TakeCare℠

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March 12, 2019

356-19-0222
Speaker Tina Rose Muña Barnes

MAR 12 2019
Time 925 ( )AM ( )PM
Received By:

Honorable Speaker Tina Muna Barnes
I Mina'trentai Sinko Na Liheslaturan Guåhan
Guam Congress Building
163 Chalan Santo Papa
Hagatna, Guam 96910

Re: Government of Guam Health Insurance Program Reporting Requirements

Hafa Adai Speaker Barnes:

Enclosed herewith is a hard copy and flash drive containing an electronic version of the following Government of Guam Reports as required and mandated by law:

(1) February 2019 Enrollment and Premium Payment Data (Public Law No. 32-068)
(2) February 2019 Claims Data
(3) October 2018 – February 2019 Claims Data

2019 MAR 12 AM 9:44

Please contact me at (671) 482-7222, (671) 300-7155 or email greg.kerrebrock@takecareasia.com should you have any questions or concerns regarding the enclosed reports.

Sincerely,

Greg Kerrebrock
Sales Manager
TakeCare Insurance Company

TakeCare Insurance Company
Med & RX Claims for GOVERNMENT OF GUAM
Paid Date From: 10/1/2018 To 2/28/2019
Print Date/Time:3/8/2019 10:05 AM

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
GGRSUP02						
Medical Expenses						
Network Expenses	$3,020.02	$38.04	$77.21	$729.67		$3,864.94
FHP Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
RX Expenses	**$0.00**	**$0.00**	**$0.00**	**$0.00**		**$0.00**
Total Expenses	**$3,020.02**	**$38.04**	**$77.21**	**$729.67**	**$0.00**	**$3,864.94**
GGRSUP03						
Medical Expenses						
Network Expenses	$1,883.79	$2,361.15	$2,400.37	$814.43	$5,499.66	$12,959.40
FHP Expenses	$460.13	$0.00	$57.22	$0.00	$0.00	$517.35
RX Expenses	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Total Expenses	**$2,343.92**	**$2,361.15**	**$2,457.59**	**$814.43**	**$5,499.66**	**$13,476.75**
GGRSUP04						
Medical Expenses						
Network Expenses	$0.00	$0.00	$100.00	$317.24	$1,564.76	$1,982.00
FHP Expenses	$0.00	$367.51	$224.27	$629.86	$0.00	$1,221.64
RX Expenses	**$8,083.24**	**$6,074.24**	**$4,786.38**	**$7,804.67**	**$7,061.96**	**$33,810.49**
Formulary Brand	$4,547.75	$4,886.31	$3,011.98	$4,226.80	$2,835.26	$19,508.10
Formulary Generic	$1,962.72	$1,187.93	$1,774.40	$2,731.82	$2,653.93	$10,310.80
Non-Formulary	$0.00	$0.00	$0.00	$109.66	$0.00	$109.66
Specialty	$1,572.77	$0.00	$0.00	$736.39	$1,572.77	$3,881.93
Total Expenses	**$8,083.24**	**$6,441.75**	**$5,110.65**	**$8,751.77**	**$8,626.72**	**$37,014.13**
HSA						
Medical Expenses						
Network Expenses	$42,198.51	$16,669.26	$49,404.65	$85,325.12	$27,989.26	$221,586.80
FHP Expenses	$45,761.94	$20,360.48	$10,757.95	$27,150.24	$18,392.12	$122,422.72
RX Expenses	**$814.29**	**$339.17**	**$276.98**	**$314.76**	**$313.63**	**$2,058.83**
Formulary Brand	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Formulary Generic	$130.45	$333.03	$270.84	$275.42	$239.60	$1,249.34
Non-Formulary	$683.84	$6.14	$6.14	$39.34	$74.03	$809.49
Total Expenses	**$88,774.74**	**$37,368.91**	**$60,439.58**	**$112,790.12**	**$46,695.01**	**$346,068.35**
PPO						
Medical Expenses						
Network Expenses	$688,130.01	$383,016.18	$325,174.26	$603,969.40	$706,227.99	$2,706,517.84
FHP Expenses	$590,292.17	$321,392.45	$244,926.16	$425,815.50	$420,204.27	$2,002,630.55
RX Expenses	**$149,000.79**	**$202,494.52**	**$177,459.81**	**$202,077.18**	**$179,305.13**	**$910,337.43**
Formulary Brand	$106,434.83	$113,864.84	$106,400.02	$113,888.69	$102,812.31	$543,400.69
Formulary Generic	$35,055.20	$36,180.41	$30,673.38	$40,269.23	$41,040.15	$183,218.37
Non-Formulary	$5,670.26	$40,252.12	$26,054.33	$36,632.09	$22,632.03	$131,240.83
Specialty	$1,840.50	$12,197.15	$14,332.08	$11,287.17	$12,820.64	$52,477.54
Total Expenses	**$1,427,422.97**	**$906,903.15**	**$747,560.23**	**$1,231,862.08**	**$1,305,737.39**	**$5,619,485.82**
DENTAL						
Medical Expenses						
Network Expenses	$50,478.79	$47,200.36	$48,336.28	$64,784.08	$107,505.24	$318,304.75
FHP Expenses	$14,495.40	$97,460.44	$12,209.12	$75,170.94	$3,640.87	$202,976.77
Formulary Generic	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Expenses	**$64,974.19**	**$144,660.80**	**$60,545.40**	**$139,955.02**	**$111,146.11**	**$521,281.52**

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TakeCare Insurance Company

Claims By Type of Service - GOVERNMENT OF GUAM

Date of Service From Oct 01, 2018 to Feb 28, 2019

Printed Date/Time: 3/8/2019 10:17:01 AM

GGRSUP02

Service	Total Claim Amount
Hemodialysis - IP & OP Professional	$2,772.29
Hemodialysis - Facility	$462.40
Anesthesia - Facility/OP Hosp Off-Island	$264.84
Preventive Care Services - Adult	$115.68
Surgery Physicians - OP Hospital/Facility	$74.20
Specialist Office Visit	$56.51
Office Visit	$53.72
Specialist, Surgery	$36.18
Injectables and other medications	$14.97
Specialist, Diagnostic	$14.15
	$3,864.94

GGRSUP03

Service	Total Claim Amount
Radiation Therapy	$3,771.34
Surgery Facility, Hospital OP	$1,340.00
Hemodialysis - IP & OP Professional	$987.74
Inpatient-Hospital	$892.67
Specialist Office Visit	$795.76
Office Visit	$555.05
EKG, X-Ray (Plain Film)	$541.57
Specialist, Surgery	$525.54
Preventive Care Services - Adult	$415.90
Surgery Physicians - OP Hospital/Facility	$412.31
Wellness Preventive Incentive	$390.00
Anesthesia - OP Hospital	$357.19
Eye Glasses / Frames / Contact Lenses	$325.50
GYM PARTNER PAYMENT (Invoice Payments)	$300.00
Specialist, Diagnostic	$247.33
Inpatient Surgery Facility	$156.32
Inpatient Surgery Physicians	$152.08
Facility Supplies	$141.98
Sleep Study	$116.69
Nuclear Medicine (radiology)	$115.48
Miscellaneous, Facility - Hospital OP	$105.44
Inpatient Emergency Room, Admitted	$87.74
Inpatient-Pacemaker	$86.81
ER Physicians	$81.34
Gym Incentives	$70.00
Routine Lab	$63.63
Inpatient-Prescription Items	$63.42
Inpatient-Hospital Visit-Professional	$62.66
Injectables and other medications	$53.90
Anesthesia - Facility/OP Hosp Off-Island	$48.37
Consult	$35.02

Mental Health - Professional	$34.05
Inpatient Injectables and other medications	$32.78
Mammogram, Diagnostic, 26 Modifer	$25.51
Refraction	$22.24
Inpatient Diagnostic	$18.63
ER, CT Scan (radiology)	$18.26
Inpatient Routine Lab	$12.89
Surgery Physicians, Outpatient Hospital	$7.79
Inpatient- EKG, X-Ray (Plain Film)	$3.75
Anesthesia - IP	$2.07
	$13,476.75

GCRSUP14

Service	Total Claim Amount
Executive Check-Up	$757.98
Office Visit	$639.75
Eye Glasses / Frames / Contact Lenses	$542.50
Radiation Therapy	$386.21
GYM PARTNER PAYMENT (Invoice Payments)	$300.00
CT Scan (radiology)	$289.37
Wellness Preventive Incentive	$110.00
EKG, X-Ray (Plain Film)	$69.88
Refraction, Preventive	$66.42
Refraction	$35.52
EKG, X-Ray (Plain Film), TC Modifier	$5.08
Routine Lab	$0.93
	$3,203.64

HSA

Service	Total Claim Amount
Routine Lab	$40,351.71
Preventive Care Services - Adult	$38,065.95
Urgent Care, within normal business hours	$36,637.22
Inpatient-Prescription Items	$25,403.35
GYM PARTNER PAYMENT (Invoice Payments)	$21,160.00
Inpatient Diagnostic	$18,050.79
Inpatient Routine Lab	$12,462.28
Facility Supplies	$11,140.44
Immunizations - Well Child Care (3 - 17yrs. old)	$10,117.76
Wellness Preventive Incentive	$9,930.00
Immunizations	$9,454.79
Inpatient-Hospital	$8,953.32
Well Child Care - Preventive (5 to 11 yrs old)	$8,249.06
Immunizations - Well Baby Care (up to 2 yrs. old)	$7,639.36
SCREENING MAMMOGRAM FOR WOMEN AGES 40 - 74 YEARS	$5,922.88
MRI (radiology)	$5,516.12
Inpatient-Hospital Visit-Professional	$5,244.53
Surgery Physicians - OP Hospital/Facility	$4,679.60
Inpatient Surgery Facility	$4,651.50
Inpatient Maternity-Professional	$3,985.01
Mammogram, Diagnostic	$3,673.09
MATERNITY PRENATAL VISITS	$3,604.56
Office Visit	$3,269.52
Well Child Care - Preventive (1 to 4 yrs old)	$2,852.53

