SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

Plan Sponsor ID 0000000094067999

Standard Report For Fully Insured Medical Products

Current Data For Claims Processed/Paid January 01, 2017 - December 31, 2017

Prior Data For Claims Processed/Paid January 01, 2016 - December 31, 2016

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Report Parameters
Integrated

Current Data For Claims Processed/Paid January 01, 2017 - December 31, 2017
Prior Data For Claims Processed/Paid January 01, 2016 - December 31, 2016

Book of Business Data Incurred End Date October 31, 2017

Standard Report Template: Fully Insured Medical

Large Claimant Threshold: $50,000

Funding Arrangement and Product:	**Account Structure:**	**Network Service Area:**
Fully Insured HMO-A with Pharmacy	Plan Sponsor Level	All
Fully Insured Open Access MC with Pharmacy		

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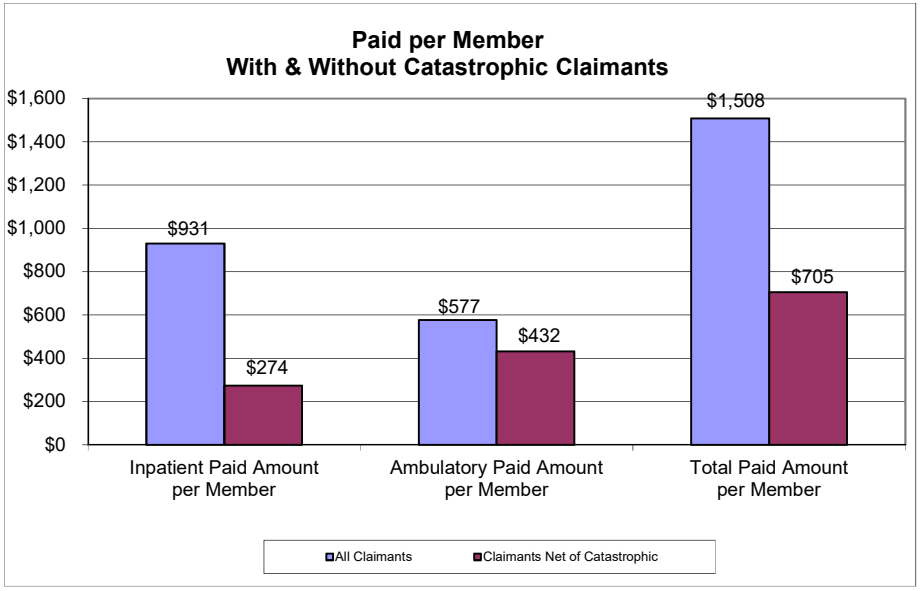
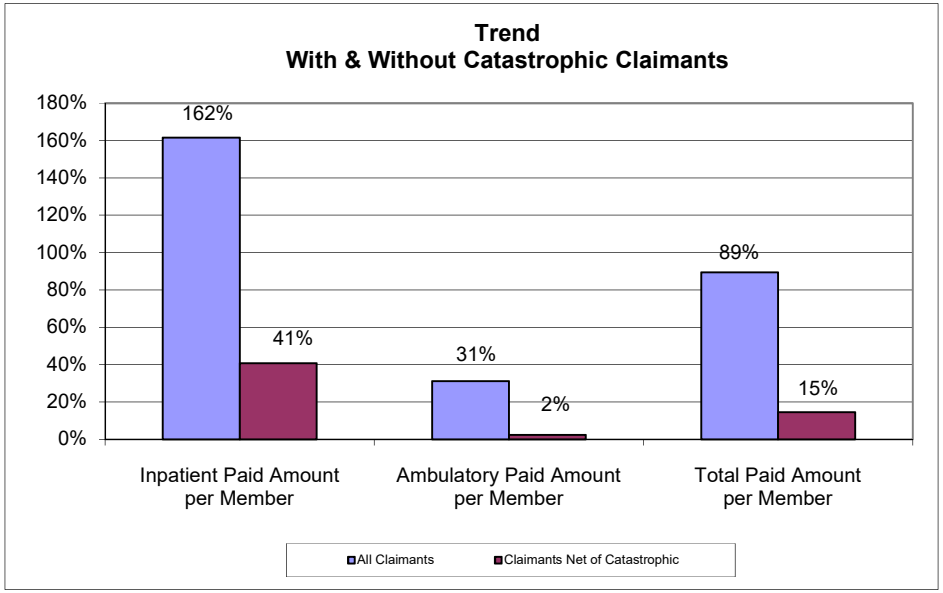
Impact of Medical Catastrophic Claimant Experience

