/2008

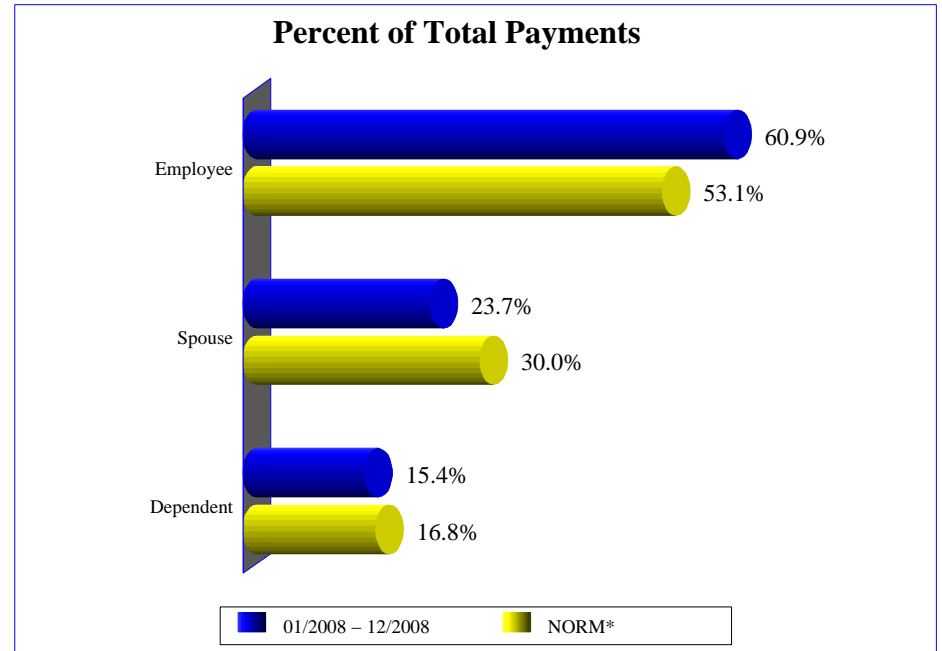
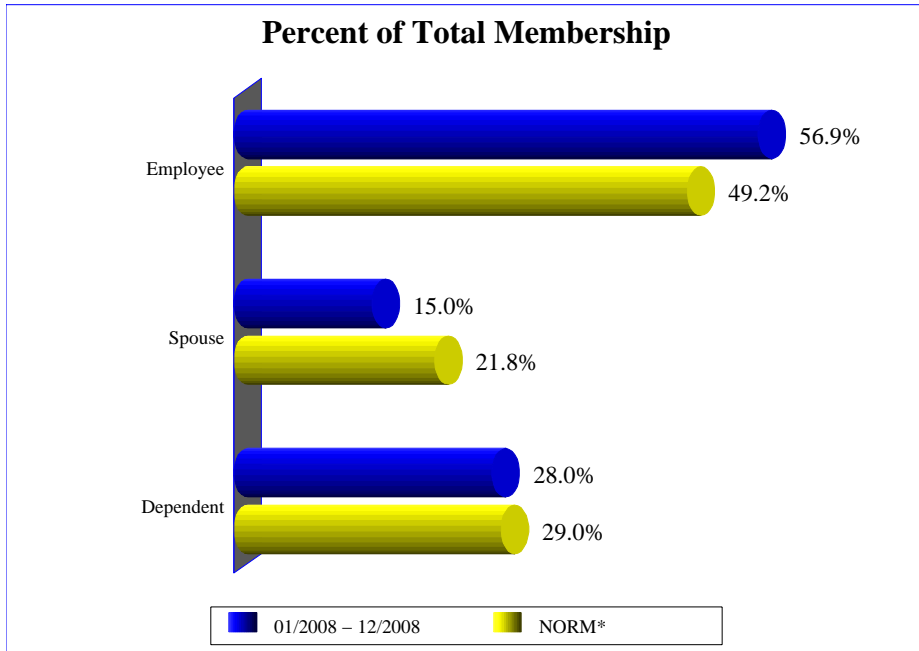


AGE BAND	NUMBER OF MEMBERS**	01/2008 – 12/2008						NORM*					
		% FEMALE	% MALE	MEDICAL PAYMENTS	% OF MEDICAL PAYMENTS	AVERAGE PAYMENTS PER MEMBER	% CHANGE AVERAGE PAYMENTS PER MEMBER	HRA ELIGIBLE PAYMENTS	HRA NON ELIGIBLE PAYMENTS	% FEMALE	% MALE	% OF PAYMENTS	AVERAGE PAYMENTS PER MEMBER
<01	129	0.5%	0.6%	\$1,980,581	6.6%	\$15,383	2.8%	\$12,635	\$0	0.4%	0.5%	4.3%	\$5,075
01-17	2,271	9.6%	10.1%	\$1,788,794	6.0%	\$788	(10.9%)	\$140,966	\$0	10.5%	11.0%	9.5%	\$474
18-29	1,953	10.5%	6.4%	\$3,324,373	11.1%	\$1,702	16.3%	\$135,691	\$0	7.6%	7.4%	9.5%	\$677
30-39	1,870	11.0%	5.2%	\$4,038,101	13.5%	\$2,160	(5.6%)	\$174,689	\$0	6.8%	6.5%	14.5%	\$1,169
40-49	2,231	12.8%	6.5%	\$5,895,261	19.6%	\$2,643	7.2%	\$239,029	\$0	9.0%	8.5%	18.6%	\$1,139
50-59	2,035	11.7%	5.9%	\$7,210,616	24.0%	\$3,544	(5.5%)	\$251,984	\$0	9.0%	8.8%	23.8%	\$1,432
60-64	687	3.6%	2.3%	\$3,848,014	12.8%	\$5,600	(8.7%)	\$103,386	\$0	3.4%	3.5%	12.1%	\$1,902
65+	365	1.8%	1.4%	\$1,932,708	6.4%	\$5,296	40.9%	\$40,998	\$0	3.4%	3.6%	7.7%	\$1,190
TOTAL	11,540	61.5%	38.5%	\$30,018,448	100.0%	\$2,601	1.6%	\$1,099,378	\$0	50.2%	49.8%	100.0%	\$1,075

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**The average number of members on this report may be different than the overall average reported on other exhibits.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
DEMOGRAPHICS BY MEMBER RELATIONSHIP**
Based on Processed Dates



MEMBER RELATIONSHIP	01/2007 – 12/2007			01/2008 – 12/2008				NORM*
	NUMBER OF MEMBERS	TOTAL PAYMENTS	AVERAGE PAYMENTS PER MEMBER	NUMBER OF MEMBERS	TOTAL PAYMENTS	AVERAGE PAYMENTS PER MEMBER	% CHANGE FROM 01/2007 – 12/2007 TO 01/2008 – 12/2008 IN MEMBERSHIP	AVERAGE PAYMENTS PER MEMBER
Employee	6,437	\$17,743,727	\$2,757	6,572	\$18,289,262	\$2,783	2.1%	\$1,159
Spouse	1,658	\$6,256,839	\$3,774	1,736	\$7,113,958	\$4,099	4.7%	\$1,480
Dependent	3,080	\$4,602,640	\$1,494	3,233	\$4,615,227	\$1,428	4.9%	\$625
Total	11,175	\$28,603,206	\$2,560	11,540	\$30,018,447	\$2,601	3.3%	\$1,075

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
ANALYSIS OF CHARGES AND PAYMENTS
IN-NETWORK
Based on Processed Dates**

Description	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM**
Average Number of Members	11,175	11,540	3.3%	
Total Unique Claimants	10,532	10,928		
MEDICAL FFS* SUBMITTED CHARGES	\$85,114,628	\$93,281,657		
Medical FFS* Charges Denied Due to Lack of Information	\$509	\$69,586	13571%	
Denied as a % of Medical FFS* Submitted Charges	0.0%	0.1%		(0.1%)
MEDICAL FFS* NET CHARGES	\$85,114,119	\$93,212,071		
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges	100.0%	99.9%		100.1%
Discounts	\$47,339,088	\$53,896,480		
Plan Exclusions	\$112,381	\$331,810	195.3%	0.8%
Amounts above R & C	\$91,939	\$140,045	52.3%	0.1%
Pre_Existing Conditions	\$0	\$255	100.0%	0.0%
Ineligible Claimants	\$103,587	\$193,579	86.9%	0.5%
Plan Max Exceeded	\$582,478	\$632,935	8.7%	0.3%
Covered by Medicare	\$254,779	\$554,698	117.7%	12.6%
Other Reasons not Covered	\$4,774,896	\$1,881,550	(60.6%)	3.6%
Total Medical FFS* Amounts Not Covered	\$53,259,148	\$57,631,352	8.2%	
Medical FFS* Not Covered as a % of Medical FFS* Net Charges	62.6%	61.8%		50.8%
MEDICAL FFS* COVERED CHARGES	\$31,854,971	\$35,580,720	11.7%	
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges	37.4%	38.1%		49.2%
Medical FFS* Deductible/CoPay ***	\$1,433,083	\$3,091,315	115.7%	
Medical FFS* Deductible/CoPay *** as a % of Medical FFS* Covered Charges	4.5%	8.7%		4.8%
Avg. Medical FFS* Deductible/CoPay *** per Member	\$128	\$268		\$56
Medical FFS* Coinsurance	\$807,559	\$1,244,929	54.2%	
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges	2.5%	3.5%		4.2%
Avg. Medical FFS* Coinsurance per Member	\$72	\$108		\$48
Payments by Other Carriers	\$1,066,989	\$1,294,602	21.3%	
Employee Cost Sharing ***	\$2,240,642	\$4,336,243	93.5%	
MEDICAL FFS* PAYMENTS	\$28,550,205	\$29,962,176	4.9%	
Medical FFS* Payments as a % of Medical FFS* Submitted Charges	33.5%	32.1%		39.6%
CAPITATION DOLLARS	\$2,935,450	\$2,861,419	(2.5%)	
PHARMACY PAYMENTS	\$6,733,668	\$7,027,720	4.4%	
OVERALL PAYMENTS	\$38,219,323	\$39,851,315	4.3%	
HRA Pharmacy Payments	\$0	\$876	100.0%	
Eligible Under Underlying Plan	\$0	\$876	100.0%	
Not Eligible Under Underlying Plan	\$0	\$0	0.0%	

*Note: The financials in this report reflect Medical Fee for Service dollars only.
 **BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009
 ***Includes member paid & payments from HRA fund applied to deductible/copay.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
ANALYSIS OF CHARGES AND PAYMENTS
IN-NETWORK
Based on Processed Dates**

Description	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM**
HRA Medical Payments	\$0	\$1,066,975	100.0%	
Eligible Under Underlying Plan	\$0	\$1,066,975	100.0%	
Not Eligible Under Underlying Plan	\$0	\$0	0.0%	
FSA Payments	\$119,679	\$441,142	268.6%	

*Note: The financials in this report reflect Medical Fee for Service dollars only.
 **BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009
 ***Includes member paid & payments from HRA fund applied to deductible/copay.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
ANALYSIS OF CHARGES AND PAYMENTS
OUT-OF-NETWORK
Based on Processed Dates**

Description	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM**
Average Number of Members	11,175	11,540	3.3%	
Total Unique Claimants	231	676		
MEDICAL FFS* SUBMITTED CHARGES	\$822,564	\$1,517,351		
Medical FFS* Charges Denied Due to Lack of Information	\$31,711	\$79,576	150.9%	
Denied as a % of Medical FFS* Submitted Charges	3.9%	5.2%		0.3%
MEDICAL FFS* NET CHARGES	\$790,853	\$1,437,775		
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges	96.1%	94.8%		99.7%
Discounts	\$8,278	\$85,341		
Plan Exclusions	\$273,385	\$281,381	2.9%	4.1%
Amounts above R & C	\$219,136	\$14,741	(93.3%)	4.3%
Pre_Existing Conditions	\$0	\$0	0.0%	0.1%
Ineligible Claimants	\$26,628	\$74,557	180.0%	1.0%
Plan Max Exceeded	\$136,388	\$400,758	193.8%	1.5%
Covered by Medicare	\$14,562	\$41,673	186.2%	13.0%
Other Reasons not Covered	\$10,716	\$350,525	3171.1%	7.6%
Total Medical FFS* Amounts Not Covered	\$689,093	\$1,248,976	81.2%	
Medical FFS* Not Covered as a % of Medical FFS* Net Charges	87.1%	86.9%		40.1%
MEDICAL FFS* COVERED CHARGES	\$101,760	\$188,799	85.5%	
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges	12.4%	12.4%		59.7%
Medical FFS* Deductible/CoPay ***	\$24,372	\$110,405	353.0%	
Medical FFS* Deductible/CoPay *** as a % of Medical FFS* Covered Charges	24.0%	58.5%		8.0%
Avg. Medical FFS* Deductible/CoPay *** per Member	\$2	\$10		\$17
Medical FFS* Coinsurance	\$20,943	\$19,200	(8.3%)	
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges	20.6%	10.2%		11.7%
Avg. Medical FFS* Coinsurance per Member	\$2	\$2		\$25
Payments by Other Carriers	\$4,215	\$5,075	20.4%	
Employee Cost Sharing ***	\$45,314	\$129,605	186.0%	
MEDICAL FFS* PAYMENTS	\$53,001	\$56,271	6.2%	
Medical FFS* Payments as a % of Medical FFS* Submitted Charges	6.4%	3.7%		40.9%
HRA Pharmacy Payments	\$0	\$0	0.0%	
Eligible Under Underlying Plan	\$0	\$0	0.0%	
Not Eligible Under Underlying Plan	\$0	\$0	0.0%	
HRA Medical Payments	\$0	\$31,527	100.0%	
Eligible Under Underlying Plan	\$0	\$31,527	100.0%	

*Note: The financials in this report reflect Medical Fee for Service dollars only.
**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009
***Includes member paid & payments from HRA fund applied to deductible/copay.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
ANALYSIS OF CHARGES AND PAYMENTS
OUT-OF-NETWORK
Based on Processed Dates**

Description	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM**
Not Eligible Under Underlying Plan	\$0	\$0	0.0%	
FSA Payments	\$0	\$1,286	100.0%	

*Note: The financials in this report reflect Medical Fee for Service dollars only.
 **BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009
 ***Includes member paid & payments from HRA fund applied to deductible/copay.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
ANALYSIS OF CHARGES AND PAYMENTS**

**TOTAL
Based on Processed Dates**

Description	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM**
Average Number of Members	11,175	11,540	3.3%	
Total Unique Claimants	10,532	10,928		
Plan Utilization	94.2%	94.7%	0.5%	
MEDICAL FFS* SUBMITTED CHARGES	\$85,937,192	\$94,799,008		
Medical FFS* Charges Denied Due to Lack of Information	\$32,220	\$149,162	362.9%	
Denied as a % of Medical FFS* Submitted Charges	0.0%	0.2%		0.0%
MEDICAL FFS* NET CHARGES	\$85,904,972	\$94,649,846		
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges	100.0%	99.8%		100.0%
Discounts	\$47,347,366	\$53,981,821		
Plan Exclusions	\$385,766	\$613,191	59.0%	1.2%
Amounts above R & C	\$311,075	\$154,786	(50.2%)	0.6%
Pre_Existing Conditions	\$0	\$255	100.0%	0.0%
Ineligible Claimants	\$130,215	\$268,136	105.9%	0.5%
Plan Max Exceeded	\$718,866	\$1,033,693	43.8%	0.4%
Covered by Medicare	\$269,341	\$596,371	121.4%	12.6%
Other Reasons not Covered	\$4,785,612	\$2,232,075	(53.4%)	4.1%
Total Medical FFS* Amounts Not Covered	\$53,948,241	\$58,880,328	9.1%	
Medical FFS* Not Covered as a % of Medical FFS* Net Charges	62.8%	62.2%		49.4%
MEDICAL FFS* COVERED CHARGES	\$31,956,731	\$35,769,519	11.9%	
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges	37.2%	37.7%		50.6%
Medical FFS* Deductible/CoPay ***	\$1,457,455	\$3,201,720	119.7%	
Medical FFS* Deductible/CoPay *** as a % of Medical FFS* Covered Charges	4.6%	9.0%		5.3%
Avg. Medical FFS* Deductible/CoPay *** per Member	\$130	\$277		\$73
Medical FFS* Coinsurance	\$828,501	\$1,264,128	52.6%	
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges	2.6%	3.5%		5.3%
Avg. Medical FFS* Coinsurance per Member	\$74	\$110		\$73
Payments by Other Carriers	\$1,071,204	\$1,299,678	21.3%	
Employee Cost Sharing ***	\$2,285,956	\$4,465,848	95.4%	
MEDICAL FFS* PAYMENTS	\$28,603,206	\$30,018,447	4.9%	
Medical FFS* Payments as a % of Medical FFS* Submitted Charges	33.3%	31.7%		39.8%
CAPITATION DOLLARS	\$2,935,450	\$2,861,419	(2.5%)	
PHARMACY PAYMENTS	\$6,733,668	\$7,027,720	4.4%	
OVERALL PAYMENTS	\$38,272,324	\$39,907,586	4.3%	
HRA Pharmacy Payments	\$0	\$876	100.0%	
Eligible Under Underlying Plan	\$0	\$876	100.0%	

*Note: The financials in this report reflect Medical Fee for Service dollars only.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

***Includes member paid & payments from HRA fund applied to deductible/copay.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
ANALYSIS OF CHARGES AND PAYMENTS**

TOTAL

Based on Processed Dates

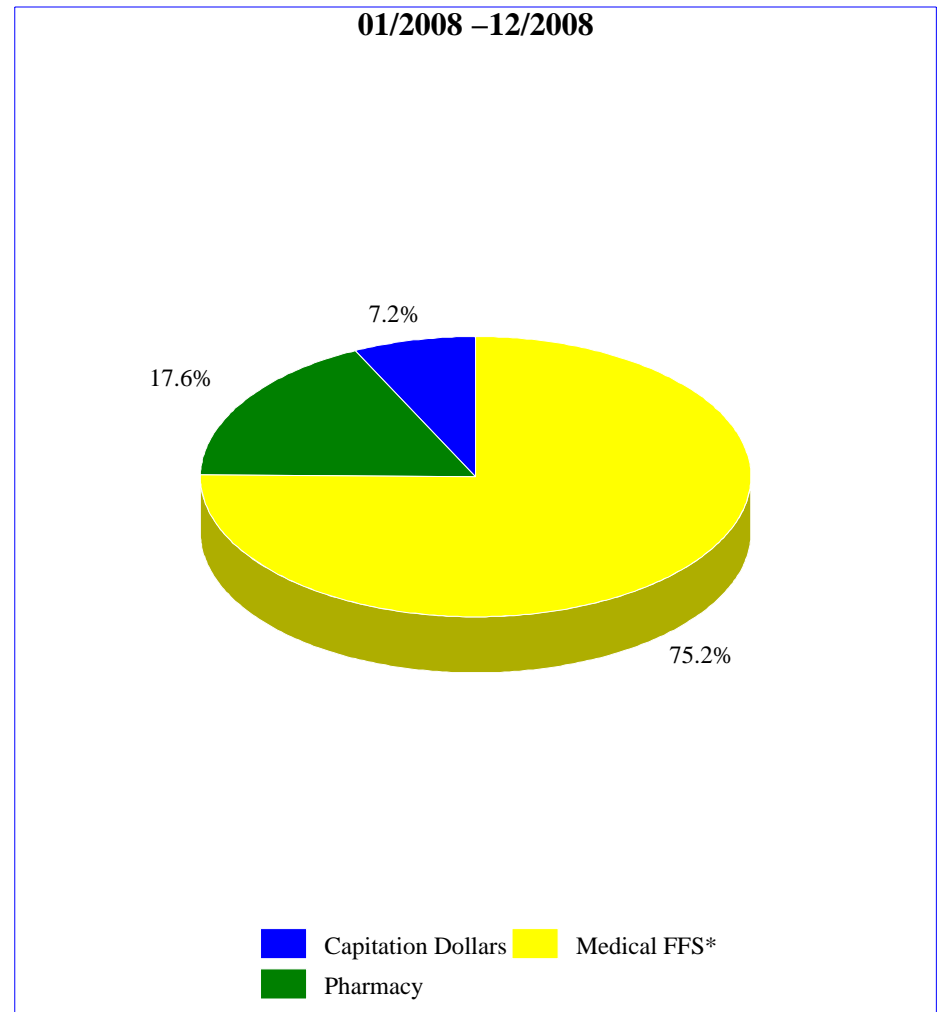
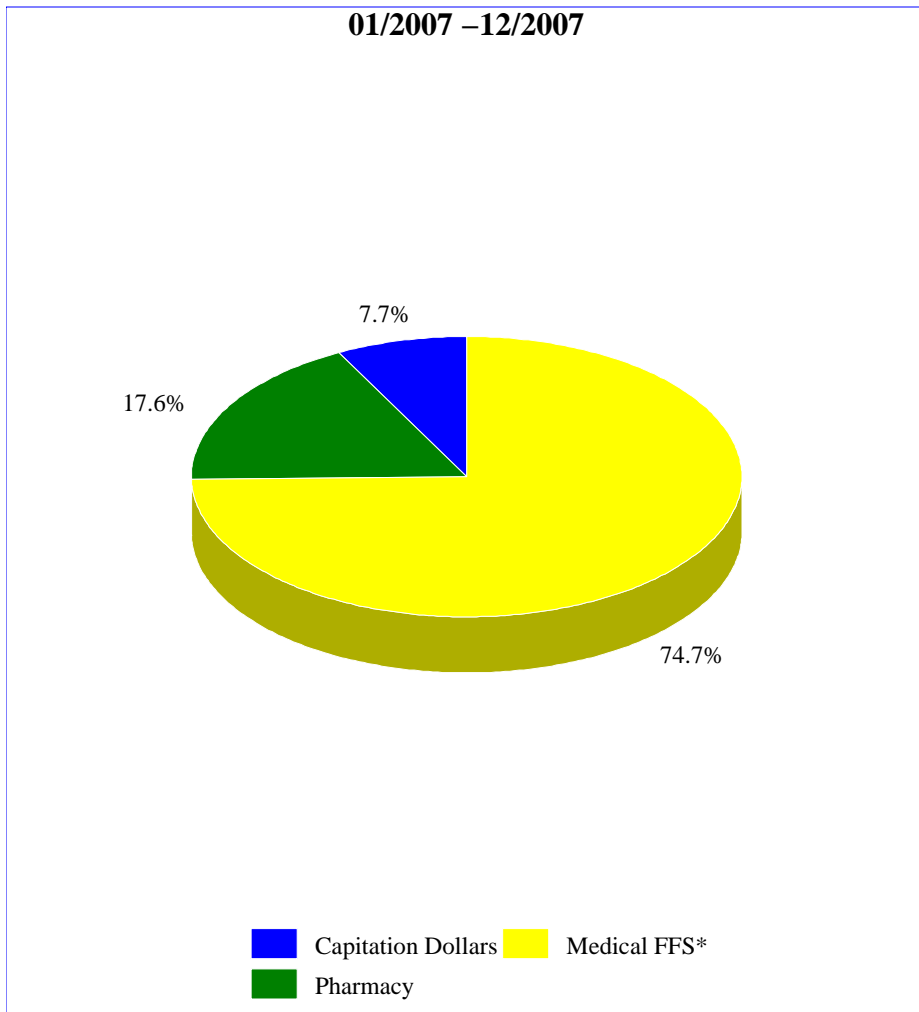
Description	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM**
Not Eligible Under Underlying Plan	\$0	\$0	0.0%	
HRA Medical Payments	\$0	\$1,098,502	100.0%	
Eligible Under Underlying Plan	\$0	\$1,098,502	100.0%	
Not Eligible Under Underlying Plan	\$0	\$0	0.0%	
FSA Payments	\$119,679	\$442,428	269.7%	

***Note: The financials in this report reflect Medical Fee for Service dollars only.**

****BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009**

*****Includes member paid & payments from HRA fund applied to deductible/copay.**

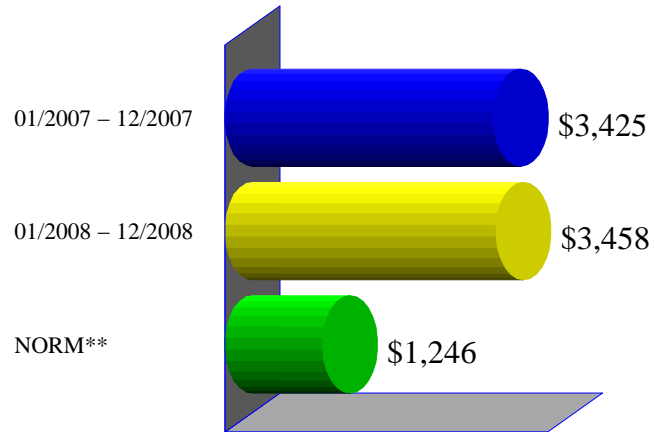
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
DISTRIBUTION OF MEDICAL FFS*, CAPITATION DOLLARS AND PHARMACY PAYMENTS
Based on Processed Dates**



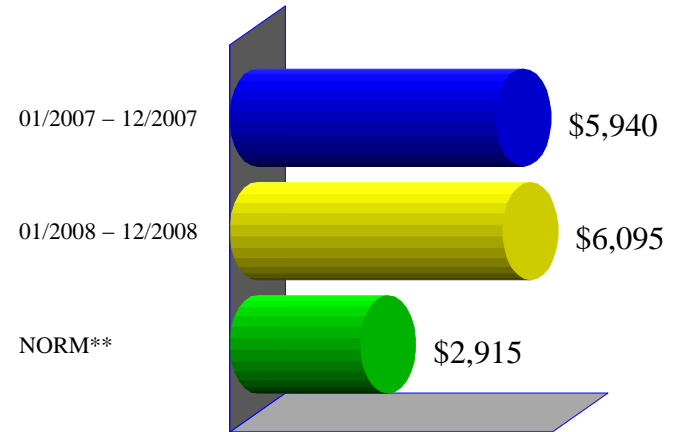
*Note: The financials in this report reflect Medical Fee for Service dollars only.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PAYMENT STATISTICS
Based on Processed Dates**

Average Overall Payment Per Member



Average Overall Payment Per Employee



PAYMENT TYPE	TOTAL PAYMENTS		AVG PAYMENT PER MEMBER		AVG PAYMENT PER EMPLOYEE		AVG PAYMENT PER UNIQUE CLAIMANT		TOTAL HRA PAYMENTS	
	01/2007 – 12/2007	01/2008 – 12/2008	01/2007 – 12/2007	01/2008 – 12/2008	01/2007 – 12/2007	01/2008 – 12/2008	01/2007 – 12/2007	01/2008 – 12/2008	01/2007 – 12/2007	01/2008 – 12/2008
Medical FFS*	\$28,603,206	\$30,018,447	\$2,560	\$2,601	\$4,439	\$4,585	\$2,716	\$2,747	\$0	\$1,098,502
Pharmacy	\$6,733,668	\$7,027,720	\$603	\$609	\$1,045	\$1,073	\$639	\$643	\$0	\$876
Capitation	\$2,935,450	\$2,861,419	\$263	\$248	\$456	\$437	\$279	\$262		
Overall Totals	\$38,272,324	\$39,907,586	\$3,425	\$3,458	\$5,940	\$6,095	\$3,634	\$3,652	\$0	\$1,099,378

*Note: The financials in this report reflect Medical Fee for Service dollars only.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
MEDICAL PAYMENT AMOUNTS BY DOLLAR RANGE
Based on Processed Dates**

01/2007 – 12/2007							NORM*		
RANGE	MEDICAL PAYMENTS	% OF TOTAL MEDICAL PAYMENTS	NUMBER UNIQUE CLAIMANTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL PAYMENT PER UNIQUE CLAIMANT	HRA PAYMENTS	% OF TOTAL MEDICAL PAYMENTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL PAYMENT PER UNIQUE CLAIMANT
\$0	\$0	0.0%	195	1.9%	\$0	\$0	0.0%	8.7%	\$0
<=\$100	\$70,535	0.2%	1,175	11.3%	\$60	\$0	0.3%	15.4%	\$53
>\$100 <= \$500	\$914,067	3.2%	3,485	33.4%	\$262	\$0	3.0%	31.0%	\$258
>\$500 <= \$1,000	\$1,155,843	4.0%	1,609	15.4%	\$718	\$0	3.6%	13.3%	\$715
>\$1,000 <= \$2,500	\$2,929,815	10.2%	1,818	17.4%	\$1,612	\$0	8.5%	14.2%	\$1,601
>\$2,500 <= \$5,000	\$3,347,115	11.7%	955	9.2%	\$3,505	\$0	10.1%	7.6%	\$3,533
>\$5,000 <= \$10,000	\$4,828,873	16.8%	687	6.6%	\$7,029	\$0	13.3%	5.0%	\$7,035
>\$10,000 <= \$25,000	\$5,130,120	17.9%	349	3.3%	\$14,699	\$0	18.9%	3.3%	\$15,114
>\$25,000 <= \$50,000	\$3,380,804	11.8%	98	0.9%	\$34,498	\$0	12.3%	0.9%	\$34,468
>\$50,000 <= \$75,000	\$1,419,552	4.9%	23	0.2%	\$61,720	\$0	6.7%	0.3%	\$60,734
>\$75,000 <= \$100,000	\$1,025,220	3.6%	12	0.1%	\$85,435	\$0	4.8%	0.1%	\$85,923
>\$100,000	\$4,492,371	15.7%	21	0.2%	\$213,922	\$0	18.6%	0.3%	\$196,919
TOTAL	\$28,694,315	100.0%	10,427	100.0%	\$2,752	\$0	100.0%	100.0%	\$2,655
Negative Amounts Not Included**	\$-91,109		105			\$0			
TOTAL	\$28,603,206		10,532			\$0			

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**This number represents claim reprocessing at a unique claimant level that resulted in a refund.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
MEDICAL PAYMENT AMOUNTS BY DOLLAR RANGE
Based on Processed Dates**

01/2008 – 12/2008							NORM*		
RANGE	MEDICAL PAYMENTS	% OF TOTAL MEDICAL PAYMENTS	NUMBER UNIQUE CLAIMANTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL PAYMENT PER UNIQUE CLAIMANT	HRA PAYMENTS	% OF TOTAL MEDICAL PAYMENTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL PAYMENT PER UNIQUE CLAIMANT
\$0	\$0	0.0%	535	5.0%	\$0	\$70,427	0.0%	8.7%	\$0
<=\$100	\$69,894	0.2%	1,176	10.9%	\$59	\$42,092	0.2%	13.4%	\$53
>\$100 <= \$500	\$957,715	3.2%	3,664	33.9%	\$261	\$196,291	2.5%	29.5%	\$262
>\$500 <= \$1,000	\$1,112,115	3.7%	1,573	14.6%	\$707	\$151,996	3.2%	13.6%	\$717
>\$1,000 <= \$2,500	\$2,625,148	8.7%	1,634	15.1%	\$1,607	\$236,153	7.8%	15.0%	\$1,604
>\$2,500 <= \$5,000	\$3,397,625	11.2%	956	8.9%	\$3,554	\$154,855	9.5%	8.2%	\$3,538
>\$5,000 <= \$10,000	\$4,837,785	16.0%	688	6.4%	\$7,032	\$113,148	12.9%	5.6%	\$7,048
>\$10,000 <= \$25,000	\$5,988,749	19.8%	405	3.8%	\$14,787	\$82,365	19.5%	3.9%	\$15,234
>\$25,000 <= \$50,000	\$3,286,538	10.8%	97	0.9%	\$33,882	\$27,205	13.1%	1.2%	\$34,363
>\$50,000 <= \$75,000	\$1,796,150	5.9%	30	0.3%	\$59,872	\$7,857	6.6%	0.3%	\$60,649
>\$75,000 <= \$100,000	\$1,236,165	4.1%	14	0.1%	\$88,298	\$2,930	4.5%	0.2%	\$86,946
>\$100,000	\$4,986,478	16.5%	27	0.3%	\$184,684	\$7,412	20.2%	0.3%	\$200,340
TOTAL	\$30,294,362	100.0%	10,799	100.0%	\$2,805	\$1,092,730	100.0%	100.0%	\$3,076
Negative Amounts Not Included**	\$-275,915		133			\$5,772			
TOTAL	\$30,018,447		10,932			\$1,098,502			

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**This number represents claim reprocessing at a unique claimant level that resulted in a refund.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
MEDICAL & PHARMACY PAYMENT AMOUNTS BY DOLLAR RANGE
Based on Processed Dates**

01/2007 – 12/2007							NORM*			
RANGE	MEDICAL & PHARMACY PAYMENTS	% OF TOTAL MEDICAL & PHARMACY PAYMENTS	NUMBER UNIQUE CLAIMANTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL & PHARMACY PAYMENT PER UNIQUE CLAIMANT	HRA PAYMENTS (incl. Rx)	% OF TOTAL MEDICAL & PHARMACY PAYMENTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL & PHARMACY PAYMENT PER UNIQUE CLAIMANT	
\$0	\$0	0.0%	227	2.1%	\$0	\$0	0.0%	7.7%	\$0	
<=\$100	\$56,594	0.2%	1,029	9.3%	\$55	\$0	0.3%	14.8%	\$50	
>\$100 <= \$500	\$813,348	2.3%	2,969	27.0%	\$274	\$0	2.6%	28.3%	\$261	
>\$500 <= \$1,000	\$1,195,275	3.4%	1,659	15.1%	\$720	\$0	3.4%	13.4%	\$719	
>\$1,000 <= \$2,500	\$3,633,521	10.3%	2,246	20.4%	\$1,618	\$0	8.7%	15.6%	\$1,611	
>\$2,500 <= \$5,000	\$4,658,613	13.2%	1,314	11.9%	\$3,545	\$0	10.9%	8.8%	\$3,541	
>\$5,000 <= \$10,000	\$6,650,485	18.8%	944	8.6%	\$7,045	\$0	14.3%	5.9%	\$7,016	
>\$10,000 <= \$25,000	\$6,497,978	18.3%	439	4.0%	\$14,802	\$0	19.8%	3.8%	\$15,109	
>\$25,000 <= \$50,000	\$4,080,046	11.5%	120	1.1%	\$34,000	\$0	12.3%	1.0%	\$34,364	
>\$50,000 <= \$75,000	\$1,859,827	5.3%	31	0.3%	\$59,994	\$0	6.3%	0.3%	\$60,629	
>\$75,000 <= \$100,000	\$1,143,487	3.2%	13	0.1%	\$87,961	\$0	4.4%	0.1%	\$85,706	
>\$100,000	\$4,829,834	13.6%	23	0.2%	\$209,993	\$0	17.1%	0.3%	\$195,818	
TOTAL	\$35,419,009	100.0%	11,014	100.0%	\$3,216	\$0	100.0%	100.0%	\$2,878	
Negative Amounts Not Included**	\$-82,135		91			\$0				
TOTAL	\$35,336,875		11,105			\$0				

*BOOK OF BUSINESS NORMS for claims paid 05/2007 through 04/2008

**This number represents claim reprocessing at a unique claimant level that resulted in a refund.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
MEDICAL & PHARMACY PAYMENT AMOUNTS BY DOLLAR RANGE
Based on Processed Dates**

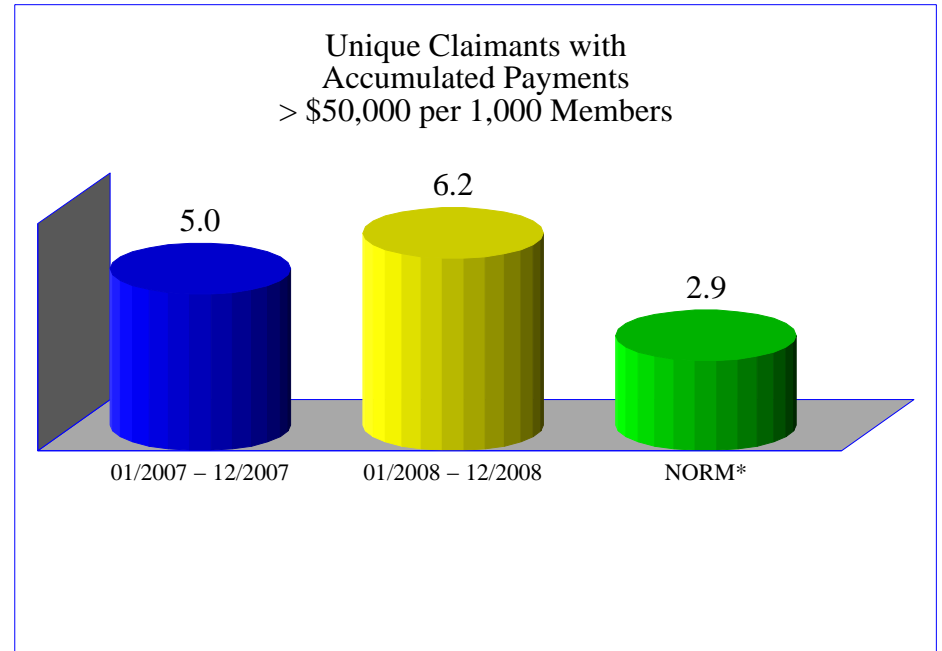
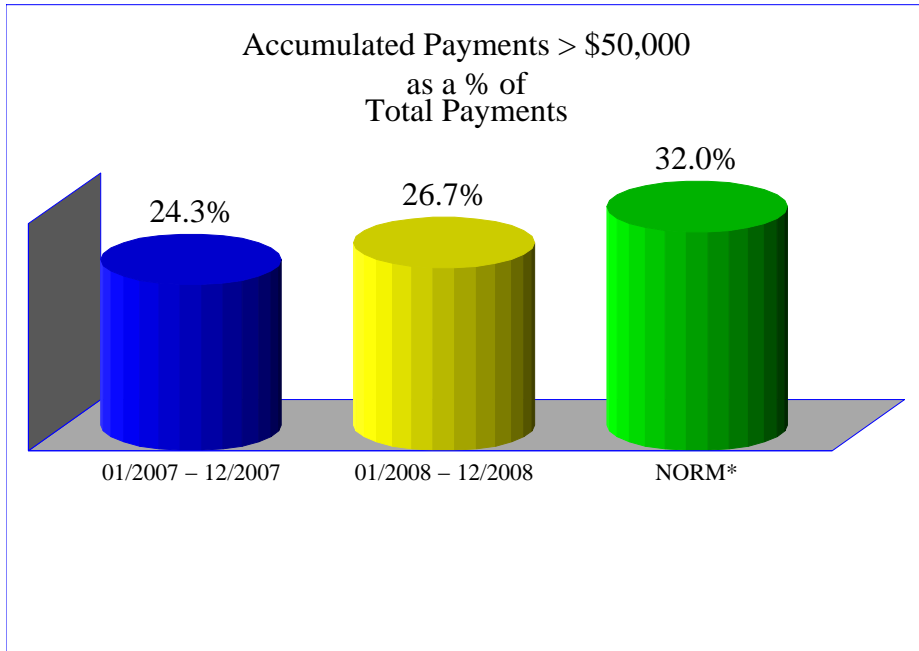
01/2008 – 12/2008							NORM*			
RANGE	MEDICAL & PHARMACY PAYMENTS	% OF TOTAL MEDICAL & PHARMACY PAYMENTS	NUMBER UNIQUE CLAIMANTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL & PHARMACY PAYMENT PER UNIQUE CLAIMANT	HRA PAYMENTS (incl. Rx)	% OF TOTAL MEDICAL & PHARMACY PAYMENTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL & PHARMACY PAYMENT PER UNIQUE CLAIMANT	
\$0	\$0	0.0%	366	3.2%	\$0	\$29,284	0.0%	7.6%	\$0	
<=\$100	\$55,893	0.1%	1,085	9.6%	\$52	\$47,983	0.2%	12.5%	\$49	
>\$100 <= \$500	\$843,863	2.3%	3,101	27.4%	\$272	\$137,229	2.1%	26.2%	\$266	
>\$500 <= \$1,000	\$1,220,288	3.3%	1,691	15.0%	\$722	\$117,344	3.0%	13.8%	\$722	
>\$1,000 <= \$2,500	\$3,432,848	9.2%	2,117	18.7%	\$1,622	\$256,405	8.0%	16.7%	\$1,615	
>\$2,500 <= \$5,000	\$4,685,543	12.6%	1,307	11.6%	\$3,585	\$194,303	10.2%	9.8%	\$3,543	
>\$5,000 <= \$10,000	\$6,554,489	17.6%	925	8.2%	\$7,086	\$151,970	14.0%	6.7%	\$7,033	
>\$10,000 <= \$25,000	\$7,573,673	20.3%	512	4.5%	\$14,792	\$103,832	20.5%	4.5%	\$15,229	
>\$25,000 <= \$50,000	\$4,229,207	11.3%	125	1.1%	\$33,834	\$34,901	13.2%	1.3%	\$34,260	
>\$50,000 <= \$75,000	\$2,164,303	5.8%	36	0.3%	\$60,120	\$8,844	6.4%	0.4%	\$60,768	
>\$75,000 <= \$100,000	\$1,145,915	3.1%	13	0.1%	\$88,147	\$4,193	4.1%	0.2%	\$86,722	
>\$100,000	\$5,383,050	14.4%	30	0.3%	\$179,435	\$8,187	18.5%	0.3%	\$198,581	
TOTAL	\$37,289,071	100.0%	11,308	100.0%	\$3,298	\$1,094,474	100.0%	100.0%	\$3,372	
Negative Amounts Not Included**	\$-242,904		110			\$4,903				
TOTAL	\$37,046,167		11,418			\$1,099,378				

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**This number represents claim reprocessing at a unique claimant level that resulted in a refund.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
CATASTROPHIC CLAIMS STATISTICS**

Based on Processed Dates



CATASTROPHIC CLAIMANTS	01/2007 – 12/2007					01/2008 – 12/2008					VARIANCE FROM NORM*
	NUMBER OF CLAIMANTS	% OF TOTAL MEMBERSHIP	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	AVERAGE PAYMENT PER CLAIMANT	NUMBER OF CLAIMANTS	% OF TOTAL MEMBERSHIP	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	AVERAGE PAYMENT PER CLAIMANT	
Employee	29	0.26%	\$3,283,022	11.5%	\$113,208	36	0.31%	\$3,382,457	11.3%	\$93,957	(19.2%)
Spouse	18	0.16%	\$2,285,244	8.0%	\$126,958	27	0.23%	\$3,365,417	11.2%	\$124,645	9.9%
Dependent	9	0.08%	\$1,368,880	4.8%	\$152,098	8	0.07%	\$1,270,918	4.2%	\$158,865	4.8%
Total Catastrophic	56	0.50%	\$6,937,146	24.3%	\$123,878	71	0.62%	\$8,018,792	26.7%	\$112,941	(5.6%)

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
DISTRIBUTION OF PAYMENTS BY SERVICE SETTING AND TYPE OF PROVIDER
Based on Processed Dates**

DESCRIPTION:	01/2007 – 12/2007			01/2008 – 12/2008			ACTUAL CHANGE PAYMENTS	% CHANGE PAYMENTS	NORM** % OF TOTAL
	MEDICAL PAYMENTS	% OF TOTAL PAYMENTS	HRA PAYMENTS*	MEDICAL PAYMENTS	% OF TOTAL PAYMENTS	HRA PAYMENTS*			
INPATIENT MEDICAL	\$10,766,528	30.5%	\$0	\$12,126,624	32.7%	\$44,451	\$1,360,096	12.6%	29.3%
Facility	\$8,325,780	23.6%	\$0	\$9,574,681	25.8%	\$15,334	\$1,248,901	15.0%	23.1%
Professional	\$1,977,883	5.6%	\$0	\$2,063,792	5.6%	\$28,601	\$85,909	4.3%	4.5%
Other	\$462,865	1.3%	\$0	\$488,151	1.3%	\$516	\$25,286	5.5%	1.7%
OUTPATIENT MEDICAL & PHARMACY	\$24,570,347	69.5%	\$0	\$24,919,543	67.3%	\$1,053,118	\$349,196	1.4%	70.7%
Facility	\$7,422,716	21.0%	\$0	\$6,705,118	18.1%	\$320,636	\$-717,598	(9.7%)	22.9%
Professional	\$7,459,896	21.1%	\$0	\$7,672,362	20.7%	\$650,178	\$212,466	2.8%	23.8%
Pharmacy	\$6,733,668	19.1%	\$0	\$7,027,720	19.0%	\$876	\$294,052	4.4%	12.9%
Other	\$2,954,067	8.4%	\$0	\$3,514,343	9.5%	\$81,428	\$560,276	19.0%	10.9%
TOTAL MEDICAL & PHARMACY	\$35,336,875	100.0%	\$0	\$37,046,167	100.0%	\$1,097,569	\$1,709,292	4.8%	100.0%
Total Facility	\$15,748,496	44.6%	\$0	\$16,279,799	43.9%	\$335,970	\$531,303	3.4%	46.0%
Total Professional	\$9,437,779	26.7%	\$0	\$9,736,154	26.3%	\$678,779	\$298,375	3.2%	28.4%
Total Pharmacy	\$6,733,668	19.1%	\$0	\$7,027,720	19.0%	\$876	\$294,052	4.4%	12.9%
Total Other	\$3,416,932	9.7%	\$0	\$4,002,494	10.8%	\$81,944	\$585,562	17.1%	12.6%

*Note: Choice Fund payments on this report do not include direct submit payments.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
DISTRIBUTION OF PAYMENTS BY MAJOR DIAGNOSTIC CATEGORY
TOTAL**

MAJOR DIAGNOSTIC CATEGORY	01/2007 – 12/2007			01/2008 – 12/2008		
	MEDICAL PAYMENTS	% OF TOTAL	NORM**	MEDICAL PAYMENTS	% OF TOTAL	NORM**
NERVOUS	\$1,312,058	4.6%	6.2%	\$1,267,142	4.2%	6.0%
EYE	\$326,134	1.1%	1.8%	\$377,216	1.3%	1.6%
EAR, NOSE, THROAT	\$1,430,550	5.0%	5.1%	\$1,399,911	4.7%	4.9%
RESPIRATORY	\$1,343,471	4.7%	4.9%	\$1,422,920	4.7%	4.7%
CIRCULATORY	\$3,326,228	11.6%	11.1%	\$3,571,047	11.9%	10.7%
DIGESTIVE	\$3,243,847	11.3%	9.6%	\$3,618,667	12.1%	9.3%
LIVER	\$674,157	2.4%	2.2%	\$1,065,753	3.6%	2.3%
MUSCULOSKELETAL	\$3,312,881	11.6%	17.3%	\$3,873,810	12.9%	17.9%
SKIN, BREAST	\$2,070,435	7.2%	5.9%	\$1,809,999	6.0%	5.6%
METABOLIC	\$866,040	3.0%	3.0%	\$879,534	2.9%	3.0%
KIDNEY	\$1,081,381	3.8%	4.6%	\$1,312,539	4.4%	4.2%
MALE REPRODUCTIVE	\$268,887	0.9%	1.1%	\$323,804	1.1%	1.0%
FEMALE REPRODUCTIVE	\$1,554,158	5.4%	3.6%	\$1,876,855	6.3%	3.7%
PREGNANCIES	\$1,574,152	5.5%	4.0%	\$1,740,179	5.8%	4.4%
NEWBORN	\$1,321,997	4.6%	2.5%	\$1,146,285	3.8%	2.6%
BLOOD	\$1,341,247	4.7%	1.6%	\$432,360	1.4%	1.4%
SPINE, BONE MARROW	\$595,920	2.1%	3.5%	\$744,419	2.5%	3.4%
INFECTIONS	\$377,992	1.3%	1.3%	\$568,577	1.9%	1.3%
MENTAL	\$102,191	0.4%	1.9%	\$117,257	0.4%	2.3%
SUBSTANCE ABUSE	\$5,574	0.0%	0.4%	\$16,068	0.1%	0.4%
INJURIES, POISONINGS	\$339,310	1.2%	1.1%	\$388,333	1.3%	1.0%
BURNS	\$47,621	0.2%	0.1%	\$40,695	0.1%	0.1%
HEALTH STATUS	\$1,962,083	6.9%	7.0%	\$2,051,004	6.8%	7.4%
MULT SIGNIF TRAUMA	\$0	0.0%	(0.0%)	\$0	0.0%	(0.0%)
HIV INFECTIONS	\$11,457	0.0%	0.1%	\$9,158	0.0%	0.1%
UNGROUPABLE	\$113,435	0.4%	0.4%	\$-35,090	(0.1%)	0.7%
TOTAL	\$28,603,206	100.0%	100.0%	\$30,018,442	100.0%	100.0%

*Note: Choice Fund payments on this report do not include direct submit payments.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
DISTRIBUTION OF PAYMENTS BY MAJOR DIAGNOSTIC CATEGORY
INPATIENT**

MAJOR DIAGNOSTIC CATEGORY	01/2007 – 12/2007			01/2008 – 12/2008		
	MEDICAL PAYMENTS	% OF TOTAL	NORM**	MEDICAL PAYMENTS	% OF TOTAL	NORM**
NERVOUS	\$672,345	6.2%	7.7%	\$697,508	5.8%	7.3%
EYE	\$1,259	0.0%	0.1%	\$13,849	0.1%	0.1%
EAR, NOSE, THROAT	\$42,307	0.4%	1.0%	\$116,579	1.0%	0.9%
RESPIRATORY	\$794,471	7.4%	7.6%	\$903,531	7.5%	7.2%
CIRCULATORY	\$1,525,189	14.2%	16.5%	\$1,821,986	15.0%	16.1%
DIGESTIVE	\$1,045,131	9.7%	9.1%	\$1,342,921	11.1%	8.9%
LIVER	\$423,228	3.9%	3.2%	\$754,847	6.2%	3.6%
MUSCULOSKELETAL	\$1,086,469	10.1%	15.1%	\$1,521,428	12.5%	15.2%
SKIN, BREAST	\$171,243	1.6%	2.0%	\$139,433	1.1%	2.0%
METABOLIC	\$169,461	1.6%	2.3%	\$40,371	0.3%	2.2%
KIDNEY	\$301,605	2.8%	2.9%	\$412,879	3.4%	2.8%
MALE REPRODUCTIVE	\$77,638	0.7%	0.7%	\$82,999	0.7%	0.6%
FEMALE REPRODUCTIVE	\$497,006	4.6%	2.9%	\$672,457	5.5%	3.1%
PREGNANCIES	\$1,265,053	11.7%	9.1%	\$1,382,380	11.4%	10.1%
NEWBORN	\$1,259,321	11.7%	7.0%	\$1,088,389	9.0%	7.3%
BLOOD	\$880,625	8.2%	1.4%	\$70,666	0.6%	1.1%
SPINE, BONE MARROW	\$17,830	0.2%	2.9%	\$244,061	2.0%	2.5%
INFECTIONS	\$272,230	2.5%	2.6%	\$452,166	3.7%	2.8%
MENTAL	\$6,567	0.1%	1.2%	\$33,329	0.3%	1.4%
SUBSTANCE ABUSE	\$278	0.0%	0.5%	\$214	0.0%	0.6%
INJURIES, POISONINGS	\$132,378	1.2%	1.5%	\$154,878	1.3%	1.3%
BURNS	\$37,805	0.4%	0.1%	\$37,444	0.3%	0.2%
HEALTH STATUS	\$76,321	0.7%	2.4%	\$128,966	1.1%	2.4%
MULT SIGNIF TRAUMA	\$0	0.0%	(0.0%)	\$0	0.0%	(0.0%)
HIV INFECTIONS	\$0	0.0%	0.2%	\$2,386	0.0%	0.1%
UNGROUPABLE	\$10,766	0.1%	0.2%	\$10,956	0.1%	0.4%
TOTAL	\$10,766,526	100.0%	100.0%	\$12,126,623	100.0%	100.0%

*Note: Choice Fund payments on this report do not include direct submit payments.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

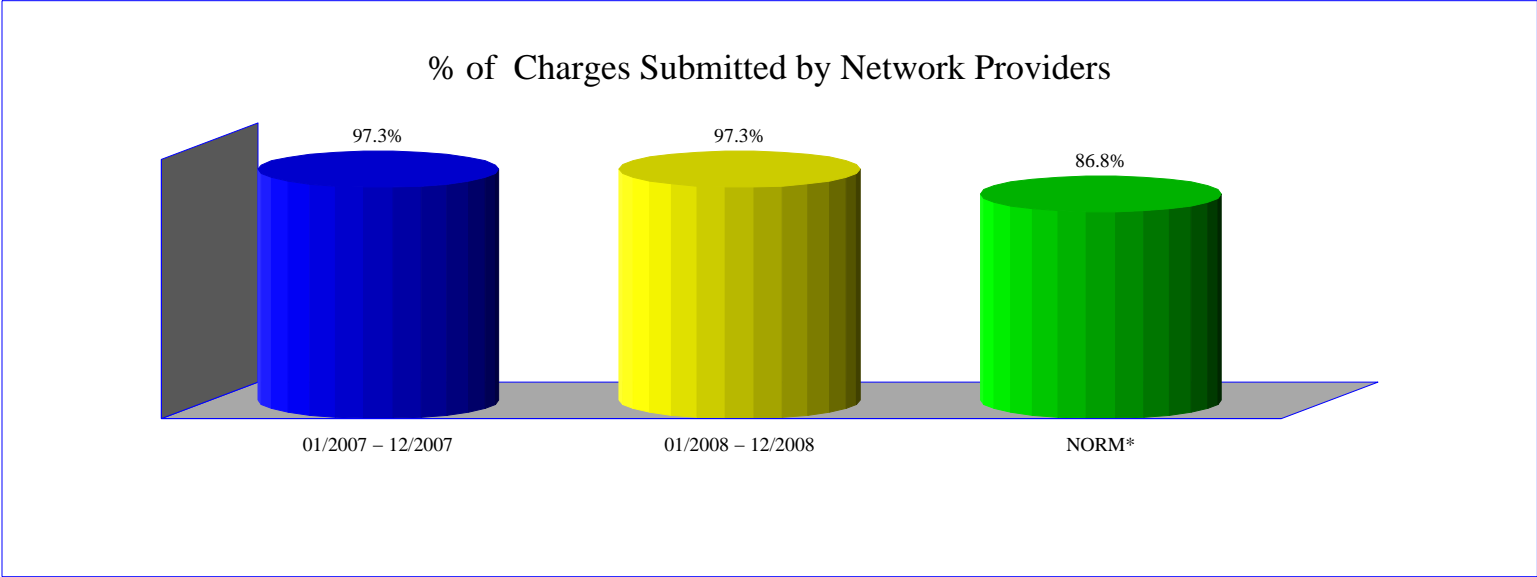
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
DISTRIBUTION OF PAYMENTS BY MAJOR DIAGNOSTIC CATEGORY
OUTPATIENT**

MAJOR DIAGNOSTIC CATEGORY	01/2007 – 12/2007			01/2008 – 12/2008		
	MEDICAL PAYMENTS	% OF TOTAL	NORM**	MEDICAL PAYMENTS	% OF TOTAL	NORM**
NERVOUS	\$639,713	3.6%	5.4%	\$569,634	3.2%	5.4%
EYE	\$324,875	1.8%	2.6%	\$363,367	2.0%	2.4%
EAR, NOSE, THROAT	\$1,388,243	7.8%	7.1%	\$1,283,332	7.2%	7.0%
RESPIRATORY	\$549,000	3.1%	3.5%	\$519,389	2.9%	3.4%
CIRCULATORY	\$1,801,039	10.1%	8.3%	\$1,749,061	9.8%	8.0%
DIGESTIVE	\$2,198,716	12.3%	9.8%	\$2,275,746	12.7%	9.5%
LIVER	\$250,929	1.4%	1.7%	\$310,906	1.7%	1.7%
MUSCULOSKELETAL	\$2,226,412	12.5%	18.4%	\$2,352,382	13.1%	19.3%
SKIN, BREAST	\$1,899,192	10.6%	7.9%	\$1,670,566	9.3%	7.5%
METABOLIC	\$696,579	3.9%	3.3%	\$839,163	4.7%	3.4%
KIDNEY	\$779,776	4.4%	5.5%	\$899,660	5.0%	4.9%
MALE REPRODUCTIVE	\$191,249	1.1%	1.3%	\$240,805	1.3%	1.2%
FEMALE REPRODUCTIVE	\$1,057,152	5.9%	3.9%	\$1,204,398	6.7%	4.0%
PREGNANCIES	\$309,099	1.7%	1.3%	\$357,799	2.0%	1.5%
NEWBORN	\$62,676	0.4%	0.2%	\$57,896	0.3%	0.2%
BLOOD	\$460,622	2.6%	1.7%	\$361,694	2.0%	1.6%
SPINE, BONE MARROW	\$578,090	3.2%	3.8%	\$500,358	2.8%	3.8%
INFECTIONS	\$105,762	0.6%	0.6%	\$116,411	0.7%	0.5%
MENTAL	\$95,624	0.5%	2.3%	\$83,928	0.5%	2.8%
SUBSTANCE ABUSE	\$5,296	0.0%	0.3%	\$15,854	0.1%	0.3%
INJURIES, POISONINGS	\$206,932	1.2%	0.9%	\$233,455	1.3%	0.9%
BURNS	\$9,816	0.1%	0.0%	\$3,251	0.0%	0.0%
HEALTH STATUS	\$1,885,762	10.6%	9.4%	\$1,922,038	10.7%	9.9%
MULT SIGNIF TRAUMA	\$0	0.0%	(0.0%)	\$0	0.0%	0.0%
HIV INFECTIONS	\$11,457	0.1%	0.1%	\$6,772	0.0%	0.1%
UNGROUPABLE	\$102,669	0.6%	0.6%	\$-46,046	(0.3%)	0.8%
TOTAL	\$17,836,680	100.0%	100.0%	\$17,891,819	100.0%	100.0%

*Note: Choice Fund payments on this report do not include direct submit payments.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
NETWORK PENETRATION STATISTICS
Based on Processed Dates**



PROVIDER TYPES	01/2007 – 12/2007			01/2008 – 12/2008				
	IN-NETWORK MEDICAL CHARGES	OUT-OF-NETWORK MEDICAL CHARGES	TOTAL MEDICAL CHARGES	IN-NETWORK DOLLAR PENETRATION	IN-NETWORK MEDICAL CHARGES	OUT-OF-NETWORK MEDICAL CHARGES	TOTAL MEDICAL CHARGES	IN-NETWORK DOLLAR PENETRATION
Facility	\$2,572,501	\$21,692	\$2,594,193	99.2%	\$8,771,449	\$98,666	\$8,870,115	98.9%
Professional	\$1,262,680	\$90,227	\$1,352,907	93.3%	\$3,705,137	\$186,523	\$3,891,660	95.2%
All Other	\$412,923	\$6,669	\$419,592	98.4%	\$1,327,708	\$95,082	\$1,422,790	93.3%
TOTAL	\$4,248,104	\$118,588	\$4,366,692	97.3%	\$13,804,294	\$380,271	\$14,184,565	97.3%

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
EXECUTIVE SUMMARY
Based on Processed Dates**

	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM*
OVERALL INFORMATION				
Average Number of Employees	6,443	6,547	1.6%	
Average Number of Members	11,175	11,540	3.3%	
Total Unique Claimants	10,532	10,928	3.8%	
OVERALL PAYMENT TRENDS				
Total Payments	\$28,603,206	\$30,018,447	4.9%	
% Payments/Net Charges	33.3%	31.7%		39.7%
Average Payment Per Employee	\$4,439	\$4,585	3.3%	\$2,514
Average Payment Per Member	\$2,560	\$2,601	1.6%	\$1,075
Average Payment Per Unique Claimant	\$2,716	\$2,747	1.1%	\$2,895
CATASTROPHIC CLAIM TRENDS				
Unique Claimants with Accumulated Payments Greater than \$50,000				
Total Catastrophic Payments	\$6,937,146	\$8,018,792	15.6%	
Catastrophic as a % of Total Payments	24.3%	26.7%		32.0%
Average Paid Per Unique Catastrophic Claimant	\$123,878	\$112,941	(8.8%)	\$119,636
MEDICAL PAYMENT TRENDS (EXCL. CATASTROPHIC)				
Average Payment Per Employee	\$3,363	\$3,361	(0.1%)	\$1,710
Average Payment Per Member	\$1,939	\$1,906	(1.7%)	\$731
Average Payment Per Unique Claimant	\$2,057	\$2,013	(2.1%)	\$1,969
MEMBER DEMOGRAPHICS BY AGE BAND				
<01	1.2%	1.1%		0.9%
01–17	19.7%	19.7%		21.5%
18–29	17.2%	16.9%		15.1%
30–39	16.6%	16.2%		13.3%
40–49	19.5%	19.3%		17.5%
50–59	17.6%	17.6%		17.9%
60–64	5.3%	6.0%		6.9%
65+	2.9%	3.2%		7.0%
COST SHARING (MEDICAL Only)				
Deductible/Copay Applied	\$1,457,455	\$3,201,720	119.7%	
Coinsurance Applied	\$828,501	\$1,264,128	52.6%	
Total Cost Sharing	\$2,285,956	\$4,465,848	95.4%	
Average Cost Sharing Per Employee	\$355	\$682	92.3%	\$342
Average Cost Sharing Per Member	\$205	\$387	89.2%	\$146
Average Cost Sharing Per Claimant	\$217	\$409	88.3%	\$393
COORDINATION OF BENEFITS (Including Medicare)				
Total Payments by Other Carriers	\$1,071,204	\$1,299,678	21.3%	

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**Includes only those services billed through the facility

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
EXECUTIVE SUMMARY
Based on Processed Dates**

	01/2007 – 12/2007	01/2008 – 12/2008	% CHANGE	NORM*
% COB/ Covered	3.4%	3.6%	0.3%	11.9%
PLAN UTILIZATION				
% Members Utilizing the Plan	94.2%	94.7%		37.1%
% Members Receiving Payments	92.5%	90.1%		34.0%
DISCOUNTS				
In–Network Discounts	\$47,339,088	\$53,896,480	13.9%	
Out–of–Network Discounts	\$8,278	\$85,341	930.9%	
Total Discounts	\$47,347,366	\$53,981,821	14.0%	
Average Discount per Member	\$4,237	\$4,678	10.4%	
INPATIENT TRENDS				
Total Inpatient Payments	\$10,766,526	\$12,126,623	12.6%	
Inpatient as % of Total Payments	37.6%	40.4%		33.7%
Average Inpatient Payment Per Member	\$963	\$1,051	9.1%	\$362
Admissions	847	931	9.9%	
Admissions Per 1,000 Members	75.8	80.7	6.5%	29.2
Bed Days	3,148	3,576	13.6%	
Bed Days Per 1,000 Members	281.7	309.9	10.0%	158.9
Average Length of Stay	3.7	3.8	2.7%	5.4
Average Payment Per Admission **	\$9,223	\$10,180	10.4%	\$11,177
Average Payment Per Day **	\$2,482	\$2,650	6.8%	\$2,056
OUTPATIENT TRENDS				
Total Outpatient Payments	\$17,836,680	\$17,891,819	0.3%	
Outpatient Payments as a % of Total Payments	62.4%	59.6%		66.3%
Average Outpatient Payment Per Member	\$1,596	\$1,550	(2.9%)	\$713
Total Physician Office Visits	39,158	41,619	6.3%	
Physician Office Visits Per Member	3.5	3.6	2.9%	1.2
Physician Office Visits Per Claimant	3.7	3.8	2.7%	3.2
Average Payment Per Office Visit	\$46	\$42	(8.7%)	\$47
Total ER Visits	3,160	3,466	9.7%	
ER Visits per 1,000 Members	282.8	300.3	6.2%	104.8
Average Payment Per ER Visit	\$527	\$571	8.4%	\$654
IN–NETWORK TRENDS				
In–Network Dollar Penetration	97.3%	97.3%		86.9%
Total In–Network Hospital Admissions	34	98	188.2%	
% In–Network Admissions/Total Admissions	97.1%	100.0%		93.4%
Total In–Network Physician Office Visits	38,913	41,269	6.1%	
% In–Network Office Visits/Total Office Visits	99.4%	99.2%		86.9%

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**Includes only those services billed through the facility

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
EXECUTIVE SUMMARY
SUMMARY COMMENTS**

- * Between the two periods of observation the average payment per member increased 1.6%.
Contributing factors to the increase were:**

Plan Utilization:

- An increase in plan utilization, moving from 94.3% in Period 1 to 94.7% in Period 2.