Facility Supplies, Hospital Outpatient	$2,681.15
Surgery Facility, Hospital OP	$2,615.65
Birthing Center, Outpatient Hospital/Facility	$2,600.00
Specialist Office Visit	$2,286.34
Contraceptive	$1,972.90
Inpatient-Maternity	$1,943.85
Gym Incentives	$1,835.00
Specialist Periodic Exams	$1,746.15
Eye Glasses / Frames / Contact Lenses	$1,627.50
ER Physicians	$1,474.40
Refraction, Preventive	$1,239.37
Maternity - OP Professional	$1,172.72
ER Facility, Emergency	$1,157.78
CT Scan (radiology)	$1,089.49
Anesthesia - IP	$1,071.55
Inpatient CT Scan (radiology)	$1,054.20
Executive Check-Up	$1,024.55
EEG, Ultrasound	$950.05
Inpatient-Hospital, PA required	$900.69
Inpatient- EKG, X-Ray (Plain Film)	$801.63
Surgery Physicians, Outpatient Hospital	$795.55
Well Baby Care (12 - 17 yrs old)	$784.75
Inpatient, MRI (radiology)	$721.46
Preventive Hearing Screening	$702.62
Routine Lab, Hospital OP	$672.04
ER, CT Scan (radiology)	$632.60
Specialist, Surgery	$613.57
Labor and Delivery, Outpatient Hospital	$585.78
Inpatient-Labor and Delivery	$548.06
Inpatient Ultrasound	$534.98
Inpatient Surgery Physicians	$517.35
Inpatient Emergency Room, Admitted	$458.11
Surgery	$447.76
CT Scan, PA Required,Hospital OP	$428.41
ER, Surgery	$403.20
Anesthesia - Facility/OP Hosp Off-Island	$400.00
Standard DME, Home Health	$329.48
Ultrasound, Specialist	$310.40
Chiropractic Care	$280.00
Inpatient-Pacemaker	$275.48
Inpatient Physical Therapy	$232.79
Preventive, Screening Colonoscopy	$228.75
Prescription Items, Hospital OP	$172.70
Prescriptions	$164.70
Injectables and other medications	$130.18
EKG, X-Ray (Plain Film)	$92.09
Health Education / Wellness / Disease Management	$82.89
Specialist, Diagnostic	$80.00
EKG, X-Ray (Plain Film), ER, 26 Modifier	$60.00
PREVENTIVE TUBERCULOSIS SCREENING, ADULTS	$54.16
Inpatient Hemodialysis - IP & OP Professional	$8.78
Diagnostic, Hospital Outpatient	$0.42
Inhaled Medication and Administration	$0.13

	$344,009.52
PPO	
Service	**Total Claim Amount**
Office Visit	$961,100.20
Inpatient-Hospital	$361,955.12
Urgent Care, within normal business hours	$336,947.21
Hemodialysis - IP & OP Professional	$332,413.51
Routine Lab	$306,428.25
Preventive Care Services - Adult	$214,334.50
Eye Glasses / Frames / Contact Lenses	$102,337.94
Immunizations - Well Child Care (3 - 17yrs. old)	$99,631.76
Inpatient-Prescription Items	$98,030.14
Facility Supplies	$94,625.80
Inpatient Routine Lab	$93,001.78
Specialist Office Visit	$91,205.14
Inpatient-Hospital Visit-Professional	$84,847.22
Immunizations	$84,758.30
Wellness Preventive Incentive	$82,855.00
Immunizations - Well Baby Care (up to 2 yrs. old)	$75,453.99
Inpatient Maternity-Professional	$72,546.94
GYM PARTNER PAYMENT (Invoice Payments)	$71,105.00
Well Child Care - Preventive (5 to 11 yrs old)	$70,880.99
SCREENING MAMMOGRAM FOR WOMEN AGES 40 - 74 YEARS	$61,767.23
Inpatient Diagnostic	$58,418.26
ER Facility, Emergency	$43,675.23
Inpatient Surgery Facility	$42,618.51
Well Child Care - Preventive (1 to 4 yrs old)	$39,815.29
Surgery Physicians - OP Hospital/Facility	$39,666.68
ER Physicians	$36,427.07
Facility Supplies, Hospital Outpatient	$35,246.57
EKG, X-Ray (Plain Film)	$34,957.96
Inpatient Surgery Physicians	$34,340.45
Refraction, Preventive	$32,695.17
Specialist, Surgery	$31,065.40
MATERNITY PRENATAL VISITS	$29,955.34
Surgery Facility, Hospital OP	$28,520.78
Contraceptive	$26,230.91
Inpatient-Maternity	$21,714.13
Inpatient CT Scan (radiology)	$20,438.73
Inpatient-Labor and Delivery	$19,961.07
Surgery	$19,165.84
Inpatient- EKG, X-Ray (Plain Film)	$19,096.59
Routine Lab, Hospital OP	$18,049.85
Specialist Periodic Exams	$17,308.76
Injectables and other medications	$15,990.66
Home Health Services	$15,817.96
Mental Health - Professional	$14,160.55
Airfare Travel	$14,089.50
Inpatient Emergency Room, Admitted	$13,886.82
Chemotherapy	$12,636.45
CT Scan, PA Required,Hospital OP	$12,248.84
Executive Check-Up	$11,920.44
Preventive Hearing Screening	$10,591.88

Home Health, Physical Therapy	$10,485.40
Anesthesia - IP	$9,980.03
Inpatient-Prosthetics Supplies/Devices/Implants/ (UB Codes only)	$9,869.32
Preventive, Screening Colonoscopy	$9,597.68
Inpatient Blood & Plasma	$9,241.84
Gym Incentives	$8,620.00
MRI (radiology)	$8,421.45
Inpatient Radiation Therapy	$8,181.48
Diagnostic, Hospital Outpatient	$7,441.33
CT Scan (radiology)	$7,225.32
Birthing Center, Outpatient Hospital/Facility	$7,134.71
Specialist, Diagnostic	$7,064.58
Surgery Physicians, Outpatient Hospital	$6,742.58
Anesthesia - Facility/OP Hosp Off-Island	$6,535.56
Inpatient Physical Therapy	$6,388.46
Radiation Therapy	$6,093.27
Prescription Items, Hospital OP	$5,708.05
Inpatient Ultrasound	$5,307.79
Inpatient Hemodialysis - IP & OP Professional	$5,084.72
Well Baby Care (12 - 17 yrs old)	$4,937.10
Inpatient-Hospital, PA required	$4,800.71
EEG, Ultrasound	$4,728.32
Inpatient Nuclear Medicine (radiology)	$4,503.71
Nuclear Medicine (radiology)	$4,141.94
EKG, X-Ray (Plain Film), ER, 26 Modifier	$4,116.80
Ultrasound, Specialist	$3,856.40
Inpatient Chemotherapy	$3,381.75
Specialty Lab	$3,270.64
Mammogram, Diagnostic	$3,062.26
Inpatient, MRI (radiology)	$2,715.37
Occupational Therapy, Hospital OP	$2,632.94
Specialist, Injectables and other medications	$2,567.59
Lodging	$2,483.36
Inpatient-Pacemaker	$2,405.00
Physical Therapy	$2,398.31
ER, CT Scan (radiology)	$2,370.62
Treatment/Observation Room, Hospital Outpatient	$2,295.93
EKG, X-Ray (Plain Film), Hospital OP	$2,249.04
Chiropractic Care	$2,238.00
Sleep Study	$1,744.56
Inpatient-Rehab Fac-Med/Physical, PA required	$1,699.42
Hospital, Outpatient	$1,686.82
Ambulance	$1,584.11
Anesthesia - OP Hospital	$1,558.81
Vision Services, Pediatric	$1,498.79
Refraction	$1,476.59
Hospital Visit - Professional, Outpatient Hospital	$1,437.54
Health Education / Wellness / Disease Management	$1,359.62
MRI, Hospital Outpatient	$1,168.00
ER, Ambulance	$1,053.00
EKG, X-Ray (Plain Film), TC Modifier	$999.29
GMH- URGENT CARE	$962.40
Physical Therapy, Hospital OP	$881.94

Preventive, Cervical Cancer Screening	$863.79
Maternity - OP Professional	$846.24
Diagnostic, 26 Modifier, Hosp OP	$726.20
Consult	$632.05
EKG, X-Ray (Plain Film), 26 Modifier, Hosp OP	$576.82
Intra-Ocular Lens, Outpatient Hospital/Facility	$572.00
ER, Injectables and other medications	$570.27
EKG, X-Ray (Plain Film), 26 Modifier	$527.88
Chemotherapy, Outpatient Hospital	$504.00
ER, Surgery	$469.00
Inpatient Sterilization	$464.46
Wellness Outcome Based Bonuses	$450.00
Standard DME, Home Health	$447.66
Prescriptions	$443.27
Inpatient Injectables and other medications	$423.45
Nuclear Medicine (radiology), Hospital Outpatient	$410.98
Mammogram, Diagnostic, 26 Modifer	$400.56
Labor and Delivery - OP Hospital/Facility	$380.00
Foot Care Services, Specialist	$300.84
Inpatient Occupational Therapy	$282.12
PREVENTIVE TUBERCULOSIS SCREENING, ADULTS	$273.63
Acupuncture	$220.00
ER Facility, OP Hospital	$197.84
Ultrasound, Hospital Outpatient	$193.57
Injectibles and other medications, Outpatient Hospital	$188.80
Inpatient, Hearing Screening	$184.74
Inpatient-Skilled Nursing Facility	$166.79
Cardiac Therapy, Hospital OP	$159.16
CT Scan 26 Modifier, Hosp OP	$118.37
EEG, Ultrasound, ER, 26 Modifier	$113.60
Standard DME - Inpatient	$111.77
Adult Vision Services	$93.05
Allergy Injectable	$75.56
Ultrasound, 26 Modifier, Hosp OP	$65.00
Inhaled Medication and Administration	$62.07
Ostomy/Colostomy/Urinary Supplies	$57.30
Hospital Visit - Professional	$54.90
MRI, 26 Modifier, Hosp OP	$51.08
Preventive, Depression Screening	$47.88
Maternity, Office Visit	$32.27
Miscellaneous, Facility - Hospital OP	$32.22
Cast Supplies	$23.24
Other Laboratory services	$6.00
	$4,709,148.39

TakeCare Insurance Company

Monthly Enrollment by Plan - GOVERNMENT OF GUAM

Extraction Date From: 10/1/2018 to 2/28/2019

DOA1 - GOVGUAM - DEPT. OF

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	56	53	52	52	50	263
Subscriber + Spouse	41	43	46	46	42	218
Subs + Deps	58	59	64	64	66	311
Family	153	161	163	159	160	796
Total Members	**308**	**316**	**325**	**321**	**318**	**1,588**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	256	261	263	262	265	1,307
Subscriber + Spouse	140	146	144	142	138	710
Subs + Deps	463	468	470	468	480	2,349
Family	882	891	901	893	897	4,464
Total Members	**1,741**	**1,766**	**1,778**	**1,765**	**1,780**	**8,830**

DOE1 - GOVGUAM - DEPT. OF

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	63	61	59	60	61	304
Subscriber + Spouse	28	26	28	28	30	140
Subs + Deps	53	46	41	38	42	220
Family	94	104	98	101	111	508
Total Members	**238**	**237**	**226**	**227**	**244**	**1,172**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	284	281	279	280	282	1,406
Subscriber + Spouse	86	92	88	82	88	436
Subs + Deps	451	486	502	515	523	2,477
Family	558	602	634	641	650	3,085
Total Members	**1,379**	**1,461**	**1,503**	**1,518**	**1,543**	**7,404**

