

# Sample Self-Funded Dental Reporting Package

The material that follows is being furnished for illustrative purposes only. Actual contractual material used in administering the plan may be adjusted to reflect specific plan requirements.





# **Dental Network Savings Report**

Sample

ABC Company  
Customer Number: 999999  
MetLife Dental Network Savings Report(External)  
Paid from 01/01/2016 to 12/31/2016



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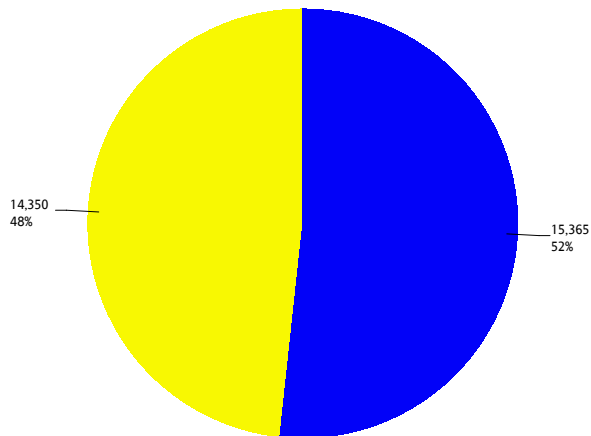
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Sample

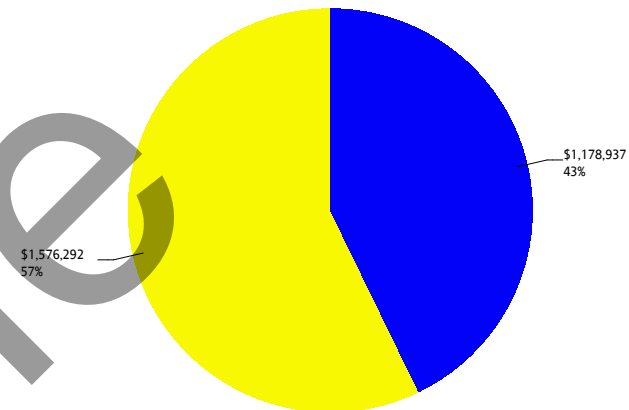
ABC Company  
 Customer Number: 999999  
 MetLife Dental Network Savings Report(External)  
 Paid from 01/01/2016 to 12/31/2016  
 Overview for Customer - 999999



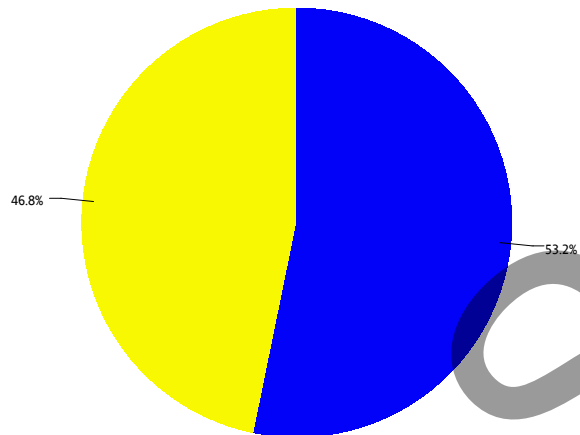
Services Rendered



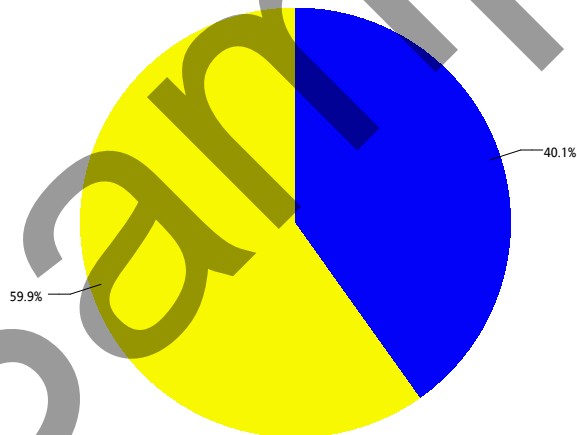
Total Payments



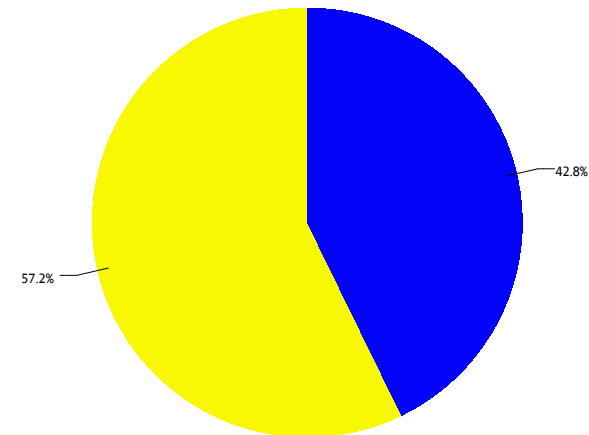
In Network Penetration  
by Services Rendered



In Network Penetration  
by Charges



In Network Penetration  
by Benefits Paid

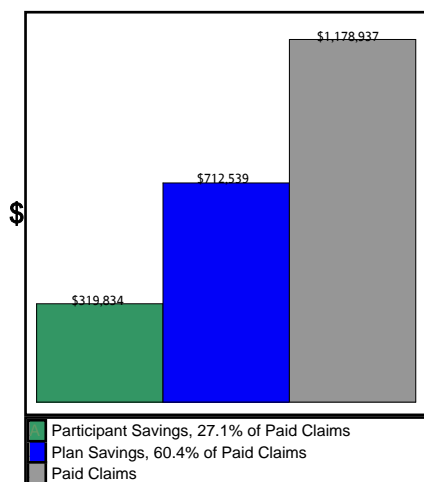


■ PDP Plus ■ Out of Network

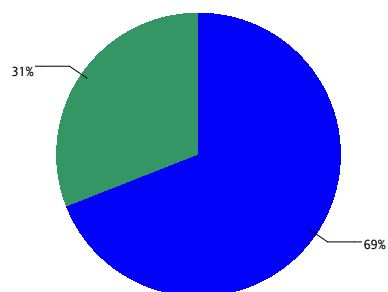
Penetration rates exclude repetitive orthodontia

ABC Company  
 Customer Number: 999999  
 MetLife Dental Network Savings Report(External)  
 Paid from 01/01/2016 to 12/31/2016  
Overview for Customer - 999999

Savings Comparison for  
 PDP Plus  
 Paid Benefits



Savings Split For  
 PDP Plus



■ Plan Savings ■ Participant Savings

**ABC Company**  
**MetLife Dental Network Savings Report(External)**  
**Group By Customer - 999999**



**Summary of PDP Plus Savings**  
**Period: 01/01/2016 through 12/31/2016**

Procedure Class	PDP Plus					Out of Network					PDP Plus Savings		
	Count	Charges	Benefit Paid	Average Charge	Average Benefit Paid	Count	Charges	Benefit Paid	Average Charge	Average Benefit Paid	Total Savings	Plan Savings	Participant Savings
Periodic Exam (ADA code 120)	2,899	\$98,656	\$97,486	\$34.03	\$33.63	3,009	\$154,571	\$144,690	\$51.37	\$48.09	\$50,264	\$49,649	\$615
Adult Prophylaxis (code 1110)	3,132	\$227,524	\$224,198	\$72.64	\$71.58	3,161	\$343,977	\$323,054	\$108.82	\$102.20	\$113,297	\$111,604	\$1,693
Preventive (except code 1110)	1,601	\$75,806	\$75,670	\$47.35	\$47.26	1,152	\$76,735	\$73,816	\$66.61	\$64.08	\$33,699	\$33,648	\$51
Diagnostic (except code 120)	3,417	\$151,607	\$148,413	\$44.37	\$43.43	2,806	\$219,286	\$202,195	\$78.15	\$72.06	\$117,994	\$116,127	\$1,867
Restorative, Basic	1,533	\$188,180	\$133,495	\$122.75	\$87.08	1,489	\$340,650	\$211,469	\$228.78	\$142.02	\$163,677	\$115,065	\$48,612
Restorative, Major	538	\$335,408	\$156,921	\$623.44	\$291.67	526	\$579,905	\$224,235	\$1,102.48	\$426.30	\$230,530	\$107,232	\$123,298
Endodontics	136	\$114,754	\$85,062	\$843.78	\$625.45	94	\$115,606	\$76,984	\$1,229.85	\$818.98	\$54,763	\$40,258	\$14,505
Periodontics	666	\$95,676	\$66,209	\$143.66	\$99.41	642	\$183,933	\$117,672	\$286.50	\$183.29	\$63,130	\$42,674	\$20,456
Oral Surgery	472	\$97,045	\$63,378	\$205.60	\$134.28	302	\$127,631	\$70,396	\$422.62	\$233.10	\$70,604	\$45,153	\$25,451
Prosthodontics, Fixed	47	\$36,751	\$11,795	\$781.94	\$250.96	24	\$29,694	\$7,917	\$1,237.25	\$329.89	\$21,106	\$6,589	\$14,517
Prosthodontics, Removable	37	\$28,558	\$13,883	\$771.84	\$375.21	13	\$13,936	\$4,811	\$1,072.00	\$370.05	\$20,104	\$9,445	\$10,659
Implant Services	105	\$116,886	\$39,132	\$1,113.20	\$372.68	102	\$169,600	\$55,647	\$1,662.75	\$545.56	\$47,934	\$15,378	\$32,556
Adjunctive General Services	145	\$23,727	\$11,596	\$163.64	\$79.97	95	\$25,685	\$10,372	\$270.37	\$109.18	\$11,955	\$7,326	\$4,629
Initial Ortho Workup (code 8999)	12	\$2,473	\$1,112	\$206.08	\$92.62	7	\$1,761	\$876	\$251.57	\$125.07	\$546	\$245	\$301
Repetitive Orthodontics	625	\$133,353	\$50,588	\$213.36	\$80.94	928	\$231,755	\$52,158	\$249.74	\$56.20	\$32,770	\$12,146	\$20,624
Tax	0	\$0	\$0	\$0.00	\$0.00	0	\$0	\$0	\$0.00	\$0.00	\$0	\$0	\$0
<b>Total</b>	<b>15,365</b>	<b>\$1,726,405</b>	<b>\$1,178,937</b>	<b>\$112.36</b>	<b>\$76.73</b>	<b>14,350</b>	<b>\$2,614,726</b>	<b>\$1,576,292</b>	<b>\$182.21</b>	<b>\$109.85</b>	<b>\$1,032,373</b>	<b>\$712,539</b>	<b>\$319,834</b>

In-Network Penetration			
Procedure Class	Count	Charges	Benefit Paid
Periodic Exam (ADA code 120)	49.1%	39.0%	40.3%
Adult Prophylaxis (code 1110)	49.8%	39.8%	41.0%
Preventive (except code 1110)	58.2%	49.7%	50.6%
Diagnostic (except code 120)	54.9%	40.9%	42.3%
Restorative, Basic	50.7%	35.6%	38.7%
Restorative, Major	50.6%	36.6%	41.2%
Endodontics	59.1%	49.8%	52.5%
Periodontics	50.9%	34.2%	36.0%
Oral Surgery	61.0%	43.2%	47.4%
Prosthodontics, Fixed	66.2%	55.3%	59.8%
Prosthodontics, Removable	74.0%	67.2%	74.3%
Implant Services	50.7%	40.8%	41.3%
Adjunctive General Services	60.4%	48.0%	52.8%
Initial Ortho Workup (code 8999)	63.2%	58.4%	55.9%
Repetitive Orthodontics	40.2%	36.5%	49.2%
Tax	0.0%	0.0%	0.0%
<b>Total</b>	<b>51.7%</b>	<b>39.8%</b>	<b>42.8%</b>
<b>In-Network Penetration</b>	<b>53.2%</b>	<b>40.1%</b>	<b>42.8%</b>

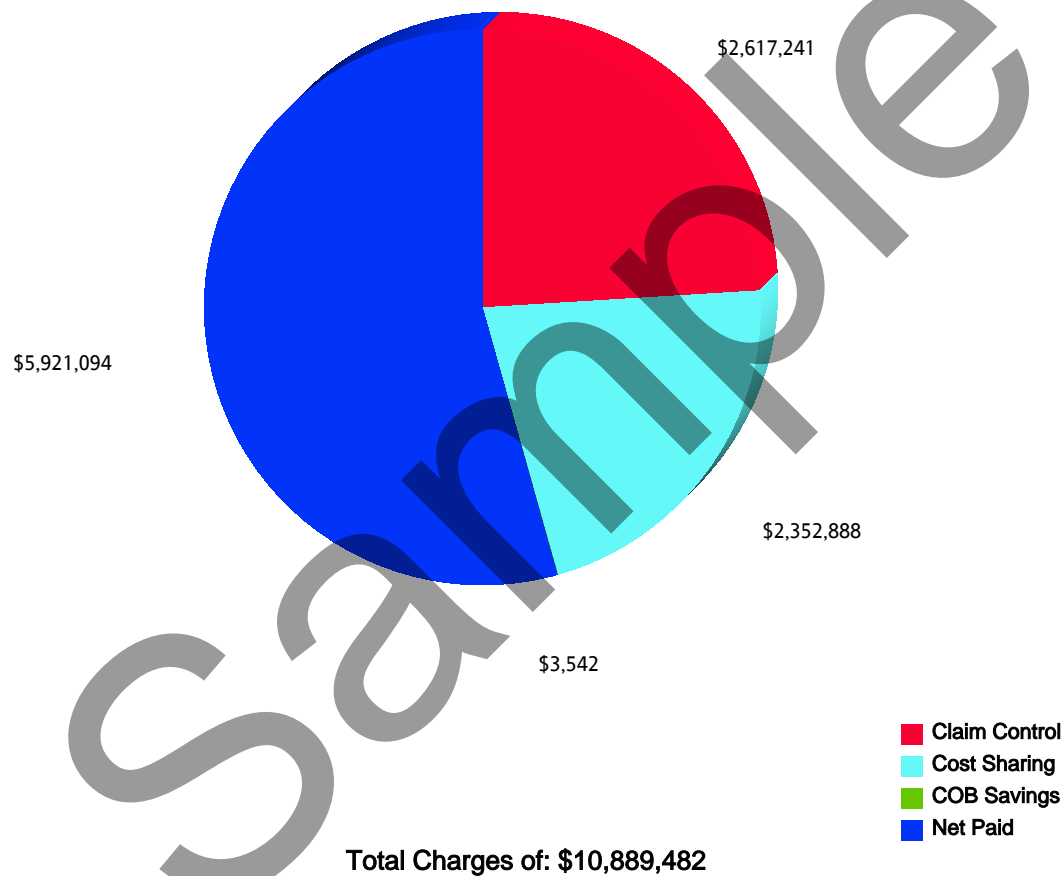
Plan Savings Percentage	20.5%
In-Network Penetration	53.2%
Implicit Discount	38.6%



# **Utilization of Dental Procedures Report**

Sample

# ABC Utilization of Dental Procedures (External)



This report illustrates how ABC employees utilized their dental plan during the above period of time. This overview can be used to focus on certain plan design changes that will shift costs between the employer and employee/patient.



ABC  
Utilization of Dental Procedures (External)  
Summary of Dental Claim Experience

Report Group By: Customer Customer #: xxxxxxxx

Period: 1/1/20XX through 1/31/20XX

Row	Total		Original Paid		Adjusted Paid		Denied	
	Percentage of Total	Percentage of Charges	Percentage of Total	Percentage of Charges	Percentage of Total	Percentage of Charges	Percentage of Total	Percentage of Charges
(1) # of Claims	32,999	100.0%	29,060	88.1%	708	2.1%	3,231	9.8%
(2) # of Procedures	85,806	100.0%	71,526	83.4%	1,444	1.7%	12,836	15.0%
(3) Charges	\$10,889,482	100.0%	\$8,226,020	75.5%	\$57,293	0.5%	\$2,606,169	23.9%
(4) <u>Cutbacks: Claim Controls ((4a)+(4b)+(4c)+(4d)+(4e))</u>	\$2,617,241	100.0%	\$257,624	9.8%	-\$170,879	-6.5%	\$2,530,495	96.7%
(4a) Decline	\$2,530,495	23.2%	\$0	0.0%	\$0	0.0%	\$2,530,495	97.1%
(4b) R&C	\$64,815	0.6%	\$155,964	1.9%	-\$91,149	-159.1%	\$0	0.0%
(4c) Profile	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%
(4d) Schedule Plans	\$18,999	0.2%	\$19,594	0.2%	-\$595	-1.0%	\$0	0.0%
(4e) Other Cutbacks	\$2,931	0.0%	\$82,066	1.0%	-\$79,135	-138.1%	\$0	0.0%
(5) Covered Expense ((3)-(4))	\$8,272,241	100.0%	\$7,968,396	96.3%	\$228,172	2.8%	\$75,674	0.9%
(6) <u>Cutbacks: Cost Sharing ((6a)+(6b)+(6c)+(6d)+(6e))</u>	\$2,352,888	100.0%	\$2,182,644	92.8%	\$94,570	4.0%	\$75,674	3.2%
(6a) Deductible	\$36,587	100.0%	\$34,887	95.4%	\$1,700	4.6%	\$0	0.0%
(6b) Coinsurance	\$1,954,996	100.0%	\$1,870,309	95.7%	\$81,849	4.2%	\$2,839	0.1%
(6c) Excess Maximum	\$260,614	100.0%	\$229,137	87.9%	\$31,477	12.1%	\$0	0.0%
(6d) Non Duplication	\$52,732	100.0%	\$37,858	71.8%	\$11,270	21.4%	\$3,603	6.8%
(6e) Other Cutbacks	\$47,960	100.0%	\$10,454	21.8%	-\$31,725	-66.1%	\$69,232	144.4%
(7) Total Cutbacks ((4)+(6))	\$4,970,129	100.0%	\$2,440,268	49.1%	-\$76,309	-1.5%	\$2,606,169	52.4%
(8) Benefits Paid ((5)-(6))	\$5,919,353	100.0%	\$5,785,751	97.7%	\$133,602	2.3%	\$0	0.0%
(9) COB Savings	\$3,542	100.0%	\$3,542	100.0%	\$0	0.0%	\$0	0.0%
(10) Other Adjustments	-\$5,282	100.0%	-\$3,814	72.2%	-\$991	18.8%	-\$477	9.0%
(11) Net Paid ((8)-(9)-(10))	\$5,921,094	100.0%	\$5,786,024	97.7%	\$134,593	2.3%	\$477	0.0%
(12) Charge Per Claim ((3)/(1))	\$329.99		\$283.07		\$80.92		\$806.61	
(13) Net Paid Per Claim ((11)/(1))	\$179.43		\$199.11		\$190.10		\$0.15	
(14) Charge Per Procedure ((3)/(2))	\$126.91		\$115.01		\$39.68		\$203.04	
(15) Net Paid Per Procedure ((11)/(2))	\$69.01		\$80.89		\$93.21		\$0.04	
(16) # of Procedures Per Claim ((2)/(1))	2.60		2.46		2.04		3.97	

ABC  
Utilization of Dental Procedures (External)  
Summary of Dental Claim Experience by Procedure Class

Report Group By: Customer Customer #: xxxxxx

Period: 1/1/20XX through 1/31/20XX

	Preventive	Diagnostic	Restorative	Maxillofacial Prosthetics	Endodontics	Periodontics	Oral Surgery	Prosthodontics, Fixed (e.g., bridges)	Prosthodontics, Removable (e.g., dentures)	Implants	Adjunctive Gen. Services	Orthodontics	Other	Total
(1) # of Procedures {(1a)+(1b)+(1c)} as a percent of total procedures	24,994 29.1%	37,871 44.1%	10,087 11.8%	8 0.0%	727 0.8%	3,589 4.2%	2,154 2.5%	307 0.4%	108 0.1%	884 1.0%	1,805 2.1%	3,161 3.7%	102 0.1%	85,808 100.0%
(1a) Paid	22,177	33,202	8,301	0	550	2,083	1,445	200	69	524	806	2,082	87	71,526
(1b) Adjusted	214	432	293	0	31	173	133	22	4	96	32	6	8	1,444
(1c) Denied	2,603	4,237	1,493	8	146	1,333	576	85	35	264	967	1,073	7	12,836
(2) Charges as a percent of total charges	\$1,662,546 15.3%	\$1,699,502 15.6%	\$3,027,029 27.8%	\$2,529 0.0%	\$511,312 4.7%	\$567,092 5.2%	\$567,578 5.2%	\$275,748 2.5%	\$76,273 0.7%	\$879,347 8.1%	\$322,070 3.0%	\$1,296,203 11.9%	\$958 0.0%	\$10,889,482 100.0%
(3) <u>Outbacks: Claim Controls {(3a)+(3b)+(3c)+(3d)+(3e)}</u>	\$191,196	\$267,409	\$628,684	\$2,529	\$88,994	\$205,952	\$142,343	\$72,270	\$17,395	\$239,454	\$131,698	\$627,911	\$111	\$2,617,241
(3a) Decline	\$154,322	\$217,810	\$588,111	\$2,529	\$78,314	\$210,936	\$160,635	\$77,755	\$15,537	\$268,861	\$126,876	\$627,391	\$123	\$2,530,495
(3b) R&C	\$17,308	\$25,586	\$31,947	\$0	\$6,707	\$3,759	-\$11,690	\$670	\$1,858	-\$12,208	\$595	\$283	\$0	\$64,815
(3c) Profile	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3d) Schedule Plans	\$3,352	\$4,913	\$7,790	\$0	\$0	\$1,427	\$158	\$0	\$0	\$0	\$140	\$1,219	\$0	\$18,999
(3e) Other Outbacks	\$16,213	\$19,101	\$835	\$0	\$3,973	-\$10,170	-\$6,759	-\$6,155	\$0	-\$17,199	\$4,087	-\$982	-\$12	\$2,931
(4) Covered Expense {(2)-(3)} as a percent of total covered expenses	\$1,471,350 17.8%	\$1,432,092 17.3%	\$2,398,345 29.0%	\$0 0.0%	\$422,319 5.1%	\$361,140 4.4%	\$425,235 5.1%	\$203,478 2.5%	\$58,878 0.7%	\$639,893 7.7%	\$190,372 2.3%	\$668,292 8.1%	\$848 0.0%	\$8,272,241 100.0%
(5) <u>Outbacks: Cost Sharing {(5a)+(5b)+(5c)+(5d)+(5e)}</u>	\$60,600	\$66,139	\$811,094	\$0	\$169,400	\$145,768	\$172,967	\$119,809	\$22,866	\$305,178	\$68,878	\$410,140	\$49	\$2,352,888
(5a) Deductible	\$449	\$797	\$18,873	\$0	\$2,100	\$7,230	\$2,897	\$300	\$450	\$1,410	\$1,881	\$200	\$0	\$36,587
(5b) Coinsurance	\$44,539	\$52,060	\$719,115	\$0	\$165,911	\$129,378	\$154,695	\$76,381	\$22,860	\$236,851	\$63,412	\$299,792	\$0	\$1,954,996
(5c) Excess Maximum	\$8,909	\$7,793	\$66,840	\$0	\$8,556	\$10,282	\$11,764	\$34,573	\$221	\$69,314	\$3,440	\$38,899	\$23	\$260,614
(5d) Non Duplication	\$6,883	\$6,574	\$14,396	\$0	\$4,559	\$2,569	\$4,922	\$1,130	\$1,067	\$5,250	\$1,524	\$3,855	\$3	\$52,732
(5e) Other Outbacks	-\$181	-\$1,085	-\$8,130	\$0	-\$1,727	-\$3,690	-\$1,310	\$7,425	-\$1,732	-\$7,647	-\$1,380	\$67,395	\$23	\$47,960
(6) Total Outbacks {(3)+(5)}	\$251,796	\$333,548	\$1,439,778	\$2,529	\$258,394	\$351,720	\$315,311	\$192,079	\$40,261	\$544,632	\$200,575	\$1,038,051	\$160	\$4,970,129
(7) Benefits Paid {(4)-(5)} as a percent of total benefits paid	\$1,410,750 23.8%	\$1,365,954 23.1%	\$1,587,251 26.8%	\$0 0.0%	\$252,919 4.3%	\$215,372 3.6%	\$252,268 4.3%	\$83,669 1.4%	\$36,012 0.6%	\$334,715 5.7%	\$121,495 2.1%	\$258,152 4.4%	\$798 0.0%	\$5,919,353 100.0%
(8) COB Savings	\$765	\$546	\$697	\$0	\$884	\$56	\$363	\$0	\$136	\$0	\$86	\$5	\$5	\$3,542
(9) Other Adjustments	-\$2,165	-\$2,686	-\$1,435	\$0	-\$62	\$2,325	-\$2,118	-\$367	\$1,355	-\$362	\$64	\$185	-\$16	-\$5,282
(10) Net Paid {(7)-(8)-(9)} as a percent of total net paid	\$1,412,150 23.8%	\$1,368,094 23.1%	\$1,587,990 26.8%	\$0 0.0%	\$252,096 4.3%	\$212,990 3.6%	\$254,023 4.3%	\$84,036 1.4%	\$34,521 0.6%	\$335,077 5.7%	\$121,344 2.0%	\$257,962 4.4%	\$810 0.0%	\$5,921,094 100.0%
(11) Charge Per Procedure {(2)/(1)}	\$66.52	\$44.88	\$300.09	\$316.09	\$703.32	\$158.01	\$263.50	\$898.20	\$706.23	\$994.74	\$178.43	\$410.06	\$9.40	\$126.91
(12) Net Paid Per Procedure {(10)/(1)}	\$56.50	\$36.13	\$157.43	\$0.00	\$346.76	\$59.35	\$117.93	\$273.73	\$319.64	\$379.05	\$67.23	\$81.61	\$7.94	\$69.01
(13) Claim Control Outbacks as a Percentage of Charges	11.5%	15.7%	20.8%	100.0%	17.4%	36.3%	25.1%	26.2%	22.8%	27.2%	40.9%	48.4%	11.6%	24.0%
(13a) Decline {(3a)/(2)}	9.3%	12.8%	19.4%	100.0%	15.3%	37.2%	28.3%	28.2%	20.4%	30.6%	39.4%	48.4%	12.8%	23.2%
(13b) R&C {(3b)/(2)}	1.0%	1.5%	1.1%	0.0%	1.3%	0.7%	-2.1%	0.2%	2.4%	-1.4%	0.2%	0.0%	0.0%	0.6%
(13c) Profile {(3c)/(2)}	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(13d) Schedule Plans {(3d)/(2)}	0.2%	0.3%	0.3%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%
(14) Cost Sharing Outbacks as a Percentage of Charges	3.6%	3.9%	26.8%	0.0%	33.1%	25.7%	30.5%	43.4%	30.0%	34.7%	21.4%	31.6%	5.1%	21.6%
(14a) Deductible {(5a)/(2)}	0.0%	0.0%	0.6%	0.0%	0.4%	1.3%	0.5%	0.1%	0.6%	0.2%	0.6%	0.0%	0.0%	0.3%
(14b) Coinsurance {(5b)/(2)}	2.7%	3.1%	23.8%	0.0%	30.5%	22.8%	27.3%	27.7%	30.0%	26.9%	19.7%	23.1%	0.0%	18.0%
(14c) Excess Maximum {(5c)/(2)}	0.5%	0.5%	2.2%	0.0%	1.7%	1.8%	2.1%	12.5%	0.3%	7.9%	1.1%	3.0%	2.4%	2.4%
(14d) Non Duplication {(5d)/(2)}	0.4%	0.4%	0.5%	0.0%	0.9%	0.5%	0.9%	0.4%	1.4%	0.6%	0.5%	0.3%	0.3%	0.5%
(15) Total Outbacks as a % of Charges {(13)+(14)/(2)}	15.1%	19.6%	47.6%	100.0%	50.5%	62.0%	55.6%	69.7%	52.8%	61.9%	62.3%	80.1%	16.7%	45.6%
(16) Benefits Paid as a % of Charges {(7)/(2)}	84.9%	80.4%	52.4%	0.0%	49.5%	38.0%	44.4%	30.3%	47.2%	38.1%	37.7%	19.9%	83.3%	54.4%
(17) COB Savings as a % of Charges {(8)/(2)}	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%	0.2%	0.0%	0.0%	0.0%	0.5%	0.0%
(18) Other Adjustments as a % of Charges {(9)/(2)}	-0.1%	-0.2%	0.0%	0.0%	0.0%	0.4%	-0.4%	-0.1%	1.8%	0.0%	0.0%	0.0%	-1.7%	0.0%
(19) Net Paid as a % of Charges {(10)/(2)}	84.9%	80.5%	52.5%	0.0%	49.3%	37.6%	44.8%	30.5%	45.3%	38.1%	37.7%	19.9%	84.5%	54.4%

ABC  
Utilization of Dental Procedures (External)

Paid From: 01/01/20XX To : 01/31/20XX

Customer: xxxxxxxx

**Report Parameters:**

Customer Number: xxxxxxxx

Experience: All

Group: All

Subdivision: All

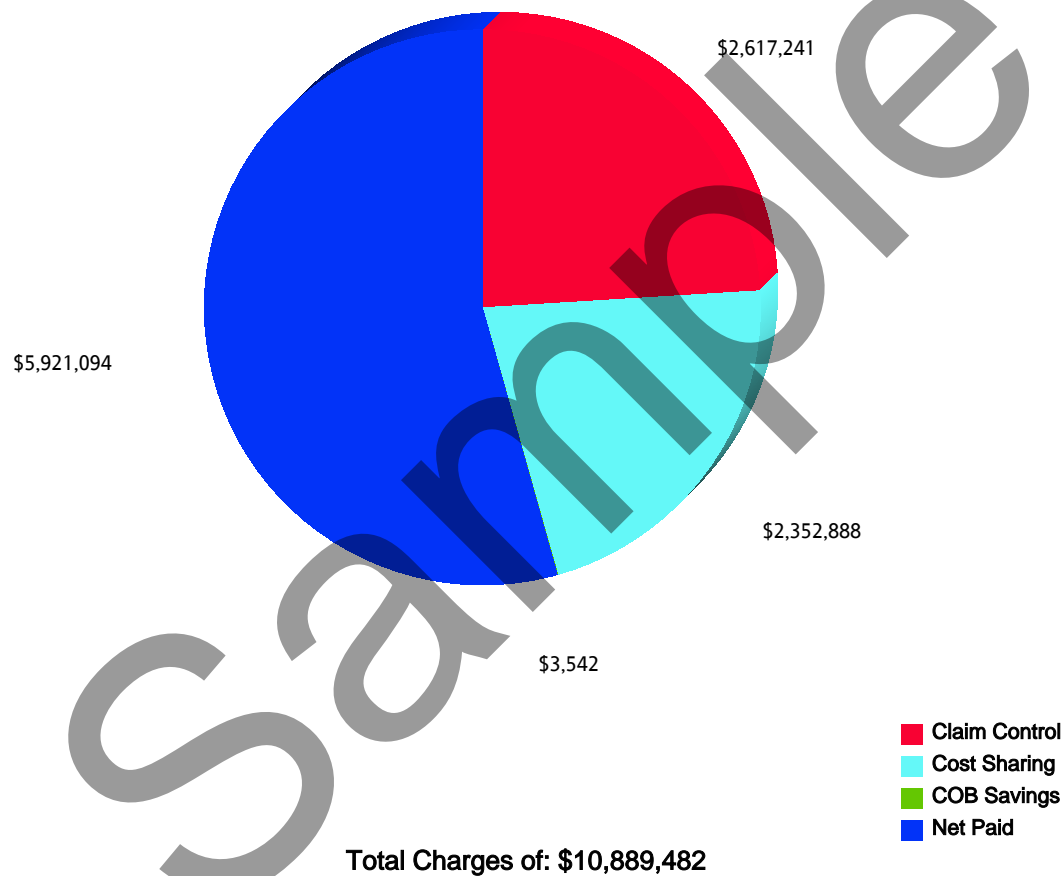
Branch: All

Plan: All

Organized By: Customer

\*\*\*If this is the only page you received please return to Edit this Report Package and review your parameter selections from the 'Re-run the Report Package Wizard' option.

