

DATE 10/21/2016  
 TIME 14:08:05

MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PGM CHA503  
 PAGE 28

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND

SERVICE CODE: 0050	SURGERY - PHYSICIAN FEES	577	148133.87
SERVICE CODE: 0051	PHYSIC-ER COPAY	2	.00
SERVICE CODE: 0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	191	42483.73
SERVICE CODE: 0062	HOSPITAL - OUTPATIENT EXTRAS	1286	330173.13
SERVICE CODE: 0071	PSYCHIATRIC DOCTOR VISITS	241	4280.56
SERVICE CODE: 0072	PSYCHIATRIC OFFICE VISIT COPAY	296	20585.11
SERVICE CODE: 0075	SMOKING CESSATION - DOCTOR VISIT	5	49.00
SERVICE CODE: 0080	DENTAL BENEFITS	73	.00
SERVICE CODE: 0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	47	9055.80
SERVICE CODE: 0083	BIARIATRIC SVC. - PHYSICIAN CHARGES	34	3327.50
SERVICE CODE: 0085	ROUTINE VISION BENEFIT	68	.00
SERVICE CODE: 0086	CHEMICAL DEPD - PHYSICIAN CHARGES	7	.00
SERVICE CODE: 0087	ANESTHESIA	136	59399.83
SERVICE CODE: 0088	DIAG LAB, XRAY AND OTHER TESTS	10068	137275.43
SERVICE CODE: 0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	167	1549.40
SERVICE CODE: 0091	HOSPITAL - MISC. PSYCH. CHARGES	1	.00
SERVICE CODE: 0094	ICU/CCU ROOM & BOARD	7	92247.67
SERVICE CODE: 0095	CHEMICAL DEPD IN-PATIENT ROOM AND BOARD	2	1869.47
SERVICE CODE: 0096	BIARIATRIC PROG. IN-PATIENT ROOM AND BOARD	2	10909.49
SERVICE CODE: 0097	OFFICE VISIT CO-PAY	4264	287801.58
SERVICE CODE: 0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	9	39180.50
SERVICE CODE: 0099	DOCTORS' VISITS	497	27880.70
SERVICE CODE: 0100	PRESCRIPTION DRUG PROGRAM	14222	1872615.13
SERVICE CODE: 0105	WELLNESS BENEFIT	1892	93016.16
SERVICE CODE: 0106	WELL CHILD BENEFIT	1241	76188.17
SERVICE CODE: 0113	ROUTINE HEARING AID (RIGHT)	7	9299.99
SERVICE CODE: 0114	ROUTINE HEARING AID (LEFT)	9	9300.00
SERVICE CODE: 0121	CHEMICAL DEPD - MISC. HOSPITAL CHARGES	2	.00
SERVICE CODE: 0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	5	1633.28
SERVICE CODE: 0219	BIARIATRIC PROG - OUTPATIENT CHARGES	48	1311.10
SERVICE CODE: 0221	CHEMICAL DEPD - OUTPATIENT CHARGES	7	.00
SERVICE CODE: 0282	NEWBORN CHILD CARE - FIRST YEAR	73	7848.38
SERVICE CODE: 0338	PHYSICAL THERAPY VISITS	327	28260.24
SERVICE CODE: 0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	100	5021.12
SERVICE CODE: 0384	OCCUPATIONAL THERAPY VISITS	106	4739.64
SERVICE CODE: 0385	SPEECH THERAPY VISITS	51	1170.24
TOTAL		40359	3824436.75

	#	AMOUNT	AVERAGE
COMPUTER CHECK	26051	1961995.32	75.31
MANUAL CHECK	14235	1873066.05	131.58
VOID	49	4832.54-	98.62-
RECOVERY	24	5792.08-	241.33-
TOTAL	40359	3824436.75	

	#	AMOUNT
INSURED	20138	1622801.72
DEPENDENT	20221	2201635.03
TOTAL	40359	3824436.75
ZERO CLAIMS	9854	

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MUNICIPAL HEALTH BENEFIT FUND  
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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

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 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND

SERVICE CODE: 0100	PRESCRIPTION DRUG PROGRAM	14222	1872615.13
SERVICE CODE: 0105	WELLNESS BENEFIT	1892	93016.16
SERVICE CODE: 0106	WELL CHILD BENEFIT	1241	76188.17
SERVICE CODE: 0113	ROUTINE HEARING AID (RIGHT)	7	9299.99
SERVICE CODE: 0114	ROUTINE HEARING AID (LEFT)	9	9300.00
SERVICE CODE: 0121	CHEMICAL DEPD - MISC. HOSPITAL CHARGES	2	.00
SERVICE CODE: 0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	5	1633.28
SERVICE CODE: 0219	BARIATRIC PROG - OUTPATIENT CHARGES	48	1311.10
SERVICE CODE: 0221	CHEMICAL DEPD - OUTPATIENT CHARGES	7	.00
SERVICE CODE: 0282	NEWBORN CHILD CARE - FIRST YEAR	73	7848.38
SERVICE CODE: 0338	PHYSICAL THERAPY VISITS	327	28260.24
SERVICE CODE: 0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	100	5021.12
SERVICE CODE: 0384	OCCUPATIONAL THERAPY VISITS	106	4739.64
SERVICE CODE: 0385	SPEECH THERAPY VISITS	51	1170.24
TOTAL		40359	3824436.75

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	26051	1961995.32	75.31	INSURED	20138	1622801.72
MANUAL CHECK	14235	1873066.05	131.58	DEPENDENT	20221	2201635.03
VOID	49	4832.54-	98.62-	TOTAL	40359	3824436.75
RECOVERY	24	5792.08-	241.33-			
TOTAL	40359	3824436.75		ZERO CLAIMS	9854	

PAYER TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	42	183347.58
0002	INPATIENT HOSPITAL EXTRAS	42	69425.50
0003	AMBULANCE	25	4189.37
0006	DIABETIC EDUCATION	12	209.45
0007	MEDICAL CARE	17	2920.35
0008	ACUTE INPATIENT REHABILITATION	1	6084.00
0012	MEDICAL SUPPLIES	327	27408.03
0015	VISION SERVICES-MEDICAL	151	7280.65
0020	DENTAL EXAMS AND CLEANING	16	.00
0021	CUSTOM MOLD FOOT ORTHOTICS	4	347.22
0024	OUTPATIENT SURGERY CENTER	2	616.00
0029	AMBULANCE ANCILLARY	2	.00
0033	HOME HEALTH CARE SERVICES	21	4316.10
0034	CHEMOTHERAPY/RADIATION THERAPY	316	110684.39
0035	CHIROPRAXTOR CARE	1147	18826.69
0036	INJECTIONS AND DRUGS	1033	13521.38
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	350	6431.34
0040	DURABLE MEDICAL EQUIPMENT	132	23402.90
0047	HOSPICE CARE	6	6610.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	643	12209.58

