



LHS EMPLOYEE BENEFIT TRUST

	Current Period	Prior Period
Claims Issued	07/01/2016 - 04/30/2017	07/01/2015 - 04/30/2016

Friday, May 12, 2017

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Claims by Major Diagnostic Category

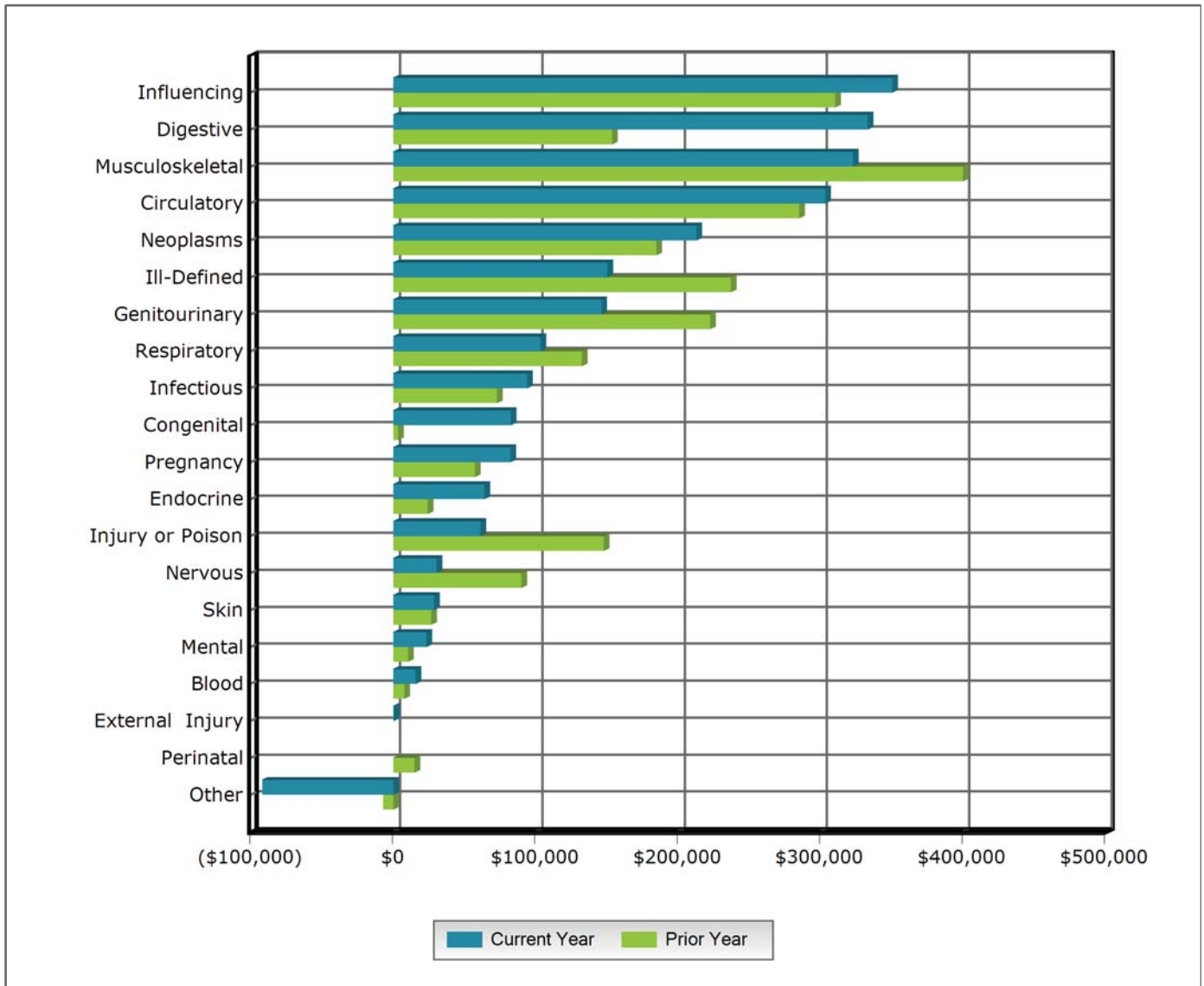
LHS EMPLOYEE BENEFIT TRUST

MDC	Total Issued	% of Total	Prior Period	% of Total
1. Factors Influencing Health	\$350,309	15.2%	\$310,280	13.1%
2. Digestive System	\$333,088	14.4%	\$153,566	6.5%
3. Musculoskeletal System	\$322,853	14.0%	\$400,064	16.9%
4. Circulatory System	\$303,348	13.1%	\$285,054	12.0%
5. Neoplasms	\$212,798	9.2%	\$184,723	7.8%
6. Ill-Defined Conditions	\$150,338	6.5%	\$237,080	10.0%
7. Genitourinary System	\$146,092	6.3%	\$222,447	9.4%
8. Respiratory System	\$103,356	4.5%	\$132,361	5.6%
9. Infectious Diseases	\$93,905	4.1%	\$72,755	3.1%
10. Congenital Anomalies	\$82,436	3.6%	\$3,318	0.1%
11. Pregnancy, Childbirth	\$82,213	3.6%	\$57,275	2.4%
12. Endocrine Metabolic	\$64,004	2.8%	\$24,141	1.0%
13. Injury or Poisoning	\$61,141	2.6%	\$147,751	6.2%
14. Nervous System	\$30,303	1.3%	\$89,935	3.8%
15. Skin Disorders	\$28,599	1.2%	\$26,563	1.1%
16. Mental Disorders	\$23,224	1.0%	\$10,320	0.4%
17. Blood, Blood-Forming Organs	\$15,592	0.7%	\$7,656	0.3%
18. External Injury	\$264	0.0%	\$0	0.0%
19. Conditions In Perinatal	\$0	0.0%	\$14,861	0.6%
20. Other	\$-92,102	-4.0%	\$-7,189	-0.3%
Med Total	\$2,311,761	100.0%	\$2,372,961	100.0%
RX Total	\$0		\$0	
Grand Total	\$2,311,761		\$2,372,961	

See Definitions section for description of the type of diagnosis that fall into each MDC.

Claims by Major Diagnostic Category (Graph)

LHS EMPLOYEE BENEFIT TRUST



All possible diagnosis are grouped into 19 Major Diagnostic Categories (MDCs) by the American Medical Association. We've analyzed your company's total charges by MDC. This data reflects fees charged by facilities, physicians, and other healthcare providers. We suggest you use this MDC analysis to form a basis for determining the appropriate form of management intervention. Working together, we can target the areas within your plan where cost is highly concentrated. Using services such as medical management, disease management and Nurse 411 may help you focus on controlling these high cost categories.

Please see following page for more detailed information on the claims by Major Diagnostic Categories.

Top 10 Inpatient Facilities (Room and Board and Hospital Misc. Only)

LHS EMPLOYEE BENEFIT TRUST

Facility	Amount Issued	Admits	Avg/Admit
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$158,609	26	\$6,100
2. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$70,978	1	\$70,978
3. KINGMAN HOSPITAL INC	\$61,700	4	\$15,425
4. VHS OF PHOENIX INC	\$39,668	1	\$39,668
5. VHS OF ARROWHEAD INC	\$24,388	1	\$24,388
6. PHOENIX CHILDRENS OP SPECIALTY CTR	\$18,709	1	\$18,709
7. PHC-FORT MOHAVE INC	\$12,476	1	\$12,476
8. ENUMCLAW REGIONAL HOSPITAL	\$11,745	1	\$11,745
9. PRESCOTT DETOX CENTER LLC	\$7,260	1	\$7,260
10. DESERT PARKWAY BEHAVIORAL HEALTHCARE H	\$3,269	1	\$3,269
11. ALL OTHER INPATIENT FACILITY CLAIMS	\$0	1	\$0
Subtotal	\$408,803	39	\$10,482
12. ALL OTHER NON INPATIENT CLAIMS	\$1,902,958		
Med Total	\$2,311,761		

