

**Kentucky Employees' Health Plan – Status Report**  
**4th Quarter, 2020**  
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**1. Current Trust Fund Balance:**

As of December 30, 2020, the balance of the self-insurance trust fund was \$361,700,384.83, which includes accounting for the 2006–2020 plan years, including reserves for Healthcare Reimbursement Arrangements (HRA) and Flexible Spending Accounts (FSA). Along with the detailed transactions, summary reports for each plan year, as well as a combined summary, have been provided.

**2-5. Detailed Description of Trust Fund Transactions:**

Detailed transactions of the trust fund are contained in **Attachment A**. Monthly detailed transaction reports have been provided to the Legislative Research Commission. A month-by-month summary of the trust fund accounting by premiums, interest income, drug rebates, claims, and ASO fees is included as **Attachment B**.

**6. Current Enrollment Data:**

Charts detailing the number of employees and the number of covered lives under the plan are included as **Attachment C**. The totals shown reflect the same information as provided in the previous report, updated to include the most recent quarter's data.

**7. Additional Information Provided by the Secretary of the Personnel Cabinet:**

No additional information has been requested for inclusion in this report.

**8. Additional Information as Requested by the Committee:**

No additional information has been requested by the Committee for inclusion in this report.

**9. Additional reports provided for Second and Fourth quarter reports:**

**a. A projection of medical claims incurred but not reported that are considered liabilities to the trust fund:**

KEHP's actuarial consultant, Aon has compiled a statement of medical claims incurred but not yet reported (IBNR). This report is included as **Attachment D**.

**b. A statement of any other trust fund liabilities:**

A statement of other trust fund liabilities for the fiscal year ending June 30, 2020 was filed with the annual financial statement for the Kentucky Employees' Health Plan.

**c. A detailed calculation of premium rates including base claims, trend assumptions, administrative fees and any benefit and plan changes:**

As required by KRS 18A.2254(1)(a), premium rates for the 2021 Plan Year were set forth in the 2021 KEHP Benefits Selection Guide, which was filed as a part of and appended to 101 KAR 2:210 on September 15, 2020.

**d. A detailed description of the current in-state and out-of-state networks provided under the plan:**

Due to the addition of new providers and termination of established providers, provider networks change on a continuous basis and printed directories are often obsolete. As a

result, KEHP's Medical Third Party Administrator (TPA) Anthem advocates the use of their on-line provider directories, and updates them at least weekly. The link to Anthem's [Find A Doctor](#) provides the capability to search for a provider based on provider type and location. Anthem's dedicated KEHP Customer Service Center can provide additional assistance in locating a participating provider by calling 1-844-402-KEHP (5347). As of the date of this report, notwithstanding normal provider contracting activities, there are no proposed network changes.

**e. Specific data regarding the TPA and program administrator performance, including:**

**i. Results or outcomes of disease management and wellness programs, case management audits, and member communication and education:**

**Attachment E** contains results and outcomes based on engagement in the numerous disease management and wellness programs offered by KEHP. Our disease management provider, Anthem, and our wellness program administrator, StayWell, aggregate the information for this report.

**ii. Attachment E** also details the education, engagement, and communications efforts undertaken by the Department of Employee Insurance in administering the KEHP on behalf of the Personnel Cabinet.

**iii. Comparison of actual measurable results to contract performance guarantees:**

A listing of operational performance guarantees of KEHP's Third Party Administrator, Anthem, are included as **Attachment F**. As of the date of this report, Anthem's performance guarantee analysis is not complete. Results for 2020 will be included as part of the 1<sup>st</sup> Quarter 2021 Trust Fund Report

Contract performance results of KEHP's Pharmacy Benefits Manager (PBM), CVS Caremark, are included in this report as **Attachment G**. CVS met all performance guarantees for the quarter.

Contract performance results of KEHP's HRA/FSA/COBRA Benefits Manager, HealthEquity, (formerly known as WageWorks) are included in this report as **Attachment H**. HealthEquity met all performance guarantees for the quarter.

A listing of operational performance guarantees of KEHP's Wellness Benefits Manager, StayWell, are included in this report as **Attachment I**. Metrics for Risk Profile Improvement and Customer Service were not applied in 2020 because of the data breach on the StayWell platform and the subsequent remediation and movement to the WebMD platform. StayWell met all other performance guarantees for 2020

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**OCTOBER 2020 COMBINED TRANSACTION REPORT**

<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>LRC Code</b>	<b>LRC Description</b>	<b>Plan Year</b>
	<b><u>Beginning Balance</u></b>	<b><u>\$392,138,926.44</u></b>			
10/12/2020	Claims 2016	344.25	210	Medical Claims - Anthem	2016
10/19/2020	Claims 2016	5,264.36	210	Medical Claims - Anthem	2016
10/5/2020	Claims 2017	(9,235.65)	210	Medical Claims - Anthem	2017
10/12/2020	Claims 2017	(203.47)	210	Medical Claims - Anthem	2017
10/19/2020	Claims 2017	10,211.89	210	Medical Claims - Anthem	2017
10/26/2020	Claims 2017	(14,243.02)	210	Medical Claims - Anthem	2017
10/2/2020	Claims 2017	(345.05)	310	Pharmacy Claims - CVS	2017
10/5/2020	Claims 2018	99,649.15	210	Medical Claims - Anthem	2018
10/12/2020	Claims 2018	(5,960.55)	210	Medical Claims - Anthem	2018
10/19/2020	Claims 2018	(346,271.81)	210	Medical Claims - Anthem	2018
10/26/2020	Claims 2018	9,997.36	210	Medical Claims - Anthem	2018
10/28/2020	Unclaimed Property- HRA Select 2018	(3,325.80)	213	HRA Embedded Claims - Wage Works	2018
10/28/2020	Unclaimed Property- HRA Waiver 2018	(2,667.41)	214	HRA Waiver Claims - Wage Works	2018
10/28/2020	Unclaimed Property- HRA Waiver D/V 2018	(31.49)	214	HRA Waiver Claims - Wage Works	2018
10/2/2020	Claims 2018	3,559.33	310	Pharmacy Claims - CVS	2018
10/16/2020	2nd quarter 2020 CVS rebate	64,670.35	121	Drug Rebates - CVS	2019
10/5/2020	Claims 2019	12,384.79	210	Medical Claims - Anthem	2019
10/12/2020	Claims 2019	(82,718.40)	210	Medical Claims - Anthem	2019
10/19/2020	Claims 2019	(109,113.42)	210	Medical Claims - Anthem	2019
10/26/2020	Claims 2019	(50,532.01)	210	Medical Claims - Anthem	2019
10/2/2020	Claims 2019	(291.40)	310	Pharmacy Claims - CVS	2019
10/7/2020	HRA Select 2019	(500.00)	213	HRA Embedded Claims - Wage Works	2019
10/15/2020	Claims 2019	(344.15)	310	Pharmacy Claims - CVS	2019
11/4/2020	Interest Income	765.30	110	Interest Income	2020
10/12/2020	HRA Waiver 2020	311,675.00	102	HRA Waiver Contribution	2020
10/12/2020	Health Insurance Premiums 2020	12,693,705.77	101	Premiums	2020
10/26/2020	HRA Waiver 2020	314,387.50	102	HRA Waiver Contribution	2020
10/26/2020	Health Insurance Premiums 2020	12,745,642.55	101	Premiums	2020
10/6/2020	Health Insurance Premiums 2020	721.38	101	Premiums	2020
10/14/2020	HRA Waiver 2020	87.50	102	HRA Waiver Contribution	2020
10/14/2020	Health Insurance Premiums 2020	3,290.11	101	Premiums	2020
10/16/2020	Health Insurance Premiums 2020	(355.47)	101	Premiums	2020
10/29/2020	Health Insurance Premiums 2020	3,307.80	101	Premiums	2020
10/30/2020	Health Insurance Premiums 2020	25.45	101	Premiums	2020
10/9/2020	Longmeyer Restitution Payments	2,000.00	501	Operating Transfer/Exp & Adj	2020
10/2/2020	KCTCS August 2020 health premiums	103,137.61	101	Premiums	2020
10/1/2020	Health Insurance Premiums 2020	52,120.73	101	Premiums	2020
10/5/2020	Health Insurance Premiums 2020	5,557.36	101	Premiums	2020
10/5/2020	CDHPHRA (Embedded)	4,407.95	102	HRA Waiver Contribution	2020
10/5/2020	WDVHRA	560.60	102	HRA Waiver Contribution	2020
10/5/2020	WHRA	4,573.36	102	HRA Waiver Contribution	2020
10/1/2020	Health Insurance Premiums 2020	2,261,916.27	101	Premiums	2020
10/1/2020	HRA Waiver 2020	2,100.00	102	HRA Waiver Contribution	2020
10/1/2020	HRA Waiver Dental/Vision 2020	350.00	102	HRA Waiver Contribution	2020
10/1/2020	KCTCS August 2020 health premiums	18,778.51	101	Premiums	2020
10/2/2020	Health Insurance Premiums 2020	2,628,235.32	101	Premiums	2020
10/2/2020	HRA Waiver 2020	7,000.00	102	HRA Waiver Contribution	2020
10/2/2020	HRA Waiver Dental/Vision 2020	1,925.00	102	HRA Waiver Contribution	2020
10/5/2020	Health Insurance Premiums 2020	774,340.76	101	Premiums	2020
10/5/2020	Health Insurance Premiums 2020	545,019.57	101	Premiums	2020
10/7/2020	Health Insurance Premiums 2020	268,534.50	101	Premiums	2020

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Date	Description	Amount	LRC Code	LRC Description	Plan Year
10/7/2020	HRA Waiver 2020	350.00	102	HRA Waiver Contribution	2020
10/8/2020	Health Insurance Premiums 2020	482,063.52	101	Premiums	2020
10/9/2020	Health Insurance Premiums 2020	237,518.81	101	Premiums	2020
10/9/2020	Health Insurance Premiums 2020	205,991.23	101	Premiums	2020
10/9/2020	HRA Waiver Dental/Vision 2020	350.00	102	HRA Waiver Contribution	2020
10/13/2020	Health Insurance Premiums 2020	168,421.49	101	Premiums	2020
10/13/2020	HRA Waiver 2020	700.00	102	HRA Waiver Contribution	2020
10/13/2020	Health Insurance Premiums 2020	182,107.36	101	Premiums	2020
10/13/2020	HRA Waiver 2020	1,925.00	102	HRA Waiver Contribution	2020
10/13/2020	HRA Waiver Dental/Vision 2020	525.00	102	HRA Waiver Contribution	2020
10/14/2020	Jefferson Co BOE Sept 2020 Health	1,747,335.52	101	Premiums	2020
10/14/2020	KCTCS Sept 2020 health ins	3,150,665.83	101	Premiums	2020
10/14/2020	KCTCS Sept 2020 health premiums	120,489.88	101	Premiums	2020
10/14/2020	Health Insurance Premiums 2020	114,447.66	101	Premiums	2020
10/15/2020	Health Insurance Premiums 2020	117,645.32	101	Premiums	2020
10/15/2020	HRA Waiver 2020	875.00	102	HRA Waiver Contribution	2020
10/15/2020	HRA Waiver Dental/Vision 2020	525.00	102	HRA Waiver Contribution	2020
10/19/2020	Health Insurance Premiums 2020	2,305.43	101	Premiums	2020
10/16/2020	2nd quarter 2020 CVS rebate	41,193,865.00	121	Drug Rebates - CVS	2020
10/16/2020	Health Insurance Premiums 2020	868,598.61	101	Premiums	2020
10/19/2020	Health Insurance Premiums 2020	(26,382.10)	101	Premiums	2020
10/19/2020	Health Insurance Premiums 2020	310,126.55	101	Premiums	2020
10/19/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
10/19/2020	Health Insurance Premiums 2020	136,985.62	101	Premiums	2020
10/19/2020	HRA Waiver 2020	350.00	102	HRA Waiver Contribution	2020
10/19/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
10/21/2020	Health Insurance Premiums 2020	286,844.14	101	Premiums	2020
10/21/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
10/23/2020	Health Insurance Premiums 2020	449,451.92	101	Premiums	2020
10/23/2020	HRA Waiver 2020	2,800.00	102	HRA Waiver Contribution	2020
10/23/2020	HRA Waiver Dental/Vision 2020	1,750.00	102	HRA Waiver Contribution	2020
10/23/2020	Judicial Retirement Sys health insurance premiums 10-2020	3,952.86	101	Premiums	2020
10/23/2020	Legislative Retirement Sys health insurance premiums 10-2020	3,527.22	101	Premiums	2020
10/23/2020	Legislative Retirement Sys health premiums and admin fees 10-2020	26,054.88	101	Premiums	2020
10/28/2020	Health Insurance Premiums 2020	2,289.30	101	Premiums	2020
10/23/2020	Health Insurance Premiums 2020	424,305.08	101	Premiums	2020
10/23/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
10/23/2020	HRA Waiver Dental/Vision 2020	700.00	102	HRA Waiver Contribution	2020
10/26/2020	COBRA premiums August 2020 - WW	129,099.42	101	Premiums	2020
10/26/2020	COBRA premiums Sept 2020 - WW	148,897.95	101	Premiums	2020
10/26/2020	Health Insurance Premiums 2020	338,117.04	101	Premiums	2020
10/26/2020	Health Insurance Premiums 2020	344,984.75	101	Premiums	2020
10/26/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
10/27/2020	Health Insurance Premiums 2020	59,656.38	101	Premiums	2020
10/28/2020	Jefferson Co BOE Oct 2020 Health	1,753,615.91	101	Premiums	2020
10/28/2020	Health Insurance Premiums 2020	543,665.77	101	Premiums	2020
10/28/2020	HRA Waiver 2020	4,550.00	102	HRA Waiver Contribution	2020
10/28/2020	HRA Waiver Dental/Vision 2020	2,712.50	102	HRA Waiver Contribution	2020
10/29/2020	Health Insurance Premiums 2020	814,104.22	101	Premiums	2020
10/29/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
10/29/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
10/30/2020	Health Insurance Premiums 2020	1,740,909.24	101	Premiums	2020



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Date	Description	Amount	LRC Code	LRC Description	Plan Year
10/30/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
10/5/2020	MDX/COMPASS INCENTIVES AUGUST 2020	(34,375.00)	210	Medical Claims - Anthem	2020
10/5/2020	Claims 2020	(23,260,403.17)	210	Medical Claims - Anthem	2020
10/8/2020	DC FSA 2020	(1,920.80)	216	Wage Works Admin	2020
10/8/2020	HCDC FSA 2020	(3,178.00)	216	Wage Works Admin	2020
10/8/2020	HC FSA 2020	(72,458.40)	216	Wage Works Admin	2020
10/8/2020	HRA 2020	(328,742.40)	216	Wage Works Admin	2020
10/8/2020	Fees or members residing in other states	(102.68)	215	Anthem Admin	2020
10/8/2020	ANTHEM ASO FEES	(3,659,609.25)	215	Anthem Admin	2020
10/9/2020	Rethink Benefits 10/2020	(88,184.00)	218	Rethink BH Services	2020
10/12/2020	INCENTIVE FULFILLMENT 09/2020	(67,188.94)	221	Staywell Admin	2020
10/12/2020	LAB OPTIONS - 08/2020	(8,700.00)	221	Staywell Admin	2020
10/12/2020	PART/ENGAGEMENT PKG 09/2020	(22,985.69)	221	Staywell Admin	2020
10/12/2020	Phone/virtual coaching 08/2020	(26,425.00)	221	Staywell Admin	2020
10/12/2020	PHYSICIAN FORM - 08/2020Y	(12,900.00)	221	Staywell Admin	2020
10/12/2020	POSTAGE 08/2020	(67,441.08)	221	Staywell Admin	2020
10/12/2020	SCREENINGS (HD) 08/2020	(51,425.00)	221	Staywell Admin	2020
10/12/2020	Wellness Platform,Core 09/2020	(212,175.60)	221	Staywell Admin	2020
10/12/2020	Claims 2020	(22,784,942.81)	210	Medical Claims - Anthem	2020
10/13/2020	WW 8/20 COBRA ASO FEE	(44,189.00)	216	Wage Works Admin	2020
10/13/2020	WW 8/20 COBRA General Notice Fee	(8,574.00)	216	Wage Works Admin	2020
10/16/2020	Administration of Paper Claims	(54.00)	311	CVS Admin	2020
10/16/2020	Appeals	(20,960.00)	311	CVS Admin	2020
10/16/2020	Drug Savings Review	(79,170.60)	311	CVS Admin	2020
10/16/2020	Electronic Claims Processing	(88,108.83)	311	CVS Admin	2020
10/16/2020	Enhanced Safety & Monitoring	(10,556.08)	311	CVS Admin	2020
10/16/2020	Nursing Services	(2,225.00)	311	CVS Admin	2020
10/16/2020	Per Diam Fees	(150.00)	311	CVS Admin	2020
10/16/2020	Pharmacy Advisor Counseling	(158,341.20)	311	CVS Admin	2020
10/16/2020	Prior Authorization	(68,220.00)	311	CVS Admin	2020
10/16/2020	Administration of Paper Claims	(241.50)	311	CVS Admin	2020
10/16/2020	Electronic Claims Processing	(91,588.30)	311	CVS Admin	2020
10/19/2020	Claims 2020	(23,627,075.78)	210	Medical Claims - Anthem	2020
10/20/2020	COBRA General Notice Fee	(8,211.00)	216	Wage Works Admin	2020
10/20/2020	COBRA MONTHLY (PPPM)	(45,500.00)	216	Wage Works Admin	2020
10/20/2020	ANTHEM ASO FEES	(3,960.00)	215	Anthem Admin	2020
10/21/2020	Administration of Paper Claims	(19.50)	311	CVS Admin	2020
10/21/2020	Electronic Claims Processing	(108,610.60)	311	CVS Admin	2020
10/22/2020	MDX/SAPPHIRE MEG PER INTERACTION FEES 09/2020	(1,200.00)	217	MDX Medical Admin - Compass Choice	2020
10/22/2020	MDX SAPPHIRE MEG ADMIN FEES 10/20	(26,343.60)	217	MDX Medical Admin - Compass Choice	2020
10/22/2020	MDX SAPPHIRE - SMARTSHOPPER ADMIN FEES 10/20	(77,629.75)	217	MDX Medical Admin - Compass Choice	2020
10/23/2020	MDX/COMPASS INCENTIVES SEPTEMBER 2020	(36,900.00)	210	Medical Claims - Anthem	2020
10/26/2020	Claims 2020	(22,942,908.27)	210	Medical Claims - Anthem	2020
10/29/2020	Fees or members residing in other states	(40.00)	215	Anthem Admin	2020
10/21/2020	Health Insurance Refund	(84.86)	101	Premiums	2020
10/28/2020	Health Insurance Refund	(42.43)	101	Premiums	2020
10/28/2020	Health Insurance Refund	(42.43)	101	Premiums	2020
10/13/2020	KDE HRA Waiver 2020	2,185,842.58	102	HRA Waiver Contribution	2020
10/13/2020	KDE HRA Waiver Dental/Vision 2020	1,047,819.46	102	HRA Waiver Contribution	2020
10/13/2020	KDE Health Premiums 2020	57,514,817.53	101	Premiums	2020
10/28/2020	KDE FSA Admin Fees	49,526.40	216	Wage Works Admin	2020
10/28/2020	KDE HRA Waiver 2020	2,293,641.64	102	HRA Waiver Contribution	2020

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Date	Description	Amount	LRC Code	LRC Description	Plan Year
10/28/2020	KDE HRA Waiver Dental/Vision 2020	1,083,341.64	102	HRA Waiver Contribution	2020
10/14/2020	65250Usage	(84.00)	501	Operating Transfer/Exp & Adj	2020
10/14/2020	KRS Oct 2020 health insurance premiums	23,109,976.34	101	Premiums	2020
10/22/2020	KTRS health insurance premiums 10-2020	8,545,317.63	101	Premiums	2020
10/21/2020	ISS FACILITY SVCS CLINIC JANITORIAL SVCS CANX, CHR, 300 BLDG, AND 500 MERO 8/2020	(1,022.08)	502	Transfer for Clinic Services	2020
10/21/2020	ISS FACILITY SERVICES CLINIC JANITORIAL SERVICES L&N BLDG 9/2020	(255.52)	502	Transfer for Clinic Services	2020
10/21/2020	ISS FACILITY SERVICES CLINIC JANITORIAL SERVICES L&N BLDG 8/2020	(255.52)	502	Transfer for Clinic Services	2020
10/21/2020	ISS FACILITY SERVICES CLINIC JANITORIAL SERVICES CANX, CHR, 300 BLDG, AND 500 MERO 9/2020	(1,022.08)	502	Transfer for Clinic Services	2020
10/30/2020	Correct deposit fund allocations CR-794-21*5381	(62.49)	101	Premiums	2020
10/1/2020	HRA Select 2020	(147,038.73)	213	HRA Embedded Claims - Wage Works	2020
10/1/2020	HRA Waiver 2020	(98,881.56)	214	HRA Waiver Claims - Wage Works	2020
10/1/2020	HRA Waiver D/V 2020	(30,087.58)	214	HRA Waiver Claims - Wage Works	2020
10/2/2020	HRA Select 2020	(148,389.52)	213	HRA Embedded Claims - Wage Works	2020
10/2/2020	HRA Waiver 2020	(92,152.45)	214	HRA Waiver Claims - Wage Works	2020
10/2/2020	HRA Waiver D/V 2020	(22,974.30)	214	HRA Waiver Claims - Wage Works	2020
10/2/2020	Claims 2020	(10,639,407.52)	310	Pharmacy Claims - CVS	2020
10/5/2020	HRA Select 2020	(149,390.09)	213	HRA Embedded Claims - Wage Works	2020
10/5/2020	HRA Waiver 2020	(95,136.93)	214	HRA Waiver Claims - Wage Works	2020
10/5/2020	HRA Waiver D/V 2020	(30,840.31)	214	HRA Waiver Claims - Wage Works	2020
10/6/2020	HRA Select 2020	(295,580.74)	213	HRA Embedded Claims - Wage Works	2020
10/6/2020	HRA Waiver 2020	(183,392.61)	214	HRA Waiver Claims - Wage Works	2020
10/6/2020	HRA Waiver D/V 2020	(44,374.62)	214	HRA Waiver Claims - Wage Works	2020
10/7/2020	HRA Select 2020	(43,663.84)	213	HRA Embedded Claims - Wage Works	2020
10/7/2020	HRA Waiver 2020	(31,184.76)	214	HRA Waiver Claims - Wage Works	2020
10/7/2020	HRA Waiver D/V 2020	(9,174.78)	214	HRA Waiver Claims - Wage Works	2020
10/8/2020	HRA Select 2020	(154,308.90)	213	HRA Embedded Claims - Wage Works	2020
10/8/2020	HRA Waiver 2020	(100,222.40)	214	HRA Waiver Claims - Wage Works	2020
10/8/2020	HRA Waiver D/V 2020	(29,009.76)	214	HRA Waiver Claims - Wage Works	2020
10/9/2020	HRA Select 2020	(145,983.81)	213	HRA Embedded Claims - Wage Works	2020
10/9/2020	HRA Waiver 2020	(83,341.46)	214	HRA Waiver Claims - Wage Works	2020
10/9/2020	HRA Waiver D/V 2020	(35,850.46)	214	HRA Waiver Claims - Wage Works	2020
10/13/2020	HRA Select 2020	(124,941.14)	213	HRA Embedded Claims - Wage Works	2020
10/13/2020	HRA Waiver 2020	(78,001.61)	214	HRA Waiver Claims - Wage Works	2020
10/13/2020	HRA Waiver D/V 2020	(18,531.12)	214	HRA Waiver Claims - Wage Works	2020
10/13/2020	HRA Select 2020	(288,766.37)	213	HRA Embedded Claims - Wage Works	2020
10/13/2020	HRA Waiver 2020	(183,283.86)	214	HRA Waiver Claims - Wage Works	2020
10/13/2020	HRA Waiver D/V 2020	(47,897.66)	214	HRA Waiver Claims - Wage Works	2020
10/14/2020	HRA Select 2020	(39,657.06)	213	HRA Embedded Claims - Wage Works	2020
10/14/2020	HRA Waiver 2020	(22,734.50)	214	HRA Waiver Claims - Wage Works	2020
10/14/2020	HRA Waiver D/V 2020	(2,714.95)	214	HRA Waiver Claims - Wage Works	2020
10/15/2020	HRA Select 2020	(147,819.40)	213	HRA Embedded Claims - Wage Works	2020
10/15/2020	HRA Waiver 2020	(92,311.68)	214	HRA Waiver Claims - Wage Works	2020
10/15/2020	HRA Waiver D/V 2020	(32,761.68)	214	HRA Waiver Claims - Wage Works	2020
10/15/2020	Claims 2020	(10,003,906.36)	310	Pharmacy Claims - CVS	2020
10/16/2020	HRA Select 2020	(151,112.34)	213	HRA Embedded Claims - Wage Works	2020
10/16/2020	HRA Waiver 2020	(90,450.65)	214	HRA Waiver Claims - Wage Works	2020
10/16/2020	HRA Waiver D/V 2020	(40,545.98)	214	HRA Waiver Claims - Wage Works	2020
10/19/2020	HRA Select 2020	(158,265.68)	213	HRA Embedded Claims - Wage Works	2020
10/19/2020	HRA Waiver 2020	(95,443.66)	214	HRA Waiver Claims - Wage Works	2020
10/19/2020	HRA Waiver D/V 2020	(25,458.13)	214	HRA Waiver Claims - Wage Works	2020

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<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>LRC Code</b>	<b>LRC Description</b>	<b>Plan Year</b>
10/19/2020	Claims 2020	(12,563,424.07)	310	Pharmacy Claims - CVS	2020
10/20/2020	CDHPHRA 2020	(294,349.65)	213	HRA Embedded Claims - Wage Works	2020
10/20/2020	HRA Waiver 2020	(181,982.96)	214	HRA Waiver Claims - Wage Works	2020
10/20/2020	HRA Waiver D/V 2020	(45,904.20)	214	HRA Waiver Claims - Wage Works	2020
10/21/2020	CDHPHRA 2020	(59,505.07)	213	HRA Embedded Claims - Wage Works	2020
10/21/2020	HRA Waiver 2020	(47,563.94)	214	HRA Waiver Claims - Wage Works	2020
10/21/2020	HRA Waiver D/V 2020	(3,506.13)	214	HRA Waiver Claims - Wage Works	2020
10/22/2020	CDHPHRA 2020	(156,094.09)	213	HRA Embedded Claims - Wage Works	2020
10/22/2020	HRA Waiver 2020	(98,917.37)	214	HRA Waiver Claims - Wage Works	2020
10/22/2020	HRA Waiver D/V 2020	(26,361.68)	214	HRA Waiver Claims - Wage Works	2020
10/23/2020	CDHPHRA 2020	(165,239.73)	213	HRA Embedded Claims - Wage Works	2020
10/23/2020	HRA Waiver 2020	(83,026.60)	214	HRA Waiver Claims - Wage Works	2020
10/23/2020	HRA Waiver D/V 2020	(19,546.24)	214	HRA Waiver Claims - Wage Works	2020
10/26/2020	CDHPHRA 2020	(147,406.74)	213	HRA Embedded Claims - Wage Works	2020
10/26/2020	HRA Waiver 2020	(102,605.50)	214	HRA Waiver Claims - Wage Works	2020
10/26/2020	HRA Waiver D/V 2020	(27,893.27)	214	HRA Waiver Claims - Wage Works	2020
10/27/2020	CDHPHRA 2020	(321,970.28)	213	HRA Embedded Claims - Wage Works	2020
10/27/2020	HRA Waiver 2020	(194,521.54)	214	HRA Waiver Claims - Wage Works	2020
10/27/2020	HRA Waiver D/V 2020	(54,936.26)	214	HRA Waiver Claims - Wage Works	2020
10/28/2020	CDHPHRA 2020	(46,761.01)	213	HRA Embedded Claims - Wage Works	2020
10/28/2020	HRA Waiver 2020	(30,516.90)	214	HRA Waiver Claims - Wage Works	2020
10/28/2020	HRA Waiver D/V 2020	(3,146.35)	214	HRA Waiver Claims - Wage Works	2020
10/28/2020	Claims 2020	(12,487,000.17)	310	Pharmacy Claims - CVS	2020
10/29/2020	CDHPHRA 2020	(137,438.74)	213	HRA Embedded Claims - Wage Works	2020
10/29/2020	HRA Waiver 2020	(80,563.59)	214	HRA Waiver Claims - Wage Works	2020
10/29/2020	HRA Waiver D/V 2020	(28,013.63)	214	HRA Waiver Claims - Wage Works	2020
10/30/2020	CDHPHRA 2020	(139,188.71)	213	HRA Embedded Claims - Wage Works	2020
10/30/2020	HRA Waiver 2020	(105,191.10)	214	HRA Waiver Claims - Wage Works	2020
10/30/2020	HRA Waiver D/V 2020	(34,459.44)	214	HRA Waiver Claims - Wage Works	2020
10/13/2020	Ongoing Health Insurance Dependent Eligibility Audit July 2020	(107,589.40)	219	Ongoing Dependent Eligibility	2020
10/13/2020	Ongoing Health Insurance Dep. Eligibility Audit Aug 2020	(5,483.20)	219	Ongoing Dependent Eligibility	2020
10/26/2020	Health Ins. Dep. Eligibility Audit Sep 2020	(20,290.60)	219	Ongoing Dependent Eligibility	2020
10/29/2020	pilot acupuncture program	(7,350.04)	210	Medical Claims - Anthem	2020
	<b>October</b>	<b>34,026,020.31</b>			
	<b>Ending Balance</b>	<b><u>\$426,164,946.75</u></b>			

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<b>October Account Summary</b>		
101	Premiums	158,433,532.43
102	HRA Waiver Contribution	7,853,820.86
110	Interest Income	14,951.93
121	Drug Rebates - CVS	37,072,909.18
130	Transfers From other plan year(s)	0.00
210	Medical Claims - Anthem	(80,763,248.58)
213	HRA Embedded Claims - Wage Works	(4,249,628.78)
214	HRA Waiver Claims - Wage Works	(4,339,226.56)
215	Anthem Admin	(3,687,799.50)
216	Wage Works Admin	(397,717.60)
217	MDX Medical Admin - Compass Choice	(105,802.50)
218	Rethink BH Services	0.00
219	Ongoing Dependent Eligibility Audit	0.00
220	Printing & Postage Services	0.00
221	Staywell Admin	0.00
222	Staywell Claims	(191,494.97)
310	Pharmacy Claims - CVS	(43,572,781.63)
311	CVS Admin	855,082.55
500	Transfers To other plan year(s)	0.00
501	Operating Transfer/ Exp & Adj	0.00
502	Transfer for Clinic Cleaning Services	0.00
503	Voided/NSF/Cancelled Check Fees	0.00
<b>July Activity</b>		<b>\$66,925,144.87</b>

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**NOVEMBER 2020 COMBINED TRANSACTION REPORT**

