TOP 25 EPISODE GROUPS

	Group						Benchmark		
Episode Summary Group	Paid Amount	Episode Count	Unique Claimants	Episodes Per 1000	Percent of Total Episodes	Episodes Per 1000 Trend	Episodes Per 1000	Percent of Total Episodes	Episodes Per 1000 Trend
Prevent/Admin Hlth Encounters	$1,582,633	4,564	4,413	449.39	15.2%	-0.9%	439.20	14.9%	3.6%
Osteoarthritis	$1,544,101	396	382	38.99	1.3%	3.4%	49.04	1.7%	1.1%
Coronary Artery Disease	$1,350,684	244	225	24.03	0.8%	-3.2%	25.24	0.9%	-5.6%
Diabetes	$1,034,667	546	524	53.76	1.8%	5.3%	51.17	1.7%	0.9%
Cancer - Leukemia	$905,993	13	12	1.28	0.0%	10.9%	1.65	0.1%	3.4%
Newborns, w/wo Complication	$771,883	100	82	9.85	0.3%	23.3%	10.24	0.3%	-0.7%
Cancer - Breast	$769,100	56	56	5.51	0.2%	-1.2%	7.75	0.3%	1.2%
Condition Rel to Tx - Med/Surg	$757,252	86	78	8.47	0.3%	3.6%	9.80	0.3%	2.4%
Cancer - Oral Cavity/Mandible	$722,978	4	3	0.39	0.0%	-48.8%	0.63	0.0%	2.6%
Cerebrovascular Disease	$677,750	131	94	12.90	0.4%	29.0%	10.49	0.4%	-6.0%
Gastroint Disord, NEC	$626,979	506	467	49.82	1.7%	-2.8%	51.25	1.7%	1.4%
Hypertension, Essential	$612,912	1,122	1,122	110.48	3.7%	3.7%	98.84	3.4%	-2.0%
Infec/Inflam - Skin/Subcu Tiss	$599,977	1,884	1,399	185.50	6.3%	4.9%	163.61	5.5%	2.2%
Pregnancy w Vaginal Delivery	$562,182	41	41	4.04	0.1%	23.5%	5.50	0.2%	-13.9%
Arthropathies/Joint Disord NEC	$556,243	983	848	96.79	3.3%	-1.1%	97.80	3.3%	3.2%
Spinal/Back Disord, Low Back	$553,611	643	514	63.31	2.1%	3.8%	87.65	3.0%	1.0%
Musculosk Disord, Congenital	$516,291	62	56	6.10	0.2%	-13.1%	4.74	0.2%	1.4%
Cardiovasc Disord, NEC	$512,495	239	222	23.53	0.8%	0.3%	17.48	0.6%	3.3%
Pregnancy w Cesarean Section	$510,228	25	25	2.46	0.1%	2.4%	2.65	0.1%	-19.0%
Asthma	$485,262	421	399	41.45	1.4%	-3.8%	26.49	0.9%	-0.9%
Pneumonia, Bacterial	$480,647	93	89	9.16	0.3%	-7.6%	11.64	0.4%	-3.8%
Infections - ENT Ex Otitis Med	$468,281	2,169	1,710	213.57	7.2%	-8.4%	204.60	6.9%	-3.0%
Cardiomyopathy	$466,158	38	38	3.74	0.1%	-0.2%	3.19	0.1%	-1.9%
Cardiac Arrhythmias	$442,144	203	163	19.99	0.7%	9.4%	21.84	0.7%	-5.0%

TOP 25 EPISODE GROUPS

	Group						Benchmark		
Episode Summary Group	Paid Amount	Episode Count	Unique Claimants	Episodes Per 1000	Percent of Total Episodes	Episodes Per 1000 Trend	Episodes Per 1000	Percent of Total Episodes	Episodes Per 1000 Trend
Renal Function Failure	$433,425	48	48	4.73	0.2%	-9.0%	7.52	0.3%	1.4%
Subtotal of Top 25 Episodes	**$17,943,876**	**14,617**		**1,439.24**	**48.7%**	**-0.3%**	**1,410.03**	**47.8%**	**0.8%**
All Other Episodes	**$15,797,002**	**15,395**		**1,515.84**	**51.3%**	**-1.9%**	**1,539.10**	**52.2%**	**0.9%**
Total	**$33,740,878**	**30,012**		**2,955.08**	**100.0%**	**-1.1%**	**2,949.13**	**100.0%**	**0.9%**

Fast Facts

1. The leading episode family based upon paid amount is **Prevent/Admin Hlth Encounters**.
2. The top three Episodes/1000 are **Prevent/Admin Hlth Encounters**; **Infections - ENT Ex Otitis Med** and **Infec/Inflam - Skin/Subcu Tiss**.
3. In comparison, the top 3 Episodes/1000 for the Benchmark are **Prevent/Admin Hlth Encounters**; **Infections - ENT Ex Otitis Med** and **Infec/Inflam - Skin/Subcu Tiss**.

Episode: all services related to the condition for a period of time.

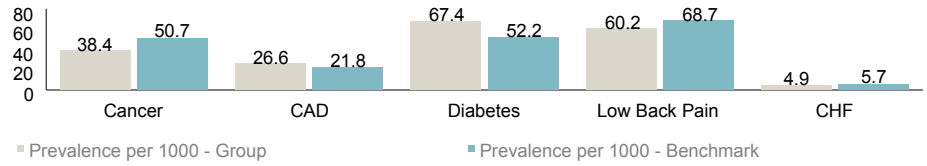
LOCAL 1500 WELFARE FUND-EPO

Current Incurred Period: Jan 2012 - Dec 2012 Paid thru: Mar 2013
Prior Incurred Period: Jan 2011 - Dec 2011 Paid thru: Mar 2013