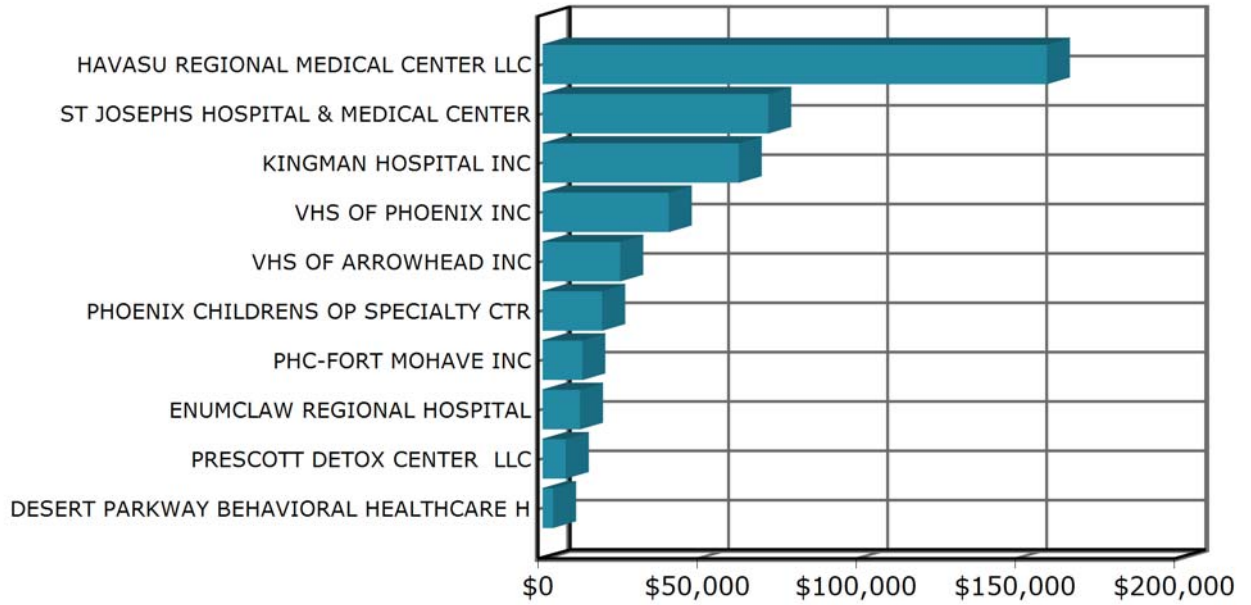
Prior Period

Facility	Amount Issued	Admits	Avg/Admit
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$170,270	28	\$6,081
2. BANNER GOOD SAMARITAN MEDICAL CENTER	\$94,830	3	\$31,610
3. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$68,583	1	\$68,583
4. FLAGSTAFF MEDICAL CENTER	\$11,164	1	\$11,164
5. TUCSON MEDICAL CENTER	\$9,006	1	\$9,006
6. KINGMAN HOSPITAL INC	\$5,253	1	\$5,253
7. PHC-FORT MOHAVE INC	\$3,871	1	\$3,871
8. HAVASU NURSING CENTER	\$3,712	2	\$1,856
9. PRESCOTT DETOX CENTER LLC	\$0	1	\$0
10. DESERT PARKWAY BEHAVIORAL HEALTHCARE H	\$0	1	\$0
11. ALL OTHER INPATIENT FACILITY CLAIMS	\$0	0	\$0
Subtotal	\$366,689	40	\$9,167
12. ALL OTHER NON INPATIENT CLAIMS	\$2,006,272		
Med Total	\$2,372,961		

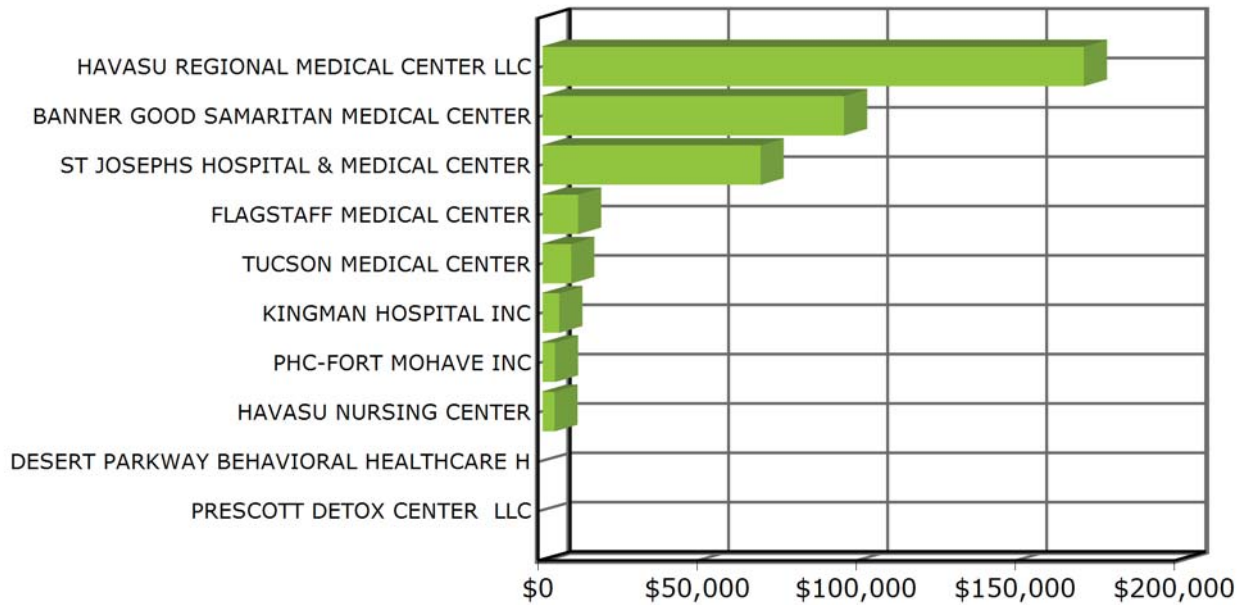
Top 10 Inpatient Facilities Graph (Room and Board and Hospital Misc. Only)

LHS EMPLOYEE BENEFIT TRUST

Top Facilities Paid Expense



Prior Period Top Facilities Paid Expense



Top 10 Outpatient Facilities

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Facility	Amount Issued	Services	Avg/ Service
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$962,470	166	\$5,798
2. KINGMAN HOSPITAL INC	\$44,586	16	\$2,787
3. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$9,365	2	\$4,683
4. YAVAPAI COMMUNITY HOSPITAL ASSOCIATION	\$7,858	2	\$3,929
5. SCOTTSDALE HEALTHCARE HOSPITALS	\$5,726	2	\$2,863
6. LA PAZ REGIONAL HOSPITAL	\$2,835	3	\$945
7. PHOENIX CHILDRENS OP SPECIALTY CTR	\$2,661	5	\$532
8. PHC-LAKE HAVASU INC	\$2,657	20	\$133
9. DESERT SPRINGS HOSPITAL	\$2,536	1	\$2,536
10. BANNER ESTRELLA MEDICAL CENTER	\$2,283	1	\$2,283
11. ALL OTHER OUTPATIENT FACILITY CLAIMS	\$9,624	43	\$224
Subtotal	\$1,052,601	261	\$4,033
12. ALL OTHER NON OUTPATIENT CLAIMS	\$1,259,159		
Med Total	\$2,311,761		

