b

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Current Paid Period: From 07/2025 to 06/2026

	Enrollment		Premium			Capitation				Fee for Service Claims						
Paid Year Month	Contracts	Members	ASO/MPP Fee	Stoploss Premium	Total Premium	PCP	Specialty	Total Capitation	Value Based Programs	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total
202507	488	896	$50,360.64	$73,106.06	$123,466.70	$225.00	$2,830.81	$3,055.81	$2,552.07	$113,659.64	$165,983.44	$120,849.62	$143,608.33	$544,101.03	$150,586.77	$700,295.68
202508	480	871	$48,755.52	$72,071.60	$120,827.12	$225.00	$2,699.35	$2,924.35	$2,532.13	$53,711.28	$175,467.83	$98,328.05	$76,021.63	$403,528.79	$184,160.28	$593,145.55
202509	472	863	$47,952.96	$69,770.46	$117,723.42	$225.00	$2,553.90	$2,778.90	$2,435.40	$166,906.69	$172,671.73	$118,300.23	$87,809.91	$545,688.56	$142,840.56	$693,743.42
202510	467	858	$45,140.66	$66,737.10	$111,877.76	$225.00	$2,655.16	$2,880.16	$2,338.64	$67,053.19	$270,437.19	$123,141.61	$93,665.81	$554,297.80	$184,008.44	$743,525.04
202511	472	864	$47,752.32	$70,186.69	$117,939.01	$225.00	$2,627.56	$2,852.56	$2,402.12	$23,496.30	$147,670.13	$77,550.10	$107,220.10	$355,936.63	$204,293.78	$565,485.09
202512	470	859	$46,949.76	$68,757.32	$115,707.08	$225.00	$2,673.61	$2,898.61	$1,986.54	$55,810.14	$205,693.52	$131,335.92	$105,988.83	$498,828.41	$202,735.66	$706,449.22
202601	457	793	$37,777.74	$70,266.58	$108,044.32	$225.00	$337.52	$562.52	$2,053.07	$20,422.82	$201,086.30	$84,826.49	$80,809.39	$387,145.00	$187,103.87	$576,864.46
202602	451	782	$37,600.28	$70,316.85	$107,917.13	($225.00)	$5,136.77	$4,911.77	$1,915.91	$88,819.15	$70,481.30	$63,768.62	$53,767.89	$276,836.96	$102,026.01	$385,690.65
202603	452	787	$37,199.00	$70,386.80	$107,585.80	$225.00	$2,510.39	$2,735.39	$2,167.65	$109,105.62	$192,887.71	$76,002.26	$55,174.39	$433,169.98	$156,221.28	$594,294.30
202604	449	773	$37,081.24	$69,075.08	$106,156.32	$225.00	$2,689.53	$2,914.53	$2,544.41	$22,544.69	$197,023.89	$82,717.41	$120,933.42	$423,219.41	$263,800.19	$692,478.54
202605	448	774	$37,269.00	$70,211.27	$107,480.27	$225.00	$2,648.67	$2,873.67	$2,415.17	$13,181.23	$240,755.18	$85,276.49	$66,232.02	$405,444.92	$194,531.24	$605,265.00
202606	442	766	$36,520.85	$68,700.51	$105,221.36	$225.00	$2,638.13	$2,863.13	$2,782.07	$40,196.36	$97,080.31	$82,736.42	$71,168.08	$291,181.17	$200,089.24	$496,915.61
Total	**5,548**	**9,886**	**$510,359.97**	**$839,586.32**	**$1,349,946.29**	**$2,250.00**	**$32,001.40**	**$34,251.40**	**$28,125.18**	**$774,907.11**	**$2,137,238.53**	**$1,144,833.22**	**$1,062,399.80**	**$5,119,378.66**	**$2,172,397.32**	**$7,354,152.56**
Grouping Avg	**462**	**824**	**$42,530.00**	**$69,965.53**	**$112,495.52**	**$187.50**	**$2,666.78**	**$2,854.28**	**$2,343.77**	**$64,575.59**	**$178,103.21**	**$95,402.77**	**$88,533.32**	**$426,614.89**	**$181,033.11**	**$612,846.05**
Monthly Avg	**462**	**824**	**$42,530.00**	**$69,965.53**	**$112,495.52**	**$187.50**	**$2,666.78**	**$2,854.28**	**$2,343.77**	**$64,575.59**	**$178,103.21**	**$95,402.77**	**$88,533.32**	**$426,614.89**	**$181,033.11**	**$612,846.05**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.
- Other Medical encompasses all non-physician services, including ancillary professional providers (e.g., durable medical equipment, ambulance, laboratory services, etc.) and out-of-state professionals (A0000).

Monitoring by Utilization and Enrollment - Combined

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
202507	299	40	73	76	0	0	0	488	896
202508	295	40	74	71	0	0	0	480	871
202509	289	38	75	70	0	0	0	472	863
202510	286	39	72	70	0	0	0	467	858
202511	291	39	72	70	0	0	0	472	864
202512	289	39	73	69	0	0	0	470	859
202601	290	39	67	61	0	0	0	457	793
202602	286	37	68	60	0	0	0	451	782
202603	285	37	69	61	0	0	0	452	787
202604	286	37	66	60	0	0	0	449	773
202605	284	37	67	60	0	0	0	448	774
202606	279	37	66	60	0	0	0	442	766
Total	**3,459**	**459**	**842**	**788**	**0**	**0**	**0**	**5,548**	**9,886**
Grouping Avg	**288**	**38**	**70**	**66**	**0**	**0**	**0**	**462**	**824**
Monthly Avg	**288**	**38**	**70**	**66**	**0**	**0**	**0**	**462**	**824**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- Florida Blue proprietary and confidential information

Monitoring by Utilization and Enrollment - 3559

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Division: 001, C01
Current Paid Period: From 07/2025 to 06/2026

	Enrollment		Premium	Capitation				Fee for Service Claims							
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Value Based Programs	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR
202510	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
202511	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
202606	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
Total	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0.00%**
Grouping Avg	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0.00%**
Monthly Avg	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0.00%**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.
- Other Medical encompasses all non-physician services, including ancillary professional providers (e.g., durable medical equipment, ambulance, laboratory services, etc.) and out-of-state professionals (A0000).

Monitoring by Utilization and Enrollment - 3559

No data exists for selected account and/or parameter criteria.

Notes:

- **Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.**
- **Grouping Avg = Average of the distinct groupings chosen by the user.**
- **Monthly Avg = Average of a measure over Service/Paid time period.**
- **Enrollment is recast to reflect retroactive adjustments.**
- **Florida Blue proprietary and confidential information**

Monitoring by Utilization and Enrollment - HMO 41

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Division: 002, C02
Current Paid Period: From 07/2025 to 06/2026

	Enrollment		Premium	Capitation				Fee for Service Claims							
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Value Based Programs	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR
202507	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,167.54	$3,167.54	$0.00	$3,167.54	0.00%
202512	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
202604	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
Total	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$3,167.54**	**$3,167.54**	**$0.00**	**$3,167.54**	**0.00%**
Grouping Avg	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$1,055.85**	**$1,055.85**	**$0.00**	**$1,055.85**	**0.00%**
Monthly Avg	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$1,055.85**	**$1,055.85**	**$0.00**	**$1,055.85**	**0.00%**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.
- Other Medical encompasses all non-physician services, including ancillary professional providers (e.g., durable medical equipment, ambulance, laboratory services, etc.) and out-of-state professionals (A0000).

Monitoring by Utilization and Enrollment - HMO 41

No data exists for selected account and/or parameter criteria.

Notes:

- **Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.**
- **Grouping Avg = Average of the distinct groupings chosen by the user.**
- **Monthly Avg = Average of a measure over Service/Paid time period.**
- **Enrollment is recast to reflect retroactive adjustments.**
- **Florida Blue proprietary and confidential information**

Monitoring by Utilization and Enrollment - 3160-61

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Division: 003, 004, C03, C04
Current Paid Period: From 07/2025 to 06/2026

	Enrollment		Premium	Capitation				Fee for Service Claims							
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Value Based Programs	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR
202507	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
202509	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($86.48)	$0.00	($86.48)	$0.00	($86.48)	0.00%
202510	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($77.31)	$0.00	($77.31)	$0.00	($77.31)	0.00%
202511	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
202512	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
202602	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
202606	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
Total	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**($163.79)**	**$0.00**	**($163.79)**	**$0.00**	**($163.79)**	**0.00%**
Grouping Avg	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**($23.40)**	**$0.00**	**($23.40)**	**$0.00**	**($23.40)**	**0.00%**
Monthly Avg	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**($23.40)**	**$0.00**	**($23.40)**	**$0.00**	**($23.40)**	**0.00%**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.
- Other Medical encompasses all non-physician services, including ancillary professional providers (e.g., durable medical equipment, ambulance, laboratory services, etc.) and out-of-state professionals (A0000).

Monitoring by Utilization and Enrollment - 3160-61

No data exists for selected account and/or parameter criteria.

Notes:

- **Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.**
- **Grouping Avg = Average of the distinct groupings chosen by the user.**
- **Monthly Avg = Average of a measure over Service/Paid time period.**
- **Enrollment is recast to reflect retroactive adjustments.**
- **Florida Blue proprietary and confidential information**

Monitoring by Utilization and Enrollment - 03559

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Division: 005, C05, R05
Current Paid Period: From 07/2025 to 06/2026

	Enrollment		Premium			Capitation				Fee for Service Claims					
Paid Year Month	Contracts	Members	ASO/MPP Fee	Stoploss Premium	Total Premium	PCP	Specialty	Total Capitation	Value Based Programs	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy
202507	151	263	$15,649.92	$21,681.40	$37,331.32	$0.00	$459.75	$459.75	$518.19	$0.00	$77,108.40	$34,147.10	$83,400.46	$194,655.96	$54,339.53
202508	148	252	$15,148.32	$21,094.11	$36,242.43	$0.00	$390.10	$390.10	$508.22	$0.00	$60,091.41	$33,888.96	$28,198.94	$122,179.31	$40,373.50
202509	144	244	$14,646.72	$20,183.94	$34,830.66	$0.00	$355.24	$355.24	$455.40	$74,441.33	$74,733.99	$35,824.60	$27,332.17	$212,332.09	$53,006.68
202510	140	238	$13,442.88	$18,677.58	$32,120.46	$0.00	$366.30	$366.30	$418.04	$0.00	$51,218.52	$40,107.24	$44,249.08	$135,574.84	$40,144.29
202511	141	240	$14,345.76	$19,906.91	$34,252.67	$0.00	$332.39	$332.39	$441.92	$0.00	$60,196.59	$27,117.63	$29,448.31	$116,762.53	$43,178.77
202512	139	239	$13,543.20	$18,439.87	$31,983.07	$0.00	$350.98	$350.98	$382.60	$30,342.34	$110,778.90	$52,200.34	$40,507.15	$233,828.73	$68,821.63
202601	133	214	$11,015.06	$19,358.80	$30,373.86	$0.00	$114.91	$114.91	$384.65	$10,702.51	$91,669.22	$31,871.71	$41,242.19	$175,485.63	$73,618.79
202602	130	209	$10,849.42	$18,859.58	$29,709.00	$0.00	$551.63	$551.63	$384.51	$15,570.63	$8,038.77	$25,349.99	$20,687.24	$69,646.63	$38,959.27
202603	130	209	$11,015.06	$19,918.24	$30,933.30	$0.00	$319.58	$319.58	$456.25	$0.00	$64,739.63	$32,421.14	$22,682.05	$119,842.82	$71,497.35
202604	128	204	$10,496.05	$17,983.07	$28,479.12	$0.00	$321.11	$321.11	$534.51	$17,208.59	$86,288.92	$35,239.11	$22,466.09	$161,202.71	$76,457.76
202605	126	203	$10,352.50	$17,957.16	$28,309.66	$0.00	$314.59	$314.59	$425.17	$0.00	$28,720.20	$36,348.91	$19,718.51	$84,787.62	$88,292.36
202606	123	198	$10,186.86	$17,755.56	$27,942.42	$0.00	$311.88	$311.88	$608.99	$17,975.26	$42,741.39	$36,490.07	$25,618.74	$122,825.46	$62,002.48
Total	**1,633**	**2,713**	**$150,691.75**	**$231,816.22**	**$382,507.97**	**$0.00**	**$4,188.46**	**$4,188.46**	**$5,518.45**	**$166,240.66**	**$756,325.94**	**$421,006.80**	**$405,550.93**	**$1,749,124.33**	**$710,692.41**
Grouping Avg	**136**	**226**	**$12,557.65**	**$19,318.02**	**$31,875.66**	**$0.00**	**$349.04**	**$349.04**	**$459.87**	**$13,853.39**	**$63,027.16**	**$35,083.90**	**$33,795.91**	**$145,760.36**	**$59,224.37**
Monthly Avg	**136**	**226**	**$12,557.65**	**$19,318.02**	**$31,875.66**	**$0.00**	**$349.04**	**$349.04**	**$459.87**	**$13,853.39**	**$63,027.16**	**$35,083.90**	**$33,795.91**	**$145,760.36**	**$59,224.37**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.
- Other Medical encompasses all non-physician services, including ancillary professional providers (e.g., durable medical equipment, ambulance, laboratory services, etc.) and out-of-state professionals (A0000).

