Executive Summary

Executive Summary With Top Reports

LOCAL 1500 WELFARE FUND

FULL TIME EMPLOYEES

All Selected Groups

January 2012 through March 2012

Pharmacy Benefit Reports

Parameters	Totals	Averages
Eligible Membership		**10,201**
Number of Rxs	**21,112**	
Plan Paid	**$2,124,141**	
Rxs/Member/Month		**0.69**
Per-Member-Per-Month Cost		**$69.41**
Rx Cost (Before Copay)	**$2,351,509**	**$111.38**
Member Co-Payment	**$227,368**	**$10.77**
Generic Utilization Rate		**70.89%**

Per-Member-Per-Month (PMPM) Cost - the plan's PMPM cost for this reporting period was ***$69.41*** and is calculated by dividing the amount paid by the plan (after member co-pays) by the total number of eligible members. As pharmaceuticals are an integral component of the plan's overall healthcare resources, it is important to examine the key components affecting cost.

Utilization Rate - this plan's utilization rate during this period was ***0.69*** **Rxs/member/month** or ***8.28*** **Rxs/member/year.** Utilization rates are driven primarily by the age and gender makeup of the plan and tend to increase with age and female membership percentage.

Average Rx Cost - The plan's average Rx Cost during this period was ***$111.38***. Several factors can affect the average Rx Cost such as 1)generic utilization, 2) average days supply/Rx, and 3) use of drugs that are extremely expensive. Typically, the plan's generic utilization will have the most dramatic effect on the average Rx Cost. This plan's generic utilization rate during this period was ***70.89%.***

Cost Sharing Percentage - The membership is currently sharing ***9.67%*** of the total cost of the prescription drug program. The plan's co-payment structure drives this parameter.

informedRx® an SXC company

Brand and Generic Claims Analysis

LOCAL 1500 WELFARE FUND
FULL TIME EMPLOYEES
All Selected Groups

January 2012 through March 2012

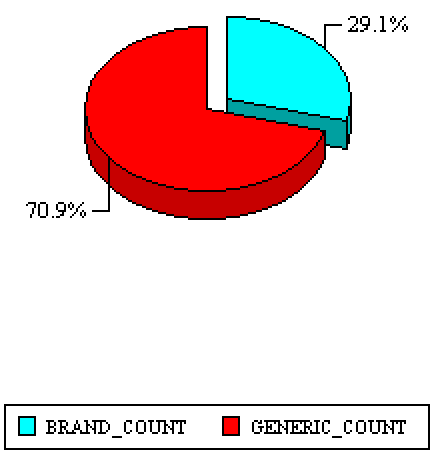
All Pharmacies

Executive Summary With Top Reports

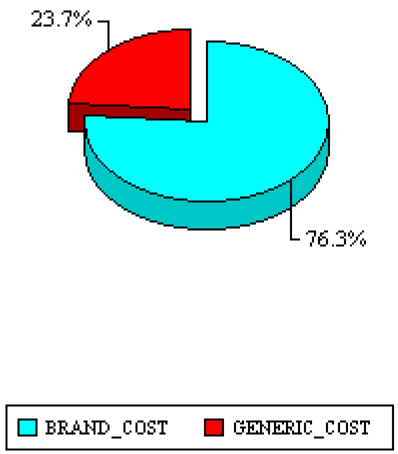
Customer ID: LCL1500 | **Client ID: LCLF** | **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Plan Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Brand	10,201	6,145	0.20	$1,620,791	$263.76	$52.96	$1,766,009	$8,664	$0.00	$147,221
Generic	10,201	14,967	0.49	$503,349	$33.63	$16.45	$562,491	$22,694	$0.39	$80,147
Totals	**10,201**	**21,112**	**0.69**	**$2,124,141**	**$100.61**	**$69.41**	**$2,328,500**	**$31,357**	**$0.39**	**$227,368**

Percentage of Total Claims



Percentage of Total Plan Cost



The use of generic drugs is one of the most effective ways a plan can control their prescription drug costs. The graphs above demonstrate why this is so effective. As you can see, while generics account for ***70.9%*** of the total prescriptions, they account for only ***23.7%*** of total plan cost. Conversely, brand drugs account for ***29.1%*** of the prescriptions yet ***76.3%*** of total plan cost. Incentive plans used to increase generic utilization include differential co-pays and imposing penalties (in the form of additional member cost sharing) when brand drugs are used when a generic is available. While the majority of the brand drugs used in most plans have no generic alternative available, there are often considerable price differences between brand drugs within certain drug categories. Particularly in plans that employ a 3-tier co-payment structure, opportunities for converting from a more expensive brand drug to a less expensive brand drug exist.

