our report

on LAKE HAVASU UNIFIED SCHOOL DISTRICT

Presented by RICH HANNA 11811 N TATUM BLVD STE P-184 PHOENIX AZ 85028-6047 602-953-1903

05/04/2017



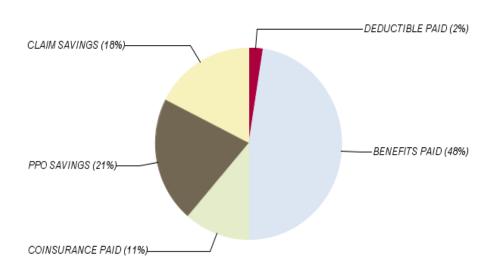
Claim Payment Summary

Policy #: 301248 05/01/2016 through 04/30/2017



Procedure Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Paid by	Total Coinsurance Paid by Member	Total Claims Paid	
3,454	\$433,612	\$91,975	\$76,076	\$265,561	\$10,600	\$48,797	\$206,164	

Claim Payment Summary



Claim Payment Breakdown by Procedure Type

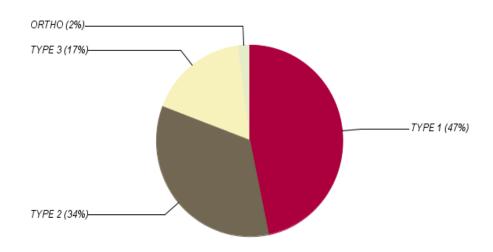
Policy #: 301248 05/01/2016 th

05/01/2016 through 04/30/2017



Dental Procedure Type	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
TYPE 1	2,575	\$139,622	\$34,780	\$7,822	\$97,020	\$150	\$230	\$96,641	46.9%
TYPE 2	649	\$147,746	\$32,578	\$28,210	\$86,958	\$8,850	\$7,872	\$70,237	34.1%
TYPE 3	166	\$121,400	\$22,695	\$25,260	\$73,445	\$1,600	\$36,388	\$35,458	17.2%
ORTHO	22	\$8,533	\$0	\$0	\$8,533	\$0	\$4,308	\$4,225	2.1%
NONCLASSIFIED	39	\$16,312	\$1,922	\$14,390	\$0	\$0	\$0	\$0	.0%
CREDITS	3	\$0	\$0	\$396	-\$396	\$0	\$0	-\$396	2%
TOTAL	3,454	\$433,613	\$91,975	\$76,076	\$265,560	\$10,600	\$48,798	\$206,165	100.0%

Claim Payment Breakdown by Procedure Type



LAKE HAVASU UNIFIED SCHOOL DISTRICT Claim Summary - PPO vs. Non-PPO

Policy #: 301248

05/01/2016 through 04/30/2017

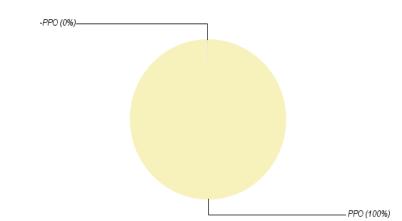


РРО	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
Yes No	3,389 65	\$425,254 \$8,358	\$91,975 \$0	\$69,138 \$6,938	\$264,141 \$1,420	\$10,400 \$200	\$47,997 \$800	\$205,745 \$420	99.8% .2%
Total	3,454	\$433,612	\$91,975	\$76,076	\$265,561	\$10,600	\$48,797	\$206,164	100.0%

Actual Submitted Claims - PPO vs. Non-PPO

Non-PPO (2%)-- PPO (98%)

