

Commonwealth of Kentucky Financial Overview
Statewide - All Regions
Time Period:

| Plan Name | Plan #1 | | Plan #2 | | Plan #3 | | Plan #4 | | Plan #5 | | Total | |
|---|---------|------|---------|------|---------|------|---------|------|---------|------|--------|------|
| | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM |
| Member Months | | | | | | | | | | | | |
| Total Revenue | | | | | | | | | | | | |
| Hospital Services | | | | | | | | | | | | |
| Mental Health Services | | | | | | | | | | | | |
| Professional Services | | | | | | | | | | | | |
| Transportation Services | | | | | | | | | | | | |
| Dental & Vision Services | | | | | | | | | | | | |
| Other Professional Services | | | | | | | | | | | | |
| Pharmacy Services | | | | | | | | | | | | |
| Total Plan Benefit Services | | | | | | | | | | | | |
| Plan Benefit Services as % of Revenue | | | | | | | | | | | | |
| Expanded/Value-Add Services | | | | | | | | | | | | |
| Expanded/Value-Add Services as % of Revenue | | | | | | | | | | | | |
| Services paid through FFS | | | | | | | | | | | | |
| Services paid through FFS - IBNR | | | | | | | | | | | | |
| Services paid through Subcapitation | | | | | | | | | | | | |
| Supplemental provider payments | | | | | | | | | | | | |
| Total Administrative Expenses | | | | | | | | | | | | |
| Administrative Expenses as % of Revenue | | | | | | | | | | | | |
| Operating Income (Loss) | | | | | | | | | | | | |
| Operating Margin | | | | | | | | | | | | |

Commonwealth of Kentucky Financial Overview

Region: 01

Time Period:

| Plan Name | Plan #1 | | Plan #2 | | Plan #3 | | Plan #4 | | Plan #5 | | Total | |
|---|---------|------|---------|------|---------|------|---------|------|---------|------|--------|------|
| | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM |
| Member Months | | | | | | | | | | | | |
| Total Revenue | | | | | | | | | | | | |
| Hospital Services | | | | | | | | | | | | |
| Mental Health Services | | | | | | | | | | | | |
| Professional Services | | | | | | | | | | | | |
| Transportation Services | | | | | | | | | | | | |
| Dental & Vision Services | | | | | | | | | | | | |
| Other Professional Services | | | | | | | | | | | | |
| Pharmacy Services | | | | | | | | | | | | |
| Total Plan Benefit Services | | | | | | | | | | | | |
| Plan Benefit Services as % of Revenue | | | | | | | | | | | | |
| Expanded/Value-Add Services | | | | | | | | | | | | |
| Expanded/Value-Add Services as % of Revenue | | | | | | | | | | | | |
| Services paid through FFS | | | | | | | | | | | | |
| Services paid through FFS - IBNR | | | | | | | | | | | | |
| Services paid through Subcapitation | | | | | | | | | | | | |
| Supplemental provider payments | | | | | | | | | | | | |
| Total Administrative Expenses | | | | | | | | | | | | |
| Administrative Expenses as % of Revenue | | | | | | | | | | | | |
| Operating Income (Loss) | | | | | | | | | | | | |
| Operating Margin | | | | | | | | | | | | |

Commonwealth of Kentucky Financial Overview

Region: 02

Time Period:

| Plan Name | Plan #1 | | Plan #2 | | Plan #3 | | Plan #4 | | Plan #5 | | Total | |
|---|---------|------|---------|------|---------|------|---------|------|---------|------|--------|------|
| | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM |
| Member Months | | | | | | | | | | | | |
| Total Revenue | | | | | | | | | | | | |
| Hospital Services | | | | | | | | | | | | |
| Mental Health Services | | | | | | | | | | | | |
| Professional Services | | | | | | | | | | | | |
| Transportation Services | | | | | | | | | | | | |
| Dental & Vision Services | | | | | | | | | | | | |
| Other Professional Services | | | | | | | | | | | | |
| Pharmacy Services | | | | | | | | | | | | |
| Total Plan Benefit Services | | | | | | | | | | | | |
| Plan Benefit Services as % of Revenue | | | | | | | | | | | | |
| Expanded/Value-Add Services | | | | | | | | | | | | |
| Expanded/Value-Add Services as % of Revenue | | | | | | | | | | | | |
| Services paid through FFS | | | | | | | | | | | | |
| Services paid through FFS - IBNR | | | | | | | | | | | | |
| Services paid through Subcapitation | | | | | | | | | | | | |
| Supplemental provider payments | | | | | | | | | | | | |
| Total Administrative Expenses | | | | | | | | | | | | |
| Administrative Expenses as % of Revenue | | | | | | | | | | | | |
| Operating Income (Loss) | | | | | | | | | | | | |
| Operating Margin | | | | | | | | | | | | |

