

Large Claim Report

Run Date 09/04/14

Policyholder Number 819919 **Selected by:**
Name of Customer CITY OF ROUND ROCK

Threshold Amount
 \$50,000.00

BIC
 All

Current Period					Start Date	Stop Date		
<u>Climnt Num</u>	<u>Dep Code</u>	<u>Medical Current Experience Rated Amount</u>	<u>RX Drug Current Experience Rated Amount</u>	<u>Total</u>	<u>Pooled Claim Amount</u>	<u>Prior Experience Rated Amount</u>	<u>Prior Pooled Claim Amount</u>	
1/0		\$49,549.64	\$6,865.65	\$56,415.29	\$0.00	\$0.00	\$0.00	
1/0		\$58,247.33	\$66,125.92	\$124,373.25	\$0.00	\$0.00	\$0.00	
1/0		\$30,831.63	\$206.31	\$31,037.94	\$22,680.37	\$0.00	\$0.00	
1/0		\$46,458.15	\$11,074.63	\$57,532.78	\$0.00	\$0.00	\$0.00	
2/3		\$126,094.83	\$0.00	\$126,094.83	\$7,199.66	\$0.00	\$0.00	
3/3		\$179,071.76	\$1,472.40	\$180,544.16	\$0.00	\$0.00	\$0.00	

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1/0		\$76,284.44	\$22,743.33	\$99,027.77	\$0.00	\$0.00	\$0.00	
2/3		\$4,772.59	\$376,628.64	\$381,401.23	\$66,334.66	\$0.00	\$0.00	
1/0		\$13,732.37	\$88,834.62	\$102,566.99	\$0.00	\$0.00	\$0.00	
2/2		\$5,550.25	\$895.76	\$6,446.01	\$5,998.50	\$0.00	\$0.00	
1/0		\$52,706.51	\$1,278.35	\$53,984.86	\$0.00	\$0.00	\$0.00	
3/3		\$26,543.14	\$126,427.56	\$152,970.70	\$45,730.29	\$0.00	\$0.00	
1/0		\$126,222.51	\$996.34	\$127,218.85	\$0.00	\$0.00	\$0.00	
2/2		\$132,415.03	\$6,592.18	\$139,007.21	\$0.00	\$0.00	\$0.00	
3/3		\$6,695.89	\$328.92	\$7,024.81	\$6,052.63	\$0.00	\$0.00	

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<u>Cmnt</u>	<u>Dep</u>	<u>Medical</u>	<u>RX Drug</u>		<u>Current</u>	<u>Prior</u>	
<u>Num</u>	<u>/ Code</u>	<u>Experience</u>	<u>Experience</u>	<u>Total</u>	<u>Pooled Claim</u>	<u>Experience</u>	<u>Prior Pooled</u>
		<u>Rated</u>	<u>Rated</u>		<u>Amount</u>	<u>Rated</u>	<u>Claim Amount</u>
		<u>Amount</u>	<u>Amount</u>			<u>Amount</u>	
1/0		\$46,322.70	\$12,852.61	\$59,175.31	\$0.00	\$0.00	\$0.00
4/3		\$68,459.62	\$4,007.45	\$72,467.07	\$0.00	\$0.00	\$0.00
5/3		\$61,514.21	\$6.98	\$61,521.19	\$0.00	\$0.00	\$0.00
2/2		\$1,478.45	\$0.00	\$1,478.45	\$45,499.58	\$0.00	\$0.00
2/3		\$53,814.55	\$5,852.63	\$59,667.18	\$0.00	\$0.00	\$0.00
2/3		\$57,881.94	\$5,479.74	\$63,361.68	\$0.00	\$0.00	\$0.00
1/0		\$55,714.49	\$53,501.06	\$109,215.55	\$0.00	\$0.00	\$0.00
1/0		\$151,666.10	\$14,983.60	\$166,649.70	\$0.00	\$0.00	\$0.00

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1/0		\$2,315.58	\$67,692.96	\$70,008.54	\$0.00	\$0.00	\$0.00
1/0		\$84,327.65	\$2,598.44	\$86,926.09	\$0.00	\$0.00	\$0.00
1/0		\$22,133.44	\$33,949.61	\$56,083.05	\$0.00	\$0.00	\$0.00
3/3		\$350,013.32	\$6,207.87	\$356,221.19	\$595,025.40	\$0.00	\$0.00
4/3		\$169,423.75	\$7,997.69	\$177,421.44	\$0.00	\$0.00	\$0.00
2/2		\$182,082.14	\$201.33	\$182,283.47	\$0.00	\$0.00	\$0.00
1/0		\$55,815.66	\$15,276.71	\$71,092.37	\$8,972.61	\$0.00	\$0.00

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4/3		\$52,110.05	\$8.67	\$52,118.72	\$0.00	\$0.00	\$0.00
1/0		\$74,145.72	\$4,643.48	\$78,789.20	\$0.00	\$0.00	\$0.00
1/0		\$51,489.85	\$838.13	\$52,327.98	\$0.00	\$0.00	\$0.00
2/2		\$47,170.62	\$10,298.05	\$57,468.67	\$0.00	\$0.00	\$0.00
3/3		\$52,009.99	\$1,846.96	\$53,856.95	\$0.00	\$0.00	\$0.00
3/3		\$353,645.21	\$2,533.78	\$356,178.99	\$134,423.18	\$0.00	\$0.00
4/3		\$52,262.78	\$211.16	\$52,473.94	\$0.00	\$0.00	\$0.00

			Medical	RX Drug				
			Current	Current			Prior	
			Experience	Experience		Current	Experience	
	Clmnt	Dep	Rated	Rated		Pooled Claim	Rated	Prior Pooled
	<u>Num / Code</u>		<u>Amount</u>	<u>Amount</u>	<u>Total</u>	<u>Amount</u>	<u>Amount</u>	<u>Claim Amount</u>

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This report is designed to meet your need for data in evaluating your benefit plan. We have removed individual member identifiers (e.g., name, ID number, etc.) because most plan sponsors find that their needs can be met without identifiers and also to comply with state and federal health information privacy regulations. For self-funded plan sponsors that may need individual identifiers, this information may be provided upon request, provided the appropriate agreement(s) have been signed.