Total Benefits Paid - PPO vs. Non-PPO



Claim Payment Analysis by Procedure Group

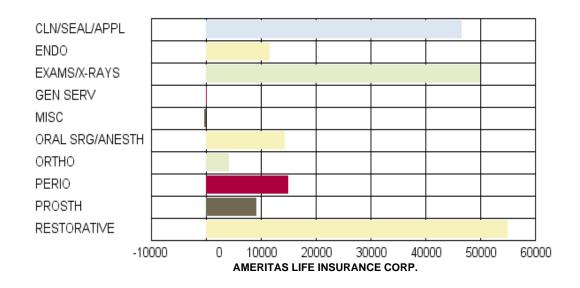
Policy #: 301248 05/01/2016

05/01/2016 through 04/30/2017



Procedure Group	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
EXAMS/X-RAYS	1,671	\$74,989	\$18,821	\$5,777	\$50,391	\$185	\$193	\$50,014	24.3%
CLN/SEAL/APPL	921	\$65,647	\$16,104	\$2,856	\$46,687	\$15	\$38	\$46,633	22.6%
RESTORATIVE	457	\$152,035	\$29,482	\$30,432	\$92,121	\$6,020	\$30,970	\$55,131	26.7%
ENDO	26	\$17,182	\$2,884	\$756	\$13,542	\$715	\$1,244	\$11,583	5.6%
PERIO	138	\$36,241	\$4,886	\$12,367	\$18,988	\$1,720	\$2,153	\$15,116	7.3%
PROSTH	43	\$37,635	\$9,050	\$10,936	\$17,649	\$150	\$8,277	\$9,223	4.5%
ORAL SRG/ANESTH	151	\$38,239	\$10,345	\$10,108	\$17,786	\$1,772	\$1,594	\$14,420	7.0%
GEN SERV	8	\$2,046	\$403	\$1,443	\$200	\$0	\$20	\$180	.1%
MISC	17	\$1,066	\$0	\$1,402	-\$336	\$23	\$0	-\$359	2%
ORTHO	22	\$8,533	\$0	\$0	\$8,533	\$0	\$4,308	\$4,225	2.1%
TOTAL	3,454	\$433,612	\$91,975	\$76,076	\$265,561	\$10,600	\$48,797	\$206,164	100.0%

Total Benefits Paid by Procedure Group



LAKE HAVASU UNIFIED SCHOOL DISTRICT Claim Payment Analysis by Category within Procedure Group

Policy #: 301248



Procedure Group	Procedure Category	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
EXAMS/X-RAYS	ROUTINE EXAMS	579	\$26,217	\$5,485	\$909	\$19,823	\$29	\$56	\$19,738	9.6%
	LTD ORAL EXAMS	89	\$5,769	\$1,447	\$2,138	\$2,184	\$100	\$20	\$2,064	1.0%
	BITEWING XRAYS	424	\$21,339	\$5,866	\$613	\$14,860	\$19	\$34	\$14,807	7.2%
	FMX/PANO XRAYS	103	\$10,903	\$2,882	\$1,479	\$6,542	\$21	\$53	\$6,468	3.1%
	OTHER XRAYS	469	\$10,339	\$3,044	\$313	\$6,982	\$16	\$30	\$6,936	3.4%
	PRE-DIAGNOSTIC	7	\$422	\$97	\$325	\$0	\$0	\$0	\$0	.0%
CLN/SEAL/APPL	PROPHYS/FLUOR	874	\$63,547	\$15,450	\$2,567	\$45,530	\$15	\$38	\$45,476	22.1%
	SEALANTS	47	\$2,100	\$654	\$289	\$1,157	\$0	\$0	\$1,157	.6%
RESTORATIVE	AMALGAM RESTORE	15	\$2,268	\$523	\$0	\$1,745	\$31	\$308	\$1,406	.7%
	RESIN RESTORE	286	\$53,069	\$13,528	\$8,517	\$31,024	\$4,226	\$2,372	\$24,426	11.8%
	SS CROWNS	12	\$2,975	\$641	\$634	\$1,700	\$109	\$75	\$1,517	.7%
	SEDATIVE FILLNG	1	\$80	\$27	\$0	\$53	\$0	\$11	\$42	.0%
	INLAYS	2	\$1,367	\$72	\$1,069	\$226	\$55	\$34	\$137	.1%
	ONLAYS	2	\$1,530	\$274	\$1	\$1,255	\$50	\$603	\$603	.3%
	CROWNS	85	\$79,421	\$12,120	\$17,092	\$50,209	\$1,341	\$24,707	\$24,160	11.7%
	VENEERS	2	\$750	\$0	\$750	\$0	\$0	\$0	\$0	.0%
	CORE BUILD-UP	39	\$8,047	\$1,552	\$1,726	\$4,769	\$97	\$2,406	\$2,266	1.1%
	POST AND CORE	7	\$1,846	\$438	\$643	\$765	\$11	\$377	\$377	.2%
	CRN/PARTDEN REP	2	\$310	\$155	\$0	\$155	\$0	\$78	\$78	.0%
	RECEMENT	4	\$372	\$152	\$0	\$220	\$100	\$0	\$120	.1%
ENDO	ROOT CANALS	20	\$16,409	\$2,810	\$750	\$12,849	\$686	\$1,185	\$10,979	5.3%
	OTHER ENDO	6	\$773	\$74	\$6	\$693	\$29	\$60	\$604	.3%
PERIO	OTHER PERIO SER	71	\$8,590	\$1,863	\$1,056	\$5,671	\$1,348	\$212	\$4,111	2.0%
	DEBRIDEMENT	1	\$150	\$65	\$0	\$85	\$50	\$7	\$28	.0%
	NON-SURG PERIO	37	\$6,813	\$434	\$898	\$5,481	\$221	\$1,094	\$4,165	2.0%
	SURG PERIO	29	\$20,688	\$2,524	\$10,412	\$7,752	\$100	\$840	\$6,812	3.3%
PROSTH	DENTURE RELINES	5	\$1,603	\$443	\$0	\$1,160	\$50	\$35	\$1,075	.5%
	DENTURE REPAIR	2	\$281	\$84	\$0	\$197	\$0	\$24	\$173	.1%
	PROSTH-REMOVABL	12	\$12,162	\$2,012	\$4,283	\$5,867	\$0	\$3,032	\$2,835	1.4%