Commonwealth of Kentucky Financial Overview

Region: 03

Time Period:

| Plan Name | Plan #1 | | Plan #2 | | Plan #3 | | Plan #4 | | Plan #5 | | Total | |
|---|---------|------|---------|------|---------|------|---------|------|---------|------|--------|------|
| | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM |
| Member Months | | | | | | | | | | | | |
| Total Revenue | | | | | | | | | | | | |
| Hospital Services | | | | | | | | | | | | |
| Mental Health Services | | | | | | | | | | | | |
| Professional Services | | | | | | | | | | | | |
| Transportation Services | | | | | | | | | | | | |
| Dental & Vision Services | | | | | | | | | | | | |
| Other Professional Services | | | | | | | | | | | | |
| Pharmacy Services | | | | | | | | | | | | |
| Total Plan Benefit Services | | | | | | | | | | | | |
| Plan Benefit Services as % of Revenue | | | | | | | | | | | | |
| Expanded/Value-Add Services | | | | | | | | | | | | |
| Expanded/Value-Add Services as % of Revenue | | | | | | | | | | | | |
| Services paid through FFS | | | | | | | | | | | | |
| Services paid through FFS - IBNR | | | | | | | | | | | | |
| Services paid through Subcapitation | | | | | | | | | | | | |
| Supplemental provider payments | | | | | | | | | | | | |
| Total Administrative Expenses | | | | | | | | | | | | |
| Administrative Expenses as % of Revenue | | | | | | | | | | | | |
| Operating Income (Loss) | | | | | | | | | | | | |
| Operating Margin | | | | | | | | | | | | |

Commonwealth of Kentucky Financial Overview

Region: 04

Time Period:

| Plan Name | Plan #1 | | Plan #2 | | Plan #3 | | Plan #4 | | Plan #5 | | Total | |
|---|---------|------|---------|------|---------|------|---------|------|---------|------|--------|------|
| | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM |
| Member Months | | | | | | | | | | | | |
| Total Revenue | | | | | | | | | | | | |
| Hospital Services | | | | | | | | | | | | |
| Mental Health Services | | | | | | | | | | | | |
| Professional Services | | | | | | | | | | | | |
| Transportation Services | | | | | | | | | | | | |
| Dental & Vision Services | | | | | | | | | | | | |
| Other Professional Services | | | | | | | | | | | | |
| Pharmacy Services | | | | | | | | | | | | |
| Total Plan Benefit Services | | | | | | | | | | | | |
| Plan Benefit Services as % of Revenue | | | | | | | | | | | | |
| Expanded/Value-Add Services | | | | | | | | | | | | |
| Expanded/Value-Add Services as % of Revenue | | | | | | | | | | | | |
| Services paid through FFS | | | | | | | | | | | | |
| Services paid through FFS - IBNR | | | | | | | | | | | | |
| Services paid through Subcapitation | | | | | | | | | | | | |
| Supplemental provider payments | | | | | | | | | | | | |
| Total Administrative Expenses | | | | | | | | | | | | |
| Administrative Expenses as % of Revenue | | | | | | | | | | | | |
| Operating Income (Loss) | | | | | | | | | | | | |
| Operating Margin | | | | | | | | | | | | |

Commonwealth of Kentucky Financial Overview

Region: 05

Time Period:

| Plan Name | Plan #1 | | Plan #2 | | Plan #3 | | Plan #4 | | Plan #5 | | Total | |
|---|---------|------|---------|------|---------|------|---------|------|---------|------|--------|------|
| | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM |
| Member Months | | | | | | | | | | | | |
| Total Revenue | | | | | | | | | | | | |
| Hospital Services | | | | | | | | | | | | |
| Mental Health Services | | | | | | | | | | | | |
| Professional Services | | | | | | | | | | | | |
| Transportation Services | | | | | | | | | | | | |
| Dental & Vision Services | | | | | | | | | | | | |
| Other Professional Services | | | | | | | | | | | | |
| Pharmacy Services | | | | | | | | | | | | |
| Total Plan Benefit Services | | | | | | | | | | | | |
| Plan Benefit Services as % of Revenue | | | | | | | | | | | | |
| Expanded/Value-Add Services | | | | | | | | | | | | |
| Expanded/Value-Add Services as % of Revenue | | | | | | | | | | | | |
| Services paid through FFS | | | | | | | | | | | | |
| Services paid through FFS - IBNR | | | | | | | | | | | | |
| Services paid through Subcapitation | | | | | | | | | | | | |
| Supplemental provider payments | | | | | | | | | | | | |
| Total Administrative Expenses | | | | | | | | | | | | |
| Administrative Expenses as % of Revenue | | | | | | | | | | | | |
| Operating Income (Loss) | | | | | | | | | | | | |
| Operating Margin | | | | | | | | | | | | |