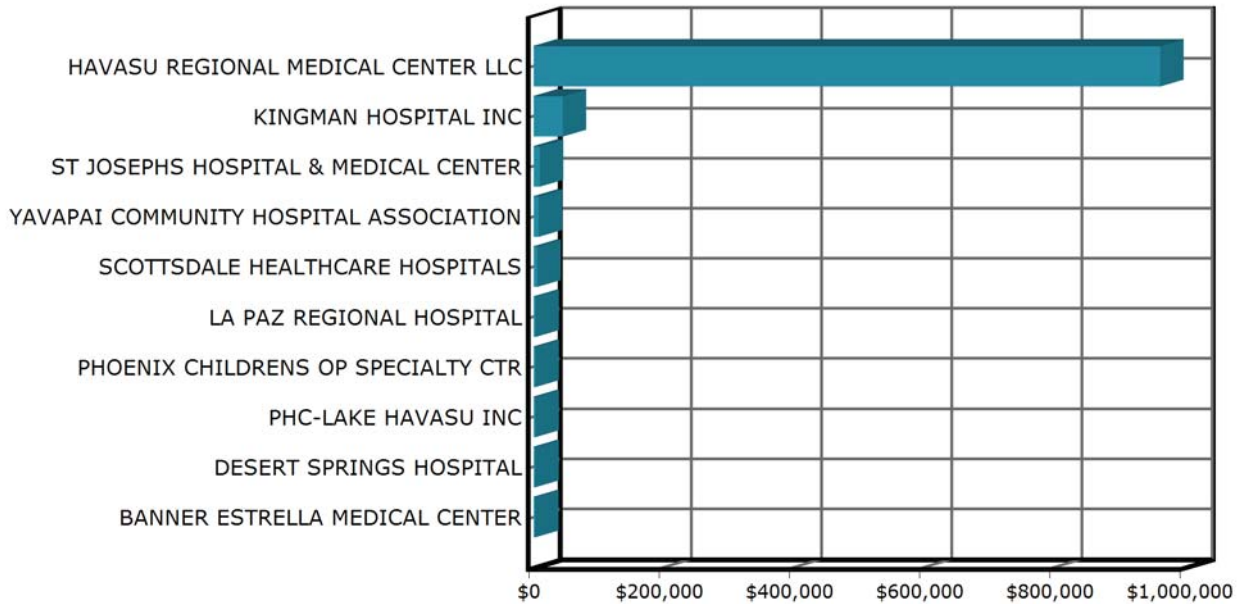
Prior Period

Facility	Amount Issued	Services	Avg/ Service
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$1,108,501	201	\$5,515
2. KINGMAN HOSPITAL INC	\$19,549	16	\$1,222
3. BANNER GOOD SAMARITAN MEDICAL CENTER	\$16,210	3	\$5,403
4. KOOTENAI MEDICAL CENTER	\$12,029	1	\$12,029
5. BANNER THUNDERBIRD MEDICAL CENTER	\$6,523	3	\$2,174
6. HOSPITAL DEVELOPMENT OF WEST PHOENIX I	\$4,890	1	\$4,890
7. FLAGSTAFF MEDICAL CENTER	\$4,068	4	\$1,017
8. PRESCOTT VAMC	\$3,491	5	\$698
9. PHC-LAKE HAVASU INC	\$3,226	18	\$179
10. ST JOSEPHS OUTPATIENT SURGERY	\$1,703	2	\$851
11. ALL OTHER OUTPATIENT FACILITY CLAIMS	\$5,785	23	\$252
Subtotal	\$1,185,974	277	\$4,281
12. ALL OTHER NON OUTPATIENT CLAIMS	\$1,186,987		
Med Total	\$2,372,961		

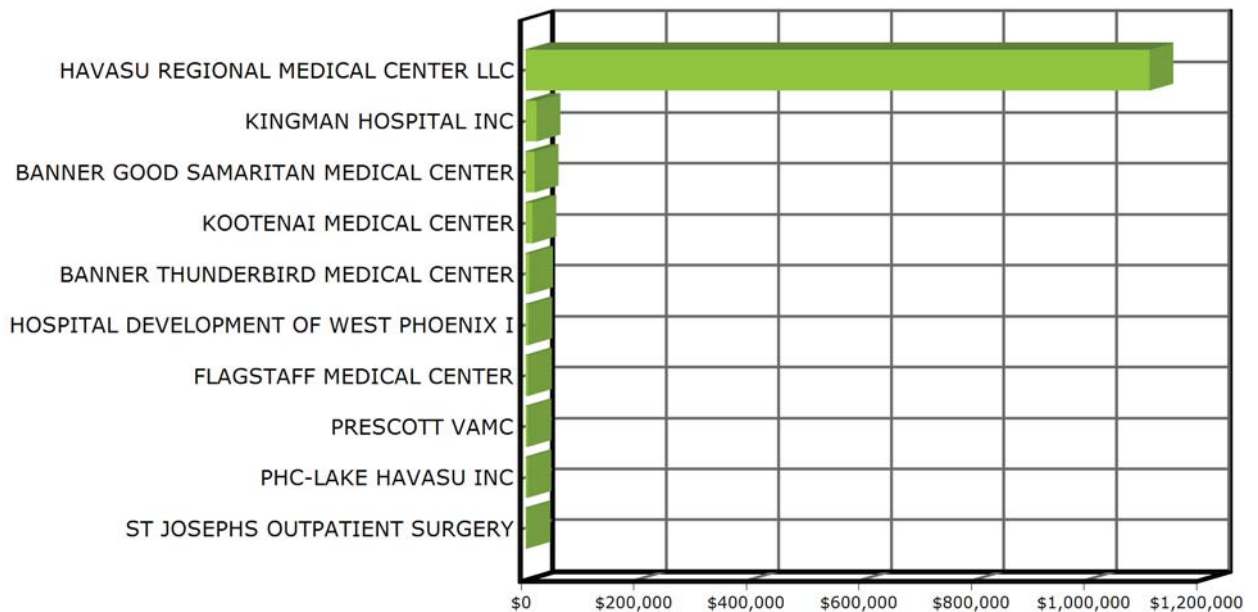
Top 10 Outpatient Facilities Graph

LHS EMPLOYEE BENEFIT TRUST

Top Facilities Paid Expense



Prior Period Top Facilities Paid Expense



High Cost Claimants

LHS EMPLOYEE BENEFIT TRUST

Diagnosis	Type of Claimant	Amount Issued	% of Total
1. MALIGNANT NEOPLASM OF CENTRAL PORTION OF	EE	\$205,083	8.9%
2. OTHER DISORDERS OF LUNG	EE	\$148,585	6.4%
3. NONINFECTIVE GASTROENTERITIS AND COLITIS	EE	\$123,747	5.4%
4. NONRHEUMATIC AORTIC (VALVE) STENOSIS	EE	\$113,123	4.9%
5. SEPSIS, UNSPECIFIED ORGANISM	SP	\$107,116	4.6%
6. ARTERIOVENOUS MALFORMATION OF CEREBRAL V	SP	\$84,913	3.7%
7. ENCOUNTER FOR ANTINEOPLASTIC RADIATION T	EE	\$84,421	3.7%
8. SEPSIS, UNSPECIFIED ORGANISM	EE	\$64,251	2.8%
9. HEPATIC FAILURE, UNSPECIFIED WITHOUT COM	SP	\$59,476	2.6%
10. NON-ST ELEVATION (NSTEMI) MYOCARDIAL INF	EE	\$56,709	2.5%
Sub Total		\$1,047,425	45.3%
11. OTHER CLAIMS		\$1,264,336	54.7%
Med Total		\$2,311,761	100.0%

Diagnosis	Prior Period Type of Claimant	Amount Issued	% of Total
1. UNS NEURALGIA NEURITIS&RADICULITIS	SP	\$85,041	3.6%
2. CALCULUS OF KIDNEY	EE	\$80,399	3.4%
3. MALIGNANT NEOPLASM OF UPPER-OUTER QUADRA	EE	\$79,441	3.3%
4. COR ATHEROSLERO NATIVE COR ART	SP	\$79,376	3.3%
5. CEREBRAL ANEURYSM, NONRUPTURED	EE	\$75,160	3.2%
6. ACUTE PANCREATITIS, UNSPECIFIED	EE	\$73,947	3.1%
7. SEPSIS, UNSPECIFIED ORGANISM	CH	\$62,960	2.7%
8. OTH AFFECTIONS SHOULDER REGION NEC	SP	\$58,156	2.5%
9. PNEUMONIA, ORGANISM UNSPECIFIED	EE	\$54,609	2.3%
10. UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT	EE	\$53,546	2.3%
Sub Total		\$702,634	29.6%
11. OTHER CLAIMS		\$1,670,326	70.4%
Med Total		\$2,372,961	100.0%

Analysis of High Cost Claimants

The ten highest cost claimants are depicted in this report. This information reveals that a small number of plan participants can often be responsible for a significant percentage of total claim dollars. Along with the Major Diagnostic Categories, this analysis can help you assess the diagnoses associated with the high cost claims among your participants. General health risks and disease conditions can be identified herein, and if tracked over several years, will allow your company to pursue plan management tactics that address these areas of concern. Disease management may be appropriate options to include in your plan design to help control costs in these areas.

