Executive Summary

Executive Summary

LOCAL 1500 WELFARE FUND

FULL TIME EMPLOYEES

All Selected Groups

January 2011 through December 2011

Pharmacy Benefit Reports

Fast Facts

LOCAL 1500 WELFARE FUND
FULL TIME EMPLOYEES

January 2011 through December 2011

All Pharmacies

Executive Summary

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

Cost Information

Ingredient Cost	$8,616,628.45
Dispensing Fee	$122,666.22
Tax	$0.22
Total Rx Cost	$8,721,319.21
Copays	($856,522.12)
Total Net Plan Cost	$7,864,797.09

Member Information

Total Average Members	10,327
Net Plan Cost Per Member	$761.60
Number of Paid Claims	82,835
Average Cost Per Claim	$94.95
Monthly Utilization Factor	0.67
PMPM	$63.47
Generic Utilization Rate	68%

Pharmacy Information

MAIL	
Net Plan Cost	$1,565,829.39
Total Claims	5,591
Average Cost Per Claim	$280.06
RETAIL	
Net Plan Cost	$6,316,943.38
Total Claims	77,244
Average Cost Per Claim	$81.78

Brand and Generic Claims Analysis

LOCAL 1500 WELFARE FUND
FULL TIME EMPLOYEES

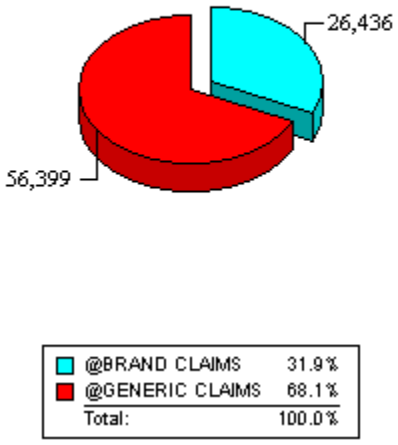
January 2011 through December 2011

All Pharmacies
Executive Summary

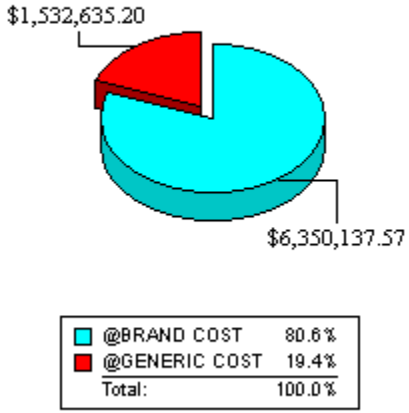
Customer ID: LCL1500 **Client ID: LCLF** **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Brand	10,327	26,436	0.21	$ 6,350,137.57	$ 240.21	$ 51.24	$ 6,898,782.54	$ 36,735.15	$ 0.00	$ 585,380.12
Generic	10,327	56,399	0.46	$ 1,532,635.20	$ 27.17	$ 12.37	$ 1,717,845.91	$ 85,931.07	$ 0.22	$ 271,142.00
	10,327	**82,835**	**0.67**	**$7,864,797.09**	**$94.95**	**$63.47**	**$8,616,628.45**	**$122,666.22**	**$0.22**	**$856,522.12**

