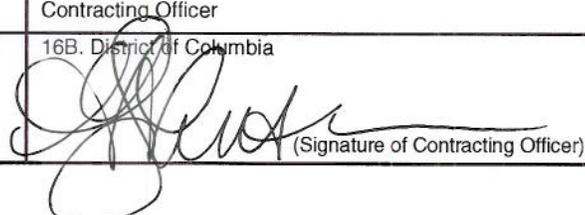


AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT			1. Contract Number	Page of Pages
			1	1
2. Amendment/Modification Number	3. Effective Date	4. Requisition/Purchase Request No.	5. Solicitation Caption	
DCBE-2007-R-0049-003	August 21, 2007		Health Insurance Plan for District Employees	
6. Issued by: Office of Contracting and Procurement Group IX 441 4 th Street, NW – Suite 700 South Washington, DC 20001		Code	7. Administered by (If other than line 6) DC Department of Human Resources 441 4 th Street, NW – Suite 340 North Washington, DC 20001	
8. Name and Address of Contractor (No. street, city, county, state and zip code)		9A. Amendment of Solicitation <input checked="" type="checkbox"/> DCBE-2007-R-0049		
		9B. Dated (See Item 11) July 20, 2007		
		10A. Modification of Contract Order No.		
		10B. Dated (See Item 13)		
Code	Facility			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input checked="" type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. Accounting and Appropriation Data (If Required)				
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTORS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14				
A. This change order is issued pursuant to (Specify Authority): The changes set forth in Item 14 are made in the contract/order no. in item 10A.				
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.				
C. This supplemental agreement is entered into pursuant to authority of:				
D. Other (Specify type of modification and authority)				
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.				
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)				
Solicitation DCBE-2007-R-0049 is hereby amended to provide responses to the following offeror questions. Please see Attachment A.				
The requested vendor information is provided in Attachments B through E. Attachment F provides the revised Proposed Plan Designs.				
Except as provided herein, all terms and conditions of the document referenced in item (9A or 10A) remain unchanged and in full force and effect.				
15A. Name and Title of Signer (Type or print)		16A. Name of Contracting Officer		
		Gena Johnson Contracting Officer		
15B. Name of Contractor	15C. Date Signed	16B. District of Columbia	16C. Date Signed	
(Signature)			8/21/07	

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AMENDMENT 003
ATTACHMENT A - RESPONSES TO QUESTIONS FROM OFFERORS**

Benefit Design Questions

- Q1. How will benefit deviations be evaluated across carriers?
- A1. Offerors must, at minimum, match the proposed plan designs provided in Attachment J.1.3. The Offeror, in its response to L.2.1.2.1 – Question #1.a., shall state any benefit exclusions in its proposed plan and any additional benefits that may be offered. The Offeror's ability to meet, at minimum, the plan designs will be considered as part of evaluation factor M.3.1.1.1.
- Q2. For the HMO and in-Network Diagnostic Laboratory, what is the copay when not part of a Dr.'s visit?
- A2. The Contractor shall adhere to the Usual and Customary Rates (UCR) when assigning a copay to in-Network Diagnostic Laboratory work that does not accompany a doctor's visit.
- Q3. Is the intention to streamline the number of carriers, replace one or more of the existing carriers or add to the existing carriers being offered?
- A3. It is the District's intention to maximize the value of its health care expenditures on behalf of its employees and their dependents. As a result, the District may make any of the following changes to the current DCEHB offerings, as stated in Section C.2 of the solicitation.
- "Beginning with the plan year starting January 1, 2008, the District may make the following additional changes to the DCEHB Program:
1. Addition of a POS benefit plan design.
 2. Change in plan design for HMOs to have all HMO plan designs be as consistent as possible regarding the benefits, copays, scope of covered services, general limitations and plan exclusions."
- Q4. Is pharmacy a total carve-out to a third party vendor or carved-in to each individual carrier?
- A4. Pharmacy coverage is to be included in each carrier's plan offering.
- Q5. For C.3.7.4, is the out-of-area coverage for members at the in-network level or out-of-network level? Is this offered for all three products – PPO, POS, HMO?
- A5. A response to this question is currently not available. The Offeror shall state in its proposal whether out-of-area coverage will be covered at the in-network or out-of-network level.
- Q6. Is it important for potential bidders to match the current Federal plan offerings or is the District moving away from that philosophy? Below is a comparison of the proposed copays and the Federal copay structure:
- Specialist- DC- \$20, Feds- \$30
Inpatient-DC \$150 per adm., Fed- \$150 per day up to 3 day max.
Outpatient- DC- \$50, Fed- \$150
ER-DC- \$100, Fed-\$75
Urgent Care-DC-\$25, Fed-\$50

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AMENDMENT 003

ATTACHMENT A - RESPONSES TO QUESTIONS FROM OFFERORS

A6. The District is not attempting to match its copays to those of the Federal Government. Thus, potential offerors shall match the plan designs in Attachment J.1.3.

Q7. Some of the current plans offer dental riders. Are dental riders being requested for this proposal? Will the dental information of the current carriers be provided?

A7. Yes; dental riders are being requested. Section B.1 is revised to read "The Government of the District of Columbia, Office of Contracting and Procurement, on behalf of the Department of Human Resources (the District) is seeking licensed health care insurance provider(s) to administer one or more of the fully insured health benefit plans listed below in B.1.1 through B.1.3. Prescription drug coverage administration **and dental riders** are included in the health plan. A "licensed health care insurance provider" is defined as an entity that has been granted a Certificate of Authority (COA) to provide health benefits from the D.C. Department of Insurance, Securities and Banking (DISB)."

Attachment F to this solicitation provides the revised proposed plan designs.

Q8. Should the Pharmacy benefit include Ancillary charges, as done in the current benefit plans?

A8. Yes, the Pharmacy benefit should include Ancillary charges.

General RFP questions

Q9. For C.3.5.2, please describe in more detail the District-developed survey.

A9. C.3.5.2 is hereby revised to read "The Contractor shall conduct annual surveys of District enrollees during the last month of the plan year to determine their satisfaction with the program using a **Contractor**-developed, District approved survey. The Contractor shall return the completed surveys to the Contracting Officer's Technical Representative within three (3) months following the close of the plan year."

Q10. Is the District currently using or requesting an on-line enrollment tool for this solicitation?

A10. In its response to L.2.1.2.2, Question #1, the offeror shall describe what on-line tools would be available to the District.

Q11. What current eligibility system is currently in use that carriers are required to interface with for eligibility and billing?

A11. The District is currently using the PeopleSoft Human Resource and Payroll and Benefits Systems.

Q12. Would a sealed and labeled box meet the same criteria you request of a sealed and labeled envelope?

A12. The Offeror can submit their proposals in an appropriate mailing package (envelope or box), so long as it is the package is properly sealed and labeled, as per the proposal instructions.

Q13. Do the Technical and Pricing Proposals need to be in separate binders/packets, or can they be in the same binder/packet, as long as they are conspicuously labeled and in separate sections?

A13. The Offeror shall submit its technical and price proposal in separate binders/packets.

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AMENDMENT 003
ATTACHMENT A - RESPONSES TO QUESTIONS FROM OFFERORS

- Q14. By what method do we check for amendments to the RFP? Are they posted anywhere on the District's website?
- A14. Amendments to the solicitation are provided electronically to those vendors on the Bidders List. In addition, all amendments can be found on the OCP website www.ocp.dc.gov under the "Business Opportunities" link.
- Q15. Please confirm that the proposed corrective eyewear discount plan benefit in Attachment J.1.3 does not have a limit.
- A15. The Offeror shall state in its proposal response to L.2.1.2.1 – Question #1.a. whether or not the corrective eyewear discount plan has a limit.
- Q16. Are the enrollment numbers you included, under the new POS plan, the assumed enrollment that you would expect to enroll in the POS plan if it were offered?
- A16. Yes; because the District does not currently offer a POS plan, the numbers provided are estimates. See revised section B.3 Price Schedules.
- Q17. Is there a LSDBE subcontracting requirement for this solicitation? Page 80 states "there will be no preference awarded for subcontracting by the prime contractor with certified business enterprises". Can you please confirm this?
- A17. No, there is no subcontracting requirement for this contract. However, the District encourages large business entities to seek out opportunities for LSDBEs to partner with them in fulfilling District requirements. As noted in section M.5.3, the maximum preference points available are 12. If a prime has 12 preference points, then no additional points are given for subcontracting with certified business enterprises.
- Q18. Section C.3 "Requirements" lists a number of items that the Contractor "shall" perform. How shall the responding vendors address these items if there are administrative issues or additional questions/discussions that would need to be addressed prior to agreeing to these listed requirements?
- A18. The District's minimum requirements are listed in section C.3. If an Offeror has administrative issues it should state so in its proposal. Questions regarding the solicitation should be submitted in writing by the date provided in Amendment 2. The expected award date is November 2007.
- Q19. Please describe the evaluation process and the composition of the evaluation committee. What are the anticipated timelines for decisions/finalist meetings etc.?
- A19. The evaluation panel will review the proposals using the evaluation criteria listed in section M. If the District chooses to enter into discussions, all Offerors in the competitive range will be contacted.
- Q20. Per the current benefits grids, it appears that there is a Kaiser HMO and an Aetna HMO. The 2 remaining plans are the following: M.D. IPA and PPO. Which carrier belongs to these benefit plans remaining (Cigna or United)?
- A20. M.D.-IPA is a HMO Plan; CIGNA administers the PPO plan.
- Q21. In regards to C.1.2.9 – Under what circumstances would the District pay less than 75% for an option?

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ATTACHMENT A - RESPONSES TO QUESTIONS FROM OFFERORS

- A21. There is currently no discussion on changing the employer contribution.
- Q22. In regards to Requirement C.3.1.5 – Does DC Government allow employees to select new options mid-year upon a Qualifying Event? We are assuming that this is the case in which a vendor would need to provide information and/or credit for partially satisfied deductibles. Please confirm.
- A22. Employees, who have qualifying events such as a status change, marriage, adoption or divorce, are allowed to make changes to the benefits within thirty (30) days of the event. All other employees are only allowed to changes their benefits during the open enrollment period.
- Q23. Item C.3.3.11 requires contractor to provide mailing surveys and “other information”. What is the anticipated volume of such mailings?
- A23. The anticipated volume of the mailings would be based on the number of District employees who are enrolled in any of the respective benefit plans.
- Q24. Item C.3.3.19 requires coordination of care with your current EAP program. Please expand upon the required services and what is meant by “coordination”.
- A24. An example of the coordination of care would be between an EAP counselor and the employee's selected health provider to ensure that any physical or mental health services needed by the employee are seamlessly established if the employees selects are new provider or continued if the employees current provider is selected to administer the same or another of the health plan offerings.
- Q25. Items C.3.4.2, C.3.4.5 requiring claims and call center statistics reporting: Would it be acceptable to provide this on a unit-wide basis for the group that would support this account?
- A25. Yes, that would be acceptable.
- Q26. Item C.3.5.2 regarding a member satisfaction survey: We would assume that the District and the chosen vendor would have a mutually agreeable format for the survey. Please confirm.
- A26. Please see response provided in A9.
- Q27. Item C.3.7.8 in regard to prescription drug rebates: This is an item that is typically associated with a self-funded customer. Requests within the proposal are for fully insured. Should this request be “not applicable”?
- A27. Prescription drug rebates do not apply to the types coverage the District is seeking for its employees; thus C.3.7.8 is hereby deleted from the solicitation.
- Q28. Is the vendor able to mark certain portions of their proposal as “Proprietary and Confidential” (e.g. items related to discounts, network arrangements etc.) such that these will remain protected even under the Freedom of Information Act when these proposals become public record?
- A28. Refer to section L.6. The Offeror has the option of denoting portions of the proposal as proprietary if needed. If a FOIA request is made, the District will notify the Offeror of the

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 AMENDMENT 003
 ATTACHMENT A - RESPONSES TO QUESTIONS FROM OFFERORS**

request and provide the Offeror an opportunity to justify why the denoted information should remain protected.

Q29. Do you expect the vendor to price for paying run-in claims coverage (i.e. all claims that come in after new effective date, but that were incurred under previous carriers contract), or do you have a run-off arrangement with all your current carriers? If all vendors are on a fully insured basis currently, the paid premiums should cover claims incurred on our before 12/31/07 and would be paid by that insurer as appropriate. Please confirm that this is the case.

A29. Claims incurred prior to the effective date of the new plans will be paid under the previous contracts. Refer also to sections C.3.1.5 and C.3.1.6 for the District's expectation of how treatments in progress as of the effective date of the new contracts will be handled.

Q30. Is it acceptable to only provide pricing for year one, and determine the pricing for the additional second through the fifth contract years, upon renewal? Under this scenario, is "TBD" an appropriate response on the rate forms?

A30. No, the Offeror's proposal submission is to include fixed rates or rate guarantees for both the base period and the option years.

Census

Q31. Are retirees and TCC (COBRA) included in the Census data?

A31. No, the Census data only represents actively enrollees only.

Q32. There are 19,199 subscribers on the census. The RFP states 12,750 (plus 230 TCC and 281 retirees) are covered. The RFP rate exhibits total 17,261 contracts. Please explain.

A32. The RFP section C.2 reflects the actual health benefit enrollment as the first pay period in May. During this summer time period, the District experienced a lot of transition mostly in our university and public schools systems which causes enrollment to be down.

The census reflected on attachment J.1.6 was produced in the month of July. During this time period, the District experienced an increase in enrollment due to an influx of hiring across the city which included our university and public schools systems and as well as in our public safety agencies.

Monthly Claims

(Please respond for each carrier)

	AETNA	CIGNA	KAISER	MD-IPA (UHC)
Q33. Does the claims experience include capitations?	Yes	Yes	Yes, Physician cost on the Cost Reports would be considered "Capitation."	Yes
Q34. Does the claims experience include Rx? If so can it be broken out? If not, please provide.	Provided in Attachment B	Yes, claims have been provided back to 1/1/06 in Attachment D.	Yes, provided in Cost Reports. See Attachment E.	Claims do not include Rx.

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Enrollment History
 (Please respond for each carrier)

	AETNA	CIGNA	KAISER	MD-IPA (UHC)
Q35. Please verify that the monthly enrollment provided for each carrier represents members (employees and spouses/dependents), as opposed to contracts (employees).	Enrollment represents Members	Enrollment represents Employees	Our Cost Report lists both monthly counts of "Members" and "Contracts", and, or "Subscribers".	Enrollment represents Members
Q36. Is it possible to get monthly enrollment by contracts (employees)?	Provided in Attachment B	N/A	This information is in the Cost Reports, but "Contracts" is listed as "Subscribers", meaning that both terms are synonymous. See Attachment E.	N/A

Large Claimants
 (Please respond for each carrier)

	AETNA	CIGNA	KAISER	MD-IPA (UHC)
Q37. The large claimant reports are by calendar year. Can we get large claimant reports for the most recent 12 month period?	Provided in Attachment C	Provided in Attachment	Yes, the most recent period would be April 1, 2006 through March 31, 2007. See Attachment E.	Information is not currently available

Premium Rates and Calculations

Q38. Will a formula guarantee for the Option Years (2009 thru 2012) be acceptable? Rates for illustrative purposes only can be provided, but the actual rates would be based on a renewal using the formula we provide in the RFP.

A38. Yes. Refer to section L.2.2.2.

In addition, Section M.4 is hereby revised to read "The District will evaluate offers for award purposes by evaluating the total price for all options, based on the proposed fixed rates or rate guarantees for the option years, as well as the base year. If the contractor proposed fixed rates for the option period, the District will use those rates times the estimated enrollments for each CLIN in a plan to determine the offeror's option year price. If the contractor proposed a rate guarantee, the District will use the maximum premium rate that may be charged based on the offeror's proposed option year formula. The District will use the maximum option year rate times the estimated enrollments for

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each CLIN in a plan to determine the offeror's option year prices. Evaluation of options shall not obligate the District to exercise them. The total District's requirements may change during the option years. Quantities to be awarded will be determined at the time each option is exercised."

Q39. Concerning the premium payment and reconciliation issues, how will we be paid for covered subscribers who are not on the current payroll (teachers on nine month pay schedule, retirees, TCC, etc)?

A39. Premiums for District employees who are in a non pay status are paid by the District. However, the District has employees who are on a pay schedule out-side of the normal biweekly schedule. These health premiums are prorated by the District. For example, an employee who is on the nine month pay schedule pays the annual premium in 18 payments.

Health premium payments for our other payrolls will be made directly to the vendors. These other payrolls are reflected as sub-groups to the District's main population. Their payments will be made either hard check, ACH or EFT.

The District's health plans administer the TCC program, therefore, premium payments for TCC will be paid by the TCC enrollee directly to the health vendor.

Q40. A range is provided in C.2 for current HMO rates. Please provide current rates for each of the three HMOs.

A40. The current rates for each of the HMO carriers are as follows:

Coverage Level	Kaiser 2007 Rates	M.D. – IPA 2007 Rates	AETNA 2007 Rates
Active – Employee Only	\$311.75	\$270.51	\$310.84
Active - Family	\$809.48	\$701.73	\$808.18
Retiree – Employee Only	\$311.75	\$270.51	\$310.84
Retiree – Family	\$809.48	\$701.73	\$808.18
TCC – Employee Only	\$317.98	\$275.92	\$317.06
TCC – Family	\$825.67	\$715.76	\$824.34

Q41. Please confirm that you are requesting fully insured (*meaning no annual settlement*) quotes on all products, or a retrospective arrangement as stated in F.2.3.

A41. Yes, the District is requesting fully insured rate quotes. Section F.2.3 is hereby removed from the solicitation.

Additional Questions

Q42. Do you still want to mirror the federal high-option plan, and/or are you requiring carriers to stay true to the RFP requirements? Please explain the business decision.

A42. This information is not currently available. If a response to this question becomes available prior to the closing date of the solicitation, it will be provided in a subsequent amendment.

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- Q43. As an incumbent, are carriers allowed to evaluate the scope of the RFP, experience, and provide product and service recommendations that may not be stipulated and required in the RFP? Is there any flexibility in the plan designs that the carrier can submit? Please explain the business decision.
- A43. Offerors may make product and service recommendations. However, such recommendations should be provided under a separately identified tab in the Offeror's proposal.
- Q44. Can we do a four-tier pharmacy plan similar to the FEHBP offering for 2008 where the fourth tier is for specialty drugs with coinsurance in lieu of a copay?
- A44. Offerors may propose various pharmacy tier structures; provided the proposal submission meets the minimum requirement, as per Attachment J.1.3.
- Q45. Please confirm that you are in compliance with the banking regulations that require you to use a "corporate" format?
- A45. Please provide clarification regarding this question.
- Q46. Where is Clause 6 (referred to in Section E: Inspection and Acceptance)? What does Clause 6 say? What does it mean in terms of how we can/should respond? Where is Clause 23? (Referenced in Section K.4 - Buy American Certification) What does Clause 23 say? What does it mean in terms of how we can/should respond?
- A46. Clauses 6 and 23 are found in the District of Columbia Standard Contract Provisions for Use with District of Columbia Government Supply and Services Contracts. The Standard Contract Provisions are available on OCP's website – www.ocp.dc.gov under Solicitation Attachments.
- Q47. Please explain in detail your "PeopleSoft" implementation as it relates to providers and the RFP.
- A47. As per Section 3.1.3, the Offeror must be able to demonstrate its ability to interface with the District's Payroll office. The District is has implemented the PeopleSoft Payroll and Benefits system. Providers must be capable of interfacing with this system.
- Q48. If your Rx Formulary is on-line and closed, is it necessary to provide the completed "formulary"? Please explain.
- A48. In response to L.2.1.2.6 – Question #7.c., the Offeror can provide its formulary on a CD and submit it with its proposal.
- Q49. Please provide a key identifying each carrier's code on the census. We also need each subscriber's gender.
- A49. Attachment C, which was provided with the previous amendment, contains the requested gender information. Please see the key below for the carrier code.

CN1- Cigna – self
CN2- Cigna – self & family
HM1- Aetna – self
HM2- Aetna – self & family
KP1- Kaiser – self
KP2- Kaiser self & family

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MD1- MDIPA – self
MD2- MDIPA self & family
000- Eligible employee; no provider selected

- Q50. Please provide your strategy for your early retiree and Medicare population.
- A50. The District's current policy on Retiree Health dictates that any Post 9-30-87 employee who is entitled for retirement by SSA or entitled for disability by SSA will be eligible to enroll into one of the approved health plans in self or family coverage. The District will assume 75% of the subscription charge and the retiree will assume the remaining 25%. The eligible entitlement age for SS is 62.
- Q51. Please provide your complete evaluation process, the evaluation committee, and its selection criteria.
- A51. The criteria, by which all proposal submissions will be evaluated, is provided in Section M.3 of the solicitation. The District will be using Aon Consulting as its actuary who will assist in the evaluation.
- Q52. Please clarify page 5 of the EEO certification document. In reviewing the document, we found a clause on page 5 that says "The standard for minority subcontracting is 25% of the TOTAL contracting dollar amount to be subcontracted."
- A52. There is not a mandatory LSDBE subcontracting requirement for this solicitation.
- Q53. Are we required to complete the LSDBE Certification Package (J.2.1.)? If so, can you provide us with a current copy of the form? The Web site listed on page 52 for J.2.1 is incorrect. We found the correct Web site, but it appears that the most up-to-date LSDBE Certification Package is a version for "Street Vendors," which would not apply to us.
- A53. Offerors who are requesting preference based on its LSDBE status should complete the LSDBE Certification Package. The package can be found at www.olbd.dc.gov. To get to the proper online form, click on the link entitled "LSDBE Business Center."

Attachment F – REVISED PROPOSED PLAN DESIGNS

Benefit	HMO	Maximum Copays			
		POS		PPO	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	\$150 ind. \$300 fam.	\$500 ind. \$1000 fam.	\$300 ind. \$600 fam.	\$500 ind. \$1000 fam.
Coinsurance	None	None	40% after ded.	15% after ded.	25% after ded.
Out-of-Pocket Maximum (for deductible & coinsurance)	N/A	N/A	\$2500 ind. \$5000 fam.	\$1000 ind. \$2000 fam.	\$1500 ind. \$2500 fam.
Lifetime Max	N/A	N/A	N/A	N/A	N/A
Primary Physician Selection	May or may not be required	May or may not be required	Not required	Not required	Not required
Adult Physicals / Immunizations	\$15 copay	\$15 copay	40% after ded.	\$15 copay	25% after ded.
Well Child Visits / Immunizations	\$15 copay	\$15 copay	40% after ded.	\$15 copay	25% after ded.
Annual GYN exam, Mammograms, PAP Smear	\$15 copay	\$15 copay	40% after ded.	\$15 copay	25% after ded.
Routine Eye Exam	\$20 copay	\$20 copay	Not covered	\$50 annual allowance towards exam and eyewear	
Corrective Eyewear	Discount plan	Discount plan	Not covered		
Dental	Discount plan	Discount plan	Not covered	Discount Plan	Discount plan
Primary Care Doctor Visits	\$15 copay	\$15 copay	40% after ded.	\$15 copay	25% after ded.
Specialist Office Visits	\$20 copay	\$20 copay	40% after ded.	\$15 copay	25% after ded.
Maternity OB Visits	\$15 copay	\$15 copay	40% after ded.	\$15 copay	25% after ded.
Allergy Treatment	\$20 copay	\$20 copay	40% after ded.	\$15 copay	25% after ded.
Allergy Testing	\$20 copay	\$20 copay	40% after ded.	\$15 copay	25% after ded.
Diagnostic Laboratory	\$0 as part of a Doctor visit	\$0 as part of a Doctor visit	40% after ded.	\$0 as part of Doctor visit	25% after ded.
Diagnostic X-ray	\$20 copay	\$20 copay	40% after ded.	\$0 after ded.	25% after ded.
Urgent Care	\$25	\$25	40% after ded.	None	25% after ded.
Emergency Room	\$100, waived if admitted	\$100, waived if admitted	40% after ded.	\$100, waived if admitted	25% after ded.
Ambulance	\$0 copay	\$0 copay	40% after ded.	\$0 copay	25% after ded.
Inpatient Coverage	\$150 per admission	\$150 per admission	40% after ded.	\$0 after ded. (up to 180 days, 15% after day 180)	25% after ded.
Inpatient Maternity Coverage	\$150 per admission	\$150 per admission	40% after ded.	\$0 after ded.	25% after ded.
Outpatient Surgery at Hospital	\$50	\$50	40% after ded.	\$0 after ded.	25% after ded.
Inpatient Mental Illness	\$150 per admission	\$150 per admission	40% after ded.	None (up to 45 days /	25% after ded.

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Amendment 003
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Benefit	HMO	Maximum Copays			
		POS		PPO	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Mental Illness	\$20 copay	\$20 copay	40% after ded.	\$15 copay (up to 40 visits / year, 15% for visits 41+)	25% after ded.
Impatient Detoxification or Rehab	\$150 per admission	\$150 per admission	40% after ded.	None (up to 60 days / year)	25% after ded.
Outpatient Detox or Rehab	\$20 copay per visit (up to 30 days / year)	\$20 copay per visit (up to 30 days / year)	40% after ded.	\$15 copay per visit (up to 60 days / year)	25% after ded.
Skilled Nursing Facility	None (up to 60 days / year)	None (up to 60 days / year)	40% after ded.	\$0 after ded.	25% after ded.
Home Health Care	\$10 – PCP \$20 - Specialist \$0 - Nurse / HH Aide	\$10 – PCP \$20 - Specialist \$0 - Nurse / HH Aide	40% after ded.	\$0 after ded.	25% after ded.
Hospice Care - Inpatient	\$150 per admission	\$150 per admission	40% after ded.	\$0 after ded.	25% after ded.
Hospice Care - Outpatient	\$20 copay	\$20 copay	40% after ded.	\$0 after ded.	25% after ded.
Private Duty Nursing	100%	100%	40% after ded.	\$0 after ded.	25% after ded.
Outpatient Rehabilitation Therapy (Speech, Physical, Occupational)	\$20 copay	\$20 copay	40% after ded.	15% after ded.	25% after ded.
Subluxation / Chiropractic	\$20 copay (up to 20 visits / year)	\$20 copay (up to 20 visits / year)	40% after ded.	15% after ded.	25% after ded.
Durable Medical Equipment	25%	25%	40% after ded.	15% after ded.	25% after ded.
Vasectomy / Tubal Ligation	\$20 copay	\$20 copay	40% after ded.	\$0 after ded.	25% after ded.
Retail (up to 30 days) –Generic	\$10 copay	\$10 copay	Not Covered	\$10 copay	Not Covered
Retail (up to 30 days) –Formulary Brand Name	\$20 copay	\$20 copay	Not Covered	\$20 copay	Not Covered
Retail (up to 30 days) – Non-Formulary Brand Name	\$40 copay	\$40 copay	Not Covered	\$540 copay	Not Covered
Mail (31-90 days) – Generic	\$20 copay	\$20 copay	Not Covered	\$20 copay	Not Covered
Mail (31-90 days) – Formulary Brand Name	\$40 copay	\$50 copay	Not Covered	\$40 copay	Not Covered
Mail (31-90 days) – Non-Formulary Brand Name	\$80 copay	\$80 copay	Not Covered	\$1080 copay	Not Covered

Government of the District of Columbia

PSU 115259

Group: US172614

Location Codes: DC Public Schools defined as 299-326, 350-353, 362

Claims Incurred and Processed/Paid 01/01/2004 through 07/31/2007

Membership Effective Dates: 01/01/2004 through 07/31/2007

Medical Claims

Year	Incurred Month	DC Gov, No Public Schools			DC Public Schools Only			DC Gov Total		
		Inpatient Claims & Caps	Outpatient	Total	Inpatient Claims & Caps	Outpatient	Total	Inpatient Claims & Caps	Outpatient	Total Paid Amount
2004	1	\$ 1,195,190.40	\$ 981,497.43	\$ 2,176,687.83	\$ -	\$ 259.87	\$ 259.87	\$ 1,195,190.40	\$ 981,757.30	\$ 2,176,947.70
2004	2	\$ 881,520.26	\$ 934,556.28	\$ 1,816,076.54	\$ 7,633.83	\$ 2,005.09	\$ 9,638.92	\$ 889,154.09	\$ 936,561.37	\$ 1,825,715.46
2004	3	\$ 985,291.98	\$ 1,127,655.55	\$ 2,112,947.53	\$ 454.12	\$ 428.44	\$ 882.56	\$ 985,746.10	\$ 1,128,083.99	\$ 2,113,830.09
2004	4	\$ 694,504.93	\$ 1,105,779.55	\$ 1,800,284.48	\$ 408.63	\$ 802.59	\$ 1,211.22	\$ 694,913.56	\$ 1,106,582.14	\$ 1,801,495.70
2004	5	\$ 1,254,597.66	\$ 1,012,263.34	\$ 2,266,861.00	\$ 453.48	\$ 7,269.84	\$ 7,723.32	\$ 1,255,051.14	\$ 1,019,533.18	\$ 2,274,584.32
2004	6	\$ 1,202,660.88	\$ 1,070,220.12	\$ 2,272,881.00	\$ 456.76	\$ 200.65	\$ 657.41	\$ 1,203,117.64	\$ 1,070,420.77	\$ 2,273,538.41
2004	7	\$ 1,142,681.79	\$ 1,096,405.71	\$ 2,239,087.50	\$ 3,579.17	\$ 4,888.51	\$ 8,467.68	\$ 1,146,260.96	\$ 1,101,294.22	\$ 2,247,555.18
2004	8	\$ 1,149,976.93	\$ 1,240,037.31	\$ 2,390,014.24	\$ 17,259.28	\$ 3,287.47	\$ 20,546.75	\$ 1,167,236.21	\$ 1,243,324.78	\$ 2,410,560.99
2004	9	\$ 1,008,052.14	\$ 1,150,711.11	\$ 2,158,763.25	\$ 4,496.38	\$ 7,373.21	\$ 11,869.59	\$ 1,012,548.52	\$ 1,158,084.32	\$ 2,170,632.84
2004	10	\$ 1,037,581.10	\$ 792,695.01	\$ 1,830,276.11	\$ 191,362.13	\$ 316,977.71	\$ 508,339.84	\$ 1,228,943.23	\$ 1,109,672.72	\$ 2,338,615.95
2004	11	\$ 801,573.52	\$ 721,094.27	\$ 1,522,667.79	\$ 308,922.42	\$ 350,382.16	\$ 659,304.58	\$ 1,110,495.94	\$ 1,071,476.43	\$ 2,181,972.37
2004	12	\$ 583,131.46	\$ 735,178.84	\$ 1,318,310.30	\$ 228,796.55	\$ 330,837.95	\$ 559,634.50	\$ 811,928.01	\$ 1,066,016.79	\$ 1,877,944.80
2005	1	\$ 751,136.40	\$ 785,957.19	\$ 1,537,093.59	\$ 206,042.78	\$ 305,199.75	\$ 511,242.53	\$ 957,179.18	\$ 1,091,156.94	\$ 2,048,336.12
2005	2	\$ 649,087.40	\$ 847,622.70	\$ 1,496,710.10	\$ 205,153.95	\$ 292,333.27	\$ 497,487.22	\$ 854,241.35	\$ 1,139,955.97	\$ 1,994,197.32
2005	3	\$ 904,587.47	\$ 941,723.28	\$ 1,846,310.75	\$ 195,042.51	\$ 347,980.79	\$ 543,023.30	\$ 1,099,629.98	\$ 1,289,704.07	\$ 2,389,334.05
2005	4	\$ 828,183.07	\$ 771,185.66	\$ 1,599,368.73	\$ 130,624.59	\$ 309,793.23	\$ 440,417.82	\$ 958,807.66	\$ 1,080,978.89	\$ 2,039,786.55
2005	5	\$ 613,469.36	\$ 926,883.35	\$ 1,540,352.71	\$ 203,442.14	\$ 315,285.64	\$ 518,727.78	\$ 816,911.50	\$ 1,242,168.99	\$ 2,059,080.49
2005	6	\$ 707,097.85	\$ 929,521.42	\$ 1,636,619.27	\$ 402,375.89	\$ 290,252.34	\$ 692,628.23	\$ 1,109,473.74	\$ 1,219,773.76	\$ 2,329,247.50
2005	7	\$ 739,552.48	\$ 796,156.16	\$ 1,535,708.64	\$ 321,964.07	\$ 354,435.79	\$ 676,399.86	\$ 1,061,516.55	\$ 1,150,591.95	\$ 2,212,108.50
2005	8	\$ 953,894.62	\$ 1,011,869.16	\$ 1,965,763.78	\$ 519,146.93	\$ 362,510.61	\$ 881,657.54	\$ 1,473,041.55	\$ 1,374,379.77	\$ 2,847,421.32
2005	9	\$ 595,091.31	\$ 920,313.10	\$ 1,515,404.41	\$ 298,107.67	\$ 314,761.00	\$ 612,868.67	\$ 893,198.98	\$ 1,235,074.10	\$ 2,128,273.08
2005	10	\$ 921,375.51	\$ 947,633.60	\$ 1,869,009.11	\$ 206,480.39	\$ 344,680.76	\$ 551,161.15	\$ 1,127,855.90	\$ 1,292,314.36	\$ 2,420,170.26
2005	11	\$ 802,663.05	\$ 858,472.76	\$ 1,661,135.81	\$ 412,089.18	\$ 301,682.39	\$ 713,771.57	\$ 1,214,752.23	\$ 1,160,155.15	\$ 2,374,907.38
2005	12	\$ 1,063,216.85	\$ 838,296.75	\$ 1,901,513.60	\$ 250,280.80	\$ 302,293.72	\$ 552,574.52	\$ 1,313,497.65	\$ 1,140,590.47	\$ 2,454,088.12
2006	1	\$ 633,477.21	\$ 829,284.91	\$ 1,462,762.12	\$ 374,414.82	\$ 355,962.69	\$ 730,377.51	\$ 1,007,892.03	\$ 1,185,247.60	\$ 2,193,139.63
2006	2	\$ 1,070,518.02	\$ 924,564.44	\$ 1,995,082.46	\$ 212,271.51	\$ 291,003.13	\$ 503,274.64	\$ 1,282,789.53	\$ 1,215,567.57	\$ 2,498,357.10
2006	3	\$ 1,043,123.36	\$ 1,019,564.90	\$ 2,062,688.26	\$ 185,076.71	\$ 359,038.60	\$ 544,115.31	\$ 1,228,200.07	\$ 1,378,603.50	\$ 2,606,803.57
2006	4	\$ 680,225.89	\$ 960,379.41	\$ 1,640,605.30	\$ 185,822.27	\$ 292,046.93	\$ 477,869.20	\$ 866,048.16	\$ 1,252,426.34	\$ 2,118,474.50
2006	5	\$ 616,279.87	\$ 991,475.45	\$ 1,607,755.32	\$ 430,764.48	\$ 343,899.20	\$ 774,663.68	\$ 1,047,044.35	\$ 1,335,374.65	\$ 2,382,419.00
2006	6	\$ 801,833.09	\$ 983,967.18	\$ 1,785,800.27	\$ 360,582.19	\$ 352,002.02	\$ 712,584.21	\$ 1,162,415.28	\$ 1,335,969.20	\$ 2,498,384.48
2006	7	\$ 840,582.40	\$ 970,181.53	\$ 1,810,763.93	\$ 361,952.91	\$ 361,344.76	\$ 723,297.67	\$ 1,202,535.31	\$ 1,331,526.29	\$ 2,534,061.60
2006	8	\$ 765,618.83	\$ 1,032,274.31	\$ 1,797,893.14	\$ 266,935.08	\$ 347,515.59	\$ 614,450.67	\$ 1,032,553.91	\$ 1,379,789.90	\$ 2,412,343.81
2006	9	\$ 1,101,985.10	\$ 927,506.80	\$ 2,029,491.90	\$ 268,168.19	\$ 347,740.66	\$ 615,908.85	\$ 1,370,153.29	\$ 1,275,247.46	\$ 2,645,400.75
2006	10	\$ 978,038.61	\$ 969,419.98	\$ 1,947,458.59	\$ 313,500.18	\$ 398,711.38	\$ 712,211.56	\$ 1,291,538.79	\$ 1,368,131.36	\$ 2,659,670.15
2006	11	\$ 622,196.49	\$ 977,647.88	\$ 1,599,844.37	\$ 461,600.11	\$ 347,860.09	\$ 809,460.20	\$ 1,083,796.60	\$ 1,325,507.97	\$ 2,409,304.57
2006	12	\$ 646,599.98	\$ 1,021,884.08	\$ 1,668,484.06	\$ 348,500.53	\$ 369,105.27	\$ 717,605.80	\$ 995,100.51	\$ 1,390,989.35	\$ 2,386,089.86
2007	1	\$ 636,822.68	\$ 1,099,748.27	\$ 1,736,570.95	\$ 388,762.06	\$ 362,489.47	\$ 751,251.53	\$ 1,025,584.74	\$ 1,462,237.74	\$ 2,487,822.48
2007	2	\$ 671,112.77	\$ 902,872.24	\$ 1,573,985.01	\$ 327,043.56	\$ 368,045.10	\$ 695,088.66	\$ 998,156.33	\$ 1,270,917.34	\$ 2,269,073.67
2007	3	\$ 759,334.70	\$ 1,086,213.62	\$ 1,845,548.32	\$ 177,139.84	\$ 333,678.02	\$ 510,817.86	\$ 936,474.54	\$ 1,419,891.64	\$ 2,356,366.18
2007	4	\$ 638,575.85	\$ 936,776.60	\$ 1,575,352.45	\$ 193,250.85	\$ 399,282.14	\$ 592,532.99	\$ 831,826.70	\$ 1,336,058.74	\$ 2,167,885.44
2007	5	\$ 1,089,395.22	\$ 977,465.22	\$ 2,066,860.44	\$ 375,430.59	\$ 402,787.99	\$ 778,218.58	\$ 1,464,825.81	\$ 1,380,253.21	\$ 2,845,079.02
2007	6	\$ 848,809.88	\$ 890,494.31	\$ 1,739,304.19	\$ 191,706.56	\$ 441,445.19	\$ 633,151.75	\$ 1,040,516.44	\$ 1,331,939.50	\$ 2,372,455.94
2007	7	\$ 230,409.41	\$ 423,871.66	\$ 654,281.07	\$ 88,506.14	\$ 180,580.37	\$ 269,086.51	\$ 318,915.55	\$ 604,452.03	\$ 923,367.58

