



STEVE SISOLAK
Governor

LAURA FREED
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

LAURA RICH
Executive Officer

AGENDA ITEM

Action Item

Information Only

Date: September 24, 2020

Item Number: IV.II.II

Title: Self-Funded CDHP and EPO Plan Utilization Report for the period ending June 30, 2020

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the Plan Year ending June 30, 2020. 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 2020 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q4 of Plan Year 2020 compared to Q4 of Plan Year 2019 is summarized below.

- Population:
 - 0.4% increase for primary participants
 - 0.2% increase for primary participants plus dependents (members)
- Medical Cost:
 - 7.4% increase for primary participants
 - 7.7% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 206 High Cost Claimants accounting for 33.9% of the total plan paid for Q4 in Plan Year 2020
 - 4.2% increase in High Cost Claimants per 1,000 members
 - 7.9% increase in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Neoplasms (\$9.3 million) – 19.0% of paid claims
 - Injury and Poisoning (\$8.1 million) – 16.6% of paid claims
 - Diseases of the Circulatory System (\$7.8 million) – 16.0% of paid claims
- Emergency Room:
 - ER visits per 1,000 members had no change over Plan Year 2019
 - Average paid per ER visit increased 12.2%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 2.9%
 - Average paid per Urgent Care visit increased 15.6%
- Network Utilization:
 - 95.9% of claims are from In-Network providers
 - Q4 of Plan Year 2020 In-Network utilization increased 0.3% over PY 2019
 - Q4 of Plan Year 2020 In-Network discounts decreased 0.4% over PY 2019
- Preventive Services:
 - Overall Preventive Services Compliance Rates decreased in 7 out of 9 categories from Plan Year 2019 between 0.2% - 2.7%.
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 4.2%
 - Total Gross Claims Costs increased 2.5% (\$1.2 million)
 - Average Total Cost per Claim decreased 1.6%
 - From \$95.68 to \$94.16
 - *Member:
 - Total Member Cost increased 29.4%
 - Average Participant Share per Claim increased 24.2%
 - Net Member PMPM increased 29.1%
 - From \$18.66 to \$24.10

- Plan
 - Total Plan Cost decreased 4.1%
 - Average Plan Share per Claim decreased 7.9%
 - Net Plan PMPM decreased 4.3%
 - From \$75.94 to \$72.67
 - Net Plan PMPM factoring rebates decreased 22.0%
 - From \$68.50 to \$53.40

*The primary reason for the increase in cost share has to do with the increase in Out-of-Pocket Protection dollars.

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q4 of Plan Year 2020 compared to the complete Plan Year 2019 is summarized below.

- Population:
 - 3.0% increase for primary participants
 - 3.3% increase for primary participants plus dependents (members)
- Medical Cost:
 - 19.9% increase for primary participants
 - 19.5% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 51 High Cost Claimants accounting for 20.6% of the total plan paid for Q4 in Plan Year 2020
 - 26.7% increase in High Cost Claimants per 1,000 members (compared to PY19)
 - 21.7% decrease in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Neoplasms (\$1.7 million) – 16.3% of paid claims
 - Diseases of the Musculoskeletal System (\$1.5 million) – 14.4% of paid claims
 - Diseases of the Blood (\$1.0 million) – 9.9% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 26.9%
 - Average paid per ER visit increased by 1.6%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 14.5%
 - Average paid per Urgent Care visit increased 11.4%
- Network Utilization:
 - 97.4% of claims are from In-Network providers
 - In-Network utilization decreased 0.9%
 - In-Network discounts decreased 0.7%
- Preventive Services:
 - Overall Preventive Services Compliance Rates increased from Plan Year 2019 in all categories.
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 5.3%

- Total Gross Claims Costs increased 19.5% (\$3.3 million)
 - Average Total Cost per Claim increased 13.5%
 - From \$102.48 to \$116.29
- Member:
 - Total Member Cost increased 8.6%
 - Average Participant Share per Claim increased 3.1%
 - Net Member PMPM increased 5.3%
 - From \$23.96 to \$25.23
- Plan
 - Total Plan Cost increased 21.4%
 - Average Plan Share per Claim increased 15.2%
 - Net Plan PMPM increased 17.7%
 - From \$141.47 to \$166.45
 - Net Plan PMPM factoring rebates decreased 22.9%
 - From \$168.36 to \$129.78

DENTAL PLAN

The Dental Plan experience for Q4 of Plan Year 2020 is summarized below.

