	Member	Earned			
	Months	Premium	Hospital Inpatient		
Statewide			Expenses	Admissions	Days
Families and Children					
< Age 1	0	0	0	0	0
1-5 Male	0	0	0	0	0
1-5 Female	0	0	0	0	0
6-14 Male	0	0	0	0	0
6-14 Female	0	0	0	0	0
15-20 Male	0	0	0	0	0
15-20 Female	0	0	0	0	0
21-44 Male	0	0	0	0	0
21-44 Female	0	0	0	0	0
45+ Male	0	0	0	0	0
45+ Female	0	0	0	0	0
Total F&C Geo/Dem.	0	0	0	0	0
Disabled					
< Age 1	0	0	0	0	0
1-5 Male	0	0	0	0	0
1-5 Female	0	0	0	0	0
6-14 Male	0	0	0	0	0
6-14 Female	0	0	0	0	0
15-20 Male	0	0	0	0	0
15-20 Female	0	0	0	0	0
21-44 Male	0	0	0	0	0
21-44 Female	0	0	0	0	0
45+ Male	0	0	0	0	0
45+ Female	0	0	0	0	0
Total Disabled Geo/Dem.	0	0	0	0	0
ACG-adjusted cells					
RAC1	0	0	0	0	
RAC2	0	0	0	0	0
RAC3	0	0	0	0	0
RAC4	0	0	0	0	0
RAC5	0	0	0	0	0
RAC6	0	0	0	0	0
RAC7	0	0	0	0	0
RAC8	0	0	0	0	0
RAC9	0	0	0	0	0
Total F&C RAC's	0	0	0	0	0
D.4.0.10					
RAC10	0	0	0	0	0
RAC11	0	0	0	0	0
RAC12	0	0	0	0	0

RAC13	0	0	0	0	0
RAC14	0	0	0	0	0
RAC15	0	0	0	0	0
RAC16	0	0	0	0	0
RAC17	0	0	0	0	0
RAC18	0	0	0	0	0
Total Disabled RAC's	0	0	0	0	0
Other Rate Cells					
PWC (SOBRA) Mothers	0	0	0	0	0
Delivery(Kick) Payments (Report # of deliveries)	0	0	0	0	0
F&C HIV	0	0	0	0	0
Disabled HIV	0	0	0	0	0
Persons with AIDS	0	0	0	0	0
Subtotal Statewide	0	0	0	0	0
Incentive Payments		0			
Medical Management Reported Under Medical Expense on MIA filing					
Total - Gross Basis	0	0			
Reinsurance		0			
Total - Net Basis	0	0			

Hospital Ou	tpatient:	Hospital Ou		Drimon, Cara		0	Specialty Care	
Other than Er Expenses	nergency Visits	Emergency Expenses	Visits	Primary Care Expenses Visits		Expenses	Visits	
Expenses	VISILO	Lybelises	VISILS	Lybenses	VISILS	Схрепвев	VISILS	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	U	O	U	0	U	0	U	
0	0	0	0	0	0	0	Ω	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	

0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0		0	0		0	0	0
0		0	0		0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0		0	0		0	0	0
0		0	0	0	0	0	0
0	0	0	0	0	0	0	0
0		0	0	0	0	0	0
0	0	0	0	0	0	0	0

Pharmacy				Other Medical	
Expenses	Scripts	Expenses	Visits	Expenses	Expenses
0		0	0	0	0
0		0	0	0	0
0		0	0		0
0		0	0	0	0
0		0	0		0
0		0	0	0	0
0		0	0	0	0
0		0	0		0
0		0	0	0	0
0		0	0	0	0
0		0	0	0	0
0	U	0	U	U	0
0	0	0	0	0	0
0		0	0		0
0		0	0	0	0
0		0	0	0	0
0		0	0	0	0
0		0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0		0	0	0	
0		0	0	0	0
0		0	0	0	0
0		0	0	0	0
0		0	0	0	0
0		0	0	0	0
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0		0	0	0	0
0		0	0	0	0
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0	0	0	0	0	0
0		0	0		0
0		0	0	0	0

0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
					0
					0
					0
					0