



ADDENDUM 1

March 17 , 2020

RFP RM 28-20

Group Health Insurance for Okaloosa County

1. Does the County have an onsite rep currently? **Yes, the current carrier has named a dedicated service representative. The representative is available to attend requested onsite meetings with County staff, open enrollment meetings, benefit fairs, wellness meetings and renewal meetings.**
2. Please state what is being requested to be included in the Administration services of the ASO Quote. **Administrative services are to include services of a Third Party Administrator (TPA), Pharmacy Benefit Manager (PBM), general Case Management and Transplant case management. If ASO is a viable option, the County will negotiate TPA service details with the successful bidder.**
3. Can the County provide information in order for us to provide a detailed pharmacy distribution report:
 - a. Pharmacy claims detail file - Pharmacy claims data in NCPDP format, including: (We require the following)
 - b. Date of service
 - c. 11 digit NDC
 - d. Quantity dispensed
 - e. Days' supply
 - f. Tier indicator
 - g. Six months required, 12 months preferred

The County has requested the pharmacy information as requested. If there is a delay in obtaining the information, please provide a detailed description of proactive measures you would take to ensure a smooth transition and minimize disruption.

4. Can the county provide information in order for us to provide a detailed provider disruption report: a. Provider Disruption Reports – We require the following: Provider name, provider tax ID #, full address and phone number if available

Provider type/category and whether provider is in core network or a secondary network (e.g. – FL Blue Options, FL Blue Care) **A Geo Access/Network Accessibility Analysis will suffice for the Committee’s review.**

5. In order to provide financially competitive, fully insured and ASO quote, can you provide large claims reports broken out in to 12 month periods. We would need the following three large claims reports. February 1, 2019-January 31, 2020, February 1, 2018-January 31, 2019 and February 1, 2017-January 31, 2018. **See attached reports**
6. Please provide requested broker commission. **Annual remuneration is \$59,800**
7. Please provide current rates. Also, provide renewal rates, if available. **Current rates are included in the published RFP, Page 6.**
8. Can you please provide an editable RFP document in Word? **See attached.**
9. What is the group Medicare Employer contribution percentage? **There is no employer contribution toward Group Medicare Plan.**
10. Are you requesting a Group Medicare Quote with or without Broker Commissions? If yes, what are the commission amount that needs to be included? **Do not include broker commissions.**
11. Can you confirm the number of employees of the Group Medicare plan(s) currently? **See attached electronic invoice. We have currently 14 on Blue Medicare PPO and 1 on Blue Medicare RX only.**

The proposal opening date remains March 26, 2020 at 3:00 P.M. CST

High Cost Claims Summary

Company: OKALOOSA CO BD OF CO COMM
Group: 41954
Current Paid Period: From 02/2017 to 01/2018
Prior Paid Period: From 06/2013 to 08/2014
High Cost Claims Threshold: 50000

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	025	SPOUSE	TRAUMATIC PNEUMOHEMOTHORAX WITHOUT MENTION OF OPEN WOUND INTO THORAX; AFTERCARE FOR HEALING TRAUMATIC FRACTURE OF OTHER BONE; ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	121	5	\$554,659.41	4	\$6,804.57	161	\$54,274.66	14	\$167.06	\$615,905.70	\$309,403.84
2	026	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	0	5	\$0.00	4	\$0.00	13	\$1,146.34	68	\$488,489.48	\$489,635.82	\$531,863.55
3	002	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; MALIGNANT NEOPLASM OF TRANSVERSE COLON; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	8	2	\$84,391.65	13	\$126,557.57	72	\$11,032.34	25	\$1,480.76	\$223,462.32	\$365,427.76
4	023	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	0	5	\$0.00	3	\$1,213.14	65	\$3,506.48	51	\$185,624.79	\$190,344.41	\$251,199.04
5	R02	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW; RADIOTHERAPY	7	1	\$7,338.37	42	\$131,113.64	67	\$15,907.04	34	\$389.76	\$154,748.81	\$555,968.26
6	002	SPOUSE	PRESSURE ULCER, BUTTOCK; UNSPECIFIED OSTEOMYELITIS, OTHER SPECIFIED SITES; PRESSURE ULCER, LOWER BACK	0	5	\$0.00	27	\$55,940.68	239	\$85,269.05	104	\$10,967.87	\$152,177.60	\$217,156.19
7	021	SPOUSE	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION; INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT; ACQUIRED COAGULATION FACTOR DEFICIENCY	22	5	\$95,255.33	31	\$23,286.82	205	\$21,782.98	57	\$9,329.54	\$149,654.67	\$702,302.28
8	026	SUBSCRIBER	PATHOLOGIC FRACTURE OF VERTEBRAE; MALIGNANT NEOPLASM OF VERTEBRAL COLUMN, EXCLUDING SACRUM AND COCCYX; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW	13	3	\$110,474.55	7	\$2,075.53	116	\$33,258.26	21	\$47.25	\$145,855.59	\$599,425.79

9	002	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MALIGNANT NEOPLASM OF PROSTATE; INTERMEDIATE CORONARY SYNDROME	7	3	\$52,105.00	13	\$27,493.52	235	\$39,433.23	106	\$3,593.88	\$122,625.63	\$426,556.74
10	025	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MALIGNANT NEOPLASM OF TONSILLAR FOSSA; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	3	1	\$46,584.00	25	\$23,943.20	219	\$49,603.29	29	\$545.47	\$120,675.96	\$306,224.06
11	R48	SUBSCRIBER	MITRAL VALVE DISORDERS; MISSING OR UNKNOWN DIAGNOSIS CODE; PRE-OPERATIVE CARDIOVASCULAR EXAMINATION	6	1	\$63,656.23	24	\$21,714.91	67	\$14,949.57	64	\$2,931.31	\$103,252.02	\$386,812.72
12	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; OTHER AND COMBINED FORMS OF SENILE CATARACT	0	5	\$0.00	3	\$7,780.00	35	\$10,892.97	126	\$74,161.07	\$92,834.04	\$169,565.30
13	015	SPOUSE	ACUTE RESPIRATORY FAILURE; MISSING OR UNKNOWN DIAGNOSIS CODE; INTERNAL HEMORRHOIDS WITHOUT MENTION OF COMPLICATION	9	2	\$63,978.65	3	\$1,957.88	80	\$13,415.14	53	\$5,659.29	\$85,010.96	\$557,187.65
14	021	SUBSCRIBER	OTHER GENERAL SYMPTOMS; END STAGE RENAL DISEASE; HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE	13	3	\$48,558.51	55	\$18,257.92	90	\$13,140.32	39	\$4,827.69	\$84,784.44	\$1,115,952.62
15	021	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; ROUTINE GENERAL MEDICAL EXAMINATION AT HEALTH CARE FACILITY	0	5	\$0.00	4	\$0.00	45	\$68,460.35	16	\$7,622.84	\$76,083.19	\$114,211.90
16	R25	SUBSCRIBER	LATERAL EPICONDYLITIS OF ELBOW; MALIGNANT NEOPLASM OF RETROPERITONEUM; ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	6	1	\$26,459.92	33	\$36,396.98	57	\$12,184.80	19	\$143.59	\$75,185.29	\$227,554.47
17	002	SPOUSE	CHEST PAIN, OTHER; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED; MISSING OR UNKNOWN DIAGNOSIS CODE	0	5	\$0.00	12	\$38,805.46	97	\$22,206.40	64	\$7,678.06	\$68,689.92	\$397,393.81
18	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED ARTHROPATHY, SITE UNSPECIFIED; CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION	0	5	\$0.00	4	\$0.00	13	\$224.89	12	\$61,101.59	\$61,326.48	\$230,494.59
19	024	SUBSCRIBER	ATRIAL FIBRILLATION; MISSING OR UNKNOWN DIAGNOSIS CODE; PALPITATIONS	0	5	\$0.00	3	\$53,417.57	33	\$5,379.34	17	\$2,091.61	\$60,888.52	\$159,859.12
20	002	SPOUSE	SPINAL STENOSIS IN CERVICAL REGION; OTHER GENERAL SYMPTOMS; ARTHRODESIS STATUS	0	5	\$0.00	7	\$49,582.54	33	\$9,940.27	20	\$445.38	\$59,968.19	\$200,616.78

21	021	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; POSTMENOPAUSAL BLEEDING; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$43,249.00	8	\$7,827.88	74	\$5,800.41	21	\$2,754.23	\$59,631.52	\$159,957.29
22	021	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; ANKYLOSIS OF LOWER LEG JOINT	2	1	\$24,696.98	57	\$17,115.63	52	\$7,694.60	22	\$8,321.51	\$57,828.72	\$171,461.29
23	002	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; ALLERGIC URTICARIA; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$40,789.15	4	\$3,462.27	67	\$9,566.01	75	\$2,386.24	\$56,203.67	\$131,417.35
24	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	0	5	\$0.00	4	\$0.00	44	\$10,163.91	111	\$45,983.29	\$56,147.20	\$95,146.75
25	025	SUBSCRIBER	MALIGNANT NEOPLASM OF EXOCERVIX; MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED SITE; RADIOTHERAPY	0	5	\$0.00	12	\$11,078.40	201	\$43,514.57	17	\$8.76	\$54,601.73	\$170,406.22
26	002	SUBSCRIBER	*****; ESOPHAGEAL VARICES WITHOUT MENTION OF BLEEDING; ESOPHAGEAL VARICES WITHOUT MENTION OF BLEEDING IN DISEASES CLASSIFIED ELSEWHERE	2	1	\$7,393.26	9	\$19,623.16	174	\$23,444.86	98	\$3,357.75	\$53,819.03	\$213,871.22
27	013	SPOUSE	UNSPECIFIED DISORDER OF ADRENAL GLANDS; ARTICULAR CARTILAGE DISORDER, FOREARM; NEOPLASM OF UNCERTAIN BEHAVIOR OF TESTIS	1	1	\$40,097.65	4	\$3,510.73	27	\$9,368.83	27	\$65.78	\$53,042.99	\$171,746.05
28	021	SUBSCRIBER	ACQUIRED SPONDYLOLISTHESIS; SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION; MISSING OR UNKNOWN DIAGNOSIS CODE	0	5	\$0.00	2	\$40,871.00	34	\$8,247.73	53	\$3,878.69	\$52,997.42	\$203,175.25
29	021	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED IRON DEFICIENCY ANEMIA; REGIONAL ENTERITIS OF UNSPECIFIED SITE	0	5	\$0.00	12	\$10,047.25	23	\$3,898.89	15	\$39,013.41	\$52,959.55	\$113,509.24
30	002	SUBSCRIBER	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION; OTHER DISORDER OF MENSTRUATION AND OTHER ABNORMAL BLEEDING FROM FEMALE GENITAL TRACT	0	5	\$0.00	28	\$37,966.13	74	\$12,751.15	51	\$1,970.08	\$52,687.36	\$270,792.50
31	021	SPOUSE	MALIGNANT NEOPLASM OF UPPER LOBE, BRONCHUS, OR LUNG; COMPRESSION OF VEIN; MISSING OR UNKNOWN DIAGNOSIS CODE	0	5	\$0.00	6	\$24,377.08	53	\$23,616.00	25	\$2,676.39	\$50,669.47	\$110,096.67
Total				222	32	\$1,309,687.66	447	\$802,221.46	2,765	\$644,074.68	1,454	\$977,714.42	\$3,733,698.22	\$9,636,756.30