Number of Claims



Total Plan Cost



Mail and Retail Claims Analysis

LOCAL 1500 WELFARE FUND
FULL TIME EMPLOYEES

January 2011 through December 2011

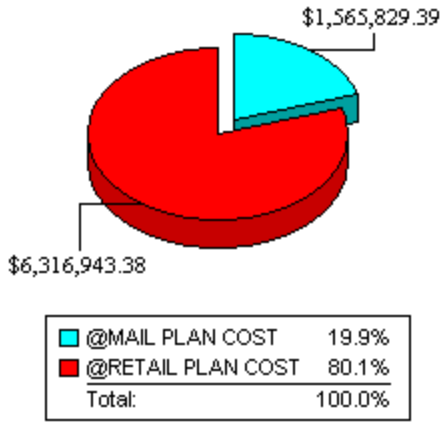
All Pharmacies

Executive Summary

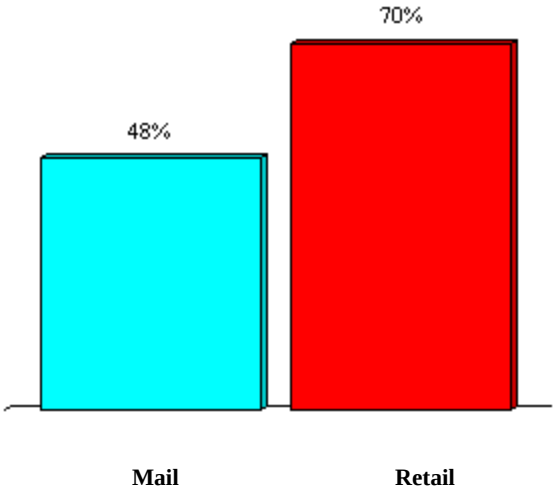
Customer ID: LCL1500 **Client ID: LCLF** **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Mail Order										
Brand	10,327	2,908	0.02	$ 1,358,780.38	$ 467.26	$ 10.96	$ 1,395,330.61	$ 7.50	$ 0.00	$ 36,557.73
Generic	10,327	2,683	0.02	$ 207,049.01	$ 77.17	$ 1.67	$ 218,586.86	$ 0.00	$ 0.00	$ 11,537.85
Total	**10,327**	**5,591**	**0.05**	**$ 1,565,829.39**	**$ 280.06**	**$ 12.64**	**$ 1,613,917.47**	**$ 7.50**	**$ 0.00**	**$ 48,095.58**
Retail										
Brand	10,327	23,528	0.19	$ 4,991,357.19	$ 212.15	$ 40.28	$ 5,503,451.93	$ 36,727.65	$ 0.00	$ 548,822.39
Generic	10,327	53,716	0.43	$ 1,325,586.19	$ 24.68	$ 10.70	$ 1,499,259.05	$ 85,931.07	$ 0.22	$ 259,604.15
Total	**10,327**	**77,244**	**0.62**	**$ 6,316,943.38**	**$ 81.78**	**$ 50.98**	**$ 7,002,710.98**	**$ 122,658.72**	**$ 0.22**	**$ 808,426.54**

Mail and Retail Utilization ($)



Generic Utilization (Number of Claims)



Family Unit Claims Analysis

LOCAL 1500 WELFARE FUND
FULL TIME EMPLOYEES

January 2011 through December 2011

All Pharmacies

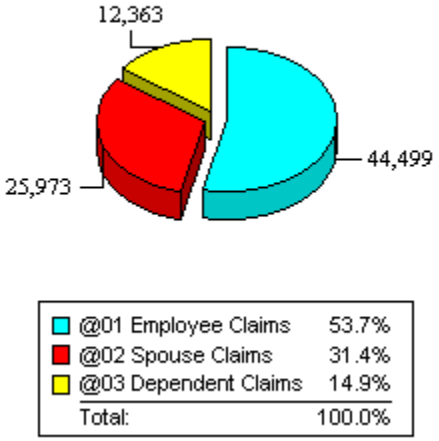
Executive Summary

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

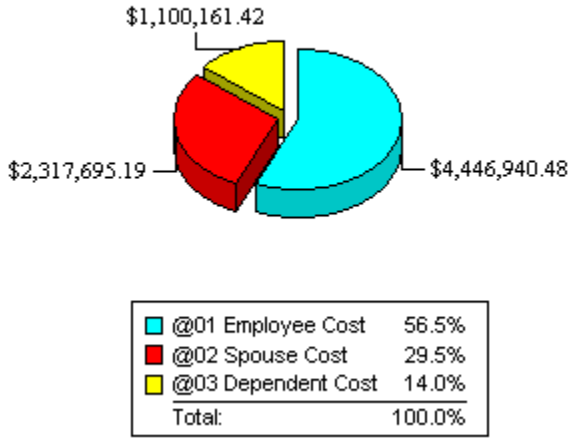
	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PEPM
Per Employee	4,502	82,835	1.53	$ 7,864,797.09	$ 94.95	$ 145.57

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM
Employees (01)	4,502	44,499	0.82	$ 4,446,940.48	$ 99.93	$ 82.31
Spouses (02)	2,273	25,973	0.95	$ 2,317,695.19	$ 89.23	$ 84.98
Dependents (03)	3,552	12,363	0.29	$ 1,100,161.42	$ 88.99	$ 25.81
Totals	10,327	82,835	0.67	$ 7,864,797.09	$ 94.95	$ 63.47

Number of Claims



Total Plan Cost



Maintenance Drug Analysis

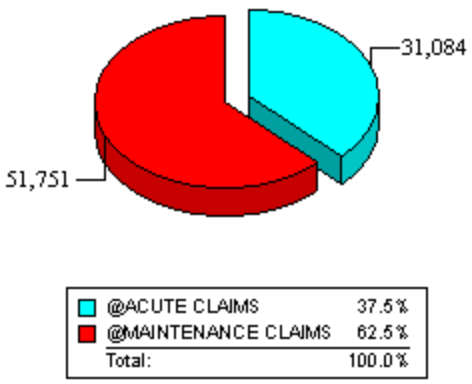
LOCAL 1500 WELFARE FUND
FULL TIME EMPLOYEES

January 2011 through December 2011
All Pharmacies
Executive Summary

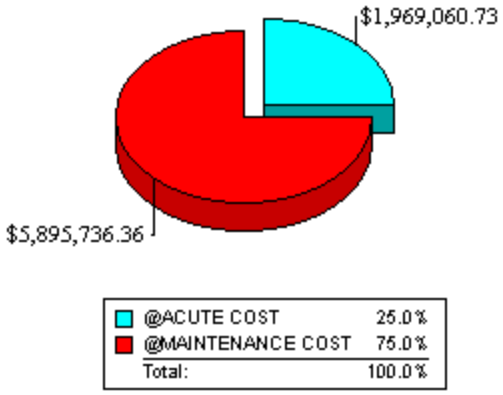
Customer ID: LCL1500 **Client ID: LCLF** **Group ID: All Selected Groups**

Pharmacy Type	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PM/PM
ACUTE						
Mail	10,327	303	0.00	$ 76,087.89	$ 251.12	**$ 0.61**
Retail	10,327	30,781	0.25	$ 1,892,972.84	$ 61.50	**$ 15.28**
Totals	**10,327**	**31,084**	**0.25**	**$ 1,969,060.73**	**$ 63.35**	**$ 15.89**
MAINTENANCE						
Mail	10,327	5,288	0.04	$ 1,489,741.50	$ 281.72	**$ 12.02**
Retail	10,327	46,463	0.37	$ 4,405,994.86	$ 94.83	**$ 35.56**
Totals	**10,327**	**51,751**	**0.42**	**$ 5,895,736.36**	**$ 113.93**	**$ 47.58**

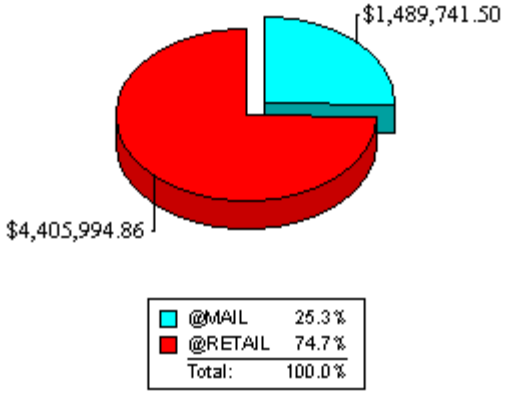
Number of Claims



Total Plan Cost



Maintenance Utilization Costs



Executive Summary

Executive Summary

LOCAL 1500 WELFARE FUND

PART TIME EMPLOYEES

All Selected Groups

January 2011 through December 2011

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LOCAL 1500 WELFARE FUND
PART TIME EMPLOYEES

January 2011 through December 2011

All Pharmacies

Executive Summary

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

Cost Information

Ingredient Cost	**$2,261,380.51**
Dispensing Fee	**$66,412.80**
Tax	**$0.00**
Total Rx Cost	**$2,252,892.72**
Copays	**($433,019.48)**
Total Net Plan Cost	**$1,819,873.24**

Member Information

Total Average Members	**11,567**
Net Plan Cost Per Member	**$157.33**
Number of Paid Claims	**41,664**
Average Cost Per Claim	**$43.68**
Monthly Utilization Factor	**0.30**
PMPM	**$13.11**
Generic Utilization Rate	**76%**

Pharmacy Information

MAIL	
Net Plan Cost	**$194,202.57**
Total Claims	**1,093**
Average Cost Per Claim	**$177.68**
RETAIL	
Net Plan Cost	**$1,700,571.26**
Total Claims	**40,571**
Average Cost Per Claim	**$41.92**

Brand and Generic Claims Analysis

LOCAL 1500 WELFARE FUND
PART TIME EMPLOYEES

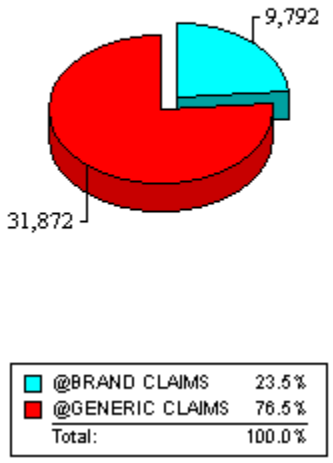
January 2011 through December 2011

All Pharmacies
Executive Summary

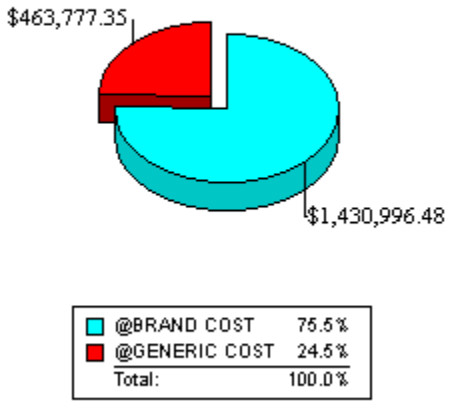
Customer ID: LCL1500 **Client ID: LCLP** **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Brand	11,567	9,792	0.07	$ 1,430,996.48	$ 146.14	$ 10.31	$ 1,732,747.94	$ 14,712.55	$ 0.00	$ 316,464.01
Generic	11,567	31,872	0.23	$ 463,777.35	$ 14.55	$ 3.34	$ 528,632.57	$ 51,700.25	$ 0.00	$ 116,555.47
	11,567	**41,664**	**0.30**	**$1,819,873.24**	**$43.68**	**$13.11**	**$2,261,380.51**	**$66,412.80**	**$0.00**	**$433,019.48**

Number of Claims



Total Plan Cost



Mail and Retail Claims Analysis

LOCAL 1500 WELFARE FUND
PART TIME EMPLOYEES

January 2011 through December 2011

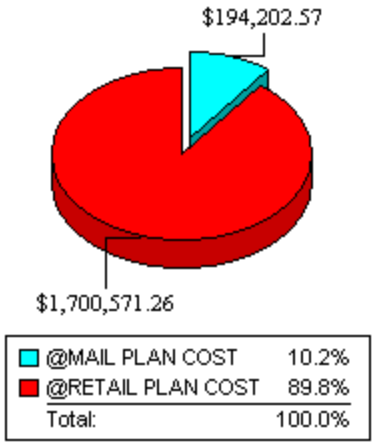
All Pharmacies

Executive Summary

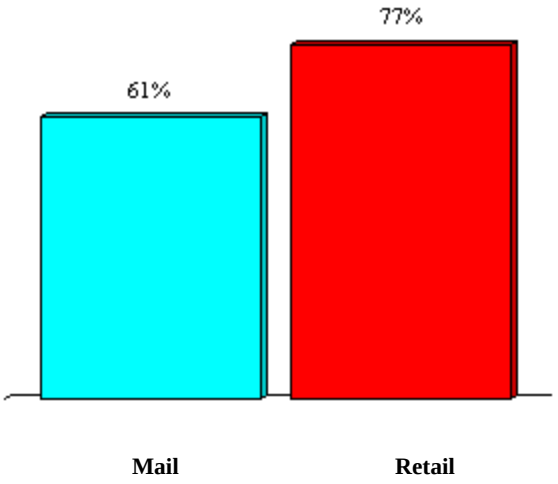
Customer ID: LCL1500 **Client ID: LCLP** **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Mail Order										
Brand	11,567	421	0.00	$ 154,612.32	$ 367.25	$ 1.11	$ 162,826.26	$ 0.00	$ 0.00	$ 8,213.94
Generic	11,567	672	0.00	$ 39,590.25	$ 58.91	$ 0.29	$ 43,496.72	$ 0.00	$ 0.00	$ 3,906.47
Total	**11,567**	**1,093**	**0.01**	**$ 194,202.57**	**$ 177.68**	**$ 1.40**	**$ 206,322.98**	**$ 0.00**	**$ 0.00**	**$ 12,120.41**
Retail										
Brand	11,567	9,371	0.07	$ 1,276,384.16	$ 136.21	$ 9.20	$ 1,569,921.68	$ 14,712.55	$ 0.00	$ 308,250.07
Generic	11,567	31,200	0.22	$ 424,187.10	$ 13.60	$ 3.06	$ 485,135.85	$ 51,700.25	$ 0.00	$ 112,649.00
Total	**11,567**	**40,571**	**0.29**	**$ 1,700,571.26**	**$ 41.92**	**$ 12.25**	**$ 2,055,057.53**	**$ 66,412.80**	**$ 0.00**	**$ 420,899.07**

Mail and Retail Utilization ($)



Generic Utilization (Number of Claims)



Family Unit Claims Analysis

LOCAL 1500 WELFARE FUND
PART TIME EMPLOYEES

January 2011 through December 2011

All Pharmacies

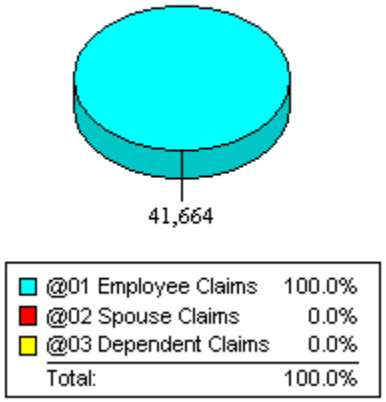
Executive Summary

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

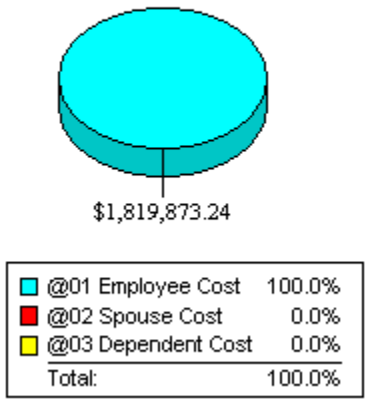
	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PEPM
Per Employee	11,567	41,664	0.30	$ 1,819,873.24	$ 43.68	$ 13.11

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM
Employees (01)	11,567	41,664	0.30	$ 1,819,873.24	$ 43.68	$ 13.11
Spouses (02)	0	0	0.00	$ 0.00	$ 0.00	$ 0.00
Dependents (03)	0	0	0.00	$ 0.00	$ 0.00	$ 0.00
Totals	11,567	41,664	0.30	$ 1,819,873.24	$ 43.68	$ 13.11

Number of Claims



Total Plan Cost



Maintenance Drug Analysis

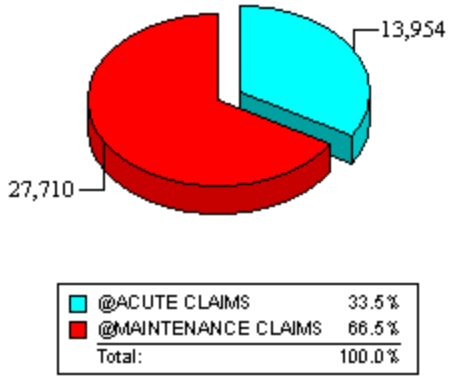
LOCAL 1500 WELFARE FUND
PART TIME EMPLOYEES

January 2011 through December 2011
All Pharmacies
Executive Summary

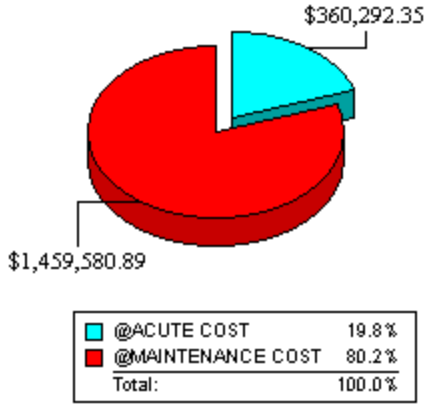
Customer ID: LCL1500 | **Client ID: LCLP** | **Group ID: All Selected Groups**

Pharmacy Type	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PM/PM
ACUTE						
Mail	11,567	49	0.00	$ 6,505.53	$ 132.77	**$ 0.05**
Retail	11,567	13,905	0.10	$ 353,786.82	$ 25.44	**$ 2.55**
Totals	**11,567**	**13,954**	**0.10**	**$ 360,292.35**	**$ 25.82**	**$ 2.60**
MAINTENANCE						
Mail	11,567	1,044	0.01	$ 187,697.04	$ 179.79	**$ 1.35**
Retail	11,567	26,666	0.19	$ 1,271,883.85	$ 47.70	**$ 9.16**
Totals	**11,567**	**27,710**	**0.20**	**$ 1,459,580.89**	**$ 52.67**	**$ 10.52**

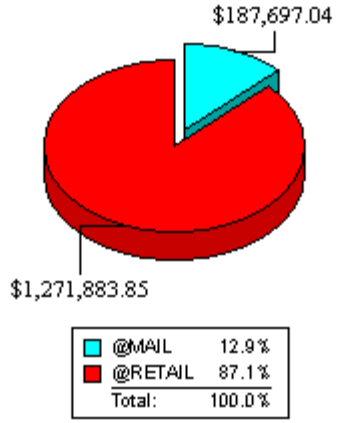
Number of Claims



Total Plan Cost



Maintenance Utilization Costs



Executive Summary

Executive Summary

LOCAL 1500 WELFARE FUND

SPECIAL PART TIMERS

All Selected Groups

January 2011 through December 2011

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LOCAL 1500 WELFARE FUND
SPECIAL PART TIMERS

January 2011 through December 2011

All Pharmacies

Executive Summary

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

Cost Information

Ingredient Cost	$1,122,460.11
Dispensing Fee	$28,017.12
Tax	$0.00
Total Rx Cost	$1,140,790.36
Copays	($229,241.80)
Total Net Plan Cost	$911,548.56

Member Information

Total Average Members	2,144
Net Plan Cost Per Member	$425.10
Number of Paid Claims	18,227
Average Cost Per Claim	$50.01
Monthly Utilization Factor	0.71
PMPM	$35.42
Generic Utilization Rate	75%

Pharmacy Information

MAIL	
Net Plan Cost	$85,404.58
Total Claims	459
Average Cost Per Claim	$186.07
RETAIL	
Net Plan Cost	$835,830.85
Total Claims	17,768
Average Cost Per Claim	$47.04

Brand and Generic Claims Analysis

LOCAL 1500 WELFARE FUND
SPECIAL PART TIMERS

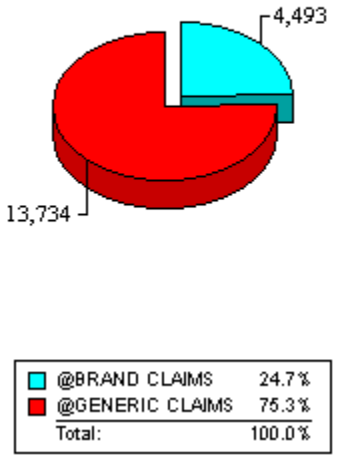
January 2011 through December 2011

All Pharmacies
Executive Summary

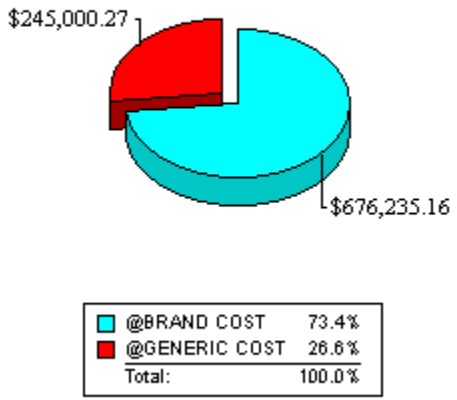
Customer ID: LCL1500 **Client ID: LCLSPT** **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Brand	2,144	4,493	0.17	$ 676,235.16	$ 150.51	$ 26.28	$ 840,601.75	$ 6,640.40	$ 0.00	$ 171,006.99
Generic	2,144	13,734	0.53	$ 245,000.27	$ 17.84	$ 9.52	$ 281,858.36	$ 21,376.72	$ 0.00	$ 58,234.81
	2,144	**18,227**	**0.71**	**$911,548.56**	**$50.01**	**$35.42**	**$1,122,460.11**	**$28,017.12**	**$0.00**	**$229,241.80**

Number of Claims



Total Plan Cost



Mail and Retail Claims Analysis

LOCAL 1500 WELFARE FUND
SPECIAL PART TIMERS

January 2011 through December 2011

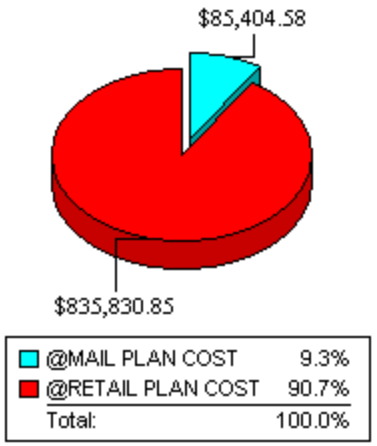
All Pharmacies

Executive Summary

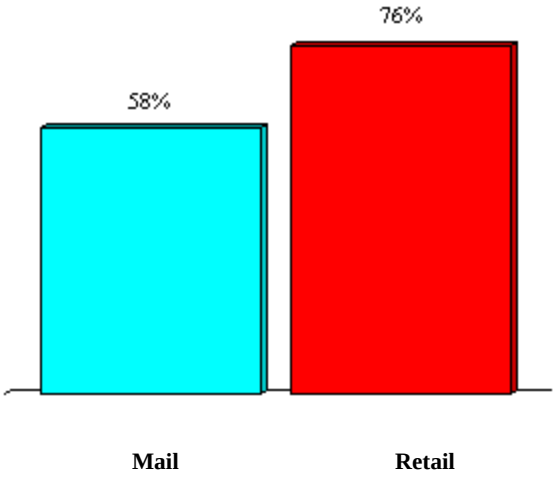
Customer ID: LCL1500 **Client ID: LCLSPT** **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Mail Order										
Brand	2,144	193	0.01	$ 68,578.05	$ 355.33	$ 2.67	$ 74,183.01	$ 0.00	$ 0.00	$ 5,604.96
Generic	2,144	266	0.01	$ 16,826.53	$ 63.26	$ 0.65	$ 18,900.97	$ 0.00	$ 0.00	$ 2,074.44
Total	**2,144**	**459**	**0.02**	**$ 85,404.58**	**$ 186.07**	**$ 3.32**	**$ 93,083.98**	**$ 0.00**	**$ 0.00**	**$ 7,679.40**
Retail										
Brand	2,144	4,300	0.17	$ 607,657.11	$ 141.32	$ 23.61	$ 766,418.74	$ 6,640.40	$ 0.00	$ 165,402.03
Generic	2,144	13,468	0.52	$ 228,173.74	$ 16.94	$ 8.87	$ 262,957.39	$ 21,376.72	$ 0.00	$ 56,160.37
Total	**2,144**	**17,768**	**0.69**	**$ 835,830.85**	**$ 47.04**	**$ 32.48**	**$ 1,029,376.13**	**$ 28,017.12**	**$ 0.00**	**$ 221,562.40**

Mail and Retail Utilization ($)



Generic Utilization (Number of Claims)



Family Unit Claims Analysis

January 2011 through December 2011

All Pharmacies

Executive Summary

LOCAL 1500 WELFARE FUND

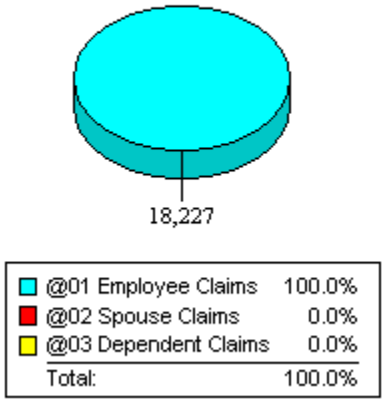
SPECIAL PART TIMERS

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

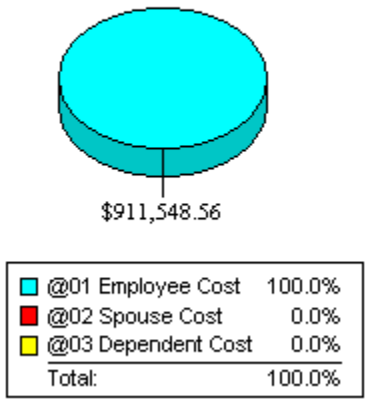
	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PEPM
Per Employee	2,144	18,227	0.71	$ 911,548.56	$ 50.01	$ 35.42

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM
Employees (01)	2,144	18,227	0.71	$ 911,548.56	$ 50.01	$ 35.42
Spouses (02)	0	0	0.00	$ 0.00	$ 0.00	$ 0.00
Dependents (03)	0	0	0.00	$ 0.00	$ 0.00	$ 0.00
Totals	2,144	18,227	0.71	$ 911,548.56	$ 50.01	$ 35.42

Number of Claims



Total Plan Cost



Maintenance Drug Analysis

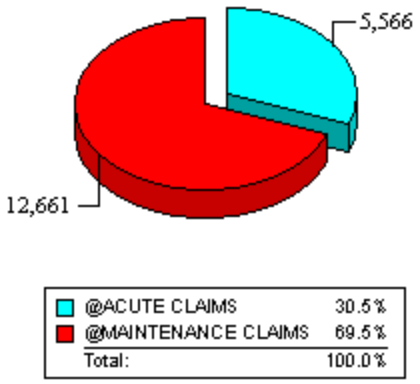
LOCAL 1500 WELFARE FUND
SPECIAL PART TIMERS

January 2011 through December 2011
All Pharmacies
Executive Summary

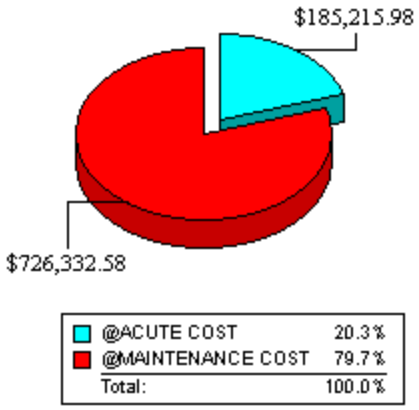
Customer ID: LCL1500 **Client ID: LCLSPT** **Group ID: All Selected Groups**

Pharmacy Type	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PM/PM
ACUTE						
Mail	2,144	26	0.00	$ 3,521.22	$ 135.43	**$ 0.14**
Retail	2,144	5,540	0.22	$ 181,694.76	$ 32.80	**$ 7.06**
Totals	**2,144**	**5,566**	**0.22**	**$ 185,215.98**	**$ 33.28**	**$ 7.20**
MAINTENANCE						
Mail	2,144	433	0.02	$ 81,883.36	$ 189.11	**$ 3.18**
Retail	2,144	12,228	0.48	$ 644,449.22	$ 52.70	**$ 25.04**
Totals	**2,144**	**12,661**	**0.49**	**$ 726,332.58**	**$ 57.37**	**$ 28.23**

Number of Claims



Total Plan Cost



Maintenance Utilization Costs