# ABC Utilization of Dental Procedures (External)



This report illustrates how ABC employees utilized their dental plan during the above period of time. This overview can be used to focus on certain plan design changes that will shift costs between the employer and employee/patient.

ABC  
Utilization of Dental Procedures (External)  
Summary of Dental Claim Experience

Report Group By: Customer Customer #: xxxxxxxx

Period: 1/1/20XX through 1/31/20XX

Row	Total		Original Paid		Adjusted Paid		Denied	
	Percentage of Total	Percentage of Charges	Percentage of Total	Percentage of Charges	Percentage of Total	Percentage of Charges	Percentage of Total	Percentage of Charges
(1) # of Claims	32,999	100.0%	29,060	88.1%	708	2.1%	3,231	9.8%
(2) # of Procedures	85,806	100.0%	71,526	83.4%	1,444	1.7%	12,836	15.0%
(3) Charges	\$10,889,482	100.0%	\$8,226,020	75.5%	\$57,293	0.5%	\$2,606,169	23.9%
(4) <u>Cutbacks: Claim Controls ((4a)+(4b)+(4c)+(4d)+(4e))</u>	\$2,617,241	100.0%	\$257,624	9.8%	-\$170,879	-6.5%	\$2,530,495	96.7%
(4a) Decline	\$2,530,495	23.2%	\$0	0.0%	\$0	0.0%	\$2,530,495	97.1%
(4b) R&C	\$64,815	0.6%	\$155,964	1.9%	-\$91,149	-159.1%	\$0	0.0%
(4c) Profile	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%
(4d) Schedule Plans	\$18,999	0.2%	\$19,594	0.2%	-\$595	-1.0%	\$0	0.0%
(4e) Other Cutbacks	\$2,931	0.0%	\$82,066	1.0%	-\$79,135	-138.1%	\$0	0.0%
(5) Covered Expense ((3)-(4))	\$8,272,241	100.0%	\$7,968,396	96.3%	\$228,172	2.8%	\$75,674	0.9%
(6) <u>Cutbacks: Cost Sharing ((6a)+(6b)+(6c)+(6d)+(6e))</u>	\$2,352,888	100.0%	\$2,182,644	92.8%	\$94,570	4.0%	\$75,674	3.2%
(6a) Deductible	\$36,587	100.0%	\$34,887	95.4%	\$1,700	4.6%	\$0	0.0%
(6b) Coinsurance	\$1,954,996	100.0%	\$1,870,309	95.7%	\$81,849	4.2%	\$2,839	0.1%
(6c) Excess Maximum	\$260,614	100.0%	\$229,137	87.9%	\$31,477	12.1%	\$0	0.0%
(6d) Non Duplication	\$52,732	100.0%	\$37,858	71.8%	\$11,270	21.4%	\$3,603	6.8%
(6e) Other Cutbacks	\$47,960	100.0%	\$10,454	21.8%	-\$31,725	-66.1%	\$69,232	144.4%
(7) Total Cutbacks ((4)+(6))	\$4,970,129	100.0%	\$2,440,268	49.1%	-\$76,309	-1.5%	\$2,606,169	52.4%
(8) Benefits Paid ((5)-(6))	\$5,919,353	100.0%	\$5,785,751	97.7%	\$133,602	2.3%	\$0	0.0%
(9) COB Savings	\$3,542	100.0%	\$3,542	100.0%	\$0	0.0%	\$0	0.0%
(10) Other Adjustments	-\$5,282	100.0%	-\$3,814	72.2%	-\$991	18.8%	-\$477	9.0%
(11) Net Paid ((8)-(9)-(10))	\$5,921,094	100.0%	\$5,786,024	97.7%	\$134,593	2.3%	\$477	0.0%
(12) Charge Per Claim ((3)/(1))	\$329.99		\$283.07		\$80.92		\$806.61	
(13) Net Paid Per Claim ((11)/(1))	\$179.43		\$199.11		\$190.10		\$0.15	
(14) Charge Per Procedure ((3)/(2))	\$126.91		\$115.01		\$39.68		\$203.04	
(15) Net Paid Per Procedure ((11)/(2))	\$69.01		\$80.89		\$93.21		\$0.04	
(16) # of Procedures Per Claim ((2)/(1))	2.60		2.46		2.04		3.97	

ABC  
Utilization of Dental Procedures (External)  
Summary of Dental Claim Experience by Procedure Class

Report Group By: Customer Customer #: xxxxxxx

Period: 1/1/20XX through 1/31/20XX

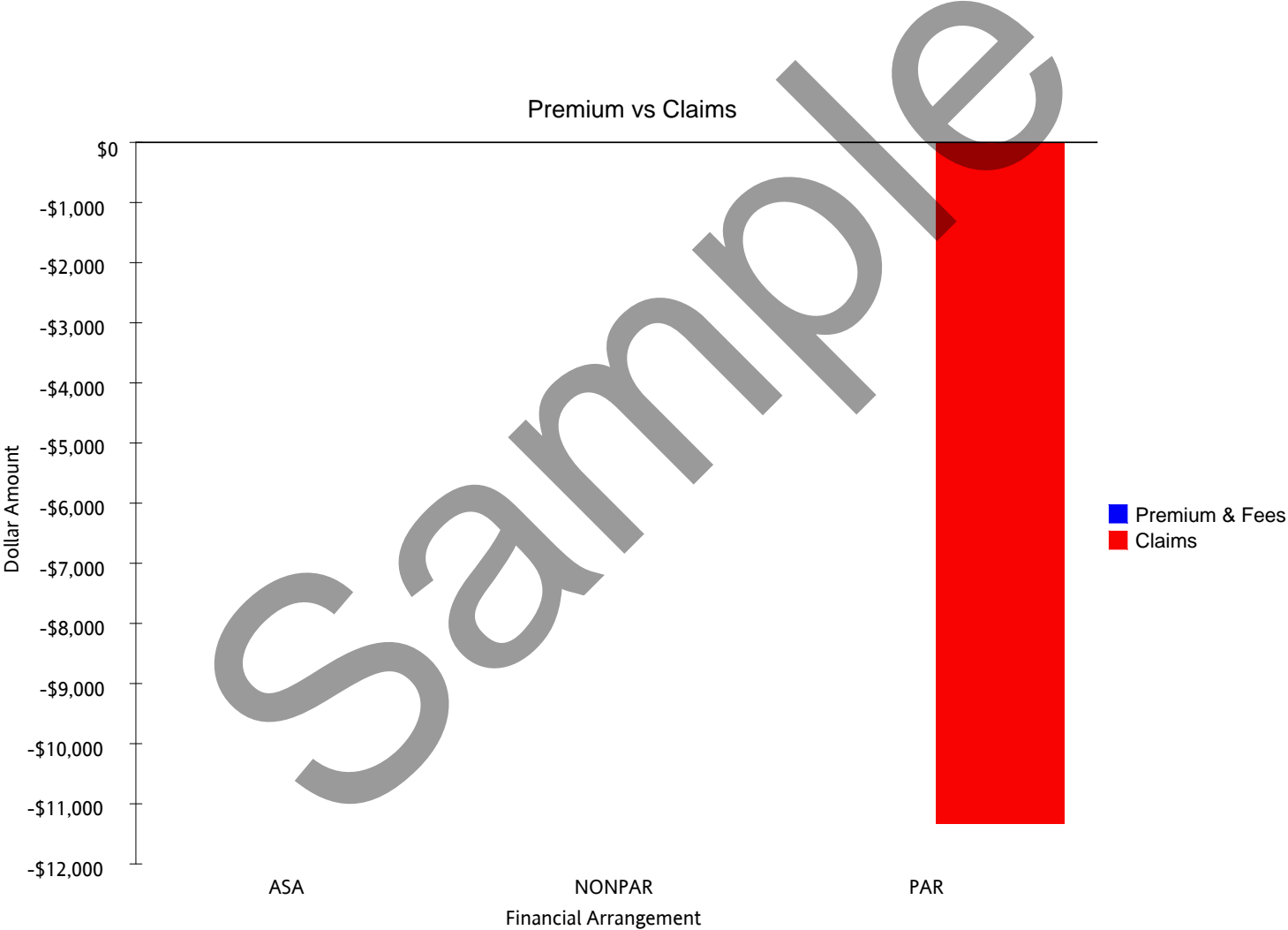
	Preventive	Diagnostic	Restorative	Maxillofacial Prosthetics	Endodontics	Periodontics	Oral Surgery	Prosthodontics, Fixed (e.g., bridges)	Prosthodontics, Removable (e.g., dentures)	Implants	Adjunctive Gen. Services	Orthodontics	Other	Total
(1) # of Procedures {(1a)+(1b)+(1c)} as a percent of total procedures	24,994 29.1%	37,871 44.1%	10,087 11.8%	8 0.0%	727 0.8%	3,589 4.2%	2,154 2.5%	307 0.4%	108 0.1%	884 1.0%	1,805 2.1%	3,161 3.7%	102 0.1%	85,808 100.0%
(1a) Paid	22,177	33,202	8,301	0	550	2,083	1,445	200	69	524	806	2,082	87	71,526
(1b) Adjusted	214	432	293	0	31	173	133	22	4	96	32	6	8	1,444
(1c) Denied	2,603	4,237	1,493	8	146	1,333	576	85	35	264	967	1,073	7	12,836
(2) Charges as a percent of total charges	\$1,662,546 15.3%	\$1,699,502 15.6%	\$3,027,029 27.8%	\$2,529 0.0%	\$511,312 4.7%	\$567,092 5.2%	\$567,578 5.2%	\$275,748 2.5%	\$76,273 0.7%	\$879,347 8.1%	\$322,070 3.0%	\$1,296,203 11.9%	\$958 0.0%	\$10,889,482 100.0%
(3) <u>Outbacks: Claim Controls {(3a)+(3b)+(3c)+(3d)+(3e)}</u>	\$191,196	\$267,409	\$628,684	\$2,529	\$88,994	\$205,952	\$142,343	\$72,270	\$17,395	\$239,454	\$131,698	\$627,911	\$111	\$2,617,241
(3a) Decline	\$154,322	\$217,810	\$588,111	\$2,529	\$78,314	\$210,936	\$160,635	\$77,755	\$15,537	\$268,861	\$126,876	\$627,391	\$123	\$2,530,495
(3b) R&C	\$17,308	\$25,586	\$31,947	\$0	\$6,707	\$3,759	-\$11,690	\$670	\$1,858	-\$12,208	\$595	\$283	\$0	\$64,815
(3c) Profile	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3d) Schedule Plans	\$3,352	\$4,913	\$7,790	\$0	\$0	\$1,427	\$158	\$0	\$0	\$0	\$140	\$1,219	\$0	\$18,999
(3e) Other Outbacks	\$16,213	\$19,101	\$835	\$0	\$3,973	-\$10,170	-\$6,759	-\$6,155	\$0	-\$17,199	\$4,087	-\$982	-\$12	\$2,931
(4) Covered Expense {(2)-(3)} as a percent of total covered expenses	\$1,471,350 17.8%	\$1,432,092 17.3%	\$2,398,345 29.0%	\$0 0.0%	\$422,319 5.1%	\$361,140 4.4%	\$425,235 5.1%	\$203,478 2.5%	\$58,878 0.7%	\$639,893 7.7%	\$190,372 2.3%	\$668,292 8.1%	\$848 0.0%	\$8,272,241 100.0%
(5) <u>Outbacks: Cost Sharing {(5a)+(5b)+(5c)+(5d)+(5e)}</u>	\$60,600	\$66,139	\$811,094	\$0	\$169,400	\$145,768	\$172,967	\$119,809	\$22,866	\$305,178	\$68,878	\$410,140	\$49	\$2,352,888
(5a) Deductible	\$449	\$797	\$18,873	\$0	\$2,100	\$7,230	\$2,897	\$300	\$450	\$1,410	\$1,881	\$200	\$0	\$36,587
(5b) Coinsurance	\$44,539	\$52,060	\$719,115	\$0	\$165,911	\$129,378	\$154,695	\$76,381	\$22,860	\$236,851	\$63,412	\$299,792	\$0	\$1,954,996
(5c) Excess Maximum	\$8,909	\$7,793	\$66,840	\$0	\$8,556	\$10,282	\$11,764	\$34,573	\$221	\$69,314	\$3,440	\$38,899	\$23	\$260,614
(5d) Non Duplication	\$6,883	\$6,574	\$14,396	\$0	\$4,559	\$2,569	\$4,922	\$1,130	\$1,067	\$5,250	\$1,524	\$3,855	\$3	\$52,732
(5e) Other Outbacks	-\$181	-\$1,085	-\$8,130	\$0	-\$1,727	-\$3,690	-\$1,310	\$7,425	-\$1,732	-\$7,647	-\$1,380	\$67,395	\$23	\$47,960
(6) Total Outbacks {(3)+(5)}	\$251,796	\$333,548	\$1,439,778	\$2,529	\$258,394	\$351,720	\$315,311	\$192,079	\$40,261	\$544,632	\$200,575	\$1,038,051	\$160	\$4,970,129
(7) Benefits Paid {(4)-(5)} as a percent of total benefits paid	\$1,410,750 23.8%	\$1,365,954 23.1%	\$1,587,251 26.8%	\$0 0.0%	\$252,919 4.3%	\$215,372 3.6%	\$252,268 4.3%	\$83,669 1.4%	\$36,012 0.6%	\$334,715 5.7%	\$121,495 2.1%	\$258,152 4.4%	\$798 0.0%	\$5,919,353 100.0%
(8) COB Savings	\$765	\$546	\$697	\$0	\$884	\$56	\$363	\$0	\$136	\$0	\$86	\$5	\$5	\$3,542
(9) Other Adjustments	-\$2,165	-\$2,686	-\$1,435	\$0	-\$62	\$2,325	-\$2,118	-\$367	\$1,355	-\$362	\$64	\$185	-\$16	-\$5,282
(10) Net Paid {(7)-(8)-(9)} as a percent of total net paid	\$1,412,150 23.8%	\$1,368,094 23.1%	\$1,587,990 26.8%	\$0 0.0%	\$252,096 4.3%	\$212,990 3.6%	\$254,023 4.3%	\$84,036 1.4%	\$34,521 0.6%	\$335,077 5.7%	\$121,344 2.0%	\$257,962 4.4%	\$810 0.0%	\$5,921,094 100.0%
(11) Charge Per Procedure {(2)/(1)}	\$66.52	\$44.88	\$300.09	\$316.09	\$703.32	\$158.01	\$263.50	\$898.20	\$706.23	\$994.74	\$178.43	\$410.06	\$9.40	\$126.91
(12) Net Paid Per Procedure {(10)/(1)}	\$56.50	\$36.13	\$157.43	\$0.00	\$346.76	\$59.35	\$117.93	\$273.73	\$319.64	\$379.05	\$67.23	\$81.61	\$7.94	\$69.01
(13) Claim Control Outbacks as a Percentage of Charges	11.5%	15.7%	20.8%	100.0%	17.4%	36.3%	25.1%	26.2%	22.8%	27.2%	40.9%	48.4%	11.6%	24.0%
(13a) Decline {(3a)/(2)}	9.3%	12.8%	19.4%	100.0%	15.3%	37.2%	28.3%	28.2%	20.4%	30.6%	39.4%	48.4%	12.8%	23.2%
(13b) R&C {(3b)/(2)}	1.0%	1.5%	1.1%	0.0%	1.3%	0.7%	-2.1%	0.2%	2.4%	-1.4%	0.2%	0.0%	0.0%	0.6%
(13c) Profile {(3c)/(2)}	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(13d) Schedule Plans {(3d)/(2)}	0.2%	0.3%	0.3%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%
(14) Cost Sharing Outbacks as a Percentage of Charges	3.6%	3.9%	26.8%	0.0%	33.1%	25.7%	30.5%	43.4%	30.0%	34.7%	21.4%	31.6%	5.1%	21.6%
(14a) Deductible {(5a)/(2)}	0.0%	0.0%	0.6%	0.0%	0.4%	1.3%	0.5%	0.1%	0.6%	0.2%	0.6%	0.0%	0.0%	0.3%
(14b) Coinsurance {(5b)/(2)}	2.7%	3.1%	23.8%	0.0%	30.5%	22.8%	27.3%	27.7%	30.0%	26.9%	19.7%	23.1%	0.0%	18.0%
(14c) Excess Maximum {(5c)/(2)}	0.5%	0.5%	2.2%	0.0%	1.7%	1.8%	2.1%	12.5%	0.3%	7.9%	1.1%	3.0%	2.4%	2.4%
(14d) Non Duplication {(5d)/(2)}	0.4%	0.4%	0.5%	0.0%	0.9%	0.5%	0.9%	0.4%	1.4%	0.6%	0.5%	0.3%	0.3%	0.5%
(15) Total Outbacks as a % of Charges {(13)+(14)/(2)}	15.1%	19.6%	47.6%	100.0%	50.5%	62.0%	55.6%	69.7%	52.8%	61.9%	62.3%	80.1%	16.7%	45.6%
(16) Benefits Paid as a % of Charges {(7)/(2)}	84.9%	80.4%	52.4%	0.0%	49.5%	38.0%	44.4%	30.3%	47.2%	38.1%	37.7%	19.9%	83.3%	54.4%
(17) COB Savings as a % of Charges {(8)/(2)}	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%	0.2%	0.0%	0.0%	0.0%	0.5%	0.0%
(18) Other Adjustments as a % of Charges {(9)/(2)}	-0.1%	-0.2%	0.0%	0.0%	0.0%	0.4%	-0.4%	-0.1%	1.8%	0.0%	0.0%	0.0%	-1.7%	0.0%
(19) Net Paid as a % of Charges {(10)/(2)}	84.9%	80.5%	52.5%	0.0%	49.3%	37.6%	44.8%	30.5%	45.3%	38.1%	37.7%	19.9%	84.5%	54.4%



# **Premium versus Claims Report**

Sample

ABC  
Premium vs Claims Report



\*Please note that if you have a DHMO product, this report may include DHMO premium but not DHMO claims. To see PDP data alone, please select the PDP coverage option when running your PVC report.  
\*Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.



ABC  
**Premium vs Claims Report**

PVC Rollup at Customer Level  
 01/01/20XX- 11/30/20XX

**Summary by Experience Number for Participating (PAR) Arrangement**

Experience Number		Current Month		Report Period to Date		Percent
		Premium	Claims	Premium	Claims	
0014000	SALARIED BASIC PACKAGE AND SGL	\$0	\$0	\$0	-\$1,875	%
0015500	HOURLY BASIC PACKAGE	\$0	\$0	\$0	-\$9,455	%
<b>Sub- Total</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>-\$11,330</b>	<b>%</b>

**Customer Summary**

Financial Arrangement	Current Month		Report Period to Date		Percent
	Premium/Fees	Claims	Premium/Fees	Claims	
PAR	\$0	\$0	\$0	-\$11,330	%
<b>Grand Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>-\$11,330</b>	<b>%</b>

note:

\* Summary premium includes deposit liability if applicable

\*Please note that if you have a DHMO product, this report may include DHMO premium but not DHMO claims. To see PDP data alone, please select the PDP coverage option when running your PVC report.

ABC  
**Premium vs Claims Report**  
 Experience Level Summary  
 0014000 SALARIED BASIC PACKAGE AND SGL

Customer	Experience	From	Thru	Claim View
xxxxxxx	0014000	01/20XX	11/20XX	Customer Reporting

<b>Customer Information</b>		Zone/Admin	PQR
Experience	0014000	Account Specialist	YYY, XXX
Name	SALARIED BASIC PACKAGE AND SGL	Phone	0000000

Product Summary		Current Month	Report Period to Date			
Product	Per/Dep	Premium & Deposit Liability	Claims	Premium & Deposit Liability	Claims	Ratio Claims to Premium
BASIC LIFE	P	\$0	\$0	\$0	-\$1,875	%
	Total	\$0	\$0	\$0	-\$1,875	%

Monthly Summary		Report Period to Date			
Month	Act/Est	Premium & Deposit Liability	Claims	Ratio Claims to Premium	
01/20XX	E	\$0	-\$375	%	
06/20XX	E	\$0	-\$375	%	
08/20XX	E	\$0	-\$375	%	
09/20XX	E	\$0	-\$375	%	
12/20XX	E	\$0	-\$375	%	

\*Please note that if you have a DHMO product, this report may include DHMO premium but not DHMO claims. To see PDP data alone, please select the PDP coverage option when running your PVC report.

\*Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.

\* Actual premium reflects received and processed bills. Estimated premium reflects bills not yet processed.

\* Under an insured arrangement, claims paid may not fully reflect the plan's liability. Additional charges may apply in underwriting and financial accounting.

ABC  
**Premium vs Claims Report**  
 Experience Level Summary  
 0015500 HOURLY BASIC PACKAGE

Customer	Experience	From	Thru	Claim View
xxxxxxx	0015500	01/20xx	11/2016	Customer Reporting
<b>Customer Information</b>			Zone/Admin	PQR
Experience	0015500		Account Specialist	YYY, XXX
Name	HOURLY BASIC PACKAGE		Phone	0000000

Product Summary		Current Month		Report Period to Date		
Product	Per/Dep	Premium & Deposit Liability	Claims	Premium & Deposit Liability	Claims	Ratio Claims to Premium
BASIC LIFE	P	\$0	\$0	\$0	-\$9,750	%
SURVIVOR INSURANCE	P	\$0	\$0	\$0	\$295	%
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>-\$9,455</b>	<b>%</b>

Monthly Summary		Report Period to Date			
Month	Act/Est	Premium & Deposit Liability	Claims	Ratio Claims to Premium	
01/20XX	E	\$0	-\$173	%	
02/20XX	E	\$0	-\$375	%	
04/20XX	E	\$0	-\$750	%	
05/20XX	E	\$0	-\$750	%	
09/20XX	E	\$0	-\$375	%	
10/20XX	E	\$0	-\$375	%	
11/20XX	E	\$0	-\$5,532	%	
12/20XX	E	\$0	-\$1,125	%	

\*Please note that if you have a DHMO product, this report may include DHMO premium but not DHMO claims. To see PDP data alone, please select the PDP coverage option when running your PVC report.

\*Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.

\* Actual premium reflects received and processed bills. Estimated premium reflects bills not yet processed.

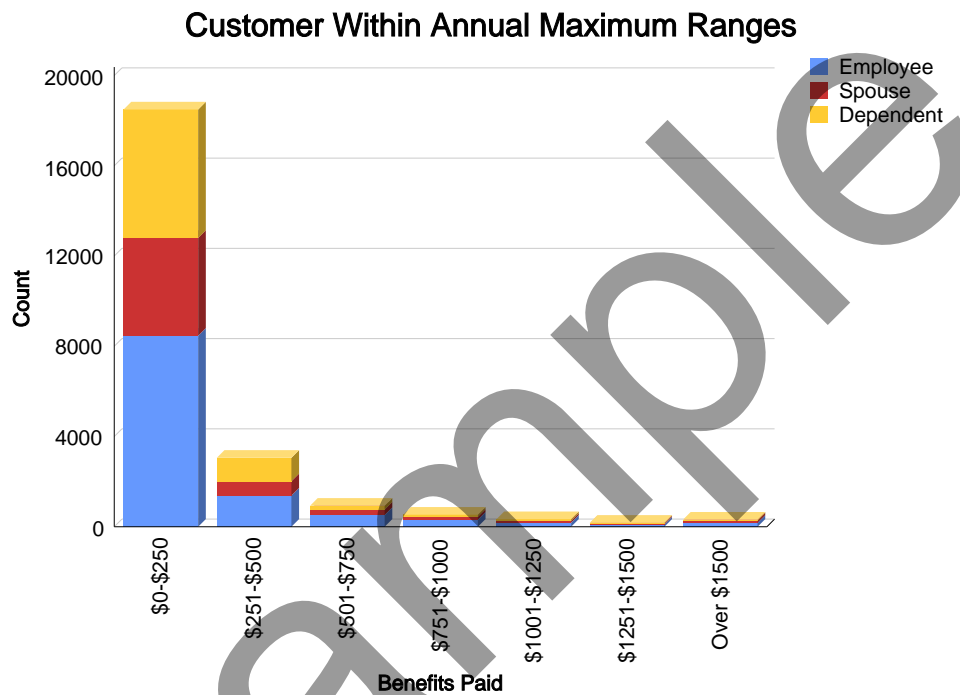
\* Under an insured arrangement, claims paid may not fully reflect the plan's liability. Additional charges may apply in underwriting and financial accounting.



# **Annual Maximum Report**

Sample

ABC  
Annual Maximum



ABC  
Annual Maximum

Report Group By: Customer    Customer #: xxxxxxx

Service Incurred: 1/1/20XX    through    1/31/20XX

Plan Max Type:    A    Patient Type:    Employee

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$0	88	0.8%	-\$995.10	0.0%
\$ 1 - \$ 100	2,642	24.0%	\$192,223.32	6.9%
\$ 101 - \$ 200	4,630	42.1%	\$664,214.25	23.8%
\$ 201 - \$ 300	1,485	13.5%	\$354,075.44	12.7%
\$ 301 - \$ 400	527	4.8%	\$181,641.58	6.5%
\$ 401 - \$ 500	362	3.3%	\$164,553.87	5.9%
\$ 501 - \$ 600	239	2.2%	\$130,806.00	4.7%
\$ 601 - \$ 700	196	1.8%	\$126,850.20	4.6%
\$ 701 - \$ 800	135	1.2%	\$101,137.30	3.6%
\$ 801 - \$ 900	144	1.3%	\$122,271.42	4.4%
\$ 901 - \$1,000	102	0.9%	\$96,548.55	3.5%
\$1,001 - \$1,100	89	0.8%	\$93,587.90	3.4%
\$1,101 - \$1,200	61	0.6%	\$69,719.90	2.5%
\$1,201 - \$1,300	50	0.5%	\$62,481.85	2.2%
\$1,301 - \$1,400	39	0.4%	\$52,632.13	1.9%
\$1,401 - \$1,500	34	0.3%	\$49,112.40	1.8%
\$1,501 - \$1,600	28	0.3%	\$43,725.15	1.6%
\$1,601 - \$1,700	9	0.1%	\$14,682.50	0.5%
\$1,701 - \$1,800	12	0.1%	\$21,009.05	0.8%

ABC  
Annual Maximum

Report Group By: Customer    Customer #: xxxxxxx

Service Incurred: 1/1/20XX through 1/31/20XX

Plan Max Type: A    Patient Type: Employee

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$1,801 - \$1,900	28	0.3%	\$51,566.77	1.9%
\$1,901 - \$2,000	97	0.9%	\$193,280.35	6.9%
<b>Total</b>	<b>10,997</b>	<b>100.0%</b>	<b>\$2,785,124.83</b>	<b>100.0%</b>

ABC  
Annual Maximum

Report Group By: Customer    Customer #: xxxxxxx

Service Incurred: 1/1/20XX through 1/31/20XX

Plan Max Type: A    Patient Type: Spouse

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$0	49	0.9%	-\$400.10	0.0%
\$ 1 - \$ 100	1,359	24.5%	\$97,216.17	7.2%
\$ 101 - \$ 200	2,397	43.3%	\$343,217.50	25.3%
\$ 201 - \$ 300	760	13.7%	\$182,129.79	13.4%
\$ 301 - \$ 400	224	4.0%	\$76,948.90	5.7%
\$ 401 - \$ 500	159	2.9%	\$72,531.90	5.3%
\$ 501 - \$ 600	110	2.0%	\$60,492.35	4.5%
\$ 601 - \$ 700	91	1.6%	\$59,038.20	4.4%
\$ 701 - \$ 800	75	1.4%	\$56,370.22	4.2%
\$ 801 - \$ 900	60	1.1%	\$50,587.60	3.7%
\$ 901 - \$1,000	32	0.6%	\$30,486.80	2.2%
\$1,001 - \$1,100	43	0.8%	\$45,082.55	3.3%
\$1,101 - \$1,200	25	0.5%	\$28,673.50	2.1%
\$1,201 - \$1,300	24	0.4%	\$30,107.30	2.2%
\$1,301 - \$1,400	20	0.4%	\$27,074.49	2.0%
\$1,401 - \$1,500	14	0.3%	\$20,225.55	1.5%
\$1,501 - \$1,600	13	0.2%	\$20,399.05	1.5%
\$1,601 - \$1,700	7	0.1%	\$11,621.25	0.9%
\$1,701 - \$1,800	5	0.1%	\$8,860.55	0.7%



ABC  
Annual Maximum

Report Group By: Customer    Customer #: xxxxxxx

Service Incurred: 1/1/20XX through 1/31/20XX

Plan Max Type: A    Patient Type: Spouse

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$1,801 - \$1,900	8	0.1%	\$14,788.75	1.1%
\$1,901 - \$2,000	61	1.1%	\$121,734.00	9.0%
<b>Total</b>	<b>5,536</b>	<b>100.0%</b>	<b>\$1,357,186.32</b>	<b>100.0%</b>

