Exhibit II.F.16
Page 1 of 1

FORMAT: Compatible with Access 2007

TABLE NAME: PA MEDICARE YYYY

DESCRIPTION: Quarterly Summary of Participating Agency (PA) Claims

Field	Field Name	Format	Description
1	QTR PAID	Text – 1	Quarter Paid (Q): A = 1st quarter B = 2nd quarter C = 3rd quarter D= 4th quarter
2	YEAR PAID	Text - 4	Year Paid (YYYY)
3	YEAR INC	Text – 2	Year Incurred (YY)
4	CARRIER	Text – 1	Carrier: 1 = Commercial 2 = EGWP 3 = Wrap 4 = EGWP Foreign Claims 5 = EGWP COB – Dual Empire Coverages Only 6 = Total
5	AGENCY CODE	Text – 5	5 Digit Agency Code (Customer ID #)
6	COV	Text – 3	Type of Coverage: Individual Coverage = IND Family Coverage = FAM
7	PHARMACY TYPE	Text – 1	Pharmacy Type (see table below)
8	EE CLAIMS	N	# of Claims: Enrollee
9	EE PAID	N	$ Amount Paid: Enrollee
10	DEP CLAIMS	N	# of Claims: Dependent
11	DEP PAID	N	$ Claims: Dependent
12	TOTAL CLAIMS	N	# of Claims: Total
13	TOTAL PAID	N	$ Amount Paid: Total

Pharmacy Type	Category	Description
A	DIRECT	Enrollee Submit/Other
B	PHARMACY	NY Chain Pharmacy
C	PHARMACY	NY Independent Pharmacy
D	PHARMACY	Non NY Retail
E	PHARMACY	Specialty Pharmacy
F	MAIL ORDER	Mail Order