Pharmacy Claims (Retail and Mail Order)

Year	Month	DC Gov (No Public School)	DC Public Schools Only	DC Gov Total Pharmacy Paid Amount
2004	1	\$ 282,406.67	\$ 112.33	\$ 282,519.00
2004	2	\$ 278,823.81	\$ 54.40	\$ 278,878.21
2004	3	\$ 317,649.23	\$ 76.12	\$ 317,725.35
2004	4	\$ 309,329.30	\$ 128.40	\$ 309,457.70
2004	5	\$ 293,554.92	\$ 243.48	\$ 293,798.40
2004	6	\$ 289,357.44	\$ 178.66	\$ 289,536.10
2004	7	\$ 300,883.52	\$ 195.14	\$ 301,078.66
2004	8	\$ 307,658.37	\$ 567.00	\$ 308,225.37
2004	9	\$ 292,758.34	\$ 754.75	\$ 293,513.09
2004	10	\$ 216,788.65	\$ 80,227.54	\$ 297,016.19
2004	11	\$ 215,791.31	\$ 81,384.14	\$ 297,175.45
2004	12	\$ 213,979.72	\$ 89,831.60	\$ 303,811.32
2005	1	\$ 236,146.67	\$ 80,722.28	\$ 316,868.95
2005	2	\$ 224,071.20	\$ 80,311.52	\$ 304,382.72
2005	3	\$ 204,682.39	\$ 83,917.46	\$ 288,599.85
2005	4	\$ 219,918.94	\$ 91,574.64	\$ 311,493.58
2005	5	\$ 222,222.99	\$ 91,532.71	\$ 313,755.70
2005	6	\$ 226,616.23	\$ 101,081.97	\$ 327,698.20
2005	7	\$ 205,552.90	\$ 86,330.34	\$ 291,883.24
2005	8	\$ 228,409.07	\$ 89,436.79	\$ 317,845.86
2005	9	\$ 214,091.50	\$ 93,367.40	\$ 307,458.90
2005	10	\$ 218,222.03	\$ 85,659.33	\$ 303,881.36
2005	11	\$ 243,128.44	\$ 91,095.54	\$ 334,223.98
2005	12	\$ 220,982.67	\$ 94,369.05	\$ 315,351.72
2006	1	\$ 240,795.08	\$ 86,217.18	\$ 327,012.26
2006	2	\$ 231,728.48	\$ 93,786.82	\$ 325,515.30
2006	3	\$ 255,699.50	\$ 105,694.23	\$ 361,393.73
2006	4	\$ 239,893.34	\$ 101,154.63	\$ 341,047.97
2006	5	\$ 257,696.17	\$ 100,155.81	\$ 357,851.98
2006	6	\$ 239,604.03	\$ 90,467.66	\$ 330,071.69
2006	7	\$ 230,829.15	\$ 91,444.03	\$ 322,273.18
2006	8	\$ 255,642.64	\$ 103,483.50	\$ 359,126.14
2006	9	\$ 234,765.25	\$ 94,169.76	\$ 328,935.01
2006	10	\$ 284,208.64	\$ 101,125.88	\$ 385,334.52
2006	11	\$ 259,584.84	\$ 91,163.26	\$ 350,748.10
2006	12	\$ 279,346.65	\$ 99,316.18	\$ 378,662.83
2007	1	\$ 281,091.47	\$ 101,452.18	\$ 382,543.65
2007	2	\$ 256,993.28	\$ 111,149.01	\$ 368,142.29
2007	3	\$ 288,883.40	\$ 104,185.40	\$ 393,068.80
2007	4	\$ 295,596.43	\$ 116,607.25	\$ 412,203.68
2007	5	\$ 295,796.90	\$ 106,686.08	\$ 402,482.98
2007	6	\$ 277,999.49	\$ 121,474.77	\$ 399,474.26
2007	7	\$ 292,050.96	\$ 111,479.75	\$ 403,530.71

Membership

Year	Month	DC Gov (No Public School)		DC Public Schools Only		DC Gov Total Membership	
		Number of Employees	Number of Members	Number of Employees	Number of Members	Number of Employees	Number of Members
2004	1	7354	17414	26	40	7380	17454
2004	2	7361	17406	26	40	7387	17446
2004	3	7184	16965	24	40	7208	17005
2004	4	7058	16747	24	36	7082	16783
2004	5	7078	16811	25	39	7103	16850
2004	6	7061	16740	24	38	7085	16778
2004	7	7043	16690	24	38	7067	16728
2004	8	6933	16474	24	43	6957	16517
2004	9	6942	16475	118	209	7060	16684
2004	10	4880	12220	2210	4561	7090	16781
2004	11	4915	12311	2213	4565	7128	16876
2004	12	4923	12331	2207	4557	7130	16888
2005	1	4913	12331	2199	4529	7112	16860
2005	2	4929	12383	2203	4534	7132	16917
2005	3	4935	12494	2208	4585	7143	17079
2005	4	4777	12017	2206	4577	6983	16594
2005	5	4807	12014	2221	4598	7028	16612
2005	6	4812	12020	2103	4357	6915	16377
2005	7	4805	11958	2088	4333	6893	16291
2005	8	4803	11975	2066	4303	6869	16278
2005	9	4859	12060	2095	4330	6954	16390
2005	10	4834	11986	2083	4306	6917	16292
2005	11	4823	11950	2087	4308	6910	16258
2005	12	4809	11909	2083	4305	6892	16214
2006	1	4740	11812	2072	4345	6812	16157
2006	2	4748	11821	2072	4348	6820	16169
2006	3	4760	11842	2055	4310	6815	16152
2006	4	4728	11784	2060	4322	6788	16106
2006	5	4729	11792	2058	4307	6787	16099
2006	6	4720	11753	2046	4274	6766	16027
2006	7	4747	11801	2024	4232	6771	16033
2006	8	4754	11794	1926	4054	6680	15848
2006	9	4768	11818	1972	4094	6740	15912
2006	10	4767	11818	1961	4070	6728	15888
2006	11	4776	11831	1940	4029	6716	15860
2006	12	4788	11850	1936	4015	6724	15865
2007	1	4807	11900	1929	4003	6736	15903
2007	2	4798	11849	1926	4001	6724	15850
2007	3	4832	11904	1931	4004	6763	15908
2007	4	4862	11950	1935	4007	6797	15957
2007	5	4873	11964	1940	4023	6813	15987
2007	6	4886	11988	1938	4016	6824	16004
2007	7	4892	11981	1938	4009	6830	15990

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Plan Sponsor ID 0000000000115259

Large Claimant - Claims Over \$50,000

Current Data For Claims Incurred January 01, 2004 - December 31, 2004

Fully Insured HMO



GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004

2 Month Claim Lag

Large Claimant - Claims Over \$50,000

Funding Arrangement and Product:

Fully Insured HMO

Parameter Options Selected:

Account Structure:

All-All-All-All

Primary Payor:

All

Not Covered Claims:

Exclude

Diagnosis Variation:

MDC

Network Usage:

All

Network Service Area:

All

Submitted by: A714286

Job ID: 732512

Run Date: 08/17/2007



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GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
121213260905141000	20-44	Wife	05	Circulatory System	68	\$492,407	\$2,930	\$495,336
			14	Pregnancy/Childbirth	3	\$4,146	\$0	\$4,146
			11	Kidney, Urinary Tract	3	\$2,614	\$0	\$2,614
			15	Newborns	6	\$1,671	\$0	\$1,671
			09	Skin, Subcutaneous, Breast	3	\$1,176	\$62	\$1,238
			04	Respiratory System	2	\$809	\$0	\$809
			01	Nervous System	3	\$142	\$0	\$142
			23	Selected Factors	3	\$0	\$117	\$117
			21	Injury and Poisoning	2	\$59	\$0	\$59
Total for Claimant					93	\$503,025	\$3,109	\$506,134
121213271435291000	45-64	Male Employee	04	Respiratory System	115	\$400,465	\$4,038	\$404,503
			06	Digestive System	14	\$23,034	\$82	\$23,116
			05	Circulatory System	8	\$4,382	\$154	\$4,536
			18	Infectious-Parasitic	11	\$3,300	\$182	\$3,482
			11	Kidney, Urinary Tract	10	\$3,400	\$0	\$3,400
			10	Endocrine, Metabolic	9	\$3,073	\$0	\$3,073
			16	Blood/Organs	8	\$2,701	\$59	\$2,759
			21	Injury and Poisoning	1	\$1,675	\$0	\$1,675
			23	Selected Factors	10	\$46	\$987	\$1,033
			09	Skin, Subcutaneous, Breast	2	\$280	\$0	\$280
			15	Newborns	1	\$168	\$0	\$168
			07	Hepatobiliary Sys/Pancreas	1	\$0	-\$91	-\$91
			Total for Claimant					190
121222210434031000	45-64	Husband	06	Digestive System	20	\$189,741	\$168	\$189,909
			04	Respiratory System	61	\$55,673	\$7,674	\$63,347
			11	Kidney, Urinary Tract	15	\$34,775	\$0	\$34,775
			16	Blood/Organs	19	\$14,671	\$68	\$14,739
			05	Circulatory System	18	\$3,862	\$390	\$4,251
			18	Infectious-Parasitic	8	\$3,694	\$436	\$4,129
			23	Selected Factors	2	\$1,974	\$365	\$2,339
			21	Injury and Poisoning	7	\$2,097	\$0	\$2,097
			08	Musculoskeletal/Connective	3	\$755	\$268	\$1,023
			09	Skin, Subcutaneous, Breast	2	\$740	\$0	\$740
			01	Nervous System	1	\$290	\$0	\$290
			10	Endocrine, Metabolic	5	\$281	\$0	\$281
			12	Male Reproductive	1	\$186	\$0	\$186
			17	Other Neoplasms	1	\$121	\$0	\$121
			07	Hepatobiliary Sys/Pancreas	1	\$74	\$0	\$74
Total for Claimant					164	\$308,933	\$9,369	\$318,303
121220132427061000	45-64	Male Employee	05	Circulatory System	84	\$119,343	\$9,563	\$128,906
			11	Kidney, Urinary Tract	115	\$8,970	\$76,296	\$85,267

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid	Ambulatory Paid	Paid Amount
						Amount	Amount	
			18	Infectious-Parasitic	14	\$42,156	\$944	\$43,101
			09	Skin, Subcutaneous, Breast	75	\$10,760	\$10,780	\$21,540
			21	Injury and Poisoning	13	\$1,225	\$13,120	\$14,344
			23	Selected Factors	16	\$11,672	\$2,259	\$13,930
			08	Musculoskeletal/Connective	13	\$5,231	\$9	\$5,240
			10	Endocrine, Metabolic	13	\$526	\$338	\$865
			02	Eye	2	\$0	\$434	\$434
			13	Female Reproductive	1	\$0	\$195	\$195
			04	Respiratory System	2	\$10	\$168	\$178
			16	Blood/Organs	1	\$122	\$0	\$122
			03	Ear, Nose and Throat	1	\$0	\$50	\$50
Total for Claimant					350	\$200,015	\$114,157	\$314,172
121213271726352000	0-19	Daughter	05	Circulatory System	97	\$250,708	\$32,208	\$282,917
			10	Endocrine, Metabolic	6	\$3,136	\$131	\$3,267
			18	Infectious-Parasitic	2	\$928	\$0	\$928
			16	Blood/Organs	16	\$0	\$582	\$582
			04	Respiratory System	3	\$464	\$64	\$528
			06	Digestive System	2	\$361	\$0	\$361
			23	Selected Factors	6	\$0	\$250	\$250
			09	Skin, Subcutaneous, Breast	2	\$0	\$220	\$220
Total for Claimant					134	\$255,597	\$33,455	\$289,052
121214161206321000	20-44	Wife	15	Newborns	85	\$198,924	\$191	\$199,115
			14	Pregnancy/Childbirth	61	\$29,982	\$17,665	\$47,646
			04	Respiratory System	83	\$1,530	\$0	\$1,530
			23	Selected Factors	15	\$115	\$1,260	\$1,375
			05	Circulatory System	11	\$1,345	\$0	\$1,345
			06	Digestive System	25	\$293	\$35	\$328
			01	Nervous System	1	\$0	\$143	\$143
			10	Endocrine, Metabolic	11	\$131	\$0	\$131
			13	Female Reproductive	3	\$0	\$121	\$121
			02	Eye	1	\$47	\$0	\$47
			11	Kidney, Urinary Tract	1	-\$12	\$0	-\$12
			08	Musculoskeletal/Connective	1	-\$700	\$0	-\$700
Total for Claimant					298	\$231,656	\$19,414	\$251,070
121213271334002000	0-19	Daughter	01	Nervous System	129	\$107,090	\$90,649	\$197,739
			23	Selected Factors	45	\$0	\$3,869	\$3,869
			17	Other Neoplasms	3	\$0	\$1,239	\$1,239
			04	Respiratory System	3	\$88	\$393	\$481
			05	Circulatory System	1	\$0	\$478	\$478
			06	Digestive System	1	\$0	\$455	\$455
			07	Hepatobiliary Sys/Pancreas	1	\$0	\$113	\$113
			08	Musculoskeletal/Connective	2	\$0	-\$17	-\$17

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			21	Injury and Poisoning	1	\$0	-\$18	-\$18
			03	Ear, Nose and Throat	1	\$0	-\$172	-\$172
			10	Endocrine, Metabolic	2	\$0	-\$303	-\$303
Total for Claimant					189	\$107,178	\$96,687	\$203,865
121213271400291000	20-44	Male Employee	01	Nervous System	39	\$177,943	\$2,236	\$180,179
			06	Digestive System	4	\$3,633	\$0	\$3,633
			21	Injury and Poisoning	9	\$3,045	\$0	\$3,045
			04	Respiratory System	15	\$2,822	\$0	\$2,822
			19	Mental Disorders	12	\$0	\$2,050	\$2,050
			10	Endocrine, Metabolic	1	\$304	\$0	\$304
			09	Skin, Subcutaneous, Breast	2	\$0	\$286	\$286
			02	Eye	2	\$0	\$242	\$242
			08	Musculoskeletal/Connective	1	\$0	\$70	\$70
Total for Claimant					85	\$187,746	\$4,885	\$192,631
121213272223241000	45-64	Male Employee	05	Circulatory System	14	\$169,862	\$662	\$170,524
			04	Respiratory System	2	\$408	\$0	\$408
Total for Claimant					16	\$170,270	\$662	\$170,932
121220301207291000	45-64	Male Employee	07	Hepatobiliary Sys/Pancreas	21	\$153,401	\$2,034	\$155,435
			05	Circulatory System	11	\$277	\$4,319	\$4,596
			04	Respiratory System	19	\$2,700	\$0	\$2,700
			11	Kidney, Urinary Tract	14	\$2,262	\$403	\$2,665
			18	Infectious-Parasitic	5	\$291	\$704	\$995
			23	Selected Factors	2	\$47	\$551	\$598
			09	Skin, Subcutaneous, Breast	4	\$0	\$413	\$413
			06	Digestive System	4	\$275	\$135	\$410
			01	Nervous System	1	\$0	\$141	\$141
			19	Mental Disorders	1	\$53	\$0	\$53
Total for Claimant					82	\$159,305	\$8,700	\$168,005
121213260824061000	45-64	Husband	01	Nervous System	29	\$119,465	\$1,370	\$120,835
			09	Skin, Subcutaneous, Breast	13	\$14,261	\$269	\$14,529
			18	Infectious-Parasitic	7	\$12,404	\$408	\$12,812
			05	Circulatory System	11	\$1,477	\$468	\$1,945
			04	Respiratory System	9	\$1,425	\$224	\$1,649
			06	Digestive System	4	\$1,055	\$0	\$1,055
			10	Endocrine, Metabolic	7	\$760	\$7	\$767
			23	Selected Factors	9	\$296	\$139	\$435
			08	Musculoskeletal/Connective	2	\$428	\$0	\$428
			11	Kidney, Urinary Tract	1	\$312	\$0	\$312
			03	Ear, Nose and Throat	1	\$0	\$141	\$141
			07	Hepatobiliary Sys/Pancreas	1	-\$104	\$0	-\$104
Total for Claimant					94	\$151,779	\$3,025	\$154,804

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
121213271817091000	20-44	Female Employee	05	Circulatory System	79	\$129,327	\$6,479	\$135,805
			11	Kidney, Urinary Tract	6	\$4,941	\$0	\$4,941
			23	Selected Factors	20	\$452	\$0	\$452
			04	Respiratory System	11	\$222	\$63	\$285
			01	Nervous System	2	\$132	\$0	\$132
			17	Other Neoplasms	1	\$29	\$0	\$29
			21	Injury and Poisoning	1	\$20	\$0	\$20
			06	Digestive System	1	\$12	\$0	\$12
Total for Claimant					121	\$135,133	\$6,542	\$141,675
121213271608221000	45-64	Male Employee	06	Digestive System	129	\$0	\$125,787	\$125,787
			04	Respiratory System	5	\$10,088	\$0	\$10,088
			17	Other Neoplasms	4	\$2,094	\$37	\$2,131
			05	Circulatory System	3	\$0	\$317	\$317
			23	Selected Factors	2	\$18	\$127	\$145
Total for Claimant					143	\$12,199	\$126,268	\$138,467
121213271203091000	45-64	Male Employee	00	Unclassifiable	23	\$70,550	\$1,053	\$71,603
			06	Digestive System	43	\$58,581	\$789	\$59,370
			11	Kidney, Urinary Tract	40	\$5,961	\$32,296	\$38,257
			05	Circulatory System	10	\$11,385	\$0	\$11,385
			16	Blood/Organs	16	\$1,090	\$1,059	\$2,149
			18	Infectious-Parasitic	12	\$1,150	\$932	\$2,082
			13	Female Reproductive	1	\$935	\$0	\$935
			01	Nervous System	3	\$198	\$264	\$462
			09	Skin, Subcutaneous, Breast	2	\$153	\$0	\$153
			10	Endocrine, Metabolic	3	\$0	\$146	\$146
			04	Respiratory System	17	-\$504	-\$1,321	-\$1,825
			23	Selected Factors	10	-\$8,683	-\$98	-\$8,781
			08	Musculoskeletal/Connective	1	-\$40,035	\$0	-\$40,035
			Total for Claimant					181
121213271217031000	20-44	Female Employee	09	Skin, Subcutaneous, Breast	68	\$5,461	\$114,973	\$120,434
			05	Circulatory System	10	\$8,584	\$2,975	\$11,560
			08	Musculoskeletal/Connective	3	\$0	\$1,282	\$1,282
			18	Infectious-Parasitic	3	\$572	\$0	\$572
			10	Endocrine, Metabolic	3	\$149	\$345	\$494
			23	Selected Factors	3	\$0	\$75	\$75
			21	Injury and Poisoning	1	\$0	\$59	\$59
			17	Other Neoplasms	1	\$0	-\$1,235	-\$1,235
Total for Claimant					92	\$14,767	\$118,475	\$133,241
121213271302281000	45-64	Female Employee	05	Circulatory System	45	\$108,876	\$1,211	\$110,087
			01	Nervous System	40	\$5,312	\$4,382	\$9,694

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			16	Blood/Organs	2	\$5,019	\$142	\$5,162
			06	Digestive System	6	\$1,065	\$240	\$1,305
			03	Ear, Nose and Throat	2	\$0	\$1,143	\$1,143
			23	Selected Factors	15	\$0	\$993	\$993
			08	Musculoskeletal/Connective	1	\$0	\$603	\$603
			18	Infectious-Parasitic	1	\$474	\$0	\$474
			21	Injury and Poisoning	1	\$0	\$223	\$223
			13	Female Reproductive	1	\$112	\$0	\$112
			04	Respiratory System	2	\$36	\$9	\$45
Total for Claimant					116	\$120,895	\$8,946	\$129,840
121213260905211000	20-44	Female Employee	04	Respiratory System	97	\$43,076	\$49,782	\$92,858
			10	Endocrine, Metabolic	11	\$31,465	\$751	\$32,216
			06	Digestive System	14	\$1,028	\$2,668	\$3,696
			08	Musculoskeletal/Connective	1	\$375	\$0	\$375
			05	Circulatory System	3	\$0	\$264	\$264
			02	Eye	2	\$0	\$155	\$155
			23	Selected Factors	2	\$0	\$30	\$30
Total for Claimant					130	\$75,944	\$53,651	\$129,595
121213260917321000	20-44	Female Employee	15	Newborns	41	\$101,764	\$0	\$101,764
			05	Circulatory System	9	\$13,583	\$2,016	\$15,598
			14	Pregnancy/Childbirth	15	\$4,925	\$3,544	\$8,469
			23	Selected Factors	5	\$2,060	\$90	\$2,150
			13	Female Reproductive	3	\$0	\$411	\$411
			21	Injury and Poisoning	5	\$59	\$130	\$189
			02	Eye	2	\$176	\$0	\$176
			04	Respiratory System	1	\$114	\$0	\$114
			09	Skin, Subcutaneous, Breast	2	\$0	\$82	\$82
			06	Digestive System	1	\$0	\$58	\$58
Total for Claimant					84	\$122,681	\$6,329	\$129,010
121213271824121000	45-64	Male Employee	04	Respiratory System	74	\$52,774	\$26,485	\$79,259
			05	Circulatory System	25	\$13,675	\$2,308	\$15,983
			18	Infectious-Parasitic	4	\$12,990	\$0	\$12,990
			07	Hepatobiliary Sys/Pancreas	21	\$7,763	\$1,111	\$8,874
			23	Selected Factors	11	\$83	\$3,960	\$4,043
			21	Injury and Poisoning	8	\$377	\$1,786	\$2,163
			16	Blood/Organs	2	\$0	\$1,137	\$1,137
			09	Skin, Subcutaneous, Breast	4	\$0	\$930	\$930
			06	Digestive System	6	\$652	\$0	\$652
			10	Endocrine, Metabolic	2	\$382	\$0	\$382
			01	Nervous System	2	\$42	\$200	\$242
			12	Male Reproductive	2	\$120	\$120	\$240
			08	Musculoskeletal/Connective	3	\$34	\$22	\$56

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			02	Eye	1	\$0	\$48	\$48
Total for Claimant					165	\$88,892	\$38,106	\$126,997
121213260830201000	45-64	Wife	06	Digestive System	16	\$92,056	\$141	\$92,197
			11	Kidney, Urinary Tract	20	\$16,135	\$3,468	\$19,603
			18	Infectious-Parasitic	4	\$3,866	\$0	\$3,866
			05	Circulatory System	11	\$2,877	\$172	\$3,049
			16	Blood/Organs	3	\$1,077	\$0	\$1,077
			23	Selected Factors	2	\$0	\$455	\$455
			09	Skin, Subcutaneous, Breast	1	\$350	\$0	\$350
			03	Ear, Nose and Throat	1	\$134	\$147	\$281
			08	Musculoskeletal/Connective	1	\$45	\$0	\$45
			10	Endocrine, Metabolic	2	\$21	\$9	\$30
			01	Nervous System	1	\$13	\$0	\$13
Total for Claimant					62	\$116,575	\$4,392	\$120,968
121213260817341000	45-64	Female Employee	11	Kidney, Urinary Tract	69	\$18,273	\$49,120	\$67,393
			18	Infectious-Parasitic	6	\$22,860	\$212	\$23,072
			21	Injury and Poisoning	9	\$8,075	\$387	\$8,462
			04	Respiratory System	7	\$6,714	\$464	\$7,177
			09	Skin, Subcutaneous, Breast	13	\$1,777	\$3,423	\$5,200
			05	Circulatory System	7	\$2,295	\$276	\$2,571
			13	Female Reproductive	10	\$0	\$1,681	\$1,681
			06	Digestive System	10	\$1,075	\$215	\$1,290
			23	Selected Factors	9	\$524	\$702	\$1,226
			16	Blood/Organs	1	\$0	\$420	\$420
			01	Nervous System	2	\$0	\$177	\$177
			10	Endocrine, Metabolic	2	\$78	\$0	\$78
			08	Musculoskeletal/Connective	1	\$0	\$60	\$60
			02	Eye	1	\$0	\$50	\$50
			Total for Claimant					147
121213260608351000	45-64	Husband	11	Kidney, Urinary Tract	86	\$2,253	\$48,674	\$50,927
			05	Circulatory System	45	\$32,546	\$9,553	\$42,099
			18	Infectious-Parasitic	8	\$10,748	\$56	\$10,803
			02	Eye	8	\$0	\$8,265	\$8,265
			21	Injury and Poisoning	1	\$0	\$944	\$944
			23	Selected Factors	3	\$629	\$195	\$824
			10	Endocrine, Metabolic	3	\$288	\$4	\$292
			16	Blood/Organs	8	\$0	\$255	\$255
			04	Respiratory System	2	\$43	\$35	\$78
			01	Nervous System	1	\$0	\$38	\$38
Total for Claimant					165	\$46,507	\$68,019	\$114,526
121213260502241000	45-64	Male Employee	10	Endocrine, Metabolic	17	\$40,921	\$3,093	\$44,014

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid	Ambulatory Paid	Paid Amount
						Amount	Amount	
			09	Skin, Subcutaneous, Breast	51	\$4,151	\$27,771	\$31,922
			11	Kidney, Urinary Tract	30	\$27,752	\$439	\$28,191
			21	Injury and Poisoning	5	\$526	\$1,837	\$2,363
			05	Circulatory System	20	\$612	\$1,716	\$2,328
			01	Nervous System	4	\$0	\$1,613	\$1,613
			08	Musculoskeletal/Connective	10	\$1,252	\$10	\$1,262
			18	Infectious-Parasitic	3	\$219	\$10	\$229
			23	Selected Factors	3	\$13	\$115	\$128
			06	Digestive System	2	\$106	\$0	\$106
			02	Eye	2	\$40	\$54	\$94
			04	Respiratory System	3	\$87	\$0	\$87
			03	Ear, Nose and Throat	1	\$0	\$34	\$34
Total for Claimant					151	\$75,680	\$36,692	\$112,371
121213260530351000	20-44	Wife	15	Newborns	31	\$101,183	\$82	\$101,265
			14	Pregnancy/Childbirth	7	\$5,840	\$158	\$5,998
			04	Respiratory System	2	\$2,408	\$0	\$2,408
			23	Selected Factors	13	\$150	\$33	\$183
			12	Male Reproductive	1	\$144	\$0	\$144
			11	Kidney, Urinary Tract	1	\$142	\$0	\$142
			05	Circulatory System	1	\$74	\$0	\$74
			08	Musculoskeletal/Connective	1	\$45	\$0	\$45
			06	Digestive System	2	\$45	\$0	\$45
			21	Injury and Poisoning	1	\$35	\$0	\$35
			10	Endocrine, Metabolic	2	\$0	\$8	\$8
Total for Claimant					62	\$110,066	\$281	\$110,347
121213260804281000	20-44	Female Employee	09	Skin, Subcutaneous, Breast	68	\$6,421	\$92,798	\$99,219
			10	Endocrine, Metabolic	6	\$5,218	\$59	\$5,277
			23	Selected Factors	4	\$238	\$170	\$408
			17	Other Neoplasms	2	\$0	\$160	\$160
			05	Circulatory System	1	\$0	\$56	\$56
			02	Eye	1	\$0	\$48	\$48
Total for Claimant					82	\$11,877	\$93,290	\$105,167
121220182223081000	20-44	Male Employee	06	Digestive System	53	\$53,098	\$34,642	\$87,740
			16	Blood/Organs	3	\$461	\$141	\$602
			08	Musculoskeletal/Connective	2	\$0	\$452	\$452
			04	Respiratory System	2	\$181	\$268	\$449
			23	Selected Factors	2	\$311	\$0	\$311
			07	Hepatobiliary Sys/Pancreas	2	\$124	\$0	\$124
			05	Circulatory System	2	\$0	\$39	\$39
Total for Claimant					66	\$54,175	\$35,542	\$89,717
121213260605291000	45-64	Male Employee	05	Circulatory System	35	\$79,134	\$3,156	\$82,290

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			04	Respiratory System	4	\$3,406	\$141	\$3,547
			11	Kidney, Urinary Tract	8	\$330	\$1,035	\$1,365
			16	Blood/Organs	3	\$0	\$837	\$837
			10	Endocrine, Metabolic	2	\$0	\$229	\$229
			01	Nervous System	1	\$0	\$15	\$15
			23	Selected Factors	3	\$0	-\$245	-\$245
Total for Claimant					56	\$82,870	\$5,169	\$88,039
121221333318031000	20-44	Wife	04	Respiratory System	16	\$36,754	\$6,532	\$43,286
			08	Musculoskeletal/Connective	34	\$1,456	\$13,718	\$15,174
			16	Blood/Organs	10	\$4,908	\$8,506	\$13,414
			23	Selected Factors	3	\$0	\$6,713	\$6,713
			17	Other Neoplasms	10	\$3,882	\$2,203	\$6,085
			10	Endocrine, Metabolic	1	\$0	\$378	\$378
			05	Circulatory System	3	\$283	\$0	\$283
			06	Digestive System	1	\$0	\$141	\$141
			13	Female Reproductive	1	\$100	\$0	\$100
			01	Nervous System	1	\$38	\$0	\$38
Total for Claimant					80	\$47,420	\$38,191	\$85,610
121213271330341000	20-44	Male Employee	05	Circulatory System	23	\$81,548	\$956	\$82,504
			06	Digestive System	6	\$961	\$1,040	\$2,001
			01	Nervous System	2	\$0	\$711	\$711
			23	Selected Factors	1	\$0	\$36	\$36
			04	Respiratory System	1	\$9	\$0	\$9
Total for Claimant					33	\$82,519	\$2,742	\$85,261
121213260717321000	45-64	Female Employee	09	Skin, Subcutaneous, Breast	44	\$0	\$79,188	\$79,188
			23	Selected Factors	5	\$0	\$1,994	\$1,994
			21	Injury and Poisoning	1	\$0	\$149	\$149
			17	Other Neoplasms	2	\$0	\$75	\$75
			05	Circulatory System	1	\$0	\$58	\$58
Total for Claimant					53	\$0	\$81,465	\$81,465
121213271328351000	20-44	Male Employee	05	Circulatory System	79	\$60,795	\$16,474	\$77,269
			11	Kidney, Urinary Tract	9	\$2,419	\$141	\$2,560
			01	Nervous System	1	\$650	\$0	\$650
			04	Respiratory System	11	\$97	\$464	\$560
			06	Digestive System	1	\$47	\$0	\$47
Total for Claimant					101	\$64,007	\$17,079	\$81,086
121213260907081000	20-44	Daughter	08	Musculoskeletal/Connective	54	\$3,160	\$26,370	\$29,530
			02	Eye	3	\$17,025	\$143	\$17,168
			18	Infectious-Parasitic	6	\$14,438	\$185	\$14,623
			11	Kidney, Urinary Tract	13	\$10,054	\$2,096	\$12,150

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			04	Respiratory System	11	\$4,850	\$154	\$5,004
			16	Blood/Organs	5	\$390	\$266	\$656
			05	Circulatory System	4	\$299	\$15	\$313
			09	Skin, Subcutaneous, Breast	4	\$0	\$204	\$204
			13	Female Reproductive	1	\$0	\$42	\$42
			23	Selected Factors	6	-\$424	\$395	-\$29
Total for Claimant					107	\$49,791	\$29,869	\$79,660
121213271203341000	45-64	Male Employee	05	Circulatory System	19	\$56,867	\$1,690	\$58,557
			09	Skin, Subcutaneous, Breast	22	\$13,765	\$1,334	\$15,099
			08	Musculoskeletal/Connective	13	\$4,431	\$594	\$5,025
			18	Infectious-Parasitic	4	\$331	\$0	\$331
			16	Blood/Organs	1	\$273	\$0	\$273
			10	Endocrine, Metabolic	2	\$143	\$0	\$143
			04	Respiratory System	1	\$33	\$0	\$33
Total for Claimant					62	\$75,843	\$3,618	\$79,461
121221262036091000	20-44	Male Employee	08	Musculoskeletal/Connective	19	\$57,875	\$3,876	\$61,751
			23	Selected Factors	4	\$12,765	\$2,810	\$15,575
			05	Circulatory System	1	\$0	\$603	\$603
			02	Eye	2	\$0	\$117	\$117
Total for Claimant					26	\$70,640	\$7,406	\$78,046
121213260632321000	45-64	Male Employee	05	Circulatory System	20	\$67,379	\$1,372	\$68,751
			23	Selected Factors	3	\$0	\$376	\$376
			10	Endocrine, Metabolic	1	\$0	\$113	\$113
			06	Digestive System	1	\$75	\$0	\$75
Total for Claimant					25	\$67,454	\$1,861	\$69,315
121213271335161000	0-19	Son	11	Kidney, Urinary Tract	53	\$0	\$64,013	\$64,013
			06	Digestive System	4	\$0	\$2,279	\$2,279
			03	Ear, Nose and Throat	1	\$0	\$13	\$13
			23	Selected Factors	4	\$0	-\$119	-\$119
Total for Claimant					62	\$0	\$66,186	\$66,186
121213081727181000	20-44	Male Employee	05	Circulatory System	10	\$34,081	\$212	\$34,293
			10	Endocrine, Metabolic	13	\$9,335	\$2,052	\$11,387
			02	Eye	6	\$0	\$6,208	\$6,208
			21	Injury and Poisoning	10	\$3,058	\$1,095	\$4,153
			23	Selected Factors	8	\$11	\$3,637	\$3,648
			09	Skin, Subcutaneous, Breast	5	\$1,072	\$0	\$1,072
			08	Musculoskeletal/Connective	3	\$60	\$897	\$957
			01	Nervous System	1	\$0	\$471	\$471
			06	Digestive System	1	\$0	\$268	\$268
			04	Respiratory System	3	\$35	\$70	\$105

