



**EDW Underwriting Reporting**

**Premium & Claims Summary Report – Paid Basis**

Parameter Name	Parameter Values	Parameter Description
Customer	704060	NORTHERN KENTUCKY UNIVERSITY
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	10-01-2019	
To Date	09-30-2021	
As Of Date	11-30-2021	
Reporting Level	CUST-BEN	BENEFIT
Product Line Codes	MEDICAL (Only product line code of Medical)	
Financial Product Codes	Display all Separately	



# EDW Underwriting Reporting

## Premium & Claims Summary Report – Paid Basis

Enterprise Platform:	EM	Platform:	EM	Financial Product:	HMOC
Ent Platform Name:	METAVANCE	Customer:	704060	Type of Customer:	ENTERPRISE
Enterprise Customer:	704060	MTV Div/CI Class:	ALL SRC DIVISIONS SELECTED	Auto Cross-Ref:	YES
Ent Customer Name:	NORTHERN KENTUCKY UNIVERSITY	Benefit Plan:	FINKU001	Reporting Level:	CUST-BEN
Src Platform Name:	METAVANCE	Group Number:	704060	From Date:	10-01-2019
Src Customer Name:	NORTHERN KENTUCKY UNIVERSITY	MTV Ben/CAS Subgrp:	FINKU001	To Date:	09-30-2021
Division Name:	ALL SOURCE DIVISIONS SELECTED	Product Line:	MEDICAL	As of Date:	11-30-2021

### \*\*\*SUBSCRIBER COVERAGE TYPES \*\*\*\*

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Med & Rx Total*
08-2020	0	0	0	0	0	0	0	-9,979	0	-9,979
09-2020	0	0	0	0	0	0	0	-68	0	-68
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-10,047</b>	<b>0</b>	<b>-10,047</b>
									<b>IBNR:</b>	<b>-204</b>
									<b>Total Cost PMPM*:</b>	<b>0.00</b>
									<b>Premium PMPM:</b>	<b>0.00</b>



# EDW Underwriting Reporting

## Premium & Claims Summary Report – Paid Basis

Enterprise Platform: EM	Platform: EM	Financial Product: ASO
Ent Platform Name: METAVANCE	Customer: 704060	Type of Customer: ENTERPRISE
Enterprise Customer: 704060	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: NORTHERN KENTUCKY UNIVERSITY	Benefit Plan: SFNKH20A	Reporting Level: CUST-BEN
Src Platform Name: METAVANCE	Group Number: 704060	From Date: 10-01-2019
Src Customer Name: NORTHERN KENTUCKY UNIVERSITY	MTV Ben/CAS Subgrp: SFNKH20A	To Date: 09-30-2021
Division Name: ALL SOURCE DIVISIONS SELECTED	Product Line: MEDICAL	As of Date: 11-30-2021

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
01-2020	258	93	78	180	609	1,387	26,808	56,297	0	56,297
02-2020	261	91	77	180	609	1,384	26,808	334,243	0	334,243
03-2020	262	92	77	181	612	1,393	26,940	210,238	0	210,238
04-2020	265	93	79	181	618	1,400	27,204	288,371	0	288,371
05-2020	265	95	79	183	622	1,412	27,380	371,265	0	371,265
06-2020	266	92	80	184	622	1,412	27,380	384,213	0	384,213
07-2020	262	92	81	177	612	1,383	26,940	536,559	0	536,559
08-2020	262	94	82	176	614	1,387	27,028	342,831	0	342,831
09-2020	262	96	81	174	613	1,379	26,984	238,325	0	238,325
	<b>2,363</b>	<b>838</b>	<b>714</b>	<b>1,616</b>	<b>5,531</b>	<b>12,537</b>	<b>243,475</b>	<b>2,762,344</b>	<b>0</b>	<b>2,762,344</b>
								<b>Total Cost PMPM*:</b>		<b>220.34</b>
								<b>Premium PMPM:</b>		<b>19.42</b>