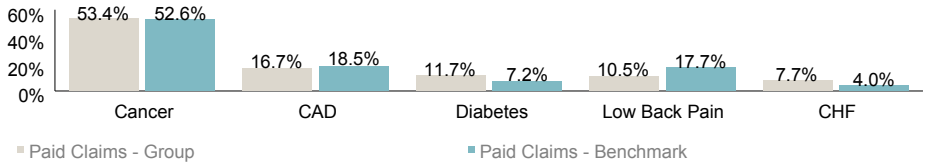
CLINICAL DASHBOARD (INCURRED MEDICAL CLAIMS)

Top Five Chronic Conditions Compared to Benchmark

Prevalence per 1000 for Chronic Conditions

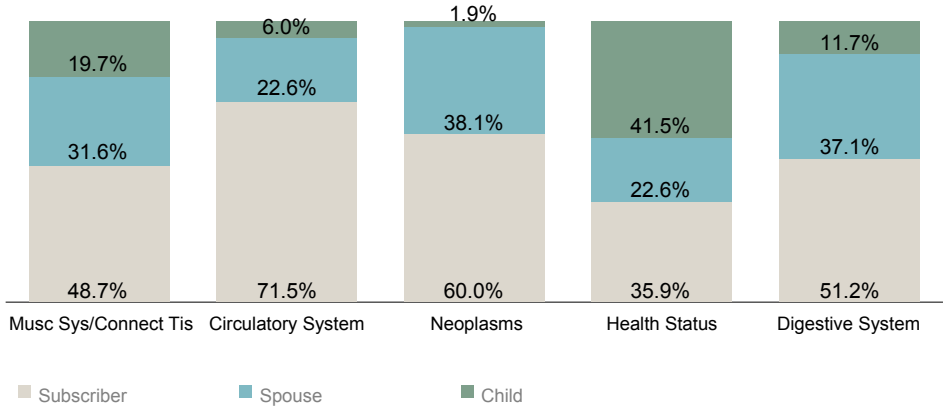


Percent of Claims Paid for Members with Chronic Conditions



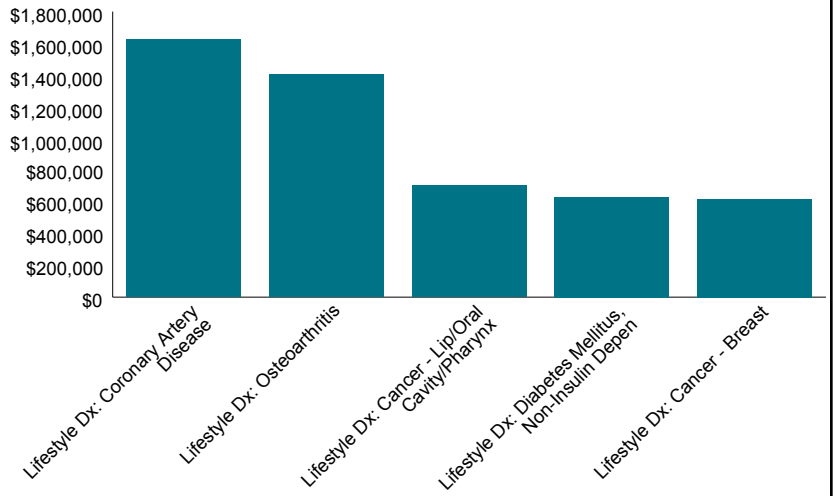
Top Five Health Conditions by Claims Paid and Relationship

Top Health Conditions by Paid Amount and Relationship



Top Five Lifestyle Related Conditions Based on Paid Amount

Lifestyle Paid Claims



Health Risk Index

The Risk Index is based on incurred and paid claims

	Current	Prior	Percent Change
Group	0.99	0.93	6.1%
Benchmark	1.00	1.00	0.0%
Percent Variance from Benchmark	-1.3%	-7.0%	

The WellPoint Health Risk Index is a diagnostic and age/sex adjusted projection of the population's likely level of risk for the period indicated. The Benchmark is presented for comparison. A higher score indicates a higher level of utilization and a higher level of risk.

ENROLLMENT AND DEMOGRAPHICS

Contracts by Month

	Medical															Pharmacy
Contract Type	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Average Current	Average Prior	Trend	Average Current Contracts*
Subscriber	1,657	1,640	1,629	1,610	1,609	1,600	1,585	1,583	1,601	1,580	1,594	1,593	1,607	1,704	-5.7%	
Family	2,753	2,736	2,736	2,719	2,719	2,700	2,682	2,678	2,680	2,631	2,598	2,585	2,685	2,772	-3.1%	
Total Contracts	4,410	4,376	4,365	4,329	4,328	4,300	4,267	4,261	4,281	4,211	4,192	4,178	4,292	4,476	-4.1%	

