REQUEST FOR PROPOSALS

FOR

CONVENTIONALLY INSURED

EMPLOYEE GROUP HEALTH, HMO, PRESCRIPTION DRUG,

DENTAL, PATIENT CENTERED MEDICAL HOME SERVICES

AND ADMINISTRATIVE SERVICES AND SPECIFIC STOP/LOSS REINSURANCE COVERAGE

FOR THE SELF–INSURED LUCAS COUNTY HEALTH, HMO, PRESECIPTION DRUG,

DENTAL AND PATIENT CENTERED MEDICAL HOME PROGRAMS

ONE GOVERNMENT CENTER

SUITE 800

TOLEDO, OHIO 43604

SEPTEMBER, 2011

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LEGAL NOTICE

The Board of Lucas County Commissioners will be receiving proposals for conventionally insured Employee Group Health, HMO, Prescription Drug, Dental and patient centered medical home coverage for employees. Lucas County will also receive proposals for Administrative Services, and Specific Stop-Loss Reinsurance for the self-insured Lucas County Health, HMO, Prescription Drug, Dental and patient centered medical home programs.

Written specifications are available through the county website at: www.co.lucas.oh.us under Bid Posting Notifications beginning Tuesday, September 6, 2011.

Proposals must be completed and returned no later than 2:00 p.m. on Friday October 21, 2011. Materials must be stamped for time and date and placed in the bid box in the reception area of the offices of the Lucas County Commissioners, One Government Center, Suite 800, Toledo, Ohio 43604-2259. All proposal materials will be opened and identified at that time. All coverage is effective March 1, 2012. Questions may be directed to Jim Wells, Consultant in writing at jwells@co.lucas.oh.us with a copy also being sent to Diane Ducey-Prebeg at dducey@co.lucas.oh.us

The right is reserved to reject any and all proposals.

By order of the Board of County Commissioners, Lucas County, Ohio

Pete Gerken, President

Tina Skeldon Wozniak, Commissioner

Carol Contrada, Commissioner

Adopted: August 16, 2011

Publish: September 4, 2011 and September 14, 2011

SECTION I: INTRODUCTION

Lucas County currently makes available group term health, dental, HMO, and prescription drug coverage for more than 3400 employee Eligibility requirements are defined by the LUCAS COUNTY EMPLOYEE HEALTH BENEFIT PLAN AS AMENDED AND RESTATED EFFECTIVE MARCH 1, 2011. Respondents should note the employee initial eligibility, maintenance of eligibility, dependent child and spouse eligibility criteria. Since 1982 the Board of Commissioners of Lucas County has closely monitored an upward trend in health car costs and has periodically requested proposals from the insurance, HMO, Pharmacy Benefit Management (PBM) and administrative services industry to recommend innovative solutions to the problem without reducing benefits. As a result of this periodic request for proposal process the County has contracted with, at various times, insurance companies, HMOs, preferred provider organizations (PPOs), pharmacy benefit managers (PBMs) and third party administrators (TPAs).

This request for proposals is intended to solicit quotations from qualified insurance companies for group health, PPO, HMO, prescription drug, and dental conventional insurance quotations as well as administrative services and reinsurance quotations for the health, prescription drug and dental portions of the benefits plan for plan years 2012 and 2013. (Program years begin March 1 each year for all benefits.) This request includes proposals for patient centered medical home services.

THE HEALTH PLANS.

Lucas County currently provides employees their choice of one HMO plan (Paramount) or one of two health plans (the Lucas County Plan) through a PPO network (FrontPath or Physicians Health Collaborative.

There is no employee payroll deduction required to participate in any of these plans. The lone exception is for employees who enroll in a health care plan for family coverage who wish to have their spouse enrolled as primary with Lucas County. Spouses are required to enroll as primary through any health care plans or retiree health care plans available through their employer (other than Medicare) for which they are eligible as required by the Plan Document. There is no payroll deduction for spouses enrolled as secondary with Lucas County.

The Physicians Health Collaborative (PHC) plan has no deductible, requires a $10 co-payment for primary care physician office visits, a $15 co-payment for specialists and a $100 co-payment for emergency room usage. The plan requires a 10% coinsurance payment for medical services with an annual out of pocket maximum of $1,000 per individual and $2,000 per family. Physician office and emergency room co-payments are not included in the out of pocket maximums. There is no coverage for elective services provided out of network.

The Paramount HMO plan has no deductible, requires a $10 co-payment for primary care office visits, a $15 co-payment for specialists and a $100 co-payment for emergency room usage. The plan requires a 25% coinsurance payment for medical services with an annual out of pocket maximum of $1,500 per individual and $3,000 per family. Physician office and emergency room co-payments are not included in the out of pocket maximums. There is no coverage for elective services provided out of network.

The health plan through the PPO (Lucas County Plan-FrontPath) also requires a $10 co-payment for primary care physician office visits, a $15 co-payment for specialists and a $100 co-payment for emergency room usage. The PPO plan requires a 30% coinsurance payment for medical services with an annual out of pocket maximum of $2,000 per individual and $4,000 per family if services are provided within the FrontPath network of participating providers. The USA MCO network serves as the PPO wrap network. Elective medical services obtained from non-network medical providers require a 50% co-payment with NO annual out of pocket maximum. Urgent Care and emergency room co-payments do not apply to the annual out of pocket maximums but physician office visit co-payments do. There is no deductible.

THE DENTAL PLAN. The traditional dental plan has no annual deductible and pays 100% up to the UCR for preventative dentistry services. For restorative services the plan requires a $25 per person annual deductible ($75 per family) and pays 80% up to the UCR for basic and 70% for major restorative services. The maximum benefit payable by the plan is $1,000 per covered person per plan year. There is no orthodontia coverage.

THE PRESCRIPTION DRUG PLAN. The prescription drug program is administered through Total Script. Effective April 1, 2004 the reta portion of the plan has no annual deductible and requires a 20% co-payment for each generic medication up to $8 per script for up to a 30-day supply (Tier I). A co-payment of $25 per script is required for preferred brand name medications for up to a 30-day supply (Tier II). A 20% co-payment, or $40 per script, whichever is greater, is required for any non-preferred brand name medication or any brand name medication dispensed for which there is an AB generic equivalent manufactured (including DAWs) for up to a 30 day supply and for any brand name medication introduced to the market after April 1. 2004 for 36 months (Tier III). Injectable insulin and oral contraceptives are covered. Disposable syringes and needles are also covered but only when prescribed with insulin. Insulin and Humal Organ Transplant drugs are considered generic for purposes of determining the co-payment. A mail order option is available with the above co-payment schedule but with a 90-day supply (Tier III medications are limited to a 30 day supply).

Enrollees are eligible for a 90 day supply of Tier I and Tier II medications and an annual $350 out of pocket maximum for Tier II brand name medications and $500 for Tier III medications if they enroll in and complete the Lucas County Expanded Prescription Drug Use Review Program with a participating pharmacist. This program is available at no charge for any enrollee. The Total Script formulary applies. Respondents must demonstrate the ability to administer the Prescription Drug Use Review Program negotiated benefit. Specialty pharmacy services are available through the mail order program. All medications costing in excess of $500 and all genetic testing will be referred to medical management for review for medical necessity.

Effective March 1, 2011 collective bargaining amendments to the prescription drug plan include the exclusion of all brand name proton pump inhibitors and effective October 1, 2011 the implementation of a therapeutic step therapy program.

Lucas County currently is under contract with the Health Care Payer's Coalition (HCPC) to provide administrative services for the Lucas County Plan through FrontPath, the Lucas County Plan through the Physicians Health Collaborative and the dental indemnity plan. The Dental PPO program is conventionally insured through Ameritas. Health Care Services, Inc. is under contract to HCPC to provide medical management and case management services. A specific stop/loss policy is provided through HM Life. The specific attachment point is $400,000 including the self-insured health and prescription drug benefits.

Coordination of benefit provisions apply to all the above benefits. The above is only a brief summary. Copies of the actual plan documents are included elsewhere in this web site.

Plan enrollment, including COBRA enrollment, as of August, 2011 is described below.

	Single	Family	Total
Paramount (HMO)	379	987	1366
Lucas County Plan (PPO PHYS HLT)	178	393	571
Lucas County Plan (PPO FPath)	393	928	1321
Lucas County Dental Plan	707	1654	2361
Lucas Count Dental PPO	224	711	935
Lucas County Drug Plan	948	2305	3253
Life Insurance	3306		3306

Open enrollment meetings are held each year in January. Employees are encouraged to attend and make their selections for the next program year. Selections are binding for the entire program year. Program years begin March 1 each year for all programs. Selected vendors are required to be present during open enrollment meetings to present their product offerings. No confidential or proprietary information is being required of any respondent to this request for proposals. Any information provided as part of any proposal will be considered confidential subject to applicable public information laws. **Respondents are required to clearly indicate any portions of their proposal the respondent considers to be proprietary, confidential or trade secret.**

A schedule of the services currently being provided to the County and their respective fees is included in Section VI.

All proposals should clearly delineate the respondent's ability to comply with all prevailing State and Federal laws including, but not limited to, Ohio's prompt pay laws, the Health Insurance Portability and Accountability Act and state and federal health care reform legislation. Selected vendors will be required to receive, process and comprehend the County's 834 file reporting format for updating enrollment weekly.

Should the County elect a self-insured format to finance these benefits the County is interested in receiving proposals from qualified claims administrators to provide medical management services, including determination of medical necessity, network steerage, preadmission certification, concurrent and retrospective review services, receive and adjudicate health insurance claims, provide accurate and timely utilization reports and arrange for specific stop/loss insurance policies that limit the County's financial liability for medical and prescription drug claims to a 15/12 specific level of not more than $400,000 per person per year. This figure is for the Lucas County Plan level of benefits with a $10 PCP, $15 specialist office visit rider and additional wellness provisions consistent with health care reform including (but not limited to) annual physicals, mammograms, pap tests (including lab charges), PSA tests and well child state mandated benefits. Stop/loss attachment points for lesser amounts will be considered. The stop loss attachment point does not include dental claims but does include prescription drug claims. The County's stop loss liability for dental claims is limited to the $1,000 annual maximum allowed in the dental plan of benefits. The County may or may not elect to continue to purchase stop/loss insurance.

Data reporting is considered to be a very important service and the County does not wish to be placed in a position of incomplete,inaccurate or insufficient data regarding the plan's performance. As such, all proposal respondents are advised to carefully read and be in compliance with the proposal requirements and timelines set forth in this request for proposals. Respondents are also advised that submission of a proposal is understood to mean that they are aware of these data requirements, are in complete agreement with them, are capable of compliance, are willing to completely comply, and acknowledge that these requirements take precedence over any subsequent contract language and/or interpretation the respondent may wish or attempt to impose to restrict the provision of data.

The self insurance claims experience provided in this RFP represent net dollars billed to the County and paid after provider discounts, cost management and coordination of benefit savings have been realized though they may not include discounts retained by insurance carriers for conventionally insured products. Insurance companies and HMOs report on a different basis and may not reveal the actual paid amounts. Proposal materials submitted should highlight expected paid claims and all provider discounts, if any, and c.o.b. savings anticipated. Any provider discounts should be expressed as guaranteed dollars or as a guaranteed percentage of paid claims but with a documentable estimate of what the total claims cost prior to discounting will be.

Respondents must document that the actual amount billed to the County for self-insured health, dental and Rx services is the actual amount reimbursed to medical providers for the services. The County requires electronic support documentation for all invoices submitted for claims. Please see Section III, paragraph 17 for the required claims invoice format.

The County is interested in receiving proposals for conventionally insuring all lines of coverage (Health, HMO, Dental, and Prescription Drug). Therefore, proposals are welcome from any interested parties wishing to address all or only certain lines of coverage or portions of the services proposed as defined below. Interested parties are welcome to quote on any or all lines of coverage. Administrative services agents should be prepared to provide stop/loss insurance to be inclusive of any line of coverage they intend to recommend be retained in the ASO format. The County retains the right to conventionally insure any and all lines of coverage. The County retains the right to negotiate directly with any carrier.

Respondents interested in submitting a conventional quote for the Lucas County Plan should complete and return form #4 for the current level of coverage and for current benefits through a PPO network and #4A for **HMO** coverage. Forms may be amended as needed to accommodate the concept, entity, and/or product being proposed.

CLAIMS ADMINISTRATION.

The County may wish to purchase claims administration services for self-insured medical, dental and prescription drug coverage. The chosen administrator must be licensed in the State of Ohio, demonstrate the expertise to provide all facets of service commonly associated with claims processing including, but not limited to: receiving and adjudicating claims from medical providers and employees, validating enrollment in the plan, determining medical necessity, providing concurrent and retrospective review, validating legitimate expenditures, authorizing payments, cutting and mailing the actual checks and explanation of benefits (EOB) forms, and providing routine monthly and quarterly reports according to the informational requirements specified in Section **III** (General Plan Provisions), as well as any reporting required by federal, state, and/or local statutes applicable to funding arrangements of this type. A monthly electronic report, using the county file format detailing all claims activity, including provider tax ID, medical procedure codes, billed charge amounts and actual amount due for all self-insured plans must be submitted to the County for electronic auditing purposes in addition to a paper invoice. Please see Section III, paragraph #17.

Proposals from third party administrators that are recommending a network of preferred providers must include a letter from that network indicating that their administrative capabilities have been audited by that network and that the full value of the network negotiated contracts with the medical providers of that network will be realized by the County.

The chosen claims administrator will be required to submit a level one SAS-70 report describing its procedures and safeguards or the equivalent. Additionally, the chosen claims administrator will be responsible for all facets of operationalization including the initial enrollment of all employees and dissemination of all personalized identification cards by March 1, 2012. Summary Plan Descriptions will be displayed on the County website. Other than coordination, no agency or staff of the County shall be required to handle claims or provide services other than distribution of claim forms.

In order to maximize the cash flow advantages inherent in ASO programming and, at the same time observe legal limitations imposed on the County, certain parameters of performance are required of the administrative services agent.

1. The claims administrator must receive and adjudicate all clean claims within 20 days of receipt.
2. A detailed report of claims must then be forwarded to the County for review before payment in authorized.
3. Upon receipt of this claims report, the County may instruct the administrator to advance to the provider a prescribed level of compensation while reserving a small percentage of certain claims scheduled for medical audit by the County.
4. The County will then advance the amount authorized to the administrator to forward to the appropriate medical providers.

It is conceivable, depending upon **HMO** enrollment, that the monthly claims due by the County could total as much as $3,000,000. The County must be protected against the unlikely eventuality that these funds would be used for some purpose other than those for which they are intended: payments to providers as reimbursement for medical services provided. Therefore, the chosen administrator must secure a performance bond, or errors and omissions insurance coverage, sufficient to cover the cost of these claims specifically naming Lucas County as the insured. This performance bond or insurance coverage must be executed entirely and exclusively on behalf of the County's account and should be separate and distinct from any letters of credit and/or performance bonds the chosen administrator may currently or otherwise have in force. This bond or insurance is in addition to any bonding required of third party administrators by state law.

The County may consider up to a three-year contract award for these services. Those parties interested in submitting a proposal must complete the **Non-Collusion Affidavit (Form #1A), Delinquent Tax Statement (Form #1B), Child Support Affidavit, No Findings for Recovery, and Non-Discrimination and proposal Forms 2A, 2B, and 2C as well as any Additional Forms.** Any Third Party Administrator selected by the County must be licensed to do business in the state of Ohio.

PREFERRED PROVIDER ORGANIZATIONS (PPOs).

The County is interested in receiving proposals for providing health coverage through preferred provider networks (PPOs). **Therefore, proposals are welcome from any interested parties wishing to address all or only certain lines of coverage or portions of the services proposed as defined below.** Interested parties are welcome to quote on any or all lines of coverage. Respondents for PPO services under this approach need to clearly identify the following parameters associated with utilization of their products:

- Nature of the Panel including listing of all inpatient facilities (including whether it is possible to utilize the hospital panel without ancillary medical contracts and/or physician panel).
- Requirement for utilization of physician panels.
- Complete listings of physicians included on panel.
- Complete listing of all ancillary medical facilities available (including requirement to utilize or not utilize).
- Steerage requirements (if any) including service area dimensions inside of which steerage penalties apply.
- Reimbursement methodology (discount from billed charges, DRG, per-diems, other),
- Expected savings by line of business (Inpatient hospital, outpatient hospital, ambulatory surgical, radiology, laboratory, physician panel, durable medical, etc.).
- Medical management (address flexibility or inflexibility associated with medical management including any requirements t utilize PPO's only or if the county is permitted to select its own).
- Third party administrative relations (including whether County is required to utilize the PPO's only or permitted to select th own).
- Charges for access to panel(s) including a breakdown by line of service, if permitted (e.g., charges for hospital panel acce only, physician panel only, ancillary medical, etc.),
- Hospitals listed as participating must include all internal ancillary services including ER, laboratory, pathology, radiology, etc.
- Any nationally recognized accreditation including Centers of Excellence and Human Organ Transplant facilities.

ULTIMATE LIABILITY (STOP/LOSS) COVERAGE.

The County does not currently purchase aggregate stop/loss insurance. It is the specific intention of the County to determine in advance the annual financial exposure the County must assume for hospital, surgical, physician, other medical, and prescription drug expenses. The most recent claims experience information available on the group defines total expenditures from January 1, 2005 through July, 2011 paid in actual claims (See Section VI, Claims History).

These stop/loss policies can be provided either through the claims processing agent or a separate insurer. **Those offering proposals for reinsurance should complete and return Form #3 along with a completed Non-Collusion Affidavit (Form #1A) and Delinquent Property Tax Form (Form #1B) as well as the Additional Forms.**

Interested parties should note the County may wish to guarantee reinsurance premiums for two (2) years while retaining the flexibility of altering the attachment point for the second year of coverage.

The County may, or may not, elect to purchase reinsurance for these lines of coverage.

HMO REQUEST FOR PROPOSALS

In March of 1986 the County offered the MedChoice Auto level HMO option to all County employees. The Auto Level HMO option was the premiere benefits package available through MedChoice. As a result of this attractive HMO alternative 1,323 employees, or 48.3 percent of the entire employee group, opted for the MedChoice plan. In March of 1987 this enrollment was increased to approximately 60 percent of the entire group. By March of 1988, in spite of the loss of the Office Visit Rider, which waived the $5 per office visit charge for participating physicians, enrollment in the MedChoice HMO option totaled 547 single plans and 1,406 family plans representing 67 percent of the employee group.

Effective March 1, 1989, Lucas County employees were offered their choice of one of two HMOs: MedChoice or Family Health Plan. Each plan featured its own participating providers, a $5 physician office visit co-payment and a $2 deductible prescription drug program of participating pharmacies. For 1990 County employees who enrolled in MedChoice were required to pay for the difference in premiums over the Lucas County Plan. Effective March 1, 1991 the two HMO plans made available to County employees were Family Health Plan and Toledo Health Plan. No prescription drug coverage was offered through either of these HMOs.

In March of 1993 no indemnity or PPO plan was offered, three HMOs only were made available for the first time and in 1995 a fourth HMO, Medical Value Plan (MVP), was added. For 1997, HMO Health Ohio was dropped as an option. For 1999 through March, 2004, the only HMO option was Family Health Plan alongside the self-insured Lucas County Plan. Effective April 1, 2004 Paramount was the only HMO option made available. Effective March 1, 2009 the Paramount HMO was self insured for the first time. Currently 42% of all enrollment is in this HMO. The current HMO contract is scheduled to expire February 28, 2012.

It is the specific intention of this request for proposals to solicit proposals from qualified carriers for a conventionally insured HMO option for plan years beginning 2012 and 2013 at the current level of benefits. Such proposals should include all of the medical management features and services commonly associated with HMO managed care plans. Respondents should clearly indicate the hospital, physician, ancillary medical services providers and centers of excellence that participate in the network. Traditional HMO medical management services should be described and may be expanded to include the patient centered medical home parameters described elsewhere in this RFP. Carriers that propose an HMO option on a self-insured basis must comply with the repricing exercises described in Section III as well as completing the administrative services form.

PATIENT CENTERED MEDICAL HOME SERVICES Lucas County has a long history of innovation in providing employee group health coverage and a long history of embracing managed care products. The County is interested in receiving proposals that employ the principles of patient centered medical home as described in HB 198.

"The patient centered medical home (PCMH) is a model of care provided by physician practices that seeks to strengthen the physician-patient relationship by replacing episodic care based on illness and patient complaints with coordinated care and long term healing relationship. Each patient has on ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician (or advance practice nurse) led care team is responsible for providing all patient care needs and, when needed, arranges for appropriate care with other qualified physicians. A medical home emphasizes enhanced care through open scheduling, expanded hours and communications between patients, physicians and staff. The ultimate goal is an improved patient outcome and, ultimately, reductions in the cost of health care.

The PCMH is an approach to providing comprehensive primary care to adults, youth and children. The PCMH will broaden access to primary care, while enhancing care coordination. Clinicians practicing in the highest level medical home will:

- Take personal responsibility and accountability for the ongoing care of patients;
- Be accessible to their patients on short notice for expanded hours and open scheduling;
- Be able to conduct consultations through e-mail and telephone;
- Utilize the latest health information technology and evidence-based medical approaches, as well as maintain updated electronic personal health records;
- Conduct regular check-ups with patients to identify looming health crises, and initiate treatment/prevention measures before costly, last minute emergency procedures are required;
- Advise patients on preventative care based on environmental and genetic risk factors they face;
- Help patients make healthy lifestyle decisions; and;
- Coordinate care, when needed, making sure procedures are relevant, necessary and performed efficiently.

Lucas County is seeking programs similar to the Patient Centered Primary Care Collaborative of Central Ohio, which is comprised of primary care teams, health plans, employers, and other strategic partners. Respondents are free to describe their perceptions of the most effective components of their patient centered medical home model.

Respondents should be aware that this request for proposals is for informational purposes. This information is shared with labor representatives after submission in order to facilitate the collective bargaining process between the County and its employees. As a result the benefits described within this RFP are subject to change. Proposals submitted in response to this RFP are likewise subject to negotiation consistent with state law.

In addition to these coverage arrangements, the County has retained Wells & Associates LLC of Toledo, Ohio as a consultant to provide health care cost containment consulting programming. This programming includes utilization review, demographic, and risk analysis, program benefit modification recommendations and cost containment employee communications. They have had considerable input into the preparation of these specifications and will assist County personnel in the evaluation of the returned materials.

SECTION II: INFORMATION FOR RESPONDENTS

1. Proposals shall be completed and returned no later than 2:00 P.M. on Friday, October 21, 2011 to the office of the Lucas County Commissioners, One Government Center, Suite 800, Toledo, Ohio 43604. The returned materials should include all appropriate enclosed forms, completed as specified. Materials should be returned in sealed envelopes clearly marked "Proposal for Health and/or Prescription Drug and/or Dental Services" with the submitter's name and address clearly marked in the upper left-hand corner of the package. All materials will be opened and recorded at the same time specified above. No proposals will be received after that time. Stop/loss quotations may be submitted after that date, but only if a proposal for administrative services has been received by the October 21st deadline.

2. Questions regarding these specifications may be directed to Mr. James P. Wells, consultant to the County, in writing at jwells@co.lucas.oh.us, with a copy sent to dducey@co.lucas.oh.us.

3. Submission of completed materials will serve as evidence that the interested party has examined the RFP materials and is satisfied and aware of their requirements, the conditions existing and the expectations of the employees and dependents of Lucas County.

4. Contractual arrangements will be made as soon as possible after proposal submission and evaluation. Respondents should be prepared to provide services as early as March 1, 2012 for health, prescription drug, dental, patient centered medical home and dental PPO coverage. Selected contractors will be notified as soon as possible. The chosen contractor must be prepared to execute a written contract with Lucas County and should submit as part of their proposal the actual contract they are proposing to enter into with the County to perform the services proposed and not merely a sample contract.

5. The selected contractor will have to provide all of the normal administrative and service procedures routinely provided under an insurance contract plus any additional information and reporting requirements that may be considered desirable or necessary over time by Lucas County as specified later in this request for proposals packet.

6. Insurers shall comply with all requirements of the general law and duly constituted authorities of the State of Ohio.

7. Assurances must be provided by the contractor that no employee of the contractor is a member of the Lucas County Commissioners, County staff, its committees, or is in a position to give the contractor an advantage or has the respondent colluded with any other respondent or potential respondent colluded with any other respondent. (See Non-Collusion Affidavit).

8. Respondents must provide a detailed listing of similar cases administered by the contractor in the State of Ohio. Past contractual work shall not be construed to provide an advantage.

9. All respondents will be reviewed for compliance with all state and federal equal employment opportunity laws and regulations.

10. All respondents are required to complete the Non-Collusion Affidavit contained in Section VII of this document. This form must be notarized. This affidavit states that neither he nor any of his agents, nor any other party for him, has paid or agreed to pay, directly or indirectly, any person, firm, or corporation any money or valuable consideration for assistance in procuring or attempting to procure the contract herein referred to, and further agreeing that no such money or considerations will be hereafter paid.

11. All respondents are required to complete and submit the Delinquent Personal Property Tax Statement contained in Section VII of this document. This contract attachment states that the respondent will resolve, or make acceptable arrangements to resolve, all delinquent personal property taxes, if any, prior to entry into a contract with Lucas County. This form must be notarized.

12. The completed proposal materials must be submitted by an insurance company, or an administrative service company, or agency affiliate of the company. These specifications, as of March 1, 2012 (health, prescription drug, and dental), rescind and negate all prior agents of record agreements or similar arrangements. Lucas County will not determine any agent of record or agent authorization for any of these products. In the event multiple proposals are submitted by an insurance company it will be the insurance company's responsibility to designate the agent.

13. Please include, in addition to your original quotation or proposal, one clearly legible copy.

14. The limits and coverage set forth in these specifications are acceptable minimums. The signer of the returned materials, by submission, declares that sufficient investigation has been made to determine the character and extent of the benefits to be contracted and agrees, if the contract is awarded, to contract with Lucas County and provide its employees with insurance coverage and/or administrative services and/or stop/loss coverage as identified in the specifications within the time limits required, for the price quoted in the proposal materials.

15. In selecting a carrier or administrative service agent, the County will consider including, but not be limited to, the following:

a. Low initial cost;
b. Low ultimate net cost, including provider discounts, c.o.b. savings, administration, network access fees, repricing fees and stop loss charges;
c. Evidence of the ability to service the account;
d. Number and location of providers;
e. Evidence of the ability to provide requested information relevant to the utilization status of the group at no additional cost.
f. Reputation and past experience of the contractor; and,
g. Such other factors as may be disclosed by the information called for in these RFP documents including compliance with the County's electronic data transfer procedures.

16. A copy of the actual proposed contract for the services provided must be included with your proposal. Not merely a sample. A copy of the claims forms and procedures to be utilized must also be included.

17. All interested parties shall be forewarned that Lucas County reserves the right to disqualify any and all proposals before or after opening upon evidence of collusion with intent to defraud or other illegal practices upon the part of those submitting proposals.

18. Lucas County has retained Wells & Associates LLC of Toledo, Ohio, on a fee-for-service basis, to provide consultation with regard to these specifications. Wells will assist the County staff in the evaluation of all materials received.

19. Each line of coverage, at the option of the County, may be considered, evaluated, and awarded separate and distinct from any other proposal item or line of coverage.

20. Interested parties should note the Lucas County plan of benefits:

(1) Are in writing and are available to all employees; and

(2) Do not discriminate in favor of highly compensated employees.

21. In accordance with Ohio Senate Bill 169, effective January 1, 1989, all interested administrators must agree to utilize the "Birthday Rule" in processing coordination of benefits and comply with all prompt pay laws. All other requirements of this legislation must also be met. Coordination of benefits is required in the administration of all plans including the prescription drug program.

22. The County currently administers its own COBRA program. As a result no proposals for COBRA administration are being requested in this RFP. Respondents should be aware that the County requires selected contractors to utilize the COBRA forms, procedures, and policies developed by and currently in use at the County. Questions regarding this provision may be directed to Ms. Diane Ducey in writing at dducey@co.lucas.oh.us.

23. Lucas County is authorized to enter into agreements for the services described in this document without competitive bidding. The request for proposals is an informal procedure adopted solely for purposes of identifying potential providers of the services and shall not be constructed to limit, restrict, or impair in any manner the right of the County to enter into agreements or refrain from doing so at its sole discretion subject only to the requirements of the Ohio Revised Code. The County shall have no obligation to enter into an agreement with the lowest bidder or bidders. It may reject any or all proposals, negotiate an agreement or agreements with any party or parties whether or not they have submitted proposals and, if so, whether or not their proposals were lowest, and may re-advertise for new proposals, if in its' judgment, the best interests of the County will not be served by the proposals received.

24. Respondents should be aware that confidential and/or proprietary and/or trade secret information is not being requested as part of this request for proposals. Respondents who feel compelled to submit information the respondent determines to be confidential, proprietary or a trade secret to better promote their proposals are welcome to do so but shall be subject to Ohio's public information laws. In such a case the respondent should clearly indicate which sections of their proposal contains confidential, proprietary or trade secret information.

25. Respondents should submit a copy of the Business Associate Agreement for the services they are submitting a proposal to perform if their proposed services would require such an agreement under applicable law.

SECTION III: GENERAL PLAN PROVISIONS

1. Lucas County is interested in purchasing employee group insurance or administrative services and stop/loss coverage as economically as possible consistent with good service. As a result, all proposals submitted will be evaluated according to their relative merits in relation to the best interests of the Lucas County employees and their dependents. All permanent hourly and salaried employees of Lucas County shall become eligible for coverage according to the provisions of the LUCAS COUNTY EMPLOYEE HEALTH BENEFIT PLAN AS AMENDED AND RESTATED EFFECTIVE MARCH 1, 2011.

2. Briefly, employees become eligible for coverage under this Plan at 12:01 A.M. on the 31st day (91st day for life insurance) following their date of hire if both of the following requirements are met:

   (1) They have completed and furnished a timely application for coverage; and

   (2) They have been Actively at Work more than twenty (20) hours per week for a period of four (4) consecutive weeks.

   Provided, however, that the following persons shall not become eligible for coverage: temporary or emergency employees whose employment will not exceed three (3) calendar months; and students whose employment will not exceed fifteen hundred (1500) hours in any calendar year.

   Employees hired on or after March 1, 2001 must be in either active pay status or active work status for a minimum average of 20 hours per week in order to maintain eligibility for benefits.

   If an employee's spouse is eligible for a health plan through his/her employer, or a retiree health plan through his/her former employer, other than Medicare, that spouse must enroll in a single plan through his/her employer as primary regardless of any required payroll deduction or premium sharing imposed by their employer. Spouses may then enroll in the health plans offered by the County as secondary subject to any hardship appeals.

3. A complete description of the medical and prescription drug benefits is contained in the respective plan documents. These coverages are described in Section IV. Any deviations from the current benefits should be clearly delineated. Any benefit deviations proposed are subject to collective bargaining.

4. It is the administrative agent's responsibility to:

   a. Prepare summary plan description booklets and certificates for the County's website.
   b. Print and issue personalized identification cards within 30 days of contract award;
   c. Process, administer, adjudicate and pay all claims per contract in a prompt manner according to the timelines for payment authorized by the County. Claims payments shall be handled on a "Direct Pay" basis, with remuneration going directly to the provider or the insured. No agency or staff of the County shall be required to handle claims other than the distribution of forms.
   d. Regardless of the method of funding proposed, and in addition to the electronic support documentation required of all vendors, the carrier or administrative services company will be responsible for providing detailed quarterly and annual reports pertaining to all claims in process, paid and reserved. Financial data provided on a monthly basis must include, but not be limited to, utilization and financial data for the group. Copies of claims incurred may be requested on an individual basis. Additional reports of this nature will be requested.

The specific parameters of these information requests are outlined below:

* Dollar amount of claims
* Number of claims
* Number of claims by spouses enrolled as primary
* Dollar value of the claims by spouses enrolled as primary
* Number of claims by spouses enrolled as secondary
* Dollar value of claims by spouses enrolled as secondary
* Number of claims by dependents
* Dollar amount of claims by dependents by age
* Number of claims by employee
* Dollar amount of claims by employee
* Number of claims by diagnostic category (total group)
* Dollar amount of claims by diagnostic category (total group)
* Dollar amount of claims by provider
* Number of cases by provider
* Number of hospital admissions by provider
* Total hospital days confined
* Total outpatient services provided by diagnostic category by provider
* Dollar amount of outpatient services provided by diagnostic category by provider
* Claim charges total
* Claim charges eligible
* Inpatient, outpatient and Physician claims paid
* Coordination of benefits savings
* Listing of claimants (providers) by total claims submitted, claims period, billed charges, discount , net paid
* Number of prescriptions filled by month, by Tier Level (brand and generic)
* Value of discount from AWP brand, and generic, total plan paid, total enrollee paid, average co-payments/Tier
* Dollar amount of prescriptions filled by month, brand, and generic

* Number of prescriptions and dollar amount of prescriptions filled by provider.

e. The carrier or administrative services company is required to work in cooperation with the County's health care cost containment consultant in providing the type detailed information noted in paragraph (d) above in both a timely and cooperative fashion.

f. A detailed annual report, or rate renewal development summary, summarizing all plan activity for the year and including the calculation of rate adjustments must be provided.

g. Provide all other services necessary to communicate and administer the plan.

h. A health insurance conversion privilege for all plan participants, regardless of chosen funding method, and which meets State Insurance Department regulations as to plan design, must be provided. There shall be no charge to the County for the right of employee conversion

I. The health insurer must demonstrate the capability to implement the plan as early as March 1, 2012 attend open enrollment meetings to explain their product and service the account thereafter.

j. All respondents must have, and must demonstrate evidence of at the time of submission of the proposal, a procedure for reviewing claims and their appropriateness made against the client's account. The proposal must allow for appeals procedures for employee claims that have been denied.

k. All proposals must detail procedures utilized in handling Medicare claims.

5. Rate structures submitted must be guaranteed for a minimum of twelve (12) months with rate caps for subsequent years. Rate structures guaranteed for a minimum of twenty-four (24) months or second year rate caps are required as part of your proposal.

6. The County requires all insurance or ASO contracts to provide for renewal rate quotations within 120 days of contract expiration.

7. The County reserves the right to terminate any policy or contract entered into with 30 days written notice to the carrier or contractor. Reciprocal termination requires 90 days notice.

8. The Lucas County staff will be responsible for:

a) Updating enrollment information on all employees. This will include supplying, on a weekly basis, a complete enrollment file of all persons enrolled in the plan for that week. This information is transferred to the selected vendor by providing an 834 electronic file of eligible persons.

b) Issuing a single monthly payment, consolidated from all accounts of participating County departments to the insurance carrier or administrative services company.

c) Dispensing claim forms or kits provided by the carrier or administrative services company to employees utilizing benefits.

9. No reduction of existing benefit schedules will be considered when coverage is assumed under a new contractor.

10. No eligible person shall be denied benefits under the plan due to the error or omission by Lucas County staff or its agents to which such persons would otherwise be entitled solely for reason of transferring coverage from the present program to the new carrier or administrative services agent.

11. The contractor shall waive any "actively at work" clauses or related provisions for purposes of contract takeover.

12. The contractor shall waive any preexisting condition clause consistent with applicable law and the LUCAS COUNTY EMPLOYEE HEALTH BENEFIT PLAN AS AMENDED AND RESTATED EFFECTIVE MARCH 1, 2011.

13. Each contractor shall have a coordination of benefits provision under ALL lines of coverage that will dictate an order of coordination developed to protect the long- range best cost containment concerns of the County and its employees and its benefits as negotiated through the collective bargaining process. ALL COB PROVISIONS MUST BE IN ACCORDANCE WITH APPLICABLE STATE LAW. RESPONDENTS SHOULD BE AWARE OF THE SPOUSE, RETIRED SPOUSE AND DEPENDENT CHILDREN ELIGIBILITY REQUIREMENTS AND SHOULD ADDRESS IN THEIR PROPOSAL THE SPECIFIC PROCEDURES INCLUDED IN THEIR PROPOSAL TO ADEQUATELY ADMINISTER THE NEGOTIATED BENEFITS.

14. All proposals shall include a subrogation plan provision under which the insurer or administrative services company will have the right to recover benefits paid on behalf of an enrollee from a party whose negligent or wrongful actions caused illness or injury to the employee and/or his/her dependents. The carrier or administrator will make a prompt payment of the benefits even though a third party is liable, but the right is reserved to have such payment refunded if the liability is later assumed by the third party.

15. Monthly reporting requirements will require documentation of savings under each of these plan provisions.

16. It is requested that the successful contractor maintain an office locally or make other provisions to adequately service the account.

17. Data format for individual claim data. The format in the following page(s) entitled Comma Delimited File must be utilized for submission of individual claims to the County for payment. This is the required format for electronic support documentation of claims invoices. This exact order must be followed. Each field must be comma delimited. If any particular field does not apply to your product or service please note that field with a single comma and go on to the next field.

18. All proposals submitted must be in compliance with all laws.

19. A list of the most common CPT codes billed to the County self-insured plans is included in this section, A sample of hospital claims and hospital billing codes of previously adjudicated medical claims are available for conducting a claim repricing exercise. NO confidential, proprietary or trade secret information is contained in this sample. The County is interested in determining what the cost of these services would be in the 2012-13 plan year. Respondents interested in contracting with the County to provide employee group health coverage on a self –insured basis MUST complete the claims repricing exercise for both the CPT and hospital claims. Respondents must provide sufficient source documentation of any figures provided in any repricing exercise submitted as a response to this RFP. All responses are subject to applicable public information laws. Respondents should clearly indicate which sections of their proposal, including any repricing exercise, might contain confidential, proprietary or trade secret information.

Inquiries may be directed in writing to:

Mr. James P. Wells

Wells & Associates LLC

At: jwells@co.lucas.oh.us

Comma Delimited- File must contain ALL fields in EXACT order and name. If a field(s) does not apply to you and your services simply place a comma for that field and move on to the next field.

Required	Field Name	Description	Format	Type	Size
Y	DOS_Month	Month for date of service		Text	2
Y	DOS_Day	Day for date of service		Text	2
Y	DOS_Year	Year for date of service		Text	2
Y	Cert	Employee number		Text	6
Y	Seq	Person code (i.e. 01, 02, 03)		Text	2
	From_DOS	Starting date of service (for multiple dates)	YYYY-MM-DD	Text	8
	To_DOS	Ending date of service (for multiple dates)	YYYY-MM-DD	Text	8
	Claim_No	Claim number		Text	11
	ESSN	Employee SSN	123456789	Text	9
	DSSN	Dependent SSN	123456789	Text	9
	Pat_LName	Patient's last name		Text	15
	Pat_FName	Patient's first name		Text	15
	Pat_MI	Patient's middle initial		Text	1
	Pat_Suffix	Patient's suffix (i.e. Jr, Sr, I, II, etc.)		Text	6
	Type	Short description for type of visit		Text	25
	Line_1_Benefit_Code	Visit code		Text	3
	Description	Long description for type of visit		Text	40
	Relationship	Code for relationship to employee	1, 2, 3, 4, or 5 where : 1 = Employee 2 = Spouse 3 = Son 4 = Daughter 5 = Other	Text	1
Y	Provider_TIN	Provider tax id number		Text	9
	Institution_Group	Business name of provider		Text	40
	Pro_Last_Name	Provider's last name		Text	15
	Pro_First_Name	Provider's first name		Text	15
	Pro_MI	Provider's middle initial		Text	1
	Pro_Suffix	Provider's suffix		Text	6
	Pro_Degree	Provider's degree (i.e. DDS, MD, etc.)		Text	5
	ICD91	IDC-9 code		Text	7
	ICD92	IDC-9 code		Text	7
	ICD93	IDC-9 code		Text	7
	ICD94	IDC-9 code		Text	7
	Received_Date	Date vendor received claim	YYYY-MM-DD	Text	8
	Incurred_Date	Date of service	YYYY-MM-DD	Text	8
	Pro_Net_Paid	Amount provider paid		Text	22
	Emp_Net_Paid	Amount employee paid		Text	22
	Net_Paid	Total paid		Text	22
	COB_Savings	Amount of savings from COB		Text	22
	COB_Allowed_Not_Paid	Amount allowed not paid by COB		Text	22
	Pro_Check_No	Provider check number		Text	8
	Emp_Check_No	Employee check number		Text	8

	COB_Adj	COB adjustment		Text	22
	Total_Charge	Total charges		Text	22
	Total_Discount	Total discounts		Text	22
	Total_Ineligible	Total ineligible amount		Text	22
	Total_Copay	Total amount of co-pay		Text	22
	Total_Over_Usual	Total amount above usual amount		Text	22
	Total_Deductible	Total amount of deductible		Text	22
	Total_Not_Covered_Other	Total amount not covered		Text	22
	Total_Coinsurance	Total amount by other insurance		Text	22
	Total_Disallowed	Total amount disallowed		Text	22
Y	Total_Paid	Total amount paid		Text	22
	Procedure_Code	Code of the procedure performed		Text	6
	Modifier	Modifier of procedure		Text	2
	Filler1	Extra field		Text	2
	Filler2	Extra field		Text	2
	Filler3	Extra field		Text	2
	Client_ID	Employee number for prescriptions		Text	8
	Acct_ID	Lucas County account number for prescriptions		Text	8
	Group_ID	Group ID for Lucas County		Text	8
Y	Member_Date_of_Birth	Member's date of birth	YYYY-MM-DD	Text	18
	NDC	Prescription code		Text	11
	Metric_Quantity	For prescription		Text	8
	Days_Supply	For prescription		Text	3
	AWP_Ingredient_Cost	For prescription		Text	22
	Account_Ingredient_Cost	For prescription		Text	22
	Account_Dispensing_Fee	For prescription		Text	22

CPT
90945
99213
99214
99284
97110
93005
99285
99283
96365
90806
85025
93306
74177
99203

88305

A9500

85027

99232

Q9967

V2799

45378
J9055

77057

99219

92014

A4657

73721

99396

70553

78452

90378

71020

99233
J2505

70450

S9500

99215
J9395

43239

97140

99204

84443

77421

72148

95811

93458

99244

96374

81001

96372

SECTION IV: PLAN OF BENEFITS

The LUCAS COUNTY EMPLOYEE HEALTH BENEFIT PLAN AS AMENDED AND RESTATED EFFECTIVE MARCH 1, 2011 defines and describes in great detail the hospital, physician, other medical, and prescription drug coverage programs for County employees. Plan documents for the Lucas County Plan through the FrontPath network, the Lucas County Plan through the Physicians Health Collaborative network and the Paramount HMO alternative describe the medical coverage through their respective plans. Parties interested in administering the County's program or providing insurance through conventional insurance premiums should understand that the Plan Document is the ultimate determiner of the plan of benefits County employees are entitled to.

These plan documents are available elsewhere on the Lucas County website by accessing "On Line Services," then accessing the "Document Center," and finally accessing the "Employee Benefits Folder" where all of the plan documents are available for viewing.

Prescription drug coverage requires a co-pay of 20% up to $8 per script for generics, $25 for preferred brand name medication and 20%, or $40, whichever is greater, for any non-preferred brand name medication dispensed or those for which there is an AB generic chemical equivalent available (including DAWs) and any brand name medication introduced to the market after April 1, 2004 for a period of 36 months. Effective March 1, 2011 brand name proton pump inhibitors are specifically excluded. Effective October 1, 2011 a step therapy program is being implemented.

INCLUDED IN THIS SECTION

- COMPARISON OF BENEFITS CHART

Please note: The enclosed Comparison of Benefits Chart is only a brief summary of how some if the benefits from each of the health plans is paid. The Plan Documents are the ultimate determiner of benefits.

Comparison of Benefits Chart

Comparison of Benefits

The following information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Certificate of Coverage" or the "Plan Document" for each respective health care plan if further clarification is needed. In the event of a conflict between this information and the "Certificate of Coverage" or the "Plan Document", the Certificate/Plan Document shall control.

All non emergency care in the Paramount and the Lucas County Physician's Health Collaborative plans MUST be delivered by network providers. It is the enrollee's responsibility to use physicians and other medical providers that participate in network.

Benefits	Lucas County Plan thru Physicians Health Collaborative Network (10% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).	Paramount Health Care (25% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).	Lucas County Plan thru Frontpath Network (30% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures delivered by network providers. 50% co-insurance applies to non emergency, non network services.)
Pre-Existing Condition	Not applicable	Not applicable	Not applicable
Out-Of-Pocket Maximum	$1000 Single - $2000 Family Co-Payments/Coinsurance for DME, Prosthetics, Home health, Outpatient Physical /Occupational/ Speech Therapy, Infertility Services,Vision rebate, **do not** apply toward Out of Pocket maximums.	$1500 Single - $3000 Family Co-Payments/Coinsurance for DME, Prosthetics, Home health, Outpatient Physical/Occupational/ Speech Therapy, Infertility Services,Vision rebate, **do not** apply toward Out of Pocket maximums.	$2000 Single - $4000 Family Co-payments will not accumulate toward satisfying these yearly maximums. There is NO out of pocket maximum for non emergency, non network services.
Certain Preventive Care will be covered in network at 100% with no co-pays. Preventive Care will include screenings, checkups, patient counseling to prevent illnesses, diseases or other health problems, including, but not limited to the following:			
Well Child Care	100% with no co-pay	100% with no co-pay	100% with no co-pay
Well Baby Care	100% with no co-pay	100% with no co-pay	100% with no co-pay
Routine Pap	100% with no co-pay	100% with no co-pay	100% with no co-pay
Mammograms	100% with no co-pay	100% with no co-pay	100% with no co-pay
Prostate Exams	100% with no co-pay	100% with no co-pay	100% with no co-pay
Immunizations	100% with no co-pay	100% with no co-pay	100% with no co-pay
Routine Preventive Services & Screenings	100% with no co-pay	100% with no co-pay	100% with no co-pay
Diagnostic Testing	100% with no co-pay	100% with no co-pay	100% with no co-pay
Certain Health Education	100% with no co-pay	100% with no co-pay	100% with no co-pay
Hearing Exam	100% with no co-pay	100% with no co-pay	100% with no co-pay

Benefits	Lucas County Plan thru Physicians Health Collaborative Network	Paramount Health Care	Lucas County Plan thru the Frontpath Network
The following benefits are subject to co-payments and/or co-insurance.			
Office Visits for (non preventive) Medical Problems	$10 co-pay for office visit only with Pediatrician or PCP or IM. Remainder paid at 90%/10%.	$10 co-pay for office visit only with Member's PCP. Remainder paid at 75%/25%.	$10 co-pay for general practitioner office visit only. Remainder paid at 70%/30%.
Specialist Visit	$15 co-pay for office visit only. Remainder paid at 90%/10%.	$15 co-pay for office visit only. Remainder paid at 75%/25%.	$15 co-pay for office visit only. Remainder paid at 70%/30%.
OB/GYN (other than for routine preventive services)	$15 co-pay per visit with a plan physician. Remainder paid at 90%/10%.	$15 co-pay per visit with a plan physician. Remainder paid at 75%/25%.	$10 co-pay for office visit only. Remainder paid at 70%/30%.
Maternity Care	$15 co-pay for initial visit. Prenatal office exams covered in full. Hospital delivery and ancillary services paid at 90%/10%.	$15 co-pay for initial visit. Prenatal office exams covered in full. Hospital delivery and ancillary services paid at 75%/25%.	$10 co-pay for office visit. Remainder paid at 70%/30%.
Allergy Treatment	$10 co-pay if performed by PCP, $15 co-pay if performed by a Specialist. ($25 co-pay per testing session)	$10 co-pay with PCP, $15 co-pay for Specialist. ($25 co-pay per testing session.	Testing: Plan pays 70% up to $1000. Injection: Employee pays 30%.
Infertility Diagnosis & Testing	10% coinsurance for diagnosis & testing for infertility. $10 co-pay for PCP office visits, $15 co-pay for Specialist's visits. Exclusions include but are not limited to: sterilization reversal, reproductive technologies such as IVF, GIFT, ZIFT, embryo transplant svcs, self-injectable infertility drugs.	25% coinsurance for diagnosis & testing for infertility. $10 co-pay for PCP, $15 co-pay for Specialist's visits. Exclusions include but are not limited to: sterilization reversal, reproductive technologies such as IVF, GIFT, ZIFT, embryo transplant svcs, self-injectable infertility drugs.	Employee pays 30% of diagnosis and testing. Excludes all reproductive technologies.
Sterilization Services, Vasectomy, Tubiligation	Paid at 90%/10%.	Paid at 75%/25%.	Paid at 70%/30%.
Vision Exams/ Hardware	Vision-$15 co-pay for one routine vision exam every 365 days. No PCP referral required. $100 reimbursement every 24 months toward frames, lenses, additional exam or contact lenses, with a paid receipt.	Vision-$15 co-pay for one routine vision exam every 365 days. No PCP referral required. $100 reimbursement every 24 months toward frames, lenses or contact lenses, with a paid receipt.	Vision - $15 co-pay for one routine vision exam every 365 days up to reasonable & customary. No referral required. $100 reimbursement every 24 months for frames, lenses or contact lenses, or additional exam with a paid receipt.

Benefits	Lucas County Plan thru Physicians Health Collaborative Network	Paramount Health Care	Lucas County Plan thru the Frontpath Network
Renal Dialysis	Paid at 90%/10%. Requires prior authorization. (Must enroll in Medicare Part A & B if eligible.)	Paid at 75%/25%. Requires prior authorization. (Must enroll in Medicare Part A & B if eligible.)	Paid at 70%/30%. Requires prior authorization. (Must enroll in Medicare Part A & B if eligible.)
Cardiac Rehabilitation	Paid at 90%/10%. May be paid at 100% through the Lucas County Wellness Program.	Paid at 75%/25%. May be paid at 100% through the Lucas County Wellness Program.	Paid at 70%/30%. May be paid at 100% through the Lucas County Wellness Program.
Chemotherapy & Radio-Therapy	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Outpatient Surgery	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Ambulance	Air/Ground - 10% coinsurance applies to emergency transportation.	Air/Ground - 25% coinsurance applies to emergency transportation.	Air/Ground - 30% coinsurance applies to emergency transportation.
Emergency Accident Care, Urgent Care Centers	Emergency Room - $100 co-pay, waived if admitted within 24 hours. If admitted then 10% coinsurance. Urgent Care- $15 co-pay, waived if admitted. If admitted then 10% coinsurance.	Emergency Room - $100 co-pay, waived if admitted within 24 hours. If admitted then 25% coinsurance. Urgent Care- $15 co-pay, waived if admitted. If admitted then 25% coinsurance.	Emergency Room - $100 co-pay, waived if admitted within 48 hours. If admitted then 30% coinsurance. Urgent Care- $15 co-pay per visit. If admitted then 30% coinsurance.
Mental Health (Outpatient)	$15 co-pay for office visit only. Additional services paid at 90%.	$15 co-pay for office visit only. Additional services paid at 75%.	$15 co-pay for office visit only. Additional services paid at 70%.
Mental Health (Inpatient)	Paid at 90%/10%. Requires prior authorization	Paid at 75%/25%. Requires prior authorization	Paid at 70%/30%. Requires prior authorization
Outpatient Chemical Dependency, Substance Abuse	$15 Co-pay per visit	$15 Co-pay per visit	$15 Co-pay per visit
Home Health Care	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Hospice Care	Paid at 90%/10%. Requires prior authorization. Bereavement counseling limited to 2 visits.	Paid at 75%/25%. Bereavement counseling available first 12 months after death of family member.	Paid at 70%/30%. Requires prior authorization. Bereavement counseling limited to 2 visits.
Chiropractic	$20 Co-pay per visit. Up to $500 max. benefit per Member.	$20 Co-pay per visit. Up to $500 max. benefit per Member. Referral required.	Neuro/Muscular Manipulations – Plan pays 70%. Up to $500 max. benefit per Member.

Benefits	Lucas County Plan thru Physicians Health Collaborative Network	Paramount Health Care	Lucas County Plan thru the Frontpath Network
Room, Board & Ancillary Services in Semiprivate, Intensive Care or Coronary Unit	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Detoxification for Alcohol/Substance Abuse & Rehabilitation	Paid at 90%/10% for Detox. Requires prior authorization.	Paid at 75%/25% for Detox. Requires prior authorization.	Paid at 70%/30% for Detox. Requires prior authorization.
Inpatient, Chemical Dependency/Substance Abuse	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Physical Therapy	$25 Co-pay per visit. Limited to 30 visits per Plan Year. Prior Authorization required after first 15 visits. Provided in an Outpatient setting or Specialist's Office, combined with Occupational Therapy.	$25 Co-pay per Visit up to 30 Visits per Member, combined with Occupational Therapy.	Employee pays 30%. Limited to 15 visits per Plan Year. Additional visits with prior authorization. Provided in an Outpatient setting or Specialist's Office.
Physician Services in the Hospital, Includes Surgery & Anesthesia	Paid at 90%/10%.	Paid at 75%/25%.	Paid at 70%/30% unless otherwise specified in the Plan Document. Assistant Surgeon pays 20% surgical allowance.
Skilled Nursing Facility	Paid at 90%/10%, up to a maximum of 100 days per Member. Requires prior authorization.	Paid at 75%/25%, up to a maximum of 100 days per Member. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Durable Medical Equipment	Employee pays 10%. Requires prior authorization for items over $1,500. Subject to Medicare Part B guidelines.	Employee pays 25%. Requires prior authorization for items over $1,500. Subject to Medicare Part B guidelines.	Employee pays 30%. Requires prior authorization for items over $1,500.
Eligible Dependents	Must meet Lucas County's definition of eligible dependent.	Must meet Lucas County's definition of eligible dependent.	Must meet Lucas County's definition of eligible dependent.

Other Designated Services Requiring Prior Authorization: All inpatient hospitalizations, all biopsies, skilled nursing facility stays, outpatient surgeries (not performed at physicians office), chemotherapy/infusion therapy, renal dialysis, radiation therapy, human organ transplant evaluation and transplantation, home health services, hyperbaric oxygen treatment, speech/respiratory therapy prior to first visit, physical/occupational therapy after the first 15 visits, durable medical equipment ($1,500 purchase or rental), hospice care, and blepheroplasty.

Benefits	Lucas County Plan thru Physicians Health Collaborative Network	Paramount Health Care	Lucas County Plan thru the Frontpath Network
Hospitals (Toledo area only listed. For complete listing of all in-network hospitals, please refer to appropriate provider directory or website).	Mercy Children's Hospital, Mercy St. Anne Hospital, Mercy St. Charles Hospital, Mercy St. Vincent's Med Center, St. Luke's Hospital, Wood County Hospital.	Toledo, Toledo Children's, Flower, St. Luke's Hospital, Bay Park, UT Medical Center, Fulton County Health Center, Wood County Hospital.	Toledo, Toledo Children's, Flower, UT Medical Center, St. Charles, St. Vincent's Mercy, Mercy Children's, Wood County, St. Luke's Hospital, Bay Park, St. Anne Mercy, & Fulton County Health Center.
Prescription Drug Coverage	Through the Lucas County Prescription Drug Plan. Tier I: Generic – 20% up to $8 (up to a 30-day supply); Tier II: Brand-$25 (up to 30- day supply); Tier III: 20% of the cost or $40 whichever is greater– no cap (up to 30-day supply). 90-day mail order option available for Tier I & Tier II. Max. $350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. Max $500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program. All Brand Name Proton Pump Inhibitors are excluded from coverage.	Through the Lucas County Prescription Drug Plan. Tier I: Generic – 20% up to $8 (up to a 30-day supply); Tier II: Brand-$25 (up to 30- day supply); Tier III: 20% of the cost or $40 whichever is greater– no cap (up to 30-day supply). 90-day mail order option available for Tier I & Tier II. Max. $350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. Max $500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program. All Brand Name Proton Pump Inhibitors are excluded from coverage.	Through the Lucas County Prescription Drug Plan. Tier I: Generic – 20% up to $8 (up to a 30-day supply); Tier II: Brand-$25 (up to 30- day supply); Tier III: 20% of the cost or $40 whichever is greater– no cap (up to 30-day supply). 90-day mail order option available for Tier I & Tier II. Max. $350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. Max $500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program. All Brand Name Proton Pump Inhibitors are excluded from coverage.

Notes:

Lucas County Plan through Physician's Health Collaborative- This plan pays 90% of all contracted cost of covered services performed within the Physician's Health Collaborative network. The employee pays 10% of the contracted cost of covered services performed within the network up to a yearly maximum out-of-pocket coinsurance of $1000 maximum per individual or $2000 maximum per family. Once you reach the out-of-pocket expense of $1000 per individual or $2000 per family, you will not be responsible to pay any more out-of-pocket expenses except for those applicable co-pays. Benefits are not paid for non-emergency elective medical services performed by non-participating network medical providers.

Note: **The Lucas County Plan through Physicians Health Collaborative requires use of plan providers except for Emergency Medical Conditions. Referrals from a PCP to see plan Specialists are NOT required. Limited benefits renew each Contract/ PlanYear.**

Lucas County Plan through Frontpath– This Plan pays 70% of the contracted cost of covered services performed within the FrontPath network. The employee pays 30% of the contracted cost of covered services performed within the FrontPath network up to a yearly maximum out-of-pocket coinsurance of $2000 maximum per individual or $4000 maximum per family. This means that the employee pays 30% of the contracted cost of covered services and the County pays 70% of the contracted cost of covered services up to the annual maximum(s). Once you reach the out-of-pocket coinsurance expense of $2000 per individual or $4000 per family, and you continue to use the FrontPath network, you will not be responsible to pay any more out-of-pocket coinsurance expenses, except for applicable co-pays. For enrollees in this plan who seek services outside of the FrontPath network, the Lucas County Plan will pay 50% up to the Usual Customary and Reasonable amount and the employee will pay 50% up to the Usual Customary and Reasonable amount. The $2000 per individual and the $4000 per family out-of-pocket coinsurance maximum(s) do not apply for services provided outside of the FrontPath participating network. Co-payments will continue to apply. Co-payments do not apply to coinsurance out-of-pocket maximums.
Eligible dependents away at school may use the local Urgent Care Center or the College Infirmary for conditions including, but not limited to, colds, flu, ear infections, sprains or strains with the applicable $10 office visit co-pay. All other non-emergency services and routine care must be performed in-network or the out-of-network charge of 50% will be applicable with no out of pocket maximum.

Paramount Health Care - For those services that have a coinsurance associated with them, the Paramount Plan pays 75% of the contracted cost of covered services performed within the Paramount network. The employee pays 25% of the contracted cost of covered services performed within the network up to a yearly maximum out-of-pocket coinsurance of $1500 maximum per individual or $3000 maximum per family. Once you reach the out-of-pocket expense of $1500 per individual or $3000 per family, you will not be responsible to pay any more out-of-pocket expenses except for those applicable co-pays. Benefits are not paid for non-emergency elective medical services performed by non-participating network medical providers.
Note: **Paramount Health Care and the Lucas County Plan through Physicians Health Collaborative require use of plan providers except for Emergency Medical Conditions. Referrals from Paramount PCP to see plan Specialists are NO LONGER required. Limited benefits renew each Contract/ PlanYear.**

Paramount's Student Program – Paramount's STUDENT 101 program will cover student care for Emergency, Urgent Care and for follow up services. If your child needs medical care away from home beyond Emergency services, simply contact Paramount's Utilization Management department at (800) 891-2520 and select the option for *Out of Plan and Student referrals* or visit their website at www.paramounthealthcare.com. Appropriate co-pays will apply, along with a 20% coinsurance for any diagnostic/lab services. For Emergency services, **notification to the member's PCP should take place within 72 hours following the visit.** Routine wellness care, such as physical exams must be scheduled with the Member's PCP in the Paramount service area.

Treatments that are in progress for employees and dependents who are switching from one health plan to another, need to be coordinated with their new health plan for any dates of service on or after March 1, 2011. Some of the most common treatments needing coordination include, but are not limited to, scheduled surgery, maternity, mental health and substance abuse care. Employees can call Paramount Member Services at 419-887-2525 or toll free at 1-800-462-3589 for questions and assistance. Members enrolled in either Lucas County Health Plan may call Health Care Payer's Coalition at 419-244-0135 for questions and assistance.

The benefit plan year for ALL benefits begins March 1, 2011 and continues through February 28, 2012.

Lucas County Wellness Program – All eligible Lucas County employees and their eligible spouse/dependents may utilize the Lucas County Wellness Program. For more information, please call the health coaches at 213-2088.

Lucas County Prescription Drug Plan
Schedule of Benefits

Administered by: Total Script, 10901 West 120th Avenue, Suite 175, Broomfield, CO 80021, 1-800-752-2211
Rx Mail Order Company: Immediate Pharmaceutical Services (IPS), www.ipsrx.com

Effective March 1, 2011, the Lucas County Prescription Drug Plan will provide the following benefit:

- TIER I: 20% co pay for generic medication up to $8 per script for up to a 30-day supply retail & 90-day supply mail order.
- TIER II: $25 per script for brand name medication up to a 30-day supply retail & 90-day supply mail order.
- TIER III: 20% or $40.00 (whichever is greater) co-pay with no cap up to a 30-day supply retail & 30-day supply mail order. All new brand name medications introduced to the market will be considered Tier III for a period of 36 months.
- Medications may be subject to change among Tiers during the course of the plan year.
- All medications costing in excess of $500 and all genetic testing may be referred to medical management for review for medical necessity.
- Lucas County retains the right to implement a mandatory step formulary component .
- All brand name proton pump inhibitors, including Nexium, will no longer be covered.
- Enrollees will be eligible for a 90-day supply of Tier I & II medication and a yearly $350 annual cap on Tier II brand name medication if they enroll in and maintain continuous compliance in the Lucas County Prescription Drug Use Review Program at one of the local participating prescription drug use review pharmacies.
- Enrollees will be eligible for a $500 yearly cap on Tier III medication if they enroll in and maintain continuous compliance in the Lucas County Prescription Drug Use Review Program at one of the local participating prescription drug use review pharmacies. The prescription medication Enbrel will remain at a straight 20% co-payment, with no cap.
- The Plan will continue to pay 100% of the cost of certain over the counter (OTC) medications for enrollees with a prescription. These include, but may not necessarily be limited to: Prilosec OTC 20 mg, Prevacid 24 hr., Claritin Syrup, Claritin Tablets, Claritin Reditab, Claritin-D 24 and store brand laratadine D-24 tablets. You must have a valid written prescription from your physician in order to receive this benefit.

If you use a non-participating pharmacy, eligible expenses will be reimbursed at a reduced level. If you are vacationing or traveling outside of the network, you must purchase the prescription and submit eligible expenses for reimbursement, minus the applicable deductible. You may obtain reimbursement claim forms on the Lucas County Health Benefits website, or in the Health Benefits Department, Suite 440, in the Government Center.

Injectible insulin and oral contraceptives are covered. Disposable syringes and needles are also covered, but only when prescribed with insulin. Insulin and Human Organ Transplant drugs shall be considered generic for purposes of the Lucas County Drug Plan and are subject to the generic co-pay.

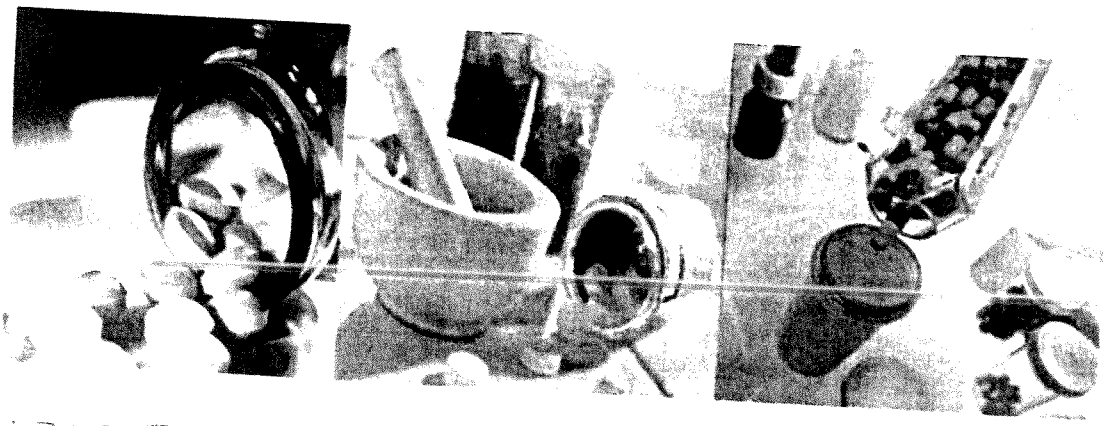
Generic Drug Policy:

There will be a 20% or $40.00 co-payment (whichever is greater) for up to a 30-day supply per script for brand name medications when a generic is manufactured including dispensed as written (DAW) medications.

(over)

Coordination of Benefits Policy:

If any eligible person is entitled to prescription drug benefits under another plan, and the eligible person is primary on that plan, expenses will be coordinated so that the primary plan pays first and the secondary plan pays the remaining eligible expense to the applicable co-payment amount. Dependent children fall under the "Birthday Rule" which states that whichever parent's birthday comes first in the calendar year, that parent's coverage will be primary, unless a specific court order states otherwise. In order to receive the secondary refund to the applicable co-payment amount, a claim form must be completed and submitted toTotal Script at the address above.



LUCAS COUNTY

Prescription Drug Use Review Program

Greetings Lucas County Employee!

The Board of Lucas County Commissioners is pleased to offer you and your covered dependents a very unique opportunity AT NO COST TO YOU! You are invited to enroll in the **Lucas County Prescription Drug Use Review Program**, which is exclusively offered at six local participating pharmacy locations.

Who Qualifies?

Any Lucas County employee and their SPOUSE/DEPENDENTS enrolled in the Lucas County Prescription Benefit Plan are eligible.

You are strongly encouraged to enroll if you:

- ✓ Are currently taking 3 or more medications
- ✓ Have a chronic disease state, such as diabetes of high blood pressure
- ✓ Are seeing 2 or more doctors
- ✓ Experience negative side effects from current medications

What are the benefits* to enrolling?

- PRIVATE CONFIDENTIAL MEETINGS WITH A PHARMACIST to gain a better understanding of your medicines and how to better control your disease state(s)
- 90 day supply of Tier I and Tier II medicines at a LOCAL pharmacy for the same co-pay as mail order
- $350 out-of-pocket cap on Tier II medications
- $500 out-of-pocket cap on Tier III medications
- Up to $50 in coupons, good towards Tier II co-pays
- MOST IMPORTANTLY…taking control of your own health!

Your health is the most important thing you have. What you today determines how you feel NOW and LATER. Let us help! If you have questions, would like further information, or would like to schedule an appointment, please contact you participating pharmacy of choice below.

* Note: All benefits associated with this program are subject to program compliance

Schedule of Benefits
Lucas County Dental Plan

Effective 3-1-11

Administered by ***Health Care Payer's Coalition, (HCPC)***
Address: **701 Adams Street, Suite 850, Toledo, OH 43604**
Phone Number: **1-877-934-4272 or (419) 244-0135**

Aid To Preventive Dentistry

Covered 100% up to the UCR (Usual Customary & Reasonable) — No Deductible Required

No deductible is required, but cost of services are applied to the annual maximum.

- Prophylaxis (Cleaning) - 2 per benefit period
- Topical Fluoride - 2 per benefit period (up to age 19)
- Oral Exam - 2 per benefit period
- Bite-wing X-ray - 1 per benefit period
- Full Mouth X-rays – once every 60 months
- Sealants on permanent molars – once every 36 months (up to age 16)
- Space Maintainers

Basic Restorative Treatments

Covered 80% up to the UCR (Usual Customary & Reasonable) — Deductible Required

Deductible is required and cost of services are applied to the annual maximum.

Includes, but is not limited to:

- Denture and bridge repair
- Fillings
- Simple Extractions
- Emergency Treatment - Temporary relief of pain
- Oral Surgery and complex extractions
- Periodontal Cleaning
- Periodontal Therapy and surgery (gum disease)
- Endodontic Therapy and surgery (root canal)
- Injections

Anesthesia and sedation

Major Restorative Treatments

Covered 70% up to the UCR (Usual Customary & Reasonable) — Deductible Required

Deductible is required and cost of services are applied to the annual maximum.

Includes, but is not limited to:

- Inlays and crowns
- Dentures, full or partial
- Replacement or addition of teeth
- Implants
- Bridges, fixed and removable dentures or bridgework

ORTHODONTIA SERVICES ARE NOT COVERED!

(Over)

Deductibles and Maximums

Annual Deductible: $25 per Single
$75 per Family
(No more than $25 is applied to one family member)
Annual Maximums: $1000 per person *per benefit period*
Benefit Period: **(March 1, 2011 – February, 2012)**

Predetermination

If treatment is expected to cost in excess of $200, a *predetermination* or an estimate of the dentist's charges should be sent to Health Care Payer's Coalition (HCPC) **before** treatment begins. This procedure is explained in the Lucas County Dental Benefit Plan Document.

UCR=Usual, customary and reasonable charge

This information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Lucas County Benefit Plan Certificate of Coverage" if further clarification is needed. In the event of a conflict between this information and the "Lucas County Dental Benefit Plan Certificate of Coverage" the Certificate shall control.

SECTION V CENSUS INFORMATION

Please see the employee census for each of the plans elsewhere in the website.

