



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

January 11, 2000

Mr. Dan McCarthy
Health Care Financing Administration/CMSO
Mail Stop S2-03-08
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Mr. McCarthy:

Candice Hall of the HCFA Region VII office requested that we submit the actuarial equivalency report for Unity Choice as part of Iowa's state plan amendment that was submitted on December 29, 1999. Attached is the report completed by Deloitte & Touche LLP.

Please contact me at 515-281-8791, if you have additional questions.

Sincerely,

Anita Smith, Manager
Insurance Purchasing Unit
Division of Medical Services

AS/ar

CC: Candice Hall
HCFA Regional Office



Human Capital Advisory Services

Actuarial & Insurance Consulting Group

Employee Benefits Group

Human Resources Strategies Group

Integrated Health Group

Actuarial Report

***Iowa Hawk-I
Children's Health
Insurance Program***

***Wellmark Health Plan of Iowa
August 5, 1999***

***Prepared by:
Deloitte & Touche LLP***

**Deloitte Touche
Tohmatsu**

Actuarial Report August 1999

Background

This actuarial report was developed at the request of the Health Care Finance Administration by Deloitte & Touche, an independent consulting firm. The purpose of the report is to supplement the Iowa Department of Human Services' application for Federal funds under Title XXI of the Social Security Act for the Children's Health Insurance Program.

Title XXI, Section 2103, specifies that the scope of health insurance coverage under this program must consist of either benchmark coverage, benchmark-equivalent coverage, existing comprehensive state-based coverage, or Secretary-approved coverage. Certain actuarial values must be set forth in an actuarial opinion in an actuarial report to accompany the State's application. Those actuarial values include the following:

- The actuarial value of the coverage provided by the benchmark benefit packages;
- The actuarial value of the coverage offered under the State child health plan;
- The actuarial value of the coverage of any categories of additional services under benchmark benefit packages; and
- The actuarial value of any categories of additional services under coverage offered by the State child health plan.

This actuarial report includes the actuarial values listed above, along with supporting documentation and other information.

Benchmark Benefit Package

A benchmark benefit package as specified by Title XXI, Section 2103, is as follows:

State employee coverage provided by Principal Health Care of Iowa Primary Care. Principal Health Care of Iowa Primary Care (Principal Health) is an **HMO** coverage option available to Iowa State employees. Principal Health provides comprehensive coverage for hospital, surgical, physician, and other services. It is one of several plans offered to Iowa state employees in a multiple choice setting which includes indemnity plans, PPOs, point of service plans and other HMOs. Principal Health was chosen as a benchmark due to its comprehensive benefit coverage and its large enrollment level of state employees. The benefit design of Principal Health is similar to a typical **HMO**, with an emphasis on preventive care and a primary care physician channeling mechanism.

Children's Health Insurance Program Benefit Package

House File 2517, Section 6.8(e)(1-14) describes the benefits to be included in the Hawk-I program, as adopted by the Hawk-I board in consultation with the Iowa Department of Human Services. These include:

- ❑ Inpatient hospital services, including Medical, Surgical, ICU, Mental Health and Substance Abuse (MH/SA) services.
- ❑ Nursing care services including Skilled Nursing Facility (SNF) services.
- ❑ Outpatient hospital services including ER, surgery, laboratory, radiology and other services.
- ❑ Physician services, including:
 - Surgical
 - Medical
 - Office Visits
 - Newborn, well baby and well child care
 - Immunizations
 - Urgent care
 - Specialist care
 - Allergy testing and treatment
 - MH/SA visits
- Ambulance services
- ❑ Physical therapy
- Speech therapy
- ❑ Durable Medical Equipment (DME)
- Home Health care
- ❑ Hospice services
- ❑ Prescription drugs
- ❑ Dental services including preventative services
- ❑ Hearing services as medically necessary
- ❑ Vision services including corrective lenses

Cost sharing provisions are addressed by reference to the **CHIP** benchmark plan requirements of the Balanced Budget Act of 1997, and Section 11 of House File 2517. Cost sharing (premiums or copayments) for children with family incomes between 150% and 185% of FPL will not exceed 5% of annual family adjusted gross income. Final cost sharing provisions were not available at the time this report was prepared. Exhibit 2 lists a plan design grid for Wellmark Health Plan of Iowa. We developed CHIP premium rates for Wellmark Health Plan of Iowa based on the cost sharing provisions and benefit limitations as shown in Exhibit 2. Exhibit 3

shows a plan design grid for Principal Health. Actuarial values for Principal Health are based on the cost sharing and benefit limitations as shown in Exhibit 3.