Mail and Retail Claims Analysis

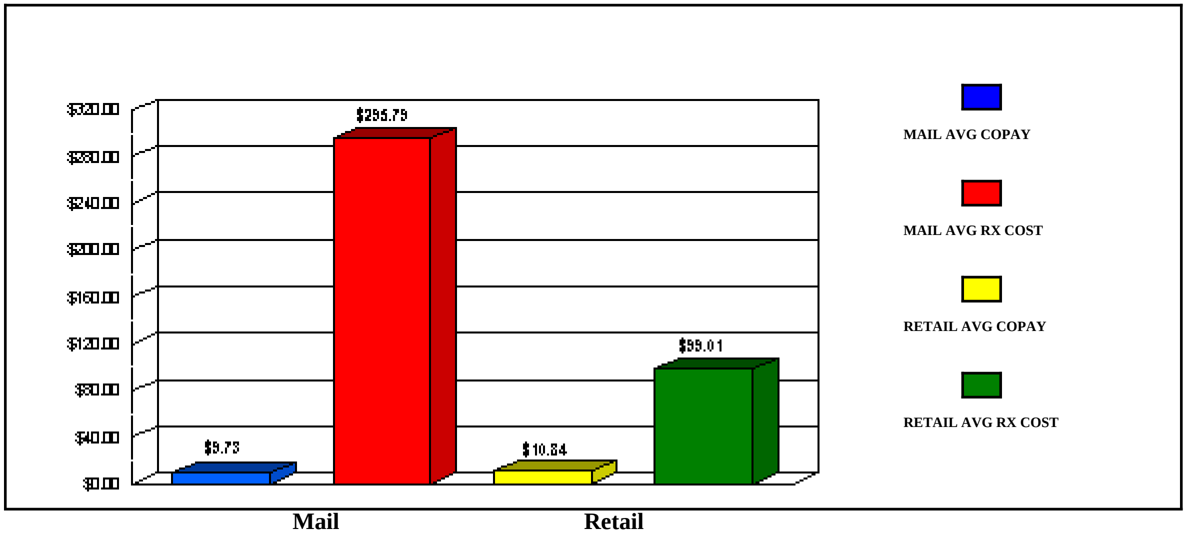
LOCAL 1500 WELFARE FUND
FULL TIME EMPLOYEES
All Selected Groups

January 2012 through March 2012

All Pharmacies
Executive Summary With Top Reports

Customer ID: LCL1500 | Client ID: LCLF | Group ID: All Selected Groups

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Plan Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Mail Order										
Brand	10,201	632	0.02	$311,524	$492.92	$10.18	$321,155	$5	$0.00	$9,636
Generic	10,201	738	0.02	$80,381	$108.92	$2.63	$84,072	$2	$0.00	$3,692
Total	**10,201**	**1,370**	**0.04**	**$391,905**	**$286.06**	**$12.81**	**$405,227**	**$6**	**$0.00**	**$13,328**
Retail										
Brand	10,201	5,513	0.18	$1,309,267	$237.49	$42.78	$1,444,854	$8,659	$0.00	$137,585
Generic	10,201	14,229	0.46	$422,968	$29.73	$13.82	$478,420	$22,692	$0.39	$76,455
Total	**10,201**	**19,742**	**0.65**	**$1,732,235**	**$87.74**	**$56.60**	**$1,923,273**	**$31,351**	**$0.39**	**$214,040**
Grand Total	**10,201**	**21,112**	**0.69**	**$2,124,141**	**$100.61**	**$69.41**	**$2,328,500**	**$31,357**	**$0.39**	**$227,368**



During this time period, prescriptions obtained through mail accounted for ***6.5%*** of total prescriptions and ***18.5%*** of the total plan paid amount. The graph above provides an evaluation of the member cost sharing of the mail order benefit relative to the retail pharmacy benefit. The key factor in a mail order benefit is to ensure an appropriate member cost-sharing percentage is maintained, which is driven by the mail order co-payment structure.

Family Unit Claims Analysis

January 2012 through March 2012

All Pharmacies

Executive Summary With Top Reports

LOCAL 1500 WELFARE FUND
FULL TIME EMPLOYEES
All Selected Groups

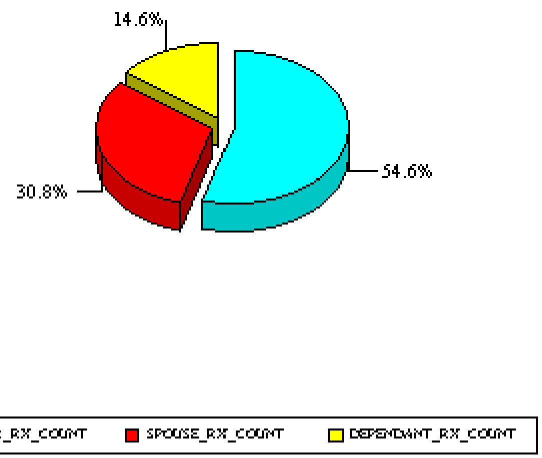
Customer ID: LCL1500 **Client ID: LCLF** **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Plan Cost Per Claim	PEPM
Per Employee*	4,414	21,112	1.59	$2,124,141	$100.61	$160.42

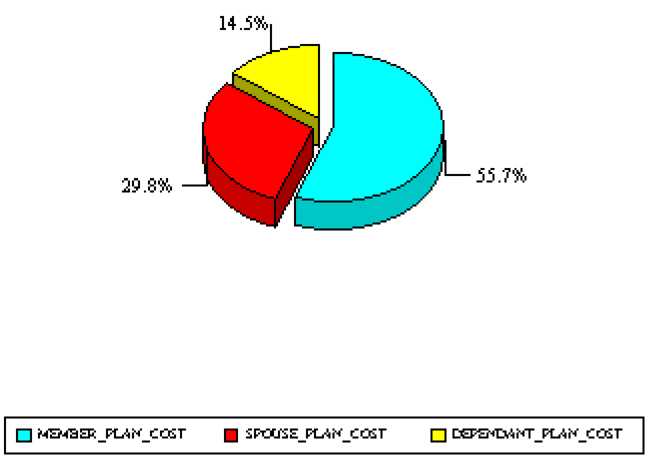
	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM
Employees (01)	4,414	11,523	0.87	$1,182,336	$102.61	$89.29
Spouses (02)	2,233	6,506	0.97	$633,909	$97.43	$94.64
Dependents (03)	3,555	3,083	0.29	$307,896	$99.87	$28.87
Totals	10,201	21,112	0.69	$2,124,141	$100.61	$69.41

* Employee represents cardholder

Percentage of Total Claims



Percentage of Total Plan Cost



The graphs above illustrate the breakdown of utilization and plan cost by employee (cardholder), spouse, and dependents. Additionally, in the table above, a PEPM cost (per-employee-per-month) is provided to help evaluate the cost per employee (cardholder) of the benefit.