Lucas County
MEDICAL
Run Date 9/1/2011

AGE	GENDER	MEDICAL PLAN	COVERAGE	ZIP CODE
44	F	1TFFB	Family	42623
49	M	LCP/B	Single	43402
48	M	LCHP	Family	43402
45	F	1HPFF	Family	43402
46	F	LCP/B	Family	43402
45	F	1HPFF	Family	43402
54	M	HMO	Family	43402
42	F	2HMOFF	Family	43402
60	M	2HPFF	Family	43402
58	M	HMO	Family	43402
60	F	HMO	Family	43402
35	F	LCHP	Family	43402
46	F	1HPFF	Single	43402
41	M	LCHP	Family	43402
41	M	HMO	Family	43402
56	F	LCHP	Family w/Spouse Primary	43402
36	F	LCP/B	Family	43402
52	M	HMO	Family w/Spouse Primary	43402
41	F	LCP/B	Family	43402
33	F	LCHP	Family	43402
50	M	LCP/B	Family	43402
58	F	2HPFF	Family w/Spouse Primary	43402
44	M	LCHP	Family	43402
32	F	HMO	Family	43402
36	F	2HMOFF	Family	43402
35	F	2TFFB	Family	43402
62	F	LCHP	Family w/Spouse Primary	43402
32	F	LCHP	Single	43402
45	F	LCHP	Single	43402
44	M	HMO	Family	43402
52	F	1HMOFF	Single	43402
55	F	LCP/B	Family	43402
30	F	2HPFF	Single	43402
48	F	LCHP	Family	43402
31	F	1HPFF	Family w/Spouse Primary	43402
63	F	1TFFB	Family	43402
24	M	LCHP	Family	43402
30	F	HMO	Single	43402
58	M	2TFFB	Single	43402
60	F	LCP/B	Family	43402
48	M	LCHP	Single	43412
58	M	HMO	Single	43412
56	F	LCP/B	Family	43412
47	F	2HMFF2	Family w/Spouse Primary	43412
39	F	LCHP	Family w/Spouse Primary	43412
38	F	LCP/B	Family w/Spouse Primary	43412
44	M	LCP/B	Single	43412
			Family	43412

47	F	LCP/B	Family	43412
35	F	LCHP	Family	43412
35	M	LCHP	Family	43412
51	M	LCHP	Family	43412
65	M	LCP/B	Family	43412
42	M	2HMOFF	Family	43412
57	F	LCHP	Single	43412
58	M	LCHP	Family w/Spouse Primary	43412
58	F	1HPF	Family	43412
26	F	LCP/B	Single	43412
47	M	LCP/B	Family	43412
50	F	LCHP	Family	43412
44	F	HMO	Family	43412
64	F	2HPFF2	Family w/Spouse Primary	43413
34	F	LCP/B	Family	43413
43	F	2HPFF	Family	43414
43	M	LCHP	Family	43416
48	F	HMO	Family	43416
54	M	LCHP	Single	43420
46	M	HMO	Family	43420
52	M	LCHP	Family	43420
46	M	1TFFB	Family w/Spouse Primary	43420
41	F	LCHP	Single	43420
46	F	2HMOFF	Family	43430
44	F	HMO	Family	43430
43	F	HMO	Family	43430
59	F	LCHP	Family	43430
62	F	LCHP	Single	43430
47	F	LCHP	Family	43430
54	F	HMO	Single	43430
40	M	LCHP	Family	43430
38	M	HMO	Family w/Spouse Primary	43430
49	F	2HMOFF	Family	43430
56	F	2TFFB	Family	43430
45	F	LCP/B	Family	43430
58	F	LCHP	Family	43430
49	M	LCP/B	Family	43430
38	F	HMO	Family	43430
78	F	LCHP	Single	43430
33	M	LCHP	Family	43430
51	M	LCHP	Family	43430
39	F	LCP/B	Single	43430
58	M	2HMOFF	Family	43431
47	F	HMO	Family	43431
50	M	LCHP	Family	43431
56	M	HMO	Family	43431
65	F	LCP/B	Family w/Spouse Primary	43432
52	F	LCHP	Single	43432
44	F	4LCHP	Single	43432
58	F	LCHP2	Family w/Spouse Primary	43434
41	F	HMO	Family	43442
46	F	HMO	Family w/Spouse Primary	43443

40	M	LCHP	Family w/Spouse Primary	43443
28	F	LCP/B	Family	43443
28	F	2HMOFF	Family	43443
53	M	HMO	Single	43445
57	M	LCP/B	Single	43445
47	F	LCP/B	Family	43447
46	F	LCP/B	Family	43447
49	F	2HPFF	Family	43447
35	F	2HMOFF	Family	43447
56	F	LCP/B	Single	43447
48	F	LCP/B	Single	43447
41	M	LCP/B	Single	43447
36	F	1TFFB	Family	43447
25	M	HMO	Family	43447
52	F	2HPFF	Family	43449
49	F	2HMOFF	Family	43449
37	F	LCP/B	Family	43449
59	M	2HMOFF	Family w/Spouse Primary	43449
51	F	LCP/B	Single	43449
58	M	LCP/B	Family	43449
35	M	1TFFB	Family w/Spouse Primary	43449
47	F	1TFFB	Family	43449
56	F	1HPFF	Family	43449
44	M	LCHP2	Family w/Spouse Primary	43450
49	F	LCP/B	Family	43450
43	M	LCHP2	Family w/Spouse Primary	43452
30	F	1HMOFF	Family	43452
44	M	LCHP2	Family w/Spouse Primary	43452
62	M	LCP/B	Single	43460
44	F	LCHP	Family	43460
52	M	2TFFB	Family	43460
43	F	LCP/B	Single	43460
52	M	1HPFF	Family	43460
44	M	HMO	Single	43460
42	F	LCP/B	Family w/Spouse Primary	43460
65	F	LCHP	Single	43460
48	F	HMO	Single	43460
49	M	HMO	Family	43460
39	F	LCHP	Family	43460
56	F	LCHP	Single	43460
62	F	HMO	Single	43460
38	F	HMO	Single	43460
45	F	LCP/B	Family w/Spouse Primary	43460
39	F	HMO	Family	43460
38	M	HMO	Family	43460
41	F	LCHP	Family	43460
49	F	LCHP	Single	43460
57	F	LCHP	Single	43460
41	M	LCP/B	Family	43460
40	M	2HPFF	Family w/Spouse Primary	43460
59	F	LCP/B	Single	43460
30	F	LCHP	Family	43460

52	M	LCHP	Single	43460
29	M	HMO	Family	43460
61	M	HMO	Single	43460
63	M	HMO	Family	43460
55	F	LCHP	Family	43460
45	M	LCHP	Family w/Spouse Primary	43460
53	F	1TFFB	Family	43460
33	F	1HMOF	Family	43460
46	F	1HMOFF	Family	43460
47	F	LCHP	Family	43460
55	F	HMO	Family w/Spouse Primary	43460
26	F	HMO	Family	43460
25	M	LCHP	Single	43460
26	F	2HPFF	Family	43460
25	F	LCHP	Single	43460
24	F	1HPFF	Family	43460
49	F	LCHP	Family	43462
45	F	HMO	Family	43465
46	F	LCHP	Family	43465
48	F	LCHP	Family	43465
42	F	LCHP2	Family w/Spouse Primary	43465
42	F	1TFFB	Family	43465
44	M	HMO	Family	43465
38	F	LCP/B	Family	43465
46	M	LCP/B	Family w/Spouse Primary	43465
64	M	LCP/B	Family	43465
49	M	LCP/B	Family	43465
64	F	HMO	Family	43465
53	F	LCHP	Family	43465
50	M	HMO	Single	43465
45	F	2HMFF2	Family w/Spouse Primary	43465
34	F	HMO	Family w/Spouse Primary	43465
48	F	LCHP	Family	43465
39	M	HMO	Family	43465
58	F	LCP/B	Single	43465
71	F	LCP/B	Single	43466
56	M	LCP/B2	Family w/Spouse Primary	43466
50	M	LCHP	Family	43466
34	M	LCHP	Family w/Spouse Primary	43466
40	F	LCP/B	Family	43468
58	M	LCHP	Single	43469
40	M	LCHP	Family	43469
46	F	LCHP	Family	43469
58	F	LCHP	Single	43469
39	M	LCHP	Family	43469
61	F	LCHP	Single	43469
51	M	LCP/B	Family	43469
46	M	2HMOFF	Family	43469
52	M	LCP/B	Family w/Spouse Primary	43469
44	F	HMO	Family w/Spouse Primary	43501
71	M	LCHP2	Family w/Spouse Primary	43504
48	F	LCP/B	Single	43504

43	F	1HPFF2	Family w/Spouse Primary	43504
70	F	LCHP	Family w/Spouse Primary	43505
56	M	HMO	Single	43511
35	F	2HMOFF	Family	43512
43	F	LCHP	Family	43512
42	F	LCP/B	Family	43515
63	M	LCP/B	Family	43515
38	F	LCP/B	Family w/Spouse Primary	43515
36	M	LCP/B	Family w/Spouse Primary	43515
54	F	2HPFF	Family	43515
51	F	HMO	Family	43515
33	M	HMO	Family	43515
32	M	HMO	Family	43515
48	F	2HPFF	Family	43515
30	M	LCHP	Family w/Spouse Primary	43515
27	M	HMO	Single	43515
49	F	2HMOFF	Family	43515
36	M	1HPFF	Family w/Spouse Primary	43515
42	F	LCP/B	Single	43515
44	M	LCHP2	Family w/Spouse Primary	43516
30	F	LCHP2	Family w/Spouse Primary	43516
47	M	LCHP	Family	43518
40	F	2HMOFF	Family	43521
49	F	2HPFF	Family	43522
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40	F	LCHP	Family	43522
39	F	HMO	Family	43522
46	F	HMO	Family	43522
44	M	LCHP	Single	43522
57	F	LCHP	Family w/Spouse Primary	43522
48	M	HMO	Family	43522
39	M	2TFFB	Family	43522
55	M	HMO	Family	43522
33	F	LCP/B	Family w/Spouse Primary	43522
46	M	HMO	Family w/Spouse Primary	43522
54	M	LCHP	Single	43522
26	F	LCP/B	Family	43522
57	M	LCHP	Single	43522
42	M	LCHP	Family	43525
38	M	LCP/B	Family	43525
48	M	HMO	Single	43525
47	M	DPLCP2	Family	43528
47	F	LCHP	Family w/DP Primary	43528
57	F	LCHP	Single	43528
53	M	2HMOFF	Family	43528
52	M	HMO2	Family	43528
46	F	LCHP2	Family w/Spouse Primary	43528
51	F	LCHP	Family w/Spouse Primary	43528
61	F	2HMFF2	Single	43528
53	M	LCHP	Family w/Spouse Primary	43528
45	F	2TFFB	Family	43528
52	M	HMO	Family	43528
			Family w/Spouse Primary	43528

49	F	HMO2	Family w/Spouse Primary	43528
54	F	LCHP	Single	43528
60	M	2HPFF	Family	43528
49	F	HMO	Family	43528
51	F	LCHP	Family	43528
49	F	LCHP	Single	43528
51	M	2HPFF2	Family w/Spouse Primary	43528
55	F	LCP/B	Single	43528
51	M	LCHP	Single	43528
36	F	2HMOFF	Family w/Spouse Primary	43528
48	F	2TFFB	Family	43528
58	M	HMO	Family w/Spouse Primary	43528
41	F	HMO	Family	43528
44	F	2HPFF	Family	43528
37	F	2HMOFF	Family	43528
51	M	LCHP	Single	43528
46	M	LCHP	Family	43528
41	M	HMO	Family	43528
46	F	LCHP	Family	43528
57	M	HMO	Family	43528
40	M	HMO	Family	43528
60	F	LCHP	Family	43528
63	F	2HMOFF	Family	43528
46	F	HMO	Family	43528
62	F	LCHP	Family	43528
38	F	LCHP	Family w/Spouse Primary	43528
37	F	2HMOFF	Family	43528
36	M	LCP/B2	Family w/Spouse Primary	43528
39	M	HMO2	Family w/Spouse Primary	43528
62	F	HMO2	Family w/Spouse Primary	43528
47	F	HMO	Family	43528
40	F	LCP/B	Family	43528
43	F	LCHP	Family w/Spouse Primary	43528
65	M	LCHP2	Family w/Spouse Primary	43528
60	F	HMO	Single	43528
47	M	HMO2	Family w/Spouse Primary	43528
61	M	5HMO	Single	43528
38	F	DPHMO	Family w/DP Primary	43528
40	F	HMO	Family	43528
37	F	1HPF	Family	43528
35	F	HMO	Family	43528
52	M	1TFFB	Family	43528
36	M	LCP/B	Family w/Spouse Primary	43528
45	F	2HMOFF	Family	43528
57	M	LCHP	Family	43528
66	F	LCHP	Family	43528
58	F	HMO2	Family w/Spouse Primary	43528
33	M	LCHP	Single	43528
61	M	2HPFF	Family	43528
52	M	LCHP2	Family w/Spouse Primary	43528
48	F	LCHP	Family	43528
47	M	LCP/B	Family	43528

36	M	HMO	Family w/Spouse Primary	43528
48	M	LCP/B	Family	43528
39	M	HMO	Family	43528
38	M	2HMOFF	Family	43528
36	M	LCHP	Family w/Spouse Primary	43528
45	F	LCHP2	Family w/Spouse Primary	43528
18	F	2TFFB	Family	43528
55	M	2HMOFF	Family	43528
41	M	2HMOFF	Family	43528
44	F	2HMFF2	Family w/Spouse Primary	43528
30	F	HMO	Family	43528
57	F	HMO2	Family w/Spouse Primary	43528
45	M	HMO	Family	43528
46	F	LCP/B	Family	43528
35	M	LCHP2	Family w/Spouse Primary	43528
64	F	LCP/B	Family w/Spouse Primary	43528
49	F	HMO	Single	43528
39	F	HMO	Single	43528
48	M	LCHP	Family	43528
44	F	2HPF2	Family w/Spouse Primary	43528
28	M	HMO	Family	43528
26	F	1HPFF	Family	43528
63	M	LCP/B	Single	43528
59	F	HMO	Single	43528
40	F	HMO	Family	43528
57	M	LCP/B	Family w/Spouse Primary	43528
42	M	HMO	Family w/Spouse Primary	43532
45	F	HMO	Family w/Spouse Primary	43532
47	M	LCHP	Family w/Spouse Primary	43532
42	F	2HPFF	Family	43532
48	F	LCP/B	Family	43532
48	F	HMO	Single	43533
47	F	2HMOFF	Family	43533
44	F	HMO	Single	43533
47	F	LCP/B	Family	43533
52	F	HMO	Family	43533
49	M	LCHP	Family	43533
37	F	2HPFF2	Family w/Spouse Primary	43534
35	F	2HPFF	Family	43534
61	F	LCHP	Single	43537
46	F	LCP/B	Family	43537
62	F	HMO	Family	43537
49	F	LCP/B	Family	43537
59	F	LCHP2	Family w/Spouse Primary	43537
50	F	HMO	Single	43537
43	F	1HPFF	Family	43537
47	F	LCHP	Family	43537
60	M	HMO	Family w/Spouse Primary	43537
46	M	HMO	Family	43537
50	F	LCHP	Family	43537
57	F	1TFFB	Family	43537
58	M	LCP/B	Family w/Spouse Primary	43537

49	M	LCP/B	Family w/Spouse Primary	43537
47	M	HMO	Family w/Spouse Primary	43537
47	F	2HMOFF	Family	43537
66	F	1HPFF	Family	43537
56	F	HMO	Family	43537
49	F	HMO	Family	43537
44	F	1HPFF	Family w/Spouse Primary	43537
45	F	LCHP	Family	43537
48	F	HMO	Single	43537
43	F	LCHP	Family	43537
44	F	1HMOFF	Family	43537
56	M	LCHP2	Family w/Spouse Primary	43537
49	F	1HPFF	Family	43537
47	F	HMO	Family	43537
52	F	HMO	Single	43537
57	F	HMO	Family	43537
42	F	LCHP2	Family w/Spouse Primary	43537
68	F	HMO	Single	43537
59	F	LCHP	Family w/Spouse Primary	43537
41	M	HMO	Family	43537
62	F	LCHP	Single	43537
63	F	HMO	Single	43537
56	F	HMO	Family	43537
54	F	2HPFF	Family	43537
60	M	LCHP2	Family w/Spouse Primary	43537
39	F	HMO	Family	43537
55	M	LCHP	Family	43537
45	F	LCP/B	Family	43537
46	F	2HMOFF	Family	43537
43	F	LCHP	Family	43537
58	F	LCHP	Single	43537
42	M	LCHP	Family	43537
43	M	HMO	Family	43537
40	M	LCHP	Family w/Spouse Primary	43537
54	F	LCHP	Family	43537
64	M	LCHP	Family	43537
57	M	LCHP	Family w/Spouse Primary	43537
43	M	HMO	Family	43537
47	M	HMO	Family	43537
39	M	HMO	Family w/Spouse Primary	43537
49	F	HMO	Family	43537
41	F	LCP/B2	Family w/Spouse Primary	43537
52	F	2HMOFF	Family	43537
37	M	LCHP	Family	43537
60	F	LCHP	Single	43537
56	F	HMO	Single	43537
48	F	2TFFB	Family	43537
39	F	HMO	Family w/Spouse Primary	43537
46	F	LCP/B	Single	43537
41	M	LCHP	Single	43537
62	M	HMO	Family	43537
49	M	HMO	Single	43537

36	F	2TFFB	Family	43537
55	M	HMO	Family w/Spouse Primary	43537
48	F	LCHP	Single	43537
42	M	LCHP	Family w/Spouse Primary	43537
37	M	HMO	Single	43537
38	M	LCHP	Family	43537
43	F	HMO	Family	43537
43	F	LCHP	Family	43537
68	F	LCHP	Single	43537
37	M	HMO	Family	43537
39	F	HMO	Family	43537
42	F	LCHP	Family	43537
59	M	LCHP2	Family w/Spouse Primary	43537
46	M	LCP/B	Family	43537
61	F	HMO	Single	43537
54	M	LCP/B	Family	43537
56	F	LCHP	Family	43537
48	F	2HPFF	Family	43537
73	M	LCHP2	Family w/Spouse Primary	43537
53	F	LCHP	Family	43537
39	F	HMO	Family	43537
62	F	HMO	Family w/Spouse Primary	43537
36	M	HMO	Single	43537
42	F	HMO	Family	43537
31	F	HMO	Family	43537
35	F	HMO	Family	43537
54	F	2HMOFF	Family	43537
52	F	HMO	Single	43537
46	F	HMO	Family	43537
42	F	4HMO	Family	43537
72	M	LCHP2	Family w/Spouse Primary	43537
40	F	HMO	Family w/Spouse Primary	43537
34	F	LCHP	Family	43537
33	F	LCHP	Family	43537
38	M	HMO	Family	43537
42	M	HMO	Family	43537
61	F	5LCHP	Single	43537
45	M	LCHP	Family	43537
64	M	LCHP	Single	43537
44	F	2HPFF	Family w/Spouse Primary	43537
40	F	HMO	Single	43537
31	M	1HPFF	Family	43537
51	F	HMO	Single	43537
49	F	HMO	Family w/Spouse Primary	43537
44	F	HMO	Single	43537
48	F	2HPFF2	Family w/Spouse Primary	43537
38	F	2HPFF	Family	43537
39	F	2HMOFF	Family	43537
55	F	LCP/B	Single	43537
49	F	LCP/B2	Family w/Spouse Primary	43537
54	F	HMO	Single	43537
47	F	LCHP	Family	43537

32	F	LCHP	Family	43537
32	F	1TFB	Family w/Spouse Primary	43537
54	F	HMO	Single	43537
64	M	2HPF	Family w/Spouse Primary	43537
53	M	LCHP	Family	43537
30	F	LCHP	Family	43537
54	F	HMO	Family	43537
30	M	HMO	Single	43537
51	M	HMO	Family	43537
28	M	LCHP	Family	43537
39	F	HMO	Single	43537
37	F	HMO	Family	43537
37	F	HMO	Family	43537
37	F	HMO	Family w/Spouse Primary	43537
29	M	LCP/B	Family w/Spouse Primary	43537
45	M	LCHP	Family	43537
42	F	LCHP	Family	43537
46	F	2HPFF	Family	43537
39	F	LCHP	Family	43537
29	F	HMO	Single	43537
41	M	LCHP	Family	43537
35	F	HMO	Family	43537
55	F	2HPFF2	Family w/Spouse Primary	43537
31	M	LCHP	Family	43537
33	F	LCHP	Single	43537
28	M	HMO	Single	43537
49	F	LCP/B	Family	43537
26	M	HMO	Single	43537
28	F	LCHP	Single	43537
42	M	LCHP2	Family w/Spouse Primary	43537
26	M	LCHP	Single	43537
47	M	LCHP	Family	43537
60	F	LCHP	Single	43537
27	M	LCHP	Single	43537
53	F	LCHP	Single	43537
63	F	HMO2	Family w/Spouse Primary	43537
62	F	HMO	Single	43537
41	M	HMO	Family w/Spouse Primary	43537
50	M	LCP/B2	Family w/Spouse Primary	43537
27	M	LCP/B	Single	43537
56	F	1HPFF	Family	43537
26	F	HMO	Single	43537
50	M	LCHP2	Family w/Spouse Primary	43537
53	M	LCP/B	Family w/Spouse Primary	43537
45	F	LCHP	Family	43537
42	M	HMO	Family	43537
35	M	LCHP	Family w/Spouse Primary	43537
35	F	2TFFB	Family w/Spouse Primary	43537
34	M	HMO	Family w/Spouse Primary	43537
24	F	LCHP	Single	43537
49	M	HMO	Family	43537
32	M	HMO	Family w/Spouse Primary	43537

36	M	LCHP	Family w/Spouse Primary	43537
63	M	2TFFB	Family w/Spouse Primary	43537
31	M	HMO	Single	43537
24	M	LCP/B	Single	43537
24	F	LCP/B	Single	43537
22	M	LCHP	Single	43537
25	M	LCHP	Single	43537
43	M	HMO	Family	43537
56	M	LCHP	Single	43537
54	M	HMO	Family w/Spouse Primary	43537
80	M	HMO2	Family w/Spouse Primary	43537
50	M	2HPFF	Family	43542
60	F	HMO	Family	43542
58	F	LCHP	Single	43542
48	M	HMO	Family	43542
50	F	2HPFF	Family	43542
41	F	LCHP	Family	43542
43	F	HMO	Family	43542
43	F	2TFFB	Family	43542
57	M	LCHP2	Family w/Spouse Primary	43542
37	F	1TFFB	Family	43542
64	M	HMO2	Family w/Spouse Primary	43542
33	M	HMO	Family	43542
42	F	LCP/B	Family w/Spouse Primary	43542
50	F	1HPFF	Family	43542
52	F	LCHP2	Family w/Spouse Primary	43542
63	M	LCP/B	Family w/Spouse Primary	43542
55	F	HMO	Family	43542
42	F	1TFFB	Family w/Spouse Primary	43542
34	M	HMO	Family	43542
45	F	LCP/B	Family	43542
53	F	2HMOFF	Family w/Spouse Primary	43542
50	M	HMO	Single	43545
44	M	LCHP	Family	43545
34	F	2HPFF2	Family w/Spouse Primary	43545
36	F	2HMOFF	Family	43545
60	M	2HMOFF	Family	43547
50	F	LCHP	Family w/Spouse Primary	43547
55	M	LCHP	Family w/Spouse Primary	43551
50	F	2HPFF	Family w/Spouse Primary	43551
50	F	2HPFF	Family	43551
50	F	LCHP	Family	43551
47	F	HMO	Family	43551
47	F	LCHP	Single	43551
46	F	HMO	Family	43551
45	F	1HPFF	Family	43551
42	F	LCHP	Family	43551
57	F	LCHP	Family	43551
46	F	LCHP	Family	43551
49	F	LCHP	Single	43551
57	F	HMO	Single	43551
42	F	1HPFF	Family w/Spouse Primary	43551

53	F	LCHP	Single	43551
54	F	LCHP	Family	43551
60	F	HMO	Single	43551
57	F	2HMOFF	Family w/Spouse Primary	43551
42	F	LCP/B	Family	43551
46	M	HMO	Family	43551
41	M	LCHP	Single	43551
55	F	HMO	Family w/Spouse Primary	43551
41	F	HMO	Family	43551
57	F	LCHP2	Family w/Spouse Primary	43551
47	F	HMO	Family	43551
47	M	LCP/B	Family	43551
46	M	LCHP	Family	43551
39	F	1TFFB	Family	43551
52	M	LCP/B	Family	43551
42	M	HMO2	Family w/Spouse Primary	43551
40	F	LCHP	Family	43551
61	M	2HMOFF	Family	43551
60	M	2HPFF	Family w/Spouse Primary	43551
54	F	2HPFF	Family	43551
43	M	LCP/B	Family	43551
42	M	LCP/B	Family w/Spouse Primary	43551
55	F	LCP/B	Single	43551
45	F	HMO	Single	43551
54	M	HMO	Single	43551
40	M	HMO2	Family w/Spouse Primary	43551
40	F	HMO2	Family w/Spouse Primary	43551
36	M	LCP/B	Single	43551
43	F	HMO	Family	43551
35	F	HMO	Family	43551
59	F	2HPFF	Family	43551
61	M	LCHP	Family	43551
36	F	1TFFB	Family	43551
39	F	HMO	Family	43551
61	F	HMO	Single	43551
46	M	1TFFB	Family	43551
32	F	HMO	Family	43551
41	F	HMO	Single	43551
41	M	HMO	Family	43551
52	F	HMO	Family w/Spouse Primary	43551
35	F	HMO	Family	43551
41	F	HMO	Family w/Spouse Primary	43551
64	M	2HMFF2	Family w/Spouse Primary	43551
33	F	LCHP	Family	43551
53	F	2HMOFF	Family	43551
37	M	HMO2	Family w/Spouse Primary	43551
36	F	HMO	Family	43551
29	F	LCP/B	Family w/Spouse Primary	43551
34	F	2HMFF2	Family w/Spouse Primary	43551
37	M	LCHP	Family w/Spouse Primary	43551
59	F	2HMOFF	Family	43551
59	F	LCHP	Single	43551

38	M	LCP/B	Family w/Spouse Primary	43551
27	F	LCHP	Single	43551
43	M	LCP/B	Family	43551
53	F	LCP/B	Single	43551
35	F	1HMOFF	Family	43551
59	F	HMO	Single	43551
37	F	1HMOFF	Family	43551
32	F	HMO	Single	43551
59	F	LCHP	Family	43551
31	F	2HPFF2	Family w/Spouse Primary	43551
60	M	HMO	Family	43551
53	F	LCP/B	Family	43551
29	F	LCHP	Family	43551
45	F	1HMOFF	Family	43551
41	F	LCP/B	Family	43551
46	F	1TFFB	Family w/Spouse Primary	43551
64	M	LCHP	Family	43551
67	M	LCHP	Family	43551
62	F	LCHP	Single	43551
33	F	2TFFB2	Family w/Spouse Primary	43551
60	F	LCHP	Single	43551
45	F	2HMFF2	Family w/Spouse Primary	43551
34	F	LCHP	Family	43551
40	F	LCHP	Family	43551
51	F	1HPFF2	Family w/Spouse Primary	43551
55	F	HMO	Family	43551
42	F	2TFFB	Family	43551
29	F	LCHP	Single	43551
40	M	HMO	Single	43551
26	M	LCP/B	Single	43551
26	F	HMO	Single	43551
48	M	2HMOFF	Family w/Spouse Primary	43551
39	M	LCP/B	Family w/Spouse Primary	43551
50	F	LCHP	Family	43551
46	F	LCHP	Single	43551
25	F	HMO	Single	43551
28	M	LCP/B	Single	43551
26	M	HMO	Single	43551
35	M	LCP/B	Family w/Spouse Primary	43551
61	F	2HPFF	Family	43551
51	M	LCP/B	Family w/Spouse Primary	43558
43	F	HMO	Family	43558
49	M	LCHP	Family w/Spouse Primary	43558
49	F	LCP/B	Single	43558
55	F	LCHP	Single	43558
51	F	LCHP	Family	43558
66	F	LCHP	Single	43558
48	F	LCHP	Family	43558
51	F	LCP/B	Family	43558
52	M	LCHP	Single	43558
48	F	2HPFF	Family	43558
64	F	HMO	Single	43558

45	M	HMO	Family	43558
58	F	HMO	Family	43558
49	F	HMO	Family	43558
46	M	HMO2	Family w/Spouse Primary	43558
59	M	LCHP	Family	43558
51	M	LCP/B	Family	43558
64	F	2HMOFF	Family w/Spouse Primary	43558
41	M	HMO	Family w/Spouse Primary	43558
40	F	2HMOFF	Family	43558
56	F	HMO	Single	43558
45	F	LCHP	Family w/Spouse Primary	43558
52	F	2HMOFF	Family	43558
49	F	LCHP	Family	43558
55	M	LCHP	Family	43558
53	M	LCP/B	Family	43558
37	F	LCP/B	Single	43558
66	M	HMO2	Family w/Spouse Primary	43558
35	F	HMO	Family	43558
55	M	LCHP	Family	43558
34	F	5HMO	Family	43558
34	M	LCP/B	Family w/Spouse Primary	43558
36	F	LCHP	Single	43558
50	M	LCHP2	Family w/Spouse Primary	43558
53	M	LCHP2	Family w/Spouse Primary	43558
33	M	HMO	Family	43558
36	M	LCHP	Family	43558
53	M	HMO	Family w/Spouse Primary	43558
28	F	HMO	Family	43558
42	M	LCHP	Single	43558
31	F	LCP/B	Single	43558
28	M	HMO	Family w/Spouse Primary	43558
62	F	LCP/B	Family w/Spouse Primary	43558
38	F	2HMOFF	Family	43558
51	F	LCP/B	Family	43558
54	F	LCHP	Family	43558
49	M	LCHP	Family	43558
60	M	LCP/B	Single	43558
53	M	LCHP	Single	43558
50	F	LCHP	Family	43558
35	F	1HPFF	Family	43558
49	M	2HPFF2	Family w/Spouse Primary	43558
52	F	LCHP	Family	43558
37	F	2TFFB	Family w/Spouse Primary	43558
49	F	1HPFF	Family	43558
54	F	LCP/B	Single	43560
47	M	1HMOFF	Family	43560
57	F	HMO	Single	43560
50	F	2HMFF2	Family w/Spouse Primary	43560
63	M	LCHP	Family	43560
54	F	HMO	Family	43560
47	F	HMO	Single	43560
51	M	HMO	Family	43560

51	F	HMO	Family w/Spouse Primary	43560
50	M	HMO	Family	43560
46	M	LCHP2	Family w/Spouse Primary	43560
55	M	HMO	Family	43560
63	M	LCHP	Family	43560
46	F	LCHP2	Family w/Spouse Primary	43560
56	M	LCHP	Family w/Spouse Primary	43560
53	F	LCHP	Single	43560
63	F	HMO	Single	43560
56	M	LCHP	Family	43560
67	F	LCP/B	Family w/Spouse Primary	43560
60	F	LCHP	Single	43560
47	F	HMO	Family w/Spouse Primary	43560
43	M	HMO2	Family w/Spouse Primary	43560
40	F	2HMOFF	Family	43560
55	F	LCHP	Family	43560
55	F	LCHP2	Family w/Spouse Primary	43560
42	F	LCHP2	Family w/Spouse Primary	43560
51	F	HMO	Family	43560
62	M	LCHP	Family	43560
44	F	LCHP	Family	43560
49	M	HMO	Family w/Spouse Primary	43560
41	F	LCHP	Family	43560
52	M	HMO	Family	43560
62	M	HMO	Family	43560
51	F	LCP/B	Family	43560
39	M	LCP/B2	Family w/Spouse Primary	43560
43	F	LCHP	Family	43560
59	F	LCHP	Single	43560
47	M	LCP/B	Single	43560
42	M	HMO	Family w/Spouse Primary	43560
50	F	HMO	Family	43560
53	F	LCP/B	Single	43560
49	F	LCHP	Family	43560
63	M	HMO2	Family w/Spouse Primary	43560
44	F	HMO2	Family w/Spouse Primary	43560
37	M	LCHP	Single	43560
39	M	HMO	Family	43560
58	M	LCHP2	Family w/Spouse Primary	43560
57	M	LCHP	Family	43560
39	F	LCHP	Family	43560
53	F	2HMOFF	Family	43560
37	M	1HMOFF	Family	43560
38	M	HMO	Family	43560
58	M	HMO	Family	43560
60	M	LCHP	Family	43560
39	M	HMO2	Single	43560
37	F	LCHP2	Family w/Spouse Primary	43560
51	F	HMO	Family w/Spouse Primary	43560
47	F	LCHP	Family	43560
40	F	LCHP2	Family	43560
36	M	HMO	Family w/Spouse Primary	43560
			Family	43560

60	F	HMO2	Family w/Spouse Primary	43560
54	M	LCP/B	Single	43560
47	F	2HPFF	Family	43560
53	F	2HPFF	Family	43560
56	F	LCHP	Single	43560
62	M	HMO2	Family w/Spouse Primary	43560
47	F	LCHP	Family	43560
60	M	HMO2	Family w/Spouse Primary	43560
54	F	LCHP	Family	43560
56	F	HMO	Family	43560
41	F	2HPFF2	Family w/Spouse Primary	43560
34	F	2HMOFF	Family	43560
35	F	LCHP	Single	43560
68	F	HMO	Family	43560
37	F	2HPFF	Family	43560
34	F	1HMOFF	Family	43560
37	F	LCP/B	Single	43560
29	F	2HMOFF	Family	43560
57	M	HMO	Family w/Spouse Primary	43560
57	M	LCHP	Family	43560
67	F	HMO	Single	43560
37	M	HMO	Family	43560
41	F	LCHP	Family	43560
44	M	HMO	Family w/Spouse Primary	43560
52	M	LCHP	Single	43560
33	M	5LCHP	Family w/Spouse Primary	43560
37	M	LCHP2	Family w/Spouse Primary	43560
49	F	LCP/B	Family	43560
39	F	1HMOFF	Family	43560
57	F	HMO	Single	43560
54	F	LCHP	Family	43560
36	F	LCP/B	Single	43560
65	M	LCHP2	Family w/Spouse Primary	43560
40	F	1HPFF	Family	43560
37	F	LCHP	Family	43560
40	F	2HMOFF	Family	43560
32	M	HMO	Family	43560
47	F	2HMOFF	Family	43560
51	F	LCHP	Family	43560
56	M	LCHP	Family	43560
55	F	HMO2	Family w/Spouse Primary	43560
41	M	HMO	Family	43560
52	F	HMO	Family	43560
36	M	HMO	Family	43560
40	M	LCHP	Single	43560
49	F	HMO	Family	43560
29	M	HMO	Single	43560
36	M	LCHP	Family	43560
32	F	HMO	Single	43560
42	F	2HPFF	Family	43560
55	F	HMO2	Family w/Spouse Primary	43560
58	F	LCP/B	Family w/Spouse Primary	43560

27	F	HMO	Family	43560
60	M	HMO	Family w/Spouse Primary	43560
54	F	HMO	Single	43560
36	M	HMO	Family	43560
37	M	HMO	Family	43560
42	M	HMO	Family w/Spouse Primary	43560
28	F	HMO	Family w/Spouse Primary	43560
27	F	LCHP	Single	43560
37	F	LCHP	Family	43560
33	F	HMO	Family	43560
61	F	HMO	Single	43560
50	F	2HMOFF	Family	43560
32	M	LCHP	Single	43560
69	F	LCHP	Family	43560
42	F	LCHP	Family	43560
35	F	HMO	Single	43560
47	F	LCHP	Single	43560
40	F	2TFFB	Family	43560
64	F	LCHP	Single	43560
47	M	LCHP	Single	43560
26	M	LCHP	Family w/Spouse Primary	43560
64	M	LCHP	Family	43560
35	F	2HMOFF	Family	43560
53	M	LCHP2	Family w/Spouse Primary	43560
28	F	LCHP	Family w/Spouse Primary	43560
66	M	LCP/B2	Family w/Spouse Primary	43560
39	F	HMO	Family	43560
35	F	2HMOFF	Family w/Spouse Primary	43560
52	F	LCHP	Family	43560
39	F	HMO	Single	43560
29	M	LCP/B	Single	43560
37	F	HMO	Single	43560
52	F	LCHP	Family	43560
51	F	1TFFB	Family w/Spouse Primary	43560
54	M	LCHP	Family	43560
41	M	LCHP2	Family w/Spouse Primary	43560
33	M	HMO	Family	43560
45	M	2TFFB	Family	43560
24	M	LCHP	Single	43560
50	F	LCHP	Family	43560
49	M	HMO	Single	43560
62	M	HMO	Single	43560
46	F	LCP/B	Family	43565
47	M	2HMOFF	Family	43566
56	M	LCHP	Family	43566
61	M	HMO2	Family w/Spouse Primary	43566
56	F	1TFFB	Family w/Spouse Primary	43566
48	M	HMO	Family	43566
55	F	HMO	Single	43566
53	M	LCHP	Family w/Spouse Primary	43566
38	M	HMO	Family	43566
49	M	HMO	Family	43566

60	F	LCHP	Family w/Spouse Primary	43566
43	M	HMO	Family	43566
37	F	LCP/B	Family	43566
63	M	LCHP	Family	43566
54	M	HMO2	Family w/Spouse Primary	43566
50	M	LCP/B	Family w/Spouse Primary	43566
40	M	HMO	Family	43566
41	F	2HMFF2	Family w/Spouse Primary	43566
51	F	LCHP	Single	43566
58	M	LCHP	Family	43566
50	M	HMO	Family	43566
35	M	HMO	Single	43566
54	M	LCHP	Family w/Spouse Primary	43566
45	M	HMO	Single	43566
52	F	LCHP	Family	43566
40	M	LCHP	Family	43566
58	F	LCP/B	Single	43566
40	M	LCHP2	Family w/Spouse Primary	43566
50	M	LCHP	Family	43566
32	F	HMO	Single	43566
54	M	LCHP	Single	43566
44	M	LCHP2	Family w/Spouse Primary	43566
54	M	LCP/B2	Family w/Spouse Primary	43566
31	F	LCHP	Single	43566
56	F	1HPFF	Family	43566
46	F	2TFFB	Family	43566
52	M	LCHP	Family	43566
32	M	LCHP2	Family w/Spouse Primary	43566
38	F	LCHP	Single	43566
52	M	LCHP2	Family w/Spouse Primary	43566
34	M	HMO	Family	43566
54	M	HMO	Family	43566
50	M	2HMFF2	Family w/Spouse Primary	43566
30	F	HMO	Family	43566
41	M	LCP/B	Family	43566
25	F	HMO	Family	43566
39	M	LCHP	Family	43566
50	M	HMO	Single	43566
36	M	LCHP2	Family w/Spouse Primary	43566
61	M	LCHP2	Family w/Spouse Primary	43566
30	F	2TFFB	Family	43566
50	F	2HMOFF	Family	43566
31	M	HMO	Single	43566
23	F	HMO	Single	43566
31	M	LCP/B	Single	43566
51	F	HMO	Single	43566
65	M	HMO2	Family w/Spouse Primary	43566
52	F	LCHP	Family	43567
51	F	LCHP	Family	43567
50	F	LCP/B	Family w/Spouse Primary	43567
45	F	2HMOFF	Family	43567
35	M	HMO	Family w/Spouse Primary	43567

40	F	HMO	Family	43567
39	F	HMO	Family	43567
37	F	2HPFF	Family w/Spouse Primary	43567
39	F	HMO	Family	43569
30	F	2HPFF	Family	43569
22	F	LCHP	Single	43570
60	F	HMO	Single	43571
47	F	2HPFF	Family	43571
47	F	HMO	Single	43571
57	F	LCHP	Family	43571
46	F	1HPFF	Family	43571
49	M	LCHP	Family	43571
44	M	LCHP	Family w/Spouse Primary	43571
40	M	HMO	Family	43571
43	M	LCP/B	Family	43571
53	F	LCHP	Family	43571
40	M	LCHP	Single	43571
36	F	LCHP	Family	43571
59	M	HMO2	Family w/Spouse Primary	43571
42	F	LCP/B	Family	43571
38	F	LCHP	Family	43571
52	F	LCHP	Family	43571
43	F	HMO	Single	43571
48	M	LCHP	Family w/Spouse Primary	43571
57	F	HMO	Family	43571
40	M	LCHP	Family	43571
40	F	HMO2	Family w/Spouse Primary	43571
55	M	HMO	Family	43571
29	F	2HMOFF	Family w/Spouse Primary	43571
50	F	HMO2	Family w/Spouse Primary	43571
32	F	2TFFB	Family	43571
57	M	LCHP	Family w/Spouse Primary	43571
39	M	LCHP	Family	43571
32	M	HMO2	Family w/Spouse Primary	43571
41	F	HMO	Family	43571
55	F	2HMOFF	Family	43571
28	M	HMO	Family w/Spouse Primary	43571
61	M	HMO	Family	43571
45	F	1HPFF	Family w/Spouse Primary	43571
38	F	HMO	Family	43571
51	F	HMO	Single	43571
29	F	LCHP	Family	43571
60	M	LCHP	Single	43571
43	F	LCP/B	Family	43602
61	M	LCP/B	Family	43602
34	F	2HMOFF	Family	43602
63	M	HMO	Family w/Spouse Primary	43602
59	M	LCHP	Single	43603
39	F	HMO	Family	43603
42	M	2TFFB	Family w/Spouse Primary	43604
59	M	LCHP	Family	43604
44	F	1HPFF	Family	43604

43	F	LCP/B	Family	43604
56	F	HMO	Family	43604
50	M	LCP/B	Family	43604
55	F	LCP/B	Single	43604
62	F	LCP/B	Single	43604
63	F	LCHP	Single	43604
33	F	HMO	Single	43604
54	F	HMO	Family	43604
55	M	LCP/B	Family w/Spouse Primary	43604
29	F	LCHP	Family	43604
49	F	LCHP	Family	43604
37	M	HMO	Single	43604
48	M	LCHP	Family	43604
31	F	LCHP	Family	43604
54	M	HMO	Single	43604
29	M	HMO	Single	43604
40	M	LCHP	Family w/Spouse Primary	43604
33	F	LCHP	Family	43604
47	F	LCP/B	Single	43604
24	M	LCHP	Single	43604
54	M	HMO	Family w/Spouse Primary	43605
45	F	1HMOFF	Family	43605
57	M	HMO	Family w/Spouse Primary	43605
56	F	LCHP	Family w/Spouse Primary	43605
54	F	LCP/B	Family	43605
44	F	LCHP	Family w/Spouse Primary	43605
52	F	LCHP	Family w/Spouse Primary	43605
47	M	HMO	Single	43605
59	M	LCHP	Family w/Spouse Primary	43605
45	F	HMO	Single	43605
63	F	LCHP	Family w/Spouse Primary	43605
55	F	LCHP	Single	43605
51	M	HMO	Single	43605
57	F	LCHP	Family	43605
57	M	1HMOFF	Family	43605
56	F	HMO	Single	43605
40	F	HMO	Single	43605
64	F	LCHP	Family w/Spouse Primary	43605
43	F	HMO	Single	43605
37	F	HMO	Family	43605
38	M	2DTFF2	Family w/DP Primary	43605
40	F	LCHP	Family w/Spouse Primary	43605
45	F	LCP/B	Single	43605
40	F	LCP/B	Family w/Spouse Primary	43605
57	F	HMO	Family	43605
61	F	LCP/B	Family w/Spouse Primary	43605
58	F	HMO	Single	43605
45	F	LCHP	Family	43605
54	M	LCHP	Family w/Spouse Primary	43605
39	M	LCP/B	Family	43605
50	F	LCP/B	Single	43605
33	F	HMO	Single	43605

40	F	LCP/B	Family	43605
52	F	HMO	Single	43605
37	F	HMO	Single	43605
52	F	LCP/B	Single	43605
47	F	HMO	Family	43605
55	M	2HMOFF	Family w/Spouse Primary	43605
62	F	LCHP	Family	43605
45	F	LCP/B	Family w/Spouse Primary	43605
58	F	1HPFF	Family	43605
30	F	HMO	Family	43605
54	M	LCP/B	Single	43605
55	M	LCHP	Single	43605
58	F	LCHP	Family	43605
36	F	LCP/B	Family	43605
51	M	HMO	Family w/Spouse Primary	43605
33	F	1HMOFF	Family w/Spouse Primary	43605
60	F	2HPFF	Family w/Spouse Primary	43605
43	F	HMO	Single	43605
65	M	2HPFF	Family w/Spouse Primary	43605
41	M	LCHP	Single	43605
53	F	HMO	Single	43605
60	F	LCHP	Single	43605
32	F	HMO	Family w/Spouse Primary	43605
42	F	HMO	Family	43605
38	M	HMO	Single	43605
60	M	LCHP	Family	43605
42	M	LCHP	Family w/Spouse Primary	43605
34	M	LCHP	Family	43605
43	M	HMO	Single	43605
34	F	1HMOFF	Family	43605
58	F	LCP/B	Single	43605
34	M	HMO	Family w/Spouse Primary	43605
37	M	LCP/B	Family	43605
45	F	LCP/B	Family w/Spouse Primary	43605
28	M	HMO	Single	43605
48	F	LCP/B	Family	43605
40	F	LCP/B	Family w/Spouse Primary	43605
55	F	LCP/B	Single	43605
31	F	LCHP	Family	43605
26	M	LCHP	Single	43605
31	F	2TFFB	Family	43605
54	F	LCP/B	Family	43605
62	M	LCHP	Family w/Spouse Primary	43605
41	F	2HMOFF	Family	43605
62	M	LCHP2	Family w/Spouse Primary	43605
21	M	HMO	Single	43605
54	F	HMO	Single	43605
60	M	LCHP2	Family w/Spouse Primary	43606
54	F	HMO	Single	43606
64	F	HMO	Single	43606
59	F	LCP/B	Single	43606
68	M	LCHP	Family	43606

60	F	LCP/B	Single	43606
59	M	2HMOFF	Family	43606
61	F	2HMOFF	Family w/Spouse Primary	43606
56	F	LCP/B	Single	43606
52	M	LCHP	Family	43606
47	M	HMO	Family	43606
56	M	LCHP2	Family w/Spouse Primary	43606
50	F	LCHP	Family	43606
59	M	HMO	Family	43606
46	F	HMO	Family	43606
48	F	HMO	Family	43606
63	F	LCHP	Single	43606
45	F	1HMOFF	Family	43606
59	M	LCHP	Family	43606
58	M	LCHP	Single	43606
54	F	HMO	Single	43606
52	F	HMO	Single	43606
44	F	1HMOFF	Family	43606
43	F	HMO	Family w/Spouse Primary	43606
63	F	HMO	Single	43606
64	F	LCHP	Single	43606
45	F	2TFFB	Family w/Spouse Primary	43606
47	F	LCP/B2	Family w/Spouse Primary	43606
43	M	1TFFB	Family	43606
58	F	LCHP	Single	43606
49	F	LCHP	Single	43606
43	F	LCHP	Family w/Spouse Primary	43606
49	M	HMO	Single	43606
49	M	LCHP	Family	43606
48	F	HMO	Single	43606
54	M	HMO	Family	43606
61	F	2HPFF	Family	43606
39	F	2HPFF	Family	43606
60	M	1TFFB	Family w/Spouse Primary	43606
46	M	1TFFB	Family w/Spouse Primary	43606
52	F	HMO	Single	43606
49	M	LCHP	Family w/Spouse Primary	43606
59	F	2TFFB	Family	43606
41	F	HMO	Family	43606
60	F	LCHP	Single	43606
53	F	HMO	Family	43606
68	M	LCHP	Single	43606
41	M	LCHP	Family	43606
58	F	LCHP	Single	43606
59	M	LCHP	Family	43606
40	F	LCHP	Family	43606
41	F	LCP/B	Single	43606
43	F	HMO2	Family w/Spouse Primary	43606
62	F	LCHP	Family	43606
39	F	HMO	Single	43606
67	F	LCHP	Single	43606
45	F	HMO	Family w/Spouse Primary	43606

46	F	HMO	Family	43606
61	F	LCP/B	Single	43606
38	F	LCHP	Family	43606
68	M	LCHP	Family	43606
39	F	LCP/B	Family	43606
50	F	HMO	Family	43606
42	F	HMO	Single	43606
49	F	2HMOFF	Family	43606
58	M	LCHP	Family w/Spouse Primary	43606
53	F	2HPFF	Family	43606
57	M	HMO	Family	43606
55	F	LCP/B	Single	43606
43	F	HMO	Family	43606
47	F	LCP/B	Family	43606
61	F	HMO	Single	43606
51	M	HMO2	Family w/Spouse Primary	43606
42	M	LCP/B2	Family w/Spouse Primary	43606
64	F	LCHP2	Family w/Spouse Primary	43606
48	F	HMO	Single	43606
40	F	LCP/B	Family w/Spouse Primary	43606
47	F	LCHP	Single	43606
53	M	HMO	Family w/Spouse Primary	43606
33	F	HMO	Single	43606
42	F	HMO	Single	43606
53	M	2TFFB	Family	43606
46	F	LCHP	Family	43606
59	M	LCHP	Family	43606
55	F	1HPFF	Family	43606
34	M	LCP/B	Single	43606
43	F	LCHP	Family	43606
45	M	LCP/B	Family	43606
34	F	2HMOFF	Family	43606
51	M	LCHP	Family	43606
63	F	HMO	Family w/Spouse Primary	43606
52	F	HMO	Family w/Spouse Primary	43606
50	F	2HPFF	Family	43606
37	M	HMO	Single	43606
31	F	LCHP	Family	43606
54	F	5HMO	Single	43606
51	F	2HMOFF	Family	43606
44	M	HMO	Family w/Spouse Primary	43606
37	M	HMO	Family	43606
55	F	HMO	Family	43606
50	F	2HMOFF	Family	43606
43	F	LCP/B	Family w/Spouse Primary	43606
46	F	LCHP	Single	43606
47	F	2HMOFF	Family	43606
44	F	HMO	Family	43606
49	F	1HPFF	Family	43606
52	M	LCHP	Family w/Spouse Primary	43606
42	M	HMO	Single	43606
63	F	LCHP	Single	43606

32	F	HMO	Single	43606
39	F	HMO	Single	43606
33	F	LCHP	Single	43606
33	F	HMO	Family w/Spouse Primary	43606
73	F	LCP/B	Single	43606
29	M	LCHP	Family	43606
64	F	2HPFF	Family	43606
30	M	HMO	Single	43606
45	F	LCHP	Single	43606
53	M	LCHP	Single	43606
31	F	HMO	Single	43606
48	F	LCP/B	Single	43606
41	M	LCHP	Family	43606
43	M	LCHP	Family	43606
36	M	LCHP	Single	43606
31	M	LCHP	Family	43606
43	M	HMO	Family	43606
38	F	2HMOFF	Family	43606
56	F	LCHP2	Family w/Spouse Primary	43606
52	F	LCHP	Single	43606
38	F	LCP/B	Family w/Spouse Primary	43606
30	M	HMO	Family	43606
37	F	HMO	Single	43606
36	F	HMO	Single	43606
37	M	LCHP	Single	43606
31	F	HMO	Single	43606
53	M	HMO2	Family w/Spouse Primary	43606
49	F	2HPFF	Family	43606
53	F	HMO	Single	43606
39	F	2HPFF	Family	43606
33	F	2HPFF	Family	43606
29	F	LCHP	Single	43606
31	F	LCHP	Single	43606
57	F	LCHP2	Family w/Spouse Primary	43606
58	M	LCHP	Family	43606
55	F	HMO	Single	43606
53	F	HMO	Family	43606
62	F	HMO	Single	43606
67	F	LCHP	Single	43606
53	F	LCHP	Single	43606
37	F	LCHP	Family	43606
30	F	HMO2	Family w/Spouse Primary	43606
38	M	LCHP	Family	43606
44	F	LCHP	Single	43606
53	F	1HMOFF	Family	43606
30	M	HMO	Family	43606
24	F	2HMOFF	Family	43606
33	M	HMO	Family w/Spouse Primary	43606
30	F	HMO	Family	43606
39	M	LCHP	Family w/Spouse Primary	43606
57	M	LCHP	Single	43606
28	M	HMO	Single	43606

32	F	LCHP	Single	43606
34	F	LCHP	Family	43606
47	F	LCP/B	Family	43606
26	F	LCHP	Single	43606
56	F	LCHP	Single	43606
27	M	LCHP	Family	43606
30	M	HMO	Single	43606
31	M	LCHP	Single	43606
52	F	LCHP	Family	43606
39	F	HMO	Single	43606
26	F	HMO	Single	43606
27	M	LCHP	Family w/Spouse Primary	43606
30	F	HMO	Family	43606
31	F	LCHP	Single	43606
41	F	LCHP	Family w/Spouse Primary	43606
53	F	LCHP	Single	43606
49	M	HMO	Family	43606
29	F	LCHP	Single	43606
28	F	HMO	Family	43606
45	F	HMO	Family	43606
32	F	LCHP	Family	43606
33	F	LCHP	Single	43606
25	M	HMO	Single	43606
51	F	2HPFF	Family	43606
58	M	HMO2	Family w/Spouse Primary	43606
33	F	HMO	Family	43606
47	F	LCHP	Family	43606
45	F	LCHP	Family	43606
28	M	HMO	Family	43606
43	F	2HPFF	Family	43606
56	F	HMO	Single	43606
54	F	1HPFF	Family	43606
29	F	2HMOFF	Family	43606
48	F	LCP/B	Single	43606
49	F	LCP/B	Single	43606
34	F	LCHP	Single	43606
56	F	LCP/B	Single	43606
60	F	HMO	Single	43606
46	M	LCHP	Single	43606
30	F	HMO	Single	43606
41	F	HMO2	Family w/Spouse Primary	43606
32	F	LCP/B	Single	43606
52	M	LCHP	Single	43606
29	F	LCHP	Single	43606
36	M	HMO	Family w/Spouse Primary	43606
60	F	LCHP	Single	43606
26	F	2HPFF	Family	43606
24	F	1HMOFF	Family	43606
29	M	HMO	Family	43606
24	M	LCP/B	Single	43606
31	M	LCP/B	Single	43606
30	M	LCP/B	Single	43606

51	F	1HMOFF	Family w/Spouse Primary	43606
48	F	LCHP	Family	43606
63	F	LCHP	Single	43607
49	F	2HPFF	Family	43607
51	F	HMO	Family	43607
54	F	HMO	Family	43607
47	F	HMO	Family	43607
62	F	LCHP	Single	43607
61	F	LCHP	Single	43607
60	F	LCP/B	Family w/Spouse Primary	43607
56	F	2HPFF	Family	43607
53	F	2HMOFF	Family	43607
53	F	HMO	Single	43607
45	F	LCHP	Family	43607
49	M	HMO	Single	43607
46	F	HMO	Family	43607
54	M	2HMOFF	Family	43607
54	F	HMO	Family	43607
49	F	LCHP	Family w/Spouse Primary	43607
58	F	HMO	Single	43607
51	F	1TFFB	Family	43607
37	F	LCHP	Single	43607
50	F	LCP/B	Single	43607
57	F	HMO	Single	43607
50	F	2HMOFF	Family	43607
58	F	HMO	Single	43607
56	F	LCHP	Single	43607
38	F	LCHP	Single	43607
49	M	LCP/B	Family	43607
54	F	HMO	Single	43607
49	M	HMO	Family w/Spouse Primary	43607
41	F	LCP/B	Single	43607
61	M	2HMOFF	Family w/Spouse Primary	43607
51	F	LCP/B	Family	43607
56	M	LCP/B	Family	43607
56	F	HMO	Single	43607
50	F	2HPFF	Family	43607
51	F	LCHP	Family	43607
41	F	HMO	Family	43607
47	F	LCP/B	Single	43607
43	F	LCHP	Single	43607
40	F	HMO	Single	43607
44	F	2HMOFF	Family	43607
42	F	LCP/B	Family	43607
41	M	HMO	Family	43607
57	F	HMO	Single	43607
46	F	HMO	Family	43607
52	F	LCP/B	Single	43607
46	M	LCHP	Family	43607
41	F	HMO	Family	43607
61	F	HMO	Family	43607
51	F	HMO	Family	43607

51	F	LCHP	Single	43607
44	F	HMO	Single	43607
41	F	HMO	Family	43607
47	F	LCHP	Family	43607
66	F	HMO	Single	43607
42	F	HMO	Family	43607
35	F	HMO	Family	43607
46	F	LCHP	Family w/Spouse Primary	43607
45	F	LCHP	Family	43607
67	F	HMO	Single	43607
44	M	HMO	Single	43607
54	F	2HPFF2	Family w/Spouse Primary	43607
53	F	LCHP2	Family w/Spouse Primary	43607
49	F	LCHP	Family	43607
48	F	HMO	Single	43607
48	M	HMO	Single	43607
52	F	HMO	Single	43607
42	M	LCHP	Family	43607
56	F	HMO	Family	43607
52	F	LCHP	Family	43607
51	F	LCHP	Family w/Spouse Primary	43607
52	M	HMO	Family	43607
50	F	HMO	Single	43607
45	M	2HMOFF	Family	43607
50	F	LCHP	Family	43607
38	F	HMO	Family	43607
56	M	LCHP	Single	43607
38	F	LCHP	Family	43607
49	F	HMO	Family	43607
37	F	HMO	Single	43607
52	F	HMO	Family	43607
59	F	2HPFF	Family	43607
64	F	HMO	Single	43607
54	F	LCP/B	Family w/Spouse Primary	43607
40	F	LCP/B	Family w/Spouse Primary	43607
38	F	HMO	Family	43607
45	F	HMO	Family	43607
40	F	LCHP	Single	43607
39	M	HMO	Family	43607
57	F	LCHP	Family	43607
51	M	HMO	Single	43607
67	M	LCHP	Single	43607
44	F	HMO	Family	43607
50	F	1HPFF	Family	43607
47	F	LCHP	Single	43607
57	F	5LCHP	Single	43607
64	F	HMO	Single	43607
42	F	2HPFF	Family	43607
39	M	LCP/B	Single	43607
37	F	HMO	Family	43607
46	F	1TFFB	Family	43607
45	F	2HMOFF	Family	43607

35	F	HMO	Family	43607
60	F	LCHP	Single	43607
57	F	HMO	Single	43607
66	F	LCHP	Family	43607
53	F	LCHP	Family w/Spouse Primary	43607
44	F	LCP/B	Single	43607
41	M	LCHP	Single	43607
48	M	LCHP	Family	43607
49	F	LCHP	Family	43607
56	F	LCHP	Single	43607
46	F	HMO	Family w/Spouse Primary	43607
33	F	HMO	Family	43607
35	F	1HPFF	Family	43607
39	M	LCP/B	Single	43607
59	F	1HMOFF	Family w/Spouse Primary	43607
50	M	1HPFF	Family	43607
65	M	LCP/B	Single	43607
41	F	LCHP	Family	43607
45	F	LCHP	Single	43607
53	F	LCHP	Single	43607
32	F	HMO	Family	43607
38	F	1HMOFF	Family	43607
62	F	LCP/B	Single	43607
64	F	HMO	Single	43607
69	F	HMO	Single	43607
37	F	HMO	Family	43607
43	F	2HMOFF	Family	43607
65	F	HMO	Single	43607
32	F	HMO	Single	43607
43	F	HMO	Family	43607
33	F	HMO	Family	43607
31	M	LCHP	Family	43607
34	F	1HMOFF	Family	43607
42	F	HMO	Family w/Spouse Primary	43607
28	F	HMO	Family	43607
54	F	HMO	Family	43607
28	F	LCHP	Family w/Spouse Primary	43607
32	F	LCHP	Family	43607
47	M	HMO	Family	43607
46	F	LCP/B	Family	43607
61	M	1TFFB2	Family w/Spouse Primary	43607
31	F	HMO	Family	43607
41	F	LCP/B	Single	43607
52	F	HMO	Single	43607
36	F	HMO	Single	43607
26	F	LCP/B	Single	43607
31	M	LCHP	Family	43607
37	F	LCHP	Family	43607
59	F	HMO	Single	43607
29	F	HMO	Single	43607
48	F	LCHP	Single	43607
60	F	LCHP	Single	43607

61	F	HMO	Single	43607
31	M	LCHP	Family	43607
36	M	LCHP	Single	43607
59	M	LCHP	Single	43607
59	F	HMO	Family	43607
31	F	HMO	Family	43607
28	F	2TFFB	Family w/Spouse Primary	43607
34	F	LCP/B	Family	43607
54	F	LCHP	Family	43607
20	F	HMO	Single	43607
53	F	HMO	Single	43607
30	F	LCHP	Family	43607
50	F	2HMOFF	Family	43607
57	F	LCP/B	Single	43607
48	M	LCHP	Single	43607
54	M	HMO	Single	43607
56	M	LCHP	Single	43607
65	M	2TFFB	Family	43608
47	F	LCHP	Single	43608
56	F	LCP/B	Single	43608
59	M	LCHP	Family w/Spouse Primary	43608
52	F	HMO	Single	43608
53	F	LCP/B	Family w/Spouse Primary	43608
57	F	LCHP	Single	43608
46	F	LCHP	Single	43608
66	F	LCHP	Single	43608
45	F	HMO	Family	43608
49	F	LCHP	Family	43608
46	F	HMO	Family w/Spouse Primary	43608
56	M	LCHP	Family w/Spouse Primary	43608
42	F	HMO	Family	43608
48	F	HMO	Single	43608
49	M	LCHP	Family	43608
48	F	HMO	Family	43608
45	F	HMO	Family w/Spouse Primary	43608
41	M	LCP/B	Family w/Spouse Primary	43608
39	F	2HMOFF	Family	43608
55	F	HMO	Single	43608
57	F	LCP/B	Single	43608
49	F	2HMOFF	Family	43608
38	F	LCHP	Single	43608
64	M	LCHP	Family w/Spouse Primary	43608
47	F	HMO	Single	43608
40	F	LCHP2	Family w/Spouse Primary	43608
49	M	HMO	Family w/Spouse Primary	43608
39	F	HMO	Family	43608
49	F	LCHP	Family	43608
58	F	HMO	Family w/Spouse Primary	43608
41	F	2HMOFF	Family w/Spouse Primary	43608
42	F	LCHP	Single	43608
57	F	LCHP	Family	43608
38	F	LCHP	Family	43608

41	F	1HMOFF	Family	43608
39	F	1HPFF	Family w/Spouse Primary	43608
50	F	LCP/B	Family	43608
57	F	LCP/B	Single	43608
58	F	LCHP	Single	43608
60	M	HMO	Family	43608
48	M	LCHP	Single	43608
32	F	2HMOFF	Family	43608
28	F	HMO	Family	43608
37	F	1TFFB	Family w/Spouse Primary	43608
56	F	HMO	Single	43608
49	F	1HMOFF	Family	43608
43	F	2HPFF	Family w/Spouse Primary	43608
44	F	LCHP	Family	43608
42	M	LCHP	Family	43608
57	M	LCHP	Family w/Spouse Primary	43608
44	M	LCHP	Single	43608
44	F	HMO	Single	43608
48	M	LCHP	Family	43608
55	F	LCP/B	Single	43608
44	F	2HMOFF	Family	43608
43	F	HMO	Single	43608
43	F	LCP/B	Family w/Spouse Primary	43608
61	F	LCHP	Single	43608
52	F	HMO	Family	43608
40	M	HMO	Family w/Spouse Primary	43608
39	F	HMO	Family	43608
56	F	LCHP	Single	43608
63	F	LCHP	Single	43608
34	F	2HMOFF	Family	43608
51	F	LCP/B	Single	43608
45	F	LCHP	Family	43608
38	M	LCHP	Family	43608
52	F	LCP/B	Family	43608
28	F	HMO	Family	43608
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62	F	LCHP	Single	43608
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25	F	HMO	Single	43608
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28	M	LCHP	Family	43608
26	F	HMO	Family	43608
30	F	1HPFF	Family	43608
33	M	LCHP	Single	43608
49	F	2HMFF2	Family w/Spouse Primary	43609
46	M	LCP/B2	Family w/Spouse Primary	43609
58	M	HMO	Single	43609
52	M	LCP/B	Family	43609
50	M	LCP/B	Single	43609
47	F	1HMOFF	Family	43609

56	M	2HMOFF	Family w/Spouse Primary	43609
57	F	1HMOFF	Family w/Spouse Primary	43609
55	F	HMO	Single	43609
58	F	LCHP	Single	43609
63	M	LCHP	Single	43609
62	F	LCP/B	Single	43609
60	M	LCP/B	Single	43609
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56	F	LCP/B	Family	43609
45	F	2HPFF	Family	43609
56	F	LCP/B	Single	43609
64	F	LCP/B	Single	43609
43	F	LCHP	Family	43609
62	F	LCHP	Family w/Spouse Primary	43609
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41	F	2TFFB	Family	43609
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42	M	HMO	Family	43609
41	F	LCHP	Single	43609
46	M	LCHP	Single	43609
54	F	HMO	Single	43609
50	M	LCHP	Single	43609
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59	F	HMO	Single	43609
39	M	LCP/B	Family	43609
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45	F	LCHP	Family	43609
53	F	HMO	Single	43609
48	M	LCHP	Family	43609
43	F	LCP/B2	Family w/Spouse Primary	43609
41	F	LCP/B	Family	43609
41	M	2HMOFF	Family	43609
43	F	HMO	Family	43609
50	F	2HPFF	Family	43609
34	F	LCHP	Family	43609
40	F	HMO	Family	43609
44	M	LCHP	Family	43609
43	M	HMO	Family w/Spouse Primary	43609
39	F	2HMOFF	Family	43609
43	M	HMO	Family w/Spouse Primary	43609
57	M	HMO	Single	43609
52	F	LCP/B	Family w/Spouse Primary	43609
46	M	HMO	Family w/Spouse Primary	43609
38	F	HMO	Single	43609
42	F	2HMOFF	Family	43609
47	F	2HMOFF	Family	43609
63	F	LCHP	Single	43609
39	F	1TFFB	Family	43609
38	M	HMO	Family	43609

40	M	LCHP	Single	43609
56	F	HMO	Single	43609
38	F	HMO	Family w/Spouse Primary	43609
39	M	HMO	Single	43609
39	M	LCHP	Single	43609
37	M	HMO	Single	43609
33	F	LCHP	Family	43609
62	F	HMO	Single	43609
31	F	HMO	Single	43609
68	M	HMO	Single	43609
31	F	2HMOFF	Family	43609
31	M	2HMOFF	Family w/Spouse Primary	43609
49	F	HMO	Single	43609
49	F	2HMOFF	Family	43609
38	M	HMO	Family	43609
25	M	HMO	Family	43609
38	F	HMO	Family	43609
48	F	HMO	Single	43609
48	F	2HMOFF	Family	43609
51	F	1TFFB	Family	43609
62	M	LCHP	Family	43609
31	F	LCHP	Family	43609
52	F	HMO	Family	43609
58	F	LCHP	Single	43609
38	M	HMO	Single	43609
45	F	2HMOFF	Family	43609
39	M	2HPFF	Family	43609
27	M	HMO	Family w/Spouse Primary	43609
35	F	HMO	Family	43609
22	M	LCHP	Single	43609
29	F	LCHP	Family	43609
64	F	2HMOFF	Family	43609
52	M	LCHP	Family	43609
31	F	HMO	Family	43609
32	F	HMO	Single	43609
60	F	LCHP	Single	43609
35	F	LCHP	Single	43609
47	F	LCHP	Single	43609
45	F	1TFFB	Family	43609
56	M	2HPFF	Family	43609
38	F	2TFFB	Family w/Spouse Primary	43609
32	F	LCHP	Single	43609
39	F	2HMOFF	Family	43609
49	F	LCP/B	Single	43609
33	F	1TFFB	Family w/Spouse Primary	43609
46	M	LCHP	Single	43609
28	F	HMO	Family	43609
41	F	LCHP	Single	43609
36	F	2HPFF	Family w/Spouse Primary	43609
46	F	LCP/B	Single	43609
58	F	HMO	Single	43609
34	M	HMO	Family	43609

35	F	1HMOFF	Family w/Spouse Primary	43609
50	F	HMO	Single	43609
50	M	LCHP	Family w/Spouse Primary	43609
47	F	2HMOFF	Family	43610
51	F	2HMOFF	Family	43610
64	M	HMO	Family	43610
44	F	LCP/B	Family w/Spouse Primary	43610
62	F	LCP/B	Family	43610
57	M	LCHP	Single	43610
51	F	2HPFF	Family	43610
66	F	LCHP	Single	43610
58	F	HMO	Family w/Spouse Primary	43610
64	F	2HPFF	Family w/Spouse Primary	43610
50	M	LCHP	Family	43610
39	F	2HMOFF	Family	43610
57	F	HMO	Family	43610
47	F	2HPFF	Family	43610
47	F	LCP/B	Single	43610
48	F	LCP/B	Single	43610
45	F	LCHP	Family	43610
42	F	HMO	Single	43610
46	M	LCHP	Family w/Spouse Primary	43610
55	F	2HPFF	Family w/Spouse Primary	43610
39	F	2HMOFF	Family	43610
35	F	HMO	Family	43610
49	F	LCHP	Single	43610
45	M	HMO	Family	43610
40	M	LCHP	Family	43610
40	F	HMO	Family	43610
31	M	LCHP	Family	43610
31	F	LCP/B	Single	43610
64	F	LCP/B2	Family w/Spouse Primary	43610
63	F	LCHP	Single	43610
37	F	LCHP	Family	43610
62	F	HMO2	Family w/Spouse Primary	43610
37	M	LCP/B	Family w/Spouse Primary	43610
25	M	LCHP	Single	43610
34	F	1HMOFF	Family	43610
55	F	HMO	Family	43610
55	F	2HMOFF	Family	43611
60	F	LCHP	Single	43611
48	F	2TFFB	Family w/Spouse Primary	43611
62	F	2HPFF	Family	43611
47	M	LCP/B	Family	43611
45	M	LCHP	Family	43611
60	F	LCHP	Family	43611
47	F	2HMOFF	Family	43611
60	F	HMO	Single	43611
61	F	LCP/B	Single	43611
51	F	LCHP	Family	43611
56	F	LCHP	Family w/Spouse Primary	43611
44	F	LCP/B	Family	43611

