



LHS EMPLOYEE BENEFIT TRUST

	Current Period	Prior Period
Claims Issued	07/01/2016 - 08/31/2016	07/01/2015 - 08/31/2015

Monday, September 12, 2016

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Claims by Major Diagnostic Category

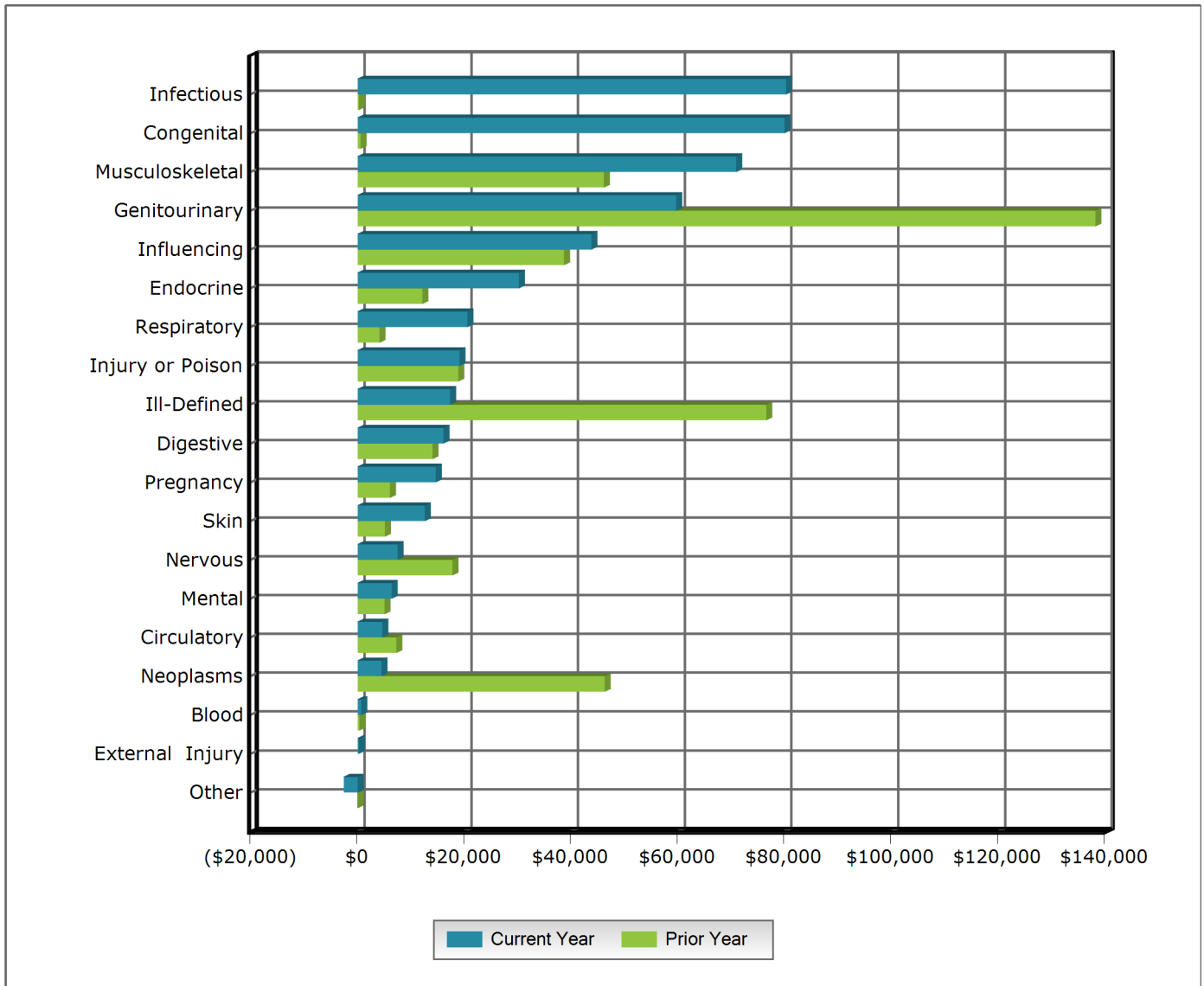
LHS EMPLOYEE BENEFIT TRUST

MDC	Total Issued	% of Total	Prior Period	% of Total
1. Infectious Diseases	\$80,273	16.5%	\$212	0.0%
2. Congenital Anomalies	\$79,965	16.5%	\$551	0.1%
3. Musculoskeletal System	\$70,905	14.6%	\$46,123	10.6%
4. Genitourinary System	\$59,654	12.3%	\$138,224	31.6%
5. Factors Influencing Health	\$43,777	9.0%	\$38,662	8.8%
6. Endocrine Metabolic	\$30,181	6.2%	\$12,105	2.8%
7. Respiratory System	\$20,544	4.2%	\$4,079	0.9%
8. Injury or Poisoning	\$19,061	3.9%	\$18,841	4.3%
9. Ill-Defined Conditions	\$17,302	3.6%	\$76,545	17.5%
10. Digestive System	\$16,052	3.3%	\$14,009	3.2%
11. Pregnancy, Childbirth	\$14,619	3.0%	\$6,039	1.4%
12. Skin Disorders	\$12,564	2.6%	\$5,082	1.2%
13. Nervous System	\$7,449	1.5%	\$17,741	4.1%
14. Mental Disorders	\$6,359	1.3%	\$5,018	1.1%
15. Circulatory System	\$4,605	0.9%	\$7,216	1.7%
16. Neoplasms	\$4,437	0.9%	\$46,263	10.6%
17. Blood, Blood-Forming Organs	\$668	0.1%	\$320	0.1%
18. External Injury	\$190	0.0%	\$0	0.0%
19. Other	\$-2,614	-0.5%	\$-120	0.0%
Med Total	\$485,990	100.0%	\$436,911	100.0%
RX Total	\$0		\$0	
Grand Total	\$485,990		\$436,911	

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. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$70,978	1	\$70,978
2. VHS OF PHOENIX INC	\$39,668	1	\$39,668
3. HAVASU REGIONAL MEDICAL CENTER LLC	\$33,471	3	\$11,157
4. KINGMAN HOSPITAL INC	\$9,715	1	\$9,715
5. DESERT PARKWAY BEHAVIORAL HEALTHCARE H	\$3,269	1	\$3,269
6. ALL OTHER INPATIENT FACILITY CLAIMS	\$0	0	\$0
Subtotal	\$157,101	7	\$22,443
7. ALL OTHER NON INPATIENT CLAIMS	\$328,889		
Med Total	\$485,990		