Top Drugs / Drug Categories

January 2012 through March 2012

Executive Summary With Top Reports

LOCAL 1500 WELFARE FUND
FULL TIME EMPLOYEES
All Selected Groups

Customer ID: LCL1500 **Client ID: LCLF** **Group ID: All Selected Groups**

Top 10 Drug Categories by Total Plan Cost

Therapeutic Category	Number of Rxs	Total Plan Cost
Antihyperlipidemics	1,383	238,056.00
Antiasthmatic	1,079	173,949.38
Antidiabetics	1,178	158,595.63
Antihypertensives	1,651	146,113.58
Ulcer Drugs	888	122,130.03
Dermatologicals	1,009	106,404.19
Antivirals	169	99,737.24
Analgesics - Anti-Inflammatory	706	88,024.49
Antidepressants	894	77,372.53
Antipsychotics/Antimanic Agents	224	68,416.10
Top 10 Categories Totals	9,181	1,278,799.17
Plan Totals	21,112	2,124,140.58

Top 10 Drugs by Avg Ingr Cost

Product Name	Therapeutic Category	Number of Rxs	Avg Ingr Cost
Ilaris	*Analgesics - Anti-Inflammatory*	1	$16,625.01
Incivek	*Antivirals*	1	$16,531.20
Erbitux	*Antineoplastics*	2	$9,346.24
Nutropin Aq Nuspin	*Endocrine And Metabolic Agents - Misc	3	$7,467.22
Votrient	*Antineoplastics*	1	$6,222.85
Copaxone	*Psychotherapeutic And Neurological Ag	4	$6,215.67
Revlimid	*Assorted Classes*	5	$6,014.42
Nutropin Aq Pen	*Endocrine And Metabolic Agents - Misc	1	$4,667.01
Pulmozyme	*Respiratory Agents - Misc.*	1	$4,650.43
Victrelis	*Antivirals*	2	$4,435.20
Top 10 Drug Total		21	$7,314.09
Plan Totals		21,112	$110.29

Top 10 Drugs by Total Plan Cost

Product Name	Therapeutic Category	Number of Rxs	Plan Cost
Nexium	*Ulcer Drugs*	267	$73,900
Crestor	*Antihyperlipidemic*	197	$59,619
Atorvastatin Calciu	*Antihyperlipidemics*	246	$56,445
Singulair	*Antiasthmatic And Bronchodilator A	192	$46,316
Advair Diskus	*Antiasthmatic And Bronchodilator A	160	$43,820
Plavix	*Misc. Hematological*	127	$42,775
Lipitor	*Antihyperlipidemics*	141	$32,743
Abilify	*Antipsychotics/Antimanic Agents*	44	$30,436
Revlimid	*Assorted Classes*	5	$29,955
Diovan Hct	*Antihypertensives*	123	$28,045
Top 10 Drug Totals		1,502	$444,053
Plan Totals		21,112	$2,124,141

Top 10 Drugs by # of Rxs

Product Name	Therapeutic Category	Number of Rxs	Plan Cost
Azithromycin	*Macrolides*	550	$7,284
Hydrocodone/Acetaminophe	*Analgesics - Opioid*	426	$4,046
Simvastatin	*Antihyperlipidemics*	325	$1,707
Metformin Hcl	*Antidiabetics*	324	$2,984
Amlodipine Besylate	*Calcium Channel Blockers*	323	$3,536
Amoxicillin	*Penicillins*	323	$1,821
Metoprolol Succinate Er	*Beta Blockers*	289	$13,152
Levothyroxine Sodium	*Thyroid*	285	$2,398
Nexium	*Ulcer Drugs*	267	$73,900
Oxycodone/Acetaminophen	*Analgesics - Opioid*	257	$3,274
Top 10 Drug Totals		3,369	$114,102
Plan Totals		21,112	$2,124,141

Executive Summary

Executive Summary With Top Reports

LOCAL 1500 WELFARE FUND

PART TIME EMPLOYEES

All Selected Groups

January 2012 through March 2012

Pharmacy Benefit Reports

Parameters	Totals	Averages
Eligible Membership		**11,511**
Number of Rxs	**6,680**	
Plan Paid	**$379,054**	
Rxs/Member/Month		**0.19**
Per-Member-Per-Month Cost		**$10.98**
Rx Cost (Before Copay)	**$440,945**	**$66.01**
Member Co-Payment	**$61,891**	**$9.27**
Generic Utilization Rate		**76.05%**

Per-Member-Per-Month (PMPM) Cost - the plan's PMPM cost for this reporting period was ***$10.98*** and is calculated by dividing the amount paid by the plan (after member co-pays) by the total number of eligible members. As pharmaceuticals are an integral component of the plan's overall healthcare resources, it is important to examine the key components affecting cost.

Utilization Rate - this plan's utilization rate during this period was ***0.19*** **Rxs/member/month** or ***2.32*** **Rxs/member/year.** Utilization rates are driven primarily by the age and gender makeup of the plan and tend to increase with age and female membership percentage.

Average Rx Cost - The plan's average Rx Cost during this period was ***$66.01***. Several factors can affect the average Rx Cost such as 1)generic utilization, 2) average days supply/Rx, and 3) use of drugs that are extremely expensive. Typically, the plan's generic utilization will have the most dramatic effect on the average Rx Cost. This plan's generic utilization rate during this period was ***76.05%.***

Cost Sharing Percentage - The membership is currently sharing ***14.04%*** of the total cost of the prescription drug program. The plan's co-payment structure drives this parameter.