63	F	LCHP	Family w/Spouse Primary	43611
67	F	LCP/B	Single	43611
43	M	HMO	Family	43611
53	M	LCHP	Family	43611
55	F	LCHP	Family	43611
44	F	LCP/B	Single	43611
43	F	2HMOFF	Family	43611
63	M	LCHP	Family	43611
50	M	LCHP	Family w/Spouse Primary	43611
54	M	LCHP	Single	43611
41	M	HMO	Single	43611
64	F	LCP/B	Single	43611
40	M	HMO	Family	43611
39	F	LCP/B	Family	43611
38	M	LCHP	Family	43611
40	M	LCHP	Family	43611
62	M	HMO	Single	43611
43	F	LCHP	Family w/Spouse Primary	43611
57	F	HMO	Family w/Spouse Primary	43611
54	F	LCP/B	Family	43611
50	F	LCP/B2	Family w/Spouse Primary	43611
60	M	2HMOFF	Family	43611
48	F	LCHP	Family	43611
38	M	LCHP	Family	43611
42	M	LCHP	Family	43611
36	M	LCHP	Single	43611
46	F	2HPFF	Family	43611
52	M	LCHP	Single	43611
36	F	2HPFF	Family	43611
61	F	LCHP	Family w/Spouse Primary	43611
40	F	HMO2	Family w/Spouse Primary	43611
34	F	LCP/B	Single	43611
50	F	2HPFF	Family	43611
58	F	LCHP	Single	43611
55	M	LCHP2	Family w/Spouse Primary	43611
41	F	LCHP	Family	43611
30	F	2HMOFF	Family	43611
35	M	LCHP	Family w/Spouse Primary	43611
34	F	LCHP	Family	43611
43	F	LCHP	Family	43611
56	F	LCHP	Family	43611
58	F	LCP/B	Family w/Spouse Primary	43611
28	F	LCHP	Single	43611
50	M	HMO	Family	43611
60	F	LCHP	Single	43611
54	F	LCP/B	Single	43611
30	M	HMO	Family w/Spouse Primary	43611
39	F	LCP/B	Family	43611
50	F	HMO	Family	43611
37	M	LCHP	Family w/Spouse Primary	43611
53	M	LCHP	Single	43611
52	F	LCP/B	Single	43611

57	F	1HPFF	Family w/Spouse Primary	43611
51	F	LCP/B	Family w/Spouse Primary	43611
33	F	HMO	Single	43611
43	F	LCHP	Family	43611
38	F	HMO	Family	43611
29	M	LCP/B	Single	43611
46	F	LCHP	Family	43611
40	F	LCHP	Family	43611
53	F	LCHP	Family w/Spouse Primary	43611
49	M	LCHP	Single	43611
37	M	LCP/B	Family	43611
36	F	1HMOFF	Family	43611
28	M	HMO	Single	43611
30	F	LCHP	Single	43611
59	M	HMO	Family	43611
38	F	LCHP	Single	43611
51	F	HMO	Family	43611
27	M	LCP/B	Single	43611
34	M	LCHP	Family	43611
60	F	HMO	Family	43611
48	F	HMO	Family	43611
57	M	LCHP	Family w/Spouse Primary	43611
47	F	2HMOFF	Family	43611
56	F	HMO	Single	43611
26	F	1HMOFF	Family	43611
44	F	LCHP	Family	43611
26	F	LCHP	Family	43611
47	M	5LCPB	Single	43611
66	F	LCHP	Single	43611
52	M	2HMOFF	Family w/Spouse Primary	43612
48	M	LCHP	Single	43612
52	F	1HPFF2	Family w/Spouse Primary	43612
43	F	2HMOFF	Family	43612
44	F	HMO	Single	43612
54	F	2HPFF	Family w/Spouse Primary	43612
47	F	LCHP	Single	43612
57	F	2HPFF	Family	43612
46	M	HMO	Family	43612
44	F	1HPFF	Family	43612
59	M	LCHP	Single	43612
49	F	HMO	Family	43612
47	F	HMO	Single	43612
60	F	LCHP	Family	43612
51	F	2HMOFF	Family	43612
49	F	LCHP	Family	43612
74	M	HMO2	Family w/Spouse Primary	43612
63	F	LCHP	Family w/Spouse Primary	43612
54	M	HMO	Family	43612
47	M	2TFFB	Family	43612
48	F	HMO	Family	43612
62	F	LCHP	Single	43612
48	M	2HMOFF	Family w/Spouse Primary	43612

46	F	LCP/B	Single	43612
46	F	LCHP	Family	43612
59	F	HMO	Family	43612
39	F	LCP/B	Family w/Spouse Primary	43612
41	F	HMO	Family	43612
50	F	HMO2	Family w/Spouse Primary	43612
68	F	LCHP	Single	43612
37	F	HMO	Family	43612
70	M	LCHP2	Family w/Spouse Primary	43612
50	F	HMO	Family	43612
49	M	HMO	Family	43612
53	F	HMO	Family	43612
46	F	HMO	Single	43612
43	M	LCP/B	Family w/Spouse Primary	43612
48	F	LCHP	Family	43612
45	F	LCP/B	Single	43612
39	M	LCP/B	Family	43612
54	M	HMO	Single	43612
51	F	HMO	Family	43612
55	M	LCP/B2	Family w/Spouse Primary	43612
41	F	LCP/B	Family	43612
40	F	LCHP	Family	43612
54	F	HMO	Family	43612
49	F	LCP/B	Single	43612
56	F	HMO	Family w/Spouse Primary	43612
42	F	HMO	Family	43612
40	M	LCHP	Family	43612
39	F	LCP/B	Family	43612
52	M	DPLCP2	Family w/DP Primary	43612
43	M	LCHP	Family	43612
42	F	HMO	Single	43612
51	M	2HMOFF	Family w/Spouse Primary	43612
47	F	LCHP	Family	43612
32	F	HMO	Single	43612
48	F	LCP/B	Family	43612
57	M	LCHP	Single	43612
40	F	HMO	Family	43612
42	M	HMO	Family	43612
50	F	LCP/B	Family	43612
39	F	HMO	Family w/Spouse Primary	43612
36	M	HMO	Single	43612
39	F	LCHP	Family w/Spouse Primary	43612
61	F	HMO	Single	43612
72	F	HMO	Single	43612
47	F	LCP/B2	Family w/Spouse Primary	43612
55	F	2HMOFF	Family	43612
57	F	LCHP	Single	43612
49	F	HMO2	Family w/Spouse Primary	43612
71	F	HMO	Single	43612
56	M	LCP/B	Family w/Spouse Primary	43612
36	F	HMO	Single	43612
36	F	HMO	Family	43612

46	F	2HMOFF	Family	43612
44	F	HMO	Single	43612
38	F	LCP/B	Family	43612
34	F	HMO	Family w/Spouse Primary	43612
44	M	HMO	Family	43612
35	F	LCP/B	Single	43612
37	M	HMO	Family	43612
36	F	HMO	Family	43612
65	F	LCHP	Single	43612
37	F	2HPFF	Family	43612
34	M	LCHP	Single	43612
60	F	LCP/B	Single	43612
42	F	HMO	Family	43612
39	F	1HMOFF	Family	43612
48	F	HMO	Family w/Spouse Primary	43612
41	F	HMO	Family	43612
38	F	LCHP	Family	43612
45	F	HMO	Family	43612
61	F	HMO	Single	43612
34	F	LCHP	Family	43612
40	F	LCHP	Single	43612
39	M	LCP/B	Family	43612
48	M	2HMOFF	Family w/Spouse Primary	43612
46	F	LCHP	Single	43612
56	F	HMO	Family w/Spouse Primary	43612
54	F	LCHP	Family	43612
55	F	LCHP	Family	43612
68	F	LCHP	Single	43612
49	F	LCP/B	Single	43612
44	M	LCHP	Family w/Spouse Primary	43612
32	F	HMO	Family	43612
63	F	HMO	Single	43612
32	F	LCHP	Single	43612
31	F	1TFFB	Family	43612
35	F	1TFFB	Family w/Spouse Primary	43612
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44	F	2HMOFF	Family	43612
31	M	LCHP	Family	43612
51	F	LCHP	Single	43612
56	F	2HMOFF	Family w/Spouse Primary	43612
45	M	HMO	Single	43612
53	F	HMO	Single	43612
32	M	HMO	Single	43612
53	F	HMO2	Family w/Spouse Primary	43612
33	F	HMO	Single	43612
60	M	LCHP2	Family w/Spouse Primary	43612
60	M	2HPFF	Family	43612
35	F	LCHP	Single	43612
36	F	HMO	Family	43612
39	F	HMO	Family	43612
64	F	LCHP	Single	43612
31	F	1HMOFF	Family	43612

31	F	1HPFF	Family	43612
29	F	HMO	Family	43612
38	F	LCHP	Family	43612
43	F	LCHP	Single	43612
50	M	HMO	Family	43612
31	F	LCHP	Family	43612
29	F	1HMOF	Family	43612
57	F	LCHP	Family w/Spouse Primary	43612
40	M	LCHP	Family w/Spouse Primary	43612
44	F	LCHP	Family	43612
44	F	1HPFF	Family	43612
36	M	HMO	Family	43612
43	F	2HMOFF	Family	43612
31	F	LCHP	Family	43612
36	M	HMO	Family w/Spouse Primary	43612
31	M	LCHP	Family w/Spouse Primary	43612
33	M	LCHP	Family w/Spouse Primary	43612
46	F	2TFFB	Family	43612
63	F	HMO	Single	43612
39	F	LCHP	Single	43612
39	F	1HPFF	Family	43612
27	M	HMO	Family	43612
28	F	LCP/B	Single	43612
35	F	1TFFB	Family	43612
35	F	HMO	Family w/Spouse Primary	43612
46	F	2HPFF	Family	43612
39	F	LCP/B	Family	43612
34	M	HMO	Family w/Spouse Primary	43612
46	M	1HPFF	Family	43612
40	F	HMO	Family	43612
34	F	LCHP	Family	43612
34	F	LCHP	Single	43612
56	F	HMO	Single	43612
38	F	LCP/B	Family	43612
29	M	HMO	Family	43612
34	M	LCHP	Single	43612
32	M	LCHP	Single	43612
50	M	LCHP	Family	43612
39	F	HMO	Family	43612
34	F	2DHFF2	Family w/DP Primary	43612
38	M	LCHP	Family	43612
41	F	1HMOFF	Family	43612
25	F	LCHP	Single	43612
35	F	LCHP	Single	43612
24	F	HMO	Single	43612
45	M	HMO	Family	43612
25	F	LCHP	Single	43612
38	F	LCHP	Single	43612
45	M	LCP/B	Family w/Spouse Primary	43612
53	M	LCP/B	Single	43612
42	M	2HMOFF	Family w/Spouse Primary	43612
28	F	2HMOFF	Family w/Spouse Primary	43612

23	F	LCHP	Single	43612
46	F	LCHP	Single	43612
27	F	2TFFB	Family	43612
31	M	LCHP	Family	43612
29	F	2HMOFF	Family w/Spouse Primary	43612
25	F	2HPFF	Family w/Spouse Primary	43612
30	F	2HMOFF	Family	43612
41	F	HMO	Single	43612
23	F	LCP/B	Single	43612
47	F	HMO	Single	43612
24	M	LCP/B	Single	43612
23	M	LCP/B	Single	43612
35	M	LCP/B	Single	43612
29	F	HMO	Family	43612
34	F	1HPFF	Family	43612
50	M	LCHP	Family	43612
50	F	HMO	Single	43612
61	M	HMO	Single	43612
49	F	HMO	Family	43612
53	F	LCP/B	Family w/Spouse Primary	43612
49	M	HMO	Family	43613
46	M	2HMOFF	Family	43613
46	F	HMO	Single	43613
54	F	2HPFF	Family	43613
53	F	2HPFF	Family	43613
52	F	HMO	Family	43613
64	F	HMO	Single	43613
50	F	LCHP	Family	43613
52	F	HMO	Family	43613
46	F	HMO	Family	43613
52	M	HMO	Single	43613
47	F	2TFFB	Family	43613
61	F	LCHP	Single	43613
66	F	LCHP	Single	43613
47	F	LCHP	Family	43613
59	F	LCHP	Family	43613
60	M	LCHP	Family	43613
59	F	HMO	Family w/Spouse Primary	43613
53	F	HMO	Family	43613
41	F	LCHP	Single	43613
47	F	HMO	Single	43613
49	F	LCHP	Single	43613
54	F	HMO	Single	43613
62	F	LCHP	Single	43613
60	F	LCP/B	Single	43613
45	F	1HPFF	Family	43613
58	F	HMO	Family	43613
54	F	LCP/B	Family	43613
44	F	HMO	Family	43613
64	M	LCHP2	Family w/Spouse Primary	43613
53	M	HMO	Single	43613
46	F	1HPFF	Family	43613

44	F	LCP/B	Family	43613
50	F	HMO	Single	43613
57	F	HMO	Single	43613
57	F	HMO	Family	43613
45	M	LCP/B	Family	43613
58	F	2HMOFF	Family w/Spouse Primary	43613
42	F	2TFFB2	Family w/Spouse Primary	43613
54	M	LCHP	Family	43613
39	F	HMO	Family	43613
47	M	HMO	Single	43613
49	F	2HPFF	Family w/Spouse Primary	43613
51	F	HMO	Single	43613
42	F	HMO	Family	43613
53	F	2HPFF	Family	43613
60	M	HMO	Family w/Spouse Primary	43613
61	F	HMO	Single	43613
47	F	HMO	Family	43613
48	F	LCHP	Single	43613
40	F	LCHP	Single	43613
57	F	HMO	Single	43613
43	M	LCHP	Family	43613
57	F	HMO	Family	43613
47	F	LCHP	Family	43613
42	M	LCP/B	Family	43613
37	F	LCP/B	Family	43613
49	M	HMO	Single	43613
43	M	HMO	Family w/Spouse Primary	43613
62	F	LCP/B	Single	43613
66	F	LCHP	Single	43613
41	F	LCHP	Family w/Spouse Primary	43613
35	F	LCHP	Single	43613
40	F	LCP/B	Family	43613
52	F	2TFFB	Family	43613
41	F	LCHP	Family	43613
51	F	HMO	Family	43613
38	M	HMO	Family w/Spouse Primary	43613
46	F	LCHP	Family w/Spouse Primary	43613
55	F	LCHP	Family	43613
53	F	HMO	Family	43613
54	M	HMO	Single	43613
60	F	1HPFF	Family	43613
46	M	LCP/B	Family	43613
61	M	LCHP	Single	43613
48	F	HMO	Family	43613
59	F	LCHP	Family w/Spouse Primary	43613
39	F	2HMOFF	Family w/Spouse Primary	43613
54	M	LCHP	Single	43613
47	F	HMO	Family	43613
52	M	LCHP	Family w/Spouse Primary	43613
39	M	HMO	Family	43613
37	F	LCP/B	Family w/Spouse Primary	43613
41	F	LCHP	Single	43613

38	F	LCP/B	Single	43613
57	M	LCHP	Family	43613
56	F	LCHP	Family	43613
40	F	LCHP	Family	43613
37	M	HMO	Family	43613
53	M	HMO	Family	43613
60	M	LCHP	Single	43613
34	F	HMO	Family	43613
39	M	HMO	Family w/Spouse Primary	43613
56	F	LCHP	Single	43613
39	F	1HMOFF	Family	43613
61	F	HMO	Single	43613
43	M	HMO	Family	43613
65	F	LCP/B	Single	43613
45	M	LCP/B	Family w/Spouse Primary	43613
45	F	LCP/B	Family	43613
62	M	HMO	Family w/Spouse Primary	43613
51	M	LCP/B	Family	43613
51	F	HMO	Family	43613
38	M	HMO	Family	43613
49	M	HMO	Family	43613
36	M	LCHP	Family w/Spouse Primary	43613
43	F	LCHP	Family	43613
58	F	2HMOFF	Family	43613
56	M	HMO	Single	43613
48	F	LCP/B	Family	43613
36	F	HMO	Single	43613
42	M	LCP/B2	Family w/Spouse Primary	43613
37	F	1HMOFF	Family	43613
48	F	HMO	Family w/Spouse Primary	43613
36	F	HMO	Family	43613
52	F	2HMOFF	Family w/Spouse Primary	43613
33	F	2HMOFF	Family	43613
44	F	1HMOFF	Family	43613
59	F	LCP/B	Single	43613
42	F	HMO	Family	43613
61	M	LCHP	Family	43613
41	M	LCHP	Family w/Spouse Primary	43613
32	M	LCHP	Single	43613
51	M	LCHP2	Family w/Spouse Primary	43613
42	F	LCHP	Family	43613
48	M	LCHP	Family	43613
46	F	LCHP2	Family w/Spouse Primary	43613
28	F	HMO	Family w/Spouse Primary	43613
34	F	LCP/B	Family w/Spouse Primary	43613
52	F	2HMOFF	Family	43613
33	M	2TFFB2	Family w/Spouse Primary	43613
61	F	LCHP	Single	43613
56	F	LCHP	Single	43613
38	F	2HMOFF	Family w/Spouse Primary	43613
50	F	LCHP	Family	43613
36	M	LCHP	Family	43613

37	F	HMO	Family	43613
42	F	HMO	Family	43613
36	F	2HMOFF	Family	43613
35	M	1HPFF2	Family w/Spouse Primary	43613
31	F	HMO	Family	43613
52	M	LCHP	Single	43613
51	M	HMO	Family w/Spouse Primary	43613
28	M	LCP/B	Single	43613
60	M	LCHP	Family	43613
30	M	HMO	Single	43613
31	F	HMO	Single	43613
39	M	LCHP	Single	43613
31	F	1HMOF	Family	43613
55	F	HMO	Single	43613
30	F	LCHP	Single	43613
65	F	LCHP	Single	43613
34	M	1HMOFF	Family w/Spouse Primary	43613
29	F	HMO	Single	43613
44	F	HMO	Family	43613
52	F	2HMOFF	Family	43613
29	F	LCHP	Single	43613
39	M	LCHP	Single	43613
27	M	HMO	Single	43613
29	F	1HPF	Family	43613
28	F	LCHP	Family	43613
28	F	LCHP	Single	43613
30	F	HMO	Family	43613
27	F	HMO	Single	43613
36	F	HMO	Family w/Spouse Primary	43613
54	F	HMO	Family	43613
40	M	LCHP	Family w/Spouse Primary	43613
33	F	LCHP	Family	43613
32	M	LCHP	Family w/Spouse Primary	43613
28	M	LCHP	Single	43613
28	M	HMO	Family	43613
32	F	HMO	Single	43613
49	F	LCP/B	Family w/Spouse Primary	43613
49	M	LCP/B	Single	43613
27	M	LCP/B	Family	43613
64	M	LCHP	Single	43613
40	F	LCP/B	Family	43613
30	F	LCHP	Single	43613
27	F	HMO	Family w/Spouse Primary	43613
51	F	HMO	Single	43613
45	F	LCHP	Family	43613
41	F	LCHP	Family	43613
28	F	HMO	Family	43613
26	F	HMO	Single	43613
29	F	1HMOFF	Family	43613
26	M	HMO	Single	43613
42	F	LCP/B	Family	43613
25	M	HMO	Family w/Spouse Primary	43613

38	F	HMO	Family	43613
54	F	LCHP	Single	43613
37	F	HMO	Family	43613
39	M	1HMOFF	Family w/Spouse Primary	43613
35	F	2HMOFF	Family	43613
30	F	LCHP	Single	43613
46	F	2HMOFF	Family	43613
40	F	2HMOFF	Family	43613
42	F	2HPFF2	Family w/Spouse Primary	43613
35	F	2HPFF	Family	43613
51	F	2HMOFF	Family	43613
36	F	2HMOFF	Family	43613
33	F	HMO	Family	43613
27	M	LCHP	Single	43613
42	M	2HMOFF	Family w/Spouse Primary	43613
33	F	2TFFB	Family w/Spouse Primary	43613
50	F	LCHP	Single	43613
58	M	LCHP	Family w/Spouse Primary	43613
39	M	2TFFB	Family	43613
27	F	LCHP	Family	43613
44	F	HMO	Family w/Spouse Primary	43613
28	F	2HMOFF	Family	43613
25	M	HMO	Single	43613
28	M	HMO	Family	43613
58	F	LCP/B	Single	43613
50	F	LCHP	Single	43613
58	M	LCHP	Family	43614
59	F	2HPFF	Family	43614
49	M	HMO	Single	43614
65	F	LCHP	Single	43614
75	F	HMO	Family w/Spouse Primary	43614
63	F	HMO	Family w/Spouse Primary	43614
49	F	HMO	Single	43614
54	F	2TFFB	Family	43614
58	F	LCHP	Family	43614
47	F	HMO	Family	43614
61	M	2HPFF2	Family w/Spouse Primary	43614
46	F	HMO	Single	43614
52	M	LCHP	Single	43614
65	F	HMO2	Family w/Spouse Primary	43614
44	F	HMO	Family w/Spouse Primary	43614
56	F	LCHP	Family w/Spouse Primary	43614
55	F	LCHP	Family	43614
47	M	LCP/B	Family	43614
54	M	LCHP	Single	43614
44	M	LCHP	Family w/Spouse Primary	43614
52	F	LCHP2	Family w/Spouse Primary	43614
49	M	LCHP	Family w/Spouse Primary	43614
60	M	HMO	Family	43614
49	F	LCHP	Single	43614
61	F	HMO	Single	43614
48	F	1HMOFF	Family	43614

47	F	LCHP	Family	43614
52	F	HMO	Single	43614
46	F	LCP/B2	Family w/Spouse Primary	43614
47	F	LCHP	Family	43614
48	F	LCHP	Family	43614
40	F	HMO	Family	43614
53	F	LCP/B	Single	43614
44	F	LCHP	Family w/Spouse Primary	43614
53	F	LCP/B	Single	43614
42	M	LCHP	Family	43614
56	F	LCHP	Family	43614
59	F	LCP/B	Single	43614
44	F	2HMOFF	Family	43614
54	M	LCHP	Single	43614
49	F	LCP/B	Single	43614
58	F	HMO	Single	43614
40	F	2HPFF	Family w/Spouse Primary	43614
52	F	LCHP	Single	43614
48	M	LCHP	Single	43614
41	M	HMO2	Family w/Spouse Primary	43614
56	F	HMO	Single	43614
58	M	LCHP	Single	43614
48	M	LCHP	Family	43614
47	M	LCHP	Family	43614
57	F	HMO	Single	43614
51	M	HMO	Family w/Spouse Primary	43614
42	F	LCP/B	Single	43614
49	M	HMO	Single	43614
54	M	LCP/B	Family	43614
38	M	LCP/B	Family	43614
46	M	HMO	Family w/Spouse Primary	43614
41	F	HMO	Family	43614
40	F	LCHP	Family	43614
51	F	LCP/B	Single	43614
43	F	HMO	Family	43614
43	M	LCP/B	Family w/Spouse Primary	43614
67	M	LCHP2	Family w/Spouse Primary	43614
61	M	HMO	Family	43614
60	M	LCHP2	Family w/Spouse Primary	43614
54	M	LCHP	Family	43614
63	F	HMO	Single	43614
54	F	LCHP	Single	43614
63	F	LCHP	Family w/Spouse Primary	43614
63	M	LCHP	Family	43614
46	F	LCHP	Single	43614
53	F	LCHP	Family	43614
56	F	HMO	Single	43614
63	F	LCHP	Single	43614
44	F	HMO2	Family w/Spouse Primary	43614
53	F	LCHP	Single	43614
35	M	LCHP	Single	43614
57	F	LCHP	Single	43614

47	F	2HMOFF	Family	43614
54	F	2HMOFF	Family	43614
36	M	HMO	Single	43614
51	F	LCHP	Single	43614
53	F	LCHP	Single	43614
36	M	HMO	Family	43614
33	M	HMO	Single	43614
46	F	HMO	Family w/Spouse Primary	43614
45	M	HMO	Family	43614
51	M	2HMOFF	Family	43614
61	M	5LCHP2	Family w/Spouse Primary	43614
50	M	HMO	Family w/Spouse Primary	43614
62	F	LCHP	Single	43614
34	F	LCHP	Family	43614
55	M	HMO	Single	43614
39	F	LCP/B	Family	43614
49	M	LCHP	Family	43614
38	M	HMO	Family	43614
63	M	LCP/B	Family	43614
50	M	HMO	Family w/Spouse Primary	43614
62	F	HMO	Single	43614
41	F	HMO	Family	43614
54	M	LCHP	Family w/Spouse Primary	43614
51	F	HMO	Family	43614
39	M	HMO	Single	43614
64	M	HMO	Family	43614
47	M	LCP/B	Family w/Spouse Primary	43614
37	M	LCHP	Family	43614
38	F	HMO	Family	43614
43	F	LCHP	Family w/Spouse Primary	43614
56	M	HMO	Single	43614
55	M	HMO	Family	43614
34	F	LCHP2	Family w/Spouse Primary	43614
68	F	HMO	Single	43614
54	F	1HPFF2	Family w/Spouse Primary	43614
44	F	HMO	Family	43614
50	F	HMO2	Family w/Spouse Primary	43614
36	F	LCHP	Family w/Spouse Primary	43614
30	F	HMO	Family	43614
63	F	LCHP	Family w/Spouse Primary	43614
55	F	1HPFF	Family w/Spouse Primary	43614
33	F	LCHP	Single	43614
59	M	LCHP	Family	43614
32	F	2HPFF	Family	43614
32	M	HMO	Family	43614
63	M	LCHP	Family	43614
45	M	HMO	Family	43614
56	F	2HMOFF	Family	43614
56	F	LCHP	Family	43614
58	F	2HPFF2	Family w/Spouse Primary	43614
48	F	LCP/B	Family	43614
33	F	1HPFF	Family w/Spouse Primary	43614

49	F	LCHP	Family	43614
41	M	HMO	Single	43614
49	F	2HMOFF	Family	43614
50	M	HMO	Single	43614
65	M	HMO	Family w/Spouse Primary	43614
38	M	1HMOFF	Family	43614
34	M	HMO2	Family w/Spouse Primary	43614
35	F	2HPFF	Family	43614
51	F	2HMOFF	Family	43614
30	M	HMO	Family w/Spouse Primary	43614
31	F	LCHP	Family	43614
32	F	LCHP	Single	43614
51	M	LCP/B	Family w/Spouse Primary	43614
48	F	LCHP	Family	43614
60	M	HMO	Family w/Spouse Primary	43614
70	M	LCHP	Single	43614
50	F	LCHP	Family	43614
52	F	LCHP	Single	43614
47	M	LCP/B	Single	43614
50	M	HMO	Family w/Spouse Primary	43614
34	F	LCHP	Family	43614
59	M	LCHP	Family w/Spouse Primary	43614
43	F	2HMOFF	Family	43614
58	M	HMO2	Family w/Spouse Primary	43614
32	M	1HMOFF	Family w/Spouse Primary	43614
30	F	2TFFB	Family	43614
52	M	LCHP2	Family w/Spouse Primary	43614
26	F	LCHP	Family	43614
53	F	1HPFF	Family w/Spouse Primary	43614
51	M	LCHP	Family	43614
32	F	LCHP	Family	43614
31	M	HMO	Family	43614
48	M	LCP/B	Family	43614
39	M	LCHP	Family w/Spouse Primary	43614
26	F	2HMOFF	Family	43614
33	F	HMO	Single	43614
32	F	HMO	Family	43614
49	F	2HPFF	Family	43614
49	F	2HPFF	Family	43614
30	F	LCHP	Family w/Spouse Primary	43614
40	F	LCP/B	Single	43614
59	M	LCP/B	Family	43614
42	F	HMO	Family	43614
59	M	LCHP	Family	43614
63	F	LCP/B	Single	43614
43	M	LCHP	Family	43614
59	F	HMO	Single	43614
50	M	LCHP	Family	43614
53	F	LCP/B	Family w/Spouse Primary	43614
41	F	HMO	Family	43614
43	F	2HMOFF	Family	43614
41	F	LCP/B	Family	43614

43	F	HMO	Family	43614
54	M	LCHP2	Family w/Spouse Primary	43614
45	F	LCP/B	Family	43614
43	F	LCHP	Family	43614
63	F	LCHP	Single	43614
49	F	2HMOFF	Family	43614
33	F	HMO	Family	43614
33	F	HMO	Single	43614
31	M	HMO	Family w/Spouse Primary	43614
48	F	LCHP	Single	43614
33	M	LCP/B	Family	43614
37	M	LCHP	Family	43614
28	F	HMO	Family w/Spouse Primary	43614
59	F	HMO	Single	43614
31	F	HMO	Family	43614
54	F	LCHP	Family	43614
49	F	HMO	Family	43614
62	F	HMO2	Family w/Spouse Primary	43614
28	F	1HMOFF	Family w/Spouse Primary	43614
30	F	LCHP	Single	43614
45	F	1HMOFF	Family w/Spouse Primary	43614
23	F	2HMOFF	Family	43614
26	M	LCHP	Family w/Spouse Primary	43614
35	F	HMO	Single	43614
30	F	HMO	Single	43614
33	F	LCP/B	Family	43614
29	F	LCHP	Single	43614
36	F	LCHP	Single	43614
50	F	HMO	Family	43614
55	M	HMO2	Family w/Spouse Primary	43614
41	F	HMO	Family	43614
29	M	LCHP	Family	43614
47	F	5LCPB	Single	43614
56	F	HMO	Family	43614
31	F	LCP/B	Family	43614
50	M	HMO	Single	43614
53	M	LCHP	Family w/Spouse Primary	43614
35	F	2HPFF	Family w/Spouse Primary	43614
56	M	LCP/B	Family	43614
28	F	1HMOFF	Family	43614
54	M	LCHP	Family	43614
30	F	LCHP	Single	43614
29	M	LCHP	Single	43614
26	M	HMO	Family w/Spouse Primary	43614
28	F	LCHP	Family	43614
34	M	LCHP	Family w/Spouse Primary	43614
27	F	LCP/B	Single	43614
32	F	LCHP	Single	43614
48	F	LCP/B	Family w/Spouse Primary	43614
65	M	HMO	Family	43614
49	M	HMO	Single	43614
47	F	2HMOFF	Family	43614

60	F	HMO	Single	43614
64	M	LCHP2	Family w/Spouse Primary	43614
27	M	LCHP	Single	43614
51	F	LCP/B	Family	43614
61	M	HMO	Family w/Spouse Primary	43614
55	M	LCHP2	Family w/Spouse Primary	43614
25	M	LCHP	Single	43614
27	F	HMO	Single	43614
46	F	HMO	Single	43614
25	M	HMO	Single	43614
51	M	LCP/B	Family	43614
52	F	LCHP	Single	43614
40	M	LCHP	Single	43614
55	F	2HMOFF	Family	43614
24	F	LCHP	Single	43614
25	F	HMO	Single	43614
42	F	LCP/B	Single	43614
35	F	1HMOF	Family w/Spouse Primary	43614
25	F	LCP/B	Single	43614
27	F	LCP/B	Single	43614
34	F	LCHP	Family	43614
36	F	LCP/B	Single	43614
28	M	2HPFF	Family	43614
23	M	HMO	Family w/Spouse Primary	43614
58	F	2TFFB2	Family w/Spouse Primary	43614
50	F	LCP/B	Single	43614
53	M	LCHP	Family w/Spouse Primary	43614
56	F	LCHP	Single	43614
56	M	LCHP	Family	43614
51	M	LCP/B	Family	43615
53	M	LCHP	Family	43615
46	F	HMO	Family	43615
49	F	HMO	Family	43615
43	F	2TFFB	Family	43615
55	F	LCHP	Single	43615
59	M	HMO	Single	43615
55	F	1TFFB	Family w/Spouse Primary	43615
59	M	LCHP	Family	43615
63	M	2HMFF2	Family w/Spouse Primary	43615
56	F	LCP/B	Single	43615
46	M	LCP/B	Family	43615
53	F	HMO	Family	43615
43	F	LCP/B	Family	43615
56	F	LCHP	Single	43615
56	F	2HMOFF	Family	43615
47	F	2HMOFF	Family	43615
54	M	HMO	Single	43615
61	F	HMO	Single	43615
40	F	HMO	Family	43615
45	F	1TFFB	Family	43615
50	F	HMO	Single	43615
59	F	LCHP	Single	43615

68	F	LCHP	Single	43615
54	F	2HMOFF	Family	43615
50	F	LCHP	Single	43615
55	M	LCHP	Single	43615
44	F	1TFFB	Family	43615
57	F	LCHP	Single	43615
62	F	HMO2	Family w/Spouse Primary	43615
46	F	LCHP	Family	43615
46	F	LCHP	Single	43615
55	F	LCP/B	Single	43615
54	F	HMO	Single	43615
50	F	LCHP	Family	43615
66	M	HMO	Family w/Spouse Primary	43615
45	F	2HMOFF	Family	43615
56	F	LCHP	Family	43615
45	M	1HMOFF	Family w/Spouse Primary	43615
51	F	HMO2	Family w/Spouse Primary	43615
43	F	1TFFB	Family	43615
43	F	HMO	Family w/Spouse Primary	43615
46	F	1TFFB	Family	43615
42	F	1HMOFF	Family	43615
61	F	HMO2	Family w/Spouse Primary	43615
53	F	LCHP	Single	43615
42	F	1TFFB	Family	43615
41	F	1HMOFF	Family	43615
66	F	HMO	Single	43615
45	M	HMO	Single	43615
59	F	LCHP	Single	43615
51	F	2HMOFF	Family	43615
46	F	LCHP	Family	43615
48	F	HMO	Single	43615
40	F	HMO	Family	43615
43	M	HMO	Family w/Spouse Primary	43615
60	F	HMO	Family	43615
59	F	2TFFB	Family	43615
44	M	LCHP	Family	43615
56	M	HMO	Single	43615
53	M	HMO	Family	43615
42	F	HMO	Family	43615
45	F	HMO	Family	43615
47	F	2HMOFF	Family	43615
54	M	HMO	Single	43615
52	M	LCHP	Single	43615
40	F	HMO	Family	43615
51	F	HMO	Single	43615
41	M	LCHP	Family w/Spouse Primary	43615
50	F	LCHP	Family	43615
66	F	LCHP	Single	43615
43	M	2HMOFF	Family w/Spouse Primary	43615
41	M	HMO	Family	43615
52	F	LCP/B	Family	43615
52	F	HMO	Family w/Spouse Primary	43615

47	M	2HMOFF	Family	43615
60	M	LCP/B	Single	43615
39	F	LCP/B	Family	43615
41	M	LCHP	Family w/Spouse Primary	43615
62	F	HMO	Single	43615
41	F	2HPFF2	Family w/Spouse Primary	43615
38	F	LCHP	Family	43615
53	F	LCHP	Single	43615
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54	F	HMO	Family	43615
37	F	HMO	Family	43615
53	F	LCP/B	Single	43615
41	F	HMO	Family	43615
44	F	HMO	Family	43615
45	F	LCHP	Single	43615
59	F	LCHP	Family	43615
51	M	LCP/B	Family	43615
58	F	HMO	Family w/Spouse Primary	43615
54	F	HMO	Single	43615
40	F	LCP/B	Family	43615
53	F	LCHP	Single	43615
35	M	HMO2	Family w/Spouse Primary	43615
47	F	1HMOFF	Family	43615
37	F	HMO	Single	43615
37	M	HMO	Family	43615
36	M	LCP/B	Family	43615
51	F	LCHP	Family w/Spouse Primary	43615
39	F	LCP/B2	Family w/Spouse Primary	43615
45	F	LCP/B	Family	43615
53	F	LCHP	Family	43615
55	F	HMO	Family	43615
63	M	HMO	Single	43615
44	M	2HMOFF	Family	43615
56	F	LCHP	Family	43615
37	F	HMO	Family	43615
64	F	2HMOFF	Family w/Spouse Primary	43615
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47	F	HMO	Family	43615
54	F	LCHP	Single	43615
45	F	2HPFF	Family w/Spouse Primary	43615
36	F	HMO	Family	43615
39	F	LCHP	Single	43615
38	M	LCHP	Family w/Spouse Primary	43615
41	F	1HMOFF	Family	43615
35	F	2HPFF2	Family w/Spouse Primary	43615
51	F	LCHP	Family	43615
46	M	LCP/B	Family	43615
57	F	LCHP	Family	43615
66	F	LCHP	Family w/Spouse Primary	43615
34	F	1HMFF2	Family w/Spouse Primary	43615
46	M	HMO	Family	43615
57	F	HMO	Family	43615

46	F	1TFFB	Family	43615
46	F	LCHP2	Family w/Spouse Primary	43615
60	M	LCHP	Single	43615
32	F	2HPFF	Family	43615
54	F	HMO	Single	43615
50	F	HMO2	Family w/Spouse Primary	43615
48	M	LCHP	Family w/Spouse Primary	43615
37	M	HMO	Family	43615
33	M	HMO	Family	43615
39	F	1HMOFF	Family	43615
61	M	HMO2	Family w/Spouse Primary	43615
41	F	LCHP	Family	43615
44	M	HMO	Single	43615
33	F	LCP/B	Family w/Spouse Primary	43615
54	M	LCHP	Single	43615
64	F	HMO	Single	43615
35	F	LCHP	Single	43615
55	F	HMO	Family w/Spouse Primary	43615
41	M	LCHP	Family	43615
53	F	HMO	Single	43615
49	F	HMO	Family	43615
45	F	LCHP	Family	43615
52	F	LCP/B	Family	43615
39	F	HMO	Family	43615
39	M	LCHP	Family	43615
37	F	LCP/B	Family	43615
41	F	LCHP	Family w/Spouse Primary	43615
52	F	5HMO	Single	43615
38	F	1HMOFF	Family	43615
57	M	HMO	Single	43615
43	F	LCHP	Family	43615
52	F	LCHP	Single	43615
29	F	2HMOFF	Family	43615
56	M	HMO	Single	43615
32	F	LCHP	Single	43615
30	M	LCP/B	Family	43615
41	M	HMO	Family	43615
39	F	LCP/B	Single	43615
35	F	1HPFF	Family	43615
48	F	2HPFF	Family w/Spouse Primary	43615
37	F	LCHP	Family	43615
63	F	HMO	Single	43615
33	M	LCP/B	Family	43615
32	M	LCHP	Single	43615
45	F	LCHP	Family w/Spouse Primary	43615
33	F	LCHP	Family w/Spouse Primary	43615
31	M	LCHP	Family	43615
30	M	LCP/B	Family w/Spouse Primary	43615
32	M	HMO	Single	43615
50	F	LCHP	Single	43615
39	F	2HMOFF	Family	43615
36	F	HMO	Family	43615

54	F	LCP/B	Single	43615
32	F	HMO	Single	43615
34	M	LCHP	Single	43615
58	F	LCHP	Single	43615
38	F	2HPFF	Family	43615
58	M	LCHP	Family w/Spouse Primary	43615
57	M	LCHP	Family	43615
48	F	HMO	Family	43615
64	M	HMO	Family w/Spouse Primary	43615
34	F	1HMOFF	Family	43615
46	F	HMO	Family w/Spouse Primary	43615
37	F	1HPFF	Family	43615
57	F	HMO	Family	43615
27	F	LCP/B	Single	43615
44	F	HMO	Family	43615
60	M	HMO2	Family w/Spouse Primary	43615
32	F	HMO	Family	43615
42	F	2HPFF	Family	43615
36	M	LCHP	Family	43615
57	M	1TFFB	Family w/Spouse Primary	43615
55	F	LCP/B	Single	43615
60	M	LCHP	Single	43615
31	F	HMO	Family	43615
32	F	HMO	Family w/Spouse Primary	43615
56	F	HMO2	Family w/Spouse Primary	43615
39	F	HMO	Family	43615
47	F	HMO	Family	43615
52	F	2HMOFF	Family	43615
63	F	LCHP	Family	43615
31	F	HMO	Family	43615
32	M	HMO	Single	43615
46	F	1HPFF	Family	43615
46	M	LCHP	Family	43615
30	F	HMO	Family w/Spouse Primary	43615
34	M	LCP/B	Single	43615
54	M	HMO	Single	43615
25	F	HMO	Family	43615
27	F	LCHP	Family	43615
39	F	1TFFB	Family	43615
40	F	2HPFF	Family	43615
37	F	LCHP	Family w/Spouse Primary	43615
26	M	HMO	Single	43615
48	M	LCHP	Single	43615
37	F	HMO	Family	43615
30	F	HMO	Family	43615
32	F	LCHP	Single	43615
35	F	LCHP	Family	43615
55	F	LCHP	Single	43615
51	F	LCHP	Single	43615
58	F	LCHP	Single	43615
64	F	HMO	Single	43615
26	F	1HMOFF	Family	43615

47	F	1HMOFF	Family	43615
63	M	HMO	Family w/Spouse Primary	43615
45	F	LCHP	Family	43615
45	M	LCP/B	Family	43615
35	F	1HMOFF	Family	43615
28	M	HMO	Family	43615
27	F	LCHP	Family w/Spouse Primary	43615
42	F	2TFFB	Family	43615
37	M	LCHP	Family	43615
35	F	HMO	Family	43615
26	M	LCHP	Single	43615
25	F	LCHP	Family	43615
57	M	LCHP	Single	43615
47	F	LCHP	Single	43615
38	F	2HPFF	Family	43615
25	F	HMO	Single	43615
40	M	HMO	Family	43615
38	M	2HMOFF	Family	43615
59	F	LCHP	Single	43615
51	F	LCHP	Single	43615
27	F	LCHP	Family	43615
43	M	LCP/B	Family w/Spouse Primary	43615
58	M	LCHP2	Family w/Spouse Primary	43615
55	F	HMO	Single	43615
21	M	HMO	Single	43615
49	M	LCP/B	Single	43615
48	F	1HPFF	Family	43615
38	M	LCHP	Single	43615
27	F	HMO	Single	43615
33	F	1TFB	Family w/Spouse Primary	43615
58	F	HMO	Single	43615
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55	F	LCHP	Single	43615
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50	F	2HPFF	Family	43615
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61	M	LCHP	Family	43616
55	F	LCHP2	Family w/Spouse Primary	43616
51	M	LCP/B	Family w/Spouse Primary	43616
53	F	HMO	Single	43616
54	F	LCHP	Single	43616
51	M	LCP/B	Family	43616
43	F	HMO	Family	43616
62	F	2HPFF	Family	43616
44	F	LCHP	Family	43616

45	M	HMO	Family	43616
59	F	LCHP	Family	43616
43	F	LCP/B	Family	43616
61	F	LCHP	Single	43616
61	F	LCHP2	Family w/Spouse Primary	43616
48	M	2TFFB	Family w/Spouse Primary	43616
58	F	LCHP	Family w/Spouse Primary	43616
51	F	2HPFF	Family	43616
43	F	1HMFF2	Family w/Spouse Primary	43616
55	M	LCP/B	Family	43616
44	M	HMO2	Family w/Spouse Primary	43616
45	M	LCP/B	Family	43616
49	M	HMO	Family	43616
62	F	LCP/B	Single	43616
54	F	LCP/B	Family w/Spouse Primary	43616
50	M	HMO2	Family w/Spouse Primary	43616
41	F	LCP/B	Family	43616
38	F	HMO	Family	43616
41	M	HMO	Family	43616
41	M	LCHP	Family	43616
60	F	LCP/B2	Family w/Spouse Primary	43616
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46	M	LCHP	Family	43616
65	F	HMO	Single	43616
38	M	HMO	Family	43616
62	F	LCP/B	Single	43616
44	F	HMO	Single	43616
43	F	LCP/B	Family w/Spouse Primary	43616
37	M	LCP/B	Family	43616
39	F	HMO	Family	43616
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37	F	LCP/B	Family	43616
47	M	HMO	Family	43616
38	F	LCHP	Family	43616
43	M	HMO	Family	43616
49	M	LCP/B	Family	43616
49	F	LCHP	Single	43616
51	F	HMO	Family	43616
70	F	LCP/B	Single	43616
37	M	LCP/B	Family w/Spouse Primary	43616
42	F	2TFFB	Family	43616
51	F	LCHP	Family	43616
52	M	HMO	Family	43616
47	F	LCHP	Family w/Spouse Primary	43616
36	M	LCP/B	Family w/Spouse Primary	43616
68	F	LCP/B2	Family w/Spouse Primary	43616
44	F	LCP/B	Family	43616
46	F	LCHP2	Family w/Spouse Primary	43616
43	M	HMO	Family	43616
44	F	LCP/B	Family	43616
34	F	HMO	Family	43616
41	F	LCHP	Family w/Spouse Primary	43616

38	M	LCHP	Single	43616
41	F	1HPFF	Family w/Spouse Primary	43616
50	F	LCHP	Family	43616
34	M	LCHP	Family	43616
31	F	LCHP	Family w/Spouse Primary	43616
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45	M	HMO	Single	43616
39	F	1TFFB2	Family w/Spouse Primary	43616
39	M	LCHP	Family	43616
46	F	2TFFB2	Family w/Spouse Primary	43616
59	F	LCHP2	Family w/Spouse Primary	43616
64	M	2HMOFF	Family w/Spouse Primary	43616
51	M	LCP/B2	Family w/Spouse Primary	43616
38	F	HMO2	Family w/Spouse Primary	43616
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52	F	LCHP	Family	43616
55	F	2HPFF	Family	43616
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75	F	LCHP	Single	43616
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43	M	HMO2	Family w/Spouse Primary	43616
25	M	LCP/B	Single	43616
29	M	LCHP	Family	43616
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29	M	LCHP	Family	43616
37	M	LCHP	Single	43616
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43	M	LCHP	Family	43616
42	M	LCHP	Family	43616
45	F	2TFFB	Family	43616
52	M	LCHP	Single	43616
27	M	2HMOFF	Family w/Spouse Primary	43616
27	M	LCHP	Single	43616
29	F	LCP/B	Single	43616
58	F	LCHP	Single	43616
32	F	LCP/B	Single	43616
54	M	LCHP	Single	43616
64	M	LCP/B	Single	43616
35	F	LCP/B	Single	43616
30	F	LCHP	Family	43616
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29	F	LCP/B	Family w/Spouse Primary	43616
59	F	1HPFF	Family	43617
59	F	HMO	Single	43617
55	F	LCHP	Family	43617
47	F	1HMOFF	Family w/Spouse Primary	43617
42	F	LCP/B	Family w/Spouse Primary	43617
46	F	2HMOFF	Family	43617
45	F	LCHP	Family	43617
58	F	HMO	Family	43617

43	F	LCHP	Family	43617
41	F	HMO	Family	43617
67	M	HMO	Family	43617
44	M	LCHP2	Family w/Spouse Primary	43617
71	M	LCHP2	Family w/Spouse Primary	43617
51	F	HMO	Single	43617
41	F	2HMOFF	Family	43617
47	M	HMO	Family	43617
41	F	HMO	Family	43617
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62	M	LCHP	Single	43617
64	F	2HPFF	Family	43617
57	F	LCHP2	Family w/Spouse Primary	43617
38	F	HMO	Family	43617
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51	F	LCHP	Family	43617
46	F	LCHP2	Family w/Spouse Primary	43617
51	F	HMO	Family	43617
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34	F	HMO	Family	43618
33	M	HMO	Family	43618
38	F	HMO	Family	43618
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61	F	HMO	Family	43618
37	M	LCHP	Family w/Spouse Primary	43618
39	M	LCHP	Family	43618
53	M	2TFFB	Family w/Spouse Primary	43618
65	M	LCP/B	Family	43619
60	F	LCP/B	Single	43619
46	F	LCP/B	Single	43619
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47	F	1HPFF2	Family w/Spouse Primary	43619
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52	M	LCP/B	Family	43619
57	M	LCP/B	Family w/Spouse Primary	43619
56	M	LCP/B2	Family w/Spouse Primary	43619

65	M	LCHP	Single	43619
44	M	HMO	Single	43619
38	M	HMO	Family	43619
46	M	HMO	Family w/Spouse Primary	43619
58	F	LCP/B	Single	43619
55	M	LCHP	Family w/Spouse Primary	43619
51	F	LCP/B	Family	43619
41	F	LCP/B	Family w/Spouse Primary	43619
35	M	LCP/B	Family	43619
39	F	2TFFB	Family	43619
39	F	2HMOFF	Family	43619
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61	F	LCHP	Single	43619
35	M	1TFFB	Family	43619
60	M	LCP/B	Family	43619
58	M	LCHP	Family	43619
58	F	HMO	Single	43619
28	M	LCP/B	Family w/Spouse Primary	43619
52	M	LCP/B	Single	43619
49	F	HMO	Single	43619
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56	F	HMO	Single	43620
56	M	LCP/B	Single	43620
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39	F	HMO	Single	43620
41	F	HMO	Family w/Spouse Primary	43620
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33	M	LCHP	Family w/Spouse Primary	43620
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64	M	HMO	Single	43620
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47	F	HMO	Family	43620
33	F	LCHP	Single	43620
53	F	2HPFF	Family	43620
37	F	LCHP	Family	43620
23	F	LCHP	Single	43620
26	M	HMO	Single	43620
49	F	LCP/B	Single	43620

39	M	LCP/B	Single	43620
58	F	HMO	Single	43620
59	F	LCHP	Single	43620
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49	M	HMO	Family w/Spouse Primary	43623
54	F	HMO	Single	43623
52	M	HMO	Family	43623
45	F	2HMOFF	Family	43623
45	F	LCP/B	Family	43623
65	F	LCHP2	Family w/Spouse Primary	43623
47	M	LCP/B2	Family w/Spouse Primary	43623
52	F	HMO	Single	43623
46	F	LCP/B	Single	43623
48	M	LCHP	Family w/Spouse Primary	43623
62	M	LCHP	Single	43623
49	M	HMO	Single	43623
68	M	LCHP	Family	43623
43	F	LCHP	Family	43623
52	F	1TFFB	Family	43623
62	M	HMO	Family	43623
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53	M	HMO	Family	43623
44	F	LCHP	Family	43623
44	M	HMO	Family	43623
49	M	HMO	Single	43623
50	M	HMO	Single	43623
60	F	LCHP	Family w/Spouse Primary	43623
43	M	LCP/B	Family	43623
45	F	LCHP	Family	43623
50	M	LCP/B	Family w/Spouse Primary	43623
61	F	HMO	Single	43623
56	F	1TFFB	Family	43623
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41	M	LCHP2	Family w/Spouse Primary	43623
48	M	LCHP	Family	43623
71	F	LCHP	Single	43623
55	F	LCP/B	Family w/Spouse Primary	43623
41	M	LCHP	Single	43623
51	F	LCHP	Single	43623
41	F	LCHP	Family	43623
69	F	HMO	Single	43623
46	F	LCHP	Single	43623
48	F	LCHP2	Family w/Spouse Primary	43623
51	M	LCHP	Family w/Spouse Primary	43623
45	F	LCHP	Family	43623
58	M	2HMOFF	Family	43623
60	M	HMO2	Family w/Spouse Primary	43623
47	M	LCP/B	Family	43623
39	F	LCP/B	Family w/Spouse Primary	43623
53	M	LCHP	Family w/Spouse Primary	43623

49	F	2HPFF	Family	43623
48	M	LCHP	Family	43623
45	F	LCHP	Family	43623
42	M	HMO	Family	43623
72	M	HMO	Single	43623
56	F	2HPFF	Family	43623
67	M	HMO	Family	43623
55	F	LCHP	Single	43623
54	M	LCHP	Single	43623
44	F	LCHP	Family	43623
35	F	LCP/B	Family w/Spouse Primary	43623
59	M	LCP/B	Single	43623
60	F	LCHP2	Family w/Spouse Primary	43623
39	M	LCHP	Family	43623
44	M	HMO	Family	43623
41	F	2HMOFF	Family	43623
40	F	2HMOFF	Family w/Spouse Primary	43623
72	F	HMO	Single	43623
46	F	2HMOFF	Family	43623
52	M	2TFFB	Family w/Spouse Primary	43623
48	M	HMO	Single	43623
42	F	HMO	Single	43623
64	M	2HPFF	Family w/Spouse Primary	43623
50	M	HMO2	Family w/Spouse Primary	43623
35	M	LCHP	Family	43623
35	F	HMO	Family	43623
60	F	HMO	Single	43623
42	M	LCHP	Family	43623
58	F	LCP/B	Family	43623
37	M	HMO	Family	43623
30	M	HMO	Family	43623
53	F	LCHP2	Family w/Spouse Primary	43623
41	M	LCP/B	Family	43623
46	F	HMO	Family	43623
51	M	LCHP	Family	43623
39	F	LCHP	Family	43623
50	M	LCHP	Family	43623
34	F	HMO	Family w/Spouse Primary	43623
33	F	HMO	Family w/Spouse Primary	43623
50	M	2HMOFF	Family	43623
36	F	HMO	Single	43623
29	M	LCHP	Family	43623
28	F	LCHP	Family	43623
63	F	LCHP	Single	43623
34	M	HMO	Family w/Spouse Primary	43623
29	M	LCHP	Single	43623
29	M	1TFFB	Family w/Spouse Primary	43623
27	M	LCHP	Single	43623
28	F	HMO	Family	43623
38	F	HMO	Family	43623
50	F	HMO	Single	43623
42	F	HMO	Single	43623

34	F	2HPFF	Family w/Spouse Primary	43623
53	M	LCHP	Family	43623
32	F	HMO	Family	43623
43	M	LCHP	Single	43623
60	F	LCHP	Single	43623
59	F	LCHP2	Family w/Spouse Primary	43623
25	M	LCP/B	Single	43623
41	M	HMO	Family w/Spouse Primary	43623
61	M	LCP/B	Family w/Spouse Primary	43623
35	F	1TFFB	Family	43623
50	M	HMO	Family	43623
48	F	HMO	Single	43623
54	F	HMO	Single	43635
62	F	LCHP	Family w/Spouse Primary	43635
58	F	LCHP	Single	43635
63	M	HMO	Single	43635
39	F	HMO	Family	43650
56	M	LCHP	Family	43650
33	F	LCHP	Family	43697
28	F	HMO	Single	44089
62	M	HMO	Single	44646
51	F	2HMFF2	Family w/Spouse Primary	44811
58	F	LCHP	Family w/Spouse Primary	44830
40	M	HMO	Family w/Spouse Primary	44830
44	F	LCHP	Family	44836
34	F	1HMOFF	Family	44870
62	M	LCHP	Family	44870
40	F	LCHP	Family	44883
36	M	HMO	Family w/Spouse Primary	45801
63	M	LCHP2	Family w/Spouse Primary	45817
54	F	HMO	Family w/Spouse Primary	45827
41	F	LCHP	Family	45840
51	F	2HMOFF	Family	45840
28	M	LCP/B	Single	45840
26	F	1HPFF	Family	45840
46	M	LCP/B2	Family w/Spouse Primary	45840
33	F	1HMFF2	Family w/Spouse Primary	45867
38	F	1HMFF2	Family w/Spouse Primary	45872
49	F	HMO2	Family w/Spouse Primary	45889
40	M	LCHP	Family	46317
47	F	LCHP	Family	48103
31	F	HMO	Family	48117
63	F	LCP/B	Single	48133
42	F	HMO	Single	48133
46	F	HMO	Family	48133
43	M	HMO	Family	48133
67	F	LCP/B	Single	48133
44	F	2HPFF2	Family w/Spouse Primary	48133
55	F	2TFFB	Family	48133
41	M	LCHP	Family w/Spouse Primary	48133
29	F	HMO	Family	48133
57	F	1HMOFF	Family	48133

52	F	LCHP	Single	48133
53	M	LCHP	Family w/Spouse Primary	48134
42	F	LCHP	Family	48140
64	M	LCHP	Family	48140
52	F	HMO	Family	48140
52	F	LCHP	Family	48140
45	F	LCHP	Family	48144
55	F	2TFFB2	Family w/Spouse Primary	48144
56	F	HMO	Single	48144
53	M	HMO2	Family w/Spouse Primary	48144
49	M	LCHP	Family w/Spouse Primary	48144
51	F	HMO	Family	48144
67	F	LCHP	Family w/Spouse Primary	48144
40	M	HMO	Family w/Spouse Primary	48144
57	M	LCHP	Family	48144
41	F	HMO	Family	48144
51	F	LCHP	Family	48144
62	F	HMO	Single	48144
40	F	LCHP2	Family w/Spouse Primary	48144
41	M	LCHP	Family	48144
60	F	HMO	Family w/Spouse Primary	48144
32	F	LCP/B	Family	48144
60	M	5LCPB2	Family w/Spouse Primary	48144
39	F	LCHP	Family	48144
32	F	2HPFF	Family	48144
31	F	1HMOFF	Family	48144
31	F	2HPFF2	Family w/Spouse Primary	48144
41	M	LCHP	Family w/Spouse Primary	48144
41	F	2HMOFF	Family w/Spouse Primary	48144
45	M	LCHP	Family w/Spouse Primary	48144
57	F	LCHP	Family	48145
44	M	5LCHP	Family	48145
30	F	LCHP	Family	48145
53	F	2HMOFF	Family	48157
41	F	HMO	Family w/Spouse Primary	48162
35	F	2HMOFF	Family	48162
47	M	LCHP	Family w/Spouse Primary	48182
59	F	HMO	Single	48182
51	F	2HPFF	Family	48182
64	F	LCHP	Family w/Spouse Primary	48182
44	F	2HPFF	Family	48182
56	F	LCHP	Family	48182
59	F	LCHP	Family	48182
53	M	LCHP	Family	48182
41	F	2HMFF2	Family w/Spouse Primary	48182
43	M	LCHP	Family	48182
53	F	HMO	Family	48182
38	M	HMO	Family w/Spouse Primary	48182
48	M	HMO	Family	48182
52	F	1TFFB	Family	48182
43	M	HMO	Family	48182
36	M	1TFFB	Family	48182

56	F	LCHP	Family w/Spouse Primary	48182
63	F	LCP/B	Single	48182
47	M	HMO	Single	48182
40	M	HMO	Family w/Spouse Primary	48182
54	M	HMO	Family w/Spouse Primary	48182
34	M	LCHP	Family w/Spouse Primary	48182
54	F	2HPFF	Family	48182
51	M	HMO	Family	48182
37	F	HMO	Family	48182
58	F	LCHP	Family w/Spouse Primary	48182
54	F	1HPF	Family w/Spouse Primary	48182
34	M	4HMO	Family w/Spouse Primary	48182
41	F	LCHP	Family	48182
48	F	1TFFB	Family	48182
43	F	2HMOFF	Family	48182
41	F	LCHP	Single	48182
58	F	LCHP2	Family w/Spouse Primary	48182
40	F	HMO	Single	48182
30	F	HMO	Single	48182
37	F	2HMOFF	Family	48182
47	F	2HPFF	Family	48182
30	F	LCHP	Single	48182
53	F	HMO	Family	48182
56	F	1HMFF2	Family w/Spouse Primary	48182
56	F	2TFFB2	Family w/Spouse Primary	48182
32	F	LCP/B	Family	48182
34	F	2HPFF	Family	48182
40	M	2HMOFF	Family	48182
54	F	HMO	Family	48182
54	M	LCHP	Single	48182
58	M	2HMOFF	Family	48182
42	M	HMO	Family w/Spouse Primary	48182
48	F	2HMOFF	Family	48182
47	F	2HMOFF	Family	48182
40	M	LCP/B	Family	48182
37	F	LCHP	Single	48183
33	F	LCHP	Single	48186
44	F	1TFFB	Family	48188
54	F	HMO	Family	48192
59	F	LCP/B2	Family w/Spouse Primary	49220
55	F	HMO	Single	49221
32	F	HMO	Family	49221
31	F	LCHP	Family	49221
27	M	HMO	Family w/Spouse Primary	49221
32	F	2TFFB	Family	49221
60	F	LCHP	Family	49221
51	M	HMO2	Family w/Spouse Primary	49228
36	M	LCHP	Family	49228
49	F	1HPFF	Family	49228
47	F	LCP/B	Family w/Spouse Primary	49230
34	F	LCHP	Family	49247
54	M	HMO	Family	49256

60	F	LCP/B	Single	49256
45	F	HMO	Single	49256
47	F	LCHP	Family	49267
43	F	HMO	Family	49267
47	M	LCHP2	Family w/Spouse Primary	49267
39	F	LCHP	Family	49267
56	M	LCHP	Family w/Spouse Primary	49267
58	F	HMO	Single	49267
38	F	LCHP	Family	49267
55	F	LCHP	Family	49267
45	F	2HMOFF	Family	49267
36	M	LCHP	Family	49267
42	M	LCHP	Family w/Spouse Primary	49267
38	F	1HMOFF	Family w/Spouse Primary	49267
39	F	LCHP	Family	49267
46	F	1HMOFF	Family	49268
45	F	LCP/B	Family	49268
62	F	HMO	Single	49268
63	F	LCHP	Family	49270
43	F	LCHP2	Family w/Spouse Primary	49270
45	M	LCHP	Single	49270
52	F	2HPFF2	Family w/Spouse Primary	49270
36	M	LCHP	Single	49270
58	M	2HMOFF	Family	49270
56	F	LCHP	Family	49270
35	F	1HMFF2	Family w/Spouse Primary	49286
38	F	HMO	Single	49286
50	F	HMO	Family	49720

Report ID: LCS20031 Quality Assurance

Lucas County
ZERO NET PAY

Run Date 09/02/2011
Run Time 10:49:46

06/19/2011 through 07/02/2011

Emplid	Rcd	Name	Paygroup	Status	Deptid	Std_Hours	Last Pay Date	Coverage	Off Cycle
444	0	Castro,Gloria J	BDD	P	1948	40.00	07/02/2011	1	N
8553	0	Charles,Sarah Elizabeth	BDD	P	1935	40.00	07/02/2011	4	N
4043	0	Christian,Ernestine Marie	BDD	P	1931	26.25	07/02/2011	2	N
3141	0	Griswold,Yolanda D	BDD	P	1948	40.00	07/02/2011	1	N
4937	0	Narges,Linda	BDD	P	1919	40.00	07/02/2011	1	N
7046	0	Garmon-Brown,Regina	CSB	P	2110	40.00	07/02/2011	4	N
6477	0	Harris-Dennis,Jacqueline	CSB	P	2110	35.00	07/02/2011	1	N
3993	0	Runyon,Peggy K	CSE	P	0210	40.00	07/02/2011	2	N
3441	0	Vallejo-Welch,Madeline M	CSE	P	0210	40.00	07/02/2011	4	N
3239	0	Hughes,Alake R	DOG	P	0610	40.00	07/02/2011	2	N
2463	0	Elmer,Steven P	FAC	A	0810	40.00	07/02/2011	4	N
3559	0	Berry,Tracy J-R	HEA	P	4200	40.00	07/02/2011	4	N
3766	0	Niles,Patrick David	HEA	P	4200	40.00	07/02/2011	1	N
8119	0	Topel,Cynthia L.	HEA	U	4200	40.00	07/02/2011		N
1715	0	Brazzel Thomas,Bonita	JFS	P	2410	40.00	07/02/2011	4	N
3777	0	Struffolino,Brianna Jo	REC	A	3110	40.00	07/02/2011	4	N
3777	0	Struffolino,Brianna Jo	REC	A	3110	40.00	07/02/2011	4	Y
3598	0	Baker,Darlene M	SHF	P	1670	40.00	07/02/2011	2	N
5008	0	Kemp,Angela Marie	SHF	P	1670	40.00	07/02/2011	4	N
2913	0	Tardich,Tina Rae	SHF	P	1660	40.00	07/02/2011	4	N

End of Report

Lucas County
DRUG PLAN
Run Date 9/2/2011

AGE	GENDER	DRUG PLAN	COVERAGE	ZIP CODE
44	F	1RXFF	Family	42623
49	M	LCDRUG	Single	43402
48	M	LCDRUG	Family	43402
45	F	1RXFF	Family	43402
46	F	LCDRUG	Family	43402
45	F	1RXFF	Family	43402
54	M	LCDRUG	Family	43402
42	F	2RXFF	Family	43402
60	M	2RXFF	Family	43402
58	M	LCDRUG	Family	43402
60	F	LCDRUG	Family	43402
35	F	LCDRUG	Single	43402
46	F	1RXFF	Family	43402
41	M	LCDRUG	Family	43402
41	M	LCDRUG	Family	43402
56	F	LCDRUG	Family	43402
36	F	LCDRUG	Family	43402
52	M	LCDRUG	Family	43402
41	F	LCDRUG	Family	43402
33	F	LCDRUG	Family	43402
58	F	2RXFF	Family	43402
44	M	LCDRUG	Family	43402
32	F	LCDRUG	Family	43402
36	F	2RXFF	Family	43402
35	F	2RXFF	Family	43402
62	F	LCDRUG	Single	43402
32	F	LCDRUG	Single	43402
45	F	LCDRUG	Family	43402
44	M	LCDRUG	Single	43402
52	F	1RXFF	Family	43402
55	F	LCDRUG	Single	43402
30	F	2RXFF	Family	43402
48	F	LCDRUG	Family	43402
31	F	1RXFF	Family	43402
63	F	1RXFF	Family	43402
24	M	LCDRUG	Single	43402
30	F	LCDRUG	Single	43402
58	M	2RXFF	Family	43402
61	F	LCDRUG	Single	43412
48	M	LCDRUG	Single	43412
58	M	LCDRUG	Family	43412
56	F	LCDRUG	Family	43412
47	F	2RXFF	Family	43412
39	F	LCDRUG	Family	43412
38	F	LCDRUG	Single	43412
44	M	LCDRUG	Family	43412
47	F	LCDRUG	Family	43412

35	F	LCDRUG	Family	43412
35	M	LCDRUG	Family	43412
51	M	LCDRUG	Family	43412
65	M	LCDRUG	Family	43412
42	M	2RXFF	Family	43412
57	F	LCDRUG	Single	43412
58	M	LCDRUG	Family	43412
58	F	1DRUG	Family	43412
26	F	LCDRUG	Single	43412
47	M	LCDRUG	Family	43412
50	F	LCDRUG	Family	43412
44	F	LCDRUG	Family	43412
64	F	2RXFF	Family	43413
34	F	LCDRUG	Family	43413
43	F	2RXFF	Family	43414
43	M	LCDRUG	Family	43416
48	F	LCDRUG	Family	43416
54	M	LCDRUG	Single	43420
46	M	LCDRUG	Family	43420
52	M	LCDRUG	Family	43420
46	M	1RXFF	Family	43420
41	F	LCDRUG	Single	43420
46	F	2RXFF	Family	43430
44	F	LCDRUG	Family	43430
43	F	LCDRUG	Family	43430
59	F	LCDRUG	Family	43430
62	F	LCDRUG	Single	43430
47	F	LCDRUG	Family	43430
54	F	LCDRUG	Single	43430
40	M	LCDRUG	Family	43430
38	M	LCDRUG	Family	43430
49	F	2RXFF	Family	43430
56	F	2RXFF	Family	43430
45	F	LCDRUG	Family	43430
58	F	LCDRUG	Family	43430
49	M	LCDRUG	Family	43430
38	F	LCDRUG	Family	43430
78	F	LCDRUG	Single	43430
33	M	LCDRUG	Family	43430
51	M	LCDRUG	Family	43430
39	F	LCDRUG	Single	43430
58	M	2RXFF	Family	43431
47	F	LCDRUG	Family	43431
50	M	LCDRUG	Family	43431
56	M	LCDRUG	Family	43431
65	F	LCDRUG	Family	43432
52	F	LCDRUG	Single	43432
44	F	4DRUG	Single	43432
58	F	LCDRUG	Family	43434
41	F	LCDRUG	Family	43442
46	F	LCDRUG	Family	43443
40	M	LCDRUG	Family	43443