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			18	Infectious-Parasitic	1	\$94	\$0	\$94
Total for Claimant					61	\$47,746	\$14,910	\$62,656
121213260501061000	20-44	Female Employee	01	Nervous System	71	\$24,390	\$7,708	\$32,098
			23	Selected Factors	7	\$24,881	\$2,782	\$27,663
			14	Pregnancy/Childbirth	5	\$844	\$0	\$844
			19	Mental Disorders	2	\$606	\$28	\$634
			05	Circulatory System	6	\$422	\$59	\$480
			09	Skin, Subcutaneous, Breast	4	\$0	\$67	\$67
			08	Musculoskeletal/Connective	1	\$0	\$37	\$37
Total for Claimant					96	\$51,142	\$10,682	\$61,823
121213271828001000	20-44	Male Employee	05	Circulatory System	20	\$36,053	\$23,032	\$59,085
			06	Digestive System	2	\$0	\$180	\$180
			09	Skin, Subcutaneous, Breast	4	\$0	\$123	\$123
Total for Claimant					26	\$36,053	\$23,335	\$59,388
121213260718321000	45-64	Wife	08	Musculoskeletal/Connective	37	\$48,616	\$3,219	\$51,835
			10	Endocrine, Metabolic	7	\$3,592	\$223	\$3,815
			23	Selected Factors	6	\$32	\$936	\$968
			06	Digestive System	7	\$0	\$873	\$873
			01	Nervous System	2	\$0	\$824	\$824
			05	Circulatory System	3	\$116	\$145	\$261
			02	Eye	2	\$0	\$208	\$208
			17	Other Neoplasms	1	\$0	\$194	\$194
			03	Ear, Nose and Throat	1	\$0	\$184	\$184
			04	Respiratory System	1	\$14	\$0	\$14
Total for Claimant					67	\$52,370	\$6,806	\$59,175
121213260834061000	20-44	Male Employee	08	Musculoskeletal/Connective	28	\$31,705	\$861	\$32,566
			23	Selected Factors	5	\$0	\$14,720	\$14,720
			05	Circulatory System	14	\$630	\$3,165	\$3,795
			11	Kidney, Urinary Tract	11	\$2,577	\$28	\$2,605
			21	Injury and Poisoning	1	\$2,102	\$0	\$2,102
			09	Skin, Subcutaneous, Breast	3	\$0	\$613	\$613
			16	Blood/Organs	3	\$432	\$0	\$432
			03	Ear, Nose and Throat	1	\$0	\$360	\$360
			06	Digestive System	2	\$345	\$0	\$345
			04	Respiratory System	6	\$45	\$72	\$116
			Total for Claimant					74
121213272118011000	45-64	Female Employee	01	Nervous System	34	\$26,851	\$3,595	\$30,446
			23	Selected Factors	10	\$22,800	\$1,539	\$24,339
			08	Musculoskeletal/Connective	8	\$1,638	\$536	\$2,174
			05	Circulatory System	1	\$252	\$0	\$252

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			02	Eye	1	\$102	\$0	\$102
Total for Claimant					54	\$51,643	\$5,670	\$57,312
12122222418021000	20-44	Wife	06	Digestive System	8	\$35,304	\$1,339	\$36,643
			14	Pregnancy/Childbirth	28	\$12,977	\$4,227	\$17,204
			15	Newborns	7	\$2,072	\$125	\$2,197
			23	Selected Factors	3	\$0	\$233	\$233
			12	Male Reproductive	1	\$178	\$0	\$178
			11	Kidney, Urinary Tract	1	\$0	\$132	\$132
			17	Other Neoplasms	1	\$75	\$0	\$75
			19	Mental Disorders	1	\$43	\$0	\$43
Total for Claimant					50	\$50,649	\$6,056	\$56,705
121213353423211000	45-64	Male Employee	11	Kidney, Urinary Tract	70	\$1,665	\$35,864	\$37,529
			21	Injury and Poisoning	11	\$8,479	\$634	\$9,113
			05	Circulatory System	3	\$125	\$6,615	\$6,740
			23	Selected Factors	5	\$0	\$1,122	\$1,122
			10	Endocrine, Metabolic	2	\$308	\$17	\$325
			01	Nervous System	1	\$133	\$0	\$133
			06	Digestive System	1	\$0	\$119	\$119
			16	Blood/Organs	4	\$0	\$95	\$95
			04	Respiratory System	1	\$18	\$0	\$18
Total for Claimant					98	\$10,728	\$44,466	\$55,194
121213260706011000	45-64	Female Employee	06	Digestive System	110	\$18,231	\$36,718	\$54,948
			08	Musculoskeletal/Connective	1	\$37	\$0	\$37
			04	Respiratory System	1	\$12	\$0	\$12
Total for Claimant					112	\$18,280	\$36,718	\$54,997
121213271822231000	0-19	Son	17	Other Neoplasms	59	\$2,305	\$41,691	\$43,997
			18	Infectious-Parasitic	2	\$0	\$2,390	\$2,390
			16	Blood/Organs	4	\$1,790	\$537	\$2,327
			03	Ear, Nose and Throat	3	\$0	\$1,881	\$1,881
			06	Digestive System	7	\$295	\$808	\$1,103
			23	Selected Factors	2	\$0	\$903	\$903
			05	Circulatory System	2	\$0	\$729	\$729
			02	Eye	2	\$0	\$205	\$205
			09	Skin, Subcutaneous, Breast	5	\$0	\$149	\$149
			01	Nervous System	1	\$0	\$45	\$45
			04	Respiratory System	1	\$0	\$11	\$11
Total for Claimant					88	\$4,391	\$49,349	\$53,740
121213271705211000	20-44	Female Employee	09	Skin, Subcutaneous, Breast	56	\$9,041	\$31,878	\$40,919
			17	Other Neoplasms	13	\$0	\$8,066	\$8,066
			23	Selected Factors	7	\$0	\$3,159	\$3,159

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			01	Nervous System	4	\$0	\$478	\$478
			04	Respiratory System	2	\$9	\$136	\$145
			13	Female Reproductive	1	\$0	\$75	\$75
Total for Claimant					83	\$9,050	\$43,793	\$52,843
121217173021031000	20-44	Male Employee	07	Hepatobiliary Sys/Pancreas	23	\$41,640	\$7,718	\$49,358
			06	Digestive System	10	\$1,883	\$232	\$2,115
			10	Endocrine, Metabolic	1	\$0	\$139	\$139
Total for Claimant					34	\$43,523	\$8,089	\$51,612
Total For All Large Claimants					5,167	\$4,979,082	\$1,645,555	\$6,624,636
Total For Selected Population					82,177	\$10,402,257	\$12,627,315	\$23,029,572
Large Claimants as a Percentage of Selected Population					6.3%	47.9%	13.0%	28.8%

* Claimant ID is encrypted

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2004 - December 31, 2004 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Location Code	Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
307	121221143200281000	20-44	Female Employee	08	Musculoskeletal/Connecti	73	\$1,533	\$72,973	\$74,506
				16	Blood/Organs	7	\$26,250	\$2,808	\$29,058
				14	Pregnancy/Childbirth	22	\$10,519	\$16,002	\$26,521
				05	Circulatory System	5	\$352	\$3,719	\$4,071
				23	Selected Factors	8	\$1,847	\$1,330	\$3,177
				10	Endocrine, Metabolic	1	\$451	\$0	\$451
				18	Infectious-Parasitic	2	\$0	\$324	\$324
				07	Hepatobiliary Sys/Pancre:	2	\$138	\$89	\$227
Total for Claimant						120	\$41,089	\$97,245	\$138,334
307	121218122216321000	20-44	Female Employee	17	Other Neoplasms	1	\$57,986	\$0	\$57,986
				09	Skin, Subcutaneous, Breas	45	\$485	\$19,216	\$19,701
				08	Musculoskeletal/Connecti	8	\$0	\$6,483	\$6,483
				03	Ear, Nose and Throat	8	\$0	\$4,928	\$4,928
				01	Nervous System	3	\$0	\$1,601	\$1,601
				05	Circulatory System	16	\$1,112	\$56	\$1,168
				07	Hepatobiliary Sys/Pancre:	1	\$0	\$877	\$877
				04	Respiratory System	7	\$39	\$419	\$458
				06	Digestive System	2	\$0	\$456	\$456
				02	Eye	1	\$0	\$338	\$338
Total for Claimant						94	\$59,622	\$34,547	\$94,169
307	121214303516121000	45-64	Wife	11	Kidney, Urinary Tract	25	\$58,550	\$993	\$59,543
				23	Selected Factors	7	\$0	\$1,136	\$1,136
				08	Musculoskeletal/Connecti	3	\$0	\$320	\$320
				16	Blood/Organs	2	\$0	\$118	\$118
				05	Circulatory System	2	\$0	\$109	\$109
				10	Endocrine, Metabolic	1	\$0	\$41	\$41
Total for Claimant						1	\$0	\$35	\$35

	09	Skin, Subcutaneous, Bre	1	\$0	\$22	\$22
	06	Digestive System	1	\$0	\$0	\$0
Total for Claimant			43	\$58,550	\$2,774	\$61,324

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Plan Sponsor ID 0000000000115259

Large Claimant - Claims Over \$50,000

Current Data For Claims Incurred January 01, 2005 - December 31, 2005

Fully Insured HMO



GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005

2 Month Claim Lag

Large Claimant - Claims Over \$50,000

Funding Arrangement and Product:

Fully Insured HMO

Parameter Options Selected:

Account Structure:

All-All-All-All

Primary Payor:

All

Not Covered Claims:

Exclude

Diagnosis Variation:

MDC

Network Usage:

All

Network Service Area:

All

Submitted by: A714286

Job ID: 732513

Run Date: 08/17/2007



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GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
121222132022331000	45-64	Husband	01	Nervous System	65	\$249,106	\$5,843	\$254,949
			04	Respiratory System	55	\$5,931	\$22	\$5,953
			05	Circulatory System	28	\$1,755	\$33	\$1,787
			18	Infectious-Parasitic	5	\$1,124	\$0	\$1,124
			06	Digestive System	3	\$233	\$0	\$233
			23	Selected Factors	5	\$68	\$0	\$68
			08	Musculoskeletal/Connective	4	\$66	\$0	\$66
			Total for Claimant					165
121213272232331000	20-44	Male Employee	00	Unclassifiable	19	\$220,297	\$4,000	\$224,298
			01	Nervous System	26	\$12,671	\$1,403	\$14,074
			18	Infectious-Parasitic	26	\$4,046	\$1,945	\$5,991
			04	Respiratory System	37	\$4,106	\$213	\$4,320
			05	Circulatory System	25	\$2,468	\$14	\$2,482
			16	Blood/Organs	4	\$1,328	\$0	\$1,328
			08	Musculoskeletal/Connective	5	\$467	\$0	\$467
			03	Ear, Nose and Throat	4	\$318	\$65	\$383
			19	Mental Disorders	3	\$0	\$303	\$303
			09	Skin, Subcutaneous, Breast	1	\$119	\$0	\$119
			23	Selected Factors	4	\$60	\$0	\$60
			06	Digestive System	2	\$32	\$0	\$32
			21	Injury and Poisoning	1	\$25	\$0	\$25
			Total for Claimant					157
121213260804281000	20-44	Female Employee	09	Skin, Subcutaneous, Breast	59	\$1,267	\$164,498	\$165,765
			04	Respiratory System	14	\$55,966	\$0	\$55,966
			23	Selected Factors	3	\$0	\$5,625	\$5,625
			08	Musculoskeletal/Connective	6	\$399	\$340	\$739
			01	Nervous System	4	\$0	\$666	\$666
			22	Burns	1	\$0	\$213	\$213
			05	Circulatory System	3	\$11	\$130	\$141
			21	Injury and Poisoning	1	\$80	\$0	\$80
			10	Endocrine, Metabolic	1	\$0	\$44	\$44
			Total for Claimant					92
121213260932051000	45-64	Male Employee	05	Circulatory System	112	\$204,591	\$2,572	\$207,163
			11	Kidney, Urinary Tract	22	\$3,872	\$2,236	\$6,108
			23	Selected Factors	9	\$638	\$1,068	\$1,706
			07	Hepatobiliary Sys/Pancreas	2	\$594	\$0	\$594
			04	Respiratory System	7	\$212	\$327	\$540
			01	Nervous System	1	\$184	\$0	\$184
			12	Male Reproductive	1	\$63	\$0	\$63
Total for Claimant					154	\$210,154	\$6,203	\$216,357

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid	Ambulatory Paid	Paid Amount
						Amount	Amount	
121220141834171000	0-19	Son	16	Blood/Organs	23	\$99,202	\$2,572	\$101,774
			11	Kidney, Urinary Tract	97	\$25,248	\$30,519	\$55,767
			17	Other Neoplasms	10	\$33,338	\$0	\$33,338
			01	Nervous System	4	\$0	\$5,597	\$5,597
			23	Selected Factors	11	\$0	\$4,048	\$4,048
			08	Musculoskeletal/Connective	18	\$1,652	\$1,817	\$3,469
			06	Digestive System	12	\$465	\$2,274	\$2,738
			21	Injury and Poisoning	5	\$26	\$958	\$984
			04	Respiratory System	3	\$252	\$16	\$267
			18	Infectious-Parasitic	1	\$188	\$0	\$188
Total for Claimant					184	\$160,370	\$47,800	\$208,170
121213271608221000	45-64	Male Employee	06	Digestive System	114	\$2,037	\$191,549	\$193,586
			16	Blood/Organs	3	\$962	\$809	\$1,772
			05	Circulatory System	2	\$0	\$501	\$501
			10	Endocrine, Metabolic	1	\$0	\$124	\$124
			17	Other Neoplasms	1	\$0	\$65	\$65
Total for Claimant					121	\$2,999	\$193,048	\$196,048
121213281803331000	45-64	Female Employee	05	Circulatory System	39	\$88,140	\$1,069	\$89,210
			11	Kidney, Urinary Tract	53	\$1,008	\$49,027	\$50,035
			16	Blood/Organs	27	\$13,372	\$989	\$14,361
			18	Infectious-Parasitic	3	\$2,266	\$0	\$2,266
			04	Respiratory System	8	\$676	\$0	\$676
			08	Musculoskeletal/Connective	3	\$257	\$102	\$359
			06	Digestive System	3	\$0	\$314	\$314
Total for Claimant					136	\$105,719	\$51,501	\$157,220
121213271328351000	20-44	Male Employee	05	Circulatory System	59	\$71,635	\$13,082	\$84,717
			11	Kidney, Urinary Tract	51	\$6,210	\$24,079	\$30,289
			04	Respiratory System	13	\$25,186	\$0	\$25,186
			07	Hepatobiliary Sys/Pancreas	6	\$9,492	\$0	\$9,492
			06	Digestive System	13	\$3,816	\$1,569	\$5,384
			18	Infectious-Parasitic	8	\$1,133	\$46	\$1,179
			08	Musculoskeletal/Connective	3	\$0	\$418	\$418
			16	Blood/Organs	1	\$0	\$66	\$66
			09	Skin, Subcutaneous, Breast	1	\$0	\$20	\$20
			10	Endocrine, Metabolic	1	\$0	\$11	\$11
			23	Selected Factors	12	-\$1,207	\$281	-\$926
			Total for Claimant					168
121213271221361000	20-44	Female Employee	04	Respiratory System	23	\$51,903	\$1,472	\$53,375
			09	Skin, Subcutaneous, Breast	42	\$40,411	\$1,259	\$41,670
			05	Circulatory System	66	\$27,481	\$655	\$28,136
			18	Infectious-Parasitic	46	\$8,979	\$351	\$9,330

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			10	Endocrine, Metabolic	7	\$3,730	\$27	\$3,756
			23	Selected Factors	36	\$3,376	\$170	\$3,546
			08	Musculoskeletal/Connective	3	\$3,430	\$65	\$3,495
			06	Digestive System	3	\$667	\$0	\$667
			16	Blood/Organs	7	\$596	\$0	\$596
			11	Kidney, Urinary Tract	2	\$457	\$49	\$506
			19	Mental Disorders	2	\$139	\$71	\$210
			01	Nervous System	1	\$181	\$0	\$181
			21	Injury and Poisoning	1	\$97	\$0	\$97
			13	Female Reproductive	2	\$0	\$72	\$72
Total for Claimant					241	\$141,445	\$4,190	\$145,636
121213271230001000	45-64	Husband	05	Circulatory System	17	\$122,106	\$3,083	\$125,188
			06	Digestive System	8	\$161	\$1,482	\$1,643
			09	Skin, Subcutaneous, Breast	8	\$0	\$1,384	\$1,384
			01	Nervous System	1	\$0	\$42	\$42
			10	Endocrine, Metabolic	2	\$0	\$22	\$22
			23	Selected Factors	1	\$0	\$11	\$11
Total for Claimant					37	\$122,267	\$6,024	\$128,290
121220132427061000	45-64	Male Employee	11	Kidney, Urinary Tract	107	\$2,686	\$66,305	\$68,991
			05	Circulatory System	26	\$15,344	\$6,015	\$21,359
			09	Skin, Subcutaneous, Breast	12	\$0	\$13,690	\$13,690
			21	Injury and Poisoning	14	\$0	\$10,328	\$10,328
			08	Musculoskeletal/Connective	3	\$0	\$2,865	\$2,865
			02	Eye	3	\$0	\$1,826	\$1,826
			04	Respiratory System	5	\$0	\$1,058	\$1,058
			01	Nervous System	2	\$0	\$843	\$843
			23	Selected Factors	6	\$0	\$692	\$692
			18	Infectious-Parasitic	1	\$0	\$188	\$188
			10	Endocrine, Metabolic	4	\$0	\$150	\$150
Total for Claimant					183	\$18,030	\$103,960	\$121,990
121213260723211000	45-64	Male Employee	06	Digestive System	53	\$58,891	\$31,095	\$89,987
			17	Other Neoplasms	3	\$2,997	\$0	\$2,997
			16	Blood/Organs	2	\$1,404	\$0	\$1,404
			18	Infectious-Parasitic	1	\$892	\$0	\$892
			23	Selected Factors	3	\$486	\$0	\$486
			07	Hepatobiliary Sys/Pancreas	1	\$363	\$0	\$363
			05	Circulatory System	5	\$210	\$93	\$303
			01	Nervous System	1	\$0	\$93	\$93
Total for Claimant					69	\$65,242	\$31,281	\$96,523
121214201705031000	20-44	Male Employee	05	Circulatory System	20	\$0	\$90,017	\$90,017

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			08	Musculoskeletal/Connective	15	\$0	\$2,567	\$2,567
			23	Selected Factors	2	\$0	\$30	\$30
			09	Skin, Subcutaneous, Breast	1	\$0	-\$15	-\$15
Total for Claimant					38	\$0	\$92,599	\$92,599
121217330701241000	45-64	Male Employee	05	Circulatory System	25	\$52,935	\$31,499	\$84,434
			21	Injury and Poisoning	5	\$0	\$4,699	\$4,699
			23	Selected Factors	11	\$67	\$2,986	\$3,053
			04	Respiratory System	4	\$0	\$158	\$158
Total for Claimant					45	\$53,002	\$39,343	\$92,344
121218183636362000	20-44	Wife	15	Newborns	14	\$71,369	\$0	\$71,369
			14	Pregnancy/Childbirth	13	\$9,580	\$2,667	\$12,247
			05	Circulatory System	5	\$251	\$1,810	\$2,062
			06	Digestive System	1	\$1,339	\$0	\$1,339
			23	Selected Factors	8	\$0	\$804	\$804
			02	Eye	1	\$0	\$286	\$286
			01	Nervous System	2	\$193	\$0	\$193
			03	Ear, Nose and Throat	1	\$0	\$29	\$29
Total for Claimant					45	\$82,733	\$5,596	\$88,329
121213271401041000	20-44	Female Employee	15	Newborns	10	\$54,248	\$0	\$54,248
			14	Pregnancy/Childbirth	7	\$19,131	\$0	\$19,131
			13	Female Reproductive	4	\$7,072	\$0	\$7,072
			23	Selected Factors	8	\$870	\$530	\$1,400
			06	Digestive System	2	\$85	\$41	\$126
			04	Respiratory System	2	\$68	\$0	\$68
Total for Claimant					33	\$81,474	\$571	\$82,046
121221161718231000	45-64	Male Employee	07	Hepatobiliary Sys/Pancreas	16	\$62,603	\$7,070	\$69,673
			23	Selected Factors	3	\$174	\$7,015	\$7,189
			06	Digestive System	9	\$840	\$1,367	\$2,206
			04	Respiratory System	8	\$1,501	\$0	\$1,501
			05	Circulatory System	7	\$331	\$296	\$627
			16	Blood/Organs	2	\$547	\$0	\$547
			08	Musculoskeletal/Connective	1	\$0	-\$354	-\$354
Total for Claimant					46	\$65,995	\$15,393	\$81,389
121223331304231000	20-44	Male Employee	01	Nervous System	19	\$71,596	\$451	\$72,047
			06	Digestive System	5	\$4,117	\$268	\$4,385
			21	Injury and Poisoning	4	\$442	\$471	\$913
			04	Respiratory System	3	\$745	\$0	\$745
			11	Kidney, Urinary Tract	2	\$676	\$0	\$676
			10	Endocrine, Metabolic	3	\$287	\$0	\$287

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			19	Mental Disorders	2	\$0	\$244	\$244
			02	Eye	1	\$0	\$155	\$155
			09	Skin, Subcutaneous, Breast	1	\$0	\$75	\$75
Total for Claimant					40	\$77,863	\$1,664	\$79,527
121213272232301000	20-44	Male Employee	05	Circulatory System	38	\$71,103	\$3,636	\$74,739
			21	Injury and Poisoning	5	\$1,999	\$0	\$1,999
			11	Kidney, Urinary Tract	2	\$282	\$0	\$282
			04	Respiratory System	6	\$52	\$119	\$171
			08	Musculoskeletal/Connective	1	\$0	\$141	\$141
Total for Claimant					52	\$73,436	\$3,896	\$77,332
121213272218071000	45-64	Male Employee	01	Nervous System	25	\$56,069	\$1,957	\$58,026
			10	Endocrine, Metabolic	5	\$6,010	\$376	\$6,386
			09	Skin, Subcutaneous, Breast	4	\$0	\$6,043	\$6,043
			23	Selected Factors	3	\$0	\$4,295	\$4,295
			07	Hepatobiliary Sys/Pancreas	11	\$260	\$514	\$774
			05	Circulatory System	6	\$556	\$0	\$556
			06	Digestive System	2	\$0	\$434	\$434
			04	Respiratory System	4	\$199	\$35	\$234
			18	Infectious-Parasitic	1	\$70	\$0	\$70
Total for Claimant					61	\$63,164	\$13,655	\$76,819
121216293200071000	20-44	Female Employee	09	Skin, Subcutaneous, Breast	62	\$15,509	\$57,892	\$73,401
			17	Other Neoplasms	3	\$0	\$1,242	\$1,242
			05	Circulatory System	2	\$0	\$819	\$819
			23	Selected Factors	5	\$0	\$373	\$373
			10	Endocrine, Metabolic	4	\$0	\$184	\$184
			08	Musculoskeletal/Connective	2	\$0	\$73	\$73
Total for Claimant					78	\$15,509	\$60,583	\$76,092
121222211703331000	45-64	Female Employee	04	Respiratory System	132	\$21,625	\$50,500	\$72,125
			16	Blood/Organs	1	\$0	\$1,015	\$1,015
			17	Other Neoplasms	1	\$0	\$932	\$932
			06	Digestive System	2	\$0	\$229	\$229
			19	Mental Disorders	1	\$0	\$198	\$198
			03	Ear, Nose and Throat	1	\$0	\$108	\$108
			23	Selected Factors	1	\$0	\$72	\$72
Total for Claimant					139	\$21,625	\$53,054	\$74,679
121223262430092000	0-19	Son	04	Respiratory System	39	\$64,278	\$6,594	\$70,872
			03	Ear, Nose and Throat	4	\$883	\$109	\$992
			21	Injury and Poisoning	3	\$379	\$0	\$379
			10	Endocrine, Metabolic	2	\$0	\$185	\$185

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			01	Nervous System	1	\$0	\$88	\$88
			18	Infectious-Parasitic	1	\$0	\$70	\$70
			09	Skin, Subcutaneous, Breast	1	\$0	\$70	\$70
Total for Claimant					51	\$65,540	\$7,116	\$72,656
121213260834061000	20-44	Male Employee	06	Digestive System	15	\$35,226	\$790	\$36,016
			23	Selected Factors	11	\$1,613	\$26,630	\$28,242
			05	Circulatory System	13	\$0	\$4,581	\$4,581
			08	Musculoskeletal/Connective	4	\$774	\$52	\$826
			21	Injury and Poisoning	4	\$0	\$797	\$797
			12	Male Reproductive	3	\$42	\$352	\$394
			11	Kidney, Urinary Tract	4	\$0	\$152	\$152
			09	Skin, Subcutaneous, Breast	2	\$0	\$61	\$61
Total for Claimant					56	\$37,655	\$33,414	\$71,069
121213271726352000	0-19	Daughter	05	Circulatory System	27	\$9,600	\$31,477	\$41,077
			11	Kidney, Urinary Tract	6	\$19,176	\$0	\$19,176
			16	Blood/Organs	14	\$0	\$4,605	\$4,605
			23	Selected Factors	18	\$1,979	\$2,246	\$4,225
			06	Digestive System	2	\$0	\$389	\$389
			04	Respiratory System	2	\$28	\$44	\$72
			18	Infectious-Parasitic	1	\$0	\$11	\$11
			01	Nervous System	1	\$0	\$3	\$3
Total for Claimant					71	\$30,783	\$38,776	\$69,559
121222093303182000	0-19	Son	17	Other Neoplasms	71	\$57,412	\$5,827	\$63,239
			16	Blood/Organs	18	\$2,693	\$1,269	\$3,961
			21	Injury and Poisoning	3	\$0	\$799	\$799
			04	Respiratory System	6	\$412	\$0	\$412
			06	Digestive System	4	\$220	\$0	\$220
			03	Ear, Nose and Throat	1	\$0	\$164	\$164
Total for Claimant					103	\$60,737	\$8,059	\$68,796
121221130005211000	20-44	Wife	15	Newborns	18	\$57,528	\$13	\$57,541
			14	Pregnancy/Childbirth	4	\$8,373	\$0	\$8,373
			23	Selected Factors	6	\$133	\$747	\$880
			06	Digestive System	21	\$814	\$0	\$814
			03	Ear, Nose and Throat	2	\$267	\$0	\$267
			05	Circulatory System	1	\$181	\$0	\$181
Total for Claimant					52	\$67,296	\$761	\$68,057
121213271318001000	20-44	Wife	01	Nervous System	17	\$22,531	\$44,074	\$66,605
			09	Skin, Subcutaneous, Breast	2	\$0	\$178	\$178
			08	Musculoskeletal/Connective	1	\$0	\$9	\$9
			23	Selected Factors	2	\$138	-\$180	-\$42

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
Total for Claimant					22	\$22,669	\$44,081	\$66,750
121213271318321000	20-44	Male Employee	00	Unclassifiable	20	\$46,807	\$114	\$46,921
			10	Endocrine, Metabolic	8	\$18	\$8,056	\$8,074
			23	Selected Factors	6	\$3,905	\$1,895	\$5,801
			06	Digestive System	6	\$907	\$1,829	\$2,736
			01	Nervous System	4	\$858	\$197	\$1,055
			05	Circulatory System	5	\$505	\$0	\$505
			16	Blood/Organs	3	\$0	\$377	\$377
			08	Musculoskeletal/Connective	1	\$0	\$268	\$268
			03	Ear, Nose and Throat	1	\$219	\$0	\$219
			18	Infectious-Parasitic	1	\$0	\$188	\$188
			09	Skin, Subcutaneous, Breast	1	\$41	\$0	\$41
04	Respiratory System	1	\$33	\$0	\$33			
Total for Claimant					57	\$53,292	\$12,925	\$66,217
121213260602291000	45-64	Male Employee	05	Circulatory System	7	\$60,694	\$0	\$60,694
			04	Respiratory System	1	\$0	\$383	\$383
			11	Kidney, Urinary Tract	1	\$0	\$36	\$36
			23	Selected Factors	1	\$31	\$0	\$31
Total for Claimant					10	\$60,725	\$419	\$61,144
121223221402061000	0-19	Son	16	Blood/Organs	4	\$0	\$59,941	\$59,941
			11	Kidney, Urinary Tract	4	\$0	\$1,042	\$1,042
			23	Selected Factors	1	\$0	\$138	\$138
Total for Claimant					9	\$0	\$61,121	\$61,121
121213052136121000	45-64	Female Employee	10	Endocrine, Metabolic	29	\$38,625	\$7,503	\$46,129
			11	Kidney, Urinary Tract	5	\$108	\$5,630	\$5,738
			08	Musculoskeletal/Connective	13	\$0	\$2,966	\$2,966
			05	Circulatory System	5	\$0	\$2,877	\$2,877
			01	Nervous System	3	\$0	\$1,319	\$1,319
			23	Selected Factors	3	\$0	\$513	\$513
			03	Ear, Nose and Throat	2	\$0	\$92	\$92
			02	Eye	1	\$50	\$0	\$50
			06	Digestive System	1	\$0	\$44	\$44
			18	Infectious-Parasitic	1	\$0	-\$36	-\$36
Total for Claimant					63	\$38,783	\$20,908	\$59,691
121222073002021000	45-64	Male Employee	01	Nervous System	102	\$42,733	\$8,130	\$50,863
			07	Hepatobiliary Sys/Pancreas	5	\$3,087	\$767	\$3,854
			05	Circulatory System	5	\$732	\$11	\$743
			19	Mental Disorders	2	\$379	\$0	\$379
			02	Eye	2	\$0	\$344	\$344
			10	Endocrine, Metabolic	2	\$256	\$0	\$256

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			06	Digestive System	3	\$93	\$127	\$220
			08	Musculoskeletal/Connective	2	\$124	\$0	\$124
			23	Selected Factors	1	\$46	\$0	\$46
Total for Claimant					124	\$47,450	\$9,379	\$56,829
121213271728091000	20-44	Female Employee	17	Other Neoplasms	64	\$0	\$52,219	\$52,219
			05	Circulatory System	4	\$0	\$1,746	\$1,746
			04	Respiratory System	6	\$0	\$1,613	\$1,613
			02	Eye	2	\$0	\$313	\$313
			09	Skin, Subcutaneous, Breast	3	\$0	\$178	\$178
			06	Digestive System	1	\$0	\$95	\$95
			10	Endocrine, Metabolic	1	\$0	\$93	\$93
			23	Selected Factors	1	\$0	\$63	\$63
			13	Female Reproductive	1	\$0	\$28	\$28
Total for Claimant					83	\$0	\$56,348	\$56,348
121213272014082000	45-64	Wife	09	Skin, Subcutaneous, Breast	113	\$0	\$53,550	\$53,550
			17	Other Neoplasms	2	\$0	\$1,499	\$1,499
			08	Musculoskeletal/Connective	4	\$0	\$419	\$419
			13	Female Reproductive	3	\$0	\$347	\$347
			05	Circulatory System	5	\$0	\$302	\$302
			23	Selected Factors	1	\$0	\$28	\$28
			10	Endocrine, Metabolic	3	\$0	\$17	\$17
Total for Claimant					131	\$0	\$56,163	\$56,163
121213271823001000	45-64	Male Employee	05	Circulatory System	20	\$31,644	\$1,997	\$33,641
			10	Endocrine, Metabolic	11	\$10,428	\$1,440	\$11,867
			06	Digestive System	8	\$5,409	\$739	\$6,148
			16	Blood/Organs	9	\$154	\$2,933	\$3,087
			12	Male Reproductive	2	\$184	\$95	\$279
			09	Skin, Subcutaneous, Breast	1	\$0	\$147	\$147
			23	Selected Factors	3	\$0	\$132	\$132
			07	Hepatobiliary Sys/Pancreas	1	\$50	\$0	\$50
Total for Claimant					55	\$47,869	\$7,483	\$55,352
121213260605291000	45-64	Male Employee	11	Kidney, Urinary Tract	27	\$13,766	\$34,310	\$48,076
			18	Infectious-Parasitic	5	\$1,045	\$2,159	\$3,204
			05	Circulatory System	15	\$491	\$2,272	\$2,763
			04	Respiratory System	1	\$0	\$401	\$401
			23	Selected Factors	3	\$0	\$261	\$261
			21	Injury and Poisoning	2	\$0	\$156	\$156
			12	Male Reproductive	1	\$0	\$83	\$83
			16	Blood/Organs	2	\$0	\$41	\$41
Total for Claimant					56	\$15,302	\$39,683	\$54,985

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid	Ambulatory Paid	Paid Amount
						Amount	Amount	
121213260806131000	0-19	Son	16	Blood/Organs	90	\$36,330	\$5,795	\$42,125
			07	Hepatobiliary Sys/Pancreas	11	\$10,313	\$0	\$10,313
			04	Respiratory System	4	\$1,197	\$61	\$1,258
			01	Nervous System	14	\$399	\$352	\$751
			05	Circulatory System	4	\$303	\$0	\$303
			21	Injury and Poisoning	4	\$106	\$61	\$166
			18	Infectious-Parasitic	1	\$0	\$109	\$109
			06	Digestive System	3	\$0	\$71	\$71
			23	Selected Factors	5	\$0	-\$200	-\$200
Total for Claimant					136	\$48,647	\$6,248	\$54,895
121220162422361000	45-64	Male Employee	11	Kidney, Urinary Tract	21	\$0	\$52,920	\$52,920
			05	Circulatory System	6	\$338	\$404	\$743
			23	Selected Factors	1	\$0	\$684	\$684
			01	Nervous System	12	\$0	\$543	\$543
Total for Claimant					40	\$338	\$54,552	\$54,890
121213260509171000	45-64	Husband	11	Kidney, Urinary Tract	47	\$219	\$44,182	\$44,401
			05	Circulatory System	16	\$6,558	\$2,283	\$8,841
			23	Selected Factors	2	\$0	\$447	\$447
			16	Blood/Organs	8	\$0	\$440	\$440
			09	Skin, Subcutaneous, Breast	2	\$0	\$374	\$374
			18	Infectious-Parasitic	3	\$0	\$43	\$43
			04	Respiratory System	1	\$0	\$14	\$14
Total for Claimant					79	\$6,777	\$47,782	\$54,560
121221173403121000	20-44	Wife	16	Blood/Organs	75	\$36,725	\$11,911	\$48,636
			04	Respiratory System	15	\$174	\$2,245	\$2,419
			06	Digestive System	11	\$496	\$1,286	\$1,782
			08	Musculoskeletal/Connective	5	\$0	\$748	\$748
			05	Circulatory System	15	\$49	\$512	\$561
			13	Female Reproductive	1	\$0	\$87	\$87
Total for Claimant					122	\$37,444	\$16,790	\$54,234
121213272022211000	20-44	Wife	01	Nervous System	35	\$46,915	\$6,217	\$53,132
			18	Infectious-Parasitic	2	\$350	\$11	\$361
			10	Endocrine, Metabolic	2	\$0	\$156	\$156
			08	Musculoskeletal/Connective	1	\$41	\$0	\$41
			04	Respiratory System	3	\$35	\$0	\$35
			05	Circulatory System	1	\$12	\$0	\$12
Total for Claimant					44	\$47,353	\$6,384	\$53,737
121213260612321000	20-44	Husband	10	Endocrine, Metabolic	17	\$32,451	\$405	\$32,856
			09	Skin, Subcutaneous, Breast	21	\$4,215	\$5,306	\$9,520
			02	Eye	8	\$0	\$3,962	\$3,962

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			21	Injury and Poisoning	2	\$0	\$3,875	\$3,875
			05	Circulatory System	6	\$0	\$1,713	\$1,713
			08	Musculoskeletal/Connective	9	\$1,396	\$229	\$1,625
			03	Ear, Nose and Throat	2	\$0	\$99	\$99
Total for Claimant					65	\$38,062	\$15,588	\$53,650
121213272105081000	45-64	Husband	01	Nervous System	17	\$36,303	\$5,327	\$41,630
			08	Musculoskeletal/Connective	14	\$43	\$7,562	\$7,605
			05	Circulatory System	4	\$0	\$997	\$997
			17	Other Neoplasms	4	\$167	\$285	\$452
			03	Ear, Nose and Throat	5	\$70	\$368	\$437
			06	Digestive System	1	\$0	\$64	\$64
			04	Respiratory System	1	\$12	\$0	\$12
			23	Selected Factors	4	\$11	-\$108	-\$97
Total for Claimant					50	\$36,605	\$14,495	\$51,100
121218183636362000	0-19	Daughter	05	Circulatory System	10	\$37,842	\$3,809	\$41,651
			15	Newborns	9	\$8,832	\$0	\$8,832
			01	Nervous System	1	\$0	\$260	\$260
			02	Eye	2	\$206	\$0	\$206
			04	Respiratory System	2	\$52	\$0	\$52
			21	Injury and Poisoning	2	\$26	\$0	\$26
Total for Claimant					26	\$46,958	\$4,069	\$51,027
Total For All Large Claimants					4,688	\$3,667,748	\$1,987,856	\$5,655,604
Total For Selected Population					88,848	\$10,016,364	\$14,307,703	\$24,324,067
Large Claimants as a Percentage of Selected Population					5.3%	36.6%	13.9%	23.3%