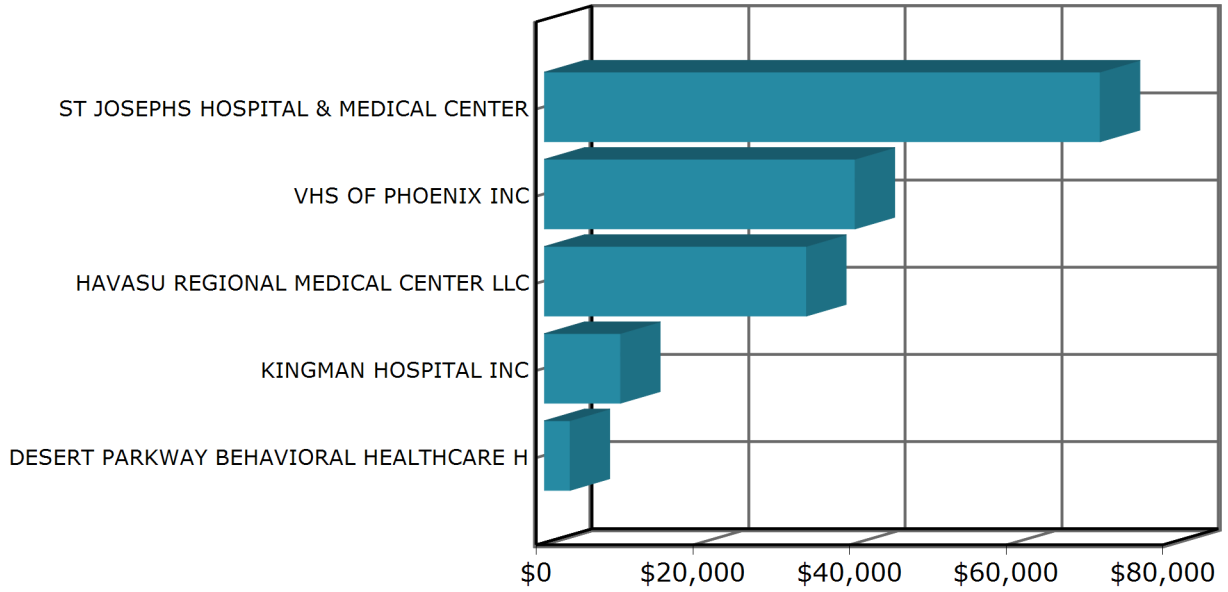
Prior Period

Facility	Amount Issued	Admits	Avg/Admit
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$20,347	5	\$4,069
2. ALL OTHER INPATIENT FACILITY CLAIMS	\$0	0	\$0
Subtotal	\$20,347	5	\$4,069
3. ALL OTHER NON INPATIENT CLAIMS	\$416,564		
Med Total	\$436,911		

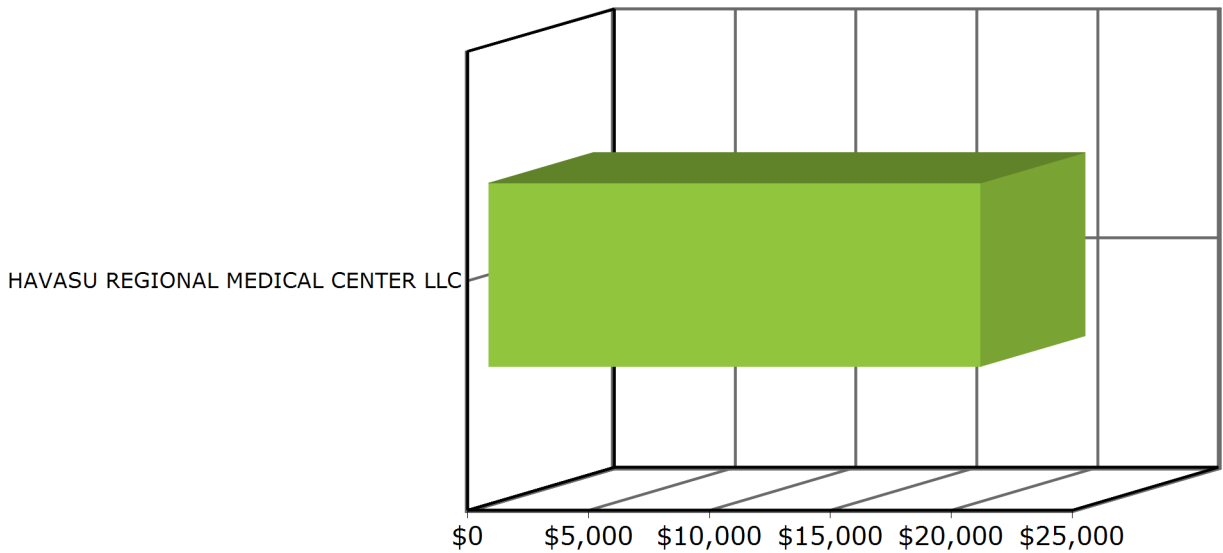
Top 10 Inpatient Facilities Graph (Room and Board and Hospital Misc. Only)

LHS EMPLOYEE BENEFIT TRUST

Top Facilities Paid Expense



Prior Period Top Facilities Paid Expense



Top 10 Outpatient Facilities

LHS EMPLOYEE BENEFIT TRUST

Facility	Amount Issued	Services	Avg/ Service
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$162,309	30	\$5,410
2. YAVAPAI COMMUNITY HOSPITAL ASSOCIATION	\$7,858	1	\$7,858
3. SCOTTSDALE HEALTHCARE HOSPITALS	\$5,726	2	\$2,863
4. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$4,363	1	\$4,363
5. KINGMAN HOSPITAL INC	\$4,072	2	\$2,036
6. PHC-FORT MOHAVE INC	\$1,168	1	\$1,168
7. BANNER THUNDERBIRD MEDICAL CENTER	\$769	1	\$769
8. JAMES A TAMMARO MD PC	\$25	2	\$13
9. WEST VALLEY MEDICAL CENTER INC	\$0	1	\$0
10. FLAGSTAFF MEDICAL CENTER	\$0	1	\$0
11. ALL OTHER OUTPATIENT FACILITY CLAIMS	\$0	2	\$0
Subtotal	\$186,291	44	\$4,234
12. ALL OTHER NON OUTPATIENT CLAIMS	\$299,699		
Med Total	\$485,990		