Sample

ABC  
Annual Maximum

Report Group By: Customer Customer #: xxxxxxx

Service Incurred: 1/1/20XX through 1/31/20XX

Plan Max Type: A Patient Type: Children

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$0	49	0.7%	-\$37.00	0.0%
\$ 1 - \$ 100	1,054	14.8%	\$80,300.43	5.2%
\$ 101 - \$ 200	3,719	52.2%	\$547,694.10	35.3%
\$ 201 - \$ 300	1,267	17.8%	\$302,330.51	19.5%
\$ 301 - \$ 400	393	5.5%	\$135,320.80	8.7%
\$ 401 - \$ 500	228	3.2%	\$103,367.25	6.7%
\$ 501 - \$ 600	94	1.3%	\$51,456.35	3.3%
\$ 601 - \$ 700	54	0.8%	\$35,184.10	2.3%
\$ 701 - \$ 800	43	0.6%	\$32,420.20	2.1%
\$ 801 - \$ 900	36	0.5%	\$30,523.70	2.0%
\$ 901 - \$1,000	32	0.4%	\$30,449.50	2.0%
\$1,001 - \$1,100	36	0.5%	\$37,942.65	2.4%
\$1,101 - \$1,200	36	0.5%	\$41,541.90	2.7%
\$1,201 - \$1,300	10	0.1%	\$12,664.20	0.8%
\$1,301 - \$1,400	14	0.2%	\$19,148.05	1.2%
\$1,401 - \$1,500	12	0.2%	\$17,472.20	1.1%
\$1,501 - \$1,600	13	0.2%	\$19,991.80	1.3%
\$1,601 - \$1,700	7	0.1%	\$11,609.45	0.7%
\$1,701 - \$1,800	7	0.1%	\$12,173.45	0.8%

ABC  
Annual Maximum

Report Group By: Customer    Customer #: xxxxxxx

Service Incurred: 1/1/20XX    through    1/31/20XX

Plan Max Type:    A            Patient Type:    Children

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$1,801 - \$1,900	3	0.0%	\$5,529.50	0.4%
\$1,901 - \$2,000	12	0.2%	\$23,899.80	1.5%
<b>Total</b>	<b>7,119</b>	<b>100.0%</b>	<b>\$1,550,982.94</b>	<b>100.0%</b>

Sample

ABC  
Annual Maximum

Report Group By: Customer    Customer #: xxxxxxx

Service Incurred: 1/1/20XX    through    1/31/20XX

Plan Max Type:    Z    Patient Type:    Employee

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$0	45	34.4%	\$0.00	0.0%
\$    1 - \$ 100	63	48.1%	\$2,488.48	16.9%
\$ 101 - \$ 200	14	10.7%	\$1,919.00	13.0%
\$ 201 - \$ 300	2	1.5%	\$491.00	3.3%
\$ 401 - \$ 500	2	1.5%	\$885.30	6.0%
\$ 601 - \$ 700	3	2.3%	\$1,865.20	12.6%
\$ 701 - \$ 800	1	0.8%	\$775.50	5.3%
\$3,000+	1	0.8%	\$6,337.50	42.9%
<b>Total</b>	<b>131</b>	<b>100.0%</b>	<b>\$14,761.98</b>	<b>100.0%</b>

ABC  
Annual Maximum

Report Group By: Customer    Customer #: xxxxxxx

Service Incurred: 1/1/20XX    through    1/31/20XX

Plan Max Type:    Z            Patient Type:    Spouse

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$    1 - \$ 100	26	83.9%	\$683.05	16.7%
\$ 101 - \$ 200	1	3.2%	\$107.00	2.6%
\$ 201 - \$ 300	1	3.2%	\$225.00	5.5%
\$ 401 - \$ 500	2	6.5%	\$885.80	21.6%
\$2,101 - \$2,200	1	3.2%	\$2,190.90	53.5%
<b>Total</b>	<b>31</b>	<b>100.0%</b>	<b>\$4,091.75</b>	<b>100.0%</b>

ABC  
Annual Maximum

Report Group By: Customer    Customer #: xxxxxxx

Service Incurred: 1/1/20XX through 1/31/20XX

Plan Max Type: Z    Patient Type: Children

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$0	5	21.7%	\$0.00	0.0%
\$ 1 - \$ 100	14	60.9%	\$227.06	26.8%
\$ 101 - \$ 200	3	13.0%	\$393.00	46.4%
\$ 201 - \$ 300	1	4.3%	\$226.40	26.7%
<b>Total</b>	<b>23</b>	<b>100.0%</b>	<b>\$846.46</b>	<b>100.0%</b>



# **Dental Claim Lag Report**

Sample

**XXXXXXXXXX**  
**Dental Claim Lag**  
**(Paid and Incurred**  
**Dates - 24 months)**



Dental Claims Incurred 09/01/20XX - 08/31/20XX and Paid During 09/01/20XX - 08/31/20XX  
 \$12,789,330.00 was paid for dental claims incurred during and prior to the period 09/01/20XX - 08/31/20XX

<b>Incurral Period</b>	<b>Claims Paid during Incurral Period for the requested Paid Period(s)</b>	<b>Percentage of Total Dollars Paid</b>
Prior	\$201,104.99	1.55%
09/20XX	\$466,658.86	3.59%
10/20XX	\$473,116.76	3.64%
11/20XX	\$447,459.72	3.44%
12/20XX	\$558,085.24	4.30%
01/20XX	\$482,763.08	3.72%
02/20XX	\$483,010.76	3.72%
03/20XX	\$509,145.64	3.92%
04/20XX	\$475,196.98	3.66%
05/20XX	\$547,451.47	4.21%
06/20XX	\$588,817.99	4.53%
07/20XX	\$478,820.61	3.69%
08/20XX	\$628,508.30	4.84%
09/20XX	\$512,185.54	3.94%
10/20XX	\$454,059.96	3.50%
11/20XX	\$549,371.66	4.23%
12/20XX	\$579,469.18	4.46%
01/20XX	\$605,519.53	4.66%
02/20XX	\$526,997.96	4.06%
03/20XX	\$603,652.92	4.65%
04/20XX	\$506,892.51	3.90%
05/20XX	\$611,796.76	4.71%
06/20XX	\$612,885.23	4.72%
07/20XX	\$567,910.35	4.37%
08/20XX	\$519,552.99	4.00%
	<b>\$12,990,434.99</b>	<b>100%</b>



XXXXXXXXXX  
Dental Claim Lag  
(Paid and Incurred  
Dates - 24 months)



Group: XXXXXXXXX

Dollars Paid 09/01/20XX Thru 08/31/20XX

Summary of Dental Claim Experience

Report Group By: Customer

Customer #: XXXXXXXXX

Period: 9/1/20XX through  
8/31/20XX

**ALL PROCEDURES**

*INCURRED DATE*

Paid Date	Prior	09/20XX	10/20XX	11/20XX	12/20XX	01/20XX	02/20XX	03/20XX	04/20XX	05/20XX	06/20XX	07/20XX	08/20XX	Sub-Total Benefits Paid
09/20XX	\$118,409.59	\$343,499.47												\$461,909.06
10/20XX	\$36,925.78	\$104,311.80	\$370,119.03											\$511,356.61
11/20XX	\$8,512.88	\$9,663.55	\$75,476.97	\$329,377.05										\$423,030.45
12/20XX	\$10,974.23	\$3,841.54	\$12,101.82	\$100,030.23	\$421,628.62									\$548,576.44
<b>SUB-TOTAL</b>	<b>\$174,822.48</b>	<b>\$461,316.36</b>	<b>\$457,697.82</b>	<b>\$429,407.28</b>	<b>\$421,628.62</b>									<b>\$1,944,872.56</b>

XXXXXXXXXX  
Dental Claim Lag  
(Paid and Incurred  
Dates - 24 months)



Group: XXXXXXXXX

Dollars Paid 09/01/20XX Thru 08/31/20XX

Summary of Dental Claim Experience

Report Group By: Customer

Customer #: XXXXXXXXX

Period: 9/1/20XX through  
8/31/20XX

**ALL PROCEDURES**

**INCURRED DATE**

Paid Date	Prior	09/20XX	10/20XX	11/20XX	12/20XX	01/20XX	02/20XX	03/20XX	04/20XX	05/20XX	06/20XX	07/20XX	08/20XX	Sub-Total Benefits Paid
01/20XX	\$13,450.44	\$1,521.17	\$6,826.96	\$11,352.99	\$107,959.34	\$355,575.75								\$496,686.65
02/20XX	\$3,783.68	\$1,952.43	\$1,041.95	\$1,884.03	\$12,224.40	\$90,979.67	\$354,050.86							\$465,917.02
03/20XX	\$1,808.61	\$314.41	\$3,631.65	\$2,811.62	\$4,952.09	\$17,243.95	\$104,457.42	\$366,803.07						\$502,022.82
04/20XX	\$1,281.12	\$500.00	(\$165.94)	\$1,573.48	\$3,094.65	\$6,567.44	\$9,549.37	\$119,784.14	\$361,515.03					\$503,699.29
05/20XX	\$368.71	\$231.20	\$1,129.54	\$686.35	\$5,814.79	\$4,941.00	\$5,176.10	\$10,266.83	\$87,867.36	\$406,021.58				\$522,503.46
06/20XX	\$1,112.77	\$123.08	\$8.78	\$937.02	\$747.11	\$1,396.63	\$4,312.40	\$5,761.37	\$9,184.27	\$114,043.14	\$404,377.57			\$542,004.14
07/20XX	\$3,512.23	\$0.00	\$913.60		\$197.10	\$2,312.48	\$1,063.05	\$3,529.25	\$3,977.20	\$14,256.81	\$146,805.51	\$360,316.05		\$536,883.28
08/20XX	\$44.00	\$1,284.96	\$0.00	\$0.00	\$94.60	\$954.86	\$2,902.26	\$644.60	\$4,424.05	\$4,965.71	\$18,403.89	\$97,090.17	\$484,825.76	\$615,634.86
09/20XX	\$216.65	\$0.00	\$1,732.40	\$162.57	\$0.00	\$1,078.50	\$1,183.70	\$1,157.35	\$1,895.70	\$4,756.03	\$10,616.64	\$6,303.73	\$114,188.27	\$143,291.54
10/20XX	\$210.60	\$25.00	\$75.00		\$150.00	\$274.50	\$219.60	\$807.30	\$300.81	\$1,487.10	\$3,866.18	\$6,601.73	\$12,136.16	\$26,153.98
11/20XX	\$75.00		\$0.00	\$0.00	\$152.80	\$89.10	\$96.00	\$274.50	\$1,862.40	\$928.58	\$1,263.30	\$3,214.84	\$5,984.74	\$13,941.26
12/20XX	\$15.50	\$0.00	\$225.00	\$0.00	\$1,069.74	\$1,349.20		\$92.70	\$2,377.16	\$212.69	\$978.24	\$2,070.36	\$6,060.23	\$14,450.82
<b>SUB-TOTAL</b>	<b>\$25,879.31</b>	<b>\$5,952.25</b>	<b>\$15,418.94</b>	<b>\$19,408.06</b>	<b>\$136,456.62</b>	<b>\$482,763.08</b>	<b>\$483,010.76</b>	<b>\$509,121.11</b>	<b>\$473,403.98</b>	<b>\$546,671.64</b>	<b>\$586,311.33</b>	<b>\$475,596.88</b>	<b>\$623,195.16</b>	<b>\$4,383,189.12</b>

XXXXXXXXXX  
Dental Claim Lag  
(Paid and Incurred  
Dates - 24 months)



Group: XXXXXXXXX

Dollars Paid 09/01/20XX Thru 08/31/20XX

Summary of Dental Claim Experience

Report Group By: Customer

Customer #: XXXXXXXXX

Period: 9/1/20XX through 8/31/20XX

**ALL PROCEDURES**

*INCURRED DATE*

Paid Date	Prior	09/20XX	10/20XX	11/20XX	12/20XX	01/20XX	02/20XX	03/20XX	04/20XX	05/20XX	06/20XX	07/20XX	08/20XX	Sub-Total Benefits Paid
01/20XX	\$403.20	(\$609.75)			\$0.00			\$159.53	\$245.99	\$150.30	\$139.50	\$1,114.66	\$1,173.46	\$2,776.89
02/20XX	\$0.00	\$0.00		(\$1,243.12)	\$0.00	\$0.00			\$963.69	\$0.00	\$0.00	\$1,261.31	\$631.00	\$1,612.88
03/20XX	\$0.00			(\$112.50)		\$0.00	\$0.00	(\$74.70)	\$255.00	\$137.03	\$405.70	\$0.00	\$733.77	\$1,344.30
04/20XX	\$0.00						\$0.00	(\$60.30)	\$229.32	\$476.10	\$0.00	\$140.00	\$0.00	\$785.12
05/20XX	\$0.00								\$99.00		\$1,958.50	\$0.00	\$376.20	\$2,433.70
06/20XX	\$0.00		\$0.00							\$16.40	\$2.96	\$707.76	\$51.56	\$778.68
07/20XX	\$0.00			\$0.00			\$0.00			\$0.00			\$1,946.78	\$1,946.78
08/20XX	\$0.00				\$0.00						\$0.00	\$0.00	\$400.37	\$400.37
<b>SUB-TOTAL</b>	<b>\$403.20</b>	<b>(\$609.75)</b>	<b>\$0.00</b>	<b>(\$1,355.62)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$24.53</b>	<b>\$1,793.00</b>	<b>\$779.83</b>	<b>\$2,506.66</b>	<b>\$3,223.73</b>	<b>\$5,313.14</b>	<b>\$12,078.72</b>
<b>TOTAL</b>	<b>\$201,104.99</b>	<b>\$466,658.86</b>	<b>\$473,116.76</b>	<b>\$447,459.72</b>	<b>\$558,085.24</b>	<b>\$482,763.08</b>	<b>\$483,010.76</b>	<b>\$509,145.64</b>	<b>\$475,196.98</b>	<b>\$547,451.47</b>	<b>\$588,817.99</b>	<b>\$478,820.61</b>	<b>\$628,508.30</b>	<b>\$6,340,140.40</b>

XXXXXXXXXX  
Dental Claim Lag  
(Paid and Incurred  
Dates - 24 months)



Group: XXXXXXXXX

Dollars Paid 09/01/20XX Thru 08/31/20XX

Summary of Dental Claim Experience

Report Group By: Customer

Customer #: XXXXXXXXX

Period: 9/1/20XX through 8/31/20XX

**ALL PROCEDURES**

*INCURRED DATE*

Paid Date	09/20XX	10/20XX	11/20XX	12/20XX	01/20XX	02/20XX	03/20XX	04/20XX	05/20XX	06/20XX	07/20XX	08/20XX	Sub-Total Benefits Paid	Total Benefits Paid	Cumulative Benefits Paid
09/20XX													\$0.00	\$461,909.06	\$461,909.06
10/20XX													\$0.00	\$511,356.61	\$973,265.67
11/20XX													\$0.00	\$423,030.45	\$1,396,296.12
12/20XX													\$0.00	\$548,576.44	\$1,944,872.56
<b>SUB-TOTAL</b>													<b>\$0.00</b>	<b>\$1,944,872.56</b>	<b>\$1,944,872.56</b>

XXXXXXXXXX  
Dental Claim Lag  
(Paid and Incurred  
Dates - 24 months)



Group: XXXXXXXXX

Dollars Paid 09/01/20XX Thru 08/31/20XX

Summary of Dental Claim Experience

Report Group By: Customer

Customer #: XXXXXXXXX

Period: 9/1/20XX through 8/31/20XX

**ALL PROCEDURES**

*INCURRED DATE*

Paid Date	09/20XX	10/20XX	11/20XX	12/20XX	01/20XX	02/20XX	03/20XX	04/20XX	05/20XX	06/20XX	07/20XX	08/20XX	Sub-Total Benefits Paid	Total Benefits Paid	Cumulative Benefits Paid
01/20XX													\$0.00	\$496,686.65	\$2,441,559.21
02/20XX													\$0.00	\$465,917.02	\$2,907,476.23
03/20XX													\$0.00	\$502,022.82	\$3,409,499.05
04/20XX													\$0.00	\$503,699.29	\$3,913,198.34
05/20XX													\$0.00	\$522,503.46	\$4,435,701.80
06/20XX													\$0.00	\$542,004.14	\$4,977,705.94
07/20XX													\$0.00	\$536,883.28	\$5,514,589.22
08/20XX													\$0.00	\$615,634.86	\$6,130,224.08
09/20XX	\$370,938.58												\$370,938.58	\$514,230.12	\$6,644,454.20
10/20XX	\$112,792.95	\$341,280.06											\$454,073.01	\$480,226.99	\$7,124,681.19
11/20XX	\$11,431.40	\$88,149.37	\$381,948.55										\$481,529.32	\$495,470.58	\$7,620,151.77
12/20XX	\$2,935.52	\$9,117.93	\$138,963.07	\$447,892.77									\$598,909.29	\$613,360.11	\$8,233,511.88
<b>SUB-TOTAL</b>	<b>\$498,098.45</b>	<b>\$438,547.36</b>	<b>\$520,911.62</b>	<b>\$447,892.77</b>									<b>\$1,905,450.20</b>	<b>\$6,288,639.32</b>	<b>\$8,233,511.88</b>

XXXXXXXXXX  
Dental Claim Lag  
(Paid and Incurred  
Dates - 24 months)



Group: XXXXXXXXX

Dollars Paid 09/01/20XX Thru 08/31/20XX

Summary of Dental Claim Experience

Report Group By: Customer

Customer #: XXXXXXXXX

Period: 9/1/20XX through 8/31/20XX

ALL PROCEDURES

INCURRED DATE

Paid Date	09/20XX	10/20XX	11/20XX	12/20XX	01/20XX	03/20XX	04/20XX	05/20XX	06/20XX	07/20XX	08/20XX	Sub-Total Benefits Paid	Total Benefits Paid	Cumulative Benefits Paid
01/20XX	\$7,722.39	02/2017\$8,770.33	\$12,022.81	\$99,043.90	\$444,097.15							\$571,656.58	\$574,433.47	\$8,807,945.35
02/20XX	\$1,034.10	\$3,419.73	\$10,796.57	\$18,605.92	\$124,535.55	\$360,782.03						\$519,173.90	\$520,786.78	\$9,328,732.13
03/20XX	\$4,058.31	\$1,928.09	\$2,079.64	\$7,549.91	\$20,000.21	\$148,232.16	\$451,115.42					\$634,963.74	\$636,308.04	\$9,965,040.17
04/20XX	\$194.40	\$104.40	\$808.57	\$2,373.07	\$10,810.41	\$9,136.59	\$112,148.68	\$371,875.59				\$507,451.71	\$508,236.83	\$10,473,277.00
05/20XX	\$137.15	\$959.69	\$802.25	\$1,167.14	\$2,882.12	\$4,247.58	\$20,884.61	\$106,710.12	\$461,122.31			\$598,912.97	\$601,346.67	\$11,074,623.67
06/20XX	\$940.74	\$807.26	\$742.16	\$1,646.75	\$1,869.62	\$4,817.31	\$6,795.77	\$15,208.79	\$125,897.70	\$476,714.98		\$635,441.08	\$636,219.76	\$11,710,843.43
07/20XX		(\$51.90)	\$128.21	\$1,091.62	\$424.71	(\$327.24)	\$10,403.83	\$5,270.63	\$15,699.67	\$115,528.42	\$432,851.84	\$581,019.79	\$582,966.57	\$12,293,810.00
08/20XX		(\$425.00)	\$1,079.83	\$98.10	\$899.76	\$109.53	\$2,304.61	\$7,827.38	\$9,077.08	\$20,641.83	\$135,058.51	\$519,552.99	\$696,224.62	\$12,990,434.99
SUB-TOTAL	\$14,087.09	\$15,512.60	\$28,460.04	\$131,576.41	\$605,519.53	\$526,997.96	\$603,652.92	\$506,892.51	\$611,796.76	\$612,885.23	\$567,910.35	\$519,552.99	\$4,744,844.39	\$4,756,923.11
TOTAL	\$512,185.54	\$454,059.96	\$549,371.66	\$579,469.18	\$605,519.53	\$526,997.96	\$603,652.92	\$506,892.51	\$611,796.76	\$612,885.23	\$567,910.35	\$519,552.99	\$6,650,294.59	\$12,990,434.99

XXXXXXXXXX  
Dental Claim Lag  
(Incurred period -  
24 months  
Paid period -  
8 months)

Customer: XXXXXXXXX

Incurred From: 09/01/201XX To : 08/31/20XX Paid  
From: 01/01/20XX To : 08/31/20XX

**Report Parameters:**

Customer Number: XXXXXXXXX

Experience: All

Group: All

Subdivision: All

Branch: All

Plan: All

Claim Type: combined

Organized By: Customer

\*\*\*If this is the only page you received please return to Edit this Report Package and review your parameter selections from the 'Re-run the Report Package Wizard' option.

\*\*\*This Report can be downloaded to an Excel file if you want the monthly claims data table exported as one table.

**XXXXXXXXXX**  
**Dental Claim Lag**  
**(Incurred period - 24 months**  
**Paid period -**  
**8 months**



Dental Claims Incurred 09/01/20XX - 08/31/20XX and Paid During 01/01/20XX - 08/31/20XX  
 \$4,756,519.91 was paid for dental claims incurred during and prior to the period 01/01/20XX - 08/31/20XX

<b>Incurral Period</b>	<b>Claims Paid during Incurral Period for the requested Paid Period(s)</b>	<b>Percentage of Total Dollars Paid</b>
Prior	\$403.20	0.01%
09/20XX	(\$609.75)	(0.01%)
10/20XX	\$0.00	0.00%
11/20XX	(\$1,355.62)	(0.03%)
12/20XX	\$0.00	0.00%
01/20XX	\$0.00	0.00%
02/20XX	\$0.00	0.00%
03/20XX	\$24.53	0.00%
04/20XX	\$1,793.00	0.04%
05/20XX	\$779.83	0.02%
06/20XX	\$2,506.66	0.05%
07/20XX	\$3,223.73	0.07%
08/20XX	\$5,313.14	0.11%
09/20XX	\$14,087.09	0.30%
10/20XX	\$15,512.60	0.33%
11/20XX	\$28,460.04	0.60%
12/20XX	\$131,576.41	2.77%
01/20XX	\$605,519.53	12.73%
02/20XX	\$526,997.96	11.08%
03/20XX	\$603,652.92	12.69%
04/20XX	\$506,892.51	10.66%
05/20XX	\$611,796.76	12.86%
06/20XX	\$612,885.23	12.88%
07/20XX	\$567,910.35	11.94%
08/20XX	\$519,552.99	10.92%
	<b>\$4,756,923.11</b>	<b>100%</b>



XXXXXXXXXX  
Dental Claim Lag  
(Incurred period - 24 months  
Paid period -  
8 months



Group: XXXXXXXX

Dollars Paid 01/01/20XX Thru 08/31/20XX

Summary of Dental Claim Experience

Report Group By: Customer

Customer #: XXXXXXXX

Period: 1/1/20XX through 8/31/20XX

**ALL PROCEDURES**

**INCURRED DATE**

Paid Date	09/20XX	10/20XX	11/20XX	12/20XX	01/20XX	02/20XX	03/20XX	04/20XX	05/20XX	06/20XX	07/20XX	08/20XX	Sub-Total Benefits Paid	Total Benefits Paid	Cumulative Benefits Paid
01/20XX	\$7,722.39	\$8,770.33	\$12,022.81	\$99,043.90	\$444,097.15								\$571,656.58	\$574,433.47	\$574,433.47
02/20XX	\$1,034.10	\$3,419.73	\$10,796.57	\$18,605.92	\$124,535.55	\$360,782.03							\$519,173.90	\$520,786.78	\$1,095,220.25
03/20XX	\$4,058.31	\$1,928.09	\$2,079.64	\$7,549.91	\$20,000.21	\$148,232.16	\$451,115.42						\$634,963.74	\$636,308.04	\$1,731,528.29
04/20XX	\$194.40	\$104.40	\$808.57	\$2,373.07	\$10,810.41	\$9,136.59	\$112,148.68	\$371,875.59					\$507,451.71	\$508,236.83	\$2,239,765.12
05/20XX	\$137.15	\$959.69	\$802.25	\$1,167.14	\$2,882.12	\$4,247.58	\$20,884.61	\$106,710.12	\$461,122.31				\$598,912.97	\$601,346.67	\$2,841,111.79
06/20XX	\$940.74	\$807.26	\$742.16	\$1,646.75	\$1,869.62	\$4,817.31	\$6,795.77	\$15,208.79	\$125,897.70	\$476,714.98			\$635,441.08	\$636,219.76	\$3,477,331.55
07/20XX		(\$51.90)	\$128.21	\$1,091.62	\$424.71	(\$327.24)	\$10,403.83	\$5,270.63	\$15,699.67	\$115,528.42	\$432,851.84		\$581,019.79	\$582,966.57	\$4,060,298.12
08/20XX		(\$425.00)	\$1,079.83	\$98.10	\$899.76	\$109.53	\$2,304.61	\$7,827.38	\$9,077.08	\$20,641.83	\$135,058.51	\$519,552.99	\$696,224.62	\$696,624.99	\$4,756,923.11
<b>SUB-TOTAL</b>	<b>\$14,087.09</b>	<b>\$15,512.60</b>	<b>\$28,460.04</b>	<b>\$131,576.41</b>	<b>\$605,519.53</b>	<b>\$526,997.96</b>	<b>\$603,652.92</b>	<b>\$506,892.51</b>	<b>\$611,796.76</b>	<b>\$612,885.23</b>	<b>\$567,910.35</b>	<b>\$519,552.99</b>	<b>\$4,744,844.39</b>	<b>\$4,756,923.11</b>	<b>\$4,756,923.11</b>
<b>TOTAL</b>	<b>\$14,087.09</b>	<b>\$15,512.60</b>	<b>\$28,460.04</b>	<b>\$131,576.41</b>	<b>\$605,519.53</b>	<b>\$526,997.96</b>	<b>\$603,652.92</b>	<b>\$506,892.51</b>	<b>\$611,796.76</b>	<b>\$612,885.23</b>	<b>\$567,910.35</b>	<b>\$519,552.99</b>	<b>\$4,744,844.39</b>	<b>\$4,756,923.11</b>	<b>\$4,756,923.11</b>



# **Detail Claim Listing Report**

Sample

Standard Customer Claim File (External)

Customer Claim File Detail Report

Customer Number: xxxxxxxx										Report Period: January 2016 through June 2016																								
										June 2016 claim month closed																								
Proc Month	Experience Number	Report Number	Subcd	Paypt	Cov Type	Cov Cd	XR Cd	Curncy Code	Renewal Date	Adm Team	Claim Type	Rec Typ	Office Code	Pymt Method	Claim Team	Claim Number	Special Clm Code	Empl ID	Employee Name	Climnt Code	Sex	Death Cause	Employee Age	Date of Birth	Date Reported	Date Incurred	Date Paid	Claim Amount	EOB Count	Claim Count	Plan Code	Dependent Date of Birth	Conv Amount	Dependent Name
2016/05	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		90	xx/xx/xxxx	08/20/1977	04/23/1976	05/18/2016	-2,000.00	0	-1	*No Data	*No Data	0.00
2016/02	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		85	xx/xx/xxxx	12/21/1979	08/29/1976	02/12/2016	-2,000.00	0	-1	*No Data	*No Data	0.00
2016/04	xxxxxxx	xxxxxxx	0001	000U	CP	9181	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		93	xx/xx/xxxx	06/10/1980	12/04/1973	04/13/2016	-1,000.00	0	-1	*No Data	*No Data	0.00
2016/03	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		91	xx/xx/xxxx	12/31/1980	08/10/1974	03/10/2016	-1,950.00	0	-1	*No Data	*No Data	0.00
2016/05	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		64	xx/xx/xxxx	04/25/1980	04/03/1979	05/23/2016	-2,000.00	0	-1	*No Data	*No Data	0.00
2016/02	xxxxxxx	xxxxxxx	0001	000U	CP	9181	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		85	xx/xx/xxxx	05/19/1981	07/18/1980	02/10/2016	-1,500.00	0	-1	*No Data	*No Data	0.00
2016/05	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		85	xx/xx/xxxx	05/19/1981	07/18/1980	05/06/2016	-1,500.00	0	-1	*No Data	*No Data	0.00
2016/05	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	A	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		86	xx/xx/xxxx	05/19/1981	07/18/1980	05/02/2016	-1,500.00	0	-1	*No Data	*No Data	0.00
2016/05	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	A	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		86	xx/xx/xxxx	05/19/1981	07/18/1980	05/02/2016	1,500.00	0	1	*No Data	*No Data	0.00
2016/03	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		85	xx/xx/xxxx	04/09/1981	03/04/1979	03/10/2016	-2,000.00	0	-1	*No Data	*No Data	0.00
2016/03	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		90	xx/xx/xxxx	04/13/1981	06/16/1979	03/16/2016	-7,000.00	0	-1	*No Data	*No Data	0.00
2016/06	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		92	xx/xx/xxxx	11/09/1979	01/13/1979	06/01/2016	-2,000.00	0	-1	*No Data	*No Data	0.00
2016/06	xxxxxxx	xxxxxxx	0001	000U	CP	9081	FI	USD	01/01/1997	041	LIFE	7	1	0		xxxxxxxxxx	B	xxxxxxx	xxxxxxxxxxxxxxxx		M	00		92	xx/xx/xxxx	11/09/1979	01/13/1979	06/01/2016	-500.00	0	-1	*No Data	*No Data	0.00
2016/05	xxxxxxx	xxxxxxx	0001	000U	LFE	9011	FI	USD	01/01/1997	041	LIFE	4	1	0		xxxxxxxxxx	A	xxxxxxx	xxxxxxxxxxxxxxxx		M	21		85	xx/xx/xxxx	09/22/2015	09/17/2015	01/19/2016	8,000.00	0	1	*No Data	*No Data	0.00

Standard Customer Claim File (External)