LAKE HAVASU UNIFIED SCHOOL DISTRICT Claim Payment Analysis by Category within Procedure Group

Policy #: 301248



Procedure Group	Procedure Category	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
PROSTH	PROSTH-FIXED	18	\$17,964	\$6,117	\$1,514	\$10,333	\$100	\$5,140	\$5,093	2.5%
	ADD TOOTH/CLASP	1	\$120	\$27	\$0	\$93	\$0	\$47	\$47	.0%
	IMPLANTS	5	\$5,505	\$367	\$5,138	\$0	\$0	\$0	\$0	.0%
ORAL SRG/ANESTH	NON-SURG EXTRAC	48	\$6,752	\$2,442	\$154	\$4,156	\$960	\$461	\$2,735	1.3%
	SURG EXTRACT	68	\$18,881	\$4,832	\$2,812	\$11,237	\$757	\$942	\$9,539	4.6%
	OTHER ORAL SURG	4	\$775	\$111	\$116	\$548	\$16	\$92	\$440	.2%
	ANESTH-GEN/IV	21	\$5,386	\$1,673	\$1,869	\$1,844	\$39	\$100	\$1,705	.8%
	ANESTH-LOC/NITR	2	\$110	\$0	\$110	\$0	\$0	\$0	\$0	.0%
	BONAUGMENTATION	8	\$6,335	\$1,287	\$5,048	\$0	\$0	\$0	\$0	.0%
GEN SERV	PALLIATIVE	2	\$362	\$232	\$130	\$0	\$0	\$0	\$0	.0%
	OCCLUSAL ADJUST	2	\$200	\$0	\$0	\$200	\$0	\$20	\$180	.1%
	OCCLUSAL GUARD	4	\$1,484	\$171	\$1,313	\$0	\$0	\$0	\$0	.0%
MISC	MISC (DENY)	1	\$77	\$0	\$77	\$0	\$0	\$0	\$0	.0%
	MISC PREV	1	\$85	\$0	\$85	\$0	\$0	\$0	\$0	.0%
	MISC BASIC	8	\$210	\$0	\$150	\$60	\$23	\$0	\$37	.0%
	MISC(TAX & OTH)	3	\$0	\$0	\$396	-\$396	\$0	\$0	-\$396	2%
	RARELY COVERED	4	\$694	\$0	\$694	\$0	\$0	\$0	\$0	.0%
ORTHO	ORTHO	22	\$8,533	\$0	\$0	\$8,533	\$0	\$4,308	\$4,225	2.0%
TOTAL		3,454	\$433,612	\$91,975	\$76,076	\$265,561	\$10,600	\$48,797	\$206,164	100.0%

Claim Payment Analysis by Procedure within Category

Policy #: 301248 05/01/201



Procedure Category	Procedure *	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
ROUTINE EXAMS	D0120	464	\$19,027	\$3,590	\$814	\$14,623	\$15	\$22	\$14,586	7.1%
	D0145	2	\$71	\$2	\$0	\$69	\$0	\$0	\$69	.0%
	D0150	88	\$5,844	\$1,681	\$95	\$4,068	\$14	\$34	\$4,020	1.9%
	D0180	25	\$1,275	\$212	\$0	\$1,063	\$0	\$0	\$1,063	.5%
Totals		579	\$26,217	\$5,485	\$909	\$19,823	\$29	\$56	\$19,738	9.6%
LTD ORAL EXAMS	D0140	88	\$5,745	\$1,447	\$2,138	\$2,160	\$100	\$20	\$2,040	1.0%
	D0170	1	\$24	\$0	\$0	\$24	\$0	\$0	\$24	.0%
Totals		89	\$5,769	\$1,447	\$2,138	\$2,184	\$100	\$20	\$2,064	1.0%
BITEWING XRAYS	D0270	17	\$306	\$91	\$91	\$124	\$0	\$7	\$118	.1%
	D0272	87	\$3,216	\$920	\$109	\$2,187	\$0	\$0	\$2,187	1.1%
	D0273	1	\$62	\$16	\$0	\$46	\$0	\$0	\$46	.0%
	D0274	319	\$17,755	\$4,839	\$413	\$12,503	\$19	\$28	\$12,457	6.0%
Totals		424	\$21,339	\$5,866	\$613	\$14,860	\$19	\$34	\$14,807	7.2%
FMX/PANO XRAYS	D0210	58	\$6,449	\$1,508	\$593	\$4,348	\$21	\$53	\$4,274	2.1%
	D0330	45	\$4,454	\$1,374	\$886	\$2,194	\$0	\$0	\$2,194	1.1%
Totals		103	\$10,903	\$2,882	\$1,479	\$6,542	\$21	\$53	\$6,468	3.1%
OTHER XRAYS	D0220	253	\$6,356	\$2,082	\$251	\$4,023	\$9	\$20	\$3,993	1.9%
	D0230	209	\$3,787	\$899	\$62	\$2,826	\$7	\$10	\$2,810	1.4%