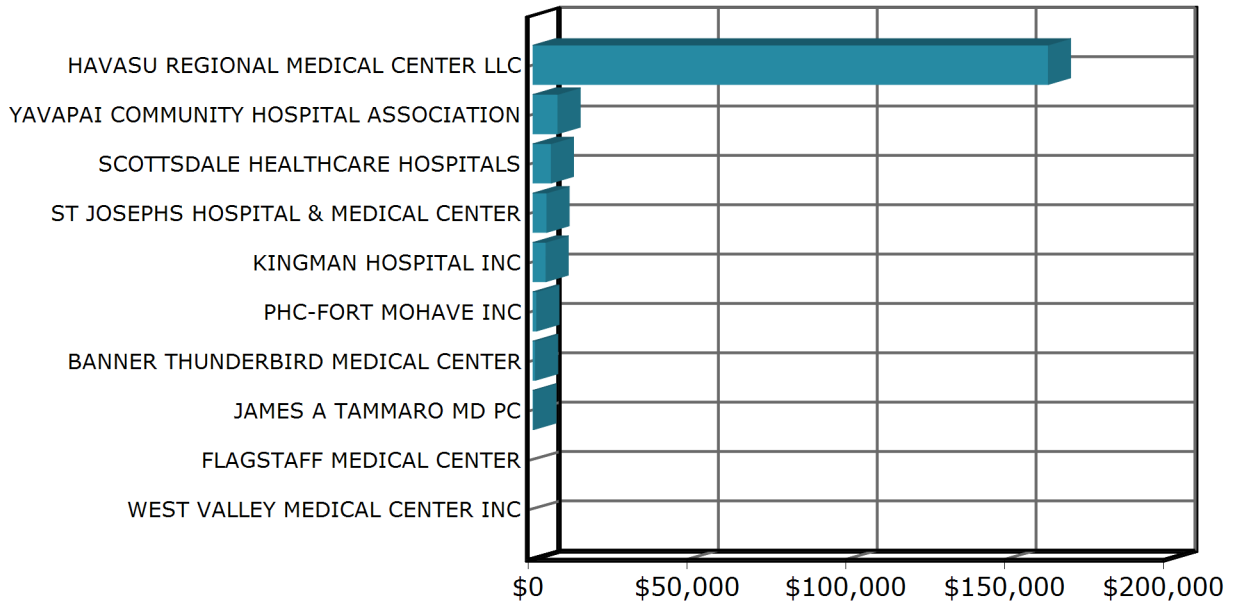
Prior Period

Facility	Amount Issued	Services	Avg/ Service
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$235,519	42	\$5,608
2. KOOTENAI MEDICAL CENTER	\$12,029	1	\$12,029
3. BANNER THUNDERBIRD MEDICAL CENTER	\$6,273	2	\$3,136
4. HOSPITAL DEVELOPMENT OF WEST PHOENIX I	\$4,890	1	\$4,890
5. PRESCOTT VAMC	\$1,573	2	\$787
6. FLAGSTAFF MEDICAL CENTER	\$366	1	\$366
7. MADISON MEMORIAL HOSPITAL	\$0	1	\$0
8. KINGMAN HOSPITAL INC	\$0	1	\$0
9. JAMES A TAMMARO MD PC	\$0	1	\$0
10. BULLHEAD CITY HOSPITAL CORPORATION	\$0	4	\$0
11. ALL OTHER OUTPATIENT FACILITY CLAIMS	\$0	0	\$0
Subtotal	\$260,651	56	\$4,654
12. ALL OTHER NON OUTPATIENT CLAIMS	\$176,260		
Med Total	\$436,911		

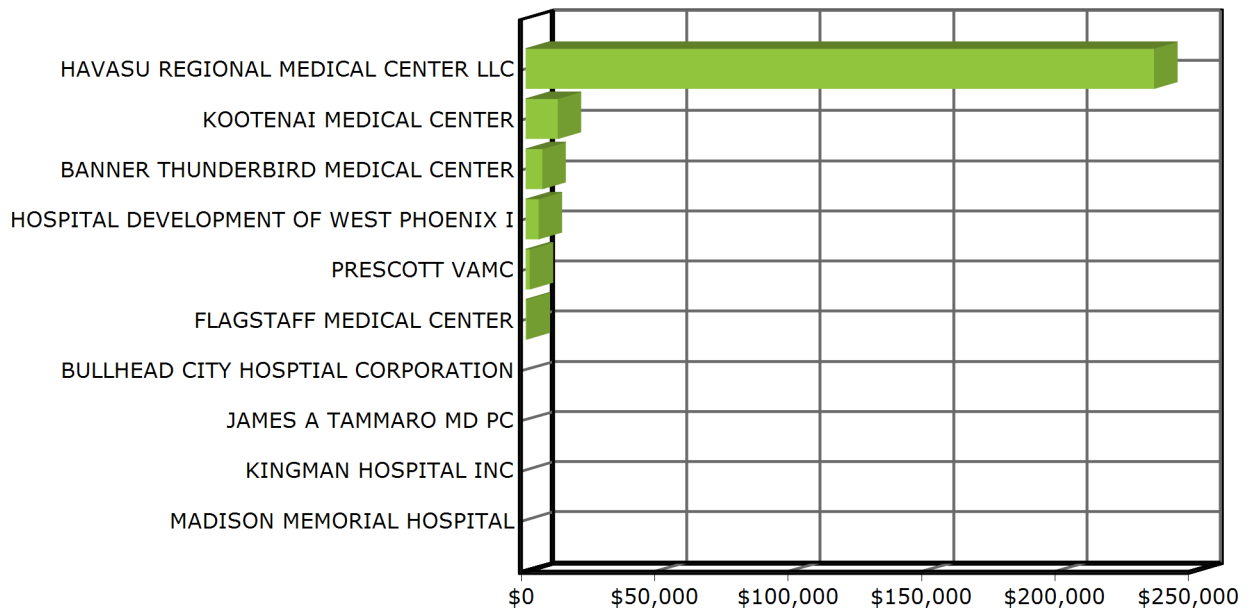
Top 10 Outpatient Facilities Graph

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. ARTERIOVENOUS MALFORMATION OF CEREBRAL V	SP	\$84,888	17.5%
2. SEPSIS, UNSPECIFIED ORGANISM	EE	\$62,137	12.8%
3. SEPSIS, UNSPECIFIED ORGANISM	SP	\$55,748	11.5%
4. CALCULUS OF KIDNEY	EE	\$46,343	9.5%
5. CALCANEAL SPUR, RIGHT FOOT	SP	\$25,430	5.2%
6. UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT	EE	\$24,685	5.1%
7. THYROTOXICOSIS, UNSPECIFIED WITHOUT THYR	EE	\$14,341	3.0%
8. DEVIATED NASAL SEPTUM	SP	\$11,439	2.4%
9. OTHER SPONDYLOSIS WITH RADICULOPATHY, CE	EE	\$10,855	2.2%
10. INCOMPLETE UTEROVAGINAL PROLAPSE	SP	\$9,804	2.0%
Sub Total		\$345,669	71.1%
11. OTHER CLAIMS		\$140,321	28.9%
Med Total		\$485,990	100.0%