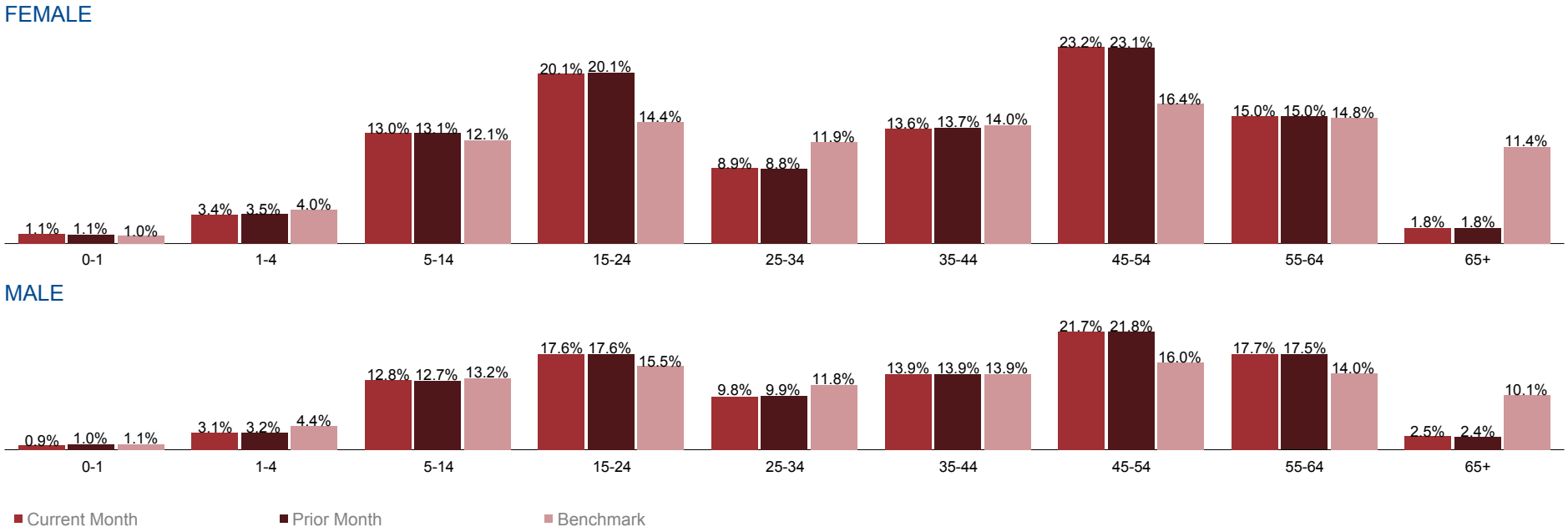
Current Member Months

	Medical																Pharmacy
Contract Type	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Average Current	Average Prior	Trend	Member Months	Current Member Months*
Subscriber	1,676	1,663	1,652	1,633	1,632	1,619	1,604	1,602	1,620	1,598	1,615	1,615	1,627	1,723	-5.6%	19,529	
Family	8,586	8,544	8,536	8,492	8,503	8,457	8,388	8,384	8,394	8,261	8,184	8,144	8,406	8,613	-2.4%	100,873	
Total Members	10,262	10,207	10,188	10,125	10,135	10,076	9,992	9,986	10,014	9,859	9,799	9,759	10,034	10,336	-2.9%	120,402	
Average Members per Contract	2.33	2.33	2.33	2.34	2.34	2.34	2.34	2.34	2.34	2.34	2.34	2.34	2.34	2.31	1.2%		
Benchmark Avg Members per Contract													2.01	1.94	3.6%		

* Results are not shown because the volume of data was not sufficient to ensure reliable results.

ENROLLMENT AND DEMOGRAPHICS

Membership Distribution Compared to Benchmark



Gender, Average Age and Member Count

	Average Age			Percent of Members	
Gender	Subscriber	Member	Member Count	Group	Benchmark
Female	47	35	4,698	46.8%	50.9%
Male	47	36	5,335	53.2%	49.0%
Unassigned			1	0.0%	0.0%
All Genders	**47**	**35**	**10,034**	**100.0%**	**100.0%**

Fast Facts

1. The average number of contracts decreased by **4.1%** from the prior period.
2. The average age of the subscriber is **47.0**, representing a **1.2%** increase when compared to the prior period's average age of **46.4** and is **3.3%** lower than the Benchmark of **48.6**.
3. The average age of a member is **35**, representing a **0.8%** increase when compared to the prior period's average age of **35.2** and is **6.4%** lower than the Benchmark average age of **37.9**.

MEDICAL CHARGES AND PAID AMOUNTS

Network Experience by Setting

Network Status	Charge Submitted	Non Covered Amount	Discount Amount	Member Out of Pocket	Member Sanctions Penalty Amount	Third Party Savings / Medicare	Other	Paid Amount
In-Network	$95,957,055	$4,878,302	$52,717,915	$1,077,902	$82,316	$962,454	($428,975)	$36,667,140
Out-of-Network	$4,408,657	$1,659,627	$975,308	$3,715	$1,140	$87,479	$8,701	$1,672,688
Total	**$100,365,712**	**$6,537,929**	**$53,693,223**	**$1,081,617**	**$83,456**	**$1,049,933**	**($420,274)**	**$38,339,828**

In and Out of Network Comparison

	Current	Prior	Trend	Benchmark	Variance
Discount Percent	57.8%	57.4%	0.7%	54.6%	3.1%
Percent Paid In-Network	95.6%	95.9%	-0.3%	94.1%	1.6%

Fast Facts

1. The percent of Discount Amount is 57.8%. This represents an increase of 0.7% from the prior period.
2. The percentage of benefits paid in-network is 95.6%. This is a decrease over the prior period's percentage of 95.9%.

The claims savings data noted in this report is based on a uniform method of determining network effectiveness, and may vary from group-specific discount or savings calculations.

The claims data used in the upper table and for the calculation of the Percent Paid In Network measure in the lower table include all claims. To more accurately reflect plan discounts, the calculation of the Discount Percent measure in the lower table excludes 3rd Party and Medicare claims.

MEDICAL PAID AMOUNTS AND PLAN SAVINGS

Product: All Medical Including Primary Payor and Third Party/Medicare Claims

							Reductions From Allowed Amount					
Setting	Network Status	Charge Submitted	Non Covered Amount	Covered Expense Amount	Discount Amount	Allowed Amount	Deductible	Coinsurance/ Copayment	Member Sanctions Penalty Amount	Third Party Savings/ Medicare	Other	Paid Amount
Inpatient Facility	In-Network	$29,270,245	$290,499	$28,979,746	$15,490,001	$13,489,745	$0	$0	$16,000	$409,258	($357,761)	$13,422,248
	Out-of-Network	$16,429	$0	$16,429	$0	$16,429	$0	$0	$0	$0	$0	$16,429
Total Inpatient Facility		**$29,286,674**	**$290,499**	**$28,996,175**	**$15,490,001**	**$13,506,174**	**$0**	**$0**	**$16,000**	**$409,258**	**($357,761)**	**$13,438,677**
Outpatient Facility	In-Network	$22,575,047	$2,743,812	$19,831,235	$10,437,747	$9,393,488	$118	$133,544	$14,257	$369,987	($71,552)	$8,947,134
	Out-of-Network	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Outpatient Facility		**$22,575,047**	**$2,743,812**	**$19,831,235**	**$10,437,747**	**$9,393,488**	**$118**	**$133,544**	**$14,257**	**$369,987**	**($71,552)**	**$8,947,134**
Professional	In-Network	$44,111,763	$1,843,991	$42,267,772	$26,790,167	$15,477,605	$0	$944,241	$52,059	$183,210	$338	$14,297,758
	Out-of-Network	$4,392,228	$1,659,627	$2,732,602	$975,308	$1,757,293	$0	$3,715	$1,140	$87,479	$8,701	$1,656,259
Total Professional		**$48,503,991**	**$3,503,618**	**$45,000,373**	**$27,765,475**	**$17,234,898**	**$0**	**$947,955**	**$53,199**	**$270,689**	**$9,039**	**$15,954,017**

