

COUNTY OF EL PASO MONTHLY AGGREGATE REPORT

Stop Loss Carrier: Kanawha Insurance Company
Plan Year: 01/01/2008-12/31/2008
Contract: 27/12 (Incurred/Paid)
Aggregate Factor: *Medical, Rx (prescriptions)

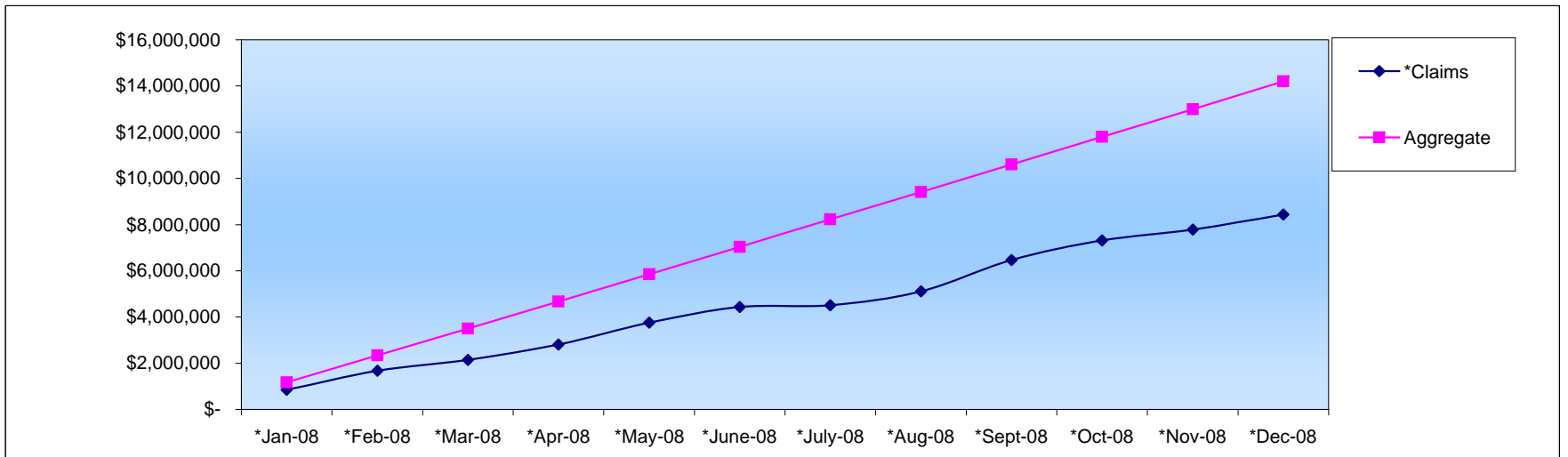
Single Factor: \$ 328.82
Family Factor: \$ 887.22
Specific Deductible: \$ 225,000
Current Month: Dec-08
(Incurred 10/01/2006 - 12/31/2008)
(Paid 01/01/2008 - 12/31/2008)

*Prescription figure updated received pending information from PBM-Aetna.

-Prescription figure not reflected due to pending information from PBM-AETNA; once information received data will be updated accordingly.

Paid Month	EE/Only Count (Single Factor)	EE/DEP Count (Family Factor)	Monthly *Claims w/o Specific Adj.	Year to Date *Claims Including Specific Adj.	Monthly Aggregate	Over Specific (Filing)	Year to Date Aggregate	Year to Date *Claims % of Agg
*Jan-08	1508	755	\$ 852,761.33	\$ 852,761.33	\$ 1,165,711.66	\$ -	\$ 1,165,711.66	0.73
*Feb-08	1502	761	\$ 825,917.13	\$ 1,678,678.46	\$ 1,169,062.06	\$ -	\$ 2,334,773.72	0.72
*Mar-08	1504	760	\$ 462,761.65	\$ 2,141,440.11	\$ 1,168,832.48	\$ -	\$ 3,503,606.20	0.61
*Apr-08	1508	757	\$ 671,767.70	\$ 2,813,207.81	\$ 1,167,486.10	\$ -	\$ 4,671,092.30	0.60
*May-08	1541	762	\$ 946,844.80	\$ 3,760,052.61	\$ 1,182,773.26	\$ -	\$ 5,853,865.56	0.64
*June-08	1541	759	\$ 668,222.28	\$ 4,428,274.89	\$ 1,180,111.60	\$ -	\$ 7,033,977.16	0.63
*July-08	1550	769	\$ 185,851.77	\$ 4,510,686.25	\$ 1,191,943.18	\$ 103,440.41	\$ 8,225,920.34	0.55
*Aug-08	1536	768	\$ 595,391.56	\$ 5,106,053.15	\$ 1,186,452.48	\$ 24.66	\$ 9,412,372.82	0.54
*Sept-08	1537	778	\$ 1,377,509.55	\$ 6,470,377.68	\$ 1,195,653.50	\$ 13,185.02	\$ 10,608,026.32	0.61
*Oct-08	1539	779	\$ 859,266.12	\$ 7,316,243.41	\$ 1,197,198.36	\$ 13,400.39	\$ 11,805,224.68	0.62
*Nov-08	1540	774	\$ 465,447.47	\$ 7,780,726.16	\$ 1,193,091.08	\$ 964.72	\$ 12,998,315.76	0.60
*Dec-08	1547	783	\$ 655,368.03	\$ 8,433,101.75	\$ 1,203,377.80	\$ 2,992.44	\$ 14,201,693.56	0.59