GAA1 - GOVGUAM - GUAM INT'L

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	3	3	3	3	3	15
Subs + Deps	10	8	8	8	8	42
Family	4	4	4	4	4	20
Total Members	**17**	**15**	**15**	**15**	**15**	**77**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	8	6	6	6	6	32
Subscriber + Spouse	6	6	6	6	6	30
Subs + Deps	14	17	18	18	22	89
Family	59	65	68	67	67	326
Total Members	**87**	**94**	**98**	**97**	**101**	**477**

GCC1 - GOVGUAM - GUAM

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	5	6	6	6	7	30
Subs + Deps	3	3	3	3	3	15
Family	3	3	3	3	3	15
Total Members	**11**	**12**	**12**	**12**	**13**	**60**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	19	21	20	19	19	98
Subscriber + Spouse	6	6	6	6	6	30
Subs + Deps	20	27	24	24	24	119
Family	48	53	63	59	59	282
Total Members	**93**	**107**	**113**	**108**	**108**	**529**

GHC1 - GOVGUAM - GUAM HOUSING

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs + Deps	3	3				6
Family			4	4	4	12
Total Members	**3**	**3**	**4**	**4**	**4**	**18**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	2	2	2	2	2	10
Subs + Deps	6	6	6	6	6	30
Family	17	17	17	17	17	85
Total Members	**25**	**25**	**25**	**25**	**25**	**125**

GHU1 - GOVGUAM - GUAM HOUSING &

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	1	1	1	1	1	5
Family	4	4	4	4	4	20
Total Members	**5**	**5**	**5**	**5**	**5**	**25**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	3	3	3	3	3	15
Subscriber + Spouse	2	2	2	2	2	10
Subs + Deps	18	20	21	18	18	95
Family	22	23	24	24	24	117
Total Members	**45**	**48**	**50**	**47**	**47**	**237**

GMH1 - GOVGUAM - GUAM MEMORIAL

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	9	9	8	8	9	43
Subscriber + Spouse	2					2
Subs + Deps	4	4	6	6	6	26
Family	31	27	27	27	27	139
Total Members	**46**	**40**	**41**	**41**	**42**	**210**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	56	57	55	55	57	280
Subscriber + Spouse	32	30	28	30	30	150
Subs + Deps	126	134	136	135	135	666
Family	213	231	226	230	227	1,127
Total Members	**427**	**452**	**445**	**450**	**449**	**2,223**

GPA1 - GOVGUAM - GUAM POWER

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	4	4	4	4	4	20
Subscriber + Spouse					2	2
Subs + Deps	6	6	6	2	2	22
Family	13	20	20	20	20	93
Total Members	**23**	**30**	**30**	**26**	**28**	**137**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	34	37	37	36	42	186
Subscriber + Spouse	32	30	30	30	30	152
Subs + Deps	41	47	47	51	51	237
Family	173	186	186	184	182	911
Total Members	**280**	**300**	**300**	**301**	**305**	**1,486**

GVB1 - GOVGUAM - GUAM VISITORS

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	1	1				2
Subs + Deps			2	2	2	6
Total Members	**1**	**1**	**2**	**2**	**2**	**8**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	4	4	5	5	6	24
Subscriber + Spouse	2	2	2	2	2	10
Family	5	5	5	5	5	25
Total Members	**11**	**11**	**12**	**12**	**13**	**59**

GWA1 - GOVGUAM - GUAM

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	4	4	4	4	4	20
Subs + Deps	7	7	7	7	7	35
Family	7	16	16	16	16	71
Total Members	**18**	**27**	**27**	**27**	**27**	**126**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	29	35	34	34	33	165
Subscriber + Spouse	16	18	20	20	20	94
Subs + Deps	73	69	69	68	70	349
Family	113	109	110	110	109	551
Total Members	**231**	**231**	**233**	**232**	**232**	**1,159**

LEG1 - GOVGUAM - GUAM

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	4	4	4	4	2	18
Subscriber + Spouse	1	1	1	2	2	7
Subs + Deps	4	4	4	4		16
Total Members	**9**	**9**	**9**	**10**	**4**	**41**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	19	20	20	18	19	96
Subs + Deps	8	8	8	7	9	40
Family	22	22	23	16	15	98
Total Members	**49**	**50**	**51**	**41**	**43**	**234**

PAG1 - GOVGUAM - PORT AUTHORITY

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	3	4	4	4	4	19
Subscriber + Spouse	4	2	2	2	2	12
Subs + Deps	3	3	3	3	3	15

Family	13	13	13	13	13	65
Total Members	**23**	**22**	**22**	**22**	**22**	**111**
PPO Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	28	27	27	27	28	137
Subscriber + Spouse	24	20	18	20	20	102
Subs + Deps	55	60	63	66	67	311
Family	201	209	213	213	213	1,049
Total Members	**308**	**316**	**321**	**326**	**328**	**1,599**
PUB1 - GOVGUAM - PUBLIC						
HSA Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	3	3	3	3	3	15
Total Members	**3**	**3**	**3**	**3**	**3**	**15**
PPO Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	3	3	4	4	4	18
Subscriber + Spouse	4	4	4	4	4	20
Subs + Deps	14	15	15	15	10	69
Family	12	12	12	8	8	52
Total Members	**33**	**34**	**35**	**31**	**26**	**159**
RAC1 - GOVGUAM - RETIREMENT						
HSA Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	2	2	2	2	2	10
Total Members	**2**	**2**	**2**	**2**	**2**	**10**
PPO Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	8	8	8	8	8	40
Subscriber + Spouse	2	2	2	2	2	10
Subs + Deps	11	11	11	11	11	55
Family	3	3	3	3	3	15
Total Members	**24**	**24**	**24**	**24**	**24**	**120**
RET1 - GOVGUAM - RETIREES						
Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	50	56	59	59	60	284
Subscriber + Spouse	24	26	26	26	26	128
Total Members	**74**	**82**	**85**	**85**	**86**	**412**
HSA Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	20	22	22	22	21	107
Subscriber + Spouse	12	12	12	12	12	60
Subs + Deps	4	12	12	12	10	50
Family	25	25	28	28	27	133
Total Members	**61**	**71**	**74**	**74**	**70**	**350**
PPO Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	133	132	133	132	130	660
Subscriber + Spouse	111	118	114	112	112	567
Subs + Deps	76	84	90	97	99	446
Family	90	103	115	124	125	557
Total Members	**410**	**437**	**452**	**465**	**466**	**2,230**
UOG1 - GOVGUAM - UNIVERSITY OF						
HSA Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	12	13	13	13	13	64
Subscriber + Spouse	4	6	6	6	4	26
Subs + Deps		2	2	2	5	11
Family	40	40	39	39	41	199
Total Members	**56**	**61**	**60**	**60**	**63**	**300**
PPO Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	44	45	46	46	46	227
Subscriber + Spouse	28	26	26	26	26	132
Subs + Deps	47	42	43	43	43	218
Family	75	75	76	75	75	376
Total Members	**194**	**188**	**191**	**190**	**190**	**953**
Grand Total Members:	**6,235**	**6,480**	**6,573**	**6,568**	**6,628**	**32,484**

TakeCare Insurance Company

GOVERNMENT OF GUAM - Top 10 Drug Utilization

Start Date: 10/1/2018 ; End Date: 2/28/2019

Print Date/Time:3/8/2019 10:23 AM

Brand Name	Generic Name	Total Claim Cost
JANUVIA TAB 100MG	Sitagliptin Phosphate Tab 100 MG (Base Equiv)	$75,684.05
RITUXAN INJ 500MG	Rituximab IV Soln 500 MG/50ML	$39,245.36
LONSURF TAB 20-8.19	Trifluridine-Tipiracil Tab 20-8.19 MG	$38,470.35
TASIGNA CAP 150MG	Nilotinib HCl Cap 150 MG (Base Equivalent)	$38,229.59
ENBREL INJ 50MG/ML	Etanercept Subcutaneous Soln Prefilled Syringe 50	$31,728.60
IBRANCE CAP 100MG	Palbociclib Cap 100 MG	$31,063.88
NOVOLOG INJ FLEXPEN	Insulin Aspart Soln Pen-injector 100 Unit/ML	$29,328.26
LANTUS INJ SOLOSTAR	Insulin Glargine Soln Pen-Injector 100 Unit/ML	$29,151.20
VICTOZA INJ 18MG/3ML	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	$27,951.37
TECFIDERA CAP 240MG	Dimethyl Fumarate Capsule Delayed Release 240	$27,780.82

TakeCare Insurance Company

Large Claims Report (≥$25,000) - GOVERNMENT OF GUAM

Start Date: 10/1/2018 ; End Date: 2/28/2019

Print Date/Time:3/8/2019 10:26 AM

HSA

Primary Diagnosis	Secondary Diagnosis	NPI + Service Provider	Total Claims
C160 - Malignant neoplasm of cardia	- Not Assigned	- ST. LUKE'S MEDICAL CENTER	$26,086.50

PPO

Primary Diagnosis	Secondary Diagnosis	NPI + Service Provider	Total Claims
Z3800 - Single liveborn infant, delivered vaginally	P832 - Hydrops fetalis not due to hemolytic disease	- UCLA MEDICAL CENTER	$184,391.35
N186 - End stage renal disease	Z992 - Dependence on renal dialysis	158849541 - U.S. RENAL CARE SINAJANA DIALYSIS	$147,085.25
N186 - End stage renal disease	Z992 - Dependence on renal dialysis	1295910255 - U.S. RENAL CARE TAMUNING DIALYSIS	$84,750.16
N151 - Renal and perinephric abscess	B961 - Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified elsewhere	1366519027 - GUAM MEMORIAL HOSPITAL	$76,864.98
N186 - End stage renal disease	Z992 - Dependence on renal dialysis	1346436441 - U.S. RENAL CARE DEDEDO DIALYSIS	$59,227.43
S22089A - Unspecified fracture of T11-T12 vertebra, initial	C61 - Malignant neoplasm of prostate	- ST. LUKE'S MEDICAL CENTER	$51,477.42
I2510 - Atherosclerotic heart disease of native coronary artery without angina pectoris	I213 - ST elevation (STEMI) myocardial infarction of unspecified site	1366519027 - GUAM MEMORIAL HOSPITAL	$42,365.59
Z0000 - Encounter for general adult medical examination	- Not Assigned	- WELLNESS INCENTIVES	$40,050.00
Y939 - Activity, unspecified	- Not Assigned	- INTERNATIONAL SPORTS CENTER	$31,450.00
I639 - Cerebral infarction, unspecified	- Not Assigned	- ST. LUKE'S MEDICAL CENTER	$26,675.01
C9102 - Acute lymphoblastic leukemia, in relapse	- Not Assigned	- ST. LUKE'S MEDICAL CENTER	$26,406.71
Z0000 - Encounter for general adult medical examination	- Not Assigned	1215930987 - DIAGNOSTIC LABORATORY SERVICES INC.	$25,321.99