* Claimant ID is encrypted

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259
 Current Data For Claims Incurred January 01, 2005 - December 31, 2005 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Location Code	Claimant Id*	Age	Claimant Relations hip	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
307	121213292932181000	20-44	Wife	15	Newborns	14	\$502,590	\$2,825	\$505,415
				14	Pregnancy/Childbirth	7	\$7,655	\$257	\$7,912
				08	Musculoskeletal/Connectiv	1	\$0	\$1,326	\$1,326
				12	Male Reproductive	3	\$433	\$0	\$433
				01	Nervous System	1	\$0	\$128	\$128
				13	Female Reproductive	1	\$0	\$59	\$59
				21	Injury and Poisoning	2	\$37	\$0	\$37
				23	Selected Factors	4	\$0	-\$796	-\$796
	Total for Claimant					33	\$510,715	\$3,798	\$514,513
307	121213271335161000	0-19	Son	11	Kidney, Urinary Tract	59	\$0	\$135,297	\$135,297
				03	Ear, Nose and Throat	3	\$0	\$14	\$14
	Total for Claimant					62	\$0	\$135,311	\$135,311
307	121213260608351000	45-64	Husband	11	Kidney, Urinary Tract	71	\$3,939	\$46,888	\$50,826
				05	Circulatory System	34	\$25,735	\$10,582	\$36,316
				19	Mental Disorders	9	\$14,143	\$293	\$14,436
				04	Respiratory System	4	\$9,576	\$149	\$9,725
				01	Nervous System	10	\$5,976	\$571	\$6,547
				23	Selected Factors	4	\$0	\$1,380	\$1,380
				10	Endocrine, Metabolic	13	\$142	\$1,003	\$1,145
				02	Eye	3	\$320	\$528	\$848
				16	Blood/Organs	9	\$0	\$345	\$345
				08	Musculoskeletal/Connectiv	2	\$42	\$0	\$42

Total for Claimant				159	\$59,873	\$61,737	\$121,610		
307	121220341828051000	20-44	Wife	01	Nervous System	30	\$52,708	\$3,827	\$56,536
				06	Digestive System	89	\$10,512	\$21,100	\$31,612
				10	Endocrine, Metabolic	15	\$0	\$1,605	\$1,605
				05	Circulatory System	5	\$10	\$1,181	\$1,191
				02	Eye	5	-\$65	\$827	\$763
				23	Selected Factors	8	\$18	\$380	\$397
				21	Injury and Poisoning	1	\$0	\$280	\$280
				09	Skin, Subcutaneous, Brea	3	\$0	\$209	\$209
				11	Kidney, Urinary Tract	2	\$60	\$0	\$60
				04	Respiratory System	2	\$10	\$38	\$47
				07	Hepatobiliary Sys/Pancrea	1	\$38	\$0	\$38
				08	Musculoskeletal/Connectiv	1	\$0	\$10	\$10
Total for Claimant				162	\$63,290	\$29,457	\$92,747		
307	121213260817341000	45-64	Female Err	11	Kidney, Urinary Tract	69	\$1,137	\$43,309	\$44,446
				09	Skin, Subcutaneous, Brea	32	\$8,349	\$13,050	\$21,399
				05	Circulatory System	12	\$15	\$14,395	\$14,410
				06	Digestive System	7	\$0	\$2,793	\$2,793
				13	Female Reproductive	3	\$1,585	\$425	\$2,009
				10	Endocrine, Metabolic	4	\$403	\$0	\$403
				23	Selected Factors	5	\$11	\$380	\$391
				01	Nervous System	2	\$68	\$105	\$173
				02	Eye	1	\$0	\$91	\$91
				08	Musculoskeletal/Connectiv	2	\$10	\$55	\$65
				04	Respiratory System	3	\$22	\$14	\$36
Total for Claimant				140	\$11,600	\$74,616	\$86,217		
307	121213271213271000	20-44	Female Err	09	Skin, Subcutaneous, Brea	50	\$6,284	\$43,439	\$49,723
				04	Respiratory System	22	\$26,033	\$1,086	\$27,119
				08	Musculoskeletal/Connectiv	2	\$4,682	\$42	\$4,724
				05	Circulatory System	2	\$188	\$11	\$199
				21	Injury and Poisoning	3	\$0	\$175	\$175
				17	Other Neoplasms	1	\$0	\$59	\$59
				23	Selected Factors	1	\$11	\$0	\$11
Total for Claimant				81	\$37,198	\$44,813	\$82,011		

307	121220143304131000	45-64	Female Err	04	Respiratory System	70	\$13,647	\$51,345	\$64,991
				16	Blood/Organs	2	\$5,665	\$0	\$5,665
				08	Musculoskeletal/Connectiv	3	\$0	\$981	\$981
				05	Circulatory System	7	\$205	\$599	\$804
				13	Female Reproductive	1	\$342	\$0	\$342
				10	Endocrine, Metabolic	2	\$0	\$268	\$268
				23	Selected Factors	3	\$0	\$264	\$264
				17	Other Neoplasms	2	\$0	\$145	\$145
				06	Digestive System	1	\$23	\$0	\$23
				Total for Claimant					
307	121213271307171000	45-64	Female Err	06	Digestive System	16	\$57,858	\$968	\$58,826
				23	Selected Factors	6	\$81	\$3,492	\$3,573
				16	Blood/Organs	20	\$2,699	\$491	\$3,190
				05	Circulatory System	8	\$563	\$614	\$1,177
				08	Musculoskeletal/Connectiv	3	\$691	\$0	\$691
				11	Kidney, Urinary Tract	3	\$167	\$310	\$477
				10	Endocrine, Metabolic	1	\$160	\$0	\$160
				09	Skin, Subcutaneous, Brea	1	\$83	\$0	\$83
				04	Respiratory System	1	\$36	\$0	\$36
Total for Claimant						59	\$62,338	\$5,876	\$68,213
307	121214202934291000	65+	Male Empl	05	Circulatory System	32	\$53,329	\$993	\$54,323
				06	Digestive System	6	\$0	\$2,447	\$2,447
				23	Selected Factors	1	\$0	\$293	\$293
				01	Nervous System	1	\$0	\$200	\$200
				03	Ear, Nose and Throat	1	\$0	\$183	\$183
				10	Endocrine, Metabolic	1	\$0	\$25	\$25
Total for Claimant						42	\$53,329	\$4,141	\$57,470
307	121213353423211000	45-64	Male Empl	11	Kidney, Urinary Tract	61	\$0	\$40,345	\$40,345
				05	Circulatory System	8	\$0	\$16,225	\$16,225
				21	Injury and Poisoning	1	\$0	\$103	\$103
Total for Claimant						70	\$0	\$56,672	\$56,672

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Plan Sponsor ID 0000000000115259

Large Claimant - Claims Over \$50,000

Current Data For Claims Incurred January 01, 2006 - December 31, 2006

Fully Insured HMO



GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006

2 Month Claim Lag

Large Claimant - Claims Over \$50,000

Funding Arrangement and Product:

Fully Insured HMO

Parameter Options Selected:

Account Structure:

All-All-All-All

Primary Payor:

All

Not Covered Claims:

Exclude

Diagnosis Variation:

MDC

Network Usage:

All

Network Service Area:

All

Submitted by: A714286

Job ID: 732514

Run Date: 08/17/2007



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GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
121218183636362000	0-19	Daughter	07	Hepatobiliary Sys/Pancreas	17	\$194,985	\$516	\$195,501
			05	Circulatory System	71	\$168,468	\$5,253	\$173,720
			15	Newborns	34	\$3,272	\$6,319	\$9,591
			17	Other Neoplasms	1	\$6,182	\$0	\$6,182
			04	Respiratory System	22	\$4,050	\$1,686	\$5,736
			19	Mental Disorders	22	\$3,608	\$2,022	\$5,630
			18	Infectious-Parasitic	14	\$862	\$4,698	\$5,560
			23	Selected Factors	10	\$0	\$4,090	\$4,090
			06	Digestive System	13	\$2,323	\$887	\$3,210
			10	Endocrine, Metabolic	14	\$2,938	\$243	\$3,181
			08	Musculoskeletal/Connective	9	\$2,203	\$61	\$2,264
			01	Nervous System	11	\$1,414	\$463	\$1,877
			21	Injury and Poisoning	12	\$732	\$71	\$803
			03	Ear, Nose and Throat	3	\$243	\$349	\$592
			09	Skin, Subcutaneous, Breast	2	\$0	\$466	\$466
			02	Eye	2	\$63	\$242	\$305
			Total for Claimant					257
121213260803071000	20-44	Female Employee	00	Unclassifiable	24	\$250,456	\$1,222	\$251,678
			18	Infectious-Parasitic	6	\$11,037	\$3,330	\$14,367
			07	Hepatobiliary Sys/Pancreas	18	\$4,043	\$8,261	\$12,304
			06	Digestive System	50	\$6,369	\$905	\$7,273
			23	Selected Factors	9	\$106	\$7,055	\$7,161
			04	Respiratory System	13	\$826	\$384	\$1,210
			10	Endocrine, Metabolic	4	\$659	\$0	\$659
			05	Circulatory System	4	\$23	\$204	\$227
			02	Eye	1	\$149	\$0	\$149
			Total for Claimant					129
121213271429121000	20-44	Female Employee	22	Burns	22	\$254,324	\$646	\$254,970
			05	Circulatory System	11	\$3,741	\$1,997	\$5,738
			23	Selected Factors	6	\$0	\$4,731	\$4,731
			21	Injury and Poisoning	3	\$2,530	\$44	\$2,574
			09	Skin, Subcutaneous, Breast	18	\$91	\$1,563	\$1,654
			04	Respiratory System	12	\$575	\$0	\$575
			16	Blood/Organs	4	\$0	\$271	\$271
			01	Nervous System	1	\$0	\$33	\$33
			08	Musculoskeletal/Connective	1	\$0	\$2	\$2
Total for Claimant					78	\$261,261	\$9,287	\$270,548
121220262320141000	20-44	Wife	14	Pregnancy/Childbirth	24	\$145,595	\$4,872	\$150,466
			15	Newborns	31	\$75,788	\$848	\$76,636
			07	Hepatobiliary Sys/Pancreas	12	\$1,238	\$2,845	\$4,084

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			05	Circulatory System	15	\$2,922	\$390	\$3,312
			21	Injury and Poisoning	8	\$2,303	\$275	\$2,578
			11	Kidney, Urinary Tract	10	\$1,621	\$272	\$1,892
			08	Musculoskeletal/Connective	7	\$1,470	\$45	\$1,515
			04	Respiratory System	11	\$1,306	\$0	\$1,306
			01	Nervous System	9	\$987	\$201	\$1,188
			23	Selected Factors	5	\$45	\$732	\$777
			19	Mental Disorders	3	\$0	\$605	\$605
			06	Digestive System	3	\$239	\$0	\$239
			16	Blood/Organs	1	\$225	\$0	\$225
			13	Female Reproductive	1	\$0	\$72	\$72
			09	Skin, Subcutaneous, Breast	1	\$0	-\$9	-\$9
Total for Claimant					141	\$233,738	\$11,147	\$244,885
121220132427061000	45-64	Male Employee	11	Kidney, Urinary Tract	97	\$3,420	\$107,435	\$110,854
			08	Musculoskeletal/Connective	13	\$68,838	\$313	\$69,152
			21	Injury and Poisoning	19	\$3,981	\$6,038	\$10,019
			05	Circulatory System	13	\$512	\$6,952	\$7,464
			23	Selected Factors	6	\$0	\$5,382	\$5,382
			09	Skin, Subcutaneous, Breast	13	\$3,437	\$129	\$3,566
			01	Nervous System	5	\$0	\$1,567	\$1,567
			04	Respiratory System	6	\$12	\$526	\$538
			12	Male Reproductive	2	\$0	\$433	\$433
			10	Endocrine, Metabolic	3	\$127	\$80	\$207
			07	Hepatobiliary Sys/Pancreas	1	\$0	\$140	\$140
			03	Ear, Nose and Throat	1	-\$71	\$0	-\$71
Total for Claimant					179	\$80,255	\$128,995	\$209,250
121217181626161000	20-44	Wife	15	Newborns	86	\$153,257	\$0	\$153,257
			14	Pregnancy/Childbirth	21	\$18,315	\$3,961	\$22,276
			23	Selected Factors	7	\$0	\$885	\$885
			03	Ear, Nose and Throat	2	\$0	\$105	\$105
Total for Claimant					116	\$171,572	\$4,951	\$176,524
121213271227011000	20-44	Female Employee	23	Selected Factors	49	\$0	\$90,209	\$90,209
			09	Skin, Subcutaneous, Breast	60	\$6,553	\$51,350	\$57,903
			17	Other Neoplasms	15	\$125	\$7,855	\$7,980
			05	Circulatory System	4	\$0	\$1,304	\$1,304
			21	Injury and Poisoning	1	\$0	\$65	\$65
			13	Female Reproductive	1	\$0	\$63	\$63
Total for Claimant					130	\$6,678	\$150,845	\$157,523
121213271206131000	45-64	Female Employee	08	Musculoskeletal/Connective	18	\$101,168	\$1,717	\$102,885
			23	Selected Factors	23	\$134	\$22,015	\$22,149
			01	Nervous System	19	\$5,902	\$4,007	\$9,909

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			06	Digestive System	7	\$0	\$4,270	\$4,270
			13	Female Reproductive	4	\$0	\$1,127	\$1,127
			09	Skin, Subcutaneous, Breast	4	\$0	\$337	\$337
			21	Injury and Poisoning	3	\$0	\$309	\$309
			18	Infectious-Parasitic	2	\$11	\$135	\$146
			05	Circulatory System	1	\$0	\$33	\$33
Total for Claimant					81	\$107,215	\$33,949	\$141,164
121213260929361000	45-64	Female Employee	01	Nervous System	11	\$0	\$46,479	\$46,479
			23	Selected Factors	12	\$0	\$37,097	\$37,097
			17	Other Neoplasms	8	\$0	\$22,406	\$22,406
			04	Respiratory System	61	\$2,455	\$10,465	\$12,919
			03	Ear, Nose and Throat	14	\$182	\$5,091	\$5,273
			10	Endocrine, Metabolic	3	\$5,221	\$0	\$5,221
			06	Digestive System	3	\$0	\$1,101	\$1,101
			09	Skin, Subcutaneous, Breast	3	\$0	\$563	\$563
			05	Circulatory System	2	\$0	\$295	\$295
			02	Eye	1	\$0	\$244	\$244
			16	Blood/Organs	3	\$0	\$207	\$207
			18	Infectious-Parasitic	1	\$0	\$192	\$192
			08	Musculoskeletal/Connective	4	\$0	\$75	\$75
Total for Claimant					126	\$7,858	\$124,214	\$132,072
121213271217031000	20-44	Female Employee	17	Other Neoplasms	8	\$0	\$53,155	\$53,155
			01	Nervous System	17	\$2,676	\$46,662	\$49,337
			09	Skin, Subcutaneous, Breast	44	\$208	\$22,797	\$23,005
			02	Eye	3	\$0	\$1,227	\$1,227
			08	Musculoskeletal/Connective	5	\$0	\$1,194	\$1,194
			13	Female Reproductive	2	\$0	\$533	\$533
			03	Ear, Nose and Throat	2	\$0	\$522	\$522
			05	Circulatory System	3	\$0	\$495	\$495
			10	Endocrine, Metabolic	5	\$193	\$213	\$406
			07	Hepatobiliary Sys/Pancreas	1	\$0	\$275	\$275
			23	Selected Factors	2	\$0	\$48	\$48
			04	Respiratory System	1	\$0	\$11	\$11
Total for Claimant					93	\$3,077	\$127,131	\$130,207
121213271608221000	45-64	Male Employee	06	Digestive System	105	\$54,774	\$65,200	\$119,975
			16	Blood/Organs	6	\$4,327	\$4,742	\$9,069
			10	Endocrine, Metabolic	4	\$0	\$451	\$451
			23	Selected Factors	3	\$9	\$440	\$449
			05	Circulatory System	1	\$0	\$24	\$24
			04	Respiratory System	1	\$9	\$0	\$9
			03	Ear, Nose and Throat	1	\$0	-\$148	-\$148
Total for Claimant					121	\$59,120	\$70,709	\$129,829

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
121213271328351000	20-44	Male Employee	05	Circulatory System	76	\$48,936	\$5,435	\$54,370
			11	Kidney, Urinary Tract	54	\$3,586	\$36,620	\$40,206
			04	Respiratory System	6	\$18,238	\$0	\$18,238
			06	Digestive System	6	\$10,631	\$0	\$10,631
			23	Selected Factors	5	\$0	\$1,679	\$1,679
			01	Nervous System	3	\$0	\$1,048	\$1,048
			08	Musculoskeletal/Connective	2	\$954	\$0	\$954
			10	Endocrine, Metabolic	7	\$563	\$38	\$601
			16	Blood/Organs	8	\$0	\$464	\$464
Total for Claimant					167	\$82,908	\$45,284	\$128,192
121224130105241000	20-44	Wife	15	Newborns	49	\$84,539	\$439	\$84,978
			14	Pregnancy/Childbirth	22	\$18,766	\$18,535	\$37,300
			23	Selected Factors	12	\$24	\$682	\$706
			06	Digestive System	1	\$240	\$0	\$240
			12	Male Reproductive	1	\$99	\$0	\$99
			05	Circulatory System	1	\$0	-\$4	-\$4
			03	Ear, Nose and Throat	1	\$0	-\$4	-\$4
			04	Respiratory System	2	\$0	-\$9	-\$9
			08	Musculoskeletal/Connective	2	-\$126	\$0	-\$126
Total for Claimant					91	\$103,542	\$19,638	\$123,180
121221202709051000	20-44	Female Employee	15	Newborns	40	\$93,061	\$2,435	\$95,496
			14	Pregnancy/Childbirth	21	\$16,773	\$1,731	\$18,505
			07	Hepatobiliary Sys/Pancreas	3	\$3,626	\$0	\$3,626
			02	Eye	4	\$278	\$611	\$889
			23	Selected Factors	10	\$168	\$270	\$439
			03	Ear, Nose and Throat	2	\$0	\$433	\$433
			05	Circulatory System	3	\$0	\$290	\$290
			11	Kidney, Urinary Tract	1	\$0	\$29	\$29
			01	Nervous System	2	-\$64	\$0	-\$64
Total for Claimant					86	\$113,842	\$5,800	\$119,642
121223221402061000	0-19	Son	16	Blood/Organs	9	\$0	\$117,754	\$117,754
			23	Selected Factors	3	\$0	\$288	\$288
Total for Claimant					12	\$0	\$118,042	\$118,042
121222211703331000	45-64	Female Employee	01	Nervous System	30	\$85,116	\$2,475	\$87,591
			04	Respiratory System	52	\$1,195	\$16,097	\$17,291
			21	Injury and Poisoning	2	\$1,428	\$720	\$2,148
			07	Hepatobiliary Sys/Pancreas	3	\$901	\$1,130	\$2,031
			09	Skin, Subcutaneous, Breast	4	\$0	\$1,257	\$1,257
			16	Blood/Organs	2	\$127	\$1,029	\$1,156
			05	Circulatory System	4	\$150	\$712	\$862

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			23	Selected Factors	4	\$479	\$0	\$479
			08	Musculoskeletal/Connective	7	\$12	\$367	\$379
			06	Digestive System	3	\$12	\$340	\$352
			17	Other Neoplasms	1	\$203	\$35	\$238
Total for Claimant					112	\$89,623	\$24,161	\$113,783
121213271736171000	45-64	Female Employee	06	Digestive System	87	\$8,895	\$94,441	\$103,336
			23	Selected Factors	33	\$0	\$6,137	\$6,137
			09	Skin, Subcutaneous, Breast	5	\$0	\$1,203	\$1,203
			11	Kidney, Urinary Tract	2	\$0	\$496	\$496
			16	Blood/Organs	2	\$0	\$217	\$217
			10	Endocrine, Metabolic	1	\$0	\$73	\$73
			03	Ear, Nose and Throat	1	\$0	\$44	\$44
Total for Claimant					131	\$8,895	\$102,610	\$111,505
121213260723211000	45-64	Male Employee	06	Digestive System	65	\$134	\$60,550	\$60,684
			03	Ear, Nose and Throat	11	\$38,726	\$0	\$38,726
			16	Blood/Organs	6	\$7,278	\$0	\$7,278
			09	Skin, Subcutaneous, Breast	1	\$486	\$0	\$486
			07	Hepatobiliary Sys/Pancreas	2	\$259	\$192	\$451
			11	Kidney, Urinary Tract	2	\$370	\$0	\$370
			23	Selected Factors	2	\$351	\$0	\$351
			18	Infectious-Parasitic	4	\$101	\$204	\$305
			01	Nervous System	2	\$0	\$156	\$156
			05	Circulatory System	1	\$0	\$44	\$44
Total for Claimant					96	\$47,706	\$61,145	\$108,851
121220141834171000	0-19	Son	16	Blood/Organs	11	\$31,907	\$288	\$32,195
			11	Kidney, Urinary Tract	71	\$887	\$24,889	\$25,776
			05	Circulatory System	3	\$16,610	\$0	\$16,610
			08	Musculoskeletal/Connective	21	\$1,236	\$12,504	\$13,739
			01	Nervous System	4	\$0	\$8,864	\$8,864
			23	Selected Factors	13	\$0	\$6,260	\$6,260
			17	Other Neoplasms	3	\$2,335	\$204	\$2,538
			18	Infectious-Parasitic	4	\$0	\$642	\$642
			10	Endocrine, Metabolic	4	\$340	\$271	\$611
			06	Digestive System	3	\$426	\$95	\$521
			09	Skin, Subcutaneous, Breast	1	\$82	\$0	\$82
			03	Ear, Nose and Throat	1	\$0	\$45	\$45
Total for Claimant					139	\$53,823	\$54,061	\$107,884
121221143301161000	45-64	Female Employee	05	Circulatory System	24	\$93,143	\$4,483	\$97,627
			04	Respiratory System	4	\$0	\$958	\$958
			08	Musculoskeletal/Connective	1	\$0	\$355	\$355
			13	Female Reproductive	2	\$0	\$228	\$228

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			23	Selected Factors	1	\$0	\$80	\$80
			10	Endocrine, Metabolic	1	\$0	\$12	\$12
Total for Claimant					33	\$93,143	\$6,116	\$99,260
121213272003091000	45-64	Male Employee	17	Other Neoplasms	60	\$0	\$73,442	\$73,442
			16	Blood/Organs	8	\$0	\$19,832	\$19,832
			04	Respiratory System	5	\$0	\$2,619	\$2,619
			03	Ear, Nose and Throat	3	\$0	\$2,329	\$2,329
			23	Selected Factors	1	\$0	\$308	\$308
Total for Claimant					77	\$0	\$98,530	\$98,530
121213260702041000	45-64	Male Employee	05	Circulatory System	34	\$67,573	\$6,939	\$74,512
			18	Infectious-Parasitic	12	\$16,914	\$500	\$17,414
			04	Respiratory System	20	\$2,120	\$12	\$2,132
			08	Musculoskeletal/Connective	7	\$323	\$519	\$843
			16	Blood/Organs	4	\$645	\$0	\$645
			10	Endocrine, Metabolic	4	\$359	\$108	\$467
			09	Skin, Subcutaneous, Breast	3	\$274	\$33	\$307
			01	Nervous System	1	\$0	\$289	\$289
			21	Injury and Poisoning	3	\$0	\$223	\$223
			19	Mental Disorders	1	\$101	\$0	\$101
			06	Digestive System	4	\$101	\$0	\$101
			11	Kidney, Urinary Tract	2	\$49	\$46	\$95
			23	Selected Factors	2	\$22	\$28	\$50
Total for Claimant					97	\$88,483	\$8,697	\$97,180
121213271400321000	20-44	Female Employee	01	Nervous System	26	\$76,728	\$475	\$77,203
			23	Selected Factors	17	\$8,689	\$2,036	\$10,725
			04	Respiratory System	6	\$1,698	\$0	\$1,698
			06	Digestive System	6	\$1,062	\$0	\$1,062
			05	Circulatory System	3	\$280	\$0	\$280
			13	Female Reproductive	2	\$0	\$140	\$140
			10	Endocrine, Metabolic	1	\$0	\$67	\$67
			03	Ear, Nose and Throat	1	\$31	\$0	\$31
Total for Claimant					62	\$88,489	\$2,718	\$91,207
121221240603091000	20-44	Female Employee	23	Selected Factors	5	\$0	\$37,624	\$37,624
			17	Other Neoplasms	7	\$0	\$34,964	\$34,964
			04	Respiratory System	18	\$0	\$11,781	\$11,781
			05	Circulatory System	26	\$0	\$890	\$890
			06	Digestive System	1	\$0	\$31	\$31
Total for Claimant					57	\$0	\$85,289	\$85,289
121213271328051000	20-44	Female Employee	14	Pregnancy/Childbirth	20	\$28,882	\$14,428	\$43,310
			08	Musculoskeletal/Connective	32	\$26,879	\$0	\$26,879

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			15	Newborns	13	\$9,725	\$196	\$9,922
			23	Selected Factors	6	\$0	\$518	\$518
			02	Eye	1	\$204	\$0	\$204
			13	Female Reproductive	3	\$0	\$182	\$182
			11	Kidney, Urinary Tract	2	\$156	\$0	\$156
			05	Circulatory System	1	\$148	\$0	\$148
			12	Male Reproductive	1	\$129	\$0	\$129
			06	Digestive System	7	\$102	\$27	\$129
			04	Respiratory System	4	\$48	\$0	\$48
			09	Skin, Subcutaneous, Breast	1	\$0	\$9	\$9
Total for Claimant					91	\$66,274	\$15,361	\$81,635
121213271835331000	20-44	Female Employee	01	Nervous System	14	\$41,816	\$14,724	\$56,540
			17	Other Neoplasms	4	\$0	\$6,052	\$6,052
			09	Skin, Subcutaneous, Breast	11	\$0	\$5,866	\$5,866
			16	Blood/Organs	9	\$0	\$4,064	\$4,064
			08	Musculoskeletal/Connective	19	\$425	\$3,336	\$3,761
			04	Respiratory System	15	\$3,216	\$0	\$3,216
			11	Kidney, Urinary Tract	4	\$646	\$0	\$646
			05	Circulatory System	6	\$340	\$268	\$609
			02	Eye	5	\$0	\$238	\$238
			23	Selected Factors	4	\$22	\$101	\$122
			06	Digestive System	2	\$30	\$68	\$98
Total for Claimant					93	\$46,494	\$34,716	\$81,211
121213260634281000	45-64	Male Employee	11	Kidney, Urinary Tract	56	\$51,299	\$21,489	\$72,788
			05	Circulatory System	9	\$75	\$2,357	\$2,432
			23	Selected Factors	9	\$290	\$1,053	\$1,343
			09	Skin, Subcutaneous, Breast	2	\$0	\$57	\$57
			08	Musculoskeletal/Connective	1	\$30	\$0	\$30
Total for Claimant					77	\$51,695	\$24,957	\$76,651
121213271614341000	20-44	Wife	23	Selected Factors	17	\$0	\$31,992	\$31,992
			14	Pregnancy/Childbirth	33	\$18,886	\$4,183	\$23,070
			18	Infectious-Parasitic	4	\$16,260	\$0	\$16,260
			15	Newborns	3	\$1,949	\$0	\$1,949
			11	Kidney, Urinary Tract	11	\$468	\$538	\$1,006
			21	Injury and Poisoning	2	\$827	\$0	\$827
			09	Skin, Subcutaneous, Breast	2	\$407	\$0	\$407
			13	Female Reproductive	2	\$0	\$291	\$291
			16	Blood/Organs	5	\$0	\$154	\$154
			05	Circulatory System	4	\$0	\$136	\$136
			10	Endocrine, Metabolic	1	\$27	\$0	\$27
Total for Claimant					84	\$38,824	\$37,294	\$76,118

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
121221173403121000	20-44	Wife	16	Blood/Organs	51	\$47,279	\$7,839	\$55,118
			11	Kidney, Urinary Tract	20	\$1,704	\$7,624	\$9,328
			06	Digestive System	17	\$63	\$8,243	\$8,306
			04	Respiratory System	12	\$149	\$1,024	\$1,172
			05	Circulatory System	6	\$52	\$820	\$872
			08	Musculoskeletal/Connective	4	\$194	\$363	\$557
			13	Female Reproductive	1	\$0	\$94	\$94
Total for Claimant					111	\$49,441	\$26,005	\$75,446
121213271707291000	20-44	Husband	05	Circulatory System	13	\$70,376	\$222	\$70,598
			09	Skin, Subcutaneous, Breast	3	\$0	\$60	\$60
Total for Claimant					16	\$70,376	\$282	\$70,658
121213260930271000	45-64	Male Employee	08	Musculoskeletal/Connective	15	\$38,666	\$751	\$39,417
			23	Selected Factors	5	\$20,115	\$785	\$20,900
			05	Circulatory System	5	\$6,029	\$157	\$6,186
			04	Respiratory System	11	\$2,656	\$0	\$2,656
			06	Digestive System	2	\$744	\$0	\$744
			16	Blood/Organs	2	\$0	\$339	\$339
			10	Endocrine, Metabolic	2	\$0	\$231	\$231
			09	Skin, Subcutaneous, Breast	1	\$13	\$0	\$13
Total for Claimant					43	\$68,222	\$2,263	\$70,485
121213260605261000	65+	Husband	05	Circulatory System	21	\$69,608	\$329	\$69,937
			10	Endocrine, Metabolic	1	\$101	\$0	\$101
			04	Respiratory System	2	\$53	\$33	\$86
Total for Claimant					24	\$69,763	\$362	\$70,125
121213271201231000	20-44	Son	11	Kidney, Urinary Tract	34	\$0	\$58,572	\$58,572
			05	Circulatory System	7	\$0	\$9,843	\$9,843
			16	Blood/Organs	10	\$0	\$1,017	\$1,017
			23	Selected Factors	2	\$0	\$202	\$202
			10	Endocrine, Metabolic	7	\$0	\$183	\$183
			07	Hepatobiliary Sys/Pancreas	5	\$0	\$114	\$114
Total for Claimant					65	\$0	\$69,930	\$69,930
121216293200071000	20-44	Female Employee	09	Skin, Subcutaneous, Breast	40	\$0	\$64,842	\$64,842
			05	Circulatory System	4	\$0	\$2,296	\$2,296
			17	Other Neoplasms	3	\$0	\$446	\$446
			23	Selected Factors	4	\$0	\$415	\$415
			21	Injury and Poisoning	1	\$0	\$405	\$405
			08	Musculoskeletal/Connective	2	\$0	\$104	\$104
			10	Endocrine, Metabolic	2	\$0	\$57	\$57
Total for Claimant					56	\$0	\$68,565	\$68,565

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
121213272233011000	45-64	Male Employee	05	Circulatory System	21	\$4,890	\$61,193	\$66,082
			01	Nervous System	13	\$0	\$3,778	\$3,778
			11	Kidney, Urinary Tract	5	\$190	\$718	\$908
			04	Respiratory System	5	\$196	\$471	\$667
			10	Endocrine, Metabolic	3	\$0	\$237	\$237
			06	Digestive System	2	\$0	\$206	\$206
			19	Mental Disorders	1	\$0	\$206	\$206
			02	Eye	1	\$0	\$144	\$144
			23	Selected Factors	2	\$0	-\$3,968	-\$3,968
Total for Claimant					53	\$5,276	\$62,985	\$68,262
121213260824161000	45-64	Male Employee	16	Blood/Organs	14	\$32,252	\$1,103	\$33,354
			07	Hepatobiliary Sys/Pancreas	41	\$23,446	\$2,428	\$25,874
			06	Digestive System	5	\$83	\$1,331	\$1,413
			23	Selected Factors	4	\$0	\$636	\$636
			10	Endocrine, Metabolic	1	\$0	\$244	\$244
			04	Respiratory System	2	\$95	\$0	\$95
			05	Circulatory System	2	\$77	\$0	\$77
Total for Claimant					69	\$55,954	\$5,741	\$61,695
121213272122121000	45-64	Male Employee	01	Nervous System	38	\$51,373	\$8,294	\$59,667
			08	Musculoskeletal/Connective	12	\$0	\$985	\$985
			09	Skin, Subcutaneous, Breast	6	\$0	\$483	\$483
			10	Endocrine, Metabolic	3	\$0	\$167	\$167
			23	Selected Factors	1	\$0	\$12	\$12
			21	Injury and Poisoning	1	\$6	\$0	\$6
Total for Claimant					61	\$51,379	\$9,941	\$61,320
121213271403211000	20-44	Husband	23	Selected Factors	1	\$41,375	\$0	\$41,375
			01	Nervous System	26	\$16,873	\$805	\$17,678
			05	Circulatory System	7	\$768	\$327	\$1,095
			02	Eye	2	\$0	\$277	\$277
			11	Kidney, Urinary Tract	1	\$54	\$0	\$54
			04	Respiratory System	1	\$13	\$0	\$13
Total for Claimant					38	\$59,083	\$1,409	\$60,492
121213272232301000	20-44	Male Employee	05	Circulatory System	29	\$51,518	\$5,302	\$56,820
			06	Digestive System	7	\$0	\$605	\$605
			01	Nervous System	4	\$0	\$545	\$545
			03	Ear, Nose and Throat	4	\$0	\$316	\$316
			08	Musculoskeletal/Connective	3	\$0	\$262	\$262
			04	Respiratory System	4	\$102	\$45	\$146
			09	Skin, Subcutaneous, Breast	1	\$0	\$79	\$79
			07	Hepatobiliary Sys/Pancreas	1	\$0	\$78	\$78
Total for Claimant					53	\$51,620	\$7,231	\$58,851

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount			
121213260506301000	45-64	Female Employee	11	Kidney, Urinary Tract	31	\$7,565	\$31,766	\$39,331			
			05	Circulatory System	12	\$0	\$14,645	\$14,645			
			23	Selected Factors	8	\$0	\$2,580	\$2,580			
			16	Blood/Organs	5	\$0	\$415	\$415			
			01	Nervous System	2	\$0	\$224	\$224			
			10	Endocrine, Metabolic	2	\$0	\$173	\$173			
			02	Eye	2	\$0	\$150	\$150			
			04	Respiratory System	3	\$20	\$11	\$31			
Total for Claimant					65	\$7,585	\$49,965	\$57,550			
121213260806131000	0-19	Son	16	Blood/Organs	49	\$50,805	\$1,639	\$52,444			
			06	Digestive System	4	\$3,779	\$40	\$3,820			
			08	Musculoskeletal/Connective	1	\$0	\$403	\$403			
			01	Nervous System	2	\$61	\$200	\$260			
			18	Infectious-Parasitic	2	\$32	\$0	\$32			
			23	Selected Factors	1	\$0	\$10	\$10			
Total for Claimant					59	\$54,676	\$2,292	\$56,968			
121213271600161000	0-19	Daughter	11	Kidney, Urinary Tract	32	\$34,972	\$2,054	\$37,025			
			07	Hepatobiliary Sys/Pancreas	7	\$12,736	\$0	\$12,736			
			08	Musculoskeletal/Connective	3	\$0	\$3,817	\$3,817			
			06	Digestive System	3	\$302	\$748	\$1,050			
			23	Selected Factors	2	\$0	\$127	\$127			
			21	Injury and Poisoning	1	\$0	\$63	\$63			
Total for Claimant					48	\$48,010	\$6,809	\$54,819			
121213260900321000	45-64	Female Employee	08	Musculoskeletal/Connective	14	\$24,954	\$48	\$25,001			
			00	Unclassifiable	6	\$18,375	\$178	\$18,552			
			04	Respiratory System	10	\$1,655	\$2,544	\$4,199			
			17	Other Neoplasms	8	\$404	\$2,040	\$2,444			
			01	Nervous System	9	\$2,103	\$204	\$2,306			
			05	Circulatory System	9	\$476	\$561	\$1,037			
			18	Infectious-Parasitic	2	\$366	\$0	\$366			
			16	Blood/Organs	4	\$139	\$204	\$343			
			23	Selected Factors	1	\$0	\$114	\$114			
			03	Ear, Nose and Throat	1	\$0	\$78	\$78			
			02	Eye	1	\$0	\$18	\$18			
			Total for Claimant					65	\$48,472	\$5,988	\$54,460
			121217010222341000	45-64	Female Employee	05	Circulatory System	42	\$40,865	\$8,053	\$48,917
06	Digestive System	4				\$1,045	\$204	\$1,249			
10	Endocrine, Metabolic	4				\$520	\$331	\$851			
04	Respiratory System	6				\$95	\$741	\$836			
08	Musculoskeletal/Connective	5				\$0	\$701	\$701			