Large Claimant Threshold: $50,000

	All Claimants			Claimants Above Threshold[1]		
	Prior	**Current**	**Change**	**Prior**	**Current**	**Change**
Number of Claimants	122	148	21.3%	1	3	200.0%
Claimants Per 1,000 Members	N/A	N/A	N/A	1.6	4.4	N/A
Medical Paid Amount for these Claimants	$487,058	$1,017,210	108.8%	$110,339	$541,389	390.7%
Average Paid Per Catastrophic Claimant	N/A	N/A	N/A	$110,339.01	$180,463.03	63.6%
% of Total Paid Amount	100.0%	100.0%	N/A	22.7%	53.2%	30.6%
				Net of Catastrophic Claimants		
Medical Paid Amount per Employee	$1,355	$2,800	106.6%	$1,048	$1,310	25.0%
Medical Paid Amount per Member	$796	$1,508	89.4%	$616	$705	14.6%
Inpatient Paid Amount per Member	$356	$931	161.6%	$194	$274	40.8%
Ambulatory Paid Amount per Member	$440	$577	31.1%	$421	$432	2.4%





[1] See Medical Catastrophic Claimant Detail for Current and Prior Periods Report for detail on claimants above threshold.

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Medical Catastrophic Claimant Detail for Current Period

Claimants Exceeding $50,000

Current Claimant	Total Medical Paid Amount	Inpatient Paid Amount	Ambulatory Paid Amount	Diagnosis Code	Diagnosis Description	Srv Rndrd in Last Quarter?
1	$345,170	$286,265	$58,905	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Yes
2	$130,645	$121,802	$8,843	J86.9	PYOTHORAX WITHOUT FISTULA	Yes
3	$65,574	$34,956	$30,619	R69	ILLNESS, UNSPECIFIED	No
Total	**$541,389**	**$443,022**	**$98,367**			

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Current Data For Claims Processed/Paid January 01, 2017 - December 31, 2017

Financial Overview for Fully Insured Products

	Employees	Premium	Capitation*	Medical Paid Amount	Pharmacy Paid Amount	Total
January 2017	358	$327,389	$129,732	$30,053	$96,627	$256,412
February 2017	358	$327,835	$186,199	$34,184	$109,308	$329,691
March 2017	360	$328,794	$150,265	$63,088	$98,109	$311,462
April 2017	362	$332,693	$154,820	$10,077	$93,296	$258,194
May 2017	366	$337,518	$152,016	$160,876	$120,847	$433,739
June 2017	365	$337,602	$166,544	$58,260	$83,838	$308,643
July 2017	369	$344,378	$174,604	$165,944	$93,544	$434,092
August 2017	366	$341,243	$166,516	$42,888	$104,089	$313,494
September 2017	365	$340,061	$166,180	$146,242	$88,131	$400,553
October 2017	363	$339,503	$155,009	$81,362	$100,363	$336,733
November 2017	364	$340,507	$159,804	$48,296	$81,162	$289,262
December 2017	363	$339,949	$164,972	$175,939	$83,547	$424,457
Total	**N/A**	**$4,037,473**	**$1,926,662**	**$1,017,210**	**$1,152,861**	**$4,096,732**

* Only applicable to Capitated Products.

For purposes of this report, the Premium amount may include broker commissions and/or Service Fees. If you have elected to compensate your broker a Service Fee and have also elected for Aetna to serve as a billing and collection agent for such fee, then the Premium amount identified in this report also includes the Service Fee as identified in your Billing and Collection Agreement. For clarification, the Service Fee is not a component of your Premium but is reflected in the "Total Amount Due" identified in your monthly invoice.

This report provides an overview of premium, claims and capitation dollars by month for the current time period.
Please Note that there may be a discrepancy when comparing this report to other financial reports due to completion factors.
Further, the claim experience reflected in these reports may not be the same as those used to develop the renewal rates.

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Data Availability Summary

Actual data availability date ranges may vary for many reasons including plan inception date or plan cancellation date. The actual ranges of data included in this report may differ from the ranges listed in the report headers/titles for these reasons. The summary below indicates actual data availability and represents the actual ranges of data included in the report.