	Average		Average		Average	Total	
	1529		\$ 713,925.78		\$ 1,183,474.46	\$ 134,007.64	



Formulary:

Monthly Aggregate: (Composite Factor) x (Employee Census Ct)

HealthSCOPE Benefits, Inc
005 D-AGGREGATE 2008.xls

COUNTY OF EL PASO MONTHLY AGGREGATE REPORT

Stop Loss Carrier: Kanawha Insurance Company

Plan Year: 01/01/2008-12/31/2008

Contract: 27/12

Aggregate Factor: *Dental

Single Factor: \$ 21.88

Family Factor: \$ 59.03

Specific Deductible: \$ 225,000

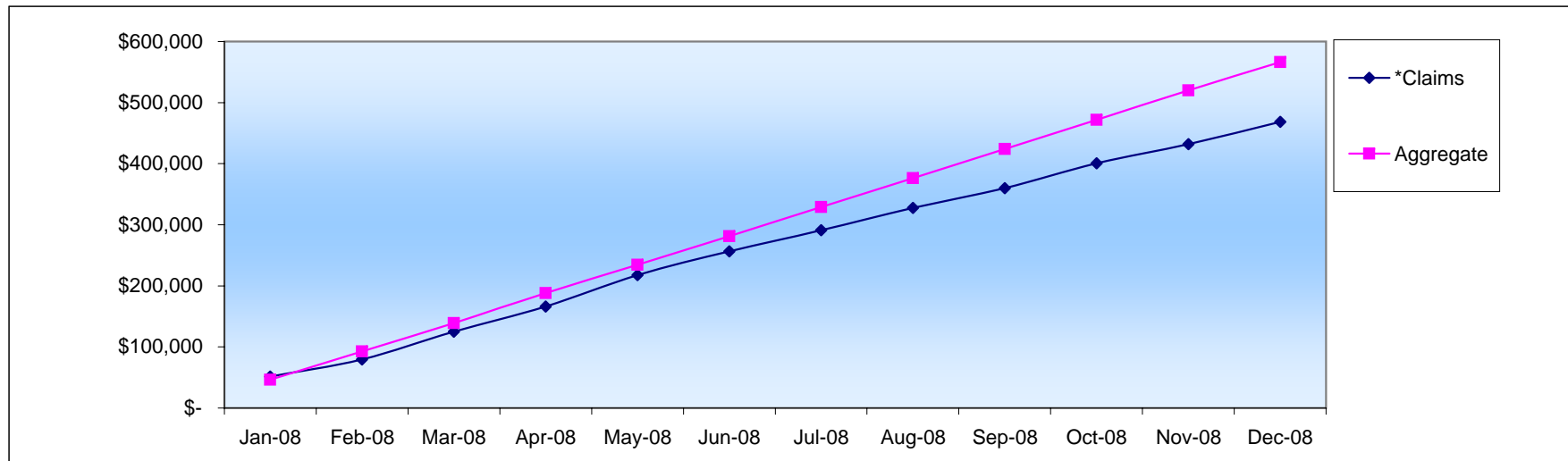
Current Month: Dec-08

(Incurred 10/01/2006 - 12/31/2008)

(Paid 01/01/2008 - 12/31/2008)

