MEDICAL PAID AMOUNTS AND PLAN SAVINGS

Product: All Medical

							Reductions From Allowed Amount					
Setting	Charge Submitted	Non Covered Amount	Covered Expense Amount	Discount Amount	Discount Percent	Allowed Amount	Deductible	Coinsurance/ Copayment	Member Sanctions Penalty Amount	Third Party Savings/ Medicare	Other	Paid Amount
Total Inpatient Facility	$27,476,633	$284,721	$27,191,912	$14,753,275	54.3%	$12,438,637	$0	$0	$18,000	$491,951	$120,279	$11,808,407
Total Outpatient Facility	$19,933,204	$1,470,625	$18,462,578	$9,388,801	50.9%	$9,073,777	$0	$131,387	$9,634	$226,378	$53,196	$8,653,184
Total Professional	$43,445,161	$2,268,702	$41,176,459	$25,041,478	60.9%	$16,134,980	$0	$1,001,703	$49,234	$272,429	($13,339)	$14,824,883

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	Charge Submitted	Non Covered Amount	Covered Expense Amount	Discount Amount	Discount Percent	Allowed Amount	Deductible	Coinsurance/ Copayment	Member Sanctions Penalty Amount	Third Party Savings/ Medicare	Other	Paid Amount
Total Medical	$90,854,998	$4,024,049	$86,830,949	$49,183,555	56.6%	$37,647,394	$0	$1,133,090	$76,868	$990,758	$160,136	$35,286,473

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