City of Weslaco

"The City on the Grow"

Miguel D. Wise, Mayor
John F. Cuellar, Mayor Pro-Tem, District 2
Robert J. Garza, Commissioner, District 1
Rene Rodriguez, Jr., Commissioner, District 3
Gerardo "Jerry" Tafolla, Commissioner, District 4
Lupe V. Rivera, Commissioner, District 5
Joe A. Martinez, Commissioner, District 6

Leonardo Olivares, City Manager

Addendum No. 1

August 26, 2010

Notice is hereby given to all prospective respondents for the **Group Health, Proposal No.: 2009-10-18**, for the City of Weslaco as follows:

- Employee Census in Excel Format.
- Employer Contribution/Benefits Summary of Current Coverage.
- 5 Yr. Carrier history.
- There are no renewal rates at this time.
- The City of Weslaco has no broker or agent of record.

City of Weslaco,

Gloria Sepulveda,
Purchasing Director

Employer Contribution / Benefits Summary of Current Coverage

FULLY-INSURED PLAN (PPO $2,500 Deductible Plan)

Approximate Number of Covered Employees: 328

Group Health Plan	Number of Employees	Monthly Rate	Monthly Premium
Employee Only*	*253	$302.64	$76,567.92
Employee + Spouse	7	$593.43	$4,154.01
Employee + Child(ren)	57	$495.59	$28,248.63
Employee + Family	8	$805.11	$6,440.88
Estimated Monthly Cost:	328		$115,411.44

*The City pays 100% of the cost for employee only major medical coverage.

Prescription Drug Program	Number of Days	Co-Payment
Preferred Brand Name/Non-Preferred Brand Name:	30	$30 / $45
Generic:	30	$15*

FULLY-INSURED PLAN (PPO $750 Deductible Plan) 2

Approximate Number of Covered Employees: 7

Group Health Plan	Number of Employees	Monthly Rate	Monthly Premium
Employee Only*	*3	$333.95	$1,001.85
Employee + Spouse	1	$595.42	$595.42
Employee + Child(ren)	1	$497.25	$497.25
Employee + Family	2	$807.82	$1,615.64
Estimated Monthly Cost:	7		$3,710.16

*The City pays 100% of the cost for employee only major medical coverage.

Prescription Drug Program	Number of Days	Co-Payment
Preferred Brand Name/Non-Preferred Brand Name:	30	$30 / $45
Generic:	30	$15*

	BASE Plan 1	BUY UP Plan 2	HSA PLAN 3
Office co-pay	$25	$25.00	
Deductible	$2,500/$5,000	$750/$1,500	$2,000/$4,000
Benefit	100%	80/20	100% after deductible
Coinsurance limit	$N/A	$3,000/$6,000	N/A
Prescription Drug Program	$15/$30/$45	$15/$30/$45	100% after deductible

City of Weslaco pays the cost of the employee only BASE Plan premium $302.64.

BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.™

Important PPO Health Care Coverage Information

Dear BlueChoice® Provider:

Blue Cross and Blue Shield of Texas is pleased to announce that, effective 10/01/09, health care coverage will be provided to the employees of **City of Weslaco.** **Please file all claims with dates of service on or after this date with Blue Cross and Blue Shield of Texas.**

Below is a brief description of coverage:

Coverage Description: Services rendered by BlueChoice® physicians and providers will be reimbursed according to the contract in effect on the date of service. Preventive care, lab work and X-rays are included in the copayment. Other services may be subject to the deductible and coinsurance amounts, when applicable.

PPO Base Plan 1	In-Network	Out-of-Network
Cal. Yr. Deductible	$2,500 Individual / $5,000 Family	$7,500 Individual / $15,000 Family
Coinsurance Max.	N/A Individual / N/A Family	$6,000 Individual / $18,000 Family
Benefit	100%	70%
Office Visit Co-pay	$25	70% of allowed amt. after cal. yr. ded.
ER Visit Co-pay	$200	
PDP Prescription Drug Program	$45 Non-Preferred Brand Name	
	$30 Preferred Brand Name	
	$15 Generic	

Prescription Drugs (all co-pays are per 30-day supply & will not apply to coinsurance stop loss maximum)

PPO Buy Up Plan 2	In-Network	Out-of-Network
Cal. Yr. Deductible	$750 Individual / $1,500 Family	$2,250 Individual / $4,500 Family
Coinsurance Max.	$3,000 Individual / $6,000 Family	$9,000 Individual / $18,000 Family
Benefit	80%	50%
Office Visit Co-pay	$25	70% of allowed amt. after cal. yr. ded.
ER Visit Co-pay	$200	
PDP Prescription Drug Program	$45 Non-Preferred Brand Name	
	$30 Preferred Brand Name	
	$15 Generic	

Prime Therapeutics provides prescription and mail-order services:
For names of participating pharmacies, call Customer Service at **(800) 521-2227.**

Group Information: *When filing a claim or calling Customer Service, please refer to:*

Group Number: 044645
Alpha Prefix: ZGP
Coverage Effective Date: 10/01/2009
For Pharmacies: RXBIN: 011552 / PCN: BCTX

IMPORTANT PHONE NUMBERS

Customer Service Toll-Free Number: (800) 521-2227
For eligibility, benefit information or claim payment status

Preauthorization Toll-Free Number: (800) 441-9188
Please note that all institutional care must be preauthorized

Magellan Behavioral Health, Inc. – Behavioral Health Preauthorization Toll-Free Number: (800) 528-7264
Please note that all services must be preauthorized

CLAIMS SUBMISSION

Medical Claims
Blue Cross and Blue Shield of Texas
Claims Department
P.O. Box 660044
Dallas, TX 75266-0044

Prescription Drug Claims
Prescription Service
Blue Cross and Blue Shield of Texas
c/o Prime Therapeutics LLC
P.O. Box 14624
Lexington, KY 40512-4624
www.myrxhealth.com

Mail Order Service
PrimeMail Pharmacy
P.O. Box 650041
Dallas, TX 75265-0041
www.myrxhealth.com

Your Blue Cross Representative is Carmen Ritley 361/878-1613. Your agent is Jeff Everitt 956/821-7429

The above information is valid under the contract currently in effect and is subject to change.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

FULLY-INSURED PLAN (H.S.A. $2,000 Deductible Plan) 3

Approximate Number of Covered Employees: 2

Group Health Plan	Number of Employees	Monthly Rate	Monthly Premium
Employee Only*	*2	$284.61	$569.22
Employee + Spouse	0	$507.45	$0
Employee + Child(ren)	0	$423.79	$0
Employee + Family	0	$688.47	$0
Estimated Monthly Cost:	2		$569.22

*The City pays 100% of the cost for employee only major medical coverage.

Prescription Drug Program	Number of Days	Co-Payment
Preferred Brand Name/Non-Preferred Brand Name:	30	100% after calendar year deductible
Generic:	30	100% after calendar year deductible*

Prior Carrier History - HUMANA

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CITY OF WESLACO

Standard Client Reporting Package

For the Nineteen Months Ended April 30, 2009

Report Basis : INCURRED

PPO Product(s)

Link Number: *704228*

Customer Number(s): ALL

Division(s): *ALL*

Run Date: 08/04/09

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Membership

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: N/A

Plan Demographics

Group Demographics

Category	CITY OF WESLACO Employees	Members	%	Peer %
Children, Age 0 to 18	0	123	23%	22%
Females:				
Age 45 to 64	23	39	7%	17%
Age 19 to 44	52	70	13%	20%
Age 65 and Over	1	1	0%	1%
	76	**110**	**21%**	**38%**
Males:				
Age 19 to 44	169	189	36%	21%
Age 45 to 64	107	107	20%	18%
Age 65 and Over	2	2	0%	1%
	278	**298**	**56%**	**41%**
Total:	**354**	**531**	**100%**	**100%**
Average member age		33.1		35.9

Geographic Distribution of Membership

Market	CITY OF WESLACO Employees	Members	%
CORPUS CHRISTI	354	531	100%
Total	**354**	**531**	**100%**

Note: Membership is calculated as of 04/30/2009

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Diagnostic Conditions Summary

Condition	Total Encounters	Encounters per 000 Members		Total Medical Costs - Company
		Company	Peer	
Age-Sex Score		*1.0*	*1.2*	
DISEASES OF THE CIRCULATORY SYSTEM	344	641.9	996.4	$229,286
DISEASES OF THE MUSCULOSKELETAL SYS	390	727.8	1,765.9	$162,270
DISEASES OF THE DIGESTIVE SYSTEM	177	330.3	545.7	$161,937
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	776	1,448.0	1,966.9	$150,808
DISEASES OF THE RESPIRATORY SYSTEM	694	1,295.0	1,685.4	$130,395
INJURY AND POISONING	259	483.3	828.1	$125,861
NEOPLASMS	209	390.0	1,089.2	$117,418
DISEASES OF THE GENITOURINARY SYSTEM	343	640.1	1,042.5	$108,089
UNCLASSIFIED	882	1,645.8	1,446.9	$63,051
MATERNITY	47	87.7	273.6	$56,157
DISEASES OF NERVOUS SYS AND SENSE ORGANS	325	606.5	834.9	$49,386
ENDOCRINE, METABOLIC, IMMUNE DISORDERS	501	934.9	1,342.5	$40,924
INFECTIOUS AND PARASITIC DISEASES	148	276.2	432.3	$32,215
DISEASES OF THE SKIN AND SUBCUT TISSUE	152	283.6	525.9	$20,501
COMPLICATIONS OF PREGNANCY AND CHILDBRTH	90	167.9	170.7	$7,133
DISEASES OF THE BLOOD AND BLOOD ORGANS	73	136.2	155.3	$4,414
CONGENITAL ANOMALIES	74	138.1	70.1	$4,231
CONDITIONS ORGIN IN THE PRENATAL PERIOD	7	13.1	111.3	$2,666
				$1,466,741

Note: Includes only conditions where encounter rate > 10 encounters per 000 members to protect confidentiality.

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Medical Costs

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Medical Cost Recap

	From 10/01/2007 to 04/30/2009			From 10/01/2006 to 04/30/2008			Variance		Peer	
Members		536			526			2.0%		
Demographic risk score		1.00			1.00				1.20	
Category	Medical Cost	Cost per member per month	%	Medical Cost	Cost per member per month	%	Cost per member per month	%	Cost per member per month	%
Physician:										
Primary care	$206,469	$20.28	12.0%	$231,854	$23.22	12.8%	($2.94)	(12.7%)	$15.52	6.8%
Specialist	$306,068	$30.06	17.7%	$304,005	$30.44	16.8%	($0.38)	(1.3%)	$49.45	21.7%
Hospital	$893,990	$87.80	51.8%	$976,853	$97.82	54.1%	($10.02)	(10.2%)	$97.33	42.8%
Other facility	$36,052	$3.54	2.1%	$42,746	$4.28	2.4%	($0.74)	(17.3%)	$11.02	4.8%
Pharmacy	$141,372	$13.88	8.2%	$149,733	$14.99	8.3%	($1.11)	(7.4%)	$32.88	14.4%
Other providers	$27,684	$2.72	1.6%	$36,036	$3.61	2.0%	($0.89)	(24.7%)	$9.12	4.0%
Other costs	$113,857	11.18	6.6%	$65,738	$6.58	3.6%	$4.60	69.9%	$12.23	5.4%
	$1,725,492	$169.46	100.0%	$1,806,966	$180.95	100.0%	($11.48)	(6.3%)	$227.54	100.0%

"Other costs" includes IBNR, network capitations (if applicable), provider settlements (surplus/deficits), and claims management programs.
"Peer" data represents claims experience for all Humana commercial members that have the same product and selling market as the customer. Peer includes the customer's experience.

