



STEVE SISOLAK
Governor

Deonne Contine
Board Chair



STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701
Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028
www.pebp.state.nv.us



DAMON HAYCOCK
Executive Officer

AGENDA ITEM

Action Item

Information Only

Date: September 26, 2019

Item Number: IV.II.II.

Title: Self-Funded CDHP and EPO Plan Utilization Report for the period ending June 30, 2019

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the Plan Year ending June 30, 2019. Included are:

- Executive Summary – provides a utilization overview.
- HealthSCOPE CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- HealthSCOPE EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix C for Plan Year 2019 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q4 of Plan Year 2019 compared to Plan Year 2018 is summarized below.

- Population:
 - 1.8% increase for primary participants
 - 1.7% increase for primary participants plus dependents (members)
- Medical Cost:
 - 4.7% increase for primary participants
 - 4.4% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 198 High Cost Claimants accounting for 20.7% of the total plan paid for Q4 in Plan Year 2019
 - 18.7% increase in High Cost Claimants per 1,000 members
 - 3.7% increase in average High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Neoplasms (\$11.3 million) – 26.2% of paid claims
 - Injury and Poisoning (\$6.5 million) – 15% of paid claims
 - Diseases of the Circulatory System (\$5.5 million) – 12.7% of paid claims
- Emergency Room:
 - ER visits per 1,000 members decreased by 5.9%
 - Average paid per ER visit increased 5.5% from Q4 in Plan Year 2018
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 5.2%
 - Average paid per Urgent Care visit increased 2.3% from Q4 in Plan Year 2018
- Network Utilization:
 - 95.6% of claims are from In-Network providers
 - In-Network utilization decreased 0.8% from Plan Year 2018
 - In-Network discounts increased 1.1% from Plan Year 2018
- Preventive Services:
 - Overall Preventive Services Compliance Rates increased or remained within 3% from Plan Year 2018 in all categories
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 1.1%
 - Total Gross Claims Costs increased 6.2% (\$2.8 million)
 - Average Total Cost per Claim increased 7.4%
 - From \$89.14 to \$95.72
 - Member:
 - Total Member Cost decreased 3.6%
 - Average Participant Share per Claim decreased 2.6%
 - Net Member PMPM decreased 5.2%
 - From \$19.77 to \$18.75

- Plan
 - Total Plan Cost increased 9%
 - Average Plan Share per Claim increased 10.2%
 - Net Plan PMPM increased 7.2%
 - From \$70.79 to \$75.88

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q4 of Plan Year 2019 is summarized below.

- Population:
 - Average of 4,653 primary participants
 - Average of 8,488 primary participants plus dependents (members)
- Medical Cost:
 - Primary participants cost \$729 PEPM
 - Primary participants plus dependents (members) cost \$400 PMPM
- High Cost Claims:
 - There were 39 High Cost Claimants accounting for 26.3% of the total plan paid for Q4 in Plan Year 2019
 - Total of 4.6 High Cost Claimants per 1,000 members
 - Total of \$274,612 average High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Neoplasms (\$1.9 million) – 18.5% of paid claims
 - Diseases of the Respiratory System (\$1.8 million) – 17.1% of paid claims
 - Diseases of the Circulatory System (\$1.2 million) – 12.1% of paid claims
- Emergency Room:
 - Total of 171 ER visits per 1,000 members
 - Average of \$2,608 paid per ER visit
- Urgent Care:
 - Total of 288 Urgent Care visits per 1,000 members
 - Average of \$140 paid per Urgent Care visit
- Network Utilization:
 - 98.3% of claims are from In-Network providers
- Preventive Services:

	Compliance %
○ Preventive Office Visit:	38.6%
○ Cholesterol Screening:	45.1%
○ Cervical Cancer Screening (Females 21-29)	29.7%
○ Cervical Cancer Screening (Females 30-65)	26.2%
○ Breast Cancer Screening (Females 40+)	45.7%
○ PSA (Prostate-specific antigen) Screening (Males 50+)	31.7%
○ Colorectal Screening (All 50+)	20.0%
- Prescription Drug Utilization (Compared to Q3 2019):
 - Overall:
 - Total Net Claims increased 0.1%
 - Total Gross Claims Costs increased 5.3% (\$241k)
 - Average Total Cost per Claim increased 5.5%
 - From \$107.66 to \$113.53

- Member:
 - Total Member Cost decreased 15.3%
 - Average Participant Share per Claim decreased 15.2%
 - Net Member PMPM decreased 15.7%
 - From \$22.48 to \$18.96
- Plan
 - Total Plan Cost increased 8.4%
 - Average Plan Share per Claim increased 8.5%
 - Net Plan PMPM increased 7.9%
 - From \$154.00 to \$166.12

DENTAL PLAN

The Dental Plan experience for Q4 of Plan Year 2019 is summarized below.

- Dental Cost:
 - Total of \$24,643,438 paid for Dental claims
 - Preventative claims account for 42.7% (\$10.5 million)
 - Basic claims account for 29.6% (\$7.2 million)
 - Major claims account for 20.2% (\$4.9 million)
 - Periodontal claims account for 7.5% (\$1.8 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of June 30, 2019.

HRA Account Balances as of June 30, 2019			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	2,011	0	0
\$.01 - \$500.00	3,912	661,524	169
\$500.01 - \$1,000	1,750	1,250,374	714
\$1,000.01 - \$1,500	747	925,661	1,239
\$1,500.01 - \$2,000	423	734,090	1,735
\$2,000.01 - \$2,500	308	696,147	2,260
\$2,500.01 - \$3,000	260	714,795	2,749
\$3,000.01 - \$3,500	199	640,282	3,217
\$3,500.01 - \$4,000	154	576,440	3,743
\$4,000.01 - \$4,500	129	545,100	4,226
\$4,500.01 - \$5,000	138	654,249	4,741
\$5,000.01 +	808	5,953,923.27	7,368.72
Total	10,839	\$ 13,352,585.85	\$ 1,231.90

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP) and the PEBP Premier Plan (EPO) for the fourth quarter of Plan Year 2019. The CDHP total plan paid costs increased 6.5% over Plan Year 2018. The EPO Plan, for its first year, ran better than expected. For HMO utilization and cost data please see the report provided in Appendix C.

PEBP staff and its partners continue to monitor data, research options and implement measures to provide cost savings to the plan while also providing the care our participants require.

Appendix A

Index of Tables HealthSCOPE – CDHP Utilization Review for PEBP July 1, 2018 – June 30, 2019

HEALTHSCOPE BENEFITS OVERVIEW	2
MEDICAL	
<i>Paid Claims by Age Group</i>	3
Financial Summary	5
Paid Claims by Claim Type	7
Cost Distribution – Medical Claims	10
Utilization Summary	11
Provider Network Summary	13
DENTAL	
Claims Analysis	20
Savings Summary	21
PREVENTIVE SERVICES	
Preventive Services Compliance.....	22
PRESCRIPTION DRUG COSTS	
Prescription Drug Cost Comparison	25

Appendix B

Index of Tables HealthSCOPE – EPO Utilization Review for PEBP July 1, 2018 – June 30, 2019

HEALTHSCOPE BENEFITS OVERVIEW.....	2
MEDICAL	
<i>Paid Claims by Age Group</i>	3
Financial Summary	4
Paid Claims by Claim Type	5
Cost Distribution – Medical Claims	8
Utilization Summary	9
Provider Network Summary	10
PREVENTIVE SERVICES	
Preventive Services Compliance.....	17
PRESCRIPTION DRUG COSTS	
Prescription Drug Cost Comparison	20

HSB DATASCOPE™

Nevada Public Employees' Benefits Program HDHP Plan

July 2018 – June 2019

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for PY19 was \$133,179,670 of which 73.5% was spent in the State Active population. When compared to PY18, PY19 reflected an increase of 6.5% in plan spend.
 - When compared to PY17, PY19 reflected an increase of 8.7% in plan spend, with State Actives having an increase of 13.2%.
- On a PEPY basis, PY19 reflected an increase of 4.6% when compared to PY18. The largest group, State Actives, increased 3.8%.
 - When compared to PY17, PY19 reflected a increase in PEPY of 4.4%, with State Actives increasing by 6.9%.
- 86.0% of the Average Membership had paid Medical claims less than \$2,500, with 17.7% of those having no claims paid at all during the reporting period.
- There were 198 High Cost Claimants (HCC's) over \$100K, that account for 32.6% of the total spend. HCC's accounted for 27.7% of total spend during PY18, with 164 members hitting the \$100K threshold. The largest claimant had a primary diagnosis in the Injury & Poisoning Group, with plan spend of \$2,419,342.
- IP Paid per Admit was \$21,100 which is an increase of 20.2% over PY18 Paid per Admit of \$17,550.
- ER Paid per Visit is \$2,025, which is an increase of 5.5% from PY18 ER Paid per Visit of \$1,919.
- 95.6% of all Medical spend dollars were to In Network providers. The average In Network discount was 65.4%, which is slightly higher than PY18 discount of 64.3%.

Paid Claims by Age Group (p. 1 of 2)

Paid Claims by Age Group								
	PY18							
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM
<1	\$ 5,529,148	\$1,491	\$ 20,282	\$ 5	\$ 3,855	\$1	\$ 5,553,285	\$1,498
1	\$ 775,797	\$160	\$ 12,089	\$ 2	\$ 46,864	\$8	\$ 834,750	\$170
2 - 4	\$ 1,179,040	\$75	\$ 71,885	\$ 5	\$ 395,902	\$19	\$ 1,646,827	\$99
5 - 9	\$ 1,555,560	\$50	\$ 224,318	\$ 7	\$ 1,245,177	\$31	\$ 3,025,055	\$88
10 - 14	\$ 2,621,977	\$78	\$ 336,346	\$10	\$ 1,230,918	\$27	\$ 4,189,241	\$116
15 - 19	\$ 3,355,137	\$93	\$ 761,868	\$21	\$ 1,461,638	\$30	\$ 5,578,643	\$145
20 - 24	\$ 4,161,697	\$103	\$ 904,576	\$22	\$ 1,037,960	\$20	\$ 6,104,233	\$146
25 - 29	\$ 4,111,542	\$127	\$ 692,524	\$21	\$ 964,543	\$23	\$ 5,768,609	\$172
30 - 34	\$ 5,522,890	\$163	\$ 921,359	\$27	\$ 1,198,065	\$28	\$ 7,642,314	\$219
35 - 39	\$ 6,406,372	\$171	\$ 1,719,643	\$46	\$ 1,383,893	\$29	\$ 9,509,908	\$245
40 - 44	\$ 6,454,899	\$185	\$ 1,844,666	\$53	\$ 1,353,595	\$29	\$ 9,653,160	\$268
45 - 49	\$ 9,559,650	\$247	\$ 3,042,544	\$79	\$ 1,613,583	\$30	\$ 14,215,777	\$356
50 - 54	\$ 12,917,061	\$322	\$ 4,911,765	\$122	\$ 1,867,773	\$33	\$ 19,696,599	\$477
55 - 59	\$ 15,619,711	\$346	\$ 5,287,501	\$117	\$ 2,287,808	\$36	\$ 23,195,020	\$500
60 - 64	\$ 31,443,977	\$606	\$ 8,036,483	\$155	\$ 2,755,825	\$36	\$ 42,236,285	\$797
65+	\$ 13,851,824	\$538	\$ 6,741,990	\$262	\$ 5,858,794	\$39	\$ 26,452,608	\$840
Total	\$ 125,066,281	\$ 248	\$ 35,529,839	\$ 70	\$ 24,706,193	\$ 31	\$ 185,302,314	\$ 349

Paid Claims by Age Group (p. 2 of 2)

Paid Claims by Age Group										
Age Range	PY19								% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 6,417,025	\$ 1,620	\$ 36,332	\$ 9	\$ 5,452	\$ 2	\$ 6,458,809	\$ 1,631	-14.0%	-8.2%
1	\$ 733,373	\$ 160	\$ 50,055	\$ 11	\$ 44,746	\$ 7	\$ 828,174	\$ 178	0.8%	-4.6%
2 - 4	\$ 1,140,806	\$ 71	\$ 79,418	\$ 5	\$ 413,256	\$ 20	\$ 1,633,480	\$ 96	0.8%	3.0%
5 - 9	\$ 1,641,304	\$ 53	\$ 329,398	\$ 11	\$ 1,235,087	\$ 30	\$ 3,205,789	\$ 94	-5.6%	-5.9%
10 - 14	\$ 3,730,705	\$ 110	\$ 382,089	\$ 11	\$ 1,225,296	\$ 26	\$ 5,338,091	\$ 148	-21.5%	-21.8%
15 - 19	\$ 4,689,885	\$ 129	\$ 903,369	\$ 25	\$ 1,470,160	\$ 29	\$ 7,063,413	\$ 184	-21.0%	-21.3%
20 - 24	\$ 6,492,186	\$ 158	\$ 909,269	\$ 22	\$ 975,767	\$ 18	\$ 8,377,222	\$ 199	-27.1%	-26.8%
25 - 29	\$ 4,642,212	\$ 139	\$ 904,592	\$ 27	\$ 970,627	\$ 23	\$ 6,517,431	\$ 189	-11.5%	-9.2%
30 - 34	\$ 7,033,160	\$ 199	\$ 1,443,219	\$ 41	\$ 1,139,314	\$ 25	\$ 9,615,693	\$ 266	-20.5%	-17.6%
35 - 39	\$ 6,909,105	\$ 175	\$ 1,637,414	\$ 42	\$ 1,346,222	\$ 27	\$ 9,892,742	\$ 243	-3.9%	0.8%
40 - 44	\$ 5,992,752	\$ 168	\$ 2,622,940	\$ 74	\$ 1,358,600	\$ 29	\$ 9,974,291	\$ 270	-3.2%	-1.0%
45 - 49	\$ 11,254,994	\$ 286	\$ 3,843,721	\$ 98	\$ 1,589,129	\$ 29	\$ 16,687,844	\$ 414	-14.8%	-13.8%
50 - 54	\$ 14,218,059	\$ 349	\$ 4,186,083	\$ 103	\$ 1,798,681	\$ 32	\$ 20,202,824	\$ 484	-2.5%	-1.4%
55 - 59	\$ 16,138,605	\$ 359	\$ 7,155,733	\$ 159	\$ 2,229,569	\$ 35	\$ 25,523,908	\$ 553	-9.1%	-9.6%
60 - 64	\$ 27,430,441	\$ 535	\$ 9,341,493	\$ 182	\$ 2,739,659	\$ 37	\$ 39,511,593	\$ 754	6.9%	5.7%
65+	\$ 14,715,057	\$ 547	\$ 5,889,932	\$ 219	\$ 6,101,872	\$ 39	\$ 26,706,862	\$ 805	-1.0%	4.3%
Total	\$ 133,179,670	\$ 259	\$ 39,715,058	\$ 77	\$ 24,643,438	\$ 30	\$ 197,538,166	\$ 367	-6.2%	-4.9%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY17	PY18	PY19	Variance to PY18	PY17	PY18	PY19	Variance to PY18	PY17	PY18	PY19	Variance to PY18
Enrollment												
Avg # Employees	22,628	23,155	23,569	1.8%	18,525	19,100	19,612	2.7%	5	4	4	-2.0%
Avg # Members	40,764	42,071	42,776	1.7%	35,124	36,389	37,138	2.1%	7	7	7	-1.1%
Ratio	1.8	1.8	1.8	-0.5%	1.9	1.9	1.9	-1.0%	1.5	1.7	1.8	1.2%
Financial Summary												
Gross Cost	\$159,758,922	\$164,211,622	\$172,993,213	5.3%	\$116,306,590	\$123,145,285	\$129,947,874	5.5%	\$30,210	\$42,221	\$105,325	149.5%
Client Paid	\$122,492,148	\$125,066,281	\$133,179,670	6.5%	\$86,417,950	\$91,783,613	\$97,851,639	6.6%	\$24,556	\$32,607	\$96,469	195.9%
Employee Paid	\$37,266,774	\$39,145,341	\$39,813,543	1.7%	\$29,888,640	\$31,361,671	\$32,096,235	2.3%	\$5,654	\$9,615	\$8,857	-7.9%
Client Paid-PEPY	\$5,413	\$5,401	\$5,651	4.6%	\$4,665	\$4,805	\$4,989	3.8%	\$5,170	\$7,985	\$24,117	202.0%
Client Paid-PMPY	\$3,005	\$2,973	\$3,113	4.7%	\$2,460	\$2,522	\$2,635	4.5%	\$3,467	\$4,603	\$13,781	199.4%
Client Paid-PEPM	\$451	\$450	\$471	4.7%	\$389	\$400	\$416	4.0%	\$431	\$665	\$2,010	202.3%
Client Paid-PMPM	\$250	\$248	\$259	4.4%	\$205	\$210	\$220	4.8%	\$289	\$384	\$1,148	199.0%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	178	164	198	20.7%	90	108	124	14.8%	0	0	0	0.0%
HCC's / 1,000	4.4	3.9	4.6	18.7%	2.6	3.0	3.3	12.4%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$198,331	\$211,524	\$219,374	3.7%	\$188,569	\$212,840	\$218,720	2.8%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	28.8%	27.7%	32.6%	17.7%	19.6%	25.0%	27.7%	10.8%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$932	\$900	\$1,071	19.0%	\$700	\$719	\$847	17.8%	\$0	\$0	\$3,087	0.0%
Facility Outpatient	\$973	\$974	\$925	-5.0%	\$793	\$814	\$782	-3.9%	\$1,345	\$1,064	\$6,561	516.6%
Physician	\$1,013	\$1,016	\$1,045	2.9%	\$901	\$924	\$948	2.6%	\$1,937	\$3,394	\$4,006	18.0%
Other	\$86	\$82	\$72	-12.2%	\$66	\$64	\$58	-9.4%	\$185	\$146	\$129	0.0%
Total	\$3,005	\$2,973	\$3,113	4.7%	\$2,460	\$2,522	\$2,635	4.5%	\$3,467	\$4,603	\$13,781	199.4%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY17	PY18	PY19	Variance to PY18	PY17	PY18	PY19	Variance to PY18	
Enrollment									
Avg # Employees	3,095	3,165	3,224	1.9%	1,003	868	729	-16.0%	
Avg # Members	4,533	4,681	4,799	2.5%	1,101	958	832	-13.2%	
Ratio	1.5	1.5	1.5	0.7%	1.1	1.1	1.1	3.6%	1.8
Financial Summary									
Gross Cost	\$30,476,360	\$31,539,962	\$34,175,219	8.4%	\$12,945,763	\$9,484,154	\$8,764,794	-7.6%	
Client Paid	\$24,783,105	\$25,259,022	\$27,761,940	9.9%	\$11,266,537	\$7,991,039	\$7,469,622	-6.5%	
Employee Paid	\$5,693,255	\$6,280,940	\$6,413,280	2.1%	\$1,679,226	\$1,493,115	\$1,295,172	-13.3%	
Client Paid-PEPY	\$8,007	\$7,981	\$8,612	7.9%	\$11,238	\$9,204	\$10,246	11.3%	\$6,209
Client Paid-PMPY	\$5,468	\$5,397	\$5,785	7.2%	\$10,233	\$8,338	\$8,983	7.7%	\$3,437
Client Paid-PEPM	\$667	\$665	\$718	8.0%	\$936	\$767	\$854	11.3%	\$517
Client Paid-PMPM	\$456	\$450	\$482	7.1%	\$853	\$695	\$749	7.8%	\$286
High Cost Claimants (HCC's) > \$100k									
# of HCC's	61	50	58	16.0%	27	18	16	-11.1%	
HCC's / 1,000	13.5	10.7	12.1	13.2%	24.5	18.8	19.2	2.5%	
Avg HCC Paid	\$199,959	\$169,470	\$220,380	30.0%	\$227,193	\$179,428	\$220,793	23.1%	
HCC's % of Plan Paid	49.2%	33.5%	46.0%	37.3%	54.4%	40.4%	47.3%	17.1%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,992	\$1,822	\$2,155	18.3%	\$3,983	\$3,299	\$4,794	45.3%	\$1,057
Facility Outpatient	\$1,778	\$1,842	\$1,787	-3.0%	\$3,402	\$2,839	\$2,295	-19.2%	\$1,145
Physician	\$1,490	\$1,521	\$1,677	10.3%	\$2,623	\$2,073	\$1,732	-16.4%	\$1,122
Other	\$208	\$212	\$166	-21.7%	\$225	\$127	\$163	28.3%	\$113
Total	\$5,468	\$5,397	\$5,785	7.2%	\$10,233	\$8,338	\$8,983	7.7%	\$3,437
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	PY18				PY19				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 31,368,709	\$ 7,844,972	\$ 1,849,402	\$ 41,063,083	\$ 36,705,959	\$ 8,736,011	\$ 2,660,713	\$ 48,102,683	17.1%	
Outpatient	\$ 60,414,905	\$ 13,698,539	\$ 1,866,108	\$ 75,979,552	\$ 61,145,680	\$ 14,375,822	\$ 1,989,394	\$ 77,510,895	2.0%	
Total - Medical	\$ 91,783,613	\$ 21,543,511	\$ 3,715,511	\$ 117,042,635	\$ 97,851,639	\$ 23,111,833	\$ 4,650,107	\$ 125,613,579	7.3%	
Dental	\$ 17,102,914	\$ 1,877,721	\$ 494,557	\$ 19,475,192	\$ 16,845,534	\$ 1,978,238	\$ 510,673	\$ 19,334,445	-0.7%	
Dental Exchange	\$ -	\$ -	\$ 2,649,933	\$ 2,649,933	\$ -	\$ -	\$ 2,870,635	\$ 2,870,635	8.3%	
Total	\$ 108,886,527	\$ 23,421,232	\$ 6,860,001	\$ 139,167,760	\$ 114,697,173	\$ 25,090,071	\$ 8,031,415	\$ 147,818,659	6.2%	