Claims by Type of Service

LHS EMPLOYEE BENEFIT TRUST

Type of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Outpatient Hospital	\$681,643	\$85.85	\$632,011	\$74.18	15.7 %
Inpatient Hospital	\$538,747	\$67.85	\$404,479	\$47.47	42.9 %
Preventative Service	\$229,272	\$28.88	\$194,985	\$22.89	26.2 %
ER Facility	\$220,310	\$27.75	\$409,463	\$48.06	-42.3 %
Inpatient Surgery	\$165,729	\$20.87	\$90,214	\$10.59	97.1 %
Chemo/Radiation	\$108,554	\$13.67	\$49,580	\$5.82	134.9 %
Outpatient Surgery	\$108,190	\$13.63	\$168,452	\$19.77	-31.1 %
X-Ray	\$68,145	\$8.58	\$30,660	\$3.60	138.3 %
Office Visit	\$51,489	\$6.48	\$68,550	\$8.05	-19.5 %
OT/PT/ST	\$40,371	\$5.08	\$26,236	\$3.08	64.9 %
Other	\$40,303	\$5.08	\$147,967	\$17.37	-70.8 %
MRI	\$28,710	\$3.62	\$45,889	\$5.39	-32.8 %
Injections	\$28,153	\$3.55	\$24,648	\$2.89	22.8 %
Lab	\$27,998	\$3.53	\$15,454	\$1.81	95.0 %
CT/ PET Scan	\$26,292	\$3.31	\$29,227	\$3.43	-3.5 %
Equipment	\$17,389	\$2.19	\$12,709	\$1.49	47.0 %
ER Visit	\$17,338	\$2.18	\$25,490	\$2.99	-27.1 %
Home Health	\$3,067	\$0.39	\$2,964	\$0.35	11.4 %
Rehab	\$2,061	\$0.26	\$0	\$0.00	0.0 %
Chiropractic	\$341	\$0.04	\$1,296	\$0.15	-73.3 %
Psychotherapy	\$0	\$0.00	\$0	\$0.00	0.0 %
Claims Refunds	(\$92,341)	(\$11.63)	(\$7,315)	(\$0.86)	1,252.3 %
Med Total	\$2,311,761	\$291.15	\$2,372,961	\$278.52	4.5 %
RX	\$0	\$0.00	\$0	\$0.00	0.0 %
RX Total	\$0	\$0.00	\$0	\$0.00	-100.0 %
Grand Total	\$2,311,761	\$291.15	\$2,372,961	\$278.52	4.5 %

Notes: Inpatient hospital includes room and board, ICU, PICU, hospital miscellaneous charges, anesthesiology and professional charges. Inpatient surgery includes surgeon and assistant surgeon charges. Other includes but is not limited to; ambulance, allergy testing, blood, inpatient visit, IV therapy, mammogram.

Claims by Type of Service

LHS EMPLOYEE BENEFIT TRUST

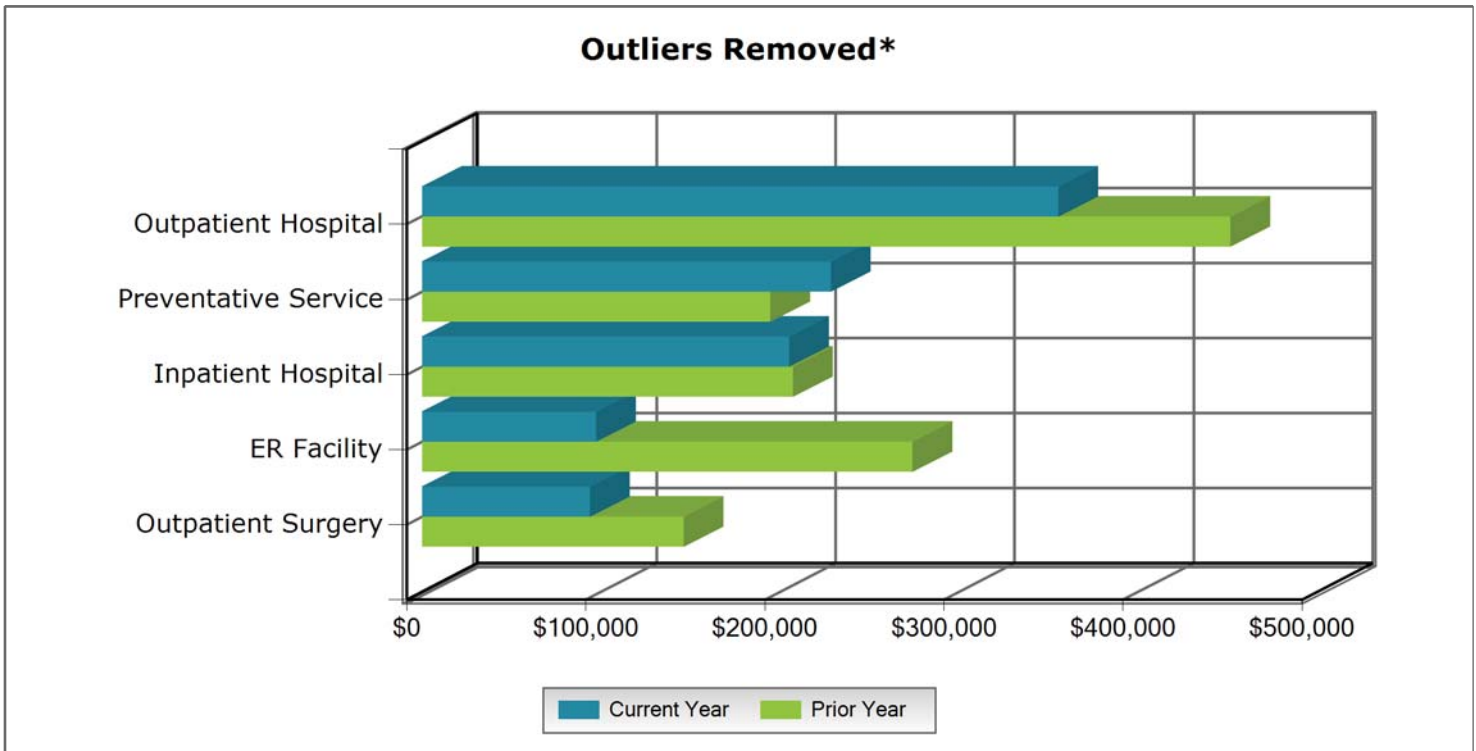
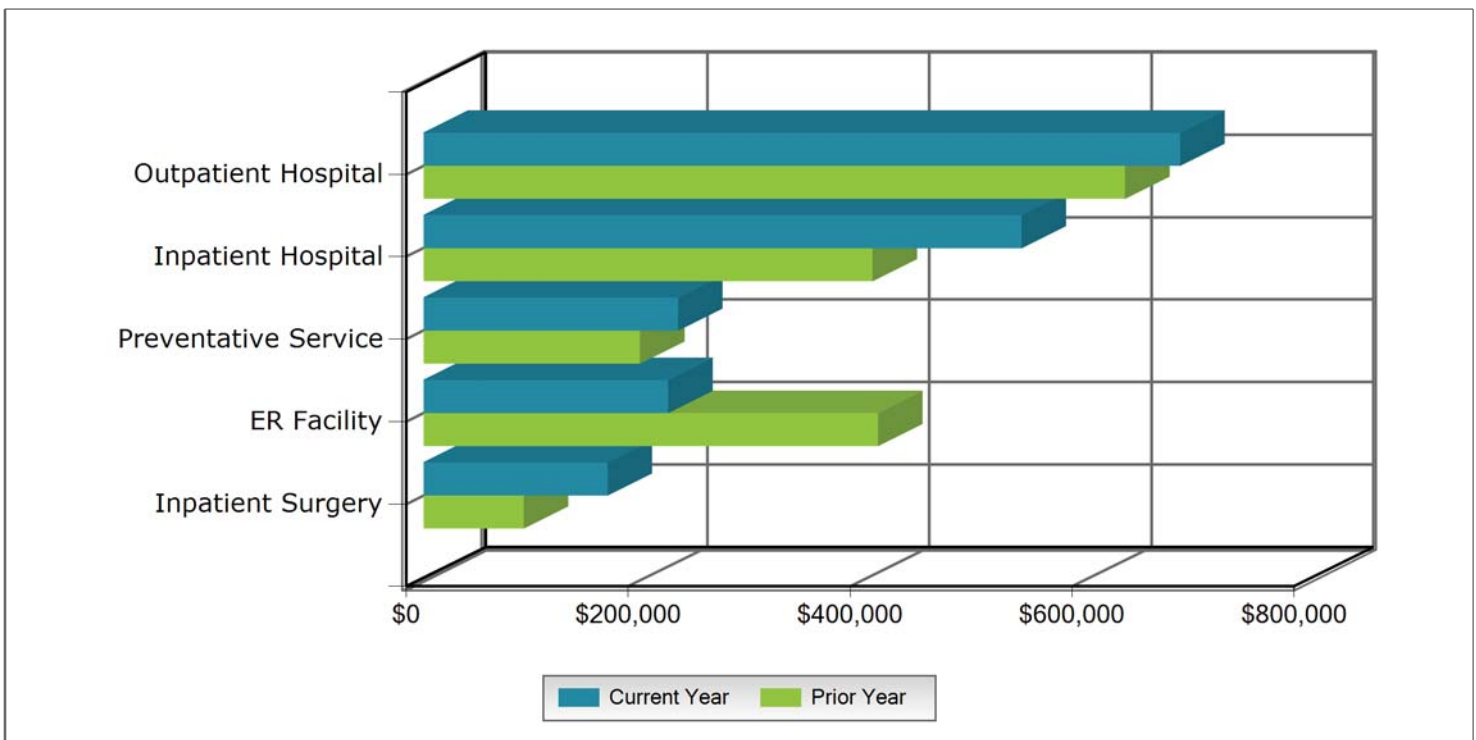
All claimants with claims in excess of \$50,000 have been removed