Methodology for Determining Actuarial Equivalency

In order to determine the actuarial equivalency of Wellmark Health Plan of Iowa to the benchmark plan Principal Health, the following methodology was used.

(1) Identification of a standardized set of utilization and price factors

The standardized set of utilization and price factors used to determine the actuarial equivalency of Wellmark Health Plan of Iowa to Principal Health is set forth in Exhibit 1 of this report.

Due to the lack of insured experience data on this uninsured population, we had to develop estimates of health care utilization which we felt were appropriate for this population. Factors which we considered included:

- ❑ Age distribution of the projected HAWK-I population;
- ❑ Benefit design;
- ❑ A moderate level of managed care utilization management;
- ❑ Experience from commercial HMO populations; and
- ❑ Experience from other state programs for similar populations.

The utilization assumptions selected are one set of assumptions from a reasonable range of possible assumptions. Actual utilization is likely to differ, which will affect program costs.

The utilization is expressed as the number of services per 1000 eligibles per year. The service units are the number of hospital days, surgeries, office visits, tests, or prescriptions, etc.

The cost per service assumptions reflect the assumed intensity of services provided and the following reimbursement assumptions:

- ❑ Hospital inpatient reimbursement at estimated commercial managed care reimbursement rates for a population similar to the HAWK-I Program.
- ❑ Hospital outpatient reimbursement based upon the inpatient reimbursement, and reflective of normative relationships between inpatient and outpatient costs.
- ❑ Physician services at 100% of RBRVS reimbursement levels for Iowa. Costs are based on 1998 RBRVS plus 3% estimated trend to 1999.
- ❑ Other costs at normative levels based upon information from the Deloitte & Touche database.

(2) Calculation of the actuarial value of the benchmark plan (Principal Health) and the categories of additional services included in the benchmark plan

Based on the standardized set of utilization and cost factors described above with the applicable cost sharing and benefit limitation provisions from Exhibit 3, the aggregate actuarial value and the actuarial value of categories of additional services provided by the benchmark plan were determined. The actuarial values, stated in terms of average monthly per member per month costs, are as follows:

Aggregate Actuarial Value	\$44.33
Additional Services Actuarial Value	
Prescription Drugs	\$7.00
Mental Health Services	\$1.36
Vision Services	\$1.15
Hearing Services	N/A*

A more detailed pricing summary for Principal Health is shown in Exhibit 5.

* We did not explicitly value hearing services as a distinct pricing category. It is part of miscellaneous physician services.

(3) Calculation of the actuarial value of Wellmark Health Plan of Iowa and the categories of additional services included in Wellmark Health Plan of Iowa

Based on the standardized set of utilization and cost factors described in Exhibit 1, along with the cost sharing and benefit limitation provisions from Exhibit 2, the aggregate actuarial value and the actuarial value of categories of additional services provided by Wellmark Health Plan of Iowa were determined. The actuarial values, stated in terms of average monthly per member costs, are as follows:

Aggregate Actuarial Value	\$62.84
Additional Services Actuarial Value	
Prescription Drugs	\$9.33
Mental Health Services	\$1.39
Vision Services	\$1.92
Hearing Services	N/A*

A more detailed pricing summary for Wellmark Health Plan of Iowa is shown in Exhibit 4.

* We did not explicitly value hearing services as a distinct pricing category. It is part of miscellaneous physician services.

(4) Determination of actuarial equivalence of Wellmark Health Plan of Iowa to the benchmark plan (Principal Health)

The proposed **CHIP** program package offered by Wellmark Health Plan of Iowa has an aggregate actuarial value that is at least actuarially equivalent to that of the benchmark plan Principal Health.