Brand and Generic Claims Analysis

January 2012 through March 2012

All Pharmacies

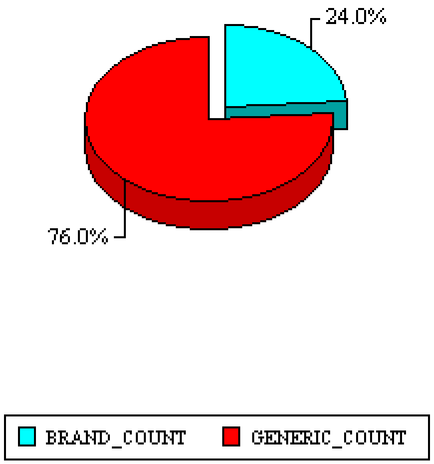
Executive Summary With Top Reports

LOCAL 1500 WELFARE FUND
PART TIME EMPLOYEES
All Selected Groups

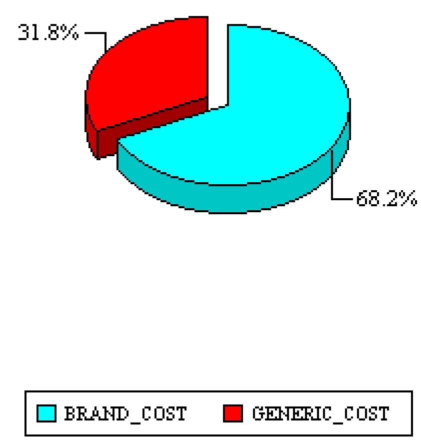
Customer ID: LCL1500 | Client ID: LCLP | Group ID: All Selected Groups

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Plan Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Brand	11,511	1,600	0.05	$258,360	$161.48	$7.48	$310,565	$2,356	$0.00	$40,427
Generic	11,511	5,080	0.15	$120,694	$23.76	$3.50	$136,407	$7,816	$0.00	$21,464
Totals	**11,511**	**6,680**	**0.19**	**$379,054**	**$56.74**	**$10.98**	**$446,972**	**$10,172**	**$0.00**	**$61,891**

Percentage of Total Claims



Percentage of Total Plan Cost



The use of generic drugs is one of the most effective ways a plan can control their prescription drug costs. The graphs above demonstrate why this is so effective. As you can see, while generics account for ***76.0%*** of the total prescriptions, they account for only ***31.8%*** of total plan cost. Conversely, brand drugs account for ***24.0%*** of the prescriptions yet ***68.2%*** of total plan cost. Incentive plans used to increase generic utilization include differential co-pays and imposing penalties (in the form of additional member cost sharing) when brand drugs are used when a generic is available. While the majority of the brand drugs used in most plans have no generic alternative available, there are often considerable price differences between brand drugs within certain drug categories. Particularly in plans that employ a 3-tier co-payment structure, opportunities for converting from a more expensive brand drug to a less expensive brand drug exist.

Mail and Retail Claims Analysis

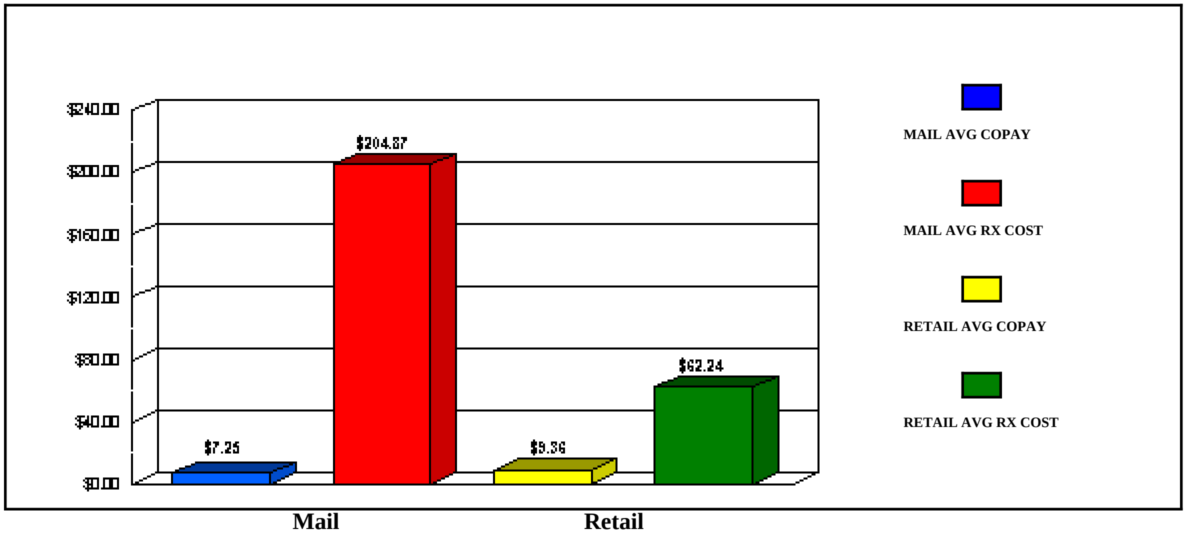
LOCAL 1500 WELFARE FUND
PART TIME EMPLOYEES
All Selected Groups