Customer Claim File Detail Report

Customer Number: xxxxxxxx										Report Period: January 2016 through June 2016																								
										June 2016 claim month closed																								
Proc Month	Experience Number	Report Number	Subcd	Paypt	Cov Type	Cov Cd	XR Cd	Curncy Code	Renewal Date	Adm Team	Claim Type	Rec Typ	Office Code	Pymt Method	Claim Team	Claim Number	Special Clm Code	Empl ID	Employee Name	Clmnt Code	Sex	Death Cause	Employee Age	Date of Birth	Date Reported	Date Incurred	Date Paid	Claim Amount	EOB Count	Claim Count	Plan Code	Dependent Date of Birth	Conv Amount	Dependent Name
2016/05	xxxxxxx	xxxxxxx	0001	000U	LFE	9111	FI	USD	01/01/1997	041	LIFE	4	1	0		xxxxxxxxxx	A	xxxxxxx	xxxxxxxxxxxxxxxx		F	21	70	xx/xx/xxxx	12/03/2015	12/01/2015	02/26/2016	4,000.00	0	1	*No Data	*No Data	0.00	
2016/05	xxxxxxx	xxxxxxx	0001	000U	LFE	9011	FI	USD	01/01/1997	041	LIFE	4	1	0		xxxxxxxxxx	A	xxxxxxx	xxxxxxxxxxxxxxxx		M	21	85	xx/xx/xxxx	02/09/2016	01/09/2016	03/24/2016	2,500.00	0	1	*No Data	*No Data	0.00	
2016/07	xxxxxxx	xxxxxxx	0001	000U	LFE	9011	FI	USD	01/01/1997	041	LIFE	4	1	0		xxxxxxxxxx	A	xxxxxxx	xxxxxxxxxxxxxxxx		M	19	91	xx/xx/xxxx	03/09/2016	10/04/2015	06/08/2016	1,950.00	0	1	*No Data	*No Data	0.00	
2016/05	xxxxxxx	xxxxxxx	0900	000U	LFE	9019	FI	USD	01/01/1997	041	LIFE	4	1	0		xxxxxxxxxx	A	xxxxxxx	xxxxxxxxxxxxxxxx		M	21	85	xx/xx/xxxx	09/22/2015	09/17/2015	01/19/2016	12.49	0	0	*No Data	*No Data	0.00	
2016/05	xxxxxxx	xxxxxxx	0900	000U	LFE	9119	FI	USD	01/01/1997	041	LIFE	4	1	0		xxxxxxxxxx	A	xxxxxxx	xxxxxxxxxxxxxxxx		F	21	70	xx/xx/xxxx	12/03/2015	12/01/2015	02/26/2016	93.36	0	0	*No Data	*No Data	0.00	
2016/05	xxxxxxx	xxxxxxx	0900	000U	LFE	9019	FI	USD	01/01/1997	041	LIFE	4	1	0		xxxxxxxxxx	A	xxxxxxx	xxxxxxxxxxxxxxxx		M	21	85	xx/xx/xxxx	02/09/2016	01/09/2016	03/24/2016	2.23	0	0	*No Data	*No Data	0.00	
2017/10	xxxxxxx	xxxxxxx	0900	000U	LFE	9019	FI	USD	01/01/1997	041	LIFE	4	1	0		xxxxxxxxxx	A	xxxxxxx	xxxxxxxxxxxxxxxx		M	19	91	xx/xx/xxxx	03/09/2016	10/04/2015	06/08/2016	6.36	0	0	*No Data	*No Data	0.00	



# **Dental Network Provider Utilization Report by Tier**

Sample

XXXXXXXX

Customer Number: XXXXXXXX

Metlife Dental Network Provider Utilization Report by Tier

Incurred from 01/07/19XX to 03/31/20XX

Processed from 01/01/20XX to 03/31/20XX



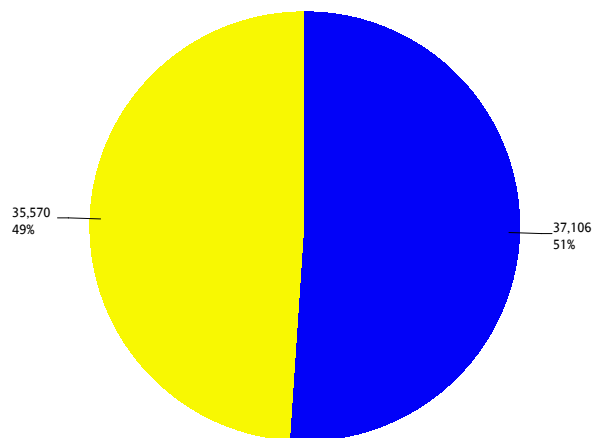
**Table of Contents**

Overview XXXXXXXX .....	3
Provider Utilization for XXXXXXXX .....	3
PDP Provider Utilization .....	4
Out of Network Provider Utilization .....	5

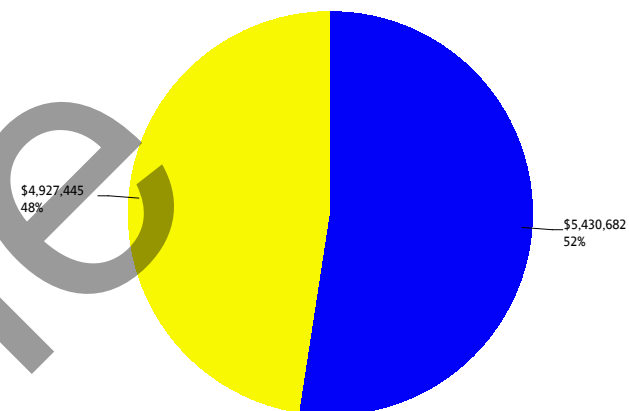
Sample

XXXXXXXX  
 Customer Number: XXXXXXXX  
 MetLife Dental Network Provider Utilization Report by Tier  
 Incurred from 01/07/19XX to 03/31/20XX  
 Processed from 01/01/20XX to 03/31/20XX  
 Overview for XXXXXXXX

Procedures Performed



Total Charges



Total Benefits



■ PDP ■ Out of Network

XXXXXXXXXX



Metlife Dental Provider Utilization Report by PDP  
Customer Number: XXXXXXXXX

Group By XXXXXXXXX

Incurred from 01/07/19XX to 03/31/20XX

Processed from 01/01/20XX to 03/31/20XX

														Current Network/Program Affiliation			
TAX ID	TEL NUM	FIRST NM	LAST NM	STREET	CITY	STATE	ZIP	SPECIALTY	CLMNT CNT	CLM CNT	PROC CNT	CHARGES	BENEFITS	XXXXXXXXXX Custom Network	PDP	PDP Plus	Metlife Choice Savings
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	13152	13898	37106	\$5,430,682	\$2,430,396	Y	Y	Y	N
Totals									13152	13898	37106	\$5,430,682	\$2,430,396				



XXXXXXXXXX



Metlife Dental Provider Utilization Report by Out of Network  
Customer Number: XXXXXXXXX

Group By XXXXXXXXX

Incurred from 01/07/19XX to 03/31/20XX

Processed from 01/01/20XX to 03/31/20XX

														Current Network/Program Affiliation				
TAX ID	TEL NUM	FIRST NM	LAST NM	STREET	CITY	STATE	ZIP	SPECIALTY	CLMNT CNT	CLM CNT	PROC CNT	CHARGES	BENEFITS	XXXXXXXXX Custom Network	PDP	PDP Plus	Metlife Choice Savings	
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	12878	13896	35570	\$4,927,445	\$3,173,766		Y	Y	Y	N
Totals									12878	13896	35570	\$4,927,445	\$3,173,766					



# **MCR Savings Report by Tier**

Sample

XXXXXXXXXX  
Customer Number: XXXXXXXXXX  
MCR Savings Report by Tier  
Processed from 01/01/20XX to 09/18/20XX

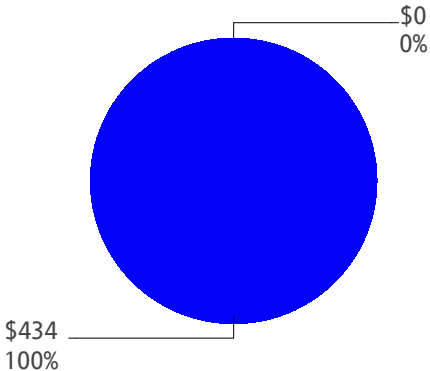
Table of Contents

Overview Customer - XXXXXXXXX .....	3
MCR Savings Comparison Customer - XXXXXXXXX .....	4

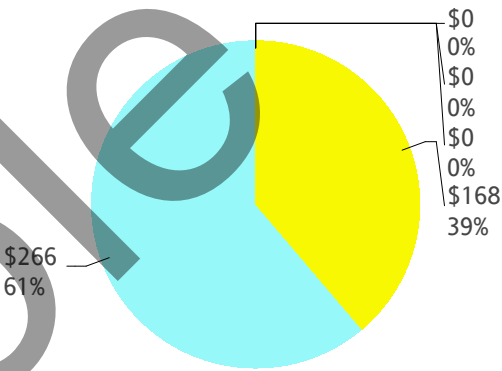
Sample

XXXXXXXXXX  
Customer Number: XXXXXXXXXX  
MCR Savings Report By Tier  
Processed from 01/01/20XX to 09/18/20XX  
Overview for Customer - XXXXXXXXXX

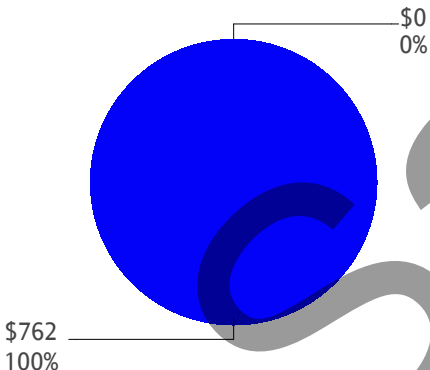
Claims Savings by Tier



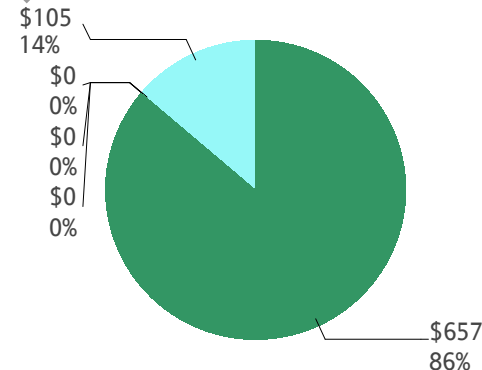
Claims Savings by Category








Predeterminations Savings by Tier



Predeterminations Savings by Category



 PDP Plus  Out of Network

 Crowns  Bridges  Inlays/Onlays/Laminates/Veneers  
 Periodontal Services  Other

XXXXXXXXXX  
MCR Savings Report By Tier  
Customer Number: XXXXXXXXXX

Group By Customer - XXXXXXXXXX Processed  
from 01/01/20XX to 09/18/20XX

	Savings	No Savings	Total
Number of claims submitted for Review:	4	13	17
Number of predeterminations submitted for Review:	1	3	4
Total Number Submitted for Review:	5	16	21

	PDP Plus	OON	Total
<b>Claims</b>			
Crowns	\$0.00	\$0.00	\$0.00
Bridges	\$0.00	\$0.00	\$0.00
Inlays/Onlays/Laminates/Veneers	\$0.00	\$0.00	\$0.00
Periodontal Services	\$168.30	\$0.00	\$168.30
Other	\$265.50	\$0.00	\$265.50
<b>Total</b>	<b>\$433.80</b>	<b>\$0.00</b>	<b>\$433.80</b>
<b>Predeterminations</b>			
Crowns	\$657.00	\$0.00	\$657.00
Bridges	\$0.00	\$0.00	\$0.00
Inlays/Onlays/Laminates/Veneers	\$0.00	\$0.00	\$0.00
Periodontal Services	\$0.00	\$0.00	\$0.00
Other	\$105.30	\$0.00	\$105.30
<b>Total</b>	<b>\$762.30</b>	<b>\$0.00</b>	<b>\$762.30</b>

*Network Legend:*  
PDP Plus: MetLife Preferred Dental Provider Plus Network  
OON: Out of Network



# **In- and Out-of-Network Report by Tier**

Sample

ABC COMPANY

Customer Number: 999999  
In and Out of Network by Tier Report



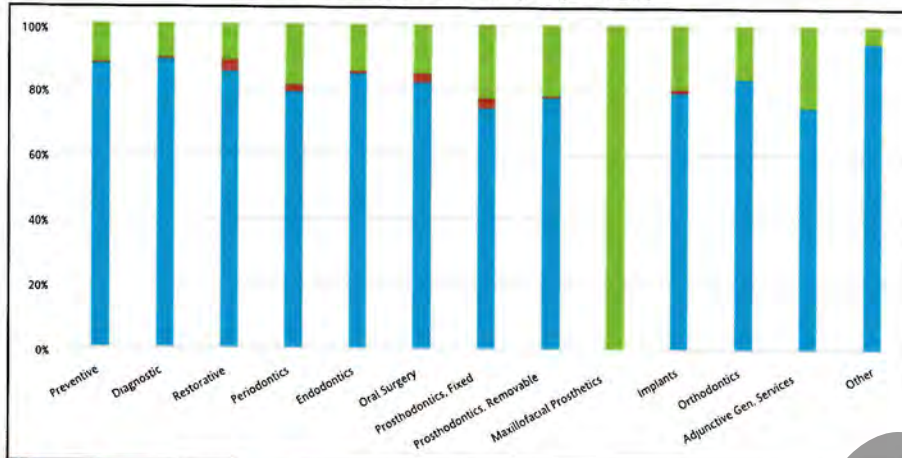
Customer - 999999

Paid From: 01/01/2012 To: 06/22/2015

Network Category: ABC

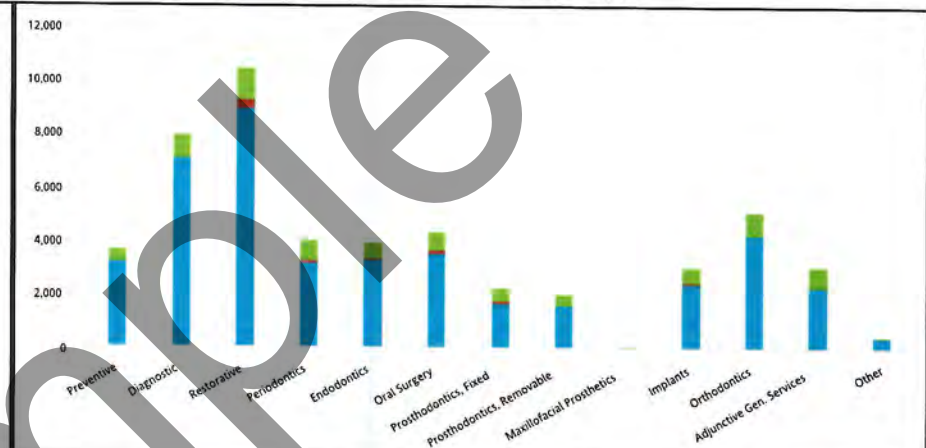
Customer Network

Procedures Status Percentages by Category

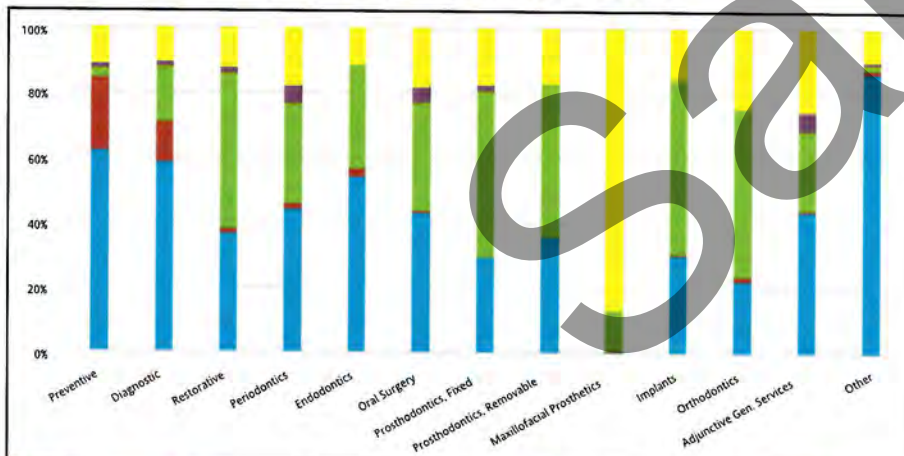


■ Paid ■ Adjusted ■ Denied

Procedures Status Counts by Category

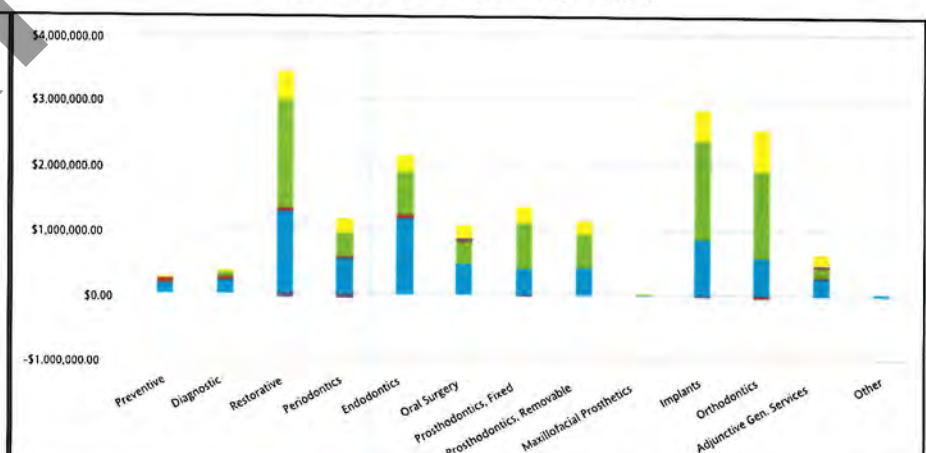


Financial Components Percentage by Category



■ Net Paid ■ COB and Other Adjustments ■ Cost Sharing Cutbacks ■ Claim Control Cutbacks (Paid) ■ Claim Control Cutbacks (Denied)

Financial Components Dollars by Category





ABC COMPANY

Customer Number: 999999  
In and Out of Network by Tier Report



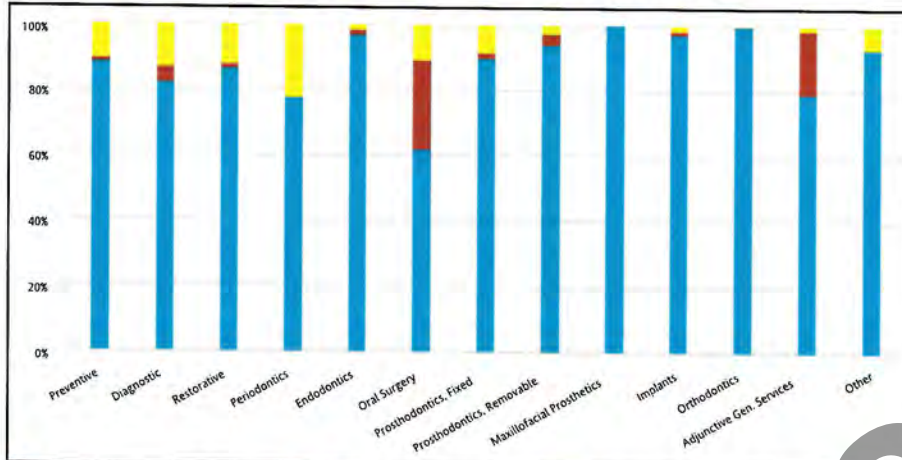
Customer - 999999

Paid From: 01/01/2012 To: 06/22/2015

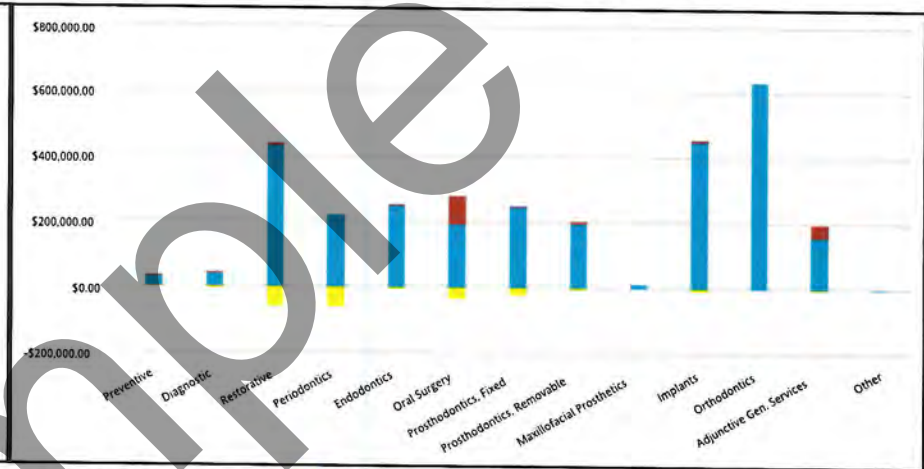
Network Category: ABC

Customer Network

Claim Control Cutbacks Percentages by Category

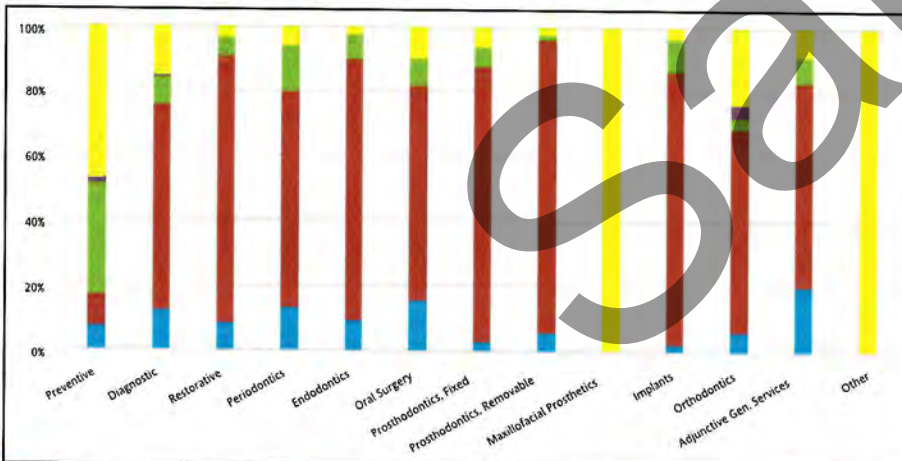


Claim Control Cutbacks Dollars by Category

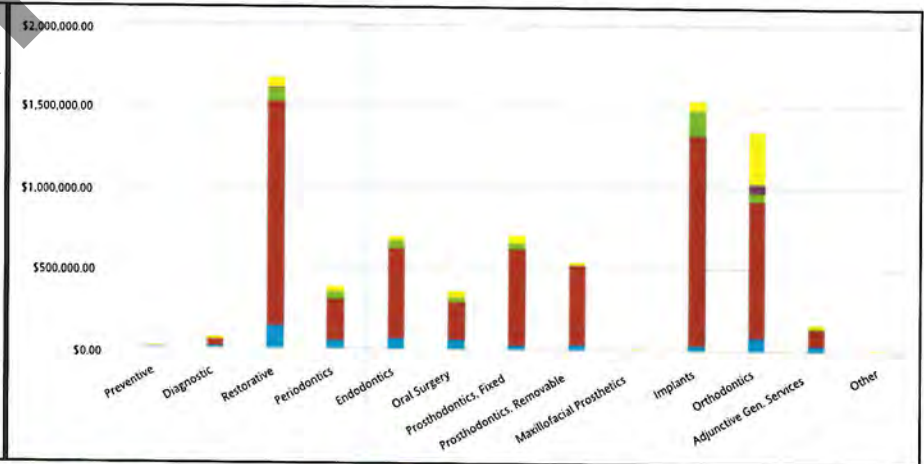


Claim Control: Denied Claim Control: R&C Claim Control: Profile Claim Control: Schedule Plans Claim Control: Other

Cost Sharing Cutbacks Percentages by Category



Cost Sharing Cutbacks Dollars by Category



Cost Share: Deductable Cost Share: Coinsurance Cost Share: Excess Max Cost Share: Non-Duplication Cost Share: Other



Customer Number: 999999  
In and Out of Network by Tier Report

Customer - 999999

Paid From: 01/01/2012 To: 06/22/2015

Network Category: ABC

Customer Network

	Preventive	Diagnostic	Restorative	Periodontics	Endodontics	Oral Surgery	Prosthodontics, Fixed	Prosthodontics, Removable	Maxillofacial Prosthetics	Implants	Orthodontics	Adjunctive Gen. Services	Other	Total
(1) # of Procedures ((1a)+(1b)+(1c))	3,568	7,792	10,298	3,908	3,812	4,212	2,164	1,940	30	2,974	4,898	2,998	398	49,088
as a percent of total procedures	7.3%	15.8%	21.0%	8.0%	7.8%	8.8%	4.4%	4.0%	0.1%	6.1%	10.2%	6.1%	0.8%	100.0%
(1a) Paid	3,133	6,949	8,790	3,093	3,225	3,460	1,604	1,506	0	2,355	4,163	2,230	374	40,882
(1b) Adjusted	12	17	327	76	33	109	68	7	0	28	4	8	1	690
(1c) Denied	423	826	1,181	739	554	643	492	427	30	591	831	758	21	7,518
(2) Charges	\$237,523	\$335,698	\$3,343,859	\$1,078,408	\$2,138,465	\$1,039,351	\$1,318,519	\$1,131,160	\$11,841	\$2,819,448	\$2,518,330	\$611,496	\$7,726	\$10,550,820
as a percent of total charges	1.4%	2.0%	20.2%	6.5%	12.9%	6.3%	7.9%	6.8%	0.1%	17.0%	15.2%	3.7%	0.0%	100.0%
(3) Outbacks: Claim Controls ((3a)+(3b)+(3c)+(3d)+(3e))	\$24,805	\$33,398	\$374,356	\$153,871	\$244,830	\$240,834	\$222,282	\$194,574	\$10,362	\$442,335	\$630,287	\$190,645	\$726	\$2,763,302
(3a) Decline	\$27,921	\$37,475	\$429,752	\$216,985	\$245,669	\$191,120	\$242,051	\$194,448	\$10,362	\$446,516	\$631,073	\$156,314	\$785	\$2,830,473
(3b) R&C	\$284	\$2,090	\$6,217	\$29	\$3,740	\$84,170	\$4,227	\$6,264	\$0	\$4,839	\$46	\$37,803	\$0	\$149,710
(3c) Profile	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3d) Schedule Plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3e) Other Outbacks	(\$3,400)	(\$6,169)	(\$61,614)	(\$83,344)	(\$4,580)	(\$34,456)	(\$23,996)	(\$6,138)	\$0	(\$9,020)	(\$832)	(\$3,272)	(\$59)	(\$218,890)
(4) Covered Expense ((2)-(3))	\$212,719	\$302,300	\$2,969,503	\$825,737	\$1,891,636	\$798,517	\$1,096,237	\$936,586	\$1,479	\$2,377,111	\$1,888,043	\$420,651	\$7,001	\$13,827,518
as a percent of total covered expenses	1.5%	2.2%	21.5%	6.7%	13.7%	6.8%	7.9%	6.8%	0.0%	17.2%	13.7%	3.0%	0.1%	100.0%
(5) Outbacks: Cost Sharing ((5a)+(5b)+(5c)+(5d)+(5e))	\$7,383	\$59,355	\$1,063,849	\$373,874	\$682,904	\$350,623	\$696,689	\$533,179	\$1,479	\$1,528,227	\$1,342,580	\$149,617	\$161	\$7,390,949
(5a) Deductible	\$533	\$7,091	\$134,807	\$49,102	\$62,954	\$59,970	\$18,381	\$29,272	\$0	\$27,810	\$77,150	\$30,036	\$0	\$491,107
(5b) Coinsurance	\$709	\$37,637	\$1,375,870	\$248,462	\$550,144	\$231,302	\$591,034	\$481,833	\$0	\$1,287,555	\$840,154	\$93,667	\$0	\$5,738,818
(5c) Excess Maximum	\$2,513	\$5,212	\$89,717	\$53,420	\$53,853	\$30,370	\$43,030	\$8,267	\$0	\$158,852	\$48,288	\$12,433	\$0	\$505,754
(5d) Non Duplication	\$134	\$242	\$1,038	\$78	\$23	\$0	\$0	\$0	\$0	\$0	\$54,167	\$0	\$0	\$55,682
(5e) Other Outbacks	\$3,493	\$9,174	\$62,417	\$22,812	\$15,959	\$34,881	\$44,194	\$13,806	\$1,479	\$65,210	\$322,820	\$13,281	\$161	\$599,788
(6) Total Outbacks ((3)+(5))	\$32,187	\$92,751	\$2,038,204	\$527,545	\$927,763	\$591,457	\$918,871	\$727,753	\$11,841	\$1,971,562	\$1,972,867	\$340,462	\$887	\$10,154,251
(7) Benefits Paid ((4)-(6))	\$205,336	\$242,945	\$1,305,854	\$551,864	\$1,208,702	\$447,893	\$399,548	\$403,407	\$0	\$847,884	\$545,463	\$271,034	\$840	\$6,438,569
as a percent of total benefits paid	3.2%	3.8%	20.3%	8.6%	18.8%	7.0%	8.2%	8.3%	0.0%	13.2%	8.5%	4.2%	0.1%	100.0%
(8) COB Savings	\$66,801	\$78,966	\$76,043	\$22,698	\$60,019	\$49,431	(\$1,226)	\$526	\$0	(\$2,691)	(\$10,882)	\$24,587	\$166	\$363,439
(9) Other Adjustments	(\$12,784)	(\$37,551)	(\$37,986)	(\$3,874)	(\$12,414)	(\$52,355)	\$1,513	(\$1,314)	(\$24)	(\$3,932)	(\$18,015)	(\$20,852)	(\$93)	(\$199,682)
(10) Net Paid ((7)-(8)-(9))	\$151,319	\$201,531	\$1,287,597	\$553,039	\$1,181,098	\$451,818	\$399,261	\$404,195	\$24	\$854,507	\$574,359	\$287,299	\$8,766	\$6,272,812
as a percent of total net paid	2.4%	3.2%	20.2%	8.5%	18.5%	7.2%	8.4%	6.4%	0.0%	13.6%	9.2%	4.3%	0.1%	100.0%
(11) Charge Per Procedure ((2)/(1))	\$66.57	\$43.08	\$324.71	\$276.20	\$560.46	\$246.76	\$609.30	\$583.07	\$394.70	\$948.03	\$503.87	\$204.10	\$19.51	\$337.98
(12) Net Paid Per Procedure ((10)/(1))	\$42.41	\$25.86	\$123.09	\$136.40	\$304.59	\$107.27	\$184.50	\$208.35	\$0.81	\$287.33	\$114.92	\$89.22	\$17.09	\$127.79
(13) Claim Control Outbacks as a Percentage of Charges	10.4%	9.9%	11.2%	14.2%	11.5%	23.2%	16.9%	17.2%	87.5%	15.7%	25.0%	31.2%	9.4%	16.7%
(13a) Decline ((3a)/(2))	11.8%	11.2%	12.9%	20.1%	11.5%	18.4%	18.4%	17.2%	87.5%	15.8%	25.1%	25.6%	10.2%	17.1%
(13b) R&C ((3b)/(2))	0.1%	0.6%	0.2%	0.0%	0.2%	8.1%	0.3%	0.6%	0.0%	0.2%	0.0%	6.2%	0.0%	0.9%
(13c) Profile ((3c)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(13d) Schedule Plans ((3d)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(14) Cost Sharing Outbacks as a Percentage of Charges	3.1%	17.7%	48.8%	34.6%	32.0%	33.7%	52.6%	47.1%	12.5%	54.2%	53.3%	24.5%	2.1%	44.5%
(14a) Deductible ((5a)/(2))	0.2%	2.1%	4.0%	4.5%	2.9%	5.2%	1.4%	2.6%	0.0%	1.0%	3.1%	4.9%	0.0%	3.0%
(14b) Coinsurance ((5b)/(2))	0.3%	11.2%	41.1%	23.0%	25.8%	22.3%	44.8%	42.6%	0.0%	45.7%	33.4%	15.4%	0.0%	34.6%
(14c) Excess Maximum ((5c)/(2))	1.1%	1.6%	2.7%	4.9%	2.5%	2.9%	3.3%	0.7%	0.0%	5.6%	1.9%	2.0%	0.0%	3.0%
(14d) Non Duplication ((5d)/(2))	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%	0.3%
(15) Total Outbacks as a % of Charges ((13)+(14))	13.6%	27.6%	61.0%	48.9%	43.4%	56.9%	69.7%	64.3%	100.0%	69.9%	78.3%	55.7%	11.5%	61.2%
(16) Benefits Paid as a % of Charges ((7)/(2))	86.4%	72.4%	38.0%	51.1%	58.6%	43.1%	30.3%	35.7%	0.0%	30.1%	21.7%	44.3%	88.5%	38.8%
(17) COB Savings as a % of Charges ((8)/(2))	28.1%	23.5%	2.3%	2.1%	2.8%	4.7%	-0.1%	0.0%	-0.1%	-0.1%	-0.4%	4.0%	2.2%	2.2%
(18) Other Adjustments as a % of Charges ((9)/(2))	-4.4%	-11.2%	-1.1%	-0.4%	-0.6%	-5.0%	0.1%	-0.1%	-0.2%	-0.1%	-0.7%	-3.4%	-1.2%	-1.2%
(19) Net Paid as a % of Charges ((10)/(2))	63.7%	60.0%	37.9%	49.4%	54.3%	43.5%	30.3%	35.7%	0.2%	30.3%	22.6%	43.7%	87.6%	37.6%