Medical Costs

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

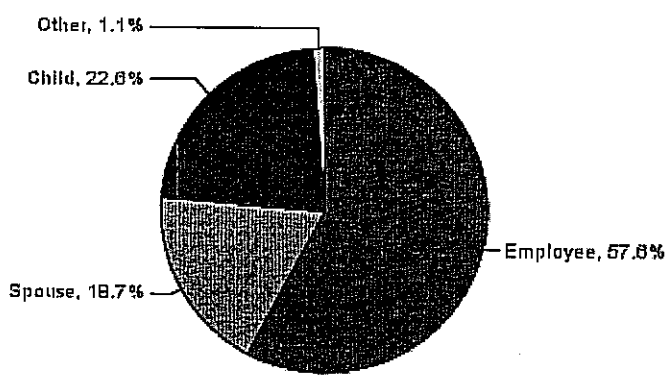
Medical Cost by Type of Claimant

Relationship	Average Members	Member %	Physician	Hospital and Other Facility	Other Providers	Pharmacy	Total Costs	Cost %
Employee	349	65.1%	$291,232	$529,413	$4,802	$102,995	$928,442	57.6%
Spouse	22	4.1%	$99,764	$185,926	$4,492	$11,652	$301,834	18.7%
Child	165	30.7%	$109,228	$213,622	$17,947	$22,733	$363,530	22.6%
Other	0	0.0%	$12,314	$1,081	$443	$3,991	$17,829	1.1%
	536	100.0%	$512,538	$930,042	$27,684	$141,372	$1,611,636	100.0%

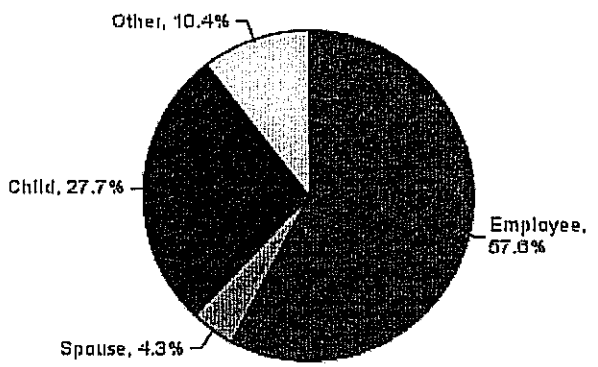
Relationship	Number of Claimants	%	Number of Claims	%	Admissions	%	Inpatient Days	%
Employee	339	57.7%	4,807	63.8%	20	47.6%	62	55.9%
Spouse	25	4.3%	795	10.6%	2	4.8%	8	7.2%
Child	163	27.7%	1,746	23.2%	19	45.2%	38	34.2%
Other	61	10.4%	187	2.5%	1	2.4%	3	2.7%
	588	100.0%	7,535	100.0%	42	100.0%	111	100.0%

Note: Amounts do not include network capitation, provider risk-sharing surplus (deficit), other (non-hospital) costs, and completion factor amount. "Other" includes claims for which the relationship is unknown. Claimants included in "Other" may also be included in the Employee/Spouse/Child categories.

Total Medical Costs by Claimant Type



Total Claimants by Claimant Type

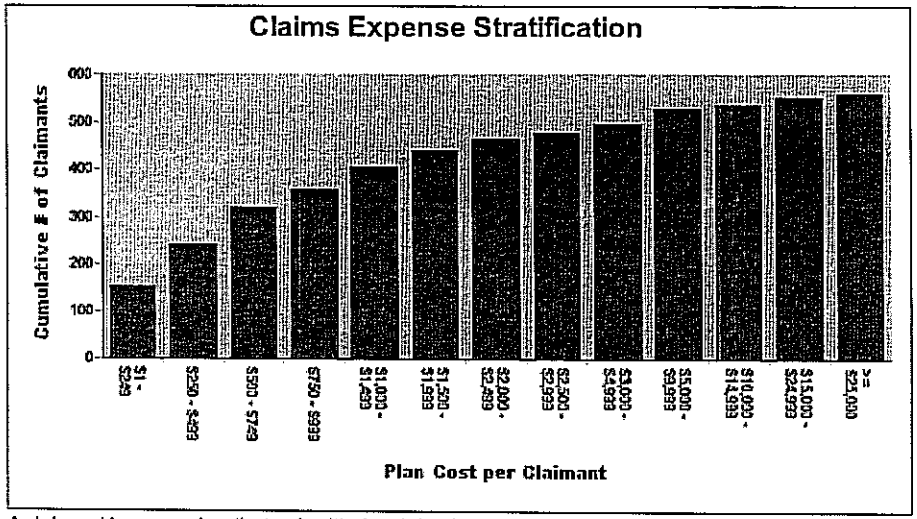


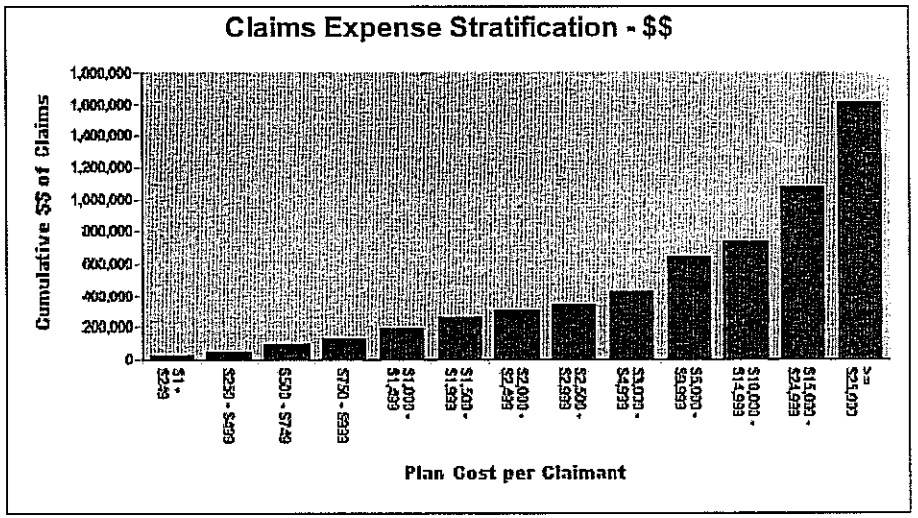
Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Claims Expense Stratification by Dollars - Medical
(Plan Cost per Claimant)

Plan Cost per Claimant	Employee-Only Coverage			Family Coverage (a)			Combined			
	Number of Claimants	Cost	% of Total Cost	Number of Claimants	Cost	% of Total Cost	Number of Claimants	Cost	% of Total Cost	Employer Cost Share
$1 - $249	77	$9,865	1.9%	77	$9,236	0.8%	154	$19,101	1.2%	73.8%
$250 - $499	46	$17,054	3.3%	42	$15,412	1.4%	88	$32,466	2.0%	75.2%
$500 - $749	34	$20,385	4.0%	43	$26,511	2.4%	77	$46,896	2.9%	74.2%
$750 - $999	20	$17,526	3.4%	15	$12,913	1.2%	35	$30,439	1.9%	73.4%
$1,000 - $1,499	23	$28,462	5.6%	26	$31,824	2.9%	49	$60,286	3.7%	71.6%
$1,500 - $1,999	17	$29,352	5.7%	18	$31,062	2.8%	35	$60,414	3.7%	69.1%
$2,000 - $2,499	13	$28,889	5.6%	12	$26,793	2.4%	25	$55,682	3.5%	70.6%
$2,500 - $2,999	4	$10,713	2.1%	8	$21,733	2.0%	12	$32,446	2.0%	66.9%
$3,000 - $4,999	7	$29,020	5.7%	14	$55,911	5.1%	21	$84,931	5.3%	75.0%
$5,000 - $9,999	11	$72,837	14.2%	19	$138,861	12.6%	30	$211,698	13.1%	76.5%
$10,000 - $14,999	6	$69,207	13.5%	2	$29,549	2.7%	8	$98,756	6.1%	77.6%
$15,000 - $24,999	4	$84,538	16.5%	13	$249,362	22.7%	17	$333,900	20.7%	84.7%
>= $25,000	2	$94,788	18.5%	8	$449,831	40.9%	10	$544,620	33.8%	89.1%
	264	$512,638	100.0%	297	$1,098,997	100.0%	561	$1,611,636	100.0%	80.8%

(a) Includes EE+CH, EE+SP and Family coverages





A claimant is a member that submitted a claim that was reimbursed by the Plan. Plan cost excludes amounts paid by members (e.g. deductibles, copays and coinsurance) and completion factor amounts.

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Medical Costs

Company Name: CITY OF WEST ACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Claim Stratification by Age of Claimant

Claimant Age Band	Average Members	Member %	Physician	Hospital and Other Facility	Other Providers	Pharmacy	Total Costs	Cost %
< 10	54	10.0%	$37,081	$41,759	$2,741	$8,367	$89,948	5.6%
10 - 19	77	14.4%	$47,410	$101,475	$15,206	$8,454	$172,545	10.7%
20 - 29	93	17.3%	$47,848	$81,839	$67	$9,403	$139,157	8.6%
30 - 39	111	20.8%	$82,244	$113,401	$874	$11,702	$208,221	12.9%
40 - 49	97	18.2%	$84,519	$118,326	$25	$27,080	$229,950	14.3%
50 - 59	85	15.9%	$143,192	$329,324	$5,919	$55,958	$534,393	33.2%
60 - 69	19	3.5%	$57,930	$142,837	$2,409	$16,417	$219,593	13.6%
70+	0	0.0%	$0	$0	$0	$0	$0	0.0%
Other	0	0.0%	$12,314	$1,081	$443	$3,991	$17,829	1.1%
	536	100.0%	$512,538	$930,042	$27,684	$141,372	$1,611,636	100.0%

Claimant Age Band	Number of Claimants	%	Number of Claims	%	Admissions	%	Inpatient Days	%
< 10	60	10.2%	656	8.7%	8	19.0%	16	14.4%
10 - 19	72	12.3%	766	10.2%	7	16.7%	13	11.7%
20 - 29	98	16.7%	734	9.7%	5	11.9%	10	9.0%
30 - 39	109	18.6%	1,095	14.5%	7	16.7%	14	12.6%
40 - 49	89	15.2%	1,379	18.3%	3	7.1%	11	9.9%
50 - 59	81	13.8%	2,122	28.2%	8	19.0%	24	21.6%
60 - 69	17	2.9%	596	7.9%	3	7.1%	20	18.0%
70+	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	61	10.4%	187	2.5%	1	2.4%	3	2.7%
	587	100.0%	7,535	100.0%	42	100.0%	111	100.0%

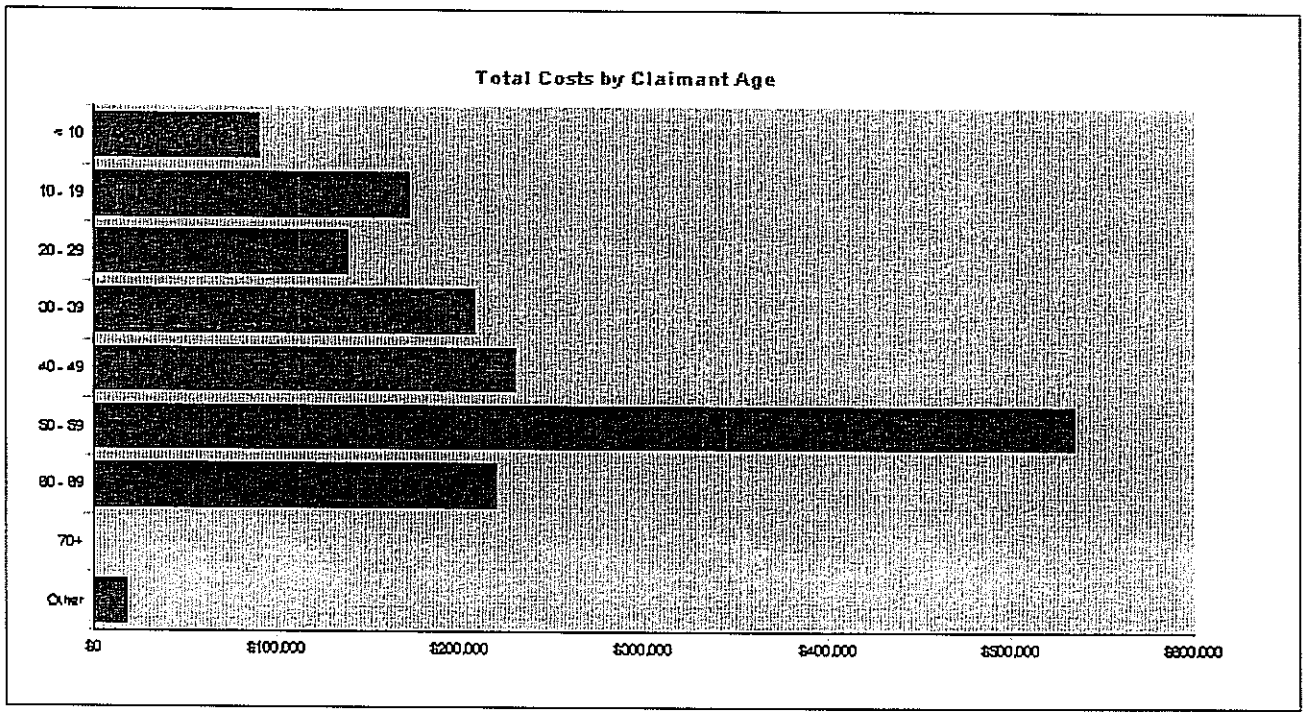
Note: Amounts do not include network capitation, provider risk-sharing surplus (deficit), other (non-hospital) costs, and completion factor amount. Claimants may be included in more than one age band during the reporting period. "Other" includes claims for which the age is unknown.