PRIOR	Div	Relationship	Diagnosis Description	Days	Inpatient		Outpatient		Professional		Pharmacy		Total Paid Amt	Total Billed Amt
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt

1	021	SUBSCRIBER	INFECTION AND INFLAMMATORY REACTION DUE TO CARDIAC DEVICE, IMPLANT, AND GRAFT; ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS; ABNORMAL COAGULATION PROFILE	37	3	\$102,331.63	8	\$5,598.55	231	\$48,033.14	49	\$2,713.07	\$158,676.39	\$584,650.76
2	023	SPOUSE	MALIGNANT NEOPLASM OF ENDOCERVIX; MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED SITE; NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA, INCLUDING RETROPERITONEUM	16	4	\$49,892.63	9	\$3,452.72	336	\$81,561.59	34	\$971.21	\$135,878.15	\$454,968.49
3	R02	SPOUSE	CALCULUS OF KIDNEY; URINARY TRACT INFECTION, SITE NOT SPECIFIED; ACUTE VENOUS EMBOLISM AND THROMBOSIS OF UPPER EXTREMITY, UNSPECIFIED	10	2	\$37,970.14	10	\$78,013.16	137	\$17,851.99	57	\$5.42	\$133,840.71	\$458,990.68
4	002	SUBSCRIBER	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT MENTION OF CEREBRAL INFARCTION; CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION; METABOLIC ENCEPHALOPATHY	22	4	\$68,753.59	12	\$8,103.62	180	\$20,850.09	66	\$3,954.92	\$101,662.22	\$449,151.57
5	024	SPOUSE	MALIGNANT NEOPLASM OF RECTUM; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION	6	1	\$36,696.56	5	\$2,826.32	142	\$49,314.74	44	\$6,425.21	\$95,262.83	\$255,637.93
6	021	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT; INTERMEDIATE CORONARY SYNDROME	11	1	\$75,582.29	1	\$170.00	87	\$16,487.25	33	\$8.64	\$92,248.18	\$379,643.88
7	R45	SUBSCRIBER	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY; MISSING OR UNKNOWN DIAGNOSIS CODE; SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION	5	2	\$64,116.13	1	\$60.16	50	\$16,037.16	67	\$8,236.12	\$88,449.57	\$268,966.48
8	005	SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL, INITIAL EPISODE OF CARE; CHEST PAIN, UNSPECIFIED	4	2	\$18,065.33	3	\$61,074.18	95	\$8,800.68	33	\$86.19	\$88,026.38	\$345,292.40
9	022	DEPENDENT	PARALYTIC ILEUS; TORSION OF OVARY, OVARIAN PEDICLE, OR FALLOPIAN TUBE; OTHER AND UNSPECIFIED OVARIAN CYST	4	3	\$60,132.93	1	\$14,999.65	231	\$0.00	49	\$0.00	\$75,132.58	\$118,928.86
10	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; PLANTAR FASCIAL FIBROMATOSIS; CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION	0	3	\$0.00	8	\$0.00	9	\$276.68	12	\$67,153.86	\$67,430.54	\$69,905.51
11	021	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED OPTIC ATROPHY	0	3	\$0.00	8	\$0.00	77	\$51,305.57	18	\$15,150.30	\$66,455.87	\$100,773.70

12	021	SUBSCRIBER	INCOMPLETE BLADDER EMPTYING; MISSING OR UNKNOWN DIAGNOSIS CODE; MIXED INCONTINENCE URGE AND STRESS (MALE)(FEMALE)	0	3	\$0.00	6	\$58,369.10	33	\$2,627.35	102	\$3,155.01	\$64,151.46	\$160,401.59
13	R02	SUBSCRIBER	MALIGNANT NEOPLASM OF KIDNEY, EXCEPT PELVIS; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED DISORDER OF KIDNEY AND URETER	8	1	\$29,637.57	7	\$8,228.22	52	\$11,146.14	10	\$7,727.91	\$56,739.84	\$182,083.26
14	021	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; CERVICALGIA; *****	0	3	\$0.00	2	\$8.61	43	\$3,040.10	85	\$48,497.08	\$51,545.79	\$67,766.34
15	R26	SPOUSE	CARCINOID SYNDROME; MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION; MISSING OR UNKNOWN DIAGNOSIS CODE	0	3	\$0.00	8	\$15,404.50	52	\$27,007.73	71	\$7,631.50	\$50,043.73	\$108,370.68
Total				123	23	\$543,178.80	73	\$256,308.79	1,524	\$354,340.21	681	\$171,716.44	\$1,325,544.24	\$4,005,532.13

High Cost Claims Summary

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High Cost Claims Threshold: 50000

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	026	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; POLYP OF CORPUS UTERI; INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS	0	0	\$0.00	3	\$6,982.40	20	\$1,989.11	62	\$515,468.63	\$524,440.14	\$579,073.16
2	C23	SUBSCRIBER	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM; MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED; GLUCOCORTICOID DEFICIENCY	53	6	\$191,438.56	11	\$16,517.98	305	\$46,065.19	31	\$941.60	\$254,963.33	\$1,007,936.42
3	023	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; ABDOMINAL PAIN, UNSPECIFIED SITE; MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION	0	0	\$0.00	2	\$3,423.15	68	\$4,724.90	73	\$195,649.11	\$203,797.16	\$289,688.80
4	021	SUBSCRIBER	OTHER COMPLICATIONS DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT; END STAGE RENAL DISEASE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	1	1	\$20,905.26	74	\$141,634.71	91	\$14,558.20	48	\$12,081.75	\$189,179.92	\$1,902,802.83
5	021	SPOUSE	UNSPECIFIED SEPTICEMIA; UNSPECIFIED PROTEIN-CALORIE MALNUTRITION; BLOODSTREAM INFECTION DUE TO CENTRAL VENOUS CATHETER	17	2	\$93,954.73	31	\$50,055.35	327	\$34,785.81	59	\$6,506.21	\$185,302.10	\$967,361.31
6	025	SUBSCRIBER	INTRASPINAL ABSCESS; PARAPLEGIA; NUCLEAR SCLEROSIS	67	5	\$143,282.88	1	\$3,880.79	180	\$31,849.28	15	\$510.36	\$179,523.31	\$1,311,849.97
7	R02	SUBSCRIBER	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; UNSPECIFIED SEPTICEMIA; ACUTE OSTEOMYELITIS, ANKLE AND FOOT	35	5	\$93,881.79	7	\$27,252.11	205	\$27,705.39	55	\$1,150.32	\$149,989.61	\$942,814.60
8	025	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ISSUE OF REPEAT PRESCRIPTIONS	10	1	\$102,621.66	19	\$18,499.62	107	\$16,100.95	25	\$2,457.30	\$139,679.53	\$342,006.50
9	R45	SUBSCRIBER	ARTHRODESIS STATUS; MALIGNANT NEOPLASM OF PROSTATE; ACUTE KIDNEY FAILURE, UNSPECIFIED	7	3	\$81,804.70	4	\$7,213.10	106	\$42,092.28	38	\$479.70	\$131,589.78	\$373,462.47
10	021	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ACUTE RESPIRATORY FAILURE; MISSING OR UNKNOWN DIAGNOSIS CODE	21	2	\$81,487.13	4	\$7,523.89	119	\$18,151.10	72	\$5,208.86	\$112,370.98	\$352,631.87

11	025	SPOUSE	MALIGNANT NEOPLASM OF RECTUM; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE	5	1	\$11,923.60	21	\$46,105.21	119	\$42,869.83	26	\$3,634.28	\$104,532.92	\$388,641.37
12	023	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF CORPUS UTERI, EXCEPT ISTHMUS; MALIGNANT NEOPLASM OF OVARY	0	0	\$0.00	11	\$87,038.70	32	\$9,217.52	8	\$468.14	\$96,724.36	\$189,347.67
13	021	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED CYSTITIS	0	0	\$0.00	0	\$0.00	45	\$76,059.62	22	\$14,455.77	\$90,515.39	\$130,126.81
14	R02	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER LOBE, BRONCHUS, OR LUNG	0	0	\$0.00	16	\$80,689.43	17	\$6,339.33	19	\$511.69	\$87,540.45	\$186,528.71
15	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; NUCLEAR SCLEROSIS	0	0	\$0.00	13	\$16,035.01	89	\$14,386.52	106	\$47,489.87	\$77,911.40	\$144,578.28
16	002	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$47,519.74	9	\$4,497.51	217	\$16,589.76	65	\$2,675.66	\$71,282.67	\$246,115.58
17	021	SUBSCRIBER	RHEUMATOID ARTHRITIS; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	1	\$6,641.00	40	\$63,946.50	35	\$393.10	\$70,980.60	\$194,416.50
18	021	SUBSCRIBER	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; POSTLAMINECTOMY SYNDROME, UNSPECIFIED REGION; MIGRAINE WITH AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS	0	0	\$0.00	8	\$63,231.82	43	\$4,510.77	32	\$159.68	\$67,902.27	\$255,876.80
19	021	SPOUSE	ASEPTIC NECROSIS OF HEAD AND NECK OF FEMUR; MISSING OR UNKNOWN DIAGNOSIS CODE; PAIN IN JOINT, PELVIC REGION AND THIGH	3	1	\$49,053.00	1	\$587.41	47	\$4,810.73	70	\$13,284.35	\$67,735.49	\$245,503.40
20	R45	SPOUSE	MALIGNANT NEOPLASM OF PROSTATE; OTHER DYSYPNEA AND RESPIRATORY ABNORMALITIES; URINARY TRACT INFECTION, SITE NOT SPECIFIED	1	1	\$37,808.17	7	\$13,982.12	60	\$15,211.47	17	\$177.71	\$67,179.47	\$157,774.01
21	027	SUBSCRIBER	OTHER GENERAL SYMPTOMS; KELOID SCAR; NEOPLASM OF UNCERTAIN BEHAVIOR OF PLEURA, THYMUS, AND MEDIASTINUM	1	1	\$54,925.67	4	\$2,269.92	21	\$7,257.95	4	\$0.00	\$64,453.54	\$197,919.66
22	021	SPOUSE	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE; MISSING OR UNKNOWN DIAGNOSIS CODE; ABDOMINAL PAIN, UNSPECIFIED SITE	0	0	\$0.00	1	\$609.80	108	\$53,431.14	119	\$9,901.26	\$63,942.20	\$195,972.12