Type of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Outpatient Hospital	\$355,173	\$45.36	\$451,267	\$53.59	-15.4 %
Preventative Service	\$228,136	\$29.14	\$194,349	\$23.08	26.3 %
Inpatient Hospital	\$204,853	\$26.16	\$207,054	\$24.59	6.4 %
ER Facility	\$97,066	\$12.40	\$273,770	\$32.51	-61.9 %
Outpatient Surgery	\$93,655	\$11.96	\$145,988	\$17.34	-31.0 %
Inpatient Surgery	\$56,771	\$7.25	\$27,085	\$3.22	125.2 %
Office Visit	\$42,302	\$5.40	\$65,237	\$7.75	-30.3 %
OT/PT/ST	\$37,360	\$4.77	\$17,609	\$2.09	128.2 %
X-Ray	\$27,701	\$3.54	\$27,171	\$3.23	9.6 %
Injections	\$23,735	\$3.03	\$24,587	\$2.92	3.8 %
Other	\$20,772	\$2.65	\$89,622	\$10.64	-75.1 %
MRI	\$17,580	\$2.25	\$40,104	\$4.76	-52.7 %
CT/ PET Scan	\$12,064	\$1.54	\$17,957	\$2.13	-27.7 %
Lab	\$12,041	\$1.54	\$10,915	\$1.30	18.5 %
ER Visit	\$9,112	\$1.16	\$18,173	\$2.16	-46.3 %
Equipment	\$5,596	\$0.71	\$12,709	\$1.51	-53.0 %
Home Health	\$2,657	\$0.34	\$2,964	\$0.35	-2.9 %
Chemo/Radiation	\$1,597	\$0.20	\$48,236	\$5.73	-96.5 %
Chiropractic	\$116	\$0.01	\$1,269	\$0.15	-93.3 %
Psychotherapy	\$0	\$0.00	\$0	\$0.00	0.0 %
Claims Refunds	(\$87,635)	(\$11.19)	(\$5,741)	(\$0.68)	1,545.6 %
Med Total	\$1,160,651	\$148.23	\$1,670,326	\$198.38	-25.3 %
RX	\$0	\$0.00	\$0	\$0.00	0.0 %
RX Total	\$0	\$0.00	\$0	\$0.00	-100.0 %
Grand Total	\$1,160,651	\$148.23	\$1,670,326	\$198.38	-25.3 %

Notes: Inpatient hospital includes room and board, ICU, PICU, hospital miscellaneous charges, anesthesiology and professional charges. Inpatient surgery includes surgeon and assistant surgeon charges. Other includes but is not limited to; ambulance, allergy testing, blood, inpatient visit, IV therapy, mammogram.

Top 5 Claims by Type of Service (Graph)

LHS EMPLOYEE BENEFIT TRUST



*Outliers, as defined here, refers to all claimants with claims in excess of \$50,000

LHS EMPLOYEE BENEFIT TRUST

Place of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Outpatient Hospital 22	\$1,113,551	\$140.25	\$990,991	\$116.31	20.6 %
Inpatient Visit	\$768,982	\$96.85	\$533,629	\$62.63	54.6 %
Emergency Room Facility	\$227,122	\$28.60	\$421,230	\$49.44	-42.2 %
Office Visit	\$179,287	\$22.58	\$234,421	\$27.51	-17.9 %
Patient's Home	\$28,271	\$3.56	\$21,591	\$2.53	40.7 %
Ambulance-Land	\$19,162	\$2.41	\$15,484	\$1.82	32.4 %
Mobile Unit	\$18,495	\$2.33	\$13,775	\$1.62	43.8 %
Independent Laboratory	\$18,240	\$2.30	\$12,957	\$1.52	51.3 %
Ambulatory Surgical Center	\$17,117	\$2.16	\$25,549	\$3.00	-28.0 %
Urgent Care	\$5,563	\$0.70	\$7,350	\$0.86	-18.6 %
Public Health Clinic	\$2,873	\$0.36	\$1,430	\$0.17	111.8 %
Independent Clinic	\$670	\$0.08	\$5,150	\$0.60	-86.7 %
Off-Campus-Outpatient Hospital	\$0	\$0.00	\$0	\$0.00	0.0 %
Community Mental Health Center	\$0	\$0.00	\$43	\$0.01	-100.0 %
Ambulance - Air or Water	\$0	\$0.00	\$87,552	\$10.28	-100.0 %
Rural Health Clinic	\$0	\$0.00	\$0	\$0.00	0.0 %
Skilled Nursing Facility	\$0	\$0.00	\$4,453	\$0.52	-100.0 %
Walk in Retail Health Center	\$0	\$0.00	\$27	\$0.00	0.0 %
Subtotal	\$2,399,332	\$302.18	\$2,375,631	\$278.83	8.4 %
Other Places of Service	(\$87,571)	(\$11.03)	(\$2,670)	(\$0.31)	3,458.1 %
Med Total	\$2,311,761	\$291.15	\$2,372,961	\$278.52	4.5 %

LHS EMPLOYEE BENEFIT TRUST

All Claimants in Excess of \$50,000 Have Been Removed

Current Period

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$17.29	\$77.63	\$64.71	(\$11.21)	\$0.00
Allowed Amount	\$91.10	\$166.71	\$230.31	\$0.00	\$0.00
Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$28.46	\$127.81	\$106.53	(\$18.45)	\$0.00
Allowed Amount	\$149.98	\$274.46	\$379.16	\$0.00	\$0.00

