

Paid Claims by BENEFIT Code

Claims Paid 1/1/2008 to 11/30/2020 Class: <>R.A.D.

AccountName: **SHELBY COUNTY BOARD OF ED**

Policy: 053841

Eldorado Number SET

State: TN

Code	Description	2016-2017		2017-2018		2018-2019		2019-2020	
		Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.
001	INPATIENT HOSPITAL	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
002	OUTPATIENT HOSPITAL	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
003	HOSPITAL ROOM AND BOARD	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
004	HOSPITAL MISCELLANEOUS	0.00	0.0%	0.00	0.0%	0.00	0.0%	4,479.38	5.1%
103	OUTPATIENT MISCELLANEOU	13,325.85	14.6%	2,898.36	2.4%	15,474.98	12.9%	17,031.20	19.4%
116	EMERGENCY ROOM-HOSPITA	3,184.36	3.5%	6,992.75	5.7%	4,321.80	3.6%	872.76	1.0%
117	EMERGENCY ROOM-PHYSICI	570.76	0.6%	1,170.97	1.0%	742.69	0.6%	567.64	0.6%
190	AMBULANCE SERVICES	0.00	0.0%	701.45	0.6%	420.08	0.3%	1,009.78	1.2%
200	PHYSICIAN VISIT	9,696.47	10.6%	11,691.58	9.5%	12,663.00	10.5%	9,792.86	11.2%
205	SPECIALIST CONSULTATION	0.00	0.0%	24.33	0.0%	0.00	0.0%	0.00	0.0%
211	HOSPITAL VISIT - PHYSICIAN	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
261	IMMUNIZATION SERVICES	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
300	SURGERY	8,855.04	9.7%	16,673.10	13.6%	17,407.86	14.5%	11,118.85	12.7%
310	ASSISTANT SURGERY	321.16	0.4%	136.46	0.1%	198.10	0.2%	1,548.00	1.8%
320	ANESTHESIA SERVICES	2,222.12	2.4%	4,608.88	3.8%	4,258.38	3.5%	1,177.75	1.3%
350	INJECTIONS	60.83	0.1%	46.24	0.0%	16.74	0.0%	458.98	0.5%
425	PHYSICIAN MISCELLANEOUS	43.76	0.0%	56.00	0.0%	28.00	0.0%	140.00	0.2%
450	OUT PT SURGERY-FACILITY/H	14,226.63	15.6%	40,113.26	32.7%	10,300.41	8.6%	12,422.40	14.2%
540	DIAGNOSTIC XRAY & LABS	7,780.58	8.5%	9,759.08	8.0%	13,249.15	11.0%	10,923.36	12.4%
545	DIAGNOSTIC LAB/X-RAY-PRO	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
548	DIAGNOSTIC SERVICES	0.00	0.0%	0.00	0.0%	154.95	0.1%	0.00	0.0%
580	DURABLE MEDICAL EQUIPME	9,632.31	10.6%	3,893.14	3.2%	7,565.36	6.3%	4,802.26	5.5%
600	NURSING	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
610	HOME HEALTH CARE-FIRST T	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
660	PHYSICAL THERAPY/CHIRO &	12,226.65	13.4%	20,937.15	17.1%	32,156.56	26.7%	10,752.31	12.3%
662	PHYSICAL THERAPY - HOSPIT	231.36	0.3%	0.00	0.0%	0.00	0.0%	0.00	0.0%
700	PRESCRIPTION MEDICATION	0.00	0.0%	111.20	0.1%	0.00	0.0%	0.00	0.0%
851	VISION-EYEGLASSES/CONTA	0.00	0.0%	349.79	0.3%	0.00	0.0%	0.00	0.0%
853	VISION - EYE EXAMINATION	0.00	0.0%	15.00	0.0%	0.00	0.0%	0.00	0.0%
900	DENTAL ACCIDENT	8,601.00	9.4%	1,275.00	1.0%	1,284.80	1.1%	656.54	0.7%
910	MEDICAL CARE	260.00	0.3%	1,232.69	1.0%	0.00	0.0%	0.00	0.0%
950	VENDOR FEE	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
990	MEDICAL CARE	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
999	SERVICE NOT COVERED	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
FEE	PPO FEE	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
INT	INTEREST	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
Total Claims		91,238.88		122,686.43		120,242.86		87,754.07	

Paid Claims by BENEFIT Code

Claims Paid 1/1/2008 to 11/30/2020 Class: <>R.A.D.