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			13	Female Reproductive	8	\$0	\$653	\$653
			23	Selected Factors	3	\$0	\$243	\$243
			11	Kidney, Urinary Tract	3	\$0	\$227	\$227
Total for Claimant					75	\$42,525	\$11,153	\$53,678
121213271220131000	20-44	Female Employee	01	Nervous System	2	\$17,141	\$75	\$17,216
			05	Circulatory System	6	\$10,786	\$443	\$11,229
			09	Skin, Subcutaneous, Breast	27	\$4,623	\$4,029	\$8,652
			02	Eye	9	\$0	\$7,813	\$7,813
			10	Endocrine, Metabolic	7	\$5,029	\$1,637	\$6,666
			23	Selected Factors	10	\$40	\$776	\$816
			08	Musculoskeletal/Connective	3	\$596	\$0	\$596
			21	Injury and Poisoning	4	\$0	\$491	\$491
			11	Kidney, Urinary Tract	2	\$0	\$64	\$64
Total for Claimant					70	\$38,215	\$15,328	\$53,543
121213271726031000	45-64	Female Employee	01	Nervous System	21	\$19,476	\$947	\$20,423
			07	Hepatobiliary Sys/Pancreas	5	\$16,429	\$0	\$16,429
			06	Digestive System	18	\$8,943	\$1,783	\$10,726
			08	Musculoskeletal/Connective	1	\$2,736	\$0	\$2,736
			05	Circulatory System	14	\$1,002	\$283	\$1,284
			02	Eye	2	\$0	\$600	\$600
			16	Blood/Organs	1	\$324	\$0	\$324
			19	Mental Disorders	1	\$205	\$0	\$205
			04	Respiratory System	1	\$135	\$0	\$135
			21	Injury and Poisoning	1	\$0	\$117	\$117
			11	Kidney, Urinary Tract	1	\$0	\$102	\$102
			23	Selected Factors	1	\$36	\$0	\$36
Total for Claimant					67	\$49,286	\$3,831	\$53,116
121220141222201000	45-64	Male Employee	04	Respiratory System	27	\$44,373	\$216	\$44,588
			02	Eye	4	\$0	\$5,538	\$5,538
			08	Musculoskeletal/Connective	7	\$0	\$761	\$761
			05	Circulatory System	3	\$759	\$0	\$759
			17	Other Neoplasms	1	\$205	\$0	\$205
			09	Skin, Subcutaneous, Breast	1	\$0	\$78	\$78
			01	Nervous System	2	\$198	-\$188	\$10
Total for Claimant					45	\$45,534	\$6,405	\$51,939
121213272018261000	45-64	Wife	05	Circulatory System	30	\$40,159	\$2,518	\$42,677
			21	Injury and Poisoning	4	\$6,772	\$0	\$6,772
			23	Selected Factors	3	\$0	\$1,544	\$1,544
			01	Nervous System	1	\$333	\$0	\$333
			04	Respiratory System	2	\$243	\$0	\$243
Total for Claimant					40	\$47,507	\$4,063	\$51,570

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
121220142116201000	20-44	Wife	18	Infectious-Parasitic	26	\$27,049	\$5,213	\$32,262
			06	Digestive System	44	\$13,926	\$448	\$14,374
			13	Female Reproductive	4	\$1,615	\$399	\$2,014
			11	Kidney, Urinary Tract	5	\$0	\$1,254	\$1,254
			05	Circulatory System	2	\$0	\$695	\$695
			23	Selected Factors	4	\$21	\$109	\$130
			07	Hepatobiliary Sys/Pancreas	1	\$117	\$0	\$117
			01	Nervous System	1	\$22	\$0	\$22
			04	Respiratory System	1	\$0	\$11	\$11
Total for Claimant					88	\$42,751	\$8,129	\$50,879
121222340933061000	20-44	Female Employee	15	Newborns	17	\$30,156	\$112	\$30,268
			14	Pregnancy/Childbirth	34	\$19,770	\$320	\$20,090
			12	Male Reproductive	1	\$127	\$0	\$127
			09	Skin, Subcutaneous, Breast	1	\$0	\$62	\$62
			04	Respiratory System	1	\$0	\$45	\$45
			06	Digestive System	1	\$33	\$0	\$33
			23	Selected Factors	1	\$9	\$0	\$9
Total for Claimant					56	\$50,095	\$539	\$50,635
121223182608122000	0-19	Son	19	Mental Disorders	53	\$48,796	\$306	\$49,102
			23	Selected Factors	2	\$0	\$1,097	\$1,097
			04	Respiratory System	4	\$0	\$197	\$197
			03	Ear, Nose and Throat	1	\$0	\$44	\$44
Total for Claimant					60	\$48,796	\$1,644	\$50,440
Total for Claimant					48	\$45,719	\$4,714	\$50,433
Total For All Large Claimants					5,815	\$5,196,723	\$2,398,598	\$7,595,321
Total For Selected Population					92,892	\$11,838,742	\$15,597,054	\$27,435,796
Large Claimants as a Percentage of Selected Population					6.3%	43.9%	15.4%	27.7%

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
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* Claimant ID is encrypted

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2006 - December 31, 2006 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Location Code	Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount				
307	121220141614121000	20-44	Male Employee	01	Nervous System	17	\$144,945	\$1,011	\$145,957				
				09	Skin, Subcutaneous,	22	\$89,801	\$3,711	\$93,512				
				04	Respiratory System	31	\$61,200	\$353	\$61,553				
				11	Kidney, Urinary Tract	8	\$41,595	\$135	\$41,730				
				05	Circulatory System	19	\$38,396	\$20	\$38,416				
				23	Selected Factors	3	\$15,521	\$0	\$15,521				
				08	Musculoskeletal/Conr	10	\$7,175	\$5,385	\$12,560				
				10	Endocrine, Metabolic	3	\$9,619	\$0	\$9,619				
				18	Infectious-Parasitic	16	\$3,690	\$822	\$4,512				
				06	Digestive System	10	\$370	\$1,708	\$2,079				
				16	Blood/Organs	2	\$0	\$1,877	\$1,877				
				17	Other Neoplasms	1	\$0	\$77	\$77				
				Total for Claimant						142	\$412,313	\$15,100	\$427,413
				307	121214000403021000	20-44	Female Employee	17	Other Neoplasms	11	\$0	\$200,868	\$200,868
								09	Skin, Subcutaneous,	57	\$0	\$34,701	\$34,701
								18	Infectious-Parasitic	3	\$0	\$1,744	\$1,744
								13	Female Reproductive	2	\$0	\$497	\$497
11	Kidney, Urinary Tract	1	\$0					\$283	\$283				
23	Selected Factors	2	\$0					\$70	\$70				
Total for Claimant						76	\$0	\$238,162	\$238,162				
307	121221141229271000	0-19	Daughter	01	Nervous System	44	\$183,684	\$2,369	\$186,052				
				23	Selected Factors	19	\$0	\$9,965	\$9,965				
				04	Respiratory System	5	\$1,493	\$0	\$1,493				
				03	Ear, Nose and Throat	2	\$0	\$529	\$529				
				09	Skin, Subcutaneous,	2	\$0	\$376	\$376				
				21	Injury and Poisoning	4	\$70	\$0	\$70				
				05	Circulatory System	2	\$29	\$0	\$29				
Total for Claimant						78	\$185,276	\$13,239	\$198,515				
307	121223340334171000	20-44	Male Employee	00	Unclassifiable	13	\$67,524	\$32	\$67,555				
				04	Respiratory System	18	\$30,680	\$370	\$31,050				
				01	Nervous System	41	\$27,936	\$494	\$28,430				
				06	Digestive System	19	\$18,927	\$707	\$19,634				

				11	Kidney, Urinary Tract	34	\$5,834	\$6,815	\$12,649
				05	Circulatory System	7	\$3,265	\$442	\$3,707
				19	Mental Disorders	2	\$0	\$159	\$159
				10	Endocrine, Metabolic	1	\$0	\$98	\$98
				18	Infectious-Parasitic	1	\$0	\$14	\$14
				03	Ear, Nose and Throat	2	-\$1,600	\$0	-\$1,600
				Total for Claimant		138	\$152,566	\$9,131	\$161,696
307	121222093629181000	20-44	Wife	15	Newborns	26	\$113,131	\$0	\$113,131
				14	Pregnancy/Childbirth	34	\$10,101	\$12,025	\$22,126
				23	Selected Factors	7	\$2,442	\$28	\$2,470
				02	Eye	2	\$0	\$178	\$178
				13	Female Reproductive	1	\$0	\$93	\$93
				03	Ear, Nose and Throat	1	\$0	\$44	\$44
				Total for Claimant		71	\$125,674	\$12,369	\$138,043
307	121213271701081000	45-64	Male Employee	05	Circulatory System	25	\$117,012	\$389	\$117,401
				04	Respiratory System	1	\$136	\$0	\$136
				11	Kidney, Urinary Tract	1	\$103	\$0	\$103
				09	Skin, Subcutaneous,	1	\$0	\$99	\$99
				Total for Claimant		28	\$117,251	\$488	\$117,739
307	121216290507071000	45-64	Husband	01	Nervous System	61	\$82,904	\$5,231	\$88,135
				07	Hepatobiliary Sys/Par	4	\$8,293	\$0	\$8,293
				23	Selected Factors	12	\$1,664	\$940	\$2,604
				16	Blood/Organs	9	\$910	\$145	\$1,055
				05	Circulatory System	8	\$118	\$897	\$1,015
				09	Skin, Subcutaneous,	2	\$906	\$0	\$906
				04	Respiratory System	10	\$678	\$32	\$710
				08	Musculoskeletal/Conr	4	\$0	\$573	\$573
				03	Ear, Nose and Throat	2	\$0	\$536	\$536
				11	Kidney, Urinary Tract	3	\$290	\$0	\$290
				18	Infectious-Parasitic	2	\$198	\$60	\$258
				19	Mental Disorders	2	\$160	\$57	\$217
				06	Digestive System	5	\$172	\$0	\$172
				10	Endocrine, Metabolic	2	\$23	\$0	\$23
				Total for Claimant		126	\$96,316	\$8,471	\$104,787
307	121213260822001000	45-64	Female Employee	10	Endocrine, Metabolic	4	\$82,029	\$233	\$82,262
				09	Skin, Subcutaneous,	22	\$1,602	\$17,242	\$18,844
				08	Musculoskeletal/Conr	3	\$0	\$112	\$112
				23	Selected Factors	2	\$0	\$110	\$110
				04	Respiratory System	1	\$0	\$38	\$38
				05	Circulatory System	1	\$11	\$0	\$11
				Total for Claimant		33	\$83,642	\$17,735	\$101,377
307	121224323621171000	45-64	Male Employee	05	Circulatory System	37	\$88,828	\$1,315	\$90,142
				04	Respiratory System	6	\$43	\$1,167	\$1,210

						43	\$88,871	\$2,481	\$91,352
	Total for Claimant								
307	121213060229011000	45-64	Male Employee	04	Respiratory System	104	\$36,401	\$46,917	\$83,318
				05	Circulatory System	8	\$165	\$1,620	\$1,785
				10	Endocrine, Metabolic	2	\$0	\$830	\$830
				06	Digestive System	3	\$0	\$689	\$689
				16	Blood/Organs	1	\$427	\$0	\$427
				01	Nervous System	1	\$0	\$242	\$242
				23	Selected Factors	2	\$31	\$0	\$31
	Total for Claimant								
						121	\$37,024	\$50,297	\$87,322
307	121213271217291000	20-44	Daughter	01	Nervous System	71	\$49,779	\$13,087	\$62,866
				09	Skin, Subcutaneous,	10	\$13,750	\$347	\$14,097
				18	Infectious-Parasitic	3	\$492	\$188	\$679
				19	Mental Disorders	5	\$0	\$313	\$313
				08	Musculoskeletal/Conr	2	\$267	\$0	\$267
				05	Circulatory System	2	\$41	\$0	\$41
	Total for Claimant								
						93	\$64,329	\$13,935	\$78,264
307	121223231330201000	45-64	Female Employee	06	Digestive System	20	\$48,376	\$2,075	\$50,450
				11	Kidney, Urinary Tract	10	\$0	\$8,430	\$8,430
				13	Female Reproductive	15	\$233	\$3,806	\$4,039
				10	Endocrine, Metabolic	7	\$1,287	\$1,034	\$2,322
				04	Respiratory System	1	\$0	\$1,534	\$1,534
				23	Selected Factors	6	\$89	\$341	\$430
				17	Other Neoplasms	3	\$9	\$238	\$247
				01	Nervous System	1	\$0	\$33	\$33
				09	Skin, Subcutaneous,	1	\$0	\$33	\$33
				05	Circulatory System	1	\$0	\$14	\$14
	Total for Claimant								
						65	\$49,994	\$17,537	\$67,532
307	121220341828051000	20-44	Wife	01	Nervous System	10	\$35,032	\$617	\$35,649
				10	Endocrine, Metabolic	14	\$17,566	\$727	\$18,293
				06	Digestive System	28	\$5,064	\$1,433	\$6,497
				09	Skin, Subcutaneous,	4	\$0	\$684	\$684
				23	Selected Factors	3	\$156	\$105	\$260
				05	Circulatory System	2	\$186	\$0	\$186
				03	Ear, Nose and Throat	2	\$0	\$122	\$122
				02	Eye	1	\$0	\$48	\$48
				11	Kidney, Urinary Tract	1	\$37	\$0	\$37
	Total for Claimant								
						65	\$58,040	\$3,736	\$61,776
307	121220162422361000	45-64	Male Employee	11	Kidney, Urinary Tract	29	\$762	\$49,615	\$50,377
				05	Circulatory System	10	\$4,153	\$6	\$4,160
				16	Blood/Organs	10	\$0	\$993	\$993
				01	Nervous System	10	\$0	\$453	\$453
				10	Endocrine, Metabolic	6	\$0	\$64	\$64
	Total for Claimant								
						65	\$4,915	\$51,132	\$56,047

307	121213260817341000	45-64	Female Employee	11	Kidney, Urinary Tract	71	\$0	\$42,794	\$42,794
				05	Circulatory System	10	\$0	\$12,657	\$12,657
				06	Digestive System	6	\$0	\$1,175	\$1,175
				17	Other Neoplasms	1	\$0	\$316	\$316
				02	Eye	1	\$0	\$169	\$169
				10	Endocrine, Metabolic	1	\$0	\$70	\$70
				09	Skin, Subcutaneous,	1	\$0	\$70	\$70
				23	Selected Factors	5	\$0	-\$1,796	-\$1,796
				Total for Claimant					
307	121213272104041000	45-64	Husband	09	Skin, Subcutaneous,	41	\$2,164	\$19,554	\$21,718
				10	Endocrine, Metabolic	7	\$18,866	\$371	\$19,237
				08	Musculoskeletal/Conr	18	\$10,873	\$1,584	\$12,457
				23	Selected Factors	3	\$0	\$535	\$535
				11	Kidney, Urinary Tract	1	\$0	\$114	\$114
				17	Other Neoplasms	1	\$0	\$59	\$59
Total for Claimant						71	\$31,903	\$22,218	\$54,120
307	121213271434201000	20-44	Female Employee	15	Newborns	25	\$39,891	\$122	\$40,013
				14	Pregnancy/Childbirth	5	\$12,459	\$0	\$12,459
				05	Circulatory System	5	\$517	\$0	\$517
				06	Digestive System	3	\$33	\$198	\$231
				23	Selected Factors	2	\$36	\$0	\$36
				11	Kidney, Urinary Tract	1	\$0	\$2	\$2
Total for Claimant						41	\$52,936	\$322	\$53,257
307	121220143406141000	45-64	Male Employee	10	Endocrine, Metabolic	84	\$14,129	\$21,251	\$35,380
				16	Blood/Organs	8	\$0	\$4,383	\$4,383
				17	Other Neoplasms	1	\$0	\$3,987	\$3,987
				06	Digestive System	10	\$758	\$1,370	\$2,128
				09	Skin, Subcutaneous,	4	\$0	\$1,536	\$1,536
				01	Nervous System	2	\$0	\$1,150	\$1,150
				23	Selected Factors	1	\$0	\$1,117	\$1,117
				05	Circulatory System	8	\$580	\$445	\$1,025
				04	Respiratory System	5	\$339	\$358	\$697
				08	Musculoskeletal/Conr	2	\$0	\$409	\$409
				12	Male Reproductive	3	\$0	\$353	\$353
				11	Kidney, Urinary Tract	2	\$57	\$208	\$265
				18	Infectious-Parasitic	1	\$0	\$208	\$208
				00	Unclassifiable	1	\$0	\$69	\$69
Total for Claimant						132	\$15,863	\$36,843	\$52,705
307	121213271714071000	65+	Female Employee	08	Musculoskeletal/Conr	23	\$29,857	\$1,182	\$31,039
				23	Selected Factors	7	\$15,441	\$2,643	\$18,084
				06	Digestive System	5	\$420	\$236	\$656
				09	Skin, Subcutaneous,	2	\$0	\$129	\$129
				04	Respiratory System	3	\$0	\$102	\$102

16	Blood/Organs	1	\$0	\$101	\$101
03	Ear, Nose and Throat	3	\$0	\$97	\$97
01	Nervous System	2	\$0	\$90	\$90
10	Endocrine, Metabolic	1	\$0	\$90	\$90
05	Circulatory System	1	\$0	\$45	\$45

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Plan Sponsor ID 0000000000115259

Large Claimant - Claims Over \$50,000

Current Data For Claims Incurred January 01, 2007 - July 31, 2007

Fully Insured HMO



GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2007 - July 31, 2007

0 Month Claim Lag

Large Claimant - Claims Over \$50,000

Funding Arrangement and Product:

Fully Insured HMO

Parameter Options Selected:

Account Structure:

All-All-All-All

Primary Payor:

All

Not Covered Claims:

Exclude

Diagnosis Variation:

MDC

Network Usage:

All

Network Service Area:

All

Submitted by: A714286

Job ID: 732515

Run Date: 08/17/2007



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GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2007 - July 31, 2007 (0 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
121213271216081000	20-44	Female Employee	15	Newborns	21	\$198,770	\$2,162	\$200,931
			14	Pregnancy/Childbirth	11	\$3,395	\$2,256	\$5,651
			23	Selected Factors	7	\$2,430	\$17	\$2,447
			10	Endocrine, Metabolic	5	\$619	\$0	\$619
			01	Nervous System	2	\$174	\$0	\$174
			05	Circulatory System	2	\$171	\$0	\$171
			06	Digestive System	1	\$64	\$0	\$64
			21	Injury and Poisoning	1	\$30	\$0	\$30
			04	Respiratory System	2	\$27	\$0	\$27
Total for Claimant					52	\$205,679	\$4,435	\$210,113
121213271312021000	45-64	Male Employee	05	Circulatory System	40	\$182,431	\$7,300	\$189,731
			04	Respiratory System	8	\$1,426	\$1,854	\$3,280
			03	Ear, Nose and Throat	3	\$0	\$1,352	\$1,352
			23	Selected Factors	9	\$0	\$1,335	\$1,335
			11	Kidney, Urinary Tract	2	\$0	\$488	\$488
			16	Blood/Organs	2	\$0	\$164	\$164
			10	Endocrine, Metabolic	1	\$110	\$0	\$110
			21	Injury and Poisoning	1	\$0	\$82	\$82
Total for Claimant					66	\$183,967	\$12,576	\$196,543
121213271217031000	20-44	Female Employee	17	Other Neoplasms	3	\$0	\$80,638	\$80,638
			01	Nervous System	15	\$32,746	\$3,809	\$36,555
			23	Selected Factors	5	\$17,497	\$1,171	\$18,668
			10	Endocrine, Metabolic	11	\$15,042	\$1,342	\$16,384
			09	Skin, Subcutaneous, Breast	42	\$11,965	\$3,507	\$15,472
			08	Musculoskeletal/Connective	21	\$1,462	\$6,341	\$7,803
			05	Circulatory System	12	\$6,818	\$210	\$7,028
			03	Ear, Nose and Throat	7	\$1,137	\$0	\$1,137
			06	Digestive System	2	\$591	\$0	\$591
			21	Injury and Poisoning	2	\$78	\$238	\$315
			02	Eye	1	\$0	\$260	\$260
			04	Respiratory System	3	\$104	\$20	\$124
			Total for Claimant					124
121213271623141000	20-44	Wife	01	Nervous System	28	\$72,492	\$2,484	\$74,977
			07	Hepatobiliary Sys/Pancreas	11	\$27,058	\$814	\$27,872
			16	Blood/Organs	31	\$11,800	\$1,903	\$13,703
			06	Digestive System	22	\$3,120	\$2,797	\$5,917
			23	Selected Factors	11	\$819	\$1,447	\$2,266
			10	Endocrine, Metabolic	6	\$1,109	\$170	\$1,279
			08	Musculoskeletal/Connective	11	\$405	\$332	\$736
			09	Skin, Subcutaneous, Breast	2	\$68	\$318	\$385
			05	Circulatory System	5	\$164	\$0	\$164

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2007 - July 31, 2007 (0 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			11	Kidney, Urinary Tract	2	\$0	\$89	\$89
			04	Respiratory System	4	\$53	\$0	\$53
			17	Other Neoplasms	1	\$31	\$0	\$31
			21	Injury and Poisoning	1	\$0	\$24	\$24
Total for Claimant					135	\$117,118	\$10,377	\$127,495
121213260723181000	45-64	Male Employee	05	Circulatory System	21	\$80,427	\$3,057	\$83,484
			23	Selected Factors	2	\$23,843	\$0	\$23,843
			01	Nervous System	17	\$8,361	\$478	\$8,840
			04	Respiratory System	3	\$559	\$0	\$559
			08	Musculoskeletal/Connective	2	\$0	\$429	\$429
			06	Digestive System	1	\$103	\$0	\$103
			10	Endocrine, Metabolic	1	\$0	\$82	\$82
			11	Kidney, Urinary Tract	1	\$0	\$82	\$82
Total for Claimant					48	\$113,294	\$4,128	\$117,422
121224270333211000	65+	Male Employee	05	Circulatory System	26	\$102,852	\$0	\$102,852
			06	Digestive System	3	\$1,166	\$289	\$1,454
			21	Injury and Poisoning	1	\$774	\$0	\$774
			04	Respiratory System	3	\$674	\$0	\$674
			08	Musculoskeletal/Connective	1	\$35	\$0	\$35
Total for Claimant					34	\$105,500	\$289	\$105,789
121213272016241000	20-44	Son	11	Kidney, Urinary Tract	5	\$92,783	\$0	\$92,783
			21	Injury and Poisoning	13	\$506	\$5,903	\$6,409
			04	Respiratory System	33	\$2,245	\$40	\$2,285
			18	Infectious-Parasitic	3	\$972	\$112	\$1,084
			09	Skin, Subcutaneous, Breast	2	\$97	\$802	\$899
			06	Digestive System	4	\$261	\$0	\$261
			05	Circulatory System	1	\$110	\$0	\$110
			08	Musculoskeletal/Connective	3	\$41	\$0	\$41
Total for Claimant					64	\$97,015	\$6,857	\$103,872
121223221402061000	0-19	Son	23	Selected Factors	6	\$0	\$87,622	\$87,622
			16	Blood/Organs	2	\$0	\$150	\$150
Total for Claimant					8	\$0	\$87,772	\$87,772
121213271623281000	20-44	Wife	15	Newborns	15	\$64,867	\$0	\$64,867
			14	Pregnancy/Childbirth	5	\$12,862	\$0	\$12,862
			10	Endocrine, Metabolic	5	\$2,340	\$0	\$2,340
			05	Circulatory System	2	\$0	\$700	\$700
			23	Selected Factors	3	\$260	\$6	\$266
			04	Respiratory System	2	\$0	\$83	\$83
			03	Ear, Nose and Throat	1	\$0	\$42	\$42
			01	Nervous System	1	\$37	\$0	\$37

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2007 - July 31, 2007 (0 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			09	Skin, Subcutaneous, Breast	1	\$0	\$22	\$22
			06	Digestive System	1	\$10	\$0	\$10
Total for Claimant					36	\$80,375	\$852	\$81,227
121226332134241000	45-64	Wife	11	Kidney, Urinary Tract	15	\$73,044	\$262	\$73,306
			06	Digestive System	2	\$0	\$2,345	\$2,345
			04	Respiratory System	1	\$253	\$0	\$253
			10	Endocrine, Metabolic	2	\$0	\$54	\$54
			23	Selected Factors	3	\$0	\$24	\$24
			19	Mental Disorders	1	\$17	\$0	\$17
Total for Claimant					24	\$73,314	\$2,685	\$75,999
121213271736171000	45-64	Female Employee	23	Selected Factors	46	\$0	\$68,220	\$68,220
			06	Digestive System	13	\$0	\$4,398	\$4,398
Total for Claimant					59	\$0	\$72,618	\$72,618
121213260713181000	65+	Husband	01	Nervous System	16	\$47,626	\$952	\$48,578
			23	Selected Factors	2	\$19,359	\$0	\$19,359
			10	Endocrine, Metabolic	4	\$1,460	\$160	\$1,620
			06	Digestive System	1	\$0	\$774	\$774
			12	Male Reproductive	1	\$0	\$86	\$86
			04	Respiratory System	1	\$74	\$0	\$74
Total for Claimant					25	\$68,518	\$1,972	\$70,491
121213271836121000	20-44	Wife	04	Respiratory System	48	\$34,277	\$1,917	\$36,193
			09	Skin, Subcutaneous, Breast	8	\$349	\$15,883	\$16,232
			23	Selected Factors	10	\$71	\$16,125	\$16,196
			21	Injury and Poisoning	1	\$282	\$0	\$282
			11	Kidney, Urinary Tract	1	\$0	\$89	\$89
			05	Circulatory System	1	\$75	\$0	\$75
			03	Ear, Nose and Throat	1	\$0	\$45	\$45
			07	Hepatobiliary Sys/Pancreas	1	\$15	\$0	\$15
Total for Claimant					71	\$35,069	\$34,059	\$69,127
121213271328351000	45-64	Male Employee	05	Circulatory System	67	\$11,666	\$23,976	\$35,642
			11	Kidney, Urinary Tract	31	\$357	\$26,806	\$27,163
			04	Respiratory System	5	\$0	\$2,636	\$2,636
			10	Endocrine, Metabolic	12	\$499	\$96	\$595
			16	Blood/Organs	1	\$0	\$17	\$17
			23	Selected Factors	1	\$11	\$0	\$11
Total for Claimant					117	\$12,532	\$53,532	\$66,064
121213272230261000	45-64	Husband	05	Circulatory System	56	\$59,748	\$3,517	\$63,265
			23	Selected Factors	6	\$56	\$1,077	\$1,133
			04	Respiratory System	11	\$605	\$507	\$1,112

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2007 - July 31, 2007 (0 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			09	Skin, Subcutaneous, Breast	1	\$135	\$0	\$135
			11	Kidney, Urinary Tract	2	\$94	\$0	\$94
Total for Claimant					76	\$60,637	\$5,102	\$65,739
121224240014231000	20-44	Female Employee	15	Newborns	13	\$31,989	\$0	\$31,989
			14	Pregnancy/Childbirth	10	\$14,449	\$2,001	\$16,451
			04	Respiratory System	18	\$5,383	\$1,763	\$7,147
			23	Selected Factors	5	\$1,999	\$1,168	\$3,168
			05	Circulatory System	5	\$0	\$411	\$411
			13	Female Reproductive	6	\$78	\$314	\$392
			08	Musculoskeletal/Connective	2	\$2	\$137	\$139
			06	Digestive System	1	\$0	\$56	\$56
			10	Endocrine, Metabolic	1	\$0	\$51	\$51
Total for Claimant					61	\$53,901	\$5,901	\$59,802
121220130327281000	45-64	Female Employee	05	Circulatory System	22	\$52,815	\$3,076	\$55,891
			09	Skin, Subcutaneous, Breast	1	\$0	\$523	\$523
			16	Blood/Organs	1	\$155	\$0	\$155
			18	Infectious-Parasitic	1	\$110	\$0	\$110
			02	Eye	1	\$0	\$48	\$48
			04	Respiratory System	1	\$0	\$15	\$15
Total for Claimant					27	\$53,080	\$3,661	\$56,742
121222222027261000	20-44	Wife	15	Newborns	11	\$40,353	\$0	\$40,353
			14	Pregnancy/Childbirth	18	\$12,122	\$2,055	\$14,177
			12	Male Reproductive	2	\$210	\$0	\$210
			01	Nervous System	2	\$0	\$202	\$202
			23	Selected Factors	1	\$120	\$0	\$120
			02	Eye	1	\$0	\$96	\$96
			06	Digestive System	1	\$44	\$0	\$44
Total for Claimant					36	\$52,850	\$2,353	\$55,202
121218182732301000	20-44	Female Employee	15	Newborns	12	\$43,691	\$0	\$43,691
			14	Pregnancy/Childbirth	8	\$9,097	\$445	\$9,542
			13	Female Reproductive	3	\$0	\$576	\$576
			23	Selected Factors	4	\$0	\$359	\$359
			01	Nervous System	1	\$0	\$275	\$275
Total for Claimant					28	\$52,788	\$1,654	\$54,442
121223041430211000	20-44	Male Employee	06	Digestive System	14	\$49,127	\$3,907	\$53,034
			18	Infectious-Parasitic	5	\$859	\$0	\$859
			04	Respiratory System	1	\$13	\$0	\$13
Total for Claimant					20	\$49,999	\$3,907	\$53,906

Count of High Cost Claimants

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2007 - July 31, 2007 (0 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
Sum of Dollars Paid for DC Gov No Schools					1,111	\$ 1,503,074.82	\$ 412,266.29	\$ 1,915,341.11
Total For All Large Claimants					1,713	\$2,188,753	\$904,789	\$3,093,542
Total For Selected Population					48,440	\$6,029,382	\$8,774,675	\$14,804,058
Large Claimants as a Percentage of Selected Population					3.5%	36.3%	10.3%	20.9%

* Claimant ID is encrypted

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred January 01, 2007 - July 31, 2007 (0 Month Claim Lag)

Large Claimant - Claims Over \$50,000

<u>Location Code</u>	<u>Claimant Id*</u>	<u>Age</u>	<u>Claimant Relationship</u>	<u>MDC Code</u>	<u>MDC Description</u>	<u>Number of Claims</u>	<u>Inpatient Paid Amount</u>	<u>Ambulatory Paid Amount</u>	<u>Paid Amount</u>
307	121221143200281000	20-44	Female Employee	08	Musculoskeletal/Connective	56	\$2,314	\$145,631	\$147,945
				14	Pregnancy/Childbirth	8	\$15,760	\$558	\$16,318
				16	Blood/Organs	4	\$179	\$408	\$587
				13	Female Reproductive	2	\$0	\$242	\$242
				23	Selected Factors	2	\$0	\$123	\$123
				05	Circulatory System	1	\$78	\$0	\$78
				17	Other Neoplasms	1	\$78	\$0	\$78
				Total for Claimant					
307	121224000530091000	45-64	Male Employee	05	Circulatory System	32	\$125,642	\$1,223	\$126,866
				23	Selected Factors	1	\$0	\$400	\$400
				04	Respiratory System	2	\$101	\$0	\$101
				01	Nervous System	1	\$44	\$0	\$44
				16	Blood/Organs	2	\$0	\$8	\$8
Total for Claimant						38	\$125,787	\$1,631	\$127,418
307	121214260920331000	45-64	Female Employee	06	Digestive System	32	\$41,750	\$20,362	\$62,112
				01	Nervous System	17	\$29,643	\$4,149	\$33,792
				21	Injury and Poisoning	8	\$5,567	\$8,156	\$13,723
				09	Skin, Subcutaneous, Breas	7	\$0	\$1,845	\$1,845
				23	Selected Factors	10	\$12	\$1,724	\$1,736
				04	Respiratory System	3	\$723	\$0	\$723
				17	Other Neoplasms	3	\$467	\$218	\$685
				05	Circulatory System	1	\$0	\$12	\$12
Total for Claimant						81	\$78,163	\$36,465	\$114,628
307	121213271202061000	45-64	Female Employee	05	Circulatory System	28	\$105,548	\$1,994	\$107,542
				06	Digestive System	2	\$329	\$0	\$329
				04	Respiratory System	1	\$13	\$0	\$13

						31	\$105,890	\$1,994	\$107,883
	Total for Claimant								
307	121213271706081000	45-64	Female Employee	04	Respiratory System	61	\$98,149	\$1,189	\$99,338
				05	Circulatory System	7	\$1,269	\$0	\$1,269
				18	Infectious-Parasitic	2	\$496	\$0	\$496
				09	Skin, Subcutaneous, Breas	3	\$36	\$119	\$155
				01	Nervous System	1	\$79	\$0	\$79
				23	Selected Factors	1	\$38	\$0	\$38
	Total for Claimant								
						75	\$100,068	\$1,308	\$101,376
307	121216291435061000	20-44	Wife	15	Newborns	20	\$80,616	\$165	\$80,781
				14	Pregnancy/Childbirth	6	\$13,323	\$1,445	\$14,768
				23	Selected Factors	4	\$49	\$165	\$213
				05	Circulatory System	1	\$156	\$0	\$156
				01	Nervous System	2	\$98	\$0	\$98
				06	Digestive System	4	\$75	\$0	\$75
	Total for Claimant								
						37	\$94,317	\$1,775	\$96,091
307	121214000403021000	20-44	Female Employee	17	Other Neoplasms	6	\$0	\$88,097	\$88,097
				09	Skin, Subcutaneous, Breas	14	\$0	\$6,566	\$6,566
				23	Selected Factors	2	\$0	\$160	\$160
				11	Kidney, Urinary Tract	2	\$0	\$92	\$92
				05	Circulatory System	2	\$0	\$91	\$91
				19	Mental Disorders	1	\$0	\$50	\$50
	Total for Claimant								
						27	\$0	\$95,055	\$95,055
307	121220361229141000	20-44	Female Employee	09	Skin, Subcutaneous, Breas	35	\$14,848	\$67,484	\$82,332
	Total for Claimant								
						35	\$14,848	\$67,484	\$82,332
307	121220141614121000	20-44	Male Employee	09	Skin, Subcutaneous, Breas	11	\$50,298	\$294	\$50,592
				01	Nervous System	11	\$19,477	\$436	\$19,913
				23	Selected Factors	3	\$664	\$1,899	\$2,563
				11	Kidney, Urinary Tract	2	\$469	\$0	\$469
				18	Infectious-Parasitic	2	\$140	\$176	\$316
				08	Musculoskeletal/Connective	1	\$281	\$0	\$281
				10	Endocrine, Metabolic	1	\$0	\$145	\$145
				16	Blood/Organs	1	\$103	\$0	\$103
				04	Respiratory System	1	\$59	\$0	\$59
				05	Circulatory System	1	\$11	\$0	\$11
	Total for Claimant								
						34	\$71,502	\$2,950	\$74,452