PPO

Label Name	Generic/Brand Name	Total RX Amount
JANUVIA TAB 100MG	Sitagliptin Phosphate Tab 100 MG (Base Equiv)	$75,010.87
RITUXAN INJ 500MG	Rituximab IV Soln 500 MG/50ML	$39,245.36
LONSURF TAB 20-8.19	Trifluridine-Tipiracil Tab 20-8.19 MG	$38,470.35
TASIGNA CAP 150MG	Nilotinib HCl Cap 150 MG (Base Equivalent)	$38,229.59
ENBREL INJ 50MG/ML	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	$31,728.60
IBRANCE CAP 100MG	Palbociclib Cap 100 MG	$31,063.88
NOVOLOG INJ FLEXPEN	Insulin Aspart Soln Pen-injector 100 Unit/ML	$29,328.26
VICTOZA INJ 18MG/3ML	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	$27,951.37
TECFIDERA CAP 240MG	Dimethyl Fumarate Capsule Delayed Release 240 MG	$27,780.82
ENBREL SRCLK INJ 50MG/ML	Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	$27,712.47
LANTUS INJ SOLOSTAR	Insulin Glargine Soln Pen-Injector 100 Unit/ML	$27,213.14
LEVEMIR INJ FLEXTOUC	Insulin Detemir Soln Pen-injector 100 Unit/ML	$26,099.36
NEULASTA INJ 6MG/0.6M	Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	$26,031.92

TakeCare℠

TakeCare Insurance Company

Gym Membership Expenses

Parameters: Start Date: 10/1/2018, End Date: 2/28/2019

Print Date/Time:3/8/2019 10:29 AM

Group ID	Group Name	Gym Partner Name	18-Oct	18-Nov	19-Jan	18-Dec	19-Feb	Total
GOVGUAM3	GOVERNMENT OF GUAM	CHAMORRI CROSSFIT	$0.00	$350.00				$350.00
		CROSSFIT HITA		$600.00	$850.00		$900.00	$2,350.00
		CROSSFIT LATTE STONE			$300.00	$0.00	$1,000.00	$1,300.00
		CUSTOM FITNESS			$1,600.00	$200.00	$1,650.00	$3,450.00
		GUAM AIKIKAI		$800.00			$1,600.00	$2,400.00
		GUAM MUAY THAI	$0.00	$1,100.00	$1,000.00	$700.00	$950.00	$3,750.00
		GUAM TAEKWONDO CENTER INC	$0.00	$3,600.00	$2,250.00	$1,750.00	$2,650.00	$10,250.00
		HILTON GUAM RESORT & SPA		$0.00	$5,500.00	$4,600.00	$6,350.00	$16,450.00
		INTERNATIONAL SPORTS CENTER	$0.00	$18,350.00	$0.00	$11,700.00	$13,200.00	$43,250.00
		JASON D. FITNESS			$300.00	$300.00	$400.00	$1,000.00
		LAGRIMAS A.C. LUJAN	$0.00	$560.00				$560.00
		OMNIHEALTH SYSTEMS LLC			$250.00		$250.00	$500.00
		SKIP ENTERTAINMENT				$250.00		$250.00
		THE POUND ACADEMY			$1,250.00	$850.00	$1,250.00	$3,350.00
		UNIFIED, INC		$800.00	$300.00	$400.00	$300.00	$1,800.00
		URBAN FITNESS AND DANCE STUDIO	$0.00	$1,855.00	$280.00	$240.00	$280.00	$2,655.00
		Total Premum Paid	$0.00	$28,015.00	$13,880.00	$20,990.00	$30,780.00	$93,665.00

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TakeCare Insurance Company

Total Monthly Premiums Paid - GOVERNMENT OF GUAM

Start Date: 10/1/2018 ; End Date: 2/28/2019

Print Date/Time:3/8/2019 10:32 AM

Subgroup ID	Subgroup Name	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Total
DOA1	GOVGUAM - DEPT. OF	$461,654.35	$567,531.52	$362,329.41	$360,578.47	$360,550.69	$2,112,644.44
DOE1	GOVGUAM - DEPT. OF EDUCATION	$362,488.55	$291,004.63	$293,133.18	$278,893.07	$294,022.81	$1,519,542.24
GAA1	GOVGUAM - GUAM INT'L AIRPORT	$17,713.60	$30,331.25	$20,843.82	$21,081.35	$21,318.88	$111,288.90
GCC1	GOVGUAM - GUAM COMMUNITY	$20,874.04	$22,723.76	$22,723.76	$22,266.19	$21,908.30	$110,496.05
GHC1	GOVGUAM - GUAM HOUSING	$3,427.81	$4,538.52	$6,807.78	$4,538.52	$4,538.52	$23,851.15
GHU1	GOVGUAM - GUAM HOUSING & URBAN	$4,102.86	$9,599.36	$14,399.04	$9,361.83	$9,124.30	$46,587.39
GMH1	GOVGUAM - GUAM MEMORIAL	$72,981.22	$72,721.99	$78,525.32		$84,947.89	$309,176.42
GPA1	GOVGUAM - GUAM POWER AUTHORITY	$46,797.74	$85,655.17	$55,956.19	$77,232.82	$54,383.04	$320,024.96
GVB1	GOVGUAM - GUAM VISITORS BUREAU	$3,837.71	$2,634.86	$2,905.22	$2,905.22	$3,175.58	$15,458.59
GWA1	GOVGUAM - GUAM WATERWORKS	$39,132.08	$68,198.43	$45,716.58	$45,629.24	$47,047.97	$245,724.30
LEG1	GOVGUAM - GUAM LEGISLATURE	$8,982.72	$10,036.34	$10,036.34	$14,507.22	$9,767.54	$53,330.16
PAG1	GOVGUAM - PORT AUTHORITY OF	$78,266.83	$57,431.42	$57,708.77	$29,405.73	$60,111.86	$282,924.61
PUB1	GOVGUAM - PUBLIC DEFENDER (PUB)	$5,120.77	$9,244.02	$5,725.32	$6,162.68	$5,816.92	$32,069.71
RAC1	GOVGUAM - RETIREMENT FUND	$5,540.42	$8,107.86	$6,770.70	$6,768.60	$5,134.88	$32,322.46
RET1	GOVGUAM - RETIREES	$75,020.97	$248,554.57	$219,295.75	$93,162.99	$906,875.20	$1,542,909.48
UOG1	GOVGUAM - UNIVERSITY OF GUAM	$41,023.12	$44,156.68	$64,303.41	$39,898.29	$44,464.31	$233,845.81
Total Premium Paid		**$1,246,964.79**	**$1,532,470.38**	**$1,267,180.59**	**$1,012,392.22**	**$1,933,188.69**	**$6,992,196.67**

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TakeCare Insurance Company

Claims TAT for GOVGUAM3

Parameters: Start Date: 10/1/2018, End Date: 2/28/2019

Print Date/Time:3/8/2019 10:34 AM

Days	Claim Count	%	Cummulative	Cum. %
1	9	0.11%	9	0.11%
2	118	1.44%	127	1.54%
3	123	1.50%	250	3.04%
4	34	0.41%	284	3.45%
5	215	2.62%	499	6.07%
6	894	10.87%	1393	16.94%
7	437	5.32%	1830	22.26%
8	139	1.69%	1969	23.95%
9	325	3.95%	2294	27.90%
10	598	7.27%	2892	35.18%
11	698	8.49%	3590	43.67%
12	433	5.27%	4023	48.94%
13	95	1.16%	4118	50.09%
14	34	0.41%	4152	50.50%
15	209	2.54%	4361	53.05%
16	323	3.93%	4684	56.98%
17	159	1.93%	4843	58.91%
18	158	1.92%	5001	60.83%
19	21	0.26%	5022	61.09%
20	158	1.92%	5180	63.01%
21	89	1.08%	5269	64.09%
22	36	0.44%	5305	64.53%
23	74	0.90%	5379	65.43%
24	24	0.29%	5403	65.72%
25	58	0.71%	5461	66.43%
26	23	0.28%	5484	66.71%
27	25	0.30%	5509	67.01%
28	26	0.32%	5535	67.33%
29	34	0.41%	5569	67.74%
30	116	1.41%	5685	69.15%
31	31	0.38%	5716	69.53%
32	24	0.29%	5740	69.82%
33	72	0.88%	5812	70.70%
34	18	0.22%	5830	70.92%
35	29	0.35%	5859	71.27%
36	102	1.24%	5961	72.51%
37	57	0.69%	6018	73.20%
38	25	0.30%	6043	73.51%
39	42	0.51%	6085	74.02%
40	19	0.23%	6104	74.25%
41	20	0.24%	6124	74.49%
42	58	0.71%	6182	75.20%
43	31	0.38%	6213	75.57%
44	22	0.27%	6235	75.84%
45	22	0.27%	6257	76.11%
46	13	0.16%	6270	76.27%
47	28	0.34%	6298	76.61%
48	72	0.88%	6370	77.48%
49	30	0.36%	6400	77.85%
50	85	1.03%	6485	78.88%
51	47	0.57%	6532	79.46%
52	72	0.88%	6604	80.33%
53	68	0.83%	6672	81.16%

54	37	0.45%	6709	81.61%
55	18	0.22%	6727	81.83%
56	56	0.68%	6783	82.51%
57	60	0.73%	6843	83.24%
58	41	0.50%	6884	83.74%
59	61	0.74%	6945	84.48%
60	53	0.64%	6998	85.12%
61	64	0.78%	7062	85.90%
62	53	0.64%	7115	86.55%
63	84	1.02%	7199	87.57%
64	40	0.49%	7239	88.05%
65	27	0.33%	7266	88.38%
66	27	0.33%	7293	88.71%
67	16	0.19%	7309	88.91%
68	117	1.42%	7426	90.33%
69	15	0.18%	7441	90.51%
70	31	0.38%	7472	90.89%
71	45	0.55%	7517	91.44%
72	69	0.84%	7586	92.28%
73	59	0.72%	7645	92.99%
74	5	0.06%	7650	93.05%
75	23	0.28%	7673	93.33%
76	18	0.22%	7691	93.55%
77	3	0.04%	7694	93.59%
78	61	0.74%	7755	94.33%
79	50	0.61%	7805	94.94%
80	5	0.06%	7810	95.00%
81	14	0.17%	7824	95.17%
82	14	0.17%	7838	95.34%
83	58	0.71%	7896	96.05%
84	4	0.05%	7900	96.10%
85	23	0.28%	7923	96.38%
86	1	0.01%	7924	96.39%
87	7	0.09%	7931	96.47%
88	15	0.18%	7946	96.65%
89	2	0.02%	7948	96.68%
91	72	0.88%	8020	97.56%
92	1	0.01%	8021	97.57%
93	194	2.36%	8215	99.93%
95	1	0.01%	8216	99.94%
98	3	0.04%	8219	99.98%
100	1	0.01%	8220	99.99%
103	1	0.01%	8221	100.00%
Totals:	***8221***			