Network Trends:

- There was a 0.0% decrease in the overall network penetration, moving from 97.3% in Period 1 to 97.3% in Period 2.
- *The network penetration for facility providers decreased from 99.2% in Period 1 to 98.9% in Period 2.*
- *The network penetration for other professional providers decreased from 98.4% in Period 1 to 93.3% in Period 2.*

Demographics:

- The average payment per member under the age of one increased 2.8%, moving from \$14,960 in Period 1 to \$15,383 in Period 2.
- The average payment per member between the ages of 18 and 29 increased 16.3%, moving from \$1,464 in Period 1 to \$1,702 in Period 2.
- The average payment per member between the ages of 40 and 49 increased 7.2%, moving from \$2,465 in Period 1 to \$2,643 in Period 2.

Inpatient Facility:

- A 6.5% increase in the admissions per 1,000 members, moving from 75.8 in Period 1 to 80.7 in Period 2.
- A 10.4% increase in the average paid per admission, moving from \$9,223 in Period 1 to \$10,180 in Period 2.
- *There was an increase in the percentage of in-network admissions between Period 1 and Period 2, 97.1% and 100.0%, respectively.*
- A 2.7% increase in the average length of stay per admission, moving from 3.7 in Period 1 to 3.8 in Period 2.

Inpatient Professional:

- A 10.2% increase in the utilization rate per 1,000 members for inpatient professional services, moving from 837.4 in Period 1 to 922.4 in Period 2.
- *There was a 5.1% increase in the utilization rate per 1,000 members for inpatient professional radiology services, moving from 106.2 in Period 1 to 111.6 in Period 2.*
- *There was an 11.9% increase in the utilization rate per 1,000 members for inpatient professional laboratory services, moving from 208.6 in Period 1 to 233.4 in Period 2.*

Outpatient Facility:

- A 10.2% increase in the utilization rate per 1,000 members for outpatient facility services, moving from 3,116.2 in Period 1 to 3,432.5 in Period 2.
- *There was a 6.0% increase in the utilization rate per 1,000 members for outpatient facility surgeries, moving from 157.3 in Period 1 to 166.7 in Period 2.*

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
EXECUTIVE SUMMARY
SUMMARY COMMENTS**

- *There was a 6.2% increase in the utilization rate per 1,000 members for outpatient facility emergency room visits, moving from 282.8 in Period 1 to 300.3 in Period 2.*
- *There was a 3.6% increase in the utilization rate per 1,000 members for outpatient facility diagnostic testing, moving from 2,250.7 in Period 1 to 2,332.4 in Period 2.*

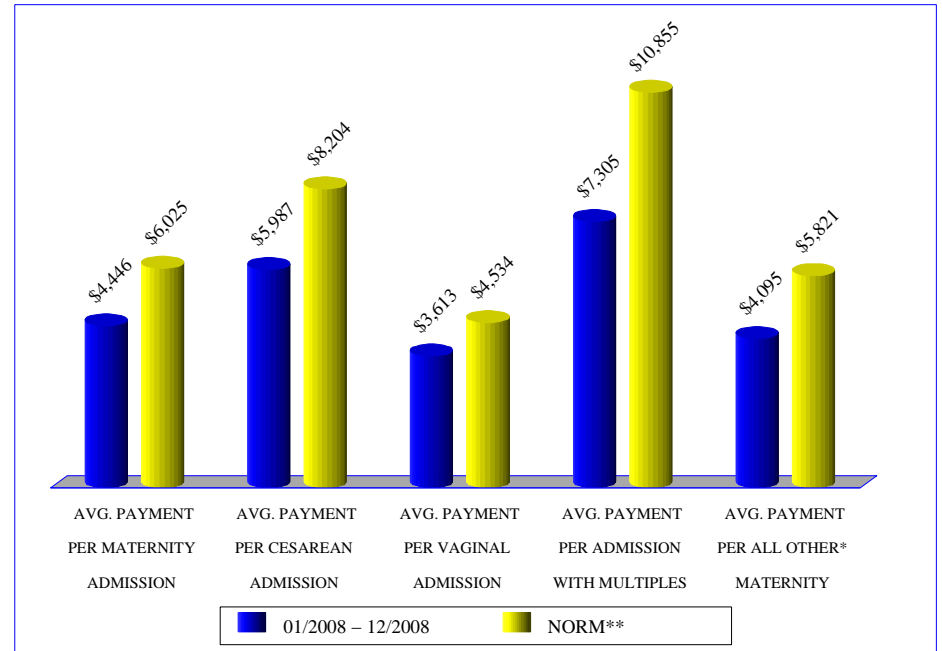
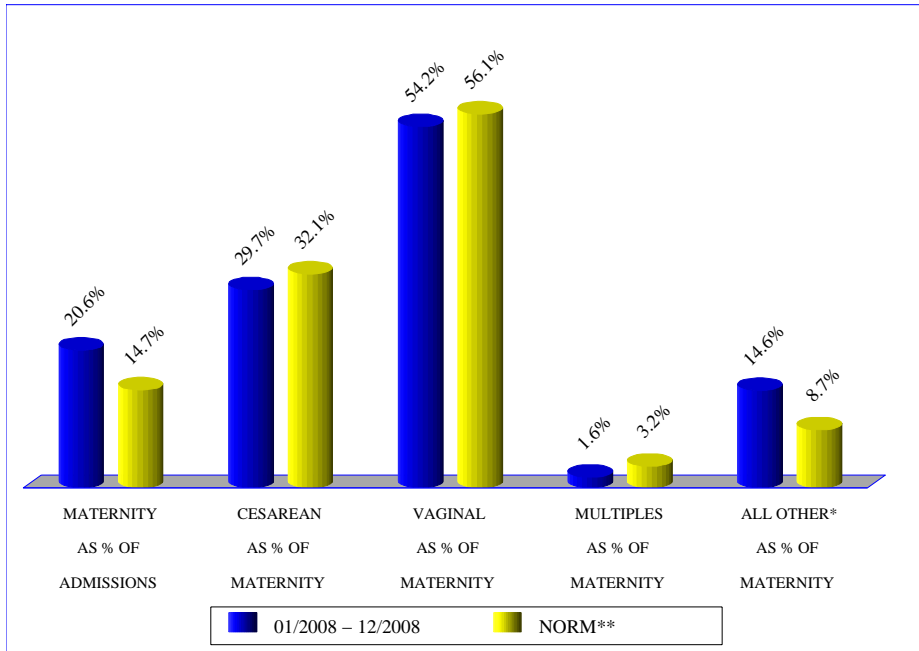
Outpatient Professional:

- A 3.9% increase in the utilization rate per 1,000 members for outpatient professional services, moving from 8,420.0 in Period 1 to 8,749.7 in Period 2.
- *There was a 1.7% increase in the utilization rate per 1,000 members for outpatient professional surgeries, moving from 608.3 in Period 1 to 618.5 in Period 2.*
- *There was a 2.9% increase in the utilization rate per 1,000 members for outpatient physician office visits, moving from 3,504.1 in Period 1 to 3,606.5 in Period 2.*
- *Note: There was a 2.7% increase in the number of office visits per claimant, moving from 3.7 in Period 1 to 3.8 in Period 2.*
- *There was a 6.6% increase in the utilization rate per 1,000 members for outpatient professional laboratory services, moving from 807.0 in Period 1 to 859.9 in Period 2.*

Diagnostic Trends:

- A 5.1% increase in the average paid amount per member for the top 10 major diagnostic categories (MDCs).
- *There was a 13.2% increase in the average paid per member for musculoskeletal, moving from \$296 in Period 1 to \$336 in Period 2.*
- *There was an 8.0% increase in the average paid per member for digestive, moving from \$290 in Period 1 to \$314 in Period 2.*
- *There was a 4.0% increase in the average paid per member for circulatory, moving from \$298 in Period 1 to \$309 in Period 2.*
- *There was a 1.2% increase in the average paid per member for health status, moving from \$176 in Period 1 to \$178 in Period 2.*
- *There was a 16.9% increase in the average paid per member for female reproductive, moving from \$139 in Period 1 to \$163 in Period 2.*
- *There was a 7.1% increase in the average paid per member for pregnancies, moving from \$141 in Period 1 to \$151 in Period 2.*
- *There was a 2.6% increase in the average paid per member for respiratory, moving from \$120 in Period 1 to \$123 in Period 2.*
- *There was a 17.5% increase in the average paid per member for kidney, moving from \$97 in Period 1 to \$114 in Period 2.*

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
MATERNITY ADMISSION STATISTICS
Based on Processed Dates**

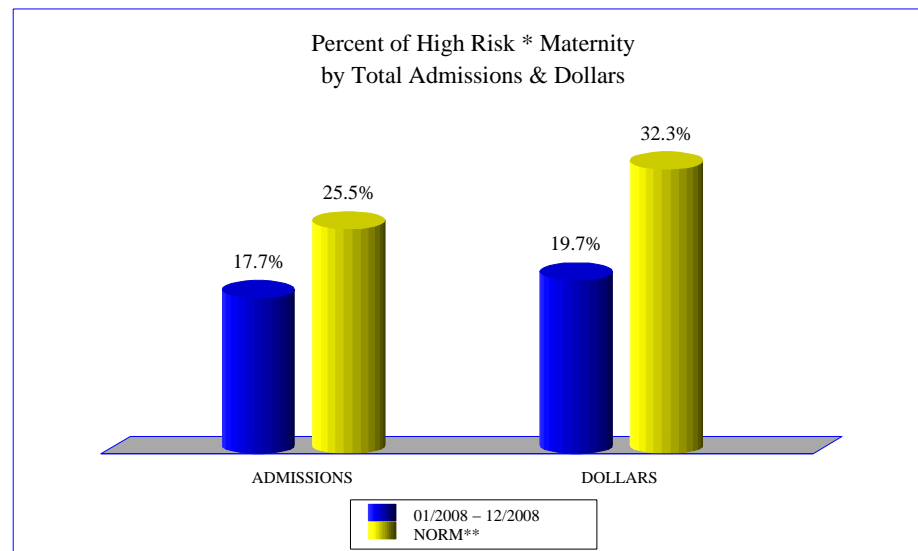
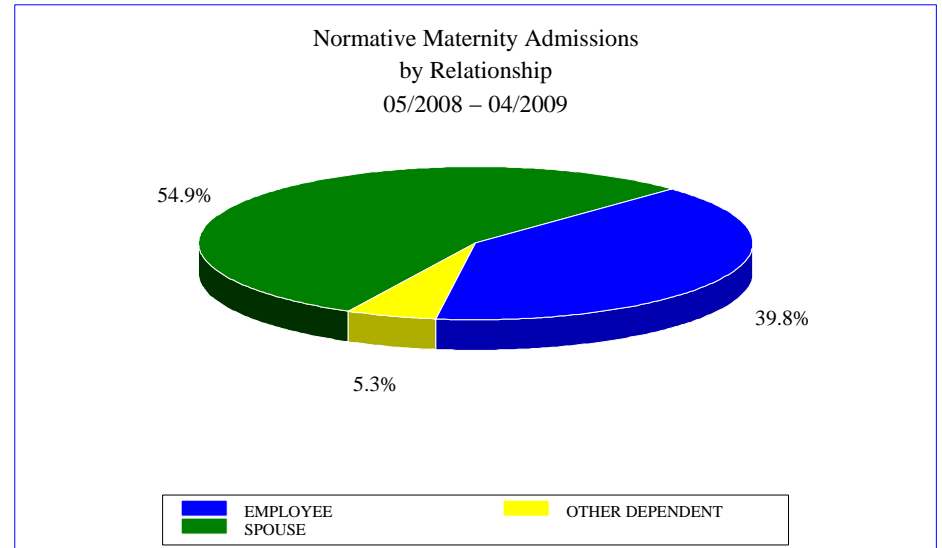
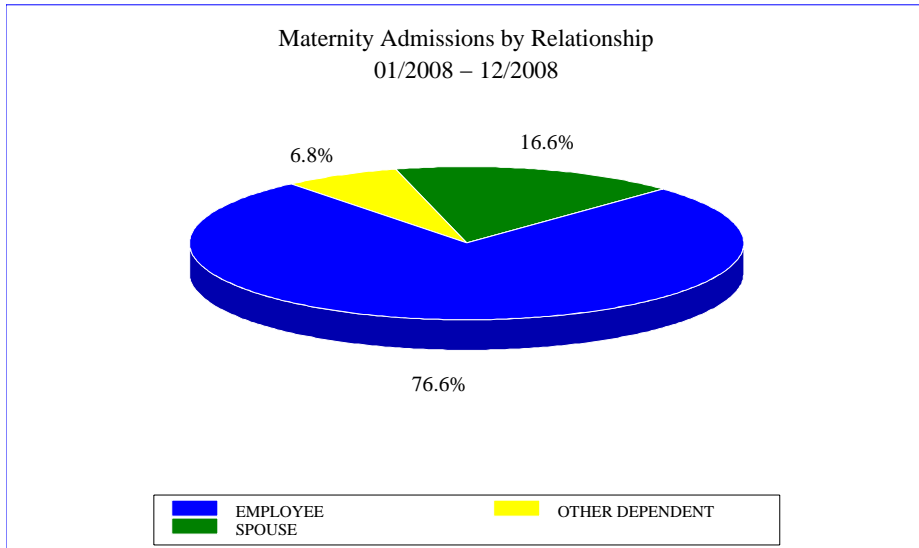


TYPE OF DELIVERY	01/2007 – 12/2007						01/2008 – 12/2008					
	TOTAL ADMITS	AVERAGE LENGTH OF STAY	TOTAL BED DAYS	PAYMENT PER ADMIT	PAYMENT PER BED DAY	TOTAL PAID	TOTAL ADMITS	AVERAGE LENGTH OF STAY	TOTAL BED DAYS	PAYMENT PER ADMIT	PAYMENT PER BED DAY	TOTAL PAID
CESAREAN	41	2.8	116	\$5,285	\$1,868	\$216,704	57	3.0	169	\$5,987	\$2,019	\$341,270
VAGINAL	99	2.8	277	\$3,394	\$1,213	\$336,014	104	2.4	251	\$3,613	\$1,497	\$375,739
MULTIPLE BIRTHS	5	2.8	14	\$5,508	\$1,967	\$27,540	3	3.3	10	\$7,305	\$2,192	\$21,916
ALL OTHER *	18	3.8	69	\$7,446	\$1,943	\$134,035	28	1.9	53	\$4,095	\$2,164	\$114,669
TOTAL	163	2.9	476	\$4,382	\$1,501	\$714,293	192	2.5	483	\$4,446	\$1,767	\$853,594

*Maternity without a delivery

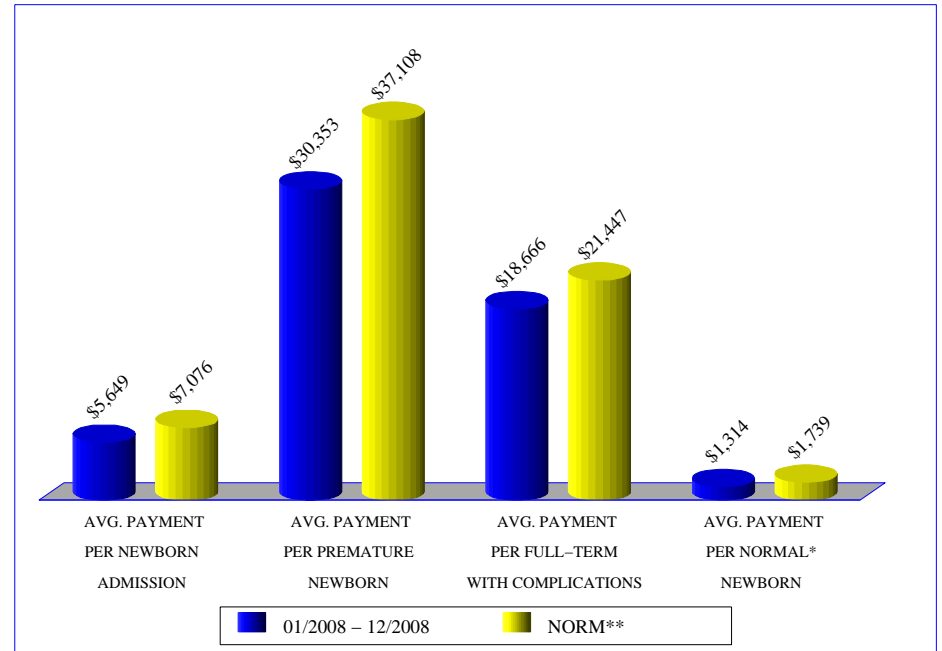
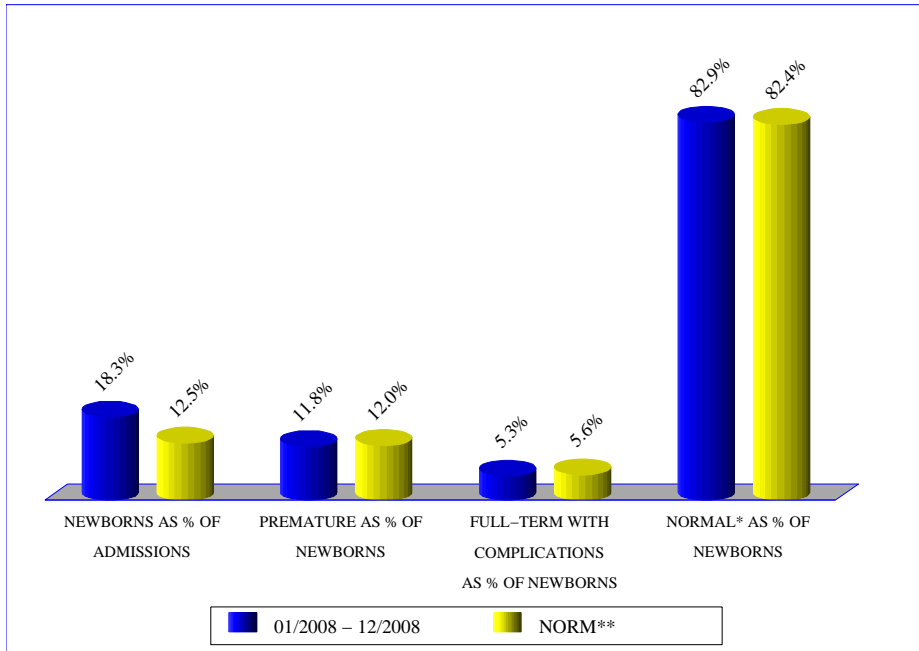
**BOOK OF BUSINESS NORMS for admissions paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
MATERNITY ADMISSIONS BY PATIENT RELATIONSHIP
Based on Processed Dates**



*High Risk is determined by the physician identifying the pregnancy with a ICD-9-CM V23 diagnosis code.
**BOOK OF BUSINESS NORMS for admissions paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
NEWBORN ADMISSION STATISTICS
Based on Processed Dates**



NEWBORN STATUS	01/2007 – 12/2007						01/2008 – 12/2008					
	TOTAL ADMITS	AVERAGE LENGTH OF STAY	TOTAL BED DAYS	PAYMENT PER ADMIT	PAYMENT PER BED DAY	TOTAL PAID	TOTAL ADMITS	AVERAGE LENGTH OF STAY	TOTAL BED DAYS	PAYMENT PER ADMIT	PAYMENT PER BED DAY	TOTAL PAID
PREMATURE	25	12.7	317	\$27,659	\$2,181	\$691,484	20	15.2	303	\$30,353	\$2,004	\$607,066
FULL-TERM COMPLICATIONS	9	5.1	46	\$12,417	\$2,429	\$111,755	9	7.3	66	\$18,666	\$2,545	\$167,997
NORMAL *	122	1.9	234	\$1,064	\$555	\$129,779	141	1.9	271	\$1,314	\$684	\$185,341
TOTAL	156	3.8	597	\$5,981	\$1,563	\$933,019	170	3.8	640	\$5,649	\$1,501	\$960,403

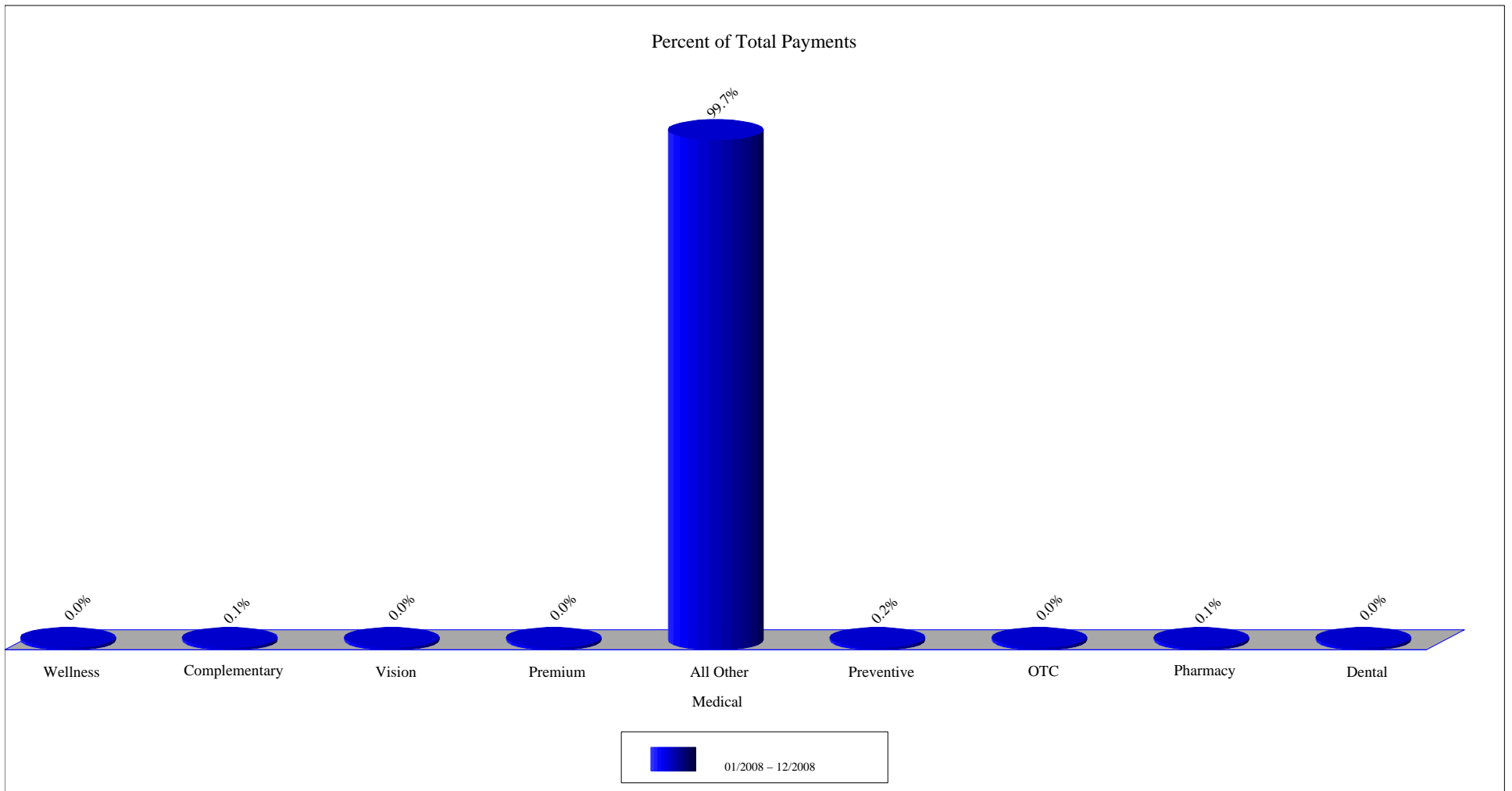
*Newborn Delivery Statistics may be understated due to possible combining of mother and newborn in a single claim

**BOOK OF BUSINESS NORMS for admissions paid 05/2008 through 04/2009

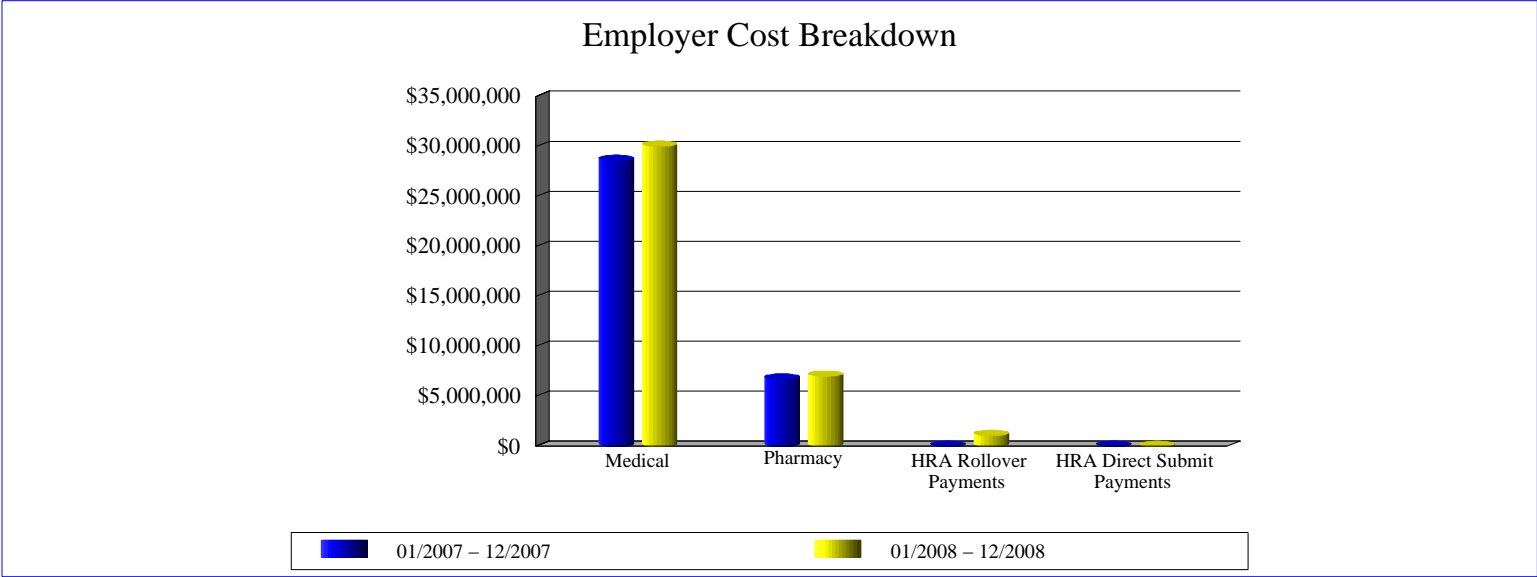
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
SUMMARY ACTIVITY – ELIGIBLE AND NON ELIGIBLE UNDER UNDERLYING MEDICAL
Based on Processed Dates**

01/2008 – 12/2008										
Medical Services										
	Wellness	Complementary	Vision	Premium	All Other Medical	Preventive	OTC	Pharmacy	Dental	Total
# of Eligible HRA Claims	0	9	0	0	9,463	30	0	55	0	9,557
Eligible HRA Payments	\$0	\$959	\$0	\$0	\$1,097,444	\$1,911	\$0	\$883	\$0	\$1,101,197
# of Non Eligible HRA Claims	0	0	0	0	5	0	0	0	0	5
Non Eligible HRA Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total # of HRA Claims	0	9	0	0	9,468	30	0	55	0	9,562
Total HRA Claims Payments	\$0	\$959	\$0	\$0	\$1,097,444	\$1,911	\$0	\$883	\$0	\$1,101,197
Average HRA Claims Cost	\$0	\$107	\$0	\$0	\$116	\$64	\$0	\$16	\$0	\$115

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
SUMMARY ACTIVITY – ELIGIBLE AND NON ELIGIBLE UNDER UNDERLYING MEDICAL
Based on Processed Dates**



**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
CHOICE FUND EMPLOYER COST SUMMARY**
Based on Processed Dates



		01/2007 – 12/2007	01/2008 – 12/2008
EMPLOYER FUNDED	Medical	\$28,603,206	\$30,018,447
	Pharmacy	\$6,733,668	\$7,027,720
EMPLOYER / EMPLOYEE FUNDED	HRA Rollover Payments	\$0	\$1,097,567
	HRA Direct Submit Payments	\$0	\$1,810
	Total Payments	\$35,336,875	\$38,145,545

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PHARMACY EXECUTIVE SUMMARY
Based on Processed Dates**

DESCRIPTION	01/2007 – 12/2007	01/2008 – 12/2008	CHANGE	% CHANGE	NORM****
Average Number of Employees	6,441	6,542	101	1.6%	
Average Number of Members	11,162	11,452	290	2.6%	
Total Unique Claimants	9,045	9,310	265	2.9%	
Total Member Months	133,945	137,429	3,484	2.6%	
TOTAL PAYMENTS	\$6,733,668	\$7,027,720	\$294,052	4.4%	
Average Payment Per Employee	\$1,045	\$1,074	\$29	2.8%	
Average Payment Per Member	\$603	\$614	\$11	1.8%	
TOTAL COPAY	\$1,972,222	\$2,038,502	\$66,280	3.4%	
Average Copay per Employee	\$306	\$312	\$6	2.0%	
Average Copay per Member	\$177	\$178	\$1	0.6%	
TOTAL PAYMENTS excluding Catastrophic*	\$4,726,871	\$4,719,195	\$-7,676	(0.2%)	
Average Payment Per Employee	\$734	\$721	\$-13	(1.8%)	
Average Payment Per Member	\$423	\$412	\$-11	(2.6%)	
PLAN UTILIZATION					
% of Members Utilizing the Plan	81.0%	81.3%			
TOTAL PRESCRIPTIONS	120,922	127,467	6,545	5.4%	
Prescriptions per Member Month	0.9	0.9	0.0	0.0%	
New Prescriptions as a % of Total Prescriptions	69.8%	69.0%			61.4%
Refill Prescriptions as a % of Total Prescriptions	30.2%	31.0%			38.6%
Dispensed as Written Prescriptions as a % of Total Prescriptions	4.7%	3.6%			6.0%
Average days Supplied	30.3	29.9	-0.4	(1.3%)	32.6
Generic	70,518	83,214	12,696	18.0%	
Generic Prescriptions as a % of Total Prescriptions	58.3%	65.3%			61.8%
Brand**	50,404	44,253	-6,151	(12.2%)	
Brand Prescriptions as a % of Total Prescriptions	41.7%	34.7%			38.2%
Preferred Brand	38,427	35,163	-3,264	(8.5%)	
Non-Preferred Brand	11,977	9,090	-2,887	(24.1%)	
UTILIZATION OF PRESCRIPTIONS BY TYPE					
Average Payment per Overall Prescriptions	\$56	\$55	\$-1	(1.8%)	\$73
Generic					
Average Payment Per Generic Prescriptions	\$20	\$19	\$-1	(5.0%)	\$21
Average Copay Per Generic Prescriptions	\$8	\$8	\$0	0.0%	

*Catastrophic: Claimants with Accumulated Payments > \$5,000

**If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

***Direct Member Reimbursements – Please note that Out-of-Network prescriptions are reflected in the medical utilization reports for our Flexcare Customers.

****BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PHARMACY EXECUTIVE SUMMARY
Based on Processed Dates**

DESCRIPTION	01/2007 – 12/2007	01/2008 – 12/2008	CHANGE	% CHANGE	NORM****
Brand**					
Average Payment Per Preferred Brand Prescription	\$108	\$125	\$17	15.7%	\$157
Average Copay Per Preferred Brand Prescription	\$23	\$29	\$6	26.1%	
Average Payment Per Non-Preferred Brand Prescription	\$100	\$113	\$13	13.0%	\$154
Average Copay Per Non-Preferred Brand Prescription	\$45	\$43	\$-2	(4.4%)	
AVERAGE PAYMENT BY SETTING					
Average Payment Per Retail Prescription	\$43	\$42	\$-1	(2.3%)	
Average Payment Per Mail Order Prescription	\$176	\$199	\$23	13.1%	
Average Payment Per DMR** Prescription	\$36	\$23	\$-13	(36.1%)	
AVERAGE COPAY BY SETTING					
Average Copay Per Retail Prescription	\$14	\$14	\$0	0.0%	
Average Copay Per Mail Order Prescription	\$35	\$39	\$4	11.4%	
Average Copay Per DMR** Prescription	\$11	\$12	\$1	9.1%	
FINANCIALS					
Ingredient Cost	\$8,407,009	\$8,757,264	\$350,255	4.2%	
Average Ingredient Cost per Prescription	\$70	\$69	\$-1	(1.4%)	\$86
Dispensing Fee	\$215,338.00	\$223,661.00	\$8,323.00	3.9%	
Average Dispensing Cost per Prescription	\$1.78	\$1.75	\$-0.03	(1.5%)	\$1.77
Sales Tax	\$45	\$18	\$-27	(60.0%)	

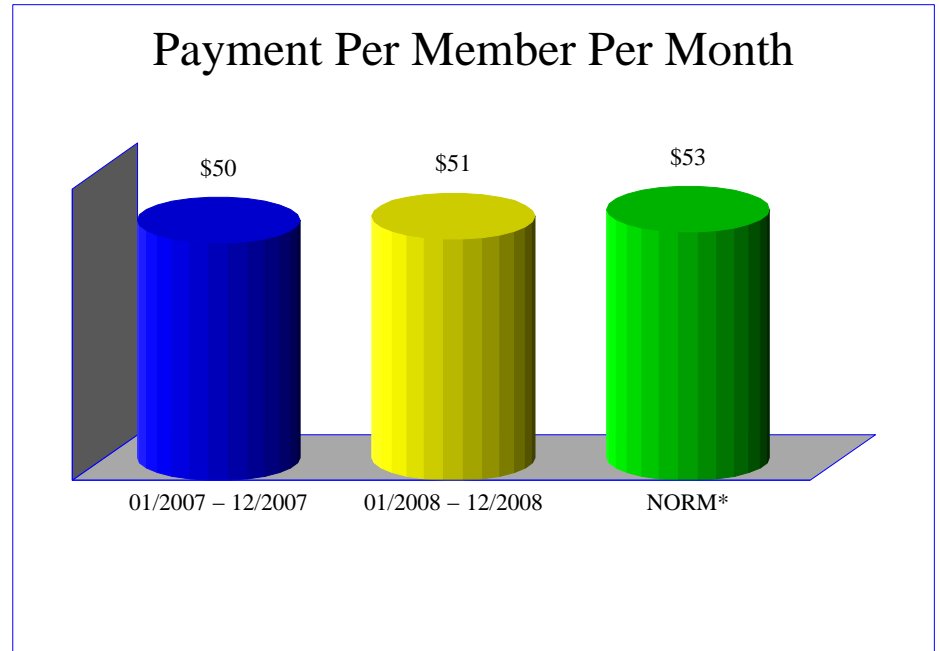
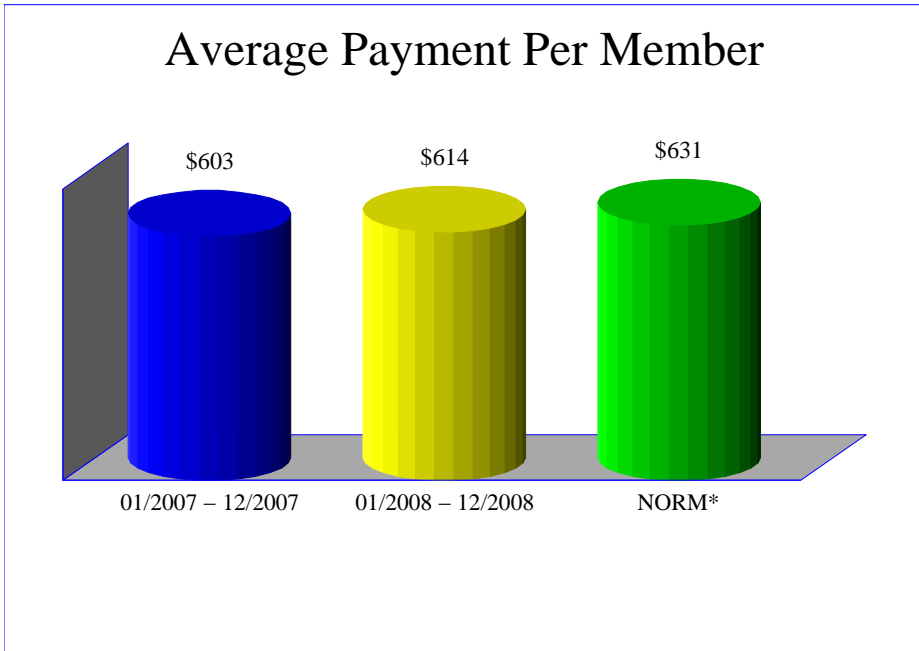
*Catastrophic: Claimants with Accumulated Payments > \$5,000

**If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

***Direct Member Reimbursements – Please note that Out-of-Network prescriptions are reflected in the medical utilization reports for our Flexcare Customers.

****BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PHARMACY CLAIMS UTILIZATION STATISTICS
Based on Processed Dates**



DESCRIPTION	01/2007 – 12/2007	01/2008 – 12/2008	CHANGE	% CHANGE	NORM*
Average Employees	6,441	6,542	101	1.6%	
Average Members	11,162	11,452	290	2.6%	
Total Unique Claimants	9,045	9,310	265	2.9%	
% of Members Utilizing the Plan	81.0%	81.3%			
TOTAL PAYMENTS	\$6,733,668	\$7,027,720	\$294,052	4.4%	
Average Payment Per Employee	\$1,045	\$1,074	\$29	2.8%	
Average Payment Per Member	\$603	\$614	\$11	1.8%	\$631
Average Payment Per Member Per Month	\$50	\$51	\$1	2.0%	\$53
Average Payment Per Claimant	\$744	\$755	\$11	1.5%	

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PHARMACY SAVINGS BY PRESCRIPTION TYPE
Based on Processed Dates**

01/2007 – 12/2007									
PRESCRIPTION TYPE	TOTAL NUMBER OF PRESCRIPTIONS	TOTAL COPAY	TOTAL PAYMENTS	TOTAL AWP* COST	TOTAL INGREDIENT COST	TOTAL SAVINGS	SAVINGS AS A % OF AWP*	AVERAGE SAVINGS PER PRESCRIPTION	AVERAGE SAVINGS PER MEMBER
Generic	70,518	\$535,401	\$1,389,309	\$4,611,276	\$1,725,653	\$2,885,623	62.6%	\$41	\$259
Multi Source Brand	7,683	\$155,311	\$211,135	\$467,230	\$338,095	\$129,134	27.6%	\$17	\$12
Preferred Brand	30,937	\$751,583	\$3,942,849	\$5,642,940	\$4,644,844	\$998,096	17.7%	\$32	\$89
Non-Preferred Brand**	11,784	\$529,927	\$1,190,376	\$2,058,912	\$1,698,417	\$360,495	17.5%	\$31	\$32
Total Brand	50,404	\$1,436,821	\$5,344,360	\$8,169,082	\$6,681,356	\$1,487,725	18.2%	\$30	\$133
TOTAL	120,922	\$1,972,222	\$6,733,669	\$12,780,358	\$8,407,009	\$4,373,348	34.2%	\$36	\$392

01/2008 – 12/2008									
PRESCRIPTION TYPE	TOTAL NUMBER OF PRESCRIPTIONS	TOTAL COPAY	TOTAL PAYMENTS	TOTAL AWP* COST	TOTAL INGREDIENT COST	TOTAL SAVINGS	SAVINGS AS A % OF AWP*	AVERAGE SAVINGS PER PRESCRIPTION	AVERAGE SAVINGS PER MEMBER
Generic	83,214	\$637,370	\$1,594,643	\$5,793,122	\$2,007,643	\$3,785,479	65.3%	\$45	\$331
Multi Source Brand	6,286	\$142,524	\$237,259	\$464,530	\$356,797	\$107,733	23.2%	\$17	\$9
Preferred Brand	29,045	\$868,604	\$4,170,153	\$6,083,987	\$4,991,272	\$1,092,715	18.0%	\$38	\$95
Non-Preferred Brand**	8,922	\$390,004	\$1,025,665	\$1,705,492	\$1,401,552	\$303,939	17.8%	\$34	\$27
Total Brand	44,253	\$1,401,132	\$5,433,077	\$8,254,009	\$6,749,621	\$1,504,387	18.2%	\$34	\$131
TOTAL	127,467	\$2,038,502	\$7,027,720	\$14,047,131	\$8,757,264	\$5,289,866	37.7%	\$42	\$462

*Average Wholesale Price (Prescriptions were processed in Massachusetts during the reporting period.)

**Claims subject to fee schedule reimbursement are nonstandardly reported.)

***If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP INDIVIDUAL PHARMACY CLAIMANTS RANKED BY TOTAL PHARMACY PAYMENTS
ACCUMULATED PHARMACY PAYMENTS GREATER THAN \$5,000
Based on Processed Dates**

01/2007 – 12/2007						
CLAIMANT	PRIMARY ICD9 *	TOTAL PHARMACY PAYMENTS	TOTAL NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION	TOTAL PAYMENTS	OVERALL PAYMENTS
Claimant 1	NERVE ROOT DISORD NEC	\$133,745	179	\$747	\$-449	\$133,295
Claimant 2	FEMALE LOQ BREAST CA	\$69,478	89	\$781	\$23,989	\$93,467
Claimant 3	CHR SPHENOIDAL SINUSITIS	\$44,076	76	\$580	\$16,373	\$60,449
Claimant 4	MULTIPLE SCLEROSIS	\$36,110	68	\$531	\$9,884	\$45,994
Claimant 5	SYNCOPE & COLLAPSE	\$35,249	106	\$333	\$8,363	\$43,612
Claimant 6	COUGH	\$33,206	28	\$1,186	\$1,100	\$34,307
Claimant 7	PNEUMOCOCCAL MENINGITIS	\$32,669	44	\$742	\$392,136	\$424,805
Claimant 8	BRONCHUS/LUNG CA NOS	\$30,237	73	\$414	\$6,777	\$37,015
Claimant 9	SCALP CA IN SITU	\$25,303	33	\$767	\$7,408	\$32,711
Claimant 10	MDS NOS	\$23,508	62	\$379	\$252,361	\$275,869
Claimant 11	HIV DISEASE	\$23,110	26	\$889	\$1,216	\$24,326
Claimant 12	CHR OBSTR ASTH W EXACER	\$21,979	69	\$319	\$20,399	\$42,378
Claimant 13	CHF NOS	\$20,994	93	\$226	\$10,449	\$31,443
Claimant 14	HIV DISEASE	\$20,726	97	\$214	\$2,571	\$23,297
Claimant 15	RECURRENT MDD–MOD	\$20,459	53	\$386	\$46	\$20,505
Claimant 16	TESTICULAR HYPOFUNCT NEC	\$20,305	80	\$254	\$1,384	\$21,689
Claimant 17	EPILEPSY NOS W/O INTRACT	\$19,859	101	\$197	\$826	\$20,686
Claimant 18	XNODAL/NOS LYMPH MAL NEC	\$19,378	77	\$252	\$11,536	\$30,914
Claimant 19	COR AS– NATIVE VESSEL	\$19,368	91	\$213	\$2,312	\$21,680
Claimant 20	HIV DISEASE	\$18,518	16	\$1,157	\$479	\$18,997
Claimant 21	HIV DISEASE	\$17,654	42	\$420	\$2,459	\$20,113
Claimant 22	COR AS– NATIVE VESSEL	\$16,847	72	\$234	\$83,562	\$100,409
Claimant 23	SEBACEOUS CYST	\$16,763	21	\$798	\$706	\$17,470
Claimant 24	HIV DISEASE	\$16,560	26	\$637	\$1,478	\$18,039
Claimant 25	MULTIPLE SCLEROSIS	\$16,182	19	\$852	\$614	\$16,796
Claimant 26	MULTIPLE SCLEROSIS	\$16,089	30	\$536	\$29,055	\$45,144
Claimant 27	INTRAHEPATIC DUCT CA	\$15,915	195	\$82	\$54,235	\$70,150
Claimant 28	DM2/NOS UNCOMP NSU	\$15,745	53	\$297	\$817	\$16,561
Claimant 29	HIV DISEASE	\$15,564	17	\$916	\$1,065	\$16,629
Claimant 30	LEG CELLULITIS	\$15,458	48	\$322	\$33,198	\$48,656
Claimant 31	HIV DISEASE	\$14,951	14	\$1,068	\$1,131	\$16,082
Claimant 32	ROUTINE MEDICAL EXAM	\$14,673	19	\$772	\$2,203	\$16,876
Claimant 33	HIV DISEASE	\$14,567	24	\$607	\$3,676	\$18,242
Claimant 34	SLEEP APNEA NOS	\$14,506	137	\$106	\$960	\$15,466

*Diagnosis represents the highest dollar diagnosis for the claimant.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP INDIVIDUAL PHARMACY CLAIMANTS RANKED BY TOTAL PHARMACY PAYMENTS
ACCUMULATED PHARMACY PAYMENTS GREATER THAN \$5,000
Based on Processed Dates**

01/2007 – 12/2007						
CLAIMANT	PRIMARY ICD9 *	TOTAL PHARMACY PAYMENTS	TOTAL NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION	TOTAL PAYMENTS	OVERALL PAYMENTS
Claimant 35	RHEUMATOID ARTHRITIS	\$14,483	63	\$230	\$1,645	\$16,128
Claimant 36	ARTHROPATHY NOS–SITE NOS	\$14,473	38	\$381	\$298	\$14,771
Claimant 37	SYNCOPE & COLLAPSE	\$14,389	113	\$127	\$16,294	\$30,682
Claimant 38	HIV DISEASE	\$13,947	15	\$930	\$1,378	\$15,325
Claimant 39	CERV PAP SMEAR W LGSIL	\$13,944	29	\$481	\$998	\$14,942
Claimant 40	DM1 W CIRC DISORD NSU	\$13,927	332	\$42	\$1,696	\$15,623
Claimant 41	HYPERLIPIDEMIA NEC & NOS	\$13,840	9	\$1,538	\$151	\$13,991
Claimant 42	LIMB SWELLING	\$13,802	102	\$135	\$1,672	\$15,475
Claimant 43	TRIGGER FINGER	\$13,473	90	\$150	\$6,810	\$20,283
Claimant 44	XNODAL/NOS LYMPHOMA NEC	\$13,400	50	\$268	\$3,689	\$17,089
Claimant 45	OTHER LYMPHEDEMA	\$13,373	121	\$111	\$10,560	\$23,933
Claimant 46	MULTIPLE SCLEROSIS	\$13,200	23	\$574	\$15,755	\$28,955
Claimant 47	ESOPHAGEAL REFLUX	\$12,852	54	\$238	\$4,815	\$17,667
Claimant 48	OTHER CONVULSIONS	\$12,687	14	\$906	\$2,373	\$15,060
Claimant 49	LRE W CPS W/O INTRACT	\$12,150	59	\$206	\$10,471	\$22,621
Claimant 50	LUMBAGO	\$12,104	112	\$108	\$4,239	\$16,343
Claimant 51	CHR VH C W/O COMA	\$11,951	99	\$121	\$3,104	\$15,055
Claimant 52	ESRD	\$11,935	50	\$239	\$863	\$12,798
Claimant 53	H PARAGRANU XNODAL/NOS	\$11,843	30	\$395	\$9,561	\$21,403
Claimant 54	PLANTAR FIBROMATOSIS	\$11,025	64	\$172	\$4,972	\$15,996
Claimant 55	DEVIATED NASAL SEPTUM	\$10,816	42	\$258	\$7,779	\$18,594
Claimant 56	VOMITING ALONE	\$10,170	76	\$134	\$5,128	\$15,297
Claimant 57	MIGRAINE W/O AURA W/O SM	\$9,850	60	\$164	\$222	\$10,073
Claimant 58	ASTHMA W STATUS ASTH	\$9,709	87	\$112	\$26,455	\$36,164
Claimant 59	DM2/NOS UNCOMP NSU	\$9,470	12	\$789	\$510	\$9,980
Claimant 60	ACUTE BRONCHITIS	\$9,422	56	\$168	\$98	\$9,520
Claimant 61	BREAST FIBROADENOSIS	\$9,413	28	\$336	\$6,402	\$15,816
Claimant 62	GASTROPARESIS	\$9,412	52	\$181	\$2,840	\$12,252
Claimant 63	OTHER PSORIASIS	\$9,291	5	\$1,858	\$287	\$9,578
Claimant 64	DIARRHEA	\$9,195	71	\$130	\$14,855	\$24,049
Claimant 65	OTHER LIP SKIN CA	\$9,162	153	\$60	\$4,415	\$13,578
Claimant 66	COR AS– NATIVE VESSEL	\$9,138	128	\$71	\$25,517	\$34,655
Claimant 67	ALTERED MENTAL STATUS	\$8,743	91	\$96	\$33,225	\$41,968
Claimant 68	AS EXT ART W REST PAIN	\$8,728	121	\$72	\$91,105	\$99,833

*Diagnosis represents the highest dollar diagnosis for the claimant.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP INDIVIDUAL PHARMACY CLAIMANTS RANKED BY TOTAL PHARMACY PAYMENTS
ACCUMULATED PHARMACY PAYMENTS GREATER THAN \$5,000
Based on Processed Dates**

01/2007 – 12/2007						
CLAIMANT	PRIMARY ICD9 *	TOTAL PHARMACY PAYMENTS	TOTAL NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION	TOTAL PAYMENTS	OVERALL PAYMENTS
Claimant 69	NONINF VAG LEUKORRHEA	\$8,706	22	\$396	\$1,247	\$9,953
Claimant 70	EPIGASTRIC ABD PAIN	\$8,610	74	\$116	\$2,739	\$11,349
Claimant 71	SYNCOPE & COLLAPSE	\$8,606	91	\$95	\$9,065	\$17,671
Claimant 72	CHEST PAIN NOS	\$8,493	60	\$142	\$2,190	\$10,683
Claimant 73	CHRONIC AIRWAY OBSTR NEC	\$8,454	186	\$45	\$5,173	\$13,627
Claimant 74	LOC OA NOS–LOWER LEG	\$8,413	54	\$156	\$18,698	\$27,111
Claimant 75	PYELONEPHRITIS NOS	\$8,382	63	\$133	\$30,009	\$38,391
Claimant 76	ADJUST DEVICE NEC	\$8,365	66	\$127	\$43,554	\$51,918
Claimant 77	COR AS– NATIVE VESSEL	\$8,160	59	\$138	\$10,076	\$18,236
Claimant 78	HTN CKD NOS V–ESRD	\$8,077	48	\$168	\$45,052	\$53,129
Claimant 79	CLSD AC DISLOCATION	\$7,998	68	\$118	\$1,938	\$9,936
Claimant 80	MALAISE & FATIGUE NEC	\$7,962	42	\$190	\$117	\$8,080
Claimant 81	COR AS– NATIVE VESSEL	\$7,871	74	\$106	\$30,179	\$38,050
Claimant 82	SECONDARY BONE CA	\$7,864	30	\$262	\$20,450	\$28,314
Claimant 83	PNEUMONIA ORGANISM NOS	\$7,836	82	\$96	\$2,782	\$10,618
Claimant 84	RHEUMATOID ARTHRITIS	\$7,685	6	\$1,281	\$316	\$8,001
Claimant 85	COLON CA SCREENING	\$7,634	132	\$58	\$3,489	\$11,123
Claimant 86	PNEUMOCOCCAL PNEUMONIA	\$7,608	35	\$217	\$20,544	\$28,152
Claimant 87	HYPERACT LABYRINTH BILAT	\$7,594	65	\$117	\$2,999	\$10,593
Claimant 88	LOC OA NOS–LOWER LEG	\$7,572	55	\$138	\$8,765	\$16,337
Claimant 89	DM2/NOS UNCOMP NSU	\$7,532	59	\$128	\$658	\$8,190
Claimant 90	ORTHOSTATIC HYPOTENSION	\$7,451	96	\$78	\$2,497	\$9,948
Claimant 91	CHEST PAIN NEC	\$7,438	20	\$372	\$8,095	\$15,533
Claimant 92	RHINITIS DUE TO POLLEN	\$7,402	27	\$274	\$2,018	\$9,421
Claimant 93	JOINT PAIN–LOWER LEG	\$7,390	72	\$103	\$3,232	\$10,622
Claimant 94	CHEST PAIN NEC	\$7,363	150	\$49	\$2,792	\$10,155
Claimant 95	SPINAL STENOSIS–LUMBAR	\$7,283	90	\$81	\$42,480	\$49,762
Claimant 96	BREAST HYPERTROPHY	\$7,264	68	\$107	\$488	\$7,752
Claimant 97	HEADACHE	\$7,151	64	\$112	\$3,193	\$10,344
Claimant 98	PNEUMONIA ORGANISM NOS	\$7,111	115	\$62	\$7,117	\$14,228
Claimant 99	INCONTINENCE OF FECES	\$7,094	45	\$158	\$2,939	\$10,033
Claimant 100	OTHER CONVULSIONS	\$7,091	65	\$109	\$3,095	\$10,186

*Diagnosis represents the highest dollar diagnosis for the claimant.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP INDIVIDUAL PHARMACY CLAIMANTS RANKED BY TOTAL PHARMACY PAYMENTS
ACCUMULATED PHARMACY PAYMENTS GREATER THAN \$5,000
Based on Processed Dates**