	Prior Period Data Availability	Current Period Data Availability
Medical Claims:		
Fully Insured Open Access MC with Pharmacy	01/19/16 - 12/29/16	01/10/17 - 12/29/17
Fully Insured HMO-A with Pharmacy	01/01/16 - 12/30/16	01/01/17 - 12/29/17
Medical Membership:		
Fully Insured Open Access MC with Pharmacy	01/16/16 - 12/16/16	01/16/17 - 12/16/17
Fully Insured HMO-A with Pharmacy	01/16/16 - 12/16/16	01/16/17 - 12/16/17
Medical Capitation:		
Fully Insured Open Access MC with Pharmacy	01/2016 - 12/2016	01/2017 - 12/2017
Fully Insured HMO-A with Pharmacy	01/2016 - 12/2016	01/2017 - 12/2017
Pharmacy Claims:		
Fully Insured Open Access MC with Pharmacy	01/06/16 - 12/22/16	01/01/17 - 12/21/17
Fully Insured HMO-A with Pharmacy	01/01/16 - 12/31/16	01/01/17 - 12/31/17
Pharmacy Membership:		
Fully Insured Open Access MC with Pharmacy	01/16/16 - 12/16/16	01/16/17 - 12/16/17
Fully Insured HMO-A with Pharmacy	01/16/16 - 12/16/16	01/16/17 - 12/16/17

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% Admissions In Network	The percent of total admissions that were in network.
% of Total Paid Amount	The percent of total medical paid claims (paid amount).
% Paid Amount In Network	The percent of total medical claims (paid amount) in network.
% Physician Office Visits In Network	The percent of total physician office visits that were in network.
Admissions/1,000 Members	Total admissions divided by members per 1,000.
Aetna Book of Business (Aetna BOB)	Aetna BOB utilization statistics are product-specific and adjusted for the plan sponsor group's region(s), age and gender mix as appropriate for comparative purposes. Aetna BOB demographic statistics are product-specific and adjusted for the plan sponsor group's region(s) but are not adjusted for age and gender. All BOB metrics are based on a 12 month incurred time period with a 2 month claim lag.
Allowed Amount	Total amount allowed under the medical plan including the employee paid portion of deductibles, copays, coinsurance, the employer paid portion (paid amount) and COB. Allowed amount does not include plan and administrative exclusions such as duplicate claims, ineligible claims, network discount savings and R&C savings.
Ambulatory Facility	Facilities that provide care in an ambulatory (outpatient) setting.
Ambulatory Paid Amount Per Member	Ambulatory medical paid amount expressed on a per member basis.
Ambulatory Surgeries/ 1,000 Members	The total number of ambulatory surgeries divided by members per 1,000.
Average Age of Membership	The average age of the members covered under the plan for the reporting period.

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Average Brand Multi-Source Paid Amount per Claim	The total brand multi-source pharmacy paid amount by the plan sponsor during the reporting period divided by the number of brand multi-source pharmacy claims.

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Average Brand Single-Source Paid Amount per Claim	The total brand single-source pharmacy paid amount by the plan sponsor during the reporting period divided by the number of brand single-source pharmacy claims.
Average Discount Savings per Network Admission	Network financial savings expressed on a per admission basis.
Average Generic Paid Amount per Claim	The total generic pharmacy paid amount by the plan sponsor during the reporting period divided by the number of generic pharmacy claims.
Average Length of Stay	Total days of care divided by total admissions.
Average Paid Amount per Claim	The total pharmacy paid amount by the plan sponsor during the reporting period divided by the total number of pharmacy claims.
Average Paid Per Catastrophic Claimant	The average dollar amount of medical paid amount for catastrophic claimants (claimants exceeding $50,000).
Billed Network Charges (before discount)	This is the denominator in the calculation for Current Network Discount Savings %. See also Current Network Discount Savings %.
Brand Multi-Source Pharmacy Paid Amount	The paid amount by the plan sponsor for brand name drugs which are manufactured by multiple pharmaceutical companies.
Brand Multi-Source Pharmacy Paid Amount per Eligible Member	The paid amount by the plan sponsor for brand name drugs which are manufactured by multiple pharmaceutical companies divided by the number of covered (eligible) members.
Brand Multi-Source Pharmacy Paid Amount per Utilizing Member	The paid amount by the plan sponsor for brand name drugs which are manufactured by multiple pharmaceutical companies divided by the number of utilizing members.
Brand Multi-Source Utilization	The percent of total claims that were brand multi-source drugs.
Brand Single-Source Pharmacy Paid Amount	The claims paid by the plan sponsor for brand name drugs with no generic equivalent.