Grand Total
$249,973.43
$163,451.13
$266,149.41
$176,503.47
$160,715.61
$303,383.94
$249,603.98
$109,542.04
$192,116.00
$238,516.09
$173,819.74
$185,748.81
$2,469,523.65
$205,793.64
$205,793.64

Monitoring by Utilization and Enrollment - 03559

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
202507	100	5	22	24	0	0	0	151	263
202508	99	5	22	22	0	0	0	148	252
202509	97	5	21	21	0	0	0	144	244
202510	93	7	20	20	0	0	0	140	238
202511	94	7	20	20	0	0	0	141	240
202512	91	7	21	20	0	0	0	139	239
202601	92	7	18	16	0	0	0	133	214
202602	91	5	18	16	0	0	0	130	209
202603	91	5	18	16	0	0	0	130	209
202604	91	5	16	16	0	0	0	128	204
202605	88	5	17	16	0	0	0	126	203
202606	86	5	16	16	0	0	0	123	198
Total	**1,113**	**68**	**229**	**223**	**0**	**0**	**0**	**1,633**	**2,713**
Grouping Avg	**93**	**6**	**19**	**19**	**0**	**0**	**0**	**136**	**226**
Monthly Avg	**93**	**6**	**19**	**19**	**0**	**0**	**0**	**136**	**226**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- Florida Blue proprietary and confidential information

Monitoring by Utilization and Enrollment - HMO 60

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Division: 006, C06, R06
Current Paid Period: From 07/2025 to 06/2026

	Enrollment		Premium			Capitation				Fee for Service Claims					
Paid Year Month	Contracts	Members	ASO/MPP Fee	Stoploss Premium	Total Premium	PCP	Specialty	Total Capitation	Value Based Programs	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy
202507	197	294	$19,963.68	$24,052.19	$44,015.87	$225.00	$2,185.16	$2,410.16	$1,256.22	$0.00	$34,401.52	$33,392.27	$19,381.98	$87,175.77	$76,251.26
202508	193	285	$19,462.08	$23,787.78	$43,249.86	$225.00	$2,128.30	$2,353.30	$1,266.19	$44,223.32	$18,522.80	$28,993.31	$18,196.18	$109,935.61	$74,434.05
202509	191	286	$19,261.44	$23,294.56	$42,556.00	$225.00	$2,024.86	$2,249.86	$1,188.00	$11,466.25	$36,586.09	$27,837.18	$25,578.40	$101,467.92	$75,860.71
202510	192	290	$18,957.14	$23,197.65	$42,154.79	$225.00	$2,105.16	$2,330.16	$1,168.20	$51,745.41	$74,377.84	$42,298.33	$23,478.88	$191,900.46	$93,388.81
202511	194	292	$19,662.72	$24,404.77	$44,067.49	$225.00	$2,114.77	$2,339.77	$1,188.00	$2,643.55	$54,298.69	$27,462.79	$12,967.87	$97,372.90	$95,631.35
202512	192	285	$19,462.08	$23,949.22	$43,411.30	$225.00	$2,139.48	$2,364.48	$975.26	$0.00	$38,267.86	$31,424.34	$24,403.34	$94,095.54	$82,921.98
202601	178	263	$14,706.96	$23,454.37	$38,161.33	$225.00	$61.97	$286.97	$1,015.56	$9,720.31	$46,898.64	$24,992.22	$24,497.51	$106,108.68	$90,018.06
202602	174	256	$14,493.50	$23,443.59	$37,937.09	($225.00)	$3,741.81	$3,516.81	$951.08	$6,809.76	$27,651.46	$27,515.83	$18,467.30	$80,444.35	$60,107.83
202603	173	258	$13,678.12	$22,301.29	$35,979.41	$225.00	$1,711.52	$1,936.52	$1,104.45	$109,105.62	$64,416.76	$22,891.41	$20,490.27	$216,904.06	$73,320.13
202604	173	255	$14,327.86	$23,375.92	$37,703.78	$225.00	$1,843.93	$2,068.93	$1,144.25	$5,336.10	$12,418.60	$20,284.27	$31,655.98	$69,694.95	$153,601.43
202605	173	254	$14,245.04	$23,290.00	$37,535.04	$225.00	$1,858.39	$2,083.39	$1,144.25	$13,181.23	$123,163.89	$17,667.27	$21,748.99	$175,761.38	$94,247.44
202606	172	253	$14,493.50	$23,443.59	$37,937.09	$225.00	$1,832.84	$2,057.84	$1,255.80	$0.00	$27,624.76	$20,488.41	$19,963.45	$68,076.62	$118,782.75
Total	**2,202**	**3,271**	**$202,714.12**	**$281,994.93**	**$484,709.05**	**$2,250.00**	**$23,748.19**	**$25,998.19**	**$13,657.26**	**$254,231.55**	**$558,628.91**	**$325,247.63**	**$260,830.15**	**$1,398,938.24**	**$1,088,565.80**
Grouping Avg	**184**	**273**	**$16,892.84**	**$23,499.58**	**$40,392.42**	**$187.50**	**$1,979.02**	**$2,166.52**	**$1,138.11**	**$21,185.96**	**$46,552.41**	**$27,103.97**	**$21,735.85**	**$116,578.19**	**$90,713.82**
Monthly Avg	**184**	**273**	**$16,892.84**	**$23,499.58**	**$40,392.42**	**$187.50**	**$1,979.02**	**$2,166.52**	**$1,138.11**	**$21,185.96**	**$46,552.41**	**$27,103.97**	**$21,735.85**	**$116,578.19**	**$90,713.82**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.
- Other Medical encompasses all non-physician services, including ancillary professional providers (e.g., durable medical equipment, ambulance, laboratory services, etc.) and out-of-state professionals (A0000).

Grand Total
$167,093.41
$187,989.15
$180,766.49
$288,787.63
$196,532.02
$180,357.26
$197,429.27
$145,020.07
$293,265.16
$226,509.56
$273,236.46
$190,173.01
$2,527,159.49
$210,596.62
$210,596.62

Monitoring by Utilization and Enrollment - HMO 60

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
202507	152	12	12	21	0	0	0	197	294
202508	149	12	13	19	0	0	0	193	285
202509	145	12	16	18	0	0	0	191	286
202510	146	11	16	19	0	0	0	192	290
202511	148	11	16	19	0	0	0	194	292
202512	148	11	15	18	0	0	0	192	285
202601	139	9	11	19	0	0	0	178	263
202602	135	9	12	18	0	0	0	174	256
202603	133	9	12	19	0	0	0	173	258
202604	134	9	11	19	0	0	0	173	255
202605	135	8	11	19	0	0	0	173	254
202606	134	8	11	19	0	0	0	172	253
Total	**1,698**	**121**	**156**	**227**	**0**	**0**	**0**	**2,202**	**3,271**
Grouping Avg	**142**	**10**	**13**	**19**	**0**	**0**	**0**	**184**	**273**
Monthly Avg	**142**	**10**	**13**	**19**	**0**	**0**	**0**	**184**	**273**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- Florida Blue proprietary and confidential information

Monitoring by Utilization and Enrollment - 03160-61

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Division: 007, 008, C06, C07, R07, R08
Current Paid Period: From 07/2025 to 06/2026

	Enrollment		Premium			Capitation				Fee for Service Claims					
Paid Year Month	Contracts	Members	ASO/MPP Fee	Stoploss Premium	Total Premium	PCP	Specialty	Total Capitation	Value Based Programs	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy
202507	140	339	$14,446.08	$27,116.96	$41,563.04	$0.00	$184.25	$184.25	$777.66	$113,659.64	$54,473.52	$53,310.25	$37,658.35	$259,101.76	$19,995.98
202508	140	338	$14,245.44	$27,274.88	$41,520.32	$0.00	$195.00	$195.00	$757.72	$9,487.96	$96,853.62	$35,585.99	$29,835.32	$171,762.89	$69,352.73
202509	137	336	$14,145.12	$26,700.01	$40,845.13	$0.00	$231.65	$231.65	$792.00	$80,999.11	$64,350.41	$55,296.39	$35,582.00	$236,227.91	$14,571.73
202510	135	333	$12,740.64	$25,023.31	$37,763.95	$0.00	$212.35	$212.35	$752.40	$15,307.78	$144,840.83	$40,282.47	$26,768.62	$227,199.70	$50,475.34
202511	137	335	$13,743.84	$26,036.45	$39,780.29	$0.00	$208.65	$208.65	$792.00	$20,852.75	$33,174.85	$22,969.68	$64,612.30	$141,609.58	$65,483.66
202512	139	338	$13,944.48	$26,529.67	$40,474.15	$0.00	$211.60	$211.60	$644.80	$25,467.80	$56,646.76	$47,711.24	$40,948.72	$170,774.52	$50,992.94
202601	122	272	$10,068.04	$23,248.49	$33,316.53	$0.00	$148.48	$148.48	$668.98	$0.00	$64,349.44	$25,765.19	$13,684.14	$103,798.77	$23,057.35
202602	123	273	$10,269.68	$23,808.76	$34,078.44	$0.00	$205.83	$205.83	$588.38	$66,438.76	$28,714.08	$9,644.83	$12,440.39	$117,238.06	$2,155.18
202603	124	274	$10,269.68	$23,659.95	$33,929.63	$0.00	$176.02	$176.02	$626.85	$0.00	$63,731.32	$18,242.83	$9,993.08	$91,967.23	$10,566.70
202604	123	268	$10,186.83	$23,410.37	$33,597.20	$0.00	$177.38	$177.38	$766.15	$0.00	$98,316.37	$20,869.28	$64,690.40	$183,876.05	$32,735.51
202605	124	271	$10,352.50	$23,909.56	$34,262.06	$0.00	$171.88	$171.88	$756.20	$0.00	$88,871.09	$30,609.58	$24,119.20	$143,599.87	$11,205.19
202606	123	270	$10,266.91	$23,651.63	$33,918.54	$0.00	$175.18	$175.18	$819.00	$22,221.10	$26,714.16	$25,378.50	$24,542.48	$98,856.24	$18,613.47
Total	**1,567**	**3,647**	**$144,679.24**	**$300,370.04**	**$445,049.28**	**$0.00**	**$2,298.27**	**$2,298.27**	**$8,742.14**	**$354,434.90**	**$821,036.45**	**$385,666.23**	**$384,875.00**	**$1,946,012.58**	**$369,205.78**
Grouping Avg	**131**	**304**	**$12,056.60**	**$25,030.84**	**$37,087.44**	**$0.00**	**$191.52**	**$191.52**	**$728.51**	**$29,536.24**	**$68,419.70**	**$32,138.85**	**$32,072.92**	**$162,167.72**	**$30,767.15**
Monthly Avg	**131**	**304**	**$12,056.60**	**$25,030.84**	**$37,087.44**	**$0.00**	**$191.52**	**$191.52**	**$728.51**	**$29,536.24**	**$68,419.70**	**$32,138.85**	**$32,072.92**	**$162,167.72**	**$30,767.15**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.
- Other Medical encompasses all non-physician services, including ancillary professional providers (e.g., durable medical equipment, ambulance, laboratory services, etc.) and out-of-state professionals (A0000).

	Grand Total
	$280,059.65
	$242,068.34
	$251,823.29
	$278,639.79
	$208,093.89
	$222,623.86
	$127,673.58
	$120,187.45
	$103,336.80
	$217,555.09
	$155,733.14
	$118,463.89
	$2,326,258.77
	$193,854.90
	$193,854.90

Monitoring by Utilization and Enrollment - 03160-61

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
202507	47	23	39	31	0	0	0	140	339
202508	47	23	39	31	0	0	0	140	338
202509	46	21	38	32	0	0	0	137	336
202510	46	21	36	32	0	0	0	135	333
202511	48	21	36	32	0	0	0	137	335
202512	49	21	37	32	0	0	0	139	338
202601	47	21	32	22	0	0	0	122	272
202602	48	21	32	22	0	0	0	123	273
202603	49	21	32	22	0	0	0	124	274
202604	49	21	32	21	0	0	0	123	268
202605	49	22	32	21	0	0	0	124	271
202606	48	22	32	21	0	0	0	123	270
Total	**573**	**258**	**417**	**319**	**0**	**0**	**0**	**1,567**	**3,647**
Grouping Avg	**48**	**22**	**35**	**27**	**0**	**0**	**0**	**131**	**304**
Monthly Avg	**48**	**22**	**35**	**27**	**0**	**0**	**0**	**131**	**304**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- Florida Blue proprietary and confidential information

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Current Paid Period: From 07/2025 to 06/2026
Prior Paid Period: From 07/2024 to 06/2025
High Cost Claims Threshold: 50000