Diagnosis	Prior Period Type of Claimant	Amount Issued	% of Total
1. CALCULUS OF URETER	EE	\$44,273	10.1%
2. OTHER ABNORMAL CLINICAL FINDING	CH	\$42,573	9.7%
3. CALCULUS OF KIDNEY	EE	\$37,356	8.5%
4. INTRAUTERINE SYNECHIAE	EE	\$28,417	6.5%
5. INTRAMURAL LEIOMYOMA OF UTERUS	EE	\$25,614	5.9%
6. SYNCOPE AND COLLAPSE	EE	\$16,021	3.7%
7. ACQ MUSCULOSKEL DEFORM OTH SITE	SP	\$14,714	3.4%
8. ACUT APPENDICITIS W/O PERITONITIS	EE	\$13,829	3.2%
9. STRESS FRACTURE OF FEMORAL NECK	EE	\$12,352	2.8%
10. CF WITH PULMONARY MANIFESTATIONS	EE	\$11,267	2.6%
Sub Total		\$246,417	56.4%
11. OTHER CLAIMS		\$190,494	43.6%
Med Total		\$436,911	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	
Inpatient Hospital	\$177,343	\$118.54	\$23,958	\$14.75	703.7 %
Outpatient Hospital	\$112,680	\$75.32	\$150,010	\$92.37	-18.5 %
Preventative Service	\$49,751	\$33.26	\$41,028	\$25.26	31.7 %
ER Facility	\$39,011	\$26.08	\$69,060	\$42.52	-38.7 %
Inpatient Surgery	\$29,820	\$19.93	\$7,692	\$4.74	320.5 %
Outpatient Surgery	\$25,124	\$16.79	\$27,566	\$16.97	-1.1 %
MRI	\$11,892	\$7.95	\$14,026	\$8.64	-8.0 %
Other	\$11,661	\$7.80	\$52,990	\$32.63	-76.1 %
Office Visit	\$7,802	\$5.22	\$12,889	\$7.94	-34.3 %
Injections	\$6,927	\$4.63	\$5,945	\$3.66	26.5 %
ER Visit	\$4,129	\$2.76	\$4,032	\$2.48	11.3 %
Equipment	\$3,778	\$2.53	\$11,114	\$6.84	-63.0 %
X-Ray	\$2,778	\$1.86	\$2,600	\$1.60	16.3 %
OT/PT/ST	\$2,654	\$1.77	\$2,430	\$1.50	18.0 %
CT/ PET Scan	\$2,325	\$1.55	\$8,834	\$5.44	-71.5 %
Lab	\$978	\$0.65	\$2,367	\$1.46	-55.5 %
Chemo/Radiation	\$0	\$0.00	\$0	\$0.00	0.0 %
Chiropractic	\$0	\$0.00	\$489	\$0.30	-100.0 %
Psychotherapy	\$0	\$0.00	\$0	\$0.00	0.0 %
Claims Refunds	(\$2,662)	(\$1.78)	(\$120)	(\$0.07)	2,442.9 %
Med Total	\$485,990	\$324.86	\$436,911	\$269.03	20.8 %
RX	\$0	\$0.00	\$0	\$0.00	0.0 %
RX Total	\$0	\$0.00	\$0	\$0.00	-100.0 %
Grand Total	\$485,990	\$324.86	\$436,911	\$269.03	20.8 %