# ABC COMPANY

Customer Number: 999999  
In and Out of Network by Tier Report

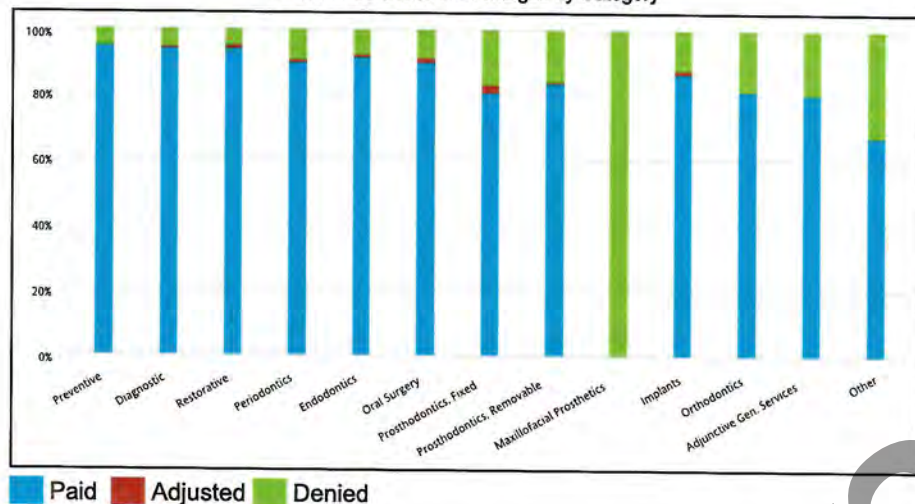


Customer - 999999

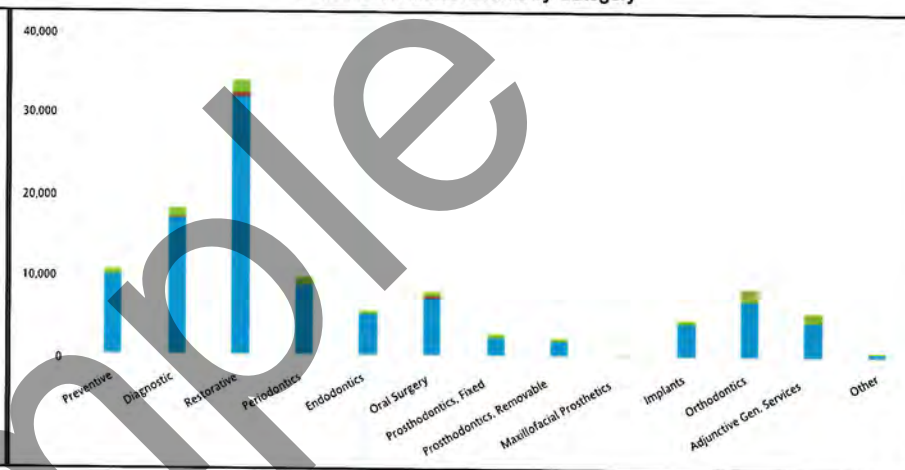
Paid From: 01/01/2012 To: 06/22/2015

Network Category: Out of Network

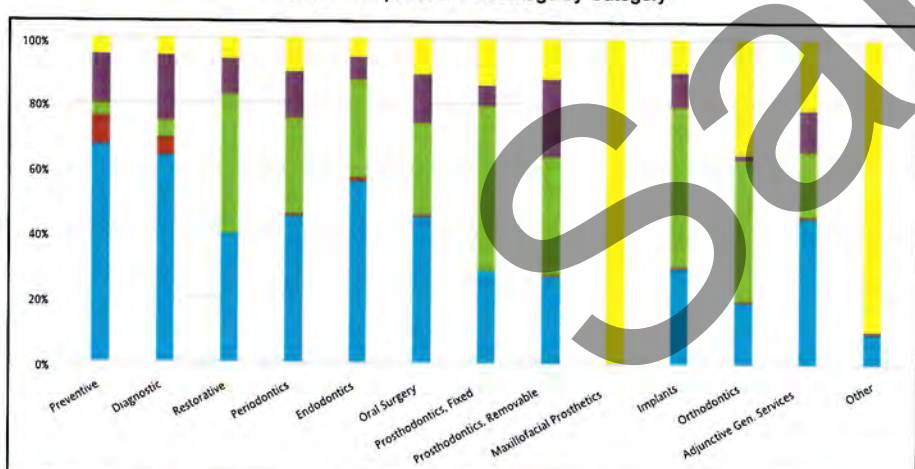
Procedures Status Percentages by Category



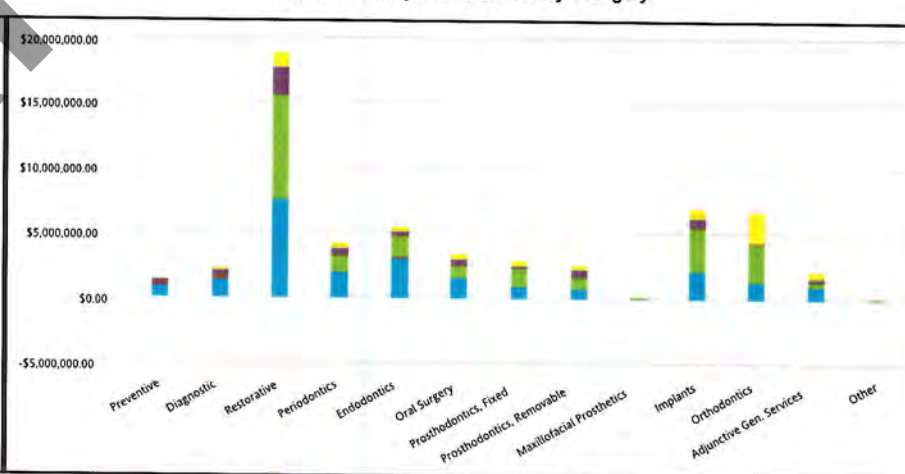
Procedures Status Counts by Category



Financial Components Percentage by Category



Financial Components Dollars by Category



Net Paid COB and Other Adjustments Cost Sharing Cutbacks Claim Control Cutbacks (Paid) Claim Control Cutbacks (Denied)



ABC COMPANY

Customer Number: 999999  
In and Out of Network by Tier Report

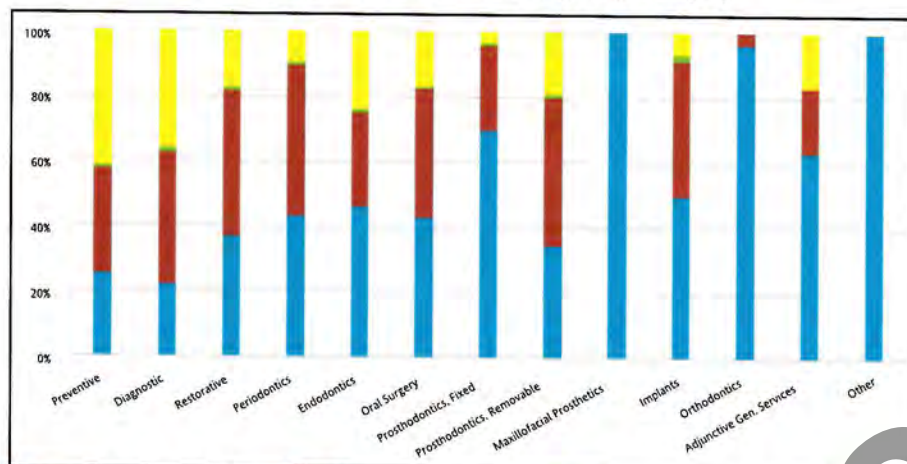


Customer - 999999

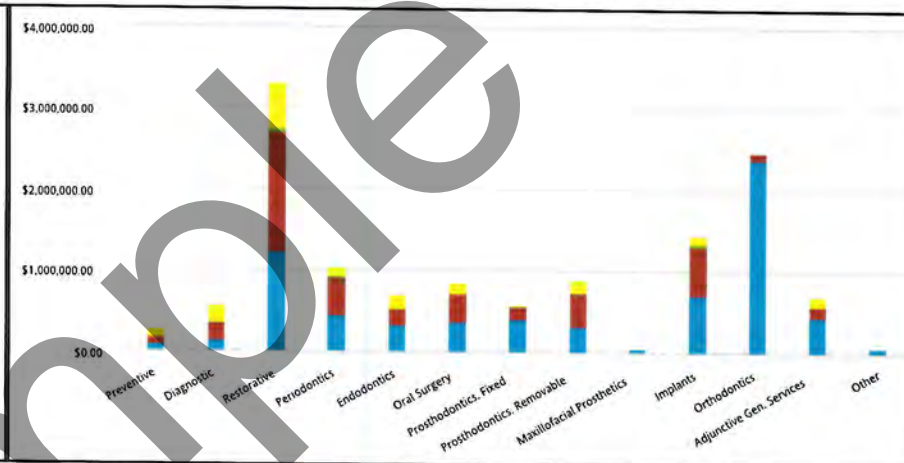
Paid From: 01/01/2012 To: 06/22/2015

Network Category: Out of Network

Claim Control Cutbacks Percentages by Category

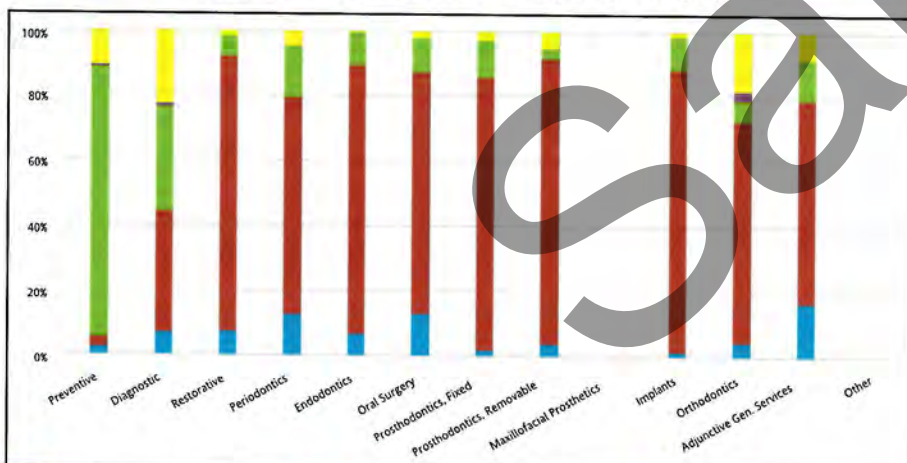


Claim Control Cutbacks Dollars by Category

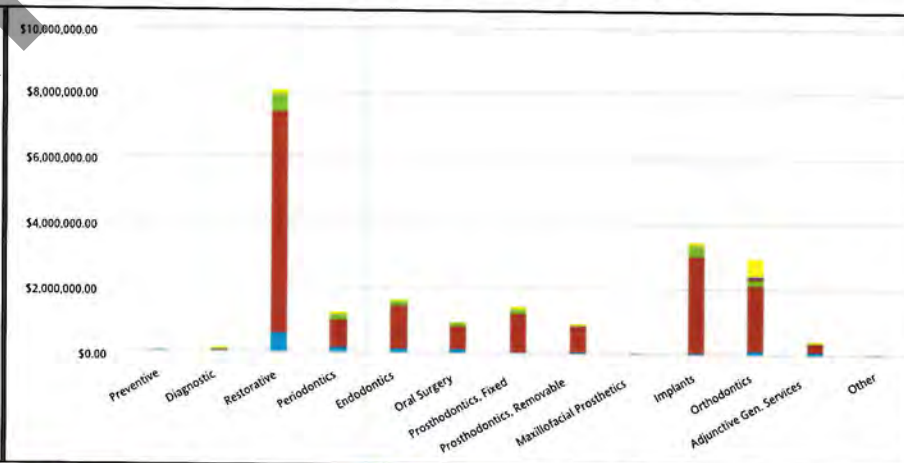


Claim Control: Denied Claim Control: R&C Claim Control: Profile Claim Control: Schedule Plans Claim Control: Other

Cost Sharing Cutbacks Percentages by Category



Cost Sharing Cutbacks Dollars by Category



Cost Share: Deductible Cost Share: Coinsurance Cost Share: Excess Max Cost Share: Non-Duplication Cost Share: Other

Customer Number: 999999  
In and Out of Network by Tier Report

Customer - 999999

Paid From: 01/01/2012 To: 06/22/2015

Network Category: Out of Network

	Preventive	Diagnostic	Restorative	Periodontics	Endodontics	Oral Surgery	Prosthodontics, Fixed	Prosthodontics, Removable	Maxillofacial Prosthetics	Implants	Orthodontics	Adjunctive Gen. Services	Other	Total
(1) # of Procedures ((1a)+(1b)+(1c))	10,247	17,702	33,588	9,405	5,334	7,692	2,501	1,965	71	4,436	8,182	5,225	475	108,851
as a percent of total procedures	9.8%	16.8%	31.4%	8.8%	5.0%	7.2%	2.3%	1.8%	0.1%	4.2%	7.7%	4.9%	0.4%	100.0%
(1a) Paid	9,695	16,847	31,556	8,430	4,877	6,897	2,010	1,665	0	3,827	6,641	4,185	318	98,748
(1b) Adjusted	12	20	341	64	29	109	57	7	0	53	5	9	0	708
(1c) Denied	540	1,035	1,689	911	428	686	434	323	71	556	1,536	1,031	157	9,397
(2) Charges	\$1,255,229	\$2,099,549	\$18,821,674	\$4,090,576	\$5,311,673	\$3,245,280	\$2,751,869	\$2,448,127	\$27,883	\$6,833,889	\$6,810,811	\$2,008,159	\$51,802	\$55,554,512
as a percent of total charges	2.3%	3.8%	33.9%	7.4%	9.6%	5.8%	5.0%	4.4%	0.1%	12.3%	11.9%	3.8%	0.1%	100.0%
(3) Cutbacks: Claim Controls ((3a)+(3b)+(3c)+(3d)+(3e))	\$254,451	\$534,671	\$3,283,754	\$1,005,840	\$880,520	\$845,433	\$568,506	\$684,706	\$27,883	\$1,417,332	\$2,458,182	\$887,565	\$46,768	\$12,705,633
(3a) Decline	\$64,190	\$116,898	\$1,211,067	\$432,406	\$312,054	\$361,512	\$395,509	\$301,687	\$27,883	\$702,920	\$2,363,818	\$433,837	\$48,676	\$6,770,454
(3b) R&C	\$81,557	\$215,894	\$1,468,732	\$463,869	\$196,894	\$334,234	\$146,710	\$404,100	\$0	\$583,359	\$94,365	\$135,918	\$0	\$4,125,621
(3c) Profile	\$2,833	\$9,940	\$47,081	\$10,651	\$8,320	\$7,318	\$6,297	\$12,136	\$0	\$34,683	\$0	\$1,364	\$0	\$140,622
(3d) Schedule Plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3e) Other Cutbacks	\$105,871	\$191,951	\$566,873	\$98,915	\$163,254	\$142,370	\$19,991	\$166,783	\$0	\$96,371	\$0	\$116,446	\$112	\$1,668,935
(4) Covered Expense ((2)-(3))	\$1,000,778	\$1,564,877	\$15,527,821	\$3,084,736	\$4,631,152	\$2,399,847	\$2,183,453	\$1,561,421	\$0	\$5,416,566	\$4,152,629	\$1,320,594	\$5,014	\$42,848,679
as a percent of total covered expenses	2.3%	3.7%	36.2%	7.2%	10.8%	5.6%	5.1%	3.6%	0.0%	12.6%	9.7%	3.1%	0.0%	100.0%
(5) Cutbacks: Cost Sharing ((5a)+(5b)+(5c)+(5d)+(5e))	\$50,073	\$115,831	\$8,062,804	\$1,217,621	\$1,806,480	\$931,659	\$1,403,679	\$604,035	\$0	\$3,413,608	\$2,834,931	\$412,882	\$0	\$21,043,714
(5a) Deductible	\$1,093	\$8,064	\$562,151	\$153,167	\$105,168	\$117,452	\$22,508	\$31,020	\$0	\$42,808	\$120,782	\$67,921	\$0	\$1,252,135
(5b) Coinsurance	\$1,545	\$42,882	\$6,784,956	\$812,295	\$1,326,956	\$693,918	\$1,176,281	\$794,884	\$0	\$2,956,404	\$1,997,448	\$257,530	\$0	\$16,845,109
(5c) Excess Maximum	\$41,560	\$37,472	\$548,999	\$193,950	\$167,126	\$101,478	\$165,933	\$30,216	\$0	\$365,195	\$194,587	\$52,358	\$0	\$1,897,975
(5d) Non Duplication	\$304	\$924	\$3,796	\$1,638	\$444	\$388	\$968	\$144	\$0	\$0	\$77,076	\$312	\$0	\$85,693
(5e) Other Cutbacks	\$5,571	\$28,579	\$132,902	\$66,571	\$6,797	\$18,722	\$38,889	\$47,770	\$0	\$49,202	\$545,037	\$34,761	\$0	\$962,802
(6) Total Cutbacks ((3)+(5))	\$304,524	\$650,603	\$11,346,558	\$2,223,461	\$2,287,011	\$1,777,092	\$1,972,165	\$1,788,741	\$27,883	\$4,830,941	\$5,393,113	\$1,100,446	\$48,768	\$33,740,346
(7) Benefits Paid ((4)-(6))	\$696,254	\$909,074	\$14,181,263	\$861,275	\$4,144,141	\$622,755	\$2,211,288	\$1,572,676	\$0	\$6,585,625	\$3,759,516	\$2,220,148	\$5,014	\$39,108,333
as a percent of total benefits paid	4.4%	6.6%	34.3%	8.6%	13.9%	6.7%	3.6%	3.0%	0.0%	9.2%	5.6%	4.2%	0.0%	100.0%
(8) COB Savings	\$122,866	\$142,034	\$76,938	\$24,835	\$49,213	\$30,741	(\$3,792)	\$394	\$0	(\$6,119)	(\$12,948)	\$14,894	\$149	\$439,205
(9) Other Adjustments	(\$16,961)	(\$35,019)	(\$42,774)	(\$7,486)	(\$5,945)	(\$41,011)	\$619	(\$1,873)	(\$21)	(\$13,058)	(\$21,224)	(\$17,888)	(\$6)	(\$202,447)
(10) Net Paid ((7)-(8)-(9))	\$844,800	\$1,341,931	\$14,104,293	\$873,665	\$4,199,399	\$653,766	\$2,215,079	\$1,574,549	\$21	\$6,601,744	\$3,780,764	\$2,238,036	\$4,871	\$38,885,880
as a percent of total net paid	3.9%	6.2%	34.5%	8.6%	13.8%	6.8%	3.6%	3.1%	0.0%	9.4%	5.8%	4.2%	0.0%	100.0%
(11) Charge Per Procedure ((2)/(1))	\$122.50	\$118.51	\$560.40	\$434.94	\$995.81	\$421.90	\$1,100.34	\$1,226.13	\$392.71	\$1,540.55	\$807.97	\$384.34	\$109.06	\$519.93
(12) Net Paid Per Procedure ((10)/(1))	\$82.44	\$75.81	\$221.55	\$196.88	\$558.94	\$192.21	\$313.05	\$330.16	\$0.30	\$455.84	\$153.00	\$174.30	\$10.26	\$201.85
(13) Claim Control Cutbacks as a Percentage of Charges	20.3%	25.5%	17.5%	24.6%	12.8%	26.1%	20.7%	36.2%	100.0%	20.7%	37.2%	34.2%	90.3%	22.9%
(13a) Decline ((3a)/(2))	5.1%	5.6%	6.4%	10.6%	5.9%	11.1%	14.4%	12.3%	100.0%	10.3%	35.8%	21.6%	90.1%	12.2%
(13b) R&C ((3b)/(2))	6.5%	10.3%	7.8%	11.3%	3.7%	10.3%	5.3%	16.5%	0.0%	8.5%	1.4%	6.8%	0.0%	7.4%
(13c) Profile ((3c)/(2))	0.2%	0.5%	0.3%	0.3%	0.2%	0.2%	0.2%	0.5%	0.0%	0.5%	0.0%	0.1%	0.0%	0.3%
(13d) Schedule Plans ((3d)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(14) Cost Sharing Cutbacks as a Percentage of Charges	4.0%	5.5%	42.8%	29.8%	30.2%	28.7%	51.0%	37.0%	0.0%	50.0%	44.4%	20.6%	0.0%	37.9%
(14a) Deductible ((5a)/(2))	0.1%	0.4%	3.1%	3.7%	2.0%	3.6%	0.8%	1.3%	0.0%	0.6%	1.8%	3.4%	0.0%	2.3%
(14b) Coinsurance ((5b)/(2))	0.1%	2.0%	36.0%	19.9%	25.0%	21.4%	42.7%	32.5%	0.0%	43.3%	30.2%	12.8%	0.0%	30.3%
(14c) Excess Maximum ((5c)/(2))	3.3%	1.8%	2.9%	4.7%	3.1%	3.1%	6.0%	1.2%	0.0%	5.3%	2.9%	2.6%	0.0%	3.4%
(14d) Non Duplication ((5d)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	0.2%
(15) Total Cutbacks as a % of Charges ((13)+(14))	24.3%	31.0%	60.3%	54.4%	43.1%	54.8%	71.7%	73.1%	100.0%	70.7%	81.6%	54.8%	90.3%	60.7%
(16) Benefits Paid as a % of Charges ((7)/(2))	75.7%	89.0%	39.7%	45.6%	56.9%	45.2%	28.3%	28.9%	0.0%	29.3%	18.4%	45.2%	9.7%	38.3%
(17) COB Savings as a % of Charges ((8)/(2))	9.8%	6.8%	0.4%	0.6%	0.9%	0.9%	-0.1%	0.0%	0.0%	-0.1%	-0.2%	0.7%	0.3%	0.6%
(18) Other Adjustments as a % of Charges ((9)/(2))	-1.4%	-1.7%	-0.2%	-0.2%	-0.1%	-1.3%	0.0%	-0.1%	-0.1%	-0.2%	-0.3%	-0.9%	0.0%	-0.4%
(19) Net Paid as a % of Charges ((10)/(2))	67.3%	63.9%	39.5%	45.2%	58.1%	45.8%	28.5%	26.6%	0.1%	29.6%	18.9%	45.4%	9.4%	38.6%



ABC COMPANY

Customer Number: 999999  
In and Out of Network by Tier Report

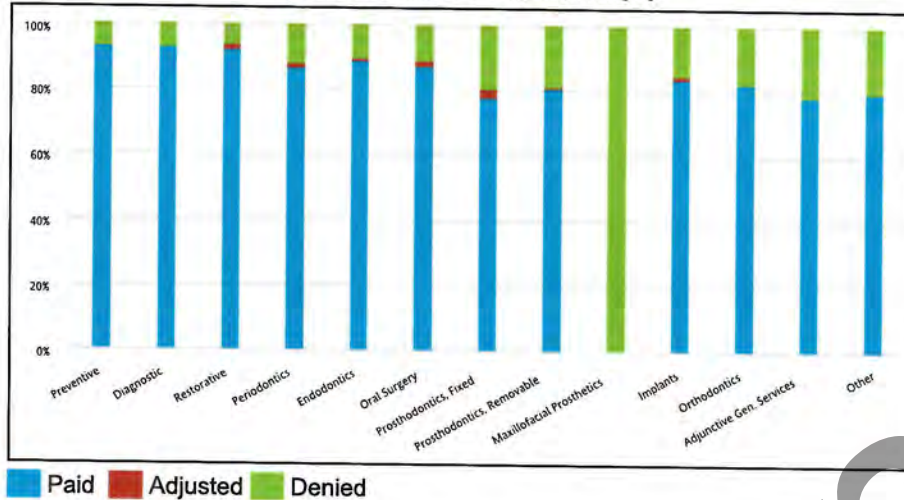


Customer -999999

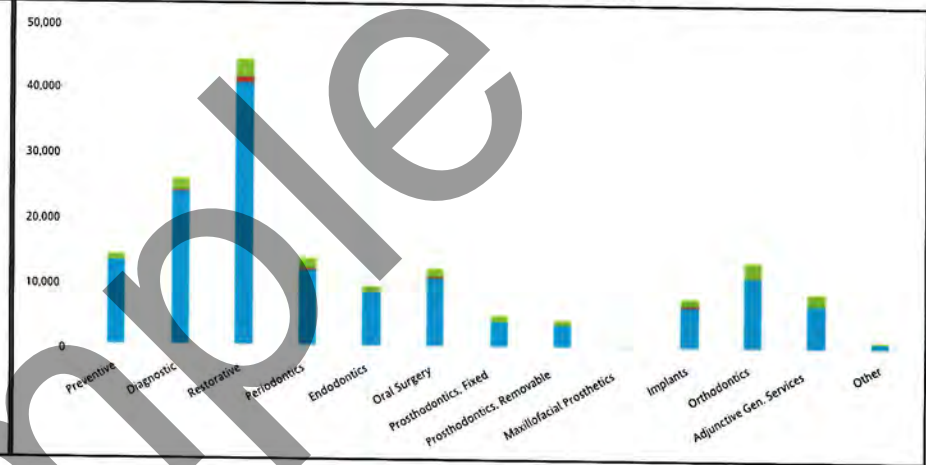
Paid From: 01/01/2012 To: 06/22/2015

Network Category: Total In and Out Network

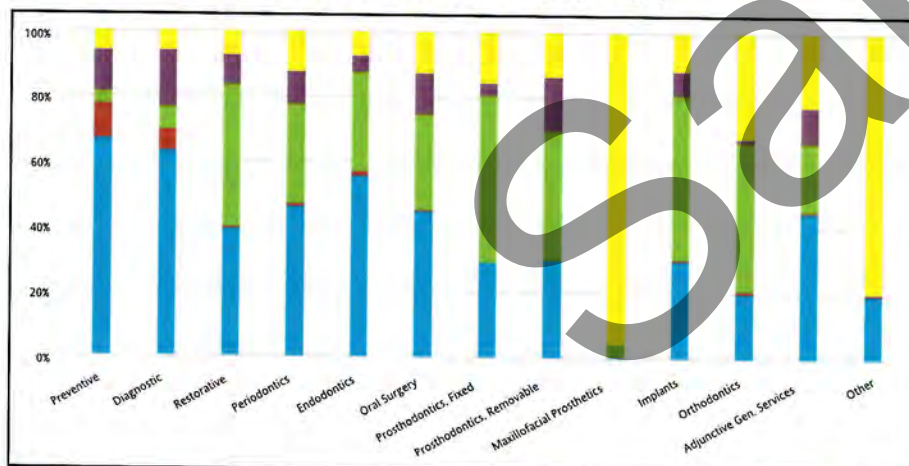
Procedures Status Percentages by Category



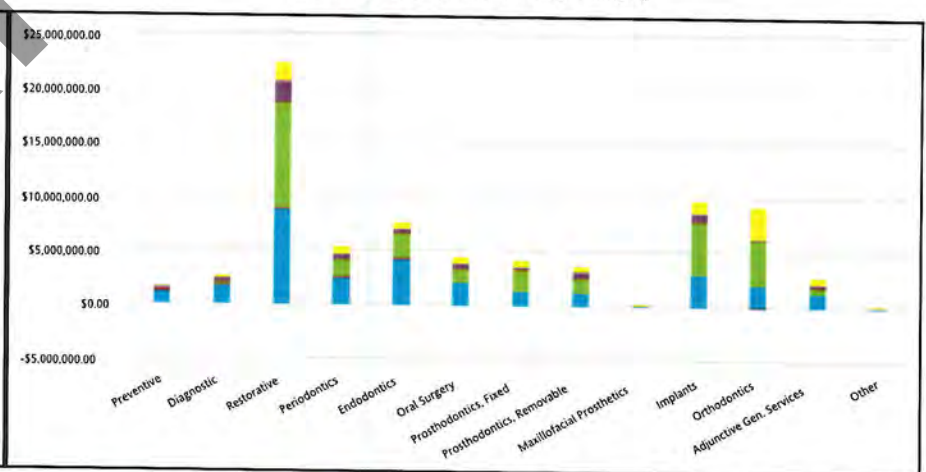
Procedures Status Counts by Category



Financial Components Percentage by Category



Financial Components Dollars by Category



Net Paid COB and Other Adjustments Cost Sharing Cutbacks Claim Control Cutbacks (Paid) Claim Control Cutbacks (Denied)