- Dental Cost:
 - Total of \$23,061,804 paid for Dental claims
 - Preventative claims account for 42.0% (\$9.7 million)
 - Basic claims account for 29.9% (\$6.9 million)
 - Major claims account for 20.8% (\$4.8 million)
 - Periodontal claims account for 7.2% (\$1.7 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of June 30, 2020.

HRA Account Balances as of June 30, 2020			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	1,762	0	0
\$.01 - \$500.00	3,082	578,244	199
\$500.01 - \$1,000	1,522	1,075,568	709
\$1,000.01 - \$1,500	1,459	1,765,969	1,211
\$1,500.01 - \$2,000	746	1,296,768	1,735
\$2,000.01 - \$2,500	464	1,044,103	2,245
\$2,500.01 - \$3,000	266	730,290	2,742
\$3,000.01 - \$3,500	202	652,601	3,230
\$3,500.01 - \$4,000	198	740,031	3,730
\$4,000.01 - \$4,500	150	633,271	4,218
\$4,500.01 - \$5,000	110	521,550	4,727
\$5,000.01 +	856	6,651,480	223,219
Total	10,817	\$ 15,689,873.97	\$ 1,450.48

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP) and the PEBP Premier Plan (EPO) for Plan Year 2020. The CDHP total plan paid costs increased 7.9% over Plan Year 2019. The EPO total plan paid costs increased 23.4% over Plan Year 2019. 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, 2019 – June 30, 2020

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

HSB DATASCOPE™

Nevada Public Employees' Benefits Program HDHP Plan

July 2019 – June 2020

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for PY20 was \$143,667,208 of which 73.8% was spent in the State Active population. When compared to PY19, PY20 reflected an increase of 7.9% in plan spend, with State Actives having an increase of 8.4%.
 - When compared to PY18, PY20 reflected an increase of 14.9% in plan spend, with State Actives having an increase of 15.6%.
- On a PEPY basis, PY20 reflected an increase of 7.4% when compared to PY19. The largest group, State Actives, increased 7.4%.
 - When compared to PY18, PY20 reflected a increase in PEPY of 12.4%, with State Actives increasing by 11.5%.
- 85.3% 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 206 High Cost Claimants (HCC's) over \$100K, that accounted for 33.9% of the total spend. HCC's accounted for 32.6% of total spend during PY19, with 198 members hitting the \$100K threshold. The largest claimant had a primary diagnosis in the Injury and Poisoning Grouper, with plan spend of \$4,934,099.
- IP Paid per Admit was \$20,998 which is on track with PY19 of \$21,100.
- ER Paid per Visit is \$2,273, which is an increase of 12.2% from PY19 ER Paid per Visit of \$2,025.
- 95.9% of all Medical spend dollars were to In Network providers. The average In Network discount was 65.3%, which is slightly lower than PY19 discount of 65.4%.

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

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

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

Paid Claims by Age Group										
Age Range	PY20								% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 6,794,610	\$ 1,627	\$ 63,607	\$ 15	\$ 12,587	\$ 2	\$ 6,870,804	\$ 1,644	6.4%	0.8%
1	\$ 841,639	\$ 180	\$ 29,308	\$ 6	\$ 43,114	\$ 6	\$ 914,061	\$ 193	10.4%	8.2%
2 - 4	\$ 1,280,257	\$ 80	\$ 569,167	\$ 36	\$ 368,411	\$ 17	\$ 2,217,834	\$ 132	35.8%	38.0%
5 - 9	\$ 1,504,049	\$ 49	\$ 147,265	\$ 5	\$ 1,172,971	\$ 28	\$ 2,824,285	\$ 82	-11.9%	-12.3%
10 - 14	\$ 3,568,831	\$ 104	\$ 523,976	\$ 15	\$ 1,150,189	\$ 24	\$ 5,242,995	\$ 144	-1.8%	-2.6%
15 - 19	\$ 5,395,888	\$ 149	\$ 905,365	\$ 25	\$ 1,396,753	\$ 28	\$ 7,698,006	\$ 202	9.0%	10.0%
20 - 24	\$ 5,813,187	\$ 142	\$ 1,028,701	\$ 25	\$ 945,369	\$ 17	\$ 7,787,257	\$ 184	-7.0%	-7.3%
25 - 29	\$ 5,710,701	\$ 171	\$ 1,201,788	\$ 36	\$ 921,117	\$ 22	\$ 7,833,606	\$ 230	20.2%	21.3%
30 - 34	\$ 7,718,900	\$ 214	\$ 1,693,247	\$ 47	\$ 1,072,181	\$ 23	\$ 10,484,328	\$ 283	9.0%	6.7%
35 - 39	\$ 6,714,047	\$ 168	\$ 3,530,405	\$ 88	\$ 1,243,787	\$ 24	\$ 11,488,239	\$ 280	16.1%	15.0%
40 - 44	\$ 7,995,208	\$ 219	\$ 2,334,383	\$ 64	\$ 1,292,574	\$ 26	\$ 11,622,166	\$ 309	16.5%	14.4%
45 - 49	\$ 10,751,419	\$ 277	\$ 3,460,559	\$ 89	\$ 1,478,697	\$ 27	\$ 15,690,675	\$ 393	-6.0%	-5.0%
50 - 54	\$ 12,184,580	\$ 300	\$ 4,605,442	\$ 113	\$ 1,652,154	\$ 29	\$ 18,442,177	\$ 442	-8.7%	-8.6%
55 - 59	\$ 17,462,073	\$ 392	\$ 6,399,544	\$ 144	\$ 1,991,457	\$ 32	\$ 25,853,074	\$ 568	1.3%	2.7%
60 - 64	\$ 33,725,255	\$ 675	\$ 7,928,803	\$ 159	\$ 2,450,819	\$ 35	\$ 44,104,877	\$ 868	11.6%	15.1%
65+	\$ 16,206,562	\$ 582	\$ 5,055,571	\$ 182	\$ 5,869,624	\$ 37	\$ 27,131,757	\$ 801	1.6%	-0.5%
Total	\$ 143,667,208	\$ 279	\$ 39,477,131	\$ 77	\$ 23,061,804	\$ 28	\$ 206,206,141	\$ 384	4.4%	4.6%

Financial Summary - Prior Year comparison (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY18	PY19	PY20	Variance to Prior Year	PY18	PY19	PY20	Variance to Prior Year	PY18	PY19	PY20	Variance to Prior Year
Enrollment												
Avg # Employees	23,155	23,569	23,673	0.4%	19,100	19,612	19,809	1.0%	4	4	4	-4.3%
Avg # Members	42,071	42,776	42,865	0.2%	36,389	37,138	37,291	0.4%	7	7	7	-2.4%
Ratio	1.8	1.8	1.8	0.0%	1.9	1.9	1.9	-0.5%	1.7	1.8	1.8	1.7%
Financial Summary												
Gross Cost	\$164,211,622	\$172,993,213	\$185,251,114	7.1%	\$123,145,285	\$129,947,874	\$139,774,757	7.6%	\$42,221	\$105,325	\$46,064	-56.3%
Client Paid	\$125,066,281	\$133,179,670	\$143,667,208	7.9%	\$91,783,613	\$97,851,639	\$106,095,205	8.4%	\$32,607	\$96,469	\$35,053	-63.7%
Employee Paid	\$39,145,341	\$39,813,543	\$41,583,906	4.4%	\$31,361,671	\$32,096,235	\$33,679,553	4.9%	\$9,615	\$8,857	\$11,011	24.3%
Client Paid-PEPY	\$5,401	\$5,651	\$6,069	7.4%	\$4,805	\$4,989	\$5,356	7.4%	\$7,985	\$24,117	\$9,144	-62.1%
Client Paid-PMPY	\$2,973	\$3,113	\$3,352	7.7%	\$2,522	\$2,635	\$2,845	8.0%	\$4,603	\$13,781	\$5,130	-62.8%
Client Paid-PEPM	\$450	\$471	\$506	7.4%	\$400	\$416	\$446	7.2%	\$665	\$2,010	\$762	-62.1%
Client Paid-PMPM	\$248	\$259	\$279	7.7%	\$210	\$220	\$237	7.7%	\$384	\$1,148	\$427	-62.8%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	164	198	206		108	124	151		0	0	0	
HCC's / 1,000	3.9	4.6	4.8		3.0	3.3	4.1		0.0	0.0	0.0	
Avg HCC Paid	\$211,524	\$219,374	\$236,642	7.9%	\$212,840	\$218,720	\$206,591	-5.5%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	27.7%	32.6%	33.9%	4.0%	25.0%	27.7%	29.4%	6.1%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$900	\$1,071	\$1,139	6.3%	\$719	\$847	\$883	4.3%	\$0	\$3,087	\$0	0.0%
Facility Outpatient	\$974	\$925	\$1,040	12.4%	\$814	\$782	\$880	12.5%	\$1,064	\$6,561	\$2,087	-68.2%
Physician	\$1,016	\$1,045	\$1,093	4.6%	\$924	\$948	\$1,014	7.0%	\$3,394	\$4,006	\$2,777	-30.7%
Other	\$82	\$72	\$80	11.1%	\$64	\$58	\$68	17.2%	\$146	\$129	\$266	0.0%
Total	\$2,973	\$3,113	\$3,352	7.7%	\$2,522	\$2,635	\$2,845	8.0%	\$4,603	\$13,781	\$5,130	-62.8%

Financial Summary - Prior Year comparison (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY18	PY19	PY20	Variance to Prior Year	PY18	PY19	PY20	Variance to Prior Year	
Enrollment									
Avg # Employees	3,165	3,224	3,246	0.7%	868	729	615	-15.7%	
Avg # Members	4,681	4,799	4,858	1.2%	958	832	710	-14.6%	
Ratio	1.5	1.5	1.5	0.7%	1.1	1.1	1.2	1.8%	1.8
Financial Summary									
Gross Cost	\$31,539,962	\$34,175,219	\$39,350,569	15.1%	\$9,484,154	\$8,764,794	\$6,079,723	-30.6%	
Client Paid	\$25,259,022	\$27,761,940	\$32,691,908	17.8%	\$7,991,039	\$7,469,622	\$4,845,042	-35.1%	
Employee Paid	\$6,280,940	\$6,413,280	\$6,658,661	3.8%	\$1,493,115	\$1,295,172	\$1,234,681	-4.7%	
Client Paid-PEPY	\$7,981	\$8,612	\$10,070	16.9%	\$9,204	\$10,246	\$7,882	-23.1%	\$6,209
Client Paid-PMPY	\$5,397	\$5,785	\$6,730	16.3%	\$8,338	\$8,983	\$6,821	-24.1%	\$3,437
Client Paid-PEPM	\$665	\$718	\$839	16.9%	\$767	\$854	\$657	-23.1%	\$517
Client Paid-PMPM	\$450	\$482	\$561	16.4%	\$695	\$749	\$568	-24.2%	\$286
High Cost Claimants (HCC's) > \$100k									
# of HCC's	50	58	60		18	16	8		
HCC's / 1,000	10.7	12.1	12.4		18.8	19.2	11.3		
Avg HCC Paid	\$169,470	\$220,380	\$271,721	23.3%	\$179,428	\$220,793	\$156,233	-29.2%	
HCC's % of Plan Paid	33.5%	46.0%	49.9%	8.5%	40.4%	47.3%	25.8%	-45.5%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,822	\$2,155	\$2,853	32.4%	\$3,299	\$4,794	\$2,835	-40.9%	\$1,057
Facility Outpatient	\$1,842	\$1,787	\$2,107	17.9%	\$2,839	\$2,295	\$2,143	-6.6%	\$1,145
Physician	\$1,521	\$1,677	\$1,600	-4.6%	\$2,073	\$1,732	\$1,745	0.8%	\$1,122
Other	\$212	\$166	\$170	2.4%	\$127	\$163	\$98	-39.9%	\$113
Total	\$5,397	\$5,785	\$6,730	16.3%	\$8,338	\$8,983	\$6,821	-24.1%	\$3,437

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total									
State Participants									
	PY19				PY20				%
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change
Medical									
Inpatient	\$ 36,705,959	\$ 8,736,011	\$ 2,660,713	\$ 48,102,683	\$ 38,557,944	\$ 12,386,833	\$ 2,629,640	\$ 53,574,416	11.4%
Outpatient	\$ 61,145,680	\$ 14,375,822	\$ 1,989,394	\$ 77,510,895	\$ 67,537,260	\$ 15,689,986	\$ 1,985,449	\$ 85,212,696	9.9%
Total - Medical	\$ 97,851,639	\$ 23,111,833	\$ 4,650,107	\$ 125,613,579	\$ 106,095,205	\$ 28,076,819	\$ 4,615,089	\$ 138,787,113	10.5%
Dental	\$ 16,845,534	\$ 1,978,238	\$ 510,673	\$ 19,334,445	\$ 15,744,257	\$ 1,851,687	\$ 494,735	\$ 18,090,679	-6.4%
Dental Exchange	\$ -	\$ -	\$ 2,870,635	\$ 2,870,635	\$ -	\$ -	\$ 2,797,694	\$ 2,797,694	-2.5%
Total	\$ 114,697,173	\$ 25,090,071	\$ 8,031,415	\$ 147,818,659	\$ 121,839,461	\$ 29,928,507	\$ 7,907,519	\$ 159,675,486	8.0%

Net Paid Claims - Per Participant per Month									
	PY19				PY20				%
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change
Medical	\$ 416	\$ 736	\$ 637	\$ 458	\$ 446	\$ 888	\$ 630	\$ 502	9.5%
Dental	\$ 52	\$ 49	\$ 56	\$ 52	\$ 48	\$ 46	\$ 54	\$ 48	-7.7%
Dental Exchange	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ 44	\$ 44	-8.7%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	PY19				PY20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 25,103	\$ 2,545,010	\$ 1,671,607	\$ 4,241,720	\$ 204	\$ 702,380	\$ 1,444,526	\$ 2,147,110	-49.4%	
Outpatient	\$ 71,365	\$ 2,739,008	\$ 513,998	\$ 3,324,371	\$ 34,849	\$ 2,057,080	\$ 641,056	\$ 2,732,985	-17.8%	
Total - Medical	\$ 96,469	\$ 5,284,018	\$ 2,185,605	\$ 7,566,091	\$ 35,053	\$ 2,759,461	\$ 2,085,582	\$ 4,880,095	-35.5%	
Dental	\$ 2,943	\$ 382,945	\$ 203,655	\$ 589,543	\$ 2,486	\$ 266,841	\$ 203,135	\$ 472,462	-19.9%	
Dental Exchange	\$ -	\$ -	\$ 1,848,816	\$ 1,848,816	\$ -	\$ -	\$ 1,700,969	\$ 1,700,969	-8.0%	
Total	\$ 99,412	\$ 5,666,963	\$ 4,238,075	\$ 10,004,450	\$ 37,539	\$ 3,026,301	\$ 3,989,685	\$ 7,053,525	-29.5%	

Net Paid Claims - Per Participant per Month										
	PY19				PY20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 2,010	\$ 933	\$ 709	\$ 860	\$ 762	\$ 649	\$ 667	\$ 658	-23.5%	
Dental	\$ 31	\$ 40	\$ 40	\$ 40	\$ 26	\$ 38	\$ 40	\$ 39	-2.9%	
Dental Exchange	\$ -	\$ -	\$ 43	\$ 43	\$ -	\$ -	\$ 40	\$ 40	-8.0%	

Paid Claims by Claim Type – Total

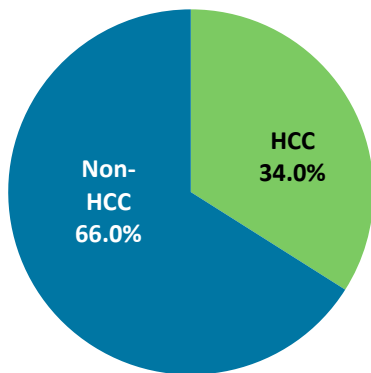
Net Paid Claims - Total										
Total Participants										
	PY19				PY20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Total
Medical										
Inpatient	\$ 36,731,063	\$ 11,281,021	\$ 4,332,319	\$ 52,344,403	\$ 38,558,148	\$ 13,089,213	\$ 4,074,165	\$ 55,721,526		6.5%
Outpatient	\$ 61,217,045	\$ 17,114,830	\$ 2,503,392	\$ 80,835,267	\$ 67,572,109	\$ 17,747,067	\$ 2,626,505	\$ 87,945,681		8.8%
Total - Medical	\$ 97,948,107	\$ 28,395,851	\$ 6,835,711	\$ 133,179,670	\$ 106,130,257	\$ 30,836,280	\$ 6,700,671	\$ 143,667,208		7.9%
Dental	\$ 16,848,477	\$ 2,361,183	\$ 714,328	\$ 19,923,988	\$ 15,746,743	\$ 2,118,528	\$ 697,870	\$ 18,563,141		-6.8%
Dental Exchange	\$ -	\$ -	\$ 4,719,450	\$ 4,719,450	\$ -	\$ -	\$ 4,498,663	\$ 4,498,663		-4.7%
Total	\$ 114,796,585	\$ 30,757,034	\$ 12,269,490	\$ 157,823,108	\$ 121,877,000	\$ 32,954,808	\$ 11,897,203	\$ 166,729,012		5.6%

Net Paid Claims - Per Participant per Month										
	PY19				PY20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Total
Medical	\$416	\$766	\$659	\$471	\$ 446	\$ 859	\$ 641	\$ 506		7.4%
Dental	\$52	\$47	\$51	\$52	\$ 48	\$ 44	\$ 49	\$ 48		-8.3%
Dental Exchange	\$ -	\$ -	\$46	\$46	\$ -	\$ -	\$ 42	\$ 42		-8.5%

Cost Distribution – Medical Claims

PY19						PY20						
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
126	0.3%	\$29,879,772	31.5%	\$930,047	3.0%	\$100,000.01 Plus	178	0.4%	\$48,745,433	33.9%	\$1,293,423	3.1%
155	0.4%	\$12,088,256	12.7%	\$937,359	3.0%	\$50,000.01-\$100,000.00	245	0.6%	\$18,722,982	13.0%	\$1,451,386	3.5%
278	0.6%	\$10,600,684	11.2%	\$1,499,833	4.8%	\$25,000.01-\$50,000.00	489	1.1%	\$18,430,502	12.8%	\$2,576,800	6.2%
925	2.2%	\$15,297,595	16.1%	\$4,264,775	13.6%	\$10,000.01-\$25,000.00	1,345	3.1%	\$22,375,812	15.6%	\$6,136,143	14.8%
1,268	3.0%	\$9,481,845	10.0%	\$4,091,426	13.0%	\$5,000.01-\$10,000.00	1,773	4.1%	\$13,273,550	9.2%	\$5,814,853	14.0%
1,600	3.7%	\$6,115,622	6.4%	\$3,673,869	11.7%	\$2,500.01-\$5,000.00	2,258	5.3%	\$8,604,868	6.0%	\$5,148,488	12.4%
22,307	52.2%	\$11,366,963	12.0%	\$13,326,359	42.5%	\$0.01-\$2,500.00	23,252	54.2%	\$13,514,062	9.4%	\$16,399,035	39.5%
6,455	15.1%	\$0	0.0%	\$2,632,908	8.4%	\$0.00	5,748	13.4%	\$0	0.0%	\$2,763,779	6.6%
9,635	22.5%	\$0	0.0%	\$0	0.0%	No Claims	7,578	17.7%	\$0	0.0%	\$0	0.0%
42,747	100.0%	\$94,830,736	100.0%	\$31,356,576	100.0%		42,865	100.0%	\$143,667,208	100.0%	\$41,583,906	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 NEO) Neoplasms	106	\$9,271,619	19.0%
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	106	\$8,070,933	16.5%
(CCS CIR) Diseases of the Circulatory System	143	\$7,798,145	16.0%
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	193	\$5,913,031	12.1%
(CCS PNL) Certain Conditions Originating in the Perinatal Period	17	\$3,352,917	6.9%
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	122	\$2,145,683	4.4%
(CCS INF) Certain Infectious and Parasitic Diseases	56	\$1,841,910	3.8%
(CCS DIG) Diseases of the Digestive System	86	\$1,753,568	3.6%
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	62	\$1,727,992	3.5%
(CCS NVS) Diseases of the Nervous System	115	\$1,465,646	3.0%
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere	197	\$1,300,367	2.7%
(CCS GEN) Diseases of the Genitourinary System	99	\$1,190,993	2.4%
(CCS END) Endocrine, Nutritional and Metabolic Diseases	107	\$946,417	1.9%
(CCS RSP) Diseases of the Respiratory System	115	\$945,391	1.9%
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormalities	18	\$507,819	1.0%
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	73	\$257,447	0.5%
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving	64	\$85,226	0.2%
(CCS PRG) Pregnancy, Childbirth and the Puerperium	1	\$80,962	0.2%
All Others	121	\$161,975	0.3%
Overall	---	\$48,818,044	100.0%

Utilization Summary (p. 1 of 2)

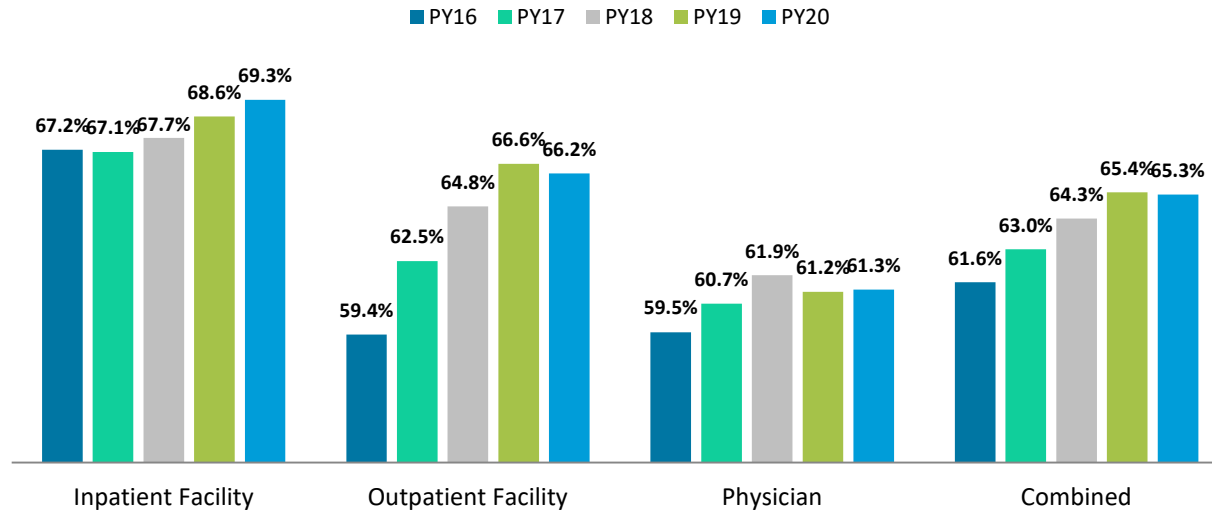
Summary	Total				State Active				Non-State Active			
	PY18	PY19	PY20	Variance to Prior Year	PY18	PY19	PY20	Variance to Prior Year	PY18	PY19	PY20	Variance to Prior Year
Inpatient Facility												
# of Admits	2,255	2,270	2,334		1,693	1,753	1,852		0	2	0	
# of Bed Days	10,294	14,341	12,517		7,217	8,989	9,285		0	8	0	
Paid Per Admit	\$17,550	\$21,100	\$20,998	-0.5%	\$16,350	\$19,040	\$18,016	-5.4%	\$0	\$10,803	\$0	0.0%
Paid Per Day	\$3,845	\$3,340	\$3,915	17.2%	\$3,835	\$3,713	\$3,593	-3.2%	\$0	\$2,701	\$0	0.0%
Admits Per 1,000	54	53	54	1.9%	47	47	50	6.4%	0	286	0	0.0%
Days Per 1,000	245	335	292	-12.8%	198	242	249	2.9%	0	1143	0	0.0%
Avg LOS	4.6	6.3	5.4	-14.3%	4.3	5.1	5.0	-2.0%	0	4	0	0.0%
Physician Office												
OV Utilization per Member	3.6	3.5	3.6	2.9%	3.3	3.3	3.4	3.0%	9	7.3	6.0	-17.8%
Avg Paid per OV	\$48	\$47	\$47	0.0%	\$47	\$46	\$47	2.2%	\$84	\$89	\$74	-16.9%
Avg OV Paid per Member	\$171	\$167	\$170	1.8%	\$158	\$154	\$159	3.2%	\$755	\$652	\$441	-32.4%
DX&L Utilization per Member	7.7	7.7	7.9	2.6%	7	7.1	7.3	2.8%	8.6	10.1	0	0.0%
Avg Paid per DX&L	\$60	\$64	\$63	-1.6%	\$57	\$59	\$59	0.0%	\$48	\$320	\$0	0.0%
Avg DX&L Paid per Member	\$461	\$489	\$492	0.6%	\$400	\$418	\$436	4.3%	\$412	\$3,250	\$0	0.0%
Emergency Room												
# of Visits	7,106	6,931	6,939		5,870	5,653	5,691		3	3	2	
# of Admits	1046	1096	1,033		745	796	750		0	1	0	
Visits Per Member	0.17	0.16	0.16	0.0%	0.16	0.15	0.15	0.0%	0.42	0.43	0.29	0.0%
Visits Per 1,000	169	162	162	0.0%	161	152	153	0.7%	424	429	293	0.0%
Avg Paid per Visit	\$1,919	\$2,025	\$2,273	12.2%	\$1,893	\$1,992	\$2,286	14.8%	\$1,027	\$1,280	\$1,803	0.0%
Admits Per Visit	0.15	0.16	0.15	-6.3%	0.13	0.14	0.13	-7.1%	0.00	0.33	0.00	0.0%
Urgent Care												
# of Visits	9,817	10,472	10,800		8,774	9,389	9,767		2	6	2	
Visits Per Member	0.23	0.24	0.25	5.0%	0.24	0.25	0.26	4.8%	0.28	0.86	0.29	0.0%
Visits Per 1,000	233	245	252	2.9%	241	253	262	3.6%	282	857	286	0.0%
Avg Paid per Visit	\$44	\$45	\$52	15.6%	\$42	\$43	\$51	18.6%	\$140	\$114	\$183	0.0%