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2020	265	96	85	181	627	1,417	27,601	481,951	0	481,951
11-2020	262	96	83	178	619	1,398	-692	642,231	0	642,231
12-2020	262	94	84	178	618	1,395	27,204	621,078	0	621,078
01-2021	250	91	82	176	599	1,360	26,368	534,416	0	534,416
02-2021	249	90	81	177	597	1,359	26,280	466,212	0	466,212
03-2021	252	90	80	176	598	1,358	26,324	768,575	0	768,575
04-2021	255	89	80	174	598	1,348	26,324	471,877	0	471,877
05-2021	250	89	83	173	595	1,343	26,192	260,718	0	260,718
06-2021	250	87	82	175	594	1,343	26,148	249,969	0	249,969
07-2021	243	84	84	170	581	1,318	25,576	292,121	0	292,121
08-2021	242	81	84	173	580	1,320	25,576	344,425	0	344,425
09-2021	236	81	82	174	573	1,314	25,223	499,907	0	499,907
	<b>3,016</b>	<b>1,068</b>	<b>990</b>	<b>2,105</b>	<b>7,179</b>	<b>16,273</b>	<b>288,123</b>	<b>5,633,482</b>	<b>0</b>	<b>5,633,482</b>
								<b>Total Cost PMPM*:</b>		<b>346.19</b>
								<b>Premium PMPM:</b>		<b>17.71</b>



# EDW Underwriting Reporting

## Premium & Claims Summary Report – Paid Basis

Enterprise Platform: EM	Platform: EM	Financial Product: ASO
Ent Platform Name: METAVANCE	Customer: 704060	Type of Customer: ENTERPRISE
Enterprise Customer: 704060	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: NORTHERN KENTUCKY UNIVERSITY	Benefit Plan: SFNKH20B	Reporting Level: CUST-BEN
Src Platform Name: METAVANCE	Group Number: 704060	From Date: 10-01-2019
Src Customer Name: NORTHERN KENTUCKY UNIVERSITY	MTV Ben/CAS Subgrp: SFNKH20B	To Date: 09-30-2021
Division Name: ALL SOURCE DIVISIONS SELECTED	Product Line: MEDICAL	As of Date: 11-30-2021

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
01-2020	51	10	6	11	78	128	3,478	47,204	0	47,204
02-2020	52	10	5	11	78	126	3,434	37,931	0	37,931
03-2020	54	10	5	10	79	123	3,478	65,160	0	65,160
04-2020	54	10	5	10	79	123	3,478	36,754	0	36,754
05-2020	54	10	5	11	80	126	3,522	161,594	0	161,594
06-2020	53	11	5	11	80	127	3,522	37,539	0	37,539
07-2020	52	11	5	11	79	126	3,478	121,456	0	121,456
08-2020	52	11	5	11	79	126	3,478	69,238	0	69,238
09-2020	52	11	4	11	78	124	3,434	110,357	0	110,357
	474	94	45	97	710	1,129	31,298	687,233	0	687,233
								<b>Total Cost PMPM*:</b>		<b>608.71</b>
								<b>Premium PMPM:</b>		<b>27.72</b>

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2020	49	11	4	12	76	124	3,390	87,982	0	87,982
11-2020	49	11	4	12	76	124	31	52,562	0	52,562
12-2020	49	11	4	12	76	125	3,346	122,766	0	122,766
01-2021	50	11	7	16	84	148	3,698	70,567	0	70,567
02-2021	50	11	7	16	84	148	3,698	175,555	0	175,555
03-2021	50	12	7	17	86	155	3,786	37,548	0	37,548
04-2021	51	12	7	17	87	156	3,830	101,163	0	101,163
05-2021	50	12	7	17	86	155	3,786	95,927	0	95,927
06-2021	50	12	7	17	86	155	3,786	47,524	0	47,524
07-2021	50	9	8	16	83	148	3,654	29,618	0	29,618
08-2021	49	10	8	16	83	148	3,654	121,159	0	121,159
09-2021	49	10	8	16	83	148	3,654	98,229	0	98,229
	596	132	78	184	990	1,734	40,310	1,040,599	0	1,040,599
								<b>Total Cost PMPM*:</b>		<b>600.11</b>
								<b>Premium PMPM:</b>		<b>23.25</b>



# EDW Underwriting Reporting

## Premium & Claims Summary Report – Paid Basis

Enterprise Platform: EM	Platform: EM	Financial Product: ASO
Ent Platform Name: METAVANCE	Customer: 704060	Type of Customer: ENTERPRISE
Enterprise Customer: 704060	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: NORTHERN KENTUCKY UNIVERSITY	Benefit Plan: SFNKUH16	Reporting Level: CUST-BEN
Src Platform Name: METAVANCE	Group Number: 704060	From Date: 10-01-2019
Src Customer Name: NORTHERN KENTUCKY UNIVERSITY	MTV Ben/CAS Subgrp: SFNKUH16	To Date: 09-30-2021
Division Name: ALL SOURCE DIVISIONS SELECTED	Product Line: MEDICAL	As of Date: 11-30-2021