With respect to each of the categories of additional services described in Section 2103, the proposed benefit packages through Wellmark Health Plan of Iowa have an actuarial value that is at least 75% of the actuarial value of the coverage of that category of services in the benchmark package. A summary table is shown below.

	Wellmark Health Plan of Iowa	Principal Health
Aggregate Actuarial Value	\$62.84	\$44.33
Additional Services Actuarial Value		
Prescription Drugs	\$9.33	\$7.00
Mental Health Services	\$1.39	\$1.36
Vision Services	\$1.92	\$1.15
Hearing Services	N/A*	N/A*

* We did not explicitly value hearing services as a distinct pricing category. It is part of miscellaneous physician services.

I, Timothy M. Ross, am associated with the firm of Deloitte & Touche, and have been retained by the Iowa Department of Human Services to evaluate the proposed Hawk-I plans in comparison to a benchmark plan, as required by Title XXI of the Social Security Act. I am a member of American Academy of Actuaries and meet the qualification standards for an opinion of this type.

Based on my review and comparison of the proposed Wellmark Health Plan of Iowa Hawk-I plan and the benchmark plan, it is my opinion that:

- The Hawk-I plan meets or exceeds all required comparisons to the benchmark plan;
- The report has been prepared using generally accepted actuarial principles and methodologies;
- The report has been prepared in accordance with the principles and standards of the Actuarial Standards Board for such reports;
- A standardized set of utilization and price factors has been used;
- The same principles and factors have been applied in comparing the values of different coverages (or categories of service);
- Differences in coverage based on the method of delivery of means of cost control or utilization used have not been taken into account.

This report and opinion has been prepared to comply with the requirements of Titles XXI, and for no other purpose. Insurers, managed care providers, or other providers may not rely on this information in forming a decision to participate, or not to participate, in the HAWK-I Program.



Timothy M. Ross, ASA, MAAA
Senior Manager
Deloitte & Touche

Exhibit 1
Iowa HAWK-I Program
Standardized Utilization and Price Factors

Service Category	Utilization (per 1,000 members annually)	Unit Price
HOSPITAL INPATIENT		
MED/SURG/ICU	72	\$1,000
MENT HLTH	13	\$450
SUB ABUSE	10	\$400
MATERNITY		\$1,050
SNF		\$300
SUBTOTAL	<u>95</u>	<u>\$861</u>
HOSPITAL OTHER		
O.P.SURGERY	26	\$850
EMERGENCY ROOM	204	5180
OTHER	61	\$250
SUBTOTAL	<u>291</u>	<u>5254</u>
PHYSICIAN SERVICES		
SURGERY - LP.	20	\$706
SURGERY - OTHER	77	590
ANESTHESIA	46	593
OBSTETRICS		\$691
INPATIENT VISIT	71	562
OFFICE VISITS	2,244	\$41
WELL CHILD	612	\$71
CONSULTS	87	\$104
EMERGENCY ROOM	230	\$65
MH VISITS	204	\$80
SA VISITS	102	\$80
LAB	1,632	\$12
RADIOLOGY	439	\$90
PHYSICAL MEDICINE	92	\$18
IMM. & INJ.	791	\$9
REFRACTIONS	306	\$45
MISC	459	\$57
SUBTOTAL	<u>7,412</u>	<u>\$43</u>
DENTAL SERVICES		
DIAGNOSTIC	2,800	\$21
PREVENTIVE DENTAL	1,500	\$17
RESTORATIVE	650	\$74
ORAL SURGERY	160	\$65
PERIODONTICS	50	\$77
PROSTHETICS	80	\$214
ENDODONTICS	20	5264
ORTHODONTIA	15	\$3,000
SUBTOTAL	<u>5,275</u>	<u>\$35</u>
OTHER SERVICES		
PRESCRIPTION DRUGS	4,000	\$28
CORRECTIVE LENSES	102	\$90
HOME HEALTH		5265
AMBULANCE	8	\$215
DME	71	\$52
SUBTOTAL,	<u>4,191</u>	<u>\$31</u>