28	F	LCDRUG	Family	43443
28	F	2RXFF	Family	43443
53	M	LCDRUG	Single	43445
47	F	LCDRUG	Family	43447
46	F	LCDRUG	Family	43447
49	F	2RXFF	Family	43447
35	F	2RXFF	Family	43447
56	F	LCDRUG	Single	43447
48	F	LCDRUG	Single	43447
41	M	LCDRUG	Single	43447
36	F	1RXFF	Family	43447
25	M	LCDRUG	Family	43447
52	F	2RXFF	Family	43449
49	F	2RXFF	Family	43449
37	F	LCDRUG	Family	43449
59	M	2RXFF	Family	43449
51	F	LCDRUG	Single	43449
58	M	LCDRUG	Family	43449
35	M	1RXFF	Family	43449
47	F	1RXFF	Family	43449
56	F	1RXFF	Family	43449
44	M	LCDRUG	Family	43450
49	F	LCDRUG	Family	43450
43	M	LCDRUG	Family	43452
30	F	1RXFF	Family	43452
44	M	LCDRUG	Family	43452
62	M	LCDRUG	Single	43460
44	F	LCDRUG	Family	43460
52	M	2RXFF	Family	43460
43	F	LCDRUG	Single	43460
52	M	1RXFF	Family	43460
44	M	LCDRUG	Single	43460
42	F	LCDRUG	Family	43460
65	F	LCDRUG	Single	43460
48	F	LCDRUG	Single	43460
49	M	LCDRUG	Family	43460
39	F	LCDRUG	Family	43460
56	F	LCDRUG	Single	43460
62	F	LCDRUG	Single	43460
38	F	LCDRUG	Single	43460
45	F	LCDRUG	Family	43460
39	F	LCDRUG	Family	43460
38	M	LCDRUG	Family	43460
41	F	LCDRUG	Family	43460
49	F	LCDRUG	Single	43460
57	F	LCDRUG	Single	43460
41	M	LCDRUG	Family	43460
40	M	2RXFF	Family	43460
59	F	LCDRUG	Single	43460
30	F	LCDRUG	Family	43460
52	M	LCDRUG	Single	43460
29	M	LCDRUG	Family	43460

61	M	LCDRUG	Single	43460
63	M	LCDRUG	Family	43460
55	F	LCDRUG	Family	43460
45	M	LCDRUG	Family	43460
53	F	1RXFF	Family	43460
33	F	1DRUG	Family	43460
40	F	1RXFF	Family	43460
47	F	LCDRUG	Family	43460
55	F	LCDRUG	Family	43460
26	F	LCDRUG	Family	43460
25	M	LCDRUG	Single	43460
26	F	2RXFF	Family	43460
25	F	LCDRUG	Single	43460
24	F	1RXFF	Family	43460
49	F	LCDRUG	Family	43462
45	F	LCDRUG	Family	43465
46	F	LCDRUG	Family	43465
48	F	LCDRUG	Family	43465
42	F	LCDRUG	Family	43465
42	F	1RXFF	Family	43465
44	M	LCDRUG	Family	43465
38	F	LCDRUG	Family	43465
46	M	LCDRUG	Family	43465
64	M	LCDRUG	Family	43465
49	M	LCDRUG	Family	43465
64	F	LCDRUG	Family	43465
53	F	LCDRUG	Family	43465
50	M	LCDRUG	Single	43465
45	F	2RXFF	Family	43465
34	F	LCDRUG	Family	43465
48	F	LCDRUG	Family	43465
39	M	LCDRUG	Family	43465
58	F	LCDRUG	Single	43465
71	F	LCDRUG	Single	43466
56	M	LCDRUG	Family	43466
50	M	LCDRUG	Family	43466
34	M	LCDRUG	Family	43466
40	F	LCDRUG	Family	43468
58	M	LCDRUG	Single	43469
40	M	LCDRUG	Family	43469
46	F	LCDRUG	Family	43469
58	F	LCDRUG	Single	43469
39	M	LCDRUG	Family	43469
61	F	LCDRUG	Single	43469
51	M	LCDRUG	Family	43469
46	M	2RXFF	Family	43469
52	M	LCDRUG	Family	43469
44	F	LCDRUG	Family	43501
71	M	LCDRUG	Family	43504
48	F	LCDRUG	Single	43504
43	F	1RXFF	Family	43504
70	F	LCDRUG	Family	43505

56	M	LCDRUG	Single	43511
35	F	2RXFF	Family	43512
43	F	LCDRUG	Family	43512
42	F	LCDRUG	Family	43515
63	M	LCDRUG	Family	43515
38	F	LCDRUG	Family	43515
30	M	LCDRUG	Family	43515
54	F	2RXFF	Family	43515
51	F	LCDRUG	Family	43515
33	M	LCDRUG	Family	43515
32	M	LCDRUG	Family	43515
48	F	2RXFF	Family	43515
30	M	LCDRUG	Family	43515
27	M	LCDRUG	Single	43515
49	F	2RXFF	Family	43515
36	M	1RXFF	Family	43515
42	F	LCDRUG	Single	43515
44	M	LCDRUG	Family	43516
30	F	LCDRUG	Family	43516
47	M	LCDRUG	Family	43518
40	F	2RXFF	Family	43521
49	F	2RXFF	Family	43522
43	F	LCDRUG	Family	43522
40	F	LCDRUG	Family	43522
39	F	LCDRUG	Family	43522
46	F	LCDRUG	Single	43522
44	M	LCDRUG	Family	43522
57	F	LCDRUG	Family	43522
48	M	LCDRUG	Family	43522
39	M	2RXFF	Family	43522
55	M	LCDRUG	Family	43522
33	F	LCDRUG	Family	43522
46	M	LCDRUG	Single	43522
54	M	LCDRUG	Family	43522
26	F	LCDRUG	Single	43522
57	M	LCDRUG	Family	43525
42	M	LCDRUG	Family	43525
38	M	LCDRUG	Single	43525
48	M	LCDRUG	Family	43528
47	M	DPDRUG	Family + DP/Child(ren)	43528
47	F	LCDRUG	Single	43528
57	F	LCDRUG	Family	43528
53	M	2RXFF	Family	43528
52	M	LCDRUG	Family	43528
46	F	LCDRUG	Family	43528
51	F	LCDRUG	Single	43528
61	F	2RXFF	Family	43528
53	M	LCDRUG	Family	43528
45	F	2RXFF	Family	43528
52	M	LCDRUG	Family	43528
49	F	LCDRUG	Family	43528
54	F	LCDRUG	Single	43528

60	M	2RXFF	Family	43528
49	F	LCDRUG	Family	43528
51	F	LCDRUG	Family	43528
49	F	LCDRUG	Single	43528
51	M	2RXFF	Family	43528
55	F	LCDRUG	Single	43528
51	M	LCDRUG	Single	43528
36	F	2RXFF	Family	43528
48	F	2RXFF	Family	43528
58	M	LCDRUG	Family	43528
41	F	LCDRUG	Family	43528
44	F	2RXFF	Family	43528
37	F	2RXFF	Family	43528
51	M	LCDRUG	Single	43528
46	M	LCDRUG	Family	43528
41	M	LCDRUG	Family	43528
46	F	LCDRUG	Family	43528
57	M	LCDRUG	Family	43528
40	M	LCDRUG	Family	43528
60	F	LCDRUG	Family	43528
63	F	2RXFF	Family	43528
46	F	LCDRUG	Family	43528
62	F	LCDRUG	Family	43528
38	F	LCDRUG	Family	43528
37	F	2RXFF	Family	43528
36	M	LCDRUG	Family	43528
39	M	LCDRUG	Family	43528
62	F	LCDRUG	Family	43528
47	F	LCDRUG	Family	43528
40	F	LCDRUG	Family	43528
43	F	LCDRUG	Family	43528
65	M	LCDRUG	Family	43528
60	F	LCDRUG	Single	43528
47	M	LCDRUG	Family	43528
61	M	5DRUG	Single	43528
38	F	DPDRUG	Family + DP/Child(ren)	43528
40	F	LCDRUG	Family	43528
37	F	1DRUG	Family	43528
35	F	LCDRUG	Family	43528
52	M	1RXFF	Family	43528
36	M	LCDRUG	Family	43528
45	F	2RXFF	Family	43528
57	M	LCDRUG	Family	43528
66	F	LCDRUG	Family	43528
58	F	LCDRUG	Family	43528
33	M	LCDRUG	Single	43528
61	M	2RXFF	Family	43528
52	M	LCDRUG	Family	43528
48	F	LCDRUG	Family	43528
47	M	LCDRUG	Family	43528
36	M	LCDRUG	Family	43528
48	M	LCDRUG	Family	43528

39	M	LCDRUG	Family	43528
38	M	2RXFF	Family	43528
36	M	LCDRUG	Family	43528
45	F	LCDRUG	Family	43528
48	F	2RXFF	Family	43528
55	M	2RXFF	Family	43528
41	M	2RXFF	Family	43528
44	F	2RXFF	Family	43528
30	F	LCDRUG	Family	43528
57	F	LCDRUG	Family	43528
45	M	LCDRUG	Family	43528
46	F	LCDRUG	Family	43528
35	M	LCDRUG	Family	43528
64	F	LCDRUG	Family	43528
49	F	LCDRUG	Single	43528
39	F	LCDRUG	Single	43528
48	M	LCDRUG	Family	43528
44	F	2DRUG	Family	43528
28	M	LCDRUG	Family	43528
26	F	1RXFF	Family	43528
63	M	LCDRUG	Single	43528
59	F	LCDRUG	Single	43528
40	F	LCDRUG	Family	43528
57	M	LCDRUG	Family	43528
42	M	LCDRUG	Family	43532
45	F	LCDRUG	Family	43532
47	M	LCDRUG	Family	43532
42	F	2RXFF	Family	43532
48	F	LCDRUG	Family	43532
48	F	LCDRUG	Single	43533
47	F	2RXFF	Family	43533
44	F	LCDRUG	Single	43533
47	F	LCDRUG	Family	43533
52	F	LCDRUG	Family	43533
49	M	LCDRUG	Family	43534
37	F	2RXFF	Family	43534
35	F	2RXFF	Family	43534
61	F	LCDRUG	Single	43537
46	F	LCDRUG	Family	43537
62	F	LCDRUG	Family	43537
49	F	LCDRUG	Family	43537
59	F	LCDRUG	Family	43537
50	F	LCDRUG	Single	43537
43	F	1RXFF	Family	43537
47	F	LCDRUG	Family	43537
60	M	LCDRUG	Family	43537
46	M	LCDRUG	Family	43537
50	F	LCDRUG	Family	43537
57	F	1RXFF	Family	43537
58	M	LCDRUG	Family	43537
49	M	LCDRUG	Family	43537
47	M	LCDRUG	Family	43537

47	F	2RXFF	Family	43537
66	F	1RXFF	Family	43537
56	F	LCDRUG	Family	43537
49	F	LCDRUG	Family	43537
44	F	1RXFF	Family	43537
45	F	LCDRUG	Family	43537
48	F	LCDRUG	Single	43537
43	F	LCDRUG	Family	43537
44	F	1RXFF	Family	43537
56	M	LCDRUG	Family	43537
49	F	1RXFF	Family	43537
47	F	LCDRUG	Family	43537
52	F	LCDRUG	Single	43537
57	F	LCDRUG	Family	43537
42	F	LCDRUG	Family	43537
68	F	LCDRUG	Single	43537
59	F	LCDRUG	Family	43537
41	M	LCDRUG	Family	43537
62	F	LCDRUG	Single	43537
63	F	LCDRUG	Single	43537
56	F	LCDRUG	Family	43537
54	F	2RXFF	Family	43537
60	M	LCDRUG	Family	43537
39	F	LCDRUG	Family	43537
55	M	LCDRUG	Family	43537
45	F	LCDRUG	Family	43537
46	F	2RXFF	Family	43537
43	F	LCDRUG	Family	43537
58	F	LCDRUG	Single	43537
42	M	LCDRUG	Family	43537
43	M	LCDRUG	Family	43537
40	M	LCDRUG	Family	43537
54	F	LCDRUG	Family	43537
64	M	LCDRUG	Family	43537
57	M	LCDRUG	Family	43537
43	M	LCDRUG	Family	43537
47	M	LCDRUG	Family	43537
39	M	LCDRUG	Family	43537
49	F	LCDRUG	Family	43537
41	F	LCDRUG	Family	43537
52	F	2RXFF	Family	43537
37	M	LCDRUG	Family	43537
60	F	LCDRUG	Single	43537
56	F	LCDRUG	Single	43537
48	F	2RXFF	Family	43537
39	F	LCDRUG	Family	43537
46	F	LCDRUG	Single	43537
41	M	LCDRUG	Single	43537
62	M	LCDRUG	Family	43537
49	M	LCDRUG	Single	43537
36	F	2RXFF	Family	43537
55	M	LCDRUG	Family	43537

48	F	LCDRUG	Single	43537
42	M	LCDRUG	Family	43537
37	M	LCDRUG	Single	43537
38	M	LCDRUG	Family	43537
43	F	LCDRUG	Family	43537
43	F	LCDRUG	Family	43537
60	F	LCDRUG	Single	43537
37	M	LCDRUG	Family	43537
39	F	LCDRUG	Family	43537
42	F	LCDRUG	Family	43537
59	M	LCDRUG	Family	43537
46	M	LCDRUG	Family	43537
61	F	LCDRUG	Single	43537
54	M	LCDRUG	Family	43537
56	F	LCDRUG	Family	43537
48	F	2RXFF	Family	43537
73	M	LCDRUG	Family	43537
53	F	LCDRUG	Family	43537
39	F	LCDRUG	Family	43537
62	F	LCDRUG	Family	43537
36	M	LCDRUG	Single	43537
42	F	LCDRUG	Family	43537
31	F	LCDRUG	Family	43537
35	F	LCDRUG	Family	43537
54	F	2RXFF	Family	43537
52	F	LCDRUG	Single	43537
46	F	LCDRUG	Family	43537
72	M	LCDRUG	Family	43537
40	F	LCDRUG	Family	43537
34	F	LCDRUG	Family	43537
33	F	LCDRUG	Family	43537
38	M	LCDRUG	Family	43537
42	M	LCDRUG	Family	43537
61	F	5DRUG	Single	43537
45	M	LCDRUG	Family	43537
64	M	LCDRUG	Single	43537
44	F	2RXFF	Family	43537
40	F	LCDRUG	Single	43537
31	M	1RXFF	Family	43537
51	F	LCDRUG	Single	43537
49	F	LCDRUG	Family	43537
44	F	LCDRUG	Single	43537
48	F	2RXFF	Family	43537
38	F	2RXFF	Family	43537
39	F	2RXFF	Family	43537
55	F	LCDRUG	Single	43537
49	F	LCDRUG	Family	43537
54	F	LCDRUG	Single	43537
47	F	LCDRUG	Family	43537
32	F	LCDRUG	Family	43537
32	F	1DRUG	Family	43537
54	F	LCDRUG	Single	43537

64	M	2DRUG	Family	43537
53	M	LCDRUG	Family	43537
30	F	LCDRUG	Family	43537
54	F	LCDRUG	Family	43537
30	M	LCDRUG	Single	43537
51	M	LCDRUG	Family	43537
28	M	LCDRUG	Family	43537
39	F	LCDRUG	Single	43537
37	F	LCDRUG	Family	43537
37	F	LCDRUG	Family	43537
37	F	LCDRUG	Family	43537
29	M	LCDRUG	Family	43537
45	M	LCDRUG	Family	43537
42	F	LCDRUG	Family	43537
46	F	2RXFF	Family	43537
39	F	LCDRUG	Family	43537
29	F	LCDRUG	Single	43537
41	M	LCDRUG	Family	43537
35	F	LCDRUG	Family	43537
55	F	2RXFF	Family	43537
31	M	LCDRUG	Family	43537
33	F	LCDRUG	Single	43537
28	M	LCDRUG	Single	43537
49	F	LCDRUG	Family	43537
26	M	LCDRUG	Single	43537
28	F	LCDRUG	Single	43537
42	M	LCDRUG	Family	43537
26	M	LCDRUG	Single	43537
47	M	LCDRUG	Family	43537
60	F	LCDRUG	Single	43537
27	M	LCDRUG	Single	43537
53	F	LCDRUG	Single	43537
63	F	LCDRUG	Family	43537
62	F	LCDRUG	Single	43537
41	M	LCDRUG	Family	43537
50	M	LCDRUG	Family	43537
27	M	LCDRUG	Single	43537
56	F	1RXFF	Family	43537
26	F	LCDRUG	Single	43537
50	M	LCDRUG	Family	43537
53	M	LCDRUG	Family	43537
45	F	LCDRUG	Family	43537
42	M	LCDRUG	Family	43537
35	M	LCDRUG	Family	43537
35	F	2RXFF	Family	43537
34	M	LCDRUG	Family	43537
24	F	LCDRUG	Single	43537
49	M	LCDRUG	Family	43537
32	M	LCDRUG	Family	43537
36	M	LCDRUG	Family	43537
63	M	2RXFF	Family	43537
31	M	LCDRUG	Single	43537

24	M	LCDRUG	Single	43537
24	F	LCDRUG	Single	43537
22	M	LCDRUG	Single	43537
25	M	LCDRUG	Single	43537
43	M	LCDRUG	Family	43537
56	M	LCDRUG	Single	43537
54	M	LCDRUG	Family	43537
80	M	LCDRUG	Family	43537
50	M	2RXFF	Family	43542
60	F	LCDRUG	Family	43542
58	F	LCDRUG	Single	43542
48	M	LCDRUG	Family	43542
50	F	2RXFF	Family	43542
41	F	LCDRUG	Family	43542
43	F	LCDRUG	Family	43542
43	F	2RXFF	Family	43542
57	M	LCDRUG	Family	43542
37	F	1RXFF	Family	43542
64	M	LCDRUG	Family	43542
33	M	LCDRUG	Family	43542
42	F	LCDRUG	Family	43542
50	F	1RXFF	Family	43542
52	F	LCDRUG	Family	43542
63	M	LCDRUG	Family	43542
55	F	LCDRUG	Family	43542
42	F	1RXFF	Family	43542
34	M	LCDRUG	Family	43542
45	F	LCDRUG	Family	43542
53	F	2RXFF	Family	43542
50	M	LCDRUG	Single	43545
44	M	LCDRUG	Family	43545
34	F	2RXFF	Family	43545
36	F	2RXFF	Family	43545
60	M	2RXFF	Family	43547
50	F	LCDRUG	Family	43547
55	M	LCDRUG	Family	43551
50	F	2RXFF	Family	43551
50	F	2RXFF	Family	43551
50	F	LCDRUG	Family	43551
47	F	LCDRUG	Family	43551
47	F	LCDRUG	Single	43551
46	F	LCDRUG	Family	43551
45	F	1RXFF	Family	43551
42	F	LCDRUG	Family	43551
57	F	LCDRUG	Family	43551
46	F	LCDRUG	Family	43551
49	F	LCDRUG	Single	43551
57	F	LCDRUG	Single	43551
42	F	1RXFF	Family	43551
53	F	LCDRUG	Single	43551
54	F	LCDRUG	Family	43551
60	F	LCDRUG	Single	43551

57	F	2RXFF	Family	43551
42	F	LCDRUG	Family	43551
46	M	LCDRUG	Family	43551
41	M	LCDRUG	Single	43551
55	F	LCDRUG	Family	43551
41	F	LCDRUG	Family	43551
57	F	LCDRUG	Family	43551
47	F	LCDRUG	Family	43551
47	M	LCDRUG	Family	43551
46	M	LCDRUG	Family	43551
39	F	1RXFF	Family	43551
52	M	LCDRUG	Family	43551
42	M	LCDRUG	Family	43551
40	F	LCDRUG	Family	43551
61	M	2RXFF	Family	43551
60	M	2RXFF	Family	43551
54	F	2RXFF	Family	43551
43	M	LCDRUG	Family	43551
42	M	LCDRUG	Family	43551
55	F	LCDRUG	Single	43551
45	F	LCDRUG	Single	43551
54	M	LCDRUG	Single	43551
40	M	LCDRUG	Family	43551
40	F	LCDRUG	Family	43551
36	M	LCDRUG	Single	43551
43	F	LCDRUG	Family	43551
35	F	LCDRUG	Family	43551
59	F	2RXFF	Family	43551
61	M	LCDRUG	Family	43551
36	F	1RXFF	Family	43551
39	F	LCDRUG	Family	43551
61	F	LCDRUG	Family	43551
46	M	1RXFF	Single	43551
32	F	LCDRUG	Family	43551
41	F	LCDRUG	Family	43551
41	M	LCDRUG	Single	43551
52	F	LCDRUG	Family	43551
35	F	LCDRUG	Family	43551
41	F	LCDRUG	Family	43551
64	M	2RXFF	Family	43551
33	F	LCDRUG	Family	43551
53	F	2RXFF	Family	43551
37	M	LCDRUG	Family	43551
36	F	LCDRUG	Family	43551
29	F	LCDRUG	Family	43551
34	F	2RXFF	Family	43551
37	M	LCDRUG	Family	43551
59	F	2RXFF	Family	43551
59	F	LCDRUG	Family	43551
38	M	LCDRUG	Single	43551
27	F	LCDRUG	Family	43551
43	M	LCDRUG	Single	43551
			Family	43551

53	F	LCDRUG	Single	43551
35	F	1RXFF	Family	43551
59	F	LCDRUG	Single	43551
37	F	1RXFF	Family	43551
32	F	LCDRUG	Single	43551
59	F	LCDRUG	Family	43551
31	F	2RXFF	Family	43551
60	M	LCDRUG	Family	43551
53	F	LCDRUG	Family	43551
29	F	LCDRUG	Family	43551
45	F	1RXFF	Family	43551
41	F	LCDRUG	Family	43551
46	F	1RXFF	Family	43551
64	M	LCDRUG	Family	43551
67	M	LCDRUG	Family	43551
62	F	LCDRUG	Single	43551
33	F	2RXFF	Family	43551
60	F	LCDRUG	Single	43551
45	F	2RXFF	Family	43551
34	F	LCDRUG	Family	43551
40	F	LCDRUG	Family	43551
51	F	1RXFF	Family	43551
55	F	LCDRUG	Family	43551
42	F	2RXFF	Family	43551
29	F	LCDRUG	Single	43551
40	M	LCDRUG	Single	43551
26	M	LCDRUG	Single	43551
26	F	LCDRUG	Single	43551
48	M	2RXFF	Family	43551
39	M	LCDRUG	Family	43551
50	F	LCDRUG	Family	43551
46	F	LCDRUG	Single	43551
25	F	LCDRUG	Single	43551
28	M	LCDRUG	Single	43551
26	M	LCDRUG	Single	43551
35	M	LCDRUG	Family	43551
61	F	2RXFF	Family	43551
51	M	LCDRUG	Family	43558
43	F	LCDRUG	Family	43558
49	M	LCDRUG	Family	43558
49	F	LCDRUG	Single	43558
55	F	LCDRUG	Single	43558
51	F	LCDRUG	Family	43558
66	F	LCDRUG	Single	43558
48	F	LCDRUG	Family	43558
51	F	LCDRUG	Family	43558
52	M	LCDRUG	Single	43558
48	F	2RXFF	Family	43558
64	F	LCDRUG	Single	43558
45	M	LCDRUG	Family	43558
58	F	LCDRUG	Family	43558
49	F	LCDRUG	Family	43558

46	M	LCDRUG	Family	43558
59	M	LCDRUG	Family	43558
51	M	LCDRUG	Family	43558
64	F	2RXFF	Family	43558
41	M	LCDRUG	Family	43558
40	F	2RXFF	Family	43558
56	F	LCDRUG	Single	43558
45	F	LCDRUG	Family	43558
52	F	2RXFF	Family	43558
49	F	LCDRUG	Family	43558
55	M	LCDRUG	Family	43558
53	M	LCDRUG	Family	43558
37	F	LCDRUG	Single	43558
66	M	LCDRUG	Family	43558
35	F	LCDRUG	Family	43558
55	M	LCDRUG	Family	43558
34	F	5DRUG	Family	43558
34	M	LCDRUG	Family	43558
36	F	LCDRUG	Single	43558
50	M	LCDRUG	Family	43558
53	M	LCDRUG	Family	43558
33	M	LCDRUG	Family	43558
36	M	LCDRUG	Family	43558
53	M	LCDRUG	Family	43558
28	F	LCDRUG	Family	43558
42	M	LCDRUG	Single	43558
31	F	LCDRUG	Single	43558
28	M	LCDRUG	Family	43558
62	F	LCDRUG	Family	43558
38	F	2RXFF	Family	43558
51	F	LCDRUG	Family	43558
54	F	LCDRUG	Family	43558
49	M	LCDRUG	Family	43558
60	M	LCDRUG	Single	43558
53	M	LCDRUG	Single	43558
50	F	LCDRUG	Family	43558
35	F	1RXFF	Family	43558
49	M	2RXFF	Family	43558
52	F	LCDRUG	Family	43558
37	F	2RXFF	Family	43558
49	F	1RXFF	Family	43558
54	F	LCDRUG	Single	43560
47	M	1RXFF	Family	43560
57	F	LCDRUG	Single	43560
50	F	2RXFF	Family	43560
63	M	LCDRUG	Family	43560
54	F	LCDRUG	Family	43560
47	F	LCDRUG	Single	43560
51	M	LCDRUG	Family	43560
52	F	LCDRUG	Family	43560
50	M	LCDRUG	Family	43560
46	M	LCDRUG	Family	43560

55	M	LCDRUG	Family	43560
63	M	LCDRUG	Family	43560
46	F	LCDRUG	Family	43560
56	M	LCDRUG	Family	43560
53	F	LCDRUG	Single	43560
63	F	LCDRUG	Single	43560
56	M	LCDRUG	Family	43560
67	F	LCDRUG	Family	43560
60	F	LCDRUG	Single	43560
47	F	LCDRUG	Family	43560
43	M	LCDRUG	Family	43560
40	F	2RXFF	Family	43560
55	F	LCDRUG	Family	43560
55	F	LCDRUG	Family	43560
42	F	LCDRUG	Family	43560
51	F	LCDRUG	Family	43560
62	M	LCDRUG	Family	43560
44	F	LCDRUG	Family	43560
49	M	LCDRUG	Family	43560
41	F	LCDRUG	Family	43560
52	M	LCDRUG	Family	43560
62	M	LCDRUG	Family	43560
51	F	LCDRUG	Family	43560
39	M	LCDRUG	Family	43560
43	F	LCDRUG	Family	43560
59	F	LCDRUG	Single	43560
47	M	LCDRUG	Single	43560
42	M	LCDRUG	Family	43560
50	F	LCDRUG	Family	43560
53	F	LCDRUG	Single	43560
49	F	LCDRUG	Family	43560
63	M	LCDRUG	Family	43560
44	F	LCDRUG	Family	43560
37	M	LCDRUG	Single	43560
39	M	LCDRUG	Family	43560
58	M	LCDRUG	Family	43560
57	M	LCDRUG	Family	43560
39	F	LCDRUG	Family	43560
53	F	2RXFF	Family	43560
37	M	1RXFF	Family	43560
38	M	LCDRUG	Family	43560
58	M	LCDRUG	Family	43560
60	M	LCDRUG	Single	43560
39	M	LCDRUG	Family	43560
37	F	LCDRUG	Family	43560
51	F	LCDRUG	Family	43560
47	F	LCDRUG	Family	43560
40	F	LCDRUG	Family	43560
36	M	LCDRUG	Family	43560
60	F	LCDRUG	Family	43560
54	M	LCDRUG	Single	43560
47	F	2RXFF	Family	43560

53	F	2RXFF	Family	43560
56	F	LCDRUG	Single	43560
62	M	LCDRUG	Family	43560
47	F	LCDRUG	Family	43560
60	M	LCDRUG	Family	43560
54	F	LCDRUG	Family	43560
56	F	LCDRUG	Family	43560
41	F	2RXFF	Family	43560
34	F	2RXFF	Family	43560
35	F	LCDRUG	Single	43560
68	F	LCDRUG	Family	43560
37	F	2RXFF	Family	43560
34	F	1RXFF	Family	43560
37	F	LCDRUG	Single	43560
29	F	2RXFF	Family	43560
57	M	LCDRUG	Family	43560
57	M	LCDRUG	Family	43560
67	F	LCDRUG	Single	43560
37	M	LCDRUG	Family	43560
41	F	LCDRUG	Family	43560
44	M	LCDRUG	Family	43560
52	M	LCDRUG	Single	43560
33	M	5DRUG	Family	43560
37	M	LCDRUG	Family	43560
49	F	LCDRUG	Family	43560
39	F	1RXFF	Family	43560
57	F	LCDRUG	Single	43560
54	F	LCDRUG	Family	43560
36	F	LCDRUG	Single	43560
65	M	LCDRUG	Family	43560
40	F	1RXFF	Family	43560
37	F	LCDRUG	Family	43560
40	F	2RXFF	Family	43560
32	M	LCDRUG	Family	43560
47	F	2RXFF	Family	43560
51	F	LCDRUG	Family	43560
56	M	LCDRUG	Family	43560
55	F	LCDRUG	Family	43560
41	M	LCDRUG	Family	43560
52	F	LCDRUG	Single	43560
36	M	LCDRUG	Family	43560
40	M	LCDRUG	Single	43560
49	F	LCDRUG	Family	43560
29	M	LCDRUG	Single	43560
36	M	LCDRUG	Family	43560
32	F	LCDRUG	Single	43560
42	F	2RXFF	Family	43560
55	F	LCDRUG	Family	43560
58	F	LCDRUG	Family	43560
27	F	LCDRUG	Family	43560
60	M	LCDRUG	Family	43560
54	F	LCDRUG	Single	43560

36	M	LCDRUG	Family	43560
37	M	LCDRUG	Family	43560
42	M	LCDRUG	Family	43560
28	F	LCDRUG	Family	43560
27	F	LCDRUG	Single	43560
38	F	LCDRUG	Family	43560
33	F	LCDRUG	Family	43560
50	F	2RXFF	Family	43560
32	M	LCDRUG	Single	43560
69	F	LCDRUG	Family	43560
42	F	LCDRUG	Family	43560
35	F	LCDRUG	Single	43560
47	F	LCDRUG	Single	43560
40	F	2RXFF	Family	43560
64	F	LCDRUG	Single	43560
47	M	LCDRUG	Single	43560
26	M	LCDRUG	Family	43560
64	M	LCDRUG	Family	43560
35	F	2RXFF	Family	43560
53	M	LCDRUG	Family	43560
28	F	LCDRUG	Family	43560
66	M	LCDRUG	Family	43560
39	F	LCDRUG	Family	43560
35	F	2RXFF	Family	43560
52	F	LCDRUG	Family	43560
39	F	LCDRUG	Single	43560
29	M	LCDRUG	Single	43560
37	F	LCDRUG	Single	43560
52	F	LCDRUG	Family	43560
51	F	1RXFF	Family	43560
54	M	LCDRUG	Family	43560
41	M	LCDRUG	Family	43560
33	M	LCDRUG	Family	43560
45	M	2RXFF	Family	43560
24	M	LCDRUG	Single	43560
50	F	LCDRUG	Family	43560
49	M	LCDRUG	Single	43560
62	M	LCDRUG	Single	43560
46	F	LCDRUG	Family	43565
47	M	2RXFF	Family	43566
56	M	LCDRUG	Family	43566
61	M	LCDRUG	Family	43566
56	F	1RXFF	Family	43566
48	M	LCDRUG	Family	43566
55	F	LCDRUG	Single	43566
53	M	LCDRUG	Family	43566
38	M	LCDRUG	Family	43566
49	M	LCDRUG	Family	43566
60	F	LCDRUG	Family	43566
43	M	LCDRUG	Family	43566
37	F	LCDRUG	Family	43566
63	M	LCDRUG	Family	43566

54	M	LCDRUG	Family	43566
50	M	LCDRUG	Family	43566
40	M	LCDRUG	Family	43566
41	F	2RXFF	Family	43566
51	F	LCDRUG	Single	43566
58	M	LCDRUG	Family	43566
50	M	LCDRUG	Family	43566
35	M	LCDRUG	Single	43566
54	M	LCDRUG	Family	43566
45	M	LCDRUG	Single	43566
52	F	LCDRUG	Family	43566
40	M	LCDRUG	Family	43566
58	F	LCDRUG	Single	43566
40	M	LCDRUG	Family	43566
50	M	LCDRUG	Family	43566
32	F	LCDRUG	Single	43566
54	M	LCDRUG	Single	43566
44	M	LCDRUG	Family	43566
54	M	LCDRUG	Family	43566
31	F	LCDRUG	Single	43566
56	F	1RXFF	Family	43566
46	F	2RXFF	Family	43566
52	M	LCDRUG	Family	43566
32	M	LCDRUG	Family	43566
38	F	LCDRUG	Single	43566
52	M	LCDRUG	Family	43566
34	M	LCDRUG	Family	43566
54	M	LCDRUG	Family	43566
50	M	2RXFF	Family	43566
30	F	LCDRUG	Family	43566
41	M	LCDRUG	Family	43566
25	F	LCDRUG	Family	43566
39	M	LCDRUG	Family	43566
50	M	LCDRUG	Single	43566
36	M	LCDRUG	Family	43566
61	M	LCDRUG	Family	43566
30	F	2RXFF	Family	43566
50	F	2RXFF	Family	43566
31	M	LCDRUG	Single	43566
23	F	LCDRUG	Single	43566
31	M	LCDRUG	Single	43566
51	F	LCDRUG	Single	43566
65	M	LCDRUG	Family	43566
52	F	LCDRUG	Family	43567
51	F	LCDRUG	Family	43567
50	F	LCDRUG	Family	43567
45	F	2RXFF	Family	43567
35	M	LCDRUG	Family	43567
40	F	LCDRUG	Family	43567
39	F	LCDRUG	Family	43567
37	F	2RXFF	Family	43567
39	F	LCDRUG	Family	43569

30	F	2RXFF	Family	43569
22	F	LCDRUG	Single	43570
60	F	LCDRUG	Single	43571
47	F	2RXFF	Family	43571
47	F	LCDRUG	Single	43571
57	F	LCDRUG	Family	43571
46	F	1RXFF	Family	43571
49	M	LCDRUG	Family	43571
44	M	LCDRUG	Family	43571
40	M	LCDRUG	Family	43571
43	M	LCDRUG	Family	43571
53	F	LCDRUG	Family	43571
40	M	LCDRUG	Single	43571
36	F	LCDRUG	Family	43571
59	M	LCDRUG	Family	43571
42	F	LCDRUG	Family	43571
38	F	LCDRUG	Family	43571
52	F	LCDRUG	Family	43571
43	F	LCDRUG	Single	43571
48	M	LCDRUG	Family	43571
57	F	LCDRUG	Family	43571
40	M	LCDRUG	Family	43571
40	F	LCDRUG	Family	43571
55	M	LCDRUG	Family	43571
29	F	2RXFF	Family	43571
50	F	LCDRUG	Family	43571
32	F	2RXFF	Family	43571
57	M	LCDRUG	Family	43571
39	M	LCDRUG	Family	43571
32	M	LCDRUG	Family	43571
41	F	LCDRUG	Family	43571
55	F	2RXFF	Family	43571
28	M	LCDRUG	Family	43571
61	M	LCDRUG	Family	43571
45	F	1RXFF	Family	43571
38	F	LCDRUG	Family	43571
51	F	LCDRUG	Single	43571
29	F	LCDRUG	Family	43571
60	M	LCDRUG	Single	43571
43	F	LCDRUG	Family	43602
61	M	LCDRUG	Family	43602
34	F	2RXFF	Family	43602
63	M	LCDRUG	Family	43602
59	M	LCDRUG	Single	43603
39	F	LCDRUG	Family	43603
42	M	2RXFF	Family	43604
59	M	LCDRUG	Family	43604
44	F	1RXFF	Family	43604
43	F	LCDRUG	Family	43604
56	F	LCDRUG	Family	43604
50	M	LCDRUG	Family	43604
55	F	LCDRUG	Single	43604

62	F	LCDRUG	Single	43604
63	F	LCDRUG	Single	43604
33	F	LCDRUG	Single	43604
54	F	LCDRUG	Family	43604
55	M	LCDRUG	Family	43604
29	F	LCDRUG	Family	43604
49	F	LCDRUG	Family	43604
37	M	LCDRUG	Single	43604
48	M	LCDRUG	Family	43604
31	F	LCDRUG	Family	43604
54	M	LCDRUG	Single	43604
29	M	LCDRUG	Single	43604
40	M	LCDRUG	Family	43604
33	F	LCDRUG	Family	43604
47	F	LCDRUG	Single	43604
24	M	LCDRUG	Single	43604
54	M	LCDRUG	Family	43605
45	F	1RXFF	Family	43605
57	M	LCDRUG	Family	43605
56	F	LCDRUG	Family	43605
54	F	LCDRUG	Family	43605
44	F	LCDRUG	Family	43605
52	F	LCDRUG	Family	43605
47	M	LCDRUG	Single	43605
59	M	LCDRUG	Family	43605
45	F	LCDRUG	Single	43605
63	F	LCDRUG	Family	43605
55	F	LCDRUG	Single	43605
51	M	LCDRUG	Single	43605
57	F	LCDRUG	Family	43605
57	M	1RXFF	Family	43605
56	F	LCDRUG	Single	43605
40	F	LCDRUG	Single	43605
64	F	LCDRUG	Family	43605
43	F	LCDRUG	Single	43605
37	F	LCDRUG	Family	43605
38	M	2DRXFF	Family + DP/Child(ren)	43605
40	F	LCDRUG	Family	43605
45	F	LCDRUG	Single	43605
40	F	LCDRUG	Family	43605
57	F	LCDRUG	Family	43605
61	F	LCDRUG	Family	43605
58	F	LCDRUG	Single	43605
45	F	LCDRUG	Family	43605
54	M	LCDRUG	Family	43605
39	M	LCDRUG	Family	43605
50	F	LCDRUG	Single	43605
33	F	LCDRUG	Single	43605
40	F	LCDRUG	Family	43605
52	F	LCDRUG	Single	43605
37	F	LCDRUG	Single	43605
52	F	LCDRUG	Single	43605

47	F	LCDRUG	Family	43605
55	M	2RXFF	Family	43605
62	F	LCDRUG	Family	43605
45	F	LCDRUG	Family	43605
58	F	1RXFF	Family	43605
30	F	LCDRUG	Family	43605
54	M	LCDRUG	Single	43605
55	M	LCDRUG	Single	43605
58	F	LCDRUG	Family	43605
36	F	LCDRUG	Family	43605
51	M	LCDRUG	Family	43605
33	F	1RXFF	Family	43605
60	F	2RXFF	Family	43605
43	F	LCDRUG	Single	43605
65	M	2RXFF	Family	43605
41	M	LCDRUG	Single	43605
53	F	LCDRUG	Single	43605
60	F	LCDRUG	Single	43605
32	F	LCDRUG	Family	43605
42	F	LCDRUG	Family	43605
38	M	LCDRUG	Single	43605
60	M	LCDRUG	Family	43605
42	M	LCDRUG	Family	43605
34	M	LCDRUG	Family	43605
43	M	LCDRUG	Single	43605
34	F	1RXFF	Family	43605
58	F	LCDRUG	Single	43605
34	M	LCDRUG	Family	43605
37	M	LCDRUG	Family	43605
45	F	LCDRUG	Family	43605
28	M	LCDRUG	Single	43605
48	F	LCDRUG	Family	43605
40	F	LCDRUG	Family	43605
55	F	LCDRUG	Single	43605
31	F	LCDRUG	Family	43605
26	M	LCDRUG	Single	43605
31	F	2RXFF	Family	43605
54	F	LCDRUG	Family	43605
62	M	LCDRUG	Family	43605
41	F	2RXFF	Family	43605
62	M	LCDRUG	Family	43605
21	M	LCDRUG	Single	43605
54	F	LCDRUG	Single	43605
60	M	LCDRUG	Family	43606
54	F	LCDRUG	Single	43606
64	F	LCDRUG	Single	43606
59	F	LCDRUG	Single	43606
68	M	LCDRUG	Family	43606
60	F	LCDRUG	Single	43606
59	M	2RXFF	Family	43606
61	F	2RXFF	Family	43606
56	F	LCDRUG	Single	43606

52	M	LCDRUG	Family	43606
47	M	LCDRUG	Family	43606
56	M	LCDRUG	Family	43606
50	F	LCDRUG	Family	43606
59	M	LCDRUG	Family	43606
46	F	LCDRUG	Family	43606
48	F	LCDRUG	Family	43606
63	F	LCDRUG	Single	43606
45	F	1RXFF	Family	43606
59	M	LCDRUG	Family	43606
58	M	LCDRUG	Single	43606
54	F	LCDRUG	Single	43606
52	F	LCDRUG	Single	43606
44	F	1RXFF	Family	43606
43	F	LCDRUG	Family	43606
63	F	LCDRUG	Single	43606
64	F	LCDRUG	Single	43606
45	F	2RXFF	Family	43606
47	F	LCDRUG	Family	43606
43	M	1RXFF	Family	43606
58	F	LCDRUG	Single	43606
49	F	LCDRUG	Single	43606
43	F	LCDRUG	Family	43606
49	M	LCDRUG	Single	43606
49	M	LCDRUG	Family	43606
48	F	LCDRUG	Single	43606
54	M	LCDRUG	Family	43606
61	F	2RXFF	Family	43606
39	F	2RXFF	Family	43606
60	M	1RXFF	Family	43606
46	M	1RXFF	Family	43606
52	F	LCDRUG	Single	43606
49	M	LCDRUG	Family	43606
59	F	2RXFF	Family	43606
41	F	LCDRUG	Family	43606
60	F	LCDRUG	Single	43606
53	F	LCDRUG	Family	43606
68	M	LCDRUG	Single	43606
41	M	LCDRUG	Family	43606
58	F	LCDRUG	Single	43606
59	M	LCDRUG	Family	43606
40	F	LCDRUG	Family	43606
41	F	LCDRUG	Single	43606
43	F	LCDRUG	Family	43606
62	F	LCDRUG	Family	43606
39	F	LCDRUG	Single	43606
67	F	LCDRUG	Single	43606
45	F	LCDRUG	Family	43606
46	F	LCDRUG	Family	43606
61	F	LCDRUG	Single	43606
38	F	LCDRUG	Family	43606
68	M	LCDRUG	Family	43606

39	F	LCDRUG	Family	43606
50	F	LCDRUG	Family	43606
42	F	LCDRUG	Single	43606
49	F	2RXFF	Family	43606
58	M	LCDRUG	Family	43606
53	F	2RXFF	Family	43606
57	M	LCDRUG	Family	43606
55	F	LCDRUG	Single	43606
43	F	LCDRUG	Family	43606
47	F	LCDRUG	Family	43606
61	F	LCDRUG	Single	43606
51	M	LCDRUG	Family	43606
42	M	LCDRUG	Family	43606
64	F	LCDRUG	Family	43606
48	F	LCDRUG	Single	43606
40	F	LCDRUG	Family	43606
47	F	LCDRUG	Single	43606
53	M	LCDRUG	Family	43606
33	F	LCDRUG	Single	43606
42	F	LCDRUG	Single	43606
53	M	2RXFF	Family	43606
46	F	LCDRUG	Family	43606
59	M	LCDRUG	Family	43606
55	F	1RXFF	Family	43606
34	M	LCDRUG	Single	43606
43	F	LCDRUG	Family	43606
45	M	LCDRUG	Family	43606
34	F	2RXFF	Family	43606
51	M	LCDRUG	Family	43606
63	F	LCDRUG	Family	43606
52	F	LCDRUG	Family	43606
50	F	2RXFF	Family	43606
37	M	LCDRUG	Single	43606
31	F	LCDRUG	Family	43606
54	F	5DRUG	Single	43606
51	F	2RXFF	Family	43606
44	M	LCDRUG	Family	43606
37	M	LCDRUG	Family	43606
55	F	LCDRUG	Family	43606
50	F	2RXFF	Family	43606
43	F	LCDRUG	Family	43606
46	F	LCDRUG	Single	43606
47	F	2RXFF	Family	43606
44	F	LCDRUG	Family	43606
49	F	1RXFF	Family	43606
52	M	LCDRUG	Family	43606
42	M	LCDRUG	Single	43606
63	F	LCDRUG	Single	43606
32	F	LCDRUG	Single	43606
39	F	LCDRUG	Single	43606
33	F	LCDRUG	Single	43606
33	F	LCDRUG	Family	43606

73	F	LCDRUG	Single	43606
29	M	LCDRUG	Family	43606
64	F	2RXFF	Family	43606
30	M	LCDRUG	Single	43606
45	F	LCDRUG	Single	43606
53	M	LCDRUG	Single	43606
31	F	LCDRUG	Single	43606
48	F	LCDRUG	Single	43606
41	M	LCDRUG	Family	43606
43	M	LCDRUG	Family	43606
36	M	LCDRUG	Single	43606
31	M	LCDRUG	Family	43606
43	M	LCDRUG	Family	43606
38	F	2RXFF	Family	43606
56	F	LCDRUG	Family	43606
52	F	LCDRUG	Single	43606
38	F	LCDRUG	Family	43606
30	M	LCDRUG	Family	43606
37	F	LCDRUG	Single	43606
36	F	LCDRUG	Single	43606
37	M	LCDRUG	Single	43606
31	F	LCDRUG	Single	43606
53	M	LCDRUG	Family	43606
49	F	2RXFF	Family	43606
53	F	LCDRUG	Single	43606
39	F	2RXFF	Family	43606
33	F	2RXFF	Family	43606
29	F	LCDRUG	Single	43606
31	F	LCDRUG	Single	43606
57	F	LCDRUG	Family	43606
24	M	LCDRUG	Single	43606
58	M	LCDRUG	Family	43606
55	F	LCDRUG	Single	43606
53	F	LCDRUG	Family	43606
62	F	LCDRUG	Single	43606
67	F	LCDRUG	Single	43606
53	F	LCDRUG	Single	43606
37	F	LCDRUG	Family	43606
30	F	LCDRUG	Family	43606
38	M	LCDRUG	Family	43606
44	F	LCDRUG	Single	43606
53	F	1RXFF	Family	43606
30	M	LCDRUG	Family	43606
24	F	2RXFF	Family	43606
33	M	LCDRUG	Family	43606
30	F	LCDRUG	Family	43606
39	M	LCDRUG	Family	43606
57	M	LCDRUG	Single	43606
28	M	LCDRUG	Single	43606
32	F	LCDRUG	Single	43606
34	F	LCDRUG	Family	43606
47	F	LCDRUG	Family	43606

26	F	LCDRUG	Single	43606
56	F	LCDRUG	Single	43606
27	M	LCDRUG	Family	43606
30	M	LCDRUG	Single	43606
31	M	LCDRUG	Single	43606
52	F	LCDRUG	Family	43606
39	F	LCDRUG	Single	43606
26	F	LCDRUG	Single	43606
27	M	LCDRUG	Family	43606
30	F	LCDRUG	Family	43606
31	F	LCDRUG	Single	43606
41	F	LCDRUG	Family	43606
53	F	LCDRUG	Single	43606
49	M	LCDRUG	Family	43606
29	F	LCDRUG	Single	43606
28	F	LCDRUG	Family	43606
45	F	LCDRUG	Family	43606
32	F	LCDRUG	Family	43606
33	F	LCDRUG	Single	43606
25	M	LCDRUG	Single	43606
51	F	2RXFF	Family	43606
58	M	LCDRUG	Family	43606
33	F	LCDRUG	Family	43606
47	F	LCDRUG	Family	43606
45	F	LCDRUG	Family	43606
28	M	LCDRUG	Family	43606
43	F	2RXFF	Family	43606
56	F	LCDRUG	Single	43606
54	F	1RXFF	Family	43606
29	F	2RXFF	Family	43606
48	F	LCDRUG	Single	43606
49	F	LCDRUG	Single	43606
34	F	LCDRUG	Single	43606
56	F	LCDRUG	Single	43606
60	F	LCDRUG	Single	43606
46	M	LCDRUG	Single	43606
30	F	LCDRUG	Single	43606
41	F	LCDRUG	Family	43606
32	F	LCDRUG	Single	43606
52	M	LCDRUG	Single	43606
29	F	LCDRUG	Single	43606
36	M	LCDRUG	Family	43606
60	F	LCDRUG	Single	43606
26	F	2RXFF	Family	43606
24	F	1RXFF	Family	43606
29	M	LCDRUG	Family	43606
31	M	LCDRUG	Single	43606
30	M	LCDRUG	Single	43606
51	F	1RXFF	Family	43606
48	F	LCDRUG	Family	43606
63	F	LCDRUG	Single	43607
49	F	2RXFF	Family	43607

51	F	LCDRUG	Family	43607
54	F	LCDRUG	Family	43607
47	F	LCDRUG	Family	43607
62	F	LCDRUG	Single	43607
61	F	LCDRUG	Single	43607
60	F	LCDRUG	Family	43607
56	F	2RXFF	Family	43607
53	F	2RXFF	Family	43607
53	F	LCDRUG	Single	43607
45	F	LCDRUG	Family	43607
49	M	LCDRUG	Single	43607
46	F	LCDRUG	Family	43607
54	M	2RXFF	Family	43607
55	F	LCDRUG	Family	43607
49	F	LCDRUG	Family	43607
58	F	LCDRUG	Single	43607
51	F	1RXFF	Family	43607
37	F	LCDRUG	Single	43607
50	F	LCDRUG	Single	43607
57	F	LCDRUG	Single	43607
50	F	2RXFF	Family	43607
58	F	LCDRUG	Single	43607
56	F	LCDRUG	Single	43607
38	F	LCDRUG	Single	43607
49	M	LCDRUG	Family	43607
54	F	LCDRUG	Single	43607
49	M	LCDRUG	Family	43607
41	F	LCDRUG	Single	43607
61	M	2RXFF	Family	43607
51	F	LCDRUG	Family	43607
56	M	LCDRUG	Family	43607
56	F	LCDRUG	Single	43607
50	F	2RXFF	Family	43607
51	F	LCDRUG	Family	43607
41	F	LCDRUG	Family	43607
47	F	LCDRUG	Single	43607
43	F	LCDRUG	Single	43607
40	F	LCDRUG	Single	43607
44	F	2RXFF	Family	43607
42	F	LCDRUG	Family	43607
41	M	LCDRUG	Family	43607
57	F	LCDRUG	Single	43607
46	F	LCDRUG	Family	43607
52	F	LCDRUG	Single	43607
46	M	LCDRUG	Family	43607
41	F	LCDRUG	Family	43607
61	F	LCDRUG	Family	43607
51	F	LCDRUG	Family	43607
51	F	LCDRUG	Single	43607
44	F	LCDRUG	Single	43607
41	F	LCDRUG	Family	43607
47	F	LCDRUG	Family	43607

66	F	LCDRUG	Single	43607
42	F	LCDRUG	Family	43607
35	F	LCDRUG	Family	43607
46	F	LCDRUG	Family	43607
45	F	LCDRUG	Family	43607
67	F	LCDRUG	Single	43607
44	M	LCDRUG	Single	43607
54	F	2RXFF	Family	43607
53	F	LCDRUG	Family	43607
49	F	LCDRUG	Family	43607
48	F	LCDRUG	Single	43607
48	M	LCDRUG	Single	43607
52	F	LCDRUG	Single	43607
42	M	LCDRUG	Family	43607
56	F	LCDRUG	Family	43607
52	F	LCDRUG	Family	43607
51	F	LCDRUG	Family	43607
52	M	LCDRUG	Family	43607
50	F	LCDRUG	Single	43607
45	M	2RXFF	Family	43607
50	F	LCDRUG	Family	43607
38	F	LCDRUG	Family	43607
56	M	LCDRUG	Single	43607
38	F	LCDRUG	Family	43607
49	F	LCDRUG	Family	43607
37	F	LCDRUG	Single	43607
52	F	LCDRUG	Family	43607
59	F	2RXFF	Family	43607
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38	F	LCDRUG	Family	43607
45	F	LCDRUG	Family	43607
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51	M	LCDRUG	Single	43607
67	M	LCDRUG	Single	43607
44	F	LCDRUG	Family	43607
50	F	1RXFF	Family	43607
47	F	LCDRUG	Single	43607
57	F	5DRUG	Single	43607
64	F	LCDRUG	Single	43607
42	F	2RXFF	Family	43607
39	M	LCDRUG	Single	43607
37	F	LCDRUG	Family	43607
46	F	1RXFF	Family	43607
45	F	2RXFF	Family	43607
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57	F	LCDRUG	Single	43607
66	F	LCDRUG	Family	43607

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41	M	LCDRUG	Single	43607
48	M	LCDRUG	Family	43607
49	F	LCDRUG	Family	43607
56	F	LCDRUG	Single	43607
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33	F	LCDRUG	Family	43607
35	F	1RXFF	Family	43607
39	M	LCDRUG	Single	43607
59	F	1RXFF	Family	43607
50	M	1RXFF	Family	43607
65	M	LCDRUG	Single	43607
41	F	LCDRUG	Family	43607
45	F	LCDRUG	Single	43607
53	F	LCDRUG	Single	43607
32	F	LCDRUG	Family	43607
38	F	1RXFF	Family	43607
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64	F	LCDRUG	Single	43607
69	F	LCDRUG	Single	43607
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33	F	LCDRUG	Family	43607
31	M	LCDRUG	Family	43607
34	F	1RXFF	Family	43607
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32	F	LCDRUG	Family	43607
47	M	LCDRUG	Family	43607
46	F	LCDRUG	Family	43607
61	M	1RXFF	Family	43607
31	F	LCDRUG	Family	43607
41	F	LCDRUG	Single	43607
52	F	LCDRUG	Single	43607
36	F	LCDRUG	Single	43607
26	F	LCDRUG	Single	43607
31	M	LCDRUG	Family	43607
37	F	LCDRUG	Family	43607
59	F	LCDRUG	Single	43607
29	F	LCDRUG	Single	43607
48	F	LCDRUG	Single	43607
60	F	LCDRUG	Single	43607
61	F	LCDRUG	Single	43607
31	M	LCDRUG	Family	43607
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59	M	LCDRUG	Single	43607

59	F	LCDRUG	Family	43607
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28	F	2RXFF	Family	43607
34	F	LCDRUG	Family	43607
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50	F	2RXFF	Family	43607
57	F	LCDRUG	Single	43607
48	M	LCDRUG	Single	43607
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46	F	LCDRUG	Family	43608
56	M	LCDRUG	Family	43608
42	F	LCDRUG	Family	43608
48	F	LCDRUG	Single	43608
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48	F	LCDRUG	Family	43608
45	F	LCDRUG	Family	43608
41	M	LCDRUG	Family	43608
39	F	2RXFF	Family	43608
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57	F	LCDRUG	Single	43608
49	F	2RXFF	Family	43608
38	F	LCDRUG	Single	43608
64	M	LCDRUG	Family	43608
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39	F	1RXFF	Family	43608
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57	F	LCDRUG	Single	43608

58	F	LCDRUG	Single	43608
60	M	LCDRUG	Family	43608
48	M	LCDRUG	Single	43608
32	F	2RXFF	Family	43608
28	F	LCDRUG	Family	43608
37	F	1RXFF	Family	43608
56	F	LCDRUG	Single	43608
49	F	1RXFF	Family	43608
43	F	2RXFF	Family	43608
44	F	LCDRUG	Family	43608
42	M	LCDRUG	Family	43608
57	M	LCDRUG	Family	43608
44	M	LCDRUG	Single	43608
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43	F	LCDRUG	Family	43608
61	F	LCDRUG	Single	43608
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39	F	LCDRUG	Family	43608
56	F	LCDRUG	Single	43608
63	F	LCDRUG	Single	43608
34	F	2RXFF	Family	43608
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51	F	LCDRUG	Single	43608
62	F	LCDRUG	Single	43608
36	F	LCDRUG	Family	43608
35	M	1RXFF	Family	43608
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25	F	LCDRUG	Single	43608
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26	F	LCDRUG	Family	43608
30	F	1RXFF	Family	43608
33	M	LCDRUG	Single	43608
49	F	2RXFF	Family	43609
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58	M	LCDRUG	Single	43609
52	M	LCDRUG	Family	43609
50	M	LCDRUG	Single	43609
47	F	1RXFF	Family	43609
56	M	2RXFF	Family	43609
57	F	1RXFF	Family	43609
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58	F	LCDRUG	Single	43609

63	M	LCDRUG	Single	43609
62	F	LCDRUG	Single	43609
60	M	LCDRUG	Single	43609
47	F	2RXFF	Family	43609
56	F	LCDRUG	Family	43609
45	F	2RXFF	Family	43609
56	F	LCDRUG	Single	43609
64	F	LCDRUG	Single	43609
43	F	LCDRUG	Family	43609
62	F	LCDRUG	Family	43609
45	M	2RXFF	Family	43609
45	M	2RXFF	Family	43609
40	F	LCDRUG	Single	43609
41	F	2RXFF	Family	43609
50	F	LCDRUG	Family	43609
43	F	LCDRUG	Single	43609
42	M	LCDRUG	Family	43609
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46	M	LCDRUG	Single	43609
54	F	LCDRUG	Single	43609
50	M	LCDRUG	Single	43609
40	F	2RXFF	Family	43609
59	F	LCDRUG	Single	43609
39	M	LCDRUG	Family	43609
43	M	LCDRUG	Single	43609
45	F	LCDRUG	Family	43609
53	F	LCDRUG	Single	43609
48	M	LCDRUG	Family	43609
43	F	LCDRUG	Family	43609
41	F	LCDRUG	Family	43609
41	M	2RXFF	Family	43609
43	F	LCDRUG	Family	43609
50	F	2RXFF	Family	43609
34	F	LCDRUG	Family	43609
40	F	LCDRUG	Family	43609
44	M	LCDRUG	Family	43609
43	M	LCDRUG	Family	43609
39	F	2RXFF	Family	43609
43	M	LCDRUG	Family	43609
57	M	LCDRUG	Family	43609
52	F	LCDRUG	Single	43609
46	M	LCDRUG	Family	43609
38	F	LCDRUG	Family	43609
42	F	2RXFF	Single	43609
47	F	2RXFF	Family	43609
63	F	LCDRUG	Family	43609
39	F	1RXFF	Single	43609
38	M	LCDRUG	Family	43609
40	M	LCDRUG	Family	43609
56	F	LCDRUG	Single	43609
38	F	LCDRUG	Single	43609
39	M	LCDRUG	Family	43609
			Single	43609

39	M	LCDRUG	Single	43609
37	M	LCDRUG	Single	43609
33	F	LCDRUG	Family	43609
62	F	LCDRUG	Single	43609
31	F	LCDRUG	Single	43609
68	M	LCDRUG	Single	43609
31	F	2RXFF	Family	43609
31	M	2RXFF	Family	43609
49	F	LCDRUG	Single	43609
49	F	2RXFF	Family	43609
38	M	LCDRUG	Family	43609
25	M	LCDRUG	Family	43609
38	F	LCDRUG	Family	43609
48	F	LCDRUG	Single	43609
48	F	2RXFF	Family	43609
51	F	1RXFF	Family	43609
62	M	LCDRUG	Family	43609
31	F	LCDRUG	Family	43609
52	F	LCDRUG	Family	43609
58	F	LCDRUG	Single	43609
38	M	LCDRUG	Single	43609
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39	M	2RXFF	Family	43609
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35	F	LCDRUG	Family	43609
22	M	LCDRUG	Single	43609
29	F	LCDRUG	Family	43609
64	F	2RXFF	Family	43609
52	M	LCDRUG	Family	43609
31	F	LCDRUG	Family	43609
32	F	LCDRUG	Single	43609
60	F	LCDRUG	Single	43609
35	F	LCDRUG	Single	43609
47	F	LCDRUG	Single	43609
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56	M	2RXFF	Family	43609
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33	F	1RXFF	Family	43609
46	M	LCDRUG	Single	43609
28	F	LCDRUG	Family	43609
41	F	LCDRUG	Single	43609
36	F	2RXFF	Family	43609
46	F	LCDRUG	Single	43609
58	F	LCDRUG	Single	43609
34	M	LCDRUG	Family	43609
35	F	1RXFF	Family	43609
50	F	LCDRUG	Single	43609
50	M	LCDRUG	Family	43609
47	F	2RXFF	Family	43610

51	F	2RXFF	Family	43610
64	M	LCDRUG	Family	43610
44	F	LCDRUG	Family	43610
62	F	LCDRUG	Family	43610
57	M	LCDRUG	Single	43610
51	F	2RXFF	Family	43610
66	F	LCDRUG	Single	43610
58	F	LCDRUG	Family	43610
64	F	2RXFF	Family	43610
50	M	LCDRUG	Family	43610
39	F	2RXFF	Family	43610
57	F	LCDRUG	Family	43610
47	F	2RXFF	Family	43610
47	F	LCDRUG	Single	43610
48	F	LCDRUG	Single	43610
45	F	LCDRUG	Family	43610
43	F	LCDRUG	Single	43610
46	M	LCDRUG	Family	43610
55	F	2RXFF	Family	43610
39	F	2RXFF	Family	43610
35	F	LCDRUG	Family	43610
49	F	LCDRUG	Single	43610
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40	F	LCDRUG	Family	43610
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31	F	LCDRUG	Single	43610
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63	F	LCDRUG	Single	43610
37	F	LCDRUG	Family	43610
62	F	LCDRUG	Family	43610
37	M	LCDRUG	Family	43610
25	M	LCDRUG	Single	43610
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55	F	LCDRUG	Family	43610
55	F	2RXFF	Family	43611
60	F	LCDRUG	Single	43611
48	F	2RXFF	Family	43611
62	F	2RXFF	Family	43611
47	M	LCDRUG	Family	43611
45	M	LCDRUG	Family	43611
60	F	LCDRUG	Family	43611
47	F	2RXFF	Family	43611
60	F	LCDRUG	Single	43611
61	F	LCDRUG	Single	43611
51	F	LCDRUG	Family	43611
56	F	LCDRUG	Family	43611
44	F	LCDRUG	Family	43611
63	F	LCDRUG	Family	43611
67	F	LCDRUG	Single	43611
44	M	LCDRUG	Family	43611
53	M	LCDRUG	Family	43611

55	F	LCDRUG	Family	43611
44	F	LCDRUG	Single	43611
43	F	2RXFF	Family	43611
63	M	LCDRUG	Family	43611
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54	M	LCDRUG	Single	43611
41	M	LCDRUG	Single	43611
64	F	LCDRUG	Single	43611
40	M	LCDRUG	Family	43611
39	F	LCDRUG	Family	43611
38	M	LCDRUG	Family	43611
40	M	LCDRUG	Family	43611
62	M	LCDRUG	Single	43611
43	F	LCDRUG	Family	43611
57	F	LCDRUG	Family	43611
54	F	LCDRUG	Family	43611
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60	M	2RXFF	Family	43611
48	F	LCDRUG	Family	43611
38	M	LCDRUG	Family	43611
42	M	LCDRUG	Family	43611
36	M	LCDRUG	Single	43611
46	F	2RXFF	Family	43611
52	M	LCDRUG	Single	43611
36	F	2RXFF	Family	43611
61	F	LCDRUG	Family	43611
40	F	LCDRUG	Family	43611
34	F	LCDRUG	Single	43611
50	F	2RXFF	Family	43611
58	F	LCDRUG	Single	43611
55	M	LCDRUG	Family	43611
41	F	LCDRUG	Family	43611
30	F	2RXFF	Family	43611
35	M	LCDRUG	Family	43611
34	F	LCDRUG	Family	43611
43	F	LCDRUG	Family	43611
56	F	LCDRUG	Family	43611
58	F	LCDRUG	Family	43611
28	F	LCDRUG	Single	43611
50	M	LCDRUG	Family	43611
60	F	LCDRUG	Single	43611
54	F	LCDRUG	Single	43611
30	M	LCDRUG	Family	43611
39	F	LCDRUG	Family	43611
50	F	LCDRUG	Family	43611
37	M	LCDRUG	Family	43611
53	M	LCDRUG	Single	43611
52	F	LCDRUG	Single	43611
57	F	1RXFF	Family	43611
51	F	LCDRUG	Family	43611
33	F	LCDRUG	Single	43611
43	F	LCDRUG	Family	43611

38	F	LCDRUG	Family	43611
29	M	LCDRUG	Single	43611
46	F	LCDRUG	Family	43611
40	F	LCDRUG	Family	43611
53	F	LCDRUG	Family	43611
49	M	LCDRUG	Single	43611
37	M	LCDRUG	Family	43611
36	F	1RXFF	Family	43611
28	M	LCDRUG	Single	43611
30	F	LCDRUG	Single	43611
59	M	LCDRUG	Family	43611
38	F	LCDRUG	Single	43611
51	F	LCDRUG	Family	43611
27	M	LCDRUG	Single	43611
34	M	LCDRUG	Family	43611
60	F	LCDRUG	Family	43611
48	F	LCDRUG	Family	43611
57	M	LCDRUG	Family	43611
47	F	2RXFF	Family	43611
56	F	LCDRUG	Single	43611
26	F	1RXFF	Family	43611
44	F	LCDRUG	Family	43611
26	F	LCDRUG	Family	43611
47	M	5DRUG	Single	43611
66	F	LCDRUG	Single	43611
52	M	2RXFF	Family	43612
48	M	LCDRUG	Single	43612
52	F	1RXFF	Family	43612
43	F	2RXFF	Family	43612
44	F	LCDRUG	Single	43612
54	F	2RXFF	Family	43612
47	F	LCDRUG	Single	43612
57	F	2RXFF	Family	43612
46	M	LCDRUG	Family	43612
44	F	1RXFF	Family	43612
59	M	LCDRUG	Single	43612
49	F	LCDRUG	Family	43612
47	F	LCDRUG	Single	43612
60	F	LCDRUG	Family	43612
51	F	2RXFF	Family	43612
49	F	LCDRUG	Family	43612
74	M	LCDRUG	Family	43612
63	F	LCDRUG	Family	43612
54	M	LCDRUG	Family	43612
47	M	2RXFF	Family	43612
48	F	LCDRUG	Family	43612
62	F	LCDRUG	Single	43612
48	M	2RXFF	Family	43612
46	F	LCDRUG	Single	43612
46	F	LCDRUG	Family	43612
59	F	LCDRUG	Family	43612
39	F	LCDRUG	Family	43612

41	F	LCDRUG	Family	43612
50	F	LCDRUG	Family	43612
68	F	LCDRUG	Single	43612
37	F	LCDRUG	Family	43612
70	M	LCDRUG	Family	43612
50	F	LCDRUG	Family	43612
49	M	LCDRUG	Family	43612
53	F	LCDRUG	Family	43612
46	F	LCDRUG	Single	43612
43	M	LCDRUG	Family	43612
48	F	LCDRUG	Family	43612
45	F	LCDRUG	Single	43612
39	M	LCDRUG	Family	43612
54	M	LCDRUG	Single	43612
51	F	LCDRUG	Single	43612
55	M	LCDRUG	Family	43612
41	F	LCDRUG	Family	43612
40	F	LCDRUG	Family	43612
54	F	LCDRUG	Family	43612
49	F	LCDRUG	Single	43612
56	F	LCDRUG	Family	43612
42	F	LCDRUG	Family	43612
40	M	LCDRUG	Family	43612
39	F	LCDRUG	Family	43612
52	M	DPDRUG	Family + DP/Child(ren)	43612
43	M	LCDRUG	Family	43612
42	F	LCDRUG	Single	43612
51	M	2RXFF	Family	43612
47	F	LCDRUG	Family	43612
32	F	LCDRUG	Single	43612
48	F	LCDRUG	Family	43612
57	M	LCDRUG	Single	43612
40	F	LCDRUG	Family	43612
42	M	LCDRUG	Family	43612
50	F	LCDRUG	Family	43612
39	F	LCDRUG	Family	43612
36	M	LCDRUG	Single	43612
39	F	LCDRUG	Family	43612
61	F	LCDRUG	Single	43612
72	F	LCDRUG	Single	43612
47	F	LCDRUG	Family	43612
55	F	2RXFF	Family	43612
57	F	LCDRUG	Single	43612
49	F	LCDRUG	Family	43612
71	F	LCDRUG	Single	43612
56	M	LCDRUG	Family	43612
36	F	LCDRUG	Single	43612
36	F	LCDRUG	Family	43612
46	F	2RXFF	Family	43612
44	F	LCDRUG	Single	43612
38	F	LCDRUG	Family	43612
34	F	LCDRUG	Family	43612

44	M	LCDRUG	Family	43612
35	F	LCDRUG	Single	43612
37	M	LCDRUG	Family	43612
36	F	LCDRUG	Family	43612
65	F	LCDRUG	Single	43612
37	F	2RXFF	Family	43612
34	M	LCDRUG	Single	43612
60	F	LCDRUG	Single	43612
42	F	LCDRUG	Family	43612
39	F	1RXFF	Family	43612
48	F	LCDRUG	Family	43612
42	F	LCDRUG	Family	43612
38	F	LCDRUG	Family	43612
45	F	LCDRUG	Family	43612
61	F	LCDRUG	Single	43612
34	F	LCDRUG	Family	43612
40	F	LCDRUG	Single	43612
39	M	LCDRUG	Family	43612
48	M	2RXFF	Family	43612
46	F	LCDRUG	Single	43612
56	F	LCDRUG	Family	43612
54	F	LCDRUG	Family	43612
55	F	LCDRUG	Family	43612
68	F	LCDRUG	Single	43612
49	F	LCDRUG	Single	43612
44	M	LCDRUG	Family	43612
32	F	LCDRUG	Family	43612
63	F	LCDRUG	Single	43612
32	F	LCDRUG	Single	43612
31	F	1RXFF	Family	43612
35	F	1RXFF	Family	43612
46	M	LCDRUG	Family	43612
44	F	2RXFF	Family	43612
31	M	LCDRUG	Family	43612
51	F	LCDRUG	Single	43612
57	F	2RXFF	Family	43612
45	M	LCDRUG	Single	43612
53	F	LCDRUG	Single	43612
32	M	LCDRUG	Single	43612
53	F	LCDRUG	Family	43612
33	F	LCDRUG	Single	43612
60	M	LCDRUG	Family	43612
60	M	2RXFF	Family	43612
35	F	LCDRUG	Single	43612
36	F	LCDRUG	Family	43612
39	F	LCDRUG	Family	43612
64	F	LCDRUG	Single	43612
31	F	1RXFF	Family	43612
31	F	1RXFF	Family	43612
29	F	LCDRUG	Family	43612
38	F	LCDRUG	Family	43612
43	F	LCDRUG	Single	43612