23	025	DEPENDENT	SCOLIOSIS (AND KYPHOSCOLIOSIS), IDIOPATHIC; ACUTE LYMPHOID LEUKEMIA IN REMISSION; ROUTINE INFANT OR CHILD HEALTH CHECK	6	1	\$44,597.68	1	\$311.00	30	\$18,762.59	2	\$0.00	\$63,671.27	\$236,916.75
24	025	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; SPRAIN AND STRAIN OF UNSPECIFIED SITE OF SHOULDER AND UPPER ARM; ACUTE VENOUS EMBOLISM AND THROMBOSIS OF DEEP VEINS OF UPPER EXTREMITY	0	0	\$0.00	4	\$1,680.82	83	\$4,477.74	56	\$56,970.03	\$63,128.59	\$123,900.02
25	002	SUBSCRIBER	SPRAIN AND STRAIN OF OTHER SPECIFIED SITES OF SHOULDER AND UPPER ARM; INGUINAL HERNIA WITH OBSTRUCTION, WITHOUT MENTION OF GANGRENE, UNILATERAL OR UNSPECIFIED, (NOT SPECIFIED AS RECURRENT); PAIN IN JOINT, SHOULDER REGION	0	0	\$0.00	15	\$49,246.94	44	\$10,302.63	81	\$558.49	\$60,108.06	\$403,102.20
26	025	SPOUSE	RADIOTHERAPY; MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFIED SITE; VARICOSE VEINS OF THE LOWER EXTREMITIES WITH OTHER COMPLICATIONS	0	0	\$0.00	37	\$43,552.30	110	\$14,967.34	20	\$1,189.95	\$59,709.59	\$191,703.58
27	002	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; ACUTE KIDNEY FAILURE, UNSPECIFIED; HYDRONEPHROSIS	7	2	\$45,443.86	2	\$3,202.00	51	\$8,333.14	37	\$720.80	\$57,699.80	\$275,840.25
28	002	SPOUSE	PRESSURE ULCER, BUTTOCK; ULCER OF OTHER PART OF LOWER LIMB; OTHER SPECIFIC MUSCLE DISORDERS	0	0	\$0.00	28	\$23,079.11	124	\$32,843.30	71	\$1,256.47	\$57,178.88	\$88,929.07
29	002	SUBSCRIBER	OTHER COMPLICATIONS DUE TO OTHER INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT; AFTERCARE FOLLOWING JOINT REPLACEMENT; MISSING OR UNKNOWN DIAGNOSIS CODE	2	2	\$55,854.00	11	(\$11,533.40)	102	\$8,202.50	56	\$3,571.98	\$56,095.08	\$247,876.81
30	021	DEPENDENT	MULTIPLE SCLEROSIS; ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	0	\$0.00	28	\$55,225.50	12	\$19.34	\$55,244.84	\$109,193.81
31	021	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; PAIN IN JOINT, LOWER LEG	1	1	\$42,649.00	22	\$2,079.10	33	\$4,764.79	50	\$3,637.70	\$53,130.59	\$124,994.42
32	002	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; PAIN IN SOFT TISSUES OF LIMB; AFTERCARE FOLLOWING JOINT REPLACEMENT	2	1	\$43,399.29	2	\$1,601.00	34	\$5,316.02	16	\$991.01	\$51,307.32	\$136,113.65
33	002	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; ALLERGIC RHINITIS DUE TO POLLEN; ANKYLOSING SPONDYLITIS	0	0	\$0.00	0	\$0.00	50	\$2,210.73	36	\$48,917.87	\$51,128.60	\$69,040.93
Total				240	37	\$1,242,550.72	370	\$717,889.90	3,055	\$718,059.63	1,438	\$951,438.99	\$3,629,939.24	\$12,610,040.33

PRIOR	Div	Relationship	Diagnosis Description	Days	Inpatient		Outpatient		Professional		Pharmacy		Total Paid Amt	Total Billed Amt
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt

1	025	SPOUSE	TRAUMATIC PNEUMOTHORAX WITHOUT MENTION OF OPEN WOUND INTO THORAX; AFTERCARE FOR HEALING TRAUMATIC FRACTURE OF OTHER BONE; ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	121	5	\$554,659.41	4	\$6,804.57	161	\$54,274.66	14	\$167.06	\$615,905.70	\$309,403.84
2	026	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	0	0	\$0.00	0	\$0.00	13	\$1,146.34	68	\$488,489.48	\$489,635.82	\$531,863.55
3	002	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; MALIGNANT NEOPLASM OF TRANSVERSE COLON; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	8	2	\$84,391.65	13	\$126,557.57	72	\$11,032.34	25	\$1,480.76	\$223,462.32	\$365,427.76
4	023	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	0	0	\$0.00	3	\$1,213.14	65	\$3,506.48	51	\$185,624.79	\$190,344.41	\$251,199.04
5	R02	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW; RADIOTHERAPY	7	1	\$7,338.37	42	\$131,113.64	67	\$15,907.04	34	\$389.76	\$154,748.81	\$513,946.26
6	002	SPOUSE	PRESSURE ULCER, BUTTOCK; UNSPECIFIED OSTEOMYELITIS, OTHER SPECIFIED SITES; PRESSURE ULCER, LOWER BACK	0	0	\$0.00	27	\$55,940.68	239	\$85,269.05	104	\$10,967.87	\$152,177.60	\$217,156.19
7	021	SPOUSE	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION; INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT; ACQUIRED COAGULATION FACTOR DEFICIENCY	22	5	\$95,255.33	31	\$23,286.82	205	\$21,782.98	57	\$9,329.54	\$149,654.67	\$698,936.28
8	026	SUBSCRIBER	PATHOLOGIC FRACTURE OF VERTEBRAE; MALIGNANT NEOPLASM OF VERTEBRAL COLUMN, EXCLUDING SACRUM AND COCCYX; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW	13	3	\$110,474.55	7	\$2,075.53	116	\$33,258.26	21	\$47.25	\$145,855.59	\$599,425.79
9	002	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRITIS, LOWER LEG; MALIGNANT NEOPLASM OF PROSTATE; INTERMEDIATE CORONARY SYNDROME	4	2	\$52,105.00	12	\$27,493.52	235	\$39,433.23	106	\$3,593.88	\$122,625.63	\$426,556.74
10	025	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRITIS, LOWER LEG; MALIGNANT NEOPLASM OF TONSILLAR FOSSA; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	3	1	\$46,584.00	25	\$23,943.20	219	\$49,603.29	29	\$545.47	\$120,675.96	\$306,224.06
11	R48	SUBSCRIBER	MITRAL VALVE DISORDERS; MISSING OR UNKNOWN DIAGNOSIS CODE; PRE-OPERATIVE CARDIOVASCULAR EXAMINATION	6	1	\$63,656.23	24	\$21,714.91	67	\$14,949.57	64	\$2,931.31	\$103,252.02	\$386,812.72

12	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; OTHER AND COMBINED FORMS OF SENILE CATARACT	0	0	\$0.00	3	\$7,780.00	35	\$10,892.97	126	\$74,161.07	\$92,834.04	\$169,565.30
13	015	SPOUSE	ACUTE RESPIRATORY FAILURE; MISSING OR UNKNOWN DIAGNOSIS CODE; INTERNAL HEMORRHOIDS WITHOUT MENTION OF COMPLICATION	9	2	\$63,978.65	3	\$1,957.88	80	\$13,415.14	53	\$5,659.29	\$85,010.96	\$556,093.65
14	021	SUBSCRIBER	OTHER GENERAL SYMPTOMS; END STAGE RENAL DISEASE; HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE	13	3	\$48,558.51	55	\$18,257.92	90	\$13,140.32	39	\$4,827.69	\$84,784.44	\$1,115,952.62
15	021	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; ROUTINE GENERAL MEDICAL EXAMINATION AT HEALTH CARE FACILITY	0	0	\$0.00	0	\$0.00	45	\$68,460.35	16	\$7,622.84	\$76,083.19	\$114,211.90
16	R45	SUBSCRIBER	LATERAL EPICONDYLITIS OF ELBOW; MALIGNANT NEOPLASM OF RETROPERITONEUM; ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	6	1	\$26,459.92	33	\$36,396.98	57	\$12,184.80	19	\$143.59	\$75,185.29	\$227,554.47
17	002	SPOUSE	CHEST PAIN, OTHER; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	12	\$38,805.46	97	\$22,206.40	64	\$7,678.06	\$68,689.92	\$243,158.97
18	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED ARTHROPATHY, SITE UNSPECIFIED; CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION	0	0	\$0.00	0	\$0.00	13	\$224.89	12	\$61,101.59	\$61,326.48	\$230,494.59
19	024	SUBSCRIBER	ATRIAL FIBRILLATION; MISSING OR UNKNOWN DIAGNOSIS CODE; PALPITATIONS	0	0	\$0.00	3	\$53,417.57	33	\$5,379.34	17	\$2,091.61	\$60,888.52	\$159,859.12
20	002	SPOUSE	SPINAL STENOSIS IN CERVICAL REGION; OTHER GENERAL SYMPTOMS; ARTHRODESIS STATUS	0	0	\$0.00	7	\$49,582.54	28	\$9,940.27	20	\$445.38	\$59,968.19	\$200,616.78
21	021	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; POSTMENOPAUSAL BLEEDING; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$43,249.00	8	\$7,827.88	74	\$5,800.41	21	\$2,754.23	\$59,631.52	\$159,957.29
22	021	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; ANKYLOSIS OF LOWER LEG JOINT	2	1	\$24,696.98	57	\$17,115.63	52	\$7,694.60	22	\$8,321.51	\$57,828.72	\$171,461.29
23	002	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; ALLERGIC URTICARIA; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$40,789.15	4	\$3,462.27	67	\$9,566.01	75	\$2,386.24	\$56,203.67	\$131,417.35