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

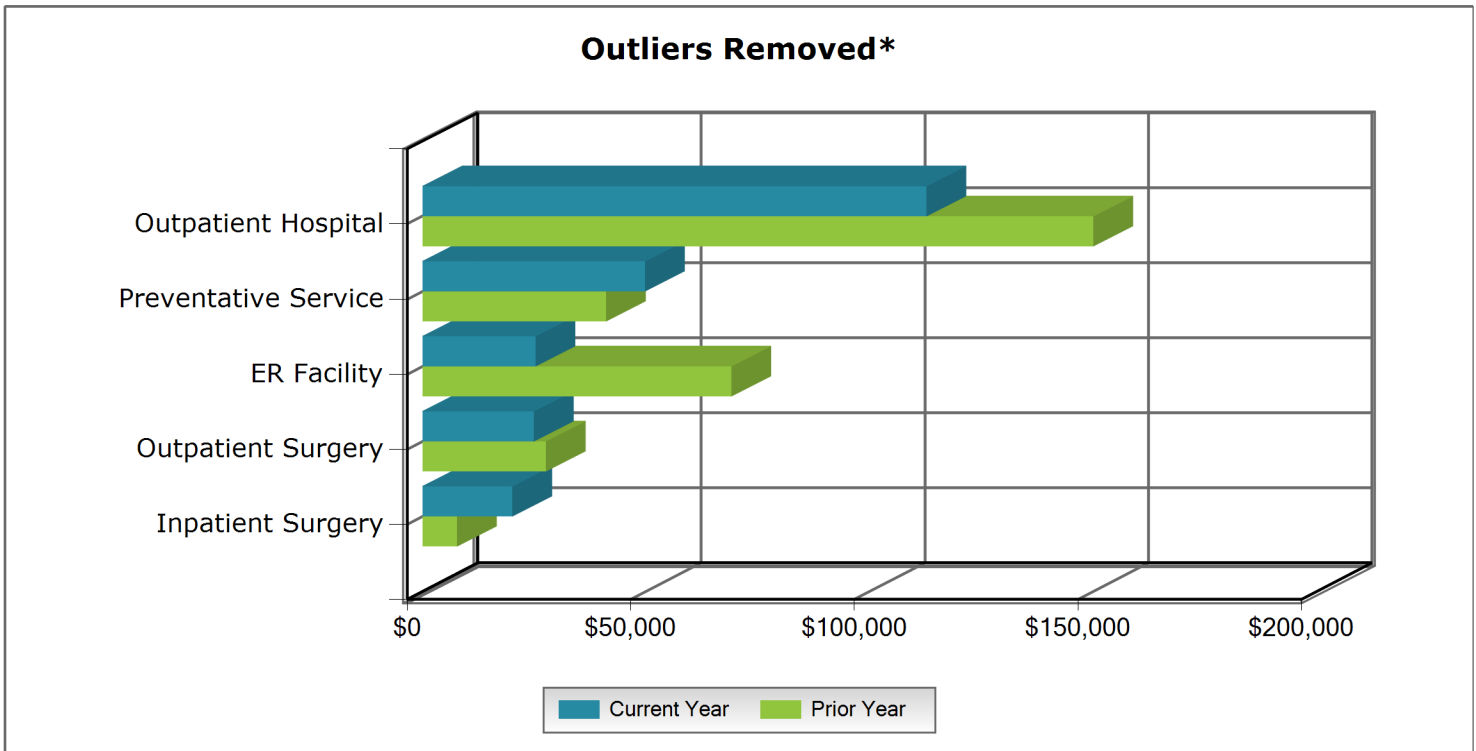
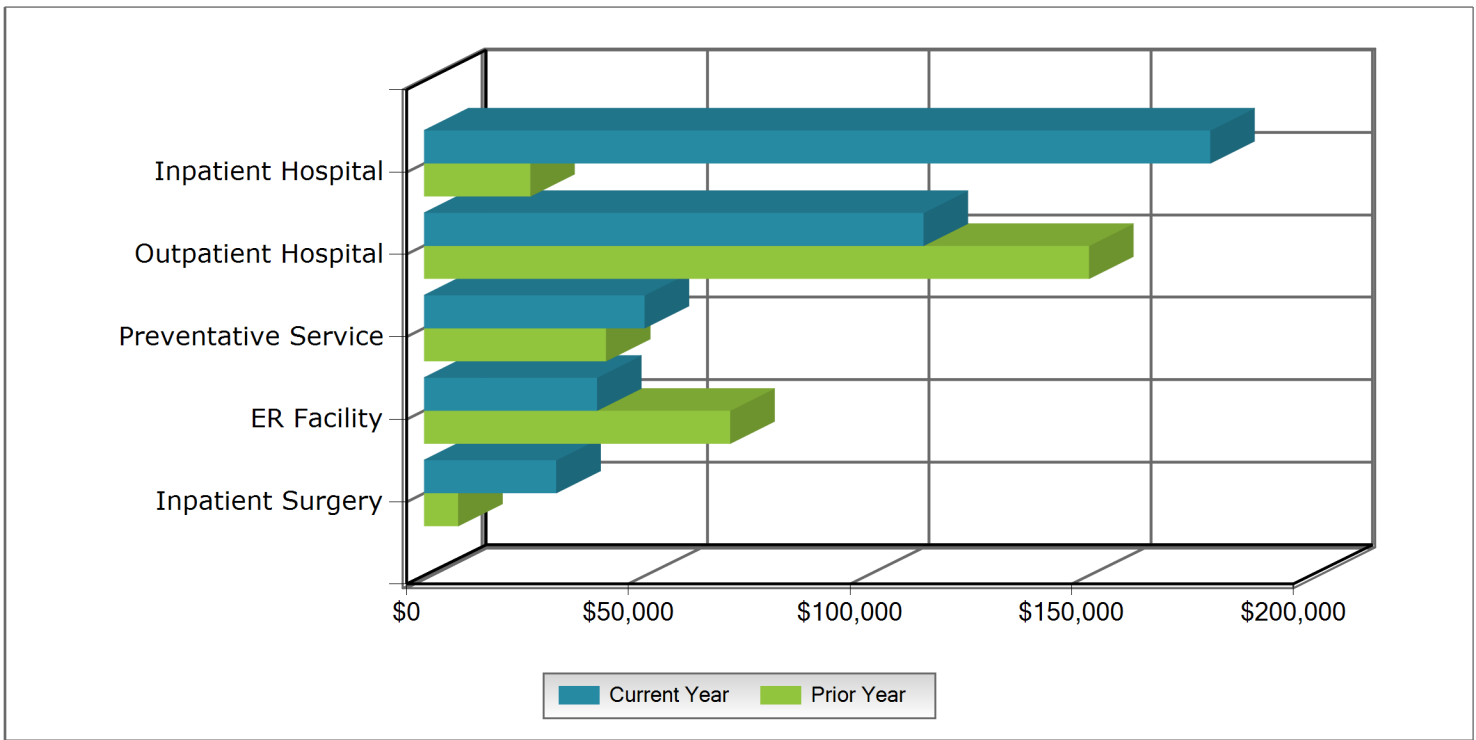
All claimants with claims in excess of \$50,000 have been removed

Type of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Outpatient Hospital	\$112,680	\$75.62	\$150,010	\$92.37	-18.1 %
Preventative Service	\$49,751	\$33.39	\$41,028	\$25.26	32.2 %
ER Facility	\$25,252	\$16.95	\$69,060	\$42.52	-60.1 %
Outpatient Surgery	\$24,881	\$16.70	\$27,566	\$16.97	-1.6 %
Inpatient Surgery	\$20,061	\$13.46	\$7,692	\$4.74	184.0 %
Inpatient Hospital	\$19,618	\$13.17	\$23,958	\$14.75	-10.7 %
Office Visit	\$7,765	\$5.21	\$12,889	\$7.94	-34.4 %
Injections	\$6,927	\$4.65	\$5,945	\$3.66	27.0 %
Equipment	\$3,778	\$2.54	\$11,114	\$6.84	-62.9 %
Other	\$3,557	\$2.39	\$52,990	\$32.63	-92.7 %
OT/PT/ST	\$2,654	\$1.78	\$2,430	\$1.50	18.7 %
CT/ PET Scan	\$2,325	\$1.56	\$8,834	\$5.44	-71.3 %
X-Ray	\$2,175	\$1.46	\$2,600	\$1.60	-8.8 %
MRI	\$2,044	\$1.37	\$14,026	\$8.64	-84.1 %
ER Visit	\$1,536	\$1.03	\$4,032	\$2.48	-58.5 %
Lab	\$876	\$0.59	\$2,367	\$1.46	-59.6 %
Chemo/Radiation	\$0	\$0.00	\$0	\$0.00	0.0 %
Chiropractic	\$0	\$0.00	\$489	\$0.30	-100.0 %
Psychotherapy	\$0	\$0.00	\$0	\$0.00	0.0 %
Claims Refunds	(\$2,662)	(\$1.79)	(\$120)	(\$0.07)	2,457.1 %
Med Total	\$283,217	\$190.08	\$436,911	\$269.03	-29.3 %
RX	\$0	\$0.00	\$0	\$0.00	0.0 %
RX Total	\$0	\$0.00	\$0	\$0.00	-100.0 %
Grand Total	\$283,217	\$190.08	\$436,911	\$269.03	-29.3 %