Paid Month	EE/Only Count (Single Factor)	EE/DEP Count (Family Factor)	Monthly *Claims w/o Specific Adj.	Year to Date *Claims Including Specific Adj.	Monthly Aggregate	Over Specific (Filing)	Year to Date Aggregate	Year to Date *Claims % of Agg
Jan-08	943	437	\$ 51,481.10	\$ 51,481.10	\$ 46,428.95	\$ -	\$ 46,428.95	1.11
Feb-08	945	433	\$ 28,200.67	\$ 79,681.77	\$ 46,236.59	\$ -	\$ 92,665.54	0.86
Mar-08	939	434	\$ 45,132.61	\$ 124,814.38	\$ 46,164.34	\$ -	\$ 138,829.88	0.90
Apr-08	984	468	\$ 41,240.45	\$ 166,054.83	\$ 49,155.96	\$ -	\$ 187,985.84	0.88
May-08	961	435	\$ 51,653.20	\$ 217,708.03	\$ 46,704.73	\$ -	\$ 234,690.57	0.93
Jun-08	959	435	\$ 38,928.39	\$ 256,636.42	\$ 46,660.97	\$ -	\$ 281,351.54	0.91
Jul-08	968	445	\$ 34,389.46	\$ 291,025.88	\$ 47,448.19	\$ -	\$ 328,799.73	0.89
Aug-08	950	451	\$ 36,702.10	\$ 327,727.98	\$ 47,408.53	\$ -	\$ 376,208.26	0.87
Sep-08	959	454	\$ 32,383.55	\$ 360,111.53	\$ 47,782.54	\$ -	\$ 423,990.80	0.85
Oct-08	962	456	\$ 40,391.38	\$ 400,502.91	\$ 47,966.24	\$ -	\$ 471,957.04	0.85
Nov-08	961	459	\$ 31,274.52	\$ 431,777.43	\$ 48,121.45	\$ -	\$ 520,078.49	0.83
Dec-08	923	438	\$ 36,865.59	\$ 468,643.02	\$ 46,050.38	\$ -	\$ 566,128.87	0.83

	Average		Average		Average	Total	
	955		\$ 39,053.59		\$ 47,177.41	\$ -	



Formulary:

Monthly Aggregate: (Composite Factor) x (Employee Census Ct)

HealthSCOPE Benefits, Inc
005 D-AGGREGATE 2008.xls

HealthSCOPE Benefits
Reinsurance Report

County of El Paso										
January 1, 2009										
Specific Deductible: \$225,000			Aggregate Corridor: 125%			Medical Composite Factor		\$411.39		
Incurred & Paid: 15/12			Incurred and Paid: 15/12			Dental Composite Factor		\$45.95		
Covered Benefits: Medical/Rx			Covered Benefits: Medical, Dental and Rx			Minimum Attachment Point: \$12,344,744				
Month and Year	Medical Eligible Employees - Single	Medical Eligible Employees - Family	Dental Eligible Employees - Single	Dental Eligible Employees - Family	Attachment Point	Monthly Medical and Rx Paid Claims	Dental Paid Claims	Total Medical, Dental and Rx	Specific Reimbursements Requested	Total Less Specific Reimbursement Requested
January-09	2,340		1,438		\$1,028,728.70	\$892,770.82	\$30,800.23	\$923,571.05	\$0.00	\$923,571.05
February-09	2,342		1,443		\$1,029,781.23	\$738,395.82	\$29,107.38	\$767,503.20	\$0.00	\$767,503.20
March-09	2,362		1,454		\$1,038,514.48	\$872,767.98	\$54,106.80	\$926,874.78	\$0.00	\$926,874.78
April-09	2,408		1,507		\$1,059,873.77	\$309,277.43	\$51,881.12	\$361,158.55	\$0.00	\$361,158.55
May-09	2,467		1,521		\$1,084,789.08	\$1,095,086.20	\$48,001.35	\$1,143,087.55	\$0.00	\$1,143,087.55
June-09	2,441		1,528		\$1,074,414.59	\$904,464.37	\$42,841.97	\$947,306.34	\$0.00	\$947,306.34
July-09	1,592	840	1,010	509	\$1,070,298.53	\$908,839.18	\$46,722.48	\$955,561.66	\$0.00	\$955,561.66
August-09	1,596	837	1,018	507	\$1,070,985.62	\$721,837.58	\$38,140.21	\$759,977.79	\$0.00	\$759,977.79
September-09	1,580	842	1,008	508	\$1,066,046.78	\$1,062,048.83	\$40,463.26	\$1,102,512.09	\$0.00	\$1,102,512.09
October-09	1,564	839	987	500	\$1,056,897.82	\$1,605,230.44	\$18,256.28	\$1,623,486.72	\$306,138.36	\$1,317,348.36
November-09	1,571	838	992	498	\$1,059,504.01	\$1,147,115.81	\$23,934.79	\$1,171,050.60	\$49,689.60	\$1,121,361.00
December-09	1,570	840	986	502	\$1,059,823.50	\$1,406,262.26	\$70,653.23	\$1,476,915.49	\$148,922.73	\$1,327,992.76
Total	23,833	5,036	14,892	3,024	\$12,699,658.11	\$11,664,096.72	\$494,909.10	\$12,159,005.82	\$504,750.69	\$11,654,255.13
Average	2,125	840	1,325	508		\$972,008	\$41,242	\$876,395	\$0.00	\$876,395
PEPM						\$489.41	\$33.23			