Exhibit 2
Wellmark Health Plan of Iowa
Summary of Plan Provisions

Plan Provisions	Wellmark Health Plan of Iowa Covers
Hospital Facility Services	100% of allowed charges for inpatient, outpatient, and maternity charges. There is a \$25 emergency room copayment (waived if admitted or if visit qualifies as an "emergency").
Physician Services	100% of allowed charges for: (1) Office visits/home visits/skilled nursing facility visits (2) Hospital visits (3) Surgical procedures (4) Allergy testing and injections (5) Routine physicals, well child care and immunizations
Mental Health and Substance Abuse Services	(1) Inpatient: 100% of allowed charges. Maximum of 30 inpatient days per benefit period. (2) Outpatient: 100% of allowed charges. Maximum of 30 outpatient visits per benefit period.
Emergency Ambulance	100% of allowed charges in an emergency
Home Health Care & Hospice Care	100% of allowed charges. Hospice care must be used in increments of not more than five days. Lifetime Maximum of 15 days inpatient hospice respite care, 15 days outpatient hospice respite care.
Skilled Nursing Facility	100% of allowed charges. Maximum of 100 days per calendar year.
Durable Medical Equipment	100% of allowed charges
Laboratory and X-Ray Services	100% of allowed charges
Occupational Therapy	Only applies to services treating the upper extremities (arms from the fingers to the shoulders). Supplies are not covered.
Speech Therapy	Limited to speech lost due to illness or injury. Prior approval must be obtained.

Exhibit 3
Principal Health Care of Iowa Primary Care
Summary of Plan Provisions

Plan Provisions	Principal Health Care of Iowa Primary Care
Deductible Single/Family	None
Coinsurance Percentage	Varies: see below
Out of Pocket limit Single/Family	\$750/\$1,500 or 200% of annual premium, whichever is less, per contract year. All copayments and coinsurance go toward out-of-pocket limit.
Hospital Services	
Room & Board	100% if authorized. Semi-private basis, unless medically necessary to use private room.
Medical/Surgical/ICU	100% .
Skilled Nursing Facility	100% if authorized. Maximum 62 days per 12 month period .
Outpatient Surgery	100% .
Emergency Room	\$50 copay or 50% of total bill, whichever is less, for ER visits to plan hospitals. \$50 copay or 50% of total bill, whichever is less, for ER visits to out-of-area providers. In-area copayment waived if admitted within 24 hours.
Inpatient Mental Health/Substance Abuse	80%. Maximum 30 days per member per 12 month period.
Outpatient Mental Health/Substance Abuse	\$15 copay per visit. Maximum 30 individual or 45 group visits per member per 12 month period .
Physician Services	
Surgery	100%
Inpatient Visits	100%
Office Visits	\$5 copay per visit for primary care physician. \$10 copay per visit for referral specialty care physician.
Preventive Care	\$5 copay per visit for routine physicals. \$5 copay per visit for well child care (primary care physician)
Emergency Room	\$5 copay for primary care physician office ER visits.
Mental Health/Substance Abuse Visits	100%. Maximum 30 days per member per 12 month period for inpatient physician care.
X-Ray & Lab	100%
Immunizations and Injections	\$5 copay when provided by a primary care physician. \$10 copay for allergy treatment when provided by referral specialty physician.
Vision/Hearing Exams	100% for optometrist and \$10 copay for ophthalmologist. Limit one exam per 12 months. \$5 copay per visit for hearing exams.