24	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	0	0	\$0.00	0	\$0.00	44	\$10,163.91	111	\$45,983.29	\$56,147.20	\$95,146.75
25	025	SUBSCRIBER	MALIGNANT NEOPLASM OF EXOCERVIX; MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED SITE; RADIOTHERAPY	0	0	\$0.00	12	\$11,078.40	201	\$43,514.57	17	\$8.76	\$54,601.73	\$170,406.22
26	R02	SUBSCRIBER	ALCOHOLIC CIRRHOSIS OF LIVER; ESOPHAGEAL VARICES WITHOUT MENTION OF BLEEDING; ESOPHAGEAL VARICES WITHOUT MENTION OF BLEEDING IN DISEASES CLASSIFIED ELSEWHERE	2	1	\$7,393.26	9	\$19,623.16	174	\$23,444.86	98	\$3,357.75	\$53,819.03	\$213,871.22
27	013	SPOUSE	UNSPECIFIED DISORDER OF ADRENAL GLANDS; ARTICULAR CARTILAGE DISORDER, FOREARM; NEOPLASM OF UNCERTAIN BEHAVIOR OF TESTIS	1	1	\$40,097.65	4	\$3,510.73	27	\$9,368.83	27	\$65.78	\$53,042.99	\$171,746.05
28	021	SUBSCRIBER	ACQUIRED SPONDYLOLISTHESIS; SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	2	\$40,871.00	34	\$8,247.73	53	\$3,878.69	\$52,997.42	\$203,175.25
29	021	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED IRON DEFICIENCY ANEMIA; REGIONAL ENTERITIS OF UNSPECIFIED SITE	0	0	\$0.00	12	\$10,047.25	23	\$3,898.89	15	\$39,013.41	\$52,959.55	\$113,509.24
30	002	SUBSCRIBER	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION; OTHER DISORDER OF MENSTRUATION AND OTHER ABNORMAL BLEEDING FROM FEMALE GENITAL TRACT	0	0	\$0.00	28	\$37,966.13	74	\$12,751.15	51	\$1,970.08	\$52,687.36	\$270,792.50
31	021	SPOUSE	MALIGNANT NEOPLASM OF UPPER LOBE, BRONCHUS, OR LUNG; COMPRESSION OF VEIN; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	6	\$24,377.08	53	\$23,616.00	25	\$2,676.39	\$50,669.47	\$110,096.67
Total				219	31	\$1,309,687.66	446	\$802,221.46	2,760	\$644,074.68	1,454	\$977,714.42	\$3,733,698.22	\$9,436,039.46

High Cost Claims Summary

Company: OKALOOSA CO BD OF CO COMM
 Group: 41954
 Current Paid Period: From 02/2019 to 01/2020
 Prior Paid Period: From 02/2018 to 01/2019
 High Cost Claims Threshold: 50000

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	C26	DEPENDENT	HEMORRHAGE COMPLICATING A PROCEDURE; CRITICAL ILLNESS MYOPATHY; HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE	103	4	\$784,398.52	88	\$140,748.92	591	\$123,640.73	46	\$5,284.26	\$1,054,072.43	\$5,847,228.63
2	013	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; POSTMENOPAUSAL BLEEDING; NAUSEA WITH VOMITING	0	0	\$0.00	5	\$10,966.55	17	\$4,224.19	50	\$498,295.63	\$513,486.37	\$564,768.38
3	002	SUBSCRIBER	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT; END STAGE RENAL DISEASE; OTHER COMPLICATIONS DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT	8	2	\$85,215.90	87	\$127,330.89	179	\$39,520.46	27	\$12,401.75	\$264,469.00	\$3,075,886.83
4	025	SPOUSE	UNSPECIFIED SEPTICEMIA; INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT; ACUTE KIDNEY FAILURE, UNSPECIFIED	40	5	\$138,952.31	52	\$52,406.70	409	\$18,408.34	80	\$12,487.61	\$222,254.96	\$1,312,864.48
5	002	SPOUSE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFIED SITE; RADIOTHERAPY	0	0	\$0.00	42	\$208,153.66	51	\$10,911.96	22	\$768.06	\$219,833.68	\$939,477.69
6	002	SUBSCRIBER	CERVICAL SPONDYLOSIS WITH MYELOPATHY; UNSPECIFIED SEPTICEMIA; INTERVERTEBRAL CERVICAL DISC DISORDER WITH MYELOPATHY, CERVICAL REGION	4	2	\$180,352.93	4	\$615.99	171	\$23,700.56	61	\$849.34	\$205,518.82	\$369,447.59
7	015	SUBSCRIBER	CLOSED FRACTURE OF ACETABULUM; CLOSED POSTERIOR DISLOCATION OF HIP; OBSERVATION FOLLOWING OTHER ACCIDENT	6	1	\$179,337.83	0	\$0.00	43	\$6,583.56	10	\$147.72	\$186,069.11	\$570,768.45
8			CLOSED FRACTURE OF FIFTH CERVICAL VERTEBRA WITHOUT MENTION OF SPINAL CORD INJURY; PAIN IN JOINT, SHOULDER REGION; AFTERCARE FOR HEALING TRAUMATIC FRACTURE OF VERTEBRAE	7	1	\$162,134.51	0	\$0.00	2	\$8,104.71	0	\$0.00	\$170,239.22	\$1,555,083.75
9	025	SUBSCRIBER	OTHER GENERAL SYMPTOMS; PYOGENIC ARTHRITIS, SHOULDER REGION; DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	70	0	\$118,111.69	10	\$6,235.04	184	\$13,868.12	31	\$1,387.93	\$139,602.78	\$1,870,776.28

10	025	SPOUSE	MALIGNANT NEOPLASM OF RECTUM; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; BENIGN NEOPLASM OF THYROID GLANDS	0	0	\$58,430.40	21	\$71,260.03	39	\$7,674.44	11	\$83.61	\$137,448.48	\$297,045.57
11	021	SUBSCRIBER	HYDRONEPHROSIS; DIAPHRAGMATIC HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE; CLOSED FRACTURE OF DORSAL (THORACIC) VERTEBRA WITHOUT MENTION OF SPINAL CORD INJURY	2	1	\$42,060.44	10	\$53,838.22	91	\$27,213.78	24	\$136.95	\$123,249.39	\$548,703.63
12	002	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; POSTPROCEDURAL PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY STATUS; INTERMEDIATE CORONARY SYNDROME	10	1	\$89,148.22	33	\$17,092.73	100	\$15,827.53	32	\$1,076.88	\$123,145.36	\$677,596.59
13	002	SPOUSE	PRESSURE ULCER, BUTTOCK; CHRONIC OSTEOMYELITIS, OTHER SPECIFIED SITES; MUSCLE WEAKNESS (GENERALIZED)	34	2	\$81,065.34	24	\$15,432.75	75	\$18,254.86	65	\$342.74	\$115,095.69	\$462,025.46
14	025	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; INTERMEDIATE CORONARY SYNDROME	0	0	\$0.00	9	\$96,118.90	65	\$16,780.68	38	\$434.19	\$113,333.77	\$587,673.26
15	013	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE; SPECIAL SCREENING EXAMINATION, HUMAN PAPILLOMAVIRUS [HPV]	0	0	\$0.00	21	\$89,217.34	45	\$4,041.38	11	\$19,669.59	\$112,928.31	\$492,959.48
16	025	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; OTHER AND UNSPECIFIED ANGINA PECTORIS	0	0	\$0.00	1	\$353.60	28	\$1,780.28	40	\$107,115.40	\$109,249.28	\$317,898.23
17	002	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; SYNCOPE AND COLLAPSE; DIARRHEA	0	0	\$0.00	4	\$13,117.76	47	\$3,027.89	28	\$89,372.66	\$105,518.31	\$207,460.20
18	002	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; BORDERLINE GLAUCOMA, OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK	0	0	\$0.00	0	\$0.00	43	\$88,687.36	31	\$8,592.12	\$97,279.48	\$153,400.35
19	021	SUBSCRIBER	UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; MALIGNANT NEOPLASM OF HEAD OF PANCREAS; PORTAL VEIN THROMBOSIS	25	3	\$60,495.23	5	\$16,949.77	106	\$17,842.06	11	\$550.00	\$95,837.06	\$537,230.51
20	002	SPOUSE	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE; ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	5	\$21,574.69	106	\$50,428.64	161	\$15,891.09	\$87,894.42	\$250,327.54
21	025	SUBSCRIBER	ATRIAL FIBRILLATION; UNSPECIFIED SEPTICEMIA; MISSING OR UNKNOWN DIAGNOSIS CODE	5	1	\$32,891.89	4	\$30,991.69	66	\$14,127.51	65	\$5,680.75	\$83,691.84	\$465,780.99

22	R25	SPOUSE	FEMALE STRESS INCONTINENCE; BLADDER NECK OBSTRUCTION; OTHER GENERAL SYMPTOMS	0	0	\$0.00	5	\$70,258.66	42	\$11,675.63	15	\$318.91	\$82,253.20	\$387,517.72
23	002	SPOUSE	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED; MISSING OR UNKNOWN DIAGNOSIS CODE; IMPOTENCE OF ORGANIC ORIGIN	0	0	\$0.00	4	\$61,692.22	32	\$9,144.23	60	\$7,055.71	\$77,892.16	\$220,640.61
24	021	DEPENDENT	UNSPECIFIED EPILEPSY WITH INTRACTABLE EPILEPSY; LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY; MISSING OR UNKNOWN DIAGNOSIS CODE	8	2	\$44,082.02	0	\$0.00	37	\$8,676.24	10	\$24,785.97	\$77,544.23	\$162,687.26
25	002	SUBSCRIBER	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; MISSING OR UNKNOWN DIAGNOSIS CODE; ACUTE OSTEOMYELITIS, ANKLE AND FOOT	4	1	\$73,943.70	0	\$0.00	30	\$2,240.44	43	\$653.78	\$76,837.92	\$136,229.91
26	031	SUBSCRIBER	OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION; CHRONIC MAXILLARY SINUSITIS; DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	0	0	\$0.00	5	\$62,472.71	98	\$11,954.68	46	\$2,336.65	\$76,764.04	\$337,817.11
27	002	SPOUSE	OTHER GENERAL SYMPTOMS; POSTLAMINECTOMY SYNDROME, UNSPECIFIED REGION; DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	4	1	\$62,584.93	0	\$0.00	47	\$13,369.66	29	\$78.15	\$76,032.74	\$181,747.16
28	R45	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; INGUINAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE, UNILATERAL OR UNSPECIFIED, (NOT SPECIFIED AS RECURRENT); DIVERTICULOSIS OF COLON (WITHOUT MENTION OF HEMORRHAGE)	0	0	\$0.00	7	\$17,291.00	26	\$3,574.36	14	\$52,241.37	\$73,106.73	\$283,919.25
29	021	DEPENDENT	UNSPECIFIED CLOSED FRACTURE OF ANKLE; CLOSED FRACTURE OF SHAFT OF TIBIA; FACE, NECK, AND SCALP, EXCEPT EYE, ABRASION OR FRICTION BURN, WITHOUT MENTION OF INFECTION	0	0	\$0.00	1	\$65,288.43	19	\$4,481.69	1	\$0.00	\$69,770.12	\$432,325.38
30	002	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; DIAPHRAGMATIC HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE; MISSING OR UNKNOWN DIAGNOSIS CODE	2	2	\$38,059.10	32	\$9,619.68	106	\$18,051.16	32	\$3,446.75	\$69,176.69	\$234,799.31
31	029	SPOUSE	CHEST PAIN, OTHER; OTHER NONSPECIFIC ABNORMAL CARDIOVASCULAR SYSTEM FUNCTION STUDY; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	1	\$64,714.33	16	\$859.48	1	\$0.00	\$65,573.81	\$2,731.50