^{*} Current Dental Terminology copyrighted American Dental Association

Policy #: 301248

Procedure Category	Procedure *	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
OTHER XRAYS	D0240	7	\$196	\$63	\$0	\$133	\$0	\$0	\$133	.1%
Totals		469	\$10,339	\$3,044	\$313	\$6,982	\$16	\$30	\$6,936	3.4%
PRE-DIAGNOSTIC	D0431	7	\$422	\$97	\$325	\$0	\$0	\$0	\$0	.0%
Totals		7	\$422	\$97	\$325	\$0	\$0	\$0	\$0	.0%
PROPHYS/FLUOR	D1110 D1120 D1206 D1208	635 110 55 74	\$53,691 \$6,348 \$1,643 \$1,865	\$13,229 \$1,519 \$279 \$423	\$1,104 \$198 \$866 \$399	\$39,358 \$4,631 \$498 \$1,043	\$15 \$0 \$0 \$0	\$38 \$0 \$0 \$0	\$39,304 \$4,631 \$498 \$1,043	19.1% 2.2% .2% .5%
Totals		874	\$63,547	\$15,450	\$2,567	\$45,530	\$15	\$38	\$45,476	22.1%
SEALANTS	D1351 D1352	46 1	\$2,054 \$46	\$654 \$0	\$243 \$46	\$1,157 \$0	\$0 \$0	\$0 \$0	\$1,157 \$0	.6% .0%
Totals		47	\$2,100	\$654	\$289	\$1,157	\$0	\$0	\$1,157	.6%
AMALGAM RESTORE	D2150 D2160	14 1	\$2,157 \$111	\$523 \$0	\$0 \$0	\$1,634 \$111	\$31 \$0	\$297 \$11	\$1,306 \$100	.6% .0%
Totals		15	\$2,268	\$523	\$0	\$1,745	\$31	\$308	\$1,406	.7%
RESIN RESTORE	D2330	16	\$2,151	\$646	\$180	\$1,325	\$247	\$46	\$1,031	.5%

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Policy #: 301248



Procedure Category	Procedure *	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
RESIN RESTORE	D2331	32	\$4,763	\$765	\$530	\$3,468	\$246	\$396	\$2,826	1.4%
	D2332	13	\$2,776	\$806	\$7	\$1,963	\$208	\$114	\$1,641	.8%
	D2335	12	\$2,739	\$801	\$292	\$1,646	\$243	\$61	\$1,342	.7%
	D2391	78	\$11,969	\$3,596	\$1,783	\$6,590	\$1,212	\$349	\$5,029	2.4%
	D2392	94	\$18,175	\$4,192	\$3,386	\$10,597	\$1,666	\$757	\$8,174	4.0%
	D2393	38	\$9,537	\$2,549	\$2,128	\$4,860	\$393	\$398	\$4,068	2.0%
	D2394	3	\$959	\$173	\$211	\$575	\$11	\$251	\$313	.2%
Totals		286	\$53,069	\$13,528	\$8,517	\$31,024	\$4,226	\$2,372	\$24,426	11.8%
SS CROWNS	D2930	12	\$2,975	\$641	\$634	\$1,700	\$109	\$75	\$1,517	.7%
Totals		12	\$2,975	\$641	\$634	\$1,700	\$109	\$75	\$1,517	.7%
SEDATIVE FILLNG	D2940	1	\$80	\$27	\$0	\$53	\$0	\$11	\$42	.0%
Totals		1	\$80	\$27	\$0	\$53	\$0	\$11	\$42	.0%
INLAYS	D2520	1	\$717	\$0	\$587	\$130	\$5	\$25	\$100	.0%
	D2620	1	\$650	\$72	\$482	\$96	\$50	\$9	\$37	.0%
Totals		2	\$1,367	\$72	\$1,069	\$226	\$55	\$34	\$137	.1%
ONLAYS	D2644	2	\$1,530	\$274	\$1	\$1,255	\$50	\$603	\$603	.3%
Totals		2	\$1,530	\$274	\$1	\$1,255	\$50	\$603	\$603	.3%