ABC COMPANY

Customer Number: 999999  
In and Out of Network by Tier Report

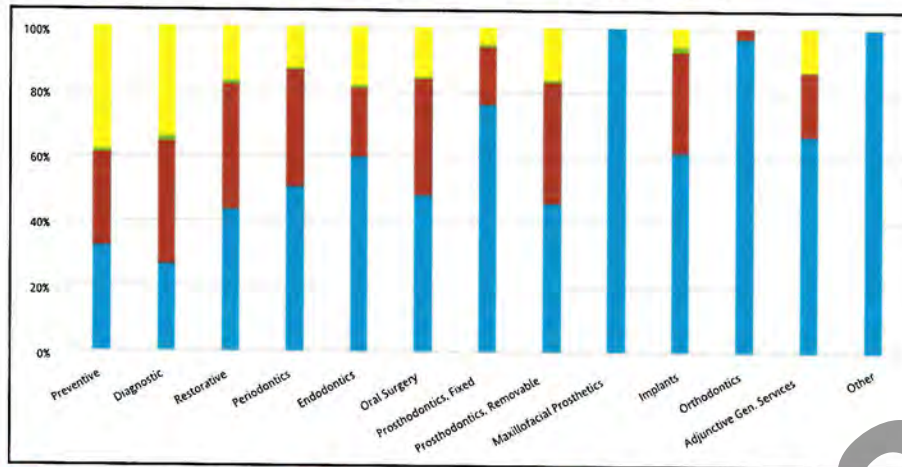


Customer - 999999

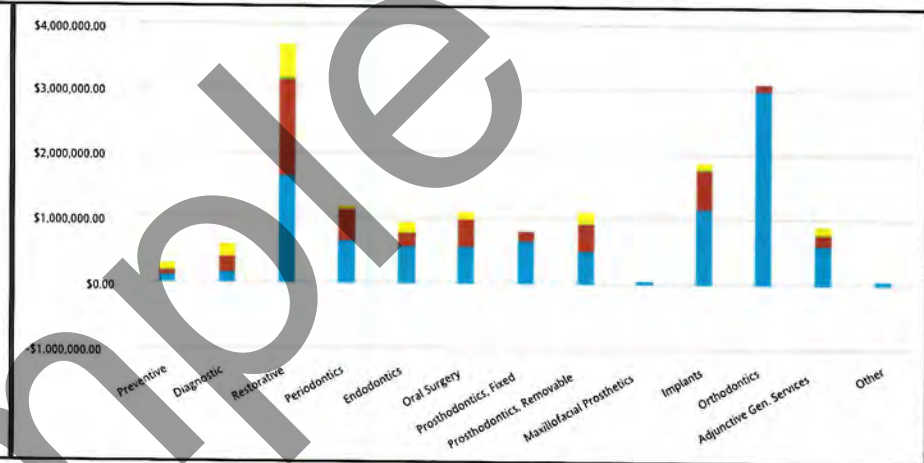
Paid From: 01/01/2012 To: 06/22/2015

Network Category: Total In and Out Network

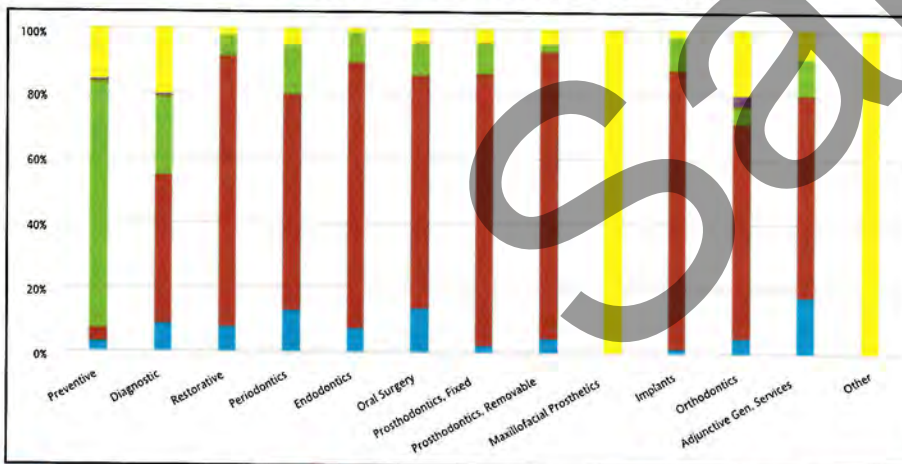
Claim Control Cutbacks Percentages by Category



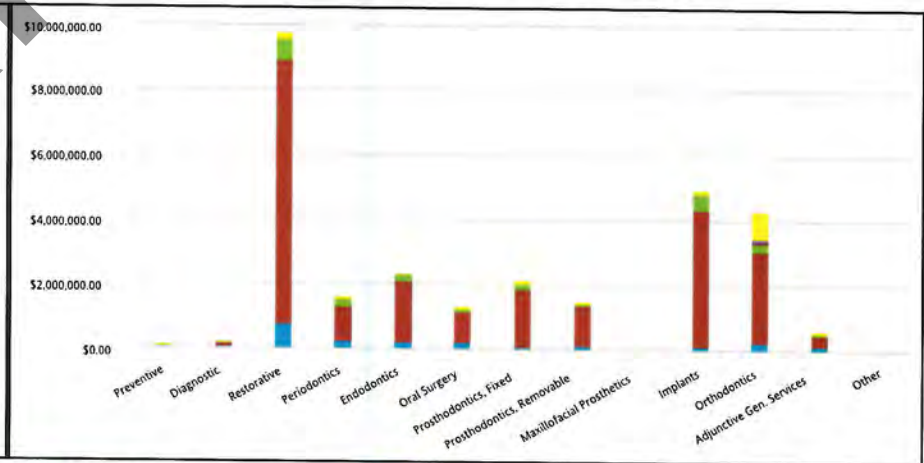
Claim Control Cutbacks Dollars by Category



Cost Sharing Cutbacks Percentages by Category



Cost Sharing Cutbacks Dollars by Category



Cost Share: Deductible Cost Share: Coinsurance Cost Share: Excess Max Cost Share: Non-Duplication Cost Share: Other



Customer Number: 999999  
In and Out of Network by Tier Report

Customer -999999

Paid From: 01/01/2012 To: 06/22/2015

Network Category: Total In and Out Network

	Preventive	Diagnostic	Restorative	Periodontics	Endodontics	Oral Surgery	Prosthodontics, Fixed	Prosthodontics, Removable	Maxillofacial Prosthetics	Implants	Orthodontics	Adjunctive Gen. Services	Other	Total
(1) # of Procedures ((1a)+(1b)+(1c))	13,815	25,494	43,884	13,313	9,148	11,904	4,665	3,935	101	7,410	13,180	8,221	871	155,939
as a percent of total procedures	8.9%	16.3%	28.1%	8.5%	5.9%	7.6%	3.0%	2.5%	0.1%	4.8%	8.5%	5.3%	0.8%	100.0%
(1a) Paid	12,828	23,596	40,346	11,523	8,102	10,357	3,614	3,171	0	6,182	10,804	6,415	692	137,630
(1b) Adjusted	24	37	668	140	62	218	125	14	0	81	9	17	1	1,396
(1c) Denied	963	1,861	2,870	1,650	982	1,329	926	750	101	1,147	2,367	1,789	178	16,913
(2) Charges	\$1,492,753	\$2,435,245	\$22,165,430	\$5,168,985	\$7,448,138	\$4,284,831	\$4,070,479	\$3,677,287	\$39,724	\$9,653,334	\$9,129,141	\$2,619,655	\$59,628	\$72,145,332
as a percent of total charges	2.1%	3.4%	30.7%	7.2%	10.3%	5.9%	5.6%	5.0%	0.1%	13.4%	12.7%	3.6%	0.1%	100.0%
(3) Outbacks: Claim Control ((3a)+(3b)+(3c)+(3d)+(3e))	\$279,258	\$568,067	\$3,088,109	\$1,159,511	\$825,350	\$1,088,267	\$790,788	\$1,079,280	\$38,245	\$1,859,687	\$3,088,470	\$878,410	\$47,514	\$15,468,935
(3a) Decline	\$92,111	\$154,373	\$1,640,819	\$849,391	\$557,723	\$637,560	\$496,135	\$36,245	\$1,149,436	\$2,994,891	\$590,151	\$47,461	\$0	\$9,600,927
(3b) R&C	\$81,841	\$217,973	\$1,474,949	\$463,898	\$200,634	\$418,404	\$150,937	\$410,364	\$0	\$588,198	\$94,411	\$173,722	\$0	\$4,275,331
(3c) Profile	\$2,833	\$9,940	\$47,081	\$10,651	\$8,320	\$7,318	\$6,297	\$12,436	\$0	\$34,683	\$0	\$1,364	\$0	\$140,622
(3d) Schedule Plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3e) Other Outbacks	\$102,471	\$185,782	\$505,260	\$35,571	\$158,673	\$107,913	(\$4,005)	\$160,645	\$0	\$87,351	(\$832)	\$113,174	\$53	\$1,482,055
(4) Covered Expense ((2)-(3))	\$1,213,497	\$1,867,178	\$18,497,324	\$4,010,474	\$6,522,788	\$3,196,364	\$3,279,690	\$2,498,007	\$1,479	\$7,793,667	\$6,040,671	\$1,741,245	\$12,014	\$58,676,397
as a percent of total covered expenses	2.1%	3.3%	32.6%	7.1%	11.5%	5.6%	5.6%	4.4%	0.0%	13.6%	10.7%	3.1%	0.0%	100.0%
(5) Outbacks: Cost Sharing ((5a)+(5b)+(5c)+(5d)+(5e))	\$57,456	\$175,257	\$9,716,853	\$1,591,485	\$2,289,424	\$1,282,282	\$2,100,388	\$1,437,214	\$1,479	\$4,942,835	\$4,277,511	\$562,488	\$161	\$28,434,663
(5a) Deductible	\$1,625	\$15,155	\$716,958	\$202,269	\$168,122	\$171,422	\$40,889	\$60,293	\$0	\$70,618	\$197,932	\$97,957	\$0	\$1,743,242
(5b) Coinsurance	\$2,254	\$80,529	\$8,160,826	\$1,060,757	\$1,877,100	\$925,220	\$1,767,365	\$1,276,717	\$0	\$4,243,959	\$2,837,603	\$351,397	\$0	\$22,583,727
(5c) Excess Maximum	\$44,073	\$42,684	\$638,715	\$247,371	\$220,979	\$131,848	\$203,063	\$38,483	\$0	\$523,847	\$242,878	\$64,791	\$0	\$2,403,730
(5d) Non Duplication	\$438	\$1,165	\$4,833	\$1,716	\$467	\$88	\$953	\$144	\$0	\$131,243	\$312	\$0	\$0	\$141,374
(5e) Other Outbacks	\$9,064	\$35,753	\$195,320	\$79,383	\$22,766	\$53,704	\$83,084	\$61,576	\$1,479	\$104,411	\$867,858	\$48,041	\$161	\$1,582,590
(6) Total Outbacks ((3)+(5))	\$336,711	\$743,354	\$13,384,782	\$2,751,006	\$3,214,774	\$2,368,549	\$2,891,157	\$2,516,494	\$39,724	\$6,802,503	\$7,365,981	\$1,440,908	\$47,675	\$43,903,597
(7) Benefits Paid ((4)-(6))	\$1,156,041	\$1,691,891	\$16,802,542	\$3,259,468	\$3,308,014	\$1,827,815	\$1,488,541	\$1,061,513	\$0	\$1,991,164	\$4,674,690	\$1,300,337	\$11,339	\$48,772,800
as a percent of total benefits paid	4.1%	8.0%	31.1%	8.8%	15.0%	6.8%	4.2%	3.8%	0.0%	10.1%	6.2%	4.2%	0.0%	100.0%
(8) COB Savings	\$189,667	\$221,000	\$162,981	\$47,534	\$109,232	\$79,172	(\$5,018)	\$920	\$0	(\$8,810)	(\$23,830)	\$39,481	\$315	\$802,844
(9) Other Adjustments	(\$29,744)	(\$72,571)	(\$80,760)	(\$11,360)	(\$18,359)	(\$93,367)	\$2,132	(\$2,987)	(\$46)	(\$16,990)	(\$39,239)	(\$38,741)	(\$99)	(\$402,129)
(10) Net Paid ((7)-(8)-(9))	\$996,119	\$1,543,462	\$16,802,542	\$3,380,828	\$3,427,373	\$1,907,187	\$1,493,659	\$1,064,501	\$46	\$2,008,154	\$4,703,920	\$1,339,078	\$11,438	\$48,370,929
as a percent of total net paid	3.6%	5.5%	31.3%	8.6%	14.9%	6.9%	4.2%	3.8%	0.0%	10.3%	6.6%	4.2%	0.0%	100.0%
(11) Charge Per Procedure ((2)/(1))	\$108.05	\$95.52	\$505.09	\$388.34	\$814.36	\$359.93	\$872.56	\$939.09	\$393.30	\$1,302.74	\$692.65	\$328.65	\$68.34	\$462.65
(12) Net Paid Per Procedure ((10)/(1))	\$72.10	\$60.64	\$381.44	\$254.98	\$375.93	\$152.15	\$253.42	\$270.10	\$0.45	\$268.21	\$358.56	\$163.29	\$13.36	\$317.54
(13) Claim Control Outbacks as a Percentage of Charges	18.7%	23.3%	16.5%	22.4%	12.4%	25.4%	19.4%	30.2%	96.3%	19.3%	33.8%	33.5%	79.8%	21.4%
(13a) Decline ((3a)/(2))	6.2%	6.3%	7.4%	12.6%	7.5%	12.9%	15.7%	13.9%	96.3%	11.9%	32.8%	22.5%	79.7%	13.3%
(13b) R&C ((3b)/(2))	5.5%	9.0%	6.7%	9.0%	2.7%	9.8%	3.7%	11.5%	0.0%	6.1%	1.0%	6.6%	0.0%	5.9%
(13c) Profile ((3c)/(2))	0.2%	0.4%	0.2%	0.2%	0.1%	0.2%	0.2%	0.3%	0.0%	0.4%	0.0%	0.1%	0.0%	0.2%
(13d) Schedule Plans ((3d)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(14) Cost Sharing Outbacks as a Percentage of Charges	3.6%	7.2%	43.8%	30.8%	30.7%	29.8%	51.8%	40.2%	3.7%	51.2%	46.9%	21.5%	0.3%	39.4%
(14a) Deductible ((5a)/(2))	0.1%	0.6%	3.2%	3.9%	2.3%	4.0%	1.0%	1.7%	0.0%	0.7%	2.2%	3.7%	0.0%	2.4%
(14b) Coinsurance ((5b)/(2))	0.2%	3.3%	36.8%	20.5%	25.2%	21.6%	43.4%	35.7%	0.0%	44.0%	31.1%	13.4%	0.0%	31.3%
(14c) Excess Maximum ((5c)/(2))	3.0%	1.8%	2.9%	4.8%	3.0%	3.1%	5.1%	1.1%	0.0%	5.4%	2.7%	2.5%	0.0%	3.3%
(14d) Non Duplication ((5d)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	0.2%
(15) Total Outbacks as a % of Charges ((13)+(14))	22.6%	30.5%	60.4%	53.2%	43.2%	55.3%	71.0%	70.3%	100.0%	70.5%	80.7%	55.0%	80.1%	60.9%
(16) Benefits Paid as a % of Charges ((7)/(2))	77.4%	68.5%	39.6%	48.8%	58.8%	44.7%	29.0%	29.7%	0.0%	26.5%	19.3%	45.0%	19.9%	38.1%
(17) COB Savings as a % of Charges ((8)/(2))	12.7%	9.1%	0.7%	0.9%	1.5%	1.8%	-0.1%	0.0%	0.0%	-0.1%	-0.3%	1.5%	0.5%	1.1%
(18) Other Adjustments as a % of Charges ((9)/(2))	-2.0%	-3.0%	-0.4%	-0.2%	-0.2%	-2.2%	0.1%	-0.1%	-0.1%	-0.2%	-0.4%	-1.5%	-0.2%	-0.6%
(19) Net Paid as a % of Charges ((10)/(2))	66.7%	63.4%	39.3%	48.1%	55.6%	45.1%	29.0%	29.7%	0.1%	28.8%	20.0%	45.0%	19.5%	38.6%



# **Benchmarking Side-by-Side Comparison Report**

Sample





Dental Side by Side Benchmark



General Information	Customer A - Coverage 1	Customer A - Coverage 2	Customer B - Coverage 1	Customer B - Coverage 2	Customer C - Coverage 1	Customer C - Coverage 2
Industry	<Industry 1>	<Industry 2>	<Industry 3>	<Industry 4>	<Industry 5>	<Industry 6>
Situs State	<State>	<State>	<State>	<State>	<State>	<State>
Funding Agreement	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Lives Category	201 - 500	201 - 500	201 - 500	201 - 500	101 - 200	101 - 200
Plan Type	VALUE_RC	VALUE_RC	CLASSIC_RC	CLASSIC_RC	CLASSIC_RC	CLASSIC_RC
Missing Tooth Exclusion in Effect	No	No	Yes	Yes	Yes	Yes
Schedule of Benefits						
	In Network / Out of Network	In Network / Out of Network	In Network / Out of Network	In Network / Out of Network	In Network / Out of Network	In Network / Out of Network
Preventive Services (Type A)	100.00 / 100.00	100.00 / 100.00	100.00 / 100.00	100.00 / 100.00	100.00 / 100.00	100.00 / 100.00
Basic Service (Type B)	100.00 / 80.00	100.00 / 80.00	80.00 / 80.00	80.00 / 80.00	80.00 / 80.00	80.00 / 80.00
Major Services (Type C)	60.00 / 50.00	60.00 / 50.00	50.00 / 50.00	50.00 / 50.00	50.00 / 50.00	50.00 / 50.00
Deductible	\$100 / \$100	\$100 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100
Deductible Applies	All	All	Type B & C	Type B & C	Type B & C	Type B & C
Annual Max	\$1,000 / \$1,500	\$1,000 / \$1,500	\$1,000 / \$1,500	\$1,000 / \$1,500	\$1,000 / \$1,500	\$1,000 / \$1,500
Lifetime Max	No Limit	No Limit	No Limit	No Limit	\$2,000	\$2,000
Preventive/Diagnostic Services						
Oral Examination - Services Covered	Type A	Type A	Type A	Type A	Type A	Type A
Oral Examination - Frequency	1 per 6 Month(s)	1 per 6 Month(s)	1 per 6 Month(s)	1 per 6 Month(s)	1 per 6 Month(s)	1 per 6 Month(s)
Problem Focused Exams - Services Covered	Type A	Type A	Type A	Type A	Type A	Type A
Problem Focused Exams - Frequency	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)
Bitewing X Rays – Services Covered	Type A	Type A	Type A	Type A	Type A	Type A
Bitewing X Rays – Frequency	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)
Full Mouth X Rays – Services Covered	Type A	Type A	Type A	Type A	Type B	Type B
Full Mouth X Rays – Frequency	1 per 60 Month(s)	1 per 60 Month(s)	1 per 60 Month(s)	1 per 60 Month(s)	1 per 60 Month(s)	1 per 60 Month(s)
Prophylaxis – Services Covered	Type A	Type A	Type A	Type A	Type A	Type A
Prophylaxis – Frequency	1 per 6 Month(s)	1 per 6 Month(s)	1 per 6 Month(s)	1 per 6 Month(s)	1 per 6 Month(s)	1 per 6 Month(s)
Fluoride Treatment – Services Covered	Type A	Type A	Type A	Type A	Type A	Type A
Fluoride Treatment – Frequency	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)	1 per 12 Month(s)
Fluoride Treatment – Age Max	14	14	14	14	14	14
Sealant Applications – Services Covered	Type A	Type A	Type A	Type A	Type A	Type A
Sealant Applications – Frequency	1 per 60 Month(s)	1 per 60 Month(s)	1 per 36 Month(s)	1 per 36 Month(s)	1 per 3 Calendar Year(s)	1 per 3 Calendar Year(s)
Sealant Applications – Age Max	14	14	16	16	16	16
Basic Restoration Services						
Composites Fillings – posterior teeth	No	No	Yes	Yes	Yes	Yes
Periodontics/Endodontics/Oral Surgery						
Periodontal Maintenance	Type A	Type A	Type A	Type A	Type A	Type A
Periodontal Maintenance - Frequency	2 per 24 Calendar Year(s)	2 per 24 Calendar Year(s)	2 per 24 Calendar Year(s)	2 per 24 Calendar Year(s)	2 per 24 Calendar Year(s)	2 per 24 Calendar Year(s)
Periodontal Non-Surgical Scaling	Type B	Type B	Type B	Type B	Type B	Type B
Periodontal Non-Surgical Scaling - Frequency	1 per 24 Month(s)	1 per 24 Month(s)	1 per 24 Month(s)	1 per 24 Month(s)	1 per 24 Month(s)	1 per 24 Month(s)
Periodontal Treatment Surgical	Type B	Type B	Type C	Type C	Type B	Type B
Periodontal Treatment Surgical - Frequency	1 per 24 Month(s)	1 per 24 Month(s)	1 per 24 Month(s)	1 per 24 Month(s)	1 per 24 Month(s)	1 per 24 Month(s)
Oral Surgery – Simple extractions	Type C	Type C	Type C	Type C	Type C	Type C
Impactions and other surgery	Type C	Type C	Type C	Type C	Type C	Type C
Endodontic services – Root canal/retreatment	Type C	Type C	Type C	Type C	Type C	Type C
Major Restorative Services						
Initial Placement of Full & Partial Dentures	Type C	Type C	Type C	Type C	Type C	Type C
Initial Placement of Full & Partial Dentures – Frequency	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 84 Month(s)	1 per 84 Month(s)

Placement of Bridges – Same as Dentures	Type C	Type C	Type C	Type C	Type C	Type C
Placement of Bridges – Frequency Same as Dentures	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 84 Month(s)	1 per 84 Month(s)
Inlays, Onlays & Crowns	Type C	Type C	Type C	Type C	Type C	Type C
Inlays, Onlays & Crowns – Frequency	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 84 Month(s)	1 per 84 Month(s)
Implants	Type C	Type C	Type C	Type C	Type C	Type C
Implants - Frequency	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 10 Calendar Year(s)	1 per 60 Month(s)	1 per 60 Month(s)

Other Services						
Temporomandibula (TMJ) Coverage	Type B	Type B	Type C	Type C	Type B	Type B
General anesthesia / IV sedation	Type B	Type B	Type C	Type C	Type B	Type B
Bruxing Appliance	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Bruxing Appliance – Frequency	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit

Orthodontia						
Orthodontia Coverage Lifetime Max	\$1,750 / \$1,750	\$1,750 / \$1,750	0	0	0	0
Orthodontia – Age Limitations (Child Max Ortho Age)	19	19	0	0	0	0
Orthodontia – Adult Coverage	No Limit	No Limit	Not Covered	Not Covered	Not Covered	Not Covered

Based on MetLife internal data. This document is for informational purposes only and MetLife makes no representations regarding the suitability of listed dental plan features for any specific customer or industry. MetLife Proprietary Information – Not For Further Distribution.



# **MetLife Wellness Report**

Sample

Sample Dental Wellness Report

PARAMETERS FOR THIS REPORT (DHMDirectClaimDetail.rox)

INFORCE\_NUMBER: 12345

REPORT\_NUMBER: All

SPOUSE\_INFORMATION Y

DEPENDENT\_INFORMATION Y

NOTES TO THE REQUESTOR:

Be sure you know all the HIPAA requirements before you send this data outside of MetLife:

- 1. Use the 'Send Secure' feature of your email application.
- 2. A written business agreement must be in place with the customer.
- 3. Fully insured customers also require a written release from the Dental Finance Team.
- 4. Verify the 'Customer Name' and 'Customer Number' is correct in the entire column of reports
- 5. RELATIONSHIP CODE will show a '0' for employees, '1' for spouses and '2' for dependents, please inform your customer what this designation means.
- 6. SPECIAL NOTE: ZIP CODES may require special processing for mailing, any cell in the column headed as 'ZIP CODE' that does not contain nine digits must have a leading zero added to the zip code. You can verify by checking the column headed as 'STATE', states with zip codes beginning with a zero/0 are Connecticut (CT), Massachusetts (MA), Maine (ME), New Hampshire (NH), New Jersey (NJ), Puerto Rico (PR), Rhode Island (RI), Vermont (VT), Virgin Islands (VI)
- 7. Inform those inside MetLife who receive these reports about these requirements.

CUSTOMER NUMBER	REPORT NUMBER	CUSTOMER NAME	EMPLOYEE NUMBER	LAST NAME	FIRST NAME	RELATIONSHIP CODE	GENDER	BIRTH DATE	AGE	STREET LINE 1	STREET LINE 2	CITY	STATE	ZIP CODE	DU0012	DU0024	EX0012	EX0024	LAST SERVICE DATE EX	PE0024	LAST SERVICE DATE PE	PX0024	LAST SERVICE DATE PX	PRO0012	LAST SERVICE DATE PRO	NOS0000	LAST SERVICE DATE NOS
12345	12345	ABC CORP	xxxxxxxx	SMITH	BLANCA	0	F	12/16/1953	62	MAIN ST		ANYTOWN	CA	98765	Y	N	N	N		N		N		N		N	
12345	12345	ABC CORP	xxxxxxxx	JONES	DANIEL	0	M	7/27/1972	44	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	1/26/2016	Y	8/9/2016	N	
12345	12345	ABC CORP	xxxxxxxx	JONES	JULIE	1	F	11/2/1973	43	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	10/21/2016	Y	10/21/2016	N	
12345	12345	ABC CORP	xxxxxxxx	JONES	GAVIN	2	M	8/14/2005	11	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	8/15/2016	Y	8/15/2016	N	
12345	12345	ABC CORP	xxxxxxxx	JONES	RYAN	2	M	8/14/2005	11	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	8/15/2016	Y	8/15/2016	N	
12345	12345	ABC CORP	xxxxxxxx	JONES	KATHRYN	2	F	3/14/2007	9	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	8/10/2016	Y	8/10/2016	N	
12345	12345	ABC CORP	xxxxxxxx	BROWN	LYNN	0	F	7/4/1981	35	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		N		N		N	
12345	12345	ABC CORP	xxxxxxxx	BROWN	TAYLOR	1	M	8/7/1982	34	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		N		N		N	
12345	12345	ABC CORP	xxxxxxxx	BROWN	KIMBERLY	0	F	12/21/1988	27	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	1/22/2016	Y	3/14/2016	N	
12345	12345	ABC CORP	xxxxxxxx	BROWN	MARGO	0	F	10/22/1956	60	MAIN ST		ANYTOWN	NH	98765	N	N	N	N		N		Y	8/23/2016	Y	8/23/2016	N	
12345	12345	ABC CORP	xxxxxxxx	BROWN	PAUL	1	M	11/20/1954	62	MAIN ST		ANYTOWN	NH	98765	N	N	N	N		N		Y	11/9/2016	Y	11/9/2016	N	
12345	12345	ABC CORP	xxxxxxxx	BROWN	MICHAEL	0	M	12/14/1958	57	MAIN ST		ANYTOWN	MA	98765	Y	N	N	N		Y	5/28/2015	Y	1/8/2015	N		N	
12345	12345	ABC CORP	xxxxxxxx	WHITE	ROSANNE	1	F	7/22/1952	64	MAIN ST		ANYTOWN	MA	98765	Y	N	N	N		N		N		N		N	
12345	12345	ABC CORP	xxxxxxxx	WHITE	AMY	2	F	12/21/1997	18	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	11/4/2015	N		N	
12345	12345	ABC CORP	xxxxxxxx	WHITE	JULIA	2	F	12/21/1997	18	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	11/4/2015	N		N	
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	AARON	0	M	10/17/1977	39	MAIN ST		ANYTOWN	NH	98765	Y	N	N	N		N		Y	7/14/2015	N		N	
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	CRYSTAL	1	F	12/2/1979	37	MAIN ST		ANYTOWN	NH	98765	N	N	N	N		N		N		N		N	
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	RYZEK	2	M	12/18/2002	13	MAIN ST		ANYTOWN	NH	98765	Y	N	N	N		N		Y	3/18/2015	N		N	
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	WREN	2	F	6/20/2004	12	MAIN ST		ANYTOWN	NH	98765	Y	N	N	N		N		N		N		N	
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	RADEN	2	M	7/11/2006	10	MAIN ST		ANYTOWN	NH	98765	Y	N	N	N		N		N		N		N	
12345	12345	ABC CORP	xxxxxxxx	WILLIAMS	MARY	0	F	3/2/1956	60	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	11/21/2016	Y	11/21/2016	N	
12345	12345	ABC CORP	xxxxxxxx	WILLIAMS	JAMES	1	M	6/6/1946	70	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	6/9/2016	Y	6/9/2016	N	
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	ROBERT	0	M	12/26/1956	59	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	9/20/2016	Y	9/20/2016	N	
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	NORMA	1	F	5/30/1957	59	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	12/17/2015	Y	12/17/2015	N	
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	MELISSA	2	F	6/14/1991	25	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	12/11/2015	Y	12/11/2015	N	
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	CHRISTOPHER	2	M	2/27/1995	21	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	1/12/2016	Y	1/12/2016	N	
12345	12345	ABC CORP	xxxxxxxx	JONES	MARIA ELENA	0	F	1/7/1966	50	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	3/14/2016	Y	9/28/2016	N	
12345	12345	ABC CORP	xxxxxxxx	JONES	KEVIN	1	M	4/25/1968	48	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	11/1/2016	Y	11/1/2016	N	
12345	12345	ABC CORP	xxxxxxxx	JONES	DANIEL	2	M	4/13/1998	18	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	4/5/2016	Y	4/5/2016	N	
12345	12345	ABC CORP	xxxxxxxx	JONES	LYDIA	2	F	4/16/2001	15	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	4/5/2016	Y	10/20/2016	N	5/16/2016
12345	12345	ABC CORP	xxxxxxxx	BROWN	THOMAS	0	M	9/17/1960	56	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	8/31/2016	Y	8/31/2016	N	
12345	12345	ABC CORP	xxxxxxxx	BROWN	JUANITA	1	F	10/27/1960	56	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	10/20/2016	Y	10/20/2016	N	
12345	12345	ABC CORP	xxxxxxxx	BROWN	WILLIAM	2	M	8/17/1998	18	MAIN ST		ANYTOWN	MA	98765	N	N	N	N		N		Y	10/20/2016	Y	10/20/2016	N	