307	121213260705341000	45-64	Female Employee	23	Selected Factors	20	\$0	\$34,857	\$34,857
				11	Kidney, Urinary Tract	7	\$3,504	\$10,856	\$14,360
				16	Blood/Organs	4	\$0	\$5,223	\$5,223
				07	Hepatobiliary Sys/Pancreas	8	\$350	\$578	\$929
				10	Endocrine, Metabolic	1	\$0	\$309	\$309
				04	Respiratory System	1	\$16	\$0	\$16
Total for Claimant						41	\$3,870	\$51,824	\$55,694
307	121213271602361000	65+	Female Employee	03	Ear, Nose and Throat	9	\$0	\$42,771	\$42,771
				10	Endocrine, Metabolic	2	\$0	\$5,925	\$5,925
				17	Other Neoplasms	17	\$0	\$5,355	\$5,355
				06	Digestive System	3	\$0	\$1,373	\$1,373
				16	Blood/Organs	1	\$0	\$112	\$112
Total for Claimant						32	\$0	\$55,536	\$55,536
307	121213272123221000	45-64	Husband	05	Circulatory System	19	\$27,314	\$5,531	\$32,845
				11	Kidney, Urinary Tract	19	\$826	\$11,114	\$11,940
				23	Selected Factors	6	\$5	\$2,477	\$2,482
				21	Injury and Poisoning	1	\$0	\$2,445	\$2,445
				04	Respiratory System	7	\$101	\$740	\$841
				16	Blood/Organs	6	\$286	\$506	\$792
				02	Eye	1	\$0	\$100	\$100
				03	Ear, Nose and Throat	2	\$0	\$90	\$90
06	Digestive System	1	\$0	\$45	\$45				
Total for Claimant						62	\$28,532	\$23,048	\$51,580
307	121213260822001000	45-64	Female Employee	09	Skin, Subcutaneous, Breas	22	\$41,719	\$5,682	\$47,401
				10	Endocrine, Metabolic	9	\$2,513	\$443	\$2,956
				15	Newborns	1	\$0	\$188	\$188
				03	Ear, Nose and Throat	1	\$0	\$180	\$180
				08	Musculoskeletal/Connective	2	\$62	\$0	\$62
Total for Claimant						35	\$44,294	\$6,493	\$50,786

13 Count of High Cost Claimants

Sum of Dollars Paid for DC Gov No Schools

561 \$ 681,808.47 \$ 440,699.13 \$ 1,122,507.60

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Plan Sponsor ID 0000000000115259

Large Claimant - Claims Over \$50,000

Current Data For Claims Incurred August 01, 2006 - July 31, 2007

Fully Insured HMO



GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007

2 Month Claim Lag

Large Claimant - Claims Over \$50,000

Funding Arrangement and Product:

Fully Insured HMO

Parameter Options Selected:

Account Structure:

All-All-All-All

Primary Payor:

All

Not Covered Claims:

Exclude

Diagnosis Variation:

MDC

Network Usage:

All

Network Service Area:

All

Submitted by: A714286

Job ID: 732511

Run Date: 08/17/2007



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GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
121213271328051000	20-44	Female Employee	15	Newborns	14	\$319,743	\$196	\$319,939
			14	Pregnancy/Childbirth	14	\$28,882	\$12,836	\$41,719
			08	Musculoskeletal/Connective	33	\$27,220	\$0	\$27,220
			02	Eye	1	\$204	\$0	\$204
			11	Kidney, Urinary Tract	2	\$156	\$0	\$156
			05	Circulatory System	1	\$148	\$0	\$148
			12	Male Reproductive	1	\$129	\$0	\$129
			06	Digestive System	7	\$102	\$27	\$129
			23	Selected Factors	1	\$0	\$68	\$68
			04	Respiratory System	4	\$48	\$0	\$48
			09	Skin, Subcutaneous, Breast	1	\$0	\$9	\$9
Total for Claimant					79	\$376,632	\$13,137	\$389,768
121218183636362000	0-19	Daughter	07	Hepatobiliary Sys/Pancreas	49	\$195,659	\$7,277	\$202,936
			17	Other Neoplasms	9	\$22,464	\$4,421	\$26,885
			18	Infectious-Parasitic	36	\$532	\$6,636	\$7,168
			05	Circulatory System	29	\$1,747	\$5,310	\$7,057
			15	Newborns	32	\$0	\$4,772	\$4,772
			19	Mental Disorders	14	\$3,387	\$192	\$3,578
			23	Selected Factors	6	\$0	\$3,537	\$3,537
			10	Endocrine, Metabolic	12	\$2,439	\$217	\$2,656
			08	Musculoskeletal/Connective	10	\$1,847	\$161	\$2,008
			06	Digestive System	9	\$1,361	\$160	\$1,521
			03	Ear, Nose and Throat	5	\$243	\$577	\$820
			11	Kidney, Urinary Tract	1	\$0	\$627	\$627
			04	Respiratory System	4	\$175	\$352	\$527
			21	Injury and Poisoning	4	\$271	\$52	\$323
			01	Nervous System	2	\$87	\$138	\$225
			Total for Claimant					222
121213260803071000	20-44	Female Employee	00	Unclassifiable	13	\$237,546	\$223	\$237,769
			07	Hepatobiliary Sys/Pancreas	18	\$4,043	\$8,261	\$12,304
			06	Digestive System	41	\$5,388	\$208	\$5,596
			04	Respiratory System	13	\$826	\$384	\$1,210
			05	Circulatory System	4	\$23	\$204	\$227
			10	Endocrine, Metabolic	2	\$161	\$0	\$161
			23	Selected Factors	5	\$106	\$0	\$106
Total for Claimant					96	\$248,092	\$9,280	\$257,372
121213271217031000	20-44	Female Employee	17	Other Neoplasms	11	\$0	\$136,080	\$136,080
			01	Nervous System	16	\$32,746	\$4,001	\$36,747
			09	Skin, Subcutaneous, Breast	60	\$11,965	\$14,809	\$26,774
			23	Selected Factors	7	\$17,497	\$1,219	\$18,716
			10	Endocrine, Metabolic	12	\$15,042	\$1,378	\$16,420

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			08	Musculoskeletal/Connective	23	\$1,462	\$6,887	\$8,348
			05	Circulatory System	14	\$6,818	\$659	\$7,477
			03	Ear, Nose and Throat	10	\$1,137	\$411	\$1,547
			06	Digestive System	2	\$591	\$0	\$591
			13	Female Reproductive	2	\$0	\$533	\$533
			21	Injury and Poisoning	2	\$78	\$238	\$315
			07	Hepatobiliary Sys/Pancreas	1	\$0	\$275	\$275
			02	Eye	1	\$0	\$260	\$260
			04	Respiratory System	4	\$104	\$31	\$135
Total for Claimant					165	\$87,439	\$166,779	\$254,218
121213271216081000	20-44	Female Employee	15	Newborns	21	\$198,770	\$2,162	\$200,931
			14	Pregnancy/Childbirth	11	\$3,395	\$2,256	\$5,651
			23	Selected Factors	7	\$2,430	\$17	\$2,447
			10	Endocrine, Metabolic	5	\$619	\$0	\$619
			13	Female Reproductive	2	\$0	\$333	\$333
			01	Nervous System	2	\$174	\$0	\$174
			05	Circulatory System	2	\$171	\$0	\$171
			06	Digestive System	1	\$64	\$0	\$64
			21	Injury and Poisoning	1	\$30	\$0	\$30
			04	Respiratory System	2	\$27	\$0	\$27
Total for Claimant					54	\$205,679	\$4,768	\$210,446
121213271312021000	45-64	Male Employee	05	Circulatory System	55	\$192,247	\$10,443	\$202,691
			04	Respiratory System	14	\$1,682	\$2,269	\$3,951
			03	Ear, Nose and Throat	3	\$0	\$1,352	\$1,352
			23	Selected Factors	9	\$0	\$1,335	\$1,335
			11	Kidney, Urinary Tract	2	\$0	\$488	\$488
			16	Blood/Organs	2	\$0	\$164	\$164
			10	Endocrine, Metabolic	1	\$110	\$0	\$110
			21	Injury and Poisoning	1	\$0	\$82	\$82
Total for Claimant					87	\$194,040	\$16,134	\$210,174
121223221402061000	0-19	Son	23	Selected Factors	9	\$0	\$87,910	\$87,910
			16	Blood/Organs	7	\$0	\$63,048	\$63,048
Total for Claimant					16	\$0	\$150,958	\$150,958
121222211703331000	45-64	Female Employee	01	Nervous System	45	\$85,116	\$6,482	\$91,598
			04	Respiratory System	79	\$1,195	\$37,892	\$39,087
			21	Injury and Poisoning	1	\$1,428	\$0	\$1,428
			07	Hepatobiliary Sys/Pancreas	2	\$901	\$0	\$901
			23	Selected Factors	6	\$479	\$350	\$829
			08	Musculoskeletal/Connective	7	\$12	\$373	\$385
			09	Skin, Subcutaneous, Breast	2	\$0	\$345	\$345

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			17	Other Neoplasms	1	\$203	\$35	\$238
			05	Circulatory System	2	\$150	\$0	\$150
			16	Blood/Organs	1	\$127	\$0	\$127
			06	Digestive System	1	\$12	\$0	\$12
Total for Claimant					147	\$89,623	\$45,477	\$135,100
121213271623141000	20-44	Wife	01	Nervous System	30	\$72,557	\$2,484	\$75,041
			07	Hepatobiliary Sys/Pancreas	12	\$27,058	\$1,460	\$28,518
			16	Blood/Organs	31	\$11,800	\$1,903	\$13,703
			06	Digestive System	26	\$9,656	\$2,845	\$12,501
			23	Selected Factors	11	\$819	\$1,447	\$2,266
			10	Endocrine, Metabolic	6	\$1,109	\$170	\$1,279
			08	Musculoskeletal/Connective	11	\$405	\$332	\$736
			09	Skin, Subcutaneous, Breast	2	\$68	\$318	\$385
			05	Circulatory System	5	\$164	\$0	\$164
			11	Kidney, Urinary Tract	2	\$0	\$89	\$89
			04	Respiratory System	4	\$53	\$0	\$53
			17	Other Neoplasms	1	\$31	\$0	\$31
			21	Injury and Poisoning	1	\$0	\$24	\$24
Total for Claimant					142	\$123,718	\$11,072	\$134,790
121213271736171000	45-64	Female Employee	23	Selected Factors	74	\$0	\$73,368	\$73,368
			06	Digestive System	40	\$0	\$49,180	\$49,180
			09	Skin, Subcutaneous, Breast	1	\$0	\$425	\$425
			03	Ear, Nose and Throat	1	\$0	\$44	\$44
Total for Claimant					116	\$0	\$123,017	\$123,017
121213260723181000	45-64	Male Employee	05	Circulatory System	21	\$80,427	\$3,057	\$83,484
			23	Selected Factors	2	\$23,843	\$0	\$23,843
			01	Nervous System	18	\$8,509	\$478	\$8,988
			04	Respiratory System	3	\$559	\$0	\$559
			08	Musculoskeletal/Connective	2	\$0	\$429	\$429
			10	Endocrine, Metabolic	2	\$0	\$160	\$160
			06	Digestive System	1	\$103	\$0	\$103
			11	Kidney, Urinary Tract	1	\$0	\$82	\$82
Total for Claimant					50	\$113,442	\$4,206	\$117,648
121213271836121000	20-44	Wife	04	Respiratory System	74	\$60,007	\$5,193	\$65,200
			23	Selected Factors	25	\$71	\$29,812	\$29,883
			09	Skin, Subcutaneous, Breast	16	\$423	\$16,893	\$17,316
			21	Injury and Poisoning	1	\$282	\$0	\$282
			17	Other Neoplasms	2	\$0	\$164	\$164
			11	Kidney, Urinary Tract	1	\$0	\$89	\$89
			05	Circulatory System	1	\$75	\$0	\$75
			03	Ear, Nose and Throat	1	\$0	\$45	\$45

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			07	Hepatobiliary Sys/Pancreas	1	\$15	\$0	\$15
Total for Claimant					122	\$60,873	\$52,195	\$113,069
121224270333211000	65+	Male Employee	05	Circulatory System	28	\$102,852	\$80	\$102,932
			06	Digestive System	3	\$1,166	\$289	\$1,454
			21	Injury and Poisoning	1	\$774	\$0	\$774
			04	Respiratory System	3	\$674	\$0	\$674
			08	Musculoskeletal/Connective	1	\$35	\$0	\$35
Total for Claimant					36	\$105,500	\$369	\$105,869
121213272016241000	20-44	Son	11	Kidney, Urinary Tract	5	\$92,783	\$0	\$92,783
			21	Injury and Poisoning	13	\$506	\$5,903	\$6,409
			04	Respiratory System	33	\$2,245	\$40	\$2,285
			18	Infectious-Parasitic	3	\$972	\$112	\$1,084
			09	Skin, Subcutaneous, Breast	2	\$97	\$802	\$899
			06	Digestive System	4	\$261	\$0	\$261
			05	Circulatory System	1	\$110	\$0	\$110
			08	Musculoskeletal/Connective	3	\$41	\$0	\$41
Total for Claimant					64	\$97,015	\$6,857	\$103,872
121213260634281000	45-64	Male Employee	11	Kidney, Urinary Tract	69	\$31,121	\$63,607	\$94,728
			23	Selected Factors	19	\$290	\$3,458	\$3,748
			05	Circulatory System	4	\$0	\$1,870	\$1,870
			07	Hepatobiliary Sys/Pancreas	1	\$0	\$355	\$355
			06	Digestive System	1	\$0	\$121	\$121
			09	Skin, Subcutaneous, Breast	3	\$0	\$67	\$67
			08	Musculoskeletal/Connective	1	\$30	\$0	\$30
Total for Claimant					98	\$31,441	\$69,477	\$100,919
121213271328351000	45-64	Male Employee	05	Circulatory System	78	\$19,996	\$24,319	\$44,315
			11	Kidney, Urinary Tract	49	\$889	\$41,766	\$42,656
			04	Respiratory System	8	\$650	\$2,636	\$3,286
			10	Endocrine, Metabolic	17	\$947	\$121	\$1,068
			23	Selected Factors	2	\$11	\$370	\$381
			16	Blood/Organs	6	\$0	\$299	\$299
			08	Musculoskeletal/Connective	1	\$34	\$0	\$34
Total for Claimant					161	\$22,528	\$69,511	\$92,039
121221173403121000	20-44	Wife	16	Blood/Organs	64	\$64,386	\$7,918	\$72,304
			04	Respiratory System	25	\$8,265	\$2,861	\$11,126
			05	Circulatory System	16	\$746	\$2,202	\$2,948
			11	Kidney, Urinary Tract	5	\$139	\$1,757	\$1,896
			06	Digestive System	4	\$0	\$856	\$856
			03	Ear, Nose and Throat	1	\$0	\$667	\$667
			08	Musculoskeletal/Connective	2	\$194	\$99	\$293

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			01	Nervous System	2	\$0	\$272	\$272
Total for Claimant					119	\$73,730	\$16,632	\$90,362
121213271201231000	20-44	Son	11	Kidney, Urinary Tract	49	\$0	\$74,803	\$74,803
			05	Circulatory System	6	\$0	\$9,808	\$9,808
			10	Endocrine, Metabolic	12	\$0	\$288	\$288
			23	Selected Factors	2	\$0	\$202	\$202
			07	Hepatobiliary Sys/Pancreas	9	\$0	\$171	\$171
			16	Blood/Organs	18	\$0	\$105	\$105
Total for Claimant					96	\$0	\$85,376	\$85,376
121213271623281000	20-44	Wife	15	Newborns	15	\$64,867	\$0	\$64,867
			14	Pregnancy/Childbirth	5	\$12,862	\$0	\$12,862
			10	Endocrine, Metabolic	5	\$2,340	\$0	\$2,340
			05	Circulatory System	2	\$0	\$700	\$700
			23	Selected Factors	3	\$260	\$6	\$266
			08	Musculoskeletal/Connective	2	\$0	\$185	\$185
			01	Nervous System	3	\$37	\$83	\$120
			04	Respiratory System	2	\$0	\$83	\$83
			03	Ear, Nose and Throat	1	\$0	\$42	\$42
			09	Skin, Subcutaneous, Breast	1	\$0	\$22	\$22
			06	Digestive System	1	\$10	\$0	\$10
Total for Claimant					40	\$80,375	\$1,121	\$81,496
121213271227011000	20-44	Female Employee	23	Selected Factors	16	\$0	\$44,913	\$44,913
			09	Skin, Subcutaneous, Breast	27	\$0	\$28,627	\$28,627
			17	Other Neoplasms	14	\$0	\$7,855	\$7,855
Total for Claimant					57	\$0	\$81,395	\$81,395
121213272230261000	45-64	Husband	05	Circulatory System	66	\$74,800	\$3,901	\$78,702
			04	Respiratory System	12	\$605	\$552	\$1,157
			23	Selected Factors	6	\$56	\$1,077	\$1,133
			09	Skin, Subcutaneous, Breast	1	\$135	\$0	\$135
			11	Kidney, Urinary Tract	2	\$94	\$0	\$94
Total for Claimant					87	\$75,690	\$5,530	\$81,220
121213260702041000	65+	Male Employee	05	Circulatory System	22	\$43,949	\$3,729	\$47,678
			18	Infectious-Parasitic	12	\$16,914	\$500	\$17,414
			16	Blood/Organs	11	\$645	\$10,323	\$10,968
			04	Respiratory System	8	\$1,137	\$1,615	\$2,752
			17	Other Neoplasms	7	\$389	\$494	\$884
			10	Endocrine, Metabolic	5	\$359	\$168	\$527
			08	Musculoskeletal/Connective	2	\$51	\$285	\$336
			21	Injury and Poisoning	3	\$0	\$223	\$223
			09	Skin, Subcutaneous, Breast	2	\$101	\$33	\$134

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			19	Mental Disorders	1	\$101	\$0	\$101
			23	Selected Factors	1	\$0	\$28	\$28
Total for Claimant					74	\$63,648	\$17,398	\$81,045
121221240603091000	20-44	Female Employee	23	Selected Factors	6	\$0	\$37,640	\$37,640
			17	Other Neoplasms	6	\$1,890	\$21,659	\$23,549
			04	Respiratory System	28	\$0	\$16,423	\$16,423
			05	Circulatory System	36	\$0	\$1,113	\$1,113
			01	Nervous System	1	\$0	\$244	\$244
			06	Digestive System	1	\$0	\$31	\$31
Total for Claimant					78	\$1,890	\$77,110	\$78,999
121213272003091000	45-64	Male Employee	17	Other Neoplasms	32	\$0	\$51,301	\$51,301
			16	Blood/Organs	10	\$0	\$24,868	\$24,868
			23	Selected Factors	1	\$0	\$308	\$308
Total for Claimant					43	\$0	\$76,477	\$76,477
121226332134241000	45-64	Wife	11	Kidney, Urinary Tract	15	\$73,044	\$262	\$73,306
			06	Digestive System	2	\$0	\$2,345	\$2,345
			04	Respiratory System	1	\$253	\$0	\$253
			10	Endocrine, Metabolic	2	\$0	\$54	\$54
			23	Selected Factors	3	\$0	\$24	\$24
			19	Mental Disorders	1	\$17	\$0	\$17
Total for Claimant					24	\$73,314	\$2,685	\$75,999
121213260930271000	45-64	Male Employee	08	Musculoskeletal/Connective	39	\$39,034	\$2,934	\$41,967
			23	Selected Factors	5	\$20,115	\$785	\$20,900
			05	Circulatory System	7	\$6,029	\$269	\$6,298
			04	Respiratory System	11	\$2,656	\$0	\$2,656
			06	Digestive System	2	\$744	\$0	\$744
			10	Endocrine, Metabolic	7	\$0	\$564	\$564
			16	Blood/Organs	2	\$0	\$339	\$339
			09	Skin, Subcutaneous, Breast	1	\$13	\$0	\$13
Total for Claimant					74	\$68,589	\$4,890	\$73,480
121220132427061000	45-64	Male Employee	11	Kidney, Urinary Tract	56	\$6,109	\$35,859	\$41,968
			21	Injury and Poisoning	17	\$4,818	\$8,171	\$12,989
			05	Circulatory System	40	\$8,585	\$2,180	\$10,765
			08	Musculoskeletal/Connective	10	\$2,105	\$1,294	\$3,399
			23	Selected Factors	4	\$508	\$609	\$1,117
			01	Nervous System	2	\$0	\$918	\$918
			06	Digestive System	2	\$273	\$0	\$273
			09	Skin, Subcutaneous, Breast	2	\$0	\$254	\$254
			18	Infectious-Parasitic	1	\$0	\$208	\$208
			04	Respiratory System	3	\$26	\$119	\$145

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			10	Endocrine, Metabolic	1	\$0	\$40	\$40
Total for Claimant					138	\$22,425	\$49,652	\$72,077
121213260506301000	45-64	Female Employee	11	Kidney, Urinary Tract	40	\$0	\$53,058	\$53,058
			05	Circulatory System	12	\$0	\$16,910	\$16,910
			16	Blood/Organs	6	\$0	\$429	\$429
			10	Endocrine, Metabolic	7	\$0	\$398	\$398
			02	Eye	2	\$0	\$150	\$150
			23	Selected Factors	2	\$0	\$20	\$20
Total for Claimant					69	\$0	\$70,965	\$70,965
121213260713181000	65+	Husband	01	Nervous System	16	\$47,626	\$952	\$48,578
			23	Selected Factors	2	\$19,359	\$0	\$19,359
			10	Endocrine, Metabolic	5	\$1,460	\$222	\$1,682
			06	Digestive System	1	\$0	\$774	\$774
			12	Male Reproductive	1	\$0	\$86	\$86
			04	Respiratory System	1	\$74	\$0	\$74
Total for Claimant					26	\$68,518	\$2,034	\$70,552
121222222027261000	20-44	Wife	15	Newborns	11	\$40,353	\$0	\$40,353
			14	Pregnancy/Childbirth	25	\$12,122	\$3,126	\$15,248
			13	Female Reproductive	12	\$0	\$8,463	\$8,463
			23	Selected Factors	5	\$120	\$109	\$229
			12	Male Reproductive	2	\$210	\$0	\$210
			01	Nervous System	2	\$0	\$202	\$202
			02	Eye	1	\$0	\$96	\$96
			06	Digestive System	1	\$44	\$0	\$44
Total for Claimant					59	\$52,850	\$11,996	\$64,846
121224240014231000	20-44	Female Employee	15	Newborns	13	\$31,989	\$0	\$31,989
			14	Pregnancy/Childbirth	16	\$14,449	\$3,330	\$17,779
			04	Respiratory System	18	\$5,383	\$1,763	\$7,147
			23	Selected Factors	16	\$1,999	\$2,401	\$4,400
			05	Circulatory System	7	\$0	\$937	\$937
			10	Endocrine, Metabolic	13	\$0	\$931	\$931
			08	Musculoskeletal/Connective	7	\$2	\$431	\$432
			13	Female Reproductive	7	\$78	\$349	\$427
			06	Digestive System	1	\$0	\$56	\$56
Total for Claimant					98	\$53,901	\$10,198	\$64,098
121213271403211000	20-44	Husband	23	Selected Factors	1	\$41,375	\$0	\$41,375
			01	Nervous System	37	\$18,143	\$1,212	\$19,354
			05	Circulatory System	14	\$768	\$1,499	\$2,267
			02	Eye	1	\$0	\$144	\$144
			11	Kidney, Urinary Tract	1	\$54	\$0	\$54

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			04	Respiratory System	3	\$16	\$0	\$16
Total for Claimant					57	\$60,356	\$2,854	\$63,211
121224271323261000	20-44	Husband	16	Blood/Organs	30	\$38,067	\$2,582	\$40,649
			05	Circulatory System	6	\$18,255	\$384	\$18,638
			18	Infectious-Parasitic	4	\$554	\$128	\$682
			08	Musculoskeletal/Connective	3	\$18	\$202	\$221
			04	Respiratory System	1	\$0	\$186	\$186
			23	Selected Factors	2	\$127	\$0	\$127
			01	Nervous System	1	\$46	\$0	\$46
			06	Digestive System	1	\$17	\$0	\$17
Total for Claimant					48	\$57,084	\$3,482	\$60,566
121218182732301000	20-44	Female Employee	15	Newborns	12	\$43,691	\$0	\$43,691
			14	Pregnancy/Childbirth	12	\$12,282	\$1,066	\$13,347
			23	Selected Factors	12	\$0	\$1,237	\$1,237
			13	Female Reproductive	4	\$0	\$720	\$720
			01	Nervous System	1	\$0	\$275	\$275
Total for Claimant					41	\$55,973	\$3,298	\$59,271
121213260604221000	45-64	Female Employee	08	Musculoskeletal/Connective	38	\$35,309	\$3,981	\$39,290
			18	Infectious-Parasitic	10	\$11,149	\$131	\$11,280
			09	Skin, Subcutaneous, Breast	15	\$0	\$4,864	\$4,864
			23	Selected Factors	7	\$10	\$2,692	\$2,702
			10	Endocrine, Metabolic	2	\$0	\$257	\$257
			05	Circulatory System	1	\$0	\$23	\$23
Total for Claimant					73	\$46,467	\$11,949	\$58,417
121218131707171000	45-64	Female Employee	21	Injury and Poisoning	4	\$33,304	\$0	\$33,304
			23	Selected Factors	20	\$0	\$8,192	\$8,192
			08	Musculoskeletal/Connective	11	\$5,345	\$584	\$5,930
			11	Kidney, Urinary Tract	30	\$3,308	\$1,842	\$5,150
			06	Digestive System	11	\$4,623	\$319	\$4,942
			03	Ear, Nose and Throat	2	\$0	\$448	\$448
			09	Skin, Subcutaneous, Breast	2	\$0	\$134	\$134
			10	Endocrine, Metabolic	1	\$0	\$57	\$57
			04	Respiratory System	1	\$12	\$0	\$12
Total for Claimant					82	\$46,592	\$11,577	\$58,169
121213260929361000	45-64	Female Employee	23	Selected Factors	14	\$0	\$33,621	\$33,621
			03	Ear, Nose and Throat	25	\$0	\$16,296	\$16,296
			04	Respiratory System	35	\$0	\$3,094	\$3,094
			08	Musculoskeletal/Connective	19	\$0	\$2,918	\$2,918
			09	Skin, Subcutaneous, Breast	4	\$0	\$654	\$654
			01	Nervous System	2	\$0	\$227	\$227

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			17	Other Neoplasms	1	\$0	\$210	\$210
			16	Blood/Organs	3	\$0	\$183	\$183
			05	Circulatory System	1	\$0	\$50	\$50
			06	Digestive System	1	\$0	\$42	\$42
Total for Claimant					105	\$0	\$57,295	\$57,295
121213260723211000	45-64	Male Employee	06	Digestive System	36	\$758	\$41,441	\$42,198
			10	Endocrine, Metabolic	3	\$14,301	\$0	\$14,301
			23	Selected Factors	1	\$0	\$287	\$287
			01	Nervous System	1	\$0	\$78	\$78
Total for Claimant					41	\$15,059	\$41,805	\$56,864
121220130327281000	45-64	Female Employee	05	Circulatory System	22	\$52,815	\$3,076	\$55,891
			09	Skin, Subcutaneous, Breast	1	\$0	\$523	\$523
			16	Blood/Organs	1	\$155	\$0	\$155
			18	Infectious-Parasitic	1	\$110	\$0	\$110
			13	Female Reproductive	1	\$0	\$63	\$63
			02	Eye	1	\$0	\$48	\$48
			04	Respiratory System	1	\$0	\$15	\$15
Total for Claimant					28	\$53,080	\$3,724	\$56,805
121213260900321000	45-64	Female Employee	08	Musculoskeletal/Connective	14	\$24,954	\$48	\$25,001
			00	Unclassifiable	6	\$19,890	\$112	\$20,002
			04	Respiratory System	12	\$2,270	\$2,544	\$4,814
			17	Other Neoplasms	8	\$404	\$2,040	\$2,444
			01	Nervous System	9	\$2,103	\$204	\$2,306
			05	Circulatory System	9	\$476	\$561	\$1,037
			18	Infectious-Parasitic	2	\$366	\$0	\$366
			16	Blood/Organs	3	\$139	\$82	\$221
Total for Claimant					63	\$50,602	\$5,590	\$56,192
121222213514211000	45-64	Female Employee	23	Selected Factors	12	\$0	\$24,730	\$24,730
			04	Respiratory System	45	\$13,459	\$5,681	\$19,140
			01	Nervous System	12	\$0	\$4,836	\$4,836
			03	Ear, Nose and Throat	10	\$174	\$1,985	\$2,160
			19	Mental Disorders	1	\$0	\$1,822	\$1,822
			05	Circulatory System	8	\$81	\$1,530	\$1,611
			10	Endocrine, Metabolic	7	\$0	\$708	\$708
			06	Digestive System	1	\$50	\$0	\$50
Total for Claimant					96	\$13,765	\$41,293	\$55,058
121217010222341000	45-64	Female Employee	05	Circulatory System	39	\$48,715	\$378	\$49,093
			10	Endocrine, Metabolic	6	\$924	\$1,814	\$2,738
			06	Digestive System	4	\$1,045	\$204	\$1,249
			08	Musculoskeletal/Connective	6	\$0	\$752	\$752

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
			04	Respiratory System	5	\$95	\$611	\$706
			11	Kidney, Urinary Tract	2	\$0	\$134	\$134
			13	Female Reproductive	2	\$0	\$96	\$96
Total for Claimant					64	\$50,779	\$3,989	\$54,768
121223041430211000	20-44	Male Employee	06	Digestive System	14	\$49,127	\$3,907	\$53,034
			18	Infectious-Parasitic	5	\$859	\$0	\$859
			04	Respiratory System	1	\$13	\$0	\$13
Total for Claimant					20	\$49,999	\$3,907	\$53,906
121224282303331000	45-64	Female Employee	07	Hepatobiliary Sys/Pancreas	24	\$24,601	\$16,042	\$40,643
			16	Blood/Organs	5	\$7,619	\$208	\$7,827
			23	Selected Factors	2	\$174	\$2,049	\$2,223
			06	Digestive System	11	\$784	\$1,333	\$2,117
			19	Mental Disorders	2	\$136	\$116	\$252
			01	Nervous System	1	\$0	\$45	\$45
			08	Musculoskeletal/Connective	1	\$33	\$0	\$33
			05	Circulatory System	1	\$15	\$0	\$15
			11	Kidney, Urinary Tract	1	\$0	\$12	\$12
Total for Claimant					48	\$33,361	\$19,805	\$53,166
121213272123131000	20-44	Female Employee	01	Nervous System	38	\$28,993	\$18,252	\$47,244
			05	Circulatory System	2	\$63	\$1,836	\$1,898
			23	Selected Factors	3	\$0	\$768	\$768
			06	Digestive System	1	\$0	\$697	\$697
			08	Musculoskeletal/Connective	2	\$0	\$241	\$241
			09	Skin, Subcutaneous, Breast	4	\$0	\$239	\$239
			21	Injury and Poisoning	1	\$0	\$220	\$220
			10	Endocrine, Metabolic	1	\$0	\$143	\$143
			18	Infectious-Parasitic	1	\$14	\$0	\$14
Total for Claimant					53	\$29,069	\$22,395	\$51,464
Total for Claimant					66	\$33,721	\$16,458	\$50,178
Total For All Large Claimants					5,017	\$4,746,510	\$2,338,051	\$7,084,561

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259

Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
Total For Selected Population					87,963	\$11,397,945	\$15,545,416	\$26,943,362
Large Claimants as a Percentage of Selected Population					5.7%	41.6%	15.0%	26.3%

* Claimant ID is encrypted

GOVERNMENT OF THE DISTRICT OF COLUMBIA - Plan Sponsor Number 000000000115259
 Current Data For Claims Incurred August 01, 2006 - July 31, 2007 (2 Month Claim Lag)

Large Claimant - Claims Over \$50,000

Location Code	Claimant Id*	Age	Claimant Relationship	MDC Code	MDC Description	Number of Claims	Inpatient Paid Amount	Ambulatory Paid Amount	Paid Amount
307	121220141614121000	20-44	Male Employee	09	Skin, Subcutaneous, Bre	30	\$141,063	\$800	\$141,863
				05	Circulatory System	15	\$67,406	\$0	\$67,406
				11	Kidney, Urinary Tract	12	\$42,064	\$135	\$42,199
				01	Nervous System	17	\$19,819	\$628	\$20,447
				23	Selected Factors	5	\$16,185	\$1,899	\$18,084
				10	Endocrine, Metabolic	4	\$9,619	\$145	\$9,764
				08	Musculoskeletal/Connec	8	\$4,666	\$0	\$4,666
				18	Infectious-Parasitic	8	\$1,192	\$998	\$2,190
				16	Blood/Organs	3	\$103	\$1,877	\$1,980
				04	Respiratory System	3	\$566	\$0	\$566
				06	Digestive System	2	\$370	\$0	\$370
Total for Claimant						107	\$303,054	\$6,483	\$309,537
307	121214000403021000	20-44	Female Employee	17	Other Neoplasms	13	\$0	\$170,582	\$170,582
				09	Skin, Subcutaneous, Bre	47	\$0	\$30,286	\$30,286
				23	Selected Factors	2	\$0	\$160	\$160
				11	Kidney, Urinary Tract	2	\$0	\$92	\$92
				05	Circulatory System	2	\$0	\$91	\$91
				19	Mental Disorders	1	\$0	\$50	\$50
Total for Claimant						67	\$0	\$201,260	\$201,260
307	121221143200281000	20-44	Female Employee	08	Musculoskeletal/Connec	59	\$2,314	\$145,941	\$148,254
				14	Pregnancy/Childbirth	8	\$15,760	\$558	\$16,318
				16	Blood/Organs	6	\$179	\$544	\$723
				13	Female Reproductive	2	\$0	\$242	\$242
				23	Selected Factors	2	\$0	\$123	\$123

			05	Circulatory System	1	\$78	\$0	\$78	
			17	Other Neoplasms	1	\$78	\$0	\$78	
				Total for Claimant	79	\$18,408	\$147,407	\$165,816	
307	121222093629181000	20-44	Wife	15	Newborns	34	\$109,730	\$0	\$109,730
			14	Pregnancy/Childbirth	28	\$10,101	\$9,867	\$19,967	
			23	Selected Factors	5	\$2,442	\$0	\$2,442	
			05	Circulatory System	3	\$0	\$668	\$668	
			04	Respiratory System	2	\$315	\$0	\$315	
				Total for Claimant	72	\$122,588	\$10,535	\$133,123	
307	121224000530091000	45-64	Male Employee	05	Circulatory System	32	\$125,642	\$1,223	\$126,866
			23	Selected Factors	1	\$0	\$400	\$400	
			04	Respiratory System	2	\$101	\$0	\$101	
			01	Nervous System	1	\$44	\$0	\$44	
			16	Blood/Organs	2	\$0	\$8	\$8	
				Total for Claimant	38	\$125,787	\$1,631	\$127,418	
307	121213260822001000	45-64	Female Employee	10	Endocrine, Metabolic	11	\$72,437	\$638	\$73,075
			09	Skin, Subcutaneous, Br	26	\$42,704	\$5,693	\$48,396	
			15	Newborns	1	\$0	\$188	\$188	
			03	Ear, Nose and Throat	1	\$0	\$180	\$180	
			08	Musculoskeletal/Connec	5	\$62	\$112	\$174	
			05	Circulatory System	1	\$11	\$0	\$11	
				Total for Claimant	45	\$115,213	\$6,811	\$122,024	
307	121213271701081000	45-64	Male Employee	05	Circulatory System	28	\$117,012	\$459	\$117,471
			04	Respiratory System	1	\$136	\$0	\$136	
			11	Kidney, Urinary Tract	1	\$103	\$0	\$103	
			09	Skin, Subcutaneous, Br	1	\$0	\$99	\$99	
				Total for Claimant	31	\$117,251	\$558	\$117,809	
307	121214260920331000	45-64	Female Employee	06	Digestive System	32	\$41,750	\$20,362	\$62,112
			01	Nervous System	17	\$29,643	\$4,149	\$33,792	
			21	Injury and Poisoning	8	\$5,567	\$8,156	\$13,723	
			09	Skin, Subcutaneous, Br	8	\$0	\$2,038	\$2,038	
			23	Selected Factors	11	\$12	\$1,916	\$1,928	
			04	Respiratory System	3	\$723	\$0	\$723	
			17	Other Neoplasms	3	\$467	\$218	\$685	
			05	Circulatory System	1	\$0	\$12	\$12	