32	002	SPOUSE	OTHER PNEUMOTHORAX; PRIMARY SPONTANEOUS PNEUMOTHORAX; PEPTIC ULCER, UNSPECIFIED SITE, UNSPECIFIED AS ACUTE OR CHRONIC, WITHOUT MENTION OF HEMORRHAGE, PERFORATION, OR OBSTRUCTION	10	1	\$58,424.21	1	\$206.00	20	\$5,895.92	3	\$0.00	\$64,526.13	\$259,765.35
33	021	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, PELVIC REGION AND THIGH; POISONING BY COCAINE; ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE	4	2	\$58,246.93	5	\$892.85	28	\$4,409.00	17	\$7.14	\$63,555.92	\$291,119.24
34	021	DEPENDENT	OTHER CHILD ABUSE AND NEGLECT; DELAYED MILESTONES; FAILURE TO THRIVE	22	1	\$44,513.58	41	\$6,709.11	171	\$11,331.45	18	\$904.40	\$63,458.54	\$342,670.23
35	025	SPOUSE	EXCESSIVE OR FREQUENT MENSTRUATION; UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS; OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS	0	0	\$0.00	3	\$52,311.79	24	\$7,561.79	13	\$117.05	\$59,990.63	\$320,703.37
36	002	SUBSCRIBER	AFTERCARE FOR HEALING TRAUMATIC FRACTURE OF HIP; CLOSED FRACTURE OF DORSAL (THORACIC) VERTEBRA WITHOUT MENTION OF SPINAL CORD INJURY; MULTIPLE CLOSED PELVIC FRACTURES WITH DISRUPTION OF PELVIC CIRCLE	19	2	\$40,784.12	18	\$15,436.80	28	\$3,380.39	4	\$18.35	\$59,619.66	\$437,307.23
37	025	SPOUSE	PATHOLOGIC FRACTURE OF VERTEBRAE; ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH INTERMITTENT CLAUDICATION; OTHER GENERAL SYMPTOMS	0	0	\$0.00	2	\$26,394.22	75	\$27,011.36	35	\$5,719.28	\$59,124.86	\$192,657.13
38	002	DEPENDENT	MULTIPLE SCLEROSIS; ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE; MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	0	0	\$0.00	0	\$0.00	48	\$56,981.70	12	\$8.69	\$56,990.39	\$121,838.22
39	002	SPOUSE	ASEPTIC NECROSIS OF HEAD AND NECK OF FEMUR; MISSING OR UNKNOWN DIAGNOSIS CODE; NUCLEAR SCLEROSIS	3	1	\$48,991.94	(2)	(\$914.41)	(18)	(\$2,341.87)	46	\$8,286.90	\$54,022.56	\$657,964.95
40	002	SPOUSE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST; FITTING AND ADJUSTMENT OF VASCULAR CATHETER	0	0	\$0.00	18	\$34,701.37	75	\$19,032.79	4	\$27.32	\$53,761.48	\$200,423.80
41	025	DEPENDENT	HYDRONEPHROSIS; OTHER SPECIFIED CONGENITAL ANOMALIES OF URETER; OTHER OBSTRUCTIVE DEFECT OF RENAL PELVIS AND URETER	2	1	\$20,556.11	12	\$18,328.02	39	\$12,652.60	14	\$572.77	\$52,109.50	\$218,798.87
Total				392	37	\$2,502,781.85	578	\$1,477,808.01	3,401	\$744,591.74	1,261	\$887,147.47	\$5,612,329.07	\$26,528,067.49

PRIOR	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
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1	013	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; POLYP OF CORPUS UTERI; INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS	0	0	\$0.00	3	\$6,982.40	20	\$1,989.11	62	\$515,468.63	\$524,440.14	\$579,073.16
2	C23	SUBSCRIBER	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM; MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED; GLUCOCORTICOID DEFICIENCY	53	6	\$191,438.56	11	\$16,517.98	302	\$46,065.19	31	\$941.60	\$254,963.33	\$1,007,936.42
3	026	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; ABDOMINAL PAIN, UNSPECIFIED SITE; MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION	0	0	\$0.00	2	\$3,423.15	68	\$4,724.90	73	\$195,649.11	\$203,797.16	\$289,688.80
4	025	SUBSCRIBER	INTRASPINAL ABSCESS; PARAPLEGIA; NUCLEAR SCLEROSIS	67	5	\$143,282.88	1	\$3,880.79	180	\$31,849.28	15	\$510.36	\$179,523.31	\$1,311,849.97
5	002	SUBSCRIBER	OTHER COMPLICATIONS DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT; END STAGE RENAL DISEASE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	1	1	\$20,905.26	60	\$128,371.61	80	\$12,027.38	40	\$5,082.34	\$166,386.59	\$1,608,019.96
6	R02	SUBSCRIBER	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; UNSPECIFIED SEPTICEMIA; ACUTE OSTEOMYELITIS, ANKLE AND FOOT	35	5	\$93,881.79	7	\$27,252.11	205	\$27,705.39	55	\$1,150.32	\$149,989.61	\$942,814.60
7	025	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ISSUE OF REPEAT PRESCRIPTIONS	10	1	\$102,621.66	19	\$18,499.62	107	\$16,100.95	25	\$2,457.30	\$139,679.53	\$342,006.50
8	025	SPOUSE	UNSPECIFIED SEPTICEMIA; OTHER SPECIFIED IRON DEFICIENCY ANEMIAS; UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	14	1	\$72,019.75	17	\$39,374.57	189	\$16,206.45	42	\$4,937.24	\$132,538.01	\$439,660.50
9	R45	SUBSCRIBER	ARTHRODESIS STATUS; MALIGNANT NEOPLASM OF PROSTATE; ACUTE KIDNEY FAILURE, UNSPECIFIED	7	3	\$81,804.70	4	\$7,213.10	106	\$42,092.28	38	\$479.70	\$131,589.78	\$373,462.47
10	025	SPOUSE	MALIGNANT NEOPLASM OF RECTUM; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE	5	1	\$11,923.60	21	\$46,105.21	119	\$42,869.83	26	\$3,634.28	\$104,532.92	\$388,641.37
11	013	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF CORPUS UTERI, EXCEPT ISTHMUS; MALIGNANT NEOPLASM OF OVARY	0	0	\$0.00	11	\$87,038.70	32	\$9,217.52	8	\$468.14	\$96,724.36	\$189,347.67
12	R02	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER LOBE, BRONCHUS, OR LUNG	0	0	\$0.00	16	\$80,689.43	17	\$6,339.33	19	\$511.69	\$87,540.45	\$186,528.71
13	002	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED CYSTITIS	0	0	\$0.00	0	\$0.00	42	\$69,926.09	20	\$12,727.99	\$82,654.08	\$120,653.64

14	025	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; NUCLEAR SCLEROSIS	0	0	\$0.00	13	\$16,035.01	89	\$14,386.52	106	\$47,489.87	\$77,911.40	\$144,578.28
15	002	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRITIS, LOWER LEG; CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$47,519.74	9	\$4,497.51	217	\$16,589.76	65	\$2,675.66	\$71,282.67	\$246,115.58
16	021	SUBSCRIBER	RHEUMATOID ARTHRITIS; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	1	\$6,641.00	40	\$63,946.50	35	\$393.10	\$70,980.60	\$194,416.50
17	002	SUBSCRIBER	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; POSTLAMINECTOMY SYNDROME, UNSPECIFIED REGION; MIGRAINE WITH AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS	0	0	\$0.00	8	\$63,231.82	43	\$4,510.77	32	\$159.68	\$67,902.27	\$255,876.80
18	002	SPOUSE	ASEPTIC NECROSIS OF HEAD AND NECK OF FEMUR; MISSING OR UNKNOWN DIAGNOSIS CODE; PAIN IN JOINT, PELVIC REGION AND THIGH	3	1	\$49,053.00	1	\$587.41	47	\$4,810.73	70	\$13,284.35	\$67,735.49	\$245,503.40
19	024	SUBSCRIBER	OTHER GENERAL SYMPTOMS; KELOID SCAR; NEOPLASM OF UNCERTAIN BEHAVIOR OF PLEURA, THYMUS, AND MEDIASTINUM	1	1	\$54,925.67	4	\$2,269.92	21	\$7,257.95	4	\$0.00	\$64,453.54	\$197,919.66
20	029	DEPENDENT	SCOLIOSIS (AND KYPHOSCOLIOSIS), IDIOPATHIC; ACUTE LYMPHOID LEUKEMIA IN REMISSION; ROUTINE INFANT OR CHILD HEALTH CHECK	6	1	\$44,597.68	1	\$311.00	30	\$18,762.59	2	\$0.00	\$63,671.27	\$236,916.75
21	R25	SPOUSE	MALIGNANT NEOPLASM OF PROSTATE; OTHER DYSPNEA AND RESPIRATORY ABNORMALITIES; OTHER GENERAL SYMPTOMS	1	1	\$37,808.17	6	\$13,965.99	39	\$10,836.18	15	\$153.92	\$62,764.26	\$142,396.30
22	002	SUBSCRIBER	SPRAIN AND STRAIN OF OTHER SPECIFIED SITES OF SHOULDER AND UPPER ARM; INGUINAL HERNIA WITH OBSTRUCTION, WITHOUT MENTION OF GANGRENE, UNILATERAL OR UNSPECIFIED, (NOT SPECIFIED AS RECURRENT); PAIN IN JOINT, SHOULDER REGION	0	0	\$0.00	15	\$49,246.94	42	\$10,302.63	81	\$558.49	\$60,108.06	\$403,102.20
23	002	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; ACUTE KIDNEY FAILURE, UNSPECIFIED; HYDRONEPHROSIS	7	2	\$45,443.86	2	\$3,202.00	51	\$8,333.14	37	\$720.80	\$57,699.80	\$275,840.25
24	002	SPOUSE	PRESSURE ULCER, BUTTOCK; ULCER OF OTHER PART OF LOWER LIMB; OTHER SPECIFIC MUSCLE DISORDERS	0	0	\$0.00	28	\$23,079.11	124	\$32,843.30	71	\$1,256.47	\$57,178.88	\$88,929.07
25	002	DEPENDENT	MULTIPLE SCLEROSIS; ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	0	\$0.00	28	\$55,225.50	12	\$19.34	\$55,244.84	\$109,193.81