January 2012 through March 2012

All Pharmacies
Executive Summary With Top Reports

Customer ID: LCL1500 **Client ID: LCLP** **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Plan Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Mail Order										
Brand	11,511	101	0.00	$41,411	$410.01	$1.20	$42,694	$0	$0.00	$1,283
Generic	11,511	189	0.01	$15,900	$84.12	$0.46	$16,718	$0	$0.00	$818
Total	**11,511**	**290**	**0.01**	**$57,310**	**$197.62**	**$1.66**	**$59,412**	**$0**	**$0.00**	**$2,101**
Retail										
Brand	11,511	1,499	0.04	$216,950	$144.73	$6.28	$267,871	$2,356	$0.00	$39,144
Generic	11,511	4,891	0.14	$104,794	$21.43	$3.03	$119,690	$7,816	$0.00	$20,646
Total	**11,511**	**6,390**	**0.19**	**$321,744**	**$50.35**	**$9.32**	**$387,561**	**$10,172**	**$0.00**	**$59,790**
Grand Total	**11,511**	**6,680**	**0.19**	**$379,054**	**$56.74**	**$10.98**	**$446,972**	**$10,172**	**$0.00**	**$61,891**



During this time period, prescriptions obtained through mail accounted for ***4.3%*** of total prescriptions and ***15.1%*** of the total plan paid amount. The graph above provides an evaluation of the member cost sharing of the mail order benefit relative to the retail pharmacy benefit. The key factor in a mail order benefit is to ensure an appropriate member cost-sharing percentage is maintained, which is driven by the mail order co-payment structure.

Family Unit Claims Analysis

January 2012 through March 2012

All Pharmacies

Executive Summary With Top Reports

LOCAL 1500 WELFARE FUND
PART TIME EMPLOYEES
All Selected Groups

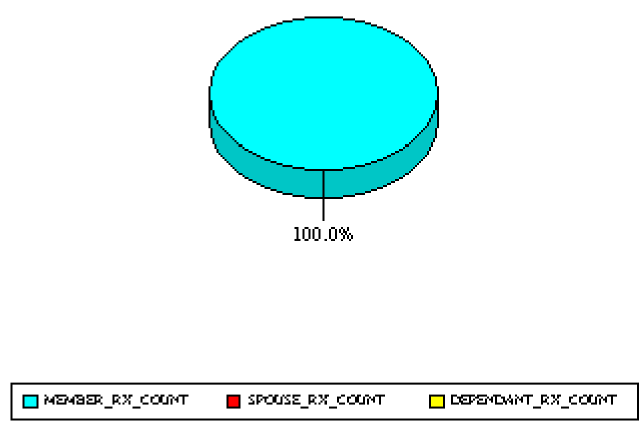
Customer ID: LCL1500 | **Client ID: LCLP** | **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Plan Cost Per Claim	PEPM
Per Employee*	11,511	6,680	0.19	$379,054	$56.74	$10.98

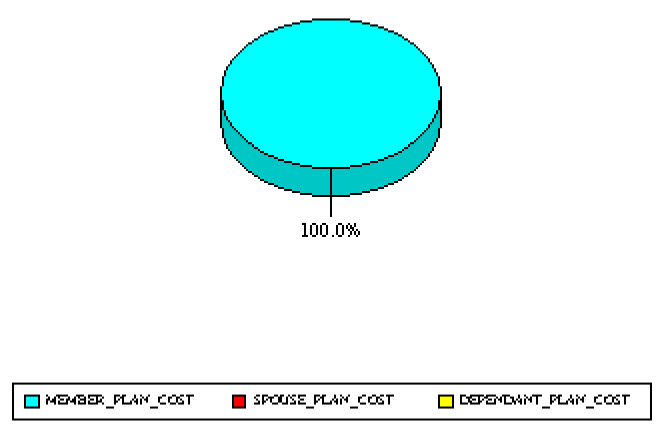
	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM
Employees (01)	11,511	6,680	0.19	$379,054	$56.74	$10.98
Spouses (02)	0	0	0.00	$0	$0.00	$0.00
Dependents (03)	0	0	0.00	$0	$0.00	$0.00
Totals	11,511	6,680	0.19	$379,054	$56.74	$10.98

* Employee represents cardholder

Percentage of Total Claims



Percentage of Total Plan Cost



The graphs above illustrate the breakdown of utilization and plan cost by employee (cardholder), spouse, and dependents. Additionally, in the table above, a PEPM cost (per-employee-per-month) is provided to help evaluate the cost per employee (cardholder) of the benefit.

Top 10 Drug Categories by Total Plan Cost

Therapeutic Category	Number of Rxs	Total Plan Cost
Antihyperlipidemics	460	54,085.36
Antihypertensives	564	38,574.90
Antidiabetics	397	33,805.69
Antiasthmatic	248	29,133.96
Ulcer Drugs	230	22,764.84
Contraceptives	309	21,114.82
Antidepressants	297	17,338.25
Dermatologicals	206	12,503.17
Anticonvulsants	186	12,175.98
Antipsychotics/Antimanic Agents	122	11,689.89
Top 10 Categories Totals	3,019	253,186.86
Plan Totals	6,680	379,054.09

Top 10 Drugs by Avg Ingr Cost

Product Name	Therapeutic Category	Number of Rxs	Avg Ingr Cost
Voriconazole	*Antifungals*	1	$2,340.37
Humira Pen	*Analgesics - Anti-Inflammatory*	2	$2,012.19
Atripla	*Antivirals*	1	$1,619.63
Enoxaparin Sodium	*Anticoagulants*	3	$842.07
Solodyn	*Tetracyclines*	1	$755.47
Pentasa	*Misc. Gi*	1	$682.49
Letrozole	*Antineoplastics And Adjunctive Therapi	2	$664.67
Canasa	*Gastrointestinal Agents - Misc.*	1	$611.52
Abilify	*Antipsychotics/Antimanic Agents*	11	$521.19
Vimpat	*Anticonvulsants*	4	$517.36
Top 10 Drug Total		27	$803.41
Plan Totals		6,680	$66.91