Commonwealth of Kentucky Financial Overview

Region: 06

Time Period:

| Plan Name | Plan #1 | | Plan #2 | | Plan #3 | | Plan #4 | | Plan #5 | | Total | |
|---|---------|------|---------|------|---------|------|---------|------|---------|------|--------|------|
| | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM |
| Member Months | | | | | | | | | | | | |
| Total Revenue | | | | | | | | | | | | |
| Hospital Services | | | | | | | | | | | | |
| Mental Health Services | | | | | | | | | | | | |
| Professional Services | | | | | | | | | | | | |
| Transportation Services | | | | | | | | | | | | |
| Dental & Vision Services | | | | | | | | | | | | |
| Other Professional Services | | | | | | | | | | | | |
| Pharmacy Services | | | | | | | | | | | | |
| Total Plan Benefit Services | | | | | | | | | | | | |
| Plan Benefit Services as % of Revenue | | | | | | | | | | | | |
| Expanded/Value-Add Services | | | | | | | | | | | | |
| Expanded/Value-Add Services as % of Revenue | | | | | | | | | | | | |
| Services paid through FFS | | | | | | | | | | | | |
| Services paid through FFS - IBNR | | | | | | | | | | | | |
| Services paid through Subcapitation | | | | | | | | | | | | |
| Supplemental provider payments | | | | | | | | | | | | |
| Total Administrative Expenses | | | | | | | | | | | | |
| Administrative Expenses as % of Revenue | | | | | | | | | | | | |
| Operating Income (Loss) | | | | | | | | | | | | |
| Operating Margin | | | | | | | | | | | | |

Commonwealth of Kentucky Financial Overview

Region: 07

Time Period:

| Plan Name | Plan #1 | | Plan #2 | | Plan #3 | | Plan #4 | | Plan #5 | | Total | |
|---|---------|------|---------|------|---------|------|---------|------|---------|------|--------|------|
| | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM |
| Member Months | | | | | | | | | | | | |
| Total Revenue | | | | | | | | | | | | |
| Hospital Services | | | | | | | | | | | | |
| Mental Health Services | | | | | | | | | | | | |
| Professional Services | | | | | | | | | | | | |
| Transportation Services | | | | | | | | | | | | |
| Dental & Vision Services | | | | | | | | | | | | |
| Other Professional Services | | | | | | | | | | | | |
| Pharmacy Services | | | | | | | | | | | | |
| Total Plan Benefit Services | | | | | | | | | | | | |
| Plan Benefit Services as % of Revenue | | | | | | | | | | | | |
| Expanded/Value-Add Services | | | | | | | | | | | | |
| Expanded/Value-Add Services as % of Revenue | | | | | | | | | | | | |
| Services paid through FFS | | | | | | | | | | | | |
| Services paid through FFS - IBNR | | | | | | | | | | | | |
| Services paid through Subcapitation | | | | | | | | | | | | |
| Supplemental provider payments | | | | | | | | | | | | |
| Total Administrative Expenses | | | | | | | | | | | | |
| Administrative Expenses as % of Revenue | | | | | | | | | | | | |
| Operating Income (Loss) | | | | | | | | | | | | |
| Operating Margin | | | | | | | | | | | | |

Commonwealth of Kentucky Financial Overview

Region: 08

Time Period:

| Plan Name | Plan #1 | | Plan #2 | | Plan #3 | | Plan #4 | | Plan #5 | | Total | |
|---|---------|------|---------|------|---------|------|---------|------|---------|------|--------|------|
| | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM | Amount | PMPM |
| Member Months | | | | | | | | | | | | |
| Total Revenue | | | | | | | | | | | | |
| Hospital Services | | | | | | | | | | | | |
| Mental Health Services | | | | | | | | | | | | |
| Professional Services | | | | | | | | | | | | |
| Transportation Services | | | | | | | | | | | | |
| Dental & Vision Services | | | | | | | | | | | | |
| Other Professional Services | | | | | | | | | | | | |
| Pharmacy Services | | | | | | | | | | | | |
| Total Plan Benefit Services | | | | | | | | | | | | |
| Plan Benefit Services as % of Revenue | | | | | | | | | | | | |
| Expanded/Value-Add Services | | | | | | | | | | | | |
| Expanded/Value-Add Services as % of Revenue | | | | | | | | | | | | |
| Services paid through FFS | | | | | | | | | | | | |
| Services paid through FFS - IBNR | | | | | | | | | | | | |
| Services paid through Subcapitation | | | | | | | | | | | | |
| Supplemental provider payments | | | | | | | | | | | | |
| Total Administrative Expenses | | | | | | | | | | | | |
| Administrative Expenses as % of Revenue | | | | | | | | | | | | |
| Operating Income (Loss) | | | | | | | | | | | | |
| Operating Margin | | | | | | | | | | | | |