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Brand Single-Source Pharmacy Paid Amount per Eligible Member	The claims paid by the plan sponsor for brand name drugs with no generic equivalent divided by the number of covered (eligible) members.
Brand Single-Source Pharmacy Paid Amount per Utilizing Member	The claims paid by the plan sponsor for brand name drugs with no generic equivalent divided by the number of utilizing members.
Brand Single-Source Utilization	The percent of total claims that were brand single-source drugs.
Brand Utilization	The percentage of total prescriptions that were dispensed as brand drugs.
Calculated Ingredient Cost	The Calculated Ingredient Cost is the lesser of: a) The Average Wholesale Price (AWP) - Percentage Discount; (b) Maximum Allowable Cost (MAC); or (c) The Reasonable and Customary Cost. The Calculated Ingredient Cost does not include the dispensing fee or the copay.
Claim Payment Level	Indicates whether a claim was paid at the preferred or non-preferred level.
Claimants Per 1,000 Members	The total number of unique claimants for the reporting period divided by members per 1,000.
COB % Share Medical (per Employee Basis)	The COB % share of medical allowed amount expressed on a per employee basis.
Coinsurance	The total amount of coinsurance paid by the employees. NOTE: For the Aetna Health Fund (AHF) product only, use caution when analyzing changes in deductible and coinsurance from the prior to the current period. For certain AHF models, a system reporting change was made as of 1/1/2004 as to how deductibles and coinsurance are reflected. Prior to 1/1/2004, deductible and coinsurance amounts taken from the Fund were not reflected as deductible or coinsurance on this report. After 1/1/2004, deductible and coinsurance taken from the Fund is reflected as deductible and coinsurance. Therefore, these amounts may appear to increase significantly depending on the AHF model in place and the date implemented.
Coordination of Benefits (COB)	Benefits submitted, but paid by another carrier including payments made by Medicare.
Copay Amount Per Claim	The total amount of copay contributions divided by the total number of claims.

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Copays	The total amount of copays paid by the employees.
Current Network Discount Savings %	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers expressed as a percentage of the total charges that qualify for payment at the participating provider rate of benefits. Network Discount Savings % is calculated as the total participating provider network discounts divided by the total participating provider allowed amount plus network discount savings. (Network Discount Savings / (Allowed Amount + Network Discount Savings). Note: the denominator in this calculation is referenced as "Billed Network Charges (before discount)" on the Provider Network Experience report. Claims with Medicare and/or other COB integration, and National Advantage Program claims are excluded from the discount calculation. The Physician / Other category excludes claims where the physician's billed amount is equal to the allowed amount (discounted charge). It is necessary to drop these claims, as the participating physician is not providing Aetna with the Billed Network Charge (before discount) amount which is necessary to calculate the actual Network Discount Savings.
Day of Care/1,000 Members	Total inpatient days of care divided by members per 1,000.
Deductible	The total amount of deductibles paid by the employees. NOTE: For the Aetna Health Fund (AHF) product only, use caution when analyzing changes in deductible and coinsurance from the prior to the current period. For certain AHF models, a system reporting change was made as of 1/1/2004 as to how deductibles and coinsurance are reflected. Prior to 1/1/2004, deductible and coinsurance amounts taken from the Fund were not reflected as deductible or coinsurance on this report. After 1/1/2004, deductible and coinsurance taken from the Fund is reflected as deductible and coinsurance. Therefore, these amounts may appear to increase significantly depending on the AHF model in place and the date implemented.
Employee % Share Medical (per Employee Basis)	The employee % share of medical allowed amount expressed on a per employee basis.
Employee Paid Portion	The total of deductibles, copays and coinsurance paid by employees.
Employee Paid Portion per Employee	The total of deductibles, copays and coinsurance paid by employees expressed on a per employee basis.
Employer % Share Medical (per Employee Basis)	The employer % share of medical allowed amount expressed on a per employee basis.

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Employer Plan Paid Portion	The total medical paid amount by the plan sponsor during the reporting period.

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Employer Plan Paid Portion per Employee	The total medical claims paid (paid amount) by the plan sponsor during the reporting period expressed on a per employee basis.
ER VIsits/1,000 Members	Total number of emergency room visits divided by members per 1,000.
Formulary Utilization	The percentage of total prescriptions that were dispensed on the Formulary list.
Generic Index	A percentage which is calculated as the number of generic prescriptions dispensed divided by the total number of prescriptions dispensed that are available as generic.
Generic Pharmacy Paid Amount	The total generic pharmacy claims paid (paid amount) by the plan sponsor during the reporting period.
Generic Pharmacy Paid Amount per Eligible Member	The claims paid (paid amount) by the plan sponsor for generic drugs divided by the number of covered (eligible) members.
Generic Pharmacy Paid Amount per Utilizing Member	The claims paid (paid amount) by the plan sponsor for generic drugs divided by the number of utilizing members (claimants).
Generic Utilization	The percentage of total prescriptions dispensed as generic drugs. The generic utilization rate is highly dependent on benefit plan design (i.e., the presence or absence of a differential copay between brand and generic drugs).
Inpatient Facility	Facilities that provide care in an inpatient setting versus ambulatory (outpatient).
Inpatient Paid Amount per Member	Inpatient medical paid amount expressed on a per member basis.
Inpatient Surgeries/1,000 Members	The total number of inpatient surgeries divided by members per 1,000.
Major Diagnostic Categories (MDCs)	A means of classifying all diagnoses into 26 broad categories according to the body system affected or the factors causing the illness or injury.