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2019	259	88	78	183	608	1,380	17,547	479,969	189,268	669,237
11-2019	257	88	78	184	607	1,382	17,518	340,303	207,278	547,580
12-2019	254	88	77	182	601	1,373	17,345	636,928	178,144	815,072
01-2020	0	0	0	0	0	0	0	196,005	-10,416	185,590
02-2020	0	0	0	0	0	0	0	127,495	0	127,495
03-2020	0	0	0	0	0	0	0	1,061	0	1,061
04-2020	0	0	0	0	0	0	0	6,165	0	6,165
05-2020	0	0	0	0	0	0	0	-1,887	0	-1,887
06-2020	0	0	0	0	0	0	0	721	-93	628
07-2020	0	0	0	0	0	0	0	-1,303	0	-1,303
08-2020	0	0	0	0	0	0	0	2,410	0	2,410
09-2020	0	0	0	0	0	0	0	17,681	0	17,681
	770	264	233	549	1,816	4,135	52,410	1,805,548	564,181	2,369,729

**Total Cost PMPM\*: 573.09**  
**Premium PMPM: 12.67**

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2020	0	0	0	0	0	0	0	2,212	1	2,213
11-2020	0	0	0	0	0	0	0	1,534	0	1,534
12-2020	0	0	0	0	0	0	0	5,281	0	5,281
01-2021	0	0	0	0	0	0	0	967	0	967
02-2021	0	0	0	0	0	0	0	697	0	697
03-2021	0	0	0	0	0	0	0	-1,848	0	-1,848
04-2021	0	0	0	0	0	0	0	-7,082	0	-7,082
05-2021	0	0	0	0	0	0	0	1,635	0	1,635
06-2021	0	0	0	0	0	0	0	872	0	872
07-2021	0	0	0	0	0	0	0	-207	0	-207
08-2021	0	0	0	0	0	0	0	7,536	0	7,536
09-2021	0	0	0	0	0	0	0	1,367	0	1,367
	0	0	0	0	0	0	0	12,964	1	12,965

**Total Cost PMPM\*: 0.00**  
**Premium PMPM: 0.00**



# EDW Underwriting Reporting

## Premium & Claims Summary Report – Paid Basis

Enterprise Platform: EM	Platform: EM	Financial Product: ASO
Ent Platform Name: METAVANCE	Customer: 704060	Type of Customer: ENTERPRISE
Enterprise Customer: 704060	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: NORTHERN KENTUCKY UNIVERSITY	Benefit Plan: SFNKUH18	Reporting Level: CUST-BEN
Src Platform Name: METAVANCE	Group Number: 704060	From Date: 10-01-2019
Src Customer Name: NORTHERN KENTUCKY UNIVERSITY	MTV Ben/CAS Subgrp: SFNKUH18	To Date: 09-30-2021
Division Name: ALL SOURCE DIVISIONS SELECTED	Product Line: MEDICAL	As of Date: 11-30-2021

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2019	53	8	5	11	77	120	2,222	168,310	67,913	236,223
11-2019	54	8	5	11	78	122	2,251	64,026	44,080	108,106
12-2019	57	8	5	11	81	125	2,338	70,181	77,770	147,951
01-2020	0	0	0	0	0	0	0	50,242	0	50,242
02-2020	0	0	0	0	0	0	0	1,882	0	1,882
03-2020	0	0	0	0	0	0	0	645	0	645
04-2020	0	0	0	0	0	0	0	209	0	209
05-2020	0	0	0	0	0	0	0	13	0	13
06-2020	0	0	0	0	0	0	0	21	0	21
08-2020	0	0	0	0	0	0	0	-1,929	0	-1,929
09-2020	0	0	0	0	0	0	0	733	0	733
	164	24	15	33	236	367	6,811	354,333	189,763	544,096
								<b>Total Cost PMPM*:</b>		<b>1,482.55</b>
								<b>Premium PMPM:</b>		<b>18.56</b>

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2020	0	0	0	0	0	0	0	-1,174	0	-1,174
11-2020	0	0	0	0	0	0	0	119	0	119
12-2020	0	0	0	0	0	0	0	0	0	0
01-2021	0	0	0	0	0	0	0	32	0	32
02-2021	0	0	0	0	0	0	0	42	0	42
04-2021	0	0	0	0	0	0	0	-2,860	0	-2,860
05-2021	0	0	0	0	0	0	0	31	0	31
06-2021	0	0	0	0	0	0	0	8	0	8
	0	0	0	0	0	0	0	-3,801	0	-3,801
								<b>Total Cost PMPM*:</b>		<b>0.00</b>
								<b>Premium PMPM:</b>		<b>0.00</b>