Medical Costs

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Claim Stratification by Age of Claimant



Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Hospital and Other Facilities Costs - Comparison to Prior Period

Utilization

Hospital Inpatient - Utilization

	From 10/01/2007 to 04/30/2009	From 10/01/2006 to 04/30/2008	Difference
Admissions per 000 members	49.5	44.5	5.0
Average length of stay (days)	2.6	3.4	(0.8)
Days per 000 members	130.8	149.0	(18.2)
Average cost per day	$4,416	$5,030	($614)
	$490,213	$623,702	

Other Facility Inpatient - Utilization

	From 10/01/2007 to 04/30/2009	From 10/01/2006 to 04/30/2008	Difference
Admissions per 000 members	0.0	2.4	(2.4)
Average length of stay (days)	0.0	5.5	(5.5)
Days per 000 members	0.0	13.2	(13.2)
Average cost per day	$0	$477	($477)
	$965	$5,242	

Hospital and Other Facility Outpatient - Surgery

	From 10/01/2007 to 04/30/2009	From 10/01/2006 to 04/30/2008	Difference
Surgeries per 000 members	38.9	50.5	(11.6)
Average cost per surgery	$5,066	$3,094	$1,972
	$167,178	$129,949	

Hospital and Other Facility Outpatient - Other

	From 10/01/2007 to 04/30/2009	From 10/01/2006 to 04/30/2008	Difference
Other services per 000 members	1,035.8	936.0	99.8
Average cost per service	$309	$335	($26)
	$271,685	$260,706	

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL-STX/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Hospital and Other Facilities Costs - Comparison to Peer

Utilization

Hospital Inpatient - Utilization

	CITY OF WESLACO	Peer	Difference
Admissions per 000 members	49.5	71.7	(22.2)
Average length of stay (days)	2.6	4.1	(1.5)
Days per 000 members	130.8	294.8	(164.0)
Average cost per day	$4,416	$2,602	$1,814
	$490,213		

Other Facility Inpatient - Utilization

	CITY OF WESLACO	Peer	Difference
Admissions per 000 members	0.0	3.8	(3.8)
Average length of stay (days)	0.0	7.5	(7.5)
Days per 000 members	0.0	28.9	(28.9)
Average cost per day	$0	$487	($487)
	$965		

Hospital and Other Facility Outpatient - Surgery

	CITY OF WESLACO	Peer	Difference
Surgeries per 000 members	38.9	41.0	(2.1)
Average cost per surgery	$5,066	$2,518	$2,548
	$167,178		

Hospital and Other Facility Outpatient - Other

	CITY OF WESLACO	Peer	Difference
Other services per 000 members	1,035.8	1,855.0	(819.2)
Average cost per service	$309	$224	$85
	$271,685		

Medical Costs

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Hospital and Other Facility Costs - by Facility - Inpatient

Inpatient - Hospital

Facility	Admissions	Inpatient Days	%	Total Cost	Cost per Day	In-Plan Status
From 10/01/2007 to 04/30/2009						
KNAPP MEDICAL CENTER	19	43	39%	$192,633	$4,480	In
HARLINGEN MEDICAL CENTER	6	24	22%	$97,176	$4,049	In
SOUTH TEXAS HEALTH SYSTEM	6	20	18%	$88,664	$4,433	In
VALLEY BAPTIST MEDICAL CENTER	3	4	4%	$57,883	$14,471	In
DOCTORS HOSPITAL AT RENAISSANCE	4	13	12%	$36,720	$2,825	In
RIO GRANDE REGIONAL HOSPITAL	2	5	5%	$12,880	$2,576	In
Texas Health Arlington Memorial Hospital	1	1	1%	$3,074	$3,074	In
MCALLEN MEDICAL CENTER	1	1	1%	$1,182	$1,182	In
Other In-Plan	0	0	0%	$0	$0	In
Other Out-of-Plan	0	0	0%	$0	$0	Out
	42	111	100%	$490,213	$4,416	
In-Plan utilization (based on dollars)						100%
From 10/01/2006 to 04/30/2008	37	124		$623,702	$5,030	
In-Plan utilization (based on dollars)						91%

Inpatient - Other Facility

Facility	Admissions	Inpatient Days	%	Total Cost	Cost per Day	In-Plan Status
From 10/01/2007 to 04/30/2009						
BMA WESLACO DIALYSIS	0	0	0%	$965	$0	In
Other In-Plan	0	0	0%	$0	$0	In
Other Out-of-Plan	0	0	0%	$0	$0	Out
	0	0	0%	$965	$0	
In-Plan utilization (based on dollars)						100%
From 10/01/2006 to 04/30/2008	2	11		$5,242	$477	
In-Plan utilization (based on dollars)						0%

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Guidance when you need it most

Medical Costs

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - ST X/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Physician and Other Provider Costs
In-Plan vs. Out-Of-Plan

Average Membership: 536

	IN-PLAN PHYSICIANS				OUT-OF-PLAN PHYSICIANS				Company Current Period In-Plan %	Company Prior Period In-Plan %	Peer Current Period In-Plan %
	Total Paid	Paid Per Member Per Month	Total Encounters	Encounters Per 000	Total Paid	Paid Per Member Per Month	Total Encounters	Encounters Per 000			
Primary Care	$204,267	$20.06	2,320	228	$2,202	$0.22	53	5	98.9%	96.1%	98.7%
Specialty Care											
ANESTHESIOLOGY	$22,083	$2.17	36	4	$25,949	$2.55	17	2	46.0%	48.8%	80.7%
OBSTETRICS/GYNECOLOGY	$34,792	$3.42	238	23	$0	$0.00	2	0	100.0%	99.6%	98.6%
CARDIOLOGY	$24,040	$2.36	80	8	$97	$0.01	3	0	99.6%	97.5%	98.6%
EMERGENCY MEDICINE	$14,233	$1.40	77	8	$8,136	$0.80	20	2	63.6%	87.2%	31.4%
OPHTHALMOLOGY	$19,681	$1.93	114	11	$0	$0.00	0	0	100.0%	100.0%	99.0%
HEMATOLOGY & ONCOLOGY	$16,962	$1.67	39	4	$0	$0.00	0	0	100.0%	0.0%	99.3%
RADIOLOGY, DIAGNOSTIC	$11,832	$1.16	196	19	$4,090	$0.40	66	6	74.3%	93.0%	94.9%
SURGERY, NEUROLOGICAL	$0	$0.00	0	0	$14,228	$1.40	1	0	0.0%	8.2%	82.0%
NEUROLOGY	$3,624	$0.36	30	3	$10,506	$1.03	10	1	25.6%	15.4%	94.8%
SURGERY, GENERAL	$10,447	$1.03	23	2	$202	$0.02	5	0	98.1%	94.7%	89.5%
ALL OTHER SPECIALTIES	$75,595	$7.42	752	74	$9,571	$0.94	71	7	88.8%	85.1%	95.6%
SUBTOTAL Specialty Care	$233,290	$22.91	1,585	156	$72,778	$7.15	195	19	76.2%	82.2%	88.6%
SUBTOTAL Other Providers	$23,979	$2.36	285	28	$3,705	$0.36	79	8	86.6%	49.6%	76.2%
TOTAL	$461,537	$45.33	4,190	411	$78,685	$7.73	327	32	85.4%	85.8%	89.2%

Grand Total Physician and Other Provider Paid $540,222

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Guidance when you need it most

Medical Costs

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claims > $25,000 Per Year Summary

		Total Admits	Total O/P Visits	Total ER Visits	Hospital & Other Facility Inpatient $	Hospital & Other Facility Outpatient $	Other $	Physician Inpatient $	Physician Outpatient $	Pharmacy $	Total Costs
Individual # 1	Diagnosis Category: DISEASES OF THE CIRCULATORY SYSTEM										
		3	6	2	$93,665	$8,501	$2,280	$14,929	$3,751	$2,407	$125,533
Individual # 2	Diagnosis Category: DISEASES OF THE MUSCULOSKELETAL SYS										
		1	4	0	$58,322	$3,553	$2,918	$15,698	$1,012	$311	$81,814
Individual # 3	Diagnosis Category: DISEASES OF THE DIGESTIVE SYSTEM										
		2	32	2	$44,285	$4,152	$0	$3,405	$23,301	$2,180	$77,323
Individual # 4	Diagnosis Category: DISEASES OF THE CIRCULATORY SYSTEM										
		2	5	1	$38,742	$11,488	$1,025	$13,598	$3,576	$649	$69,078
Individual # 5	Diagnosis Category: DISEASES OF THE MUSCULOSKELETAL SYS										
		0	7	1	$30,658	$3,837	$1,543	$12,230	$2,138	$137	$50,543
Individual # 6	Diagnosis Category: INJURY AND POISONING										
		0	14	1	$0	$24,303	$0	$1,945	$6,519	$1,449	$34,215
Individual # 7	Diagnosis Category: DISEASES OF THE CIRCULATORY SYSTEM										
		1	3	0	$3,074	$18,476	$0	$806	$5,029	$1,551	$28,937
Individual # 8	Diagnosis Category: NEOPLASMS										
		0	7	0	$0	$7,070	$0	$0	$19,248	$11	$26,328
Individual # 9	Diagnosis Category: SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS										
		1	7	0	$9,845	$12,565	$0	$1,015	$2,240	$45	$25,710
Individual # 10	Diagnosis Category: INJURY AND POISONING										
		1	2	0	$15,558	$640	$5,544	$0	$3,393	$2	$25,137

TOTAL CLAIMANTS: 10
TOTAL COSTS: $544,620

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Individual # 1							
DISEASES OF THE CIRCULATORY SYSTEM	75,655	1,745	12,733	1,703	0	0	91,837
NEOPLASMS	18,011	0	1,755	847	0	1,860	22,473
ENDOCRINE, METABOLIC, IMMUNE DISORDERS	0	4,934	0	194	0	0	5,128
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	0	0	157	369	2,407	420	3,352
DISEASES OF THE DIGESTIVE SYSTEM	0	1,787	284	78	0	0	2,148
UNCLASSIFIED	0	35	0	406	0	0	442
DISEASES OF THE RESPIRATORY SYSTEM	0	0	0	154	0	0	154
Totals for Individual # 1	93,665	8,501	14,929	3,751	2,407	2,280	125,533

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Individual # 2							
DISEASES OF THE MUSCULOSKELETAL SYS	58,322	3,526	15,687	886	0	2,918	81,340
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	0	0	0	0	311	0	311
DISEASES OF THE GENITOURINARY SYSTEM	0	0	11	97	0	0	108
ENDOCRINE, METABOLIC, IMMUNE DISORDERS	0	27	0	29	0	0	56
Totals for Individual # 2	58,322	3,553	15,698	1,012	311	2,918	81,814