Total for Claimant					83	\$78,163	\$36,850	\$115,013
307 121213271706081000	45-64	Female Employee	04	Respiratory System	68	\$108,138	\$1,384	\$109,522
			05	Circulatory System	9	\$1,269	\$90	\$1,359
			09	Skin, Subcutaneous, Bre	8	\$36	\$465	\$501
			18	Infectious-Parasitic	2	\$496	\$0	\$496
			08	Musculoskeletal/Connec	1	\$0	\$355	\$355
			23	Selected Factors	3	\$76	\$22	\$98
			01	Nervous System	1	\$79	\$0	\$79
Total for Claimant					92	\$110,095	\$2,316	\$112,411
307 121213271202061000	45-64	Female Employee	05	Circulatory System	28	\$105,548	\$1,994	\$107,542
			06	Digestive System	2	\$329	\$0	\$329
			04	Respiratory System	1	\$13	\$0	\$13
Total for Claimant					31	\$105,890	\$1,994	\$107,883
307 121216291435061000	20-44	Wife	15	Newborns	20	\$80,616	\$165	\$80,781
			14	Pregnancy/Childbirth	6	\$13,323	\$1,445	\$14,768
			23	Selected Factors	4	\$49	\$165	\$213
			05	Circulatory System	1	\$156	\$0	\$156
			01	Nervous System	2	\$98	\$0	\$98
			06	Digestive System	4	\$75	\$0	\$75
Total for Claimant					37	\$94,317	\$1,775	\$96,091
307 121224323621171000	45-64	Male Employee	05	Circulatory System	55	\$88,828	\$2,817	\$91,645
			04	Respiratory System	6	\$43	\$1,167	\$1,210
Total for Claimant					61	\$88,871	\$3,984	\$92,855
307 121220361229141000	20-44	Female Employee	09	Skin, Subcutaneous, Bre	52	\$14,848	\$77,638	\$92,486
			23	Selected Factors	1	\$0	\$181	\$181
			17	Other Neoplasms	1	\$0	\$86	\$86
Total for Claimant					54	\$14,848	\$77,906	\$92,753
307 121213060229011000	45-64	Male Employee	04	Respiratory System	125	\$42,052	\$41,741	\$83,793
			05	Circulatory System	13	\$727	\$783	\$1,510
			10	Endocrine, Metabolic	3	\$0	\$909	\$909
			23	Selected Factors	5	\$31	\$741	\$772
			06	Digestive System	3	\$0	\$689	\$689
			16	Blood/Organs	1	\$427	\$0	\$427
			01	Nervous System	1	\$0	\$423	\$423

			17	Other Neoplasms	1	\$160	\$0	\$160
					152	\$43,397	\$45,286	\$88,683
			Total for Claimant					
307 121213260705341000	45-64	Female Employee	23	Selected Factors	22	\$0	\$35,139	\$35,139
			11	Kidney, Urinary Tract	16	\$3,504	\$29,475	\$32,979
			16	Blood/Organs	9	\$0	\$6,963	\$6,963
			07	Hepatobiliary Sys/Pancr	9	\$350	\$668	\$1,018
			10	Endocrine, Metabolic	1	\$0	\$309	\$309
			02	Eye	1	\$0	\$30	\$30
			04	Respiratory System	1	\$16	\$0	\$16
					59	\$3,870	\$72,584	\$76,454
			Total for Claimant					
307 121223231330201000	45-64	Female Employee	06	Digestive System	19	\$47,800	\$1,879	\$49,678
			11	Kidney, Urinary Tract	15	\$0	\$10,761	\$10,761
			13	Female Reproductive	21	\$233	\$7,837	\$8,070
			04	Respiratory System	2	\$0	\$3,180	\$3,180
			10	Endocrine, Metabolic	9	\$1,287	\$1,253	\$2,540
			17	Other Neoplasms	8	\$9	\$783	\$792
			23	Selected Factors	6	\$89	\$341	\$430
			09	Skin, Subcutaneous, Bre	2	\$0	\$80	\$80
			01	Nervous System	1	\$0	\$33	\$33
			05	Circulatory System	1	\$0	\$14	\$14
					84	\$49,418	\$26,159	\$75,577
			Total for Claimant					
307 121213272123221000	45-64	Husband	05	Circulatory System	21	\$27,314	\$5,654	\$32,968
			11	Kidney, Urinary Tract	31	\$826	\$20,579	\$21,405
			23	Selected Factors	10	\$5	\$5,748	\$5,753
			21	Injury and Poisoning	3	\$0	\$2,445	\$2,445
			04	Respiratory System	7	\$101	\$740	\$841
			16	Blood/Organs	7	\$286	\$551	\$837
			02	Eye	3	\$0	\$719	\$719
			09	Skin, Subcutaneous, Bre	4	\$0	\$221	\$221
			06	Digestive System	2	\$0	\$90	\$90
			03	Ear, Nose and Throat	2	\$0	\$90	\$90
			08	Musculoskeletal/Connec	1	\$0	\$67	\$67
					91	\$28,532	\$36,904	\$65,436
			Total for Claimant					
307 121221023300231000	20-44	Female Employee	15	Newborns	33	\$37,759	\$1,086	\$38,845
			14	Pregnancy/Childbirth	17	\$17,655	\$3,389	\$21,044
			01	Nervous System	2	\$140	\$157	\$297

			09	Skin, Subcutaneous, Bre	1	\$0	\$297	\$297	
			23	Selected Factors	3	\$207	\$0	\$207	
			05	Circulatory System	1	\$0	\$163	\$163	
			12	Male Reproductive	1	\$134	\$0	\$134	
			19	Mental Disorders	1	\$0	\$45	\$45	
				Total for Claimant	59	\$55,895	\$5,137	\$61,032	
307	121213271602361000	65+	Female Employee	03	Ear, Nose and Throat	9	\$0	\$42,771	\$42,771
				10	Endocrine, Metabolic	4	\$0	\$6,348	\$6,348
				17	Other Neoplasms	19	\$0	\$5,494	\$5,494
				06	Digestive System	3	\$0	\$1,373	\$1,373
				05	Circulatory System	1	\$0	\$126	\$126
				16	Blood/Organs	1	\$0	\$112	\$112
				09	Skin, Subcutaneous, Bre	1	\$0	\$87	\$87
				Total for Claimant	38	\$0	\$56,312	\$56,312	
307	121220341828051000	20-44	Wife	01	Nervous System	17	\$17,631	\$3,192	\$20,823
				10	Endocrine, Metabolic	10	\$17,566	\$370	\$17,936
				11	Kidney, Urinary Tract	5	\$9,478	\$0	\$9,478
				06	Digestive System	24	\$4,503	\$2,004	\$6,506
				23	Selected Factors	2	\$0	\$255	\$255
				03	Ear, Nose and Throat	1	\$0	\$72	\$72
				05	Circulatory System	2	\$17	\$0	\$17
				Total for Claimant	61	\$49,195	\$5,893	\$55,087	
307	121220162422361000	45-64	Male Employee	11	Kidney, Urinary Tract	28	\$762	\$48,828	\$49,590
				05	Circulatory System	16	\$3,888	\$203	\$4,091
				16	Blood/Organs	6	\$0	\$543	\$543
				01	Nervous System	3	\$0	\$136	\$136
				10	Endocrine, Metabolic	1	\$0	\$11	\$11
				Total for Claimant	54	\$4,650	\$49,720	\$54,370	
307	121213272104041000	45-64	Husband	08	Musculoskeletal/Connec	26	\$22,515	\$5,431	\$27,946
				10	Endocrine, Metabolic	4	\$9,598	\$301	\$9,899
				09	Skin, Subcutaneous, Bre	25	\$1,429	\$8,375	\$9,804
				05	Circulatory System	1	\$0	\$1,446	\$1,446
				23	Selected Factors	5	\$43	\$389	\$432
				02	Eye	2	\$0	\$402	\$402
				11	Kidney, Urinary Tract	1	\$0	\$114	\$114
				04	Respiratory System	1	\$87	\$0	\$87

01	Nervous System	1	\$48	\$0	\$48
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Data Request for DC Government Medical Plan Bid

Please provide large claims and top provider data in this workbook.

There are 6 tabs for data input: Claims, Enroll, Large Claims, Disruption 1, Disruption 2, and Disruption 3

In addition, please provide the most recent standard utilization report to include claims by top diagnoses, etc.

Disruption worksheets - Network Status

For network status please indicate participating/non-participating.

If multiple networks are utilized, please indicate network for participating providers.

Data Request for DC Government Medical Plan Bid

Claims History

Please provide claims information as shown below.

CLAIMS	Total	Active	Retirees - Teachers/Fire/Police	Retirees - Civilian DCOP	Retirees - Civilian UDC	Cobra	Total
May-05	\$2,120,858.00	\$2,083,385.00	\$11,025.00	\$3,365.00	\$5,056.00	\$18,027.00	\$2,120,858.00
Jun-05	\$2,729,471.00	\$2,639,950.00	\$7,077.00	\$4,208.00	\$17,155.00	\$61,081.00	\$2,729,471.00
Jul-05	\$2,522,702.00	\$2,363,391.00	\$21,510.00	\$3,805.00	\$28,469.00	\$105,527.00	\$2,522,702.00
Aug-05	\$2,848,243.00	\$2,778,370.00	\$15,682.00	\$6,221.00	\$2,174.00	\$45,796.00	\$2,848,243.00
Sep-05	\$2,529,153.00	\$2,483,814.00	\$26,599.00	\$3,463.00	\$1,732.00	\$13,545.00	\$2,529,153.00
Oct-05	\$2,022,106.00	\$1,997,665.00	\$7,201.00	\$4,310.00	\$906.00	\$12,024.00	\$2,022,106.00
Nov-05	\$2,320,141.00	\$2,280,856.00	\$15,644.00	\$5,356.00	\$2,503.00	\$15,782.00	\$2,320,141.00
Dec-05	\$2,196,883.00	\$2,171,288.00	\$10,895.00	\$3,464.00	\$1,306.00	\$9,930.00	\$2,196,883.00
Jan-06	\$2,283,005.00	\$2,255,622.00	\$4,905.00	\$2,773.00	\$2,697.00	\$17,008.00	\$2,283,005.00
Feb-06	\$2,720,607.00	\$2,703,761.00	\$19,742.00	\$4,529.00	\$1,270.00	-\$8,695.00	\$2,720,607.00
Mar-06	\$2,581,001.00	\$2,529,306.00	\$21,556.00	\$10,227.00	\$3,165.00	\$16,747.00	\$2,581,001.00
Apr-06	\$2,293,270.00	\$2,239,382.00	\$17,554.00	\$12,517.00	\$1,802.00	\$22,015.00	\$2,293,270.00
May-06	\$2,903,795.00	\$2,844,856.00	\$25,096.00	\$14,031.00	-\$37.00	\$19,849.00	\$2,903,795.00
Jun-06	\$2,638,250.00	\$2,550,902.00	\$34,398.00	\$17,797.00	\$1,704.00	\$33,449.00	\$2,638,250.00
Jul-06	\$2,633,452.00	\$2,534,885.00	\$80,324.00	\$8,071.00	-\$64.00	\$10,236.00	\$2,633,452.00
Aug-06	\$2,747,111.00	\$2,659,619.00	\$58,811.00	\$16,935.00	\$1,805.00	\$9,941.00	\$2,747,111.00
Sep-06	\$2,263,545.00	\$2,154,264.00	\$49,358.00	\$17,336.00	\$1,818.00	\$40,769.00	\$2,263,545.00
Oct-06	\$2,841,464.00	\$2,719,145.00	\$68,833.00	\$11,020.00	\$2,766.00	\$39,700.00	\$2,841,464.00
Nov-06	\$2,316,716.00	\$2,237,338.00	\$38,442.00	\$10,794.00	\$1,502.00	\$28,640.00	\$2,316,716.00
Dec-06	\$2,452,610.00	\$2,344,353.00	\$48,503.00	\$23,777.00	\$3,299.00	\$32,678.00	\$2,452,610.00
Jan-07	\$2,600,341.00	\$2,474,613.00	\$60,764.00	\$18,535.00	\$2,883.00	\$43,546.00	\$2,600,341.00
Feb-07	\$2,267,338.00	\$2,152,748.00	\$22,695.00	\$29,260.00	\$1,908.00	\$60,727.00	\$2,267,338.00
Mar-07	\$3,400,140.00	\$3,262,670.00	\$52,902.00	\$27,437.00	\$736.00	\$56,395.00	\$3,400,140.00
Apr-07	\$2,541,133.00	\$2,417,339.00	\$42,335.00	\$23,567.00	\$329.00	\$57,563.00	\$2,541,133.00

Data Request for DC Government Medical Plan Bid

Claims History

Please provide claims information as shown below.

CLAIMS	Medical	Rx	Total
Jan-06	\$1,871,546.00	\$411,460.00	\$2,283,006.00
Feb-06	\$2,252,868.00	\$459,421.00	\$2,712,289.00
Mar-06	\$2,148,573.00	\$440,115.00	\$2,588,688.00
Apr-06	\$1,817,004.00	\$476,747.00	\$2,293,751.00
May-06	\$2,439,700.00	\$455,400.00	\$2,895,100.00
Jun-06	\$2,129,912.00	\$509,203.00	\$2,639,115.00
Jul-06	\$2,183,612.00	\$453,900.00	\$2,637,512.00
Aug-06	\$2,274,800.00	\$472,910.00	\$2,747,710.00
Sep-06	\$1,809,287.00	\$451,884.00	\$2,261,171.00
Oct-06	\$2,388,815.00	\$457,774.00	\$2,846,589.00
Nov-06	\$1,830,089.00	\$481,224.00	\$2,311,313.00
Dec-06	\$2,043,566.00	\$411,084.00	\$2,454,650.00
Jan-07	\$2,143,032.00	\$451,173.00	\$2,594,205.00
Feb-07	\$1,890,200.00	\$377,034.00	\$2,267,234.00
Mar-07	\$2,815,702.00	\$579,229.00	\$3,394,931.00
Apr-07	\$2,016,180.00	\$524,284.00	\$2,540,464.00
May-07	\$2,156,281.00	\$541,013.00	\$2,697,294.00

Data Request for DC Government Medical Plan Bid

Enrollment History

Please provide enrollment information as shown below.

CLAIMS	Active	Retirees - Teachers/Fire/Police	Retirees - Civilian DCOP	Retirees - Civilian UDC	Cobra	Total
May-05	3774	33	9	4	13	3833
Jun-05	3781	33	9	4	16	3843
Jul-05	3780	34	9	4	19	3846
Aug-05	3777	36	9	4	19	3845
Sep-05	3908	36	9	4	20	3977
Oct-05	3885	38	11	5	22	3961
Nov-05	3928	38	11	5	25	4007
Dec-05	3910	39	11	5	24	3989
Jan-06	4334	43	11	4	22	4414
Feb-06	4355	43	12	4	24	4438
Mar-06	4368	43	12	4	26	4453
Apr-06	4407	43	12	4	26	4492
May-06	4447	44	12	4	26	4533
Jun-06	4449	44	12	4	28	4537
Jul-06	4476	49	12	4	30	4571
Aug-06	4404	51	13	4	31	4503
Sep-06	4503	52	14	4	33	4606
Oct-06	4557	51	14	4	37	4663
Nov-06	4605	53	14	4	30	4706
Dec-06	4639	52	14	4	31	4740
Jan-07	4902	56	14	4	28	5004
Feb-07	4904	58	14	4	31	5011
Mar-07	4921	59	14	4	32	5030
Apr-07	4951	59	14	4	31	5059

Data Request for DC Government Medical Plan Bid

Large Claimants

Please provide information on claimants over \$50,000 in the periods shown below

Claimant ID	Status (Active, Retiree, Termed)	Diagnosis	Total Claim 2005	Total Claim 2006	YTD Claims in 2007
1	Termed	Recurrent Mdd-Severe	\$53,874		
2	Termed	Chronic Kidney Disease	\$336,228		
3	Termed	Traum Pneumohemothor-Opn	\$75,616		
4	Active	Intracerebral Hemorrhage	\$63,869	\$70,194	
5	Active	Chf Nos	\$60,062		
6	Active	Rehabilitation Px Nec		\$90,310	
7	Active	Ethmoid Sinus Ca		\$64,865	\$53,350
8	Active	Antineo Chemo Encounter		\$130,121	
9	Termed	Cerv Disc Dis W Myelop		\$74,978	
10	Termed	Chf Nos		\$122,153	
11	Termed	Cerv Incompetence-Del		\$57,746	
12	Termed	Subarachnoid Hemorrhage	\$79,162		
13	Active	Disord Magnesium Metabol		\$102,574	
14	Termed	Low Lobe Bronch/Lung Ca		\$145,624	
15	Active	Small Intestine Ca Nos	\$101,197		
16	Termed	HIV Disease			\$192,681
17	Termed	Aspergillosis		\$110,749	
18	Active	Leg Cellulitis		\$77,356	
19	Termed	Xnodal/Nos Lymphoma Nec		\$82,736	
20	Termed	Twin Mate Lb-Hosp By Cd		\$104,872	
21	Active	Ac/Subac Bact Endocard		\$62,088	
22	Active	Htn Ckd Nos V-Esrd	\$82,495	\$121,137	
23	Active	Female Breast Ca Nos		\$57,101	
24	Active	Ac Idiopathic Pericard		\$63,582	
25	Active	Cerv Incompetence-Ap	\$63,867		
26	Active	Ulcerative Ileocolitis		\$293,374	
27	Termed	Pituitary Unc Behave Neo	\$53,378		
28	Active	Cholangitis		\$158,399	
29	Termed	Lumbosacral Spondylosis	\$58,115		
30	Termed	Chf Nos	\$202,878		
31	Termed	Cervix Uteri Ca Nos		\$195,891	
32	Termed	Rectum Ca	\$71,671	\$93,466	
33	Termed	Twin Mate Lb-Hosp By Cd		\$182,683	
34	Termed	Prostate Ca	\$66,292	\$61,585	
35	Termed	Kaposi's Sarcoma Nos		\$68,279	
36	Active	Cerv Disc Dis W Myelop			\$106,565
37	Termed	Single Lb-Hosp w/o CD		\$67,459	
38	Active	Stomach Ca Nos		\$83,599	
39	Termed	HIV Disease	\$77,348		
40	Active	As Ext W Gangrene		\$85,607	
41	Active	Mult/Nos Op Wnd Arm	\$106,801		
42	Active	Cor As- Graft Type Nos		\$67,925	
43	Active	Single Lb-Hosp w/o CD	\$68,655		
44	Termed	Intracerebral Hemorrhage		\$315,833	
45	Active	Venous Thrombosis Nec	\$71,462		
46	Active	Lumbosacral Neuritis Nos	\$50,842		
47	Retiree	Communic Hydrocephalus	\$187,912	\$248,437	
48	Active	Acq Spondylolisthesis		\$94,267	
49	Active	Extreme Immatur 500-749G		\$231,713	
50	Active	Disc Disord Nec&Nos-Lumb		\$252,191	\$289,220
51	Termed	Chronic Kidney Disease	\$126,595		
52	Termed	Ocb W Exacerbation	\$58,551		
53	Termed	Ocb W Exacerbation	\$228,099		

Data Request for DC Government Medical Plan Bid

Large Claimants

Please provide information on claimants over \$50,000 in the periods shown below

Claimant ID	Status (Active, Retiree, Termed)	Diagnosis	Total Claim 2005	Total Claim 2006	YTD Claims in 2007
54	Termed	Cor As- Native Vessel		\$70,989	
55	Retiree	Abdominal Pain-Site Nos	\$84,163	\$104,259	\$74,977
56	Active	Single Lb-Hospital By Cd		\$505,696	
57	Termed	Postop Infection Nec	\$54,743		
58	Termed	Secondary Brain/Spine Ca			\$67,239
59	Termed	Chronic Kidney Disease	\$209,683		
60	Active	Jejunum Ca	\$105,484	\$155,974	
61	Termed	Secondary Peritoneum Ca	\$117,278	\$198,657	
62	Termed	Burkitt Tumor Xnodal/Nos	\$151,977		
63	Termed	Cortex Contusion-Mod	\$207,398	\$67,976	
64	Active	Multiple Sclerosis		\$50,346	
65	Active	Cong Factor VIII Disord	\$285,778	\$380,099	\$114,476
66	Termed	Chronic Kidney Disease	\$189,811	\$95,863	
67	Termed	Single Lb-Hosp w/o CD		\$75,041	
68	Termed	Chr Du W Hemor W/O Obstr			\$73,784
69	Termed	HIV Disease		\$94,715	
70	Termed	Secondary Bone Ca	\$79,466	\$134,754	
71	Termed	Postop Infection Nec	\$129,319	\$55,686	
72	Active	Female Uoq Breast Ca			\$50,494
73	Active	Neck Cellulitis		\$143,869	\$66,106
74	Termed	Chronic Kidney Disease	\$236,261	\$140,477	
75	Active	Loc Oa Nos-Pelvis		\$52,618	
76	Termed	Mech Comp Aicd	\$1,138,335	\$364,548	\$283,802
77	Termed	Esrđ			\$92,896
78	Active	Prim Cardiomyopathy Nec			\$84,581
79	Active	Loc Primary Oa-Lower Leg		\$55,566	
80	Active	Antineo Chemo Encounter			\$570,631
81	Active	Pvt		\$96,917	
82	Termed	Secondary Bone Ca			\$167,965
83	Termed	Paraproteinemia Nec	\$85,646	\$80,258	
84	Active	Lumbar/Ls Disc Degen		\$60,799	
85	Termed	Lumbar Disc Displacement		\$56,368	
86	Active	Antineo Chemo Encounter		\$118,741	
87	Active	Comp Kidney Transplant		\$89,990	
88	Termed	Perinatal Chr Resp Dis	\$592,075	\$300,069	\$114,180
89	Active	Esrđ		\$111,165	
90	Termed	Up Lobe Bronchus/Lung Ca	\$104,515	\$50,974	
91	Active	Chronic Kidney Disease	\$175,985	\$84,365	
92	Active	Esrđ	\$188,044	\$273,842	\$58,514
93	Active	Ecd Nos			\$94,169
94	Termed	Temporal Lobe Ca	\$81,666	\$138,916	
95	Active	Ben Cereb Meninges Neopl		\$64,867	
96	Active	Cerebral Embol W Infarct	\$86,196		
97	Termed	Chr Ischemic Hrt Dis Nec		\$62,939	
98	Active	Cor As- Native Vessel	\$67,300		
99	Active	Mult Myeloma In Remiss			\$88,494
100	Active	Spinal Stenosis-Lumbar	\$105,569		

Data Request for DC Government Medical Plan Bid

Large Claimants

Please provide information on claimants over \$50,000 in the periods shown below

Claimant ID	Status (Active, Retiree, Termed)	Diagnosis	Most Recent 12 Months Ending 7/31/07
1	Active	cor as- native vessel	\$59,868
2	Active	ethmoid sinus ca	\$76,373
3	Active	other foot ulcer	\$66,321
4	Active	disord magnesium metabol	\$106,222
5	Active	lumbar/l5 disc degen	\$60,735
6	Active	ESRD	\$134,517
7	Active	cervix uteri ca nos	\$178,446
8	Active	disc disord nec&nos-lumb	\$456,334
9	Active	twin mate lb-hosp by cd	\$120,568
10	Active	cholangitis	\$184,860
11	Active	female breast ca nos	\$96,158
12	Active	single lb-hospital by cd	\$52,861
13	Active	cong factor VIII disord	\$424,043
14	Active	acute pancreatitis	\$136,641
15	Active	female breast ca nos	\$74,020
16	Active	comp nec d/t jt prosth	\$80,394
17	Active	PSVT	\$102,730
18	Active	secondary bone ca	\$174,665
19	Active	antineo chemo encounter	\$785,727
20	Active	other cong heart anomaly	\$77,726
21	Active	chr pulmon heart dis nec	\$67,237
22	Active	ac osteomyelitis-ankle	\$82,984
23	Active	pulmon embol/infarct nec	\$59,818
24	Active	brain conditions nec	\$51,412
25	Active	concussion w/p loc	\$54,988
26	Active	acute renal failure nos	\$56,791
27	Active	jejunum ca	\$84,621
28	Active	prim cardiomyopathy nec	\$91,232
29	Active	pneumonia organism nos	\$58,224
30	Active	nod lymphoma xnodal/nos	\$62,904
31	Active	ESRD	\$148,397
32	Active	mal htn ckd v-esrd	\$57,929
33	Active	cor as- native vessel	\$59,447
34	Active	intracerebral hemorrhage	\$131,648
35	Active	brain compression	\$159,456
36	Active	corpus uteri ca nec	\$101,553
37	Active	extreme immatur 500-749G	\$223,714
38	Active	mult myeloma in remiss	\$94,471
39	Active	cerv spondyl w myelop	\$363,178
40	Active	ESRD	\$60,604
41	Active	atrial flutter	\$69,744
42	Active	ESRD	\$81,416
43	Active	prim cardiomyopathy nec	\$54,174
44	Active	ben cereb meninges neopl	\$68,076
45	Active	mech comp acid	\$456,598
46	Active	abdominal pain site nos	\$185,463
47	Active	bronchus/lung ca nos	\$131,944
48	Active	antineo chemo encounter	\$126,876
49	Active	hiv disease	\$208,615
50	Active	ESRD	\$201,883
51	Active	antineo chemo encounter	\$162,904
52	Active	perinatal chr resp dis	\$167,741
53	Active	PSVT	\$82,762

Data Request for DC Government Medical Plan Bid

Large Claimants

Please provide information on claimants over \$50,000 in the periods shown below

Claimant ID	Status (Active, Retiree, Termed)	Diagnosis	Most Recent 12 Months Ending 7/31/07
54	Active	single lb-hospital w/o cd	\$50,217
55	Active	threat prenat-labor ap	\$53,286
56	Active	ecd nos	\$96,531
57	Active	chr du w hemor w/o obstr	\$96,602

Data Request for DC Government Medical Plan Bid

Top Providers - Excluding Lab/Ancillary

Please provide the top 300 providers utilized by plan members excluding lab and ancillary facility providers, as determined by 1. claim dollars paid; 2. number of claims; and 3. number of unique claimants for the period 1/1/2006-12/31/2006. Note that your complete list may include more than 300 providers due to the multiple criteria.

Note: from CIGNA reports: encounters members

	Provider TIN	Provider Name	Provider Address	State	ZIP	Provider Type/ Specialty	Network Status	Claim Dollars (1/1/06- 12/31/06)	Total # Claimants (1/1/06- 12/31/06)	# Unique Claimants (1/1/06- 12/31/06)
1	522220700	MONDZAC ALLEN M MD	2141 K ST NW # 707	DC	20037	ON	Paid In-Network	\$ 63,073.09	34	2
2	60300525	MILHORAT MD/THOMAS H	PO BOX 5200	NY	11030	SN	Paid Out-of-Network	\$ 59,600.15	2	1
3	521911665	LEE EDWARD P PT	8380 COLESVILLE RD # 200	MD	20910	PT	Paid In-Network	\$ 51,368.17	421	34
4	541828944	RAJENDRA RANGAPPA MD	44055 RIVERSIDE PKWY # 224	VA	20176	HE	Paid In-Network	\$ 44,369.46	40	1
5	521275587	PROVIDENCE HLTH NEONATE	DEPT #4037	DC	20042		Paid Out-of-Network	\$ 39,814.71	254	130
6	522142081	KIERNAN MD/SHARON	PO BOX 1238	MD	20830		Paid In-Network	\$ 39,397.40	43	5
7	200871502	KHOSRAVI HAMED MD	7351 W OAKLAND PARK BLVD # 101	FL	33319	ON	Paid In-Network	\$ 35,097.59	18	1
8	536001131	DC FIRE DEPT AMB SVC	PO BOX 37433	DC	20003		Paid Out-of-Network	\$ 32,973.07	91	73
9	521699969	ROBINSON JOSEPH R MD	15757 CRABBS BRANCH WAY	MD	20855	IM	Paid In-Network	\$ 32,149.90	66	20
10	161738863	SAFE SEDATION PLLC	7475 WISCONSIN AVE# 350	MD	20814		Paid Out-of-Network	\$ 30,520.70	61	56
11	521684921	ZORC MD/THOMAS G	PO BOX 70626	MD	20813	SG	Paid Out-of-Network	\$ 28,915.00	52	1
12	200420553	JOHNSTON MD/CRISTINA C	46 W GUDE DR	MD	20850	AN	Paid Out-of-Network	\$ 27,842.74	34	26
13	10765447	MC KNIGHT MARJORIE B MD	106 IRVING ST NW # 2300N	DC	20010	PD	Paid In-Network	\$ 27,732.72	203	62
14	561920691	NATIONAL EMERGENCY SVC O	PO BOX 65119	NC	28265	EM	Paid Out-of-Network	\$ 25,069.01	91	70
15	521517034	RAVENS-CROFT ASSOCIATION	4710 30TH ST NW	DC	20008	PY	Paid Out-of-Network	\$ 24,747.75	170	2
16	99329036	LANDAU MD/BARRY J	5410 CONNECTICUT AVE NW	DC	20015		Paid Out-of-Network	\$ 24,581.25	212	2
17	71387741	ADLER DPM/JEFFREY L	19 W 34TH ST	NY	10001	PO	Paid Out-of-Network	\$ 24,429.55	10	1
18	522243567	BAKER MD/PAUL B	PO BOX 17315	MD	21297		Paid Out-of-Network	\$ 24,391.42	97	64
19	522225723	LORDAN MD/JOHN B	DEPT 311	DC	20055	AN	Paid Out-of-Network	\$ 23,325.72	22	17
20	521407594	HOLY CROSS ANESTHESIOLOG	PO BOX 64605	MD	21264	AN	Paid Out-of-Network	\$ 23,127.53	29	24
21	521911080	SRIVASTAVA MD/PRADEEP	11333 DEBORAH DR	MD	20854	CD	Paid Out-of-Network	\$ 23,009.19	10	3
22	521979585	MDXL LLC	PO BOX 478	VA	22150		Paid In-Network	\$ 22,376.69	30	25
23	521799380	KIM MD/KI-CHOON	7600 CARROLL AVE	MD	20912	AN	Paid Out-of-Network	\$ 21,951.28	21	15

Data Request for DC Government Medical Plan Bid

Top Providers - Lab/Ancillary

Please provide the top 50 lab and ancillary facility providers utilized by plan members, as determined by 1. claim dollars paid; 2. number of claims; and 3. number of unique claimants for the period 1/1/2006-12/31/2006. Note that your complete list may include more than 50 providers due to the multiple criteria.

Note: from CIGNA reports:

encounters members

	Provider TIN	Provider Name	Provider Address	State	ZIP	Provider Type/ Specialty	Network Status	Claim Dollars (1/1/06- 12/31/06)	Total # Claimants (1/1/06- 12/31/06)	# Unique Claimants (1/1/06- 12/31/06)
1	113454103	GENTIVA CARECENTRIX	PO BOX 7777 W-501850	PA	19175		Paid In Network	\$ 871,783.42	933	102
2	201749536	MD1 MSI	PO BOX 102141	GA	30368	RA	Paid In Network	\$ 225,686.64	349	294
3	520890739	QUEST DIAGNOSTICS INCORPORATED	1901 SULPHUR SPRING RD	MD	21227		Paid In Network	\$ 194,034.72	6088	3044
4	133757370	LABCORP HOLDINGS	PO BOX 2270	NC	27216		Paid In Network	\$ 72,979.90	2938	1699
5	460427127	TEL DRUG INC	4901 N 4TH AVE	SD	57104		Paid In Network	\$ 71,338.19	52	28
6	593437644	QUALITY ASSURED SVC	30 E CYPRESS ST	FL	34787	DT	Paid Out-of-Network	\$ 64,117.78	7	1
7	330057155	APRIA HEALTHCARE INC	851 E BROADWAY	WI	53716	DT	Paid In Network	\$ 63,177.40	314	93
8	621323090	GWU N STREET DIALYSIS	1920 N ST NW	DC	20036		Paid In Network	\$ 55,602.68	23	2
9	522216803	ULTIMATE RENAL CARE	2426 CHILLUM RD	MD	20782		Paid Out-of-Network	\$ 45,198.83	61	2
10	232536597	KIDNEY CARE OF LARGO	1300 MERCANTILE LN # 194	MD	20774	NE	Paid In Network	\$ 35,689.49	102	1
11	582205984	MATRIA HLTHCARE INC	1850 PKY PL	GA	30067		Paid In Network	\$ 29,132.00	10	3
12	134244093	CAPITAL ENDOSCOPY LLC	6475 NEW HAMPSHIRE AVE # C-150	MD	20783		Paid In Network	\$ 23,978.76	49	44
13	541277682	UNITED MEDICAL LAB INC	6720 OLD MCLEAN VILLAGE	VA	22101		Paid In Network	\$ 23,555.22	50	24
14	911931209	TRC GRGTWN UNION PLAZA	810 1ST ST NE # 100	DC	20002	NE	Paid In Network	\$ 19,859.45	205	2
15	232536597	KIDNEY CARE OF LARGO	1300 MERCANTILE LN # 194	MD	20774		Paid In Network	\$ 18,476.57	74	1
16						IM	Paid Out-of-Network	\$ 14,478.69	105	22
17	521274001	CACERES MD/CESAR A	1759 QUE ST NW	DC	20009	IM	Paid Out-of-Network	\$ 13,517.88	38	22
18	593205549	TOTAL RENAL LAB INC	1991 INDUSTRIAL DR	FL	32724		Paid In Network	\$ 13,033.12	66	3
19	522138152	OKAFOR MD/NDUBUISI J	PO BOX 5282	MD	20782		Paid Out-of-Network	\$ 12,224.86	40	11
20	522087990	HODGE THEO W JR. MD	650 PENNSYLVANIA AVE SE # 220	DC	20003	IM	Paid In Network	\$ 11,510.56	73	32
21	521274001	PINEDA JULIA D MD	1759 Q ST NW	DC	20009	IM	Paid In Network	\$ 11,268.63	26	12
22	113654617	RESTON AMBULATORY SURG C	1860 TOWN CENTER DR	VA	20190		Paid Out-of-Network	\$ 10,561.90	3	2
23	521404049	NEIGHBORCARE INFUSION SERVICES	9070 JUNCTION DR	MD	20701		Paid In Network	\$ 10,431.96	11	2
24	721569306	HEALTHSOUTH CBE 1 LLC	DEPT AT BOX 40036	GA	31192	PT	Paid In Network	\$ 10,312.66	169	21
25	400002285	PORT WASHINGTON DIALYSIS	PO BOX 785141	PA	19178		Paid In Network	\$ 10,079.30	46	1
26	621323090	DVA RENAL HLTHCARE INC	PO BOX 532410	GA	30353		Paid In Network	\$ 9,909.99	9	1
27	743043808	RASHBAUM BRUCE S MD	2311 M ST NW # 401	DC	20037	IM	Paid In Network	\$ 9,785.48	61	27
28	200800593	LINKIA LLC	2196 PAYSHERE CIR	IL	60674	OH	Paid In Network	\$ 8,838.23	9	7
29	201749674	VA1 MSI	730 COOL SPRINGS BLVD # 800	TN	37067	RA	Paid In Network	\$ 8,640.00	10	7
30	522246842	WARGOTZ MD/ERIC	PO BOX 1	MD	20725		Paid Out-of-Network	\$ 8,181.51	89	44
31	521072786	KOLMAC CLINIC	# 2	MD	20910		Paid In Network	\$ 7,979.00	54	1
32	363692630	AMERICAN IMAGING MGMT	PO BOX 18904	FL	33679	RA	Paid In Network	\$ 7,875.57	37	17
33	522303928	SURGERY CENTER OF CHEVY CHASE	5530 WISCONSIN AVE # 1530	MD	20815		Paid In Network	\$ 6,260.70	10	8
34	522149129	UNIVERSITY CENTER FOR AMBULATORY SURGERY, LLC	6502 KENILWORTH AVE # 200	MD	20737		Paid In Network	\$ 6,013.06	11	10
35	522218516	RIVER ROAD SURGERY CENTER, LLC	5110 RIDGEFIELD RD # 108	MD	20816		Paid In Network	\$ 5,925.10	9	9
36	521983869	SURGERY CENTER OF MARYLAND	3801 INTERNATIONAL DR # 300	MD	20906		Paid In Network	\$ 5,745.50	6	6
37	521852428	AMBULATORY UROSURGICAL CENTER	401 E JEFFERSON ST # 105	MD	20850		Paid In Network	\$ 5,503.19	13	10
38	521289729	DIMENSIONS SURGERY CENTER	14999 HEALTH CENTER DR	MD	20716		Paid In Network	\$ 5,402.77	10	6
39	631145651	WASHINGTON IMAGING CTNS	5791 SUMMER TREE #2	TN	38134	RD	Paid Out-of-Network	\$ 5,381.89	19	18
40	522325983	CAPITAL SURGERY CENTER, LLC	4000 MITCHELLVILLE RD # 116	MD	20716		Paid In Network	\$ 5,023.88	11	3
41	650127483	GAMBRO HEALTHCARE LAB SV	PO BOX 915056	TX	75391		Paid In Network	\$ 4,884.00	13	2
42	561830596	DUKE COMMUNITY INFUSION	PO BOX 905872	NC	28290		Paid In Network	\$ 4,748.98	41	1
43	541759643	UROSURGICAL CENTER OF RICHMOND	5224 MONUMENT AVE	VA	23226		Paid In Network	\$ 4,735.00	2	2
44	522030624	METROPOLITAN AMBULATORY UROLOGIC INSTITUTE, LLC	7753 BELLE POINT DR	MD	20770		Paid In Network	\$ 4,723.81	12	12
45	222406619	EBI MEDICAL SYSTEMS	6 UPPER POND RD	NJ	7054	DT	Paid In Network	\$ 4,664.93	2	2
46	222873792	HOSPICE NORTH SHORE INC	10 ELM ST	MA	1923	XL	Paid Out-of-Network	\$ 4,660.00	1	1
47	621703739	HHLA	PO BOX 415000 MSC410312	TN	37241		Paid In Network	\$ 4,439.43	92	13
48	222405059	BIO REFERENCE LAB INC	487 EDWARD H ROSS DR	NJ	7407		Paid Out-of-Network	\$ 4,229.43	16	12
49	521658841	SURGICENTER OF BALTIMORE	23 CROSSROADS DR # 100	MD	21117		Paid In Network	\$ 4,218.50	3	3