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
TRUST: 1  
GROUP: 191  
DIVISION: ALL SUPPRESS GROUP SUMMARY N  
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
CLAIMS REC. DATE FROM ALL  
SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND

TRUST TOTALS

	#	AMOUNT
SERVICE CODE: 0001 INPATIENT HOSPITAL - DAILY SERVICE CHARGE	42	183347.58
SERVICE CODE: 0002 INPATIENT HOSPITAL EXTRAS	42	69425.50
SERVICE CODE: 0003 AMBULANCE	25	4189.37
SERVICE CODE: 0006 DIABETIC EDUCATION	12	209.45
SERVICE CODE: 0007 MEDICAL CARE	17	2920.35
SERVICE CODE: 0008 ACUTE INPATIENT REHABILITATION	1	6084.00
SERVICE CODE: 0012 MEDICAL SUPPLIES	327	27408.03
SERVICE CODE: 0015 VISION SERVICES-MEDICAL	151	7280.65
SERVICE CODE: 0020 DENTAL EXAMS AND CLEANING	16	.00
SERVICE CODE: 0021 CUSTOM MOLD FOOT ORTHOTICS	4	347.22
SERVICE CODE: 0024 OUTPATIENT SURGERY CENTER	2	616.00
SERVICE CODE: 0029 AMBULANCE ANCILLARY	2	.00
SERVICE CODE: 0033 HOME HEALTH CARE SERVICES	21	4316.10
SERVICE CODE: 0034 CHEMOTHERAPY/RADIATION THERAPY	316	110684.39
SERVICE CODE: 0035 CHIROPRACTOR CARE	1147	18826.69
SERVICE CODE: 0036 INJECTIONS AND DRUGS	1033	13521.38
SERVICE CODE: 0038 PHYSICAL THERAPY - OUT OF HOSPITAL	350	6431.34
SERVICE CODE: 0040 DURABLE MEDICAL EQUIPMENT	132	23402.90
SERVICE CODE: 0047 HOSPICE CARE	6	6610.00
SERVICE CODE: 0049 CHIROPRACTIC OFFICE VISIT CO-PAY	643	12209.58
SERVICE CODE: 0050 SURGERY - PHYSICIAN FEES	577	148133.87
SERVICE CODE: 0051 PHYSC-ER COPAY	2	.00
SERVICE CODE: 0061 HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	191	42483.73
SERVICE CODE: 0062 HOSPITAL - OUTPATIENT EXTRAS	1286	330173.13
SERVICE CODE: 0071 PSYCHIATRIC DOCTOR VISITS	241	4280.56
SERVICE CODE: 0072 PSYCHIATRIC OFFICE VISIT COPAY	296	20585.11
SERVICE CODE: 0075 SMOKING CESSATION - DOCTOR VISIT	5	49.00
SERVICE CODE: 0080 DENTAL BENEFITS	73	.00
SERVICE CODE: 0082 NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	47	9055.80
SERVICE CODE: 0083 BARIATRIC SVC. - PHYSICIAN CHARGES	34	3327.50
SERVICE CODE: 0085 ROUTINE VISION BENEFIT	68	.00
SERVICE CODE: 0086 CHEMICAL DEPD - PHYSICIAN CHARGES	7	.00
SERVICE CODE: 0087 ANESTHESIA	136	59399.83
SERVICE CODE: 0088 DIAG LAB, XRAY AND OTHER TESTS	10068	137275.43
SERVICE CODE: 0089 MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	167	1549.40
SERVICE CODE: 0091 HOSPITAL - MISC. PSYCH. CHARGES	1	.00
SERVICE CODE: 0094 ICU/CCU ROOM & BOARD	7	92247.67
SERVICE CODE: 0095 CHEMICAL DEPD IN-PATIENT ROOM AND BOARD	2	1869.47
SERVICE CODE: 0096 BARIATRIC PROG. IN-PATIENT ROOM AND BOARD	2	10909.49
SERVICE CODE: 0097 OFFICE VISIT CO-PAY	4264	287801.58
SERVICE CODE: 0098 NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	9	39180.50
SERVICE CODE: 0099 DOCTORS' VISITS	497	27880.70

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV: 1

SERVICE CODE: 0083	BARIATRIC SVC. - PHYSICIAN CHARGES	34	3327.50
SERVICE CODE: 0085	ROUTINE VISION BENEFIT	68	.00
SERVICE CODE: 0086	CHEMICAL DEPD - PHYSICIAN CHARGES	7	.00
SERVICE CODE: 0087	ANESTHESIA	136	59399.83
SERVICE CODE: 0088	DIAG LAB, XRAY AND OTHER TESTS	10068	137275.43
SERVICE CODE: 0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	167	1549.40
SERVICE CODE: 0091	HOSPITAL - MISC. PSYCH. CHARGES	1	.00
SERVICE CODE: 0094	ICU/CCU ROOM & BOARD	7	92247.67
SERVICE CODE: 0095	CHEMICAL DEPD IN-PATIENT ROOM AND BOARD	2	1869.47
SERVICE CODE: 0096	BARIATRIC PROG. IN-PATIENT ROOM AND BOARD	2	10909.49
SERVICE CODE: 0097	OFFICE VISIT CO-PAY	4264	287801.58
SERVICE CODE: 0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	9	39180.50
SERVICE CODE: 0099	DOCTORS' VISITS	497	27880.70
SERVICE CODE: 0100	PRESCRIPTION DRUG PROGRAM	14222	1872615.13
SERVICE CODE: 0105	WELLNESS BENEFIT	1892	93016.16
SERVICE CODE: 0106	WELL CHILD BENEFIT	1241	76188.17
SERVICE CODE: 0113	ROUTINE HEARING AID (RIGHT)	7	9299.99
SERVICE CODE: 0114	ROUTINE HEARING AID (LEFT)	9	9300.00
SERVICE CODE: 0121	CHEMICAL DEPD - MISC. HOSPITAL CHARGES	2	.00
SERVICE CODE: 0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	5	1633.28
SERVICE CODE: 0219	BARIATRIC PROG - OUTPATIENT CHARGES	48	1311.10
SERVICE CODE: 0221	CHEMICAL DEPD - OUTPATIENT CHARGES	7	.00
SERVICE CODE: 0282	NEWBORN CHILD CARE - FIRST YEAR	73	7848.38
SERVICE CODE: 0338	PHYSICAL THERAPY VISITS	327	28260.24
SERVICE CODE: 0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	100	5021.12
SERVICE CODE: 0384	OCCUPATIONAL THERAPY VISITS	106	4739.64
SERVICE CODE: 0385	SPEECH THERAPY VISITS	51	1170.24
TOTAL		40359	3824436.75