Exhibit 3
Principal Health Care of Iowa Primary Care
Summary of Plan Provisions (cont'd)

Plan Provisions	Principal Health Care of Iowa Primary Care
Physical, Speech, Occupational and Respiratory Therapy	\$10 copay per visit. Maximum treatment period of 62 consecutive calendar days per condition.
Chiropractor	\$10 copay per visit with approved referral.
Additional Services	
Prescription Drugs	\$5 copay or 25% per prescription, whichever is higher, from plan pharmacies.
Durable Medical Equipment	80% if authorized by primary care physician. 100% if provided in lieu of hospital confinement.
Prosthetic Devices	80% if authorized by primary care physician.
Eyeglasses	Not covered except 20% copayment for first pair of glasses or contact lenses after cataract surgery provided under direction of primary care physician.
Hearing Aids	Not covered
Amulance	100% to nearest ^{best facility}
Home Health Care	100% if authorized with referral
Dental	80% if authorized for accidental care only. Services must be provided within 6 months of the injury.

Exhibit 4
HAWK-I Program
Wellmark Health Plan of Iowa

SERVICE CATEGORY	Baseline		Breadth of Coverage			PMPM Costs		
	Utilization	Cost/Service	Coverage	Limits	Copay	Before Limits	Before Copays	After Copays
HOSPITAL INPATIENT								
MED/SURG/ICU	72	\$ 1,000	1.00	1.00	\$ -	\$ 6.00	\$ 6.00	\$ 6.00
MENT HLTH	13	450	1.00	0.90	\$ -	\$ 0.49	\$ 0.44	\$ 0.44
SUB ABUSE	10	400	1.00	0.90	\$ -	\$ 0.33	\$ 0.30	\$ 0.30
MATERNITY		1,050		1.00	\$ -	\$ -	\$ -	\$ -
SNF		300		1.00	\$ -	\$ -	\$ -	\$ -
SUBTOTAL	95	\$ 861				\$ 6.82	\$ 6.74	\$ 6.74
HOSPITAL OTHER								
O.P. SURGERY	26	850	1.00	1.00	\$ -	\$ 1.84	\$ 1.84	\$ 1.84
EMERGENCY ROOM	204	180	1.00	1.00	\$ 25	\$ 3.06	\$ 3.06	\$ 2.64
OTHER	61	250	1.00	1.00	\$ -	\$ 1.27	\$ 1.27	\$ 1.27
SUBTOTAL	291	\$ 254				\$ 6.17	\$ 6.17	\$ 5.75
PHYSICIAN SVCS								
SURGERY - I.P.	20	706	1.00	1.00	\$ -	\$ 1.18	\$ 1.18	\$ 1.18
SURGERY - OTHER	71	90	1.00	1.00	\$ -	\$ 0.58	\$ 0.58	\$ 0.59