CURRENT						Inpatient	
Rank	Div	Relationship	Enroll Status	Diagnosis Description	Days	Admits	Paid Amt
1	007	SUBSCRIBER	ACTIVE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST; DISPROPORTION OF RECONSTRUCTED BREAST	2	1	$92,833.87
2	006	SUBSCRIBER	ACTIVE	PHARMACY RX; GANGLION, RIGHT WRIST; NASAL POLYP, UNSPECIFIED	0	0	$0.00
3	006	SPOUSE	ACTIVE	PHARMACY RX; CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS; INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED	5	1	$12,893.68
4	007	SUBSCRIBER	ACTIVE	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY; INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST; MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	0	0	$0.00
5	006	SUBSCRIBER	ACTIVE	OTHER SUPRAVENTRICULAR TACHYCARDIA; SEPSIS, UNSPECIFIED ORGANISM; POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	2	1	$56,421.69
6	005	SUBSCRIBER	ACTIVE	PHARMACY RX; MULTIPLE SCLEROSIS; EDEMA, UNSPECIFIED	0	0	$0.00
7	005	SUBSCRIBER	ACTIVE	PHARMACY RX; CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS; CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	0	0	$0.00
8	005	DEPENDENT	ACTIVE	ANTISOCIAL PERSONALITY DISORDER; MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES; BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES	0	0	$0.00
9	005	SUBSCRIBER	TERMED	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION; GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS; UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1	1	$60,866.01
10	006	SUBSCRIBER	ACTIVE	PHARMACY RX; OTHER DISORDERS OF PHOSPHORUS METABOLISM; ACUTE GASTRITIS WITHOUT BLEEDING	3	1	$8,990.17
11	005	SPOUSE	ACTIVE	PHARMACY RX; ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST; ENCOUNTER FOR IMMUNIZATION	0	0	$0.00
12	005	SUBSCRIBER	ACTIVE	PHARMACY RX; MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST; SECONDARY MALIGNANT NEOPLASM OF BONE	0	0	$0.00
13	006	SUBSCRIBER	ACTIVE	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY; MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST; MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	0	0	$0.00
14	007	SPOUSE	ACTIVE	ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY; STRESS INCONTINENCE (FEMALE) (MALE); PHARMACY RX	0	0	$0.00
15	007	SPOUSE	ACTIVE	VENTRICULAR PREMATURE DEPOLARIZATION; ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS; PHARMACY RX	4	1	$12,072.10
16	005	SUBSCRIBER	ACTIVE	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST; PHARMACY RX; ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	0	0	$0.00
17	007	DEPENDENT	ACTIVE	PHARMACY RX; ENCOUNTER FOR INITIAL PRESCRIPTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE; AUTISTIC DISORDER	0	0	$0.00
18	007	SUBSCRIBER	ACTIVE	RELAPSING-REMITTING MULTIPLE SCLEROSIS; FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS; MULTIPLE SCLEROSIS	0	0	$0.00
19	006	SUBSCRIBER	ACTIVE	PHARMACY RX; ANXIETY DISORDER, UNSPECIFIED; MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	0	0	$0.00
20	005	SUBSCRIBER	ACTIVE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE; BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS; DIZZINESS AND GIDDINESS	0	0	$0.00

21	007	SUBSCRIBER	ACTIVE	MATERNAL CARE FOR BREECH PRESENTATION, NOT APPLICABLE OR UNSPECIFIED; FALSE LABOR AT OR AFTER 37 COMPLETED WEEKS OF GESTATION; CERVICAL SHORTENING, THIRD TRIMESTER	4	2	$59,762.68
22	005	SUBSCRIBER	ACTIVE	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST; INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST; MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	0	0	$0.00
23	007	SPOUSE	ACTIVE	CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS WITHOUT OBSTRUCTION; ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED; UNSPECIFIED ABDOMINAL PAIN	5	1	$57,426.44
24	006	DEPENDENT	ACTIVE	RESPIRATORY DISTRESS SYNDROME OF NEWBORN; FEVER, UNSPECIFIED; OTITIS MEDIA, UNSPECIFIED, BILATERAL	0	0	$0.00
25	006	SUBSCRIBER	ACTIVE	MALIGNANT NEOPLASM OF PROSTATE; OTHER CHEST PAIN; ESSENTIAL (PRIMARY) HYPERTENSION	1	1	$41,146.48
26	005	SUBSCRIBER	ACTIVE	PHARMACY RX; OTHER TEAR OF LATERAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER; OTHER SPECIFIED DISEASE OF ESOPHAGUS	0	0	$0.00
27	007	SUBSCRIBER	ACTIVE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE; SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED; LOW BACK PAIN, UNSPECIFIED	0	0	$0.00
28	006	DEPENDENT	TERMED	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, THIRD TRIMESTER; DELAYED AND SECONDARY POSTPARTUM HEMORRHAGE; PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED	3	1	$20,194.24
29	006	SUBSCRIBER	ACTIVE	BIPOLAR DISORDER, CURRENT EPISODE MIXED, SEVERE, WITH PSYCHOTIC FEATURES; COCAINE DEPENDENCE, UNCOMPLICATED; ACUTE RECURRENT TONSILLITIS DUE TO OTHER SPECIFIED ORGANISMS	0	0	$0.00
30	006	SUBSCRIBER	ACTIVE	PHARMACY RX; PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE; SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	0	0	$0.00
Total					**30**	**11**	**$422,607.36**

PRIOR						Inpatient	
Rank	**Div**	**Relationship**	**Enroll Status**	**Diagnosis Description**	**Days**	**Admits**	**Paid Amt**
1	007	SUBSCRIBER	ACTIVE	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY; MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS; UNSPECIFIED CONDITION ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	0	0	$0.00
2	C05	SUBSCRIBER	TERMED	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS; UNSPECIFIED CONVULSIONS; PHARMACY RX	24	1	$220,642.52
3	006	SPOUSE	ACTIVE	PHARMACY RX; PERIORAL DERMATITIS; CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	0	0	$0.00
4	005	SUBSCRIBER	TERMED	MALIGNANT NEOPLASM OF BODY OF PANCREAS; PHARMACY RX; CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH HEMORRHAGE	7	2	$60,087.88
5	005	SUBSCRIBER	ACTIVE	CROHN'S DISEASE, UNSPECIFIED, WITH INTESTINAL OBSTRUCTION; CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION; CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	12	3	$142,482.32
6	007	DEPENDENT	TERMED	BENIGN NEOPLASM OF ENDOCRINE PANCREAS; INFECTION FOLLOWING A PROCEDURE, ORGAN AND SPACE SURGICAL SITE, INITIAL ENCOUNTER; NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER SPECIFIED DIGESTIVE ORGANS	13	3	$132,630.89
7	005	SPOUSE	ACTIVE	PHARMACY RX; ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON; INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	0	0	$0.00
8	006	DEPENDENT	ACTIVE	RESPIRATORY DISTRESS SYNDROME OF NEWBORN; SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN; OTHER LOW BIRTH WEIGHT NEWBORN, 2000-2499 GRAMS	31	2	$143,069.74
9	005	SUBSCRIBER	ACTIVE	PHARMACY RX; MULTIPLE SCLEROSIS; POISONING BY SKELETAL MUSCLE RELAXANTS [NEUROMUSCULAR BLOCKING AGENTS], ACCIDENTAL (UNINTENTIONAL), INITIAL ENCOUNTER	0	0	$0.00
10	005	SUBSCRIBER	ACTIVE	PAROXYSMAL ATRIAL FIBRILLATION; UNSPECIFIED ATRIAL FIBRILLATION; PHARMACY RX	0	0	$0.00
11	006	SUBSCRIBER	TERMED	MALIGNANT MELANOMA OF SCALP AND NECK; ACUTE MAXILLARY SINUSITIS, UNSPECIFIED; SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED	0	0	$0.00
12	006	SUBSCRIBER	ACTIVE	PHARMACY RX; UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST; MULTIPLE SCLEROSIS	0	0	$0.00
13	006	SUBSCRIBER	ACTIVE	PHARMACY RX; ACUTE PHARYNGITIS, UNSPECIFIED; LOW BACK PAIN, UNSPECIFIED	0	0	$0.00

14	005	SUBSCRIBER	TERMED	PHARMACY RX; ALCOHOL DEPENDENCE, UNCOMPLICATED; BIPOLAR II DISORDER	0	0	$0.00
15	005	SUBSCRIBER	ACTIVE	ACUTE EMBOLISM AND THROMBOSIS OF FEMORAL VEIN, BILATERAL; PHARMACY RX; ACUTE EMBOLISM AND THROMBOSIS OF POPLITEAL VEIN, BILATERAL	3	1	$79,359.21
16	007	SPOUSE	TERMED	SEPSIS, UNSPECIFIED ORGANISM; PHARMACY RX; BACTEREMIA	8	1	$69,878.54
17	005	DEPENDENT	TERMED	PHARMACY RX; HYPOPITUITARISM; ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITHOUT ABNORMAL FINDINGS	0	0	$0.00
18	007	SUBSCRIBER	ACTIVE	MULTIPLE SCLEROSIS; PHARMACY RX; OTHER OPTIC NEURITIS	0	0	$0.00
19	005	SUBSCRIBER	ACTIVE	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP; OTHER CHEST PAIN; PHARMACY RX	0	0	$0.00
20	007	SUBSCRIBER	TERMED	ANOREXIA NERVOSA, RESTRICTING TYPE, UNSPECIFIED; ANOREXIA NERVOSA, RESTRICTING TYPE; MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	2	1	$1,800.00
21	005	SUBSCRIBER	ACTIVE	PAROXYSMAL ATRIAL FIBRILLATION; OTHER PERSISTENT ATRIAL FIBRILLATION; PHARMACY RX	1	1	$11,002.03
22	007	SPOUSE	ACTIVE	MALIGNANT NEOPLASM OF PROSTATE; PHARMACY RX; EMPHYSEMA, UNSPECIFIED	1	1	$31,150.05
23	007	DEPENDENT	ACTIVE	PHARMACY RX; MELENA; SUPERFICIAL MYCOSIS, UNSPECIFIED	0	0	$0.00
24	005	SPOUSE	ACTIVE	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS; NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED; CRAMP AND SPASM	0	0	$0.00
25	006	SUBSCRIBER	ACTIVE	PHARMACY RX; CHONDROCOSTAL JUNCTION SYNDROME [TIETZE]; DYSURIA	0	0	$0.00
26	006	DEPENDENT	TERMED	ACUTE RESPIRATORY FAILURE WITH HYPOXIA; PHARMACY RX; UNSPECIFIED ASTHMA WITH STATUS ASTHMATICUS	3	1	$45,738.36
27	006	SUBSCRIBER	ACTIVE	INCOMPLETE UTEROVAGINAL PROLAPSE; PHARMACY RX; DYSPHONIA	0	0	$0.00
28	005	DEPENDENT	ACTIVE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE; MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES; BIPOLAR DISORDER, UNSPECIFIED	19	3	$47,220.70
29	005	DEPENDENT	TERMED	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER URINARY CATHETER, INITIAL ENCOUNTER; RETENTION OF URINE, UNSPECIFIED; PHARMACY RX	3	1	$27,775.19
30	006	SPOUSE	TERMED	MALIGNANT NEOPLASM OF THYROID GLAND; HYPOCALCEMIA; NONTOXIC MULTINODULAR GOITER	4	2	$39,206.31
31	005	SUBSCRIBER	ACTIVE	PHARMACY RX; SEVERE PERSISTENT ASTHMA, UNCOMPLICATED; ENCOUNTER FOR FERTILITY TESTING	0	0	$0.00
Total					**131**	**23**	**$1,052,043.74**

Notes:

- **This report contains Personal Health Information (PHI) data.**
- **SSN = Social Security Number.**
- **Enrollment status as of last weekly maintenance cycle.**
- **Florida Blue proprietary and confidential information**

High Cost Claims Summary

Outpatient		Professional		Pharmacy		Other			
Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Claim Count	Paid Amt	Total Paid Amt	Total Billed Amt
25	$236,390.02	137	$50,109.43	47	$850.51	0	$0.00	$380,183.83	$1,404,825.95
6	$5,610.36	44	$5,203.51	28	$306,489.28	0	$0.00	$317,303.15	$701,967.76
2	$3,705.22	53	$19,022.71	37	$240,129.52	0	$0.00	$275,751.13	$444,097.77
31	$165,156.87	106	$22,499.32	51	$2,816.05	0	$0.00	$190,472.24	$854,086.85
1	$99,139.02	86	$19,962.68	23	$1,157.56	0	$0.00	$176,680.95	$535,039.89
3	$5,030.41	165	$29,196.07	94	$119,101.90	0	$0.00	$153,328.38	$283,500.07
5	$13,786.43	93	$50,160.46	68	$78,425.75	0	$0.00	$142,372.64	$356,943.58
93	$129,768.33	77	$3,237.62	55	$2,460.45	0	$0.00	$135,466.40	$1,202,927.61
10	$29,782.38	36	$27,447.75	10	$553.40	0	$0.00	$118,649.54	$275,903.47
3	$7,778.56	49	$7,484.91	7	$82,112.58	0	$0.00	$106,366.22	$239,403.76
0	$0.00	34	$4,747.10	30	$101,590.58	0	$0.00	$106,337.68	$199,635.64
0	$0.00	19	$2,002.41	8	$97,068.19	0	$0.00	$99,070.60	$196,608.88
10	$77,963.18	63	$15,463.75	48	$715.57	0	$0.00	$94,142.50	$405,652.39
8	$71,950.92	74	$10,487.68	65	$11,472.42	0	$0.00	$93,911.02	$321,311.09
11	$63,691.95	107	$11,438.85	61	$5,632.51	0	$0.00	$92,835.41	$397,528.88
10	$50,738.09	103	$18,569.42	71	$22,927.11	0	$0.00	$92,234.62	$300,292.00
1	$0.00	61	$3,653.66	26	$84,274.20	0	$0.00	$87,927.86	$135,549.56
3	$2,778.25	46	$77,826.10	5	$419.44	0	$0.00	$81,023.79	$229,422.18
0	$0.00	9	$620.22	32	$77,644.98	0	$0.00	$78,265.20	$108,481.42
7	$44,232.71	110	$29,824.02	39	$1,311.93	0	$0.00	$75,368.66	$247,309.20