Policy #: 301248 05/01/2016 through 04/30/2017



Procedure Category	Procedure *	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
CROWNS	D2740	38	\$36,965	\$5,197	\$8,435	\$23,333	\$390	\$11,736	\$11,207	5.4%
	D2750	3	\$3,277	\$658	\$1,210	\$1,409	\$40	\$684	\$684	.3%
	D2751 D2752	19 25	\$14,579 \$24,600	\$1,042 \$5,223	\$3,265 \$4,183	\$10,272 \$15,194	\$439 \$472	\$4,917 \$7,369	\$4,917 \$7,353	2.4% 3.6%
Totals		85	\$79,421	\$12,120	\$17,092	\$50,209	\$1,341	\$24,707	\$24,160	11.7%
VENEERS	D2961	2	\$750	\$0	\$750	\$0	\$0	\$0	\$0	.0%
Totals		2	\$750	\$0	\$750	\$0	\$0	\$0	\$0	.0%
CORE BUILD-UP	D2950	39	\$8,047	\$1,552	\$1,726	\$4,769	\$97	\$2,406	\$2,266	1.1%
Totals		39	\$8,047	\$1,552	\$1,726	\$4,769	\$97	\$2,406	\$2,266	1.1%
POST AND CORE	D2954	7	\$1,846	\$438	\$643	\$765	\$11	\$377	\$377	.2%
Totals		7	\$1,846	\$438	\$643	\$765	\$11	\$377	\$377	.2%
CRN/PARTDEN REP	D9120	2	\$310	\$155	\$0	\$155	\$0	\$78	\$78	.0%
Totals		2	\$310	\$155	\$0	\$155	\$0	\$78	\$78	.0%
RECEMENT	D2920	4	\$372	\$152	\$0	\$220	\$100	\$0	\$120	.1%
Totals		4	\$372	\$152	\$0	\$220	\$100	\$0	\$120	.1%

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Policy #: 301248



Procedure Category	Procedure *	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
ROOT CANALS	D3310 D3320 D3330	4 5 11	\$2,878 \$3,539 \$9,992	\$1,022 \$496 \$1,292	\$0 \$0 \$750	\$1,856 \$3,043 \$7,950	\$191 \$150 \$345	\$183 \$132 \$869	\$1,482 \$2,761 \$6,736	.7% 1.3% 3.3%
Totals		20	\$16,409	\$2,810	\$750	\$12,849	\$686	\$1,185	\$10,979	5.3%
OTHER ENDO	D3220	6	\$773	\$74	\$6	\$693	\$29	\$60	\$604	.3%
Totals		6	\$773	\$74	\$6	\$693	\$29	\$60	\$604	.3%
OTHER PERIO SER	D4910	71	\$8,590	\$1,863	\$1,056	\$5,671	\$1,348	\$212	\$4,111	2.0%
Totals		71	\$8,590	\$1,863	\$1,056	\$5,671	\$1,348	\$212	\$4,111	2.0%
DEBRIDEMENT	D4355	1	\$150	\$65	\$0	\$85	\$50	\$7	\$28	.0%
Totals		1	\$150	\$65	\$0	\$85	\$50	\$7	\$28	.0%
NON-SURG PERIO	D4341 D4342 D4381	24 4 9	\$4,936 \$594 \$1,283	\$433 \$0 \$1	\$582 \$0 \$316	\$3,921 \$594 \$966	\$193 \$0 \$28	\$750 \$119 \$226	\$2,978 \$475 \$712	1.4% .2% .3%
Totals		37	\$6,813	\$434	\$898	\$5,481	\$221	\$1,094	\$4,165	2.0%
SURG PERIO	D4261 D4263	2 1	\$1,600 \$271	\$357 \$0	\$660 \$271	\$583 \$0	\$0 \$0	\$52 \$0	\$531 \$0	.3% .0%

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Policy #: 301248 05/01/2016 through 04/30/2017