Top 10 Drugs by Total Plan Cost

Product Name	Therapeutic Category	Number of Rxs	Plan Cost
Nexium	*Ulcer Drugs*	66	$15,807
Crestor	*Antihyperlipidemics*	51	$13,787
Atorvastatin Calciu	*Antihyperlipidemics*	70	$12,761
Advair Diskus	*Antiasthmatic And Bronchodilator A	37	$9,019
Plavix	*Misc. Hematological*	33	$8,901
Lantus	*Antidiabetics*	27	$7,184
Diovan Hct	*Antihypertensives*	27	$6,655
Actos	*Antidiabetic*	18	$6,648
Lipitor	*Antihyperlipidemics*	27	$6,568
Ortho Tri-Cyclen L	*Contraceptives*	54	$5,755
Top 10 Drug Totals		410	$93,085
Plan Totals		6,680	$379,054

Top 10 Drugs by # of Rxs

Product Name	Therapeutic Category	Number of Rxs	Plan Cost
Simvastatin	*Antihyperlipidemics*	164	$859
Ibuprofen	*Analgesics - Anti-Inflammatory	161	$438
Azithromycin	*Macrolides*	145	$1,668
Amlodipine Besylate	*Calcium Channel Blockers*	129	$1,339
Lisinopril	*Antihypertensives*	127	$683
Metformin Hcl	*Antidiabetics*	127	$1,039
Levothyroxine Sodium	*Thyroid*	123	$865
Hydrocodone/Acetaminophe	*Analgesics - Opioid*	114	$665
Hydrochlorothiazide	*Diuretics*	103	$371
Amoxicillin	*Penicillins*	92	$328
Top 10 Drug Totals		1,285	$8,255
Plan Totals		6,680	$379,054

Executive Summary

Executive Summary With Top Reports

LOCAL 1500 WELFARE FUND

SPECIAL PART TIMERS

All Selected Groups

January 2012 through March 2012

Pharmacy Benefit Reports

Parameters	Totals	Averages
Eligible Membership		**2,083**
Number of Rxs	**4,561**	
Plan Paid	**$252,241**	
Rxs/Member/Month		**0.73**
Per-Member-Per-Month Cost		**$40.37**
Rx Cost (Before Copay)	**$312,935**	**$68.61**
Member Co-Payment	**$60,694**	**$13.31**
Generic Utilization Rate		**76.85%**

Per-Member-Per-Month (PMPM) Cost - the plan's PMPM cost for this reporting period was ***$40.37*** and is calculated by dividing the amount paid by the plan (after member co-pays) by the total number of eligible members. As pharmaceuticals are an integral component of the plan's overall healthcare resources, it is important to examine the key components affecting cost.

Utilization Rate - this plan's utilization rate during this period was ***0.73*** **Rxs/member/month** or ***8.76*** **Rxs/member/year.** Utilization rates are driven primarily by the age and gender makeup of the plan and tend to increase with age and female membership percentage.

Average Rx Cost - The plan's average Rx Cost during this period was ***$68.61***. Several factors can affect the average Rx Cost such as 1)generic utilization, 2) average days supply/Rx, and 3) use of drugs that are extremely expensive. Typically, the plan's generic utilization will have the most dramatic effect on the average Rx Cost. This plan's generic utilization rate during this period was ***76.85%.***

Cost Sharing Percentage - The membership is currently sharing ***19.40%*** of the total cost of the prescription drug program. The plan's co-payment structure drives this parameter.

Brand and Generic Claims Analysis

LOCAL 1500 WELFARE FUND
SPECIAL PART TIMERS
All Selected Groups

January 2012 through March 2012

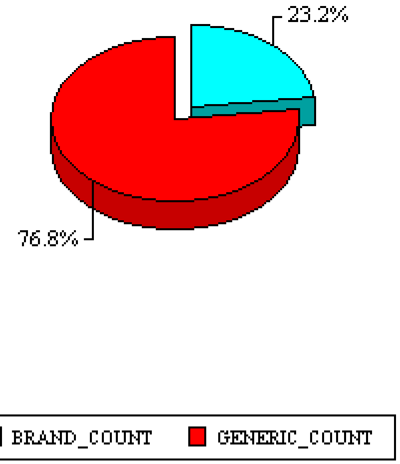
All Pharmacies

Executive Summary With Top Reports

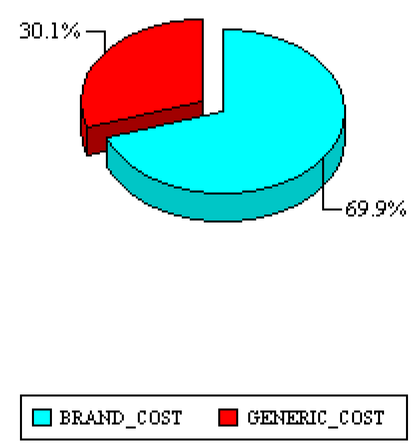
Customer ID: LCL1500 **Client ID: LCLSPT** **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Plan Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Brand	2,083	1,056	0.17	$176,241	$166.89	$28.21	$221,063	$1,561	$0.00	$44,394
Generic	2,083	3,505	0.56	$76,001	$21.68	$12.16	$86,935	$5,423	$0.00	$16,300
Totals	**2,083**	**4,561**	**0.73**	**$252,241**	**$55.30**	**$40.37**	**$307,999**	**$6,985**	**$0.00**	**$60,694**

Percentage of Total Claims



Percentage of Total Plan Cost



The use of generic drugs is one of the most effective ways a plan can control their prescription drug costs. The graphs above demonstrate why this is so effective. As you can see, while generics account for ***76.8%*** of the total prescriptions, they account for only ***30.1%*** of total plan cost. Conversely, brand drugs account for ***23.2%*** of the prescriptions yet ***69.9%*** of total plan cost. Incentive plans used to increase generic utilization include differential co-pays and imposing penalties (in the form of additional member cost sharing) when brand drugs are used when a generic is available. While the majority of the brand drugs used in most plans have no generic alternative available, there are often considerable price differences between brand drugs within certain drug categories. Particularly in plans that employ a 3-tier co-payment structure, opportunities for converting from a more expensive brand drug to a less expensive brand drug exist.