50	M	LCDRUG	Family	43612
31	F	LCDRUG	Family	43612
29	F	1DRUG	Family	43612
57	F	LCDRUG	Family	43612
40	M	LCDRUG	Family	43612
44	F	LCDRUG	Family	43612
44	F	1RXFF	Family	43612
36	M	LCDRUG	Family	43612
43	F	2RXFF	Family	43612
31	F	LCDRUG	Family	43612
36	M	LCDRUG	Family	43612
31	M	LCDRUG	Family	43612
33	M	LCDRUG	Family	43612
46	F	2RXFF	Family	43612
63	F	LCDRUG	Family	43612
39	F	LCDRUG	Single	43612
39	F	1RXFF	Single	43612
27	M	LCDRUG	Family	43612
28	F	LCDRUG	Family	43612
35	F	1RXFF	Single	43612
35	F	LCDRUG	Family	43612
46	F	2RXFF	Family	43612
39	F	LCDRUG	Family	43612
34	M	LCDRUG	Family	43612
46	M	1RXFF	Family	43612
40	F	LCDRUG	Family	43612
34	F	LCDRUG	Family	43612
34	F	LCDRUG	Family	43612
56	F	LCDRUG	Single	43612
38	F	LCDRUG	Single	43612
29	M	LCDRUG	Family	43612
34	M	LCDRUG	Family	43612
32	M	LCDRUG	Single	43612
50	M	LCDRUG	Single	43612
39	F	LCDRUG	Family	43612
34	F	2DRXFF	Family	43612
38	M	LCDRUG	Family + DP/Child(ren)	43612
41	F	1RXFF	Family	43612
25	F	LCDRUG	Family	43612
35	F	LCDRUG	Single	43612
24	F	LCDRUG	Single	43612
45	M	LCDRUG	Single	43612
25	F	LCDRUG	Family	43612
38	F	LCDRUG	Single	43612
45	M	LCDRUG	Single	43612
53	M	LCDRUG	Family	43612
42	M	2RXFF	Single	43612
28	F	2RXFF	Family	43612
23	F	LCDRUG	Family	43612
46	F	LCDRUG	Single	43612
27	F	2RXFF	Single	43612
31	M	LCDRUG	Family	43612
			Family	43612

29	F	2RXFF	Family	43612
25	F	2RXFF	Family	43612
30	F	2RXFF	Family	43612
41	F	LCDRUG	Single	43612
23	F	LCDRUG	Single	43612
47	F	LCDRUG	Single	43612
24	M	LCDRUG	Single	43612
23	M	LCDRUG	Single	43612
35	M	LCDRUG	Single	43612
29	F	LCDRUG	Single	43612
34	F	1RXFF	Family	43612
50	M	LCDRUG	Family	43612
50	F	LCDRUG	Family	43612
61	M	LCDRUG	Single	43612
49	F	LCDRUG	Single	43612
53	F	LCDRUG	Family	43612
49	M	LCDRUG	Family	43612
46	M	2RXFF	Family	43613
46	F	LCDRUG	Family	43613
54	F	2RXFF	Single	43613
53	F	2RXFF	Family	43613
52	F	LCDRUG	Family	43613
64	F	LCDRUG	Family	43613
50	F	LCDRUG	Single	43613
52	F	LCDRUG	Family	43613
46	F	LCDRUG	Family	43613
52	M	LCDRUG	Family	43613
47	F	2RXFF	Single	43613
61	F	LCDRUG	Family	43613
66	F	LCDRUG	Single	43613
47	F	LCDRUG	Single	43613
59	F	LCDRUG	Family	43613
60	M	LCDRUG	Family	43613
59	F	LCDRUG	Family	43613
53	F	LCDRUG	Family	43613
41	F	LCDRUG	Family	43613
47	F	LCDRUG	Family	43613
49	F	LCDRUG	Single	43613
54	F	LCDRUG	Single	43613
62	F	LCDRUG	Single	43613
60	F	LCDRUG	Single	43613
45	F	1RXFF	Single	43613
58	F	LCDRUG	Family	43613
54	F	LCDRUG	Family	43613
44	F	LCDRUG	Family	43613
64	M	LCDRUG	Family	43613
53	M	LCDRUG	Family	43613
46	F	1RXFF	Single	43613
44	F	LCDRUG	Family	43613
50	F	LCDRUG	Family	43613
57	F	LCDRUG	Single	43613
57	F	LCDRUG	Single	43613
			Family	43613

45	M	LCDRUG	Family	43613
58	F	2RXFF	Family	43613
42	F	2RXFF	Family	43613
54	M	LCDRUG	Family	43613
39	F	LCDRUG	Family	43613
47	M	LCDRUG	Single	43613
49	F	2RXFF	Family	43613
51	F	LCDRUG	Single	43613
42	F	LCDRUG	Family	43613
53	F	2RXFF	Family	43613
60	M	LCDRUG	Family	43613
61	F	LCDRUG	Single	43613
47	F	LCDRUG	Family	43613
48	F	LCDRUG	Single	43613
40	F	LCDRUG	Single	43613
57	F	LCDRUG	Single	43613
43	M	LCDRUG	Family	43613
57	F	LCDRUG	Family	43613
47	F	LCDRUG	Family	43613
42	M	LCDRUG	Family	43613
37	F	LCDRUG	Family	43613
49	M	LCDRUG	Single	43613
43	M	LCDRUG	Family	43613
62	F	LCDRUG	Single	43613
66	F	LCDRUG	Single	43613
41	F	LCDRUG	Family	43613
35	F	LCDRUG	Single	43613
40	F	LCDRUG	Family	43613
52	F	2RXFF	Family	43613
41	F	LCDRUG	Family	43613
51	F	LCDRUG	Family	43613
38	M	LCDRUG	Family	43613
46	F	LCDRUG	Family	43613
55	F	LCDRUG	Family	43613
53	F	LCDRUG	Family	43613
54	M	LCDRUG	Single	43613
60	F	1RXFF	Family	43613
46	M	LCDRUG	Family	43613
61	M	LCDRUG	Single	43613
48	F	LCDRUG	Family	43613
59	F	LCDRUG	Family	43613
39	F	2RXFF	Family	43613
54	M	LCDRUG	Single	43613
47	F	LCDRUG	Family	43613
52	M	LCDRUG	Family	43613
39	M	LCDRUG	Family	43613
37	F	LCDRUG	Family	43613
41	F	LCDRUG	Single	43613
38	F	LCDRUG	Single	43613
57	M	LCDRUG	Family	43613
56	F	LCDRUG	Family	43613
40	F	LCDRUG	Family	43613

37	M	LCDRUG	Family	43613
53	M	LCDRUG	Family	43613
60	M	LCDRUG	Single	43613
34	F	LCDRUG	Family	43613
39	M	LCDRUG	Family	43613
56	F	LCDRUG	Single	43613
39	F	1RXFF	Family	43613
61	F	LCDRUG	Single	43613
43	M	LCDRUG	Family	43613
65	F	LCDRUG	Single	43613
45	M	LCDRUG	Family	43613
45	F	LCDRUG	Family	43613
62	M	LCDRUG	Family	43613
51	M	LCDRUG	Family	43613
51	F	LCDRUG	Family	43613
38	M	LCDRUG	Family	43613
49	M	LCDRUG	Family	43613
36	M	LCDRUG	Family	43613
43	F	LCDRUG	Family	43613
58	F	2RXFF	Family	43613
56	M	LCDRUG	Single	43613
48	F	LCDRUG	Family	43613
36	F	LCDRUG	Single	43613
42	M	LCDRUG	Family	43613
37	F	1RXFF	Family	43613
48	F	LCDRUG	Family	43613
36	F	LCDRUG	Family	43613
52	F	2RXFF	Family	43613
33	F	2RXFF	Family	43613
44	F	1RXFF	Family	43613
59	F	LCDRUG	Single	43613
42	F	LCDRUG	Family	43613
61	M	LCDRUG	Family	43613
41	M	LCDRUG	Family	43613
32	M	LCDRUG	Single	43613
51	M	LCDRUG	Family	43613
42	F	LCDRUG	Family	43613
48	M	LCDRUG	Family	43613
46	F	LCDRUG	Family	43613
28	F	LCDRUG	Family	43613
34	F	LCDRUG	Family	43613
52	F	2RXFF	Family	43613
33	M	2RXFF	Family	43613
61	F	LCDRUG	Single	43613
56	F	LCDRUG	Single	43613
38	F	2RXFF	Family	43613
50	F	LCDRUG	Family	43613
36	M	LCDRUG	Family	43613
37	F	LCDRUG	Family	43613
42	F	LCDRUG	Family	43613
36	F	2RXFF	Family	43613
35	M	1RXFF	Family	43613

31	F	LCDRUG	Family	43613
52	M	LCDRUG	Single	43613
51	M	LCDRUG	Family	43613
28	M	LCDRUG	Single	43613
60	M	LCDRUG	Family	43613
30	M	LCDRUG	Family	43613
31	F	LCDRUG	Single	43613
39	M	LCDRUG	Single	43613
31	F	1DRUG	Family	43613
55	F	LCDRUG	Single	43613
30	F	LCDRUG	Single	43613
65	F	LCDRUG	Single	43613
34	M	1RXFF	Family	43613
29	F	LCDRUG	Single	43613
44	F	LCDRUG	Family	43613
52	F	2RXFF	Family	43613
29	F	LCDRUG	Single	43613
39	M	LCDRUG	Single	43613
27	M	LCDRUG	Single	43613
29	F	1DRUG	Family	43613
28	F	LCDRUG	Family	43613
28	F	LCDRUG	Single	43613
30	F	LCDRUG	Family	43613
27	F	LCDRUG	Single	43613
36	F	LCDRUG	Family	43613
54	F	LCDRUG	Family	43613
40	M	LCDRUG	Family	43613
33	F	LCDRUG	Family	43613
32	M	LCDRUG	Family	43613
28	M	LCDRUG	Single	43613
28	M	LCDRUG	Family	43613
32	F	LCDRUG	Single	43613
49	F	LCDRUG	Family	43613
49	M	LCDRUG	Single	43613
27	M	LCDRUG	Family	43613
64	M	LCDRUG	Single	43613
40	F	LCDRUG	Family	43613
30	F	LCDRUG	Single	43613
27	F	LCDRUG	Family	43613
51	F	LCDRUG	Single	43613
45	F	LCDRUG	Family	43613
41	F	LCDRUG	Family	43613
28	F	LCDRUG	Family	43613
26	F	LCDRUG	Single	43613
29	F	1RXFF	Family	43613
26	M	LCDRUG	Single	43613
42	F	LCDRUG	Family	43613
25	M	LCDRUG	Family	43613
38	F	LCDRUG	Family	43613
54	F	LCDRUG	Single	43613
37	F	LCDRUG	Family	43613
39	M	1RXFF	Family	43613

35	F	2RXFF	Family	43613
30	F	LCDRUG	Single	43613
46	F	2RXFF	Family	43613
40	F	2RXFF	Family	43613
42	F	2RXFF	Family	43613
35	F	2RXFF	Family	43613
51	F	2RXFF	Family	43613
36	F	2RXFF	Family	43613
33	F	LCDRUG	Family	43613
27	M	LCDRUG	Single	43613
42	M	2RXFF	Family	43613
33	F	2RXFF	Family	43613
50	F	LCDRUG	Single	43613
58	M	LCDRUG	Family	43613
39	M	2RXFF	Family	43613
27	F	LCDRUG	Family	43613
44	F	LCDRUG	Family	43613
28	F	2RXFF	Family	43613
25	M	LCDRUG	Single	43613
28	M	LCDRUG	Family	43613
58	F	LCDRUG	Single	43613
50	F	LCDRUG	Single	43613
58	M	LCDRUG	Family	43614
59	F	2RXFF	Family	43614
49	M	LCDRUG	Single	43614
65	F	LCDRUG	Single	43614
75	F	LCDRUG	Family	43614
63	F	LCDRUG	Family	43614
49	F	LCDRUG	Single	43614
54	F	2RXFF	Family	43614
58	F	LCDRUG	Family	43614
47	F	LCDRUG	Family	43614
61	M	2RXFF	Family	43614
46	F	LCDRUG	Single	43614
52	M	LCDRUG	Single	43614
65	F	LCDRUG	Family	43614
44	F	LCDRUG	Family	43614
56	F	LCDRUG	Family	43614
55	F	LCDRUG	Family	43614
47	M	LCDRUG	Family	43614
54	M	LCDRUG	Single	43614
44	M	LCDRUG	Family	43614
52	F	LCDRUG	Family	43614
49	M	LCDRUG	Family	43614
60	M	LCDRUG	Family	43614
49	F	LCDRUG	Single	43614
61	F	LCDRUG	Single	43614
48	F	1RXFF	Family	43614
47	F	LCDRUG	Family	43614
52	F	LCDRUG	Single	43614
46	F	LCDRUG	Family	43614
47	F	LCDRUG	Family	43614

48	F	LCDRUG	Family	43614
40	F	LCDRUG	Family	43614
53	F	LCDRUG	Single	43614
44	F	LCDRUG	Family	43614
53	F	LCDRUG	Single	43614
42	M	LCDRUG	Family	43614
56	F	LCDRUG	Family	43614
59	F	LCDRUG	Single	43614
44	F	2RXFF	Family	43614
54	M	LCDRUG	Single	43614
49	F	LCDRUG	Single	43614
58	F	LCDRUG	Single	43614
40	F	2RXFF	Family	43614
52	F	LCDRUG	Single	43614
48	M	LCDRUG	Single	43614
41	M	LCDRUG	Family	43614
56	F	LCDRUG	Single	43614
58	M	LCDRUG	Single	43614
48	M	LCDRUG	Family	43614
47	M	LCDRUG	Family	43614
57	F	LCDRUG	Single	43614
51	M	LCDRUG	Family	43614
42	F	LCDRUG	Single	43614
49	M	LCDRUG	Single	43614
54	M	LCDRUG	Family	43614
38	M	LCDRUG	Family	43614
46	M	LCDRUG	Family	43614
41	F	LCDRUG	Family	43614
40	F	LCDRUG	Family	43614
51	F	LCDRUG	Single	43614
43	F	LCDRUG	Family	43614
43	M	LCDRUG	Family	43614
67	M	LCDRUG	Family	43614
61	M	LCDRUG	Family	43614
60	M	LCDRUG	Family	43614
54	M	LCDRUG	Family	43614
63	F	LCDRUG	Single	43614
54	F	LCDRUG	Single	43614
63	F	LCDRUG	Family	43614
63	M	LCDRUG	Family	43614
46	F	LCDRUG	Single	43614
53	F	LCDRUG	Family	43614
56	F	LCDRUG	Single	43614
63	F	LCDRUG	Single	43614
44	F	LCDRUG	Family	43614
53	F	LCDRUG	Single	43614
35	M	LCDRUG	Single	43614
57	F	LCDRUG	Single	43614
47	F	2RXFF	Family	43614
54	F	2RXFF	Family	43614
36	M	LCDRUG	Single	43614
51	F	LCDRUG	Single	43614

53	F	LCDRUG	Single	43614
36	M	LCDRUG	Family	43614
33	M	LCDRUG	Single	43614
46	F	LCDRUG	Family	43614
45	M	LCDRUG	Family	43614
51	M	2RXFF	Family	43614
61	M	5DRUG	Family	43614
58	M	LCDRUG	Family	43614
62	F	LCDRUG	Single	43614
34	F	LCDRUG	Family	43614
55	M	LCDRUG	Single	43614
39	F	LCDRUG	Family	43614
49	M	LCDRUG	Family	43614
38	M	LCDRUG	Family	43614
63	M	LCDRUG	Family	43614
50	M	LCDRUG	Family	43614
62	F	LCDRUG	Single	43614
41	F	LCDRUG	Family	43614
54	M	LCDRUG	Family	43614
51	F	LCDRUG	Family	43614
39	M	LCDRUG	Single	43614
64	M	LCDRUG	Family	43614
47	M	LCDRUG	Family	43614
37	M	LCDRUG	Family	43614
38	F	LCDRUG	Family	43614
43	F	LCDRUG	Family	43614
56	M	LCDRUG	Single	43614
55	M	LCDRUG	Family	43614
34	F	LCDRUG	Family	43614
68	F	LCDRUG	Single	43614
54	F	1RXFF	Family	43614
44	F	LCDRUG	Family	43614
50	F	LCDRUG	Family	43614
36	F	LCDRUG	Family	43614
30	F	LCDRUG	Family	43614
63	F	LCDRUG	Family	43614
55	F	1RXFF	Family	43614
33	F	LCDRUG	Single	43614
59	M	LCDRUG	Family	43614
32	F	2RXFF	Family	43614
32	M	LCDRUG	Family	43614
63	M	LCDRUG	Family	43614
45	M	LCDRUG	Family	43614
56	F	2RXFF	Family	43614
56	F	LCDRUG	Family	43614
58	F	2RXFF	Family	43614
48	F	LCDRUG	Family	43614
33	F	1RXFF	Family	43614
49	F	LCDRUG	Family	43614
41	M	LCDRUG	Single	43614
49	F	2RXFF	Family	43614
50	M	LCDRUG	Single	43614

65	M	LCDRUG	Family	43614
38	M	1RXFF	Family	43614
34	M	LCDRUG	Family	43614
35	F	2RXFF	Family	43614
51	F	2RXFF	Family	43614
30	M	LCDRUG	Family	43614
31	F	LCDRUG	Family	43614
32	F	LCDRUG	Family	43614
51	M	LCDRUG	Single	43614
48	F	LCDRUG	Family	43614
60	M	LCDRUG	Family	43614
70	M	LCDRUG	Family	43614
50	F	LCDRUG	Single	43614
52	F	LCDRUG	Family	43614
47	M	LCDRUG	Single	43614
50	M	LCDRUG	Single	43614
34	F	LCDRUG	Family	43614
59	M	LCDRUG	Family	43614
43	F	2RXFF	Family	43614
58	M	LCDRUG	Family	43614
32	M	1RXFF	Family	43614
30	F	2RXFF	Family	43614
52	M	LCDRUG	Family	43614
26	F	LCDRUG	Family	43614
53	F	1RXFF	Family	43614
51	M	LCDRUG	Family	43614
32	F	LCDRUG	Family	43614
31	M	LCDRUG	Family	43614
48	M	LCDRUG	Family	43614
39	M	LCDRUG	Family	43614
26	F	2RXFF	Family	43614
33	F	LCDRUG	Family	43614
32	F	LCDRUG	Single	43614
49	F	2RXFF	Family	43614
49	F	2RXFF	Family	43614
30	F	LCDRUG	Family	43614
40	F	LCDRUG	Family	43614
59	M	LCDRUG	Single	43614
42	F	LCDRUG	Family	43614
59	M	LCDRUG	Family	43614
63	F	LCDRUG	Family	43614
43	M	LCDRUG	Single	43614
59	F	LCDRUG	Family	43614
50	M	LCDRUG	Single	43614
53	F	LCDRUG	Family	43614
41	F	LCDRUG	Family	43614
43	F	2RXFF	Family	43614
41	F	LCDRUG	Family	43614
43	F	LCDRUG	Family	43614
54	M	LCDRUG	Family	43614
45	F	LCDRUG	Family	43614
43	F	LCDRUG	Family	43614
			Family	43614

63	F	LCDRUG	Single	43614
49	F	2RXFF	Family	43614
33	F	LCDRUG	Family	43614
33	F	LCDRUG	Single	43614
31	M	LCDRUG	Family	43614
48	F	LCDRUG	Single	43614
33	M	LCDRUG	Family	43614
37	M	LCDRUG	Family	43614
28	F	LCDRUG	Family	43614
59	F	LCDRUG	Single	43614
31	F	LCDRUG	Family	43614
54	F	LCDRUG	Family	43614
49	F	LCDRUG	Family	43614
62	F	LCDRUG	Family	43614
28	F	1RXFF	Family	43614
30	F	LCDRUG	Single	43614
45	F	1RXFF	Family	43614
23	F	2RXFF	Family	43614
26	M	LCDRUG	Family	43614
35	F	LCDRUG	Single	43614
30	F	LCDRUG	Single	43614
33	F	LCDRUG	Family	43614
29	F	LCDRUG	Single	43614
36	F	LCDRUG	Single	43614
50	F	LCDRUG	Family	43614
55	M	LCDRUG	Family	43614
41	F	LCDRUG	Family	43614
29	M	LCDRUG	Family	43614
47	F	5DRUG	Single	43614
56	F	LCDRUG	Family	43614
31	F	LCDRUG	Family	43614
50	M	LCDRUG	Single	43614
54	M	LCDRUG	Family	43614
35	F	2RXFF	Family	43614
56	M	LCDRUG	Family	43614
28	F	1RXFF	Family	43614
54	M	LCDRUG	Family	43614
30	F	LCDRUG	Single	43614
29	M	LCDRUG	Single	43614
26	M	LCDRUG	Family	43614
28	F	LCDRUG	Family	43614
34	M	LCDRUG	Family	43614
27	F	LCDRUG	Single	43614
32	F	LCDRUG	Single	43614
48	F	LCDRUG	Family	43614
65	M	LCDRUG	Family	43614
49	M	LCDRUG	Single	43614
47	F	2RXFF	Family	43614
60	F	LCDRUG	Single	43614
64	M	LCDRUG	Family	43614
27	M	LCDRUG	Single	43614
51	F	LCDRUG	Family	43614

61	M	LCDRUG	Family	43614
55	M	LCDRUG	Family	43614
25	M	LCDRUG	Single	43614
27	F	LCDRUG	Single	43614
46	F	LCDRUG	Single	43614
25	M	LCDRUG	Single	43614
51	M	LCDRUG	Family	43614
52	F	LCDRUG	Single	43614
40	M	LCDRUG	Single	43614
55	F	2RXFF	Family	43614
24	F	LCDRUG	Single	43614
25	F	LCDRUG	Single	43614
42	F	LCDRUG	Single	43614
35	F	1DRUG	Family	43614
25	F	LCDRUG	Single	43614
27	F	LCDRUG	Single	43614
34	F	LCDRUG	Family	43614
36	F	LCDRUG	Single	43614
28	M	2RXFF	Family	43614
23	M	LCDRUG	Family	43614
58	F	2RXFF	Family	43614
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56	M	LCDRUG	Family	43614
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53	M	LCDRUG	Family	43615
46	F	LCDRUG	Family	43615
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43	F	2RXFF	Family	43615
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59	M	LCDRUG	Single	43615
55	F	1RXFF	Family	43615
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63	M	2RXFF	Family	43615
56	F	LCDRUG	Single	43615
46	M	LCDRUG	Family	43615
53	F	LCDRUG	Family	43615
43	F	LCDRUG	Family	43615
56	F	LCDRUG	Single	43615
56	F	LCDRUG	Single	43615
47	F	2RXFF	Family	43615
54	M	LCDRUG	Single	43615
61	F	LCDRUG	Single	43615
40	F	LCDRUG	Family	43615
45	F	1RXFF	Family	43615
50	F	LCDRUG	Single	43615
59	F	LCDRUG	Single	43615
68	F	LCDRUG	Single	43615
54	F	2RXFF	Family	43615
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55	M	LCDRUG	Single	43615

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62	F	LCDRUG	Family	43615
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55	F	LCDRUG	Single	43615
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66	M	LCDRUG	Family	43615
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56	F	LCDRUG	Family	43615
45	M	1RXFF	Family	43615
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43	F	1RXFF	Family	43615
43	F	LCDRUG	Family	43615
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42	F	1RXFF	Family	43615
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60	F	LCDRUG	Family	43615
59	F	2RXFF	Family	43615
44	M	LCDRUG	Family	43615
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45	F	LCDRUG	Family	43615
47	F	2RXFF	Family	43615
54	M	LCDRUG	Family	43615
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47	M	2RXFF	Family	43615
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41	M	LCDRUG	Family	43615
			Family	43615

62	F	LCDRUG	Single	43615
41	F	2RXFF	Family	43615
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40	F	LCDRUG	Family	43615
53	F	LCDRUG	Single	43615
35	M	LCDRUG	Family	43615
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39	F	LCDRUG	Single	43615
38	M	LCDRUG	Family	43615
41	F	1RXFF	Family	43615
35	F	2RXFF	Family	43615
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46	F	1RXFF	Family	43615
46	F	LCDRUG	Family	43615
60	M	LCDRUG	Family	43615
32	F	2RXFF	Single	43615
			Family	43615

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50	F	LCDRUG	Family	43615
49	M	LCDRUG	Family	43615
37	M	LCDRUG	Family	43615
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64	F	LCDRUG	Single	43615
35	F	LCDRUG	Single	43615
55	F	LCDRUG	Single	43615
41	M	LCDRUG	Family	43615
53	F	LCDRUG	Family	43615
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45	F	LCDRUG	Family	43615
52	F	LCDRUG	Family	43615
39	F	LCDRUG	Family	43615
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41	M	LCDRUG	Family	43615
39	F	LCDRUG	Family	43615
35	F	1RXFF	Single	43615
48	F	2RXFF	Family	43615
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63	F	LCDRUG	Family	43615
33	M	LCDRUG	Single	43615
32	M	LCDRUG	Family	43615
45	F	LCDRUG	Single	43615
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54	F	LCDRUG	Family	43615
32	F	LCDRUG	Single	43615
34	M	LCDRUG	Single	43615
58	F	LCDRUG	Single	43615
			Single	43615

38	F	2RXFF	Family	43615
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57	M	LCDRUG	Family	43615
48	F	LCDRUG	Family	43615
64	M	LCDRUG	Family	43615
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37	F	1RXFF	Family	43615
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57	M	1RXFF	Family	43615
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40	F	2RXFF	Family	43615
37	F	LCDRUG	Family	43615
26	M	LCDRUG	Family	43615
48	M	LCDRUG	Single	43615
37	F	LCDRUG	Single	43615
30	F	LCDRUG	Family	43615
32	F	LCDRUG	Family	43615
35	F	LCDRUG	Single	43615
55	F	LCDRUG	Family	43615
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47	F	1RXFF	Family	43615
63	M	LCDRUG	Family	43615
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45	M	LCDRUG	Family	43615
			Family	43615

35	F	1RXFF	Family	43615
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27	F	LCDRUG	Family	43615
42	F	2RXFF	Family	43615
37	M	LCDRUG	Family	43615
35	F	LCDRUG	Family	43615
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25	F	LCDRUG	Single	43615
57	M	LCDRUG	Family	43615
47	F	LCDRUG	Single	43615
38	F	2RXFF	Single	43615
25	F	LCDRUG	Family	43615
40	M	LCDRUG	Single	43615
38	M	2RXFF	Family	43615
59	F	LCDRUG	Family	43615
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51	M	LCDRUG	Single	43616
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45	M	LCDRUG	Family	43616
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43	F	LCDRUG	Family	43616
61	F	LCDRUG	Family	43616
			Single	43616

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58	F	LCDRUG	Family	43616
43	F	1RXFF	Family	43616
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38	M	LCDRUG	Single	43616
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37	M	LCDRUG	Single	43616
42	F	2RXFF	Family	43616
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38	M	LCDRUG	Family	43616
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45	F	2RXFF	Family	43616
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47	F	1RXFF	Family	43617
42	F	LCDRUG	Family	43617
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41	F	LCDRUG	Family	43617
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44	F	LCDRUG	Single	43619
47	F	1RXFF	Family	43619
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46	M	LCDRUG	Family	43619
58	F	LCDRUG	Family	43619
			Single	43619

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51	F	LCDRUG	Family	43619
41	F	LCDRUG	Family	43619
35	M	LCDRUG	Family	43619
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61	F	LCDRUG	Family	43619
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53	F	LCDRUG	Single	43620
55	F	1RXFF	Family	43620
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56	M	LCDRUG	Single	43620
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39	M	LCDRUG	Single	43620
58	F	LCDRUG	Single	43620
59	F	LCDRUG	Family	43623
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48	M	LCDRUG		

49	M	LCDRUG	Family	43623
54	F	LCDRUG	Single	43623
52	M	LCDRUG	Family	43623
45	F	2RXFF	Family	43623
45	F	LCDRUG	Family	43623
65	F	LCDRUG	Family	43623
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52	F	LCDRUG	Single	43623
46	F	LCDRUG	Single	43623
48	M	LCDRUG	Family	43623
62	M	LCDRUG	Single	43623
49	M	LCDRUG	Single	43623
68	M	LCDRUG	Family	43623
43	F	LCDRUG	Family	43623
52	F	1RXFF	Family	43623
62	M	LCDRUG	Family	43623
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45	F	LCDRUG	Family	43623
50	M	LCDRUG	Family	43623
61	F	LCDRUG	Single	43623
56	F	1RXFF	Family	43623
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41	M	LCDRUG	Single	43623
51	F	LCDRUG	Single	43623
41	F	LCDRUG	Family	43623
69	F	LCDRUG	Single	43623
46	F	LCDRUG	Single	43623
48	F	LCDRUG	Family	43623
51	M	LCDRUG	Family	43623
45	F	LCDRUG	Family	43623
58	M	2RXFF	Family	43623
60	M	LCDRUG	Family	43623
47	M	LCDRUG	Family	43623
39	F	LCDRUG	Family	43623
53	M	LCDRUG	Family	43623
49	F	2RXFF	Family	43623
48	M	LCDRUG	Family	43623
45	F	LCDRUG	Family	43623
42	M	LCDRUG	Family	43623
72	M	LCDRUG	Single	43623

56	F	2RXFF	Family	43623
67	M	LCDRUG	Family	43623
55	F	LCDRUG	Single	43623
54	M	LCDRUG	Single	43623
44	F	LCDRUG	Family	43623
35	F	LCDRUG	Family	43623
59	M	LCDRUG	Single	43623
60	F	LCDRUG	Family	43623
39	M	LCDRUG	Family	43623
44	M	LCDRUG	Family	43623
41	F	2RXFF	Family	43623
40	F	2RXFF	Family	43623
72	F	LCDRUG	Single	43623
46	F	2RXFF	Family	43623
52	M	2RXFF	Family	43623
48	M	LCDRUG	Single	43623
42	F	LCDRUG	Single	43623
64	M	2RXFF	Family	43623
50	M	LCDRUG	Family	43623
35	M	LCDRUG	Family	43623
35	F	LCDRUG	Family	43623
60	F	LCDRUG	Single	43623
42	M	LCDRUG	Family	43623
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33	F	LCDRUG	Family	43623
50	M	2RXFF	Family	43623
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29	M	LCDRUG	Single	43623
28	F	LCDRUG	Family	43623
63	F	LCDRUG	Family	43623
34	M	LCDRUG	Single	43623
29	M	LCDRUG	Family	43623
29	M	1RXFF	Single	43623
27	M	LCDRUG	Family	43623
28	F	LCDRUG	Single	43623
38	F	LCDRUG	Family	43623
50	F	LCDRUG	Family	43623
42	F	LCDRUG	Single	43623
34	F	2RXFF	Single	43623
53	M	LCDRUG	Family	43623
32	F	LCDRUG	Family	43623
43	M	LCDRUG	Family	43623
60	F	LCDRUG	Single	43623
			Single	43623

59	F	LCDRUG	Family	43623
25	M	LCDRUG	Single	43623
41	M	LCDRUG	Family	43623
61	M	LCDRUG	Family	43623
35	F	1RXFF	Family	43623
50	M	LCDRUG	Family	43623
48	F	LCDRUG	Single	43623
54	F	LCDRUG	Single	43635
62	F	LCDRUG	Family	43635
58	F	LCDRUG	Single	43635
63	M	LCDRUG	Single	43635
39	F	LCDRUG	Family	43650
56	M	LCDRUG	Family	43650
33	F	LCDRUG	Family	43697
28	F	LCDRUG	Single	44089
62	M	LCDRUG	Single	44646
51	F	2RXFF	Family	44811
58	F	LCDRUG	Family	44830
40	M	LCDRUG	Family	44830
44	F	LCDRUG	Family	44836
34	F	1RXFF	Family	44870
62	M	LCDRUG	Family	44870
40	F	LCDRUG	Family	44883
36	M	LCDRUG	Family	45801
63	M	LCDRUG	Family	45817
54	F	LCDRUG	Family	45827
41	F	LCDRUG	Family	45840
51	F	2RXFF	Family	45840
28	M	LCDRUG	Single	45840
26	F	1RXFF	Family	45840
46	M	LCDRUG	Family	45840
33	F	1RXFF	Family	45867
38	F	1RXFF	Family	45872
49	F	LCDRUG	Family	45889
40	M	LCDRUG	Family	46317
54	M	LCDRUG	Family	48103
47	F	LCDRUG	Family	48103
31	F	LCDRUG	Family	48117
63	F	LCDRUG	Single	48133
42	F	LCDRUG	Single	48133
46	F	LCDRUG	Family	48133
43	M	LCDRUG	Family	48133
67	F	LCDRUG	Single	48133
44	F	2RXFF	Family	48133
55	F	2RXFF	Family	48133
41	M	LCDRUG	Family	48133
29	F	LCDRUG	Family	48133
57	F	1RXFF	Family	48133
52	F	LCDRUG	Family	48133
53	M	LCDRUG	Single	48133
42	F	LCDRUG	Family	48134
64	M	LCDRUG	Family	48140
			Family	48140

52	F	LCDRUG	Family	48140
52	F	LCDRUG	Family	48140
45	F	LCDRUG	Family	48144
55	F	2RXFF	Family	48144
56	F	LCDRUG	Single	48144
53	M	LCDRUG	Family	48144
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57	M	LCDRUG	Family	48144
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51	F	LCDRUG	Family	48144
62	F	LCDRUG	Family	48144
40	F	LCDRUG	Single	48144
41	M	LCDRUG	Family	48144
60	F	LCDRUG	Family	48144
32	F	LCDRUG	Family	48144
60	M	5DRUG	Family	48144
39	F	LCDRUG	Family	48144
32	F	2RXFF	Family	48144
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31	F	2RXFF	Family	48144
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41	F	2RXFF	Family	48144
45	M	LCDRUG	Family	48144
57	F	LCDRUG	Family	48144
44	M	5DRUG	Family	48145
30	F	LCDRUG	Family	48145
53	F	2RXFF	Family	48145
41	F	LCDRUG	Family	48157
35	F	2RXFF	Family	48162
47	M	LCDRUG	Family	48162
59	F	LCDRUG	Family	48182
51	F	2RXFF	Single	48182
64	F	LCDRUG	Family	48182
44	F	2RXFF	Family	48182
56	F	LCDRUG	Family	48182
59	F	LCDRUG	Family	48182
53	M	LCDRUG	Family	48182
41	F	2RXFF	Family	48182
43	M	LCDRUG	Family	48182
53	F	LCDRUG	Family	48182
38	M	LCDRUG	Family	48182
48	M	LCDRUG	Family	48182
52	F	1RXFF	Family	48182
43	M	LCDRUG	Family	48182
36	M	1RXFF	Family	48182
56	F	LCDRUG	Family	48182
63	F	LCDRUG	Family	48182
47	M	LCDRUG	Single	48182
40	M	LCDRUG	Single	48182
			Family	48182

54	M	LCDRUG	Family	48182
34	M	LCDRUG	Family	48182
54	F	2RXFF	Family	48182
51	M	LCDRUG	Family	48182
37	F	LCDRUG	Family	48182
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54	F	1DRUG	Family	48182
34	M	4DRUG	Family	48182
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43	F	2RXFF	Family	48182
41	F	LCDRUG	Family	48182
58	F	LCDRUG	Single	48182
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37	F	2RXFF	Single	48182
47	F	2RXFF	Family	48182
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53	F	LCDRUG	Single	48182
56	F	1RXFF	Family	48182
56	F	2RXFF	Family	48182
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40	M	2RXFF	Family	48182
54	F	LCDRUG	Family	48182
54	M	LCDRUG	Family	48182
58	M	2RXFF	Single	48182
42	M	LCDRUG	Family	48182
48	F	2RXFF	Family	48182
47	F	2RXFF	Family	48182
40	M	LCDRUG	Family	48182
37	F	LCDRUG	Family	48182
33	F	LCDRUG	Single	48183
44	F	1RXFF	Single	48186
54	F	LCDRUG	Family	48188
57	M	1RXFF	Family	48192
59	F	LCDRUG	Family	48238
55	F	LCDRUG	Family	49220
32	F	LCDRUG	Single	49221
31	F	LCDRUG	Family	49221
27	M	LCDRUG	Family	49221
32	F	2RXFF	Family	49221
60	F	LCDRUG	Family	49221
51	M	LCDRUG	Family	49221
36	M	LCDRUG	Family	49221
49	F	1RXFF	Family	49228
47	F	LCDRUG	Family	49228
34	F	LCDRUG	Family	49228
54	M	LCDRUG	Family	49230
60	F	LCDRUG	Family	49247
45	F	LCDRUG	Single	49256
47	F	LCDRUG	Single	49256
			Family	49267

43	F	LCDRUG	Family	49267
47	M	LCDRUG	Family	49267
39	F	LCDRUG	Family	49267
56	M	LCDRUG	Family	49267
58	F	LCDRUG	Single	49267
38	F	LCDRUG	Family	49267
45	F	2RXFF	Family	49267
36	M	LCDRUG	Family	49267
42	M	LCDRUG	Family	49267
38	F	1RXFF	Family	49267
39	F	LCDRUG	Family	49267
46	F	1RXFF	Family	49268
45	F	LCDRUG	Family	49268
62	F	LCDRUG	Single	49268
63	F	LCDRUG	Family	49270
43	F	LCDRUG	Family	49270
45	M	LCDRUG	Single	49270
52	F	2RXFF	Family	49270
36	M	LCDRUG	Single	49270
58	M	2RXFF	Family	49270
56	F	LCDRUG	Family	49270
35	F	1RXFF	Family	49286
38	F	LCDRUG	Single	49286
50	F	LCDRUG	Family	49720

Lucas County
DENTAL
Run Date 9/2/2011

AGE	GENDER	DENTAL PLAN	COVERAGE	ZIP CODE
44	F	1DNFF	Family	42623
45	F	1DNFF	Family	43402
46	F	1DNFF	Family	43402
52	F	1DNFF	Family	43402
46	M	1DNFF	Family	43420
35	M	1DNFF	Family	43449
56	F	1DNFF	Family	43449
30	F	1DNFF	Family	43452
52	M	1DNFF	Family	43460
53	F	1DNFF	Family	43460
46	F	1DNFF	Family	43460
42	F	1DNFF	Family	43465
43	F	1DNFF	Family	43504
36	M	1DNFF	Family	43515
52	M	1DNFF	Family	43528
26	F	1DNFF	Family	43528
43	F	1DNFF	Family	43537
57	F	1DNFF	Family	43537
66	F	1DNFF	Family	43537
44	F	1DNFF	Family	43537
49	F	1DNFF	Family	43537
31	M	1DNFF	Family	43537
56	F	1DNFF	Family	43537
45	F	1DNFF	Family	43551
42	F	1DNFF	Family	43551
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51	F	1DNFF	Family	43551
49	F	1DNFF	Family	43558
47	M	1DNFF	Family	43560
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37	M	1DNFF	Family	43560
34	F	1DNFF	Family	43560
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56	F	1DNFF	Family	43566
56	F	1DNFF	Family	43566
46	F	1DNFF	Family	43571
45	F	1DNFF	Family	43571
45	F	1DNFF	Family	43605
57	M	1DNFF	Family	43605
58	F	1DNFF	Family	43605
33	F	1DNFF	Family	43605
45	F	1DNFF	Family	43606
60	M	1DNFF	Family	43606
46	M	1DNFF	Family	43606

55	F	1DNFF	Family	43606
49	F	1DNFF	Family	43606
54	F	1DNFF	Family	43606
51	F	1DNFF	Family	43607
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61	M	1DNFF	Family	43607
35	M	1DNFF	Family	43608
39	F	1DNFF	Family	43609
45	F	1DNFF	Family	43609
35	F	1DNFF	Family	43609
34	F	1DNFF	Family	43610
52	F	1DNFF	Family	43612
44	F	1DNFF	Family	43612
31	F	1DNFF	Family	43612
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35	F	1DNFF	Family	43612
45	F	1DNFF	Family	43613
46	F	1DNFF	Family	43613
60	F	1DNFF	Family	43613
35	M	1DNFF	Family	43613
39	M	1DNFF	Family	43613
48	F	1DNFF	Family	43614
54	F	1DNFF	Family	43614
55	F	1DNFF	Family	43614
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39	F	1DNFF	Family	43616
59	F	1DNFF	Family	43616
47	F	1DNFF	Family	43617
38	F	1DNFF	Family	43617
52	F	1DNFF	Family	43617
			Family	43617

35	F	1DNFF	Family	43617
56	M	1DNFF	Family	43618
47	F	1DNFF	Family	43619
55	F	1DNFF	Family	43620
52	F	1DNFF	Family	43623
35	F	1DNFF	Family	43623
34	F	1DNFF	Family	44070
33	F	1DNFF	Family	45867
57	F	1DNFF	Family	48133
31	F	1DNFF	Family	48144
52	F	1DNFF	Family	48182
36	M	1DNFF	Family	48182
56	F	1DNFF	Family	48182
44	F	1DNFF	Family	48188
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46	F	1DNFF	Family	49268
35	F	1DNFF	Family	49286
58	F	1LCDEN	Family	43412
33	F	1LCDEN	Family	43460
37	F	1LCDEN	Family	43528
32	F	1LCDEN	Family	43537
29	F	1LCDEN	Family	43612
31	F	1LCDEN	Family	43613
29	F	1LCDEN	Family	43613
35	F	1LCDEN	Family	43614
54	F	1LCDEN	Family	48182
42	F	2DNFF	Family	43402
60	M	2DNFF	Family	43402
58	F	2DNFF	Family	43402
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58	M	2DNFF	Family	43402
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54	F	2DNFF	Family	43515
49	F	2DNFF	Family	43522
53	M	2DNFF	Family	43528
51	M	2DNFF	Family	43528
36	F	2DNFF	Family	43528

44	F	2DNFF	Family	43528
37	F	2DNFF	Family	43528
63	F	2DNFF	Family	43528
37	F	2DNFF	Family	43528
45	F	2DNFF	Family	43528
44	F	2DNFF	Family	43528
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49	M	2DNFF	Family	43558
37	F	2DNFF	Family	43558
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53	F	2DNFF	Family	43560
			Family	43560

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53	F	2DNFF	Family	43560
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44	F	2DNFF	Family	43608
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25	F	2DNFF	Family	43612
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53	F	2DNFF	Family	43613
52	F	2DNFF	Family	43613
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52	F	2DNFF	Family	43613

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52	F	2DNFF	Family	43613
40	F	2DNFF	Family	43613
42	F	2DNFF	Family	43613
35	F	2DNFF	Family	43613
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33	F	2DNFF	Family	43613
59	F	2DNFF	Family	43613
61	M	2DNFF	Family	43614
40	F	2DNFF	Family	43614
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51	F	2DNFF	Family	43614
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43	F	2DNFF	Family	43614
23	F	2DNFF	Family	43614
55	F	2DNFF	Family	43614
28	M	2DNFF	Family	43614
63	M	2DNFF	Family	43614
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54	F	2DNFF	Family	43615
51	F	2DNFF	Family	43615
47	F	2DNFF	Family	43615
43	M	2DNFF	Family	43615
41	F	2DNFF	Family	43615
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38	M	2DNFF	Family	43615
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46	F	2DNFF	Family	43616
64	F	2DNFF	Family	43617
56	F	2DNFF	Family	43617
53	M	2DNFF	Family	43618
			Family	43618

39	F	2DNFF	Family	43619
40	F	2DNFF	Family	43620
45	F	2DNFF	Family	43623
58	M	2DNFF	Family	43623
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51	F	2DNFF	Family	43623
55	F	2DNFF	Family	45840
32	F	2DNFF	Family	48133
31	F	2DNFF	Family	48144
53	F	2DNFF	Family	48144
51	F	2DNFF	Family	48157
41	F	2DNFF	Family	48182
54	F	2DNFF	Family	48182
43	F	2DNFF	Family	48182
47	F	2DNFF	Family	48182
34	F	2DNFF	Family	48182
58	M	2DNFF	Family	48182
48	F	2DNFF	Family	48182
47	F	2DNFF	Family	48182
32	F	2DNFF	Family	48182
52	F	2DNFF	Family	49221
58	M	2DNFF	Family	49270
44	F	2LCDEN	Family	49270
64	M	2LCDEN	Family	43528
44	F	4LCDEN	Family	43537
34	M	4LCDEN	Single	43432
61	M	5LCDEN	Family	48182
61	F	5LCDEN	Family	43528
33	M	5LCDEN	Single	43537
54	F	5LCDEN	Family	43560
57	F	5LCDEN	Single	43606
61	M	5LCDEN	Single	43607
52	F	5LCDEN	Family	43614
43	M	5LCDEN	Single	43615
60	M	5LCDEN	Family	43623
44	M	5LCDEN	Family	48144
47	M	DPDENT	Family	48145
38	F	DPDENT	Family + DP/Child(ren)	43528
52	M	DPDENT	Family + DP/Child(ren)	43528
50	F	DPDENT	Family + DP/Child(ren)	43612
49	M	LCDENT	Family + DP/Child(ren)	43614
48	M	LCDENT	Single	43402
46	F	LCDENT	Family	43402
54	M	LCDENT	Family	43402
58	M	LCDENT	Family	43402
60	F	LCDENT	Family	43402
35	F	LCDENT	Family	43402
			Single	43402

41	M	LCDENT	Family	43402
41	M	LCDENT	Family	43402
32	F	LCDENT	Family	43402
56	F	LCDENT	Family	43402
36	F	LCDENT	Family	43402
52	M	LCDENT	Family	43402
33	F	LCDENT	Family	43402
44	M	LCDENT	Family	43402
32	F	LCDENT	Family	43402
62	F	LCDENT	Single	43402
32	F	LCDENT	Single	43402
45	F	LCDENT	Family	43402
55	F	LCDENT	Single	43402
48	F	LCDENT	Family	43402
58	F	LCDENT	Family	43402
30	F	LCDENT	Single	43402
61	F	LCDENT	Single	43412
48	M	LCDENT	Single	43412
58	M	LCDENT	Family	43412
56	F	LCDENT	Family	43412
39	F	LCDENT	Family	43412
38	F	LCDENT	Single	43412
44	M	LCDENT	Family	43412
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44	F	LCDENT	Family	43412
43	M	LCDENT	Family	43416
48	F	LCDENT	Family	43416
54	M	LCDENT	Single	43420
46	M	LCDENT	Family	43420
52	M	LCDENT	Family	43420
41	F	LCDENT	Single	43420
44	F	LCDENT	Family	43430
59	F	LCDENT	Family	43430
62	F	LCDENT	Single	43430
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33	M	LCDENT	Family	43430
47	F	LCDENT	Family	43431
50	M	LCDENT	Family	43431
56	M	LCDENT	Family	43431
65	F	LCDENT	Family	43432
52	F	LCDENT	Single	43432
58	F	LCDENT	Family	43434

41	F	LCDENT	Family	43442
46	F	LCDENT	Family	43443
40	M	LCDENT	Family	43443
53	M	LCDENT	Single	43445
47	F	LCDENT	Family	43447
56	F	LCDENT	Family	43447
41	M	LCDENT	Family	43447
25	M	LCDENT	Family	43447
37	F	LCDENT	Family	43449
58	M	LCDENT	Family	43449
44	M	LCDENT	Family	43450
49	F	LCDENT	Family	43450
43	M	LCDENT	Family	43452
44	M	LCDENT	Family	43452
62	M	LCDENT	Single	43460
43	F	LCDENT	Single	43460
44	M	LCDENT	Single	43460
42	F	LCDENT	Family	43460
65	F	LCDENT	Single	43460
49	M	LCDENT	Family	43460
39	F	LCDENT	Family	43460
56	F	LCDENT	Single	43460
62	F	LCDENT	Single	43460
38	F	LCDENT	Single	43460
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38	M	LCDENT	Family	43460
41	F	LCDENT	Family	43460
49	F	LCDENT	Single	43460
57	F	LCDENT	Single	43460
41	M	LCDENT	Family	43460
59	F	LCDENT	Single	43460
30	F	LCDENT	Family	43460
52	M	LCDENT	Single	43460
29	M	LCDENT	Family	43460
61	M	LCDENT	Single	43460
63	M	LCDENT	Family	43460
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47	F	LCDENT	Family	43460
55	F	LCDENT	Family	43460
26	F	LCDENT	Family	43460
25	F	LCDENT	Family	43460
49	F	LCDENT	Single	43460
45	F	LCDENT	Family	43462
46	F	LCDENT	Family	43465
42	F	LCDENT	Family	43465
46	F	LCDENT	Family	43465
44	M	LCDENT	Family	43465
38	F	LCDENT	Family	43465
49	M	LCDENT	Family	43465
64	F	LCDENT	Family	43465
53	F	LCDENT	Family	43465
50	M	LCDENT	Single	43465

48	F	LCDENT	Family	43465
50	M	LCDENT	Family	43466
34	M	LCDENT	Family	43466
40	F	LCDENT	Family	43468
58	M	LCDENT	Single	43469
40	M	LCDENT	Family	43469
46	F	LCDENT	Family	43469
58	F	LCDENT	Single	43469
39	M	LCDENT	Family	43469
61	F	LCDENT	Single	43469
52	M	LCDENT	Family	43469
44	F	LCDENT	Family	43501
71	M	LCDENT	Family	43504
48	F	LCDENT	Single	43504
70	F	LCDENT	Family	43505
56	M	LCDENT	Single	43511
43	F	LCDENT	Family	43512
36	M	LCDENT	Family	43515
33	M	LCDENT	Family	43515
32	M	LCDENT	Family	43515
30	M	LCDENT	Family	43515
27	M	LCDENT	Single	43515
42	F	LCDENT	Single	43515
44	M	LCDENT	Family	43516
30	F	LCDENT	Family	43516
43	F	LCDENT	Family	43522
39	F	LCDENT	Family	43522
57	F	LCDENT	Family	43522
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54	M	LCDENT	Family	43522
57	M	LCDENT	Family	43525
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46	F	LCDENT	Family	43528
57	M	LCDENT	Family	43528
60	F	LCDENT	Family	43528
46	F	LCDENT	Family	43528
62	F	LCDENT	Family	43528

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43	F	LCDENT	Family	43528
65	M	LCDENT	Family	43528
60	F	LCDENT	Single	43528
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57	M	LCDENT	Family	43528
47	M	LCDENT	Family	43532
48	F	LCDENT	Family	43532
44	F	LCDENT	Single	43533
52	F	LCDENT	Family	43533
49	M	LCDENT	Family	43534
61	F	LCDENT	Single	43537
46	F	LCDENT	Family	43537
62	F	LCDENT	Family	43537
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52	F	LCDENT	Single	43537
59	F	LCDENT	Family	43537
41	M	LCDENT	Family	43537
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63	F	LCDENT	Single	43537

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56	F	LCDENT	Single	43537
41	M	LCDENT	Single	43537
38	M	LCDENT	Family	43537
62	M	LCDENT	Family	43537
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42	M	LCDENT	Family	43537
38	M	LCDENT	Family	43537
43	F	LCDENT	Family	43537
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42	F	LCDENT	Family	43537
59	M	LCDENT	Family	43537
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73	M	LCDENT	Family	43537
53	F	LCDENT	Family	43537
39	F	LCDENT	Family	43537
36	M	LCDENT	Family	43537
31	F	LCDENT	Single	43537
46	F	LCDENT	Family	43537
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47	F	LCDENT	Family	43537
53	M	LCDENT	Family	43537
30	F	LCDENT	Family	43537
30	M	LCDENT	Family	43537
			Single	43537

51	M	LCDENT	Family	43537
28	M	LCDENT	Family	43537
39	F	LCDENT	Single	43537
37	F	LCDENT	Family	43537
37	F	LCDENT	Family	43537
37	F	LCDENT	Family	43537
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42	F	LCDENT	Family	43537
39	F	LCDENT	Family	43537
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28	M	LCDENT	Single	43537
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53	F	LCDENT	Single	43537
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37	F	LCDENT	Family	43537
31	M	LCDENT	Single	43537
24	F	LCDENT	Single	43537
22	M	LCDENT	Single	43537
25	M	LCDENT	Single	43537
43	M	LCDENT	Family	43537
54	M	LCDENT	Family	43537
80	M	LCDENT	Family	43537
49	M	LCDENT	Family	43537
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34	M	LCDENT	Family	43542
50	M	LCDENT	Family	43542
44	M	LCDENT	Single	43545
50	F	LCDENT	Family	43545
			Family	43547

55	M	LCDENT	Family	43551
50	F	LCDENT	Family	43551
47	F	LCDENT	Single	43551
46	F	LCDENT	Family	43551
42	F	LCDENT	Family	43551
57	F	LCDENT	Family	43551
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57	F	LCDENT	Single	43551
54	F	LCDENT	Family	43551
60	F	LCDENT	Single	43551
46	M	LCDENT	Family	43551
41	M	LCDENT	Single	43551
55	F	LCDENT	Family	43551
41	F	LCDENT	Family	43551
57	F	LCDENT	Family	43551
47	F	LCDENT	Family	43551
46	M	LCDENT	Family	43551
42	M	LCDENT	Family	43551
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38	F	LCDENT	Family	43551
43	M	LCDENT	Family	43551
55	F	LCDENT	Single	43551
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54	M	LCDENT	Single	43551
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53	F	LCDENT	Family	43551
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29	F	LCDENT	Single	43551
26	M	LCDENT	Single	43551
26	F	LCDENT	Single	43551
50	F	LCDENT	Family	43551

46	F	LCDENT	Single	43551
26	M	LCDENT	Single	43551
51	M	LCDENT	Family	43558
43	F	LCDENT	Family	43558
49	M	LCDENT	Family	43558
49	F	LCDENT	Single	43558
55	F	LCDENT	Single	43558
51	F	LCDENT	Family	43558
66	F	LCDENT	Single	43558
48	F	LCDENT	Family	43558
52	M	LCDENT	Single	43558
64	F	LCDENT	Single	43558
45	M	LCDENT	Family	43558
46	M	LCDENT	Family	43558
59	M	LCDENT	Family	43558
41	M	LCDENT	Family	43558
56	F	LCDENT	Single	43558
45	F	LCDENT	Family	43558
55	M	LCDENT	Family	43558
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55	M	LCDENT	Family	43560
63	M	LCDENT	Family	43560
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56	M	LCDENT	Family	43560
53	F	LCDENT	Single	43560
63	F	LCDENT	Single	43560
56	M	LCDENT	Family	43560
60	F	LCDENT	Single	43560

47	F	LCDENT	Family	43560
43	M	LCDENT	Family	43560
55	F	LCDENT	Family	43560
55	F	LCDENT	Family	43560
62	M	LCDENT	Family	43560
49	M	LCDENT	Family	43560
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54	F	LCDENT	Single	43560
65	M	LCDENT	Family	43560
37	F	LCDENT	Family	43560
32	M	LCDENT	Family	43560
51	F	LCDENT	Family	43560
			Family	43560

56	M	LCDENT	Family	43560
55	F	LCDENT	Family	43560
41	M	LCDENT	Family	43560
52	F	LCDENT	Single	43560
40	M	LCDENT	Single	43560
29	M	LCDENT	Single	43560
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55	F	LCDENT	Family	43560
27	F	LCDENT	Family	43560
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51	F	LCDENT	Single	43616
52	M	LCDENT	Family	43616
47	F	LCDENT	Family	43616
36	M	LCDENT	Family	43616
68	F	LCDENT	Family	43616
46	F	LCDENT	Family	43616
43	M	LCDENT	Family	43616
34	F	LCDENT	Family	43616
41	F	LCDENT	Family	43616
38	M	LCDENT	Family	43616
50	F	LCDENT	Single	43616
35	M	LCDENT	Family	43616
31	F	LCDENT	Family	43616
31	F	LCDENT	Family	43616
39	M	LCDENT	Single	43616
59	F	LCDENT	Family	43616
51	M	LCDENT	Family	43616
51	M	LCDENT	Family	43616
52	F	LCDENT	Single	43616
28	M	LCDENT	Family	43616
75	F	LCDENT	Family	43616
50	F	LCDENT	Single	43616
			Family	43616

55	F	LCDENT	Family	43616
31	F	LCDENT	Family	43616
29	M	LCDENT	Family	43616
50	M	LCDENT	Family	43616
29	M	LCDENT	Family	43616
27	F	LCDENT	Family	43616
43	M	LCDENT	Family	43616
42	M	LCDENT	Family	43616
52	M	LCDENT	Family	43616
27	M	LCDENT	Single	43616
29	F	LCDENT	Single	43616
54	M	LCDENT	Single	43616
64	M	LCDENT	Single	43616
51	F	LCDENT	Single	43616
35	F	LCDENT	Family	43616
30	F	LCDENT	Single	43616
58	M	LCDENT	Family	43616
59	F	LCDENT	Family	43616
55	F	LCDENT	Single	43617
45	F	LCDENT	Family	43617
59	F	LCDENT	Family	43617
41	F	LCDENT	Family	43617
67	M	LCDENT	Family	43617
44	M	LCDENT	Family	43617
71	M	LCDENT	Family	43617
51	F	LCDENT	Family	43617
47	M	LCDENT	Single	43617
41	F	LCDENT	Family	43617
52	F	LCDENT	Family	43617
62	M	LCDENT	Family	43617
57	F	LCDENT	Single	43617
51	F	LCDENT	Family	43617
46	F	LCDENT	Family	43617
51	F	LCDENT	Family	43617
66	M	LCDENT	Family	43617
28	M	LCDENT	Family	43617
43	F	LCDENT	Family	43617
43	M	LCDENT	Family	43617
44	F	LCDENT	Family	43617
64	M	LCDENT	Single	43617
49	M	LCDENT	Family	43617
41	M	LCDENT	Family	43617
52	M	LCDENT	Family	43618
34	F	LCDENT	Family	43618
33	M	LCDENT	Family	43618
38	F	LCDENT	Family	43618
35	F	LCDENT	Family	43618
61	F	LCDENT	Family	43618
37	M	LCDENT	Family	43618
30	F	LCDENT	Family	43618
39	M	LCDENT	Family	43618
65	M	LCDENT	Family	43618
			Family	43619

60	F	LCDENT	Single	43619
46	F	LCDENT	Single	43619
44	F	LCDENT	Family	43619
44	F	LCDENT	Family	43619
57	M	LCDENT	Family	43619
65	M	LCDENT	Single	43619
44	M	LCDENT	Single	43619
38	M	LCDENT	Family	43619
46	M	LCDENT	Family	43619
55	M	LCDENT	Family	43619
51	F	LCDENT	Family	43619
61	F	LCDENT	Family	43619
60	M	LCDENT	Family	43619
61	F	LCDENT	Single	43619
60	M	LCDENT	Family	43619
58	M	LCDENT	Single	43619
58	F	LCDENT	Single	43619
28	M	LCDENT	Family	43619
52	M	LCDENT	Single	43619
49	F	LCDENT	Single	43619
53	F	LCDENT	Single	43620
52	F	LCDENT	Single	43620
60	M	LCDENT	Single	43620
56	F	LCDENT	Single	43620
56	M	LCDENT	Single	43620
39	F	LCDENT	Single	43620
41	F	LCDENT	Family	43620
38	F	LCDENT	Family	43620
50	F	LCDENT	Family	43620
31	F	LCDENT	Family	43620
33	M	LCDENT	Family	43620
32	F	LCDENT	Single	43620
47	F	LCDENT	Family	43620
33	F	LCDENT	Single	43620
23	F	LCDENT	Single	43620
26	M	LCDENT	Single	43620
49	F	LCDENT	Single	43620
39	M	LCDENT	Single	43620
58	F	LCDENT	Single	43620
59	F	LCDENT	Family	43623
49	M	LCDENT	Single	43623
48	M	LCDENT	Family	43623
49	M	LCDENT	Single	43623
54	F	LCDENT	Family	43623
52	M	LCDENT	Single	43623
65	F	LCDENT	Family	43623
47	M	LCDENT	Family	43623
52	F	LCDENT	Family	43623
48	M	LCDENT	Single	43623
62	M	LCDENT	Family	43623
49	M	LCDENT	Single	43623
68	M	LCDENT	Single	43623
			Family	43623

47	M	LCDENT	Family	43623
43	F	LCDENT	Family	43623
62	M	LCDENT	Family	43623
60	F	LCDENT	Single	43623
59	F	LCDENT	Single	43623
53	M	LCDENT	Family	43623
44	F	LCDENT	Family	43623
44	M	LCDENT	Family	43623
49	M	LCDENT	Single	43623
50	M	LCDENT	Single	43623
60	F	LCDENT	Family	43623
45	F	LCDENT	Family	43623
50	M	LCDENT	Family	43623
61	F	LCDENT	Single	43623
65	M	LCDENT	Family	43623
41	M	LCDENT	Family	43623
48	M	LCDENT	Family	43623
71	F	LCDENT	Single	43623
41	M	LCDENT	Single	43623
51	F	LCDENT	Single	43623
41	F	LCDENT	Family	43623
69	F	LCDENT	Single	43623
46	F	LCDENT	Single	43623
51	M	LCDENT	Family	43623
45	F	LCDENT	Family	43623
60	M	LCDENT	Family	43623
53	M	LCDENT	Family	43623
48	M	LCDENT	Family	43623
45	F	LCDENT	Family	43623
42	M	LCDENT	Family	43623
72	M	LCDENT	Single	43623
55	F	LCDENT	Single	43623
54	M	LCDENT	Single	43623
44	F	LCDENT	Family	43623
35	F	LCDENT	Family	43623
59	M	LCDENT	Single	43623
60	F	LCDENT	Family	43623
39	M	LCDENT	Family	43623
44	M	LCDENT	Family	43623
72	F	LCDENT	Single	43623
42	F	LCDENT	Single	43623
50	M	LCDENT	Family	43623
35	F	LCDENT	Family	43623
60	F	LCDENT	Single	43623
58	F	LCDENT	Family	43623
37	M	LCDENT	Family	43623
53	F	LCDENT	Family	43623
46	F	LCDENT	Family	43623
51	M	LCDENT	Family	43623
39	F	LCDENT	Family	43623
50	M	LCDENT	Family	43623
34	F	LCDENT	Family	43623

33	F	LCDENT	Family	43623
37	F	LCDENT	Single	43623
29	M	LCDENT	Family	43623
34	M	LCDENT	Family	43623
29	M	LCDENT	Single	43623
27	M	LCDENT	Single	43623
38	F	LCDENT	Family	43623
50	F	LCDENT	Single	43623
53	M	LCDENT	Family	43623
32	F	LCDENT	Family	43623
43	M	LCDENT	Single	43623
59	F	LCDENT	Family	43623
25	M	LCDENT	Single	43623
41	M	LCDENT	Family	43623
50	M	LCDENT	Family	43623
54	F	LCDENT	Single	43635
62	F	LCDENT	Family	43635
58	F	LCDENT	Single	43635
63	M	LCDENT	Single	43635
56	M	LCDENT	Family	43650
28	F	LCDENT	Single	44089
62	M	LCDENT	Single	44646
58	F	LCDENT	Family	44830
40	M	LCDENT	Family	44830
62	M	LCDENT	Family	44870
36	M	LCDENT	Family	45801
63	M	LCDENT	Family	45817
54	F	LCDENT	Family	45827
46	M	LCDENT	Family	45840
49	F	LCDENT	Family	45889
40	M	LCDENT	Family	46317
54	M	LCDENT	Family	48103
47	F	LCDENT	Family	48103
63	F	LCDENT	Single	48133
42	F	LCDENT	Single	48133
46	F	LCDENT	Family	48133
29	F	LCDENT	Family	48133
52	F	LCDENT	Single	48133
53	M	LCDENT	Family	48134
42	F	LCDENT	Family	48140
64	M	LCDENT	Family	48140
47	M	LCDENT	Family	48140
52	F	LCDENT	Family	48140
52	F	LCDENT	Family	48140
45	F	LCDENT	Family	48144
56	F	LCDENT	Single	48144
53	M	LCDENT	Family	48144
49	M	LCDENT	Family	48144
51	F	LCDENT	Family	48144
67	F	LCDENT	Family	48144
40	M	LCDENT	Family	48144
57	M	LCDENT	Family	48144

51	F	LCDENT	Family	48144
40	F	LCDENT	Family	48144
41	M	LCDENT	Family	48144
60	F	LCDENT	Family	48144
32	F	LCDENT	Family	48144
39	F	LCDENT	Family	48144
45	M	LCDENT	Family	48144
41	F	LCDENT	Family	48144
47	M	LCDENT	Family	48162
59	F	LCDENT	Family	48182
56	F	LCDENT	Single	48182
59	F	LCDENT	Family	48182
53	M	LCDENT	Family	48182
51	F	LCDENT	Family	48182
43	M	LCDENT	Family	48182
53	F	LCDENT	Family	48182
38	M	LCDENT	Family	48182
43	M	LCDENT	Family	48182
56	F	LCDENT	Family	48182
63	F	LCDENT	Family	48182
47	M	LCDENT	Single	48182
40	M	LCDENT	Single	48182
54	M	LCDENT	Family	48182
37	F	LCDENT	Family	48182
58	F	LCDENT	Family	48182
41	F	LCDENT	Family	48182
58	F	LCDENT	Family	48182
40	F	LCDENT	Family	48182
30	F	LCDENT	Single	48182
30	F	LCDENT	Single	48182
53	F	LCDENT	Single	48182
32	F	LCDENT	Family	48182
54	F	LCDENT	Family	48182
54	M	LCDENT	Family	48182
42	M	LCDENT	Single	48182
54	F	LCDENT	Family	48182
59	F	LCDENT	Family	48192
55	F	LCDENT	Family	49220
27	M	LCDENT	Single	49221
60	F	LCDENT	Family	49221
36	M	LCDENT	Family	49221
47	F	LCDENT	Family	49228
34	F	LCDENT	Family	49230
54	M	LCDENT	Family	49247
60	F	LCDENT	Family	49256
45	F	LCDENT	Single	49256
47	F	LCDENT	Single	49256
56	M	LCDENT	Family	49267
58	F	LCDENT	Family	49267
38	F	LCDENT	Single	49267
55	F	LCDENT	Family	49267
36	M	LCDENT	Family	49267
			Family	49267

39	F	LCDENT	Family	49267
45	F	LCDENT	Family	49268
62	F	LCDENT	Single	49268
63	F	LCDENT	Family	49270
43	F	LCDENT	Family	49270
45	M	LCDENT	Single	49270
36	M	LCDENT	Single	49270
56	F	LCDENT	Family	49270
50	F	LCDENT	Family	49720

SECTION VI CLAIMS HISTORY

Interested parties should note the medical, dental and drug claims experience described in this section represents net dollars paid by Lucas County after all provider discounts, coordination of benefits savings, etc. have been realized.

INSERT RATE CHARTS HERE.