TakeCare Insurance Company
Med & RX Claims for GOVERNMENT OF GUAM
Paid Date From: 10/1/2018 To 2/28/2019
Print Date/Time:3/8/2019 10:05 AM

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
GGRSUP02						
Medical Expenses						
Network Expenses	$3,020.02	$38.04	$77.21	$729.67		$3,864.94
FHP Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
RX Expenses	**$0.00**	**$0.00**	**$0.00**	**$0.00**		**$0.00**
Total Expenses	**$3,020.02**	**$38.04**	**$77.21**	**$729.67**	**$0.00**	**$3,864.94**
GGRSUP03						
Medical Expenses						
Network Expenses	$1,883.79	$2,361.15	$2,400.37	$814.43	$5,499.66	$12,959.40
FHP Expenses	$460.13	$0.00	$57.22	$0.00	$0.00	$517.35
RX Expenses	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Total Expenses	**$2,343.92**	**$2,361.15**	**$2,457.59**	**$814.43**	**$5,499.66**	**$13,476.75**
GGRSUP04						
Medical Expenses						
Network Expenses	$0.00	$0.00	$100.00	$317.24	$1,564.76	$1,982.00
FHP Expenses	$0.00	$367.51	$224.27	$629.86	$0.00	$1,221.64
RX Expenses	**$8,083.24**	**$6,074.24**	**$4,786.38**	**$7,804.67**	**$7,061.96**	**$33,810.49**
Formulary Brand	$4,547.75	$4,886.31	$3,011.98	$4,226.80	$2,835.26	$19,508.10
Formulary Generic	$1,962.72	$1,187.93	$1,774.40	$2,731.82	$2,653.93	$10,310.80
Non-Formulary	$0.00	$0.00	$0.00	$109.66	$0.00	$109.66
Specialty	$1,572.77	$0.00	$0.00	$736.39	$1,572.77	$3,881.93
Total Expenses	**$8,083.24**	**$6,441.75**	**$5,110.65**	**$8,751.77**	**$8,626.72**	**$37,014.13**
HSA						
Medical Expenses						
Network Expenses	$42,198.51	$16,669.26	$49,404.65	$85,325.12	$27,989.26	$221,586.80
FHP Expenses	$45,761.94	$20,360.48	$10,757.95	$27,150.24	$18,392.12	$122,422.72
RX Expenses	**$814.29**	**$339.17**	**$276.98**	**$314.76**	**$313.63**	**$2,058.83**
Formulary Brand	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Formulary Generic	$130.45	$333.03	$270.84	$275.42	$239.60	$1,249.34
Non-Formulary	$683.84	$6.14	$6.14	$39.34	$74.03	$809.49
Total Expenses	**$88,774.74**	**$37,368.91**	**$60,439.58**	**$112,790.12**	**$46,695.01**	**$346,068.35**
PPO						
Medical Expenses						
Network Expenses	$688,130.01	$383,016.18	$325,174.26	$603,969.40	$706,227.99	$2,706,517.84
FHP Expenses	$590,292.17	$321,392.45	$244,926.16	$425,815.50	$420,204.27	$2,002,630.55
RX Expenses	**$149,000.79**	**$202,494.52**	**$177,459.81**	**$202,077.18**	**$179,305.13**	**$910,337.43**
Formulary Brand	$106,434.83	$113,864.84	$106,400.02	$113,888.69	$102,812.31	$543,400.69
Formulary Generic	$35,055.20	$36,180.41	$30,673.38	$40,269.23	$41,040.15	$183,218.37
Non-Formulary	$5,670.26	$40,252.12	$26,054.33	$36,632.09	$22,632.03	$131,240.83
Specialty	$1,840.50	$12,197.15	$14,332.08	$11,287.17	$12,820.64	$52,477.54
Total Expenses	**$1,427,422.97**	**$906,903.15**	**$747,560.23**	**$1,231,862.08**	**$1,305,737.39**	**$5,619,485.82**
DENTAL						
Medical Expenses						
Network Expenses	$50,478.79	$47,200.36	$48,336.28	$64,784.08	$107,505.24	$318,304.75
FHP Expenses	$14,495.40	$97,460.44	$12,209.12	$75,170.94	$3,640.87	$202,976.77
Formulary Generic	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Expenses	**$64,974.19**	**$144,660.80**	**$60,545.40**	**$139,955.02**	**$111,146.11**	**$521,281.52**

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TakeCare Insurance Company

Claims By Type of Service - GOVERNMENT OF GUAM

Date of Service From Oct 01, 2018 to Feb 28, 2019

Printed Date/Time: 3/8/2019 10:17:01 AM

GGRSUP02

Service	Total Claim Amount
Hemodialysis - IP & OP Professional	$2,772.29
Hemodialysis - Facility	$462.40
Anesthesia - Facility/OP Hosp Off-Island	$264.84
Preventive Care Services - Adult	$115.68
Surgery Physicians - OP Hospital/Facility	$74.20
Specialist Office Visit	$56.51
Office Visit	$53.72
Specialist, Surgery	$36.18
Injectables and other medications	$14.97
Specialist, Diagnostic	$14.15
	$3,864.94

GGRSUP03

Service	Total Claim Amount
Radiation Therapy	$3,771.34
Surgery Facility, Hospital OP	$1,340.00
Hemodialysis - IP & OP Professional	$987.74
Inpatient-Hospital	$892.67
Specialist Office Visit	$795.76
Office Visit	$555.05
EKG, X-Ray (Plain Film)	$541.57
Specialist, Surgery	$525.54
Preventive Care Services - Adult	$415.90
Surgery Physicians - OP Hospital/Facility	$412.31
Wellness Preventive Incentive	$390.00
Anesthesia - OP Hospital	$357.19
Eye Glasses / Frames / Contact Lenses	$325.50
GYM PARTNER PAYMENT (Invoice Payments)	$300.00
Specialist, Diagnostic	$247.33
Inpatient Surgery Facility	$156.32
Inpatient Surgery Physicians	$152.08
Facility Supplies	$141.98
Sleep Study	$116.69
Nuclear Medicine (radiology)	$115.48
Miscellaneous, Facility - Hospital OP	$105.44
Inpatient Emergency Room, Admitted	$87.74
Inpatient-Pacemaker	$86.81
ER Physicians	$81.34
Gym Incentives	$70.00
Routine Lab	$63.63
Inpatient-Prescription Items	$63.42
Inpatient-Hospital Visit-Professional	$62.66
Injectables and other medications	$53.90
Anesthesia - Facility/OP Hosp Off-Island	$48.37
Consult	$35.02
Mental Health - Professional	$34.05
Inpatient Injectables and other medications	$32.78
Mammogram, Diagnostic, 26 Modifer	$25.51
Refraction	$22.24
Inpatient Diagnostic	$18.63
ER, CT Scan (radiology)	$18.26
Inpatient Routine Lab	$12.89
Surgery Physicians, Outpatient Hospital	$7.79
Inpatient- EKG, X-Ray (Plain Film)	$3.75

Anesthesia - IP	$2.07
	$13,476.75

GGRSUP04

Service	Total Claim Amount
Executive Check-Up	$757.98
Office Visit	$639.75
Eye Glasses / Frames / Contact Lenses	$542.50
Radiation Therapy	$386.21
GYM PARTNER PAYMENT (Invoice Payments)	$300.00
CT Scan (radiology)	$289.37
Wellness Preventive Incentive	$110.00
EKG, X-Ray (Plain Film)	$69.88
Refraction, Preventive	$66.42
Refraction	$35.52
EKG, X-Ray (Plain Film), TC Modifier	$5.08
Routine Lab	$0.93
	$3,203.64

HSA

Service	Total Claim Amount
Routine Lab	$40,351.71
Preventive Care Services - Adult	$38,065.95
Urgent Care, within normal business hours	$36,637.22
Inpatient-Prescription Items	$25,403.35
GYM PARTNER PAYMENT (Invoice Payments)	$21,160.00
Inpatient Diagnostic	$18,050.79
Inpatient Routine Lab	$12,462.28
Facility Supplies	$11,140.44
Immunizations - Well Child Care (3 - 17yrs. old)	$10,117.76
Wellness Preventive Incentive	$9,930.00
Immunizations	$9,454.79
Inpatient-Hospital	$8,953.32
Well Child Care - Preventive (5 to 11 yrs old)	$8,249.06
Immunizations - Well Baby Care (up to 2 yrs. old)	$7,639.36
SCREENING MAMMOGRAM FOR WOMEN AGES 40 - 74 YEARS	$5,922.88
MRI (radiology)	$5,516.12
Inpatient-Hospital Visit-Professional	$5,244.53
Surgery Physicians - OP Hospital/Facility	$4,679.60
Inpatient Surgery Facility	$4,651.50
Inpatient Maternity-Professional	$3,985.01
Mammogram, Diagnostic	$3,673.09
MATERNITY PRENATAL VISITS	$3,604.56
Office Visit	$3,269.52
Well Child Care - Preventive (1 to 4 yrs old)	$2,852.53
Facility Supplies, Hospital Outpatient	$2,681.15
Surgery Facility, Hospital OP	$2,615.65
Birthing Center, Outpatient Hospital/Facility	$2,600.00
Specialist Office Visit	$2,286.34
Contraceptive	$1,972.90
Inpatient-Maternity	$1,943.85
Gym Incentives	$1,835.00
Specialist Periodic Exams	$1,746.15
Eye Glasses / Frames / Contact Lenses	$1,627.50
ER Physicians	$1,474.40
Refraction, Preventive	$1,239.37
Maternity - OP Professional	$1,172.72
ER Facility, Emergency	$1,157.78
CT Scan (radiology)	$1,089.49
Anesthesia - IP	$1,071.55
Inpatient CT Scan (radiology)	$1,054.20
Executive Check-Up	$1,024.55
EEG, Ultrasound	$950.05

