Executive Summary

Executive Summary

LOCAL 1500 WELFARE FUND

All Selected Clients

All Selected Groups

January 2011 through December 2011

Pharmacy Benefit Reports

Fast Facts

January 2011 through December 2011

All Pharmacies

Executive Summary

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

Cost Information

Ingredient Cost	**$12,000,469.07**
Dispensing Fee	**$217,096.14**
Tax	**$0.22**
Total Rx Cost	**$12,115,002.29**
Copays	**($1,518,783.40)**
Total Net Plan Cost	**$10,596,218.89**

Member Information

Total Average Members	**24,038**
Net Plan Cost Per Member	**$440.81**
Number of Paid Claims	**142,726**
Average Cost Per Claim	**$74.24**
Monthly Utilization Factor	**0.49**
PMPM	**$36.73**
Generic Utilization Rate	**71%**

Pharmacy Information

MAIL	
Net Plan Cost	**$1,845,436.54**
Total Claims	**7,143**
Average Cost Per Claim	**$258.36**
RETAIL	
Net Plan Cost	**$8,853,345.49**
Total Claims	**135,583**
Average Cost Per Claim	**$65.30**

Brand and Generic Claims Analysis

LOCAL 1500 WELFARE FUND

January 2011 through December 2011

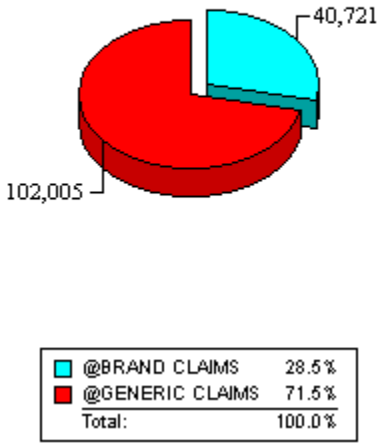
All Pharmacies

Executive Summary

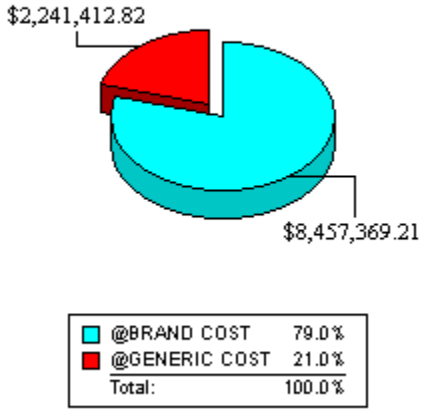
Customer ID: LCL1500 | **Client ID: All Selected Clients** | **Group ID: All Selected Groups**

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM	Ingr Cost	Dispense Fee	Tax	Copay
Brand	24,038	40,721	0.14	$ 8,457,369.21	$ 207.69	$ 29.32	$ 9,472,132.23	$ 58,088.10	$ 0.00	$ 1,072,851.12
Generic	24,038	102,005	0.35	$ 2,241,412.82	$ 21.97	$ 7.77	$ 2,528,336.84	$ 159,008.04	$ 0.22	$ 445,932.28
	24,038	**142,726**	**0.49**	**$10,596,218.89**	**$74.24**	**$36.73**	**$12,000,469.07**	**$217,096.14**	**$0.22**	**$1,518,783.40**

Number of Claims



Total Plan Cost



Mail and Retail Claims Analysis

LOCAL 1500 WELFARE FUND

January 2011 through December 2011

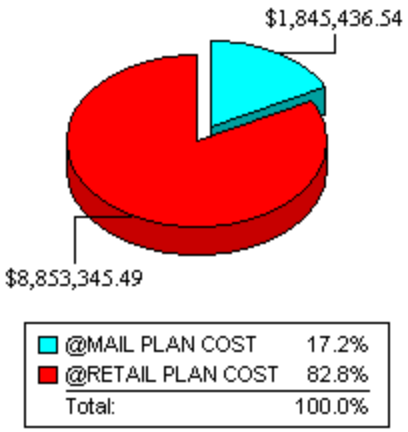
All Pharmacies

Executive Summary

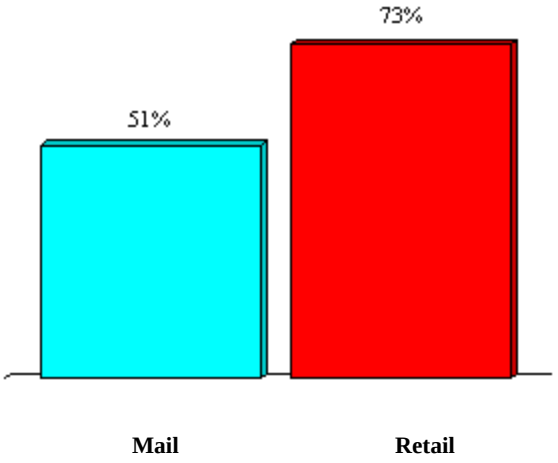
Customer ID: LCL1500 | **Client ID: All Selected Clients** | **Group ID: All Selected Groups**