<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>LRC Code</b>	<b>LRC Description</b>	<b>Plan Year</b>
	<b><u>Beginning Balance</u></b>	<b><u>\$426,164,946.75</u></b>			
11/13/2020	Humana Health Recoveries Q1-2020 For 2016 -	140,593.83	201	Medical Claims - Humana	2016
11/2/2020	Claims 2016	111,910.50	210	Medical Claims - Anthem	2016
11/27/2020	Claims 2016	6.20	310	Pharmacy Claims - CVS	2016
11/2/2020	Claims 2017	(879.85)	210	Medical Claims - Anthem	2017
11/17/2020	Claims 2017	(9,435.86)	210	Medical Claims - Anthem	2017
11/24/2020	Claims 2017	(1,842.40)	210	Medical Claims - Anthem	2017
11/30/2020	Claims 2017	(30.04)	210	Medical Claims - Anthem	2017
11/2/2020	Claims 2018	5,861.61	210	Medical Claims - Anthem	2018
11/9/2020	Claims 2018	(29,620.81)	210	Medical Claims - Anthem	2018
11/17/2020	Claims 2018	54,768.71	210	Medical Claims - Anthem	2018
11/24/2020	Claims 2018	(5,916.84)	210	Medical Claims - Anthem	2018
11/30/2020	Claims 2018	6,372.56	210	Medical Claims - Anthem	2018
11/2/2020	Claims 2019	140,622.28	210	Medical Claims - Anthem	2019
11/9/2020	Claims 2019	136,843.24	210	Medical Claims - Anthem	2019
11/17/2020	Claims 2019	35,557.32	210	Medical Claims - Anthem	2019
11/24/2020	Claims 2019	(147,227.77)	210	Medical Claims - Anthem	2019
11/30/2020	Claims 2019	170,794.50	210	Medical Claims - Anthem	2019
11/3/2020	Claims 2019	1,796.85	310	Pharmacy Claims - CVS	2019
11/10/2020	Claims 2019	(12.58)	310	Pharmacy Claims - CVS	2019
11/18/2020	Claims 2019	(6.27)	310	Pharmacy Claims - CVS	2019
11/24/2020	CDHPHRA 2019	500.02	213	HRA Embedded Claims - Wage Works	2019
11/27/2020	CDHPHRA 2019	1,000.00	213	HRA Embedded Claims - Wage Works	2019
11/27/2020	Claims 2019	(1.45)	310	Pharmacy Claims - CVS	2019
12/2/2020	Interest Income	896.22	110	Interest Income	2020
11/9/2020	Health Insurance Premiums 2020	12,650,274.98	101	Premiums	2020
11/9/2020	HRA Waiver 2020	310,362.50	102	HRA Waiver Contribution	2020
11/23/2020	Health Insurance Premiums 2020	12,708,030.16	101	Premiums	2020
11/23/2020	HRA Waiver 2020	313,687.50	102	HRA Waiver Contribution	2020
11/2/2020	Health Insurance Premiums 2020	50.90	101	Premiums	2020
11/4/2020	Health Insurance Premiums 2020	(355.47)	101	Premiums	2020
11/12/2020	Health Insurance Premiums 2020	4,889.92	101	Premiums	2020
11/12/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
11/16/2020	Health Insurance Premiums 2020	1,050.98	101	Premiums	2020
11/18/2020	Health Insurance Premiums 2020	(1,813.70)	101	Premiums	2020
11/25/2020	Health Insurance Premiums 2020	2,454.91	101	Premiums	2020
11/25/2020	HRA Waiver 2020	87.50	102	HRA Waiver Contribution	2020
11/2/2020	Health Insurance Premiums 2020	37,023.40	101	Premiums	2020
11/2/2020	Health Insurance Premiums 2020	1,198,180.65	101	Premiums	2020
11/2/2020	HRA Waiver 2020	4,375.00	102	HRA Waiver Contribution	2020
11/2/2020	HRA Waiver Dental/Vision 2020	1,225.00	102	HRA Waiver Contribution	2020
11/2/2020	Health Insurance Premiums 2020	2,572,190.06	101	Premiums	2020
11/2/2020	HRA Waiver 2020	2,450.00	102	HRA Waiver Contribution	2020
11/2/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
11/2/2020	Health Insurance Premiums 2020	111,807.20	101	Premiums	2020
11/2/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution.	2020
11/2/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
11/4/2020	Health Insurance Premiums 2020	662,551.83	101	Premiums	2020
11/4/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
11/4/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
11/4/2020	KCTCS OCT 2020 health ins	3,179,114.01	101	Premiums	2020
11/4/2020	KCTCS Oct 2020 health premiums	114,422.97	101	Premiums	2020
11/5/2020	Health Insurance Premiums 2020	200,523.04	101	Premiums	2020

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Date	Description	Amount	LRC Code	LRC Description	Plan Year
11/12/2020	Health Insurance Premiums 2020	2,261.89	101	Premiums	2020
11/6/2020	Health Insurance Premiums 2020	682,145.86	101	Premiums	2020
11/12/2020	Judicial Retirement Sys health insurance premiums 10-2020	71,591.26	101	Premiums	2020
11/10/2020	Health Insurance Premiums 2020	133,444.30	101	Premiums	2020
11/10/2020	HRA Dental/Vision 2020	700.00	102	HRA Waiver Contribution	2020
11/10/2020	HRA Waiver 2020	700.00	102	HRA Waiver Contribution	2020
11/9/2020	Health Insurance Premiums 2020	793,868.52	101	Premiums	2020
11/9/2020	HRA Waiver 2020	3,675.00	102	HRA Waiver Contribution	2020
11/9/2020	HRA Waiver Dental/Vision 2020	350.00	102	HRA Waiver Contribution	2020
11/9/2020	Health Insurance Premiums 2020	422,590.47	101	Premiums	2020
11/20/2020	Health Insurance Premiums 2020	60,768.75	101	Premiums	2020
11/18/2020	Express Scripts Rebate	115.04	120	Drug Rebates - Express Scripts	2020
11/12/2020	Health Insurance Premiums 2020	125,148.28	101	Premiums	2020
11/13/2020	Health Insurance Premiums 2020	257,280.16	101	Premiums	2020
11/13/2020	Health Insurance Premiums 2020	370,197.54	101	Premiums	2020
11/13/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
11/16/2020	Health Insurance Premiums 2020	214,954.23	101	Premiums	2020
11/16/2020	HRA Waiver 2020	875.00	102	HRA Waiver Contribution	2020
11/16/2020	Health Insurance Premiums 2020	1,311,967.12	101	Premiums	2020
11/16/2020	HRA Waiver 2020	2,100.00	102	HRA Waiver Contribution	2020
11/16/2020	HRA Waiver Dental/Vision 2020	875.00	102	HRA Waiver Contribution	2020
11/16/2020	Health Insurance Premiums 2020	26,324.59	101	Premiums	2020
11/16/2020	HRA Waiver 2020	700.00	102	HRA Waiver Contribution	2020
11/16/2020	HRA Waiver Dental/Vision 2020	700.00	102	HRA Waiver Contribution	2020
11/17/2020	Health Insurance Premiums 2020	26,463.95	101	Premiums	2020
11/18/2020	Health Insurance Premiums 2020	103,846.88	101	Premiums	2020
11/18/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
11/19/2020	Health Insurance Premiums 2020	278,612.76	101	Premiums	2020
11/19/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
11/20/2020	Judicial Retirement Sys health insurance premiums 11-2020	3,952.86	101	Premiums	2020
11/20/2020	Judicial Retirement Sys health insurance premiums 11-2020	71,226.26	101	Premiums	2020
11/19/2020	Legislative Retirement Sys health insurance premiums 11-2020	3,527.22	101	Premiums	2020
11/19/2020	Legislative Retirement Sys health premiums and admin fees 11-2020	26,569.50	101	Premiums	2020
11/23/2020	Health Insurance Premiums 2020	101,057.83	101	Premiums	2020
11/20/2020	Health Insurance Premiums 2020	311,882.22	101	Premiums	2020
11/23/2020	Health Insurance Premiums 2020	879,993.57	101	Premiums	2020
11/23/2020	HRA Waiver 2020	3,150.00	102	HRA Waiver Contribution	2020
11/23/2020	HRA Waiver Dental/Vision 2020	700.00	102	HRA Waiver Contribution	2020
11/23/2020	Health Insurance Premiums 2020	463,144.00	101	Premiums	2020
11/23/2020	HRA Waiver 2020	1,225.00	102	HRA Waiver Contribution	2020
11/23/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
11/25/2020	Health Insurance Premiums 2020	663,279.54	101	Premiums	2020
11/25/2020	HRA Waiver 2020	700.00	102	HRA Waiver Contribution	2020
11/25/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
11/30/2020	COBRA premiums Oct 2020 - WW	192,839.65	101	Premiums	2020
11/30/2020	Health Insurance Premiums 2020	1,517,800.10	101	Premiums	2020
11/30/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
11/30/2020	HRA Waiver Dental/Vision 2020	700.00	102	HRA Waiver Contribution	2020
11/30/2020	Health Insurance Premiums 2020	984,846.66	101	Premiums	2020
11/30/2020	HRA Waiver 2020	1,750.00	102	HRA Waiver Contribution	2020
11/30/2020	HRA Waiver Dental/Vision 2020	525.00	102	HRA Waiver Contribution	2020



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Date	Description	Amount	LRC Code	LRC Description	Plan Year
11/30/2020	Health Insurance Premiums 2020	11,539.46	101	Premiums	2020
11/30/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
11/30/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
11/30/2020	KCTCS Nov 2020 health ins	3,194,741.29	101	Premiums	2020
11/2/2020	Claims 2020	(26,609,109.33)	210	Medical Claims - Anthem	2020
11/4/2020	Administration of Paper Claims	(12.00)	311	CVS Admin	2020
11/4/2020	Electronic Claims Processing	(109,815.80)	311	CVS Admin	2020
11/4/2020	INCENTIVE FULFILLMENT MM/YYYY	(67,966.42)	221	Staywell Admin	2020
11/4/2020	LAB OPTIONS - 09/2020	(1,850.00)	221	Staywell Admin	2020
11/4/2020	PART/ENGAGEMENT PKG MM/YYYY	(23,251.67)	221	Staywell Admin	2020
11/4/2020	Phone/virtual coaching MM/YYYY	(24,675.00)	221	Staywell Admin	2020
11/4/2020	PHYSICIAN FORM -09/2020	(7,030.00)	221	Staywell Admin	2020
11/4/2020	POSTAGE 09/2020	(42,161.83)	221	Staywell Admin	2020
11/4/2020	SCREENINGS (HD) 09/2020	(55.00)	221	Staywell Admin	2020
11/4/2020	Wellness Platform,Core MM/YYYY	(214,630.80)	221	Staywell Admin	2020
11/4/2020	Fees or members residing in other states	(62.68)	215	Anthem Admin	2020
11/4/2020	Premise Health - Sep 2020	(125,980.90)	210	Medical Claims - Anthem	2020
11/5/2020	Administration of Paper Claims	(418.50)	311	CVS Admin	2020
11/5/2020	Appeals	(23,520.00)	311	CVS Admin	2020
11/5/2020	Claims (Bridge Supply)	(4.62)	311	CVS Admin	2020
11/5/2020	Drug Savings Review	(78,679.20)	311	CVS Admin	2020
11/5/2020	Electronic Claims Processing	(100,639.95)	311	CVS Admin	2020
11/5/2020	Enhanced Safety & Monitoring	(10,490.56)	311	CVS Admin	2020
11/5/2020	Per Diam Fees	(300.00)	311	CVS Admin	2020
11/5/2020	Pharmacy Advisor Counseling	(157,358.40)	311	CVS Admin	2020
11/5/2020	Prior Authorization	(69,540.00)	311	CVS Admin	2020
11/6/2020	Incentive Prefund 08/20	(84,341.00)	222	Staywell Claims Reimbursement	2020
11/6/2020	Incentive Prefund 09/2020	(101,731.94)	222	Staywell Claims Reimbursement	2020
11/9/2020	Claims 2020	(25,121,299.96)	210	Medical Claims - Anthem	2020
11/10/2020	Claims 2020	(52.78)	210	Medical Claims - Anthem	2020
11/12/2020	ANTHEM ASO FEES	(3,663,965.25)	215	Anthem Admin	2020
11/13/2020	DC FSA 2020	(1,965.60)	216	Wage Works Admin	2020
11/13/2020	HCDC FSA 2020	(3,183.60)	216	Wage Works Admin	2020
11/13/2020	HC FSA 2020	(73,046.40)	216	Wage Works Admin	2020
11/13/2020	HRA 2020	(335,644.40)	216	Wage Works Admin	2020
11/13/2020	COBRA General Notice Fee	(8,439.00)	216	Wage Works Admin	2020
11/13/2020	COBRA MONTHLY (PPPM)	(45,500.00)	216	Wage Works Admin	2020
11/13/2020	Wageworks Cobra/ Cobra Open Enrollment Kits/ Postage 10/2020	(227,160.00)	216	Wage Works Admin	2020
11/13/2020	MDX SAPPHIRE MEG ADMIN FEES 11-2020	(26,406.30)	217	MDX Medical Admin - Compass Choice	2020
11/13/2020	MDX SAPPHIRE - SMARTSHOPPER ADMIN FEES 11-2020	(77,657.80)	217	MDX Medical Admin - Compass Choice	2020
11/13/2020	Rethink Benefits 11/20	(88,184.00)	218	Rethink BH Services	2020
11/17/2020	Claims 2020	(23,842,526.85)	210	Medical Claims - Anthem	2020
11/17/2020	Premise Health - Oct 2020	(134,060.26)	210	Medical Claims - Anthem	2020
11/18/2020	ANTHEM ASO FEES	(4,034.25)	215	Anthem Admin	2020
11/19/2020	MDX/COMPASS INCENTIVES OCTOBER 2020	(39,195.00)	210	Medical Claims - Anthem	2020
11/19/2020	Fees or members residing in other states	(9.54)	215	Anthem Admin	2020
11/20/2020	Administration of Paper Claims	(478.50)	311	CVS Admin	2020
11/20/2020	Electronic Claims Processing	(90,741.90)	311	CVS Admin	2020
11/20/2020	MDX/SAPPHIRE MEG PER INTERACTION FEES 10-2020	(2,400.00)	217	MDX Medical Admin - Compass Choice	2020
11/20/2020	Incentive Prefund 10/2020	(282,672.82)	222	Staywell Claims Reimbursement	2020
11/23/2020	Administration of Paper Claims	(109.50)	311	CVS Admin	2020
11/23/2020	Electronic Claims Processing	(97,493.55)	311	CVS Admin	2020

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Date	Description	Amount	LRC Code	LRC Description	Plan Year
11/24/2020	Incentive Prefund November	(373,923.94)	222	Staywell Claims Reimbursement	2020
11/24/2020	Claims 2020	(26,054,188.78)	210	Medical Claims - Anthem	2020
11/30/2020	Claims 2020	(14,023,361.58)	210	Medical Claims - Anthem	2020
11/10/2020	Health Insurance Refund	(67.94)	101	Premiums	2020
11/25/2020	Health Insurance Refund	(42.43)	101	Premiums	2020
11/10/2020	Health Insurance Refund	(254.50)	101	Premiums	2020
11/25/2020	Health Insurance Refund	(42.43)	101	Premiums	2020
11/25/2020	Health Insurance Refund	(82.72)	101	Premiums	2020
11/25/2020	Health Insurance Refund	(76.35)	101	Premiums	2020
11/25/2020	Health Insurance Refund	(286.14)	101	Premiums	2020
11/25/2020	Health Insurance Refund	(13.49)	101	Premiums	2020
11/25/2020	Health Insurance Refund	(25.45)	101	Premiums	2020
11/2/2020	KDE Health Premiums 2020	59,036,958.14	101	Premiums	2020
11/25/2020	KDE HRA Waiver 2020	2,218,137.50	102	HRA Waiver Contribution	2020
11/25/2020	KDE HRA Waiver Dental/Vision 2020	1,095,284.16	102	HRA Waiver Contribution	2020
11/30/2020	KDE HRA Waiver 2020	100,000.00	102	HRA Waiver Contribution	2020
11/12/2020	KRS Nov 2020 health insurance premiums	23,077,655.04	101	Premiums	2020
11/30/2020	KTRS health insurance premiums 11-2020	8,490,715.17	101	Premiums	2020
11/17/2020	ISS FACILITY SERVICES CLINIC JANITORIAL SERVICES L&N BLDG 10/2020	(255.52)	502	Transfer for Clinic Services	2020
11/17/2020	ISS FACILITY SERVICES CLINIC JANITORIAL SERVICES CANX, CHR, 300 BLDG, AND 500 MERO 10/2020	(1,022.08)	502	Transfer for Clinic Services	2020
11/23/2020	COVID-19 REIMBURSEMENT TO PERSONNEL-KEHP	4,393,795.17	501	Operating Transfer/Exp & Adj	2020
11/2/2020	CDHPHRA 2020	(148,820.22)	213	HRA Embedded Claims - Wage Works	2020
11/2/2020	HRA Waiver 2020	(115,536.21)	214	HRA Waiver Claims - Wage Works	2020
11/2/2020	HRA Waiver D/V 2020	(31,485.59)	214	HRA Waiver Claims - Wage Works	2020
11/3/2020	CDHPHRA 2020	(291,549.07)	213	HRA Embedded Claims - Wage Works	2020
11/3/2020	HRA Waiver 2020	(181,971.31)	214	HRA Waiver Claims - Wage Works	2020
11/3/2020	HRA Waiver D/V 2020	(57,477.12)	214	HRA Waiver Claims - Wage Works	2020
11/3/2020	Claims 2020	(11,486,994.09)	310	Pharmacy Claims - CVS	2020
11/5/2020	CDHPHRA 2020	(217,361.51)	213	HRA Embedded Claims - Wage Works	2020
11/5/2020	HRA Waiver 2020	(114,257.41)	214	HRA Waiver Claims - Wage Works	2020
11/5/2020	HRA Waiver D/V 2020	(41,856.65)	214	HRA Waiver Claims - Wage Works	2020
11/6/2020	CDHPHRA 2020	(183,062.48)	213	HRA Embedded Claims - Wage Works	2020
11/6/2020	HRA Waiver 2020	(141,362.88)	214	HRA Waiver Claims - Wage Works	2020
11/6/2020	HRA Waiver D/V 2020	(46,783.03)	214	HRA Waiver Claims - Wage Works	2020
11/9/2020	CDHPHRA 2020	(144,544.59)	213	HRA Embedded Claims - Wage Works	2020
11/9/2020	HRA Waiver 2020	(84,323.25)	214	HRA Waiver Claims - Wage Works	2020
11/9/2020	HRA Waiver D/V 2020	(30,411.33)	214	HRA Waiver Claims - Wage Works	2020
11/10/2020	Claims 2020	(11,135,753.86)	310	Pharmacy Claims - CVS	2020
11/10/2020	CDHPHRA 2020	(270,554.57)	213	HRA Embedded Claims - Wage Works	2020
11/10/2020	HRA Waiver 2020	(183,459.51)	214	HRA Waiver Claims - Wage Works	2020
11/10/2020	HRA Waiver D/V 2020	(68,275.26)	214	HRA Waiver Claims - Wage Works	2020
11/12/2020	CDHPHRA 2020	(46,318.58)	213	HRA Embedded Claims - Wage Works	2020
11/12/2020	HRA Waiver 2020	(36,825.82)	214	HRA Waiver Claims - Wage Works	2020
11/12/2020	HRA Waiver D/V 2020	(5,354.17)	214	HRA Waiver Claims - Wage Works	2020
11/13/2020	CDHPHRA 2020	(296,306.96)	213	HRA Embedded Claims - Wage Works	2020
11/13/2020	HRA Waiver 2020	(151,186.44)	214	HRA Waiver Claims - Wage Works	2020
11/13/2020	HRA Waiver D/V 2020	(63,507.09)	214	HRA Waiver Claims - Wage Works	2020
11/16/2020	CDHPHRA 2020	(135,435.32)	213	HRA Embedded Claims - Wage Works	2020
11/16/2020	HRA Waiver 2020	(85,969.05)	214	HRA Waiver Claims - Wage Works	2020
11/16/2020	HRA Waiver D/V 2020	(23,823.42)	214	HRA Waiver Claims - Wage Works	2020
11/17/2020	CDHPHRA 2020	(317,116.74)	213	HRA Embedded Claims - Wage Works	2020

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Date	Description	Amount	LRC Code	LRC Description	Plan Year
11/17/2020	HRA Waiver 2020	(181,998.76)	214	HRA Waiver Claims - Wage Works	2020
11/17/2020	HRA Waiver D/V 2020	(72,329.02)	214	HRA Waiver Claims - Wage Works	2020
11/18/2020	CDHPHRA 2020	(50,007.98)	213	HRA Embedded Claims - Wage Works	2020
11/18/2020	HRA Waiver 2020	(38,164.43)	214	HRA Waiver Claims - Wage Works	2020
11/18/2020	HRA Waiver D/V 2020	(13,846.06)	214	HRA Waiver Claims - Wage Works	2020
11/18/2020	Claims 2020	(11,571,413.96)	310	Pharmacy Claims - CVS	2020
11/19/2020	CDHPHRA 2020	(143,531.58)	213	HRA Embedded Claims - Wage Works	2020
11/19/2020	HRA Waiver 2020	(89,372.40)	214	HRA Waiver Claims - Wage Works	2020
11/19/2020	HRA Waiver D/V 2020	(34,061.21)	214	HRA Waiver Claims - Wage Works	2020
11/20/2020	CDHPHRA 2020	(154,064.01)	213	HRA Embedded Claims - Wage Works	2020
11/20/2020	HRA Waiver 2020	(84,535.06)	214	HRA Waiver Claims - Wage Works	2020
11/20/2020	HRA Waiver D/V 2020	(36,192.72)	214	HRA Waiver Claims - Wage Works	2020
11/24/2020	CDHPHRA 2020	(439,820.28)	213	HRA Embedded Claims - Wage Works	2020
11/24/2020	HRA Waiver 2020	(277,456.24)	214	HRA Waiver Claims - Wage Works	2020
11/24/2020	HRA Waiver D/V 2020	(89,908.31)	214	HRA Waiver Claims - Wage Works	2020
11/25/2020	CDHPHRA 2020	(41,998.30)	213	HRA Embedded Claims - Wage Works	2020
11/25/2020	HRA Waiver 2020	(29,463.51)	214	HRA Waiver Claims - Wage Works	2020
11/25/2020	HRA Waiver D/V 2020	(6,976.79)	214	HRA Waiver Claims - Wage Works	2020
11/25/2020	CDHPHRA 2020	(8,549.57)	213	HRA Embedded Claims - Wage Works	2020
11/25/2020	HRA Waiver 2020	(12,512.13)	214	HRA Waiver Claims - Wage Works	2020
11/25/2020	HRA Waiver D/V 2020	(278.37)	214	HRA Waiver Claims - Wage Works	2020
11/27/2020	CDHPHRA 2020	(166,939.25)	213	HRA Embedded Claims - Wage Works	2020
11/27/2020	HRA Waiver 2020	(104,505.80)	214	HRA Waiver Claims - Wage Works	2020
11/27/2020	HRA Waiver D/V 2020	(35,305.52)	214	HRA Waiver Claims - Wage Works	2020
11/27/2020	Claims 2020	(13,791,091.19)	310	Pharmacy Claims - CVS	2020
11/17/2020	KNOW YOUR RX COALITION 7/1/20 - 9/30/20	(112,500.00)	311	CVS Admin	2020
11/19/2020	pilot acupuncture program	(5,200.50)	210	Medical Claims - Anthem	2020
	<b>November</b>	<b>(\$29,775,667.44)</b>			
	<b>Ending Balance</b>	<b>\$396,389,279.31</b>			

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<b>November Account Summary</b>		
101	Premiums	137,352,699.46
102	HRA Waiver Contribution	4,067,484.16
110	Interest Income	896.22
120	Drug Rebates – Express Scripts	115.04
121	Drug Rebates - CVS	0.00
130	Transfers From other plan year(s)	0.00
201	Medical Claims - Humana	140,593.83
210	Medical Claims - Anthem	(115,487,198.79)
213	HRA Embedded Claims - Wage Works	(3,054,480.99)
214	HRA Waiver Claims - Wage Works	(2,570,771.87)
215	Anthem Admin	(3,668,071.72)
216	Wage Works Admin	(694,939.00)
217	MDX Medical Admin - Compass Choice	(106,464.10)
218	Rethink BH Services	(88,184.00)
219	Ongoing Dependent Eligibility Audit	0.00
220	Printing & Postage Services	0.00
221	Staywell Admin	(381,620.72)
222	Staywell Claims	(842,669.70)
310	Pharmacy Claims - CVS	(47,983,470.35)
311	CVS Admin	(852,102.48)
500	Transfers To other plan year(s)	0.00
501	Operating Transfer/ Exp & Adj	4,393,795.17
502	Transfer for Clinic Cleaning Services	(1,277.60)
503	Voided/NSF/Cancelled Check Fees	0.00
<b>November Activity</b>		<b>(\$29,775,667.44)</b>

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**DECEMBER 2020 COMBINED TRANSACTION REPORT**

<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>LRC Code</b>	<b>LRC Description</b>	<b>Plan Year</b>
	<b><u>Beginning Balance</u></b>	<b><u>\$396,389,279.31</u></b>			
12/22/2020	Claims 2016	(203.55)	210	Medical Claims - Anthem	2016
12/29/2020	Claims 2016	8,969.66	210	Medical Claims - Anthem	2016
12/2/2020	CDHPHRA 2016	(166.00)	213	HRA Embedded Claims - Wage Works	2016
12/2/2020	HRA Waiver 2016	166.00	214	HRA Waiver Claims - Wage Works	2016
12/14/2020	Claims 2017	30.81	210	Medical Claims - Anthem	2017
12/22/2020	Claims 2017	12,764.97	210	Medical Claims - Anthem	2017
12/29/2020	Claims 2017	30,178.32	210	Medical Claims - Anthem	2017
12/3/2020	Claims 2017	(18.37)	310	Pharmacy Claims - CVS	2017
12/29/2020	Claims 2017	(5.12)	310	Pharmacy Claims - CVS	2017
12/7/2020	Claims 2018	(135,119.56)	210	Medical Claims - Anthem	2018
12/14/2020	Claims 2018	(5,680.95)	210	Medical Claims - Anthem	2018
12/22/2020	Claims 2018	52,050.43	210	Medical Claims - Anthem	2018
12/29/2020	Claims 2018	73,810.22	210	Medical Claims - Anthem	2018
12/18/2020	Claims 2018	(593.42)	310	Pharmacy Claims - CVS	2018
12/29/2020	Claims 2018	(26.68)	310	Pharmacy Claims - CVS	2018
12/7/2020	Claims 2019	(44,400.90)	210	Medical Claims - Anthem	2019
12/14/2020	Claims 2019	921.58	210	Medical Claims - Anthem	2019
12/22/2020	Claims 2019	81,402.97	210	Medical Claims - Anthem	2019
12/29/2020	Claims 2019	380,148.51	210	Medical Claims - Anthem	2019
12/2/2020	CDHPHRA 2019	(2.35)	213	HRA Embedded Claims - Wage Works	2019
12/3/2020	Claims 2019	(1.56)	310	Pharmacy Claims - CVS	2019
12/9/2020	Claims 2019	4.53	310	Pharmacy Claims - CVS	2019
12/17/2020	CDHPHRA 2019	(225.27)	213	HRA Embedded Claims - Wage Works	2019
12/18/2020	Claims 2019	(2,559.58)	310	Pharmacy Claims - CVS	2019
12/29/2020	Claims 2019	(1,931.15)	310	Pharmacy Claims - CVS	2019
1/5/2021	Interest Income	(2,569.95)	110	Interest Income	2020
12/9/2020	HRA Waiver 2020	308,700.00	102	HRA Waiver Contribution	2020
12/9/2020	Health Insurance Premiums 2020	12,604,970.22	101	Premiums	2020
12/23/2020	HRA Waiver 2020	312,900.00	102	HRA Waiver Contribution	2020
12/23/2020	Health Insurance Premiums 2020	12,675,672.35	101	Premiums	2020
12/1/2020	Health Insurance Premiums 2020	1,482.98	101	Premiums	2020
12/4/2020	Health Insurance Premiums 2020	(365.91)	101	Premiums	2020
12/14/2020	HRA Waiver 2020	87.50	102	HRA Waiver Contribution	2020
12/14/2020	Health Insurance Premiums 2020	6,835.73	101	Premiums	2020
12/18/2020	HRA Waiver 2020	(87.50)	102	HRA Waiver Contribution	2020
12/18/2020	Health Insurance Premiums 2020	571.43	101	Premiums	2020
12/29/2020	Health Insurance Premiums 2020	(177.03)	101	Premiums	2020
12/17/2020	DEPT 794 1 ITEM \$204.83 TOTAL	(204.83)	503	Voided/NSF/Cancelled Check fees	2020
12/7/2020	Alight Performance Penalty Q3 2020	6,668.16	219	Ongoing Dependent Eligibility	2020
12/2/2020	Health Insurance Premiums 2020	1,697.38	101	Premiums	2020
12/2/2020	Jefferson Co BOE Nov 2020 Health	1,770,737.91	101	Premiums	2020
12/1/2020	Health Insurance Premiums 2020	109,228.31	101	Premiums	2020
12/1/2020	HRA Waiver 2020	1,225.00	102	HRA Waiver Contribution	2020
12/1/2020	Health Insurance Premiums 2020	22,388.26	101	Premiums	2020
12/1/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
12/1/2020	KCTCS Nov 2020 health premiums	113,794.76	101	Premiums	2020
12/1/2020	Health Insurance Premiums 2020	107,955.00	101	Premiums	2020
12/1/2020	HRA Waiver 2020	2,625.00	102	HRA Waiver Contribution	2020
12/1/2020	HRA Waiver Dental/Vision 2020	1,925.00	102	HRA Waiver Contribution	2020
12/2/2020	Health Insurance Premiums 2020	2,461,210.91	101	Premiums	2020
12/2/2020	HRA Waiver 2020	6,125.00	102	HRA Waiver Contribution	2020
12/2/2020	HRA Waiver Dental/Vision 2020	3,150.00	102	HRA Waiver Contribution	2020