Net Paid Claims - Per Participant per Month										
	PY18				PY19				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 400	\$ 703	\$ 507	\$ 438	\$ 416	\$ 736	\$ 637	\$ 458	4.7%	
Dental	\$ 55	\$ 47	\$ 55	\$ 54	\$ 52	\$ 49	\$ 56	\$ 52	-3.3%	
Dental Exchange	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ 48	\$ 48	-0.9%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	PY18				PY19				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Total
Medical										
Inpatient	\$ -	\$ 2,446,528	\$ 1,025,118	\$ 3,471,646	\$ 25,103	\$ 2,545,010	\$ 1,671,607	\$ 4,241,720		22.2%
Outpatient	\$ 32,607	\$ 4,060,837	\$ 458,556	\$ 4,552,000	\$ 71,365	\$ 2,739,008	\$ 513,998	\$ 3,324,371		-27.0%
Total - Medical	\$ 32,607	\$ 6,507,365	\$ 1,483,675	\$ 8,023,646	\$ 96,469	\$ 5,284,018	\$ 2,185,605	\$ 7,566,091		-5.7%
Dental	\$ 2,777	\$ 513,981	\$ 208,643	\$ 725,400	\$ 2,943	\$ 382,945	\$ 203,655	\$ 589,543		-18.7%
Dental Exchange	\$ -	\$ -	\$ 1,855,668	\$ 1,855,668	\$ -	\$ -	\$ 1,848,816	\$ 1,848,816		-0.4%
Total	\$ 35,383	\$ 7,021,345	\$ 3,547,985	\$ 10,604,714	\$ 99,412	\$ 5,666,963	\$ 4,238,075	\$ 10,004,450		-5.7%

Net Paid Claims - Per Participant per Month										
	PY18				PY19				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Total
Medical	\$ 665	\$ 863	\$ 515	\$ 766	\$ 2,010	\$ 933	\$ 709	\$ 860		12.2%
Dental	\$ 30	\$ 40	\$ 43	\$ 41	\$ 31	\$ 40	\$ 40	\$ 40		-1.5%
Dental Exchange	\$ -	\$ -	\$ 44	\$ 44	\$ -	\$ -	\$ 43	\$ 43		-2.5%

Paid Claims by Claim Type – Total

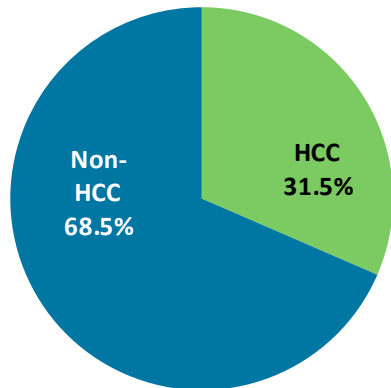
Net Paid Claims - Total										
Total Participants										
	PY18				PY19				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 31,368,709	\$ 10,291,500	\$ 2,874,521	\$ 44,534,729	\$ 36,731,063	\$ 11,281,021	\$ 4,332,319	\$ 52,344,403		17.5%
Outpatient	\$ 60,447,511	\$ 17,759,376	\$ 2,324,665	\$ 80,531,552	\$ 61,217,045	\$ 17,114,830	\$ 2,503,392	\$ 80,835,267		0.4%
Total - Medical	\$ 91,816,220	\$ 28,050,876	\$ 5,199,186	\$ 125,066,281	\$ 97,948,107	\$ 28,395,851	\$ 6,835,711	\$ 133,179,670		6.5%
Dental	\$ 17,105,691	\$ 2,391,702	\$ 703,200	\$ 20,200,592	\$ 16,848,477	\$ 2,361,183	\$ 714,328	\$ 19,923,988		-1.4%
Dental Exchange	\$ -	\$ -	\$ 4,505,601	\$ 4,505,601	\$ -	\$ -	\$ 4,719,450	\$ 4,719,450		4.7%
Total	\$ 108,921,911	\$ 30,442,577	\$ 10,407,986	\$ 149,772,474	\$ 114,796,585	\$ 30,757,034	\$ 12,269,490	\$ 157,823,108		5.4%

Net Paid Claims - Per Participant per Month										
	PY18				PY19				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 400	\$ 734	\$ 509	\$ 450	\$ 416	\$ 766	\$ 659	\$ 471		4.6%
Dental	\$ 55	\$ 45	\$ 51	\$ 53	\$ 52	\$ 47	\$ 51	\$ 52		-3.1%
Dental Exchange	\$ -	\$ -	\$ 46	\$ 46	\$ -	\$ -	\$ 46	\$ 46		-1.4%

Cost Distribution – Medical Claims

PY18						PY19						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
143	0.3%	\$34,689,929	27.7%	\$907,245	2.3%	\$100,000.01 Plus	176	0.4%	\$43,435,833	32.6%	\$1,456,122	3.7%
247	0.6%	\$18,837,261	15.1%	\$1,319,075	3.4%	\$50,000.01-\$100,000.00	213	0.5%	\$16,804,113	12.6%	\$1,274,376	3.2%
434	1.0%	\$16,460,523	13.2%	\$2,432,236	6.2%	\$25,000.01-\$50,000.00	455	1.1%	\$17,387,019	13.1%	\$2,453,060	6.2%
1,259	3.0%	\$20,503,517	16.4%	\$5,795,615	14.8%	\$10,000.01-\$25,000.00	1,266	3.0%	\$21,003,923	15.8%	\$5,830,862	14.6%
1,728	4.1%	\$13,022,293	10.4%	\$5,653,910	14.4%	\$5,000.01-\$10,000.00	1,675	3.9%	\$12,738,499	9.6%	\$5,498,850	13.8%
2,188	5.2%	\$8,263,831	6.6%	\$5,056,299	12.9%	\$2,500.01-\$5,000.00	2,182	5.1%	\$8,284,816	6.2%	\$4,935,634	12.4%
23,353	55.5%	\$13,288,926	10.6%	\$15,471,147	39.5%	\$0.01-\$2,500.00	23,701	55.4%	\$13,525,467	10.2%	\$15,881,281	40.0%
5,470	13.0%	\$0	0.0%	\$2,509,816	6.4%	\$0.00	5,515	12.9%	\$0	0.0%	\$2,483,360	6.2%
7,249	17.2%	\$0	0.0%	\$0	0.0%	No Claims	7,592	17.7%	\$0	0.0%	\$0	0.0%
42,071	100.0%	\$125,066,281	100.0%	\$39,145,341	100.0%		42,776	100.0%	\$133,179,670	100.0%	\$39,813,543	100.0%

Distribution of HCC Medical Claims Paid



HCC – High Cost Claimant over \$100K

HCC's by AHRQ Clinical Classifications Chapter			
AHRQ Chapter	Patients	Total Paid	% Paid
(CCS 2) Neoplasms	109	\$11,380,138	26.2%
(CCS 16) Injury And Poisoning	103	\$6,538,881	15.0%
(CCS 7) Diseases Of The Circulatory System	148	\$5,513,457	12.7%
(CCS 15) Certain Conditions Originating In The Perinatal Period	14	\$3,315,293	7.6%
(CCS 1) Infectious And Parasitic Diseases	114	\$2,614,545	6.0%
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	129	\$2,352,336	5.4%
(CCS 5) Mental Illness	67	\$2,224,433	5.1%
(CCS 9) Diseases Of The Digestive System	110	\$1,816,998	4.2%
(CCS 8) Diseases Of The Respiratory System	140	\$1,459,027	3.4%
(CCS 6) Diseases Of The Nervous System And Sense Organs	146	\$1,244,917	2.9%
(CCS 10) Diseases Of The Genitourinary System	100	\$1,169,223	2.7%
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	191	\$1,083,627	2.5%
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	125	\$786,015	1.8%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	123	\$644,969	1.5%
(CCS 14) Congenital Anomalies	22	\$572,484	1.3%
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	90	\$310,676	0.7%
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	66	\$236,411	0.5%
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	5	\$221,825	0.5%
Overall	----	\$43,485,256	100.0%

Utilization Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY17	PY18	PY19	Variance to PY18	PY17	PY18	PY19	Variance to PY18	PY17	PY18	PY19	Variance to PY18
Inpatient Facility												
# of Admits	2,171	2,255	2,270		1,598	1,693	1,753		0	0	2	
# of Bed Days	10,475	10,294	14,341		6,878	7,217	8,989		0	0	8	
Paid Per Admit	\$17,869	\$17,550	\$21,100	20.2%	\$15,914	\$16,350	\$19,040	16.5%	\$0	\$0	\$10,803	0.0%
Paid Per Day	\$3,703	\$3,845	\$3,340	-13.1%	\$3,697	\$3,835	\$3,713	-3.2%	\$0	\$0	\$2,701	0.0%
Admits Per 1,000	53	54	53	-1.9%	45	47	47	0.0%	0	0	286	0.0%
Days Per 1,000	257	245	335	36.7%	196	198	242	22.2%	0	0	1143	0.0%
Avg LOS	4.8	4.6	6.3	37.0%	4.3	4.3	5.1	18.6%	0	0	4	0.0%
Physician Office												
OV Utilization per Member	3.6	3.6	3.5	-2.8%	3.3	3.3	3.3	0.0%	6.1	9.0	7.3	-18.9%
Avg Paid per OV	\$47	\$48	\$47	-2.1%	\$46	\$47	\$46	-2.1%	\$68	\$84	\$89	0.0%
Avg OV Paid per Member	\$168	\$171	\$167	-2.3%	\$152	\$158	\$154	-2.5%	\$413	\$755	\$652	0.0%
DX&L Utilization per Member	7.5	7.7	7.7	0.0%	6.9	7	7.1	1.4%	13.3	8.6	10.1	0.0%
Avg Paid per DX&L	\$63	\$60	\$64	6.7%	\$59	\$57	\$59	3.5%	\$68	\$48	\$320	0.0%
Avg DX&L Paid per Member	\$474	\$461	\$489	6.1%	\$403	\$400	\$418	4.5%	\$906	\$412	\$3,250	0.0%
Emergency Room												
# of Visits	6,379	7,106	6,931		5,153	5,870	5,653		4	3	3	
# of Admits	987	1046	1,096		648	745	796		0	0	1	
Visits Per Member	0.16	0.17	0.16	-5.9%	0.15	0.16	0.15	-6.3%	0.56	0.42	0.43	0.0%
Visits Per 1,000	156	169	162	-4.1%	147	161	152	-5.6%	565	424	429	0.0%
Avg Paid per Visit	\$1,931	\$1,919	\$2,025	5.5%	\$1,896	\$1,893	\$1,992	5.2%	\$1,990	\$1,027	\$1,280	0.0%
Admits Per Visit	0.15	0.15	0.16	6.7%	0.13	0.13	0.14	7.7%	0.00	0.00	0.33	0.0%
Urgent Care												
# of Visits	9,953	9,817	10,472		8,940	8,774	9,389		5	2	6	
Visits Per Member	0.24	0.23	0.24	4.3%	0.25	0.24	0.25	4.2%	0.71	0.28	0.86	207.1%
Visits Per 1,000	244	233	245	5.2%	255	241	253	5.0%	706	282	857	203.9%
Avg Paid per Visit	\$45	\$44	\$45	2.3%	\$42	\$42	\$43	2.4%	\$83	\$140	\$114	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