2	$2,965.37	47	$11,437.80	9	$45.13	0	$0.00	$74,210.98	$98,902.57
5	$52,000.28	42	$16,890.18	23	$808.77	0	$0.00	$69,699.23	$194,499.22
1	$2,499.00	39	$8,597.90	12	$820.68	0	$0.00	$69,344.02	$141,513.34
2	$2,398.87	43	$56,675.51	9	$135.02	0	$0.00	$59,209.40	$34,095.51
4	$5,257.22	39	$11,997.10	19	$167.66	0	$0.00	$58,568.46	$227,248.94
15	$4,901.21	39	$7,240.56	41	$44,470.04	0	$0.00	$56,611.81	$168,626.70
11	$29,041.16	143	$25,179.15	59	$649.33	0	$0.00	$54,869.64	$145,554.28
5	$17,640.68	46	$12,799.97	10	$3,005.02	0	$0.00	$53,639.91	$235,141.84
18	$36,634.78	138	$13,822.12	46	$1,771.89	0	$0.00	$52,228.79	$294,977.58
0	$0.00	29	$5,009.21	48	$46,287.80	0	$0.00	$51,297.01	$75,472.37
292	**$1,160,841.27**	**2,077**	**$578,607.17**	**1,081**	**$1,335,315.27**	**0**	**$0.00**	**$3,497,371.07**	**$10,456,520.30**

Outpatient		Professional		Pharmacy		Other			
Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Claim Count	Paid Amt	Total Paid Amt	Total Billed Amt
19	$289,440.60	97	$6,987.84	42	$1,039.33	0	$0.00	$297,467.77	$1,229,378.33
13	$17,857.01	231	$39,130.48	66	$15,961.14	0	$0.00	$293,591.15	$840,922.32
0	$0.00	18	$1,722.73	41	$265,307.53	0	$0.00	$267,030.26	$349,739.00
10	$34,801.51	251	$71,458.63	51	$33,675.40	0	$0.00	$200,023.42	$394,285.59
0	$0.00	149	$53,256.99	51	$555.01	0	$0.00	$196,294.32	$305,207.35
5	$12,995.00	98	$39,550.95	23	$892.60	0	$0.00	$186,069.44	$462,702.95
1	$1,277.95	20	$4,385.67	42	$165,783.56	0	$0.00	$171,447.18	$302,924.55
3	$399.99	118	$23,443.29	3	$87.14	0	$0.00	$167,000.16	$476,220.02
1	$3,021.00	68	$8,568.32	111	$124,156.62	0	$0.00	$135,745.94	$192,392.31
2	$121,508.90	13	$7,446.18	4	$590.55	0	$0.00	$129,545.63	$549,292.85
3	$4,809.99	62	$115,758.43	10	$462.52	0	$0.00	$121,030.94	$413,725.80
2	$1,302.58	30	$3,241.41	61	$112,069.91	0	$0.00	$116,613.90	$167,456.00
0	$0.00	15	$629.56	25	$100,797.84	0	$0.00	$101,427.40	$223,720.40

3	$2,866.38	45	$5,557.39	79	$87,171.03	0	$0.00	$95,594.80	$130,292.98
1	$1,096.28	28	$4,657.33	7	$2,246.43	0	$0.00	$87,359.25	$199,440.77
0	$0.00	120	$10,822.02	18	$6,506.53	0	$0.00	$87,207.09	$247,225.80
0	$0.00	12	$1,572.56	38	$80,010.58	0	$0.00	$81,583.14	$105,230.61
1	$877.00	40	$78,983.53	6	$570.99	0	$0.00	$80,431.52	$211,793.14
4	$38,824.33	77	$29,841.51	35	$7,565.53	0	$0.00	$76,231.37	$187,363.67
5	$3,460.81	112	$66,664.74	31	$2,094.18	0	$0.00	$74,019.73	$126,082.69
4	$50,283.07	44	$5,051.26	22	$4,022.90	0	$0.00	$70,359.26	$260,298.61
20	$7,996.98	109	$11,887.29	71	$18,034.68	0	$0.00	$69,069.00	$231,676.40
1	$784.93	45	$2,793.38	27	$59,607.16	0	$0.00	$63,185.47	$98,603.99
21	$41,296.14	87	$14,700.17	29	$1,937.43	0	$0.00	$57,933.74	$184,584.92
2	$3,335.00	12	$2,391.50	23	$50,351.57	0	$0.00	$56,078.07	$99,687.39
0	$0.00	27	$7,773.73	23	$2,260.99	0	$0.00	$55,773.08	$91,009.84
9	$38,387.14	32	$10,321.43	23	$4,756.44	0	$0.00	$53,465.01	$45,109.05
1	$637.14	42	$4,740.47	21	$371.00	0	$0.00	$52,969.31	$106,107.10
0	$0.00	37	$16,409.63	32	$7,771.13	0	$0.00	$51,955.95	$69,230.13
1	$235.74	39	$11,838.79	8	$45.00	0	$0.00	$51,325.84	$74,594.15
0	$0.00	89	$28,607.90	52	$22,485.05	0	$0.00	$51,092.95	$120,652.03
132	**$677,495.47**	**2,167**	**$690,195.11**	**1,075**	**$1,179,187.77**	**0**	**$0.00**	**$3,598,922.09**	**$8,496,950.74**

Brand Vs Generic

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Current Paid Period: From 07/2025 to 06/2026

Utilization	Retail	Retail 90 Day	Mail Order	Total
Total Rx Users	700	398	1	724
Total Rx	5,042	2,632	2	7,676
Generic	4,101	2,449	2	6,552
Multi-Source Brand Generic Available	57	48	0	105
Multi-Source Brand w/o Generic Available	10	11	0	21
Single Source Brand	874	124	0	998
Acute Rx %	49.60%	6.76%	50.00%	34.91%
Maintenance Rx %	50.40%	93.24%	50.00%	65.09%
Member Utilization				
Rx/1000	6,120	3,195	2	9,317
Member PMPM	$22.25	$6.74	$0.00	$29.00
Member PMPY	$267.00	$80.88	$0.00	$348.00
Generic %	81.34%	93.05%	100.00%	85.36%
Multi-Source Brand %	0.20%	0.42%	0.00%	0.27%
Multi-Source Brand Generic Available %	1.13%	1.82%	0.00%	1.37%
Single Source Brand %	17.33%	4.71%	0.00%	13.00%
Generic Substitution %	98.63%	98.08%	0.00%	98.42%
Formulary %	94.98%	98.02%	100.00%	96.03%
Days Supply				
Total Days Supply	107,417	236,894	120	344,431
Average Days Supply	21.30	90.01	60.00	44.87
Cost				
Plan Paid PMPM	$192.71	$27.02	$0.00	$219.74
Member Paid PMPM	$22.25	$6.74	$0.00	$29.00
Total PMPM	$214.97	$33.77	$0.00	$248.75
Generic PMPM	$12.76	$11.75	$0.00	$24.52
Brand PMPM	$202.20	$22.01	$0.00	$224.22
Total PMPY	$2,579.68	$405.29	$0.04	$2,985.00

Notes:
- **Retail 90 Days = Prescription filled for a days supply greater than 31 up to a maximum of 93.**
- **Member Submitted = Manually submitted paper claim. Member Submitted amounts are included in Retail, Retail 90 Day**
- **Total for Total Rx Users does not represent a summation of Retail, Retail 90 Days and Mail Order. A member's Rx may**
- **Utilization counts are determined by scripts written. Retail, Mail Order and Retail 90 Days count as 1 unit.**

/s and Mail Orde
be filled in more than one categor

TOTAL COST	Retail	Retail 90 Day	Mail Order	Total
Total Cost	$2,125,224.16	$333,887.41	$34.00	$2,459,145.57
Total Ingredient Cost	$2,120,825.17	$333,787.61	$33.60	$2,454,646.38
Total Ingredient Cost - Generic	$125,564.72	$116,128.89	$33.60	$241,727.21
Total Ingredient Cost - Multi-Source Brand	($5,580.58)	$14,356.41	$0.00	$8,775.83
Total Ingredient Cost - Single Source Brand	$1,961,073.07	$148,899.11	$0.00	$2,109,972.18
Total Ingredient Cost - Brand Generic Available	$39,767.96	$54,403.20	$0.00	$94,171.16
Total Cost - Formulary	$1,768,426.67	$265,868.79	$34.00	$2,034,329.46
Total Cost - Non-Formulary	$356,797.49	$68,018.62	$0.00	$424,816.11
Avg Total Cost / Claim	$421.50	$126.85	$17.00	$320.36
Avg Total Cost / Day	$19.78	$1.40	$0.28	$7.13
Total Cost PMPY	$2,579.68	$405.29	$0.04	$2,985.00
Total Cost PMPM	$214.97	$33.77	$0.00	$248.75
Avg Total Cost - Generic	$30.77	$47.45	$17.00	$37.00
Avg Total Cost - Multi-Source Brand	($557.83)	$1,305.12	$0.00	$418.00
Avg Total Cost - Single Source Brand	$2,248.06	$1,200.95	$0.00	$2,117.96
Avg Total Cost - Brand Generic Available	$698.22	$1,133.40	$0.00	$897.16
Avg Total Cost - Formulary	$369.26	$103.04	$17.00	$275.99
Avg Total Cost - Non-Formulary	$1,410.26	$1,308.05	$0.00	$1,392.83
PLAN PAID				
Total Plan Paid Amount	$1,905,188.91	$267,208.41	$0.00	$2,172,397.32
Plan Paid - Generic	$90,138.74	$69,264.95	$0.00	$159,403.69
Plan Paid - Multi-Source Brand	($5,288.86)	$13,316.41	$0.00	$8,027.55
Plan Paid - Single Source Brand	$1,795,250.93	$134,105.59	$0.00	$1,929,356.52
Plan Paid - Brand Generic Available	$25,088.10	$50,521.46	$0.00	$75,609.56
Plan Paid - Formulary	$1,615,706.09	$203,096.67	$0.00	$1,818,802.76
Plan Paid - Non-Formulary	$289,482.82	$64,111.74	$0.00	$353,594.56
Avg Total Plan Paid / Claim	$377.86	$101.52	$0.00	$283.01
Avg Total Plan Paid / Day	$17.73	$1.12	$0.00	$6.30
Plan Paid PMPY	$2,312.59	$324.35	$0.00	$2,636.94
Plan Paid PMPM	$192.71	$27.02	$0.00	$219.74
Plan Cost Share Contribution %	89.00%	80.00%	0.00%	88.00%
Avg Plan Paid - Generic	$21.97	$28.28	$0.00	$24.32
Avg Plan Paid - Multi-Source Brand	($528.88)	$1,210.58	$0.00	$382.26
Avg Plan Paid - Single Source Brand	$2,054.06	$1,081.49	$0.00	$1,933.22
Avg Plan Paid - Brand Generic Available	$440.14	$1,052.53	$0.00	$720.09
Avg Plan Paid - Formulary	$337.37	$78.71	$0.00	$246.75
Avg Plan Paid - Non-Formulary	$1,144.20	$1,232.91	$0.00	$1,159.32
MEMBER PAID				
Total Member Paid Amount	$220,035.25	$66,679.00	$34.00	$286,748.25
Member Paid - Generic	$36,052.50	$46,944.04	$34.00	$83,030.54
Member Paid - Multi-Source Brand	($289.52)	$1,040.00	$0.00	$750.48
Member Paid - Single Source Brand	$169,561.46	$14,813.22	$0.00	$184,374.68
Member Paid - Brand Generic Available	$14,710.81	$3,881.74	$0.00	$18,592.55
Member Paid - Formulary	$152,720.58	$62,772.12	$34.00	$215,526.70
Member Paid - Non-Formulary	$67,314.67	$3,906.88	$0.00	$71,221.55
Avg Total Member Paid / Claim	$43.64	$25.33	$17.00	$37.35
Avg Total Member Paid / Day	$2.04	$0.28	$0.28	$0.83
Member Paid PMPY	$267.09	$80.94	$0.04	$348.07
Member Paid PMPM	$22.25	$6.74	$0.00	$29.00

Member Cost Share Contribution %	10.00%	19.00%	100.00%	11.00%
Avg Member Paid - Generic	$8.79	$19.16	$17.00	$12.67
Avg Member Paid - Multi-Source Brand	($28.95)	$94.54	$0.00	$35.73
Avg Member Paid - Single Source Brand	$194.00	$119.46	$0.00	$184.74
Avg Member Paid - Brand Generic Available	$258.08	$80.86	$0.00	$177.07
Avg Member Paid - Formulary	$31.88	$24.33	$17.00	$29.23
Avg Member Paid - Non-Formulary	$266.06	$75.13	$0.00	$233.51
PRICING / NETWORK PERFORMANCE				
Avg Ingredient Cost / Rx	$420.63	$126.81	$16.80	$319.78
Avg Ingredient Cost / Generic Rx	$30.61	$47.41	$16.80	$36.89
Avg Ingredient Cost / Multi-Source Brand Rx	($558.05)	$1,305.12	$0.00	$417.89
Avg Ingredient Cost / Single Source Brand Rx	$2,243.79	$1,200.79	$0.00	$2,114.20
Avg Ingredient Cost / Brand Generic Available Rx	$697.68	$1,133.40	$0.00	$896.86
Avg Ingredient Cost / Formulary	$368.79	$103.01	$16.80	$275.67
Avg Ingredient Cost / Non-Formulary	$1,401.83	$1,307.78	$0.00	$1,385.80
Avg Dispense Fee / Rx	$0.15	$0.03	$0.20	$0.11
Avg Dispense Fee / Generic Rx	$0.15	$0.03	$0.20	$0.10
Avg Dispense Fee / Multi-Source Brand Rx	$0.22	$0.00	$0.00	$0.10
Avg Dispense Fee / Single Source Brand Rx	$0.13	$0.04	$0.00	$0.12
Avg Dispense Fee / Brand Generic Available Rx	$0.54	$0.00	$0.00	$0.29
Avg Dispense Fee / Formulary	$0.15	$0.03	$0.20	$0.11
Avg Dispense Fee / Non-Formulary	$0.18	$0.00	$0.00	$0.15

Notes:

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- Total for Total Rx Users does not represent a summation of Retail, Retail 90 Days and Mail Order. A member's Rx may be fille

- Utilization counts are determined by scripts written. Retail, Mail Order and Retail 90 Days count as 1 unit.

