Network Service Area and Enrollment Report Form Network Service Area Report Tab Form No. 40-265

Row #	Network Name	Network ID	Product Line	County	Full or Partial County	ZIP Code
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Network Service Area and Enrollment Report Form Primary Plan Enrollment Report Tab Form No. 40-265

Row#	Network Name	Network ID	Product Line	County	ZIP Code	Inside Approved Network Service Area	Number of Primary Plan Enrollees	Number of Network Enrollees by County	Number of Network Enrollees by County Projected in Two Years
1									
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Network Service Area and Enrollment Report Form Subcontracted Plan Enrollment Report Tab Form No. 40-265

	Network ID (Primary Plan)	Product Line (Primary Plan)	County	Network Service	Subcontracted	Subcontracted Plan Network ID
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