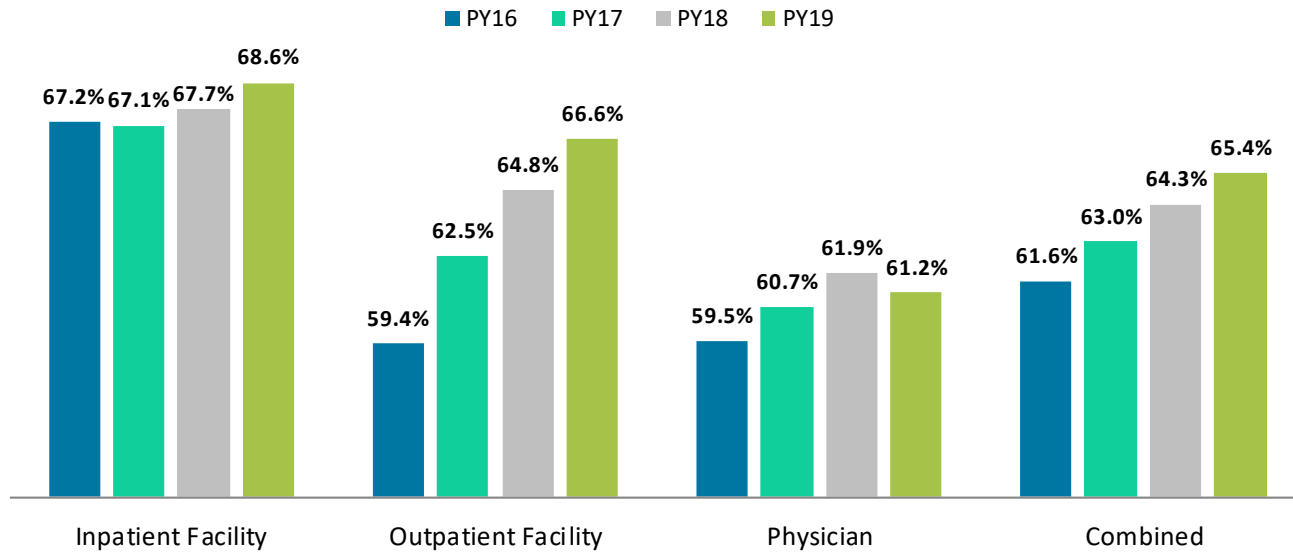
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY17	PY18	PY19	Variance to PY18	PY17	PY18	PY19	Variance to PY18	
Inpatient Facility									
# of Admits	403	422	402		170	140	113		
# of Bed Days	2,373	2,374	2,457		1,224	703	2,887		
Paid Per Admit	\$21,800	\$20,299	\$26,215	29.1%	\$26,933	\$23,788	\$35,038	47.3%	\$16,173
Paid Per Day	\$3,702	\$3,608	\$4,289	18.9%	\$3,741	\$4,737	\$1,371	-71.1%	\$3,708
Admits Per 1,000	89	90	84	-6.7%	154	146	136	-6.8%	61
Days Per 1,000	524	507	512	1.0%	1,112	734	3,472	373.0%	264
Avg LOS	5.9	5.6	6.1	8.9%	7.2	5.0	25.5	410.0%	4.3
Physician Office									
OV Utilization per Member	5.0	5.0	4.9	-2.0%	6.6	6.4	6.4	0.0%	3.3
Avg Paid per OV	\$52	\$52	\$52	0.0%	\$45	\$41	\$40	-2.4%	\$50
Avg OV Paid per Member	\$264	\$258	\$254	-1.6%	\$296	\$265	\$256	-3.4%	\$167
DX&L Utilization per Member	10.6	11.1	11	-0.9%	14.5	14.5	13.6	-6.2%	8.3
Avg Paid per DX&L	\$79	\$75	\$85	13.3%	\$85	\$64	\$78	21.9%	\$67
Avg DX&L Paid per Member	\$838	\$838	\$932	11.2%	\$1,234	\$930	\$1,067	14.7%	\$554
Emergency Room									
# of Visits	891	960	996		331	469	279		
# of Admits	238	229	227		101	72	72		
Visits Per Member	0.2	0.21	0.21	0.0%	0.3	0.49	0.34	-30.6%	0.17
Visits Per 1,000	197	205	208	1.5%	301	489	336	-31.3%	174
Avg Paid per Visit	\$2,029	\$2,097	\$2,244	7.0%	\$2,212	\$1,113	\$1,905	71.2%	\$1,684
Admits Per Visit	0.27	0.24	0.23	-4.2%	0.31	0.15	0.26	73.3%	0.14
Urgent Care									
# of Visits	766	845	908		242	196	169		
Visits Per Member	0.17	0.18	0.19	5.6%	0.22	0.20	0.20	0.0%	0.24
Visits Per 1,000	169	181	189	4.4%	220	205	203	-1.0%	242
Avg Paid per Visit	\$72	\$63	\$69	9.5%	\$77	\$58	\$55	-5.2%	\$74

Annualized Annualized Annualized

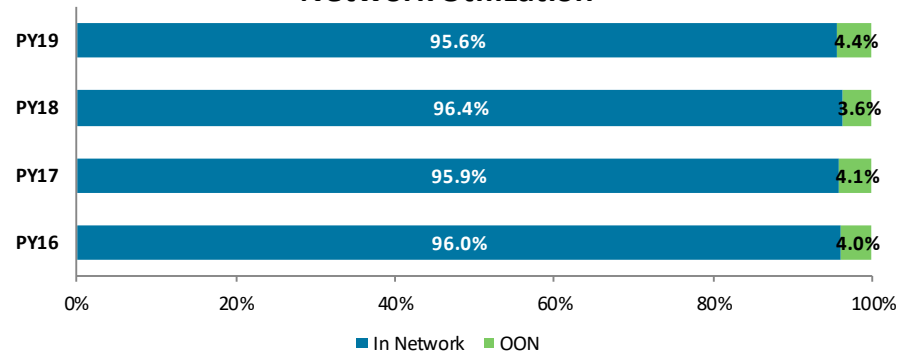
Annualized Annualized Annualized

Provider Network Summary

In Network Discounts



Network Utilization



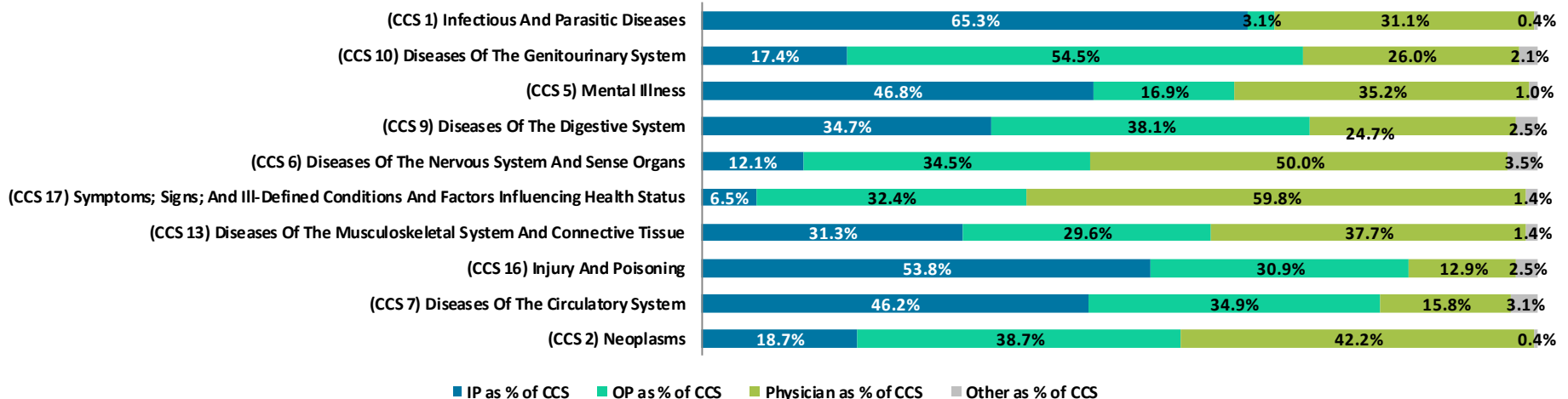
AHRQ* Clinical Classifications Summary



*Developed at the Agency for Healthcare Research and Quality (AHRQ), the Clinical Classifications Software (CCS) is a tool for clustering patient diagnoses and procedures into a manageable number of clinically meaningful categories.

AHRQ Clinical Classifications Chapter	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
(CCS 2) Neoplasms	\$19,385,424	15.8%	\$15,988,203	\$3,017,587	\$379,635	\$8,888,474	\$10,496,950
(CCS 7) Diseases Of The Circulatory System	\$14,340,484	10.4%	\$10,376,046	\$3,220,172	\$744,266	\$7,521,272	\$6,819,212
(CCS 16) Injury And Poisoning	\$13,701,239	10.2%	\$8,424,573	\$1,147,915	\$4,128,751	\$9,213,489	\$4,487,750
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	\$13,572,375	9.2%	\$9,321,649	\$2,720,050	\$1,530,676	\$5,723,339	\$7,849,037
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health	\$11,722,768	8.9%	\$7,637,119	\$1,834,688	\$2,250,961	\$4,204,266	\$7,518,502
(CCS 6) Diseases Of The Nervous System And Sense Organs	\$8,495,814	6.4%	\$5,477,733	\$1,615,009	\$1,403,073	\$3,193,876	\$5,301,939
(CCS 9) Diseases Of The Digestive System	\$8,010,086	6.3%	\$5,863,723	\$1,098,331	\$1,048,031	\$3,520,990	\$4,489,096
(CCS 5) Mental Illness	\$6,733,975	5.0%	\$2,793,296	\$928,417	\$3,012,262	\$3,231,667	\$3,502,309
(CCS 10) Diseases Of The Genitourinary System	\$6,037,245	4.9%	\$4,029,478	\$1,100,714	\$907,053	\$2,423,372	\$3,613,873
(CCS 1) Infectious And Parasitic Diseases	\$5,729,425	4.5%	\$3,519,680	\$800,498	\$1,409,246	\$3,125,344	\$2,604,080
(CCS 8) Diseases Of The Respiratory System	\$5,699,872	3.9%	\$3,074,900	\$995,109	\$1,629,862	\$2,984,643	\$2,715,229
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	\$4,913,813	3.7%	\$3,262,566	\$1,380,032	\$271,215	\$19,434	\$4,894,379
(CCS 15) Certain Conditions Originating In The Perinatal Period	\$4,774,874	3.6%	\$11,397	\$3,086	\$4,760,392	\$2,845,736	\$1,929,137
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	\$4,214,666	3.3%	\$3,110,556	\$571,464	\$532,645	\$1,700,576	\$2,514,089
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$2,316,634	1.1%	\$1,739,360	\$297,625	\$279,648	\$1,055,538	\$1,261,096
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	\$1,420,529	1.0%	\$1,040,393	\$215,339	\$164,797	\$860,615	\$559,914
(CCS 14) Congenital Anomalies	\$1,202,086	0.9%	\$358,530	\$10,041	\$833,515	\$753,538	\$448,548
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	\$908,361	0.7%	\$702,995	\$102,420	\$102,946	\$258,097	\$650,263
Total	\$133,179,670	100.0%	\$86,732,197	\$21,058,498	\$25,388,974	\$61,524,266	\$71,655,403

Top 10 Categories by Claim Type



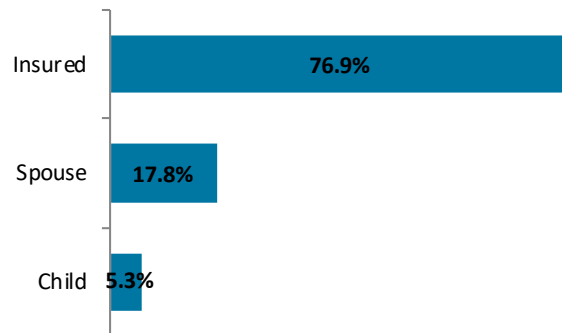
■ IP as % of CCS ■ OP as % of CCS ■ Physician as % of CCS ■ Other as % of CCS

AHRQ Category - Neoplasms

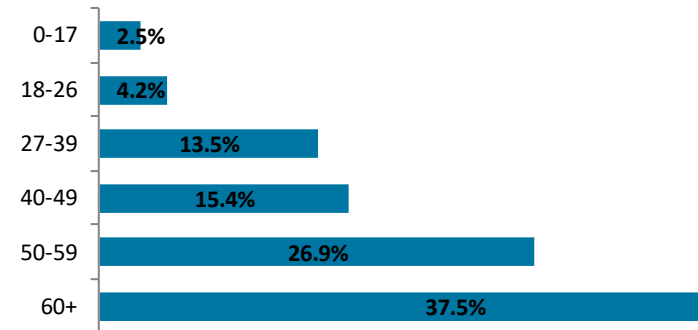
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Cancer Of Breast [24.]	335	4,513	\$2,863,496	14.8%
Cancer Of Lymphatic And Hematopoietic Tissue	119	2,178	\$2,745,361	14.2%
Cancer Of Skin	618	2,211	\$2,418,369	12.5%
Maintenance Chemotherapy; Radiotherapy [45.]	112	784	\$2,416,626	12.5%
Benign Neoplasms	2,933	5,815	\$2,021,396	10.4%
Cancer; Other Primary	223	2,132	\$1,813,901	9.4%
Other Gastrointestinal Cancer	41	759	\$897,522	4.6%
Colorectal Cancer	85	962	\$882,476	4.6%
Secondary Malignancies [42.]	125	857	\$747,192	3.9%
Cancer Of Uterus And Cervix	263	888	\$582,840	3.0%
Neoplasms Of Unspecified Nature Or Uncertain Behavior [44.]	2,115	3,808	\$492,070	2.5%
Cancer Of Male Genital Organs	166	1,080	\$410,288	2.1%
Cancer Of Ovary And Other Female Genital Organs	54	425	\$324,359	1.7%
Cancer Of Bronchus; Lung [19.]	42	413	\$320,406	1.7%
Malignant Neoplasm Without Specification Of Site [43.]	28	177	\$227,252	1.2%
Cancer Of Urinary Organs	70	484	\$221,871	1.1%
Overall	----	----	\$19,385,424	100.0%

*Patient and claim counts are unique only within the category

Relationship



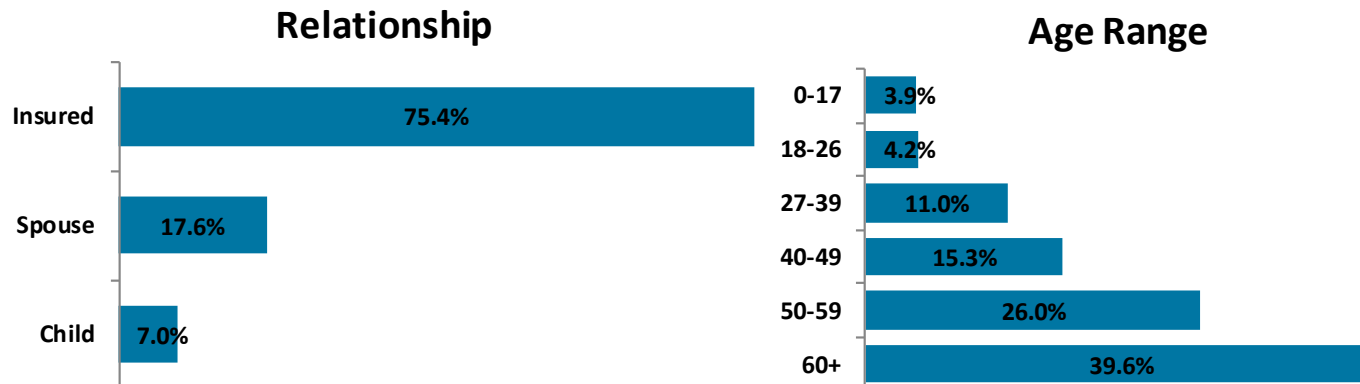
Age Range



AHRQ Category – Diseases of the Circulatory System

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Diseases Of The Heart	3,787	17,014	\$9,753,365	68.0%
Cerebrovascular Disease	446	1,938	\$1,813,411	12.6%
Diseases Of Veins And Lymphatics	743	2,493	\$1,111,920	7.8%
Hypertension	3,777	9,028	\$957,219	6.7%
Diseases Of Arteries; Arterioles; And Capillaries	925	1,738	\$704,569	4.9%
Overall	----	----	\$14,340,484	100.0%

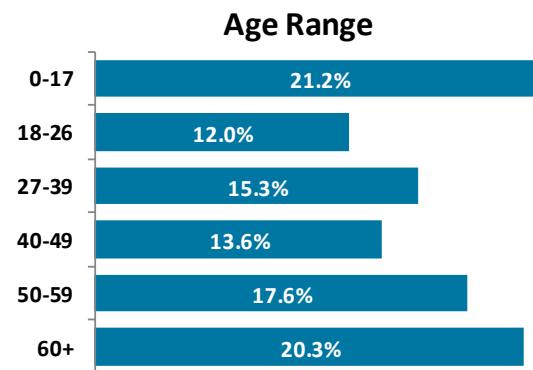
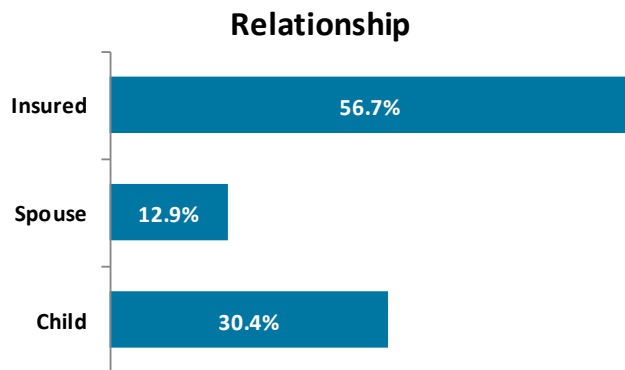
*Patient and claim counts are unique only within the category