Mail and Retail Claims Analysis

January 2012 through March 2012

All Pharmacies

Executive Summary With Top Reports

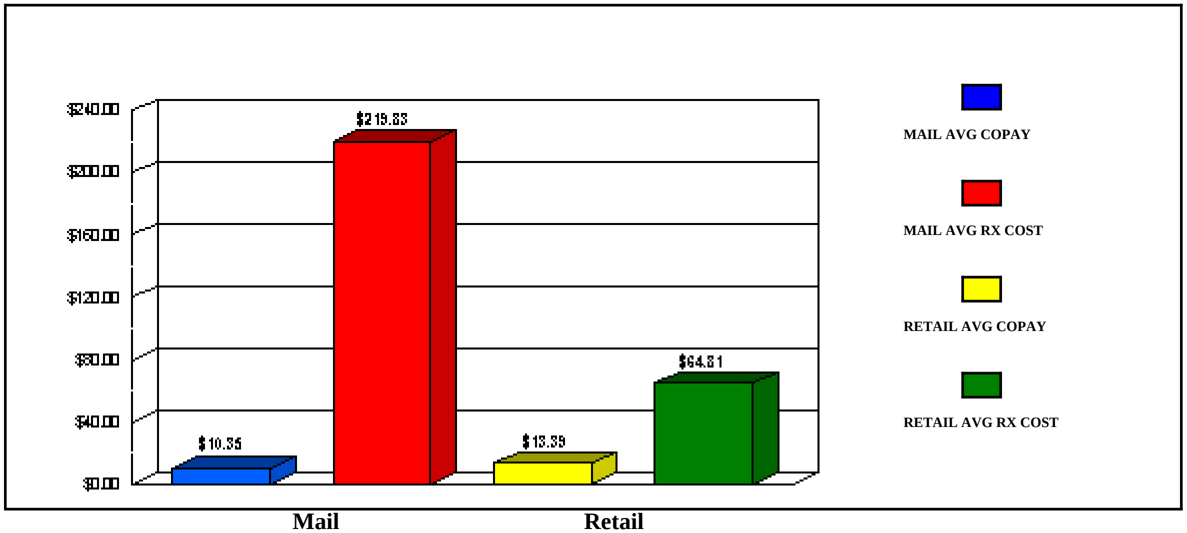
LOCAL 1500 WELFARE FUND

SPECIAL PART TIMERS

All Selected Groups

Customer ID: LCL1500 Client ID: LCLSPT Group ID: All Selected Groups

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Plan Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Mail Order										
Brand	2,083	45	0.01	$18,793	$417.61	$3.01	$19,686	$0	$0.00	$894
Generic	2,083	80	0.01	$7,392	$92.40	$1.18	$7,792	$0	$0.00	$400
Total	**2,083**	**125**	**0.02**	**$26,184**	**$209.47**	**$4.19**	**$27,478**	**$0**	**$0.00**	**$1,294**
Retail										
Brand	2,083	1,011	0.16	$157,448	$155.73	$25.20	$201,377	$1,561	$0.00	$43,500
Generic	2,083	3,425	0.55	$68,609	$20.03	$10.98	$79,144	$5,423	$0.00	$15,900
Total	**2,083**	**4,436**	**0.71**	**$226,057**	**$50.96**	**$36.18**	**$280,521**	**$6,985**	**$0.00**	**$59,400**
Grand Total	**2,083**	**4,561**	**0.73**	**$252,241**	**$55.30**	**$40.37**	**$307,999**	**$6,985**	**$0.00**	**$60,694**



During this time period, prescriptions obtained through mail accounted for ***2.7%*** of total prescriptions and ***10.4%*** of the total plan paid amount. The graph above provides an evaluation of the member cost sharing of the mail order benefit relative to the retail pharmacy benefit. The key factor in a mail order benefit is to ensure an appropriate member cost-sharing percentage is maintained, which is driven by the mail order co-payment structure.

Family Unit Claims Analysis

January 2012 through March 2012

All Pharmacies

Executive Summary With Top Reports

LOCAL 1500 WELFARE FUND
SPECIAL PART TIMERS
All Selected Groups

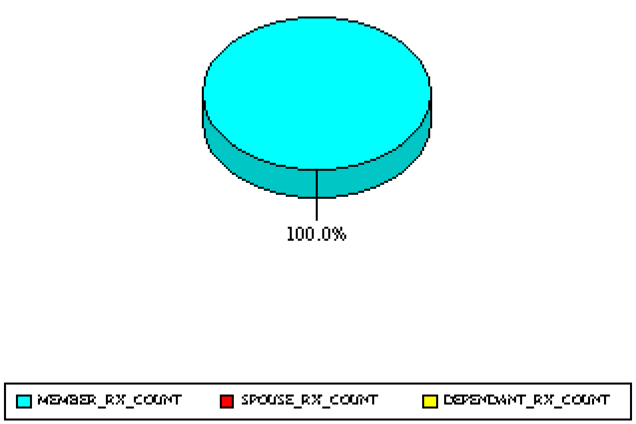
Customer ID: LCL1500 **Client ID: LCLSPT** **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Plan Cost Per Claim	PEPM
Per Employee*	2,083	4,561	0.73	$252,241	$55.30	$40.37

