Exhibit II.F.18
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FORMAT: Compatible with Access 2007

TABLE NAME: 2A YYYY

DESCRIPTION: Monthly Summary of Paid Claims by Pharmacy and Drug Type

Field	Field Name	Format	Description
1	MONTH PAID	Text – 2	Year Paid (MM)
2	YEAR PAID	Text – 4	Month Paid (YYYY)
3	CARRIER	Text – 1	Carrier: 1 = Commercial 2 = EGWP 3 = Wrap 4 = EGWP Foreign Claims 5 = EGWP COB – Dual Empire Cov Only 6 = Total
4	TRANS TYPE	Text – 1	Transaction Type (P = Payment, R = Reversal)
5	PHARMACY TYPE	Text – 1	Pharmacy Type (see table below)
6	RX TYPE	Text – 1	Drug type (see table below)
7	TOTAL CLAIMS	N	# of Claims Paid: Total
8	QUANTITY DAYS	N	# of the days supply
9	AWP	N	Average Wholesale Price (AWP) of Rx Dispensed
10	ING COST	N	Allowed Ingredient Cost (after discount)
11	DISP FEES	N	Dispensing Fees
12	LEVEL OF EFFORT	N	Level of Effort
13	TAXES	N	Sales Taxes
14	ANC CHRG	N	$ Ancillary Charge Amount
15	COPAY	N	$ Employee Co-pay Amount
16	AMT PAID	N	$ Amount Paid (by the Plan)
17	REPORT PERIOD	Text – 6	Report Period (MMYYY)

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

Drug Type (RX TYPE)	Desciption
A	Generics Drugs
B	Preferred Brand Drugs
C	Non-Preferred Brand Drugs
D	Compound Drugs
X	Specialty Drugs