26	002	SPOUSE	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE; MISSING OR UNKNOWN DIAGNOSIS CODE; ABDOMINAL PAIN, UNSPECIFIED SITE	0	0	\$0.00	0	\$477.80	95	\$46,634.79	91	\$7,562.87	\$54,675.46	\$156,284.28
27	002	SPOUSE	RADIOTHERAPY; MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFIED SITE; VARICOSE VEINS OF THE LOWER EXTREMITIES WITH OTHER COMPLICATIONS	0	0	\$0.00	31	\$37,988.69	88	\$14,049.71	17	\$1,189.95	\$53,228.35	\$144,468.90
28	002	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; PAIN IN JOINT, LOWER LEG	1	1	\$42,649.00	22	\$2,079.10	33	\$4,764.79	50	\$3,637.70	\$53,130.59	\$124,994.42
29	021	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; PAIN IN SOFT TISSUES OF LIMB; AFTERCARE FOLLOWING JOINT REPLACEMENT	2	1	\$43,399.29	1	\$1,601.00	30	\$5,114.16	15	\$991.01	\$51,105.46	\$132,577.20
Total				214	32	\$1,083,274.61	314	\$690,562.97	2,484	\$645,482.72	1,157	\$824,111.91	\$3,243,432.21	\$10,878,797.17

plan	LAST 4	PCKG	C	AMOUNT	DATE
41954029	4985	01	02	1181.61	3/1/2020 Family HSA
41954029	5819	01	02	1181.61	3/1/2020 Family HSA
41954029	7695	01	02	1181.61	3/1/2020 Family HSA
41954029	1900	01	02	1181.61	3/1/2020 Family HSA
41954029	9413	01	02	1181.61	3/1/2020 Family HSA
41954029	8092	01	02	1181.61	3/1/2020 Family HSA
41954029	5856	01	02	1181.61	3/1/2020 Family HSA
41954029	6603	01	02	1181.61	3/1/2020 Family HSA
41954029	0331	01	02	1181.61	3/1/2020 Family HSA
41954029	2377	01	02	1181.61	3/1/2020 Family HSA
41954029	1303	01	02	1181.61	3/1/2020 Family HSA
41954029	3180	01	02	1181.61	3/1/2020 Family HSA
41954029	7709	01	02	1181.61	3/1/2020 Family HSA
41954029	0207	01	02	1181.61	3/1/2020 Family HSA
41954029	5835	01	02	1181.61	3/1/2020 Family HSA
41954029	3901	01	02	1181.61	3/1/2020 Family HSA
41954029	2932	01	02	1181.61	3/1/2020 Family HSA
41954029	6729	01	02	1181.61	3/1/2020 Family HSA
41954029	0557	01	02	1181.61	3/1/2020 Family HSA
41954029	0538	01	02	1181.61	3/1/2020 Family HSA
41954029	7194	01	02	1181.61	3/1/2020 Family HSA
41954029	9942	01	02	1181.61	3/1/2020 Family HSA
41954029	2294	01	02	1181.61	3/1/2020 Family HSA
41954029	7953	01	02	1181.61	3/1/2020 Family HSA
41954029	6845	01	02	1181.61	3/1/2020 Family HSA
41954029	8750	01	02	1181.61	3/1/2020 Family HSA
41954029	2167	01	02	1181.61	3/1/2020 Family HSA
41954029	0353	01	02	1181.61	3/1/2020 Family HSA
41954029	0994	01	02	1181.61	3/1/2020 Family HSA
41954029	4949	01	02	1181.61	3/1/2020 Family HSA
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41954029	9905	01	02	1181.61	3/1/2020 Family HSA
41954029	6489	01	02	1181.61	3/1/2020 Family HSA
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41954029	2717	01	02	1181.61	3/1/2020 Family HSA
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41954029	9689	01	02	1181.61	3/1/2020	Family HSA
41954029	5052	01	02	1181.61	3/1/2020	Family HSA
41954029	0911	01	02	1181.61	3/1/2020	Family HSA
41954029	0678	01	02	1181.61	3/1/2020	Family HSA
41954029	2991	01	02	1181.61	3/1/2020	Family HSA
41954029	0163	01	02	1181.61	3/1/2020	Family HSA
41954029	1067	01	02	1181.61	3/1/2020	Family HSA
41954029	7253	01	02	1181.61	3/1/2020	Family HSA
41954029	2934	01	02	1181.61	2/1/2020	Family HSA
41954029	2934	01	02	1181.61	3/1/2020	Family HSA
41954029	1854	01	02	1181.61	3/1/2020	Family HSA
41954029	0051	01	02	1181.61	3/1/2020	Family HSA
41954029	6586	01	02	1181.61	3/1/2020	Family HSA
41954029	8344	01	02	1181.61	3/1/2020	Family HSA
41954029	2786	01	02	1181.61	3/1/2020	Family HSA
41954029	9888	01	02	1181.61	3/1/2020	Family HSA
41954029	3369	01	02	1181.61	3/1/2020	Family HSA
41954029	2341	01	02	1181.61	3/1/2020	Family HSA
41954030	9080	01	02	1181.61	3/1/2020	Family HSA
41954030	8633	01	02	1181.61	3/1/2020	Family HSA
41954030	8249	01	02	1181.61	3/1/2020	Family HSA
41954031	1995	01	02	1181.61	3/1/2020	Family HSA
41954031	5007	01	02	1181.61	3/1/2020	Family HSA
41954031	1123	01	02	1181.61	3/1/2020	Family HSA
41954031	7599	01	02	1181.61	3/1/2020	Family HSA
41954031	1072	01	02	1181.61	3/1/2020	Family HSA
41954031	7601	01	02	1181.61	3/1/2020	Family HSA
41954031	1002	01	02	1181.61	3/1/2020	Family HSA
41954031	1810	01	02	1181.61	3/1/2020	Family HSA
41954031	9507	01	02	1181.61	2/1/2020	Family HSA
41954031	9507	01	02	1181.61	3/1/2020	Family HSA
41954031	9009	01	02	1181.61	3/1/2020	Family HSA
41954031	8630	01	02	1181.61	3/1/2020	Family HSA
41954R47	3390	01	02	1181.61	3/1/2020	Family HSA

TTL

103981.68

plan	LAST 4	PCKG	C	AMOUNT	DATE
41954025	1816	01	01	1201.88	3/1/2020 Single 5770
41954025	6700	01	02	1834.45	3/1/2020 Family 5770
41954025	0711	01	02	1834.45	3/1/2020 Family 5770
41954025	0858	01	02	1834.45	3/1/2020 Family 5770
41954025	9572	01	02	1834.45	3/1/2020 Family 5770
41954025	7087	01	02	1834.45	3/1/2020 Family 5770
41954025	3423	01	02	1834.45	3/1/2020 Family 5770
41954025	7486	01	01	1201.88	3/1/2020 Single 5770
41954025	8440	01	01	1201.88	3/1/2020 Single 5770
41954025	6408	01	02	1834.45	3/1/2020 Family 5770
41954025	5080	01	02	1834.45	3/1/2020 Family 5770
41954025	8287	01	02	1834.45	3/1/2020 Family 5770
41954025	4233	01	01	1201.88	3/1/2020 Single 5770
41954025	9325	01	02	1834.45	3/1/2020 Family 5770
41954025	4125	01	02	1834.45	3/1/2020 Family 5770
41954025	1694	01	02	1834.45	3/1/2020 Family 5770
41954026	4720	01	02	1834.45	3/1/2020 Family 5770
41954027	3830	01	02	1834.45	3/1/2020 Family 5770
41954R25	0696	01	01	1201.88	3/1/2020 Single 5770
41954R25	4627	01	01	1201.88	3/1/2020 Single 5770
41954R25	2082	01	02	1834.45	3/1/2020 Family 5770
41954R25	2218	01	02	1834.45	3/1/2020 Family 5770
TTL				36562.48	