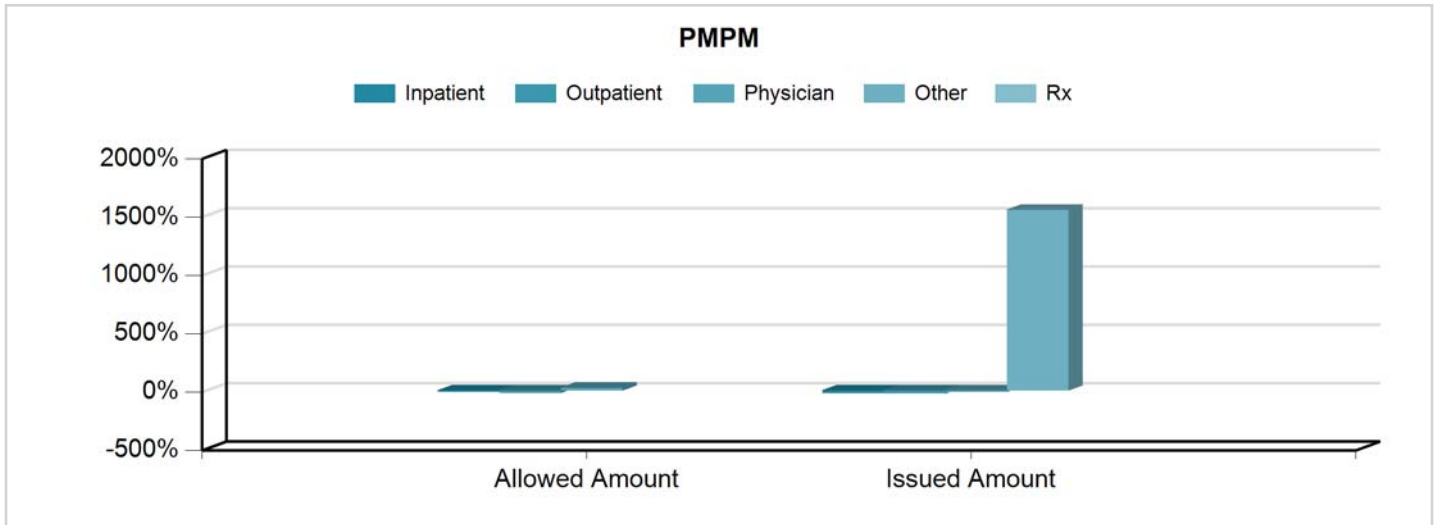
Prior Period

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$22.31	\$103.53	\$73.21	(\$0.68)	\$0.00
Allowed Amount	\$102.84	\$207.72	\$187.09	\$0.00	\$0.00
Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$36.69	\$170.27	\$120.40	(\$1.12)	\$0.00
Allowed Amount	\$169.13	\$341.59	\$307.67	\$0.00	\$0.00

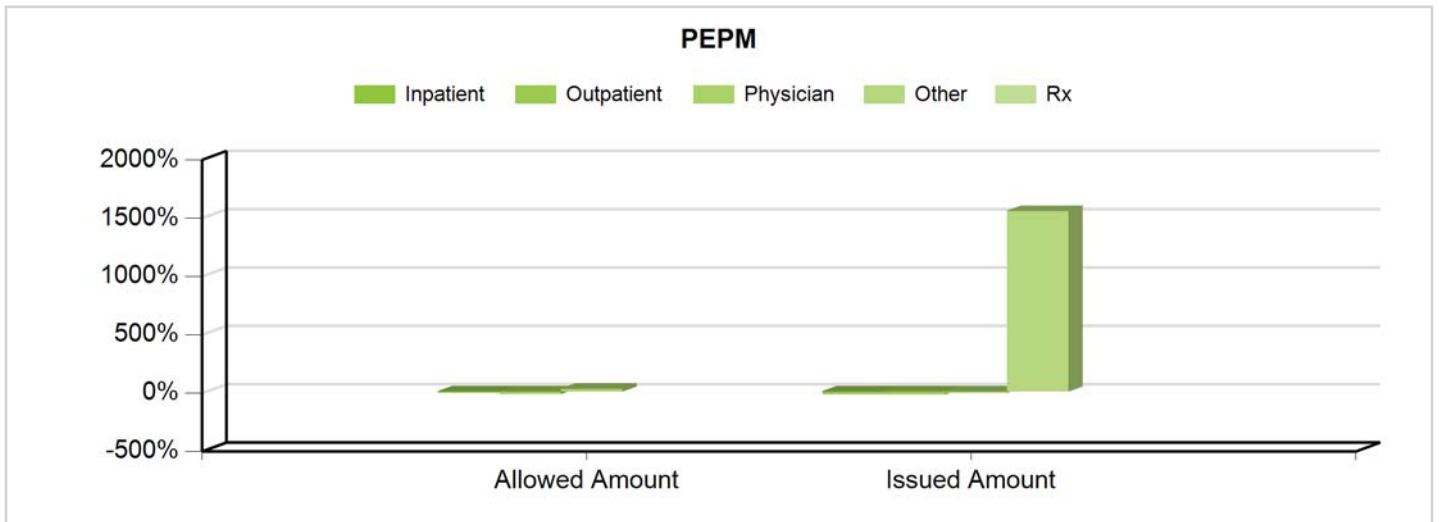
LHS EMPLOYEE BENEFIT TRUST

All Claimants in Excess of \$50,000 Have Been Removed

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	-22.5%	-25.0%	-11.6%	1548.5%	0.0%
Allowed Amount	-11.4%	-19.7%	23.1%	0.0%	0.0%

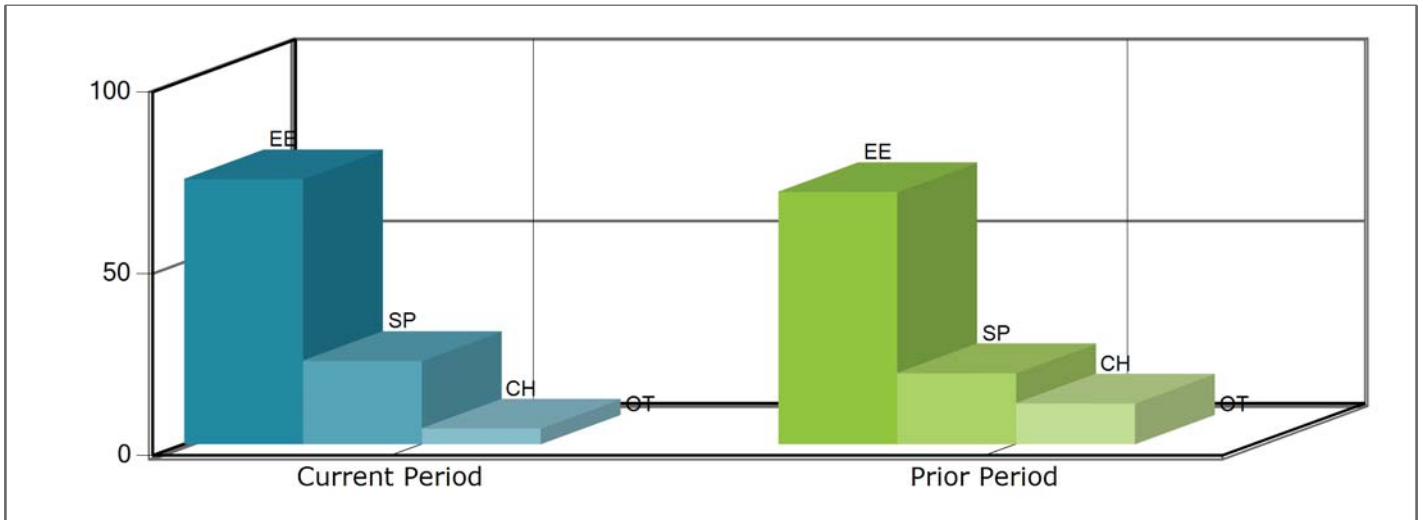


Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	-22.4%	-24.9%	-11.5%	1547.3%	0.0%
Allowed Amount	-11.3%	-19.7%	23.2%	0.0%	0.0%



Employee vs. Dependent Paid Claims

LHS EMPLOYEE BENEFIT TRUST



	Employee	Spouse	Child	Other**	Total
Current Period					
Total Med Issued	\$1,683,761	\$529,208	\$98,791	\$0	\$2,311,761
Percent of Total	72.8 %	22.9 %	4.3 %	0.0 %	
Total Number of Members*	486	111	196	1	794
Avg Paid per Member	\$3,465	\$4,768	\$504	\$0	\$2,912
Prior Period					
Total Med Issued	\$1,644,663	\$462,591	\$265,706	\$0	\$2,372,961
Percent of Total	69.3 %	19.5 %	11.2 %	0.0 %	
Total Number of Members*	522	114	216	0	852
Avg Paid per Member	\$3,151	\$4,058	\$1,230	\$0	\$2,785

Claims Analysis:

In this comparison we look at the average issued employee and dependent claims as a percentage of total. As with any statistical comparison, percentages can be skewed if there are cases of a few ill dependents or employees on the plan.

*Participation is based on the average participation for the stated period of time.

**Other: Disabled dependent child who is over the maximum age limit for dependent children as defined by the Plan Document.