AccountName: SHELBY COUNTY BOARD OF ED

Policy: 053841 Eldorado Number SET State: TN

Code	Description	2016-2017		2017-2018		2018-2019		2019-2020	
		Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.

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Code	Description	2016-2017		2017-2018		2018-2019		2019-2020	
		Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.
		Amount Paid		Amount Paid		Amount Paid		Amount Paid	
REPORT TOTAL		91,238.88		122,686.43		120,242.86		87,754.07	

Paid Claims by ACTIVITY Code

Claims Paid 1/1/2008 to 11/30/2020 Class: <>R.A.D.

AccountName: **SHELBY COUNTY BOARD OF ED**

Policy: 053841

Eldorado Number SET

State: TN

Code	Description	2016-2017		2017-2018		2018-2019		2019-2020	
		Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.
		0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
001	PHYS ED CLASS	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
002	CLASSROOM OR HALLWAY	0.00	0.0%	0.00	0.0%	0.00	0.0%	1,134.46	1.3%
003	PLAYGROUND (NOT PHYS ED	0.00	0.0%	2,046.33	1.7%	0.00	0.0%	0.00	0.0%
007	EXTRA CURR ACTIV ON PREM	0.00	0.0%	0.00	0.0%	0.00	0.0%	1,600.59	1.8%
008	EXTRA CURR ACTIV OFF PRE	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
011	BASEBALL	1,584.55	1.7%	6,749.06	5.5%	3,449.52	2.9%	981.29	1.1%
012	BASKETBALL	16,871.53	18.5%	18,039.47	14.7%	8,559.53	7.1%	2,094.16	2.4%
017	FOOTBALL TACKLE	27,782.22	30.4%	82,878.70	67.6%	83,122.52	69.1%	65,493.79	74.6%
018	VOLLEYBALL	0.00	0.0%	506.93	0.4%	2,150.63	1.8%	4,783.43	5.5%
024	SOCCER	1,848.79	2.0%	183.52	0.1%	9,485.34	7.9%	0.00	0.0%
026	TENNIS	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
027	OUTDOOR TRACK	0.00	0.0%	0.00	0.0%	1,048.00	0.9%	0.00	0.0%
028	WRESTLING	11,047.66	12.1%	1,700.02	1.4%	7,250.48	6.0%	235.25	0.3%
029	GIRLS SOFTBALL	2,431.94	2.7%	1,775.00	1.4%	2,093.55	1.7%	0.00	0.0%
030	GIRLS BASKETBALL	9,304.88	10.2%	5,400.56	4.4%	998.82	0.8%	4,649.06	5.3%
031	GIRLS CROSS COUNTRY	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
035	GIRLS INDOOR TRACK	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
036	GIRLS OUTDOOR TRACK	241.40	0.3%	3,106.84	2.5%	741.66	0.6%	0.00	0.0%
037	GIRLS SOCCER	11,524.91	12.6%	0.00	0.0%	167.50	0.1%	0.00	0.0%
039	GIRLS GYMNASTICS	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
041	GIRLS LACROSSE	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
051	SICKNESS	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
055	CHEERLEADING	0.00	0.0%	300.00	0.2%	1,175.31	1.0%	0.00	0.0%
056	MISC SPORTS	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
059	Band	8,601.00	9.4%	0.00	0.0%	0.00	0.0%	0.00	0.0%
065	Majorette	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
074	ROTC	0.00	0.0%	0.00	0.0%	0.00	0.0%	567.64	0.6%
075	Flag Football	0.00	0.0%	0.00	0.0%	0.00	0.0%	6,214.40	7.1%
099	UNKNOWN	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
999	UNKNOWN	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
Total Claims		91,238.88		122,686.43		120,242.86		87,754.07	