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

Place of Service

LHS EMPLOYEE BENEFIT TRUST

Place of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Inpatient Visit	\$220,506	\$147.40	\$33,799	\$20.81	608.3 %
Outpatient Hospital 22	\$172,530	\$115.33	\$222,022	\$136.71	-15.6 %
Emergency Room Facility	\$42,212	\$28.22	\$72,983	\$44.94	-37.2 %
Office Visit	\$35,808	\$23.94	\$44,775	\$27.57	-13.2 %
Ambulance-Land	\$6,504	\$4.35	\$0	\$0.00	0.0 %
Patient's Home	\$4,012	\$2.68	\$12,508	\$7.70	-65.2 %
Ambulatory Surgical Center	\$2,686	\$1.80	\$2,173	\$1.34	34.3 %
Independent Laboratory	\$1,518	\$1.01	\$3,392	\$2.09	-51.7 %
Urgent Care	\$1,353	\$0.90	\$774	\$0.48	87.5 %
Public Health Clinic	\$434	\$0.29	\$787	\$0.48	-39.6 %
Mobile Unit	\$162	\$0.11	\$648	\$0.40	-72.5 %
Independent Clinic	\$28	\$0.02	\$497	\$0.31	-93.5 %
Community Mental Health Center	\$0	\$0.00	\$0	\$0.00	0.0 %
Ambulance - Air or Water	\$0	\$0.00	\$41,675	\$25.66	-100.0 %
Rural Health Clinic	\$0	\$0.00	\$0	\$0.00	0.0 %
Skilled Nursing Facility	\$0	\$0.00	\$288	\$0.18	-100.0 %
Subtotal	\$487,753	\$326.04	\$436,320	\$268.67	21.4 %
Other Places of Service	(\$1,762)	(\$1.18)	\$590	\$0.36	-427.8 %
Med Total	\$485,990	\$324.86	\$436,911	\$269.03	20.8 %

Trend Analysis

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	\$8.68	\$115.81	\$67.38	(\$1.79)	\$0.00
Allowed Amount	\$50.50	\$296.50	\$228.96	\$0.00	\$0.00
Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$14.31	\$190.88	\$111.05	(\$2.94)	\$0.00
Allowed Amount	\$83.24	\$488.70	\$377.37	\$0.00	\$0.00

Prior Period

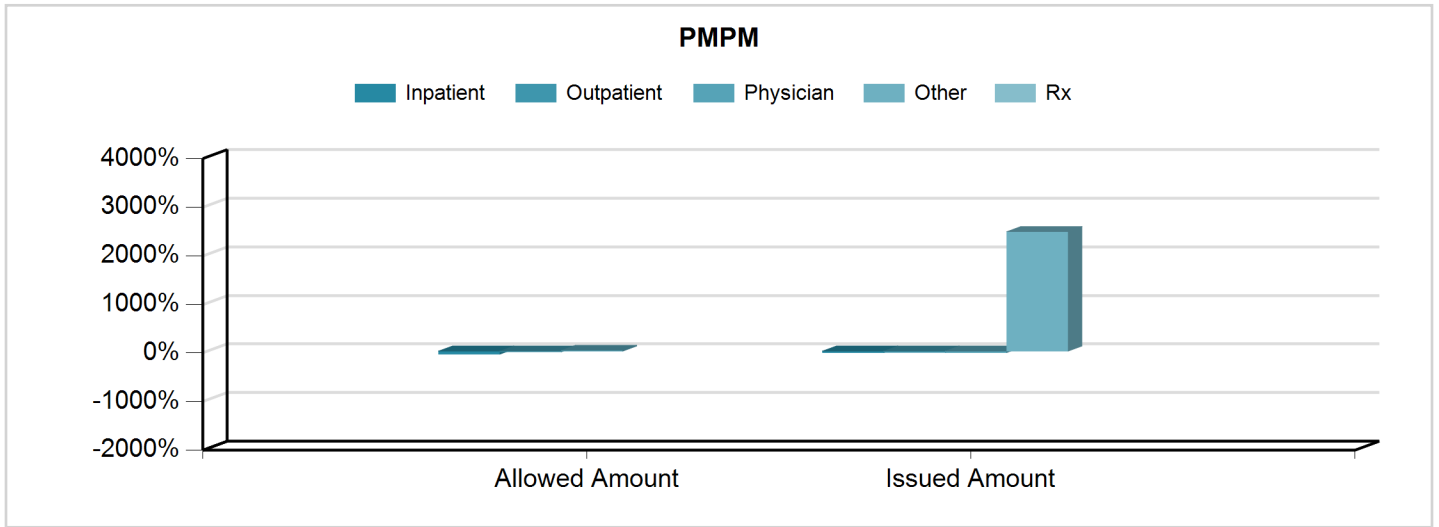
Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$12.53	\$160.50	\$96.08	(\$0.07)	\$0.00
Allowed Amount	\$134.08	\$323.18	\$227.08	\$0.00	\$0.00
Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$20.39	\$261.17	\$156.35	(\$0.12)	\$0.00
Allowed Amount	\$218.19	\$525.90	\$369.52	\$0.00	\$0.00

Trend Analysis

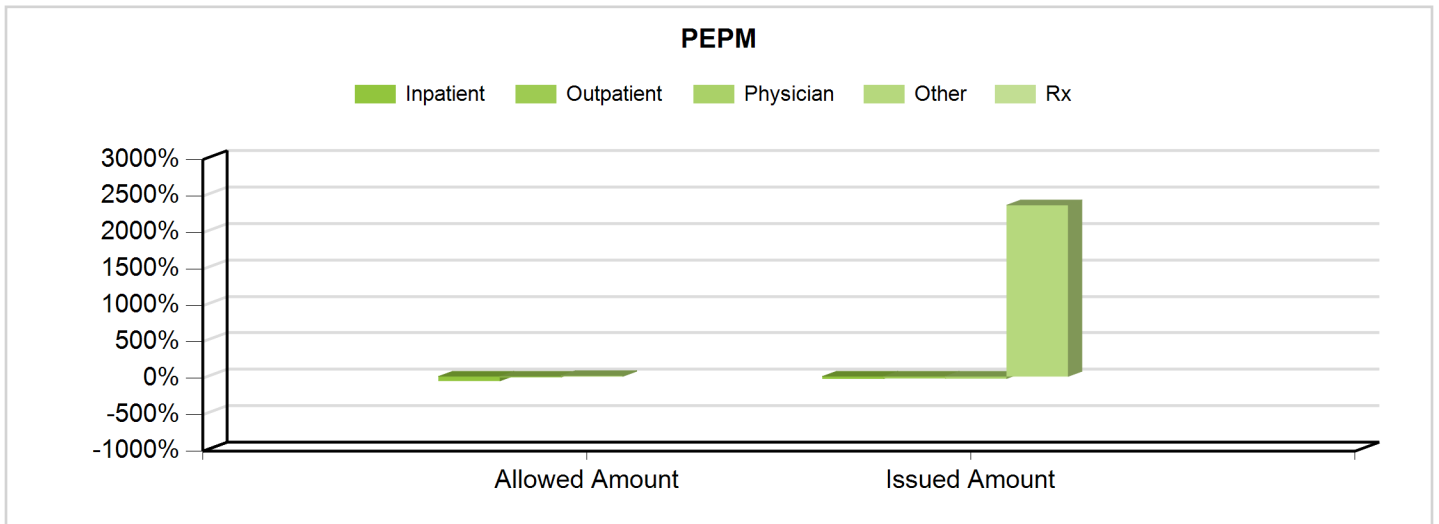
LHS EMPLOYEE BENEFIT TRUST

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

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	-30.7%	-27.8%	-29.9%	2457.1%	0.0%
Allowed Amount	-62.3%	-8.3%	0.8%	0.0%	0.0%