01/2008 – 12/2008						
CLAIMANT	PRIMARY ICD9 *	TOTAL PHARMACY PAYMENTS	TOTAL NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION	TOTAL PAYMENTS	OVERALL PAYMENTS
Claimant 1	IDIOPATHIC SCOLIOSIS	\$57,400	77	\$745	\$1,343	\$58,743
Claimant 2	CHONDROMALACIA	\$54,649	183	\$299	\$18,901	\$73,550
Claimant 3	SHORT STATURE	\$52,757	5	\$10,551	\$972	\$53,729
Claimant 4	NO MED DIAG AVAILABLE	\$41,913	3	\$13,971	\$0	\$41,913
Claimant 5	LOWER LIMB ULCER NEC	\$39,401	78	\$505	\$2,277	\$41,678
Claimant 6	BEN HTN HRT DIS W/O HF	\$38,099	15	\$2,540	\$1,080	\$39,179
Claimant 7	UNILAT INGUINAL HERNIA	\$37,947	56	\$678	\$16,778	\$54,725
Claimant 8	SEXUAL PRECOCITY NEC	\$30,481	4	\$7,620	\$757	\$31,238
Claimant 9	SYMPTOMS IN BREAST NEC	\$28,928	100	\$289	\$7,524	\$36,452
Claimant 10	BPI-RECENT MIXED MILD	\$27,103	68	\$399	\$0	\$27,103
Claimant 11	LIVER TRANSPLANT STATUS	\$27,028	50	\$541	\$1,233	\$28,261
Claimant 12	ATRIAL PREMATURE BEATS	\$26,806	21	\$1,276	\$1,828	\$28,634
Claimant 13	ASTHMA NOS	\$26,802	22	\$1,218	\$5,930	\$32,733
Claimant 14	FUNCTIONAL DIARRHEA	\$26,649	91	\$293	\$4,157	\$30,806
Claimant 15	MULTIPLE SCLEROSIS	\$25,834	27	\$957	\$1,265	\$27,099
Claimant 16	ANTINEO CHEMO ENCOUNTER	\$25,622	41	\$625	\$61,896	\$87,518
Claimant 17	MULTIPLE SCLEROSIS	\$25,297	61	\$415	\$33,355	\$58,652
Claimant 18	CALCANEAL SPUR	\$24,573	47	\$523	\$1,525	\$26,098
Claimant 19	FLUID OVERLOAD	\$23,065	165	\$140	\$5,346	\$28,411
Claimant 20	LOC PRIMARY OA-HAND	\$22,906	41	\$559	\$825	\$23,732
Claimant 21	OCCUPATIONAL THERAPY	\$21,709	22	\$987	\$2,696	\$24,405
Claimant 22	CHR VH C W/O COMA	\$20,436	111	\$184	\$1,356	\$21,792
Claimant 23	RECTAL & ANAL HEMORRHAGE	\$20,367	65	\$313	\$3,762	\$24,129
Claimant 24	RHEUMATOID ARTHRITIS	\$19,533	107	\$183	\$890	\$20,423
Claimant 25	ASTHMA NOS W EXACER	\$18,923	89	\$213	\$50,204	\$69,126
Claimant 26	BRAIN CONDITIONS NEC	\$18,879	15	\$1,259	\$17,091	\$35,970
Claimant 27	OTHER CONVULSIONS	\$18,782	86	\$218	\$4,067	\$22,850
Claimant 28	CKD-STAGE III	\$18,732	79	\$237	\$85,366	\$104,099
Claimant 29	LIMB SWELLING	\$18,310	142	\$129	\$7,323	\$25,633
Claimant 30	FEMALE UIQ BREAST CA	\$17,996	88	\$204	\$17,521	\$35,517
Claimant 31	MDS NOS	\$16,073	72	\$223	\$177,341	\$193,415
Claimant 32	TEAR MED MENISC KNEE-CUR	\$15,994	23	\$695	\$5,539	\$21,532
Claimant 33	ALPHA-1-ANTITRYPSIN DEF	\$15,820	188	\$84	\$15,556	\$31,376
Claimant 34	HIV DISEASE	\$15,757	12	\$1,313	\$275	\$16,032

*Diagnosis represents the highest dollar diagnosis for the claimant.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP INDIVIDUAL PHARMACY CLAIMANTS RANKED BY TOTAL PHARMACY PAYMENTS
ACCUMULATED PHARMACY PAYMENTS GREATER THAN \$5,000
Based on Processed Dates**

01/2008 – 12/2008						
CLAIMANT	PRIMARY ICD9 *	TOTAL PHARMACY PAYMENTS	TOTAL NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION	TOTAL PAYMENTS	OVERALL PAYMENTS
Claimant 35	INTESTINAL ADHES W OBSTR	\$15,709	75	\$209	\$36,879	\$52,588
Claimant 36	HIV DISEASE	\$15,612	15	\$1,041	\$496	\$16,108
Claimant 37	LUMP OR MASS IN BREAST	\$15,605	56	\$279	\$4,288	\$19,893
Claimant 38	HIV DISEASE	\$15,461	20	\$773	\$1,235	\$16,695
Claimant 39	CHOLECYSTITIS NOS	\$15,120	30	\$504	\$1,089	\$16,209
Claimant 40	EYELID PTOSIS NOS	\$15,092	56	\$270	\$80	\$15,173
Claimant 41	RHEUMATOID ARTHRITIS	\$14,807	18	\$823	\$639	\$15,446
Claimant 42	HEMATURIA	\$14,676	40	\$367	\$4,413	\$19,089
Claimant 43	KIDNEY TRANSPLANT STATUS	\$14,520	101	\$144	\$451	\$14,972
Claimant 44	OBSTRUCTIVE SLEEP APNEA	\$14,327	36	\$398	\$2,386	\$16,713
Claimant 45	HIV DISEASE	\$13,311	23	\$579	\$472	\$13,783
Claimant 46	OTHER CONVULSIONS	\$12,905	20	\$645	\$1,735	\$14,640
Claimant 47	MULTIPLE SCLEROSIS	\$12,876	6	\$2,146	\$262	\$13,138
Claimant 48	OTHER PSORIASIS	\$12,850	51	\$252	\$333	\$13,182
Claimant 49	COMP KIDNEY TRANSPLANT	\$12,659	44	\$288	\$105,551	\$118,210
Claimant 50	SLEEP APNEA NOS	\$12,618	11	\$1,147	\$916	\$13,534
Claimant 51	BENIGN TRUNK SKIN NEOPL	\$12,235	20	\$612	\$1,370	\$13,604
Claimant 52	TRUNK MALIGNANT MELANOMA	\$12,183	9	\$1,354	\$3,558	\$15,741
Claimant 53	POISON–MED AGENT NOS	\$12,001	88	\$136	\$222	\$12,223
Claimant 54	BENIGN MAJOR SG NEOPLASM	\$11,860	20	\$593	\$15,141	\$27,001
Claimant 55	ANTINEO CHEMO ENCOUNTER	\$11,793	46	\$256	\$7,548	\$19,341
Claimant 56	ROUTINE CHILD HEATH CK	\$11,645	16	\$728	\$485	\$12,130
Claimant 57	BENIGN LG INTEST NEOPL	\$11,550	14	\$825	\$2,808	\$14,359
Claimant 58	POSTOP VAGINAL PROLAPSE	\$11,438	103	\$111	\$16,864	\$28,302
Claimant 59	COAG DEFECT IN PREG–DEL	\$11,026	21	\$525	\$9,713	\$20,739
Claimant 60	LIMB SWELLING	\$10,790	223	\$48	\$0	\$10,790
Claimant 61	LOC PRIMARY OA–LOWER LEG	\$10,606	59	\$180	\$4,549	\$15,154
Claimant 62	OBS SUSPECT COND NEC	\$10,574	44	\$240	\$532	\$11,106
Claimant 63	CHRONIC SINUSITIS NOS	\$10,557	83	\$127	\$12,241	\$22,797
Claimant 64	LOWER LEG INJURY NEC	\$10,446	38	\$275	\$17,637	\$28,083
Claimant 65	PNEUMONIA ORGANISM NOS	\$10,340	25	\$414	\$6,545	\$16,886
Claimant 66	CHRONIC PAIN NEC	\$10,215	110	\$93	\$3,860	\$14,076
Claimant 67	ANEMIA NOS	\$10,164	37	\$275	\$2,830	\$12,994
Claimant 68	NO MED DIAG AVAILABLE	\$10,142	23	\$441	\$0	\$10,142

*Diagnosis represents the highest dollar diagnosis for the claimant.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP INDIVIDUAL PHARMACY CLAIMANTS RANKED BY TOTAL PHARMACY PAYMENTS
ACCUMULATED PHARMACY PAYMENTS GREATER THAN \$5,000
Based on Processed Dates**

01/2008 – 12/2008						
CLAIMANT	PRIMARY ICD9 *	TOTAL PHARMACY PAYMENTS	TOTAL NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION	TOTAL PAYMENTS	OVERALL PAYMENTS
Claimant 69	COR AS– GRAFT TYPE NOS	\$9,841	66	\$149	\$5,485	\$15,326
Claimant 70	DIF CYSTIC MASTOPATHY	\$9,766	46	\$212	\$2,342	\$12,108
Claimant 71	COR AS– NATIVE VESSEL	\$9,716	48	\$202	\$2,044	\$11,760
Claimant 72	CONG POSTURAL DEFORMITY	\$9,692	64	\$151	\$1,828	\$11,519
Claimant 73	NO MED DIAG AVAILABLE	\$9,595	111	\$86	\$0	\$9,595
Claimant 74	CHR VH C W/O COMA	\$9,563	13	\$736	\$1,127	\$10,691
Claimant 75	DEPRESSIVE DISORDER NEC	\$9,481	53	\$179	\$130	\$9,611
Claimant 76	REGIONAL ENTERITIS NOS	\$9,449	42	\$225	\$2,435	\$11,885
Claimant 77	UTERINE LEIOMYOMA NOS	\$9,375	128	\$73	\$3,775	\$13,150
Claimant 78	ABDOMINAL PAIN–SITE NEC	\$9,320	45	\$207	\$17,544	\$26,864
Claimant 79	OTHER CONVULSIONS	\$9,057	31	\$292	\$719	\$9,775
Claimant 80	SYNCOPE & COLLAPSE	\$9,013	42	\$215	\$39,311	\$48,324
Claimant 81	RENAL COLIC	\$8,993	71	\$127	\$11,256	\$20,249
Claimant 82	BRONCHITIS NOS	\$8,928	100	\$89	\$6,738	\$15,666
Claimant 83	LOC OA NOS–LOWER LEG	\$8,735	70	\$125	\$31,746	\$40,481
Claimant 84	ROUTINE CHILD HEATH CK	\$8,629	34	\$254	\$–23,538	\$–14,909
Claimant 85	SPINAL STENOSIS–LUMBAR	\$8,616	143	\$60	\$28,779	\$37,395
Claimant 86	DM2/NOS UNCOMP UNC	\$8,592	141	\$61	\$470	\$9,063
Claimant 87	COR AS– NATIVE VESSEL	\$8,578	141	\$61	\$22,997	\$31,575
Claimant 88	HYPOTHYROIDISM NOS	\$8,539	24	\$356	\$77	\$8,616
Claimant 89	OTHER ACUTE SINUSITIS	\$8,491	11	\$772	\$108	\$8,599
Claimant 90	SECONDARY LIVER CA	\$8,424	64	\$132	\$102,017	\$110,441
Claimant 91	LOCAL SKIN INFECTION NOS	\$8,415	73	\$115	\$1,004	\$9,419
Claimant 92	RHEUMATOID ARTHRITIS	\$8,409	12	\$701	\$640	\$9,049
Claimant 93	POST SUBCAP SENILE CATAR	\$8,264	79	\$105	\$7,922	\$16,186
Claimant 94	DISLOCATION JOINT PROSTH	\$8,259	74	\$112	\$84,653	\$92,912
Claimant 95	COR AS– NATIVE VESSEL	\$8,250	78	\$106	\$147,048	\$155,298
Claimant 96	KIDNEY CALCULUS	\$8,058	13	\$620	\$3,976	\$12,034
Claimant 97	DIARRHEA	\$8,011	64	\$125	\$5,281	\$13,291
Claimant 98	CKD–STAGE III	\$7,865	60	\$131	\$1,119	\$8,984
Claimant 99	SENSORINEURAL HL NOS	\$7,804	63	\$124	\$298	\$8,101
Claimant 100	INTRINSIC SPHINCT DEF	\$7,749	106	\$73	\$12,326	\$20,074

*Diagnosis represents the highest dollar diagnosis for the claimant.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 25 SPECIFIC DRUG THERAPEUTIC CLASSES RANKED BY TOTAL PAYMENTS**

Based on Processed Dates

01/2007 – 12/2007

THERAPEUTIC CLASS	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	NUMBER OF SCRIPTS	% OF TOTAL SCRIPTS	AVERAGE PAYMENT PER SCRIPT
GASTRIC ACID SECRETION REDUCERS	\$487,820	7.2%	4,330	3.6%	\$113
LIPOTROPICS	\$478,829	7.1%	6,586	5.5%	\$73
ANTICONVULSANTS	\$298,077	4.4%	2,249	1.9%	\$133
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	\$221,936	3.3%	1,226	1.0%	\$181
ANALGESICS, NARCOTICS	\$196,427	2.9%	4,979	4.1%	\$39
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	\$193,132	2.9%	102	0.1%	\$1,893
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	\$161,897	2.4%	1,309	1.1%	\$124
CONTRACEPTIVES,ORAL	\$154,068	2.3%	6,227	5.2%	\$25
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	\$148,914	2.2%	2,696	2.2%	\$55
ANTIMIGRAINE PREPARATIONS	\$145,783	2.2%	640	0.5%	\$228
LEUKOTRIENE RECEPTOR ANTAGONISTS	\$131,212	1.9%	1,377	1.1%	\$95
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	\$128,935	1.9%	3,876	3.2%	\$33
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	\$127,125	1.9%	708	0.6%	\$180
INSULINS	\$120,231	1.8%	925	0.8%	\$130
ANTIVIRALS, GENERAL	\$109,372	1.6%	669	0.6%	\$163
BLOOD SUGAR DIAGNOSTICS	\$107,435	1.6%	1,102	0.9%	\$97
BONE RESORPTION INHIBITORS	\$102,785	1.5%	1,335	1.1%	\$77
SEDATIVE-HYPNOTICS, NON-BARBITURATE	\$101,349	1.5%	1,571	1.3%	\$65
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	\$99,112	1.5%	976	0.8%	\$102
PLATELET AGGREGATION INHIBITORS	\$88,879	1.3%	662	0.5%	\$134
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	\$85,915	1.3%	957	0.8%	\$90
AGENTS TO TREAT MULTIPLE SCLEROSIS	\$84,433	1.3%	30	0.0%	\$2,814
NASAL ANTI-INFLAMMATORY STEROIDS	\$83,819	1.2%	1,782	1.5%	\$47
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	\$82,905	1.2%	18	0.0%	\$4,606
CALCIUM CHANNEL BLOCKING AGENTS	\$79,930	1.2%	2,182	1.8%	\$37
OTHER	\$2,713,347	40.4%	72,315	59.8%	\$38
TOTAL	\$6,733,668	100.0%	120,829	100.0%	\$56

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 25 SPECIFIC DRUG THERAPEUTIC CLASSES RANKED BY TOTAL PAYMENTS**

Based on Processed Dates

01/2008 – 12/2008

THERAPEUTIC CLASS	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	NUMBER OF SCRIPTS	% OF TOTAL SCRIPTS	AVERAGE PAYMENT PER SCRIPT
ANTICONVULSANTS	\$361,730	5.1%	2,808	2.2%	\$129
PROTON-PUMP INHIBITORS	\$298,373	4.2%	2,516	2.0%	\$119
ANTIHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS	\$263,993	3.8%	5,932	4.7%	\$45
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	\$211,849	3.0%	1,132	0.9%	\$187
GASTRIC ACID SECRETION REDUCERS	\$193,362	2.8%	1,835	1.4%	\$105
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	\$192,202	2.7%	67	0.1%	\$2,869
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	\$184,183	2.6%	1,410	1.1%	\$131
LIPOTROPICS	\$172,597	2.5%	2,109	1.7%	\$82
INSULINS	\$158,478	2.3%	1,039	0.8%	\$153
CONTRACEPTIVES,ORAL	\$158,103	2.2%	6,227	4.9%	\$25
AGENTS TO TREAT MULTIPLE SCLEROSIS	\$146,259	2.1%	46	0.0%	\$3,180
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	\$134,121	1.9%	725	0.6%	\$185
BLOOD SUGAR DIAGNOSTICS	\$129,326	1.8%	1,192	0.9%	\$108
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	\$125,134	1.8%	1,894	1.5%	\$66
ANTIVIRALS, GENERAL	\$124,697	1.8%	777	0.6%	\$160
LEUKOTRIENE RECEPTOR ANTAGONISTS	\$124,478	1.8%	1,337	1.0%	\$93
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	\$121,032	1.7%	3,973	3.1%	\$30
ANALGESICS, NARCOTICS	\$118,126	1.7%	5,216	4.1%	\$23
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	\$115,800	1.6%	37	0.0%	\$3,130
ANTIMIGRAINE PREPARATIONS	\$112,793	1.6%	607	0.5%	\$186
ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	\$107,497	1.5%	518	0.4%	\$208
ANTIHYPERLIP.HMG COA REDUCT INHIB&CHOLEST.AB.INHIB	\$102,127	1.5%	1,167	0.9%	\$88
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	\$101,750	1.4%	1,054	0.8%	\$97
PLATELET AGGREGATION INHIBITORS	\$98,226	1.4%	717	0.6%	\$137
BONE RESORPTION INHIBITORS	\$97,052	1.4%	1,501	1.2%	\$65
OTHER	\$3,074,432	43.7%	81,567	64.0%	\$38
TOTAL	\$7,027,720	100.0%	127,403	100.0%	\$55

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 25 SPECIFIC DRUG THERAPEUTIC CLASSES RANKED BY NUMBER OF PRESCRIPTIONS
Based on Processed Dates
01/2007 – 12/2007**

THERAPEUTIC CLASS	NUMBER OF SCRIPTS	% OF TOTAL SCRIPTS	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	AVERAGE PAYMENT PER SCRIPT
LIPOTROPICS	6,586	5.4%	\$478,829	7.1%	\$73
CONTRACEPTIVES, ORAL	6,227	5.1%	\$154,068	2.3%	\$25
ANALGESICS, NARCOTICS	4,979	4.1%	\$196,427	2.9%	\$39
ANTIHYPERTENSIVES, ACE INHIBITORS	4,371	3.6%	\$59,994	0.9%	\$14
GASTRIC ACID SECRETION REDUCERS	4,330	3.6%	\$487,820	7.2%	\$113
THYROID HORMONES	4,171	3.4%	\$7,169	0.1%	\$2
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)	3,876	3.2%	\$128,935	1.9%	\$33
BETA-ADRENERGIC BLOCKING AGENTS	3,601	3.0%	\$54,295	0.8%	\$15
NSAIDS, CYCLOOXYGENASE INHIBITOR – TYPE	3,295	2.7%	\$69,289	1.0%	\$21
PENICILLINS	3,205	2.7%	\$45,120	0.7%	\$14
MACROLIDES	2,776	2.3%	\$46,817	0.7%	\$17
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	2,696	2.2%	\$148,914	2.2%	\$55
ANTIHYPERGLYCEMIC, BIGUANIDE TYPE (NON-SULFONYLUREA)	2,412	2.0%	\$45,586	0.7%	\$19
ANTICONVULSANTS	2,249	1.9%	\$298,077	4.4%	\$133
CALCIUM CHANNEL BLOCKING AGENTS	2,182	1.8%	\$79,930	1.2%	\$37
GLUCOCORTICOIDS	2,043	1.7%	\$52,156	0.8%	\$26
ANTI-ANXIETY DRUGS	1,932	1.6%	\$12,189	0.2%	\$6
QUINOLONES	1,917	1.6%	\$69,505	1.0%	\$36
NASAL ANTI-INFLAMMATORY STEROIDS	1,782	1.5%	\$83,819	1.2%	\$47
SEDATIVE-HYPNOTICS, NON-BARBITURATE	1,571	1.3%	\$101,349	1.5%	\$65
ANTIHISTAMINES – 2ND GENERATION	1,532	1.3%	\$63,043	0.9%	\$41
BETA-ADRENERGIC AGENTS	1,530	1.3%	\$38,404	0.6%	\$25
ANTIHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS	1,436	1.2%	\$71,279	1.1%	\$50
THIAZIDE AND RELATED DIURETICS	1,434	1.2%	\$1,097	0.0%	\$1
LEUKOTRIENE RECEPTOR ANTAGONISTS	1,377	1.1%	\$131,212	1.9%	\$95
OTHER	47,412	39.2%	\$3,808,344	56.6%	\$80
TOTAL	120,922	100.0%	\$6,733,668	100.0%	\$56

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 25 SPECIFIC DRUG THERAPEUTIC CLASSES RANKED BY NUMBER OF PRESCRIPTIONS
Based on Processed Dates
01/2008 – 12/2008**

THERAPEUTIC CLASS	NUMBER OF SCRIPTS	% OF TOTAL SCRIPTS	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	AVERAGE PAYMENT PER SCRIPT
CONTRACEPTIVES, ORAL	6,227	4.9%	\$158,103	2.2%	\$25
ANTIHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS	5,932	4.7%	\$263,993	3.8%	\$45
ANALGESICS, NARCOTICS	5,216	4.1%	\$118,126	1.7%	\$23
THYROID HORMONES	4,390	3.4%	\$7,785	0.1%	\$2
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	3,973	3.1%	\$121,032	1.7%	\$30
ANTIHYPERTENSIVES, ACE INHIBITORS	3,962	3.1%	\$44,774	0.6%	\$11
BETA–ADRENERGIC BLOCKING AGENTS	3,955	3.1%	\$46,790	0.7%	\$12
NSAIDS, CYCLOOXYGENASE INHIBITOR – TYPE	3,478	2.7%	\$74,531	1.1%	\$21
PENICILLINS	3,043	2.4%	\$35,845	0.5%	\$12
MACROLIDES	2,966	2.3%	\$36,565	0.5%	\$12
ANTICONVULSANTS	2,808	2.2%	\$361,730	5.1%	\$129
ANTIHYPERGLYCEMIC, BIGUANIDE TYPE (NON–SULFONYLUREA)	2,606	2.0%	\$39,359	0.6%	\$15
PROTON–PUMP INHIBITORS	2,516	2.0%	\$298,373	4.2%	\$119
CALCIUM CHANNEL BLOCKING AGENTS	2,474	1.9%	\$63,691	0.9%	\$26
GLUCOCORTICOIDS	2,185	1.7%	\$74,768	1.1%	\$34
LIPOTROPICS	2,109	1.7%	\$172,597	2.5%	\$82
ANTI–ANXIETY DRUGS	2,088	1.6%	\$10,727	0.2%	\$5
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	1,894	1.5%	\$125,134	1.8%	\$66
NASAL ANTI–INFLAMMATORY STEROIDS	1,857	1.5%	\$57,058	0.8%	\$31
GASTRIC ACID SECRETION REDUCERS	1,835	1.4%	\$193,362	2.8%	\$105
QUINOLONES	1,730	1.4%	\$64,639	0.9%	\$37
SEDATIVE–HYPNOTICS, NON–BARBITURATE	1,683	1.3%	\$75,410	1.1%	\$45
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	1,624	1.3%	\$85,572	1.2%	\$53
ACE INHIBITOR/THIAZIDE & THIAZIDE–LIKE DIURETIC	1,621	1.3%	\$15,375	0.2%	\$9
BONE RESORPTION INHIBITORS	1,501	1.2%	\$97,052	1.4%	\$65
OTHER	53,794	42.2%	\$4,385,332	62.4%	\$82
TOTAL	127,467	100.0%	\$7,027,720	100.0%	\$55

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY PAYMENTS
Based on Processed Dates**

01/2007 – 12/2007				
DESCRIPTION	PRESCRIPTION TYPE*	PHARMACY PAYMENTS	NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION
GASTRIC ACID SECRETION REDUCERS		\$487,820	4,330	\$113
PREVACID	preferred brand	\$171,511	1,117	\$154
NEXIUM	non-preferred brand	\$113,854	801	\$142
PROTONIX	preferred brand	\$110,765	924	\$120
OMEPRAZOLE	generic	\$40,201	701	\$57
ACIPHEX	non-preferred brand	\$36,701	230	\$160
PRILOSEC	non-preferred brand	\$5,758	22	\$262
RANITIDINE HCL	generic	\$3,297	314	\$10
ZEGERID	non-preferred brand	\$2,453	24	\$102
FAMOTIDINE	generic	\$2,257	156	\$14
ZANTAC	preferred brand	\$563	12	\$47
OTHER		\$460	29	\$16
LIPOTROPICS		\$478,829	6,586	\$73
VYTORIN	preferred brand	\$98,330	1,077	\$91
TRICOR	preferred brand	\$77,536	746	\$104
LIPITOR	non-preferred brand	\$67,185	782	\$86
SIMVASTATIN	generic	\$62,599	1,513	\$41
ZETIA	preferred brand	\$60,926	670	\$91
NIASPAN	preferred brand	\$34,180	299	\$114
CRESTOR	non-preferred brand	\$25,386	327	\$78
LOVASTATIN	generic	\$13,678	462	\$30
ADVICOR	non-preferred brand	\$7,240	76	\$95
PRAVASTATIN SODIUM	generic	\$6,736	125	\$54
OTHER		\$25,034	509	\$49
ANTICONVULSANTS		\$298,077	2,249	\$133
LAMICTAL	preferred brand	\$70,634	271	\$261
TOPAMAX	preferred brand	\$66,939	308	\$217
LYRICA	preferred brand	\$33,789	271	\$125
TRILEPTAL	preferred brand	\$32,050	148	\$217
KEPPRA	preferred brand	\$24,059	92	\$262
DEPAKOTE	preferred brand	\$18,421	95	\$194
GABAPENTIN	generic	\$15,049	235	\$64
DEPAKOTE ER	preferred brand	\$10,195	69	\$148
GABITRIL	preferred brand	\$5,000	19	\$263
DEPAKOTE SPRINKLE	preferred brand	\$3,672	15	\$245

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY PAYMENTS
Based on Processed Dates**

01/2007 – 12/2007				
DESCRIPTION	PRESCRIPTION TYPE*	PHARMACY PAYMENTS	NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION
OTHER		\$18,269	726	\$25
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)		\$221,936	1,226	\$181
ACTOS	preferred brand	\$126,753	674	\$188
AVANDIA	preferred brand	\$66,025	393	\$168
ACTOPLUS MET	preferred brand	\$29,158	159	\$183
ANALGESICS, NARCOTICS		\$196,427	4,979	\$39
FENTANYL CITRATE	generic	\$108,781	76	\$1,431
OXYCONTIN	preferred brand	\$24,757	33	\$750
OXYCODONE HCL	generic	\$13,493	220	\$61
FENTANYL	generic	\$13,265	60	\$221
OXYCODONE HCL-ACETAMINOPHEN	generic	\$5,667	109	\$52
KADIAN	preferred brand	\$4,800	24	\$200
TRAMADOL HCL-ACETAMINOPHEN	generic	\$4,491	112	\$40
DURAGESIC	preferred brand	\$4,466	13	\$344
HYDROCODONE-ACETAMINOPHEN	generic	\$3,669	2,169	\$2
SUBOXONE	non-preferred brand	\$2,299	10	\$230
OTHER		\$10,739	2,153	\$5
OVERALL TOTAL		\$1,683,089	19,370	\$87

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY PAYMENTS
Based on Processed Dates**

01/2008 – 12/2008				
DESCRIPTION	PRESCRIPTION TYPE*	PHARMACY PAYMENTS	NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION
ANTICONVULSANTS		\$361,730	2,808	\$129
TOPAMAX	preferred brand	\$86,576	393	\$220
LAMICTAL	preferred brand	\$67,952	264	\$257
LYRICA	preferred brand	\$54,181	397	\$136
KEPPRA	preferred brand	\$29,051	113	\$257
LAMOTRIGINE	generic	\$27,228	88	\$309
DEPAKOTE ER	preferred brand	\$25,878	148	\$175
OXCARBAZEPINE	generic	\$19,308	109	\$177
DEPAKOTE	preferred brand	\$14,754	71	\$208
GABAPENTIN	generic	\$10,662	292	\$37
TRILEPTAL	preferred brand	\$6,565	66	\$99
OTHER		\$19,575	867	\$23
PROTON-PUMP INHIBITORS		\$298,373	2,516	\$119
PREVACID	preferred brand	\$114,878	696	\$165
PANTOPRAZOLE SODIUM	generic	\$90,262	704	\$128
OMEPRAZOLE	generic	\$41,772	740	\$56
NEXIUM	non-preferred brand	\$37,024	274	\$135
ACIPHEX	non-preferred brand	\$6,282	51	\$123
PROTONIX	preferred brand	\$5,969	37	\$161
ZEGERID	non-preferred brand	\$2,059	13	\$158
PRILOSEC	non-preferred brand	\$128	1	\$128
ANTHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS		\$263,993	5,932	\$45
SIMVASTATIN	generic	\$105,999	3,317	\$32
LIPITOR	preferred brand	\$81,719	956	\$85
CRESTOR	non-preferred brand	\$43,165	567	\$76
LOVASTATIN	generic	\$12,391	715	\$17
PRAVASTATIN SODIUM	generic	\$8,445	248	\$34
LESCOL XL	preferred brand	\$6,732	71	\$95
ZOCOR	preferred brand	\$3,658	36	\$102
ALTOPREV	non-preferred brand	\$1,178	8	\$147
LESCOL	preferred brand	\$705	14	\$50
ANTHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)		\$211,849	1,132	\$187
ACTOS	preferred brand	\$134,436	736	\$183
ACTOPLUS MET	preferred brand	\$52,340	227	\$231
AVANDIA	preferred brand	\$25,074	169	\$148

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

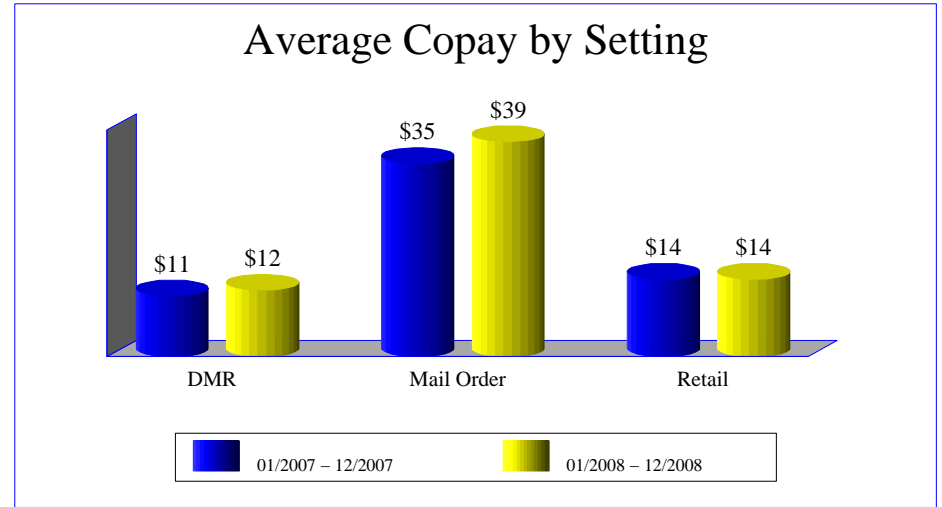
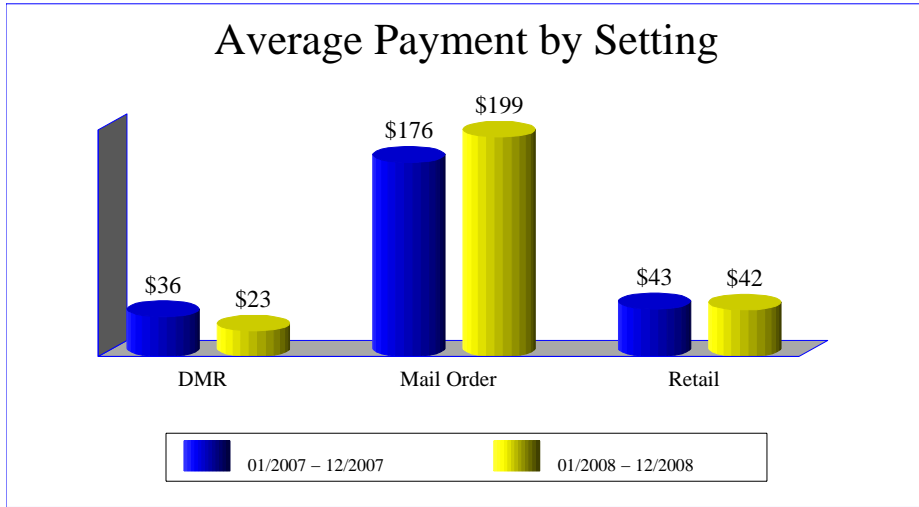
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY PAYMENTS
Based on Processed Dates**

01/2008 – 12/2008				
DESCRIPTION	PRESCRIPTION TYPE*	PHARMACY PAYMENTS	NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION
GASTRIC ACID SECRETION REDUCERS		\$193,362	1,835	\$105
PREVACID	preferred brand	\$82,045	504	\$163
PANTOPRAZOLE SODIUM	generic	\$45,687	377	\$121
OMEPRAZOLE	generic	\$24,525	449	\$55
NEXIUM	non–preferred brand	\$21,854	181	\$121
PROTONIX	preferred brand	\$8,674	55	\$158
ACIPHEX	non–preferred brand	\$7,313	48	\$152
ZEGERID	non–preferred brand	\$1,399	13	\$108
RANITIDINE HCL	generic	\$1,131	141	\$8
PRILOSEC	non–preferred brand	\$376	2	\$188
FAMOTIDINE	generic	\$309	53	\$6
OTHER		\$50	12	\$4
OVERALL TOTAL		\$1,329,307	14,223	\$93

*If account only has a two–tier plan then non–preferred drugs = non–formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
MAIL ORDER AND RETAIL PAYMENTS**

Based on Processed Dates



01/2007 – 12/2007						01/2008 – 12/2008					
PRESCRIPTION TYPE*	TOTAL NUMBER OF SCRIPTS	TOTAL COPAY	AVERAGE COPAY PER SCRIPT	TOTAL PAYMENTS	AVERAGE PAYMENT PER SCRIPT	PRESCRIPTION TYPE*	TOTAL NUMBER OF SCRIPTS	TOTAL COPAY	AVERAGE COPAY PER SCRIPT	TOTAL PAYMENTS	AVERAGE PAYMENT PER SCRIPT
RETAIL						RETAIL					
Generic	64,763	\$452,902	\$7	\$974,295	\$15	Generic	76,823	\$536,173	\$7	\$1,083,280	\$14
Preferred	34,189	\$707,152	\$21	\$2,918,953	\$85	Preferred	31,804	\$777,441	\$24	\$3,125,147	\$98
Non-Preferred	10,415	\$405,490	\$39	\$821,362	\$79	Non-Preferred	8,213	\$307,709	\$37	\$725,091	\$88
Total Retail	109,367	\$1,565,545	\$14	\$4,714,610	\$43	Total Retail	116,840	\$1,621,324	\$14	\$4,933,519	\$42
MAIL ORDER						MAIL ORDER					
Generic	5,737	\$82,428	\$14	\$414,385	\$72	Generic	6,376	\$101,127	\$16	\$510,858	\$80
Preferred	4,177	\$193,861	\$46	\$1,226,355	\$294	Preferred	3,299	\$229,793	\$70	\$1,275,985	\$387
Non-Preferred	1,560	\$129,468	\$83	\$375,431	\$241	Non-Preferred	864	\$85,211	\$99	\$305,350	\$353
Total Mail Order	11,474	\$405,757	\$35	\$2,016,170	\$176	Total Mail Order	10,539	\$416,132	\$39	\$2,092,193	\$199
DMR***						DMR***					
Generic	18	\$70	\$4	\$629	\$35	Generic	15	\$70	\$5	\$505	\$34
Preferred	61	\$810	\$13	\$2,150	\$35	Preferred	60	\$923	\$15	\$1,237	\$21
Non-Preferred	2	\$40	\$20	\$109	\$55	Non-Preferred	13	\$53	\$4	\$266	\$20
Total DMR	81	\$920	\$11	\$2,888	\$36	Total DMR	88	\$1,046	\$12	\$2,008	\$23

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.
 **Direct Member Reimbursements – Out-of-Network pharmacy payments are processed
 ***through the medical claim system and will not be reflected in these numbers.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
MAIL ORDER AND RETAIL UTILIZATION
Based on Processed Dates**

PRESCRIPTION TYPE	01/2007 – 12/2007			01/2008 – 12/2008		
	IN-NETWORK RETAIL SCRIPTS	DMR*** SCRIPTS	MAIL ORDER SCRIPTS	IN-NETWORK RETAIL SCRIPTS	DMR*** SCRIPTS	MAIL ORDER SCRIPTS
Prescription Utilization						
Total Prescriptions	109,367	81	11,474	116,840	88	10,539
Prescriptions Per Member Month	9,113.9	6.8	956.2	9,736.7	7.3	878.3
Average Days Supplied	24.2	27.2	88.2	24.6	27.7	88.2
Dispensed as Written by Physician	4.6%	2.5%	5.9%	3.5%	0.0%	5.3%
Percent of Preferred Brand Drugs	31.3%	75.3%	36.4%	27.2%	68.2%	31.3%
Percent of Non-Preferred Brand Drugs	9.5%	2.5%	13.6%	7.0%	14.8%	8.2%
Percent of Generic Brand Drugs	59.2%	22.2%	50.0%	65.8%	17.0%	60.5%
Financials						
Ingredient Cost	\$5,985,244	\$3,773	\$2,417,991	\$6,252,115	\$2,742	\$2,502,408
Ingredient Cost per Prescription	\$55	\$47	\$211	\$54	\$31	\$237
Dispensing Fee	\$215,338.00	\$0.00	\$0.00	\$223,658.00	\$3.00	\$0.00
Dispensing Fee per Prescription	\$1.97	\$0.00	\$0.00	\$1.91	\$0.03	\$0.00
Sales Tax	\$45	\$0	\$0	\$18	\$0	\$0
Total Payments	\$4,714,610	\$2,888	\$2,016,170	\$4,933,519	\$2,008	\$2,092,193
Average Payment per Prescription	\$43	\$36	\$176	\$42	\$23	\$199
Average Payment per Preferred Brand Prescription	\$85	\$35	\$294	\$98	\$21	\$387
Average Payment per Non-Preferred Brand Prescription	\$79	\$55	\$241	\$88	\$20	\$353
Average Payment per Generic Brand Prescription	\$15	\$35	\$72	\$14	\$34	\$80

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.
 **Direct Member Reimbursements – Out-of-Network pharmacy payments are processed
 ***through the medical claim system and will not be reflected in these numbers.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 50 PRESCRIBED DRUGS BY INGREDIENT COST
Based on Processed Dates**

01/2007 – 12/2007					
PRESCRIPTION	SCRIPT TYPE*	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST	TOTAL SCRIPTS	AVERAGE INGREDIENT COST PER SCRIPT
PREVACID	Preferred	\$196,212	2.3%	1,117	\$175.66
ENBREL	Preferred	\$191,855	2.3%	98	\$1,957.71
VYTORIN	Preferred	\$179,412	2.1%	1,578	\$113.70
SINGULAIR	Preferred	\$161,772	1.9%	1,369	\$118.17
NEXIUM	Non-Preferred	\$154,029	1.8%	801	\$192.30
LIPITOR	Non-Preferred	\$143,126	1.7%	1,085	\$131.91
ACTOS	Preferred	\$143,061	1.7%	674	\$212.26
ADVAIR DISKUS	Preferred	\$140,278	1.7%	693	\$202.42
PROTONIX	Preferred	\$131,758	1.6%	924	\$142.59
EFFEXOR XR	Preferred	\$128,412	1.5%	830	\$154.71
VALTREX	Preferred	\$111,376	1.3%	487	\$228.70
FENTANYL CITRATE	Generic	\$109,199	1.3%	76	\$1,436.83
SIMVASTATIN	Generic	\$103,237	1.2%	2,211	\$46.69
IMITREX	Preferred	\$98,208	1.2%	325	\$302.18
DIOVAN HCT	Preferred	\$97,070	1.2%	1,068	\$90.89
TRICOR	Preferred	\$96,032	1.1%	746	\$128.73
PLAVIX	Preferred	\$94,545	1.1%	590	\$160.25
XOLAIR	Preferred	\$84,263	1.0%	18	\$4,681.27
ZETIA	Preferred	\$77,622	0.9%	670	\$115.85
LAMICTAL	Preferred	\$76,458	0.9%	271	\$282.13
AVANDIA	Preferred	\$75,802	0.9%	393	\$192.88
TOPAMAX	Preferred	\$73,264	0.9%	308	\$237.87
EXJADE	Preferred	\$68,391	0.8%	11	\$6,217.33
LEVAQUIN	Preferred	\$68,012	0.8%	638	\$106.60
ATRIPLA	Non-Preferred	\$67,537	0.8%	42	\$1,608.02
LEXAPRO	Non-Preferred	\$67,143	0.8%	748	\$89.76
DIOVAN	Preferred	\$66,658	0.8%	855	\$77.96
CRESTOR	Non-Preferred	\$60,171	0.7%	479	\$125.62
FOSAMAX	Preferred	\$58,290	0.7%	552	\$105.60
CYMBALTA	Preferred	\$57,955	0.7%	387	\$149.75
AMBIEN CR	Preferred	\$55,428	0.7%	506	\$109.54
BETASERON	Preferred	\$54,004	0.6%	11	\$4,909.49
AZITHROMYCIN	Generic	\$53,889	0.6%	2,500	\$21.56
ADDERALL XR	Preferred	\$52,466	0.6%	323	\$162.43

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 50 PRESCRIBED DRUGS BY INGREDIENT COST
Based on Processed Dates**

01/2007 – 12/2007					
PRESCRIPTION	SCRIPT TYPE*	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST	TOTAL SCRIPTS	AVERAGE INGREDIENT COST PER SCRIPT
FLUTICASONE PROPIONATE	Generic	\$51,392	0.6%	1,050	\$48.94
LOTREL	Preferred	\$50,826	0.6%	464	\$109.54
ACIPHEX	Non-Preferred	\$49,040	0.6%	230	\$213.22
LANTUS	Preferred	\$46,583	0.6%	374	\$124.55
CELEBREX	Preferred	\$46,084	0.5%	246	\$187.33
AMOX TR–POTASSIUM CLAVULANATE	Generic	\$45,822	0.5%	1,129	\$40.59
ZYRTEC	Non-Preferred	\$45,787	0.5%	603	\$75.93
WELLBUTRIN XL	Preferred	\$45,606	0.5%	304	\$150.02
YASMIN 28	Preferred	\$45,594	0.5%	895	\$50.94
OMEPRAZOLE	Generic	\$45,112	0.5%	701	\$64.35
LYRICA	Preferred	\$43,463	0.5%	271	\$160.38
ONE TOUCH ULTRA TEST STRIPS	Generic	\$42,972	0.5%	349	\$123.13
METFORMIN HCL	Generic	\$42,389	0.5%	2,013	\$21.06
AVANDAMET	Preferred	\$42,198	0.5%	235	\$179.57
NIASPAN	Preferred	\$41,926	0.5%	299	\$140.22
AMLODIPINE BESYLATE–BENZAEPRI	Generic	\$40,989	0.5%	400	\$102.47

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 50 PRESCRIBED DRUGS BY INGREDIENT COST
Based on Processed Dates**

01/2008 – 12/2008					
PRESCRIPTION	SCRIPT TYPE*	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST	TOTAL SCRIPTS	AVERAGE INGREDIENT COST PER SCRIPT
PREVACID	Preferred	\$229,896	2.6%	1,200	\$191.58
ENBREL	Preferred	\$199,604	2.3%	66	\$3,024.31
SINGULAIR	Preferred	\$162,239	1.9%	1,336	\$121.44
ACTOS	Preferred	\$156,366	1.8%	736	\$212.45
PANTOPRAZOLE SODIUM	Generic	\$142,703	1.6%	1,081	\$132.01
ADVAIR DISKUS	Preferred	\$140,126	1.6%	653	\$214.59
VYTORIN	Preferred	\$138,431	1.6%	1,167	\$118.62
EFFEXOR XR	Preferred	\$136,381	1.6%	839	\$162.55
SIMVASTATIN	Generic	\$129,589	1.5%	3,317	\$39.07
LIPITOR	Preferred	\$125,624	1.4%	956	\$131.41
VALTREX	Preferred	\$124,379	1.4%	485	\$256.45
XOLAIR	Preferred	\$120,154	1.4%	37	\$3,247.41
PLAVIX	Preferred	\$116,302	1.3%	695	\$167.34
DIOVAN HCT	Preferred	\$112,475	1.3%	1,134	\$99.18
TRICOR	Preferred	\$101,683	1.2%	794	\$128.06
TOPAMAX	Preferred	\$95,952	1.1%	393	\$244.15
NEXIUM	Non-Preferred	\$88,857	1.0%	455	\$195.29
LEXAPRO	Preferred	\$82,962	0.9%	899	\$92.28
IMITREX	Preferred	\$81,931	0.9%	341	\$240.27
SAIZEN	Preferred	\$80,134	0.9%	6	\$13,355.64
ATRIPLA	Non-Preferred	\$77,465	0.9%	43	\$1,801.52
CYMBALTA	Preferred	\$75,948	0.9%	472	\$160.91
LAMICTAL	Preferred	\$74,908	0.9%	264	\$283.74
OMEPRAZOLE	Generic	\$74,798	0.9%	1,189	\$62.91
DIOVAN	Preferred	\$70,792	0.8%	862	\$82.13
AMLODIPINE BESYLATE-BENAZEPRIL	Generic	\$70,251	0.8%	744	\$94.42
CRESTOR	Non-Preferred	\$68,312	0.8%	567	\$120.48
LEVAQUIN	Preferred	\$65,514	0.7%	581	\$112.76
LYRICA	Preferred	\$65,430	0.7%	397	\$164.81
BETASERON	Preferred	\$64,998	0.7%	16	\$4,062.36
ONE TOUCH ULTRA TEST STRIPS	Generic	\$64,104	0.7%	458	\$139.97
PROVIGIL	Non-Preferred	\$61,320	0.7%	129	\$475.35
ACTOPLUS MET	Preferred	\$59,286	0.7%	227	\$261.17

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 50 PRESCRIBED DRUGS BY INGREDIENT COST
Based on Processed Dates**

01/2008 – 12/2008					
PRESCRIPTION	SCRIPT TYPE*	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST	TOTAL SCRIPTS	AVERAGE INGREDIENT COST PER SCRIPT
SEROQUEL	Preferred	\$58,843	0.7%	283	\$207.92
LANTUS	Preferred	\$56,666	0.6%	337	\$168.15
COPAXONE	Preferred	\$56,190	0.6%	17	\$3,305.30
JANUVIA	Preferred	\$52,426	0.6%	224	\$234.05
ZETIA	Preferred	\$52,125	0.6%	437	\$119.28
CELEBREX	Preferred	\$51,688	0.6%	241	\$214.47
ABILIFY	Non-Preferred	\$48,712	0.6%	130	\$374.70
AMBIEN CR	Preferred	\$48,708	0.6%	379	\$128.52
AZITHROMYCIN	Generic	\$46,426	0.5%	2,726	\$17.03
ADDERALL XR	Preferred	\$44,999	0.5%	253	\$177.86
NIASPAN	Preferred	\$42,861	0.5%	309	\$138.71
KUVAN	Non-Preferred	\$42,413	0.5%	3	\$14,137.50
NEUPOGEN	Preferred	\$41,847	0.5%	16	\$2,615.46
ACTONEL	Non-Preferred	\$41,384	0.5%	354	\$116.90
METOPROLOL SUCCINATE	Generic	\$39,837	0.5%	1,547	\$25.75
AMOX TR-POTASSIUM CLAVULANATE	Generic	\$39,391	0.4%	1,272	\$30.97
METFORMIN HCL	Generic	\$38,782	0.4%	2,184	\$17.76

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 50 PRESCRIBED DRUGS BY TOTAL NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

01/2007 – 12/2007					
PRESCRIPTION	SCRIPT TYPE*	TOTAL SCRIPTS	PERCENT OF TOTAL SCRIPTS	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST
AZITHROMYCIN	Generic	2,500	2.1%	\$53,889	0.6%
SYNTHROID	Preferred	2,346	1.9%	\$38,831	0.5%
SIMVASTATIN	Generic	2,211	1.8%	\$103,237	1.2%
HYDROCODONE-ACETAMINOPHEN	Generic	2,169	1.8%	\$8,884	0.1%
METFORMIN HCL	Generic	2,013	1.7%	\$42,389	0.5%
LISINOPRIL	Generic	1,924	1.6%	\$16,054	0.2%
VYTORIN	Preferred	1,578	1.3%	\$179,412	2.1%
AMOXICILLIN	Generic	1,540	1.3%	\$6,089	0.1%
SINGULAIR	Preferred	1,369	1.1%	\$161,772	1.9%
HYDROCHLOROTHIAZIDE	Generic	1,359	1.1%	\$3,296	0.0%
ALPRAZOLAM	Generic	1,170	1.0%	\$5,815	0.1%
AMOX TR-POTASSIUM CLAVULANATE	Generic	1,129	0.9%	\$45,822	0.5%
LEVOTHYROXINE SODIUM	Generic	1,119	0.9%	\$11,084	0.1%
PREVACID	Preferred	1,117	0.9%	\$196,212	2.3%
SERTRALINE HCL	Generic	1,113	0.9%	\$29,492	0.4%
LIPITOR	Non-Preferred	1,085	0.9%	\$143,126	1.7%
ATENOLOL	Generic	1,073	0.9%	\$7,806	0.1%
CIPROFLOXACIN HCL	Generic	1,073	0.9%	\$3,595	0.0%
DIOVAN HCT	Preferred	1,068	0.9%	\$97,070	1.2%
FLUTICASONE PROPIONATE	Generic	1,050	0.9%	\$51,392	0.6%
LISINOPRIL-HCTZ	Generic	1,045	0.9%	\$13,923	0.2%
PROTONIX	Preferred	924	0.8%	\$131,758	1.6%
YASMIN 28	Preferred	895	0.7%	\$45,594	0.5%
DIOVAN	Preferred	855	0.7%	\$66,658	0.8%
EFFEXOR XR	Preferred	830	0.7%	\$128,412	1.5%
PREDNISONE	Generic	825	0.7%	\$1,140	0.0%
FEXOFENADINE HCL	Generic	822	0.7%	\$39,354	0.5%
AMLODIPINE BESYLATE	Generic	812	0.7%	\$38,047	0.5%
NEXIUM	Non-Preferred	801	0.7%	\$154,029	1.8%
METOPROLOL SUCCINATE	Generic	796	0.7%	\$25,894	0.3%
IBUPROFEN	Generic	760	0.6%	\$2,941	0.0%
TRIAMTERENE-HCTZ	Generic	758	0.6%	\$4,222	0.1%
ORTHO TRI-CYCLEN LO	Preferred	751	0.6%	\$38,506	0.5%
LEXAPRO	Non-Preferred	748	0.6%	\$67,143	0.8%

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 50 PRESCRIBED DRUGS BY TOTAL NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

01/2007 – 12/2007					
PRESCRIPTION	SCRIPT TYPE*	TOTAL SCRIPTS	PERCENT OF TOTAL SCRIPTS	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST
TRICOR	Preferred	746	0.6%	\$96,032	1.1%
FLUOXETINE HCL	Generic	721	0.6%	\$17,666	0.2%
PROPOXYPHENE NAPSYLATE-APAP	Generic	707	0.6%	\$2,513	0.0%
OMEPRAZOLE	Generic	701	0.6%	\$45,112	0.5%
ADVAIR DISKUS	Preferred	693	0.6%	\$140,278	1.7%
TOPROL XL	Preferred	680	0.6%	\$31,150	0.4%
ACTOS	Preferred	674	0.6%	\$143,061	1.7%
FLUCONAZOLE	Generic	673	0.6%	\$1,408	0.0%
LOVASTATIN	Generic	672	0.6%	\$22,040	0.3%
ZETIA	Preferred	670	0.6%	\$77,622	0.9%
LEVAQUIN	Preferred	638	0.5%	\$68,012	0.8%
OXYCODONE-ACETAMINOPHEN	Generic	636	0.5%	\$3,150	0.0%
METHYLPREDNISOLONE	Generic	614	0.5%	\$2,073	0.0%
ZYRTEC	Non-Preferred	603	0.5%	\$45,787	0.5%
NAPROXEN	Generic	592	0.5%	\$5,312	0.1%
PLAVIX	Preferred	590	0.5%	\$94,545	1.1%

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 50 PRESCRIBED DRUGS BY TOTAL NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

01/2008 – 12/2008					
PRESCRIPTION	SCRIPT TYPE*	TOTAL SCRIPTS	PERCENT OF TOTAL SCRIPTS	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST
SIMVASTATIN	Generic	3,317	2.6%	\$129,589	1.5%
AZITHROMYCIN	Generic	2,726	2.1%	\$46,426	0.5%
LISINOPRIL	Generic	2,335	1.8%	\$16,873	0.2%
LEVOTHYROXINE SODIUM	Generic	2,268	1.8%	\$18,197	0.2%
HYDROCODONE-ACETAMINOPHEN	Generic	2,253	1.8%	\$9,643	0.1%
METFORMIN HCL	Generic	2,184	1.7%	\$38,782	0.4%
SYNTHROID	Preferred	1,598	1.3%	\$27,081	0.3%
METOPROLOL SUCCINATE	Generic	1,547	1.2%	\$39,837	0.5%
AMOXICILLIN	Generic	1,359	1.1%	\$5,255	0.1%
ALPRAZOLAM	Generic	1,358	1.1%	\$7,525	0.1%
AMLODIPINE BESYLATE	Generic	1,356	1.1%	\$35,600	0.4%
HYDROCHLOROTHIAZIDE	Generic	1,349	1.1%	\$3,809	0.0%
SINGULAIR	Preferred	1,336	1.0%	\$162,239	1.9%
AMOX TR-POTASSIUM CLAVULANATE	Generic	1,272	1.0%	\$39,391	0.4%
LISINAPRIL-HCTZ	Generic	1,217	1.0%	\$15,125	0.2%
PREVACID	Preferred	1,200	0.9%	\$229,896	2.6%
OMEPRAZOLE	Generic	1,189	0.9%	\$74,798	0.9%
FLUTICASONE PROPIONATE	Generic	1,172	0.9%	\$25,526	0.3%
VYTORIN	Preferred	1,167	0.9%	\$138,431	1.6%
DIOVAN HCT	Preferred	1,134	0.9%	\$112,475	1.3%
SERTRALINE HCL	Generic	1,121	0.9%	\$22,880	0.3%
PANTOPRAZOLE SODIUM	Generic	1,081	0.8%	\$142,703	1.6%
ATENOLOL	Generic	1,073	0.8%	\$7,667	0.1%
CIPROFLOXACIN HCL	Generic	977	0.8%	\$2,898	0.0%
LIPITOR	Preferred	956	0.7%	\$125,624	1.4%
LEXAPRO	Preferred	899	0.7%	\$82,962	0.9%
DIOVAN	Preferred	862	0.7%	\$70,792	0.8%
IBUPROFEN	Generic	860	0.7%	\$3,308	0.0%
EFFEXOR XR	Preferred	839	0.7%	\$136,381	1.6%
FEXOFENADINE HCL	Generic	799	0.6%	\$35,285	0.4%
TRICOR	Preferred	794	0.6%	\$101,683	1.2%
ZOLPIDEM TARTRATE	Generic	793	0.6%	\$16,888	0.2%
PROPOXYPHENE NAPSYLATE-APAP	Generic	792	0.6%	\$2,960	0.0%
PREDNISONE	Generic	763	0.6%	\$1,123	0.0%

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

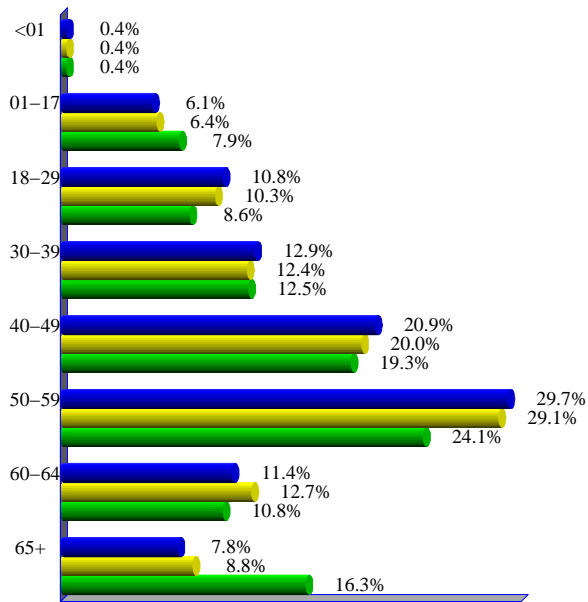
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 50 PRESCRIBED DRUGS BY TOTAL NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

01/2008 – 12/2008					
PRESCRIPTION	SCRIPT TYPE*	TOTAL SCRIPTS	PERCENT OF TOTAL SCRIPTS	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST
FLUCONAZOLE	Generic	746	0.6%	\$2,939	0.0%
METHYLPREDNISOLONE	Generic	746	0.6%	\$2,448	0.0%
AMLODIPINE BESYLATE-BENAZEPRIL	Generic	744	0.6%	\$70,251	0.8%
ACTOS	Preferred	736	0.6%	\$156,366	1.8%
LOVASTATIN	Generic	715	0.6%	\$16,731	0.2%
CYCLOBENZAPRINE HCL	Generic	711	0.6%	\$4,432	0.1%
FLUOXETINE HCL	Generic	706	0.6%	\$16,257	0.2%
TRIAMTERENE-HCTZ	Generic	705	0.6%	\$4,055	0.0%
PLAVIX	Preferred	695	0.5%	\$116,302	1.3%
ORTHO TRI-CYCLEN LO	Preferred	675	0.5%	\$36,179	0.4%
NAPROXEN	Generic	655	0.5%	\$5,809	0.1%
ADVAIR DISKUS	Preferred	653	0.5%	\$140,126	1.6%
METOPROLOL TARTRATE	Generic	642	0.5%	\$3,972	0.0%
YAZ	Preferred	637	0.5%	\$34,354	0.4%
LOESTRIN 24 FE	Preferred	601	0.5%	\$32,818	0.4%
OXYCODONE-ACETAMINOPHEN	Generic	601	0.5%	\$3,673	0.0%

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

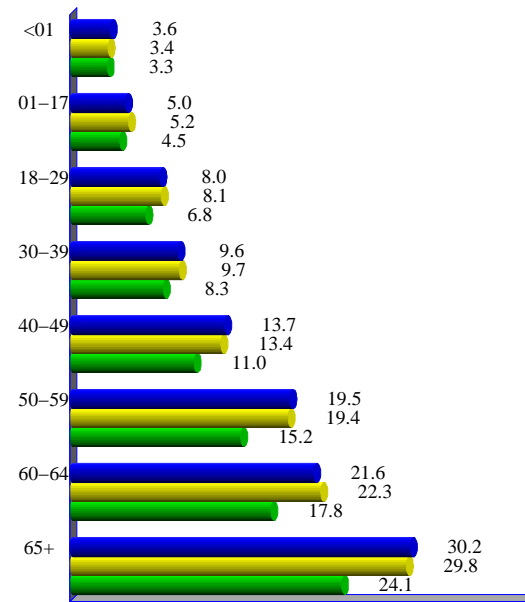
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PHARMACY UTILIZATION BY AGE CATEGORY
Based on Processed Dates**

**Percent of Prescriptions
by Age Category**



01/2007 – 12/2007 01/2008 – 12/2008 NORM*

**Average Number of Prescriptions
by Age Category**

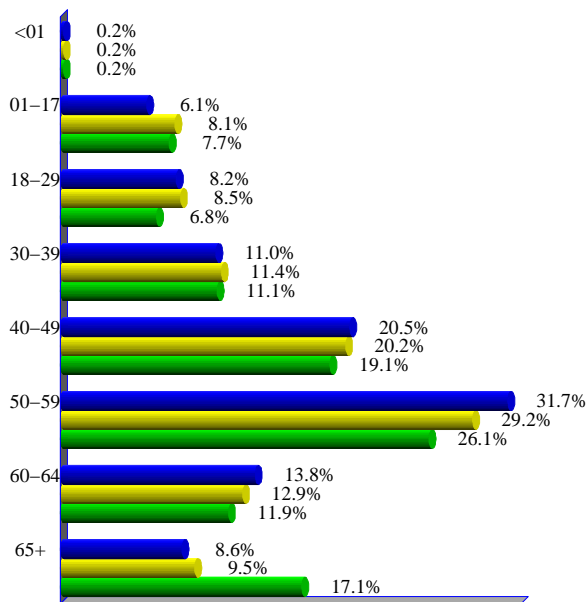


01/2007 – 12/2007 01/2008 – 12/2008 NORM*

*BOOK OF BUSINESS NORMS for claims paid 05/2008 thru 04/2009

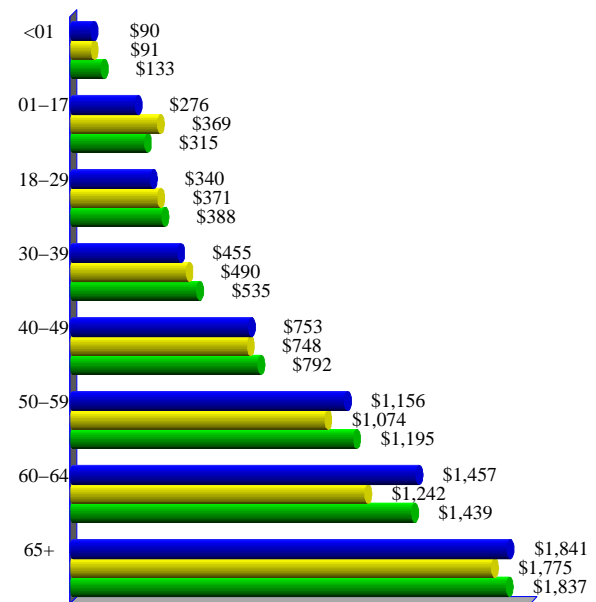
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PHARMACY PAYMENTS BY AGE CATEGORY
Based on Processed Dates**