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Individual # 3							
DISEASES OF THE DIGESTIVE SYSTEM	44,285	1,371	2,885	2,617	0	0	51,158
DISEASES OF NERVOUS SYS AND SENSE ORGANS	0	0	0	17,394	0	0	17,394
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	0	1,417	113	105	2,180	0	3,815
ENDOCRINE, METABOLIC, IMMUNE DISORDERS	0	692	0	856	0	0	1,548
DISEASES OF THE GENITOURINARY SYSTEM	0	537	0	973	0	0	1,510
DISEASES OF THE BLOOD AND BLOOD ORGANS	0	109	0	634	0	0	743
INFECTIOUS AND PARASITIC DISEASES	0	0	407	48	0	0	455
NEOPLASMS	0	0	0	332	0	0	332
UNCLASSIFIED	0	0	0	169	0	0	169
DISEASES OF THE CIRCULATORY SYSTEM	0	26	0	86	0	0	112
DISEASES OF THE SKIN AND SUBCUT TISSUE	0	0	0	86	0	0	86
Totals for Individual # 3	44,285	4,152	3,405	23,301	2,180	0	77,323

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Individual # 4							
DISEASES OF THE CIRCULATORY SYSTEM	38,742	10,635	13,331	1,735	0	108	64,551
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	0	0	141	68	649	917	1,774
ENDOCRINE, METABOLIC, IMMUNE DISORDERS	0	0	0	1,153	0	0	1,153
DISEASES OF THE RESPIRATORY SYSTEM	0	853	0	0	0	0	853
DISEASES OF NERVOUS SYS AND SENSE ORGANS	0	0	0	318	0	0	318
DISEASES OF THE MUSCULOSKELETAL SYS	0	0	126	145	0	0	271
DISEASES OF THE DIGESTIVE SYSTEM	0	0	0	159	0	0	159
Totals for Individual # 4	38,742	11,488	13,598	3,576	649	1,025	69,078

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Individual # 5							
DISEASES OF THE MUSCULOSKELETAL SYS	30,658	2,541	10,507	678	0	1,002	45,387
DISEASES OF NERVOUS SYS AND SENSE ORGANS	0	1,265	1,697	0	0	541	3,503
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	0	0	0	510	137	0	647
ENDOCRINE, METABOLIC, IMMUNE DISORDERS	0	30	0	588	0	0	618
DISEASES OF THE GENITOURINARY SYSTEM	0	0	0	142	0	0	142
DISEASES OF THE RESPIRATORY SYSTEM	0	0	0	130	0	0	130
DISEASES OF THE CIRCULATORY SYSTEM	0	0	26	45	0	0	71
DISEASES OF THE SKIN AND SUBCUT TISSUE	0	0	0	45	0	0	45
Totals for Individual # 5	30,658	3,837	12,230	2,138	137	1,543	50,543

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Individual # 6							
INJURY AND POISONING	0	20,177	1,945	4,408	0	0	26,529
DISEASES OF THE SKIN AND SUBCUT TISSUE	0	3,841	0	939	0	0	4,780
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	0	0	0	134	1,449	0	1,582
ENDOCRINE, METABOLIC, IMMUNE DISORDERS	0	264	0	558	0	0	822
DISEASES OF THE CIRCULATORY SYSTEM	0	0	0	335	0	0	335
INFECTIOUS AND PARASITIC DISEASES	0	0	0	83	0	0	83
DISEASES OF THE BLOOD AND BLOOD ORGANS	0	0	0	62	0	0	62
UNCLASSIFIED	0	21	0	0	0	0	21
DISEASES OF NERVOUS SYS AND SENSE ORGANS	0	0	0	0	0	0	0
Totals for Individual # 6	0	24,303	1,945	6,519	1,449	0	34,215

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Individual # 7							
DISEASES OF THE CIRCULATORY SYSTEM	3,074	18,476	806	4,833	0	0	27,189
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	0	0	0	0	1,551	0	1,551
DISEASES OF THE MUSCULOSKELETAL SYS	0	0	0	141	0	0	141
ENDOCRINE, METABOLIC, IMMUNE DISORDERS	0	0	0	56	0	0	56
UNCLASSIFIED	0	0	0	0	0	0	0
Totals for Individual # 7	3,074	18,476	806	5,029	1,551	0	28,937

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Individual # 8							
NEOPLASMS	0	6,295	0	18,769	0	0	25,064
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	0	775	0	426	11	0	1,211
DISEASES OF THE RESPIRATORY SYSTEM	0	0	0	53	0	0	53
Totals for Individual # 8	0	7,070	0	19,248	11	0	26,328

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Individual # 9							
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	0	10,403	768	1,801	45	0	13,018
DISEASES OF THE RESPIRATORY SYSTEM	9,845	248	247	89	0	0	10,430
NEOPLASMS	0	1,845	0	350	0	0	2,194
DISEASES OF THE GENITOURINARY SYSTEM	0	69	0	0	0	0	69
INFECTIOUS AND PARASITIC DISEASES	0	0	0	0	0	0	0
Totals for Individual # 9	9,845	12,565	1,015	2,240	45	0	25,710

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Individual # 10							
INJURY AND POISONING	15,558	0	0	216	0	1,854	17,628
DISEASES OF THE SKIN AND SUBCUT TISSUE	0	640	0	2,656	0	3,690	6,986
DISEASES OF THE RESPIRATORY SYSTEM	0	0	0	356	0	0	356
DISEASES OF THE GENITOURINARY SYSTEM	0	0	0	129	0	0	129
SYMPTOMS, SIGNS, ILL DEFINED CONDITIONS	0	0	0	35	2	0	37
Totals for Individual # 10	15,558	640	0	3,393	2	5,544	25,137

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Large Claimant Report - Detail (Top 20 Claimants with Claims > $25,000)

Description	Hospital & Other Facility		Physician				
	Inpatient $	Outpatient $	Inpatient $	Outpatient $	Pharmacy $	Other $	Total $
Other (combined)	$0	$0	$0	$0	$0	$0	$0
Grand Total	$294,149	$94,586	$63,625	$70,208	$8,741	$13,310	$544,620
From 10/01/2006 to 04/30/2008	$516,091	$84,532	$52,271	$90,308	$18,235	$16,055	$777,492

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Introduction

Humana is commited to providing you with the most competitive and comprehensive health solutions in the industry.

The report is designed to show you information that is key to understanding your pharmacy costs and utilization.
Included in this package :

- Membership Summary - includes member counts and utilization
- Pharmacy Executive Summary - a one page summary that shows net paid, utilization levels, and member cost share
- Generic vs. Brand - shows current utilization and net paid comparison; also shows opportunity for savings through generic utilization
- Traditional Retail vs. Mail vs. 90-Day Retail - shows savings potential resulting from a switch from traditional retail to mail-order or 90 day at retail
- Pharmacy Network Value - provides self-funded customers with a summary of their savings achieved through Humana's proprietary network
- Drug Utilization by Benefit Level - details your prescriptions and costs by level
- Top Drugs and Top Drug Classes - lists the top drugs and top drug classes based on net paid and utilization
- Medical Pharmacy Summary - prescriptions that are considered "medical pharmacy" are excluded from all previous sections and are summarized in this report
- Maximize your Benefits - shows members contacted through Humana's program to control prescription spending
- Several other reports may be included in your package or are available upon request

Peer groups are shown on several pages for comparison purposes. Your peer is defined as others in your region with similar benefits.

Membership Summary	Current 10/01/2007 to 04/30/2009	Prior 10/01/2006 to 04/30/2008
Membership	536	526
Number of Members who use their Pharmacy Benefit (April)	118	115
Percentage of Members who use their Pharmacy Benefit (April)	22.2%	21.7%

The Membership Summary table shows total membership as well as the percentage of these members that used their pharmacy benefit in the most recent month of the report. Pharmacy is the most used of the healthcare benefits. Typically 30-35% of members will use their pharmacy benefit in a month, and 70-80% will use their pharmacy benefit at least once during the premium year.

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS

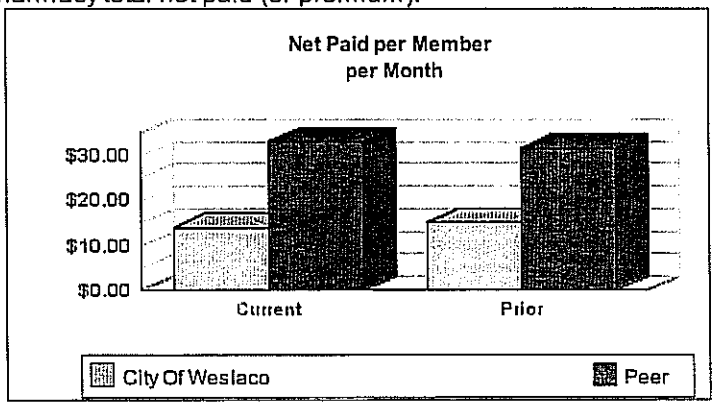
Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Pharmacy Executive Summary

Utilization, net paid per prescription, and member cost share are key to understanding your pharmacy total net paid (or premium).

Cost Summary	Current 10/01/2007 to 04/30/2009	Prior 10/01/2006 to 04/30/2008	% Change *
Total Net Paid **	$141,372	$149,733	
Total Net Paid per Member per Month	$13.88	$14.99	-7.4%
Peer Total Net Paid per Member per Month	$32.88	$31.41	4.7%

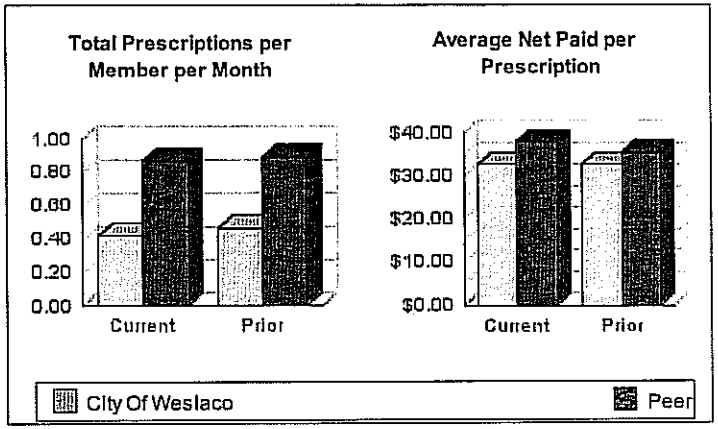
** The trend shown in the "% Change" field is the net trend and may not match the pricing trend used in the underwriting proposal.*
*** Total Net Paid is the amount paid to the pharmacy after the member's cost share.*
Implementing aggressive pharmacy benefits, (i.e. higher copays), could limit increases in total net paid per member per month.



Cost Breakdown	Current	Prior	% Change
Total Prescriptions	4,326	4,584	
Total Prescriptions per Member per Month	0.42	0.46	-8.7%
Peer Prescriptions per Member per Month	0.87	0.89	-2.2%
Average Net Paid per Prescription	$32.68	$32.66	.1%
Peer Average Net Paid per Prescription	$37.85	$35.46	6.7%

These are the components of total net paid

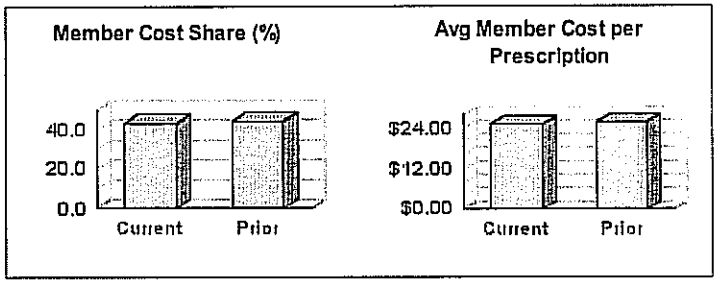
Prescriptions per Member per Month helps you understand the rate at which your members use their pharmacy benefit. Lower utilization rates could indicate that your pharmacy benefit is effectively managing your utilization, while higher may indicate that a more aggressive benefit is needed.



Member Cost Share	Current	Prior	% Change
Member Cost Share	43.4%	44.0%	
Average Member Cost per Prescription	$25.11	$25.67	-2.2%

Higher member cost share results in lower total net paid (or premium).

A member cost share is the percent of the total drug cost that is paid by the member. The total drug cost is the total amount collected by the pharmacy from the member and the Plan (or Humana) combined. Average member cost per perscription is the average amount paid by the member on each prescription.