Sample Dental Wellness Report

12345	12345	ABC CORP	xxxxxxxx	BROWN	LOUISE	0	F	12/22/1966	49	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	4/25/2016	Y	11/1/2016	N
12345	12345	ABC CORP	xxxxxxxx	BROWN	CLARK	1	M	4/26/1955	61	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	8/18/2016	Y	8/18/2016	N
12345	12345	ABC CORP	xxxxxxxx	BROWN	JENNIFER	0	F	12/30/1972	43	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	5/4/2016	Y	5/4/2016	N
12345	12345	ABC CORP	xxxxxxxx	WHITE	MICHAEL	2	M	11/12/1997	19	MAIN ST	ANYTOWN	CT	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	WHITE	MEGAN	2	F	8/30/2000	16	MAIN ST	ANYTOWN	CT	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	WHITE	MORGAN	2	F	8/30/2000	16	MAIN ST	ANYTOWN	CT	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	MATTHEW	2	M	7/15/2003	13	MAIN ST	ANYTOWN	CT	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	JOSEPH	2	M	9/3/2007	9	MAIN ST	ANYTOWN	CT	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	BRYAN	0	M	2/3/1991	25	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	JENNIFER	0	F	9/22/1965	51	MAIN ST	ANYTOWN	FL	98765	N	N	N	N	N	Y	6/16/2016	Y	6/16/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	SHERRI	0	F	7/19/1968	48	MAIN ST	ANYTOWN	MA	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	WILLIAMS	CHRISTOPHER	1	M	3/6/1967	49	MAIN ST	ANYTOWN	MA	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	WILLIAMS	WHITNEY	2	F	1/9/1999	17	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	1/27/2016	Y	8/10/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	ANGELA	0	F	3/8/1979	37	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	LINDSAY	0	F	4/25/1987	29	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	7/11/2016	Y	7/11/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	ARELY	0	F	12/14/1983	32	MAIN ST	ANYTOWN	AZ	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	DANIEL	2	M	12/1/2007	9	MAIN ST	ANYTOWN	AZ	98765	N	N	N	N	N	Y	9/23/2016	Y	9/23/2016	N
12345	12345	ABC CORP	xxxxxxxx	BROWN	DANA	2	F	5/30/2010	6	MAIN ST	ANYTOWN	AZ	98765	N	N	N	N	N	Y	9/23/2016	Y	9/23/2016	N
12345	12345	ABC CORP	xxxxxxxx	BROWN	CHRISTINE	0	F	3/23/1974	42	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	8/29/2016	Y	8/29/2016	N
12345	12345	ABC CORP	xxxxxxxx	BROWN	ANDREW	1	M	11/23/1970	46	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	4/16/2016	Y	4/16/2016	N
12345	12345	ABC CORP	xxxxxxxx	WHITE	BRIAN	2	M	1/26/2001	15	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	12/1/2016	Y	12/1/2016	N
12345	12345	ABC CORP	xxxxxxxx	WHITE	BETH	0	F	5/6/1966	50	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	11/8/2016	Y	11/8/2016	N
12345	12345	ABC CORP	xxxxxxxx	WHITE	RALPH	1	M	2/19/1960	56	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	7/7/2016	Y	7/7/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	ERIN	2	F	9/10/1998	18	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	8/2/2016	Y	8/2/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	ELLEN	2	F	2/20/1997	19	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	7/14/2016	Y	7/14/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	RYAN	2	M	9/28/1991	25	MAIN ST	ANYTOWN	MA	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	KATHLEEN	0	F	4/20/1968	48	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	MELINDA	0	F	4/26/1965	51	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	11/4/2016	Y	11/4/2016	N
12345	12345	ABC CORP	xxxxxxxx	WILLIAMS	JAMES	1	M	8/26/1972	44	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	6/3/2016	Y	6/3/2016	N
12345	12345	ABC CORP	xxxxxxxx	WILLIAMS	ASHTON	2	F	1/25/1994	22	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	11/29/2016	Y	11/29/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	MIRANDA	2	F	9/23/1996	20	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	11/8/2016	Y	11/8/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	DANIEL	0	M	7/12/1966	50	MAIN ST	ANYTOWN	VT	98765	N	N	N	N	N	Y	10/26/2016	Y	10/26/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	JODI	1	F	5/10/1970	46	MAIN ST	ANYTOWN	VT	98765	N	N	N	N	N	Y	5/17/2016	Y	5/17/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	YALE	2	M	2/15/1998	18	MAIN ST	ANYTOWN	VT	98765	N	N	N	N	N	Y	4/13/2016	Y	4/13/2016	N
12345	12345	ABC CORP	xxxxxxxx	JONES	GRAY	2	M	9/5/2001	15	MAIN ST	ANYTOWN	VT	98765	N	N	N	N	N	Y	5/17/2016	Y	5/17/2016	N
12345	12345	ABC CORP	xxxxxxxx	JONES	JONATHAN	0	M	3/2/1982	34	MAIN ST	ANYTOWN	MA	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	JONES	ANGELA	1	F	1/25/1980	36	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	5/11/2016	Y	5/11/2016	N
12345	12345	ABC CORP	xxxxxxxx	JONES	LUCEY	2	F	5/18/2012	4	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	6/8/2016	Y	6/8/2016	N
12345	12345	ABC CORP	xxxxxxxx	BROWN	CHRISTIAN	2	M	12/16/2002	13	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	6/1/2016	Y	6/1/2016	N
12345	12345	ABC CORP	xxxxxxxx	BROWN	LILLIAN	2	F	5/12/2015	1	MAIN ST	ANYTOWN	MA	98765	Y	N	N	N	N	N		N	N	N
12345	12345	ABC CORP	xxxxxxxx	BROWN	ANDREW	0	M	9/6/1980	36	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	4/27/2015	N		N
12345	12345	ABC CORP	xxxxxxxx	BROWN	LACEY	1	F	4/7/1982	34	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	12/9/2015	Y	6/22/2016	N
12345	12345	ABC CORP	xxxxxxxx	BROWN	AVERY	2	M	2/5/2013	3	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	4/15/2016	Y	10/21/2016	N
12345	12345	ABC CORP	xxxxxxxx	BROWN	ALIZA	2	F	2/24/2015	1	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	4/15/2016	Y	10/21/2016	N
12345	12345	ABC CORP	xxxxxxxx	WHITE	TRACY	0	F	4/2/1962	54	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	10/5/2016	Y	10/5/2016	N
12345	12345	ABC CORP	xxxxxxxx	WHITE	EDWARD	1	M	2/15/1965	51	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	11/8/2016	Y	11/8/2016	N
12345	12345	ABC CORP	xxxxxxxx	WHITE	HARRISON	2	M	10/12/1994	22	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	6/21/2016	Y	6/21/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	MOLLY	2	F	5/4/1997	19	MAIN ST	ANYTOWN	CT	98765	N	N	N	N	N	Y	7/5/2016	Y	7/5/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	MARY	0	F	3/21/1957	59	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	4/27/2016	Y	11/2/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	DONNA	0	F	3/12/1963	53	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	6/17/2016	Y	6/17/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	STEVEN	1	M	7/31/1965	51	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	6/1/2016	Y	6/1/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	EMILY	2	F	9/26/1995	21	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	8/11/2016	Y	8/11/2016	N

Sample Dental Wellness Report

12345	12345	ABC CORP	xxxxxxxx	WILLIAMS	DOREEN	0	F	1/13/1965	51	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	6/8/2016	Y	6/8/2016	N
12345	12345	ABC CORP	xxxxxxxx	WILLIAMS	ANDREW	1	M	1/29/1962	54	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	11/14/2016	Y	11/14/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	DANIELE	2	F	12/15/1992	23	MAIN ST	ANYTOWN	MA	98765	Y	N	N	N	N	Y	8/17/2015	N		N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	DAVID	0	M	8/5/1954	62	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	9/27/2016	Y	9/27/2016	N
12345	12345	ABC CORP	xxxxxxxx	JOHNSON	MARY	1	F	4/7/1964	52	MAIN ST	ANYTOWN	MA	98765	N	N	N	N	N	Y	10/11/2016	Y	10/11/2016	N



# **Banking Reports**

Sample

## SAMPLE BANKING REPORTS

Reporting tools are one of the standard features we include when a customer opens a benefits bank account with JP Morgan Chase bank. JP Morgan Chase bank and MetLife provide a variety of reports on either a daily or monthly basis to allow you to keep track of the flow of money in and out of your bank account. Provided is a brief description and sample of the reports you will receive.

- **Funding Notification** – JP Morgan Chase provides a daily notification via email by 9:00 a.m. EST, showing bank account debits, credits, and balances from the prior business day. The paid claim debit to be charged to your account later that day, as well as daily check/EFT drawn/issued information is also provided.
- **JP Morgan Chase Monthly Bank Statement** – JP Morgan Chase provides a monthly bank statement via email by the 3<sup>rd</sup> business day of the month indicating the daily bank account transactions for the previous month.
- **MetLife Monthly Letter** – Shows your account's daily activity for the previous month. This report includes checks drawn, voided checks, personal refunds, funding adjustments, checks paid, checks purged as well as the outstanding check amount.



**Sample Funding Notification<sup>sm</sup>** (varies by funding method)

ATTENTION: MS. MARY SMITH, TREASURER

THE JP MORGAN CHASE BANK, N.A.  
METLIFE - NOTICE  
FOR METLIFE CUSTOMERS  
AS OF CLOSE OF BUSINESS DATE: 01/04/xx

SUMMARY		<----- AVAILABILITY ----->			LEDGER
ACCT NO.	AVAILABLE	1 DAY	2 DAYS	3+ DAYS	CLOSING
TITLE	BALANCE				BALANCE
XXXXX00000 (A.)	\$8,739.15	0	0	0	\$8,739.15
ABC COMPANY					
BACKVALUE ADJUSTMENT	\$4,000 (H.)				
TOTALS	\$4,739.15 (L.)	0	0	0	\$8,739.15 (B.)
XXX-X-X0000	TOTAL DEBITS:	\$1500.00 (C.)	TOTAL CREDITS:		\$2,121.00 (D.)
1500.00- (E.)	WID	WORLDWIDE INSURANCE DEBIT WE CHARGE YOUR ACCOUNT AS OF 11/01/xx IN ACCORDANCE WITH THE INSTRUCTIONS FROM METROPOLITAN LIFE INSURANCE CO TO COVER CHECKS PAID THAT DATE			
\$121.00+ (F.)	EFT	EFT ORIG CO NAME: MET LIFE INS. CO. ORIG ID: ##### DESC DATE:1101xx CO ENTRY DESCR: PER REFUND TRACE ###### EED: xxxxx IND ID: 2METPER REFUND IND NAME: METROPOLITAN LIFE			
\$2,000.00+ (G.)	DTX	FED WIRE CREDIT VIA SUPERSAFE NATIONAL TRUST /0000000000/ 4321 IMAD=0102X1Y3456Z012345/CDT=ABC COMPANY/0000000000/ CTR/BNF=xxxxxxx TR/CCN=987654321xxxxxxx			
METLIFE BACKVALUE ADJUSTMENTS TO COVER CHECKS PRESENTED ON 01/xx					\$4,000.00 (H.)
AND ELECTRONIC DISBURSEMENTS TO BE POSTED ON 01/xx					\$584.00 (I.)
IN ACCORDANCE WITH YOUR INSTRUCTIONS, WE ARE FUNDING YOUR ACCT FOR \$3,600.00. (J.)					
THE FOLLOWING ITEMS REPRESENT THE CHECK/EFT DRAWN ISSUED ON YOUR BEHALF. (K.)					
\$ 600.00	CHECK DRAWN FOR 01/04/xx				
\$1,100.00	EFT DRAWN EFFECTIVE 01/07/xx				

- (A.) For security purposes, the first five digits of your bank account number will appear as **XXXXX**.
- (B.) The balance of your account as of the prior business day. This is your available balance and includes the (C.) total debit amount and (D.) total credit amount.
- (C.) The total debit transactions that have taken place on the prior business day. This amount includes the (E.) checks paid amount.
- (D.) The total credit transactions that have taken place on the prior business day. This amount includes the sum of the (F.) and (G.) transaction amounts.
- (E.) The amount of checks paid as of the prior business day.
- (F.) A personal refund.
- (G.) A wire transfer that you initiated to cover checks/EFTs paid on the prior business day. (Corporate Account/DTC Funding uses a different descriptive line here.)
- (H.) The checks paid that will appear as a debit to your account on the current business day with a back valuation to the prior business day,.
- (I.) Total EFTs that will debit the account today.
- (J.) The amount JP Morgan Chase will transfer into your account (available on 01/06/xx), drawn today (01/05/xx) from your non-JP Morgan Chase bank account. An amount is shown if you fund your account via DTC or Corporate Funding.

**Note:** If you fund this account via a wire transfer, use the following formula to determine the amount to transfer into your account the next business day:

**The amount to fund = the imprest balance amount – (L.) + (I.)**

- (K.) Check/EFT **DRAWN** data. EFT EFFECTIVE DATE represents the date on which funds will be debited from your account.
- (L.) The adjusted bank balance reflective of the backvalue adjustment (H.). This balance is utilized in determining any overdraft charges, if applicable.



JPMorgan Chase Bank, N.A.  
Northeast Market  
P O Box 659754  
San Antonio, TX 78265 - 9754

August 01, 20XX through August 31, 20XX

Account Number: 00000000000000

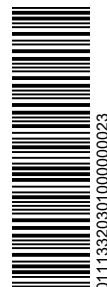
### Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.



00111332 WBS 802 211 24512 NNNNNNNNNN 1 000000000 C2 0000

METROPOLITAN LIFE INSURANCE CO  
Customer A BENEFIT METLIFE PREFER  
Customer A  
Street Address  
City, State Zip



01113320301000000023

## Commercial Checking

### Summary

	Number	Market Value/Amount	Shares
Opening Ledger Balance		\$2,717.30	
Deposits and Credits	23	\$125,933.50	
Withdrawals and Debits	39	\$126,604.40	
Checks Paid	0	\$0.00	
Ending Ledger Balance		\$2,046.40	

### Deposits and Credits

Ledger	Description	Amount
08/01	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:1207x CO Entry Descr:Dcs/Chase Sec:CCD Trace#:021000020XXXXX Eed:120xxx Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 213231XXXXXc	\$6,480.30
08/02	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120801 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:0210000XXXX Eed:120xxx Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 214913XXXXXc	6,411.20
08/03	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120802 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:021000XXXX Eed:120xxx Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 21511XXXXX	5,795.30
08/06	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120803 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:0210000XXX Eed:120xxx Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 21630XXXXXc	7,241.40

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

**Deposits and Credits** (continued)

Ledger Date	Description	Amount
08/07	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120806 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX9 Eed:120807 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 219503XXXXXc	2,962.90
08/08	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120807 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX1 Eed:120808 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 220717XXXXXc	6,391.90
08/09	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120808 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:021000029622608 Eed:120809 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 221962XXXXXc	6,244.20
08/10	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120809 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:0210000202XXXXX6 Eed:120810 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 222021XXXXXc	5,963.25
08/13	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120810 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX8 Eed:120813 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 223819XXXXXc	2,048.40
08/14	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120813 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX5 Eed:120814 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 2268975XXXXXc	3,270.70
08/15	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120814 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX2 Eed:120815 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 2274775XXXXXc	2,322.00
08/16	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120815 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX4 Eed:120816 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 2289124304Tc	7,637.20
08/17	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120816 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:021000022671021 Eed:120817 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 229267XXXXXc	8,169.65
08/20	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120817 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX5 Eed:120820 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 230263XXXXXc	4,269.40
08/21	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120820 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX7 Eed:120821 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 233235XXXXXc	7,412.00
08/22	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120821 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX7 Eed:120822 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 234238XXXXXc	5,057.10
08/23	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120822 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:021000023350543 Eed:120823 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 23533XXXXXc	3,649.60
08/24	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120823 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX3 Eed:120824 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 236284XXXXXc	2,476.40

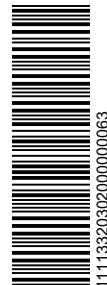
(continued)

**Deposits and Credits**

Ledger Date	Description	Amount
08/27	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120824 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX9 Eed:120827 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 23797XXXXXc	5,711.80
08/28	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120827 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX7 Eed:120828 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 24070XXXXXc	6,621.80
08/29	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120828 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX1 Eed:120829 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 241765XXXXXc	4,868.60
08/30	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120829 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX5 Eed:120830 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 242198XXXXXc	8,073.60
08/31	Orig CO Name:Met Life Mini-ME Orig ID:205280001D Desc Date:120830 CO Entry Descr:Dcs/Chase Sec:CCD Trace#:02100002XXXXX0 Eed:120831 Ind ID:0528000000000000 Ind Name:Met Life Mini-ME Dcs Trn: 24300XXXXXc	6,854.80
<b>Total</b>		<b>\$125,933.50</b>

**Withdrawals and Debits**

Ledger Date	Description	Amount
08/01	07/31/2012 Worldwide Insurance Debit We Charge Your Account As of 12/07/31 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 122146XXXXXw YOUR REF: BKPD	\$5,499.80
08/02	08/01/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/01 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 122XXXXXw YOUR REF: BKPD	5,904.30
08/02	Orig CO Name:Met Life Ins. CO Orig ID:90518XXXXX2 Desc Date:120802 CO Entry Descr:Er Debit Sec:PPD Trace#:02100002XXXXX5 Eed:120802 Ind ID:1Meter Provider Ind Name:Customer A Trn: 2149XXXXXc	109.00
08/03	08/02/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/02 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 122XXXXXw YOUR REF: BKPD	6,826.40
08/06	08/03/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/03 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 12219XXXXXw YOUR REF: BKPD	3,153.90
08/06	Orig CO Name:Met Life Ins. CO Orig ID:9051XXXXX Desc Date:120806 CO Entry Descr:Er Debit Sec:PPD Trace#:021000XXXXX8 Eed:120806 Ind ID:1Meter Provider Ind Name:Customer A Trn: 2163XXXXXc	306.00
08/07	08/06/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/06 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 12220XXXXXw YOUR REF: BKPD	6,099.10
08/07	Orig CO Name:Met Life Ins. CO Orig ID:90518XXXXX Desc Date:120807 CO Entry Descr:Er Debit Sec:PPD Trace#:0210000253XXXXX Eed:120807 Ind ID:1Meter Provider Ind Name:Customer A Trn: 2195360XXX	115.00



**Withdrawals and Debits** (continued)

Ledger Date	Description	Amount
08/08	08/07/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/07 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 12221XXXXXw YOUR REF: BKPD	6,231.00
08/08	Orig CO Name:Met Life Ins. CO Orig ID:9051XXXXX Desc Date:120808 CO Entry Descr:Er Debit Sec:PPD Trace#:0210000274XXXXX Eed:120808 Ind ID:1Meter Provider Ind Name:XXXX: 2207XXXXXc	101.80
08/09	08/08/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/08 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 12222XXXXXw YOUR REF: BKPD	5,861.45
08/10	08/09/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/09 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 1222XXXXXw YOUR REF: BKPD	2,048.40
08/13	08/10/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/10 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 12226XXXXXw YOUR REF: BKPD	3,270.70
08/14	08/13/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/13 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 122XXXXXw YOUR REF: BKPD	2,322.00
08/14	Orig CO Name:Met Life Ins. CO Orig ID:9051XXXXX Desc Date:120814 CO Entry Descr:Er Debit Sec:PPD Trace#:02100XXXXX Eed:120814 Ind ID:1Meter Provider Ind Name:XXXXX: 22692XXXXXc	197.00
08/15	08/14/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/14 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 122287XXXXXw YOUR REF: BKPD	6,532.70
08/16	08/15/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/15 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 122297XXXXXw YOUR REF: BKPD	8,336.25
08/16	Orig CO Name:Met Life Ins. CO Orig ID:9051XXXXX Desc Date:120816 CO Entry Descr:Er Debit Sec:PPD Trace#:021000XXXXX3 Eed:120816 Ind ID:1Meter Provider Ind Name:Equinix, Inc Trn: 22893XXXXXc	907.50
08/17	08/16/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/16 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 12230XXXXXw YOUR REF: BKPD	2,871.40
08/17	Orig CO Name:Met Life Ins. CO Orig ID:9051800002 Desc Date:120817 CO Entry Descr:Er Debit Sec:PPD Trace#:02100XXXXX Eed:120817 Ind ID:1Meter Provider Ind Name:XXXXX: 2292XXXXXXTc	740.90
08/20	08/17/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/17 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 1223XXXXXw YOUR REF: BKPD	7,523.40
08/20	Orig CO Name:Met Life Ins. CO Orig ID:9051800002 Desc Date:120820 CO Entry Descr:Er Debit Sec:PPD Trace#:021000022919036 Eed:120820 Ind ID:1Meter Provider Ind Name: XXXXX 2302XXXXXc	1,231.40
08/21	08/20/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/20 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 1223XXXXXw YOUR REF: BKPD	3,651.80
08/21	Orig CO Name:Met Life Ins. CO Orig ID:9051XXXXX2 Desc Date:120821 CO Entry Descr:Er Debit Sec:PPD Trace#:0210000226XXXXX Eed:120821 Ind ID:1Meter Provider Ind Name: XXXXXc	379.10

**Withdrawals and Debits** (continued)

Ledger Date	Description	Amount
08/22	08/21/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/21 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 1223XXXXXw YOUR REF: BKPD	3,319.50
08/22	Orig CO Name:Met Life Ins. CO Orig ID:9051XXXXX2 Desc Date:120822 CO Entry Descr:Er Debit Sec:PPD Trace#:0210XXXXX2 Eed:120822 Ind ID:1Meter Provider Ind Name:XXXXX 2342XXXXXTc	553.00
08/23	08/22/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/22 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 12236XXXXXw YOUR REF: BKPD	2,427.40
08/23	Orig CO Name:Met Life Ins. CO Orig ID:905XXXXX Desc Date:120823 CO Entry Descr:Er Debit Sec:PPD Trace#:021000023XXXXX Eed:120823 Ind ID:1Meter Provider Ind Name:XXXXX: 2353XXXXXc	504.00
08/24	08/23/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/23 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 12XXXXXw YOUR REF: BKPD	5,207.80
08/24	Orig CO Name:Met Life Ins. CO Orig ID:9051XXXXX Desc Date:120824 CO Entry Descr:Er Debit Sec:PPD Trace#:02100002XXXXX Eed:120824 Ind ID:1Meter Provider Ind Name:XXXXX: 2363XXXXXc	445.00
08/27	08/24/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/24 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 12240XXXXXw YOUR REF: BKPD	5,203.70
08/28	08/27/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/27 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 1224182392Xw YOUR REF: BKPD	5,269.50
08/28	Orig CO Name:Met Life Ins. CO Orig ID:9051XXXXX Desc Date:120828 CO Entry Descr:Er Debit Sec:PPD Trace#:021000027XXXXX Eed:120828 Ind ID:1Meter Provider Ind Name:Equinix, Inc Trn: 2407XXXXXc	973.10
08/29	08/28/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/28 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 1224XXXXXw YOUR REF: BKPD	7,672.70
08/29	Orig CO Name:Met Life Ins. CO Orig ID:9051XXXXX Desc Date:120829 CO Entry Descr:Er Debit Sec:PPD Trace#:021000027947452 Eed:120829 Ind ID:1Meter Provider Ind Name:XXXXX: 24179XXXXXc	572.20
08/30	08/29/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/29 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 122438XXXXXw YOUR REF: BKPD	6,153.60
08/30	Orig CO Name:Met Life Ins. CO Orig ID:905XXXXX Desc Date:120830 CO Entry Descr:Er Debit Sec:PPD Trace#:021000XXXXX Eed:120830 Ind ID:1Meter Provider Ind Name:XXXXX: 2422XXXXXc	324.90
08/31	08/30/2012 Worldwide Insurance Debit We Charge Your Account As of 12/08/30 IN Accordance With The Instructions From Metropolitan Life Insurance CO To Cover Drafts Paid That Date Trn: 12244XXXXXw YOUR REF: BKPD	7,628.70
08/31	Orig CO Name:Met Life Ins. CO Orig ID:9051XXXXX2 Desc Date:120831 CO Entry Descr:Er Debit Sec:PPD Trace#:02100002XXXXX3 Eed:120831 Ind ID:1Meter Provider Ind Name:XXXXX : 24304XXXXXc	129.00
<b>Total</b>		<b>\$126,604.40</b>



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**Daily Balance**

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
08/01	\$3,697.80	08/17	\$6,221.10
08/02	\$4,095.70	08/20	\$1,735.70
08/03	\$3,064.60	08/21	\$5,116.80
08/06	\$6,846.10	08/22	\$6,301.40
08/07	\$3,594.90	08/23	\$7,019.60
08/08	\$3,654.00	08/24	\$3,843.20
08/09	\$4,036.75	08/27	\$4,351.30
08/10	\$7,951.60	08/28	\$4,730.50
08/13	\$6,729.30	08/29	\$1,354.20
08/14	\$7,481.00	08/30	\$2,949.30
08/15	\$3,270.30	08/31	\$2,046.40
08/16	\$1,663.75		

Your service charges, fees and earnings credit have been calculated through account analysis.

December 7, 20XX

Monthly Activity for your Administrative Services Agreement

ABC Company

Policyholder-no. 123456

Bank Account-number: 1234567890

Report-number(s): 123456

Total Drafts outstanding: \$51,413.50

Date	No. of Drafts Drawn	Drafts Drawn (D)	Voided Drafts (V)	Personal Refunds (P)	Stop Loss/ Adjustments (F)	Bank Paid
11/01	11	\$2784.20	\$0.00	\$0.00	\$0.00	\$5498.70
11/02	16	\$3796.20	\$0.00	\$0.00	\$0.00	\$5758.50
11/03	18	\$8765.60	\$0.00	\$0.00	\$0.00	\$2865.80
11/04	9	\$2548.20	\$0.00	\$0.00	\$0.00	\$951.00
11/07	23	\$7098.20	\$0.00	\$0.00	\$0.00	\$3182.20
11/08	9	\$2397.00	\$0.00	\$0.00	\$0.00	\$5191.60
11/09	23	\$5270.20	\$0.00	\$0.00	\$0.00	\$3488.20
11/10	22	\$5778.90	\$0.00	\$0.00	\$0.00	\$4027.80
11/11	5	\$1050.00	\$0.00	\$0.00	\$0.00	\$0.00
11/14	12	\$2008.00	\$0.00	\$0.00	\$0.00	\$4235.10
11/15	19	\$6128.30	\$0.00	\$0.00	\$0.00	\$10346.40
11/16	11	\$1776.00	\$0.00	\$0.00	\$0.00	\$6884.80
11/17	16	\$3481.50	\$0.00	\$0.00	\$0.00	\$3617.80
11/18	13	\$3148.60	\$0.00	\$0.00	\$0.00	\$2106.10
11/21	26	\$6053.80	\$0.00	\$0.00	\$0.00	\$2837.00
11/22	17	\$3805.30	\$0.00	\$0.00	\$0.00	\$3038.90
11/23	23	\$9769.40	\$0.00	\$0.00	\$0.00	\$6575.00
11/25	21	\$5197.30	\$0.00	\$0.00	\$0.00	\$2763.90
11/28	15	\$4569.00	\$0.00	\$0.00	\$0.00	\$2321.00
11/29	15	\$6362.90	\$0.00	\$0.00	\$0.00	\$4248.00
11/30	18	\$3084.60	\$0.00	\$0.00	\$0.00	\$5243.20
Total	342	\$94873.20	\$0.00	\$0.00	\$0.00	\$85181.00

The total Net Benefit for the month ending 11/30/XX is \$ 94873.20 . This represents D-V-P-F+T where D = Drafts Drawn; V = Void Drafts; P = Personal Refunds; F = Adjustments and T = any Federal/FICA/State/Local taxes withheld on Disability payments not reflected in D, V, P, or F.

Bank Paid are Drafts Drawn in this plus prior months that cleared the bank this month.

Drafts outstanding for 25 months are purged, thus reducing the Outstanding-total.  
For 11/30/XX The Purged Draft total is: \$ 40.00 .

\* Total> the Purged Draft total is: \$ 40.00 .