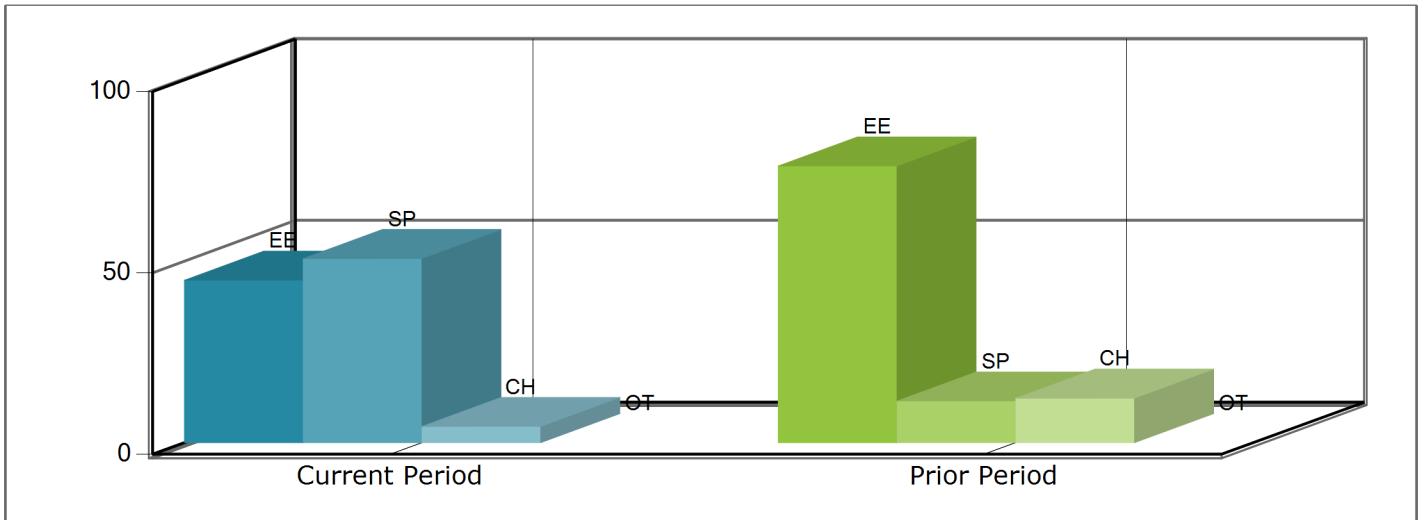


Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	-29.8%	-26.9%	-29.0%	2350.0%	0.0%
Allowed Amount	-61.8%	-7.1%	2.1%	0.0%	0.0%



Employee vs. Dependent Paid Claims

LHS EMPLOYEE BENEFIT TRUST



	Employee	Spouse	Child	Other**	Total
Current Period					
Total Med Issued	\$217,564	\$246,605	\$21,822	\$0	\$485,990
Percent of Total	44.8 %	50.7 %	4.5 %	0.0 %	
Total Number of Members*	455	107	187	0	749
Avg Paid per Member	\$478	\$2,305	\$117	\$0	\$649
Prior Period					
Total Med Issued	\$333,073	\$50,204	\$53,634	\$0	\$436,911
Percent of Total	76.2 %	11.5 %	12.3 %	0.0 %	
Total Number of Members*	499	113	200	0	812
Avg Paid per Member	\$667	\$444	\$268	\$0	\$538

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	11	618	10	629	1	0
5 - 9	0	0	0	0	0	0	0	0	0	21	324	18	54	0	0
10 - 14	0	0	0	0	0	0	0	0	0	19	860	21	446	2	0
15 - 19	0	0	1	0	0	0	0	0	0	19	1,255	33	1,181	0	3,269
20 - 24	0	0	5	135	0	0	0	0	0	16	4,977	12	8,081	0	0
25 - 29	9	0	26	4,048	0	3,045	3	184	2	0	1	126	0	0	0
30 - 34	12	293	31	2,801	4	3,245	2	0	0	0	0	0	0	0	0
35 - 39	11	143	31	1,261	5	1,834	7	9,878	0	0	0	0	0	1	0
40 - 44	12	678	24	52,828	6	9,791	5	55,930	0	0	0	0	0	2	0
45 - 49	7	186	41	69,846	8	84,888	4	169	0	0	0	0	0	1	0
50 - 54	18	5,761	52	12,945	14	8,961	8	32,147	0	0	0	0	0	0	0
55 - 59	18	4,244	57	3,490	14	2,438	5	9,804	0	0	0	0	0	2	9
60 - 64	21	26,703	52	20,867	14	23,712	2	0	0	0	0	0	0	5	175
65 - 69	5	9,085	10	1,695	3	0	0	0	0	0	0	0	0	0	0
70 +	1	92	3	290	1	570	0	0	0	0	0	0	0	0	0
	114	\$47,183	333	\$170,205	69	\$138,484	36	\$108,112	88	\$8,034	95	\$10,519	14	\$3,454	

GROUP COMPARISON*						
	CURRENT PERIOD			PRIOR PERIOD		
	ISSUED	MEMBERS	AVG ISSUED / MEMBER	ISSUED	MEMBERS	AVG ISSUED / MEMBER
Members Under 65	\$470,657	711	\$662	\$424,940	780	\$545
Members Over 65	\$11,880	21	\$566	\$8,476	21	\$404
Cobra/Continuation Coverage	\$3,454	16	\$216	\$3,495	11	\$318
	\$485,990	748	\$650	\$436,911	812	\$538

* 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	70	28,249	233	102,807	0	0	0	0	0	0	0	0	0	5	175
S	14	8,727	35	3,569	34	121,373	15	40,783	0	0	0	0	0	4	9
C	9	5,501	30	-184	0	0	0	0	29	5,366	37	8,790	0	3,269	
F	21	4,707	35	64,013	35	17,110	21	67,329	59	2,668	58	1,729	5	0	
	114	\$47,183	333	\$170,205	69	\$138,484	36	\$108,112	88	\$8,034	95	\$10,519	14	\$3,454	