							Reductions From Allowed Amount					
Network Status		Charge Submitted	Non Covered Amount	Covered Expense Amount	Discount Amount	Allowed Amount	Deductible	Coinsurance/ Copayment	Member Sanctions Penalty Amount	Third Party Savings/ Medicare	Other	Paid Amount
Total In-Network		$95,957,055	$4,878,302	$91,078,753	$52,717,915	$38,360,838	$118	$1,077,784	$82,316	$962,454	($428,975)	$36,667,140
	Percent of Total	95.6%	74.6%	97.1%	98.2%	95.6%	100.0%	99.7%	98.6%	91.7%	102.1%	95.6%
Total Out-of-Network		$4,408,657	$1,659,627	$2,749,031	$975,308	$1,773,722	$0	$3,715	$1,140	$87,479	$8,701	$1,672,688
	Percent of Total	4.4%	25.4%	2.9%	1.8%	4.4%	0.0%	0.3%	1.4%	8.3%	-2.1%	4.4%
Total Medical		**$100,365,712**	**$6,537,929**	**$93,827,784**	**$53,693,223**	**$40,134,560**	**$118**	**$1,081,499**	**$83,456**	**$1,049,933**	**($420,274)**	**$38,339,828**

Discount Calculation: All Medical Where Employer Plans Are Primary

	Inpatient Facility			Outpatient Facility			Professional			Total Medical		
Network Status	Covered Expense Amount	Discount Amount	Discount Percent	Covered Expense Amount	Discount Amount	Discount Percent	Covered Expense Amount	Discount Amount	Discount Percent	Covered Expense Amount	Discount Amount	Discount Percent
In-Network	$28,488,890	$15,455,309	54.3%	$19,252,568	$10,362,696	53.8%	$41,674,626	$26,411,493	63.4%	$89,416,085	$52,229,498	58.4%
Out-of-Network	$16,429	$0	0.0%	$0	$0		$2,516,238	$894,846	35.6%	$2,532,667	$894,846	35.3%
Total Where WellPoint is Primary	**$28,505,319**	**$15,455,309**	**54.2%**	**$19,252,568**	**$10,362,696**	**53.8%**	**$44,190,864**	**$27,306,339**	**61.8%**	**$91,948,751**	**$53,124,344**	**57.8%**

The claims savings data noted in this report is based on a uniform method of determining network effectiveness, and may vary from group-specific discount or savings calculations.

To be consistent with all other CII reports, it is essential to include all medical claims, including third-party and Medicare claims, in the upper tables. However, to ensure the validity of the discount percentage calculation, only claims where the employer plan is primary are included in the Discount Calculation table.

TOP FIVE HEALTH CONDITIONS FOR HIGH COST CLAIMANTS (> $75K)

Current Period

Primary Health Condition Category	Number of High Cost Claimants	Percent of Total Claimants	Total Paid Medical	HCC Percent of Total Paid for Health Condition Category	Percent Paid in Recent 30 Days	Percent of Subscribers Among HCCs	Percent of HCCs Paid for Subscribers
Neoplasms	27	0.3%	$2,465,064	6.4%	0.2%	20.9%	13.3%
Circulatory System	55	0.7%	$1,899,344	5.0%		38.8%	12.2%
Musc Sys/Connect Tis	42	0.5%	$1,212,026	3.2%		22.4%	1.7%
Health Status	59	0.7%	$752,225	2.0%		40.3%	2.5%
Injury & Poisoning	41	0.5%	$642,454	1.7%		28.4%	4.7%
Subtotal of Top Five Health Condition Categories	**66**	**0.8%**	**$6,971,114**				**34.4%**
All Other HCC	**1**	**0.0%**	**$3,599,775**				**11.6%**
Total of All HCC	**67**	**0.8%**	**$10,570,888**				
All Other Claimants	**8,259**	**99.2%**	**$27,768,940**				
Grand Total	**8,326**	**100.0%**	**$38,339,828**				
HCC Paid - Percent of All Employer Paid				**27.6%**			