Data Request for DC Government Medical Plan Bid

Top 100 Hospitals/Facility

Please provide the top 100 hospital/facilities utilized by plan members, as determined by 1. claim dollars paid; 2. number of claims; and 3. number of unique claimants for the period 1/1/2006-12/31/2006. Note that your complete list may include more than 100 hospital/facilities due to the multiple criteria

Note: from CIGNA reports: encounters members

	Hospital/Facilities TIN	Hospital/Facilities Name	Address	State	ZIP	Network Status	Claim Dollars (1/1/06-12/31/06)	Total # Claimants (1/1/06- 12/31/06)	# Unique Claimants (1/1/06- 12/31/06)
1	521272129	SHINGTON HOSPITAL	100 IRVING ST NW # 10	DC	20010	Paid In Network	\$ 1,650,562.98	1397	525
2	232896725	WASHINGTON UNIVERSITY	1 901 23RD ST NW	DC	20037	Paid In Network	\$ 934,118.42	838	344
3	522218584	GETTOWN UNIVERSITY HOSP	3800 RESERVOIR RD NW	DC	20007	Paid In Network	\$ 855,603.89	614	237
4	530196636	PROVIDENCE HOSPITAL	1150 VARNUM ST NE	DC	20017	Paid In Network	\$ 678,051.83	661	291
5	232825878	TEMPLE UNIVERSITY HSP	3401 N BROAD ST	PA	19140	Paid In Network	\$ 564,947.97	27	3
6	520738041	HOLY CROSS HSP	1500 FOREST GLEN RD	MD	20910	Paid In Network	\$ 485,742.36	230	111
7	530196602	SIBLEY MEMORIAL HSP	5255 LOUGHBORO RD NW	DC	20016	Paid In Network	\$ 433,169.00	285	171
8	540620889	INNOVA FAIRFAX HOSPITAL	3300 GALLONS HILL RD	VA	22042	Paid In Network	\$ 356,228.39	181	106
9	521532556	HINTON ADVENTIST HOSP	7600 CARROLL AVE	MD	20912	Paid In Network	\$ 301,523.93	280	117
10	530196580	HILDRENS NATIONAL MED	111 MICHIGAN AVE NW	DC	20010	Paid In Network	\$ 285,874.23	299	165
11	42583382	MA OF COLUMBIA HEIGHTS	PO BOX 64741	MD	21264	Paid Out-of-Network	\$ 253,044.56	148	1
12	521289729	CE GEORGES HOSPITAL CK	1 HOSPITAL DR	MD	20785	Paid In Network	\$ 252,335.07	155	90
13	521638026	CTURES COMMUNITY HOSPIT	8118 GOOD LUCK RD	MD	20706	Paid In Network	\$ 219,292.01	175	104
14	546011796	A HEALTH SCIENCES CENT	LEE ST	VA	22908	Paid In Network	\$ 215,202.73	55	7
15	540050661	NOVA ALEXANDRIA HOSPIT	4320 SEMINARY RD	VA	22104	Paid In Network	\$ 212,648.29	219	67
16	521362793	TTY OF MARYLAND MEDICN	22 S GREENE ST	MD	21201	Paid In Network	\$ 206,907.41	57	13
17	530196580	GENS NATIONAL MEDICAL	1111 MICHIGAN AVE NW	DC	20010	Paid In Network	\$ 198,619.97	195	115
18	540050599	IA HOSPITAL CENTER	ARL1001 N GEORGE MASON DR	VA	22205	Paid In Network	\$ 177,931.69	243	86
19	751319661	EASTERN REGIONAL MED	3677 FAIRFAXPIERCE CIR	IL	60674	Paid Out-of-Network	\$ 174,191.56	7	1
20	520591656	JOHNS HOPKINS HOSPITAL	PO BOX 64425	MD	21264	Paid In Network	\$ 170,112.70	139	48
21	520610545	SURURAN HOSPITAL	8600 OLD GEORGETOWN RE	MD	20814	Paid In Network	\$ 149,794.56	119	47
22	521157796	UTHERN MARYLAND HOSPIT	7503 SURRATTS RD	MD	20735	Paid In Network	\$ 145,407.74	221	135
23	540853998	POTOMAC HOSPITAL	2300 OPITT BLVD	VA	22191	Paid In Network	\$ 128,660.21	45	24
24	540050579	INCHESTER MEDICAL CENT	1840 AMHERST ST	VA	22601	Paid In Network	\$ 118,917.68	25	6
25	530196961	MARD UNIVERSITY HOSPIT	2041 GEORGIA AVE NW	DC	20060	Paid In Network	\$ 113,115.63	258	100
26	520738041	OSS HOSPITAL OF SILVER	1500 FOREST GLEN RD	MD	20910	Paid In Network	\$ 96,451.14	48	39
27	521532556	Y GROVE ADVENTIST HOSP	9901 MEDICAL CENTER DR	MD	20850	Paid In Network	\$ 91,802.82	63	40
28	540620889	VA MOUNT VERNON HOSPIT	2501 PARKERS LN	VA	22306	Paid In Network	\$ 86,628.46	68	33
29	522216803	ULTIMATE KENAL CARE	2426 CHILLUM RD	MD	20782	Paid Out-of-Network	\$ 80,773.00	64	2
30	43399616	NORTH SHORE MED CTR	81 HIGHLAND AVE	MA	1970	Paid In Network	\$ 78,057.35	25	1
31	521169362	KE ARUNDEL MEDICAL CENT	FRANKLIN AND CATHEDRAL	MD	21401	Paid In Network	\$ 75,264.01	53	40
32	520591657	ST. AGNES HOSPITAL	900 CATON AVE	MD	21229	Paid In Network	\$ 72,910.04	36	11
33	61593517	CAPITOL DIALYSIS CTR	PO BOX 414595	MA	2241	Paid Out-of-Network	\$ 70,179.57	45	2
34	521341890	JOHNS HOPKINS BAYVIEW	4940 EASTERN AVE	MD	21224	Paid In Network	\$ 69,354.41	17	10
35	521289729	AUREL REGIONAL HOSPITAL	7300 VAN DOSEN RD	MD	20707	Paid In Network	\$ 67,961.83	104	57
36	522093120	RD COUNTY GENERAL HOSP	5755 CEDAR LN	MD	21044	Paid In Network	\$ 64,185.02	75	53
37	621777534	RESTON HOSPITAL CENTER	1850 TOWN CENTER PKWY	VA	20190	Paid In Network	\$ 61,154.46	35	25
38	222674014	EXETER HOSPITAL	10 BUZELL AVE	NH	3833	Paid In Network	\$ 59,440.55	7	1
39	520591483	T. WASHINGTON PED HOS	1708 W ROGERS AVE	MD	21209	Paid In Network	\$ 59,127.08	65	5
40	521272129	EDSON MD/MITCHELL	USE 52-1272129	DC	20010	Paid In Network	\$ 55,318.73	45	27
41	860973343	SOUTHEAST COMMUNITY H	1310 SOUTHERN AVE SE	DC	20032	Paid Out-of-Network	\$ 54,638.17	56	43
42	521856279	VAMC	50 IRVING ST NW	DC	20422	Paid Out-of-Network	\$ 54,485.96	132	20
43	520445374	CIVISTA MEDICAL CENTER	701 CHARLES ST	MD	20646	Paid In Network	\$ 53,912.70	34	24
44	541547408	SENTARA HOSPITALS	PO BOX 79605	MD	21279	Paid In Network	\$ 52,345.70	20	9
45	111562701	MORRISON MD/JOHN	C/O DX PO BOX A	NY	11710	Paid In Network	\$ 52,113.86	3	1
46	521369749	NAL REHABILITATION HOS	102 IRVING ST NW	DC	20010	Paid In Network	\$ 51,598.66	38	7
47	310537486	WOOD SAMARITAN HOSPITAL	375 DIXMYTH AVE	OH	45220	Paid In Network	\$ 51,360.42	4	2
48	344022510	HEALTH CARE CENTER-HY	6500 RIGGS RD	MD	20783	Paid In Network	\$ 49,750.00	7	2
49	520591461	F. JOSEPH MEDICAL CENT	7620 YORK RD	MD	21204	Paid In Network	\$ 47,376.04	16	10
50	23256597	RENAL TREATMENT CTR	PO BOX 8500-8085	PA	19178	Paid Out-of-Network	\$ 42,382.30	26	1
51	520591639	KERNAN HOSPITAL	2200 N FORKST PARK AVE	MD	21207	Paid In Network	\$ 42,082.99	23	2
52	521682858	ORT WASHINGTON HOSPITAL	11711 LIVINGSTON DR	MD	20744	Paid Out-of-Network	\$ 40,607.58	85	62
53	540252802	JUDDON HOSPITAL CENTE	224 CORNWALL ST NW	VA	22075	Paid In Network	\$ 37,965.76	33	18
54	250965307	NEMAUOH-MEMORIAL HOSP	1086 FRANKLIN ST	PA	15905	Paid In Network	\$ 37,222.11	17	2
55	520591658	MERCY MEDICAL CENTER	301 SAINT PAUL PL	MD	21202	Paid In Network	\$ 34,981.30	35	9
56	540620889	NOVA FAIR OAKS HOSPITA	600 JOSEPH SIEWICK DR	VA	22033	Paid In Network	\$ 33,994.25	42	29
57	520619000	LYVERT MEMORIAL HOSPIT	100 HOSPITAL DR	MD	20678	Paid In Network	\$ 33,199.48	59	23
58	200815305	MASSACHUSETTS AVE SC	400 GOLDSBORO RD # 40	MD	20817	Paid Out-of-Network	\$ 32,949.00	11	10
59	540696355	PRINCE WILLIAM HOSPITAL	8700 SUDLEY RD	VA	20110	Paid In Network	\$ 31,041.87	51	22
60	560845796	CUMBERLAND COUNTY HSP	PO BOX 40908	NC	28309	Paid In Network	\$ 30,362.96	3	1
61	131740104	**/INVALID ID# FOR GOODSAMARITAN HSP PER HOSP		TN	99999	Paid In Network	\$ 29,519.50	5	1
62	541920770	CAPITAL HOSPICE	CONNECTICUT AVE NW # 8	DC	20008	Paid In Network	\$ 29,384.50	14	3
63	540793767	ST. MARY'S HOSPITAL	5801 BEREND RD	VA	23226	Paid In Network	\$ 27,736.27	10	5
64	530196961	GARDEN MD/TOMIA L	2041 GEORGIA NW AVE	DC	20060	Paid In Network	\$ 27,482.14	16	4
65	520646893	FUMOREY GENERAL HOSP	18101 PRINCE PHILIP DR	MD	20882	Paid In Network	\$ 26,994.39	28	23
66	131740114	MONTEFIORE MEDICAL CTR	BOX 4550 CHURCH ST S	NY	10249	Paid In Network	\$ 26,362.29	3	3
67	42667983	**/JOSE 04-2697983	FOURAIN SQUARE	TN	99999	Paid In Network	\$ 25,680.72	10	4
68	52115434	ANDOVER AMBULATORY SUR	# 119	MD	20774	Paid Out-of-Network	\$ 24,142.01	6	6
69	520466540	AI HOSPITAL OF BALTIM	3401 W BELLEVUE AVE	MD	21215	Paid In Network	\$ 22,787.86	9	5
70	540519577	ANY WASHINGTON HOSPITA	1001 SAM PERRY BLVD	VA	22401	Paid In Network	\$ 22,157.41	39	17
71	520491660	HARBOR HOSPITAL CENTER	3001 S HANOVER ST	MD	21225	Paid In Network	\$ 19,707.80	3	2
72	331004926	RECOVERY FIRST INC	# 240	FL	33311	Paid Out-of-Network	\$ 19,694.40	44	1
73	521341890	OPKINS BAYVIEW MEDICAL	4940 EASTERN AVE	MD	21224	Paid In Network	\$ 19,628.63	20	9
74	522218584	EDSTAR GEORGETOWN AT R	PO BOX 631872	MD	21263	Paid In Network	\$ 19,482.81	62	8
75	520689917	HE WASHINGTON MEDICAL	301 HOSPITAL DR	MD	21061	Paid In Network	\$ 18,879.82	24	15
76	521272129	EDSON MD/MITCHELL	USE 52-1272129	DC	20010	Paid Out-of-Network	\$ 18,121.38	129	99
77	522206191	ELTYSVILLE AMBULATORY S	10720 BALTIMORE AVE	MD	20705	Paid Out-of-Network	\$ 17,798.39	2	1
78	751041154	GOOD SHEPHERD MED CTR	PO BOX 970301	TX	75397	Paid Out-of-Network	\$ 15,676.21	1	1
79	521372665	RTHWEST HOSPITAL CENT	5401 OLD COURT RD	MD	21133	Paid In Network	\$ 14,959.15	15	12
80	521061679	FOR AMBULATORY SURGER	00 NEW HAMPSHIRE AVE	DC	20011	Paid In Network	\$ 14,326.15	27	23
81	590624424	COUNT SINAI MED CTR	CAE # 207	FL	33814	Paid In Network	\$ 13,633.24	42	1
82	520619006	ST. MARY'S HOSPITAL	25500 POINT LOOKOUT RE	MD	20650	Paid In Network	\$ 13,579.23	13	10
83	221156520	NEWARK BETH ISRAEL MEE	201 LYONS AVE	NJ	7112	Paid In Network	\$ 13,192.00	3	2
84	526049658	ER BALTIMORE MEDICAL C	6701 N CHARLES ST	MD	21204	Paid In Network	\$ 12,782.83	16	11
85	520591657	ST. AGNES HOSPITAL	900 CATON AVE	MD	21229	Paid Out-of-Network	\$ 11,539.14	8	1
86	540261840	MARTHA JEFFERSON HSP	459 LOCUST AVE	VA	22901	Paid In Network	\$ 10,508.29	11	3
87	522154684	OCKVILLE AMBULATORY SU	# 1	MD	20852	Paid Out-of-Network	\$ 10,464.35	3	3
88	470757164	BACK CENTER	11819 MIRACLE HILLS DR	NE	68154	Paid In Network	\$ 10,448.94	2	1
89	232896725	BORGE WASHINGTON UNIV	PO BOX 100507	GA	30384	Paid In Network	\$ 10,235.50	17	7
90	530196647	HE WASHINGTON HOME & H	ROGRAM OF THE WASH HOW	DC	20016	Paid Out-of-Network	\$ 9,518.50	2	1
91	42121317	NORTHEAST HOSPITAL COR	00 CUMMINGS CTR # 408	MA	1915	Paid In Network	\$ 9,324.93	4	1
92	540506321	HOSPITAL OF THE KING'	800 W OLNEY RD	VA	23507	Paid In Network	\$ 9,117.64	30	6
93	520607971	KENNEDY KRIEGER INST	707 N BROADWAY	MD	21205	Paid Out-of-Network	\$ 9,062.25	58	2
94	521157796	UTHERN MARYLAND HOSPIT	7503 SURRATTS RD	MD	20735	Paid Out-of-Network	\$ 8,808.76	19	17
95	561118388	**/INVALID TAX #	SEE#56-1118388	TN	37402	Paid In Network	\$ 8,358.40	6	2
96	520591667	WYLAND GENERAL HOSPIT	827 LINDEN AVE	MD	21201	Paid In Network	\$ 8,222.21	8	4
97	23256597	RENAL TREATMENT CTR	PO BOX 8500-8085	PA	19178	Paid In Network	\$ 8,055.78	45	1
98	521638026	DOCTORS COMMUNITY HSP	PO BOX 630824	DC	21263	Paid In Network	\$ 7,787.45	6	4
99	233059262	JRWEST HEALTHCARE SVS	36485 INLAND VALLEY DR	CA	92595	Paid In Network	\$ 7,689.70	2	2
100	521873283	PREMIER SURGERY CTR	DC PO BOX 55353	DC	20040	Paid Out-of-Network	\$ 7,631.25	3	3

Kaiser Health Plan of the Mid Atlantic States

DC GOVERNMENT & SCHOOLS

102, 0032, 0012, 0013, 0030, 0014, 0015, 0016, 0017, 0027, 0011, 0033, 0037, 0000, 0001, 0003, 0006, 0007, 0010, 0019, 0021, 0022, 0023, 0036, 0260, 0331, 2013, 2037, 2070, 2087

Group Cost Report

April, 2006 - March, 2007

----- Total Dollars Incurred -----								
	<u>Rx</u>	<u>FFS Claims</u>	<u>Internal Costs</u>	<u>Total Medical Cost</u>	<u>Total PMPM Medical Cost</u>		<u>Members</u>	<u>Subscribers</u>
Apr-06	\$238,369	\$784,006	\$998,639	\$2,021,015	\$174.41		11,588	5,239
May-06	\$228,319	\$927,159	\$972,993	\$2,128,471	\$183.11		11,624	5,251
Jun-06	\$276,692	\$1,183,207	\$950,462	\$2,410,360	\$206.97		11,646	5,257
Jul-06	\$289,833	\$791,579	\$960,840	\$2,042,252	\$176.83		11,549	5,223
Aug-06	\$257,837	\$689,561	\$972,916	\$1,920,313	\$168.51		11,396	5,136
Sep-06	\$264,993	\$1,155,347	\$801,196	\$2,221,535	\$195.30		11,375	5,138
Oct-06	\$290,096	\$1,199,081	\$882,168	\$2,371,346	\$207.59		11,423	5,166
Nov-06	\$320,877	\$1,129,834	\$934,003	\$2,384,713	\$207.82		11,475	5,196
Dec-06	\$355,018	\$1,375,274	\$1,037,702	\$2,767,993	\$240.84		11,493	5,206
Jan-07	\$400,055	\$1,495,331	\$1,094,237	\$2,989,622	\$249.22		11,996	5,429
Feb-07	\$318,751	\$1,170,506	\$1,029,519	\$2,518,776	\$208.73		12,067	5,469
Mar-07	\$306,175	\$1,124,325	\$1,127,595	\$2,558,095	\$210.20		12,170	5,524
Total	\$3,547,014	\$13,025,209	\$11,762,269	\$28,334,491	\$202.68		139,802	63,234
Total PMPM	\$25.37	\$93.17	\$84.14	\$202.68				

Note: Physician capitation expenses included in Internal Costs column

Notes:

*Revenue is the product of the rates and subscribers by tier for the given month.

High Cost Member Report

Group Name: DC GOVERNMENT & SCHOOLS
Group Number: 0013703

From: 4 / 2006
To: 3 / 2007

Claims in excess of:* \$ 10,000

<u>Identifier</u>	<u>Total Paid Amount Per Member</u>
Claimant #1	\$ 13,740.25
Claimant #2	\$ 13,051.54
Claimant #3	\$ 99,780.72
Claimant #4	\$ 15,509.70
Claimant #5	\$ 13,938.70
Claimant #6	\$ 35,695.36
Claimant #7	\$ 18,910.89
Claimant #8	\$ 123,077.63
Claimant #9	\$ 23,311.80
Claimant #10	\$ 13,728.15
Claimant #11	\$ 110,994.32
Claimant #12	\$ 10,737.31
Claimant #13	\$ 13,923.95
Claimant #14	\$ 10,458.09
Claimant #15	\$ 29,051.03
Claimant #16	\$ 13,671.36
Claimant #17	\$ 17,774.71
Claimant #18	\$ 13,147.28
Claimant #19	\$ 40,481.11
Claimant #20	\$ 11,966.14
Claimant #21	\$ 11,220.76
Claimant #22	\$ 23,908.29
Claimant #23	\$ 15,405.24
Claimant #24	\$ 28,820.17
Claimant #25	\$ 217,223.76
Claimant #26	\$ 11,585.83
Claimant #27	\$ 26,704.82
Claimant #28	\$ 13,381.22
Claimant #29	\$ 28,428.42
Claimant #30	\$ 17,574.84
Claimant #31	\$ 14,161.80
Claimant #32	\$ 29,888.37
Claimant #33	\$ 13,615.72
Claimant #34	\$ 439,366.00
Claimant #35	\$ 13,761.17
Claimant #36	\$ 16,171.36

High Cost Member Report

Group Name: DC GOVERNMENT & SCHOOLS
Group Number: 0013703

From: 4 / 2006
To: 3 / 2007

Claims in excess of:* \$ 10,000

<u>Identifier</u>	<u>Total Paid Amount Per Member</u>
Claimant #37	\$ 16,013.53
Claimant #38	\$ 14,720.93
Claimant #39	\$ 27,102.17
Claimant #40	\$ 48,222.79
Claimant #41	\$ 75,988.39
Claimant #42	\$ 57,494.36
Claimant #43	\$ 84,824.05
Claimant #44	\$ 17,254.18
Claimant #45	\$ 30,391.90
Claimant #46	\$ 11,315.89
Claimant #47	\$ 18,825.47
Claimant #48	\$ 14,892.17
Claimant #49	\$ 34,540.39
Claimant #50	\$ 11,156.79
Claimant #51	\$ 19,611.93
Claimant #52	\$ 18,378.13
Claimant #53	\$ 12,479.41
Claimant #54	\$ 24,989.99
Claimant #55	\$ 12,888.34
Claimant #56	\$ 13,502.36
Claimant #57	\$ 114,556.84
Claimant #58	\$ 10,717.60
Claimant #59	\$ 23,464.32
Claimant #60	\$ 46,980.60
Claimant #61	\$ 20,480.70
Claimant #62	\$ 28,283.61
Claimant #63	\$ 12,119.74
Claimant #64	\$ 10,141.18
Claimant #65	\$ 11,647.67
Claimant #66	\$ 29,189.13
Claimant #67	\$ 11,538.74
Claimant #68	\$ 11,075.76
Claimant #69	\$ 26,214.29
Claimant #70	\$ 44,107.26
Claimant #71	\$ 13,664.82
Claimant #72	\$ 10,213.70

High Cost Member Report

Group Name: DC GOVERNMENT & SCHOOLS
Group Number: 0013703

From: 4 / 2006
To: 3 / 2007

Claims in excess of:* \$ 10,000

<u>Identifier</u>	<u>Total Paid Amount Per Member</u>
Claimant #73	\$ 41,718.10
Claimant #74	\$ 95,781.64
Claimant #75	\$ 34,054.48
Claimant #76	\$ 64,007.76
Claimant #77	\$ 219,094.63
Claimant #78	\$ 16,802.16
Claimant #79	\$ 38,599.38
Claimant #80	\$ 10,044.23
Claimant #81	\$ 13,418.30
Claimant #82	\$ 10,814.14
Claimant #83	\$ 28,718.07
Claimant #84	\$ 23,965.65
Claimant #85	\$ 38,304.03
Claimant #86	\$ 30,237.68
Claimant #87	\$ 15,762.54
Claimant #88	\$ 20,304.18
Claimant #89	\$ 17,150.95
Claimant #90	\$ 71,120.79
Claimant #91	\$ 12,195.02
Claimant #92	\$ 121,758.76
Claimant #93	\$ 32,745.56
Claimant #94	\$ 21,902.85
Claimant #95	\$ 11,192.69
Claimant #96	\$ 30,693.81
Claimant #97	\$ 30,153.34
Claimant #98	\$ 31,478.06
Claimant #99	\$ 28,494.57
Claimant #100	\$ 11,923.58
Claimant #101	\$ 11,181.51
Claimant #102	\$ 61,319.91
Claimant #103	\$ 182,479.65
Claimant #104	\$ 14,702.04
Claimant #105	\$ 15,764.00
Claimant #106	\$ 35,710.15
Claimant #107	\$ 12,650.44
Claimant #108	\$ 40,493.95

High Cost Member Report

Group Name: DC GOVERNMENT & SCHOOLS
Group Number: 0013703

From: 4 / 2006
To: 3 / 2007

Claims in excess of:* \$ 10,000

<u>Identifier</u>	<u>Total Paid Amount Per Member</u>
Claimant #109	\$ 88,909.54
Claimant #110	\$ 13,220.10
Claimant #111	\$ 34,539.23
Claimant #112	\$ 10,129.30
Claimant #113	\$ 86,548.51
Claimant #114	\$ 10,112.38
Claimant #115	\$ 14,323.80
Claimant #116	\$ 27,080.26
Claimant #117	\$ 11,399.60
Claimant #118	\$ 13,994.23
Claimant #119	\$ 26,793.14
Claimant #120	\$ 37,222.84
Claimant #121	\$ 21,532.79
Claimant #122	\$ 28,302.44
Claimant #123	\$ 32,483.83
Claimant #124	\$ 31,797.60
Claimant #125	\$ 18,229.32
Claimant #126	\$ 46,937.94
Claimant #127	\$ 98,287.37
Claimant #128	\$ 12,185.42
Claimant #129	\$ 21,066.00
Claimant #130	\$ 11,084.06
Claimant #131	\$ 47,563.76
Claimant #132	\$ 28,098.25
Claimant #133	\$ 10,418.32
Claimant #134	\$ 11,188.62
Claimant #135	\$ 11,323.82
Claimant #136	\$ 17,101.07
Claimant #137	\$ 13,110.47
Claimant #138	\$ 31,143.01
Claimant #139	\$ 15,922.09
Claimant #140	\$ 15,435.36
Claimant #141	\$ 99,887.46
Claimant #142	\$ 15,108.95
Claimant #143	\$ 34,519.25
Claimant #144	\$ 23,069.71

High Cost Member Report

Group Name: DC GOVERNMENT & SCHOOLS
Group Number: 0013703

From: 4 / 2006
To: 3 / 2007

Claims in excess of:* \$ 10,000

<u>Identifier</u>	<u>Total Paid Amount Per Member</u>
Claimant #145	\$ 11,987.95
Claimant #146	\$ 14,253.13
Claimant #147	\$ 194,337.08
Claimant #148	\$ 36,735.92
Claimant #149	\$ 15,309.92
Claimant #150	\$ 10,599.08
Claimant #151	\$ 10,735.22
Claimant #152	\$ 11,416.73
Claimant #153	\$ 54,366.88
Claimant #154	\$ 13,029.43
Claimant #155	\$ 18,349.03
Claimant #156	\$ 14,914.03
Claimant #157	\$ 152,579.61
Claimant #158	\$ 31,404.17
Claimant #159	\$ 18,434.80
Claimant #160	\$ 16,056.28
Claimant #161	\$ 20,151.70
Claimant #162	\$ 65,375.73
Claimant #163	\$ 10,959.05
Claimant #164	\$ 593,579.25
Claimant #165	\$ 39,895.48
Claimant #166	\$ 26,438.68
Claimant #167	\$ 18,770.59
Claimant #168	\$ 268,552.48
Claimant #169	\$ 67,453.31
Claimant #170	\$ 10,743.73
Claimant #171	\$ 15,945.14
Claimant #172	\$ 15,179.50
Claimant #173	\$ 16,586.54
Claimant #174	\$ 12,120.90
Claimant #175	\$ 54,109.89
Claimant #176	\$ 23,399.13
Claimant #177	\$ 220,301.01
Claimant #178	\$ 33,037.89
Claimant #179	\$ 23,314.63
Claimant #180	\$ 11,033.65

High Cost Member Report

Group Name: DC GOVERNMENT & SCHOOLS
Group Number: 0013703

From: 4 / 2006
To: 3 / 2007

Claims in excess of:* \$ 10,000

<u>Identifier</u>	<u>Total Paid Amount Per Member</u>
Claimant #181	\$ 10,632.55
Claimant #182	\$ 12,789.35
Claimant #183	\$ 14,234.33
Claimant #184	\$ 56,687.99
Claimant #185	\$ 15,336.95
Claimant #186	\$ 22,171.13
Claimant #187	\$ 27,053.54
Claimant #188	\$ 47,310.99
Claimant #189	\$ 11,405.84
Claimant #190	\$ 10,890.61
Claimant #191	\$ 85,743.74
Claimant #192	\$ 14,200.23
Claimant #193	\$ 54,037.75
Claimant #194	\$ 17,671.70
Claimant #195	\$ 10,584.13
Claimant #196	\$ 26,469.82
Claimant #197	\$ 24,611.60
Claimant #198	\$ 18,217.96
Claimant #199	\$ 67,290.41
Claimant #200	\$ 33,622.91
Claimant #201	\$ 11,289.89
Claimant #202	\$ 24,163.00
Total	\$ 7,907,839.34

* Excludes capitations and pharmacy

Solicitation DCBE-2007-R-0049
Amendment 003
Health Insurance Plan for District Employees
Attachment F – REVISED PROPOSED PLAN DESIGNS

Benefit	HMO	Maximum Copays			
		POS		PPO	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	\$150 ind. \$300 fam.	\$500 ind. \$1000 fam.	\$300 ind. \$600 fam.	\$500 ind. \$1000 fam.
Coinsurance	None	None	40% after ded.	15% after ded.	25% after ded.
Out-of-Pocket Maximum (for deductible & coinsurance)	N/A	N/A	\$2500 ind. \$5000 fam.	\$1000 ind. \$2000 fam.	\$1500 ind. \$2500 fam.
Lifetime Max	N/A	N/A	N/A	N/A	N/A
Primary Physician Selection	May or may not be required	May or may not be required	Not required	Not required	Not required
Adult Physicals / Immunizations	\$15 copay	\$15 copay	40% after ded.	\$15 copay	25% after ded.
Well Child Visits / Immunizations	\$15 copay	\$15 copay	40% after ded.	\$15 copay	25% after ded.
Annual GYN exam, Mammograms, PAP Smear	\$15 copay	\$15 copay	40% after ded.	\$15 copay	25% after ded.
Routine Eye Exam	\$20 copay	\$20 copay	Not covered	\$50 annual allowance towards exam and eyewear	
Corrective Eyewear	Discount plan	Discount plan	Not covered		
Dental	Discount plan	Discount plan	Not covered	Discount Plan	Discount plan
Primary Care Doctor Visits	\$15 copay	\$15 copay	40% after ded.	\$15 copay	25% after ded.
Specialist Office Visits	\$20 copay	\$20 copay	40% after ded.	\$15 copay	25% after ded.
Maternity OB Visits	\$15 copay	\$15 copay	40% after ded.	\$15 copay	25% after ded.
Allergy Treatment	\$20 copay	\$20 copay	40% after ded.	\$15 copay	25% after ded.
Allergy Testing	\$20 copay	\$20 copay	40% after ded.	\$15 copay	25% after ded.
Diagnostic Laboratory	\$0 as part of a Doctor visit	\$0 as part of a Doctor visit	40% after ded.	\$0 as part of Doctor visit	25% after ded.
Diagnostic X-ray	\$20 copay	\$20 copay	40% after ded.	\$0 after ded.	25% after ded.
Urgent Care	\$25	\$25	40% after ded.	None	25% after ded.
Emergency Room	\$100, waived if admitted	\$100, waived if admitted	40% after ded.	\$100, waived if admitted	25% after ded.
Ambulance	\$0 copay	\$0 copay	40% after ded.	\$0 copay	25% after ded.
Inpatient Coverage	\$150 per admission	\$150 per admission	40% after ded.	\$0 after ded. (up to 180 days, 15% after day 180)	25% after ded.
Inpatient Maternity Coverage	\$150 per admission	\$150 per admission	40% after ded.	\$0 after ded.	25% after ded.
Outpatient Surgery at Hospital	\$50	\$50	40% after ded.	\$0 after ded.	25% after ded.
Inpatient Mental Illness	\$150 per admission	\$150 per admission	40% after ded.	None (up to 45 days /	25% after ded.

Solicitation DCBE-2007-R-0049
Amendment 003
Health Insurance Plan for District Employees

Benefit	HMO	Maximum Copays			
		POS		PPO	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Mental Illness	\$20 copay	\$20 copay	40% after ded.	\$15 copay (up to 40 visits / year, 15% for visits 41+)	25% after ded.
Impatient Detoxification or Rehab	\$150 per admission	\$150 per admission	40% after ded.	None (up to 60 days / year)	25% after ded.
Outpatient Detox or Rehab	\$20 copay per visit (up to 30 days / year)	\$20 copay per visit (up to 30 days / year)	40% after ded.	\$15 copay per visit (up to 60 days / year)	25% after ded.
Skilled Nursing Facility	None (up to 60 days / year)	None (up to 60 days / year)	40% after ded.	\$0 after ded.	25% after ded.
Home Health Care	\$10 – PCP \$20 - Specialist \$0 - Nurse / HH Aide	\$10 – PCP \$20 - Specialist \$0 - Nurse / HH Aide	40% after ded.	\$0 after ded.	25% after ded.
Hospice Care - Inpatient	\$150 per admission	\$150 per admission	40% after ded.	\$0 after ded.	25% after ded.
Hospice Care - Outpatient	\$20 copay	\$20 copay	40% after ded.	\$0 after ded.	25% after ded.
Private Duty Nursing	100%	100%	40% after ded.	\$0 after ded.	25% after ded.
Outpatient Rehabilitation Therapy (Speech, Physical, Occupational)	\$20 copay	\$20 copay	40% after ded.	15% after ded.	25% after ded.
Subluxation / Chiropractic	\$20 copay (up to 20 visits / year)	\$20 copay (up to 20 visits / year)	40% after ded.	15% after ded.	25% after ded.
Durable Medical Equipment	25%	25%	40% after ded.	15% after ded.	25% after ded.
Vasectomy / Tubal Ligation	\$20 copay	\$20 copay	40% after ded.	\$0 after ded.	25% after ded.
Retail (up to 30 days) –Generic	\$10 copay	\$10 copay	Not Covered	\$10 copay	Not Covered
Retail (up to 30 days) –Formulary Brand Name	\$20 copay	\$20 copay	Not Covered	\$20 copay	Not Covered
Retail (up to 30 days) – Non-Formulary Brand Name	\$40 copay	\$40 copay	Not Covered	\$540 copay	Not Covered
Mail (31-90 days) – Generic	\$20 copay	\$20 copay	Not Covered	\$20 copay	Not Covered
Mail (31-90 days) – Formulary Brand Name	\$40 copay	\$50 copay	Not Covered	\$40 copay	Not Covered
Mail (31-90 days) – Non-Formulary Brand Name	\$80 copay	\$80 copay	Not Covered	\$1080 copay	Not Covered