Inpatient-Hospital, PA required	$900.69
Inpatient- EKG, X-Ray (Plain Film)	$801.63
Surgery Physicians, Outpatient Hospital	$795.55
Well Baby Care (12 - 17 yrs old)	$784.75
Inpatient, MRI (radiology)	$721.46
Preventive Hearing Screening	$702.62
Routine Lab, Hospital OP	$672.04
ER, CT Scan (radiology)	$632.60
Specialist, Surgery	$613.57
Labor and Delivery, Outpatient Hospital	$585.78
Inpatient-Labor and Delivery	$548.06
Inpatient Ultrasound	$534.98
Inpatient Surgery Physicians	$517.35
Inpatient Emergency Room, Admitted	$458.11
Surgery	$447.76
CT Scan, PA Required,Hospital OP	$428.41
ER, Surgery	$403.20
Anesthesia - Facility/OP Hosp Off-Island	$400.00
Standard DME, Home Health	$329.48
Ultrasound, Specialist	$310.40
Chiropractic Care	$280.00
Inpatient-Pacemaker	$275.48
Inpatient Physical Therapy	$232.79
Preventive, Screening Colonoscopy	$228.75
Prescription Items, Hospital OP	$172.70
Prescriptions	$164.70
Injectables and other medications	$130.18
EKG, X-Ray (Plain Film)	$92.09
Health Education / Wellness / Disease Management	$82.89
Specialist, Diagnostic	$80.00
EKG, X-Ray (Plain Film), ER, 26 Modifier	$60.00
PREVENTIVE TUBERCULOSIS SCREENING, ADULTS	$54.16
Inpatient Hemodialysis - IP & OP Professional	$8.78
Diagnostic, Hospital Outpatient	$0.42
Inhaled Medication and Administration	$0.13
	$344,009.52

PPO

Service	Total Claim Amount
Office Visit	$961,100.20
Inpatient-Hospital	$361,955.12
Urgent Care, within normal business hours	$336,947.21
Hemodialysis - IP & OP Professional	$332,413.51
Routine Lab	$306,428.25
Preventive Care Services - Adult	$214,334.50
Eye Glasses / Frames / Contact Lenses	$102,337.94
Immunizations - Well Child Care (3 - 17yrs. old)	$99,631.76
Inpatient-Prescription Items	$98,030.14
Facility Supplies	$94,625.80
Inpatient Routine Lab	$93,001.78
Specialist Office Visit	$91,205.14
Inpatient-Hospital Visit-Professional	$84,847.22
Immunizations	$84,758.30
Wellness Preventive Incentive	$82,855.00
Immunizations - Well Baby Care (up to 2 yrs. old)	$75,453.99
Inpatient Maternity-Professional	$72,546.94
GYM PARTNER PAYMENT (Invoice Payments)	$71,105.00
Well Child Care - Preventive (5 to 11 yrs old)	$70,880.99
SCREENING MAMMOGRAM FOR WOMEN AGES 40 - 74 YEARS	$61,767.23
Inpatient Diagnostic	$58,418.26
ER Facility, Emergency	$43,675.23
Inpatient Surgery Facility	$42,618.51

Well Child Care - Preventive (1 to 4 yrs old)	$39,815.29
Surgery Physicians - OP Hospital/Facility	$39,666.68
ER Physicians	$36,427.07
Facility Supplies, Hospital Outpatient	$35,246.57
EKG, X-Ray (Plain Film)	$34,957.96
Inpatient Surgery Physicians	$34,340.45
Refraction, Preventive	$32,695.17
Specialist, Surgery	$31,065.40
MATERNITY PRENATAL VISITS	$29,955.34
Surgery Facility, Hospital OP	$28,520.78
Contraceptive	$26,230.91
Inpatient-Maternity	$21,714.13
Inpatient CT Scan (radiology)	$20,438.73
Inpatient-Labor and Delivery	$19,961.07
Surgery	$19,165.84
Inpatient- EKG, X-Ray (Plain Film)	$19,096.59
Routine Lab, Hospital OP	$18,049.85
Specialist Periodic Exams	$17,308.76
Injectables and other medications	$15,990.66
Home Health Services	$15,817.96
Mental Health - Professional	$14,160.55
Airfare Travel	$14,089.50
Inpatient Emergency Room, Admitted	$13,886.82
Chemotherapy	$12,636.45
CT Scan, PA Required,Hospital OP	$12,248.84
Executive Check-Up	$11,920.44
Preventive Hearing Screening	$10,591.88
Home Health, Physical Therapy	$10,485.40
Anesthesia - IP	$9,980.03
Inpatient-Prosthetics Supplies/Devices/Implants/ (UB Codes only)	$9,869.32
Preventive, Screening Colonoscopy	$9,597.68
Inpatient Blood & Plasma	$9,241.84
Gym Incentives	$8,620.00
MRI (radiology)	$8,421.45
Inpatient Radiation Therapy	$8,181.48
Diagnostic, Hospital Outpatient	$7,441.33
CT Scan (radiology)	$7,225.32
Birthing Center, Outpatient Hospital/Facility	$7,134.71
Specialist, Diagnostic	$7,064.58
Surgery Physicians, Outpatient Hospital	$6,742.58
Anesthesia - Facility/OP Hosp Off-Island	$6,535.56
Inpatient Physical Therapy	$6,388.46
Radiation Therapy	$6,093.27
Prescription Items, Hospital OP	$5,708.05
Inpatient Ultrasound	$5,307.79
Inpatient Hemodialysis - IP & OP Professional	$5,084.72
Well Baby Care (12 - 17 yrs old)	$4,937.10
Inpatient-Hospital, PA required	$4,800.71
EEG, Ultrasound	$4,728.32
Inpatient Nuclear Medicine (radiology)	$4,503.71
Nuclear Medicine (radiology)	$4,141.94
EKG, X-Ray (Plain Film), ER, 26 Modifier	$4,116.80
Ultrasound, Specialist	$3,856.40
Inpatient Chemotherapy	$3,381.75
Specialty Lab	$3,270.64
Mammogram, Diagnostic	$3,062.26
Inpatient, MRI (radiology)	$2,715.37
Occupational Therapy, Hospital OP	$2,632.94
Specialist, Injectables and other medications	$2,567.59
Lodging	$2,483.36
Inpatient-Pacemaker	$2,405.00
Physical Therapy	$2,398.31

ER, CT Scan (radiology)	$2,370.62
Treatment/Observation Room, Hospital Outpatient	$2,295.93
EKG, X-Ray (Plain Film), Hospital OP	$2,249.04
Chiropractic Care	$2,238.00
Sleep Study	$1,744.56
Inpatient-Rehab Fac-Med/Physical, PA required	$1,699.42
Hospital, Outpatient	$1,686.82
Ambulance	$1,584.11
Anesthesia - OP Hospital	$1,558.81
Vision Services, Pediatric	$1,498.79
Refraction	$1,476.59
Hospital Visit - Professional, Outpatient Hospital	$1,437.54
Health Education / Wellness / Disease Management	$1,359.62
MRI, Hospital Outpatient	$1,168.00
ER, Ambulance	$1,053.00
EKG, X-Ray (Plain Film), TC Modifier	$999.29
GMH- URGENT CARE	$962.40
Physical Therapy, Hospital OP	$881.94
Preventive, Cervical Cancer Screening	$863.79
Maternity - OP Professional	$846.24
Diagnostic, 26 Modifier, Hosp OP	$726.20
Consult	$632.05
EKG, X-Ray (Plain Film), 26 Modifier, Hosp OP	$576.82
Intra-Ocular Lens, Outpatient Hospital/Facility	$572.00
ER, Injectables and other medications	$570.27
EKG, X-Ray (Plain Film), 26 Modifier	$527.88
Chemotherapy, Outpatient Hospital	$504.00
ER, Surgery	$469.00
Inpatient Sterilization	$464.46
Wellness Outcome Based Bonuses	$450.00
Standard DME, Home Health	$447.66
Prescriptions	$443.27
Inpatient Injectables and other medications	$423.45
Nuclear Medicine (radiology), Hospital Outpatient	$410.98
Mammogram, Diagnostic, 26 Modifer	$400.56
Labor and Delivery - OP Hospital/Facility	$380.00
Foot Care Services, Specialist	$300.84
Inpatient Occupational Therapy	$282.12
PREVENTIVE TUBERCULOSIS SCREENING, ADULTS	$273.63
Acupuncture	$220.00
ER Facility, OP Hospital	$197.84
Ultrasound, Hospital Outpatient	$193.57
Injectibles and other medications, Outpatient Hospital	$188.80
Inpatient, Hearing Screening	$184.74
Inpatient-Skilled Nursing Facility	$166.79
Cardiac Therapy, Hospital OP	$159.16
CT Scan 26 Modifier, Hosp OP	$118.37
EEG, Ultrasound, ER, 26 Modifier	$113.60
Standard DME - Inpatient	$111.77
Adult Vision Services	$93.05
Allergy Injectable	$75.56
Ultrasound, 26 Modifier, Hosp OP	$65.00
Inhaled Medication and Administration	$62.07
Ostomy/Colostomy/Urinary Supplies	$57.30
Hospital Visit - Professional	$54.90
MRI, 26 Modifier, Hosp OP	$51.08
Preventive, Depression Screening	$47.88
Maternity, Office Visit	$32.27
Miscellaneous, Facility - Hospital OP	$32.22
Cast Supplies	$23.24
Other Laboratory services	$6.00
	$4,709,148.39

TakeCare

TakeCare Insurance Company

Monthly Enrollment by Plan - GOVERNMENT OF GUAM

DOA1 - GOVGUAM - DEPT. OF

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	56	53	52	52	50	263
Subscriber + Spouse	41	43	46	46	42	218
Subs + Deps	58	59	64	64	66	311
Family	153	161	163	159	160	796
Total Members	**308**	**316**	**325**	**321**	**318**	**1,588**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	256	261	263	262	265	1,307
Subscriber + Spouse	140	146	144	142	138	710
Subs + Deps	463	468	470	468	480	2,349
Family	882	891	901	893	897	4,464
Total Members	**1,741**	**1,766**	**1,778**	**1,765**	**1,780**	**8,830**

DOE1 - GOVGUAM - DEPT. OF

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	63	61	59	60	61	304
Subscriber + Spouse	28	26	28	28	30	140
Subs + Deps	53	46	41	38	42	220
Family	94	104	98	101	111	508
Total Members	**238**	**237**	**226**	**227**	**244**	**1,172**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	284	281	279	280	282	1,406
Subscriber + Spouse	86	92	88	82	88	436
Subs + Deps	451	486	502	515	523	2,477
Family	558	602	634	641	650	3,085
Total Members	**1,379**	**1,461**	**1,503**	**1,518**	**1,543**	**7,404**

GAA1 - GOVGUAM - GUAM INT'L

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	3	3	3	3	3	15
Subs + Deps	10	8	8	8	8	42
Family	4	4	4	4	4	20
Total Members	**17**	**15**	**15**	**15**	**15**	**77**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	8	6	6	6	6	32
Subscriber + Spouse	6	6	6	6	6	30
Subs + Deps	14	17	18	18	22	89
Family	59	65	68	67	67	326
Total Members	**87**	**94**	**98**	**97**	**101**	**477**