Mail Orde
ed in more than one categor

Top Drugs by Paid

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Current Paid Period: From 07/2025 to 06/2026
Prior Paid Period: From 07/2024 to 06/2025
Rank: 10
Rx Sort By: PAID

Total

	Rank		Paid Amt			Member Paid Amt			Total Paid Amt			Copay Amt	
Drug Name	Current	Prior	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior
ALYFTREK	1	0	$306,297.25	$0.00	0.00%	$1,150.00	$0.00	0.00%	$307,447.25	$0.00	0.00%	$1,150.00	$0.00
STELARA	2	1	$239,329.85	$264,429.25	-9.49%	$9,700.00	$3,330.00	191.29%	$249,029.85	$267,759.25	-6.99%	$9,700.00	$30.00
SKYRIZI PEN	3	11	$166,161.22	$58,403.92	184.51%	$10,056.93	$5,577.05	80.31%	$176,218.15	$63,980.97	175.43%	$6,560.00	$90.00
MOUNJARO	4	8	$115,737.16	$73,106.53	58.31%	$12,204.00	$5,271.47	131.51%	$127,941.16	$78,378.00	63.24%	$2,944.85	$2,250.00
KESIMPTA	5	2	$104,489.90	$183,766.76	-43.14%	$7,530.00	$540.00	1294.44%	$112,019.90	$184,306.76	-39.22%	$7,530.00	$540.00
VERZENIO	6	0	$96,571.54	$0.00	0.00%	$300.00	$0.00	0.00%	$96,871.54	$0.00	0.00%	$300.00	$0.00
OFEV	7	3	$95,416.60	$165,573.66	-42.37%	$38,453.00	$650.00	5815.85%	$133,869.60	$166,223.66	-19.46%	$38,453.00	$650.00
COSENTYX UNOREADY	8	5	$77,514.48	$100,627.86	-22.97%	$960.00	$330.00	190.91%	$78,474.48	$100,957.86	-22.27%	$960.00	$330.00
SKYRIZI	9	0	$75,308.52	$0.00	0.00%	$14,029.46	$0.00	0.00%	$89,337.98	$0.00	0.00%	$14,029.46	$0.00
DUPIXENT	10	6	$75,097.71	$85,492.38	-12.16%	$24,896.00	$690.00	3508.12%	$99,993.71	$86,182.38	16.03%	$24,896.00	$690.00
ALL OTHER			$820,473.09	$1,110,145.07	-26.09%	$167,468.86	$155,669.90	7.58%	$987,941.95	$1,265,814.97	-21.95%	$124,439.09	$110,269.52
Total			**$2,172,397.32**	**$2,041,545.43**	**6.41%**	**$286,748.25**	**$172,058.42**	**66.66%**	**$2,459,145.57**	**$2,213,603.85**	**11.09%**	**$230,962.40**	**$114,849.52**

Average

	Rank		Plan Avg Paid Amt			Member Avg Paid Amt			Total Avg Paid Amt			Copay Avg Amt	
Drug Name	Current	Prior	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior
ALYFTREK	1	0	$27,845.20	$0.00	0.00%	$104.54	$0.00	0.00%	$27,949.75	$0.00	0.00%	$104.54	$0.00
STELARA	2	1	$26,592.20	$26,442.92	0.56%	$1,077.77	$333.00	223.42%	$27,669.98	$26,775.92	3.34%	$1,077.77	$3.00
SKYRIZI PEN	3	11	$20,770.15	$19,467.97	6.69%	$1,257.11	$1,859.01	-32.33%	$22,027.26	$21,326.99	3.28%	$820.00	$30.00
MOUNJARO	4	8	$956.50	$1,015.36	-5.71%	$100.85	$73.21	36.99%	$1,057.36	$1,088.58	-2.85%	$24.33	$31.25
KESIMPTA	5	2	$8,707.49	$8,750.79	-0.49%	$627.50	$25.71	2404.00%	$9,334.99	$8,776.51	6.36%	$627.50	$25.71
VERZENIO	6	0	$16,095.25	$0.00	0.00%	$50.00	$0.00	0.00%	$16,145.25	$0.00	0.00%	$50.00	$0.00
OFEV	7	3	$9,541.66	$12,736.43	-25.08%	$3,845.30	$50.00	7590.00%	$13,386.96	$12,786.43	4.69%	$3,845.30	$50.00
COSENTYX UNOREADY	8	5	$7,751.44	$9,147.98	-15.26%	$96.00	$30.00	220.00%	$7,847.44	$9,177.98	-14.49%	$96.00	$30.00
SKYRIZI	9	0	$18,827.13	$0.00	0.00%	$3,507.36	$0.00	0.00%	$22,334.49	$0.00	0.00%	$3,507.36	$0.00
DUPIXENT	10	6	$4,417.51	$3,717.06	18.83%	$1,464.47	$30.00	4780.00%	$5,881.98	$3,747.06	56.95%	$1,464.47	$30.00
ALL OTHER			$109.86	$123.54	-10.57%	$22.42	$17.32	29.41%	$132.29	$140.86	-5.71%	$16.66	$12.27
Total			**$283.01**	**$223.38**	**26.46%**	**$37.35**	**$18.82**	**100.00%**	**$320.36**	**$242.21**	**32.23%**	**$30.08**	**$12.56**

Utilization

	Rank		Number of Rx			Rx Users			Rx Per User		Avg Quantity		Avg Day
Drug Name	Current	Prior	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior	Current	Prior	Current

ALYFTREK	1	0	11	0	0.00%	1	0	0.00%	11.00	0.00	56.00	0.00	28.00
STELARA	2	1	9	10	-10.00%	1	1	0.00%	9.00	10.00	1.00	1.00	28.00
SKYRIZI PEN	3	11	8	3	166.67%	2	1	100.00%	4.00	3.00	1.25	1.00	98.00
MOUNJARO	4	8	121	72	68.06%	15	14	7.14%	8.07	5.14	2.06	2.16	29.00
KESIMPTA	5	2	12	21	-42.86%	1	2	-50.00%	12.00	10.50	0.40	0.40	28.00
VERZENIO	6	0	6	0	0.00%	1	0	0.00%	6.00	0.00	56.00	0.00	28.00
OFEV	7	3	10	13	-23.08%	1	1	0.00%	10.00	13.00	60.00	60.00	30.00
COSENTYX UNOREADY	8	5	10	11	-9.09%	1	1	0.00%	10.00	11.00	2.00	2.54	28.00
SKYRIZI	9	0	4	0	0.00%	1	0	0.00%	4.00	0.00	2.40	0.00	56.00
DUPIXENT	10	6	17	23	-26.09%	2	3	-33.33%	8.50	7.67	5.88	3.92	29.00
ALL OTHER			7,468	8,986	-16.89%	724	818	-11.49%	10.31	10.99	65.87	64.32	45.00
Total			**7,676**	**9,139**	**-16.01%**	**724**	**819**	**-11.60%**	**10.60**	**11.16**	**64.34**	**63.36**	**44.00**

Notes:

- * = Drug not found in prior period.
- TOTAL represents the summation of all Prescriptions for analysis period (including claims not ranked).
- ALL OTHER represents the difference between all prescriptions and prescriptions ranked for analysis period.
- Brand/Generic = (G) Generic, (MS) Multi-Source Brand, (SS) Single Source Brand.
- Plan Paid Amount does not include sales tax.
- Florida Blue proprietary and confidential information

Deductible Amt		Co-Insurance Amt		Ingredient Cost		Dispense Fee	
Current	Prior	Current	Prior	Current	Prior	Current	Prior
$0.00	$0.00	$0.00	$0.00	$307,447.25	$0.00	$0.00	$0.00
$0.00	$3,300.00	$0.00	$0.00	$249,029.85	$267,759.25	$0.00	$0.00
$3,496.93	$5,487.05	$0.00	$0.00	$176,218.15	$63,980.97	$0.00	$0.00
$9,259.15	$3,021.47	$0.00	$0.00	$127,934.15	$78,372.98	$7.01	$5.02
$0.00	$0.00	$0.00	$0.00	$112,019.90	$183,431.47	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$96,871.54	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$133,869.60	$166,223.66	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$78,474.48	$100,957.86	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$89,337.98	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$99,993.71	$86,182.38	$0.00	$0.00
$42,884.24	$45,266.04	$145.53	$134.34	$983,449.77	$1,259,439.93	$862.41	$1,149.64
$55,640.32	**$57,074.56**	**$145.53**	**$134.34**	**$2,454,646.38**	**$2,206,348.50**	**$869.42**	**$1,154.66**

Deductible Avg Amt		Co-Insurance Avg Amt		Ingredient Avg Cost		Dispense Avg Fee	
Current	Prior	Current	Prior	Current	Prior	Current	Prior
$0.00	$0.00	$0.00	$0.00	$27,949.75	$0.00	$0.00	$0.00
$0.00	$330.00	$0.00	$0.00	$27,669.98	$26,775.92	$0.00	$0.00
$437.11	$1,829.01	$0.00	$0.00	$22,027.26	$21,326.99	$0.00	$0.00
$76.52	$41.96	$0.00	$0.00	$1,057.30	$1,088.51	$0.05	$0.06
$0.00	$0.00	$0.00	$0.00	$9,334.99	$8,734.83	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$16,145.25	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$13,386.96	$12,786.43	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$7,847.44	$9,177.98	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$22,334.49	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$5,881.98	$3,747.06	$0.00	$0.00
$5.74	$5.03	$0.01	$0.01	$131.68	$140.15	$0.11	$0.12
$7.24	**$6.24**	**$0.01**	**$0.01**	**$319.78**	**$241.42**	**$0.11**	**$0.12**

s Supply	Plan Paid PMPM Amt			Util/1000		
Prior	Current	Prior	Chg %	Current	Prior	Chg %

0.00	$30.98	$0.00	0.00%	13.35	0.00	0.00%
28.00	$24.20	$23.10	4.76%	10.92	10.48	4.19%
65.00	$16.80	$5.10	229.41%	9.71	3.15	208.73%
30.00	$11.70	$6.38	83.39%	146.87	75.49	94.56%
28.00	$10.56	$16.05	-34.21%	14.57	22.02	-33.85%
0.00	$9.76	$0.00	0.00%	7.28	0.00	0.00%
30.00	$9.65	$14.46	-33.26%	12.14	13.63	-10.95%
28.00	$7.84	$8.79	-10.81%	12.14	11.53	5.24%
0.00	$7.61	$0.00	0.00%	4.86	0.00	0.00%
34.00	$7.59	$7.46	1.74%	20.64	24.12	-14.43%
44.00	$82.99	$96.99	-14.43%	9,064.94	9,421.76	-3.79%
44.00	**$219.74**	**$178.37**	**23.19%**	**9,317.42**	**9,582.18**	**-2.76%**

Top Drugs by Prescription

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Current Paid Period: From 07/2025 to 06/2026
Prior Paid Period: From 07/2024 to 06/2025
Rank: 10
Rx Sort By: PRESCRIPTION

