

	Member Months	Earned 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	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
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
<b>Subtotal Statewide</b>	0	0	0	0	0
Incentive Payments		0			
Medical Management Reported Under Medical Expense on MIA filing					
<b>Total - Gross Basis</b>	0	0			
Reinsurance		0			
<b>Total - Net Basis</b>	0	0			