GCC1 - GOVGUAM - GUAM

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	5	6	6	6	7	30
Subs + Deps	3	3	3	3	3	15
Family	3	3	3	3	3	15
Total Members	**11**	**12**	**12**	**12**	**13**	**60**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	19	21	20	19	19	98
Subscriber + Spouse	6	6	6	6	6	30
Subs + Deps	20	27	24	24	24	119
Family	48	53	63	59	59	282
Total Members	**93**	**107**	**113**	**108**	**108**	**529**

GHC1 - GOVGUAM - GUAM

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs + Deps	3	3				6
Family			4	4	4	12
Total Members	**3**	**3**	**4**	**4**	**4**	**18**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	2	2	2	2	2	10
Subs + Deps	6	6	6	6	6	30
Family	17	17	17	17	17	85
Total Members	**25**	**25**	**25**	**25**	**25**	**125**

GHU1 - GOVGUAM - GUAM

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	1	1	1	1	1	5
Family	4	4	4	4	4	20
Total Members	**5**	**5**	**5**	**5**	**5**	**25**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	3	3	3	3	3	15
Subscriber + Spouse	2	2	2	2	2	10
Subs + Deps	18	20	21	18	18	95
Family	22	23	24	24	24	117
Total Members	**45**	**48**	**50**	**47**	**47**	**237**

GMH1 - GOVGUAM - GUAM

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	9	9	8	8	9	43
Subscriber + Spouse	2					2
Subs + Deps	4	4	6	6	6	26
Family	31	27	27	27	27	139
Total Members	**46**	**40**	**41**	**41**	**42**	**210**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	56	57	55	55	57	280
Subscriber + Spouse	32	30	28	30	30	150
Subs + Deps	126	134	136	135	135	666
Family	213	231	226	230	227	1,127
Total Members	**427**	**452**	**445**	**450**	**449**	**2,223**

GPA1 - GOVGUAM - GUAM POWER

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	4	4	4	4	4	20
Subscriber + Spouse					2	2
Subs + Deps	6	6	6	2	2	22
Family	13	20	20	20	20	93
Total Members	**23**	**30**	**30**	**26**	**28**	**137**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	34	37	37	36	42	186
Subscriber + Spouse	32	30	30	30	30	152
Subs + Deps	41	47	47	51	51	237
Family	173	186	186	184	182	911
Total Members	**280**	**300**	**300**	**301**	**305**	**1,486**

GVB1 - GOVGUAM - GUAM

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	1	1				2
Subs + Deps			2	2	2	6
Total Members	**1**	**1**	**2**	**2**	**2**	**8**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	4	4	5	5	6	24
Subscriber + Spouse	2	2	2	2	2	10
Family	5	5	5	5	5	25
Total Members	**11**	**11**	**12**	**12**	**13**	**59**

GWA1 - GOVGUAM - GUAM

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	4	4	4	4	4	20
Subs + Deps	7	7	7	7	7	35
Family	7	16	16	16	16	71
Total Members	**18**	**27**	**27**	**27**	**27**	**126**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	29	35	34	34	33	165
Subscriber + Spouse	16	18	20	20	20	94
Subs + Deps	73	69	69	68	70	349
Family	113	109	110	110	109	551
Total Members	**231**	**231**	**233**	**232**	**232**	**1,159**

LEG1 - GOVGUAM - GUAM

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	4	4	4	4	2	18
Subscriber + Spouse	1	1	1	2	2	7
Subs + Deps	4	4	4	4		16
Total Members	**9**	**9**	**9**	**10**	**4**	**41**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	19	20	20	18	19	96
Subs + Deps	8	8	8	7	9	40
Family	22	22	23	16	15	98
Total Members	**49**	**50**	**51**	**41**	**43**	**234**

PAG1 - GOVGUAM - PORT

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	3	4	4	4	4	19
Subscriber + Spouse	4	2	2	2	2	12
Subs + Deps	3	3	3	3	3	15
Family	13	13	13	13	13	65
Total Members	**23**	**22**	**22**	**22**	**22**	**111**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	28	27	27	27	28	137
Subscriber + Spouse	24	20	18	20	20	102
Subs + Deps	55	60	63	66	67	311
Family	201	209	213	213	213	1,049
Total Members	**308**	**316**	**321**	**326**	**328**	**1,599**

PUB1 - GOVGUAM - PUBLIC

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	3	3	3	3	3	15
Total Members	**3**	**3**	**3**	**3**	**3**	**15**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	3	3	4	4	4	18
Subscriber + Spouse	4	4	4	4	4	20
Subs + Deps	14	15	15	15	10	69
Family	12	12	12	8	8	52
Total Members	**33**	**34**	**35**	**31**	**26**	**159**

RAC1 - GOVGUAM - RETIREMENT

HSA Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total
Subs Only	2	2	2	2	2	10
Total Members	**2**	**2**	**2**	**2**	**2**	**10**

PPO Plan

	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Total

Subs Only	8	8	8	8	8	40
Subscriber + Spouse	2	2	2	2	2	10
Subs + Deps	11	11	11	11	11	55
Family	3	3	3	3	3	15
Total Members	**24**	**24**	**24**	**24**	**24**	**120**
RET1 - GOVGUAM - RETIREES						
Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	50	56	59	59	60	284
Subscriber + Spouse	24	26	26	26	26	128
Total Members	**74**	**82**	**85**	**85**	**86**	**412**
HSA Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	20	22	22	22	21	107
Subscriber + Spouse	12	12	12	12	12	60
Subs + Deps	4	12	12	12	10	50
Family	25	25	28	28	27	133
Total Members	**61**	**71**	**74**	**74**	**70**	**350**
PPO Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	133	132	133	132	130	660
Subscriber + Spouse	111	118	114	112	112	567
Subs + Deps	76	84	90	97	99	446
Family	90	103	115	124	125	557
Total Members	**410**	**437**	**452**	**465**	**466**	**2,230**
UOG1 - GOVGUAM - UNIVERSITY						
HSA Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	12	13	13	13	13	64
Subscriber + Spouse	4	6	6	6	4	26
Subs + Deps		2	2	2	5	11
Family	40	40	39	39	41	199
Total Members	**56**	**61**	**60**	**60**	**63**	**300**
PPO Plan						
	Oct-2018	**Nov-2018**	**Dec-2018**	**Jan-2019**	**Feb-2019**	**Total**
Subs Only	44	45	46	46	46	227
Subscriber + Spouse	28	26	26	26	26	132
Subs + Deps	47	42	43	43	43	218
Family	75	75	76	75	75	376
Total Members	**194**	**188**	**191**	**190**	**190**	**953**
Grand Total Members:	**6,235**	**6,480**	**6,573**	**6,568**	**6,628**	**32,484**

TakeCare Insurance Company

GOVERNMENT OF GUAM - Top 10 Drug Utilization

Start Date: 10/1/2018 ; End Date: 2/28/2019

Print Date/Time:3/8/2019 10:23 AM

Brand Name	Generic Name	Total Claim Cost
JANUVIA TAB 100MG	Sitagliptin Phosphate Tab 100 MG (Base Equiv)	$75,684.05
RITUXAN INJ 500MG	Rituximab IV Soln 500 MG/50ML	$39,245.36
LONSURF TAB 20-8.19	Trifluridine-Tipiracil Tab 20-8.19 MG	$38,470.35
TASIGNA CAP 150MG	Nilotinib HCl Cap 150 MG (Base Equivalent)	$38,229.59
ENBREL INJ 50MG/ML	Etanercept Subcutaneous Soln Prefilled Syringe 50	$31,728.60
IBRANCE CAP 100MG	Palbociclib Cap 100 MG	$31,063.88
NOVOLOG INJ FLEXPEN	Insulin Aspart Soln Pen-injector 100 Unit/ML	$29,328.26
LANTUS INJ SOLOSTAR	Insulin Glargine Soln Pen-Injector 100 Unit/ML	$29,151.20
VICTOZA INJ 18MG/3ML	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	$27,951.37
TECFIDERA CAP 240MG	Dimethyl Fumarate Capsule Delayed Release 240	$27,780.82

TakeCare Insurance Company

Large Claims Report (≥$25,000) - GOVERNMENT OF GUAM

Start Date: 10/1/2018 ; End Date: 2/28/2019

Print Date/Time:3/8/2019 10:26 AM

HSA

Primary Diagnosis	Secondary Diagnosis	NPI + Service Provider	Total Claims
C160 - Malignant neoplasm of cardia	- Not Assigned	- ST. LUKE'S MEDICAL CENTER	$26,086.50

PPO

Primary Diagnosis	Secondary Diagnosis	NPI + Service Provider	Total Claims
Z3800 - Single liveborn infant, delivered vaginally	P832 - Hydrops fetalis not due to hemolytic disease	- UCLA MEDICAL CENTER	$184,391.35
N186 - End stage renal disease	Z992 - Dependence on renal dialysis	158849541 - U.S. RENAL CARE SINAJANA DIALYSIS	$147,085.25
N186 - End stage renal disease	Z992 - Dependence on renal dialysis	1295910255 - U.S. RENAL CARE TAMUNING DIALYSIS	$84,750.16
N151 - Renal and perinephric abscess	B961 - Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified elsewhere	1366519027 - GUAM MEMORIAL HOSPITAL	$76,864.98
N186 - End stage renal disease	Z992 - Dependence on renal dialysis	1346436441 - U.S. RENAL CARE DEDEDO DIALYSIS	$59,227.43
S22089A - Unspecified fracture of T11-T12 vertebra, initial	C61 - Malignant neoplasm of prostate	- ST. LUKE'S MEDICAL CENTER	$51,477.42
I2510 - Atherosclerotic heart disease of native coronary artery without angina pectoris	I213 - ST elevation (STEMI) myocardial infarction of unspecified site	1366519027 - GUAM MEMORIAL HOSPITAL	$42,365.59
Z0000 - Encounter for general adult medical examination	- Not Assigned	- WELLNESS INCENTIVES	$40,050.00
Y939 - Activity, unspecified	- Not Assigned	- INTERNATIONAL SPORTS CENTER	$31,450.00
I639 - Cerebral infarction, unspecified	- Not Assigned	- ST. LUKE'S MEDICAL CENTER	$26,675.01
C9102 - Acute lymphoblastic leukemia, in relapse	- Not Assigned	- ST. LUKE'S MEDICAL CENTER	$26,406.71
Z0000 - Encounter for general adult medical examination	- Not Assigned	1215930987 - DIAGNOSTIC LABORATORY SERVICES INC.	$25,321.99