			Total										
	Rank		Paid Amt			Member Paid Amt			Total Paid Amt			Copay Amt	
Drug Name	Current	Prior	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior
AMPHETAMINE/DEXTROAMPHETAMINE	1	1	$2,621.50	$3,832.82	-31.60%	$3,300.51	$3,738.55	-11.72%	$5,922.01	$7,571.37	-21.78%	$2,388.96	$2,693.73
LEVOTHYROXINE SODIUM	2	2	$246.09	$403.98	-38.96%	$2,353.30	$2,854.55	-17.55%	$2,599.39	$3,258.53	-20.23%	$1,912.80	$2,387.26
ESCITALOPRAM OXALATE	3	4	$123.87	$69.12	78.26%	$1,532.27	$1,504.77	1.80%	$1,656.14	$1,573.89	5.21%	$1,418.71	$1,266.93
ESTRADIOL	4	17	$10,468.98	$7,013.09	49.27%	$4,512.57	$3,207.28	40.69%	$14,981.55	$10,220.37	46.59%	$2,924.06	$2,435.61
ATORVASTATIN CALCIUM	5	3	$410.64	$449.25	-8.46%	$1,722.21	$2,153.35	-20.02%	$2,132.85	$2,602.60	-18.02%	$1,206.62	$1,737.79
ROSUVASTATIN CALCIUM	6	13	$374.77	$187.90	99.47%	$1,569.06	$1,080.15	45.19%	$1,943.83	$1,268.05	53.23%	$1,229.23	$915.07
MOUNJARO	7	29	$115,737.16	$73,106.53	58.31%	$12,204.00	$5,271.47	131.51%	$127,941.16	$78,378.00	63.24%	$2,944.85	$2,250.00
LOSARTAN POTASSIUM	8	12	$241.48	$150.32	60.67%	$1,710.25	$1,759.61	-2.79%	$1,951.73	$1,909.93	2.15%	$1,388.02	$1,479.24
SERTRALINE HYDROCHLORIDE	8	16	$334.38	$178.27	87.64%	$809.83	$748.14	8.16%	$1,144.21	$926.41	23.43%	$602.18	$473.09
AMOXICILLIN/CLAVULANATE POTASSIUM	8	8	$401.50	$439.60	-8.66%	$1,120.14	$1,431.76	-21.73%	$1,521.64	$1,871.36	-18.65%	$955.24	$1,049.70
ALL OTHER			$2,041,436.95	$1,955,714.55	4.38%	$255,914.11	$148,308.79	72.56%	$2,297,351.06	$2,104,023.34	9.19%	$213,991.73	$98,161.10
Total			**$2,172,397.32**	**$2,041,545.43**	**6.41%**	**$286,748.25**	**$172,058.42**	**66.66%**	**$2,459,145.57**	**$2,213,603.85**	**11.09%**	**$230,962.40**	**$114,849.52**

			Average										
	Rank		Plan Avg Paid Amt			Member Avg Paid Amt			Total Avg Paid Amt			Copay Avg Amt	
Drug Name	Current	Prior	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior
AMPHETAMINE/DEXTROAMPHETAMINE	1	1	$11.91	$16.03	-25.00%	$15.00	$15.64	0.00%	$26.91	$31.67	-12.90%	$10.85	$11.27
LEVOTHYROXINE SODIUM	2	2	$1.66	$2.07	0.00%	$15.90	$14.63	7.14%	$17.56	$16.71	0.00%	$12.92	$12.24
ESCITALOPRAM OXALATE	3	4	$0.84	$0.46	0.00%	$10.42	$10.03	0.00%	$11.26	$10.49	0.00%	$9.65	$8.44
ESTRADIOL	4	17	$77.54	$70.13	10.00%	$33.42	$32.07	3.13%	$110.97	$102.20	7.84%	$21.65	$24.35
ATORVASTATIN CALCIUM	5	3	$3.15	$2.46	0.00%	$13.24	$11.83	9.09%	$16.40	$14.30	14.29%	$9.28	$9.54
ROSUVASTATIN CALCIUM	6	13	$3.02	$1.73	100.00%	$12.65	$10.00	20.00%	$15.67	$11.74	27.27%	$9.91	$8.47
MOUNJARO	7	29	$956.50	$1,015.36	-5.71%	$100.85	$73.21	36.99%	$1,057.36	$1,088.58	-2.85%	$24.33	$31.25
LOSARTAN POTASSIUM	8	12	$2.02	$1.33	0.00%	$14.37	$15.57	-6.67%	$16.40	$16.90	0.00%	$11.66	$13.09
SERTRALINE HYDROCHLORIDE	8	16	$2.80	$1.76	100.00%	$6.80	$7.40	0.00%	$9.61	$9.17	0.00%	$5.06	$4.68
AMOXICILLIN/CLAVULANATE POTASSIUM	8	8	$3.37	$3.57	0.00%	$9.41	$11.64	-18.18%	$12.78	$15.21	-13.33%	$8.02	$8.53
ALL OTHER			$324.34	$252.15	28.57%	$40.66	$19.12	110.53%	$365.00	$271.27	34.32%	$33.99	$12.65
Total			**$283.01**	**$223.38**	**26.46%**	**$37.35**	**$18.82**	**100.00%**	**$320.36**	**$242.21**	**32.23%**	**$30.08**	**$12.56**

			Utilization			
	Rank	Number of Rx	Rx Users	Rx Per User	Avg Quantity	Avg Day

Drug Name	Current	Prior	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior	Current	Prior	Current
AMPHETAMINE/DEXTROAMPHETAMINE	1	1	220	239	-7.95%	45	37	21.62%	4.89	6.46	39.69	43.01	29.00
LEVOTHYROXINE SODIUM	2	2	148	195	-24.10%	47	51	-7.84%	3.15	3.82	83.89	76.56	83.00
ESCITALOPRAM OXALATE	3	4	147	150	-2.00%	43	40	7.50%	3.42	3.75	62.25	64.42	60.00
ESTRADIOL	4	17	135	100	35.00%	49	42	16.67%	2.76	2.38	37.57	38.77	64.00
ATORVASTATIN CALCIUM	5	3	130	182	-28.57%	44	64	-31.25%	2.95	2.84	85.38	82.40	85.00
ROSUVASTATIN CALCIUM	6	13	124	108	14.81%	43	36	19.44%	2.88	3.00	76.69	78.85	76.00
MOUNJARO	7	29	121	72	68.06%	15	14	7.14%	8.07	5.14	2.06	2.16	29.00
LOSARTAN POTASSIUM	8	12	119	113	5.31%	37	34	8.82%	3.22	3.32	80.16	79.89	76.00
SERTRALINE HYDROCHLORIDE	8	16	119	101	17.82%	41	34	20.59%	2.90	2.97	73.42	82.25	66.00
AMOXICILLIN/CLAVULANATE POTASSIUM	8	8	119	123	-3.25%	102	99	3.03%	1.17	1.24	30.59	32.26	8.00
ALL OTHER			6,294	7,756	-18.85%	703	795	-11.57%	8.95	9.76	66.05	63.86	42.00
Total			**7,676**	**9,139**	**-16.01%**	**724**	**819**	**-11.60%**	**10.60**	**11.16**	**64.34**	**63.36**	**44.00**

Notes:

- * = Drug not found in prior period.
- TOTAL represents the summation of all Prescriptions for analysis period (including claims not ranked).
- ALL OTHER represents the difference between all prescriptions and prescriptions ranked for analysis period.
- Brand/Generic = (G) Generic, (MS) Multi-Source Brand, (SS) Single Source Brand.
- Plan Paid Amount does not include sales tax.
- Florida Blue proprietary and confidential information

Deductible Amt		Co-Insurance Amt		Ingredient Cost		Dispense Fee	
Current	Prior	Current	Prior	Current	Prior	Current	Prior
$911.55	$1,044.82	$0.00	$0.00	$5,893.41	$7,530.83	$28.60	$35.74
$440.50	$467.29	$0.00	$0.00	$2,599.10	$3,252.98	$0.29	$4.59
$113.56	$237.84	$0.00	$0.00	$1,644.99	$1,554.39	$11.15	$19.50
$1,588.51	$771.67	$0.00	$0.00	$14,951.97	$10,218.10	$29.58	$2.27
$515.59	$396.86	$0.00	$18.70	$2,132.70	$2,598.61	$0.15	$3.99
$339.83	$165.08	$0.00	$0.00	$1,942.67	$1,262.68	$1.16	$5.37
$9,259.15	$3,021.47	$0.00	$0.00	$127,934.15	$78,372.98	$7.01	$5.02
$309.13	$280.37	$13.10	$0.00	$1,943.47	$1,903.56	$8.26	$6.37
$207.65	$275.05	$0.00	$0.00	$1,140.25	$923.88	$3.96	$2.53
$164.90	$382.06	$0.00	$0.00	$1,501.18	$1,847.94	$20.46	$23.42
$41,789.95	$50,032.05	$132.43	$115.64	$2,292,962.49	$2,096,882.55	$758.80	$1,045.86
$55,640.32	**$57,074.56**	**$145.53**	**$134.34**	**$2,454,646.38**	**$2,206,348.50**	**$869.42**	**$1,154.66**

Deductible Avg Amt		Co-Insurance Avg Amt		Ingredient Avg Cost		Dispense Avg Fee	
Current	Prior	Current	Prior	Current	Prior	Current	Prior
$4.14	$4.37	$0.00	$0.00	$26.78	$31.50	$0.13	$0.14
$2.97	$2.39	$0.00	$0.00	$17.56	$16.68	$0.00	$0.02
$0.77	$1.58	$0.00	$0.00	$11.19	$10.36	$0.07	$0.13
$11.76	$7.71	$0.00	$0.00	$110.75	$102.18	$0.21	$0.02
$3.96	$2.18	$0.00	$0.10	$16.40	$14.27	$0.00	$0.02
$2.74	$1.52	$0.00	$0.00	$15.66	$11.69	$0.00	$0.04
$76.52	$41.96	$0.00	$0.00	$1,057.30	$1,088.51	$0.05	$0.06
$2.59	$2.48	$0.11	$0.00	$16.33	$16.84	$0.06	$0.05
$1.74	$2.72	$0.00	$0.00	$9.58	$9.14	$0.03	$0.02
$1.38	$3.10	$0.00	$0.00	$12.61	$15.02	$0.17	$0.19
$6.63	$6.45	$0.02	$0.01	$364.30	$270.35	$0.12	$0.13
$7.24	**$6.24**	**$0.01**	**$0.01**	**$319.78**	**$241.42**	**$0.11**	**$0.12**

s Supply	Plan Paid PMPM Amt	Util/1000

Prior	Current	Prior	Chg %	Current	Prior	Chg %
29.00	$0.26	$0.33	-21.21%	267.04	250.59	6.57%
76.00	$0.02	$0.03	-33.33%	179.65	204.46	-12.13%
60.00	$0.01	$0.00	0.00%	178.43	157.27	13.45%
63.00	$1.05	$0.61	72.13%	163.87	104.85	56.29%
82.00	$0.04	$0.03	33.33%	157.80	190.83	-17.31%
78.00	$0.03	$0.01	200.00%	150.52	113.24	32.92%
30.00	$11.70	$6.38	83.39%	146.87	75.49	94.56%
78.00	$0.02	$0.01	100.00%	144.45	118.48	21.92%
77.00	$0.03	$0.01	200.00%	144.45	105.90	36.40%
9.00	$0.04	$0.03	33.33%	144.45	128.96	12.00%
41.00	$206.49	$170.87	20.85%	7,639.89	8,132.11	-6.05%
44.00	**$219.74**	**$178.37**	**23.19%**	**9,317.42**	**9,582.18**	**-2.76%**

Wellness Exam and Preventive Services

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Current Paid Period: From 07/2025 to 06/2026
Prior Paid Period: From 07/2024 to 06/2025

Wellness		Current				Prior		
Procedure Code	Procedure Description	Paid Amt	Visits	Paid/Visit	Visits/ 1000 Mbrs	Paid Amt	Visits	Paid/Visit
99381	NP Initial Preventive Exam	$725.81	6	$120.96	7	$314.69	3	$104.89
99382	NP Ages 1-4 Wellness Exam	$109.21	1	$109.21	1	$817.14	6	$136.19
99383	NP Ages 5-11 Wellness Exam	$511.13	4	$127.78	5			$0.00
99384	NP Ages 12-17 Wellness Exam	$694.76	4	$173.69	5	$329.59	2	$164.79
99385	NP Ages 18-39 Wellness Exam	$8,283.15	44	$188.25	53	$10,267.33	50	$205.34
99386	NP Ages 40-64 Wellness Exam	$3,778.04	16	$236.12	19	$6,405.27	28	$228.75
99387	NP Ages 65 + Wellness Exam	$213.04	1	$213.04	1	$545.05	2	$272.52
99391	EP Periodic Preventive Exam	$10,490.27	84	$124.88	102	$5,691.57	48	$118.57
99392	EP Ages 1-4 Wellness Exam	$5,825.82	46	$126.64	56	$5,666.43	43	$131.77
99393	EP Ages 5-11 Wellness Exam	$5,295.02	42	$126.07	51	$6,804.01	54	$126.00
99394	EP Ages 12-17 Wellness Exam	$4,782.39	34	$140.65	41	$5,484.22	40	$137.10
99395	EP Ages 18-39 Wellness Exam	$24,050.35	135	$178.15	164	$21,236.91	126	$168.54
99396	EP Ages 40-64 Wellness Exam	$42,290.73	209	$202.34	254	$42,585.91	224	$190.11
99397	EP Ages 65 + Wellness Exam	$4,942.66	20	$247.13	24	$6,176.12	27	$228.74
Total		**$111,992.38**	**646**	**$173.36**	**784**	**$112,324.24**	**653**	**$172.01**