ANESTHESIA	46	93	1.00	1.00	\$ -	\$ 0.36	\$ 0.36	\$ 0.36
OBSTETRICS		691		1.00	\$ -	\$ -	\$ -	\$ -
INPATIENT VISIT	71	62	1.00	1.00	\$ -	\$ 0.37	\$ 0.37	\$ 0.31
OFFICE VISITS	2,244	41	1.00	1.00	\$ -	\$ 7.61	\$ 7.67	\$ 7.67
WELL CHILD	612	71	1.00	1.00	\$ -	\$ 3.62	\$ 3.62	\$ 3.62
CONSULTS	87	104	1.00	1.00	\$ -	\$ 0.75	\$ 0.75	\$ 0.75
EMERGENCY ROOM	230	65	1.00	1.00	\$ -	\$ 1.25	\$ 1.25	\$ 1.25
MH VISITS	204	80	1.00	0.70	\$ -	\$ 1.36	\$ 0.95	\$ 0.95
SA VISITS	102	50	1.00	0.70	\$ -	\$ 0.68	\$ 0.48	\$ 0.41
LAB	1,632	12	1.00	1.00	\$ -	\$ 1.63	\$ 1.63	\$ 1.63
RADIOLOGY	439	90	1.00	1.00	\$ -	\$ 3.29	\$ 3.29	\$ 3.25
PHYSICAL MEDICINE	92	18	1.00	1.00	\$ -	\$ 0.14	\$ 0.14	\$ 0.14
IMM. & INJ.	791	9	1.00	1.00	\$ -	\$ 0.59	\$ 0.59	\$ 0.55
REFRACTIONS	306	45	1.00	1.00	\$ -	\$ 1.15	\$ 1.15	\$ 1.15
MISC	459	57	1.00	1.00	\$ -	\$ 2.18	\$ 2.18	\$ 2.18
SUBTOTAL	7,412	\$ 43				\$ 26.80	\$ 26.19	\$ 26.15
DENTAL SERVICES								
DIAGNOSTIC	2,800	21	1.00	0.95	\$ -	\$ 4.90	\$ 4.66	\$ 4.66
PREVENTIVE DENTAL	1,500	17	1.00	0.95	\$ -	\$ 2.13	\$ 2.02	\$ 2.02
RESTORATIVE	650	74	1.00	0.95	\$ -	\$ 4.01	\$ 3.81	\$ 3.81
ORAL SURGERY	160	65	1.00	0.95	\$ -	\$ 0.87	\$ 0.82	\$ 0.82
PERIODONTICS	50	77	1.00	0.95	\$ -	\$ 0.32	\$ 0.30	\$ 0.30
PROSTHETICS	80	214	1.00	0.95	\$ -	\$ 1.43	\$ 1.36	\$ 1.36
ENDODONTICS	20	264	1.00	0.95	\$ -	\$ 0.44	\$ 0.42	\$ 0.42
ORTHODONTIA	15	3,000		-	\$ -	\$ -	\$ -	\$ -
SUBTOTAL	5,215	\$ 32				\$ 14.10	\$ 13.39	\$ 13.39
OTHER SERVICES								
PRESCRIPTION DRUGS	4,000	28	1.00	1.00	\$ -	\$ 9.33	\$ 9.33	\$ 9.33
CORRECTIVE LENSES	102	90	1.00	1.00	\$ -	\$ 0.77	\$ 0.77	\$ 0.77
HOME HEALTH	10	265	1.00	1.00	\$ -	\$ 0.22	\$ 0.22	\$ 0.22
AMBULANCE	8	215	1.00	1.00	\$ -	\$ 0.14	\$ 0.14	\$ 0.14
DUES	71	52	1.00	1.00	\$ -	\$ 0.31	\$ 0.31	\$ 0.31
SUBTOTAL	4,191	\$ 31				\$ 10.77	\$ 10.77	\$ 10.77
BASELINE MEDICAL COSTS						\$ 64.66	\$ 63.26	\$ 62.8
INDUCED DEMAND						\$ 3.00	\$ 3.00	\$ 1.5
TOTAL MEDICAL COSTS						\$ 67.66	\$ 66.26	\$ 64.3