AHRQ Category – Injury & Poisoning

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Complications	643	2,451	\$4,551,857	33.2%
Fractures	965	6,858	\$2,891,862	21.1%
Intracranial Injury [233.]	162	730	\$1,589,887	11.6%
Open Wounds	849	2,217	\$1,305,564	9.5%
Sprains And Strains [232.]	1,693	6,452	\$1,110,915	8.1%
Joint Disorders And Dislocations; Trauma-Related [225.]	780	3,548	\$935,487	6.8%
Other Injuries And Conditions Due To External Causes [244.]	1,547	3,018	\$584,271	4.3%
Superficial Injury; Contusion [239.]	902	1,655	\$282,672	2.1%
Crushing Injury Or Internal Injury [234.]	72	234	\$205,583	1.5%
Spinal Cord Injury [227.]	11	110	\$113,965	0.8%
Poisoning	110	234	\$83,294	0.6%
Burns [240.]	60	179	\$45,883	0.3%
	----	----	\$13,701,239	100.0%

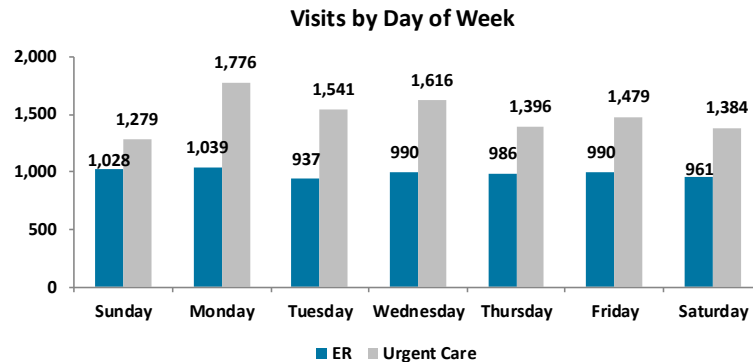
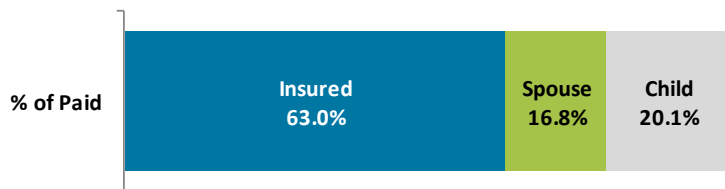
*Patient and claim counts are unique only within the category



Emergency Room / Urgent Care Summary

ER/Urgent Care	PY18		PY19		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	7,106	9,817	6,931	10,471		
Number of Admits	1,046	---	1,096	---		
Visits Per Member	0.17	0.23	0.16	0.24	0.17	0.24
Visits/1000 Members	169	233	162	245	174	242
Avg Paid Per Visit	\$1,918	\$44	\$2,025	\$45	\$1,684	\$74
Admits per Visit	0.15	---	0.16	---	0.14	
% of Visits with HSB ER Dx	76.1%	---	76.9%	---		
% of Visits with a Physician OV*	76.7%	71.8%	77.0%	72.6%		
Total Plan Paid	\$13,628,487	\$431,822	\$14,021,480	\$473,014		

*looks back 12 months from ER visit

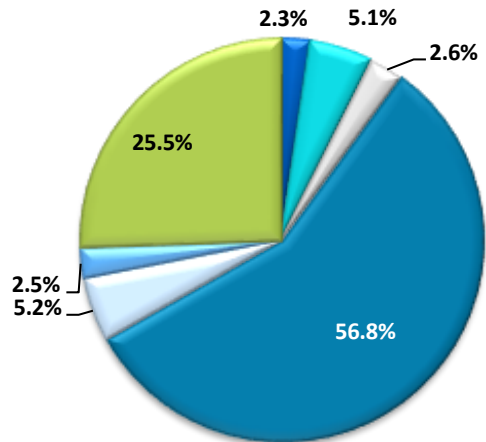


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	4,027	171	6,164	262	10,191	433
Spouse	1,061	193	1,264	230	2,325	423
Child	1,843	135	3,043	223	4,886	357
Total	6,931	162	10,471	245	17,402	408

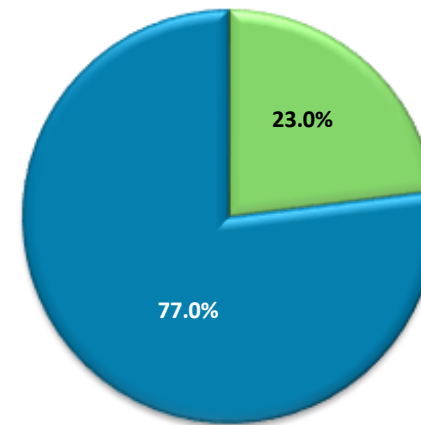
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$521,636,791	\$1,844	100.0%
COB	\$11,997,892	\$42	2.3%
Medicare	\$26,487,675	\$94	5.1%
Excess/Maximums	\$13,801,977	\$49	2.6%
PPO Discount	\$296,356,034	\$1,048	56.8%
Deductible	\$27,003,220	\$95	5.2%
Coinsurance	\$12,810,323	\$45	2.5%
Total Participant Paid	\$39,813,543	\$141	7.6%
Total Plan Paid	\$133,179,670	\$471	25.5%

Total Participant Paid - PY18	\$141
Total Plan Paid - PY18	\$450



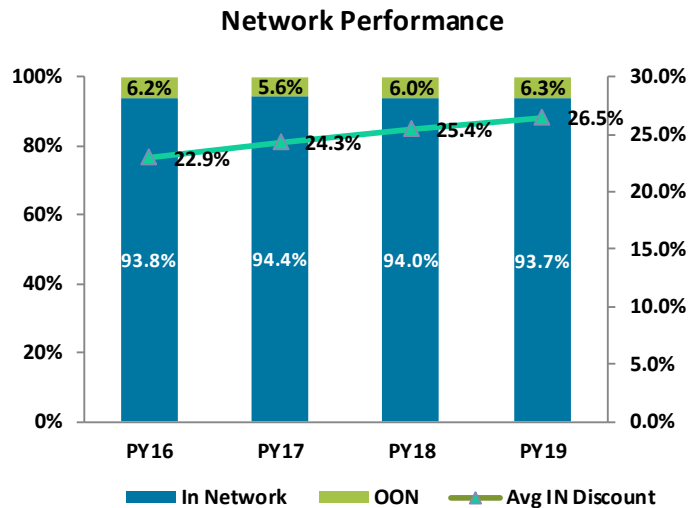
- COB
- Medicare
- Excess/Maximums
- PPO Discount
- Deductible
- Coinsurance



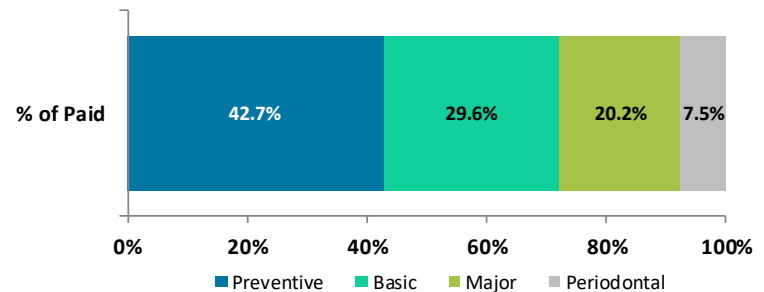
- Total Participant Paid
- Total Plan Paid

Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	# of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	6,970	10.3%	35,338	25.2%	\$10,624,178	43.1%	\$6,571,080	57.9%
\$750.01-\$1,000.00	2,944	4.3%	12,167	8.7%	\$2,617,580	10.6%	\$1,325,695	11.7%
\$500.01-\$750.00	4,994	7.4%	18,454	13.2%	\$3,142,638	12.8%	\$1,364,549	12.0%
\$250.01-\$500.00	15,776	23.3%	46,243	33.0%	\$5,602,392	22.7%	\$1,266,931	11.2%
\$0.01-\$250.00	15,551	22.9%	27,596	19.7%	\$2,656,650	10.8%	\$810,596	7.1%
\$0.00	402	0.6%	490	0.3%	\$0	0.0%	\$18,218	0.2%
No Claims	21,147	31.2%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	67,785	100.0%	140,288	100.0%	\$24,643,438	100.0%	\$11,357,070	100.0%



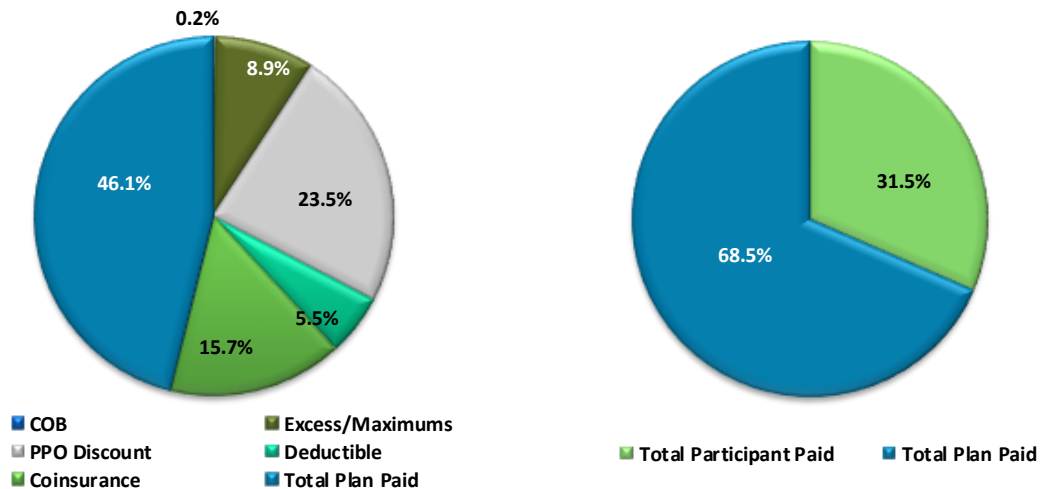
Claim Category	Total Paid	% of Paid
Preventive	\$10,524,728	42.7%
Basic	\$7,287,125	29.6%
Major	\$4,984,909	20.2%
Periodontal	\$1,846,675	7.5%
Total	\$24,643,438	100.0%



Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$53,448,740	\$66	100.0%
COB	\$126,217	\$0	0.2%
Excess/Maximums	\$4,776,955	\$6	8.9%
PPO Discount	\$12,545,059	\$15	23.5%
Deductible	\$2,954,152	\$4	5.5%
Coinsurance	\$8,402,917	\$10	15.7%
Total Participant Paid	\$11,357,069	\$14	21.2%
Total Plan Paid	\$24,643,438	\$30	46.1%

Total Participant Paid - PY18	\$14
Total Plan Paid - PY18	\$31



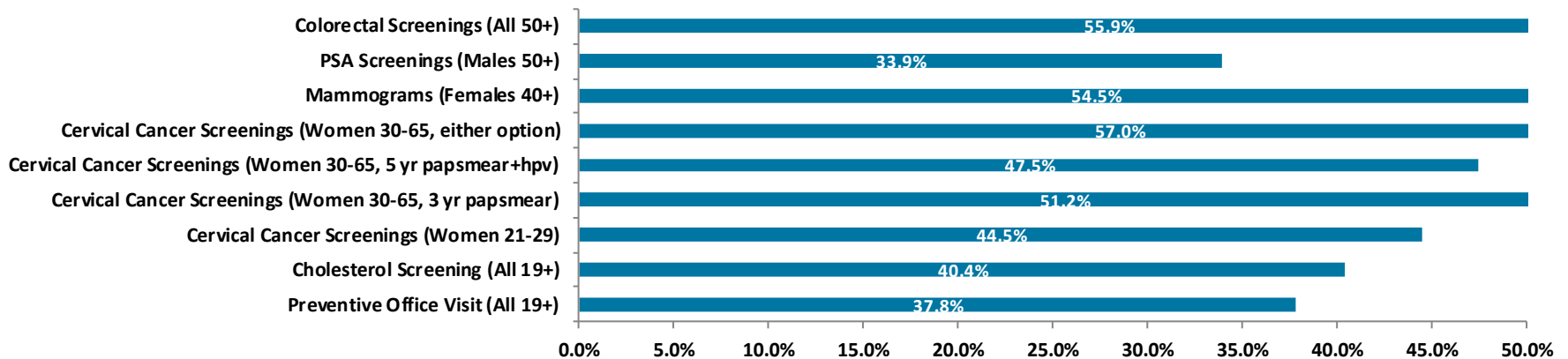
Preventive Services Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Colorectal screenings look back to July 2011.

Service	Female			Male			Total		
	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant
Preventive Office Visit (All 19+)	17,285	8,608	49.8%	15,213	3,682	24.2%	32,498	12,289	37.8%
Cholesterol Screening (All 19+)	17,285	7,623	44.1%	15,213	5,522	36.3%	32,498	13,145	40.4%
Cervical Cancer Screenings (Women 21-29)	2,740	1,219	44.5%	----	----	----	2,740	1,219	44.5%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	13,050	6,682	51.2%	----	----	----	13,050	6,682	51.2%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	13,050	6,199	47.5%	----	----	----	13,050	6,199	47.5%
Cervical Cancer Screenings (Women 30-65, either option)	13,050	7,439	57.0%	----	----	----	13,050	7,439	57.0%
Mammograms (Females 40+)	10,739	5,853	54.5%	----	----	----	10,739	5,853	54.5%
PSA Screenings (Males 50+)	----	----	----	6,386	2,165	33.9%	6,386	2,165	33.9%
Colorectal Screenings (All 50+)	7,455	4,309	57.8%	6,386	3,423	53.6%	13,841	7,732	55.9%

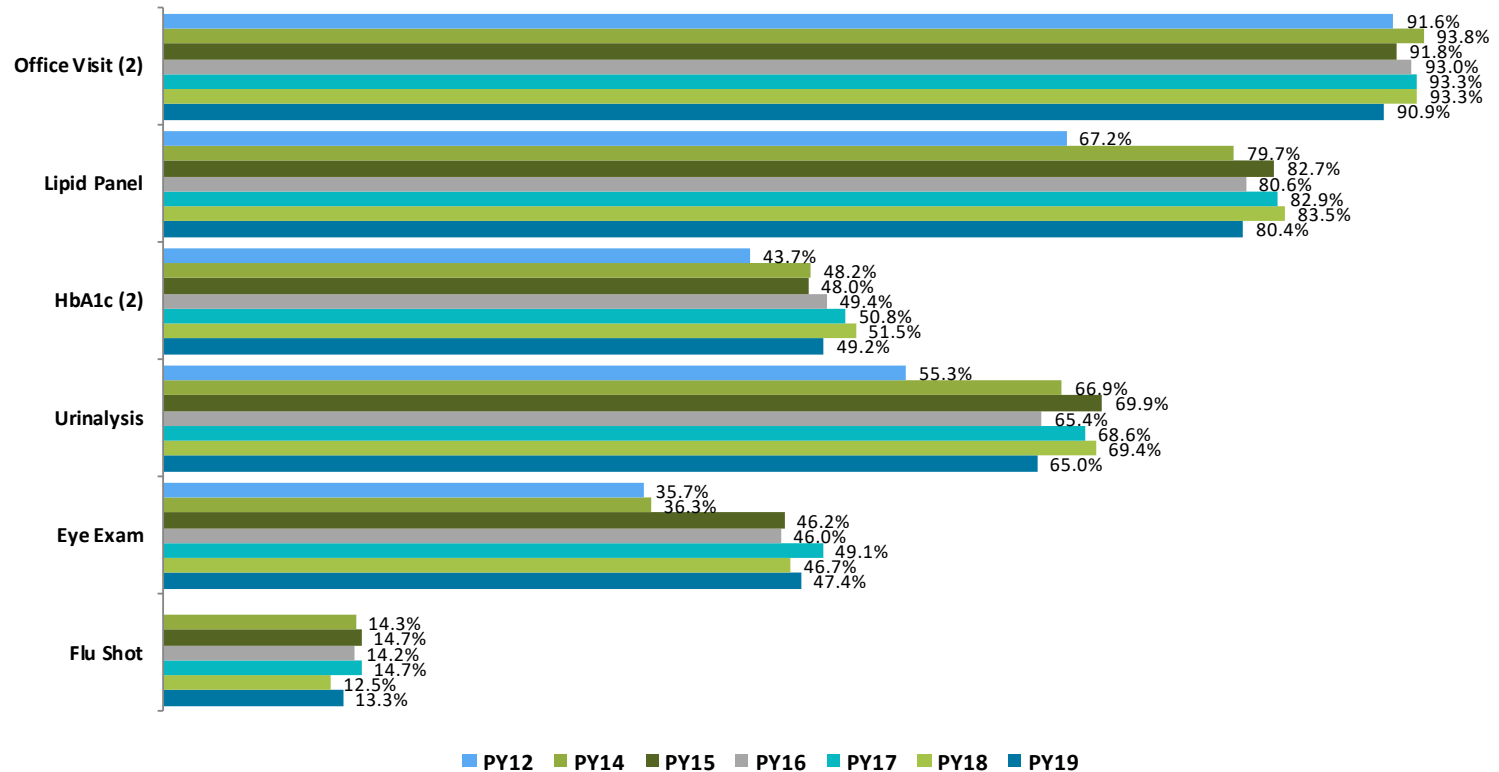
Overall Preventive Services Compliance Rates