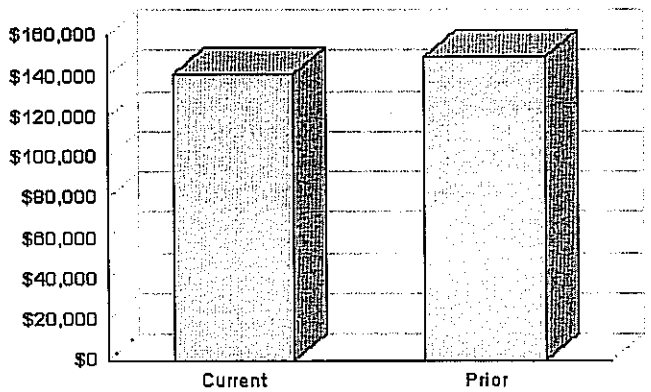
Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Cost Summary

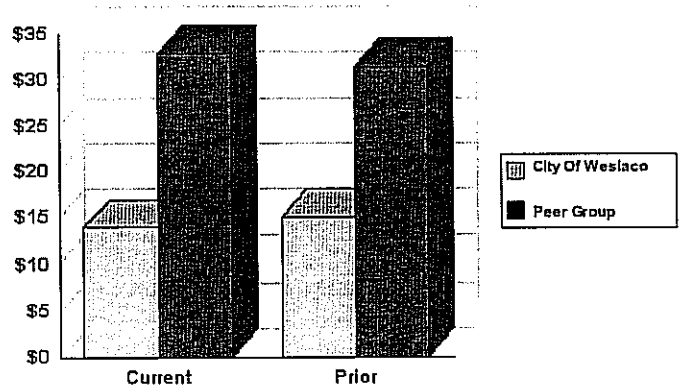
	Current	Prior
Total Net Paid for Pharmacy Prescriptions	**$141,372**	**$149,733**
Total net paid can be impacted by membership changes.		

Total Net Paid for Pharmacy Prescriptions



	Current	Prior	% Change
Net Paid per Member per Month	**$13.88**	**$14.99**	**-7.4%**
Peer Net Paid per Member per Month	**$32.88**	**$31.41**	**4.7%**
Implementing aggressive pharmacy benefits, (i.e. higher copays), could limit increases in total net paid per Member per Month.			

Net Paid per Member per Month



Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL- STX/CORPUS CHRIS

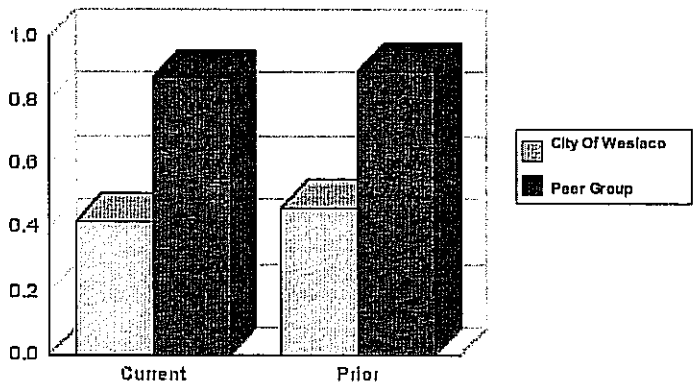
Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Cost Breakdown

	Current	Prior	% Change
Total Prescriptions per Member per Month	**0.42**	**0.46**	**-8.7%**
Peer Prescriptions per Member per Month	**0.87**	**0.89**	**-2.2%**

Prescriptions per Member per Month helps you understand the rate at which your members use their pharmacy benefit. Lower utilization rates could indicate that your pharmacy benefit is effectively managing your utilization, while higher utilization rates may indicate that a more aggressive benefit is needed.

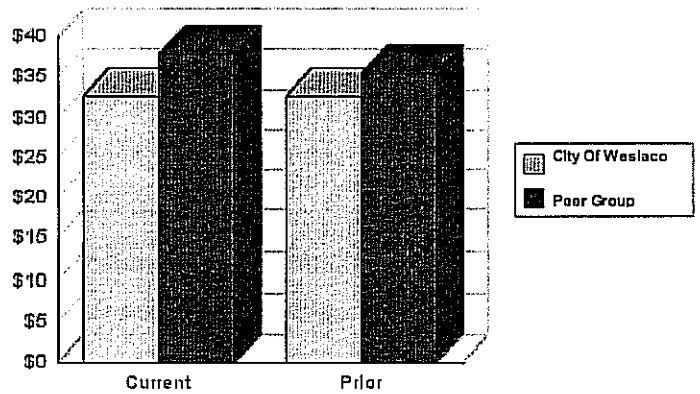
Total Prescriptions per Member per Month



	Current	Prior	% Change
Average Net Paid per Prescription	**$32.68**	**$32.66**	**.1%**
Peer Average Net Paid per Prescription	**$37.85**	**$35.46**	**6.7%**

A lower than average net paid per prescription could indicate that copays are keeping your net paid per prescription low, while higher than average net paid per prescription could indicate that higher copays may be necessary.

Average Net Paid per Prescription



Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS

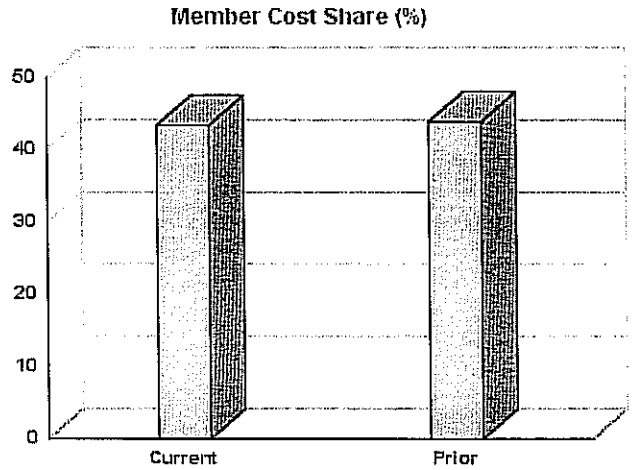
Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

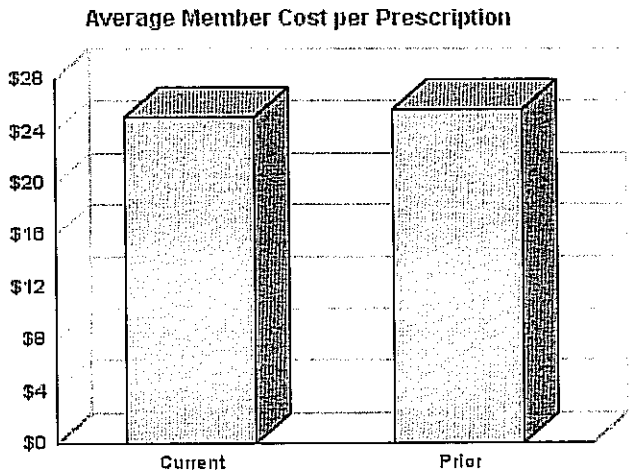
Member Cost Share

	Current	Prior	% Change
Member Cost Share	**43.4%**	**44.0%**	
Average Member Cost per Prescription	**$25.11**	**$25.67**	**-2.2%**

Member cost share is the percent of the total drug cost that is paid by the member. The total drug cost is the total amount collected by the pharmacy from the member and the Plan (or Humana) combined.

Average member cost per prescription is the average amount paid by the member on each prescription.





Company Name: CITY OF WESLACO
Link Number: 704228
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Peer Market Name: CONSOL - STX/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
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Basis: INCURRED

Generic vs. Brand

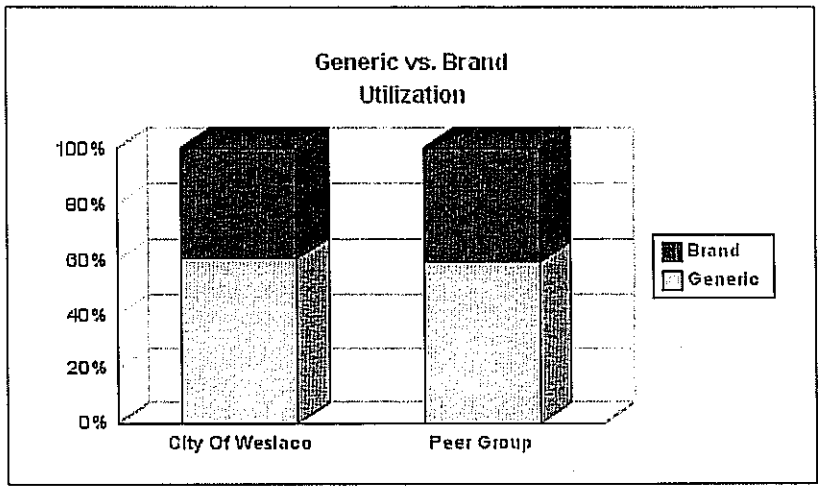
For many brand name drugs, there are generic equivalents available. When available, the generic equivalent is usually significantly less expensive than the brand. The next two pages of the report show your generic utilization as well as the opportunity to increase generic utilization.

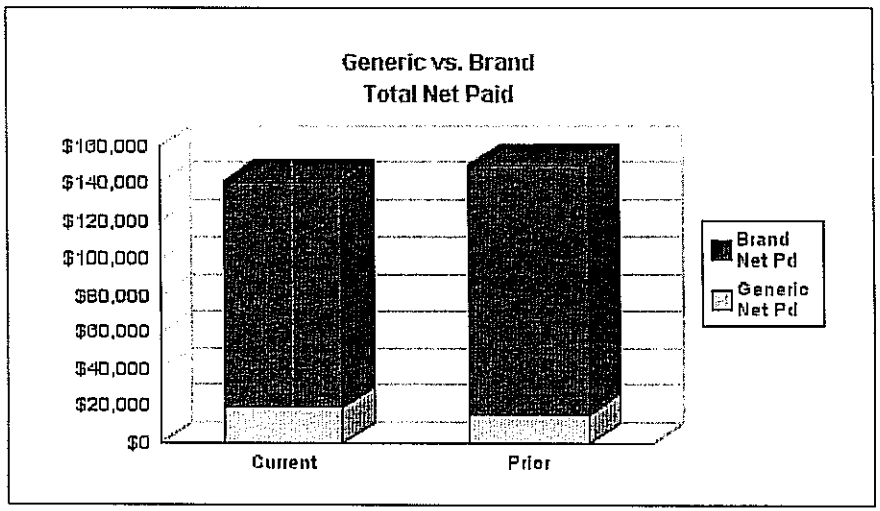
Generic Utilization (prescriptions)	60.8%	Peer Generic Utilization	59.3%
Brand Utilization (prescriptions)	39.2%	Peer Brand Utilization	40.7%

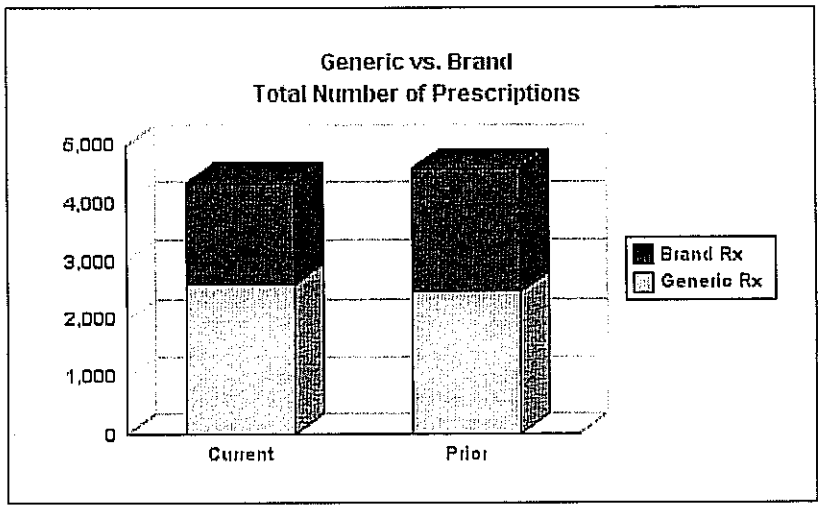
Higher utilization of generic drugs can decrease your total net paid (or premium).

	Current	Prior
Generic Total Net Paid	$19,555	$16,139
Brand Total Net Paid	$121,816	$133,594
Generic Total Number of Prescriptions	2,630	2,469
Brand Total Number of Prescriptions	1,696	2,115

Total net paid and the number of prescriptions can be impacted by membership changes.