Participation and Utilization Summary

LHS EMPLOYEE BENEFIT TRUST

PARTICIPATION AND UTILIZATION BY AGE GROUP**															
AGE GROUP	EMPLOYEES				SPOUSES				DEPENDENTS				COBRA		
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MBRS	ISSUED	
	MBRS	ISSUED	MBRS	ISSUED	LIVES	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED			
0 - 4	0	0	0	0	0	0	0	0	0	15	8,500	10	4,568	0	0
5 - 9	0	0	0	0	0	0	0	0	0	23	45,295	22	793	1	43
10 - 14	0	0	0	0	0	0	0	0	0	22	3,161	22	1,756	2	382
15 - 19	1	0	2	0	0	0	0	0	0	18	5,687	31	7,406	0	3,269
20 - 24	1	0	8	811	0	0	0	0	0	17	8,613	16	8,558	0	0
25 - 29	7	424	34	41,077	1	3,045	3	2,182	4	552	0	209	0	0	
30 - 34	12	11,071	40	99,407	3	16,281	2	0	0	0	0	0	0	0	0
35 - 39	14	16,075	32	7,760	5	3,480	8	31,625	0	0	0	0	0	0	0
40 - 44	14	-62,494	28	216,399	6	24,235	6	107,728	0	0	0	0	0	2	721
45 - 49	10	1,847	40	105,937	6	88,132	3	169	0	0	0	0	0	0	399
50 - 54	20	31,145	56	242,722	12	21,832	9	77,931	0	0	0	0	0	0	0
55 - 59	17	84,530	65	160,857	21	97,592	5	13,984	0	0	0	0	0	2	295
60 - 64	23	59,582	56	558,982	12	35,307	3	268	0	0	0	0	0	4	45,084
65 - 69	3	17,534	7	28,227	2	110	0	0	0	0	0	0	0	0	0
70 +	1	156	3	15,273	0	5,246	0	0	0	0	0	0	0	0	0
	123	\$159,872	371	\$1,477,452	68	\$295,261	39	\$233,886	99	\$71,808	101	\$23,290	11	\$50,193	

GROUP COMPARISON*						
	CURRENT PERIOD			PRIOR PERIOD		
	ISSUED	MEMBERS	AVG ISSUED / MEMBER	ISSUED	MEMBERS	AVG ISSUED / MEMBER
Members Under 65	\$2,194,928	763	\$2,877	\$2,177,446	820	\$2,655
Members Over 65	\$66,640	19	\$3,507	\$126,606	23	\$5,505
Cobra/Continuation Coverage	\$50,193	13	\$3,861	\$68,909	9	\$7,657
	\$2,311,761	795	\$2,908	\$2,372,961	852	\$2,785

* Participation is based on the average participation for the stated period of time.

PARTICIPATION AND UTILIZATION BY COVERAGE TYPE**															
COV	EMPLOYEES				SPOUSES				DEPENDENTS				COBRA		
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MBRS	ISSUED	
	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED			
E	74	25,856	263	1,180,667	0	0	0	0	0	0	0	0	0	4	45,483
S	16	25,829	34	199,363	33	256,628	17	58,977	0	0	0	0	0	2	828
C	12	13,838	38	18,065	0	0	0	0	39	57,590	44	15,433	0	3,269	
F	21	94,349	36	79,357	35	38,632	22	174,909	60	14,217	57	7,856	5	613	
	123	\$159,872	371	\$1,477,452	68	\$295,261	39	\$233,886	99	\$71,808	101	\$23,290	11	\$50,193	

** Member counts are as of the first of the month.

Participation and Utilization Summary

LHS EMPLOYEE BENEFIT TRUST

Current Period								
PARTICIPATION AND UTILIZATION SUMMARY*								
MONTH ISSUED	ISSUED	#CLAIMS	EMPLOYEES*	MEMBERS*	ISSUED/CLAIM	ISSUED/EMP	ISSUED/MEMBERS	
2016 July	202,625	188	445	735	1,078	455	276	
2016 August	283,366	676	447	742	419	634	382	
2016 September	247,151	512	480	785	483	515	315	
2016 October	205,898	540	496	804	381	415	256	
2016 November	86,602	504	500	811	172	173	107	
2016 December	207,462	409	500	810	507	415	256	
2017 January	313,195	509	496	813	615	631	385	
2017 February	320,842	398	498	812	806	644	395	
2017 March	208,990	520	501	814	402	417	257	
2017 April	235,630	561	500	812	420	471	290	
TOTALS/AVERAGES	2,311,761	482	486	794	4,799	4,754	2,912	

Previous Period								
PARTICIPATION AND UTILIZATION SUMMARY*								
MONTH ISSUED	ISSUED	#CLAIMS	EMPLOYEES*	MEMBERS*	ISSUED/CLAIM	ISSUED/EMP	ISSUED/MEMBERS	
2015 July	211,057	536	500	813	394	422	260	
2015 August	225,854	414	497	810	546	454	279	
2015 September	229,817	716	496	816	321	463	282	
2015 October	288,889	478	542	879	604	533	329	
2015 November	183,853	507	540	884	363	340	208	
2015 December	214,775	534	538	881	402	399	244	
2016 January	395,315	664	530	870	595	746	454	
2016 February	228,873	404	526	858	567	435	267	
2016 March	243,314	492	524	855	495	464	285	
2016 April	151,215	347	526	850	436	287	178	
TOTALS/AVERAGES	2,372,961	509	522	852	4,660	4,547	2,786	

*Member counts are as of the first day of the month

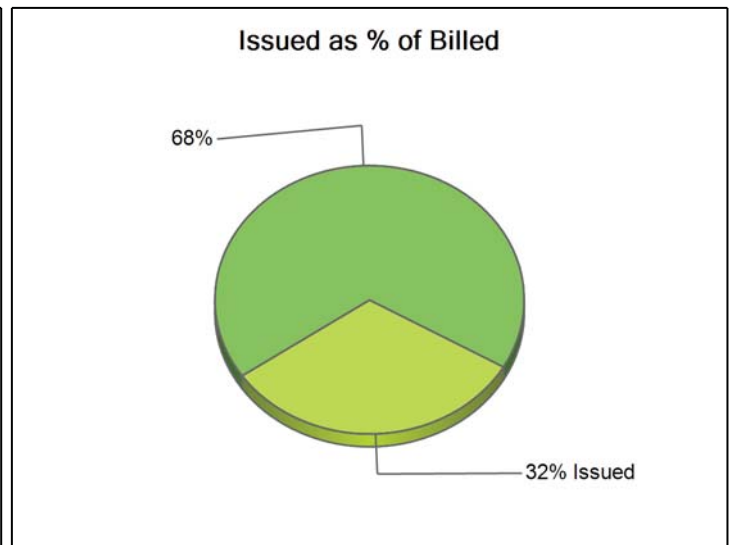
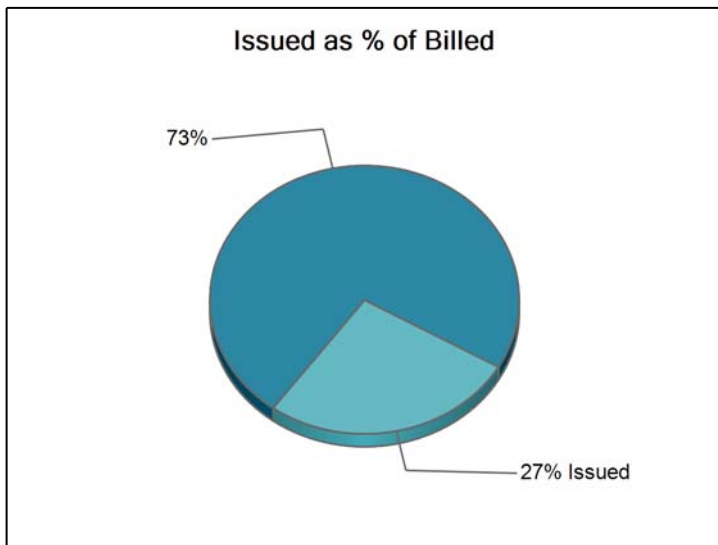
Benefit Payment Summary

LHS EMPLOYEE BENEFIT TRUST

SUBMITTED CLAIMS ANALYSIS				
	Current Period		Prior Period	
	Dollars	% of Allowable	Dollars	% of Allowable
Billed Charges	8,646,342		7,394,610	
Ineligible Charges	- 2,349,640		- 1,364,168	
Allowable Charges	= 6,296,702		= 6,030,441	
PPO Discount	- 3,501,435		- 3,247,551	
Covered Charges	= 2,795,267		= 2,782,890	
Deductibles	- 231,208	3.7 %	- 124,568	2.1 %
Copays	- 75,630	1.2 %	- 89,469	1.5 %
Coinsurance	- 160,941	2.6 %	- 185,162	3.1 %
COB Savings	- 3,944	0.1 %	- 9,340	0.2 %
Overpayment Recovered	- 11,783	0.2 %	- 1,391	0.0 %
Issued	= 2,311,761		= 2,372,961	