# EDW Underwriting Reporting

## Premium & Claims Summary Report – Paid Basis

Enterprise Platform: EM	Platform: EM	Financial Product: ASO
Ent Platform Name: METAVANCE	Customer: 704060	Type of Customer: ENTERPRISE
Enterprise Customer: 704060	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: NORTHERN KENTUCKY UNIVERSITY	Benefit Plan: SFNKUN15	Reporting Level: CUST-BEN
Src Platform Name: METAVANCE	Group Number: 704060	From Date: 10-01-2019
Src Customer Name: NORTHERN KENTUCKY UNIVERSITY	MTV Ben/CAS Subgrp: SFNKUN15	To Date: 09-30-2021
Division Name: ALL SOURCE DIVISIONS SELECTED	Product Line: MEDICAL	As of Date: 11-30-2021

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2019	192	67	37	35	331	559	9,553	607,865	199,438	807,303
11-2019	191	67	38	35	331	560	9,553	463,171	184,132	647,303
12-2019	190	66	38	35	329	557	9,495	436,852	206,689	643,541
01-2020	0	0	0	0	0	0	0	240,643	-7,265	233,378
02-2020	0	0	0	0	0	0	0	26,452	0	26,452
03-2020	0	0	0	0	0	0	0	947	0	947
04-2020	0	0	0	0	0	0	0	33,139	0	33,139
05-2020	0	0	0	0	0	0	0	2,119	0	2,119
06-2020	0	0	0	0	0	0	0	3,561	0	3,561
07-2020	0	0	0	0	0	0	0	-562	0	-562
08-2020	0	0	0	0	0	0	0	-1,144	-149	-1,293
09-2020	0	0	0	0	0	0	0	1,151	0	1,151
	573	200	113	105	991	1,676	28,600	1,814,194	582,845	2,397,039

**Total Cost PMPM\*: 1,430.21**  
**Premium PMPM: 17.06**

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2020	0	0	0	0	0	0	0	-5,826	1	-5,825
11-2020	0	0	0	0	0	0	0	37	0	37
12-2020	0	0	0	0	0	0	0	-2,113	0	-2,113
01-2021	0	0	0	0	0	0	0	-621	0	-621
02-2021	0	0	0	0	0	0	0	-317	0	-317
03-2021	0	0	0	0	0	0	0	-1,716	0	-1,716
04-2021	0	0	0	0	0	0	0	17,927	0	17,927
05-2021	0	0	0	0	0	0	0	2,082	0	2,082
06-2021	0	0	0	0	0	0	0	1,108	0	1,108
07-2021	0	0	0	0	0	0	0	-34	0	-34
08-2021	0	0	0	0	0	0	0	-923	0	-923
09-2021	0	0	0	0	0	0	0	-101	0	-101
	0	0	0	0	0	0	0	9,504	1	9,504

**Total Cost PMPM\*: 0.00**  
**Premium PMPM: 0.00**



# EDW Underwriting Reporting

## Premium & Claims Summary Report – Paid Basis

Enterprise Platform: EM	Platform: EM	Financial Product: ASO
Ent Platform Name: METAVANCE	Customer: 704060	Type of Customer: ENTERPRISE
Enterprise Customer: 704060	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: NORTHERN KENTUCKY UNIVERSITY	Benefit Plan: SFNKUN20	Reporting Level: CUST-BEN
Src Platform Name: METAVANCE	Group Number: 704060	From Date: 10-01-2019
Src Customer Name: NORTHERN KENTUCKY UNIVERSITY	MTV Ben/CAS Subgrp: SFNKUN20	To Date: 09-30-2021
Division Name: ALL SOURCE DIVISIONS SELECTED	Product Line: MEDICAL	As of Date: 11-30-2021

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
01-2020	187	64	39	30	320	535	14,086	161,079	0	161,079
02-2020	190	63	37	30	320	532	14,086	250,857	0	250,857
03-2020	189	63	37	30	319	531	14,042	410,125	0	410,125
04-2020	186	63	38	30	317	530	13,954	628,729	0	628,729
05-2020	185	62	38	30	315	527	13,866	336,676	0	336,676
06-2020	184	62	37	30	313	522	13,778	475,407	0	475,407
07-2020	178	60	38	29	305	510	13,426	344,487	0	344,487
08-2020	177	60	39	29	305	514	13,426	656,813	0	656,813
09-2020	177	61	39	28	305	512	13,426	378,283	0	378,283
	1,653	558	342	266	2,819	4,713	124,092	3,642,455	0	3,642,455
<b>Total Cost PMPM*: 772.85</b>										
<b>Premium PMPM: 26.33</b>										