PPO

Label Name	Generic/Brand Name	Total RX Amount
JANUVIA TAB 100MG	Sitagliptin Phosphate Tab 100 MG (Base Equiv)	$75,010.87
RITUXAN INJ 500MG	Rituximab IV Soln 500 MG/50ML	$39,245.36
LONSURF TAB 20-8.19	Trifluridine-Tipiracil Tab 20-8.19 MG	$38,470.35
TASIGNA CAP 150MG	Nilotinib HCl Cap 150 MG (Base Equivalent)	$38,229.59
ENBREL INJ 50MG/ML	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	$31,728.60
IBRANCE CAP 100MG	Palbociclib Cap 100 MG	$31,063.88
NOVOLOG INJ FLEXPEN	Insulin Aspart Soln Pen-injector 100 Unit/ML	$29,328.26
VICTOZA INJ 18MG/3ML	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	$27,951.37
TECFIDERA CAP 240MG	Dimethyl Fumarate Capsule Delayed Release 240 MG	$27,780.82
ENBREL SRCLK INJ 50MG/ML	Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	$27,712.47
LANTUS INJ SOLOSTAR	Insulin Glargine Soln Pen-Injector 100 Unit/ML	$27,213.14
LEVEMIR INJ FLEXTOUC	Insulin Detemir Soln Pen-injector 100 Unit/ML	$26,099.36
NEULASTA INJ 6MG/0.6M	Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	$26,031.92

TakeCare Insurance Company
Gym Membership Expenses
Parameters: Start Date: 10/1/2018, End Date: 2/28/2019
Print Date/Time:3/8/2019 10:29 AM

Group ID	Group Name	Gym Partner Name	18-Oct	18-Nov	19-Jan	18-Dec	19-Feb	Total
GOVGUAM3	GOVERNMENT OF GUAM	CHAMORRI CROSSFIT	$0.00	$350.00				$350.00
		CROSSFIT HITA		$600.00	$850.00		$900.00	$2,350.00
		CROSSFIT LATTE STONE			$300.00	$0.00	$1,000.00	$1,300.00
		CUSTOM FITNESS			$1,600.00	$200.00	$1,650.00	$3,450.00
		GUAM AIKIKAI		$800.00			$1,600.00	$2,400.00
		GUAM MUAY THAI	$0.00	$1,100.00	$1,000.00	$700.00	$950.00	$3,750.00
		GUAM TAEKWONDO CENTER INC	$0.00	$3,600.00	$2,250.00	$1,750.00	$2,650.00	$10,250.00
		HILTON GUAM RESORT & SPA		$0.00	$5,500.00	$4,600.00	$6,350.00	$16,450.00
		INTERNATIONAL SPORTS CENTER	$0.00	$18,350.00	$0.00	$11,700.00	$13,200.00	$43,250.00
		JASON D. FITNESS			$300.00	$300.00	$400.00	$1,000.00
		LAGRIMAS A.C. LUJAN	$0.00	$560.00				$560.00
		OMNIHEALTH SYSTEMS LLC			$250.00		$250.00	$500.00
		SKIP ENTERTAINMENT				$250.00		$250.00
		THE POUND ACADEMY			$1,250.00	$850.00	$1,250.00	$3,350.00
		UNIFIED, INC		$800.00	$300.00	$400.00	$300.00	$1,800.00
		URBAN FITNESS AND DANCE STUDIO	$0.00	$1,855.00	$280.00	$240.00	$280.00	$2,655.00
		Total Premum Paid	$0.00	$28,015.00	$13,880.00	$20,990.00	$30,780.00	$93,665.00

TakeCare Insurance Company

Total Monthly Premiums Paid - GOVERNMENT OF GUAM

Start Date: 10/1/2018 ; End Date: 2/28/2019

Print Date/Time:3/8/2019 10:32 AM

Subgroup ID	Subgroup Name	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Total
DOA1	GOVGUAM - DEPT. OF	$461,654.35	$567,531.52	$362,329.41	$360,578.47	$360,550.69	$2,112,644.44
DOE1	GOVGUAM - DEPT. OF EDUCATION	$362,488.55	$291,004.63	$293,133.18	$278,893.07	$294,022.81	$1,519,542.24
GAA1	GOVGUAM - GUAM INT'L AIRPORT	$17,713.60	$30,331.25	$20,843.82	$21,081.35	$21,318.88	$111,288.90
GCC1	GOVGUAM - GUAM COMMUNITY	$20,874.04	$22,723.76	$22,723.76	$22,266.19	$21,908.30	$110,496.05
GHC1	GOVGUAM - GUAM HOUSING	$3,427.81	$4,538.52	$6,807.78	$4,538.52	$4,538.52	$23,851.15
GHU1	GOVGUAM - GUAM HOUSING & URBAN	$4,102.86	$9,599.36	$14,399.04	$9,361.83	$9,124.30	$46,587.39
GMH1	GOVGUAM - GUAM MEMORIAL	$72,981.22	$72,721.99	$78,525.32		$84,947.89	$309,176.42
GPA1	GOVGUAM - GUAM POWER AUTHORITY	$46,797.74	$85,655.17	$55,956.19	$77,232.82	$54,383.04	$320,024.96
GVB1	GOVGUAM - GUAM VISITORS BUREAU	$3,837.71	$2,634.86	$2,905.22	$2,905.22	$3,175.58	$15,458.59
GWA1	GOVGUAM - GUAM WATERWORKS	$39,132.08	$68,198.43	$45,716.58	$45,629.24	$47,047.97	$245,724.30
LEG1	GOVGUAM - GUAM LEGISLATURE	$8,982.72	$10,036.34	$10,036.34	$14,507.22	$9,767.54	$53,330.16
PAG1	GOVGUAM - PORT AUTHORITY OF	$78,266.83	$57,431.42	$57,708.77	$29,405.73	$60,111.86	$282,924.61
PUB1	GOVGUAM - PUBLIC DEFENDER (PUB)	$5,120.77	$9,244.02	$5,725.32	$6,162.68	$5,816.92	$32,069.71
RAC1	GOVGUAM - RETIREMENT FUND	$5,540.42	$8,107.86	$6,770.70	$6,768.60	$5,134.88	$32,322.46
RET1	GOVGUAM - RETIREES	$75,020.97	$248,554.57	$219,295.75	$93,162.99	$906,875.20	$1,542,909.48
UOG1	GOVGUAM - UNIVERSITY OF GUAM	$41,023.12	$44,156.68	$64,303.41	$39,898.29	$44,464.31	$233,845.81
Total Premium Paid		**$1,246,964.79**	**$1,532,470.38**	**$1,267,180.59**	**$1,012,392.22**	**$1,933,188.69**	**$6,992,196.67**

TakeCare Insurance Company

Claims TAT for GOVGUAM3

Parameters: Start Date: 10/1/2018, End Date: 2/28/2019

Print Date/Time:3/8/2019 10:34 AM

Days	Claim Count	%	Cummulative	Cum. %
1	9	0.11%	9	0.11%
2	118	1.44%	127	1.54%
3	123	1.50%	250	3.04%
4	34	0.41%	284	3.45%
5	215	2.62%	499	6.07%
6	894	10.87%	1393	16.94%
7	437	5.32%	1830	22.26%
8	139	1.69%	1969	23.95%
9	325	3.95%	2294	27.90%
10	598	7.27%	2892	35.18%
11	698	8.49%	3590	43.67%
12	433	5.27%	4023	48.94%
13	95	1.16%	4118	50.09%
14	34	0.41%	4152	50.50%
15	209	2.54%	4361	53.05%
16	323	3.93%	4684	56.98%
17	159	1.93%	4843	58.91%
18	158	1.92%	5001	60.83%
19	21	0.26%	5022	61.09%
20	158	1.92%	5180	63.01%
21	89	1.08%	5269	64.09%
22	36	0.44%	5305	64.53%
23	74	0.90%	5379	65.43%
24	24	0.29%	5403	65.72%
25	58	0.71%	5461	66.43%
26	23	0.28%	5484	66.71%
27	25	0.30%	5509	67.01%
28	26	0.32%	5535	67.33%
29	34	0.41%	5569	67.74%
30	116	1.41%	5685	69.15%
31	31	0.38%	5716	69.53%
32	24	0.29%	5740	69.82%
33	72	0.88%	5812	70.70%
34	18	0.22%	5830	70.92%
35	29	0.35%	5859	71.27%
36	102	1.24%	5961	72.51%
37	57	0.69%	6018	73.20%
38	25	0.30%	6043	73.51%
39	42	0.51%	6085	74.02%
40	19	0.23%	6104	74.25%
41	20	0.24%	6124	74.49%
42	58	0.71%	6182	75.20%
43	31	0.38%	6213	75.57%
44	22	0.27%	6235	75.84%
45	22	0.27%	6257	76.11%
46	13	0.16%	6270	76.27%
47	28	0.34%	6298	76.61%
48	72	0.88%	6370	77.48%
49	30	0.36%	6400	77.85%
50	85	1.03%	6485	78.88%
51	47	0.57%	6532	79.46%
52	72	0.88%	6604	80.33%

53	68	0.83%	6672	81.16%
54	37	0.45%	6709	81.61%
55	18	0.22%	6727	81.83%
56	56	0.68%	6783	82.51%
57	60	0.73%	6843	83.24%
58	41	0.50%	6884	83.74%
59	61	0.74%	6945	84.48%
60	53	0.64%	6998	85.12%
61	64	0.78%	7062	85.90%
62	53	0.64%	7115	86.55%
63	84	1.02%	7199	87.57%
64	40	0.49%	7239	88.05%
65	27	0.33%	7266	88.38%
66	27	0.33%	7293	88.71%
67	16	0.19%	7309	88.91%
68	117	1.42%	7426	90.33%
69	15	0.18%	7441	90.51%
70	31	0.38%	7472	90.89%
71	45	0.55%	7517	91.44%
72	69	0.84%	7586	92.28%
73	59	0.72%	7645	92.99%
74	5	0.06%	7650	93.05%
75	23	0.28%	7673	93.33%
76	18	0.22%	7691	93.55%
77	3	0.04%	7694	93.59%
78	61	0.74%	7755	94.33%
79	50	0.61%	7805	94.94%
80	5	0.06%	7810	95.00%
81	14	0.17%	7824	95.17%
82	14	0.17%	7838	95.34%
83	58	0.71%	7896	96.05%
84	4	0.05%	7900	96.10%
85	23	0.28%	7923	96.38%
86	1	0.01%	7924	96.39%
87	7	0.09%	7931	96.47%
88	15	0.18%	7946	96.65%
89	2	0.02%	7948	96.68%
91	72	0.88%	8020	97.56%
92	1	0.01%	8021	97.57%
93	194	2.36%	8215	99.93%
95	1	0.01%	8216	99.94%
98	3	0.04%	8219	99.98%
100	1	0.01%	8220	99.99%
103	1	0.01%	8221	100.00%
Totals:	***8221***			