Current Period

Prior Period



Discount Analysis

LHS EMPLOYEE BENEFIT TRUST

Excluding Medicare Primary

IN-NETWORK Major Service Category	Current Period			Prior Period		
	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
IP Facility	\$1,448,621	\$1,017,430	70.2 %	\$1,716,072	\$1,299,125	75.7 %
OP Facility	\$1,946,624	\$773,009	39.7 %	\$2,235,546	\$896,795	40.1 %
Physician/Other*	\$2,703,457	\$1,628,809	60.2 %	\$1,986,003	\$1,043,846	52.6 %
Total:	\$6,098,702	\$3,419,248	56.1 %	\$5,937,622	\$3,239,766	54.6 %

Medicare Primary

IN-NETWORK Major Service Category	Current Period			Prior Period		
	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
IP Facility	\$0	\$0	0.0 %	\$0	\$0	0.0 %
OP Facility	\$39,692	\$35,320	89.0 %	\$0	\$0	0.0 %
Physician/Other*	\$47,133	\$33,114	70.3 %	\$353	\$220	62.3 %
Total:	\$86,825	\$68,434	78.8 %	\$353	\$220	62.3 %

Excluding Medicare Primary

OUT OF NETWORK Major Service Category	Current Period			Prior Period		
	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
IP Facility	\$30,395	\$6,518	21.4 %	\$0	\$0	0.0 %
OP Facility	\$10,248	\$597	5.8 %	\$21,886	\$3,805	17.4 %
Physician/Other*	\$70,532	\$6,639	9.4 %	\$70,581	\$3,760	5.3 %
Total:	\$111,176	\$13,753	12.4 %	\$92,467	\$7,565	8.2 %

Medicare Primary

OUT OF NETWORK Major Service Category	Current Period			Prior Period		
	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
Physician/Other*	\$0	\$0	0.0 %	\$0	\$0	0.0 %
Total:	\$0	\$0	0.0 %	\$0	\$0	0.0 %

*The Physician/Other category contains all claim types except Inpatient Facility claims and Outpatient Facility claims.

** Out of Network Facilities are facilities outside of the primary network contract(s). Out of Network Facilities will also include special benefits like: Out of Area Claims, Services Not Available, and Wrap Networks.

Major Diagnostic Category Definitions

LHS EMPLOYEE BENEFIT TRUST

Following are examples of the common types of diagnosis that are included under the Major Diagnostic Categories to assist you in understanding the types of illnesses that are included in the MDC's shown on pages 1 and 2. This is not a complete listing, rather, this is the most common diagnosis of submitted claims.

Infectious and Parasitic Diseases (Diagnosis codes 001-139)

food poisoning, Intestinal infections, tuberculosis, anthrax, whooping cough, septicemia, strep throat, polio, smallpox, chickenpox, herpes, measles, mosquito-borne viruses, tick-borne viruses, viral hepatitis, mumps, venereal diseases.

Neoplasms (Diagnosis codes 140-239)

all malignant and benign tumors, Hodgkin's disease, leukemia, carcinoma.

Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (Diagnosis codes 240-279)

goiter, thyroid, diabetes, pituitary gland, adrenal gland, ovarian dysfunction, testicular dysfunction, dwarfism, vitamin and nutritional deficiencies, gout, acidosis.

Diseases of the Blood and Blood-Forming Organs (Diagnosis codes 280-289)

anemia, sickle-cell, hemophilia, diseases of the white blood cells, diseases of the spleen.

Mental Disorders (Diagnosis codes 290-319)

dementia, alcohol and drug dependence, delirium, schizophrenia, paranoia, depression, bipolar disorder, anxiety, hysteria, obsessive-compulsive disorders, personality disorders, mental retardation.

Diseases of the Nervous System and Sense Organs (Diagnosis codes 320-389)

bacterial meningitis, encephalitis, Alzheimer's disease, Parkinson's disease, multiple sclerosis, cerebral palsy, epilepsy, migraine, retinal detachments and defects, glaucoma, cataract, blindness, corneal ulcer, disorders of the eyelids, disorders of the optic nerve, ear infections.

Diseases of the Circulatory System (Diagnosis codes 390-459)

rheumatic fever, heart valve disorders, hypertension, hypotension, heart attack, angina, heart disease, heart failure, stroke, aneurysm, varicose veins, hemorrhoids.

Diseases of the Respiratory System (Diagnosis codes 460-519)

sinusitis, pharyngitis, tonsillitis, laryngitis, upper respiratory infections, bronchitis, deviated nasal septum, allergies, pneumonia, emphysema, asthma, pneumothorax, diseases of the lung, disorders of the diaphragm.

Diseases of the Digestive System (Diagnosis codes 520-579)

diseases of hard tissues of teeth, impacted wisdom teeth, periodontal diseases, TMJ, diseases of the jaw, diseases of the oral soft tissues and tongue, diseases of esophagus, gastric ulcer, duodenal ulcer, appendicitis, hernia, enteritis, intestinal obstruction, diverticulitis, liver disease, cirrhosis, hepatitis, gallbladder disorders, diseases of the pancreas, gastrointestinal hemorrhage.

Major Diagnostic Category Definitions

LHS EMPLOYEE BENEFIT TRUST

Diseases of the Genitourinary System (Diagnosis codes 580-633)

kidney disorders, renal failure, cystitis, disorders of the bladder, urethral stricture, prostate disorders, male and female infertility, breast disorders, ovarian and uterus disorders, endometriosis.

Pregnancy, Childbirth, Puerperium (Diagnosis codes 634-679)

pregnancy, miscarriage, eclampsia, early threatened labor, malpositioned fetus (breech), chromosomal abnormality in fetus, fetal distress, umbilical cord complications.

Diseases of the Skin and Subcutaneous Tissue (Diagnosis codes 680-709)

cellulites and abscesses, cysts, dermatitis, eczema, corns, keloid scar, diseases of the nail, alopecia, disorders of sweat glands.

Diseases of the Musculoskeletal System and Connective Tissue (Diagnosis codes 710-739)

lupus, arthritis, osteoarthritis, internal derangement of knee, intervertebral disc disorder, disorders of cervical region, back disorders, bunion, bursitis, tendon disorder, bone infection, flat foot, deformities of the limbs, scoliosis.

Congenital Anomalies (Diagnosis Codes 740-759)

spina bifida, hydrocephalus, webbing of neck, congenital heart anomalies, cleft palate/lip, cystic kidney disease, deformities, conjoined twins.

Certain Conditions Originating in the Perinatal Period (Diagnosis codes 760-779)

maternal infections, maternal injury, incompetent cervix, ectopic pregnancy, slow fetal growth, extreme prematurity, fetal distress, jaundice, convulsions in newborn.

Symptoms, Signs and Ill-Defined Conditions (Diagnosis codes 780-799)

fainting, light-headedness, sleep disturbances, lethargy, chills, generalized pain, anorexia, headache, gangrene, swollen glands, cough, nausea and vomiting, heartburn, sudden death, nervousness.

Injury and Poisoning (Diagnosis Codes 800-999)

fractures, dislocations, sprains and strains, concussion, lacerations and contusions, traumatic amputation, insect bites, foreign bodies, burns, traumatic shock, poisoning, complications of surgical and medical care.

Factors Influencing Health Status and Contact with Health Services (Diagnosis Codes V01-V82)

contact or exposure to tuberculosis, need for vaccination and inoculation against bacterial diseases (cholera, tuberculosis, measles, mumps, flu), personal and family history of cancers, mental disorders, allergies to specific medicinal agents, health supervision of a child, normal pregnancy, contraceptive management, liveborn infants, organ/tissue transplant, hearing aid, maintenance chemotherapy, special screening examinations (pap smear, mammogram, prostate exam).

External Causes of Injury and Poisoning (Diagnosis Codes "E" Codes)

automobile accident, railway accident, motorcycle accident, watercraft accident, aircraft accident, spacecraft accident.

Report Group Listing

LHS EMPLOYEE BENEFIT TRUST

Group Number	Group Name
S2595	LHS EMPLOYEE BENEFIT TRUST