Diabetic Disease Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Diabetic Population								
Year	PY12	PY13	PY14	PY15	PY16	PY17	PY18	PY19
Members	1,651	1,643	1,555	1,676	1,693	1,704	1,747	1,838



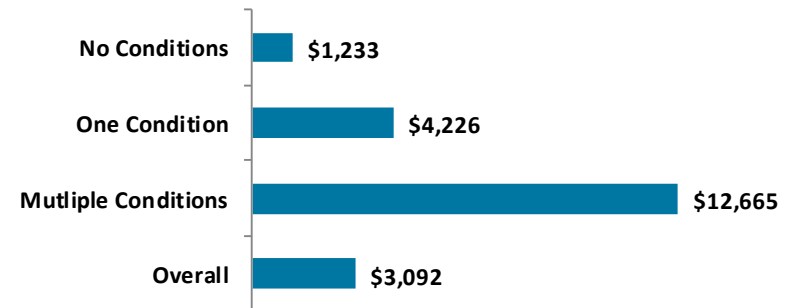
Chronic Conditions Summary

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Condition	Total Members	Avg Members	Per 1,000	Avg Age	Total Cost	Average Cost	Compliance Rate	Compliance Measure
Asthma	1,167	1,091	27	37	\$7,234,553	\$6,199	99.0%	1 Office Visit
Cancer	1,341	1,259	31	58	\$29,620,560	\$22,088	----	----
Chronic Kidney Disease	326	4,051	100	52	\$43,731,678	\$10,268	----	----
Chronic Obstructive Pulmonary Disease (COPD)	270	253	6	60	\$6,201,189	\$22,967	95.9%	1 Office Visit
Congestive Heart Failure (CHF)	139	128	3	61	\$7,182,906	\$51,676	12.9%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	617	596	14	62	\$11,272,341	\$18,270	25.1%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	1,426	1,317	33	41	\$10,871,047	\$7,623	95.7%	1 Office Visit
Diabetes	1,838	1,734	43	56	\$17,094,838	\$9,301	21.1%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	3,218	3,096	76	54	\$15,682,988	\$4,874	42.4%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	3,580	3,403	84	57	\$30,518,883	\$8,525	27.9%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	786	309	8	61	\$7,357,327	\$22,568	----	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	29,281	31	47.1%	11.9%	41.0%
One Condition	8,653	46	70.8%	16.3%	12.9%
Multiple Conditions	4,663	56	79.4%	18.0%	2.6%
Overall	42,596	36	54.6%	13.3%	32.1%

Cost per Member Type



Public Employees' Benefits Program - RX Costs
PY 2019 - Quarter Ending June 30, 2019

Express Scripts

4Q FY2019		4Q FY2018	Difference	% Change
Membership Summary				
Member Count (Membership)	42,767	42,072	695	1.7%
Utilizing Member Count (Patients)	30,881	30,385	496	1.6%
Percent Utilizing (Utilization)	72.2%	72.2%	(0.00)	0.0%
Claim Summary				
Net Claims (Total Rx's)	507,355	512,914	(5,559)	-1.1%
Claims per Elig Member per Month (Claims PMPM)	0.99	1.02	(0.03)	-2.9%
Total Claims for Generic (Generic Rx)	439,347	443,579	(4,232.00)	-1.0%
Total Claims for Brand (Brand Rx)	68,008	69,335	(1,327.00)	-1.9%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	8,121	8,391	(270.00)	-3.2%
Total Non-Specialty Claims	503,236	509,198	(5,962.00)	-1.2%
Total Specialty Claims	4,119	3,716	403.00	10.8%
Generic % of Total Claims (GFR)	86.6%	86.5%	0.00	0.1%
Generic Effective Rate (GCR)	98.2%	98.1%	0.00	0.0%
Mail Order Claims	66,786	62,648	4,138.00	6.6%
Mail Penetration Rate*	15.0%	13.9%	0.01	1.1%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$48,565,119.00	\$45,721,943.00	\$2,843,176.00	6.2%
Total Generic Gross Cost	\$9,949,262.00	\$9,974,122.00	(\$24,860.00)	-0.2%
Total Brand Gross Cost	\$38,615,857.00	\$35,747,821.00	\$2,868,036.00	8.0%
Total MSB Gross Cost	\$1,333,924.00	\$1,039,940.00	\$293,984.00	28.3%
Total Ingredient Cost	\$48,197,024.00	\$45,432,679.00	\$2,764,345.00	6.1%
Total Dispensing Fee	\$350,687.00	\$270,702.00	\$79,985.00	29.5%
Total Other (e.g. tax)	\$17,408.00	\$18,562.00	(\$1,154.00)	-6.2%
Avg Total Cost per Claim (Gross Cost/Rx)	\$95.72	\$89.14	\$6.58	7.4%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$22.65	\$22.49	\$0.16	0.7%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$567.81	\$515.58	\$52.23	10.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$164.26	\$123.94	\$40.32	32.5%
Member Cost Summary				
Total Member Cost	\$9,623,391.00	\$9,983,613.00	(\$360,222.00)	-3.6%
Total Copay	\$4,581,675.00	\$4,590,152.00	(\$8,477.00)	-0.2%
Total Deductible	\$5,041,716.00	\$5,393,461.00	(\$351,745.00)	-6.5%
Avg Copay per Claim (Copay/Rx)	\$9.03	\$8.95	\$0.08	0.9%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$18.97	\$19.46	(\$0.50)	-2.6%
Avg Copay for Generic (Copay/Generic Rx)	\$9.03	\$9.63	(\$0.60)	-6.2%
Avg Copay for Brand (Copay/Brand Rx)	\$83.20	\$82.41	\$0.79	1.0%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$64.64	\$68.06	(\$3.42)	-5.0%
Net PMPM (Participant Cost PMPM)	\$18.75	\$19.77	(\$1.02)	-5.2%
Copay % of Total Prescription Cost (Member Cost Share %)	19.8%	21.8%	-2.0%	-9.3%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$38,941,729.00	\$35,738,330.00	\$3,203,399.00	9.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$17,912,047.00	\$17,158,105.00	\$753,942.00	4.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$21,029,682.00	\$18,580,224.00	\$2,449,458.00	13.2%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$76.75	\$69.68	\$7.08	10.2%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$13.62	\$12.86	\$0.76	5.9%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$484.61	\$433.18	\$51.43	11.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$99.61	\$55.88	\$43.73	78.3%
Net PMPM (Plan Cost PMPM)	\$75.88	\$70.79	\$5.09	7.2%
PMPM for Specialty Only (Specialty PMPM)	\$40.98	\$36.80	\$4.18	11.4%
PMPM without Specialty (Non-Specialty PMPM)	\$34.90	\$33.99	\$0.91	2.7%

HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July 2018 – June 2019

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for PY19 was \$40,764,731 with an annualized plan cost per employee per year of \$8,745. This is 40.8% above the HSB Book of Business Index.
 - IP Cost per Admit is \$20,294 which is 26.1% higher than the HSB Index.
 - ER Cost per Visit is \$4,151 which is 11.9% higher than the HSB Index.
- Employees shared in 9.6% of the medical cost.
- Inpatient facility costs were 40.5% of the plan spend.
- For the reporting period, 11.0% of members did not incur cost to the plan. Of that, 10.8% of total members did not have any claims paid by the plan at all during the reporting period.
- 39 members exceeded the \$100k high cost threshold during the reporting period, which accounted for 23.0% of the plan spend. The highest diagnosis category was Neoplasms, accounting for 18.5% of the high cost claimant dollars.
- Total spending with in-network providers was 98.3%. The overall in-network discount was 58.0%.

Paid Claims by Age Group

Paid Claims by Age Group						
PY19						
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM
<1	\$ 1,874,215	\$ 1,698	\$ 9,149	\$ 8	\$ 1,883,364	\$ 1,706
1	\$ 264,791	\$ 245	\$ 14,535	\$ 13	\$ 279,326	\$ 259
2 - 4	\$ 372,210	\$ 117	\$ 14,845	\$ 5	\$ 387,055	\$ 122
5 - 9	\$ 502,906	\$ 81	\$ 95,811	\$ 16	\$ 598,717	\$ 97
10 - 14	\$ 1,277,258	\$ 167	\$ 244,065	\$ 32	\$ 1,521,323	\$ 198
15 - 19	\$ 1,537,283	\$ 186	\$ 292,943	\$ 35	\$ 1,830,226	\$ 222
20 - 24	\$ 1,082,265	\$ 156	\$ 409,392	\$ 59	\$ 1,491,657	\$ 215
25 - 29	\$ 1,215,987	\$ 295	\$ 301,168	\$ 73	\$ 1,517,155	\$ 369
30 - 34	\$ 2,784,920	\$ 515	\$ 341,212	\$ 63	\$ 3,126,132	\$ 578
35 - 39	\$ 2,361,827	\$ 366	\$ 734,028	\$ 114	\$ 3,095,855	\$ 480
40 - 44	\$ 2,437,647	\$ 381	\$ 784,468	\$ 123	\$ 3,222,115	\$ 504
45 - 49	\$ 2,770,287	\$ 331	\$ 1,525,758	\$ 182	\$ 4,296,045	\$ 513
50 - 54	\$ 5,152,391	\$ 559	\$ 2,107,261	\$ 229	\$ 7,259,652	\$ 788
55 - 59	\$ 5,436,354	\$ 503	\$ 2,751,284	\$ 254	\$ 8,187,638	\$ 757
60 - 64	\$ 9,774,054	\$ 815	\$ 3,034,480	\$ 253	\$ 12,808,534	\$ 1,067
65+	\$ 1,920,336	\$ 395	\$ 1,343,189	\$ 276	\$ 3,263,525	\$ 672
Total	\$ 40,764,731	\$ 400	\$ 14,003,588	\$ 137	\$ 54,768,319	\$ 537

Financial Summary

	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	PY19	PY19	PY19	PY19	PY19	HSB Peer Index
Enrollment						
Avg # Employees	4,653	3,878	4	599	181	
Avg # Members	8,488	7,445	5	826	227	
Ratio	1.8	1.9	1.3	1.4	1.3	1.8
Financial Summary						
Gross Cost	\$45,094,672	\$35,711,039	\$45,961	\$7,418,807	\$1,918,864	
Client Paid	\$40,764,731	\$32,097,283	\$40,931	\$6,863,148	\$1,763,370	
Employee Paid	\$4,329,941	\$3,613,757	\$5,030	\$555,659	\$155,495	
Client Paid-PEPY	\$8,745	\$8,277	\$10,233	\$11,461	\$9,769	\$6,209
Client Paid-PMPY	\$4,794	\$4,311	\$8,186	\$8,313	\$7,777	\$3,437
Client Paid-PEPM	\$729	\$690	\$853	\$955	\$814	\$517
Client Paid-PMPM	\$400	\$359	\$682	\$693	\$648	\$286
High Cost Claimants (HCC's) > \$100k						
# of HCC's	39	27	0	9	3	
HCC's / 1,000	4.6	3.6	0.0	10.9	13.2	
Avg HCC Paid	\$274,612	\$246,453	\$0	\$339,256	\$334,114	
HCC's % of Plan Paid	26.3%	20.7%	0.0%	44.5%	56.8%	
Cost Distribution by Claim Type (PMPY)						
Facility Inpatient	\$1,218	\$944	\$3,360	\$3,028	\$3,554	\$1,057
Facility Outpatient	\$1,506	\$1,395	\$1,369	\$2,243	\$2,477	\$1,145
Physician	\$1,923	\$1,844	\$3,030	\$2,713	\$1,587	\$1,122
Other	\$148	\$127	\$427	\$328	\$158	\$113
Total	\$4,794	\$4,311	\$8,186	\$8,313	\$7,777	\$3,437
	Annualized	Annualized	Annualized	Annualized	Annualized	

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total				
State Participants				
	PY19			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical				
Inpatient	\$ 8,762,274	\$ 2,599,386	\$ 160,727	\$ 11,522,387
Outpatient	\$ 23,335,008	\$ 3,620,613	\$ 482,422	\$ 27,438,043
Total - Medical	\$ 32,097,283	\$ 6,219,999	\$ 643,149	\$ 38,960,431

Net Paid Claims - Per Participant per Month				
	PY19			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical	\$ 690	\$ 1,018	\$ 596	\$ 725

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total					
Non-State Participants					
	PY19				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical					
Inpatient	\$ 23,542	\$ 854,839	\$ 10,077	\$	888,459
Outpatient	\$ 17,389	\$ 754,444	\$ 144,009	\$	915,842
Total - Medical	\$ 40,931	\$ 1,609,283	\$ 154,087	\$	1,804,301

Net Paid Claims - Per Participant per Month					
	PY19				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 853	\$ 1,048	\$ 242	\$	813

Paid Claims by Claim Type – Total

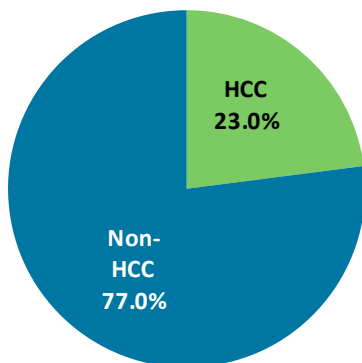
Net Paid Claims - Total				
Total Participants				
	PY19			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical				
Inpatient	\$ 8,785,816	\$ 3,454,225	\$ 170,805	\$ 12,410,846
Outpatient	\$ 23,352,397	\$ 4,375,057	\$ 626,431	\$ 28,353,885
Total - Medical	\$ 32,138,214	\$ 7,829,282	\$ 797,236	\$ 40,764,731

Net Paid Claims - Per Participant per Month				
	PY19			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical	\$ 690	\$ 1,024	\$ 465	\$ 729

Cost Distribution – Medical Claims

PY19						
Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
\$100,000.01 Plus	32	0.4%	\$10,660,448	26.2%	\$223,955	5.2%
\$50,000.01-\$100,000.00	63	0.7%	\$4,489,989	11.0%	\$285,075	6.6%
\$25,000.01-\$50,000.00	148	1.7%	\$5,378,700	13.2%	\$370,909	8.6%
\$10,000.01-\$25,000.00	489	5.7%	\$7,901,863	19.4%	\$770,638	17.8%
\$5,000.01-\$10,000.00	592	7.0%	\$4,367,753	10.7%	\$713,266	16.5%
\$2,500.01-\$5,000.00	935	11.0%	\$3,470,368	8.5%	\$766,356	17.7%
\$0.01-\$2,500.00	5,310	62.5%	\$4,495,610	11.0%	\$1,195,579	27.6%
\$0.00	16	0.2%	\$0	0.0%	\$4,162	0.1%
No Claims	918	10.8%	\$0	0.0%	\$0	0.0%
	8,503	100.0%	\$40,764,731	100.0%	\$4,329,941	100.0%

Distribution of HCC Medical Claims Paid



HCC – High Cost Claimant over \$100K

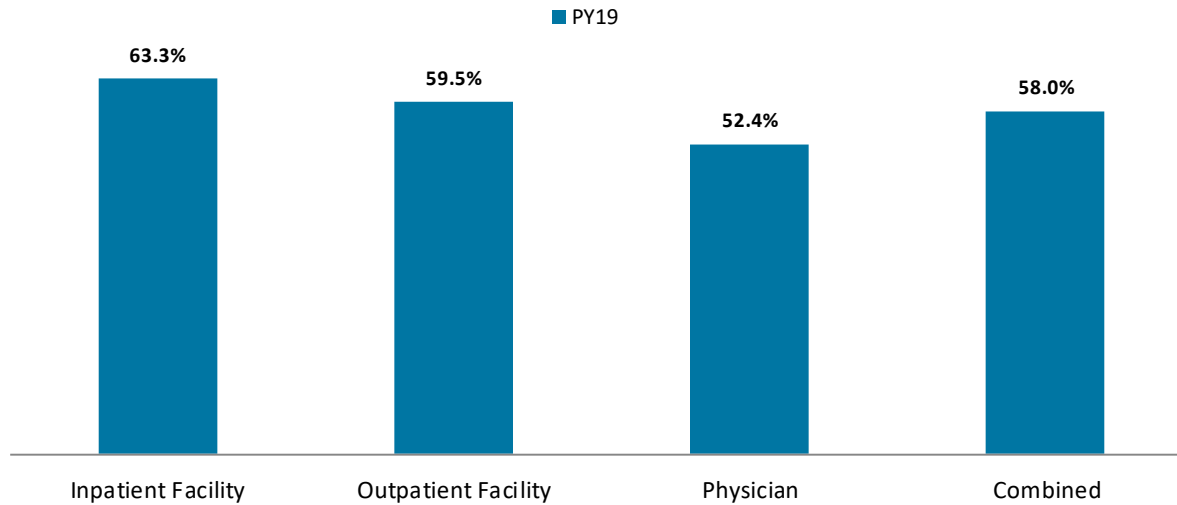
HCC's by AHRQ Clinical Classifications Chapter			
AHRQ Chapter	Patients	Total Paid	% Paid
(CCS 2) Neoplasms	19	\$1,974,808	18.5%
(CCS 8) Diseases Of The Respiratory System	32	\$1,827,802	17.1%
(CCS 7) Diseases Of The Circulatory System	23	\$1,285,819	12.1%
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	21	\$1,181,115	11.1%
(CCS 14) Congenital Anomalies	6	\$832,441	7.8%
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	23	\$778,560	7.3%
(CCS 15) Certain Conditions Originating In The Perinatal Period	5	\$537,259	5.0%
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	11	\$467,435	4.4%
(CCS 16) Injury And Poisoning	18	\$409,857	3.8%
(CCS 1) Infectious And Parasitic Diseases	23	\$310,450	2.9%
(CCS 5) Mental Illness	13	\$270,964	2.5%
(CCS 10) Diseases Of The Genitourinary System	16	\$171,450	1.6%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	25	\$166,903	1.6%
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	38	\$159,168	1.5%
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	2	\$107,456	1.0%
(CCS 9) Diseases Of The Digestive System	19	\$87,918	0.8%
(CCS 6) Diseases Of The Nervous System And Sense Organs	25	\$82,256	0.8%
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	9	\$8,975	0.1%
Overall	----	\$10,660,634	100.0%