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Date	Description	Amount	LRC Code	LRC Description	Plan Year
12/3/2020	Health Insurance Premiums 2020	1,127,397.49	101	Premiums	2020
12/4/2020	Health Insurance Premiums 2020	137,084.13	101	Premiums	2020
12/4/2020	Health Insurance Premiums 2020	1,005,238.85	101	Premiums	2020
12/4/2020	HRA Waiver 2020	2,800.00	102	HRA Waiver Contribution	2020
12/4/2020	HRA Waiver Dental/Vision 2020	525.00	102	HRA Waiver Contribution	2020
12/7/2020	Health Insurance Premiums 2020	396,680.61	101	Premiums	2020
12/7/2020	HRA Waiver 2020	87.50	102	HRA Waiver Contribution	2020
12/7/2020	Health Insurance Premiums 2020	943,527.03	101	Premiums	2020
12/14/2020	Health Insurance Premiums 2020	39,212.17	101	Premiums	2020
12/15/2020	Health Insurance Premiums 2020	229.08	101	Premiums	2020
12/9/2020	Health Insurance Premiums 2020	412,881.90	101	Premiums	2020
12/10/2020	Health Insurance Premiums 2020	227,619.32	101	Premiums	2020
12/11/2020	Health Insurance Premiums 2020	514,278.03	101	Premiums	2020
12/11/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
12/11/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
12/14/2020	Health Insurance Premiums 2020	191,209.14	101	Premiums	2020
12/14/2020	Health Insurance Premiums 2020	171,584.90	101	Premiums	2020
12/14/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
12/14/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
12/14/2020	Health Insurance Premiums 2020	19,076.46	101	Premiums	2020
12/15/2020	Health Insurance Premiums 2020	13,725.22	101	Premiums	2020
12/17/2020	Health Insurance Premiums 2020	406,649.29	101	Premiums	2020
12/17/2020	HRA Waiver 2020	2,275.00	102	HRA Waiver Contribution	2020
12/17/2020	HRA Waiver Dental/Vision 2020	525.00	102	HRA Waiver Contribution	2020
12/17/2020	Fayette Co BOE Nov 2020 Health	762,810.19	101	Premiums	2020
12/23/2020	Health Insurance Premiums 2020	5,251.52	101	Premiums	2020
12/17/2020	Health Insurance Premiums 2020	427,464.02	101	Premiums	2020
12/17/2020	HRA Waiver 2020	350.00	102	HRA Waiver Contribution	2020
12/17/2020	HRA Waiver Dental/Vision 2020	350.00	102	HRA Waiver Contribution	2020
12/18/2020	Health Insurance Premiums 2020	401,331.88	101	Premiums	2020
12/18/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
12/21/2020	Judicial Retirement Sys health insurance premiums 12-2020	3,952.86	101	Premiums	2020
12/21/2020	Judicial Retirement Sys health insurance premiums 12-2020	69,783.50	101	Premiums	2020
12/18/2020	Legislative Retirement Sys health insurance premiums 12-2020	3,487.22	101	Premiums	2020
12/18/2020	Legislative Retirement Sys health premiums and admin fees 12-2020	26,609.50	101	Premiums	2020
12/21/2020	Health Insurance Premiums 2020	761,814.42	101	Premiums	2020
12/21/2020	HRA Waiver 2020	350.00	102	HRA Waiver Contribution	2020
12/21/2020	HRA Waiver Dental/Vision 2020	700.00	102	HRA Waiver Contribution	2020
12/21/2020	Health Insurance Premiums 2020	894,481.58	101	Premiums	2020
12/21/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
12/23/2020	Health Insurance Premiums 2020	1,041,509.72	101	Premiums	2020
12/23/2020	HRA Waiver 2020	175.00	102	HRA Waiver Contribution	2020
12/28/2020	Health Insurance Premiums 2020	403,924.35	101	Premiums	2020
12/28/2020	HRA Waiver 2020	350.00	102	HRA Waiver Contribution	2020
12/28/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
12/28/2020	Health Insurance Premiums 2020	537,207.64	101	Premiums	2020
12/28/2020	HRA Waiver 2020	1,050.00	102	HRA Waiver Contribution	2020
12/28/2020	HRA Waiver Dental/Vision 2020	175.00	102	HRA Waiver Contribution	2020
12/28/2020	Health Insurance Premiums 2020	13,047.86	101	Premiums	2020
12/29/2020	Health Insurance Premiums 2020	6,521.26	101	Premiums	2020
12/30/2020	Health Insurance Premiums 2020	1,243,349.34	101	Premiums	2020
12/30/2020	HRA Waiver 2020	1,050.00	102	HRA Waiver Contribution	2020



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Date	Description	Amount	LRC Code	LRC Description	Plan Year
12/30/2020	HRA Waiver Dental/Vision 2020	350.00	102	HRA Waiver Contribution	2020
12/2/2020	Administration of Paper Claims	(5,134.50)	311	CVS Admin	2020
12/2/2020	Electronic Claims Processing	(111,974.35)	311	CVS Admin	2020
12/2/2020	INCENTIVE FULFILLMENT 11/2020	(68,145.78)	221	Staywell Admin	2020
12/2/2020	LAB OPTIONS -10/2020	(250.00)	221	Staywell Admin	2020
12/2/2020	PART/ENGAGEMENT PKG 11/2020	(23,313.03)	221	Staywell Admin	2020
12/2/2020	Phone/virtual coaching 10/2020	(30,450.00)	221	Staywell Admin	2020
12/2/2020	PHYSICIAN FORM -10/2020	(1,140.00)	221	Staywell Admin	2020
12/2/2020	POSTAGE 10/2020	(2,040.36)	221	Staywell Admin	2020
12/2/2020	Wellness Platform,Core 11/2020	(215,197.20)	221	Staywell Admin	2020
12/2/2020	Incentive Prefund	(139,756.00)	222	Staywell Claims Reimbursement	2020
12/2/2020	Fees or members residing in other states	(115.31)	215	Anthem Admin	2020
12/4/2020	Administration of Paper Claims	(22.50)	311	CVS Admin	2020
12/4/2020	Appeals	(30,490.00)	311	CVS Admin	2020
12/4/2020	Drug Savings Review	(79,443.60)	311	CVS Admin	2020
12/4/2020	Electronic Claims Processing	(79,101.60)	311	CVS Admin	2020
12/4/2020	Enhanced Safety & Monitoring	(10,592.48)	311	CVS Admin	2020
12/4/2020	Per Diam Fees	(300.00)	311	CVS Admin	2020
12/4/2020	Pharmacy Advisor Counseling	(158,887.20)	311	CVS Admin	2020
12/4/2020	Prior Authorization	(68,790.00)	311	CVS Admin	2020
12/4/2020	Incentive Prefund	(83,790.06)	222	Staywell Claims Reimbursement	2020
12/7/2020	DC FSA 2020	(1,965.60)	216	Wage Works Admin	2020
12/7/2020	HCDC FSA 2020	(3,186.40)	216	Wage Works Admin	2020
12/7/2020	HC FSA 2020	(73,214.40)	216	Wage Works Admin	2020
12/7/2020	HRA 2020	(337,744.40)	216	Wage Works Admin	2020
12/7/2020	Claims 2020	(29,897,346.32)	210	Medical Claims - Anthem	2020
12/9/2020	Administration of Paper Claims	(373.50)	311	CVS Admin	2020
12/9/2020	Electronic Claims Processing	(92,770.50)	311	CVS Admin	2020
12/9/2020	Incentive Prefund	(500,000.00)	222	Staywell Claims Reimbursement	2020
12/9/2020	Premise Health - Nov 2020	(109,991.35)	210	Medical Claims - Anthem	2020
12/14/2020	Claims 2020	(25,919,022.75)	210	Medical Claims - Anthem	2020
12/16/2020	Incentive Prefund	(451,059.70)	222	Staywell Claims Reimbursement	2020
12/18/2020	Administration of Paper Claims	(598.50)	311	CVS Admin	2020
12/18/2020	Electronic Claims Processing	(109,131.55)	311	CVS Admin	2020
12/18/2020	ANTHEM ASO FEES	(4,207.50)	215	Anthem Admin	2020
12/18/2020	ANTHEM ASO FEES	(3,657,777.75)	215	Anthem Admin	2020
12/18/2020	Rethink Benefits 12/2020	(88,184.00)	218	Rethink BH Services	2020
12/21/2020	COBRA General Notice Fee	(6,864.00)	216	Wage Works Admin	2020
12/21/2020	COBRA MONTHLY (PPPM)	(46,811.00)	216	Wage Works Admin	2020
12/21/2020	Customized Mailings	(20,250.00)	216	Wage Works Admin	2020
12/21/2020	MDX SAPPHIRE - MEG ADMIN FEES 12-2020	(26,371.30)	217	MDX Medical Admin - Compass Choice	2020
12/21/2020	MDX SAPPHIRE - SMARTSHOPPER ADMIN FEES 12-2020	(77,506.00)	217	MDX Medical Admin - Compass Choice	2020
12/21/2020	MDX/SAPPHIRE MEG PER INTERACTION FEES 11-2020	(3,600.00)	217	MDX Medical Admin - Compass Choice	2020
12/22/2020	MDX/COMPASS INCENTIVES NOVEMBER 2020	(28,685.00)	210	Medical Claims - Anthem	2020
12/22/2020	Claims 2020	(25,816,323.22)	210	Medical Claims - Anthem	2020
12/29/2020	Claims 2020	(21,501,864.82)	210	Medical Claims - Anthem	2020
12/23/2020	Health Insurance Refund	(1,217.10)	101	Premiums	2020
12/23/2020	Health Insurance Refund	(224.43)	101	Premiums	2020
12/23/2020	Health Insurance Refund	(47.74)	101	Premiums	2020
12/23/2020	Health Insurance Refund	(12.14)	101	Premiums	2020
12/3/2020	KDE Health Premiums 2020	59,421,877.15	101	Premiums	2020
12/14/2020	KRS Dec 2020 health insurance premiums	23,027,670.54	101	Premiums	2020

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12/30/2020	KTRS health insurance premiums 12-2020	8,382,124.49	101	Premiums	2020
12/28/2020	ISS FACILITY SERVICES CLINIC JANITORIAL SERVICES CANX, CHR, 300 BLDG, AND 500 MERO November 2020	(1,022.08)	502	Transfer for Clinic Services	2020
12/28/2020	ISS FACILITY SERVICES CLINIC JANITORIAL SERVICES L&N BLDG November 2020	(255.52)	502	Transfer for Clinic Services	2020
12/10/2020	2nd Quarter FY21 DEI Transfer from 2500 Fund to 13CG	(2,066,859.17)	501	Operating Transfer/Exp & Adj	2020
12/1/2020	CDHPHRA 2020	(386,469.01)	213	HRA Embedded Claims - Wage Works	2020
12/1/2020	HRA Waiver 2020	(256,548.59)	214	HRA Waiver Claims - Wage Works	2020
12/1/2020	HRA Waiver D/V 2020	(80,073.16)	214	HRA Waiver Claims - Wage Works	2020
12/2/2020	CDHPHRA 2020	(55,051.29)	213	HRA Embedded Claims - Wage Works	2020
12/2/2020	HRA Waiver 2020	(43,141.56)	214	HRA Waiver Claims - Wage Works	2020
12/2/2020	HRA Waiver D/V 2020	(10,900.34)	214	HRA Waiver Claims - Wage Works	2020
12/3/2020	CDHPHRA 2020	(156,439.19)	213	HRA Embedded Claims - Wage Works	2020
12/3/2020	HRA Waiver 2020	(102,294.35)	214	HRA Waiver Claims - Wage Works	2020
12/3/2020	HRA Waiver D/V 2020	(36,538.16)	214	HRA Waiver Claims - Wage Works	2020
12/3/2020	Claims 2020	(9,422,220.79)	310	Pharmacy Claims - CVS	2020
12/4/2020	CDHPHRA 2020	(160,289.29)	213	HRA Embedded Claims - Wage Works	2020
12/4/2020	HRA Waiver 2020	(91,809.52)	214	HRA Waiver Claims - Wage Works	2020
12/4/2020	HRA Waiver D/V 2020	(37,116.08)	214	HRA Waiver Claims - Wage Works	2020
12/7/2020	CDHPHRA 2020	(173,403.19)	213	HRA Embedded Claims - Wage Works	2020
12/7/2020	HRA Waiver 2020	(99,616.56)	214	HRA Waiver Claims - Wage Works	2020
12/7/2020	HRA Waiver D/V 2020	(55,275.04)	214	HRA Waiver Claims - Wage Works	2020
12/8/2020	CDHPHRA 2020	(331,179.45)	213	HRA Embedded Claims - Wage Works	2020
12/8/2020	HRA Waiver 2020	(193,755.37)	214	HRA Waiver Claims - Wage Works	2020
12/8/2020	HRA Waiver D/V 2020	(79,117.06)	214	HRA Waiver Claims - Wage Works	2020
12/9/2020	CDHPHRA 2020	(50,556.35)	213	HRA Embedded Claims - Wage Works	2020
12/9/2020	HRA Waiver 2020	(36,674.09)	214	HRA Waiver Claims - Wage Works	2020
12/9/2020	HRA Waiver D/V 2020	(8,120.76)	214	HRA Waiver Claims - Wage Works	2020
12/9/2020	Claims 2020	(12,042,409.25)	310	Pharmacy Claims - CVS	2020
12/10/2020	CDHPHRA 2020	(149,161.11)	213	HRA Embedded Claims - Wage Works	2020
12/10/2020	HRA Waiver 2020	(92,062.05)	214	HRA Waiver Claims - Wage Works	2020
12/10/2020	HRA Waiver D/V 2020	(38,830.07)	214	HRA Waiver Claims - Wage Works	2020
12/11/2020	CDHPHRA 2020	(161,872.00)	213	HRA Embedded Claims - Wage Works	2020
12/11/2020	HRA Waiver 2020	(88,947.65)	214	HRA Waiver Claims - Wage Works	2020
12/11/2020	HRA Waiver D/V 2020	(44,734.74)	214	HRA Waiver Claims - Wage Works	2020
12/14/2020	CDHPHRA 2020	(155,403.28)	213	HRA Embedded Claims - Wage Works	2020
12/14/2020	HRA Waiver 2020	(87,689.90)	214	HRA Waiver Claims - Wage Works	2020
12/14/2020	HRA Waiver D/V 2020	(44,114.27)	214	HRA Waiver Claims - Wage Works	2020
12/15/2020	CDHPHRA 2020	(354,266.85)	213	HRA Embedded Claims - Wage Works	2020
12/15/2020	HRA Waiver 2020	(217,890.05)	214	HRA Waiver Claims - Wage Works	2020
12/15/2020	HRA Waiver D/V 2020	(75,839.81)	214	HRA Waiver Claims - Wage Works	2020
12/16/2020	CDHPHRA 2020	(54,065.93)	213	HRA Embedded Claims - Wage Works	2020
12/16/2020	HRA Waiver 2020	(29,746.29)	214	HRA Waiver Claims - Wage Works	2020
12/16/2020	HRA Waiver D/V 2020	(6,296.95)	214	HRA Waiver Claims - Wage Works	2020
12/17/2020	CDHPHRA 2020	(166,213.48)	213	HRA Embedded Claims - Wage Works	2020
12/17/2020	HRA Waiver 2020	(99,241.49)	214	HRA Waiver Claims - Wage Works	2020
12/17/2020	HRA Waiver D/V 2020	(35,892.46)	214	HRA Waiver Claims - Wage Works	2020
12/18/2020	CDHPHRA 2020	(190,331.86)	213	HRA Embedded Claims - Wage Works	2020
12/18/2020	HRA Waiver 2020	(97,924.51)	214	HRA Waiver Claims - Wage Works	2020
12/18/2020	HRA Waiver D/V 2020	(47,730.73)	214	HRA Waiver Claims - Wage Works	2020
12/18/2020	Claims 2020	(13,279,938.97)	310	Pharmacy Claims - CVS	2020
12/21/2020	CDHPHRA 2020	(157,477.38)	213	HRA Embedded Claims - Wage Works	2020
12/21/2020	HRA Waiver 2020	(106,294.37)	214	HRA Waiver Claims - Wage Works	2020

**Kentucky Employees' Health Plan – Status Report**  
**4th Quarter, 2020**  
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Date	Description	Amount	LRC Code	LRC Description	Plan Year
12/21/2020	HRA Waiver D/V 2020	(39,529.32)	214	HRA Waiver Claims - Wage Works	2020
12/22/2020	CDHPHRA 2020	(357,734.85)	213	HRA Embedded Claims - Wage Works	2020
12/22/2020	HRA Waiver 2020	(199,791.02)	214	HRA Waiver Claims - Wage Works	2020
12/22/2020	HRA Waiver D/V 2020	(75,639.84)	214	HRA Waiver Claims - Wage Works	2020
12/23/2020	CDHPHRA 2020	(60,498.93)	213	HRA Embedded Claims - Wage Works	2020
12/23/2020	HRA Waiver 2020	(44,607.69)	214	HRA Waiver Claims - Wage Works	2020
12/23/2020	HRA Waiver D/V 2020	(10,323.90)	214	HRA Waiver Claims - Wage Works	2020
12/23/2020	Incentive Prefund	(337,863.00)	222	Staywell Claims Reimbursement	2020
12/24/2020	CDHPHRA 2020	(190,578.48)	213	HRA Embedded Claims - Wage Works	2020
12/24/2020	HRA Waiver 2020	(117,525.18)	214	HRA Waiver Claims - Wage Works	2020
12/24/2020	HRA Waiver D/V 2020	(47,965.16)	214	HRA Waiver Claims - Wage Works	2020
12/24/2020	Incentive Prefund	(369,543.88)	222	Staywell Claims Reimbursement	2020
12/29/2020	CDHPHRA 2020	(472,162.11)	213	HRA Embedded Claims - Wage Works	2020
12/29/2020	HRA Waiver 2020	(298,327.77)	214	HRA Waiver Claims - Wage Works	2020
12/29/2020	HRA Waiver D/V 2020	(106,602.69)	214	HRA Waiver Claims - Wage Works	2020
12/29/2020	Claims 2020	(13,818,361.08)	310	Pharmacy Claims - CVS	2020
12/30/2020	CDHPHRA 2020	(56,882.35)	213	HRA Embedded Claims - Wage Works	2020
12/30/2020	HRA Waiver 2020	(34,833.70)	214	HRA Waiver Claims - Wage Works	2020
12/30/2020	HRA Waiver D/V 2020	(9,876.93)	214	HRA Waiver Claims - Wage Works	2020
12/31/2020	CDHPHRA 2020	(212,975.46)	213	HRA Embedded Claims - Wage Works	2020
12/31/2020	HRA Waiver 2020	(130,587.68)	214	HRA Waiver Claims - Wage Works	2020
12/31/2020	HRA Waiver D/V 2020	(32,830.62)	214	HRA Waiver Claims - Wage Works	2020
12/2/2020	Health Ins. Dep. Eligibility Audit Oct 2020	(19,471.80)	219	Ongoing Dependent Eligibility	2020
12/18/2020	pilot acupuncture program	(4,891.46)	210	Medical Claims - Anthem	2020
12/18/2020	Health Ins. Dep. Eligibility Audit NOV 2020	(14,287.60)	219	Ongoing Dependent Eligibility	2020
	<b>December</b>	<b>(34,688,894.48)</b>			
	<b>Ending Balance</b>	<b>\$361,700,384.83</b>			

**Kentucky Employees' Health Plan – Status Report**  
**4th Quarter, 2020**  
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<b>December Account Summary</b>		
101	Premiums	132,915,113.55
102	HRA Waiver Contribution	649,162.50
110	Interest Income	(2,569.95)
121	Drug Rebates - CVS	0.00
130	Transfers From other plan year(s)	0.00
210	Medical Claims - Anthem	(102,823,252.41)
213	HRA Embedded Claims - Wage Works	(4,053,405.46)
214	HRA Waiver Claims - Wage Works	(3,392,491.48)
215	Anthem Admin	(3,662,100.56)
216	Wage Works Admin	(490,035.80)
217	MDX Medical Admin - Compass Choice	(107,477.30)
218	Rethink BH Services	(88,184.00)
219	Ongoing Dependent Eligibility Audit	(27,091.24)
220	Printing & Postage Services	0.00
221	Staywell Admin	(340,536.37)
222	Staywell Claims	(1,882,012.64)
310	Pharmacy Claims - CVS	(48,568,061.44)
311	CVS Admin	(747,610.28)
500	Transfers To other plan year(s)	0.00
501	Operating Transfer/ Exp & Adj	(2,066,859.17)
502	Transfer for Clinic Cleaning Services	(1,277.60)
503	Voided/NSF/Cancelled Check Fees	(204.83)
<b>December Activity</b>		<b>(34,688,894.48)</b>



Kentucky Employees' Health Plan – Status Report  
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	2019 Balance Forward	Plan Year 2016												Plan Year Transactions to Date			
		January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20	December-20				
<b>2020</b>																	
101 PREMIUMS	\$1,632,967,051.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,632,967,051.25
102 HRA WAIVER CONTRIBUTION	\$47,516,224.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$47,516,224.39
110 INTEREST INCOME	\$7,627,758.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$7,627,758.07
120 DRUG REBATES- ESCRIPTS	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
121 DRUG REBATES- CVS	\$72,152,362.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$72,152,362.68
130 TRANSFERS FROM OTHER PLAN YEAR(S)	\$13,478.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$13,478.00
201 MEDICAL CLAIMS HUMANA	\$693,465.51	0.00	153,018.13	0.00	0.00	0.00	0.00	0.00	108,174.36	0.00	0.00	0.00	0.00	140,593.83	0.00	0.00	\$1,095,251.83
202 HUMANA ADMIN FEES	(\$13,652,574.51)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$13,652,574.51)
203 HRA EMBEDDED CLAIMS HUMANA	\$1,289.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,289.81
204 HRA WAIVER CLAIMS HUMANA	\$2,756.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$2,756.85
210 MEDICAL CLAIMS- ANTHEM	(\$965,945,316.50)	167,196.86	(136,954.42)	59,887.35	592.25	149,560.91	14,098.88	69,266.93	9,537.71	130,376.24	5,608.61	111,910.50	8,766.11	0.00	0.00	0.00	(\$965,395,388.57)
213 HRA EMBEDDED CLAIMS- WW	(\$43,354,537.76)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$43,354,537.76)
214 HRA WAIVER CLAIMS- WW	(\$40,101,132.65)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$40,101,132.65)
215 ANTHEM ADMIN	(\$46,512,941.38)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$46,512,941.38)
216 WAGE WORKS ADMIN	(\$4,430,107.57)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$4,430,107.57)
217 MDX MEDICAL ADMIN- COMPASS	(\$937,280.09)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$937,280.09)
218 Rethink- BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
219 Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
220 Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
221 Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
222 Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
301 PHARMACY CLAIMS- ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
302 EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
310 PHARMACY CLAIMS- CVS	(\$362,575,907.12)	3.19	0.00	1.27	(394.28)	(2,592.68)	0.00	0.00	0.00	(426.87)	0.00	0.00	6.20	0.00	0.00	0.00	(\$362,579,310.29)
311 CVS ADMIN	(\$9,340,301.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$9,340,301.00)
500 TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
501 OPERATING TRANSFER/EXP & ADJ	(\$186,796,027.57)	0.00	0.00	0.00	0.00	0.00	(87,713,558.61)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$186,796,027.57)
502 Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
503 Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
<b>Total Cash Transactions:</b>	\$87,328,260.41	\$167,200.05	\$16,063.71	\$59,888.62	\$197.97	\$147,068.23	(\$87,699,459.73)	\$69,266.93	\$117,712.07	\$129,949.37	\$5,608.61	\$252,510.53	\$8,766.11	\$8,766.11	\$0.00	\$0.00	\$603,032.88

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2019	Plan Year 2016												Plan Year Transactions to Date	
	2018 Balance Forward	January-19	February-19	March-19	April-19	May-19	June-19	July-19	August-19	September-19	October-19	November-19		December-19
101 PREMIUMS	\$1,632,967,051.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,632,967,051.25
102 HRA WAIVER CONTRIBUTION	\$47,516,224.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$47,516,224.39
110 INTEREST INCOME	\$7,627,758.07	493,113.46	451,511.62	426,947.56	(1,371,572.64)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$7,627,758.07
120 DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
121 DRUG REBATES- CVS	\$72,017,116.58	100,020.35	0.00	17,776.88	0.00	0.00	0.00	5,932.40	0.00	11,516.47	0.00	0.00	0.00	\$72,152,362.68
130 TRANSFERS FROM OTHER PLAN YEAR(S)	\$15,478.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$15,478.00
201 MEDICAL CLAIMS HUMANA	\$362,255.47	0.00	116,169.58	0.00	0.00	171,020.08	0.00	44,020.38	0.00	0.00	0.00	0.00	0.00	\$693,465.51
202 HUMANA ADMIN FEES	(\$13,652,574.51)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$13,652,574.51)
208 HRA EMBEDDED CLAIMS HUMANA	\$1,289.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,289.81
204 HRA WAIVER CLAIMS HUMANA	\$2,756.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$2,756.85
210 MEDICAL CLAIMS- ANTHEM	(\$966,440,697.90)	47,966.71	(3,217.72)	(17,426.02)	122,970.25	80,861.25	4,402.72	30,657.75	34,561.12	23,494.52	135,817.87	124,606.43	(89,313.48)	(\$965,945,316.50)
213 HRA EMBEDDED CLAIMS- VIV	(\$43,353,232.57)	198.18	1,432.32	(5.80)	0.00	0.00	0.00	0.00	(618.61)	0.00	(2,311.30)	0.00	0.00	(\$43,354,337.78)
214 HRA WAIVER CLAIMS- VIV	(\$40,096,274.28)	(0.01)	0.00	0.00	0.00	(4.80)	0.00	0.00	(2,018.58)	0.00	(834.96)	0.00	0.00	(\$40,101,132.63)
215 ANTHEM ADMIN	(\$46,512,941.38)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$46,512,941.38)
216 WAGE WORKS ADMIN	(\$4,430,107.57)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$4,430,107.57)
217 MDX MEDICAL ADMIN- COMPASS	(\$937,280.09)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$937,280.09)
218 Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
219 Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
220 Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
221 Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
222 Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
301 PHARMACY CLAIMS- ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
302 EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
310 PHARMACY CLAIMS- CVS	(\$362,534,567.83)	(9,256.86)	(3,840.14)	(17.11)	(270.12)	(5,621.99)	(19,001.95)	(3,228.51)	(935.13)	(18.70)	152.72	(756.52)	1,455.02	(\$362,575,907.12)
311 CVS ADMIN	(\$9,339,176.00)	(495.80)	(334.85)	(4.50)	(56.30)	(1.50)	(271.85)	(20.20)	0.00	0.00	0.00	0.00	0.00	(\$9,340,301.00)
500 TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
501 OPERATING TRANSFER/EXP & ADJ	(\$51,655,527.57)	0.00	0.00	0.00	0.00	0.00	(135,140,500.00)	0.00	0.00	0.00	0.00	0.00	0.00	(\$136,796,027.57)
502 Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
503 Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
Total Cash Transactions:	\$21,553,550.72	\$631,606.08	\$561,720.81	\$409,494.13	(\$1,231,151.93)	\$246,255.04	(\$135,155,371.06)	\$77,982.02	\$30,968.60	\$23,475.62	\$146,340.80	\$123,849.91	(\$87,858.46)	\$87,326,260.41



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		Plan Year 2016												Plan Year Transactions to Date	
		2017 Balance Forward	January-18	February-18	March-18	April-18	May-18	June-18	July-18	August-18	September-18	October-18	November-18	December-18	December-18
2018															
101	PREMIUMS	\$1,632,967,051.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,632,967,051.25
102	HRA WAIVER CONTRIBUTION	\$47,516,224.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$47,516,224.39
110	INTEREST INCOME	\$3,472,503.18	(5,132.63)	297,494.59	340,342.81	376,403.98	375,130.85	0.00	845,926.91	424,543.44	299,301.17	409,147.68	424,572.11	367,529.98	\$7,627,758.07
120	DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
121	DRUG REBATES- CVS	\$71,648,779.82	51,467.15	0.00	0.00	146,793.54	0.00	0.00	95,704.18	0.00	0.00	74,371.89	0.00	0.00	\$72,017,116.58
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	13,478.00	0.00	0.00	0.00	0.00	0.00	0.00	\$13,478.00
201	MEDICAL CLAIMS HUMANA	\$556.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	238,285.73	0.00	123,413.29	0.00	0.00	\$362,255.47
202	HUMANA ADMIN FEES	\$1,289.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,289.81
204	HRA WAIVER CLAIMS HUMANA	\$2,756.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$2,756.85
210	MEDICAL CLAIMS- ANTHEM	(\$967,774,871.70)	(77,709.55)	185,077.74	(70,929.24)	(108,055.71)	847,932.96	(16,268.32)	222,594.09	154,273.10	174,948.34	(20,515.39)	58,235.37	(15,409.59)	(\$966,440,697.90)
213	HRA EMBEDDED CLAIMS- WW	(\$43,343,274.73)	(403.53)	0.00	1,099.09	(4.43)	0.00	(2.61)	0.00	(4.34)	(4,489.31)	213.00	0.00	0.00	(\$43,353,232.57)
214	HRA WAIVER CLAIMS- WW	(\$40,086,554.35)	(7.56)	0.00	1,998.40	0.00	0.00	0.00	0.00	(11,824.69)	1,106.43	(6,365.71)	12.84	(105.30)	(\$40,098,274.28)
215	ANTHEM ADMIN	(\$4,430,107.57)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$4,430,107.57)
217	MDX MEDICAL ADMIN- COMPASS	(\$937,280.09)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$937,280.09)
218	Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
219	Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
221	Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
222	Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
301	PHARMACY CLAIMS- ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
302	EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
310	PHARMACY CLAIMS- CVS	(\$382,486,937.56)	41.84	(1,706.49)	(1,831.50)	0.79	(1,171.23)	(37.97)	(4,220.58)	(6,113.60)	(779.60)	(28,349.11)	(640.48)	(2,822.34)	(\$383,534,567.83)
311	CVS ADMIN	(\$9,338,717.05)	(7.95)	(53.55)	(4.85)	(52.65)	(37.50)	1.70	(51.70)	(23.30)	(179.30)	(49.85)	0.00	0.00	(\$9,339,176.00)
500	TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
501	OPERATING TRANSFER/EXP & ADJ	(\$16,651,795.32)	0.00	0.00	0.00	0.00	0.00	(35,003,732.25)	0.00	0.00	0.00	0.00	0.00	0.00	(\$16,651,795.32)
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
503	Voided/NSF / Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
Total Cash Transactions		\$250,400,107.49	(\$31,752.23)	\$480,312.29	\$120,674.71	\$415,085.52	\$1,221,852.47	(\$35,006,558.84)	\$1,159,948.56	\$794,651.37	\$474,610.04	\$542,752.75	\$482,179.84	\$946,186.75	\$221,553,560.72