Company Name: CITY OF WESLACO
Link Number: 704228
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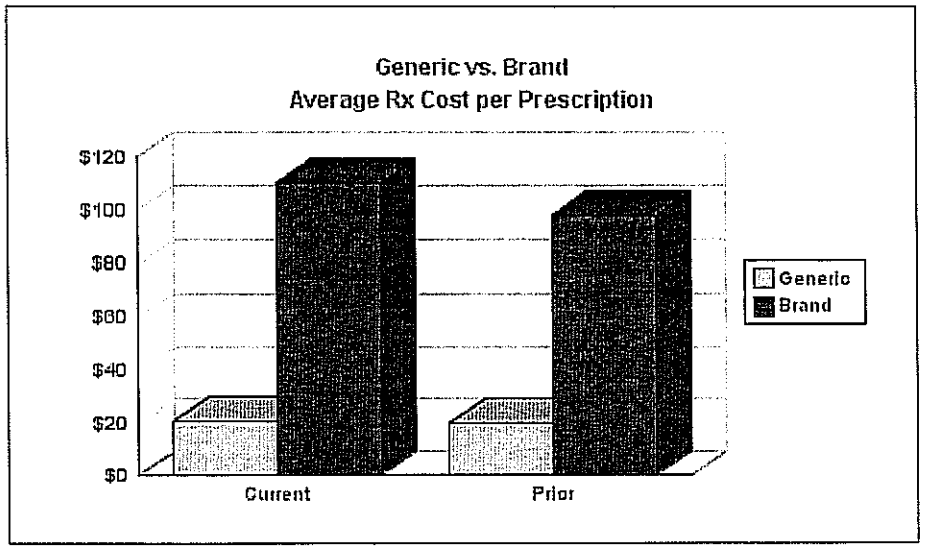
Peer Market Name: CONSOL - STX/CORPUS CHRIS

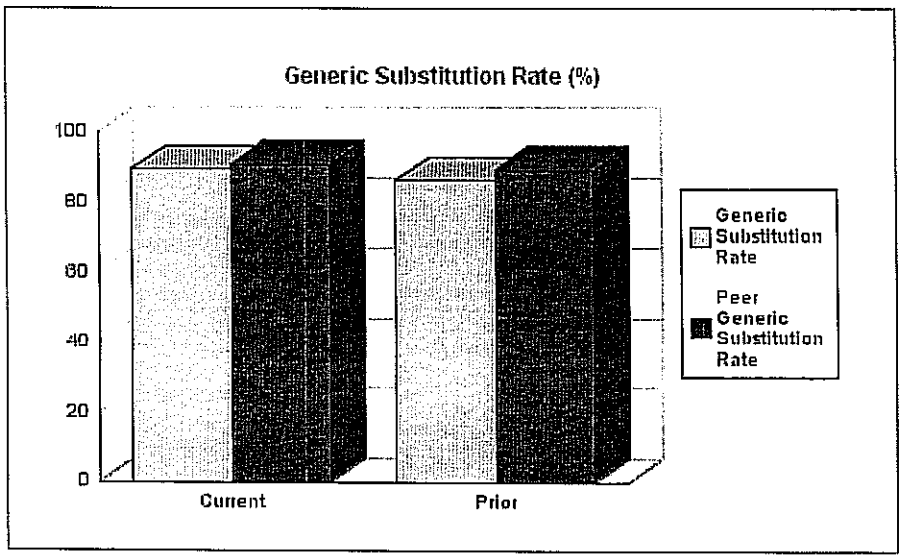
Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

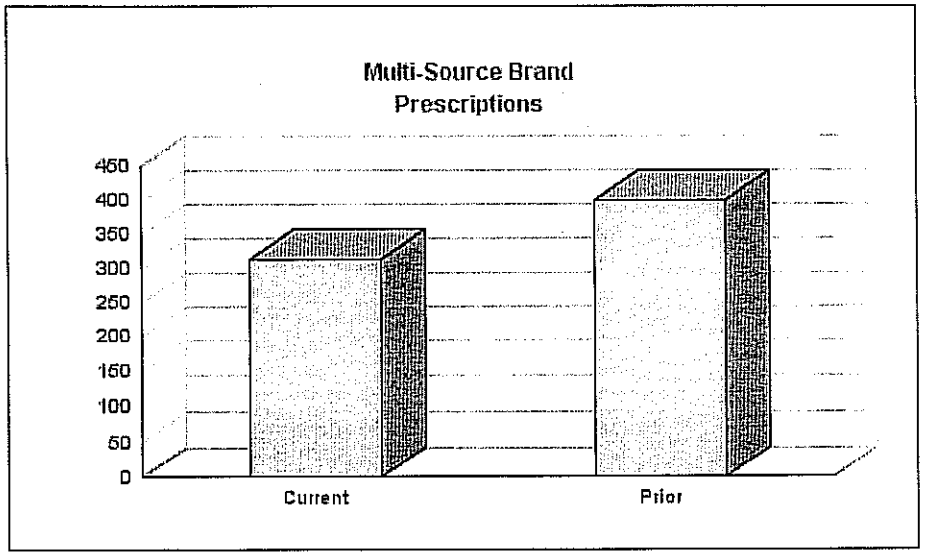
Generic vs. Brand (continued)

Some generic alternatives can be as much as $50.00 less expensive per prescription than the brand equivalent.

	Current	Prior	% Change
Generic Average Drug Cost per Prescription	$21.25	$20.40	4.2%
Brand Average Drug Cost per Prescription	$110.08	$97.50	12.9%
Generic Substitution Rate	89.3%	86.1%	
Peer Generic Substitution rate	90.8%	89.0%	
Generic Substitution Rate shows what percent of multi-source prescriptions were filled as generics.			
Multi-Source Brand Prescriptions	314	399	
MSB Percent of Total Prescriptions	7.26%	8.70%	
MSB Users - Percent of Total Members	2.91%	3.53%	
A Multi-Source Brand (MSB) prescription is a brand prescription where a generic could have been substituted. A lower percentage of MSB users compared to MSB prescriptions indicates that MSB utilization is concentrated in a smaller portion of your population.			







Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

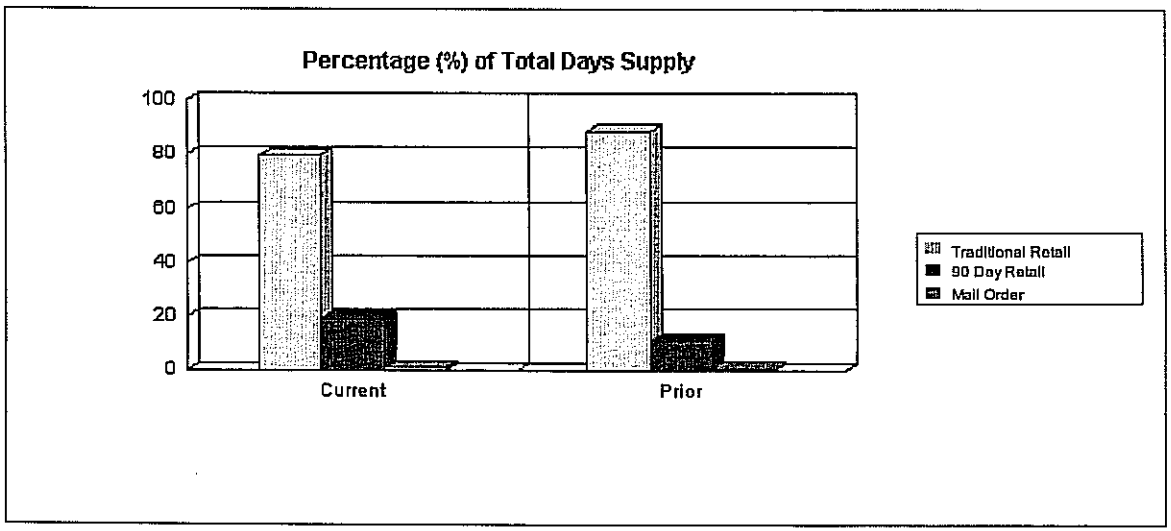
Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Traditional Retail vs. 90 Day Retail vs. Mail Order

For maintenance prescriptions, it may be more convenient for members to use a mail order service. Additionally, mail order utilization can decrease total net paid (or premium). Savings are a result of more aggressive discounts available through *Right*Source, Humana's mail order facility. *Right*Source may save your employees money on their prescription drugs and lower your company health plan's pharmacy costs or premium. Encourage employee participation - ask your employees to visit www.humana.com to learn more about mail-order savings opportunities.

	Prescriptions	Avg. Days Supply	Percent Utilization
Total Traditional Retail	3,988	22	92.2%
Total 90 Day Retail	295	71	6.8%
Total Mail Order	14	86	0.3%

	Current			Prior		
	Traditional Retail	90 Day Retail	Mail Order	Traditional Retail	90 Day Retail	Mail Order
Generic Percentage of Days Supply	43.6%	12.4%	1.0%	41.0%	6.6%	0.7%
Brand Percentage of Days Supply	36.2%	6.8%	0.1%	47.4%	4.1%	0.2%
Total Percentage of Days Supply	79.8%	19.1%	1.1%	88.4%	10.7%	0.9%



Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Drug List Utilization by Level

Prescriptions and costs by level are shown below.

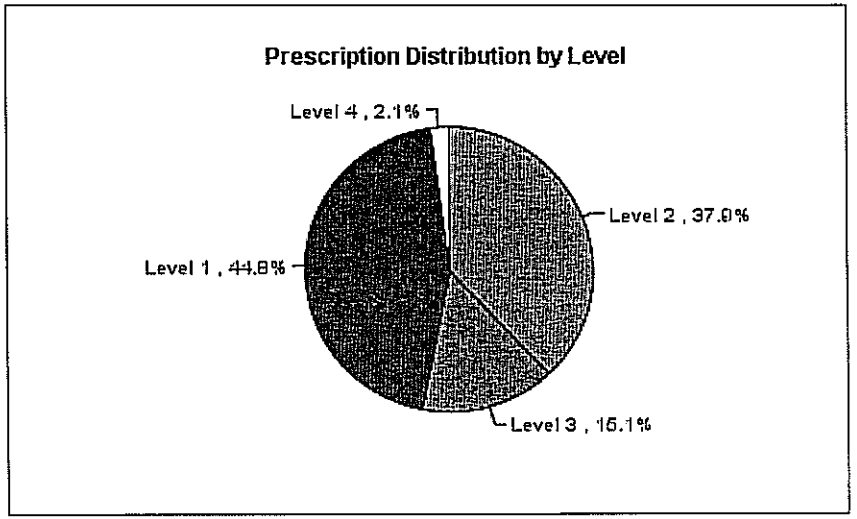
Prescriptions by Level	Total
Level 1	1,938
Level 2	1,641
Level 3	655
Level 4	92
Total	**4,326**

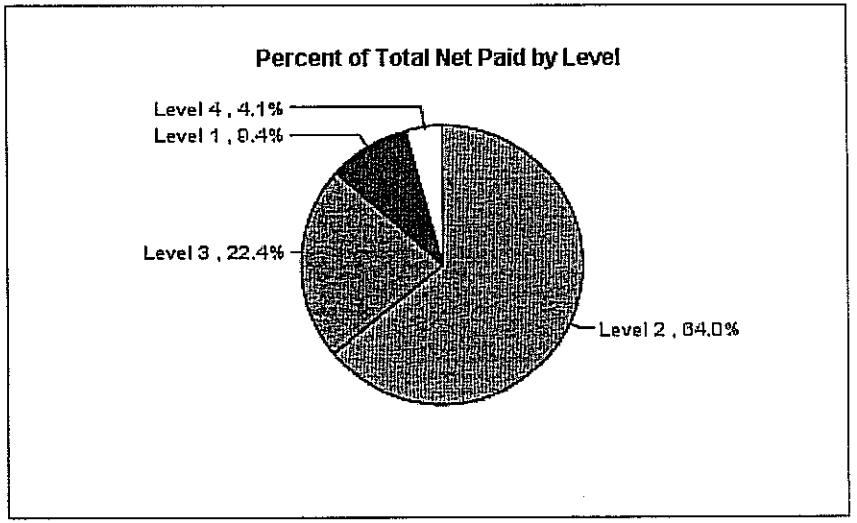
Prescriptions that fall in level 3 usually have therapeutic alternatives (and for Rx4 plans, potentially generic equivalents) in lower levels. The opportunity for savings exists if members using these prescriptions could be converted to alternative drugs. Members as well as employers could save money. Humana is currently contacting these members on select Level 3 drugs through our Maximize-Your-Benefit program, and outcomes will be available as part of this reporting package in 2004.