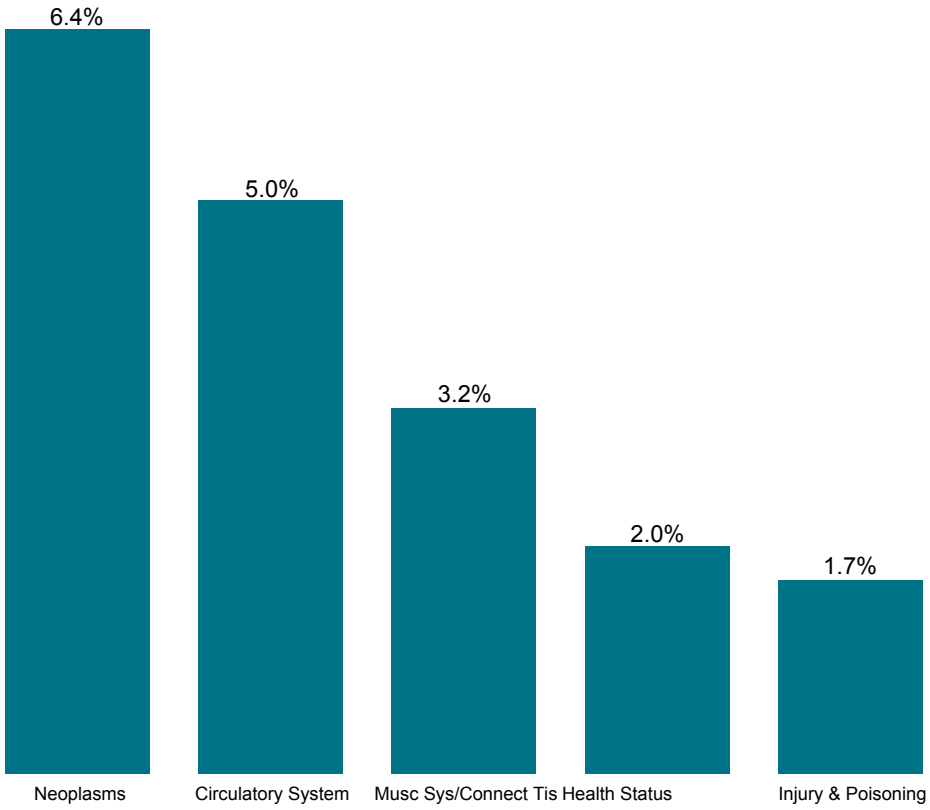
Prior Period

Primary Health Condition Category	Number of High Cost Claimants	Percent of Total Claimants	Total Paid Medical	HCC Percent of Total Paid for Health Condition Category	Percent Paid in Recent 30 Days	Percent of Subscribers Among HCCs	Percent of HCCs Paid for Subscribers
Circulatory System	46	0.5%	$2,660,117	7.5%	0.4%	35.5%	17.4%
Neoplasms	35	0.4%	$2,009,491	5.7%		29.0%	13.5%
Injury & Poisoning	42	0.5%	$985,160	2.8%	0.9%	30.6%	4.4%
Musc Sys/Connect Tis	42	0.5%	$654,220	1.9%	0.0%	27.4%	1.6%
Endo/Nutr/Mtblc/Imm	40	0.5%	$610,770	1.7%		33.9%	0.7%
Subtotal of Top Five Health Condition Categories	**61**	**0.7%**	**$6,919,757**				**37.5%**
All Other HCC	**1**	**0.0%**	**$2,636,590**				**8.7%**
Total of All HCC	**62**	**0.7%**	**$9,556,348**				
All Other Claimants	**8,401**	**99.3%**	**$25,731,177**				
Grand Total	**8,463**	**100.0%**	**$35,287,524**				
HCC Paid - Percent of All Employer Paid				**27.1%**			

TOP FIVE HEALTH CONDITIONS FOR HIGH COST CLAIMANTS (> $75K)

Current Period

Top Health Condition Categories for HCC's and Percent Share of Total Paid Category



Fast Facts

1. The percentage of claimants with claims paid greater than $75,000 increased from 0.7% to 0.8% driving 27.6% of the total claims paid, and is a 9.8% increase from the prior period paid claims.
2. Of the High Cost Claimants, 47.8% were Subscribers, with total claims paid $4,863,065 representing 46.0% of total paid for High Cost Claimants and 27.6% of total paid under the medical plan.

LOCAL 1500 WELFARE FUND-EPO

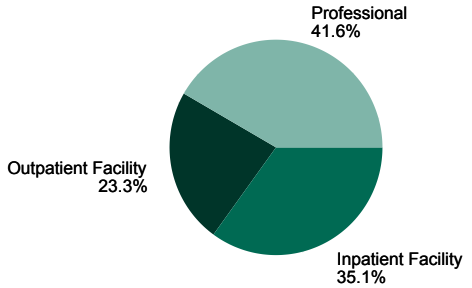
Current Period (CP): Apr 2012 - Mar 2013
Prior Period (PP): Apr 2011 - Mar 2012

UTILIZATION BY SETTING

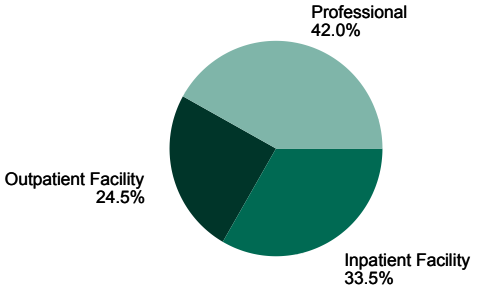
Utilization Breakdown

	Group			Benchmark		
	Current	Prior	Trend	Current	Prior	Trend
Utilization						
Inpatient Facility Acute Admits per 1000	71.8	66.8	7.5%	70.0	72.7	-3.6%
Inpatient Facility Acute Days per 1000	338.4	356.1	-5.0%	315.3	328.6	-4.0%
Inpatient Facility Acute Average LOS	4.72	5.33	-11.6%	4.50	4.52	-0.5%
Outpatient Facility Visits per 1000	777.6	766.5	1.4%	1,151.3	1,176.5	-2.1%
Professional Services per 1000	22,782.4	22,556.5	1.0%	18,229.6	18,158.6	0.4%
Average Paid Amount						
Inpatient Facility Acute Admit	$18,230	$16,624	9.7%	$12,702		
Outpatient Facility Visit	$1,147	$1,092	5.0%	$808		
Professional Service	$70	$64	9.7%	$58		

Percent of Paid Amount-Current



Percent of Paid Amount-Prior



* Pharmacy results are not shown because the volume of data was not sufficient to ensure reliable results.

Fast Facts

1. For the current period, Inpatient Facility Acute Admits per 1000 trend is 7.5%. The utilization is -2.5% higher than the Benchmark.
2. For the current period, Inpatient Facility Acute Days per 1000 trend is -5.0%. The utilization is -7.3% higher than the Benchmark.