	#	AMOUNT	AVERAGE
COMPUTER CHECK	26051	1961995.32	75.31
MANUAL CHECK	14235	1873066.05	131.58
VOID	49	4832.54	98.62
RECOVERY	24	5792.08	241.33
TOTAL	40359	3824436.75	

	#	AMOUNT
INSURED	20138	1622801.72
DEPENDENT	20221	2201635.03
TOTAL	40359	3824436.75
ZERO CLAIMS	9854	

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 SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0088	DIAG LAB, XRAY AND OTHER TESTS	1	.00
0097	OFFICE VISIT CO-PAY	2	110.00
0100	PRESCRIPTION DRUG PROGRAM	4	.00
TOTAL		7	110.00

	#	AMOUNT	AVERAGE
COMPUTER CHECK	3	110.00	36.66
MANUAL CHECK	4	.00	.00
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	7	110.00	

	#	AMOUNT
INSURED	0	.00
DEPENDENT	7	110.00
TOTAL	7	110.00
ZERO CLAIMS	2	

GROUP TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	42	183347.58
0002	INPATIENT HOSPITAL EXTRAS	42	69425.50
0003	AMBULANCE	25	4189.37
0006	DIABETIC EDUCATION	12	209.45
0007	MEDICAL CARE	17	2920.35
0008	ACUTE INPATIENT REHABILITATION	1	6084.00
0012	MEDICAL SUPPLIES	327	27408.03
0015	VISION SERVICES-MEDICAL	151	7280.65
0020	DENTAL EXAMS AND CLEANING	16	.00
0021	CUSTOM MOLD FOOT ORTHOTICS	4	347.22
0024	OUTPATIENT SURGERY CENTER	2	616.00
0029	AMBULANCE ANCILLARY	2	.00
0033	HOME HEALTH CARE SERVICES	21	4316.10
0034	CHEMOTHERAPY/RADIATION THERAPY	316	110684.39
0035	CHIROPRACTOR CARE	1147	18826.69
0036	INJECTIONS AND DRUGS	1033	13521.38
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	350	6431.34
0040	DURABLE MEDICAL EQUIPMENT	132	23402.90
0047	HOSPICE CARE	6	6610.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	643	12209.58
0050	SURGERY - PHYSICIAN FEES	577	148133.87
0051	PHYSIC-ER COPAY	2	.00
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	191	42483.73
0062	HOSPITAL - OUTPATIENT EXTRAS	1286	330173.13
0071	PSYCHIATRIC DOCTOR VISITS	241	4280.56
0072	PSYCHIATRIC OFFICE VISIT COPAY	296	20585.11
0075	SMOKING CESSATION - DOCTOR VISIT	5	49.00
0080	DENTAL BENEFITS	73	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	47	9055.80

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
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PGM CHA503  
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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	11	22952.86
0002	INPATIENT HOSPITAL EXTRAS	11	995.47
0003	AMBULANCE	14	1901.02
0006	DIABETIC EDUCATION	2	135.90
0007	MEDICAL CARE	6	814.85
0012	MEDICAL SUPPLIES	36	2611.06
0015	VISION SERVICES-MEDICAL	17	43.14
0029	AMBULANCE ANCILLARY	1	.00
0033	HOME HEALTH CARE SERVICES	16	3215.60
0034	CHEMOTHERAPY/RADIATION THERAPY	84	35542.15
0035	CHIROPRACTOR CARE	37	322.86
0036	INJECTIONS AND DRUGS	101	839.75
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	17	452.94
0040	DURABLE MEDICAL EQUIPMENT	15	1813.86
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	36	784.72
0050	SURGERY - PHYSICIAN FEES	89	27125.91
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	31	10967.30
0062	HOSPITAL - OUTPATIENT EXTRAS	140	49209.32
0071	PSYCHIATRIC DOCTOR VISITS	1	.00
0072	PSYCHIATRIC OFFICE VISIT COPAY	13	880.53
0075	SMOKING CESSATION - DOCTOR VISIT	4	49.00
0080	DENTAL BENEFITS	4	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	9	7084.28
0083	BARIATRIC SVC. - PHYSICIAN CHARGES	6	.00
0085	ROUTINE VISION BENEFIT	6	.00
0087	ANESTHESIA	27	16993.60
0088	DIAG LAB, XRAY AND OTHER TESTS	1560	26350.53
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	5	.00
0094	ICU/CCU ROOM & BOARD	5	86709.52
0097	OFFICE VISIT CO-PAY	546	36742.53
0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	2	30793.01
0099	DOCTORS' VISITS	105	9772.78
0100	PRESCRIPTION DRUG PROGRAM	1552	75743.40
0105	WELLNESS BENEFIT	167	10783.89
0106	WELL CHILD BENEFIT	120	6370.01
0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	1	.00
0219	BARIATRIC PROG - OUTPATIENT CHARGES	14	.00
0282	NEWBORN CHILD CARE - FIRST YEAR	36	19.24
0338	PHYSICAL THERAPY VISITS	17	4900.98
0385	SPEECH THERAPY VISITS	1	.00
TOTAL		4865	472922.01

	#	AMOUNT	AVERAGE
COMPUTER CHECK	3303	397312.44	120.28
MANUAL CHECK	1555	75913.77	48.81
VOID	6	119.16-	19.86-
RECOVERY	1	185.04-	185.04-
TOTAL	4865	472922.01	