Preventive	Current				Prior		
Preventive Service	Paid Amt	Visits	Paid/Visit	Visits/ 1000 Mbrs	Paid Amt	Visits	Paid/Visit
Adult Preventive Visits	$83,557.97	425	$196.60	516	$87,216.59	457	$190.84
Colorectal Cancer Screening	$37,418.58	61	$613.41	74	$41,918.52	59	$710.48
Mammograms	$28,692.76	178	$161.19	216	$40,792.87	243	$167.87
PAP Smears	$2,597.41	83	$31.29	101	$3,194.26	113	$28.26
Total	**$152,266.72**	**747**	**$203.84**	**907**	**$173,122.24**	**872**	**$198.53**

Notes:

- Florida Blue proprietary and confidential information

Visits/ 1000 Mbrs
3
6
2
52
29
2
50
45
57
42
132
235
28
685

Visits/ 1000 Mbrs
479
62
255
118
914

Top Diagnosis by FFS

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Current Paid Period: From 07/2025 to 06/2026

			Inpatient										
Diagnosis Category	Diagnosis Code	Diagnosis Description	Rank	Paid Amt	% of Total	# of Members	Admits	Paid/Admits	Admits/ 1000	Days	ALOS	ALOS/1000	Avg Age
NEOPLASMS	C50412	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	$92,833.87	11.98%	1	1	$92,833.00	1.21	2	2.00	2.43	62.00
	C61	MALIGNANT NEOPLASM OF PROSTATE	6	$41,146.48	5.31%	1	1	$41,146.00	1.21	1	1.00	1.21	61.00
		SubTotal		**$133,980.35**	**17.29%**	**2**	**2**	**$66,990.18**	**2.43**	**3**	**1.50**	**3.64**	**61.50**
CERTAIN INFECTIOUS AND PARASITIC DISEASES	A419	SEPSIS, UNSPECIFIED ORGANISM	2	$78,569.61	10.14%	2	2	$39,284.50	2.43	3	1.50	3.64	32.50
	A09	INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED	20	$12,893.68	1.66%	1	1	$12,893.00	1.21	5	5.00	6.07	47.00
		SubTotal		**$91,463.29**	**11.80%**	**3**	**3**	**$30,487.76**	**3.64**	**8**	**2.67**	**9.71**	**39.75**
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	O321XX0	MATERNAL CARE FOR BREECH PRESENTATION, NOT APPLICABLE OR UNSPECIFIED	3	$68,753.61	8.87%	2	3	$22,917.67	3.64	6	2.00	7.28	32.00
	O480	POST-TERM PREGNANCY	7	$38,992.22	5.03%	3	3	$12,997.33	3.64	6	2.00	7.28	31.33
	O99824	STREPTOCOCCUS B CARRIER STATE COMPLICATING CHILDBIRTH	9	$34,811.75	4.49%	3	3	$11,603.67	3.64	6	2.00	7.28	31.67
	O4443	LOW LYING PLACENTA NOS OR WITHOUT HEMORRHAGE, THIRD TRIMESTER	10	$20,199.56	2.61%	1	1	$20,199.00	1.21	3	3.00	3.64	36.00
	O30043	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, THIRD TRIMESTER	11	$20,194.24	2.61%	1	1	$20,194.00	1.21	3	3.00	3.64	29.00
	O320XX0	MATERNAL CARE FOR UNSTABLE LIE, NOT APPLICABLE OR UNSPECIFIED	12	$18,556.75	2.39%	1	1	$18,556.00	1.21	4	4.00	4.86	46.00
	O43193	OTHER MALFORMATION OF PLACENTA, THIRD TRIMESTER	15	$17,566.35	2.27%	2	2	$8,783.00	2.43	5	2.50	6.07	36.00
	O358XX0	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, NOT APPLICABLE OR UNSPECIFIED	16	$17,208.59	2.22%	1	1	$17,208.00	1.21	2	2.00	2.43	38.00
		SubTotal		**$236,283.07**	**30.49%**	**14**	**15**	**$15,752.20**	**18.21**	**35**	**2.33**	**42.48**	**35.00**
DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	M5116	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	4	$60,866.01	7.85%	1	1	$60,866.00	1.21	1	1.00	1.21	67.00
		SubTotal		**$60,866.01**	**7.85%**	**1**	**1**	**$60,866.01**	**1.21**	**1**	**1.00**	**1.21**	**67.00**
DISEASES OF THE DIGESTIVE SYSTEM	K8000	CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS WITHOUT OBSTRUCTION	5	$57,426.44	7.41%	1	1	$57,426.00	1.21	5	5.00	6.07	59.00
		SubTotal		**$57,426.44**	**7.41%**	**1**	**1**	**$57,426.44**	**1.21**	**5**	**5.00**	**6.07**	**59.00**

FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES	Z3801	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN	8	$35,250.23	4.55%	7	6	$5,875.00	7.28	14	2.33	16.99	0.00
	Z3800	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY	14	$17,762.13	2.29%	6	6	$2,960.33	7.28	11	1.83	13.35	0.00
		SubTotal		**$53,012.36**	**6.84%**	**13**	**12**	**$4,417.70**	**14.57**	**25**	**2.08**	**30.35**	**0.00**
DISEASES OF THE GENITOURINARY SYSTEM	N83511	TORSION OF RIGHT OVARY AND OVARIAN PEDICLE	13	$17,975.26	2.32%	1	1	$17,975.00	1.21	2	2.00	2.43	28.00
		SubTotal		**$17,975.26**	**2.32%**	**1**	**1**	**$17,975.26**	**1.21**	**2**	**2.00**	**2.43**	**28.00**
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	P808	OTHER HYPOTHERMIA OF NEWBORN	17	$14,994.00	1.93%	1	1	$14,994.00	1.21	1	1.00	1.21	0.00
		SubTotal		**$14,994.00**	**1.93%**	**1**	**1**	**$14,994.00**	**1.21**	**1**	**1.00**	**1.21**	**0.00**
DISEASES OF THE CIRCULATORY SYSTEM	I25110	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	18	$14,435.06	1.86%	1	1	$14,435.00	1.21	2	2.00	2.43	65.00
	I4819	OTHER PERSISTENT ATRIAL FIBRILLATION	19	$13,181.23	1.70%	1	1	$13,181.00	1.21	7	7.00	8.50	59.00
		SubTotal		**$27,616.29**	**3.56%**	**2**	**2**	**$13,808.15**	**2.43**	**9**	**4.50**	**10.92**	**62.00**
OTHER		OTHER DIAGNOSTICS		$81,290.04	10.49%	9	8	$10,161.25	9.71	24	3.00	29.13	36.80
		SubTotal		**$81,290.04**	**10.49%**	**9**	**8**	**$10,161.26**	**9.71**	**24**	**3.00**	**29.13**	**36.80**
Total				**$774,907.11**	**100.00%**	**47**	**46**	**$16,845.81**	**55.84**	**113**	**2.46**	**137.16**	**37.97**

			Outpatient							
Diagnosis Category	Diagnosis Code	Diagnosis Description	Rank	Paid Amt	% of Total	# of Members	Visits	Paid/Visits	Visits/ 1000	Avg Age
FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES	Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1	$195,844.45	9.16%	1	13	$15,064.92	15.78	62.00
	Z5112	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	2	$106,491.32	4.98%	2	9	$11,832.33	10.92	56.50
	Z510	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	4	$65,286.77	3.05%	2	4	$16,321.50	4.86	67.50
	Z1211	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	17	$29,614.74	1.39%	22	23	$1,287.57	27.92	55.23
		SubTotal		**$397,237.28**	**18.59%**	**27**	**49**	**$8,106.88**	**59.48**	**60.31**
DISEASES OF THE CIRCULATORY SYSTEM	I4719	OTHER SUPRAVENTRICULAR TACHYCARDIA	3	$99,139.02	4.64%	1	1	$99,139.00	1.21	46.00
	I493	VENTRICULAR PREMATURE DEPOLARIZATION	6	$53,626.13	2.51%	2	5	$10,725.20	6.07	67.50
		SubTotal		**$152,765.15**	**7.15%**	**3**	**6**	**$25,460.86**	**7.28**	**56.75**
MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS	F332	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	5	$56,398.23	2.64%	2	53	$1,064.11	64.33	26.50
	F602	ANTISOCIAL PERSONALITY DISORDER	9	$44,503.00	2.08%	1	49	$908.22	59.48	19.00
	F315	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES	15	$32,625.60	1.53%	1	1	$32,625.00	1.21	20.00
		SubTotal		**$133,526.83**	**6.25%**	**4**	**103**	**$1,296.38**	**125.03**	**21.83**

DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	M1611	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	7	$48,752.08	2.28%	2	2	$24,376.00	2.43	44.00
	M1711	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	20	$25,458.36	1.19%	2	4	$6,364.50	4.86	62.00
		SubTotal		**$74,210.44**	**3.47%**	**4**	**6**	**$12,368.41**	**7.28**	**53.00**
NEOPLASMS	D0512	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	8	$48,711.50	2.28%	2	4	$12,177.75	4.86	46.50
	C50412	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	13	$33,851.39	1.58%	2	8	$4,231.38	9.71	52.50
	C50211	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	18	$27,139.18	1.27%	1	2	$13,569.50	2.43	68.00
	C73	MALIGNANT NEOPLASM OF THYROID GLAND	19	$25,765.65	1.21%	1	6	$4,294.17	7.28	29.00
		SubTotal		**$135,467.72**	**6.34%**	**6**	**20**	**$6,773.39**	**24.28**	**49.00**
DISEASES OF THE DIGESTIVE SYSTEM	K3580	UNSPECIFIED ACUTE APPENDICITIS	10	$37,902.80	1.77%	3	3	$12,634.00	3.64	41.00
	K219	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	16	$32,327.05	1.51%	3	9	$3,591.89	10.92	35.33
		SubTotal		**$70,229.85**	**3.29%**	**6**	**12**	**$5,852.49**	**14.57**	**38.17**
DISEASES OF THE GENITOURINARY SYSTEM	N5231	ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY	11	$37,607.42	1.76%	1	2	$18,803.50	2.43	64.00
	N393	STRESS INCONTINENCE (FEMALE) (MALE)	14	$33,190.87	1.55%	1	2	$16,595.00	2.43	63.00
		SubTotal		**$70,798.29**	**3.31%**	**2**	**4**	**$17,699.57**	**4.86**	**63.50**
SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE	R0789	OTHER CHEST PAIN	12	$35,108.10	1.64%	7	10	$3,510.80	12.14	45.43
		SubTotal		**$35,108.10**	**1.64%**	**7**	**10**	**$3,510.81**	**12.14**	**45.43**
OTHER		OTHER DIAGNOSTICS		$1,067,894.87	49.97%	319	821	$1,300.72	996.56	43.85
		SubTotal		**$1,067,894.87**	**49.97%**	**319**	**821**	**$1,300.72**	**996.56**	**43.85**
Total				**$2,137,238.53**	**100.00%**	**378**	**1,031**	**$2,072.98**	**1,251.47**	**48.33**

			Professional							
Diagnosis Category	**Diagnosis Code**	**Diagnosis Description**	**Rank**	**Paid Amt**	**% of Total**	**# of Members**	**Services**	**Paid/Services**	**Services/ 1000**	**Avg Age**
DISEASES OF THE NERVOUS SYSTEM	G35A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	1	$74,338.66	3.37%	2	14	$5,309.86	16.99	47.00
		SubTotal		**$74,338.66**	**3.37%**	**2**	**14**	**$5,309.90**	**16.99**	**47.00**
FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES	Z0000	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS	2	$56,960.43	2.58%	267	812	$70.15	985.64	44.63
	Z00129	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITHOUT ABNORMAL FINDINGS	5	$50,480.14	2.29%	102	670	$75.34	813.27	6.91
	Z1211	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	7	$44,373.96	2.01%	48	115	$385.85	139.59	54.96