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		Plan Year 2016												Plan Year Transactions to Date	
		2016 Balance Forward	January-17	February-17	March-17	April-17	May-17	June-17	July-17	August-17	September-17	October-17	November-17	December-17	Date
101	PREMIUMS	\$1,563,042,999.66	69,586,501.85	337,851.06	820.14	143.00	642.98	47.00	0.00	0.00	0.00	168.99	39.99	(2,163.42)	\$1,632,967,051.25
102	HRA WAIVER CONTRIBUTION	\$ 47,496,797.29	16,627.10	2,800.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$47,516,224.39
110	INTEREST INCOME	\$ 768,140.88	149,863.37	162,086.19	170,299.55	188,428.88	172,910.86	188,299.77	207,187.54	235,469.42	221,931.54	244,084.66	367,099.86	396,810.66	\$3,472,503.18
120	DRUG REBATES- ESCRIPTS	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
121	DRUG REBATES- CVS	\$ 20,636,029.69	15,006,694.62	0.00	0.00	0.00	25,159,775.68	0.00	10,811,711.59	0.00	0.00	34,628.24	0.00	0.00	\$71,648,779.82
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
201	MEDICAL CLAIMS HUMANA	\$ 556.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$556.45
202	HUMANA ADMIN FEES	\$ (11,541,572.45)	(702,786.77)	(1,408,215.29)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$13,652,574.51)
203	HRA EMBEDDED CLAIMS HUMANA	\$ 990.53	0.00	0.00	299.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,289.81
204	HRA WAIVER CLAIMS HUMANA	\$ 1,059.76	0.00	0.00	1,697.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$2,756.85
210	MEDICAL CLAIMS- ANTHEM	\$ (857,969,173.93)	(71,469,059.78)	(20,205,751.55)	(6,901,128.41)	(3,601,472.40)	(3,678,016.02)	(897,621.48)	(786,998.48)	(1,241,328.63)	(893,605.14)	(1,551,511.99)	(208,286.26)	233,085.81	(\$967,774,871.70)
213	HRA EMBEDDED CLAIMS- WW	\$ (41,742,537.41)	(985,701.44)	(249,681.08)	(248,325.58)	(115,294.21)	(733.00)	(739.30)	(867.06)	(4.89)	(8.87)	0.00	603.03	4.92	(\$43,343,274.73)
214	HRA WAIVER CLAIMS- WW	\$ (37,795,088.26)	(1,252,279.80)	(379,355.50)	(340,183.20)	(274,011.58)	(4.60)	(4,078.20)	(36,247.96)	(192.27)	(22.21)	(618.13)	487.06	0.00	(\$40,080,554.35)
215	ANTHEM ADMIN	\$ (46,487,719.38)	(25,222.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$46,512,941.38)
216	WAGE WORKS ADMIN	\$ (4,070,237.77)	(359,869.80)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$4,430,107.57)
217	MDX MEDICAL ADMIN- COMPASS	\$ (937,290.09)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$937,290.09)
218	Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
219	Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
221	Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
222	Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
301	PHARMACY CLAIMS- ES1	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
302	EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
310	PHARMACY CLAIMS- CVS	(\$353,641,302.53)	(8,547,317.41)	(57,263.69)	(37,189.24)	(133,081.60)	(32,130.46)	(5,970.94)	(4,300.79)	(8,418.91)	(18,944.27)	11,133.18	(994.05)	(11,156.85)	(\$362,486,937.58)
311	CVS ADMIN	(\$8,297,056.74)	(678,472.18)	(370,055.43)	(1,790.75)	9,659.00	(25.50)	(757.75)	(5.55)	(10.05)	(10.05)	(195.05)	72.00	(59.05)	(\$9,338,717.09)
500	TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
501	OPERATING TRANSFER/EXP & ADJ	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$16,651,795.32)
503	Voided/NSF/ Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
Total Cash Transactions		\$259,342,238.96	(\$5,236,536.24)	(\$22,167,635.29)	(\$7,855,544.12)	(\$3,925,648.91)	\$21,071,485.94	(\$720,820.91)	\$10,188,479.58	(\$1,014,476.28)	(\$690,650.00)	\$133,686.90	\$159,018.63	\$616,512.23	\$250,400,107.49



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		Plan Year 2016												Plan Year	
		2015 Balance	January-16	February-16	March-16	April-16	May-16	June-16	July-16	August-16	September-16	October-16	November-16	December-16	Transactions to Date
2016															
101	PREMIUMS	\$0.00	67,884,756.89	134,594,774.92	142,168,142.48	134,881,589.51	131,979,539.41	116,187,664.25	159,709,809.20	133,905,187.73	137,584,818.27	132,475,240.90	132,461,644.50	139,109,831.60	1,563,042,999.66
102	HRA WAIVER CONTRIBUTION	\$0.00	712,775.00	3,929,355.16	7,227,392.13	4,006,700.08	3,992,186.55	3,626,163.99	1,070,656.34	7,092,550.31	707,525.00	7,063,072.82	4,042,261.39	4,086,158.52	47,489,797.29
110	INTEREST INCOME	\$0.00	0.00	9,243.43	30,487.24	49,908.27	46,641.30	59,920.04	70,874.48	87,364.39	85,941.08	89,346.92	118,687.78	119,722.95	766,140.88
120	DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
121	DRUG REBATES- CVS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,681,772.41	0.00	0.00	12,954,257.28	0.00	0.00	20,636,029.69
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
201	MEDICAL CLAIMS HUMANA	\$0.00	(653,824.36)	(975,052.95)	(715,486.34)	0.00	(3,301,530.91)	0.00	(1,219,947.50)	0.00	0.00	0.00	(1,091,492.43)	(844,601.95)	(11,541,572.46)
202	HUMANA ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	556.45
203	HRA EMBEDDED CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	990.53
204	HRA WAIVER CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,059.76
210	MEDICAL CLAIMS- ANTHEM	\$0.00	(8,167,090.27)	(4,136,597.04)	(76,430,066.31)	(63,192,852.13)	(68,535,810.60)	(83,544,773.66)	(79,874,166.05)	(98,389,790.50)	(77,760,071.82)	(77,318,573.40)	(97,625,529.43)	(86,993,852.14)	(857,969,173.35)
213	HRA EMBEDDED CLAIMS- WW	\$0.00	(3,020,253.34)	(4,485,078.03)	(5,244,698.28)	(4,494,395.49)	(4,239,304.57)	(3,855,384.09)	(3,335,224.04)	(3,162,194.77)	(2,480,196.11)	(2,483,314.38)	(2,453,164.24)	(2,489,350.07)	(41,740,517.41)
214	HRA WAIVER CLAIMS- WW	\$0.00	(2,781,651.94)	(3,151,157.59)	(3,520,291.61)	(2,958,089.92)	(2,661,065.87)	(2,546,527.12)	(4,676,707.01)	(3,963,895.12)	(2,867,812.68)	(2,833,696.19)	(2,800,082.87)	(3,031,090.34)	(37,792,068.26)
215	ANTHEM ADMIN	\$0.00	(3,913,583.52)	(3,916,910.80)	(3,913,585.20)	(3,959,695.76)	(3,904,817.14)	(3,884,975.56)	(3,851,515.77)	(3,838,259.34)	(3,753,544.88)	(3,856,141.14)	(3,849,429.15)	(4,070,237.77)	(46,487,719.38)
216	WAGE WORKS ADMIN	\$0.00	(78,776.55)	(402,051.40)	(340,661.40)	(14,229.00)	(373,782.60)	(15,144.60)	(384,875.54)	(981,349.00)	(320,686.20)	(382,826.60)	(363,856.60)	(490,774.83)	(4,070,237.77)
217	MDX MEDICAL ADMIN- COMPASS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	(159,062.54)	(76,944.87)	0.00	(153,515.03)	(77,293.61)	(77,325.94)	(97,290.09)
218	Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
219	Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
221	Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
222	Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
301	PHARMACY CLAIMS- ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
302	EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
310	PHARMACY CLAIMS- CVS	\$0.00	(16,880,537.46)	(25,655,914.79)	(26,090,009.72)	(28,886,150.30)	(38,471,339.43)	(31,481,904.31)	(30,107,694.38)	(32,328,426.34)	(32,438,117.47)	(31,577,455.87)	(35,192,481.03)	(34,331,271.43)	(353,641,302.53)
311	CVS ADMIN	\$0.00	(307,900.85)	(323,110.40)	(848,337.47)	(975,275.77)	(801,602.95)	(226,538.60)	(762,171.70)	(1,151,607.75)	(734,409.01)	(932,960.95)	(1,196,254.08)	(656,867.21)	(8,297,066.74)
500	TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
501	OPERATING TRANSFER/EXP & ADJ	\$0.00	(2,353,700.00)	(1,500,010.00)	(750,000.00)	(257.00)	(215,894.00)	(3,697,408.00)	0.00	0.00	1,327,766.20	(1,385,322.00)	176,575.00	(152,954.52)	(10,125,407.32)
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
503	Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total Cash Transactions	\$0.00	\$30,540,213.60	\$57,908,903.70	\$31,494,423.79	\$32,101,538.39	\$23,650,706.28	(\$6,023,831.16)	\$40,590,257.40	(\$4,194,843.74)	\$19,351,968.13	\$31,550,190.63	(\$7,946,246.74)	\$10,218,455.68	\$259,342,238.96

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2020	Plan Year 2017												Plan Year Transactions to Date											
	2019 Balance Forward	January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20		December-20										
101 PREMIUMS	\$1,627,272,471.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,627,272,471.75										
102 HRA WAIVER CONTRIBUTION	\$47,274,598.99	0.00	0.00	8,775.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$47,283,372.29										
110 INTEREST INCOME	\$5,171,264.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$5,171,264.91										
120 DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
120 DRUG REBATES- CVS	\$95,991,964.49	191,506.51	0.00	15,864.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$96,199,335.78										
130 TRANSFERS FROM OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
201 MEDICAL CLAIMS HUMANA	\$2,906.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$2,906.12										
202 HUMANA ADMIN FEES	(\$15,422,529.10)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$15,422,529.10)										
203 HRA EMBEDDED CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
204 HRA WAIVER CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
210 MEDICAL CLAIMS- ANTHEM	(\$994,619,267.49)	93,652.86	238,419.01	(78,995.28)	(57,038.64)	(106,992.93)	(64,033.72)	14,786.62	76,076.32	17,139.14	(13,470.25)	(12,188.15)	42,974.10	(\$994,468,938.41)										
213 HRA EMBEDDED CLAIMS- WW	(\$47,475,538.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$47,475,538.33)										
214 HRA WAIVER CLAIMS- WW	(\$40,356,668.99)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$40,356,668.99)										
215 ANTHEM ADMIN	(\$46,125,128.78)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$46,125,128.78)										
216 WAGE WORKS ADMIN	(\$4,411,465.60)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$4,411,465.60)										
217 MDX MEDICAL ADMIN- COMPASS	(\$924,137.15)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$924,137.15)										
218 Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
219 Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
220 Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
221 Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
222 Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
301 PHARMACY CLAIMS- ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
302 EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
310 PHARMACY CLAIMS- CVS	(\$399,402,664.89)	(525.65)	0.00	(4,239.99)	(493.58)	(141.48)	(3,080.40)	(1,123.45)	(3,163.54)	0.00	(945.09)	0.00	(23.49)	(\$399,415,801.52)										
311 CVS ADMIN	(\$8,802,020.69)	0.00	(1,524.51)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$8,803,545.20)										
500 TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
501 OPERATING TRANSFER/EXP & ADJ	(\$11,101,996.80)	0.00	0.00	0.00	0.00	0.00	(87,650,841.39)	(87,650,841.39)	0.00	0.00	0.00	0.00	0.00	(\$186,403,679.58)										
502 Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
503 Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00										
Total Cash Transactions:													\$207,071,788.44	\$236,894.50	(\$74,461.97)	(\$41,667.44)	(\$107,134.41)	(\$87,637,178.22)	\$72,912.78	\$17,139.14	(\$13,815.30)	(\$12,188.15)	\$42,950.61	\$32,121,918.19



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2019	Plan Year 2017												Plan Year Transactions to Date	
	2018 Balance Forward	January-19	February-19	March-19	April-19	May-19	June-19	July-19	August-19	September-19	October-19	November-19		December-19
101 PREMIUMS	1,627,272,143.61	287.98	0.00	0.00	0.00	0.00	40.16	0.00	0.00	0.00	0.00	0.00	0.00	1,627,272,471.75
102 HRA WAIVER CONTRIBUTION	47,274,598.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47,274,598.99
110 INTEREST INCOME	5,171,264.91	455,366.04	414,768.00	392,966.58	(1,263,100.62)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,171,264.91
120 DRUG REBATES- ESCRPTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
121 DRUG REBATES- CVS	95,892,128.51	39,379.67	0.00	0.00	44,751.07	0.00	6,506.73	0.00	0.00	9,198.51	0.00	0.00	0.00	95,991,964.49
130 TRANSFERS FROM OTHER PLAN YEAR(S)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
201 MEDICAL CLAIMS HUMANA	2,906.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,906.12
202 HUMANA ADMIN FEES	(15,422,529.10)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(15,422,529.10)
203 HRA EMBEDDED CLAIMS HUMANA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
204 HRA WAIVER CLAIMS HUMANA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
210 MEDICAL CLAIMS- ANTHEM	(997,048,208.70)	(964,201.41)	497,671.26	214,397.32	894,343.88	418,082.12	218,547.84	244,910.58	220,423.37	399,183.37	334,391.44	(116,775.19)	67,956.63	(994,619,267.69)
213 HRA EMBEDDED CLAIMS- WW	(67,481,463.65)	(7.13)	6,357.34	(0.65)	0.00	0.00	1,231.18	(4.20)	956.31	(573.19)	(2,054.54)	0.00	0.00	(67,475,538.13)
214 HRA WAIVER CLAIMS- WW	(40,356,353.32)	(4.00)	0.00	(0.99)	0.00	0.00	3,883.71	0.00	(211.89)	(452.58)	(3,449.93)	0.00	0.00	(40,356,668.99)
215 ANTHEM ADMIN	(46,125,128.78)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(46,125,128.78)
216 WAGE WORKS ADMIN	(4,411,465.60)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(4,411,465.60)
217 MDX MEDICAL ADMIN- COMPASS	(924,137.15)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(924,137.15)
218 Rethink- BH Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
219 Dependent Eligibility Audit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220 Printing & Postage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
221 Staywell Admin	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
222 Staywell Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
301 PHARMACY CLAIMS- ESI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
302 EXPRESS SCRIPTS ADMIN FEES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
310 PHARMACY CLAIMS- CVS	(399,347,610.23)	(20,534.77)	(4,680.23)	(224.45)	(1,246.37)	(2,352.58)	(3,168.19)	(7,174.80)	(1,610.88)	1,506.84	157.51	(15,618.35)	(706.39)	(399,402,664.89)
311 CVS ADMIN	(8,800,355.19)	(174.70)	(303.25)	(40.50)	(680.65)	(49.50)	(353.55)	0.00	(63.35)	0.00	0.00	0.00	0.00	(8,802,020.69)
500 TRANSFERS TO OTHER PLAN YEAR(S)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
501 OPERATING TRANSFER/EXP & ADJ	(11,101,996.80)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(11,101,996.80)
502 Transfer for Clinic Cleaning Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
503 Voided/NSF/Cancelled Check Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Cash Transactions	\$204,593,813.82	(\$489,888.32)	\$914,413.12	\$607,097.31	(\$325,932.69)	\$415,680.04	\$220,101.15	\$244,236.31	\$219,493.56	\$399,664.44	\$538,243.00	(\$132,393.54)	\$67,258.24	\$207,071,788.44

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		Plan Year 2017												Plan Year	
		2017 Balance Forward	January-18	February-18	March-18	April-18	May-18	June-18	July-18	August-18	September-18	October-18	November-18	December-18	Transactions to Date
2018															
101	PREMIUMS	\$1,554,087,822.44	73,018,271.95	159,872.58	(195.20)	(390.48)	0.00	26.20	0.00	5,780.32	125.74	830.06	0.00	0.00	1,627,272,143.61
102	HRA WAIVER CONTRIBUTION	\$47,259,198.99	14,350.00	1,050.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47,274,598.99
110	INTEREST INCOME	\$1,509,926.30	877.81	246,993.59	258,021.80	273,923.90	308,023.20	0.00	791,973.00	395,289.07	277,252.91	377,498.52	392,319.69	339,165.12	5,171,264.91
120	DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
121	DRUG REBATES- CVS	\$41,678,512.17	24,619,304.10	0.00	0.00	27,578,464.95	0.00	0.00	1,567,653.52	0.00	0.00	448,193.77	0.00	0.00	95,892,128.51
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,906.12
201	MEDICAL CLAIMS- HUMANA	\$2,906.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
202	HUMANA ADMIN FEES	(\$12,849,515.24)	(826,227.96)	(1,746,785.90)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(15,422,529.10)
203	HRA EMBEDDED CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
204	HRA WAIVER CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
210	MEDICAL CLAIMS- ANTHEM	(\$883,256,086.57)	(81,357,124.82)	(15,167,046.17)	(7,127,898.73)	(3,775,742.25)	(840,001.25)	(1,453,645.37)	(2,347,350.06)	(690,551.88)	(647,491.77)	(13,884.86)	(234,251.06)	(137,134.91)	(997,048,208.70)
213	HRA EMBEDDED CLAIMS- VVV	(\$45,513,900.90)	(1,231,403.36)	(315,679.86)	(279,562.97)	(139,052.19)	(1,481.38)	(427.96)	(84.94)	(2.71)	(654.95)	(101.89)	909.66	0.00	(47,481,443.45)
214	HRA WAIVER CLAIMS- VVV	(\$38,118,751.19)	(1,422,355.72)	(315,922.56)	(289,448.71)	(175,657.35)	(1,432.13)	(45.87)	(37,100.66)	(619.82)	88.37	0.00	4,892.32	0.00	(40,356,353.32)
215	ANTHEM ADMIN	(\$46,113,658.08)	(11,470.70)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(46,125,128.78)
216	WAGE WORKS ADMIN	(\$4,041,394.60)	(370,081.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(4,411,465.60)
217	MDX MEDICAL ADMIN- COMPASS	(\$847,265.95)	(76,871.20)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(924,137.15)
218	Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
219	Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
221	Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
222	Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
301	PHARMACY CLAIMS- ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
302	EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
310	PHARMACY CLAIMS- CVS	(\$391,628,512.59)	(7,952,694.19)	11,578.40	14,450.17	(11,049.76)	(524.58)	(20,886.85)	(10,848.62)	(15,339.23)	(1,528.51)	(5,036.50)	16,800.41	255,981.62	(399,347,610.23)
311	CVS ADMIN	(\$7,738,440.06)	(668,398.11)	(429,603.47)	(224.85)	37,281.50	(53.90)	(21.35)	(635.25)	(14.75)	(174.55)	(70.40)	0.00	0.00	(8,800,355.19)
500	TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
501	OPERATING TRANSFER/EXP & ADJ	\$0.00	0.00	(137,100.00)	0.00	0.00	(665,103.78)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(11,101,996.80)
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
503	Voided/NSF/ Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Cash Transactions		\$204,131,058.82	\$3,796,176.80	(\$17,692,643.39)	(\$7,424,858.49)	\$25,787,778.32	(\$1,200,573.82)	(\$1,475,001.20)	(\$36,393.01)	(\$305,499.00)	(\$372,382.76)	\$807,428.70	\$180,671.02	\$458,011.83	\$204,593,813.82



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		Plan Year 2017												Plan Year	
		2016 Balance Forward	January-17	February-17	March-17	April-17	May-17	June-17	July-17	August-17	September-17	October-17	November-17	December-17	Transactions to Date
101	PREMIUMS	\$0.00	63,487,153.25	136,115,845.31	139,689,927.78	130,779,529.36	143,280,024.72	105,522,574.30	164,946,580.62	131,168,229.95	134,268,063.77	134,220,067.63	134,611,429.47	135,998,396.28	1,554,087,822.44
102	HRA WAIVER CONTRIBUTION	\$0.00	3,862,325.04	3,898,447.63	3,921,256.38	706,300.00	7,257,285.08	370,650.00	4,307,673.88	7,026,047.48	3,769,167.44	3,998,166.92	706,562.50	7,435,316.64	47,259,198.99
110	INTEREST INCOME	\$0.00	0.00	15,064.99	41,102.23	75,949.22	86,224.67	100,009.88	95,696.21	164,300.67	143,253.18	178,910.99	285,594.39	323,829.87	1,509,926.30
120	DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
121	DRUG REBATES- CVS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,853,102.72	0.00	0.00	20,825,409.45	0.00	0.00	0.00
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
201	MEDICAL CLAIMS HUMANA	\$0.00	0.00	(625,958.62)	(1,254,513.18)	(3,779,635.99)	0.00	(1,034,725.52)	(920,251.40)	(1,708,648.01)	(766,572.64)	(721,011.76)	(1,130,249.60)	(908,048.52)	(12,849,515.54)
202	HUMANA ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	305.60	0.00	(305.60)	0.00	0.00	0.00
203	HRA EMBEDDED CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	316.88	0.00	(316.88)	0.00	0.00	0.00
204	HRA WAIVER CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
210	MEDICAL CLAIMS- ANTHEM	\$0.00	(8,527,678.56)	(62,770,015.11)	(64,513,337.18)	(63,422,660.48)	(86,820,349.06)	(74,821,301.08)	(76,457,861.27)	(102,161,247.47)	(72,497,083.74)	(98,789,022.05)	(77,481,176.90)	(84,993,751.67)	(883,256,085.57)
213	HRA EMBEDDED CLAIMS- WWV	\$0.00	(3,586,651.72)	(4,489,915.17)	(5,473,261.60)	(4,461,386.29)	(4,633,623.68)	(4,280,002.97)	(3,767,992.95)	(3,471,321.42)	(2,645,262.52)	(3,024,708.77)	(2,762,916.90)	(2,916,856.91)	(45,513,900.90)
214	HRA WAIVER CLAIMS- WWV	\$0.00	(3,150,018.24)	(3,070,994.88)	(3,368,684.06)	(2,675,185.40)	(2,699,039.49)	(4,758,415.40)	(3,890,011.02)	(2,690,941.93)	(3,153,365.28)	(3,153,365.28)	(2,639,268.10)	(3,345,793.03)	(38,118,751.19)
215	ANTHEM ADMIN	\$0.00	(3,866,759.16)	(3,890,944.27)	(3,859,786.25)	(3,946,996.12)	(3,851,038.00)	(3,873,626.03)	(3,816,613.61)	(3,834,298.41)	(3,768,661.41)	(3,824,237.37)	(3,855,944.97)	(3,824,850.48)	(46,113,658.08)
216	WAGE WORKS ADMIN	\$0.00	(77,830.50)	(77,381.40)	(77,540.59)	(77,412.86)	(77,303.15)	(77,067.30)	0.00	(152,990.33)	0.00	(75,754.49)	(76,860.07)	(76,925.26)	(847,265.95)
217	MDX MEDICAL ADMIN- COMPASS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
218	Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
219	Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
221	Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
222	Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
301	PHARMACY CLAIMS - ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
302	EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
310	PHARMACY CLAIMS- CVS	\$0.00	(21,769,983.26)	(31,692,453.04)	(28,473,445.04)	(31,518,491.09)	(33,632,995.28)	(34,730,451.59)	(32,033,650.70)	(35,626,939.60)	(34,289,040.76)	(34,161,745.70)	(36,309,661.62)	(36,389,649.97)	(391,628,512.59)
311	CVS ADMIN	\$0.00	(97,396.95)	(589,615.35)	(707,179.43)	(626,239.23)	(263,188.95)	(1,102,789.12)	(488,963.94)	(915,075.06)	(95,886.85)	(954,955.78)	(1,250,605.10)	(646,544.30)	(7,736,400.06)
500	TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
501	OPERATING TRANSFER/EXP & ADJ	\$0.00	(2,648,196.33)	(6,964.00)	(3,558.00)	(1,240,430.00)	(2,960.00)	(95,010.95)	(3,652,963.02)	889.00	(158.00)	(2,464,200.00)	(186,231.72)	(10.00)	(10,299,793.02)
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
503	Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Cash Transactions		\$0.00	\$23,624,963.57	\$32,373,608.69	\$34,522,943.50	\$19,512,454.52	\$18,352,941.01	\$17,069,842.07	\$69,956,954.94	\$13,785,928.34	\$21,385,599.66	\$11,321,104.31	\$9,648,994.38	\$287,270.65	\$204,131,058.82

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2020	Plan Year 2018												Plan Year Transactions to Date	
	2019 Balance Forward	January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20		December-20
101 PREMIUMS	\$1,646,284,065.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,646,284,065.04
102 HRA WAIVER CONTRIBUTION	\$46,574,333.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$46,574,333.11
110 INTEREST INCOME	\$2,071,729.18	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,071,729.18
120 DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
121 DRUG REBATES- CVS	\$124,145,411.60	(885,226.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$123,260,185.54
130 TRANSFERS FROM OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
201 MEDICAL CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
202 HUMANA ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
203 HRA EMBEDDED CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
204 HRA WAIVER CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
210 MEDICAL CLAIMS- ANTHEM	\$0.00	857,894.26	329,956.39	0.00	44,699.65	(179,251.98)	(83,219.03)	181,986.54	270,344.82	83,716.56	(242,585.85)	31,465.23	(14,939.86)	(\$1,053,804,720.71)
213 HRA EMBEDDED CLAIMS- WW	\$51,035,337.82	(4.51)	0.00	0.00	0.00	0.00	0.00	(786.90)	(4,946.62)	(423.65)	(3,325.80)	0.00	0.00	(\$52,588,929.03)
214 HRA WAIVER CLAIMS- WW	\$38,644,639.45	0.00	0.00	0.00	0.00	0.00	0.00	(148.00)	(1,252.63)	0.00	(2,698.90)	0.00	0.00	(\$38,646,736.98)
215 ANTHEM ADMIN	\$46,754,167.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$46,754,167.15)
216 WAGE WORKS ADMIN	\$4,756,506.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$4,756,506.68)
217 MDX MEDICAL ADMIN- COMPASS	\$922,594.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$922,594.85)
218 Rethink- BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
219 Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
220 Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
221 Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
222 Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
301 PHARMACY CLAIMS- ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
302 EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
310 PHARMACY CLAIMS- CVS	\$438,096,613.55	(179,577)	(245,611)	(528,098)	(1,709,666)	(8,333,566)	(3,106,566)	(7,965,621)	(20,317,711)	(15,500,471)	3,559,333	0.00	(620.10)	(\$438,151,581.56)
311 CVS ADMIN	\$7,687,660.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$7,687,660.09)
500 TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
501 OPERATING TRANSFER/EXP & ADJ	\$9,130,199.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$9,130,199.97)
502 Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
503 Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
<b>Total Cash Transactions:</b>	\$152,493,006.43	(\$27,515,888)	\$329,710.78	(\$1,544,631.81)	\$42,989.99	(\$187,605.54)	(\$86,325.99)	\$175,086.02	\$243,827.86	\$67,792.44	(\$245,051.22)	\$31,465.23	(\$15,599.96)	\$151,275,188.35



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		Plan Year 2018												Plan Year	
		2018 Balance Forward	January-19	February-19	March-19	April-19	May-19	June-19	July-19	August-19	September-19	October-19	November-19	December-19	Transactions to Date
2019	101 PREMIUMS	\$1,572,638,030.66	73,644,247.53	658.13	751.43	(812.12)	1,164.70	24.71	0.00	0.00	0.00	0.00	0.00	0.00	1,646,284,065.04
	102 HRA WAIVER CONTRIBUTION	\$46,559,195.61	15,137.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46,574,333.11
	110 INTEREST INCOME	\$2,071,729.18	321,465.04	303,127.79	249,221.65	(873,814.48)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,071,729.18
	120 DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	121 DRUG REBATES- CVS	\$56,876,176.78	30,606,258.28	0.00	0.00	36,253,007.99	0.00	0.00	375,786.58	0.00	0.00	34,181.97	0.00	0.00	124,145,411.60
	130 TRANSFERS FROM OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	201 MEDICAL CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	202 HUMANA ADMIN FEES	(\$13,298,480.22)	(1,171,543.28)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(14,470,023.50)
	203 HRA EMBEDDED CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	204 HRA WAIVER CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	210 MEDICAL CLAIMS- ANTHEM	(\$938,488,590.78)	(84,572,833.36)	(16,621,060.70)	(8,307,866.49)	(3,076,734.00)	(374,103.10)	388,656.49	(397,850.23)	(1,121,957.32)	262,516.33	584,145.87	(385,843.12)	(223,247.05)	(1,055,084,787.44)
	213 HRA EMBEDDED CLAIMS- WW	(\$49,165,671.44)	(1,229,786.61)	(241,079.53)	(247,083.01)	(148,913.20)	(4.04)	(1,734.53)	(740.47)	0.00	(8.73)	(366.26)	0.00	0.00	(51,095,337.82)
	214 HRA WAIVER CLAIMS- WW	(\$36,800,327.07)	(1,103,371.34)	(257,485.46)	(242,690.00)	(194,010.54)	(1,291.38)	(3,840.69)	(39,063.27)	(3.00)	(2,455.09)	(4.01)	(57.60)	(40.00)	(38,644,639.45)
	215 ANTHEM ADMIN	(\$46,741,571.47)	(12,363.15)	(148.36)	(8.29)	(75.88)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(46,754,167.15)
	216 MDX MEDICAL ADMIN- COMPASS	(\$240,594.85)	(376,575.20)	0.00	0.00	0.00	0.00	(134,440.80)	0.00	0.00	0.00	0.00	0.00	(4,497.35)	(4,756,508.68)
	218 Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	219 Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	220 Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	221 Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	222 Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	301 PHARMACY CLAIMS- ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	302 EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	310 PHARMACY CLAIMS- CVS	(\$427,676,653.12)	(10,484,265.75)	(13,351.22)	14,426.33	12,328.58	16,181.59	51,437.64	(34,368.63)	11,984.64	11,924.09	752.79	(3,835.16)	(1,175.33)	(438,096,613.55)
	311 CVS ADMIN	(\$7,899,140.02)	(975,287.95)	(313,551.34)	(112,760.25)	(116,148.65)	(203.45)	1,729,558.52	0.00	(126.95)	0.00	0.00	0.00	0.00	(7,887,680.09)
	500 TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	501 OPERATING TRANSFER/EXP & AID	\$0.00	22,882.42	0.00	(5.00)	(81,791.23)	0.00	(594,906.00)	0.00	0.00	0.00	0.00	0.00	0.00	(9,130,199.97)
	502 Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	503 Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total Cash Transactions	\$144,432,727.79	\$4,733,964.13	(\$19,142,800.69)	(\$8,945,965.63)	\$30,973,036.47	(\$558,355.68)	\$1,694,735.34	(\$96,236.02)	(\$1,110,102.63)	\$271,976.60	\$618,710.36	(\$388,735.88)	(\$228,959.73)	\$152,493,006.43