**Percent of Payments
by Age Category**



■ 01/2007 – 12/2007
 ■ 01/2008 – 12/2008
 ■ NORM*

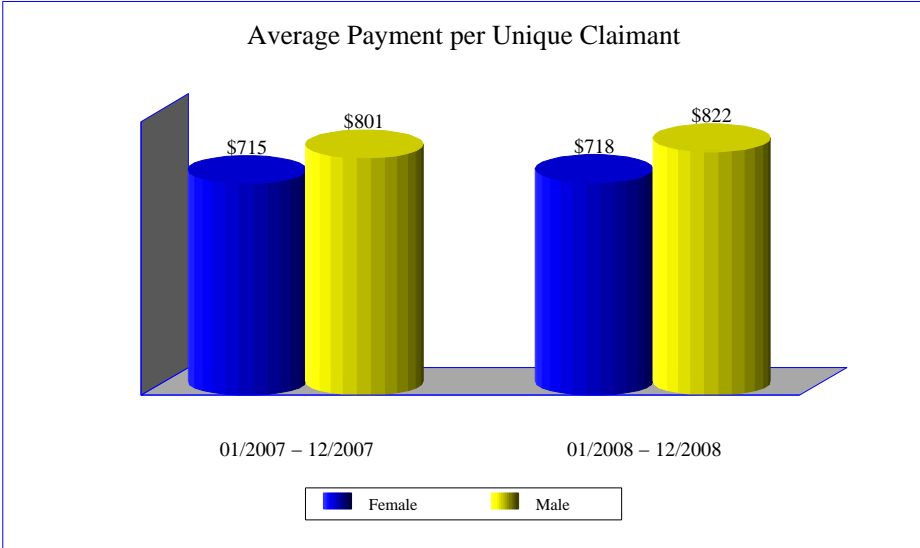
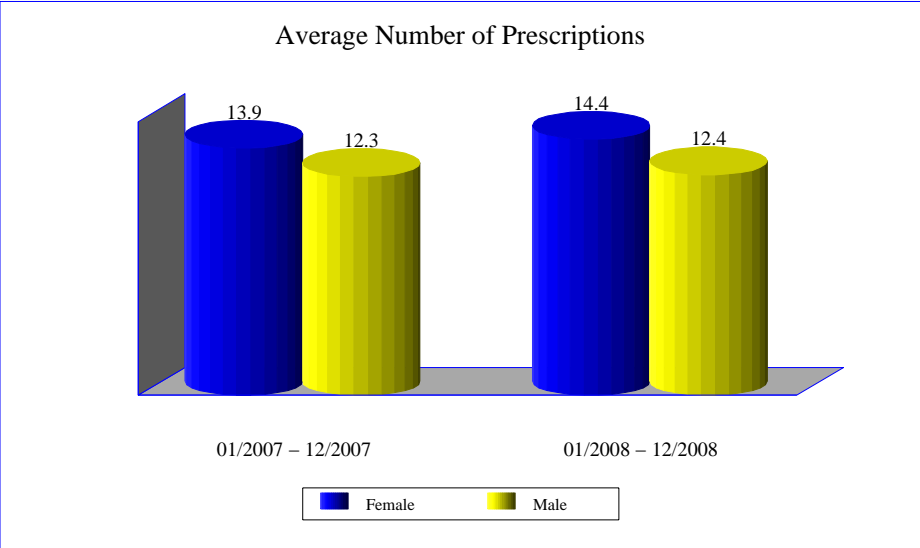
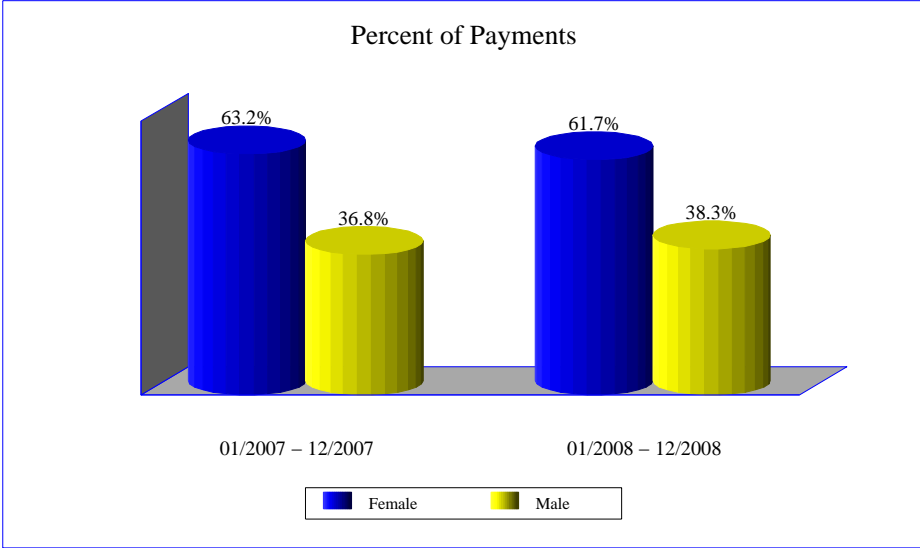
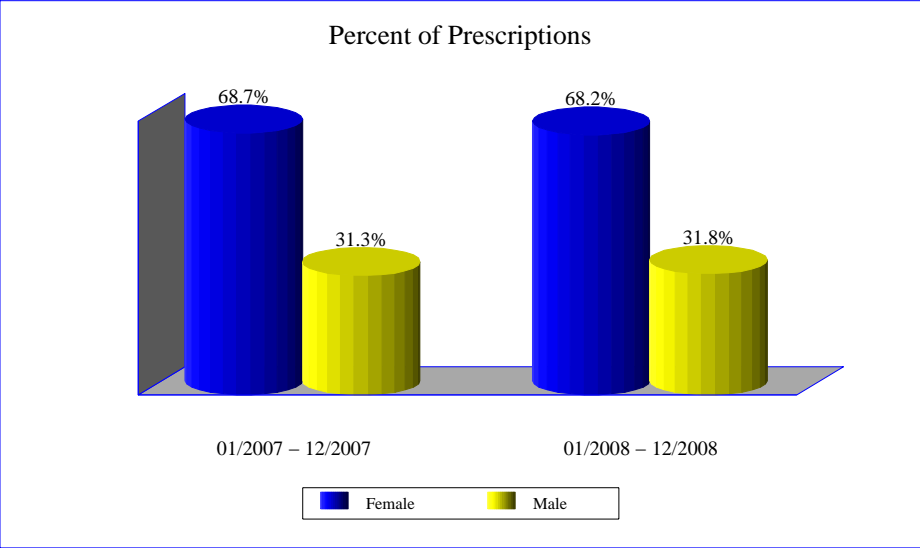
**Average Payment per Unique Claimant
by Age Category**



■ 01/2007 – 12/2007
 ■ 01/2008 – 12/2008
 ■ NORM*

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
PHARMACY UTILIZATION AND PAYMENTS BY GENDER
Based on Processed Dates**



**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

01/2007 – 12/2007				
DESCRIPTION	PRESCRIPTION TYPE*	NUMBER OF PRESCRIPTIONS	PHARMACY PAYMENTS	AVERAGE PAYMENT PER PRESCRIPTION
LIPOTROPICS		6,586	\$478,829	\$73
SIMVASTATIN	generic	1,513	\$62,599	\$41
VYTORIN	preferred brand	1,077	\$98,330	\$91
LIPITOR	non-preferred brand	782	\$67,185	\$86
TRICOR	preferred brand	746	\$77,536	\$104
ZETIA	preferred brand	670	\$60,926	\$91
LOVASTATIN	generic	462	\$13,678	\$30
CRESTOR	non-preferred brand	327	\$25,386	\$78
GEMFIBROZIL	generic	312	\$5,298	\$17
NIASPAN	preferred brand	299	\$34,180	\$114
PRAVASTATIN SODIUM	generic	125	\$6,736	\$54
OTHER		273	\$26,976	\$99
CONTRACEPTIVES,ORAL		6,227	\$154,068	\$25
YASMIN 28	preferred brand	895	\$27,178	\$30
ORTHO TRI-CYCLEN LO	preferred brand	751	\$22,877	\$30
TRINESSA	generic	412	\$7,803	\$19
YAZ	preferred brand	374	\$10,716	\$29
TRI-SPRINTEC	generic	350	\$5,647	\$16
LOESTRIN 24 FE	preferred brand	301	\$9,031	\$30
AVIANE	generic	240	\$4,566	\$19
KARIVA	generic	217	\$7,219	\$33
BALZIVA	generic	217	\$6,254	\$29
LOW-OGESTREL	generic	216	\$3,893	\$18
OTHER		2,254	\$48,885	\$22
ANALGESICS, NARCOTICS		4,979	\$196,427	\$39
HYDROCODONE-ACETAMINOPHEN	generic	2,169	\$3,669	\$2
PROPOXYPHENE NAPSYLATE-APAP	generic	707	\$437	\$1
OXYCODONE-ACETAMINOPHEN	generic	636	\$1,272	\$2
TRAMADOL HCL	generic	472	\$1,502	\$3
OXYCODONE HCL	generic	220	\$13,493	\$61
TRAMADOL HCL-ACETAMINOPHEN	generic	112	\$4,491	\$40
OXYCODONE HCL-ACETAMINOPHEN	generic	109	\$5,667	\$52
FENTANYL CITRATE	generic	76	\$108,781	\$1,431
ACETAMINOPHEN-CODEINE	generic	61	\$33	\$1
FENTANYL	generic	60	\$13,265	\$221

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

01/2007 – 12/2007				
DESCRIPTION	PRESCRIPTION TYPE*	NUMBER OF PRESCRIPTIONS	PHARMACY PAYMENTS	AVERAGE PAYMENT PER PRESCRIPTION
OTHER		357	\$43,817	\$123
ANTIHYPERTENSIVES, ACE INHIBITORS		4,371	\$59,995	\$14
LISINOPRIL	generic	1,924	\$7,624	\$4
LISINOPRIL-HCTZ	generic	623	\$5,108	\$8
ALTACE	preferred brand	453	\$28,622	\$63
ENALAPRIL MALEATE	generic	404	\$3,928	\$10
BENAZEPRIL HCL	generic	235	\$1,009	\$4
QUINAPRIL HCL	generic	198	\$3,664	\$19
BENAZEPRIL HCL-HCTZ	generic	113	\$988	\$9
FOSINOPRIL SODIUM	generic	73	\$747	\$10
TRANDOLAPRIL	generic	60	\$1,969	\$33
CAPTOPRIL	generic	48	\$735	\$15
OTHER		240	\$5,602	\$23
GASTRIC ACID SECRETION REDUCERS		4,330	\$487,820	\$113
PREVACID	preferred brand	1,117	\$171,511	\$154
PROTONIX	preferred brand	924	\$110,765	\$120
NEXIUM	non-preferred brand	801	\$113,854	\$142
OMEPRAZOLE	generic	701	\$40,201	\$57
RANITIDINE HCL	generic	314	\$3,297	\$10
ACIPHEX	non-preferred brand	230	\$36,701	\$160
FAMOTIDINE	generic	156	\$2,257	\$14
ZEGERID	non-preferred brand	24	\$2,453	\$102
CIMETIDINE	generic	24	\$64	\$3
PRILOSEC	non-preferred brand	22	\$5,758	\$262
OTHER		17	\$959	\$56
OVERALL TOTAL		26,493	\$1,377,139	\$52

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

01/2008 – 12/2008				
DESCRIPTION	PRESCRIPTION TYPE*	NUMBER OF PRESCRIPTIONS	PHARMACY PAYMENTS	AVERAGE PAYMENT PER PRESCRIPTION
CONTRACEPTIVES,ORAL		6,227	\$158,103	\$25
ORTHO TRI-CYCLEN LO	preferred brand	675	\$19,026	\$28
YAZ	preferred brand	637	\$18,499	\$29
LOESTRIN 24 FE	preferred brand	601	\$17,604	\$29
YASMIN 28	preferred brand	442	\$14,909	\$34
TRI-SPRINTEC	generic	398	\$5,647	\$14
TRINESSA	generic	392	\$7,239	\$18
LOW-OGESTREL	generic	273	\$4,358	\$16
AVIANE	generic	214	\$3,736	\$17
NECON	generic	210	\$3,889	\$19
OCELLA	generic	183	\$8,045	\$44
OTHER		2,202	\$55,152	\$25
ANTIHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS		5,932	\$263,993	\$45
SIMVASTATIN	generic	3,317	\$105,999	\$32
LIPITOR	preferred brand	956	\$81,719	\$85
LOVASTATIN	generic	715	\$12,391	\$17
CRESTOR	non-preferred brand	567	\$43,165	\$76
PRAVASTATIN SODIUM	generic	248	\$8,445	\$34
LESCOL XL	preferred brand	71	\$6,732	\$95
ZOCOR	preferred brand	36	\$3,658	\$102
LESCOL	preferred brand	14	\$705	\$50
ALTOPREV	non-preferred brand	8	\$1,178	\$147
ANALGESICS, NARCOTICS		5,216	\$118,126	\$23
HYDROCODONE-ACETAMINOPHEN	generic	2,253	\$4,479	\$2
PROPOXYPHENE NAPSYLATE-APAP	generic	792	\$620	\$1
OXYCODONE-ACETAMINOPHEN	generic	601	\$1,946	\$3
TRAMADOL HCL	generic	529	\$1,705	\$3
OXYCODONE HCL	generic	293	\$16,046	\$55
OXYCODONE HCL-ACETAMINOPHEN	generic	131	\$7,690	\$59
TRAMADOL HCL-ACETAMINOPHEN	generic	98	\$3,304	\$34
MORPHINE SULFATE	generic	85	\$2,782	\$33
OXYCONTIN	preferred brand	66	\$36,263	\$549
FENTANYL	generic	62	\$17,980	\$290
OTHER		306	\$25,311	\$83
THYROID HORMONES		4,390	\$7,785	\$2

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR CALENDAR YEARS 2007 AND 2008
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

01/2008 – 12/2008				
DESCRIPTION	PRESCRIPTION TYPE*	NUMBER OF PRESCRIPTIONS	PHARMACY PAYMENTS	AVERAGE PAYMENT PER PRESCRIPTION
LEVOTHYROXINE SODIUM	generic	2,268	\$4,305	\$2
SYNTHROID	preferred brand	1,598	\$300	\$0
LEVOXYL	generic	371	\$2,618	\$7
ARMOUR THYROID	preferred brand	54	\$0	\$0
CYTOMEL	preferred brand	48	\$483	\$10
LEVOTHROID	generic	41	\$57	\$1
UNITHROID	generic	9	\$21	\$2
THYROID	generic	1	\$0	\$0
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)		3,973	\$121,032	\$30
SERTRALINE HCL	generic	1,121	\$16,206	\$14
LEXAPRO	preferred brand	899	\$57,476	\$64
FLUOXETINE HCL	generic	706	\$13,421	\$19
PAROXETINE HCL	generic	549	\$11,886	\$22
CITALOPRAM HBR	generic	480	\$2,861	\$6
PAXIL CR	preferred brand	74	\$6,257	\$85
ZOLOFT	preferred brand	51	\$4,339	\$85
PEXEVA	non-preferred brand	32	\$3,833	\$120
FLUVOXAMINE MALEATE	generic	18	\$264	\$15
SARAFEM	preferred brand	17	\$2,398	\$141
OTHER		26	\$2,090	\$80
OVERALL TOTAL		25,738	\$669,038	\$26

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

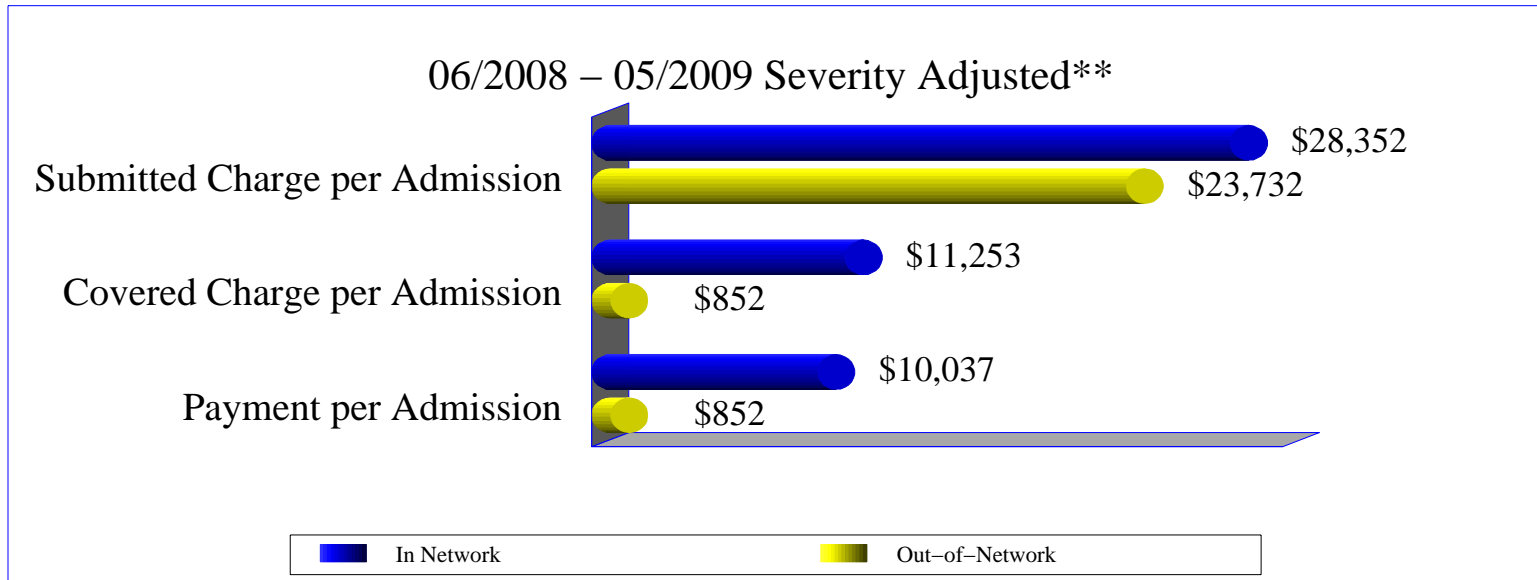
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
INPATIENT FACILITY TOTAL UTILIZATION AND COSTS*
Based on Processed Dates**

DESCRIPTION	06/2008 – 05/2009	NORM**
Average Number of Members	11,286	
Number of Admissions	950	
Number of Days	3,829	
Average Length of Stay	4.0	5.4
Admissions per 1,000 Members	84.2	29.2
Bed Days per 1,000 Members	339.3	158.9
INPATIENT FACILITY SUBMITTED CHARGES	\$29,424,532	
Average Submitted Charge per Admission	\$30,973	\$28,263
Average Submitted Charge per Day	\$7,685	\$5,200
INPATIENT FACILITY COVERED CHARGES	\$11,490,839	
Average Covered Charge per Admission	\$12,096	\$13,558
Average Covered Charge per Day	\$3,001	\$2,494
INPATIENT FACILITY PAYMENTS	\$10,251,272	
Average Payment per Admission	\$10,791	\$11,177
Average Payment per Day	\$2,677	\$2,056

*Includes only those services billed through the facility

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
SEVERITY ADJUSTED AVERAGE COST PER ADMISSION*
Based on Processed Dates**



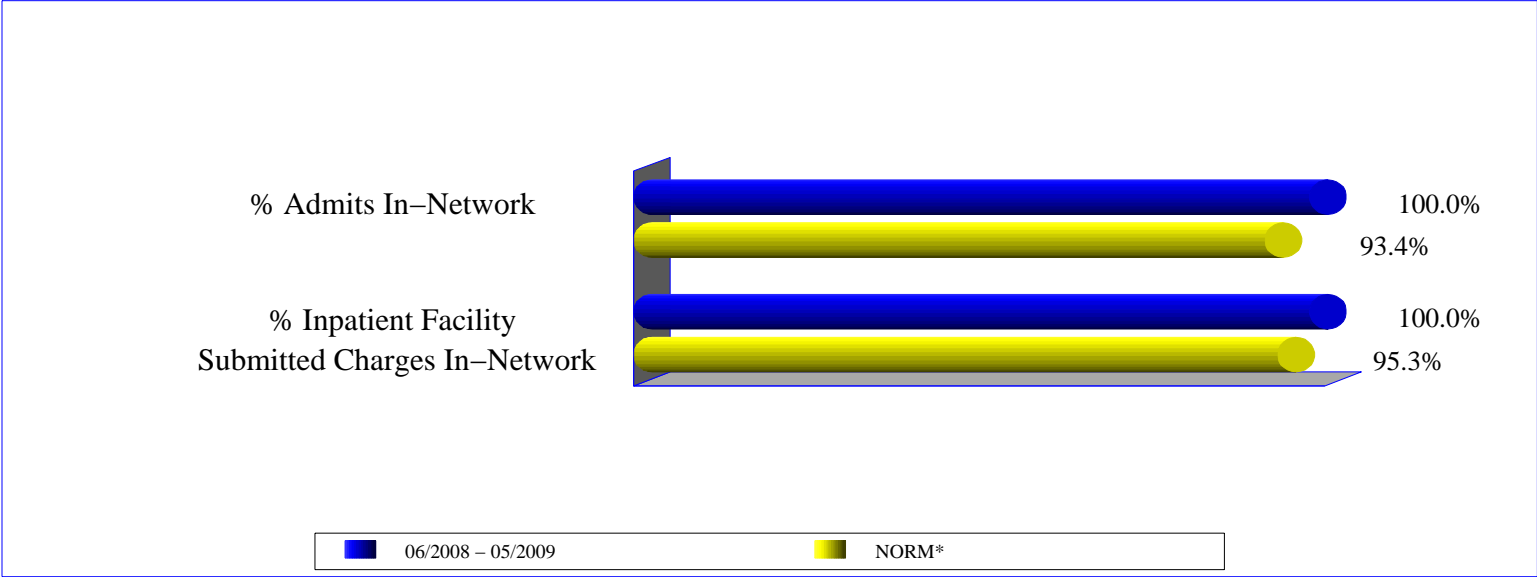
DESCRIPTION	06/2008 – 05/2009					
	Actual			Severity Adjusted**		
	In-Network	Out-of-Network	Total	In-Network	Out-of-Network	Total
Average Severity Index	1.0986	0.9977	1.0962	1.0000	1.0000	1.0000
Number of Admissions	928	22	950	928	22	950
Average Length of Stay	4.1	2.9	4.0	3.7	2.9	3.7
Submitted Charge per Admit	\$31,146	\$23,677	\$30,973	\$28,352	\$23,732	\$28,254
Covered Charge per Admit	\$12,362	\$850	\$12,096	\$11,253	\$852	\$11,034
Payment per Admit	\$11,026	\$850	\$10,791	\$10,037	\$852	\$9,844

*Includes only those services billed through the facility

**Adjusting for severity of a particular illness allows for ease in comparing admission experience between different

***illnesses, facilities, or plan years based on the mix of the illnesses incurred at a particular facility or time period.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PERCENTAGE OF INPATIENT FACILITY NETWORK UTILIZATION
Based on Processed Dates**



**Distribution of Inpatient Facility Charges and Admissions
by In–Network and Out–of–Network**

DESCRIPTION	06/2008 – 05/2009	NORM*
NUMBER OF ADMISSIONS	329	
In–Network	329	
Out–of–Network	0	
% of Admissions In–Network	100.0%	93.4%
INPATIENT FACILITY SUBMITTED CHARGES	\$11,261,609	
In–Network	\$11,261,609	
Out–of–Network	\$0	
% of Charges In–Network	100.0%	95.3%

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
FACILITY OUTPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY***
Based on Processed Dates

FACILITY OUTPATIENT:	Utilization Per 1,000 Members		Average Payment Per Service Category	
	06/2008 – 05/2009	NORM**	06/2008 – 05/2009	NORM**
Surgery	162.1	51.7	\$1,068	\$1,427
Diagnostic Testing	2,252.1	541.1	\$88	\$224
Emergency Room	302.9	104.8	\$380	\$538
Other	952.2	354.0	\$52	\$132
TOTAL FACILITY OUTPATIENT	3,669.3	1,051.6	\$146	\$284

FACILITY OUTPATIENT:	Total Utilization ****		Total Payments Per Service Category	
	06/2008 – 05/2009		06/2008 – 05/2009	
Surgery	1,830		\$1,954,699	
Diagnostic Testing	25,417		\$2,246,216	
Emergency Room	3,418		\$1,297,421	
Other	10,747		\$553,845	
TOTAL FACILITY OUTPATIENT	41,412		\$6,052,181	

*Includes only those services billed through the facility

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

***A utilization count of one will apply to one episode of the same patient, service category, day, and provider.

****Please note that the dollars in this report may not match other reports due to the methodology used to build the events.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 10 FACILITIES RANKED BY TOTAL PAYMENTS*
06/2008 – 05/2009**

FACILITY NAME	LOCATION	SERVICE LOCATION	ADMITS	% OF ADMITS	CLAIMANTS**	% OF CLAIMANTS	PAYMENTS	% OF PAYMENTS	PAYMENTS PER CLAIMANT
FLORIDA HOSPITAL	ORLANDO, FL	TOTAL	342	36.0%	1,541	8.3%	\$4,254,470	25.9%	\$2,761
		Inpatient	342		301		\$2,776,638		\$9,225
		Outpatient	0		1,240		\$1,477,832		\$1,192
COLUMBIA OSCEOLA REG MED	KISSIMMEE, FL	TOTAL	237	24.9%	1,308	7.0%	\$4,056,428	24.7%	\$3,101
		Inpatient	237		211		\$2,921,013		\$13,844
		Outpatient	0		1,097		\$1,135,415		\$1,035
ORLANDO REGIONAL MEDICAL CTR	ORLANDO, FL	TOTAL	206	21.7%	660	3.6%	\$3,576,250	21.8%	\$5,419
		Inpatient	206		177		\$2,811,186		\$15,882
		Outpatient	0		483		\$765,065		\$1,584
ST. CLOUD REGIONAL MEDICAL CEN	SAINT CLOUD, FL	TOTAL	83	8.7%	781	4.2%	\$1,221,915	7.5%	\$1,565
		Inpatient	83		73		\$652,749		\$8,942
		Outpatient	0		708		\$569,166		\$804
QUEST DIAGNOSTICS CLINICAL LAB	TUCKER, GA	TOTAL	0	0.0%	6,081	32.8%	\$369,359	2.3%	\$61
		Inpatient	0		0		\$0		\$0
		Outpatient	0		6,081		\$369,359		\$61
UNV TEXAS M D ANDERSON CA CTR	HOUSTON, TX	TOTAL	2	0.2%	2	0.0%	\$336,090	2.0%	\$168,045
		Inpatient	2		1		\$305,891		\$305,891
		Outpatient	0		1		\$30,199		\$30,199
KISSIMMEE SURGERY CENTER	KISSIMMEE, FL	TOTAL	0	0.0%	182	1.0%	\$252,962	1.5%	\$1,390
		Inpatient	0		0		\$0		\$0
		Outpatient	0		182		\$252,962		\$1,390
FLORIDA HEALTH SCIENCE	TAMPA, FL	TOTAL	3	0.3%	12	0.1%	\$140,583	0.9%	\$11,715
		Inpatient	3		3		\$134,071		\$44,690
		Outpatient	0		9		\$6,513		\$724
UNIV OF NORTH CAROLINA HOSPS	CHAPEL HILL, NC	TOTAL	1	0.1%	2	0.0%	\$137,867	0.8%	\$68,933
		Inpatient	1		1		\$126,495		\$126,495
		Outpatient	0		1		\$11,371		\$11,371
WINTER HAVEN HOSPITAL	WINTER HAVEN, FL	TOTAL	4	0.4%	10	0.1%	\$117,290	0.7%	\$11,729
		Inpatient	4		4		\$114,522		\$28,630
		Outpatient	0		6		\$2,769		\$461
SUBTOTAL	TOP TEN FACILITIES	TOTAL	878	92.4%	10,579	57.0%	\$14,463,213	88.2%	\$1,367
		Inpatient	878		771		\$9,842,564		\$12,766
		Outpatient	0		9,808		\$4,620,649		\$471
TOTAL	ALL FACILITIES	TOTAL	950	100.0%	18,555	100.0%	\$16,398,154	100.0%	\$884
		Inpatient	950		1,715		\$10,345,974		\$6,033
		Outpatient	0		16,840		\$6,052,181		\$359

*Includes only those services billed through the facility

**Counts are based on unique patients for a Provider Tax ID.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PROFESSIONAL INPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY
Based on Processed Dates**

PROFESSIONAL INPATIENT:	Utilization Per 1,000 Members		Average Payment Per Service Category	
	06/2008 – 05/2009	NORM*	06/2008 – 05/2009	NORM*
Surgery	57.3	22.1	\$1,042	\$1,021
Anesthesia	26.5	9.0	\$804	\$711
Maternity – Deliveries	22.8	5.2	\$1,240	\$1,668
Maternity – Non Deliveries	0.4	0.2	\$252	\$355
Newborn Care	15.5	7.3	\$184	\$222
Hospital Visits	361.6	109.9	\$76	\$61
Radiology	124.8	43.7	\$56	\$55
Pathology/Laboratory	266.3	36.2	\$51	\$68
Diagnostic Testing	58.7	22.5	\$82	\$76
Other	136.0	43.2	\$183	\$135
TOTAL PROFESSIONAL INPATIENT	1,069.9	299.3	\$178	\$195

PROFESSIONAL INPATIENT:	Total Utilization**		Total Payment Per Service Category	
	06/2008 – 05/2009		06/2008 – 05/2009	
Surgery	647		\$674,224	
Anesthesia	299		\$240,286	
Maternity – Deliveries	257		\$318,697	
Maternity – Non Deliveries	5		\$1,258	
Newborn Care	175		\$32,166	
Hospital Visits	4,081		\$312,014	
Radiology	1,408		\$79,088	
Pathology/Laboratory	3,006		\$152,473	
Diagnostic Testing	662		\$54,071	
Other	1,535		\$280,569	
TOTAL PROFESSIONAL INPATIENT	12,075		\$2,144,847	

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**A utilization count of one will apply to one episode of the same patient, service category, day, and provider.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PROFESSIONAL OUTPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY
Based on Processed Dates**

PROFESSIONAL OUTPATIENT:	UTILIZATION PER 1000 MEMBERS		AVERAGE PAYMENT PER SERVICE CATEGORY	
	06/2008 – 05/2009	NORM*	06/2008 – 05/2009	NORM*
Surgery	612.3	216.5	\$188	\$254
Anesthesia	145.3	35.9	\$639	\$417
Office Visits	3,513.1	1,179.9	\$31	\$47
Consultations	259.5	90.1	\$90	\$122
Newborn Care	1.6	1.2	\$35	\$102
Radiology	697.9	303.7	\$72	\$118
Pathology/Laboratory	884.3	386.4	\$31	\$49
Diagnostic Testing	413.4	162.2	\$81	\$104
Vision, Hearing and Speech Exam	158.4	102.3	\$35	\$57
Emergency Room	157.0	62.3	\$240	\$156
Physical Therapy	301.0	550.5	\$16	\$61
Other	1,518.6	777.0	\$46	\$53
TOTAL PROFESSIONAL OUTPATIENT	8,662.4	3,867.9	\$66	\$77

PROFESSIONAL OUTPATIENT:	TOTAL UTILIZATION**		TOTAL PAYMENTS PER SERVICE CATEGORY	
	06/2008 – 05/2009		06/2008 – 05/2009	
Surgery	6,910		\$1,297,203	
Anesthesia	1,640		\$1,047,281	
Office Visits	39,649		\$1,239,635	
Consultations	2,929		\$264,394	
Newborn Care	18		\$622	
Radiology	7,876		\$569,416	
Pathology/Laboratory	9,980		\$311,103	
Diagnostic Testing	4,666		\$379,623	
Vision, Hearing and Speech Exam	1,788		\$62,490	
Emergency Room	1,772		\$426,059	
Physical Therapy	3,397		\$52,656	
Other	17,139		\$782,772	
TOTAL PROFESSIONAL OUTPATIENT	97,764		\$6,433,254	

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**A utilization count of one will apply to one episode of the same patient, service category, day, and provider.

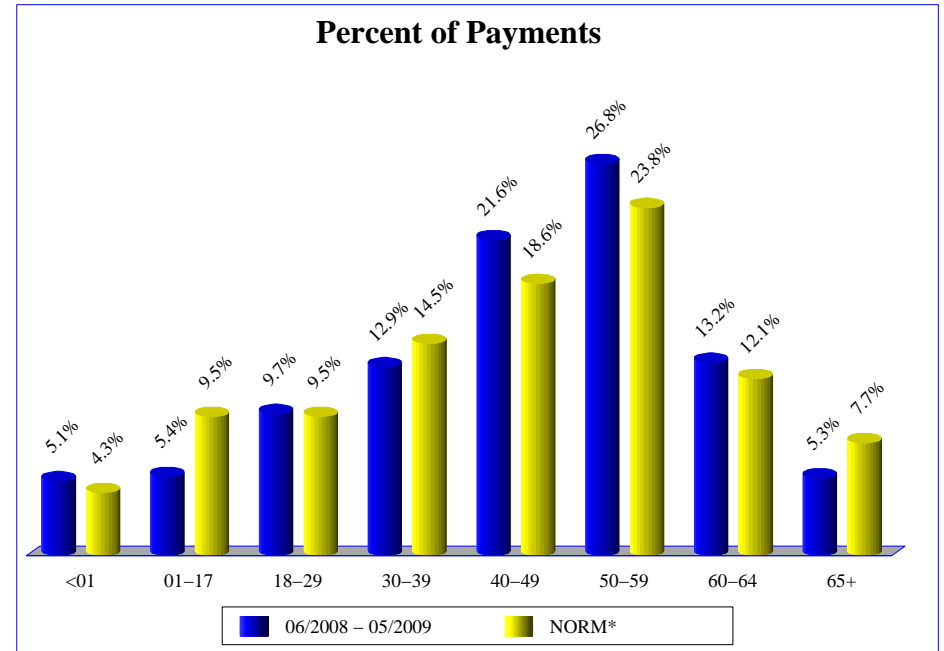
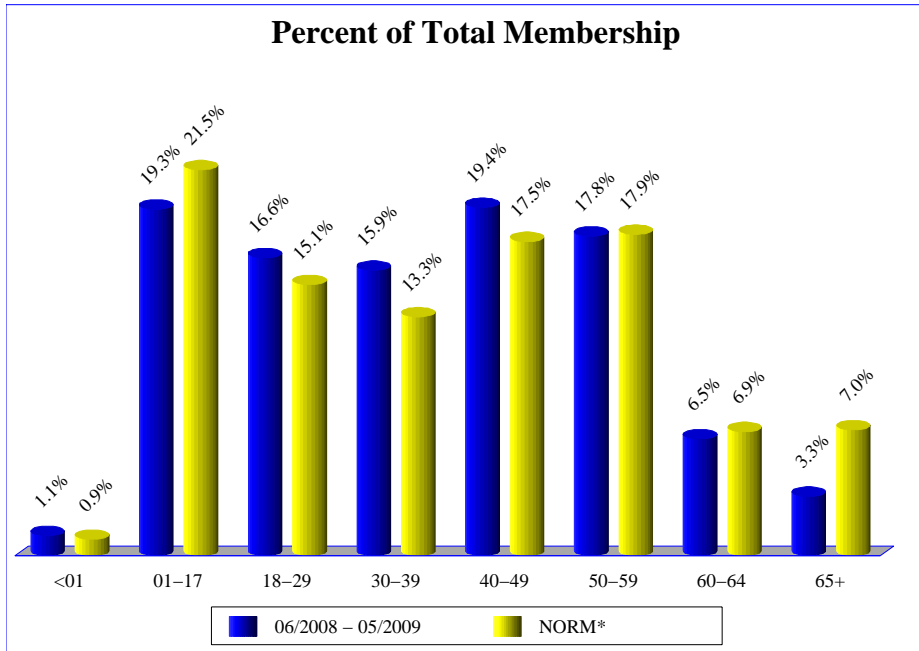
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 10 PHYSICIAN SPECIALTIES RANKED BY TOTAL PAYMENTS
Based on Processed Dates**

06/2008 – 05/2009							
PHYSICIAN SPECIALTY	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	VISITS	CLAIMANTS*	AVG PAYMENT PER VISIT	AVG PAYMENT PER CLAIMANT	VISITS PER CLAIMANT
FAMILY PRACTICE	\$409,187	33.0%	13,807	5,052	\$30	\$81	2.7
INTERNAL MEDICINE	\$211,462	17.1%	6,548	2,363	\$32	\$89	2.8
PEDIATRICS	\$112,333	9.1%	3,516	1,282	\$32	\$88	2.7
OBSTETRICS	\$60,313	4.9%	1,975	1,088	\$31	\$55	1.8
DERMATOLOGY	\$51,307	4.1%	2,168	1,355	\$24	\$38	1.6
ORTHOPEDIC SURGERY	\$44,519	3.6%	1,271	719	\$35	\$62	1.8
CARDIOVASCULAR DISEA	\$33,075	2.7%	1,030	477	\$32	\$69	2.2
OTOLARYNGOLOGY	\$26,501	2.1%	759	417	\$35	\$64	1.8
PODIATRY	\$23,967	1.9%	1,210	532	\$20	\$45	2.3
PULMONARY DISEASE	\$19,449	1.6%	455	231	\$43	\$84	2.0
OTHER	\$247,522	20.0%	6,910	3,854	\$36	\$64	1.8
TOTAL	\$1,239,635	100.0%	39,649	17,370	\$31	\$71	2.3

*Counts are based on unique counts of claimants for each specialty.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
DEMOGRAPHICS BY AGE AND GENDER CATEGORIES**

Based on Processed Dates
06/2008 – 05/2009

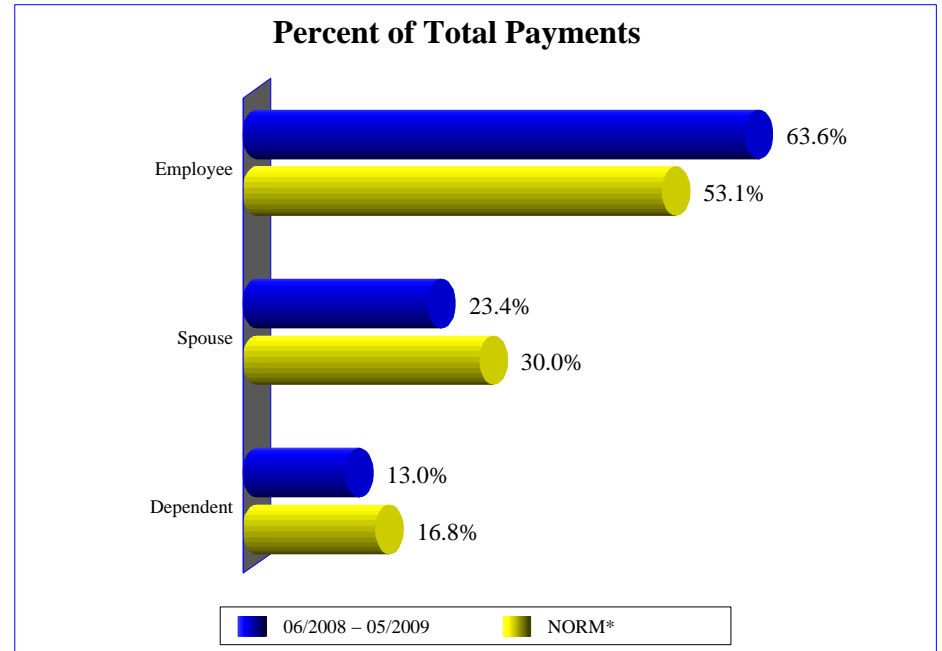
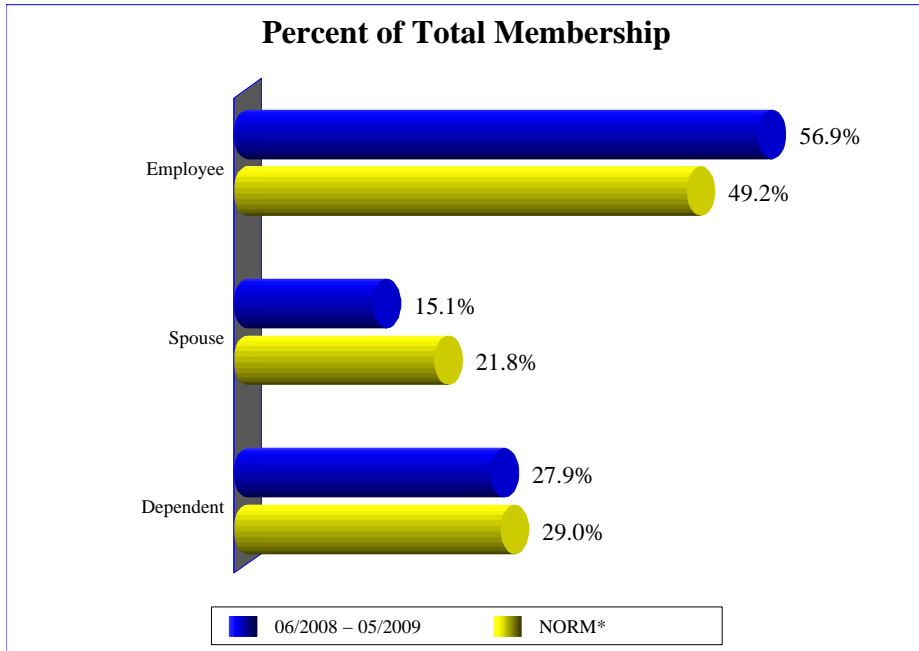


AGE BAND	06/2008 – 05/2009							NORM*				
	NUMBER OF MEMBERS**	% FEMALE	% MALE	MEDICAL PAYMENTS	% OF MEDICAL PAYMENTS	AVERAGE PAYMENTS PER MEMBER	HRA ELIGIBLE PAYMENTS	HRA NON ELIGIBLE PAYMENTS	% FEMALE	% MALE	% OF PAYMENTS	AVERAGE PAYMENTS PER MEMBER
<01	129	0.5%	0.6%	\$1,389,859	5.1%	\$10,760	\$27,874	\$0	0.4%	0.5%	4.3%	\$5,075
01–17	2,175	9.4%	9.9%	\$1,477,306	5.4%	\$679	\$324,440	\$0	10.5%	11.0%	9.5%	\$474
18–29	1,876	10.2%	6.4%	\$2,653,764	9.7%	\$1,415	\$338,386	\$0	7.6%	7.4%	9.5%	\$677
30–39	1,796	10.9%	5.0%	\$3,528,615	12.9%	\$1,965	\$424,208	\$0	6.8%	6.5%	14.5%	\$1,169
40–49	2,190	12.9%	6.5%	\$5,893,161	21.6%	\$2,691	\$533,827	\$0	9.0%	8.5%	18.6%	\$1,139
50–59	2,014	11.9%	5.9%	\$7,318,230	26.8%	\$3,633	\$558,643	\$0	9.0%	8.8%	23.8%	\$1,432
60–64	729	3.9%	2.5%	\$3,599,176	13.2%	\$4,939	\$218,276	\$0	3.4%	3.5%	12.1%	\$1,902
65+	377	1.9%	1.5%	\$1,455,447	5.3%	\$3,860	\$87,128	\$0	3.4%	3.6%	7.7%	\$1,190
TOTAL	11,286	61.7%	38.3%	\$27,315,558	100.0%	\$2,420	\$2,512,783	\$0	50.2%	49.8%	100.0%	\$1,075

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**The average number of members on this report may be different than the overall average reported on other exhibits.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
DEMOGRAPHICS BY MEMBER RELATIONSHIP**
Based on Processed Dates



MEMBER RELATIONSHIP	06/2008 – 05/2009			NORM*
	NUMBER OF MEMBERS	TOTAL PAYMENTS	AVERAGE PAYMENTS PER MEMBER	AVERAGE PAYMENTS PER MEMBER
Employee	6,427	\$17,381,647	\$2,704	\$1,159
Spouse	1,707	\$6,382,463	\$3,740	\$1,480
Dependent	3,152	\$3,551,448	\$1,127	\$625
Total	11,286	\$27,315,558	\$2,420	\$1,075

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
ANALYSIS OF CHARGES AND PAYMENTS
IN-NETWORK
Based on Processed Dates**

Description	06/2008 – 05/2009	NORM**
Average Number of Members	11,286	
Total Unique Claimants	10,690	
MEDICAL FFS* SUBMITTED CHARGES	\$93,130,260	
Medical FFS* Charges Denied Due to Lack of Information	\$458,046	
Denied as a % of Medical FFS* Submitted Charges	0.5%	(0.1%)
MEDICAL FFS* NET CHARGES	\$92,672,214	
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges	99.5%	100.1%
Discounts	\$50,657,595	
Plan Exclusions	\$519,424	0.8%
Amounts above R & C	\$182,863	0.1%
Pre_Existing Conditions	\$0	0.0%
Ineligible Claimants	\$107,549	0.5%
Plan Max Exceeded	\$643,754	0.3%
Covered by Medicare	\$2,786,937	12.6%
Other Reasons not Covered	\$2,672,309	3.6%
Total Medical FFS* Amounts Not Covered	\$57,570,431	
Medical FFS* Not Covered as a % of Medical FFS* Net Charges	62.1%	50.8%
MEDICAL FFS* COVERED CHARGES	\$35,101,783	
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges	37.7%	49.2%
Medical FFS* Deductible/CoPay ***	\$4,755,368	
Medical FFS* Deductible/CoPay *** as a % of Medical FFS* Covered Charges	13.5%	4.8%
Avg. Medical FFS* Deductible/CoPay *** per Member	\$421	\$56
Medical FFS* Coinsurance	\$1,681,144	
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges	4.8%	4.2%
Avg. Medical FFS* Coinsurance per Member	\$149	\$48
Payments by Other Carriers	\$1,425,852	
Employee Cost Sharing ***	\$6,436,512	
MEDICAL FFS* PAYMENTS	\$27,264,436	
Medical FFS* Payments as a % of Medical FFS* Submitted Charges	29.3%	39.6%
CAPITATION DOLLARS	\$1,807,698	
PHARMACY PAYMENTS	\$7,066,603	
OVERALL PAYMENTS	\$36,138,737	
HRA Pharmacy Payments	\$1,445	
Eligible Under Underlying Plan	\$1,445	
Not Eligible Under Underlying Plan	\$0	

*Note: The financials in this report reflect Medical Fee for Service dollars only.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

***Includes member paid & payments from HRA fund applied to deductible/copay.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
ANALYSIS OF CHARGES AND PAYMENTS
IN-NETWORK
Based on Processed Dates**

Description	06/2008 – 05/2009	NORM**
HRA Medical Payments	\$2,440,415	
Eligible Under Underlying Plan	\$2,440,415	
Not Eligible Under Underlying Plan	\$0	
FSA Payments	\$555,044	

*Note: The financials in this report reflect Medical Fee for Service dollars only.
 **BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009
 ***Includes member paid & payments from HRA fund applied to deductible/copay.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
ANALYSIS OF CHARGES AND PAYMENTS
OUT-OF-NETWORK
Based on Processed Dates**

Description	06/2008 – 05/2009	NORM**
Average Number of Members	11,286	
Total Unique Claimants	1,236	
MEDICAL FFS* SUBMITTED CHARGES	\$1,861,770	
Medical FFS* Charges Denied Due to Lack of Information	\$16,423	
Denied as a % of Medical FFS* Submitted Charges	0.9%	0.3%
MEDICAL FFS* NET CHARGES	\$1,845,347	
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges	99.1%	99.7%
Discounts	\$144,596	
Plan Exclusions	\$422,674	4.1%
Amounts above R & C	\$52,061	4.3%
Pre_Existing Conditions	\$0	0.1%
Ineligible Claimants	\$79,527	1.0%
Plan Max Exceeded	\$195,995	1.5%
Covered by Medicare	\$60,691	13.0%
Other Reasons not Covered	\$518,418	7.6%
Total Medical FFS* Amounts Not Covered	\$1,473,962	
Medical FFS* Not Covered as a % of Medical FFS* Net Charges	79.9%	40.1%
MEDICAL FFS* COVERED CHARGES	\$371,385	
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges	19.9%	59.7%
Medical FFS* Deductible/CoPay ***	\$304,575	
Medical FFS* Deductible/CoPay *** as a % of Medical FFS* Covered Charges	82.0%	8.0%
Avg. Medical FFS* Deductible/CoPay *** per Member	\$27	\$17
Medical FFS* Coinsurance	\$18,558	
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges	5.0%	11.7%
Avg. Medical FFS* Coinsurance per Member	\$2	\$25
Payments by Other Carriers	\$11,470	
Employee Cost Sharing ***	\$323,133	
MEDICAL FFS* PAYMENTS	\$51,121	
Medical FFS* Payments as a % of Medical FFS* Submitted Charges	2.7%	40.9%
HRA Pharmacy Payments	\$0	
Eligible Under Underlying Plan	\$0	
Not Eligible Under Underlying Plan	\$0	
HRA Medical Payments	\$70,923	
Eligible Under Underlying Plan	\$70,923	

*Note: The financials in this report reflect Medical Fee for Service dollars only.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

***Includes member paid & payments from HRA fund applied to deductible/copay.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
 FOR THE MOST RECENT 12 MONTHS
 ANALYSIS OF CHARGES AND PAYMENTS
 OUT-OF-NETWORK
 Based on Processed Dates**

Description	06/2008 – 05/2009	NORM**
Not Eligible Under Underlying Plan	\$0	
FSA Payments	\$6,081	

*Note: The financials in this report reflect Medical Fee for Service dollars only.
 **BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009
 ***Includes member paid & payments from HRA fund applied to deductible/copy.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
ANALYSIS OF CHARGES AND PAYMENTS**

**TOTAL
Based on Processed Dates**

Description	06/2008 – 05/2009	NORM**
Average Number of Members	11,286	
Total Unique Claimants	10,690	
Plan Utilization	94.7%	
MEDICAL FFS* SUBMITTED CHARGES	\$94,992,029	
Medical FFS* Charges Denied Due to Lack of Information	\$474,469	
Denied as a % of Medical FFS* Submitted Charges	0.5%	0.0%
MEDICAL FFS* NET CHARGES	\$94,517,560	
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges	99.5%	100.0%
Discounts	\$50,802,191	
Plan Exclusions	\$942,098	1.2%
Amounts above R & C	\$234,924	0.6%
Pre_Existing Conditions	\$0	0.0%
Ineligible Claimants	\$187,076	0.5%
Plan Max Exceeded	\$839,749	0.4%
Covered by Medicare	\$2,847,628	12.6%
Other Reasons not Covered	\$3,190,727	4.1%
Total Medical FFS* Amounts Not Covered	\$59,044,393	
Medical FFS* Not Covered as a % of Medical FFS* Net Charges	62.5%	49.4%
MEDICAL FFS* COVERED CHARGES	\$35,473,168	
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges	37.3%	50.6%
Medical FFS* Deductible/CoPay ***	\$5,059,943	
Medical FFS* Deductible/CoPay *** as a % of Medical FFS* Covered Charges	14.3%	5.3%
Avg. Medical FFS* Deductible/CoPay *** per Member	\$448	\$73
Medical FFS* Coinsurance	\$1,699,702	
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges	4.8%	5.3%
Avg. Medical FFS* Coinsurance per Member	\$151	\$73
Payments by Other Carriers	\$1,437,321	
Employee Cost Sharing ***	\$6,759,645	
MEDICAL FFS* PAYMENTS	\$27,315,558	
Medical FFS* Payments as a % of Medical FFS* Submitted Charges	28.8%	39.8%
CAPITATION DOLLARS	\$1,807,698	
PHARMACY PAYMENTS	\$7,066,603	
OVERALL PAYMENTS	\$36,189,859	
HRA Pharmacy Payments	\$1,445	
Eligible Under Underlying Plan	\$1,445	

*Note: The financials in this report reflect Medical Fee for Service dollars only.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

***Includes member paid & payments from HRA fund applied to deductible/copay.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
ANALYSIS OF CHARGES AND PAYMENTS**

TOTAL

Based on Processed Dates

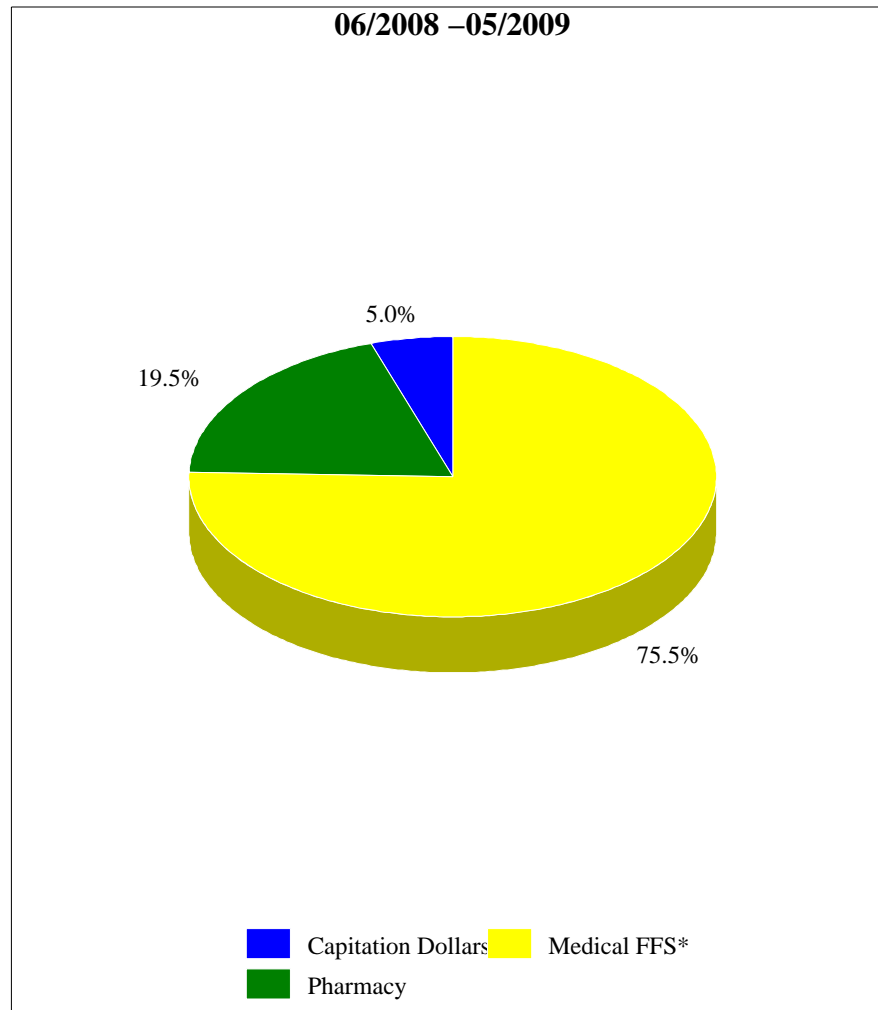
Description	06/2008 – 05/2009	NORM**
Not Eligible Under Underlying Plan	\$0	
HRA Medical Payments	\$2,511,338	
Eligible Under Underlying Plan	\$2,511,338	
Not Eligible Under Underlying Plan	\$0	
FSA Payments	\$561,125	

*Note: The financials in this report reflect Medical Fee for Service dollars only.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

***Includes member paid & payments from HRA fund applied to deductible/copay.

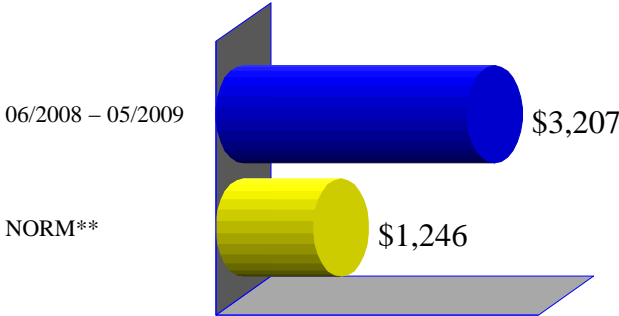
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
DISTRIBUTION OF MEDICAL FFS*, CAPITATION DOLLARS AND PHARMACY PAYMENTS
Based on Processed Dates**



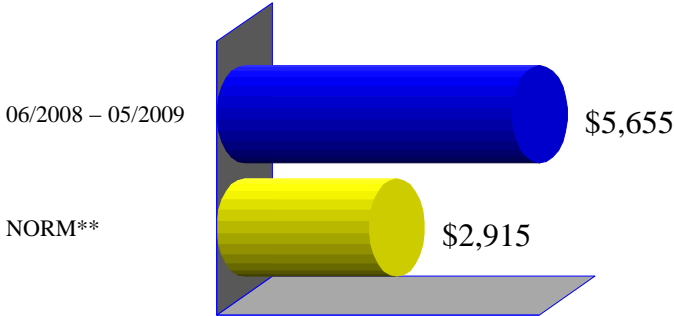
*Note: The financials in this report reflect Medical Fee for Service dollars only.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PAYMENT STATISTICS
Based on Processed Dates**

Average Overall Payment Per Member



Average Overall Payment Per Employee



PAYMENT TYPE	TOTAL PAYMENTS	AVG PAYMENT PER MEMBER	AVG PAYMENT PER EMPLOYEE	AVG PAYMENT PER UNIQUE CLAIMANT	TOTAL HRA PAYMENTS
	06/2008 – 05/2009	06/2008 – 05/2009	06/2008 – 05/2009	06/2008 – 05/2009	06/2008 – 05/2009
Medical FFS*	\$27,315,558	\$2,420	\$4,269	\$2,555	\$2,511,338
Pharmacy	\$7,066,603	\$626	\$1,104	\$661	\$1,445
Capitation	\$1,807,698	\$160	\$282	\$169	
Overall Totals	\$36,189,859	\$3,207	\$5,655	\$3,385	\$2,512,783

*Note: The financials in this report reflect Medical Fee for Service dollars only.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
MEDICAL PAYMENT AMOUNTS BY DOLLAR RANGE
Based on Processed Dates**

06/2008 – 05/2009							NORM*		
RANGE	MEDICAL PAYMENTS	% OF TOTAL MEDICAL PAYMENTS	NUMBER UNIQUE CLAIMANTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL PAYMENT PER UNIQUE CLAIMANT	HRA PAYMENTS	% OF TOTAL MEDICAL PAYMENTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL PAYMENT PER UNIQUE CLAIMANT
\$0	\$0	0.0%	1,106	10.5%	\$0	\$244,380	0.0%	8.7%	\$0
<=\$100	\$79,729	0.3%	1,388	13.2%	\$57	\$167,017	0.2%	13.4%	\$53
>\$100 <= \$500	\$908,230	3.3%	3,638	34.5%	\$250	\$680,125	2.5%	29.5%	\$262
>\$500 <= \$1,000	\$917,622	3.3%	1,295	12.3%	\$709	\$340,258	3.2%	13.6%	\$717
>\$1,000 <= \$2,500	\$2,057,598	7.4%	1,264	12.0%	\$1,628	\$385,387	7.8%	15.0%	\$1,604
>\$2,500 <= \$5,000	\$2,678,751	9.7%	758	7.2%	\$3,534	\$239,027	9.5%	8.2%	\$3,538
>\$5,000 <= \$10,000	\$3,953,911	14.3%	560	5.3%	\$7,061	\$196,975	12.9%	5.6%	\$7,048
>\$10,000 <= \$25,000	\$5,648,418	20.4%	377	3.6%	\$14,983	\$157,112	19.5%	3.9%	\$15,234
>\$25,000 <= \$50,000	\$3,013,931	10.9%	88	0.8%	\$34,249	\$43,547	13.1%	1.2%	\$34,363
>\$50,000 <= \$75,000	\$1,722,275	6.2%	28	0.3%	\$61,510	\$17,921	6.6%	0.3%	\$60,649
>\$75,000 <= \$100,000	\$597,321	2.2%	7	0.1%	\$85,332	\$4,447	4.5%	0.2%	\$86,946
>\$100,000	\$6,052,261	21.9%	30	0.3%	\$201,742	\$12,429	20.2%	0.3%	\$200,340
TOTAL	\$27,630,047	100.0%	10,539	100.0%	\$2,622	\$2,488,624	100.0%	100.0%	\$3,076
Negative Amounts Not Included**	\$-314,489		165			\$22,714			
TOTAL	\$27,315,558		10,704			\$2,511,338			

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**This number represents claim reprocessing at a unique claimant level that resulted in a refund.