Drug Cost by Level	Per Prescription	Total
Level 1	$15.48	$30,000
Level 2	$87.45	$143,512
Level 3	$94.65	$61,998
Level 4	$77.04	$7,087
Total		**$242,597**

Net Paid by Level	Per Prescription	Total
Level 1	$6.85	$13,278
Level 2	$55.16	$90,513
Level 3	$48.44	$31,727
Level 4	$63.62	$5,853
Total		**$141,372**

Please note that prescriptions and costs are shown by level based on the level of the drug at the time the prescription was filled.





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Guidance when you need it most

Pharmacy Reporting

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Top Drugs by Cost

#	Drug Name	Brand/ Generic	Drug Class	Total Net Paid	Prescriptions	Average Net Paid Per Script	Average Drug Cost Per Script	Average Days Supply Per Script	Level	MYB Preferred Alternative
1	ACTOS	BRAND	DIABETES	$7,852	55	$142.77	$175.50	30	2	
2	SINGULAIR	BRAND	ASTHMA	$6,293	80	$78.66	$116.47	34	2	
3	RENAGEL	BRAND	STOMACH/ GASTRO	$5,988	6	$998.03	$1,033.03	30	2	
4	LIPITOR	BRAND	CHOLESTEROL	$5,765	64	$90.08	$137.23	40	2	
5	CRESTOR	BRAND	CHOLESTEROL	$5,708	87	$65.61	$99.12	30	2	
6	PLAVIX	BRAND	BLOOD AGENTS	$5,331	67	$79.57	$139.53	32	3	
7	NEXIUM	BRAND	STOMACH - PPI	$4,407	45	$97.94	$149.82	30	3	OMEPRAZOLE
8	BYETTA	BRAND	DIABETES	$3,784	23	$164.52	$196.26	28	2	
9	LEVAQUIN	BRAND	ANTIBIOTICS	$3,040	35	$86.85	$119.42	9	2	
10	KEPPRA	BRAND	ANTICONVULSANTS	$2,874	22	$130.62	$205.35	41	3	
11	TRICOR	BRAND	CHOLESTEROL	$2,864	39	$73.43	$107.27	30	2	
12	ADVAIR DISKUS	BRAND	ASTHMA	$2,852	18	$158.43	$197.87	37	2	
13	ACTOPLUS MET	BRAND	DIABETES	$2,633	19	$138.56	$172.77	30	2	
14	VALTREX	BRAND	ANTI-INFECTIVES	$2,625	13	$201.93	$235.39	18	2	
15	SENSIPAR	BRAND	MISC - ENDOCRINE	$2,558	5	$511.57	$682.09	30	4	
16	ONETOUCH ULTRA TEST STRIP	BRAND	TEST SUPPLIES	$2,479	27	$91.81	$106.62	41	1	
17	FLOMAX	BRAND	GENITOURINARY	$2,256	31	$72.78	$107.78	30	2	
18	CEFDINIR	GENERIC	ANTIBIOTICS	$2,227	57	$39.07	$73.01	9	2	
19	TRILEPTAL	BRAND	ANTICONVULSANTS	$2,153	15	$143.53	$209.53	31	3	
20	EFFEXOR XR	BRAND	MENTAL HLTH/ DEPRE	$1,947	17	$114.51	$148.33	30	2	
21	AMLODIPINE BESYLATE/BENAZ	GENERIC	HEART	$1,862	27	$68.96	$80.44	32	1	
22	JANUMET	BRAND	DIABETES	$1,593	14	$113.77	$168.77	30	3	
23	ZETIA	BRAND	CHOLESTEROL	$1,406	24	$58.58	$95.66	32	2	
24	METOPROLOL SUCCINATE ER	GENERIC	HEART	$1,287	87	$14.80	$25.65	33	1	
25	LANTUS	BRAND	DIABETES	$1,261	20	$63.07	$108.07	34	2	

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Top Drugs by Cost

#	Drug Name	Brand/ Generic	Drug Class	Total Net Paid	Prescriptions	Average Net Paid Per Script	Average Drug Cost Per Script	Average Days Supply Per Script	Level	MYB Preferred Alternative
26	FLUVIRIN 2008-2009	BRAND	MISC - BIOLOGICALS	$1,225	49	$25.00	$25.00	1	4	
27	ENBREL SURECLICK	BRAND	PAIN MGMT - NON NARI	$1,145	1	$1,145.20	$1,526.94	30	4	
28	PREVPAC	BRAND	STOMACH/ GASTRO	$1,112	4	$277.94	$332.94	11	3	
29	EVISTA	BRAND	OSTEOPOROSIS	$1,099	17	$64.66	$101.72	32	2	
30	NOVOLOG MIX 70/30 PREFILL	BRAND	DIABETES	$1,075	8	$134.43	$165.68	30	2	
31	TARKA	BRAND	HEART	$1,034	11	$93.97	$128.97	30	2	
32	CALCITRIOL	GENERIC	NUTRITIONAL/ VITAMIN	$1,031	19	$54.29	$89.29	30	2	
33	TOPAMAX	BRAND	ANTICONVULSANTS	$978	3	$325.93	$417.60	50	3	
34	RENVELA	BRAND	STOMACH/ GASTRO	$957	1	$956.79	$991.79	30	2	
35	CONCERTA	BRAND	MENTAL HLTH/ STIMU	$931	13	$71.64	$131.64	35	3	
36	LOTREL	BRAND	HEART	$927	13	$71.28	$114.93	30	3	
37	FLUZONE SPLIT 2007-2008	BRAND	MISC - BIOLOGICALS	$925	37	$25.00	$25.00	1	4	
38	AMOXICILLIN/POTASSIUM CLA	GENERIC	ANTIBIOTICS	$857	58	$14.78	$47.69	10	2	
39	CARDIZEM LA	BRAND	HEART	$842	16	$52.60	$83.85	30	2	
40	LEXAPRO	BRAND	MENTAL HLTH/ DEPRE	$818	17	$48.12	$81.35	29	2	
41	SIMVASTATIN	GENERIC	CHOLESTEROL	$806	78	$10.33	$22.02	35	1	
42	SUPRAX	BRAND	ANTIBIOTICS	$751	6	$125.14	$157.64	9	2	
43	BENICAR	BRAND	HEART	$703	31	$22.67	$56.87	30	2	
44	RAMIPRIL	GENERIC	HEART	$684	17	$40.25	$51.43	34	1	
45	SKELAXIN	BRAND	MUSCLE/ BONE	$675	9	$75.00	$117.22	28	2	
46	OFLOXACIN	GENERIC	EYE/EAR/MOUTH/THRC	$669	7	$95.54	$129.83	13	2	
47	ARTHROTEC 75	BRAND	PAIN MGMT - NON NARI	$654	8	$81.77	$133.02	30	3	
48	AVODART	BRAND	GENITOURINARY	$629	5	$125.80	$199.80	66	2	
49	ACTONEL	BRAND	OSTEOPOROSIS	$620	12	$51.69	$82.94	29	2	
50	JANUVIA	BRAND	DIABETES	$578	5	$115.60	$169.60	30	3	
	Total of Top Drugs by Cost			$104,770	1,342					
	Percent of all Prescriptions			74.1%	31.0%					

Company Name: CITY OF WESLACO
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Reporting Period: From 10/01/2007 to 04/30/2009
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Product: PPO
Basis: INCURRED

Top Drugs by Volume

#	Drug Name	Brand/ Generic	Drug Class	Prescriptions	Total Net Paid	Average Net Paid Per Script	Average Drug Cost Per Script	Average Days Supply Per Script	Level	MYB Preferred Alternative
1	AZITHROMYCIN	GENERIC	ANTIBIOTICS	138	$205	$1.48	$31.79	5	2	
2	LISINOPRIL	GENERIC	HEART	132	$74	$0.56	$9.22	32	1	
3	METFORMIN HCL	GENERIC	DIABETES	101	$162	$1.61	$10.90	36	1	
4	CRESTOR	BRAND	CHOLESTEROL	87	$5,708	$65.61	$99.12	30	2	
5	METOPROLOL SUCCINATE ER	GENERIC	HEART	87	$1,287	$14.80	$25.65	33	1	
6	AMOXICILLIN	GENERIC	ANTIBIOTICS	82	$40	$0.49	$9.63	8	1	
7	SINGULAIR	BRAND	ASTHMA	80	$6,293	$78.66	$116.47	34	2	
8	AMLODIPINE BESYLATE	GENERIC	HEART	79	$19	$0.24	$11.94	33	1	
9	SIMVASTATIN	GENERIC	CHOLESTEROL	78	$806	$10.33	$22.02	35	1	
10	PLAVIX	BRAND	BLOOD AGENTS	67	$5,331	$79.57	$139.53	32	3	
11	HYDROCODONE/ACETAMINOPHEN	GENERIC	PAIN MGMT - NARCOT	65	$8	$0.12	$19.47	11	2	
12	LIPITOR	BRAND	CHOLESTEROL	64	$5,765	$90.08	$137.23	40	2	
13	LEVOTHYROXINE SODIUM	GENERIC	THYROID	59	$0	$0.00	$10.25	46	1	
14	AMOXICILLIN/POTASSIUM CLA	GENERIC	ANTIBIOTICS	58	$857	$14.78	$47.69	10	2	
15	CEFDINIR	GENERIC	ANTIBIOTICS	57	$2,227	$39.07	$73.01	9	2	
16	ACTOS	BRAND	DIABETES	55	$7,852	$142.77	$175.50	30	2	
17	ZOLPIDEM TARTRATE	GENERIC	MENTAL HEALTH - MIS	52	$3	$0.07	$10.80	33	1	
18	FLUVIRIN 2008-2009	BRAND	MISC - BIOLOGICALS	49	$1,225	$25.00	$25.00	1	4	
19	GLIMEPIRIDE	GENERIC	DIABETES	49	$106	$2.16	$12.48	36	1	
20	NEXIUM	BRAND	STOMACH - PPI	45	$4,407	$97.94	$149.82	30	3	OMEPRAZOLE
21	CEPHALEXIN	GENERIC	ANTIBIOTICS	45	$82	$1.83	$10.62	9	1	
22	GLIPIZIDE ER	GENERIC	DIABETES	45	$538	$11.95	$21.95	30	1	
23	PAROXETINE HCL	GENERIC	MENTAL HLTH/ DEPRI	41	$278	$6.78	$17.75	33	1	
24	TRICOR	BRAND	CHOLESTEROL	39	$2,864	$73.43	$107.27	30	2	
25	SYNTHROID	BRAND	THYROID	39	$205	$5.26	$24.66	50	1	

Company Name: CITY OF WESLACO
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Reporting Period: From 10/01/2007 to 04/30/2009
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Top Drugs by Volume