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		Plan Year 2018												Plan Year	
		Balance Forward	January-18	February-18	March-18	April-18	May-18	June-18	July-18	August-18	September-18	October-18	November-18	December-18	Transactions to Date
101	PREMIUMS	\$0.00	68,300,267.01	134,478,693.90	139,017,958.34	138,872,737.53	137,018,292.60	105,778,700.26	169,023,229.14	137,455,988.90	133,853,260.69	134,612,881.62	137,671,061.76	136,554,778.91	1,572,658,030.66
102	HRA WAIVER CONTRIBUTION	\$0.00	3,946,331.36	3,986,434.52	4,045,266.95	4,041,237.16	4,039,353.86	3,67,889.96	7,557,677.76	3,845,509.64	3,387,037.50	3,727,970.62	637,254.22	6,977,232.06	46,559,195.61
110	INTEREST INCOME	\$0.00	0.00	20,976.82	75,185.50	137,170.00	193,919.86	0.00	339,454.97	299,050.46	193,840.27	265,163.10	293,685.76	253,882.44	2,071,729.18
120	DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
121	DRUG REBATES- CVS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,091,590.20	0.00	0.00	29,794,586.58	0.00	0.00	56,876,176.78
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
201	MEDICAL CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
202	HUMANA ADMIN FEES	\$0.00	0.00	(834,417.24)	0.00	(2,536,441.88)	0.00	(1,340,011.95)	(4,785,810.59)	0.00	(942,308.15)	(872,940.66)	(1,111,103.20)	(825,446.53)	(13,298,480.22)
203	HRA EMBEDDED CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
204	HRA WAIVER CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
210	MEDICAL CLAIMS- ANTHEM	\$0.00	(15,978,844.64)	(51,590,603.12)	(5,781,680.10)	(5,135,235.62)	(4,785,921.61)	(73,854,779.05)	(79,325,026.72)	(103,136,172.95)	(88,093,588.81)	#####	(86,307,671.01)	(99,596,464.62)	(938,468,590.76)
213	HRA EMBEDDED CLAIMS- WW	\$0.00	(4,185,446.64)	(5,150,603.12)	(5,781,680.10)	(5,135,235.62)	(4,785,921.61)	(6,545,613.45)	(2,402,438.83)	(3,484,967.22)	(2,681,175.53)	(3,197,997.16)	(2,949,665.20)	(2,854,926.96)	(49,165,671.44)
214	HRA WAIVER CLAIMS- WW	\$0.00	(3,126,262.09)	(3,083,837.98)	(3,279,448.24)	(2,851,573.68)	(2,605,041.04)	(2,488,397.12)	(5,211,008.17)	(3,754,872.17)	(2,490,711.77)	(2,917,482.26)	(2,478,421.18)	(2,513,071.37)	(36,800,327.07)
215	ANTHEM ADMIN	\$0.00	(3,935,437.48)	(3,931,418.42)	(3,919,277.57)	(3,950,333.18)	(3,925,017.64)	(3,894,421.03)	(3,890,815.21)	(3,851,098.53)	(3,814,672.23)	(3,876,441.20)	(3,873,307.62)	(3,879,631.36)	(46,741,571.47)
216	WAGE WORKS ADMIN	\$0.00	(137,104.93)	(398,508.00)	(400,843.20)	(403,693.60)	(354,847.60)	(396,223.20)	(317,168.00)	(359,644.00)	(360,520.40)	(403,410.80)	(332,985.20)	(376,046.40)	(4,240,996.33)
217	MDX MEDICAL ADMIN- COMPASS	\$0.00	0.00	(77,557.55)	(77,207.22)	(77,153.69)	(153,995.21)	(76,667.68)	(80,096.78)	(75,708.38)	(76,291.80)	(76,302.51)	0.00	(152,614.03)	(922,594.85)
218	Retiree - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
219	Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
221	Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
222	Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
301	PHARMACY CLAIMS - ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
302	EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
310	PHARMACY CLAIMS- CVS	\$0.00	(24,171,126.52)	(32,428,692.11)	(30,621,265.36)	(15,759,153.06)	(53,532,061.00)	(37,312,263.96)	(36,102,383.56)	(38,644,435.83)	(37,076,421.73)	(40,285,007.26)	(40,806,634.20)	(40,938,518.53)	(427,678,653.12)
311	CVS ADMIN	\$0.00	(99,253.05)	(421,868.14)	(646,121.65)	(875,512.12)	(1,005,450.15)	(639,088.43)	(1,067,801.44)	(203,148.85)	(737,838.00)	(1,218,054.29)	(461,785.70)	(523,718.20)	(7,899,140.02)
500	TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
501	OPERATING TRANSFER/EXP & ADI	\$0.00	(2,464,200.00)	0.00	0.00	(217,622.00)	11,685.05	(40,092.46)	(4,007,193.00)	(1,608.04)	(219,398.00)	(598.00)	(152,673.00)	(88,787.00)	(6,476,380.16)
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
503	Voided/MSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Cash Transactions		\$0.00	\$17,148,923.02	\$38,266,442.08	\$36,098,303.67	\$37,844,083.38	(\$21,536,719.79)	(\$20,441,858.11)	\$66,822,089.77	(\$11,911,126.97)	\$943,212.04	\$9,444,864.88	\$327,755.43	(\$4,373,361.61)	\$144,432,727.79



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		Plan Year 2019													
2020		2019 Balance Forward	January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20	December-20	Plan Year Transactions to Date
101	PREMIUMS	\$1,568,885,156.90	67,828,408.38	278,794.56	(328,741)	244.58	(26,39)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,636,892,249.29
102	HRA WAIVER CONTRIBUTION	\$44,416,315.57	3,470,916.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$47,887,232.45
110	INTEREST INCOME	\$12,628,314.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$12,628,314.74
120	DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
121	DRUG REBATES- CVS	\$67,758,803.71	35,397,343.46	0.00	0.00	44,029,550.10	0.00	2,010,413.83	0.00	0.00	0.00	64,670.35	0.00	0.00	\$149,260,781.45
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
201	MEDICAL CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
202	HUMANA ADMIN FEES	(\$17,753,299.30)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
203	HRA EMBEDDED CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
204	HRA WAIVER CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
210	MEDICAL CLAIMS- ANTHEM	(\$1,024,634,960.91)	75,087,214.38	24,340,025.67	6,860,568.25	5,804,466.73	4,168,738.21	5,438,799.10	1,095,701.95	590,478.21	305,433.22	225,979.04	396,589.57	418,072.16	(\$1,146,520,747.52)
213	HRA EMBEDDED CLAIMS- WW	(\$53,944,979.42)	1,207,284.19	375,652.56	257,239.62	248,138.09	73,328.17	809.60	783.66	6,78	191.09	500.00	1,500.02	227.62	(\$56,107,634.78)
214	HRA WAIVER CLAIMS- WW	(\$36,218,531.53)	943,160.60	236,610.49	184,172.91	174,737.96	54,358.47	891.00	32,619.02	956.32	203.00	0.00	0.00	0.00	(\$37,846,241.90)
215	ANTHEM ADMIN	(\$47,474,090.56)	4,455.68	56.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$47,478,543.10)
216	WAGE WORKS ADMIN	(\$4,581,098.50)	460,672.80	42,375.20	4,692.80	4,614.40	4,544.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$5,013,247.70)
217	MDX MEDICAL ADMIN- COMPASS	(\$945,179.95)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$945,179.95)
218	Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
219	Dependent Eligibility Audit	\$0.00	0.00	3,961.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$3,961.50)
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
221	Steywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
222	Steywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
301	PHARMACY CLAIMS - ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
302	EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
310	PHARMACY CLAIMS- CVS	(\$479,330,356.24)	9,763,918.93	46,874.41	23,809.19	6,084.81	1,349.52	7,987.80	112,360.80	126,656.54	15,984.92	635.53	1,776.55	4,487.76	(\$489,179,439.44)
311	CVS ADMIN	(\$8,262,556.65)	541,999.98	437,782.33	0.00	0.00	0.00	0.00	1,340,216.78	0.00	0.00	0.00	0.00	0.00	(\$8,094,122.18)
500	TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
501	OPERATING TRANSFER/EXP & ADJ	(\$8,262,556.68)	0.00	88,184.00	0.00	0.00	0.00	618,527.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$8,793,276.68)
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	1,747.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$1,747.08)
503	Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
Total Cash Transactions:		\$12,088,664.18	\$18,687,962.16	(\$25,083,357.44)	(\$11,111,026.51)	\$37,791,752.69	(\$4,299,646.12)	(\$6,067,014.50)	\$2,393,886.78	\$462,864.57	(\$249,842.89)	(\$166,444.24)	\$339,866.14	\$413,356.78	\$25,251,022.40

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		Plan Year 2019												Plan Year	
		2018 Balance Forward	January-19	February-19	March-19	April-19	May-19	June-19	July-19	August-19	September-19	October-19	November-19	December-19	Transactions to Date
101	PREMIUMS	\$0.00	63,839,206.68	137,315,232.35	137,105,702.38	137,654,759.26	136,667,873.70	103,096,945.23	173,716,439.48	132,068,605.08	133,873,041.06	135,856,302.90	134,827,553.80	143,169,494.98	1,566,885,156.90
102	HRA WAIVER CONTRIBUTION	\$0.00	3,944,275.54	3,965,180.74	4,020,824.09	4,037,312.90	4,034,554.06	345,883.36	7,604,987.42	3,857,520.86	3,814,737.50	4,036,287.50	4,099,201.60	655,550.00	44,415,315.57
110	INTEREST INCOME	\$0.00	0.00	26,696.30	83,033.74	4,901,912.75	1,387,267.36	1,058,463.85	944,172.78	1,144,515.76	851,828.49	817,970.18	696,539.10	715,914.43	12,628,314.74
120	DRUG REBATES- ESCRIPTS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
121	DRUG REBATES- CVS	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	39,676,387.63	0.00	0.00	34,082,416.08	0.00	0.00	0.00
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
201	MEDICAL CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
202	HUMANA ADMIN FEES	\$0.00	0.00	(2,853,371.71)	(1,293,386.73)	(1,581,143.96)	(1,859,573.73)	(1,466,107.18)	(1,309,066.71)	(1,440,713.50)	(1,025,799.00)	(978,815.99)	(1,773,035.35)	(2,173,385.44)	(17,753,299.30)
203	HRA EMBEDDED CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
204	HRA WAIVER CLAIMS HUMANA	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
210	MEDICAL CLAIMS- ANTHEM	\$0.00	(14,715,590.72)	(54,974,494.49)	(71,193,110.03)	(90,329,780.61)	(80,074,628.25)	(84,036,842.14)	(110,369,191.54)	(92,207,948.49)	(87,202,032.31)	(118,084,677.63)	(97,111,897.38)	(120,334,767.32)	(1,004,634,960.91)
213	HRA EMBEDDED CLAIMS- W/W	\$0.00	(4,973,288.34)	(5,559,177.20)	(6,159,032.41)	(6,175,759.56)	(4,965,688.16)	(4,978,662.88)	(4,525,955.61)	(3,808,384.76)	(2,989,484.51)	(3,426,261.26)	(2,937,457.99)	(3,545,826.74)	(53,944,979.42)
214	HRA WAIVER CLAIMS- W/W	\$0.00	(3,229,011.29)	(3,004,428.78)	(2,995,573.51)	(2,873,080.16)	(2,265,062.58)	(2,443,596.76)	(4,676,216.54)	(3,570,390.27)	(2,611,565.13)	(2,851,360.13)	(2,498,358.62)	(3,239,867.76)	(36,218,531.53)
215	ANTHEM ADMIN	\$0.00	(3,584,671.25)	(3,974,234.00)	(3,979,290.00)	(3,969,782.94)	(3,591,674.02)	(3,960,084.19)	(3,944,514.00)	(3,505,806.44)	(3,887,709.63)	(3,958,911.16)	(3,947,003.55)	(3,950,346.38)	(47,474,030.56)
216	WAGE WORKS ADMIN	\$0.00	(428,890.00)	(428,890.00)	(429,018.80)	(432,397.20)	(387,870.00)	(436,445.90)	(343,338.80)	(392,919.40)	(391,957.20)	(397,275.20)	(362,087.60)	(578,699.40)	(4,581,098.50)
217	MDX MEDICAL ADMIN- COMPASS	\$0.00	(79,543.75)	(79,206.60)	(79,359.50)	(79,244.55)	(79,084.50)	(78,871.65)	(78,488.85)	(77,887.70)	(77,380.05)	(78,653.30)	(78,700.60)	(78,758.90)	(945,179.95)
218	Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
219	Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
221	Steywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
222	Steywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
301	PHARMACY CLAIMS- ESI	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
302	EXPRESS SCRIPTS ADMIN FEES	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
310	PHARMACY CLAIMS- CVS	\$0.00	(27,345,668.16)	(38,709,025.74)	(37,082,126.05)	(40,965,331.13)	(40,526,836.13)	(39,192,266.51)	(40,470,514.97)	(42,699,062.87)	(32,220,535.89)	(51,381,296.15)	(43,348,072.25)	(45,395,620.39)	(479,330,356.24)
311	CVS ADMIN	\$0.00	(330,493.15)	(329,337.15)	(735,492.63)	(760,576.26)	(428,167.90)	(1,347,242.47)	(721,928.14)	(840,827.55)	(432,818.54)	(937,065.56)	(854,408.11)	(736,199.17)	(8,654,556.65)
500	TRANSFERS TO OTHER PLAN YEAR(S)	\$0.00	(88,184.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
501	OPERATING TRANSFER/EXP & ADJ	\$0.00	0.00	(1,218,655.09)	(51,015.75)	(91,682.00)	(958,586.20)	(189,293.42)	(3,523,558.40)	(302,555.08)	(95,750.75)	(95,510.16)	(90,452.95)	(1,557,689.88)	(8,262,933.68)
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
503	Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Cash Transactions		\$0.00	\$13,137,031.56	\$30,183,288.63	\$15,212,254.78	(\$2,684,993.46)	\$6,552,523.65	(\$33,628,120.66)	\$45,979,213.75	(\$11,175,853.36)	\$7,294,554.04	(\$7,402,846.88)	(\$13,318,179.90)	(\$37,050,204.97)	\$12,088,664.18



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2020	Plan Year 2020												Plan Year Transactions to Date	
	Balance Forward	January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20		December-20
101	\$0.00	65,960,146.00	136,662,308.63	140,187,042.32	136,445,246.13	134,783,771.38	113,854,703.88	158,433,332.43	136,693,816.22	139,535,775.60	136,161,654.22	137,352,699.46	132,915,113.55	\$1,569,805,809.82
102	\$0.00	16,533.36	4,108,839.82	4,089,029.61	7,954,119.57	4,139,625.30	1,101.76	7,853,820.86	664,554.22	3,987,959.96	7,277,224.73	4,067,484.16	649,162.50	\$44,809,455.85
110	\$0.00	674,159.58	559,153.71	424,015.27	80,430.02	(7,335.09)	33,220.28	14,951.93	19,356.11	4,863.86	765.30	896.22	(2,969.95)	\$1,801,907.24
120	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	115.04	0.00	\$115.04
121	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,062,495.35	0.00	0.00	41,193,865.00	0.00	0.00	\$76,256,360.35
130	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
201	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,548.04	(2,548.04)	0.00	0.00	0.00	0.00	\$0.00
202	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
203	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
204	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
210	\$0.00	(11,556,129.80)	(54,686,804.95)	(70,984,179.85)	(80,701,913.92)	(55,564,470.34)	(86,483,401.84)	(79,993,586.72)	(83,937,199.37)	(110,304,691.38)	(92,693,955.07)	(115,954,975.94)	(103,278,124.92)	(\$946,139,434.10)
213	\$0.00	(4,976,745.60)	(5,696,981.69)	(6,124,361.30)	(4,248,226.79)	(4,000,667.24)	(4,801,507.65)	(4,248,058.22)	(3,739,544.13)	(3,423,047.09)	(3,462,871.64)	(3,055,981.01)	(4,053,011.84)	(\$51,881,004.20)
214	\$0.00	(3,317,704.04)	(3,096,669.73)	(2,783,958.36)	(1,578,503.89)	(1,958,638.89)	(2,530,669.87)	(4,306,459.54)	(3,494,129.58)	(2,840,224.46)	(2,785,415.16)	(2,570,771.87)	(3,392,657.48)	(\$34,655,804.47)
215	\$0.00	(3,730,641.75)	(3,719,074.39)	(3,718,863.21)	(3,721,695.43)	(3,718,643.41)	(3,711,680.34)	(3,687,799.50)	(3,667,430.25)	(3,635,185.83)	(3,663,711.93)	(3,668,071.72)	(3,662,101.56)	(\$44,304,898.32)
216	\$0.00	0.00	(483,882.00)	(431,006.80)	(434,047.60)	(488,468.40)	(342,417.60)	(397,717.60)	(448,078.40)	(353,328.40)	(463,247.20)	(694,939.00)	(490,035.80)	(\$5,027,768.80)
217	\$0.00	(106,403.70)	(105,225.70)	(105,271.90)	(107,773.40)	(105,244.05)	(105,155.15)	(105,802.50)	(106,242.00)	(104,137.75)	(105,173.35)	(106,464.10)	(107,477.30)	(\$1,270,370.90)
218	\$0.00	0.00	(88,184.00)	(88,184.00)	(88,184.00)	(88,184.00)	(88,184.00)	(88,184.00)	(88,184.00)	(88,184.00)	(88,184.00)	(88,184.00)	(88,184.00)	(\$793,656.00)
219	\$0.00	0.00	(14,342.70)	(9,832.50)	(4,251.25)	0.00	(9,162.75)	0.00	(3,301.25)	0.00	(133,363.20)	0.00	(27,091.24)	(\$201,344.89)
220	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
221	\$0.00	0.00	(335,981.65)	0.00	(1,052,668.71)	(828,773.73)	(769,288.33)	(415,175.69)	(523,361.97)	(469,241.31)	(381,620.72)	(340,536.37)	(340,536.37)	(\$5,116,848.28)
222	\$0.00	0.00	0.00	(675,394.13)	(233,210.88)	0.00	(191,494.97)	(106,994.00)	0.00	0.00	0.00	0.00	0.00	(\$3,931,776.32)
301	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
302	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
310	\$0.00	(29,309,207.42)	(39,530,363.20)	(44,252,985.78)	(44,252,728.32)	(41,620,143.97)	(45,224,894.82)	(43,676,033.36)	(43,267,972.12)	(47,596,755.01)	(45,693,738.12)	(47,396,253.10)	(46,562,930.09)	(\$520,978,025.31)
311	\$0.00	(316,609.50)	(434,210.74)	(812,672.49)	(622,339.09)	(590,352.96)	(1,014,523.28)	(485,134.23)	(725,385.95)	(616,170.12)	(628,245.61)	(852,102.48)	(747,610.28)	(\$7,945,356.73)
500	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
501	\$0.00	(3,343,983.28)	(88,184.00)	0.00	(2,061,136.98)	0.00	(177,515.57)	87,650,841.39	(1,622,193.63)	(84.00)	1,916.00	4,393,795.17	(2,066,895.17)	\$82,686,595.93
502	\$0.00	0.00	0.00	0.00	(1,277.60)	0.00	(3,832.80)	0.00	(2,555.20)	(2,555.20)	(1,277.60)	(1,277.60)	(1,277.60)	(\$14,523.07)
503	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(704.85)	(\$709.85)
Total Cash Transactions:														\$151,926,083.36
Total Cash Transactions:														\$54,246,651.66
Total Cash Transactions:														(\$30,367,321.19)
Total Cash Transactions:														(\$35,138,406.02)
Total Cash Transactions:														\$152,449,223.01

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		Combined 2016, 2017, 2018, 2019, 2020 Plan Years													
		2019 Balance Forward	January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20	December-20	Plan Year Transactions to
101	PREMIUMS	\$16,034,359,017.03	133,808,554.38	136,941,103.19	140,186,713.58	136,445,490.71	134,783,744.99	113,854,703.88	158,433,532.43	136,693,616.22	139,535,775.60	136,161,654.22	137,352,699.46	132,915,113.55	\$17,671,471,919.24
102	HRA WAIVER CONTRIBUTION	\$473,625,960.37	3,467,450.24	4,108,839.82	4,097,802.91	7,854,119.57	4,139,625.30	1,101.76	7,853,820.86	664,554.22	3,987,959.56	7,277,224.73	4,067,484.16	649,162.50	\$521,915,106.40
110	INTEREST INCOME	\$36,592,139.97	674,159.58	559,153.71	424,015.27	80,430.02	(7,335.06)	33,220.28	14,951.93	19,956.11	4,863.86	765.30	896.22	(2,569.95)	\$38,394,047.21
120	DRUG REBATES- ESCRIPTS	\$181,706,379.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	115.04	0.00	\$181,706,494.59
121	DRUG REBATES- CVS	\$418,482,756.10	34,703,623.91	0.00	0.00	44,045,414.88	0.00	0.00	37,072,909.18	0.00	0.00	41,258,153.35	0.00	0.00	\$575,563,239.42
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$133,510,624.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$133,510,624.46
201	MEDICAL CLAIMS HUMANA	\$5,701,124,698.13	0.00	153,016.13	0.00	0.00	0.00	0.00	2,548.04	105,626.32	0.00	0.00	140,593.83	0.00	\$5,700,722,912.01
202	HUMANA ADMIN FEES	\$100,981,865.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$442,003,698.02
203	HRA EMBEDDED CLAIMS HUMANA	\$100,981,865.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$100,981,865.31
204	HRA WAIVER CLAIMS HUMANA	\$213,364,798.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$213,364,798.53
210	MEDICAL CLAIMS- ANTHEM	\$4,961,256,280.42	185,574,600.20	778,595,409.64	777,863,856.03	86,518,127.39	59,869,792.55	92,055,354.81	80,763,248.58	821,920,762.31	110,338,892.66	93,174,381.60	115,487,198.79	102,823,232.41	\$6,027,361,157.39
213	HRA EMBEDDED CLAIMS- WW	\$235,864,223.10	6,184,034.30	6,072,634.29	7,925,704.65	4,496,364.88	14,073,995.41	4,802,317.25	4,249,628.78	3,744,491.53	3,423,661.83	3,466,697.44	3,054,480.99	4,053,405.46	\$291,411,639.87
214	HRA WAIVER CLAIMS- WW	\$195,567,458.42	4,260,864.64	3,333,280.22	2,968,131.87	1,753,241.85	12,012,997.36	2,331,560.87	4,339,226.56	3,496,338.53	2,840,427.46	2,288,115.06	2,570,771.87	3,302,491.48	\$231,654,996.19
215	ANTHEM ADMIN	\$233,972,605.09	3,735,097.43	3,719,131.25	3,718,863.21	3,721,695.43	3,718,643.41	3,711,680.34	3,687,799.50	3,667,430.25	3,635,185.83	3,663,711.93	3,668,071.72	3,662,100.56	\$278,382,015.95
216	WAGE WORKS ADMIN	\$22,407,570.84	460,672.80	441,506.80	435,699.60	438,662.00	493,012.80	342,417.60	448,078.40	448,078.40	353,928.40	463,247.20	694,939.00	490,035.80	\$28,667,488.84
217	IDX MEDICAL ADMIN- COMPASS	\$4,673,624.48	106,403.70	105,225.70	105,271.90	107,773.40	105,244.05	105,155.15	105,802.50	106,242.00	104,137.75	105,173.35	106,464.10	107,477.30	\$5,343,995.39
218	Rethink - BH Services	\$0.00	0.00	88,184.00	88,184.00	88,184.00	88,184.00	88,184.00	88,184.00	88,184.00	88,184.00	88,184.00	88,184.00	88,184.00	\$793,656.00
219	Dependent Eligibility Audit	\$0.00	0.00	18,304.20	19,832.50	19,832.50	19,832.50	19,832.50	19,832.50	19,832.50	19,832.50	19,832.50	19,832.50	19,832.50	\$200,306.39
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
221	Staywell Admin	\$0.00	0.00	335,981.65	0.00	1,052,668.71	828,773.73	769,288.33	0.00	415,175.49	523,361.97	469,241.31	381,620.72	340,536.37	\$5,116,848.28
222	Staywell Claims	\$0.00	0.00	0.00	675,394.13	233,210.88	0.00	0.00	191,494.97	106,994.00	0.00	0.00	842,669.70	1,882,012.64	\$5,931,776.32
301	PHARMACY CLAIMS- ESI	\$1,687,614,318.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$1,687,614,318.99
302	EXPRESS SCRIPTS ADMIN FEES	\$51,308,710.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$51,308,710.59
310	PHARMACY CLAIMS- CVS	\$2,002,765,743.09	39,073,828.38	39,577,483.22	44,286,461.77	44,261,410.65	41,629,882.17	45,239,069.96	43,572,761.63	43,418,109.91	47,596,697.43	45,691,159.39	47,983,470.35	48,568,061.44	\$2,539,664,359.41
311	CVS ADMIN	\$40,271,341.58	858,609.48	873,517.58	812,672.49	622,339.09	590,352.96	1,014,523.28	855,082.55	775,385.95	616,170.12	628,245.61	685,102.48	747,610.28	\$47,788,335
500	TRANSFERS TO OTHER PLAN YEAR(S)	\$110,311,028.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$110,311,028.06
501	OPERATING TRANSFER/ERP & ADJ	\$819,487,308.16	3,343,983.28	0.00	0.00	2,081,136.98	0.00	176,160,442.57	0.00	1,622,193.63	84.00	1,916.00	4,393,795.17	2,066,859.17	\$1,000,346,296.67
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	3,694.15	0.00	1,777.60	0.00	3,882.80	0.00	2,555.20	0.00	2,555.20	1,277.60	1,277.60	\$16,270.15
503	Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00	0.00	0.00	204.83	\$209.83
Total Cash Transactions:		\$458,981,719.46	\$29,125,693.90	\$8,597,962.19	\$2,038,144.61	\$48,185,111.07	\$25,505,156.76	\$212,855,779.81	\$66,025,144.87	\$3,349,334.38	\$25,994,892.23	\$34,026,020.31	\$29,775,667.44	\$34,688,894.48	\$361,790,384.83



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		Combined 2016, 2017, 2018, 2019 Plan Years												Plan Year	
		2018 Balance Forward	January-19	February-19	March-19	April-19	May-19	June-19	July-19	August-19	September-19	October-19	November-19	December-19	Transactions to Date
101	PREMIUMS	\$14,391,827,497.61	137,483,742.19	137,315,890.48	137,106,453.81	137,653,907.14	136,669,038.40	103,097,010.10	173,716,639.48	132,088,605.08	133,573,041.06	135,850,302.90	134,827,533.80	143,169,494.98	16,094,359,017.03
102	HRA WAIVER CONTRIBUTION	\$429,194,507.30	3,959,413.04	3,965,180.74	4,020,824.09	4,037,312.90	4,034,554.06	345,883.36	7,604,987.42	3,857,520.86	3,814,737.50	4,036,287.50	4,099,201.60	655,550.00	473,625,960.37
110	INTEREST INCOME	\$23,963,825.23	1,269,944.54	1,196,103.71	1,152,169.53	1,393,425.01	1,387,267.36	1,056,463.85	944,172.78	1,144,515.76	851,828.49	817,970.18	696,539.10	715,914.43	36,592,139.97
120	DRUG REBATES- ESCRIPTS	\$81,706,379.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	181,706,379.55
121	DRUG REBATES- CVS	\$283,219,635.49	30,745,658.30	0.00	0.00	36,315,535.94	0.00	0.00	34,064,613.34	0.00	0.00	34,137,313.03	0.00	0.00	418,482,756.10
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$133,510,624.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	133,510,624.46
201	MEDICAL CLAIMS HUMANA	\$5,701,455,908.38	(1,171,543.28)	(2,853,371.71)	(1,293,286.73)	(1,581,143.96)	(1,859,573.73)	(1,466,107.18)	(1,309,066.71)	(1,440,713.50)	(1,025,799.00)	(978,815.99)	(1,773,035.35)	(2,173,385.44)	(438,223,583.02)
202	HUMANA ADMIN FEES	(510,981,865.31)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(100,981,865.31)
203	HRA EMBEDDED CLAIMS HUMANA	(513,364,798.53)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(1,026,759,596.84)
204	HRA WAIVER CLAIMS HUMANA	(513,364,798.53)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(1,026,759,596.84)
210	MEDICAL CLAIMS- ANTHEM	(513,364,798.53)	(100,154,658.78)	(73,101,101.65)	(81,304,005.22)	(95,189,200.48)	(79,949,787.98)	(83,425,255.09)	(110,491,473.44)	(93,074,921.32)	(86,516,838.09)	(117,030,322.45)	(97,489,909.26)	(120,579,361.22)	(4,961,256,280.42)
213	HRA EMBEDDED CLAIMS- WW	(180,054,177.21)	(6,102,883.90)	(5,792,467.07)	(6,406,071.87)	(6,324,672.76)	(4,965,692.20)	(4,979,166.32)	(4,526,700.28)	(3,808,047.06)	(2,990,066.43)	(3,430,993.36)	(2,937,457.99)	(3,545,826.74)	(235,864,233.10)
214	HRA WAIVER CLAIMS- WW	(157,501,440.49)	(4,332,386.64)	(3,261,914.24)	(3,238,264.50)	(3,067,090.70)	(2,266,358.76)	(2,443,633.74)	(4,715,279.81)	(3,572,623.74)	(2,634,492.80)	(2,855,649.02)	(2,438,416.22)	(3,239,907.76)	(195,567,458.42)
215	ANTHEM ADMIN	(186,485,978.85)	(3,997,034.40)	(3,974,382.36)	(3,979,298.29)	(3,989,858.82)	(3,991,674.02)	(3,960,084.19)	(3,944,514.00)	(3,905,806.44)	(3,887,709.63)	(3,958,911.16)	(3,947,003.55)	(3,950,349.38)	(233,972,605.09)
216	WAGE WORKS ADMIN	(17,510,958.99)	(376,575.20)	(428,890.00)	(429,018.80)	(432,597.20)	(387,870.00)	(570,886.70)	(343,338.80)	(392,918.40)	(391,957.20)	(362,087.60)	(362,087.60)	(583,196.75)	(22,607,570.84)
217	MDX MEDICAL ADMIN- COMPASS	(53,728,444.33)	(79,543.75)	(79,206.60)	(79,359.50)	(79,244.55)	(79,084.50)	(78,871.65)	(78,468.85)	(77,887.70)	(77,380.05)	(78,653.30)	(78,700.60)	(78,758.90)	(4,673,624.48)
218	Rethink - BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
219	Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
221	Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
222	Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
301	PHARMACY CLAIMS- ESI	(51,687,614,318.99)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(51,687,614,318.99)
302	EXPRESS SCRIPTS ADMIN FEES	(551,306,710.59)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(551,306,710.59)
310	PHARMACY CLAIMS- CVS	(51,512,921,032.47)	(37,859,725.54)	(38,724,297.33)	(37,067,941.28)	(40,954,519.04)	(40,518,629.11)	(39,162,999.01)	(40,515,286.91)	(42,689,624.24)	(32,207,123.66)	(51,380,233.13)	(43,388,282.28)	(45,396,049.09)	(2,002,765,743.09)
311	CVS ADMIN	(532,025,474.36)	(1,306,351.60)	(643,526.59)	(848,297.90)	(877,461.86)	(428,422.35)	381,690.65	(721,928.14)	(841,038.05)	(432,818.54)	(937,065.56)	(854,408.11)	(736,199.17)	(40,271,341.58)
500	TRANSFERS TO OTHER PLAN YEAR(S)	(510,211,028.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(510,211,028.06)
501	OPERATING TRANSFER/EXP & ADJ	(907,430,054.67)	(65,301.59)	(1,218,655.09)	(51,020.75)	(173,473.23)	(958,536.20)	(135,924,699.42)	(3,523,558.40)	(302,555.08)	(95,510.75)	(95,510.16)	(90,452.95)	(1,557,689.88)	(819,487,988.16)
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
503	Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Cash Transactions		\$570,580,092.33	\$18,012,713.40	\$12,516,531.87	\$7,862,882.59	\$16,730,958.39	\$6,856,201.05	(\$167,126,655.25)	\$46,204,598.06	(\$13,035,493.83)	\$7,979,670.90	(\$6,301,555.72)	(\$13,716,459.41)	(\$37,299,764.92)	\$458,981,719.46