UTILIZATION BY TOP 25 FACILITY PROVIDERS

Product: All Medical

Inpatient Facility In-Network Provider Name and Location	Unique Claimants	Paid Amount In-Network	Paid Amount Per Claimant	Percent of Total In-Network	Percent Paid In Network
STONY BROOK UNIV HOSPITAL - STONY BROOK, NY	37	$1,837,084	$49,651	13.7%	100.0%
NORTH SHORE HOSP AT MANHASSET - MANHASSET, NY	27	$733,075	$27,151	5.5%	100.0%
SI UNIVERSITY HOSP ACUTE ATT PATIENT ACCOUNTS DEPT - STATEN ISLAND, NY	25	$672,864	$26,915	5.0%	100.0%
MONTEFIORE MEDICAL CENTER - BRONX, NY	22	$664,548	$30,207	5.0%	100.0%
WINTHROP - UNIVERSITY HOSPITAL - MINEOLA, NY	23	$600,631	$26,114	4.5%	100.0%
SOUTHSIDE HOSPITAL - BAY SHORE, NY	22	$542,309	$24,650	4.0%	100.0%
THE STEVEN AND ALEXANDRA COHEN CHILDREN MED CTR NY - NEW HYDE PARK, NY	5	$495,230	$99,046	3.7%	100.0%
ITS MEMBER OTHER PLAN	30	$473,742	$15,791	3.5%	100.0%
GOOD SAMARITAN HOSPITAL WEST ISLIP - WEST ISLIP, NY	21	$405,578	$19,313	3.0%	100.0%
NY HOSPITAL WEILL CORNELL - NEW YORK, NY	11	$380,396	$34,581	2.8%	100.0%
HUNTINGTON HOSPITAL - HUNTINGTON, NY	13	$367,118	$28,240	2.7%	100.0%
VASSAR BROTHERS MED CTR - POUGHKEEPSIE, NY	17	$324,231	$19,072	2.4%	100.0%
SAINT CHARLES HOSPITAL & REHAB CENTER - PORT JEFFERSON, NY	18	$312,338	$17,352	2.3%	100.0%
JOHN T. MATHER MEMORIAL HOSPITAL - PORT JEFFERSON, NY	20	$300,933	$15,047	2.2%	100.0%
NYU HOSPITALS CTR TISCH - NEW YORK, NY	4	$252,599	$63,150	1.9%	100.0%
LI JEWISH MEDICAL CENTER - NEW HYDE PARK, NY	16	$247,016	$15,438	1.8%	100.0%
BROOKHAVEN MEMORIAL HOSP - PATCHOGUE, NY	16	$240,228	$15,014	1.8%	100.0%
MOUNT SINAI HOSPITAL - NEW YORK, NY	12	$228,894	$19,074	1.7%	100.0%
NYU HOSPITAL CENTER HJD - NEW YORK, NY	2	$175,200	$87,600	1.3%	100.0%
LENOX HILL HOSPITAL - NEW YORK, NY	5	$163,811	$32,762	1.2%	100.0%
PECONIC BAY MEDICAL CENTER - RIVERHEAD, NY	9	$149,911	$16,657	1.1%	100.0%
PLAINVIEW HOSPITAL - PLAINVIEW, NY	15	$148,801	$9,920	1.1%	100.0%
MEMORIAL SLOAN-KETTERING CANCER CENTER - NEW YORK, NY	3	$140,280	$46,760	1.0%	100.0%
ST LUKES ROOSEVELT HOSP - NEW YORK, NY	5	$130,414	$26,083	1.0%	100.0%
NEW YORK METHODIST HOSP - BROOKLYN, NY	12	$128,276	$10,690	1.0%	100.0%
All Other Providers	216	$3,306,741	$15,309	24.6%	99.5%
Total Inpatient Facility In-Network	**590**	**$13,422,248**	**$22,750**	**100.0%**	**99.9%**

UTILIZATION BY TOP 25 FACILITY PROVIDERS

Inpatient Facility Out-of-Network Provider Name and Location	Unique Claimants	Paid Amount Out-of-Network	Paid Amount Per Claimant	Percent of Total Out-of-Network	Percent Paid In Network
NASSAU UNIVERSITY MEDICAL - EAST MEADOW, NY	1	$16,429	$16,429	100.0%	66.1%
JOHN T. MATHER MEMORIAL HOSPITAL - PORT JEFFERSON, NY	1	$0	$0	0.0%	
NESCONSET NURSING CENTER - NESCONSET, NY	1	$0	$0	0.0%	
All Other Providers	0	$0	--	0.0%	
Total Inpatient Facility Out of Network	**3**	**$16,429**	**$5,476**	**100.0%**	**99.9%**
Total Inpatient Facility	**590**	**$13,438,677**	**$22,777**	**100.0%**	**99.9%**