#	Drug Name	Brand/ Generic	Drug Class	Prescriptions	Total Net Paid	Average Net Paid Per Script	Average Drug Cost Per Script	Average Days Supply Per Script	Level	MYB Preferred Alternative
26	IBUPROFEN	GENERIC	PAIN MGMT - NON NAF	39	$0	$0.00	$8.23	14	1	
27	FLUZONE SPLIT 2007-2008	BRAND	MISC - BIOLOGICALS	37	$925	$25.00	$25.00	1	4	
28	LEVAQUIN	BRAND	ANTIBIOTICS	35	$3,040	$86.85	$119.42	9	2	
29	METFORMIN HCL ER	GENERIC	DIABETES	35	$53	$1.52	$8.57	34	1	
30	CIPROFLOXACIN HCL	GENERIC	ANTIBIOTICS	32	$24	$0.76	$9.48	10	1	
31	FLOMAX	BRAND	GENITOURINARY	31	$2,256	$72.78	$107.78	30	2	
32	MICARDIS	BRAND	HEART	31	$291	$9.38	$62.93	30	3	QUINAPRIL HCL
33	BENICAR	BRAND	HEART	31	$703	$22.67	$56.87	30	2	
34	PROPOXYPHENE-N/ACETAMINOP	GENERIC	PAIN MGMT - NARCOT	28	$6	$0.22	$9.09	8	1	
35	ONETOUCH ULTRA TEST STRIP	BRAND	TEST SUPPLIES	27	$2,479	$91.81	$106.62	41	1	
36	AMLODIPINE BESYLATE/BENAZ	GENERIC	HEART	27	$1,862	$68.96	$80.44	32	1	
37	DIOVAN	BRAND	HEART	26	$226	$8.71	$74.29	37	3	QUINAPRIL HCL
38	AMOXICILLIN/CLAVULANATE P	GENERIC	ANTIBIOTICS	26	$233	$8.96	$41.89	10	2	
39	ZETIA	BRAND	CHOLESTEROL	24	$1,406	$58.58	$95.66	32	2	
40	SULFAMETHOXAZOLE/TRIMETHO	GENERIC	ANTI-INFECTIVES	24	$4	$0.16	$8.49	8	1	
41	ATENOLOL	GENERIC	HEART	24	$0	$0.00	$8.83	36	1	
42	METHYLPREDNISOLONE	GENERIC	STEROIDS	24	$0	$0.00	$8.44	8	1	
43	BYETTA	BRAND	DIABETES	23	$3,784	$164.52	$196.26	28	2	
44	COZAAR	BRAND	HEART	23	$249	$10.84	$66.47	30	3	LISINOPRIL
45	GLYBURIDE/METFORMIN HCL	GENERIC	DIABETES	23	$371	$16.12	$66.55	48	2	
46	PREDNISOLONE SODIUM PHOSP	GENERIC	STEROIDS	23	$214	$9.29	$19.29	5	1	
47	KEPPRA	BRAND	ANTICONVULSANTS	22	$2,874	$130.62	$205.35	41	3	
48	GEMFIBROZIL	GENERIC	CHOLESTEROL	22	$326	$14.80	$23.89	38	1	
49	ALPRAZOLAM	GENERIC	MENTAL HLTH - ANXT	22	$0	$0.00	$9.61	28	1	
50	DOXYCYCLINE HYCLATE	GENERIC	ANTIBIOTICS	21	$0	$0.00	$8.71	11	1	
	Total of Top Drugs by Volume			2,373	$67,668					
	Percent of all Prescriptions			54.9%	47.9%					

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: INCURRED

Top Drug Classes by Cost

#	Drug Class	Total Net Paid	Prescriptions	Average Net Paid Per Script	Average Drug Cost Per Script
1	DIABETES	$23,232	457	$50.84	$72.80
2	CHOLESTEROL	$18,600	354	$52.54	$82.92
3	HEART	$12,113	799	$15.16	$37.42
4	ASTHMA	$10,290	137	$75.11	$109.64
5	ANTIBIOTICS	$9,487	589	$16.11	$40.47
6	STOMACH/ GASTRO	$8,758	72	$121.63	$142.94
7	ANTICONVULSANTS	$7,205	66	$109.17	$173.42
8	BLOOD AGENTS	$5,485	99	$55.40	$103.19
9	STOMACH - PPI	$4,743	59	$80.39	$128.92
10	MENTAL HLTH/ DEPRESS	$4,604	126	$36.54	$57.63
11	ANTI-INFECTIVES	$3,816	126	$30.29	$51.81
12	GENITOURINARY	$3,717	68	$54.66	$91.54
13	EYE/EAR/MOUTH/THROAT	$3,467	116	$29.88	$55.77
14	TEST SUPPLIES	$3,222	46	$70.04	$98.08
15	MISC - ENDOCRINE	$3,098	8	$387.19	$508.76
16	DERMATOLOGY - OTHER	$2,479	82	$30.23	$56.08
17	OSTEOPOROSIS	$2,377	47	$50.58	$84.77
18	MISC - BIOLOGICALS	$2,150	86	$25.00	$25.00
19	PAIN MGMT - NON NARC	$2,053	113	$18.17	$36.07
20	COUGH/ COLD/ ALLERGY	$1,841	237	$7.77	$36.19
21	DERMATOLOGY - ACNE	$1,721	21	$81.93	$117.32
22	NUTRITIONAL/ VITAMIN	$1,442	54	$26.69	$56.74
23	MENTAL HLTH/ STIMU	$1,264	28	$45.13	$96.38
24	CONTRACEPTIVES	$854	37	$23.07	$58.51
25	PRODUCTS/ SUPPLIES	$824	31	$26.56	$30.11

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Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
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Top Drug Classes by Volume

#	Drug Class	Prescriptions	Total Net Paid	Average Net Paid Per Script	Average Drug Cost Per Script
1	HEART	799	$12,113	$15.16	$37.42
2	ANTIBIOTICS	589	$9,487	$16.11	$40.47
3	DIABETES	457	$23,232	$50.84	$72.80
4	CHOLESTEROL	354	$18,600	$52.54	$82.92
5	COUGH/ COLD/ ALLERGY	237	$1,841	$7.77	$36.19
6	ASTHMA	137	$10,290	$75.11	$109.64
7	MENTAL HLTH/ DEPRESS	126	$4,604	$36.54	$57.63
8	ANTI-INFECTIVES	126	$3,816	$30.29	$51.81
9	PAIN MGMT - NARCOTIC	125	$66	$0.53	$15.56
10	EYE/EAR/MOUTH/THROAT	116	$3,467	$29.88	$55.77
11	PAIN MGMT - NON NARC	113	$2,053	$18.17	$36.07
12	BLOOD AGENTS	99	$5,485	$55.40	$103.19
13	THYROID	98	$205	$2.09	$15.98
14	MISC - BIOLOGICALS	86	$2,150	$25.00	$25.00
15	DERMATOLOGY - OTHER	82	$2,479	$30.23	$56.08
16	STOMACH/ GASTRO	72	$8,758	$121.63	$142.94
17	STEROIDS	71	$214	$3.01	$11.58
18	GENITOURINARY	68	$3,717	$54.66	$91.54
19	ANTICONVULSANTS	66	$7,205	$109.17	$173.42
20	STOMACH - PPI	59	$4,743	$80.39	$128.92
21	MENTAL HEALTH - MISC	56	$224	$4.00	$19.32
22	NUTRITIONAL/ VITAMIN	54	$1,442	$26.69	$56.74
23	OSTEOPOROSIS	47	$2,377	$50.58	$84.77
24	TEST SUPPLIES	46	$3,222	$70.04	$98.08
25	CONTRACEPTIVES	37	$854	$23.07	$58.51

Company Name: CITY OF WESLACO
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Market: ALL
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Medical Pharmacy Costs

Some prescriptions that are distributed through retail and specialty pharmacies are actually part of the medical benefit. Recent advances in drug technology have allowed these drugs to be given at home by the member instead of administered through Home Health or hospital.

	Current	Prior	% Change
Medical Pharmacy Total Prescriptions	63	62	
Medical Pharmacy Total Net Paid	$3,316	$2,697	
Medical Pharmacy Prescriptions per Member per Month	0.006	0.006	-.3%
Medical Pharmacy Net Paid per Member Per Month	$0.33	$0.26	26.9%

Top Medical Pharmacy Drugs by Volume

#	Drug Name	Brand/ Generic	Drug Class	Prescriptions	Total Net Paid	Average Net Paid Per Script	Average Drug Cost Per Script	Average Mbr Cost Per Script	Average Days Supply Per Script	Level
1	ALBUTEROL SULFATE	Generic	ASTHMA	35	$284	$8.12	$17.72	$9.60	12	1
2	PULMICORT	Brand	ASTHMA	9	$1,923	$213.63	$248.07	$34.44	25	2
3	XOPENEX	Brand	ASTHMA	6	$661	$110.20	$163.54	$53.34	11	3
4	MEDROXYPROGESTERONE ACETA	Generic	CONTRACEPTIVES	6	$252	$41.94	$41.94	$0.00	6	4
5	ALBUTEROL SULFATE/IPRATRO	Generic	ASTHMA	3	$80	$26.60	$61.60	$35.00	12	2
6	CLOMIPHENE CITRATE	Generic	FERTILITY	2	$0	$0.00	$14.05	$14.05	5	2
7	IPRATROPIUM BROMIDE/ALBUT	Generic	ASTHMA	2	$117	$58.31	$93.31	$35.00	13	2

HUMANA.
Guidance when you need it most

Maximize Your Benefits

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: N/A

In an effort to help control prescription drug spending and to educate members about their drug benefit and possible lower-cost prescription drug options Humana has created a program called Maximize Your Benefit (MYB). The program works by identifying members who have filled a more expensive prescription when a less expensive option may be available. Humana contacts these members to communicate their options and to encourage them to discuss lower-cost alternatives with their physician.

Contacts (for Reporting Period): 10/01/2007 to 04/30/2009

Month	Total Contacts
OCT 2007	0
NOV 2007	0
DEC 2007	0
JAN 2008	0
FEB 2008	2
MAR 2008	1
APR 2008	0
MAY 2008	45
JUN 2008	32
JUL 2008	17
AUG 2008	9
SEP 2008	33
OCT 2008	20
NOV 2008	17
DEC 2008	3
JAN 2009	0
FEB 2009	0
MAR 2009	3
APR 2009	53
Total	235

Targeted Drug Classes

Drug Classes	Example of Target	RX Cost per Script	Example of Alternative	RX Cost per Script
Cholesterol	Zocor	$139.41	Simvastatin (Zocor)	$18.50
Stomach-PPI	Prevacid	$170.10	Omeprazole (Prilosec)	$24.30
Heart	Cozaar	$52.50	Lisinopril (Prinivil)	$8.27
Mental Health-Depression	Zoloft	$90.60	Sertraline (Zoloft)	$13.67
Mental Health-Misc.	Ambien CR	$123.90	Zolpidem (Ambien)	$11.30
Pain Management-COX2	Celebrex	$117.30	Meloxicam (Mobic)	$3.12

Outcomes Summary (for Reporting Period): 10/01/2007 to 04/30/2009

Contacts for Outcomes	Members Contacted	Members Converted	% Converted	Annual Savings Members
04/01/2007 to 10/31/2008				
219	171	1	0.58%	$15

Outcomes by Drug (Top Ten Target Drugs & All Other Target Drugs for Reporting Period): 10/01/2007 to 04/30/2009

Target Drug	Members Contacted	Members Converted	Annual Savings Members
LIPITOR	19	1	$15
CRESTOR	16	0	$0
NEXIUM	13	0	$0
LISINOPRIL	12	0	$0
METOPROLOL SUCCINA	10	0	$0
SIMVASTATIN	9	0	$0
LEVOTHYROXINE SODIU	8	0	$0
AMLODIPINE BESYLATE	8	0	$0
BENICAR	7	0	$0
METFORMIN HCL	7	0	$0
All Other Drugs	110	0	$0

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL

Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: N/A

Total	219	1	$15

HUMANA.
Guidance when you need it most

Pharmacy Web Utilization

Company Name: CITY OF WESLACO
Link Number: 704228
Group Number: ALL
Peer Market Name: CONSOL - STX/CORPUS CHRIS
Reporting Period: From 10/01/2007 to 04/30/2009
Market: ALL
Product: PPO
Basis: N/A

In an effort to help inform you about web utilization activity among your members, Humana has created the following report called Pharmacy Web Utilization. Outlined below are a number of useful metrics associated with web activity among your members.

Pharmacy Web Activity

	Average Age	End of Period Members	% of Eligible Members	Generic		Brand		Average
				Generic Utilization	RX Cost per Script	Brand Utilization	RX Cost per Script	RX Cost per Script
Registered Members	40	61	15.0%	59.7%	$8.37	40.3%	$81.37	$37.81
Non-registered Members	40	347	85.0%	59.1%	$6.83	40.9%	$70.93	$33.05
Total	40	408	100.0%	59.2%	$7.16	40.8%	$73.12	$34.06

Registered Member Activity

Pharmacy Web Pages Viewed	Pharmacy Web Visits	Pages Viewed per Visit	Pages Viewed per Prescription per Month		Secured Messages Sent To	Secured Messages Read By
			Company	Peer		
0	0	0	0.00	0.00	0	0.00%

Top Web Pages Viewed by Company's Registered Members

Web page	Pages Viewed
ALL OTHERS	0