Exhibit 5
HAWK-I Program
Principal Health Care of Iowa Primary Care (benchmark plan)

SERVICE CATEGORY	Baseline		Breadth of Coverage	Coverage Limits	copay	PMPM Costs		
	Utilization	Cost/Service				Before Limits	Before Copays	After Copays
HOSPITAL INPATIENT								
MED/SURG/ICU	72	\$ 1,000	1.00	1.00	\$ -	\$ 6.00	\$ 6.00	\$ 6.00
MENT HLTH	13	450	1.00	0.90	\$ 68	\$ 0.49	\$ 0.44	\$ 0.37
SUB ABUSE	10	400	1.00	0.90	\$ 60	\$ 0.33	\$ 0.30	\$ 0.26
MATERNITY		1,050		1.00	\$ -	\$ -	\$ -	\$ -
SNF		300		1.00	\$ -	\$ -	\$ -	\$ -
SUBTOTAL	95	\$ 861				\$ 6.82	\$ 6.74	\$ 6.63
HOSPITAL OTHER								
O.P.SURGERY	26	850	1.00	1.00	\$ -	\$ 1.84	\$ 1.84	\$ 1.84
EMERGENCY ROOM	204	180	1.00	1.00	\$ 50	\$ 3.06	\$ 3.06	\$ 2.21
OTHER	61	250	1.00	1.00	\$ -	\$ 1.27	\$ 1.27	\$ 1.27
SUBTOTAL	291	\$ 254				\$ 6.17	\$ 6.17	\$ 5.32
PHYSICIAN SVCS								
SURGERY - I.P.	20	706	1.00	1.00	\$ -	\$ 1.18	\$ 1.18	\$ 1.18
SURGERY - OTHER	71	90	1.00	1.00	\$ -	\$ 0.58	\$ 0.58	\$ 0.58
ANESTHESIA	46	93	1.00	1.00	\$ -	\$ 0.36	\$ 0.36	\$ 0.36
OBSTETRICS		691		1.00	\$ -	\$ -	\$ -	\$ -
INPATIENT VISIT	71	62	1.00	1.00	\$ -	\$ 0.37	\$ 0.37	\$ 0.37
OFFICE VISITS	2,244	41	1.00	1.00	\$ 5	\$ 7.61	\$ 7.67	\$ 6.73
WELL CHILD	612	71	1.00	1.00	\$ 5	\$ 3.62	\$ 3.62	\$ 3.37
CONSULTS	87	104	1.00	1.00	\$ -	\$ 0.75	\$ 0.75	\$ 0.75
EMERGENCY ROOM	230	65	1.00	1.00	\$ -	\$ 1.25	\$ 1.25	\$ 1.25
MH VISITS	204	80	1.00	0.90	\$ 15	\$ 1.36	\$ 1.22	\$ 0.99
SA VISITS	102	80	1.00	0.90	\$ 15	\$ 0.68	\$ 0.61	\$ 0.50
LAB	1,632	12	1.00	1.00	\$ -	\$ 1.63	\$ 1.63	\$ 1.63
RADIOLOGY	439	90	1.00	1.00	\$ -	\$ 3.29	\$ 3.29	\$ 3.29
PHYSICAL MEDICINE	92	18	1.00	1.00	\$ 2.50	\$ 0.14	\$ 0.14	\$ 0.12
IMM. & INJ.	791	9	1.00	1.00	\$ 5	\$ 0.59	\$ 0.59	\$ 0.26
REFRACTIONS	306	45	1.00	1.00	\$ -	\$ 1.15	\$ 1.15	\$ 1.15
MISC	459	57	1.00	1.00	\$ -	\$ 2.18	\$ 2.18	\$ 2.18
SUBTOTAL	7,412	\$ 43				\$ 26.80	\$ 26.59	\$ 24.71
DENTAL SERVICES								
DIAGNOSTIC	2,800	21			\$ -	\$ -	\$ -	\$ -
PREVENTIVE DENTAL	1,500	17			\$ -	\$ -	\$ -	\$ -
RESTORATIVE	650	74			\$ -	\$ -	\$ -	\$ -
ORAL SURQERY	160	65			\$ -	\$ -	\$ -	\$ -
PERIODONTICS	50	77			\$ -	\$ -	\$ -	\$ -
PROSTHETICS	80	214			\$ -	\$ -	\$ -	\$ -
ENDODONTICS	20	264			\$ -	\$ -	\$ -	\$ -
ORTHODONTIA	15	3,000			\$ -	\$ -	\$ -	\$ -
SUBTOTAL	5,275	\$				\$ -	\$ -	\$ -
OTHER SERVICES								
PRESCRIPTION DRUGS	4,000	28	1.00	1.00	\$ 7	\$ 9.33	\$ 9.33	\$ 7.00
CORRECTIVE LENSES	102	90			\$ -	\$ -	\$ -	\$ -
HOME HEALTH	10	265	1.00	1.00	\$ -	\$ 0.22	\$ 0.22	\$ 0.22
AMBULANCE	8	215	1.00	1.00	\$ -	\$ 0.14	\$ 0.14	\$ 0.14
DME	71	52	1.00	1.00	\$ -	\$ 0.31	\$ 0.31	\$ 0.3
SUBTOTAL	4,191	\$ 29				\$ 10.00	\$ 10.00	\$ 7.67
BASELINE MEDICAL COSTS						\$ 49.79	\$ 49.50	\$ 44.32
INDUCED DEMAND						\$ 3.00	\$ 3.00	\$ 1.51
TOTAL MEDICAL COSTS						\$ 52.79	\$ 52.50	\$ 45.83