HIGHMARK BLUE SHIELD
An Independent Licensee of the Blue Cross and Blue Shield Association

PAID CLAIMS/EXPENSES SUMMARY
Product/Sub Group-8 Digit

INVOICE NUMBER: 230801581733	PAGE: 1 of 2
BILL ACCOUNT NUMBER: CN02401002	PAID CLAIMS MONTH: July 2023
BILL ACCOUNT NAME: Admiral Peary	CLAIMS PAID THRU: 07/28/2023
CLIENT NUMBER: 0240	BILL CYCLE: 4 of 4
CLIENT NAME: Admiral Peary	PREPARED DATE: 08/01/2023

Group	Paid Claims	Healthcare Adjustments	Capitation	Value Based Reimbursement	Paid Claims /Expenses
Drug					
014267-01	$468.70	$0.00	$0.00	$0.00	$468.70
014267-03	$10,057.54	$0.00	$0.00	$0.00	$10,057.54
014267-05	$3,232.17	$0.00	$0.00	$0.00	$3,232.17
014267-06	$101.45	$0.00	$0.00	$0.00	$101.45
014267-07	$1,901.11	$0.00	$0.00	$0.00	$1,901.11
014267-08	$24,908.58	$0.00	$0.00	$0.00	$24,908.58
014264-12	$184.05	$0.00	$0.00	$0.00	$184.05
014267-13	$79.64	$0.00	$0.00	$0.00	$79.64
014267-15	($1,967.25)	$0.00	$0.00	$0.00	($1,967.25)
014267-22	$16.17	$0.00	$0.00	$0.00	$16.17
014267-34	$0.00	$0.00	$0.00	$0.00	$0.00
014267-36	$2,159.59	$0.00	$0.00	$0.00	$2,159.59
014267-37	$628.86	$0.00	$0.00	$0.00	$628.86
014267- Total	**$41,770.61**	**$0.00**	**$0.00**	**$0.00**	**$41,770.61**
Drug Total	**$41,770.61**	**$0.00**	**$0.00**	**$0.00**	**$41,770.61**
HDHP PPO					
014267-54	$12,175.52	$0.00	$0.00	$1,150.03	$13,325.55
014267- Total	**$12,175.52**	**$0.00**	**$0.00**	**$1,150.03**	**$13,325.55**
017697-00	$13,886.84	$0.00	$0.00	$1,159.87	$15,046.71
017697-01	$6,865.57	$0.00	$0.00	$167.81	$7,033.38
017697-10	$88.00	$0.00	$0.00	$44.01	$132.01
017697-70	$77.03	$0.00	$0.00	$9.07	$86.10
017697- Total	**$20,917.44**	**$0.00**	**$0.00**	**$1,380.76**	**$22,298.20**
017728-00	$3,098.58	$0.00	$0.00	$166.93	$3,265.51
017728- Total	**$3,098.58**	**$0.00**	**$0.00**	**$166.93**	**$3,265.51**

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Group	Paid Claims	Healthcare Adjustments	Capitation	Value Based Reimbursement	Paid Claims /Expenses
104272-02	$42,574.63	$0.00	$0.00	$2,848.70	$45,423.33
104272-09	$3,071.70	$0.00	$0.00	$117.54	$3,189.24
104272-12	$135.79	$0.00	$0.00	$83.29	$219.08
104272-19	$4.42	$0.00	$0.00	$28.76	$33.18
104272- Total	**$45,786.54**	**$0.00**	**$0.00**	**$3,078.29**	**$48,864.83**
HDHP PPO Total	**$81,978.08**	**$0.00**	**$0.00**	**$5,776.01**	**$87,754.09**
Major Medical					
053264-01	$4.80	$0.00	$0.00	$0.00	$4.80
053264- Total	**$4.80**	**$0.00**	**$0.00**	**$0.00**	**$4.80**
Major Medical Total	**$4.80**	**$0.00**	**$0.00**	**$0.00**	**$4.80**
PPO					
014267-01	$5,004.56	$0.00	$0.00	$200.64	$5,205.20
014267-03	$13,014.49	$0.00	$0.00	$1,994.48	$15,008.97
014267-05	$55,396.17	$0.00	$0.00	$1,450.89	$56,847.06
014267-06	$4,150.42	$0.00	$0.00	$324.58	$4,475.00
014267-07	$11,467.38	$0.00	$0.00	$1,280.03	$12,747.41
014267-08	$1,972.33	$0.00	$0.00	$497.84	$2,470.17
014267-12	$275.02	$0.00	$0.00	$67.71	$342.73
014267-13	$0.00	$0.00	$0.00	$64.68	$64.68
014267-15	$1,808.79	$0.00	$0.00	$150.80	$1,959.59
014267-19	$0.00	$0.00	$0.00	$7.19	$7.19
014267-22	$0.00	$0.00	$0.00	$7.19	$7.19
014267-26	$844.99	$0.00	$0.00	$68.21	$913.20
014267-34	$0.00	$0.00	$0.00	$40.96	$40.96
014267-36	$32,182.08	$0.00	$0.00	$437.77	$32,619.85
014267-37	$189.18	$0.00	$0.00	$107.75	$296.93
014267- Total	**$126,305.41**	**$0.00**	**$0.00**	**$6,700.72**	**$133,006.13**
PPO Total	**$126,305.41**	**$0.00**	**$0.00**	**$6,700.72**	**$133,006.13**
Paid Claims/Expenses Summary Total					**$262,535.63**

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