Procedure Category	Procedure *	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
SURG PERIO	D4265	1	\$50	\$0	\$50	\$0	\$0	\$0	\$0	.0%
	D4267	1	\$550	\$0	\$550	\$0	\$0	\$0	\$0	.0%
	D4273	17	\$16,015	\$1,647	\$8,042	\$6,326	\$100	\$610	\$5,616	2.7%
	D4275	6	\$1,600	\$520	\$839	\$241	\$0	\$58	\$183	.1%
	D4277	1	\$602	\$0	\$0	\$602	\$0	\$120	\$482	.2%
Totals		29	\$20,688	\$2,524	\$10,412	\$7,752	\$100	\$840	\$6,812	3.3%
DENTURE RELINES	D5750	3	\$944	\$227	\$0	\$717	\$0	\$0	\$717	.3%
	D5761	2	\$659	\$216	\$0	\$443	\$50	\$35	\$358	.2%
Totals		5	\$1,603	\$443	\$0	\$1,160	\$50	\$35	\$1,075	.5%
DENTURE REPAIR	D5520	1	\$163	\$84	\$0	\$79	\$0	\$0	\$79	.0%
	D5620	1	\$118	\$0	\$0	\$118	\$0	\$24	\$94	.0%
Totals		2	\$281	\$84	\$0	\$197	\$0	\$24	\$173	.1%
PROSTH-REMOVABL	D5130	4	\$5,297	\$1,053	\$2,400	\$1,844	\$0	\$1,061	\$783	.4%
	D5140	1	\$1,061	\$0	\$979	\$82	\$0	\$0	\$82	.0%
	D5213	1	\$1,544	\$0	\$0	\$1,544	\$0	\$772	\$772	.4%
	D5225	1	\$1,200	\$292	\$0	\$908	\$0	\$454	\$454	.2%
	D5226	1	\$1,200	\$297	\$0	\$903	\$0	\$452	\$452	.2%
	D5820	3	\$1,546	\$370	\$590	\$586	\$0	\$293	\$293	.1%
	D5821	1	\$314	\$0	\$314	\$0	\$0	\$0	\$0	.0%
Totals		12	\$12,162	\$2,012	\$4,283	\$5,867	\$0	\$3,032	\$2,835	1.4%

Policy #: 301248



Procedure Category	Procedure *	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
PROSTH-FIXED	D6058	2	\$2,500	\$553	\$72	\$1,875	\$0	\$938	\$938	.5%
	D6242 D6752	6 10	\$5,762 \$9,702	\$2,012 \$3,552	\$743 \$700	\$3,007 \$5,450	\$16 \$84	\$1,503 \$2,699	\$1,488 \$2,668	.7% 1.3%
Totals		18	\$17,964	\$6,117	\$1,514	\$10,333	\$100	\$5,140	\$5,093	2.5%
ADD TOOTH/CLASP	D5650	1	\$120	\$27	\$0	\$93	\$0	\$47	\$47	.0%
Totals		1	\$120	\$27	\$0	\$93	\$0	\$47	\$47	.0%
IMPLANTS	D6010 D6057	3 2	\$3,955 \$1,550	\$0 \$367	\$3,955 \$1,183	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	.0% .0%
Totals		5	\$5,505	\$367	\$5,138	\$0	\$0	\$0	\$0	.0%
NON-SURG EXTRAC	D7111 D7140	6 42	\$600 \$6,152	\$186 \$2,256	\$0 \$154	\$414 \$3,742	\$200 \$760	\$2 \$459	\$212 \$2,523	.1% 1.2%
Totals		48	\$6,752	\$2,442	\$154	\$4,156	\$960	\$461	\$2,735	1.3%
SURG EXTRACT	D7210 D7220 D7230 D7240	45 3 3 17	\$9,876 \$975 \$1,185 \$6,845	\$2,725 \$333 \$399 \$1,375	\$642 \$0 \$0 \$2,170	\$6,509 \$642 \$786 \$3,300	\$613 \$11 \$39 \$93	\$756 \$20 \$50 \$116	\$5,140 \$610 \$697 \$3,091	2.5% .3% .3% 1.5%
Totals		68	\$18,881	\$4,832	\$2,812	\$11,237	\$757	\$942	\$9,539	4.6%

^{*} Current Dental Terminology copyrighted American Dental Association

Policy #: 301248



Procedure Category	Procedure *	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
OTHER ORAL SURG	D7310	3	\$525	\$111	\$116	\$298	\$16	\$67	\$215	.1%
	D7321	1	\$250	\$0	\$0	\$250	\$0	\$25	\$225	.1%
Totals		4	\$775	\$111	\$116	\$548	\$16	\$92	\$440	.2%
ANESTH-GEN/IV	D9221	1	\$100	\$0	\$100	\$0	\$0	\$0	\$0	.0%
	D9223	16	\$4,640	\$1,673	\$1,123	\$1,844	\$39	\$100	\$1,705	.8%
	D9243	2	\$446	\$0	\$446	\$0	\$0	\$0	\$0	.0%
	D9248	2	\$200	\$0	\$200	\$0	\$0	\$0	\$0	.0%
Totals		21	\$5,386	\$1,673	\$1,869	\$1,844	\$39	\$100	\$1,705	.8%
ANESTH-LOC/NITR	D9230	2	\$110	\$0	\$110	\$0	\$0	\$0	\$0	.0%
Totals		2	\$110	\$0	\$110	\$0	\$0	\$0	\$0	.0%
BONAUGMENTATION	D6104	1	\$448	\$0	\$448	\$0	\$0	\$0	\$0	.0%
	D7952	1	\$1,800	\$1,287	\$513	\$0	\$0	\$0	\$0	.0%
	D7953	6	\$4,087	\$0	\$4,087	\$0	\$0	\$0	\$0	.0%
Totals		8	\$6,335	\$1,287	\$5,048	\$0	\$0	\$0	\$0	.0%
PALLIATIVE	D9110	2	\$362	\$232	\$130	\$0	\$0	\$0	\$0	.0%
Totals		2	\$362	\$232	\$130	\$0	\$0	\$0	\$0	.0%