Utilization Summary

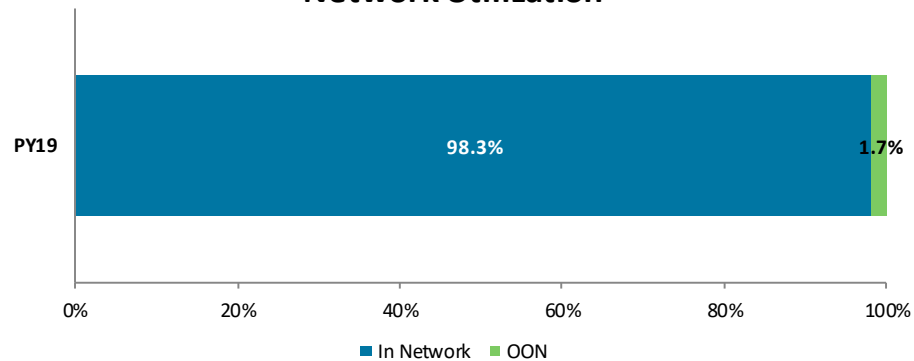
	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	PY19	PY19	PY19	PY19	PY19	HSB Peer Index
Inpatient Facility						
# of Admits	507	441	1	52	13	
# of Bed Days	2,491	2,026	2	361	102	
Paid Per Admit	\$20,394	\$15,930	\$16,801	\$47,923	\$61,977	\$16,173
Paid Per Day	\$4,151	\$3,468	\$8,401	\$6,903	\$7,899	\$3,708
Admits Per 1,000	60	59	200	63	57	61
Days Per 1,000	293	272	400	437	450	264
Avg LOS	4.9	4.6	2	6.9	7.8	4.3
Physician Office						
OV Utilization per Member	4.4	4.2	5.6	5.6	5.0	3.3
Avg Paid per OV	\$94	\$95	\$105	\$85	\$86	\$50
Avg OV Paid per Member	\$410	\$402	\$587	\$473	\$431	\$167
DX&L Utilization per Member	8.9	8.4	14	12.1	12.2	8.3
Avg Paid per DX&L	\$78	\$75	\$106	\$88	\$104	\$67
Avg DX&L Paid per Member	\$690	\$629	\$1,491	\$1,069	\$1,274	\$554
Emergency Room						
# of Visits	1,453	1,261	0	158	94	
# of Admits	192	154	0	30	8	
Visits Per Member	0.17	0.17	0	0.19	0.41	0.17
Visits Per 1,000	171	169	0	191	415	174
Avg Paid per Visit	\$2,608	\$2,546	\$0	\$2,991	\$1,195	\$1,684
Admits Per Visit	0.13	0.12	0.00	0.19	0.09	0.14
Urgent Care						
# of Visits	2,450	2,232	0	158	60	
Visits Per Member	0.29	0.30	0.00	0.19	0.26	0.24
Visits Per 1,000	288	300	0	191	265	242
Avg Paid per Visit	\$140	\$140	\$0	\$154	\$96	\$74
	Annualized	Annualized	Annualized	Annualized	Annualized	

Provider Network Summary

In Network Discounts



Network Utilization



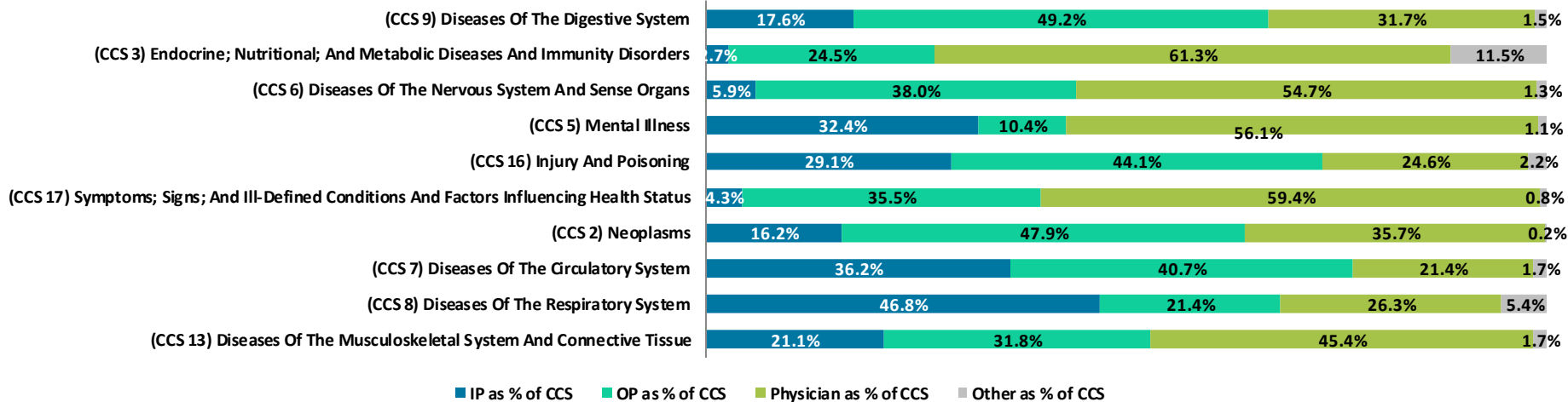
AHRQ* Clinical Classifications Summary



*Developed at the Agency for Healthcare Research and Quality (AHRQ), the Clinical Classifications Software (CCS) is a tool for clustering patient diagnoses and procedures into a manageable number of clinically meaningful categories.

AHRQ Clinical Classifications Chapter	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	\$5,068,002	12.4%	\$3,855,270	\$998,372	\$214,360	\$1,637,256	\$3,430,745
(CCS 8) Diseases Of The Respiratory System	\$4,002,541	9.8%	\$1,704,161	\$1,634,071	\$664,310	\$2,564,599	\$1,437,943
(CCS 7) Diseases Of The Circulatory System	\$3,801,288	9.3%	\$3,033,036	\$683,029	\$85,223	\$2,413,067	\$1,388,221
(CCS 2) Neoplasms	\$3,495,545	8.6%	\$2,782,661	\$672,259	\$40,625	\$1,448,690	\$2,046,855
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health	\$3,207,621	7.9%	\$2,022,594	\$423,167	\$761,861	\$1,005,552	\$2,202,069
(CCS 16) Injury And Poisoning	\$2,646,864	6.5%	\$1,726,268	\$390,271	\$530,325	\$1,338,806	\$1,308,058
(CCS 5) Mental Illness	\$2,642,295	6.5%	\$1,183,655	\$228,776	\$1,229,864	\$987,050	\$1,655,245
(CCS 6) Diseases Of The Nervous System And Sense Organs	\$2,566,706	6.3%	\$1,682,267	\$436,410	\$448,030	\$862,859	\$1,703,847
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	\$2,411,462	5.9%	\$1,887,247	\$173,735	\$350,480	\$761,010	\$1,650,451
(CCS 9) Diseases Of The Digestive System	\$2,065,063	5.1%	\$1,558,034	\$212,174	\$294,855	\$819,094	\$1,245,969
(CCS 10) Diseases Of The Genitourinary System	\$1,958,080	4.8%	\$1,493,037	\$260,933	\$204,111	\$605,398	\$1,352,683
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	\$1,654,660	4.1%	\$1,229,023	\$315,347	\$110,290	\$6,987	\$1,647,673
(CCS 14) Congenital Anomalies	\$1,180,411	2.9%	\$360,128	\$5,669	\$814,614	\$1,020,608	\$159,803
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$1,045,826	2.6%	\$821,212	\$190,688	\$33,926	\$571,395	\$474,432
(CCS 1) Infectious And Parasitic Diseases	\$1,040,562	2.6%	\$680,405	\$48,364	\$311,792	\$521,467	\$519,095
(CCS 15) Certain Conditions Originating In The Perinatal Period	\$940,464	2.3%	\$657	\$266	\$939,540	\$522,268	\$418,196
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	\$580,144	1.4%	\$103,606	\$474,675	\$1,864	\$37,541	\$542,603
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	\$457,196	1.1%	\$331,545	\$71,718	\$53,933	\$190,657	\$266,539
Total	\$40,764,731	100.0%	\$26,454,807	\$7,219,924	\$7,090,001	\$17,314,303	\$23,450,428

Top 10 Categories by Claim Type

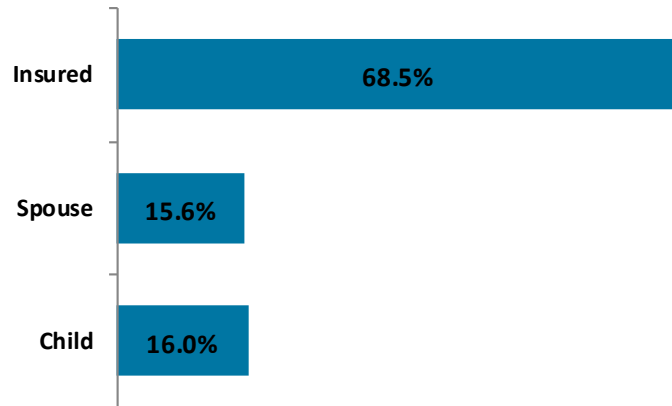


AHRQ Category – Diseases of the Musculoskeletal System & Connective Tissue

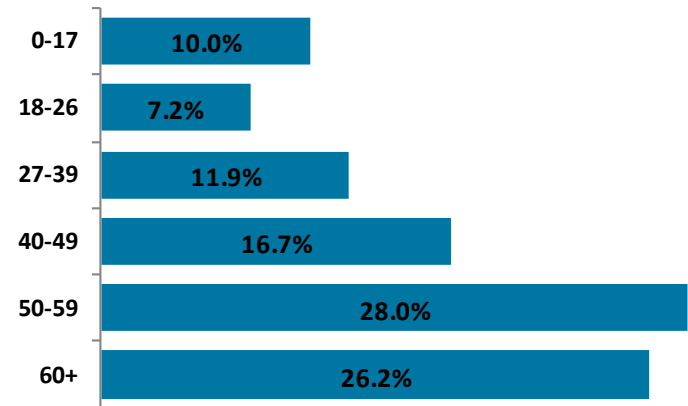
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Spondylosis; Intervertebral Disc Disorders; Other Back Problems [205.]	1,182	8,646	\$2,111,471	41.7%
Infective Arthritis And Osteomyelitis (Except That Caused By Tb Or Std) [201.]	10	154	\$15,893	0.3%
Non-Traumatic Joint Disorders	1,281	6,612	\$1,377,656	27.2%
Other Connective Tissue Disease [211.]	1,132	3,994	\$763,036	15.1%
Other Bone Disease And Musculoskeletal Deformities [212.]	461	2,151	\$131,387	2.6%
Pathological Fracture [207.]	7	35	\$76,788	1.5%
Osteoporosis [206.]	52	92	\$20,716	0.4%
Acquired Deformities	189	653	\$491,358	9.7%
Systemic Lupus Erythematosus And Connective Tissue Disorders [210.]	29	152	\$79,697	1.6%
	----	----	\$5,068,002	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

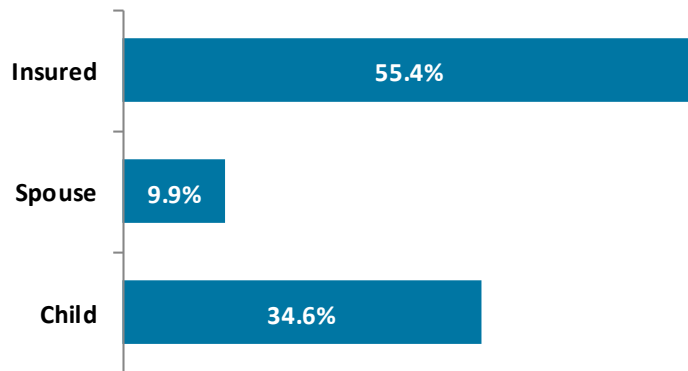


AHRQ Category – Diseases of the Respiratory System

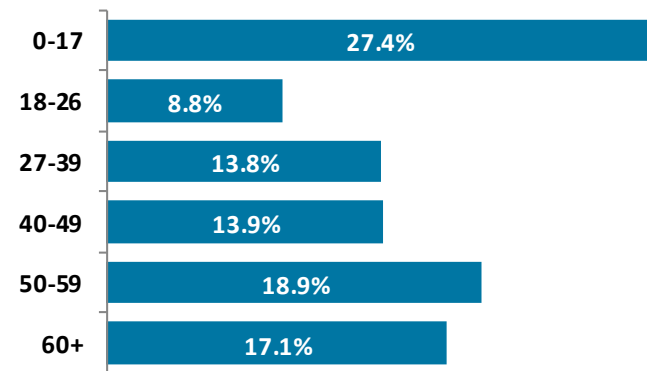
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Lung Disease Due To External Agents [132.]	3	7	\$1,230,943	30.8%
Respiratory Infections	2,117	4,074	\$943,440	23.6%
Other Lower Respiratory Disease [133.]	929	2,330	\$654,647	16.4%
Other Upper Respiratory Disease [134.]	670	3,766	\$396,480	9.9%
Respiratory Failure; Insufficiency; Arrest (Adult) [131.]	38	352	\$350,582	8.8%
Pleurisy; Pneumothorax; Pulmonary Collapse [130.]	45	198	\$151,933	3.8%
Asthma [128.]	384	943	\$148,095	3.7%
Chronic Obstructive Pulmonary Disease And Bronchiectasis [127.]	245	571	\$107,835	2.7%
Aspiration Pneumonitis; Food/Vomitus [129.]	1	3	\$18,588	0.5%
	----	----	\$4,002,541	100.0%

*Patient and claim counts are unique only within the category

Relationship



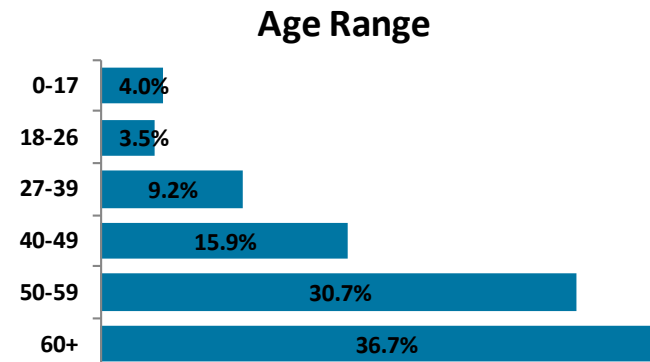
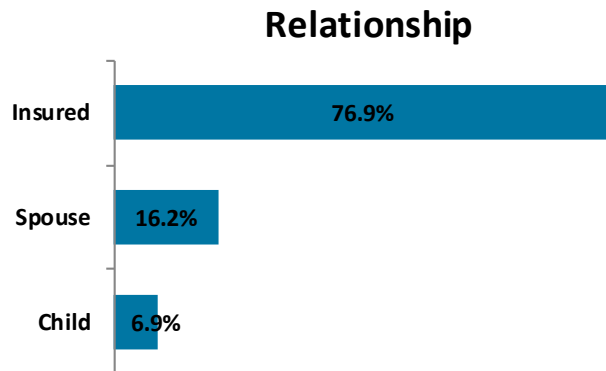
Age Range



AHRQ Category – Diseases of the Circulatory System

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Diseases Of The Heart	797	3,435	\$2,858,485	75.2%
Diseases Of Arteries; Arterioles; And Capillaries	174	338	\$135,452	3.6%
Hypertension	778	1,657	\$314,001	8.3%
Cerebrovascular Disease	86	445	\$392,949	10.3%
Diseases Of Veins And Lymphatics	161	439	\$100,401	2.6%
Overall	----	----	\$3,801,288	100.0%