	#	AMOUNT
INSURED	2528	256933.26
DEPENDENT	2337	215988.75
TOTAL	4865	472922.01
ZERO CLAIMS	1182	

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DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	5	15735.44
0002	INPATIENT HOSPITAL EXTRAS	4	3780.00
0007	MEDICAL CARE	1	438.00
0012	MEDICAL SUPPLIES	59	4591.74
0015	VISION SERVICES-MEDICAL	45	1473.82
0033	HOME HEALTH CARE SERVICES	1	146.00
0034	CHEMOTHERAPY/RADIATION THERAPY	101	25607.06
0035	CHIROPRACTOR CARE	166	2206.07
0036	INJECTIONS AND DRUGS	97	3064.33
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	33	589.37
0040	DURABLE MEDICAL EQUIPMENT	24	7640.00
0047	HOSPICE CARE	6	6610.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	86	1350.41
0050	SURGERY - PHYSICIAN FEES	94	17036.55
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	1	3479.20
0062	HOSPITAL - OUTPATIENT EXTRAS	321	76465.44
0071	PSYCHIATRIC DOCTOR VISITS	4	36.57
0072	PSYCHIATRIC OFFICE VISIT COPAY	23	846.86
0080	DENTAL BENEFITS	10	.00
0083	BARIATRIC SVC. - PHYSICIAN CHARGES	2	.00
0085	ROUTINE VISION BENEFIT	9	.00
0087	ANESTHESIA	28	6441.28
0088	DIAG LAB, XRAY AND OTHER TESTS	1001	29682.17
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	7	524.00
0097	OFFICE VISIT CO-PAY	444	25300.16
0099	DOCTORS' VISITS	18	774.54
0100	PRESCRIPTION DRUG PROGRAM	1765	222813.85
0105	WELLNESS BENEFIT	191	7862.91
0113	ROUTINE HEARING AID (RIGHT)	1	1400.00
0114	ROUTINE HEARING AID (LEFT)	1	1400.00
0219	BARIATRIC PROG - OUTPATIENT CHARGES	1	.00
0338	PHYSICAL THERAPY VISITS	54	8748.68
0384	OCCUPATIONAL THERAPY VISITS	10	1344.00
TOTAL		4613	477388.45

	#	AMOUNT	AVERAGE
COMPUTER CHECK	2841	255086.35	89.78
MANUAL CHECK	1769	222964.03	126.03
VOID	1	75.00-	75.00-
RECOVERY	2	586.93-	293.46-
TOTAL	4613	477388.45	

	#	AMOUNT
INSURED	3429	396365.73
DEPENDENT	1184	81022.72
TOTAL	4613	477388.45
ZERO CLAIMS	908	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0002	INPATIENT HOSPITAL EXTRAS	1	.00
0003	AMBULANCE	6	546.26
0012	MEDICAL SUPPLIES	2	.00
0015	VISION SERVICES-MEDICAL	1	43.14
0035	CHIROPRACTOR CARE	151	1947.87
0036	INJECTIONS AND DRUGS	31	22.55
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	34	863.49
0040	DURABLE MEDICAL EQUIPMENT	4	.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	75	1086.46
0050	SURGERY - PHYSICIAN FEES	23	3111.01
0051	PHYSIC-ER COPAY	1	.00
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	17	1966.46
0062	HOSPITAL - OUTPATIENT EXTRAS	41	11386.55
0071	PSYCHIATRIC DOCTOR VISITS	3	.00
0072	PSYCHIATRIC OFFICE VISIT COPAY	19	1300.83
0080	DENTAL BENEFITS	2	.00
0087	ANESTHESIA	3	1248.00
0088	DIAG LAB, XRAY AND OTHER TESTS	404	2009.43
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	.00
0097	OFFICE VISIT CO-PAY	202	13542.48
0099	DOCTORS' VISITS	28	739.71
0100	PRESCRIPTION DRUG PROGRAM	588	20836.27
0105	WELLNESS BENEFIT	57	4793.74
0106	WELL CHILD BENEFIT	110	6583.41
0219	BARIATRIC PROG - OUTPATIENT CHARGES	6	49.32
0338	PHYSICAL THERAPY VISITS	20	275.90
TOTAL		1830	72352.88

	#	AMOUNT	AVERAGE
COMPUTER CHECK	1237	52018.39	42.05
MANUAL CHECK	588	20836.27	35.43
VOID	0	.00	.00
RECOVERY	5	501.78-	100.35-
TOTAL	1830	72352.88	

	#	AMOUNT
INSURED	653	23667.17
DEPENDENT	1177	48685.71
TOTAL	1830	72352.88
ZERO CLAIMS	511	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	2	3312.11
0012	MEDICAL SUPPLIES	1	.00
0015	VISION SERVICES-MEDICAL	4	.00
0020	DENTAL EXAMS AND CLEANING	1	.00
0035	CHIROPRACTOR CARE	17	179.83
0036	INJECTIONS AND DRUGS	18	.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	9	201.04
0050	SURGERY - PHYSICIAN FEES	12	4423.08
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	4	193.99
0062	HOSPITAL - OUTPATIENT EXTRAS	13	6562.02
0071	PSYCHIATRIC DOCTOR VISITS	1	.00
0072	PSYCHIATRIC OFFICE VISIT COPAY	5	388.96
0080	DENTAL BENEFITS	2	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	5	1075.46
0085	ROUTINE VISION BENEFIT	6	.00
0086	CHEMICAL DEPD - PHYSICIAN CHARGES	1	.00
0087	ANESTHESIA	3	2256.00
0088	DIAG LAB, XRAY AND OTHER TESTS	235	369.21
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	3	.00
0095	CHEMICAL DEPD IN-PATIENT ROOM AND BOARD	1	1869.47
0097	OFFICE VISIT CO-PAY	123	9012.21
0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	1	737.84
0099	DOCTORS' VISITS	10	151.15
0100	PRESCRIPTION DRUG PROGRAM	554	17666.80
0105	WELLNESS BENEFIT	56	5498.21
0106	WELL CHILD BENEFIT	82	5193.34
0282	NEWBORN CHILD CARE - FIRST YEAR	6	649.46
TOTAL		1175	59740.18

	#	AMOUNT	AVERAGE
COMPUTER CHECK	620	41971.77	67.69
MANUAL CHECK	555	17768.41	32.01
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	1175	59740.18	

	#	AMOUNT
INSURED	605	23076.71
DEPENDENT	570	36663.47
TOTAL	1175	59740.18
ZERO CLAIMS	239	

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MUNICIPAL HEALTH BENEFIT FUND  
BENEFITS PAID - BY SERVICE CODE  
SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
TRUST: 1  
GROUP: 191  
DIVISION: ALL SUPPRESS GROUP SUMMARY N  
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
CLAIMS REC. DATE FROM ALL  
SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

SERVICE CODE:	0221	CHEMICAL DEPD - OUTPATIENT CHARGES	7	.00
SERVICE CODE:	0282	NEWBORN CHILD CARE - FIRST YEAR	7	1015.04
SERVICE CODE:	0338	PHYSICAL THERAPY VISITS	136	7559.60
SERVICE CODE:	0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	22	735.92
SERVICE CODE:	0384	OCCUPATIONAL THERAPY VISITS	29	293.65
SERVICE CODE:	0385	SPEECH THERAPY VISITS	50	1170.24
TOTAL			11467	1660636.96

	#	AMOUNT	AVERAGE
COMPUTER CHECK	7966	643191.96	80.74
MANUAL CHECK	3480	1019883.59	293.06
VOID	14	1318.76-	94.19-
RECOVERY	7	1119.83-	159.97-
TOTAL	11467	1660636.96	

	#	AMOUNT
INSURED	5222	443563.96
DEPENDENT	6245	1217073.00
TOTAL	11467	1660636.96
ZERO CLAIMS	2844	

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MUNICIPAL HEALTH BENEFIT FUND  
BENEFITS PAID - BY SERVICE CODE  
SUMMARY

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
TRUST: 1  
GROUP: 191  
DIVISION: ALL SUPPRESS GROUP SUMMARY N  
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
CLAIMS REC. DATE FROM ALL  
SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	15	116442.39
0002	INPATIENT HOSPITAL EXTRAS	12	29714.32
0006	DIABETIC EDUCATION	9	8.95
0007	MEDICAL CARE	8	1633.88
0012	MEDICAL SUPPLIES	105	11660.19
0015	VISION SERVICES-MEDICAL	9	250.46
0020	DENTAL EXAMS AND CLEANING	10	.00
0021	CUSTOM MOLD FOOT ORTHOTICS	2	11.22
0024	OUTPATIENT SURGERY CENTER	2	616.00
0033	HOME HEALTH CARE SERVICES	4	954.50
0034	CHEMOTHERAPY/RADIATION THERAPY	131	49535.18
0035	CHIROPRACTOR CARE	436	8661.59
0036	INJECTIONS AND DRUGS	338	4703.55
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	116	2580.48
0040	DURABLE MEDICAL EQUIPMENT	43	10641.02
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	224	4788.47
0050	SURGERY - PHYSICIAN FEES	185	40544.75
0051	PHYSIC-ER COPAY	1	.00
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	61	14381.86
0062	HOSPITAL - OUTPATIENT EXTRAS	306	92530.48
0071	PSYCHIATRIC DOCTOR VISITS	94	669.84
0072	PSYCHIATRIC OFFICE VISIT COPAY	100	7170.75
0075	SMOKING CESSATION - DOCTOR VISIT	1	.00
0080	DENTAL BENEFITS	26	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	7	594.69
0083	BARIATRIC SVC. - PHYSICIAN CHARGES	23	3327.50
0085	ROUTINE VISION BENEFIT	14	.00
0087	ANESTHESIA	39	16313.75
0088	DIAG LAB, XRAY AND OTHER TESTS	3081	38108.21
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	102	493.66
0094	ICU/CCU ROOM & BOARD	2	5538.15
0096	BARIATRIC PROG. IN-PATIENT ROOM AND BOARD	2	10909.49
0097	OFFICE VISIT CO-PAY	1281	88244.17
0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	2	1466.83
0099	DOCTORS' VISITS	125	9902.85
0100	PRESCRIPTION DRUG PROGRAM	3476	1019857.54
0105	WELLNESS BENEFIT	443	24058.53
0106	WELL CHILD BENEFIT	355	22485.48
0113	ROUTINE HEARING AID (RIGHT)	3	4200.00
0114	ROUTINE HEARING AID (LEFT)	4	5600.00
0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	1	.00
0219	BARIATRIC PROG - OUTPATIENT CHARGES	18	1261.78

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	1	2.71
0012	MEDICAL SUPPLIES	5	110.52
0035	CHIROPRACTOR CARE	2	.00
0036	INJECTIONS AND DRUGS	6	2.48
0040	DURABLE MEDICAL EQUIPMENT	9	639.17
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	2	.00
0050	SURGERY - PHYSICIAN FEES	2	.00
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	1	.00
0062	HOSPITAL - OUTPATIENT EXTRAS	5	263.36
0071	PSYCHIATRIC DOCTOR VISITS	22	293.08
0072	PSYCHIATRIC OFFICE VISIT COPAY	2	148.00
0087	ANESTHESIA	1	.00
0088	DIAG LAB, XRAY AND OTHER TESTS	86	2139.95
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	.00
0097	OFFICE VISIT CO-PAY	50	4148.08
0099	DOCTORS' VISITS	2	42.46
0100	PRESCRIPTION DRUG PROGRAM	171	4939.26
0105	WELLNESS BENEFIT	11	696.21
0106	WELL CHILD BENEFIT	6	478.34
TOTAL		385	13903.62

	#	AMOUNT	AVERAGE
COMPUTER CHECK	213	8961.65	42.07
MANUAL CHECK	172	4941.97	28.73
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	385	13903.62	

	#	AMOUNT
INSURED	179	7555.75
DEPENDENT	206	6347.87
TOTAL	385	13903.62
ZERO CLAIMS	84	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	1	3419.83
0012	MEDICAL SUPPLIES	1	.00
0035	CHIROPRACTOR CARE	6	.00
0036	INJECTIONS AND DRUGS	32	581.24
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	1	165.22
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	4	.00
0050	SURGERY - PHYSICIAN FEES	9	4019.33
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	2	193.99
0062	HOSPITAL - OUTPATIENT EXTRAS	27	10315.54
0072	PSYCHIATRIC OFFICE VISIT COPAY	5	451.16
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	3	19.60
0083	BARIATRIC SVC. - PHYSICIAN CHARGES	1	.00
0085	ROUTINE VISION BENEFIT	1	.00
0087	ANESTHESIA	2	1852.00
0088	DIAG LAB, XRAY AND OTHER TESTS	328	3482.98
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	.00
0097	OFFICE VISIT CO-PAY	101	7850.24
0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	1	921.06
0099	DOCTORS' VISITS	11	270.62
0100	PRESCRIPTION DRUG PROGRAM	774	103867.40
0105	WELLNESS BENEFIT	64	4077.42
0106	WELL CHILD BENEFIT	39	2508.01
0282	NEWBORN CHILD CARE - FIRST YEAR	12	150.18
0338	PHYSICAL THERAPY VISITS	4	79.21
TOTAL		1430	144225.03

	#	AMOUNT	AVERAGE
COMPUTER CHECK	656	40357.63	61.52
MANUAL CHECK	774	103867.40	134.19
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	1430	144225.03	

	#	AMOUNT
INSURED	666	20867.35
DEPENDENT	764	123357.68
TOTAL	1430	144225.03
ZERO CLAIMS	252	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	1	4854.92
0036	INJECTIONS AND DRUGS	2	.00
0050	SURGERY - PHYSICIAN FEES	1	3440.00
0087	ANESTHESIA	1	576.00
0088	DIAG LAB, XRAY AND OTHER TESTS	40	130.03
0097	OFFICE VISIT CO-PAY	29	1670.95
0099	DOCTORS' VISITS	1	.00
0100	PRESCRIPTION DRUG PROGRAM	64	1452.58
0105	WELLNESS BENEFIT	39	1506.58
0106	WELL CHILD BENEFIT	36	1784.56
TOTAL		214	15415.62

	#	AMOUNT	AVERAGE
COMPUTER CHECK	150	13963.04	93.08
MANUAL CHECK	64	1452.58	22.69
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	214	15415.62	

	#	AMOUNT
INSURED	59	2599.78
DEPENDENT	155	12815.84
TOTAL	214	15415.62
ZERO CLAIMS	40	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0006	DIABETIC EDUCATION	1	64.60
0012	MEDICAL SUPPLIES	1	.00
0035	CHIROPRACTOR CARE	56	789.69
0036	INJECTIONS AND DRUGS	17	146.62
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	41	857.37
0050	SURGERY - PHYSICIAN FEES	11	2895.32
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	4	.00
0062	HOSPITAL - OUTPATIENT EXTRAS	12	4480.46
0071	PSYCHIATRIC DOCTOR VISITS	21	597.77
0072	PSYCHIATRIC OFFICE VISIT COPAY	12	882.04
0087	ANESTHESIA	1	403.20
0088	DIAG LAB, XRAY AND OTHER TESTS	152	2944.10
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	9	.00
0097	OFFICE VISIT CO-PAY	64	4888.08
0099	DOCTORS' VISITS	6	.00
0100	PRESCRIPTION DRUG PROGRAM	248	8960.86
0105	WELLNESS BENEFIT	25	1461.33
0106	WELL CHILD BENEFIT	15	785.23
0282	NEWBORN CHILD CARE - FIRST YEAR	1	.00
TOTAL		697	30156.67

	#	AMOUNT	AVERAGE
COMPUTER CHECK	449	21195.81	47.20
MANUAL CHECK	248	8960.86	36.13
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	697	30156.67	

	#	AMOUNT
INSURED	498	22411.30
DEPENDENT	199	7745.37
TOTAL	697	30156.67
ZERO CLAIMS	184	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	5	13038.94
0002	INPATIENT HOSPITAL EXTRAS	14	34935.71
0003	AMBULANCE	5	1742.09
0007	MEDICAL CARE	2	33.62
0008	ACUTE INPATIENT REHABILITATION	1	6084.00
0012	MEDICAL SUPPLIES	100	4926.26
0015	VISION SERVICES-MEDICAL	48	4248.34
0020	DENTAL EXAMS AND CLEANING	4	.00
0021	CUSTOM MOLD FOOT ORTHOTICS	2	336.00
0029	AMBULANCE ANCILLARY	1	.00
0035	CHIROPRACTOR CARE	222	3733.56
0036	INJECTIONS AND DRUGS	351	4079.37
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	138	1779.84
0040	DURABLE MEDICAL EQUIPMENT	37	2668.85
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	134	2355.10
0050	SURGERY - PHYSICIAN FEES	112	34672.31
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	58	8848.81
0062	HOSPITAL - OUTPATIENT EXTRAS	311	57786.16
0071	PSYCHIATRIC DOCTOR VISITS	38	1405.40
0072	PSYCHIATRIC OFFICE VISIT COPAY	96	7360.30
0080	DENTAL BENEFITS	28	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	21	281.77
0083	BARIATRIC SVC. - PHYSICIAN CHARGES	2	.00
0085	ROUTINE VISION BENEFIT	18	.00
0087	ANESTHESIA	26	11389.60
0088	DIAG LAB, XRAY AND OTHER TESTS	2322	24305.99
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	17	.00
0091	HOSPITAL - MISC. PSYCH. CHARGES	1	.00
0097	OFFICE VISIT CO-PAY	1060	70366.64
0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	3	5261.76
0099	DOCTORS' VISITS	179	5974.42
0100	PRESCRIPTION DRUG PROGRAM	3049	278977.39
0105	WELLNESS BENEFIT	599	21837.59
0106	WELL CHILD BENEFIT	404	25601.82
0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	3	1633.28
0219	BARIATRIC PROG - OUTPATIENT CHARGES	9	.00
0282	NEWBORN CHILD CARE - FIRST YEAR	11	6014.46
0338	PHYSICAL THERAPY VISITS	95	6695.87
0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	77	4285.20
0384	OCCUPATIONAL THERAPY VISITS	65	1197.14
TOTAL		9668	653857.59

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	6586	380061.22	57.70	INSURED	4465	308297.21
MANUAL CHECK	3049	278977.39	91.49	DEPENDENT	5203	345560.38
VOID	25	3182.52-	127.30-	TOTAL	9668	653857.59
RECOVERY	8	1998.50-	249.81-	ZERO CLAIMS	2742	
TOTAL	9668	653857.59				

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PGM CHA503  
 PAGE 12

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	1	3588.38
0012	MEDICAL SUPPLIES	9	3317.46
0015	VISION SERVICES-MEDICAL	16	857.31
0020	DENTAL EXAMS AND CLEANING	1	.00
0036	INJECTIONS AND DRUGS	3	2.62
0050	SURGERY - PHYSICIAN FEES	11	4372.51
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	2	461.60
0062	HOSPITAL - OUTPATIENT EXTRAS	31	8370.79
0071	PSYCHIATRIC DOCTOR VISITS	7	412.66
0072	PSYCHIATRIC OFFICE VISIT COPAY	1	68.00
0080	DENTAL BENEFITS	1	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	2	.00
0085	ROUTINE VISION BENEFIT	6	.00
0086	CHEMICAL DEPD - PHYSICIAN CHARGES	6	.00
0087	ANESTHESIA	1	672.00
0088	DIAG LAB, XRAY AND OTHER TESTS	211	1913.29
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	.00
0095	CHEMICAL DEPD IN-PATIENT ROOM AND BOARD	1	.00
0097	OFFICE VISIT CO-PAY	92	7775.96
0099	DOCTORS' VISITS	5	109.21
0100	PRESCRIPTION DRUG PROGRAM	516	35575.25
0105	WELLNESS BENEFIT	68	2883.90
0106	WELL CHILD BENEFIT	12	470.93
0121	CHEMICAL DEPD - MISC. HOSPITAL CHARGES	2	.00
TOTAL		1006	70851.87

	#	AMOUNT	AVERAGE
COMPUTER CHECK	490	35276.62	71.99
MANUAL CHECK	516	35575.25	68.94
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	1006	70851.87	

	#	AMOUNT
INSURED	552	43672.16
DEPENDENT	454	27179.71
TOTAL	1006	70851.87
ZERO CLAIMS	189	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PGM CHA503  
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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0015	VISION SERVICES-MEDICAL	1	.00
0035	CHIROPRACTOR CARE	2	.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	4	.00
0050	SURGERY - PHYSICIAN FEES	1	.00
0062	HOSPITAL - OUTPATIENT EXTRAS	1	.00
0071	PSYCHIATRIC DOCTOR VISITS	1	.00
0088	DIAG LAB, XRAY AND OTHER TESTS	13	241.13
0097	OFFICE VISIT CO-PAY	7	333.48
0100	PRESCRIPTION DRUG PROGRAM	28	945.69
0105	WELLNESS BENEFIT	20	888.11
0338	PHYSICAL THERAPY VISITS	1	.00
0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	1	.00
TOTAL		80	2408.41

	#	AMOUNT	AVERAGE
COMPUTER CHECK	52	1462.72	28.12
MANUAL CHECK	28	945.69	33.77
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	80	2408.41	

	#	AMOUNT
INSURED	62	2306.79
DEPENDENT	18	101.62
TOTAL	80	2408.41
ZERO CLAIMS	20	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PGM CHA503  
 PAGE 10

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0072	PSYCHIATRIC OFFICE VISIT COPAY	1	125.57
0088	DIAG LAB, XRAY AND OTHER TESTS	7	140.10
0097	OFFICE VISIT CO-PAY	2	201.05
0100	PRESCRIPTION DRUG PROGRAM	8	632.15
0105	WELLNESS BENEFIT	9	380.73
TOTAL		27	1479.60

	#	AMOUNT	AVERAGE
COMPUTER CHECK	19	847.45	44.60
MANUAL CHECK	8	632.15	79.01
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	27	1479.60	

	#	AMOUNT
INSURED	17	829.88
DEPENDENT	10	649.72
TOTAL	27	1479.60
ZERO CLAIMS	6	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0012	MEDICAL SUPPLIES	7	.00
0015	VISION SERVICES-MEDICAL	6	364.44
0035	CHIROPRACTOR CARE	7	197.72
0036	INJECTIONS AND DRUGS	6	1.93
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	11	.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	3	111.42
0050	SURGERY - PHYSICIAN FEES	5	2585.07
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	3	.00
0062	HOSPITAL - OUTPATIENT EXTRAS	35	180.47
0071	PSYCHIATRIC DOCTOR VISITS	37	478.84
0072	PSYCHIATRIC OFFICE VISIT COPAY	6	170.00
0085	ROUTINE VISION BENEFIT	2	.00
0088	DIAG LAB, XRAY AND OTHER TESTS	74	168.23
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	10	.00
0097	OFFICE VISIT CO-PAY	45	2248.86
0099	DOCTORS' VISITS	2	.00
0100	PRESCRIPTION DRUG PROGRAM	223	24232.39
0105	WELLNESS BENEFIT	21	720.58
0106	WELL CHILD BENEFIT	4	169.75
0113	ROUTINE HEARING AID (RIGHT)	1	1400.00
0114	ROUTINE HEARING AID (LEFT)	2	.00
TOTAL		510	33029.70

	#	AMOUNT	AVERAGE
COMPUTER CHECK	284	10284.71	36.21
MANUAL CHECK	223	24232.39	108.66
VOID	2	87.40	43.70
RECOVERY	1	1400.00	1400.00
TOTAL	510	33029.70	

	#	AMOUNT
INSURED	266	20542.80
DEPENDENT	244	12486.90
TOTAL	510	33029.70
ZERO CLAIMS	171	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0036	INJECTIONS AND DRUGS	1	.00
0050	SURGERY - PHYSICIAN FEES	2	.00
0062	HOSPITAL - OUTPATIENT EXTRAS	1	.00
0088	DIAG LAB, XRAY AND OTHER TESTS	5	44.02
0097	OFFICE VISIT CO-PAY	14	930.79
0100	PRESCRIPTION DRUG PROGRAM	60	959.07
0105	WELLNESS BENEFIT	8	291.49
	TOTAL	91	2225.37

	#	AMOUNT	AVERAGE
COMPUTER CHECK	31	1266.30	40.84
MANUAL CHECK	60	959.07	15.98
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	91	2225.37	

	#	AMOUNT
INSURED	24	491.91
DEPENDENT	67	1733.46
TOTAL	91	2225.37
ZERO CLAIMS	8	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0015	VISION SERVICES-MEDICAL	1	.00
0035	CHIROPRACTOR CARE	1	.00
0036	INJECTIONS AND DRUGS	2	.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	3	28.46
0050	SURGERY - PHYSICIAN FEES	3	1348.31
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	2	.00
0062	HOSPITAL - OUTPATIENT EXTRAS	16	3765.17
0085	ROUTINE VISION BENEFIT	1	.00
0087	ANESTHESIA	1	246.40
0088	DIAG LAB, XRAY AND OTHER TESTS	116	1037.59
0097	OFFICE VISIT CO-PAY	50	3976.12
0100	PRESCRIPTION DRUG PROGRAM	420	34771.08
0105	WELLNESS BENEFIT	10	691.74
0106	WELL CHILD BENEFIT	15	1160.80
TOTAL		641	47025.67

	#	AMOUNT	AVERAGE
COMPUTER CHECK	221	12254.59	55.45
MANUAL CHECK	420	34771.08	82.78
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	641	47025.67	

	#	AMOUNT
INSURED	337	31955.98
DEPENDENT	304	15069.69
TOTAL	641	47025.67
ZERO CLAIMS	111	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV: ENT

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0015	VISION SERVICES-MEDICAL	1	.00
0036	INJECTIONS AND DRUGS	2	.00
0050	SURGERY - PHYSICIAN FEES	1	179.18
0062	HOSPITAL - OUTPATIENT EXTRAS	2	306.86
0071	PSYCHIATRIC DOCTOR VISITS	12	386.40
0072	PSYCHIATRIC OFFICE VISIT COPAY	8	375.70
0085	ROUTINE VISION BENEFIT	1	.00
0088	DIAG LAB, XRAY AND OTHER TESTS	94	1211.32
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	2	531.74
0097	OFFICE VISIT CO-PAY	21	1873.73
0100	PRESCRIPTION DRUG PROGRAM	167	5181.77
0105	WELLNESS BENEFIT	5	541.35
0106	WELL CHILD BENEFIT	26	1983.49
0113	ROUTINE HEARING AID (RIGHT)	1	899.99
0114	ROUTINE HEARING AID (LEFT)	1	900.00
TOTAL		344	14371.53

	#	AMOUNT	AVERAGE
COMPUTER CHECK	177	9189.76	51.91
MANUAL CHECK	167	5181.77	31.02
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	344	14371.53	

	#	AMOUNT
INSURED	41	2571.32
DEPENDENT	303	11800.21
TOTAL	344	14371.53
ZERO CLAIMS	62	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0012	MEDICAL SUPPLIES	1	190.80
0035	CHIROPRACTOR CARE	2	57.99
0036	INJECTIONS AND DRUGS	5	.47
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	1	48.00
0050	SURGERY - PHYSICIAN FEES	4	489.62
0062	HOSPITAL - OUTPATIENT EXTRAS	8	2199.25
0085	ROUTINE VISION BENEFIT	2	.00
0087	ANESTHESIA	1	288.00
0088	DIAG LAB, XRAY AND OTHER TESTS	31	226.80
0097	OFFICE VISIT CO-PAY	25	1446.72
0100	PRESCRIPTION DRUG PROGRAM	134	2345.67
0105	WELLNESS BENEFIT	14	756.76
	TOTAL	228	8050.08

	#	AMOUNT	AVERAGE
COMPUTER CHECK	94	5704.41	60.68
MANUAL CHECK	134	2345.67	17.50
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	228	8050.08	

	#	AMOUNT
INSURED	96	2085.82
DEPENDENT	132	5964.26
TOTAL	228	8050.08
ZERO CLAIMS	35	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PGM CHA503  
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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0036	INJECTIONS AND DRUGS	8	.00
0050	SURGERY - PHYSICIAN FEES	1	.00
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	1	1940.82
0062	HOSPITAL - OUTPATIENT EXTRAS	3	111.54
0072	PSYCHIATRIC OFFICE VISIT COPAY	2	187.24
0087	ANESTHESIA	1	.00
0088	DIAG LAB, XRAY AND OTHER TESTS	110	1149.49
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	3	.00
0097	OFFICE VISIT CO-PAY	28	2224.46
0099	DOCTORS' VISITS	2	121.34
0100	PRESCRIPTION DRUG PROGRAM	77	1709.18
0105	WELLNESS BENEFIT	6	306.96
0106	WELL CHILD BENEFIT	8	287.61
TOTAL		250	8038.64

	#	AMOUNT	AVERAGE
COMPUTER CHECK	173	6329.46	36.58
MANUAL CHECK	77	1709.18	22.19
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	250	8038.64	

	#	AMOUNT
INSURED	72	1749.93
DEPENDENT	178	6288.71
TOTAL	250	8038.64
ZERO CLAIMS	55	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PGM CHA503  
 PAGE 3

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV: 1

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0035	CHIROPRACTOR CARE	21	400.17
0036	INJECTIONS AND DRUGS	2	2.30
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	12	360.08
0050	SURGERY - PHYSICIAN FEES	1	128.36
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	3	49.70
0062	HOSPITAL - OUTPATIENT EXTRAS	4	.00
0072	PSYCHIATRIC OFFICE VISIT COPAY	3	229.17
0088	DIAG LAB, XRAY AND OTHER TESTS	41	158.52
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	5	.00
0097	OFFICE VISIT CO-PAY	33	1899.15
0099	DOCTORS' VISITS	1	21.62
0100	PRESCRIPTION DRUG PROGRAM	41	987.79
0105	WELLNESS BENEFIT	14	635.63
0106	WELL CHILD BENEFIT	9	325.39
0384	OCCUPATIONAL THERAPY VISITS	2	1904.85
TOTAL		192	7102.73

	#	AMOUNT	AVERAGE
COMPUTER CHECK	150	6164.64	41.09
MANUAL CHECK	41	987.79	24.09
VOID	1	49.70-	49.70-
RECOVERY	0	.00	.00
TOTAL	192	7102.73	

	#	AMOUNT
INSURED	61	2787.59
DEPENDENT	131	4315.14
TOTAL	192	7102.73
ZERO CLAIMS	50	

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MUNICIPAL HEALTH BENEFIT FUND  
BENEFITS PAID - BY SERVICE CODE  
SUMMARY

PGM CHA503  
PAGE 2

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
TRUST: 1  
GROUP: 191  
DIVISION: ALL SUPPRESS GROUP SUMMARY N  
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
CLAIMS REC. DATE FROM ALL  
SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

TOTAL	#	AMOUNT	AVERAGE	#	AMOUNT
	0	.00	.00	0	.00
COMPUTER CHECK	0	.00	.00	0	.00
MANUAL CHECK	0	.00	.00	0	.00
VOID	0	.00	.00	0	.00
RECOVERY	0	.00	.00	0	.00
TOTAL	0	.00		0	

	#	AMOUNT
INSURED	0	.00
DEPENDENT	0	.00
TOTAL	0	.00
ZERO CLAIMS	0	

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MUNICIPAL HEALTH BENEFIT FUND  
 BENEFITS PAID - BY SERVICE CODE  
 SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND  
 TRUST: 1  
 GROUP: 191 CONWAY  
 DIVISION: ALL SUPPRESS GROUP SUMMARY N  
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y  
 CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015  
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL  
 CLAIMS REC. DATE FROM ALL  
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV: \_\_\_\_\_

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0015	VISION SERVICES-MEDICAL	2	.00
0035	CHIROPRACTOR CARE	21	329.34
0036	INJECTIONS AND DRUGS	11	74.17
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	9	238.05
0050	SURGERY - PHYSICIAN FEES	10	1762.56
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	1	.00
0062	HOSPITAL - OUTPATIENT EXTRAS	9	6239.72
0085	ROUTINE VISION BENEFIT	2	.00
0087	ANESTHESIA	1	720.00
0088	DIAG LAB, XRAY AND OTHER TESTS	156	1462.34
0097	OFFICE VISIT CO-PAY	45	3015.72
0099	DOCTORS' VISITS	2	.00
0100	PRESCRIPTION DRUG PROGRAM	303	10159.74
0105	WELLNESS BENEFIT	65	2342.50
0113	ROUTINE HEARING AID (RIGHT)	1	1400.00
0114	ROUTINE HEARING AID (LEFT)	1	1400.00
TOTAL		639	29144.14

	#	AMOUNT	AVERAGE
COMPUTER CHECK	336	18984.40	56.50
MANUAL CHECK	303	10159.74	33.53
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	639	29144.14	

	#	AMOUNT
INSURED	306	8469.32
DEPENDENT	333	20674.82
TOTAL	639	29144.14
ZERO CLAIMS	159	