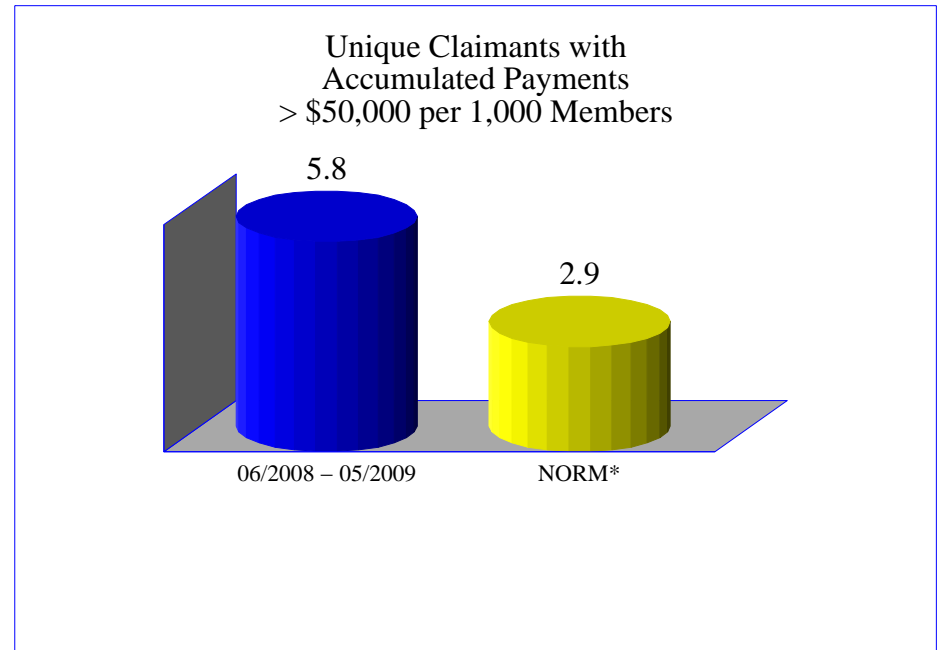
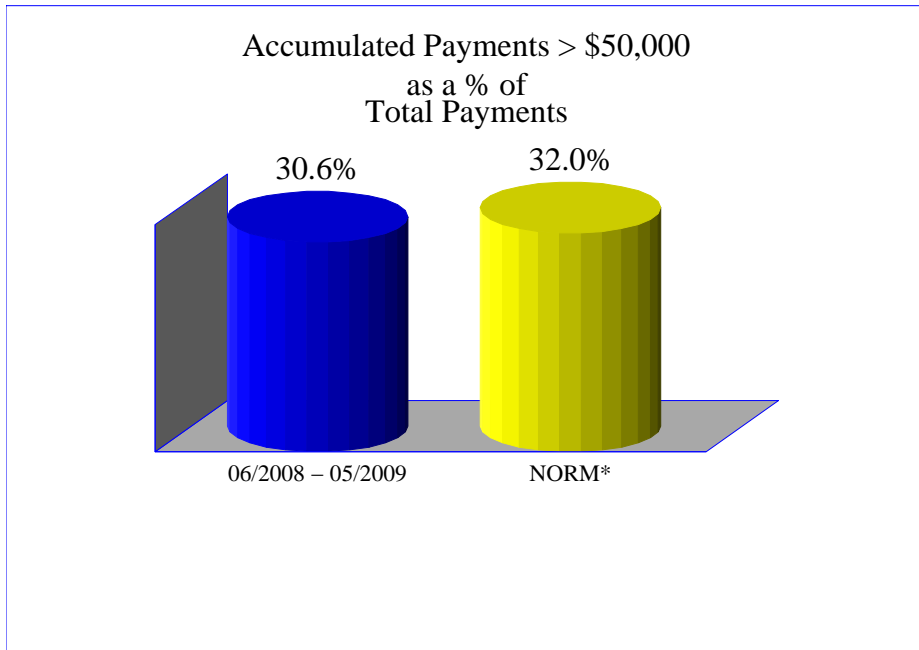
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
MEDICAL & PHARMACY PAYMENT AMOUNTS BY DOLLAR RANGE
Based on Processed Dates**

06/2008 – 05/2009							NORM*			
RANGE	MEDICAL & PHARMACY PAYMENTS	% OF TOTAL MEDICAL & PHARMACY PAYMENTS	NUMBER UNIQUE CLAIMANTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL & PHARMACY PAYMENT PER UNIQUE CLAIMANT	HRA PAYMENTS (incl. Rx)	% OF TOTAL MEDICAL & PHARMACY PAYMENTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL & PHARMACY PAYMENT PER UNIQUE CLAIMANT	
\$0	\$0	0.0%	506	4.6%	\$0	\$75,104	0.0%	7.6%	\$0	
<=\$100	\$67,290	0.2%	1,429	12.9%	\$47	\$155,139	0.2%	12.5%	\$49	
>\$100 <= \$500	\$840,457	2.4%	3,142	28.4%	\$267	\$474,231	2.1%	26.2%	\$266	
>\$500 <= \$1,000	\$1,157,529	3.3%	1,616	14.6%	\$716	\$376,780	3.0%	13.8%	\$722	
>\$1,000 <= \$2,500	\$2,941,019	8.5%	1,807	16.3%	\$1,628	\$497,707	8.0%	16.7%	\$1,615	
>\$2,500 <= \$5,000	\$3,970,298	11.5%	1,120	10.1%	\$3,545	\$361,198	10.2%	9.8%	\$3,543	
>\$5,000 <= \$10,000	\$5,478,704	15.8%	775	7.0%	\$7,069	\$271,234	14.0%	6.7%	\$7,033	
>\$10,000 <= \$25,000	\$7,355,089	21.2%	487	4.4%	\$15,103	\$193,769	20.5%	4.5%	\$15,229	
>\$25,000 <= \$50,000	\$3,665,479	10.6%	108	1.0%	\$33,940	\$53,325	13.2%	1.3%	\$34,260	
>\$50,000 <= \$75,000	\$1,747,372	5.0%	29	0.3%	\$60,254	\$16,030	6.4%	0.4%	\$60,768	
>\$75,000 <= \$100,000	\$1,171,636	3.4%	14	0.1%	\$83,688	\$10,798	4.1%	0.2%	\$86,722	
>\$100,000	\$6,254,364	18.1%	31	0.3%	\$201,754	\$12,461	18.5%	0.3%	\$198,581	
TOTAL	\$34,649,236	100.0%	11,064	100.0%	\$3,132	\$2,497,776	100.0%	100.0%	\$3,372	
Negative Amounts Not Included**	\$-267,075		128			\$15,007				
TOTAL	\$34,382,161		11,192			\$2,512,783				

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**This number represents claim reprocessing at a unique claimant level that resulted in a refund.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
CATASTROPHIC CLAIMS STATISTICS
Based on Processed Dates**



06/2008 – 05/2009						
CATASTROPHIC CLAIMANTS	NUMBER OF CLAIMANTS	% OF TOTAL MEMBERSHIP	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	AVERAGE PAYMENT PER CLAIMANT	VARIANCE FROM NORM*
Employee	43	0.38%	\$4,639,060	17.0%	\$107,885	(7.2%)
Spouse	19	0.17%	\$2,920,308	10.7%	\$153,700	35.6%
Dependent	3	0.03%	\$812,489	3.0%	\$270,830	78.6%
Total Catastrophic	65	0.58%	\$8,371,857	30.6%	\$128,798	7.7%

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
DISTRIBUTION OF PAYMENTS BY SERVICE SETTING AND TYPE OF PROVIDER
Based on Processed Dates**

DESCRIPTION:	06/2008 – 05/2009			
	MEDICAL PAYMENTS	% OF TOTAL PAYMENTS	HRA PAYMENTS*	NORM**
INPATIENT MEDICAL	\$12,003,792	34.9%	\$94,617	29.3%
Facility	\$9,493,667	27.6%	\$36,294	23.1%
Professional	\$2,073,450	6.0%	\$55,660	4.5%
Other	\$436,675	1.3%	\$2,663	1.7%
OUTPATIENT MEDICAL & PHARMACY	\$22,378,368	65.1%	\$2,408,453	70.7%
Facility	\$5,647,644	16.4%	\$742,980	22.9%
Professional	\$6,309,482	18.4%	\$1,473,636	23.8%
Pharmacy	\$7,066,603	20.6%	\$1,445	12.9%
Other	\$3,354,639	9.8%	\$190,392	10.9%
TOTAL MEDICAL & PHARMACY	\$34,382,160	100.0%	\$2,503,070	100.0%
Total Facility	\$15,141,311	44.0%	\$779,274	46.0%
Total Professional	\$8,382,932	24.4%	\$1,529,296	28.4%
Total Pharmacy	\$7,066,603	20.6%	\$1,445	12.9%
Total Other	\$3,791,314	11.0%	\$193,055	12.6%

*Note: Choice Fund payments on this report do not include direct submit payments.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
DISTRIBUTION OF PAYMENTS BY MAJOR DIAGNOSTIC CATEGORY
TOTAL**

MAJOR DIAGNOSTIC CATEGORY	06/2008 – 05/2009		
	MEDICAL PAYMENTS	% OF TOTAL	NORM**
NERVOUS	\$1,406,965	5.2%	6.0%
EYE	\$335,663	1.2%	1.6%
EAR, NOSE, THROAT	\$980,562	3.6%	4.9%
RESPIRATORY	\$1,736,117	6.4%	4.7%
CIRCULATORY	\$3,444,616	12.6%	10.7%
DIGESTIVE	\$3,309,444	12.1%	9.3%
LIVER	\$1,016,489	3.7%	2.3%
MUSCULOSKELETAL	\$3,276,521	12.0%	17.9%
SKIN, BREAST	\$1,569,720	5.7%	5.6%
METABOLIC	\$782,032	2.9%	3.0%
KIDNEY	\$1,068,232	3.9%	4.2%
MALE REPRODUCTIVE	\$198,480	0.7%	1.0%
FEMALE REPRODUCTIVE	\$1,688,798	6.2%	3.7%
PREGNANCIES	\$1,559,554	5.7%	4.4%
NEWBORN	\$427,180	1.6%	2.6%
BLOOD	\$506,674	1.9%	1.4%
SPINE, BONE MARROW	\$934,543	3.4%	3.4%
INFECTIONS	\$553,987	2.0%	1.3%
MENTAL	\$84,640	0.3%	2.3%
SUBSTANCE ABUSE	\$9,768	0.0%	0.4%
INJURIES, POISONINGS	\$361,225	1.3%	1.0%
BURNS	\$2,541	0.0%	0.1%
HEALTH STATUS	\$2,047,981	7.5%	7.4%
MULT SIGNIF TRAUMA	\$0	0.0%	(0.0%)
HIV INFECTIONS	\$8,605	0.0%	0.1%
UNGROUPABLE	\$5,222	0.0%	0.7%
TOTAL	\$27,315,559	100.0%	100.0%

*Note: Choice Fund payments on this report do not include direct submit payments.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
DISTRIBUTION OF PAYMENTS BY MAJOR DIAGNOSTIC CATEGORY
INPATIENT**

MAJOR DIAGNOSTIC CATEGORY	06/2008 – 05/2009		
	MEDICAL PAYMENTS	% OF TOTAL	NORM**
NERVOUS	\$873,046	7.3%	7.3%
EYE	\$16,963	0.1%	0.1%
EAR, NOSE, THROAT	\$97,954	0.8%	0.9%
RESPIRATORY	\$1,286,765	10.7%	7.2%
CIRCULATORY	\$1,874,875	15.6%	16.1%
DIGESTIVE	\$1,337,207	11.1%	8.9%
LIVER	\$733,646	6.1%	3.6%
MUSCULOSKELETAL	\$1,298,381	10.8%	15.2%
SKIN, BREAST	\$178,156	1.5%	2.0%
METABOLIC	\$31,966	0.3%	2.2%
KIDNEY	\$281,252	2.3%	2.8%
MALE REPRODUCTIVE	\$52,759	0.4%	0.6%
FEMALE REPRODUCTIVE	\$688,580	5.7%	3.1%
PREGNANCIES	\$1,275,155	10.6%	10.1%
NEWBORN	\$381,100	3.2%	7.3%
BLOOD	\$256,573	2.1%	1.1%
SPINE, BONE MARROW	\$430,851	3.6%	2.5%
INFECTIONS	\$489,341	4.1%	2.8%
MENTAL	\$26,321	0.2%	1.4%
SUBSTANCE ABUSE	\$1,345	0.0%	0.6%
INJURIES, POISONINGS	\$199,265	1.7%	1.3%
BURNS	\$0	0.0%	0.2%
HEALTH STATUS	\$147,550	1.2%	2.4%
MULT SIGNIF TRAUMA	\$0	0.0%	(0.0%)
HIV INFECTIONS	\$2,396	0.0%	0.1%
UNGROUPABLE	\$42,346	0.4%	0.4%
TOTAL	\$12,003,793	100.0%	100.0%

*Note: Choice Fund payments on this report do not include direct submit payments.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

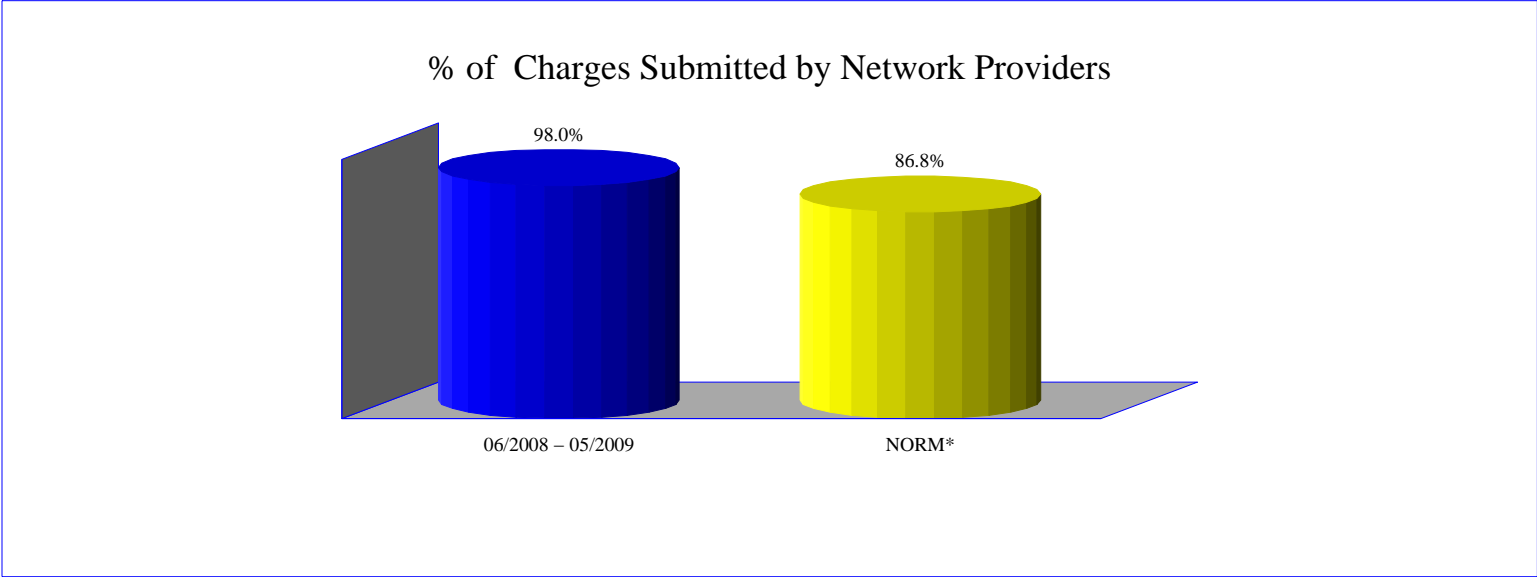
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
DISTRIBUTION OF PAYMENTS BY MAJOR DIAGNOSTIC CATEGORY
OUTPATIENT**

MAJOR DIAGNOSTIC CATEGORY	06/2008 – 05/2009		
	MEDICAL PAYMENTS	% OF TOTAL	NORM**
NERVOUS	\$533,919	3.5%	5.4%
EYE	\$318,700	2.1%	2.4%
EAR, NOSE, THROAT	\$882,608	5.8%	7.0%
RESPIRATORY	\$449,352	2.9%	3.4%
CIRCULATORY	\$1,569,741	10.3%	8.0%
DIGESTIVE	\$1,972,237	12.9%	9.5%
LIVER	\$282,843	1.8%	1.7%
MUSCULOSKELETAL	\$1,978,140	12.9%	19.3%
SKIN, BREAST	\$1,391,564	9.1%	7.5%
METABOLIC	\$750,066	4.9%	3.4%
KIDNEY	\$786,980	5.1%	4.9%
MALE REPRODUCTIVE	\$145,721	1.0%	1.2%
FEMALE REPRODUCTIVE	\$1,000,218	6.5%	4.0%
PREGNANCIES	\$284,399	1.9%	1.5%
NEWBORN	\$46,080	0.3%	0.2%
BLOOD	\$250,101	1.6%	1.6%
SPINE, BONE MARROW	\$503,692	3.3%	3.8%
INFECTIONS	\$64,646	0.4%	0.5%
MENTAL	\$58,319	0.4%	2.8%
SUBSTANCE ABUSE	\$8,423	0.1%	0.3%
INJURIES, POISONINGS	\$161,960	1.1%	0.9%
BURNS	\$2,541	0.0%	0.0%
HEALTH STATUS	\$1,900,431	12.4%	9.9%
MULT SIGNIF TRAUMA	\$0	0.0%	0.0%
HIV INFECTIONS	\$6,209	0.0%	0.1%
UNGROUPABLE	\$-37,124	(0.2%)	0.8%
TOTAL	\$15,311,766	100.0%	100.0%

*Note: Choice Fund payments on this report do not include direct submit payments.

**BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
NETWORK PENETRATION STATISTICS
Based on Processed Dates**



PROVIDER TYPES	06/2008 – 05/2009			
	IN-NETWORK MEDICAL CHARGES	OUT-OF-NETWORK MEDICAL CHARGES	TOTAL MEDICAL CHARGES	IN-NETWORK DOLLAR PENETRATION
Facility	\$24,417,790	\$245,551	\$24,663,341	99.0%
Professional	\$9,340,617	\$383,765	\$9,724,382	96.1%
All Other	\$3,616,464	\$123,105	\$3,739,569	96.7%
TOTAL	\$37,374,871	\$752,421	\$38,127,292	98.0%

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
EXECUTIVE SUMMARY
Based on Processed Dates**

	06/2008 – 05/2009	NORM*
OVERALL INFORMATION		
Average Number of Employees	6,399	
Average Number of Members	11,286	
Total Unique Claimants	10,690	
OVERALL PAYMENT TRENDS		
Total Payments	\$27,315,558	
% Payments/Net Charges	28.9%	39.7%
Average Payment Per Employee	\$4,269	\$2,514
Average Payment Per Member	\$2,420	\$1,075
Average Payment Per Unique Claimant	\$2,555	\$2,895
CATASTROPHIC CLAIM TRENDS		
Unique Claimants with Accumulated Payments Greater than \$50,000		
Total Catastrophic Payments	\$8,371,857	
Catastrophic as a % of Total Payments	30.6%	32.0%
Average Paid Per Unique Catastrophic Claimant	\$128,798	\$119,636
MEDICAL PAYMENT TRENDS (EXCL. CATASTROPHIC)		
Average Payment Per Employee	\$2,960	\$1,710
Average Payment Per Member	\$1,679	\$731
Average Payment Per Unique Claimant	\$1,772	\$1,969
MEMBER DEMOGRAPHICS BY AGE BAND		
<01	1.1%	0.9%
01–17	19.3%	21.5%
18–29	16.6%	15.1%
30–39	15.9%	13.3%
40–49	19.4%	17.5%
50–59	17.8%	17.9%
60–64	6.5%	6.9%
65+	3.3%	7.0%
COST SHARING (MEDICAL Only)		
Deductible/Copay Applied	\$5,059,943	
Coinsurance Applied	\$1,699,702	
Total Cost Sharing	\$6,759,645	
Average Cost Sharing Per Employee	\$1,056	\$342
Average Cost Sharing Per Member	\$599	\$146
Average Cost Sharing Per Claimant	\$632	\$393
COORDINATION OF BENEFITS (Including Medicare)		
Total Payments by Other Carriers	\$1,437,321	

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**Includes only those services billed through the facility

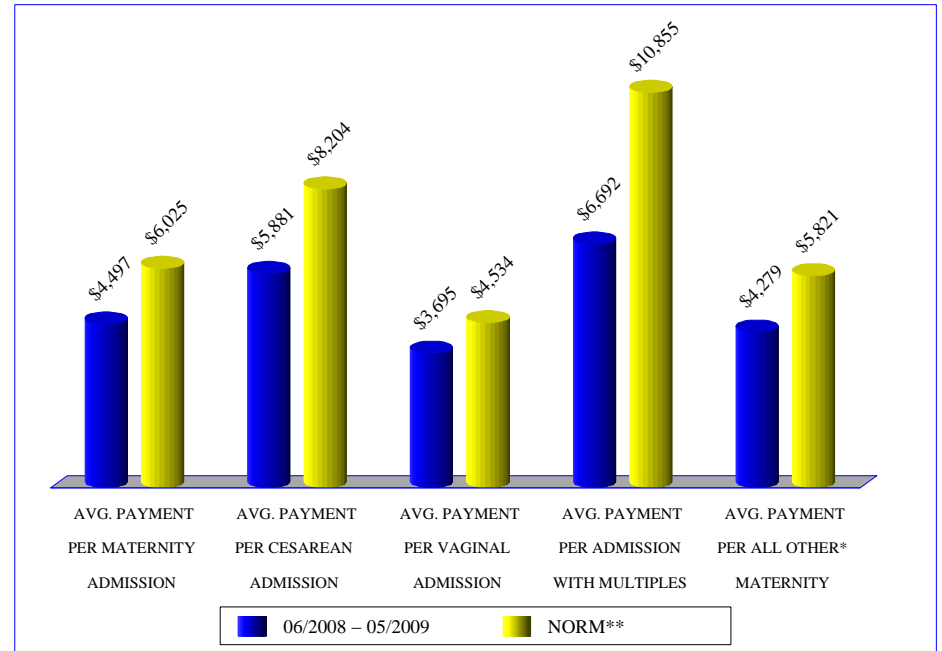
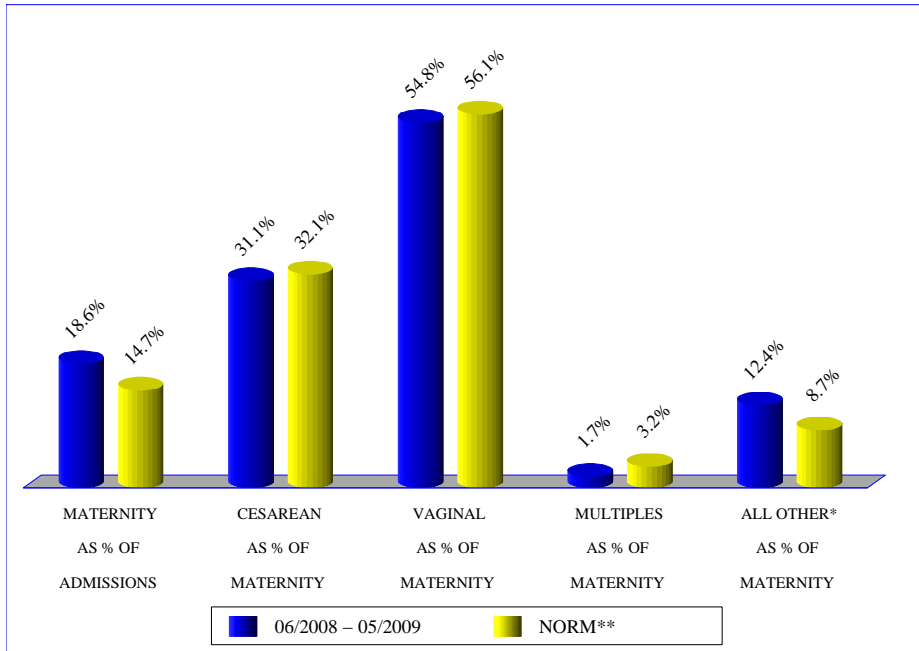
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
EXECUTIVE SUMMARY
Based on Processed Dates**

	06/2008 – 05/2009	NORM*
% COB/ Covered	4.1%	11.9%
PLAN UTILIZATION		
% Members Utilizing the Plan	94.7%	37.1%
% Members Receiving Payments	85.0%	34.0%
DISCOUNTS		
In–Network Discounts	\$50,657,595	
Out–of–Network Discounts	\$144,596	
Total Discounts	\$50,802,191	
Average Discount per Member	\$4,501	
INPATIENT TRENDS		
Total Inpatient Payments	\$12,003,793	
Inpatient as % of Total Payments	43.9%	33.7%
Average Inpatient Payment Per Member	\$1,064	\$362
Admissions	950	
Admissions Per 1,000 Members	84.2	29.2
Bed Days	3,829	
Bed Days Per 1,000 Members	339.3	158.9
Average Length of Stay	4.0	5.4
Average Payment Per Admission **	\$10,791	\$11,177
Average Payment Per Day **	\$2,677	\$2,056
OUTPATIENT TRENDS		
Total Outpatient Payments	\$15,311,766	
Outpatient Payments as a % of Total Payments	56.1%	66.3%
Average Outpatient Payment Per Member	\$1,357	\$713
Total Physician Office Visits	39,649	
Physician Office Visits Per Member	3.5	1.2
Physician Office Visits Per Claimant	3.7	3.2
Average Payment Per Office Visit	\$31	\$47
Total ER Visits	3,418	
ER Visits per 1,000 Members	302.9	104.8
Average Payment Per ER Visit	\$504	\$654
IN–NETWORK TRENDS		
In–Network Dollar Penetration	98.0%	86.9%
Total In–Network Hospital Admissions	329	
% In–Network Admissions/Total Admissions	100.0%	93.4%
Total In–Network Physician Office Visits	39,074	
% In–Network Office Visits/Total Office Visits	98.5%	86.9%

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**Includes only those services billed through the facility

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
MATERNITY ADMISSION STATISTICS
Based on Processed Dates**

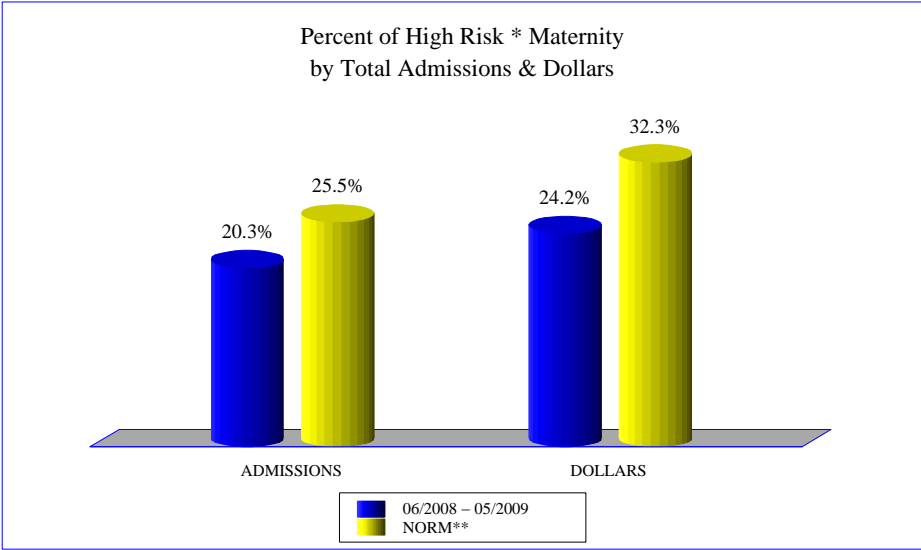
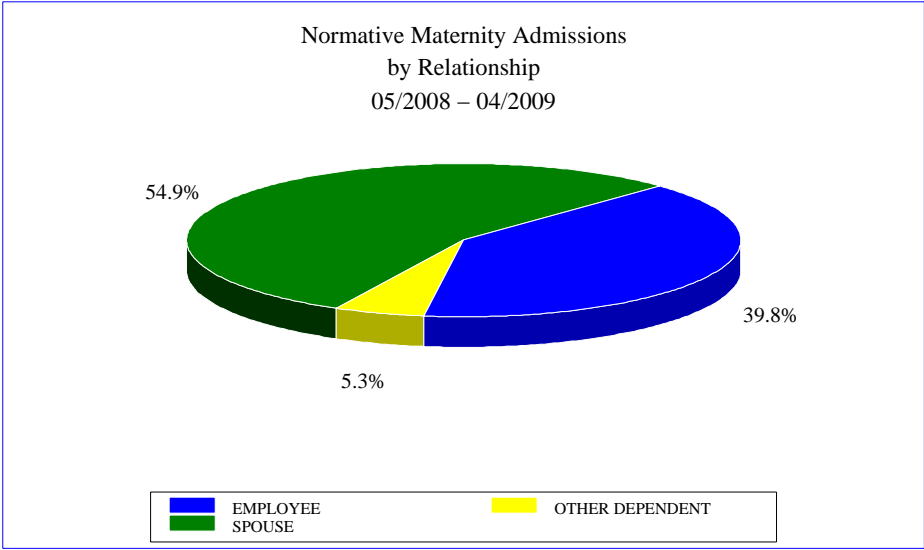
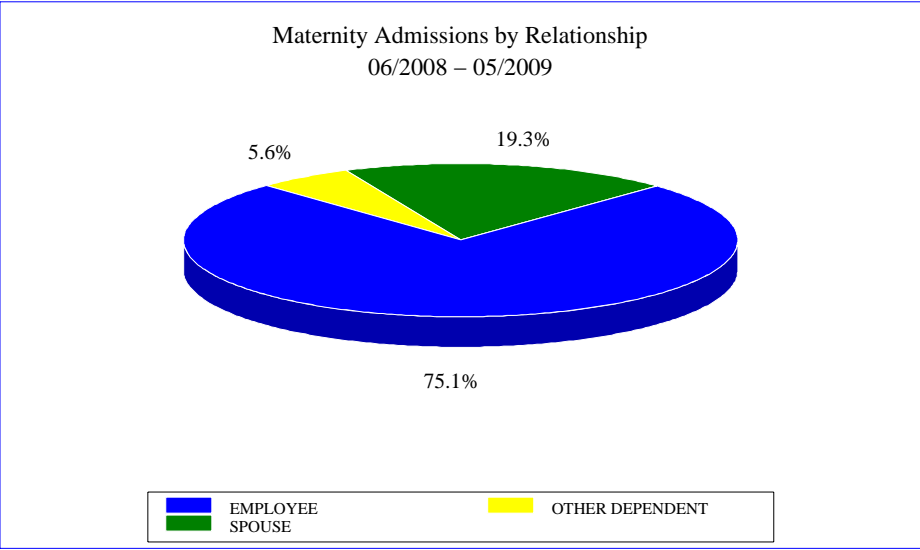


TYPE OF DELIVERY	06/2008 – 05/2009					
	TOTAL ADMITS	AVERAGE LENGTH OF STAY	TOTAL BED DAYS	PAYMENT PER ADMIT	PAYMENT PER BED DAY	TOTAL PAID
CESAREAN	55	2.8	155	\$5,881	\$2,087	\$323,467
VAGINAL	97	2.4	237	\$3,695	\$1,512	\$358,376
MULTIPLE BIRTHS	3	3.0	9	\$6,692	\$2,231	\$20,077
ALL OTHER *	22	2.9	64	\$4,279	\$1,471	\$94,135
TOTAL	177	2.6	465	\$4,497	\$1,712	\$796,055

*Maternity without a delivery

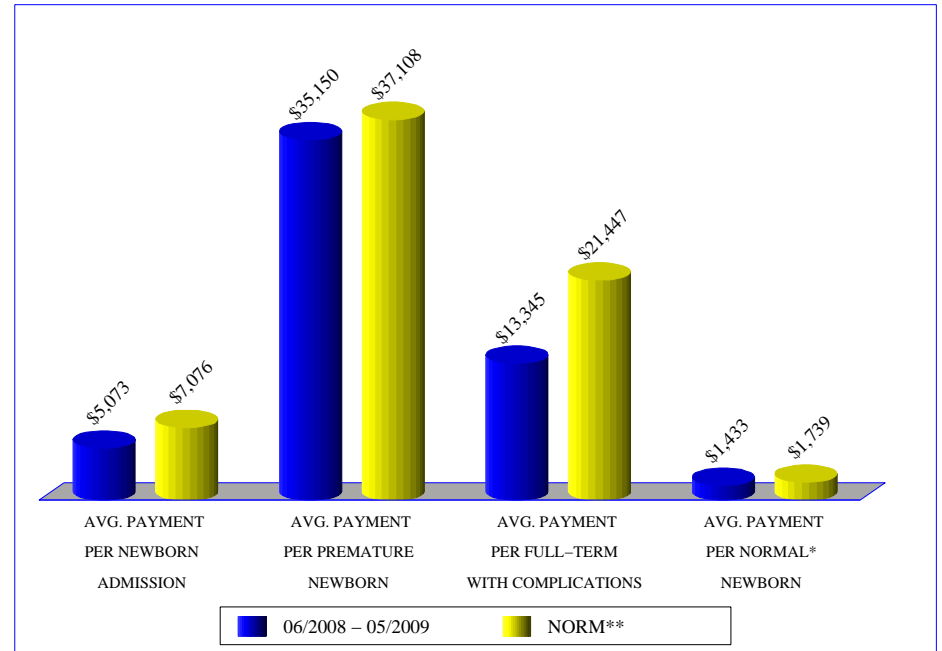
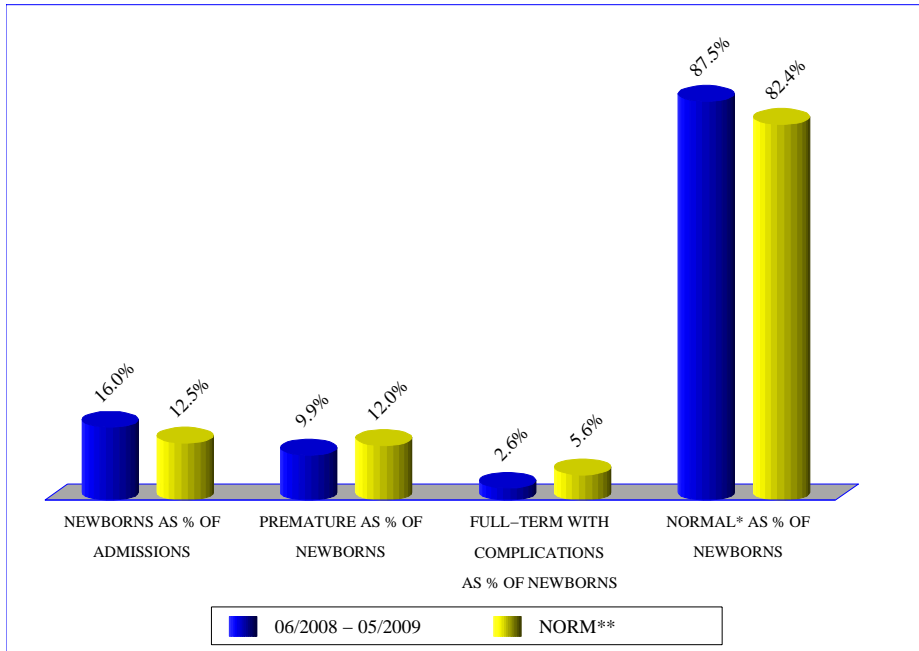
**BOOK OF BUSINESS NORMS for admissions paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
MATERNITY ADMISSIONS BY PATIENT RELATIONSHIP
Based on Processed Dates**



*High Risk is determined by the physician identifying the pregnancy with a ICD-9-CM V23 diagnosis code.
**BOOK OF BUSINESS NORMS for admissions paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
NEWBORN ADMISSION STATISTICS
Based on Processed Dates**



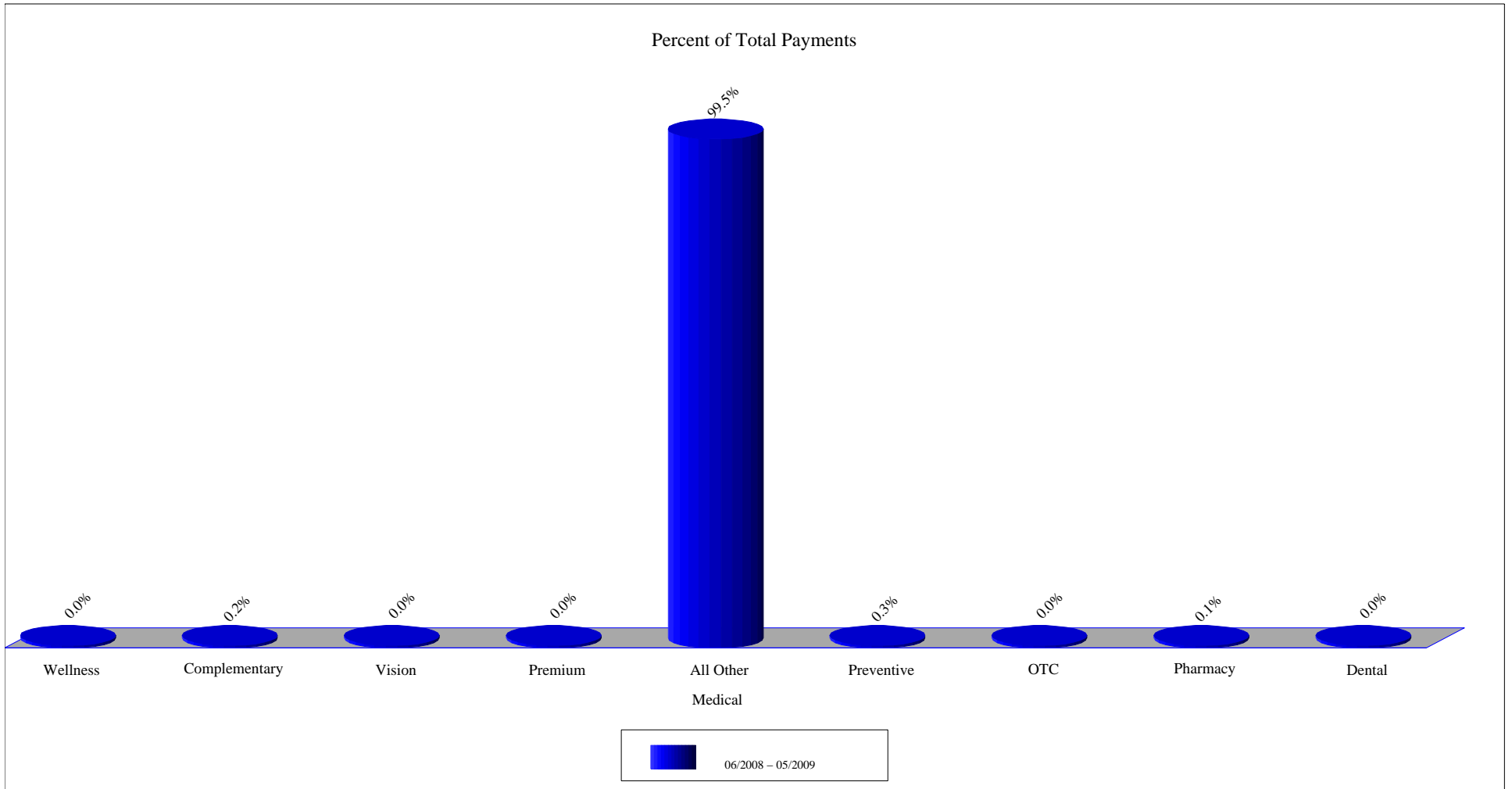
NEWBORN STATUS	06/2008 – 05/2009					
	TOTAL ADMITS	AVERAGE LENGTH OF STAY	TOTAL BED DAYS	PAYMENT PER ADMIT	PAYMENT PER BED DAY	TOTAL PAID
PREMATURE	15	18.4	276	\$35,150	\$1,910	\$527,250
FULL-TERM COMPLICATIONS	4	4.8	19	\$13,345	\$2,810	\$53,382
NORMAL *	133	2.0	261	\$1,433	\$730	\$190,538
TOTAL	152	3.7	556	\$5,073	\$1,387	\$771,170

*Newborn Delivery Statistics may be understated due to possible combining of mother and newborn in a single claim
 **BOOK OF BUSINESS NORMS for admissions paid 05/2008 through 04/2009

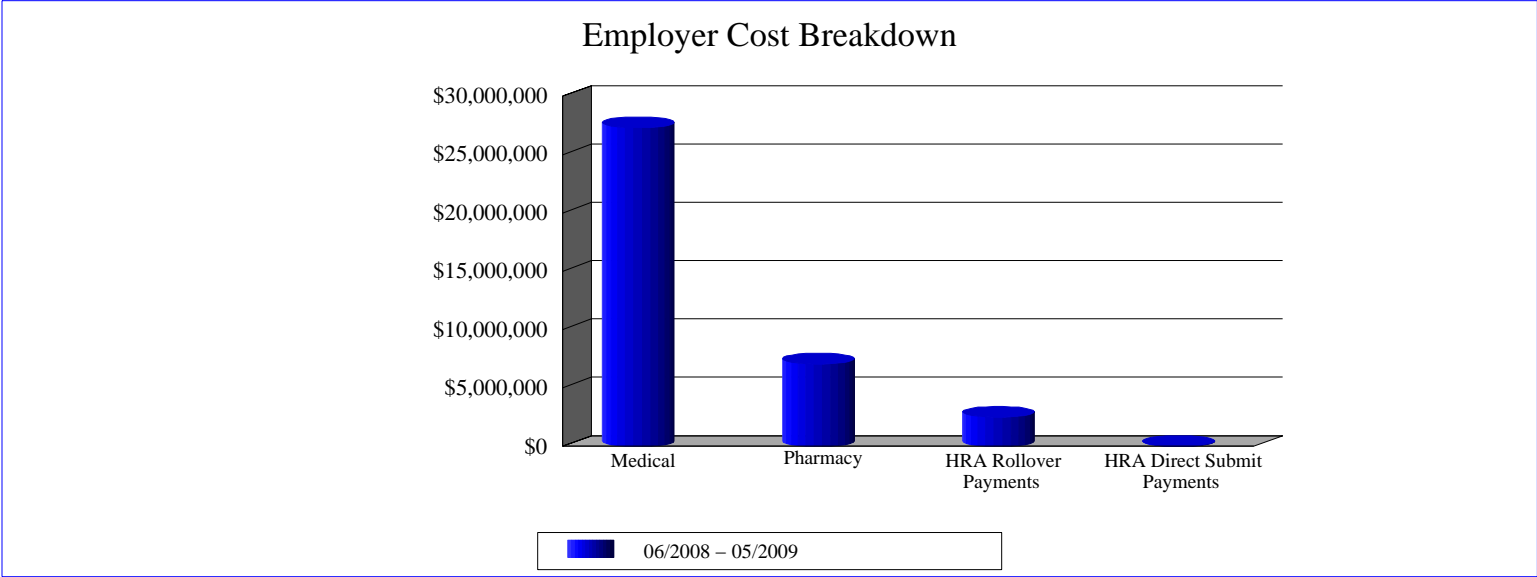
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
SUMMARY ACTIVITY – ELIGIBLE AND NON ELIGIBLE UNDER UNDERLYING MEDICAL
Based on Processed Dates**

06/2008 – 05/2009										
Medical Services										
	Wellness	Complementary	Vision	Premium	All Other Medical	Preventive	OTC	Pharmacy	Dental	Total
# of Eligible HRA Claims	0	58	0	0	23,092	162	0	595	0	23,907
Eligible HRA Payments	\$0	\$4,157	\$0	\$0	\$2,502,929	\$7,642	\$0	\$1,452	\$0	\$2,516,179
# of Non Eligible HRA Claims	0	1	0	0	12	0	0	0	0	13
Non Eligible HRA Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total # of HRA Claims	0	59	0	0	23,104	162	0	595	0	23,920
Total HRA Claims Payments	\$0	\$4,157	\$0	\$0	\$2,502,929	\$7,642	\$0	\$1,452	\$0	\$2,516,179
Average HRA Claims Cost	\$0	\$70	\$0	\$0	\$108	\$47	\$0	\$2	\$0	\$105

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
SUMMARY ACTIVITY – ELIGIBLE AND NON ELIGIBLE UNDER UNDERLYING MEDICAL
Based on Processed Dates**



**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
CHOICE FUND EMPLOYER COST SUMMARY**
Based on Processed Dates



		06/2008 – 05/2009
EMPLOYER FUNDED	Medical	\$27,315,558
	Pharmacy	\$7,066,603
EMPLOYER / EMPLOYEE FUNDED	HRA Rollover Payments	\$2,503,070
	HRA Direct Submit Payments	\$9,713
	Total Payments	\$36,894,944

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PHARMACY EXECUTIVE SUMMARY
Based on Processed Dates**

DESCRIPTION	06/2008 – 05/2009	NORM****
Average Number of Employees	6,395	
Average Number of Members	11,144	
Total Unique Claimants	9,078	
Total Member Months	133,728	
TOTAL PAYMENTS	\$7,066,603	
Average Payment Per Employee	\$1,105	
Average Payment Per Member	\$634	
TOTAL COPAY	\$1,959,313	
Average Copay per Employee	\$306	
Average Copay per Member	\$176	
TOTAL PAYMENTS excluding Catastrophic*	\$4,671,961	
Average Payment Per Employee	\$731	
Average Payment Per Member	\$419	
PLAN UTILIZATION		
% of Members Utilizing the Plan	81.5%	
TOTAL PRESCRIPTIONS	124,329	
Prescriptions per Member Month	0.9	
New Prescriptions as a % of Total Prescriptions	67.4%	61.4%
Refill Prescriptions as a % of Total Prescriptions	32.6%	38.6%
Dispensed as Written Prescriptions as a % of Total Prescriptions	3.4%	6.0%
Average days Supplied	30.1	32.6
Generic	83,268	
Generic Prescriptions as a % of Total Prescriptions	67.0%	61.8%
Brand**	41,061	
Brand Prescriptions as a % of Total Prescriptions	33.0%	38.2%
Preferred Brand	33,094	
Non-Preferred Brand	7,967	
UTILIZATION OF PRESCRIPTIONS BY TYPE		
Average Payment per Overall Prescriptions	\$57	\$73
Generic		
Average Payment Per Generic Prescriptions	\$20	\$21
Average Copay Per Generic Prescriptions	\$8	

*Catastrophic: Claimants with Accumulated Payments > \$5,000

**If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

***Direct Member Reimbursements – Please note that Out-of-Network prescriptions are reflected in the medical utilization reports for our Flexcare Customers.

****BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PHARMACY EXECUTIVE SUMMARY
Based on Processed Dates**

DESCRIPTION	06/2008 – 05/2009	NORM****
Brand**		
Average Payment Per Preferred Brand Prescription	\$135	\$157
Average Copay Per Preferred Brand Prescription	\$29	
Average Payment Per Non_Preferred Brand Prescription	\$124	\$154
Average Copay Per Non-Preferred Brand Prescription	\$44	
AVERAGE PAYMENT BY SETTING		
Average Payment Per Retail Prescription	\$43	
Average Payment Per Mail Order Prescription	\$208	
Average Payment Per DMR** Prescription	\$30	
AVERAGE COPAY BY SETTING		
Average Copay Per Retail Prescription	\$14	
Average Copay Per Mail Order Prescription	\$39	
Average Copay Per DMR** Prescription	\$4	
FINANCIALS		
Ingredient Cost	\$8,734,662	
Average Ingredient Cost per Prescription	\$70	\$86
Dispensing Fee	\$211,085.00	
Average Dispensing Cost per Prescription	\$1.70	\$1.77
Sales Tax	\$82	

*Catastrophic: Claimants with Accumulated Payments > \$5,000

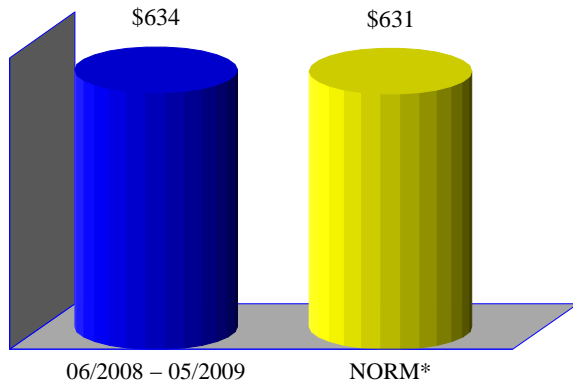
**If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

***Direct Member Reimbursements – Please note that Out-of-Network prescriptions are reflected in the medical utilization reports for our Flexcare Customers.

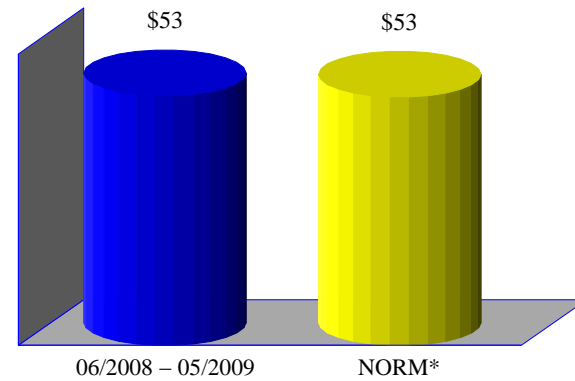
****BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PHARMACY CLAIMS UTILIZATION STATISTICS
Based on Processed Dates**

Average Payment Per Member



Payment Per Member Per Month



DESCRIPTION	06/2008 – 05/2009	NORM*
Average Employees	6,395	
Average Members	11,144	
Total Unique Claimants	9,078	
% of Members Utilizing the Plan	81.5%	
TOTAL PAYMENTS	\$7,066,603	
Average Payment Per Employee	\$1,105	
Average Payment Per Member	\$634	\$631
Average Payment Per Member Per Month	\$53	\$53
Average Payment Per Claimant	\$778	

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PHARMACY SAVINGS BY PRESCRIPTION TYPE
Based on Processed Dates**

06/2008 – 05/2009									
PRESCRIPTION TYPE	TOTAL NUMBER OF PRESCRIPTIONS	TOTAL COPAY	TOTAL PAYMENTS	TOTAL AWP* COST	TOTAL INGREDIENT COST	TOTAL SAVINGS	SAVINGS AS A % OF AWP*	AVERAGE SAVINGS PER PRESCRIPTION	AVERAGE SAVINGS PER MEMBER
Generic	83,268	\$638,859	\$1,626,644	\$6,031,369	\$2,048,155	\$3,983,214	66.0%	\$48	\$357
Multi Source Brand	4,948	\$124,614	\$272,014	\$472,635	\$379,923	\$92,712	19.6%	\$19	\$8
Preferred Brand	28,274	\$849,824	\$4,184,795	\$6,061,565	\$4,989,667	\$1,071,897	17.7%	\$38	\$96
Non-Preferred Brand**	7,839	\$346,016	\$983,151	\$1,602,738	\$1,316,917	\$285,821	17.8%	\$36	\$26
Total Brand	41,061	\$1,320,454	\$5,439,960	\$8,136,938	\$6,686,507	\$1,450,430	17.8%	\$35	\$130
TOTAL	124,329	\$1,959,313	\$7,066,604	\$14,168,307	\$8,734,662	\$5,433,644	38.4%	\$44	\$488

*Average Wholesale Price (Prescriptions were processed in Massachusetts during the reporting period.)