plan	LAST 4	PCKG	C	AMOUNT	DATE	
41954021	7878	01	01	774.15	3/1/2020	Single HSA
41954021	9690	01	01	774.15	3/1/2020	Single HSA
41954021	2528	01	01	774.15	3/1/2020	Single HSA
41954021	5925	01	01	774.15	3/1/2020	Single HSA
41954021	1559	01	01	774.15	3/1/2020	Single HSA
41954021	1057	01	01	774.15	3/1/2020	Single HSA
41954021	4528	01	01	774.15	3/1/2020	Single HSA
41954021	4300	01	01	774.15	3/1/2020	Single HSA
41954021	9444	01	01	774.15	3/1/2020	Single HSA
41954021	8747	01	01	774.15	3/1/2020	Single HSA
41954021	4836	01	01	774.15	3/1/2020	Single HSA
41954021	1192	01	01	774.15	3/1/2020	Single HSA
41954021	3590	01	01	774.15	3/1/2020	Single HSA
41954021	8300	01	01	774.15	3/1/2020	Single HSA
41954021	7885	01	01	774.15	3/1/2020	Single HSA
41954021	0299	01	01	774.15	3/1/2020	Single HSA
41954021	4456	01	01	774.15	3/1/2020	Single HSA
41954021	6348	01	01	774.15	3/1/2020	Single HSA
41954021	8269	01	01	774.15	3/1/2020	Single HSA
41954021	4103	01	01	774.15	3/1/2020	Single HSA
41954021	7124	01	01	774.15	3/1/2020	Single HSA
41954021	6288	01	01	774.15	3/1/2020	Single HSA
41954021	0259	01	01	774.15	3/1/2020	Single HSA
41954021	9216	01	01	774.15	3/1/2020	Single HSA
41954021	6079	01	01	774.15	3/1/2020	Single HSA
41954021	3201	01	01	774.15	3/1/2020	Single HSA
41954021	6793	01	01	774.15	3/1/2020	Single HSA
41954021	9418	01	01	774.15	3/1/2020	Single HSA
41954021	9853	01	01	774.15	3/1/2020	Single HSA
41954021	1678	01	01	774.15	3/1/2020	Single HSA
41954021	4409	01	01	774.15	3/1/2020	Single HSA
41954021	5835	01	01	774.15	3/1/2020	Single HSA
41954021	7872	01	01	774.15	3/1/2020	Single HSA
41954021	6796	01	01	774.15	3/1/2020	Single HSA
41954021	2491	01	01	774.15	3/1/2020	Single HSA
41954021	0653	01	01	774.15	3/1/2020	Single HSA
41954021	2528	01	01	774.15	3/1/2020	Single HSA
41954021	3716	01	01	774.15	3/1/2020	Single HSA
41954021	0006	01	01	774.15	3/1/2020	Single HSA
41954021	1175	01	01	774.15	3/1/2020	Single HSA
41954021	0744	01	01	774.15	3/1/2020	Single HSA
41954021	2399	01	01	774.15	3/1/2020	Single HSA
41954021	6036	01	01	774.15	3/1/2020	Single HSA
41954021	0382	01	01	774.15	3/1/2020	Single HSA
41954021	8577	01	01	774.15	3/1/2020	Single HSA
41954021	1030	01	01	774.15	3/1/2020	Single HSA

41954021	5408	01	01	774.15	3/1/2020	Single HSA
41954021	5888	01	01	774.15	3/1/2020	Single HSA
41954021	2070	01	01	774.15	3/1/2020	Single HSA
41954021	1503	01	01	774.15	3/1/2020	Single HSA
41954021	7556	01	01	774.15	3/1/2020	Single HSA
41954021	0926	01	01	774.15	3/1/2020	Single HSA
41954021	7795	01	01	774.15	3/1/2020	Single HSA
41954021	3935	01	01	774.15	3/1/2020	Single HSA
41954021	2474	01	01	774.15	3/1/2020	Single HSA
41954021	8746	01	01	774.15	3/1/2020	Single HSA
41954021	1384	01	01	774.15	3/1/2020	Single HSA
41954021	1588	01	01	774.15	3/1/2020	Single HSA
41954021	7080	01	01	774.15	3/1/2020	Single HSA
41954021	6787	01	01	774.15	3/1/2020	Single HSA
41954021	3782	01	01	774.15	3/1/2020	Single HSA
41954021	4531	01	01	774.15	3/1/2020	Single HSA
41954021	8833	01	01	774.15	3/1/2020	Single HSA
41954021	3032	01	01	774.15	3/1/2020	Single HSA
41954021	9143	01	01	774.15	3/1/2020	Single HSA
41954021	3358	01	01	774.15	3/1/2020	Single HSA
41954021	6190	01	01	774.15	3/1/2020	Single HSA
41954021	9933	01	01	774.15	3/1/2020	Single HSA
41954021	1179	01	01	774.15	3/1/2020	Single HSA
41954021	5885	01	01	774.15	3/1/2020	Single HSA
41954021	5830	01	01	774.15	3/1/2020	Single HSA
41954021	5445	01	01	774.15	3/1/2020	Single HSA
41954021	5104	01	01	774.15	3/1/2020	Single HSA
41954021	2045	01	01	774.15	3/1/2020	Single HSA
41954021	5808	01	01	774.15	3/1/2020	Single HSA
41954021	8014	01	01	774.15	3/1/2020	Single HSA
41954021	1393	01	01	774.15	3/1/2020	Single HSA
41954021	3251	01	01	774.15	3/1/2020	Single HSA
41954021	8402	01	01	774.15	3/1/2020	Single HSA
41954021	9577	01	01	774.15	3/1/2020	Single HSA
41954021	8464	01	01	774.15	3/1/2020	Single HSA
41954021	3087	01	01	774.15	3/1/2020	Single HSA
41954021	5732	01	01	774.15	3/1/2020	Single HSA
41954021	5667	01	01	774.15	3/1/2020	Single HSA
41954021	4083	01	01	774.15	3/1/2020	Single HSA
41954021	0187	01	01	774.15	3/1/2020	Single HSA
41954021	8892	01	01	774.15	3/1/2020	Single HSA
41954021	2099	01	01	774.15	3/1/2020	Single HSA
41954021	4872	01	01	774.15	3/1/2020	Single HSA
41954021	5997	01	01	774.15	3/1/2020	Single HSA
41954021	8659	01	01	774.15	3/1/2020	Single HSA
41954021	2751	01	01	774.15	3/1/2020	Single HSA
41954021	4383	01	01	774.15	3/1/2020	Single HSA

41954021	6409	01	01	774.15	3/1/2020	Single HSA
41954021	2962	01	01	774.15	3/1/2020	Single HSA
41954021	6209	01	01	774.15	3/1/2020	Single HSA
41954021	8506	01	01	774.15	3/1/2020	Single HSA
41954021	7538	01	01	774.15	3/1/2020	Single HSA
41954021	6885	01	01	774.15	3/1/2020	Single HSA
41954021	8386	01	01	774.15	3/1/2020	Single HSA
41954021	0814	01	01	774.15	3/1/2020	Single HSA
41954021	8280	01	01	774.15	3/1/2020	Single HSA
41954021	3549	01	01	774.15	3/1/2020	Single HSA
41954021	4753	01	01	774.15	3/1/2020	Single HSA
41954021	5345	01	01	774.15	3/1/2020	Single HSA
41954021	8317	01	01	774.15	3/1/2020	Single HSA
41954021	3982	01	01	774.15	3/1/2020	Single HSA
41954021	5560	01	01	774.15	3/1/2020	Single HSA
41954021	8405	01	01	774.15	3/1/2020	Single HSA
41954021	3112	01	01	774.15	3/1/2020	Single HSA
41954021	4850	01	01	774.15	3/1/2020	Single HSA
41954021	9581	01	01	774.15	3/1/2020	Single HSA
41954021	1571	01	01	774.15	3/1/2020	Single HSA
41954021	4461	01	01	774.15	3/1/2020	Single HSA
41954021	3443	01	01	774.15	3/1/2020	Single HSA
41954021	8174	01	01	774.15	3/1/2020	Single HSA
41954021	6963	01	01	774.15	3/1/2020	Single HSA
41954021	7470	01	01	774.15	3/1/2020	Single HSA
41954021	0478	01	01	774.15	3/1/2020	Single HSA
41954021	4827	01	01	774.15	3/1/2020	Single HSA
41954021	8864	01	01	774.15	3/1/2020	Single HSA
41954021	5274	01	01	774.15	2/1/2020	Single HSA
41954021	5274	01	01	774.15	3/1/2020	Single HSA
41954021	6473	01	01	774.15	3/1/2020	Single HSA
41954021	2224	01	01	774.15	3/1/2020	Single HSA
41954021	2409	01	01	774.15	3/1/2020	Single HSA
41954021	2198	01	01	774.15	3/1/2020	Single HSA
41954021	0706	01	01	774.15	3/1/2020	Single HSA
41954021	2918	01	01	774.15	3/1/2020	Single HSA
41954021	8609	01	01	774.15	3/1/2020	Single HSA
41954021	9971	01	01	774.15	3/1/2020	Single HSA
41954021	6413	01	01	774.15	3/1/2020	Single HSA
41954021	9568	01	01	774.15	3/1/2020	Single HSA
41954021	0310	01	01	774.15	3/1/2020	Single HSA
41954021	8918	01	01	774.15	3/1/2020	Single HSA
41954021	7980	01	01	774.15	3/1/2020	Single HSA
41954021	0315	01	01	774.15	3/1/2020	Single HSA
41954021	4505	01	01	774.15	3/1/2020	Single HSA
41954021	0731	01	01	774.15	2/1/2020	Single HSA
41954021	0731	01	01	774.15	3/1/2020	Single HSA