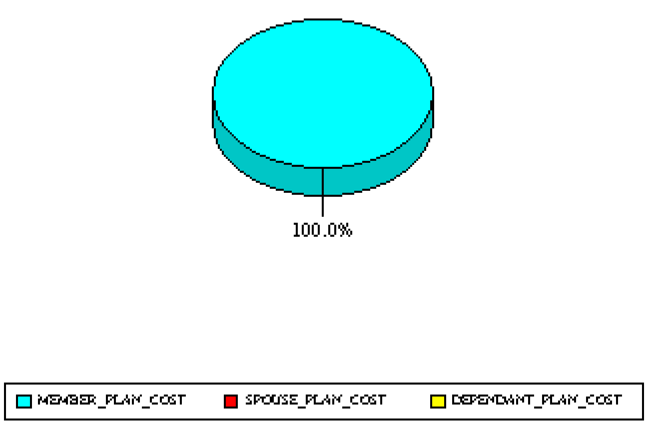
	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM
Employees (01)	2,083	4,561	0.73	$252,241	$55.30	$40.37
Spouses (02)	0	0	0.00	$0	$0.00	$0.00
Dependents (03)	0	0	0.00	$0	$0.00	$0.00
Totals	2,083	4,561	0.73	$252,241	$55.30	$40.37

* Employee represents cardholder

Percentage of Total Claims



Percentage of Total Plan Cost



The graphs above illustrate the breakdown of utilization and plan cost by employee (cardholder), spouse, and dependents. Additionally, in the table above, a PEPM cost (per-employee-per-month) is provided to help evaluate the cost per employee (cardholder) of the benefit.

informedRx® an SXC company

Top Drugs / Drug Categories

January 2012 through March 2012

Executive Summary With Top Reports

LOCAL 1500 WELFARE FUND
SPECIAL PART TIMERS
All Selected Groups

Customer ID: LCL1500 **Client ID: LCLSPT** **Group ID: All Selected Groups**

Top 10 Drug Categories by Total Plan Cost

Therapeutic Category	Number of Rxs	Total Plan Cost
Antihyperlipidemics	313	32,998.61
Antidiabetics	339	29,162.51
Antihypertensives	466	27,167.26
Antiasthmatic	212	23,111.06
Ulcer Drugs	166	13,149.23
Dermatologicals	176	11,892.66
Misc. Hematological	47	9,693.80
Antidepressants	181	8,849.07
Contraceptives	128	8,625.60
Anticonvulsants	119	6,300.46
Top 10 Categories Totals	2,147	170,950.26
Plan Totals	4,561	252,241.39

Top 10 Drugs by Avg Ingr Cost

Product Name	Therapeutic Category	Number of Rxs	Avg Ingr Cost
Atripla	*Antivirals*	2	$1,820.85
Xeloda	*Antineoplastics*	1	$1,595.97
Sensipar	*Endocrine And Metabolic Agents - Misc	2	$1,314.51
Zyvox	*Misc. Anti-Infectives*	1	$1,125.39
Truvada	*Antivirals*	8	$1,069.46
Prezista	*Antivirals*	1	$1,011.69
Reyataz	*Antivirals*	8	$937.91
Paclitaxel	*Antineoplastics And Adjunctive Therapi	2	$685.44
Desmopressin Acet	*Endocrine And Metabolic Agents - Misc	1	$609.13
Novolog	*Antidiabetic*	1	$589.97
Top 10 Drug Total		27	$1,060.47
Plan Totals		4,561	$67.53

Top 10 Drugs by Total Plan Cost

Product Name	Therapeutic Category	Number of Rxs	Plan Cost
Crestor	*Antihyperlipidemic*	37	$9,974
Plavix	*Misc. Hematological*	40	$8,738
Atorvastatin Calciu	*Antihyperlipidemics*	41	$8,221
Nexium	*Ulcer Drugs*	35	$7,297
Advair Diskus	*Antiasthmatic And Bronchodilator A	31	$5,969
Janumet	*Antidiabetics*	25	$5,417
Lipitor	*Antihyperlipidemics*	27	$5,176
Singulair	*Antiasthmatic And Bronchodilator A	21	$4,868
Diovan Hct	*Antihypertensives*	21	$3,833
Cymbalta	*Antidepressants*	17	$3,563
Top 10 Drug Totals		295	$63,057
Plan Totals		4,561	$252,241

Top 10 Drugs by # of Rxs

Product Name	Therapeutic Category	Number of Rxs	Plan Cost
Simvastatin	*Antihyperlipidemics*	138	$638
Metformin Hcl	*Antidiabetics*	133	$1,195
Hydrochlorothiazide	*Diuretics*	118	$372
Amlodipine Besylate	*Calcium Channel Blockers*	107	$926
Lisinopril	*Antihypertensives*	98	$564
Azithromycin	*Macrolides*	83	$1,038
Levothyroxine Sodium	*Thyroid*	81	$604
Metoprolol Tartrate	*Beta Blockers*	71	$270
Metoprolol Succinate Er	*Beta Blockers*	68	$2,391
Enalapril Maleate	*Antihypertensive*	61	$357
Top 10 Drug Totals		958	$8,354
Plan Totals		4,561	$252,241