**Claims subject to fee schedule reimbursement are nonstandardly reported.)

***If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP INDIVIDUAL PHARMACY CLAIMANTS RANKED BY TOTAL PHARMACY PAYMENTS
ACCUMULATED PHARMACY PAYMENTS GREATER THAN \$5,000
Based on Processed Dates**

06/2008 – 05/2009						
CLAIMANT	PRIMARY ICD9 *	TOTAL PHARMACY PAYMENTS	TOTAL NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION	TOTAL PAYMENTS	OVERALL PAYMENTS
Claimant 1	JT DERANG NEC-ANKLE	\$59,750	216	\$277	\$18,789	\$78,539
Claimant 2	UNILAT INGUINAL HERNIA	\$59,507	56	\$1,063	\$16,029	\$75,536
Claimant 3	PITUITARY DWARFISM	\$48,952	5	\$9,790	\$762	\$49,714
Claimant 4	ROUTINE CHILD HEATH CK	\$42,291	4	\$10,573	\$413	\$42,704
Claimant 5	ATRIAL PREMATURE BEATS	\$35,292	18	\$1,961	\$1,610	\$36,902
Claimant 6	ABN FIND BODY STRUCT NEC	\$32,880	6	\$5,480	\$1,050	\$33,930
Claimant 7	ENTHESOPATHY SITE NOS	\$31,046	45	\$690	\$216	\$31,261
Claimant 8	PKU	\$30,734	2	\$15,367	\$0	\$30,734
Claimant 9	ASTHMA NOS	\$30,403	28	\$1,086	\$4,964	\$35,367
Claimant 10	ASTHMA NOS W EXACER	\$30,331	70	\$433	\$45,508	\$75,839
Claimant 11	CHRONIC AIRWAY OBSTR NEC	\$29,017	201	\$144	\$2,066	\$31,083
Claimant 12	GANGLION NOS	\$28,773	71	\$405	\$7,198	\$35,971
Claimant 13	MENSTRUAL DISORDER NOS	\$28,135	60	\$469	\$10,153	\$38,288
Claimant 14	LOWER LIMB ULCER NEC	\$27,691	50	\$554	\$2,442	\$30,133
Claimant 15	BPI-RECENT MIXED MILD	\$27,511	70	\$393	\$0	\$27,511
Claimant 16	MULTIPLE SCLEROSIS	\$27,104	25	\$1,084	\$615	\$27,719
Claimant 17	FUNCTIONAL DIARRHEA	\$26,863	93	\$289	\$3,134	\$29,997
Claimant 18	MULTIPLE SCLEROSIS	\$25,237	20	\$1,262	\$207	\$25,444
Claimant 19	BEN HTN HRT DIS W/O HF	\$23,807	10	\$2,381	\$789	\$24,596
Claimant 20	PSEUDOMONAL PNEUMONIA	\$21,390	164	\$130	\$5,937	\$27,326
Claimant 21	IRREGULAR MENSTRUATION	\$20,860	37	\$564	\$387	\$21,246
Claimant 22	STREP PNEUMONIAE VACCINE	\$20,154	38	\$530	\$21	\$20,175
Claimant 23	OTHER CONVULSIONS	\$20,041	86	\$233	\$4,341	\$24,383
Claimant 24	MULTIPLE SCLEROSIS	\$20,010	9	\$2,223	\$3,567	\$23,577
Claimant 25	HIV DISEASE	\$19,779	13	\$1,521	\$135	\$19,914
Claimant 26	RHEUMATOID ARTHRITIS	\$19,562	116	\$169	\$536	\$20,097
Claimant 27	LIVER CA NOS	\$19,267	24	\$803	\$65,162	\$84,429
Claimant 28	CKD-STAGE III	\$18,768	80	\$235	\$71,522	\$90,290
Claimant 29	INTESTINAL ADHES W OBSTR	\$18,691	86	\$217	\$64,922	\$83,612
Claimant 30	OTHER PSORIASIS	\$18,422	51	\$361	\$132	\$18,554
Claimant 31	LOC PRIMARY OA-HAND	\$18,297	38	\$482	\$461	\$18,758
Claimant 32	CHOLECYSTITIS NOS	\$18,185	33	\$551	\$1,860	\$20,045
Claimant 33	MULTIPLE SCLEROSIS	\$17,237	87	\$198	\$8,043	\$25,280
Claimant 34	ALPHA-1-ANTITRYPSIN DEF	\$16,915	193	\$88	\$85,228	\$102,143

*Diagnosis represents the highest dollar diagnosis for the claimant.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP INDIVIDUAL PHARMACY CLAIMANTS RANKED BY TOTAL PHARMACY PAYMENTS
ACCUMULATED PHARMACY PAYMENTS GREATER THAN \$5,000
Based on Processed Dates**

06/2008 – 05/2009						
CLAIMANT	PRIMARY ICD9 *	TOTAL PHARMACY PAYMENTS	TOTAL NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION	TOTAL PAYMENTS	OVERALL PAYMENTS
Claimant 35	FEMALE UIQ BREAST CA	\$16,642	65	\$256	\$36,615	\$53,257
Claimant 36	RHEUMATOID ARTHRITIS	\$15,999	24	\$667	\$573	\$16,572
Claimant 37	HIV DISEASE	\$15,968	23	\$694	\$403	\$16,371
Claimant 38	COMP KIDNEY TRANSPLANT	\$15,643	55	\$284	\$134,207	\$149,850
Claimant 39	ROUTINE GYN EXAM	\$15,547	61	\$255	\$675	\$16,223
Claimant 40	COMP MARROW TRANSPLANT	\$15,532	58	\$268	\$391,747	\$407,278
Claimant 41	MAL HTN CKD V-ESRD	\$15,082	103	\$146	\$246	\$15,328
Claimant 42	LIVER TRANSPLANT STATUS	\$14,918	44	\$339	\$552	\$15,470
Claimant 43	HIV DISEASE	\$14,890	16	\$931	\$496	\$15,386
Claimant 44	OTHER HAMMER TOE	\$14,731	38	\$388	\$1,580	\$16,310
Claimant 45	HIV DISEASE	\$13,626	24	\$568	\$238	\$13,864
Claimant 46	THER DRUG MONITORING	\$13,480	15	\$899	\$2,149	\$15,629
Claimant 47	BENIGN TRUNK SKIN NEOPL	\$13,371	22	\$608	\$1,390	\$14,761
Claimant 48	HYPOTHYROIDISM NOS	\$12,894	46	\$280	\$27	\$12,921
Claimant 49	BARTHOLIN'S GLAND ABSC	\$12,566	19	\$661	\$5,038	\$17,605
Claimant 50	SKIN MAL MELANOMA NOS	\$12,112	23	\$527	\$7,388	\$19,500
Claimant 51	COR AS- NATIVE VESSEL	\$12,051	62	\$194	\$1,888	\$13,939
Claimant 52	COLON CA NOS	\$11,586	48	\$241	\$2,964	\$14,550
Claimant 53	CHRONIC PAIN NEC	\$11,577	120	\$96	\$5,496	\$17,074
Claimant 54	ANTINEO CHEMO ENCOUNTER	\$11,573	39	\$297	\$49,574	\$61,148
Claimant 55	ATYPICAL FACE PAIN	\$11,348	87	\$130	\$1,488	\$12,836
Claimant 56	TEAR MED MENISC KNEE-CUR	\$11,029	14	\$788	\$4,939	\$15,968
Claimant 57	COR AS- NATIVE VESSEL	\$11,024	133	\$83	\$3,667	\$14,690
Claimant 58	MITRAL VALVE DISORDER	\$10,911	129	\$85	\$408	\$11,319
Claimant 59	SPONDYLOLISTHESIS	\$10,814	149	\$73	\$11,058	\$21,872
Claimant 60	PNEUMONIA ORGANISM NOS	\$10,679	27	\$396	\$6,459	\$17,138
Claimant 61	HIV DISEASE	\$10,662	52	\$205	\$631	\$11,292
Claimant 62	BENIGN TRUNK SKIN NEOPL	\$10,651	72	\$148	\$4,699	\$15,350
Claimant 63	CHF NOS	\$10,636	162	\$66	\$174,197	\$184,833
Claimant 64	ROTATOR CUFF SPRAIN	\$10,613	76	\$140	\$20,473	\$31,085
Claimant 65	ADJUST NERV SYST DEV NEC	\$10,473	33	\$317	\$23,551	\$34,024
Claimant 66	PRIM OPEN ANGLE GLAUCOMA	\$10,432	54	\$193	\$1,133	\$11,566
Claimant 67	DM2/NOS UNCOMP UNC	\$10,421	102	\$102	\$676	\$11,098
Claimant 68	LOC PRIMARY OA-LOWER LEG	\$10,388	48	\$216	\$2,865	\$13,254

*Diagnosis represents the highest dollar diagnosis for the claimant.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP INDIVIDUAL PHARMACY CLAIMANTS RANKED BY TOTAL PHARMACY PAYMENTS
ACCUMULATED PHARMACY PAYMENTS GREATER THAN \$5,000
Based on Processed Dates**

06/2008 – 05/2009						
CLAIMANT	PRIMARY ICD9 *	TOTAL PHARMACY PAYMENTS	TOTAL NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION	TOTAL PAYMENTS	OVERALL PAYMENTS
Claimant 69	SLEEP APNEA NOS	\$10,012	8	\$1,252	\$863	\$10,876
Claimant 70	BRAIN CA NOS	\$9,755	82	\$119	\$159,389	\$169,144
Claimant 71	POSTOP VAGINAL PROLAPSE	\$9,701	98	\$99	\$26,155	\$35,855
Claimant 72	ANEMIA NOS	\$9,624	73	\$132	\$6,866	\$16,490
Claimant 73	CHRONIC SINUSITIS NOS	\$9,572	97	\$99	\$14,860	\$24,432
Claimant 74	TESTICULAR HYPOFUNCT NEC	\$9,535	23	\$415	\$1,076	\$10,611
Claimant 75	FEMALE UOQ BREAST CA	\$9,479	50	\$190	\$44,931	\$54,410
Claimant 76	FEMALE UOQ BREAST CA	\$9,470	111	\$85	\$58,335	\$67,805
Claimant 77	CHRONIC AIRWAY OBSTR NEC	\$9,465	107	\$88	\$2,471	\$11,936
Claimant 78	LOWER LEG INJURY NEC	\$9,423	31	\$304	\$11,663	\$21,086
Claimant 79	CHRONIC CHOLECYSTITIS	\$9,313	117	\$80	\$20,669	\$29,982
Claimant 80	SYNCOPE & COLLAPSE	\$9,243	37	\$250	\$43,294	\$52,536
Claimant 81	DIARRHEA	\$9,218	67	\$138	\$6,966	\$16,184
Claimant 82	EXT HEMORRHOID W/O COMP	\$9,190	33	\$278	\$5,034	\$14,224
Claimant 83	IDIOPATHIC SCOLIOSIS	\$9,078	49	\$185	\$753	\$9,831
Claimant 84	LUMBAR DISC DISPLACEMENT	\$9,012	100	\$90	\$10,357	\$19,369
Claimant 85	INTRINSIC SPHINCT DEF	\$8,965	129	\$69	\$13,203	\$22,168
Claimant 86	DVT LEG NOS	\$8,875	64	\$139	\$19,990	\$28,864
Claimant 87	LRE W CPS W/O INTRACT	\$8,786	58	\$151	\$-2,047	\$6,739
Claimant 88	REGIONAL ENTERITIS NOS	\$8,777	36	\$244	\$744	\$9,520
Claimant 89	POST SUBCAP SENILE CATAR	\$8,751	91	\$96	\$6,569	\$15,320
Claimant 90	SHORTNESS OF BREATH	\$8,736	50	\$175	\$579	\$9,315
Claimant 91	LIVER CIRRHOSIS W/O ALC	\$8,727	70	\$125	\$4,883	\$13,610
Claimant 92	OTHER CONVULSIONS	\$8,725	26	\$336	\$543	\$9,268
Claimant 93	DYSFUNCT EUSTACHIAN TUBE	\$8,470	59	\$144	\$33	\$8,503
Claimant 94	VH C NOS W/O COMA	\$8,401	22	\$382	\$5,980	\$14,381
Claimant 95	ROUTINE MEDICAL EXAM	\$8,309	12	\$692	\$47	\$8,356
Claimant 96	CERVICALGIA	\$8,293	53	\$156	\$3,685	\$11,978
Claimant 97	ACUTE URI NOS	\$8,259	58	\$142	\$257	\$8,516
Claimant 98	OCCUPATIONAL THERAPY	\$8,223	21	\$392	\$6,223	\$14,445
Claimant 99	HYPERLIPIDEMIA NEC & NOS	\$8,147	28	\$291	\$270	\$8,417
Claimant 100	ROTATOR CUFF SYND NOS	\$8,077	72	\$112	\$9,778	\$17,855

*Diagnosis represents the highest dollar diagnosis for the claimant.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 25 SPECIFIC DRUG THERAPEUTIC CLASSES RANKED BY TOTAL PAYMENTS**

Based on Processed Dates

06/2008 – 05/2009

THERAPEUTIC CLASS	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	NUMBER OF SCRIPTS	% OF TOTAL SCRIPTS	AVERAGE PAYMENT PER SCRIPT
PROTON-PUMP INHIBITORS	\$491,837	7.0%	4,202	3.4%	\$117
ANTICONVULSANTS	\$327,108	4.6%	2,641	2.1%	\$124
ANTIHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS	\$273,522	3.9%	6,062	4.9%	\$45
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	\$215,860	3.1%	1,129	0.9%	\$191
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	\$187,599	2.7%	63	0.1%	\$2,978
LIPOTROPICS	\$186,035	2.6%	2,169	1.7%	\$86
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	\$184,941	2.6%	1,376	1.1%	\$134
INSULINS	\$169,625	2.4%	967	0.8%	\$175
AGENTS TO TREAT MULTIPLE SCLEROSIS	\$166,082	2.4%	48	0.0%	\$3,460
CONTRACEPTIVES,ORAL	\$159,104	2.3%	5,968	4.8%	\$27
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	\$149,858	2.1%	42	0.0%	\$3,568
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	\$140,417	2.0%	742	0.6%	\$189
ANALGESICS, NARCOTICS	\$136,007	1.9%	4,891	3.9%	\$28
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	\$133,959	1.9%	1,888	1.5%	\$71
ANTIVIRALS, GENERAL	\$130,839	1.9%	774	0.6%	\$169
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	\$124,465	1.8%	3,820	3.1%	\$33
BLOOD SUGAR DIAGNOSTICS	\$124,133	1.8%	1,163	0.9%	\$107
LEUKOTRIENE RECEPTOR ANTAGONISTS	\$123,790	1.8%	1,286	1.0%	\$96
ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	\$118,735	1.7%	509	0.4%	\$233
PLATELET AGGREGATION INHIBITORS	\$107,310	1.5%	752	0.6%	\$143
ANTIMIGRAINE PREPARATIONS	\$106,257	1.5%	576	0.5%	\$184
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	\$99,571	1.4%	541	0.4%	\$184
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	\$93,973	1.3%	1,697	1.4%	\$55
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	\$92,276	1.3%	1,043	0.8%	\$88
ANTIHYPERLIP.HMG COA REDUCT INHIB&CHOLEST.AB.INHIB	\$90,898	1.3%	1,021	0.8%	\$89
OTHER	\$2,932,400	41.5%	78,838	63.5%	\$37
TOTAL	\$7,066,603	100.0%	124,208	100.0%	\$57

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 25 SPECIFIC DRUG THERAPEUTIC CLASSES RANKED BY NUMBER OF PRESCRIPTIONS
Based on Processed Dates
06/2008 – 05/2009**

THERAPEUTIC CLASS	NUMBER OF SCRIPTS	% OF TOTAL SCRIPTS	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	AVERAGE PAYMENT PER SCRIPT
ANTIHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS	6,062	4.9%	\$273,522	3.9%	\$45
CONTRACEPTIVES, ORAL	5,968	4.8%	\$159,104	2.3%	\$27
ANALGESICS, NARCOTICS	4,891	3.9%	\$136,007	1.9%	\$28
THYROID HORMONES	4,347	3.5%	\$8,675	0.1%	\$2
PROTON-PUMP INHIBITORS	4,202	3.4%	\$491,837	7.0%	\$117
BETA-ADRENERGIC BLOCKING AGENTS	3,856	3.1%	\$44,950	0.6%	\$12
ANTIHYPERTENSIVES, ACE INHIBITORS	3,829	3.1%	\$33,705	0.5%	\$9
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	3,820	3.1%	\$124,465	1.8%	\$33
NSAIDS, CYCLOOXYGENASE INHIBITOR – TYPE	3,341	2.7%	\$71,441	1.0%	\$21
MACROLIDES	2,841	2.3%	\$34,757	0.5%	\$12
PENICILLINS	2,753	2.2%	\$28,749	0.4%	\$10
ANTICONVULSANTS	2,641	2.1%	\$327,108	4.6%	\$124
CALCIUM CHANNEL BLOCKING AGENTS	2,509	2.0%	\$55,049	0.8%	\$22
ANTIHYPERGLYCEMIC, BIGUANIDE TYPE (NON-SULFONYLUREA)	2,471	2.0%	\$36,710	0.5%	\$15
LIPOTROPICS	2,169	1.7%	\$186,035	2.6%	\$86
GLUCOCORTICOIDS	2,167	1.7%	\$73,900	1.0%	\$34
ANTI-ANXIETY DRUGS	2,009	1.6%	\$11,186	0.2%	\$6
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	1,888	1.5%	\$133,959	1.9%	\$71
NASAL ANTI-INFLAMMATORY STEROIDS	1,844	1.5%	\$52,460	0.7%	\$28
SEDATIVE-HYPNOTICS, NON-BARBITURATE	1,776	1.4%	\$77,119	1.1%	\$43
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	1,697	1.4%	\$93,973	1.3%	\$55
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	1,644	1.3%	\$15,538	0.2%	\$9
QUINOLONES	1,518	1.2%	\$63,978	0.9%	\$42
BONE RESORPTION INHIBITORS	1,513	1.2%	\$88,051	1.2%	\$58
BETA-ADRENERGIC AGENTS	1,493	1.2%	\$30,035	0.4%	\$20
OTHER	51,080	41.1%	\$4,414,289	62.5%	\$86
TOTAL	124,329	100.0%	\$7,066,603	100.0%	\$57

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY PAYMENTS
Based on Processed Dates**

06/2008 – 05/2009				
DESCRIPTION	PRESCRIPTION TYPE*	PHARMACY PAYMENTS	NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION
PROTON-PUMP INHIBITORS		\$491,837	4,202	\$117
PREVACID	preferred brand	\$193,948	1,124	\$173
PANTOPRAZOLE SODIUM	generic	\$144,457	1,164	\$124
OMEPRAZOLE	generic	\$68,405	1,309	\$52
NEXIUM	non-preferred brand	\$61,002	439	\$139
ACIPHEX	non-preferred brand	\$12,361	95	\$130
PROTONIX	preferred brand	\$8,873	52	\$171
ZEGERID	non-preferred brand	\$2,663	18	\$148
PRILOSEC	non-preferred brand	\$128	1	\$128
ANTICONVULSANTS		\$327,108	2,641	\$124
TOPAMAX	preferred brand	\$80,617	336	\$240
LYRICA	preferred brand	\$51,397	345	\$149
LAMOTRIGINE	generic	\$47,960	197	\$243
LAMICTAL	preferred brand	\$37,986	131	\$290
DEPAKOTE ER	preferred brand	\$20,875	105	\$199
KEPPRA	preferred brand	\$19,575	71	\$276
OXCARBAZEPINE	generic	\$14,357	117	\$123
GABAPENTIN	generic	\$10,166	313	\$32
DEPAKOTE	preferred brand	\$9,318	50	\$186
TRILEPTAL	preferred brand	\$5,917	48	\$123
OTHER		\$28,940	928	\$31
ANTHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS		\$273,522	6,062	\$45
SIMVASTATIN	generic	\$110,595	3,521	\$31
LIPITOR	preferred brand	\$85,294	874	\$98
CRESTOR	non-preferred brand	\$43,441	552	\$79
LOVASTATIN	generic	\$12,660	719	\$18
PRAVASTATIN SODIUM	generic	\$8,747	280	\$31
LESCOL XL	preferred brand	\$7,859	73	\$108
ZOCOR	preferred brand	\$3,143	26	\$121
LESCOL	preferred brand	\$1,000	14	\$71
ALTOPREV	non-preferred brand	\$783	3	\$261
ANTHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)		\$215,861	1,129	\$191
ACTOS	preferred brand	\$143,021	776	\$184
ACTOPLUS MET	preferred brand	\$53,258	225	\$237
AVANDIA	preferred brand	\$19,581	128	\$153

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY PAYMENTS
Based on Processed Dates**

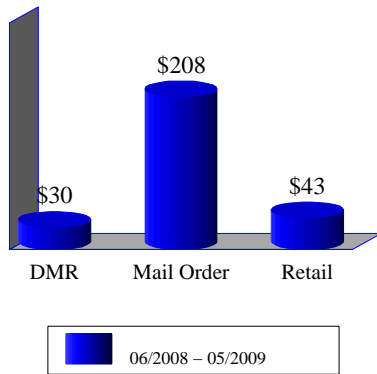
06/2008 – 05/2009				
DESCRIPTION	PRESCRIPTION TYPE*	PHARMACY PAYMENTS	NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR		\$187,599	63	\$2,978
ENBREL	preferred brand	\$178,066	57	\$3,124
HUMIRA	preferred brand	\$9,533	6	\$1,589
OVERALL TOTAL		\$1,495,927	14,097	\$106

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

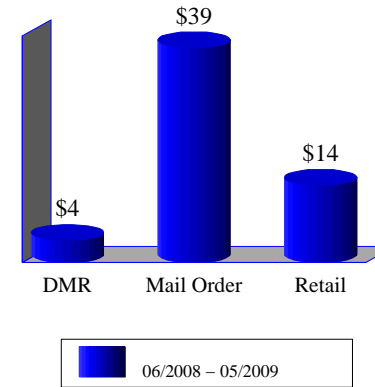
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
MAIL ORDER AND RETAIL PAYMENTS**

Based on Processed Dates

Average Payment by Setting



Average Copay by Setting



06/2008 – 05/2009					
PRESCRIPTION TYPE*	TOTAL NUMBER OF SCRIPTS	TOTAL COPAY	AVERAGE COPAY PER SCRIPT	TOTAL PAYMENTS	AVERAGE PAYMENT PER SCRIPT
RETAIL					
Generic	76,801	\$536,370	\$7	\$1,094,017	\$14
Preferred	29,898	\$745,757	\$25	\$3,124,874	\$105
Non-Preferred	7,216	\$274,268	\$38	\$696,244	\$96
Total Retail	113,915	\$1,556,396	\$14	\$4,915,135	\$43
MAIL ORDER					
Generic	6,455	\$102,440	\$16	\$532,096	\$82
Preferred	3,162	\$225,898	\$71	\$1,326,338	\$419
Non-Preferred	738	\$74,358	\$101	\$291,293	\$395
Total Mail Order	10,355	\$402,696	\$39	\$2,149,727	\$208
DMR***					
Generic	12	\$49	\$4	\$531	\$44
Preferred	34	\$161	\$5	\$1,008	\$30
Non-Preferred	13	\$11	\$1	\$203	\$16
Total DMR	59	\$221	\$4	\$1,741	\$30

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.
**Direct Member Reimbursements – Out-of-Network pharmacy payments are processed
***through the medical claim system and will not be reflected in these numbers.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
MAIL ORDER AND RETAIL UTILIZATION
Based on Processed Dates**

PRESCRIPTION TYPE	06/2008 – 05/2009		
	IN-NETWORK RETAIL SCRIPTS	DMR*** SCRIPTS	MAIL ORDER SCRIPTS
Prescription Utilization			
Total Prescriptions	113,915	59	10,355
Prescriptions Per Member Month	9,492.9	4.9	862.9
Average Days Supplied	24.8	26.5	88.3
Dispensed as Written by Physician	3.3%	0.0%	4.9%
Percent of Preferred Brand Drugs	26.2%	57.6%	30.5%
Percent of Non-Preferred Brand Drugs	6.3%	22.0%	7.1%
Percent of Generic Brand Drugs	67.4%	20.3%	62.3%
Financials			
Ingredient Cost	\$6,185,780	\$1,961	\$2,546,922
Ingredient Cost per Prescription	\$54	\$33	\$246
Dispensing Fee	\$211,083.00	\$2.00	\$0.00
Dispensing Fee per Prescription	\$1.85	\$0.03	\$0.00
Sales Tax	\$82	\$0	\$0
Total Payments	\$4,915,135	\$1,741	\$2,149,727
Average Payment per Prescription	\$43	\$30	\$208
Average Payment per Preferred Brand Prescription	\$105	\$30	\$419
Average Payment per Non-Preferred Brand Prescription	\$96	\$16	\$395
Average Payment per Generic Brand Prescription	\$14	\$44	\$82

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.
 **Direct Member Reimbursements – Out-of-Network pharmacy payments are processed
 ***through the medical claim system and will not be reflected in these numbers.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 50 PRESCRIBED DRUGS BY INGREDIENT COST
Based on Processed Dates**

06/2008 – 05/2009					
PRESCRIPTION	SCRIPT TYPE*	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST	TOTAL SCRIPTS	AVERAGE INGREDIENT COST PER SCRIPT
PREVACID	Preferred	\$224,834	2.6%	1,124	\$200.03
ENBREL	Preferred	\$187,469	2.1%	57	\$3,288.92
ACTOS	Preferred	\$165,699	1.9%	776	\$213.53
SINGULAIR	Preferred	\$159,891	1.8%	1,284	\$124.53
XOLAIR	Preferred	\$154,543	1.8%	42	\$3,679.58
PANTOPRAZOLE SODIUM	Generic	\$151,909	1.7%	1,164	\$130.51
ADVAIR DISKUS	Preferred	\$141,625	1.6%	650	\$217.88
SIMVASTATIN	Generic	\$135,510	1.6%	3,521	\$38.49
VALTREX	Preferred	\$132,195	1.5%	491	\$269.24
EFFEXOR XR	Preferred	\$127,374	1.5%	760	\$167.60
PLAVIX	Preferred	\$124,332	1.4%	721	\$172.44
VYTORIN	Preferred	\$122,134	1.4%	1,021	\$119.62
DIOVAN HCT	Preferred	\$119,383	1.4%	1,143	\$104.45
LIPITOR	Preferred	\$117,563	1.3%	874	\$134.51
TRICOR	Preferred	\$100,230	1.1%	747	\$134.18
TOPAMAX	Preferred	\$88,790	1.0%	336	\$264.25
LEXAPRO	Preferred	\$88,402	1.0%	924	\$95.67
NEXIUM	Non-Preferred	\$88,201	1.0%	439	\$200.91
SAIZEN	Preferred	\$88,140	1.0%	6	\$14,689.96
ATRIPLA	Non-Preferred	\$83,340	1.0%	41	\$2,032.67
COPAXONE	Preferred	\$81,877	0.9%	20	\$4,093.85
CYMBALTA	Preferred	\$81,751	0.9%	471	\$173.57
OMEPRAZOLE	Generic	\$77,522	0.9%	1,309	\$59.22
DIOVAN	Preferred	\$76,288	0.9%	912	\$83.65
PROVIGIL	Non-Preferred	\$70,571	0.8%	131	\$538.71
AMLODIPINE BESYLATE-BENAZEPRIL	Generic	\$69,022	0.8%	737	\$93.65
CRESTOR	Non-Preferred	\$68,280	0.8%	552	\$123.70
ONE TOUCH ULTRA TEST STRIPS	Generic	\$63,611	0.7%	476	\$133.64
LEVAQUIN	Preferred	\$62,820	0.7%	504	\$124.64
LYRICA	Preferred	\$60,869	0.7%	345	\$176.43
ACTOPLUS MET	Preferred	\$60,119	0.7%	225	\$267.19
JANUVIA	Preferred	\$59,774	0.7%	258	\$231.68
SEROQUEL	Preferred	\$59,551	0.7%	249	\$239.16

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 50 PRESCRIBED DRUGS BY INGREDIENT COST
Based on Processed Dates**

06/2008 – 05/2009					
PRESCRIPTION	SCRIPT TYPE*	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST	TOTAL SCRIPTS	AVERAGE INGREDIENT COST PER SCRIPT
BETASERON	Preferred	\$54,684	0.6%	13	\$4,206.48
IMITREX	Preferred	\$52,060	0.6%	209	\$249.09
AMBIEN CR	Preferred	\$51,810	0.6%	369	\$140.41
LANTUS	Preferred	\$51,526	0.6%	299	\$172.33
OXYCONTIN	Preferred	\$51,190	0.6%	85	\$602.23
ZETIA	Preferred	\$50,397	0.6%	411	\$122.62
CELEBREX	Preferred	\$49,735	0.6%	226	\$220.07
LAMOTRIGINE	Generic	\$49,239	0.6%	197	\$249.94
ABILIFY	Non-Preferred	\$45,420	0.5%	98	\$463.47
AZITHROMYCIN	Generic	\$45,212	0.5%	2,634	\$17.16
NIASPAN	Preferred	\$44,558	0.5%	314	\$141.90
ADDERALL XR	Preferred	\$42,417	0.5%	207	\$204.91
ACTONEL	Non-Preferred	\$41,932	0.5%	335	\$125.17
LAMICTAL	Preferred	\$41,710	0.5%	131	\$318.40
JANUMET	Preferred	\$41,498	0.5%	193	\$215.01
HYZAAR	Preferred	\$40,355	0.5%	404	\$99.89
BYETTA	Preferred	\$40,260	0.5%	165	\$244.00

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 50 PRESCRIBED DRUGS BY TOTAL NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

06/2008 – 05/2009					
PRESCRIPTION	SCRIPT TYPE*	TOTAL SCRIPTS	PERCENT OF TOTAL SCRIPTS	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST
SIMVASTATIN	Generic	3,521	2.8%	\$135,510	1.6%
LEVOTHYROXINE SODIUM	Generic	2,701	2.2%	\$21,126	0.2%
AZITHROMYCIN	Generic	2,634	2.1%	\$45,212	0.5%
LISINOPRIL	Generic	2,249	1.8%	\$17,993	0.2%
HYDROCODONE-ACETAMINOPHEN	Generic	2,118	1.7%	\$9,395	0.1%
METFORMIN HCL	Generic	2,068	1.7%	\$37,141	0.4%
AMLODIPINE BESYLATE	Generic	1,478	1.2%	\$28,807	0.3%
OMEPRAZOLE	Generic	1,309	1.1%	\$77,522	0.9%
SINGULAIR	Preferred	1,284	1.0%	\$159,891	1.8%
METOPROLOL SUCCINATE	Generic	1,269	1.0%	\$32,999	0.4%
HYDROCHLOROTHIAZIDE	Generic	1,262	1.0%	\$3,602	0.0%
ALPRAZOLAM	Generic	1,244	1.0%	\$7,424	0.1%
AMOXICILLIN	Generic	1,223	1.0%	\$5,140	0.1%
SYNTHROID	Preferred	1,220	1.0%	\$21,263	0.2%
LISINOPRIL-HCTZ	Generic	1,204	1.0%	\$14,686	0.2%
FLUTICASONE PROPIONATE	Generic	1,167	0.9%	\$20,038	0.2%
PANTOPRAZOLE SODIUM	Generic	1,164	0.9%	\$151,909	1.7%
AMOX TR-POTASSIUM CLAVULANATE	Generic	1,152	0.9%	\$31,849	0.4%
DIOVAN HCT	Preferred	1,143	0.9%	\$119,383	1.4%
PREVACID	Preferred	1,124	0.9%	\$224,834	2.6%
SERTRALINE HCL	Generic	1,050	0.8%	\$22,086	0.3%
VYTORIN	Preferred	1,021	0.8%	\$122,134	1.4%
ATENOLOL	Generic	1,001	0.8%	\$7,338	0.1%
LEXAPRO	Preferred	924	0.7%	\$88,402	1.0%
ZOLPIDEM TARTRATE	Generic	914	0.7%	\$18,217	0.2%
DIOVAN	Preferred	912	0.7%	\$76,288	0.9%
CIPROFLOXACIN HCL	Generic	882	0.7%	\$2,892	0.0%
LIPITOR	Preferred	874	0.7%	\$117,563	1.3%
IBUPROFEN	Generic	811	0.7%	\$3,248	0.0%
ACTOS	Preferred	776	0.6%	\$165,699	1.9%
FEXOFENADINE HCL	Generic	775	0.6%	\$33,767	0.4%
EFFEXOR XR	Preferred	760	0.6%	\$127,374	1.5%
METOPROLOL TARTRATE	Generic	750	0.6%	\$4,053	0.0%
TRICOR	Preferred	747	0.6%	\$100,230	1.1%

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

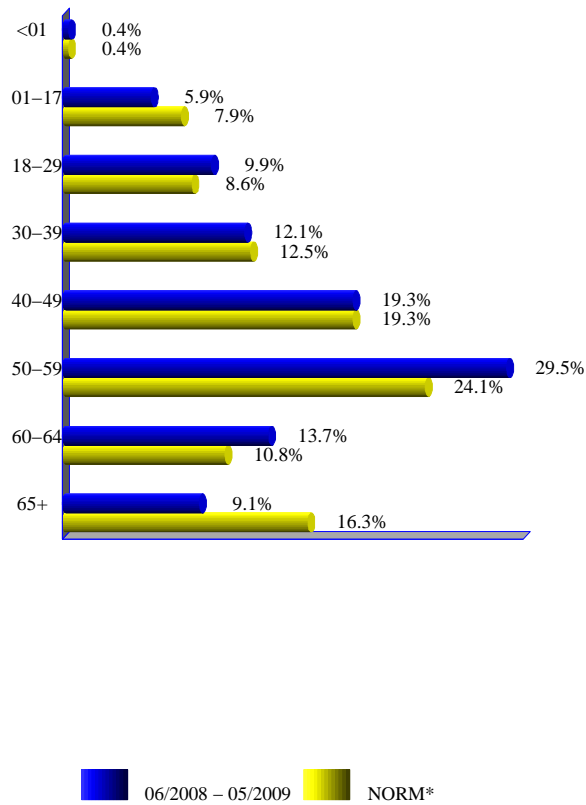
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 50 PRESCRIBED DRUGS BY TOTAL NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

06/2008 – 05/2009					
PRESCRIPTION	SCRIPT TYPE*	TOTAL SCRIPTS	PERCENT OF TOTAL SCRIPTS	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST
PROPOXYPHENE NAPSYLATE-APAP	Generic	743	0.6%	\$2,892	0.0%
PREDNISON	Generic	743	0.6%	\$1,134	0.0%
AMLODIPINE BESYLATE-BENAZEPRIL	Generic	737	0.6%	\$69,022	0.8%
METHYLPREDNISOLONE	Generic	733	0.6%	\$2,436	0.0%
CYCLOBENZAPRINE HCL	Generic	727	0.6%	\$4,090	0.0%
PLAVIX	Preferred	721	0.6%	\$124,332	1.4%
LOVASTATIN	Generic	719	0.6%	\$17,212	0.2%
ALENDRONATE SODIUM	Generic	703	0.6%	\$24,193	0.3%
FLUCONAZOLE	Generic	703	0.6%	\$3,058	0.0%
TRIAMTERENE-HCTZ	Generic	698	0.6%	\$4,102	0.0%
FLUOXETINE HCL	Generic	690	0.6%	\$17,035	0.2%
YAZ	Preferred	679	0.5%	\$39,848	0.5%
ADVAIR DISKUS	Preferred	650	0.5%	\$141,625	1.6%
ORTHO TRI-CYCLEN LO	Preferred	649	0.5%	\$36,769	0.4%
LOESTRIN 24 FE	Preferred	644	0.5%	\$36,400	0.4%
NAPROXEN	Generic	620	0.5%	\$5,821	0.1%

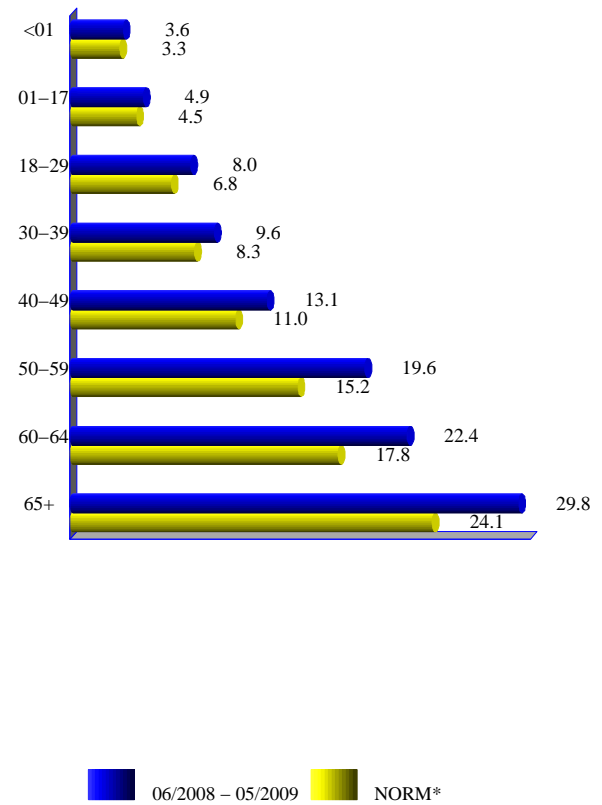
*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PHARMACY UTILIZATION BY AGE CATEGORY
Based on Processed Dates**

**Percent of Prescriptions
by Age Category**



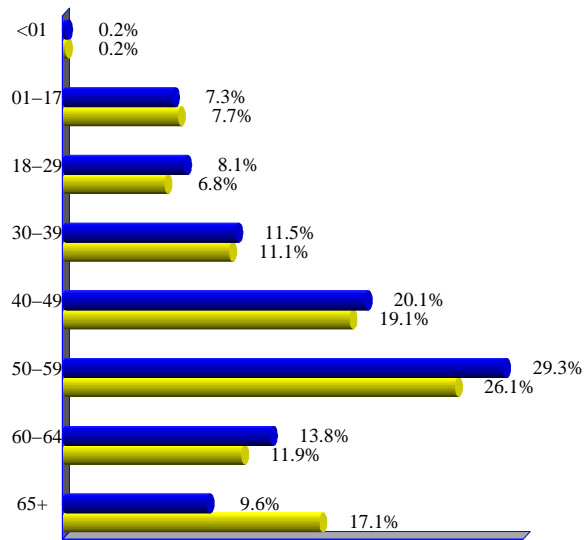
**Average Number of Prescriptions
by Age Category**



*BOOK OF BUSINESS NORMS for claims paid 05/2008 thru 04/2009

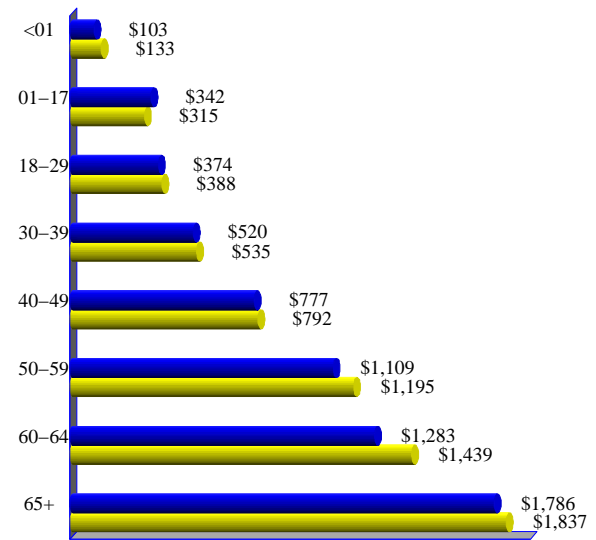
**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PHARMACY PAYMENTS BY AGE CATEGORY
Based on Processed Dates**

**Percent of Payments
by Age Category**



06/2008 - 05/2009 NORM*

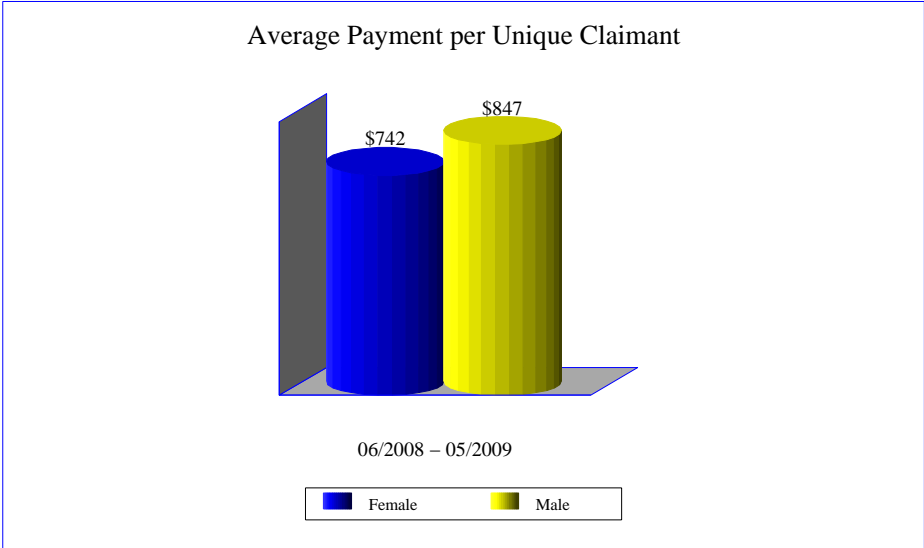
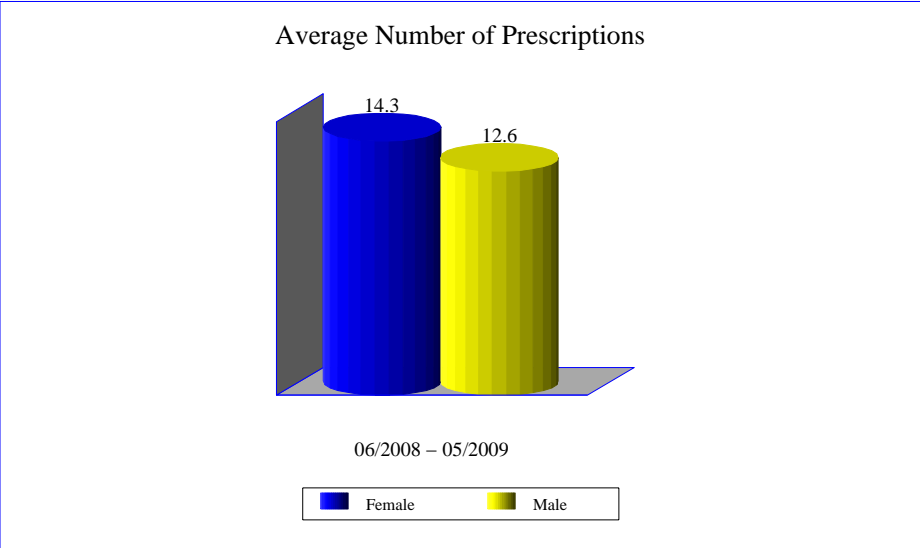
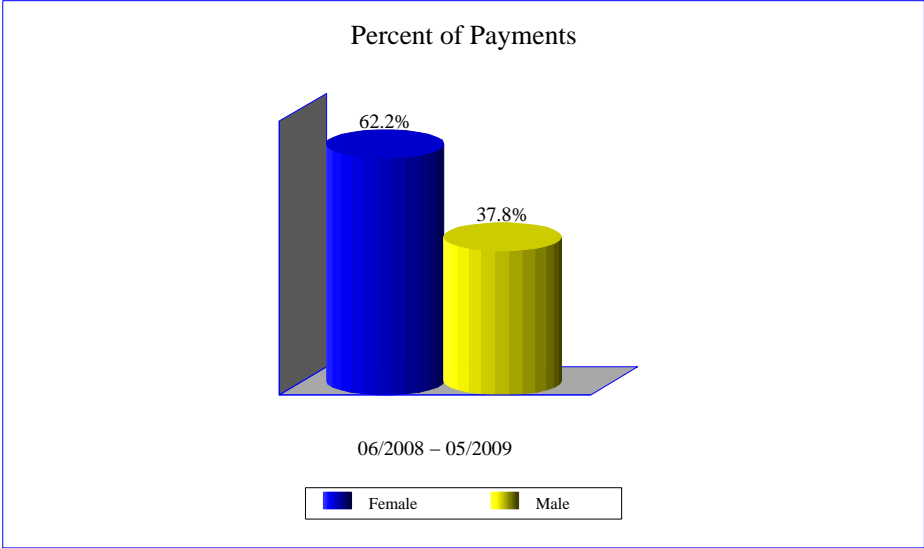
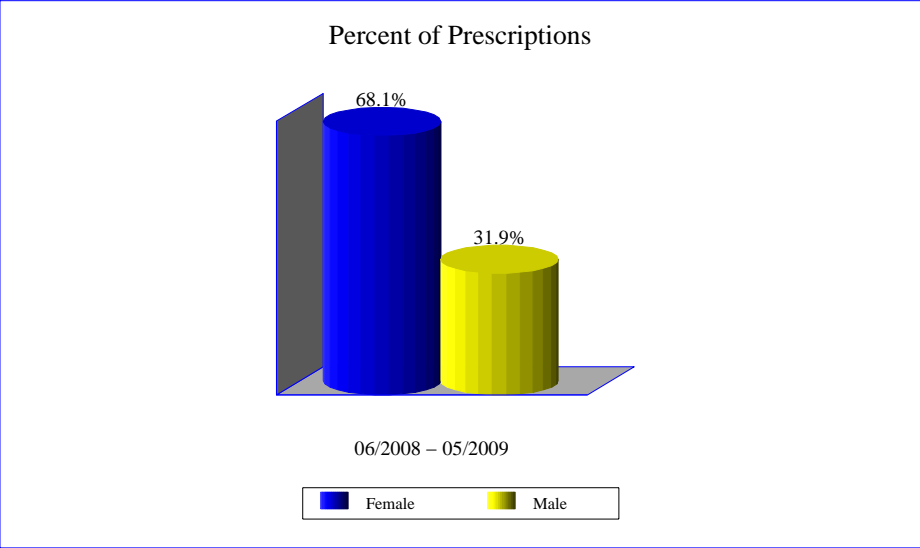
**Average Payment per Unique Claimant
by Age Category**



06/2008 - 05/2009 NORM*

*BOOK OF BUSINESS NORMS for claims paid 05/2008 through 04/2009

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
PHARMACY UTILIZATION AND PAYMENTS BY GENDER
Based on Processed Dates**



**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

06/2008 – 05/2009				
DESCRIPTION	PRESCRIPTION TYPE*	NUMBER OF PRESCRIPTIONS	PHARMACY PAYMENTS	AVERAGE PAYMENT PER PRESCRIPTION
ANTIHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS		6,062	\$273,522	\$45
SIMVASTATIN	generic	3,521	\$110,595	\$31
LIPITOR	preferred brand	874	\$85,294	\$98
LOVASTATIN	generic	719	\$12,660	\$18
CRESTOR	non–preferred brand	552	\$43,441	\$79
PRAVASTATIN SODIUM	generic	280	\$8,747	\$31
LESCOL XL	preferred brand	73	\$7,859	\$108
ZOCOR	preferred brand	26	\$3,143	\$121
LESCOL	preferred brand	14	\$1,000	\$71
ALTOPREV	non–preferred brand	3	\$783	\$261
CONTRACEPTIVES,ORAL		5,968	\$159,104	\$27
YAZ	preferred brand	679	\$22,389	\$33
ORTHO TRI–CYCLEN LO	preferred brand	649	\$20,073	\$31
LOESTRIN 24 FE	preferred brand	644	\$20,123	\$31
TRINESSA	generic	431	\$8,017	\$19
OCELLA	generic	345	\$15,051	\$44
TRI–SPRINTEC	generic	345	\$5,043	\$15
LOW–OGESTREL	generic	261	\$3,886	\$15
YASMIN 28	preferred brand	202	\$7,512	\$37
NECON	generic	192	\$3,471	\$18
AVIANE	generic	162	\$2,384	\$15
OTHER		2,058	\$51,155	\$25
ANALGESICS, NARCOTICS		4,891	\$136,007	\$28
HYDROCODONE–ACETAMINOPHEN	generic	2,118	\$4,443	\$2
PROPOXYPHENE NAPSYLATE–APAP	generic	743	\$640	\$1
OXYCODONE–ACETAMINOPHEN	generic	529	\$1,433	\$3
TRAMADOL HCL	generic	492	\$1,630	\$3
OXYCODONE HCL	generic	284	\$17,684	\$62
OXYCODONE HCL–ACETAMINOPHEN	generic	137	\$8,472	\$62
OXYCONTIN	preferred brand	85	\$49,201	\$579
MORPHINE SULFATE	generic	77	\$3,527	\$46
TRAMADOL HCL–ACETAMINOPHEN	generic	68	\$2,252	\$33
FENTANYL	generic	60	\$17,495	\$292
OTHER		298	\$29,231	\$98
THYROID HORMONES		4,347	\$8,675	\$2

*If account only has a two–tier plan then non–preferred drugs = non–formulary drugs.

**SCHOOL DISTRICT OF OSCEOLA COUNTY – MEDICAL UTILIZATION
FOR THE MOST RECENT 12 MONTHS
TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY NUMBER OF PRESCRIPTIONS
Based on Processed Dates**

06/2008 – 05/2009				
DESCRIPTION	PRESCRIPTION TYPE*	NUMBER OF PRESCRIPTIONS	PHARMACY PAYMENTS	AVERAGE PAYMENT PER PRESCRIPTION
LEVOthyroxine Sodium	generic	2,701	\$5,282	\$2
SYNTHROID	preferred brand	1,220	\$399	\$0
LEVOXYL	generic	279	\$2,170	\$8
ARMOUR THYROID	generic	73	\$0	\$0
CYTOMEL	preferred brand	46	\$737	\$16
LEVOTHROID	generic	25	\$31	\$1
LIOthyronine Sodium	generic	1	\$54	\$54
UNITHROID	generic	1	\$3	\$3
THYROID	generic	1	\$0	\$0
PROTON-PUMP INHIBITORS		4,202	\$491,837	\$117
OMEPRazole	generic	1,309	\$68,405	\$52
PANTOPRAZOLE Sodium	generic	1,164	\$144,457	\$124
PREVACID	preferred brand	1,124	\$193,948	\$173
NEXIUM	non-preferred brand	439	\$61,002	\$139
ACIPHEX	non-preferred brand	95	\$12,361	\$130
PROTONIX	preferred brand	52	\$8,873	\$171
ZEGERID	non-preferred brand	18	\$2,663	\$148
PRILOSEC	non-preferred brand	1	\$128	\$128
OVERALL TOTAL		25,470	\$1,069,146	\$42

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid June 01,2008 thru May 31,2009
Service Dates June 01,2008 Thru May 31,2009

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #001	F	30-39	OAP	A	E	72252	LUMBAR/LS DISC DEGEN	\$92,725.47	Medical
	F		OAP					\$3,532.20	Rx
	F		OAP					\$96,265.21	Total
PATIENT #002	F	1-17	OA	A	C	73730	IDIOPATHIC SCOLIOSIS	\$55,591.09	Medical
	F		OA					\$0.00	Rx
	F		OA					\$55,591.09	Total
PATIENT #003	F	60-64	OA	A	S	6185	POSTOP VAGINAL PROLAPSE	\$14,190.42	Medical
	F		OAPIN					\$11,930.13	Medical
	F		OA					\$2,550.56	Rx
	F		OAPIN					\$7,149.98	Rx
	F		OA					\$35,821.09	Total
PATIENT #004	M	40-49	OA	A	S	7230	CERVICAL SPINAL STENOSIS	\$17,469.70	Medical
	M		OAPIN					\$58,643.52	Medical
	M		OA					\$2,255.06	Rx
	M		OAPIN					\$5,484.46	Rx
	M		OA					\$83,852.74	Total
PATIENT #005	M	40-49	OA	A	E	57400	GB CAL W ACUTE CHOL	\$1,076.61	Medical
	M		OAPIN					\$25,782.35	Medical
	M		OA					\$2,911.15	Rx
	M		OAPIN					\$5,062.24	Rx
	M		OA					\$34,832.35	Total
PATIENT #006	M	50-59	OA	A	E	41401	COR AS- NATIVE VESSEL	\$128,383.77	Medical
	M		OAP					\$0.00	Medical
	M		OA					\$1,804.44	Rx
	M		OAP					\$5,403.31	Rx
	M		OA					\$135,591.52	Total

* DIAGNOSIS CODE IS BASED ON LARGEST DOLLAR CLAIM

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid June 01,2008 thru May 31,2009
Service Dates June 01,2008 Thru May 31,2009

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #007	F	50-59	OAP	A	E	570	ACUTE LIVER NECROSIS	\$180,561.84	Medical
	F		OAP					\$15.57	Rx
	F		OAP					\$180,577.41	Total
PATIENT #008	M	30-39	OA	A	E	7220	CERV DISC DISPLACEMENT	\$1,071.39	Medical
	M		OAP					\$24,255.18	Medical
	M		OA					\$126.21	Rx
	M		OAP					\$4.65	Rx
	M		OA					\$25,457.43	Total
PATIENT #009	F	50-59	OA	A	E	2113	BENIGN LG INTEST NEOPL	\$44,007.23	Medical
	F		OAP					\$0.00	Medical
	F		OA					\$148.29	Rx
	F		OAP					\$0.00	Rx
	F		OA					\$44,155.52	Total
PATIENT #010	M	40-49	OA	A	E	5853	CKD-STAGE III	\$23,394.84	Medical
	M		OAP					\$45,994.02	Medical
	M		OA					\$7,150.60	Rx
	M		OAP					\$11,617.56	Rx
	M		OA					\$88,157.02	Total
PATIENT #011	F	18-29	OA	A	S	2727	LIPIDOSES	\$133,283.51	Medical
	F		OAP					\$64,060.71	Medical
	F		OA					\$8.31	Rx
	F		OAP					\$0.00	Rx
	F		OA					\$197,352.53	Total

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid June 01,2008 thru May 31,2009
Service Dates June 01,2008 Thru May 31,2009

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #012	F	50-59	OA	A	E	1629	BRONCHUS/LUNG CA NOS	\$5,116.22	Medical
	F		OAP					\$153,542.98	Medical
	F		OA					\$21.93	Rx
	F		OAP					\$607.75	Rx
	F		OA					\$159,288.88	Total
PATIENT #013	F	40-49	OA	A	E	7220	CERV DISC DISPLACEMENT	\$554.35	Medical
	F		OAP					\$29,815.62	Medical
	F		OA					\$543.56	Rx
	F		OAP					\$1,999.01	Rx
	F		OA					\$32,912.54	Total
PATIENT #014	F	40-49	OA	A	E	6212	UTERINE HYPERTROPHY	\$32,358.33	Medical
	F		OA					\$0.00	Rx
	F		OA					\$32,358.33	Total
PATIENT #015	M	1-17	OAP	A	C	2701	PKU	\$0.00	Medical
	M		OAP					\$13,125.31	Rx
	M		OAP					\$30,733.56	Total
PATIENT #016	F	50-59	OA	A	E	56081	INTESTINAL ADHES W OBSTR	\$35,022.45	Medical
	F		OAP					\$29,844.62	Medical
	F		OA					\$5,534.47	Rx
	F		OAP					\$13,156.07	Rx
	F		OA					\$83,557.61	Total
PATIENT #017	F	50-59	OA	A	S	2734	ALPHA-1-ANTITRYPSIN DEF	\$1,525.83	Medical
	F		OAPIN					\$83,614.21	Medical
	F		OA					\$6,408.47	Rx
	F		OAPIN					\$10,506.23	Rx
	F		OA					\$102,054.74	Total

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid June 01,2008 thru May 31,2009
Service Dates June 01,2008 Thru May 31,2009

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #018	F	60-64	OA	A	E	1539	COLON CA NOS	\$29,994.13	Medical
	F		OA					\$5.33	Rx
	F		OA					\$29,999.46	Total
PATIENT #019	M	<1	OA	A	C	V3001	SINGLE LB-HOSPITAL BY CD	\$28,854.02	Medical
	M		OA					\$0.00	Rx
	M		OA					\$28,854.02	Total
PATIENT #020	F	40-49	OA	A	S	78900	ABDOMINAL PAIN-SITE NOS	\$37,442.62	Medical
	F		OAP					\$6,753.23	Medical
	F		OA					\$0.00	Rx
	F		OAP					\$104.88	Rx
	F		OA					\$44,300.73	Total
PATIENT #021	F	50-59	OA	A	E	49390	ASTHMA NOS	\$3,239.60	Medical
	F		OAPIN					\$1,724.30	Medical
	F		OA					\$10,363.70	Rx
	F		OAPIN					\$16,796.24	Rx
	F		OA					\$32,123.84	Total
PATIENT #022	F	50-59	OA	A	E	V5811	ANTINEO CHEMO ENCOUNTER	\$257.30	Medical
	F		OAP					\$76,882.88	Medical
	F		OA					\$41.59	Rx
	F		OAP					\$2,378.18	Rx
	F		OA					\$79,559.95	Total
PATIENT #023	M	50-59	OA	A	S	5921	URETERAL CALCULUS	\$21,786.43	Medical
	M		OAP					\$3,182.97	Medical
	M		OA					\$51.37	Rx
	M		OAP					\$130.62	Rx
	M		OA					\$25,151.39	Total

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid June 01,2008 thru May 31,2009
Service Dates June 01,2008 Thru May 31,2009

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #024	F	30-39	OA	A	E	1744	FEMALE UOQ BREAST CA	\$18,014.27	Medical
	F		OAPIN				\$10,727.34	Medical	
	F		OA				\$150.05	Rx	
	F		OAPIN				\$173.88	Rx	
	F		OA				\$29,065.54	Total	
PATIENT #025	F	40-49	OA	A	E	9654	POIS-AROMA ANALGES NEC	\$29,873.45	Medical
	F		OAP				\$4,330.80	Medical	
	F		OA				\$305.30	Rx	
	F		OAP				\$385.17	Rx	
	F		OA				\$34,894.72	Total	
PATIENT #026	F	50-59	OA	A	E	9974	SURG COMP-DIGESTIVE	\$13,073.21	Medical
	F		OAP				\$58,857.04	Medical	
	F		OA				\$858.57	Rx	
	F		OAP				\$1,316.77	Rx	
	F		OA				\$74,105.59	Total	
PATIENT #027	M	60-64	OA	R	E	43311	CAROTID OCCL W INFARCT	\$1,253.77	Medical
	M		OAPIN				\$105,289.30	Medical	
	M		OA				\$1,084.14	Rx	
	M		OAPIN				\$3,211.66	Rx	
	M		OA				\$110,838.87	Total	
PATIENT #028	F	50-59	OA	A	E	7140	RHEUMATOID ARTHRITIS	\$18,306.56	Medical
	F		OAP				\$34,974.58	Medical	
	F		OA				\$298.95	Rx	
	F		OAP				\$757.13	Rx	
	F		OA				\$54,337.22	Total	

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid June 01,2008 thru May 31,2009
Service Dates June 01,2008 Thru May 31,2009

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #029	F	30-39	OA	A	E	78900	ABDOMINAL PAIN-SITE NOS	\$16,709.89	Medical
	F		OAPIN				\$8,196.51	Medical	
	F		OA				\$15.30	Rx	
	F		OAPIN				\$285.23	Rx	
	F		OA				\$25,206.93	Total	
PATIENT #030	F	50-59	OA	A	E	1984	2ND NERV SYST CA NEC	\$191,035.98	Medical
	F		OAP				\$85,195.06	Medical	
	F		OA				\$0.00	Rx	
	F		OAP				\$3,798.27	Rx	
	F		OA				\$280,029.31	Total	
PATIENT #031	F	50-59	OA	A	E	1537	SPLenic FLEXURE CA	\$3,997.33	Medical
	F		OAP				\$27,339.54	Medical	
	F		OA				\$0.00	Rx	
	F		OAP				\$185.99	Rx	
	F		OA				\$31,522.86	Total	
PATIENT #032	M	50-59	OA	A	S	7384	ACQ SPONDYLOLISTHESIS	\$70,355.55	Medical
	M		OAP				\$0.00	Medical	
	M		OA				\$203.95	Rx	
	M		OAP				\$119.16	Rx	
	M		OA				\$70,678.66	Total	
PATIENT #033	F	30-39	OA	A	S	67144	PP DEEP THROMBOSIS-PP	\$25,556.45	Medical
	F		OAP				\$0.00	Medical	
	F		OA				\$619.48	Rx	
	F		OAP				\$5,043.97	Rx	
	F		OA				\$31,219.90	Total	

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid June 01,2008 thru May 31,2009
Service Dates June 01,2008 Thru May 31,2009

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #034	F	40-49	OA	A	E	1640	THYMUS CA	\$44,133.45	Medical
	F		OA				\$368.26	Rx	
	F		OA				\$44,501.71	Total	
PATIENT #035	M	40-49	OA	A	S	41401	COR AS- NATIVE VESSEL	\$.00	Medical
	M		OAP				\$25,458.62	Medical	
	M		OA				\$18.60	Rx	
	M		OAP				\$1,909.38	Rx	
	M		OA				\$27,386.60	Total	
PATIENT #036	M	50-59	OA	A	E	72690	ENTHESOPATHY SITE NOS	\$215.59	Medical
	M		OAP				\$.00	Medical	
	M		OA				\$8,805.84	Rx	
	M		OAP				\$22,240.03	Rx	
	M		OA				\$31,261.46	Total	
PATIENT #037	F	60-64	OA	A	S	4240	MITRAL VALVE DISORDER	\$48,383.90	Medical
	F		OAP				\$251.56	Medical	
	F		OA				\$260.38	Rx	
	F		OAP				\$388.03	Rx	
	F		OA				\$49,283.87	Total	
PATIENT #038	M	60-64	OA	A	S	44102	ABD AORTA DISSECTION	\$187.54	Medical
	M		OAP				\$202,396.79	Medical	
	M		OA				\$169.39	Rx	
	M		OAP				\$417.94	Rx	
	M		OA				\$203,171.66	Total	

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PATIENT #039	M	40-49	OA	A	E	41071	SUBEND INFARCT-INITIAL	\$129.29	Medical
	M		OAPIN				\$116,443.10	Medical	
	M		OA				\$184.07	Rx	
	M		OAPIN				\$161.12	Rx	
	M		OA				\$116,917.58	Total	
PATIENT #040	M	1-17	OA	A	C	V202	ROUTINE CHILD HEATH CK	\$363.30	Medical
	M		OAPIN				\$49.93	Medical	
	M		OA				\$21,389.10	Rx	
	M		OAPIN				\$20,901.94	Rx	
	M		OA				\$42,704.27	Total	
PATIENT #041	F	40-49	OAP	A	S	1744	FEMALE UOQ BREAST CA	\$53,778.63	Medical
	F		OAP				\$864.91	Rx	
	F		OAP				\$54,844.04	Total	
PATIENT #042	F	<1	OAPIN	A	C	V3000	SINGLE LB-HOSP W/O CD	\$53,343.52	Medical
	F		OAPIN				\$24.17	Rx	
	F		OAPIN				\$53,367.69	Total	
PATIENT #043	M	50-59	OA	A	S	41401	COR AS- NATIVE VESSEL	\$128.62	Medical
	M		OAPIN				\$48,697.88	Medical	
	M		OA				\$1,870.22	Rx	
	M		OAPIN				\$3,876.27	Rx	
	M		OA				\$54,572.99	Total	
PATIENT #044	F	40-49	OAP	A	E	1748	FEMALE BREAST CA NEC	\$37,716.10	Medical
	F		OAP				\$59.56	Rx	
	F		OAP				\$37,775.66	Total	

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PATIENT #045	M	50-59	OA	A	E	4321	SUBDURAL HEMORRHAGE	\$53.51	Medical
	M		OAPIN					\$67,419.29	Medical
	M		OA					\$337.01	Rx
	M		OAPIN					\$1,171.95	Rx
	M		OA					\$68,981.76	Total
PATIENT #046	F	50-59	OA	A	E	1744	FEMALE UOQ BREAST CA	\$1,370.43	Medical
	F		OAPIN					\$39,693.53	Medical
	F		OA					\$175.31	Rx
	F		OAPIN					\$700.08	Rx
	F		OA					\$41,939.35	Total
PATIENT #047	F	50-59	OA	A	S	78906	EPIGASTRIC ABD PAIN	\$17,284.04	Medical
	F		OAPIN					\$5,938.28	Medical
	F		OA					\$2,535.08	Rx
	F		OAPIN					\$3,057.88	Rx
	F		OA					\$28,815.28	Total
PATIENT #048	M	60-64	OA	A	E	8404	ROTATOR CUFF SPRAIN	\$19,347.19	Medical
	M		OAP					\$0.00	Medical
	M		OA					\$3,361.96	Rx
	M		OAP					\$7,250.73	Rx
	M		OA					\$29,959.88	Total
PATIENT #049	F	40-49	OAP	A	E	1809	CERVIX UTERI CA NOS	\$31,057.00	Medical
	F		OAP					\$0.00	Rx
	F		OAP					\$31,057.00	Total

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PATIENT #050	F	50-59	OA	A	E	340	MULTIPLE SCLEROSIS	\$896.15	Medical
	F		OAPIN					\$7,147.22	Medical
	F		OA					\$931.99	Rx
	F		OAPIN					\$16,304.61	Rx
	F		OA					\$25,279.97	Total
PATIENT #051	F	60-64	OA	A	E	5409	ACUTE APPENDICITIS NOS	\$26,022.41	Medical
	F		OAP					\$31.70	Medical
	F		OA					\$324.46	Rx
	F		OAP					\$579.01	Rx
	F		OA					\$26,957.58	Total
PATIENT #052	F	30-39	OA	A	S	72271	CERV DISC DIS W MYELOP	\$41,636.89	Medical
	F		OAP					\$52.59	Medical
	F		OA					\$0.00	Rx
	F		OAP					\$5.29	Rx
	F		OA					\$41,694.77	Total
PATIENT #053	M	60-64	OA	A	S	185	PROSTATE CA	\$30,108.41	Medical
	M		OAP					\$6,570.28	Medical
	M		OA					\$0.00	Rx
	M		OAP					\$5,757.26	Rx
	M		OA					\$42,435.95	Total
PATIENT #054	M	40-49	OA	A	E	55090	UNILAT INGUINAL HERNIA	\$7,232.88	Medical
	M		OAP					\$6,758.67	Medical
	M		OA					\$23,345.03	Rx
	M		OAP					\$36,162.17	Rx
	M		OA					\$73,498.75	Total