	Z01419	ENCOUNTER FOR GYNECOLOGICAL EXAMINATION (GENERAL) (ROUTINE) WITHOUT ABNORMAL FINDINGS	8	$36,864.06	1.67%	134	408	$90.35	495.25	39.46
	Z23	ENCOUNTER FOR IMMUNIZATION	9	$36,448.32	1.65%	99	391	$93.22	474.61	28.12
	Z1231	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	10	$30,569.73	1.38%	123	247	$123.76	299.82	53.04
	Z00121	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITH ABNORMAL FINDINGS	17	$17,731.89	0.80%	30	202	$87.78	245.20	7.47
		SubTotal		**$273,428.53**	**12.39%**	**803**	**2,845**	**$96.11**	**3,453.37**	**33.51**
MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS	F411	GENERALIZED ANXIETY DISORDER	3	$52,725.08	2.39%	68	536	$98.37	650.62	36.29
	F50019	ANOREXIA NERVOSA, RESTRICTING TYPE, UNSPECIFIED	13	$23,058.00	1.04%	1	14	$1,647.00	16.99	30.00
		SubTotal		**$75,783.08**	**3.43%**	**69**	**550**	**$137.79**	**667.61**	**33.15**
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	P220	RESPIRATORY DISTRESS SYNDROME OF NEWBORN	4	$52,607.51	2.38%	1	0	$0.00	0.00	0.00
		SubTotal		**$52,607.51**	**2.38%**	**1**	**0**	**$0.00**	**0.00**	**0.00**
NEOPLASMS	C61	MALIGNANT NEOPLASM OF PROSTATE	6	$50,414.33	2.28%	6	207	$243.55	251.26	61.33
	C50512	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	15	$19,902.51	0.90%	3	42	$473.86	50.98	52.33
		SubTotal		**$70,316.84**	**3.19%**	**9**	**249**	**$282.40**	**302.25**	**56.83**
DISEASES OF THE DIGESTIVE SYSTEM	K5080	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	11	$29,700.57	1.35%	1	10	$2,970.00	12.14	63.00
	K5090	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	14	$20,519.35	0.93%	2	63	$325.70	76.47	55.00
		SubTotal		**$50,219.92**	**2.28%**	**3**	**73**	**$687.94**	**88.61**	**59.00**
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	12	$28,690.85	1.30%	6	10	$2,869.00	12.14	33.50
		SubTotal		**$28,690.85**	**1.30%**	**6**	**10**	**$2,869.09**	**12.14**	**33.50**
DISEASES OF THE GENITOURINARY SYSTEM	N401	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	16	$18,625.89	0.84%	6	22	$846.59	26.70	62.67
	N651	DISPROPORTION OF RECONSTRUCTED BREAST	18	$17,402.52	0.79%	1	4	$4,350.50	4.86	62.00
	N8030	ENDOMETRIOSIS OF PELVIC PERITONEUM, UNSPECIFIED	20	$14,603.62	0.66%	4	41	$356.17	49.77	34.00
		SubTotal		**$50,632.03**	**2.29%**	**11**	**67**	**$755.70**	**81.33**	**52.89**
DISEASES OF THE CIRCULATORY SYSTEM	I10	ESSENTIAL (PRIMARY) HYPERTENSION	19	$15,543.30	0.70%	68	183	$84.93	222.13	54.72
		SubTotal		**$15,543.30**	**0.70%**	**68**	**183**	**$84.94**	**222.13**	**54.72**
OTHER		OTHER DIAGNOSTICS		$1,515,672.30	68.67%	804	12223	$124.00	14,836.74	41.03
		SubTotal		**$1,515,672.30**	**68.67%**	**804**	**12,223**	**$124.00**	**14,836.74**	**41.03**

Total				**$2,207,233.02**	**100.00%**	**1,776**	**16,214**	**$136.13**	**19,681.17**	**41.31**

			Total							
Diagnosis Category	**Diagnosis Code**	**Diagnosis Description**	**Rank**	**Paid Amt**	**% of Total**	**# of Members**	**Adm/Vis/ Serv**	**Paid Per Adm/Vis/Serv**	**Adm/Vis/ Serv Per 1000**	**Avg Age**
FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES	Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1	$195,844.45	3.83%	1	13	$15,064.92	15.78	62.00
	Z5112	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	3	$106,491.32	2.08%	2	9	$11,832.33	10.92	56.50
	Z1211	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	9	$73,988.70	1.45%	48	138	$536.14	167.51	55.04
	Z510	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	10	$72,223.94	1.41%	3	33	$2,188.58	40.06	64.20
	Z0000	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS	14	$58,576.78	1.14%	268	816	$71.78	990.49	44.64
	Z00129	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITHOUT ABNORMAL FINDINGS	20	$50,480.14	0.99%	102	670	$75.34	813.27	6.91
		SubTotal		**$557,605.33**	**10.89%**	**424**	**1,679**	**$332.11**	**2,038.03**	**48.22**
NEOPLASMS	C50412	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	2	$135,983.04	2.66%	3	68	$1,999.75	82.54	53.67
	C61	MALIGNANT NEOPLASM OF PROSTATE	5	$93,235.03	1.82%	6	210	$443.98	254.91	61.25
	D0512	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	17	$54,809.14	1.07%	2	17	$3,224.06	20.64	48.00
		SubTotal		**$284,027.21**	**5.55%**	**11**	**295**	**$962.80**	**358.08**	**54.31**
DISEASES OF THE CIRCULATORY SYSTEM	I4719	OTHER SUPRAVENTRICULAR TACHYCARDIA	4	$102,072.66	1.99%	1	8	$12,759.00	9.71	46.00
	I493	VENTRICULAR PREMATURE DEPOLARIZATION	11	$69,822.46	1.36%	3	43	$1,623.77	52.20	68.67
		SubTotal		**$171,895.12**	**3.36%**	**4**	**51**	**$3,370.49**	**61.91**	**57.33**
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	O321XX0	MATERNAL CARE FOR BREECH PRESENTATION, NOT APPLICABLE OR UNSPECIFIED	6	$82,539.85	1.61%	2	9	$9,171.00	10.92	32.00
		SubTotal		**$82,539.85**	**1.61%**	**2**	**9**	**$9,171.09**	**10.92**	**32.00**
CERTAIN INFECTIOUS AND PARASITIC DISEASES	A419	SEPSIS, UNSPECIFIED ORGANISM	7	$79,049.49	1.54%	3	4	$19,762.25	4.86	39.25
		SubTotal		**$79,049.49**	**1.54%**	**3**	**4**	**$19,762.37**	**4.86**	**39.25**
DISEASES OF THE NERVOUS SYSTEM	G35A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	8	$74,338.66	1.45%	2	14	$5,309.86	16.99	47.00
		SubTotal		**$74,338.66**	**1.45%**	**2**	**14**	**$5,309.90**	**16.99**	**47.00**
DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	M5116	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	12	$64,559.66	1.26%	2	5	$12,911.80	6.07	68.00
	M1611	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	15	$58,383.54	1.14%	3	22	$2,653.77	26.70	39.80

		SubTotal		**$122,943.20**	**2.40%**	**5**	**27**	**$4,553.45**	**32.77**	**53.90**
MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS	F332	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	13	$61,691.51	1.21%	8	109	$565.97	132.31	35.10
	F411	GENERALIZED ANXIETY DISORDER	18	$52,725.08	1.03%	68	536	$98.37	650.62	36.29
		SubTotal		**$114,416.59**	**2.23%**	**76**	**645**	**$177.39**	**782.93**	**35.70**
DISEASES OF THE DIGESTIVE SYSTEM	K8000	CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS WITHOUT OBSTRUCTION	16	$57,426.44	1.12%	1	1	$57,426.00	1.21	59.00
		SubTotal		**$57,426.44**	**1.12%**	**1**	**1**	**$57,426.44**	**1.21**	**59.00**
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	P220	RESPIRATORY DISTRESS SYNDROME OF NEWBORN	19	$52,607.51	1.03%	1	0	$0.00	0.00	0.00
		SubTotal		**$52,607.51**	**1.03%**	**1**	**0**	**$0.00**	**0.00**	**0.00**
OTHER		OTHER DIAGNOSTICS		$3,522,529.26	68.81%	834	14566	$241.83	17,680.76	41.19
		SubTotal		**$3,522,529.26**	**68.81%**	**834**	**14,566**	**$241.83**	**17,680.76**	**41.19**
Total				**$5,119,378.66**	**100.00%**	**1,363**	**17,291**	**$296.07**	**20,988.47**	**45.93**

Notes:

- FFS = Fee For Service.
- ALOS = Average Length of Stay.
- Florida Blue proprietary and confidential information

Monitoring Admin Access Surcharge

Company: JACKSONVILLE UNIVERSITY
Group: 91251
Current Paid Period: From 07/2025 to 06/2026

	Enrollment		Premium			Capitation				Fee for Service Claims					
Paid Year Month	Contracts	Members	ASO/MPP Fee	Stoploss Premium	Total Premium	PCP	Specialty	Total Capitation	Value Based Programs	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy
202507	488	896	$50,360.64	$73,106.06	$123,466.70	$225.00	$2,830.81	$3,055.81	$2,552.07	$113,659.64	$165,983.44	$120,849.62	$143,608.33	$544,101.03	$150,586.77
202508	480	871	$48,755.52	$72,071.60	$120,827.12	$225.00	$2,699.35	$2,924.35	$2,532.13	$53,711.28	$175,467.83	$98,328.05	$76,021.63	$403,528.79	$184,160.28
202509	472	863	$47,952.96	$69,770.46	$117,723.42	$225.00	$2,553.90	$2,778.90	$2,435.40	$166,906.69	$172,671.73	$118,300.23	$87,809.91	$545,688.56	$142,840.56
202510	467	858	$45,140.66	$66,737.10	$111,877.76	$225.00	$2,655.16	$2,880.16	$2,338.64	$67,053.19	$270,437.19	$123,141.61	$93,665.81	$554,297.80	$184,008.44
202511	472	864	$47,752.32	$70,186.69	$117,939.01	$225.00	$2,627.56	$2,852.56	$2,402.12	$23,496.30	$147,670.13	$77,550.10	$107,220.10	$355,936.63	$204,293.78
202512	470	859	$46,949.76	$68,757.32	$115,707.08	$225.00	$2,673.61	$2,898.61	$1,986.54	$55,810.14	$205,693.52	$131,335.92	$105,988.83	$498,828.41	$202,735.66
202601	457	793	$37,777.74	$70,266.58	$108,044.32	$225.00	$337.52	$562.52	$2,053.07	$20,422.82	$201,086.30	$84,826.49	$80,809.39	$387,145.00	$187,103.87
202602	451	782	$37,600.28	$70,316.85	$107,917.13	($225.00)	$5,136.77	$4,911.77	$1,915.91	$88,819.15	$70,481.30	$63,768.62	$53,767.89	$276,836.96	$102,026.01
202603	452	787	$37,199.00	$70,386.80	$107,585.80	$225.00	$2,510.39	$2,735.39	$2,167.65	$109,105.62	$192,887.71	$76,002.26	$55,174.39	$433,169.98	$156,221.28
202604	449	773	$37,081.24	$69,075.08	$106,156.32	$225.00	$2,689.53	$2,914.53	$2,544.41	$22,544.69	$197,023.89	$82,717.41	$120,933.42	$423,219.41	$263,800.19
202605	448	774	$37,269.00	$70,211.27	$107,480.27	$225.00	$2,648.67	$2,873.67	$2,415.17	$13,181.23	$240,755.18	$85,276.49	$66,232.02	$405,444.92	$194,531.24
202606	442	766	$36,520.85	$68,700.51	$105,221.36	$225.00	$2,638.13	$2,863.13	$2,782.07	$40,196.36	$97,080.31	$82,736.42	$71,168.08	$291,181.17	$200,089.24
Total	**5,548**	**9,886**	**$510,359.97**	**$839,586.32**	**$1,349,946.29**	**$2,250.00**	**$32,001.40**	**$34,251.40**	**$28,125.18**	**$774,907.11**	**$2,137,238.53**	**$1,144,833.22**	**$1,062,399.80**	**$5,119,378.66**	**$2,172,397.32**
Grouping Avg	**462**	**824**	**$42,530.00**	**$69,965.53**	**$112,495.52**	**$187.50**	**$2,666.78**	**$2,854.28**	**$2,343.77**	**$64,575.59**	**$178,103.21**	**$95,402.77**	**$88,533.32**	**$426,614.89**	**$181,033.11**
Monthly Avg	**462**	**824**	**$42,530.00**	**$69,965.53**	**$112,495.52**	**$187.50**	**$2,666.78**	**$2,854.28**	**$2,343.77**	**$64,575.59**	**$178,103.21**	**$95,402.77**	**$88,533.32**	**$426,614.89**	**$181,033.11**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.
- Other Medical encompasses all non-physician services, including ancillary professional providers (e.g., durable medical equipment, ambulance, laboratory services, etc.) and out-of-state p

Grand Total	Access Fee
$700,295.68	$719.87
$593,145.55	$583.43
$693,743.42	$1,005.85
$743,525.04	$953.50
$565,485.09	$185.85
$706,449.22	$652.34
$576,864.46	$981.18
$385,690.65	$1,473.04
$594,294.30	$1,191.09
$692,478.54	$1,428.05
$605,265.00	$1,305.76
$496,915.61	$1,863.16
$7,354,152.56	**$12,343.12**
$612,846.05	**$1,028.59**
$612,846.05	**$1,028.59**

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Monitoring Admin Access Surcharge

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
202507	299	40	73	76	0	0	0	488	896
202508	295	40	74	71	0	0	0	480	871
202509	289	38	75	70	0	0	0	472	863
202510	286	39	72	70	0	0	0	467	858
202511	291	39	72	70	0	0	0	472	864
202512	289	39	73	69	0	0	0	470	859
202601	290	39	67	61	0	0	0	457	793
202602	286	37	68	60	0	0	0	451	782
202603	285	37	69	61	0	0	0	452	787
202604	286	37	66	60	0	0	0	449	773
202605	284	37	67	60	0	0	0	448	774
202606	279	37	66	60	0	0	0	442	766
Total	**3,459**	**459**	**842**	**788**	**0**	**0**	**0**	**5,548**	**9,886**
Grouping Avg	**288**	**38**	**70**	**66**	**0**	**0**	**0**	**462**	**824**
Monthly Avg	**288**	**38**	**70**	**66**	**0**	**0**	**0**	**462**	**824**

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg = Average of the distinct groupings chosen by the user.
- Monthly Avg = Average of a measure over Service/Paid time period.
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