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2018	2017 Balance Forward	Combined 2016, 2017, 2018 Plan Years												Plan Year Transactions to Date
		January-18	February-18	March-18	April-18	May-18	June-18	July-18	August-18	September-18	October-18	November-18	December-18	
101	\$12,746,065,145.78	141,318,338.96	134,638,766.48	139,017,763.14	138,872,347.05	137,018,292.60	105,778,726.46	169,029,229.14	137,461,749.22	133,853,386.43	134,613,711.68	137,671,061.76	136,554,778.91	14,391,827,497.61
102	\$382,619,911.69	3,960,681.36	3,987,484.52	4,045,266.95	4,041,237.16	4,039,353.86	367,889.96	7,557,677.76	3,845,539.64	3,937,037.50	3,727,970.62	637,970.62	6,977,232.06	429,194,507.30
110	\$11,720,926.51	822,159.88	892,083.97	1,047,683.13	1,201,486.79	1,288,894.35	0.00	1,977,354.88	1,118,892.97	770,394.35	1,052,809.30	1,110,577.56	960,571.54	23,863,825.23
120	\$181,636,131.48	0.00	0.00	26,881.46	0.00	43,316.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	181,706,378.55
121	\$171,496,317.23	24,803,134.51	0.00	0.00	27,918,083.61	0.00	0.00	28,754,947.90	0.00	0.00	30,307,152.24	0.00	0.00	283,219,635.49
130	\$133,497,146.46	0.00	0.00	0.00	0.00	0.00	13,478.00	0.00	0.00	0.00	0.00	0.00	0.00	133,510,624.46
201	\$403,427,246.36	330,334.90	0.00	(2,542.59)	0.00	81,077.72	0.00	(37,066.17)	238,295.73	0.00	123,413.29	0.00	0.00	(5,701,455,908.36)
202	\$100,861,865.31	0.00	0.00	0.00	(2,586,441.86)	0.00	(1,340,011.95)	(4,785,810.59)	0.00	(942,308.15)	(872,940.66)	(1,111,103.20)	(825,446.55)	(100,861,865.31)
204	\$213,364,798.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(213,364,798.53)
210	\$5,772,376,206.64	(98,256,032.41)	(68,831,307.32)	(69,256,281.23)	(76,150,334.31)	(96,311,547.79)	(75,310,906.28)	(81,412,716.52)	(103,672,451.73)	(88,585,132.24)	(106,133,203.15)	(86,483,686.70)	(100,149,039.12)	(3,822,849,445.44)
213	\$128,912,151.01	(5,417,256.78)	(5,466,287.98)	(6,058,991.89)	(5,274,292.24)	(4,787,405.60)	(6,546,044.62)	(2,400,528.11)	(3,489,659.24)	(2,681,617.48)	(3,204,464.76)	(2,946,755.54)	(2,864,326.96)	(180,064,177.21)
214	\$118,445,923.31	(4,546,625.37)	(3,399,760.54)	(3,566,766.60)	(3,027,231.03)	(2,606,473.17)	(2,488,642.99)	(5,248,108.83)	(3,767,716.68)	(2,489,516.97)	(2,926,382.31)	(2,473,516.02)	(2,513,176.67)	(157,301,440.49)
215	\$139,732,936.68	(3,946,908.18)	(3,931,418.42)	(3,919,277.57)	(3,950,333.18)	(3,925,017.64)	(3,894,421.09)	(3,890,815.21)	(3,851,098.53)	(3,814,672.23)	(3,876,141.20)	(3,873,307.62)	(3,879,631.36)	(186,485,978.85)
216	\$12,899,882.66	(507,185.93)	(398,508.00)	(400,843.20)	(403,693.60)	(354,867.60)	(396,223.20)	(317,188.00)	(359,644.00)	(360,520.40)	(403,410.80)	(332,985.20)	(376,046.40)	(17,510,958.99)
217	\$2,728,978.48	(76,871.20)	(77,557.55)	(77,207.22)	(77,153.69)	(153,965.21)	(76,667.68)	(80,096.78)	(75,708.38)	(75,291.80)	(76,302.51)	0.00	(152,614.03)	(3,728,444.53)
218	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
219	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
221	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
222	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
301	\$1,687,614,318.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(1,687,614,318.99)
302	\$51,310,145.07	1,434.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(51,308,710.59)
310	\$1,077,476,257.14	(32,123,937.63)	(32,418,820.20)	(30,606,965.96)	(15,770,586.79)	(53,533,967.07)	(37,334,178.03)	(36,117,452.76)	(36,665,888.66)	(37,078,729.84)	(40,318,392.87)	(40,790,474.27)	(40,685,359.25)	(1,512,921,032.47)
311	\$23,063,881.61	(767,662.91)	(851,049.16)	(646,351.35)	(838,298.12)	(1,005,571.55)	(639,114.06)	(1,068,488.39)	(203,186.90)	(738,191.85)	(1,218,174.54)	(461,785.70)	(523,718.20)	(32,025,474.36)
500	\$110,597,550.06	0.00	0.00	0.00	0.00	0.00	(13,478.00)	0.00	0.00	0.00	0.00	0.00	0.00	(110,211,028.06)
501	\$353,686,860.27	(2,464,200.00)	(137,100.00)	(217,622.00)	(1,295,893.71)	(618,029.19)	(312,540,092.46)	(4,007,193.00)	(1,608.04)	(219,398.00)	(598.00)	(152,673.00)	(88,787.00)	(675,430,054.67)
502	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
503	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Cash Transactions		\$728,507,215.77	\$22,261,375.72	\$21,454,727.66	\$29,394,745.07	\$62,658,894.06	\$520,825,939.68	\$67,945,765.32	\$11,421,934.60	\$1,045,439.32	\$10,795,046.33	\$790,606.29	(\$7,566,163.03)	\$570,580,092.33



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		Combined 2016, 2017 Plan Years												Plan Year	
		2016 Balance Forward	January-17	February-17	March-17	April-17	May-17	June-17	July-17	August-17	September-17	October-17	November-17	December-17	Transactions to Date
2017															
101	PREMIUMS	\$11,171,999,271.75	133,073,655.10	136,453,695.37	139,690,747.92	130,779,672.36	143,380,667.70	105,522,954.87	164,946,247.05	131,168,229.95	134,268,063.77	134,220,236.62	134,611,469.46	135,996,232.86	12,746,005,145.78
102	HRA WAIVER CONTRIBUTION	\$336,341,285.60	3,878,952.14	3,901,247.63	3,921,256.38	706,300.00	7,257,285.08	370,650.00	4,307,673.88	7,026,047.44	3,769,167.44	3,998,166.92	706,562.50	7,435,316.64	362,619,911.69
110	INTEREST INCOME	\$4,516,542.24	412,665.91	467,883.90	546,699.59	648,006.95	617,749.00	645,818.91	556,496.08	654,751.74	607,364.90	689,894.40	654,488.60	722,664.29	11,270,925.51
120	DRUG REBATES- ESCRIPTS	\$181,567,782.77	0.00	0.00	0.00	0.00	0.00	31,288.67	0.00	0.00	28,880.21	0.00	0.00	8,229.83	181,656,181.48
121	DRUG REBATES- CVS	\$77,005,881.94	15,785,528.21	0.00	0.00	0.00	25,969,072.04	0.00	31,706,971.97	0.00	0.00	20,968,863.07	0.00	0.00	171,436,317.23
130	TRANSFERS FROM OTHER PLAN YEAR(S)	\$133,497,146.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	133,497,146.46
201	MEDICAL CLAIMS HUMANA	(\$308,466,725.06)	259,699.39	0.00	0.00	0.00	50,972.74	(7,005.91)	78.78	657,925.50	(3,546.39)	68,690.65	1,110.54	606,856.25	(5,702,189,411.26)
202	HUMANA ADMIN FEES	(\$100,887,919.45)	(702,786.77)	(2,034,173.91)	(1,254,513.18)	(3,779,635.99)	0.00	(1,034,725.52)	(920,251.40)	(1,708,648.01)	(766,572.64)	(721,011.76)	(1,130,149.60)	(908,048.52)	(403,427,246.36)
203	HRA EMBEDDED CLAIMS HUMANA	(\$213,375,087.17)	2,613.19	0.00	299.28	0.00	3,141.67	0.00	0.00	630.41	0.00	(630.41)	0.00	0.00	(100,981,865.31)
204	HRA WAIVER CLAIMS HUMANA	(\$179,605,042.36)	5,217.61	0.00	1,697.09	0.00	3,373.94	0.00	0.00	1,483.28	0.00	(1,483.28)	0.00	0.00	(213,384,798.53)
210	MEDICAL CLAIMS- ANTHEM	(\$81,800,651.70)	(4,572,862.90)	(4,739,396.25)	(5,721,587.18)	(4,576,684.50)	(4,634,356.68)	(4,280,742.27)	(3,768,862.22)	(3,471,334.31)	(2,643,303.22)	(3,023,896.10)	(2,760,831.85)	(2,916,861.83)	(128,312,151.01)
213	HRA EMBEDDED CLAIMS- WW	(\$78,045,774.15)	(4,402,306.92)	(3,451,825.38)	(3,708,864.49)	(2,949,200.47)	(2,677,018.94)	(2,703,120.69)	(4,796,663.06)	(3,890,205.29)	(2,687,168.65)	(3,152,817.01)	(2,635,165.27)	(3,345,793.03)	(138,445,923.31)
214	HRA WAIVER CLAIMS- WW	(\$93,594,056.60)	(3,891,981.16)	(3,890,944.27)	(3,859,786.25)	(3,846,996.12)	(3,851,038.00)	(3,873,626.03)	(3,816,613.61)	(3,834,298.41)	(3,768,661.41)	(3,824,237.37)	(3,855,844.97)	(3,824,850.48)	(139,732,936.68)
215	ANTHEM ADMIN	(\$8,498,628.26)	(359,869.80)	(441,307.40)	(398,030.60)	(400,886.60)	(312,121.00)	(348,462.20)	(349,386.20)	(385,486.60)	(44,189.00)	(731,827.00)	(76,925.26)	(367,841.00)	(12,899,862.66)
216	WAGE WORKS ADMIN	(\$1,881,712.53)	(77,830.50)	(77,381.40)	(77,540.59)	(77,412.86)	(77,303.15)	(77,067.30)	0.00	(152,990.33)	0.00	(75,754.49)	(76,850.07)	(76,925.26)	(2,728,978.49)
218	Rethink- BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
219	Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
221	Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
222	Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
301	PHARMACY CLAIMS - ESI	(\$1,687,614,318.99)	0.00	0.00	1,014.99	0.00	351.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(1,687,614,318.99)
302	EXPRESS SCRIPTS ADMIN FEES	(\$51,311,511.23)	0.00	0.00	(28,510,648.10)	(31,652,176.61)	(33,665,125.74)	(34,765,577.83)	(32,038,087.70)	(35,635,363.47)	(34,308,382.45)	(34,151,712.29)	(36,310,686.57)	(36,400,806.82)	(51,310,145.07)
310	PHARMACY CLAIMS- CVS	(\$676,963,382.07)	(30,318,606.27)	(31,755,701.22)	(32,510,648.10)	(33,652,176.61)	(34,765,577.83)	(34,765,577.83)	(32,038,087.70)	(35,635,363.47)	(34,308,382.45)	(34,151,712.29)	(36,310,686.57)	(36,400,806.82)	(1,077,476,257.14)
311	CVS ADMIN	(\$14,382,377.59)	(776,167.18)	(959,655.23)	(709,018.88)	(616,631.23)	(363,217.10)	(1,104,474.17)	(488,997.99)	(915,075.06)	(95,899.20)	(955,143.03)	(1,250,554.10)	(646,630.85)	(23,063,881.61)
500	TRANSFERS TO OTHER PLAN YEAR(S)	(\$110,197,550.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(110,197,550.06)
501	OPERATING TRANSFER/EXP & ADJ	(\$149,360,679.25)	(8,623,650.33)	(6,964.00)	(3,559.00)	(1,340,430.00)	(553,894.00)	(187,936,010.93)	(3,653,963.02)	889.00	(158.00)	(2,464,200.00)	(186,231.72)	(10.00)	(353,686,860.27)
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
503	Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total Cash Transactions	\$74,113,312.61	\$19,623,825.72	\$11,088,279.68	\$27,503,915.21	\$15,989,217.19	\$40,736,466.46	(\$204,394,655.74)	\$74,411,128.42	(\$13,916,895.07)	\$20,610,266.24	\$11,850,624.56	\$9,854,995.46	\$1,626,734.93	\$78,507,715.77

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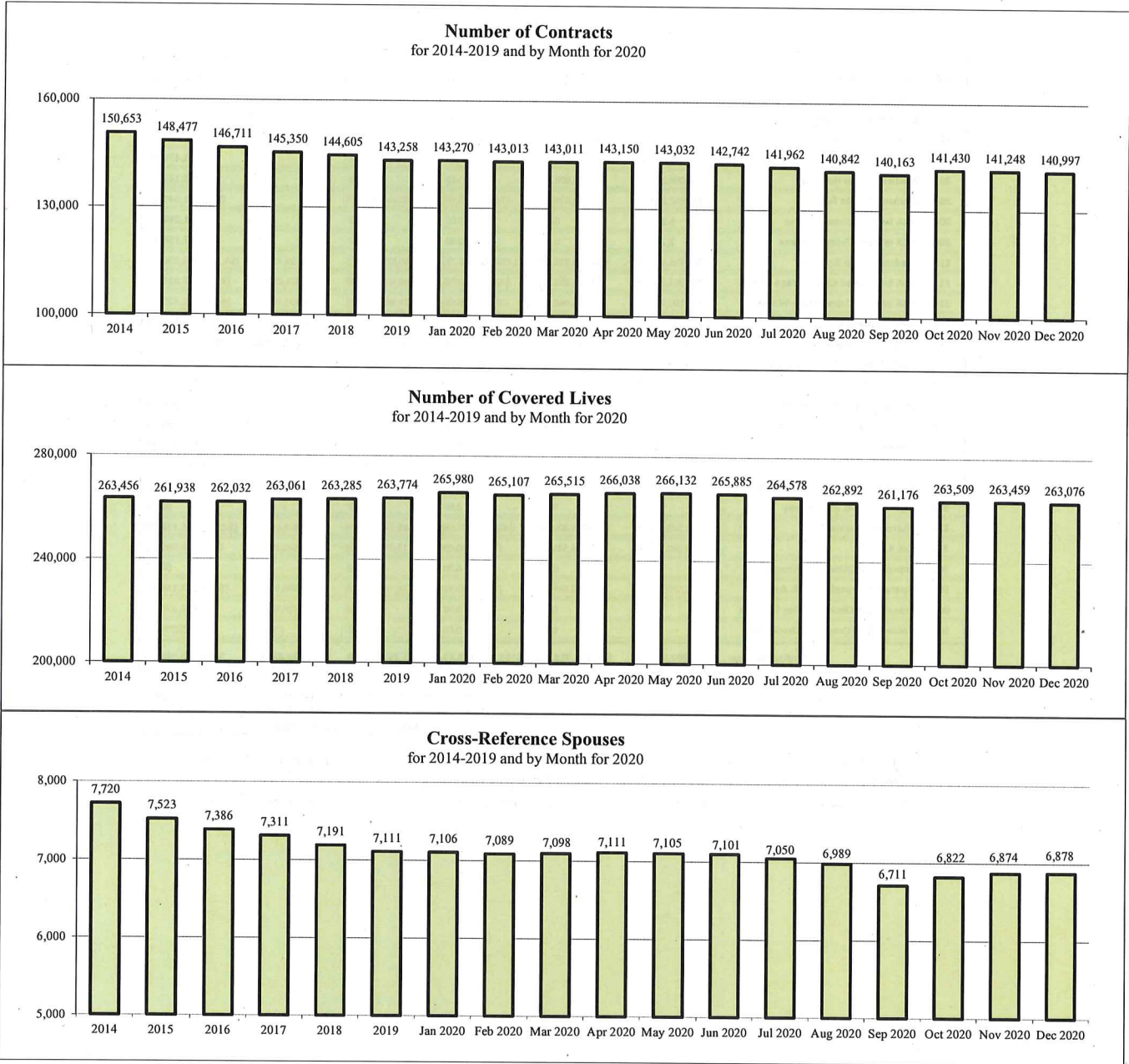
		Combined Plan Year 2016												Plan Year Transactions to Date	
2016	2015 Balance Forward	January-16	February-16	March-16	April-16	May-16	June-16	July-16	August-16	September-16	October-16	November-16	December-16		
101	PREMIUMS	\$9,490,318,324.17	135,657,461.38	134,952,318.39	142,174,351.19	134,883,195.14	131,979,950.39	116,181,138.89	159,709,809.20	133,905,187.73	137,584,818.27	132,475,240.90	132,461,644.50	139,109,831.60	11,121,993,271.75
102	HRA WAIVER CONTRIBUTION	\$284,814,378.66	3,740,609.85	3,931,280.16	7,227,392.13	4,006,700.08	3,992,186.55	3,626,513.99	1,070,656.34	7,092,550.31	7,063,072.82	4,042,261.39	4,086,158.52	335,341,285.60	
110	INTEREST INCOME	\$1,586,561.64	115,082.57	172,712.56	208,858.86	260,043.71	204,247.08	234,632.50	256,851.26	273,275.23	267,969.52	330,331.36	333,212.45	4,516,542.24	
120	DRUG REBATES- ESCRIPTS	\$181,567,782.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	181,567,782.77	
121	DRUG REBATES- CVS	\$13,759,570.29	14,872,632.55	0.00	0.00	14,823,893.88	0.00	0.00	10,885,902.42	0.00	0.00	21,613,932.80	0.00	77,005,885.94	
130	TRANSFERS TO OTHER PLAN YEAR(S)	\$133,497,146.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	133,497,146.46	
201	MEDICAL CLAIMS HUMANA	\$5,706,141,104.98	3,511,521.19	6,745,142	(1,022,988.99)	(1,503,353.34)	(227,467.07)	(573,331.71)	39,892.86	1,454,620.60	249,636.96	187,268.77	204,670.52	(5,709,823,197.68)	
202	HUMANA ADMIN FEES	\$101,066,873.41	(1,540,291.88)	(985,005.34)	(717,076.34)	0.00	(3,303,133.02)	0.00	(1,220,069.11)	(2,031,482.14)	(129.65)	(708,229.47)	(1,091,492.43)	(388,466,729.06)	
203	HRA EMBEDDED CLAIMS HUMANA	\$8,069.10	86,069.10	0.00	0.00	0.00	0.00	0.00	(978.24)	(1,389.17)	0.00	(355.77)	0.00	(100,987,919.45)	
204	HRA WAIVER CLAIMS HUMANA	\$213,412,905.53	87,216.69	(1,582.85)	0.00	0.00	525.45	0.00	(11,092.28)	(14,719.02)	(351.68)	173.67	0.00	(213,375,087.17)	
210	MEDICAL CLAIMS- ANTHEM	\$813,836,997.58	(69,489,595.36)	(62,379,231.42)	(87,437,473.59)	(67,516,286.77)	(69,538,419.14)	(86,323,838.17)	(80,776,430.97)	(99,242,734.98)	(78,397,184.36)	(78,051,962.90)	(87,330,747.84)	(1,779,605,042.36)	
213	HRA EMBEDDED CLAIMS- WW	\$38,483,136.08	(4,024,890.41)	(4,723,494.06)	(5,444,695.03)	(4,624,768.31)	(4,239,390.85)	(3,856,574.07)	(3,335,228.79)	(3,161,942.54)	(2,480,667.36)	(2,463,322.01)	(2,463,168.84)	(81,800,631.70)	
214	HRA WAIVER CLAIMS- WW	\$37,530,094.24	(4,203,261.19)	(3,662,447.36)	(3,954,358.20)	(3,276,405.11)	(2,664,801.28)	(2,546,877.12)	(4,710,085.41)	(3,964,513.01)	(2,868,054.57)	(2,833,699.68)	(3,031,090.34)	(78,045,774.15)	
215	ANTHEM ADMIN	\$47,098,553.40	(3,821,065.38)	(3,916,911.64)	(3,913,586.04)	(3,959,976.04)	(3,504,817.14)	(3,884,975.56)	(3,851,515.77)	(3,838,259.34)	(3,753,544.88)	(3,856,141.14)	(3,845,261.12)	(93,594,056.60)	
216	WAGE WORKS ADMIN	\$3,892,571.10	(535,819.39)	(402,051.40)	(340,961.40)	(14,229.00)	(373,782.60)	(15,144.60)	(384,875.54)	(320,686.20)	(382,826.60)	(363,856.60)	(490,774.83)	(8,498,628.26)	
217	MDX MEDICAL ADMIN- COMPASS	\$944,432.44	(78,776.55)	(78,461.73)	(79,166.10)	(79,166.10)	(78,146.91)	0.00	(159,062.54)	(76,944.87)	0.00	(153,515.09)	(77,293.61)	(1,881,712.53)	
218	Rethink- BH Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
219	Dependent Eligibility Audit	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
220	Printing & Postage	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
221	Staywell Admin	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
222	Staywell Claims	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
301	PHARMACY CLAIMS- ESI	\$1,687,629,190.60	3,978.63	0.00	0.00	0.00	0.00	10,892.98	0.00	0.00	0.00	0.00	0.00	(1,687,614,318.99)	
302	EXPRESS SCRIPTS ADMIN FEES	\$51,324,514.93	12,763.70	0.00	0.00	0.00	0.00	240.00	0.00	0.00	0.00	0.00	0.00	(51,311,311.23)	
310	PHARMACY CLAIMS- CVS	\$314,917,026.70	(24,794,354.38)	(25,646,985.12)	(26,083,311.86)	(28,884,175.50)	(28,483,531.72)	(31,462,853.16)	(30,248,914.98)	(32,430,653.86)	(32,511,701.31)	(31,794,086.52)	(35,192,589.60)	(676,963,382.07)	
311	CVS ADMIN	\$6,856,444.88	(575,378.67)	(469,251.23)	(848,365.27)	(975,290.73)	(801,934.10)	(126,684.70)	(765,180.80)	(736,098.36)	(332,860.95)	(1,201,767.28)	(637,028.86)	(14,282,377.59)	
500	TRANSFERS TO OTHER PLAN YEAR(S)	\$110,197,550.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(110,197,550.06)	
501	OPERATING TRANSFER/EXP & ADJ	\$65,415,687.10	(19,694,814.00)	(1,500,010.00)	(750,000.00)	(2,276,805.00)	(98.83)	(64,247,485.00)	(3,697,408.00)	702,602.00	(1,368,322.00)	(2,270,463.00)	(152,954.52)	(149,360,979.25)	
502	Transfer for Clinic Cleaning Services	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
503	Voided/NSF/Cancelled Check Fees	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total Cash Transactions		\$53,371,411.23	\$99,269,068.25	\$35,297,619.01	\$19,019,622.73	\$40,863,376.92	\$22,161,386.81	\$73,084,345.73	\$42,802,269.65	\$52,231,743.84	\$19,074,691.56	\$40,654,636.41	\$11,331,210.63	\$10,046,529.24	\$714,113,312.67



Kentucky Employees' Health Plan – Status Report  
 4th Quarter, 2020  
 Attachment B – Summary  
 Page B-21

Plan Year Ending Balances as of December 31, 2020							
	**2016	2017	2018	2019	2020	**Ending Balance	
101	Premiums	1,632,967,051.25	1,627,272,471.75	1,646,284,065.04	1,636,992,249.29	1,569,005,809.82	\$8,112,521,647.15
102	HRA Waiver Contribution	47,516,224.39	47,283,372.29	46,574,333.11	47,887,232.45	44,809,455.85	\$234,070,618.09
110	Interest Income	7,627,758.07	5,171,264.91	2,071,729.18	12,628,314.74	1,801,907.24	\$29,300,974.14
120	Drus Rebates Escripts	0.00	0.00	0.00	0.00	115.04	\$115.04
121	Drug Rebates CVS	72,152,362.68	96,199,335.78	123,260,185.54	149,260,781.45	76,256,360.35	\$517,129,025.80
130	Transfer FROM Other Plan Year(s)	13,478.00	0.00	0.00	0.00	0.00	\$13,478.00
201	Medical Claims Humana	1,095,251.83	2,906.12	0.00	0.00	0.00	\$1,098,157.95
202	Humana Admin Fees	(13,652,574.51)	(15,422,529.10)	(14,470,023.50)	(21,533,414.30)	0.00	(\$65,078,541.41)
203	HRA Select Claims Humana	1,289.81	0.00	0.00	0.00	0.00	\$1,289.81
204	HRA Waiver Claims Humana	2,756.85	0.00	0.00	0.00	0.00	\$2,756.85
210	Medical Claims Anthem	(965,355,368.57)	(994,468,938.41)	(1,053,804,720.71)	(1,146,520,747.52)	(946,139,434.10)	(\$5,106,289,209.31)
213	HRA Embedded Claims Wage Works	(43,354,703.78)	(47,475,538.33)	(52,588,929.03)	(56,107,634.78)	(51,831,004.20)	(\$251,357,810.12)
214	HRA Waiver Claims Wage Works	(40,100,966.63)	(40,356,668.99)	(38,648,738.98)	(37,846,241.30)	(34,655,804.47)	(\$191,608,420.37)
215	Anthem Admin	(46,512,941.38)	(46,125,128.78)	(46,754,167.15)	(47,478,543.10)	(44,304,898.32)	(\$231,175,678.73)
216	Wage Works Admin	(4,430,107.57)	(4,411,465.60)	(4,756,508.68)	(5,013,247.70)	(5,027,768.80)	(\$23,639,098.35)
217	MDX Medical Admin Compass	(937,280.09)	(924,137.15)	(922,594.85)	(945,179.95)	(1,270,370.90)	(\$4,999,562.94)
218	Rethink - BH Services	0.00	0.00	0.00	0.00	(793,656.00)	(\$793,656.00)
219	Dependent Eligibility Audit	0.00	0.00	0.00	(3,961.50)	(201,344.89)	(\$205,306.39)
220	Printing & Postage	0.00	0.00	0.00	0.00	0.00	\$0.00
221	Staywell Admin	0.00	0.00	0.00	0.00	(5,116,848.28)	(\$5,116,848.28)
222	Staywell Claims	0.00	0.00	0.00	0.00	(3,931,776.32)	(\$3,931,776.32)
301	Pharmacy Claims Express Scripts	0.00	0.00	0.00	0.00	0.00	\$0.00
302	Express Scripts Admin Fees	0.00	0.00	0.00	0.00	0.00	\$0.00
310	Pharmacy Claims-CVS	(362,579,310.29)	(399,415,801.52)	(438,151,581.56)	(489,179,439.44)	(520,978,025.31)	(\$2,210,304,158.12)
311	CVS ADMIN	(9,340,301.00)	(8,803,545.20)	(7,687,660.09)	(8,094,122.18)	(7,845,356.73)	(\$41,770,985.20)
500	Transfer TO Other Plan Year(s)	0.00	0.00	0.00	0.00	0.00	\$0.00
501	Operating Transfer Exp & Adj	(274,509,586.18)	(186,403,679.58)	(9,130,199.97)	(8,793,276.68)	82,686,595.93	(\$396,150,146.48)
502	Transfer for Clinic Cleaning Services	0.00	0.00	0.00	(1,747.08)	(14,523.07)	(\$16,270.15)
503	Voided/NSF/Cancelled Check Fees	0.00	0.00	0.00	0.00	(209.83)	(\$209.83)
	Ending Balance:	\$603,032.88	\$32,121,918.19	\$151,275,188.35	\$25,251,022.40	\$152,449,223.01	\$361,700,384.83
							HRA Reserves Fund as of December 31, 2019 : (\$144,390,025)
							FSA Reserves Fund as of December 31, 2019 : (\$1,516,183)
							* Ending Balance Net of HRA/FSA Reserves : \$215,794,176.83
	* - Ending balance includes assets allocated for HRA (Select and Waiver) and FSA reserves. Beginning with plan year 2016 members are allowed to rollover up to \$500 of unused FSA balance creating the additional reserve.						
	** - Per HB200, plan year balances for all plan years before 2016 and all subsequent balances from those plan years were transferred to Plan Year 2016.						

**Kentucky Employees' Health Plan – Status Report**  
**4th Quarter, 2020**  
**Attachment C – Current Enrollment Data**  
 Page C-1



**Commonwealth of Kentucky**

**Kentucky Employees' Health Plan**

**Actuarial Reserve Study**  
**December 31, 2020**

**Three Alliance Center**  
**3550 Lenox Road NE**  
**Suite 1700**  
**Atlanta, GA 30326**

**February 2021**

**Commonwealth of Kentucky**

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**EXECUTIVE SUMMARY**

Aon has conducted an actuarial valuation of the incurred, but not paid, claims as of December 31, 2020, for the medical and prescription drug benefits provided by Kentucky Employees' Health Plan (KEHP) and administered through Humana and Express Scripts (ESI) prior to 2015. Beginning from 2015, medical and prescription drug benefits are administered through Anthem and Caremark.

The results show a projected total reserve of approximately \$121.5 million. This figure includes \$5.8 million as an explicit provision for adverse experience. Claims that have been processed and paid, and invoiced to KEHP but not yet paid are excluded from these actuarial estimates, though this may represent an additional liability outside the scope of this actuarial review. The estimates provided also exclude unallocated amounts, which are believed to be immaterial to the Plan.

The details of the Unpaid Claim Reserve are shown in separate exhibits for Medical, Pharmacy, CDHP Health Reimbursement Arrangement (HRA) and the Waiver Credit HRA.

The traditional actuarial loss developmental method and Bornhuetter-Ferguson method were the basis of our calculation. The loss development uses historical paid claims information by incurred date. This method is consistent with reserve calculations within the industry, and best reflects the impact on claim payment patterns and accounts for the cyclical nature of the Plan's claims.

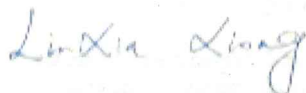
Also included in this report are the actual Rx rebates paid from January 1, 2018 to June 30, 2020 and the estimated Rx rebate from July 1, 2020 to December 31, 2020.

The results mentioned above are contingent upon future events. Consequently, actual results will differ from projected results. These deviations may be material. KEHP staff should monitor emerging experience and take appropriate actions as required.

**ACTUARIAL CERTIFICATION  
STATEMENT OF OPINION**

Aon has been retained by the Commonwealth of Kentucky to study the actuarial reserves for incurred but not paid claims as of December 31, 2020, for the medical and prescription drug benefits provided by Kentucky Employees' Health Plan. I am employed by Aon. I am a Member of the Society of Actuaries and am qualified by education and experience to make the statements of actuarial opinion contained herein.

In performing our reserve study, we have relied upon reports and information provided by Truven, the carriers and The Commonwealth of Kentucky. We have not audited this data beyond general tests for reasonableness. The results are our best estimate of incurred but unpaid claims with explicit margins for adverse deviation. The techniques and methodology used are reasonable and in accordance with generally accepted actuarial principles and practice.



\_\_\_\_\_  
LinXia Xiong, FSA, MAAA  
Vice President

February 19, 2021

Date



\_\_\_\_\_  
Colleen M. Huber, FSA, MAAA  
Senior Vice President

February 19, 2021

Date

**DATA AND ASSUMPTIONS**

Commonwealth of Kentucky Medical and Pharmacy benefits are administered through Anthem and Caremark beginning from 2015. Below is all data source we have used:

- Monthly enrollment provided by Truven.
- Transactional and eligibility data was provided by KEHP.
- Medical and Pharmacy claims incurred and paid from January 1, 2017 to December 31, 2020 provided by Anthem and Caremark.

No adjustment for interest was used in this analysis. Anthem and Caremark don't charge administrative fees for processing run-out claims so no administrative fee reserve is required.