Policy #: 301248



Procedure Category	Procedure *	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
OCCLUSAL ADJUST	D9951	2	\$200	\$0	\$0	\$200	\$0	\$20	\$180	.1%
Totals		2	\$200	\$0	\$0	\$200	\$0	\$20	\$180	.1%
OCCLUSAL GUARD	D9940	4	\$1,484	\$171	\$1,313	\$0	\$0	\$0	\$0	.0%
Totals		4	\$1,484	\$171	\$1,313	\$0	\$0	\$0	\$0	.0%
MISC (DENY)	D1330	1	\$77	\$0	\$77	\$0	\$0	\$0	\$0	.0%
Totals		1	\$77	\$0	\$77	\$0	\$0	\$0	\$0	.0%
MISC PREV	D0350	1	\$85	\$0	\$85	\$0	\$0	\$0	\$0	.0%
Totals		1	\$85	\$0	\$85	\$0	\$0	\$0	\$0	.0%
MISC BASIC	D9910 D9911	1 7	\$0 \$210	\$0 \$0	\$0 \$150	\$0 \$60	\$0 \$23	\$0 \$0	\$0 \$37	.0% .0%
Totals		8	\$210	\$0	\$150	\$60	\$23	\$0	\$37	.0%
MISC(TAX & OTH)	D9999	3	\$0	\$0	\$396	-\$396	\$0	\$0	-\$396	2%
Totals		3	\$0	\$0	\$396	-\$396	\$0	\$0	-\$396	2%
RARELY COVERED	D0364	1	\$547	\$0	\$547	\$0	\$0	\$0	\$0	.0%

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Procedure Category	Procedure *	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
RARELY COVERED	D6999	3	\$147	\$0	\$147	\$0	\$0	\$0	\$0	.0%
Totals		4	\$694	\$0	\$694	\$0	\$0	\$0	\$0	.0%
ORTHO	D8080 D8090 D8670	20 1 1	\$8,533 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0	\$8,533 \$0 \$0	\$0 \$0 \$0	\$4,308 \$0 \$0	\$4,225 \$0 \$0	2.0% .0% .0%
Totals		22	\$8,533	\$0	\$0	\$8,533	\$0	\$4,308	\$4,225	2.0%
TOTAL		3,454	\$433,612	\$91,975	\$76,076	\$265,561	\$10,600	\$48,797	\$206,164	100.0%

Claim Savings Categories

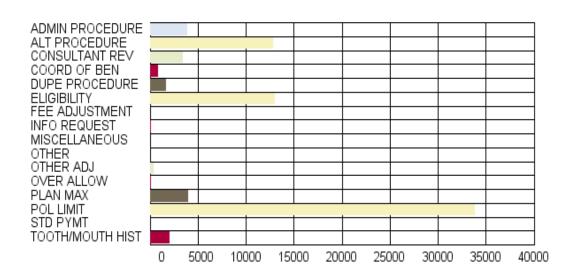
Policy #: 301248

05/01/2016 through 04/30/2017



Claim Savings Categories	Claim Savings	Claim Savings %
ADMINISTRATIVE PROCEDURE	\$3,852	5.1%
ALTERNATE PROCEDURE	\$12,809	16.8%
CONSULTANT REVIEW	\$3,423	4.5%
COORDINATION OF BENEFITS	\$843	1.1%
DUPLICATE PROCEDURE	\$1,690	2.2%
ELIGIBILITY	\$12,998	17.1%
FEE ADJUSTMENT	\$0	.0%
INFORMATION REQUEST	\$135	.2%
MISCELLANEOUS	\$0	.0%
OTHER	\$0	.0%
OTHER ADJUSTMENTS	\$396	.5%
OVER ALLOWANCE	\$62	.1%
PLAN MAXIMUM	\$3,972	5.2%
POLICY LIMITATION	\$33,896	44.6%
STANDARD PAYMENT	\$0	.0%
TOOTH/MOUTH HISTORY	\$2,000	2.6%
TOTAL		
	\$76,076	100.0%