	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	24,038	3,522	0.01	$ 1,581,970.75	$ 449.17	$ 5.48	$ 1,632,339.88	$ 7.50	$ 0.00	$ 50,376.63
Generic	24,038	3,621	0.01	$ 263,465.79	$ 72.76	$ 0.91	$ 280,984.55	$ 0.00	$ 0.00	$ 17,518.76
Total	**24,038**	**7,143**	**0.02**	**$ 1,845,436.54**	**$ 258.36**	**$ 6.40**	**$ 1,913,324.43**	**$ 7.50**	**$ 0.00**	**$ 67,895.39**
Retail										
Brand	24,038	37,199	0.13	$ 6,875,398.46	$ 184.83	$ 23.83	$ 7,839,792.35	$ 58,080.60	$ 0.00	$ 1,022,474.49
Generic	24,038	98,384	0.34	$ 1,977,947.03	$ 20.10	$ 6.86	$ 2,247,352.29	$ 159,008.04	$ 0.22	$ 428,413.52
Total	**24,038**	**135,583**	**0.47**	**$ 8,853,345.49**	**$ 65.30**	**$ 30.69**	**$ 10,087,144.64**	**$ 217,088.64**	**$ 0.22**	**$ 1,450,888.01**

Mail and Retail Utilization ($)



Generic Utilization (Number of Claims)



Family Unit Claims Analysis

LOCAL 1500 WELFARE FUND

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All Pharmacies

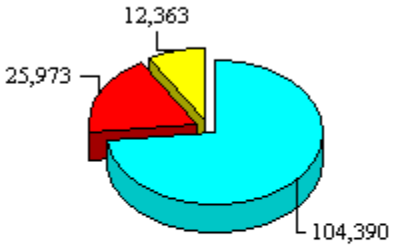
Executive Summary

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

	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PEPM
Per Employee	18,214	142,726	0.65	$ 10,596,218.89	$ 74.24	$ 48.48

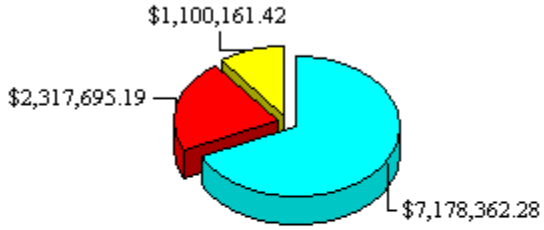
	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PMPM
Employees (01)	18,214	104,390	0.48	$ 7,178,362.28	$ 68.76	$ 32.84
Spouses (02)	2,273	25,973	0.95	$ 2,317,695.19	$ 89.23	$ 84.98
Dependents (03)	3,552	12,363	0.29	$ 1,100,161.42	$ 88.99	$ 25.81
Totals	24,038	142,726	0.49	$ 10,596,218.89	$ 74.24	$ 36.73

Number of Claims



@01 Employee Claims	73.1%
@02 Spouse Claims	18.2%
@03 Dependent Claims	8.7%
Total:	100.0%

Total Plan Cost



@01 Employee Cost	67.7%
@02 Spouse Cost	21.9%
@03 Dependent Cost	10.4%
Total:	100.0%

Maintenance Drug Analysis

January 2011 through December 2011

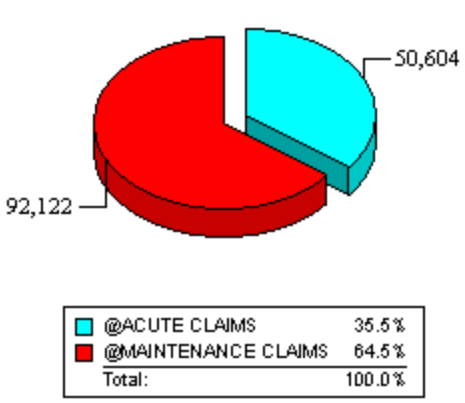
All Pharmacies

Executive Summary

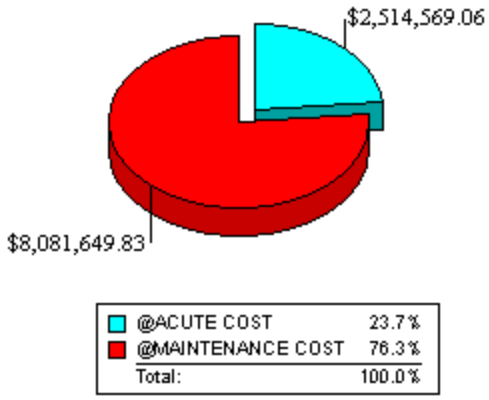
Customer ID: LCL1500 | **Client ID: All Selected Clients** | **Group ID: All Selected Groups**

Pharmacy Type	Average Members	Number of Claims	Monthly Util Factor	Total Plan Cost	Avg Cost Per Claim	PM/PM
ACUTE						
Mail	24,038	378	0.00	$ 86,114.64	$ 227.82	**$ 0.30**
Retail	24,038	50,226	0.17	$ 2,428,454.42	$ 48.35	**$ 8.42**
Totals	**24,038**	**50,604**	**0.18**	**$ 2,514,569.06**	**$ 49.69**	**$ 8.72**
MAINTENANCE						
Mail	24,038	6,765	0.02	$ 1,759,321.90	$ 260.06	**$ 6.10**
Retail	24,038	85,357	0.30	$ 6,322,327.93	$ 74.07	**$ 21.92**
Totals	**24,038**	**92,122**	**0.32**	**$ 8,081,649.83**	**$ 87.73**	**$ 28.02**

Number of Claims



Total Plan Cost



Maintenance Utilization Costs