HealthSCOPE Benefits
Reinsurance Report

County of El Paso						
Claims in Excess of 50% of the Specific Deductible Individual RX card amounts included						
Month & Year	Patient Name	Paid Medical Claims YTD	Amount in Excess of Specific Deductible			Diagnosis
1		\$150,441.93				Aortic Valve Disorder / Pneumonia
2		\$168,673.96				Congestive Heart Failure
3		\$138,652.52				Septicemia
4		\$220,640.72				End Stage Renal Disease
5		\$252,303.00	\$27,303.00			Malignant Neoplasm of Colon
6		\$149,786.69				Regional Enteritis Large Intestine
7		\$543,639.75	\$318,639.75			Coarctation of Aorta
8		\$270,236.61	\$45,236.61			Chronic Kidney Disease / Hematoma complication a proc
9		\$134,656.79				196.2 - MAL NEO LYMPH INTRA-ABD
10		\$338,571.33	\$113,571.33			3489 Other Unspec Conditions of Brain
11		\$151,210.24				99678 Other Complications of Internal Prosthetic Device

** Disclaimer **

The reports provided are for informational purposes only. The numbers in the reports may change at any time due to adjustments to claims or enrollment. Specific claim amounts noted in the reports cannot be used to calculate actual reimbursement. Aggregate paid claims cannot be used to calculate actual reimbursement.

The reports contain PHI. The information may only be viewed by the plan sponsor or the employer and the employer's agents, employee and representative who have a need to know that all such parties: (a) have been instructed to safeguard Disclosed Information; (b) use Disclosed Information solely for the purpose for which the information is intended; (c) acknowledge that all Disclosed Information remains the sole and exclusive property of the TPA and/or its present, future and potential client; (d) will not further release any Disclosed Information to any third party without the prior written consent of the TPA; and (e) will comply with all the requirements of HIPAA's Privacy Rules and

All parties agree that all information disclosed by the TPA is confidential and proprietary to the TPA and/or its client, broker or consultant, including but not limited to: (a) Names of such client; (b) details of such client's health benefit plans; (c) "Individually Identifiable Health Information" and "Protected Health Information" [as those terms are defined in the Department of Health & Human Services regulations, Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 160 & Part 164, Subparts A & E(the "Privacy Rules"), under the Health Insurance Portability & Accountability Act of 1996 (HIPAA)]; (d) such client's claim data; and (e) HSB' and/or such client's financial & technical information (Disclosed Information).