The COVID-19 pandemic has greatly impacted the United States health care landscape over the last few months. The number of COVID-19 cases in the U. S. has increased rapidly and it is unclear when the rate of infection will diminish. There are many uncertainties associated with the impact of COVID-19 on employer health care claims costs and as a result our IBNP estimate may exhibit more volatility than in a typical year. In addition to direct COVID-19 expenditures due to testing and treatment of members with COVID-19, elective procedures and nonemergency visits are being deferred, resulting in significant changes to the types and frequency of claims incurred by members of employer-sponsored plans. At this point in time there is no consistent emerging data across carriers of a change in payment speed, but there is clear evidence of a change in the types and level of claims incurred during the COVID-19 pandemic. Payment speed pattern changes may also emerge as more data becomes available.

Aon has developed a model to estimate COVID-19 claims impacts which incorporates two offsetting cost factors – direct COVID-19 claims costs and cost reductions due to deferral of unnecessary services. In the immediate term, the savings due to the deferral of services has generally exceeded the additional direct claims costs due to COVID-19 for most employers. This may result in a temporary reduction in IBNP reserves required, though the impact to a particular employer can vary based on related industry, geography, and demographic considerations. While COVID-19 impacts may result in a reduction to the IBNP in the short term, it is very likely that many deferred services will return later in the year. As a result, many employers may experience greater increases in their IBNP later in the year than typical amounts due only to seasonality.

## METHODOLOGY

The unpaid claim liability (UCL), also called the incurred but not reported (IBNR) reserve, at a specified date is essentially the estimated claims incurred up to that date less the claims that have been (incurred and) paid to that date. Since the incurred and paid claims are known, the UCL is easily determined once the incurred claims have been estimated.

The traditional loss development method uses historical claim payment patterns to develop completion factors that are used to estimate incurred claims. The claims incurred in a given month and paid by the end of the experience period are divided by the completion factor to estimate the incurred claims for that month. The UCL for that month is subsequently determined by subtracting the known incurred and paid claims from the estimated incurred claims. The total UCL is merely the sum of all the appropriate monthly UCL estimates.

This method is relatively easy to understand and is effective when the historical claim payment patterns are deemed to be stable enough to estimate current/future claim payment patterns and when several months of claim payments (run-out) after the incurred month are available. When the run-out for any month is limited, this month is called immature and the associated completion factor is significantly less than one. The resulting incurred claim estimate is unstable. Consequently, a secondary method has traditionally been used to estimate the immature months.

The secondary method for health claims is often an average of historical incurred claims adjusted for claim trend and enrollment between the historical period and the time of interest. One of the shortcomings of this secondary method is that the available claim payment information for the month being estimated is not used. Another problem is that the line of demarcation between mature months and immature months is as much art as science.

The Bornhuetter-Ferguson Method (BFM) addresses both of these issues by blending the loss development method and the secondary method. The BFM uses the available incurred and paid data and the expected UCL developed from the secondary method to estimate incurred claims. This method generally provides a more stable estimate than the pure loss development method, a more responsive estimate than the secondary method, and a reasonable technique for blending the results of both methods.

Using the BFM with claims paid through December 31, 2020, the resulting UCL for December 31, 2020 was approximately \$115.6 million. In addition, an explicit margin for adverse deviation of 5.0% of claims unpaid at December 31, 2020 has been used.

**RESULTS**

The result of our reserve analysis shows the following components of our December 31, 2020 reserve for the Kentucky Employees' Health Plan.

**Exhibit 1**

<b>Kentucky Employees' Health Plan</b>				
<b>Terminal Liability Calculation as of December 31, 2020</b>				
	Unpaid Claims Liability as of December 31, 2020	Margin (5%)	Administrative Fees for Processing Runout Claims	Total IBNR Reserve (Rounded to Nearest \$1,000)
Medical	\$113,551,577	\$5,677,579	\$0	\$119,229,000
Pharmacy	(\$1,104,670)	\$0	\$0	(\$1,105,000)
CDHP HRA	\$1,862,370	\$93,118	\$0	\$1,955,000
Waiver HRA	\$1,317,585	\$65,879	\$0	\$1,383,000
<b>Grand Total</b>	<b>\$115,626,862</b>	<b>\$5,836,577</b>	<b>\$0</b>	<b>\$121,463,000</b>

\* Claims that have been processed and paid, and invoiced to KEHP but not yet paid are excluded from these actuarial estimates, though this may represent an additional liability outside the scope of this actuarial review. The estimates provided also exclude unallocated amounts, which are believed to be immaterial to the Plan.

\*\* No administrative fees are required from Anthem or Caremark for processing runout claims.



**Exhibit 2a**

**Kentucky Employees' Health Plan  
 Medical and Pharmacy  
 Terminal Liability Calculation as of December 31, 2020**

Month	Enrollment	Estimated Incurred Claims	Completion Factor	Actual Paid	Unpaid Claim Reserve
Oct-17	145,255	\$99,116,687	1.000	\$99,116,687	\$0
Nov-17	145,297	\$97,641,224	1.000	\$97,641,224	\$0
Dec-17	145,192	\$110,995,441	1.000	\$110,995,441	\$0
Jan-18	146,368	\$112,638,969	1.000	\$112,638,969	\$0
Feb-18	145,669	\$121,161,964	1.000	\$121,161,964	\$0
Mar-18	145,703	\$123,563,055	1.000	\$123,563,055	\$0
Apr-18	145,445	\$129,313,830	1.000	\$129,313,830	\$0
May-18	145,233	\$126,801,630	1.000	\$126,801,630	\$0
Jun-18	144,819	\$119,544,453	1.000	\$119,544,453	\$0
Jul-18	144,002	\$136,898,495	1.000	\$136,898,495	\$0
Aug-18	143,327	\$134,757,233	1.000	\$134,757,233	\$0
Sep-18	142,396	\$146,409,671	1.000	\$146,409,671	\$0
Oct-18	144,178	\$112,517,268	1.000	\$112,517,268	\$0
Nov-18	144,119	\$110,618,374	1.000	\$110,622,962	(\$4,588)
Dec-18	144,005	\$125,871,061	1.000	\$125,874,973	(\$3,912)
Jan-19	144,518	\$131,171,395	1.000	\$131,188,908	(\$17,513)
Feb-19	143,950	\$130,515,872	1.001	\$130,611,481	(\$95,609)
Mar-19	144,284	\$133,049,700	1.001	\$133,144,874	(\$95,174)
Apr-19	144,086	\$144,994,781	1.001	\$145,122,892	(\$128,111)
May-19	143,816	\$138,705,313	1.001	\$138,892,523	(\$187,209)
Jun-19	143,380	\$133,928,501	1.001	\$134,032,848	(\$104,346)
Jul-19	142,737	\$150,476,261	1.001	\$150,582,040	(\$105,779)
Aug-19	141,670	\$142,819,840	1.001	\$142,939,190	(\$119,350)
Sep-19	141,025	\$164,173,293	1.001	\$164,281,271	(\$107,978)
Oct-19	143,179	\$114,011,060	1.001	\$114,071,205	(\$60,144)
Nov-19	143,173	\$118,193,444	0.999	\$118,107,826	\$85,618
Dec-19	143,272	\$118,258,171	0.999	\$118,135,123	\$123,048
Jan-20	143,270	\$96,269,668	0.999	\$96,137,762	\$131,907
Feb-20	143,013	\$115,950,049	0.998	\$115,691,131	\$258,918
Mar-20	143,011	\$139,630,269	0.996	\$139,014,723	\$615,546
Apr-20	143,150	\$143,891,383	0.992	\$142,753,512	\$1,137,871
May-20	143,032	\$140,234,209	0.985	\$138,073,699	\$2,160,510
Jun-20	142,742	\$143,600,518	0.974	\$139,805,974	\$3,794,544
Oct-20	141,430	\$147,244,083	0.949	\$139,776,289	\$7,467,794
Nov-20	141,248	\$141,072,855	0.858	\$121,087,779	\$19,985,076
Dec-20	140,996	\$160,949,504	0.517	\$83,233,714	\$77,715,790
Total		\$4,656,989,528		\$4,544,542,620	\$112,446,907



Kentucky Employees' Health Plan – Status Report  
 4th Quarter, 2020  
 Attachment D – IBNR  
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**Exhibit 2b**  
**Kentucky Employees' Health Plan**  
**Medical**  
**Terminal Liability Calculation as of December 31, 2020**

Month	Enrollment	Estimated Incurred Claims	Completion Factor	Actual Paid	Total Unpaid Claim Reserve
Oct-17	145,255	\$90,024,186	1.000	\$90,024,186	\$0
Nov-17	145,297	\$89,608,599	1.000	\$89,608,599	\$0
Dec-17	145,192	\$103,821,959	1.000	\$103,821,959	\$0
Jan-18	146,368	\$68,579,867	1.000	\$68,579,867	\$0
Feb-18	145,669	\$69,614,004	1.000	\$69,614,004	\$0
Mar-18	145,703	\$78,662,008	1.000	\$78,662,008	\$0
Apr-18	145,445	\$79,890,749	1.000	\$79,890,749	\$0
May-18	145,233	\$86,078,554	1.000	\$86,078,554	\$0
Jun-18	144,819	\$89,534,976	1.000	\$89,534,976	\$0
Jul-18	144,002	\$92,758,149	1.000	\$92,758,149	\$0
Aug-18	143,327	\$90,456,120	1.000	\$90,456,120	\$0
Sep-18	142,396	\$84,141,609	1.000	\$84,141,609	\$0
Oct-18	144,178	\$97,061,426	1.000	\$97,061,426	\$0
Nov-18	144,119	\$96,120,881	1.000	\$96,120,881	\$0
Dec-18	144,005	\$105,499,643	1.000	\$105,499,643	\$0
Jan-19	144,518	\$76,001,466	1.000	\$76,001,466	\$0
Feb-19	143,950	\$75,185,096	1.000	\$75,189,686	(\$4,590)
Mar-19	144,284	\$86,155,181	1.000	\$86,159,584	(\$4,403)
Apr-19	144,086	\$90,362,934	1.000	\$90,381,837	(\$18,903)
May-19	143,816	\$89,287,406	1.001	\$89,384,585	(\$97,178)
Jun-19	143,380	\$94,255,318	1.001	\$94,352,234	(\$96,915)
Jul-19	142,737	\$102,596,844	1.001	\$102,725,330	(\$128,486)
Aug-19	141,670	\$97,841,085	1.002	\$98,027,076	(\$185,990)
Sep-19	141,025	\$93,082,403	1.001	\$93,184,470	(\$102,067)
Oct-19	143,179	\$106,166,849	1.001	\$106,268,496	(\$101,647)
Nov-19	143,173	\$101,016,015	1.001	\$101,131,615	(\$115,600)
Dec-19	143,272	\$117,634,020	1.001	\$117,738,633	(\$104,612)
Jan-20	143,270	\$75,372,368	1.001	\$75,430,166	(\$57,798)
Feb-20	143,013	\$79,938,006	0.999	\$79,848,764	\$89,242
Mar-20	143,011	\$71,735,636	0.998	\$71,610,574	\$125,062
Apr-20	143,150	\$53,213,546	0.997	\$53,080,442	\$133,105
May-20	143,032	\$74,549,364	0.997	\$74,290,748	\$258,615
Jun-20	142,742	\$93,780,715	0.993	\$93,166,833	\$613,882
Jul-20	141,962	\$98,934,394	0.989	\$97,800,149	\$1,134,244
Aug-20	140,842	\$96,178,715	0.978	\$94,025,238	\$2,153,477
Sep-20	140,163	\$98,188,766	0.962	\$94,390,077	\$3,778,689
Oct-20	141,430	\$100,553,183	0.926	\$93,116,532	\$7,436,652
Nov-20	141,248	\$95,191,636	0.790	\$75,247,118	\$19,944,518
Dec-20	140,996	\$110,432,985	0.286	\$31,530,721	\$78,902,264
<b>Total</b>		<b>\$3,499,486,677</b>		<b>\$3,385,935,100</b>	<b>\$113,551,577</b>

**Exhibit 2c**  
**Kentucky Employees' Health Plan**  
**Pharmacy**  
**Terminal Liability Calculation as of December 31, 2020**

Month	Enrollment	Estimated Incurred Claims	Completion Factor	Actual Paid	Total Unpaid Claim Reserve
Oct-17	145,255	\$35,550,346	1.000	\$35,550,346	\$0
Nov-17	145,297	\$34,742,427	1.000	\$34,742,427	\$0
Dec-17	145,192	\$37,038,910	1.000	\$37,038,910	\$0
Jan-18	146,368	\$30,536,821	1.000	\$30,536,821	\$0
Feb-18	145,669	\$28,027,220	1.000	\$28,027,220	\$0
Mar-18	145,703	\$32,333,434	1.000	\$32,333,434	\$0
Apr-18	145,445	\$32,748,220	1.000	\$32,748,220	\$0
May-18	145,233	\$35,083,411	1.000	\$35,083,411	\$0
Jun-18	144,819	\$34,028,079	1.000	\$34,028,079	\$0
Jul-18	144,002	\$36,555,681	1.000	\$36,555,681	\$0
Aug-18	143,327	\$36,345,510	1.000	\$36,345,510	\$0
Sep-18	142,396	\$35,402,844	1.000	\$35,402,844	\$0
Oct-18	144,178	\$39,837,069	1.000	\$39,837,069	\$0
Nov-18	144,119	\$38,636,352	1.000	\$38,636,352	\$0
Dec-18	144,005	\$40,910,028	1.000	\$40,910,028	\$0
Jan-19	144,518	\$36,515,802	1.000	\$36,515,802	\$0
Feb-19	143,950	\$35,433,278	1.000	\$35,433,277	\$2
Mar-19	144,284	\$39,715,880	1.000	\$39,715,389	\$491
Apr-19	144,086	\$40,808,461	1.000	\$40,807,071	\$1,390
May-19	143,816	\$41,228,466	1.000	\$41,226,897	\$1,569
Jun-19	143,380	\$38,794,381	1.000	\$38,792,641	\$1,741
Jul-19	142,737	\$42,397,937	1.000	\$42,397,562	\$375
Aug-19	141,670	\$40,864,228	1.000	\$40,865,447	(\$1,219)
Sep-19	141,025	\$40,846,098	1.000	\$40,848,378	(\$2,279)
Oct-19	143,178	\$44,309,412	1.000	\$44,313,544	(\$4,131)
Nov-19	143,173	\$41,803,825	1.000	\$41,807,575	(\$3,750)
Dec-19	143,272	\$46,539,272	1.000	\$46,542,638	(\$3,366)
Jan-20	143,270	\$38,638,692	1.000	\$38,641,038	(\$2,346)
Feb-20	143,013	\$38,255,438	1.000	\$38,259,061	(\$3,624)
Mar-20	143,011	\$46,522,515	1.000	\$46,524,549	(\$2,034)
Apr-20	143,150	\$43,056,122	1.000	\$43,057,320	(\$1,198)
May-20	143,032	\$41,400,685	1.000	\$41,400,383	\$303
Jun-20	142,742	\$45,849,554	1.000	\$45,847,890	\$1,664
Jul-20	141,962	\$44,956,989	1.000	\$44,953,363	\$3,626
Aug-20	140,842	\$44,055,494	1.000	\$44,048,461	\$7,033
Sep-20	140,163	\$45,431,752	1.000	\$45,415,897	\$15,855
Oct-20	141,430	\$46,690,900	0.999	\$46,679,758	\$31,143
Nov-20	141,248	\$45,881,219	0.999	\$45,840,661	\$40,558
Dec-20	140,996	\$50,516,519	1.023	\$51,702,993	(\$1,186,474)
<b>Total</b>		<b>\$1,548,289,276</b>		<b>\$1,549,393,946</b>	<b>(\$1,104,670)</b>

**Exhibit 3**

**Kentucky Employees' Health Plan  
 Terminal Liability Calculation as of December 31, 2020  
 Health Reimbursement Arrangements**

<b>CDHP HRA</b>				
<b>Period</b>	<b>Paid To Date</b>	<b>Completion Factor</b>	<b>Total Incurred</b>	<b>Unpaid Claim Reserve</b>
Apr-Jun 2018	\$14,905,461	100.0%	\$14,905,461	\$0
Jul-Sep 2018	\$10,740,226	100.0%	\$10,740,226	\$0
Oct-Dec 2018	\$9,720,306	100.0%	\$9,720,306	\$0
Jan-Mar 2019	\$18,473,410	100.0%	\$18,473,410	\$0
Apr-Jun 2019	\$15,894,587	100.0%	\$15,894,587	\$0
Jul-Sep 2019	\$11,497,950	100.0%	\$11,497,950	\$0
Oct-Dec 2019	\$10,241,688	100.0%	\$10,241,688	\$0
Jan-Mar 2020	\$17,861,425	98.3%	\$18,171,770	\$310,345
Apr-Jun 2020	\$12,822,396	97.7%	\$13,129,193	\$306,797
Jul-Sep 2020	\$11,245,666	96.7%	\$11,632,284	\$386,618
Sep-Dec 2020	\$9,901,517	92.0%	\$10,760,127	\$858,610
<b>Total</b>	<b>\$143,304,632</b>		<b>\$145,167,002</b>	<b>\$1,862,370</b>

<b>Waiver HRA</b>				
<b>Plan Year</b>	<b>Paid To Date</b>	<b>Completion Factor</b>	<b>Total Incurred</b>	<b>Unpaid Claim Reserve</b>
2018	\$38,648,739	100.0%	\$38,648,739	\$0
2019	\$37,846,241	100.0%	\$37,846,241	\$0
2020	\$34,655,804	96.3%	\$35,973,390	\$1,317,585
<b>Total</b>	<b>\$111,150,785</b>		<b>\$112,468,370</b>	<b>\$1,317,585</b>

**Exhibit 4**

**Kentucky Employees' Health Plan  
 Rx Rebates as of December 31, 2020**

Plan Year	Rebate Amount		
	Accounting	Incurred	
Q1 2018	\$27,091,590	\$27,791,512	Actual/Actual
Q2 2018	\$29,784,587	\$30,241,988	Actual/Actual
Q3 2018	\$30,606,258	\$31,110,146	Actual/Actual
Q4 2018	\$35,777,750	\$35,983,805	Actual/Actual
Q1 2019	\$33,676,388	\$35,562,269	Actual/Actual
Q2 2019	\$34,082,416	\$38,224,411	Actual/Actual
Q3 2019	\$35,397,343	\$39,534,225	Actual/Actual
Q4 2019	\$44,029,550	\$41,163,976	Actual/Actual
Q1 2020	\$35,062,495	\$44,598,781	Actual/Estimate
Q2 2020	\$41,193,865	\$45,264,839	Actual/Estimate
Q3 2020	\$41,077,886	\$46,448,338	Estimate/Estimate
Q4 2020	\$42,505,084	\$48,062,124	Estimate/Estimate



## Anthem clinical update Integrated Health Model(IHM)



### Kentucky Employees' Health Plan (KEHP) Report for: January 1, 2020 – December 31, 2020

This report provides an overview of the KEHP's key demographic data elements, IHM participant engagement, Utilization Management, and MyHealth Advantage activity during the reporting period.

Demographics	Current
Average number of members	265,315
Average population age	37

Clinical programs	Total identified	Engaged	% Engaged
IHM	59,817	9,833	16.4% <sup>1</sup>
Behavioral Health	1,132	501	44.2%
Future Moms	134	86	64.2%

<sup>1</sup> Members identified for outreach/engaged.

	During period
Why Weight KY	239

		Enrollments
Diabetes Prevention Program (DPP) <sup>2</sup>	10,043	3,429

<sup>2</sup> Effective 8/1/19, the KEHP engaged with Anthem's preferred DPP vendor, Solera. Digital capabilities and targeted marketing campaigns have positively impacted member participation.

Utilization Management	Authorization requests	Approval rate
Inpatient	9,970	92.19%
Outpatient	69,309	91.46%
Total	79,279	91.55%

MyHealth Advantage	Total eligible	Notes generated	Total alerts	Gaps in care alerts	Preventive alerts
Total	264,392	77,167	298,432	206,918	91,514

**Anthem Blue Cross and Blue Shield (Anthem) works with the KEHP to integrate health by innovation.** This holistic model offers care which focuses on improving health and promoting physical, emotional, mental, and financial well-being for the KEHP membership.

**Behavioral Health Clinical Care Management programs:** Provide outreach, support, and guidance for members with complex behavioral health conditions. The Behavioral team may also collaborate with Personal Health Consultants to ensure continuity of medical and mental health needs.

**Diabetes Prevention Program (DPP):** DPP is a lifestyle change program available to members and their dependents identified with pre-diabetes or with a high risk of developing diabetes.

**Future Moms:** Program which helps expectant women to maintain healthy pregnancies by offering early-risk assessment, providing obstetrical nursing support, and following the pregnancy from the first trimester through delivery.

**IHM:** Better health, better outcomes promoted by identifying, engaging members, and creating cases with Registered Nurses, referred to as Personal Health Consultants. Through innovative, smart triggers, the program finds members at risk for serious and costly medical conditions and directs them to specialized programs.

**MyHealth Advantage:** An early risk management program that is designed to help improve members' compliance with evidence-based care recommendations. The program provides personalized information via MyHealth Note which empowers members to take greater control of their health and health care decision-making.

**Utilization Management:** Preauthorization is required for nonemergency hospital admissions, inpatient services, and select outpatient services. This chart shows the requested authorizations and percentage approved.

**Why Weight KY:** The weight management program is designed to help members improve their health and achieve safe weight loss goals through support and guidance from a Personal Health Consultant.

**Final KEHP LivingWell Promise Program Update**

**Communications**

- o LivingWell Promise congratulations emails were sent weekly throughout the 2020 program year.
- o Following the Promise deadline, communications shifted to incentive rewards reminders and general well-being content.
- o Benefits fair handouts were created to promote the new WebMD ONE platform for 2021.
- o Webinars were scheduled late 2020 to promote the new program year launch.

**Platform & Technology**

- o WebMD ONE implementation meetings continued throughout 2020, including discussions around the eligibility file import and the reward redemption system.
- o WebMD worked hard to prepare for the ONE launch which included the knowledge-based authentication and multi-factor authentication and successfully launched on time!

**Call Center & Dedicated Wellbeing Staff**

- o Call Center supported LivingWell Promise appeals to DEI through the end of 2020.
- o Call Center and DWS were prepared for October open enrollment and the high call volumes that were expected.
- o DWS team utilized surveys for champions and insurance coordinators to solicit feedback for 2021 program planning.

**Key Program Metrics**

Online Health Assessment Completions <i>All actives</i>	115,088
Screening Completions	32,630
LivingWell Promise Completions <i>Active medically enrolled only</i>	129,818, 88.5%
Paper HA completions	5,487
Total Portal Registrations <i>All actives</i>	126,677
Coaching Participants	Registered – 3,975 Completed at least 1 call – 2,637
Session Activity	23,157 completed at least 1 session
Competition Activity	1,300 completed the Fruits and Veggie competition in March 2020



Kentucky Employees' Health Plan – Status Report  
 4th Quarter, 2020  
 Attachment F – Anthem Performance Guarantees  
 Page F-1

Performance Category	Guarantee	1Q	2Q	3Q	4Q
Claims Timeliness (14 Calendar Days)	<p>A minimum of 90% of Non-Investigated medical Claims will be processed timely. Non-Investigated Claims are defined as medical Claims that process through the system without the need to obtain additional information from the Provider, Subscriber or other external sources. Processed Timely is defined as Non-Investigated medical Claims that have been adjudicated within 14 calendar days of receipt. This Guarantee will be calculated based on the number of Non-Investigated Claims that Processed Timely divided by the total number of Non-Investigated Claims. The calculation of this Guarantee does not include Claim adjustments. The calculation of this Guarantee also excludes in any quarter, Claims for the Kentucky Employees' Health Plan for requested changes to Plan benefits, until all such changes have been implemented. This will be measured with the Kentucky Employees' Health Plan's specific data.</p>	Annual	Annual	Annual	Annual
Claim Timeliness (30 Calendar Days)	<p>A minimum of 98% of Non-Investigated medical Claims will be processed timely. Non-Investigated medical Claims are defined as Claims that process through the system without the need to obtain additional information from the Provider, Subscriber, or other external sources. Processed Timely is defined as Non-Investigated medical Claims that have been adjudicated within 30 calendar days of receipt. This Guarantee will be calculated based on the number of Non-Investigated Claims that Processed Timely divided by the total number of Non-Investigated Claims. The calculation of this Guarantee does not include Claim adjustments. The calculation of this Guarantee also excludes in any quarter, Claims for the Kentucky Employees' Health Plan for requested changes to Plan benefits, until all such changes have been implemented. This will be measured with the Kentucky Employees' Health Plan's specific data.</p>	Annual	Annual	Annual	Annual
Claims Financial Accuracy	<p>A minimum of 99% of medical Claim dollars will be processed accurately. This Guarantee will be calculated based on the total dollar amount of audited medical Claims paid correctly divided by the total dollar amount of audited medical Paid Claims. The calculation of this Guarantee does not include Claim adjustments. The calculation of this Guarantee also excludes in any quarter Claims for the Kentucky Employees' Health Plan for requested changes to Plan benefits, until all such changes have been implemented. This will be measured with the Kentucky Employees' Health Plan's specific data.</p>	Annual	Annual	Annual	Annual

**Kentucky Employees' Health Plan – Status Report**  
**4th Quarter, 2020**  
**Attachment F – Anthem Performance Guarantees**  
Page F-2

Performance Category	Guarantee	1Q	2Q	3Q	4Q
Claims Accuracy	A minimum of 97% of medical Claims will be paid or denied correctly. This Guarantee will be calculated based on the number of audited medical Claims paid and denied correctly divided by the total number of audited medical Claims paid and denied. The calculation of this Guarantee also excludes in any quarter Claims for the Kentucky Employees' Health Plan for requested changes to Plan benefits, until all such changes have been implemented. This will be measured with the Kentucky Employees' Health Plan's specific data.	Annual	Annual	Annual	Annual
Adjustments	The percent of adjustments aged greater than 30 days shall be 5% or less. The measure is based on the percentage of claim adjustments entered into the system that are unresolved within 30 days of company receipt date. This includes adjustments routed to other plans/departments (excluding adjustments resulting from client / plan sponsored benefit changes).	Annual	Annual	Annual	Annual
Processing of Ongoing Eligibility Information	100% of the Kentucky Employees' Health Plan's ongoing electronic eligibility files will be processed timely. Timely Processing is defined as electronic eligibility files processed and updated on the eligibility database within 5 business days of receipt of an eligibility file. This Guarantee only applies to the processing of eligibility files submitted by the Kentucky Employees' Health Plan outside of an open enrollment period. This Guarantee does not apply to a defective eligibility file. Defective Eligibility File is defined as an eligibility file that has issues that prevent Contractor's processing of the file. Contractor's payment of this Guarantee is conditioned upon receipt of eligibility files in a format mutually agreed upon by the Parties. This Guarantee will be calculated by (1) dividing total number of eligibility files processed within the timeframe set forth above by (2) the number of the Kentucky Employees' Health Plan's eligibility files processed. This will be measured with the Kentucky Employees' Health Plan specific data.	Annual	Annual	Annual	Annual
Ongoing ID Cards Issuance	A minimum of 99% of Subscriber digital ID cards will be available or Member physical ID cards will be mailed to members, depending on a member's preference, within 10 business days of Contractor's processing of an accurate eligibility file. An Accurate Eligibility File is defined as: (1) an eligibility file formatted in a mutually agreed upon manner; (2) received by Contractor outside of an open enrollment period; and, (3) contains an error rate of less than 1%. This Guarantee will be calculated based on the total number of ongoing ID cards available to Subscribers or mailed to Members within the timeframe set forth above divided by the total number of Members eligible to receive ongoing ID cards. This will be measured with the Kentucky Employees' Health Plan's specific data.	Annual	Annual	Annual	Annual



**Kentucky Employees' Health Plan – Status Report**  
**4th Quarter, 2020**  
**Attachment F – Anthem Performance Guarantees**  
Page F-3

Performance Category	Guarantee	1Q	2Q	3Q	4Q
Average Speed to Answer	The average speed to answer (ASA) will be 30 seconds or less. ASA is defined as the average number of whole seconds Members wait and/or are in the telephone system before receiving a response from a customer care representative (CCR) or an interactive voice response unit (IVR). This Guarantee will be calculated based on the total number of calls received in the customer service telephone system. This will be measured with the Kentucky Employees' Health Plan's specific data.	Annual	Annual	Annual	Annual
Call Abandonment Rate	A maximum of 2% of Member calls will be abandoned. Abandoned Calls are defined as Member calls that are waiting for a customer care representative (CCR), but are abandoned before connecting with a CCR. This Guarantee will be calculated based on the number of calls abandoned divided by the total number of calls received in the customer service telephone system. Calls that are abandoned in less than five seconds will not be included in this calculation. This will be measured with the Kentucky Employees' Health Plan's specific data.	Annual	Annual	Annual	Annual
First Call Resolution	A minimum of 85% of Member calls will be resolved during the initial contact with no further follow up required. First Call Resolution is defined as Member callers receiving a response to their inquiry during an initial contact with no further follow-up required. This Guarantee will be calculated based on the total number of Members who receive a First Call Resolution divided by the total number of calls received into the customer service telephone system. This will be measured with the Kentucky Employees' Health Plan's specific data.	Annual	Annual	Annual	Annual

**Kentucky Employees' Health Plan – Status Report**  
**4th Quarter, 2020**  
**Attachment F – Anthem Performance Guarantees**  
 Page F-4

Performance Category	Guarantee	1Q	2Q	3Q	4Q
Member Satisfaction - NPS	<p>This Guarantee establishes a Quality Benchmark transactional Net Promoter Score (NPS) of 40. Anthem will either: (i) meet or exceed the Quality Benchmark; or, (ii) there will be an Improvement in the Net Promoter Score from the Baseline Period. The survey is conducted after a member contacts a customer service representative (CSR). Each member who completes a transaction with Anthem will be asked to provide a rating on a scale from 0 (Not at All Likely) to 10 (Extremely Likely) to a question that asks how likely the member would recommend Anthem to a friend or colleague based on the member's most recent transaction. The transactional Net Promoter Score will be calculated by subtracting the percentage of Detractors (members who provide a rating from 0 to 5) from the percentage of Promoters (members who provide a rating of 9 or 10). To determine the results for (i), Anthem shall compare the Net Promoter Score in the Measurement Period to the Quality Benchmark. The Improvement for (ii) will be determined by employees' Health Plan specific data at least 100 Identified Members. If there are fewer than 100 Identified Members, Contractor will use the enterprise commercial membership (non-Medicare) results to determine if this Guarantee is met. The Admission Rate shall be calculated as follows:</p>	Annual	Annual	Annual	Annual
Account Management Satisfaction	<p>A minimum average score of 3 will be attained on the Account Management Satisfaction Survey (AMSS). A minimum of 3 responses per the Kentucky Employees' Health Plan to the AMSS is required to base the score on Kentucky Employees' Health Plan specific responses only. If 3 responses are received from the Kentucky Employees' Health Plan, an average score is calculated by adding the scores from each respondent divided by the total number of the Kentucky Employees' Health Plan respondents. If fewer than 3 responses are received, the score will be calculated as follows: 2 Kentucky Employees' Health Plan responses: 2/3 of the score will be based on the Kentucky Employees' Health Plan specific AMSS results and 1/3 of the score will be based on the aggregate score of all AMSS results received by the Account Management Team. 1 Kentucky Employees' Health Plan responses: 1/3 of the score will be based on the Kentucky Employees' Health Plan specific AMSS results and 2/3 of the score will be based on the aggregate score of employees' Health Plan specific data at least 100 Identified Members. If there are fewer than 100 Identified Members, Contractor will use the enterprise commercial membership (non-Medicare) results to determine if it</p>	Annual	Annual	Annual	Annual