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2020	182	61	39	28	310	517	13,646	326,547	0	326,547
11-2020	182	61	38	28	309	513	87	305,741	0	305,741
12-2020	183	59	38	28	308	510	13,558	484,312	0	484,312
01-2021	190	59	34	26	309	500	13,602	295,159	0	295,159
02-2021	191	58	34	27	310	505	13,646	369,365	0	369,365
03-2021	191	58	34	27	310	505	13,646	336,035	0	336,035
04-2021	188	58	33	27	306	500	13,470	312,782	0	312,782
05-2021	189	57	33	28	307	502	13,514	356,710	0	356,710
06-2021	189	56	33	29	307	501	13,514	565,219	0	565,219
07-2021	189	54	33	30	306	500	13,470	510,325	0	510,325
08-2021	188	54	33	30	305	499	13,426	434,941	0	434,941
09-2021	185	54	33	30	302	496	13,294	863,998	0	863,998
	2,247	689	415	338	3,689	6,048	148,874	5,161,134	0	5,161,134
<b>Total Cost PMPM*: 853.36</b>										
<b>Premium PMPM: 24.62</b>										





# EDW Underwriting Reporting

## Premium & Claims Summary Report – Paid Basis

Enterprise Platform: EM	Platform: LV	Financial Product: ASO
Ent Platform Name: METAVANCE	Customer: 259166	Type of Customer: ENTERPRISE
Enterprise Customer: 704060	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: NORTHERN KENTUCKY UNIVERSITY	Benefit Plan: 001	Reporting Level: CUST-BEN
Src Platform Name: LOUISVILLE	Group Number: 259166	From Date: 10-01-2019
Src Customer Name: NORTHERN KENTUCKY UNIVERSITY	MTV Ben/CAS Subgrp: 001	To Date: 09-30-2021
Division Name: ALL SOURCE DIVISIONS SELECTED	Product Line: MEDICAL	As of Date: 11-30-2021

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2019	124	28	30	48	230	446	6,753	154,027	35,111	189,138
11-2019	124	27	31	46	228	438	6,694	166,004	25,267	191,270
12-2019	125	27	31	45	228	436	6,694	111,338	31,480	142,817
01-2020	127	32	29	48	236	451	10,389	77,473	-5,259	72,214
02-2020	124	32	29	48	233	448	10,257	90,680	0	90,680
03-2020	122	30	30	51	233	457	10,257	242,381	-280	242,101
04-2020	121	30	30	51	232	457	10,213	101,456	-1,240	100,217
05-2020	123	30	29	53	235	464	10,345	86,473	0	86,473
06-2020	122	30	29	53	234	464	10,301	176,655	0	176,655
07-2020	123	27	28	54	232	460	10,213	178,075	0	178,075
08-2020	122	28	30	53	233	463	10,257	111,111	-4,962	106,149
09-2020	125	30	31	52	238	473	10,477	106,888	0	106,888
	<b>1,482</b>	<b>351</b>	<b>357</b>	<b>602</b>	<b>2,792</b>	<b>5,457</b>	<b>112,847</b>	<b>1,602,559</b>	<b>80,116</b>	<b>1,682,675</b>

**Total Cost PMPM\*: 308.35**  
**Premium PMPM: 20.68**

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

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2020	129	30	32	52	243	480	10,697	177,379	-269	177,110
11-2020	130	30	32	51	243	478	134	123,033	0	123,033
12-2020	131	30	32	51	244	479	10,741	120,876	0	120,876
01-2021	142	32	35	56	265	520	11,665	87,342	0	87,342
02-2021	144	32	34	57	267	523	11,753	91,650	0	91,650
03-2021	142	32	34	56	264	518	11,621	76,911	0	76,911
04-2021	142	31	34	58	265	523	11,709	101,887	0	101,887
05-2021	141	32	33	57	263	518	11,577	77,566	0	77,566
06-2021	141	32	35	58	266	529	11,709	153,419	0	153,419
07-2021	140	32	36	55	263	519	11,577	177,486	0	177,486
08-2021	138	30	36	53	257	507	11,269	151,859	0	151,859
09-2021	137	30	36	54	257	509	11,313	175,223	0	175,223
	<b>1,657</b>	<b>373</b>	<b>409</b>	<b>658</b>	<b>3,097</b>	<b>6,103</b>	<b>125,767</b>	<b>1,514,632</b>	<b>-269</b>	<b>1,514,363</b>

**Total Cost PMPM\*: 248.13**  
**Premium PMPM: 20.61**