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

Participation and Utilization Summary

LHS EMPLOYEE BENEFIT TRUST

Current Period								
PARTICIPATION AND UTILIZATION SUMMARY*								
<u>MONTH ISSUED</u>		<u>ISSUED</u>	<u>#CLAIMS</u>	<u>EMPLOYEES*</u>	<u>MEMBERS*</u>	<u>ISSUED/CLAIM</u>	<u>ISSUED/EMP</u>	<u>ISSUED/MEMBERS</u>
2016	July	202,625	188	454	746	1,078	446	272
2016	August	283,366	676	455	749	419	623	378
TOTALS/AVERAGES		485,990	432	455	748	1,125	1,069	650

Previous Period								
PARTICIPATION AND UTILIZATION SUMMARY*								
<u>MONTH ISSUED</u>		<u>ISSUED</u>	<u>#CLAIMS</u>	<u>EMPLOYEES*</u>	<u>MEMBERS*</u>	<u>ISSUED/CLAIM</u>	<u>ISSUED/EMP</u>	<u>ISSUED/MEMBERS</u>
2015	July	211,057	536	500	813	394	422	260
2015	August	225,854	414	497	810	546	454	279
TOTALS/AVERAGES		436,911	475	499	812	920	876	538

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

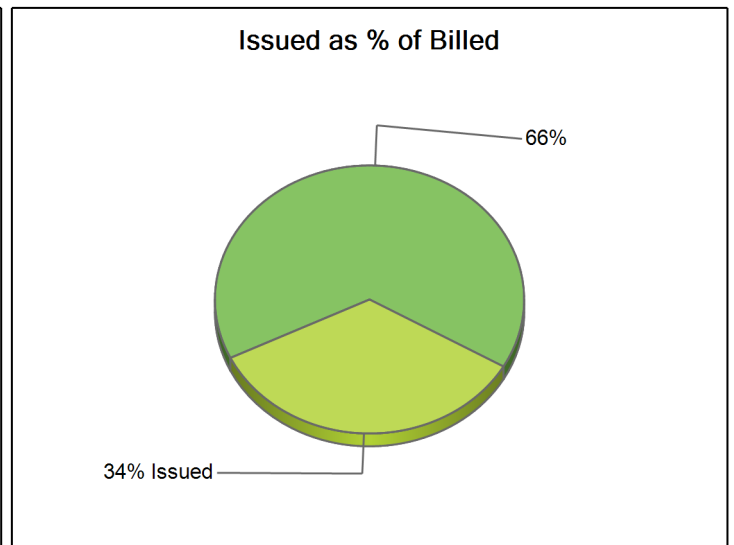
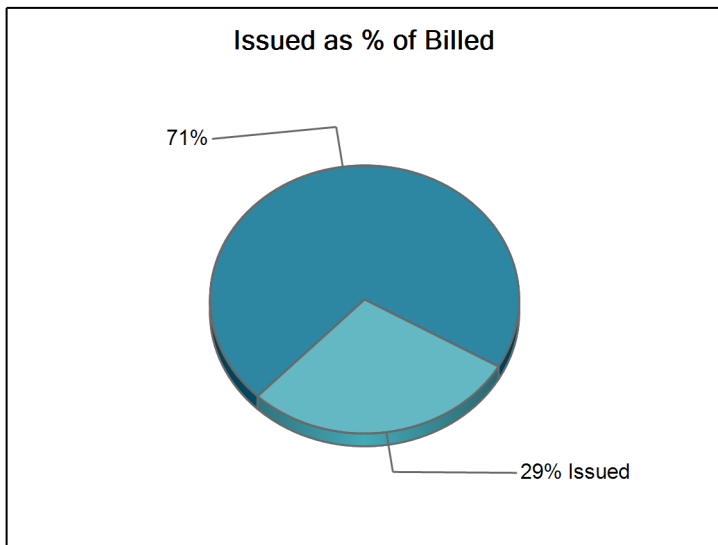
Benefit Payment Summary

LHS EMPLOYEE BENEFIT TRUST

SUBMITTED CLAIMS ANALYSIS				
	Current Period		Prior Period	
	Dollars	% of Allowable	Dollars	% of Allowable
Billed Charges	1,685,648		1,266,874	
Ineligible Charges	- 459,245		- 155,488	
Allowable Charges	= 1,226,402		= 1,111,386	
PPO Discount	- 653,275		- 593,193	
Covered Charges	= 573,127		= 518,193	
Deductibles	- 35,818	2.9 %	- 23,389	2.1 %
Copays	- 14,414	1.2 %	- 16,317	1.5 %
Coinsurance	- 34,597	2.8 %	- 41,470	3.7 %
COB Savings	- 141	0.0 %	- 122	0.0 %
Overpayment Recovered	- 2,167	0.2 %	- -15	0.0 %
Issued	= 485,990		= 436,911	

Current Period

Prior Period



Discount Analysis

LHS EMPLOYEE BENEFIT TRUST

Excluding Medicare Primary

IN-NETWORK	Current Period			Prior Period		
Major Service Category	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
IP Facility	\$324,168	\$163,164	50.3 %	\$217,752	\$191,250	87.8 %
OP Facility	\$463,438	\$238,100	51.4 %	\$506,053	\$223,763	44.2 %
Physician/Other*	\$416,757	\$243,571	58.4 %	\$357,849	\$173,638	48.5 %
Total:	\$1,204,363	\$644,835	53.5 %	\$1,081,653	\$588,652	54.4 %

Medicare Primary

IN-NETWORK	Current Period			Prior Period		
Major Service Category	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
OP Facility	\$0	\$0	0.0 %	\$0	\$0	0.0 %
Physician/Other*	\$0	\$0	0.0 %	\$0	\$0	0.0 %
Total:	\$0	\$0	0.0 %	\$0	\$0	0.0 %

Excluding Medicare Primary

OUT OF NETWORK	Current Period			Prior Period		
Major Service Category	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
IP Facility	\$6,400	\$2,768	43.3 %	\$0	\$0	0.0 %
OP Facility	\$0	\$0	0.0 %	\$18,796	\$3,759	20.0 %
Physician/Other*	\$15,639	\$5,672	36.3 %	\$10,937	\$782	7.2 %
Total:	\$22,039	\$8,440	38.3 %	\$29,733	\$4,541	15.3 %

Medicare Primary

OUT OF NETWORK	Current Period			Prior Period		
Major Service Category	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