**Kentucky Employees' Health Plan – Status Report**  
**4th Quarter, 2020**  
**Attachment F – Anthem Performance Guarantees**  
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Performance Category	Guarantee	1Q	2Q	3Q	4Q
Heart Failure Identified Participants	<p>There will be either (i) a minimum Compliance Rate of 50%; or (ii) a minimum Improvement of 2.5% in the difference between the 50% Compliance Rate and the result from the prior Measurement Period (the Performance Gap) in the percentage of Identified Members with heart failure who are prescribed one or more ACE Inhibitors or ARB's in the current Measurement Period; as shown by Contractor Claims Data. The minimum Compliance Rate will be calculated based on the total number of Identified Members with heart failure who are prescribed one or more ACE Inhibitors or other appropriate Prescription Drugs during the Measurement Period as shown by Contractor's Claims data divided by the total number of Identified Members. The Improvement percentage will be calculated by subtracting the Compliance Rate for the prior Measurement Period from the Compliance Rate for the current Measurement Period and dividing the difference by the Performance Gap for the prior Measurement Period. This will be measured with Kentucky Employees' Health Plan specific</p>	Annual	Annual	Annual	Annual
Asthma Identified Participants	<p>There will be either (i) a minimum Compliance Rate of 80%; or (ii) a minimum Improvement of 2.5% in the difference between the 80% Compliance Rate and the result from the prior Measurement Period (the Performance Gap) in the percentage of Identified Members with persistent asthma who are prescribed one or more appropriate Prescription Drugs in the current Measurement Period; as shown by Contractor Claims data. The minimum Compliance Rate will be calculated based on the total number of Identified Members with persistent asthma who are prescribed one or more appropriate Prescription Drugs during the Measurement Period as shown by Contractor's Claims data divided by the total number of Identified Members. The Improvement percentage will be calculated by subtracting the Compliance Rate for the prior Measurement Period from the Compliance Rate for the current Measurement Period and dividing the difference by the Performance Gap for the prior Measurement Period. This will be measured with Kentucky Employees' Health Plan specific data if there are at least 100 Identified Members. If there are fewer than 100 Identified Members, Contractor will use the enterprise commercial membership (non-Medicare) results to determine if this Guarantee is met.</p>	Annual	Annual	Annual	Annual



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Performance Category	Guarantee	1Q	2Q	3Q	4Q
Comprehensive Diabetes Care- Medical Attention for Nephropathy (kidney disease)	There will be either (i) a minimum Compliance Rate of 70%; or (ii) a minimum Improvement of 2.5% in the difference between the 70% Compliance Rate and the result from the prior Measurement Period (the Performance Gap) in the percentage of Identified Members with diabetes (Type 1 and Type 2) who have received medical attention for nephropathy through a screening test; as shown by Contractor Claims data. The minimum Compliance Rate will be calculated based on the total number of Identified Members with diabetes (Type 1 and Type 2) who received at least one nephropathy screening test or evidence of nephropathy during the measurement period as shown by Contractor's Claims data divided by the total number of Identified Members. The Improvement percentage will be calculated by subtracting the Compliance Rate for the prior Measurement Period from the Compliance Rate for the current Measurement Period and dividing the difference by the Performance Gap for the prior Measurement. This will be measured with Kentucky Employees' Health Plan specific data.	Annual	Annual	Annual	Annual
Diabetes Identified Participants	There will be either (i) a minimum Compliance Rate of 75%; or (ii) a minimum Improvement of 2.5% in the difference between the 75% Compliance Rate and the result from the prior Measurement Period (the Performance Gap) in the percentage of Identified Members with diabetes who received at least one HbA1c test in the current Measurement Period; as shown by Contractor Claims data. The minimum Compliance Rate will be calculated based on the total number of Identified Members with diabetes who received at least one HbA1c test during the Measurement Period as shown by Contractor's Claims divided by the total number of Identified Members. The Improvement percentage will be calculated by subtracting the Compliance Rate for the prior Measurement Period from the Compliance Rate for the current Measurement Period and dividing the difference by the Performance Gap for the prior Measurement Period. This will be measured with Kentucky Employees' Health Plan specific data.	Annual	Annual	Annual	Annual
COPD	The HEDIS measure that assesses the percentage of COPD exacerbations for Members 40 years of age and older who had an acute inpatient discharge or ED encounter on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications (bronchodilator). Gap Closure Goal: 2.5% Target/Ceiling: 70% This will be calculated using Kentucky Employees' Health Plan specific data.	Annual	Annual	Annual	Annual

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Performance Category	Guarantee	1Q	2Q	3Q	4Q
Utilization Rates - Emergency Room	<p>In the Performance Period there will either be (i) maintenance of or a reduction in the number of Avoidable Emergency Room Visits per 1,000 Members (the Avoidable ER Visit Rate) from the Measurement Period compared to the Baseline Period that is Statistically Significant; or (ii) an Avoidable ER Visit Rate of 120 or less during the Measurement Period. The Baseline Period shall be the twelve months prior to the Measurement Period. In later Performance Periods there will either be (i) maintenance of or a reduction in the Avoidable ER Visit Rate from the prior Measurement Period that is Statistically Significant; or (ii) an Avoidable ER Visit Rate of 120 or less during the Measurement Period. Avoidable Emergency Room Visits are defined as low intensity emergency room visits as determined according to Contractor's criteria. Avoidable Emergency Room Visits do not include any emergency room visits that result in an inpatient admission. Statistically Significant is defined as Contractor's use of standard statistical tests that indicate at least a 95% confidence level that any change from the prior Measurement Period is not likely due to random chance alone. Only Members for whom Contractor has at least six months of eligibility information in a Measurement Period, shall be considered for purposes of this Guarantee. In the first Performance Period the change in the Avoidable ER Visit Rate shall be calculated by subtracting the Avoidable ER Visit Rate in the current Measurement Period by the Avoidable ER Visit Rate in the Baseline Period. This result shall then be divided by the Avoidable ER Visit Rate in the Baseline Period. In later Performance Periods the change in Avoidable ER Visit Rate shall be calculated by subtracting the Avoidable ER Visit Rate in the current Measurement Period by the Avoidable ER Visit Rate in the prior Measurement Period. This result shall then be divided by the Avoidable ER Visit Rate in the prior Measurement Period. This will be measured with Kentucky Employees' Health Plan specific data.</p>	Annual	Annual	Annual	Annual

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Performance Category	Guarantee	1Q	2Q	3Q	4Q
Utilization Rates - Hospital	<p>In the Performance Period there will either be (i) maintenance of or a reduction in the number of Admissions per 1,000 Members (Admission Rate) from the Measurement Period compared to the Baseline Period; or (ii) an Admission Rate of 65 or less during the Measurement Period. The Baseline Period shall be the twelve months prior to the Measurement Period. In later Performance Periods there will either be (i) maintenance of or a reduction in the Admission Rate from the prior Measurement Period; or (ii) an Admission Rate of 65 or less during the Measurement Period. Admissions are defined as admissions with Type of Service categories of Medical, Surgical and Behavioral Health. Admissions do not include admissions related to Type Of Service categories of Maternity, NICU or Rehabilitation. Only Members for whom Contractor has at least six months of eligibility information in a Measurement Period, shall be considered for purposes of this Guarantee. In the first Performance Period this Guarantee shall be calculated by subtracting the Admission Rate in the first Measurement Period from the Admission Rate in the Baseline Period. This result shall then be divided by the Admission Rate in the Baseline Period. In later Performance Periods the change in the Admission Rate shall be calculated by subtracting the Admission Rate in the current Measurement Period from the Admission Rate in the prior Measurement Period. This result shall then be divided by the Admission Rate in the prior Measurement Period. This will be measured with Kentucky Employees' Health Plan specific data.</p>	Annual	Annual	Annual	Annual
Enrollment	<p>A minimum of 40% of Members in Year 1 will enroll into the IHM program. Member enrollment is defined as: (a) 1 or more successful telephonic contacts with a Contractor IHM coach or enrollment specialist; and (b) verbal permission to participate in the program. This Guarantee will be calculated based on the number of Members who have enrolled divided by the total number of Members outreached by the program. This will be measured with Kentucky Employees' Health Plan specific data.</p>	Annual	Annual	Annual	Annual
Post Discharge Outreach	<p>A minimum of 90% of Identified Members will receive successful contact from an Contractor health coach or receive at least two attempted outreach telephone calls from an Contractor health coach within three business days of notification of discharge, excluding the day of discharge, from a medical or surgical inpatient stay to the home setting where the Identified Member had a length of stay of three days or greater. This Guarantee does not include admissions related to maternity or behavioral health services. This guarantee only includes Members discharged to the home setting and not to Members discharged to an inpatient rehabilitation center or a skilled nursing facility.</p>	Annual	Annual	Annual	Annual



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Performance Category	Guarantee	1Q	2Q	3Q	4Q
Engagement	At least 1.5% of the Client's population will be engaged in case management at some point during the year. Engagement will be defined as contact with the Member or their designee and establishment of a care plan.	Annual	Annual	Annual	Annual
Data Analysis and Reporting	IHM standard monthly and quarterly reports as determined by Contractor will be submitted to the Kentucky Employees' Health Plan no later than 55 calendar days following the last day of the month/quarter. If the 55th calendar day is a Saturday or Sunday the report will be submitted on the following Monday. Annual reports are made available 180 days post end of Plan year. The 180 days allows Contractor to include three months of Claims run out to support utilization and clinical (claims based) outcomes. This will be measured with Kentucky Employees' Health Plan specific data.	Annual	Annual	Annual	Annual
Participant Satisfaction	A minimum average score of 80% will be attained on Contractor's Integrated Health Model (IHM) Member satisfaction survey question. Each Member is asked to rate their satisfaction with Contractor's IHM program using a five point scale. The response is scored by dividing (i) the total number of Members who respond positively by (ii) the total number of Members who responded to the IHM Member satisfaction question. The survey will be given to a random sample of Kentucky Employees' Health Plan Members enrolled in an IHM product. This Guarantee will be based on all Kentucky Employees' Health Plan Members; a minimum of 400 surveys must be completed within a Measurement Period for the score to be valid.	Annual	Annual	Annual	Annual
Program Integrity Aligned Incentive - Aggregate Annual Cap	Employer's maximum liability for the fee for Overpayment Identification and Claims Prepayment Analysis Activities is capped at \$5.00 per Employee per month (PEPM) per each year of the Agreement Period. Excludes Subrogation services.	Annual	Annual	Annual	Annual
Program Integrity Aligned Incentive - Claim Level Cap	The fee for each Overpayment Identification and/or Claims Prepayment Analysis activity will not exceed \$25,000 per claim. Excludes Subrogation services.	Annual	Annual	Annual	Annual
Program Integrity Aligned Incentive - Savings Guarantee	Savings attributable to Recovery and Payment Analysis Services will meet or exceed \$9.76 per Employee per month (PEPM) (Guaranteed Savings Amount) during the measurement period. Recovery and Prepayment Analysis Services include Subrogation Services and Overpayment Identification and Claims Prepayment Analysis Activities. Anthem shall determine results by comparing the actual savings amount for the Measurement Period to the Guaranteed Savings Amount. The Guarantee will be measured with Employer-specific Data.	Annual	Annual	Annual	Annual

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 Attachment G – CVS Performance Guarantees  
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**Performance Guarantees Tracking & Reporting**  
 Commonwealth of Kentucky



For period ending: 12/31/2020

Guarantees	Target	Thresh	Q1: Jan - Mar	Q2: Apr - Jun	Q3: Jul - Sep	Q4: Oct - Dec	Year	Penalty Unit	Actual Penalty
01 - Retail Network Pharmacy Access - Nationwide	Greater Than or Equal To 5.0 Mile(s)	95	F1	F1	F1	F1	99	15,000.	
02 - Paper Claims Turnaround Time - Clean	Less than or Equal to 5 Business Day(s)	95	3	2	2	3	F2	11,250.	
03 - Mail Turnaround Time - Clean	Greater Than or Equal To 2 Business Day(s)	95	98	99	99	99	F2	11,250.	
04 - Mail TAT							F2	11,250.	
04a - Mail Turnaround Time - Non Clean	Greater Than or Equal To 5 Business Day(s)	97	99	99	99	99	F2	Dollar Per PG	
04b - Mail Turnaround Time - Non Clean - 2	Less than or Equal to 5 Business Day(s)	100	1	1	1	1	F2	Dollar Per PG	
05 - Mail Service Accuracy - Non Std	Greater Than or Equal To 99.99 %		100.00	100.00	100.00	99.99	F2	11,250.	
06 - Electronic Claims Processing Accuracy (PBM)	Greater Than or Equal To 99.95 %		100.00	100.00	100.00	100.00	F2	11,250.	
07 - Telephone Speed of Answer							F2	37,500.	
07a - Telephone Average Live Voice Answer	Less than or Equal to 25 Sec(s)		5	1	2	2	F2	Dollar Per PG	
07b - Telephone Speed of Answer - TSF	Greater Than or Equal To 30 Sec(s)	85	95	99	99	99	F2	Dollar Per PG	
08 - Telephone Abandonment Rate - Live Voice	Less than or Equal to 3 %	15	1	1	1	1	F2	18,750.	
09 - First Call Resolution	Greater Than or Equal to 95 %		99	98	98	98	F2	37,500.	
10a - Written Inquiry - 1	Less than or Equal to 5 Business Day(s)	97	100	100	99	100	F2	5,625.	

Kentucky Employees' Health Plan – Status Report  
 4th Quarter, 2020  
 Attachment G – CVS Performance Guarantees  
 Page G-2

**Performance Guarantees Tracking & Reporting**



Commonwealth of Kentucky  
 For period ending: 12/31/2020

Guarantees	Target	Thresh	Q1: Jan - Mar	Q2: Apr - Jun	Q3: Jul - Sep	Q4: Oct - Dec	Year	Penalty Unit	Actual Penalty
10b - Written Inquiry - 2 c	Less than or Equal to 10 Business Day(s)	100	100	100	100	100	F2	5,625. Dollar Per PG	
11 - Customer Satisfaction c	Greater Than or Equal To 93 %		F1	F1	F1	F1	95	150,000. Dollar Per PG	
12 - Plan Design Update c	Equal to 100 %		F1	F1	F1	F1	Met	75,000. Dollar Per PG	
13 - Annual Reviews c	Equal to 100 %		F1	F1	F1	F1	Met	45,000. Dollar Per PG	
14 - Account Management Satisfaction c	Greater Than or Equal To 4 Rating		F1	F1	F1	F1	5	150,000. Dollar Per PG	
15 - Standard Reporting c	Less than or Equal to 30 Day(s)		Met	Met	Met	Met	F2	11,250. Dollar Per PG	
16 - Eligibility Load Accuracy c	Greater Than or Equal To 98 %		Met	Met	Met	Met	F2	37,500. Dollar Per PG	
17 - Eligibility Updates c	Equal to 2 Business Day(s)	100	100	100	100	100	F2	15,000. Dollar Per PG	
18 - Account Management - Meetings c	Equal to 100 %		Met	Met	Met	Met	F2	18,750. Dollar Per PG	
19 - ID Cards - Ongoing c	Greater Than or Equal To 4 Business Days)	98	100	100	100	100	F2	11,250. Dollar Per PG	



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 Attachment G – CVS Performance Guarantees  
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**Performance Guarantees Tracking & Reporting**

Commonwealth of Kentucky

For period ending: 12/31/2020

Guarantees	Target	Thrsh	Q1: Jan - Mar	Q2: Apr - Jun	Q3: Jul - Sep	Q4: Oct - Dec	Year	Penalty Unit	Actual Penalty
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Penalty Sum:  
 Paid Sum:  
 Net Due:

**Footnotes:**

- F1: Quarterly stat not applicable to specific guarantee
- F2: Annual stat not applicable to specific guarantee
- F3: Stat not applicable to contract years 2 and beyond
- c = Client Specific Guarantee
- cl = Coalition Specific Guarantee (also indicates TPA or healthplan specific guarantee)
- L = Guarantee covers all lines of business
- t = Tiered Penalty

NOTE: Met = Performance Guarantee Achieved

NOTE: Payment due by Thirty (30) days after End of Cnt Yr Rpt Crd Sub

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 Monthly, Quarterly and Semi-annual data are unaudited statistics and are subject to change at year end.

**Kentucky Employees' Health Plan – Status Report  
4th Quarter, 2020  
Attachment H – HealthEquity Performance Guarantees  
Page H-1**

PG #	Reporting Frequency	Administrative Fees or Dollars at Risk	Guarantee	Q3 2020 DATA	Q3 2020 Met / Missed	Q4 2020 DATA	Q4 2020 Met / Missed
1	Quarterly	1.00%	Satisfaction: Measure satisfaction with overall process using mutually agreeable scorecard	92.23%	Met	92.33%	Met
2	Quarterly	2.00%	Account Management: Measuring satisfaction using a mutually agreeable scorecard.		Met		N/A
3	Quarterly	1.50%	Debit Cards: All Health FSA Participants will receive a separate debit card package within ten (10) Business Days of the posting of a clean enrollment and eligibility file except during the annual Open Enrollment (OE) period. During OE, Participants will receive a separate debit card package within fifteen (15) Business Days of the posting of a clean enrollment and Eligibility file.	100%	Met	100%	Met
4	Quarterly	1.50%	Eligibility File: Load 99% of eligibility files within two business days.	100%	Met	100%	Met
5	Quarterly	1.50%	Eligibility Report: Produce an error report on eligibility files or updates within two business days.	100%	Met	100%	Met
6	Quarterly	1.50%	Contribution File: Producing a contribution file report	100%	Met	100%	Met

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 Attachment H – HealthEquity Performance Guarantees  
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PG #	Reporting Frequency	Administrative Fees or Dollars at Risk	Guarantee	Q3 2020 DATA	Q3 2020 Met / Missed	Q4 2020 DATA	Q4 2020 Met / Missed
7	Quarterly	2.00%	Financial Accuracy: Reimbursing FSA claims with a financial accuracy of 99%.	99.23%	Met	99.00%	Met
8	Quarterly	1.50%	Member Service - Abandonment Rate: Answering calls to customer service line with an abandonment rate of 3% or less.	1.00%	Met	0.63%	Met
9	Quarterly	1.50%	Average Speed to Answer: Answering calls to customer service line with an average time of 30 seconds or less	89.22%	Met	82.00%	Met
10	Quarterly	1.50%	Reporting: Producing standard quarterly reports with thirty days of the end of the quarter		Met		Met
11	Quarterly	3.00%	Account Management: Measuring satisfaction using a mutually agreeable scorecard.		Met		N/A
12	Quarterly	1.50%	Debit Cards: All Health HRA Participants will receive a separate debit card package within ten (10) Business Days of the posting of a clean enrollment and eligibility file except during the annual Open Enrollment (OE) period. During OE, Participants will receive a separate debit card package within fifteen (15) Business Days of the posting of a clean enrollment and Eligibility file.	100%	Met	100%	Met



Kentucky Employees' Health Plan – Status Report  
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 Attachment H – HealthEquity Performance Guarantees  
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PG #	Reporting Frequency	Administrative Fees or Dollars at Risk	Guarantee	Q3 2020 DATA	Q3 2020 Met / Missed	Q4 2020 DATA	Q4 2020 Met / Missed
13	Quarterly	1.50%	Eligibility File: Load 99% of eligibility files within two business days.	100%	Met	100%	Met
14	Quarterly	1.50%	Eligibility Report: Produce an error report on eligibility files or updates within two business days.	100%	Met	100%	Met
15	Quarterly	2.00%	Financial Accuracy: Reimbursing HRA claims with a financial accuracy of 99%.	99.23%	Met	99.00%	Met
16	Quarterly	1.50%	Member Service - Abandonment Rate: Answering calls to customer service line with an abandonment rate of 3% or less.	1.00%	Met	0.63%	Met
17	Quarterly	2.00%	Average Speed to Answer: Answering calls to customer service line with an average time of 30 seconds or less	89.22%	Met	82.00%	Met
18	Quarterly	2.00%	Reporting: Producing standard quarterly reports with thirty days of the end of the quarter		Met		Met
19	Quarterly	1.50%	Account Management: Measuring satisfaction using a mutually agreeable scorecard.		Met		N/A
20	Quarterly	3.00%	Account Management: Sending 98% of all applications and notices within seven business days.	100%	Met	100% (1 fail validated)	Met
21	Quarterly	2.00%	Billing Turnaround: Posting 90% of payments within seven business days		Met	100.00%	Met

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 Attachment H – HealthEquity Performance Guarantees  
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PG #	Reporting Frequency	Administrative Fees or Dollars at Risk	Guarantee	Q3 2020 DATA	Q3 2020 Met / Missed	Q3 2020 DATA	Q3 2020 Met / Missed
22	Quarterly	1.50%	Collection: Providing accurate premium distribution and reporting by the fifteenth of each month.	Met	Met	Met	Met
23	Quarterly	1.50%	Eligibility File: Load 99% of qualifying event files within two business days.	100.00%	Met	100%	Met
24	Quarterly	1.50%	Eligibility Report: Producing an error report on eligibility files or updates within two business days.	100.00%	Met	100.00%	Met
25	Quarterly	1.50%	Election Packages: Mailing all COBRA election packages within seven business days.	100.00%	Met	100.00%	Met
26	Quarterly	2.00%	Reporting: Producing standard monthly reports within thirty days after the end of the month or quarter.		Met		Met

## StayWell/WebMD 2020 Performance Guarantees

PG Category	Detailed Description of PG	Percent of Fees at Risk	Frequency	Actual	Met/Unmet
Implementation	Achieve a 90% or better on a survey completed by client assessing Vendor's performance for program implementation timeframes and processes	Year 1 = 1.0% Year 2 = 0.0%	Annual	90.0%	Met
Account Management	Achieve a 90% or better on a survey completed by the Commonwealth assessing account management performance, including but not limited to the following criteria: satisfaction, knowledge, capabilities, problem resolution, responsiveness, ability to meet deadlines, professionalism, and flexibility	0.50%	Annual	100.0%	Met
Satisfaction Participant	A minimum of 90% of respondents to a member satisfaction survey report satisfaction with the wellbeing program. The performance should be based on Commonwealth-specific member results and sent to all participants.	0.50%	Annual	96.52%	Met
Program Engagement	A minimum of 30% of eligible participants will participate in a program aspect related to at least two of the four wellbeing components (physical, social, emotional and financial). Participant completion of the Vendor's Health Risk Questionnaire (HRQ) or getting a biometric screening will not count toward meeting this performance guarantee	0.50%	Annual	33.0%	Met



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 Attachment I – StayWell Performance Guarantees  
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PG Category	Detailed Description of PG	Percent of Fees at Risk	Frequency	Actual	Met/Unmet
Risk Profile Improvement	<p>Achieve at least 1 % net reduction in average number of health risks of all employee repeat HRQ completers. Assumptions: This PG will be void if any of the following criteria are not met:</p> <p>(1) Customer implementation of a proposed comprehensive program model, including HRQ, targeted lifestyle interventions (including telephonic delivery mode and other modes of Customer's choice), and Population-based health education opportunities in each program year;</p> <p>(2) Employee HRQ completion rate of at least 50% and an employee lifestyle management registration rate of at least 30% in each program year;</p> <p>(3) at least 50% of employee HRQ completers are invited to participate in targeted lifestyle management interventions;</p> <p>(4) consistency with intervention program criteria as detailed in scope of work in each program year;</p> <p>(5) Customer implementation of a follow-up HRQ at the end of each program year;</p> <p>(6) Average time between HRQs for all repeat HRQ completers included in the measurement will be at least 0.9 years but no greater than 1.1 years. (If another HRQ is offered to eligible employees less than 12 months from the initial HRQ, the targeted net improvement in number of health risks will be adjusted.);</p> <p>(7) Customer implementation of a mutually agreed promotion/communication/incentive strategy;</p>	<p>Program Year 1 = 7% potentially at risk, as follows:</p> <p>If a 0.75-0.99% net reduction is achieved = 3.5% at risk</p> <p>If a 0.50-0.74% net reduction is achieved = 5.25% at risk</p> <p>If less than a 0.50% net reduction is achieved = 7% at risk</p> <p>Program Year 2 Fees at Risk = 8% potentially at risk, as follows:</p> <p>If a 0.75-0.99% net reduction is achieved = 4.0% fees at risk</p>	Annual	N/A	We will be unable to calculate this PG due to requirement #9 not being met with the change in the health assessment tool from 2020 to 2021

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 Attachment I – StayWell Performance Guarantees  
 Page I-3

PG Category	Detailed Description of PG	Percent of Fees at Risk	Frequency	Actual	Met/Unmet
	<p>(8) Customer implements StayWell's standard engagement strategy for coaching , programs; and,</p> <p>(9) Consistency of HRQ version.</p> <p>Measurement: Analysis of population-level behavior change is based on repeat employee HRQ completion, comparing an employee's first HRQ completed within the program year being evaluated by the PG to the HRQ completed in the following program year. Calculation compares the average number of risks in the baseline program year to the average number of risks in the HRQ follow-up program year and determines the percentage change. Measurement requires that a follow-up HRQ be implemented in the program year following the assessed program year.</p>	<p>If a 0.50-0.74% net reduction is achieved = 6.0% fees at risk</p> <p>If less than a 0.50% net reduction is achieved = 8.0% fees at risk</p> <p>Program Year 3 Fees at Risk = 8% potentially at risk, as follows:</p> <p>If a 0.75-0.99% net reduction is achieved = 4.0% fees at risk</p> <p>If a 0.50-0.74% net reduction is achieved = 6.0% fees at risk</p> <p>If less than a</p>			

**Kentucky Employees' Health Plan – Status Report**  
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PG Category	Detailed Description of PG	Percent of Fees at Risk	Frequency	Actual	Met/Unmet
		0.50% net reduction is achieved = 8.0% fees at risk			



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PG Category	Detailed Description of PG	Percent of Fees at Risk	Frequency	Actual	Met/Unmet
Files, Analysis and Reporting	Vendor's data files, data analysis, and reports shall be 88% accurate and timely, provided on a schedule agreed to by the Vendor and the Commonwealth, and shall include at least an annual review report.	0.50%	Annual	Achieved	Met
Customer Service	80% or more of inbound calls will be answered within 30 seconds.  Less than 5% of inbound calls will be abandoned prior to reaching a customer service representative. Upon receipt of a clean enrollment file from the Commonwealth, the Vendor will process enrollment within 48 hours.  The Vendor's web portal will be available 99.5% of the time, excluding maintenance hours.	0.50%	Annual	N/A	Not evaluated due to security incidents in 2020
Enrollment		0.50%	Annual	Achieved	Met
Web Portal		0.50%	Annual	99.5%	Met
Employer Portal		0.50%	Annual	99.5%	Met
Incentive Management		0.50%	Annual	Achieved	Met
	99% of self-reported incentivized activity will be captured and awarded within 24 hours of the participant's online submission of the activity.  99% of HRQs and biometric screening will be captured and incentivized accurately.	0.50%	Annual	Achieved	Met
Trend Guarantees	StayWell will conduct claims trend analysis that compares program participants to non-participants after Program Year 2. Fees at risk do not apply after Program Year 3 due to redundancy with ROI guarantee.	1.00%	Annual	N/A	Not measured until end of Year 2

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PG Category	Detailed Description of PG	Percent of Fees at Risk	Frequency	Actual	Met/Unmet
ROI Guarantee	<p>Achieve an integrated ROI of \$1.50:\$1 measured after program year 3.</p> <p>This PG will be voided if any of the following criteria are not met:</p> <ul style="list-style-type: none"> <li>(1) Commonwealth implementation of a proposed comprehensive program model without delays including health assessment (HA), targeted coaching interventions, and population-based health education opportunities in each Program Year.</li> <li>(2) Commonwealth implementation of an engagement/promotion/recruitment strategy that achieves an employee/ spouse HA completion rate of at least 80%, an employee/spouse health coaching intervention program registration rate of at least 30% (of eligible employee and spouses in each Program Year).</li> <li>(3) consistency with intervention program criteria as detailed in pre-implementation scope of work in each Program Year.</li> <li>(4) provision by Commonwealth of accurate telephone numbers for targeted intervention delivery.</li> <li>(5) Commonwealth permission for standard outreach activities for targeted individuals;</li> <li>(6) provision by the Commonwealth of the Commonwealth's vendors of complete and timely eligibility and claims data (both medical and pharmacy) and the total evaluation sample;</li> <li>(7) a total evaluation sample size of at least 7,000 individuals (i.e. the evaluation population);</li> <li>(8) execution of the ROI analysis by StayWell or Supplier affiliated researchers, based on at least one (1) year of medical claims data prior to program launch.</li> </ul> <p>ROI calculations will be based on an integrated claims-based analysis that includes program-eligible</p>	1.00%	Annual	N/A	Not measured until end of Year 3

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PG Category	Detailed Description of PG	Percent of Fees at Risk	Frequency	Actual	Met/Unmet
	<p>active employees and spouses (in the defined baseline and program year periods) on sponsor-provided eligibility files for Supplier, excluding retirees and individuals who opt to waive medical plan coverage. The analysis will be limited to active employees and spouses aged 18-84 years of age and individuals enrolled in the benefit plan for at least 6 months during both the baseline and the applicable Program Year. "Rolling" baseline period will be used such that there is at most a four-year lag between the measurement year and the baseline year. A shorter period may be used if significant events within the Commonwealth create a fundamentally different environment that demands a modified analysis using a shorter time horizon. To the extent that a shorter time horizon is necessary, the relevant target for this Performance Guarantee will be modified proportionally to reflect the reduced savings that are possible.</p> <p>Data analysis will rely on a participation- and claims-integrated, person-centric database, multivariate regression procedures, and a "differences in differences" method that compares participant trend and nonparticipant medical and pharmacy claims trend. Based on the Commonwealth's data available for that year's ROI analysis, an appropriate statistical methodology based on best-in-class alternative models (e.g., propensity weighting, calipers matching, 1 multiple-groups models, separate cost modeling) will be designed to address the many issues common to ROI analyses in general and the Commonwealth data in particular (e.g., selection bias, small nonparticipant sample size, statistical interaction effects).</p>	15%	Annual		
	<b>Total Percentage of Fees at Risk</b>	<b>15%</b>	<b>Annual</b>		



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**Notes:**

1. Fees at Risk are expressed as a percentage of applicable billings in any Program Year related to that Program Year. Applicable billings are solely those related to the underlying program supported by the PGs, as outlined above. Fees at risk exclude goods and services provided by a third party or subcontractor. In the event that any PG is not able to be calculated due to unmet assumption criteria, that PG will be void and the Fees at Risk associated with that PG will not be reallocated to any other PG. The total Fees at Risk for any year shall be 15%.
2. Measurement for all PGs will be based upon Customer's active employee population only.
3. Customer termination during an active Program Year will void all PGs associated with that year.
4. Fees at risk exclude devices, postage, onsite staff fees, if applicable.
5. Any undisputed fees not paid in full within thirty (30) days of the invoice due date shall void all Performance Guarantees, in their entirety, related to the applicable Program Year of such fees.