Claim Savings by Category



LAKE HAVASU UNIFIED SCHOOL DISTRICT Claim Savings Categories - PPO

Policy #: 301248



Claim Savings Categories	Claim Savings	Claim Savings %	Claim Savings by Category
ADMINISTRATIVE PROCEDURE ALTERNATE PROCEDURE CONSULTANT REVIEW COORDINATION OF BENEFITS DUPLICATE PROCEDURE ELIGIBILITY INFORMATION REQUEST MISCELLANEOUS OTHER OTHER ADJUSTMENTS OVER ALLOWANCE PLAN MAXIMUM POLICY LIMITATION STANDARD PAYMENT TOOTH/MOUTH HISTORY	\$3,528 \$12,561 \$3,423 \$843 \$1,690 \$6,921 \$135 \$0 \$0 \$396 \$0 \$3,972 \$33,669 \$0 \$2,000	5.1% 18.2% 5.0% 1.2% 2.4% 10.0% .2% .0% .0% .6% .0% 5.7% 48.7% .0% 2.9%	ADMIN PROCEDURE ALT PROCEDURE CONSULTANT REV COORD OF BEN DUPE PROCEDURE ELIGIBILITY INFO REQUEST MISCELLANEOUS OTHER OTHER ADJ OVER ALLOW PLAN MAX POL LIMIT STD PYMT TOOTH/MOUTH HIST 0 5000 10000 15000 20000 25000 30000 35000 40000

LAKE HAVASU UNIFIED SCHOOL DISTRICT Claim Savings Categories - Non-PPO

Policy #: 301248



Claim Savings Categories	Claim Savings	Claim Savings %	Claim Savings by Category					
ADMINISTRATIVE PROCEDURE ALTERNATE PROCEDURE CONSULTANT REVIEW COORDINATION OF BENEFITS DUPLICATE PROCEDURE ELIGIBILITY FEE ADJUSTMENT INFORMATION REQUEST MISCELLANEOUS OTHER OTHER ADJUSTMENTS OVER ALLOWANCE PLAN MAXIMUM POLICY LIMITATION STANDARD PAYMENT TOOTH/MOUTH HISTORY	\$324 \$248 \$0 \$0 \$0 \$0 \$6,077 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	4.7% 3.6% .0% .0% .0% 87.6% .0% .0% .0% .0% .0% .0% .0% .0% .0% .0	ADMIN PROCEDURE ALT PROCEDURE CONSULTANT REV COORD OF BEN DUPE PROCEDURE ELIGIBILITY FEE ADJUSTMENT INFO REQUEST MISCELLANEOUS OTHER OTHER ADJ OVER ALLOW PLAN MAX POL LIMIT STD PYMT TOOTH/MOUTH HIST 0 1000 2000 3000 4000 5000 6000 7000					
	\$6,938	100.0%						

PPO Savings Illustration

AMERITAS OF GROUP

	Submitted	PPO	Percentage of
	<u>Claims</u>	<u>Savings</u>	Total PPO Savings
Actual Submitted Claims	\$433,612	\$91,975	21.2%
50th Percentile U & C	\$437,385	\$95,747	21.9%
90th Percentile U & C	\$517,628	\$175,990	34.0%

*PPO Savings is the difference between a provider's usual charge and the lesser charge a provider agrees to when becoming an Ameritas/First Ameritas PPO provider. Many providers submit claims using PPO charges rather than usual charges, causing actual PPO savings to be understated. To illustrate more accurate savings, Ameritas/First Ameritas has calculated savings based on the 50th and 90th percentile usual and customary charges in an area.

Monthly Experience Summary

Policy #: 301248

05/01/2016 through 04/30/2017

Month	Fees	Paid Claims \$	Paid L/R	EE Lives	Dep Units
Apr 2017	\$1,638	\$15,049	919%	508	0
Mar 2017	\$1,635	\$14,089	862%	504	0
Feb 2017	\$1,647	\$12,186	740%	505	0
Jan 2017	\$1,645	\$18,012	1095%	507	0
Dec 2016	\$1,505	\$11,655	775%	507	0
Nov 2016	\$1,537	\$17,651	1148%	505	0
Oct 2016	\$1,528	\$13,006	851%	486	0
Sep 2016	\$1,304	\$16,904	1296%	453	0
Aug 2016	\$1,106	\$18,581	1680%	456	0
Jul 2016	\$1,446	\$27,970	1935%	503	0
Jun 2016	\$1,525	\$25,258	1656%	519	0
May 2016	\$1,566	\$15,804	1009%	528	0
TOTAL					
	\$18,081	\$206,164		5,981	0

Paid Claims : \$206,164 Change in Reserves:

** Incurred Claims = Paid Claims + Change in Reserves

\$0 = Incurred Claims: