City of Lynchburg
Procurement Division
900 Church Street
Lynchburg, Virginia 24504
Telephone No.: (434) 455-3970
Fax No.: (434) 845-0711

Addendum for Bid

Medical Plan

2016-061

Date: June 28, 2016

From: Stephanie Suter, CPPO, CPPB

RE: Addendum No. 1

This Addendum becomes a part of the bidding documents and modifies the Project Manual and Drawing as noted below. Acknowledge receipt of this Addendum in the space provided on the Bid Form. Failure to do so may subject bidder to disqualification.

1. The deadline for proposals has been extended to 4:00 PM, July 7, 2016.

2. Would you please confirm the number of eligible employees from the City, Under 65 Retirees, and Over 65 Retirees? We would like the same break out for Lynchburg City Schools. In addition to the enrolled employees, there are 26 active City employees who have waived medical coverage. In addition to the enrolled employees, there are 141 active School employees who have waived medical coverage.

3. Would you confirm that all employees, Under 65 Retirees, and Over 65 Retirees will be eligible to utilize the onsite clinic? The clinic is currently utilized by active employees only, however, options to expand to retirees and adult family members may be considered in the future.

4. For claims data, can we get a more detailed report showing claims for specific illnesses? We have many cost containment strategies depending on the specific health issues and care being provided. The attachments provided with the original RFP contain the most detailed reports currently available.

5. Regarding Stop Loss the, the RFP asks for a "24/12 and a 12/15 contract." Is this a request for a 24/12 specific stop loss and a 12/15 aggregate contract? Can we obtain the current stop loss contract rates and length for each entity so we are clear on what is being requested and compared against? Request is 24/12 specific and aggregate and a 12/15 specific and aggregate. City and Schools reinsurance contracts are attached.

6. On the census provided for the Schools, we cannot determine who on the census is a retiree. We see the location codes and have the group number matrix, but the census does not contain the group numbers. Can this be added to the census? Or if there is a way to determine who is a retiree that we are not understanding, please advise. The locations code is sufficient to determine the retirees.

7. Is the City and School District accepting proposals from insurance carriers who are working with a broker/consultant? No

8. Will different funding arrangements be considered, such as fully-insured or partially self-funded with stop-loss? Yes

9. Would Wellness plans, telephonic services and quality care programs be considered if incorporated into the plan designs? Yes

10. Would stop-loss proposals be accepted on a stand-alone basis, keeping current plan administrator and networks in place? We generally incorporate Wellness and Quality care plans into our stop-loss plans in order to reduce and control future cost as well. Yes

11. Do the City and Schools contribute to the retiree premium? Attached are the 2016 rate sheets for City and School retirees. School retirees pay 100% of the monthly premium.

12. The RFP instructs us to use May 2016 enrollment for the financial exhibits. The enrollment report is through April 2016. Will May be provided? Updated experience with May enrollment attached.

13. On the City location codes, there is a code for HRA. Is there an HRA (Health Reimbursement Account) tied to this benefit offering? No

14. Are there any fees (i.e. access fees or other fees) included in the paid claim numbers. No

15. Regarding the top 25 provider listings for the City and the Schools: Can these listings be provided in Excel? This will assist us in responding to the disruption request and have it in the same format for all carriers responding. These have been posted to the website in Excel.

16. Please advise if the pharmacy quotes are being requested. No, this will be issued as a separate RFP.

17. After reviewing the RFP, we see a Section D: Network Discount and a Section F: Cost Containment, but no Section E. Please advise if we are missing Section E or if one is coming at a later date? This is a typo; no missing section.

18. Please provide the current carrier Network Discount Report for both the City and Schools for the current review period and if possible, for the prior review period. This is not available at this time.

19. The summary of benefits provided for the City shows a $500 deductible. The SBC provided references a $650 deductible. Are both offered? Was the $500 plan amended? The deductible was changed to $650 in 2016.

20. Please advise if the Clinic's services/claims are included in the paid claims provided? Or are the Clinic's claims paid OUTSIDE of the health plan by the City/Schools. Outside.

21. Prior benefit history (i.e. plan changes) was noted, but we do not see the history of benefit changes. Can we receive a listing of the benefit changes from 2013 through 2016? City's plan was the same 2013-2015, the 2016 SBC notes changes (deductible etc.), schools benefits are the same 2013-2016 (only change was annual physicals added in 2016).

22. Is vision coverage requested? No

23. Please provide a claim file for pharmacy. This RFP is for medical only, and a separate RFP will be issued for pharmacy. Reports are attached.

24. On page 1, Title page, third paragraph - May we provide proposal contents in a sealed box rather than an opaque envelope with appropriate RFP information? Yes.

25. On page 2, I. Submission of Proposals, Letter A - Are files in excel acceptable? Yes.

26. On page 2, I. Submission of Proposals, Letter A – Is the City and Schools looking for one full file of the entire RFP or just the RFP documents in either word or pdf format? One full file is preferred.

27. On page 2, I. Submission of Proposals, Letter C – Is the City and Schools looking for a list of proprietary information or is it the expectation that all proprietary information be placed in one section? It is preferred that all proprietary information be contained in one section, however, if that is not feasible, a listing of all proprietary information should be submitted.

28. Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP Submission. Yes, as long as they have the authority.

29. On page 12, D. Networks/Discounts #1 – Would you like the network access results broken out by City and School or would you like them combined? Separate and combined

30. Page 3, III Scope of Services, requests that we submit multiple proposals for the Schools current plans, city current plan and combined (City Plan). Please confirm that the financial proposals can be placed in the same binder, just clearly identified by tabs with one questionnaire response. YES Or is the request that a set of binders is required for each quote – 1 original and 7 binders for city, 1 original and 7 binders for school, 1 original and 7 binders for combined quote. No

31. May we please obtain the summary of benefits and coverage for the School 1500 plan option. We see the SPD, but not the SBC. See attached.

32. Can you please elaborate on the financial costs associated with the onsite clinic? The clinic is currently managed by Centra Panoramic using providers from Centra Medical Group. The costs are budgeted and paid separately from the medical plan. The agreement for clinic services is an addendum to the PCHP contract. The City has $177,000 budgeted for the Health Management Program for FY2017; Schools have spent $101,580.62 on the Health Management Program as of May 31, 2016 for FY2016.

33. On pages 15-18 there are top provider reports. Is a disruption being requested? Not at this time

34. Does the group have Erisa or non-Erisa status? Non-Erisa.

35. What are the Employer/Employee contributions? See RFP attachments.

36. Does the group have Grandfathered or non-Grandfathered status? Non-grandfathered.

37. There are about 430 retirees. Are we requesting a separate quote for retirees? No, combined.

38. Do you want a separate geoaccess run for both the city and schools and then one combined? Yes.

39. Do you want a geoaccess run within a 10-mile standard and then one within a 20-mile standard? Yes.

READ TERMS AND CONDITIONS AND SIGN

In compliance with the above BID, and subject to all the conditions hereof, the undersigned offers and agrees to comply with any or all of the terms and conditions contained herein, or as mutually agreed upon by subsequent negotiations. This form shall become part of the final file.

*Company Name:*_____*Address:*_____*Date:*_____

*Authorized Signature:*_____*Title:*_____

*Print Name:*_____*Telephone No.:*_____*Fax No.:*_____

Arch
Insurance Group®

ARCH INSURANCE COMPANY
(A Missouri Corporation)

Home Office Address:
2345 Grand Blvd, Suite 900
Kansas City, MO 64108

Administrative Address:
300 Plaza 3, Third Floor
Jersey City, NJ 06311
Tel: (201)743-4000

VIRGINIA APPLICATION FOR STOP LOSS INSURANCE

Application Instructions:

1. Whenever used in this Application, Arch Insurance Company shall mean (The Company).
2. Whenever used in this Application, the term "Applicant" shall mean the insured and all subsidiaries.
3. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

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1. Name of Applicant (Plan Sponsor): City of Lynchburg
(Full Legal Name)
Street Address: 900 Church Street
City: Lynchburg State: VA Zip: 24504 Telephone:

Name and Telephone of Primary Contact: Telephone:

Federal Employer's Tax I.D.#: Number of Years in Business:

[X] Corporation [] Partnership [] Proprietorship [] Other

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2. Insurance/Business Type and Description: General Government, NEC SIC Code: 9199

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3. Name and Addresses of Subsidiaries to be covered:

Name:	Type of Business:	Relationship	Address (City, State, Zip)	Number of Employees:

4. Number of Employees at all Locations listed above:

[X] Active [X] COBRA [] Retirees [X] Disabled (those disclosed)

Single 804
Family 612

COBRA Continuees:
Retirees:

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5. Name of Administrator: Piedmont Community Health Plan
Tax I.D. #:
Street Address: 2316 Atherholt road

City: Lynchburg State: VA Zip: 24502

6. Proposed Effective Date of Policy: 01/01/2016

Policy Year Requested:
From 01/01/2016 to 12/31/2016 both days at 12:01 a.m. at the principal address of the insured.

[]Hospital domestic (inpatient) charge reimbursement limitations apply.

A. AGGREGATE STOP LOSS INSURANCE

7. Requested Under the Policy: [] Yes [X] No

BENEFITS TO BE INCLUDED:

[] Medical [] Dental [] Weekly Income [] Vision
[] Prescriptions (Major Med) [] Prescription Drug Card [] Other

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8. Policy Basis/Benefit Period for Aggregate Stop Loss Insurance (check one):

[] 12/12 [] 15/12 [] paid [] 12/15 [] other 24/12

Eligible Expenses Incurred from through ; and
Eligible Expenses Paid from through .

Claim Reporting Deadline:

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9. Aggregate Stop Loss Premium Rates Per Covered Unit: N/A

Annual aggregate premium: 0

Monthly Aggregate Accommodation Endorsement: 0

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10. Aggregate monthly factors: N/A

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11. Maximum Aggregate Benefit: $0 Minimum Attachment Point: $0

Run-in Limit (if applicable): $0

Benefit percentage payable: 0%
Losses for treatment rendered at Your facilities (Domestic Losses): N/A
Losses for treatment rendered at outside facilities (Foreign Losses): 0%

B: SPECIFIC STOP LOSS INSURANCE

12. Requested Under the Policy: [X] Yes [] No

    Benefit Description:

    [X] Medical [] Prescriptions (Major Med) [X] Prescription Drug Card [] Other(s)

13. Policy Basis/Benefit Period for Specific Stop Loss Insurance (check one):

    [] 12/12 [] 15/12 [] paid [] 12/15 [X] other 24/12

    Eligible Expenses Incurred From 01/01/2015 through 12/31/2016 ; and
    Eligible Expenses Paid from 01/01/2016 through 12/31/2016.

    Claim Reporting Deadline: 12/31/2017

14. Specific Deductible per covered: [X] Person $300,000 [] Family

    Aggregating Specific Deductible: 50,000 ☒ Entire group ☐ Named Individuals

    Maximum Specific Benefit minus the deductible per Policy Year per Covered Person: $0

    Run-in Limit (if applicable): $0.00

    Benefit percentage payable: 100%
    Losses for treatment rendered at Your facilities (Domestic Losses): N/A
    Losses for treatment rendered at outside facilities (Foreign Losses): 100%

15. Separate Individual Specific Deductible and/or individuals named under an Aggregating-Specific Deductible: N/A

16. Specific monthly premium rates:

    $9.20 Single
    $24.18 Family

    Annual specific premium: $266,340

    Specific Advance Funding Endorsement: [X] Included [] Not Included

C: SPECIFIC TRANSPLANT CRITICAL CARE

17. Requested Under the Policy: [ ] Yes [X] No

18. Transplant Deductible per Transplant per covered person:

19. Benefit percentage payable in excess of the specific transplant deductible: 100% in-network and 60% out-of-network

20. Maximum Specific Transplant benefit payable minus the Specific Transplant Deductible per Policy Year per Covered Person, while this policy is in force:

    Benefit percentage payable:

21. Specific monthly transplant premium rates:

    Single/Employee only Family (Employee/Spouse/Children)

    Annual specific transplant premium:

22. Additional options requested and included in premiums stated above:

- ☐ Organ transplant carved out
- ☐ [ASO]Specific Terminal Liability Option
- ☐ Aggregate Terminal Liability Option
- ☐ Other.....
- ☐ Specific Transplant Step-Down Deductible
- ☐ Specific Transplant Critical Care
- ☐ Family Specific Deductible
- ☐ None

23. A deposit of_____is enclosed to apply to the first payment under the Policy, if issued, subject to the requirements below. If the application is not accepted, the deposit will be returned.

It is understood and agreed that as a condition precedent to the approval of the Application that:

A. THE APPLICANT AGREES AND ACKNOWLEDGES THAT, DEPENDING UPON THE COVERAGE SELECTED AND THE TERMS OF ANY EXPIRING COVERAGE OR COVERAGE THE APPLICANT MAY ELECT IN THE FUTURE, THE APPLICANT MAY EXPERIENCE LOSSES THAT ARE NOT COVERED UNDER THE POLICY, WHEN ISSUED, OR UNDER ANY SUCH PRIOR OR SUBSEQUENT COVERAGE.

B. Any Stop Loss Insurance resulting from this Application shall be described in and shall be subject to the terms and provisions of the Policy, when issued. Such Policy shall become effective on the date specified in this Application; provided that, including, without limitation: (1) a true and correct Disclosure Statement has been received, (2) the underwriting requirements have been satisfied, (3) the required premiums have been paid, (4) a copy of the executed Plan is received and acceptable to the Company pursuant to paragraph C. below, and (5) the Policy has been issued.

C. Within ninety (90) days from the date of this Application, the Applicant shall furnish to Arch Insurance Company (the Company), for its approval, a copy of the executed employee benefit plan (the Plan) describing the benefits provided by the Plan. The Plan shall be kept on file in the office of the Company. No Policy will be released nor claim reimbursed until such time as an acceptable Plan is received and accepted by the Company. If a copy of the Plan is not received by the Company within ninety (90) days from the date of this application, all premium will be refunded and coverage will be automatically null and void retroactive to the proposed effective date. If in the sole judgment of the Company there is a material variance between the provisions of the Plan received by the Company, and the Plan provision upon which the terms and rates of the aggregate and specific excess coverage were based, the Company may, at its option, notify the Applicant of such variances and decline to release the Policy until such time as an amended Plan is received and accepted and, in the event such amended Plan is not received and accepted by the Company within thirty (30) days of such notice, all premium will be refunded and coverage will automatically be null and void retroactive to the proposed effective date.

D. The Applicant will provide or employ supervision and claim administration facilities acceptable to the Company to administer the Plan and to process and pay claims according to the Plan.

E. The receipt by the Company of the deposit listed in item number [23] of this Application and the deposit of any check drawn in connection with this Application shall not constitute an acceptance of liability. In the event that the Company does not approve this Application, its sole obligation shall be to refund the deposit to the Applicant.

F. The Applicant represents that the statements and declarations made in this Application, the Disclosure Statement, and in the Plan referred to in this Application are true and complete and the Policy, when issued, will be issued in reliance upon the truth and completeness of such statements and declarations. The Disclosure Statement, this Application and the Plan shall form a part of the Policy, and the Policy shall constitute all agreements existing between the Applicant and the Company, or any of their respective agents, relating to this Stop Loss Insurance for which this application is being made.

G. **NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant represents that it, directly or through its authorized agent, has read this Application in its entirety and has been given the opportunity to ask any questions it may have. The Applicant further understands that the insurance required does not start unless this Application is approved and accepted by the Company.

Date: 1-11-16
Applicant's Executive Officer (print): MARGARET M. SCHMITT
Title: H.R. DIRECTOR
Signature: Margaret M Schmitt

Date:
Insurance Agency:
Insurance Agency Taxpayer ID or SSN:

Licensed Agent's Name (print):
Title:
Agent License No.

Signature:_____

Arch Insurance Group®

A Division of the Arch Capital Group
A Missouri Corporation

Home Office Address:
2345 Grand Blvd, Suite 900
Kansas City, MO 64108

Administrative Address:
300 Plaza 3, Third Floor
Jersey City, NJ 06311
Tel: (201)743-4000

(Hereinafter called the Company, We, Us, Our)

STOP LOSS INSURANCE POLICY

POLICY NUMBER: 11ESL8315500

POLICYHOLDER: Lynchburg City Schools
(Hereinafter called the Policyholder, You, Your)

POLICY EFFECTIVE DATE: 01/01/2016

EXPIRATION DATE: 12/31/2016

PREMIUM DUE DATE: 01/01/2016, and on the same day each month.

STATE OF DELIVERY: Virginia

This Policy is a legal contract. We issue it in consideration of: (1) Your Application, (2) Your Disclosure Statement, and (3) Your payment of premiums when due. This Policy, Your Application, Your Disclosure Statement, and a copy of the Plan form the entire agreement between Us.

In issuing this Policy, We have relied upon the information (including, without limitation, information in the Disclosure Statement, Your Application, and the Plan) provided to Us by: (1) You, (2) Your Administrator, and (3) Your agent or broker. We have also relied on this information being both complete and accurate. If the information was incomplete or incorrect, We shall have the immediate right, subject to the Time Limit on Certain Defenses provision: (1) to modify the Policy to reflect the complete or correct information, or (2) to terminate the Policy upon written notice.

We agree to make payments in accordance with the provisions of this Policy.

In this Policy, "You" and "Your" refer to the Policyholder, and "We", "Us", and "Our" refer to Arch Insurance Company.

All periods of time under this Policy will begin and end at 12:01 A.M. local time at Your address.

This Policy is issued and governed by the laws of the state of delivery as indicated above.

Signed for Arch Insurance Company as of the Effective Date.

Patrick K. Nails
Secretary

John Mentz
President

STOP LOSS INSURANCE POLICY
Non-Participating

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SECTION 1- SCHEDULE OF STOP LOSS INSURANCE
(hereinafter referred to as the "Schedule")

POLICYHOLDER: Lynchburg City Schools

ADDRESS: 915 Court Street Lynchburg, Virginia 24504

ADMINISTRATOR: Piedmont Community Health Plan

ADDRESS: 2316 Atherholt road Lynchburg, VA 24502

POLICY YEAR:
Effective Date: 01/01/2016 **Expiration Date:** 12/31/2016

ALL AMOUNTS AND NUMBERS SHOWN IN THIS SCHEDULE APPLY ONLY TO THE POLICY YEAR IN EFFECT. A NEW SCHEDULE WILL BE ISSUED FOR EACH NEW POLICY YEAR.

A. [] AGGREGATE STOP LOSS INSURANCE: N/A

1. **BENEFITS COVERED:**

   []Medical [] Dental [] Weekly Income [] Vision
   [] Prescription Drug Card

2. **POLICY BASIS/BENEFIT PERIOD:**

   Eligible Expenses Incurred from _ through _; and

   Eligible Expenses Paid from _ through

   If this Policy terminates prior to the Expiration Date, no Aggregate Stop Loss Benefits will be payable and premium paid will not be refundable.

3. **MINIMUM AGGREGATE ATTACHMENT POINT:** The greater of [**$** 120% of expected claims _____] or the first month's enrollment times the Aggregate Monthly Factor(s).

4. **BENEFIT PERCENTAGE PAYABLE IN EXCESS OF THE AGGREGATE ATTACHMENT POINT:** 0%

5. **MAXIMUM AGGREGATE BENEFIT (WHILE COVERED, AND WHILE THIS POLICY IS IN FORCE):** $0

   AGGREGATE MONTHLY FACTOR (S):

8. **AGGREGATE MONTHLY PREMIUM (PER EMPLOYEE):** $0
   ANNUAL AGGREGATE PREMIUM: **$0**

9. **AGGREGATE LOSS LIMIT:** $0

B. [X] **SPECIFIC/INDIVIDUAL STOP LOSS INSURANCE:**

1. **BENEFITS COVERED:** [X] Medical
[X]Prescription Drug Card
[] Other(s)

2. **POLICY BASIS/BENEFIT PERIOD:**

Eligible Expenses Incurred from 10/01/2015 through 12/31/2016; and

Eligible Expenses Paid from 01/01/2016 through 12/31/2016.

If this Policy terminates prior to the Expiration Date, the Benefit Period will not extend past the date of termination. In addition, the deductible per Covered Person will apply as if the Policy were in force for the entire Policy Year.

3. **DEDUCTIBLE PER COVERED PERSON**: $350,000

4. **BENEFIT PERCENTAGE PAYABLE IN EXCESS OF THE SPECIFIC DEDUCTIBLE:** 100%

5. **MAXIMUM SPECIFIC BENEFIT PAYABLE MINUS THE SPECIFIC DEDUCTIBLE (PER LIFETIME PER COVERED PERSON), WHILE THIS POLICY IS IN FORCE:** Unlimited

6. **SPECIFIC MONTHLY PREMIUM RATE:**

$9.67 Single
$24.80 Family

[X] OPTIONAL RIDERS ELECTED:

[X] Specific Advance Funding Endorsement
[X] Virginia State Endorsement

SECTION 2 - DEFINITIONS

ADMINISTRATOR means an organization which has been retained by You and approved by Us to provide claim and administrative services for You.

AGGREGATE MONTHLY FACTOR means the amount applicable to each Covered Person as shown in the Schedule.

ANNUAL AGGREGATE ATTACHMENT POINT which is determined at the end of the Policy Year and is an amount equal to the product of the Aggregate Monthly Factor times the number of Covered Units for each applicable month during the Policy Year. The Minimum Annual Aggregate Attachment Point is stated in the Schedule and the Annual Aggregate Attachment Point is described in Section 3. This amount is that portion of the Eligible Expenses not covered by this Policy and entirely retained by You for the total Number of Covered Units in each Policy Year.

APPLICATION means the application for stop loss insurance submitted by You to Us in connection with the issuance of this Policy.

BENEFIT PERCENTAGE PAYABLE means the factor that determines the amount of the Maximum Benefit payable to You as shown in the Schedule. Separate benefit percentages may apply to either the Aggregate Stop Loss or to the Specific Stop Loss.

BENEFIT PERIOD means the period of time, as shown in the Schedule, during which a covered expense must be Incurred, and/or Paid to be eligible for reimbursement under this Policy.

COVERED MONTH is determined from the Effective Date. Each new Covered Month will begin on the date which corresponds with the Effective Date. If there is no such date in any applicable month, then the last date of that month will be used.

COVERED PERSON means an eligible employee or eligible dependent(s) .

COVERED UNIT includes an eligible employee, eligible employees and their dependents or such other defined individuals as specifically agreed upon between You and Us.

DISCLOSURE STATEMENT means the disclosure statement submitted by You to Us in connection with the issuance of this Policy.

ELIGIBLE EXPENSES means the reasonable and customary charges covered by the Plan and incurred by a Covered Person while insured under the Plan for medically necessary treatment, services and/or supplies prescribed by an attending physician.

EFFECTIVE DATE means the date the coverage begins as stated in the Schedule.

EXPERIMENTAL or **INVESTIGATIVE** means care, procedures, treatments, or technology that are not widely recognized and accepted as effective, safe and appropriate for the injury or illness by the medical profession in the United States, that are in research or investigative stage, or conducted for research or similar purposes; or for which the patient has been asked to give, or has signed, a release or other document, indicating that the treatment is Experimental or Investigative or other similar term.

In determining any of the criteria stated above We will rely on recognized medical sources such as, but not limited to the American Medical Association, the Council of Technology Assistance Program and the Council on Medical Special Services, the National Institute of Health, Medicare, the Food and Drug Administration; and other accepted medical authorities and sources.

INCURRED means the date on which an Eligible Expense was rendered to a Covered Person.

INITIAL AGGREGATE ATTACHMENT POINT means the annual aggregate attachment point as calculated on the Effective Date based upon the number of Covered Units at that time multiplied by the corresponding attachment factors and multiplied by twelve.

LATE ENROLLEE means any individual who makes a written application for coverage under the Plan more than a specified number of days (as indicated in the Plan) after first becoming eligible for coverage under the Plan.

LOSS OR LOSSES mean amounts Paid, in accordance with the Policy Basis/Benefit Period shown on the Schedule, by You or the Administrator on Your behalf for benefits under the Plan, in settlement of claims for benefits under the Plan; or in satisfaction of judgments for benefits under the Plan.

LOSS OR LOSSES, HOWEVER, DOES NOT INCLUDE:

1. any payment which does not strictly comply with the provisions of the Plan; or

2. any payment for which there is any other insurance, reinsurance or plan established pursuant to federal, state or local law or any other indemnity against Loss which would, except for the existence of this Policy, indemnify the Insured; or

3. extra-contractual damages of any nature, compensatory damages, exemplary and punitive damages or liabilities of any kind whatsoever, including but not limited to those resulting from negligence, intentional wrongs, fraud, bad faith or strict liability on the part of You, Your Administrator or Your agent or broker; or

4. salaries paid to Your employees as well as Your claim and administrative expenses; or

5. litigation costs and expenses.

MAXIMUM AGGREGATE BENEFIT means the amount stated in the Schedule.

MAXIMUM SPECIFIC BENEFIT means the amount stated in the Schedule.

MINIMUM AGGREGATE ATTACHMENT POINT means an amount equal to 95% of the product of the Initial Enrollment of the first Covered Month of the Policy multiplied by the corresponding Aggregate Monthly Factor multiplied by twelve.

MONTHLY AGGREGATE ATTACHMENT POINT means an amount equal to the product of the total Number of Covered Units per Covered Month of a Policy Year multiplied by the corresponding Aggregate Monthly Factor.

NUMBER OF COVERED UNITS means the total Covered Units existing in any one Covered Month and will be determined on a monthly basis in accordance with the definition of Covered Units; and the eligibility requirements of the Plan.

PAID (Payment) means that a claim has been adjudicated by the Administrator and the funds are actually disbursed by the Plan prior to the end of the Benefit Period. Payment of a claim must be unconditional and directly made to a Covered Person or their health care provider(s). Payment will be deemed made on the date that both You or Your Administrator directly tenders payment by mailing (or by other form of delivery) a draft or check; and the account upon which the payment is drawn contains, and continues to contain, sufficient funds to permit the check or draft to be honored by the institution upon which it is drawn.

PLAN means the employee benefit plan You provide Your eligible employees and their eligible dependents, as defined in this Policy, which has been received and accepted by Us. Plan does not include life insurance, accidental death and dismemberment insurance, long and short-term disability insurance coverages, or fully insured major medical insurance coverages.

POLICY YEAR means the specified period of time during which the coverage provided under this Policy is in effect, as stated in the Schedule.

SPECIFIC DEDUCTIBLE AMOUNT means the amount shown in the Schedule.

SECTION 3 - AGGREGATE STOP LOSS INSURANCE

If at the end of a Policy Year, Losses exceed the greater of the Annual Aggregate Attachment Point or the Minimum Aggregate Attachment Point shown in the Schedule, We will pay You an amount equal to:

1. the amount by which Losses Paid during the Benefit Period exceed the applicable Annual Aggregate Attachment Point or the Minimum Attachment Point, whichever is greater, multiplied by,

2. the Benefit Percentage Payable for Aggregate Stop Loss Insurance as shown in the Schedule, subject to

3. the Maximum Aggregate Benefit as shown in the Schedule.

Payment of Policy benefits is:

1. subject to all terms, conditions, limitations and exclusions in this Policy and the Plan, and

2. contingent upon Our receipt of satisfactory proof of Loss (including, without limitation, an on-site audit) in accordance with the terms of this Policy, and Your request for reimbursement.

Losses Paid under this Section 3 during any Policy Year will be determined according to the Policy Basis/Benefit Period for Aggregate Stop Loss Insurance as shown in the Schedule, and will not include any amount paid or payable by Us to You for the applicable Policy Year for Stop Loss Insurance according to the terms in [Section 4] of this Policy.

If this Policy terminates prior to the Expiration Date as shown in the Schedule no Aggregate Stop Loss Benefits will be payable.

SECTION 4 - SPECIFIC STOP LOSS INSURANCE

If during the Policy Year, or any fraction of a Policy Year, Losses for any Covered Person exceed the Specific Deductible Amount shown in the applicable Schedule, We will pay a benefit for such Covered Person in an amount equal to:

1. the amount by which Losses Paid during the Benefit Period exceed the Specific Deductible Amount as shown in the Schedule multiplied by:

2. the Benefit Percentage Payable for Specific Stop Loss Insurance as shown in the Schedule, subject to

3. the Maximum Specific Benefit as shown in the Schedule.

Payment of Policy benefits is:

1. subject to all terms, conditions, limitations and exclusions in this Policy and the Plan, and

2. contingent upon our receipt of satisfactory proof of Loss in accordance with the terms of this Policy and Your request for reimbursement, and

3. determined, for any Covered Person during the Policy Year, according to the Policy Basis/Benefit Period for Specific Stop Loss Insurance as shown in the Schedule.

   Payment will <u>not</u> include any amounts paid or payable by Us to You for Aggregate Stop Loss Insurance according to the terms in [Section 3] of this Policy.

<u>If this Policy terminates prior to the Expiration Date, the Benefit Period will not extend past the date of termination. In addition, the deductible per Covered Person will apply as if the Policy were in force for the entire Policy Year.</u>

SECTION 5 - EXCLUSIONS AND LIMITATIONS

Our liability under this Policy will not be increased if the Plan provides more liberal exclusions and limitations provisions.

In addition to the exclusions and limitations provided under the Plan, this Policy will not cover any of the following (unless such exclusion or limitation is specifically waived by rider or endorsement):

1. Deductibles, co-payment amounts, or any other charges which are not payable under the terms of the Plan or charges which are payable by the Plan, or to You from any other source.

2. Charges for Experimental or Investigative services, treatments or supplies; or drugs which have not been approved by the Food and Drug Administration for the diagnosed illness or injury.

3. Any charges for any occupational illness or injury which would be covered under Workers Compensation or similar occupational coverage.

4. Charges resulting from any extra or non-contractual damages or legal fees and expenses for the defense thereof, or any fines or statutory penalties.

5. Injury or illness which occurs due to a Covered Person's commission of, or attempt to commit a criminal act or while a Covered Person is engaged in an illegal activity.

6. Services done for cosmetic purposes, unless performed to correct functional disorders or congenital anomalies; or due to accidental injury occurring while that individual is a Covered Person.

7. Expenses for artificial insemination, invitro fertilization, gamete or zygote intrafallopian transfer, or reversal of voluntary sterilization.

8. Transplants of non-human, mechanical or artificial organs or tissue.

9. Expenses arising out of, caused by, contributed to or in consequence of war, declared or undeclared, civil war, hostilities, or invasion.

10. Expenses for any COBRA continuee or retiree whose continuation of coverage was not offered in a timely manner or according to COBRA regulations.

11. Expenses incurred as a result of any lost savings or discounts offered by a facility or provider due to untimely payment of the bill by You or Your Administrator.

SECTION 6 - TERMINATION

This Policy and all Policy benefits will terminate upon the earliest of:

1. on any premium due date, if the premium due on that date is not paid in full by the end of the Grace Period;

2. the premium due date following Our receipt of Your written notice to cancel or terminate this Policy;

3. on any premium due date We specify if We give You at least thirty-one days advance written notice to cancel or terminate this Policy;

4. the end of the Policy Year as shown in the Schedule;

5. the date of termination of the Plan or the Policy;

6. the date that You do not pay claims or make funds available to pay claims as required by the Plan; or

7. the date on which Your employees are covered under another employee benefit plan or fully insured medical program.

In addition, this Policy shall automatically terminate upon the cancellation of the agreement between You and the Administrator, unless We have, prior to such cancellation, agreed in writing to Your designation of a successor Administrator.

SECTION 7 - PREMIUMS

PAYMENT OF PREMIUMS

No coverage under this Policy shall be in effect until the first premium for the Policy is paid. For coverage to remain in effect, each subsequent premium must be paid on or before its due date. You are responsible for paying premiums when they become due. Premium due dates are determined from the Effective Date. Each premium due date is the same day of each month corresponding with the Effective Date. If there is no such date in any applicable month, the last day of that month shall be used.

GRACE PERIOD

We will allow a thirty-one day Grace Period for the payment of each premium due after the payment of the first premium. During this Grace Period, this coverage shall remain in effect. If any premium is not paid within this thirty-one day period, coverage under this Policy will automatically terminate without further notice. Such termination will be effective as of the premium due date immediately following the end of the last period for which the minimum monthly premium has been paid.

PREMIUM RATE CHANGE

We have the right to modify Aggregate Monthly Factor(s) or Specific Monthly Premium Rates on any of the following dates:

1. the effective date of any change in benefits or other amendment to the Plan; or

2. the date that You acquire or dispose of any subsidiary, affiliated company, corporate division or assets relating thereto; or

3. any Anniversary Date as shown on the cover page of this Policy; or

4. any premium due date, when there is a ten percent or more change in the number of Covered Persons during a Policy Year; or

5. at such time as We determine that the last two months of claims in the preceding Policy Year vary by more than ten percent from the average monthly paid claims for the prior ten months.

SECTION 8 - YOUR DUTIES

You shall be responsible for the investigating, auditing, calculating, and paying of all claims, and the defense of any legal action instituted against You.

You shall maintain and make available to Us, at all times, such information and records as We may reasonably require evidencing Your proof of payment of amounts which qualify for coverage under this Policy.

You shall maintain a record of any and all amounts paid in excess of payments required by the Plan.

You shall prepare and submit to Us the following:

1. a monthly report of the total claims paid during the month,

2. a monthly report of the total number of Covered Units under the Plan during the month,

3. any other report as required by Us, and

4. any notice of claim as required under this Policy.

You shall maintain records reasonably required by Us and shall furnish to Us upon Our request, all pertinent data with respect to Covered Persons.

You shall immediately notify us if You acquire or dispose of any subsidiary, affiliated company, corporate division or assets relating thereto.

You shall immediately notify Us of the date that You suspend active business operations or become insolvent or a bankruptcy action is commenced (whether voluntary or involuntary) or You are in liquidation or receivership.

You shall immediately notify Us if the Plan is amended or terminated.

If You do not give Us notice of amendment of the Plan Our liability is limited to the lesser of the benefits payable: a) under the Plan as revised; or b) as if the Plan had not been amended.

You may retain an Administrator as Your agent to perform any or all of the duties listed in this Section. We are not liable under this Policy for any charges or expenses that may be incurred by You and/or Your Administrator for the performance of these duties.

You and the Plan acknowledge that:

1. The Administrator is not Our agent.

2. Payments by or notices from Us to the Administrator are deemed received by You upon receipt by the Administrator. Payments from You to the Administrator are not deemed received by Us. We act only as a provider of stop loss insurance coverage to the Plan. We do not act as a fiduciary. We do not assume any duty to perform any of the functions or provide any of the reports required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

3. We must approve a change in Administrator prior to its occurrence.

SECTION 9 - GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy, Your Application, Your Disclosure Statement and a copy of the Plan constitute the entire contract between the parties.

No change in the Plan, made after the Effective Date, shall have any effect on benefits payable under this Policy, unless a copy of such change has been submitted to and approved in writing by one of Our officers or Our authorized representative.

This Policy does not create any right or legal relationship whatsoever between Us and a Covered Person or beneficiaries under the Plan. We shall not have any responsibility or obligation under this Policy to directly reimburse any Covered Person, or provider of professional or medical services for any benefits which are provided under the terms of the Plan. Our only liability under this Policy is to You. Only one of Our officers may change this Policy. No change shall be valid unless the change is agreed to by an officer of The Company in writing.

OTHER INSURANCE

The insurance coverage provided by this Policy shall be excess over any other valid group health, excess insurance, or group indemnity coverage unless such other coverage is specifically issued to be in excess of the insurance provided by this Policy.

NOTICE

For the purpose of any notice required under this Policy, notice to the Administrator is notice to You, and conversely, notice to You is notice to the Administrator.

EXAMINATION OF RECORDS

Your books and records, and the books and records of all of Your agents and representatives pertaining to the Plan and/or insurance provided by this Policy shall be available to Us and Our representatives during Your regular business hours for inspection and audit.

AMENDMENTS TO THE PLAN

Amendments to the Plan are not covered under this Policy unless We have approved the proposed change in writing; and You have agreed to pay any additional premium or to accept a higher Aggregate Monthly Factor(s) as a result of the Plan change.

CLERICAL ERROR

Clerical error will not invalidate insurance otherwise in effect nor continue insurance validly terminated. A clerical error does not include intentional acts or the failure to comply with the Plan or this Policy. If an error is discovered, an equitable adjustment in premium will be made. If a premium and/or factor(s) adjustment involves the return of unearned premium, the amount of the return will be limited to the premium for the twelve month period which precedes the date that We receive proof that such an adjustment should be made.

CONFORMITY WITH STATE STATUTES

If any provision of this Policy or its Effective Date conflicts with any applicable law, the provision will be deemed to conform with the minimum requirements of such law.

ASSIGNMENT

Your interest under this Policy is not assignable and any attempt to assign Your interest shall be null and void.

NON-PARTICIPATING

You are not entitled to share in Our surplus earnings.

NOTICE OF POTENTIAL CLAIM

You shall give Us a written notice of any potential claim within thirty days of the date You become aware of the existence of facts which would reasonably suggest the possibility that expenses covered under the Plan will be Incurred for which benefits may be payable under this Policy, and is equivalent to or exceeds fifty percent of the Specific Deductible Amount.

This notice shall include:

1. name of the Covered Person;
2. date of accident or onset of sickness;
3. nature of injury or sickness; and
4. estimated total cost of claim.

Your failure to furnish written notice of a potential claim within thirty days shall not invalidate or reduce the claim if it was not reasonably possible to give such notice within such time; provided that written notice is furnished to Us as soon as reasonably possible.

CLAIMS

We shall have the sole authority to pay or deny claims which exceed any Aggregate Attachment Point or Specific Deductible Amount. Claims shall be administered by Us or Our authorized representative. Claims must be submitted within thirty days after You have paid Eligible Expenses on behalf of any Covered Person. We are not obligated to reimburse a claim submitted after such period. However, We will reimburse such claim in the event You show that timely submission was not possible, and You made the submission as soon as possible.

In no event will We reimburse claims submitted more than one year after proof of the claim was otherwise due. All benefits will be paid to You as they become payable under this Policy.

Any objection, notice of legal action, or complaint, which is received on a claim processed by You or Your Administrator and on which it reasonably appears that benefits will be payable under this Policy, shall be brought to Our immediate attention.

LEGAL ACTION

No legal action to recover any benefits may be brought until sixty days after the date that written claim for benefits has been given to Us. No legal action may be brought more than three years after the Incurred date of the Loss for which benefits are claimed.

RENEWAL

At the end of a Policy Year, a subsequent Policy Year may be agreed to by You and Us. The Schedule in Section 1 will be amended to show the coverage and terms in effect during each subsequent Policy Year.

SUBROGATION

You shall pursue any and all valid claims against third parties arising out of any occurrence resulting in a Loss payment under the Plan in accordance with applicable law. You shall account for any amounts recovered. Should You fail to pursue any valid claims against third parties for good cause and We then become liable to make payment to You under the terms and conditions of the Policy, then We shall be subrogated to all of Your rights to the proceeds of a third party settlement or satisfied judgment; but only to the extent that said settlement or judgment specifically allocates a portion thereof to Eligible Expenses Incurred by a Covered Person prior to the date of settlement or judgment. You shall take such action, furnish such information and assistance, and execute such papers as We may require to facilitate enforcement of Our rights, and shall take no action prejudicing Our rights and interests under this Policy.

Any amounts that We recover shall be used to pay Our expenses of collection; and reimbursement for any amount that We may have paid or become liable to pay, to You under the terms of this Policy. All remaining amounts shall be paid to You.

MEDICARE

This Policy does not provide benefits for any Loss for which payment has been made or would have been made, if application has been made or eligibility maintained, under Part A or Part B of Medicare on behalf of a Covered Person. However, if a Covered Person is eligible for Medicare but has a right to be enrolled under the Plan, such exclusion shall not apply.

REINSTATEMENT

We may agree at Our sole option and without prejudice to Our rights under this Policy to reinstate coverage as of the effective date of cancellation, on receipt and approval of written application for reinstatement and any and all other material and/or information as We may request, including but not limited to all outstanding premiums plus interest due from the effective date of reinstatement at a rate of not less than 1.5% per month compounded monthly. No insurance shall be reinstated until We confirm such reinstatement to You in writing and any premiums have been paid.

LIABILITY AND INDEMNIFICATION

Except as specifically provided in any rider or endorsement, attached to and forming part of the Policy, We have no obligation to any third party. Our liability under this Policy is limited to reimbursing You for payments You make on behalf of Covered Persons for expenses covered under the Plan. You hold Us harmless for damages, of any kind, which are not caused by Our own acts or omissions. We are not responsible for any liability You assume under any contract of agreement other than the Plan.

TIME LIMIT ON CERTAIN DEFENSES

In the absence of fraud, all statements made by You shall be deemed representations and not warranties. If these statements appear as part of the written Application or other written instrument signed by the Policyholder, the Company may use them to contest this Policy. If the Company does, the Company will furnish You with a copy of the document in question. After two (2) years, only fraudulent misstatements may be used to contest the coverage under this Policy.

BANKRUPTCY/INSOLVENCY

The insolvency, bankruptcy, financial impairment, receivership, voluntary plan or arrangement with creditors, or dissolution of You or Your Administrator:

1. will not impose upon Us any liability or additional duties other than those defined can provided for in this Policy; (For example, We will have no responsibility to pay claims for Your Plan to ensure reimbursement under this Policy.) and
2. will not make Us liable to Your creditors, including Covered Persons.
3. will not relieve Us from the payment of any claim covered by this Policy.

Claims under the Plan must continue to be funded and Paid within contractual time frames in order to be eligible for reimbursement under this Policy.

ARCH INSURANCE COMPANY
(A Missouri Corporation)

Home Office Address:
2345 Grand Blvd, Suite 900
Kansas City, MO 64108

Administrative Address:
300 Plaza 3, Third Floor
Jersey City, NJ 06311
Tel: (201)743-4000

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
SPECIFIC ADVANCE FUNDING ENDORSEMENT.

This Endorsement is made a part of the Policy to which it is attached as of the Effective Date shown below. This Endorsement applies only to Losses that occur on or after the Effective Date. This Endorsement ends at the same time as the Policy. This Endorsement is subject to all of the provisions, terms and limitations of the Policy, excepts as they are changed by it.

Any changes in premium apply as of the first premium due date on or after the Effective date of this Endorsement.

It is agreed that the above Policy is amended on the Amendment Effective Date, as follows:

SPECIFIC ADVANCE FUNDING

In consideration for the additional premium shown in the Schedule, the Company will advance fund the Specific Stop Loss payments due to the Policyholder provided the conditions outlined below have been met:

1. After the Specific Deductible per Covered Person for the Benefit Period has been satisfied, the Policyholder must make an additional claim payment of at least $1,000. The Company will not provide advance funding if required payments have not been issued.

2. Subsequent reimbursements will be made only after such subsequent claim payments reach $1,000, or every three months, whichever comes first.

3. Claims submitted for advance funding must have been fully processed by the Administrator according to the terms of the Plan and must be ready for payment.

4. Normal specific claim audit procedures will be implemented prior to any payments being made by the Company.

5. The Policyholder's payment for Covered Benefits must be released to the providers of care within five (5) working days of receiving the advance funding check by the Company. Payment within this time period will be considered a paid claim within the Benefit Period. If these payments are not made within five (5) days, the advance funding check must be returned to the Company.

6. Any portion of the advance funding check not used to pay expenses, due to additional discounts or any other reason, must be returned to the Company within five (5) days.

7. The request for advance funding must be received by the Company prior to thirty (30) days before the end of the Policy Year. Requests received after that date are not eligible for advance funding.

This Amendment is subject to all the provisions of the Policy. Payment of the premium for the insurance provided by the Policy as endorsed constitutes Your acceptance of the terms of this Amendment.

All other terms and conditions of the Policy remain unchanged.

Endorsement Number: 1

Policy Number: 11ESL8315500

Named Insured: Lynchburg City Schools

This endorsement is effective on the inception date of this policy unless otherwise stated herein.

Endorsement Effective Date: 01/01/2016

Patrick K. Nails
Secretary

John Mentz
President

Arch Insurance Group®

ARCH INSURANCE COMPANY
(A Missouri Corporation)

Home Office Address:
3100 Broadway, Suite 511
Kansas City, MO 64111

Administrative Address:
One Liberty Plaza, 53rd Floor
New York, NY 10006
Tel: (800) 817-3252

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES ENDORSEMENT

This Endorsement is made a part of the Policy to which it is attached as of the Effective Date shown above. This Endorsement applies only to Losses that occur on or after the Effective Date. This Endorsement ends at the same time as the Policy. This Endorsement is subject to all of the provisions, terms and limitations of the Policy, excepts as they are changed by it.

Any changes in premium apply as of the first premium due date on or after the Effective date of this Endorsement.

SECTION 1 – SCHEDULE OF STOP LOSS INSURANCE is endorsed as follows:

The following is added:

Number of all employees under coverage:

[X] Active [X] COBRA [X] Retirees [X] Disabled

Single 927
Family 432

COBRA Continuees:
Retirees:

[] Prescriptions (Major Med) is added to Number A. 1.

Number A. 3. is deleted and replaced with the following:

MINIMUM ANNUAL AGGREGATE ATTACHMENT POINT: N/A

Number A. 7 & A. 8 are added as follows:

7. **AGGREGATE MONTHLY FACTOR (S): N/A**
8. **AGGREGATE RATE (PER EMPLOYEE): N/A**

MINIMUM ANNUAL AGGREGATE ATTACHMENT POINT: $0

Number B. 1 is deleted and replaced with the following:

1. **BENEFITS COVERED:** [X] Medical
[] Prescriptions (Major Med)
[X]Prescription Drug Card
[] Other(s)

Number B. 3 is deleted and replaced with the following:

3. SPECIFIC DEDUCTIBLE PER COVERED PERSON: $350,000

Number B. 5 is deleted and replaced with the following:

MAXIMUM SPECIFIC BENEFIT PAYABLE MINUS THE SPECIFIC DEDUCTIBLE (PER POLICY YEAR PER COVERED PERSON), WHILE THIS POLICY IS IN FORCE: Unlimited

Number B. 6 is deleted and replaced with the following:

6. SPECIFIC RUN IN LOSS LIMIT: N/A

Number B. 7 is added:

7. SPECIFIC MONTHLY PREMIUM RATE:
$9.67 Single
$24.80 Family

The following are added and included when appropriate:

[X] OPTIONAL RIDERS/ENDORSEMENTS:
[X] Specific Advance Funding Endorsement
[X] Virginia State Endorsement
[] Terminal Liability Option Endorsement
[] Organ Transplant Carve-Out Endorsement
[] Separate Specific Deductible Endorsement
[] Aggregating Specific Deductible Endorsement
[] ESL Policy Change Endorsement
[] Family Specific Deductible Endorsement
[] Specific Transplant Critical Care Endorsement
[] Specific Transplant Step Down Deductible Endorsement
[] Domestic Reimbursement Endorsement

[X] WAIVER OF ACTIVELY AT WORK ELECTED

SECTION 2 - DEFINITIONS is endorsed as follows:

The **DEFINITION** of **BENEFIT PERIOD** is deleted and replaced with:

BENEFIT PERIOD means the period of time, as stated in the Schedule, during which an Eligible Expense must be Incurred, and/or Paid to be eligible for reimbursement under this Policy.

The **DEFINITION** of **EXPERIMENTAL or INVESTIGATIVE** is deleted and replaced with:

EXPERIMENTAL OR INVESTIGATIVE SERVICES, means services, medical treatments, procedures, technology, supplies or drugs which:

1. have not been approved by the Federal Food and Drug Administration for the particular condition at the time the service, medical treatment, procedure, technology, supply or drug is provided; or
2. is the subject of ongoing Phase I, II, or III clinical trial as defined by the National Institute of Health, National Cancer Institute or the FDA; or
3. there is documentation in published U.S. peer-reviewed medical literature that states that further research, studies, or clinical trials are necessary to determine the safety, toxicity or efficacy of the service, medical treatment, procedure, technology, supply or drug ; or
4. the patient has been asked to sign or has signed a release or other document indicating that the treatment is experimental or investigative or other term of similar meaning; or
5. the treatment is governed by a written protocol that references determinations of safety, toxicity and/or efficacy in comparison to conventional alternatives and/or has been approved or is subject to the approval by an Institutional Review Board (IRB) or the appropriate committee of the provider institution.

In determining any of the above, the Company will rely on recognized medical sources such as, but not limited to, the American Medical Association, including the Council of Technology Assistance Program and the Council on Medical Special Services; the National Institute of Health; Medicare; the Food and Drug Administration and other accepted medical authorities and sources.

The **DEFINITION** of **LOSS OR LOSSES** is deleted and replaced with:

LOSS OR LOSSES mean Eligible Expenses Paid, in accordance with the Policy Basis/Benefit Period shown on the Schedule, by You or the Administrator on Your behalf for benefits under the Plan, in settlement of claims for benefits under the Plan; or in satisfaction of judgments for benefits under the Plan.

LOSS OR LOSSES, HOWEVER, DOES NOT INCLUDE:

1. any payment which does not strictly comply with the provisions of the Plan; or
2. any payment for which there is any other insurance, reinsurance or plan established pursuant to federal, state or local law or any other indemnity against Loss which would, except for the existence of this Policy, indemnify the Insured; or
3. any extra or non-contractual damages of any nature, compensatory damages, exemplary and punitive damages or liabilities of any kind whatsoever, including but not limited to those resulting from negligence, intentional wrongs, fraud, bad faith or strict liability on the part of You, Your Administrator or Your agent or broker; or
4. salaries paid to Your employees as well as Your claim and administrative expenses, consulting fees, or services provided on Your behalf by a third party; or
5. litigation costs and expenses.

The **DEFINITION** of **MINIMUM AGGREGATE ATTACHMENT POINT** is deleted and replaced with:

MINIMUM ANNUAL AGGREGATE ATTACHMENT POINT means the amount stated in the Schedule.

The following **PROVISIONS** are added to **SECTION 9-GENERAL PROVISIONS**:

RECOVERY OF OVERPAYMENT

If benefits are overpaid, We have the right to recover the amount overpaid by the following methods:

1. A request for lump sum payment of the overpaid amount; or
2. A reduction of any amounts payable under the Policy.

OFFSET
We have the right to offset any Losses payable to You under this Policy against premiums due and unpaid by You *or against any overpayment of benefits.* This right will not prevent the termination of this Policy for the non-payment of premium under the Termination provision of this Policy.

SUBCONTRACTING
Our rights and obligations under this Policy may be performed wholly, or in part, through an authorized representative, subsidiary, affiliate or parent of the Insurance Company. Any subcontracting agreement made by Us will not increase or diminish the rights or obligations of the Policyholder or the Insurance Company.

All other terms and conditions of the Policy remain unchanged.

Endorsement Number: 2

Policy Number: 11ESL8315500

Named Insured: Lynchburg City Schools

This endorsement is effective on the inception date of this policy unless otherwise stated herein.

Endorsement Effective Date: 01/01/2016

Patrick K. Nails
Secretary

John Mentz
President

PRIVACY POLICY AND PRACTICES OF ARCH INSURANCE COMPANY (ARCH)

Insurance companies must collect a certain amount of nonpublic personal information to serve customers and administer business. ARCH values your trust and is committed to the responsible management, use and protection of your nonpublic personal information. This notice describes our policy regarding the collection and disclosure of nonpublic personal information.

What is nonpublic personal information?

Nonpublic personal information, as used in this notice, means information that identifies an individual personally and is not otherwise available to the public. It includes information such as credit history, income, financial benefits, policy or claim information. It also includes personal health information such as individual medical records or information about an illness, disability, or injury.

Why does ARCH collect nonpublic personal information?

ARCH collects nonpublic personal information to support our normal business operations. We may obtain nonpublic personal information directly from you or from other parties, such as a consumer reporting agency. Personal information such as a name, address, income, payment history or credit history is gathered from sources such as applications, transactions and consumer reports.

With whom might ARCH share your nonpublic personal information?

We only disclose nonpublic personal information about you as permitted or as required by law. ARCH's employees have access to nonpublic personal information in the course of doing their jobs which includes underwriting policies, paying claims, developing new products or advising customers of our products and services. ARCH may share nonpublic personal financial information with our affiliates, such as insurance companies, agents, brokerage firms and administrators.

ARCH may also share information with unaffiliated third parties, including agents, brokerage firms, insurance companies, administrators and other service providers. We may also disclose nonpublic personal information as required by law. We may disclose personal health information with proper written authorization or as otherwise permitted or required by law.

What does ARCH do to make sure that nonpublic personal information is secure and confidential?

ARCH uses manual and electronic security procedures to maintain the confidentiality of personal information in our possession and guard against unauthorized access. Some techniques we employ to protect information include locked files, user authentication, firewall technology, and the use of detection software.

ARCH is responsible for identifying information that must be protected, providing an adequate level of protection for that data and granting access to protected data only to individuals who must use it in the performance of their job-related duties.

Does ARCH maintain confidentiality of nonpublic personal information after a policy expires?

ARCH will continue to follow this policy regarding nonpublic personal information even when you are no longer our customer.

We reserve the right to change our privacy policy. You will receive a notice of any such change.

2016 Retiree Medical Rates

Medical Pre 7/1/1996 Hiredate

	Employee Monthly Contribution	Employer Monthly Contribution	Total Monthly Contributions	COL % Paid
Retiree <65				
Retiree	$19	$367	$386	95%
Retiree & Child	$198	$420	$618	68%
Retiree & Spouse<65	$247	$526	$773	68%
Retiree & Spouse>65	$179	$381	$560	68%
Retiree <65 + Family	$408	$867	$1,275	68%
2 Married City Retirees <65 + Family	$115	$1,160	$1,275	91%
Retiree >65				
Retiree	$8	$154	$162	95%
Retiree & Child	$128	$273	$401	68%
Retiree & Spouse<65	$180	$381	$561	68%
Retiree & Spouse>65	$104	$220	$324	68%
Family	$345	$733	$1,078	68%

Dental Pre 7/1/1996 Hiredate

Retiree	$0	$28	$28	100%
Retiree & Child	$22	$28	$50	100%
Retiree & Spouse	$22	$28	$50	100%
Retiree & Family	$39	$28	$67	100%

Medical Post 7/1/1996 Hiredate

	Employee Monthly Contribution	Employer Monthly Contribution	Total Monthly Contributions	
Single Retiree <65	$386	$0	$386	0%
Retiree <65 & Spouse <65	$773	$0	$773	0%
Retiree <65 & Child	$618	$0	$618	0%
Retiree <65 & Family	$1,275	$0	$1,275	0%

Dental Post 7/1/1996 Hiredate

Single Retiree <65	$28	$0	$28	0%
Retiree <65 & Spouse <65	$50	$0	$50	0%
Retiree <65 & Child	$50	$0	$50	0%
Retiree <65 & Family	$67	$0	$67	0%

Lynchburg City Schools

Retiree Monthly Premiums
Premiums Effective January 1, 2016 thru December 31, 2016

Retiree Monthly Health Premium Schedule for 750 Deductible	
Type of Coverage	Medical Premium - $750 Deductible
Single	$458.28
Employee + Spouse	$793.00
Employee + Child	$634.00
Employee + Children	$756.16
Family	$948.64

Retiree Monthly Health Premium Schedule for 1500 Deductible	
Type of Coverage	Medical Premium - $1500 Deductible
Single	$432.21
Employee + Spouse	$748.00
Employee + Child	$598.00
Employee + Children	$717.46
Family	$903.31

Retiree Monthly Dental Premium Schdeule	
Type of Coverage	Dental Premium
Single	$28.00
Employee + One Dependent	$50.00
Family	$76.00

Retiree Monthly Vision Premium Schdeule	
Type of Coverage	Vision Premium
Single	$4.08
Employee + One Dependent	$8.16
Family	$12.24

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

The City of Lynchburg

Fees & Recoveries

	Admin Fees	Reinsurance Fees	Reinsurance Recoveries
Jan-12	$ 39,825.72	$ 28,034.05	$ -
Feb-12	$ 39,626.84	$ 28,034.08	$ 148.50
Mar-12	$ 40,646.10	$ 28,737.55	$ -
Apr-12	$ 40,273.20	$ 28,382.71	$ -
May-12	$ 39,974.88	$ 28,152.35	$ -
June-12	$ 39,776.00	$ 28,127.47	$ -
July-12	$ 39,651.70	$ 28,046.53	$ -
Aug-12	$ 39,999.88	$ 28,052.75	$ -
Sep-12	$ 40,049.46	$ 28,320.45	$ -
Oct-12	$ 46,814.30	$ 30,870.73	$ -
Nov-12	$ 46,934.42	$ 31,340.27	$ -
Dec-12	$ 47,067.00	$ 31,509.56	$ 130,616.49
Jan-13	$ 46,864.00	$ 31,079.28	$ -
Feb-13	$ 45,965.00	$ 30,440.79	$ -
Mar-13	$ 45,443.00	$ 30,420.72	$ 256.80
Apr-13	$ 45,849.00	$ 30,622.34	$ -
May-13	$ 46,922.00	$ 31,812.09	$ -
Jun-13	$ 46,139.00	$ 30,958.40	$ -
Jul-13	$ 46,197.00	$ 31,126.49	$ -
Aug-13	$ 46,516.00	$ 31,395.35	$ -
Sep-13	$ 46,748.00	$ 31,590.26	$ -
Oct-13	$ 48,687.00	$ 30,750.11	$ 9,699.63
Nov-13	$ 49,730.00	$ 31,274.31	$ -
Dec-13	$ 49,257.00	$ 31,079.42	$ -
Jan-14	$ 50,499.00	$ 25,524.46	$ -
Feb-14	$ 50,313.00	$ 25,757.86	$ -
Mar-14	$ 49,786.00	$ 32,505.93	$ -
Apr-14	$ 50,034.00	$ 25,730.86	$ -
May-14	$ 50,158.00	$ 25,709.22	$ -
Jun-14	$ 50,096.00	$ 25,595.54	$ -
Jul-14	$ 50,220.00	$ 25,822.86	$ -
Aug-14	$ 50,127.00	$ 25,671.32	$ -
Sep-14	$ 50,034.00	$ 25,628.06	$ -
Oct-14	$ 53,194.00	$ 25,693.04	$ -
Nov-14	$ 52,837.00	$ 25,287.12	$ -
Dec-14	$ 53,229.00	$ 25,530.64	$ -
Jan-15	$ 53,361.00	$ 26,453.64	$ -
Feb-15	$ 52,866.00	$ 26,201.44	$ -
Mar-15	$ 53,724.00	$ 26,544.38	$ -
Apr-15	$ 52,800.00	$ 26,280.24	$ -
May-15	$ 53,229.00	$ 26,178.98	$ -
Jun-15	$ 53,097.00	$ 26,375.88	$ -
Jul-15	$ 53,130.00	$ 26,325.24	
Aug-15	$ 53,064.00	$ 26,252.12	
Sep-15	$ 53,328.00	$ 26,454.74	
Oct-15	$ 56,032.68	$ 26,843.16	
Nov-15	$ 55,768.68	$ 26,556.10	
Dec-15	$ 56,043.24	$ 26,584.30	
Jan-16	$ 57,563.88	$ 22,415.62	
Feb-16	$ 57,459.60	$ 22,457.42	
Mar-16	$ 56,740.20	$ 22,166.44	
Apr-16	$ 65,026.08	$ 22,142.36	
May-16	$ 56,382.48	$ 22,246.98	

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

Claims Paid October 1, 2013 through September 30, 2014

Location	Relationship	Medical Paid	Recent Diagnosis	Prognosis
Retiree	Spouse	$ 167,614.91	COPD, heart failure, s/p MI	Poor
Active	Spouse	$ 161,870.11	cancer	Fair
Active	Employee	$ 150,599.51	cancer	Fair
Active	Employee	$ 130,667.75	malignant neoplasm supraglottis	Plan termed 2/28/14
Active	Employee	$ 130,259.37	thyroid cancer, s/p surgery	Plan Termed 5/31/14
Active	Spouse	$ 111,251.62	circulatory system	Fair to good
Retiree	Employee	$ 100,564.83	cancer	Fair
Retiree	Employee	$ 97,964.11	diabetes	Fair
Retiree	Employee	$ 95,337.93	s/p total knee revision	Fair to good
Active	Employee	$ 86,118.41	benign neoplasm	Fair
Retiree	Employee	$ 85,467.63	cancer	Fair
Active	Spouse	$ 79,123.58	digestive system	Fair
Active	Spouse	$ 76,909.40	ischemic heart disease	Fair
Active	Spouse	$ 76,463.92	cerebrovascular disease	Fair
Retiree	Employee	$ 64,059.10	pancreatic cancer	Expired 4/17/14
Retiree	Employee	$ 62,594.24	respiratory disease	Fair
Active	Spouse	$ 62,409.44	circulatory system	Fair
Active	Spouse	$ 58,109.56	cancer	Fair
Retiree	Employee	$ 56,676.16	musculoskeletal	Fair

Claims Paid January 1, 2015 through December 31, 2015

Location	Relationship	Medical Paid	RX Plan Paid	Recent Diagnosis	Prognosis
Active	Spouse	$ 307,763.92	$ 786.79	Bacterial Disease	Expired plan termed 7/15/15
Active	Spouse	$ 255,073.81	$ 2,449.55	Cancer	Fair
Active	Child	$ 251,116.74	$ -	Congenital Anomalie of Heart	Fair
Retiree	Employee	$ 226,896.04	$ 2,622.19	Complications of Medical Care	Fair
Retiree	Employee	$ 203,206.24	$ 8,199.43	Disease of Circulatory System	Plan termed 6/30/15
Active	Spouse	$ 166,622.31	$ 49.85	Cancer	Fair
Active	Employee	$ 147,479.11	$ 3,819.68	Cancer	Fair
Active	Employee	$ 144,836.31	$ 5,129.88	Rheumatism	Fair
Retiree	Employee	$ 116,210.63	$ -	Disease of the Digestive System	Plan termed 1/18/15
Retiree	Employee	$ 109,697.44	$ 2,995.74	Disease of the Respiratory System	Fair
Retiree	Spouse	$ 105,852.91	$ 317.28	Disease of the Nervous System	Fair
Active	Employee	$ 99,380.67	$ 306.83	Cancer	Fair
Active	Spouse	$ 98,226.08	$ 385.54	Disease of the Genitourinary System	Fair
Retiree	Employee	$ 85,246.41	$ 6,983.92	Cancer	Fair
Retiree	Employee	$ 70,700.73	$ 64.20	Disease of the Blood	Fair
Active	Spouse	$ 70,655.96	$ 154.34	Cancer	Plan termed 9/30/15
Active	Employee	$ 67,343.29	$ -	Aftercare	Fair
Retiree	Employee	$ 62,857.75	$ 27,372.19	Pulmonary Hypertension	Fair
Active	Spouse	$ 62,685.76	$ 19.90	Cancer	Fair

Claims Paid January 1, 2016 through May 31, 2016

Location	Relationship	Medical Paid	RX Plan Paid	Recent Diagnosis	Prognosis
Retiree	Employee	$ 149,233.81	$ 152.01	Heart Failure	Poor to Fair
Active	Employee	$ 108,171.64	$ 13.64	Brain Tumor	Fair
Retiree	Employee	$ 93,039.75	$ 245.74	Heart Disease	Fair
Active	Spouse	$ 88,439.20	$ 249.10	Cancer	Fair
Active	Employee	$ 87,648.99	$ 1,442.66	Cancer	Fair
Active	Employee	$ 86,171.07	$ 455.17	Cancer	Fair
Active	Employee	$ 81,248.99	$ 355.32	Circulatory	Fair
Active	Child	$ 70,079.32	$ 510.42	Menatal	Fair
Active	Employee	$ 59,848.63	$ 879.59	Neoplasms	Fair
Retiree	Employee	$ 59,567.08	$ 5,134.64	Kidney Failure	Termed 3/30/16
Active	Employee	$ 52,903.11	$ 553.47	Cancer	Term 4/16
Retiree	Employee	$ 50,095.11	$ -	Circulatory	good

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

The City of Lynchburg
Paid Medical Claims

	Active										Over 65								Under 65							
	EE+C		EE+1		EE+S		FMLY		SNGL		EE+C		EE+S		FMLY		SNGL		EE+C		EE+S		FMLY		SNGL	
	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP
Jan-10	$17,391.58	$17,442.13	$0.00	$0.00	$24,095.38	$38,308.58	$12,796.83	$73,870.08	$9,613.01	$75,408.52		$0.00	$16,470.55	$9,894.61	$0.00	$1,346.68	$6,997.79	$7,100.44	$0.00	$510.50	$26,252.74	$19,512.69	$0.00	$3,059.64	$23,401.11	$31,185.42
Feb-10	$76,643.74	$24,723.11	$0.00	$0.00	$114,146.83	$34,624.23	$29,576.25	$85,640.13	$24,193.87	$56,187.88			$1,275.25	$8,860.70		$362.64	$3,661.57	$2,301.79	$0.00	$1,087.28	$33,706.17	$24,485.05		$4,191.64	$0.00	$22,488.42
Mar-10	$10,152.95	$26,509.81	$0.00	$0.00	$93,739.84	$32,033.52	$45,418.28	$103,854.69	$13,877.13	$102,341.63			$29,120.32	$49,813.98		$502.23	$11,486.32	$7,357.99	$10,803.48	$10,132.86	$3,895.79	$27,595.85	$0.00	$7,331.96	$21,188.84	$42,536.10
Apr-10	$45,904.96	$23,037.85	$0.00	$0.00	$12,573.21	$32,884.88	$66,541.00	$80,496.23	$27,009.43	$61,436.98			$8,109.07	$1,928.83		$79.20	$301.90	$3,084.07	$292.08	$13,322.64	$68,233.15	$20,727.13	$43,642.42	$5,880.35	$46,702.97	$25,556.27
May-10	$2,669.79	$58,957.67	$0.00	$0.00	$25,493.08	$28,404.66	$127,108.39	$95,515.81	$17,331.59	$94,554.81			-$7,157.31	$44,284.08		$107.11	$5,566.88	$6,148.56	$10,786.88	$52,489.59	$125,590.02	$31,700.45	$0.00	$8,379.48	$11,732.05	$30,460.57
Jun-10		$17,007.91	$0.00	$0.00	$126,164.23	$31,094.88	$38,615.07	$103,115.05	$42,767.71	$107,956.12			$3,437.50	$22,411.85	$1,100.00	$206.73	$3,522.28	$31,475.84	$1,633.73	$40,909.75	$38,252.68	$21,549.61	$0.00	$2,628.31	$17,082.68	$37,461.91
Jul-10		$25,059.15	$0.00	$0.00	$10,833.91	$61,946.87	$154,165.51	$62,329.56	$47,384.29	$82,068.00		$0.00	$1,100.00	$20,120.41	$0.00	$129.10	$1,551.57	$3,024.77	$0.00	$4,896.06	$11,377.28	$32,198.47	$0.00	$2,966.20	$0.00	$46,343.42
Aug-10	$27,160.56	$20,397.46	$0.00	$0.00		$23,913.17	$52,768.31	$89,189.22	$41,714.73	$91,922.02			$1,940.08	$6,251.64		$275.07	$9,965.85	-$19,964.89	$55,837.12	$1,176.79	$51,980.51	$15,926.69	$0.00	$6,549.76	$3,356.44	$38,133.78
Sep-10	$106,237.15	$19,063.47	$0.00	$0.00	$25,605.33	$33,288.70	$87,145.38	$80,170.68	$103,756.28	$88,774.20		$0.00	$9,708.39	$42,549.41		$173.46	$11,769.63	$8,158.32	$20,219.24	$8,135.07		$26,124.46	$4,234.41	$16,924.15	$6,422.78	$30,664.43
Oct-10	$190.17	$18,639.98	$0.00	$0.00	$3,687.82	$16,444.48	$9,642.10	$75,391.09	$42,177.02	$119,267.97		$0.00	$485.10	$32,627.72	$0.00	$192.87	$5,526.10	$5,408.70	$1,100.00	$1,273.38		$20,463.25	$90.92	$9,182.43	$5,977.90	$28,180.24
Nov-10	$8,270.13	$24,248.63	$0.00	$0.00	$34,314.89	$25,467.80	$48,492.68	$107,157.48	$44,810.70	$81,481.18		$0.00	$1,012.57	$34,180.27	$0.00	$658.80	$12,292.73	$6,361.22	$154.23	$5,785.02		$19,439.59	$72,963.41	$3,978.90	$117,606.78	$40,938.86
Dec-10	$9,679.60	$24,619.95	$0.00	$0.00	$8,487.89	$36,341.48	$14,643.90	$98,959.36	$19,090.75	$69,046.49		$0.00	$1,105.43	$10,792.33	$1,100.00	$31.20	$2,260.00	$5,036.00	-$126.28	$4,115.34	$4,238.52	$30,853.17	$0.00	$7,533.95	$17,189.01	$26,165.66
Jan-11	$0.00	$35,885.18	$0.00	$0.00	$12,454.67	$36,360.70	$37,784.90	$64,560.80	$16,220.33	$100,506.30			$1,133.08	$40,412.93	$0.00	$280.01	$42,727.65	$7,399.28	$8.64	$2,744.16	$68,636.90	$18,301.98		$8,341.19	$117,217.20	$26,657.62
Feb-11	$4,110.38	$12,461.60	$0.00	$0.00	$43,903.92	$53,001.69	$57,151.86	$81,642.06	$65,402.62	$73,497.97		$0.00	$1,267.54	$26,831.74	$0.00	$137.86	$10,060.54	$13,517.33		$429.53	$2,101.26	$12,213.04		$5,580.32	$10,215.72	$6,684.57
Mar-11	$1,850.34	$18,127.35	$0.00	$0.00	$132,001.93	$52,997.71	$51,794.93	$91,287.75	$77,622.13	$94,799.34		$0.00	$1,151.85	$9,534.52	$0.00	$1,041.27	-$22,178.01	$5,114.61	$0.00	$3,103.43	$10,442.74	$14,468.22	$0.00	$5,022.08	$70.96	$34,856.38
Apr-11	$4,928.80	$27,410.68	$0.00	$0.00	$16,256.12	$36,151.02	$225,055.88	$60,689.08	$25,977.55	$91,829.17		$0.00	$0.00	$42,035.31	$0.00	-$429.73	$2,731.11	-$693.24	$7,680.10	$698.43	$0.00	$11,702.19	$5,789.58	$5,529.95	$0.00	$33,743.13
May-11	$0.00	$14,760.86	$0.00	$0.00	$1,085.73	$26,631.92	$262,250.73	$71,508.34	$5,381.96	$107,426.93		$0.00	$3,669.68	$45,085.44	$0.00	$68.34	$4,987.94	$2,629.51		$3,011.41	$0.00	$13,403.11	$247.27	$4,660.85		$13,737.29
Jun-11	$0.00	$12,615.51	$0.00	$0.00	$6,099.03	$26,472.15	$92,275.78	$114,769.01	$59,440.55	$118,626.17		$0.00	$2,734.72	$13,677.40	$1,132.00	$319.40	$4,818.85	$1,539.72	$0.00	$1,807.13	$0.00	$16,139.16	$0.00	$7,534.55	$0.00	$26,178.88
Jul-11	$0.00	$20,170.35	$0.00	$0.00	$16,074.55	$59,451.42	$174,203.96	$86,206.69	$31,059.06	$47,936.71		$0.00	-$881.22	$25,064.98		$36.02	$6,696.23	$1,442.17		$3,468.54	$8,832.12	$18,230.34		$7,722.30	$982.99	$44,217.99
Aug-11		$34,054.91	$0.00	$0.00	$43,687.44	$31,769.30	$345,321.82	$105,982.22	$33,057.53	$107,128.79	$1,132.00	$0.00	$2,287.27	$17,474.43	$903.14	$5,102.90	$3,002.52	$8,664.76	$0.00	$513.43	$21,247.88	$21,204.64	$2,851.21	$16,009.48	$13,297.00	$37,561.58
Sep-11	$0.00	$12,947.07	$0.00	$0.00	$173.20	$31,455.54	$162,268.96	$111,343.83	$5,015.73	$67,537.22			$0.00	$2,862.23		$117.44	$8,697.75	$7,213.38	$178.26	$111.37	$12,796.06	$19,162.47		$3,551.80	$23,709.05	$37,350.52
Oct-11	$14,924.36	$22,550.80	$0.00	$0.00	$11.87	$36,392.14	$46,669.12	$78,387.69	$990.00	$104,029.34			$10.30	$3,930.10		$411.30	$4,950.04	$6,970.18		$8,095.41	$24,602.82	$14,412.53		$9,597.65	$1,056.00	$38,225.98
Nov-11	$749.76	$46,995.35	$0.00	$0.00	$74,092.06	$30,764.92	$97,238.46	$103,495.36	$84,800.64	$109,181.85	$0.00	$0.00	$9,719.99	$2,581.78	$171.57	$5,880.74	$15,925.10	$3,093.63	$0.00	$997.61	$990.00	$32,869.90	$0.00	$10,295.17	$5,024.39	$21,994.83
Dec-11		$15,406.61	$0.00	$0.00	$63,432.58	$22,360.37	$94,297.98	$87,262.43	$111,350.95	$126,801.91			$100.12	$6,676.78		$1,920.25	$5,709.28	$6,194.00	$1,132.00	$385.21	$24,885.70	$29,999.43		$6,668.25	$42,969.03	$27,596.88
Jan-12	-$9,068.47	$21,054.07	$0.00	$0.00	$39,165.15	$28,921.29	$37,496.08	$79,899.51	$185,142.81	$103,158.63			$1,132.00	$5,833.24		$97.27	$6,214.07	$9,068.26	$46.42		$11.87	$25,435.53		$9,947.83	$18,186.00	$17,821.48
Feb-12	$0.00	$40,534.69	$0.00	$0.00	$6,547.89	$68,437.19	$82,274.38	$91,576.91	$66,603.05	$71,902.33	$0.00	$53.54	$2,371.50	$2,952.12	$0.00	$542.88	$4,857.62	$15,719.69	$37.96	$183.63	$2,636.12	$48,398.37	$316.80	$20,444.27	$0.00	$22,278.14
Mar-12	$7,351.45	$14,776.72	$0.00	$0.00		$44,925.96	$10,800.89	$123,815.55	$21,519.70	$121,753.28	$0.00	$0.00	$7,538.49	$10,219.87		$137.95	$3,938.51	$7,953.89		$805.42	$63.65	$33,018.27	$1,823.28	$19,730.13		$10,291.99
Apr-12	$23,069.38	$15,268.22	$0.00	$0.00	$72,519.95	$28,063.55	$18,014.64	$109,217.97	$7,539.71	$48,795.76		$0.00	$61.12	$17,867.13	$0.00	$3,322.92	$16,043.21	$13,050.52		$2,443.77	$26,579.39	$18,828.63	$851.39	$16,491.62	$1,156.65	$30,165.35
May-12	$1,893.45	$16,019.54	$0.00	$0.00	$22,199.63	$39,511.39	$58,596.83	$161,854.86	$123,915.20	$117,295.48	$0.00	$0.00	$1,156.00	$4,066.24	$1,156.00	$578.12	$11,003.40	$9,233.18	$25.81	$154.49	$59.98	$48,470.92	$468.20	$34,115.68	$28,379.90	$32,971.91
June-12	$125,619.59	$19,653.35	$0.00	$0.00	$13,097.05	$29,276.15	$28,423.93	$129,349.34	$27,786.37	$76,630.12	$0.00	$0.00	$2,324.77	-$13,820.51	$0.00	$212.06	$6,910.02	$5,656.60	$0.00	$290.44	$7,559.45	$41,420.95	$0.00	$31,793.77	$4,104.61	$26,530.82
July-12	$24,722.04	$40,428.49	$0.00	$0.00	$1,932.39	$40,926.57	$81,651.13	$93,736.20	$42,198.07	$112,540.33	$0.00	$0.00	$635.22	$1,830.57	$0.00	$1,588.57	$9,446.62	$9,761.61	$0.00	$228.13	$81.38	$36,297.21	$5,819.55	$26,781.48	$0.00	$17,274.55
Aug-12	$2,622.66	$56,298.06	$0.00	$0.00	$83,077.60	$59,555.16	$32,904.05	$161,968.45	$59,241.51	$126,165.21	$0.00	$0.00	$28,734.52	$10,214.68	$0.00	$148.03	$5,645.97	$10,258.22	$0.00	$73.32	$2,726.90	$31,188.45	$7,144.88	$34,219.44	$42,627.90	$21,197.53
Sep-12	$218,153.82	$35,250.29	$0.00	$0.00	$251,747.57	$29,857.69	$148,232.11	$315,681.56	$31,645.35	$102,733.47	$0.00	$0.00	$3,424.54	$2,180.70	$28.13	$210.40	$10,497.86	$9,750.41	$0.00	$239.96	$312.44	$38,047.83	$21,870.65	$21,264.23	$24,194.11	$67,409.75
Oct-12	$4,572.62	$25,571.09	$0.00	$0.00	$54,776.81	$21,503.81	$19,846.21	$84,643.57	$1,654.59	$90,684.61	$0.00	$0.00	$1,167.02	$4,446.81	$0.00	$190.47	$11,255.27	$6,435.35	$0.00	$95.45	$11,807.53	$36,742.43	$0.00	$12,413.14	$17,104.54	$69,575.44
Nov-12	$5,206.99	$33,984.64	$0.00	$0.00	$12,068.24	$33,308.44	$45,640.60	$103,284.34	$30,912.71	$78,818.76	$0.00	$0.00	$132.72	$2,900.63	$1,156.00	$157.37	$11,913.81	$1,458.81	$0.00	$323.51	$81.38	$27,150.06	$0.00	$16,257.65	$26,729.25	$30,064.51
Dec-12	$94.77	$85,556.40	$0.00	$0.00	$26,483.86	$89,966.65	$65,454.92	$89,581.03	$127,053.59	$74,085.00	$0.00	$0.00	$29,806.30	$2,338.12	$0.00	$1,127.29	$10,315.46	$5,029.65	$0.00	$146.67	$0.00	$24,710.47	$80.95	$12,985.80	$7,202.12	$48,147.60
Jan-13	$105,112.63	$71,590.30	$0.00	$0.00	$13,572.94	$38,267.29	$48,976.91	$121,625.40	$28,955.62	$66,580.53	$0.00	$0.00	$5,549.35	$538.51	$0.00	$78.68	$20,987.75	$4,659.74	$0.00	$283.73	$0.00	$28,648.10	$0.00	$17,374.65	$3,604.00	$89,371.53
Feb-13	$2,555.25	$24,999.12	$0.00	$0.00	$33,438.29	$36,195.45	$229,706.15	$94,833.61	$135,509.07	$72,068.36	$0.00	$43.54	$2,476.27	$3,259.59	$0.00	$92.32	-$8,595.34	$611.70	$0.00	$102.40	$1,022.10	$13,436.39	$23,630.66	$26,123.07	$81,567.90	$28,120.94
Mar-13	$7,962.56	$25,824.96	$0.00	$0.00	$0.00	$33,346.17	$26,568.49	$110,122.99	$41,039.72	$69,702.65	$0.00	$107.08	$1,211.98	$1,759.35	$1,184.00	$490.11	$1,154.59	$7,030.83	$0.00	-$1,295.91	$21,693.35	$29,131.41	$1,910.79	$20,373.18	$15,332.04	$34,683.79
Apr-13	$45,500.25	$27,063.08	$0.00	$0.00	$0.00	$30,210.40	$66,062.98	$95,484.15	$77,091.25	$66,875.32	$0.00	$0.00	$1,184.00	$2,086.50	$0.00	$109.51	$12,046.32	$1,225.63	$0.00	$172.19	$48,886.48	$17,269.59	$49,038.50	$26,798.54	$23,276.54	$40,528.92
May-13	-$1,291.22	$41,689.96	$0.00	$0.00	$2,093.11	$38,635.92	$2,425.63	$96,657.58	$90,359.59	$113,568.61	$0.00	$53.54	$1,781.42	$1,846.07	$13.53	$2,405.20	$3,853.43	$1,880.57	$0.00	$461.44	$32,012.58	$14,705.65	$15,425.07	$41,187.24	$20,513.40	$48,054.28
Jun-13	$0.00	$13,615.91	$0.00	$0.00	$18,165.95	$33,375.46	$68,233.37	$72,023.36	$7,239.44	$56,217.30	$0.00	$0.00	$0.51	$2,289.26	$0.00	$407.61	$3,000.66	$6,102.96	$0.00	$263.72	$19,128.67	$12,149.41	$1,188.00	$12,925.71	-$38,868.07	$65,339.23
Jul-13	$0.00	$18,606.94	$0.00	$0.00	$9,633.07	$37,689.50	$34,614.97	$141,999.63	$16,577.46	$68,324.06	$0.00	$53.54	$23,899.85	$699.49	$0.00	$94.90	$3,741.64	$3,962.00	$26,868.05	$538.59	$2,982.96	$22,668.94	$56.00	$22,675.13	$26,044.92	$53,024.88
Aug-13	$1,246.46	$8,914.97	$0.00	$0.00	$34,197.98	$27,765.93	$93,310.13	$98,390.94	$27,553.28	$68,839.25	$0.00	$72.74	$1,836.67	$1,185.76	$0.00	$84.84	$5,960.32	$3,745.84	$0.00	$950.25	$11,858.26	$25,515.88	$0.00	$10,931.41	-$4,046.41	$27,231.00
Sep-13	$18,371.68	$23,916.92	$0.00	$0.00	$6,016.37	$42,577.79	$22,942.24	$100,352.67	$26,099.13	$85,479.37	$0.00	$66.69	$1,473.39	$1,086.37	$2,165.57	$5.49	$4,216.28	$3,973.36	$0.00	$741.38	$403.50	$31,410.46	$0.00	$11,714.89	$10,280.95	$25,532.00
Oct-13	$8,974.01	$19,968.89	$0.00	$0.00	$33,537.56	$83,405.70	$50,368.70	$127,847.47	$16,482.36	$129,064.29	$0.00	$4.29	$1,144.08	$176.59	$1,776.00	$388.86	$8,994.51	$7,661.70	$0.00	$2,161.39	$29,281.51	$16,111.35	$13,802.12	$17,072.22	$41.20	$57,703.42
Nov-13	$468.20	$15,865.87	$0.00	$0.00	$35,853.56	$68,150.95	$40,866.52	$162,243.81	$7,882.35	$73,766.79	$0.00	$0.00	$4,274.58	$662.54	$0.00	$313.05	$7,219.62	$6,691.51	$0.00	$7,665.58	$48,809.74	$9,333.88	$13,796.11	$15,073.79	$35,170.07	$20,920.05
Dec-13	$744.00	$17,943.88	$0.00	$0.00	$8,375.86	$48,970.53	$4,649.99	$95,723.04	$14,581.96	$69,961.83	$0.00	$0.72	$2,075.98	$786.20	$0.00	$43.89	$2,868.11	$7,191.94	$0.00	$4,858.56	$67,124.03	$15,636.14	$0.00	$15,243.37	$99.00	$58,274.07
Jan-14	$0.00	$24,333.56	$0.00	$5,191.42	$832.73	$34,567.98	$32,005.77	$169,255.60	$116,205.60	$91,604.61	$0.00	$139.57	$1,374.86	$401.73	$0.00	$12.99	$10,326.96	$4,008.83	$0.00	$6,172.52	$9,616.11	$16,857.66	$14,604.55	$16,343.51	$109,430.09	$54,249.46
Feb-14	$4,088.91	$8,470.46	$10,287.42	$19,480.01	$36,483.75	$34,771.06	$109,352.61	$71,926.18	$16,870.01	$76,142.79	$0.00	$133.62	$20.29	$1,106.95	$0.00	$85.57	$2,782.04	$3,920.56	$0.00	$304.65	$113.65	$13,882.30	$0.00	$6,155.59	$914.49	$52,772.30
Mar-14	$46,528.57	$23,596.51	$219.61	$8,310.20	$386.42	$34,249.99	$11,067.76	$82,568.46	$10,530.08	$96,066.53	$0.00	$424.56	$1,222.81	$3,500.86	$0.00	$324.38	$9,534.29	$3,409.98	$0.00	$969.18	$0.00	$12,788.56	$0.00	$20,430.20	$0.00	$24,712.19
Apr-14	$2,514.82	$14,393.60	$15,937.20	$9,404.47	$32,039.67	$52,912.20	$35,455.63	$123,832.99	$113,795.92	$130,292.75	$0.00	$0.00	$1,257.15	$911.99	$1,216.00	$39.26	$3,115.26	$3,050.95	$0.00	$2,537.66	$358.65	$19,300.45	$6,351.07	$12,520.33	$59,117.70	$55,059.82
May-14	$6,630.65	$25,086.74	$1,839.02	$7,991.87	$4,572.09	$31,163.78	$89,024.76	$113,277.60	$27,023.10	$81,424.06	$0.00	$296.80	$2,432.00	$2,965.86	$0.00	$4.57	$17,051.13	$1,865.06	$0.00	$376.75	$0.00	$23,543.92	$394.73	$7,598.74	$24,928.26	$36,966.63
Jun-14	$15,113.29	$9,409.81	$0.00	$10,544.35	$260,126.84	$53,913.02	$48,633.45	$86,504.60	$16,120.92	$77,951.68	$0.00	$0.00	$2,451.91	$4,235.56	$0.00	$276.84	$11,808.88	$3,067.67	$0.00	$421.46	-$9,169.12	$15,824.04	$0.00	$8,623.61	$3,509.38	$37,370.00
Jul-14	$271.06	$10,053.34	$0.00	$20,350.33	$142,361.85	$114,159.65	$11,734.37	$154,300.64	$26,415.39	$96,785.19	$0.00	$0.00	$1,216.02	$1,523.44	$0.00	$536.90	$16,337.73	$6,211.61	$296.40	$14,406.64	$862.92	$18,986.98	$0.00	$15,155.29	$18,525.23	$34,189.84
Aug-14	$44.86	$21,931.60	$0.00	$12,429.26	-$114,733.49	$46,496.75	$10,093.10	$154,870.80	$10,946.22	$74,555.33	$0.00	$0.00	$7,145.74	$2,019.40	$0.00	$115.84	$6,135.46	$3,372.67	$38,743.17	$4,039.68	$54,087.81	$56,742.70	$0.00	$16,448.98	$1,640.18	$36,075.84
Sep-14	$48,916.28	$19,889.07	$0.00	$7,638.55	$646.39	$32,540.52	$28,349.82	$103,632.09	$36,894.04	$101,818.64	$0.00	$0.00	$1,216.00	$2,542.26	$0.00	$706.69	$1,233.94	$3,206.69	$896.28	$53,489.99	$94,127.14	$20,203.59	$0.00	$19,383.40	$57,443.09	$29,573.06
Oct-14	$2,105.08	$21,487.84	$0.00	$8,514.16	$61,620.81	$91,688.81	$45,110.92	$108,837.98	-$2,340.00	$137,214.31	$0.00	$0.00	$1,491.89	$11,687.65	$0.00	$442.37	$2,524.27	$3,046.68	$0.00	$43,478.41	$4,355.20	$80,991.38	$60.85	$28,257.64	$4,066.61	$29,667.45
Nov-14	$3,128.40	$16,398.87	$70.86	$11,427.66	$13,663.11	$88,397.64	$12,698.20	$111,405.27	$0.00	$101,283.89	$0.00	$0.00	$0.82	$1,910.45	$1,216.00	$538.55	$1,854.87	$6,746.90	$27,161.23	$13,391.12	$28,681.39	$61,614.03	$120,711.45	$26,525.86	$3,391.89	$31,839.02
Dec-14	$0.00	$15,038.99	$13,431.60	$19,196.35	$3,855.46	$40,742.90	$13,371.62	$114,687.61	$6,764.92	$65,050.53	$1,216.00	$0.00	$3,735.86	$834.37	$0.00	$1,236.02	$16,582.53	$5,147.94	$17,416.50	$24,986.84	$23,768.39	$50,213.93	$0.00	$35,235.87	$24,586.08	$52,691.10
Jan-15	$0.00	$15,401.67	$8,130.12	$9,385.06	$29,560.47	$36,157.84	$18,480.81	$108,601.78	$14,981.24	$89,323.61	$0.00	$0.00	$0.06	$833.00	$1,216.00	$716.62	$1,295.07	$5,709.78	$401.67	$4,359.19	$0.00	$33,812.92	$12.17	$13,746.86	$65,576.71	$25,617.81
Feb-15	$397.11	$12,200.35	$831.70	$11,287.54	$4,848.52	$35,823.69	$8,525.92	$108,758.34	$9,955.75	$82,160.47	$0.00	$0.00	$0.64	$1,917.34	$1.11	$1,021.25	$1,250.40	$5,710.37	$2,634.00	$10,478.44	$0.00	-$4,432.34	$0.00	$9,638.53	$16,835.94	$21,172.94
Mar-15	$40,225.55	$10,458.34	$0.00	$6,146.04	$25,992.27	$67,543.92	$73,586.07	$93,787.07	$22,140.03	$66,790.96	$0.00	$0.00	$1,216.00	$1,456.81	$0.00	$434.19	$5,296.01	$10,248.91	$0.00	$26,939.81	$8,837.22	$90,012.80	$0.00	$11,605.67	$63,375.91	$47,840.34
Apr-15	$86,683.19	$26,015.91	$7,187.18	$31,437.94	$96,355.75	$68,787.11	$74,244.27	$174,723.71	$278.11	$84,495.34	$0.00	$0.00	$1,260.00	$574.68	$1.62	$956.91	$8,868.31	$15,905.56	$0.00	$11,704.82	-$13,853.07	$29,244.76	$0.00	$25,227.07	$201,888.57	$42,723.89
May-15	$7,826.93	$10,164.93	-$4,412.93	$29,659.71	$22,064.08	$96,153.32	$22,184.60	$164,246.54	$35,696.45	$88,032.43	$0.00	$0.00	$10.76	$1,792.07	$1.15	$428.68	$5,017.14	$10,176.73	$37,901.36	$12,186.42	$0.00	$18,836.43	$0.00	$20,637.59	$38,489.16	$34,489.87
Jun-15	$0.00	$26,253.87	$0.00	$21,723.75	$43,410.15	$69,334.16	$139,357.00	$139,151.71	$2,710.97	$136,960.63	$0.00	$0.00	$1,342.65	$768.56	$0.00	$77.20	$13,363.43	$14,676.06	$35,774.78	$13,056.87	$1,021.81	$44,727.28	$0.00	$17,520.88	$0.00	$36,425.87
Jul-15	$3,561.18	$32,873.05	$2,430.25	$44,053.36	$0.00	$23,900.48	$53,439.99	$134,260.85	$24,476.23	$79,053.08	$0.00	$0.00	$0.46	$557.19	$0.00	$137.01	$3,228.35	$4,344.39	$46,758.70	$804.22	$0.00	$25,290.78	$0.00	$8,789.48	$30,175.80	$29,318.26
Aug-15	$246,202.00	$19,739.62	$16,459.10	$14,448.05	$215,030.90	$31,332.36	$16,057.58	$132,394.48	$9,521.90	$90,592.08	$0.00	$0.00	$2,971.21	$461.31	$0.00	$149.69	$8,737.32	$5,586.77	$152.56	$1,352.98	-$1,665.88	$15,569.87	$0.00	$25,352.92	$72,592.79	$27,516.88
Sep-15	$6,190.66	$36,330.69	$9,965.51	$24,436.98	$29,185.53	$52,398.22	$12,390.06	$148,896.74	$51,816.16	$157,903.22	$0.00	$0.00	$3,559.49	$597.87	$0.00	$64.43	$7,747.61	$5,631.41	$0.00	-$331.16	$3,496.00	$32,494.89	$0.00	$20,426.37	$67,328.55	$43,369.84
Oct-15	$0.00	$11,947.88	$0.00	$9,041.19	$30,948.70	$70,041.27	$6,530.33	$124,919.71	$2,602.43	$83,776.96	$0.00	$0.00	$124.01	$749.23	$0.00	$138.07	$4,975.33	$2,383.51	$0.00	$227.40	$0.00	$32,038.05	$0.00	$11,300.32	$1,799.54	$36,767.51
Nov-15	-$2,249.29	$14,127.22	$315.39	$29,099.74	-$23,773.07	$36,421.48	$9,519.53	$92,349.43	$1,237.58	$139,664.69	$0.00	$0.00	$1,717.67	$442.19	$0.00	$252.33	$2,705.51	$5,694.30	$0.00	$149.83	$37,310.94	$28,935.83	$0.00	$25,820.97	$0.00	$42,101.20
Dec-15	$0.00	$10,905.26	$14,838.61	$26,701.55	$7,247.01	$56,793.30	$65,894.53	$121,807.05	$15,268.36	$149,371.88	$0.00	$0.00	$0.00	$1,107.43	$40.46	$749.58	$3,726.15	$4,013.59	$0.00	$1,944.05	$0.00	$39,243.32	$0.00	$16,500.36	$0.00	$41,437.97
Jan-16	$0.00	$12,363.45	$0.00	$28,144.02	$7,565.40	$27,299.33	$17,183.04	$83,951.86	$28,719.43	$126,210.22	$0.00	$0.00	$0.00	$251.38	$1,260.00	$281.60	$54,202.40	$5,808.91	$0.00	$0.00	$2,647.59	$19,220.70	$0.00	$8,849.14	$118,546.30	$27,112.54
Feb-16	$8,921.63	$9,519.95	$0.00	$15,369.10	$0.00	$17,355.14	$32,891.84	$78,970.28	$104,702.97	$111,261.51	$0.00	$0.00	$1,288.00	$656.62	$0.00	$1,149.69	$9,966.26	$6,675.00	$0.00	$264.08	$0.00	$24,244.76	$0.00	$11,034.03	$22,148.75	$33,255.83
Mar-16	$920.48	$15,115.00	$0.00	$29,924.56	$0.00	$34,501.40	$58,941.42	$117,477.24	$132,746.41	$126,362.79	$0.00	$0.00	$1,260.00	$238.54	$89.71	$1,475.14	$8,597.32	$4,213.35	$0.00	$545.94	$67,085.76	$32,066.87	$0.00	$9,529.24	$86,257.91	$26,374.95
Apr-16	$0.00	$14,165.48	$0.00	$19,397.17	31524.34	$27,907.57	$14,553.36	$114,233.43	$14,584.12	$108,099.71	$0.00	$0.00	$2,548.00	$1,530.86	$0.00	$4,784.25	$18,154.16	$1,823.63	$0.00	$136.76	$13,676.37	$34,964.34	$0.00	$9,072.99	$12,260.09	$23,916.87
May-16	$11,121.80	$31,025.97	$5,973.55	$20,778.91	$0.00	$28,937.20	$18,778.50	$148,061.64	$114,827.56	$123,232.29	$0.00	$0.00	$1,288.00	$1,121.87	$1,288.28	$3,489.40	$10,853.47	$1,389.64	$0.00	$0.00	$52,009.70	$37,359.64	$0.00	$5,868.76	$74,475.31	$22,446.24

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

The City of Lynchburg
Medical Enrollment by Members

	Active					Over65				Under65			
	EE+C	EE+1	EE+S	FMLY	SNGL	EE+C	EE+S	FMLY	SNGL	EE+C	EE+S	FMLY	SNGL
Oct-11	184		254	1074	683	2	91	10	189	10	118	83	130
Nov-11	182		250	1077	683	2	89	10	191	10	118	83	131
Dec-11	184		250	1084	683	2	89	7	187	8	116	83	132
Jan-12	188		246	1081	677	2	87	7	187	8	110	83	131
Feb-12	192		248	1088	688	2	85	7	186	8	110	83	131
Mar-12	195		246	1090	682	2	83	7	185	8	108	89	134
Apr-12	195		242	1083	681	2	85	7	186	8	110	89	135
May-12	195		244	1076	676	2	83	7	187	8	108	89	134
Jun-12	191		245	1082	668	2	79	7	189	8	106	89	134
Jul-12	194		241	1083	665	2	81	7	186	8	104	89	134
Aug-12	192		243	1090	672	2	79	7	188	8	104	89	134
Sep-12	191		240	1106	676	2	81	7	187	6	102	89	131
Oct-12	205		244	1130	670	2	81	7	186	6	106	86	130
Nov-12	208		250	1130	666	2	81	7	184	8	108	98	132
Dec-12	207		238	1124	669	2	83	7	182	8	114	110	129
Jan-13	197		229	1120	654	2	78	7	180	10	114	113	137
Feb-13	203		233	1136	647	4	74	7	178	8	112	113	135
Mar-13	201		233	1148	643	4	72	7	179	10	114	113	134
Apr-13	205		233	1154	656	4	70	10	179	10	114	117	129
May-13	210		236	1163	649	4	70	7	179	10	114	116	131
Jun-13	208		234	1160	645	4	70	7	178	10	112	116	133
Jul-13	212		230	1166	642	4	70	7	178	10	116	122	134
Aug-13	214		238	1170	645	4	68	7	177	10	116	122	134
Sep-13	211		234	1167	641	4	68	7	175	10	115	122	133
Oct-13	210		236	1160	650	4	70	7	175	10	113	121	132
Nov-13	212		234	1162	642	4	70	7	174	10	110	120	133
Dec-13	216		234	1159	643	4	70	7	173	10	110	120	134
Jan-14	156	151	230	1042	673	4	68	7	172	10	112	115	137
Feb-14	158	158	230	1055	662	4	66	7	171	10	112	117	138
Mar-14	168	154	230	1048	659	4	66	7	170	10	114	122	138
Apr-14	174	158	230	1044	654	4	66	7	170	10	112	122	138
May-14	176	154	232	1037	663	4	66	10	168	12	114	119	137
Jun-14	179	150	230	1049	664	4	66	10	168	12	114	117	136
Jul-14	181	150	236	1055	655	4	64	10	169	12	114	115	137
Aug-14	179	150	240	1042	661	2	62	10	172	12	114	119	136
Sep-14	183	154	240	1055	647	2	60	10	174	12	113	119	135
Oct-14	183	150	246	1033	641	2	60	10	176	14	107	119	139
Nov-14	185	146	244	1040	647	2	60	14	177	10	106	115	140
Dec-14	180	148	246	1047	653	2	60	14	176	10	102	114	140
Jan-15	177	142	262	1032	645	2	56	14	186	10	98	118	133
Feb-15	179	144	266	1036	655	2	54	14	187	10	98	117	132
Mar-15	177	144	266	1025	655	2	52	14	186	10	98	119	129
Apr-15	181	144	268	1021	658	2	52	14	188	10	96	115	129
May-15	184	142	270	1022	653	2	52	14	188	10	96	114	126
Jun-15	181	142	272	1030	652	2	52	13	189	10	96	114	123
Jul-15	174	144	274	1021	655	2	52	13	188	8	100	114	124
Aug-15	173	148	272	1018	661	2	52	11	187	8	100	118	125
Sep-15	177	146	277	1019	669	2	48	11	182	8	98	121	127
Oct-15	177	146	275	1018	669	2	50	11	182	8	98	121	128
Nov-15	169	147	265	1011	671	0	50	11	182	7	104	125	134
Dec-15	173	147	265	1009	671	0	50	11	181	7	106	120	133
Jan-16	182	153	267	981	671	0	48	11	174	7	108	122	127
Feb-16	175	159	271	968	667	0	48	14	169	7	106	119	127
Mar-16	175	161	269	988	667	0	48	14	165	7	108	117	125
Apr-16	181	159	263	984	661	0	48	14	163	7	106	116	124
May-16	184	153	261	973	664	0	50	14	163	7	108	113	123

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

City of Lynchburg
Pharmacy Claims

Location	Number of Claims	Plan Paid with Tax	Member Paid with Tax	Total with Tax	Tax	Deduct Applied	OOP Applied
Location	Number of Claims	Plan Paid with Tax	Member Paid with Tax	Total with Tax	Tax	Deduct Applied	OOP Applied
1	1,135	116,624.60	29,985.63	146,610.23	-	-	29,913.77
2	5	18.34	63.78	82.12	-	-	63.78
3	23	1,705.54	886.48	2,592.02	-	-	886.48
4	18	603.91	414.26	1,018.17	-	-	414.26
5	313	11,904.76	8,913.29	20,818.05	-	-	8,778.51
6	49	3,925.45	1,174.06	5,099.51	-	-	1,174.06
8	3	268.83	152.68	421.51	-	-	152.68
98	8	788.28	385.61	1,173.89	-	-	385.61
Total:	**1,554**	**$ 135,839.71**	**$ 41,975.79**	**$ 177,815.50**	**$ -**	**$ -**	**$ 41,769.15**

Claims Paid 05/01/2016 through 05/31/2016

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

The City of Lynchburg

Medical Enrollment by Contracts

	Active					Over65				Under65			
	EE+C	EE+1	EE+S	FMLY	SNGL	EE+C	EE+S	FMLY	SNGL	EE+C	EE+S	FMLY	SNGL
Oct-11	89		127	267	682	1	43	2	188	5	60	24	129
Nov-11	90		125	268	681	1	42	2	190	5	60	24	130
Dec-11	90		125	268	680	1	42	2	188	4	59	24	132
Jan-12	92		122	267	672	1	41	2	187	4	56	24	131
Feb-12	93		123	270	685	1	41	2	185	4	55	24	131
Mar-12	95		123	271	682	1	41	2	185	4	54	25	134
Apr-12	95		121	270	681	1	42	2	186	4	55	25	135
May-12	95		122	269	675	1	41	2	187	4	54	25	134
Jun-12	94		123	270	668	1	39	2	189	4	53	25	134
Jul-12	96		121	270	663	1	40	2	186	4	52	25	134
Aug-12	95		122	272	671	1	39	2	188	4	52	25	134
Sep-12	95		121	276	675	1	40	2	187	3	51	25	131
Oct-12	102		123	284	669	1	40	2	186	3	53	24	130
Nov-12	102		126	282	665	1	40	2	184	4	54	27	132
Dec-12	102		120	281	668	1	41	2	182	4	57	30	129
Jan-13	97		115	280	653	1	38	2	180	5	57	31	137
Feb-13	100		117	283	646	2	37	2	178	4	56	31	135
Mar-13	99		117	285	642	2	36	2	179	5	57	31	134
Apr-13	101		117	287	655	2	35	3	179	5	57	32	129
May-13	103		118	289	648	2	35	2	179	5	57	32	131
Jun-13	102		117	289	644	2	35	2	178	5	56	32	133
Jul-13	104		115	289	641	2	35	2	178	5	58	34	134
Aug-13	105		119	290	644	2	34	2	177	5	58	34	134
Sep-13	104		117	290	641	2	34	2	175	5	57	34	133
Oct-13	104		118	288	650	2	35	2	175	5	56	35	132
Nov-13	105		117	288	642	2	35	2	174	5	55	35	133
Dec-13	106		117	287	643	2	35	2	173	5	55	35	134
Jan-14	60	75	115	261	673	2	34	2	172	5	56	33	137
Feb-14	60	79	115	263	662	2	33	2	171	5	56	34	138
Mar-14	63	77	115	262	659	2	33	2	170	5	57	35	138
Apr-14	65	79	115	261	654	2	33	2	170	5	56	35	138
May-14	66	77	116	259	663	2	33	3	168	6	57	34	137
Jun-14	67	75	115	262	664	2	33	3	168	6	57	34	136
Jul-14	67	75	118	262	655	2	32	3	169	6	57	33	137
Aug-14	66	75	120	259	661	1	31	3	172	6	57	34	136
Sep-14	67	77	120	262	647	1	30	3	174	6	56	34	135
Oct-14	67	75	123	256	640	1	30	3	176	7	53	34	139
Nov-14	68	73	122	259	646	1	30	4	177	5	53	33	140
Dec-14	66	74	123	261	652	1	30	4	176	5	51	33	140
Jan-15	64	71	131	257	644	1	28	4	186	5	49	34	133
Feb-15	65	72	133	257	654	1	27	4	187	5	49	34	132
Mar-15	64	72	133	255	654	1	26	4	186	5	49	35	129
Apr-15	65	72	134	252	657	1	26	4	188	5	48	34	129
May-15	66	71	135	253	652	1	26	4	188	5	48	34	126
Jun-15	65	71	136	255	651	1	26	4	189	5	48	34	123
Jul-15	63	72	137	253	654	1	26	4	188	4	50	34	124
Aug-15	62	74	136	254	660	1	26	4	187	4	50	35	125
Sep-15	63	73	139	254	668	1	24	4	182	4	49	36	127
Oct-15	63	73	136	253	666	1	25	4	182	4	50	36	132
Nov-15	61	74	133	251	670	0	25	4	182	4	52	37	134
Dec-15	62	74	133	251	670	0	25	4	181	4	53	36	133
Jan-16	63	77	134	243	671	0	24	4	174	4	54	36	127
Feb-16	60	80	136	240	667	0	24	5	169	4	53	35	127
Mar-16	60	81	135	244	667	0	24	5	165	4	54	35	125
Apr-16	62	80	132	243	661	0	24	5	163	4	53	35	124
May-16	63	77	131	239	665	0	25	5	163	4	53	34	123

City of Lynchburg

Retirees >65, Spouse <65

ID
ME9987145-01
ME9987168-01
ME9987198-01
ME9987210-01
ME9987273-01
ME9987674-01
ME9988237-01
ME9988457-01
ME9988526-01
ME9988532-01
ME9987333-01

City of Lynchburg

Retirees <65, Spouse >65

ID

None

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

Lynchburg City Schools
Claims Paid Summary

Paid Month	Medical Enrollment Subscribers	Medical Enrollment Members	Monthly Claim Totals Medical	Monthly Claim Totals Pharmacy	Medical Claims PMPM	Pharmacy Claims PMPM
Jan-14	1,346	2,199	$ 525,706.09	$ 85,047.67	$ 239.07	$ 38.68
Feb-14	1,349	2,201	332,298.95	91,322.31	150.98	41.49
Mar-14	1,348	2,191	369,030.21	84,662.71	168.43	38.64
Apr-14	1,345	2,195	424,663.14	38,705.74	193.47	17.63
May-14	1,337	2,182	523,092.61	77,580.75	239.73	35.55
Jun-14	1,338	2,182	442,232.91	79,918.72	202.67	36.63
Jul-14	1,334	2,181	476,942.89	86,458.08	218.68	39.64
Aug-14	1,321	2,162	404,015.03	105,641.57	186.87	48.86
Sep-14	1,314	2,160	359,164.67	144,403.72	166.28	66.85
Oct-14	1,319	2,168	472,475.96	118,131.96	217.93	54.49
Nov-14	1,327	2,188	318,106.99	68,319.62	145.39	31.22
Dec-14	1,320	2,179	641,763.50	82,354.76	294.52	37.79
CY 2014	15,998	26,188	$ 5,289,492.95	$ 1,062,547.61	$ 201.98	$ 40.57

Paid Month	Medical Enrollment Subscribers	Medical Enrollment Members	Monthly Claim Totals Medical	Monthly Claim Totals Pharmacy	Medical Claims PMPM	Pharmacy Claims PMPM
Jan-15	1,340	2,232	$ 459,122.52	$ 104,522.73	205.70	$ 46.83
Feb-15	1,342	2,227	232,494.69	89,099.22	104.40	40.01
Mar-15	1,351	2,240	461,931.06	109,662.16	206.22	48.96
Apr-15	1,353	2,248	531,876.67	108,029.37	236.60	48.06
May-15	1,346	2,233	1,093,593.59	133,202.45	489.74	59.65
Jun-15	1,346	2,236	641,276.95	183,309.85	286.80	81.98
Jul-15	1,344	2,229	417,225.30	124,731.12	187.18	55.96
Aug-15	1,358	2,250	460,155.66	118,640.11	204.51	52.73
Sep-15	1,397	2,237	424,744.11	116,779.61	189.87	52.20
Oct-15	1,407	2,350	422,579.44	133,102.63	179.82	56.64
Nov-15	1,394	2,335	426,562.22	117,685.98	182.68	50.40
Dec-15	1,394	2,337	793,661.96	82,692.18	339.61	35.38
YTD 2015	16,372	27,154	$ 6,365,224.17	$ 1,421,457.41	$ 234.41	$ 52.35

Paid Month	Medical Enrollment Subscribers	Medical Enrollment Members	Monthly Claim Totals Medical	Monthly Claim Totals Pharmacy	Medical Claims PMPM	Pharmacy Claims PMPM
Jan-16	1,412	2,403	$ 440,819.83	$ 134,271.65	183.45	$ 55.88
Feb-16	1,418	2,412	796,333.28	103,130.14	330.15	42.76
Mar-16	1,413	2,409	699,962.33	148,629.15	290.56	61.70
Apr-16	1,402	2,403	810,664.90	123,166.19	337.36	51.26
May-16	1,399	2,397	449,476.25	128,242.10	187.52	$ 53.50
YTD 2016	7,044	12,024	$ 3,197,256.59	$ 637,439.23	$ 265.91	$ 53.01

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

Lynchburg City Schools
Claimants > $75,000

Member ID	Relationship	Medical Paid(1)	Status	Prognosis	Diagnosis
ME9986114-01	Employee	$ 512,256.86	Retiree	Fair	circulatory system
ME9986960-01	Employee	$ 204,933.01	Active	Fair	cancer
ME9986062-01	Employee	$ 152,935.68	Active	Fair	digestive system disorder
ME7772684-01	Employee	$ 147,070.58	Active	Fair	cancer
ME9937712-01	Employee	$ 137,648.87	Retiree	Fair	Disease of the skin
ME7766188-01	Employee	$ 137,586.60	Retiree	Fair	cancer
ME9986184-01	Employee	$ 128,824.15	COBRA	Fair	musculoskeletal
ME9986137-01	Employee	$ 125,776.51	Active	Fair	disease of the blood
ME9986752-01	Employee	$ 113,420.50	Active	Fair	respiratory
ME9986820-01	Employee	$ 111,991.30	Active	Fair	respiratory
ME9985767-02	Spouse	$ 106,926.10	Active	Fair	circulatory system
ME9985848-01	Employee	$ 92,511.20	Active	Fair	Cancer
ME9986828-01	Employee	$ 81,930.80	Active	Fair	Respiratory Disease

Member ID	Relationship	Medical Paid(2)	Status	Prognosis	Diagnosis
ME9986062-01	Employee	$ 146,709.29	Active	Fair	Digestive system disorder
ME9986030-01	Employee	$ 145,467.05	Retiree	Fair	Cancer
ME9966900-01	Employee	$ 109,155.27	Active	Fair	Cancer
ME7763539-05	Child	$ 94,394.34	Active	good	Congenital Malformation
ME7746644-01	Employee	$ 79,023.94	Active	Good	Diseases of the genitourinary system

(1) Claims Paid January 1, 2015 through December 31, 2015
(2) Claims Paid January 1, 2016 through May 31, 2016

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

Lynchburg City Schools
Medical Claims - Relationship

January - December 2015 [1]

Place of Service	Employee	Spouse	Child	Grand Total	% of Total	PCHP
Inpatient Hospital	$ 1,661,641.58	$ 377,141.78	$ 133,490.88	$ 2,172,274.24	34.13%	25.31%
Outpatient Hospital	1,508,278.53	199,591.21	123,871.26	1,831,741.00	28.78%	30.25%
Office	1,052,160.28	185,457.18	270,929.49	1,508,546.95	23.70%	32.06%
Emergency Room Hospital	255,193.40	38,519.97	74,697.12	368,410.49	5.79%	4.54%
Independent Lab	171,072.80	26,523.74	9,665.08	207,261.62	3.26%	3.30%
Home	106,216.48	21,147.30	1,265.73	128,629.51	2.02%	1.78%
Ambulatory Surgery	81,163.19	28,499.51	5,461.30	115,124.00	1.81%	1.12%
Nursing Facility	13,968.23			13,968.23	0.22%	0.16%
Ambulance Land	6,679.82	569.60	1,313.67	8,563.09	0.13%	0.00%
End Stage Renal Disease Facility	4,043.19			4,043.19	0.06%	0.01%
Public Health Clinic	495.77	148.73	2,813.69	3,458.19	0.05%	0.16%
Other	340.00		1,357.51	1,697.51	0.03%	0.00%
Independant Clinic	835.11	69.95	-	905.06	0.01%	0.00%
Community Mental Health			601.09	601.09	0.01%	1.31%
Grand Total	$ 4,862,088.38	$ 877,668.97	$ 625,466.82	$ 6,365,224.17	100.00%	100.00%

January - December 2016 [2]

Place of Service	Employee	Spouse	Child	Grand Total	% of Total	PCHP
Outpatient Hospital	$ 941,952.91	$ 186,148.57	$ 32,371.43	$ 1,160,472.91	36.30%	30.25%
Inpatient Hospital	682,037.42	97,074.45	193,776.36	972,888.23	30.43%	25.31%
Office	409,074.92	83,195.73	122,071.13	614,341.78	19.21%	32.06%
Emergency Room Hospital	153,628.87	9,982.07	39,809.57	203,420.51	6.36%	4.54%
Independent Lab	64,594.58	25,463.02	7,442.80	97,500.40	3.05%	3.30%
Home	66,578.91	7,218.97	-	73,797.88	2.31%	1.78%
Ambulatory Surgery	29,188.72	12,673.20	20,163.95	62,025.87	1.94%	1.12%
Public Health Clinic	3,737.69	1,266.81	90.00	5,094.50	0.16%	0.16%
Home	3,550.54	572.92	-	4,123.46	0.13%	0.00%
Community Mental Health	-	-	1,218.00	1,218.00	0.04%	1.31%
Public Health Clinic	444.84	94.51	637.66	1,177.01	0.04%	0.00%
Urgent Care Facility	-	-	757.00	757.00	0.02%	0.00%
Independent Clinic	296.09	-	-	296.09	0.01%	0.00%
End Stage Renal Disease	142.95		-	142.95	0.00%	0.01%
Nursing Facility	-	-	-	-	0.00%	0.16%
Walk-In Retail Health Clinic	-	-	-	-	0.00%	0.00%
Grand Total	$ 2,355,228.44	$ 423,690.25	$ 418,337.90	$ 3,197,256.59	100.00%	100.00%

[1] Claims Paid January 1, 2015 through December 31, 2015

[2] Claims Paid January 1, 2016 through May 31, 2016

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

LYNCHBURG CITY SCHOOLS

Inpatient Utilization

Month	# of Admits	# of Days	Members	ALOS	Days/1000	Admits/1000
Jan-15	4	14	2,232	3.5	75.3	21.5
Feb-15	4	11	2,227	2.8	59.3	21.6
Mar-15	6	23	2,240	3.8	123.2	32.1
Apr-15	12	56	2,248	4.7	298.9	64.1
May-15	10	41	2,233	4.1	220.3	53.7
Jun-15	5	15	2,236	3.0	80.5	26.8
Jul-15	1	4	2,229	4.0	21.5	5.4
Aug-15	9	22	2,250	2.4	117.3	48.0
Sep-15	2	3	2,237	1.5	16.1	10.7
Oct-15	11	30	2,350	2.7	153.2	56.2
Nov-15	7	28	2,335	4.0	143.9	36.0
Dec-15	9	27	2,337	3.0	138.6	46.2
YTD 2015	**80**	**274**	**27,154**	**3.4**	**121.1**	**35.4**
Jan-16	11	31	2,403	2.8	154.8	54.9
Feb-16	8	23	2,412	2.9	114.4	39.8
Mar-16	6	28	2,409	4.7	139.5	29.9
Apr-16	10	37	2,403	3.7	184.8	49.9
May-16	7	47	2,398	6.7	235.2	35.0
YTD 2016	**42**	**166**	**12,025**	**4.0**	**165.7**	**41.9**

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

LYNCHBURG CITY SCHOOLS

Claims by Plan

Month	Medical Claims Paid			Memberhip by Plan			PMPM		
	MEHP	MELP	Total	MEHP	MELP	Total	MEHP	MELP	Total
Jan-15	$ 247,606.46	$ 211,516.06	$ 459,122.52	930	1,302	2,232	$266.24	$162.45	$205.70
Feb-15	109,393.94	123,100.75	232,494.69	924	1,303	2,227	118.39	94.47	104.40
Mar-15	263,914.36	198,016.70	461,931.06	927	1,313	2,240	284.70	150.81	206.22
Apr-15	316,245.24	215,631.43	531,876.67	929	1,319	2,248	340.41	163.48	236.60
May-15	399,218.22	694,375.37	1,093,593.59	919	1,314	2,233	434.41	528.44	489.74
Jun-15	287,107.94	354,169.01	641,276.95	915	1,321	2,236	313.78	268.11	286.80
Jul-15	211,591.30	205,634.00	417,225.30	907	1,322	2,229	233.29	155.55	187.18
Aug-15	282,860.79	177,294.87	460,155.66	916	1,331	2,247	308.80	133.20	204.79
Sep-15	213,465.11	211,279.00	424,744.11	915	1,409	2,324	233.30	149.95	182.76
Oct-15	279,968.05	142,611.39	422,579.44	924	1,426	2,350	303.00	100.01	179.82
Nov-15	256,955.88	169,606.34	426,562.22	929	1,406	2,335	276.59	120.63	182.68
Dec-15	332,492.93	461,169.03	793,661.96	927	1,410	2,337	358.68	327.07	339.61
Total	**$ 3,200,820.22**	**$ 3,164,403.95**	**$ 6,365,224.17**	**11,062**	**16,176**	**27,238**	**$289.35**	**$195.62**	**$233.69**

Month	Medical Claims Paid			Memberhip by Plan			PMPM		
	MEHP	MELP	Total	MEHP	MELP	Total	MEHP	MELP	Total
Jan-16	$ 244,166.01	$ 196,653.82	$ 440,819.83	916	1,486	2,402	$266.56	$132.34	$183.52
Feb-16	362,619.45	433,713.83	796,333.28	910	1,501	2,411	398.48	288.95	330.29
Mar-16	417,548.36	282,413.97	699,962.33	903	1,505	2,408	462.40	187.65	290.68
Apr-16	352,147.20	458,517.70	810,664.90	896	1,506	2,402	393.02	304.46	337.50
May-16	184,037.35	265,438.90	449,476.25	894	1,503	2,397	205.86	176.61	187.52
Total	**1,560,518.37**	**1,636,738.22**	**3,197,256.59**	**4,519**	**7,501**	**12,020**	**$345.32**	**$218.20**	**$265.99**

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

Lynchburg City Schools
Medical Enrollment by Members

	Active					Retiree					Supplemental				
	EE+C	EE+1	EE+S	FMLY	SNGL	EE+C	EE+1	EE+S	FMLY	SNGL	EE+C	EE+1	EE+S	FMLY	SNGL
Aug-13	227	267	0	651	844	0	20	0	0	58	0	0	0	0	7
Sep-13	227	265	0	666	831	0	24	0	0	62	0	0	0	0	7
Oct-13	232	252	0	686	835	0	30	0	0	92	0	0	0	0	0
Nov-13	233	252	0	674	833	0	30	0	0	90	0	0	0	0	0
Dec-13	236	252	0	678	829	0	30	0	0	89	0	0	0	0	0
Jan-14	246	280	0	693	861	0	30	0	0	87	0	0	0	0	0
Feb-14	249	272	0	695	867	0	30	0	0	89	0	0	0	0	0
Mar-14	251	271	0	687	866	0	28	0	0	89	0	0	0	0	0
Apr-14	252	273	0	691	864	0	28	0	0	87	0	0	0	0	0
May-14	249	271	0	687	862	0	28	0	0	84	0	0	0	0	0
Jun-14	250	275	0	682	863	0	28	0	0	83	0	0	0	0	0
Jul-14	250	265	0	691	864	0	30	0	0	80	0	0	0	0	0
Aug-14	247	265	0	686	854	0	30	0	3	78	0	0	0	0	0
Sep-14	252	277	0	682	844	0	30	0	3	75	0	0	0	0	0
Oct-14	241	95	192	679	839	0	4	29	6	85	0	0	0	0	0
Nov-14	245	101	190	691	842	0	4	29	6	83	0	0	0	0	0
Dec-14	243	103	186	693	838	0	4	25	6	82	0	0	0	0	0
Jan-15	237	121	208	715	836	0	4	25	6	80	0	0	0	0	0
Feb-15	234	119	204	712	844	0	4	25	6	79	0	0	0	0	0
Mar-15	234	119	208	715	852	0	4	25	6	77	0	0	0	0	0
Apr-15	239	117	210	719	851	0	4	25	6	77	0	0	0	0	0
May-15	233	115	212	715	848	0	4	25	6	75	0	0	0	0	0
Jun-15	235	119	218	711	845	0	4	25	6	73	0	0	0	0	0
Jul-15	235	117	222	706	841	0	4	25	6	74	0	0	0	0	0
Aug-15	233	125	222	706	851	0	4	25	9	75	0	0	0	0	0
Sep-15	229	139	234	740	863	0	4	29	9	80	0	0	0	0	0
Oct-15	226	143	233	759	874	0	4	27	9	76	0	0	0	0	0
Nov-15	226	143	238	749	862	3	4	27	9	74	0	0	0	0	0
Dec-15	224	147	238	747	863	4	6	27	9	72	0	0	0	0	0
Jan-16	210	154	248	810	866	4	6	25	9	71	0	0	0	0	0
Feb-16	216	152	252	808	871	4	6	23	9	71	0	0	0	0	0
Mar-16	219	156	250	807	869	4	6	23	9	66	0	0	0	0	0
Apr-16	225	155	254	806	860	4	6	23	8	62	0	0	0	0	0
May-16	228	155	256	801	859	1	6	24	8	60	0	0	0	0	0

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

Lynchburg City Schools
Medical Enrollment by Contracts

	Active					Retiree					Supplemental				
	EE+C	EE+1	EE+S	FMLY	SNGL	EE+C	EE+1	EE+S	FMLY	SNGL	EE+C	EE+1	EE+S	FMLY	SNGL
Aug-13	68	133	0	155	844	0	10	0	0	58	0	0	0	0	7
Sep-13	68	133	0	159	831	0	12	0	0	62	0	0	0	0	7
Oct-13	69	126	0	163	835	0	15	0	0	92	0	0	0	0	0
Nov-13	69	126	0	163	833	0	15	0	0	90	0	0	0	0	0
Dec-13	70	126	0	165	834	0	15	0	0	89	0	0	0	0	0
Jan-14	73	140	0	168	863	0	15	0	0	87	0	0	0	0	0
Feb-14	74	136	0	169	867	0	15	0	0	89	0	0	0	0	0
Mar-14	75	136	0	167	867	0	14	0	0	89	0	0	0	0	0
Apr-14	75	137	0	168	865	0	14	0	0	87	0	0	0	0	0
May-14	74	136	0	167	863	0	14	0	0	84	0	0	0	0	0
Jun-14	74	138	0	166	863	0	14	0	0	83	0	0	0	0	0
Jul-14	74	133	0	168	864	0	15	0	0	80	0	0	0	0	0
Aug-14	73	133	0	167	854	0	15	0	1	78	0	0	0	0	0
Sep-14	74	139	0	166	844	0	15	0	1	75	0	0	0	0	0
Oct-14	71	48	96	164	839	0	2	14	2	85	0	0	0	0	0
Nov-14	72	51	95	167	842	0	2	14	2	83	0	0	0	0	0
Dec-14	72	52	93	168	838	0	2	12	2	82	0	0	0	0	0
Jan-15	70	61	104	173	836	0	2	12	2	80	0	0	0	0	0
Feb-15	69	60	102	172	844	0	2	12	2	79	0	0	0	0	0
Mar-15	69	60	104	173	852	0	2	12	2	77	0	0	0	0	0
Apr-15	71	59	105	174	851	0	2	12	2	77	0	0	0	0	0
May-15	70	58	106	173	848	0	2	12	2	75	0	0	0	0	0
Jun-15	71	60	109	172	845	0	2	12	2	73	0	0	0	0	0
Jul-15	72	59	111	171	841	0	2	12	2	74	0	0	0	0	0
Aug-15	71	63	111	170	851	0	2	12	3	75	0	0	0	0	0
Sep-15	70	70	117	178	863	0	2	14	3	80	0	0	0	0	0
Oct-15	69	72	117	181	874	0	2	13	3	76	0	0	0	0	0
Nov-15	69	72	119	179	862	1	2	13	3	74	0	0	0	0	0
Dec-15	68	74	119	178	863	1	3	13	3	72	0	0	0	0	0
Jan-16	62	78	124	193	865	1	3	12	3	71	0	0	0	0	0
Feb-16	64	77	126	192	870	1	3	11	3	71	0	0	0	0	0
Mar-16	65	79	125	192	868	1	3	11	3	66	0	0	0	0	0
Apr-16	66	78	127	192	859	1	3	11	3	62	0	0	0	0	0
May-16	67	78	128	191	858	0	3	11	3	60	0	0	0	0	0

Month	Plan	Tier	Subscribers	Spouses	Other	All Members
2016-01	MEHP	EE	395	0	1	396
2016-01	MEHP	ES	60	61	0	121
2016-01	MEHP	EC	24	0	56	80
2016-01	MEHP	E1	36	0	33	69
2016-01	MEHP	FM	61	61	128	250
2016-01	MELP	EE	540	0	0	540
2016-01	MELP	E1	46	0	46	92
2016-01	MELP	FM	135	134	300	569
2016-01	MELP	EC	39	0	94	133
2016-01	MELP	ES	76	76	0	152
2016-02	MEHP	EC	24	0	56	80
2016-02	MEHP	FM	61	61	128	250
2016-02	MEHP	EE	395	0	1	396
2016-02	MEHP	E1	34	0	31	65
2016-02	MEHP	ES	59	60	0	119
2016-02	MELP	FM	134	133	300	567
2016-02	MELP	EE	545	0	0	545
2016-02	MELP	ES	78	78	0	156
2016-02	MELP	EC	41	0	98	139
2016-02	MELP	E1	47	0	47	94
2016-03	MEHP	ES	57	58	0	115
2016-03	MEHP	EC	24	0	56	80
2016-03	MEHP	FM	61	61	128	250
2016-03	MEHP	E1	34	0	31	65
2016-03	MEHP	EE	392	0	1	393
2016-03	MELP	EE	541	0	0	541
2016-03	MELP	E1	49	0	49	98
2016-03	MELP	ES	79	79	0	158
2016-03	MELP	EC	42	0	100	142
2016-03	MELP	FM	134	133	299	566
2016-04	MEHP	E1	35	0	34	69
2016-04	MEHP	EC	23	0	57	80
2016-04	MEHP	ES	57	58	0	115
2016-04	MEHP	EE	385	0	1	386
2016-04	MEHP	FM	60	60	126	246
2016-04	MELP	FM	135	135	298	568
2016-04	MELP	ES	81	81	0	162
2016-04	MELP	EC	44	0	104	148
2016-04	MELP	E1	46	0	46	92
2016-04	MELP	EE	536	0	0	536
2016-05	MEHP	FM	61	59	128	248
2016-05	MEHP	EC	23	0	57	80
2016-05	MEHP	ES	57	60	0	117
2016-05	MEHP	E1	35	0	34	69
2016-05	MEHP	EE	379	0	1	380
2016-05	MELP	FM	133	133	294	560
2016-05	MELP	EC	44	0	104	148
2016-05	MELP	E1	46	0	46	92
2016-05	MELP	ES	82	82	0	164
2016-05	MELP	EE	539	0	0	539

PIEDMONT COMMUNITY HEALTH PLAN
Community Partners for Quality Healthcare

LYNCHBURG CITY SCHOOLS
Fees & Recoveries

Month	Admin Fees	Reinsurance Fees	Reinsurance Recoveries
January-14	40,548.00	21,648.78	-
February-14	43,059.00	23,168.15	-
March -14	41,881.00	22,277.77	-
April -14	41,292.00	21,993.80	-
May -14	41,912.00	22,396.00	-
June -14	41,354.00	22,085.74	-
July -14	41,540.00	22,171.92	-
August -14	40,920.00	21,855.92	-
September -14	40,393.00	21,591.63	-
October -14	43,303.00	21,930.65	-
November -14	43,624.00	22,120.26	-
December -14	43,791.00	22,194.95	-
January -15	44,649.00	23,020.71	-
February -15	44,022.00	22,716.14	-
March -15	44,517.00	22,837.27	-
April -15	44,814.00	22,923.74	-
May-15	44,781.00	22,981.41	-
June-15	44,220.00	22,768.10	-
July-15	44,385.00	22,877.65	-
August-15	44,154.00	22,935.34	-
September-15	43,032.00	22,422.22	-
October-15	50,891.28	25,518.31	-
November-15	49,159.44	24,515.09	-
December-15	47,877.72	24,094.25	-
January-16	50,123.04	20,612.81	-
February-16	49,823.40	20,707.27	
March-16	50,715.72	20,901.77	
April-16	50,074.20	20,939.53	
May-16	48,577.32	20,397.22	

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,012	97	15,636	18,745	
% of All Claims	16.07%	0.52%	83.41%	100.00%	
Retail from Pharmacy w/o Script Care	$1,560,422.51	$14,068.01	$1,519,645.84	$3,094,136.36	$165.06
Actual Drug Cost	$1,193,921.74	$10,233.83	$356,830.92	$1,560,986.49	$83.27
Pharmacy Fees	$3,047.70	$90.90	$18,007.50	$21,146.10	$1.13
Prescription Price w/ Script Care	$1,196,969.44	$10,324.73	$374,838.42	$1,582,132.59	$84.40
Savings through your Script Care Plan	**$363,453.07**	**$3,743.28**	**$1,144,807.42**	**$1,512,003.77**	**$80.66**
% Saved over Retail	**23.29%**	**26.61%**	**75.33%**	**48.87%**	
Copay	$230,897.38	$5,893.16	$230,749.68	$467,540.22	$24.94
% of Total Drug Cost	19.29%	57.04%	61.55%	29.55%	
Tax	$16.16	$7.10	$58.96	$82.22	$0.00
Your Prescription Cost	**$966,088.22**	**$4,438.67**	**$144,147.70**	**$1,114,674.59**	**$59.47**
Total Plan Cost/Claim	**$320.75**	**$45.76**	**$9.22**	**$59.47**	
Cost/Per Cardholder Per Month	**$57.63**	**$0.26**	**$8.60**	**$66.50**	
Cost/Per Member Per Month	**$30.35**	**$0.14**	**$4.53**	**$35.02**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.93**	**1.12**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.49**	**0.59**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,396.9	1,255.8	2,652.7

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	625	59	3,682	4,366	
% of All Claims	14.32%	1.35%	84.33%	100.00%	
Retail from Pharmacy w/o Script Care	$277,035.14	$5,006.06	$326,846.82	$608,888.02	$139.46
Actual Drug Cost	$209,600.78	$3,587.71	$86,638.75	$299,827.24	$68.67
Pharmacy Fees	$722.50	$61.00	$4,146.30	$4,929.80	$1.13
Prescription Price w/ Script Care	$210,323.28	$3,648.71	$90,785.05	$304,757.04	$69.80
Savings through your Script Care Plan	**$66,711.86**	**$1,357.35**	**$236,061.77**	**$304,130.98**	**$69.66**
% Saved over Retail	**24.08%**	**27.11%**	**72.22%**	**49.95%**	
Copay	$48,946.50	$2,216.38	$35,406.62	$86,569.50	$19.83
% of Total Drug Cost	23.27%	60.74%	39.00%	28.41%	
Tax	$0.00	$0.00	$0.82	$0.82	$0.00
Your Prescription Cost	**$161,376.78**	**$1,432.33**	**$55,379.25**	**$218,188.36**	**$49.97**
Total Plan Cost/Claim	**$258.20**	**$24.28**	**$15.04**	**$49.97**	
Cost/Per Cardholder Per Month	**$41.36**	**$0.37**	**$14.19**	**$55.92**	
Cost/Per Member Per Month	**$25.32**	**$0.22**	**$8.69**	**$34.23**	
Rx/Per Cardholder Per Month	**0.16**	**0.02**	**0.94**	**1.12**	
Rx/Per Member Per Month	**0.10**	**0.01**	**0.58**	**0.68**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,300.7	824.0	2,124.7

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,637	156	19,318	23,111	
% of All Claims	15.74%	0.68%	83.59%	100.00%	
Retail from Pharmacy w/o Script Care	$1,837,457.65	$19,074.07	$1,846,492.66	$3,703,024.38	$160.23
Actual Drug Cost	$1,403,522.52	$13,821.54	$443,469.67	$1,860,813.73	$80.52
Pharmacy Fees	$3,770.20	$151.90	$22,153.80	$26,075.90	$1.13
Prescription Price w/ Script Care	$1,407,292.72	$13,973.44	$465,623.47	$1,886,889.63	$81.64
Savings through your Script Care Plan	**$430,164.93**	**$5,100.63**	**$1,380,869.19**	**$1,816,134.75**	**$78.58**
% Saved over Retail	**23.41%**	**26.74%**	**74.78%**	**49.04%**	
Copay	$279,843.88	$8,109.54	$266,156.30	$554,109.72	$23.98
% of Total Drug Cost	19.89%	58.01%	57.15%	29.37%	
Tax	$16.16	$7.10	$59.78	$83.04	$0.00
Your Prescription Cost	**$1,127,465.00**	**$5,871.00**	**$199,526.95**	**$1,332,862.95**	**$57.67**
Total Plan Cost/Claim	**$310.00**	**$37.63**	**$10.33**	**$57.67**	
Cost/Per Cardholder Per Month	**$54.56**	**$0.28**	**$9.66**	**$64.50**	
Cost/Per Member Per Month	**$29.51**	**$0.15**	**$5.22**	**$34.89**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.93**	**1.12**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.51**	**0.60**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,722.1	1,461.8	3,183.8

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,312	60	12,830	15,202	
% of Retail Claims	15.21%	0.39%	84.40%	100.00%	
Prescription Price w/ Script Care	$891,896.35	$4,869.17	$258,816.34	$1,155,581.86	$76.02
Copay	$130,433.73	$2,144.68	$154,999.60	$287,578.01	$18.92
% of Total Drug Cost	14.62%	43.98%	59.87%	24.88%	
Tax	$16.16	$7.10	$58.96	$82.22	$0.01
Your Prescription Cost	$761,478.78	$2,731.59	$103,875.70	$868,086.07	$57.10
Employer Cost Per Claim	**$329.36**	**$45.53**	**$8.10**	**$57.10**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	700	37	2,806	3,543	
% of MO Claims	19.76%	1.04%	79.20%	100.00%	
Prescription Price w/ Script Care	$305,073.09	$5,455.56	$116,022.08	$426,550.73	$120.39
Copay	$100,463.65	$3,748.48	$75,750.08	$179,962.21	$50.79
% of Total Drug Cost	32.93%	68.71%	65.29%	42.19%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$204,609.44	$1,707.08	$40,272.00	$246,588.52	$69.60
Employer Cost Per Claim	**$292.30**	**$46.14**	**$14.35**	**$69.60**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,012	97	15,636	18,745	
% of All Claims	16.07%	0.52%	83.41%	100.00%	
Prescription Price w/ Script Care	$1,196,969.44	$10,324.73	$374,838.42	$1,582,132.59	$84.40
Copay	$230,897.38	$5,893.16	$230,749.68	$467,540.22	$24.94
% of Total Drug Cost	19.29%	57.04%	61.55%	29.55%	
Tax	$16.16	$7.10	$58.96	$82.22	$0.00
Your Prescription Cost	$966,088.22	$4,438.67	$144,147.70	$1,114,674.59	$59.47
Employer Cost Per Claim	**$320.75**	**$45.76**	**$9.22**	**$59.47**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	489	46	3,098	3,633	
% of Retail Claims	13.46%	1.27%	85.27%	100.00%	
Prescription Price w/ Script Care	$155,008.30	$2,046.45	$66,297.79	$223,352.54	$61.48
Copay	$32,104.74	$1,466.71	$26,040.51	$59,611.96	$16.41
% of Total Drug Cost	20.71%	71.67%	39.28%	26.69%	
Tax	$0.00	$0.00	$0.82	$0.82	$0.00
Your Prescription Cost	$122,903.56	$579.74	$40,258.10	$163,741.40	$45.07
Employer Cost Per Claim	**$251.34**	**$12.60**	**$12.99**	**$45.07**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	136	13	584	733	
% of MO Claims	18.55%	1.77%	79.67%	100.00%	
Prescription Price w/ Script Care	$55,314.98	$1,602.26	$24,487.26	$81,404.50	$111.06
Copay	$16,841.76	$749.67	$9,366.11	$26,957.54	$36.78
% of Total Drug Cost	30.45%	46.79%	38.25%	33.12%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$38,473.22	$852.59	$15,121.15	$54,446.96	$74.28
Employer Cost Per Claim	**$282.89**	**$65.58**	**$25.89**	**$74.28**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	625	59	3,682	4,366	
% of All Claims	14.32%	1.35%	84.33%	100.00%	
Prescription Price w/ Script Care	$210,323.28	$3,648.71	$90,785.05	$304,757.04	$69.80
Copay	$48,946.50	$2,216.38	$35,406.62	$86,569.50	$19.83
% of Total Drug Cost	23.27%	60.74%	39.00%	28.41%	
Tax	$0.00	$0.00	$0.82	$0.82	$0.00
Your Prescription Cost	$161,376.78	$1,432.33	$55,379.25	$218,188.36	$49.97
Employer Cost Per Claim	**$258.20**	**$24.28**	**$15.04**	**$49.97**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,801	106	15,928	18,835	
% of Retail Claims	14.87%	0.56%	84.57%	100.00%	
Prescription Price w/ Script Care	$1,046,904.65	$6,915.62	$325,114.13	$1,378,934.40	$73.21
Copay	$162,538.47	$3,611.39	$181,040.11	$347,189.97	$18.43
% of Total Drug Cost	15.53%	52.17%	55.67%	25.18%	
Tax	$16.16	$7.10	$59.78	$83.04	$0.00
Your Prescription Cost	$884,382.34	$3,311.33	$144,133.80	$1,031,827.47	$54.78
Employer Cost Per Claim	**$315.74**	**$31.24**	**$9.05**	**$54.78**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	836	50	3,390	4,276	
% of MO Claims	19.55%	1.17%	79.28%	100.00%	
Prescription Price w/ Script Care	$360,388.07	$7,057.82	$140,509.34	$507,955.23	$118.79
Copay	$117,305.41	$4,498.15	$85,116.19	$206,919.75	$48.39
% of Total Drug Cost	32.55%	63.73%	60.58%	40.74%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$243,082.66	$2,559.67	$55,393.15	$301,035.48	$70.40
Employer Cost Per Claim	**$290.77**	**$51.19**	**$16.34**	**$70.40**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,637	156	19,318	23,111	
% of All Claims	15.74%	0.68%	83.59%	100.00%	
Prescription Price w/ Script Care	$1,407,292.72	$13,973.44	$465,623.47	$1,886,889.63	$81.64
Copay	$279,843.88	$8,109.54	$266,156.30	$554,109.72	$23.98
% of Total Drug Cost	19.89%	58.01%	57.15%	29.37%	
Tax	$16.16	$7.10	$59.78	$83.04	$0.00
Your Prescription Cost	$1,127,465.00	$5,871.00	$199,526.95	$1,332,862.95	$57.67
Employer Cost Per Claim	**$310.00**	**$37.63**	**$10.33**	**$57.67**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	18,745		38 **		177 **	
% of All Claims	100.00%		0.20%		0.94%	
Retail from Pharmacy w/o Script Care	$3,094,136.36	$165.06	$310,802.78	$8,179.02	$512,698.23	$2,896.60
Actual Drug Cost	$1,560,986.49	$83.27	$247,099.92	$6,502.63	$349,444.80	$1,974.26
Pharmacy Fees	$21,146.10	$1.13	$13.25	$0.35	$354.00	$2.00
Prescription Price w/ Script Care	$1,582,132.59	$84.40	$247,113.17	$6,502.98	$349,798.80	$1,976.26
Savings through your Script Care Plan	**$1,512,003.77**	**$80.66**	**$63,689.61**	**$1,676.04**	**$162,899.43**	**$920.34**
% Saved over Retail	**48.87%**		**20.49%**		**31.77%**	
Copay	$467,540.22	$24.94	$4,262.30	$112.17	$16,114.42	$91.04
% of Total Drug Cost	29.55%		1.72%		4.61%	
Tax	$82.22	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,114,674.59**	**$59.47**	**$242,850.87**	**$6,390.81**	**$333,684.38**	**$1,885.22**
% of Total Cost	**100.00%**		**21.79%**		**29.94%**	
Total Plan Cost/Claim	**$59.47**		**$6,390.81**		**$1,885.22**	
Cost/Per Cardholder Per Month	**$66.50**		**$14.49**		**$19.91**	
Cost/Per Member Per Month	**$35.02**		**$7.63**		**$10.48**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,396.9	1,255.8	2,652.7

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	4,366		1 **		21 **	
% of All Claims	100.00%		0.02%		0.48%	
Retail from Pharmacy w/o Script Care	$608,888.02	$139.46	$11,314.06	$11,314.06	$99,740.49	$4,749.55
Actual Drug Cost	$299,827.24	$68.67	$8,339.94	$8,339.94	$71,601.02	$3,409.57
Pharmacy Fees	$4,929.80	$1.13	$1.25	$1.25	$42.00	$2.00
Prescription Price w/ Script Care	$304,757.04	$69.80	$8,341.19	$8,341.19	$71,643.02	$3,411.57
Savings through your Script Care Plan	**$304,130.98**	**$69.66**	**$2,972.87**	**$2,972.87**	**$28,097.47**	**$1,337.97**
% Saved over Retail	**49.95%**		**26.28%**		**28.17%**	
Copay	$86,569.50	$19.83	$150.00	$150.00	$3,450.00	$164.29
% of Total Drug Cost	28.41%		1.80%		4.82%	
Tax	$0.82	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$218,188.36**	**$49.97**	**$8,191.19**	**$8,191.19**	**$68,193.02**	**$3,247.29**
% of Total Cost	**100.00%**		**3.75%**		**31.25%**	
Total Plan Cost/Claim	**$49.97**		**$8,191.19**		**$3,247.29**	
Cost/Per Cardholder Per Month	**$55.92**		**$2.10**		**$17.48**	
Cost/Per Member Per Month	**$34.23**		**$1.29**		**$10.70**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,300.7	824.0	2,124.7

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	23,111		39 **		198 **	
% of All Claims	100.00%		0.17%		0.86%	
Retail from Pharmacy w/o Script Care	$3,703,024.38	$160.23	$322,116.84	$8,259.41	$612,438.72	$3,093.12
Actual Drug Cost	$1,860,813.73	$80.52	$255,439.86	$6,549.74	$421,045.82	$2,126.49
Pharmacy Fees	$26,075.90	$1.13	$14.50	$0.37	$396.00	$2.00
Prescription Price w/ Script Care	$1,886,889.63	$81.64	$255,454.36	$6,550.11	$421,441.82	$2,128.49
Savings through your Script Care Plan	**$1,816,134.75**	**$78.58**	**$66,662.48**	**$1,709.29**	**$190,996.90**	**$964.63**
% Saved over Retail	**49.04%**		**20.70%**		**31.19%**	
Copay	$554,109.72	$23.98	$4,412.30	$113.14	$19,564.42	$98.81
% of Total Drug Cost	29.37%		1.73%		4.64%	
Tax	$83.04	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,332,862.95**	**$57.67**	**$251,042.06**	**$6,436.98**	**$401,877.40**	**$2,029.68**
% of Total Cost	**100.00%**		**18.83%**		**30.15%**	
Total Plan Cost/Claim	**$57.67**		**$6,436.98**		**$2,029.68**	
Cost/Per Cardholder Per Month	**$64.50**		**$12.15**		**$19.45**	
Cost/Per Member Per Month	**$34.89**		**$6.57**		**$10.52**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,722.1	1,461.8	3,183.8

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013**

	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Total
Enrollment Summary													
Cardholders	1,409.0	1,391.0	1,395.0	1,402.0	1,397.0	1,388.0	1,388.0	1,402.0	1,400.0	1,400.0	1,394.0	1,397.0	1,396.9
Dependents	1,224.0	1,226.0	1,239.0	1,253.0	1,262.0	1,257.0	1,266.0	1,282.0	1,272.0	1,270.0	1,258.0	1,260.0	1,255.8
Utilizing Cardholders	593.0	565.0	599.0	622.0	631.0	591.0	598.0	604.0	600.0	616.0	603.0	612.0	1,196.0
Utilization %	42.09%	40.62%	42.94%	44.37%	45.17%	42.58%	43.08%	43.08%	42.86%	44.00%	43.26%	43.81%	85.62%
Claim Summary													
All	1,617	1,557	1,618	1,716	1,651	1,478	1,504	1,443	1,486	1,593	1,520	1,562	18,745
Avg Per Cardholder	1.15	1.12	1.16	1.22	1.18	1.06	1.08	1.03	1.06	1.14	1.09	1.12	13.42
Avg Per Member	0.61	0.59	0.61	0.65	0.62	0.56	0.57	0.54	0.56	0.60	0.57	0.59	7.07
Brand	288	267	249	269	254	255	245	233	198	270	238	246	3,012
Generic	1,323	1,286	1,360	1,437	1,382	1,216	1,251	1,200	1,280	1,320	1,272	1,309	15,636
Brand w/Generic	6	4	9	10	15	7	8	10	8	3	10	7	97
Generic % of All	81.82%	82.59%	84.05%	83.74%	83.71%	82.27%	83.18%	83.16%	86.14%	82.86%	83.68%	83.80%	83.41%
Mail Order	315	235	251	296	303	278	287	308	311	325	310	308	3,527
Mail Order % of All	19.48%	15.09%	15.51%	17.25%	18.35%	18.81%	19.08%	21.34%	20.93%	20.40%	20.39%	19.72%	18.82%
Claim Cost													
Submitted Cost	$244,336	$247,966	$248,883	$274,619	$261,186	$273,747	$274,678	$236,078	$247,496	$266,934	$258,673	$259,540	$3,094,136
Script Care Cost	$123,197	$137,091	$131,970	$147,103	$135,196	$144,963	$136,259	$117,819	$113,602	$135,643	$129,856	$129,434	$1,582,133
Savings	$121,139	$110,875	$116,912	$127,516	$125,990	$128,784	$138,419	$118,259	$133,895	$131,292	$128,817	$130,106	$1,512,004
Tax	$8	$9	$13	$11	$2	$1	$6	$8	$5	$8	$3	$8	$82
Total	$123,205	$137,100	$131,983	$147,113	$135,199	$144,964	$136,265	$117,827	$113,607	$135,650	$129,859	$129,442	$1,582,215
Average Claim Cost	$76.19	$88.05	$81.57	$85.73	$81.89	$98.08	$90.60	$81.65	$76.45	$85.15	$85.43	$82.87	$84.41
Average Brand Cost	$305.11	$398.34	$390.87	$427.02	$403.60	$452.49	$423.05	$379.30	$414.52	$388.13	$413.42	$387.68	$397.41
Average Generic Cost	$26.13	$23.70	$24.86	$22.18	$23.23	$23.52	$25.77	$23.43	$23.22	$23.32	$22.97	$25.50	$23.98
Average Br w/Gen Cost	$127.65	$64.88	$94.25	$36.72	$38.36	$140.14	$47.43	$133.58	$226.37	$23.22	$224.61	$98.95	$106.51
Member Cost													
Total Copay	$46,381	$38,837	$37,895	$43,082	$40,117	$35,653	$37,794	$37,722	$35,324	$38,519	$37,372	$38,844	$467,540
Average Claim Copay	$28.68	$24.94	$23.42	$25.11	$24.30	$24.12	$25.13	$26.14	$23.77	$24.18	$24.59	$24.87	$24.94
Average Brand Copay	$85.50	$76.85	$70.83	$84.09	$76.14	$70.31	$76.23	$80.96	$79.69	$69.13	$76.13	$73.67	$76.66
Average Generic Copay	$15.91	$14.11	$14.59	$13.99	$14.74	$14.21	$15.04	$15.13	$14.62	$14.99	$14.52	$15.31	$14.76
Average Br w/Gen Copay	$118.66	$44.00	$46.73	$36.24	$27.22	$62.91	$37.07	$70.53	$104.90	$23.22	$78.11	$97.42	$60.75
Copay % of Total Cost	37.65%	28.33%	28.71%	29.28%	29.67%	24.59%	27.74%	32.01%	31.09%	28.40%	28.78%	30.01%	29.55%
Plan Cost													
Plan Cost	$76,824	$98,264	$94,088	$104,032	$95,082	$109,311	$98,471	$80,105	$78,282	$97,132	$92,488	$90,597	$1,114,675
Average Claim Cost	$47.51	$63.11	$58.15	$60.62	$57.59	$73.96	$65.47	$55.51	$52.68	$60.97	$60.85	$58.00	$59.47
Average Brand Cost	$219.60	$321.48	$320.05	$342.93	$327.46	$382.18	$346.82	$298.34	$334.84	$319.00	$337.29	$314.01	$320.75
Average Generic Cost	$10.22	$9.60	$10.27	$8.20	$8.50	$9.30	$10.72	$8.30	$8.60	$8.33	$8.45	$10.19	$9.22
Average Br w/Gen Cost	$8.99	$20.88	$47.53	$0.48	$11.14	$77.23	$10.37	$63.05	$121.47	$0.00	$146.51	$1.53	$45.76
Plan Cost % of Total Cost	62.35%	71.67%	71.29%	70.72%	70.33%	75.41%	72.26%	67.99%	68.91%	71.60%	71.22%	69.99%	70.45%
Plan Cost Per Cardholder	$54.52	$70.64	$67.45	$74.20	$68.06	$78.75	$70.94	$57.14	$55.92	$69.38	$66.35	$64.85	$797.95
Plan Cost Per Member	$29.18	$37.55	$35.72	$39.18	$35.76	$41.33	$37.10	$29.85	$29.30	$36.38	$34.87	$34.10	$420.21
Cardholders > $500	28	33	25	32	34	23	32	31	26	27	26	32	292
Cardholders > 5 Claims	59	55	54	71	52	47	48	44	36	56	47	49	844

Top 10 Drugs by Plan Cost

TARCEVA	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	XELODA	STIVARGA	CEREZYME	CEREZYME	CEREZYME	CEREZYME
ENBREL	HUMIRA PEN	XELODA	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	ENBREL	NBREL SRCLK	REBIF REBIDO	HUMIRA PEN
HUMIRA PEN	TARCEVA	TARCEVA	TARCEVA	NBREL SRCLK	TARCEVA	TARCEVA	TARCEVA	NBREL SRCLK	HUMIRA PEN	ENBREL	NBREL SRCLK	ENBREL SRCLK
LANTUS	ENBREL	NBREL SRCLK	ENBREL	TARCEVA	ENBREL	NBREL SRCLK	NBREL SRCLK	ENBREL	LANTUS	HUMIRA PEN	ENBREL	ENBREL
HUMIRA	NBREL SRCLK	ENBREL	NBREL SRCLK	ENBREL	NBREL SRCLK	ENBREL	LANTUS	NOVOLOG MIX	ORENCIA	VONEX PREFL	HUMIRA PEN	TARCEVA
ORENCIA	XELODA	HUMIRA PEN	XELODA	XELODA	ORENCIA	XELODA	NEXIUM	ORENCIA	NBREL SRCLK	REBIF REBIDO	VONEX PREFL	LANTUS
HUMIRA PEN	EMEND	SYNAGIS	ADCIRCA	LANTUS	XELODA	LANTUS	ORENCIA	ENBREL	GABAPENTIN	LANTUS	HUMALOG	XELODA
ORICONAZOLE	NOVOLOG MIX	ABILIFY	LANTUS	SOLODYN	BUDESONIDE	NBREL SRCLK	ENBREL	LANTUS	ADCIRCA	ORENCIA	VICTOZA	ORENCIA
ADCIRCA	SOLODYN	ORENCIA	NOVOLOG MIX	ORENCIA	ADCIRCA	HUMALOG	HUMIRA PEN	ADCIRCA	INVEGA	HUMIRA PEN	LANTUS	ADCIRCA
JMALOG KWIK	ORENCIA	ORICONAZOLE	ENBREL	ADCIRCA	AMPYRA	ORENCIA	SOLODYN	VICTOZA	AMPYRA	CYMBALTA	JMALOG KWIK	AMPYRA

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013**

	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Total
Enrollment Summary													
Cardholders										1,302.0	1,301.0	1,299.0	1,300.7
Dependents										833.0	821.0	818.0	824.0
Utilizing Cardholders										490.0	559.0	588.0	779.0
Utilization %										37.63%	42.97%	45.27%	59.89%
Claim Summary													
All										1,282	1,552	1,532	4,366
Avg Per Cardholder										0.98	1.19	1.18	3.36
Avg Per Member										0.60	0.73	0.72	2.05
Brand										180	218	227	625
Generic										1,089	1,313	1,280	3,682
Brand w/Generic										13	21	25	59
Generic % of All										84.95%	84.60%	83.55%	84.33%
Mail Order										264	288	181	733
Mail Order % of All										20.59%	18.56%	11.81%	16.79%
Claim Cost													
Submitted Cost										$187,213	$214,998	$206,677	$608,888
Script Care Cost										$83,899	$106,289	$114,569	$304,757
Savings										$103,314	$108,709	$92,108	$304,131
Tax										$0	$0	$1	$1
Total										$83,899	$106,289	$114,570	$304,758
Average Claim Cost										$65.44	$68.48	$74.78	$69.80
Average Brand Cost										$298.81	$343.92	$359.30	$336.52
Average Generic Cost										$26.97	$23.34	$24.04	$24.66
Average Br w/Gen Cost										$57.15	$31.86	$89.47	$61.84
Member Cost													
Total Copay										$27,087	$29,473	$30,009	$86,570
Average Claim Copay										$21.13	$18.99	$19.59	$19.83
Average Brand Copay										$84.78	$76.76	$74.67	$78.31
Average Generic Copay										$10.43	$9.33	$9.22	$9.62
Average Br w/Gen Copay										$35.88	$23.35	$50.38	$37.57
Copay % of Total Cost										32.29%	27.73%	26.19%	28.41%
Plan Cost													
Plan Cost										$56,812	$76,815	$84,561	$218,188
Average Claim Cost										$44.32	$49.49	$55.20	$49.97
Average Brand Cost										$214.03	$267.16	$284.63	$258.20
Average Generic Cost										$16.54	$14.01	$14.82	$15.04
Average Br w/Gen Cost										$21.27	$8.51	$39.08	$24.28
Plan Cost % of Total Cost										67.71%	72.27%	73.81%	71.59%
Plan Cost Per Cardholder										$43.63	$59.04	$65.10	$167.75
Plan Cost Per Member										$26.61	$36.20	$39.94	$102.69
Cardholders > $500										19	25	23	91
Cardholders > 5 Claims										42	62	53	279

Top 10 Drugs by Plan Cost

NEULASTA	ATRIPLA	VONEX PREFL	HUMIRA PEN
ATRIPLA	HUMIRA PEN	GLEEVEC	AVONEX PREFL
ORENCIA	ORENCIA	HUMIRA PEN	ATRIPLA
ETHYLPHENID	VONEX PREFL	ORENCIA	ORENCIA
HUMALOG MIX	NBREL SRCLK	ANDROGEL	NEULASTA
MPHETAMINE	HUMIRA PEN	ENOXAPARIN	GLEEVEC
CRESTOR	ANDROGEL	ETAMINE HCL	METHYLPHENID
METAXALONE	ETAMINE HCL	LYRICA	AVONEX PREFL
ANDROGEL	LIALDA	LEVEMIR	CRESTOR
CYMBALTA	MPHETAMINE	ATRIPLA	KETAMINE HCL

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013**

	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Total
Enrollment Summary													
Cardholders	1,409.0	1,391.0	1,395.0	1,402.0	1,397.0	1,388.0	1,388.0	1,402.0	1,400.0	2,702.0	2,695.0	2,696.0	1,722.1
Dependents	1,224.0	1,226.0	1,239.0	1,253.0	1,262.0	1,257.0	1,266.0	1,282.0	1,272.0	2,103.0	2,079.0	2,078.0	1,461.8
Utilizing Cardholders	593.0	565.0	599.0	622.0	631.0	591.0	598.0	604.0	600.0	1,106.0	1,162.0	1,200.0	1,975.0
Utilization %	42.09%	40.62%	42.94%	44.37%	45.17%	42.58%	43.08%	43.08%	42.86%	40.93%	43.12%	44.51%	114.69%
Claim Summary													
All	1,617	1,557	1,618	1,716	1,651	1,478	1,504	1,443	1,486	2,875	3,072	3,094	23,111
Avg Per Cardholder	1.15	1.12	1.16	1.22	1.18	1.06	1.08	1.03	1.06	1.06	1.14	1.15	13.42
Avg Per Member	0.61	0.59	0.61	0.65	0.62	0.56	0.57	0.54	0.56	0.60	0.64	0.65	7.26
Brand	288	267	249	269	254	255	245	233	198	450	456	473	3,637
Generic	1,323	1,286	1,360	1,437	1,382	1,216	1,251	1,200	1,280	2,409	2,585	2,589	19,318
Brand w/Generic	6	4	9	10	15	7	8	10	8	16	31	32	156
Generic % of All	81.82%	82.59%	84.05%	83.74%	83.71%	82.27%	83.18%	83.16%	86.14%	83.79%	84.15%	83.68%	83.59%
Mail Order	315	235	251	296	303	278	287	308	311	589	598	489	4,260
Mail Order % of All	19.48%	15.09%	15.51%	17.25%	18.35%	18.81%	19.08%	21.34%	20.93%	20.49%	19.47%	15.80%	18.43%
Claim Cost													
Submitted Cost	$244,336	$247,966	$248,883	$274,619	$261,186	$273,747	$274,678	$236,078	$247,496	$454,147	$473,671	$466,217	$3,703,024
Script Care Cost	$123,197	$137,091	$131,970	$147,103	$135,196	$144,963	$136,259	$117,819	$113,602	$219,542	$236,145	$244,003	$1,886,890
Savings	$121,139	$110,875	$116,912	$127,516	$125,990	$128,784	$138,419	$118,259	$133,895	$234,605	$237,526	$222,214	$1,816,135
Tax	$8	$9	$13	$11	$2	$1	$6	$8	$5	$8	$3	$9	$83
Total	$123,205	$137,100	$131,983	$147,113	$135,199	$144,964	$136,265	$117,827	$113,607	$219,550	$236,148	$244,012	$1,886,973
Average Claim Cost	$76.19	$88.05	$81.57	$85.73	$81.89	$98.08	$90.60	$81.65	$76.45	$76.37	$76.87	$78.87	$81.65
Average Brand Cost	$305.11	$398.34	$390.87	$427.02	$403.60	$452.49	$423.05	$379.30	$414.52	$352.40	$380.20	$374.06	$386.94
Average Generic Cost	$26.13	$23.70	$24.86	$22.18	$23.23	$23.52	$25.77	$23.43	$23.22	$24.97	$23.16	$24.78	$24.11
Average Br w/Gen Cost	$127.65	$64.88	$94.25	$36.72	$38.36	$140.14	$47.43	$133.58	$226.37	$50.79	$94.04	$91.54	$89.62
Member Cost													
Total Copay	$46,381	$38,837	$37,895	$43,082	$40,117	$35,653	$37,794	$37,722	$35,324	$65,606	$66,845	$68,854	$554,110
Average Claim Copay	$28.68	$24.94	$23.42	$25.11	$24.30	$24.12	$25.13	$26.14	$23.77	$22.82	$21.76	$22.25	$23.98
Average Brand Copay	$85.50	$76.85	$70.83	$84.09	$76.14	$70.31	$76.23	$80.96	$79.69	$75.39	$76.43	$74.15	$76.94
Average Generic Copay	$15.91	$14.11	$14.59	$13.99	$14.74	$14.21	$15.04	$15.13	$14.62	$12.93	$11.88	$12.30	$13.78
Average Br w/Gen Copay	$118.66	$44.00	$46.73	$36.24	$27.22	$62.91	$37.07	$70.53	$104.90	$33.51	$41.01	$60.67	$51.98
Copay % of Total Cost	37.65%	28.33%	28.71%	29.28%	29.67%	24.59%	27.74%	32.01%	31.09%	29.88%	28.31%	28.22%	29.37%
Plan Cost													
Plan Cost	$76,824	$98,264	$94,088	$104,032	$95,082	$109,311	$98,471	$80,105	$78,282	$153,944	$169,303	$175,158	$1,332,863
Average Claim Cost	$47.51	$63.11	$58.15	$60.62	$57.59	$73.96	$65.47	$55.51	$52.68	$53.55	$55.11	$56.61	$57.67
Average Brand Cost	$219.60	$321.48	$320.05	$342.93	$327.46	$382.18	$346.82	$298.34	$334.84	$277.01	$303.77	$299.91	$310.00
Average Generic Cost	$10.22	$9.60	$10.27	$8.20	$8.50	$9.30	$10.72	$8.30	$8.60	$12.04	$11.27	$12.48	$10.33
Average Br w/Gen Cost	$8.99	$20.88	$47.53	$0.48	$11.14	$77.23	$10.37	$63.05	$121.47	$17.28	$53.03	$30.87	$37.63
Plan Cost % of Total Cost	62.35%	71.67%	71.29%	70.72%	70.33%	75.41%	72.26%	67.99%	68.91%	70.12%	71.69%	71.78%	70.63%
Plan Cost Per Cardholder	$54.52	$70.64	$67.45	$74.20	$68.06	$78.75	$70.94	$57.14	$55.92	$56.97	$62.82	$64.97	$773.98
Plan Cost Per Member	$29.18	$37.55	$35.72	$39.18	$35.76	$41.33	$37.10	$29.85	$29.30	$32.04	$35.46	$36.69	$418.63
Cardholders > $500	28	33	25	32	34	23	32	31	26	46	51	55	383
Cardholders > 5 Claims	59	55	54	71	52	47	48	44	36	98	109	102	1,123

Top 10 Drugs by Plan Cost

HUMIRA PEN	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	HUMIRA PEN	STIVARGA	CEREZYME	CEREZYME	CEREZYME	CEREZYME
TARCEVA	HUMIRA PEN	XELODA	ENBREL	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	XELODA	HUMIRA PEN	NEULASTA	HUMIRA PEN	VONEX PREFL	HUMIRA PEN
ENBREL	TARCEVA	TARCEVA	HUMIRA PEN	NBREL SRCLK	TARCEVA	NBREL SRCLK	TARCEVA	NBREL SRCLK	ENBREL	NBREL SRCLK	GLEEVEC	ENBREL SRCLK
LANTUS	ENBREL	NBREL SRCLK	TARCEVA	TARCEVA	ENBREL	TARCEVA	NBREL SRCLK	ENBREL	HUMIRA PEN	VONEX PREFL	HUMIRA PEN	ENBREL
ORICONAZOLE	NBREL SRCLK	ENBREL	NBREL SRCLK	ENBREL	NBREL SRCLK	ENBREL	LANTUS	NOVOLOG MIX	ORENCIA	ATRIPLA	REBIF REBIDO	TARCEVA
HUMIRA	XELODA	HUMIRA PEN	XELODA	XELODA	ORENCIA	XELODA	NEXIUM	ORENCIA	ATRIPLA	ORENCIA	ENBREL	ORENCIA
ORENCIA	EMEND	LANTUS	ADCIRCA	LANTUS	XELODA	LANTUS	ORENCIA	LANTUS	LANTUS	ENBREL	NBREL SRCLK	LANTUS
SPIRIVA	NOVOLOG MIX	SYNAGIS	NOVOLOG MIX	SOLODYN	BUDESONIDE	HUMALOG	ENBREL	CRESTOR	CRESTOR	LANTUS	HUMIRA PEN	XELODA
ADCIRCA	SOLODYN	ABILIFY	LANTUS	ORENCIA	ADCIRCA	ORENCIA	SOLODYN	ADCIRCA	AMPHETAMINE	REBIF REBIDO	VONEX PREFL	CRESTOR
VICTOZA	ORENCIA	ORENCIA	CRESTOR	NEXIUM	AMPYRA	CRESTOR	ASACOL HD	VICTOZA	ETHYLPHENID	ETHYLPHENID	ORENCIA	AMPHETAMINE

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	7,681	$38,748	$0	$38,748	$5.04	100.0%
$10.00 to $24.99	4,291	$62,939	$1,530	$61,409	$14.31	97.6%
$25.00 to $49.99	2,262	$71,857	$24,930	$46,927	$20.75	65.3%
$50.00 to $74.99	1,038	$58,132	$23,903	$34,229	$32.98	58.9%
$75.00 to $99.99	505	$38,012	$21,508	$16,505	$32.68	43.4%
$100.00 to $199.99	1,336	$167,180	$98,419	$68,761	$51.47	41.1%
$200.00 to $299.99	605	$120,027	$72,700	$47,328	$78.23	39.4%
$300.00 to $399.99	237	$74,369	$47,430	$26,939	$113.67	36.2%
$400.00 to $499.99	236	$94,508	$59,428	$35,080	$148.64	37.1%
$500.00 to $599.99	134	$63,460	$42,995	$20,464	$152.72	32.2%
$600.00 to $699.99	55	$34,146	$23,565	$10,581	$192.38	31.0%
$700.00 to $799.99	61	$37,938	$24,883	$13,055	$214.02	34.4%
$800.00 to $899.99	22	$18,523	$12,923	$5,600	$254.55	30.2%
$900.00 to $999.99	27	$20,129	$14,429	$5,700	$211.11	28.3%
$1000.00 to $1099.99	13	$11,581	$8,481	$3,100	$238.46	26.8%
$1100.00 to $1199.99	11	$8,058	$5,958	$2,100	$190.91	26.1%
$1200.00 to $1299.99	13	$13,716	$10,702	$3,014	$231.84	22.0%
$1300.00 or more	218	$648,891	$620,891	$28,000	$128.44	4.3%
Total	18,745	$1,582,215	$1,114,675	$467,540	$24.94	29.5%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	6,031	$160,459	$82,942	$77,517	$12.85	48.3%
16-34 days	8,806	$933,214	$752,971	$180,243	$20.47	19.3%
35-60 days	11	$2,898	$1,681	$1,217	$110.67	42.0%
61-83 days	7	$4,781	$3,250	$1,531	$218.76	32.0%
84-90 days	3,867	$477,758	$272,003	$205,756	$53.21	43.1%
91-120 days	21	$2,961	$1,742	$1,218	$58.01	41.2%
121-180 days	2	$144	$86	$57	$28.74	40.0%
181 or more days						
Total	18,745	$1,582,215	$1,114,675	$467,540	$24.94	29.5%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,002	$58,189	$34,428	$23,761	$23.71	40.8%
13-18 Years	498	$34,316	$19,439	$14,877	$29.87	43.4%
19-30 Years	1,731	$101,189	$64,143	$37,045	$21.40	36.6%
31-45 Years	4,380	$268,370	$178,491	$89,879	$20.52	33.5%
46-49 Years	1,549	$104,454	$69,898	$34,556	$22.31	33.1%
50-59 Years	5,928	$664,134	$506,953	$157,181	$26.52	23.7%
60-64 Years	2,925	$250,974	$164,943	$86,031	$29.41	34.3%
65 and Over	732	$100,590	$76,380	$24,209	$33.07	24.1%
Total	18,745	$1,582,215	$1,114,675	$467,540	$24.94	29.5%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	1,798	$9,148	$288	$8,860	$4.93	96.9%
$10.00 to $24.99	1,015	$14,953	$2,953	$12,000	$11.82	80.3%
$25.00 to $49.99	577	$18,371	$8,468	$9,904	$17.16	53.9%
$50.00 to $74.99	177	$9,885	$6,179	$3,707	$20.94	37.5%
$75.00 to $99.99	126	$10,314	$7,519	$2,795	$22.19	27.1%
$100.00 to $199.99	316	$43,792	$30,687	$13,104	$41.47	29.9%
$200.00 to $299.99	162	$34,978	$23,558	$11,420	$70.50	32.7%
$300.00 to $399.99	66	$17,911	$11,660	$6,251	$94.71	34.9%
$400.00 to $499.99	35	$10,677	$7,323	$3,354	$95.82	31.4%
$500.00 to $599.99	13	$4,887	$3,539	$1,347	$103.63	27.6%
$600.00 to $699.99	11	$7,100	$4,752	$2,348	$213.50	33.1%
$700.00 to $799.99	18	$8,834	$6,663	$2,171	$120.62	24.6%
$800.00 to $899.99	3	$2,548	$1,911	$638	$212.50	25.0%
$900.00 to $999.99	9	$6,584	$4,484	$2,100	$233.33	31.9%
$1000.00 to $1099.99	3	$3,122	$2,485	$638	$212.50	20.4%
$1100.00 to $1199.99						
$1200.00 to $1299.99	1	$1,209	$909	$300	$300.00	24.8%
$1300.00 or more	36	$100,445	$94,812	$5,633	$156.46	5.6%
Total	4,366	$304,758	$218,188	$86,570	$19.83	28.4%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	1,181	$27,454	$13,260	$14,194	$12.02	51.7%
16-34 days	2,443	$174,107	$129,857	$44,250	$18.11	25.4%
35-60 days	3	$332	$199	$133	$44.21	40.0%
61-83 days	3	$283	$170	$113	$37.70	40.0%
84-90 days	734	$102,260	$74,381	$27,880	$37.98	27.3%
91-120 days	2	$322	$322	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	4,366	$304,758	$218,188	$86,570	$19.83	28.4%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	177	$12,229	$7,820	$4,410	$24.91	36.1%
13-18 Years	121	$8,489	$5,841	$2,648	$21.89	31.2%
19-30 Years	498	$23,741	$17,455	$6,286	$12.62	26.5%
31-45 Years	828	$49,320	$36,651	$12,669	$15.30	25.7%
46-49 Years	380	$26,952	$19,269	$7,683	$20.22	28.5%
50-59 Years	1,332	$86,447	$58,023	$28,424	$21.34	32.9%
60-64 Years	833	$79,596	$60,336	$19,261	$23.12	24.2%
65 and Over	197	$17,983	$12,794	$5,189	$26.34	28.9%
Total	4,366	$304,758	$218,188	$86,570	$19.83	28.4%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	9,479	$47,896	$288	$47,608	$5.02	99.4%
$10.00 to $24.99	5,306	$77,893	$4,483	$73,410	$13.84	94.2%
$25.00 to $49.99	2,839	$90,228	$33,397	$56,831	$20.02	63.0%
$50.00 to $74.99	1,215	$68,017	$30,081	$37,936	$31.22	55.8%
$75.00 to $99.99	631	$48,326	$29,026	$19,300	$30.59	39.9%
$100.00 to $199.99	1,652	$210,972	$129,107	$81,866	$49.56	38.8%
$200.00 to $299.99	767	$155,005	$96,257	$58,748	$76.59	37.9%
$300.00 to $399.99	303	$92,280	$59,090	$33,190	$109.54	36.0%
$400.00 to $499.99	271	$105,184	$66,751	$38,433	$141.82	36.5%
$500.00 to $599.99	147	$68,346	$46,535	$21,812	$148.38	31.9%
$600.00 to $699.99	66	$41,246	$28,317	$12,929	$195.90	31.3%
$700.00 to $799.99	79	$46,772	$31,546	$15,226	$192.74	32.6%
$800.00 to $899.99	25	$21,071	$14,834	$6,238	$249.50	29.6%
$900.00 to $999.99	36	$26,713	$18,913	$7,800	$216.67	29.2%
$1000.00 to $1099.99	16	$14,704	$10,966	$3,738	$233.59	25.4%
$1100.00 to $1199.99	11	$8,058	$5,958	$2,100	$190.91	26.1%
$1200.00 to $1299.99	14	$14,925	$11,611	$3,314	$236.71	22.2%
$1300.00 or more	254	$749,336	$715,703	$33,633	$132.41	4.5%
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	7,212	$187,913	$96,202	$91,712	$12.72	48.8%
16-34 days	11,249	$1,107,321	$882,828	$224,493	$19.96	20.3%
35-60 days	14	$3,230	$1,880	$1,350	$96.43	41.8%
61-83 days	10	$5,064	$3,420	$1,644	$164.44	32.5%
84-90 days	4,601	$580,018	$346,383	$233,635	$50.78	40.3%
91-120 days	23	$3,283	$2,064	$1,218	$52.97	37.1%
121-180 days	2	$144	$86	$57	$28.74	40.0%
181 or more days						
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,179	$70,418	$42,247	$28,171	$23.89	40.0%
13-18 Years	619	$42,805	$25,280	$17,526	$28.31	40.9%
19-30 Years	2,229	$124,929	$81,598	$43,331	$19.44	34.7%
31-45 Years	5,208	$317,690	$215,142	$102,548	$19.69	32.3%
46-49 Years	1,929	$131,406	$89,167	$42,239	$21.90	32.1%
50-59 Years	7,260	$750,582	$564,977	$185,605	$25.57	24.7%
60-64 Years	3,758	$330,570	$225,278	$105,292	$28.02	31.9%
65 and Over	929	$118,573	$89,174	$29,399	$31.65	24.8%
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	9,479	$47,896	$288	$47,608	$5.02	99.4%
$10.00 to $24.99	5,306	$77,893	$4,483	$73,410	$13.84	94.2%
$25.00 to $49.99	2,839	$90,228	$33,397	$56,831	$20.02	63.0%
$50.00 to $74.99	1,215	$68,017	$30,081	$37,936	$31.22	55.8%
$75.00 to $99.99	631	$48,326	$29,026	$19,300	$30.59	39.9%
$100.00 to $199.99	1,652	$210,972	$129,107	$81,866	$49.56	38.8%
$200.00 to $299.99	767	$155,005	$96,257	$58,748	$76.59	37.9%
$300.00 to $399.99	303	$92,280	$59,090	$33,190	$109.54	36.0%
$400.00 to $499.99	271	$105,184	$66,751	$38,433	$141.82	36.5%
$500.00 to $599.99	147	$68,346	$46,535	$21,812	$148.38	31.9%
$600.00 to $699.99	66	$41,246	$28,317	$12,929	$195.90	31.3%
$700.00 to $799.99	79	$46,772	$31,546	$15,226	$192.74	32.6%
$800.00 to $899.99	25	$21,071	$14,834	$6,238	$249.50	29.6%
$900.00 to $999.99	36	$26,713	$18,913	$7,800	$216.67	29.2%
$1000.00 to $1099.99	16	$14,704	$10,966	$3,738	$233.59	25.4%
$1100.00 to $1199.99	11	$8,058	$5,958	$2,100	$190.91	26.1%
$1200.00 to $1299.99	14	$14,925	$11,611	$3,314	$236.71	22.2%
$1300.00 or more	254	$749,336	$715,703	$33,633	$132.41	4.5%
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	7,212	$187,913	$96,202	$91,712	$12.72	48.8%
16-34 days	11,249	$1,107,321	$882,828	$224,493	$19.96	20.3%
35-60 days	14	$3,230	$1,880	$1,350	$96.43	41.8%
61-83 days	10	$5,064	$3,420	$1,644	$164.44	32.5%
84-90 days	4,601	$580,018	$346,383	$233,635	$50.78	40.3%
91-120 days	23	$3,283	$2,064	$1,218	$52.97	37.1%
121-180 days	2	$144	$86	$57	$28.74	40.0%
181 or more days						
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,179	$70,418	$42,247	$28,171	$23.89	40.0%
13-18 Years	619	$42,805	$25,280	$17,526	$28.31	40.9%
19-30 Years	2,229	$124,929	$81,598	$43,331	$19.44	34.7%
31-45 Years	5,208	$317,690	$215,142	$102,548	$19.69	32.3%
46-49 Years	1,929	$131,406	$89,167	$42,239	$21.90	32.1%
50-59 Years	7,260	$750,582	$564,977	$185,605	$25.57	24.7%
60-64 Years	3,758	$330,570	$225,278	$105,292	$28.02	31.9%
65 and Over	929	$118,573	$89,174	$29,399	$31.65	24.8%
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	2,068	$948,765.58	$54,944.10
82	Hematopoitic Agents	150	$623,572.12	$4,422.72
27	Antidiabetic	1,952	$449,223.84	$165,522.05
62	Misc. Psychotherapeutic and Neurological Agents	125	$363,911.79	$11,258.74
44	Antiasthmatic	2,168	$175,626.08	$109,033.34
40	Misc. Cardiovascular	472	$163,831.36	$31,330.57
21	Antineoplastics	330	$150,938.41	$14,770.76
90	Dermatological	1,822	$126,885.17	$55,886.13
61	Stimulants/Anti-Obesity Anorexiants	988	$116,184.75	$73,555.89
39	Antihyperlipidemic	3,446	$94,981.43	$106,511.75
59	Antipsychotics	215	$73,672.60	$14,395.91
49	Ulcer Drugs	1,660	$60,400.50	$54,937.97
12	Antiviral	672	$56,412.40	$19,923.92
36	Antihypertensive	3,408	$53,332.43	$73,123.26
58	Antidepressants	3,521	$48,927.22	$72,332.87
04	Tetracyclines	656	$47,222.97	$18,627.34
65	Analgesics-Narcotic	4,032	$44,207.21	$55,583.97
86	Ophthalmic	864	$42,598.63	$32,860.62
42	Systemic And Topical Nasal Products	1,446	$40,707.85	$42,241.95
25	Contraceptives	1,699	$38,848.70	$54,176.45
38	Pressors	170	$35,985.74	$9,919.89
72	Anticonvulsant	1,325	$35,024.68	$33,618.72
83	Anticoagulants	189	$34,954.52	$12,951.29
50	Antiemetics	580	$27,738.15	$10,992.94
23	Androgen-Anabolic	164	$26,140.90	$10,769.30
24	Estrogens	290	$26,095.48	$18,623.52
68	Gout	381	$23,948.41	$16,481.99
52	Misc. GI	116	$23,714.02	$8,481.41
33	Beta Blockers	1,349	$21,883.77	$32,082.55
94	Diagnostic Products	270	$20,043.32	$15,724.76
30	Misc. Endocrine	175	$16,117.31	$8,467.17
67	Migraine Products	345	$14,794.74	$11,674.94
02	Cephalosporins	898	$14,774.74	$15,832.59
16	Misc. Anti-Infectives	794	$13,049.38	$8,857.86
56	Miscellaneous Genitourinary Products	445	$12,114.79	$14,346.41
55	Vaginal Products	131	$10,740.79	$7,548.72
99	Assorted Classes	122	$10,222.65	$5,299.25

A017_Rpt Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
60	Hypnotics	543	$8,655.73	$9,838.73
54	Urinary Antispasmodics	66	$8,541.53	$5,863.74
11	Antifunguals	516	$7,997.98	$4,995.05
75	Musculoskeletal Therapy Agents	923	$7,779.12	$10,814.30
46	Laxatives	448	$7,310.09	$7,301.14
03	Macrolide Antibiotics	1,272	$6,268.86	$18,332.00
26	Progestins	114	$6,181.50	$2,411.37
01	Penicillins	2,186	$6,158.99	$24,607.59
87	Otic	176	$5,769.12	$5,208.17
85	Misc. Hematological	100	$5,145.68	$4,007.97
22	Corticosteroids	1,486	$4,949.54	$13,311.89
53	Urinary Anti-Infectives	209	$4,387.02	$5,186.02
93	Antidotes	7	$3,580.47	$345.91
19	Passive Immunizing Agents	2	$3,488.64	$200.00
05	Fluoroquinolones	610	$2,915.27	$6,307.35
34	Calcium Blockers	875	$2,698.90	$12,104.85
43	Cough/Cold/Allergy	998	$2,641.67	$10,423.33
13	Antimalarial	81	$2,413.27	$2,577.54
37	Diuretics	1,235	$2,030.47	$10,278.63
57	Antianxiety Agents	1,648	$1,966.97	$13,143.35
97	Medical Devices	276	$1,612.85	$6,236.58
88	Mouth and Throat (Local)	257	$1,573.48	$2,966.97
79	Minerals and Electrolytes	250	$1,500.36	$4,944.90
64	Analgesics-Non Narcotic	167	$1,367.87	$2,680.12
89	Anorectal	71	$1,223.46	$1,385.10
96	Chemicals	22	$1,171.93	$816.45
28	Thyroid	803	$740.76	$14,958.78
41	Antihistamines	485	$639.94	$9,351.53
84	Hemostatics	9	$464.04	$309.35
15	Anthelmintic	3	$317.61	$100.00
35	Antiarrhythmic	43	$254.24	$1,479.81
32	Antianginal Agents	28	$73.25	$414.31
78	Multivitamins	27	$64.73	$155.00
73	Antiparkinsonian	47	$61.60	$536.87
29	Oxytocics	1	$49.84	$33.23
31	Cardiotonics	9	$42.93	$88.00
47	Antidiarrheals	45	$22.31	$371.05

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
92	Antiseptics and Disinfectants	1	$0.00	$13.31
07	Aminoglycosides	1	$0.00	$6.11
09	Antimycobacterial Agents	1	$0.00	$12.01
Grand Total		55,479	$4,199,656.45	$1,521,232.03

SCRIPT CARE, LTD.

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	1,307	$494,975.55	$31,763.00
21	Antineoplastics	273	$304,874.13	$9,193.11
12	Antiviral	588	$269,961.66	$18,018.34
27	Antidiabetic	1,216	$248,965.97	$91,056.91
62	Misc. Psychotherapeutic and Neurological Agents	99	$137,956.85	$6,756.47
25	Contraceptives	1,910	$133,146.91	$1,224.82
61	Stimulants/Anti-Obesity Anorexiants	855	$117,002.00	$60,158.65
44	Antiasthmatic	1,535	$110,605.56	$68,217.58
39	Antihyperlipidemic	2,516	$96,725.29	$86,337.86
90	Dermatological	1,208	$95,567.70	$33,929.30
23	Androgen-Anabolic	66	$67,790.47	$12,497.93
58	Antidepressants	3,032	$67,432.35	$65,652.76
65	Analgesics-Narcotic	2,209	$46,679.72	$34,452.39
72	Anticonvulsant	927	$39,366.15	$24,798.25
83	Anticoagulants	175	$37,875.92	$12,837.09
59	Antipsychotics	169	$36,069.85	$7,509.58
86	Ophthalmic	628	$30,773.95	$22,162.35
36	Antihypertensive	2,384	$29,306.54	$47,196.32
04	Tetracyclines	451	$29,023.86	$10,455.39
52	Misc. GI	84	$28,818.91	$7,183.26
49	Ulcer Drugs	1,051	$28,228.05	$28,282.92
68	Gout	245	$26,059.30	$13,833.97
38	Pressors	103	$25,948.62	$7,059.91
40	Misc. Cardiovascular	215	$25,814.65	$16,003.90
42	Systemic And Topical Nasal Products	852	$22,700.61	$22,873.74
24	Estrogens	322	$21,269.11	$16,739.55
67	Migraine Products	357	$20,355.38	$13,058.55
55	Vaginal Products	203	$19,746.25	$13,559.60
30	Misc. Endocrine	124	$19,321.62	$4,713.48
33	Beta Blockers	1,078	$14,829.50	$22,635.23
54	Urinary Antispasmodics	127	$14,667.98	$9,390.31
75	Musculoskeletal Therapy Agents	561	$10,056.14	$6,688.37
02	Cephalosporins	535	$8,289.83	$9,170.14
82	Hematopoitic Agents	84	$8,191.77	$677.74
34	Calcium Blockers	777	$7,156.64	$12,167.48
50	Antiemetics	325	$7,098.36	$5,249.01
46	Laxatives	292	$6,585.89	$3,701.52

A017_Rpt Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
85	Misc. Hematological	94	$5,991.53	$3,974.66
51	Digestive Aids	4	$5,503.74	$400.00
03	Macrolide Antibiotics	814	$5,036.83	$11,199.10
96	Chemicals	6	$4,752.74	$157.00
01	Penicillins	1,247	$4,752.17	$15,010.09
17	Vaccines	80	$4,714.76	$0.00
74	Neuromuscular Agents	4	$4,281.64	$400.00
94	Diagnostic Products	124	$4,182.00	$4,572.50
53	Urinary Anti-Infectives	158	$3,706.25	$3,036.48
60	Hypnotics	408	$3,366.07	$5,053.10
43	Cough/Cold/Allergy	716	$3,240.64	$8,134.00
56	Miscellaneous Genitourinary Products	177	$3,135.54	$3,613.89
16	Misc. Anti-Infectives	539	$2,521.36	$5,035.96
13	Antimalarial	75	$2,432.89	$2,236.23
73	Antiparkinsonian	99	$2,330.28	$2,674.56
87	Otic	76	$1,908.40	$1,706.98
37	Diuretics	1,092	$1,804.55	$10,032.59
26	Progestins	98	$1,663.84	$1,611.51
79	Minerals and Electrolytes	241	$1,589.96	$5,408.36
88	Mouth and Throat (Local)	139	$1,585.97	$1,736.37
05	Fluoroquinolones	425	$1,564.95	$4,326.81
57	Antianxiety Agents	1,169	$1,507.55	$10,443.19
22	Corticosteroids	1,003	$1,243.26	$8,650.31
64	Analgesics-Non Narcotic	105	$931.73	$1,535.74
11	Antifunguals	360	$877.86	$3,610.08
15	Anthelmintic	3	$877.03	$285.39
89	Anorectal	32	$777.62	$587.14
32	Antianginal Agents	32	$680.19	$579.26
28	Thyroid	862	$609.56	$20,298.70
97	Medical Devices	124	$548.46	$1,357.22
47	Antidiarrheals	54	$493.20	$820.54
41	Antihistamines	180	$315.48	$1,819.45
31	Cardiotonics	10	$250.10	$399.93
99	Assorted Classes	39	$232.33	$1,098.11
77	Vitamins	35	$196.85	$0.00
35	Antiarrhythmic	14	$154.98	$180.65
18	Toxoids	2	$139.61	$0.00

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
98	Pharmaceutical Adjuvants	3	$113.80	$75.87
84	Hemostatics	2	$108.57	$72.37
29	Oxytocics	1	$68.07	$15.00
93	Antidotes	4	$67.91	$83.96
78	Multivitamins	20	$28.92	$273.92
09	Antimycobacterial Agents	2	$0.38	$24.00
07	Aminoglycosides	1	$0.00	$7.64
Grand Total		39,556	$2,789,528.61	$999,745.44

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CEREZYME	37	$623,538.87	$16,852.40	$627,217.12	$18,162.66	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
HUMIRA PEN	121	$358,831.06	$2,965.55	$370,297.06	$3,330.01	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL SRCLK	125	$298,560.83	$2,388.49	$309,438.83	$2,958.31	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
ENBREL	80	$187,115.12	$2,338.94	$194,171.12	$2,811.36	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
REBIF REBIDO	27	$135,625.07	$5,023.15	$138,271.07	$5,486.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AVONEX PREFL	25	$116,263.21	$4,650.53	$118,713.21	$5,087.71	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
LANTUS	330	$111,721.55	$338.55	$150,986.77	$339.93	N	Y	ANTIDIABETICS/Human Insulin
ADCIRCA	36	$70,156.79	$1,948.80	$73,684.79	$2,046.80	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
CRESTOR	297	$53,564.39	$180.35	$88,804.69	$175.46	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
REVATIO	23	$53,022.02	$2,305.31	$55,276.02	$2,403.31	O	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
ORENCIA	22	$51,301.83	$2,331.90	$53,457.83	$2,505.84	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
VICTOZA	91	$49,333.24	$542.12	$62,115.74	$482.76	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
AMPYRA	31	$48,051.57	$1,550.05	$51,151.57	$1,650.05	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
TARCEVA	8	$44,827.68	$5,603.46	$45,617.68	$5,702.21	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
HUMIRA	13	$38,594.38	$2,968.80	$39,868.38	$3,267.90	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
NOVOLOG MIX	43	$37,545.31	$873.15	$44,607.81	$628.28	N	Y	ANTIDIABETICS/Human Insulin
ATRIPLA	17	$35,096.97	$2,064.53	$36,762.97	$2,162.53	N	Y	ANTIVIRALS/Antiretroviral Combinations
NOVOLOG	61	$34,189.50	$560.48	$43,616.04	$433.27	N	Y	ANTIDIABETICS/Human Insulin
LEVEMIR	73	$34,050.49	$466.45	$46,226.40	$360.86	N	Y	ANTIDIABETICS/Human Insulin
AMPHETAMINE	337	$33,872.24	$100.51	$55,492.57	$115.27	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
XELODA	11	$32,036.71	$2,912.43	$32,919.71	$7,481.75	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
HUMALOG	75	$29,728.79	$396.38	$38,287.37	$351.37	N	Y	ANTIDIABETICS/Human Insulin
AVONEX PEN	8	$29,294.21	$3,661.78	$29,882.21	$5,212.01	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ABILIFY	43	$29,163.02	$678.21	$33,615.02	$819.88	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
ADVAIR DISKU	87	$28,378.31	$326.19	$44,260.27	$255.84	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
SYMBICORT	129	$27,528.06	$213.40	$45,259.94	$238.21	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
METHYLPHENID	302	$26,881.80	$89.01	$44,861.17	$119.52	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
AUBAGIO	5	$26,787.88	$5,357.58	$27,287.88	$5,847.40	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
HUMULIN	59	$23,716.97	$401.98	$29,961.97	$479.90	N	Y	ANTIDIABETICS/Human Insulin
NEXIUM	126	$22,798.34	$180.94	$37,320.45	$220.61	N	Y	ULCER DRUGS/Proton Pump Inhibitors
HUMALOG KWIK	34	$22,440.55	$660.02	$28,426.91	$463.48	N	Y	ANTIDIABETICS/Human Insulin
VYVANSE	152	$22,311.79	$146.79	$37,027.66	$193.63	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
EPIPEN 2-PAK	121	$21,996.49	$181.79	$29,089.94	$1,376.50	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
AFINITOR	2	$18,799.44	$9,399.72	$18,995.44	$10,176.13	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
SPIRIVA	60	$18,637.59	$310.63	$29,558.55	$268.71	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
	3011	$2,795,762.07	$928.52	$3,112,532.16	$798.72			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	69	$270,160.05	$3,915.36	$276,976.05	$4,424.54	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
IBRANCE	18	$179,193.61	$9,955.20	$180,992.36	$10,925.09	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
AVONEX PREFL	25	$127,204.28	$5,088.17	$129,904.28	$5,154.93	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
SOVALDI	6	$111,200.00	$18,533.33	$111,592.00	$29,890.71	N	N	ANTIVIRALS/Hepatitis C Agents
ATRIPLA	42	$81,732.80	$1,946.02	$86,052.80	$2,048.88	N	Y	ANTIVIRALS/Antiretroviral Combinations
ORENCIA	32	$79,368.46	$2,480.26	$82,608.46	$2,888.41	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
ENBREL SRCLK	27	$73,529.59	$2,723.32	$76,225.59	$3,016.84	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
HARVONI	2	$62,572.00	$31,286.00	$62,768.00	$33,625.71	N	N	ANTIVIRALS/Hepatitis C Agent - Combinations
LANTUS	187	$56,246.40	$300.78	$77,621.88	$340.95	N	Y	ANTIDIABETICS/Human Insulin
ANDROGEL	49	$55,922.44	$1,141.27	$65,899.17	$676.58	N	Y	ANDROGENS-ANABOLIC/Androgens
XELJANZ	22	$51,942.62	$2,361.03	$54,098.62	$2,459.03	N	Y	ANALGESICS - ANTI-
CRESTOR	308	$50,598.25	$164.28	$84,117.79	$177.11	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LEVEMIR	54	$48,174.48	$892.12	$57,003.49	$678.34	N	Y	ANTIDIABETICS/Human Insulin
GLEEVEC	5	$36,973.26	$7,394.65	$37,513.26	$7,502.65	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
DULOXETINE	186	$34,366.38	$184.77	$43,521.84	$150.44	Y	Y	ANTIDEPRESSANTS/Serotonin-Norepinephrine
VYVANSE	193	$32,122.63	$166.44	$53,333.28	$202.05	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ADVAIR DISKU	119	$30,233.79	$254.07	$46,969.74	$274.68	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
IBRANCE	3	$29,773.83	$9,924.61	$30,070.08	$10,739.31	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
LYRICA	68	$24,928.38	$366.59	$33,829.15	$378.68	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
VICTOZA	41	$24,917.37	$607.74	$32,900.80	$416.47	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
AMPHETAMINE	283	$24,742.33	$87.43	$36,144.42	$95.38	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ENOXAPARIN	37	$22,049.58	$595.93	$23,657.80	$1,165.41	Y	N	ANTICOAGULANTS/Low Molecular Weight Heparins
TYKERB	7	$21,927.95	$3,132.56	$22,427.95	$4,485.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
ABILIFY	21	$18,717.01	$891.29	$21,393.51	$792.35	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
HUMALOG MIX	19	$18,562.92	$977.00	$22,212.63	$467.63	N	Y	ANTIDIABETICS/Human Insulin
EPIPEN 2-PAK	68	$17,881.49	$262.96	$22,893.03	$2,488.37	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
METHYLPHENID	149	$16,609.41	$111.47	$23,386.10	$103.34	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
CIALIS	108	$15,568.67	$144.15	$24,804.12	$254.66	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
NOVOLOG MIX	28	$14,987.42	$535.27	$18,370.38	$461.95	N	Y	ANTIDIABETICS/Human Insulin
NOVOLOG	72	$14,459.24	$200.82	$20,840.25	$323.10	N	Y	ANTIDIABETICS/Human Insulin
OXYCONTIN	24	$14,160.15	$590.01	$16,394.43	$736.28	N	N	ANALGESICS - OPIOID/Opioid Agonists
MIRENA	17	$14,079.74	$828.22	$14,054.24	$876.56	N	Y	CONTRACEPTIVES/Progestin Contraceptives - IUD
NEXIUM	56	$13,422.22	$239.68	$20,762.70	$259.53	N	Y	ULCER DRUGS/Proton Pump Inhibitors
SYMBICORT	86	$13,089.55	$152.20	$21,292.48	$249.33	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
COLCRYS	64	$11,846.91	$185.11	$17,840.57	$274.61	N	N	GOUT AGENTS/Gout Agents
	2495	$1,713,265.21	$686.68	$1,950,473.25	$610.12			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	2211	$6,218.96	$2.81	$27,240.72	$37.98	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	1338	$16.95	$0.01	$9,151.71	$23.11	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	1281	$1,103.64	$0.86	$24,454.86	$9.63	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LISINOPRIL	1186	$92.48	$0.08	$7,266.17	$3.60	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
AZITHROMYCIN	1171	$1,477.20	$1.26	$14,832.75	$74.19	Y	N	MACROLIDES/Azithromycin
FLUTICASONE	965	$4,034.27	$4.18	$19,709.59	$20.29	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
SIMVASTATIN	932	$497.03	$0.53	$6,911.10	$3.48	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PREDNISONE	846	$92.85	$0.11	$2,997.58	$8.51	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
TRAMADOL HCL	844	$2,945.00	$3.49	$9,941.13	$19.34	Y	N	ANALGESICS - OPIOID/Opioid Agonists
OMEPRAZOLE	694	$906.16	$1.31	$10,784.16	$9.26	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
ALPRAZOLAM	689	$180.42	$0.26	$4,124.30	$5.71	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
HYDROCHLOROT	678	$0.00	$0.00	$2,169.79	$1.83	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
CYCLOBENZAPR	644	$369.22	$0.57	$3,859.48	$11.44	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
ESCITALOPRAM	596	$1,393.86	$2.34	$9,612.09	$10.07	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
AMLODIPINE	590	$50.82	$0.09	$3,333.27	$3.23	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
AMOX/K CLAV	580	$5,482.61	$9.45	$15,156.80	$85.52	Y	N	PENICILLINS/Penicillin Combinations
MONTELUKAST	569	$2,878.86	$5.06	$14,136.03	$17.01	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
DICLOFENAC	567	$1,733.74	$3.06	$10,205.67	$20.89	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
LEVOTHYROXIN	562	$1.92	$0.00	$8,172.93	$9.31	Y	Y	THYROID AGENTS/Thyroid Hormones
PROAIR HFA	530	$18,065.62	$34.09	$30,223.16	$67.75	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
OXYCOD/APAP	524	$2,525.73	$4.82	$8,152.22	$42.38	Y	N	ANALGESICS - OPIOID/Opioid Combinations
METFORMIN	515	$32.58	$0.06	$4,948.98	$4.29	Y	Y	ANTIDIABETICS/Biguanides
SERTRALINE	478	$326.58	$0.68	$4,242.63	$5.50	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CEPHALEXIN	461	$1,361.42	$2.95	$5,678.08	$38.63	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
LISINOP/HCTZ	439	$17.54	$0.04	$3,090.80	$4.23	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
DOXYCYCL HYC	437	$15,409.68	$35.26	$26,106.31	$111.36	Y	N	TETRACYCLINES/Tetracyclines
MELOXICAM	434	$84.84	$0.20	$2,235.97	$4.08	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
FLUCONAZOLE	426	$553.71	$1.30	$3,301.33	$61.02	Y	N	ANTIFUNGALS/Triazoles
BUPROPN HCL	424	$10,893.70	$25.69	$27,020.79	$35.35	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
PRAVASTATIN	419	$514.55	$1.23	$10,409.03	$14.60	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ONDANSETRON	407	$3,020.80	$7.42	$8,133.06	$112.59	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
FLUOXETINE	403	$686.52	$1.70	$5,217.07	$8.74	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CIPROFLOXACN	392	$219.91	$0.56	$2,924.26	$30.10	Y	N	FLUOROQUINOLONES/Fluoroquinolones
LOSARTAN POT	390	$183.56	$0.47	$3,658.21	$4.66	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
CEFDINIR	381	$11,994.47	$31.48	$21,006.41	$160.80	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
	24003	$95,367.20	$3.97	$370,408.44	$14.87			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	1233	$5,663.44	$4.59	$19,475.59	$42.85	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	807	$209.27	$0.26	$14,655.11	$9.22	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMOXICILLIN	746	$49.55	$0.07	$5,581.65	$25.26	Y	N	PENICILLINS/Aminopenicillins
AZITHROMYCIN	733	$531.47	$0.73	$8,372.51	$71.30	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	700	$0.00	$0.00	$4,106.99	$3.89	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
SIMVASTATIN	690	$0.00	$0.00	$4,486.44	$3.23	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PREDNISONE	630	$27.87	$0.04	$2,349.43	$9.11	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
HYDROCHLOROT	618	$0.00	$0.00	$2,213.49	$2.09	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
LEVOTHYROXIN	594	$50.14	$0.08	$11,095.50	$11.13	Y	Y	THYROID AGENTS/Thyroid Hormones
FLUTICASONE	581	$2,211.08	$3.81	$10,983.86	$19.01	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
OMEPRAZOLE	559	$228.06	$0.41	$7,796.92	$8.62	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
AMLODIPINE	492	$0.00	$0.00	$2,622.70	$3.06	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
SERTRALINE	470	$17.04	$0.04	$4,029.53	$5.01	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
MONTELUKAST	458	$1,285.76	$2.81	$9,966.65	$13.73	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
ESCITALOPRAM	445	$147.00	$0.33	$6,570.81	$8.79	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CITALOPRAM	410	$0.00	$0.00	$2,695.86	$4.02	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
TRAMADOL HCL	399	$320.80	$0.80	$2,754.39	$11.12	Y	N	ANALGESICS - OPIOID/Opioid Agonists
DICLOFENAC	395	$1,187.64	$3.01	$6,251.64	$18.67	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
ALPRAZOLAM	390	$93.17	$0.24	$2,678.70	$6.50	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
LOSARTAN POT	363	$0.00	$0.00	$3,417.39	$4.68	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
PROAIR HFA	361	$9,706.83	$26.89	$17,035.14	$68.85	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
BUPROPN HCL	360	$10,270.17	$28.53	$23,594.07	$37.35	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
CYCLOBENZAPR	349	$16.09	$0.05	$1,715.13	$7.17	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
AMOX/K CLAV	340	$3,654.91	$10.75	$9,568.16	$88.57	Y	N	PENICILLINS/Penicillin Combinations
LISINOP/HCTZ	334	$0.00	$0.00	$2,247.67	$4.13	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
VALACYCLOVIR	323	$3,679.95	$11.39	$9,171.78	$50.81	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
MELOXICAM	318	$51.88	$0.16	$1,426.76	$3.81	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
CRESTOR	308	$50,598.25	$164.28	$84,117.79	$177.11	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
METFORMIN	307	$63.40	$0.21	$3,036.26	$4.77	Y	Y	ANTIDIABETICS/Biguanides
FLUCONAZOLE	295	$474.36	$1.61	$2,646.81	$57.54	Y	N	ANTIFUNGALS/Triazoles
SPRINTEC 28	288	$4,775.47	$16.58	$4,686.97	$14.35	Y	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
PRAVASTATIN	288	$459.08	$1.59	$6,406.70	$16.61	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LORAZEPAM	285	$80.72	$0.28	$1,823.18	$6.81	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
AMPHETAMINE	283	$24,742.33	$87.43	$36,144.42	$95.38	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ZOLPIDEM	280	$0.00	$0.00	$1,614.82	$4.84	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
	16432	$120,595.73	$7.34	$337,340.82	$17.45			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	39,682	$1,063,067.42	$3,173,586.35	$109,125.50	$3,282,711.85
002	CIRCUIT COURT	287	$6,505.18	$4,689.83	$789.25	$5,479.08
003	HRA	1,008	$27,574.67	$155,370.08	$2,772.00	$158,142.08
004	RETIREES > 65	494	$10,958.94	$18,893.77	$1,358.50	$20,252.27
005	RETIREES < 65	11,930	$353,122.75	$716,476.77	$32,807.50	$749,284.27
006	ACTIVE OTHER	1,669	$45,558.10	$92,721.88	$4,589.75	$97,311.63
007	RETIREES > 65 - EE ONLY - N	4	$179.02	$377.17	$11.00	$388.17
008	LINE OF DUTY MEMBERS	163	$5,418.33	$4,809.91	$448.25	$5,258.16
098	COBRA	245	$8,847.62	$33,181.00	$673.75	$33,854.75
Grand Total		55,482	$1,521,232.03	$4,200,106.76	$152,575.50	$4,352,682.26

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	15,844	$378,038.65	$1,158,528.43	$43,571.00	$1,202,099.43
03	FOOD SERVICE $1500	507	$11,812.38	$16,556.93	$1,394.25	$17,951.18
05	RETIREE $1500	1,029	$30,451.70	$46,990.21	$2,829.75	$49,819.96
07	20/20 $1500	23	$775.78	$1,751.47	$63.25	$1,814.72
09	BOTH WORK $1500	617	$14,884.67	$22,581.54	$1,696.75	$24,278.29
11	LAUREL $750	619	$11,127.15	$14,175.08	$1,702.25	$15,877.33
12	LAUREL $1500	826	$19,076.86	$27,553.50	$2,271.50	$29,825.00
13	LAUREL $750 RETIREE	61	$2,118.59	$2,396.46	$167.75	$2,564.21
15	GOVERNOR'S $750	13	$808.07	$1,179.72	$35.75	$1,215.47
16	GOVENOR'S $1500	52	$1,492.13	$11,724.32	$143.00	$11,867.32
18	STEP WITH LINKS $1500	1	$9.47	$0.00	$2.75	$2.75
20	STEM ACADEMY $750	121	$3,877.32	$6,280.01	$332.75	$6,612.76
21	MONTHLY $750	15,616	$398,227.29	$1,105,829.46	$42,944.00	$1,148,773.46
23	FOOD SERVICE $750	575	$11,772.88	$34,806.42	$1,581.25	$36,387.67
25	RETIREE $750	2,722	$89,531.36	$260,808.26	$7,485.50	$268,293.76
29	BOTH WORK $750	425	$12,301.00	$24,450.45	$1,168.75	$25,619.20
30	20/20 $750	304	$7,590.70	$42,994.72	$836.00	$43,830.72
92	COBRA $750	51	$1,965.81	$6,765.75	$140.25	$6,906.00
98	COBRA $1500	150	$3,883.63	$4,155.88	$412.50	$4,568.38
Grand Total		39,556	$999,745.44	$2,789,528.61	$108,779.00	$2,898,307.61

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,115	156	14,938	18,209	
% of All Claims	17.11%	0.86%	82.04%	100.00%	
Retail from Pharmacy w/o Script Care	$1,998,109.67	$58,587.77	$1,756,329.49	$3,813,026.93	$209.40
Actual Drug Cost	$1,440,282.33	$42,595.10	$431,602.03	$1,914,479.46	$105.14
Pharmacy Fees	$3,135.75	$119.00	$14,620.50	$17,875.25	$0.98
Prescription Price w/ Script Care	$1,443,418.08	$42,714.10	$446,222.53	$1,932,354.71	$106.12
Savings through your Script Care Plan	**$554,691.59**	**$15,873.67**	**$1,310,106.96**	**$1,880,672.22**	**$103.28**
% Saved over Retail	**27.76%**	**27.09%**	**74.59%**	**49.32%**	
Copay	$238,183.42	$12,427.78	$253,317.16	$503,928.36	$27.67
% of Total Drug Cost	16.50%	29.10%	56.77%	26.08%	
Tax	$0.55	$0.00	$15.02	$15.57	$0.00
Your Prescription Cost	**$1,205,235.21**	**$30,286.32**	**$192,920.39**	**$1,428,441.92**	**$78.45**
Total Plan Cost/Claim	**$386.91**	**$194.14**	**$12.91**	**$78.45**	
Cost/Per Cardholder Per Month	**$70.46**	**$1.77**	**$11.28**	**$83.51**	
Cost/Per Member Per Month	**$37.51**	**$0.94**	**$6.00**	**$44.46**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.87**	**1.06**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.46**	**0.57**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,425.5	1,251.8	2,677.3

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,884	179	14,428	17,491	
% of All Claims	16.49%	1.02%	82.49%	100.00%	
Retail from Pharmacy w/o Script Care	$1,440,436.01	$31,657.04	$1,598,544.87	$3,070,637.92	$175.56
Actual Drug Cost	$1,086,658.73	$22,289.53	$411,328.34	$1,520,276.60	$86.92
Pharmacy Fees	$2,711.75	$154.25	$13,815.70	$16,681.70	$0.95
Prescription Price w/ Script Care	$1,089,370.48	$22,443.78	$425,144.04	$1,536,958.30	$87.87
Savings through your Script Care Plan	**$351,065.53**	**$9,213.26**	**$1,173,400.83**	**$1,533,679.62**	**$87.68**
% Saved over Retail	**24.37%**	**29.10%**	**73.40%**	**49.95%**	
Copay	$209,597.18	$11,363.19	$210,735.67	$431,696.04	$24.68
% of Total Drug Cost	19.24%	50.63%	49.57%	28.09%	
Tax	$0.00	$0.00	$0.05	$0.05	$0.00
Your Prescription Cost	**$879,773.30**	**$11,080.59**	**$214,408.42**	**$1,105,262.31**	**$63.19**
Total Plan Cost/Claim	**$305.05**	**$61.90**	**$14.86**	**$63.19**	
Cost/Per Cardholder Per Month	**$54.98**	**$0.69**	**$13.40**	**$69.07**	
Cost/Per Member Per Month	**$33.60**	**$0.42**	**$8.19**	**$42.21**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.90**	**1.09**	
Rx/Per Member Per Month	**0.11**	**0.01**	**0.55**	**0.67**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,333.6	848.5	2,182.1

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	5,999	335	29,366	35,700	
% of All Claims	16.80%	0.94%	82.26%	100.00%	
Retail from Pharmacy w/o Script Care	$3,438,545.68	$90,244.81	$3,354,874.36	$6,883,664.85	$192.82
Actual Drug Cost	$2,526,941.06	$64,884.63	$842,930.37	$3,434,756.06	$96.21
Pharmacy Fees	$5,847.50	$273.25	$28,436.20	$34,556.95	$0.97
Prescription Price w/ Script Care	$2,532,788.56	$65,157.88	$871,366.57	$3,469,313.01	$97.18
Savings through your Script Care Plan	**$905,757.12**	**$25,086.93**	**$2,483,507.79**	**$3,414,351.84**	**$95.64**
% Saved over Retail	**26.34%**	**27.80%**	**74.03%**	**49.60%**	
Copay	$447,780.60	$23,790.97	$464,052.83	$935,624.40	$26.21
% of Total Drug Cost	17.68%	36.51%	53.25%	26.97%	
Tax	$0.55	$0.00	$15.07	$15.62	$0.00
Your Prescription Cost	**$2,085,008.51**	**$41,366.91**	**$407,328.81**	**$2,533,704.23**	**$70.97**
Total Plan Cost/Claim	**$347.56**	**$123.48**	**$13.87**	**$70.97**	
Cost/Per Cardholder Per Month	**$62.97**	**$1.25**	**$12.30**	**$76.53**	
Cost/Per Member Per Month	**$35.76**	**$0.71**	**$6.99**	**$43.45**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.89**	**1.08**	
Rx/Per Member Per Month	**0.10**	**0.01**	**0.50**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,759.1	2,100.3	4,859.3

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,533	98	11,683	14,314	
% of Retail Claims	17.70%	0.68%	81.62%	100.00%	
Prescription Price w/ Script Care	$1,184,357.74	$33,538.37	$287,843.05	$1,505,739.16	$105.19
Copay	$152,540.38	$6,328.12	$153,613.01	$312,481.51	$21.83
% of Total Drug Cost	12.88%	18.87%	53.36%	20.75%	
Tax	$0.55	$0.00	$15.02	$15.57	$0.00
Your Prescription Cost	$1,031,817.91	$27,210.25	$134,245.06	$1,193,273.22	$83.36
Employer Cost Per Claim	**$407.35**	**$277.66**	**$11.49**	**$83.36**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	582	58	3,255	3,895	
% of MO Claims	14.94%	1.49%	83.57%	100.00%	
Prescription Price w/ Script Care	$259,060.34	$9,175.73	$158,379.48	$426,615.55	$109.53
Copay	$85,643.04	$6,099.66	$99,704.15	$191,446.85	$49.15
% of Total Drug Cost	33.06%	66.48%	62.95%	44.88%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$173,417.30	$3,076.07	$58,675.33	$235,168.70	$60.38
Employer Cost Per Claim	**$297.97**	**$53.04**	**$18.03**	**$60.38**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,115	156	14,938	18,209	
% of All Claims	17.11%	0.86%	82.04%	100.00%	
Prescription Price w/ Script Care	$1,443,418.08	$42,714.10	$446,222.53	$1,932,354.71	$106.12
Copay	$238,183.42	$12,427.78	$253,317.16	$503,928.36	$27.67
% of Total Drug Cost	16.50%	29.10%	56.77%	26.08%	
Tax	$0.55	$0.00	$15.02	$15.57	$0.00
Your Prescription Cost	$1,205,235.21	$30,286.32	$192,920.39	$1,428,441.92	$78.45
Employer Cost Per Claim	**$386.91**	**$194.14**	**$12.91**	**$78.45**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,286	108	11,171	13,565	
% of Retail Claims	16.85%	0.80%	82.35%	100.00%	
Prescription Price w/ Script Care	$824,657.62	$12,371.08	$245,191.36	$1,082,220.06	$79.78
Copay	$127,382.87	$4,168.08	$128,402.37	$259,953.32	$19.16
% of Total Drug Cost	15.45%	33.69%	52.37%	24.02%	
Tax	$0.00	$0.00	$0.05	$0.05	$0.00
Your Prescription Cost	$697,274.75	$8,203.00	$116,789.04	$822,266.79	$60.62
Employer Cost Per Claim	**$305.02**	**$75.95**	**$10.45**	**$60.62**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	598	71	3,257	3,926	
% of MO Claims	15.23%	1.81%	82.96%	100.00%	
Prescription Price w/ Script Care	$264,712.86	$10,072.70	$179,952.68	$454,738.24	$115.83
Copay	$82,214.31	$7,195.11	$82,333.30	$171,742.72	$43.74
% of Total Drug Cost	31.06%	71.43%	45.75%	37.77%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$182,498.55	$2,877.59	$97,619.38	$282,995.52	$72.08
Employer Cost Per Claim	**$305.18**	**$40.53**	**$29.97**	**$72.08**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,884	179	14,428	17,491	
% of All Claims	16.49%	1.02%	82.49%	100.00%	
Prescription Price w/ Script Care	$1,089,370.48	$22,443.78	$425,144.04	$1,536,958.30	$87.87
Copay	$209,597.18	$11,363.19	$210,735.67	$431,696.04	$24.68
% of Total Drug Cost	19.24%	50.63%	49.57%	28.09%	
Tax	$0.00	$0.00	$0.05	$0.05	$0.00
Your Prescription Cost	$879,773.30	$11,080.59	$214,408.42	$1,105,262.31	$63.19
Employer Cost Per Claim	**$305.05**	**$61.90**	**$14.86**	**$63.19**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	4,819	206	22,854	27,879	
% of Retail Claims	17.29%	0.74%	81.98%	100.00%	
Prescription Price w/ Script Care	$2,009,015.36	$45,909.45	$533,034.41	$2,587,959.22	$92.83
Copay	$279,923.25	$10,496.20	$282,015.38	$572,434.83	$20.53
% of Total Drug Cost	13.93%	22.86%	52.91%	22.12%	
Tax	$0.55	$0.00	$15.07	$15.62	$0.00
Your Prescription Cost	$1,729,092.66	$35,413.25	$251,034.10	$2,015,540.01	$72.30
Employer Cost Per Claim	**$358.81**	**$171.91**	**$10.98**	**$72.30**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	1,180	129	6,512	7,821	
% of MO Claims	15.09%	1.65%	83.26%	100.00%	
Prescription Price w/ Script Care	$523,773.20	$19,248.43	$338,332.16	$881,353.79	$112.69
Copay	$167,857.35	$13,294.77	$182,037.45	$363,189.57	$46.44
% of Total Drug Cost	32.05%	69.07%	53.80%	41.21%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$355,915.85	$5,953.66	$156,294.71	$518,164.22	$66.25
Employer Cost Per Claim	**$301.62**	**$46.15**	**$24.00**	**$66.25**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	5,999	335	29,366	35,700	
% of All Claims	16.80%	0.94%	82.26%	100.00%	
Prescription Price w/ Script Care	$2,532,788.56	$65,157.88	$871,366.57	$3,469,313.01	$97.18
Copay	$447,780.60	$23,790.97	$464,052.83	$935,624.40	$26.21
% of Total Drug Cost	17.68%	36.51%	53.25%	26.97%	
Tax	$0.55	$0.00	$15.07	$15.62	$0.00
Your Prescription Cost	$2,085,008.51	$41,366.91	$407,328.81	$2,533,704.23	$70.97
Employer Cost Per Claim	**$347.56**	**$123.48**	**$13.87**	**$70.97**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	18,209		28 **		223 **	
% of All Claims	100.00%		0.15%		1.22%	
Retail from Pharmacy w/o Script Care	$3,813,026.93	$209.40	$374,883.74	$13,388.71	$806,717.37	$3,617.57
Actual Drug Cost	$1,914,479.46	$105.14	$235,305.51	$8,403.77	$572,765.94	$2,568.46
Pharmacy Fees	$17,875.25	$0.98	$5.25	$0.19	$446.00	$2.00
Prescription Price w/ Script Care	$1,932,354.71	$106.12	$235,310.76	$8,403.96	$573,211.94	$2,570.46
Savings through your Script Care Plan	**$1,880,672.22**	**$103.28**	**$139,572.98**	**$4,984.75**	**$233,505.43**	**$1,047.11**
% Saved over Retail	**49.32%**		**37.23%**		**28.95%**	
Copay	$503,928.36	$27.67	$2,800.00	$100.00	$20,857.05	$93.53
% of Total Drug Cost	26.08%		1.19%		3.64%	
Tax	$15.57	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,428,441.92**	**$78.45**	**$232,510.76**	**$8,303.96**	**$552,354.89**	**$2,476.93**
% of Total Cost	**100.00%**		**16.28%**		**38.67%**	
Total Plan Cost/Claim	**$78.45**		**$8,303.96**		**$2,476.93**	
Cost/Per Cardholder Per Month	**$83.51**		**$13.59**		**$32.29**	
Cost/Per Member Per Month	**$44.46**		**$7.24**		**$17.19**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,425.5	1,251.8	2,677.3

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	17,491		2 **		121 **	
% of All Claims	100.00%		0.01%		0.69%	
Retail from Pharmacy w/o Script Care	$3,070,637.92	$175.56	$2,281.98	$1,140.99	$636,040.79	$5,256.54
Actual Drug Cost	$1,520,276.60	$86.92	$1,906.76	$953.38	$453,227.93	$3,745.69
Pharmacy Fees	$16,681.70	$0.95	$3.00	$1.50	$242.00	$2.00
Prescription Price w/ Script Care	$1,536,958.30	$87.87	$1,909.76	$954.88	$453,469.93	$3,747.69
Savings through your Script Care Plan	**$1,533,679.62**	**$87.68**	**$372.22**	**$186.11**	**$182,570.86**	**$1,508.85**
% Saved over Retail	**49.95%**		**16.31%**		**28.70%**	
Copay	$431,696.04	$24.68	$200.00	$100.00	$11,850.00	$97.93
% of Total Drug Cost	28.09%		10.47%		2.61%	
Tax	$0.05	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,105,262.31**	**$63.19**	**$1,709.76**	**$854.88**	**$441,619.93**	**$3,649.75**
% of Total Cost	**100.00%**		**0.15%**		**39.96%**	
Total Plan Cost/Claim	**$63.19**		**$854.88**		**$3,649.75**	
Cost/Per Cardholder Per Month	**$69.07**		**$0.11**		**$27.60**	
Cost/Per Member Per Month	**$42.21**		**$0.07**		**$16.87**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,333.6	848.5	2,182.1

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	35,700		30 **		344 **	
% of All Claims	100.00%		0.08%		0.96%	
Retail from Pharmacy w/o Script Care	$6,883,664.85	$192.82	$377,165.72	$12,572.19	$1,442,758.16	$4,194.06
Actual Drug Cost	$3,434,756.06	$96.21	$237,212.27	$7,907.08	$1,025,993.87	$2,982.54
Pharmacy Fees	$34,556.95	$0.97	$8.25	$0.28	$688.00	$2.00
Prescription Price w/ Script Care	$3,469,313.01	$97.18	$237,220.52	$7,907.35	$1,026,681.87	$2,984.54
Savings through your Script Care Plan	**$3,414,351.84**	**$95.64**	**$139,945.20**	**$4,664.84**	**$416,076.29**	**$1,209.52**
% Saved over Retail	**49.60%**		**37.10%**		**28.84%**	
Copay	$935,624.40	$26.21	$3,000.00	$100.00	$32,707.05	$95.08
% of Total Drug Cost	26.97%		1.26%		3.19%	
Tax	$15.62	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$2,533,704.23**	**$70.97**	**$234,220.52**	**$7,807.35**	**$993,974.82**	**$2,889.46**
% of Total Cost	**100.00%**		**9.24%**		**39.23%**	
Total Plan Cost/Claim	**$70.97**		**$7,807.35**		**$2,889.46**	
Cost/Per Cardholder Per Month	**$76.53**		**$7.07**		**$30.02**	
Cost/Per Member Per Month	**$43.45**		**$4.02**		**$17.05**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,759.1	2,100.3	4,859.3

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Total
Enrollment Summary													
Cardholders	1,428.0	1,430.0	1,425.0	1,427.0	1,435.0	1,433.0	1,427.0	1,430.0	1,422.0	1,412.0	1,417.0	1,420.0	1,425.5
Dependents	1,225.0	1,242.0	1,248.0	1,253.0	1,252.0	1,251.0	1,260.0	1,254.0	1,270.0	1,260.0	1,252.0	1,254.0	1,251.8
Utilizing Cardholders	664.0	620.0	620.0	602.0	615.0	587.0	606.0	575.0	599.0	600.0	577.0	661.0	1,235.0
Utilization %	46.50%	43.36%	43.51%	42.19%	42.86%	40.96%	42.47%	40.21%	42.12%	42.49%	40.72%	46.55%	86.64%
Claim Summary													
All	1,738	1,451	1,518	1,529	1,513	1,440	1,456	1,416	1,464	1,492	1,412	1,780	18,209
Avg Per Cardholder	1.22	1.01	1.07	1.07	1.05	1.00	1.02	0.99	1.03	1.06	1.00	1.25	12.77
Avg Per Member	0.66	0.54	0.57	0.57	0.56	0.54	0.54	0.53	0.54	0.56	0.53	0.67	6.80
Brand	320	251	262	289	258	230	235	249	224	261	220	316	3,115
Generic	1,408	1,192	1,245	1,231	1,242	1,194	1,210	1,150	1,226	1,217	1,178	1,445	14,938
Brand w/Generic	10	8	11	9	13	16	11	17	14	14	14	19	156
Generic % of All	81.01%	82.15%	82.02%	80.51%	82.09%	82.92%	83.10%	81.21%	83.74%	81.57%	83.43%	81.18%	82.04%
Mail Order	321	293	326	326	319	332	337	312	335	344	294	340	3,879
Mail Order % of All	18.47%	20.19%	21.48%	21.32%	21.08%	23.06%	23.15%	22.03%	22.88%	23.06%	20.82%	19.10%	21.30%
Claim Cost													
Submitted Cost	$310,144	$268,881	$299,478	$327,992	$275,472	$326,118	$325,441	$326,209	$313,592	$344,182	$289,674	$405,843	$3,813,027
Script Care Cost	$164,152	$134,399	$154,238	$176,829	$134,872	$169,346	$168,244	$166,129	$152,629	$167,761	$144,550	$199,206	$1,932,355
Savings	$145,992	$134,482	$145,240	$151,163	$140,600	$156,772	$157,197	$160,079	$160,963	$176,422	$145,124	$206,637	$1,880,672
Tax	$3	$3	$9	$1	$0	$0	$0	$0	$0	$0	$0	$0	$16
Total	$164,154	$134,402	$154,247	$176,830	$134,873	$169,346	$168,244	$166,129	$152,629	$167,761	$144,550	$199,206	$1,932,370
Average Claim Cost	$94.45	$92.63	$101.61	$115.65	$89.14	$117.60	$115.55	$117.32	$104.25	$112.44	$102.37	$111.91	$106.12
Average Brand Cost	$387.13	$380.96	$435.75	$478.87	$380.71	$567.15	$547.33	$473.20	$513.66	$473.12	$482.42	$479.63	$463.38
Average Generic Cost	$26.61	$28.83	$29.49	$27.14	$27.82	$28.53	$30.04	$36.11	$28.09	$32.97	$30.90	$32.41	$29.87
Average Br w/Gen Cost	$280.56	$551.47	$306.46	$558.03	$161.41	$302.61	$298.04	$398.75	$223.50	$296.80	$143.82	$42.54	$273.81
Member Cost													
Total Copay	$46,472	$38,558	$42,263	$43,199	$39,911	$41,265	$39,937	$40,785	$38,890	$43,207	$38,942	$50,499	$503,928
Average Claim Copay	$26.74	$26.57	$27.84	$28.25	$26.38	$28.66	$27.43	$28.80	$26.56	$28.96	$27.58	$28.37	$27.67
Average Brand Copay	$73.71	$65.36	$77.30	$78.71	$73.55	$78.29	$78.98	$78.20	$76.31	$78.45	$80.92	$78.50	$76.46
Average Generic Copay	$15.85	$17.06	$16.74	$16.12	$16.67	$17.73	$17.00	$17.21	$17.16	$17.85	$17.16	$17.15	$16.96
Average Br w/Gen Copay	$57.28	$227.68	$106.33	$68.17	$17.84	$130.22	$73.87	$89.36	$53.80	$71.86	$66.18	$48.28	$79.67
Copay % of Total Cost	28.31%	28.69%	27.40%	24.43%	29.59%	24.37%	23.74%	24.55%	25.48%	25.76%	26.94%	25.35%	26.08%
Plan Cost													
Plan Cost	$117,682	$95,843	$111,984	$133,631	$94,962	$128,080	$128,308	$125,344	$113,739	$124,554	$105,607	$148,707	$1,428,442
Average Claim Cost	$67.71	$66.05	$73.77	$87.40	$62.76	$88.94	$88.12	$88.52	$77.69	$83.48	$74.79	$83.54	$78.45
Average Brand Cost	$313.42	$315.60	$358.45	$400.16	$307.16	$488.86	$468.35	$395.01	$437.35	$394.67	$401.51	$401.13	$386.91
Average Generic Cost	$10.76	$11.78	$12.75	$11.03	$11.15	$10.79	$13.04	$18.89	$10.93	$15.12	$13.74	$15.27	$12.91
Average Br w/Gen Cost	$223.28	$323.79	$200.13	$489.86	$143.57	$172.39	$224.17	$309.39	$169.71	$224.94	$77.64	-$5.74	$194.14
Plan Cost % of Total Cost	71.69%	71.31%	72.60%	75.57%	70.41%	75.63%	76.26%	75.45%	74.52%	74.24%	73.06%	74.65%	73.92%
Plan Cost Per Cardholder	$82.41	$67.02	$78.59	$93.64	$66.18	$89.38	$89.91	$87.65	$79.99	$88.21	$74.53	$104.72	$1,002.06
Plan Cost Per Member	$44.36	$35.87	$41.89	$49.86	$35.34	$47.72	$47.75	$46.70	$42.25	$46.61	$39.57	$55.61	$533.55
Cardholders > $500	40	29	42	41	34	39	34	42	37	48	37	50	332
Cardholders > 5 Claims	51	39	46	49	51	41	46	40	39	51	42	67	843

Top 10 Drugs by Plan Cost

CEREZYME	CEREZYME	CEREZYME	AFINITOR	SUTENT	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME
HUMIRA PEN	HUMIRA PEN	NBREL SRCLK	CEREZYME	ENBREL	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	REBIF REBIDO	HUMIRA PEN	ENBREL SRCLK
ENBREL	NBREL SRCLK	HUMIRA PEN	NBREL SRCLK	HUMIRA PEN	REBIF REBIDO	HUMIRA PEN	VONEX PREFL	HUMIRA PEN	ENBREL	VONEX PREFL	NBREL SRCLK	HUMIRA PEN
NBREL SRCLK	ENBREL	ENBREL	NBREL SRCLK	NBREL SRCLK	VONEX PREFL	ENBREL	MOZOLOMIDE	ENBREL	HUMIRA PEN	NBREL SRCLK	ENBREL	ENBREL
REBIF REBIDO	REBIF REBIDO	REBIF REBIDO	ENBREL	REBIF REBIDO	HUMIRA	HUMIRA	HUMIRA PEN	REBIF REBIDO	REBIF REBIDO	ENBREL	LANTUS	REBIF REBIDO
VONEX PREFL	VONEX PREFL	VONEX PREFL	HUMIRA PEN	VONEX PREFL	HUMIRA PEN	REBIF REBIDO	ENBREL	VONEX PREFL	VONEX PREFL	HUMIRA PEN	REBIF REBIDO	AVONEX PREFL
ADCIRCA	ORENCIA	NOVOLOG	REBIF REBIDO	NOVOLOG MIX	XOLAIR	NOVOLOG MIX	REBIF REBIDO	LANTUS	MOZOLOMIDE	HUMIRA	VONEX PREFL	LANTUS
LANTUS	LANTUS	LANTUS	VONEX PREFL	ORENCIA	LANTUS	REVATIO	REVATIO	ADCIRCA	ORENCIA	ENOXAPARIN	VANCOMYCIN	REVATIO
ORENCIA	REVATIO	ORENCIA	REVATIO	NBREL SRCLK	ENBREL	LANTUS	HUMIRA	ORENCIA	HUMIRA	ORENCIA	HUMALOG	ORENCIA
SOLODYN	LANTUS	REVATIO	LANTUS	REVATIO	VICTOZA	ADCIRCA	HUMIRA PEN	HUMIRA PEN	ADVAIR DISKU	ENBREL	TAMIFLU	ADCIRCA

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Total
Enrollment Summary													
Cardholders	1,349.0	1,352.0	1,346.0	1,346.0	1,337.0	1,338.0	1,334.0	1,321.0	1,314.0	1,319.0	1,327.0	1,320.0	1,333.6
Dependents	851.0	853.0	843.0	849.0	844.0	845.0	844.0	840.0	844.0	847.0	864.0	858.0	848.5
Utilizing Cardholders	645.0	611.0	624.0	581.0	575.0	558.0	556.0	535.0	560.0	572.0	534.0	595.0	1,185.0
Utilization %	47.81%	45.19%	46.36%	43.16%	43.01%	41.70%	41.68%	40.50%	42.62%	43.37%	40.24%	45.08%	88.86%
Claim Summary													
All	1,761	1,563	1,654	1,543	1,468	1,324	1,371	1,268	1,342	1,431	1,280	1,486	17,491
Avg Per Cardholder	1.31	1.16	1.23	1.15	1.10	0.99	1.03	0.96	1.02	1.08	0.96	1.13	13.12
Avg Per Member	0.80	0.71	0.76	0.70	0.67	0.61	0.63	0.59	0.62	0.66	0.58	0.68	8.02
Brand	291	264	274	236	228	219	223	220	201	254	227	247	2,884
Generic	1,448	1,279	1,363	1,290	1,223	1,089	1,140	1,036	1,132	1,163	1,048	1,217	14,428
Brand w/Generic	22	20	17	17	17	16	8	12	9	14	5	22	179
Generic % of All	82.23%	81.83%	82.41%	83.60%	83.31%	82.25%	83.15%	81.70%	84.35%	81.27%	81.88%	81.90%	82.49%
Mail Order	275	293	335	329	310	333	358	333	341	363	316	340	3,926
Mail Order % of All	15.62%	18.75%	20.25%	21.32%	21.12%	25.15%	26.11%	26.26%	25.41%	25.37%	24.69%	22.88%	22.45%
Claim Cost													
Submitted Cost	$241,527	$251,106	$258,860	$233,229	$232,903	$232,722	$250,238	$265,407	$337,682	$304,814	$205,595	$256,553	$3,070,638
Script Care Cost	$125,302	$130,006	$123,212	$114,336	$113,690	$113,707	$120,904	$138,494	$178,904	$157,756	$98,863	$121,782	$1,536,958
Savings	$116,224	$121,101	$135,648	$118,893	$119,213	$119,015	$129,334	$126,913	$158,778	$147,058	$106,731	$134,771	$1,533,680
Tax	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total	$125,302	$130,006	$123,212	$114,336	$113,690	$113,707	$120,904	$138,494	$178,904	$157,756	$98,863	$121,782	$1,536,958
Average Claim Cost	$71.15	$83.18	$74.49	$74.10	$77.45	$85.88	$88.19	$109.22	$133.31	$110.24	$77.24	$81.95	$87.87
Average Brand Cost	$288.86	$350.26	$318.79	$312.03	$326.84	$366.90	$397.21	$459.13	$703.39	$467.55	$297.56	$322.74	$377.73
Average Generic Cost	$27.44	$28.14	$25.22	$30.96	$30.29	$29.46	$27.91	$28.25	$32.98	$32.10	$29.72	$32.12	$29.47
Average Br w/Gen Cost	$68.39	$77.57	$87.97	$44.65	$125.15	$79.48	$63.38	$685.15	$21.63	$118.89	$34.99	$135.06	$125.38
Member Cost													
Total Copay	$40,255	$38,684	$38,549	$32,916	$36,109	$33,788	$34,446	$32,852	$34,500	$39,625	$30,544	$39,428	$431,696
Average Claim Copay	$22.86	$24.75	$23.31	$21.33	$24.60	$25.52	$25.12	$25.91	$25.71	$27.69	$23.86	$26.53	$24.68
Average Brand Copay	$64.00	$69.45	$73.02	$61.00	$71.47	$77.23	$78.26	$72.63	$82.68	$81.85	$65.75	$77.96	$72.68
Average Generic Copay	$14.24	$15.12	$12.74	$13.84	$15.02	$14.56	$14.51	$14.79	$15.53	$15.40	$14.78	$15.20	$14.61
Average Br w/Gen Copay	$46.18	$50.28	$69.05	$39.31	$85.01	$63.47	$56.71	$128.99	$33.91	$66.14	$26.58	$76.05	$63.48
Copay % of Total Cost	32.13%	29.76%	31.29%	28.79%	31.76%	29.72%	28.49%	23.72%	19.28%	25.12%	30.89%	32.38%	28.09%
Plan Cost													
Plan Cost	$85,048	$91,322	$84,663	$81,420	$77,581	$79,919	$86,458	$105,642	$144,404	$118,132	$68,320	$82,355	$1,105,262
Average Claim Cost	$48.30	$58.43	$51.19	$52.77	$52.85	$60.36	$63.06	$83.31	$107.60	$82.55	$53.37	$55.42	$63.19
Average Brand Cost	$224.86	$280.80	$245.77	$251.03	$255.37	$289.67	$318.95	$386.51	$620.70	$385.69	$231.80	$244.78	$305.05
Average Generic Cost	$13.21	$13.01	$12.47	$17.12	$15.27	$14.90	$13.40	$13.45	$17.45	$16.70	$14.94	$16.92	$14.86
Average Br w/Gen Cost	$22.22	$27.29	$18.92	$5.34	$40.13	$16.00	$6.67	$556.15	-$12.28	$52.75	$8.41	$59.00	$61.90
Plan Cost % of Total Cost	67.87%	70.24%	68.71%	71.21%	68.24%	70.28%	71.51%	76.28%	80.72%	74.88%	69.11%	67.62%	71.91%
Plan Cost Per Cardholder	$63.04	$67.55	$62.90	$60.49	$58.03	$59.73	$64.81	$79.97	$109.90	$89.56	$51.48	$62.39	$828.79
Plan Cost Per Member	$38.66	$41.42	$38.68	$37.09	$35.57	$36.61	$39.70	$48.89	$66.92	$54.54	$31.18	$37.81	$506.52
Cardholders > $500	31	32	36	32	31	35	33	31	40	41	27	40	334
Cardholders > 5 Claims	58	53	55	63	45	37	35	38	31	35	36	40	853

Top 10 Drugs by Plan Cost

GLEEVEC	GLEEVEC	HUMIRA PEN	HUMIRA PEN	GLEEVEC	HUMIRA PEN	VONEX PREFL	SOVALDI	SOVALDI	SOVALDI	VONEX PREFL	HUMIRA PEN	HUMIRA PEN
HUMIRA PEN	ATRIPLA	VONEX PREFL	VONEX PREFL	HUMIRA PEN	VONEX PREFL	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	ORENCIA	SOVALDI
ATRIPLA	HUMIRA PEN	ATRIPLA	ATRIPLA	DULOXETINE	ATRIPLA	NBREL SRCLK	XELODA	NBREL SRCLK	ORENCIA	ORENCIA	NBREL SRCLK	AVONEX PREFL
ENOXAPARIN	NBREL SRCLK	LEVEMIR	ENOXAPARIN	VONEX PREFL	NBREL SRCLK	HUMALOG MIX	NBREL SRCLK	VONEX PREFL	VONEX PREFL	DULOXETINE	VICTOZA	ATRIPLA
ANDROGEL	ANDROGEL	ORENCIA	HUMALOG MIX	ATRIPLA	ANDROGEL	ORENCIA	ATRIPLA	LEVEMIR	XELJANZ	XELJANZ	CRESTOR	ENBREL SRCLK
NBREL SRCLK	DULOXETINE	NBREL SRCLK	ORENCIA	ANDROGEL	ORENCIA	NBREL SRCLK	ANDROGEL	ORENCIA	DULOXETINE	ANDROGEL	LANTUS	ORENCIA
LEVEMIR	ORENCIA	HUMIRA PEN	NBREL SRCLK	ORENCIA	NBREL SRCLK	HUMIRA PEN	ORENCIA	PROLIA	ATRIPLA	ATRIPLA	XELJANZ	GLEEVEC
ORENCIA	CRESTOR	XELJANZ	XELJANZ	NBREL SRCLK	LEVEMIR	LANTUS	LANTUS	ANDROGEL	ABILIFY	ETHYLPHENID	ADVAIR DISKU	SOVALDI
XELJANZ	LYRICA	ABILIFY	ANDROGEL	ATRIPLA	XELJANZ	XELJANZ	XELJANZ	ATRIPLA	LANTUS	LEVEMIR	ANDROGEL	DULOXETINE
HUMALOG MIX	XELJANZ	LIALDA	LEVEMIR	ETHYLPHENID	DULOXETINE	ASACOL HD	DULOXETINE	ADVAIR DISKU	HUMALOG MIX	LANTUS	AMPHETAMINE	ANDROGEL

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Total
Enrollment Summary													
Cardholders	2,777.0	2,782.0	2,771.0	2,773.0	2,772.0	2,771.0	2,761.0	2,751.0	2,736.0	2,731.0	2,744.0	2,740.0	2,759.1
Dependents	2,076.0	2,095.0	2,091.0	2,102.0	2,096.0	2,096.0	2,104.0	2,094.0	2,114.0	2,107.0	2,116.0	2,112.0	2,100.3
Utilizing Cardholders	1,309.0	1,231.0	1,244.0	1,183.0	1,190.0	1,145.0	1,162.0	1,110.0	1,159.0	1,172.0	1,111.0	1,256.0	2,419.0
Utilization %	47.14%	44.25%	44.89%	42.66%	42.93%	41.32%	42.09%	40.35%	42.36%	42.91%	40.49%	45.84%	87.67%
Claim Summary													
All	3,499	3,014	3,172	3,072	2,981	2,764	2,827	2,684	2,806	2,923	2,692	3,266	35,700
Avg Per Cardholder	1.26	1.08	1.14	1.11	1.08	1.00	1.02	0.98	1.03	1.07	0.98	1.19	12.94
Avg Per Member	0.72	0.62	0.65	0.63	0.61	0.57	0.58	0.55	0.58	0.60	0.55	0.67	7.35
Brand	611	515	536	525	486	449	458	469	425	515	447	563	5,999
Generic	2,856	2,471	2,608	2,521	2,465	2,283	2,350	2,186	2,358	2,380	2,226	2,662	29,366
Brand w/Generic	32	28	28	26	30	32	19	29	23	28	19	41	335
Generic % of All	81.62%	81.98%	82.22%	82.06%	82.69%	82.60%	83.13%	81.45%	84.03%	81.42%	82.69%	81.51%	82.26%
Mail Order	596	586	661	655	629	665	695	645	676	707	610	680	7,805
Mail Order % of All	17.03%	19.44%	20.84%	21.32%	21.10%	24.06%	24.58%	24.03%	24.09%	24.19%	22.66%	20.82%	21.86%
Claim Cost													
Submitted Cost	$551,670	$519,988	$558,338	$561,221	$508,375	$558,840	$575,679	$591,616	$651,274	$648,997	$495,269	$662,397	$6,883,665
Script Care Cost	$289,454	$264,405	$277,451	$291,165	$248,562	$283,053	$289,149	$304,623	$331,533	$325,517	$243,413	$320,988	$3,469,313
Savings	$262,216	$255,583	$280,888	$270,056	$259,813	$275,788	$286,531	$286,993	$319,741	$323,480	$251,855	$341,409	$3,414,352
Tax	$3	$3	$9	$1	$0	$0	$0	$0	$0	$0	$0	$0	$16
Total	$289,457	$264,407	$277,459	$291,166	$248,563	$283,053	$289,149	$304,623	$331,533	$325,517	$243,413	$320,988	$3,469,329
Average Claim Cost	$82.73	$87.73	$87.47	$94.78	$83.38	$102.41	$102.28	$113.50	$118.15	$111.36	$90.42	$98.28	$97.18
Average Brand Cost	$340.33	$365.22	$375.96	$403.87	$355.44	$469.48	$474.24	$466.60	$603.39	$470.37	$388.54	$410.80	$422.20
Average Generic Cost	$27.03	$28.47	$27.25	$29.10	$29.04	$28.97	$29.01	$32.38	$30.44	$32.54	$30.34	$32.28	$29.67
Average Br w/Gen Cost	$134.70	$212.97	$173.81	$222.36	$140.86	$191.04	$199.24	$517.26	$144.51	$207.84	$115.18	$92.18	$194.50
Member Cost													
Total Copay	$86,727	$77,242	$80,813	$76,114	$76,020	$75,054	$74,383	$73,638	$73,390	$82,832	$69,486	$89,927	$935,624
Average Claim Copay	$24.79	$25.63	$25.48	$24.78	$25.50	$27.15	$26.31	$27.44	$26.15	$28.34	$25.81	$27.53	$26.21
Average Brand Copay	$69.09	$67.46	$75.11	$70.75	$72.58	$77.77	$78.63	$75.59	$79.33	$80.13	$73.22	$78.26	$74.64
Average Generic Copay	$15.03	$16.06	$14.65	$14.95	$15.85	$16.22	$15.79	$16.07	$16.38	$16.65	$16.04	$16.26	$15.80
Average Br w/Gen Copay	$49.65	$100.96	$83.70	$49.30	$55.91	$96.85	$66.65	$105.76	$46.02	$69.00	$55.76	$63.18	$71.02
Copay % of Total Cost	29.96%	29.21%	29.13%	26.14%	30.58%	26.52%	25.72%	24.17%	22.14%	25.45%	28.55%	28.02%	26.97%
Plan Cost													
Plan Cost	$202,730	$187,166	$196,647	$215,052	$172,543	$207,999	$214,766	$230,986	$258,143	$242,686	$173,927	$231,061	$2,533,704
Average Claim Cost	$57.94	$62.10	$61.99	$70.00	$57.88	$75.25	$75.97	$86.06	$92.00	$83.03	$64.61	$70.75	$70.97
Average Brand Cost	$271.24	$297.76	$300.85	$333.12	$282.86	$391.70	$395.61	$391.02	$524.06	$390.24	$315.33	$332.53	$347.56
Average Generic Cost	$12.00	$12.42	$12.60	$14.15	$13.19	$12.75	$13.22	$16.32	$14.06	$15.89	$14.31	$16.02	$13.87
Average Br w/Gen Cost	$85.05	$112.00	$90.11	$173.06	$84.95	$94.19	$132.59	$411.50	$98.50	$138.84	$59.42	$29.00	$123.48
Plan Cost % of Total Cost	70.04%	70.79%	70.87%	73.86%	69.42%	73.48%	74.28%	75.83%	77.86%	74.55%	71.45%	71.98%	73.03%
Plan Cost Per Cardholder	$73.00	$67.28	$70.97	$77.55	$62.24	$75.06	$77.79	$83.96	$94.35	$88.86	$63.38	$84.33	$918.31
Plan Cost Per Member	$41.77	$38.38	$40.45	$44.11	$35.44	$42.74	$44.15	$47.68	$53.23	$50.16	$35.79	$47.62	$521.41
Cardholders > $500	71	61	78	73	65	74	67	73	77	89	64	90	666
Cardholders > 5 Claims	109	92	101	112	96	78	81	78	70	86	78	107	1,697

Top 10 Drugs by Plan Cost

CEREZYME	CEREZYME	CEREZYME	AFINITOR	HUMIRA PEN	NBREL SRCLK	CEREZYME	SOVALDI	SOVALDI	SOVALDI	CEREZYME	HUMIRA PEN	CEREZYME
HUMIRA PEN	GLEEVEC	HUMIRA PEN	CEREZYME	NBREL SRCLK	CEREZYME	NBREL SRCLK	CEREZYME	HUMIRA PEN	CEREZYME	VONEX PREFL	CEREZYME	HUMIRA PEN
GLEEVEC	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	SUTENT	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	CEREZYME	NBREL SRCLK	HUMIRA PEN	NBREL SRCLK	ENBREL SRCLK
NBREL SRCLK	NBREL SRCLK	VONEX PREFL	HUMIRA PEN	VONEX PREFL	VONEX PREFL	VONEX PREFL	NBREL SRCLK	NBREL SRCLK	VONEX PREFL	ENBREL	ENBREL	AVONEX PREFL
ORENCIA	ATRIPLA	ATRIPLA	VONEX PREFL	GLEEVEC	REBIF REBIDO	ENBREL	VONEX PREFL	VONEX PREFL	HUMIRA PEN	NBREL SRCLK	LANTUS	SOVALDI
ATRIPLA	ORENCIA	LANTUS	ORENCIA	ENBREL	LANTUS	LANTUS	MOZOLOMIDE	LANTUS	ENBREL	ORENCIA	ORENCIA	ENBREL
ENOXAPARIN	ENBREL	ORENCIA	ENBREL	ATRIPLA	ENBREL	HUMIRA	XELODA	ORENCIA	LANTUS	REBIF REBIDO	REBIF REBIDO	LANTUS
ENBREL	REBIF REBIDO	ENBREL	HUMIRA PEN	ORENCIA	HUMIRA	REBIF REBIDO	LANTUS	ENBREL	HUMIRA PEN	VONEX PREFL	TAMIFLU	REBIF REBIDO
LANTUS	VONEX PREFL	REBIF REBIDO	REBIF REBIDO	DULOXETINE	XOLAIR	NOVOLOG MIX	ENBREL	REBIF REBIDO	ORENCIA	ATRIPLA	VONEX PREFL	ORENCIA
REBIF REBIDO	ANDROGEL	NOVOLOG	LANTUS	REBIF REBIDO	VICTOZA	HUMALOG MIX	REBIF REBIDO	LEVEMIR	CRESTOR	LANTUS	ABILIFY	ATRIPLA

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	6,331	$32,097	$7	$32,090	$5.07	100.0%
$10.00 to $24.99	4,530	$63,922	$1,572	$62,351	$13.76	97.5%
$25.00 to $49.99	2,327	$75,041	$23,174	$51,867	$22.29	69.1%
$50.00 to $74.99	1,119	$61,956	$24,387	$37,570	$33.57	60.6%
$75.00 to $99.99	585	$42,862	$23,334	$19,528	$33.38	45.6%
$100.00 to $199.99	1,328	$162,066	$95,116	$66,949	$50.41	41.3%
$200.00 to $299.99	708	$146,445	$88,873	$57,572	$81.32	39.3%
$300.00 to $399.99	347	$94,275	$61,890	$32,385	$93.33	34.4%
$400.00 to $499.99	165	$63,484	$40,954	$22,529	$136.54	35.5%
$500.00 to $599.99	145	$67,248	$44,428	$22,820	$157.38	33.9%
$600.00 to $699.99	113	$48,388	$34,205	$14,183	$125.51	29.3%
$700.00 to $799.99	73	$47,628	$31,777	$15,851	$217.14	33.3%
$800.00 to $899.99	67	$54,521	$39,481	$15,040	$224.48	27.6%
$900.00 to $999.99	27	$19,574	$14,874	$4,700	$174.07	24.0%
$1000.00 to $1099.99	28	$18,994	$14,355	$4,639	$165.67	24.4%
$1100.00 to $1199.99	14	$11,703	$9,303	$2,400	$171.43	20.5%
$1200.00 to $1299.99	24	$20,005	$16,205	$3,800	$158.33	19.0%
$1300.00 or more	278	$902,162	$864,506	$37,656	$135.45	4.2%
Total	18,209	$1,932,370	$1,428,442	$503,928	$27.67	26.1%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	5,994	$174,705	$89,554	$85,151	$14.21	48.7%
16-34 days	7,906	$1,215,851	$1,027,840	$188,011	$23.78	15.5%
35-60 days	19	$3,293	$1,802	$1,491	$78.45	45.3%
61-83 days	10	$9,130	$6,704	$2,426	$242.65	26.6%
84-90 days	4,265	$526,737	$301,035	$225,702	$52.92	42.8%
91-120 days	10	$1,590	$918	$672	$67.16	42.2%
121-180 days	1	$76	$0	$76	$76.04	100.0%
181 or more days	4	$989	$589	$400	$100.00	40.5%
Total	18,209	$1,932,370	$1,428,442	$503,928	$27.67	26.1%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,065	$66,535	$38,818	$27,717	$26.02	41.7%
13-18 Years	528	$32,448	$18,596	$13,852	$26.23	42.7%
19-30 Years	1,874	$118,534	$75,689	$42,845	$22.86	36.1%
31-45 Years	3,904	$315,344	$230,340	$85,005	$21.77	27.0%
46-49 Years	1,194	$115,439	$87,720	$27,719	$23.22	24.0%
50-59 Years	5,938	$794,687	$622,698	$171,989	$28.96	21.6%
60-64 Years	2,982	$374,037	$265,656	$108,381	$36.35	29.0%
65 and Over	724	$115,345	$88,925	$26,420	$36.49	22.9%
Total	18,209	$1,932,370	$1,428,442	$503,928	$27.67	26.1%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	6,545	$32,082	$747	$31,335	$4.79	97.7%
$10.00 to $24.99	4,001	$57,145	$5,153	$51,992	$12.99	91.0%
$25.00 to $49.99	2,232	$71,541	$23,998	$47,543	$21.30	66.5%
$50.00 to $74.99	1,073	$58,697	$26,844	$31,853	$29.69	54.3%
$75.00 to $99.99	496	$36,422	$19,758	$16,664	$33.60	45.8%
$100.00 to $199.99	1,224	$152,793	$95,989	$56,804	$46.41	37.2%
$200.00 to $299.99	787	$159,288	$105,802	$53,486	$67.96	33.6%
$300.00 to $399.99	339	$93,870	$65,418	$28,452	$83.93	30.3%
$400.00 to $499.99	163	$53,614	$37,343	$16,272	$99.83	30.3%
$500.00 to $599.99	156	$70,106	$46,150	$23,955	$153.56	34.2%
$600.00 to $699.99	72	$35,393	$25,488	$9,905	$137.57	28.0%
$700.00 to $799.99	73	$42,482	$30,522	$11,960	$163.83	28.2%
$800.00 to $899.99	66	$46,734	$35,634	$11,100	$168.18	23.8%
$900.00 to $999.99	27	$19,703	$14,953	$4,750	$175.93	24.1%
$1000.00 to $1099.99	45	$38,280	$31,230	$7,050	$156.67	18.4%
$1100.00 to $1199.99	15	$17,212	$13,662	$3,550	$236.67	20.6%
$1200.00 to $1299.99	3	$3,682	$2,782	$900	$300.00	24.4%
$1300.00 or more	174	$547,914	$523,789	$24,125	$138.65	4.4%
Total	17,491	$1,536,958	$1,105,262	$431,696	$24.68	28.1%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	4,795	$119,936	$56,022	$63,914	$13.33	53.3%
16-34 days	8,468	$897,070	$719,890	$177,180	$20.92	19.8%
35-60 days	22	$3,304	$1,777	$1,527	$69.39	46.2%
61-83 days	15	$7,753	$5,215	$2,538	$169.18	32.7%
84-90 days	4,168	$504,979	$318,441	$186,538	$44.75	36.9%
91-120 days	23	$3,917	$3,917	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	17,491	$1,536,958	$1,105,262	$431,696	$24.68	28.1%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	588	$48,245	$29,315	$18,930	$32.19	39.2%
13-18 Years	491	$43,610	$29,505	$14,106	$28.73	32.3%
19-30 Years	1,818	$119,764	$87,916	$31,847	$17.52	26.6%
31-45 Years	3,256	$242,923	$183,386	$59,537	$18.29	24.5%
46-49 Years	1,310	$117,741	$86,075	$31,666	$24.17	26.9%
50-59 Years	5,230	$422,664	$281,376	$141,288	$27.01	33.4%
60-64 Years	3,539	$341,773	$242,502	$99,271	$28.05	29.0%
65 and Over	1,259	$200,239	$165,187	$35,051	$27.84	17.5%
Total	17,491	$1,536,958	$1,105,262	$431,696	$24.68	28.1%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	12,876	$64,179	$754	$63,425	$4.93	98.8%
$10.00 to $24.99	8,531	$121,067	$6,724	$114,343	$13.40	94.4%
$25.00 to $49.99	4,559	$146,582	$47,172	$99,410	$21.81	67.8%
$50.00 to $74.99	2,192	$120,654	$51,230	$69,423	$31.67	57.5%
$75.00 to $99.99	1,081	$79,284	$43,092	$36,192	$33.48	45.6%
$100.00 to $199.99	2,552	$314,859	$191,106	$123,753	$48.49	39.3%
$200.00 to $299.99	1,495	$305,733	$194,675	$111,057	$74.29	36.3%
$300.00 to $399.99	686	$188,145	$127,308	$60,837	$88.68	32.3%
$400.00 to $499.99	328	$117,098	$78,297	$38,801	$118.30	33.1%
$500.00 to $599.99	301	$137,354	$90,579	$46,775	$155.40	34.1%
$600.00 to $699.99	185	$83,781	$59,693	$24,088	$130.21	28.8%
$700.00 to $799.99	146	$90,110	$62,300	$27,811	$190.48	30.9%
$800.00 to $899.99	133	$101,255	$75,115	$26,140	$196.54	25.8%
$900.00 to $999.99	54	$39,277	$29,827	$9,450	$175.00	24.1%
$1000.00 to $1099.99	73	$57,274	$45,585	$11,689	$160.12	20.4%
$1100.00 to $1199.99	29	$28,915	$22,965	$5,950	$205.17	20.6%
$1200.00 to $1299.99	27	$23,687	$18,987	$4,700	$174.07	19.8%
$1300.00 or more	452	$1,450,076	$1,388,295	$61,781	$136.68	4.3%
Total	35,700	$3,469,329	$2,533,704	$935,624	$26.21	27.0%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	10,789	$294,641	$145,576	$149,065	$13.82	50.6%
16-34 days	16,374	$2,112,921	$1,747,731	$365,191	$22.30	17.3%
35-60 days	41	$6,597	$3,579	$3,017	$73.59	45.7%
61-83 days	25	$16,883	$11,919	$4,964	$198.56	29.4%
84-90 days	8,433	$1,031,716	$619,476	$412,240	$48.88	40.0%
91-120 days	33	$5,506	$4,835	$672	$20.35	12.2%
121-180 days	1	$76	$0	$76	$76.04	100.0%
181 or more days	4	$989	$589	$400	$100.00	40.5%
Total	35,700	$3,469,329	$2,533,704	$935,624	$26.21	27.0%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,653	$114,780	$68,133	$46,646	$28.22	40.6%
13-18 Years	1,019	$76,058	$48,101	$27,957	$27.44	36.8%
19-30 Years	3,692	$238,298	$163,605	$74,693	$20.23	31.3%
31-45 Years	7,160	$558,268	$413,726	$144,542	$20.19	25.9%
46-49 Years	2,504	$233,180	$173,795	$59,385	$23.72	25.5%
50-59 Years	11,168	$1,217,351	$904,074	$313,277	$28.05	25.7%
60-64 Years	6,521	$715,810	$508,158	$207,652	$31.84	29.0%
65 and Over	1,983	$315,584	$254,112	$61,472	$31.00	19.5%
Total	35,700	$3,469,329	$2,533,704	$935,624	$26.21	27.0%

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	652	$330,673.15	$18,764.88
82	Hematopoitic Agents	46	$207,527.78	$1,425.25
27	Antidiabetic	660	$155,001.88	$56,774.71
62	Misc. Psychotherapeutic and Neurological Agents	44	$137,446.15	$4,067.51
40	Misc. Cardiovascular	159	$62,502.95	$10,701.75
44	Antiasthmatic	690	$54,820.19	$34,767.60
21	Antineoplastics	104	$51,134.91	$4,997.27
61	Stimulants/Anti-Obesity Anorexiants	344	$38,839.90	$25,018.07
90	Dermatological	628	$37,741.32	$19,528.76
39	Antihyperlipidemic	1,132	$30,048.92	$34,525.92
59	Antipsychotics	63	$20,434.70	$4,039.80
12	Antiviral	268	$18,640.89	$8,731.87
36	Antihypertensive	1,020	$18,457.11	$23,057.19
49	Ulcer Drugs	547	$16,752.92	$16,191.32
58	Antidepressants	1,056	$16,696.09	$23,124.18
42	Systemic And Topical Nasal Products	615	$16,254.66	$16,802.42
86	Ophthalmic	327	$13,183.33	$10,854.05
25	Contraceptives	528	$12,942.13	$17,311.18
65	Analgesics-Narcotic	1,386	$12,906.77	$19,516.36
38	Pressors	68	$12,788.44	$4,101.67
72	Anticonvulsant	427	$12,382.36	$11,527.41
83	Anticoagulants	55	$11,094.11	$3,468.19
04	Tetracyclines	207	$10,467.38	$5,530.73
68	Gout	151	$10,453.11	$6,612.51
16	Misc. Anti-Infectives	256	$10,108.23	$3,234.21
23	Androgen-Anabolic	50	$9,570.78	$3,312.16
24	Estrogens	94	$8,914.58	$6,292.08
33	Beta Blockers	394	$8,079.11	$10,188.89
30	Misc. Endocrine	49	$6,687.36	$3,078.97
52	Misc. GI	31	$6,405.32	$2,012.34
94	Diagnostic Products	81	$6,145.17	$5,006.57
02	Cephalosporins	297	$6,127.82	$5,775.73
50	Antiemetics	189	$5,103.90	$2,933.82
26	Progestins	46	$4,598.69	$1,263.05
93	Antidotes	6	$3,521.56	$306.63
03	Macrolide Antibiotics	390	$3,503.44	$5,613.71
55	Vaginal Products	42	$3,423.19	$2,384.98

A017_Rpt Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
56	Miscellaneous Genitourinary Products	145	$3,300.29	$4,513.84
54	Urinary Antispasmodics	25	$3,171.82	$2,143.86
60	Hypnotics	148	$2,912.51	$2,874.53
01	Penicillins	725	$2,667.97	$8,205.54
46	Laxatives	161	$2,530.34	$2,585.84
75	Musculoskeletal Therapy Agents	302	$2,526.64	$3,220.82
22	Corticosteroids	483	$2,444.67	$4,768.10
87	Otic	58	$2,376.96	$2,008.30
67	Migraine Products	121	$2,184.54	$3,307.15
99	Assorted Classes	35	$2,048.51	$1,268.89
53	Urinary Anti-Infectives	73	$1,886.68	$1,985.54
43	Cough/Cold/Allergy	315	$904.17	$3,212.06
34	Calcium Blockers	260	$902.22	$3,474.90
64	Analgesics-Non Narcotic	52	$691.87	$990.47
96	Chemicals	10	$678.40	$452.29
85	Misc. Hematological	31	$660.52	$844.31
88	Mouth and Throat (Local)	95	$652.91	$1,140.67
37	Diuretics	417	$624.18	$3,104.00
79	Minerals and Electrolytes	90	$621.57	$1,822.87
97	Medical Devices	86	$611.22	$1,947.54
57	Antianxiety Agents	575	$480.17	$3,645.49
05	Fluoroquinolones	210	$423.36	$1,636.06
89	Anorectal	27	$356.49	$466.35
11	Antifunguals	153	$339.39	$1,058.50
41	Antihistamines	154	$269.98	$3,325.50
13	Antimalarial	26	$236.07	$534.60
28	Thyroid	260	$178.42	$5,585.11
84	Hemostatics	1	$71.29	$47.53
32	Antianginal Agents	8	$40.89	$126.10
73	Antiparkinsonian	19	$23.54	$213.74
35	Antiarrhythmic	12	$8.94	$405.08
78	Multivitamins	12	$0.00	$30.47
15	Anthelmintic	2	$0.00	$0.00
07	Aminoglycosides	1	$0.00	$6.11
47	Antidiarrheals	13	$0.00	$132.46

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
Grand Total		18,207	$1,428,206.83	$503,928.36

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	615	$207,111.19	$14,422.66
12	Antiviral	270	$163,609.07	$8,706.81
27	Antidiabetic	537	$98,642.88	$37,147.41
25	Contraceptives	836	$51,950.26	$706.90
61	Stimulants/Anti-Obesity Anorexiants	367	$49,037.06	$26,357.21
62	Misc. Psychotherapeutic and Neurological Agents	33	$46,884.59	$2,299.13
44	Antiasthmatic	713	$42,880.87	$29,535.24
39	Antihyperlipidemic	1,161	$40,020.20	$36,514.16
58	Antidepressants	1,287	$38,407.48	$26,349.39
21	Antineoplastics	105	$38,178.09	$3,255.66
90	Dermatological	526	$29,450.35	$13,867.60
23	Androgen-Anabolic	27	$27,219.98	$5,420.00
83	Anticoagulants	71	$22,189.42	$6,183.46
65	Analgesics-Narcotic	993	$20,165.14	$15,618.25
72	Anticonvulsant	385	$16,361.98	$9,998.14
36	Antihypertensive	1,073	$15,806.51	$21,754.24
49	Ulcer Drugs	500	$14,124.33	$13,522.14
59	Antipsychotics	77	$12,454.95	$2,948.79
86	Ophthalmic	233	$12,015.26	$8,499.92
30	Misc. Endocrine	73	$11,664.23	$3,027.95
42	Systemic And Topical Nasal Products	425	$11,661.40	$12,095.07
68	Gout	115	$11,096.41	$6,168.66
52	Misc. GI	34	$10,688.98	$2,667.64
24	Estrogens	162	$10,632.34	$8,202.36
38	Pressors	47	$9,695.00	$3,200.00
40	Misc. Cardiovascular	84	$9,523.40	$6,301.34
67	Migraine Products	165	$9,034.41	$5,917.00
54	Urinary Antispasmodics	62	$8,241.41	$5,030.01
04	Tetracyclines	202	$7,570.34	$4,717.27
55	Vaginal Products	76	$6,947.82	$4,712.62
33	Beta Blockers	496	$6,567.73	$9,617.11
50	Antiemetics	166	$4,684.21	$2,852.36
02	Cephalosporins	231	$4,249.55	$4,457.38
75	Musculoskeletal Therapy Agents	243	$3,966.87	$2,528.51
34	Calcium Blockers	351	$3,730.65	$5,554.46
03	Macrolide Antibiotics	318	$2,891.89	$4,577.89
01	Penicillins	520	$2,440.10	$6,299.41

SCRIPT CARE, LTD.

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
46	Laxatives	127	$2,264.90	$2,302.73
85	Misc. Hematological	42	$2,154.73	$1,817.87
16	Misc. Anti-Infectives	247	$2,138.20	$2,274.99
53	Urinary Anti-Infectives	73	$1,979.18	$1,545.90
94	Diagnostic Products	68	$1,953.40	$2,483.17
56	Miscellaneous Genitourinary Products	79	$1,882.24	$1,540.76
60	Hypnotics	162	$1,424.96	$1,518.54
43	Cough/Cold/Allergy	289	$1,274.35	$3,356.30
87	Otic	39	$894.56	$830.36
79	Minerals and Electrolytes	107	$781.73	$2,399.40
05	Fluoroquinolones	178	$692.91	$1,502.64
13	Antimalarial	51	$675.44	$981.79
37	Diuretics	494	$539.62	$4,164.44
22	Corticosteroids	431	$536.36	$3,547.75
26	Progestins	39	$528.14	$674.67
57	Antianxiety Agents	544	$457.62	$3,805.14
15	Anthelmintic	2	$450.61	$185.39
64	Analgesics-Non Narcotic	47	$366.64	$735.02
32	Antianginal Agents	16	$350.72	$331.68
88	Mouth and Throat (Local)	45	$327.81	$532.61
73	Antiparkinsonian	45	$236.14	$1,063.84
41	Antihistamines	78	$221.54	$822.71
11	Antifunguals	151	$197.23	$1,054.37
47	Antidiarrheals	23	$193.67	$331.23
31	Cardiotonics	5	$186.60	$251.99
97	Medical Devices	55	$184.85	$621.85
89	Anorectal	16	$146.62	$243.92
96	Chemicals	2	$138.00	$92.00
28	Thyroid	374	$119.38	$8,567.09
98	Pharmaceutical Adjuvants	2	$77.38	$51.59
93	Antidotes	2	$42.49	$43.96
99	Assorted Classes	14	$36.39	$481.60
78	Multivitamins	12	$10.59	$212.89
82	Hematopoitic Agents	37	$0.58	$182.73
09	Antimycobacterial Agents	2	$0.38	$24.00
07	Aminoglycosides	1	$0.00	$7.64
35	Antiarrhythmic	13	$0.00	$77.33

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
Grand Total		17,491	$1,105,262.31	$431,696.04

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CEREZYME	12	$207,527.78	$17,293.98	$208,725.28	$18,636.19	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
ENBREL SRCLK	50	$117,668.22	$2,353.36	$122,176.22	$2,832.52	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
HUMIRA PEN	29	$92,373.83	$3,185.30	$95,019.83	$3,770.63	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL	32	$71,796.18	$2,243.63	$74,540.18	$2,802.26	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
REBIF REBIDO	13	$62,489.25	$4,806.87	$63,763.25	$5,255.21	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AVONEX PREFL	13	$58,609.02	$4,508.39	$59,883.02	$4,935.41	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
LANTUS	116	$43,031.36	$370.96	$57,169.39	$355.38	N	Y	ANTIDIABETICS/Human Insulin
REVATIO	12	$25,208.16	$2,100.68	$26,384.16	$2,198.68	O	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
ORENCIA	10	$25,033.15	$2,503.32	$26,013.15	$2,787.12	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
ADCIRCA	13	$24,681.24	$1,898.56	$25,955.24	$1,996.56	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
AFINITOR	2	$18,799.44	$9,399.72	$18,995.44	$10,176.13	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
CRESTOR	120	$18,206.12	$151.72	$30,293.89	$170.38	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
HUMIRA	6	$18,117.27	$3,019.55	$18,705.27	$3,340.23	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
NOVOLOG MIX	21	$15,806.82	$752.71	$18,691.32	$644.53	N	Y	ANTIDIABETICS/Human Insulin
AMPYRA	10	$15,646.60	$1,564.66	$16,646.60	$1,664.66	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
VICTOZA	29	$15,364.61	$529.81	$19,026.86	$514.24	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
NOVOLOG	19	$12,640.48	$665.29	$16,129.71	$410.08	N	Y	ANTIDIABETICS/Human Insulin
AMPHETAMINE	103	$12,173.15	$118.19	$19,837.84	$125.16	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
METHYLPHENID	138	$11,825.46	$85.69	$19,732.20	$121.23	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ABILIFY	13	$11,400.49	$876.96	$13,083.74	$792.95	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
TEMOZOLOMIDE	10	$10,835.88	$1,083.59	$11,369.75	$3,158.26	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
VANCOMYCIN	9	$9,701.16	$1,077.91	$10,586.66	$2,913.76	Y	N	ANTI-INFECTIVE AGENTS - MISC./Anti-infective
SUTENT	2	$9,435.22	$4,717.61	$9,631.22	$5,159.58	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
ADVAIR DISKU	28	$9,198.77	$328.53	$14,566.94	$251.15	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
NEXIUM	56	$8,703.52	$155.42	$14,469.98	$226.09	N	Y	ULCER DRUGS/Proton Pump Inhibitors
HUMALOG	22	$8,651.79	$393.26	$10,837.46	$369.04	N	Y	ANTIDIABETICS/Human Insulin
SYMBICORT	39	$8,613.48	$220.86	$14,249.99	$230.83	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
COLCRYS	62	$8,610.69	$138.88	$13,144.83	$237.27	N	N	GOUT AGENTS/Gout Agents
LEVEMIR	15	$8,597.48	$573.17	$11,432.72	$394.69	N	Y	ANTIDIABETICS/Human Insulin
EPIPEN 2-PAK	44	$8,298.79	$188.61	$11,222.60	$1,256.26	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
HUMALOG KWIK	10	$8,122.94	$812.29	$9,706.94	$606.68	N	Y	ANTIDIABETICS/Human Insulin
TAMIFLU	107	$8,090.41	$75.61	$13,237.50	$668.56	N	N	ANTIVIRALS/Neuraminidase Inhibitors
ATRIPLA	4	$7,823.12	$1,955.78	$8,215.12	$2,053.78	N	Y	ANTIVIRALS/Antiretroviral Combinations
HUMULIN	23	$7,090.60	$308.29	$8,966.85	$480.37	N	Y	ANTIDIABETICS/Human Insulin
DULOXETINE	43	$7,086.21	$164.80	$11,437.21	$164.01	Y	Y	ANTIDEPRESSANTS/Serotonin-Norepinephrine
	1235	$1,007,258.69	$815.59	$1,123,848.36	$798.38			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
SOVALDI	6	$111,200.00	$18,533.33	$111,592.00	$29,890.71	N	N	ANTIVIRALS/Hepatitis C Agents
HUMIRA PEN	25	$97,519.49	$3,900.78	$99,969.49	$4,284.41	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
AVONEX PREFL	10	$45,066.47	$4,506.65	$46,046.47	$4,933.55	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ATRIPLA	23	$44,281.68	$1,925.29	$46,535.68	$2,023.29	N	Y	ANTIVIRALS/Antiretroviral Combinations
ENBREL SRCLK	17	$43,231.16	$2,543.01	$44,897.16	$2,829.65	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
ORENCIA	15	$32,840.65	$2,189.38	$34,114.65	$2,811.65	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
GLEEVEC	4	$30,168.48	$7,542.12	$30,560.48	$7,640.12	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
DULOXETINE	77	$26,209.95	$340.39	$31,091.45	$285.07	Y	Y	ANTIDEPRESSANTS/Serotonin-Norepinephrine
ANDROGEL	23	$25,004.62	$1,087.16	$29,491.37	$673.32	N	Y	ANDROGENS-ANABOLIC/Androgens
XELJANZ	11	$24,158.44	$2,196.22	$25,236.44	$2,294.22	N	Y	ANALGESICS - ANTI-
LANTUS	81	$19,755.67	$243.90	$27,672.81	$302.88	N	Y	ANTIDIABETICS/Human Insulin
LEVEMIR	23	$18,426.51	$801.15	$22,289.95	$581.98	N	Y	ANTIDIABETICS/Human Insulin
CRESTOR	126	$18,191.70	$144.38	$30,236.69	$166.84	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ADVAIR DISKU	61	$14,545.49	$238.45	$22,604.79	$272.35	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
ENOXAPARIN	15	$14,540.35	$969.36	$15,444.60	$1,095.36	Y	N	ANTICOAGULANTS/Low Molecular Weight Heparins
VYVANSE	90	$13,464.70	$149.61	$22,339.68	$195.96	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
HUMALOG MIX	12	$13,090.65	$1,090.89	$15,314.63	$528.09	N	Y	ANTIDIABETICS/Human Insulin
ABILIFY	16	$12,317.75	$769.86	$13,922.15	$773.45	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
VICTOZA	16	$12,136.21	$758.51	$16,118.71	$402.97	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
AMPHETAMINE	107	$11,760.21	$109.91	$16,952.42	$115.32	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
NEXIUM	41	$10,018.72	$244.36	$15,478.64	$262.35	N	Y	ULCER DRUGS/Proton Pump Inhibitors
METHYLPHENID	87	$9,644.70	$110.86	$14,591.49	$106.92	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
COLCRYS	52	$9,357.06	$179.94	$13,879.70	$283.45	N	N	GOUT AGENTS/Gout Agents
LYRICA	25	$8,382.82	$335.31	$11,458.38	$369.63	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
NOVOLOG	48	$8,103.27	$168.82	$11,451.55	$347.02	N	Y	ANTIDIABETICS/Human Insulin
MINASTRIN 24	34	$6,163.18	$181.27	$6,142.93	$87.92	N	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
OXYCONTIN	12	$6,151.20	$512.60	$7,206.48	$701.93	N	N	ANALGESICS - OPIOID/Opioid Agonists
NOVOLOG MIX	15	$5,980.37	$398.69	$7,813.84	$329.70	N	Y	ANTIDIABETICS/Human Insulin
CIALIS	47	$5,902.86	$125.59	$9,754.28	$233.73	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
XELODA	2	$5,884.78	$2,942.39	$6,080.78	$4,677.52	O	N	ANTINEOPLASTICS AND ADJUNCTIVE
SYMBICORT	39	$5,855.48	$150.14	$9,584.99	$247.04	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CARBAMAZEPIN	16	$5,537.96	$346.12	$7,025.07	$152.72	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
BUPROPN HCL	139	$5,164.17	$37.15	$11,025.87	$43.71	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
EPIPEN 2-PAK	29	$5,116.51	$176.43	$6,988.01	$1,718.36	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
DOXYCYCL HYC	112	$5,078.57	$45.34	$7,955.78	$153.19	Y	N	TETRACYCLINES/Tetracyclines
	1456	$730,251.83	$501.55	$848,869.41	$456.47			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	764	$2,706.86	$3.54	$10,880.93	$44.60	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	447	$140.78	$0.31	$8,398.52	$9.55	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
FLUTICASONE	432	$2,442.31	$5.65	$9,392.90	$22.27	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
AMOXICILLIN	432	$1.37	$0.00	$3,007.79	$23.75	Y	N	PENICILLINS/Aminopenicillins
AZITHROMYCIN	355	$452.04	$1.27	$4,281.18	$74.50	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	321	$0.00	$0.00	$1,241.47	$1.91	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
TRAMADOL HCL	302	$1,176.64	$3.90	$3,548.70	$19.85	Y	N	ANALGESICS - OPIOID/Opioid Agonists
SIMVASTATIN	284	$0.00	$0.00	$1,301.10	$2.05	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PREDNISONE	259	$39.03	$0.15	$987.47	$8.74	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
OMEPRAZOLE	245	$31.44	$0.13	$3,319.46	$7.95	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
ALPRAZOLAM	242	$34.10	$0.14	$949.34	$3.78	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
HYDROCHLOROT	240	$0.00	$0.00	$645.65	$1.58	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
ESCITALOPRAM	217	$19.00	$0.09	$2,669.15	$7.81	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CYCLOBENZAPR	208	($98.24)	($0.47)	$621.70	$6.00	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
AMOX/K CLAV	194	$2,325.24	$11.99	$5,581.36	$95.95	Y	N	PENICILLINS/Penicillin Combinations
OXYCOD/APAP	182	$1,272.39	$6.99	$3,388.92	$45.82	Y	N	ANALGESICS - OPIOID/Opioid Combinations
MONTELUKAST	179	$817.35	$4.57	$4,435.03	$16.07	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMLODIPINE	178	$0.00	$0.00	$515.45	$1.52	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
DICLOFENAC	174	$881.11	$5.06	$3,900.35	$25.35	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
LEVOTHYROXIN	171	$0.00	$0.00	$3,247.07	$11.08	Y	Y	THYROID AGENTS/Thyroid Hormones
PROAIR HFA	169	$5,481.21	$32.43	$9,131.16	$67.37	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
METFORMIN	166	$0.00	$0.00	$1,729.15	$4.07	Y	Y	ANTIDIABETICS/Biguanides
LISINOP/HCTZ	142	$0.00	$0.00	$811.80	$3.41	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
CEPHALEXIN	141	$400.13	$2.84	$1,778.22	$38.32	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
ONDANSETRON	140	$585.85	$4.18	$2,217.61	$81.33	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
METHYLPHENID	138	$11,825.46	$85.69	$19,732.20	$121.23	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
FLUCONAZOLE	138	$16.73	$0.12	$576.99	$39.16	Y	N	ANTIFUNGALS/Triazoles
CEFDINIR	137	$5,161.93	$37.68	$8,689.56	$183.97	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
BUPROPN HCL	137	$4,328.53	$31.60	$9,677.57	$37.95	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
MELOXICAM	136	$0.00	$0.00	$360.19	$1.86	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
DOXYCYCL HYC	134	$5,459.32	$40.74	$8,999.03	$129.11	Y	N	TETRACYCLINES/Tetracyclines
CIPROFLOXACN	133	$0.00	$0.00	$697.21	$21.08	Y	N	FLUOROQUINOLONES/Fluoroquinolones
PRAVASTATIN	130	$286.52	$2.20	$4,295.06	$18.05	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LOSARTAN POT	127	$0.00	$0.00	$864.05	$3.30	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
LORAZEPAM	126	$0.00	$0.00	$500.15	$4.53	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
	7920	$45,787.10	$5.78	$142,373.49	$17.19			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	566	$2,411.39	$4.26	$9,144.29	$44.03	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	371	$80.15	$0.22	$6,840.61	$9.46	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
SIMVASTATIN	321	$0.00	$0.00	$1,272.57	$2.06	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LISINOPRIL	316	$0.00	$0.00	$1,034.74	$2.25	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
AMOXICILLIN	310	$0.00	$0.00	$2,097.37	$23.92	Y	N	PENICILLINS/Aminopenicillins
FLUTICASONE	288	$1,332.82	$4.63	$6,185.13	$20.86	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
OMEPRAZOLE	280	$182.80	$0.65	$3,774.08	$8.73	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
AZITHROMYCIN	278	$177.14	$0.64	$3,038.52	$68.08	Y	N	MACROLIDES/Azithromycin
PREDNISONE	274	$8.56	$0.03	$841.09	$7.51	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
HYDROCHLOROT	272	$0.00	$0.00	$719.91	$1.57	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
LEVOTHYROXIN	245	$5.78	$0.02	$4,411.26	$10.70	Y	Y	THYROID AGENTS/Thyroid Hormones
MONTELUKAST	210	$677.71	$3.23	$4,577.51	$14.86	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMLODIPINE	209	$0.00	$0.00	$550.30	$1.54	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
CITALOPRAM	201	$0.00	$0.00	$848.55	$2.65	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
ESCITALOPRAM	197	$37.09	$0.19	$2,745.55	$8.27	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
SERTRALINE	189	$0.00	$0.00	$1,140.58	$3.37	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
DICLOFENAC	186	$895.22	$4.81	$3,494.35	$23.86	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
CYCLOBENZAPR	173	$0.00	$0.00	$643.21	$5.56	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
TRAMADOL HCL	171	$50.02	$0.29	$809.30	$7.09	Y	N	ANALGESICS - OPIOID/Opioid Agonists
LOSARTAN POT	165	$0.00	$0.00	$1,091.41	$3.48	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
ALPRAZOLAM	165	$0.00	$0.00	$725.36	$3.73	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
PROAIR HFA	162	$4,746.38	$29.30	$7,833.60	$68.30	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMOX/K CLAV	155	$2,040.44	$13.16	$4,949.11	$103.83	Y	N	PENICILLINS/Penicillin Combinations
MELOXICAM	154	$0.00	$0.00	$371.69	$2.07	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
PRAVASTATIN	146	$176.95	$1.21	$2,978.33	$17.42	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ATENOLOL	143	$0.00	$0.00	$366.28	$1.41	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
LISINOP/HCTZ	142	$0.00	$0.00	$691.45	$3.02	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
BUPROPN HCL	139	$5,164.17	$37.15	$11,025.87	$43.71	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
VALACYCLOVIR	135	$1,578.79	$11.69	$4,028.63	$59.19	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
METFORMIN	133	$63.40	$0.48	$1,323.12	$4.69	Y	Y	ANTIDIABETICS/Biguanides
LORAZEPAM	129	$0.00	$0.00	$410.98	$3.63	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
CRESTOR	126	$18,191.70	$144.38	$30,236.69	$166.84	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
SPRINTEC 28	125	$2,031.18	$16.25	$1,992.18	$14.37	Y	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
FLUCONAZOLE	123	$82.94	$0.67	$600.15	$40.37	Y	N	ANTIFUNGALS/Triazoles
SMZ/TMP DS	122	$0.00	$0.00	$481.00	$10.40	Y	N	ANTI-INFECTIVE AGENTS - MISC./Anti-infective
	7321	$39,934.63	$5.45	$123,274.77	$14.52			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	13,069	$356,281.02	$1,094,329.21	$35,939.75	$1,130,268.96
002	CIRCUIT COURT	106	$2,421.24	$1,920.36	$291.50	$2,211.86
003	HRA	336	$8,597.20	$71,496.26	$924.00	$72,420.26
004	RETIREES > 65	188	$3,870.23	$7,142.34	$517.00	$7,659.34
005	RETIREES < 65	3,883	$113,615.65	$219,243.39	$10,678.25	$229,921.64
006	ACTIVE OTHER	498	$13,680.89	$27,969.02	$1,369.50	$29,338.52
007	RETIREES > 65 - EE ONLY - N	4	$179.02	$377.17	$11.00	$388.17
008	LINE OF DUTY MEMBERS	64	$2,214.59	$2,093.56	$176.00	$2,269.56
098	COBRA	61	$3,068.52	$3,870.61	$167.75	$4,038.36
Grand Total		18,209	$503,928.36	$1,428,441.92	$50,074.75	$1,478,516.67

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	6,835	$159,523.09	$496,327.24	$18,796.25	$515,123.49
03	FOOD SERVICE $1500	199	$4,111.35	$4,993.55	$547.25	$5,540.80
05	RETIREE $1500	542	$16,583.98	$25,268.22	$1,490.50	$26,758.72
07	20/20 $1500	18	$577.98	$1,495.13	$49.50	$1,544.63
09	BOTH WORK $1500	238	$6,148.58	$9,469.44	$654.50	$10,123.94
11	LAUREL $750	320	$5,104.55	$6,281.58	$880.00	$7,161.58
12	LAUREL $1500	349	$7,696.89	$11,377.08	$959.75	$12,336.83
13	LAUREL $750 RETIREE	27	$750.39	$661.10	$74.25	$735.35
15	GOVERNOR'S $750	9	$532.45	$797.60	$24.75	$822.35
16	GOVENOR'S $1500	20	$625.60	$3,890.63	$55.00	$3,945.63
20	STEM ACADEMY $750	56	$1,960.63	$2,432.09	$154.00	$2,586.09
21	MONTHLY $750	7,052	$176,040.89	$390,596.48	$19,393.00	$409,989.48
23	FOOD SERVICE $750	278	$5,303.43	$23,816.83	$764.50	$24,581.33
25	RETIREE $750	1,114	$35,079.53	$91,082.21	$3,063.50	$94,145.71
29	BOTH WORK $750	170	$4,410.63	$8,487.57	$467.50	$8,955.07
30	20/20 $750	198	$5,094.21	$22,710.68	$544.50	$23,255.18
92	COBRA $750	28	$1,241.56	$4,618.14	$77.00	$4,695.14
98	COBRA $1500	38	$910.30	$956.74	$104.50	$1,061.24
Grand Total		17,491	$431,696.04	$1,105,262.31	$48,100.25	$1,153,362.56

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,856	149	15,523	18,528	
% of All Claims	15.41%	0.80%	83.78%	100.00%	
Retail from Pharmacy w/o Script Care	$2,451,368.75	$90,184.80	$1,880,864.69	$4,422,418.24	$238.69
Actual Drug Cost	$1,693,003.77	$66,163.22	$430,177.41	$2,189,344.40	$118.16
Pharmacy Fees	$2,869.00	$100.50	$14,435.50	$17,405.00	$0.94
Prescription Price w/ Script Care	$1,695,872.77	$66,263.72	$444,612.91	$2,206,749.40	$119.10
Savings through your Script Care Plan	**$755,495.98**	**$23,921.08**	**$1,436,251.78**	**$2,215,668.84**	**$119.58**
% Saved over Retail	**30.82%**	**26.52%**	**76.36%**	**50.10%**	
Copay	$257,302.34	$15,849.60	$276,611.51	$549,763.45	$29.67
% of Total Drug Cost	15.17%	23.92%	62.21%	24.91%	
Tax	$0.00	$0.00	$4.30	$4.30	$0.00
Your Prescription Cost	**$1,438,570.43**	**$50,414.12**	**$168,005.70**	**$1,656,990.25**	**$89.43**
Total Plan Cost/Claim	**$503.70**	**$338.35**	**$10.82**	**$89.43**	
Cost/Per Cardholder Per Month	**$84.81**	**$2.97**	**$9.90**	**$97.69**	
Cost/Per Member Per Month	**$45.10**	**$1.58**	**$5.27**	**$51.95**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.92**	**1.09**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.49**	**0.58**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,413.5	1,244.3	2,657.8

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,978	149	14,572	17,699	
% of All Claims	16.83%	0.84%	82.33%	100.00%	
Retail from Pharmacy w/o Script Care	$1,958,966.26	$26,162.42	$1,840,284.57	$3,825,413.25	$216.14
Actual Drug Cost	$1,491,910.50	$18,848.28	$420,698.75	$1,931,457.53	$109.13
Pharmacy Fees	$2,929.50	$91.25	$13,021.75	$16,042.50	$0.91
Prescription Price w/ Script Care	$1,494,840.00	$18,939.53	$433,720.50	$1,947,500.03	$110.03
Savings through your Script Care Plan	**$464,126.26**	**$7,222.89**	**$1,406,564.07**	**$1,877,913.22**	**$106.10**
% Saved over Retail	**23.69%**	**27.61%**	**76.43%**	**49.09%**	
Copay	$235,411.83	$12,747.93	$233,320.14	$481,479.90	$27.20
% of Total Drug Cost	15.75%	67.31%	53.79%	24.72%	
Tax	$48.16	$0.00	$9.65	$57.81	$0.00
Your Prescription Cost	**$1,259,476.33**	**$6,191.60**	**$200,410.01**	**$1,466,077.94**	**$82.83**
Total Plan Cost/Claim	**$422.93**	**$41.55**	**$13.75**	**$82.83**	
Cost/Per Cardholder Per Month	**$76.84**	**$0.38**	**$12.23**	**$89.45**	
Cost/Per Member Per Month	**$46.26**	**$0.23**	**$7.36**	**$53.85**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.89**	**1.08**	
Rx/Per Member Per Month	**0.11**	**0.01**	**0.54**	**0.65**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,365.8	902.9	2,268.8

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	5,834	298	30,095	36,227	
% of All Claims	16.10%	0.82%	83.07%	100.00%	
Retail from Pharmacy w/o Script Care	$4,410,335.01	$116,347.22	$3,721,149.26	$8,247,831.49	$227.67
Actual Drug Cost	$3,184,914.27	$85,011.50	$850,876.16	$4,120,801.93	$113.75
Pharmacy Fees	$5,798.50	$191.75	$27,457.25	$33,447.50	$0.92
Prescription Price w/ Script Care	$3,190,712.77	$85,203.25	$878,333.41	$4,154,249.43	$114.67
Savings through your Script Care Plan	**$1,219,622.24**	**$31,143.97**	**$2,842,815.85**	**$4,093,582.06**	**$113.00**
% Saved over Retail	**27.65%**	**26.77%**	**76.40%**	**49.63%**	
Copay	$492,714.17	$28,597.53	$509,931.65	$1,031,243.35	$28.47
% of Total Drug Cost	15.44%	33.56%	58.06%	24.82%	
Tax	$48.16	$0.00	$13.95	$62.11	$0.00
Your Prescription Cost	**$2,698,046.76**	**$56,605.72**	**$368,415.71**	**$3,123,068.19**	**$86.21**
Total Plan Cost/Claim	**$462.47**	**$189.95**	**$12.24**	**$86.21**	
Cost/Per Cardholder Per Month	**$80.90**	**$1.70**	**$11.05**	**$93.64**	
Cost/Per Member Per Month	**$45.64**	**$0.96**	**$6.23**	**$52.83**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.90**	**1.09**	
Rx/Per Member Per Month	**0.10**	**0.01**	**0.51**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,779.3	2,147.3	4,926.6

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,269	82	11,937	14,288	
% of Retail Claims	15.88%	0.57%	83.55%	100.00%	
Prescription Price w/ Script Care	$1,373,708.78	$35,912.68	$266,484.47	$1,676,105.93	$117.31
Copay	$155,855.91	$4,489.65	$159,902.91	$320,248.47	$22.41
% of Total Drug Cost	11.35%	12.50%	60.00%	19.11%	
Tax	$0.00	$0.00	$4.30	$4.30	$0.00
Your Prescription Cost	$1,217,852.87	$31,423.03	$106,585.86	$1,355,861.76	$94.90
Employer Cost Per Claim	**$536.74**	**$383.21**	**$8.93**	**$94.90**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	587	67	3,586	4,240	
% of MO Claims	13.84%	1.58%	84.58%	100.00%	
Prescription Price w/ Script Care	$322,163.99	$30,351.04	$178,128.44	$530,643.47	$125.15
Copay	$101,446.43	$11,359.95	$116,708.60	$229,514.98	$54.13
% of Total Drug Cost	31.49%	37.43%	65.52%	43.25%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$220,717.56	$18,991.09	$61,419.84	$301,128.49	$71.02
Employer Cost Per Claim	**$376.01**	**$283.45**	**$17.13**	**$71.02**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,856	149	15,523	18,528	
% of All Claims	15.41%	0.80%	83.78%	100.00%	
Prescription Price w/ Script Care	$1,695,872.77	$66,263.72	$444,612.91	$2,206,749.40	$119.10
Copay	$257,302.34	$15,849.60	$276,611.51	$549,763.45	$29.67
% of Total Drug Cost	15.17%	23.92%	62.21%	24.91%	
Tax	$0.00	$0.00	$4.30	$4.30	$0.00
Your Prescription Cost	$1,438,570.43	$50,414.12	$168,005.70	$1,656,990.25	$89.43
Employer Cost Per Claim	**$503.70**	**$338.35**	**$10.82**	**$89.43**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,364	77	10,868	13,309	
% of Retail Claims	17.76%	0.58%	81.66%	100.00%	
Prescription Price w/ Script Care	$995,654.38	$6,101.87	$244,944.37	$1,246,700.62	$93.67
Copay	$141,146.87	$4,129.39	$131,618.79	$276,895.05	$20.81
% of Total Drug Cost	14.18%	67.67%	53.73%	22.21%	
Tax	$48.16	$0.00	$9.65	$57.81	$0.00
Your Prescription Cost	$854,555.67	$1,972.48	$113,335.23	$969,863.38	$72.87
Employer Cost Per Claim	**$361.49**	**$25.62**	**$10.43**	**$72.87**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	614	72	3,704	4,390	
% of MO Claims	13.99%	1.64%	84.37%	100.00%	
Prescription Price w/ Script Care	$499,185.62	$12,837.66	$188,776.13	$700,799.41	$159.64
Copay	$94,264.96	$8,618.54	$101,701.35	$204,584.85	$46.60
% of Total Drug Cost	18.88%	67.13%	53.87%	29.19%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$404,920.66	$4,219.12	$87,074.78	$496,214.56	$113.03
Employer Cost Per Claim	**$659.48**	**$58.60**	**$23.51**	**$113.03**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,978	149	14,572	17,699	
% of All Claims	16.83%	0.84%	82.33%	100.00%	
Prescription Price w/ Script Care	$1,494,840.00	$18,939.53	$433,720.50	$1,947,500.03	$110.03
Copay	$235,411.83	$12,747.93	$233,320.14	$481,479.90	$27.20
% of Total Drug Cost	15.75%	67.31%	53.79%	24.72%	
Tax	$48.16	$0.00	$9.65	$57.81	$0.00
Your Prescription Cost	$1,259,476.33	$6,191.60	$200,410.01	$1,466,077.94	$82.83
Employer Cost Per Claim	**$422.93**	**$41.55**	**$13.75**	**$82.83**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	4,633	159	22,805	27,597	
% of Retail Claims	16.79%	0.58%	82.64%	100.00%	
Prescription Price w/ Script Care	$2,369,363.16	$42,014.55	$511,428.84	$2,922,806.55	$105.91
Copay	$297,002.78	$8,619.04	$291,521.70	$597,143.52	$21.64
% of Total Drug Cost	12.53%	20.51%	57.00%	20.43%	
Tax	$48.16	$0.00	$13.95	$62.11	$0.00
Your Prescription Cost	$2,072,408.54	$33,395.51	$219,921.09	$2,325,725.14	$84.27
Employer Cost Per Claim	**$447.31**	**$210.03**	**$9.64**	**$84.27**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	1,201	139	7,290	8,630	
% of MO Claims	13.92%	1.61%	84.47%	100.00%	
Prescription Price w/ Script Care	$821,349.61	$43,188.70	$366,904.57	$1,231,442.88	$142.69
Copay	$195,711.39	$19,978.49	$218,409.95	$434,099.83	$50.30
% of Total Drug Cost	23.83%	46.26%	59.53%	35.25%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$625,638.22	$23,210.21	$148,494.62	$797,343.05	$92.39
Employer Cost Per Claim	**$520.93**	**$166.98**	**$20.37**	**$92.39**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	5,834	298	30,095	36,227	
% of All Claims	16.10%	0.82%	83.07%	100.00%	
Prescription Price w/ Script Care	$3,190,712.77	$85,203.25	$878,333.41	$4,154,249.43	$114.67
Copay	$492,714.17	$28,597.53	$509,931.65	$1,031,243.35	$28.47
% of Total Drug Cost	15.44%	33.56%	58.06%	24.82%	
Tax	$48.16	$0.00	$13.95	$62.11	$0.00
Your Prescription Cost	$2,698,046.76	$56,605.72	$368,415.71	$3,123,068.19	$86.21
Employer Cost Per Claim	**$462.47**	**$189.95**	**$12.24**	**$86.21**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	18,528		42 **		223 **	
% of All Claims	100.00%		0.23%		1.20%	
Retail from Pharmacy w/o Script Care	$4,422,418.24	$238.69	$554,777.35	$13,208.98	$899,136.97	$4,032.00
Actual Drug Cost	$2,189,344.40	$118.16	$297,934.75	$7,093.68	$633,457.71	$2,840.62
Pharmacy Fees	$17,405.00	$0.94	$40.00	$0.95	$446.00	$2.00
Prescription Price w/ Script Care	$2,206,749.40	$119.10	$297,974.75	$7,094.64	$633,903.71	$2,842.62
Savings through your Script Care Plan	**$2,215,668.84**	**$119.58**	**$256,802.60**	**$6,114.35**	**$265,233.26**	**$1,189.39**
% Saved over Retail	**50.10%**		**46.29%**		**29.50%**	
Copay	$549,763.45	$29.67	$4,197.67	$99.94	$20,408.38	$91.52
% of Total Drug Cost	24.91%		1.41%		3.22%	
Tax	$4.30	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,656,990.25**	**$89.43**	**$293,777.08**	**$6,994.69**	**$613,495.33**	**$2,751.10**
% of Total Cost	**100.00%**		**17.73%**		**37.02%**	
Total Plan Cost/Claim	**$89.43**		**$6,994.69**		**$2,751.10**	
Cost/Per Cardholder Per Month	**$97.69**		**$17.32**		**$36.17**	
Cost/Per Member Per Month	**$51.95**		**$9.21**		**$19.24**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,413.5	1,244.3	2,657.8

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	17,699		37 **		121 **	
% of All Claims	100.00%		0.21%		0.68%	
Retail from Pharmacy w/o Script Care	$3,825,413.25	$216.14	$297,313.14	$8,035.49	$602,413.19	$4,978.62
Actual Drug Cost	$1,931,457.53	$109.13	$254,421.86	$6,876.27	$431,151.07	$3,563.23
Pharmacy Fees	$16,042.50	$0.91	$12.50	$0.34	$242.00	$2.00
Prescription Price w/ Script Care	$1,947,500.03	$110.03	$254,434.36	$6,876.60	$431,393.07	$3,565.23
Savings through your Script Care Plan	**$1,877,913.22**	**$106.10**	**$42,878.78**	**$1,158.89**	**$171,020.12**	**$1,413.39**
% Saved over Retail	**49.09%**		**14.42%**		**28.39%**	
Copay	$481,479.90	$27.20	$3,450.00	$93.24	$11,400.00	$94.21
% of Total Drug Cost	24.72%		1.36%		2.64%	
Tax	$57.81	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,466,077.94**	**$82.83**	**$250,984.36**	**$6,783.36**	**$419,993.07**	**$3,471.02**
% of Total Cost	**100.00%**		**17.12%**		**28.65%**	
Total Plan Cost/Claim	**$82.83**		**$6,783.36**		**$3,471.02**	
Cost/Per Cardholder Per Month	**$89.45**		**$15.31**		**$25.62**	
Cost/Per Member Per Month	**$53.85**		**$9.22**		**$15.43**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,365.8	902.9	2,268.8

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	36,227		79 **		344 **	
% of All Claims	100.00%		0.22%		0.95%	
Retail from Pharmacy w/o Script Care	$8,247,831.49	$227.67	$852,090.49	$10,785.96	$1,501,550.16	$4,364.97
Actual Drug Cost	$4,120,801.93	$113.75	$552,356.61	$6,991.86	$1,064,608.78	$3,094.79
Pharmacy Fees	$33,447.50	$0.92	$52.50	$0.66	$688.00	$2.00
Prescription Price w/ Script Care	$4,154,249.43	$114.67	$552,409.11	$6,992.52	$1,065,296.78	$3,096.79
Savings through your Script Care Plan	**$4,093,582.06**	**$113.00**	**$299,681.38**	**$3,793.44**	**$436,253.38**	**$1,268.18**
% Saved over Retail	**49.63%**		**35.17%**		**29.05%**	
Copay	$1,031,243.35	$28.47	$7,647.67	$96.81	$31,808.38	$92.47
% of Total Drug Cost	24.82%		1.38%		2.99%	
Tax	$62.11	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$3,123,068.19**	**$86.21**	**$544,761.44**	**$6,895.71**	**$1,033,488.40**	**$3,004.33**
% of Total Cost	**100.00%**		**17.44%**		**33.09%**	
Total Plan Cost/Claim	**$86.21**		**$6,895.71**		**$3,004.33**	
Cost/Per Cardholder Per Month	**$93.64**		**$16.33**		**$30.99**	
Cost/Per Member Per Month	**$52.83**		**$9.21**		**$17.48**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,779.3	2,147.3	4,926.6

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Total
Enrollment Summary													
Cardholders	1,407.0	1,410.0	1,409.0	1,408.0	1,401.0	1,400.0	1,404.0	1,412.0	1,427.0	1,429.0	1,428.0	1,427.0	1,413.5
Dependents	1,249.0	1,253.0	1,251.0	1,247.0	1,244.0	1,250.0	1,246.0	1,240.0	1,246.0	1,244.0	1,234.0	1,228.0	1,244.3
Utilizing Cardholders	678.0	613.0	617.0	613.0	642.0	614.0	589.0	610.0	630.0	635.0	594.0	595.0	1,247.0
Utilization %	48.19%	43.48%	43.79%	43.54%	45.82%	43.86%	41.95%	43.20%	44.15%	44.44%	41.60%	41.70%	88.22%
Claim Summary													
All	1,831	1,533	1,622	1,522	1,673	1,479	1,432	1,426	1,483	1,542	1,457	1,528	18,528
Avg Per Cardholder	1.30	1.09	1.15	1.08	1.19	1.06	1.02	1.01	1.04	1.08	1.02	1.07	13.11
Avg Per Member	0.69	0.58	0.61	0.57	0.63	0.56	0.54	0.54	0.55	0.58	0.55	0.58	6.97
Brand	328	235	233	238	245	206	228	231	221	238	246	207	2,856
Generic	1,486	1,290	1,375	1,270	1,418	1,263	1,191	1,184	1,245	1,286	1,204	1,311	15,523
Brand w/Generic	17	8	14	14	10	10	13	11	17	18	7	10	149
Generic % of All	81.16%	84.15%	84.77%	83.44%	84.76%	85.40%	83.17%	83.03%	83.95%	83.40%	82.64%	85.80%	83.78%
Mail Order	366	336	357	342	330	380	352	346	364	343	342	369	4,227
Mail Order % of All	19.99%	21.92%	22.01%	22.47%	19.73%	25.69%	24.58%	24.26%	24.54%	22.24%	23.47%	24.15%	22.81%
Claim Cost													
Submitted Cost	$390,354	$339,810	$380,216	$365,759	$356,391	$357,549	$368,130	$414,442	$369,275	$365,918	$355,540	$359,036	$4,422,418
Script Care Cost	$199,284	$170,016	$186,780	$181,708	$184,662	$170,155	$184,704	$214,643	$184,297	$182,727	$181,981	$165,793	$2,206,749
Savings	$191,071	$169,794	$193,435	$184,051	$171,729	$187,394	$183,426	$199,799	$184,978	$183,191	$173,559	$193,243	$2,215,669
Tax	$0	$0	$0	$0	$0	$0	$0	$1	$1	$1	$1	$1	$4
Total	$199,284	$170,016	$186,780	$181,708	$184,662	$170,155	$184,704	$214,644	$184,298	$182,728	$181,981	$165,794	$2,206,754
Average Claim Cost	$108.84	$110.90	$115.15	$119.39	$110.38	$115.05	$128.98	$150.52	$124.27	$118.50	$124.90	$108.50	$119.10
Average Brand Cost	$445.15	$555.89	$596.50	$597.16	$580.75	$586.54	$628.97	$778.32	$646.92	$575.04	$589.60	$613.25	$593.79
Average Generic Cost	$29.75	$27.86	$32.44	$27.87	$27.01	$35.68	$28.35	$24.93	$25.99	$29.34	$28.05	$25.91	$28.64
Average Br w/Gen Cost	$533.20	$430.45	$228.25	$299.30	$407.17	$426.84	$579.93	$485.27	$527.57	$452.10	$452.69	$487.76	$444.72
Member Cost													
Total Copay	$51,757	$43,983	$47,514	$46,740	$47,864	$43,830	$45,202	$45,405	$44,917	$45,848	$44,401	$42,303	$549,763
Average Claim Copay	$28.27	$28.69	$29.29	$30.71	$28.61	$29.63	$31.57	$31.84	$30.29	$29.73	$30.47	$27.69	$29.67
Average Brand Copay	$74.90	$90.59	$87.77	$93.11	$93.18	$86.32	$96.18	$95.10	$100.87	$89.25	$91.83	$87.95	$90.09
Average Generic Copay	$16.92	$17.17	$19.18	$17.79	$17.20	$19.82	$17.53	$18.21	$17.50	$17.56	$17.84	$17.28	$17.82
Average Br w/Gen Copay	$120.30	$68.67	$49.60	$142.20	$63.96	$101.27	$184.23	$170.99	$48.97	$112.81	$47.25	$144.82	$106.37
Copay % of Total Cost	25.97%	25.87%	25.44%	25.72%	25.92%	25.76%	24.47%	21.15%	24.37%	25.09%	24.40%	25.52%	24.91%
Plan Cost													
Plan Cost	$147,526	$126,033	$139,267	$134,968	$136,798	$126,325	$139,502	$169,239	$139,381	$136,879	$137,580	$123,491	$1,656,990
Average Claim Cost	$80.57	$82.21	$85.86	$88.68	$81.77	$85.41	$97.42	$118.68	$93.99	$88.77	$94.43	$80.82	$89.43
Average Brand Cost	$370.25	$465.29	$508.73	$504.04	$487.57	$500.21	$532.79	$683.22	$546.05	$485.80	$497.77	$525.30	$503.70
Average Generic Cost	$12.83	$10.69	$13.26	$10.08	$9.81	$15.86	$10.82	$6.72	$8.49	$11.78	$10.21	$8.64	$10.82
Average Br w/Gen Cost	$412.90	$361.78	$178.65	$157.11	$343.22	$325.58	$395.69	$314.27	$478.60	$339.30	$405.44	$342.94	$338.35
Plan Cost % of Total Cost	74.03%	74.13%	74.56%	74.28%	74.08%	74.24%	75.53%	78.85%	75.63%	74.91%	75.60%	74.48%	75.09%
Plan Cost Per Cardholder	$104.85	$89.39	$98.84	$95.86	$97.64	$90.23	$99.36	$119.86	$97.67	$95.79	$96.34	$86.54	$1,172.26
Plan Cost Per Member	$55.54	$47.33	$52.36	$50.84	$51.72	$47.67	$52.64	$63.82	$52.14	$51.21	$51.68	$46.51	$623.44
Cardholders > $500	49	45	49	57	54	46	55	55	47	56	53	42	318
Cardholders > 5 Claims	67	58	60	41	58	43	41	43	40	49	37	54	880

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME
CEREZYME	CEREZYME	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	HUMIRA PEN
NBREL SRCLK	VONEX PREFL	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	NBREL SRCLK	HUMIRA PEN	XOLAIR	ENBREL SRCLK
ENBREL	ENBREL	LANTUS	REBIF REBIDO	REBIF REBIDO	REBIF REBIDO	HUMIRA PEN	REBIF REBIDO	ENBREL	ENBREL	ENBREL	ENBREL	REBIF REBIDO
REBIF REBIDO	NBREL SRCLK	REBIF REBIDO	AVONEX PEN	AVONEX PEN	VONEX PREFL	REBIF REBIDO	ENBREL	REBIF REBIDO	REBIF REBIDO	REBIF REBIDO	HUMIRA PEN	ENBREL
REVATIO	REBIF REBIDO	VONEX PREFL	VONEX PREFL	VONEX PREFL	AVONEX PEN	LANTUS	AUBAGIO	AUBAGIO	AUBAGIO	AUBAGIO	AUBAGIO	AVONEX PREFL
VONEX PREFL	REVATIO	AVONEX PEN	HUMIRA PEN	CRESTOR	ATRIPLA	VONEX PREFL	AVONEX PEN	VONEX PREFL	OXYCONTIN	LEGRIDY PEN	ADCIRCA	LANTUS
LANTUS	ADCIRCA	ABILIFY	HUMIRA	ENBREL	ARIPIPRAZOLE	AVONEX PEN	VONEX PREFL	HUMIRA PEN	ETFORMIN ER	TREXIMET	REVATIO	ADCIRCA
TAMIFLU	ATRIPLA	ENBREL	LANTUS	HUMIRA	ABILIFY	ENBREL	HUMIRA	ABILIFY	HUMIRA PEN	HUMIRA PEN	LEVEMIR	REVATIO
LEVEMIR	ENOXAPARIN	HUMIRA	ENBREL	ADCIRCA	ENBREL	HUMIRA	REVATIO	REVATIO	LANTUS	REVATIO	ATRIPLA	ATRIPLA

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Total
Enrollment Summary													
Cardholders	1,345.0	1,346.0	1,353.0	1,355.0	1,348.0	1,348.0	1,344.0	1,364.0	1,394.0	1,403.0	1,401.0	1,389.0	1,365.8
Dependents	890.0	889.0	887.0	891.0	891.0	889.0	882.0	889.0	920.0	933.0	939.0	935.0	902.9
Utilizing Cardholders	616.0	583.0	599.0	591.0	620.0	583.0	556.0	576.0	572.0	623.0	603.0	637.0	1,251.0
Utilization %	45.80%	43.31%	44.27%	43.62%	45.99%	43.25%	41.37%	42.23%	41.03%	44.40%	43.04%	45.86%	91.59%
Claim Summary													
All	1,483	1,457	1,530	1,444	1,534	1,440	1,342	1,320	1,440	1,509	1,493	1,707	17,699
Avg Per Cardholder	1.10	1.08	1.13	1.07	1.14	1.07	1.00	0.97	1.03	1.08	1.07	1.23	12.96
Avg Per Member	0.66	0.65	0.68	0.64	0.69	0.64	0.60	0.59	0.62	0.65	0.64	0.73	7.80
Brand	250	227	263	221	264	245	242	215	252	255	278	266	2,978
Generic	1,218	1,219	1,255	1,211	1,258	1,179	1,087	1,095	1,175	1,243	1,212	1,420	14,572
Brand w/Generic	15	11	12	12	12	16	13	10	13	11	3	21	149
Generic % of All	82.13%	83.67%	82.03%	83.86%	82.01%	81.88%	81.00%	82.95%	81.60%	82.37%	81.18%	83.19%	82.33%
Mail Order	348	339	377	355	365	371	347	373	392	362	329	404	4,362
Mail Order % of All	23.47%	23.27%	24.64%	24.58%	23.79%	25.76%	25.86%	28.26%	27.22%	23.99%	22.04%	23.67%	24.65%
Claim Cost													
Submitted Cost	$285,827	$258,270	$311,282	$303,111	$324,925	$417,191	$310,728	$301,494	$322,216	$337,813	$296,052	$356,504	$3,825,413
Script Care Cost	$144,524	$126,833	$153,888	$147,080	$176,423	$224,057	$161,704	$156,353	$158,851	$173,709	$154,399	$169,679	$1,947,500
Savings	$141,303	$131,437	$157,394	$156,030	$148,502	$193,134	$149,024	$145,141	$163,365	$164,104	$141,653	$186,825	$1,877,913
Tax	$0	$0	$0	$0	$0	$0	$0	$57	$1	$0	$0	$0	$58
Total	$144,524	$126,833	$153,888	$147,080	$176,423	$224,057	$161,704	$156,410	$158,852	$173,709	$154,399	$169,679	$1,947,558
Average Claim Cost	$97.45	$87.05	$100.58	$101.86	$115.01	$155.60	$120.49	$118.49	$110.31	$115.12	$103.42	$99.40	$110.04
Average Brand Cost	$410.73	$394.65	$430.48	$514.03	$539.06	$770.07	$532.92	$558.08	$475.65	$545.82	$416.33	$455.21	$501.98
Average Generic Cost	$32.55	$29.30	$29.64	$27.25	$26.72	$28.48	$27.23	$31.82	$32.00	$26.75	$31.57	$33.40	$29.76
Average Br w/Gen Cost	$146.13	$139.25	$289.73	$40.05	$41.70	$113.07	$241.69	$157.83	$107.24	$115.84	$132.84	$55.32	$127.11
Member Cost													
Total Copay	$40,001	$37,734	$44,226	$39,051	$43,220	$40,747	$36,972	$37,770	$42,072	$40,606	$36,713	$42,366	$481,480
Average Claim Copay	$26.97	$25.90	$28.91	$27.04	$28.17	$28.30	$27.55	$28.61	$29.22	$26.91	$24.59	$24.82	$27.20
Average Brand Copay	$79.51	$76.12	$80.83	$86.66	$87.98	$80.35	$77.08	$84.49	$80.41	$79.32	$62.68	$75.93	$79.05
Average Generic Copay	$15.33	$15.86	$16.59	$16.18	$15.49	$16.70	$16.09	$16.70	$17.40	$15.55	$15.65	$14.92	$16.01
Average Br w/Gen Copay	$97.12	$101.47	$178.70	$24.87	$41.70	$85.80	$63.62	$131.74	$104.55	$95.96	$105.28	$46.86	$85.56
Copay % of Total Cost	27.68%	29.75%	28.74%	26.55%	24.50%	18.19%	22.86%	24.15%	26.49%	23.38%	23.78%	24.97%	24.72%
Plan Cost													
Plan Cost	$104,523	$89,099	$109,662	$108,029	$133,202	$183,310	$124,731	$118,640	$116,780	$133,103	$117,686	$127,313	$1,466,078
Average Claim Cost	$70.48	$61.15	$71.67	$74.81	$86.83	$127.30	$92.94	$89.88	$81.10	$88.21	$78.83	$74.58	$82.83
Average Brand Cost	$331.23	$318.53	$349.64	$427.36	$451.08	$689.72	$455.84	$473.58	$395.24	$466.50	$353.64	$379.28	$422.93
Average Generic Cost	$17.23	$13.44	$13.05	$11.07	$11.22	$11.78	$11.13	$15.12	$14.59	$11.20	$15.92	$18.48	$13.75
Average Br w/Gen Cost	$49.02	$37.78	$111.03	$15.18	$0.00	$27.27	$178.07	$26.09	$2.69	$19.88	$27.56	$8.46	$41.55
Plan Cost % of Total Cost	72.32%	70.25%	71.26%	73.45%	75.50%	81.81%	77.14%	75.85%	73.51%	76.62%	76.22%	75.03%	75.28%
Plan Cost Per Cardholder	$77.71	$66.20	$81.05	$79.73	$98.81	$135.99	$92.81	$86.98	$83.77	$94.87	$84.00	$91.66	$1,073.39
Plan Cost Per Member	$46.77	$39.87	$48.96	$48.10	$59.49	$81.94	$56.03	$52.66	$50.47	$56.98	$50.29	$54.78	$646.21
Cardholders > $500	42	34	46	40	48	48	46	44	49	48	43	51	371
Cardholders > 5 Claims	35	51	56	42	52	39	36	35	42	40	39	57	871

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	IBRANCE	IBRANCE	IBRANCE	HARVONI	IBRANCE	IBRANCE	HUMIRA PEN	IBRANCE	IBRANCE	HUMIRA PEN	IBRANCE
LEVEMIR	IBRANCE	VONEX PREFL	HUMIRA PEN	HUMIRA PEN	IBRANCE	HUMIRA PEN	HUMIRA PEN	IBRANCE	HUMIRA PEN	HUMIRA PEN	IBRANCE	HUMIRA PEN
VONEX PREFL	VONEX PREFL	HUMIRA PEN	LEVEMIR	TYKERB	HUMIRA PEN	IBRANCE	TYKERB	VONEX PREFL	LEVEMIR	MOZOLOMIDE	XOLAIR	AVONEX PREFL
LANTUS	LANTUS	ANDROGEL	ORENCIA	VONEX PREFL	VONEX PREFL	VONEX PREFL	VONEX PREFL	TYKERB	VONEX PREFL	VONEX PREFL	VONEX PREFL	HARVONI
ABILIFY	NBREL SRCLK	ORENCIA	HUMALOG MIX	LANTUS	XELJANZ	LEVEMIR	ORENCIA	XOLAIR	ANDROGEL	NBREL SRCLK	NBREL SRCLK	ORENCIA
DULOXETINE	CRESTOR	NBREL SRCLK	XELJANZ	NBREL SRCLK	ORENCIA	TYKERB	NBREL SRCLK	LANTUS	NBREL SRCLK	ORENCIA	MOZOLOMIDE	LANTUS
ORENCIA	XELJANZ	XELJANZ	ABILIFY	SOLODYN	NBREL SRCLK	ORENCIA	CRESTOR	ORENCIA	HUMIRA PEN	EPIPEN 2-PAK	ORENCIA	ENBREL SRCLK
NBREL SRCLK	ATRIPLA	ATRIPLA	LIALDA	ORENCIA	ANDROGEL	LYRICA	XELJANZ	XELJANZ	ORENCIA	CRESTOR	HUMIRA PEN	XELJANZ
DUEXIS	LYRICA	LEVEMIR	ATRIPLA	ASACOL HD	ANDROGEL	XELJANZ	ATRIPLA	MIRENA	XELJANZ	ATRIPLA	LANTUS	LEVEMIR
XELJANZ	MIRENA	LANTUS	SOLODYN	XELJANZ	ATRIPLA	ATRIPLA	NORITATE	CRESTOR	LYRICA	STOSTERONE	CAPECITABINE	CRESTOR

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Total
Enrollment Summary													
Cardholders	2,752.0	2,756.0	2,762.0	2,763.0	2,749.0	2,748.0	2,748.0	2,776.0	2,821.0	2,832.0	2,829.0	2,816.0	2,779.3
Dependents	2,139.0	2,142.0	2,138.0	2,138.0	2,135.0	2,139.0	2,128.0	2,129.0	2,166.0	2,177.0	2,173.0	2,163.0	2,147.3
Utilizing Cardholders	1,294.0	1,196.0	1,216.0	1,204.0	1,262.0	1,197.0	1,145.0	1,186.0	1,202.0	1,258.0	1,197.0	1,232.0	2,498.0
Utilization %	47.02%	43.40%	44.03%	43.58%	45.91%	43.56%	41.67%	42.72%	42.61%	44.42%	42.31%	43.75%	89.88%
Claim Summary													
All	3,314	2,990	3,152	2,966	3,207	2,919	2,774	2,746	2,923	3,051	2,950	3,235	36,227
Avg Per Cardholder	1.20	1.08	1.14	1.07	1.17	1.06	1.01	0.99	1.04	1.08	1.04	1.15	13.03
Avg Per Member	0.68	0.61	0.64	0.61	0.66	0.60	0.57	0.56	0.59	0.61	0.59	0.65	7.35
Brand	578	462	496	459	509	451	470	446	473	493	524	473	5,834
Generic	2,704	2,509	2,630	2,481	2,676	2,442	2,278	2,279	2,420	2,529	2,416	2,731	30,095
Brand w/Generic	32	19	26	26	22	26	26	21	30	29	10	31	298
Generic % of All	81.59%	83.91%	83.44%	83.65%	83.44%	83.66%	82.12%	82.99%	82.79%	82.89%	81.90%	84.42%	83.07%
Mail Order	714	675	734	697	695	751	699	719	756	705	671	773	8,589
Mail Order % of All	21.54%	22.58%	23.29%	23.50%	21.67%	25.73%	25.20%	26.18%	25.86%	23.11%	22.75%	23.89%	23.71%
Claim Cost													
Submitted Cost	$676,181	$598,080	$691,497	$668,870	$681,315	$774,740	$678,858	$715,936	$691,491	$703,731	$651,592	$715,540	$8,247,831
Script Care Cost	$343,808	$296,849	$340,668	$328,789	$361,085	$394,212	$346,408	$370,996	$343,148	$356,436	$336,380	$335,472	$4,154,249
Savings	$332,374	$301,231	$350,829	$340,081	$320,231	$380,528	$332,450	$344,940	$348,343	$347,295	$315,212	$380,068	$4,093,582
Tax	$0	$0	$0	$0	$0	$0	$0	$58	$2	$1	$1	$1	$62
Total	$343,808	$296,849	$340,668	$328,789	$361,085	$394,212	$346,408	$371,054	$343,150	$356,437	$336,380	$335,473	$4,154,312
Average Claim Cost	$103.74	$99.28	$108.08	$110.85	$112.59	$135.05	$124.88	$135.13	$117.40	$116.83	$114.03	$103.70	$114.67
Average Brand Cost	$430.26	$476.67	$508.47	$557.13	$559.13	$686.24	$579.51	$672.15	$555.67	$559.93	$497.67	$524.37	$546.93
Average Generic Cost	$31.01	$28.56	$31.10	$27.57	$26.87	$32.20	$27.81	$28.24	$28.91	$28.07	$29.81	$29.81	$29.19
Average Br w/Gen Cost	$351.76	$261.86	$256.63	$179.65	$207.82	$233.75	$410.81	$329.34	$345.43	$324.55	$356.73	$194.81	$285.92
Member Cost													
Total Copay	$91,758	$81,717	$91,739	$85,791	$91,084	$84,578	$82,175	$83,175	$86,989	$86,455	$81,114	$84,669	$1,031,243
Average Claim Copay	$27.69	$27.33	$29.11	$28.92	$28.40	$28.97	$29.62	$30.29	$29.76	$28.34	$27.50	$26.17	$28.47
Average Brand Copay	$76.89	$83.48	$84.09	$90.01	$90.48	$83.08	$86.34	$89.99	$89.97	$84.11	$76.37	$81.19	$84.46
Average Generic Copay	$16.20	$16.53	$17.94	$17.00	$16.40	$18.31	$16.84	$17.48	$17.46	$16.57	$16.74	$16.05	$16.94
Average Br w/Gen Copay	$109.43	$87.66	$109.18	$88.05	$51.81	$91.75	$123.92	$152.30	$73.05	$106.41	$64.66	$78.46	$95.96
Copay % of Total Cost	26.69%	27.53%	26.93%	26.09%	25.23%	21.45%	23.72%	22.42%	25.35%	24.26%	24.11%	25.24%	24.82%
Plan Cost													
Plan Cost	$252,049	$215,132	$248,929	$242,998	$270,001	$309,634	$264,233	$287,879	$256,161	$269,982	$255,266	$250,803	$3,123,068
Average Claim Cost	$76.06	$71.95	$78.97	$81.93	$84.19	$106.08	$95.25	$104.84	$87.64	$88.49	$86.53	$77.53	$86.21
Average Brand Cost	$353.37	$393.18	$424.38	$467.12	$468.65	$603.16	$493.17	$582.16	$465.70	$475.82	$421.31	$443.19	$462.47
Average Generic Cost	$14.81	$12.03	$13.16	$10.56	$10.47	$13.89	$10.97	$10.76	$11.45	$11.50	$13.07	$13.76	$12.24
Average Br w/Gen Cost	$242.33	$174.20	$147.45	$91.60	$156.01	$142.00	$286.88	$177.04	$272.37	$218.14	$292.08	$116.36	$189.95
Plan Cost % of Total Cost	73.31%	72.47%	73.07%	73.91%	74.77%	78.55%	76.28%	77.58%	74.65%	75.74%	75.89%	74.76%	75.18%
Plan Cost Per Cardholder	$91.59	$78.06	$90.13	$87.95	$98.22	$112.68	$96.15	$103.70	$90.80	$95.33	$90.23	$89.06	$1,123.68
Plan Cost Per Member	$51.53	$43.92	$50.80	$49.58	$55.28	$63.36	$54.19	$58.69	$51.37	$53.90	$51.03	$50.37	$633.92
Cardholders > $500	91	79	95	97	102	94	101	99	96	104	96	93	689
Cardholders > 5 Claims	102	109	116	83	110	82	77	78	82	89	76	111	1,751

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	IBRANCE	HARVONI	HUMIRA PEN	CEREZYME	CEREZYME	HUMIRA PEN	HUMIRA PEN	NBREL SRCLK	HUMIRA PEN
CEREZYME	CEREZYME	CEREZYME	IBRANCE	HUMIRA PEN	IBRANCE	IBRANCE	HUMIRA PEN	HUMIRA PEN	IBRANCE	IBRANCE	CEREZYME	CEREZYME
NBREL SRCLK	VONEX PREFL	NBREL SRCLK	CEREZYME	CEREZYME	CEREZYME	CEREZYME	IBRANCE	NBREL SRCLK	CEREZYME	CEREZYME	HUMIRA PEN	IBRANCE
VONEX PREFL	IBRANCE	IBRANCE	NBREL SRCLK	NBREL SRCLK	HUMIRA PEN	VONEX PREFL	NBREL SRCLK	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	XOLAIR	ENBREL SRCLK
LANTUS	NBREL SRCLK	LANTUS	LANTUS	VONEX PREFL	NBREL SRCLK	NBREL SRCLK	REBIF REBIDO	VONEX PREFL	LANTUS	ENBREL	IBRANCE	AVONEX PREFL
ENBREL	ENBREL	VONEX PREFL	REBIF REBIDO	CRESTOR	VONEX PREFL	LANTUS	VONEX PREFL	IBRANCE	ENBREL	REBIF REBIDO	ENBREL	LANTUS
TAMIFLU	REBIF REBIDO	REBIF REBIDO	AVONEX PEN	REBIF REBIDO	HUMIRA PEN	REBIF REBIDO	TYKERB	ENBREL	LEVEMIR	MOZOLOMIDE	HUMIRA PEN	REBIF REBIDO
REBIF REBIDO	ATRIPLA	ANDROGEL	VONEX PREFL	TYKERB	ATRIPLA	AVONEX PEN	ENBREL	REBIF REBIDO	REBIF REBIDO	AUBAGIO	AUBAGIO	HARVONI
REVATIO	LANTUS	VONEX PREFL	LEVEMIR	AVONEX PEN	REBIF REBIDO	LEVEMIR	AUBAGIO	AUBAGIO	AUBAGIO	LEGRIDY PEN	VONEX PREFL	ENBREL
LEVEMIR	ENOXAPARIN	ABILIFY	ATRIPLA	ATRIPLA	XELJANZ	ATRIPLA	AVONEX PEN	CRESTOR	VONEX PREFL	VONEX PREFL	CAPECITABINE	ATRIPLA

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	4,905	$27,740	$0	$27,740	$5.66	100.0%
$10.00 to $24.99	6,312	$90,675	$1,718	$88,958	$14.09	98.1%
$25.00 to $49.99	2,602	$82,857	$19,582	$63,275	$24.32	76.4%
$50.00 to $74.99	1,007	$54,295	$21,913	$32,382	$32.16	59.6%
$75.00 to $99.99	516	$37,189	$17,175	$20,015	$38.79	53.8%
$100.00 to $199.99	975	$117,833	$69,065	$48,768	$50.02	41.4%
$200.00 to $299.99	658	$134,634	$81,551	$53,083	$80.67	39.4%
$300.00 to $399.99	385	$107,036	$70,350	$36,686	$95.29	34.3%
$400.00 to $499.99	258	$96,052	$67,633	$28,420	$110.15	29.6%
$500.00 to $599.99	157	$73,243	$48,385	$24,858	$158.33	33.9%
$600.00 to $699.99	105	$59,810	$39,846	$19,964	$190.13	33.4%
$700.00 to $799.99	83	$51,696	$35,824	$15,872	$191.23	30.7%
$800.00 to $899.99	72	$49,593	$36,593	$13,000	$180.56	26.2%
$900.00 to $999.99	88	$68,306	$52,594	$15,712	$178.55	23.0%
$1000.00 to $1099.99	47	$41,079	$32,579	$8,500	$180.85	20.7%
$1100.00 to $1199.99	15	$17,372	$12,429	$4,943	$329.57	28.5%
$1200.00 to $1299.99	9	$11,388	$8,888	$2,500	$277.78	22.0%
$1300.00 or more	334	$1,085,954	$1,040,866	$45,088	$134.99	4.2%
Total	18,528	$2,206,754	$1,656,990	$549,763	$29.67	24.9%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	6,098	$166,242	$80,701	$85,541	$14.03	51.5%
16-34 days	7,763	$1,400,201	$1,205,066	$195,135	$25.14	13.9%
35-60 days	30	$7,956	$4,652	$3,304	$110.12	41.5%
61-83 days	27	$9,844	$6,720	$3,124	$115.71	31.7%
84-90 days	4,597	$621,258	$359,345	$261,913	$56.97	42.2%
91-120 days	6	$990	$507	$482	$80.41	48.7%
121-180 days	7	$263	$0	$263	$37.62	100.0%
181 or more days						
Total	18,528	$2,206,754	$1,656,990	$549,763	$29.67	24.9%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,019	$66,594	$39,540	$27,054	$26.55	40.6%
13-18 Years	568	$59,384	$40,135	$19,249	$33.89	32.4%
19-30 Years	1,819	$151,005	$104,349	$46,656	$25.65	30.9%
31-45 Years	3,960	$432,765	$344,201	$88,564	$22.36	20.5%
46-49 Years	1,417	$92,457	$56,287	$36,170	$25.53	39.1%
50-59 Years	5,778	$876,529	$696,143	$180,386	$31.22	20.6%
60-64 Years	3,204	$447,413	$325,552	$121,861	$38.03	27.2%
65 and Over	763	$80,607	$50,783	$29,824	$39.09	37.0%
Total	18,528	$2,206,754	$1,656,990	$549,763	$29.67	24.9%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	4,390	$24,140	$659	$23,482	$5.35	97.3%
$10.00 to $24.99	6,042	$88,037	$6,101	$81,936	$13.56	93.1%
$25.00 to $49.99	2,627	$87,004	$28,591	$58,412	$22.24	67.1%
$50.00 to $74.99	1,034	$53,261	$27,050	$26,211	$25.35	49.2%
$75.00 to $99.99	463	$33,857	$17,247	$16,611	$35.88	49.1%
$100.00 to $199.99	955	$114,118	$73,397	$40,721	$42.64	35.7%
$200.00 to $299.99	737	$152,373	$99,806	$52,567	$71.33	34.5%
$300.00 to $399.99	421	$120,144	$86,424	$33,721	$80.10	28.1%
$400.00 to $499.99	212	$77,906	$58,466	$19,440	$91.70	25.0%
$500.00 to $599.99	179	$82,254	$52,899	$29,355	$163.99	35.7%
$600.00 to $699.99	124	$70,001	$48,670	$21,331	$172.02	30.5%
$700.00 to $799.99	91	$57,744	$44,825	$12,919	$141.97	22.4%
$800.00 to $899.99	82	$60,738	$49,363	$11,375	$138.72	18.7%
$900.00 to $999.99	66	$57,732	$43,382	$14,350	$217.42	24.9%
$1000.00 to $1099.99	33	$30,441	$25,891	$4,550	$137.88	14.9%
$1100.00 to $1199.99	13	$14,972	$12,997	$1,975	$151.92	13.2%
$1200.00 to $1299.99	11	$13,685	$11,185	$2,500	$227.27	18.3%
$1300.00 or more	219	$809,151	$779,126	$30,026	$137.10	3.7%
Total	17,699	$1,947,558	$1,466,078	$481,480	$27.20	24.7%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	5,033	$143,000	$75,493	$67,507	$13.41	47.2%
16-34 days	7,991	$1,208,354	$1,021,595	$186,759	$23.37	15.5%
35-60 days	30	$11,350	$7,619	$3,731	$124.35	32.9%
61-83 days	11	$7,085	$4,993	$2,092	$190.16	29.5%
84-90 days	4,620	$575,637	$354,245	$221,391	$47.92	38.5%
91-120 days	14	$2,132	$2,132	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	17,699	$1,947,558	$1,466,078	$481,480	$27.20	24.7%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	644	$55,995	$36,548	$19,448	$30.20	34.7%
13-18 Years	560	$62,888	$45,704	$17,185	$30.69	27.3%
19-30 Years	1,993	$168,097	$129,671	$38,426	$19.28	22.9%
31-45 Years	3,330	$217,161	$150,165	$66,997	$20.12	30.9%
46-49 Years	1,203	$166,687	$132,104	$34,583	$28.75	20.7%
50-59 Years	5,401	$579,243	$424,159	$155,084	$28.71	26.8%
60-64 Years	3,437	$607,925	$491,824	$116,101	$33.78	19.1%
65 and Over	1,131	$89,560	$55,904	$33,656	$29.76	37.6%
Total	17,699	$1,947,558	$1,466,078	$481,480	$27.20	24.7%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	9,295	$51,881	$659	$51,222	$5.51	98.7%
$10.00 to $24.99	12,354	$178,712	$7,819	$170,894	$13.83	95.6%
$25.00 to $49.99	5,229	$169,861	$48,174	$121,687	$23.27	71.6%
$50.00 to $74.99	2,041	$107,556	$48,963	$58,592	$28.71	54.5%
$75.00 to $99.99	979	$71,047	$34,421	$36,625	$37.41	51.6%
$100.00 to $199.99	1,930	$231,950	$142,462	$89,488	$46.37	38.6%
$200.00 to $299.99	1,395	$287,007	$181,357	$105,650	$75.73	36.8%
$300.00 to $399.99	806	$227,180	$156,774	$70,407	$87.35	31.0%
$400.00 to $499.99	470	$173,958	$126,099	$47,860	$101.83	27.5%
$500.00 to $599.99	336	$155,497	$101,284	$54,213	$161.35	34.9%
$600.00 to $699.99	229	$129,811	$88,516	$41,295	$180.33	31.8%
$700.00 to $799.99	174	$109,440	$80,649	$28,791	$165.47	26.3%
$800.00 to $899.99	154	$110,331	$85,956	$24,375	$158.28	22.1%
$900.00 to $999.99	154	$126,038	$95,976	$30,062	$195.21	23.9%
$1000.00 to $1099.99	80	$71,521	$58,471	$13,050	$163.13	18.2%
$1100.00 to $1199.99	28	$32,345	$25,426	$6,918	$247.09	21.4%
$1200.00 to $1299.99	20	$25,073	$20,073	$5,000	$250.00	19.9%
$1300.00 or more	553	$1,895,105	$1,819,992	$75,114	$135.83	4.0%
Total	36,227	$4,154,312	$3,123,068	$1,031,243	$28.47	24.8%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	11,131	$309,243	$156,194	$153,049	$13.75	49.5%
16-34 days	15,754	$2,608,555	$2,226,661	$381,894	$24.24	14.6%
35-60 days	60	$19,305	$12,271	$7,034	$117.23	36.4%
61-83 days	38	$16,929	$11,713	$5,216	$137.26	30.8%
84-90 days	9,217	$1,196,894	$713,590	$483,305	$52.44	40.4%
91-120 days	20	$3,122	$2,640	$482	$24.12	15.5%
121-180 days	7	$263	$0	$263	$37.62	100.0%
181 or more days						
Total	36,227	$4,154,312	$3,123,068	$1,031,243	$28.47	24.8%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,663	$122,589	$76,088	$46,501	$27.96	37.9%
13-18 Years	1,128	$122,272	$85,839	$36,434	$32.30	29.8%
19-30 Years	3,812	$319,102	$234,020	$85,082	$22.32	26.7%
31-45 Years	7,290	$649,926	$494,366	$155,561	$21.34	23.9%
46-49 Years	2,620	$259,144	$188,390	$70,754	$27.01	27.3%
50-59 Years	11,179	$1,455,772	$1,120,302	$335,470	$30.01	23.0%
60-64 Years	6,641	$1,055,338	$817,376	$237,962	$35.83	22.5%
65 and Over	1,894	$170,167	$106,686	$63,480	$33.52	37.3%
Total	36,227	$4,154,312	$3,123,068	$1,031,243	$28.47	24.8%

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	731	$383,830.63	$19,382.54
82	Hematopoitic Agents	58	$230,141.34	$1,523.49
62	Misc. Psychotherapeutic and Neurological Agents	50	$192,364.44	$4,674.94
27	Antidiabetic	719	$184,872.76	$62,766.00
40	Misc. Cardiovascular	192	$75,345.38	$13,724.98
44	Antiasthmatic	738	$72,036.86	$40,767.32
90	Dermatological	672	$66,503.45	$22,090.18
61	Stimulants/Anti-Obesity Anorexiants	312	$40,093.37	$24,709.10
59	Antipsychotics	104	$38,662.34	$6,912.03
12	Antiviral	224	$33,118.72	$6,804.51
39	Antihyperlipidemic	1,144	$29,626.93	$37,359.81
04	Tetracyclines	244	$25,071.39	$7,574.16
65	Analgesics-Narcotic	1,243	$21,379.20	$19,780.95
49	Ulcer Drugs	549	$18,916.08	$18,864.27
83	Anticoagulants	70	$18,843.00	$6,142.49
72	Anticonvulsant	496	$17,227.61	$14,544.71
38	Pressors	54	$16,777.24	$3,131.46
86	Ophthalmic	270	$16,557.20	$12,065.61
36	Antihypertensive	1,116	$13,024.92	$24,361.49
58	Antidepressants	1,210	$12,999.18	$25,772.59
25	Contraceptives	493	$12,568.10	$17,999.61
42	Systemic And Topical Nasal Products	376	$10,130.41	$11,166.73
52	Misc. GI	50	$9,240.77	$4,041.36
50	Antiemetics	225	$9,147.60	$3,782.38
21	Antineoplastics	104	$9,145.35	$4,429.91
23	Androgen-Anabolic	67	$8,500.44	$3,899.61
24	Estrogens	82	$8,440.43	$5,965.05
33	Beta Blockers	432	$8,094.20	$12,484.55
68	Gout	107	$8,057.21	$6,017.29
67	Migraine Products	111	$6,586.15	$3,595.85
94	Diagnostic Products	65	$5,933.44	$4,279.66
55	Vaginal Products	35	$4,432.69	$2,938.42
56	Miscellaneous Genitourinary Products	133	$4,170.08	$5,600.33
85	Misc. Hematological	44	$3,926.64	$2,394.80
30	Misc. Endocrine	50	$3,837.76	$2,111.22
54	Urinary Antispasmodics	22	$3,402.19	$2,313.44
02	Cephalosporins	275	$3,252.00	$4,270.27

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
99	Assorted Classes	41	$3,242.87	$1,744.02
75	Musculoskeletal Therapy Agents	340	$3,026.23	$4,564.12
46	Laxatives	148	$2,721.78	$2,756.63
16	Misc. Anti-Infectives	283	$2,538.42	$3,339.09
13	Antimalarial	30	$2,035.69	$1,602.14
87	Otic	58	$1,825.04	$1,635.55
60	Hypnotics	188	$1,418.05	$3,177.08
37	Diuretics	408	$1,363.81	$4,842.96
53	Urinary Anti-Infectives	73	$1,316.62	$1,741.78
01	Penicillins	746	$1,244.98	$8,402.63
43	Cough/Cold/Allergy	342	$960.70	$3,718.10
03	Macrolide Antibiotics	408	$822.84	$6,113.45
89	Anorectal	21	$804.19	$602.37
57	Antianxiety Agents	578	$742.69	$5,650.11
34	Calcium Blockers	303	$667.41	$4,388.80
26	Progestins	39	$648.69	$712.06
64	Analgesics-Non Narcotic	45	$637.44	$950.73
22	Corticosteroids	503	$633.42	$4,510.70
11	Antifunguals	209	$597.93	$2,313.67
05	Fluoroquinolones	190	$485.97	$2,161.43
88	Mouth and Throat (Local)	86	$427.02	$890.06
79	Minerals and Electrolytes	71	$420.90	$1,461.46
28	Thyroid	240	$379.09	$5,825.81
97	Medical Devices	67	$358.47	$1,707.45
84	Hemostatics	7	$321.46	$214.29
15	Anthelmintic	1	$317.61	$100.00
41	Antihistamines	151	$161.41	$3,112.92
35	Antiarrhythmic	15	$144.63	$471.49
96	Chemicals	2	$90.02	$77.07
78	Multivitamins	13	$64.73	$124.53
31	Cardiotonics	8	$42.93	$80.00
32	Antianginal Agents	10	$32.18	$174.37
47	Antidiarrheals	17	$22.31	$163.67
92	Antiseptics and Disinfectants	1	$0.00	$13.31
73	Antiparkinsonian	17	$0.00	$164.48
09	Antimycobacterial Agents	1	$0.00	$12.01

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
Grand Total		18,527	$1,656,775.03	$549,763.45

SCRIPT CARE, LTD.

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
21	Antineoplastics	144	$259,174.56	$5,478.77
66	Analgesics-Anti-Inflammatory	593	$255,246.05	$14,222.34
27	Antidiabetic	540	$136,657.18	$46,261.46
12	Antiviral	268	$93,123.46	$7,552.66
62	Misc. Psychotherapeutic and Neurological Agents	62	$73,341.19	$3,954.84
25	Contraceptives	835	$70,841.30	$415.23
44	Antiasthmatic	668	$59,526.56	$31,385.83
90	Dermatological	640	$59,480.66	$19,367.20
61	Stimulants/Anti-Obesity Anorexiants	352	$49,236.05	$27,411.14
39	Antihyperlipidemic	1,076	$47,668.27	$43,384.54
23	Androgen-Anabolic	29	$33,354.49	$5,120.00
58	Antidepressants	1,376	$24,634.08	$34,418.68
65	Analgesics-Narcotic	961	$23,031.75	$16,057.84
59	Antipsychotics	65	$22,945.49	$3,910.50
04	Tetracyclines	215	$19,845.89	$5,264.42
72	Anticonvulsant	440	$19,557.15	$12,615.76
52	Misc. GI	46	$15,920.47	$3,942.56
38	Pressors	46	$15,311.58	$3,200.00
86	Ophthalmic	322	$14,936.90	$10,954.98
40	Misc. Cardiovascular	114	$14,913.04	$8,745.78
68	Gout	102	$13,079.25	$6,382.50
49	Ulcer Drugs	432	$11,419.33	$12,110.06
83	Anticoagulants	73	$11,342.08	$5,505.59
55	Vaginal Products	101	$10,880.65	$7,344.24
67	Migraine Products	157	$9,607.71	$6,328.07
36	Antihypertensive	1,031	$8,896.86	$21,300.33
42	Systemic And Topical Nasal Products	332	$8,469.36	$8,476.97
24	Estrogens	120	$7,826.78	$6,897.49
30	Misc. Endocrine	47	$7,657.39	$1,658.19
33	Beta Blockers	434	$6,592.60	$10,845.69
51	Digestive Aids	4	$5,503.74	$400.00
54	Urinary Antispasmodics	53	$5,188.15	$3,599.86
17	Vaccines	80	$4,714.76	$0.00
74	Neuromuscular Agents	4	$4,281.64	$400.00
46	Laxatives	149	$4,169.22	$1,098.70
75	Musculoskeletal Therapy Agents	264	$3,787.91	$3,794.85
85	Misc. Hematological	34	$2,936.56	$1,452.74

SCRIPT CARE, LTD.

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
02	Cephalosporins	248	$2,854.49	$3,998.84
94	Diagnostic Products	51	$2,141.67	$1,954.33
50	Antiemetics	132	$2,113.85	$1,974.32
73	Antiparkinsonian	38	$2,008.25	$1,361.21
34	Calcium Blockers	330	$1,757.59	$5,678.20
13	Antimalarial	17	$1,757.45	$1,178.01
60	Hypnotics	212	$1,600.70	$3,239.57
03	Macrolide Antibiotics	371	$1,402.13	$5,159.22
53	Urinary Anti-Infectives	67	$1,351.86	$1,250.58
01	Penicillins	567	$1,341.01	$6,981.10
43	Cough/Cold/Allergy	328	$1,337.51	$3,812.46
56	Miscellaneous Genitourinary Products	84	$1,226.41	$1,876.65
88	Mouth and Throat (Local)	83	$1,148.67	$1,078.93
37	Diuretics	475	$1,135.24	$5,154.64
26	Progestins	49	$875.19	$827.14
57	Antianxiety Agents	508	$738.00	$5,829.94
79	Minerals and Electrolytes	100	$655.83	$2,555.07
87	Otic	28	$591.94	$627.28
64	Analgesics-Non Narcotic	47	$560.77	$711.29
11	Antifunguals	181	$524.28	$2,353.25
89	Anorectal	13	$515.30	$313.27
22	Corticosteroids	469	$493.37	$4,371.88
15	Anthelmintic	1	$426.42	$100.00
32	Antianginal Agents	13	$329.47	$213.14
16	Misc. Anti-Infectives	242	$315.20	$2,357.79
97	Medical Devices	63	$305.77	$707.09
47	Antidiarrheals	24	$299.53	$416.81
05	Fluoroquinolones	202	$268.31	$2,185.91
77	Vitamins	35	$196.85	$0.00
28	Thyroid	370	$145.83	$10,069.77
18	Toxoids	2	$139.61	$0.00
84	Hemostatics	2	$108.57	$72.37
41	Antihistamines	84	$86.94	$836.21
99	Assorted Classes	16	$86.29	$487.09
31	Cardiotonics	2	$63.50	$120.00
98	Pharmaceutical Adjuvants	1	$36.42	$24.28
93	Antidotes	2	$25.42	$40.00

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
96	Chemicals	1	$8.93	$20.00
78	Multivitamins	7	$3.26	$50.98
82	Hematopoitic Agents	25	$0.00	$231.47
Grand Total		17,699	$1,466,077.94	$481,479.90

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CEREZYME	13	$230,141.34	$17,703.18	$231,422.09	$19,073.25	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
HUMIRA PEN	52	$178,148.51	$3,425.93	$183,244.51	$3,770.46	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL SRCLK	44	$124,712.86	$2,834.38	$128,632.86	$3,439.38	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
REBIF REBIDO	12	$64,346.33	$5,362.19	$65,522.33	$5,850.21	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ENBREL	21	$59,227.03	$2,820.33	$61,089.03	$3,444.87	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
AVONEX PREFL	10	$48,776.55	$4,877.66	$49,756.55	$5,331.06	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
LANTUS	113	$38,807.16	$343.43	$51,677.53	$365.04	N	Y	ANTIDIABETICS/Human Insulin
AVONEX PEN	8	$29,294.21	$3,661.78	$29,882.21	$5,212.01	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ADCIRCA	12	$28,198.29	$2,349.86	$29,374.29	$2,447.86	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
REVATIO	11	$27,813.86	$2,528.53	$28,891.86	$2,626.53	O	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
ATRIPLA	13	$27,273.85	$2,097.99	$28,547.85	$2,195.99	N	Y	ANTIVIRALS/Antiretroviral Combinations
AUBAGIO	5	$26,787.88	$5,357.58	$27,287.88	$5,847.40	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
VICTOZA	41	$22,149.74	$540.24	$27,594.49	$504.78	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
LEVEMIR	47	$20,991.86	$446.64	$27,996.39	$375.79	N	Y	ANTIDIABETICS/Human Insulin
CRESTOR	81	$20,591.04	$254.21	$33,944.70	$191.78	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
HUMIRA	6	$18,320.39	$3,053.40	$18,908.39	$3,376.50	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
AMPYRA	10	$17,458.40	$1,745.84	$18,458.40	$1,845.84	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
CARAC	7	$14,585.22	$2,083.60	$15,281.22	$2,183.03	M	N	DERMATOLOGICALS/Antineoplastic Antimetabolites -
NOVOLOG	32	$13,817.91	$431.81	$17,351.94	$479.78	N	Y	ANTIDIABETICS/Human Insulin
SYMBICORT	46	$12,572.95	$273.33	$20,481.31	$252.65	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
ADVAIR DISKU	37	$12,557.18	$339.38	$19,152.64	$269.76	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
HUMULIN	23	$11,281.45	$490.50	$13,757.70	$555.49	N	Y	ANTIDIABETICS/Human Insulin
XOLAIR	2	$10,985.32	$5,492.66	$11,185.32	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
NOVOLOG MIX	9	$10,618.07	$1,179.79	$12,510.07	$658.42	N	Y	ANTIDIABETICS/Human Insulin
CIALIS	82	$9,949.58	$121.34	$15,550.86	$385.24	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
EPIPEN 2-PAK	40	$9,884.56	$247.11	$12,052.31	$2,288.41	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
ABILIFY	20	$9,883.47	$494.17	$11,462.72	$917.02	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
HUMALOG	26	$9,775.43	$375.98	$12,213.13	$387.72	N	Y	ANTIDIABETICS/Human Insulin
SOLODYN	10	$9,693.08	$969.31	$10,677.08	$1,067.71	N	N	TETRACYCLINES/Tetracyclines
VYVANSE	61	$8,822.00	$144.62	$14,637.90	$214.53	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ENOXAPARIN	12	$8,587.93	$715.66	$9,668.73	$1,801.63	Y	N	ANTICOAGULANTS/Low Molecular Weight Heparins
INVOKANA	17	$7,978.86	$469.34	$11,249.86	$340.90	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
AMPHETAMINE	85	$7,823.15	$92.04	$13,039.87	$96.95	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ABILIFY	6	$7,421.22	$1,236.87	$8,701.09	$870.11	O	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
KOMBIGLYZE	12	$7,328.57	$610.71	$10,705.07	$314.86	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 Inhibitor-
	1026	$1,166,605.25	$1,137.04	$1,281,910.18	$1,008.00			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
IBRANCE	18	$179,193.61	$9,955.20	$180,992.36	$10,925.09	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
HUMIRA PEN	39	$157,008.52	$4,025.86	$160,634.52	$4,651.58	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
AVONEX PREFL	13	$64,456.53	$4,958.19	$65,730.53	$5,417.35	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
HARVONI	2	$62,572.00	$31,286.00	$62,768.00	$33,625.71	N	N	ANTIVIRALS/Hepatitis C Agent - Combinations
LANTUS	92	$33,240.60	$361.31	$44,864.72	$384.66	N	Y	ANTIDIABETICS/Human Insulin
ORENCIA	11	$33,229.41	$3,020.86	$34,307.41	$3,216.32	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
IBRANCE	3	$29,773.83	$9,924.61	$30,070.08	$10,739.31	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
CRESTOR	149	$28,490.27	$191.21	$47,372.91	$188.74	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ENBREL SRCLK	9	$28,082.44	$3,120.27	$28,964.44	$3,421.00	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
XELJANZ	11	$27,784.18	$2,525.83	$28,862.18	$2,623.83	N	Y	ANALGESICS - ANTI-
LEVEMIR	28	$27,569.20	$984.61	$31,943.70	$772.83	N	Y	ANTIDIABETICS/Human Insulin
ATRIPLA	12	$25,155.51	$2,096.29	$26,331.51	$2,194.29	N	Y	ANTIVIRALS/Antiretroviral Combinations
ANDROGEL	20	$24,610.28	$1,230.51	$28,594.28	$714.86	N	Y	ANDROGENS-ANABOLIC/Androgens
TYKERB	7	$21,927.95	$3,132.56	$22,427.95	$4,485.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
VYVANSE	74	$14,791.63	$199.89	$24,589.76	$213.89	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
MIRENA	17	$14,079.74	$828.22	$14,054.24	$876.56	N	Y	CONTRACEPTIVES/Progestin Contraceptives - IUD
LYRICA	36	$13,991.88	$388.66	$18,842.09	$381.93	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
ADVAIR DISKU	44	$12,517.02	$284.48	$19,238.07	$282.91	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
EPIPEN 2-PAK	33	$12,035.90	$364.72	$14,696.15	$3,019.76	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
CAPECITABINE	5	$10,837.85	$2,167.57	$11,081.35	$2,968.22	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
XOLAIR	4	$10,590.62	$2,647.66	$10,990.62	$2,943.92	N	N	ANTIASTHMATIC AND BRONCHODILATOR
SOLODYN	13	$10,564.92	$812.69	$11,648.42	$1,058.95	N	N	TETRACYCLINES/Tetracyclines
VICTOZA	18	$10,525.05	$584.73	$13,238.96	$472.82	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
TEMOZOLOMIDE	4	$9,097.55	$2,274.39	$9,290.55	$3,318.05	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
NOVOLOG MIX	13	$9,007.05	$692.85	$10,556.54	$657.05	N	Y	ANTIDIABETICS/Human Insulin
CIALIS	52	$8,755.81	$168.38	$13,543.69	$285.33	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
AMPHETAMINE	132	$8,163.10	$61.84	$13,779.48	$73.05	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
OXYCONTIN	12	$8,008.95	$667.41	$9,187.95	$765.66	N	N	ANALGESICS - OPIOID/Opioid Agonists
LATUDA	6	$7,936.22	$1,322.70	$9,132.47	$761.04	N	Y	ANTIPSYCHOTICS/ANTIMANIC
DULOXETINE	107	$7,830.11	$73.18	$12,077.07	$67.76	Y	Y	ANTIDEPRESSANTS/Serotonin-Norepinephrine
TESTOSTERONE	4	$7,131.32	$1,782.83	$7,631.32	$635.94	M	Y	ANDROGENS-ANABOLIC/Androgens
MINASTRIN 24	26	$6,463.82	$248.61	$6,447.32	$123.35	N	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
HUMALOG KWIK	15	$6,329.95	$422.00	$8,011.89	$466.71	N	Y	ANTIDIABETICS/Human Insulin
INVOKANA	15	$6,178.66	$411.91	$8,858.41	$328.09	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
COLCRYS	27	$6,061.24	$224.49	$8,388.10	$285.31	M	N	GOUT AGENTS/Gout Agents
	1071	$943,992.72	$881.41	$1,049,149.04	$719.24			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	656	$2,325.08	$3.54	$9,432.94	$45.74	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	501	$37.53	$0.07	$8,713.12	$8.57	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMOXICILLIN	486	$12.01	$0.02	$3,601.40	$25.05	Y	N	PENICILLINS/Aminopenicillins
LISINOPRIL	430	$85.98	$0.20	$4,145.57	$5.60	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
AZITHROMYCIN	376	$339.11	$0.90	$4,984.47	$81.76	Y	N	MACROLIDES/Azithromycin
PREDNISONE	308	$31.28	$0.10	$1,247.48	$10.19	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
SIMVASTATIN	282	$0.00	$0.00	$3,155.02	$4.77	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
TRAMADOL HCL	274	$982.73	$3.59	$3,731.06	$19.97	Y	N	ANALGESICS - OPIOID/Opioid Agonists
FLUTICASONE	246	$241.87	$0.98	$3,811.32	$14.81	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
ALPRAZOLAM	231	$21.21	$0.09	$1,844.41	$8.03	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
CYCLOBENZAPR	228	$237.23	$1.04	$1,989.90	$17.97	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
AMLODIPINE	222	$0.00	$0.00	$1,980.56	$4.93	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
HYDROCHLOROT	222	$0.00	$0.00	$1,034.06	$2.49	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
MONTELUKAST	221	$157.70	$0.71	$3,894.84	$12.24	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
OMEPRAZOLE	221	$33.40	$0.15	$3,544.29	$8.45	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
DICLOFENAC	209	$187.22	$0.90	$2,905.14	$15.75	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
ESCITALOPRAM	208	$26.67	$0.13	$3,147.67	$8.38	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
PROAIR HFA	181	$6,880.25	$38.01	$11,396.18	$68.30	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMOX/K CLAV	176	$1,199.29	$6.81	$4,120.15	$75.32	Y	N	PENICILLINS/Penicillin Combinations
DOXYCYCL HYC	175	$5,619.63	$32.11	$9,715.97	$99.14	Y	N	TETRACYCLINES/Tetracyclines
FLUCONAZOLE	172	$488.21	$2.84	$2,228.90	$94.58	Y	N	ANTIFUNGALS/Triazoles
METFORMIN	167	$0.00	$0.00	$1,629.49	$4.28	Y	Y	ANTIDIABETICS/Biguanides
LEVOTHYROXIN	163	$1.92	$0.01	$3,071.58	$11.50	Y	Y	THYROID AGENTS/Thyroid Hormones
SERTRALINE	160	$98.61	$0.62	$2,001.41	$7.41	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
ONDANSETRON	158	$714.40	$4.52	$2,319.80	$83.65	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
LORAZEPAM	158	$124.28	$0.79	$1,625.73	$13.33	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
MELOXICAM	157	$7.63	$0.05	$1,294.70	$6.60	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
CEPHALEXIN	153	$638.53	$4.17	$2,117.42	$45.96	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
OXYCOD/APAP	148	$871.04	$5.89	$2,881.81	$66.10	Y	N	ANALGESICS - OPIOID/Opioid Combinations
BUPROPN HCL	135	$3,326.95	$24.64	$8,632.93	$34.50	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
FLUOXETINE	135	$198.26	$1.47	$1,856.26	$8.93	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
LISINOP/HCTZ	133	$0.00	$0.00	$1,329.94	$5.34	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
GABAPENTIN	128	$313.13	$2.45	$2,154.08	$13.32	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
METOPROLOL	126	$462.72	$3.67	$4,702.86	$17.98	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
CIPROFLOXACN	125	$51.04	$0.41	$1,168.47	$37.77	Y	N	FLUOROQUINOLONES/Fluoroquinolones
	8071	$25,714.91	$3.19	$127,410.93	$14.63			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	516	$2,442.56	$4.73	$8,300.64	$43.09	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	353	$56.19	$0.16	$6,512.26	$8.92	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMOXICILLIN	351	$0.00	$0.00	$2,761.11	$26.29	Y	N	PENICILLINS/Aminopenicillins
AZITHROMYCIN	343	$214.59	$0.63	$4,129.27	$76.19	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	302	$0.00	$0.00	$2,855.92	$5.76	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
PREDNISONE	295	$19.31	$0.07	$1,361.69	$11.02	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
HYDROCHLOROT	284	$0.00	$0.00	$1,390.23	$2.76	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
SIMVASTATIN	276	$0.00	$0.00	$2,894.38	$4.59	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LEVOTHYROXIN	269	$44.36	$0.16	$5,872.05	$12.11	Y	Y	THYROID AGENTS/Thyroid Hormones
AMLODIPINE	223	$0.00	$0.00	$1,936.75	$4.62	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
OMEPRAZOLE	220	$11.98	$0.05	$3,364.90	$8.63	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
FLUTICASONE	219	$215.21	$0.98	$3,106.00	$15.18	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
SERTRALINE	205	$17.04	$0.08	$2,518.62	$6.73	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
ESCITALOPRAM	197	$24.10	$0.12	$3,162.78	$8.90	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
MONTELUKAST	196	$280.68	$1.43	$4,262.48	$12.27	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
TRAMADOL HCL	191	$270.78	$1.42	$1,763.94	$16.28	Y	N	ANALGESICS - OPIOID/Opioid Agonists
DICLOFENAC	186	$144.74	$0.78	$2,330.42	$13.94	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
ALPRAZOLAM	183	$93.17	$0.51	$1,753.14	$10.72	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
BUPROPN HCL	170	$4,001.12	$23.54	$10,597.75	$33.84	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
PROAIR HFA	169	$4,667.43	$27.62	$7,690.02	$67.73	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
LISINOP/HCTZ	167	$0.00	$0.00	$1,429.21	$5.25	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
VALACYCLOVIR	156	$1,450.88	$9.30	$4,040.13	$43.10	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
LOSARTAN POT	156	$0.00	$0.00	$2,110.11	$5.97	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
CITALOPRAM	155	$0.00	$0.00	$1,643.64	$5.85	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
FLUCONAZOLE	150	$329.68	$2.20	$1,875.39	$72.22	Y	N	ANTIFUNGALS/Triazoles
CRESTOR	149	$28,490.27	$191.21	$47,372.91	$188.74	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
CYCLOBENZAPR	142	$16.09	$0.11	$969.62	$9.46	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
AMOX/K CLAV	140	$892.07	$6.37	$3,291.71	$71.92	Y	N	PENICILLINS/Penicillin Combinations
ZOLPIDEM	139	$0.00	$0.00	$1,306.67	$8.49	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
LORAZEPAM	136	$80.72	$0.59	$1,360.66	$9.94	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
METFORMIN	134	$0.00	$0.00	$1,432.61	$4.82	Y	Y	ANTIDIABETICS/Biguanides
AMPHETAMINE	132	$8,163.10	$61.84	$13,779.48	$73.05	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
MELOXICAM	132	$51.88	$0.39	$966.72	$6.24	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
CEPHALEXIN	124	$252.63	$2.04	$1,487.03	$42.41	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
DOXYCYCL HYC	119	$4,178.99	$35.12	$6,501.81	$129.43	Y	N	TETRACYCLINES/Tetracyclines
	7279	$56,409.57	$7.75	$168,132.05	$19.28			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	13,404	$389,693.86	$1,326,015.71	$36,861.00	$1,362,876.71
002	CIRCUIT COURT	75	$1,835.75	$1,157.13	$206.25	$1,363.38
003	HRA	318	$8,908.27	$25,782.62	$874.50	$26,657.12
004	RETIREES > 65	128	$4,454.48	$9,632.79	$352.00	$9,984.79
005	RETIREES < 65	3,894	$122,361.40	$223,407.17	$10,708.50	$234,115.67
006	ACTIVE OTHER	608	$17,981.63	$49,305.55	$1,672.00	$50,977.55
008	LINE OF DUTY MEMBERS	49	$1,815.72	$1,438.01	$134.75	$1,572.76
098	COBRA	52	$2,712.34	$20,251.27	$143.00	$20,394.27
Grand Total		18,528	$549,763.45	$1,656,990.25	$50,952.00	$1,707,942.25

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	7,221	$185,965.86	$582,253.69	$19,857.75	$602,111.44
03	FOOD SERVICE $1500	266	$6,981.00	$10,713.69	$731.50	$11,445.19
05	RETIREE $1500	378	$10,761.34	$17,878.20	$1,039.50	$18,917.70
09	BOTH WORK $1500	293	$7,350.13	$11,899.66	$805.75	$12,705.41
11	LAUREL $750	226	$4,956.50	$6,186.69	$621.50	$6,808.19
12	LAUREL $1500	367	$9,570.34	$11,514.17	$1,009.25	$12,523.42
13	LAUREL $750 RETIREE	25	$1,168.43	$1,460.43	$68.75	$1,529.18
15	GOVERNOR'S $750	2	$12.99	$0.00	$5.50	$5.50
16	GOVENOR'S $1500	20	$609.81	$4,812.20	$55.00	$4,867.20
20	STEM ACADEMY $750	53	$1,597.40	$3,210.83	$145.75	$3,356.58
21	MONTHLY $750	6,904	$188,209.31	$636,642.33	$18,986.00	$655,628.33
23	FOOD SERVICE $750	205	$5,126.02	$5,418.60	$563.75	$5,982.35
25	RETIREE $750	1,408	$49,189.75	$156,806.23	$3,872.00	$160,678.23
29	BOTH WORK $750	204	$6,673.63	$13,835.86	$561.00	$14,396.86
92	COBRA $750	21	$409.25	$298.07	$57.75	$355.82
98	COBRA $1500	106	$2,898.14	$3,147.29	$291.50	$3,438.79
Grand Total		17,699	$481,479.90	$1,466,077.94	$48,672.25	$1,514,750.19

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	226	13	1,296	1,535	
% of All Claims	14.72%	0.85%	84.43%	100.00%	
Retail from Pharmacy w/o Script Care	$147,057.53	$2,512.53	$184,579.70	$334,149.76	$217.69
Actual Drug Cost	$113,924.74	$1,698.71	$34,828.33	$150,451.78	$98.01
Pharmacy Fees	$207.00	$2.75	$1,194.00	$1,403.75	$0.91
Prescription Price w/ Script Care	$114,131.74	$1,701.46	$36,022.33	$151,855.53	$98.93
Savings through your Script Care Plan	**$32,925.79**	**$811.07**	**$148,557.37**	**$182,294.23**	**$118.76**
% Saved over Retail	**22.39%**	**32.28%**	**80.48%**	**54.55%**	
Copay	$20,149.36	$441.88	$21,707.62	$42,298.86	$27.56
% of Total Drug Cost	17.65%	25.97%	60.26%	27.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$93,982.38**	**$1,259.58**	**$14,314.71**	**$109,556.67**	**$71.37**
Total Plan Cost/Claim	**$415.85**	**$96.89**	**$11.05**	**$71.37**	
Cost/Per Cardholder Per Month	**$66.05**	**$0.89**	**$10.06**	**$76.99**	
Cost/Per Member Per Month	**$35.48**	**$0.48**	**$5.40**	**$41.36**	
Rx/Per Cardholder Per Month	**0.16**	**0.01**	**0.91**	**1.08**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.49**	**0.58**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,423.0	1,226.0	2,649.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	244	8	1,317	1,569	
% of All Claims	15.55%	0.51%	83.94%	100.00%	
Retail from Pharmacy w/o Script Care	$185,454.61	$1,416.86	$177,192.77	$364,064.24	$232.04
Actual Drug Cost	$134,991.54	$969.30	$39,230.00	$175,190.84	$111.66
Pharmacy Fees	$228.75	$4.50	$1,245.75	$1,479.00	$0.94
Prescription Price w/ Script Care	$135,220.29	$973.80	$40,475.75	$176,669.84	$112.60
Savings through your Script Care Plan	**$50,234.32**	**$443.06**	**$136,717.02**	**$187,394.40**	**$119.44**
% Saved over Retail	**27.09%**	**31.27%**	**77.16%**	**51.47%**	
Copay	$21,676.32	$636.43	$20,085.44	$42,398.19	$27.02
% of Total Drug Cost	16.03%	65.36%	49.62%	24.00%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$113,543.97**	**$337.37**	**$20,390.31**	**$134,271.65**	**$85.58**
Total Plan Cost/Claim	**$465.34**	**$42.17**	**$15.48**	**$85.58**	
Cost/Per Cardholder Per Month	**$80.07**	**$0.24**	**$14.38**	**$94.69**	
Cost/Per Member Per Month	**$47.21**	**$0.14**	**$8.48**	**$55.83**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.93**	**1.11**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.55**	**0.65**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,418.0	987.0	2,405.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	470	21	2,613	3,104	
% of All Claims	15.14%	0.68%	84.18%	100.00%	
Retail from Pharmacy w/o Script Care	$332,512.14	$3,929.39	$361,772.47	$698,214.00	$224.94
Actual Drug Cost	$248,916.28	$2,668.01	$74,058.33	$325,642.62	$104.91
Pharmacy Fees	$435.75	$7.25	$2,439.75	$2,882.75	$0.93
Prescription Price w/ Script Care	$249,352.03	$2,675.26	$76,498.08	$328,525.37	$105.84
Savings through your Script Care Plan	**$83,160.11**	**$1,254.13**	**$285,274.39**	**$369,688.63**	**$119.10**
% Saved over Retail	**25.01%**	**31.92%**	**78.85%**	**52.95%**	
Copay	$41,825.68	$1,078.31	$41,793.06	$84,697.05	$27.29
% of Total Drug Cost	16.77%	40.31%	54.63%	25.78%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$207,526.35**	**$1,596.95**	**$34,705.02**	**$243,828.32**	**$78.55**
Total Plan Cost/Claim	**$441.55**	**$76.05**	**$13.28**	**$78.55**	
Cost/Per Cardholder Per Month	**$73.05**	**$0.56**	**$12.22**	**$85.82**	
Cost/Per Member Per Month	**$41.06**	**$0.32**	**$6.87**	**$48.24**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.92**	**1.09**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.52**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,841.0	2,213.0	5,054.0

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	185	4	962	1,151	
% of Retail Claims	16.07%	0.35%	83.58%	100.00%	
Prescription Price w/ Script Care	$84,181.48	($103.66)	$20,203.36	$104,281.18	$90.60
Copay	$12,470.98	($110.53)	$12,260.20	$24,620.65	$21.39
% of Total Drug Cost	14.81%	0.00%	60.68%	23.61%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$71,710.50	$6.87	$7,943.16	$79,660.53	$69.21
Employer Cost Per Claim	**$387.62**	**$1.72**	**$8.26**	**$69.21**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	41	9	334	384	
% of MO Claims	10.68%	2.34%	86.98%	100.00%	
Prescription Price w/ Script Care	$29,950.26	$1,805.12	$15,818.97	$47,574.35	$123.89
Copay	$7,678.38	$552.41	$9,447.42	$17,678.21	$46.04
% of Total Drug Cost	25.64%	30.60%	59.72%	37.16%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$22,271.88	$1,252.71	$6,371.55	$29,896.14	$77.85
Employer Cost Per Claim	**$543.22**	**$139.19**	**$19.08**	**$77.85**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	226	13	1,296	1,535	
% of All Claims	14.72%	0.85%	84.43%	100.00%	
Prescription Price w/ Script Care	$114,131.74	$1,701.46	$36,022.33	$151,855.53	$98.93
Copay	$20,149.36	$441.88	$21,707.62	$42,298.86	$27.56
% of Total Drug Cost	17.65%	25.97%	60.26%	27.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$93,982.38	$1,259.58	$14,314.71	$109,556.67	$71.37
Employer Cost Per Claim	**$415.85**	**$96.89**	**$11.05**	**$71.37**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	194	5	976	1,175	
% of Retail Claims	16.51%	0.43%	83.06%	100.00%	
Prescription Price w/ Script Care	$88,873.85	$343.84	$25,474.49	$114,692.18	$97.61
Copay	$12,628.40	$261.16	$11,843.54	$24,733.10	$21.05
% of Total Drug Cost	14.21%	75.95%	46.49%	21.56%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$76,245.45	$82.68	$13,630.95	$89,959.08	$76.56
Employer Cost Per Claim	**$393.02**	**$16.54**	**$13.97**	**$76.56**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	50	3	341	394	
% of MO Claims	12.69%	0.76%	86.55%	100.00%	
Prescription Price w/ Script Care	$46,346.44	$629.96	$15,001.26	$61,977.66	$157.30
Copay	$9,047.92	$375.27	$8,241.90	$17,665.09	$44.84
% of Total Drug Cost	19.52%	59.57%	54.94%	28.50%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$37,298.52	$254.69	$6,759.36	$44,312.57	$112.47
Employer Cost Per Claim	**$745.97**	**$84.90**	**$19.82**	**$112.47**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	244	8	1,317	1,569	
% of All Claims	15.55%	0.51%	83.94%	100.00%	
Prescription Price w/ Script Care	$135,220.29	$973.80	$40,475.75	$176,669.84	$112.60
Copay	$21,676.32	$636.43	$20,085.44	$42,398.19	$27.02
% of Total Drug Cost	16.03%	65.36%	49.62%	24.00%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$113,543.97	$337.37	$20,390.31	$134,271.65	$85.58
Employer Cost Per Claim	**$465.34**	**$42.17**	**$15.48**	**$85.58**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	379	9	1,938	2,326	
% of Retail Claims	16.29%	0.39%	83.32%	100.00%	
Prescription Price w/ Script Care	$173,055.33	$240.18	$45,677.85	$218,973.36	$94.14
Copay	$25,099.38	$150.63	$24,103.74	$49,353.75	$21.22
% of Total Drug Cost	14.50%	62.72%	52.77%	22.54%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$147,955.95	$89.55	$21,574.11	$169,619.61	$72.92
Employer Cost Per Claim	**$390.39**	**$9.95**	**$11.13**	**$72.92**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	91	12	675	778	
% of MO Claims	11.70%	1.54%	86.76%	100.00%	
Prescription Price w/ Script Care	$76,296.70	$2,435.08	$30,820.23	$109,552.01	$140.81
Copay	$16,726.30	$927.68	$17,689.32	$35,343.30	$45.43
% of Total Drug Cost	21.92%	38.10%	57.40%	32.26%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$59,570.40	$1,507.40	$13,130.91	$74,208.71	$95.38
Employer Cost Per Claim	**$654.62**	**$125.62**	**$19.45**	**$95.38**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	470	21	2,613	3,104	
% of All Claims	15.14%	0.68%	84.18%	100.00%	
Prescription Price w/ Script Care	$249,352.03	$2,675.26	$76,498.08	$328,525.37	$105.84
Copay	$41,825.68	$1,078.31	$41,793.06	$84,697.05	$27.29
% of Total Drug Cost	16.77%	40.31%	54.63%	25.78%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$207,526.35	$1,596.95	$34,705.02	$243,828.32	$78.55
Employer Cost Per Claim	**$441.55**	**$76.05**	**$13.28**	**$78.55**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,535		4 **		11 **	
% of All Claims	100.00%		0.26%		0.72%	
Retail from Pharmacy w/o Script Care	$334,149.76	$217.69	$14,610.67	$3,652.67	$45,973.99	$4,179.45
Actual Drug Cost	$150,451.78	$98.01	$12,335.02	$3,083.76	$29,180.89	$2,652.81
Pharmacy Fees	$1,403.75	$0.91	$3.25	$0.81	$22.00	$2.00
Prescription Price w/ Script Care	$151,855.53	$98.93	$12,338.27	$3,084.57	$29,202.89	$2,654.81
Savings through your Script Care Plan	**$182,294.23**	**$118.76**	**$2,272.40**	**$568.10**	**$16,771.10**	**$1,524.65**
% Saved over Retail	**54.55%**		**15.55%**		**36.48%**	
Copay	$42,298.86	$27.56	$400.00	$100.00	$966.50	$87.86
% of Total Drug Cost	27.85%		3.24%		3.31%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$109,556.67**	**$71.37**	**$11,938.27**	**$2,984.57**	**$28,236.39**	**$2,566.94**
% of Total Cost	**100.00%**		**10.90%**		**25.77%**	
Total Plan Cost/Claim	**$71.37**		**$2,984.57**		**$2,566.94**	
Cost/Per Cardholder Per Month	**$76.99**		**$8.39**		**$19.84**	
Cost/Per Member Per Month	**$41.36**		**$4.51**		**$10.66**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,423.0	1,226.0	2,649.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,569		2 **		11 **	
% of All Claims	100.00%		0.13%		0.70%	
Retail from Pharmacy w/o Script Care	$364,064.24	$232.04	$18,677.74	$9,338.87	$53,463.59	$4,860.33
Actual Drug Cost	$175,190.84	$111.66	$16,152.01	$8,076.01	$38,080.11	$3,461.83
Pharmacy Fees	$1,479.00	$0.94	$0.00	$0.00	$22.00	$2.00
Prescription Price w/ Script Care	$176,669.84	$112.60	$16,152.01	$8,076.01	$38,102.11	$3,463.83
Savings through your Script Care Plan	**$187,394.40**	**$119.44**	**$2,525.73**	**$1,262.87**	**$15,361.48**	**$1,396.50**
% Saved over Retail	**51.47%**		**13.52%**		**28.73%**	
Copay	$42,398.19	$27.02	$200.00	$100.00	$950.00	$86.36
% of Total Drug Cost	24.00%		1.24%		2.49%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$134,271.65**	**$85.58**	**$15,952.01**	**$7,976.01**	**$37,152.11**	**$3,377.46**
% of Total Cost	**100.00%**		**11.88%**		**27.67%**	
Total Plan Cost/Claim	**$85.58**		**$7,976.01**		**$3,377.46**	
Cost/Per Cardholder Per Month	**$94.69**		**$11.25**		**$26.20**	
Cost/Per Member Per Month	**$55.83**		**$6.63**		**$15.45**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,418.0	987.0	2,405.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	3,104		6 **		22 **	
% of All Claims	100.00%		0.19%		0.71%	
Retail from Pharmacy w/o Script Care	$698,214.00	$224.94	$33,288.41	$5,548.07	$99,437.58	$4,519.89
Actual Drug Cost	$325,642.62	$104.91	$28,487.03	$4,747.84	$67,261.00	$3,057.32
Pharmacy Fees	$2,882.75	$0.93	$3.25	$0.54	$44.00	$2.00
Prescription Price w/ Script Care	$328,525.37	$105.84	$28,490.28	$4,748.38	$67,305.00	$3,059.32
Savings through your Script Care Plan	**$369,688.63**	**$119.10**	**$4,798.13**	**$799.69**	**$32,132.58**	**$1,460.57**
% Saved over Retail	**52.95%**		**14.41%**		**32.31%**	
Copay	$84,697.05	$27.29	$600.00	$100.00	$1,916.50	$87.11
% of Total Drug Cost	25.78%		2.11%		2.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$243,828.32**	**$78.55**	**$27,890.28**	**$4,648.38**	**$65,388.50**	**$2,972.20**
% of Total Cost	**100.00%**		**11.44%**		**26.82%**	
Total Plan Cost/Claim	**$78.55**		**$4,648.38**		**$2,972.20**	
Cost/Per Cardholder Per Month	**$85.82**		**$9.82**		**$23.02**	
Cost/Per Member Per Month	**$48.24**		**$5.52**		**$12.94**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,841.0	2,213.0	5,054.0

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,423.0												1,423.0
Dependents	1,226.0												1,226.0
Utilizing Cardholders	623.0												623.0
Utilization %	43.78%												43.78%
Claim Summary													
All	1,535												1,535
Avg Per Cardholder	1.08												1.08
Avg Per Member	0.58												0.58
Brand	226												226
Generic	1,296												1,296
Brand w/Generic	13												13
Generic % of All	84.43%												84.43%
Mail Order	383												383
Mail Order % of All	24.95%												24.95%
Claim Cost													
Submitted Cost	$334,150												$334,150
Script Care Cost	$151,856												$151,856
Savings	$182,294												$182,294
Tax	$0												$0
Total	$151,856												$151,856
Average Claim Cost	$98.93												$98.93
Average Brand Cost	$505.01												$505.01
Average Generic Cost	$27.80												$27.80
Average Br w/Gen Cost	$130.88												$130.88
Member Cost													
Total Copay	$42,299												$42,299
Average Claim Copay	$27.56												$27.56
Average Brand Copay	$89.16												$89.16
Average Generic Copay	$16.75												$16.75
Average Br w/Gen Copay	$33.99												$33.99
Copay % of Total Cost	27.85%												27.85%
Plan Cost													
Plan Cost	$109,557												$109,557
Average Claim Cost	$71.37												$71.37
Average Brand Cost	$415.85												$415.85
Average Generic Cost	$11.05												$11.05
Average Br w/Gen Cost	$96.89												$96.89
Plan Cost % of Total Cost	72.15%												72.15%
Plan Cost Per Cardholder	$76.99												$76.99
Plan Cost Per Member	$41.36												$41.36
Cardholders > $500	50												50
Cardholders > 5 Claims	40												40

Top 10 Drugs by Plan Cost

ENBREL	ENBREL
HUMIRA PEN	HUMIRA PEN
XOLAIR	XOLAIR
VONEX PREFL	AVONEX PREFL
AUBAGIO	AUBAGIO
OXYCONTIN	OXYCONTIN
NBREL SRCLK	ENBREL SRCLK
VICTOZA	VICTOZA
LANTUS	CRESTOR
ADCIRCA	LANTUS

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,418.0												1,418.0
Dependents	987.0												987.0
Utilizing Cardholders	634.0												634.0
Utilization %	44.71%												44.71%
Claim Summary													
All	1,569												1,569
Avg Per Cardholder	1.11												1.11
Avg Per Member	0.65												0.65
Brand	244												244
Generic	1,317												1,317
Brand w/Generic	8												8
Generic % of All	83.94%												83.94%
Mail Order	393												393
Mail Order % of All	25.05%												25.05%
Claim Cost													
Submitted Cost	$364,064												$364,064
Script Care Cost	$176,670												$176,670
Savings	$187,394												$187,394
Tax	$0												$0
Total	$176,670												$176,670
Average Claim Cost	$112.60												$112.60
Average Brand Cost	$554.18												$554.18
Average Generic Cost	$30.73												$30.73
Average Br w/Gen Cost	$121.73												$121.73
Member Cost													
Total Copay	$42,398												$42,398
Average Claim Copay	$27.02												$27.02
Average Brand Copay	$88.84												$88.84
Average Generic Copay	$15.25												$15.25
Average Br w/Gen Copay	$79.55												$79.55
Copay % of Total Cost	24.00%												24.00%
Plan Cost													
Plan Cost	$134,272												$134,272
Average Claim Cost	$85.58												$85.58
Average Brand Cost	$465.34												$465.34
Average Generic Cost	$15.48												$15.48
Average Br w/Gen Cost	$42.17												$42.17
Plan Cost % of Total Cost	76.00%												76.00%
Plan Cost Per Cardholder	$94.69												$94.69
Plan Cost Per Member	$55.83												$55.83
Cardholders > $500	56												56
Cardholders > 5 Claims	45												45

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN
IBRANCE	IBRANCE
LEVEMIR	LEVEMIR
XOLAIR	XOLAIR
VONEX PREFL	AVONEX PREFL
CAPECITABINE	CAPECITABINE
ORENCIA	ORENCIA
HUMIRA PEN	LYRICA
LYRICA	ASACOL HD
ASACOL HD	LANTUS

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	2,841.0												2,841.0
Dependents	2,213.0												2,213.0
Utilizing Cardholders	1,257.0												1,257.0
Utilization %	44.24%												44.24%
Claim Summary													
All	3,104												3,104
Avg Per Cardholder	1.09												1.09
Avg Per Member	0.61												0.61
Brand	470												470
Generic	2,613												2,613
Brand w/Generic	21												21
Generic % of All	84.18%												84.18%
Mail Order	776												776
Mail Order % of All	25.00%												25.00%
Claim Cost													
Submitted Cost	$698,214												$698,214
Script Care Cost	$328,525												$328,525
Savings	$369,689												$369,689
Tax	$0												$0
Total	$328,525												$328,525
Average Claim Cost	$105.84												$105.84
Average Brand Cost	$530.54												$530.54
Average Generic Cost	$29.28												$29.28
Average Br w/Gen Cost	$127.39												$127.39
Member Cost													
Total Copay	$84,697												$84,697
Average Claim Copay	$27.29												$27.29
Average Brand Copay	$88.99												$88.99
Average Generic Copay	$15.99												$15.99
Average Br w/Gen Copay	$51.35												$51.35
Copay % of Total Cost	25.78%												25.78%
Plan Cost													
Plan Cost	$243,828												$243,828
Average Claim Cost	$78.55												$78.55
Average Brand Cost	$441.55												$441.55
Average Generic Cost	$13.28												$13.28
Average Br w/Gen Cost	$76.05												$76.05
Plan Cost % of Total Cost	74.22%												74.22%
Plan Cost Per Cardholder	$85.82												$85.82
Plan Cost Per Member	$48.24												$48.24
Cardholders > $500	106												106
Cardholders > 5 Claims	85												85
Top 10 Drugs by Plan Cost													
	HUMIRA PEN												HUMIRA PEN
	XOLAIR												XOLAIR
	√ONEX PREFL												AVONEX PREFL
	IBRANCE												IBRANCE
	ENBREL												LEVEMIR
	HUMIRA PEN												ENBREL
	LEVEMIR												LANTUS
	LANTUS												OXYCONTIN
	OXYCONTIN												AUBAGIO
	AUBAGIO												CAPECITABINE

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	425	$2,461	$83	$2,379	$5.60	96.6%
$10.00 to $24.99	524	$7,794	$488	$7,305	$13.94	93.7%
$25.00 to $49.99	223	$7,421	$2,409	$5,013	$22.48	67.5%
$50.00 to $74.99	93	$4,951	$2,366	$2,584	$27.79	52.2%
$75.00 to $99.99	34	$2,727	$1,422	$1,304	$38.36	47.8%
$100.00 to $199.99	55	$6,855	$4,180	$2,676	$48.65	39.0%
$200.00 to $299.99	60	$12,076	$7,502	$4,574	$76.23	37.9%
$300.00 to $399.99	22	$5,521	$3,775	$1,746	$79.37	31.6%
$400.00 to $499.99	24	$8,155	$5,812	$2,343	$97.64	28.7%
$500.00 to $599.99	10	$1,135	$565	$570	$57.02	50.2%
$600.00 to $699.99	9	$4,571	$3,322	$1,249	$138.83	27.3%
$700.00 to $799.99	11	$6,789	$5,418	$1,371	$124.64	20.2%
$800.00 to $899.99	6	$5,093	$4,393	$700	$116.67	13.7%
$900.00 to $999.99	3	$2,837	$2,137	$700	$233.33	24.7%
$1000.00 to $1099.99	11	$11,474	$8,174	$3,300	$300.00	28.8%
$1100.00 to $1199.99	2	$2,364	$1,764	$600	$300.00	25.4%
$1200.00 to $1299.99	2	$2,436	$1,652	$784	$391.96	32.2%
$1300.00 or more	21	$57,195	$54,095	$3,100	$147.62	5.4%
Total	1,535	$151,856	$109,557	$42,299	$27.56	27.9%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	511	$15,474	$8,963	$6,511	$12.74	42.1%
16-34 days	609	$77,184	$63,203	$13,981	$22.96	18.1%
35-60 days	1	$242	$145	$97	$96.73	40.0%
61-83 days	1	$1,392	$1,092	$300	$300.00	21.6%
84-90 days	411	$57,368	$36,088	$21,280	$51.78	37.1%
91-120 days	1	$271	$66	$205	$205.26	75.6%
121-180 days	1	($76)	$0	($76)	($76.04)	
181 or more days						
Total	1,535	$151,856	$109,557	$42,299	$27.56	27.9%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	72	$6,015	$3,511	$2,504	$34.78	41.6%
13-18 Years	49	$6,212	$4,711	$1,502	$30.64	24.2%
19-30 Years	159	$7,228	$4,311	$2,918	$18.35	40.4%
31-45 Years	328	$29,223	$22,381	$6,842	$20.86	23.4%
46-49 Years	142	$11,013	$7,802	$3,211	$22.61	29.2%
50-59 Years	467	$53,897	$40,112	$13,785	$29.52	25.6%
60-64 Years	258	$26,579	$18,280	$8,299	$32.17	31.2%
65 and Over	60	$11,688	$8,450	$3,238	$53.97	27.7%
Total	1,535	$151,856	$109,557	$42,299	$27.56	27.9%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	440	$2,473	$35	$2,438	$5.54	98.6%
$10.00 to $24.99	536	$8,151	$625	$7,527	$14.04	92.3%
$25.00 to $49.99	220	$7,184	$2,236	$4,948	$22.49	68.9%
$50.00 to $74.99	78	$3,908	$2,194	$1,715	$21.98	43.9%
$75.00 to $99.99	28	$2,239	$1,339	$900	$32.13	40.2%
$100.00 to $199.99	89	$10,366	$6,794	$3,572	$40.14	34.5%
$200.00 to $299.99	46	$9,556	$5,973	$3,583	$77.88	37.5%
$300.00 to $399.99	38	$12,602	$9,137	$3,464	$91.17	27.5%
$400.00 to $499.99	19	$4,800	$3,796	$1,004	$52.86	20.9%
$500.00 to $599.99	7	$2,682	$1,905	$778	$111.08	29.0%
$600.00 to $699.99	9	$6,040	$4,037	$2,003	$222.51	33.2%
$700.00 to $799.99	6	$4,458	$3,266	$1,193	$198.75	26.7%
$800.00 to $899.99	9	$7,516	$5,391	$2,125	$236.11	28.3%
$900.00 to $999.99	5	$2,856	$2,156	$700	$140.00	24.5%
$1000.00 to $1099.99	11	$9,428	$7,128	$2,300	$209.09	24.4%
$1100.00 to $1199.99	1	$1,183	$883	$300	$300.00	25.4%
$1200.00 to $1299.99	1	$1,296	$1,196	$100	$100.00	7.7%
$1300.00 or more	26	$79,931	$76,181	$3,750	$144.23	4.7%
Total	1,569	$176,670	$134,272	$42,398	$27.02	24.0%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	475	$12,117	$6,199	$5,918	$12.46	48.8%
16-34 days	665	$98,161	$82,850	$15,312	$23.03	15.6%
35-60 days	5	$1,361	$779	$582	$116.42	42.8%
61-83 days	1	($441)	($265)	($177)	($176.57)	
84-90 days	421	$65,298	$44,535	$20,763	$49.32	31.8%
91-120 days	2	$174	$174	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	1,569	$176,670	$134,272	$42,398	$27.02	24.0%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	69	$4,645	$2,585	$2,061	$29.86	44.4%
13-18 Years	34	$8,532	$7,575	$957	$28.14	11.2%
19-30 Years	198	$20,275	$16,586	$3,688	$18.63	18.2%
31-45 Years	327	$15,260	$9,670	$5,590	$17.09	36.6%
46-49 Years	102	$12,959	$10,253	$2,705	$26.52	20.9%
50-59 Years	439	$54,452	$39,756	$14,695	$33.47	27.0%
60-64 Years	259	$39,013	$30,671	$8,342	$32.21	21.4%
65 and Over	141	$21,535	$17,175	$4,360	$30.92	20.2%
Total	1,569	$176,670	$134,272	$42,398	$27.02	24.0%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	865	$4,935	$118	$4,817	$5.57	97.6%
$10.00 to $24.99	1,060	$15,945	$1,113	$14,832	$13.99	93.0%
$25.00 to $49.99	443	$14,605	$4,645	$9,960	$22.48	68.2%
$50.00 to $74.99	171	$8,859	$4,560	$4,299	$25.14	48.5%
$75.00 to $99.99	62	$4,965	$2,761	$2,204	$35.55	44.4%
$100.00 to $199.99	144	$17,221	$10,973	$6,248	$43.39	36.3%
$200.00 to $299.99	106	$21,631	$13,475	$8,157	$76.95	37.7%
$300.00 to $399.99	60	$18,123	$12,912	$5,211	$86.84	28.8%
$400.00 to $499.99	43	$12,956	$9,608	$3,348	$77.86	25.8%
$500.00 to $599.99	17	$3,818	$2,470	$1,348	$79.28	35.3%
$600.00 to $699.99	18	$10,611	$7,359	$3,252	$180.67	30.6%
$700.00 to $799.99	17	$11,247	$8,683	$2,564	$150.80	22.8%
$800.00 to $899.99	15	$12,609	$9,784	$2,825	$188.33	22.4%
$900.00 to $999.99	8	$5,693	$4,293	$1,400	$175.00	24.6%
$1000.00 to $1099.99	22	$20,902	$15,302	$5,600	$254.55	26.8%
$1100.00 to $1199.99	3	$3,547	$2,647	$900	$300.00	25.4%
$1200.00 to $1299.99	3	$3,732	$2,848	$884	$294.64	23.7%
$1300.00 or more	47	$137,126	$130,276	$6,850	$145.74	5.0%
Total	3,104	$328,525	$243,828	$84,697	$27.29	25.8%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	986	$27,591	$15,162	$12,429	$12.61	45.0%
16-34 days	1,274	$175,346	$146,052	$29,293	$22.99	16.7%
35-60 days	6	$1,603	$924	$679	$113.14	42.4%
61-83 days	2	$951	$827	$123	$61.72	13.0%
84-90 days	832	$122,666	$80,622	$42,044	$50.53	34.3%
91-120 days	3	$445	$240	$205	$68.42	46.1%
121-180 days	1	($76)	$0	($76)	($76.04)	
181 or more days						
Total	3,104	$328,525	$243,828	$84,697	$27.29	25.8%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	141	$10,660	$6,095	$4,565	$32.38	42.8%
13-18 Years	83	$14,744	$12,285	$2,458	$29.62	16.7%
19-30 Years	357	$27,503	$20,897	$6,606	$18.50	24.0%
31-45 Years	655	$44,482	$32,051	$12,432	$18.98	27.9%
46-49 Years	244	$23,972	$18,055	$5,917	$24.25	24.7%
50-59 Years	906	$108,349	$79,868	$28,481	$31.44	26.3%
60-64 Years	517	$65,592	$48,952	$16,641	$32.19	25.4%
65 and Over	201	$33,223	$25,625	$7,598	$37.80	22.9%
Total	3,104	$328,525	$243,828	$84,697	$27.29	25.8%

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2016 and 1/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
27	Antidiabetic	57	$19,764.31	$6,291.24
66	Analgesics-Anti-Inflammatory	55	$17,682.74	$988.45
62	Misc. Psychotherapeutic and Neurological Agents	3	$10,876.96	$200.00
44	Antiasthmatic	59	$10,048.07	$3,055.32
65	Analgesics-Narcotic	99	$5,426.06	$1,456.93
25	Contraceptives	52	$5,084.37	$212.10
61	Stimulants/Anti-Obesity Anorexiants	29	$4,330.23	$2,931.32
40	Misc. Cardiovascular	13	$4,077.80	$885.78
39	Antihyperlipidemic	89	$3,512.96	$3,512.10
59	Antipsychotics	8	$3,419.70	$872.75
12	Antiviral	23	$2,774.13	$607.80
72	Anticonvulsant	38	$2,340.70	$1,498.17
67	Migraine Products	14	$2,032.93	$684.60
86	Ophthalmic	31	$1,445.90	$1,156.50
33	Beta Blockers	52	$1,343.31	$1,513.44
21	Antineoplastics	12	$1,238.20	$397.63
58	Antidepressants	109	$1,225.94	$2,413.35
94	Diagnostic Products	6	$1,191.31	$592.81
90	Dermatological	39	$1,140.17	$645.27
38	Pressors	8	$1,078.03	$0.00
52	Misc. GI	6	$1,030.24	$385.41
85	Misc. Hematological	2	$685.45	$317.01
55	Vaginal Products	5	$531.13	$314.72
04	Tetracyclines	19	$517.03	$459.34
56	Miscellaneous Genitourinary Products	13	$501.02	$587.46
24	Estrogens	7	$489.08	$428.00
23	Androgen-Anabolic	8	$450.79	$173.86
49	Ulcer Drugs	60	$444.15	$155.44
17	Vaccines	7	$397.98	$0.00
02	Cephalosporins	23	$386.47	$448.01
50	Antiemetics	7	$359.21	$245.88
36	Antihypertensive	88	$351.79	$1,527.99
42	Systemic And Topical Nasal Products	20	$323.70	$405.35
13	Antimalarial	2	$314.53	$228.59
83	Anticoagulants	3	$303.88	$155.72
68	Gout	11	$302.67	$311.76
43	Cough/Cold/Allergy	54	$295.60	$653.73

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2016 and 1/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
30	Misc. Endocrine	2	$277.24	$189.03
46	Laxatives	9	$255.69	$6.14
99	Assorted Classes	3	$209.25	$142.49
05	Fluoroquinolones	14	$140.67	$230.66
03	Macrolide Antibiotics	40	$121.83	$461.02
29	Oxytocics	1	$121.73	$81.15
87	Otic	1	$107.68	$71.78
22	Corticosteroids	38	$92.94	$430.35
18	Toxoids	1	$85.00	$0.00
60	Hypnotics	14	$84.78	$207.71
57	Antianxiety Agents	57	$70.00	$580.21
01	Penicillins	60	$64.55	$690.36
75	Musculoskeletal Therapy Agents	24	$42.53	$270.89
53	Urinary Anti-Infectives	3	$40.49	$60.00
26	Progestins	2	$29.24	$76.82
88	Mouth and Throat (Local)	4	$27.86	$36.80
16	Misc. Anti-Infectives	18	$25.65	$199.98
37	Diuretics	28	$23.63	$338.79
79	Minerals and Electrolytes	7	$11.77	$148.33
64	Analgesics-Non Narcotic	2	$1.89	$13.75
35	Antiarrhythmic	1	$1.88	$60.00
28	Thyroid	24	$1.34	$633.56
41	Antihistamines	9	$0.49	$123.73
78	Multivitamins	1	$0.00	$18.83
82	Hematopoitic Agents	1	$0.00	$5.70
34	Calcium Blockers	18	$0.00	$270.36
11	Antifunguals	20	$0.00	$185.50
97	Medical Devices	2	$0.00	$51.09
Grand Total		1,535	$109,556.67	$42,298.86

SCRIPT CARE, LTD.

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2016 and 1/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	46	$24,046.03	$1,026.66
27	Antidiabetic	50	$17,565.00	$5,036.61
21	Antineoplastics	13	$16,123.48	$376.24
90	Dermatological	55	$9,573.20	$1,891.38
44	Antiasthmatic	51	$9,430.59	$2,669.23
62	Misc. Psychotherapeutic and Neurological Agents	3	$5,947.79	$151.43
25	Contraceptives	82	$5,203.40	$0.00
52	Misc. GI	7	$4,679.19	$1,013.27
23	Androgen-Anabolic	2	$4,096.96	$425.00
72	Anticonvulsant	43	$3,671.73	$1,807.02
04	Tetracyclines	18	$3,012.38	$605.25
61	Stimulants/Anti-Obesity Anorexiants	30	$2,807.16	$2,128.73
39	Antihyperlipidemic	90	$2,775.15	$2,893.90
12	Antiviral	20	$2,530.89	$526.49
65	Analgesics-Narcotic	91	$2,438.95	$1,379.04
59	Antipsychotics	8	$2,183.57	$390.79
58	Antidepressants	118	$2,109.66	$2,973.33
40	Misc. Cardiovascular	9	$2,066.53	$1,036.78
86	Ophthalmic	24	$1,992.22	$1,192.28
67	Migraine Products	15	$1,630.44	$597.64
55	Vaginal Products	13	$1,297.43	$887.45
83	Anticoagulants	8	$1,197.23	$454.50
24	Estrogens	16	$1,107.56	$881.08
49	Ulcer Drugs	44	$958.70	$1,037.81
94	Diagnostic Products	10	$690.02	$513.84
42	Systemic And Topical Nasal Products	13	$604.13	$509.59
85	Misc. Hematological	5	$568.21	$171.45
46	Laxatives	12	$463.76	$88.86
50	Antiemetics	18	$397.12	$247.29
36	Antihypertensive	85	$296.12	$1,528.61
60	Hypnotics	18	$256.48	$343.62
87	Otic	3	$228.18	$142.14
05	Fluoroquinolones	23	$207.08	$294.67
75	Musculoskeletal Therapy Agents	17	$186.85	$235.67
56	Miscellaneous Genitourinary Products	7	$183.92	$197.69
89	Anorectal	2	$173.25	$74.93
02	Cephalosporins	16	$164.98	$258.11

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2016 and 1/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
33	Beta Blockers	44	$151.87	$939.61
43	Cough/Cold/Allergy	35	$144.49	$393.06
97	Medical Devices	8	$143.49	$182.51
17	Vaccines	3	$136.90	$0.00
11	Antifunguals	32	$103.61	$359.63
79	Minerals and Electrolytes	14	$102.80	$259.90
57	Antianxiety Agents	42	$87.42	$384.11
01	Penicillins	65	$66.49	$774.07
18	Toxoids	1	$63.99	$0.00
53	Urinary Anti-Infectives	7	$62.19	$140.00
37	Diuretics	42	$60.49	$499.05
22	Corticosteroids	39	$58.41	$373.69
84	Hemostatics	1	$52.78	$35.18
64	Analgesics-Non Narcotic	4	$52.17	$65.82
30	Misc. Endocrine	4	$33.70	$55.38
26	Progestins	3	$31.26	$31.22
03	Macrolide Antibiotics	28	$30.41	$298.72
41	Antihistamines	13	$21.52	$143.78
32	Antianginal Agents	2	$5.44	$24.00
16	Misc. Anti-Infectives	23	$4.43	$209.23
13	Antimalarial	3	$1.26	$20.00
77	Vitamins	2	$0.97	$0.00
88	Mouth and Throat (Local)	6	$0.00	$34.87
34	Calcium Blockers	33	$0.00	$575.98
73	Antiparkinsonian	4	$0.00	$85.63
68	Gout	1	$0.00	$33.74
99	Assorted Classes	1	$0.00	$15.50
54	Urinary Antispasmodics	1	$0.00	$10.99
28	Thyroid	21	$0.00	$464.14
38	Pressors	2	($9.78)	$0.00
Grand Total		1,569	$134,271.65	$42,398.19

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2016 and 1/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
ENBREL	2	$7,251.46	$3,625.73	$7,447.46	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
HUMIRA PEN	2	$6,706.48	$3,353.24	$6,902.48	$3,697.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
XOLAIR	1	$5,492.66	$5,492.66	$5,592.66	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
AVONEX PREFL	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AUBAGIO	1	$5,419.95	$5,419.95	$5,519.95	$5,914.23	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
OXYCONTIN	2	$5,002.12	$2,501.06	$5,400.87	$1,557.94	N	N	ANALGESICS - OPIOID/Opioid Agonists
ENBREL SRCLK	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
VICTOZA	4	$3,122.19	$780.55	$3,715.94	$619.32	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
CRESTOR	10	$2,963.80	$296.38	$4,732.54	$215.12	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LANTUS	10	$2,865.45	$286.55	$3,865.09	$414.12	N	Y	ANTIDIABETICS/Human Insulin
ADCIRCA	1	$2,650.80	$2,650.80	$2,748.80	$2,748.80	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
MIRENA	3	$2,470.08	$823.36	$2,465.58	$821.86	N	Y	CONTRACEPTIVES/Progestin Contraceptives - IUD
NOVOLOG	2	$2,433.58	$1,216.79	$2,830.58	$808.74	N	Y	ANTIDIABETICS/Human Insulin
ATRIPLA	1	$2,293.98	$2,293.98	$2,391.98	$2,391.98	N	Y	ANTIVIRALS/Antiretroviral Combinations
INVOKANA	3	$2,242.86	$747.62	$3,136.86	$348.54	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
LEVEMIR	3	$1,877.58	$625.86	$2,372.58	$508.41	N	Y	ANTIDIABETICS/Human Insulin
ARIPIPRAZOLE	2	$1,801.41	$900.71	$2,401.41	$400.24	Y	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
JARDIANCE	3	$1,766.81	$588.94	$2,461.31	$351.62	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
METHYLPHENID	5	$1,590.63	$318.13	$2,649.54	$203.81	M	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
TREXIMET	1	$1,384.73	$1,384.73	$1,482.98	$4,943.27	N	N	MIGRAINE PRODUCTS/Selective Serotonin Agonist-
HUMULIN	2	$1,238.64	$619.32	$1,436.14	$718.07	N	Y	ANTIDIABETICS/Human Insulin
EPIPEN 2-PAK	6	$1,078.03	$179.67	$1,078.03	$8,085.23	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
LAMOTRIGINE	7	$1,072.87	$153.27	$1,464.02	$113.20	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
JANUVIA	2	$1,020.61	$510.31	$1,417.11	$354.28	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
SYMBICORT	9	$999.75	$111.08	$1,582.32	$226.05	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
VYVANSE	6	$947.66	$157.94	$1,570.53	$235.58	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
METFORMIN ER	1	$888.92	$888.92	$1,186.92	$395.64	Y	Y	ANTIDIABETICS/Biguanides
LATUDA	1	$836.31	$836.31	$934.81	$934.81	N	Y	ANTIPSYCHOTICS/ANTIMANIC
SPIRIVA	4	$798.57	$199.64	$1,197.07	$299.27	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
ONETOUCH	2	$798.02	$399.01	$1,143.46	$285.87	N	Y	DIAGNOSTIC PRODUCTS/Diagnostic Tests
REXULTI	1	$781.98	$781.98	$880.73	$880.73	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
LIALDA	2	$766.46	$383.23	$963.21	$481.61	N	N	GASTROINTESTINAL AGENTS - MISC./Inflammatory
PARAGARD	1	$753.26	$753.26	$752.01	$22,560.30	N	Y	CONTRACEPTIVES/Copper Contraceptives - IUD
KOMBIGLYZE	1	$748.42	$748.42	$1,046.42	$348.81	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 Inhibitor-
FARXIGA	1	$747.63	$747.63	$1,045.63	$348.54	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
	104	$81,873.25	$787.24	$95,072.57	$631.71			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2016 and 1/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	4	$17,535.54	$4,383.89	$17,927.54	$4,802.02	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
IBRANCE	1	$10,459.35	$10,459.35	$10,559.35	$11,313.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
LEVEMIR	5	$6,584.55	$1,316.91	$7,680.05	$715.53	N	Y	ANTIDIABETICS/Human Insulin
XOLAIR	1	$5,492.66	$5,492.66	$5,592.66	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
AVONEX PREFL	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
CAPECITABINE	2	$5,175.70	$2,587.85	$5,271.70	$3,765.50	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
ORENCIA	1	$3,354.51	$3,354.51	$3,452.51	$3,699.12	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
LYRICA	4	$3,351.97	$837.99	$4,350.47	$435.05	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
ASACOL HD	1	$3,289.76	$3,289.76	$3,589.76	$1,196.59	N	N	GASTROINTESTINAL AGENTS - MISC./Inflammatory
LANTUS	8	$3,189.13	$398.64	$4,283.60	$385.91	N	Y	ANTIDIABETICS/Human Insulin
XELJANZ	1	$3,068.52	$3,068.52	$3,166.52	$3,166.52	N	Y	ANALGESICS - ANTI-
CARAC	1	$2,449.10	$2,449.10	$2,547.60	$7,642.80	M	N	DERMATOLOGICALS/Antineoplastic Antimetabolites -
ANDROGEL	1	$2,329.75	$2,329.75	$2,629.75	$876.58	N	Y	ANDROGENS-ANABOLIC/Androgens
TRIUMEQ	1	$2,197.16	$2,197.16	$2,295.16	$2,295.16	N	Y	ANTIVIRALS/Antiretroviral Combinations
CRESTOR	8	$1,959.96	$245.00	$3,258.98	$232.78	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
SOLODYN	4	$1,923.19	$480.80	$2,119.94	$1,059.97	N	N	TETRACYCLINES/Tetracyclines
TESTOSTERONE	1	$1,767.21	$1,767.21	$1,892.21	$630.74	M	Y	ANDROGENS-ANABOLIC/Androgens
PENNSAID	1	$1,561.12	$1,561.12	$1,659.62	$1,778.16	N	N	DERMATOLOGICALS/Anti-inflammatory Agents -
VYVANSE	7	$1,536.24	$219.46	$2,552.31	$232.03	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
CALCITRIOL	1	$1,498.49	$1,498.49	$1,623.49	$541.16	M	N	DERMATOLOGICALS/Antipsoriatics
MINASTRIN 24	5	$1,470.50	$294.10	$1,467.50	$142.94	N	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
CIALIS	5	$1,420.58	$284.12	$2,145.13	$306.45	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
LINZESS	5	$1,389.43	$277.89	$2,083.43	$297.63	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
FROVA	3	$1,371.47	$457.16	$1,671.47	$557.16	N	N	MIGRAINE PRODUCTS/Selective Serotonin Agonists 5-
SEROQUEL XR	1	$1,196.16	$1,196.16	$1,294.66	$1,294.66	N	Y	ANTIPSYCHOTICS/ANTIMANIC
JANUVIA	2	$1,018.47	$509.24	$1,414.97	$353.74	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
JARDIANCE	2	$1,017.13	$508.57	$1,413.63	$353.41	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
ARIPIPRAZOLE	2	$968.21	$484.11	$1,141.71	$285.43	Y	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
CLOBETASOL	4	$925.80	$231.45	$1,246.87	$157.17	Y	N	DERMATOLOGICALS/Corticosteroids - Topical
HUMALOG KWIK	2	$925.37	$462.69	$925.37	$5,552.22	N	Y	ANTIDIABETICS/Human Insulin
RESTASIS	1	$882.91	$882.91	$1,182.91	$394.30	N	Y	OPHTHALMIC AGENTS/Ophthalmic
DORYX	1	$843.31	$843.31	$941.81	$941.81	M	N	TETRACYCLINES/Tetracyclines
ESTRACE VAG	3	$778.67	$259.56	$1,268.18	$264.20	N	Y	VAGINAL PRODUCTS/Vaginal Estrogens
XARELTO	3	$760.09	$253.36	$1,051.87	$438.28	N	Y	ANTICOAGULANTS/Direct Factor Xa Inhibitors
JANUMET XR	1	$748.59	$748.59	$1,046.59	$348.86	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 Inhibitor-
	94	$99,874.42	$1,062.49	$112,281.14	$771.51			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2016 and 1/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	57	$125.83	$2.21	$548.61	$34.22	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	42	$0.00	$0.00	$332.99	$25.75	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	36	$0.00	$0.00	$665.74	$7.93	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AZITHROMYCIN	34	$0.00	$0.00	$286.66	$51.81	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	31	($11.11)	($0.36)	$267.94	$3.77	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
OMEPRAZOLE	30	$0.00	$0.00	$441.61	$7.96	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
TRAMADOL HCL	25	$0.00	$0.00	$215.67	$10.06	Y	N	ANALGESICS - OPIOID/Opioid Agonists
ESCITALOPRAM	24	$0.00	$0.00	$318.71	$7.59	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
BUPROPN HCL	20	$293.25	$14.66	$866.76	$30.96	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
SIMVASTATIN	20	$199.15	$9.96	$536.24	$11.17	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
DOXYCYCL HYC	18	$517.03	$28.72	$937.53	$96.99	Y	N	TETRACYCLINES/Tetracyclines
DICLOFENAC	18	$0.00	$0.00	$136.55	$13.75	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
ALPRAZOLAM	17	$6.54	$0.38	$129.20	$10.86	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
LEVOTHYROXIN	17	$0.00	$0.00	$361.36	$12.46	Y	Y	THYROID AGENTS/Thyroid Hormones
PREDNISONE	17	$0.00	$0.00	$65.96	$9.42	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
LORAZEPAM	16	$7.06	$0.44	$128.08	$12.56	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
HYDROCHLOROT	16	$0.00	$0.00	$80.82	$2.25	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
CYCLOBENZAPR	15	$6.98	$0.47	$128.08	$17.47	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
AMLODIPINE	15	$0.00	$0.00	$152.33	$4.91	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
FLUCONAZOLE	15	$0.00	$0.00	$108.01	$115.73	Y	N	ANTIFUNGALS/Triazoles
CEFDINIR	14	$254.93	$18.21	$519.00	$112.83	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
GABAPENTIN	14	$53.84	$3.85	$295.87	$13.87	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
MONTELUKAST	14	$0.00	$0.00	$274.16	$9.79	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
PROMETHAZINE	14	$0.00	$0.00	$65.35	$21.31	Y	N	COUGH/COLD/ALLERGY/Non-Narc Antitussive-
LISINOP/HCTZ	13	$0.00	$0.00	$165.63	$5.34	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
FLUTICASONE	13	$0.00	$0.00	$120.63	$10.97	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
ATENOLOL	13	$0.00	$0.00	$104.80	$4.99	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
CARVEDILOL	12	$84.18	$7.02	$226.32	$14.15	Y	Y	BETA BLOCKERS/Alpha-Beta Blockers
FLUOXETINE	12	$10.10	$0.84	$163.73	$8.19	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
METOPROL TAR	12	$0.00	$0.00	$118.99	$5.95	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
MELOXICAM	12	$0.00	$0.00	$72.33	$4.78	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
PROAIR HFA	11	$398.33	$36.21	$647.61	$80.62	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
VALACYCLOVIR	11	$129.63	$11.78	$310.70	$62.14	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
AMOX/K CLAV	11	$56.09	$5.10	$242.49	$63.26	Y	N	PENICILLINS/Penicillin Combinations
SERTRALINE	11	$8.22	$0.75	$236.10	$8.74	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
	670	$2,140.05	$3.19	$10,272.56	$13.30			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2016 and 1/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	48	$121.89	$2.54	$540.60	$30.03	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	37	$0.00	$0.00	$256.69	$23.19	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	36	$0.00	$0.00	$635.19	$7.94	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LISINOPRIL	27	$11.11	$0.41	$311.32	$6.35	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
AZITHROMYCIN	27	$9.60	$0.36	$246.82	$54.05	Y	N	MACROLIDES/Azithromycin
SIMVASTATIN	27	$0.00	$0.00	$278.23	$4.42	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
OMEPRAZOLE	26	$23.96	$0.92	$357.21	$7.77	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
PREDNISONE	25	$0.00	$0.00	$126.65	$9.57	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
FLUCONAZOLE	24	$86.62	$3.61	$307.21	$47.02	Y	N	ANTIFUNGALS/Triazoles
AMLODIPINE	22	$0.00	$0.00	$237.71	$4.75	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
HYDROCHLOROT	22	$0.00	$0.00	$126.11	$2.78	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
AMOX/K CLAV	19	$66.49	$3.50	$377.32	$59.89	Y	N	PENICILLINS/Penicillin Combinations
TRAMADOL HCL	19	$32.74	$1.72	$167.87	$15.79	Y	N	ANALGESICS - OPIOID/Opioid Agonists
ALPRAZOLAM	17	$38.19	$2.25	$193.92	$11.64	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
ESCITALOPRAM	17	$0.00	$0.00	$196.54	$7.86	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
LEVOTHYROXIN	16	$0.00	$0.00	$307.12	$10.97	Y	Y	THYROID AGENTS/Thyroid Hormones
CITALOPRAM	16	$0.00	$0.00	$166.89	$5.56	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
VALACYCLOVIR	15	$89.80	$5.99	$311.46	$44.49	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
TRAZODONE	15	$0.00	$0.00	$182.27	$7.29	Y	Y	ANTIDEPRESSANTS/Serotonin Modulators
ONDANSETRON	14	$397.12	$28.37	$596.92	$130.71	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
SMZ/TMP DS	14	$0.00	$0.00	$107.96	$18.61	Y	N	ANTI-INFECTIVE AGENTS - MISC./Anti-infective
ZOLPIDEM	13	$0.00	$0.00	$145.75	$11.21	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
LOSARTAN POT	13	$0.00	$0.00	$123.36	$4.57	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
MELOXICAM	13	$0.00	$0.00	$57.67	$3.76	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
AMPHET/DEXTR	12	$317.87	$26.49	$692.83	$35.84	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
BUPROPN HCL	12	$125.27	$10.44	$513.02	$25.65	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
TRIAMCINOLON	12	$22.15	$1.85	$123.84	$16.44	Y	N	DERMATOLOGICALS/Corticosteroids - Topical
ATENOLOL	12	$0.00	$0.00	$115.14	$4.11	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
SERTRALINE	12	$0.00	$0.00	$111.69	$6.98	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
LEVOFLOXACIN	11	$86.90	$7.90	$209.64	$64.84	Y	N	FLUOROQUINOLONES/Fluoroquinolones
PAROXETINE	10	$213.99	$21.40	$377.87	$39.09	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
SPRINTEC 28	10	$161.68	$16.17	$154.18	$16.94	Y	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
GABAPENTIN	10	$45.72	$4.57	$202.15	$16.85	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
MONTELUKAST	10	$23.30	$2.33	$293.75	$11.30	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
LISINOP/HCTZ	10	$0.00	$0.00	$108.94	$5.45	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
	643	$1,874.40	$2.92	$9,261.84	$12.00			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2016 and 1/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	1,064	$29,681.83	$83,440.83	$2,926.00	$86,366.83
002	CIRCUIT COURT	4	$124.14	$19.23	$11.00	$30.23
003	HRA	32	$1,378.87	$2,038.27	$88.00	$2,126.27
004	RETIREES > 65	6	$59.22	$58.73	$16.50	$75.23
005	RETIREES < 65	354	$8,414.43	$18,451.82	$973.50	$19,425.32
006	ACTIVE OTHER	50	$2,187.39	$5,195.06	$137.50	$5,332.56
008	LINE OF DUTY MEMBERS	5	$231.55	$264.81	$13.75	$278.56
098	COBRA	20	$221.43	$87.92	$55.00	$142.92
Grand Total		1,535	$42,298.86	$109,556.67	$4,221.25	$113,777.92

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2016 and 1/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	698	$17,851.26	$51,821.67	$1,919.50	$53,741.17
03	FOOD SERVICE $1500	25	$420.54	$678.33	$68.75	$747.08
05	RETIREE $1500	23	$576.35	$465.20	$63.25	$528.45
09	BOTH WORK $1500	38	$929.39	$2,188.91	$104.50	$2,293.41
11	LAUREL $750	12	$261.75	$210.22	$33.00	$243.22
12	LAUREL $1500	23	$557.35	$450.47	$63.25	$513.72
13	LAUREL $750 RETIREE	4	$131.36	$19.52	$11.00	$30.52
15	GOVERNOR'S $750	1	$13.06	$0.00	$2.75	$2.75
16	GOVENOR'S $1500	4	$500.00	$2,695.28	$11.00	$2,706.28
20	STEM ACADEMY $750	5	$92.80	$66.09	$13.75	$79.84
21	MONTHLY $750	588	$16,864.31	$60,581.54	$1,617.00	$62,198.54
23	FOOD SERVICE $750	16	$299.22	$234.30	$44.00	$278.30
25	RETIREE $750	106	$3,104.55	$13,599.92	$291.50	$13,891.42
29	BOTH WORK $750	18	$644.34	$919.12	$49.50	$968.62
92	COBRA $750	2	$34.73	$25.31	$5.50	$30.81
98	COBRA $1500	6	$117.18	$315.77	$16.50	$332.27
Grand Total		1,569	$42,398.19	$134,271.65	$4,314.75	$138,586.40

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	238	6	1,239	1,483	
% of All Claims	16.05%	0.40%	83.55%	100.00%	
Retail from Pharmacy w/o Script Care	$202,102.29	$5,947.71	$151,953.74	$360,003.74	$242.75
Actual Drug Cost	$150,128.36	$3,451.55	$33,821.19	$187,401.10	$126.37
Pharmacy Fees	$229.50	$3.25	$1,201.00	$1,433.75	$0.97
Prescription Price w/ Script Care	$150,357.86	$3,454.80	$35,022.19	$188,834.85	$127.33
Savings through your Script Care Plan	**$51,744.43**	**$2,492.91**	**$116,931.55**	**$171,168.89**	**$115.42**
% Saved over Retail	**25.60%**	**41.91%**	**76.95%**	**47.55%**	
Copay	$21,449.11	$848.49	$20,647.50	$42,945.10	$28.96
% of Total Drug Cost	14.27%	24.56%	58.96%	22.74%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$128,908.75**	**$2,606.31**	**$14,374.69**	**$145,889.75**	**$98.37**
Total Plan Cost/Claim	**$541.63**	**$434.39**	**$11.60**	**$98.37**	
Cost/Per Cardholder Per Month	**$90.21**	**$1.82**	**$10.06**	**$102.09**	
Cost/Per Member Per Month	**$48.44**	**$0.98**	**$5.40**	**$54.83**	
Rx/Per Cardholder Per Month	**0.17**	**0.00**	**0.87**	**1.04**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.47**	**0.56**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,429.0	1,232.0	2,661.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	251	12	1,330	1,593	
% of All Claims	15.76%	0.75%	83.49%	100.00%	
Retail from Pharmacy w/o Script Care	$127,976.85	$3,514.17	$167,116.05	$298,607.07	$187.45
Actual Drug Cost	$99,170.14	$2,646.42	$39,892.86	$141,709.42	$88.96
Pharmacy Fees	$234.00	$5.75	$1,255.50	$1,495.25	$0.94
Prescription Price w/ Script Care	$99,404.14	$2,652.17	$41,148.36	$143,204.67	$89.90
Savings through your Script Care Plan	**$28,572.71**	**$862.00**	**$125,967.69**	**$155,402.40**	**$97.55**
% Saved over Retail	**22.33%**	**24.53%**	**75.38%**	**52.04%**	
Copay	$17,574.55	$2,400.82	$20,099.16	$40,074.53	$25.16
% of Total Drug Cost	17.68%	90.52%	48.85%	27.98%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$81,829.59**	**$251.35**	**$21,049.20**	**$103,130.14**	**$64.74**
Total Plan Cost/Claim	**$326.01**	**$20.95**	**$15.83**	**$64.74**	
Cost/Per Cardholder Per Month	**$57.55**	**$0.18**	**$14.80**	**$72.52**	
Cost/Per Member Per Month	**$33.88**	**$0.10**	**$8.72**	**$42.70**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.94**	**1.12**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.55**	**0.66**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,422.0	993.0	2,415.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	489	18	2,569	3,076	
% of All Claims	15.90%	0.59%	83.52%	100.00%	
Retail from Pharmacy w/o Script Care	$330,079.14	$9,461.88	$319,069.79	$658,610.81	$214.11
Actual Drug Cost	$249,298.50	$6,097.97	$73,714.05	$329,110.52	$106.99
Pharmacy Fees	$463.50	$9.00	$2,456.50	$2,929.00	$0.95
Prescription Price w/ Script Care	$249,762.00	$6,106.97	$76,170.55	$332,039.52	$107.95
Savings through your Script Care Plan	**$80,317.14**	**$3,354.91**	**$242,899.24**	**$326,571.29**	**$106.17**
% Saved over Retail	**24.33%**	**35.46%**	**76.13%**	**49.58%**	
Copay	$39,023.66	$3,249.31	$40,746.66	$83,019.63	$26.99
% of Total Drug Cost	15.62%	53.21%	53.49%	25.00%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$210,738.34**	**$2,857.66**	**$35,423.89**	**$249,019.89**	**$80.96**
Total Plan Cost/Claim	**$430.96**	**$158.76**	**$13.79**	**$80.96**	
Cost/Per Cardholder Per Month	**$73.92**	**$1.00**	**$12.43**	**$87.34**	
Cost/Per Member Per Month	**$41.52**	**$0.56**	**$6.98**	**$49.06**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.90**	**1.08**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.51**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,851.0	2,225.0	5,076.0

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	190	2	972	1,164	
% of Retail Claims	16.32%	0.17%	83.51%	100.00%	
Prescription Price w/ Script Care	$100,480.10	$69.09	$20,363.11	$120,912.30	$103.88
Copay	$12,548.94	$68.67	$12,175.58	$24,793.19	$21.30
% of Total Drug Cost	12.49%	99.39%	59.79%	20.51%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$87,931.16	$0.42	$8,187.53	$96,119.11	$82.58
Employer Cost Per Claim	**$462.80**	**$0.21**	**$8.42**	**$82.58**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	48	4	267	319	
% of MO Claims	15.05%	1.25%	83.70%	100.00%	
Prescription Price w/ Script Care	$49,877.76	$3,385.71	$14,659.08	$67,922.55	$212.92
Copay	$8,900.17	$779.82	$8,471.92	$18,151.91	$56.90
% of Total Drug Cost	17.84%	23.03%	57.79%	26.72%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$40,977.59	$2,605.89	$6,187.16	$49,770.64	$156.02
Employer Cost Per Claim	**$853.70**	**$651.47**	**$23.17**	**$156.02**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	238	6	1,239	1,483	
% of All Claims	16.05%	0.40%	83.55%	100.00%	
Prescription Price w/ Script Care	$150,357.86	$3,454.80	$35,022.19	$188,834.85	$127.33
Copay	$21,449.11	$848.49	$20,647.50	$42,945.10	$28.96
% of Total Drug Cost	14.27%	24.56%	58.96%	22.74%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$128,908.75	$2,606.31	$14,374.69	$145,889.75	$98.37
Employer Cost Per Claim	**$541.63**	**$434.39**	**$11.60**	**$98.37**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	201	4	1,019	1,224	
% of Retail Claims	16.42%	0.33%	83.25%	100.00%	
Prescription Price w/ Script Care	$65,226.55	$1,062.19	$25,338.93	$91,627.67	$74.86
Copay	$10,008.28	$885.05	$12,215.24	$23,108.57	$18.88
% of Total Drug Cost	15.34%	83.32%	48.21%	25.22%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$55,218.27	$177.14	$13,123.69	$68,519.10	$55.98
Employer Cost Per Claim	**$274.72**	**$44.29**	**$12.88**	**$55.98**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	50	8	311	369	
% of MO Claims	13.55%	2.17%	84.28%	100.00%	
Prescription Price w/ Script Care	$34,177.59	$1,589.98	$15,809.43	$51,577.00	$139.78
Copay	$7,566.27	$1,515.77	$7,883.92	$16,965.96	$45.98
% of Total Drug Cost	22.14%	95.33%	49.87%	32.89%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$26,611.32	$74.21	$7,925.51	$34,611.04	$93.80
Employer Cost Per Claim	**$532.23**	**$9.28**	**$25.48**	**$93.80**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	251	12	1,330	1,593	
% of All Claims	15.76%	0.75%	83.49%	100.00%	
Prescription Price w/ Script Care	$99,404.14	$2,652.17	$41,148.36	$143,204.67	$89.90
Copay	$17,574.55	$2,400.82	$20,099.16	$40,074.53	$25.16
% of Total Drug Cost	17.68%	90.52%	48.85%	27.98%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$81,829.59	$251.35	$21,049.20	$103,130.14	$64.74
Employer Cost Per Claim	**$326.01**	**$20.95**	**$15.83**	**$64.74**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	391	6	1,991	2,388	
% of Retail Claims	16.37%	0.25%	83.38%	100.00%	
Prescription Price w/ Script Care	$165,706.65	$1,131.28	$45,702.04	$212,539.97	$89.00
Copay	$22,557.22	$953.72	$24,390.82	$47,901.76	$20.06
% of Total Drug Cost	13.61%	84.30%	53.37%	22.54%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$143,149.43	$177.56	$21,311.22	$164,638.21	$68.94
Employer Cost Per Claim	**$366.11**	**$29.59**	**$10.70**	**$68.94**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	98	12	578	688	
% of MO Claims	14.24%	1.74%	84.01%	100.00%	
Prescription Price w/ Script Care	$84,055.35	$4,975.69	$30,468.51	$119,499.55	$173.69
Copay	$16,466.44	$2,295.59	$16,355.84	$35,117.87	$51.04
% of Total Drug Cost	19.59%	46.14%	53.68%	29.39%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$67,588.91	$2,680.10	$14,112.67	$84,381.68	$122.65
Employer Cost Per Claim	**$689.68**	**$223.34**	**$24.42**	**$122.65**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	489	18	2,569	3,076	
% of All Claims	15.90%	0.59%	83.52%	100.00%	
Prescription Price w/ Script Care	$249,762.00	$6,106.97	$76,170.55	$332,039.52	$107.95
Copay	$39,023.66	$3,249.31	$40,746.66	$83,019.63	$26.99
% of Total Drug Cost	15.62%	53.21%	53.49%	25.00%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$210,738.34	$2,857.66	$35,423.89	$249,019.89	$80.96
Employer Cost Per Claim	**$430.96**	**$158.76**	**$13.79**	**$80.96**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,483		5 **		18 **	
% of All Claims	100.00%		0.34%		1.21%	
Retail from Pharmacy w/o Script Care	$360,003.74	$242.75	$36,041.75	$7,208.35	$78,562.82	$4,364.60
Actual Drug Cost	$187,401.10	$126.37	$30,619.98	$6,124.00	$52,925.14	$2,940.29
Pharmacy Fees	$1,433.75	$0.97	$3.25	$0.65	$36.00	$2.00
Prescription Price w/ Script Care	$188,834.85	$127.33	$30,623.23	$6,124.65	$52,961.14	$2,942.29
Savings through your Script Care Plan	**$171,168.89**	**$115.42**	**$5,418.52**	**$1,083.70**	**$25,601.68**	**$1,422.32**
% Saved over Retail	**47.55%**		**15.03%**		**32.59%**	
Copay	$42,945.10	$28.96	$500.00	$100.00	$1,590.23	$88.35
% of Total Drug Cost	22.74%		1.63%		3.00%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$145,889.75**	**$98.37**	**$30,123.23**	**$6,024.65**	**$51,370.91**	**$2,853.94**
% of Total Cost	**100.00%**		**20.65%**		**35.21%**	
Total Plan Cost/Claim	**$98.37**		**$6,024.65**		**$2,853.94**	
Cost/Per Cardholder Per Month	**$102.09**		**$21.08**		**$35.95**	
Cost/Per Member Per Month	**$54.83**		**$11.32**		**$19.31**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,429.0	1,232.0	2,661.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,593		1 **		11 **	
% of All Claims	100.00%		0.06%		0.69%	
Retail from Pharmacy w/o Script Care	$298,607.07	$187.45	$12,133.00	$12,133.00	$49,512.49	$4,501.14
Actual Drug Cost	$141,709.42	$88.96	$10,559.35	$10,559.35	$34,920.68	$3,174.61
Pharmacy Fees	$1,495.25	$0.94	$0.00	$0.00	$22.00	$2.00
Prescription Price w/ Script Care	$143,204.67	$89.90	$10,559.35	$10,559.35	$34,942.68	$3,176.61
Savings through your Script Care Plan	**$155,402.40**	**$97.55**	**$1,573.65**	**$1,573.65**	**$14,569.81**	**$1,324.53**
% Saved over Retail	**52.04%**		**12.97%**		**29.43%**	
Copay	$40,074.53	$25.16	$100.00	$100.00	$950.00	$86.36
% of Total Drug Cost	27.98%		0.95%		2.72%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$103,130.14**	**$64.74**	**$10,459.35**	**$10,459.35**	**$33,992.68**	**$3,090.24**
% of Total Cost	**100.00%**		**10.14%**		**32.96%**	
Total Plan Cost/Claim	**$64.74**		**$10,459.35**		**$3,090.24**	
Cost/Per Cardholder Per Month	**$72.52**		**$7.36**		**$23.90**	
Cost/Per Member Per Month	**$42.70**		**$4.33**		**$14.08**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,422.0	993.0	2,415.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	3,076		6 **		29 **	
% of All Claims	100.00%		0.20%		0.94%	
Retail from Pharmacy w/o Script Care	$658,610.81	$214.11	$48,174.75	$8,029.13	$128,075.31	$4,416.39
Actual Drug Cost	$329,110.52	$106.99	$41,179.33	$6,863.22	$87,845.82	$3,029.17
Pharmacy Fees	$2,929.00	$0.95	$3.25	$0.54	$58.00	$2.00
Prescription Price w/ Script Care	$332,039.52	$107.95	$41,182.58	$6,863.76	$87,903.82	$3,031.17
Savings through your Script Care Plan	**$326,571.29**	**$106.17**	**$6,992.17**	**$1,165.36**	**$40,171.49**	**$1,385.22**
% Saved over Retail	**49.58%**		**14.51%**		**31.37%**	
Copay	$83,019.63	$26.99	$600.00	$100.00	$2,540.23	$87.59
% of Total Drug Cost	25.00%		1.46%		2.89%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$249,019.89**	**$80.96**	**$40,582.58**	**$6,763.76**	**$85,363.59**	**$2,943.57**
% of Total Cost	**100.00%**		**16.30%**		**34.28%**	
Total Plan Cost/Claim	**$80.96**		**$6,763.76**		**$2,943.57**	
Cost/Per Cardholder Per Month	**$87.34**		**$14.23**		**$29.94**	
Cost/Per Member Per Month	**$49.06**		**$7.99**		**$16.82**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,851.0	2,225.0	5,076.0

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **2/29/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,423.0	1,429.0											1,426.0
Dependents	1,226.0	1,232.0											1,229.0
Utilizing Cardholders	623.0	612.0											824.0
Utilization %	43.78%	42.83%											57.78%
Claim Summary													
All	1,535	1,483											3,018
Avg Per Cardholder	1.08	1.04											2.12
Avg Per Member	0.58	0.56											1.14
Brand	226	238											464
Generic	1,296	1,239											2,535
Brand w/Generic	13	6											19
Generic % of All	84.43%	83.55%											84.00%
Mail Order	383	317											700
Mail Order % of All	24.95%	21.38%											23.19%
Claim Cost													
Submitted Cost	$334,150	$360,004											$694,154
Script Care Cost	$151,856	$188,835											$340,690
Savings	$182,294	$171,169											$353,463
Tax	$0	$0											$0
Total	$151,856	$188,835											$340,690
Average Claim Cost	$98.93	$127.33											$112.89
Average Brand Cost	$505.01	$631.76											$570.02
Average Generic Cost	$27.80	$28.27											$28.03
Average Br w/Gen Cost	$130.88	$575.80											$271.38
Member Cost													
Total Copay	$42,299	$42,945											$85,244
Average Claim Copay	$27.56	$28.96											$28.25
Average Brand Copay	$89.16	$90.12											$89.65
Average Generic Copay	$16.75	$16.66											$16.71
Average Br w/Gen Copay	$33.99	$141.42											$67.91
Copay % of Total Cost	27.85%	22.74%											25.02%
Plan Cost													
Plan Cost	$109,557	$145,890											$255,446
Average Claim Cost	$71.37	$98.37											$84.64
Average Brand Cost	$415.85	$541.63											$480.37
Average Generic Cost	$11.05	$11.60											$11.32
Average Br w/Gen Cost	$96.89	$434.39											$203.47
Plan Cost % of Total Cost	72.15%	77.26%											74.98%
Plan Cost Per Cardholder	$76.99	$102.09											$179.13
Plan Cost Per Member	$41.36	$54.83											$96.21
Cardholders > $500	50	46											98
Cardholders > 5 Claims	40	46											170

Top 10 Drugs by Plan Cost

ENBREL	CEREZYME		ENBREL SRCLK
HUMIRA PEN	NBREL SRCLK		CEREZYME
XOLAIR	VONEX PREFL		ENBREL
VONEX PREFL	HUMIRA PEN		XOLAIR
AUBAGIO	NBREL SRCLK		AVONEX PREFL
OXYCONTIN	ENBREL		HUMIRA PEN
NBREL SRCLK	AUBAGIO		HUMIRA PEN
VICTOZA	XOLAIR		AUBAGIO
LANTUS	ATRIPLA		CRESTOR
ADCIRCA	LEVEMIR		LANTUS

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **2/29/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,418.0	1,422.0											1,420.0
Dependents	987.0	993.0											990.0
Utilizing Cardholders	634.0	651.0											850.0
Utilization %	44.71%	45.78%											59.86%
Claim Summary													
All	1,569	1,593											3,162
Avg Per Cardholder	1.11	1.12											2.23
Avg Per Member	0.65	0.66											1.31
Brand	244	251											495
Generic	1,317	1,330											2,647
Brand w/Generic	8	12											20
Generic % of All	83.94%	83.49%											83.71%
Mail Order	393	368											761
Mail Order % of All	25.05%	23.10%											24.07%
Claim Cost													
Submitted Cost	$364,064	$298,607											$662,671
Script Care Cost	$176,670	$143,205											$319,875
Savings	$187,394	$155,402											$342,797
Tax	$0	$0											$0
Total	$176,670	$143,205											$319,875
Average Claim Cost	$112.60	$89.90											$101.16
Average Brand Cost	$554.18	$396.03											$473.99
Average Generic Cost	$30.73	$30.94											$30.84
Average Br w/Gen Cost	$121.73	$221.01											$181.30
Member Cost													
Total Copay	$42,398	$40,075											$82,473
Average Claim Copay	$27.02	$25.16											$26.08
Average Brand Copay	$88.84	$70.02											$79.29
Average Generic Copay	$15.25	$15.11											$15.18
Average Br w/Gen Copay	$79.55	$200.07											$151.86
Copay % of Total Cost	24.00%	27.98%											25.78%
Plan Cost													
Plan Cost	$134,272	$103,130											$237,402
Average Claim Cost	$85.58	$64.74											$75.08
Average Brand Cost	$465.34	$326.01											$394.69
Average Generic Cost	$15.48	$15.83											$15.66
Average Br w/Gen Cost	$42.17	$20.95											$29.44
Plan Cost % of Total Cost	76.00%	72.02%											74.22%
Plan Cost Per Cardholder	$94.69	$72.52											$167.18
Plan Cost Per Member	$55.83	$42.70											$98.51
Cardholders > $500	56	47											100
Cardholders > 5 Claims	45	45											160

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	HUMIRA PEN
IBRANCE	IBRANCE	IBRANCE
LEVEMIR	NBREL SRCLK	CAPECITABINE
XOLAIR	LANTUS	LEVEMIR
VONEX PREFL	XELJANZ	LANTUS
CAPECITABINE	ETHYLPHENID	XELJANZ
ORENCIA	CAPECITABINE	XOLAIR
HUMIRA PEN	MOZOLOMIDE	AVONEX PREFL
LYRICA	RIPIPRAZOLE	TRIUMEQ
ASACOL HD	TRIUMEQ	SOLODYN

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **2/29/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	2,841.0	2,851.0											2,846.0
Dependents	2,213.0	2,225.0											2,219.0
Utilizing Cardholders	1,257.0	1,263.0											1,674.0
Utilization %	44.24%	44.30%											58.82%
Claim Summary													
All	3,104	3,076											6,180
Avg Per Cardholder	1.09	1.08											2.17
Avg Per Member	0.61	0.61											1.22
Brand	470	489											959
Generic	2,613	2,569											5,182
Brand w/Generic	21	18											39
Generic % of All	84.18%	83.52%											83.85%
Mail Order	776	685											1,461
Mail Order % of All	25.00%	22.27%											23.64%
Claim Cost													
Submitted Cost	$698,214	$658,611											$1,356,825
Script Care Cost	$328,525	$332,040											$660,565
Savings	$369,689	$326,571											$696,260
Tax	$0	$0											$0
Total	$328,525	$332,040											$660,565
Average Claim Cost	$105.84	$107.95											$106.89
Average Brand Cost	$530.54	$510.76											$520.45
Average Generic Cost	$29.28	$29.65											$29.46
Average Br w/Gen Cost	$127.39	$339.28											$225.19
Member Cost													
Total Copay	$84,697	$83,020											$167,717
Average Claim Copay	$27.29	$26.99											$27.14
Average Brand Copay	$88.99	$79.80											$84.31
Average Generic Copay	$15.99	$15.86											$15.93
Average Br w/Gen Copay	$51.35	$180.52											$110.96
Copay % of Total Cost	25.78%	25.00%											25.39%
Plan Cost													
Plan Cost	$243,828	$249,020											$492,848
Average Claim Cost	$78.55	$80.96											$79.75
Average Brand Cost	$441.55	$430.96											$436.15
Average Generic Cost	$13.28	$13.79											$13.53
Average Br w/Gen Cost	$76.05	$158.76											$114.22
Plan Cost % of Total Cost	74.22%	75.00%											74.61%
Plan Cost Per Cardholder	$85.82	$87.34											$173.17
Plan Cost Per Member	$48.24	$49.06											$97.30
Cardholders > $500	106	93											198
Cardholders > 5 Claims	85	91											330

Top 10 Drugs by Plan Cost

HUMIRA PEN	NBREL SRCLK	HUMIRA PEN
XOLAIR	HUMIRA PEN	ENBREL SRCLK
VONEX PREFL	CEREZYME	AVONEX PREFL
IBRANCE	VONEX PREFL	IBRANCE
ENBREL	IBRANCE	CEREZYME
HUMIRA PEN	HUMIRA PEN	XOLAIR
LEVEMIR	ENBREL	ENBREL
LANTUS	AUBAGIO	LEVEMIR
OXYCONTIN	XOLAIR	LANTUS
AUBAGIO	ATRIPLA	CRESTOR

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	396	$2,335	$90	$2,245	$5.67	96.2%
$10.00 to $24.99	509	$7,597	$417	$7,180	$14.11	94.5%
$25.00 to $49.99	208	$6,546	$1,936	$4,610	$22.16	70.4%
$50.00 to $74.99	89	$4,621	$2,370	$2,251	$25.29	48.7%
$75.00 to $99.99	33	$2,458	$1,374	$1,085	$32.87	44.1%
$100.00 to $199.99	71	$8,413	$5,382	$3,031	$42.68	36.0%
$200.00 to $299.99	48	$10,167	$6,230	$3,937	$82.03	38.7%
$300.00 to $399.99	35	$10,744	$7,301	$3,443	$98.37	32.0%
$400.00 to $499.99	22	$7,268	$5,510	$1,758	$79.91	24.2%
$500.00 to $599.99	6	$3,249	$2,414	$835	$139.20	25.7%
$600.00 to $699.99	19	$11,321	$7,229	$4,092	$215.36	36.1%
$700.00 to $799.99	8	$5,871	$4,293	$1,579	$197.32	26.9%
$800.00 to $899.99	3	$2,490	$1,790	$700	$233.33	28.1%
$900.00 to $999.99	3	$2,841	$2,141	$700	$233.33	24.6%
$1000.00 to $1099.99	5	$5,253	$3,953	$1,300	$260.00	24.7%
$1100.00 to $1199.99						
$1200.00 to $1299.99						
$1300.00 or more	28	$97,659	$93,459	$4,200	$150.00	4.3%
Total	1,483	$188,835	$145,890	$42,945	$28.96	22.7%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	477	$11,605	$5,199	$6,406	$13.43	55.2%
16-34 days	655	$122,418	$106,575	$15,843	$24.19	12.9%
35-60 days	3	$967	$580	$387	$128.96	40.0%
61-83 days						
84-90 days	345	$53,492	$33,213	$20,279	$58.78	37.9%
91-120 days						
121-180 days						
181 or more days	3	$353	$323	$29	$9.83	8.4%
Total	1,483	$188,835	$145,890	$42,945	$28.96	22.7%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	102	$3,356	$1,402	$1,954	$19.16	58.2%
13-18 Years	39	$4,300	$3,124	$1,176	$30.15	27.3%
19-30 Years	158	$11,224	$8,506	$2,719	$17.21	24.2%
31-45 Years	307	$27,866	$21,068	$6,798	$22.14	24.4%
46-49 Years	140	$17,884	$14,632	$3,251	$23.22	18.2%
50-59 Years	426	$76,786	$62,839	$13,947	$32.74	18.2%
60-64 Years	265	$43,242	$32,001	$11,240	$42.42	26.0%
65 and Over	46	$4,177	$2,317	$1,859	$40.42	44.5%
Total	1,483	$188,835	$145,890	$42,945	$28.96	22.7%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	446	$2,574	$63	$2,511	$5.63	97.5%
$10.00 to $24.99	553	$7,917	$425	$7,492	$13.55	94.6%
$25.00 to $49.99	212	$6,875	$2,203	$4,671	$22.03	68.0%
$50.00 to $74.99	77	$4,137	$1,926	$2,211	$28.71	53.4%
$75.00 to $99.99	45	$2,999	$1,422	$1,578	$35.06	52.6%
$100.00 to $199.99	86	$9,188	$6,010	$3,178	$36.95	34.6%
$200.00 to $299.99	47	$9,575	$6,065	$3,510	$74.68	36.7%
$300.00 to $399.99	37	$9,217	$6,328	$2,889	$78.07	31.3%
$400.00 to $499.99	18	$3,666	$2,303	$1,362	$75.68	37.2%
$500.00 to $599.99	11	$6,040	$4,349	$1,691	$153.75	28.0%
$600.00 to $699.99	17	$9,962	$6,834	$3,128	$184.01	31.4%
$700.00 to $799.99	8	$4,331	$3,178	$1,153	$144.12	26.6%
$800.00 to $899.99	10	$6,668	$5,743	$925	$92.50	13.9%
$900.00 to $999.99	6	$5,582	$4,332	$1,250	$208.33	22.4%
$1000.00 to $1099.99	5	$5,266	$4,366	$900	$180.00	17.1%
$1100.00 to $1199.99						
$1200.00 to $1299.99						
$1300.00 or more	15	$49,208	$47,583	$1,625	$108.33	3.3%
Total	1,593	$143,205	$103,130	$40,075	$25.16	28.0%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	516	$12,287	$5,578	$6,709	$13.00	54.6%
16-34 days	678	$87,152	$71,650	$15,501	$22.86	17.8%
35-60 days	4	$73	($16)	$89	$22.30	122.3%
61-83 days						
84-90 days	393	$43,384	$25,609	$17,775	$45.23	41.0%
91-120 days	2	$309	$309	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	1,593	$143,205	$103,130	$40,075	$25.16	28.0%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	73	$6,878	$5,001	$1,877	$25.72	27.3%
13-18 Years	33	$5,085	$3,723	$1,362	$41.26	26.8%
19-30 Years	174	$18,362	$13,511	$4,852	$27.88	26.4%
31-45 Years	407	$24,712	$16,671	$8,041	$19.76	32.5%
46-49 Years	101	$9,122	$8,200	$921	$9.12	10.1%
50-59 Years	442	$41,830	$29,997	$11,833	$26.77	28.3%
60-64 Years	250	$26,679	$18,954	$7,725	$30.90	29.0%
65 and Over	113	$10,537	$7,074	$3,463	$30.65	32.9%
Total	1,593	$143,205	$103,130	$40,075	$25.16	28.0%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	842	$4,909	$153	$4,756	$5.65	96.9%
$10.00 to $24.99	1,062	$15,514	$842	$14,672	$13.82	94.6%
$25.00 to $49.99	420	$13,420	$4,139	$9,281	$22.10	69.2%
$50.00 to $74.99	166	$8,758	$4,296	$4,462	$26.88	50.9%
$75.00 to $99.99	78	$5,458	$2,795	$2,663	$34.14	48.8%
$100.00 to $199.99	157	$17,601	$11,393	$6,209	$39.54	35.3%
$200.00 to $299.99	95	$19,743	$12,295	$7,447	$78.39	37.7%
$300.00 to $399.99	72	$19,961	$13,630	$6,332	$87.94	31.7%
$400.00 to $499.99	40	$10,934	$7,814	$3,120	$78.01	28.5%
$500.00 to $599.99	17	$9,289	$6,762	$2,526	$148.61	27.2%
$600.00 to $699.99	36	$21,283	$14,063	$7,220	$200.56	33.9%
$700.00 to $799.99	16	$10,202	$7,471	$2,731	$170.72	26.8%
$800.00 to $899.99	13	$9,158	$7,533	$1,625	$125.00	17.7%
$900.00 to $999.99	9	$8,423	$6,473	$1,950	$216.67	23.2%
$1000.00 to $1099.99	10	$10,520	$8,320	$2,200	$220.00	20.9%
$1100.00 to $1199.99						
$1200.00 to $1299.99						
$1300.00 or more	43	$146,867	$141,042	$5,825	$135.47	4.0%
Total	3,076	$332,040	$249,020	$83,020	$26.99	25.0%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	993	$23,892	$10,777	$13,115	$13.21	54.9%
16-34 days	1,333	$209,570	$178,225	$31,345	$23.51	15.0%
35-60 days	7	$1,040	$564	$476	$68.01	45.8%
61-83 days						
84-90 days	738	$96,876	$58,822	$38,054	$51.56	39.3%
91-120 days	2	$309	$309	$0	$0.00	0.0%
121-180 days						
181 or more days	3	$353	$323	$29	$9.83	8.4%
Total	3,076	$332,040	$249,020	$83,020	$26.99	25.0%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	175	$10,234	$6,403	$3,832	$21.89	37.4%
13-18 Years	72	$9,385	$6,847	$2,538	$35.24	27.0%
19-30 Years	332	$29,587	$22,016	$7,571	$22.80	25.6%
31-45 Years	714	$52,577	$37,738	$14,839	$20.78	28.2%
46-49 Years	241	$27,005	$22,832	$4,173	$17.31	15.5%
50-59 Years	868	$118,616	$92,836	$25,780	$29.70	21.7%
60-64 Years	515	$69,921	$50,955	$18,965	$36.83	27.1%
65 and Over	159	$14,713	$9,391	$5,322	$33.47	36.2%
Total	3,076	$332,040	$249,020	$83,020	$26.99	25.0%

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 2/1/2016 and 2/29/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	39	$32,901.55	$1,268.80
82	Hematopoitic Agents	2	$17,767.73	$110.73
62	Misc. Psychotherapeutic and Neurological Agents	3	$16,618.20	$300.00
27	Antidiabetic	64	$14,744.27	$5,517.46
44	Antiasthmatic	61	$9,922.38	$2,766.35
12	Antiviral	29	$5,632.22	$1,120.78
90	Dermatological	47	$4,260.92	$1,357.34
61	Stimulants/Anti-Obesity Anorexiants	28	$4,005.63	$2,205.56
40	Misc. Cardiovascular	8	$3,917.67	$805.96
59	Antipsychotics	8	$3,555.95	$754.78
25	Contraceptives	53	$3,529.16	$0.00
39	Antihyperlipidemic	93	$3,372.45	$3,712.01
49	Ulcer Drugs	51	$2,293.81	$1,785.67
52	Misc. GI	11	$2,160.75	$792.49
38	Pressors	6	$1,760.80	$400.00
21	Antineoplastics	7	$1,661.59	$407.81
99	Assorted Classes	5	$1,559.55	$441.29
72	Anticonvulsant	48	$1,556.77	$1,588.02
36	Antihypertensive	78	$1,550.23	$2,209.15
26	Progestins	6	$1,393.14	$363.86
04	Tetracyclines	20	$1,362.58	$463.16
65	Analgesics-Narcotic	88	$1,004.65	$1,278.23
42	Systemic And Topical Nasal Products	21	$943.19	$853.11
86	Ophthalmic	21	$854.81	$668.08
68	Gout	7	$809.89	$559.96
24	Estrogens	5	$699.58	$476.37
46	Laxatives	12	$593.01	$51.76
94	Diagnostic Products	6	$559.52	$330.22
58	Antidepressants	106	$484.17	$1,436.56
83	Anticoagulants	5	$481.82	$293.35
13	Antimalarial	4	$458.27	$324.41
50	Antiemetics	17	$412.36	$298.11
55	Vaginal Products	4	$340.85	$237.50
37	Diuretics	21	$340.08	$390.52
02	Cephalosporins	32	$324.82	$566.72
85	Misc. Hematological	3	$261.98	$142.90
33	Beta Blockers	33	$246.49	$736.34

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 2/1/2016 and 2/29/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
54	Urinary Antispasmodics	2	$238.14	$173.58
75	Musculoskeletal Therapy Agents	23	$222.58	$363.76
43	Cough/Cold/Allergy	31	$166.52	$378.26
64	Analgesics-Non Narcotic	6	$136.47	$126.53
56	Miscellaneous Genitourinary Products	10	$106.25	$244.87
01	Penicillins	65	$80.91	$731.65
22	Corticosteroids	44	$73.54	$446.86
03	Macrolide Antibiotics	36	$69.64	$451.47
89	Anorectal	4	$63.40	$42.27
88	Mouth and Throat (Local)	4	$58.24	$57.31
84	Hemostatics	1	$57.90	$38.60
34	Calcium Blockers	18	$57.11	$342.81
60	Hypnotics	9	$44.38	$124.27
41	Antihistamines	13	$43.49	$189.90
67	Migraine Products	7	$41.39	$184.45
11	Antifunguals	14	$39.68	$148.93
53	Urinary Anti-Infectives	2	$30.62	$80.00
87	Otic	2	$18.98	$40.00
16	Misc. Anti-Infectives	19	$16.21	$221.85
97	Medical Devices	4	$6.80	$43.46
32	Antianginal Agents	1	$5.75	$20.00
73	Antiparkinsonian	2	$1.80	$40.48
28	Thyroid	32	$0.42	$638.32
79	Minerals and Electrolytes	7	$0.00	$99.30
47	Antidiarrheals	1	$0.00	$13.74
05	Fluoroquinolones	13	$0.00	$123.26
35	Antiarrhythmic	1	$0.00	$52.76
30	Misc. Endocrine	2	$0.00	$26.33
57	Antianxiety Agents	58	($33.31)	$484.72
Grand Total		1,483	$145,889.75	$42,945.10

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 2/1/2016 and 2/29/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	46	$25,499.30	$1,247.48
21	Antineoplastics	15	$16,179.68	$487.43
27	Antidiabetic	47	$8,551.83	$3,081.34
61	Stimulants/Anti-Obesity Anorexiants	37	$5,589.51	$3,746.26
39	Antihyperlipidemic	90	$4,905.14	$3,843.34
90	Dermatological	69	$4,856.68	$2,126.17
44	Antiasthmatic	53	$4,064.51	$2,632.86
25	Contraceptives	58	$3,471.01	$116.72
12	Antiviral	26	$2,862.96	$708.72
65	Analgesics-Narcotic	103	$2,425.63	$1,533.97
59	Antipsychotics	7	$2,346.77	$224.28
04	Tetracyclines	16	$2,187.70	$513.96
52	Misc. GI	6	$1,950.83	$428.00
23	Androgen-Anabolic	4	$1,851.61	$425.00
83	Anticoagulants	9	$1,733.05	$594.16
68	Gout	12	$1,344.96	$473.60
55	Vaginal Products	7	$1,125.75	$705.49
58	Antidepressants	125	$1,120.21	$2,718.10
86	Ophthalmic	24	$1,012.69	$647.45
30	Misc. Endocrine	2	$948.18	$117.40
38	Pressors	2	$883.58	$200.00
62	Misc. Psychotherapeutic and Neurological Agents	4	$847.06	$297.27
72	Anticonvulsant	51	$816.26	$1,325.15
49	Ulcer Drugs	40	$661.96	$636.87
42	Systemic And Topical Nasal Products	14	$606.37	$539.80
40	Misc. Cardiovascular	8	$600.12	$416.44
85	Misc. Hematological	5	$568.21	$201.55
46	Laxatives	19	$515.61	$176.81
54	Urinary Antispasmodics	5	$455.39	$340.00
36	Antihypertensive	83	$325.26	$1,221.41
24	Estrogens	9	$309.59	$246.70
17	Vaccines	1	$255.99	$0.00
02	Cephalosporins	26	$253.28	$430.31
60	Hypnotics	17	$237.13	$295.10
13	Antimalarial	2	$215.20	$141.98
43	Cough/Cold/Allergy	47	$199.58	$541.83
67	Migraine Products	15	$173.15	$217.07

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 2/1/2016 and 2/29/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
03	Macrolide Antibiotics	39	$170.85	$471.24
37	Diuretics	48	$136.95	$529.26
75	Musculoskeletal Therapy Agents	24	$121.60	$247.86
50	Antiemetics	15	$109.22	$225.43
94	Diagnostic Products	5	$99.70	$116.68
33	Beta Blockers	26	$98.59	$357.52
79	Minerals and Electrolytes	8	$74.84	$268.22
01	Penicillins	78	$72.27	$899.18
64	Analgesics-Non Narcotic	6	$65.62	$100.00
05	Fluoroquinolones	19	$55.25	$182.98
22	Corticosteroids	43	$48.65	$441.47
99	Assorted Classes	2	$32.18	$35.57
53	Urinary Anti-Infectives	3	$19.98	$60.00
88	Mouth and Throat (Local)	9	$19.27	$118.32
34	Calcium Blockers	30	$17.22	$424.56
56	Miscellaneous Genitourinary Products	5	$13.06	$98.50
28	Thyroid	31	$8.76	$1,099.53
11	Antifunguals	15	$7.80	$143.87
77	Vitamins	3	$7.42	$0.00
57	Antianxiety Agents	38	$7.06	$375.21
26	Progestins	4	$2.68	$32.12
16	Misc. Anti-Infectives	19	$0.00	$151.55
82	Hematopoitic Agents	2	$0.00	$8.66
73	Antiparkinsonian	3	$0.00	$54.46
41	Antihistamines	7	$0.00	$53.63
32	Antianginal Agents	1	$0.00	$4.00
97	Medical Devices	6	($10.57)	($25.31)
Grand Total		1,593	$103,130.14	$40,074.53

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 2/1/2016 and 2/29/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
ENBREL SRCLK	5	$18,128.65	$3,625.73	$18,618.65	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
CEREZYME	1	$17,767.73	$17,767.73	$17,867.73	$19,144.00	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
AVONEX PREFL	2	$10,867.64	$5,433.82	$11,063.64	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
HUMIRA PEN	2	$7,387.82	$3,693.91	$7,583.82	$4,062.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL	2	$7,251.46	$3,625.73	$7,447.46	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
AUBAGIO	1	$5,750.56	$5,750.56	$5,850.56	$6,268.46	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
XOLAIR	1	$5,492.66	$5,492.66	$5,592.66	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
ATRIPLA	2	$4,587.96	$2,293.98	$4,783.96	$2,391.98	N	Y	ANTIVIRALS/Antiretroviral Combinations
LEVEMIR	5	$3,158.52	$631.70	$4,250.31	$392.34	N	Y	ANTIDIABETICS/Human Insulin
CRESTOR	9	$2,736.96	$304.11	$4,548.02	$216.57	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ADCIRCA	1	$2,650.80	$2,650.80	$2,748.80	$2,748.80	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
LANTUS	10	$2,573.48	$257.35	$3,578.59	$308.50	N	Y	ANTIDIABETICS/Human Insulin
LATUDA	1	$2,255.51	$2,255.51	$2,555.51	$851.84	N	Y	ANTIPSYCHOTICS/ANTIMANIC
EPIPEN 2-PAK	6	$1,760.80	$293.47	$2,154.80	$702.65	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
DEXILANT	6	$1,751.14	$291.86	$2,915.58	$208.26	N	Y	ULCER DRUGS/Proton Pump Inhibitors
PENNSAID	1	$1,561.12	$1,561.12	$1,659.62	$1,778.16	N	N	DERMATOLOGICALS/Anti-inflammatory Agents -
LIALDA	6	$1,530.97	$255.16	$1,924.72	$481.18	N	N	GASTROINTESTINAL AGENTS - MISC./Inflammatory
JANUMET	2	$1,496.96	$748.48	$2,092.96	$348.83	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 Inhibitor-
VYVANSE	8	$1,440.17	$180.02	$2,385.34	$238.53	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
MEGESTROL	1	$1,393.04	$1,393.04	$1,693.04	$564.35	Y	Y	PROGESTINS/Progestins
NUVIGIL	1	$1,385.38	$1,385.38	$1,685.38	$561.79	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
SYMBICORT	4	$1,371.03	$342.76	$2,168.03	$271.00	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
IMURAN	1	$1,369.65	$1,369.65	$1,669.65	$556.55	O	Y	ASSORTED CLASSES/Purine Analogs
LYRICA	2	$1,312.84	$656.42	$1,912.84	$318.81	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
INVEGA	1	$1,236.24	$1,236.24	$1,536.24	$512.08	O	Y	ANTIPSYCHOTICS/ANTIMANIC
BYDUREON	1	$1,222.38	$1,222.38	$1,522.38	$543.71	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
VICTOZA	4	$978.42	$244.61	$1,175.67	$587.84	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
SOLODYN	1	$960.47	$960.47	$1,058.72	$1,058.72	N	N	TETRACYCLINES/Tetracyclines
PROAIR HFA	17	$923.14	$54.30	$1,529.38	$62.59	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
TAMIFLU	11	$847.75	$77.07	$1,397.15	$644.84	N	N	ANTIVIRALS/Neuraminidase Inhibitors
CIALIS	4	$839.51	$209.88	$1,270.52	$418.85	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
NOVOLOG	1	$828.50	$828.50	$927.00	$927.00	N	Y	ANTIDIABETICS/Human Insulin
ULORIC	3	$809.89	$269.96	$1,306.89	$261.38	N	Y	GOUT AGENTS/Gout Agents
NUVARING	3	$802.96	$267.65	$801.46	$119.03	N	Y	CONTRACEPTIVES/Combination Contraceptives -
CYCLOPHOSPH	1	$775.42	$775.42	$874.17	$874.17	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
	127	$117,207.53	$922.89	$132,151.25	$752.28			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 2/1/2016 and 2/29/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	4	$18,557.55	$4,639.39	$18,949.55	$5,075.77	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
IBRANCE	1	$10,459.35	$10,459.35	$10,559.35	$11,313.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
ENBREL SRCLK	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
LANTUS	8	$3,152.69	$394.09	$4,366.36	$313.38	N	Y	ANTIDIABETICS/Human Insulin
XELJANZ	1	$3,068.52	$3,068.52	$3,166.52	$3,166.52	N	Y	ANALGESICS - ANTI-
CAPECITABINE	1	$2,587.85	$2,587.85	$2,635.85	$3,765.50	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
TEMOZOLOMIDE	1	$2,507.94	$2,507.94	$2,555.94	$2,738.51	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
METHYLPHENID	6	$2,328.92	$388.15	$2,928.92	$209.21	M	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ARIPIPRAZOLE	1	$2,327.36	$2,327.36	$2,452.36	$817.45	Y	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
TRIUMEQ	1	$2,310.05	$2,310.05	$2,408.05	$2,408.05	N	Y	ANTIVIRALS/Antiretroviral Combinations
SOLODYN	2	$1,920.94	$960.47	$2,117.44	$1,058.72	N	N	TETRACYCLINES/Tetracyclines
JANUVIA	3	$1,766.95	$588.98	$2,461.45	$351.64	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
CRESTOR	7	$1,547.32	$221.05	$2,571.07	$233.73	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PENTASA	2	$1,515.54	$757.77	$1,712.79	$856.40	N	Y	GASTROINTESTINAL AGENTS - MISC./Inflammatory
VYVANSE	6	$1,441.08	$240.18	$2,385.93	$238.59	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ADVAIR DISKU	2	$1,255.20	$627.60	$1,855.20	$309.20	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
COLCHICINE	3	$1,223.95	$407.98	$1,445.95	$289.19	M	N	GOUT AGENTS/Gout Agents
ANTARA	1	$1,108.02	$1,108.02	$1,408.02	$469.34	N	Y	ANTIHYPERLIPIDEMICS/Fibric Acid Derivatives
NOVOLOG MIX	2	$1,091.40	$545.70	$1,365.16	$350.04	N	Y	ANTIDIABETICS/Human Insulin
ANDROGEL	1	$1,014.88	$1,014.88	$1,314.88	$438.29	N	Y	ANDROGENS-ANABOLIC/Androgens
ACZONE	3	$971.09	$323.70	$1,266.59	$422.20	N	N	DERMATOLOGICALS/Acne Antibiotics
PROLIA	1	$948.18	$948.18	$1,046.18	$1,046.18	N	N	ENDOCRINE AND METABOLIC AGENTS -
EPIPEN 2-PAK	2	$883.58	$441.79	$1,080.58	$1,013.04	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
VYTORIN	2	$856.78	$428.39	$1,427.96	$237.99	N	Y	ANTIHYPERLIPIDEMICS/Intest Cholest Absorp Inhib-
ELIDEL	2	$854.88	$427.44	$1,048.99	$1,085.16	N	N	DERMATOLOGICALS/Macrolide
TESTOSTERONE	3	$836.73	$278.91	$961.73	$320.58	M	Y	ANDROGENS-ANABOLIC/Androgens
OXYCONTIN	1	$748.09	$748.09	$846.34	$846.34	N	N	ANALGESICS - OPIOID/Opioid Agonists
XARELTO	3	$722.20	$240.73	$1,018.20	$339.40	N	Y	ANTICOAGULANTS/Direct Factor Xa Inhibitors
LEVEMIR	4	$654.78	$163.70	$706.99	$407.88	N	Y	ANTIDIABETICS/Human Insulin
SUBOXONE	6	$641.41	$106.90	$940.00	$427.27	N	N	ANALGESICS - OPIOID/Opioid Partial Agonists
VICTOZA	1	$605.99	$605.99	$704.74	$704.74	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
NUCYNTA ER	1	$585.95	$585.95	$684.45	$684.45	N	N	ANALGESICS - OPIOID/Opioid Agonists
TAZORAC	1	$572.88	$572.88	$671.63	$671.63	N	N	DERMATOLOGICALS/Antipsoriatics
ESOMEPRA MAG	5	$567.50	$113.50	$570.00	$570.00	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
AMPHETAMINE	5	$541.89	$108.38	$850.00	$121.43	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
	94	$75,803.17	$806.42	$86,208.90	$678.63			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 2/1/2016 and 2/29/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	54	$61.36	$1.14	$494.93	$27.91	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	41	$0.00	$0.00	$294.81	$25.34	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	38	$0.00	$0.00	$703.81	$8.38	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AZITHROMYCIN	35	$29.99	$0.86	$399.77	$68.14	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	27	$0.00	$0.00	$205.25	$4.23	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
LEVOTHYROXIN	26	$0.00	$0.00	$359.88	$10.00	Y	Y	THYROID AGENTS/Thyroid Hormones
AMOX/K CLAV	22	$80.91	$3.68	$422.02	$62.68	Y	N	PENICILLINS/Penicillin Combinations
ALPRAZOLAM	21	$4.54	$0.22	$165.20	$8.37	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
OMEPRAZOLE	21	$0.00	$0.00	$232.07	$8.55	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
PREDNISONE	20	$0.00	$0.00	$101.43	$10.68	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
TRAMADOL HCL	19	$163.16	$8.59	$422.09	$29.04	Y	N	ANALGESICS - OPIOID/Opioid Agonists
FLUOXETINE	19	$29.63	$1.56	$261.74	$9.69	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
SIMVASTATIN	18	$0.00	$0.00	$212.05	$5.05	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PROAIR HFA	17	$923.14	$54.30	$1,529.38	$62.59	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
DOXYCYCL HYC	17	$387.68	$22.80	$691.41	$79.17	Y	N	TETRACYCLINES/Tetracyclines
CEPHALEXIN	17	$100.95	$5.94	$338.38	$52.33	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
GABAPENTIN	17	$52.01	$3.06	$398.74	$15.54	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
ESCITALOPRAM	16	$0.00	$0.00	$113.96	$9.50	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
LORAZEPAM	15	$7.06	$0.47	$152.97	$10.98	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
MONTELUKAST	15	$2.19	$0.15	$240.65	$11.64	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
METFORMIN	15	$0.00	$0.00	$132.45	$4.01	Y	Y	ANTIDIABETICS/Biguanides
CYCLOBENZAPR	15	$0.00	$0.00	$100.32	$12.70	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
CEFDINIR	14	$213.23	$15.23	$479.27	$101.25	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
BUPROPN HCL	14	$138.56	$9.90	$411.83	$29.42	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
PRAVASTATIN	14	$0.67	$0.05	$270.35	$12.29	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
SERTRALINE	13	($5.10)	($0.39)	$88.66	$5.22	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
TOPIRAMATE	12	$0.00	$0.00	$150.37	$9.62	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
AMLODIPINE	12	$0.00	$0.00	$104.64	$5.23	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
PROMETH/COD	12	$0.00	$0.00	$96.33	$30.10	Y	N	COUGH/COLD/ALLERGY/Opioid Antitussive-
MELOXICAM	12	$0.00	$0.00	$95.40	$6.98	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
TAMIFLU	11	$847.75	$77.07	$1,397.15	$644.84	N	N	ANTIVIRALS/Neuraminidase Inhibitors
VALACYCLOVIR	11	$113.97	$10.36	$368.03	$32.76	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
ONDANSETRON	11	$67.44	$6.13	$203.76	$76.41	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
ATENOLOL	11	$0.00	$0.00	$96.50	$3.86	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
HYDROCHLOROT	11	$0.00	$0.00	$68.76	$2.99	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
	663	$3,219.14	$4.86	$11,804.36	$17.42			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 2/1/2016 and 2/29/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	60	$109.05	$1.82	$608.06	$34.35	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	57	$0.00	$0.00	$484.37	$26.86	Y	N	PENICILLINS/Aminopenicillins
AZITHROMYCIN	35	$11.87	$0.34	$277.59	$50.47	Y	N	MACROLIDES/Azithromycin
ATORVASTATIN	34	$0.00	$0.00	$570.10	$8.38	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ESCITALOPRAM	25	$2.40	$0.10	$372.62	$8.67	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
HYDROCHLOROT	25	$0.00	$0.00	$162.54	$3.61	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
AMLODIPINE	23	$0.00	$0.00	$209.37	$5.13	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
PREDNISONE	23	$0.00	$0.00	$118.77	$8.95	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
LEVOTHYROXIN	22	$0.00	$0.00	$555.97	$11.58	Y	Y	THYROID AGENTS/Thyroid Hormones
LISINOPRIL	22	$0.00	$0.00	$201.55	$5.65	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
SIMVASTATIN	21	$0.00	$0.00	$253.06	$4.96	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
CITALOPRAM	18	$0.00	$0.00	$238.20	$6.62	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
ALPRAZOLAM	18	$0.00	$0.00	$137.07	$8.92	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
CEPHALEXIN	17	$70.74	$4.16	$289.52	$58.69	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
SERTRALINE	16	$0.00	$0.00	$211.50	$6.22	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
BUPROPN HCL	15	$170.34	$11.36	$570.26	$27.86	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
GABAPENTIN	15	$25.09	$1.67	$260.10	$12.39	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
OMEPRAZOLE	15	$0.00	$0.00	$295.32	$11.81	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
LOSARTAN POT	15	$0.00	$0.00	$149.36	$6.14	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
VALACYCLOVIR	14	$49.35	$3.53	$230.18	$26.16	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
MONTELUKAST	14	$31.36	$2.24	$247.07	$13.73	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
CYCLOBENZAPR	14	$0.00	$0.00	$62.26	$10.55	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
TRAMADOL HCL	13	$8.41	$0.65	$84.18	$18.71	Y	N	ANALGESICS - OPIOID/Opioid Agonists
FLUOXETINE	13	$0.00	$0.00	$193.69	$8.42	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
METFORMIN	13	$0.00	$0.00	$108.32	$4.01	Y	Y	ANTIDIABETICS/Biguanides
PROMETHAZINE	13	$0.00	$0.00	$57.57	$20.56	Y	N	COUGH/COLD/ALLERGY/Non-Narc Antitussive-
CLONAZEPAM	12	$0.00	$0.00	$94.11	$7.33	Y	Y	ANTICONVULSANTS/Anticonvulsants -
DOXYCYCL HYC	11	$251.30	$22.85	$488.51	$78.37	Y	N	TETRACYCLINES/Tetracyclines
AMOX/K CLAV	11	$36.46	$3.31	$219.22	$57.69	Y	N	PENICILLINS/Penicillin Combinations
PREDNISONE	11	$31.05	$2.82	$179.61	$101.67	N	N	CORTICOSTEROIDS/Glucocorticosteroids
SUMATRIPTAN	11	$13.27	$1.21	$131.62	$17.95	Y	N	MIGRAINE PRODUCTS/Selective Serotonin Agonists 5-
DICLOFENAC	11	$1.65	$0.15	$162.11	$15.44	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
LISINOP/HCTZ	11	$0.00	$0.00	$111.49	$5.31	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
MELOXICAM	11	$0.00	$0.00	$101.16	$5.32	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
OXYCOD/APAP	11	$0.00	$0.00	$80.15	$47.15	Y	N	ANALGESICS - OPIOID/Opioid Combinations
	670	$812.34	$1.21	$8,516.58	$11.49			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 2/1/2016 and 2/29/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	1,064	$29,237.08	$119,784.20	$2,926.00	$122,710.20
002	CIRCUIT COURT	1	$100.00	$153.91	$2.75	$156.66
003	HRA	39	$1,011.04	$2,676.78	$107.25	$2,784.03
004	RETIREES > 65	21	$625.62	$720.12	$57.75	$777.87
005	RETIREES < 65	288	$10,286.26	$16,291.85	$792.00	$17,083.85
006	ACTIVE OTHER	56	$1,358.17	$5,811.58	$154.00	$5,965.58
008	LINE OF DUTY MEMBERS	1	$50.17	$0.00	$2.75	$2.75
098	COBRA	13	$276.76	$451.31	$35.75	$487.06
Grand Total		1,483	$42,945.10	$145,889.75	$4,078.25	$149,968.00

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 2/1/2016 and 2/29/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	734	$16,268.35	$40,272.55	$2,018.50	$42,291.05
03	FOOD SERVICE $1500	38	$818.63	$538.59	$104.50	$643.09
05	RETIREE $1500	26	$520.00	$307.82	$71.50	$379.32
09	BOTH WORK $1500	23	$564.51	$1,814.78	$63.25	$1,878.03
11	LAUREL $750	16	$657.49	$803.10	$44.00	$847.10
12	LAUREL $1500	19	$740.70	$1,009.53	$52.25	$1,061.78
13	LAUREL $750 RETIREE	4	$225.00	$523.29	$11.00	$534.29
15	GOVERNOR'S $750	1	$13.06	$0.00	$2.75	$2.75
16	GOVENOR'S $1500	4	$48.56	$0.00	$11.00	$11.00
20	STEM ACADEMY $750	1	$11.66	$0.00	$2.75	$2.75
21	MONTHLY $750	581	$15,165.08	$47,268.62	$1,597.75	$48,866.37
23	FOOD SERVICE $750	13	$276.23	$324.64	$35.75	$360.39
25	RETIREE $750	95	$3,694.03	$8,997.16	$261.25	$9,258.41
29	BOTH WORK $750	16	$577.59	$711.08	$44.00	$755.08
92	COBRA $750	7	$182.11	$188.41	$19.25	$207.66
98	COBRA $1500	15	$311.53	$370.57	$41.25	$411.82
Grand Total		1,593	$40,074.53	$103,130.14	$4,380.75	$107,510.89

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	257	8	1,406	1,671	
% of All Claims	15.38%	0.48%	84.14%	100.00%	
Retail from Pharmacy w/o Script Care	$207,456.64	$1,244.05	$196,652.54	$405,353.23	$242.58
Actual Drug Cost	$158,676.86	$835.88	$39,481.76	$198,994.50	$119.09
Pharmacy Fees	$275.75	$5.75	$1,377.00	$1,658.50	$0.99
Prescription Price w/ Script Care	$158,952.61	$841.63	$40,858.76	$200,653.00	$120.08
Savings through your Script Care Plan	**$48,504.03**	**$402.42**	**$155,793.78**	**$204,700.23**	**$122.50**
% Saved over Retail	**23.38%**	**32.35%**	**79.22%**	**50.50%**	
Copay	$21,292.69	$526.36	$25,003.94	$46,822.99	$28.02
% of Total Drug Cost	13.40%	62.54%	61.20%	23.34%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$137,659.92**	**$315.27**	**$15,854.82**	**$153,830.01**	**$92.06**
Total Plan Cost/Claim	**$535.64**	**$39.41**	**$11.28**	**$92.06**	
Cost/Per Cardholder Per Month	**$97.15**	**$0.22**	**$11.19**	**$108.56**	
Cost/Per Member Per Month	**$52.05**	**$0.12**	**$5.99**	**$58.16**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.99**	**1.18**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.53**	**0.63**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,417.0	1,228.0	2,645.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	286	9	1,469	1,764	
% of All Claims	16.21%	0.51%	83.28%	100.00%	
Retail from Pharmacy w/o Script Care	$192,270.52	$1,422.82	$206,717.43	$400,410.77	$226.99
Actual Drug Cost	$148,246.46	$1,048.33	$46,910.05	$196,204.84	$111.23
Pharmacy Fees	$256.75	$3.25	$1,411.50	$1,671.50	$0.95
Prescription Price w/ Script Care	$148,503.21	$1,051.58	$48,321.55	$197,876.34	$112.17
Savings through your Script Care Plan	**$43,767.31**	**$371.24**	**$158,395.88**	**$202,534.43**	**$114.82**
% Saved over Retail	**22.76%**	**26.09%**	**76.62%**	**50.58%**	
Copay	$24,780.02	$968.90	$23,498.27	$49,247.19	$27.92
% of Total Drug Cost	16.69%	92.14%	48.63%	24.89%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$123,723.19**	**$82.68**	**$24,823.28**	**$148,629.15**	**$84.26**
Total Plan Cost/Claim	**$432.60**	**$9.19**	**$16.90**	**$84.26**	
Cost/Per Cardholder Per Month	**$87.19**	**$0.06**	**$17.49**	**$104.74**	
Cost/Per Member Per Month	**$51.21**	**$0.03**	**$10.27**	**$61.52**	
Rx/Per Cardholder Per Month	**0.20**	**0.01**	**1.04**	**1.24**	
Rx/Per Member Per Month	**0.12**	**0.00**	**0.61**	**0.73**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,419.0	997.0	2,416.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	543	17	2,875	3,435	
% of All Claims	15.81%	0.49%	83.70%	100.00%	
Retail from Pharmacy w/o Script Care	$399,727.16	$2,666.87	$403,369.97	$805,764.00	$234.57
Actual Drug Cost	$306,923.32	$1,884.21	$86,391.81	$395,199.34	$115.05
Pharmacy Fees	$532.50	$9.00	$2,788.50	$3,330.00	$0.97
Prescription Price w/ Script Care	$307,455.82	$1,893.21	$89,180.31	$398,529.34	$116.02
Savings through your Script Care Plan	**$92,271.34**	**$773.66**	**$314,189.66**	**$407,234.66**	**$118.55**
% Saved over Retail	**23.08%**	**29.01%**	**77.89%**	**50.54%**	
Copay	$46,072.71	$1,495.26	$48,502.21	$96,070.18	$27.97
% of Total Drug Cost	14.99%	78.98%	54.39%	24.11%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$261,383.11**	**$397.95**	**$40,678.10**	**$302,459.16**	**$88.05**
Total Plan Cost/Claim	**$481.37**	**$23.41**	**$14.15**	**$88.05**	
Cost/Per Cardholder Per Month	**$92.17**	**$0.14**	**$14.34**	**$106.65**	
Cost/Per Member Per Month	**$51.65**	**$0.08**	**$8.04**	**$59.76**	
Rx/Per Cardholder Per Month	**0.19**	**0.01**	**1.01**	**1.21**	
Rx/Per Member Per Month	**0.11**	**0.00**	**0.57**	**0.68**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,836.0	2,225.0	5,061.0

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	213	4	1,064	1,281	
% of Retail Claims	16.63%	0.31%	83.06%	100.00%	
Prescription Price w/ Script Care	$118,231.68	$303.84	$23,961.63	$142,497.15	$111.24
Copay	$13,708.97	$149.79	$14,217.23	$28,075.99	$21.92
% of Total Drug Cost	11.60%	49.30%	59.33%	19.70%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$104,522.71	$154.05	$9,744.40	$114,421.16	$89.32
Employer Cost Per Claim	**$490.72**	**$38.51**	**$9.16**	**$89.32**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	44	4	342	390	
% of MO Claims	11.28%	1.03%	87.69%	100.00%	
Prescription Price w/ Script Care	$40,720.93	$537.79	$16,897.13	$58,155.85	$149.12
Copay	$7,583.72	$376.57	$10,786.71	$18,747.00	$48.07
% of Total Drug Cost	18.62%	70.02%	63.84%	32.24%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$33,137.21	$161.22	$6,110.42	$39,408.85	$101.05
Employer Cost Per Claim	**$753.12**	**$40.31**	**$17.87**	**$101.05**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	257	8	1,406	1,671	
% of All Claims	15.38%	0.48%	84.14%	100.00%	
Prescription Price w/ Script Care	$158,952.61	$841.63	$40,858.76	$200,653.00	$120.08
Copay	$21,292.69	$526.36	$25,003.94	$46,822.99	$28.02
% of Total Drug Cost	13.40%	62.54%	61.20%	23.34%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$137,659.92	$315.27	$15,854.82	$153,830.01	$92.06
Employer Cost Per Claim	**$535.64**	**$39.41**	**$11.28**	**$92.06**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	217	4	1,094	1,315	
% of Retail Claims	16.50%	0.30%	83.19%	100.00%	
Prescription Price w/ Script Care	$100,590.09	$677.40	$30,070.07	$131,337.56	$99.88
Copay	$13,675.79	$594.72	$13,236.49	$27,507.00	$20.92
% of Total Drug Cost	13.60%	87.79%	44.02%	20.94%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$86,914.30	$82.68	$16,833.58	$103,830.56	$78.96
Employer Cost Per Claim	**$400.53**	**$20.67**	**$15.39**	**$78.96**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	69	5	375	449	
% of MO Claims	15.37%	1.11%	83.52%	100.00%	
Prescription Price w/ Script Care	$47,913.12	$374.18	$18,251.48	$66,538.78	$148.19
Copay	$11,104.23	$374.18	$10,261.78	$21,740.19	$48.42
% of Total Drug Cost	23.18%	100.00%	56.22%	32.67%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$36,808.89	$0.00	$7,989.70	$44,798.59	$99.77
Employer Cost Per Claim	**$533.46**	**$0.00**	**$21.31**	**$99.77**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	286	9	1,469	1,764	
% of All Claims	16.21%	0.51%	83.28%	100.00%	
Prescription Price w/ Script Care	$148,503.21	$1,051.58	$48,321.55	$197,876.34	$112.17
Copay	$24,780.02	$968.90	$23,498.27	$49,247.19	$27.92
% of Total Drug Cost	16.69%	92.14%	48.63%	24.89%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$123,723.19	$82.68	$24,823.28	$148,629.15	$84.26
Employer Cost Per Claim	**$432.60**	**$9.19**	**$16.90**	**$84.26**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	430	8	2,158	2,596	
% of Retail Claims	16.56%	0.31%	83.13%	100.00%	
Prescription Price w/ Script Care	$218,821.77	$981.24	$54,031.70	$273,834.71	$105.48
Copay	$27,384.76	$744.51	$27,453.72	$55,582.99	$21.41
% of Total Drug Cost	12.51%	75.87%	50.81%	20.30%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$191,437.01	$236.73	$26,577.98	$218,251.72	$84.07
Employer Cost Per Claim	**$445.20**	**$29.59**	**$12.32**	**$84.07**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	113	9	717	839	
% of MO Claims	13.47%	1.07%	85.46%	100.00%	
Prescription Price w/ Script Care	$88,634.05	$911.97	$35,148.61	$124,694.63	$148.62
Copay	$18,687.95	$750.75	$21,048.49	$40,487.19	$48.26
% of Total Drug Cost	21.08%	82.32%	59.88%	32.47%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$69,946.10	$161.22	$14,100.12	$84,207.44	$100.37
Employer Cost Per Claim	**$618.99**	**$17.91**	**$19.67**	**$100.37**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	543	17	2,875	3,435	
% of All Claims	15.81%	0.49%	83.70%	100.00%	
Prescription Price w/ Script Care	$307,455.82	$1,893.21	$89,180.31	$398,529.34	$116.02
Copay	$46,072.71	$1,495.26	$48,502.21	$96,070.18	$27.97
% of Total Drug Cost	14.99%	78.98%	54.39%	24.11%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$261,383.11	$397.95	$40,678.10	$302,459.16	$88.05
Employer Cost Per Claim	**$481.37**	**$23.41**	**$14.15**	**$88.05**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,671		3 **		20 **	
% of All Claims	100.00%		0.18%		1.20%	
Retail from Pharmacy w/o Script Care	$405,353.23	$242.58	$28,404.22	$9,468.07	$97,633.00	$4,881.65
Actual Drug Cost	$198,994.50	$119.09	$24,153.15	$8,051.05	$66,689.86	$3,334.49
Pharmacy Fees	$1,658.50	$0.99	$2.00	$0.67	$40.00	$2.00
Prescription Price w/ Script Care	$200,653.00	$120.08	$24,155.15	$8,051.72	$66,729.86	$3,336.49
Savings through your Script Care Plan	**$204,700.23**	**$122.50**	**$4,249.07**	**$1,416.36**	**$30,903.14**	**$1,545.16**
% Saved over Retail	**50.50%**		**14.96%**		**31.65%**	
Copay	$46,822.99	$28.02	$300.00	$100.00	$1,790.23	$89.51
% of Total Drug Cost	23.34%		1.24%		2.68%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$153,830.01**	**$92.06**	**$23,855.15**	**$7,951.72**	**$64,939.63**	**$3,246.98**
% of Total Cost	**100.00%**		**15.51%**		**42.22%**	
Total Plan Cost/Claim	**$92.06**		**$7,951.72**		**$3,246.98**	
Cost/Per Cardholder Per Month	**$108.56**		**$16.83**		**$45.83**	
Cost/Per Member Per Month	**$58.16**		**$9.02**		**$24.55**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,417.0	1,228.0	2,645.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,764		2 **		16 **	
% of All Claims	100.00%		0.11%		0.91%	
Retail from Pharmacy w/o Script Care	$400,410.77	$226.99	$18,677.74	$9,338.87	$69,569.44	$4,348.09
Actual Drug Cost	$196,204.84	$111.23	$16,152.01	$8,076.01	$49,103.89	$3,068.99
Pharmacy Fees	$1,671.50	$0.95	$0.00	$0.00	$32.00	$2.00
Prescription Price w/ Script Care	$197,876.34	$112.17	$16,152.01	$8,076.01	$49,135.89	$3,070.99
Savings through your Script Care Plan	**$202,534.43**	**$114.82**	**$2,525.73**	**$1,262.87**	**$20,433.55**	**$1,277.10**
% Saved over Retail	**50.58%**		**13.52%**		**29.37%**	
Copay	$49,247.19	$27.92	$200.00	$100.00	$1,400.00	$87.50
% of Total Drug Cost	24.89%		1.24%		2.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$148,629.15**	**$84.26**	**$15,952.01**	**$7,976.01**	**$47,735.89**	**$2,983.49**
% of Total Cost	**100.00%**		**10.73%**		**32.12%**	
Total Plan Cost/Claim	**$84.26**		**$7,976.01**		**$2,983.49**	
Cost/Per Cardholder Per Month	**$104.74**		**$11.24**		**$33.64**	
Cost/Per Member Per Month	**$61.52**		**$6.60**		**$19.76**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,419.0	997.0	2,416.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	3,435		5 **		36 **	
% of All Claims	100.00%		0.15%		1.05%	
Retail from Pharmacy w/o Script Care	$805,764.00	$234.57	$47,081.96	$9,416.39	$167,202.44	$4,644.51
Actual Drug Cost	$395,199.34	$115.05	$40,305.16	$8,061.03	$115,793.75	$3,216.49
Pharmacy Fees	$3,330.00	$0.97	$2.00	$0.40	$72.00	$2.00
Prescription Price w/ Script Care	$398,529.34	$116.02	$40,307.16	$8,061.43	$115,865.75	$3,218.49
Savings through your Script Care Plan	**$407,234.66**	**$118.55**	**$6,774.80**	**$1,354.96**	**$51,336.69**	**$1,426.02**
% Saved over Retail	**50.54%**		**14.39%**		**30.70%**	
Copay	$96,070.18	$27.97	$500.00	$100.00	$3,190.23	$88.62
% of Total Drug Cost	24.11%		1.24%		2.75%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$302,459.16**	**$88.05**	**$39,807.16**	**$7,961.43**	**$112,675.52**	**$3,129.88**
% of Total Cost	**100.00%**		**13.16%**		**37.25%**	
Total Plan Cost/Claim	**$88.05**		**$7,961.43**		**$3,129.88**	
Cost/Per Cardholder Per Month	**$106.65**		**$14.04**		**$39.73**	
Cost/Per Member Per Month	**$59.76**		**$7.87**		**$22.26**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,836.0	2,225.0	5,061.0

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	451	$2,627	$99	$2,528	$5.61	96.2%
$10.00 to $24.99	591	$8,961	$413	$8,548	$14.46	95.4%
$25.00 to $49.99	217	$6,972	$1,916	$5,056	$23.30	72.5%
$50.00 to $74.99	91	$4,859	$2,349	$2,510	$27.59	51.7%
$75.00 to $99.99	40	$3,269	$1,687	$1,582	$39.54	48.4%
$100.00 to $199.99	92	$10,798	$6,448	$4,350	$47.28	40.3%
$200.00 to $299.99	50	$11,446	$7,088	$4,358	$87.17	38.1%
$300.00 to $399.99	43	$13,342	$9,683	$3,658	$85.08	27.4%
$400.00 to $499.99	31	$11,929	$8,505	$3,424	$110.45	28.7%
$500.00 to $599.99	8	$3,352	$2,247	$1,105	$138.15	33.0%
$600.00 to $699.99	12	$7,872	$5,368	$2,503	$208.62	31.8%
$700.00 to $799.99	5	$3,715	$2,616	$1,099	$219.72	29.6%
$800.00 to $899.99	5	$4,105	$2,905	$1,200	$240.00	29.2%
$900.00 to $999.99	2	$1,865	$1,465	$400	$200.00	21.5%
$1000.00 to $1099.99	7	$5,286	$3,786	$1,500	$214.29	28.4%
$1100.00 to $1199.99						
$1200.00 to $1299.99	1	$1,233	$1,133	$100	$100.00	8.1%
$1300.00 or more	25	$99,021	$96,121	$2,900	$116.00	2.9%
Total	1,671	$200,653	$153,830	$46,823	$28.02	23.3%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	551	$16,162	$8,239	$7,923	$14.38	49.0%
16-34 days	700	$136,558	$118,850	$17,707	$25.30	13.0%
35-60 days	2	$725	$435	$290	$145.08	40.0%
61-83 days	3	$2,458	$1,732	$726	$242.12	29.6%
84-90 days	413	$44,755	$24,579	$20,176	$48.85	45.1%
91-120 days	1	$178	$178	$0	$0.00	0.0%
121-180 days						
181 or more days	1	($183)	($183)	$0	$0.00	
Total	1,671	$200,653	$153,830	$46,823	$28.02	23.3%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	114	$6,482	$3,403	$3,079	$27.01	47.5%
13-18 Years	78	$7,687	$4,761	$2,927	$37.52	38.1%
19-30 Years	176	$13,596	$10,189	$3,408	$19.36	25.1%
31-45 Years	344	$40,688	$32,984	$7,704	$22.40	18.9%
46-49 Years	139	$10,013	$7,177	$2,836	$20.40	28.3%
50-59 Years	485	$79,129	$64,553	$14,577	$30.06	18.4%
60-64 Years	258	$32,323	$23,743	$8,581	$33.26	26.5%
65 and Over	77	$10,734	$7,022	$3,712	$48.21	34.6%
Total	1,671	$200,653	$153,830	$46,823	$28.02	23.3%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	464	$2,550	$27	$2,522	$5.44	98.9%
$10.00 to $24.99	632	$9,459	$430	$9,029	$14.29	95.5%
$25.00 to $49.99	240	$7,845	$2,654	$5,192	$21.63	66.2%
$50.00 to $74.99	82	$4,340	$2,074	$2,267	$27.64	52.2%
$75.00 to $99.99	37	$2,935	$1,488	$1,447	$39.11	49.3%
$100.00 to $199.99	89	$11,385	$7,098	$4,287	$48.17	37.7%
$200.00 to $299.99	63	$13,317	$8,692	$4,625	$73.42	34.7%
$300.00 to $399.99	47	$14,904	$10,770	$4,134	$87.97	27.7%
$400.00 to $499.99	17	$6,769	$5,100	$1,669	$98.19	24.7%
$500.00 to $599.99	14	$4,590	$3,467	$1,123	$80.22	24.5%
$600.00 to $699.99	13	$7,436	$4,641	$2,795	$214.97	37.6%
$700.00 to $799.99	11	$6,587	$4,831	$1,756	$159.67	26.7%
$800.00 to $899.99	9	$5,867	$4,567	$1,300	$144.44	22.2%
$900.00 to $999.99	9	$8,435	$6,485	$1,950	$216.67	23.1%
$1000.00 to $1099.99	10	$10,566	$8,766	$1,800	$180.00	17.0%
$1100.00 to $1199.99						
$1200.00 to $1299.99						
$1300.00 or more	27	$80,889	$77,539	$3,350	$124.07	4.1%
Total	1,764	$197,876	$148,629	$49,247	$27.92	24.9%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	551	$17,706	$10,284	$7,423	$13.47	41.9%
16-34 days	741	$117,285	$99,332	$17,953	$24.23	15.3%
35-60 days	4	$1,076	$616	$461	$115.18	42.8%
61-83 days	2	$1,943	$1,583	$360	$180.00	18.5%
84-90 days	465	$59,787	$36,737	$23,051	$49.57	38.6%
91-120 days	1	$78	$78	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	1,764	$197,876	$148,629	$49,247	$27.92	24.9%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	77	$7,312	$4,817	$2,495	$32.40	34.1%
13-18 Years	48	$9,587	$8,153	$1,434	$29.88	15.0%
19-30 Years	236	$25,897	$21,158	$4,739	$20.08	18.3%
31-45 Years	341	$20,174	$13,558	$6,616	$19.40	32.8%
46-49 Years	99	$15,818	$12,788	$3,030	$30.61	19.2%
50-59 Years	486	$58,105	$43,238	$14,866	$30.59	25.6%
60-64 Years	340	$41,948	$30,741	$11,207	$32.96	26.7%
65 and Over	137	$19,034	$14,175	$4,858	$35.46	25.5%
Total	1,764	$197,876	$148,629	$49,247	$27.92	24.9%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	915	$5,177	$126	$5,051	$5.52	97.6%
$10.00 to $24.99	1,223	$18,421	$843	$17,577	$14.37	95.4%
$25.00 to $49.99	457	$14,818	$4,569	$10,248	$22.43	69.2%
$50.00 to $74.99	173	$9,200	$4,423	$4,777	$27.61	51.9%
$75.00 to $99.99	77	$6,204	$3,176	$3,029	$39.33	48.8%
$100.00 to $199.99	181	$22,184	$13,546	$8,637	$47.72	38.9%
$200.00 to $299.99	113	$24,763	$15,779	$8,984	$79.50	36.3%
$300.00 to $399.99	90	$28,246	$20,453	$7,793	$86.59	27.6%
$400.00 to $499.99	48	$18,698	$13,605	$5,093	$106.11	27.2%
$500.00 to $599.99	22	$7,943	$5,715	$2,228	$101.29	28.1%
$600.00 to $699.99	25	$15,308	$10,010	$5,298	$211.92	34.6%
$700.00 to $799.99	16	$10,302	$7,447	$2,855	$178.43	27.7%
$800.00 to $899.99	14	$9,973	$7,473	$2,500	$178.57	25.1%
$900.00 to $999.99	11	$10,299	$7,949	$2,350	$213.64	22.8%
$1000.00 to $1099.99	17	$15,852	$12,552	$3,300	$194.12	20.8%
$1100.00 to $1199.99						
$1200.00 to $1299.99	1	$1,233	$1,133	$100	$100.00	8.1%
$1300.00 or more	52	$179,910	$173,660	$6,250	$120.19	3.5%
Total	3,435	$398,529	$302,459	$96,070	$27.97	24.1%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	1,102	$33,868	$18,523	$15,345	$13.92	45.3%
16-34 days	1,441	$253,843	$218,182	$35,660	$24.75	14.0%
35-60 days	6	$1,802	$1,051	$751	$125.15	41.7%
61-83 days	5	$4,401	$3,315	$1,086	$217.27	24.7%
84-90 days	878	$104,542	$61,315	$43,227	$49.23	41.3%
91-120 days	2	$256	$256	$0	$0.00	0.0%
121-180 days						
181 or more days	1	($183)	($183)	$0	$0.00	
Total	3,435	$398,529	$302,459	$96,070	$27.97	24.1%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	191	$13,794	$8,220	$5,574	$29.18	40.4%
13-18 Years	126	$17,275	$12,914	$4,361	$34.61	25.2%
19-30 Years	412	$39,493	$31,346	$8,147	$19.77	20.6%
31-45 Years	685	$60,863	$46,542	$14,321	$20.91	23.5%
46-49 Years	238	$25,831	$19,965	$5,866	$24.65	22.7%
50-59 Years	971	$137,234	$107,791	$29,443	$30.32	21.5%
60-64 Years	598	$74,272	$54,484	$19,788	$33.09	26.6%
65 and Over	214	$29,767	$21,197	$8,570	$40.05	28.8%
Total	3,435	$398,529	$302,459	$96,070	$27.97	24.1%

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **3/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,423.0	1,429.0	1,417.0										1,423.0
Dependents	1,226.0	1,232.0	1,228.0										1,228.7
Utilizing Cardholders	623.0	612.0	647.0										936.0
Utilization %	43.78%	42.83%	45.66%										65.78%
Claim Summary													
All	1,535	1,483	1,671										4,689
Avg Per Cardholder	1.08	1.04	1.18										3.30
Avg Per Member	0.58	0.56	0.63										1.77
Brand	226	238	257										721
Generic	1,296	1,239	1,406										3,941
Brand w/Generic	13	6	8										27
Generic % of All	84.43%	83.55%	84.14%										84.05%
Mail Order	383	317	389										1,089
Mail Order % of All	24.95%	21.38%	23.28%										23.22%
Claim Cost													
Submitted Cost	$334,150	$360,004	$405,353										$1,099,507
Script Care Cost	$151,856	$188,835	$200,653										$541,343
Savings	$182,294	$171,169	$204,700										$558,163
Tax	$0	$0	$0										$0
Total	$151,856	$188,835	$200,653										$541,343
Average Claim Cost	$98.93	$127.33	$120.08										$115.45
Average Brand Cost	$505.01	$631.76	$618.49										$587.30
Average Generic Cost	$27.80	$28.27	$29.06										$28.39
Average Br w/Gen Cost	$130.88	$575.80	$105.20										$222.14
Member Cost													
Total Copay	$42,299	$42,945	$46,823										$132,067
Average Claim Copay	$27.56	$28.96	$28.02										$28.17
Average Brand Copay	$89.16	$90.12	$82.85										$87.23
Average Generic Copay	$16.75	$16.66	$17.78										$17.09
Average Br w/Gen Copay	$33.99	$141.42	$65.80										$67.29
Copay % of Total Cost	27.85%	22.74%	23.34%										24.40%
Plan Cost													
Plan Cost	$109,557	$145,890	$153,830										$409,276
Average Claim Cost	$71.37	$98.37	$92.06										$87.28
Average Brand Cost	$415.85	$541.63	$535.64										$500.07
Average Generic Cost	$11.05	$11.60	$11.28										$11.30
Average Br w/Gen Cost	$96.89	$434.39	$39.41										$154.86
Plan Cost % of Total Cost	72.15%	77.26%	76.66%										75.60%
Plan Cost Per Cardholder	$76.99	$102.09	$108.56										$287.62
Plan Cost Per Member	$41.36	$54.83	$58.16										$154.35
Cardholders > $500	50	46	49										139
Cardholders > 5 Claims	40	46	60										296

Top 10 Drugs by Plan Cost

ENBREL	CEREZYME	HUMIRA PEN	CEREZYME
HUMIRA PEN	NBREL SRCLK	CEREZYME	ENBREL SRCLK
XOLAIR	VONEX PREFL	NBREL SRCLK	ENBREL
VONEX PREFL	HUMIRA PEN	STELARA	HUMIRA PEN
AUBAGIO	ENBREL	ENBREL	AVONEX PREFL
OXYCONTIN	NBREL SRCLK	AUBAGIO	AUBAGIO
NBREL SRCLK	AUBAGIO	AVONEX PEN	XOLAIR
VICTOZA	XOLAIR	VONEX PREFL	STELARA
LANTUS	ATRIPLA	NBREL SRCLK	ADCIRCA
ADCIRCA	LEVEMIR	ADCIRCA	LANTUS

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **3/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,418.0	1,422.0	1,419.0										1,419.7
Dependents	987.0	993.0	997.0										992.3
Utilizing Cardholders	634.0	651.0	672.0										972.0
Utilization %	44.71%	45.78%	47.36%										68.47%
Claim Summary													
All	1,569	1,593	1,764										4,926
Avg Per Cardholder	1.11	1.12	1.24										3.47
Avg Per Member	0.65	0.66	0.73										2.04
Brand	244	251	286										781
Generic	1,317	1,330	1,469										4,116
Brand w/Generic	8	12	9										29
Generic % of All	83.94%	83.49%	83.28%										83.56%
Mail Order	393	368	448										1,209
Mail Order % of All	25.05%	23.10%	25.40%										24.54%
Claim Cost													
Submitted Cost	$364,064	$298,607	$400,411										$1,063,082
Script Care Cost	$176,670	$143,205	$197,876										$517,751
Savings	$187,394	$155,402	$202,534										$545,331
Tax	$0	$0	$0										$0
Total	$176,670	$143,205	$197,876										$517,751
Average Claim Cost	$112.60	$89.90	$112.17										$105.11
Average Brand Cost	$554.18	$396.03	$519.24										$490.56
Average Generic Cost	$30.73	$30.94	$32.89										$31.57
Average Br w/Gen Cost	$121.73	$221.01	$116.84										$161.29
Member Cost													
Total Copay	$42,398	$40,075	$49,247										$131,720
Average Claim Copay	$27.02	$25.16	$27.92										$26.74
Average Brand Copay	$88.84	$70.02	$86.64										$81.99
Average Generic Copay	$15.25	$15.11	$16.00										$15.47
Average Br w/Gen Copay	$79.55	$200.07	$107.66										$138.14
Copay % of Total Cost	24.00%	27.98%	24.89%										25.44%
Plan Cost													
Plan Cost	$134,272	$103,130	$148,629										$386,031
Average Claim Cost	$85.58	$64.74	$84.26										$78.37
Average Brand Cost	$465.34	$326.01	$432.60										$408.57
Average Generic Cost	$15.48	$15.83	$16.90										$16.10
Average Br w/Gen Cost	$42.17	$20.95	$9.19										$23.15
Plan Cost % of Total Cost	76.00%	72.02%	75.11%										74.56%
Plan Cost Per Cardholder	$94.69	$72.52	$104.74										$271.92
Plan Cost Per Member	$55.83	$42.70	$61.52										$160.05
Cardholders > $500	56	47	59										134
Cardholders > 5 Claims	45	45	62										317

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	HUMIRA PEN											HUMIRA PEN
IBRANCE	IBRANCE	IBRANCE											IBRANCE
LEVEMIR	NBREL SRCLK	XOLAIR											CAPECITABINE
XOLAIR	LANTUS	:APECITABINE											XOLAIR
VONEX PREFL	XELJANZ	TRIUMEQ											XELJANZ
:APECITABINE	ETHYLPHENID	NBREL SRCLK											TRIUMEQ
ORENCIA	:APECITABINE	MOZOLOMIDE											LEVEMIR
HUMIRA PEN	MOZOLOMIDE	ORENCIA											LANTUS
LYRICA	RIPIPRAZOLE	XELJANZ											ENBREL SRCLK
ASACOL HD	TRIUMEQ	CRESTOR											ORENCIA

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **3/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	2,841.0	2,851.0	2,836.0										2,842.7
Dependents	2,213.0	2,225.0	2,225.0										2,221.0
Utilizing Cardholders	1,257.0	1,263.0	1,319.0										1,908.0
Utilization %	44.24%	44.30%	46.51%										67.12%
Claim Summary													
All	3,104	3,076	3,435										9,615
Avg Per Cardholder	1.09	1.08	1.21										3.38
Avg Per Member	0.61	0.61	0.68										1.90
Brand	470	489	543										1,502
Generic	2,613	2,569	2,875										8,057
Brand w/Generic	21	18	17										56
Generic % of All	84.18%	83.52%	83.70%										83.80%
Mail Order	776	685	837										2,298
Mail Order % of All	25.00%	22.27%	24.37%										23.90%
Claim Cost													
Submitted Cost	$698,214	$658,611	$805,764										$2,162,589
Script Care Cost	$328,525	$332,040	$398,529										$1,059,094
Savings	$369,689	$326,571	$407,235										$1,103,495
Tax	$0	$0	$0										$0
Total	$328,525	$332,040	$398,529										$1,059,094
Average Claim Cost	$105.84	$107.95	$116.02										$110.15
Average Brand Cost	$530.54	$510.76	$566.22										$537.00
Average Generic Cost	$29.28	$29.65	$31.02										$30.02
Average Br w/Gen Cost	$127.39	$339.28	$111.37										$190.63
Member Cost													
Total Copay	$84,697	$83,020	$96,070										$263,787
Average Claim Copay	$27.29	$26.99	$27.97										$27.43
Average Brand Copay	$88.99	$79.80	$84.85										$84.50
Average Generic Copay	$15.99	$15.86	$16.87										$16.26
Average Br w/Gen Copay	$51.35	$180.52	$87.96										$103.98
Copay % of Total Cost	25.78%	25.00%	24.11%										24.91%
Plan Cost													
Plan Cost	$243,828	$249,020	$302,459										$795,307
Average Claim Cost	$78.55	$80.96	$88.05										$82.72
Average Brand Cost	$441.55	$430.96	$481.37										$452.50
Average Generic Cost	$13.28	$13.79	$14.15										$13.75
Average Br w/Gen Cost	$76.05	$158.76	$23.41										$86.65
Plan Cost % of Total Cost	74.22%	75.00%	75.89%										75.09%
Plan Cost Per Cardholder	$85.82	$87.34	$106.65										$279.78
Plan Cost Per Member	$48.24	$49.06	$59.76										$157.06
Cardholders > $500	106	93	108										273
Cardholders > 5 Claims	85	91	122										613

Top 10 Drugs by Plan Cost

HUMIRA PEN	NBREL SRCLK	HUMIRA PEN	HUMIRA PEN
XOLAIR	HUMIRA PEN	NBREL SRCLK	ENBREL SRCLK
VONEX PREFL	CEREZYME	CEREZYME	CEREZYME
IBRANCE	VONEX PREFL	IBRANCE	IBRANCE
ENBREL	IBRANCE	STELARA	AVONEX PREFL
HUMIRA PEN	HUMIRA PEN	ENBREL	XOLAIR
LEVEMIR	ENBREL	AUBAGIO	ENBREL
LANTUS	AUBAGIO	XOLAIR	LANTUS
OXYCONTIN	XOLAIR	AVONEX PEN	CRESTOR
AUBAGIO	ATRIPLA	VONEX PREFL	CAPECITABINE

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 3/1/2016 and 3/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	67	$40,503.93	$1,915.70
62	Misc. Psychotherapeutic and Neurological Agents	8	$17,893.38	$346.95
82	Hematopoitic Agents	5	$17,767.73	$144.42
90	Dermatological	57	$15,680.57	$2,209.71
27	Antidiabetic	60	$13,905.89	$5,074.84
40	Misc. Cardiovascular	14	$4,953.72	$1,281.33
61	Stimulants/Anti-Obesity Anorexiants	34	$4,789.21	$2,955.14
44	Antiasthmatic	60	$4,531.49	$3,151.08
12	Antiviral	35	$4,069.78	$1,302.28
25	Contraceptives	45	$3,070.10	$177.33
39	Antihyperlipidemic	106	$1,939.58	$2,984.67
67	Migraine Products	20	$1,932.70	$640.86
49	Ulcer Drugs	50	$1,788.18	$1,719.05
36	Antihypertensive	85	$1,667.75	$2,353.99
04	Tetracyclines	27	$1,578.58	$617.60
83	Anticoagulants	6	$1,542.91	$665.69
58	Antidepressants	115	$1,369.06	$2,549.37
52	Misc. GI	6	$1,307.01	$612.56
42	Systemic And Topical Nasal Products	35	$1,275.87	$1,235.70
86	Ophthalmic	19	$974.44	$702.15
65	Analgesics-Narcotic	105	$963.73	$1,234.62
72	Anticonvulsant	51	$918.57	$1,073.74
59	Antipsychotics	7	$842.77	$144.76
21	Antineoplastics	8	$796.73	$376.26
33	Beta Blockers	39	$775.63	$1,215.87
68	Gout	16	$653.65	$555.72
24	Estrogens	6	$638.67	$456.67
54	Urinary Antispasmodics	2	$525.65	$360.00
46	Laxatives	14	$488.92	$126.97
23	Androgen-Anabolic	3	$435.52	$196.04
55	Vaginal Products	2	$406.12	$270.74
02	Cephalosporins	28	$401.35	$499.74
94	Diagnostic Products	7	$301.09	$250.94
17	Vaccines	2	$280.99	$0.00
85	Misc. Hematological	9	$261.98	$197.04
13	Antimalarial	4	$247.84	$165.23
75	Musculoskeletal Therapy Agents	31	$221.28	$446.26

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 3/1/2016 and 3/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
03	Macrolide Antibiotics	34	$220.64	$438.70
43	Cough/Cold/Allergy	42	$182.29	$502.78
53	Urinary Anti-Infectives	4	$176.46	$168.62
60	Hypnotics	16	$148.41	$307.73
41	Antihistamines	12	$141.13	$202.30
56	Miscellaneous Genitourinary Products	18	$139.93	$474.64
01	Penicillins	86	$124.40	$1,076.48
88	Mouth and Throat (Local)	5	$105.33	$106.78
30	Misc. Endocrine	3	$101.11	$93.74
97	Medical Devices	11	$101.07	$157.46
99	Assorted Classes	3	$90.45	$66.22
64	Analgesics-Non Narcotic	5	$87.70	$84.80
22	Corticosteroids	43	$86.78	$356.19
57	Antianxiety Agents	40	$72.78	$419.43
18	Toxoids	1	$66.99	$0.00
16	Misc. Anti-Infectives	14	$61.58	$175.34
79	Minerals and Electrolytes	8	$50.97	$214.45
26	Progestins	3	$29.24	$74.56
87	Otic	4	$28.68	$80.00
37	Diuretics	29	$23.63	$274.56
47	Antidiarrheals	3	$18.23	$34.55
32	Antianginal Agents	3	$16.66	$60.00
11	Antifunguals	13	$13.33	$113.94
35	Antiarrhythmic	2	$12.99	$58.83
50	Antiemetics	10	$11.96	$122.07
05	Fluoroquinolones	22	$5.39	$183.77
89	Anorectal	3	$4.92	$52.76
34	Calcium Blockers	19	$4.59	$284.39
78	Multivitamins	1	$0.00	$12.00
73	Antiparkinsonian	1	$0.00	$33.84
28	Thyroid	25	$0.00	$381.04
Grand Total		1,671	$153,830.01	$46,822.99

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 3/1/2016 and 3/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	62	$32,516.03	$1,630.78
21	Antineoplastics	13	$19,591.99	$430.90
44	Antiasthmatic	75	$13,367.73	$4,448.45
27	Antidiabetic	54	$10,530.76	$4,139.78
25	Contraceptives	74	$6,975.86	$0.00
90	Dermatological	54	$6,028.20	$1,474.93
12	Antiviral	37	$5,503.58	$1,130.43
39	Antihyperlipidemic	99	$5,243.01	$4,388.02
72	Anticonvulsant	39	$4,199.57	$1,641.02
61	Stimulants/Anti-Obesity Anorexiants	34	$3,792.09	$2,214.35
04	Tetracyclines	21	$3,496.06	$775.69
38	Pressors	10	$2,713.06	$645.78
65	Analgesics-Narcotic	105	$2,582.41	$1,561.51
83	Anticoagulants	10	$2,356.64	$889.39
59	Antipsychotics	5	$2,274.92	$372.91
30	Misc. Endocrine	4	$2,153.19	$260.00
51	Digestive Aids	1	$2,065.82	$100.00
85	Misc. Hematological	5	$1,824.38	$517.90
58	Antidepressants	154	$1,792.76	$3,524.76
16	Misc. Anti-Infectives	24	$1,788.26	$349.55
40	Misc. Cardiovascular	13	$1,684.22	$986.71
52	Misc. GI	5	$1,556.04	$573.27
36	Antihypertensive	104	$1,543.63	$2,734.51
15	Anthelmintic	1	$1,270.14	$100.00
33	Beta Blockers	39	$985.61	$1,137.44
42	Systemic And Topical Nasal Products	31	$955.24	$971.75
49	Ulcer Drugs	53	$921.31	$1,166.79
68	Gout	3	$915.49	$414.41
35	Antiarrhythmic	2	$770.72	$200.00
67	Migraine Products	14	$746.29	$554.50
86	Ophthalmic	25	$650.99	$604.66
46	Laxatives	15	$624.05	$26.73
75	Musculoskeletal Therapy Agents	30	$583.74	$497.32
55	Vaginal Products	6	$485.70	$305.19
24	Estrogens	5	$450.59	$322.82
54	Urinary Antispasmodics	5	$426.91	$329.55
34	Calcium Blockers	44	$408.69	$755.30

SCRIPT CARE, LTD.

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 3/1/2016 and 3/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
60	Hypnotics	23	$398.52	$453.33
62	Misc. Psychotherapeutic and Neurological Agents	2	$369.45	$60.00
02	Cephalosporins	32	$361.60	$502.66
11	Antifunguals	15	$243.47	$198.71
01	Penicillins	80	$238.64	$1,096.02
57	Antianxiety Agents	46	$210.50	$646.55
13	Antimalarial	3	$186.47	$160.45
87	Otic	3	$121.99	$111.94
37	Diuretics	45	$108.76	$537.63
03	Macrolide Antibiotics	34	$102.59	$354.05
99	Assorted Classes	1	$90.87	$60.58
28	Thyroid	28	$82.02	$836.88
18	Toxoids	1	$64.99	$0.00
64	Analgesics-Non Narcotic	7	$63.87	$144.92
22	Corticosteroids	36	$63.10	$352.88
53	Urinary Anti-Infectives	6	$55.38	$109.31
43	Cough/Cold/Allergy	39	$53.97	$413.37
79	Minerals and Electrolytes	9	$32.80	$251.88
26	Progestins	5	$31.70	$51.82
89	Anorectal	2	$28.98	$40.00
77	Vitamins	1	$7.42	$0.00
32	Antianginal Agents	3	$5.75	$41.22
88	Mouth and Throat (Local)	4	$2.72	$45.60
73	Antiparkinsonian	5	$1.11	$78.64
82	Hematopoitic Agents	1	$0.00	$2.05
17	Vaccines	2	$0.00	$0.00
47	Antidiarrheals	1	$0.00	$8.48
41	Antihistamines	14	$0.00	$152.72
05	Fluoroquinolones	15	$0.00	$116.11
56	Miscellaneous Genitourinary Products	6	$0.00	$87.11
94	Diagnostic Products	2	($2.87)	$29.78
97	Medical Devices	4	($17.69)	$66.34
50	Antiemetics	14	($52.64)	$59.06
Grand Total		1,764	$148,629.15	$49,247.19

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 3/1/2016 and 3/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	5	$18,469.55	$3,693.91	$18,959.55	$4,062.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
CEREZYME	1	$17,767.73	$17,767.73	$17,867.73	$19,144.00	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
ENBREL SRCLK	4	$14,502.92	$3,625.73	$14,894.92	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
STELARA	1	$8,406.70	$8,406.70	$8,504.70	$9,112.18	N	Y	DERMATOLOGICALS/Antipsoriatics - Systemic
ENBREL	2	$7,251.46	$3,625.73	$7,447.46	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
AUBAGIO	1	$5,750.56	$5,750.56	$5,850.56	$6,268.46	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AVONEX PREFL	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AVONEX PEN	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ADCIRCA	1	$2,650.80	$2,650.80	$2,748.80	$2,748.80	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
CARAC	1	$2,449.10	$2,449.10	$2,547.60	$2,547.60	M	N	DERMATOLOGICALS/Antineoplastic Antimetabolites -
LANTUS	6	$2,391.12	$398.52	$3,236.30	$407.94	N	Y	ANTIDIABETICS/Human Insulin
ATRIPLA	1	$2,293.98	$2,293.98	$2,391.98	$2,391.98	N	Y	ANTIVIRALS/Antiretroviral Combinations
JANUVIA	4	$2,039.12	$509.78	$2,832.12	$354.02	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
NOVOLOG MIX	1	$1,811.80	$1,811.80	$2,111.80	$703.93	N	Y	ANTIDIABETICS/Human Insulin
TAMIFLU	21	$1,741.63	$82.93	$2,771.17	$857.06	N	N	ANTIVIRALS/Neuraminidase Inhibitors
CRESTOR	6	$1,703.75	$283.96	$2,826.00	$235.50	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
NOVOLOG	2	$1,457.00	$728.50	$1,854.00	$618.00	N	Y	ANTIDIABETICS/Human Insulin
TREXIMET	1	$1,384.73	$1,384.73	$1,482.98	$4,943.27	N	N	MIGRAINE PRODUCTS/Selective Serotonin Agonist-
AMPHETAMINE	10	$1,375.07	$137.51	$2,307.05	$159.47	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
CIALIS	7	$1,309.17	$187.02	$1,967.10	$302.63	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
CHANTIX	4	$1,204.76	$301.19	$1,198.76	$323.99	N	N	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
DORYX	1	$1,133.09	$1,133.09	$1,231.59	$1,231.59	M	N	TETRACYCLINES/Tetracyclines
VYVANSE	7	$1,130.69	$161.53	$1,866.12	$243.41	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
JARDIANCE	2	$1,018.19	$509.10	$1,414.94	$353.74	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
VICTOZA	2	$978.42	$489.21	$1,175.67	$587.84	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
LINZESS	3	$923.34	$307.78	$1,434.40	$286.88	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
FLOVENT HFA	6	$879.25	$146.54	$1,462.16	$182.77	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
LEVEMIR	3	$873.25	$291.08	$1,233.74	$296.10	N	Y	ANTIDIABETICS/Human Insulin
XARELTO	3	$859.23	$286.41	$1,154.98	$427.77	N	Y	ANTICOAGULANTS/Direct Factor Xa Inhibitors
LATUDA	1	$839.88	$839.88	$938.13	$938.13	N	Y	ANTIPSYCHOTICS/ANTIMANIC
MIRENA	1	$823.36	$823.36	$821.86	$821.86	N	Y	CONTRACEPTIVES/Progestin Contraceptives - IUD
STRATTERA	5	$793.55	$158.71	$1,093.55	$364.52	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
VIAGRA	4	$765.05	$191.26	$1,129.69	$345.82	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
ESOMEPRA MAG	4	$762.94	$190.74	$1,270.92	$127.09	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
KOMBIGLYZE	1	$748.42	$748.42	$1,046.42	$348.81	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 Inhibitor-
	124	$119,357.25	$962.56	$132,138.39	$972.56			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 3/1/2016 and 3/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	5	$22,251.46	$4,450.29	$22,741.46	$4,873.17	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
IBRANCE	1	$10,459.35	$10,459.35	$10,559.35	$11,313.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
XOLAIR	1	$5,492.66	$5,492.66	$5,592.66	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
CAPECITABINE	2	$5,175.70	$2,587.85	$5,271.70	$3,765.50	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
TRIUMEQ	2	$4,620.10	$2,310.05	$4,816.10	$2,408.05	N	Y	ANTIVIRALS/Antiretroviral Combinations
ENBREL SRCLK	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
TEMOZOLOMIDE	1	$3,356.65	$3,356.65	$3,404.65	$3,647.84	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
ORENCIA	1	$3,354.51	$3,354.51	$3,452.51	$3,699.12	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
XELJANZ	1	$3,068.52	$3,068.52	$3,166.52	$3,166.52	N	Y	ANALGESICS - ANTI-
CRESTOR	9	$2,735.45	$303.94	$4,546.49	$216.50	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
EPIPEN 2-PAK	9	$2,595.25	$288.36	$3,185.78	$1,346.10	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
LANTUS	9	$2,481.58	$275.73	$3,521.22	$284.73	N	Y	ANTIDIABETICS/Human Insulin
VIMPAT	3	$2,339.20	$779.73	$2,826.29	$565.26	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
LATUDA	1	$2,255.51	$2,255.51	$2,555.51	$851.84	N	Y	ANTIPSYCHOTICS/ANTIMANIC
ADVAIR DISKU	5	$2,234.81	$446.96	$3,331.56	$302.87	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CREON	1	$2,065.82	$2,065.82	$2,164.32	$2,164.32	N	Y	DIGESTIVE AIDS/Digestive Enzymes
SOLODYN	2	$1,923.19	$961.60	$2,119.94	$1,059.97	N	N	TETRACYCLINES/Tetracyclines
PROLIA	2	$1,896.36	$948.18	$2,092.36	$1,046.18	N	N	ENDOCRINE AND METABOLIC AGENTS -
SIVEXTRO	1	$1,786.02	$1,786.02	$1,884.52	$9,422.60	N	N	ANTI-INFECTIVE AGENTS - MISC./Oxazolidinones
LYRICA	1	$1,612.84	$1,612.84	$1,912.84	$637.61	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
HUMALOG KWIK	1	$1,568.71	$1,568.71	$1,867.21	$700.20	N	Y	ANTIDIABETICS/Human Insulin
PENNSAID	1	$1,561.12	$1,561.12	$1,659.62	$1,778.16	N	N	DERMATOLOGICALS/Anti-inflammatory Agents -
KERYDIN	1	$1,273.04	$1,273.04	$1,371.54	$1,371.54	N	N	DERMATOLOGICALS/Oxaborole-Related Antifungals -
ALBENZA	1	$1,270.14	$1,270.14	$1,368.64	$20,529.60	N	N	ANTHELMINTICS/Anthelmintics
MINASTRIN 24	3	$1,179.78	$393.26	$1,179.78	$140.45	N	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
ASA/DIPYRIDA	2	$1,138.93	$569.47	$1,312.18	$328.05	M	Y	HEMATOLOGICAL AGENTS - MISC./Platelet
WELCHOL	3	$1,137.01	$379.00	$1,437.01	$479.00	N	Y	ANTIHYPERLIPIDEMICS/Bile Acid Sequestrants
VYVANSE	7	$1,011.68	$144.53	$1,674.75	$239.25	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
NOVOLOG	3	$952.89	$317.63	$1,523.75	$214.61	N	Y	ANTIDIABETICS/Human Insulin
DORYX	1	$927.82	$927.82	$1,026.32	$1,026.32	M	N	TETRACYCLINES/Tetracyclines
COLCRYS	2	$915.49	$457.75	$1,294.66	$323.67	M	N	GOUT AGENTS/Gout Agents
LEVEMIR	2	$897.43	$448.72	$1,094.93	$631.69	N	Y	ANTIDIABETICS/Human Insulin
BUDESONIDE	2	$862.99	$431.50	$1,034.95	$258.74	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
BYSTOLIC	7	$856.26	$122.32	$1,422.58	$94.84	N	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
REGRANEX	1	$838.27	$838.27	$936.77	$936.77	N	N	DERMATOLOGICALS/Wound Care - Growth Factor
	95	$101,722.27	$1,070.76	$113,074.20	$821.96			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 3/1/2016 and 3/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	54	$118.29	$2.19	$536.86	$33.55	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	52	$0.00	$0.00	$814.82	$7.31	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMOXICILLIN	49	$8.97	$0.18	$435.29	$27.55	Y	N	PENICILLINS/Aminopenicillins
AMOX/K CLAV	30	$115.43	$3.85	$592.79	$65.38	Y	N	PENICILLINS/Penicillin Combinations
PREDNISONE	30	$0.00	$0.00	$103.08	$10.89	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
AZITHROMYCIN	28	$26.45	$0.94	$267.36	$58.98	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	27	$0.00	$0.00	$294.56	$5.36	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
OMEPRAZOLE	26	$0.00	$0.00	$495.82	$9.30	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
SIMVASTATIN	26	$0.00	$0.00	$349.20	$5.46	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
METFORMIN	23	$122.02	$5.31	$408.48	$8.01	Y	Y	ANTIDIABETICS/Biguanides
TRAMADOL HCL	23	$24.62	$1.07	$190.66	$12.63	Y	N	ANALGESICS - OPIOID/Opioid Agonists
TAMIFLU	21	$1,741.63	$82.93	$2,771.17	$857.06	N	N	ANTIVIRALS/Neuraminidase Inhibitors
DOXYCYCL HYC	21	$366.31	$17.44	$723.02	$72.54	Y	N	TETRACYCLINES/Tetracyclines
FLUTICASONE	20	$0.00	$0.00	$270.01	$12.27	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
CYCLOBENZAPR	20	($6.98)	($0.35)	$154.55	$14.77	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
BUPROPN HCL	19	$275.48	$14.50	$778.08	$31.12	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
MONTELUKAST	19	$9.66	$0.51	$321.97	$12.27	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
LEVOTHYROXIN	19	$0.00	$0.00	$210.69	$9.16	Y	Y	THYROID AGENTS/Thyroid Hormones
HYDROCHLOROT	19	$0.00	$0.00	$73.97	$1.83	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
GABAPENTIN	18	$41.75	$2.32	$307.78	$16.43	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
ESCITALOPRAM	18	$0.00	$0.00	$247.16	$6.50	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
MELOXICAM	18	$0.00	$0.00	$146.13	$7.31	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
AMLODIPINE	17	$0.00	$0.00	$215.89	$4.80	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
DICLOFENAC	16	$1.65	$0.10	$279.01	$15.08	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
PROMETH/COD	16	$0.00	$0.00	$126.06	$45.02	Y	N	COUGH/COLD/ALLERGY/Opioid Antitussive-
PROAIR HFA	14	$583.90	$41.71	$956.42	$77.34	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CEFDINIR	14	$246.18	$17.58	$520.01	$104.00	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
ALPRAZOLAM	14	$13.28	$0.95	$153.24	$11.70	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
SERTRALINE	14	$0.00	$0.00	$170.48	$7.75	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
LEVOFLOXACIN	12	$5.39	$0.45	$99.91	$26.76	Y	N	FLUOROQUINOLONES/Fluoroquinolones
CEPHALEXIN	11	$70.16	$6.38	$195.64	$40.20	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
TAMSULOSIN	11	$13.06	$1.19	$304.86	$13.71	Y	Y	GENITOURINARY AGENTS -
TRIAMCINOLON	11	$4.82	$0.44	$92.32	$17.42	Y	N	DERMATOLOGICALS/Corticosteroids - Topical
PRAVASTATIN	11	$0.00	$0.00	$346.50	$11.95	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMITRIPTYLIN	11	$0.00	$0.00	$165.48	$11.03	Y	Y	ANTIDEPRESSANTS/Tricyclic Agents
	752	$3,782.07	$5.03	$14,119.27	$16.79			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 3/1/2016 and 3/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	56	$92.10	$1.64	$557.11	$25.91	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	43	$0.00	$0.00	$342.84	$25.27	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	36	$0.00	$0.00	$592.09	$8.00	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AZITHROMYCIN	32	$46.83	$1.46	$304.89	$58.63	Y	N	MACROLIDES/Azithromycin
AMLODIPINE	30	$0.00	$0.00	$230.04	$5.75	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
AMOX/K CLAV	29	$142.97	$4.93	$654.89	$64.20	Y	N	PENICILLINS/Penicillin Combinations
ESCITALOPRAM	29	$0.00	$0.00	$387.40	$7.70	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
OMEPRAZOLE	28	$11.98	$0.43	$384.67	$8.74	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
SIMVASTATIN	25	$0.00	$0.00	$297.66	$5.05	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
VALACYCLOVIR	23	$143.88	$6.26	$468.06	$43.74	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
LISINOPRIL	23	$0.00	$0.00	$280.88	$5.81	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
PREDNISONE	22	$0.19	$0.01	$86.91	$6.47	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
SERTRALINE	22	$0.00	$0.00	$265.65	$6.33	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
HYDROCHLOROT	22	$0.00	$0.00	$110.97	$2.41	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
MONTELUKAST	21	$7.60	$0.36	$439.05	$11.26	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
FLUTICASONE	21	$0.00	$0.00	$285.20	$12.40	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
LISINOP/HCTZ	19	$0.00	$0.00	$199.30	$5.18	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
TRAMADOL HCL	19	$0.00	$0.00	$89.69	$11.96	Y	N	ANALGESICS - OPIOID/Opioid Agonists
BUPROPN HCL	18	$252.19	$14.01	$845.40	$28.18	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
DICLOFENAC	18	$3.30	$0.18	$284.35	$13.43	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
LEVOTHYROXIN	18	$0.00	$0.00	$330.21	$9.71	Y	Y	THYROID AGENTS/Thyroid Hormones
LORAZEPAM	17	$14.12	$0.83	$174.15	$12.09	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
TRAZODONE	17	$0.00	$0.00	$143.27	$6.23	Y	Y	ANTIDEPRESSANTS/Serotonin Modulators
ZOLPIDEM	16	$0.00	$0.00	$169.45	$8.62	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
DOXYCYCL HYC	15	$620.98	$41.40	$978.06	$128.13	Y	N	TETRACYCLINES/Tetracyclines
PROAIR HFA	15	$589.52	$39.30	$1,000.18	$64.11	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CITALOPRAM	15	$0.00	$0.00	$172.56	$5.95	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CEFDINIR	14	$235.59	$16.83	$503.51	$95.60	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
FLUOXETINE	14	$69.25	$4.95	$299.44	$12.48	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
OXYCOD/APAP	14	$44.72	$3.19	$163.73	$59.90	Y	N	ANALGESICS - OPIOID/Opioid Combinations
CEPHALEXIN	14	$13.96	$1.00	$110.33	$35.98	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
CYCLOBENZAPR	14	$3.32	$0.24	$106.40	$11.78	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
LOSARTAN POT	14	$0.00	$0.00	$212.05	$6.24	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
MELOXICAM	14	$0.00	$0.00	$113.90	$7.06	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
PROMETHAZINE	14	$0.00	$0.00	$53.83	$16.65	Y	N	COUGH/COLD/ALLERGY/Non-Narc Antitussive-
	761	$2,292.50	$3.01	$11,638.12	$13.25			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 3/1/2016 and 3/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	1,194	$33,663.11	$132,739.25	$3,283.50	$136,022.75
003	HRA	49	$949.57	$636.92	$134.75	$771.67
004	RETIREES > 65	21	$456.24	$756.21	$57.75	$813.96
005	RETIREES < 65	305	$9,191.10	$14,668.95	$838.75	$15,507.70
006	ACTIVE OTHER	74	$1,879.27	$4,238.19	$203.50	$4,441.69
008	LINE OF DUTY MEMBERS	5	$165.84	$236.11	$13.75	$249.86
098	COBRA	23	$517.86	$554.38	$63.25	$617.63
Grand Total		1,671	$46,822.99	$153,830.01	$4,595.25	$158,425.26

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 3/1/2016 and 3/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	781	$19,241.16	$46,545.49	$2,147.75	$48,693.24
03	FOOD SERVICE $1500	42	$1,393.26	$2,329.15	$115.50	$2,444.65
05	RETIREE $1500	22	$748.58	$1,249.96	$60.50	$1,310.46
09	BOTH WORK $1500	43	$1,069.86	$2,350.55	$118.25	$2,468.80
11	LAUREL $750	19	$459.57	$676.73	$52.25	$728.98
12	LAUREL $1500	22	$588.66	$679.12	$60.50	$739.62
13	LAUREL $750 RETIREE	2	$80.00	$19.52	$5.50	$25.02
15	GOVERNOR'S $750	2	$0.00	$0.00	$5.50	$5.50
16	GOVENOR'S $1500	3	$112.50	$561.34	$8.25	$569.59
20	STEM ACADEMY $750	7	$82.97	$2.25	$19.25	$21.50
21	MONTHLY $750	649	$18,898.24	$78,265.49	$1,784.75	$80,050.24
23	FOOD SERVICE $750	27	$540.17	$363.26	$74.25	$437.51
25	RETIREE $750	118	$5,357.55	$12,407.74	$324.50	$12,732.24
29	BOTH WORK $750	12	$291.51	$1,963.97	$33.00	$1,996.97
92	COBRA $750	6	$104.12	$75.65	$16.50	$92.15
98	COBRA $1500	9	$279.04	$1,138.93	$24.75	$1,163.68
Grand Total		1,764	$49,247.19	$148,629.15	$4,851.00	$153,480.15

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	249	11	1,258	1,518	
% of All Claims	16.40%	0.72%	82.87%	100.00%	
Retail from Pharmacy w/o Script Care	$220,247.99	$2,801.08	$184,840.05	$407,889.12	$268.70
Actual Drug Cost	$167,854.03	$2,028.22	$37,788.81	$207,671.06	$136.81
Pharmacy Fees	$224.50	$7.00	$1,188.50	$1,420.00	$0.94
Prescription Price w/ Script Care	$168,078.53	$2,035.22	$38,977.31	$209,091.06	$137.74
Savings through your Script Care Plan	**$52,169.46**	**$765.86**	**$145,862.74**	**$198,798.06**	**$130.96**
% Saved over Retail	**23.69%**	**27.34%**	**78.91%**	**48.74%**	
Copay	$23,372.14	$1,284.67	$20,763.78	$45,420.59	$29.92
% of Total Drug Cost	13.91%	63.12%	53.27%	21.72%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$144,706.39**	**$750.55**	**$18,213.53**	**$163,670.47**	**$107.82**
Total Plan Cost/Claim	**$581.15**	**$68.23**	**$14.48**	**$107.82**	
Cost/Per Cardholder Per Month	**$102.63**	**$0.53**	**$12.92**	**$116.08**	
Cost/Per Member Per Month	**$54.92**	**$0.28**	**$6.91**	**$62.11**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.89**	**1.08**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.48**	**0.58**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,410.0	1,225.0	2,635.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	236	10	1,223	1,469	
% of All Claims	16.07%	0.68%	83.25%	100.00%	
Retail from Pharmacy w/o Script Care	$167,822.61	$1,439.27	$177,289.95	$346,551.83	$235.91
Actual Drug Cost	$121,998.06	$989.62	$39,488.43	$162,476.11	$110.60
Pharmacy Fees	$228.50	$4.50	$1,187.25	$1,420.25	$0.97
Prescription Price w/ Script Care	$122,226.56	$994.12	$40,675.68	$163,896.36	$111.57
Savings through your Script Care Plan	**$45,596.05**	**$445.15**	**$136,614.27**	**$182,655.47**	**$124.34**
% Saved over Retail	**27.17%**	**30.93%**	**77.06%**	**52.71%**	
Copay	$20,735.64	$808.60	$19,185.93	$40,730.17	$27.73
% of Total Drug Cost	16.96%	81.34%	47.17%	24.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$101,490.92**	**$185.52**	**$21,489.75**	**$123,166.19**	**$83.84**
Total Plan Cost/Claim	**$430.05**	**$18.55**	**$17.57**	**$83.84**	
Cost/Per Cardholder Per Month	**$71.73**	**$0.13**	**$15.19**	**$87.04**	
Cost/Per Member Per Month	**$42.04**	**$0.08**	**$8.90**	**$51.02**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.86**	**1.04**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.51**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,415.0	999.0	2,414.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	485	21	2,481	2,987	
% of All Claims	16.24%	0.70%	83.06%	100.00%	
Retail from Pharmacy w/o Script Care	$388,070.60	$4,240.35	$362,130.00	$754,440.95	$252.57
Actual Drug Cost	$289,852.09	$3,017.84	$77,277.24	$370,147.17	$123.92
Pharmacy Fees	$453.00	$11.50	$2,375.75	$2,840.25	$0.95
Prescription Price w/ Script Care	$290,305.09	$3,029.34	$79,652.99	$372,987.42	$124.87
Savings through your Script Care Plan	**$97,765.51**	**$1,211.01**	**$282,477.01**	**$381,453.53**	**$127.70**
% Saved over Retail	**25.19%**	**28.56%**	**78.00%**	**50.56%**	
Copay	$44,107.78	$2,093.27	$39,949.71	$86,150.76	$28.84
% of Total Drug Cost	15.19%	69.10%	50.15%	23.10%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$246,197.31**	**$936.07**	**$39,703.28**	**$286,836.66**	**$96.03**
Total Plan Cost/Claim	**$507.62**	**$44.57**	**$16.00**	**$96.03**	
Cost/Per Cardholder Per Month	**$87.15**	**$0.33**	**$14.05**	**$101.54**	
Cost/Per Member Per Month	**$48.76**	**$0.19**	**$7.86**	**$56.81**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.88**	**1.06**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.49**	**0.59**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,825.0	2,224.0	5,049.0

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	193	5	947	1,145	
% of Retail Claims	16.86%	0.44%	82.71%	100.00%	
Prescription Price w/ Script Care	$109,842.13	$140.73	$21,815.62	$131,798.48	$115.11
Copay	$12,747.06	$116.05	$12,058.84	$24,921.95	$21.77
% of Total Drug Cost	11.60%	82.46%	55.28%	18.91%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$97,095.07	$24.68	$9,756.78	$106,876.53	$93.34
Employer Cost Per Claim	**$503.08**	**$4.94**	**$10.30**	**$93.34**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	56	6	311	373	
% of MO Claims	15.01%	1.61%	83.38%	100.00%	
Prescription Price w/ Script Care	$58,236.40	$1,894.49	$17,161.69	$77,292.58	$207.22
Copay	$10,625.08	$1,168.62	$8,704.94	$20,498.64	$54.96
% of Total Drug Cost	18.24%	61.69%	50.72%	26.52%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$47,611.32	$725.87	$8,456.75	$56,793.94	$152.26
Employer Cost Per Claim	**$850.20**	**$120.98**	**$27.19**	**$152.26**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	249	11	1,258	1,518	
% of All Claims	16.40%	0.72%	82.87%	100.00%	
Prescription Price w/ Script Care	$168,078.53	$2,035.22	$38,977.31	$209,091.06	$137.74
Copay	$23,372.14	$1,284.67	$20,763.78	$45,420.59	$29.92
% of Total Drug Cost	13.91%	63.12%	53.27%	21.72%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$144,706.39	$750.55	$18,213.53	$163,670.47	$107.82
Employer Cost Per Claim	**$581.15**	**$68.23**	**$14.48**	**$107.82**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	196	3	913	1,112	
% of Retail Claims	17.63%	0.27%	82.10%	100.00%	
Prescription Price w/ Script Care	$86,256.50	$459.32	$26,976.70	$113,692.52	$102.24
Copay	$13,282.40	$434.29	$10,956.38	$24,673.07	$22.19
% of Total Drug Cost	15.40%	94.55%	40.61%	21.70%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$72,974.10	$25.03	$16,020.32	$89,019.45	$80.05
Employer Cost Per Claim	**$372.32**	**$8.34**	**$17.55**	**$80.05**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	40	7	310	357	
% of MO Claims	11.20%	1.96%	86.83%	100.00%	
Prescription Price w/ Script Care	$35,970.06	$534.80	$13,698.98	$50,203.84	$140.63
Copay	$7,453.24	$374.31	$8,229.55	$16,057.10	$44.98
% of Total Drug Cost	20.72%	69.99%	60.07%	31.98%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$28,516.82	$160.49	$5,469.43	$34,146.74	$95.65
Employer Cost Per Claim	**$712.92**	**$22.93**	**$17.64**	**$95.65**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	236	10	1,223	1,469	
% of All Claims	16.07%	0.68%	83.25%	100.00%	
Prescription Price w/ Script Care	$122,226.56	$994.12	$40,675.68	$163,896.36	$111.57
Copay	$20,735.64	$808.60	$19,185.93	$40,730.17	$27.73
% of Total Drug Cost	16.96%	81.34%	47.17%	24.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$101,490.92	$185.52	$21,489.75	$123,166.19	$83.84
Employer Cost Per Claim	**$430.05**	**$18.55**	**$17.57**	**$83.84**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	389	8	1,860	2,257	
% of Retail Claims	17.24%	0.35%	82.41%	100.00%	
Prescription Price w/ Script Care	$196,098.63	$600.05	$48,792.32	$245,491.00	$108.77
Copay	$26,029.46	$550.34	$23,015.22	$49,595.02	$21.97
% of Total Drug Cost	13.27%	91.72%	47.17%	20.20%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$170,069.17	$49.71	$25,777.10	$195,895.98	$86.79
Employer Cost Per Claim	**$437.20**	**$6.21**	**$13.86**	**$86.79**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	96	13	621	730	
% of MO Claims	13.15%	1.78%	85.07%	100.00%	
Prescription Price w/ Script Care	$94,206.46	$2,429.29	$30,860.67	$127,496.42	$174.65
Copay	$18,078.32	$1,542.93	$16,934.49	$36,555.74	$50.08
% of Total Drug Cost	19.19%	63.51%	54.87%	28.67%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$76,128.14	$886.36	$13,926.18	$90,940.68	$124.58
Employer Cost Per Claim	**$793.00**	**$68.18**	**$22.43**	**$124.58**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	485	21	2,481	2,987	
% of All Claims	16.24%	0.70%	83.06%	100.00%	
Prescription Price w/ Script Care	$290,305.09	$3,029.34	$79,652.99	$372,987.42	$124.87
Copay	$44,107.78	$2,093.27	$39,949.71	$86,150.76	$28.84
% of Total Drug Cost	15.19%	69.10%	50.15%	23.10%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$246,197.31	$936.07	$39,703.28	$286,836.66	$96.03
Employer Cost Per Claim	**$507.62**	**$44.57**	**$16.00**	**$96.03**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,518		5 **		16 **	
% of All Claims	100.00%		0.33%		1.05%	
Retail from Pharmacy w/o Script Care	$407,889.12	$268.70	$35,822.31	$7,164.46	$79,147.64	$4,946.73
Actual Drug Cost	$207,671.06	$136.81	$30,386.87	$6,077.37	$55,871.20	$3,491.95
Pharmacy Fees	$1,420.00	$0.94	$3.25	$0.65	$32.00	$2.00
Prescription Price w/ Script Care	$209,091.06	$137.74	$30,390.12	$6,078.02	$55,903.20	$3,493.95
Savings through your Script Care Plan	**$198,798.06**	**$130.96**	**$5,432.19**	**$1,086.44**	**$23,244.44**	**$1,452.78**
% Saved over Retail	**48.74%**		**15.16%**		**29.37%**	
Copay	$45,420.59	$29.92	$500.00	$100.00	$1,522.49	$95.16
% of Total Drug Cost	21.72%		1.65%		2.72%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$163,670.47**	**$107.82**	**$29,890.12**	**$5,978.02**	**$54,380.71**	**$3,398.79**
% of Total Cost	**100.00%**		**18.26%**		**33.23%**	
Total Plan Cost/Claim	**$107.82**		**$5,978.02**		**$3,398.79**	
Cost/Per Cardholder Per Month	**$116.08**		**$21.20**		**$38.57**	
Cost/Per Member Per Month	**$62.11**		**$11.34**		**$20.64**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,410.0	1,225.0	2,635.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,469		2 **		11 **	
% of All Claims	100.00%		0.14%		0.75%	
Retail from Pharmacy w/o Script Care	$346,551.83	$235.91	$18,939.52	$9,469.76	$52,601.19	$4,781.93
Actual Drug Cost	$162,476.11	$110.60	$16,375.31	$8,187.66	$36,979.67	$3,361.79
Pharmacy Fees	$1,420.25	$0.97	$0.00	$0.00	$22.00	$2.00
Prescription Price w/ Script Care	$163,896.36	$111.57	$16,375.31	$8,187.66	$37,001.67	$3,363.79
Savings through your Script Care Plan	**$182,655.47**	**$124.34**	**$2,564.21**	**$1,282.11**	**$15,599.52**	**$1,418.14**
% Saved over Retail	**52.71%**		**13.54%**		**29.66%**	
Copay	$40,730.17	$27.73	$200.00	$100.00	$950.00	$86.36
% of Total Drug Cost	24.85%		1.22%		2.57%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$123,166.19**	**$83.84**	**$16,175.31**	**$8,087.66**	**$36,051.67**	**$3,277.42**
% of Total Cost	**100.00%**		**13.13%**		**29.27%**	
Total Plan Cost/Claim	**$83.84**		**$8,087.66**		**$3,277.42**	
Cost/Per Cardholder Per Month	**$87.04**		**$11.43**		**$25.48**	
Cost/Per Member Per Month	**$51.02**		**$6.70**		**$14.93**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,415.0	999.0	2,414.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	2,987		7 **		27 **	
% of All Claims	100.00%		0.23%		0.90%	
Retail from Pharmacy w/o Script Care	$754,440.95	$252.57	$54,761.83	$7,823.12	$131,748.83	$4,879.59
Actual Drug Cost	$370,147.17	$123.92	$46,762.18	$6,680.31	$92,850.87	$3,438.92
Pharmacy Fees	$2,840.25	$0.95	$3.25	$0.46	$54.00	$2.00
Prescription Price w/ Script Care	$372,987.42	$124.87	$46,765.43	$6,680.78	$92,904.87	$3,440.92
Savings through your Script Care Plan	**$381,453.53**	**$127.70**	**$7,996.40**	**$1,142.34**	**$38,843.96**	**$1,438.67**
% Saved over Retail	**50.56%**		**14.60%**		**29.48%**	
Copay	$86,150.76	$28.84	$700.00	$100.00	$2,472.49	$91.57
% of Total Drug Cost	23.10%		1.50%		2.66%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$286,836.66**	**$96.03**	**$46,065.43**	**$6,580.78**	**$90,432.38**	**$3,349.35**
% of Total Cost	**100.00%**		**16.06%**		**31.53%**	
Total Plan Cost/Claim	**$96.03**		**$6,580.78**		**$3,349.35**	
Cost/Per Cardholder Per Month	**$101.54**		**$16.31**		**$32.01**	
Cost/Per Member Per Month	**$56.81**		**$9.12**		**$17.91**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,825.0	2,224.0	5,049.0

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **4/30/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,423.0	1,429.0	1,417.0	1,410.0									1,419.8
Dependents	1,226.0	1,232.0	1,228.0	1,225.0									1,227.8
Utilizing Cardholders	623.0	612.0	647.0	624.0									1,006.0
Utilization %	43.78%	42.83%	45.66%	44.26%									70.86%
Claim Summary													
All	1,535	1,483	1,671	1,518									6,207
Avg Per Cardholder	1.08	1.04	1.18	1.08									4.37
Avg Per Member	0.58	0.56	0.63	0.58									2.34
Brand	226	238	257	249									970
Generic	1,296	1,239	1,406	1,258									5,199
Brand w/Generic	13	6	8	11									38
Generic % of All	84.43%	83.55%	84.14%	82.87%									83.76%
Mail Order	383	317	389	371									1,460
Mail Order % of All	24.95%	21.38%	23.28%	24.44%									23.52%
Claim Cost													
Submitted Cost	$334,150	$360,004	$405,353	$407,889									$1,507,396
Script Care Cost	$151,856	$188,835	$200,653	$209,091									$750,434
Savings	$182,294	$171,169	$204,700	$198,798									$756,961
Tax	$0	$0	$0	$0									$0
Total	$151,856	$188,835	$200,653	$209,091									$750,434
Average Claim Cost	$98.93	$127.33	$120.08	$137.74									$120.90
Average Brand Cost	$505.01	$631.76	$618.49	$675.01									$609.82
Average Generic Cost	$27.80	$28.27	$29.06	$30.98									$29.02
Average Br w/Gen Cost	$130.88	$575.80	$105.20	$185.02									$211.40
Member Cost													
Total Copay	$42,299	$42,945	$46,823	$45,421									$177,488
Average Claim Copay	$27.56	$28.96	$28.02	$29.92									$28.59
Average Brand Copay	$89.16	$90.12	$82.85	$93.86									$88.93
Average Generic Copay	$16.75	$16.66	$17.78	$16.51									$16.95
Average Br w/Gen Copay	$33.99	$141.42	$65.80	$116.79									$81.62
Copay % of Total Cost	27.85%	22.74%	23.34%	21.72%									23.65%
Plan Cost													
Plan Cost	$109,557	$145,890	$153,830	$163,670									$572,947
Average Claim Cost	$71.37	$98.37	$92.06	$107.82									$92.31
Average Brand Cost	$415.85	$541.63	$535.64	$581.15									$520.88
Average Generic Cost	$11.05	$11.60	$11.28	$14.48									$12.07
Average Br w/Gen Cost	$96.89	$434.39	$39.41	$68.23									$129.78
Plan Cost % of Total Cost	72.15%	77.26%	76.66%	78.28%									76.35%
Plan Cost Per Cardholder	$76.99	$102.09	$108.56	$116.08									$403.55
Plan Cost Per Member	$41.36	$54.83	$58.16	$62.11									$216.41
Cardholders > $500	50	46	49	60									174
Cardholders > 5 Claims	40	46	60	48									403

Top 10 Drugs by Plan Cost

ENBREL	CEREZYME	HUMIRA PEN	CEREZYME										CEREZYME
HUMIRA PEN	NBREL SRCLK	CEREZYME	HUMIRA PEN										ENBREL SRCLK
XOLAIR	VONEX PREFL	NBREL SRCLK	NBREL SRCLK										HUMIRA PEN
VONEX PREFL	HUMIRA PEN	STELARA	STELARA										ENBREL
AUBAGIO	ENBREL	ENBREL	AUBAGIO										AVONEX PREFL
OXYCONTIN	NBREL SRCLK	AUBAGIO	XOLAIR										AUBAGIO
NBREL SRCLK	AUBAGIO	VONEX PREFL	AVONEX PEN										STELARA
VICTOZA	XOLAIR	AVONEX PEN	VONEX PREFL										XOLAIR
LANTUS	ATRIPLA	NBREL SRCLK	NBREL SRCLK										AVONEX PEN
ADCIRCA	LEVEMIR	ADCIRCA	ENBREL										ADCIRCA

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **4/30/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,418.0	1,422.0	1,419.0	1,415.0									1,418.5
Dependents	987.0	993.0	997.0	999.0									994.0
Utilizing Cardholders	634.0	651.0	672.0	598.0									1,029.0
Utilization %	44.71%	45.78%	47.36%	42.26%									72.54%
Claim Summary													
All	1,569	1,593	1,764	1,469									6,395
Avg Per Cardholder	1.11	1.12	1.24	1.04									4.51
Avg Per Member	0.65	0.66	0.73	0.61									2.65
Brand	244	251	286	236									1,017
Generic	1,317	1,330	1,469	1,223									5,339
Brand w/Generic	8	12	9	10									39
Generic % of All	83.94%	83.49%	83.28%	83.25%									83.49%
Mail Order	393	368	448	356									1,565
Mail Order % of All	25.05%	23.10%	25.40%	24.23%									24.47%
Claim Cost													
Submitted Cost	$364,064	$298,607	$400,411	$346,552									$1,409,634
Script Care Cost	$176,670	$143,205	$197,876	$163,896									$681,647
Savings	$187,394	$155,402	$202,534	$182,655									$727,987
Tax	$0	$0	$0	$0									$0
Total	$176,670	$143,205	$197,876	$163,896									$681,647
Average Claim Cost	$112.60	$89.90	$112.17	$111.57									$106.59
Average Brand Cost	$554.18	$396.03	$519.24	$517.91									$496.91
Average Generic Cost	$30.73	$30.94	$32.89	$33.26									$31.96
Average Br w/Gen Cost	$121.73	$221.01	$116.84	$99.41									$145.43
Member Cost													
Total Copay	$42,398	$40,075	$49,247	$40,730									$172,450
Average Claim Copay	$27.02	$25.16	$27.92	$27.73									$26.97
Average Brand Copay	$88.84	$70.02	$86.64	$87.86									$83.35
Average Generic Copay	$15.25	$15.11	$16.00	$15.69									$15.52
Average Br w/Gen Copay	$79.55	$200.07	$107.66	$80.86									$123.46
Copay % of Total Cost	24.00%	27.98%	24.89%	24.85%									25.30%
Plan Cost													
Plan Cost	$134,272	$103,130	$148,629	$123,166									$509,197
Average Claim Cost	$85.58	$64.74	$84.26	$83.84									$79.62
Average Brand Cost	$465.34	$326.01	$432.60	$430.05									$413.56
Average Generic Cost	$15.48	$15.83	$16.90	$17.57									$16.44
Average Br w/Gen Cost	$42.17	$20.95	$9.19	$18.55									$21.97
Plan Cost % of Total Cost	76.00%	72.02%	75.11%	75.15%									74.70%
Plan Cost Per Cardholder	$94.69	$72.52	$104.74	$87.04									$358.97
Plan Cost Per Member	$55.83	$42.70	$61.52	$51.02									$211.07
Cardholders > $500	56	47	59	50									168
Cardholders > 5 Claims	45	45	62	39									424

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN
IBRANCE	IBRANCE	IBRANCE	IBRANCE	IBRANCE
LEVEMIR	NBREL SRCLK	XOLAIR	HUMIRA PEN	XOLAIR
XOLAIR	LANTUS	CAPECITABINE	LEVEMIR	CAPECITABINE
VONEX PREFL	XELJANZ	TRIUMEQ	XOLAIR	LEVEMIR
CAPECITABINE	ETHYLPHENID	NBREL SRCLK	NBREL SRCLK	XELJANZ
ORENCIA	CAPECITABINE	MOZOLOMIDE	MOZOLOMIDE	LANTUS
HUMIRA PEN	MOZOLOMIDE	ORENCIA	ORENCIA	ENBREL SRCLK
LYRICA	ARIPIPRAZOLE	XELJANZ	XELJANZ	ORENCIA
ASACOL HD	TRIUMEQ	CRESTOR	SOLODYN	TRIUMEQ

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **4/30/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	2,841.0	2,851.0	2,836.0	2,825.0									2,838.3
Dependents	2,213.0	2,225.0	2,225.0	2,224.0									2,221.8
Utilizing Cardholders	1,257.0	1,263.0	1,319.0	1,222.0									2,035.0
Utilization %	44.24%	44.30%	46.51%	43.26%									71.70%
Claim Summary													
All	3,104	3,076	3,435	2,987									12,602
Avg Per Cardholder	1.09	1.08	1.21	1.06									4.44
Avg Per Member	0.61	0.61	0.68	0.59									2.49
Brand	470	489	543	485									1,987
Generic	2,613	2,569	2,875	2,481									10,538
Brand w/Generic	21	18	17	21									77
Generic % of All	84.18%	83.52%	83.70%	83.06%									83.62%
Mail Order	776	685	837	727									3,025
Mail Order % of All	25.00%	22.27%	24.37%	24.34%									24.00%
Claim Cost													
Submitted Cost	$698,214	$658,611	$805,764	$754,441									$2,917,030
Script Care Cost	$328,525	$332,040	$398,529	$372,987									$1,432,082
Savings	$369,689	$326,571	$407,235	$381,454									$1,484,948
Tax	$0	$0	$0	$0									$0
Total	$328,525	$332,040	$398,529	$372,987									$1,432,082
Average Claim Cost	$105.84	$107.95	$116.02	$124.87									$113.64
Average Brand Cost	$530.54	$510.76	$566.22	$598.57									$552.03
Average Generic Cost	$29.28	$29.65	$31.02	$32.11									$30.51
Average Br w/Gen Cost	$127.39	$339.28	$111.37	$144.25									$177.98
Member Cost													
Total Copay	$84,697	$83,020	$96,070	$86,151									$349,938
Average Claim Copay	$27.29	$26.99	$27.97	$28.84									$27.77
Average Brand Copay	$88.99	$79.80	$84.85	$90.94									$86.07
Average Generic Copay	$15.99	$15.86	$16.87	$16.10									$16.23
Average Br w/Gen Copay	$51.35	$180.52	$87.96	$99.68									$102.81
Copay % of Total Cost	25.78%	25.00%	24.11%	23.10%									24.44%
Plan Cost													
Plan Cost	$243,828	$249,020	$302,459	$286,837									$1,082,144
Average Claim Cost	$78.55	$80.96	$88.05	$96.03									$85.87
Average Brand Cost	$441.55	$430.96	$481.37	$507.62									$465.95
Average Generic Cost	$13.28	$13.79	$14.15	$16.00									$14.28
Average Br w/Gen Cost	$76.05	$158.76	$23.41	$44.57									$75.18
Plan Cost % of Total Cost	74.22%	75.00%	75.89%	76.90%									75.56%
Plan Cost Per Cardholder	$85.82	$87.34	$106.65	$101.54									$381.27
Plan Cost Per Member	$48.24	$49.06	$59.76	$56.81									$213.86
Cardholders > $500	106	93	108	110									342
Cardholders > 5 Claims	85	91	122	87									827

Top 10 Drugs by Plan Cost

HUMIRA PEN	NBREL SRCLK	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN
XOLAIR	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	ENBREL SRCLK
VONEX PREFL	CEREZYME	CEREZYME	CEREZYME	CEREZYME
IBRANCE	VONEX PREFL	IBRANCE	XOLAIR	IBRANCE
ENBREL	IBRANCE	STELARA	IBRANCE	XOLAIR
HUMIRA PEN	HUMIRA PEN	ENBREL	STELARA	AVONEX PREFL
LEVEMIR	ENBREL	AUBAGIO	LEVEMIR	ENBREL
LANTUS	AUBAGIO	XOLAIR	AUBAGIO	LANTUS
OXYCONTIN	XOLAIR	VONEX PREFL	AVONEX PEN	LEVEMIR
AUBAGIO	ATRIPLA	AVONEX PEN	VONEX PREFL	CRESTOR

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	440	$2,281	$36	$2,245	$5.10	98.4%
$10.00 to $24.99	482	$6,749	$347	$6,402	$13.28	94.9%
$25.00 to $49.99	219	$6,890	$1,824	$5,067	$23.14	73.5%
$50.00 to $74.99	71	$4,002	$2,065	$1,937	$27.28	48.4%
$75.00 to $99.99	40	$2,926	$1,579	$1,347	$33.67	46.0%
$100.00 to $199.99	81	$9,675	$5,848	$3,827	$47.25	39.6%
$200.00 to $299.99	33	$5,703	$3,567	$2,136	$64.73	37.5%
$300.00 to $399.99	37	$11,308	$7,936	$3,372	$91.14	29.8%
$400.00 to $499.99	28	$8,099	$5,947	$2,152	$76.86	26.6%
$500.00 to $599.99	10	$3,235	$2,081	$1,154	$115.43	35.7%
$600.00 to $699.99	10	$6,531	$4,379	$2,152	$215.17	32.9%
$700.00 to $799.99	8	$4,431	$2,884	$1,547	$193.34	34.9%
$800.00 to $899.99	4	$3,413	$2,413	$1,000	$250.00	29.3%
$900.00 to $999.99	3	$2,813	$2,113	$700	$233.33	24.9%
$1000.00 to $1099.99	8	$6,313	$4,713	$1,600	$200.00	25.3%
$1100.00 to $1199.99	5	$5,762	$4,262	$1,500	$300.00	26.0%
$1200.00 to $1299.99	6	$4,929	$3,545	$1,384	$230.65	28.1%
$1300.00 or more	33	$114,031	$108,131	$5,900	$178.79	5.2%
Total	1,518	$209,091	$163,670	$45,421	$29.92	21.7%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	487	$11,493	$5,319	$6,174	$12.68	53.7%
16-34 days	625	$126,997	$112,154	$14,842	$23.75	11.7%
35-60 days	2	$1,441	$1,092	$349	$174.48	24.2%
61-83 days	2	($326)	($247)	($79)	($39.30)	
84-90 days	399	$67,929	$44,418	$23,511	$58.93	34.6%
91-120 days	3	$1,557	$934	$623	$207.57	40.0%
121-180 days						
181 or more days						
Total	1,518	$209,091	$163,670	$45,421	$29.92	21.7%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	101	$5,652	$3,214	$2,438	$24.14	43.1%
13-18 Years	49	$4,363	$3,042	$1,321	$26.96	30.3%
19-30 Years	137	$16,378	$13,245	$3,132	$22.86	19.1%
31-45 Years	341	$32,605	$25,781	$6,824	$20.01	20.9%
46-49 Years	112	$17,520	$14,037	$3,483	$31.09	19.9%
50-59 Years	456	$79,792	$66,214	$13,578	$29.78	17.0%
60-64 Years	246	$43,958	$32,677	$11,281	$45.86	25.7%
65 and Over	76	$8,824	$5,460	$3,364	$44.26	38.1%
Total	1,518	$209,091	$163,670	$45,421	$29.92	21.7%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	400	$2,198	$19	$2,179	$5.45	99.2%
$10.00 to $24.99	482	$6,695	$362	$6,333	$13.14	94.6%
$25.00 to $49.99	212	$7,115	$2,403	$4,712	$22.23	66.2%
$50.00 to $74.99	87	$4,336	$2,063	$2,272	$26.12	52.4%
$75.00 to $99.99	41	$2,696	$1,387	$1,309	$31.92	48.5%
$100.00 to $199.99	76	$9,914	$6,258	$3,656	$48.10	36.9%
$200.00 to $299.99	49	$11,989	$7,672	$4,317	$88.10	36.0%
$300.00 to $399.99	37	$11,248	$7,814	$3,434	$92.81	30.5%
$400.00 to $499.99	11	$4,128	$3,089	$1,039	$94.46	25.2%
$500.00 to $599.99	13	$4,983	$3,798	$1,185	$91.13	23.8%
$600.00 to $699.99	8	$4,060	$2,587	$1,472	$184.06	36.3%
$700.00 to $799.99	6	$4,528	$3,581	$947	$157.88	20.9%
$800.00 to $899.99	4	$3,334	$2,834	$500	$125.00	15.0%
$900.00 to $999.99	6	$5,692	$4,092	$1,600	$266.67	28.1%
$1000.00 to $1099.99	11	$7,371	$5,671	$1,700	$154.55	23.1%
$1100.00 to $1199.99	2	$2,260	$1,660	$600	$300.00	26.5%
$1200.00 to $1299.99	2	$2,472	$2,322	$150	$75.00	6.1%
$1300.00 or more	22	$68,880	$65,555	$3,325	$151.14	4.8%
Total	1,469	$163,896	$123,166	$40,730	$27.73	24.9%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	427	$9,010	$3,640	$5,370	$12.58	59.6%
16-34 days	654	$99,680	$83,793	$15,886	$24.29	15.9%
35-60 days	7	$870	$457	$413	$59.05	47.5%
61-83 days	1	($75)	($15)	($60)	($60.00)	
84-90 days	377	$52,792	$33,971	$18,820	$49.92	35.7%
91-120 days	3	$1,619	$1,319	$300	$100.00	18.5%
121-180 days						
181 or more days						
Total	1,469	$163,896	$123,166	$40,730	$27.73	24.9%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	72	$5,426	$2,886	$2,540	$35.28	46.8%
13-18 Years	57	$11,381	$9,731	$1,650	$28.94	14.5%
19-30 Years	150	$16,804	$13,465	$3,339	$22.26	19.9%
31-45 Years	267	$18,031	$12,907	$5,124	$19.19	28.4%
46-49 Years	110	$14,393	$11,267	$3,126	$28.42	21.7%
50-59 Years	416	$53,201	$40,008	$13,194	$31.72	24.8%
60-64 Years	262	$34,101	$25,928	$8,173	$31.19	24.0%
65 and Over	135	$10,558	$6,973	$3,585	$26.56	34.0%
Total	1,469	$163,896	$123,166	$40,730	$27.73	24.9%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	840	$4,478	$55	$4,424	$5.27	98.8%
$10.00 to $24.99	964	$13,444	$709	$12,735	$13.21	94.7%
$25.00 to $49.99	431	$14,005	$4,227	$9,778	$22.69	69.8%
$50.00 to $74.99	158	$8,338	$4,128	$4,210	$26.64	50.5%
$75.00 to $99.99	81	$5,621	$2,966	$2,655	$32.78	47.2%
$100.00 to $199.99	157	$19,588	$12,106	$7,483	$47.66	38.2%
$200.00 to $299.99	82	$17,692	$11,239	$6,453	$78.70	36.5%
$300.00 to $399.99	74	$22,556	$15,750	$6,806	$91.97	30.2%
$400.00 to $499.99	39	$12,227	$9,036	$3,191	$81.82	26.1%
$500.00 to $599.99	23	$8,218	$5,879	$2,339	$101.70	28.5%
$600.00 to $699.99	18	$10,591	$6,966	$3,624	$201.34	34.2%
$700.00 to $799.99	14	$8,959	$6,465	$2,494	$178.14	27.8%
$800.00 to $899.99	8	$6,747	$5,247	$1,500	$187.50	22.2%
$900.00 to $999.99	9	$8,504	$6,204	$2,300	$255.56	27.0%
$1000.00 to $1099.99	19	$13,684	$10,384	$3,300	$173.68	24.1%
$1100.00 to $1199.99	7	$8,023	$5,923	$2,100	$300.00	26.2%
$1200.00 to $1299.99	8	$7,400	$5,867	$1,534	$191.74	20.7%
$1300.00 or more	55	$182,911	$173,686	$9,225	$167.73	5.0%
Total	2,987	$372,987	$286,837	$86,151	$28.84	23.1%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	914	$20,504	$8,960	$11,544	$12.63	56.3%
16-34 days	1,279	$226,676	$195,948	$30,729	$24.03	13.6%
35-60 days	9	$2,311	$1,549	$762	$84.70	33.0%
61-83 days	3	($400)	($262)	($139)	($46.20)	
84-90 days	776	$120,721	$78,389	$42,332	$54.55	35.1%
91-120 days	6	$3,176	$2,253	$923	$153.79	29.1%
121-180 days						
181 or more days						
Total	2,987	$372,987	$286,837	$86,151	$28.84	23.1%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	173	$11,078	$6,100	$4,978	$28.77	44.9%
13-18 Years	106	$15,744	$12,773	$2,971	$28.03	18.9%
19-30 Years	287	$33,182	$26,711	$6,471	$22.55	19.5%
31-45 Years	608	$50,636	$38,688	$11,948	$19.65	23.6%
46-49 Years	222	$31,913	$25,304	$6,608	$29.77	20.7%
50-59 Years	872	$132,994	$106,222	$26,772	$30.70	20.1%
60-64 Years	508	$78,059	$58,605	$19,454	$38.29	24.9%
65 and Over	211	$19,382	$12,434	$6,949	$32.93	35.9%
Total	2,987	$372,987	$286,837	$86,151	$28.84	23.1%

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 4/1/2016 and 4/30/2016
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	57	$29,311.51	$1,269.01
27	Antidiabetic	68	$20,979.04	$6,308.44
82	Hematopoitic Agents	2	$17,767.73	$102.05
62	Misc. Psychotherapeutic and Neurological Agents	6	$17,522.82	$300.00
44	Antiasthmatic	69	$13,791.13	$4,508.28
90	Dermatological	42	$13,767.21	$1,253.90
59	Antipsychotics	12	$6,863.94	$1,367.83
61	Stimulants/Anti-Obesity Anorexiants	40	$5,048.43	$2,790.36
40	Misc. Cardiovascular	9	$3,871.44	$803.57
39	Antihyperlipidemic	88	$3,193.30	$3,140.15
52	Misc. GI	11	$2,952.97	$1,020.01
12	Antiviral	23	$2,952.27	$684.17
72	Anticonvulsant	41	$2,375.09	$1,587.78
38	Pressors	5	$2,054.05	$595.78
25	Contraceptives	39	$1,782.71	$0.00
22	Corticosteroids	41	$1,689.59	$622.94
68	Gout	14	$1,677.93	$914.78
65	Analgesics-Narcotic	89	$1,637.01	$1,216.81
67	Migraine Products	11	$1,458.11	$291.11
58	Antidepressants	101	$1,438.66	$2,213.03
21	Antineoplastics	8	$1,304.07	$385.59
86	Ophthalmic	20	$1,288.65	$677.99
24	Estrogens	6	$941.64	$648.65
33	Beta Blockers	35	$893.50	$993.29
42	Systemic And Topical Nasal Products	30	$842.94	$775.59
46	Laxatives	22	$697.87	$145.56
83	Anticoagulants	2	$535.49	$200.00
04	Tetracyclines	24	$479.90	$498.69
85	Misc. Hematological	6	$459.07	$290.79
16	Misc. Anti-Infectives	24	$417.08	$365.52
37	Diuretics	31	$392.44	$445.32
94	Diagnostic Products	4	$363.75	$277.41
02	Cephalosporins	28	$348.61	$524.39
55	Vaginal Products	3	$348.33	$246.55
30	Misc. Endocrine	2	$293.87	$243.15
75	Musculoskeletal Therapy Agents	27	$292.15	$393.17
17	Vaccines	1	$274.00	$0.00

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 4/1/2016 and 4/30/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
99	Assorted Classes	2	$198.11	$122.49
13	Antimalarial	1	$185.21	$123.47
54	Urinary Antispasmodics	1	$141.94	$94.63
50	Antiemetics	20	$121.41	$237.13
87	Otic	1	$107.68	$71.78
60	Hypnotics	13	$89.48	$243.98
88	Mouth and Throat (Local)	6	$77.47	$93.32
01	Penicillins	57	$75.15	$650.34
03	Macrolide Antibiotics	32	$72.09	$331.91
43	Cough/Cold/Allergy	34	$66.63	$354.91
36	Antihypertensive	75	$41.20	$1,200.54
64	Analgesics-Non Narcotic	2	$33.73	$35.99
23	Androgen-Anabolic	3	$27.58	$166.14
31	Cardiotonics	2	$27.00	$40.00
49	Ulcer Drugs	50	$26.42	$647.76
41	Antihistamines	12	$25.05	$668.46
89	Anorectal	2	$20.96	$40.00
53	Urinary Anti-Infectives	3	$15.31	$21.25
57	Antianxiety Agents	47	$13.97	$446.36
32	Antianginal Agents	2	$11.22	$40.00
35	Antiarrhythmic	1	$10.18	$20.00
26	Progestins	2	$9.56	$24.00
56	Miscellaneous Genitourinary Products	12	$0.58	$294.03
05	Fluoroquinolones	14	$0.00	$88.22
11	Antifunguals	21	$0.00	$216.71
97	Medical Devices	5	$0.00	$152.43
78	Multivitamins	1	$0.00	$49.83
28	Thyroid	32	$0.00	$594.84
34	Calcium Blockers	19	$0.00	$254.89
79	Minerals and Electrolytes	5	($35.76)	($6.48)
Grand Total		1,518	$163,670.47	$45,420.59

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 4/1/2016 and 4/30/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	44	$28,825.13	$1,320.35
27	Antidiabetic	53	$18,945.98	$5,158.21
21	Antineoplastics	12	$16,961.38	$381.30
44	Antiasthmatic	76	$10,423.47	$3,250.21
90	Dermatological	59	$4,493.27	$1,690.11
25	Contraceptives	57	$4,223.04	$0.00
04	Tetracyclines	21	$3,299.07	$723.76
61	Stimulants/Anti-Obesity Anorexiants	34	$2,964.21	$2,336.21
39	Antihyperlipidemic	73	$2,770.77	$2,253.05
52	Misc. GI	4	$2,724.90	$600.00
72	Anticonvulsant	39	$2,687.60	$1,910.55
65	Analgesics-Narcotic	77	$2,130.92	$1,112.52
23	Androgen-Anabolic	1	$1,782.83	$125.00
83	Anticoagulants	8	$1,718.74	$508.82
54	Urinary Antispasmodics	3	$1,648.86	$496.43
58	Antidepressants	99	$1,565.91	$2,663.80
86	Ophthalmic	19	$1,435.88	$935.83
12	Antiviral	28	$1,331.37	$1,043.71
16	Misc. Anti-Infectives	23	$1,230.97	$247.41
74	Neuromuscular Agents	1	$1,114.00	$100.00
67	Migraine Products	13	$999.69	$580.48
49	Ulcer Drugs	42	$935.33	$1,113.85
40	Misc. Cardiovascular	5	$929.54	$470.19
55	Vaginal Products	6	$896.89	$553.14
62	Misc. Psychotherapeutic and Neurological Agents	2	$766.98	$297.27
24	Estrogens	9	$763.76	$594.91
42	Systemic And Topical Nasal Products	34	$749.47	$822.99
85	Misc. Hematological	3	$685.45	$336.42
46	Laxatives	18	$455.64	$104.72
35	Antiarrhythmic	2	$407.61	$120.00
33	Beta Blockers	39	$384.60	$764.05
87	Otic	6	$381.77	$260.52
56	Miscellaneous Genitourinary Products	9	$326.44	$266.28
68	Gout	6	$293.03	$83.96
13	Antimalarial	3	$290.10	$205.21
02	Cephalosporins	22	$263.19	$352.01
17	Vaccines	1	$215.00	$0.00

SCRIPT CARE, LTD.

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 4/1/2016 and 4/30/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
60	Hypnotics	16	$171.17	$238.15
53	Urinary Anti-Infectives	7	$151.16	$163.82
75	Musculoskeletal Therapy Agents	18	$126.62	$263.77
30	Misc. Endocrine	3	$106.96	$88.71
01	Penicillins	48	$100.00	$528.09
05	Fluoroquinolones	18	$99.10	$186.16
94	Diagnostic Products	5	$95.05	$174.03
43	Cough/Cold/Allergy	29	$91.66	$305.72
50	Antiemetics	17	$89.93	$217.91
37	Diuretics	39	$78.49	$421.98
57	Antianxiety Agents	48	$76.50	$492.05
64	Analgesics-Non Narcotic	7	$75.57	$96.46
03	Macrolide Antibiotics	34	$74.23	$344.93
22	Corticosteroids	36	$66.59	$341.63
89	Anorectal	3	$45.91	$30.60
79	Minerals and Electrolytes	10	$44.87	$190.09
97	Medical Devices	5	$42.52	$69.11
41	Antihistamines	10	$32.92	$123.16
34	Calcium Blockers	37	$27.92	$529.79
88	Mouth and Throat (Local)	3	$27.86	$28.00
36	Antihypertensive	73	$24.20	$1,192.56
59	Antipsychotics	6	$19.41	$116.97
77	Vitamins	1	$7.42	$0.00
28	Thyroid	28	$4.83	$626.42
47	Antidiarrheals	1	$0.00	$8.15
82	Hematopoitic Agents	3	$0.00	$32.45
11	Antifunguals	5	$0.00	$38.38
32	Antianginal Agents	1	$0.00	$4.00
99	Assorted Classes	1	$0.00	$14.12
26	Progestins	2	$0.00	($9.08)
73	Antiparkinsonian	2	$0.00	$88.77
38	Pressors	2	($537.49)	$0.00
Grand Total		1,469	$123,166.19	$40,730.17

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 4/1/2016 and 4/30/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CEREZYME	1	$17,767.73	$17,767.73	$17,867.73	$19,144.00	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
ENBREL SRCLK	4	$14,502.92	$3,625.73	$14,894.92	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
HUMIRA PEN	3	$11,081.73	$3,693.91	$11,375.73	$4,062.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
STELARA	1	$8,822.94	$8,822.94	$8,920.94	$9,558.15	N	Y	DERMATOLOGICALS/Antipsoriatics - Systemic
AUBAGIO	1	$5,750.56	$5,750.56	$5,850.56	$6,268.46	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
XOLAIR	1	$5,492.66	$5,492.66	$5,592.66	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
AVONEX PREFL	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AVONEX PEN	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ENBREL	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
HUMALOG	6	$3,489.00	$581.50	$4,135.50	$516.94	N	Y	ANTIDIABETICS/Human Insulin
VICTOZA	2	$2,852.90	$1,426.45	$3,448.90	$574.82	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
ADCIRCA	1	$2,650.80	$2,650.80	$2,748.80	$2,748.80	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
CRESTOR	8	$2,488.50	$311.06	$3,943.66	$257.20	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ARIPIPRAZOLE	4	$2,397.02	$599.26	$2,992.02	$498.67	Y	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
ATRIPLA	1	$2,293.98	$2,293.98	$2,391.98	$2,391.98	N	Y	ANTIVIRALS/Antiretroviral Combinations
ADVAIR DISKU	3	$2,287.89	$762.63	$3,186.51	$354.06	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
LATUDA	1	$2,255.51	$2,255.51	$2,555.51	$851.84	N	Y	ANTIPSYCHOTICS/ANTIMANIC
EPIPEN 2-PAK	5	$2,054.05	$410.81	$2,643.58	$809.26	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
LANTUS	7	$1,921.76	$274.54	$2,481.47	$323.67	N	Y	ANTIDIABETICS/Human Insulin
INVOKANA	4	$1,660.42	$415.11	$2,256.42	$376.07	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
PENNSAID	1	$1,561.12	$1,561.12	$1,659.62	$1,778.16	N	N	DERMATOLOGICALS/Anti-inflammatory Agents -
UCERIS	1	$1,536.63	$1,536.63	$1,635.13	$1,635.13	N	N	CORTICOSTEROIDS/Glucocorticosteroids
ASACOL HD	1	$1,494.88	$1,494.88	$1,794.88	$598.29	N	N	GASTROINTESTINAL AGENTS - MISC./Inflammatory
NUVIGIL	1	$1,385.38	$1,385.38	$1,685.38	$561.79	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
TREXIMET	1	$1,384.73	$1,384.73	$1,482.98	$1,482.98	N	N	MIGRAINE PRODUCTS/Selective Serotonin Agonist-
BUT/APAP/CAF	2	$1,375.24	$687.62	$1,693.74	$518.49	Y	N	ANALGESICS - OPIOID/Codeine Combinations
PALIPERIDONE	1	$1,358.97	$1,358.97	$1,658.97	$552.99	Y	Y	ANTIPSYCHOTICS/ANTIMANIC
JANUVIA	3	$1,292.82	$430.94	$1,787.82	$357.56	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
KERYDIN	1	$1,264.98	$1,264.98	$1,363.48	$1,363.48	N	N	DERMATOLOGICALS/Oxaborole-Related Antifungals -
HUMULIN	2	$1,238.64	$619.32	$1,436.14	$718.07	N	Y	ANTIDIABETICS/Human Insulin
BYDUREON	1	$1,222.38	$1,222.38	$1,522.38	$543.71	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
SYMBICORT	5	$1,176.44	$235.29	$1,947.24	$216.36	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
NOVOLOG	1	$1,092.00	$1,092.00	$1,390.50	$758.45	N	Y	ANTIDIABETICS/Human Insulin
LINZESS	3	$1,002.63	$334.21	$1,520.44	$304.09	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
LAMOTRIGINE	9	$988.84	$109.87	$1,418.36	$94.56	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
	89	$123,639.42	$1,389.21	$136,071.32	$999.30			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 4/1/2016 and 4/30/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	4	$18,557.55	$4,639.39	$18,949.55	$5,075.77	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
IBRANCE	1	$10,459.35	$10,459.35	$10,559.35	$11,313.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
LEVEMIR	5	$6,285.71	$1,257.14	$7,179.71	$838.10	N	Y	ANTIDIABETICS/Human Insulin
XOLAIR	1	$5,715.96	$5,715.96	$5,815.96	$6,231.39	N	N	ANTIASTHMATIC AND BRONCHODILATOR
LANTUS	7	$3,755.20	$536.46	$4,850.19	$424.21	N	Y	ANTIDIABETICS/Human Insulin
ENBREL SRCLK	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
TEMOZOLOMIDE	1	$3,356.65	$3,356.65	$3,404.65	$3,647.84	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
ORENCIA	1	$3,354.51	$3,354.51	$3,452.51	$3,699.12	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
XELJANZ	1	$3,068.52	$3,068.52	$3,166.52	$3,166.52	N	Y	ANALGESICS - ANTI-
SOLODYN	5	$2,883.66	$576.73	$3,178.66	$1,059.55	N	N	TETRACYCLINES/Tetracyclines
CAPECITABINE	1	$2,587.85	$2,587.85	$2,635.85	$3,765.50	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
PENTASA	1	$2,037.00	$2,037.00	$2,337.00	$779.00	N	Y	GASTROINTESTINAL AGENTS - MISC./Inflammatory
TESTOSTERONE	1	$1,782.83	$1,782.83	$1,907.83	$635.94	M	Y	ANDROGENS-ANABOLIC/Androgens
LYRICA	5	$1,739.13	$347.83	$2,437.63	$348.23	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
CRESTOR	6	$1,623.82	$270.64	$2,697.08	$224.76	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
JANUVIA	2	$1,496.96	$748.48	$2,092.96	$348.83	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
ADVAIR DISKU	3	$1,431.40	$477.13	$2,129.90	$304.27	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
VYVANSE	7	$1,336.45	$190.92	$2,203.00	$244.78	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
VESICARE	1	$1,301.01	$1,301.01	$1,601.01	$533.67	N	Y	URINARY ANTISPASMODICS/Urinary Antispasmodic -
NOVOLOG MIX	1	$1,292.00	$1,292.00	$1,390.50	$1,390.50	N	Y	ANTIDIABETICS/Human Insulin
TAMIFLU	13	$1,258.00	$96.77	$2,045.73	$989.87	N	N	ANTIVIRALS/Neuraminidase Inhibitors
LINEZOLID	1	$1,207.81	$1,207.81	$1,256.31	$1,983.65	Y	N	ANTI-INFECTIVE AGENTS - MISC./Oxazolidinones
XARELTO	4	$1,188.32	$297.08	$1,583.32	$427.92	N	Y	ANTICOAGULANTS/Direct Factor Xa Inhibitors
BOTOX	1	$1,114.00	$1,114.00	$1,212.00	$1,212.00	N	N	NEUROMUSCULAR AGENTS/Neuromuscular Blocking
ANTARA	1	$1,108.02	$1,108.02	$1,408.02	$469.34	N	Y	ANTIHYPERLIPIDEMICS/Fibric Acid Derivatives
HUMALOG MIX	3	$1,018.03	$339.34	$1,318.03	$439.34	N	Y	ANTIDIABETICS/Human Insulin
REGRANEX	1	$838.27	$838.27	$936.77	$936.77	N	N	DERMATOLOGICALS/Wound Care - Growth Factor
INVOKAMET	1	$830.22	$830.22	$1,128.22	$376.07	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
INVOKANA	1	$830.21	$830.21	$1,128.21	$376.07	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
MIRENA	1	$823.36	$823.36	$821.86	$821.86	N	Y	CONTRACEPTIVES/Progestin Contraceptives - IUD
DAYTRANA	2	$749.17	$374.59	$1,147.67	$286.92	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
OXYCONTIN	1	$748.09	$748.09	$846.34	$846.34	M	N	ANALGESICS - OPIOID/Opioid Agonists
JARDIANCE	1	$747.50	$747.50	$1,045.50	$348.50	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
CALCIPOTRIEN	1	$743.02	$743.02	$791.52	$949.82	Y	N	DERMATOLOGICALS/Topical Steroid Combinations
LINZESS	3	$687.90	$229.30	$983.15	$327.72	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
	90	$91,583.21	$1,017.59	$103,366.24	$880.96			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 4/1/2016 and 4/30/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	52	$27.66	$0.53	$426.53	$26.11	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	37	$0.00	$0.00	$269.35	$22.32	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	36	$0.00	$0.00	$432.24	$6.17	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AZITHROMYCIN	27	$7.66	$0.28	$201.32	$46.82	Y	N	MACROLIDES/Azithromycin
MONTELUKAST	25	$4.38	$0.18	$374.42	$10.70	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
LEVOTHYROXIN	24	$0.00	$0.00	$315.72	$8.31	Y	Y	THYROID AGENTS/Thyroid Hormones
LISINOPRIL	24	$0.00	$0.00	$263.89	$4.89	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
OMEPRAZOLE	23	$0.00	$0.00	$352.52	$7.83	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
SIMVASTATIN	22	$0.00	$0.00	$252.71	$5.49	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
MELOXICAM	19	$0.00	$0.00	$134.61	$6.58	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
TRAMADOL HCL	18	$7.24	$0.40	$107.24	$9.87	Y	N	ANALGESICS - OPIOID/Opioid Agonists
FLUCONAZOLE	18	$0.00	$0.00	$154.10	$100.50	Y	N	ANTIFUNGALS/Triazoles
HYDROCHLOROT	18	$0.00	$0.00	$26.08	$0.69	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
DOXYCYCL HYC	17	$414.67	$24.39	$771.57	$90.77	Y	N	TETRACYCLINES/Tetracyclines
ONDANSETRON	17	$121.41	$7.14	$316.39	$111.67	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
FLUTICASONE	17	$0.00	$0.00	$159.25	$12.25	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
SERTRALINE	17	$0.00	$0.00	$119.80	$6.31	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CEPHALEXIN	16	$81.59	$5.10	$292.85	$50.49	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
PREDNISONE	16	$0.00	$0.00	$55.62	$9.93	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
LISINOP/HCTZ	15	$0.00	$0.00	$148.14	$5.93	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
DICLOFENAC	15	$0.00	$0.00	$123.47	$15.43	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
BUPROPN HCL	14	$243.26	$17.38	$690.86	$31.40	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
BENZONATATE	14	$15.85	$1.13	$176.82	$39.59	Y	N	COUGH/COLD/ALLERGY/Antitussive - Nonnarcotic
ALPRAZOLAM	14	$0.00	$0.00	$67.56	$4.63	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
LORAZEPAM	13	$7.06	$0.54	$133.25	$11.14	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
AMLODIPINE	13	$0.00	$0.00	$110.72	$4.43	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
PROAIR HFA	12	$450.43	$37.54	$740.22	$77.65	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMOX/K CLAV	12	$75.15	$6.26	$283.36	$62.51	Y	N	PENICILLINS/Penicillin Combinations
CYCLOBENZAPR	12	$0.00	$0.00	$83.58	$14.25	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
ATENOLOL	12	$0.00	$0.00	$53.82	$3.36	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
CEFDINIR	11	$224.58	$20.42	$471.16	$122.91	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
PANTOPRAZOLE	11	$13.04	$1.19	$140.22	$9.35	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
FLUOXETINE	11	$5.05	$0.46	$168.37	$8.08	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
METFORMIN	11	$0.00	$0.00	$108.65	$3.75	Y	Y	ANTIDIABETICS/Biguanides
DULOXETINE	10	$265.98	$26.60	$654.95	$33.59	Y	Y	ANTIDEPRESSANTS/Serotonin-Norepinephrine
	643	$1,965.01	$3.06	$9,181.36	$13.47			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 4/1/2016 and 4/30/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	47	$113.18	$2.41	$509.29	$27.33	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	34	$0.00	$0.00	$371.80	$5.63	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AZITHROMYCIN	32	$0.00	$0.00	$239.56	$48.56	Y	N	MACROLIDES/Azithromycin
MONTELUKAST	28	$3.22	$0.12	$458.23	$10.41	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMLODIPINE	27	$0.00	$0.00	$205.67	$5.02	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
AMOXICILLIN	23	$0.00	$0.00	$126.93	$18.13	Y	N	PENICILLINS/Aminopenicillins
LISINOPRIL	21	$0.00	$0.00	$219.14	$5.22	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
FLUTICASONE	20	$0.00	$0.00	$261.51	$11.89	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
SIMVASTATIN	20	$0.00	$0.00	$232.12	$4.64	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
HYDROCHLOROT	19	$0.00	$0.00	$59.59	$1.70	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
LEVOTHYROXIN	18	$4.83	$0.27	$280.46	$10.02	Y	Y	THYROID AGENTS/Thyroid Hormones
ESCITALOPRAM	18	$0.00	$0.00	$237.81	$7.93	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
PREDNISONE	18	$0.00	$0.00	$45.35	$9.32	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
PROAIR HFA	16	$551.19	$34.45	$901.64	$69.00	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
BUPROPN HCL	16	$311.11	$19.44	$944.93	$30.32	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
AMOX/K CLAV	15	$100.00	$6.67	$327.03	$74.33	Y	N	PENICILLINS/Penicillin Combinations
OMEPRAZOLE	15	$0.00	$0.00	$243.04	$7.84	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
LOSARTAN POT	15	$0.00	$0.00	$176.64	$5.70	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
DOXYCYCL HYC	14	$415.41	$29.67	$783.25	$80.20	Y	N	TETRACYCLINES/Tetracyclines
ALPRAZOLAM	14	$5.20	$0.37	$148.51	$10.34	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
PANTOPRAZOLE	14	$0.00	$0.00	$217.59	$9.37	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
TAMIFLU	13	$1,258.00	$96.77	$2,045.73	$989.87	N	N	ANTIVIRALS/Neuraminidase Inhibitors
VALACYCLOVIR	13	$72.62	$5.59	$256.15	$33.41	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
ONDANSETRON	13	$23.85	$1.83	$150.86	$35.92	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
GABAPENTIN	13	$0.00	$0.00	$118.51	$8.39	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
MELOXICAM	13	$0.00	$0.00	$109.65	$7.74	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
METFORMIN	12	$0.00	$0.00	$131.28	$5.47	Y	Y	ANTIDIABETICS/Biguanides
ATENOLOL	12	$0.00	$0.00	$62.59	$2.61	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
TRAMADOL HCL	11	$8.41	$0.76	$52.61	$8.35	Y	N	ANALGESICS - OPIOID/Opioid Agonists
TRAZODONE	11	$0.00	$0.00	$92.90	$4.42	Y	Y	ANTIDEPRESSANTS/Serotonin Modulators
ZOLPIDEM	11	$0.00	$0.00	$87.53	$7.96	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
PROMETH/COD	11	$0.00	$0.00	$75.77	$26.43	Y	N	COUGH/COLD/ALLERGY/Opioid Antitussive-
CIPROFLOXACN	11	$0.00	$0.00	$71.28	$30.12	Y	N	FLUOROQUINOLONES/Fluoroquinolones
CEFDINIR	10	$179.43	$17.94	$366.72	$105.78	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
CEPHALEXIN	10	$18.16	$1.82	$110.16	$44.66	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
	608	$3,064.61	$5.04	$10,721.83	$15.51			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 4/1/2016 and 4/30/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	1,100	$32,586.87	$137,294.36	$3,025.00	$140,319.36
002	CIRCUIT COURT	1	$60.00	$3.10	$2.75	$5.85
003	HRA	28	$1,109.07	$1,757.25	$77.00	$1,834.25
004	RETIREES > 65	23	$373.49	$608.00	$63.25	$671.25
005	RETIREES < 65	286	$8,981.15	$19,190.12	$786.50	$19,976.62
006	ACTIVE OTHER	63	$1,817.80	$4,244.91	$173.25	$4,418.16
008	LINE OF DUTY MEMBERS	2	$42.88	$0.00	$5.50	$5.50
098	COBRA	15	$449.33	$572.73	$41.25	$613.98
Grand Total		1,518	$45,420.59	$163,670.47	$4,174.50	$167,844.97

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 4/1/2016 and 4/30/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	677	$18,881.37	$47,469.22	$1,861.75	$49,330.97
03	FOOD SERVICE $1500	28	$602.63	$1,461.40	$77.00	$1,538.40
05	RETIREE $1500	12	$258.66	$230.45	$33.00	$263.45
09	BOTH WORK $1500	20	$522.75	$997.33	$55.00	$1,052.33
11	LAUREL $750	19	$626.98	$1,210.24	$52.25	$1,262.49
12	LAUREL $1500	25	$461.42	$462.04	$68.75	$530.79
16	GOVENOR'S $1500	1	$20.00	$8.19	$2.75	$10.94
20	STEM ACADEMY $750	3	$101.40	$34.10	$8.25	$42.35
21	MONTHLY $750	540	$15,385.23	$63,080.67	$1,485.00	$64,565.67
23	FOOD SERVICE $750	18	$222.59	$211.99	$49.50	$261.49
25	RETIREE $750	98	$3,101.51	$7,344.36	$269.50	$7,613.86
29	BOTH WORK $750	9	$250.47	$424.37	$24.75	$449.12
92	COBRA $750	12	$216.39	$169.91	$33.00	$202.91
98	COBRA $1500	7	$78.77	$61.92	$19.25	$81.17
Grand Total		1,469	$40,730.17	$123,166.19	$4,039.75	$127,205.94

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	252	15	1,287	1,554	
% of All Claims	16.22%	0.97%	82.82%	100.00%	
Retail from Pharmacy w/o Script Care	$189,112.54	$5,591.71	$156,968.94	$351,673.19	$226.30
Actual Drug Cost	$141,570.20	$4,205.85	$30,563.70	$176,339.75	$113.47
Pharmacy Fees	$240.75	$7.00	$1,228.00	$1,475.75	$0.95
Prescription Price w/ Script Care	$141,810.95	$4,212.85	$31,791.70	$177,815.50	$114.42
Savings through your Script Care Plan	**$47,301.59**	**$1,378.86**	**$125,177.24**	**$173,857.69**	**$111.88**
% Saved over Retail	**25.01%**	**24.66%**	**79.75%**	**49.44%**	
Copay	$20,551.31	$2,082.70	$19,341.78	$41,975.79	$27.01
% of Total Drug Cost	14.49%	49.44%	60.84%	23.61%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$121,259.64**	**$2,130.15**	**$12,449.92**	**$135,839.71**	**$87.41**
Total Plan Cost/Claim	**$481.19**	**$142.01**	**$9.67**	**$87.41**	
Cost/Per Cardholder Per Month	**$86.06**	**$1.51**	**$8.84**	**$96.41**	
Cost/Per Member Per Month	**$46.09**	**$0.81**	**$4.73**	**$51.63**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.91**	**1.10**	
Rx/Per Member Per Month	**0.10**	**0.01**	**0.49**	**0.59**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,409.0	1,222.0	2,631.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	217	23	1,225	1,465	
% of All Claims	14.81%	1.57%	83.62%	100.00%	
Retail from Pharmacy w/o Script Care	$151,460.43	$10,824.85	$170,616.53	$332,901.81	$227.24
Actual Drug Cost	$117,435.59	$8,179.03	$39,981.64	$165,596.26	$113.03
Pharmacy Fees	$197.75	$11.25	$1,160.75	$1,369.75	$0.93
Prescription Price w/ Script Care	$117,633.34	$8,190.28	$41,142.39	$166,966.01	$113.97
Savings through your Script Care Plan	**$33,827.09**	**$2,634.57**	**$129,474.14**	**$165,935.80**	**$113.27**
% Saved over Retail	**22.33%**	**24.34%**	**75.89%**	**49.85%**	
Copay	$17,215.06	$3,881.07	$17,627.78	$38,723.91	$26.43
% of Total Drug Cost	14.63%	47.39%	42.85%	23.19%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$100,418.28**	**$4,309.21**	**$23,514.61**	**$128,242.10**	**$87.54**
Total Plan Cost/Claim	**$462.76**	**$187.36**	**$19.20**	**$87.54**	
Cost/Per Cardholder Per Month	**$71.63**	**$3.07**	**$16.77**	**$91.47**	
Cost/Per Member Per Month	**$41.89**	**$1.80**	**$9.81**	**$53.50**	
Rx/Per Cardholder Per Month	**0.15**	**0.02**	**0.87**	**1.04**	
Rx/Per Member Per Month	**0.09**	**0.01**	**0.51**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,402.0	995.0	2,397.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	469	38	2,512	3,019	
% of All Claims	15.53%	1.26%	83.21%	100.00%	
Retail from Pharmacy w/o Script Care	$340,572.97	$16,416.56	$327,585.47	$684,575.00	$226.76
Actual Drug Cost	$259,005.79	$12,384.88	$70,545.34	$341,936.01	$113.26
Pharmacy Fees	$438.50	$18.25	$2,388.75	$2,845.50	$0.94
Prescription Price w/ Script Care	$259,444.29	$12,403.13	$72,934.09	$344,781.51	$114.20
Savings through your Script Care Plan	**$81,128.68**	**$4,013.43**	**$254,651.38**	**$339,793.49**	**$112.55**
% Saved over Retail	**23.82%**	**24.45%**	**77.74%**	**49.64%**	
Copay	$37,766.37	$5,963.77	$36,969.56	$80,699.70	$26.73
% of Total Drug Cost	14.56%	48.08%	50.69%	23.41%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$221,677.92**	**$6,439.36**	**$35,964.53**	**$264,081.81**	**$87.47**
Total Plan Cost/Claim	**$472.66**	**$169.46**	**$14.32**	**$87.47**	
Cost/Per Cardholder Per Month	**$78.86**	**$2.29**	**$12.79**	**$93.95**	
Cost/Per Member Per Month	**$44.09**	**$1.28**	**$7.15**	**$52.52**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.89**	**1.07**	
Rx/Per Member Per Month	**0.09**	**0.01**	**0.50**	**0.60**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,811.0	2,217.0	5,028.0

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	201	7	976	1,184	
% of Retail Claims	16.98%	0.59%	82.43%	100.00%	
Prescription Price w/ Script Care	$96,784.96	$651.17	$19,899.33	$117,335.46	$99.10
Copay	$12,927.04	$352.48	$11,684.89	$24,964.41	$21.08
% of Total Drug Cost	13.36%	54.13%	58.72%	21.28%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$83,857.92	$298.69	$8,214.44	$92,371.05	$78.02
Employer Cost Per Claim	**$417.20**	**$42.67**	**$8.42**	**$78.02**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	51	8	311	370	
% of MO Claims	13.78%	2.16%	84.05%	100.00%	
Prescription Price w/ Script Care	$45,025.99	$3,561.68	$11,892.37	$60,480.04	$163.46
Copay	$7,624.27	$1,730.22	$7,656.89	$17,011.38	$45.98
% of Total Drug Cost	16.93%	48.58%	64.38%	28.13%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$37,401.72	$1,831.46	$4,235.48	$43,468.66	$117.48
Employer Cost Per Claim	**$733.37**	**$228.93**	**$13.62**	**$117.48**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	252	15	1,287	1,554	
% of All Claims	16.22%	0.97%	82.82%	100.00%	
Prescription Price w/ Script Care	$141,810.95	$4,212.85	$31,791.70	$177,815.50	$114.42
Copay	$20,551.31	$2,082.70	$19,341.78	$41,975.79	$27.01
% of Total Drug Cost	14.49%	49.44%	60.84%	23.61%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$121,259.64	$2,130.15	$12,449.92	$135,839.71	$87.41
Employer Cost Per Claim	**$481.19**	**$142.01**	**$9.67**	**$87.41**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	166	10	895	1,071	
% of Retail Claims	15.50%	0.93%	83.57%	100.00%	
Prescription Price w/ Script Care	$73,757.16	$2,674.51	$24,350.96	$100,782.63	$94.10
Copay	$9,310.00	$1,223.06	$10,232.69	$20,765.75	$19.39
% of Total Drug Cost	12.62%	45.73%	42.02%	20.60%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$64,447.16	$1,451.45	$14,118.27	$80,016.88	$74.71
Employer Cost Per Claim	**$388.24**	**$145.15**	**$15.77**	**$74.71**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	51	13	330	394	
% of MO Claims	12.94%	3.30%	83.76%	100.00%	
Prescription Price w/ Script Care	$43,876.18	$5,515.77	$16,791.43	$66,183.38	$167.98
Copay	$7,905.06	$2,658.01	$7,395.09	$17,958.16	$45.58
% of Total Drug Cost	18.02%	48.19%	44.04%	27.13%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$35,971.12	$2,857.76	$9,396.34	$48,225.22	$122.40
Employer Cost Per Claim	**$705.32**	**$219.83**	**$28.47**	**$122.40**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	217	23	1,225	1,465	
% of All Claims	14.81%	1.57%	83.62%	100.00%	
Prescription Price w/ Script Care	$117,633.34	$8,190.28	$41,142.39	$166,966.01	$113.97
Copay	$17,215.06	$3,881.07	$17,627.78	$38,723.91	$26.43
% of Total Drug Cost	14.63%	47.39%	42.85%	23.19%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$100,418.28	$4,309.21	$23,514.61	$128,242.10	$87.54
Employer Cost Per Claim	**$462.76**	**$187.36**	**$19.20**	**$87.54**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	367	17	1,871	2,255	
% of Retail Claims	16.27%	0.75%	82.97%	100.00%	
Prescription Price w/ Script Care	$170,542.12	$3,325.68	$44,250.29	$218,118.09	$96.73
Copay	$22,237.04	$1,575.54	$21,917.58	$45,730.16	$20.28
% of Total Drug Cost	13.04%	47.37%	49.53%	20.97%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$148,305.08	$1,750.14	$22,332.71	$172,387.93	$76.45
Employer Cost Per Claim	**$404.10**	**$102.95**	**$11.94**	**$76.45**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	102	21	641	764	
% of MO Claims	13.35%	2.75%	83.90%	100.00%	
Prescription Price w/ Script Care	$88,902.17	$9,077.45	$28,683.80	$126,663.42	$165.79
Copay	$15,529.33	$4,388.23	$15,051.98	$34,969.54	$45.77
% of Total Drug Cost	17.47%	48.34%	52.48%	27.61%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$73,372.84	$4,689.22	$13,631.82	$91,693.88	$120.02
Employer Cost Per Claim	**$719.34**	**$223.30**	**$21.27**	**$120.02**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	469	38	2,512	3,019	
% of All Claims	15.53%	1.26%	83.21%	100.00%	
Prescription Price w/ Script Care	$259,444.29	$12,403.13	$72,934.09	$344,781.51	$114.20
Copay	$37,766.37	$5,963.77	$36,969.56	$80,699.70	$26.73
% of Total Drug Cost	14.56%	48.08%	50.69%	23.41%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$221,677.92	$6,439.36	$35,964.53	$264,081.81	$87.47
Employer Cost Per Claim	**$472.66**	**$169.46**	**$14.32**	**$87.47**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,554		5 **		18 **	
% of All Claims	100.00%		0.32%		1.16%	
Retail from Pharmacy w/o Script Care	$351,673.19	$226.30	$35,226.71	$7,045.34	$68,097.42	$3,783.19
Actual Drug Cost	$176,339.75	$113.47	$29,972.05	$5,994.41	$45,157.88	$2,508.77
Pharmacy Fees	$1,475.75	$0.95	$3.50	$0.70	$36.00	$2.00
Prescription Price w/ Script Care	$177,815.50	$114.42	$29,975.55	$5,995.11	$45,193.88	$2,510.77
Savings through your Script Care Plan	**$173,857.69**	**$111.88**	**$5,251.16**	**$1,050.23**	**$22,903.54**	**$1,272.42**
% Saved over Retail	**49.44%**		**14.91%**		**33.63%**	
Copay	$41,975.79	$27.01	$404.44	$80.89	$1,590.23	$88.35
% of Total Drug Cost	23.61%		1.35%		3.52%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$135,839.71**	**$87.41**	**$29,571.11**	**$5,914.22**	**$43,603.65**	**$2,422.43**
% of Total Cost	**100.00%**		**21.77%**		**32.10%**	
Total Plan Cost/Claim	**$87.41**		**$5,914.22**		**$2,422.43**	
Cost/Per Cardholder Per Month	**$96.41**		**$20.99**		**$30.95**	
Cost/Per Member Per Month	**$51.63**		**$11.24**		**$16.57**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,409.0	1,222.0	2,631.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,465		3 **		11 **	
% of All Claims	100.00%		0.20%		0.75%	
Retail from Pharmacy w/o Script Care	$332,901.81	$227.24	$20,152.99	$6,717.66	$53,613.29	$4,873.94
Actual Drug Cost	$165,596.26	$113.03	$17,443.25	$5,814.42	$38,072.36	$3,461.12
Pharmacy Fees	$1,369.75	$0.93	$1.50	$0.50	$22.00	$2.00
Prescription Price w/ Script Care	$166,966.01	$113.97	$17,444.75	$5,814.92	$38,094.36	$3,463.12
Savings through your Script Care Plan	**$165,935.80**	**$113.27**	**$2,708.24**	**$902.75**	**$15,518.93**	**$1,410.81**
% Saved over Retail	**49.85%**		**13.44%**		**28.95%**	
Copay	$38,723.91	$26.43	$300.00	$100.00	$900.00	$81.82
% of Total Drug Cost	23.19%		1.72%		2.36%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$128,242.10**	**$87.54**	**$17,144.75**	**$5,714.92**	**$37,194.36**	**$3,381.31**
% of Total Cost	**100.00%**		**13.37%**		**29.00%**	
Total Plan Cost/Claim	**$87.54**		**$5,714.92**		**$3,381.31**	
Cost/Per Cardholder Per Month	**$91.47**		**$12.23**		**$26.53**	
Cost/Per Member Per Month	**$53.50**		**$7.15**		**$15.52**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,402.0	995.0	2,397.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	3,019		8 **		29 **	
% of All Claims	100.00%		0.26%		0.96%	
Retail from Pharmacy w/o Script Care	$684,575.00	$226.76	$55,379.70	$6,922.46	$121,710.71	$4,196.92
Actual Drug Cost	$341,936.01	$113.26	$47,415.30	$5,926.91	$83,230.24	$2,870.01
Pharmacy Fees	$2,845.50	$0.94	$5.00	$0.63	$58.00	$2.00
Prescription Price w/ Script Care	$344,781.51	$114.20	$47,420.30	$5,927.54	$83,288.24	$2,872.01
Savings through your Script Care Plan	**$339,793.49**	**$112.55**	**$7,959.40**	**$994.93**	**$38,422.47**	**$1,324.91**
% Saved over Retail	**49.64%**		**14.37%**		**31.57%**	
Copay	$80,699.70	$26.73	$704.44	$88.06	$2,490.23	$85.87
% of Total Drug Cost	23.41%		1.49%		2.99%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$264,081.81**	**$87.47**	**$46,715.86**	**$5,839.48**	**$80,798.01**	**$2,786.14**
% of Total Cost	**100.00%**		**17.69%**		**30.60%**	
Total Plan Cost/Claim	**$87.47**		**$5,839.48**		**$2,786.14**	
Cost/Per Cardholder Per Month	**$93.95**		**$16.62**		**$28.74**	
Cost/Per Member Per Month	**$52.52**		**$9.29**		**$16.07**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,811.0	2,217.0	5,028.0

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **5/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,423.0	1,429.0	1,417.0	1,410.0	1,409.0								1,417.6
Dependents	1,226.0	1,232.0	1,228.0	1,225.0	1,222.0								1,226.6
Utilizing Cardholders	623.0	612.0	647.0	624.0	633.0								1,059.0
Utilization %	43.78%	42.83%	45.66%	44.26%	44.93%								74.70%
Claim Summary													
All	1,535	1,483	1,671	1,518	1,554								7,761
Avg Per Cardholder	1.08	1.04	1.18	1.08	1.10								5.47
Avg Per Member	0.58	0.56	0.63	0.58	0.59								2.94
Brand	226	238	257	249	252								1,222
Generic	1,296	1,239	1,406	1,258	1,287								6,486
Brand w/Generic	13	6	8	11	15								53
Generic % of All	84.43%	83.55%	84.14%	82.87%	82.82%								83.57%
Mail Order	383	317	389	371	368								1,828
Mail Order % of All	24.95%	21.38%	23.28%	24.44%	23.68%								23.55%
Claim Cost													
Submitted Cost	$334,150	$360,004	$405,353	$407,889	$351,673								$1,859,069
Script Care Cost	$151,856	$188,835	$200,653	$209,091	$177,816								$928,250
Savings	$182,294	$171,169	$204,700	$198,798	$173,858								$930,819
Tax	$0	$0	$0	$0	$0								$0
Total	$151,856	$188,835	$200,653	$209,091	$177,816								$928,250
Average Claim Cost	$98.93	$127.33	$120.08	$137.74	$114.42								$119.60
Average Brand Cost	$505.01	$631.76	$618.49	$675.01	$562.74								$600.11
Average Generic Cost	$27.80	$28.27	$29.06	$30.98	$24.70								$28.16
Average Br w/Gen Cost	$130.88	$575.80	$105.20	$185.02	$280.86								$231.06
Member Cost													
Total Copay	$42,299	$42,945	$46,823	$45,421	$41,976								$219,463
Average Claim Copay	$27.56	$28.96	$28.02	$29.92	$27.01								$28.28
Average Brand Copay	$89.16	$90.12	$82.85	$93.86	$81.55								$87.41
Average Generic Copay	$16.75	$16.66	$17.78	$16.51	$15.03								$16.57
Average Br w/Gen Copay	$33.99	$141.42	$65.80	$116.79	$138.85								$97.81
Copay % of Total Cost	27.85%	22.74%	23.34%	21.72%	23.61%								23.64%
Plan Cost													
Plan Cost	$109,557	$145,890	$153,830	$163,670	$135,840								$708,787
Average Claim Cost	$71.37	$98.37	$92.06	$107.82	$87.41								$91.33
Average Brand Cost	$415.85	$541.63	$535.64	$581.15	$481.19								$512.70
Average Generic Cost	$11.05	$11.60	$11.28	$14.48	$9.67								$11.60
Average Br w/Gen Cost	$96.89	$434.39	$39.41	$68.23	$142.01								$133.24
Plan Cost % of Total Cost	72.15%	77.26%	76.66%	78.28%	76.39%								76.36%
Plan Cost Per Cardholder	$76.99	$102.09	$108.56	$116.08	$96.41								$499.99
Plan Cost Per Member	$41.36	$54.83	$58.16	$62.11	$51.63								$268.05
Cardholders > $500	50	46	49	60	50								209
Cardholders > 5 Claims	40	46	60	48	43								498

Top 10 Drugs by Plan Cost

ENBREL	CEREZYME	HUMIRA PEN	CEREZYME	CEREZYME									CEREZYME
HUMIRA PEN	NBREL SRCLK	CEREZYME	HUMIRA PEN	HUMIRA PEN									ENBREL SRCLK
XOLAIR	VONEX PREFL	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK									HUMIRA PEN
VONEX PREFL	HUMIRA PEN	STELARA	STELARA	AUBAGIO									ENBREL
AUBAGIO	ENBREL	ENBREL	AUBAGIO	XOLAIR									AVONEX PREFL
OXYCONTIN	NBREL SRCLK	AUBAGIO	XOLAIR	AVONEX PEN									AUBAGIO
NBREL SRCLK	AUBAGIO	VONEX PREFL	AVONEX PEN	VONEX PREFL									XOLAIR
VICTOZA	XOLAIR	AVONEX PEN	VONEX PREFL	LANTUS									STELARA
LANTUS	ATRIPLA	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK									AVONEX PEN
ADCIRCA	LEVEMIR	ADCIRCA	ENBREL	ENBREL									LANTUS

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **5/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,418.0	1,422.0	1,419.0	1,415.0	1,402.0								1,415.2
Dependents	987.0	993.0	997.0	999.0	995.0								994.2
Utilizing Cardholders	634.0	651.0	672.0	598.0	615.0								1,074.0
Utilization %	44.71%	45.78%	47.36%	42.26%	43.87%								75.89%
Claim Summary													
All	1,569	1,593	1,764	1,469	1,465								7,860
Avg Per Cardholder	1.11	1.12	1.24	1.04	1.04								5.55
Avg Per Member	0.65	0.66	0.73	0.61	0.61								3.26
Brand	244	251	286	236	217								1,234
Generic	1,317	1,330	1,469	1,223	1,225								6,564
Brand w/Generic	8	12	9	10	23								62
Generic % of All	83.94%	83.49%	83.28%	83.25%	83.62%								83.51%
Mail Order	393	368	448	356	393								1,958
Mail Order % of All	25.05%	23.10%	25.40%	24.23%	26.83%								24.91%
Claim Cost													
Submitted Cost	$364,064	$298,607	$400,411	$346,552	$332,902								$1,742,536
Script Care Cost	$176,670	$143,205	$197,876	$163,896	$166,966								$848,613
Savings	$187,394	$155,402	$202,534	$182,655	$165,936								$893,923
Tax	$0	$0	$0	$0	$0								$0
Total	$176,670	$143,205	$197,876	$163,896	$166,966								$848,613
Average Claim Cost	$112.60	$89.90	$112.17	$111.57	$113.97								$107.97
Average Brand Cost	$554.18	$396.03	$519.24	$517.91	$542.09								$504.85
Average Generic Cost	$30.73	$30.94	$32.89	$33.26	$33.59								$32.26
Average Br w/Gen Cost	$121.73	$221.01	$116.84	$99.41	$356.10								$223.58
Member Cost													
Total Copay	$42,398	$40,075	$49,247	$40,730	$38,724								$211,174
Average Claim Copay	$27.02	$25.16	$27.92	$27.73	$26.43								$26.87
Average Brand Copay	$88.84	$70.02	$86.64	$87.86	$79.33								$82.64
Average Generic Copay	$15.25	$15.11	$16.00	$15.69	$14.39								$15.31
Average Br w/Gen Copay	$79.55	$200.07	$107.66	$80.86	$168.74								$140.26
Copay % of Total Cost	24.00%	27.98%	24.89%	24.85%	23.19%								24.88%
Plan Cost													
Plan Cost	$134,272	$103,130	$148,629	$123,166	$128,242								$637,439
Average Claim Cost	$85.58	$64.74	$84.26	$83.84	$87.54								$81.10
Average Brand Cost	$465.34	$326.01	$432.60	$430.05	$462.76								$422.21
Average Generic Cost	$15.48	$15.83	$16.90	$17.57	$19.20								$16.95
Average Br w/Gen Cost	$42.17	$20.95	$9.19	$18.55	$187.36								$83.32
Plan Cost % of Total Cost	76.00%	72.02%	75.11%	75.15%	76.81%								75.12%
Plan Cost Per Cardholder	$94.69	$72.52	$104.74	$87.04	$91.47								$450.42
Plan Cost Per Member	$55.83	$42.70	$61.52	$51.02	$53.50								$264.56
Cardholders > $500	56	47	59	50	55								205
Cardholders > 5 Claims	45	45	62	39	35								508

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN									HUMIRA PEN
IBRANCE	IBRANCE	IBRANCE	IBRANCE	IBRANCE									IBRANCE
LEVEMIR	NBREL SRCLK	XOLAIR	HUMIRA PEN	CAPECITABINE									CAPECITABINE
XOLAIR	LANTUS	CAPECITABINE	LEVEMIR	CREON									XOLAIR
VONEX PREFL	XELJANZ	TRIUMEQ	XOLAIR	XOLAIR									LANTUS
CAPECITABINE	ETHYLPHENID	NBREL SRCLK	NBREL SRCLK	ANDROGEL									LEVEMIR
ORENCIA	CAPECITABINE	MOZOLOMIDE	MOZOLOMIDE	NBREL SRCLK									XELJANZ
HUMIRA PEN	MOZOLOMIDE	ORENCIA	ORENCIA	ORENCIA									ENBREL SRCLK
LYRICA	ARIPIPRAZOLE	XELJANZ	XELJANZ	CRESTOR									ORENCIA
ASACOL HD	TRIUMEQ	CRESTOR	SOLODYN	XELJANZ									CRESTOR

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **5/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	2,841.0	2,851.0	2,836.0	2,825.0	2,811.0								2,832.8
Dependents	2,213.0	2,225.0	2,225.0	2,224.0	2,217.0								2,220.8
Utilizing Cardholders	1,257.0	1,263.0	1,319.0	1,222.0	1,248.0								2,133.0
Utilization %	44.24%	44.30%	46.51%	43.26%	44.40%								75.30%
Claim Summary													
All	3,104	3,076	3,435	2,987	3,019								15,621
Avg Per Cardholder	1.09	1.08	1.21	1.06	1.07								5.51
Avg Per Member	0.61	0.61	0.68	0.59	0.60								3.09
Brand	470	489	543	485	469								2,456
Generic	2,613	2,569	2,875	2,481	2,512								13,050
Brand w/Generic	21	18	17	21	38								115
Generic % of All	84.18%	83.52%	83.70%	83.06%	83.21%								83.54%
Mail Order	776	685	837	727	761								3,786
Mail Order % of All	25.00%	22.27%	24.37%	24.34%	25.21%								24.24%
Claim Cost													
Submitted Cost	$698,214	$658,611	$805,764	$754,441	$684,575								$3,601,605
Script Care Cost	$328,525	$332,040	$398,529	$372,987	$344,782								$1,776,863
Savings	$369,689	$326,571	$407,235	$381,454	$339,793								$1,824,742
Tax	$0	$0	$0	$0	$0								$0
Total	$328,525	$332,040	$398,529	$372,987	$344,782								$1,776,863
Average Claim Cost	$105.84	$107.95	$116.02	$124.87	$114.20								$113.75
Average Brand Cost	$530.54	$510.76	$566.22	$598.57	$553.19								$552.25
Average Generic Cost	$29.28	$29.65	$31.02	$32.11	$29.03								$30.22
Average Br w/Gen Cost	$127.39	$339.28	$111.37	$144.25	$326.40								$227.03
Member Cost													
Total Copay	$84,697	$83,020	$96,070	$86,151	$80,700								$430,637
Average Claim Copay	$27.29	$26.99	$27.97	$28.84	$26.73								$27.57
Average Brand Copay	$88.99	$79.80	$84.85	$90.94	$80.53								$85.01
Average Generic Copay	$15.99	$15.86	$16.87	$16.10	$14.72								$15.94
Average Br w/Gen Copay	$51.35	$180.52	$87.96	$99.68	$156.94								$120.69
Copay % of Total Cost	25.78%	25.00%	24.11%	23.10%	23.41%								24.24%
Plan Cost													
Plan Cost	$243,828	$249,020	$302,459	$286,837	$264,082								$1,346,226
Average Claim Cost	$78.55	$80.96	$88.05	$96.03	$87.47								$86.18
Average Brand Cost	$441.55	$430.96	$481.37	$507.62	$472.66								$467.23
Average Generic Cost	$13.28	$13.79	$14.15	$16.00	$14.32								$14.29
Average Br w/Gen Cost	$76.05	$158.76	$23.41	$44.57	$169.46								$106.33
Plan Cost % of Total Cost	74.22%	75.00%	75.89%	76.90%	76.59%								75.76%
Plan Cost Per Cardholder	$85.82	$87.34	$106.65	$101.54	$93.95								$475.23
Plan Cost Per Member	$48.24	$49.06	$59.76	$56.81	$52.52								$266.39
Cardholders > $500	106	93	108	110	105								414
Cardholders > 5 Claims	85	91	122	87	78								1,006

Top 10 Drugs by Plan Cost

HUMIRA PEN	NBREL SRCLK	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN									HUMIRA PEN
XOLAIR	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	CEREZYME									ENBREL SRCLK
VONEX PREFL	CEREZYME	CEREZYME	CEREZYME	NBREL SRCLK									CEREZYME
IBRANCE	VONEX PREFL	IBRANCE	XOLAIR	XOLAIR									IBRANCE
ENBREL	IBRANCE	STELARA	IBRANCE	HUMIRA PEN									XOLAIR
HUMIRA PEN	HUMIRA PEN	ENBREL	STELARA	IBRANCE									AVONEX PREFL
LEVEMIR	ENBREL	AUBAGIO	LEVEMIR	CAPECITABINE									LANTUS
LANTUS	AUBAGIO	XOLAIR	AUBAGIO	CREON									ENBREL
OXYCONTIN	XOLAIR	VONEX PREFL	AVONEX PEN	LANTUS									CAPECITABINE
AUBAGIO	ATRIPLA	AVONEX PEN	VONEX PREFL	ANDROGEL									AUBAGIO

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	473	$2,500	$18	$2,482	$5.25	99.3%
$10.00 to $24.99	500	$7,223	$331	$6,891	$13.78	95.4%
$25.00 to $49.99	209	$6,170	$1,751	$4,418	$21.14	71.6%
$50.00 to $74.99	68	$3,744	$2,227	$1,518	$22.32	40.5%
$75.00 to $99.99	31	$2,507	$1,332	$1,176	$37.93	46.9%
$100.00 to $199.99	82	$8,762	$5,652	$3,111	$37.94	35.5%
$200.00 to $299.99	39	$8,160	$4,804	$3,355	$86.03	41.1%
$300.00 to $399.99	57	$16,234	$11,331	$4,903	$86.02	30.2%
$400.00 to $499.99	30	$10,601	$7,847	$2,754	$91.79	26.0%
$500.00 to $599.99	5	$2,682	$1,940	$742	$148.34	27.7%
$600.00 to $699.99	15	$9,963	$6,504	$3,458	$230.56	34.7%
$700.00 to $799.99	4	$2,910	$2,142	$768	$191.96	26.4%
$800.00 to $899.99	2	$1,631	$1,331	$300	$150.00	18.4%
$900.00 to $999.99	9	$6,743	$5,043	$1,700	$188.89	25.2%
$1000.00 to $1099.99	5	$5,224	$3,924	$1,300	$260.00	24.9%
$1100.00 to $1199.99	1	$1,130	$830	$300	$300.00	26.5%
$1200.00 to $1299.99	1	$1,274	$1,174	$100	$100.00	7.9%
$1300.00 or more	23	$80,359	$77,659	$2,700	$117.39	3.4%
Total	1,554	$177,816	$135,840	$41,976	$27.01	23.6%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	492	$12,307	$6,152	$6,155	$12.51	50.0%
16-34 days	658	$117,510	$101,458	$16,051	$24.39	13.7%
35-60 days	1	$344	$206	$137	$137.48	40.0%
61-83 days	1	$416	$250	$166	$166.34	40.0%
84-90 days	399	$46,635	$27,395	$19,240	$48.22	41.3%
91-120 days	3	$604	$379	$225	$75.14	37.3%
121-180 days						
181 or more days						
Total	1,554	$177,816	$135,840	$41,976	$27.01	23.6%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	80	$3,179	$1,580	$1,599	$19.99	50.3%
13-18 Years	60	$3,747	$2,398	$1,348	$22.47	36.0%
19-30 Years	128	$13,403	$10,666	$2,736	$21.38	20.4%
31-45 Years	315	$33,969	$27,605	$6,364	$20.20	18.7%
46-49 Years	136	$18,907	$14,775	$4,132	$30.38	21.9%
50-59 Years	511	$67,488	$52,909	$14,579	$28.53	21.6%
60-64 Years	280	$34,742	$24,648	$10,095	$36.05	29.1%
65 and Over	44	$2,381	$1,257	$1,123	$25.53	47.2%
Total	1,554	$177,816	$135,840	$41,976	$27.01	23.6%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	403	$2,110	$24	$2,086	$5.18	98.9%
$10.00 to $24.99	527	$7,547	$500	$7,047	$13.37	93.4%
$25.00 to $49.99	187	$6,096	$2,109	$3,987	$21.32	65.4%
$50.00 to $74.99	69	$3,742	$1,839	$1,902	$27.57	50.8%
$75.00 to $99.99	27	$2,333	$1,205	$1,128	$41.78	48.4%
$100.00 to $199.99	56	$5,728	$4,016	$1,712	$30.58	29.9%
$200.00 to $299.99	59	$9,762	$6,096	$3,666	$62.14	37.6%
$300.00 to $399.99	46	$10,499	$7,136	$3,363	$73.11	32.0%
$400.00 to $499.99	12	$5,329	$3,985	$1,344	$112.00	25.2%
$500.00 to $599.99	9	$1,712	$1,180	$532	$59.13	31.1%
$600.00 to $699.99	16	$9,403	$6,078	$3,325	$207.82	35.4%
$700.00 to $799.99	5	$3,633	$3,048	$586	$117.12	16.1%
$800.00 to $899.99	9	$7,558	$6,033	$1,525	$169.44	20.2%
$900.00 to $999.99	8	$7,570	$5,720	$1,850	$231.25	24.4%
$1000.00 to $1099.99	8	$8,439	$6,814	$1,625	$203.13	19.3%
$1100.00 to $1199.99						
$1200.00 to $1299.99	2	$2,457	$2,087	$370	$184.95	15.1%
$1300.00 or more	22	$73,047	$70,372	$2,675	$121.59	3.7%
Total	1,465	$166,966	$128,242	$38,724	$26.43	23.2%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	422	$9,651	$4,784	$4,868	$11.54	50.4%
16-34 days	623	$96,896	$82,691	$14,205	$22.80	14.7%
35-60 days	4	$442	$235	$207	$51.71	46.8%
61-83 days						
84-90 days	416	$59,977	$40,533	$19,444	$46.74	32.4%
91-120 days						
121-180 days						
181 or more days						
Total	1,465	$166,966	$128,242	$38,724	$26.43	23.2%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	72	$5,199	$3,352	$1,846	$25.65	35.5%
13-18 Years	38	$10,436	$8,587	$1,849	$48.67	17.7%
19-30 Years	166	$23,370	$19,271	$4,099	$24.69	17.5%
31-45 Years	276	$21,947	$16,269	$5,678	$20.57	25.9%
46-49 Years	122	$10,978	$9,432	$1,547	$12.68	14.1%
50-59 Years	404	$52,721	$41,260	$11,460	$28.37	21.7%
60-64 Years	292	$32,347	$23,250	$9,097	$31.15	28.1%
65 and Over	95	$9,967	$6,821	$3,147	$33.12	31.6%
Total	1,465	$166,966	$128,242	$38,724	$26.43	23.2%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	876	$4,610	$42	$4,568	$5.21	99.1%
$10.00 to $24.99	1,027	$14,769	$831	$13,938	$13.57	94.4%
$25.00 to $49.99	396	$12,266	$3,860	$8,405	$21.23	68.5%
$50.00 to $74.99	137	$7,486	$4,066	$3,420	$24.96	45.7%
$75.00 to $99.99	58	$4,840	$2,537	$2,304	$39.72	47.6%
$100.00 to $199.99	138	$14,491	$9,667	$4,823	$34.95	33.3%
$200.00 to $299.99	98	$17,922	$10,900	$7,021	$71.65	39.2%
$300.00 to $399.99	103	$26,733	$18,467	$8,266	$80.25	30.9%
$400.00 to $499.99	42	$15,930	$11,832	$4,098	$97.56	25.7%
$500.00 to $599.99	14	$4,394	$3,121	$1,274	$90.99	29.0%
$600.00 to $699.99	31	$19,366	$12,582	$6,784	$218.82	35.0%
$700.00 to $799.99	9	$6,544	$5,190	$1,353	$150.38	20.7%
$800.00 to $899.99	11	$9,189	$7,364	$1,825	$165.91	19.9%
$900.00 to $999.99	17	$14,312	$10,762	$3,550	$208.82	24.8%
$1000.00 to $1099.99	13	$13,663	$10,738	$2,925	$225.00	21.4%
$1100.00 to $1199.99	1	$1,130	$830	$300	$300.00	26.5%
$1200.00 to $1299.99	3	$3,731	$3,261	$470	$156.63	12.6%
$1300.00 or more	45	$153,406	$148,031	$5,375	$119.44	3.5%
Total	3,019	$344,782	$264,082	$80,700	$26.73	23.4%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	914	$21,959	$10,935	$11,023	$12.06	50.2%
16-34 days	1,281	$214,406	$184,149	$30,256	$23.62	14.1%
35-60 days	5	$785	$441	$344	$68.86	43.8%
61-83 days	1	$416	$250	$166	$166.34	40.0%
84-90 days	815	$106,612	$67,928	$38,684	$47.46	36.3%
91-120 days	3	$604	$379	$225	$75.14	37.3%
121-180 days						
181 or more days						
Total	3,019	$344,782	$264,082	$80,700	$26.73	23.4%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	152	$8,378	$4,932	$3,446	$22.67	41.1%
13-18 Years	98	$14,183	$10,985	$3,198	$32.63	22.5%
19-30 Years	294	$36,773	$29,937	$6,835	$23.25	18.6%
31-45 Years	591	$55,916	$43,874	$12,042	$20.38	21.5%
46-49 Years	258	$29,885	$24,207	$5,678	$22.01	19.0%
50-59 Years	915	$120,209	$94,170	$26,039	$28.46	21.7%
60-64 Years	572	$67,090	$47,898	$19,192	$33.55	28.6%
65 and Over	139	$12,348	$8,078	$4,270	$30.72	34.6%
Total	3,019	$344,782	$264,082	$80,700	$26.73	23.4%

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 5/15/2016 and 5/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	37	$18,376.34	$749.87
82	Hematopoitic Agents	3	$17,767.73	$105.31
27	Antidiabetic	40	$8,171.75	$2,935.77
62	Misc. Psychotherapeutic and Neurological Agents	3	$6,056.38	$100.00
22	Corticosteroids	18	$2,730.25	$321.78
12	Antiviral	10	$2,519.54	$351.55
44	Antiasthmatic	34	$2,366.46	$1,519.53
25	Contraceptives	21	$1,841.80	$225.43
40	Misc. Cardiovascular	11	$1,789.07	$970.02
90	Dermatological	24	$1,488.82	$751.89
61	Stimulants/Anti-Obesity Anorexiants	12	$1,463.75	$1,062.02
23	Androgen-Anabolic	4	$1,450.04	$576.04
36	Antihypertensive	43	$1,409.62	$1,489.54
21	Antineoplastics	10	$1,312.23	$487.98
39	Antihyperlipidemic	49	$1,176.07	$1,482.61
59	Antipsychotics	5	$1,152.98	$217.45
38	Pressors	3	$1,070.91	$220.00
49	Ulcer Drugs	28	$831.61	$904.97
46	Laxatives	12	$773.05	$90.87
24	Estrogens	5	$638.67	$438.13
86	Ophthalmic	12	$533.26	$453.63
72	Anticonvulsant	15	$492.61	$372.95
33	Beta Blockers	28	$460.05	$721.31
65	Analgesics-Narcotic	56	$411.16	$680.46
58	Antidepressants	37	$302.73	$713.14
94	Diagnostic Products	2	$272.43	$181.62
68	Gout	6	$212.47	$166.04
04	Tetracyclines	10	$198.46	$193.70
52	Misc. GI	1	$178.97	$119.31
50	Antiemetics	10	$102.87	$121.04
75	Musculoskeletal Therapy Agents	18	$102.57	$174.73
53	Urinary Anti-Infectives	8	$81.75	$160.61
84	Hemostatics	1	$57.90	$38.60
42	Systemic And Topical Nasal Products	21	$56.87	$210.66
99	Assorted Classes	1	$53.59	$60.00
01	Penicillins	38	$48.32	$443.27
02	Cephalosporins	13	$46.19	$156.50

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 5/15/2016 and 5/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
03	Macrolide Antibiotics	15	$32.25	$187.60
97	Medical Devices	2	$21.70	$29.00
64	Analgesics-Non Narcotic	3	$18.54	$53.88
11	Antifunguals	7	$15.88	$85.06
57	Antianxiety Agents	25	$14.03	$249.93
31	Cardiotonics	1	$13.50	$20.00
35	Antiarrhythmic	1	$10.18	$20.00
56	Miscellaneous Genitourinary Products	6	$8.45	$152.41
89	Anorectal	1	$2.46	$20.00
67	Migraine Products	4	$2.03	$48.11
60	Hypnotics	4	$0.00	$43.43
05	Fluoroquinolones	10	$0.00	$97.75
41	Antihistamines	5	$0.00	$87.23
78	Multivitamins	1	$0.00	($12.00)
16	Misc. Anti-Infectives	9	$0.00	$67.44
34	Calcium Blockers	11	$0.00	$170.01
87	Otic	4	$0.00	$0.00
37	Diuretics	20	$0.00	$127.00
85	Misc. Hematological	3	$0.00	$45.93
28	Thyroid	17	$0.00	$213.15
30	Misc. Endocrine	1	$0.00	$3.60
43	Cough/Cold/Allergy	9	$0.00	$96.88
79	Minerals and Electrolytes	6	$0.00	$144.48
32	Antianginal Agents	1	($5.75)	($20.00)
26	Progestins	4	($1,270.76)	($263.82)
Grand Total		819	$76,861.78	$21,635.40

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 5/15/2016 and 5/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
44	Antiasthmatic	40	$9,863.09	$2,847.11
51	Digestive Aids	2	$7,648.43	$400.00
27	Antidiabetic	28	$7,474.84	$2,709.59
66	Analgesics-Anti-Inflammatory	26	$7,364.44	$440.45
23	Androgen-Anabolic	4	$5,180.62	$1,025.00
21	Antineoplastics	5	$3,612.64	$255.59
25	Contraceptives	44	$3,428.79	$0.00
61	Stimulants/Anti-Obesity Anorexiants	22	$2,640.85	$1,377.97
04	Tetracyclines	14	$2,215.13	$630.09
72	Anticonvulsant	11	$2,190.82	$404.02
59	Antipsychotics	7	$1,848.09	$352.72
40	Misc. Cardiovascular	5	$1,628.79	$735.51
52	Misc. GI	5	$1,564.77	$413.27
65	Analgesics-Narcotic	35	$1,013.07	$493.73
83	Anticoagulants	5	$936.83	$404.00
85	Misc. Hematological	2	$834.83	$139.97
90	Dermatological	28	$823.85	$498.55
39	Antihyperlipidemic	42	$628.78	$996.60
86	Ophthalmic	11	$573.45	$330.94
58	Antidepressants	52	$572.39	$1,102.06
49	Ulcer Drugs	16	$561.86	$476.46
36	Antihypertensive	47	$444.17	$906.15
24	Estrogens	7	$374.87	$329.92
67	Migraine Products	5	$369.49	$244.24
55	Vaginal Products	4	$316.46	$197.50
46	Laxatives	5	$242.10	$84.21
03	Macrolide Antibiotics	15	$186.14	$248.24
94	Diagnostic Products	3	$162.75	$208.94
37	Diuretics	27	$128.67	$197.67
68	Gout	4	$122.27	$74.44
97	Medical Devices	5	$117.48	$121.36
56	Miscellaneous Genitourinary Products	5	$111.68	$140.63
02	Cephalosporins	10	$102.99	$144.88
12	Antiviral	19	$98.82	$358.34
43	Cough/Cold/Allergy	11	$62.25	$166.91
57	Antianxiety Agents	26	$59.12	$221.77
01	Penicillins	28	$58.18	$354.79

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 5/15/2016 and 5/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
87	Otic	2	$53.24	$49.16
22	Corticosteroids	16	$50.96	$168.01
53	Urinary Anti-Infectives	5	$45.03	$98.76
64	Analgesics-Non Narcotic	3	$44.67	$15.96
33	Beta Blockers	17	$44.11	$178.54
60	Hypnotics	12	$33.21	$160.58
54	Urinary Antispasmodics	2	$27.08	$115.26
34	Calcium Blockers	17	$12.11	$248.90
75	Musculoskeletal Therapy Agents	13	$9.80	$122.92
41	Antihistamines	10	$8.18	$124.62
28	Thyroid	15	$4.83	$318.68
77	Vitamins	1	$3.66	$0.00
16	Misc. Anti-Infectives	12	$1.88	$140.66
11	Antifunguals	12	$0.00	$136.41
05	Fluoroquinolones	12	$0.00	$113.18
13	Antimalarial	1	$0.00	$18.90
30	Misc. Endocrine	1	$0.00	$17.11
50	Antiemetics	8	$0.00	$83.77
79	Minerals and Electrolytes	5	$0.00	$104.58
82	Hematopoitic Agents	1	$0.00	$2.05
47	Antidiarrheals	1	$0.00	$5.49
42	Systemic And Topical Nasal Products	15	($17.98)	$211.81
Grand Total		806	$65,884.58	$22,468.97

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 5/15/2016 and 5/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CEREZYME	1	$17,767.73	$17,767.73	$17,867.73	$19,144.00	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
HUMIRA PEN	3	$11,081.73	$3,693.91	$11,375.73	$4,062.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL SRCLK	2	$7,251.46	$3,625.73	$7,447.46	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
AVONEX PREFL	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
LANTUS	6	$3,657.29	$609.55	$4,651.29	$465.13	N	Y	ANTIDIABETICS/Human Insulin
ATRIPLA	1	$2,293.98	$2,293.98	$2,391.98	$2,391.98	N	Y	ANTIVIRALS/Antiretroviral Combinations
UCERIS	1	$1,536.63	$1,536.63	$1,635.13	$1,635.13	N	N	CORTICOSTEROIDS/Glucocorticosteroids
JANUVIA	2	$1,496.96	$748.48	$2,092.96	$348.83	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
BUDESONIDE	1	$1,173.56	$1,173.56	$1,272.06	$1,272.06	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
EPIPEN 2-PAK	2	$1,040.91	$520.46	$1,237.91	$12,379.10	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
VYVANSE	4	$1,031.93	$257.98	$1,713.97	$233.72	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ANDROGEL	1	$1,014.88	$1,014.88	$1,314.88	$438.29	N	Y	ANDROGENS-ANABOLIC/Androgens
SPIRIVA	2	$894.31	$447.16	$1,292.81	$323.20	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
REXULTI	3	$852.44	$284.15	$951.19	$951.19	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
CIALIS	5	$812.71	$162.54	$1,330.03	$319.21	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
DEXILANT	2	$811.92	$405.96	$1,353.20	$225.53	N	Y	ULCER DRUGS/Proton Pump Inhibitors
VIAGRA	3	$747.66	$249.22	$1,043.16	$467.09	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
TRADJENTA	1	$730.42	$730.42	$1,028.42	$342.81	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
TOUJEO SOLO	3	$730.02	$243.34	$1,025.77	$353.71	N	Y	ANTIDIABETICS/Human Insulin
NUVARING	2	$676.92	$338.46	$676.92	$120.88	N	Y	CONTRACEPTIVES/Combination Contraceptives -
EXEMESTANE	2	$673.72	$336.86	$869.72	$434.86	Y	Y	ANTINEOPLASTICS AND ADJUNCTIVE
PROAIR HFA	10	$655.89	$65.59	$1,097.00	$65.69	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CHANTIX	2	$622.56	$311.28	$620.06	$332.18	N	N	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
VYTORIN	2	$592.63	$296.32	$976.72	$244.18	N	Y	ANTIHYPERLIPIDEMICS/Intest Cholest Absorp Inhib-
VELTIN	1	$540.02	$540.02	$638.52	$638.52	N	N	DERMATOLOGICALS/Acne Combinations
CRESTOR	2	$520.51	$260.26	$942.24	$235.56	O	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PREPOPIK	4	$506.02	$126.51	$500.02	$3,750.15	N	N	LAXATIVES/Bowel Evacuant Combinations
AXIRON	1	$433.74	$433.74	$532.24	$532.24	N	Y	ANDROGENS-ANABOLIC/Androgens
BYSTOLIC	5	$432.16	$86.43	$718.75	$102.68	N	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
TRIBENZOR40-	1	$416.13	$416.13	$693.55	$231.18	N	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor Ant-Ca
CYCLOPHOSPH	1	$380.70	$380.70	$478.70	$512.89	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
VICTOZA	1	$372.43	$372.43	$470.93	$470.93	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
BENICAR	1	$367.24	$367.24	$612.06	$204.02	N	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
HUMALOG KWIK	1	$366.96	$366.96	$465.71	$558.85	N	Y	ANTIDIABETICS/Human Insulin
NOVOLOG	1	$365.00	$365.00	$463.50	$556.20	N	Y	ANTIDIABETICS/Human Insulin
	81	$68,282.99	$843.00	$77,314.14	$689.28			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 5/15/2016 and 5/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CREON	2	$7,648.43	$3,824.22	$8,046.93	$2,011.73	N	Y	DIGESTIVE AIDS/Digestive Enzymes
XOLAIR	1	$5,715.96	$5,715.96	$5,815.96	$6,231.39	N	N	ANTIASTHMATIC AND BRONCHODILATOR
ANDROGEL	3	$4,359.51	$1,453.17	$5,259.51	$584.39	N	Y	ANDROGENS-ANABOLIC/Androgens
HUMIRA PEN	1	$3,693.91	$3,693.91	$3,791.91	$4,062.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL SRCLK	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
CAPECITABINE	1	$2,587.85	$2,587.85	$2,635.85	$3,765.50	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
LANTUS	8	$2,398.73	$299.84	$3,700.91	$219.86	N	Y	ANTIDIABETICS/Human Insulin
ADVAIR DISKU	5	$1,913.60	$382.72	$2,809.10	$312.12	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
ARIPIPRAZOLE	2	$1,830.28	$915.14	$2,080.28	$346.71	Y	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
HUMALOG KWIK	2	$1,660.63	$830.32	$1,857.88	$928.94	N	Y	ANTIDIABETICS/Human Insulin
CARBAMAZEPIN	2	$1,590.55	$795.28	$1,777.35	$296.23	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
METHYLPHENID	4	$1,370.00	$342.50	$1,716.75	$214.59	M	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
DORYX	1	$988.20	$988.20	$1,231.59	$1,231.59	O	N	TETRACYCLINES/Tetracyclines
LUPRON DEPOT	1	$969.44	$969.44	$1,067.94	$1,067.94	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
SOLODYN	1	$960.47	$960.47	$1,058.72	$1,058.72	N	N	TETRACYCLINES/Tetracyclines
CIALIS	2	$919.60	$459.80	$1,355.11	$338.78	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
LEVEMIR	2	$897.43	$448.72	$1,094.93	$631.69	N	Y	ANTIDIABETICS/Human Insulin
VIBERZI	1	$874.94	$874.94	$973.44	$973.44	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
ASA/DIPYRIDA	1	$834.83	$834.83	$959.83	$319.94	M	Y	HEMATOLOGICAL AGENTS - MISC./Platelet
TESTOSTERONE	1	$821.11	$821.11	$946.11	$315.37	M	Y	ANDROGENS-ANABOLIC/Androgens
MINASTRIN 24	2	$786.52	$393.26	$786.52	$140.45	N	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
PARAGARD	1	$753.26	$753.26	$752.01	$22,560.30	N	Y	CONTRACEPTIVES/Copper Contraceptives - IUD
JANUVIA	1	$748.48	$748.48	$1,046.48	$348.83	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
LINZESS	3	$689.83	$229.94	$985.08	$328.36	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
PRADAXA	1	$669.95	$669.95	$969.95	$323.32	N	Y	ANTICOAGULANTS/Thrombin Inhibitors - Selective
SPIRIVA	1	$645.07	$645.07	$945.07	$315.02	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CRESTOR	4	$625.68	$156.42	$1,106.22	$232.07	O	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
VICTOZA	1	$605.99	$605.99	$704.74	$704.74	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
VIMPAT	1	$600.27	$600.27	$699.02	$699.02	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
NUCYNTA ER	1	$585.95	$585.95	$684.45	$684.45	N	N	ANALGESICS - OPIOID/Opioid Agonists
DEXILANT	2	$555.34	$277.67	$924.06	$231.02	N	Y	ULCER DRUGS/Proton Pump Inhibitors
XARELTO	2	$534.38	$267.19	$731.88	$365.94	N	Y	ANTICOAGULANTS/Direct Factor Xa Inhibitors
ACITRETIN	1	$502.22	$502.22	$550.72	$550.72	Y	N	DERMATOLOGICALS/Antipsoriatics - Systemic
VYVANSE	3	$462.23	$154.08	$757.98	$252.66	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
VIAGRA	2	$412.23	$206.12	$609.23	$304.62	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
	68	$54,838.60	$806.45	$64,157.24	$546.17			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 5/15/2016 and 5/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	31	$55.66	$1.80	$267.37	$32.61	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	29	$0.00	$0.00	$401.96	$6.43	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMOXICILLIN	18	$0.00	$0.00	$87.81	$21.42	Y	N	PENICILLINS/Aminopenicillins
AMOX/K CLAV	14	$48.32	$3.45	$293.91	$67.31	Y	N	PENICILLINS/Penicillin Combinations
LEVOTHYROXIN	14	$0.00	$0.00	$134.98	$7.50	Y	Y	THYROID AGENTS/Thyroid Hormones
METFORMIN	14	$0.00	$0.00	$118.23	$3.94	Y	Y	ANTIDIABETICS/Biguanides
TRAMADOL HCL	13	$155.92	$11.99	$339.98	$39.23	Y	N	ANALGESICS - OPIOID/Opioid Agonists
AZITHROMYCIN	13	$16.47	$1.27	$144.07	$73.26	Y	N	MACROLIDES/Azithromycin
CYCLOBENZAPR	13	$0.00	$0.00	$76.77	$15.46	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
HYDROCHLOROT	13	$0.00	$0.00	$59.55	$1.92	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
LISINOPRIL	12	$0.00	$0.00	$115.28	$5.24	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
DICLOFENAC	12	$0.00	$0.00	$70.24	$13.17	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
PREDNISONE	11	$0.00	$0.00	$39.03	$12.20	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
PROAIR HFA	10	$655.89	$65.59	$1,097.00	$65.69	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
SERTRALINE	10	$0.00	$0.00	$147.91	$6.16	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
OMEPRAZOLE	10	$0.00	$0.00	$129.06	$7.17	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
FLUTICASONE	10	$0.00	$0.00	$117.55	$11.76	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
ALPRAZOLAM	9	$8.08	$0.90	$58.11	$5.97	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
MONTELUKAST	9	$2.19	$0.24	$92.18	$13.17	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMLODIPINE	9	$0.00	$0.00	$86.70	$4.56	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
DOXYCYCL HYC	8	$214.12	$26.77	$397.13	$90.26	Y	N	TETRACYCLINES/Tetracyclines
CIPROFLOXACN	8	$0.00	$0.00	$70.87	$32.71	Y	N	FLUOROQUINOLONES/Fluoroquinolones
CEPHALEXIN	8	$0.00	$0.00	$47.43	$27.36	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
METOPROLOL	7	$27.89	$3.98	$318.92	$15.19	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
ONDANSETRON	7	$14.27	$2.04	$59.78	$448.35	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
PANTOPRAZOLE	7	$6.52	$0.93	$90.74	$8.25	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
SIMVASTATIN	7	$0.00	$0.00	$82.86	$5.52	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
IBUPROFEN	7	$0.00	$0.00	$72.16	$14.15	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
ATENOLOL	7	$0.00	$0.00	$35.98	$2.12	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
LANTUS	6	$3,657.29	$609.55	$4,651.29	$465.13	N	Y	ANTIDIABETICS/Human Insulin
VALACYCLOVIR	6	$98.92	$16.49	$249.02	$36.98	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
FLUCONAZOLE	6	$15.88	$2.65	$80.04	$120.06	Y	N	ANTIFUNGALS/Triazoles
LORAZEPAM	6	$0.00	$0.00	$86.95	$10.87	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
ESCITALOPRAM	6	$0.00	$0.00	$75.21	$5.37	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
PENICILLN VK	6	$0.00	$0.00	$54.62	$36.41	Y	N	PENICILLINS/Natural Penicillins
	376	$4,977.42	$13.24	$10,250.69	$24.00			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 5/15/2016 and 5/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	20	$20.29	$1.01	$177.06	$20.67	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
MONTELUKAST	18	$6.44	$0.36	$299.26	$9.35	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMOXICILLIN	17	$0.00	$0.00	$124.71	$25.80	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	16	$0.00	$0.00	$151.96	$5.43	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ESCITALOPRAM	15	$0.00	$0.00	$237.83	$8.20	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
HYDROCHLOROT	15	$0.00	$0.00	$35.16	$1.21	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
VALACYCLOVIR	14	$98.82	$7.06	$324.41	$34.51	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
AMLODIPINE	13	$0.00	$0.00	$88.28	$4.20	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
FLUCONAZOLE	12	$0.00	$0.00	$118.16	$42.71	Y	N	ANTIFUNGALS/Triazoles
LISINOPRIL	12	$0.00	$0.00	$98.03	$5.45	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
AZITHROMYCIN	12	$0.00	$0.00	$90.24	$45.12	Y	N	MACROLIDES/Azithromycin
ALPRAZOLAM	11	$8.24	$0.75	$90.59	$11.82	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
SIMVASTATIN	11	$0.00	$0.00	$137.97	$4.76	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ZOLPIDEM	11	$0.00	$0.00	$125.94	$7.41	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
LOSARTAN POT	10	$0.00	$0.00	$97.08	$6.07	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
CIPROFLOXACN	10	$0.00	$0.00	$69.12	$30.95	Y	N	FLUOROQUINOLONES/Fluoroquinolones
DOXYCYCL HYC	9	$257.22	$28.58	$470.54	$96.69	Y	N	TETRACYCLINES/Tetracyclines
LEVOTHYROXIN	9	$4.83	$0.54	$180.81	$10.64	Y	Y	THYROID AGENTS/Thyroid Hormones
DICLOFENAC	9	$1.65	$0.18	$85.74	$17.74	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
FLUTICASONE	9	$0.00	$0.00	$138.97	$10.69	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
PREDNISONE	9	$0.00	$0.00	$28.47	$8.63	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
LANTUS	8	$2,398.73	$299.84	$3,700.91	$219.86	N	Y	ANTIDIABETICS/Human Insulin
METHYLPHENID	8	$401.06	$50.13	$737.68	$62.34	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
CITALOPRAM	8	$0.00	$0.00	$113.37	$5.67	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CYCLOBENZAPR	8	$0.00	$0.00	$62.11	$22.45	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
OMEPRAZOLE	8	$0.00	$0.00	$28.40	$4.73	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
CEFDINIR	7	$60.89	$8.70	$154.32	$105.22	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
BUSPIRONE	7	$50.88	$7.27	$111.64	$25.76	Y	N	ANTIANXIETY AGENTS/Antianxiety Agents - Misc.
AMOX/K CLAV	7	$17.35	$2.48	$139.62	$60.70	Y	N	PENICILLINS/Penicillin Combinations
LISINOP/HCTZ	7	$0.00	$0.00	$83.43	$4.91	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
ONDANSETRON	7	$0.00	$0.00	$65.06	$67.30	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
FUROSEMIDE	7	$0.00	$0.00	$10.81	$0.98	Y	Y	DIURETICS/Loop Diuretics
PROAIR HFA	6	$199.52	$33.25	$323.77	$92.51	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
BUPROPN HCL	6	$117.59	$19.60	$241.42	$40.24	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
MELOXICAM	6	$0.00	$0.00	$55.38	$5.54	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
	362	$3,643.51	$10.06	$8,998.25	$21.76			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 5/15/2016 and 5/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	584	$14,956.84	$65,334.94	$1,606.00	$66,940.94
002	CIRCUIT COURT	5	$63.78	$18.34	$13.75	$32.09
003	HRA	9	$264.58	$406.71	$24.75	$431.46
004	RETIREES > 65	12	$262.01	$356.88	$33.00	$389.88
005	RETIREES < 65	176	$5,261.88	$7,147.32	$484.00	$7,631.32
006	ACTIVE OTHER	29	$792.87	$3,557.79	$79.75	$3,637.54
008	LINE OF DUTY MEMBERS	1	$0.00	$39.80	$2.75	$42.55
098	COBRA	3	$33.44	$0.00	$8.25	$8.25
Grand Total		819	$21,635.40	$76,861.78	$2,252.25	$79,114.03

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 5/15/2016 and 5/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	392	$9,403.46	$21,057.06	$1,078.00	$22,135.06
03	FOOD SERVICE $1500	21	$558.68	$895.12	$57.75	$952.87
05	RETIREE $1500	16	$470.40	$441.75	$44.00	$485.75
09	BOTH WORK $1500	14	$228.23	$485.76	$38.50	$524.26
11	LAUREL $750	10	$139.11	($65.68)	$27.50	($38.18)
12	LAUREL $1500	14	$569.49	$825.46	$38.50	$863.96
15	GOVERNOR'S $750	3	$264.08	$633.85	$8.25	$642.10
20	STEM ACADEMY $750	3	$322.90	$1,014.88	$8.25	$1,023.13
21	MONTHLY $750	277	$8,950.16	$38,049.63	$761.75	$38,811.38
23	FOOD SERVICE $750	4	$47.82	$33.31	$11.00	$44.31
25	RETIREE $750	37	$1,078.59	$1,079.84	$101.75	$1,181.59
29	BOTH WORK $750	8	$221.75	$175.72	$22.00	$197.72
34	NA	2	$5.13	$393.26	$5.50	$398.76
92	COBRA $750	2	$60.14	$29.79	$5.50	$35.29
98	COBRA $1500	3	$149.03	$834.83	$8.25	$843.08
Grand Total		806	$22,468.97	$65,884.58	$2,216.50	$68,101.08

Piedmont Community Health Plan: LCS1500 OptNG

Coverage Period: 01/01/2016 – 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** All Coverage Tiers | **Plan Type:** PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.pchp.net or by calling 1-800-400-7247. Note: The Uniform Glossary can be accessed at www.cciio.cms.gov

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$1,500** individual **/ $3,000** family in-network **$2,500** individual **/ $5,000** family out-of-network Does not apply to preventive care or to covered services subject to a copayment rather than coinsurance. Copayments do not count toward the **deductible**.	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Yes. **$2,500** individual **/ $5,000** family in-network **$5,000** individual **/ $10,000** family out-of-network	The medical **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premiums, balance-billed charges, charges in excess of any benefit limitations, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the medical **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.pchp.net **or call 1-800-400-7247** for a list of in-network providers.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.

Questions: Call 1-800-400-7247 or visit us at www.pchp.net.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-400-7247 to request a copy.

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

Released on April 23, 2013 (corrected)

Do I need a referral to see a specialist?	No. You don't need a referral to see a **specialist**.	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25 copay/visit	40% coinsurance	Doctor office labs covered at No Charge after office visit copay.
	Specialist visit	$45 copay/visit	40% coinsurance	Doctor office labs covered at No Charge after office visit copay.
	Other practitioner office visit	$45 copay/visit	40% coinsurance	Chiropractic maintenance therapy is Not Covered. Acupuncture is Not Covered.
	Preventive care/screening/immunization	No charge	40% coinsurance	——————none——————
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	Doctor office labs covered at No Charge after office visit copay.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	Pre-authorization required.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available from Script Care at 1-888-810-9010 or visit www.scriptcare.com.	Generic drugs	40%, between $20 & $50 (retail) 40%, between $60 & $125 (mail order)	40%, between $20 & $50 (retail) 40%, between $60 & $125 (mail order)	Copays are per prescription; any one prescription is limited to a 30 day or 90 day supply depending on type. Separate prescription drug **out-of-pocket limit** of $4,100 individual / $8,200 family per year applies. Mandatory mail-order for maintenance Rx after 4 retail fills. Prior Authorization required for prescriptions exceeding $2,000. Mandatory Generic: If members fill a brand name drug when a generic is available, member will pay the brand copay plus the difference between the cost of the brand and generic. If a drug is purchased from an Out-of-Network Provider, the amount payable in excess of the copayment will be the ingredient cost and dispensing fee.
	Preferred brand drugs	40%, between $20 & $100 (retail) 40%, between $60 & $300 (mail order)	40%, between $20 & $100 (retail) 40%, between $60 & $300 (mail order)	
	Non-preferred brand drugs	40%, between $20 & $100 (retail) 40%, between $60 & $300 (mail order)	40%, between $20 & $100 (retail) 40%, between $60 & $300 (mail order)	
	Specialty drugs - Must be filled through the SCL Specialty Pharmacy after one retail fill. [Diabetic meds/supplies (excluding insulin) - Must be filled through the SCL Diabetic Program after one retail fill (40%, between $60 & $300 brand; 40% between $60 & $125 generic)]	40%, between $20 & $100 (SCL Specialty Brand) 40% between $20 & $50 (SCL Specialty Generic)	40%, between $20 & $100 (SCL Specialty Brand) 40% between $20 & $50 (SCL Specialty Generic)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Pre-authorization required. Covered as Out-of-Network without pre-auth.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	
If you need immediate medical attention	Emergency room services	$200 copay/visit	$200 copay/visit	If not an actual emergency, covered at 40% coinsurance after deductible. ER copay waived if admitted; then subject to inpatient coinsurance.
	Emergency medical transportation	20% coinsurance	20% coinsurance	
	Urgent care	$45 copay/visit	$45 copay/visit	

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Pre-authorization required. Covered as Out-of-Network without pre-auth.
	Physician/surgeon fee	20% coinsurance	40% coinsurance	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$25 copay/office visit and 20% coinsurance other outpatient services	40% coinsurance	Doctor office labs covered at No Charge after office visit copay. Pre-authorization required for any inpatient or outpatient facility services. Pre-authorization required for any services and office visits from Out-of-Network providers. Covered as Out-of-Network without pre-authorization.
	Mental/Behavioral health inpatient services	20% coinsurance	40% coinsurance	
	Substance use disorder outpatient services	$25 copay/office visit and 20% coinsurance other outpatient services	40% coinsurance	
	Substance use disorder inpatient services	20% coinsurance	40% coinsurance	
If you are pregnant	Prenatal and postnatal care	$45 copay	40% coinsurance	Prenatal care is covered at $0 copay. Routine labs covered at No Charge.
	Delivery and all inpatient services	20% coinsurance	40% coinsurance	Pregnancy for a dependent child is Not Covered.
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	Limited to 100 visits per year. Pre-authorization required.
	Rehabilitation services	20% coinsurance	40% coinsurance	Pre-authorization required.
	Habilitation services	Not Covered	Not Covered	Habilitation services are Not Covered.
	Skilled nursing care	20% coinsurance	40% coinsurance	Pre-authorization required.
	Durable medical equipment	20% coinsurance	40% coinsurance	Pre-authorization required.
	Hospice service	20% coinsurance	40% coinsurance	Pre-authorization required.
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	Routine eye exam is Not Covered for children.
	Glasses	Not Covered	Not Covered	Glasses and routine dental check-ups Not Covered for children.
	Dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover **(This isn't a complete list. Check your policy or plan document for other excluded services.)**

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult) (except for accidental injury)
- Glasses
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Routine eye care (Adult)
- Routine foot care (unless you are under active treatment for a metabolic or peripheral vascular disease, such as diabetes)
- Weight loss programs

Other Covered Services **(This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- Chiropractic care (maintenance therapy services are Not Covered)
- Non-emergency care when traveling outside the U.S. (covered as Out-of-Network and subject to balance billing)
- Private-duty nursing

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-400-7247. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Piedmont Community Health Plan at 1-800-400-7247 (434-947-4463 if local) or visit www.pchp.net. You may also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or visit www.dol.gov/ebsa/healthreform. For prescription drug information, contact Script Care at 1-888-810-9010 or visit www.scriptcare.com.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage". **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans. These examples were completed using the cost sharing for the Employee Only (Individual) coverage tier.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $5,170
- **Patient pays** $2,370

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$1,500
Copays	$70
Coinsurance	$600
Limits or exclusions	$200
Total	**$2,370**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $2,820
- **Patient pays** $ 2,580

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$0
Copays	$1,300
Coinsurance	$1,200
Limits or exclusions	$80
Total	**$2,580**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.