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Policy:	053841	Eldorado Number		SET	State: TN			
		2016-2017		2017-2018		2018-2019		2019-2020
Code	Description	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid Pct.
		Amount Paid		Amount Paid		Amount Paid		Amount Paid
REPORT TOTAL		91,238.88		122,686.43		120,242.86		87,754.07

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State: TN

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		Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.
001	INPATIENT HOSPITAL	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
002	OUTPATIENT HOSPITAL	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
003	HOSPITAL ROOM AND BOARD	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
004	HOSPITAL MISCELLANEOUS	0.00	0.0%	0.00	0.0%	4,479.38	5.1%	0.00	0.0%
103	OUTPATIENT MISCELLANEOU	2,898.36	2.4%	15,474.98	12.9%	17,031.20	19.4%	0.00	0.0%
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117	EMERGENCY ROOM-PHYSICI	1,170.97	1.0%	742.69	0.6%	567.64	0.6%	0.00	0.0%
190	AMBULANCE SERVICES	701.45	0.6%	420.08	0.3%	1,009.78	1.2%	0.00	0.0%
200	PHYSICIAN VISIT	11,691.58	9.5%	12,663.00	10.5%	9,792.86	11.2%	105.00	30.6%
205	SPECIALIST CONSULTATION	24.33	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
211	HOSPITAL VISIT - PHYSICIAN	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
261	IMMUNIZATION SERVICES	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
300	SURGERY	16,673.10	13.6%	17,407.86	14.5%	11,118.85	12.7%	0.00	0.0%
310	ASSISTANT SURGERY	136.46	0.1%	198.10	0.2%	1,548.00	1.8%	0.00	0.0%
320	ANESTHESIA SERVICES	4,608.88	3.8%	4,258.38	3.5%	1,177.75	1.3%	0.00	0.0%
350	INJECTIONS	46.24	0.0%	16.74	0.0%	458.98	0.5%	0.00	0.0%
425	PHYSICIAN MISCELLANEOUS	56.00	0.0%	28.00	0.0%	140.00	0.2%	0.00	0.0%
450	OUT PT SURGERY-FACILITY/H	40,113.26	32.7%	10,300.41	8.6%	12,422.40	14.2%	0.00	0.0%
540	DIAGNOSTIC XRAY & LABS	9,759.08	8.0%	13,249.15	11.0%	10,923.36	12.4%	29.96	8.7%
545	DIAGNOSTIC LAB/X-RAY-PRO	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
548	DIAGNOSTIC SERVICES	0.00	0.0%	154.95	0.1%	0.00	0.0%	0.00	0.0%
580	DURABLE MEDICAL EQUIPME	3,893.14	3.2%	7,565.36	6.3%	4,802.26	5.5%	133.61	38.9%
600	NURSING	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
610	HOME HEALTH CARE-FIRST T	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
660	PHYSICAL THERAPY/CHIRO &	20,937.15	17.1%	32,156.56	26.7%	10,752.31	12.3%	75.00	21.8%
662	PHYSICAL THERAPY - HOSPIT	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
700	PRESCRIPTION MEDICATION	111.20	0.1%	0.00	0.0%	0.00	0.0%	0.00	0.0%
851	VISION-EYEGASSES/CONTA	349.79	0.3%	0.00	0.0%	0.00	0.0%	0.00	0.0%
853	VISION - EYE EXAMINATION	15.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
900	DENTAL ACCIDENT	1,275.00	1.0%	1,284.80	1.1%	656.54	0.7%	0.00	0.0%
910	MEDICAL CARE	1,232.69	1.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
950	VENDOR FEE	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
990	MEDICAL CARE	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
999	SERVICE NOT COVERED	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
FEE	PPO FEE	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
INT	INTEREST	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
Total Claims		122,686.43		120,242.86		87,754.07		343.57	

Paid Claims by BENEFIT Code

Claims Paid 1/1/2008 to 11/30/2020 Class: <>R.A.D.