UTILIZATION BY TOP 25 FACILITY PROVIDERS

Outpatient Facility In-Network Provider Name and Location	Unique Claimants	Visits	Paid Amount In-Network	Paid Amount Per Claimant	Percent of Total In-Network	Percent Paid In Network
ITS MEMBER OTHER PLAN	233	484	$1,103,421	$4,736	12.3%	100.0%
STONY BROOK UNIV HOSPITAL - STONY BROOK, NY	221	577	$685,017	$3,100	7.7%	100.0%
GOOD SAMARITAN HOSPITAL WEST ISLIP - WEST ISLIP, NY	142	247	$421,224	$2,966	4.7%	100.0%
JOHN T. MATHER MEMORIAL HOSPITAL - PORT JEFFERSON, NY	119	206	$318,419	$2,676	3.6%	100.0%
NORTH SHORE HOSP AT MANHASSET - MANHASSET, NY	138	258	$296,921	$2,152	3.3%	100.0%
SI UNIVERSITY HOSP ACUTE ATT PATIENT ACCOUNTS DEPT - STATEN ISLAND, NY	138	270	$260,060	$1,884	2.9%	100.0%
MEMORIAL SLOAN-KETTERING CANCER CENTER - NEW YORK, NY	30	187	$237,722	$7,924	2.7%	100.0%
WINTHROP - UNIVERSITY HOSPITAL - MINEOLA, NY	58	110	$237,340	$4,092	2.7%	100.0%
MONTEFIORE MEDICAL CENTER - BRONX, NY	177	375	$221,066	$1,249	2.5%	100.0%
MOUNT SINAI HOSPITAL - NEW YORK, NY	87	230	$214,132	$2,461	2.4%	100.0%
LI JEWISH MEDICAL CENTER - NEW HYDE PARK, NY	92	191	$208,241	$2,263	2.3%	100.0%
BROOKHAVEN MEMORIAL HOSP - PATCHOGUE, NY	119	183	$203,080	$1,707	2.3%	100.0%
SOUTHSIDE HOSPITAL - BAY SHORE, NY	79	138	$191,256	$2,421	2.1%	100.0%
VASSAR BROTHERS MED CTR - POUGHKEEPSIE, NY	82	139	$181,636	$2,215	2.0%	100.0%
ST FRANCIS HOSPITAL - ROSLYN, NY	51	103	$162,499	$3,186	1.8%	100.0%
SAINT CHARLES HOSPITAL & REHAB CENTER - PORT JEFFERSON, NY	81	138	$160,149	$1,977	1.8%	100.0%
WHITE PLAINS HOSP CENTER - WHITE PLAINS, NY	83	170	$159,030	$1,916	1.8%	100.0%
TRUDE WEISHAUPT MEMORIAL SATELLITE DIALYSIS CTR - FRESH MEADOWS, NY	1	12	$154,736	$154,736	1.7%	100.0%
ST. JOHNS RIVERSIDE HOSPITAL - YONKERS, NY	72	143	$131,993	$1,833	1.5%	100.0%
NEW YORK METHODIST HOSP - BROOKLYN, NY	57	139	$130,484	$2,289	1.5%	100.0%
NYU HOSPITALS CTR TISCH - NEW YORK, NY	24	36	$118,567	$4,940	1.3%	100.0%
LAWRENCE HOSPITAL CENTER - BRONXVILLE, NY	61	97	$111,027	$1,820	1.2%	100.0%
NORTHERN WESTCHESTER HOSPITAL CT - MOUNT KISCO, NY	52	114	$110,207	$2,119	1.2%	100.0%
HACKENSACK UNIVERSITY MEDICAL CENTER - HACKENSACK, NJ	1	1	$106,478	$106,478	1.2%	100.0%
PECONIC BAY MEDICAL CENTER - RIVERHEAD, NY	46	83	$101,613	$2,209	1.1%	100.0%
All Other Providers	1,149	3,171	$2,720,817	$2,368	30.4%	100.0%
Total Outpatient Facility In-Network	**3,133**	**7,802**	**$8,947,134**	**$2,856**	**100.0%**	**100.0%**

UTILIZATION BY TOP 25 FACILITY PROVIDERS

Outpatient Facility Out-of-Network Provider Name and Location	Unique Claimants	Visits	Paid Amount Out-of-Network	Paid Amount Per Claimant
BROOKHAVEN MEMORIAL HOSP - PATCHOGUE, NY	3	3	$0	$0
HOSPITAL FOR SPECIAL SURGERY - NEW YORK, NY	2	2	$0	$0
KESSLER INSTITUTE FOR REHABILITATION - WEST ORANGE, NJ	1	1	$0	$0
KINGSTON HOSPITAL - KINGSTON, NY	1	1	$0	$0
MEMORIAL SLOAN-KETTERING CANCER CENTER - NEW YORK, NY	2	5	$0	$0
MONTEFIORE MEDICAL CENTER - BRONX, NY	1	1	$0	$0
NORTHPORT VAMC - NORTHPORT, NY	1	1	$0	$0
NYU HOSPITAL CENTER HJD - NEW YORK, NY	1	1	$0	$0
PECONIC BAY MEDICAL CENTER - RIVERHEAD, NY	1	1	$0	$0
PHELPS MEMORIAL HOSP CTR - TARRYTOWN, NY	1	1	$0	$0
SI UNIVERSITY HOSP ACUTE ATT PATIENT ACCOUNTS DEPT - STATEN ISLAND, NY	1	1	$0	$0
SOUND SHORE MEDICAL CENTER - NEW ROCHELLE, NY	1	2	$0	$0
SOUTHSIDE HOSPITAL - BAY SHORE, NY	1	1	$0	$0
ST FRANCIS HOSPITAL - ROSLYN, NY	1	1	$0	$0
STONY BROOK UNIV HOSPITAL - STONY BROOK, NY	6	7	$0	$0
UNIVERSITY HOSP OF BKLYN DBA SUNY DOWNSTATE MEDICA - BROOKLYN, NY	1	1	$0	$0
All Other Providers	0	0	$0	--
Total Outpatient Facility Out of Network	**25**	**30**	**$0**	**$0**
Total Outpatient Facility	**3,133**	**7,802**	**$8,947,134**	**$2,856**	**100.0%**	**100.0%**
Total Facility			**$22,385,811**	**$6,013**	**100.0%**	**99.9%**

FINANCIAL AND UTILIZATION DASHBOARD (PAID CLAIMS)

Medical Paid Amount Summary

	Current	Prior	Trend	Prior Trend
Medical				
Paid Amount	$38,339,828	$35,287,524		
Paid PMPM	$318.43	$284.50	11.9%	11.1%

Results are not shown because the current period average pharmacy membership is 0, which is less than the threshold of 30.