County of El Paso										
January 1, 2010										
Specific Deductible: \$225,000			Aggregate Corridor: 125%			Medical Composite Factor			\$505.64	
Incurred & Paid: 27/12			Incurred and Paid: 27/12			Dental Composite Factor			\$36.76	
Covered Benefits: Medical/Rx			Covered Benefits: Medical, Dental and Rx			Minimum Attachment Point: \$10,515,424				
Month and Year	Medical Eligible Employees - Single	Medical Eligible Employees - Family	Dental Eligible Employees - Single	Dental Eligible Employees - Family	Attachment Point	Monthly Medical and Rx Paid Claims	Dental Paid Claims	Total Medical, Dental and Rx	Specific Reimbursements Requested	Total Less Specific Reimbursement Requested
January-10	1,530	903	954	560	\$1,285,876.76	\$1,073,016.80	\$51,959.09	\$1,124,975.89	\$0.00	\$1,124,975.89
February-10	1,531	899	949	554	\$1,283,955.48	\$946,400.41	\$47,816.87	\$994,217.28	\$0.00	\$994,217.28
March-10	1,524	893	943	551	\$1,277,051.32	\$1,350,275.59	\$51,355.02	\$1,401,630.61	\$77,832.46	\$1,323,798.15
April-10	1,529	899	942	550	\$1,282,539.84	\$999,256.02	\$43,477.26	\$1,042,733.28	\$14,183.49	\$1,028,549.79
May-10	1,519	901	935	548	\$1,278,163.88	\$876,305.97	\$56,184.36	\$932,490.33	\$12,211.22	\$920,279.11
June-10	1,521	894	932	546	\$1,275,451.88	\$931,362.00	\$43,685.65	\$975,047.65	\$9,498.27	\$965,549.38
July-10	1,534	903	927	542	\$1,286,245.12	\$946,179.66	\$42,807.99	\$988,987.65	\$7,863.43	\$981,124.22
August-10	1,525	900	925	541	\$1,280,067.16	\$903,819.14	\$42,365.40	\$946,184.54	\$5,117.76	\$941,066.78
September-10	1,508	893	914	530	\$1,267,123.08	\$1,818,186.37	\$36,221.98	\$1,854,408.35	\$127,380.33	\$1,727,028.02
October-10					\$0.00					\$0.00
November-10					\$0.00					\$0.00
December-10					\$0.00					\$0.00
Total	13,721	8,085	8,421	4,922	\$11,516,474.52	\$9,844,801.96	\$415,873.62	\$10,260,675.58	\$254,086.96	\$10,006,588.62
Average	1,525	898	936	547		\$1,093,867	\$46,208	\$1,140,075	\$28,231.88	\$1,111,843
PEPM						\$451.47	\$31.17			

County of El Paso						
Claims in Excess of 50% of the Specific Deductible						
Individual RX card amounts included						
Month & Year	Patient Name	Paid Medical Claims YTD	Amount in Excess of Specific Deductible	Per Month		Diagnosis
Jan-10						
Feb-10		\$138,990.11				996.49 - MECH COM ORTH DEV NEC
Mar-10		\$160,053.57				996.49 - MECH COM ORTH DEV NEC
		\$302,832.46	\$77,832.46	\$77,832.46		345.51 LOCALIZATION-RELATED EPILEPSY AND EPILEPTIC
Apr-10		\$218,229.93				996.49 - MECH COM ORTH DEV NEC
		\$317,015.95	\$92,015.95	\$14,183.49		345.51 LOCALIZATION-RELATED EPILEPSY AND EPILEPTIC
May-10		\$236,736.22	\$11,736.22	\$11,736.22		996.49 - MECH COM ORTH DEV NEC
		\$317,490.95	\$92,490.95	\$475.00		345.51 LOCALIZATION-RELATED EPILEPSY AND EPILEPTIC
Jun-10		\$319,042.95	\$94,042.95	\$1,552.00		345.51 LOCALIZATION-RELATED EPILEPSY AND EPILEPTIC
		\$244,682.49	\$19,682.49	\$7,946.27		996.49 - MECH COM ORTH DEV NEC
Jul-10		\$321,251.64	\$96,251.64	\$2,208.69		345.51 LOCALIZATION-RELATED EPILEPSY AND EPILEPTIC
		\$250,337.23	\$25,337.23	\$5,654.74		996.49 - MECH COM ORTH DEV NEC
Aug-10		\$321,600.25	\$96,600.25	\$348.61		345.51 LOCALIZATION-RELATED EPILEPSY AND EPILEPTIC
		\$255,106.38	\$30,106.38	\$4,769.15		996.49 - MECH COM ORTH DEV NEC
Sep-10		\$125,538.09				410.7 SUBENDOCARDIAL INFARCTION
		\$321,911.25	\$96,911.25	\$311.00		345.51 LOCALIZATION-RELATED EPILEPSY AND EPILEPTIC
		\$352,069.33	\$127,069.33	\$127,069.33		787.20 DYSPHAGIA, UNSPECIFIED
		\$200,237.60				710.0 SYSTEMIC LUPUS ERYTHEMATOSUS
		\$255,106.38	\$30,106.38			996.49 - MECH COM ORTH DEV NEC

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