2007 Rates			
Dept. Charges Effective 01/01/07			
Contract Rates & COBRA Rates Effective 03/01/07			
	Single		Family
Paramount Health Care			
Premium	$208.69		$562.65
COBRA	$212.86		$573.90
Department	$274.56		$722.70
HCPC - health (self-insured)			
Admin. Fee.	$13.50		$13.50
Quantum Care, Inc. (Medical Mgt.)	$1.65		$1.65
FrontPath (network access fees)	$4.00		$4.00
Kanawha (stop-loss)	$6.12		$15.48
COBRA	$280.05		$737.15
Department	$274.56		$722.70
Total Script - drug			
Admin. Fee	$0.00		$0.00
COBRA	$95.63		$211.14
Department	$93.75		$207.00
HCPC- dental			
Admin. Fee	$2.00		$2.00
COBRA	$24.17		$67.17
Department	$23.70		$65.85
MetLife Dental PPO			
Premium	$17.30		$47.43
COBRA	$17.65		$48.38
Department	$23.70		$65.85
MetLife			
Life	$0.119		per 1000
AD&D	$0.02		per 1000
Total:	$0.139		
CJCC - $4.17	(3.57 + .60)		per 30,000
All other depts. - $5.56	(4.76 + .80)		per 40,000

2008 Rates			
Dept. Charges Effective 01/01/08			
Contract Rates & COBRA Rates Effective 03/01/08			
	Single		Family
Paramount Health Care			
Premium			
COBRA	$232.49		$626.82
Department	$237.14		$639.36
HCPC - health (self-insured)	$274.56		$722.70
Admin. Fee			
Quantum Care, Inc. (Medical Mgt.)	$13.50		$13.50
FrontPath (network access fees)	$1.65		$1.65
Kanawha (stop-loss)	$4.00		$4.00
COBRA	$6.58		$17.11
Department	$280.05		$737.15
Total Script - drug	$274.56		$722.70
Admin. Fee			
COBRA	$0.00		$0.00
Department	$95.63		$211.14
HCPC- dental	$93.75		$207.00
Admin. Fee			
COBRA	$2.00		$2.00
Department	$24.17		$67.17
MetLife Dental PPO	$23.70		$65.85
Premium			
COBRA	$17.30		$47.43
Department	$17.65		$48.38
MetLife	$23.70		$65.85
Life			
AD&D	$0.119		per 1000
Total:	$0.02		per 1000
	$0.139		
CJCC - $4.17	(3.57 + .60)		per 30,000
All other depts. - $5.56	(4.76 + .80)		per 40,000

Actual Kanawha Prem
#6.42 + $16.72

2009 Rates			
Dept. Charges Effective 01/01/09			
Contract Rates & COBRA Rates Effective 03/01/09			
	Single		Family
Paramount Health Care			
Admin. Fee.			
COBRA	$23.73		$63.37
Department	$280.05		$737.15
HCPC - health (self-insured)	$274.56		$722.70
Admin. Fee. (Incl. Medical Mgt)			
PHC (network access fees)	$16.84		$16.84
FrontPath (network access fees)	$4.50		$4.50
Stop Loss	$5.50		$5.50
COBRA	$3.36		$10.31
Department	$280.05		$737.15
Total Script - drug	$274.56		$722.70
Admin. Fee			
COBRA	$0.00		$0.00
Department	$95.63		$211.14
HCPC- dental	$93.75		$207.00
Admin. Fee			
COBRA	$2.14		$2.14
Department	$24.17		$67.17
MetLife Dental PPO	$23.70		$65.85
Premium			
COBRA	$17.30		$47.43
Department	$17.65		$48.38
MetLife	$23.70		$65.85
Life			
AD&D	$0.119		per 1000
Total:	$0.02		per 1000
	$0.139		
CJCC - $4.17	(3.57 + .60)		per 30,000
All other depts. - $5.56	(4.76 + .80)		per 40,000

2010 Rates			
Dept. Charges Effective 01/01/10			
Contract Rates & COBRA Rates Effective 03/01/10			
	Single		Family
Paramount Health Care			
Admin. Fee.			
COBRA	$39.50		$39.50
Department	$280.05		$737.15
HCPC - health (self-insured)	$274.56		$722.70
Admin. Fee. (Incl. Medical Mgt)			
PHC (network access fees)	$16.84		$16.84
FrontPath (network access fees)	$4.50		$4.50
Stop Loss	$5.50		$5.50
COBRA	$3.95		$11.88
Department	$280.05		$737.15
Total Script - drug	$274.56		$722.70
Admin. Fee			
COBRA	$0.00		$0.00
Department	$95.63		$211.14
HCPC- dental	$93.75		$207.00
Admin. Fee			
COBRA	$2.14		$2.14
Department	$24.17		$67.17
MetLife Dental PPO	$23.70		$65.85
Premium			
COBRA	$18.68		$51.22
Department	$19.05		$52.24
~~MetLife~~ Sun Financial	$23.70		$65.85
Life			
AD&D	$0.130		per 1000
Total:	$0.02		per 1000
	$0.150		per 1000
$6.00 per EE per month			per 40,000

2011 Rates			
Dept. Charges Effective 01/01/11			
Contract Rates & COBRA Rates Effective 03/01/11			
	Single		Family
Paramount Health Care			
Admin. Fee.			
COBRA	$39.50		$39.50
Department	$280.05		$737.15
HCPC - health (self-insured)	$274.56		$722.70
Admin. Fee. (Incl. Medical Mgt)			
PHC (network access fees)	$16.84		$16.84
FrontPath (network access fees)	$4.50		$4.50
Stop Loss	$5.50		$5.50
COBRA	$4.23		$12.85
Department	$280.05		$737.15
Total Script - drug	$274.56		$722.70
Admin. Fee			
COBRA	$0.00		$0.00
Department	$95.63		$211.14
HCPC- dental	$93.75		$207.00
Admin. Fee			
COBRA	$2.14		$2.14
Department	$24.17		$67.17
Ameritas Dental PPO	$23.70		$65.85
Premium			
COBRA	$20.88		$57.60
Department	$21.30		$58.75
Sun Life	$23.70		$65.85
Life			
AD&D	$0.130		per 1000
Total:	$0.02		per 1000
	$0.150		per 1000
$6.00 per EE per month			per 40,000

HMO Program Expense 2008

Paramount Health Care

Enrollment	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Avg. Enrollment
# Single	521	525	506	502	499	494	491	487	486	483	483	483	497
# Family	1,126	1,124	1,126	1,123	1,130	1,125	1,123	1,122	1,122	1,118	1,132	1,122	1,124
	1,647	1,649	1,632	1,625	1,629	1,619	1,614	1,609	1,608	1,601	1,615	1,605	1,621
COBRA Enrollment:													
#Single	12	11	9	9	11	12	8	8	7	7	7	4	
#Family	3	2	2	2	1	2	1	0	0	0	0	0	
	15	13	11	11	12	14	9	8	7	7	7	4	10
Total Enrollment	1,662	1,662	1,643	1,636	1,641	1,633	1,623	1,617	1,615	1,608	1,622	1,609	1,631

Premiums paid to Paramount Health Care

Premium	$ 744,458.57	$ 743,232.99	$ 823,601.10	$ 820,325.70	$ 826,199.57	$ 818,860.11	$ 815,979.04	$ 816,444.02	$ 816,747.13	$ 812,612.45	$ 816,140.38	$ 817,323.87	Total
COBRA Premium	$ 6,007.02	$ 3,838.27	$ 3,346.05	$ 3,113.56	$ 4,346.66	$ 3,811.03	$ 2,254.25	$ 1,859.92	$ 1,627.43	$ 1,627.43	$ 1,162.45	$ 697.47	$ 9,671,925.43
Total Premium	$ 750,465.59	$ 747,071.26	$ 826,947.15	$ 823,439.26	$ 830,546.23	$ 822,671.14	$ 818,233.29	$ 818,303.94	$ 818,374.56	$ 814,239.88	$ 817,303.33	$ 818,021.34	$ 33,691.54
													$ 9,705,616.97

Department Revenue for Paramount Health Care

Income	$ 959,595.78	$ 958,106.16	$ 952,861.14	$ 949,045.68	$ 955,824.54	$ 947,297.34	$ 945,924.54	$ 941,963.88	$ 945,577.38	$ 940,041.96	$ 944,378.16	$ 945,173.46	$ 11,385,790.02
COBRA Income	$ 6,127.08	$ 3,914.98	$ 3,412.98	$ 3,113.56	$ 4,433.60	$ 4,124.40	$ 2,299.34	$ 1,897.12	$ 1,659.98	$ 1,659.98	$ 1,185.70	$ 711.42	$ 34,540.14
Spouse Primary Contrib.												$ 320,945.00	$ 320,945.00
Total Income	$ 965,722.86	$ 962,021.14	$ 956,274.12	$ 952,159.24	$ 960,258.14	$ 951,421.74	$ 948,223.88	$ 943,861.00	$ 947,237.36	$ 941,701.94	$ 945,563.86	$ 1,266,829.88	$ 11,741,275.16
Monthly Net	$ 215,257.27	$ 214,949.88	$ 129,326.97	$ 128,719.98	$ 129,711.91	$ 128,750.60	$ 129,990.59	$ 125,557.06	$ 128,862.80	$ 127,462.06	$ 128,260.53	$ 448,808.54	
YTD Net	$ 215,257.27	$ 430,207.15	$ 559,534.12	$ 688,254.10	$ 817,966.01	$ 946,716.61	$ 1,076,707.20	$ 1,202,264.26	$ 1,331,127.06	$ 1,458,589.12	$ 1,586,849.65	$ 2,035,658.19	

HMO Program Expense 2009

Paramount Health Care

Enrollment	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Avg. Enrollment
# Single	481	487										0	484
# Family	1,114	1,108										0	1,111
	1,595	1,595	0	0	0	0	0	0	0	0	0	0	1,595
COBRA Enrollment:													
#Single	2	3											
#Family	1	0											
	3	3	0	0	0	0	0	0	0	0	0	0	6
Total Enrollment	1,598	1,598	0	0	0	0	0	0	0	0	0	0	1,598

Premiums paid to Paramount Health Care

Premium	$ 810,105.17	$ 807,415.51											
COBRA Premium	$ 1,743.70	$ 697.47											Total
Total Premium	$ 811,848.87	$ 808,112.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,619,961.85

Department Revenue for Paramount Health Care

Income	$ 937,151.16	$ 934,115.16											
COBRA Income	$ 1,753.00	$ 711.42											
Total Income	$ 938,904.16	$ 934,826.58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,873,730.74
Monthly Net	$ 127,055.29	$ 126,713.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
YTD Net	$ 127,055.29	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	$ 253,768.89	

PARAMOUNT HMO

		Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sept. 09	Oct-09	Nov-09	Dec-09	Total
Claims Cost		$ -	$ -	$ 86,676.88	$ 471,535.24	$ 736,852.11	$ 505,197.74	$ 755,647.12	$ 652,652.52	$ 684,223.30	$ 833,041.62	$ 534,937.63	$ 570,039.75	$ 5,830,803.93
Administration Fees		$ -	$ -	$ 80,344.78	$ 79,941.37	$ 79,790.90	$ 79,632.34	$ 79,323.58	$ 79,513.69	$ 79,236.75	$ 78,690.42	$ 79,925.73	$ 78,698.24	$ 795,097.80
Stop Loss		$ -	$ -	$ 12,776.79	$ 12,775.63	$ 12,775.63	$ 12,738.21	$ 12,686.89	$ 12,690.48	$ 12,670.09	$ 12,598.38	$ 12,677.01	$ 12,608.69	$ 126,997.83
COBRA Admin. Fees		$ -	$ -	$ 71.19	$ 221.66	$ 134.56	$ 110.83	$ 158.29	$ 134.56	$ 134.56	$ 255.52	$ 158.29	$ 182.02	$ 1,561.48
COBRA Stop loss		$ -	$ -	$ 10.08	$ 23.75	$ 20.39	$ 17.03	$ 23.75	$ 20.39	$ 20.39	$ 37.52	$ 23.75	$ 27.11	$ 224.16
COBRA Util. Review		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Admin. & Access Fees		$ -	$ -	$ 93,202.84	$ 92,962.41	$ 92,721.48	$ 92,498.41	$ 92,192.51	$ 92,359.12	$ 92,061.79	$ 91,581.84	$ 92,784.81	$ 91,516.06	$ 923,881.27
Bank Service Charges													$ -	$ -
Total Claims, Admin &FP Fees		$ -	$ -	$ 179,879.72	$ 564,497.65	$ 829,573.59	$ 597,696.15	$ 847,839.63	$ 745,011.64	$ 776,285.09	$ 924,623.46	$ 627,722.44	$ 661,555.81	$ 6,754,685.20
Income														
# Single		0	0	483	473	469	468	465	463	460	454	450	454	
Dept. Chg.	$274.56	$ -	$ -	$ 132,612.48	$ 129,866.88	$ 128,768.64	$ 128,494.08	$ 127,670.40	$ 127,121.28	$ 126,297.60	$ 124,650.24	$ 126,023.04	$ 124,650.24	$ 1,276,154.88
# Family		0	0	1,088	1,085	1,085	1,083	1,079	1,080	1,079	1,074	1,080	1,075	
Dept. Chg.	$722.70	$ -	$ -	$ 786,297.60	$ 784,129.50	$ 784,129.50	$ 782,684.10	$ 779,793.30	$ 780,516.00	$ 779,793.30	$ 776,179.80	$ 780,516.00	$ 776,902.50	$ 7,810,941.60
Total Active Income		$ -	$ -	$ 918,910.08	$ 913,996.38	$ 912,898.14	$ 911,178.18	$ 907,463.70	$ 907,637.28	$ 906,090.90	$ 900,830.04	$ 906,539.04	$ 901,552.74	$ 9,087,096.48
Total Active Enrollment		0	0	1,571	1,558	1,554	1,551	1,544	1,543	1,539	1,528	1,530	1,529	
COBRA Single Income		$ -	$ -	$ 840.15	$ 1,120.20	$ 840.15	$ 560.10	$ 840.15	$ 840.15	$ 840.15	$ 2,207.49	$ 1,120.20	$ 1,400.25	$ 10,608.99
COBRA Family Income		$ -	$ -	$ -	$ 1,474.30	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 7,371.50
Total COBRA Income		$ -	$ -	$ 840.15	$ 2,594.50	$ 1,577.30	$ 1,297.25	$ 1,577.30	$ 1,577.30	$ 1,577.30	$ 2,944.64	$ 1,857.35	$ 2,137.40	$ 17,980.49
COBRA Single Enrollment				3	4	3	3	3	3	3	4	4	5	
COBRA Family Enrollment			$ -	$ -	1	1	1	1	1	1	1	1	1	
Total COBRA Enrollment		0	0	3	5	4	4	4	4	4	5	5	6	
Total Enrollment		0	0	1,574	1,563	1,558	1,555	1,548	1,547	1,543	1,533	1,544	1,535	
Active Income		$ -	$ -	$ 918,910.08	$ 913,996.38	$ 912,898.14	$ 911,178.18	$ 907,463.70	$ 907,637.28	$ 906,090.90	$ 900,830.04	$ 906,539.04	$ 901,552.74	$ 9,087,096.48
Adjustments		$ -	$ -	$ (722.70)	$ 694.32	$ (823.68)	$ (1,170.84)	$ (1,020.96)	$ 997.26	$ (650.10)	$ (1,647.36)	$ 6,778.86	$ (1,546.38)	$ 888.42
Total Active Income		$ -	$ -	$ 918,187.38	$ 914,690.70	$ 912,074.46	$ 910,007.34	$ 906,442.74	$ 908,634.54	$ 905,440.80	$ 899,182.68	$ 913,317.90	$ 900,006.36	$ 9,087,984.90
Plus COBRA Income		$ -	$ -	$ 840.15	$ 2,594.50	$ 1,577.30	$ 1,297.25	$ 1,577.30	$ 1,577.30	$ 1,577.30	$ 2,944.64	$ 1,857.35	$ 2,137.40	$ 17,980.49
Subtotal		$ -	$ -	$ 919,027.53	$ 917,285.20	$ 913,651.76	$ 911,304.59	$ 908,020.04	$ 910,211.84	$ 907,018.10	$ 902,127.32	$ 915,175.25	$ 902,143.76	$ 9,105,965.39
Bank Service - Interest Credit													$ -	$ -
Overpayments/Refunds		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 983.33	$ -	$ -	$ 983.33
Stop Loss Settlement		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Spouse Primary Contributions												$ 340,476.13		
Total Income		$ -	$ -	$ 919,027.53	$ 917,285.20	$ 913,651.76	$ 911,304.59	$ 908,020.04	$ 910,211.84	$ 907,018.10	$ 903,110.65	$ 915,175.25	$ 1,242,619.89	$ 9,447,424.85
Monthly Net		$ -	$ -	$ 739,147.81	$ 352,787.55	$ 84,078.17	$ 313,608.44	$ 60,180.41	$ 165,200.20	$ 130,733.01	$ (21,512.81)	$ 287,452.79	$ 581,064.08	
YTD Net		$ -	$ -	$ 739,147.81	$ 1,091,935.36	$ 1,176,013.53	$ 1,489,621.97	$ 1,549,802.38	$ 1,715,002.58	$ 1,845,735.59	$ 1,824,222.78	$ 2,111,675.57	$ 2,692,739.65	$ 2,692,739.65
Avg. Cost/Contract		#DIV/0!	#DIV/0!	114.281906	361.1629239	532.4605841	384.3705145	547.7000194	481.5847705	503.1011601	603.1464188	406.5559974	430.9809837	#DIV/0!

PARAMOUNT HEALTH PLAN
2010

	Jan. 2010	Feb. 2010	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug. 2010	Sept. 2010	Oct. 10	Nov. 10	Dec. 10	Total
Claims Cost	$ 751,048.34	$ 650,536.14	$ 740,337.59	$ 702,552.83	$ 628,081.73	$ 722,604.56	$ 686,311.13	$ 614,682.65	$ 896,852.57	$ 922,478.87	$ 774,329.31	$ 757,422.16	$ 8,847,237.88
Administration Fees	$ 78,428.58	$ 78,032.72	$ 57,196.00	$ 56,761.50	$ 56,801.00	$ 56,208.50	$ 55,853.00	$ 55,971.50	$ 55,576.50	$ 55,616.00	$ 54,814.00	$ 56,022.00	$ 717,281.60
Stop Loss	$ 12,543.01	$ 12,453.81	$ 13,659.10	$ 13,689.31	$ 13,622.01	$ 13,542.66	$ 13,503.30	$ 13,439.95	$ 13,404.34	$ 13,388.51	$ 13,356.82	$ 13,356.85	$ 159,959.67
COBRA Admin. Fees	$ 182.02	$ 300.67	$ 347.69	$ 355.50	$ 237.00	$ 197.50	$ 276.50	$ 158.00	$ 237.00	$ 237.00	$ 237.00	$ 237.00	$ 3,002.88
COBRA Stop loss	$ 27.11	$ 43.91	$ 45.66	$ 47.43	$ 31.63	$ 19.75	$ 43.51	$ 23.73	$ 31.63	$ 39.56	$ 43.51	$ 43.51	$ 440.94
COBRA Util. Review	$ -	$ -	$ -										
Total Admin. & Access Fees	$ 91,180.72	$ 90,831.11	$ 71,248.45	$ 70,853.74	$ 70,691.64	$ 69,968.41	$ 69,676.31	$ 69,593.18	$ 69,249.47	$ 69,281.07	$ 68,451.63	$ 69,659.36	$ 880,685.09
Bank Service Charges													
Total Claims, Admin.&FP Fe	$ 842,229.06	$ 741,367.25	$ 811,586.04	$ 773,406.57	$ 698,773.37	$ 792,572.97	$ 755,987.44	$ 684,275.83	$ 966,102.04	$ 991,759.94	$ 842,780.94	$ 827,081.52	$ 9,727,922.97
Income													
# Single	459	457	440	437	435	430	426	425	422	421	422	419	
Dept. Chg. $274.	$ 126,023.04	$ 125,473.92	$ 120,806.40	$ 119,982.72	$ 119,433.60	$ 118,060.80	$ 116,962.56	$ 116,688.00	$ 115,864.32	$ 115,589.76	$ 115,864.32	$ 115,040.64	$ 1,425,790.08
# Family	1,067	1,059	1,006	1,007	1,002	997	995	990	988	987	984	985	
Dept. Chg. $722.	$ 771,120.90	$ 765,339.30	$ 727,036.20	$ 727,758.90	$ 724,145.40	$ 720,531.90	$ 719,086.50	$ 715,473.00	$ 714,027.60	$ 713,304.90	$ 711,136.80	$ 711,859.50	$ 8,720,820.90
Total Active Income	$ 897,143.94	$ 890,813.22	$ 847,842.60	$ 847,741.62	$ 843,579.00	$ 838,592.70	$ 836,049.06	$ 832,161.00	$ 829,891.92	$ 828,894.66	$ 827,001.12	$ 826,900.14	$ 10,146,610.98
Total Active Enrollment	1,526	1,516	1,446	1,444	1,437	1,427	1,421	1,415	1,410	1,408	1,406	1,404	0
COBRA Single Income	$ 1,400.25	$ 2,800.50	$ 2,520.45	$ 2,240.40	$ 1,400.25	$ 1,400.25	$ 1,400.25	$ 840.15	$ 1,400.25	$ 1,120.20	$ 1,400.25	$ 1,400.25	$ 19,323.45
COBRA Family Income	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ -	$ 1,474.30	$ 737.15	$ 737.15	$ 1,474.30	$ 737.15	$ 737.15	$ 9,582.95
Total COBRA Income	$ 2,137.40	$ 3,537.65	$ 3,257.60	$ 2,977.55	$ 2,137.40	$ 1,400.25	$ 2,874.55	$ 1,577.30	$ 2,137.40	$ 2,594.50	$ 2,137.40	$ 2,137.40	$ 28,906.40
COBRA single Enrollment	4	7	6	7	6	6	5	4	5	4	5	5	
COBRA Family Enrollment	1	1	1	1	1	1	1	1		1	1	1	
Total Enrollment	1,531	1,524	1,453	1,452	1,444	1,434	1,427	1,420	1,415	1,413	1,412	1,410	17,335
Active Income	$ 897,143.94	$ 890,813.22	$ 847,842.60	$ 847,741.62	$ 843,579.00	$ 838,592.70	$ 836,049.06	$ 832,161.00	$ 829,891.92	$ 828,894.66	$ 827,001.12	$ 826,900.14	$ 10,146,610.98
Adjustments	$ (896.28)	$ 896.28	$ (2,240.70)	$ (2,818.20)	$ 6,027.78	$ (4,263.60)	$ (10,433.28)	$ 1,271.82	$ 1,691.58	$ 173.58	$ (1,271.82)	$ 1,417.02	$ (10,445.82)
Total Active Income	$ 896,247.66	$ 891,709.50	$ 845,601.90	$ 844,923.42	$ 849,606.78	$ 834,329.10	$ 825,615.78	$ 833,432.82	$ 831,583.50	$ 829,068.24	$ 825,729.30	$ 828,317.16	$ 10,136,165.16
Plus COBRA Income	$ 2,137.40	$ 3,537.65	$ 3,257.60	$ 2,977.55	$ 2,137.40	$ 1,400.25	$ 2,874.55	$ 1,577.30	$ 2,137.40	$ 2,594.50	$ 2,137.40	$ 2,137.40	$ 28,906.40
Subtotal	$ 898,385.06	$ 895,247.15	$ 848,859.50	$ 847,900.97	$ 851,744.18	$ 835,729.35	$ 828,490.33	$ 835,010.12	$ 833,720.90	$ 831,662.74	$ 827,866.70	$ 830,454.56	$ 10,165,071.56
Bank Service - Interest Credit							$ 13,269.88					$ 14,589.81	
Overpayments/Refunds													
Stop Loss Settlement													
Total Income	$ 898,385.06	$ 895,247.15	$ 848,859.50	$ 847,900.97	$ 851,744.18	$ 835,729.35	$ 841,760.21	$ 835,010.12	$ 833,720.90	$ 831,662.74	$ 827,866.70	$ 845,044.37	$ 10,165,071.56
Monthly Net	$ 56,156.00	$ 153,879.90	$ 37,273.46	$ 74,494.40	$ 152,970.81	$ 43,156.38	$ 85,772.77	$ 150,734.29	$ (132,381.14)	$ (160,097.20)	$ (14,914.24)	$ 17,962.85	$ 437,148.59
YTD Net	$ 56,156.00	$ 210,035.90	$ 247,309.36	$ 321,803.76	$ 474,774.57	$ 517,930.95	$ 603,703.72	$ 754,438.01	$ 622,056.87	$ 461,959.67	$ 447,045.43	$ 465,008.28	
Avg. Cost/Contract	550.1169562	486.4614501	558.5588713	532.6491529	483.9150762	552.7008159	529.7739594	481.8843873	682.7576254	701.882477	596.8703541	586.5826383	561.1723663

PARAMOUNT HEALTH PLAN 2011

		Jan. 2011	Feb. 2011	March 2011	Apr. 2011	May 2011	June 2011	July 2011	Aug. 2011	Sept. 2011	Total
Claims Cost		$ 1,191,509.26	$ 626,209.75	$ 715,116.96	$ 642,853.30	$ 745,175.83	$ 1,181,043.33	$ 914,170.90	$ -	$ -	$ 6,016,079.33
Administration Fees		$ 55,853.00	$ 53,799.00	$ 54,549.50	$ 54,786.50	$ 54,984.00	$ 54,036.00	$ 53,048.50	$ 53,878.00	$ -	$ 434,934.50
Stop Loss		$ 13,352.69	$ 13,150.94	$ 13,297.72	$ 14,439.68	$ 14,426.99	$ 14,358.83	$ 14,127.85	$ 14,243.66	$ -	$ 111,398.36
COBRA Admin. Fees		$ 316.00	$ 276.50	$ 237.00	$ 276.50	$ 197.50	$ 237.00	$ 395.00	$ 316.00	$ -	$ 2,251.50
COBRA Stop loss		$ 39.53	$ 35.58	$ 31.63	$ 38.23	$ 21.15	$ 34.00	$ 59.54	$ 33.84	$ -	$ 293.50
COBRA Util. Review		$ -	$ -	$ -							
Total Admin. & Access Fees		$ 69,561.22	$ 67,262.02	$ 68,115.85	$ 69,540.91	$ 69,629.64	$ 68,665.83	$ 67,630.89	$ 68,471.50	$ -	$ 548,877.86
Bank Service Charges											
Total Claims, Admin.&FP Fe		$ 1,261,070.48	$ 693,471.77	$ 783,232.81	$ 712,394.21	$ 814,805.47	$ 1,249,709.16	$ 981,801.79	$ 68,471.50	$ -	$ 6,564,957.19
Income											
# Single		439	418	393	391	388	381	375	372	0	
Dept. Chg.	$274.	$ 120,531.84	$ 114,766.08	$ 107,902.08	$ 107,352.96	$ 106,529.28	$ 104,607.36	$ 102,960.00	$ 102,136.32	$ -	$ 866,785.92
# Family		978	968	988	995	995	992	976	986	0	
Dept. Chg.	$722.	$ 706,800.60	$ 699,573.60	$ 714,027.60	$ 719,086.50	$ 719,086.50	$ 716,918.40	$ 705,355.20	$ 712,582.20	$ -	$ 5,693,430.60
Total Active Income		$ 827,332.44	$ 814,339.68	$ 821,929.68	$ 826,439.46	$ 825,615.78	$ 821,525.76	$ 808,315.20	$ 814,718.52	$ -	$ 6,560,216.52
Total Active Enrollment		1,417	1,386	1,381	1,386	1,383	1,373	1,351	1,358	0	0
COBRA Single Income		$ 1,960.35	$ 1,680.30	$ 1,400.25	$ 1,680.13	$ 1,400.25	$ 1,680.30	$ 1,960.35	$ 2,240.40	$ -	$ 14,002.33
COBRA Family Income		$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ -	$ 737.15	$ 1,474.30	$ -	$ -	$ 5,160.05
Total COBRA Income		$ 2,697.50	$ 2,417.45	$ 2,137.40	$ 2,417.28	$ 1,400.25	$ 2,417.45	$ 3,434.65	$ 2,240.40	$ -	$ 19,162.38
COBRA single Enrollment		6	6	6	6	5	5	6	7	$ -	
COBRA Family Enrollment		1	1	1	1	1	1	1	1		
Total Enrollment		1,424	1,393	1,388	1,393	1,389	1,379	1,358	1,366	0	11,090
Active Income		$ 827,332.44	$ 814,339.68	$ 821,929.68	$ 826,439.46	$ 825,615.78	$ 821,525.76	$ 808,315.20	$ 814,718.52	$ -	$ 6,560,216.52
Adjustments		$ 968.88	$ (9,552.84)	$ -	$ 4,235.22	$ 4,610.76	$ (476.52)	$ (5,333.46)	$ 6,128.76	$ -	$ 580.80
Total Active Income		$ 828,301.32	$ 804,786.84	$ 821,929.68	$ 830,674.68	$ 830,226.54	$ 821,049.24	$ 802,981.74	$ 820,847.28	$ -	$ 6,560,797.32
Plus COBRA Income		$ 2,697.50	$ 2,417.45	$ 2,137.40	$ 2,417.28	$ 1,400.25	$ 2,417.45	$ 3,434.65	$ 2,240.40	$ -	$ 19,162.38
Subtotal		$ 830,998.82	$ 807,204.29	$ 824,067.08	$ 833,091.96	$ 831,626.79	$ 823,466.69	$ 806,416.39	$ 823,087.68	$ -	$ 6,579,959.70
Bank Service - Interest Credit							$ 8,880.49	$ 9,152.16			
Overpayments/Refunds							$ 78,226.48				
Stop Loss Settlement							$ 910,573.66	$ 815,568.55	$ 823,087.68	$ -	$ 6,579,959.70
Total Income		$ 830,998.82	$ 807,204.29	$ 824,067.08	$ 833,091.96	$ 831,626.79	$ (339,135.50)	$ (166,233.24)	$ 754,616.18	$ -	$ 15,002.51
Monthly Net		$ (430,071.66)	$ 113,732.52	$ 40,834.27	$ 120,697.75	$ 16,821.32	$ (477,121.30)	$ (643,354.54)	$ 111,261.64	$ 111,261.64	
YTD Net		$ (430,071.66)	$ (316,339.14)	$ (275,504.87)	$ (154,807.12)	$ (137,985.80)	906.2430457	722.9762813	50.12554905	#DIV/0!	591.9708918
Avg. Cost/Contract		885.5832022	497.8261091	564.288768	511.4100574	586.6130094					

LUCAS COUNTY HEALTH PLAN 2009
PHYSICIANS HEALTH COLLABORATIVE

		Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sept -09	Oct-09	Nov-09	Dec-09	Total
Claims Cost		$ -	$ -	$ -	$ 3,824 19	$ 2,900 94	$ 2,083 80	$ 7,670 89	$ 9,033 91	$ 17,667 61	$ 3,413 88	$ 4,921 44	$ 2,482 56	$ 53,998 22
Administration Fees		$ -	$ -	$ 319 96	$ 353 64	$ 336 80	$ 303 12	$ 336 80	$ 370 48	$ 387 32	$ 370 48	$ 370 48	$ 421 00	$ 3,570 08
Stop Loss		$ -	$ -	$ 171 45	$ 171 45	$ 171 45	$ 168 09	$ 171 45	$ 178 17	$ 188 48	$ 178 17	$ 178 17	$ 178 17	$ 1,755 05
HCPC/QUANTUM Util. Review		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
HCPC HCS Case Management		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PHC Network fees		$ -	$ -	$ 85 50	$ 94 50	$ 90 00	$ 85 50	$ 90 00	$ 99 00	$ 103 50	$ 99 00	$ 99 00	$ 99 00	$ 945 00
Ohio Health Choice Network		$ -	$ -	$ -	$ 236 94	$ 262 13	$ 675 46	$ 572 82	$ 161 32	$ 88 27	$ -	$ 126 10	$ -	$ 2,123 04
USA/MCO Network		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Admin. Fees		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Stop loss		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Util. Review		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Access Fees		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Admin. & Access Fees		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Bank Service Charges				$ 576 91	$ 856 53	$ 860 38	$ 1,232 17	$ 1,171 07	$ 808 97	$ 767 57	$ 647 65	$ 773 75	$ 698 17	$ 8,393 17
Total Claims, Admin &FP Fees		$ -	$ -	$ 576 91	$ 4,680 72	$ 3,761 32	$ 3,315 97	$ 8,841 96	$ 9,842 88	$ 18,435 18	$ 4,061 53	$ 5,694 19	$ 3,180 73	$ 62,391 39
Income														
# Single		0	0	5	5	5	4	5	7	7	7	7	8	
Dept. Chg.	$274 56	$ -	$ -	$ 1,372 80	$ 1,372 80	$ 1,372 80	$ 1,098 24	$ 1,372 80	$ 1,921 92	$ 1,921 92	$ 1,921 92	$ 1,921 92	$ 2,196 48	$ 16,473 60
# Family		0	0	14	15	15	15	15	15	16	15	15	15	
Dept. Chg.	$722 70	$ -	$ -	$ 10,117 80	$ 10,840 50	$ 10,840 50	$ 10,840 50	$ 10,840 50	$ 10,840 50	$ 11,563 20	$ 10,840 50	$ 10,840 50	$ 10,840 50	$ 108,405 00
Total Active Income		$ -	$ -	$ 11,490 60	$ 12,213 30	$ 12,213 30	$ 11,938 74	$ 12,213 30	$ 12,762 42	$ 13,485 12	$ 12,762 42	$ 12,762 42	$ 13,036 98	$ 124,878 60
Total Active Enrollment		0	0	19	20	20	19	20	22	23	22	22	23	
COBRA Single Income		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Family Income		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total COBRA Income		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total COBRA Enrollment				0	0	0	0	0	0	0	0	0	0	210
Total Enrollment		0	0	0	0	0	0	0	0	0	0	0	0	
Active Income		0	0	19	20	20	19	20	22	23	22	22	23	
Adjustments		$ -	$ -	$ 11,490 60	$ 12,213 30	$ 12,213 30	$ 11,938 74	$ 12,213 30	$ 12,762 42	$ 13,485 12	$ 12,762 42	$ 12,762 42	$ 13,036 98	$ 124,878 60
Total Active Income		$ -	$ -	$ -	$ 722 70	$ -	$ (274 56)	$ -	$ -	$ -	$ -	$ -	$ 549 12	$ 997 26
Plus COBRA Income		$ -	$ -	$ 11,490 60	$ 12,936 00	$ 12,213 30	$ 11,664 18	$ 12,213 30	$ 12,762 42	$ 13,485 12	$ 12,762 42	$ 12,762 42	$ 13,586 10	$ 125,875 86
Subtotal		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Bank Service - Interest Credit		$ -	$ -	$ 11,490 60	$ 12,936 00	$ 12,213 30	$ 11,664 18	$ 12,213 30	$ 12,762 42	$ 13,485 12	$ 12,762 42	$ 12,762 42	$ 13,586 10	$ 125,875 86
Overpayments/Refunds		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Stop Loss Settlement		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Income		$ -	$ -	$ 11,490 60	$ 12,936 00	$ 12,213 30	$ 11,664 18	$ 12,213 30	$ 12,762 42	$ 13,485 12	$ 12,762 42	$ 12,762 42	$ 13,586 10	$ 125,875 86
Monthly Net		$ -	$ -	$ 10,913 69	$ 8,255 28	$ 8,451 98	$ 8,348 21	$ 3,371 34	$ 2,919 54	$ (4,950 06)	$ 8,700 89	$ 7,068 23	$ 10,405 37	
YTD Net		$ -	$ -	$ 10,913 69	$ 19,168 97	$ 27,620 95	$ 35,969 16	$ 39,340 50	$ 42,260 04	$ 37,309 98	$ 46,010 87	$ 53,079 10	$ 63,484 47	$ 63,484 47
Avg. Cost/Contract		#DIV/0!	#DIV/0!	30 36368421	234 036	188 066	174 52	442 098	447 4036364	801 5295652	184 615	258 8268182	138 2926087	297 1018571

LUCAS COUNTY HEALTH PLAN - PHC NETWORK 2010

	Jan. 2010	Feb. 2010	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug. 2010	Sept. 2010	Oct. 2010	Nov. 2010	Dec. 2010	Total
Claims Cost	$ 10,204.87	$ 3,775.79	$ 3,228.99	$ 13,843.72	$ 42,281.69	$ 29,167.58	$ 2,652.21	$ 4,574.48	$ 3,706.34	$ 8,441.68	$ 4,153.71	$ 10,506.50	$ 136,537.56
Administration Fees	$ 404.16	$ 319.96	$ 454.68	$ 454.68	$ 471.52	$ 437.84	$ 454.68	$ 471.52	$ 471.52	$ 471.52	$ 488.36	$ 488.36	$ 5,388.80
Stop Loss	$ 191.84	$ 167.86	$ 241.46	$ 241.46	$ 253.34	$ 249.39	$ 249.39	$ 245.41	$ 245.41	$ 245.41	$ 249.36	$ 249.36	$ 2,829.69
HCPC/QUANTUM Util. Review													$ -
HCPC HCS Case Management													$ -
PHC Network fees	$ 108.00	$ 85.50	$ 121.50	$ 121.50	$ 126.00	$ 117.00	$ 121.50	$ 135.00	$ 126.00	$ 126.00	$ 130.50	$ 130.50	$ 1,449.00
Ohio Health Choice Network	$ 219.91	$ 96.67	$ 445.45	$ 87.94	$ 82.83	$ 15.01	$ 290.03	$ 63.05	$ 163.93		$ 151.32	$ 113.49	$ 1,729.63
OHC Network Savings Amt. [	$ 106.02	$ 26.67	$ 112.61	$ 23.44	$ 12.95	-	$ 33.99	$ 7.39	-	$ 19.21	$ 17.74	-	$ 360.02
COBRA Admin. Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Stop loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Util. Review	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Access Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Admin. & Access Fees	$ 1,029.93	$ 696.66	$ 1,375.70	$ 929.02	$ 946.64	$ 819.24	$ 1,149.59	$ 922.37	$ 1,006.86	$ 862.14	$ 1,037.28	$ 981.71	$ 11,757.14
Bank Service Charges													
Total Claims, Admin.&FP Fee	$ 11,234.80	$ 4,472.45	$ 4,604.69	$ 14,772.74	$ 43,228.33	$ 29,986.82	$ 3,801.80	$ 5,496.85	$ 4,713.20	$ 9,303.82	$ 5,190.99	$ 11,488.21	$ 148,294.70
Income													
# Single	8	7	10	10	10	9	9	11	11	11	12	12	
Dept. Chg. $274.:	$ 2,196.48	$ 1,921.92	$ 2,745.60	$ 2,745.60	$ 2,745.60	$ 2,471.04	$ 2,471.04	$ 3,020.16	$ 3,020.16	$ 3,020.16	$ 3,294.72	$ 3,294.72	$ 32,947.20
# Family	16	14	17	17	18	18	18	17	17	17	17	17	
Dept. Chg. $722.'	$ 11,563.20	$ 10,117.80	$ 12,285.90	$ 12,285.90	$ 13,008.60	$ 13,008.60	$ 13,008.60	$ 12,285.90	$ 12,285.90	$ 12,285.90	$ 12,285.90	$ 12,285.90	$ 146,708.10
Total Active Income	$ 13,759.68	$ 12,039.72	$ 15,031.50	$ 15,031.50	$ 15,754.20	$ 15,479.64	$ 15,479.64	$ 15,306.06	$ 15,306.06	$ 15,306.06	$ 15,580.62	$ 15,580.62	$ 179,655.30
Total Active Enrollment	24	21	27	27	28	27	27	28	28	28	29	29	
COBRA Single Income													$ -
COBRA Family Income													$ -
Total COBRA Income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Single Enrollment													$ -
COBRA Familly Enrollment													$ -
Total Enrollment													$ -
Active Income	24	21	27	27	28	27	27	28	28	28	29	29	323
Adjustments	$ 13,759.68	$ 12,039.72	$ 15,031.50	$ 15,031.50	$ 15,754.20	$ 15,479.64	$ 15,479.64	$ 15,306.06	$ 15,306.06	$ 15,306.06	$ 15,580.62	$ 15,580.62	$ 179,655.30
Total Active Income	$ -	$ -	$ -	$ -	$ (274.56)								
Plus COBRA Income	$ 13,759.68	$ 12,039.72	$ 15,031.50	$ 15,031.50	$ 15,754.20	$ 15,205.08	$ 15,479.64	$ 15,306.06	$ 15,306.06	$ 15,306.06	$ 15,580.62	$ 15,580.62	$ 179,380.74
Subtotal	$ -	$ -	$ -										
Bank Service Fee	$ 13,759.68	$ 12,039.72	$ 15,031.50	$ 15,031.50	$ 15,754.20	$ 15,205.08	$ 15,479.64	$ 15,306.06	$ 15,306.06	$ 15,306.06	$ 15,580.62	$ 15,580.62	$ 179,380.74
													$ -

LUCAS COUNTY HEALTH PLAN - PHC NETWORK 2010

Overpayments/Refunds																$ -
Stop Loss Settlement																
Total Income	$ 13,759.68	$ 12,039.72	$ 15,031.50	$ 15,031.50	$ 15,754.20	$ 15,205.08	$ 15,479.64	$ 15,306.06	$ 15,306.06	$ 15,306.06	$ 15,580.32	$ 15,580.62	$ 179,380.74			
Monthly Net	$ 2,524.88	$ 7,567.27	$ 10,426.81	$ 258.76	$ (27,474.13)	$ (14,781.74)	$ 11,677.84	$ 9,809.21	$ 10,592.86	$ 6,002.24	$ 10,389.63	$ 4,092.41				
YTD Net	$ 2,524.88	$ 10,092.15	$ 20,518.96	$ 20,777.72	$ (6,696.41)	$ (21,478.15)	$ (9,800.31)	$ 8.90	$ 10,601.76	$ 16,604.00	$ 26,993.63	$ 31,086.04	$ 31,086.04			
Avg. Cost/Contract	$468.12	$212.97	$170.54	$547.14	$1,543.87	$1,110.62	$140.81	$196.32	$168.33	$332.28	$179.90	$396.15	$459.12			

274.56
722.70

LUCAS COUNTY HEALTH PLAN PHC NETWORK 2011

		Jan. 2011	Feb. 2011	March 2011	April 2011	May 2011	June 2011	July 2011	Aug. 2011	Sept. 2011	Oct. 2011	Nov. 2011	Dec. 2011
Claims Cost		$ 7,152.37	$ 2,793.24	$ 3,864.20	$ 104,071.15	$ 160,173.06	$ 205,082.90	$ -	$ -	$ -	$ -	$ -	$ -
Administration Fees		$ 488.36	$ 522.04	$ 9,312.52	$ 9,497.76	$ 9,497.76	$ 9,379.88	$ 9,363.04	$ 9,800.88	$ -	$ -	$ -	$ -
Stop Loss		$ 249.36	$ 253.31	$ 4,920.20	$ 5,777.93	$ 5,782.16	$ 5,717.91	$ 5,683.59	$ 5,802.99	$ -	$ -	$ -	$ -
HCPC/QUANTUM Util. Review		$ -	$ -	$ -									
HCPC HCS Case Management		$ 130.50	$ 139.50	$ 2,488.50	$ 2,538.00	$ 2,538.00	$ 2,515.50	$ 2,511.00	$ 2,619.00	$ -	$ -	$ -	$ -
PHC Network fees		$ 88.27	$ 100.88	$ 68.62	$ 1,040.57	$ 2,507.60	$ 2,415.78	$ -	$ -	$ -	$ -	$ -	$ -
Ohio Health Choice Network		$ -	$ -	$ 10.35	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -
OHC Network Savings Amt. Due		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Admin. Fees		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Stop loss		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Util. Review		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Access Fees		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Admin. & Access Fees		$ 956.49	$ 1,015.73	$ 16,800.19	$ 18,854.26	$ 20,325.52	$ 20,029.07	$ 17,557.63	$ 18,222.87	$ -	$ -	$ -	$ -
Bank Service Charges		$ 8,108.86	$ 3,808.97	$ 20,664.39	$ 122,925.41	$ 180,498.58	$ 225,111.97	$ 17,557.63	$ 18,222.87	$ -	$ -	$ -	$ -
Total Claims, Admin.&FP Fees													
Income													
# Single		12	13	208	166	167	167	168	178	0	0	0	0
Dept. Chg.	$274.56	$ 3,294.72	$ 3,569.28	$ 57,108.48	$ 45,576.96	$ 45,851.52	$ 45,851.52	$ 46,126.08	$ 48,871.68	$ -	$ -	$ -	$ -
# Family		17	17	345	395	395	390	387	393	0	0	0	0
Dept. Chg.	$722.70	$ 12,285.90	$ 12,285.90	$ 249,331.50	$ 285,466.50	$ 285,466.50	$ 281,853.00	$ 279,684.90	$ 284,021.10	$ -	$ -	$ -	$ -
Total Active Income		$ 15,580.62	$ 15,855.18	$ 306,439.98	$ 331,043.46	$ 331,318.02	$ 327,704.52	$ 325,810.98	$ 332,892.78	$ -	$ -	$ -	$ -
Total Active Enrollment		29	30	553	561	562	557	555	571	0	0	0	0
COBRA Single Income				$ -									
COBRA Family Income				$ -									
Total COBRA Income		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COBRA Single Enrollment													
COBRA Familly Enrollment													
Total Enrollment		29	30	553	561	562	557	555	571	0	0	0	0
Active Income		$ 15,580.62	$ 15,855.18	$ 306,439.98	$ 331,043.46	$ 331,318.02	$ 327,704.52	$ 325,810.98	$ 332,892.78	$ -	$ -	$ -	$ -
Adjustments		$ -	$ 274.56	$ -	$ 22,334.40	$ 1,445.40	$ (621.72)	$ 274.56	$ 3,916.44				
Total Active Income		$ 15,580.62	$ 16,129.74	$ 306,439.98	$ 353,377.86	$ 332,763.42	$ 327,082.80	$ 326,085.54	$ 336,809.22	$ -	$ -	$ -	$ -
Plus COBRA Income		$ -		$ -									
Subtotal		$ 15,580.62	$ 16,129.74	$ 306,439.98	$ 353,377.86	$ 332,763.42	$ 327,082.80	$ 326,085.54	$ 336,809.22	$ -	$ -	$ -	$ -
Bank Service Fee													

LUCAS COUNTY HEALTH PLAN PHC NETWORK 2011

Overpayments/Refunds														
Stop Loss Settlement														
Total Income	$ 15,580.62	$ 16,129.74	$ 306,439.98	$ 353,377.86	$ 332,763.42	$ 327,082.80	$ 326,085.54	$ 336,809.22	$ -	$ -	$ -	$ -		
Monthly Net	$ 7,471.76	$ 12,320.77	$ 285,775.59	$ 230,452.45	$ 152,264.84	$ 101,970.83	$ 308,527.91	$ 318,586.35	$ -	$ -	$ -	$ -		
YTD Net	$ 7,471.76	$ 19,792.53	$ 305,568.12	$ 536,020.57	$ 688,285.41	$ 790,256.24	$ 1,098,784.15	$ 1,417,370.50	##########	##########	##########	#########		
Avg. Cost/Contract	$279.62	$126.97	$37.37	$219.12	$321.17	$404.15	$31.64	$31.91	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		

274.56
722.70

LUCAS COUNTY HEALTH PLAN 2008

		Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
Claims Cost		$ 1,860,279 95	$ 1,088,482 55	$ 1,075,875 02	$ 1,213,151 63	$ 1,471,640 96	$ 1,077,845 29	$ 1,394,717 49	$ 1,238,731 76	$ 1,514,648 21	$ 1,592,317 04	$ 1,326,074 92	$ 1,759,898 84	$ 16,613,663 66
Administration Fees		$ 27,054 00	$ 26,797 50	$ 27,094 50	$ 27,135 00	$ 27,054 00	$ 27,067 50	$ 26,973 00	$ 27,027 00	$ 43,719 00	$ 26,892 00	$ 26,797 50	$ 26,689 50	$ 340,300 50
Stop Loss		$ 25,293 60	$ 25,074 36	$ 27,884 88	$ 27,894 09	$ 27,823 02	$ 27,871 72	$ 27,930 96	$ 27,867 77	$ 27,700 62	$ 27,744 08	$ 27,609 81	$ 27,497 94	$ 328,192 85
HCPC/QUANTUM Util. Review		$ 3,306 60	$ 3,276 90	$ 3,311 55	$ 3,316 50	$ 3,306 60	$ 3,308 25	$ 3,296 70	$ 3,309 90	$ 3,291 75	$ 3,286 80	$ 3,276 90	$ 3,263 70	$ 39,552 15
HCPC Case Management		$ 5,292 00	$ 6,183 00	$ 8,244 00	$ 8,796 00	$ 7,140 00	$ 6,819 00	$ 8,868 00	$ 8,000 00	$ 8,328 00	$ 9,048 00	$ 4,603 00	$ 3,912 00	$ 87,066 00
FrontPath Access Fees		$ 8,004 00	$ 8,004 00	$ 8,044 00	$ 8,040 00	$ 8,036 00	$ 8,020 00	$ 8,000 00	$ 8,000 00	$ 8,024 00	$ 7,972 00	$ 7,943 00	$ 7,928 00	$ 96,020 00
USA/MCO Network		$ 739 62	$ 4,753 38	$ 6,778 43	$ 4,014 84	$ 4,815 10	$ 4,689 51	$ 3,609 85	$ 2,165 61	$ 1,368 86	$ 9,048 00	$ 4,603 00	$ 3,912 00	$ 50,503 20
USA/MCO Audit Balance Due														$ -
COBRA Admin. Fees		$ 108 00	$ 162 00	$ 121 50	$ 135 00	$ 121 50	$ 175 50	$ 148 50	$ 121 50	$ 108 00	$ 121 50	$ 121 50	$ 96 75	$ 1,541 25
COBRA Stop loss		$ 48 96	$ 73 44	$ 59 22	$ 64 88	$ 59 22	$ 85 54	$ 72 38	$ 59 22	$ 52 64	$ 59 22	$ 59 22	$ 53 74	$ 747 68
COBRA Util. Review		$ 13 20	$ 19 80	$ 14 85	$ 16 50	$ 16 50	$ 16 50	$ 18 15	$ 14 85	$ 13 20	$ 14 85	$ 13 20	$ 13 50	$ 185 10
COBRA Access Fees		$ 36 00	$ 44 00	$ 36 00	$ 36 00	$ 32 00	$ 40 00	$ 40 00	$ 40 00	$ 40 00	$ 36 00	$ 40 00	$ 36 00	$ 456 00
Total Admin. & Access Fees		$ 69,895 98	$ 74,388 38	$ 81,588 93	$ 79,448 81	$ 78,403 94	$ 78,093 52	$ 78,957 54	$ 78,433 85	$ 92,646 07	$ 84,222 45	$ 75,082 13	$ 73,403 13	$ 944,564 73
Bank Service Charges														$ -
Total Claims, Admin &FP Fees		$ 1,930,175 93	$ 1,162,870 93	$ 1,157,463 95	$ 1,292,600 44	$ 1,550,044 90	$ 1,155,938 81	$ 1,473,675 03	$ 1,317,165 61	$ 1,607,294 28	$ 1,676,539 49	$ 1,401,157 05	$ 1,833,301 97	$ 17,558,228 39
Income														
# Single		616	605	615	617	616	614	603	607	609	606	606	601	
Dept. Chg	$274 56	$ 169,128 96	$ 166,108 80	$ 168,854 40	$ 169,403 52	$ 169,128 96	$ 168,579 84	$ 165,559 68	$ 166,657 92	$ 167,207 04	$ 166,383 36	$ 166,383 36	$ 165,010 56	$ 2,008,406 40
# Family		1,385	1,372	1,396	1,393	1,392	1,391	1,397	1,392	1,387	1,386	1381	1381	
Dept. Chg.	$722 70	$ 1,000,939 50	$ 991,544 40	$ 1,008,889 20	$ 1,006,721 10	$ 1,005,998 40	$ 1,005,275 70	$ 1,009,611 90	$ 1,005,998 40	$ 1,002,384 90	$ 1,001,662 20	$ 998,048 10	$ 998,048 70	$ 12,035,123 10
Total Active Income		$ 1,170,068 46	$ 1,157,653 20	$ 1,177,743 60	$ 1,176,124 62	$ 1,175,127 36	$ 1,173,855 54	$ 1,175,171 58	$ 1,172,656 32	$ 1,169,591 94	$ 1,168,045 56	$ 1,164,432 06	$ 1,163,059 26	$ 14,043,529 50
Total Active Enrollment		2,001	1,977	2,011	2,010	2,008	2,005	2,000	1,999	1,996	1,992	1937	1,982	
COBRA Single Income		$ 2,240 40	$ 3,360 60	$ 2,520 45	$ 2,800 50	$ 2,520 45	$ 3,640 65	$ 3,080 55	$ 2,520 45	$ 2,240 40	$ 2,520 45	$ 2,008 43	$ 2,287 10	$ 31,740 43
COBRA Family Income		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total COBRA Income		$ 2,240 40	$ 3,360 60	$ 2,520 45	$ 2,800 50	$ 2,520 45	$ 3,640 65	$ 3,080 55	$ 2,520 45	$ 2,240 40	$ 2,520 45	$ 2,008 43	$ 2,287 10	$ 31,740 43
Total COBRA Enrollment		9	11	9	9	8	10	10	10	9	9	9	7	
Total Enrollment		2,010	1,988	2,020	2,019	2,016	2,015	2,010	2,009	2,005	2,001	1,946	1,989	24,078
Active Income		$ 1,170,068 46	$ 1,157,653 20	$ 1,177,743 60	$ 1,176,124 62	$ 1,175,127 36	$ 1,173,855 54	$ 1,175,171 58	$ 1,172,656 32	$ 1,169,591 94	$ 1,168,045 56	$ 1,164,432 06	$ 1,163,059 26	$ 14,043,529 50
Adjustments		$ 3,960 66	$ (2,269 08)	$ (1,994 52)	$ -	$ (169,522 24)	$ 448 14	$ 2,587 86	$ 2,095 50	$ (2,341 68)	$ 2,688 84	$ (274 56)	$ (3,613 50)	$ (168,234 58)
Total Active Income		$ 1,174,029 12	$ 1,155,384 12	$ 1,175,749 08	$ 1,176,124 62	$ 1,005,605 12	$ 1,174,303 68	$ 1,177,759 44	$ 1,174,751 82	$ 1,167,250 26	$ 1,170,734 40	$ 1,164,157 50	$ 1,159,445 76	$ 13,875,294 92
Plus COBRA Income		$ 2,240 40	$ 3,360 60	$ 2,520 45	$ 2,800 50	$ 2,520 45	$ 3,640 65	$ 3,080 55	$ 2,520 45	$ 2,240 40	$ 2,520 45	$ 2,008 43	$ 2,287 10	$ 31,740 43
Spouse Primary Contribution													$ 392,266 11	$ 392,266 11
Subtotal		$ 1,176,269 52	$ 1,158,744 72	$ 1,178,269 53	$ 1,178,925 12	$ 1,008,125 57	$ 1,177,944 33	$ 1,180,839 99	$ 1,177,272 27	$ 1,169,490 66	$ 1,173,254 85	$ 1,166,165 93	$ 1,553,998 97	$ 13,907,035 35
Bank Service Fees								649 40	839 40	917 00	793 80	932 40	933 80	5,065 80
Overpayments/Refunds		$ 5,756 75	$ 11,982 35	$ -	$ 5,337 47	$ 1,183 20	$ 21,486 25	1,036 84	904 86	109 26	227,337 05	16,145 50	35,710 37	326,989 90
Stop Loss Settlement		$ -	$ -	$ -	$ -	$ -	$ -	130,578 51	$ -	$ -	$ -	$ -	$ -	130,578 51
Total Income		$ 1,182,026 27	$ 1,170,727 07	$ 1,178,269 53	$ 1,184,262 59	$ 1,009,308 77	$ 1,199,430 58	$ 1,313,104 74	$ 1,179,016 53	$ 1,170,516 92	$ 1,401,385 70	$ 1,183,243 83	$ 1,590,643 14	$ 14,369,669 56
Monthly Net		$ (748,149 66)	$ 7,856 14	$ 20,805 58	$ (108,337 85)	$ (540,736 13)	$ 43,491 77	$ (160,570 29)	$ (138,149 08)	$ (436,777 36)	$ (275,153 79)	$ (217,913 22)	$ (242,658 83)	
CUMD Net		$ (748,149 66)	$ (740,293 52)	$ (719,487 94)	$ (827,825 79)	$ (1,368,561 92)	$ (1,325,070 15)	$ (1,485,640 44)	$ (1,623,789 52)	$ (2,060,566 88)	$ (2,335,720 67)	$ (2,553,633 89)	$ (2,796,292 72)	$ (2,796,292 72)
Avg. Cost/Contract		960 29	584 95	573 00	640 22	768 87	573 67	733 17	655 63	801 64	837 85	701 98	921 72	729 22

LUCAS COUNTY HEALTH PLAN 2009 FRONTPATH NETWORK

		Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Total
Claims Cost		$ 1,402,349 10	$ 1,342,131 60	$ 1,774,984 79	$ 1,362,461 12	$ 1,385,544 70	$ 1,444,069 82	$ 1,239,952 99	$ 1,085,850 58	$ 1,326,449 12	$ 1,210,424 87	$ 1,167,449 99	$ 1,030,150 96	$ 15,771,819 64
Administration Fees		$ 26,892 00	$ 26,487 00	$ 33,157 96	$ 32,854 84	$ 33,006 40	$ 32,955 88	$ 32,871 68	$ 32,753 80	$ 32,804 32	$ 32,551 72	$ 32,602 24	$ 32,551 72	$ 381,489 56
Stop Loss		$ 27,720 37	$ 27,163 63	$ 15,920 60	$ 15,988 72	$ 16,012 93	$ 15,940 76	$ 15,916 78	$ 15,872 41	$ 15,906 93	$ 15,828 04	$ 15,800 70	$ 15,776 72	$ 213,848 59
HCPC/QUANTUM Util. Review		$ 3,528 00	$ 2,424 00	$ -	$ 236 94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,188 94
HCPC HCS Case Management		$ 3,286 80	$ 3,237 30	$ -	$ 592 00	$ 296 00	$ 500 00	$ 2,007 00	$ 296 00	$ 296 00	$ 1,620 00	$ 1,332 00	$ 861 00	$ 14,324 10
FrontPath Access Fees		$ 7,924 00	$ 7,864 00	$ 10,851 50	$ 10,835 00	$ 10,796 50	$ 10,758 00	$ 10,741 50	$ 10,703 00	$ 10,780 00	$ 10,664 50	$ 10,642 50	$ 10,626 00	$ 123,186 50
USA/MCO Network		$ -	$ 8,273 51	$ 3,356 03	$ 1,330 72	$ 225 40	$ 1,046 76	$ 370 51	$ 985 26	$ 82 65	$ 3,955 34	$ 15 32	$ 1,020 62	$ 20,798 12
COBRA Admin. Fees		$ 162 00	$ 94 50	$ 144 88	$ 117 88	$ 117 88	$ 235 76	$ 185 24	$ 252 60	$ 168 40	$ 151 56	$ 202 08	$ 168 40	$ 2,001 18
COBRA Stop loss		$ 78 96	$ 46 06	$ 33 83	$ 40 32	$ 23 52	$ 74 84	$ 50 86	$ 71 25	$ 54 22	$ 37 19	$ 40 55	$ 61 40	$ 613 00
COBRA Util. Review		$ 19 80	$ 13 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 33 00
COBRA Access Fees		$ 36 00	$ 24 00	$ 44 00	$ 44 00	$ 38 50	$ 55 00	$ 71 50	$ 71 50	$ 66 00	$ 60 50	$ 55 00	$ 60 50	$ 626 50
Total Admin. & Access Fees		$ 69,647 93	$ 75,627 20	$ 63,508 80	$ 62,040 42	$ 60,517 13	$ 61,567 00	$ 62,215 07	$ 61,005 82	$ 60,158 52	$ 64,868 85	$ 60,826 39	$ 61,126 36	$ 763,109 49
Bank Service Charges														$ -
Total Claims, Admin &FP Fees		$ 1,471,997 03	$ 1,417,758 80	$ 1,838,493 59	$ 1,424,501 54	$ 1,446,061 83	$ 1,505,636 82	$ 1,302,168 06	$ 1,146,856 40	$ 1,386,607 64	$ 1,275,293 72	$ 1,228,276 38	$ 1,091,277 32	$ 16,534,929 13
ncome														
Single														
ept Chg	$274 56	598 $ 164,186 88	605 $ 166,108 80	609 $ 167,207 04	610 $ 167,481 60	608 $ 166,932 48	608 $ 166,932 48	607 $ 166,657 92	603 $ 165,559 68	601 $ 165,010 56	599 $ 164,461 44	597 $ 163,912 32	596 $ 163,637 76	$ 1,988,088 96
Family		1,383	1,361	1,364	1,352	1,355	1,348	1,346	1,343	1,347	1,340	1,338	1,336	
ept Chg	$722 70	$ 999,494 10	$ 983,594 70	$ 985,762 80	$ 977,090 40	$ 979,258 50	$ 974,199 60	$ 972,754 20	$ 970,586 10	$ 973,476 90	$ 968,418 00	$ 966,972 60	$ 965,527 20	$ 11,717,135 10
otal Active Income		$ 1,163,680 98	$ 1,149,703 50	$ 1,152,969 84	$ 1,144,572 00	$ 1,146,190 98	$ 1,141,132 08	$ 1,139,412 12	$ 1,136,145 78	$ 1,138,487 46	$ 1,132,879 44	$ 1,130,884 92	$ 1,129,164 96	$ 13,705,224 06
otal Active Enrollment		1,981	1,966	1,973	1,962	1,963	1,956	1,953	1,946	1,948	1,939	1,935	1,932	
OBRA Single Income		$ 3,360 60	$ 1,960 35	$ 1,960 35	$ 1,960 35	$ 1,960 35	$ 2,800 50	$ 2,520 45	$ 2,800 50	$ 2,520 45	$ 2,240 40	$ 2,800 50	$ 1,680 30	$ 28,565 10
OBRA Family Income		$ -	$ -	$ 737 15	$ -	$ -	$ 2,948 60	$ 1,474 30	$ 2,211 45	$ 1,474 30	$ 737 15	$ 1,474 30	$ 2,211 45	$ 13,268 70
otal COBRA Income		$ 3,360 60	$ 1,960 35	$ 2,697 50	$ 1,960 35	$ 1,960 35	$ 5,749 10	$ 3,994 75	$ 5,011 95	$ 3,994 75	$ 2,977 55	$ 4,274 80	$ 3,891 75	$ 41,833 80
BRA Single Enrollment		8	6	7	8	7	8	10	10	10	9	9	8	
BRA Family Enrollment		1	0	1	0	0	2	3	3	2	2	1	3	
tal COBRA Enrollment		9	6	8	8	7	10	13	13	12	11	10	11	
tal Enrollment		1,990	1,972	1,981	1,970	1,970	1,966	1,966	1,959	1,960	1,950	1,945	1,943	23,572
ive Income		$ 1,163,680 98	$ 1,149,703 50	$ 1,152,969 84	$ 1,144,572 00	$ 1,146,190 98	$ 1,141,132 08	$ 1,139,412 12	$ 1,136,145 78	$ 1,138,487 46	$ 1,132,879 44	$ 1,130,884 92	$ 1,129,164 96	$ 13,705,224 06
ustments		$ 5,882 58	$ (5,131 50)	$ (3,338 94)	$ (7,501 56)	$ 72 60	$ 722 70	$ (1,893 54)	$ 3,136 98	$ 3,237 96	$ (3,469 92)	$ (173 58)	$ 1,170 84	$ (7,285 38)
al Active Income		$ 1,169,563 56	$ 1,144,572 00	$ 1,149,630 90	$ 1,137,070 44	$ 1,146,263 58	$ 1,141,854 78	$ 1,137,518 58	$ 1,139,282 76	$ 1,141,725 42	$ 1,129,409 52	$ 1,130,711 34	$ 1,130,335 80	$ 13,697,938 68
s COBRA Income		$ 3,360 60	$ 1,960 35	$ 2,697 50	$ 1,960 35	$ 1,960 35	$ 5,749 10	$ 3,994 75	$ 5,011 95	$ 3,994 75	$ 2,977 55	$ 4,274 80	$ 3,891 75	$ 41,833 80
otal		$ 1,172,924 16	$ 1,146,532 35	$ 1,152,328 40	$ 1,139,030 79	$ 1,148,223 93	$ 1,147,603 88	$ 1,141,513 33	$ 1,144,294 71	$ 1,145,720 17	$ 1,132,387 07	$ 1,134,986 14	$ 1,134,227 55	$ 13,739,772 48
k Service Fees		$ 996 80	$ 926 00	$ 923 40	$ 1,241 56	$ 847 37	$ 1,299 38	$ 1,380 25	$ 1,228 41	$ 1,252 48	$ 1,182 21	$ 1,369 15	$ 1,364 28	$ 14,011 29
rpayments/Refunds		$ 30,682 63	$ 27,742 61	$ 161,795 20	$ 35,985 27	$ 2,751 99	$ 6,440 29	$ 17,773 18	$ 1,180 94	$ 2,727 88	$ 108 57	$ 18,973 69	$ 1,454 79	$ 307,617 04
Loss Settlement		$ -	$ -	$ -	$ 169,333 24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 169,333 24
se Primary Contributions													$ 433,333 25	
l Income		$ 1,204,603 59	$ 1,175,200 96	$ 1,315,047 00	$ 1,345,590 86	$ 1,151,823 29	$ 1,155,343 55	$ 1,160,666 76	$ 1,146,704 06	$ 1,149,700 53	$ 1,133,677 85	$ 1,155,328 98	$ 1,570,379 87	$ 14,230,734 05
hly Net		$ (267,393 44)	$ (242,557 84)	$ (523,446 59)	$ (78,910 68)	$ (294,238 54)	$ (350,293 27)	$ (141,501 30)	$ (152 34)	$ (236,907 12)	$ (141,615 87)	$ (72,947 40)	$ 479,102 55	
Net		$ (267,393 44)	$ (509,951 28)	$ (1,033,397 87)	$ (1,112,308 55)	$ (1,406,547 09)	$ (1,756,840 36)	$ (1,898,341 66)	$ (1,898,494 00)	$ (2,135,401 12)	$ (2,277,016 99)	$ (2,349,964 39)	$ (1,870,861 84)	$ (1,870,861 84)
Cost/Contract		739 697	718 9446247	928 0633973	723 0972284	734 0415381	765 8376501	662 3438759	585 4295048	707 4528776	653 9967795	631 5045656	561 6455584	701 4648367

LUCAS COUNTY HEALTH PLAN FRONTPATH

		Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sept. 10	Oct. 10	Nov.
Claims Cost		$ 1,437,798.59	$ 1,198,749.89	$ 1,680,607.28	$ 1,690,604.13	$ 1,488,680.52	$ 1,272,499.41	$ 1,273,704.98	$ 1,581,260.41	$ 1,264,712.61	$ 1,329,164.92	$ 1,195,750.27
Administration Fees		$ 32,383.32	$ 32,063.36	$ 32,770.64	$ 32,905.36	$ 33,141.12	$ 32,898.94	$ 32,821.16	$ 32,753.80	$ 32,821.16	$ 32,349.64	$ 32,383.32
Stop Loss		$ 15,697.83	$ 15,526.38	$ 18,367.50	$ 18,487.09	$ 18,582.19	$ 18,491.19	$ 18,419.91	$ 18,392.20	$ 18,277.38	$ 18,253.68	$ 18,249.76
HCPC/QUANTUM Util. Review												
HCPC HCS Case Managemen		$ 148.00	$ 296.00	$ 444.00	$ 592.00	$ 888.00	$ 1,184.00	$ -	$ 592.00	$ 499.00	$ 1,683.00	$ 296.00
FrontPath Access Fees		$ 10,576.50	$ 10,466.50	$ 10,780.00	$ 10,802.00	$ 10,824.00	$ 10,752.50	$ 10,670.00	$ 10,703.00	$ 10,642.50	$ 10,609.50	$ 10,593.00
USA/MCO Network			$ 2,516.93	$ 1,168.93	$ (584.59)	$ 209.40	$ -	$ 777.17	$ 8,105.29	$ 68.22	$ 235.89	-
COBRA Admin. Fees		$ 168.40	$ 185.24	$ 185.24	$ 185.24	$ 218.92	$ 151.56	$ 151.56	$ 151.56	$ 168.40	$ 134.72	$ 117.88
COBRA Stop loss		$ 40.73	$ 50.86	$ 58.72	$ 51.38	$ 83.07	$ 51.41	$ 43.48	$ 43.48	$ 47.43	$ 39.53	$ 39.53
COBRA Util. Review			$ -									
COBRA Access Fees		$ 60.50	$ 60.50	$ 60.50	$ 71.50	$ 66.00	$ 66.00	$ 49.50	$ 49.50	$ 55.00	$ 55.00	$ 44.00
Total Admin. & Access Fees		$ 59,075.28	$ 61,165.77	$ 63,835.53	$ 62,509.98	$ 64,012.70	$ 63,595.60	$ 62,932.78	$ 70,790.83	$ 62,579.09	$ 63,360.96	$ 61,723.49
Bank Service Charges		$ 1,403.57	$ 1,232.63	$ 1,211.19	$ 740.51	$ 706.31	$ 723.98	$ 739.18	$ 743.67	$ 1,055.09	$ 1,676.28	$ 1,332.66
Total Claims, Admin.&FP Fees		$ 1,498,277.44	$ 1,261,148.29	$ 1,745,654.00	$ 1,753,854.62	$ 1,553,399.53	$ 1,336,818.99	$ 1,337,376.94	$ 1,652,794.91	$ 1,328,346.79	$ 1,394,202.16	$ 1,258,806.42
Income												
# Single		594	589	615	611	605	597	597	596	594	588	584
Dept. Chg.	$274.5(	$ 163,088.64	$ 161,715.84	$ 168,854.40	$ 167,756.16	$ 166,108.80	$ 163,912.32	$ 163,912.32	$ 163,637.76	$ 163,088.64	$ 161,441.28	$ 160,343.04
# Family		1,329	1,314	1,345	1,353	1,363	1,358	1,352	1,350	1,341	1,341	1,342
Dept. Chg.	$722.7(	$ 960,468.30	$ 949,627.80	$ 972,031.50	$ 977,813.10	$ 985,040.10	$ 981,426.60	$ 977,090.40	$ 975,645.00	$ 969,140.70	$ 969,140.70	$ 969,863.40
Total Active Income		$ 1,123,556.94	$ 1,111,343.64	$ 1,140,885.90	$ 1,145,569.26	$ 1,151,148.90	$ 1,145,338.92	$ 1,141,002.72	$ 1,139,282.76	$ 1,132,229.34	$ 1,130,581.98	$ 1,130,206.44
Total Active Enrollment		1,923	1,903	1,960	1,964	1,968	1,955	1,949	1,946	1,935	1,929	1,926
COBRA Single Income		$ 2,520.45	$ 2,520.45	$ 2,520.45	$ 2,800.50	$ 2,520.45	$ 1,960.35	$ 2,240.40	$ 2,240.40	$ 2,520.45	$ 2,240.40	$ 1,680.30
COBRA Family Income		$ 737.15	$ 1,474.30	$ 1,474.30	$ 737.15	$ 2,948.60	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15	$ 737.15
Total COBRA Income		$ 3,257.60	$ 3,994.75	$ 3,994.75	$ 3,537.65	$ 5,469.05	$ 2,697.50	$ 2,977.55	$ 2,977.55	$ 3,257.60	$ 2,977.55	$ 2,417.45
COBRA Single Enrollment		9	9	9	10	9	8	8	8	9	8	7
COBRA Family Enrollment		2	2	2	3	3	2	1	1	1	1	1
Total COBRA Enrollment		11	11	11	13	12	10	9	9	10	9	8
Total Enrollment		1,934	1,914	1,971	1,977	1,980	1,965	1,958	1,955	1,945	1,938	1,934
Active Income		$ 1,123,556.94	$ 1,111,343.64	$ 1,140,885.90	$ 1,145,569.26	$ 1,151,148.90	$ 1,145,338.92	$ 1,141,002.72	$ 1,139,282.76	$ 1,132,229.34	$ 1,130,581.98	$ 1,130,206.44
Adjustments		$ 1,344.42	$ (795.00)	$ (12,806.64)	$ (2,991.78)	$ 3,310.56	$ (1,546.38)	$ 1,618.98	$ (3,237.96)	$ 5,014.68	$ (3,815.46)	$ (1,994.52)
Total Active Income		$ 1,124,901.36	$ 1,110,548.64	$ 1,128,079.26	$ 1,142,577.48	$ 1,154,459.46	$ 1,143,792.54	$ 1,142,621.70	$ 1,136,044.80	$ 1,137,244.02	$ 1,126,766.52	$ 1,128,211.92
Plus COBRA Income		$ 3,257.60	$ 3,994.75	$ 3,994.75	$ 3,537.65	$ 5,469.05	$ 2,697.50	$ 2,977.55	$ 2,977.55	$ 3,257.60	$ 2,977.55	$ 2,417.45
Subtotal		$ 1,128,158.96	$ 1,114,543.39	$ 1,132,074.01	$ 1,146,115.13	$ 1,159,928.51	$ 1,146,490.04	$ 1,145,599.25	$ 1,139,022.35	$ 1,140,501.62	$ 1,129,744.07	$ 1,130,629.37
Bank Fee Credit		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