High Cost Claimants with Paid Amounts > $75,000

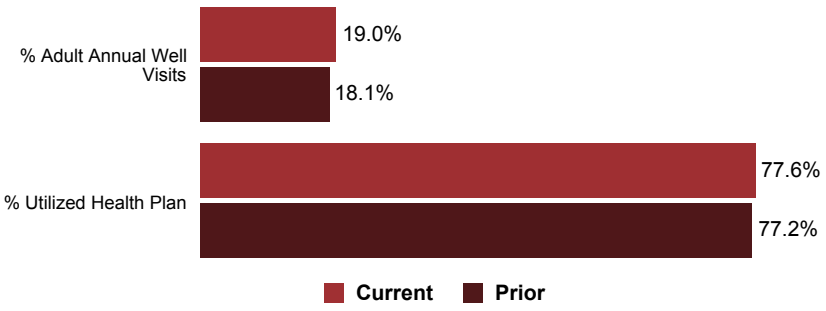
High Cost Claimant (HCC) Summary	Current	Prior	Trend	Benchmark	Percent Paid In Network
Total Paid Amount	$38,339,828	$35,287,524			95.6%
Total HCC Paid Amount	$10,570,888	$9,556,348			96.9%
Total HCC Paid Amount w/o Rx	$10,570,888	$9,556,348			96.9%
HCC Paid Amount as % of Total Paid Amount	27.6%	27.1%	1.8%	24.6%	
Number of HCC Members > $75K	67	62			
HCC Members as Percent of Total Members	0.6%	0.6%	10.5%	0.4%	

High Cost Claimant (HCC) Detail	Current	Prior	Trend	Benchmark
Medical PMPM - HCC	$87.80	$77.05	14.0%	$63.49
Medical PEPM - HCC	$205.27	$177.92	15.4%	$127.51
Medical PMPM - Non-HCC	$230.64	$207.45	11.2%	$179.67
Medical PEPM - Non-HCC	$539.22	$479.08	12.6%	$360.83

Note: High Cost Claimants are defined as those claimants with more than $75,000 in paid amount during the report period.
Results are not shown because the current period average pharmacy membership is 0, which is less than the threshold of 30.

Benefit Utilization Indicators

Key Indicators

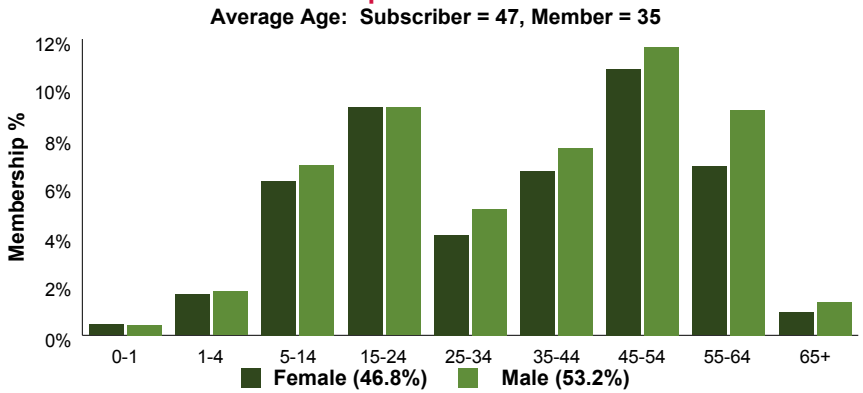


Pharmacy Highlights

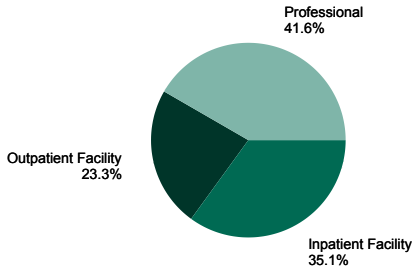
Results are not shown because the current period average pharmacy membership is 0, which is less than the threshold of 30.

FINANCIAL AND UTILIZATION DASHBOARD (PAID CLAIMS)

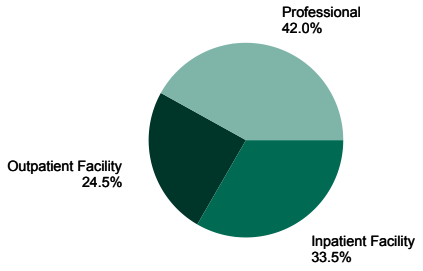
Medical Membership Overview



Paid Amount By Setting



Percent of Paid Amount - Current

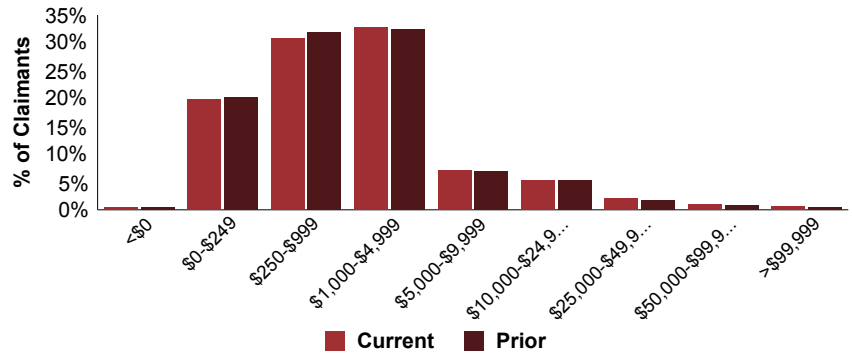


Percent of Paid Amount - Prior

Average Medical Paid Per Claimant	Current	Prior
Female	$4,607	$4,084
Male	$4,602	$4,257

Period	Med and Rx Subscribers	Contract Size	Med and Rx Members	Member Trend
Current	4,292	2.34	10,034	-2.9%
Prior	4,476	2.31	10,336	-0.9%

Paid Claims Distribution



Based on medical and pharmacy where applicable.

Utilization Breakdown

	Group			Benchmark		
Utilization	**Current**	**Prior**	**Trend**	**Current**	**Prior**	**Trend**
Inpatient Facility Acute Admits per 1000	71.8	66.8	7.5%	70.0	72.7	-3.6%
Inpatient Facility Acute Days per 1000	338.4	356.1	-5.0%	315.3	328.6	-4.0%
Inpatient Facility Acute Average LOS	4.72	5.33	-11.6%	4.50	4.52	-0.5%
Outpatient Facility Visits per 1000	777.6	766.5	1.4%	1,151.3	1,176.5	-2.1%
Professional Services per 1000	22,782.4	22,556.5	1.0%	18,229.6	18,158.6	0.4%
Average Paid Amount						
Inpatient Facility Acute Admit	$18,230	$16,624	9.7%	$12,702		
Outpatient Facility Visit	$1,147	$1,092	5.0%	$808		
Professional Service	$70	$64	9.7%	$58		