AccountName: **SHELBY COUNTY BOARD OF ED**
 Policy: 053841 Eldorado Number SET State: TN
 Code Description 2017-2018 2018-2019 2019-2020 2020-2021
 Amount Paid Pct. Amount Paid Pct. Amount Paid Pct. Amount Paid Pct.

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AccountName: SHELBY COUNTY BOARD OF ED		Eldorado Number		SET	State: TN		2017-2018		2018-2019		2019-2020		2020-2021	
Policy:	053841	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	
Code	Description	Amount Paid		Amount Paid		Amount Paid		Amount Paid						
REPORT TOTAL		122,686.43		120,242.86		87,754.07		343.57						

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State: TN

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		Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.
		0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
001	PHYS ED CLASS	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
002	CLASSROOM OR HALLWAY	0.00	0.0%	0.00	0.0%	1,134.46	1.3%	0.00	0.0%
003	PLAYGROUND (NOT PHYS ED	2,046.33	1.7%	0.00	0.0%	0.00	0.0%	0.00	0.0%
007	EXTRA CURR ACTIV ON PREM	0.00	0.0%	0.00	0.0%	1,600.59	1.8%	0.00	0.0%
008	EXTRA CURR ACTIV OFF PRE	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
011	BASEBALL	6,749.06	5.5%	3,449.52	2.9%	981.29	1.1%	0.00	0.0%
012	BASKETBALL	18,039.47	14.7%	8,559.53	7.1%	2,094.16	2.4%	0.00	0.0%
017	FOOTBALL TACKLE	82,878.70	67.6%	83,122.52	69.1%	65,493.79	74.6%	343.57	100.0%
018	VOLLEYBALL	506.93	0.4%	2,150.63	1.8%	4,783.43	5.5%	0.00	0.0%
024	SOCCER	183.52	0.1%	9,485.34	7.9%	0.00	0.0%	0.00	0.0%
026	TENNIS	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
027	OUTDOOR TRACK	0.00	0.0%	1,048.00	0.9%	0.00	0.0%	0.00	0.0%
028	WRESTLING	1,700.02	1.4%	7,250.48	6.0%	235.25	0.3%	0.00	0.0%
029	GIRLS SOFTBALL	1,775.00	1.4%	2,093.55	1.7%	0.00	0.0%	0.00	0.0%
030	GIRLS BASKETBALL	5,400.56	4.4%	998.82	0.8%	4,649.06	5.3%	0.00	0.0%
031	GIRLS CROSS COUNTRY	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
035	GIRLS INDOOR TRACK	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
036	GIRLS OUTDOOR TRACK	3,106.84	2.5%	741.66	0.6%	0.00	0.0%	0.00	0.0%
037	GIRLS SOCCER	0.00	0.0%	167.50	0.1%	0.00	0.0%	0.00	0.0%
039	GIRLS GYMNASTICS	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
041	GIRLS LACROSSE	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
051	SICKNESS	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
055	CHEERLEADING	300.00	0.2%	1,175.31	1.0%	0.00	0.0%	0.00	0.0%
056	MISC SPORTS	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
059	Band	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
065	Majorette	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
074	ROTC	0.00	0.0%	0.00	0.0%	567.64	0.6%	0.00	0.0%
075	Flag Football	0.00	0.0%	0.00	0.0%	6,214.40	7.1%	0.00	0.0%
099	UNKNOWN	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
999	UNKNOWN	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
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AccountName: SHELBY COUNTY BOARD OF ED		Eldorado Number		SET	State: TN			
Policy: 053841		2017-2018		2018-2019		2019-2020		2020-2021
Code	Description	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid	Pct.	Amount Paid Pct.
		Amount Paid		Amount Paid		Amount Paid		Amount Paid
REPORT TOTAL		122,686.43		120,242.86		87,754.07		343.57