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PATIENT #055	F	60-64	OA	R	E	07044	CHR VH C W COMA	\$123,293.30	Medical
	F		OA					\$484.24	Rx
	F		OA					\$123,777.54	Total
PATIENT #056	F	40-49	OA	A	E	1744	FEMALE UOQ BREAST CA	\$764.81	Medical
	F		OAP					\$57,570.26	Medical
	F		OA					\$2,678.39	Rx
	F		OAP					\$6,791.31	Rx
	F		OA					\$67,804.77	Total
PATIENT #057	F	50-59	OA	A	E	1749	FEMALE BREAST CA NOS	\$28,033.27	Medical
	F		OAP					\$14,678.34	Medical
	F		OA					\$192.29	Rx
	F		OAP					\$479.29	Rx
	F		OA					\$43,383.19	Total
PATIENT #058	F	60-64	OA	A	S	29624	MDD ONE EPIS-SEV W PSYCH	\$12,199.08	Medical
	F		OAPIN					\$16,249.52	Medical
	F		OA					\$13.00	Rx
	F		OAPIN					\$1,146.59	Rx
	F		OA					\$29,608.19	Total
PATIENT #059	F	<1	OAPIN	A	C	51881	AC RESPIRATORY FAILURE	\$703,554.05	Medical
	F		OAPIN					\$1,499.18	Rx
	F		OAPIN					\$705,053.23	Total
PATIENT #060	F	50-59	OA	A	E	1749	FEMALE BREAST CA NOS	\$583.03	Medical
	F		OAP					\$40,642.05	Medical
	F		OA					\$0.00	Rx
	F		OAP					\$959.52	Rx
	F		OA					\$42,184.60	Total

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PATIENT #061	F	50-59	OA	A	E	1749	FEMALE BREAST CA NOS	\$1,623.18	Medical
	F		OAPIN				\$65,436.42	Medical	
	F		OA				\$771.74	Rx	
	F		OAPIN				\$1,361.65	Rx	
	F		OA				\$69,192.99	Total	
PATIENT #062	M	18-29	OA	A	E	5856	ESRD	\$41,864.41	Medical
	M		OAPIN				\$33,156.05	Medical	
	M		OA				\$8,755.64	Rx	
	M		OAPIN				\$6,887.30	Rx	
	M		OA				\$90,663.40	Total	
PATIENT #063	M	60-64	OA	A	S	1410	TONGUE BASE CA	\$10,544.24	Medical
	M		OAP				\$27,946.22	Medical	
	M		OA				\$425.19	Rx	
	M		OAP				\$3,297.77	Rx	
	M		OA				\$42,213.42	Total	
PATIENT #064	F	60-64	OA	A	E	8244	CLSD FX BIMALLEOLAR	\$29,898.12	Medical
	F		OAP				\$1,261.68	Medical	
	F		OA				\$0.00	Rx	
	F		OAP				\$0.00	Rx	
	F		OA				\$31,159.80	Total	
PATIENT #065	M	50-59	OA	A	S	V5332	ADJUSTMENT AICD	\$53,730.75	Medical
	M		OAP				\$1,858.15	Medical	
	M		OA				\$0.00	Rx	
	M		OAP				\$192.55	Rx	
	M		OA				\$55,781.45	Total	

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PATIENT #066	M	60-64	OA	R	E	56211	COLON DIVERTICULITIS	\$38,633.63	Medical
	M		OAP				\$10,706.01	Medical	
	M		OA				\$640.00	Rx	
	M		OAP				\$1,496.55	Rx	
	M		OA				\$51,476.19	Total	
PATIENT #067	F	50-59	OA	A	E	5559	REGIONAL ENTERITIS NOS	\$8,586.70	Medical
	F		OAPIN				\$18,263.80	Medical	
	F		OA				\$469.53	Rx	
	F		OAPIN				\$2,451.69	Rx	
	F		OA				\$29,771.72	Total	
PATIENT #068	M	50-59	OA	A	S	41401	COR AS- NATIVE VESSEL	\$171.91	Medical
	M		OAP				\$37,002.28	Medical	
	M		OA				\$0.00	Rx	
	M		OAP				\$2,492.96	Rx	
	M		OA				\$39,667.15	Total	
PATIENT #069	F	50-59	OA	A	E	V571	PHYSICAL THERAPY NEC	\$49,718.26	Medical
	F		OAP				\$1,389.73	Medical	
	F		OA				\$113.67	Rx	
	F		OAP				\$104.33	Rx	
	F		OA				\$51,325.99	Total	
PATIENT #070	F	60-64	OA	A	E	1533	SIGMOID COLON CA	\$13,848.38	Medical
	F		OAP				\$201,087.56	Medical	
	F		OA				\$357.27	Rx	
	F		OAP				\$1,416.52	Rx	
	F		OA				\$216,709.73	Total	

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PATIENT #071	F	60-64	OA	R	E	7802	SYNCOPE & COLLAPSE	\$1,711.85	Medical
	F		OAP				\$41,581.73	Medical	
	F		OA				\$3,783.20	Rx	
	F		OAP				\$5,459.67	Rx	
	F		OA				\$52,536.45	Total	
PATIENT #072	M	50-59	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$25,983.09	Medical
	M		OAP				\$158.14	Medical	
	M		OA				\$1,768.73	Rx	
	M		OAP				\$3,156.03	Rx	
	M		OA				\$31,065.99	Total	
PATIENT #073	M	30-39	OA	A	E	42761	ATRIAL PREMATURE BEATS	\$1,610.24	Medical
	M		OAP				\$0.00	Medical	
	M		OA				\$17,264.09	Rx	
	M		OAP				\$18,027.67	Rx	
	M		OA				\$36,902.00	Total	
PATIENT #074	F	65+	OA	A	E	71535	LOC OA NOS-PELVIS	\$3,113.21	Medical
	F		OAP				\$37,103.83	Medical	
	F		OA				\$89.63	Rx	
	F		OAP				\$213.84	Rx	
	F		OA				\$40,520.51	Total	
PATIENT #075	F	65+	OA	R	E	53250	CHR DU W PERF W/O OBSTR	\$111,955.53	Medical
	F		OAPIN				\$7,805.04	Medical	
	F		OA				\$281.94	Rx	
	F		OAPIN				\$0.00	Rx	
	F		OA				\$120,042.51	Total	

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PATIENT #076	F	65+	OA	A	E	1533	SIGMOID COLON CA	\$64.31	Medical
	F		OAP				\$71,645.05	Medical	
	F		OA				\$595.75	Rx	
	F		OAP				\$513.99	Rx	
	F		OA				\$72,819.10	Total	
PATIENT #077	F	50-59	OA	A	E	1749	FEMALE BREAST CA NOS	\$216.00	Medical
	F		OAP				\$25,164.30	Medical	
	F		OA				\$168.20	Rx	
	F		OAP				\$985.69	Rx	
	F		OA				\$26,534.19	Total	
PATIENT #078	F	40-49	OA	A	E	71887	JT DERANG NEC-ANKLE	\$7,103.54	Medical
	F		OAPIN				\$11,437.34	Medical	
	F		OA				\$20,779.43	Rx	
	F		OAPIN				\$38,970.51	Rx	
	F		OA				\$78,290.82	Total	
PATIENT #079	F	40-49	OA	A	E	8442	KNEE CRUCIATE LIG SPRAIN	\$10,271.30	Medical
	F		OAP				\$21,852.86	Medical	
	F		OA				\$25.54	Rx	
	F		OAP				\$196.26	Rx	
	F		OA				\$32,345.96	Total	
PATIENT #080	F	60-64	OA	A	E	5789	GI HEMORRHAGE NOS	\$456.13	Medical
	F		OAP				\$29,958.02	Medical	
	F		OA				\$499.74	Rx	
	F		OAP				\$2,406.94	Rx	
	F		OA				\$33,320.83	Total	

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PATIENT #081	M	60-64	OA	R	S	99859	POSTOP INFECTION NEC	\$93,231.90	Medical
	M		OA					\$1,131.69	Rx
	M		OA					\$94,363.59	Total
PATIENT #082	F	40-49	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$73.12	Medical
	F		OAPIN					\$32,146.92	Medical
	F		OA					\$746.31	Rx
	F		OAPIN					\$1,650.65	Rx
	F		OA					\$34,617.00	Total
PATIENT #083	M	50-59	OA	A	E	1533	SIGMOID COLON CA	\$46,812.71	Medical
	M		OAPIN					\$12,149.80	Medical
	M		OA					\$3,111.93	Rx
	M		OAPIN					\$1,116.16	Rx
	M		OA					\$63,190.60	Total
PATIENT #084	M	50-59	OA	A	E	41071	SUBEND INFARCT-INITIAL	\$29,260.42	Medical
	M		OAP					\$95.57	Medical
	M		OA					\$383.68	Rx
	M		OAP					\$1,879.28	Rx
	M		OA					\$31,618.95	Total
PATIENT #085	M	60-64	OA	A	E	41401	COR AS- NATIVE VESSEL	\$2,895.36	Medical
	M		OAP					\$28,034.96	Medical
	M		OA					\$1,765.39	Rx
	M		OAP					\$3,126.14	Rx
	M		OA					\$35,821.85	Total

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid June 01,2008 thru May 31,2009
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<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #086	F	50-59	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$31,417.41	Medical
	F		OAPIN					\$8,463.31	Medical
	F		OA					\$2,386.97	Rx
	F		OAPIN					\$2,435.00	Rx
	F		OA					\$44,702.69	Total
PATIENT #087	F	65+	OA	R	E	4821	PSEUDOMONAL PNEUMONIA	\$1,466.86	Medical
	F		OAP					\$3,751.47	Medical
	F		OA					\$7,833.12	Rx
	F		OAP					\$13,556.51	Rx
	F		OA					\$26,607.96	Total
PATIENT #088	F	60-64	OA	A	E	71516	LOC PRIMARY OA-LOWER LEG	\$24,920.73	Medical
	F		OAP					\$5,453.65	Medical
	F		OA					\$190.49	Rx
	F		OAP					\$94.84	Rx
	F		OA					\$30,659.71	Total
PATIENT #089	M	60-64	OA	A	S	496	CHRONIC AIRWAY OBSTR NEC	\$8,822.41	Medical
	M		OAP					\$12,986.29	Medical
	M		OA					\$1,381.90	Rx
	M		OAP					\$5,196.31	Rx
	M		OA					\$28,386.91	Total
PATIENT #090	F	60-64	OA	R	E	V5332	ADJUSTMENT AICD	\$28,580.08	Medical
	F		OAP					\$0.00	Medical
	F		OA					\$14.40	Rx
	F		OAP					\$383.23	Rx
	F		OA					\$28,977.71	Total

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PATIENT #091	F	50-59	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$28,720.25	Medical
	F		OAP					\$33,497.31	Medical
	F		OA					\$3,103.32	Rx
	F		OAP					\$3,527.07	Rx
	F		OA					\$68,847.95	Total
PATIENT #092	M	50-59	OA	A	S	7242	LUMBAGO	\$474.74	Medical
	M		OAP					\$58,345.06	Medical
	M		OA					\$179.26	Rx
	M		OAP					\$499.67	Rx
	M		OA					\$59,498.73	Total
PATIENT #093	M	60-64	OA	A	S	78559	SHOCK W/O TRAUMA NEC	\$9,432.28	Medical
	M		OAP					\$23,830.57	Medical
	M		OA					\$961.64	Rx
	M		OAP					\$1,185.07	Rx
	M		OA					\$35,409.56	Total
PATIENT #094	M	50-59	OA	A	E	41071	SUBEND INFARCT-INITIAL	\$63.12	Medical
	M		OAP					\$42,355.20	Medical
	M		OA					\$913.84	Rx
	M		OAP					\$508.42	Rx
	M		OA					\$43,840.58	Total
PATIENT #095	F	40-49	OA	A	E	4770	RHINITIS DUE TO POLLEN	\$18.55	Medical
	F		OAP					\$0.00	Medical
	F		OA					\$12,357.11	Rx
	F		OAP					\$20,522.46	Rx
	F		OA					\$32,898.12	Total

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PATIENT #096	F	60-64	OA	A	E	340	MULTIPLE SCLEROSIS	\$391.94	Medical
	F		OAP					\$222.79	Medical
	F		OA					\$7,027.47	Rx
	F		OAP					\$20,076.63	Rx
	F		OA					\$27,718.83	Total
PATIENT #097	M	50-59	OA	A	S	5856	ESRD	\$39,468.61	Medical
	M		OAPIN					\$114,622.72	Medical
	M		OA					\$1,004.35	Rx
	M		OAPIN					\$4,346.45	Rx
	M		OA					\$159,442.13	Total
PATIENT #098	F	60-64	OA	A	E	1977	SECONDARY LIVER CA	\$773.41	Medical
	F		OAP					\$64,664.30	Medical
	F		OA					\$368.41	Rx
	F		OAP					\$1,270.09	Rx
	F		OA					\$67,076.21	Total
PATIENT #099	F	50-59	OA	A	E	8793	OPN WND ANT ABDOMEN-COMP	\$3,541.66	Medical
	F		OAP					\$26,517.64	Medical
	F		OA					\$191.82	Rx
	F		OAP					\$544.36	Rx
	F		OA					\$30,795.48	Total
PATIENT #100	F	50-59	OA	A	E	1742	FEMALE UIQ BREAST CA	\$12,435.98	Medical
	F		OAPIN					\$23,681.55	Medical
	F		OA					\$15,159.79	Rx
	F		OAPIN					\$1,482.03	Rx
	F		OA					\$52,759.35	Total

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PATIENT #101	F	50-59	OA	A	E	71535	LOC OA NOS-PELVIS	\$73.23	Medical
	F		OAP				\$29,079.43	Medical	
	F		OA				\$395.07	Rx	
	F		OAP				\$302.08	Rx	
	F		OA				\$29,849.81	Total	
PATIENT #102	F	40-49	OAP	A	E	49392	ASTHMA NOS W EXACER	\$23,686.74	Medical
	F		OAPIN				\$21,567.90	Medical	
	F		OAP				\$26,522.23	Rx	
	F		OAPIN				\$3,809.14	Rx	
	F		OAP				\$75,586.01	Total	
PATIENT #103	F	40-49	OA	A	E	45340	DVT LEG NOS	\$7,714.76	Medical
	F		OAP				\$9,447.26	Medical	
	F		OA				\$3,983.10	Rx	
	F		OAP				\$4,891.51	Rx	
	F		OA				\$26,036.63	Total	
PATIENT #104	F	60-64	OA	A	E	75612	SPONDYLOLISTHESIS	\$99.46	Medical
	F		OAP				\$67,956.47	Medical	
	F		OA				\$748.95	Rx	
	F		OAP				\$1,550.89	Rx	
	F		OA				\$70,355.77	Total	
PATIENT #105	F	40-49	OA	A	E	6262	EXCESSIVE MENSTRUATION	\$398.49	Medical
	F		OAP				\$26,297.13	Medical	
	F		OA				\$7.92	Rx	
	F		OAP				\$386.78	Rx	
	F		OA				\$27,090.32	Total	

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PATIENT #106	M	65+	OA	R	E	41071	SUBEND INFARCT-INITIAL	\$130,783.89	Medical
	M		OAP				\$1,672.39	Medical	
	M		OA				\$376.72	Rx	
	M		OAP				\$1,548.34	Rx	
	M		OA				\$134,381.34	Total	
PATIENT #107	M	60-64	OAP	R	S	496	CHRONIC AIRWAY OBSTR NEC	\$739.50	Medical
	M		PPO				\$657.27	Medical	
	M		OAP				\$20,009.24	Rx	
	M		PPO				\$9,007.61	Rx	
	M		OAP				\$30,413.62	Total	
PATIENT #108	F	50-59	OA	R	E	6269	MENSTRUAL DISORDER NOS	\$7,342.11	Medical
	F		OAPIN				\$2,702.15	Medical	
	F		OA				\$10,894.63	Rx	
	F		OAPIN				\$17,240.27	Rx	
	F		OA				\$38,179.16	Total	
PATIENT #109	F	18-29	OA	A	E	57511	CHRONIC CHOLECYSTITIS	\$446.38	Medical
	F		OAPIN				\$20,237.57	Medical	
	F		OA				\$1,971.25	Rx	
	F		OAPIN				\$7,341.47	Rx	
	F		OA				\$29,996.67	Total	
PATIENT #110	F	65+	OA	R	E	72402	SPINAL STENOSIS-LUMBAR	\$38,791.85	Medical
	F		OAPIN				\$4,703.60	Medical	
	F		OA				\$648.10	Rx	
	F		OAPIN				\$1,416.38	Rx	
	F		OA				\$45,559.93	Total	

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PATIENT #111	M	40-49	OA	A	E	72743	GANGLION NOS	\$2,607.86	Medical
	M		OAPIN					\$4,589.67	Medical
	M		OA					\$12,422.32	Rx
	M		OAPIN					\$16,350.69	Rx
	M		OA					\$35,970.54	Total
PATIENT #112	F	50-59	OA	A	E	41401	COR AS- NATIVE VESSEL	\$23,012.17	Medical
	F		OAPIN					\$29,266.46	Medical
	F		OA					\$265.97	Rx
	F		OAPIN					\$2,060.90	Rx
	F		OA					\$54,605.50	Total
PATIENT #113	F	50-59	OA	R	E	70719	LOWER LIMB ULCER NEC	\$314.97	Medical
	F		OAP					\$1,803.59	Medical
	F		OA					\$22,902.72	Rx
	F		OAP					\$4,788.57	Rx
	F		OA					\$29,809.85	Total
PATIENT #114	F	50-59	OA	A	S	V5811	ANTINEO CHEMO ENCOUNTER	\$10,332.33	Medical
	F		OAPIN					\$18,593.29	Medical
	F		OA					\$1,518.18	Rx
	F		OAPIN					\$2,536.62	Rx
	F		OA					\$32,980.42	Total
PATIENT #115	M	65+	OA	A	E	4241	AORTIC VALVE DISORDER	\$195.02	Medical
	M		OAP					\$87,964.28	Medical
	M		OA					\$240.66	Rx
	M		OAP					\$865.74	Rx
	M		OA					\$89,265.70	Total

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PATIENT #116	M	60-64	OA	R	S	1919	BRAIN CA NOS	\$134,732.01	Medical
	M		OAP				\$13,780.75	Medical	
	M		OA				\$1,782.74	Rx	
	M		OAP				\$7,972.26	Rx	
	M		OA				\$158,267.76	Total	
PATIENT #117	M	50-59	OA	A	E	4271	PVT	\$97,072.08	Medical
	M		OAP				\$15,477.28	Medical	
	M		OA				\$954.77	Rx	
	M		OAP				\$2,009.88	Rx	
	M		OA				\$115,514.01	Total	
PATIENT #118	F	65+	OA	A	E	57431	BD CAL W AC CHOL-OBSTR	\$20,402.27	Medical
	F		OAPIN				\$11,780.69	Medical	
	F		OA				\$662.48	Rx	
	F		OAPIN				\$1,605.36	Rx	
	F		OA				\$34,450.80	Total	
PATIENT #119	F	50-59	OA	A	E	71516	LOC PRIMARY OA-LOWER LEG	\$286.36	Medical
	F		OAP				\$50,593.76	Medical	
	F		OA				\$279.39	Rx	
	F		OAP				\$782.82	Rx	
	F		OA				\$51,942.33	Total	
PATIENT #120	F	60-64	OA	A	E	1744	FEMALE UOQ BREAST CA	\$15,817.78	Medical
	F		OAPIN				\$28,485.04	Medical	
	F		OA				\$14.90	Rx	
	F		OAPIN				\$9,463.77	Rx	
	F		OA				\$53,781.49	Total	

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PATIENT #121	M	65+	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$29,372.45	Medical
	M		OAP					\$.00	Medical
	M		OA					\$384.40	Rx
	M		OAP					\$1,746.46	Rx
	M		OA					\$31,503.31	Total
PATIENT #122	M	60-64	OA	A	S	71515	LOC PRIMARY OA-PELVIS	\$32,591.05	Medical
	M		OAPIN					\$9,567.40	Medical
	M		OA					\$3,039.75	Rx
	M		OAPIN					\$1,291.69	Rx
	M		OA					\$46,489.89	Total
PATIENT #123	F	18-29	OA	A	E	64403	THREAT PREMAT LABOR-AP	\$2,567.50	Medical
	F		OAP					\$33,889.13	Medical
	F		OA					\$191.53	Rx
	F		OAP					\$320.82	Rx
	F		OA					\$36,968.98	Total
PATIENT #124	F	40-49	OA	A	E	1623	UP LOBE BRONCHUS/LUNG CA	\$934.46	Medical
	F		OAP					\$37,272.78	Medical
	F		OA					\$680.72	Rx
	F		OAP					\$875.58	Rx
	F		OA					\$39,763.54	Total
PATIENT #125	M	50-59	OA	A	S	1958	CA NEC	\$54,262.20	Medical
	M		OAPIN					\$86,785.12	Medical
	M		OA					\$5,632.02	Rx
	M		OAPIN					\$1,935.69	Rx
	M		OA					\$148,615.03	Total

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PATIENT #126	F	50-59	OA	R	E	5856	ESRD	\$5,810.59	Medical
	F		OAP					\$16,929.44	Medical
	F		OA					\$1,192.84	Rx
	F		OAP					\$4,072.99	Rx
	F		OA					\$28,005.86	Total
PATIENT #127	F	60-64	OA	R	E	27906	COMMON VAR IMMUNODEFIC	\$12,443.09	Medical
	F		OAP					\$28,953.43	Medical
	F		OA					\$1,303.36	Rx
	F		OAP					\$1,339.20	Rx
	F		OA					\$44,039.08	Total
PATIENT #128	F	30-39	OA	A	E	29661	BPI-RECENT MIXED MILD	\$0.00	Medical
	F		OA					\$10,332.33	Rx
	F		OA					\$27,511.19	Total
PATIENT #129	F	60-64	OA	A	E	4280	CHF NOS	\$386.25	Medical
	F		OAP					\$173,718.80	Medical
	F		OA					\$4,080.48	Rx
	F		OAP					\$6,555.03	Rx
	F		OA					\$184,740.56	Total
PATIENT #130	M	18-29	OA	A	C	V5309	ADJUST NERV SYST DEV NEC	\$767.68	Medical
	M		OAP					\$22,755.29	Medical
	M		OA					\$3,822.58	Rx
	M		OAP					\$6,650.61	Rx
	M		OA					\$33,996.16	Total

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PATIENT #131	M	50-59	OA	R	E	41401	COR AS- NATIVE VESSEL	\$90,234.46	Medical
	M		OAP					\$.00	Medical
	M		OA					\$1,134.38	Rx
	M		OAP					\$1,958.54	Rx
	M		OA					\$93,327.38	Total
PATIENT #132	F	50-59	OA	A	E	470	DEVIATED NASAL SEPTUM	\$10,665.91	Medical
	F		OAPIN					\$13,550.28	Medical
	F		OA					\$2,304.17	Rx
	F		OAPIN					\$4,524.42	Rx
	F		OA					\$31,044.78	Total
PATIENT #133	F	40-49	OA	A	E	V5811	ANTINEO CHEMO ENCOUNTER	\$25,688.93	Medical
	F		OAP					\$23,456.25	Medical
	F		OA					\$9,751.60	Rx
	F		OAP					\$1,821.82	Rx
	F		OA					\$60,718.60	Total
PATIENT #134	F	50-59	OA	A	E	2330	BREAST CA IN SITU	\$19,895.23	Medical
	F		OAPIN					\$7,399.87	Medical
	F		OA					\$.00	Rx
	F		OAPIN					\$.00	Rx
	F		OA					\$27,295.10	Total
PATIENT #135	F	50-59	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$37,724.87	Medical
	F		OAP					\$138.67	Medical
	F		OA					\$810.83	Rx
	F		OAP					\$1,911.56	Rx
	F		OA					\$40,585.93	Total

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
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Service Dates June 01,2008 Thru May 31,2009

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #136	M	60-64	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$39,538.08	Medical
	M		OAP				\$20,534.66	Medical	
	M		OA				\$349.68	Rx	
	M		OAP				\$413.23	Rx	
	M		OA				\$60,835.65	Total	
PATIENT #137	F	60-64	OA	R	E	25002	DM2/NOS UNCOMP UNC	\$13,971.11	Medical
	F		OAPIN				\$19,374.99	Medical	
	F		OA				\$1,053.37	Rx	
	F		OAPIN				\$2,784.33	Rx	
	F		OA				\$37,183.80	Total	
PATIENT #138	M	60-64	OA	A	S	71536	LOC OA NOS-LOWER LEG	\$27,458.84	Medical
	M		OAP				\$0.00	Medical	
	M		OA				\$186.26	Rx	
	M		OAP				\$0.00	Rx	
	M		OA				\$27,645.10	Total	
PATIENT #139	F	65+	OA	R	E	7230	CERVICAL SPINAL STENOSIS	\$163.88	Medical
	F		OAP				\$37,017.39	Medical	
	F		OA				\$1,420.12	Rx	
	F		OAP				\$1,753.94	Rx	
	F		OA				\$40,355.33	Total	
PATIENT #140	F	40-49	OA	A	E	20192	HODGKIN DIS NOS THOR LN	\$22,460.64	Medical
	F		OAP				\$291,891.53	Medical	
	F		OA				\$5.11	Rx	
	F		OAP				\$604.56	Rx	
	F		OA				\$314,961.84	Total	

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PATIENT #141	M	50-59	OA	A	E	71616	TRAUM ARTHROPATHY-LOW LE	\$20,686.16	Medical
	M		OAP				\$1,557.42	Medical	
	M		OA				\$1,232.58	Rx	
	M		OAP				\$3,037.74	Rx	
	M		OA				\$26,513.90	Total	
PATIENT #142	F	50-59	OA	A	E	72252	LUMBAR/LS DISC DEGEN	\$98,271.20	Medical
	F		OAPIN				\$6,574.90	Medical	
	F		OA				\$1,116.95	Rx	
	F		OAPIN				\$1,812.79	Rx	
	F		OA				\$107,775.84	Total	
PATIENT #143	F	50-59	OA	A	E	57400	GB CAL W ACUTE CHOL	\$7,396.33	Medical
	F		OAP				\$17,725.71	Medical	
	F		OA				\$589.74	Rx	
	F		OAP				\$2,082.39	Rx	
	F		OA				\$27,794.17	Total	
PATIENT #144	M	50-59	OA	A	S	185	PROSTATE CA	\$365.72	Medical
	M		OAP				\$45,186.47	Medical	
	M		OA				\$430.92	Rx	
	M		OAP				\$848.55	Rx	
	M		OA				\$46,831.66	Total	
PATIENT #145	M	40-49	OA	A	S	5715	LIVER CIRRHOSIS W/O ALC	\$55,663.05	Medical
	M		OAP				\$219,960.83	Medical	
	M		OA				\$2.50	Rx	
	M		OAP				\$397.51	Rx	
	M		OA				\$276,023.89	Total	

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PATIENT #146	M	65+	OAP	A	E	41401	COR AS- NATIVE VESSEL	\$123,537.61	Medical
	M		OAP					\$121.87	Rx
	M		OAP					\$123,779.48	Total
PATIENT #147	F	30-39	OA	A	E	41091	AMI NOS-INITIAL EPISODE	\$37,581.34	Medical
	F		OAPIN					\$223.67	Medical
	F		OA					\$253.47	Rx
	F		OAPIN					\$225.48	Rx
	F		OA					\$38,283.96	Total
PATIENT #148	M	30-39	OA	A	S	85011	CONCUSSION W LOC <31 MIN	\$66.19	Medical
	M		OAPIN					\$25,938.08	Medical
	M		OA					\$83.56	Rx
	M		OAPIN					\$0.00	Rx
	M		OA					\$26,087.83	Total
PATIENT #149	M	18-29	OAP	A	C	9047	LEG VESSEL INJURY NEC	\$32,331.53	Medical
	M		OAP					\$43.43	Rx
	M		OAP					\$32,374.96	Total
PATIENT #150	M	40-49	OA	A	E	9694	POIS-BENZDIAZ TRANQ	\$14,504.69	Medical
	M		OAPIN					\$10,630.09	Medical
	M		OA					\$801.88	Rx
	M		OAPIN					\$2,734.46	Rx
	M		OA					\$28,671.12	Total
PATIENT #151	F	18-29	OA	A	S	64823	ANEMIA IN PREG-AP	\$566.34	Medical
	F		OAPIN					\$26,188.81	Medical
	F		OA					\$0.00	Rx
	F		OAPIN					\$193.23	Rx
	F		OA					\$26,948.38	Total

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PATIENT #152	F	50-59	OA	R	E	00845	C. DIFFICILE ENTERITIS	\$2,818.84	Medical
	F		OAP					\$70,102.15	Medical
	F		OA					\$8.46	Rx
	F		OAP					\$2,469.32	Rx
	F		OA					\$75,398.77	Total
PATIENT #153	F	50-59	OA	A	E	7230	CERVICAL SPINAL STENOSIS	\$32.71	Medical
	F		OAP					\$30,666.94	Medical
	F		OA					\$330.94	Rx
	F		OAP					\$716.42	Rx
	F		OA					\$31,747.01	Total
PATIENT #154	M	40-49	OA	A	S	V5811	ANTINEO CHEMO ENCOUNTER	\$173,773.51	Medical
	M		OAPIN					\$84,926.74	Medical
	M		OA					\$1,161.77	Rx
	M		OAPIN					\$950.67	Rx
	M		OA					\$260,812.69	Total
PATIENT #155	F	50-59	OA	A	E	9974	SURG COMP-DIGESTIVE	\$34,362.19	Medical
	F		OAP					\$18,601.76	Medical
	F		OA					\$856.63	Rx
	F		OAP					\$1,025.68	Rx
	F		OA					\$54,846.26	Total
PATIENT #156	M	40-49	OA	A	S	486	PNEUMONIA ORGANISM NOS	\$810.53	Medical
	M		OAP					\$26,695.84	Medical
	M		OA					\$37.94	Rx
	M		OAP					\$136.02	Rx
	M		OA					\$27,680.33	Total

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PATIENT #157	M	40-49	OA	A	S	99685	COMP MARROW TRANSPLANT	\$32,164.67	Medical
	M		OAPIN				\$368,642.44	Medical	
	M		OA				\$2,547.29	Rx	
	M		OAPIN				\$12,984.54	Rx	
	M		OA				\$416,338.94	Total	
PATIENT #158	F	30-39	OA	A	S	64403	THREAT PREMAT LABOR-AP	\$11,716.41	Medical
	F		OAP				\$18,526.44	Medical	
	F		OA				\$39.72	Rx	
	F		OAP				\$8.36	Rx	
	F		OA				\$30,290.93	Total	
PATIENT #159	M	30-39	OA	A	E	042	HIV DISEASE	\$372.65	Medical
	M		OAP				\$87.62	Medical	
	M		OA				\$8,299.87	Rx	
	M		OAP				\$18,563.24	Rx	
	M		OA				\$27,323.38	Total	
PATIENT #160	M	30-39	OA	A	E	340	MULTIPLE SCLEROSIS	\$206.53	Medical
	M		OAPIN				\$0.00	Medical	
	M		OA				\$10,456.72	Rx	
	M		OAPIN				\$14,780.52	Rx	
	M		OA				\$25,443.77	Total	
PATIENT #161	M	40-49	OA	A	E	5680	PERITONEAL ADHESIONS	\$3,192.65	Medical
	M		OAP				\$59,956.23	Medical	
	M		OA				\$614.40	Rx	
	M		OAP				\$2,283.17	Rx	
	M		OA				\$66,046.45	Total	

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PATIENT #162	F	40-49	OA	A	E	7384	ACQ SPONDYLOLISTHESIS	\$38,787.67	Medical
	F		OA					\$424.16	Rx
	F		OA					\$39,269.85	Total
PATIENT #163	M	50-59	OA	A	S	5856	ESRD	\$63,003.45	Medical
	M		OAP					\$8,980.14	Medical
	M		OA					\$4,690.15	Rx
	M		OAP					\$2,988.62	Rx
	M		OA					\$79,662.36	Total
PATIENT #164	M	60-64	OA	A	S	41401	COR AS- NATIVE VESSEL	\$60,185.06	Medical
	M		OAPIN					\$27,173.23	Medical
	M		OA					\$923.69	Rx
	M		OAPIN					\$1,430.81	Rx
	M		OA					\$89,712.79	Total
PATIENT #165	M	30-39	OA	A	S	72252	LUMBAR/LS DISC DEGEN	\$93.41	Medical
	M		OAPIN					\$43,555.85	Medical
	M		OA					\$0.00	Rx
	M		OAPIN					\$39.50	Rx
	M		OA					\$43,688.76	Total
PATIENT #166	F	40-49	OA	A	E	7856	ENLARGEMENT LYMPH NODES	\$3,920.47	Medical
	F		OAPIN					\$22,783.40	Medical
	F		OA					\$0.00	Rx
	F		OAPIN					\$0.00	Rx
	F		OA					\$26,703.87	Total

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PATIENT #167	F	1-17	OA	A	C	2533	PITUITARY DWARFISM	\$307.39	Medical
	F		OAPIN				\$334.87	Medical	
	F		OA				\$13,854.37	Rx	
	F		OAPIN				\$35,097.74	Rx	
	F		OA				\$49,594.37	Total	
PATIENT #168	F	30-39	OA	A	E	1844	VULVA CA NOS	\$121,035.19	Medical
	F		OAPIN				\$155,766.93	Medical	
	F		OA				\$1,136.36	Rx	
	F		OAPIN				\$384.49	Rx	
	F		OA				\$278,322.97	Total	
PATIENT #169	M	40-49	OA	A	E	1552	LIVER CA NOS	\$720.82	Medical
	M		OAP				\$64,441.42	Medical	
	M		OA				\$182.93	Rx	
	M		OAP				\$19,083.63	Rx	
	M		OA				\$84,428.80	Total	
PATIENT #170	F	30-39	OA	A	E	5720	LIVER ABSCESS	\$275.64	Medical
	F		OAP				\$43,418.01	Medical	
	F		OA				\$11.53	Rx	
	F		OAP				\$52.64	Rx	
	F		OA				\$43,757.82	Total	
Medical							\$10,623,499.57	Medical	
							\$1,146,522.52	Rx	
							\$11,770,022.09	Total	

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PATIENT #001	F	1-17	OA	A	C	73730	IDIOPATHIC SCOLIOSIS	\$55,923.15	Medical
	F		OA					\$0.00	Rx
	F		OA					\$55,923.15	Total
PATIENT #002	F	60-64	OA	A	S	6185	POSTOP VAGINAL PROLAPSE	\$15,093.81	Medical
	F		OAPIN					\$1,756.99	Medical
	F		OA					\$8,196.34	Rx
	F		OAPIN					\$3,241.19	Rx
	F		OA					\$28,288.33	Total
PATIENT #003	M	40-49	OA	A	S	53550	GASTRIT/DUODENITIS-UNSPC	\$19,201.57	Medical
	M		OAPIN					\$465.46	Medical
	M		OA					\$5,003.75	Rx
	M		OAPIN					\$2,012.68	Rx
	M		OA					\$26,683.46	Total
PATIENT #004	F	60-64	OA	A	E	7907	BACTEREMIA	\$73,714.06	Medical
	F		OA					\$3,908.61	Rx
	F		OA					\$77,622.67	Total
PATIENT #005	M	50-59	OA	A	E	41401	COR AS- NATIVE VESSEL	\$147,047.76	Medical
	M		OAP					\$0.00	Medical
	M		OA					\$4,395.56	Rx
	M		OAP					\$3,854.43	Rx
	M		OA					\$155,297.75	Total
PATIENT #006	F	50-59	OA	A	E	2113	BENIGN LG INTEST NEOPL	\$46,380.77	Medical
	F		OAP					\$0.00	Medical
	F		OA					\$154.17	Rx
	F		OAP					\$0.00	Rx
	F		OA					\$46,534.94	Total

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PATIENT #007	M	40-49	OA	A	E	5853	CKD-STAGE III	\$54,372.00	Medical
	M		OAP					\$9,156.32	Medical
	M		OA					\$11,864.12	Rx
	M		OAP					\$6,868.26	Rx
	M		OA					\$82,260.70	Total
PATIENT #008	F	18-29	OA	A	S	2727	LIPIDOSES	\$200,225.08	Medical
	F		OAP					\$17,844.27	Medical
	F		OA					\$142.18	Rx
	F		OAP					\$0.00	Rx
	F		OA					\$218,211.53	Total
PATIENT #009	M	30-39	OA	A	E	1890	KIDNEY CA NEC	\$35,648.52	Medical
	M		OAP					\$0.00	Medical
	M		OA					\$31.75	Rx
	M		OAP					\$0.00	Rx
	M		OA					\$35,680.27	Total
PATIENT #010	F	40-49	OA	A	E	6212	UTERINE HYPERTROPHY	\$32,358.33	Medical
	F		OA					\$0.00	Rx
	F		OA					\$32,358.33	Total
PATIENT #011	F	50-59	OA	A	E	56081	INTESTINAL ADHES W OBSTR	\$35,814.97	Medical
	F		OAP					\$1,063.98	Medical
	F		OA					\$11,870.71	Rx
	F		OAP					\$3,838.70	Rx
	F		OA					\$52,588.36	Total

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Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid January 01,2008 thru December 31,2008
Service Dates January 01,2008 Thru December 31,2008

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #012	F	50-59	OA	A	S	2734	ALPHA-1-ANTITRYPSIN DEF	\$2,797.25	Medical
	F		OAPIN				\$12,686.60	Medical	
	F		OA				\$11,951.29	Rx	
	F		OAPIN				\$3,868.70	Rx	
	F		OA				\$31,303.84	Total	
PATIENT #013	M	50-59	OA	A	E	56211	COLON DIVERTICULITIS	\$25,635.65	Medical
	M		OAP				\$.00	Medical	
	M		OA				\$2,555.23	Rx	
	M		OAP				\$669.78	Rx	
	M		OA				\$28,860.66	Total	
PATIENT #014	F	60-64	OA	A	E	5849	ACUTE RENAL FAILURE NOS	\$138,200.84	Medical
	F		OA				\$417.71	Rx	
	F		OA				\$138,618.55	Total	
PATIENT #015	M	<1	OA	A	C	V3001	SINGLE LB-HOSPITAL BY CD	\$28,854.02	Medical
	M		OA				\$.00	Rx	
	M		OA				\$28,854.02	Total	
PATIENT #016	F	50-59	OA	A	E	5609	INTESTINAL OBSTR NOS	\$27,614.79	Medical
	F		OAPIN				\$5,857.59	Medical	
	F		OA				\$88.19	Rx	
	F		OAPIN				\$201.24	Rx	
	F		OA				\$33,761.81	Total	
PATIENT #017	F	40-49	OA	A	S	78900	ABDOMINAL PAIN-SITE NOS	\$37,578.61	Medical
	F		OAP				\$5,132.19	Medical	
	F		OA				\$.00	Rx	
	F		OAP				\$.00	Rx	
	F		OA				\$42,710.80	Total	

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PATIENT #018	M	65+	OA	A	E	185	PROSTATE CA	\$52,679.25	Medical
	M		OAPIN				\$.00	Medical	
	M		OA				\$65.64	Rx	
	M		OAPIN				\$.00	Rx	
	M		OA				\$52,744.89	Total	
PATIENT #019	F	50-59	OA	A	E	49390	ASTHMA NOS	\$5,235.38	Medical
	F		OAPIN				\$695.00	Medical	
	F		OA				\$16,859.71	Rx	
	F		OAPIN				\$9,942.57	Rx	
	F		OA				\$32,732.66	Total	
PATIENT #020	F	30-39	OA	A	E	1744	FEMALE UOQ BREAST CA	\$70,254.43	Medical
	F		OAPIN				\$5,925.60	Medical	
	F		OA				\$2,980.35	Rx	
	F		OAPIN				\$32.01	Rx	
	F		OA				\$79,192.39	Total	
PATIENT #021	M	60-64	OA	R	E	41401	COR AS- NATIVE VESSEL	\$17,691.26	Medical
	M		OAPIN				\$10,677.26	Medical	
	M		OA				\$976.63	Rx	
	M		OAPIN				\$2,517.33	Rx	
	M		OA				\$31,862.48	Total	
PATIENT #022	F	40-49	OA	A	E	5990	URINARY TRACT INF NOS	\$33,295.80	Medical
	F		OAP				\$13.13	Medical	
	F		OA				\$867.63	Rx	
	F		OAP				\$1.63	Rx	
	F		OA				\$34,178.19	Total	

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PATIENT #023	F	30-39	OA	A	E	193	THYROID CA	\$28,504.99	Medical
	F		OA					\$472.94	Rx
	F		OA					\$28,977.93	Total
PATIENT #024	F	50-59	OA	A	E	7140	RHEUMATOID ARTHRITIS	\$82,570.33	Medical
	F		OAP					\$4,005.56	Medical
	F		OA					\$354.18	Rx
	F		OAP					\$384.52	Rx
	F		OA					\$87,314.59	Total
PATIENT #025	F	50-59	OA	A	E	1984	2ND NERV SYST CA NEC	\$206,312.42	Medical
	F		OAP					\$15,926.37	Medical
	F		OA					\$0.00	Rx
	F		OAP					\$3,608.41	Rx
	F		OA					\$225,847.20	Total
PATIENT #026	F	65+	OA	R	E	V5811	ANTINEO CHEMO ENCOUNTER	\$26,045.98	Medical
	F		OAPIN					\$584.22	Medical
	F		OA					\$852.84	Rx
	F		OAPIN					\$476.96	Rx
	F		OA					\$27,960.00	Total
PATIENT #027	M	<1	OA	A	C	76515	PRETERM NB NEC 1.25-1.5K	\$48,785.19	Medical
	M		OAP					\$4,569.59	Medical
	M		OA					\$0.00	Rx
	M		OAP					\$0.00	Rx
	M		OA					\$53,354.78	Total
PATIENT #028	M	65+	OA	A	S	430	SUBARACHNOID HEMORRHAGE	\$33,950.43	Medical
	M		OA					\$382.87	Rx
	M		OA					\$34,333.30	Total

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PATIENT #029	F	50-59	OA	A	E	1537	SPLenic FLEXURE CA	\$3,997.33	Medical
	F		OAP				\$22,813.80	Medical	
	F		OA				\$127.89	Rx	
	F		OAP				\$45.39	Rx	
	F		OA				\$26,984.41	Total	
PATIENT #030	M	50-59	OA	A	S	7384	ACQ SPONDYLOLISTHESIS	\$70,882.19	Medical
	M		OAP				\$.00	Medical	
	M		OA				\$225.63	Rx	
	M		OAP				\$34.56	Rx	
	M		OA				\$71,142.38	Total	
PATIENT #031	F	30-39	OA	A	S	67144	PP DEEP THROMBOSIS-PP	\$26,983.39	Medical
	F		OAP				\$.00	Medical	
	F		OA				\$682.00	Rx	
	F		OAP				\$5,008.71	Rx	
	F		OA				\$32,674.10	Total	
PATIENT #032	F	40-49	OA	A	E	1640	THYMUS CA	\$47,240.30	Medical
	F		OA				\$763.55	Rx	
	F		OA				\$48,003.85	Total	
PATIENT #033	F	60-64	OA	A	E	1744	FEMALE UOQ BREAST CA	\$28,524.58	Medical
	F		OA				\$5,677.09	Rx	
	F		OA				\$34,201.67	Total	
PATIENT #034	M	50-59	OA	A	E	72673	CALCANEAL SPUR	\$1,422.06	Medical
	M		OAP				\$.00	Medical	
	M		OA				\$17,844.92	Rx	
	M		OAP				\$6,728.04	Rx	
	M		OA				\$25,995.02	Total	

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PATIENT #035	M	1-17	OA	A	C	80101	CL BASE FX S IC INJ SLOC	\$36,437.68	Medical
	M		OA					\$62.59	Rx
	M		OA					\$36,500.27	Total
PATIENT #036	F	60-64	OA	A	S	41401	COR AS- NATIVE VESSEL	\$136,535.88	Medical
	F		OAP					\$.00	Medical
	F		OA					\$776.02	Rx
	F		OAP					\$81.80	Rx
	F		OA					\$137,393.70	Total
PATIENT #037	M	1-17	OA	A	C	78343	SHORT STATURE	\$922.25	Medical
	M		OAPIN					\$49.93	Medical
	M		OA					\$31,854.76	Rx
	M		OAPIN					\$20,901.94	Rx
	M		OA					\$53,728.88	Total
PATIENT #038	F	50-59	OA	A	E	99669	INFECT DUE TO DEVICE NEC	\$25,543.99	Medical
	F		OA					\$323.63	Rx
	F		OA					\$25,947.78	Total
PATIENT #039	F	50-59	OA	A	E	486	PNEUMONIA ORGANISM NOS	\$30,915.94	Medical
	F		OAPIN					\$.00	Medical
	F		OA					\$590.45	Rx
	F		OAPIN					\$105.02	Rx
	F		OA					\$31,611.41	Total
PATIENT #040	F	50-59	OA	A	S	5533	DIAPHRAGMATIC HERNIA	\$22,054.19	Medical
	F		OAPIN					\$234.00	Medical
	F		OA					\$4,409.56	Rx
	F		OAPIN					\$1,323.09	Rx
	F		OA					\$28,020.84	Total

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PATIENT #041	M	60-64	OA	A	E	99642	DISLOCATION JOINT PROSTH	\$84,601.67	Medical
	M		OAP					\$0.00	Medical
	M		OA					\$6,584.15	Rx
	M		OAP					\$1,675.16	Rx
	M		OA					\$92,860.98	Total
PATIENT #042	F	60-64	OA	A	E	1820	CORPUS UTERI CA NEC	\$26,227.42	Medical
	F		OA					\$5.00	Rx
	F		OA					\$26,232.42	Total
PATIENT #043	M	30-39	OA	A	S	5856	ESRD	\$56,480.92	Medical
	M		OAPIN					\$0.00	Medical
	M		OA					\$0.00	Rx
	M		OAPIN					\$0.00	Rx
	M		OA					\$56,480.92	Total
PATIENT #044	M	65+	OA	A	S	57400	GB CAL W ACUTE CHOL	\$332,032.91	Medical
	M		OA					\$2,450.11	Rx
	M		OA					\$334,483.02	Total
PATIENT #045	F	65+	OA	R	E	4321	SUBDURAL HEMORRHAGE	\$31,167.06	Medical
	F		OA					\$1,059.60	Rx
	F		OA					\$32,226.66	Total
PATIENT #046	F	60-64	OA	A	E	5409	ACUTE APPENDICITIS NOS	\$26,440.31	Medical
	F		OAP					\$31.70	Medical
	F		OA					\$833.23	Rx
	F		OAP					\$327.26	Rx
	F		OA					\$27,632.50	Total

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PATIENT #047	F	30-39	OA	A	S	72271	CERV DISC DIS W MYELOP	\$41,384.70	Medical
	F		OAP					\$.00	Medical
	F		OA					\$.15	Rx
	F		OAP					\$.00	Rx
	F		OA					\$41,384.85	Total
PATIENT #048	M	60-64	OA	A	S	185	PROSTATE CA	\$68,818.28	Medical
	M		OAP					\$3,995.23	Medical
	M		OA					\$.00	Rx
	M		OAP					\$5,757.26	Rx
	M		OA					\$78,570.77	Total
PATIENT #049	M	65+	OA	A	S	73730	IDIOPATHIC SCOLIOSIS	\$1,456.69	Medical
	M		OAP					\$9.35	Medical
	M		OA					\$52,130.80	Rx
	M		OAP					\$342.73	Rx
	M		OA					\$53,939.57	Total
PATIENT #050	M	40-49	OA	A	S	56981	INTESTINAL FISTULA	\$168,839.46	Medical
	M		OA					\$653.51	Rx
	M		OA					\$169,492.97	Total
PATIENT #051	M	40-49	OA	A	E	55090	UNILAT INGUINAL HERNIA	\$13,426.27	Medical
	M		OAP					\$332.00	Medical
	M		OA					\$36,207.80	Rx
	M		OAP					\$1,738.92	Rx
	M		OA					\$51,704.99	Total
PATIENT #052	F	60-64	OA	R	E	99659	MECH COMP DEV/GRAFT NEC	\$229,841.75	Medical
	F		OA					\$1,417.11	Rx
	F		OA					\$231,258.86	Total

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PATIENT #053	F	40-49	OA	A	E	1749	FEMALE BREAST CA NOS	\$1,050.84	Medical
	F		OAP				\$16,502.24	Medical	
	F		OA				\$5,682.14	Rx	
	F		OAP				\$2,066.41	Rx	
	F		OA				\$25,301.63	Total	
PATIENT #054	F	50-59	OA	A	E	V5811	ANTINEO CHEMO ENCOUNTER	\$75,252.39	Medical
	F		OAP				\$11,659.28	Medical	
	F		OA				\$400.70	Rx	
	F		OAP				\$233.23	Rx	
	F		OA				\$87,545.60	Total	
PATIENT #055	F	1-17	OA	A	C	V5811	ANTINEO CHEMO ENCOUNTER	\$27,111.16	Medical
	F		OAP				\$5,767.72	Medical	
	F		OA				\$469.29	Rx	
	F		OAP				\$146.93	Rx	
	F		OA				\$33,495.10	Total	
PATIENT #056	F	50-59	OA	A	E	486	PNEUMONIA ORGANISM NOS	\$25,509.79	Medical
	F		OAPIN				\$198.13	Medical	
	F		OA				\$1,486.35	Rx	
	F		OAPIN				\$265.74	Rx	
	F		OA				\$27,460.01	Total	
PATIENT #057	F	<1	OA	A	C	V3001	SINGLE LB-HOSPITAL BY CD	\$61,185.16	Medical
	F		OAP				\$166.76	Medical	
	F		OA				\$0.00	Rx	
	F		OAP				\$0.00	Rx	
	F		OA				\$61,351.92	Total	

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PATIENT #058	F	<1	OAPIN	A	C	51881	AC RESPIRATORY FAILURE	\$67,912.75	Medical
	F		OAPIN					\$0.00	Rx
	F		OAPIN					\$67,912.75	Total
PATIENT #059	M	18-29	OA	A	E	99681	COMP KIDNEY TRANSPLANT	\$101,567.16	Medical
	M		OAPIN					\$3,906.02	Medical
	M		OA					\$10,494.74	Rx
	M		OAPIN					\$2,164.46	Rx
	M		OA					\$118,132.38	Total
PATIENT #060	M	60-64	OA	A	S	1410	TONGUE BASE CA	\$69,812.82	Medical
	M		OAP					\$4,662.09	Medical
	M		OA					\$1,898.62	Rx
	M		OAP					\$2,056.23	Rx
	M		OA					\$78,429.76	Total
PATIENT #061	M	60-64	OA	A	E	V5811	ANTINEO CHEMO ENCOUNTER	\$40,591.47	Medical
	M		OA					\$558.33	Rx
	M		OA					\$41,149.80	Total
PATIENT #062	F	60-64	OA	A	E	8244	CLSD FX BIMALLEOLAR	\$30,334.76	Medical
	F		OAP					\$785.69	Medical
	F		OA					\$0.00	Rx
	F		OAP					\$0.00	Rx
	F		OA					\$31,120.45	Total
PATIENT #063	M	50-59	OA	A	S	V5332	ADJUSTMENT AICD	\$59,381.67	Medical
	M		OAP					\$0.00	Medical
	M		OA					\$979.51	Rx
	M		OAP					\$57.08	Rx
	M		OA					\$60,418.26	Total

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PATIENT #064	M	60-64	OA	R	E	56211	COLON DIVERTICULITIS	\$38,752.92	Medical
	M		OAP				\$.00	Medical	
	M		OA				\$1,673.47	Rx	
	M		OAP				\$507.88	Rx	
	M		OA				\$40,934.27	Total	
PATIENT #065	F	50-59	OA	A	E	5559	REGIONAL ENTERITIS NOS	\$28,777.51	Medical
	F		OAPIN				\$7,101.63	Medical	
	F		OA				\$1,196.87	Rx	
	F		OAPIN				\$758.78	Rx	
	F		OA				\$37,834.79	Total	
PATIENT #066	F	50-59	OA	A	E	V571	PHYSICAL THERAPY NEC	\$47,925.38	Medical
	F		OAP				\$9.35	Medical	
	F		OA				\$178.87	Rx	
	F		OAP				\$87.86	Rx	
	F		OA				\$48,201.46	Total	
PATIENT #067	F	50-59	OA	A	E	83904	CL DISLOC 4TH CERV VERT	\$25,052.60	Medical
	F		OAP				\$1,387.91	Medical	
	F		OA				\$899.50	Rx	
	F		OAP				\$647.97	Rx	
	F		OA				\$27,987.98	Total	
PATIENT #068	F	60-64	OA	R	E	7802	SYNCOPE & COLLAPSE	\$2,133.07	Medical
	F		OAP				\$37,177.53	Medical	
	F		OA				\$6,312.11	Rx	
	F		OAP				\$2,701.33	Rx	
	F		OA				\$48,324.04	Total	

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
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PATIENT #069	M	50-59	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$27,014.44	Medical
	M		OAP				\$0.00	Medical	
	M		OA				\$3,799.81	Rx	
	M		OAP				\$1,103.89	Rx	
	M		OA				\$31,918.14	Total	
PATIENT #070	F	65+	OA	R	E	61179	SYMPTOMS IN BREAST NEC	\$7,175.81	Medical
	F		OAPIN				\$0.00	Medical	
	F		OA				\$28,376.38	Rx	
	F		OAPIN				\$551.73	Rx	
	F		OA				\$36,103.92	Total	
PATIENT #071	F	60-64	OA	A	E	72402	SPINAL STENOSIS-LUMBAR	\$48,199.98	Medical
	F		OA				\$211.64	Rx	
	F		OA				\$48,424.94	Total	
PATIENT #072	M	30-39	OA	A	E	42761	ATRIAL PREMATURE BEATS	\$1,827.67	Medical
	M		OAP				\$0.00	Medical	
	M		OA				\$17,708.25	Rx	
	M		OAP				\$9,097.90	Rx	
	M		OA				\$28,633.82	Total	
PATIENT #073	F	65+	OA	A	E	71535	LOC OA NOS-PELVIS	\$9,759.60	Medical
	F		OAP				\$27,688.24	Medical	
	F		OA				\$581.48	Rx	
	F		OAP				\$46.71	Rx	
	F		OA				\$38,076.03	Total	

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PATIENT #074	F	65+	OA	R	E	53250	CHR DU W PERF W/O OBSTR	\$111,989.55	Medical
	F		OAPIN					\$131.49	Medical
	F		OA					\$1,688.11	Rx
	F		OAPIN					\$0.00	Rx
	F		OA					\$113,809.15	Total
PATIENT #075	F	50-59	OA	A	E	7140	RHEUMATOID ARTHRITIS	\$28,933.53	Medical
	F		OAP					\$790.34	Medical
	F		OA					\$5,401.22	Rx
	F		OAP					\$836.54	Rx
	F		OA					\$35,961.63	Total
PATIENT #076	F	65+	OA	A	E	1533	SIGMOID COLON CA	\$64.31	Medical
	F		OAP					\$59,933.82	Medical
	F		OA					\$975.14	Rx
	F		OAP					\$382.96	Rx
	F		OA					\$61,356.23	Total
PATIENT #077	M	50-59	OA	R	S	49121	OCB W EXACERBATION	\$31,187.17	Medical
	M		OAPIN					\$40.18	Medical
	M		OA					\$310.17	Rx
	M		OAPIN					\$177.49	Rx
	M		OA					\$31,715.01	Total
PATIENT #078	M	40-49	OA	A	S	8861	AMPUTATION FINGER-COMP	\$50,015.78	Medical
	M		OAPIN					\$0.00	Medical
	M		OA					\$21.84	Rx
	M		OAPIN					\$5.37	Rx
	M		OA					\$50,042.99	Total

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PATIENT #079	M	50-59	OA	A	E	V427	LIVER TRANSPLANT STATUS	\$1,162.64	Medical
	M		OAP				\$13.13	Medical	
	M		OA				\$24,767.31	Rx	
	M		OAP				\$2,260.31	Rx	
	M		OA				\$28,203.39	Total	
PATIENT #080	F	40-49	OA	A	E	73392	CHONDROMALACIA	\$16,230.99	Medical
	F		OAPIN				\$1,773.01	Medical	
	F		OA				\$41,733.85	Rx	
	F		OAPIN				\$12,915.06	Rx	
	F		OA				\$72,652.91	Total	
PATIENT #081	F	60-64	OA	A	E	78650	CHEST PAIN NOS	\$22,533.06	Medical
	F		OAPIN				\$4,114.14	Medical	
	F		OA				\$187.64	Rx	
	F		OAPIN				\$149.84	Rx	
	F		OA				\$26,984.68	Total	
PATIENT #082	M	50-59	OA	A	S	71596	OSTEOARTHOSIS NOS-LOW LE	\$31,181.39	Medical
	M		OAP				\$0.00	Medical	
	M		OA				\$2,463.84	Rx	
	M		OAP				\$747.60	Rx	
	M		OA				\$34,392.83	Total	
PATIENT #083	M	60-64	OA	R	S	99859	POSTOP INFECTION NEC	\$196,028.81	Medical
	M		OA				\$2,413.79	Rx	
	M		OA				\$198,442.60	Total	
PATIENT #084	F	40-49	OA	A	E	49391	ASTHMA W STATUS ASTH	\$62,783.72	Medical
	F		OA				\$1,678.74	Rx	
	F		OA				\$64,462.46	Total	

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PATIENT #085	M	60-64	OA	R	S	51884	AC & CHR RESP FAILURE	\$49,656.64	Medical
	M		OA					\$850.56	Rx
	M		OA					\$50,507.20	Total
PATIENT #086	F	40-49	OA	A	E	2189	UTERINE LEIOMYOMA NOS	\$33,583.86	Medical
	F		OA					\$1.36	Rx
	F		OA					\$33,585.22	Total
PATIENT #087	M	50-59	OA	A	E	1533	SIGMOID COLON CA	\$86,320.35	Medical
	M		OAPIN					\$10,222.96	Medical
	M		OA					\$3,355.29	Rx
	M		OAPIN					\$833.17	Rx
	M		OA					\$100,731.77	Total
PATIENT #088	M	50-59	OA	A	E	41071	SUBEND INFARCT-INITIAL	\$29,351.11	Medical
	M		OAP					\$95.57	Medical
	M		OA					\$383.68	Rx
	M		OAP					\$611.94	Rx
	M		OA					\$30,442.30	Total
PATIENT #089	F	60-64	OA	A	E	7140	RHEUMATOID ARTHRITIS	\$30,587.96	Medical
	F		OAPIN					\$3,325.65	Medical
	F		OA					\$718.98	Rx
	F		OAPIN					\$58.42	Rx
	F		OA					\$34,691.01	Total
PATIENT #090	F	50-59	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$32,136.86	Medical
	F		OAPIN					\$3,958.28	Medical
	F		OA					\$3,069.13	Rx
	F		OAPIN					\$582.44	Rx
	F		OA					\$39,746.71	Total

