

EDW Underwriting Reporting

Premium & Claims Summary Report – Paid Basis

Parameter Name	Parameter Values	Parameter Description
Customer		
Platform	EM	METAVANCE
Type of Customer	ENTERPRISE	CUSTOMER AND PLATFORM ABOVE ARE ENTERPRISE-LEVEL FIELDS
Auto Cross Reference	YES	SELECT ALL SOURCE CUSTOMERS IN THE ENTERPRISE CUSTOMER
Division	BLANK	ALL SOURCE DIVISION IDS
Benefit ID	BLANK	ALL SOURCE CUSTOMER BENEFIT IDS
From Date	11-01-2008	
To Date	10-31-2010	
As of Date	10-31-2010	
Reporting Level	ENT CUST	ENTERPRISE CUSTOMER
Product Line Codes	MEDICAL	(Only product line code of Medical)
Financial Product Codes	Display fully insured medical combined	



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Enterprise Platform: EM	Platform: ALL SRC PLATFORMS SELECTED	Financial Product: FI MED
Ent Platform Name: METAVANCE	Customer: ALL SRC CUSTOMERS SELECTED	Type of Customer: ENTERPRISE
Enterprise Customer: 000000	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: GROUP NAME	Benefit Plan: ALL SRC BENEFIT IDS SELECTED	Reporting Level: ENT CUST
Src Platform Name: ALL SOURCE PLATFORMS SELECTED	Group Number: ALL ALT CUSTOMERS SELECTED	From Date: 11-01-2008
Src Customer Name: ALL SOURCE CUSTOMERS SELECTED	MTV Ben/CAS Subgrp: ALL ALT BENEFIT IDS SELECTED	To Date: 10-31-2010
Division Name: ALL SOURCE DIVISIONS SELECTED	Product Line: MEDICAL	As of Date: 10-31-2010

***** SUBSCRIBER COVERAGE TYPES *****

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX	Med & Rx Total*
11-2008	95	6	10	4	115	163	38,894	6,609	2,307	8,916
12-2008	96	6	11	4	117	167	40,405	20,151	3,776	23,927
01-2009	113	6	12	4	135	187	46,932	69,528	4,885	74,414
02-2009	113	6	12	4	135	185	46,567	58,062	3,960	62,022
03-2009	104	6	12	4	126	175	44,367	25,471	2,623	28,094
04-2009	73	6	11	4	94	142	35,518	47,359	3,777	51,136
05-2009	68	6	9	4	87	133	32,587	16,745	3,074	19,818
06-2009	67	6	8	4	85	130	31,897	55,631	3,977	59,608
07-2009	69	6	6	4	85	128	31,166	17,301	4,096	21,397
08-2009	68	6	6	4	84	127	31,166	23,808	4,988	28,796
09-2009	66	6	6	3	81	115	29,101	23,034	2,975	26,009
10-2009	66	6	6	3	81	115	28,826	36,096	3,773	39,869
	998	72	109	46	1,225	1,767	437,424	399,794	44,212	444,005

IBNR: 9,021
Total Cost PMPM*: 256.38
Premium PMPM: 247.55

***** SUBSCRIBER COVERAGE TYPES *****

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX	Med & Rx Total*
11-2009	64	6	6	3	79	113	28,826	18,635	4,393	23,027
12-2009	64	6	6	3	79	113	28,826	26,415	2,422	28,837
01-2010	59	5	5	4	73	107	29,854	24,577	3,441	28,019
02-2010	57	5	5	4	71	105	29,489	17,160	3,393	20,554
03-2010	56	5	5	4	70	104	29,179	25,769	4,229	29,997
04-2010	60	5	5	4	74	108	29,489	61,775	3,674	65,449
05-2010	58	5	5	4	72	106	29,799	37,268	4,935	42,203
06-2010	58	4	5	4	71	104	28,974	26,280	4,453	30,733
07-2010	57	4	5	4	70	104	28,354	109,134	5,777	114,911
08-2010	53	4	5	4	66	100	27,423	8,612	5,891	14,503
09-2010	52	4	5	4	65	100	27,113	5,651	3,076	8,727
10-2010	54	4	5	4	67	102	27,423	23,321	4,452	27,773
	692	57	62	46	857	1,266	344,747	384,597	50,136	434,733

IBNR: 10,042
Total Cost PMPM*: 351.32
Premium PMPM: 272.31