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Medical Capitation Paid per Member	The total amount of medical capitation payments made for the reporting period expressed on a per member basis. (Applies to capitated medical arrangements only).
Medical Paid Amount for these Claimants	Total medical claims paid (paid amount) by the plan sponsor for specific claimants.
Medical Paid Amount per Employee	The total medical paid amount by the plan sponsor expressed on a per employee basis.
Medical Paid Amount per Member	The total medical paid amount by the plan sponsor expressed on a per member basis.
Medical Service Visits	On the Utilization and Unit Cost by Medical Cost Category report, any Professional services that are not already specifically broken out under primary or specialist office visits or surgeries. These include a wide range of professional services from inpatient, ambulatory or ER settings like anesthesia, physical therapy and vision care along with ambulance claims and diagnostic testing in those settings.
Network Discount Savings	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers.
Network Discount Savings per Employee	Network financial savings expressed on a per employee basis.
Network Discount Savings per Member	Network financial savings expressed on a per member basis.
Network Utilization Metrics	Metrics that indicate the level of network use by members.
Number of Brand Multi-Source Pharmacy Claims per Eligible Member	The number of claims for brand multi-source drugs divided by the number of covered (eligible) members.
Number of Brand Single-Source Pharmacy Claims per Eligible Member	The number of claims for brand single-source drugs divided by the number of covered (eligible) members.
Number of Claimants	The total number of unique claimants for the reporting period.

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Number of Employees	The average number of employees covered under the medical plan for the reporting period.
Number of Generic Pharmacy Claims per Eligible Member	The number of generic claims divided by the number of covered (eligible) members.
Number of Members	The average number of members covered under the medical plan for the reporting period.
Number of Office Visits	The total number of office visits divided by members per 1,000.
Number of Pharmacy Claims	The total number or count of claims for the reporting period.
Number of Pharmacy Claims per Eligible Member	The total number of pharmacy claims for the reporting period divided by the number of covered (eligible) members.
Number of Pharmacy Claims per Utilizing Member	The total number of pharmacy claims for the reporting period divided by the number of utilizing members (claimants).
Number of Utilizing Members	The number of members who submitted a claim during the reporting period.
Office VIsits/1,000 Members	Total number of office visits divided by members per 1,000.
Percent Female Members	The percent of total membership who are female.
Percent Male Members	The percent of total membership who are male.
Pharmacy Paid Amount per Member	The total pharmacy claims paid (paid amount) by the plan sponsor expressed on a per member basis.

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Pharmacy Paid Amount per Eligible Member	The total pharmacy claims paid (paid amount) by the plan sponsor during the reporting period divided by the number of covered (eligible) members.
Pharmacy Paid Amount per Utilizing Member	The total pharmacy claims paid (paid amount) by the plan sponsor during the reporting period divided by the number of utilizing members (claimants).
Physician	Certified provider of medical services.
Premium	The premium paid to Aetna by the plan sponsor for the fully insured plan of benefits.
Ratio of Members to Employees	The number of members covered divided by the number of employees covered.
Total Copay Amount	The total amount of copays taken. Copays are a preset member contribution per prescription paid directly to the pharmacy.
Total Medical and Pharmacy Paid Amount	The total medical and pharmacy paid amount by the plan sponsor.
Total Medical Capitation Payments	Total medical capitation payments made to providers who are reimbursed on a capitated basis.
Total Medical Paid Amount	The total medical paid amount by the plan sponsor during the reporting period.
Total Medical Paid (Claims & Capitation)	The sum of total medical paid amount and total medical capitation payments.
Total Pharmacy Paid Amount	The total pharmacy claims paid (paid amount) by the plan sponsor during the reporting period (same as Pharmacy Paid Amount). It may be calculated as follows: Calculated Ingredient Cost + Dispensing Fee + Sales Tax - Copay Amount.
Total Surgeries/1,000 Members	The total number of surgeries (inpatient and ambulatory) divided by members per 1,000.

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