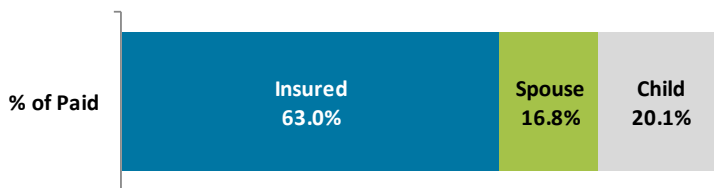
*Patient and claim counts are unique only within the category



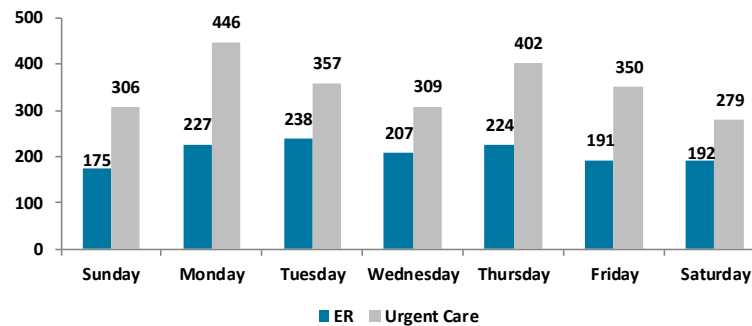
Emergency Room / Urgent Care Summary

ER/Urgent Care	PY19		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,454	2,449		
Number of Admits	192	---		
Visits Per Member	0.17	0.29	0.17	0.24
Visits/1000 Members	171	288	174	242
Avg Paid Per Visit	\$2,606	\$139	\$1,684	\$74
Admits per Visit	0.13	---	0.14	
% of Visits with HSB ER Dx	79.4%	---		
% of Visits with a Physician OV*	67.9%	67.3%		
Total Plan Paid	\$3,788,451	\$341,606		

*looks back 12 months from ER visit



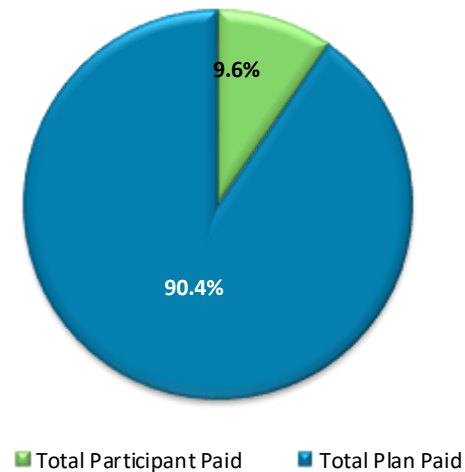
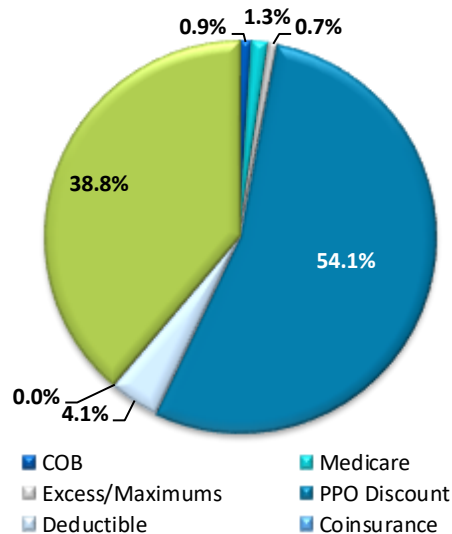
Visits by Day of Week



ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	845	181	1,341	288	2,186	469
Spouse	171	182	277	295	448	478
Child	438	151	831	286	1,269	436
Total	1,454	171	2,449	288	3,903	459

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$105,121,708	\$1,879	100.0%
COB	\$989,134	\$18	0.9%
Medicare	\$1,398,546	\$25	1.3%
Excess/Maximums	\$767,339	\$14	0.7%
PPO Discount	\$56,872,017	\$1,017	54.1%
Deductible	\$4,329,870	\$77	4.1%
Coinsurance	\$71	\$0	0.0%
Total Participant Paid	\$4,329,941	\$77	4.1%
Total Plan Paid	\$40,764,731	\$729	38.8%



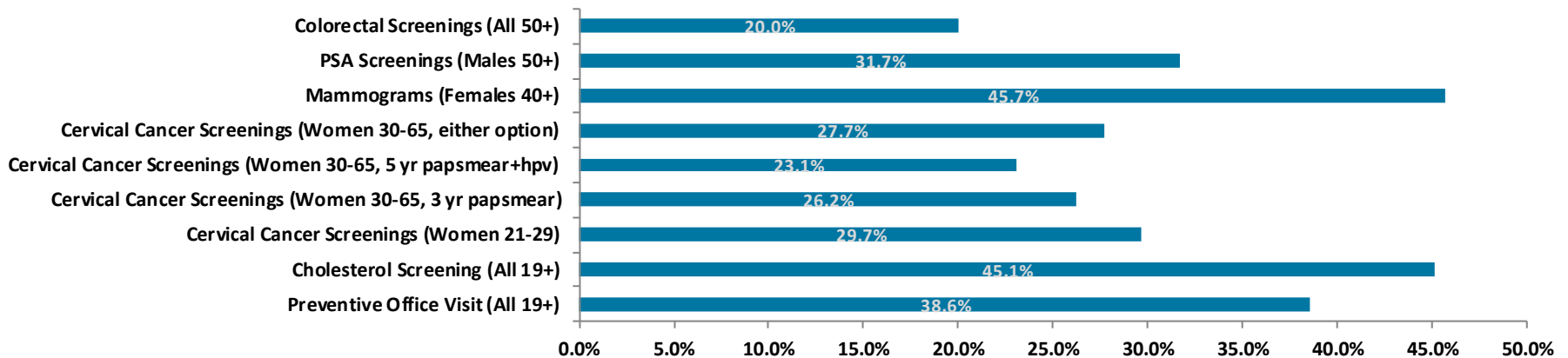
Preventive Services Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Colorectal screenings look back to July 2011.

Service	Female			Male			Total		
	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant
Preventive Office Visit (All 19+)	3,484	1,697	48.7%	2,609	655	25.1%	6,093	2,352	38.6%
Cholesterol Screening (All 19+)	3,484	1,634	46.9%	2,609	1,114	42.7%	6,093	2,748	45.1%
Cervical Cancer Screenings (Women 21-29)	407	121	29.7%	----	----	----	407	121	29.7%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	2,780	728	26.2%	----	----	----	2,780	728	26.2%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	2,780	642	23.1%	----	----	----	2,780	642	23.1%
Cervical Cancer Screenings (Women 30-65, either option)	2,780	770	27.7%	----	----	----	2,780	770	27.7%
Mammograms (Females 40+)	2,363	1,080	45.7%	----	----	----	2,363	1,080	45.7%
PSA Screenings (Males 50+)	----	----	----	1,314	417	31.7%	1,314	417	31.7%
Colorectal Screenings (All 50+)	1,707	345	20.2%	134	24	17.8%	1,841	369	20.0%

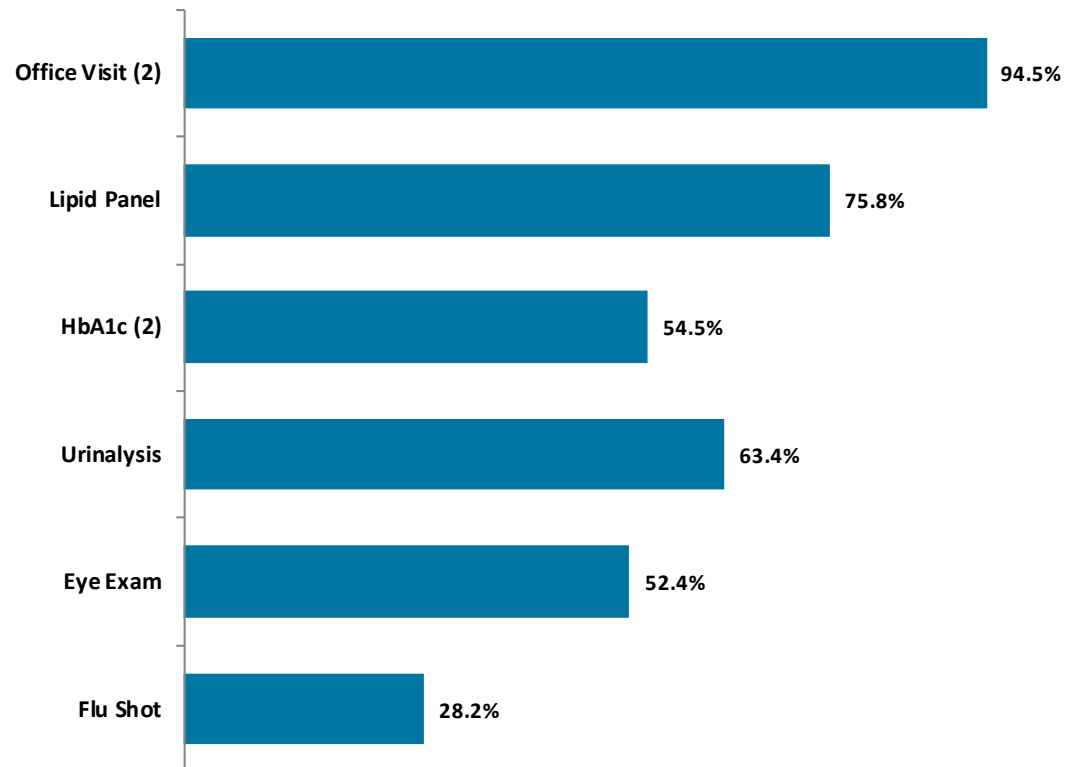
Overall Preventive Services Compliance Rates



Diabetic Disease Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Diabetic Population	
Year	PY19
Members	525



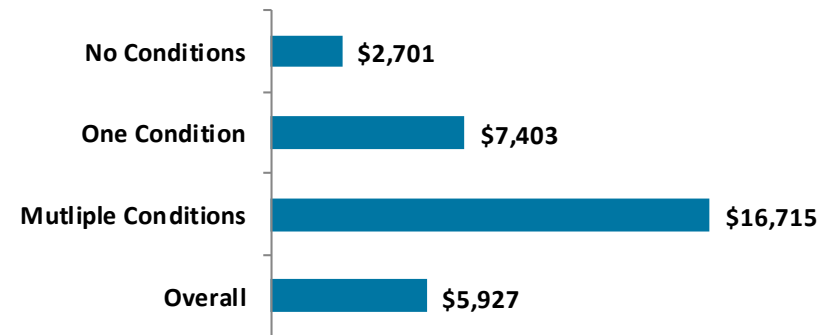
Chronic Conditions Summary

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Condition	Total Members	Avg Members	Per 1,000	Avg Age	Total Cost	Average Cost	Compliance Rate	Compliance Measure
Asthma	380	296	55	38	\$2,502,009	\$6,584	99.5%	1 Office Visit
Cancer	268	204	39	58	\$5,751,343	\$21,460	----	----
Chronic Kidney Disease	63	47	9	57	\$1,172,554	\$18,612	----	----
Chronic Obstructive Pulmonary Disease (COPD)	88	66	13	61	\$1,603,683	\$18,224	97.7%	1 Office Visit
Congestive Heart Failure (CHF)	30	23	4	54	\$3,510,687	\$117,023	13.3%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	113	86	16	61	\$1,815,600	\$16,067	20.4%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	534	409	78	41	\$4,609,713	\$8,632	96.6%	1 Office Visit
Diabetes	525	403	76	55	\$4,075,533	\$7,763	24.8%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	671	521	98	55	\$6,357,924	\$9,475	32.6%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	763	588	111	56	\$6,795,985	\$8,907	24.8%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	237	182	35	47	\$2,113,089	\$8,916	0.0%	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	4,189	30	42.7%	9.4%	47.8%
One Condition	1,654	46	69.5%	14.0%	16.5%
Multiple Conditions	1,026	54	80.8%	16.2%	3.0%
Overall	6,869	37	54.2%	11.4%	34.4%

Cost per Member Type



Public Employees' Benefits Program - RX Costs

PY 2019 - Quarter Ending June 30, 2019

Express Scripts

4Q FY2019 EPO		3Q FY2019 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	8,548	8,509	39	0.5%
Utilizing Member Count (Patients)	5,105	5,254	(149)	-2.8%
Percent Utilizing (Utilization)	59.7%	61.7%	(0)	-3.3%
Claim Summary				
Net Claims (Total Rx's)	41,804	41,845	(41)	-0.1%
Claims per Elig Member per Month (Claims PMPM)	1.63	1.64	(0.01)	-0.6%
Total Claims for Generic (Generic Rx)	36,358	36,732	(374.00)	-1.0%
Total Claims for Brand (Brand Rx)	5,446	5,113	333.00	6.5%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	622	628	(6.00)	-1.0%
Total Non-Specialty Claims	41,442	41,526	(84.00)	-0.2%
Total Specialty Claims	362	319	43.00	13.5%
Generic % of Total Claims (GFR)	87.0%	87.8%	(0.01)	-0.9%
Generic Effective Rate (GCR)	98.3%	98.3%	(0.00)	0.0%
Mail Order Claims	3,744	3,462	282.00	8.1%
Mail Penetration Rate*	9.8%	9.2%	0.01	0.6%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$4,746,089.94	\$4,505,116.48	\$240,973.46	5.3%
Total Generic Gross Cost	\$1,071,973.29	\$1,062,245.44	\$9,727.85	0.9%
Total Brand Gross Cost	\$3,674,116.65	\$3,442,871.04	\$231,245.61	6.7%
Total MSB Gross Cost	\$136,091.52	\$101,524.51	\$34,567.01	34.0%
Total Ingredient Cost	\$4,730,804.29	\$4,488,844.44	\$241,959.85	5.4%
Total Dispensing Fee	\$14,494.13	\$15,586.75	(\$1,092.62)	-7.0%
Total Other (e.g. tax)	\$791.52	\$685.29	\$106.23	15.5%
Avg Total Cost per Claim (Gross Cost/Rx)	\$113.53	\$107.66	\$5.87	5.5%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$130.54	\$122.65	\$7.89	6.4%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$196.84	\$207.75	(\$10.91)	-5.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$5,550.03	\$5,482.28	\$67.75	1.2%
Member Cost Summary				
Total Member Cost	\$486,097.89	\$573,851.40	(\$87,753.51)	-15.3%
Total Copay	\$486,097.89	\$573,851.40	(\$87,753.51)	-15.3%
Total Deductible	\$0.00	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$11.63	\$13.71	(\$2.09)	-15.2%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$11.63	\$13.71	(\$2.09)	-15.2%
Avg Copay for Generic (Copay/Generic Rx)	\$6.03	\$6.30	(\$0.27)	-4.3%
Avg Copay for Brand (Copay/Brand Rx)	\$48.99	\$66.99	(\$18.00)	-26.9%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$26.35	\$25.06	\$1.29	5.1%
Net PMPM (Participant Cost PMPM)	\$18.96	\$22.48	(\$3.52)	-15.7%
Copay % of Total Prescription Cost (Member Cost Share %)	10.2%	12.7%	-2.5%	-19.6%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$4,259,992.00	\$3,931,265.00	\$328,727.00	8.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,374,759.00	\$2,234,557.00	\$140,202.00	6.3%
Total Specialty Drug Cost (Specialty Plan Cost)	\$1,885,233.00	\$1,696,709.00	\$188,524.00	11.1%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$101.90	\$93.95	\$7.96	8.5%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$23.45	\$22.62	\$0.83	3.7%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$625.65	\$606.37	\$19.28	3.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$179.23	\$136.61	\$42.62	31.2%
Net PMPM (Plan Cost PMPM)	\$166.12	\$154.00	\$12.12	7.9%
PMPM for Specialty Only (Specialty PMPM)	\$73.52	\$66.47	\$7.05	10.6%
PMPM without Specialty (Non-Specialty PMPM)	\$92.60	\$87.54	\$5.06	5.8%



Quarterly Health Plan Performance Review

Prepared For PEBP

Reporting Period:
07/2018 thru 06/2019 – Current Period
07/2017 thru 06/2018 – Prior Period



State of
Nevada



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

35+ years experience caring for Nevadans and their families



**Member Centered
Solutions**



**Access to
Southwest
Medical/OptumCare**



**Cost Structure
& Network
Strength**



**Local Service
& Wellness
Resources**



**On-Site Hospital
Case Managers**

Our Care Delivery Assets in Nevada

- ✓ 40 OptumCare locations and expanding
- ✓ Over 400 providers practicing evidence-based medicine
- ✓ 6 high acuity urgent cares
- ✓ Patient portal with e-visit capabilities
- ✓ Robust integrated EMR
- ✓ Access to schedule, renew script and view test results
- ✓ 7 convenient care walk-in locations
- ✓ 2 ambulatory surgery centers
- ✓ Brand new 55,000 sq ft state-of-the-art cancer center
- ✓ Saturday appointments with primary care