41954021	0293	01	01	774.15	3/1/2020	Single HSA
41954021	5755	01	01	774.15	3/1/2020	Single HSA
41954021	1048	01	01	774.15	3/1/2020	Single HSA
41954021	7199	01	01	774.15	3/1/2020	Single HSA
41954021	1438	01	01	774.15	3/1/2020	Single HSA
41954021	5806	01	01	774.15	3/1/2020	Single HSA
41954021	0935	01	01	774.15	3/1/2020	Single HSA
41954021	4318	01	01	774.15	3/1/2020	Single HSA
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41954021	7630	01	01	774.15	3/1/2020	Single HSA
41954021	0009	01	01	774.15	3/1/2020	Single HSA
41954021	8060	01	01	774.15	3/1/2020	Single HSA
41954021	8669	01	01	774.15	3/1/2020	Single HSA
41954021	1605	01	01	774.15	3/1/2020	Single HSA
41954021	1421	01	01	774.15	3/1/2020	Single HSA
41954021	0147	01	01	774.15	3/1/2020	Single HSA
41954021	9125	01	01	774.15	3/1/2020	Single HSA
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41954021	7013	01	01	774.15	3/1/2020	Single HSA
41954021	8410	01	01	774.15	3/1/2020	Single HSA
41954021	6312	01	01	774.15	3/1/2020	Single HSA
41954021	1462	01	01	774.15	3/1/2020	Single HSA
41954021	8062	01	01	774.15	3/1/2020	Single HSA
41954021	7481	01	01	774.15	3/1/2020	Single HSA
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41954021	0197	01	01	774.15	3/1/2020	Single HSA
41954021	6273	01	01	774.15	3/1/2020	Single HSA
41954021	9347	01	01	774.15	3/1/2020	Single HSA
41954021	3139	01	01	774.15	3/1/2020	Single HSA
41954021	6559	01	01	774.15	3/1/2020	Single HSA
41954021	1247	01	01	774.15	3/1/2020	Single HSA
41954021	6681	01	01	774.15	3/1/2020	Single HSA
41954021	7581	01	01	774.15	3/1/2020	Single HSA
41954021	8647	01	01	774.15	3/1/2020	Single HSA
41954021	4868	01	01	774.15	3/1/2020	Single HSA
41954021	9568	01	01	774.15	3/1/2020	Single HSA
41954021	8497	01	01	774.15	3/1/2020	Single HSA
41954021	2023	01	01	774.15	3/1/2020	Single HSA
41954021	4321	01	01	774.15	3/1/2020	Single HSA
41954021	4757	01	01	774.15	3/1/2020	Single HSA
41954021	1750	01	01	774.15	3/1/2020	Single HSA
41954021	9747	01	01	774.15	3/1/2020	Single HSA
41954021	4966	01	01	774.15	3/1/2020	Single HSA
41954021	2606	01	01	774.15	3/1/2020	Single HSA
41954021	3618	01	01	774.15	3/1/2020	Single HSA
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41954021	5978	01	01	774.15	3/1/2020	Single HSA
41954021	5221	01	01	774.15	3/1/2020	Single HSA
41954021	3383	01	01	774.15	3/1/2020	Single HSA
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41954021	9087	01	01	774.15	3/1/2020	Single HSA
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41954021	5675	01	01	774.15	3/1/2020	Single HSA
41954021	4541	01	01	774.15	3/1/2020	Single HSA
41954021	1713	01	01	774.15	3/1/2020	Single HSA
41954021	2729	01	01	774.15	3/1/2020	Single HSA
41954021	4983	01	01	774.15	3/1/2020	Single HSA
41954021	2528	01	01	774.15	2/1/2020	Single HSA
41954021	2528	01	01	774.15	3/1/2020	Single HSA
41954021	8176	01	01	774.15	3/1/2020	Single HSA
41954021	7586	01	01	774.15	3/1/2020	Single HSA
41954021	3458	01	01	774.15	3/1/2020	Single HSA
41954021	6353	01	01	774.15	3/1/2020	Single HSA
41954021	8798	01	01	774.15	3/1/2020	Single HSA
41954021	9394	01	01	774.15	3/1/2020	Single HSA
41954021	3919	01	01	774.15	3/1/2020	Single HSA
41954021	0729	01	01	774.15	3/1/2020	Single HSA
41954021	5502	01	01	774.15	3/1/2020	Single HSA
41954021	6001	01	01	774.15	3/1/2020	Single HSA
41954021	9072	01	01	774.15	3/1/2020	Single HSA
41954021	4305	01	01	774.15	3/1/2020	Single HSA
41954021	1286	01	01	774.15	3/1/2020	Single HSA
41954021	1189	01	01	774.15	3/1/2020	Single HSA
41954021	7719	01	01	774.15	3/1/2020	Single HSA
41954021	9785	01	01	774.15	3/1/2020	Single HSA
41954021	5684	01	01	774.15	3/1/2020	Single HSA
41954021	9636	01	01	774.15	3/1/2020	Single HSA
41954021	7182	01	01	774.15	3/1/2020	Single HSA
41954021	4699	01	01	774.15	3/1/2020	Single HSA
41954021	1049	01	01	774.15	3/1/2020	Single HSA
41954021	8518	01	01	774.15	3/1/2020	Single HSA
41954021	2615	01	01	774.15	3/1/2020	Single HSA
41954021	6756	01	01	774.15	3/1/2020	Single HSA
41954021	3304	01	01	774.15	3/1/2020	Single HSA
41954021	2543	01	01	774.15	3/1/2020	Single HSA
41954021	2325	01	01	774.15	3/1/2020	Single HSA
41954021	5121	01	01	774.15	3/1/2020	Single HSA
41954021	5554	01	01	774.15	3/1/2020	Single HSA

41954021	2852	01	01	774.15	3/1/2020	Single HSA
41954021	2285	01	01	774.15	3/1/2020	Single HSA
41954021	5937	01	01	774.15	3/1/2020	Single HSA
41954021	2948	01	01	774.15	3/1/2020	Single HSA
41954021	0809	01	01	774.15	3/1/2020	Single HSA
41954021	7068	01	01	774.15	3/1/2020	Single HSA
41954021	9774	01	01	774.15	3/1/2020	Single HSA
41954021	0776	01	01	774.15	3/1/2020	Single HSA
41954021	3266	01	01	774.15	3/1/2020	Single HSA
41954021	0086	01	01	774.15	3/1/2020	Single HSA
41954021	5087	01	01	774.15	3/1/2020	Single HSA
41954021	1939	01	01	774.15	3/1/2020	Single HSA
41954021	2816	01	01	774.15	3/1/2020	Single HSA
41954021	1928	01	01	774.15	3/1/2020	Single HSA
41954021	0848	01	01	774.15	3/1/2020	Single HSA
41954021	2452	01	01	774.15	3/1/2020	Single HSA
41954021	1699	01	01	774.15	3/1/2020	Single HSA
41954021	8305	01	01	774.15	3/1/2020	Single HSA
41954021	8805	01	01	774.15	3/1/2020	Single HSA
41954021	6307	01	01	774.15	3/1/2020	Single HSA
41954021	0936	01	01	774.15	3/1/2020	Single HSA
41954021	1134	01	01	774.15	3/1/2020	Single HSA
41954021	1690	01	01	774.15	3/1/2020	Single HSA
41954021	7668	01	01	774.15	3/1/2020	Single HSA
41954023	1480	01	01	774.15	3/1/2020	Single HSA
41954023	1439	01	01	774.15	3/1/2020	Single HSA
41954023	8086	01	01	774.15	3/1/2020	Single HSA
41954023	1221	01	01	774.15	3/1/2020	Single HSA
41954023	7507	01	01	774.15	3/1/2020	Single HSA
41954023	4856	01	01	774.15	3/1/2020	Single HSA
41954023	3343	01	01	774.15	3/1/2020	Single HSA
41954023	8812	01	01	774.15	3/1/2020	Single HSA
41954023	2979	01	01	774.15	3/1/2020	Single HSA
41954023	7520	01	01	774.15	3/1/2020	Single HSA
41954023	3606	01	01	774.15	3/1/2020	Single HSA
41954023	1845	01	01	774.15	3/1/2020	Single HSA
41954023	7644	01	01	774.15	3/1/2020	Single HSA
41954023	0605	01	01	774.15	3/1/2020	Single HSA
41954023	5217	01	01	774.15	3/1/2020	Single HSA
41954023	9398	01	01	774.15	3/1/2020	Single HSA
41954023	6805	01	01	774.15	3/1/2020	Single HSA
41954024	8981	01	01	774.15	3/1/2020	Single HSA
41954024	5266	01	01	774.15	3/1/2020	Single HSA
41954024	5551	01	01	774.15	3/1/2020	Single HSA
41954024	5021	01	01	774.15	3/1/2020	Single HSA
41954024	9435	01	01	774.15	3/1/2020	Single HSA
41954024	5885	01	01	774.15	3/1/2020	Single HSA

41954024	6761	01	01	774.15	3/1/2020	Single HSA
41954024	9747	01	01	774.15	3/1/2020	Single HSA
41954024	5433	01	01	774.15	3/1/2020	Single HSA
41954024	2651	01	01	774.15	3/1/2020	Single HSA
41954024	0129	01	01	774.15	3/1/2020	Single HSA
41954024	4064	01	01	774.15	3/1/2020	Single HSA
41954024	3198	01	01	774.15	3/1/2020	Single HSA
41954024	6441	01	01	774.15	3/1/2020	Single HSA
41954024	1471	01	01	774.15	3/1/2020	Single HSA
41954024	8875	01	01	774.15	3/1/2020	Single HSA
41954024	8466	01	01	774.15	3/1/2020	Single HSA
41954024	2535	01	01	774.15	3/1/2020	Single HSA
41954024	3160	01	01	774.15	3/1/2020	Single HSA
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41954024	8838	01	01	774.15	3/1/2020	Single HSA
41954024	0673	01	01	774.15	3/1/2020	Single HSA
41954024	5812	01	01	774.15	3/1/2020	Single HSA
41954024	6647	01	01	774.15	3/1/2020	Single HSA
41954024	6299	01	01	774.15	3/1/2020	Single HSA
41954024	1715	01	01	774.15	3/1/2020	Single HSA
41954024	8850	01	01	774.15	3/1/2020	Single HSA
41954024	7745	01	01	774.15	3/1/2020	Single HSA
41954024	5848	01	01	774.15	3/1/2020	Single HSA
41954024	8821	01	01	774.15	3/1/2020	Single HSA
41954024	7592	01	01	774.15	3/1/2020	Single HSA
41954024	0706	01	01	774.15	3/1/2020	Single HSA
41954024	9091	01	01	774.15	3/1/2020	Single HSA
41954R36	1128	01	01	774.15	3/1/2020	Single HSA
41954R45	4804	01	01	774.15	3/1/2020	Single HSA
41954R45	6226	01	01	774.15	3/1/2020	Single HSA

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plan	LAST 4	PCKG	C	AMOUNT	DATE
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41954002	8868	01	01	1036.20	3/1/2020 Single 5781
41954002	2715	01	01	1036.20	3/1/2020 Single 5781
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41954002	5074	01	01	1036.20	3/1/2020 Single 5781
41954002	8075	01	01	1036.20	3/1/2020 Single 5781
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41954002	7290	01	02	1581.60	3/1/2020 Family 5781
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41954002	0278	01	02	1581.60	3/1/2020 Family 5781

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41954002	3113	01	01	1036.20	3/1/2020	Single	5781
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41954002	1610	01	01	1036.20	3/1/2020	Single 5781
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41954015	3104	01	01	1036.20	3/1/2020	Single	5781
41954015	6541	01	01	1036.20	3/1/2020	Single	5781
41954015	8425	01	02	1581.60	3/1/2020	Family	5781
41954015	5874	01	01	1036.20	3/1/2020	Single	5781
41954015	4888	01	02	1581.60	3/1/2020	Family	5781
41954015	4767	01	01	1036.20	3/1/2020	Single	5781
41954015	9988	01	02	1581.60	3/1/2020	Family	5781
41954015	2691	01	01	1036.20	3/1/2020	Single	5781
41954015	9612	01	01	1036.20	3/1/2020	Single	5781
41954015	2519	01	01	1036.20	3/1/2020	Single	5781
41954015	1858	01	02	1581.60	3/1/2020	Family	5781
41954015	6241	01	02	1581.60	3/1/2020	Family	5781
41954R02	1683	01	02	1581.60	3/1/2020	Family	5781
41954R02	8611	01	02	1581.60	3/1/2020	Family	5781
41954R02	7913	01	01	1036.20	3/1/2020	Single	5781
41954R02	2286	01	01	1036.20	3/1/2020	Single	5781
41954R02	9773	01	02	1581.60	3/1/2020	Family	5781
41954R48	1114	01	01	1036.20	3/1/2020	Single	5781

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