# **Dental Management Review Reports**

Sample

# Financial Summary

CUSTOMER NAME  
Summary

	2016	2017	2016 MetLife BOB	Change
Avg. Number of Employees	600	1,500		150.00%
Avg. Number of Members	600	1,500		150.00%
Avg. Members per Employees	1.00	1.00		0.00%
Total Procedures	15,975	91		-99.43%
Procedures per Employee	26.63	0.06	11.71	-99.77%
Procedures per Member	26.63	0.06		-99.77%
Total Paid	\$ 1,610,774	\$ 5,678		-99.65%
Total Paid per Employee	2,685	4	\$ 734	-99.86%
Total Paid per Member	2,685	4		-99.86%
Average Charge per Procedure	\$ 165	\$ 161	\$ 120	-2.42%
Average Paid per Procedure	\$ 101	\$ 62	\$ 63	-38.12%
Total EOBs (Claims)	2,016	2,017		0.05%
EOBs per Employee	3.36	1.34	4.5	-59.98%
EOBs per Member	3.36	1.34		-59.98%
Average Paid per EOB (Claim)	\$ 799	\$ 3	\$ 166	-99.65%

# Utilization and Cost Trend

CUSTOMER NAME  
Summary

## Utilization Trend

Type Of Service	Number of Procedures			Procedures per Member		
	2016	2017	% Change	2016	2017	% Change
Diagnostic	6,592	65	-99.01%	10.99	0.04	-99.61%
Preventive	3,562	6	-99.83%	5.94	0.00	-99.93%
Restorative	2,923	7	-99.76%	4.87	0.00	-99.90%
Endodontic	191	1	-99.48%	0.32	0.00	-99.79%
Periodontic	997	4	-99.60%	1.66	0.00	-99.84%
Prosthodontic	372	1	-99.73%	0.62	0.00	-99.89%
Oral Surgery	821	4	-99.51%	1.37	0.00	-99.81%
Orthodontic	50	-	-100.00%	0.08	-	-100.00%
Other Services	467	3	-99.36%	0.78	0.00	-99.74%
<b>Total</b>	<b>15,975</b>	<b>91</b>	<b>-99.43%</b>	<b>26.63</b>	<b>0.06</b>	<b>-99.77%</b>

% Change - Book of Business

N/A

## Cost Trend

Type Of Service	Paid Claims			Cost per Procedure		
	2016	2017	% Change	2016	2017	% Change
Diagnostic	\$ 284,369	\$ 561	-99.80%	\$ 43.14	\$ 8.63	-79.99%
Preventive	243,374	434	-99.82%	68.33	72.31	5.83%
Restorative	534,301	1,180	-99.78%	182.79	168.54	-7.80%
Endodontic	58,095	-	-100.00%	304.16	-	-100.00%
Periodontic	108,628	719	-99.34%	108.96	179.70	64.93%
Prosthodontic	138,959	1,170	-99.16%	373.55	1,170.00	213.21%
Oral Surgery	158,845	1,434	-99.10%	193.48	358.55	85.32%
Orthodontic	7,380	-	-100.00%	147.61	-	-100.00%
Other Services	76,822	180	-99.77%	164.50	60.00	-63.53%
<b>Total</b>	<b>\$ 1,610,774</b>	<b>\$ 5,678</b>	<b>-99.65%</b>	<b>\$ 100.83</b>	<b>\$ 62.39</b>	<b>-38.12%</b>

% Change - Book of Business

N/A

## Total Trend

Cost per Member		
2016	2017	% Change
\$ 473.95	\$ 0.37	-99.92%
405.62	0.29	-99.93%
890.50	0.79	-99.91%
96.83	-	-100.00%
181.05	0.48	-99.74%
231.60	0.78	-99.66%
264.74	0.96	-99.64%
12.30	-	-100.00%
128.04	0.12	-99.91%
<b>\$ 2,684.62</b>	<b>\$ 3.79</b>	<b>-99.86%</b>

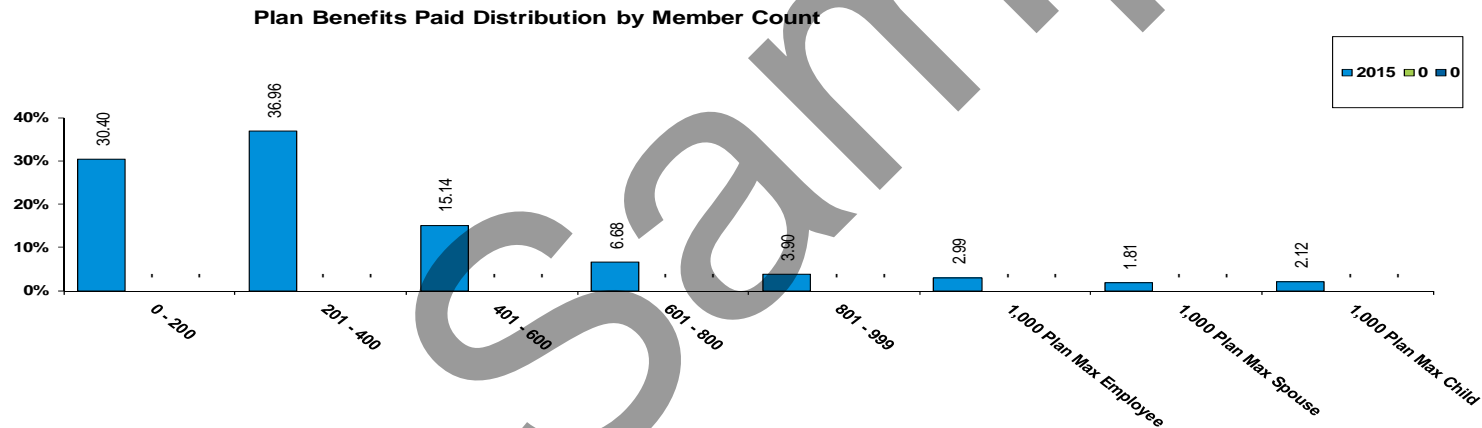
% Change - Book of Business

N/A

# Annual Plan Benefits Paid Count and Percentage of Members

CUSTOMER NAME  
Summary

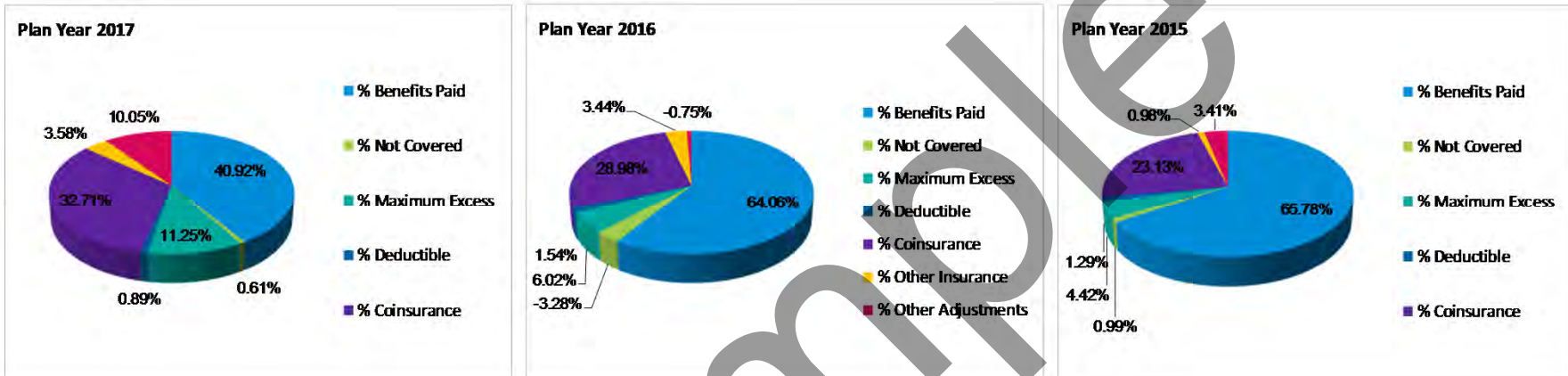
Range (\$)	Plan Year		
	2015	0	0
0 - 200	31,143	-	-
201 - 400	37,857	-	-
401 - 600	15,510	-	-
601 - 800	6,840	-	-
801 - 999	3,996	-	-
1,000 Plan Max Employee	3,065	-	-
1,000 Plan Max Spouse	1,854	-	-
1,000 Plan Max Child	2,172	-	-
<b>Total</b>	<b>102,437</b>	<b>-</b>	<b>-</b>



Note: The report logic excludes Repetitive Ortho.

# Distribution of Amount Charged

CUSTOMER NAME  
Summary



# Employee Cost Share

CUSTOMER NAME  
Summary

From: 01/01/2017 To: 12/31/2017

Percentage of the Overall Charges	Employee Contribution % (A)	30%	40%	50%	60%	70%	80%	90%	100%
	Total Charges (B)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Benefits Paid as a % of Total Charges* (C)	40.92%	40.92%	40.92%	40.92%	40.92%	40.92%	40.92%	40.92%
	Employee Contributions (D) = (A x C)	12.28%	16.37%	20.46%	24.55%	28.64%	32.73%	36.83%	40.92%
	Out of Pocket (E) = (B - C)	59.08%	59.08%	59.08%	59.08%	59.08%	59.08%	59.08%	59.08%
	Net Employee Cost as a % of Total Charges (F) = (D + E)	71.36%	75.45%	79.54%	83.63%	87.72%	91.82%	95.91%	100.00%

Benefits Paid	Charges
\$ 9,232	\$ 22,563

# PDP Plus Network Overview

CUSTOMER NAME  
Summary

Areas where employees reside and/or care rendered

## Network Access - March 2016

Total Employees	4,598
Employees with access in their respective GeoAccess standard *	4,597
% Employees with access in their respective GeoAccess standard *	99.98%

## PDP Plus Network - January 2017

Practicing Dentist Access Points	92,013
Participating In Network (PDP Plus) Access Points	82,819
% of Participating Dentist Access Points in the MetLife PDP Plus Network	90.01%
MetLife Book of Business	82.91%

From: 1/1/2017

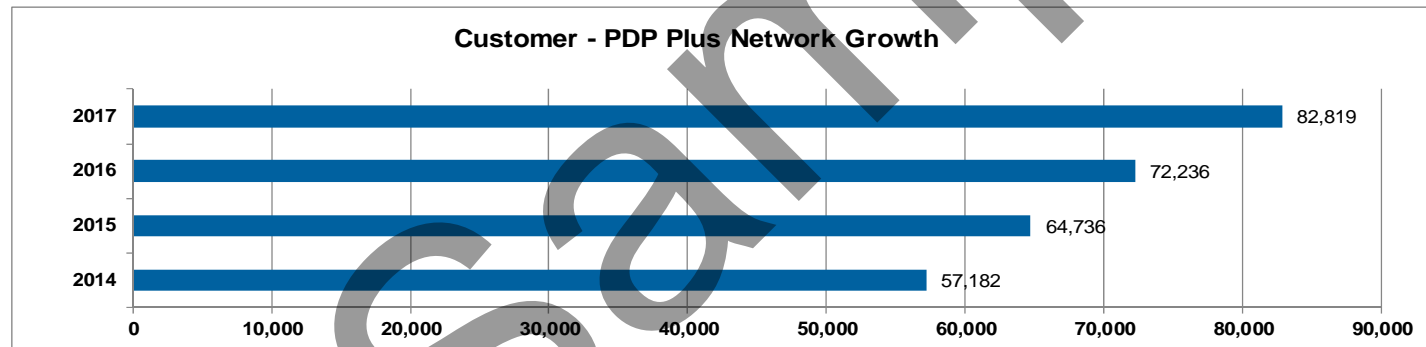
## Dentist Utilization

Number of Dentists Used (Total Count)	64
Number of Dentists Used (In Network Count) (Includes PDP and PDP Plus)	30
% In Network Dentists Used	46.88%

To: 12/31/2017

## Procedure Utilization

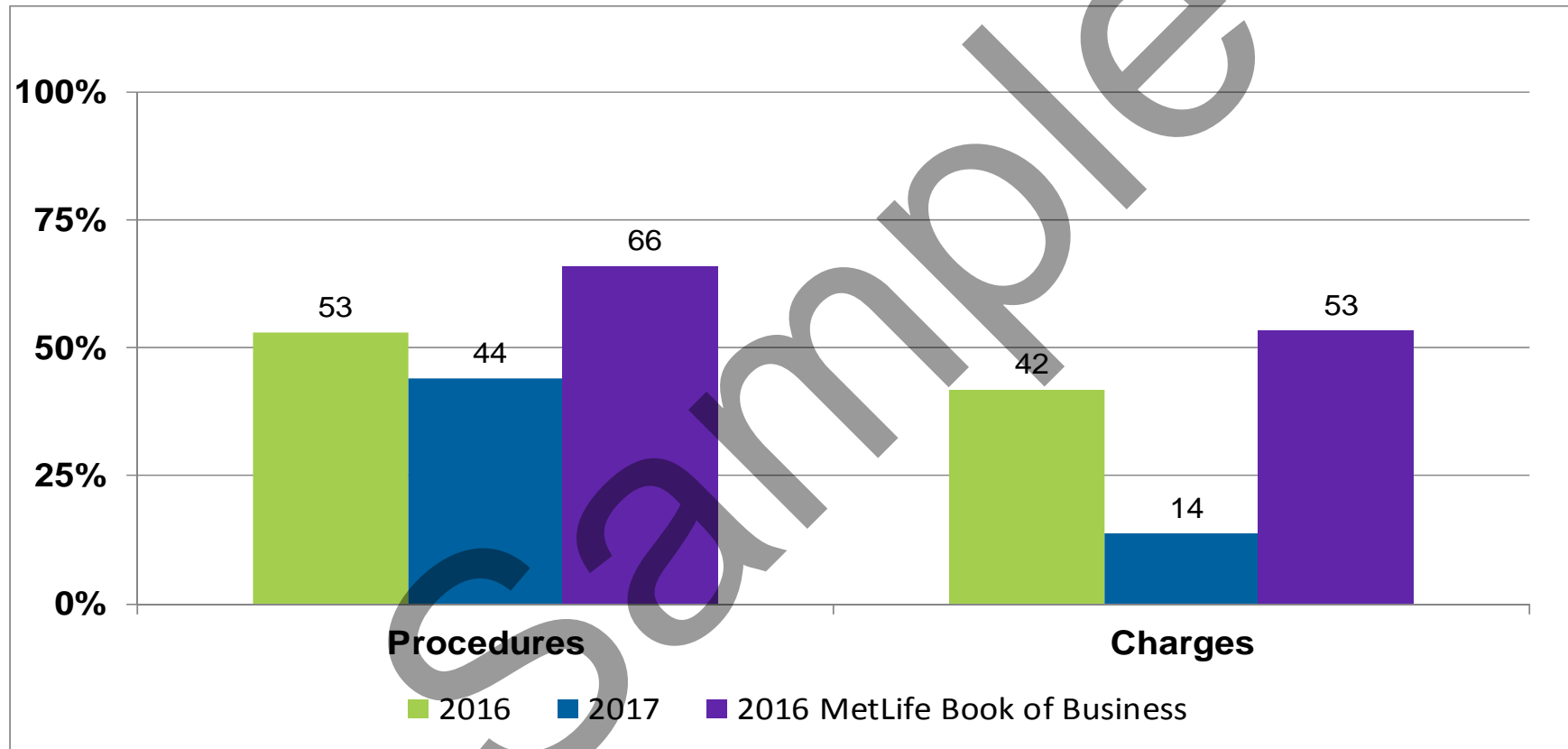
Procedures Used (Total Count)	91
Procedures Used (In Network Count) (Includes PDP and PDP Plus)	40
% Procedures In Network	43.96%
MetLife Book of Business	65.93%



- From 2010 to 2017, the PDP Plus Network grew at an average annual rate of 13.15%.
- The number of participating dentist access points increased 14.65% from 2016 to 2017.
- Access Standards are for 2 General and Family Dentists within the following distances: Urban (5 miles), Suburban (10 miles), and Rural (20 miles).

# PDP Utilization

CUSTOMER NAME  
Summary



MetLife BOB (Procedure) = (In-Network Procedure Count in BOB) / (Total Procedure Count in BOB)

MetLife BOB (Charge) = (In-Network Charges in BOB) / (Total Charges in BOB)



# Dental Plan Savings Detail

CUSTOMER NAME  
Summary

Network Savings	2016	2017	Percentage Change
Employer PDP Savings	\$ 582,762	\$ 702	-99.88%
Employee PDP Savings	292,407	838	-99.71%
Total PDP Savings	875,170	1,540	-99.82%
<b>Total Employer Savings Per Employee</b>	<b>\$ 971.27</b>	<b>\$ 0.47</b>	<b>-99.95%</b>

Other Plan Savings	2016	2017	Percentage Change
Coordination of Benefit Savings	\$ 77,230	\$ 442	-99.43%
R&C Cutback	67,926	1,359	-98.00%
MCR Savings Post Claim - In Network	26,370	48	-99.82%
MCR Savings Post Claim - Out of Network	22,143	-	-100.00%
<b>Total</b>	<b>\$ 193,668.90</b>	<b>\$ 1,849.00</b>	<b>-99.05%</b>

Predeterminations	2016	2017	Percentage Change
In Network	\$ 820	\$ -	-100.00%
Out of Network	1,539	-	-100.00%

<b>Average # of Employees</b>	600	1,500	150.00%
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# Dental Expenditures and Savings

CUSTOMER NAME  
Summary

Total Savings for the most recent Policy Year was \$1,540

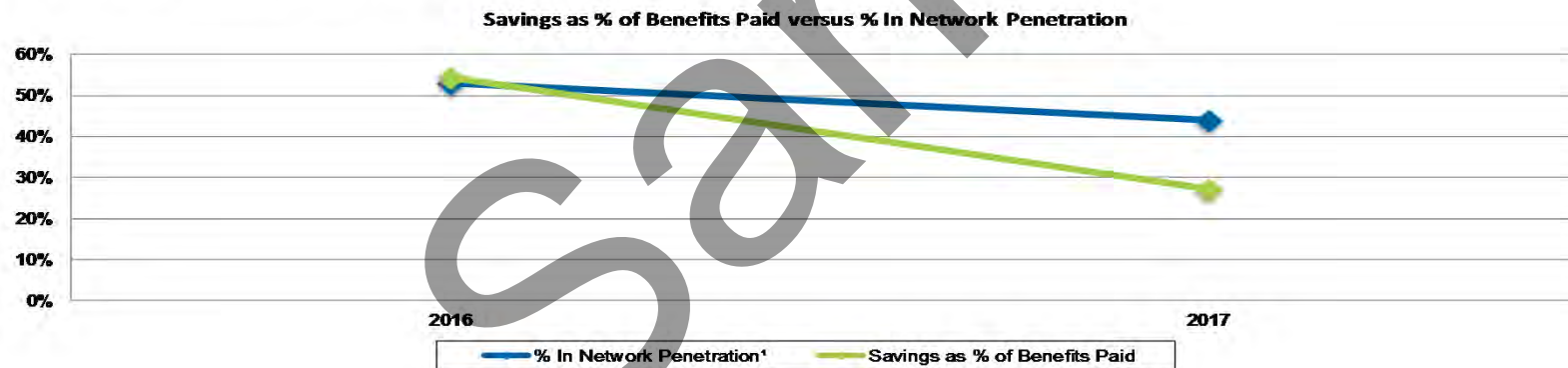
Savings compares to ASO Fees paid in the 2017 Policy Year of \$2,017

Total Savings / ASO Fees = \$1,540 / \$2,017 = \$.76

\$.76 is your Ratio of Savings from participation in the MetLife PDP Network

Plan Year	2016	2017
Total Benefits Paid	\$ 1,610,774	\$ 5,678
Total Savings	\$ 875,170	\$ 1,540
Savings as % of Benefits Paid	54.33%	27.11%
% In Network Penetration <sup>1</sup>	53.00%	43.96%
Total ASO Fees Paid	\$ 2,016	\$ 2,017
Total Savings	\$ 875,170	\$ 1,540
Savings / ASO Fee	\$ 434.11	\$ 0.76

1. Based on procedure counts, excludes Repetitive Ortho



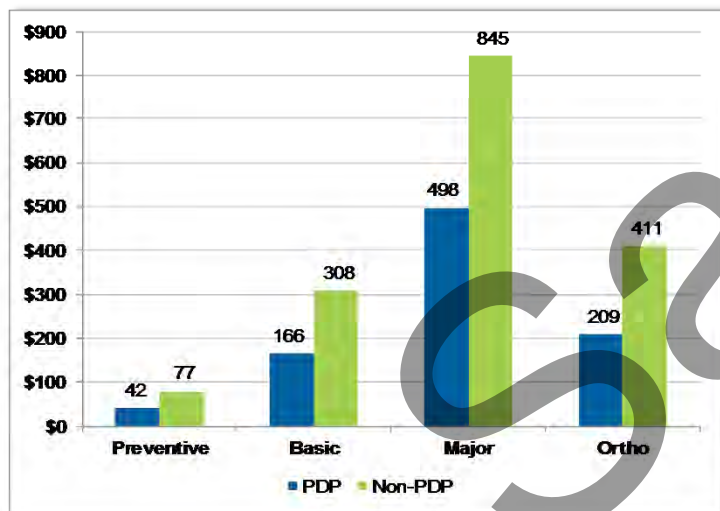
# PDP v. Non-PDP Comparison (By Charge)

CUSTOMER NAME  
Summary

On average, in 2016, PDP  
Charges were 36.34%  
Less than Out of Network  
Charges

2016

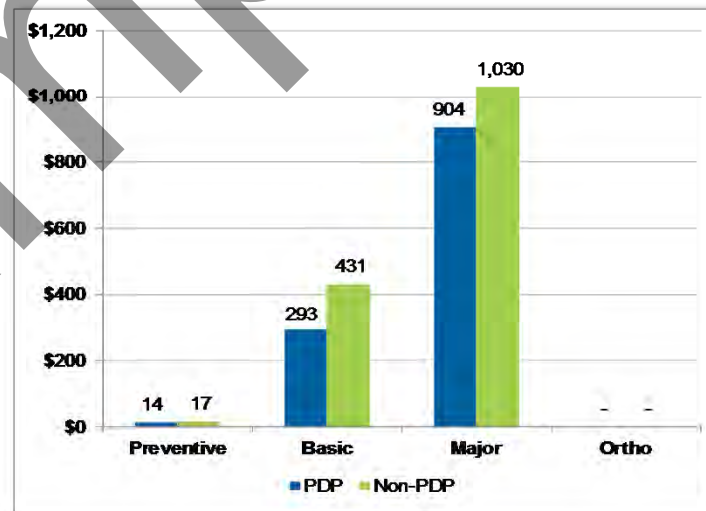
Average Charge In Network: \$130.40  
Average Charge Out of Network: \$204.85



On average, in 2017, PDP  
Charges were 79.86%  
Less than Out of Network  
Charges

2017

Average Charge In Network: \$50.09  
Average Charge Out of Network: \$248.75



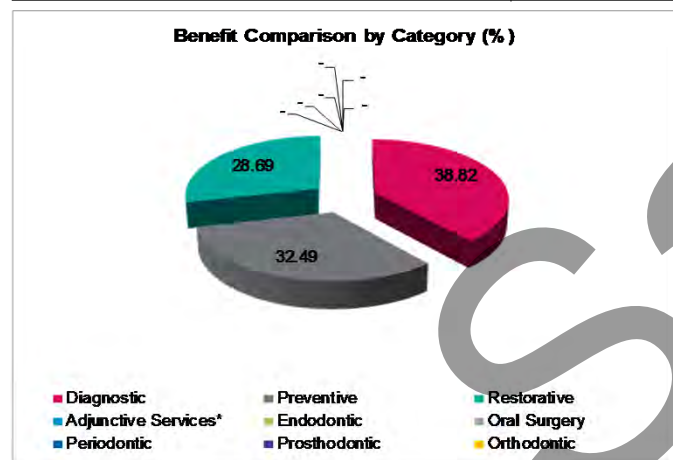
# In and Out of Network Compare

CUSTOMER NAME  
Summary

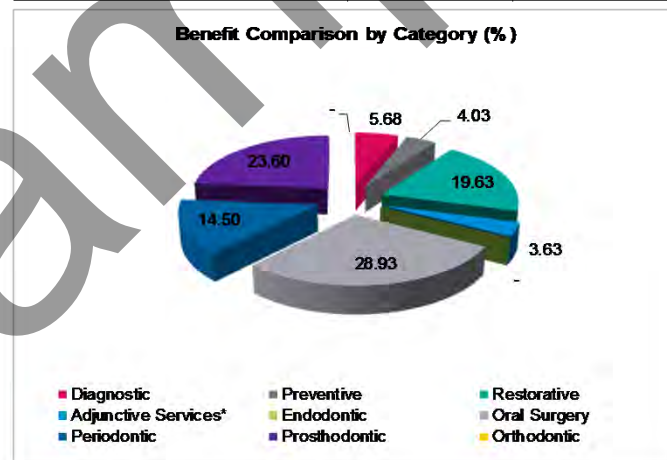
From: 01/01/2017

To: 12/31/2017

In Network		
Category	Paid	Claims Paid
Diagnostic	\$ 280	38.82%
Preventive	234	32.49%
Restorative	207	28.69%
Adjunctive Services*	-	0.00%
Endodontic	-	0.00%
Oral Surgery	-	0.00%
Periodontic	-	0.00%
Prosthodontic	-	0.00%
Orthodontic	-	0.00%
<b>Total</b>	<b>\$ 720</b>	<b>100.00%</b>



Out of Network		
Category	Paid	Claims Paid
Diagnostic	\$ 282	5.68%
Preventive	200	4.03%
Restorative	973	19.63%
Adjunctive Services*	180	3.63%
Endodontic	-	0.00%
Oral Surgery	1,434	28.93%
Periodontic	719	14.50%
Prosthodontic	1,170	23.60%
Orthodontic	-	0.00%
<b>Total</b>	<b>\$ 4,958</b>	<b>100.00%</b>

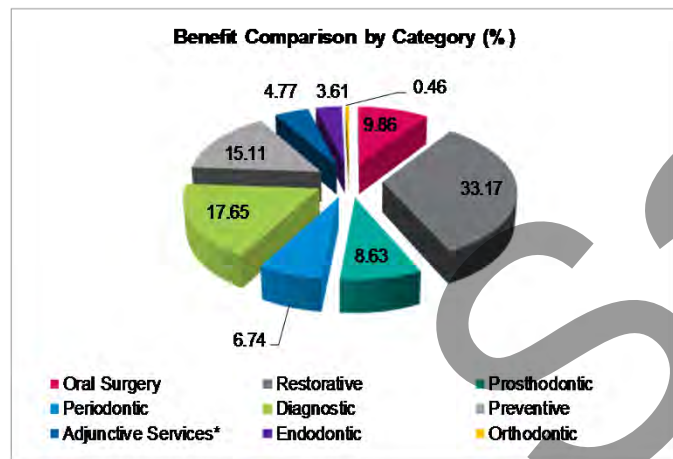


\* Adjunctive Services could be any of the following: Anesthesia, Professional Consultations or Visits, Unclassified Treatments, Drug or Miscellaneous Services.

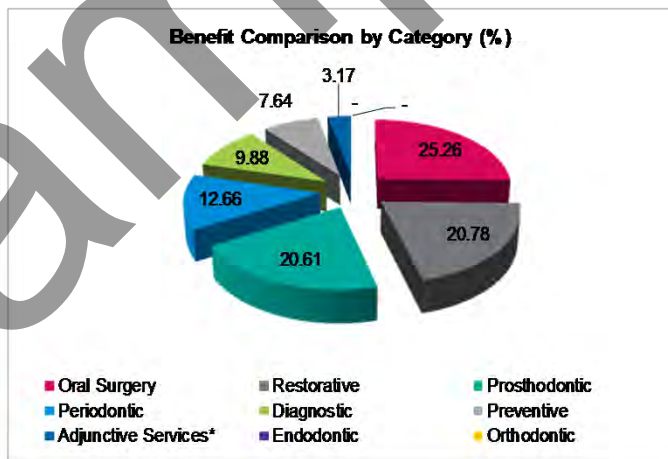
# Network Compare

CUSTOMER NAME  
Summary

2016		
Category	Paid	Claims Paid
Oral Surgery	\$ 158,845	9.86%
Restorative	534,301	33.17%
Prosthodontic	138,959	8.63%
Periodontic	108,628	6.74%
Diagnostic	284,369	17.65%
Preventive	243,374	15.11%
Adjunctive Services*	76,822	4.77%
Endodontic	58,095	3.61%
Orthodontic	7,380	0.46%
<b>Total</b>	<b>\$ 1,610,774</b>	<b>100.00%</b>



2017		
Category	Paid	Claims Paid
Oral Surgery	\$ 1,434	25.26%
Restorative	1,180	20.78%
Prosthodontic	1,170	20.61%
Periodontic	719	12.66%
Diagnostic	561	9.88%
Preventive	434	7.64%
Adjunctive Services*	180	3.17%
Endodontic	-	0.00%
Orthodontic	-	0.00%
<b>Total</b>	<b>\$ 5,678</b>	<b>100.00%</b>



\* Adjunctive Services could be any of the following: Anesthesia, Professional Consultations or Visits, Unclassified Treatments, Drug or Miscellaneous Services.

# PDP Access – Top Zip Codes (3 Digit)

## Zip 3 with 35+ Employees

CUSTOMER NAME  
Summary

State	Zip 3	County	Area Type	Total EEs	EEs with Access	EEs without Access	% with Access	% without Access	Total Providers	Avg Dist to 1 Provider	Avg Dist to 2 Providers
PR	007	Caguas	R	495	495	0	100.00%	0.00%	29	0.49	0.71
PR	007	San Lorenzo	R	464	464	0	100.00%	0.00%	4	0.50	1.00
PR	007	Las Piedras	S	336	336	0	100.00%	0.00%	1	1.10	3.70
PR	007	Humacao	S	256	256	0	100.00%	0.00%	21	0.38	0.86
PR	007	Gurabo	S	248	248	0	100.00%	0.00%	4	0.90	2.40
PR	007	Juncos	S	225	225	0	100.00%	0.00%	5	0.30	0.90
PR	009	San Juan	U	209	209	0	100.00%	0.00%	152	0.30	0.46
PR	006	San German	R	173	173	0	100.00%	0.00%	6	0.50	0.70
PR	007	Yabucoa	R	141	141	0	100.00%	0.00%	4	0.30	1.30
PR	009	Bayamon	U	113	113	0	100.00%	0.00%	60	0.41	0.59
PR	009	Guaynabo	U	110	110	0	100.00%	0.00%	38	0.24	0.51
PR	006	Dorado	S	94	94	0	100.00%	0.00%	7	0.90	1.10
PR	006	Manati	R	92	92	0	100.00%	0.00%	9	0.70	1.10
PR	006	Vega Baja	S	82	82	0	100.00%	0.00%	8	0.90	1.69
PR	007	Cidra	S	81	81	0	100.00%	0.00%	6	0.30	0.60
PR	009	Carolina	U	78	78	0	100.00%	0.00%	42	0.67	0.86
PR	007	Cayey	R	77	77	0	100.00%	0.00%	7	0.57	0.73
PR	006	Mayaguez	S	75	75	0	100.00%	0.00%	20	0.59	0.66
PR	006	Sabana Grande	R	70	70	0	100.00%	0.00%	1	3.40	4.10
PR	006	Lajas	R	65	65	0	100.00%	0.00%	0	3.30	3.70
PR	006	Arecibo	R	59	59	0	100.00%	0.00%	21	0.31	0.74
PR	006	Cabo Rojo	R	56	56	0	100.00%	0.00%	9	1.20	1.50
PR	006	Aguadilla	S	54	54	0	100.00%	0.00%	14	0.44	1.18
PR	009	Toa Baja	U	50	50	0	100.00%	0.00%	8	0.70	1.28
PR	009	Toa Alta	U	49	49	0	100.00%	0.00%	8	0.52	0.91
PR	009	Trujillo Alto	U	43	43	0	100.00%	0.00%	4	0.79	1.29
PR	007	Naguabo	R	40	40	0	100.00%	0.00%	2	0.99	1.55
PR	006	Barceloneta	R	36	36	0	100.00%	0.00%	4	1.50	1.80

# Top 10 Locations (With Lowest Network Access)

CUSTOMER NAME  
Summary

As of 12/31/2017

State	Zip 3	City	Area Type	Total Employees	Employees with Access	% Employees with Access	Total Count Dentist Used	Total Dentist In Network Used	% PDP Dentist Used
AL	364	Evergreen	R	1	0	0.00%	0	0	N/A
PR	007	Abonito	R	1,395	1,395	100.00%	0	0	N/A
PR	007	Abonito	S	1,222	1,222	100.00%	0	0	N/A
PR	006	Adjuntas	R	746	746	100.00%	0	0	N/A
PR	009	Puerto Rico	U	660	660	100.00%	0	0	N/A
PR	006	Adjuntas	S	411	411	100.00%	0	0	N/A
PR	007	Abonito	U	33	33	100.00%	0	0	N/A
PR	006	Adjuntas	U	23	23	100.00%	0	0	N/A
FL	321	Rural Jax	R	5	5	100.00%	0	0	N/A
FL	328	Orlando	R	5	5	100.00%	0	0	N/A

As of 12/31/2016

State	Zip 3	City	Area Type	Total Employees	Employees with Access	% Employees with Access	Total Count Dentist Used	Total Dentist In Network Used	% PDP Dentist Used
CO	811	Alamosa	R	2	0	0.00%	0	0	N/A
TX	795	Abilene	R	2	0	0.00%	0	0	N/A
AR	726	Harrison	R	1	0	0.00%	0	0	N/A
GA	304	Swainsboro	R	1	0	0.00%	0	0	N/A
GA	398	Bainbridge	R	1	0	0.00%	0	0	N/A
IA	505	Fort Dodge Ia	R	1	0	0.00%	0	0	N/A
IL	614	Galesburg Il	R	1	0	0.00%	0	0	N/A
KS	675	Hutchinson Ks	R	1	0	0.00%	0	0	N/A
KS	676	Hays Ks	R	1	0	0.00%	0	0	N/A
MN	564	Brainerd Mn	R	1	0	0.00%	0	0	N/A

Note: These results are based on the urban standard of 2 in 10 miles. Many of the locations fall under the rural standard where the goal is 2 providers within 20 miles.