Enhancements Made for Your Members

- ✓ Adding new and more ways for your members to receive the care they need when they need it
- ✓ Expansion of specialty network in these areas: pulmonary, allergy, dermatology, general surgery, orthotics & prosthetic vendors
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits
- ✓ Medicine on The Move in your community
- ✓ \$0 telemedicine visits for your members
- ✓ Pilot on continuous glucose monitoring for diabetics to improve outcomes and management of medication



Key Performance Indicators

Demographics & Cost Data

Data Definitions:

- **Prior Period** - July 1, 2017 through June 30, 2018
- **Current Period** - July 1, 2018 through June 30, 2019



Demographic Overview

	Prior	Current	Δ	Peer	Δ
Employees	3,971	3,884	-2.2%		
Average Age	49.6	49.4	-0.3%	44.2	11.7%
% Female	61.0%	61.6%	1.1%	50.5%	22.1%
Membership	6,802	6,700	-1.5%		
Average Age	38.3	37.9	-1.0%	35.1	8.0%
% Female	57.2%	56.9%	-0.5%	51.5%	10.6%
% Female (20 -44)	18.1%	18.4%	1.4%	21.2%	-13.5%
% Children (<18)	21.1%	21.8%	3.0%	21.6%	0.9%
% Dependents (18-25)	11.3%	11.3%	-0.2%	12.4%	-8.5%
Average Family Size	1.71	1.72	0.7%	1.81	-4.4%
Age Gender Factor	1.21	1.20	-0.6%	1.05	14.2%
HHS Population Risk Factor	1.76	1.31	-25.7%	1.04	25.8%



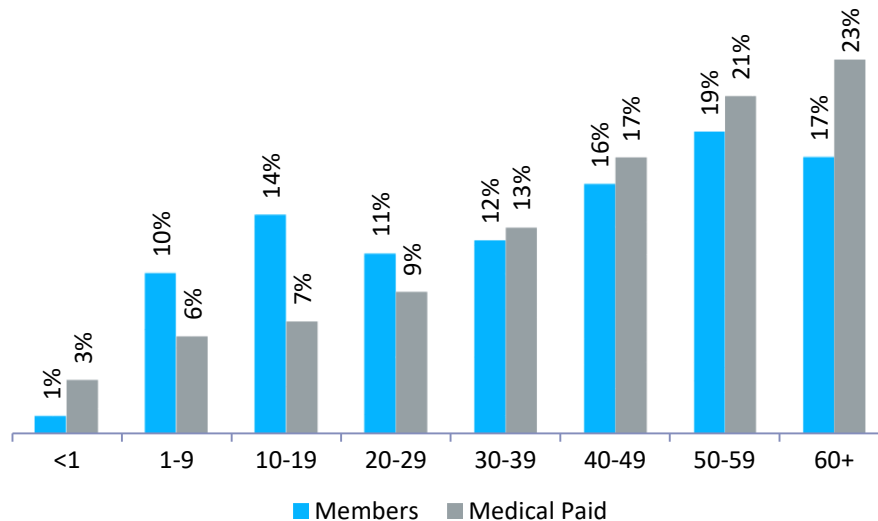
Population Insights

Membership decreased **-1.5%** to **6,700** covered under the medical plan for this period

Females are **56.9%** of membership driving **61.4%** of spend

Age 40+ are **51.8%** of members and drive **61.8%** of spend

HHS Risk Factor decreased **-25.7%** from prior period, but is still **25.8%** higher than Peer



Financial Highlights



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Financial

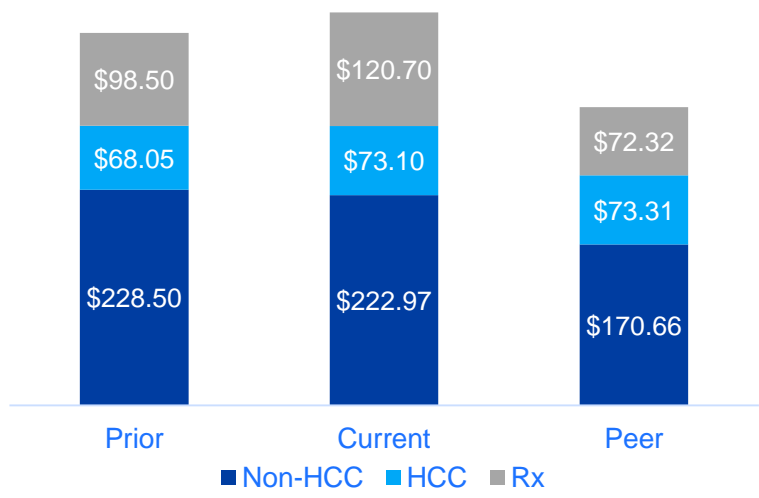
	Prior	Current	Δ	Peer	Δ
Net Paid PMPM	\$296.55	\$296.07	-0.2%	▼ \$243.97	21.4%
Non-Catastrophic	\$228.50	\$222.97	-2.4%	▼ \$170.66	30.6%
Catastrophic	\$68.05	\$73.10	7.4%	▲ \$73.31	-0.3%
Plan Cost Share	75.1%	71.0%	-5.4%	77.1%	-7.9%
Pharmacy PMPM	\$98.50	\$120.70	22.5%	▲ \$72.32	66.9%

Catastrophic

Catastrophic Cases	52	54	3.8%	▲	
% of Members	0.55%	0.62%	14%		0.51% 22.7%
Average Net Paid	\$110,934	\$116,473	5.0%	▲	\$127,229 -8.5%
% of Dollars as High Cost	17.9%	18.8%	4.9%		24.4% -23.1%

Trends Period over Period

- Medical PMPM Trend: **-0.2 %**
- Rx PMPM Trend: **22.5%**
- Combined PMPM trend: **5.5%**





Emergency Room/Urgent Services



	Prior	Current	Δ	Peer	Δ
ER Visits	826	724	-12.4%	821	
ER Net Paid / Visit	\$2,627	\$2,729	3.9%	\$2,454	11.2%
ER Visits per K	121	108	-11.1%	63	71.3%
UC Visits	4,536	4,485	-1.1%	4,296	
UC Net Paid / Visit	\$93	\$95	2.2%	\$92	4.0%
UC Visits per K	667	669	0.4%	400	67.4%



ER and Urgent Care Overview

- Number of free-standing emergency rooms growing in Nevada
- ER per 1000 utilization is lower in current period by **-12.4%**
- Average Net paid per Visit for ER increased 3.9%, more emergent cases.
- Urgent Care utilization stayed relatively flat from prior period.

Top 10 ER Diagnosis by Spend	ER Visits
Abdominal Pain	43
Nonspecific Chest Pain	36
Spondylosis; Intervertebral Disc Disorders	27
Cardiac Dysrhythmias	18
Other Complications Of Pregnancy	22
Urinary Tract Infections	23
Superficial Injury; Contusion	25
Sprains And Strains	24
Dizziness Or Vertigo	16
Headache; Including Migraine	20



On-Demand Care Services



ADVICE NURSE for care guidance, treatment alternatives and options



VIRTUAL VISITS through NowClinic to see a provider from any location

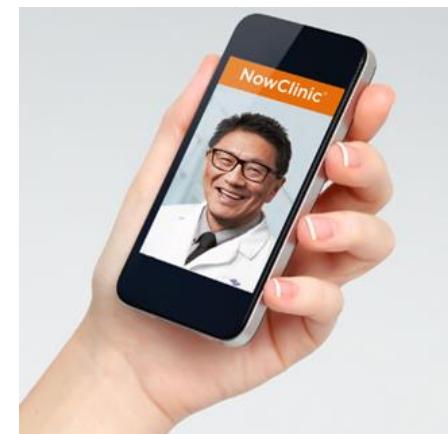
Advice Nurse Utilization

Prior	Current
354	313

NowClinic Visits

Prior	Current
691	501

Top Outcomes of Advice Nurse Call	Prior	Current
Sent to Urgent Care	118	118
Scheduled Appointment with Provider	64	51
Provided Self-Care Options	60	48
Sent to Emergency Room	44	35
Information or Advice Only	17	26
Other	51	35





High Cost Claimant (HCC) Data

Overview of High Cost Claimants

HCC Summary	Prior	Current	Δ	Peer	Δ
High Cost Members (>= \$50,000)	52	54	3.8%		
HCC's per 1,000	5.48	6.23	13.7%	5.08	22.7%
% of Members as High Cost	0.55%	0.62%	13.7%	0.51%	22.7%
% of Dollars as High Cost	17.9%	18.8%	4.9%	24.4%	-23.1%
HHS Risk Score	32.08	17.61	-45.1%	20.83	-15.4%
High Cost Claimant Average Cost	\$110,934	\$116,473	5.0%	\$127,229	-8.5%
High Cost Claimant Average Med Cost	\$106,813	\$108,838	1.9%	\$120,812	-9.9%
High Cost Claimant Average Rx Cost	\$4,120	\$7,635	85.3%	\$6,418	19.0%

- HCC Defined as \$50,000+ in spend during measurement period
- High cost claimant paid dollars accounts for **4.9%** of total medical spend in the current period
- More complex cases caused an increase in the average cost per claim by **5.0%**

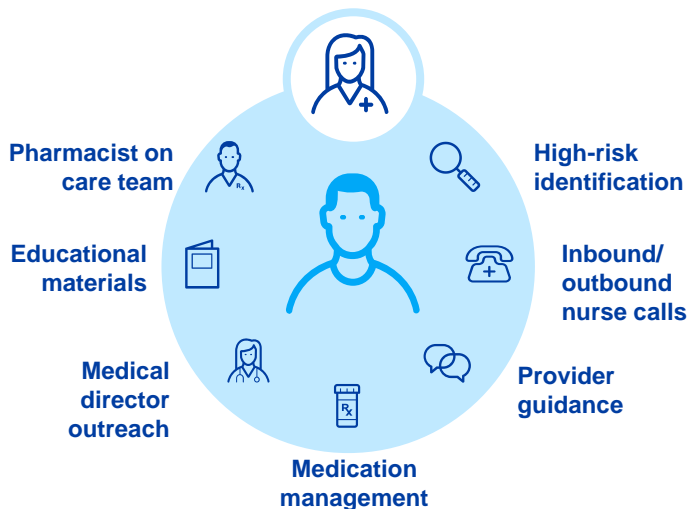




High Cost Claimant (HCC) Details

Largest 10 Cases by Paid in Current Period

Case #	AHRQ Category Description	Relationship	Paid	Eligible
1	Rehabilitation care; fitting of prostheses; and adjustment of devices	Subscriber	\$271,900.18	Yes
2	Acute myocardial infarction	Subscriber	\$265,300.75	Yes
3	Complication of device; implant or graft	Spouse	\$244,750.67	Yes
4	Fracture of lower limb	Subscriber	\$242,029.75	Yes
5	Cancer of pancreas	Subscriber	\$229,670.84	Yes
6	Other nutritional; endocrine; and metabolic disorders	Spouse	\$210,499.38	Yes
7	Cardiac and circulatory congenital anomalies	Dependent	\$206,051.30	Yes
8	Heart valve disorders	Spouse	\$198,044.19	No
9	Coagulation and hemorrhagic disorders	Subscriber	\$188,776.19	Yes
10	Other liver diseases	Spouse	\$174,525.40	Yes



- Care management team engagement
- 9 of the 10 high cost claimants are currently eligible
- Largest claimant is under \$300,000
- Medical management works to ensure services are medically necessary and received at the appropriate level



Pharmacy Data

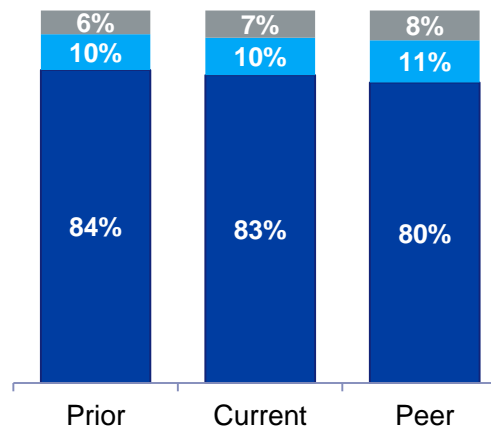
	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,802	6,700	-1.5%		
Average Prescriptions PMPY	17.6	17.7	0.6%	10.7	64.7%
Formulary Rate	94.4%	93.4%	-1.0%	92.1%	1.4%
Generic Use Rate	88.2%	87.4%	-0.9%	87.2%	0.2%
Generic Substitution Rate	97.4%	97.3%	0.0%	96.4%	1.0%
Employee Cost Share PMPM	\$24.66	\$20.08	-18.6%	\$12.62	59.1%
Avg Net Paid per Prescription	\$67.29	\$81.99	21.8%	\$80.89	1.4%
Net Paid PMPM	\$98.50	\$120.70	22.5%	\$72.32	66.9%



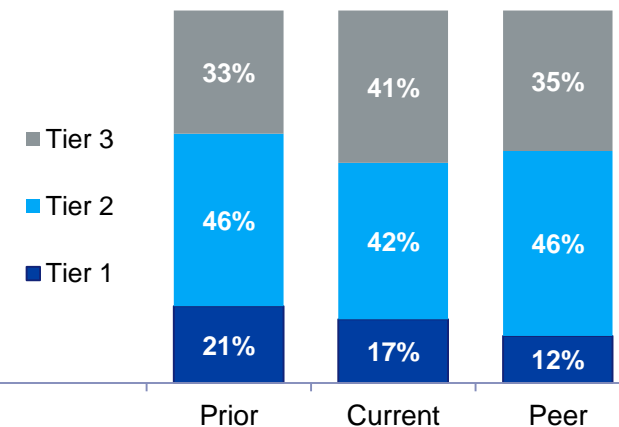
Pharmacy PMPM trend is 22.5%

- Average net paid per script increased **21.8%**
- 83% of prescriptions were in Tier 1 and drove only **17.0%** of spend
- Tier 3 spend increased **23.7%** from prior period
- Kalydeco(Cystic Fibrosis Rx) spend increased 90% on a PMPM

Prescriptions by Tier



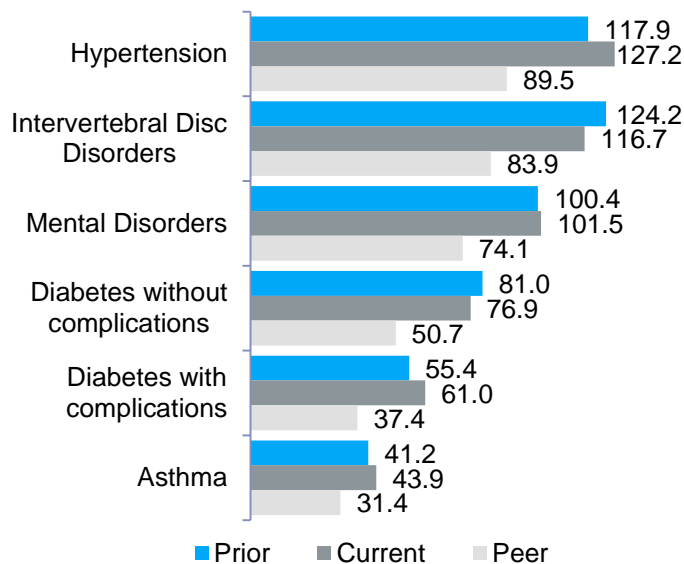
Net Paid by Tier



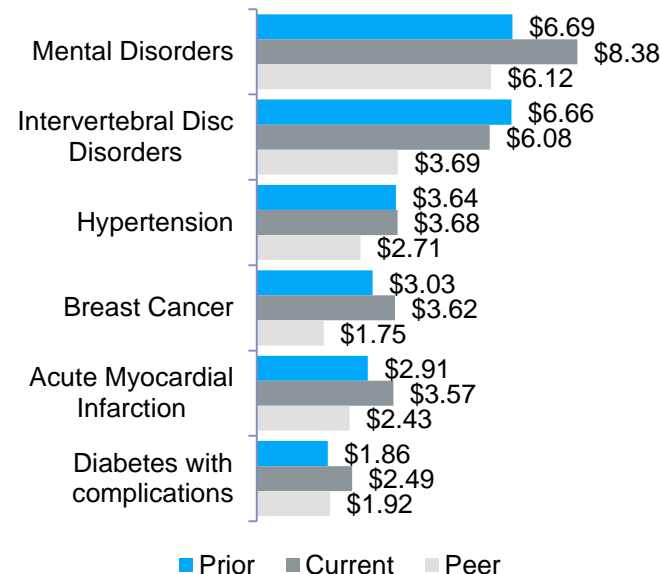


Common Diagnosis Categories

Top Common Conditions by Prevalence



Top Conditions by PMPM



- Hypertension, Intervertebral Disc Disorders, and Mental Disorders are the most prevalent clinical conditions within the population.
- Prevalence of Hypertension and Mental Disorders increased from prior period
- Net paid for Mental Disorders increased **25.3%** year over year
- **13.7%** of claimants have a diabetes diagnosis -
 - Increase of **10.1%** prevalence of Diabetes with complications and a **34.1%** increase in spend
- Chronic illnesses are driving the top common conditions