LUCAS COUNTY HEALTH PLAN FRONTPATH

Stop Loss Settlement												
Spouse Primary Contributions	$ 59,290.58	$ 59,000.57	$ 59,112.07	$ 99,577.23	$ 10,098.72							
Total Income	$ 1,187,449.54	$ 1,173,543.96	$ 1,191,186.08	$ 1,335,305.35	$ 1,230,027.93	$ 1,205,954.28	$ 1,204,743.89	$ 1,197,918.99	$ 1,226,906.28	$ 1,189,329.17	$ 1,191,008.74	
Monthly Net	$ (310,827.90)	$ (87,604.33)	$ (554,467.92)	$ (418,549.27)	$ (323,371.60)	$ (130,864.71)	$ (132,633.05)	$ (454,875.92)	$ (101,440.51)	$ (204,872.99)	$ (67,797.68)	
YTD Net	$ (310,827.90)	$ (398,432.23)	$ (952,900.15)	$ (1,371,449.42)	$ (1,694,821.02)	$ (1,825,685.73)	$ (1,958,318.78)	$ (2,413,194.70)	$ (2,514,635.21)	$ (2,719,508.20)	$ (2,787,305.88)	
Avg. Cost/Contract	774.7039504	658.9071526	885.6692035	887.1292969	784.5452172	680.3150076	683.032145	845.4193913	682.9546478	719.4025593	650.8823268	
Overpayments/Refunds	$ 25,813.35	$ 45,243.64	$ 3,142.08	$ 24,743.14	$ 43,319.66	$ 4,330.35	$ 11,698.22	$ 16,009.60	$ 27,647.67	$ 1,181.04	$ 14,528.30	
274.56												
722.70												

LUCAS COUNTY HEALTH PLAN FRONTPATH 2011

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sept. 11	Oct. 11	Nov. 11
Claims Cost	$ 1,880,518.53	$ 1,203,277.76	$ 1,669,506.03	$ 915,862.52	$ 1,265,757.92	$ 882,139.99	$ 1,060,481.40	$ -	$ -	$ -	$ -
Administration Fees	$ 31,692.88	$ 31,861.28	$ 22,986.00	$ 22,784.52	$ 22,683.48	$ 22,327.70	$ 22,094.08	$ 21,993.04	$ -	$ -	$ -
Stop Loss	$ 17,929.21	$ 17,937.05	$ 12,988.66	$ 14,019.22	$ 13,920.97	$ 13,792.95	$ 13,792.95	$ 13,407.93	$ -	$ -	$ -
HCPC/QUANTUM Util. Review											
HCPC HCS Case Managemen	$ 592.00	$ -	$ 740.00	$ 1,555.00	$ -	$ 296.00	$ 1,332.00	$ -	$ -	$ -	$ -
FrontPath Access Fees	$ 10,367.50	$ 10,400.50	$ 7,518.50	$ 7,491.00	$ 7,430.50	$ 7,342.50	$ 7,342.50	$ 7,199.50	$ -	$ -	$ -
USA/MCO Network	$ 827.06	$ 23.41	$ 140.41	$ 217.00	$ 31.53	$ 681.89	$ -	$ -	$ -	$ -	$ -
COBRA Admin. Fees	$ 168.40	$ 185.24	$ 185.24	$ 168.40	$ 202.08	$ 185.24	$ 269.44	$ 252.60	$ -	$ -	
COBRA Stop loss	$ 43.48	$ 51.38	$ 59.31	$ 84.40	$ 76.62	$ 72.39	$ 89.31	$ 76.46	$ -	$ -	$ -
COBRA Util. Review		$ -									
COBRA Access Fees	$ 60.50	$ 60.50	$ 66.00	$ 55.00	$ 55.00	$ 60.50	$ 77.00	$ 66.00	$ -	$ -	$ -
Total Admin. & Access Fees	$ 61,681.03	$ 60,519.36	$ 44,684.12	$ 46,374.54	$ 44,400.18	$ 44,759.17	$ 44,997.28	$ 42,995.53	$ -	$ -	$ -
Bank Service Charges	$ 1,224.34	$ 1,835.97	$ 1,083.32	$ 947.10	$ 543.75	$ 1,107.30	$ -	$ -	$ -	$ -	
Total Claims, Admin.&FP Fees	$ 1,943,423.90	$ 1,265,633.09	$ 1,715,273.47	$ 963,184.16	$ 1,310,701.85	$ 928,006.46	$ 1,105,478.68	$ 42,995.53	$ -	$ -	$ -
Income											
# Single		563	571	410	404	399	390	384	383	0	0
Dept. Chg.	$274.5($ 154,577.28	$ 156,773.76	$ 112,569.60	$ 110,922.24	$ 109,549.44	$ 107,078.40	$ 105,431.04	$ 105,156.48	$ -	$ -	$ -
# Family	1,322	1,320	957	958	952	945	933	926	0	0	0
Dept. Chg.	$722.7($ 955,409.40	$ 953,964.00	$ 691,623.90	$ 692,346.60	$ 688,010.40	$ 682,951.50	$ 674,279.10	$ 669,220.20	$ -	$ -	$ -
Total Active Income	$ 1,109,986.68	$ 1,110,737.76	$ 804,193.50	$ 803,268.84	$ 797,559.84	$ 790,029.90	$ 779,710.14	$ 774,376.68	$ -	$ -	$ -
Total Active Enrollment	1,885	1,891	1,367	1,362	1,351	1,335	1,317	1,309	0	0	0
COBRA Single Income	$ 2,520.45	$ 2,800.50	$ 2,520.45	$ 1,400.25	$ 2,520.45	$ 2,240.40	$ 3,640.65	$ 3,640.65	$ -	$ -	$ -
COBRA Family Income	$ 737.15	$ 737.15	$ 1,474.30	$ 2,211.45	$ 2,211.45	$ 2,211.45	$ 2,211.45	$ 1,474.30	$ -	$ -	$ -
Total COBRA Income	$ 3,257.60	$ 3,537.65	$ 3,994.75	$ 3,611.70	$ 4,731.90	$ 4,451.85	$ 5,852.10	$ 5,114.95	$ -	$ -	$ -
COBRA Single Enrollment	10	10	10	7	7	8	11	10	0	0	0
COBRA Family Enrollment	1	1	2	3	3	3	3	2	0	0	0
Total COBRA Enrollment	11	11	12	10	10	11	14	12	0	0	0
Total Enrollment	1,896	1,902	1,379	1,372	1,361	1,346	1,331	1,321	0	0	0
Active Income	$ 1,109,986.68	$ 1,110,737.76	$ 804,193.50	$ 803,268.84	$ 797,559.84	$ 790,029.90	$ 779,710.14	$ 774,376.68	$ -	$ -	$ -
Adjustments	$ (375.54)	$ (2,862.42)	$ (1,618.98)	$ (4,538.16)	$ (3,888.06)	$ (4,885.32)	$ (823.68)	$ (3,165.36)	$ -	$ -	$ -
Total Active Income	$ 1,109,611.14	$ 1,107,875.34	$ 802,574.52	$ 798,730.68	$ 793,671.78	$ 785,144.58	$ 778,886.46	$ 771,211.32	$ -	$ -	$ -
Plus COBRA Income	$ 3,257.60	$ 3,537.65	$ 3,994.75	$ 3,611.70	$ 4,731.90	$ 4,451.85	$ 5,852.10	$ 5,114.95	$ -	$ -	$ -
Subtotal	$ 1,112,868.74	$ 1,111,412.99	$ 806,569.27	$ 802,342.38	$ 798,403.68	$ 789,596.43	$ 784,738.56	$ 776,326.27	$ -	$ -	$ -
Bank Fee Credit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

LUCAS COUNTY HEALTH PLAN FRONTPATH 2011

Stop Loss Settlement													
Spouse Primary Contributions	$ 58,537.12	$ 58,677.58	$ 71,894.63	$ 87,676.06	$ -								
Interest Income			$ 86,475.35	$ 58,756.59	$ 56,323.99	$ 57,125.86	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Income	$ 1,171,405.86	$ 1,170,090.57	$ 964,939.25	$ 1,448.18									
				$ 950,223.21	$ 854,727.67	$ 846,722.29	$ 784,738.56	$ 776,326.27	$ -	$ -	$ -	$ -	$ -
Monthly Net	$ (772,018.04)	$ (95,542.52)	$ (750,334.22)	$ (12,960.95)	$ (455,974.18)	$ (81,284.17)	$ (320,740.12)	$ 733,330.74	$ -	$ -	$ -	$ -	$ -
YTD Net	$ (772,018.04)	$ (867,560.56)	$ (1,617,894.78)	$ (1,630,855.73)	$ (2,086,829.91)	$ (2,168,114.08)	$ (2,488,854.20)	$ (1,755,523.46)	$ (1,755,523.46)	$ (1,755,523.46)	$ (1,755,523.46)	$ (1,755,523.46)	$ (1,755,523.46)
Avg. Cost/Contract	$1,025.01	$665.42	$1,243.85	$702.03	$963.04	$689.46	$830.56	$32.55	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Overpayments/Refunds	$ 117.69	$ 13,342.05	$ 47,971.08	$ 47,860.08	$ 11,467.65	$ 15,725.73	$ 25,634.27	$ 111.22	$ -	$ -	$ -	$ -	$ -
274.56													
722.70													

LUCAS COUNTY DRUG PLAN 2008

Service Period:		Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
Claims Costs		$ 651,312.70	$ 582,475.54	$ 629,219.79	$ 626,498.35	$ 625,594.63	$ 572,835.53	$ 608,465.76	$ 594,344.40	$ 626,385.50	$ 641,185.56	$ 575,632.38	$ 641,928.62	$ 7,375,878.76
Admin. Fee (Drug Use Review)		$ 268.85	$ 8,048.94	$ 6,632.94	$ 7,033.96	$ 7,567.71	$ 3,188.38	$ 7,404.34	$ 7,133.27	$ 7,053.66	$ 8,440.01	$ 6,308.94	$ 6,649.99	$ 75,730.99
COBRA Admin. Fees														$ -
Total Costs		$ 651,581.55	$ 590,524.48	$ 635,852.73	$ 633,532.31	$ 633,162.34	$ 576,023.91	$ 615,870.10	$ 601,477.67	$ 633,439.16	$ 649,625.57	$ 581,941.32	$ 648,578.61	$ 7,451,609.75
Income														
# Single		1,137	1,132	1,115	1,118	1,113	1,106	1,097	1,093	1,091	1,082	1,085	1,075	
Dept. Chg.	$93.75	$ 106,593.75	$ 106,125.00	$ 104,531.25	$ 104,812.50	$ 104,343.75	$ 103,687.50	$ 102,843.75	$ 102,468.75	$ 102,281.25	$ 101,437.50	$ 101,718.75	$ 100,781.25	$ 1,241,625.00
# Family		2,513	2,502	2,527	2,515	2,520	2,514	2,515	2,513	2,509	2,486	2,504	2,501	
Dept. Chg.	$207.00	$ 520,191.00	$ 517,914.00	$ 523,089.00	$ 520,605.00	$ 521,640.00	$ 520,398.00	$ 520,605.00	$ 520,191.00	$ 519,363.00	$ 514,602.00	$ 518,328.00	$ 517,707.00	$ 6,234,633.00
Total		$ 626,784.75	$ 624,039.00	$ 627,620.25	$ 625,417.50	$ 625,983.75	$ 624,085.50	$ 623,448.75	$ 622,659.75	$ 621,644.25	$ 616,039.50	$ 620,046.75	$ 618,488.25	$ 7,476,258.00
COBRA Single Income		$ 1,816.97	$ 1,721.34	$ 1,434.45	$ 1,051.93	$ 1,721.34	$ 1,912.60	$ 1,434.45	$ 1,530.08	$ 1,243.19	$ 1,147.56	$ 956.30	$ 478.15	$ 16,448.36
COBRA Family Income		$422.28	$422.28	$422.28	$422.28	$211.14	$422.28	$211.14	$0.00	$0.00	$0.00	$0.00	$0.00	$2,533.68
COBRA Total		$ 2,239.25	$ 2,143.62	$ 1,856.73	$ 1,474.21	$ 1,932.48	$ 2,334.88	$ 1,645.59	$ 1,530.08	$ 1,243.19	$ 1,147.56	$ 956.30	$ 478.15	$ 18,982.04
COBRA Enrollment		16	18	17	15	15	18	16	16	14	13	1	8	177
Total Enrollment		3,666	3,652	3,659	3,648	3,648	3,638	3,628	3,622	3,614	3,581	3,600	3,584	43,540
Active Income		$ 626,784.75	$ 624,039.00	$ 627,620.25	$ 625,417.50	$ 625,983.75	$ 624,085.50	$ 623,448.75	$ 622,659.75	$ 621,644.25	$ 616,039.50	$ 620,046.75	$ 618,488.25	$ 7,476,258.00
Adjustments		$ 2,015.25	$ (1,769.25)	$ (656.25)	$ (921.75)	$ (750.10)	$ (843.75)	$ (371.25)	$ 1,054.50	$ (207.00)	$ 191.25	$ (601.50)	$ (617.25)	$ (3,477.10)
Total Active Income		$ 628,800.00	$ 622,269.75	$ 626,964.00	$ 624,495.75	$ 625,233.65	$ 623,241.75	$ 623,077.50	$ 623,714.25	$ 621,437.25	$ 616,230.75	$ 619,445.25	$ 617,871.00	$ 7,472,780.90
Plus COBRA Revenue		$ 2,239.25	$ 2,334.88	$ 1,856.73	$ 1,474.21	$ 1,932.48	$ 2,334.88	$ 1,645.59	$ 1,530.08	$ 1,243.19	$ 1,147.56	$ 956.30	$ 478.15	$ 19,173.30
Refunds/Rebates				$ 100,359.30		$ 83.90	$ 194,039.78			$ 172,876.98			$ 169,263.90	$ 636,623.86
Total Income		$ 631,039.25	$ 624,604.63	$ 729,180.03	$ 625,969.96	$ 627,250.03	$ 819,616.41	$ 624,723.09	$ 625,244.33	$ 795,557.42	$ 617,378.31	$ 620,401.55	$ 787,613.05	$ 8,128,578.06
Monthly Net		$ (20,542.30)	$ 34,080.15	$ 93,327.30	$ (7,562.35)	$ (5,912.31)	$ 243,592.50	$ 8,852.99	$ 23,766.66	$ 162,118.26	$ (32,247.26)	$ 38,460.23	$ 139,034.44	$ 676,968.31
TD Net		$ (20,542.30)	$ 13,537.85	$ 106,865.15	$ 99,302.80	$ 93,390.49	$ 336,982.99	$ 345,835.98	$ 369,602.64	$ 531,720.90	$ 499,473.64	$ 537,933.87	$ 676,968.31	$ 676,968.31
Avg. Cost/Contract		$ 177.74	$ 161.70	$ 173.78	$ 173.67	$ 173.56	$ 158.34	$ 169.75	$ 166.06	$ 175.27	$ 181.41	$ 161.65	$ 180.97	$ 171.14
Total Number of Scripts		9,486	8,534	8,866	8,776	8,547	8,092	8,234	8,079	8,187	8,840	8,182	8,944	102,767
# of Scripts per enrollee		2.6	2.3	2.4	2.4	2.3	2.2	2.3	2.2	2.3	2.5	2.3	2.5	0.0
Cost/Script		$ 68.69	$ 69.20	$ 71.72	$ 72.19	$ 74.08	$ 71.18	$ 74.80	$ 74.45	$ 77.37	$ 73.49	$ 71.12	$ 72.52	$ 72.51

LUCAS COUNTY DRUG PLAN 2009

Service Period:		Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Total
Claims Costs		$ 638,408.73	$ 590,398.00	$ 670,170.01	$ 655,761.73	$ 625,513.08	$ 672,387.98	$ 664,185.17	$ 624,571.88	$ 660,958.60	$ 692,369.63	$ 643,035.05	$ 680,856.04	$ 7,818,615.90
Admin. Fee (Drug Use Review)		$ 8,655.89	$ 7,390.66	$ 6,547.55	$ 7,711.91	$ 7,672.03	$ 6,596.83	$ 7,197.10	$ 6,144.63					$ 57,916.60
COBRA Admin. Fees		$ -							$ -					$ -
Total Costs		$ 647,064.62	$ 597,788.66	$ 676,717.56	$ 663,473.64	$ 633,185.11	$ 678,984.81	$ 671,382.27	$ 630,716.51	$ 660,958.60	$ 692,369.63	$ 643,035.05	$ 680,856.04	$ 7,876,532.50
Income														
Single		1,078	1,089	1,088	1,083	1,079	1,074	1,075	1,066	1,059	1,054	1,054	1,052	
Sept. Chg.	$93.75	$ 101,062.50	$ 102,093.75	$ 102,000.00	$ 101,531.25	$ 101,156.25	$ 100,687.50	$ 100,781.25	$ 99,937.50	$ 99,281.25	$ 98,812.50	$ 98,812.50	$ 98,625.00	$ 1,204,781.25
Family		2,499	2,467	2,462	2,455	2,454	2,448	2,440	2,444	2,442	2,429	2,435	2,427	
Sept. Chg.	$207.00	$ 517,293.00	$ 510,669.00	$ 509,634.00	$ 508,185.00	$ 507,978.00	$ 506,736.00	$ 505,080.00	$ 505,908.00	$ 505,494.00	$ 502,803.00	$ 504,045.00	$ 502,389.00	$ 6,086,214.00
Total		$ 618,355.50	$ 612,762.75	$ 611,634.00	$ 609,716.25	$ 609,134.25	$ 607,423.50	$ 605,861.25	$ 605,845.50	$ 604,775.25	$ 601,615.50	$ 602,857.50	$ 601,014.00	$ 7,290,995.25
COBRA Single Income		$ 765.04	$ 765.04	$ 860.67	$ 860.67	$ 860.67	$ 1,051.93	$ 956.30	$ 1,147.56	$ 860.67	$ 1,539.32	$ 1,243.19	$ 1,051.93	$ 11,962.99
COBRA Family Income		$211.14	$0.00	$211.14	$211.14	$211.14	$1,055.70	$422.28	$844.56	$422.28	$422.28	$633.42	$1,055.71	$5,700.79
COBRA Total		$ 976.18	$ 765.04	$ 1,071.81	$ 1,167.44	$ 1,071.81	$ 2,107.63	$ 1,378.58	$ 1,992.12	$ 1,282.95	$ 1,961.60	$ 1,876.61	$ 2,107.64	$ 17,759.41
COBRA Single Enrollment		8	8	11	11	9	10	12	12	12	11	12	13	
COBRA Family Enrollment		1	0	1	2	1	3	4	4	3	3	2	4	
BRA Enrollment		9	8	12	13	10	13	16	16	15	14	14	17	0
al Enrollment		3,586	3,564	3,562	3,551	3,543	3,535	3,531	3,526	3,516	3,497	3,503	3,496	42,410
ive Income		$ 618,355.50	$ 612,762.75	$ 611,634.00	$ 609,716.25	$ 609,134.25	$ 607,423.50	$ 605,861.25	$ 605,845.50	$ 604,775.25	$ 601,615.50	$ 602,857.50	$ 601,014.00	$ 7,290,995.25
ustments		$ 1,390.50	$ (2,694.75)	$ (753.75)	$ (1,429.50)	$ (695.25)	$ (394.50)	$ (640.50)	$ 1,300.50	$ (769.50)	$ (902.25)	$ 2,657.00	$ (1,335.75)	$ (4,272.75)
al Active Income		$ 619,746.00	$ 610,068.00	$ 610,880.25	$ 608,286.75	$ 608,439.00	$ 607,029.00	$ 605,220.75	$ 607,146.00	$ 604,005.75	$ 600,713.25	$ 605,509.50	$ 599,678.25	$ 7,286,722.50
s COBRA Revenue		$ 976.18	$ 765.04	$ 1,071.81	$ 1,167.44	$ 1,071.81	$ 2,107.63	$ 1,378.58	$ 1,992.12	$ 1,282.95	$ 1,961.60	$ 1,876.61	$ 2,107.64	$ 17,759.41
unds/Rebates				$ 192,025.12		$ -	$ 187,734.18			$ 176,181.90			$ 179,208.90	$ 735,150.10
l Income		$ 620,722.18	$ 610,833.04	$ 803,977.18	$ 609,454.19	$ 609,510.81	$ 796,870.81	$ 606,599.33	$ 609,138.12	$ 781,470.60	$ 602,674.85	$ 607,386.11	$ 780,994.79	$ 8,039,632.01
thly Net		$ (26,342.44)	$ 13,044.38	$ 127,259.62	$ (54,019.45)	$ (23,674.30)	$ 117,886.00	$ (64,782.94)	$ (21,578.39)	$ 120,512.00	$ (89,694.78)	$ (35,648.94)	$ 100,138.75	$ 163,099.51
Net		$ (26,342.44)	$ (13,298.06)	$ 113,961.56	$ 59,942.11	$ 36,267.81	$ 154,153.81	$ 89,370.87	$ 67,792.48	$ 188,304.48	$ 98,609.70	$ 62,960.76	$ 163,099.51	$ 163,099.51
Cost/Contract		$ 180.44	$ 167.73	$ 189.98	$ 186.84	$ 178.71	$ 192.07	$ 190.14	$ 178.88	$ 187.99	$ 197.99	$ 183.57	$ 194.75	$ 185.72
Number of Scripts		8,957	8,430	9,511	8,880	8,574	8,556	8,610	8,469	8,879	9,415	8,999	8,982	105,862
Scripts per enrollee		2.5	2.4	2.7	2.5	2.4	2.4	2.4	2.4	2.5	2.7	2.5	2.6	2.5
Script		$ 72.24	$ 70.91	$ 71.15	$ 74.72	$ 73.85	$ 79.36	$ 77.98	$ 74.47	$ 74.44	$ 73.54	$ 74.78	$ 75.80	$ 74.40

LUCAS COUNTY DRUG PLAN 2010

Service Period:	Jan. 2010	Feb. 2010	Mar. 2010	Apr-10	May-10	Jun-10	Jul-10	Aug. 2010	Sept. 2010	Oct. 10	Nov. 10	Dec. 10	Total
Claims Costs	$ 679,067.42	$ 506,324.49	$ 687,581.60	$ 646,244.47	$ 578,592.01	$ 621,338.74	$ 568,776.84	$ 628,278.66	$ 604,136.04	$ 584,868.90	$ 606,611.46	$ 635,497.38	$ 7,347,318.01
Admin. Fee (per Rx)	$ 13,011.00	$ 12,378.00	$ 13,935.00	$ 12,699.00	$ 12,561.00	$ 13,071.00	$ 12,066.00	$ 13,320.00	$ 12,604.50	$ 12,846.00	$ 12,871.50	$ 13,165.00	$ 154,528.00
Admin. Fee (Drug Use Re	$ 7,278.81	$ 6,691.38	$ 6,820.76	$ 6,514.94	$ 5,418.79	$ 8,086.36	$ 6,347.11	$ 6,577.97	$ 5,392.86	$ 6,993.42	$ 5,737.42	$ 6,236.57	$ 78,096.39
COBRA Admin. Fees													
Total Costs	$ 699,357.23	$ 525,393.87	$ 708,337.36	$ 665,458.41	$ 596,571.80	$ 642,496.10	$ 587,189.95	$ 648,176.63	$ 622,133.40	$ 604,708.32	$ 625,220.38	$ 654,898.95	$ 7,579,942.40
Income													
# Single	1,056	1,054	1,057	1,059	1,051	1,034	1,036	1,035	1,028	1,023	1,005	1,005	
Dept. Chg.	$ 99,000.00	$ 98,812.50	$ 99,093.75	$ 99,281.25	$ 98,531.25	$ 96,937.50	$ 97,125.00	$ 97,031.25	$ 96,375.00	$ 95,906.25	$ 94,218.75	$ 94,218.75	$ 1,166,531.25
# Family	2,409	2,390	2,378	2,369	2,376	2,372	2,392	2,361	2,346	2,341	2,343	2,343	
Dept. Chg.	$ 498,663.00	$ 494,730.00	$ 492,246.00	$ 490,383.00	$ 491,832.00	$ 491,004.00	$ 495,144.00	$ 488,727.00	$ 485,622.00	$ 484,587.00	$ 485,001.00	$ 485,001.00	$ 5,882,940.00
Total	$ 597,663.00	$ 593,542.50	$ 591,339.75	$ 589,664.25	$ 590,363.25	$ 587,941.50	$ 592,269.00	$ 585,758.25	$ 581,997.00	$ 580,493.25	$ 579,219.75	$ 579,219.75	$ 7,049,471.25
COBRA Single Income	$ 956.30	$ 1,243.19	$ 1,625.71	$ 1,721.34	$ 1,243.19	$ 1,243.19	$ 1,338.82	$ 1,338.82	$ 1,338.82	$ 1,243.19	$ 1,051.93	$ 1,338.82	$ 15,683.32
COBRA Family Income	$422.28	$422.28	$633.42	$211.14	$422.28	$422.28	$633.42	$422.28	$422.28	$633.42	$422.28	$844.56	$5,911.92
COBRA Total	$ 1,378.58	$ 1,665.47	$ 2,259.13	$ 1,932.48	$ 1,665.47	$ 1,665.47	$ 1,972.24	$ 1,761.10	$ 1,761.10	$ 1,876.61	$ 1,474.21	$ 2,183.38	$ 21,595.24
COBRA Single Enrollmen	10	13	13	14	13	13	13	14	14	13	11	13	
COBRA Family Enrollment	2	2	3	4	4	3	2	2	2	2	2	3	
Total COBRA Enrollment	12	15	16	18	17	16	15	16	16	15	13	16	
Total Enrollment	3,477	3,459	3,451	3,446	3,444	3,422	3,443	3,412	3,390	3,379	3,361	3,364	41,048
Active Income	$ 597,663.00	$ 593,542.50	$ 591,339.75	$ 589,664.25	$ 590,363.25	$ 587,941.50	$ 592,269.00	$ 585,758.25	$ 581,997.00	$ 580,493.25	$ 579,219.75	$ 579,219.75	$ 7,049,471.25
Adjustments	$ (207.00)	$ (1,167.75)	$ (2,070.00)	$ (2,464.50)	$ 2,882.25	$ (1,070.25)	$ (3,320.25)	$ (7,190.25)	$ (1,144.50)	$ (2,257.50)	$ (203.25)	$ (203.25)	$ (18,416.25)
Total Active Income	$ 597,456.00	$ 592,374.75	$ 589,269.75	$ 587,199.75	$ 593,245.50	$ 586,871.25	$ 588,948.75	$ 578,568.00	$ 580,852.50	$ 578,235.75	$ 579,016.50	$ 579,016.50	$ 7,031,055.00
Plus COBRA Revenue	$ 1,378.58	$ 1,665.47	$ 2,259.13	$ 1,932.48	$ 1,665.47	$ 1,665.47	$ 1,972.24	$ 1,761.10	$ 1,761.10	$ 1,876.61	$ 1,474.21	$ 2,183.38	$ 21,595.24
Refunds/Rebates			$ 220,902.58			$ 232,975.48				$ 120,593.60			$ 574,471.66
Total Income	$ 598,834.58	$ 594,040.22	$ 812,431.46	$ 589,132.23	$ 594,910.97	$ 821,512.20	$ 590,920.99	$ 580,329.10	$ 582,613.60	$ 700,705.96	$ 580,490.71	$ 581,199.88	$ 7,627,121.90
Monthly Net	$ (100,522.65)	$ 68,646.35	$ 104,094.10	$ (76,326.18)	$ (1,660.83)	$ 179,016.10	$ 3,731.04	$ (67,847.53)	$ (39,519.80)	$ 95,997.64	$ (44,729.67)	$ (73,699.07)	$ 47,179.50
YTD Net	$ (100,522.65)	$ (31,876.30)	$ 72,217.80	$ (4,108.38)	$ (5,769.21)	$ 173,246.89	$ 176,977.93	$ 109,130.40	$ 69,610.60	$ 165,608.24	$ 120,878.57	$ 47,179.50	$ 47,179.50
Avg. Cost/Contract	$ 201.14	$ 151.89	$ 205.26	$ 193.11	$ 173.22	$ 187.75	$ 170.55	$ 189.97	$ 183.52	$ 178.96	$ 186.02	$ 194.68	
Total Number of Scripts	8,674	8,252	9,290	8,466	8,374	8,714	8,044	8,880	8,403	8,564	8,581	8,777	103,019
# of Scripts per enrollee	2.5	2.4	2.7	2.5	2.4	2.5	2.3	2.6	2.5	2.5	2.6	2.6	2.5
Cost/Script	$ 80.63	$ 63.67	$ 76.25	$ 78.60	$ 71.24	$ 73.73	$ 73.00	$ 72.99	$ 74.04	$ 70.61	$ 72.86	$ 74.62	$ 73.58

LUCAS COUNTY DRUG PLAN 2011

Service Period:		Jan. 2011	Feb. 2011	Mar. 2011	April 2011	May 2011	June 2011	July 2011	Aug. 2011	Dec. 2011	Total
Claims Costs		$ 607,215.99	$ 589,549.11	$ 719,246.04	$ 608,222.92	$ 597,938.34	$ 570,286.52	$ 574,486.38	$ -	$ -	$ 4,266,945.30
Admin. Fee		$ 13,198.50	$ 12,544.50	$ 14,628.00	$ 12,762.00	$ 12,997.50	$ 12,756.00	$ 11,880.00			
Admin. Fee DUR Program		$ 5,086.32	$ 6,619.91	$ 8,093.18	$ 6,116.48	$ 5,969.03					
COBRA Admin. Fees											
Total Costs		$ 625,500.81	$ 608,713.52	$ 741,967.22	$ 627,101.40	$ 616,904.87	$ 583,042.52	$ 586,366.38	$ -	$ -	$ 4,266,945.30
Income											
# Single		988	1,001	963	960	950	938	930	934	0	
Dept. Chg.	$93.75	$ 92,625.00	$ 93,843.75	$ 90,281.25	$ 90,000.00	$ 89,062.50	$ 87,937.50	$ 87,187.50	$ 87,562.50	$ -	$ 718,500.00
# Family		2,315	2,307	2,338	2,346	2,340	2,331	2,301	2,303	0	
Dept. Chg.	$207.00	$ 479,205.00	$ 477,549.00	$ 483,966.00	$ 485,622.00	$ 484,380.00	$ 482,517.00	$ 476,307.00	$ 476,721.00	$ -	$ 3,846,267.00
Total		$ 571,830.00	$ 571,392.75	$ 574,247.25	$ 575,622.00	$ 573,442.50	$ 570,454.50	$ 563,494.50	$ 564,283.50	$ -	$ 4,564,767.00
COBRA Single Income		$ 1,243.19	$ 1,434.45	$ 1,243.19	$ 669.41	$ 1,243.19	$ 1,147.56	$ 1,338.82	$ 1,721.34	$ -	$ 10,041.15
COBRA Family Income		$422.28	$422.48	$633.42	$633.42	$211.14	$422.28	$732.42	$211.14	$0.00	$3,688.58
COBRA Total		$ 1,665.47	$ 1,856.93	$ 1,876.61	$ 1,302.83	$ 1,454.33	$ 1,569.84	$ 2,071.24	$ 1,932.48	$ -	$ 13,729.73
COBRA Single Enrollment		14	14	14	11	10	11	14	14	0	
COBRA Family Enrollment		2	2	3	3	2	2	2	2	0	
Total COBRA Enrollment		16	16	17	14	12	13	16	16	0	
Total Enrollment		3,319	3,324	3,318	3,320	3,302	3,282	3,247	3,253	0	26,365
Active Income		$ 571,830.00	$ 571,392.75	$ 574,247.25	$ 575,622.00	$ 573,442.50	$ 570,454.50	$ 563,494.50	$ 564,283.50	$ -	$ 4,564,767.00
Adjustments		$ (449.25)	$ (363.00)	$ (1,468.50)	$ 19.50	$ (207.00)	$ (1,296.75)	$ (1,769.25)	$ 300.75	$ -	$ (5,233.50)
Total Active Income		$ 571,380.75	$ 571,029.75	$ 572,778.75	$ 575,641.50	$ 573,235.50	$ 569,157.75	$ 561,725.25	$ 564,584.25	$ -	$ 4,559,533.50
Plus COBRA Revenue		$ 1,665.47	$ 1,856.93	$ 1,876.61	$ 1,302.83	$ 1,454.33	$ 1,569.84	$ 2,071.24	$ 1,932.48	$ -	$ 13,729.73
Refunds/Rebates		$ 117,548.40	$ -	$ -	$ 116,504.20	$ -	$ -	$ 119,241.20		$ -	$ 353,293.80
Total Income		$ 690,594.62	$ 572,886.68	$ 574,655.36	$ 693,448.53	$ 574,689.83	$ 570,727.59	$ 683,037.69	$ 566,516.73	$ -	$ 4,926,557.03
Monthly Net		$ 65,093.81	$ (35,826.84)	$ (167,311.86)	$ 66,347.13	$ (42,215.04)	$ (12,314.93)	$ 96,671.31	$ 566,516.73	$ -	$ 659,611.73
YTD Net		$ 65,093.81	$ 29,266.97	$ (138,044.89)	$ (71,697.76)	$ (113,912.80)	$ (126,227.73)	$ (29,556.42)	$ 536,960.31	$ 536,960.31	$ 1,196,572.04
Avg. Cost/Contract		$ 188.46	$ 183.13	$ 223.62	$ 188.89	$ 186.83	$ 177.65	$ 180.59	$ -	#DIV/0!	$ 161.84
Total Number of Scripts		8,799	8,363	9,752	8,508	8,665	8,504	7,920	0	0	0
# of Scripts per enrollee		2.7	2.5	2.9	2.6	2.6	2.6	2.4	0.0	#DIV/0!	0.0
Cost/Script		$ 71.09	$ 72.79	$ 76.08	$ 73.71	$ 71.20	$ 68.56	$ 74.04	#DIV/0!	#DIV/0!	#DIV/0!

LUCAS COUNTY DENTAL PLAN 2008

		Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Totals
Dental Claims		$ 187,107.05	$ 114,206.90	$ 131,624.93	$ 196,490.34	$ 200,765.47	$ 113,693.49	$ 208,385.97	$ 64,195.75	$ 129,676.99	$ 193,399.25	$ 84,662.53	$ 136,063.55	$ 1,760,272.22
Admin. Fees		$ 6,004.00	$ 5,962.00	$ 5,978.00	$ 5,952.00	$ 5,956.00	$ 5,942.00	$ 5,872.00	$ 5,914.00	$ 5,900.00	$ 5,864.00	$ 5,864.00	$ 5,850.00	$ 71,058.00
COBRA Admin. Fees		$ 38.00	$ 34.00	$ 34.00	$ 30.00	$ 38.00	$ 38.00	$ 32.00	$ 26.00	$ 20.00	$ 24.00	$ 20.00	$ 20.00	$ 354.00
	Total Admin.	$ 6,042.00	$ 5,996.00	$ 6,012.00	$ 5,982.00	$ 5,994.00	$ 5,980.00	$ 5,904.00	$ 5,940.00	$ 5,920.00	$ 5,888.00	$ 5,884.00	$ 5,870.00	$ 71,412.00
Total Claims + Total Admin.		$ 193,149.05	$ 120,202.90	$ 137,636.93	$ 202,472.34	$ 206,759.47	$ 119,673.49	$ 214,289.97	$ 70,135.75	$ 135,596.99	$ 199,287.25	$ 90,546.53	$ 141,933.55	$ 1,831,684.22
come														
Single		951	946	939	938	935	930	917	917	915	906	904	902	
	$23.70	$22,538.70	$22,420.20	$22,254.30	$22,230.60	$22,159.50	$22,041.00	$21,732.90	$21,732.90	$21,685.50	$21,472.20	$21,424.80	$21,377.40	$263,070.00
amily		2,049	2,039	2,048	2,038	2,044	2,040	2,038	2,036	2,035	2,031	2,030	2,026	
	$65.85	$134,926.65	$134,268.15	$134,860.80	$134,202.30	$134,597.40	$134,334.00	$134,202.30	$134,070.60	$134,004.75	$133,741.35	$133,675.50	$133,412.10	$1,610,295.90
al Active Income		$ 157,465.35	$ 156,688.35	$ 157,115.10	$ 156,432.90	$ 156,756.90	$ 156,375.00	$ 155,935.20	$ 155,803.50	$ 155,690.25	$ 155,213.55	$ 155,100.30	$ 154,789.50	$ 1,873,365.90
BRA Single Income		$ 459.23	$ 362.55	$ 362.55	$ 314.21	$ 435.06	$ 362.55	$ 314.21	$ 314.21	$ 217.53	$ 298.87	$ 241.70	$ 241.70	$ 3,924.37
BRA Family Income		$ 134.34	$ 134.34	$ 134.34	$ 134.34	$ 67.17	$ 268.68	$ 131.70	$ -	$ 67.17	$ 67.17	$ -	$ -	$ 1,139.25
il COBRA Income		$ 593.57	$ 496.89	$ 496.89	$ 448.55	$ 502.23	$ 631.23	$ 445.91	$ 314.21	$ 284.70	$ 366.04	$ 241.70	$ 241.70	$ 5,063.62
RA Enrollment		15	17	16	15	15	18	15	15	15	15	13	11	
Enrollment		3,015	3,002	3,003	2,991	2,994	2,988	2,970	2,968	2,965	2,952	2,947	2,939	35,734
e Income		$ 157,465.35	$ 156,688.35	$ 157,115.10	$ 156,432.90	$ 156,756.90	$ 156,375.00	$ 155,935.20	$ 155,803.50	$ 155,690.25	$ 155,213.55	$ 155,100.30	$ 154,789.50	$ 1,873,365.90
itments		$ 300.30	$ (455.70)	$ 318.75	$ (42.15)	$ 18.45	$ 23.70	$ (294.90)	$ 287.10	$ (42.15)	$ 13.20	$ (47.40)	$ (113.25)	$ (34.05)
Active Income		$ 157,765.65	$ 156,232.65	$ 157,433.85	$ 156,390.75	$ 156,775.35	$ 156,398.70	$ 155,640.30	$ 156,090.60	$ 155,648.10	$ 155,226.75	$ 155,052.90	$ 154,676.25	$ 1,873,331.85
COBRA Income		$ 593.57	$ 496.89	$ 496.89	$ 448.55	$ 502.23	$ 631.23	$ 445.91	$ 314.21	$ 284.70	$ 366.04	$ 241.70	$ 241.70	$ 5,063.62
Income		$ 158,359.22	$ 156,729.54	$ 157,930.74	$ 156,839.30	$ 157,277.58	$ 157,029.93	$ 156,086.21	$ 156,404.81	$ 155,932.80	$ 155,592.79	$ 155,294.60	$ 154,917.95	$ 1,878,395.47
y Net		$ (34,789.83)	$ 36,526.64	$ 20,293.81	$ (45,633.04)	$ (49,481.89)	$ 37,356.44	$ (58,203.76)	$ 86,269.06	$ 20,335.81	$ (43,694.46)	$ 64,748.07	$ 12,984.40	$ 46,711.25
et		$ (34,789.83)	$ 1,736.81	$ 22,030.62	$ (23,602.42)	$ (73,084.31)	$ (35,727.87)	$ (93,931.63)	$ (7,662.57)	$ 12,673.24	$ (31,021.22)	$ 33,726.85	$ 46,711.25	$ 46,711.25
ost/Contract		$ 64.06	$ 40.04	$ 45.83	$ 67.69	$ 69.06	$ 40.05	$ 72.15	$ 23.63	$ 45.73	$ 67.51	$ 30.72	$ 48.29	$ 51.26

LUCAS COUNTY DENTAL PLAN 2009

	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Totals
Dental Claims	$ 154,530.42	$ 151,101.01	$ 217,754.93	$ 248,424.04	$ 154,749.39	$ 135,555.63	$ 132,850.52	$ 138,603.29	$ 142,627.03	$ 119,335.83	$ 101,092.41	$ 121,321.69	$ 1,817,946.19
Admin. Fees	$ 5,842.00	$ 5,794.00	$ 6,167.48	$ 6,124.68	$ 6,128.96	$ 6,113.98	$ 6,084.02	$ 6,049.78	$ 6,060.48	$ 6,009.12	$ 6,043.36	$ 6,004.84	$ 72,422.70
COBRA Admin. Fees	$ 32.00	$ 20.00	$ 16.98	$ 14.98	$ 17.12	$ 29.96	$ 23.54	$ 29.96	$ 21.40	$ 23.54	$ 27.82	$ 27.82	$ 285.12
Total Admin.	$ 5,874.00	$ 5,814.00	$ 6,184.46	$ 6,139.66	$ 6,146.08	$ 6,143.94	$ 6,107.56	$ 6,079.74	$ 6,081.88	$ 6,032.66	$ 6,071.18	$ 6,032.66	$ 72,707.82
Total Claims + Total Admin.	$ 160,404.42	$ 156,915.01	$ 223,939.39	$ 254,563.70	$ 160,895.47	$ 141,699.57	$ 138,958.08	$ 144,683.03	$ 148,708.91	$ 125,368.49	$ 107,163.59	$ 127,354.35	$ 1,890,654.01
Income													
#Single	900	908	905	903	895	894	892	876	876	873	874	871	
$23.70	$21,330.00	$21,519.60	$21,448.50	$21,401.10	$21,211.50	$21,187.80	$21,140.40	$20,761.20	$20,761.20	$20,690.10	$20,713.80	$20,642.70	$252,807.90
#Family	2,016	1,992	1,983	1,969	1,972	1,964	1,955	1,955	1,953	1,943	1,942	1,939	
$65.85	$132,753.60	$131,173.20	$130,580.55	$129,658.65	$129,856.20	$129,329.40	$128,736.75	$128,736.75	$128,605.05	$127,946.55	$127,880.70	$127,683.15	$1,552,940.55
Total Active Income	$154,083.60	$152,692.80	$152,029.05	$151,059.75	$151,067.70	$150,517.20	$149,877.15	$149,497.95	$149,366.25	$148,636.65	$148,594.50	$148,325.85	$1,805,748.45
COBRA Single Income	$ 241.70	$ 241.70	$ 193.36	$ 169.19	$ 193.36	$ 265.87	$ 265.87	$ 314.21	$ 217.53	$ 271.40	$ 241.70	$ 241.70	$ 2,857.59
COBRA Family Income	$ 67.17	$ -	$ -	$ -	$ -	$ 201.51	$ -	$ 67.17	$ 67.17	$ 67.17	$ 134.34	$ 201.51	$ 803.40
Total COBRA Income	$ 308.87	$ 241.70	$ 193.36	$ 169.19	$ 193.36	$ 467.38	$ 265.87	$ 381.38	$ 284.70	$ 338.57	$ 376.04	$ 443.21	$ 3,660.99
COBRA Single Enrollment	10	8	7	9	8	9	11	11	11	10	10	11	
CBORA Family Enrollment	1	0	0	0	0	1	1	1	1	1	1	2	
COBRA Enrollment	11	8	7	9	8	10	12	12	12	11	11	13	
Total Enrollment	2,927	2,908	2,895	2,881	2,875	2,868	2,859	2,843	2,841	2,827	2,827	2,823	34,374
Active Income	$154,083.60	$152,692.80	$152,029.05	$151,059.75	$151,067.70	$150,517.20	$149,877.15	$149,497.95	$149,366.25	$148,636.65	$148,594.50	$148,325.85	$ 1,805,748.45
Adjustments	$ 147.45	$ (389.85)	$ (258.15)	$ (484.65)	$ 97.50	$ (155.40)	$ (305.55)	$ 158.10	$ 281.85	$ (442.50)	$ 400.35	$ (179.10)	$ (1,129.95)
Total Active Income	$154,231.05	$152,302.95	$151,770.90	$150,575.10	$151,165.20	$150,361.80	$149,571.60	$149,656.05	$149,648.10	$148,194.15	$148,994.85	$148,146.75	$ 1,804,618.50
Plus COBRA Income	$ 308.87	$ 241.70	$ 193.36	$ 169.19	$ 193.36	$ 467.38	$ 265.87	$ 381.38	$ 284.70	$ 338.57	$ 373.40	$ 443.21	$ 3,660.99
Total Income	$154,539.92	$152,544.65	$151,964.26	$150,744.29	$151,358.56	$150,829.18	$149,837.47	$150,037.43	$149,932.80	$148,532.72	$149,368.25	$148,589.96	$ 1,808,279.49
Monthly Net	($5,864.50)	($4,370.36)	($71,975.13)	($103,819.41)	($9,536.91)	$9,129.61	$10,879.39	$5,354.40	$1,223.89	$23,164.23	$42,204.66	$21,235.61	$ (82,374.52)
YTD Net	($5,864.50)	($10,234.86)	($82,209.99)	($186,029.40)	($195,566.31)	($186,436.70)	($175,557.31)	($170,202.91)	($168,979.02)	($145,814.79)	($103,610.13)	($82,374.52)	($82,374.52)
Avg. Cost/Contract	54.80164674	53.9597696	77.35	88.35949323	$ 55.96	$ 49.41	48.60373557	50.89097081	52.34386132	44.34683056	37.90717722	45.11312434	55.002444

LUCAS COUNTY DENTAL PLAN 2010

	Jan. 2010	Feb. 2010	Mar. 2010	Apr. 2010	May-10	Jun-10	Jul-10	Aug. 2010	Sept. 2010	Oct. 10	Nov. 10	Dec. 10	Totals
Dental Claims	$ 103,489.86	$ 110,208.92	$ 175,535.84	$ 162,652.02	$ 132,383.37	$ 115,186.91	$ 142,475.10	$ 109,393.65	$ 136,052.73	$ 116,253.86	$ 119,561.51	$ 69,616.37	$ 1,492,810.14
Admin. Fees	$ 5,893.44	$ 5,910.68	$ 5,675.28	$ 5,692.40	$ 5,622.43	$ 5,703.94	$ 5,581.12	$ 5,578.98	$ 5,608.94	$ 5,480.54	$ 5,499.80	$ 5,486.90	$ 67,734.45
COBRA Admin. Fees	$ 23.54	$ 27.82	$ 44.94	$ 40.66	$ 25.68	$ 29.96	$ 32.10	$ 27.82	$ 27.82	$ 25.68	$ 25.68	$ 29.96	$ 361.66
Total Admin.	$ 5,916.98	$ 5,938.50	$ 5,720.22	$ 5,733.06	$ 5,648.11	$ 5,733.90	$ 5,613.22	$ 5,606.80	$ 5,636.76	$ 5,506.22	$ 5,525.48	$ 5,516.86	$ 68,096.11
Total Claims + Total Admin.	$ 109,406.84	$ 116,147.42	$ 181,256.06	$ 168,385.08	$ 138,031.48	$ 120,920.81	$ 148,088.32	$ 115,000.45	$ 141,689.49	$ 121,760.08	$ 125,086.99	$ 75,133.23	$ 1,560,906.25
													$ -
Income													$ -
#Single	871	866	839	836	832	819	814	812	818	808	802	791	
	$20,642.70	$20,524.20	$19,884.30	$19,813.20	$19,718.40	$19,410.30	$19,291.80	$19,244.40	$19,386.60	$19,149.60	$19,007.40	$18,746.70	$ 234,819.60
$23.70													$ -
#Family	1,925	1,900	1,823	1,826	1,822	1,813	1,800	1,795	1,787	1,780	1,779	1,781	$ -
	$126,761.25	$125,115.00	$120,044.55	$120,242.10	$119,978.70	$119,386.05	$118,530.00	$118,200.75	$117,673.95	$117,213.00	$117,147.15	$117,278.85	$ 1,437,571.35
$65.85													$ -
Total Active Income	$147,403.95	$145,639.20	$139,928.85	$140,055.30	$139,697.10	$138,796.35	$137,821.80	$137,445.15	$137,060.55	$136,362.60	$136,151.55	$136,025.55	$ 1,672,390.95
COBRA Single Income	$ 241.70	$ 290.04	$ 459.23	$ 435.06	$ 217.53	$ 290.04	$ 338.38	$ 290.04	$ 290.04	$ 265.87	$ 290.04	$ 313.30	$ 3,721.27
COBRA Family Income	$ 67.17	$ 67.17	$ 134.34	$ 67.17	$ 201.51	$ 134.34	$ 67.17	$ 67.17	$ 67.17	$ 67.17	$ 67.17	$ 67.17	$ 1,074.72
Total COBRA Income	$ 308.87	$ 357.21	$ 593.57	$ 502.23	$ 419.04	$ 424.38	$ 405.55	$ 357.21	$ 357.21	$ 333.04	$ 357.21	$ 380.47	$ 4,795.99
COBRA Single Enrollment	10	11	12	14	13	12	13	12	12	12	12	12	
COBRA Family Enrollment	2	2	2	3	3	2	1	1	1	1	1	1	
COBRA Enrollment	12	13	14	17	16	14	14	13	13	13	13	13	
Total Enrollment	2,808	2,779	2,676	2,679	2,670	2,646	2,628	2,620	2,618	2,601	2,594	2,585	
Active Income	$147,403.95	$145,639.20	$139,928.85	$140,055.30	$139,697.10	$138,796.35	$137,821.80	$137,445.15	$137,060.55	$136,362.60	$136,154.55	$136,025.55	$ 31,904.00
Adjustments	$ (42.15)	$ (366.15)	$ (748.05)	$ (324.00)	$ 97.50	$ (400.35)	$ (34.20)	$ (168.60)	$ (218.55)	$ (1,021.95)	$ (260.70)	$ (21.00)	$ 1,672,390.95
Total Active Income	$147,361.80	$145,273.05	$139,180.80	$139,731.30	$139,794.60	$138,396.00	$137,787.60	$137,276.55	$136,842.00	$135,340.65	$135,893.85	$136,004.55	$ (3,508.20)
Plus COBRA Income	$ 308.87	$ 357.21	$ 593.57	$ 502.23	$ 419.04	$ 424.38	$ 405.55	$ 357.21	$ 357.21	$ 333.04	$ 357.21	$ 380.47	$ 1,668,882.75
Total Income	$147,670.67	$145,630.26	$139,774.37	$140,233.53	$140,213.64	$138,820.38	$138,193.15	$137,633.76	$137,199.21	$135,673.69	$136,251.05	$136,385.02	$ 4,795.99
													$1,673,678.74
Monthly Net	$38,263.83	$29,482.84	($41,481.69)	($28,151.55)	$2,182.16	$17,899.57	($9,895.17)	$22,633.31	($4,490.28)	$13,913.61	$11,164.07	$61,251.79	
YTD Net	$38,263.83	$67,746.67	$26,264.98	($1,886.57)	$295.59	$18,195.16	$8,299.99	$30,933.30	$26,443.02	$40,356.63	$51,520.70	$112,772.49	$112,772.49
Avg. Cost/Contract	$38.96	$41.79	$67.73	$62.85	$51.70	$45.70	$56.35	$43.89	$54.12	$46.81	$48.22	$29.07	
													$48.93

LUCAS COUNTY DENTAL PLAN 2011

	Jan. 2011	Feb. 2011	Mar. 2011	Apr. 2011	May 2011	June 2011	July 2011	Aug. 2011	Sept. 2011	Oct. 2011	Nov 2011	Dec. 2011
Dental Claims	$ 158,949.31	$ 91,122.67	$ 115,740.29	$ 72,062.20	$ 167,270.92	$ 144,607.49	$ 132,871.09	$ -	$ -	$ -	$ -	$ -
Admin. Fees	$ 5,384.24	$ 5,382.10	$ 5,146.70	$ 5,159.54	$ 5,106.04	$ 5,039.70	$ 5,016.16	$ 5,050.40	$ -	$ -	$ -	$ -
COBRA Admin. Fees	$ 32.10	$ 29.96	$ 27.82	$ 23.54	$ 25.68	$ 23.54	$ 32.10	$ 29.96	$ -	$ -	$ -	$ -
Total Admin.	$ 5,416.34	$ 5,412.06	$ 5,174.52	$ 5,183.08	$ 5,131.72	$ 5,063.24	$ 5,048.26	$ 5,080.36	$ -	$ -	$ -	$ -
Total Claims + Total Admin.	$ 164,365.65	$ 96,534.73	$ 120,914.81	$ 77,245.28	$ 172,402.64	$ 149,670.73	$ 137,919.35	$ 5,080.36	$ -	$ -	$ -	$ -
Income												
#Single	769	781	709	708	703	692	687	696	0	0	0	0
$23.70	$18,225.30	$18,509.70	$16,803.30	$16,779.60	$16,661.10	$16,400.40	$16,281.90	$16,495.20	$0.00	$0.00	$0.00	$0.00
#Family	1,753	1,734	1,696	1,700	1,687	1,672	1,650	1,653	0	0	0	0
$65.85	$115,435.05	$114,183.90	$111,681.60	$111,945.00	$111,088.95	$110,101.20	$108,652.50	$108,850.05	$0.00	$0.00	$0.00	$0.00
Total Active Income	$133,660.35	$132,693.60	$128,484.90	$128,724.60	$127,750.05	$126,501.60	$124,934.40	$125,345.25	$0.00	$0.00	$0.00	$0.00
COBRA Single Income	$ 338.38	$ 265.87	$ 265.87	$ 193.36	$ 265.87	$ 241.70	$ 338.38	$ 314.21	$ -	$ -	$ -	$ -
COBRA Family Income	$ 67.17	$ 268.68	$ 201.51	$ 201.51	$ 67.17	$ 67.17	$ 67.17	$ 67.17	$ -	$ -	$ -	$ -
Total COBRA Income	$ 405.55	$ 534.55	$ 467.38	$ 394.87	$ 333.04	$ 308.87	$ 405.55	$ 381.38	$ -	$ -	$ -	$ -
COBRA Single Enrollment	13	10	11	10	9	10	12	11	0	0	0	0
COBRA Family Enrollment	1	3	3	3	1	1	1	1	0	0	0	0
COBRA Enrollment	14	13	14	13	10	11	13	12	0	0	0	0
Total Enrollment	2,536	2,528	2,419	2,421	2,400	2,375	2,350	2,361	0	0	0	0
Active Income	$133,660.35	$132,693.60	$128,484.90	$128,724.60	$127,750.05	$126,501.60	$124,934.40	$125,345.25	$0.00	$0.00	$0.00	$0.00
Adjustments	$ 92.25	$ 94.80	$ (18.45)	$ 276.60	$ (287.10)	$ (442.50)	$ (324.00)	$ 429.30	$ -	$ -	$ -	$ -
Total Active Income	$133,752.60	$132,788.40	$128,466.45	$129,001.20	$127,462.95	$126,059.10	$124,610.40	$125,774.55	$0.00	$0.00	$0.00	$0.00
Plus COBRA Income	$ 405.55	$ 534.55	$ 467.38	$ 394.87	$ 333.04	$ 308.87	$ 405.55	$ 381.38	$ -	$ -	$ -	$ -
Total Income	$134,158.15	$133,322.95	$128,933.83	$129,396.07	$127,795.99	$126,367.97	$125,015.95	$126,155.93	$0.00	$0.00	$0.00	$0.00
Monthly Net	($30,207.50)	$36,788.22	$8,019.02	$52,150.79	($44,606.65)	($23,302.76)	($12,903.40)	$121,075.57	$0.00	$0.00	$0.00	$0.00
YTD Net	($30,207.50)	$6,580.72	$14,599.74	$66,750.53	$22,143.88	($1,158.88)	($14,062.28)	$107,013.29	$107,013.29	$107,013.29	$107,013.29	$107,013.29
Avg. Cost/Contract	$ 64.81	$ 38.19	$ 49.99	$ 31.91	$ 71.83	$ 63.02	$ 58.69	$ 2.15	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2011

Member Number	First Name	Last Name	Group Nbr	Class	Ind	Status Desc	Amtpay
				DP	Medical	Paid	$221,164.19
				HH	Medical	Paid	$174,478.72
				HH	Medical	Paid	$71,067.02
				HH	Medical	Paid	$62,912.30
				SP	Medical	Paid	$56,710.65
				HH	Medical	Paid	$55,578.27
				HH	Medical	Paid	$53,962.55
				SP	Medical	Paid	$51,939.36

Paramount Stock/Loss

2010

Member Number	First Name	Last Name	Group Nbr	Class	Ind	Status Desc	Amtpay
			30579	HH	Medical	Paid	$303,269.44
			30579	DP	Medical	Paid	$262,397.35
			30579	HH	Medical	Paid	$214,083.23
			30579	SP	Medical	Paid	$180,019.69
			30579	SP	Medical	Paid	$149,547.02
			30579	HH	Medical	Paid	$110,142.90
			30579	HH	Medical	Paid	$106,170.60
			30579	HH	Medical	Paid	$102,835.39
			30579	HH	Medical	Paid	$98,378.70
			30579	SP	Medical	Paid	$95,367.00
			30579	SP	Medical	Paid	$93,709.35
			30579	HH	Medical	Paid	$87,548.16
			30579	DP	Medical	Paid	$84,953.51
			30579	HH	Medical	Paid	$81,401.94
			30579	HH	Medical	Paid	$80,940.68
			30579	HH	Medical	Paid	$74,156.79
			30579	HH	Medical	Paid	$70,793.34
			30579	SP	Medical	Paid	$69,679.98
			30579	SP	Medical	Paid	$66,757.18
			30579	SP	Medical	Paid	$59,036.96
			30579	HH	Medical	Paid	$58,388.49
			30579	HH	Medical	Paid	$56,787.50

Paramount
Shock Pros

SPECIFIC STOP-LOSS REPORT

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/08 THRU: 02/28/10
PAID: 03/01/09 THRU: 02/28/10

COVERAGE/TYPE: MM/IND

WARNING %: 12

WARNING AMOUNT: 48,000.00
OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
			SELF	169,618.90		
			SELF	57,123.91	*WARN*	
			SELF	216,905.42	*WARN*	
			SELF	48,227.07	*WARN*	
			SELF	55,431.23	*WARN*	
			SELF	75,497.21	*WARN*	
			SELF	133,789.58	*WARN*	
			SELF	134,464.33	*WARN*	
			SELF	81,442.74	*WARN*	
			SPOUSE	499,577.23	*WARN*	
			DAUGHTER	49,439.11	*OVER*	
			DAUGHTER	105,525.59	*WARN*	
			SELF	118,992.40	*WARN*	
			SELF	48,635.66	*WARN*	
			SELF	119,924.26	*WARN*	
			SELF	50,040.73	*WARN*	
			SON	201,913.87	*WARN*	
			SPOUSE	55,458.86	*WARN*	
			SPOUSE	96,215.49	*WARN*	
			SELF	136,960.59	*WARN*	
			SELF	167,137.47	*WARN*	
			DAUGHTER	279,081.88	*WARN*	
			SELF	75,363.42	*WARN*	
			SELF	50,770.81	*WARN*	
			SELF	55,550.66	*WARN*	
			SELF	56,997.68	*WARN*	
			SELF	99,692.55	*WARN*	
			SPOUSE	62,473.10	*WARN*	
			SELF	71,405.63	*WARN*	
			SPOUSE	58,440.92	*WARN*	
			SPOUSE	58,698.44	*WARN*	
			SELF	294,193.39	*WARN*	
			SPOUSE	182,232.69	*WARN*	
			SELF	57,536.96	*WARN*	
			SPOUSE	53,252.40	*WARN*	
			SELF	147,742.46	*WARN*	
			DAUGHTER	73,836.88	*WARN*	
			SELF	80,798.57	*WARN*	
			SELF	68,651.38	*WARN*	
			SELF	53,730.74	*WARN*	
			SELF	50,635.27	*WARN*	
			SELF	57,933.37	*WARN*	
		GRAND TOTAL:		4,611,340.85		

SPECIFIC STOP-LOSS REPORT

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/09 THRU: 02/28/11
PAID: 03/01/10 THRU: 02/28/11

COVERAGE/TYPE: MM/IND

WARNING %: 12

WARNING AMOUNT: 48,000.00
OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
			SELF	85,131.29		
			SPOUSE	92,481.73	*WARN*	
			SELF	67,517.30	*WARN*	
			SELF	125,196.90	*WARN*	
			SELF	59,975.81	*WARN*	
			SELF	398,322.83	*WARN*	
			SELF	171,876.85	*WARN*	
			SPOUSE	77,415.79	*WARN*	
			SELF	58,774.94	*WARN*	
			SON	54,627.18	*WARN*	
			SPOUSE	139,599.01	*WARN*	
			SELF	235,532.41	*WARN*	
			SELF	84,529.88	*WARN*	
			SELF	83,361.73	*WARN*	
			SELF	49,406.20	*WARN*	
			SELF	127,689.05	*WARN*	
			SELF	73,874.58	*WARN*	
			SPOUSE	136,819.82	*WARN*	
			SELF	61,508.96	*WARN*	
			SON	51,534.76	*WARN*	
			DAUGHTER	135,814.16	*WARN*	
			SPOUSE	569,071.91	*WARN*	
			SELF	87,552.03	*OVER*	
			SELF	54,166.03	*WARN*	
			SELF	128,020.44	*WARN*	
			SELF	49,286.68	*WARN*	
			SPOUSE	56,921.73	*WARN*	
			SELF	69,685.94	*WARN*	
			SELF	60,852.44	*WARN*	
			SPOUSE	95,416.84	*WARN*	
			SELF	83,023.92	*WARN*	
			SELF	64,881.75	*WARN*	
			SON	124,016.34	*WARN*	
			SON	58,007.57	*WARN*	
			DAUGHTER	225,537.87	*WARN*	
			SELF	54,776.51	*WARN*	
			SELF	83,955.37	*WARN*	
			SELF	113,932.44	*WARN*	
			SELF	79,548.11	*WARN*	
			SELF	84,622.83	*WARN*	
			SELF	57,600.82	*WARN*	
			SPOUSE	199,547.45	*WARN*	
			SELF	409,733.24	*OVER*	
			SELF	64,458.04	*WARN*	
			SELF	75,263.38	*WARN*	
			SPOUSE	60,579.55	*WARN*	
			SON	63,325.04	*WARN*	

SPECIFIC STOP-LOSS REPORT

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/09 THRU: 02/28/11
PAID: 03/01/10 THRU: 02/28/11

COVERAGE/TYPE: MM/IND

WARNING %: 12

WARNING AMOUNT: 48,000.00
OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASE
			SELF	49,705.30	*WARN*	
			SPOUSE	50,635.96	*WARN*	
			SPOUSE	79,383.37	*WARN*	
			SELF	55,788.52	*WARN*	
			SELF	54,895.14	*WARN*	
			SELF	89,807.54	*WARN*	
			SELF	110,201.66	*WARN*	
			SELF	90,916.40	*WARN*	
			SELF	108,500.80	*WARN*	
			SPOUSE	79,313.40	*WARN*	
			SELF	53,068.88	*WARN*	
		GRAND TOTAL:		6,266,992.42		

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SPECIFIC STOP-LOSS REPORT

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION

BOTH PLANS

PAGE:

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/10 THRU: 02/28/12
PAID: 03/01/11 THRU: 02/28/12

COVERAGE/TYPE: MM/IND

WARNING %: 12

WARNING AMOUNT: 48,000.00
OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASE
			SELF	65,277.58		
			SELF	226,048.25	*WARN*	
			SON	62,915.69	*WARN*	
			SELF	54,289.69	*WARN*	
			SELF	248,821.91	*WARN*	
			SELF	56,149.31	*WARN*	
			SPOUSE	95,472.68	*WARN*	
			DAUGHTER	93,898.47	*WARN*	
			SELF	253,926.80	*WARN*	
			SELF	62,487.69	*WARN*	
			SELF	98,719.50	*WARN*	
			SON	74,442.55	*WARN*	
			SPOUSE	98,179.47	*WARN*	
			SELF	67,190.54	*WARN*	
			SELF	86,456.61	*WARN*	
			SELF	95,525.71	*WARN*	
			SPOUSE	49,449.24	*WARN*	
			SELF	229,545.28	*WARN*	
			SPOUSE	258,923.03	*WARN*	
			SPOUSE	52,417.67	*WARN*	
			SPOUSE	55,459.92	*WARN*	
		GRAND TOTAL:		2,385,697.56		

PARAMOUNT

Lucas County Employees

Product: Commercial HMO

Prior Period = Claims Incurred March 2010 through May 2010 and Paid through May 2011
Current Period = Claims Incurred March 2011 through May 2011 and Paid through May 2011
PHC (Paramount Health Care) = Current period data for all groups with same product

Overall

Measure	Prior	Current	% Change	PHC
Med and Drug Payments	$2,070,278	$2,413,263	16.6%	
Member Months	10,823	10,666	-1.5%	
Med and Drug Paymts PMPM	$191.29	$226.26	18.3%	$281.73
Medical Allowed Amount	$2,341,555	$2,765,268	18.1%	
Drug Allowed Amount	$0	$0	na	
Cost Share	$271,277	$352,005	29.8%	

Medical Cost Drivers

Measure	Prior	Current	% Change	PHC
Medical Payments	$2,070,278	$2,413,263	16.6%	
Med Member Months	10,823	10,666	-1.5%	
Med Payments PMPM	$191.29	$226.26	18.3%	$241.33
Acute Inpatient Facility Cost and Use				
Admits per 1000	68.74	72.44	5.4%	77.88
Days per 1000	268.32	197.87	-26.3%	256.48
Paid Amt per Admit	$8,567.95	$9,796.63	14.3%	$9,393.83
Allowed Amt PMPM	$51.75	$64.43	24.5%	$64.52
Cost Share PMPM	$2.66	$5.30	98.8%	$3.55
Paid Amt PMPM	$49.08	$59.14	20.5%	$60.97
Non-acute Inpatient Facility Cost				
Allowed Amt PMPM	$0.60	$0.00	-100.0%	$1.38
Cost Share PMPM	$0.00	$0.00	na	$0.02
Paid Amt PMPM	$0.60	$0.00	-100.0%	$0.21

Medical Cost Drivers, cont.