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PATIENT #091	M	40-49	OA	A	E	7230	CERVICAL SPINAL STENOSIS	\$49,711.51	Medical
	M		OA					\$1,282.99	Rx
	M		OA					\$50,994.50	Total
PATIENT #092	F	60-64	OA	A	E	71516	LOC PRIMARY OA-LOWER LEG	\$25,132.82	Medical
	F		OA					\$213.70	Rx
	F		OA					\$25,420.46	Total
PATIENT #093	F	60-64	OA	R	E	V5332	ADJUSTMENT AICD	\$52,387.89	Medical
	F		OAP					\$0.00	Medical
	F		OA					\$186.08	Rx
	F		OAP					\$294.71	Rx
	F		OA					\$52,868.68	Total
PATIENT #094	F	50-59	OA	A	E	34680	MIGRAINE NEC W/O SM	\$31,562.29	Medical
	F		OAP					\$651.00	Medical
	F		OA					\$5,130.35	Rx
	F		OAP					\$1,424.25	Rx
	F		OA					\$38,767.89	Total
PATIENT #095	F	40-49	OA	A	E	3488	BRAIN CONDITIONS NEC	\$17,091.21	Medical
	F		OA					\$12,714.14	Rx
	F		OA					\$35,970.21	Total
PATIENT #096	F	18-29	OA	A	C	591	HYDRONEPHROSIS	\$26,939.64	Medical
	F		OA					\$0.00	Rx
	F		OA					\$26,939.64	Total

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PATIENT #097	F	60-64	OA	A	E	340	MULTIPLE SCLEROSIS	\$1,080.05	Medical
	F		OAP					\$.00	Medical
	F		OA					\$19,324.65	Rx
	F		OAP					\$6,509.36	Rx
	F		OA					\$26,914.06	Total
PATIENT #098	M	50-59	OA	A	S	25060	DM2/NOS W NEUR MANIF NSU	\$146,260.02	Medical
	M		OAPIN					\$16,653.39	Medical
	M		OA					\$1,952.45	Rx
	M		OAPIN					\$1,945.77	Rx
	M		OA					\$166,811.63	Total
PATIENT #099	F	1-17	OA	A	C	486	PNEUMONIA ORGANISM NOS	\$37,559.82	Medical
	F		OAPIN					\$85.39	Medical
	F		OA					\$5,150.91	Rx
	F		OAPIN					\$1,596.68	Rx
	F		OA					\$44,392.80	Total
PATIENT #100	M	60-64	OA	A	S	41071	SUBEND INFARCT-INITIAL	\$37,547.57	Medical
	M		OAPIN					\$.00	Medical
	M		OA					\$3,512.25	Rx
	M		OAPIN					\$1,168.39	Rx
	M		OA					\$42,228.21	Total
PATIENT #101	F	50-59	OA	A	E	1742	FEMALE UIQ BREAST CA	\$13,825.60	Medical
	F		OAPIN					\$2,981.69	Medical
	F		OA					\$17,340.68	Rx
	F		OAPIN					\$655.27	Rx
	F		OA					\$34,803.24	Total

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PATIENT #102	F	40-49	OA	A	S	V5811	ANTINEO CHEMO ENCOUNTER	\$45,598.81	Medical
	F		OA					\$1,684.80	Rx
	F		OA					\$47,283.61	Total
PATIENT #103	M	40-49	OA	A	S	07030	AC VH B S COMA OR DELTA	\$29,752.29	Medical
	M		OAP					\$.00	Medical
	M		OA					\$.00	Rx
	M		OAP					\$.00	Rx
	M		OA					\$29,752.29	Total
PATIENT #104	F	40-49	OAP	A	E	49392	ASTHMA NOS W EXACER	\$11.85	Medical
	F		OAPIN					\$48,899.47	Medical
	F		OAP					\$9,265.06	Rx
	F		OAPIN					\$9,657.44	Rx
	F		OAP					\$67,833.82	Total
PATIENT #105	F	40-49	OA	A	E	78659	CHEST PAIN NEC	\$18,206.79	Medical
	F		OAP					\$.00	Medical
	F		OA					\$5,578.01	Rx
	F		OAP					\$1,858.86	Rx
	F		OA					\$25,643.66	Total
PATIENT #106	F	60-64	OA	R	E	41401	COR AS- NATIVE VESSEL	\$23,109.61	Medical
	F		OAP					\$.00	Medical
	F		OA					\$6,399.70	Rx
	F		OAP					\$2,178.65	Rx
	F		OA					\$31,687.96	Total

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PATIENT #107	F	18-29	OA	A	C	78909	ABDOMINAL PAIN-SITE NEC	\$17,543.65	Medical
	F		OAPIN				\$0.00	Medical	
	F		OA				\$7,852.36	Rx	
	F		OAPIN				\$1,467.75	Rx	
	F		OA				\$26,863.76	Total	
PATIENT #108	M	65+	OA	R	E	41071	SUBEND INFARCT-INITIAL	\$128,376.12	Medical
	M		OAP				\$263.08	Medical	
	M		OA				\$506.98	Rx	
	M		OAP				\$493.37	Rx	
	M		OA				\$129,639.55	Total	
PATIENT #109	M	60-64	OAP	R	S	5789	GI HEMORRHAGE NOS	\$184.56	Medical
	M		PPO				\$3,487.86	Medical	
	M		OAP				\$6,625.42	Rx	
	M		PPO				\$16,439.75	Rx	
	M		OAP				\$26,737.59	Total	
PATIENT #110	F	50-59	OA	R	E	340	MULTIPLE SCLEROSIS	\$31,931.07	Medical
	F		OAPIN				\$1,298.56	Medical	
	F		OA				\$20,758.49	Rx	
	F		OAPIN				\$4,538.71	Rx	
	F		OA				\$58,526.83	Total	
PATIENT #111	F	65+	OA	A	E	72402	SPINAL STENOSIS-LUMBAR	\$42,849.89	Medical
	F		OAPIN				\$3,885.86	Medical	
	F		OA				\$1,441.88	Rx	
	F		OAPIN				\$655.68	Rx	
	F		OA				\$48,833.31	Total	

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PATIENT #112	F	50-59	OA	A	E	2102	BENIGN MAJOR SG NEOPLASM	\$15,130.94	Medical
	F		OAP				\$.00	Medical	
	F		OA				\$9,720.33	Rx	
	F		OAP				\$2,139.82	Rx	
	F		OA				\$26,991.09	Total	
PATIENT #113	F	50-59	OA	A	E	41401	COR AS- NATIVE VESSEL	\$23,012.17	Medical
	F		OAPIN				\$28,131.97	Medical	
	F		OA				\$265.97	Rx	
	F		OAPIN				\$598.46	Rx	
	F		OA				\$52,008.57	Total	
PATIENT #114	M	50-59	OA	A	S	1541	RECTUM CA	\$50,713.15	Medical
	M		OA				\$412.63	Rx	
	M		OA				\$51,125.78	Total	
PATIENT #115	F	50-59	OA	R	E	70719	LOWER LIMB ULCER NEC	\$1,024.15	Medical
	F		OAP				\$1,016.76	Medical	
	F		OA				\$34,529.44	Rx	
	F		OAP				\$4,788.57	Rx	
	F		OA				\$41,358.92	Total	
PATIENT #116	F	50-59	OA	A	S	V5811	ANTINEO CHEMO ENCOUNTER	\$25,413.62	Medical
	F		OAPIN				\$4,693.27	Medical	
	F		OA				\$2,864.20	Rx	
	F		OAPIN				\$867.78	Rx	
	F		OA				\$33,838.87	Total	

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PATIENT #117	M	60-64	OA	R	S	1919	BRAIN CA NOS	\$238,987.83	Medical
	M		OAP				\$645.30	Medical	
	M		OA				\$3,241.49	Rx	
	M		OAP				\$2,357.47	Rx	
	M		OA				\$245,232.09	Total	
PATIENT #118	M	50-59	OA	A	E	4271	PVT	\$97,089.17	Medical
	M		OAP				\$0.00	Medical	
	M		OA				\$1,798.79	Rx	
	M		OAP				\$529.31	Rx	
	M		OA				\$99,417.27	Total	
PATIENT #119	F	65+	OA	A	E	57431	BD CAL W AC CHOL-OBSTR	\$24,125.69	Medical
	F		OAPIN				\$9,501.34	Medical	
	F		OA				\$1,758.14	Rx	
	F		OAPIN				\$289.34	Rx	
	F		OA				\$35,674.51	Total	
PATIENT #120	F	60-64	OA	A	E	1744	FEMALE UOQ BREAST CA	\$36,592.01	Medical
	F		OAPIN				\$9,280.72	Medical	
	F		OA				\$114.84	Rx	
	F		OAPIN				\$2,089.12	Rx	
	F		OA				\$48,076.69	Total	
PATIENT #121	M	65+	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$50,411.96	Medical
	M		OAP				\$0.00	Medical	
	M		OA				\$800.44	Rx	
	M		OAP				\$884.36	Rx	
	M		OA				\$52,096.76	Total	

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid January 01,2008 thru December 31,2008
Service Dates January 01,2008 Thru December 31,2008

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #122	M	60-64	OA	A	S	71515	LOC PRIMARY OA-PELVIS	\$38,411.36	Medical
	M		OAPIN					\$725.32	Medical
	M		OA					\$6,491.67	Rx
	M		OAPIN					\$479.01	Rx
	M		OA					\$46,107.36	Total
PATIENT #123	M	50-59	OA	A	S	1977	SECONDARY LIVER CA	\$57,612.02	Medical
	M		OAPIN					\$45,278.88	Medical
	M		OA					\$7,560.27	Rx
	M		OAPIN					\$863.69	Rx
	M		OA					\$111,314.86	Total
PATIENT #124	F	50-59	OA	A	E	28803	DRUG IND NEUTROPENIA	\$39,387.48	Medical
	F		OAPIN					\$0.00	Medical
	F		OA					\$1,944.37	Rx
	F		OAPIN					\$57.33	Rx
	F		OA					\$41,389.18	Total
PATIENT #125	F	60-64	OA	R	E	27906	COMMON VAR IMMUNODEFIC	\$22,745.93	Medical
	F		OAP					\$9,180.14	Medical
	F		OA					\$2,236.22	Rx
	F		OAP					\$762.12	Rx
	F		OA					\$34,924.41	Total
PATIENT #126	F	30-39	OA	A	E	29661	BPI-RECENT MIXED MILD	\$0.00	Medical
	F		OA					\$20,490.08	Rx
	F		OA					\$27,102.64	Total
PATIENT #127	M	50-59	OA	R	E	41401	COR AS- NATIVE VESSEL	\$90,316.20	Medical
	M		OA					\$2,785.53	Rx
	M		OA					\$93,762.67	Total

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PATIENT #128	F	60-64	OA	A	E	1820	CORPUS UTERI CA NEC	\$42,165.41	Medical
	F		OAP				\$.00	Medical	
	F		OA				\$2,986.27	Rx	
	F		OAP				\$876.07	Rx	
	F		OA				\$46,027.75	Total	
PATIENT #129	F	40-49	OA	A	E	V5811	ANTINEO CHEMO ENCOUNTER	\$45,152.62	Medical
	F		OAP				\$16,743.70	Medical	
	F		OA				\$24,995.97	Rx	
	F		OAP				\$625.73	Rx	
	F		OA				\$87,518.02	Total	
PATIENT #130	M	30-39	OA	A	S	41071	SUBEND INFARCT-INITIAL	\$114,778.78	Medical
	M		OA				\$1,461.54	Rx	
	M		OA				\$116,240.32	Total	
PATIENT #131	F	50-59	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$38,961.61	Medical
	F		OAP				\$.00	Medical	
	F		OA				\$1,896.36	Rx	
	F		OAP				\$764.92	Rx	
	F		OA				\$41,622.89	Total	
PATIENT #132	M	40-49	OAPIN	A	E	5770	ACUTE PANCREATITIS	\$106,329.81	Medical
	M		OAPIN				\$7,678.06	Rx	
	M		OAPIN				\$114,007.87	Total	
PATIENT #133	M	50-59	OA	A	S	57400	GB CAL W ACUTE CHOL	\$28,193.44	Medical
	M		OAP				\$.00	Medical	
	M		OA				\$1,488.43	Rx	
	M		OAP				\$509.48	Rx	
	M		OA				\$30,191.35	Total	

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PATIENT #134	M	60-64	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$41,366.90	Medical
	M		OAP				\$13,087.37	Medical	
	M		OA				\$369.80	Rx	
	M		OAP				\$172.03	Rx	
	M		OA				\$54,996.10	Total	
PATIENT #135	F	60-64	OA	R	E	70710	LOWER LIMB ULCER NOS	\$28,872.05	Medical
	F		OAPIN				\$4,476.71	Medical	
	F		OA				\$2,982.69	Rx	
	F		OAPIN				\$342.78	Rx	
	F		OA				\$36,674.23	Total	
PATIENT #136	M	60-64	OA	A	S	71536	LOC OA NOS-LOWER LEG	\$27,458.84	Medical
	M		OAP				\$0.00	Medical	
	M		OA				\$186.26	Rx	
	M		OAP				\$0.00	Rx	
	M		OA				\$27,645.10	Total	
PATIENT #137	M	40-49	OA	A	S	40210	BEN HTN HRT DIS W/O HF	\$883.32	Medical
	M		OAP				\$31.70	Medical	
	M		OA				\$29,280.10	Rx	
	M		OAP				\$8,818.56	Rx	
	M		OA				\$39,013.68	Total	
PATIENT #138	F	50-59	OA	A	S	5579	VASC INSUFF INTEST NOS	\$27,637.19	Medical
	F		OAPIN				\$0.00	Medical	
	F		OA				\$8.21	Rx	
	F		OAPIN				\$159.77	Rx	
	F		OA				\$27,805.17	Total	

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PATIENT #139	M	65+	OA	A	E	57481	GBBD CAL/ACCHR CHOL-OBST	\$26,172.31	Medical
	M		OAPIN					\$3,181.96	Medical
	M		OA					\$1,492.97	Rx
	M		OAPIN					\$678.65	Rx
	M		OA					\$31,525.89	Total
PATIENT #140	F	40-49	OA	A	E	20100	H PARAGRANU XNODAL/NOS	\$39,418.41	Medical
	F		OAP					\$19,900.33	Medical
	F		OA					\$3,233.65	Rx
	F		OAP					\$159.85	Rx
	F		OA					\$62,712.24	Total
PATIENT #141	F	60-64	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$21,746.42	Medical
	F		OAPIN					\$0.00	Medical
	F		OA					\$3,143.39	Rx
	F		OAPIN					\$927.59	Rx
	F		OA					\$25,817.40	Total
PATIENT #142	M	50-59	OA	A	E	71616	TRAUM ARTHROPATHY-LOW LE	\$20,827.00	Medical
	M		OAP					\$1,506.32	Medical
	M		OA					\$2,157.67	Rx
	M		OAP					\$1,033.70	Rx
	M		OA					\$25,524.69	Total
PATIENT #143	F	50-59	OA	A	E	72252	LUMBAR/LS DISC DEGEN	\$103,206.77	Medical
	F		OAPIN					\$451.84	Medical
	F		OA					\$2,037.18	Rx
	F		OAPIN					\$384.91	Rx
	F		OA					\$106,080.70	Total

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PATIENT #144	F	40-49	OA	A	E	72210	LUMBAR DISC DISPLACEMENT	\$40,912.41	Medical
	F		OAP				\$190.19	Medical	
	F		OA				\$50.58	Rx	
	F		OAP				\$7.88	Rx	
	F		OA				\$41,161.06	Total	
PATIENT #145	F	50-59	OA	A	S	78900	ABDOMINAL PAIN-SITE NOS	\$62,653.39	Medical
	F		OA				\$1,089.53	Rx	
	F		OA				\$63,742.92	Total	
PATIENT #146	M	40-49	OA	A	S	5715	LIVER CIRRHOSIS W/O ALC	\$132,222.17	Medical
	M		OAP				\$26,933.52	Medical	
	M		OA				\$5.07	Rx	
	M		OAP				\$265.89	Rx	
	M		OA				\$159,426.65	Total	
PATIENT #147	M	1-17	OA	A	C	59372	VUR W BILAT NEPHROPATHY	\$27,919.85	Medical
	M		OA				\$5.92	Rx	
	M		OA				\$27,925.77	Total	
PATIENT #148	F	50-59	OA	A	S	4271	PVT	\$109,919.44	Medical
	F		OA				\$2,719.41	Rx	
	F		OA				\$112,638.85	Total	
PATIENT #149	F	30-39	OA	A	E	41091	AMI NOS-INITIAL EPISODE	\$39,059.78	Medical
	F		OAPIN				\$.00	Medical	
	F		OA				\$295.57	Rx	
	F		OAPIN				\$225.48	Rx	
	F		OA				\$39,580.83	Total	

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PATIENT #150	F	40-49	OA	A	S	6202	OVARIAN CYST NEC & NOS	\$29,767.69	Medical
	F		OAP				\$0.00	Medical	
	F		OA				\$348.39	Rx	
	F		OAP				\$112.59	Rx	
	F		OA				\$30,228.67	Total	
PATIENT #151	F	18-29	OA	A	S	28262	HB-SS DISEASE W CRISIS	\$31,753.12	Medical
	F		OAPIN				\$2,949.18	Medical	
	F		OA				\$0.00	Rx	
	F		OAPIN				\$0.00	Rx	
	F		OA				\$34,702.30	Total	
PATIENT #152	F	30-39	OA	A	E	41071	SUBEND INFARCT-INITIAL	\$30,101.69	Medical
	F		OAP				\$0.00	Medical	
	F		OA				\$1,173.15	Rx	
	F		OAP				\$561.64	Rx	
	F		OA				\$31,836.48	Total	
PATIENT #153	F	50-59	OA	A	S	56211	COLON DIVERTICULITIS	\$83,121.82	Medical
	F		OAPIN				\$0.00	Medical	
	F		OA				\$0.63	Rx	
	F		OAPIN				\$8.46	Rx	
	F		OA				\$83,130.91	Total	
PATIENT #154	F	50-59	OA	A	E	V5811	ANTINEO CHEMO ENCOUNTER	\$52,465.24	Medical
	F		OAP				\$4,356.60	Medical	
	F		OA				\$162.76	Rx	
	F		OAP				\$5.04	Rx	
	F		OA				\$56,989.64	Total	

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PATIENT #155	M	40-49	OA	A	S	V5811	ANTINEO CHEMO ENCOUNTER	\$170,737.41	Medical
	M		OAPIN				\$56,155.14	Medical	
	M		OA				\$1,334.97	Rx	
	M		OAPIN				\$473.08	Rx	
	M		OA				\$228,700.60	Total	
PATIENT #156	F	50-59	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$33,727.89	Medical
	F		OA				\$186.26	Rx	
	F		OA				\$33,914.15	Total	
PATIENT #157	F	50-59	OA	A	E	9974	SURG COMP-DIGESTIVE	\$38,322.80	Medical
	F		OAP				\$.00	Medical	
	F		OA				\$1,536.71	Rx	
	F		OAP				\$334.76	Rx	
	F		OA				\$40,194.27	Total	
PATIENT #158	M	40-49	OA	A	S	23875	MDS NOS	\$46,074.06	Medical
	M		OAPIN				\$89.08	Medical	
	M		OA				\$6,324.09	Rx	
	M		OAPIN				\$9,749.34	Rx	
	M		OA				\$62,236.57	Total	
PATIENT #159	F	30-39	OA	A	S	64403	THREAT PREMAT LABOR-AP	\$17,177.79	Medical
	F		OAP				\$14,028.72	Medical	
	F		OA				\$61.55	Rx	
	F		OAP				\$8.36	Rx	
	F		OA				\$31,276.42	Total	

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PATIENT #160	F	50-59	OA	A	E	5920	KIDNEY CALCULUS	\$37,154.85	Medical
	F		OAPIN				\$489.83	Medical	
	F		OA				\$3,663.15	Rx	
	F		OAPIN				\$872.21	Rx	
	F		OA				\$42,180.04	Total	
PATIENT #161	M	30-39	OA	A	E	5645	FUNCTIONAL DIARRHEA	\$4,015.04	Medical
	M		OAP				\$31.70	Medical	
	M		OA				\$18,444.87	Rx	
	M		OAP				\$8,203.98	Rx	
	M		OA				\$30,695.59	Total	
PATIENT #162	M	40-49	OA	A	E	5680	PERITONEAL ADHESIONS	\$3,550.82	Medical
	M		OAP				\$34,861.44	Medical	
	M		OA				\$1,786.36	Rx	
	M		OAP				\$669.81	Rx	
	M		OA				\$40,868.43	Total	
PATIENT #163	M	<1	OA	A	C	V3101	TWIN MATE LB-HOSP BY CD	\$47,789.68	Medical
	M		OAP				\$135.66	Medical	
	M		OA				\$245.26	Rx	
	M		OAP				\$110.08	Rx	
	M		OA				\$48,280.68	Total	
PATIENT #164	F	40-49	OA	A	E	7384	ACQ SPONDYLOLISTHESIS	\$39,859.76	Medical
	F		OA				\$880.54	Rx	
	F		OA				\$40,798.32	Total	

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PATIENT #165	M	50-59	OA	A	S	5856	ESRD	\$87,956.49	Medical
	M		OAP					\$218.71	Medical
	M		OA					\$6,914.96	Rx
	M		OAP					\$82.65	Rx
	M		OA					\$95,172.81	Total
PATIENT #166	M	40-49	OA	A	S	71536	LOC OA NOS-LOWER LEG	\$26,704.88	Medical
	M		OAPIN					\$113.57	Medical
	M		OA					\$1,395.19	Rx
	M		OAPIN					\$486.26	Rx
	M		OA					\$28,699.90	Total
PATIENT #167	M	60-64	OA	A	S	41401	COR AS- NATIVE VESSEL	\$60,423.05	Medical
	M		OAPIN					\$11,278.07	Medical
	M		OA					\$923.69	Rx
	M		OAPIN					\$243.79	Rx
	M		OA					\$72,868.60	Total
PATIENT #168	M	50-59	OA	A	S	5772	PANCREAS CYST/PSEUDOCYST	\$8,677.31	Medical
	M		OAP					\$16,893.75	Medical
	M		OA					\$427.41	Rx
	M		OAP					\$137.90	Rx
	M		OA					\$26,136.37	Total
PATIENT #169	F	1-17	OA	A	C	2591	SEXUAL PRECOCITY NEC	\$757.49	Medical
	F		OAPIN					\$0.00	Medical
	F		OA					\$21,912.35	Rx
	F		OAPIN					\$8,568.15	Rx
	F		OA					\$31,237.99	Total

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid January 01,2008 thru December 31,2008
Service Dates January 01,2008 Thru December 31,2008

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #170	F	30-39	OA	A	E	64251	SEVERE PRE-ECLAM-DEL	\$33,817.62	Medical
	F		OA					\$311.47	Rx
	F		OA					\$34,248.03	Total
PATIENT #171	F	<1	OA	A	C	V3001	SINGLE LB-HOSPITAL BY CD	\$154,451.61	Medical
	F		OAPIN					\$186.87	Medical
	F		OA					\$0.00	Rx
	F		OAPIN					\$0.00	Rx
	F		OA					\$154,638.48	Total
PATIENT #172	F	<1	OA	A	C	V3101	TWIN MATE LB-HOSP BY CD	\$27,678.73	Medical
	F		OA					\$30.28	Rx
	F		OA					\$27,709.01	Total
PATIENT #173	F	<1	OA	A	C	V3101	TWIN MATE LB-HOSP BY CD	\$29,311.75	Medical
	F		OA					\$0.47	Rx
	F		OA					\$29,312.22	Total
PATIENT #174	F	30-39	OA	A	E	1844	VULVA CA NOS	\$125,296.19	Medical
	F		OAPIN					\$141,861.96	Medical
	F		OA					\$1,529.42	Rx
	F		OAPIN					\$270.95	Rx
	F		OA					\$268,958.52	Total
PATIENT #175	M	<1	OA	A	C	7707	PERINATAL CHR RESP DIS	\$110,564.78	Medical
	M		OAP					\$4,780.49	Medical
	M		OA					\$597.29	Rx
	M		OAP					\$92.67	Rx
	M		OA					\$116,035.23	Total

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PATIENT #176	M	<1	OA	A	C	V3000	SINGLE LB-HOSP W/O CD	\$136,443.86	Medical
	M		OA					\$328.72	Rx
	M		OA					\$136,772.58	Total
<hr/>									
Medical								\$9,772,070.33	Medical
								\$1,061,982.87	Rx
								\$10,834,053.20	Total
<hr/>									

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PATIENT #001	F	40-49	OA	A	S	72211	THOR DISC DISPLACEMENT	\$55,818.25	Medical
	F		OA					\$876.18	Rx
	F		OA					\$56,694.43	Total
PATIENT #002	F	30-39	OA	A	E	5559	REGIONAL ENTERITIS NOS	\$33,828.19	Medical
	F		OA					\$1,844.22	Rx
	F		OA					\$35,672.41	Total
PATIENT #003	F	60-64	OA	A	S	7802	SYNCOPE & COLLAPSE	\$15,230.88	Medical
	F		OA					\$14,388.62	Rx
	F		OA					\$29,619.50	Total
PATIENT #004	M	40-49	OA	A	S	41401	COR AS- NATIVE VESSEL	\$45,476.81	Medical
	M		OA					\$4,408.13	Rx
	M		OA					\$49,884.94	Total
PATIENT #005	F	30-39	OA	A	S	64253	SEVERE PRE-ECLAM-AP	\$111,147.12	Medical
	F		OA					\$4,667.42	Rx
	F		OA					\$115,814.54	Total
PATIENT #006	F	50-59	OA	A	E	1749	FEMALE BREAST CA NOS	\$29,986.58	Medical
	F		OA					\$188.19	Rx
	F		OA					\$30,174.77	Total
PATIENT #007	F	60-64	OA	A	E	0389	SEPTICEMIA NOS	\$164,846.47	Medical
	F		OA					\$1,304.74	Rx
	F		OA					\$166,151.21	Total

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PATIENT #008	M	40-49	OA	A	E	6826	LEG CELLULITIS	\$32,796.88	Medical
	M		OA					\$15,457.69	Rx
	M		OA					\$48,254.57	Total
PATIENT #009	F	18-29	OA	A	S	2727	LIPIDOSES	\$43,906.01	Medical
	F		OA					\$.00	Rx
	F		OA					\$43,906.01	Total
PATIENT #010	F	50-59	OA	A	E	20290	XNODAL/NOS LYMPH MAL NEC	\$9,115.03	Medical
	F		OA					\$19,377.93	Rx
	F		OA					\$28,492.96	Total
PATIENT #011	F	50-59	OA	A	S	1551	INTRAHEPATIC DUCT CA	\$54,234.59	Medical
	F		OA					\$15,915.33	Rx
	F		OA					\$70,149.92	Total
PATIENT #012	F	50-59	OA	A	S	V5399	ADJUST DEVICE NEC	\$43,235.18	Medical
	F		OA					\$9,513.49	Rx
	F		OA					\$52,748.67	Total
PATIENT #013	F	60-64	OA	A	E	1830	OVARY CA	\$130,961.85	Medical
	F		OA					\$885.99	Rx
	F		OA					\$131,847.84	Total
PATIENT #014	F	1-17	OA	A	C	4267	ANOMALOUS A/V EXCITATION	\$40,448.09	Medical
	F		OA					\$19.23	Rx
	F		OA					\$40,467.32	Total
PATIENT #015	F	30-39	OA	A	E	59080	PYELONEPHRITIS NOS	\$26,206.03	Medical
	F		OA					\$299.64	Rx
	F		OA					\$26,505.67	Total

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PATIENT #016	M	60-64	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$23,590.49	Medical
	M		OA					\$2,014.14	Rx
	M		OA					\$25,604.63	Total
PATIENT #017	F	50-59	OA	A	E	56211	COLON DIVERTICULITIS	\$36,713.36	Medical
	F		OA					\$882.63	Rx
	F		OA					\$37,595.99	Total
PATIENT #018	M	60-64	OA	A	E	185	PROSTATE CA	\$36,728.05	Medical
	M		OA					\$93.98	Rx
	M		OA					\$36,822.03	Total
PATIENT #019	M	50-59	OA	A	S	5770	ACUTE PANCREATITIS	\$31,081.07	Medical
	M		OA					\$2,260.79	Rx
	M		OA					\$33,341.86	Total
PATIENT #020	F	18-29	OA	A	E	1744	FEMALE UOQ BREAST CA	\$47,980.57	Medical
	F		OA					\$6,218.35	Rx
	F		OA					\$54,198.92	Total
PATIENT #021	F	50-59	OA	A	S	49322	CHR OBSTR ASTH W EXACER	\$20,290.27	Medical
	F		OA					\$21,766.40	Rx
	F		OA					\$42,056.67	Total
PATIENT #022	F	50-59	OA	A	E	5559	REGIONAL ENTERITIS NOS	\$52,078.61	Medical
	F		OA					\$515.31	Rx
	F		OA					\$52,593.92	Total
PATIENT #023	F	65+	OA	A	E	1830	OVARY CA	\$93,749.61	Medical
	F		OA					\$2,717.76	Rx
	F		OA					\$96,467.37	Total

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PATIENT #024	M	60-64	OA	A	S	0380	STREPTOCOCCAL SEPTICEMIA	\$39,793.13	Medical
	M		OA					\$2,892.78	Rx
	M		OA					\$42,685.91	Total
PATIENT #025	F	60-64	OA	A	E	1744	FEMALE UOQ BREAST CA	\$43,252.76	Medical
	F		OA					\$1,854.35	Rx
	F		OA					\$45,107.11	Total
PATIENT #026	M	<1	OA	A	C	V3000	SINGLE LB-HOSP W/O CD	\$62,689.19	Medical
	M		OA					\$25.51	Rx
	M		OA					\$62,714.70	Total
PATIENT #027	F	60-64	OA	R	E	41401	COR AS- NATIVE VESSEL	\$82,982.45	Medical
	F		OA					\$16,846.78	Rx
	F		OA					\$99,829.23	Total
PATIENT #028	M	65+	OA	A	S	94536	3RD DEG BURN THIGH	\$24,467.29	Medical
	M		OA					\$2,082.25	Rx
	M		OA					\$26,549.54	Total
PATIENT #029	F	30-39	OA	A	E	2540	PERSIST HYPERPLAS THYMUS	\$31,073.54	Medical
	F		OA					\$389.62	Rx
	F		OA					\$31,463.16	Total
PATIENT #030	F	50-59	OA	A	E	41401	COR AS- NATIVE VESSEL	\$24,674.82	Medical
	F		OA					\$1,627.81	Rx
	F		OA					\$26,302.63	Total
PATIENT #031	M	50-59	OA	A	S	72210	LUMBAR DISC DISPLACEMENT	\$26,276.51	Medical
	M		OA					\$363.06	Rx
	M		OA					\$26,639.57	Total

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PATIENT #032	F	<1	OA	A	C	V3001	SINGLE LB-HOSPITAL BY CD	\$57,175.60	Medical
	F		OA					\$157.57	Rx
	F		OA					\$57,333.17	Total
PATIENT #033	M	30-39	OA	A	E	1479	NASOPHARYNX CA NOS	\$85,663.53	Medical
	M		OA					\$2,199.38	Rx
	M		OA					\$87,862.91	Total
PATIENT #034	F	30-39	OA	A	E	2330	BREAST CA IN SITU	\$38,139.56	Medical
	F		OA					\$164.78	Rx
	F		OA					\$38,304.34	Total
PATIENT #035	M	50-59	OA	A	S	0389	SEPTICEMIA NOS	\$29,935.01	Medical
	M		OA					\$1,309.66	Rx
	M		OA					\$31,244.67	Total
PATIENT #036	F	40-49	OA	A	E	7230	CERVICAL SPINAL STENOSIS	\$35,353.12	Medical
	F		OA					\$2,697.69	Rx
	F		OA					\$38,050.81	Total
PATIENT #037	M	65+	OA	A	S	5856	ESRD	\$75,942.13	Medical
	M		OA					\$3,365.31	Rx
	M		OA					\$79,307.44	Total
PATIENT #038	M	60-64	OA	A	E	4280	CHF NOS	\$10,830.40	Medical
	M		OA					\$20,994.08	Rx
	M		OA					\$31,824.48	Total
PATIENT #039	F	60-64	OA	R	E	41401	COR AS- NATIVE VESSEL	\$28,598.43	Medical
	F		OA					\$7,870.68	Rx
	F		OA					\$36,469.11	Total

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PATIENT #040	M	30-39	OA	A	S	5856	ESRD	\$105,442.60	Medical
	M		OA					\$0.00	Rx
	M		OA					\$105,442.60	Total
PATIENT #041	F	65+	OA	A	E	41401	COR AS- NATIVE VESSEL	\$22,668.61	Medical
	F		OA					\$3,302.04	Rx
	F		OA					\$25,970.65	Total
PATIENT #042	F	50-59	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$58,826.47	Medical
	F		OA					\$4,140.93	Rx
	F		OA					\$62,967.40	Total
PATIENT #043	F	30-39	OA	A	E	78097	ALTERED MENTAL STATUS	\$31,965.12	Medical
	F		OA					\$8,743.11	Rx
	F		OA					\$40,708.23	Total
PATIENT #044	F	30-39	OA	A	E	64893	OTH CCE COMP PREG-AP	\$21,034.78	Medical
	F		OA					\$4,795.83	Rx
	F		OA					\$25,830.61	Total
PATIENT #045	M	65+	OA	A	S	43491	CEREB ART OCCL W INFARCT	\$72,283.06	Medical
	M		OA					\$2,042.75	Rx
	M		OA					\$74,325.81	Total
PATIENT #046	F	50-59	OA	A	E	7210	CERVICAL SPONDYLOSIS	\$40,247.53	Medical
	F		OA					\$843.35	Rx
	F		OA					\$41,090.88	Total
PATIENT #047	F	50-59	OA	A	E	V5811	ANTINEO CHEMO ENCOUNTER	\$22,261.87	Medical
	F		OA					\$3,888.78	Rx
	F		OA					\$26,150.65	Total

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PATIENT #048	F	50-59	OA	A	S	25003	DM1 UNCOMP UNC	\$25,751.81	Medical
	F		OA					\$5,318.06	Rx
	F		OA					\$31,069.87	Total
PATIENT #049	M	40-49	OA	A	E	4733	CHR SPHENOIDAL SINUSITIS	\$16,372.87	Medical
	M		OA					\$44,076.24	Rx
	M		OA					\$60,449.11	Total
PATIENT #050	F	<1	OA	A	C	V3000	SINGLE LB-HOSP W/O CD	\$31,750.92	Medical
	F		OA					\$0.00	Rx
	F		OA					\$31,750.92	Total
PATIENT #051	F	60-64	OA	R	E	5109	EMPYEMA W/O FISTULA	\$118,989.66	Medical
	F		OA					\$2,438.59	Rx
	F		OA					\$121,428.25	Total
PATIENT #052	M	50-59	OA	A	E	42732	ATRIAL FLUTTER	\$40,720.03	Medical
	M		OA					\$1,208.75	Rx
	M		OA					\$41,928.78	Total
PATIENT #053	M	65+	OA	A	S	44022	AS EXT ART W REST PAIN	\$90,542.82	Medical
	M		OA					\$8,727.54	Rx
	M		OA					\$99,270.36	Total
PATIENT #054	F	18-29	OA	A	S	65421	PREVIOUS CD NOS-DEL	\$34,214.62	Medical
	F		OA					\$1,552.05	Rx
	F		OA					\$35,766.67	Total
PATIENT #055	F	50-59	OA	A	S	71536	LOC OA NOS-LOWER LEG	\$29,310.74	Medical
	F		OA					\$914.37	Rx
	F		OA					\$30,225.11	Total

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PATIENT #056	F	1-17	OA	A	C	5552	REG ENTERIT SM/LG INTEST	\$29,253.84	Medical
	F		OA					\$198.20	Rx
	F		OA					\$29,452.04	Total
PATIENT #057	M	18-29	OA	A	E	5750	ACUTE CHOLECYSTITIS	\$31,418.81	Medical
	M		OA					\$830.19	Rx
	M		OA					\$32,249.00	Total
PATIENT #058	M	30-39	OA	A	S	72210	LUMBAR DISC DISPLACEMENT	\$40,583.07	Medical
	M		OA					\$422.31	Rx
	M		OA					\$41,005.38	Total
PATIENT #059	F	65+	OA	A	E	7211	CERV SPONDYL W MYELOP	\$23,627.03	Medical
	F		OA					\$6,930.37	Rx
	F		OA					\$30,557.40	Total
PATIENT #060	F	60-64	OA	A	E	5523	DIAPHRAGM HERNIA W OBSTR	\$46,536.97	Medical
	F		OA					\$3,867.93	Rx
	F		OA					\$50,404.90	Total
PATIENT #061	F	18-29	OA	A	E	5768	BILIARY TRACT DISORD NEC	\$27,954.94	Medical
	F		OA					\$269.98	Rx
	F		OA					\$28,224.92	Total
PATIENT #062	F	50-59	OA	A	E	5559	REGIONAL ENTERITIS NOS	\$23,936.65	Medical
	F		OA					\$1,456.57	Rx
	F		OA					\$25,393.22	Total
PATIENT #063	F	60-64	OA	R	E	481	PNEUMOCOCCAL PNEUMONIA	\$20,349.18	Medical
	F		OA					\$7,607.82	Rx
	F		OA					\$27,957.00	Total

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid January 01,2007 thru December 31,2007
Service Dates January 01,2007 Thru December 31,2007

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #064	F	50-59	OA	A	E	V5811	ANTINEO CHEMO ENCOUNTER	\$79,344.90	Medical
	F		OA					\$5,880.22	Rx
	F		OA					\$85,225.12	Total
PATIENT #065	F	60-64	OA	R	E	1745	FEMALE LOQ BREAST CA	\$23,988.69	Medical
	F		OA					\$69,478.08	Rx
	F		OA					\$93,466.77	Total
PATIENT #066	M	18-29	OA	A	C	99643	PROSTH JOINT FAILURE	\$44,973.16	Medical
	M		OA					\$2,592.37	Rx
	M		OA					\$47,565.53	Total
PATIENT #067	F	50-59	OA	A	E	7140	RHEUMATOID ARTHRITIS	\$30,571.74	Medical
	F		OA					\$5,201.15	Rx
	F		OA					\$35,772.89	Total
PATIENT #068	F	50-59	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$47,946.26	Medical
	F		OA					\$1,446.28	Rx
	F		OA					\$49,392.54	Total
PATIENT #069	M	60-64	OA	A	S	185	PROSTATE CA	\$29,153.33	Medical
	M		OA					\$.63	Rx
	M		OA					\$29,153.96	Total
PATIENT #070	F	1-17	OA	A	C	7862	COUGH	\$1,100.27	Medical
	F		OA					\$33,206.33	Rx
	F		OA					\$34,306.60	Total
PATIENT #071	F	50-59	OA	A	E	2809	IRON DEF ANEMIA NOS	\$27,111.42	Medical
	F		OA					\$5,717.64	Rx
	F		OA					\$32,829.06	Total

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PATIENT #072	M	60-64	OA	A	S	71535	LOC OA NOS-PELVIS	\$27,013.67	Medical
	M		OA					\$1,031.14	Rx
	M		OA					\$28,044.81	Total
PATIENT #073	F	50-59	OA	A	E	1624	MID LOBE BRONCH/LUNG CA	\$50,262.19	Medical
	F		OA					\$224.72	Rx
	F		OA					\$50,486.91	Total
PATIENT #074	M	50-59	OA	A	E	2324	SCALP CA IN SITU	\$7,408.03	Medical
	M		OA					\$25,302.64	Rx
	M		OA					\$32,710.67	Total
PATIENT #075	F	50-59	OA	A	E	9694	POIS-BENZDIAZ TRANQ	\$19,618.25	Medical
	F		OA					\$5,445.70	Rx
	F		OA					\$25,063.95	Total
PATIENT #076	F	40-49	OA	A	E	7802	SYNCOPE & COLLAPSE	\$8,363.38	Medical
	F		OA					\$35,249.04	Rx
	F		OA					\$43,612.42	Total
PATIENT #077	F	40-49	OA	A	E	23875	MDS NOS	\$252,328.52	Medical
	F		OA					\$23,508.12	Rx
	F		OA					\$275,836.64	Total
PATIENT #078	M	60-64	OA	A	E	3201	PNEUMOCOCCAL MENINGITIS	\$392,078.27	Medical
	M		OA					\$32,669.08	Rx
	M		OA					\$424,747.35	Total
PATIENT #079	F	60-64	OA	R	E	5119	PLEURAL EFFUSION NOS	\$67,399.65	Medical
	F		OA					\$0.00	Rx
	F		OA					\$67,399.65	Total

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PATIENT #080	F	60-64	OA	A	E	41401	COR AS- NATIVE VESSEL	\$69,039.83	Medical
	F		OA					\$470.19	Rx
	F		OA					\$69,510.02	Total
PATIENT #081	M	65+	OA	A	S	431	INTRACEREBRAL HEMORRHAGE	\$29,599.45	Medical
	M		OA					\$998.80	Rx
	M		OA					\$30,598.25	Total
PATIENT #082	F	50-59	OA	A	E	42731	ATRIAL FIBRILLATION	\$112,318.80	Medical
	F		OA					\$4,386.32	Rx
	F		OA					\$116,705.12	Total
PATIENT #083	M	50-59	OA	A	S	41401	COR AS- NATIVE VESSEL	\$22,564.16	Medical
	M		OA					\$2,877.18	Rx
	M		OA					\$25,441.34	Total
PATIENT #084	M	65+	OA	R	S	41041	INF AMI NEC-INITIAL	\$87,782.84	Medical
	M		OA					\$3,440.29	Rx
	M		OA					\$91,223.13	Total
PATIENT #085	M	60-64	OA	A	S	1623	UP LOBE BRONCHUS/LUNG CA	\$49,921.31	Medical
	M		OA					\$2,415.69	Rx
	M		OA					\$52,337.00	Total
PATIENT #086	F	60-64	OA	A	E	2252	BEN CEREB MENINGES NEOPL	\$24,152.04	Medical
	F		OA					\$1,785.21	Rx
	F		OA					\$25,937.25	Total
PATIENT #087	F	50-59	OA	A	S	99883	NON-HEALING SURG WND	\$135,452.92	Medical
	F		OA					\$4,721.21	Rx
	F		OA					\$140,174.13	Total

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PATIENT #088	M	60-64	OA	A	E	72252	LUMBAR/LS DISC DEGEN	\$43,550.85	Medical
	M		OA					\$4,323.56	Rx
	M		OA					\$47,874.41	Total
PATIENT #089	F	50-59	OA	A	E	1820	CORPUS UTERI CA NEC	\$55,280.00	Medical
	F		OA					\$514.20	Rx
	F		OA					\$55,794.20	Total
PATIENT #090	F	50-59	OA	A	E	72402	SPINAL STENOSIS-LUMBAR	\$42,456.25	Medical
	F		OA					\$7,282.79	Rx
	F		OA					\$49,739.04	Total
PATIENT #091	F	50-59	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$33,985.83	Medical
	F		OA					\$889.83	Rx
	F		OA					\$34,875.66	Total
PATIENT #092	M	1-17	OA	A	C	34591	INTRACTABLE EPILEPSY NOS	\$49,435.21	Medical
	M		OA					\$74.72	Rx
	M		OA					\$49,509.93	Total
PATIENT #093	M	60-64	OA	A	S	57480	GB & BD CAL W ACCHR CHOL	\$35,384.00	Medical
	M		OA					\$2,115.89	Rx
	M		OA					\$37,499.89	Total
PATIENT #094	M	50-59	OA	A	S	71536	LOC OA NOS-LOWER LEG	\$24,692.48	Medical
	M		OA					\$1,295.08	Rx
	M		OA					\$25,987.56	Total
PATIENT #095	F	50-59	OA	A	E	1744	FEMALE UOQ BREAST CA	\$64,669.61	Medical
	F		OA					\$2,464.19	Rx
	F		OA					\$67,133.80	Total

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PATIENT #096	M	50-59	OA	A	S	1508	ESOPHAGUS CA NEC	\$128,574.41	Medical
	M		OA					\$5,458.44	Rx
	M		OA					\$134,032.85	Total
PATIENT #097	F	65+	OA	R	E	40391	HTN CKD NOS V-ESRD	\$44,221.61	Medical
	F		OA					\$7,182.07	Rx
	F		OA					\$51,403.68	Total
PATIENT #098	M	1-17	OA	A	C	V3000	SINGLE LB-HOSP W/O CD	\$418,832.01	Medical
	M		OA					\$1,761.31	Rx
	M		OA					\$420,593.32	Total
PATIENT #099	F	60-64	OA	A	E	1830	OVARY CA	\$101,221.43	Medical
	F		OA					\$1,611.14	Rx
	F		OA					\$102,832.57	Total
PATIENT #100	M	50-59	OA	R	E	71515	LOC PRIMARY OA-PELVIS	\$25,056.27	Medical
	M		OA					\$1,347.94	Rx
	M		OA					\$26,404.21	Total
PATIENT #101	F	40-49	OA	A	S	V5811	ANTINEO CHEMO ENCOUNTER	\$74,436.44	Medical
	F		OA					\$3,969.31	Rx
	F		OA					\$78,405.75	Total
PATIENT #102	M	30-39	OA	A	E	4359	TRANS CEREB ISCHEMIA NOS	\$29,581.84	Medical
	M		OA					\$952.67	Rx
	M		OA					\$30,534.51	Total

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PATIENT #103	F	40-49	OA	A	E	49391	ASTHMA W STATUS ASTH	\$22,583.34	Medical
	F		OAPIN					\$3,776.83	Medical
	F		OA					\$7,522.78	Rx
	F		OAPIN					\$2,186.50	Rx
	F		OA					\$36,069.45	Total
PATIENT #104	F	1-17	OA	A	C	5401	APPENDICEAL ABSCESS	\$25,504.76	Medical
	F		OA					\$0.00	Rx
	F		OA					\$25,504.76	Total
PATIENT #105	F	60-64	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$30,929.75	Medical
	F		OA					\$1,145.38	Rx
	F		OA					\$32,075.13	Total
PATIENT #106	F	40-49	OA	A	E	71535	LOC OA NOS-PELVIS	\$29,860.68	Medical
	F		OA					\$994.00	Rx
	F		OA					\$30,854.68	Total
PATIENT #107	F	50-59	OA	A	E	1749	FEMALE BREAST CA NOS	\$58,954.79	Medical
	F		OA					\$2,121.44	Rx
	F		OA					\$61,076.23	Total
PATIENT #108	F	60-64	OA	R	E	41401	COR AS- NATIVE VESSEL	\$24,466.07	Medical
	F		PPO					\$8.42	Medical
	F		OA					\$9,138.32	Rx
	F		PPO					\$0.00	Rx
	F		OA					\$33,612.81	Total
PATIENT #109	M	50-59	OA	R	E	6824	HAND CELLULITIS	\$23,831.76	Medical
	M		OA					\$4,869.44	Rx
	M		OA					\$28,701.20	Total

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PATIENT #110	F	60-64	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$18,698.14	Medical
	F		OA					\$8,412.83	Rx
	F		OA					\$27,110.97	Total
PATIENT #111	M	65+	OA	A	S	71596	OSTEOARTHOSIS NOS-LOW LE	\$36,393.86	Medical
	M		OA					\$400.13	Rx
	M		OA					\$36,793.99	Total
PATIENT #112	M	50-59	PPO	R	S	3538	NERVE ROOT DISORD NEC	\$35.24	Medical
	M		PPO					\$106,155.72	Rx
	M		PPO					\$133,590.70	Total
PATIENT #113	F	50-59	OA	A	E	59080	PYELONEPHRITIS NOS	\$30,391.36	Medical
	F		OA					\$8,382.02	Rx
	F		OA					\$38,773.38	Total
PATIENT #114	F	40-49	OA	A	E	340	MULTIPLE SCLEROSIS	\$26,329.77	Medical
	F		OA					\$16,088.97	Rx
	F		OA					\$42,418.74	Total
PATIENT #115	F	65+	OA	R	E	1629	BRONCHUS/LUNG CA NOS	\$462.25	Medical
	F		OA					\$30,237.29	Rx
	F		OA					\$30,699.54	Total
PATIENT #116	F	50-59	OA	R	E	340	MULTIPLE SCLEROSIS	\$8,500.83	Medical
	F		OA					\$36,192.61	Rx
	F		OA					\$44,693.44	Total
PATIENT #117	F	50-59	OA	A	S	73314	PATH FX FEMUR NECK	\$26,823.59	Medical
	F		OA					\$1,429.10	Rx
	F		OA					\$28,252.69	Total

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PATIENT #118	M	60-64	OA	R	S	V5811	ANTINEO CHEMO ENCOUNTER	\$142,648.82	Medical
	M		OA					\$1,609.87	Rx
	M		OA					\$144,258.69	Total
PATIENT #119	M	65+	OA	A	S	41401	COR AS- NATIVE VESSEL	\$171,353.11	Medical
	M		OA					\$817.07	Rx
	M		OA					\$172,170.18	Total
PATIENT #120	F	50-59	OA	A	E	1628	BRONCHUS/LUNG CA NEC	\$252,987.91	Medical
	F		OA					\$2,189.08	Rx
	F		OA					\$255,176.99	Total
PATIENT #121	F	50-59	OA	A	E	1749	FEMALE BREAST CA NOS	\$50,642.10	Medical
	F		OA					\$586.17	Rx
	F		OA					\$51,228.27	Total
PATIENT #122	M	50-59	OA	A	S	185	PROSTATE CA	\$29,110.99	Medical
	M		OA					\$101.25	Rx
	M		OA					\$29,212.24	Total
PATIENT #123	F	60-64	OA	A	E	1985	SECONDARY BONE CA	\$20,744.55	Medical
	F		OA					\$7,864.08	Rx
	F		OA					\$28,608.63	Total
PATIENT #124	F	60-64	OA	A	E	5680	PERITONEAL ADHESIONS	\$26,481.09	Medical
	F		OA					\$854.04	Rx
	F		OA					\$27,335.13	Total
PATIENT #125	M	60-64	OA	A	E	71515	LOC PRIMARY OA-PELVIS	\$29,283.06	Medical
	M		OA					\$1,195.12	Rx
	M		OA					\$30,478.18	Total

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PATIENT #126	M	50-59	OA	A	S	78936	EPIGASTRIC SWELLING	\$37,181.27	Medical
	M		OA					\$2,852.34	Rx
	M		OA					\$40,033.61	Total
PATIENT #127	F	50-59	OA	A	E	1748	FEMALE BREAST CA NEC	\$45,272.62	Medical
	F		OA					\$1,425.74	Rx
	F		OA					\$46,698.36	Total
PATIENT #128	F	40-49	OA	A	E	1744	FEMALE UOQ BREAST CA	\$42,974.73	Medical
	F		OA					\$328.03	Rx
	F		OA					\$43,302.76	Total
PATIENT #129	F	50-59	OA	A	E	V4571	ACQ ABSENCE BRST/NIPPLE	\$34,343.74	Medical
	F		OA					\$2,177.35	Rx
	F		OA					\$36,521.09	Total
PATIENT #130	F	50-59	OA	A	E	4321	SUBDURAL HEMORRHAGE	\$38,648.86	Medical
	F		OA					\$1,142.28	Rx
	F		OA					\$39,791.14	Total
PATIENT #131	M	50-59	OA	A	E	71535	LOC OA NOS-PELVIS	\$26,496.58	Medical
	M		OA					\$1,158.03	Rx
	M		OA					\$27,654.61	Total
PATIENT #132	F	50-59	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$33,626.31	Medical
	F		OA					\$395.42	Rx
	F		OA					\$34,021.73	Total
PATIENT #133	M	50-59	OA	A	S	57400	GB CAL W ACUTE CHOL	\$27,386.51	Medical
	M		OA					\$1,491.33	Rx
	M		OA					\$28,877.84	Total

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3198508 SCHOOL DISTRICT OF OSCEOLA COUNTY
Large Claimant with Diagnosis Report - Level \$25,000
Claims Paid January 01,2007 thru December 31,2007
Service Dates January 01,2007 Thru December 31,2007

<u>Unique Patient ID</u>	<u>Gender</u>	<u>Age Band</u>	<u>Product Type</u>	<u>EE Stat.</u>	<u>Pat Rel</u>	<u>Primary ICD9 Code</u>	<u>ICD9 Desc.</u>	<u>Amount Paid</u>	
PATIENT #134	F	50-59	OA	A	E	2252	BEN CEREB MENINGES NEOPL	\$30,722.10	Medical
	F		OA					\$270.48	Rx
	F		OA					\$30,992.58	Total
PATIENT #135	F	40-49	OA	R	E	V5811	ANTINEO CHEMO ENCOUNTER	\$74,888.53	Medical
	F		OA					\$2,843.73	Rx
	F		OA					\$77,732.26	Total
PATIENT #136	F	50-59	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$27,371.18	Medical
	F		OA					\$3,799.06	Rx
	F		OA					\$31,170.24	Total
PATIENT #137	M	50-59	OA	A	S	71535	LOC OA NOS-PELVIS	\$26,555.02	Medical
	M		OA					\$2,133.37	Rx
	M		OA					\$28,688.39	Total
PATIENT #138	F	60-64	OA	A	E	2352	GI UNC BEHAV NEOPL	\$35,769.86	Medical
	F		OA					\$2,871.70	Rx
	F		OA					\$38,641.56	Total
PATIENT #139	F	50-59	OA	A	E	2252	BEN CEREB MENINGES NEOPL	\$57,475.61	Medical
	F		OA					\$744.87	Rx
	F		OA					\$58,220.48	Total
PATIENT #140	F	50-59	OA	A	E	4254	PRIM CARDIOMYOPATHY NEC	\$113,551.18	Medical
	F		OA					\$2,247.50	Rx
	F		OA					\$115,798.68	Total
PATIENT #141	F	50-59	OA	A	E	71596	OSTEOARTHOSIS NOS-LOW LE	\$26,285.37	Medical
	F		OA					\$552.10	Rx
	F		OA					\$26,837.47	Total

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PATIENT #142	M	1-17	OA	A	C	82382	CLSD FX TIB W FIBULA NOS	\$31,124.02	Medical
	M		OA					\$.00	Rx
	M		OA					\$31,124.02	Total
PATIENT #143	M	50-59	OA	A	E	41071	SUBEND INFARCT-INITIAL	\$66,129.49	Medical
	M		OA					\$1,141.72	Rx
	M		OA					\$67,271.21	Total
PATIENT #144	F	50-59	OA	R	E	25012	DM2/NOS W KETOACID UNC	\$106,147.87	Medical
	F		OA					\$3,724.79	Rx
	F		OA					\$109,872.66	Total
PATIENT #145	F	40-49	OA	A	E	4240	MITRAL VALVE DISORDER	\$59,304.61	Medical
	F		OA					\$157.46	Rx
	F		OA					\$59,462.07	Total
PATIENT #146	F	40-49	OA	A	E	2330	BREAST CA IN SITU	\$33,295.60	Medical
	F		OA					\$380.55	Rx
	F		OA					\$33,676.15	Total
PATIENT #147	M	1-17	OA	A	C	V553	ATTEN TO COLOSTOMY	\$61,027.03	Medical
	M		OA					\$146.48	Rx
	M		OA					\$61,173.51	Total
PATIENT #148	F	40-49	OA	A	E	78659	CHEST PAIN NEC	\$35,892.67	Medical
	F		OA					\$2,301.06	Rx
	F		OA					\$38,193.73	Total
PATIENT #149	F	50-59	OA	A	S	78659	CHEST PAIN NEC	\$100,292.84	Medical
	F		OA					\$4,339.76	Rx
	F		OA					\$104,632.60	Total

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PATIENT #150	M	40-49	OA	A	S	5715	LIVER CIRRHOSIS W/O ALC	\$70,296.47	Medical
	M		OA					\$1,231.43	Rx
	M		OA					\$71,527.90	Total
PATIENT #151	F	40-49	OA	A	E	56722	PERITONEAL ABSCESS	\$34,847.25	Medical
	F		OA					\$302.63	Rx
	F		OA					\$35,149.88	Total
PATIENT #152	M	60-64	OA	R	E	5921	URETERAL CALCULUS	\$40,616.18	Medical
	M		OA					\$899.02	Rx
	M		OA					\$41,515.20	Total
PATIENT #153	F	<1	OA	A	C	V3000	SINGLE LB-HOSP W/O CD	\$30,291.39	Medical
	F		OA					\$0.00	Rx
	F		OA					\$30,291.39	Total
PATIENT #154	M	60-64	OA	A	E	71536	LOC OA NOS-LOWER LEG	\$23,271.12	Medical
	M		OA					\$2,385.72	Rx
	M		OA					\$25,656.84	Total
PATIENT #155	M	30-39	OA	A	S	41401	COR AS- NATIVE VESSEL	\$55,892.54	Medical
	M		OA					\$1,795.49	Rx
	M		OA					\$57,688.03	Total
PATIENT #156	F	50-59	OA	A	E	1534	CECUM CA	\$71,356.88	Medical
	F		OA					\$37.02	Rx
	F		OA					\$71,393.90	Total
PATIENT #157	F	50-59	OA	A	S	1748	FEMALE BREAST CA NEC	\$27,467.38	Medical
	F		OA					\$1,920.06	Rx
	F		OA					\$29,387.44	Total

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PATIENT #158	M	40-49	OA	A	S	51881	AC RESPIRATORY FAILURE	\$62,494.54	Medical
	M		OA					\$1,406.91	Rx
	M		OA					\$63,901.45	Total
PATIENT #159	F	40-49	OA	A	S	6146	FE PELVIC PERITON ADHES	\$33,350.95	Medical
	F		OA					\$177.71	Rx
	F		OA					\$33,528.66	Total
PATIENT #160	F	50-59	OA	A	E	1745	FEMALE LOQ BREAST CA	\$42,646.19	Medical
	F		OA					\$46.74	Rx
	F		OA					\$42,692.93	Total
PATIENT #161	M	40-49	OA	A	S	28800	NEUTROPENIA NOS	\$667,871.51	Medical
	M		OA					\$5,413.71	Rx
	M		OA					\$673,285.22	Total
PATIENT #162	F	30-39	OA	A	E	57400	GB CAL W ACUTE CHOL	\$24,793.00	Medical
	F		OA					\$689.82	Rx
	F		OA					\$25,482.82	Total
PATIENT #163	F	50-59	OA	A	E	5920	KIDNEY CALCULUS	\$35,512.06	Medical
	F		OA					\$120.91	Rx
	F		OA					\$35,632.97	Total
PATIENT #164	M	40-49	OA	A	S	5849	ACUTE RENAL FAILURE NOS	\$25,972.13	Medical
	M		OA					\$0.00	Rx
	M		OA					\$25,972.13	Total
PATIENT #165	F	18-29	OA	A	E	64403	THREAT PREMAT LABOR-AP	\$26,159.69	Medical
	F		OA					\$206.74	Rx
	F		OA					\$26,366.43	Total

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PATIENT #166	M	<1	OA	A	C	V3000	SINGLE LB-HOSP W/O CD	\$45,106.64	Medical
	M		OA					\$.00	Rx
	M		OA					\$45,106.64	Total
PATIENT #167	M	40-49	OA	A	E	1725	TRUNK MALIGNANT MELANOMA	\$27,634.80	Medical
	M		OA					\$3,328.94	Rx
	M		OA					\$30,963.74	Total
PATIENT #168	M	1-17	OA	A	C	74602	CONG PULMON VALVE STEN	\$79,232.32	Medical
	M		OA					\$392.22	Rx
	M		OA					\$79,624.54	Total
PATIENT #169	M	<1	OA	A	C	77089	NB RESPIRATORY PBX NEC	\$295,266.63	Medical
	M		OA					\$.00	Rx
	M		OA					\$295,266.63	Total
PATIENT #170	F	<1	OA	A	C	V3000	SINGLE LB-HOSP W/O CD	\$88,560.90	Medical
	F		OA					\$117.16	Rx
	F		OA					\$88,678.06	Total
PATIENT #171	F	30-39	OA	A	E	64403	THREAT PREMAT LABOR-AP	\$37,028.84	Medical
	F		OA					\$717.17	Rx
	F		OA					\$37,746.01	Total
Medical								\$9,801,448.86	Medical
								\$951,031.90	Rx
								\$10,752,480.76	Total

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