Measure	Prior	Current	% Change	PHC
Outpatient Facility Cost and Use				
Visits per 1000	2,805.14	2,858.55	1.9%	3,252.37
Paid Amt per Visit	$349.50	$474.85	35.9%	$298.76
Allowed Amt PMPM	$92.57	$125.32	35.4%	$96.02
Cost Share PMPM	$10.87	$12.20	12.3%	$15.04
Paid Amt PMPM	$81.70	$113.12	38.5%	$80.97
Professional Visits Cost and Use				
Visits per 1000	8,831.19	9,478.43	7.3%	9,368.08
Paid Amt per Visit	$81.39	$68.37	-16.0%	$125.57
Allowed Amt PMPM	$71.43	$69.51	-2.7%	$114.52
Cost Share PMPM	$11.53	$15.50	34.4%	$16.49
Paid Amt PMPM	$59.90	$54.01	-9.8%	$98.03

Drug Cost Drivers

Measure	Prior	Current	% Change	PHC
Drug Payments	$0	$0	na	
Drug Member Months	0	0	na	
Scripts per 1000	0.00	0.00	na	12,728.79
Paid Amt per Script	$0.00	$0.00	na	$57.13
Allowed Amt PMPM	$0.00	$0.00	na	$74.15
Cost Share PMPM	$0.00	$0.00	na	$13.55
Paid Amt PMPM	$0.00	$0.00	na	$60.60

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PARAMOUNT

Lucas County Employees

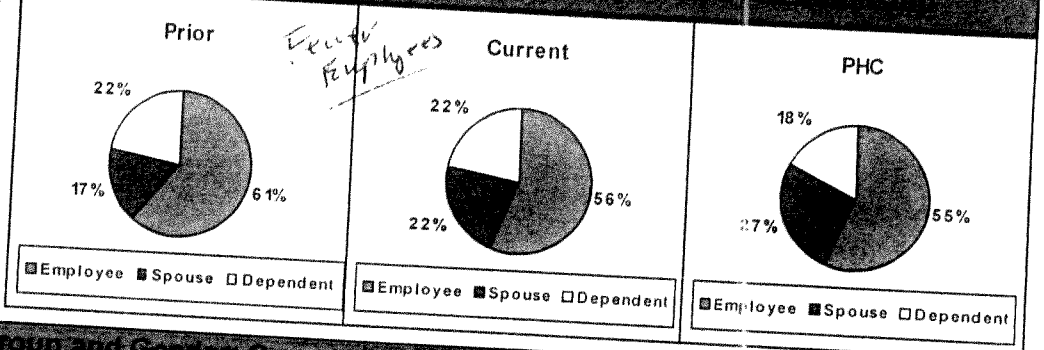
Product: Commercial HMO

Prior Period = Claims Incurred March 2009 through February 2010 and Paid through February 2011
Current Period = Claims Incurred March 2010 through February 2011 and Paid through February 2011
PHC (Paramount Health Care) = Current period data for all groups with same product

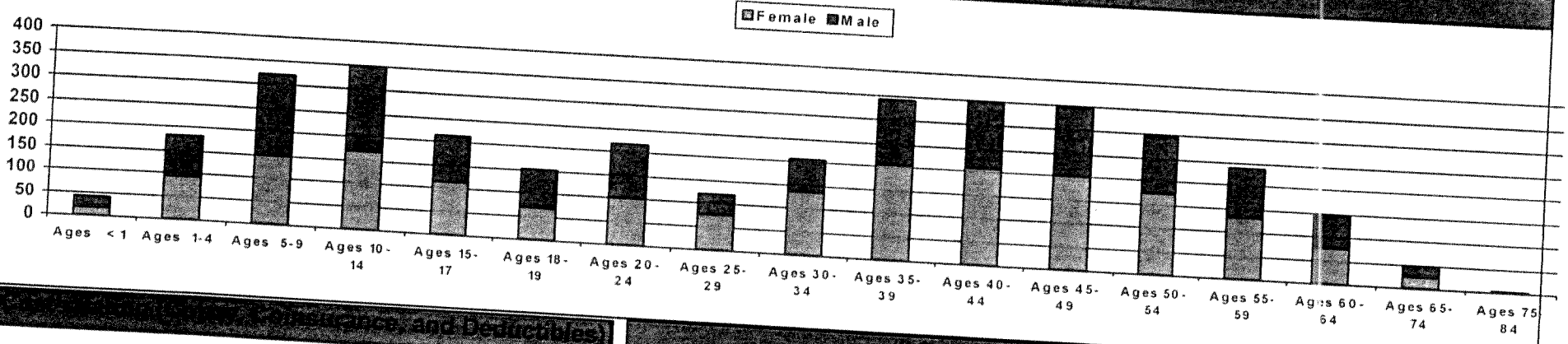
1. Demographics

	2008-9	2009-10 Prior	2010-11 Current	% Change	PHC
Employees Avg		1,544 DC	1,419	-8.1%	na
Members Avg	4056	3,874 DC	3,573	-7.8%	na
% Female Mbrs	54.4%	54.2% DC	53.9%	-0.2%	53.1%
Member Avg Age	30.5	31.1 DC	31.6	1.6%	33.5
Family Size	2.51	2.51 DC	2.52	0.4%	2.24

2. Medical and Drug Payments (Employee & Spouse/Dependent)



3. Members by Age Group and Gender: Current Period



4. Copays, Coinsurance, and Deductibles

	2008-09	2009-10 Prior	2010-11 Current	% Change	PHC
Medical	9.8%	10.5%	9.4%	-1.2%	9.5%
Drug		na	na	na	18.2%

5. Participating Facility Usage

	2008-09	2009-10 Prior	2010-11 Current	% Change	PHC	2008-2009-10 Prior	2010-11 Current	% Change	PHC
		Inpatient					Outpatient		
Par	84.3%	92.7% ?	91.2%	-1.4%	93.7%	84.3% ? 85.7% ?	85.5% ?	-0.1%	90.2%
Non-par	15.7%	7.3% ?	8.8%	1.4%	6.3%	15.7% 14.3% ?	14.5%	0.1%	9.8%

"Prior" does not match 2009-10 report - recalculation.

PARAMOUNT

Lucas (inty Employees

Product: Commercial HMO

Prior Period = Claims Incurred March 2009 through February 2010 and Paid through February 2011

Current Period = Claims Incurred March 2010 through February 2011 and Paid through February 2011

PHC (Paramount Health Care) = Current period data for all groups with same product

Overall

Measure	Prior	Current	% Change	PHC
Med and Drug Payments	$8,269,524	$9,506,859	15.0%	
Member Months	46,484	42,880	-7.8%	
Med and Drug Paymts PMPM	$177.90	$221.71	24.6%	$283.00
Medical Allowed Amount	$9,242,304	$10,488,091	13.5%	
Drug Allowed Amount	$0	$0	na	
Cost Share	$972,781	$981,231	0.9%	

Medical Cost Drivers

Measure	Prior	Current	% Change	PHC
Medical Payments	$8,269,524	$9,506,859	15.0%	
Med Member Months	46,484	42,880	-7.8%	
Med Payments PMPM	$177.90	$221.71	24.6%	$244.40
Acute Inpatient Facility Cost and Use				
Admits per 1000	63.25	68.65	8.5%	78.27
Days per 1000	227.95	257.75	13.1%	273.17
Paid Amt per Admit	$7,552.40	$10,719.14	41.9%	$10,032.83
Allowed Amt PMPM	$41.99	$63.69	51.7%	$67.93
Cost Share PMPM	$2.18	$2.36	8.4%	$2.49
Paid Amt PMPM	$39.81	$61.32	54.1%	$65.44
Non-acute Inpatient Facility Cost				
Allowed Amt PMPM	$1.49	$0.89	-40.1%	$1.42
Cost Share PMPM	$0.02	$0.01	-26.5%	$0.06
Paid Amt PMPM	$1.47	$0.88	-40.3%	$0.38

Medical Cost Drivers, cont.

Measure	Prior	Current	% Change	PHC
Outpatient Facility Cost and Use				
Visits per 1000	2,694.60	2,884.53	7.0%	3,123.63
Paid Amt per Visit	$337.32	$389.88	15.6%	$323.12
Allowed Amt PMPM	$84.43	$103.37	22.4%	$94.00
Cost Share PMPM	$8.69	$9.65	11.1%	$9.90
Paid Amt PMPM	$75.75	$93.72	23.7%	$84.11
Professional Visits Cost and Use				
Visits per 1000	8,892.61	8,871.30	-0.2%	8,675.15
Paid Amt per Visit	$82.15	$88.99	8.3%	$129.32
Allowed Amt PMPM	$70.92	$76.65	8.1%	$106.65
Cost Share PMPM	$10.04	$10.86	8.1%	$13.16
Paid Amt PMPM	$60.88	$65.79	8.1%	$93.49

Drug Cost Drivers

Measure	Prior	Current	% Change	PHC
Drug Payments	$0	$0	na	
Drug Member Months	0	0	na	
Scripts per 1000	0.00	0.00	na	12,802.21
Paid Amt per Script	$0.00	$0.00	na	$56.51
Allowed Amt PMPM	$0.00	$0.00	na	$73.73
Cost Share PMPM	$0.00	$0.00	na	$13.44
Paid Amt PMPM	$0.00	$0.00	na	$60.29

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PARAMOUNT

Lucas County Employees

Product: Commercial HMO

Prior Period = Claims Incurred March 2008 through February 2009 and Paid through February 2010

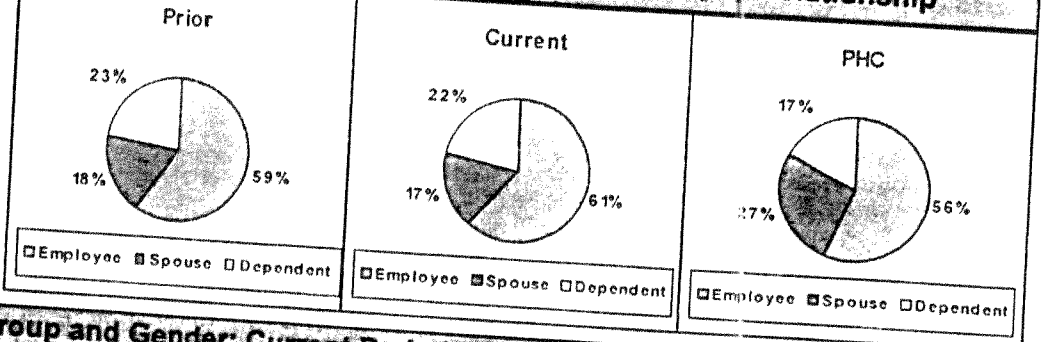
Current Period = Claims Incurred March 2009 through February 2010 and Paid through February 2010

PHC (Paramount Health Care) = Current period data for all groups with same product

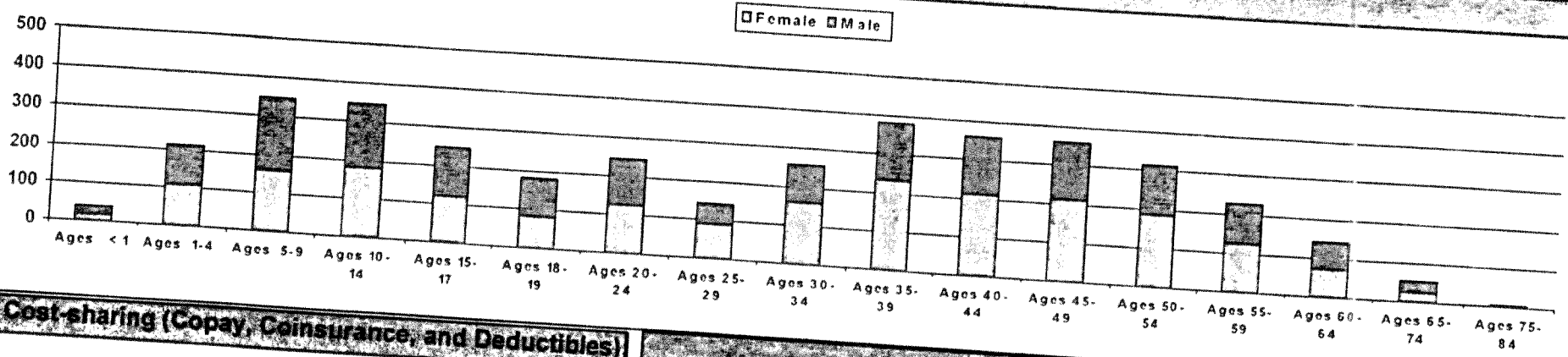
1. Demographics

	Prior 2008-09	Current 2009-10	% Change	PHC
Employees Avg	1,617	1,545	-4.5%	na
Members Avg	4,056	3,874	-4.5%	na
% Female Mbrs	54.2%	54.2%	0.0%	53.1%
Member Avg Age	30.5	31.1	1.9%	33.6
Family Size	2.51	2.51	0.0%	2.20

2. Medical and Drug Payments (completed) by Relationship



3. Members by Age Group and Gender: Current Period



4. Cost-sharing (Copay, Coinsurance, and Deductibles)

	Prior	Current	% Change	PHC
Medical	9.8%	10.9%	1.1%	8.3%
Drug	na	77.7%	na	17.5%

5. Participating Facility Usage

	Inpatient				Outpatient			
	Prior	Current	% Change	PHC	Prior	Current	% Change	PHC
Par	84.3%	90.1%	5.8%	84.7%	84.2%	87.7%	3.5%	93.2%
Non-par	15.7%	9.9%	-5.8%	15.3%	15.8%	12.3%	-3.5%	6.8%

4/5/2010

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Lucas County

EXECUTIVE SUMMARY

2011

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPAY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	TOTAL SCRIPTS Tier 1	AVERAGE COPAY Tier 1	TOTAL SCRIPTS Tier 2	AVERAGE COPAY Tier 2	TOTAL SCRIPTS Tier 3	AVERAGE COPAY Tier 3	MO %
JANUARY	8307	8799	$ 620,414.49	$ 73,481.77	$ 70.51	$ 8.35	$ 74.69	1.06	72.1%	6344	$ 2.77	1790	$ 21.91	665	$ 25.10	3.9
FEBRUARY	8291	8363	$ 602,093.61	$ 69,419.76	$ 71.99	$ 8.30	$ 72.62	1.01	72.4%	6055	$ 2.83	1688	$ 21.94	620	$ 24.59	4.2
MARCH	8426	9752	$ *617,369.84*	$ 94,089.92	$ 63.31	$ 9.65	$ 73.27	1.16	72.3%	7051	$ 2.85	1980	$ 23.17	721	$ 38.99	4.6
APRIL	8464	8508	$ 620,984.92	$ 81,679.14	$ 72.99	$ 9.60	$ 73.37	1.01	73.3%	6236	$ 2.85	1710	$ 23.56	562	$ 42.04	3.4
MAY	8428	8665	$ 610,935.84	$ 80,584.63	$ 70.51	$ 9.30	$ 72.49	1.03	73.9%	6403	$ 2.85	1702	$ 22.39	560	$ 43.28	4.9
JUNE	8385	8504	$ *463,801.32*	$ 78,558.20	$ 54.54	$ 9.24	$ 55.31	1.01	74.1%	6301	$ 2.79	1651	$ 22.65	552	$ 42.74	3.8
JULY	8303	7920	$ 580,251.38	$ 73,176.60	$ 73.26	$ 9.24	$ 69.88	0.95	73.8%	5845	$ 2.85	1565	$ 22.48	510	$ 41.84	4.1
AUGUST																
OCTOBER																
NOVEMBER																
DECEMBER																
YTD AVERAGES	**8,372**	**8,644**	**$ 587,978.77**	**$ 78,712.86**	**$ 68.02**	**$ 9.11**	**$ 70.23**	**1.03**	**73.1%**	**6,319**	**$ 2.83**	**1,726**	**$ 22.59**	**599**	**$ 36.94**	
YTD TOTALS		60,511	$ 4,115,851.40	$ 550,990.02						44,236	$ 19.79	12,085	$ 158.10	4,190	$ 258.58	

2010

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPAY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	TOTAL SCRIPTS Tier 1	AVERAGE COPAY Tier 1	TOTAL SCRIPTS Tier 2	AVERAGE COPAY Tier 2	TOTAL SCRIPTS Tier 3	AVERAGE COPAY Tier 3	MO %
JANUARY	8880	8674	$ 692,078.42	$ 84,093.51	$ 79.79	$ 9.69	$ 77.94	0.98	68.6%	5950	$ 3.64	2074	$ 22.41	650	$ 24.56	4.0
FEBRUARY	8560	8052	$ 518,702.50	$ 69,798.54	$ 64.42	$ 8.67	$ 60.60	0.94	69.4%	5588	$ 2.82	1851	$ 21.45	613	$ 23.39	4.2
MARCH	8869	9290	$ *480,614.02*	$ 88,463.27	$ 51.73	$ 9.52	$ 54.19	1.05	68.1%	6326	$ 2.94	2179	$ 22.96	785	$ 25.28	4.3
APRIL	8531	8466	$ 658,943.47	$ 79,922.45	$ 77.83	$ 9.44	$ 77.24	0.99	69.3%	5867	$ 3.01	1879	$ 23.28	720	$ 25.72	4.9
MAY	8508	8374	$ 585,033.01	$ 75,528.68	$ 69.86	$ 9.02	$ 68.76	0.98	69.2%	5795	$ 2.86	1891	$ 22.41	688	$ 24.09	4.6
JUNE	8470	8714	$ *383,818.58*	$ 77,762.82	$ 44.05	$ 8.92	$ 45.32	1.03	70.2%	6117	$ 2.94	1874	$ 22.70	723	$ 23.85	4.6
JULY	8488	8044	$ 548,776.84	$ 72,169.24	$ 68.22	$ 8.97	$ 64.65	0.95	70.3%	5655	$ 2.84	1688	$ 22.72	701	$ 25.33	4.6
AUGUST	8421	8880	$ 635,472.66	$ 79,752.88	$ 71.56	$ 8.98	$ 75.46	1.05	69.5%	6172	$ 2.83	1948	$ 22.72	760	$ 23.71	4.5
SEPTEMBER	8414	8399	$ *496,146.94*	$ 72,424.22	$ 59.07	$ 8.62	$ 58.97	1.00	71.1%	5972	$ 2.86	1704	$ 21.97	723	$ 24.76	4.6
OCTOBER	8434	8564	$ 597,714.90	$ 75,594.40	$ 69.79	$ 8.83	$ 70.87	1.02	71.0%	6080	$ 2.82	1765	$ 22.59	719	$ 25.85	4.1
NOVEMBER	8444	8581	$ 619,482.96	$ 72,861.91	$ 72.19	$ 8.49	$ 73.36	1.02	71.7%	6153	$ 2.90	1695	$ 21.60	733	$ 25.10	4.9
DECEMBER	8415	8777	$ 531,114.48	$ 74,382.32	$ 60.51	$ 8.47	$ 63.12	1.04	72.1%	6328	$ 2.94	1731	$ 21.81	718	$ 25.11	4.5
YTD AVERAGES	**8,536**	**8,568**	**$ 562,324.90**	**$ 76,896.19**	**$ 65.63**	**$ 8.97**	**$ 65.88**	**1.00**	**70.0%**	**6,000**	**$ 2.95**	**1,857**	**$ 22.39**	**711**	**$ 24.73**	4.5
YTD TOTALS		102,815	$ 6,747,898.78	$ 922,754.24						72,003	$ 35.40	22,279	$ 268.62	8,533	$ 296.75	

2009

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPAY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	TOTAL SCRIPTS Tier 1	AVERAGE COPAY Tier 1	TOTAL SCRIPTS Tier 2	AVERAGE COPAY Tier 2	TOTAL SCRIPTS Tier 3	AVERAGE COPAY Tier 3	MO %
JANUARY	8901	8957	$ 638,408.73	$ 92,226.60	$ 71.27	$ 10.30	$ 71.72	1.01	65.1%	5831	$ 3.88	2039	$ 22.29	1087	$ 22.22	6.1
FEBRUARY	8921	8430	$ 590,398.00	$ 87,974.97	$ 70.04	$ 10.44	$ 66.18	0.94	65.2%	5496	$ 3.86	1871	$ 22.76	1063	$ 22.75	5.7
MARCH	8921	9511	$ 478,144.89	$ 99,281.33	$ 50.27	$ 10.44	$ 53.60	1.07	64.7%	6154	$ 3.81	2081	$ 22.28	1276	$ 23.09	5.7
APRIL	8911	8880	$ 655,761.73	$ 92,427.24	$ 73.85	$ 10.41	$ 73.59	1.00	65.7%	5834	$ 3.91	2038	$ 22.30	1008	$ 23.98	6.06
MAY	8910	8574	$ 625,513.08	$ 89,587.81	$ 72.95	$ 10.45	$ 70.20	0.96	66.0%	5659	$ 3.84	1979	$ 22.69	936	$ 24.52	5.7
JUNE	8898	8556	$ 484,653.80	$ 90,554.18	$ 56.64	$ 10.58	$ 54.47	0.96	66.2%	5664	$ 3.87	1959	$ 22.72	933	$ 25.86	5.51
JULY	8915	8610	$ 664,185.17	$ 86,525.60	$ 77.14	$ 10.05	$ 74.50	0.97	66.8%	5751	$ 3.82	1952	$ 21.99	907	$ 23.86	6.48
AUGUST	8898	8469	$ 624,571.88	$ 86,550.15	$ 73.75	$ 10.22	$ 70.19	0.95	66.6%	5640	$ 3.78	1911	$ 22.09	918	$ 25.08	5.6
SEPTEMBER	8876	8879	$ 484,776.70	$ 89,038.96	$ 54.60	$ 10.03	$ 54.62	1.00	66.7%	5922	$ 3.72	2005	$ 21.71	952	$ 24.67	5.0
OCTOBER	8894	9415	$ 692,369.63	$ 97,088.41	$ 73.54	$ 10.31	$ 77.85	1.06	66.0%	6214	$ 3.77	2173	$ 22.26	1028	$ 24.60	5.53
NOVEMBER	8869	8599	$ 643,035.05	$ 87,772.13	$ 74.78	$ 10.21	$ 72.50	0.97	66.9%	5753	$ 3.68	1904	$ 22.44	942	$ 25.34	5.16
DECEMBER	8915	8982	$ 501,647.14	$ 89,816.56	$ 55.85	$ 10.00	$ 56.27	1.01	68.2%	6126	$ 3.84	1901	$ 22.16	955	$ 25.30	6.9
YTD AVERAGES	**8,902**	**8,822**	**$ 590,288.82**	**$ 90,736.99**	**$ 66.91**	**$ 10.29**	**$ 66.31**	**0.99**	**66.2%**	**5,837**	**$ 3.82**	**1,984**	**$ 22.31**	**1,000**	**$ 24.27**	
YTD TOTALS		105,862	$ 7,083,465.80	$ 1,088,843.92						70,045	$ 45.78	23,812	$ 267.69	12,005	$ 291.27	

2008

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPAY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	TOTAL SCRIPTS Tier 1	AVERAGE COPAY Tier 1	TOTAL SCRIPTS Tier 2	AVERAGE COPAY Tier 2	TOTAL SCRIPTS Tier 3	AVERAGE COPAY Tier 3	MO %
JANUARY	9075	9486	$ 651,312.70	$ 104,074.57	$ 68.66	$ 10.97	$ 71.77	1.05	63.1%	5986	$ 4.23	2289	$ 22.70	1211	$ 22.12	7.6
FEBRUARY	9082	8534	$ 582,475.54	$ 94,686.33	$ 68.25	$ 11.10	$ 64.14	0.94	62.8%	5359	$ 4.33	2055	$ 22.77	1120	$ 22.05	8.4
MARCH	9102	8866	$ 528,860.49	$ 96,207.23	$ 59.65	$ 10.85	$ 58.10	0.97	64.2%	5692	$ 4.24	1989	$ 22.92	1185	$ 22.35	7.0
APRIL	9071	8776	$ 626,498.35	$ 98,161.29	$ 71.39	$ 11.19	$ 69.07	0.97	62.9%	5520	$ 4.21	2086	$ 22.72	1170	$ 23.53	7.1
MAY	9106	8547	$ 625,510.73	$ 96,060.45	$ 73.18	$ 11.24	$ 68.69	0.94	62.9%	5376	$ 4.26	2061	$ 22.76	1110	$ 23.65	7.5
JUNE	9086	8092	$ 378,795.75	$ 88,578.96	$ 46.81	$ 10.95	$ 41.69	0.89	63.5%	5138	$ 4.24	2003	$ 22.82	951	$ 22.18	7.1
JULY	9058	8234	$ 608,465.73	$ 90,445.26	$ 73.90	$ 10.98	$ 67.17	0.91	64.8%	5336	$ 4.33	1898	$ 23.30	1000	$ 23.11	7.6
AUGUST	9077	8079	$ 594,344.40	$ 91,538.36	$ 73.57	$ 11.33	$ 65.48	0.89	64.1%	5179	$ 4.34	1777	$ 22.72	1123	$ 25.54	7.1
SEPTEMBER	9065	8180	$ 453,508.52	$ 89,885.26	$ 55.44	$ 10.99	$ 50.03	0.90	63.9%	5227	$ 4.27	1888	$ 22.61	1060	$ 23.47	7.2
OCTOBER	9073	8840	$ 641,185.56	$ 93,027.57	$ 72.53	$ 10.52	$ 70.67	0.97	64.8%	5728	$ 4.26	1947	$ 22.34	1177	$ 21.35	5.8
NOVEMBER	9060	8182	$ 575,632.38	$ 85,181.17	$ 70.35	$ 10.41	$ 63.54	0.90	64.0%	5236	$ 4.01	1835	$ 22.65	1097	$ 20.62	6.1
DECEMBER	9045	8944	$ 472,664.72	$ 91,864.18	$ 52.85	$ 10.27	$ 52.26	0.99	65.3%	5840	$ 3.96	1877	$ 22.43	1188	$ 22.42	6.4
YTD AVERAGES	**9,075**	**8,563**	**$ 561,604.57**	**$ 93,309.22**	**$ 65.58**	**$ 10.90**	**$ 61.88**	**0.94**	**63.9%**	**5,468**	**$ 4.22**	**1,975**	**$ 22.73**	**1,116**	**$ 22.70**	
YTD TOTALS		102,760	$ 6,739,254.87	$ 1,119,710.64						65,618	$ 50.68	23,705	$ 272.74	13,392	$ 272.39	

TOTAL SCRIPT Rx

Top 20 Drug Brand/Generic by Total Cost

Date Submitted From 7/1/2011 through 7/31/2011

Date of Service All

CTRPNV002 - TOTAL SCRIPT

LUCAS - LUCAS COUNTY

Brand/Generic	Total	Patient Paid	Plan Paid	% of Plan Paid	Generic % of Plan Paid	Total Claim	% of Total Claim	Generic % of Total Claims	Plan Paid per Day	Plan Paid per Claim	PMPM	Utilizers
1 LIPITOR	$28,778	$3,180	$25,366	4.4%	0.0%	128	1.6%	0.0%	$4.15	$198.17	$3.06	128
2 AVONEX	$21,859	$125	$21,734	3.8%	0.0%	5	0.1%	0.0%	$107.59	$4,346.71	$2.62	4
3 SINGULAIR	$15,511	$1,900	$13,403	2.3%	0.0%	76	1.0%	0.0%	$4.23	$176.35	$1.61	79
4 REBIF	$15,051	$75	$14,976	2.6%	0.0%	3	0.0%	0.0%	$105.47	$4,992.04	$1.80	3
5 HUMIRA PEN	$13,918	$75	$13,843	2.4%	0.0%	3	0.0%	0.0%	$98.88	$4,614.46	$1.67	3
6 GLEEVEC	$13,910	$75	$13,835	2.4%	0.0%	3	0.0%	0.0%	$153.72	$4,611.65	$1.67	2
7 ADVAIR DISKUS	$12,662	$1,125	$11,537	2.0%	0.0%	45	0.6%	0.0%	$6.53	$256.38	$1.39	46
8 CYMBALTA	$10,815	$1,075	$9,253	1.6%	0.0%	43	0.5%	0.0%	$5.68	$215.18	$1.11	41
9 JANUVIA	$10,417	$650	$9,767	1.7%	0.0%	26	0.3%	0.0%	$6.51	$375.64	$1.18	27
10 CRESTOR	$9,725	$1,300	$8,337	1.5%	0.0%	52	0.7%	0.0%	$3.97	$160.32	$1.00	50
11 PLAVIX	$8,258	$700	$7,558	1.3%	0.0%	28	0.4%	0.0%	$5.25	$269.92	$0.91	27
12 LEXAPRO	$7,739	$2,469	$5,269	0.9%	0.0%	60	0.8%	0.0%	$2.93	$87.82	$0.63	63
13 ABILIFY	$7,697	$1,325	$6,372	1.1%	0.0%	13	0.2%	0.0%	$16.34	$490.14	$0.77	12
14 OMEPRAZOLE	$7,385	$272	$7,096	1.2%	73.4%	193	2.4%	92.2%	$0.85	$36.77	$0.85	199
15 LANSOPRAZOLE	$7,344	$490	$6,855	1.2%	100.0%	62	0.8%	100.0%	$2.74	$110.56	$0.83	65
16 DIOVAN HCT	$7,193	$1,125	$6,068	1.1%	0.0%	45	0.6%	0.0%	$3.32	$134.84	$0.73	43
17 SIMVASTATIN	$6,894	$431	$6,459	1.1%	100.0%	184	2.3%	100.0%	$0.83	$35.10	$0.78	187
18 AMPHETAMINE/DEXTRO	$6,835	$1,636	$5,200	0.9%	6.4%	69	0.9%	47.8%	$2.51	$75.36	$0.63	61
19 PROVIGIL	$6,572	$125	$6,447	1.1%	0.0%	5	0.1%	0.0%	$23.88	$1,289.37	$0.78	5
20 TRICOR	$6,073	$625	$5,448	0.9%	0.0%	26	0.3%	0.0%	$3.80	$209.53	$0.66	30
Total for Top 20 Brand/Gene	$224,635	$18,778	$204,820	35.7%	9.2%	1069	13.5%	42.8%	$4.59	$191.60	$24.67	
Total	$652,280	$73,257	$574,486	100.0%	23.8%	7920	100.0%	73.8%	$2.23	$72.54	$69.19	3122
Total Member Mont	8,303											

oprietary and Confidential. Total Script a CatalystRx Compar

SECTION VII: FORMS

NOTE: Respondents are free to add additional information to their proposals, **but must submit at a minimum, the completed Non-Collusion Affidavit (Form #1), the Delinquent Tax Statement (Form #1 B), and the appropriate form for the services they wish to provide.** This section contains the forms referred to in the body of the request for proposal as well as the Additional Forms required of all respondents.

CONTENTS

FORM 1A	NON-COLLUSION AFFIDAVIT (MUST BE FILLED OUT BY ALL RESPONDENTS)
FORM 1B	DELINQUENT TAX STATEMENT (MUST BE FILLED OUT BY ALL RESPONDENTS)
FORM 2A	ADMINISTRATIVE SERVICES COST QUOTATION (ONE YEAR)
FORM 2B	ADMINISTRATIVE SERVICES COST QUOTATION (TWO YEAR)
FORM 2C	ADMINISTRATIVE SERVICES QUESTIONAIRRE (MUST BE COMPLETED BY ALL RESPONDENTS FOR ADMINISTRATIVE SERVICES)
FORM 2D	ADMINISTRATIVE SERVICES COST QUOTATION (PRESCRIPTION DRUG)
FORM 2E	PRESCRIPTION DRUG QUESTIONAIRRE
FORM 3	ULTIMATE LIABILITY (STOP/LOSS) COVERAGE
FORM 4	CONVENTIONAL HEALTH, PPO COVERAGE
FORM 4A	CONVENTIONAL HMO COVERAGE
FORM 5	CONVENTIONAL DENTAL INDEMNITY COVERAGE
FORM 5A	NA
FORM 6	CONVENTIONAL PRESCRIPTION DRUG COVERAGE
FORM 8	PREFERRED PROVIDER ORGANIZATION QUESTIONNAIRE
ADDITIONAL FORMS:	DECLARATION REGARDING MATERIAL ASSISTANCE TO A TERRORIST ORGANIZATION; COMPLIANCE WITH SUPPORT ORDERS; COMPLIANCE AFFIDAVIT FOR BUSINESSES, NO FINDINGS FOR RECOVERY AFFIDAVIT.

FORM #1A
NON-COLLUSION AFFIDAVIT OF PRIME RESPONDENT
TO BE NOTARIZED AND SUBMITTED BY EACH RESPONDENT

STATE OF OHIO)
LUCAS COUNTY)SS

_____, being first duly sworn deposes and says that :

(1) He/she is _____of
(OWNER, PARTNER, OFFICER, REPRESENTATIVE, OR AGENT)
_____ THE RESPONDENT THAT

(2) He/She is fully informed regarding the preparation and contents of the attached proposal and all pertinent circumstances regarding such proposal.

(3) Such offering is genuine and is not a collusive or sham offering

(4) Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly with any other Respondent, firm or person to submit a sham proposal in connection with the Contract for which the attached proposal has been submitted or to refrain from offering in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Respondent, or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against Lucas County, its employees, or citizens.

(5) The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the respondent or any of its agents, representatives, owners, employees, or parties in interest including the affiant.

Sworn to before me and subscribed in my presence
this_____day of _____, 20____.

_____
SIGNED

_____ _____
NOTARY PUBLIC TITLE

FORM # 1B

DELINQUENT TAX STATEMENT
CONTRACT AGREEMENT

Section 5719.042. After the award by a taxing district of any contract let by competitive bid and prior to the time the contract is entered into, the person making a bid shall submit to the County a statement affirmed under oath that the person with whom the contract is to be made was not charged at the time the bid was submitted with any delinquent Personal

Property Taxes on the general list of Personal Property of any County in which the taxing district has territory or that such person was charged with delinquent Personal Property Taxes on any such tax list, in which case delinquent taxes and any due and unpaid penalties and interest thereon. If the statement indicates that the taxpayer was charged with any such taxes, a copy of the statement shall be transmitted by the Fiscal Officer to the County Treasurer within thirty days of the date it is submitted.

DELINQUENT PERSONAL PROPERTY TAX STATEMENT
(O.R.C.- SECTION 5791.042)

I _____,_____of_____ _____affirm that at the time that I submitted the proposal for _____ _____ to Lucas County on __ _____, 20____, that_____ was not charged with delinquent Personal Property Taxes by the Lucas County Auditor.

(If personal Property Taxes are delinquent, complete the following section)

The amount of Personal Property Taxes due to Lucas County is _____and unpaid penalties and interest are _____.

_____
Signature

_____
Company

_____
Date

Before me appeared_____on this day of _____, 20____.

_____
Notary Public

FORM #2A
ADMINISTRATIVE SERVICES COST QUOTATION
ONE YEAR QUOTE

ONE YEAR QUOTATION:

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
A. BENEFIT TYPE = HEALTH					
SINGLE FAMILY	571		X _____	=	$_____
	1321	X	_____	=	$_____
			TOTAL = $_____		
B. BENEFIT TYPE = DENTAL					
SINGLE FAMILY	707	X	$_____	=	$_____
	1654	X	$_____	=	$_____
			TOTAL = $_____		
C. BENEFIT TYPE = DENTAL PPO					
SINGLE FAMILY	NA	X	$_____	=	$_____
	NA	X	$_____	=	$_____
			TOTAL = $_____		

COMPANY NAME: _____

COMPANY ADDRESS: _____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

NOTE: All respondents responding with this one year quote must also complete Form #2C.

FORM #2B
ADMINISTRATIVE SERVICES COST QUOTATION
TWO YEAR QUOTE

TWO YEAR QUOTATION:

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
D. BENEFIT TYPE = HEALTH					
SINGLE	571	X	$_____	=	$_____
FAMILY	1321	X	$_____	=	$_____
			TOTAL = $_____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
E. BENEFIT TYPE = DENTAL					
SINGLE	707	X	$_____	=	$_____
FAMILY	1654	X	$_____	=	$_____
			TOTAL = $_____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
F. BENEFIT TYPE = DENTAL PPO					
SINGLE	NA	X	_____	=	$_____
FAMILY	NA	X	_____	=	$_____
			TOTAL = $_____		

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

NOTE: All respondents responding to this two year quote must also complete Form #2C.

FORM #2C
ADMINISTRATIVE SERVICES QUESTIONNAIRE

NOTE: This form must be completed by all respondents quoting ASO service.

1. How long have you provide claims administration services?
   _____ Years _____ months

2. Will our claims be processed by certain, select individuals or by a pool of claim adjusters?
   _____ Individuals _____ pool

3. Do you have more than one claims processing location?
   _____ One _____ More than one

4. What is the location of the office that will be processing the claims of this account?

   Location _____

5. How many staff members does this claims office have?
   Number_____

6. What type of claim payment system does your staff utilize?

   _____ manual
   _____ batch computer
   _____ on line computer

7. Is your claims processing and reporting system capable of providing the following information on a monthly basis? A yearly basis?

	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
-Dollar Amount of claims	_____	_____	_____	_____
-Number of claims	_____	_____	_____	_____
-Dollar amount of claims by sex	_____	_____	_____	_____
-Number of claims by sex	_____	_____	_____	_____
-Dollar amount of claims by age	_____	_____	_____	_____
-Number of claims by age	_____	_____	_____	_____
-Dollar amount of claims by dependents	_____	_____	_____	_____
-Number of claims by dependents	_____	_____	_____	_____
-Dollar amount of claims by employee	_____	_____	_____	_____
-Number of claims by employee	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

7. Is your claims processing and reporting system capable of providing the following information on a monthly basis? A yearly basis? (continued)

	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
-Dollar amount of claims by diagnostic category (total group)	_____	_____	_____	_____
-Number of claims by diagnostic category (total group)	_____	_____	_____	_____
-Dollar amount of claims by diagnostic category by department	_____	_____	_____	_____
-Number of claims by diagnostic category by department	_____	_____	_____	_____
-Total hospital days confined	_____	_____	_____	_____
-Claim charges total	_____	_____	_____	_____
-Claim charges eligible	_____	_____	_____	_____
-Basic vs. Major Medical vs. Med/Surgical claims paid	_____	_____	_____	_____
-Coordination of benefits savings	_____	_____	_____	_____
-Listing of claimants (providers by total claims submitted, claims period, hospital discount savings	_____	_____	_____	_____

SPECIFIC EMPLOYEE DATA:

Employee identification number by:	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
-Claims (number/dollar) amount	_____	_____	_____	_____
-Diagnostic categories of claims	_____	_____	_____	_____
-Employee dependent claims	_____	_____	_____	_____
Employee dependents claims (number/dollar amounts)	_____	_____	_____	_____

8. What means will you utilize to determine appropriate reimbursement schedules for this client?

_____ California Relative Value Schedule
_____ Medical Consultant
_____ Dental Consultant
_____ Usual, reasonable and customary
_____ Other, specify _____

9. If you use U.C.R. schedules, what means will you use to determine UCR value for this client?

_____ Health Insurance Association of America

_____ Zip Code
_____ Other, specify _____

10. Are you prepared to provide this client with the cost source documentation you intend to use in advance of entering into an agreement?
_____ Yes _____ No

11. Under the system of reimbursement you are proposing, who is the responsible party for the following charges?

	ADMINISTRATOR	CLIENT	INSURANCE CO.
Annual Report	_____	_____	_____
Monthly Report	_____	_____	_____
Employee Booklet	_____	_____	_____
Claims Forms	_____	_____	_____
Envelopes	_____	_____	_____
Checks	_____	_____	_____
Postage	_____	_____	_____
Employee Communiqués	_____	_____	_____

12. Is your system capable of generating monthly reports that itemize each claim expenditure by individual employee, complete with diagnosis?
_____ Yes _____ No

13. Does your claims processing capability provide for the following?:

a. Verification of eligibility	_____ Yes _____ Manually	_____ No _____ By Computer
b. Eligibility certification for each claim	_____ Yes	_____ No
c. Coordination of Benefits for each claim	_____ Yes	_____ No
d. Claim calculation are made:	_____ Manually	_____ By Computer
e. Claim checks are drawn	_____ Manually	_____ By Computer
f. Denial letters are drawn	_____ Manually	_____ By Computer

14. Please describe any systems you have in place for updating eligibility, providing client confidentiality, making claim adjustments, and handling questions and complaints from your clients.

_____

_____

_____

_____

_____

_____

15. Please describe the computer system you intend to use to service this account:

Make:_____

Model:_____

Capacity:_____

Language:_____ Tape:_____ Disc:_____

16. How many clients do you currently services and what is the total number of employees this client list represents?

_____ Number of Clients _____ Number of Employees

17. How many total claims does your firm process daily in the office that will be providing services to this client?

_____ Total Number of Daily Claims Processed

Please submit a list of clients serviced by this office that we may contact.

18. Is there any portion of your total claims (e.g., dental) that you refer to any other firm?

Explain:_____

_____

19. Do you subscribe to the Health Insurance Association of America?

_____ Yes _____ No

20. Please explain how and how often you update usual and customary and any other reimbursement schedules.

_____

_____

_____

21. What coordination of benefits procedures do you employ? Please explain briefly.

_____

_____

22. When computing coordination of benefits savings do you include Medicare/Medicaid?

_____ Yes _____ No

23. Will you provide a monthly coordination of benefits savings report to this client?

_____ Yes _____ No

24. Is there an additional charge for this monthly service?

_____ Yes _____ No

25. Expressed in terms of percentage, what is the coordination of benefits savings rate for the office that will be servicing this client?

_____%

26. Please submit copies of the forms used to provide **annual reports, monthly reports, claims and utilization reports, enrollment, claims and, and any special reporting services your firm provides.**

27. Please identify any separate charges for these services.

28.Please feel free to submit any additional information regarding your firm that may further substantiate your qualifications for servicing this account.

29.Please explain your status of compliance with the Health Insurance Portability and Accountability Act.

_____

_____

_____

_____

30.Please verify that the actual amount of claims billed to the County is the actual amount reimbursed to the actual medical service provider and that the medical service provider returns no other remuneration to the administrator/insurance company.

FORM #2D
ADMINISTRATIVE SERVICES COST QUOTATION: PRESCRIPTION DRUG

ONE YEAR QUOTATION:

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
A. BENEFIT TYPE = PRESCRIPTION DRUG (ON A PER EMPLOYEE PER MONTH BASIS)					
SINGLE	948	X	$_____	=	$_____
FAMILY	2319	X	$_____	=	$_____
			TOTAL =	$	_____

A1. ALTERNATIVE (PER SCRIPT BASIS)

ADMINISTRATIVE CHARGE PER SCRIPT = $ _____

A2. SECOND YEAR RATE INCREASE CAP OF _____ %

SUMMARY OF OTHER PROPOSED FEATURES:
Number of Pharmacies in Network (if applicable): _____

Please name source of AWP: _____
Discounts from AWP:
Brand Drugs: _____
Generic Drugs: _____
Mail Order Discounts:
Brand Drugs: _____
Generic Drugs: _____
Dispensing Fees:
Brand Drugs: _____
Generic Drugs: _____
Rebates:
Brand Drugs: _____
Generic Drugs: _____

Other Charges: (Explain) _____
_____

All respondents must demonstrate the capability to administer the Lucas County Expanded Prescription Drug Use Review Program.

COMPANY NAME: _____

COMPANY ADDRESS: _____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

NOTE: All respondents responding to this two year quote must also complete Form #2C and 2E.

FORM #2E
PRESCRIPTION DRUG QUESTIONNAIRE

Please be as complete as possible in providing answers to the following questions regarding you prescription drug company and program. Please repeat the question and follow immediately with your answer. Thank you.

A. Your organization

1) Provide a brief overview of your company.
   - Ownership
   - Size
   - Location of major office
   - Locations of service offices in the Northwest Ohio area.

B. Utilizers of your product(s):

2) Provide the number of employer groups in the Northwest Ohio area using your services and/or programs. Please be specific regarding programs, group sizes, etc.
3) Describe the type and number of managed care networks established and operated by your company. Please provide the enrollment sizes of these managed networks.
4) List the providers in your Toledo area network.
5) What is the number of lives covered by your Toledo area network?
6) What is the number of employer groups using your Toledo area network?
7) How long has your Toledo area network been in operation?
8) How many employer groups have joined your network since the inception of your services in the Toledo are?
9) How many employer groups have left your network since the inception of your services in the Toledo area?
10) Please provide a listing of employer groups participating in the Toledo area network.
11) Please provide the names and telephone numbers of four employer group representatives that may be contacted by Benco as references

C. Claims Services:

12) Describe your claims processing system capabilities and answer all the questions on form 2C as appropriate. Pleas comment on your ability to administer the following in particular:
    13) Ability to administer brand vs. generic co-payments by dollar differential
    14) Ability to administer individual and family deductibles.
    15) Ability to administer individual and family maximums(s).
    16) Ability to administer limitations on timing and maximum allowables on refills
    17) Ability to administer co-payments based on the greater of a dollar amount or percentage cost basis.
18) Describe your process of maintaining member eligibility. Does your system provide your clients with real-time on-line updated enrollment and verification of eligibility?
19) Does the system provide for a real-time on-line verification for all pharmacies in your network?
20) Does the system provide for real-time on-line verification for all pharmacies outside your network?
21) Describe your system's capabilities for conducting coordination of benefits

22) Explain your process of updating employee files in order to perform coordination of benefits.
23) Does your system provide the ability to analyze the practice patterns of physicians dispensation patters, including (though not limited to) the following:
- Over utilization (prescribing)
- Prescribing standards
- DAW
- Provisions for Plan Sponsor input or feedback.

D. Satisfaction:

24) Does your company perform satisfaction surveys as part of your quality assurance program? If so,
25) What is the frequency of the survey process?
26) Are the surveys random?
27) Are the survey results shared with participating pharmacies
28) Are the survey results shared with participating employer groups?

E. Pricing

29) Explain your philosophy in establishing pricing arrangements under your network.
- Does your program utilize:
  - MAC pricing
  - AWP pricing?
  - Rebates?
  - Formulary?
  - Are your participating pharmacies incentivized as regards to dispensing fees? If so, explain
  - How is the final pricing determination made?

30) Describe the process for making payments to providers under network. Be sure to address the following:
- Use of cards for members.
- Claims submission process for payment (in and out of network).
- The application process for reduction of billed charges to network discounts.
- The process of passing savings through to the employer.
- Pleas verify that the actual amount of claims billed to the County is the actual amount reimbursed to the actual medical service provider and that no other remuneration is retained by the administrator or returned to the administrator by the medical service provider.

F. Utilization Management:

31) Does your company provide pharmacy management services or a pharmacy management at the individual consumer level? If so,
- Is the program voluntary or mandatory?
- Do you target specific high-risk groups or high utilizers or both?
- Does your pharmacy manager work only with the consumer or with the physician as well?
- Describe the credentials of the primary pharmacy manager.
- Are these services billed separately? If so, how much?

G. Use of Group Data & Employer Participation:

32) Does your company sell its database to pharmaceutical companies?
33) If so, how do you compensate the employer for such use of the data?

H. Please explain your status of compliance with the Health Insurance Portability and Accountability Act.

FORM #3
ULTIMATE LIABILITY (STOP/LOSS) COVERAGE

A: AGGREGATE STOP/LOSS:

LINE OF COVERAGE: N/A N/A
Attachment point...(Assuming 100% Enrollment)... N/A including prescription drug

Monthly Premium:

$ _____ Per Single Employee per month ...X... N/A single plans ...$_____

$ _____ Per Family Employee per month ...X... N/A family plans ...$_____

TOTAL MONTHLY PREMIUM ... ...$_____

B: SPECIFIC STOP/LOSS AT $400,000 INCURRED PER COVERED PERSON (INCLUDING PRESCRIPTION DRUG COVERAGE)

Monthly Premium:

$ _____ Per Single Employee per month ...X... 950 single plans ...$_____

$ _____ Per Family Employee per month ...X 2308 family plans ...$_____

TOTAL MONTHLY PREMIUM ... ...$_____

UNDERWRITER:
Please attach additional sheets if enrollee formulas or contingencies are inherent to your proposal.

Insurance Underwriter: _____

Address: _____

Contact Person Name: _____

Address: _____

_____

Telephone #: _____

FORM #4
CONVENTIONAL HEALTH, OR PPO COVERAGE
CURRENT PLAN BENEFITS

ONE YEAR PRICE QUOTATION

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	571	X	$_____	=	$_____
FAMILY	1321	X	$_____	=	$_____
			TOTAL = $_____		

TOTAL =

TWO-YEAR PRICE QUOTATION: SECOND YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	571	X	$_____	=	$_____		___%
FAMILY	1321	X	$_____	=	$_____		___%
				TOTAL = $_____			

TOTAL=

THREE-YEAR PRICE QUOTATION: THIRD YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	571	X	$_____	=	$_____		___%
FAMILY	1321	X	$_____	=	$_____		___%
				TOTAL = $_____			

TOTAL THIRD YEAR=

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FORM #4 A
CONVENTIONAL HMO COVERAGE
CURRENT PLAN BENEFITS

ONE YEAR PRICE QUOTATION

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	379	X	$_____	=	$_____
FAMILY	987	X	$_____	=	$_____
			TOTAL = $_____		

TOTAL =

TWO-YEAR PRICE QUOTATION: SECOND YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	379	X	$_____	=	$_____		___%
FAMILY	987	X	$_____	=	$_____		___%
					TOTAL = $_____		

TOTAL=

THREE-YEAR PRICE QUOTATION: THIRD YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	THIRD YEAR RATE CAP
SINGLE	379	X	$_____	=	$_____		___%
FAMILY	987	X	$_____	=	$_____		___%
					TOTAL = $_____		

TOTAL THIRD YEAR=

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FORM #5
CONVENTIONAL DENTAL INDEMNITY COVERAGE

ONE YEAR PRICE QUOTATION

PROGRAM BEING OFFERED:
(SPECIFY) _____

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	707	X	$_____	=	$_____
FAMILY	1654	X	$_____	=	$_____
			TOTAL = $_____		

TOTAL =

TWO YEAR PRICE QUOTATION

FIRST YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	707	X	$_____	=	$_____
FAMILY	1654	X	$_____	=	$_____
			TOTAL = $_____		

TOTAL=

SECOND YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	707	X	$_____	=	$_____		___%
FAMILY	1654	X	$_____	=	$_____		___%
			TOTAL = $_____				

TOTAL=

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

SUBMITTED BY: _____

FORM #6
CONVENTIONAL PRESCRIPTION DRUG COVERAGE

ONE YEAR PRICE QUOTATION

PROGRAM BEING OFFERED:
(SPECIFY) _____

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	948	X	$_____	=	$_____
FAMILY	2319	X	$_____	=	$_____

TOTAL = $_____

TOTAL =

TWO-YEAR PRICE QUOTATION: SECOND YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	948	X	$_____	=	$_____		___%
FAMILY	2319	X	$_____	=	$_____		___%

TOTAL = $_____

TOTAL SECOND YEAR=

THREE-YEAR PRICE QUOTATION: THIRD YEAR

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	THIRD YEAR RATE CAP
SINGLE	948	X	$_____	=	$_____		___%
FAMILY	2319	X	$_____	=	$_____		___%

TOTAL = $_____

TOTAL THIRD YEAR=

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FORM #8
PREFERRED PROVIDER ORGANIZATION QUESTIONNAIRE

Please be as complete as possible in providing answers to the following questions regarding your preferred provider organization (network) and program. Please repeat the question and follow immediately with your answer. Thank you.

A. Your organization.

1) Provide a brief overview of your company.
   - Ownership
   - Size
   - Location of major office
   - Location of service offices in the Northwest Ohio area.

B. Utilizers of your product(s)

2) Provide the number of employer groups in the Northwest Ohio area using your services and/or programs. Please be specific regarding programs, group sizes, etc.
3) List the providers in your Toledo area network.
4) What is the number of lives covered by your Toledo area network?
5) What is the number of employer groups using your Toledo area network?
6) How long has your Toledo area network been in operation?
7) How many employer groups have left your network since the inception of your service in the Toledo area?
8) Please provide a listing of employer groups participating in the Toledo area network
9) Please provide the names and telephone numbers of four employer group representatives that may be contacted by Benco as references.

C. Network Providers

10) What is the total number of hospital based providers in your network? (Provide a complete directory listing all affiliated hospitals including the identification of those who are contracted for special cervices only.)
11) What tertiary providers are in your network of providers?
12) List all contracting ancillary medical providers in your network of the Northwest Ohio service area including:
    - Radiology
    - Laboratory
    - Urgent/Extended Hours Care Centers
    - Home Health
    - Durable Medical Equipment
    - Hospice
    - Anesthesiology
    - Emergency Medicine
    - Home Infusion Care
    - Physical Therapy
    - Skilled Nursing and Sub-Acute Care
13) What is the total number of physicians under contract to your network? Provide a completed directory listing all physicians
14) How many of your physicians are family practice providers?

15) How many of your physicians are specialists?

D. Satisfaction:

16) Does your company perform satisfaction surveys as part of your quality assurance program? If so,
17) What is the frequency of the survey process
18) Are the surveys random?
19) Are survey results shared with participating facilities/organizations?
20) Are the survey results shared with participating employer groups?

E. Pricing:

21) Explain your philosophy in establishing pricing arrangements under your network.
22) Hospitals- Inpatient: Is there a standard contracting methodology? If so, is your reimbursement based on discount from billed charges, per diem, DRG's other and/or a combination of these based on diagnosis? Be specific as the County may utilize a third party administrator for these services and will be required to duplicate the methodology.
23) Hospital – Outpatient: Is there a standard contracting methodology? If so is the reimbursement based on discount from billed charges, ambulatory surgical schedule, other and/or a combination of these based on procedure? Please be as specific as possible in your answer.
24) Ancillary Medical Providers (DME, PT, Radiology, Pathology, and Anesthesiology, other): Please specify your reimbursement methodology associated with each.
25) Physicians: What is your reimbursement methodology (e.g., discount from billed charges RBRVS, cut-back from URC, etc.)?
26) Are there any providers such as radiologists, anesthesiologists, pathologists, etc. where your network has an exclusive contract to provide services?
27) Are your providers required by contract to honor a "no-balance billing" provision?
28) Does your network require the County to impose an "out-of-network" sanction (steerage)? If so, what is the minimum percentage required?
29) Does your network complete the re-pricing process for all claims? If so, explain in detail how the County can ascertain the re-pricing is according to the proposed contracted price?
30) Does your network mandate a certain medical management vendor, or utilization of an in-house program? Explain.

F. Utilization Management

31) Does your company provide pharmacy management services or a pharmacy management at the individual consumer level? If so,
    - Is the program voluntary or mandatory?
    - Do you target specific high-risk groups or high utilizers or both?
    - Does your pharmacy manager work only with the consumer or with the physician as well?
    - Describe the credentials of the primary pharmacy manager.
    - Are these services billed separately? If so, how much?

G. Use of Group Data & Employer Participation:

32) Does your company sell its database to pharmaceutical companies?
33) If so, how do you compensate the employer for such use of the data?

H. Please verify that the actual amount of claims billed to the County is the actual amount reimbursed to the actual medical service provider and that the medical service provider returns no other remuneration to the administrator/insurance company/PPO Network.

Respondents are advised they should submit the other related pharmacy program forms (6, 2D, 2C, and 2E) as appropriate.

EXHIBIT L

OHIO DEPARTMENT OF PUBLIC SAFETY
Division of Homeland Security

Terrorist Exclusion List

As of July 20, 2006

U.S. Department of State List of Designated Foreign Terrorist Organizations

1. Abu Nidal Organization (ANO)
2. Abu Sayyaf Group
3. Al-Aqsa Martyrs Brigade
4. Ansar al-Islam
5. Armed Islamic Group (GIA)
6. Asbat al-Ansar
7. Aum Shinrikyo
8. Basque Fatherland and Liberty (ETA)
9. Communist Party of the Philippines/New People's Army (CPP/NPA)
10. Continuity Irish Republican Army
11. Gama'a al-Islamiyya (Islamic Group)
12. HAMAS (Islamic Resistance Movement)
13. Harakat ul-Mujahidin (HUM)
14. Hizballah (Party of God)
15. Islamic Jihad Group
16. Islamic Movement of Uzbekistan (IMU)
17. Jaish-e-Mohammed (JEM) (Army of Mohammed)
18. Jemaah Islamiya organization (JI)
19. al-Jihad (Egyptian Islamic Jihad)
20. Kahane Chai (Kach)
21. Kongra-Gel (KGK, formerly Kurdistan Workers' Party, PKK, KADEK)
22. Lashkar-e Tayyiba (LT) (Army of the Righteous)
23. Lashkar i Jhangvi
24. Liberation Tigers of Tamil Eelam (LTTE)
25. Libyan Islamic Fighting Group (LIFG)
26. Moroccan Islamic Combatant Group (GICM)
27. Mujahedin-e Khalq Organization (MEK)
28. National Liberation Army (ELN)
29. Palestine Liberation Front (PLF)
30. Palestinian Islamic Jihad (PIJ)
31. Popular Front for the Liberation of Palestine (PFLF)
32. PFLP-General Command (PFLP-GC)
33. al-Qa'ida
34. Real IRA
35. Revolutionary Armed Forces of Colombia (FARC)
36. Revolutionary Nuclei (formerly ELA)
37. Revolutionary Organization 17 November
38. Revolutionary People's Liberation Party/Front (DHKP/C)
39. Salafist Group for Call and Combat (GSPC)
40. Shining Path (Sendero Luminoso, SL)
41. Tanzim Qa'idat al-Jihad fi Bilad al-Rafidayn (QJBR) (al-Qaida in Iraq) (formerly Jama'at al-Tawhid wa'al-Jihad, JTJ, al-Zarqawi Network)
42. United Self-Defense Forces of Colombia (AUC)

OHIO DEPARTMENT OF PUBLIC SAFETY

Division of Homeland Security

U.S. Department of State Terrorist Exclusion List

1. Afghan Support Committee (a.k.a. Ahya ul Turas; a.k.a. Jamiat Ayat-ur-Rhas al Islamia, a.k.a. Jamiat Ihya ul Turath al Islamia; a.k.a. Lajnat el Masa Eidatul Afghania)
2. Al Taqwa Trade, Property and Industry Company Ltd. (f.k.a. Al Taqwa Trade, Property and Industry, f.k.a. Al Taqwa Trade, Property and Industry Establishment, f.k.a. Himmat Establishment, a.k.a. Waldenberg, AG)
3. Al-Hamati Sweets Bakeries
4. Al-Ittihad al-Islami (AIAI)
5. Al-Manar
6. Al-Ma'unah
7. Al-Nur Honey Center
8. Al-Rashid Trust
9. Al-Shifa Honey Press for Industry and Commerce
10. Al-Wafa al-Igatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
11. Alex Boncayao Brigade (ABB)
12. Anarchist Faction for Overthrow
13. Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
14. Asbat al-Ansar
15. Babbar Khalsa International
16. Bank Al Taqwa Ltd. (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
17. Black Star
18. Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People's Council, a.k.a. the People's Liberation Army of Nepal)
19. Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
20. Darkazanli Company
21. Dhamat Houmet Daawa Salafia (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es Salifiya; a.k.a. Katibat El Ahoual; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahoual Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed-Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaatt Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da'awaa es-Salafiyya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daaoua es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
22. Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
23. First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Premero De Octubre)
24. Harakat ul Jihad i Islami (HUJI)
25. International Sikh Youth Federation
26. Islamic Army of Aden
27. Islamic Renewal and Reform Organization
28. Jamiat al-Ta'awun al-Islamiyya
29. Jamiat ul-Mujahideen (JUM)
30. Japanese Red Army (JRA)
31. Jaysh-e-Mohammed
32. Jayshullah
33. Jerusalem Warriors
34. Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
35. Libyan Islamic Fighting Group
36. Loyalist Volunteer Force (LVF)
37. Makhtab al-Khidmat
38. Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)

39. Nada Management Organization (f.k.a. Al Taqwa Management Organization SA)
40. New People's Army (NPA)
41. Orange Volunteers (OV)
42. People Against Gangsterism and Drugs (PAGAD)
43. Red Brigades-Combatant Communist Party (BR-PCC)
44. Red Hand Defenders (RHD)
45. Revival of Islamic Heritage Society (Pakistan and Afghanistan offices -- Kuwait office not designated) (a.k.a. Jamia Ihya ul Turath; a.k.a. Jamiat Ihia Al- Turath Al-Islamiya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
46. Revolutionary Proletarian Nucleus
47. Revolutionary United Front (RUF)
48. Salafist Group for Call and Combat (GSPC)
49. The Allied Democratic Forces (ADF)
50. The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
51. The Lord's Resistance Army (LRA)
52. The Pentagon Gang
53. The Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadh-as-Saliheen, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus Salikhin Reconnaissance and Sabotage Battalion of Shahids (Martyrs))
54. The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabililah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
55. Tunisian Combat Group (a.k.a. GCT, a.k.a. Groupe Combattant Tunisien, a.k.a. Jama'a Combattante Tunisien, a.k.a. JCT; a.k.a. Tunisian Combatant Group)
56. Turkish Hizballah
57. Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
58. Ummah Tameer E-Nau (UTN) (a.k.a. Foundation for Construction; a.k.a. Nation Building; a.k.a. Reconstruction Foundation; a.k.a. Reconstruction of the Islamic Community; a.k.a. Reconstruction of the Muslim Ummah; a.k.a. Ummah Tameer I-Nau; a.k.a. Ummah Tameer E-Nau; a.k.a. Ummah Tameer-I-Pau)
59. Youssef M. Nada & Co. Gesellschaft M.B.H.

U.S. Treasury Department's Designated Charities and Potential Fundraising Front Organizations for FTOs

1. Makhtab al-Khidamat / Al Kifah (formerly U.S.-based, Pakistan)
2. Al Rashid Trust (Pakistan)
3. WAFA Humanitarian Organization (Pakistan, Saudi Arabia, Kuwait, United Arab Emirates)
4. Rabita Trust (Pakistan)
5. Ummah Tameer E-Nau (Pakistan)
6. Revival of Islamic Heritage Society - Pakistan and Afghanistan Branches (Kuwait, Afghanistan, Pakistan)
7. Afghan Support Committee (Afghanistan, Pakistan)
8. Al Haramain Foundation (Indonesia, Kenya, Pakistan, Tanzania, Bosnia, Somalia, Bangladesh, Afghanistan, Albania, Ethiopia, Netherlands, Comoros Islands, and United States branches)
9. Aid Organization of the Ulema (Pakistan)
10. Global Relief Foundation (United States)

11. Benevolence International Foundation (United States):
12. Benevolence International Fund (Canada)
13. Bosanska Idealna Futura (Bosnia)
14. Stichting Benevolence International Nederland (Netherlands)
15. Lajnat al Daawa al Islamiyya (Kuwait, Pakistan, Afghanistan)
16. Al Akhtar Trust (Pakistan)
17. Taiban International (Bosnia)
18. Al Haramain & Al Masjed Al Aqsa Charity Foundation (Bosnia)
19. Al Furqan (Bosnia)
20. Islamic African Relief Agency (IARA) / Islamic Relief Agency (ISRA) (Sudan, United States and 40 other branches throughout the world)
21. The Holy Land Foundation for Relief and Development (United States)
22. Al Aqsa Foundation (United States, Europe, Pakistan, Yemen, South Africa)
23. Commité de Bienfaisance et de Secours aux Palestiniens (France)
24. Association de Secours Palestinien (Switzerland)
25. Interpal (Palestinian Relief & Development Fund) (United Kingdom)
26. Palestinian Association in Austria (Austria)
27. Sanibil Association for Relief and Development (Lebanon)
28. Elehssan Society (Palestinian territories)
29. Aleph (Aum Shinrikyo/Aum Supreme Truth)
30. Rabbi Meir David Kahane Memorial Fund (Kahane Chai and Kach)
    American Friends of the United Yeshiva (Kahane Chai and Kach)
    American Friends of Yeshivat Rav Meir (Kahane Chai and Kach)
    Friends of the Jewish Idea Yeshiva (Kahane Chai and Kach)
31. Irish Republican Prisoners Welfare Association (Real IRA)
32. Socorro Popular Del Peru/People's Aid of Peru (Sendero Luminoso/Shining Path)

OHIO PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

Ohio Department of Public Safety
DIVISION OF HOMELAND SECURITY
http://www.homelandsecurity.ohio.gov

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance in a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME	FIRST NAME	MI

HOME ADDRESS			
CITY	STATE	ZIP	COUNTY
HOME PHONE	WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

LAST NAME	FIRST NAME	MI

BUSINESS/ORGANIZATION NAME			PHONE
BUSINESS ADDRESS			
CITY	STATE	ZIP	COUNTY

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? ☐ Yes ☐ No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X _____

APPLICANT SIGNATURE **DATE** _____

ADDITIONAL ADMINISTRATIVE REQUIREMENTS
COMPLIANCE WITH SUPPORT ORDER(S)

Financial responsibility, integrity, and accountability are essential for operating a business that services the public. Unpaid obligations are a social problem which threatens the welfare of children and increases the burden on taxpayers to provide social services. Due to the public's growing concern with non-paying parents, government initiatives to create additional, effective enforcement mechanisms are necessary. It is in the County's interest that all contractors doing business with Lucas County demonstrate financial responsibility and integrity and accountability.

All bidders **must submit** the **completed** "Compliance Affidavit For Businesses" with their bid. Once a lowest and best bidder has been determined and prior to award, this form will be submitted by Lucas County to the Child Support Enforcement Agency for certification of substantial compliance of court ordered and/or agency ordered child support of any individuals of the company who have twenty-five (25%) percent or greater vested interest in the company. If the individual is found to be not in compliance, said bidder will be notified that the individual is not in compliance and therefore the bidder/company/contractor is not in compliance and will have five (5) days to be in compliance from date of notification. Failure to comply will cause disqualification of the bidder's/company's /contractor's bid.

Bidders should contact Lucas County Child Support Enforcement Agency, (419) 213-3106, regarding this requirement should they have questions.

COMPLIANCE AFFIDAVIT FOR BUSINESSES

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE BIDDER AND NOTARIZED

STATE OF OHIO }
}ss:
COUNTY OF LUCAS }

_____, being first duly sworn, deposes and says that
Authorized Officer

he/she is _____ of _____
(Title) (Company Name)

the party making the foregoing proposal or bid; that according to his/her knowledge, based upon company records the following individuals have a twenty-five (25%) percent or greater vested interest in _____

_____.
Company Name

Name	Case/Order No:	Social Security Number:

_____ There are no individuals with twenty-five percent (25%) or greater vested interest
(check if applicable) in _____.
(Company Name)

_____
(signature)
Affiant: _____

Sworn to and subscribed in my presence this _____ day of _____, 20____.

_____
Notary Public

Note to department. Complete one form for each individual listed on the Compliance Affidavit for Businesses – include the individuals name as directed in the middle of the form below and your department information at the bottom and **Fax** this form/s and the Compliance Affidavit for Business **to Maricarol Torsok, LCCSEA, 419-259-3033**. If you have questions call 419-213-3106. . If the individual is found to be not in compliance, said bidder will be notified that the individual is not in compliance and therefore the bidder/company/contractor is not in compliance and will have five (5) days to be in compliance from date of notification. Failure to comply will cause disqualification of the bidder's/company's /contractor's bid.

Return Completed Document to: _____

Name Dept Phone Fax

_____

Name of Company Phone Number

_____

Project Name

CERTIFICATION OF SUBSTANTIAL
COMPLIANCE OF COURT ORDERED AND/OR AGENCY ORDERED CHILD SUPPORT

Note: Once Lowest and Best Bid is determined and prior to award this certification will be completed by the appropriate authority, (Lucas County Child Support Agency if Court and/or Agency Ordered child support has been issued from the Lucas County Courts).

The undersigned duly authorized employee of the Lucas County Child Support Enforcement Agency hereby verifies that he/she has checked the Child Support Enforcement records regarding:

_____and have found the following:

Name of Applicant

_____(1) There are no records pertaining to this individual; **or**

_____(2) This individual is in substantial compliance with respect to his/her court ordered and/or agency ordered child support in Case No: _____ pursuant to the order of _____

(Court and/or Agency); **or**

_____(3) This applicant has made satisfactory arrangements with the Agency and/or Court bringing himself/herself current with respect to his/her court ordered and/or agency ordered child support; **or**

_____(4) This individual is in arrears and has made no arrangements to pay on the child support arrearages, (*statement of arrearage is attached*), for Case No: _____ pursuant to the order of the _____(Court and/or Agency).

_____ _____

Signature of LCCSEA Employee Date

NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY AFFIDAVIT

STATE OF _____

SS

COUNTY OF _____

_____ being first duly sworn, deposes and says that
(Name)

he/she is _____ of _____ the party
(Title) (Company)

that made the foregoing proposal; that such party as bidder does not and shall not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin. If awarded the bid and contract under this proposal, said party shall take affirmative action to insure that applicants are employed and that employees are treated, during employment, without regard to their race, religion, color, sex or national origin. If successful as the lowest and best bidder under the foregoing proposal this party shall post non-discrimination notices in conspicuous places available to employees and applicants for employment setting forth the provision of this affidavit.

Furthermore, said party agrees to abide by the assurances found in Section 153.59 of the Ohio Revised Code in the Contract Provisions with the Owner if selected as the successful bidder by the owner.

_____
(Signature)

_____
Affiant

_____
(Company/Corporation)

_____
(Address)

_____
(City/State/Zip Code)

Sworn to and subscribed before me this _____ day of _____, 20____.

(Seal) _____
(Notary)

My Commission Expires:

_____
(Date)

NO FINDINGS FOR RECOVERY AFFIDAVIT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND NOTARIZED

I _____ (NAME), _____ (TITLE), _____ (NAME OF COMPANY)

affirm that at the time that I submitted the bid for _____ (BID TITLE)

to the Board of Lucas County Commissioners on _____ (DATE) that

_____ (NAME OF COMPANY) has / has no (CIRCLE ONE) unresolved finding for recovery from the State Auditor per Ohio Revised Code Section 9.24.

(If there is unresolved finding for recovery from the State Auditor , complete the following section)

The amount of unresolved finding for recovery due the State Auditor is _____ (AMOUNT) and unpaid penalties and interest are _____ (AMOUNT).

_____ (SIGNATURE)

_____ (COMPANY)

_____ (DATE)

Sworn to and subscribed before me this _____day of,_____ 20___.

(SEAL) _____ (NOTARY)

My Commission Expires:

_____