Utilization Summary (p. 2 of 2)

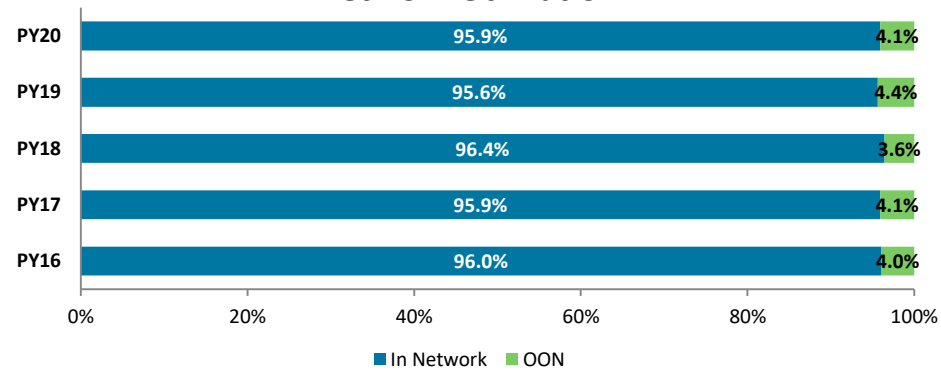
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY18	PY19	PY20	Variance to Prior Year	PY18	PY19	PY20	Variance to Prior Year	
Inpatient Facility									
# of Admits	422	402	372		140	113	110		
# of Bed Days	2,374	2,457	2,646		703	2,887	586		
Paid Per Admit	\$20,299	\$26,215	\$36,220	38.2%	\$23,788	\$35,038	\$19,737	-43.7%	\$16,173
Paid Per Day	\$3,608	\$4,289	\$5,092	18.7%	\$4,737	\$1,371	\$3,705	170.2%	\$3,708
Admits Per 1,000	90	84	77	-8.3%	146	136	155	14.0%	61
Days Per 1,000	507	512	545	6.4%	734	3,472	825	-76.2%	264
Avg LOS	5.6	6.1	7.1	16.4%	5	25.5	5.3	-79.2%	4.3
Physician Office									
OV Utilization per Member	5.0	4.9	4.9	0.0%	6.4	6.4	6.9	7.8%	3.3
Avg Paid per OV	\$52	\$52	\$50	-3.8%	\$41	\$40	\$36	-10.0%	\$50
Avg OV Paid per Member	\$258	\$254	\$245	-3.5%	\$265	\$256	\$250	-2.3%	\$167
DX&L Utilization per Member	11.1	11	11	0.0%	14.5	13.6	13.3	-2.2%	8.3
Avg Paid per DX&L	\$75	\$85	\$80	-5.9%	\$64	\$78	\$58	-25.6%	\$67
Avg DX&L Paid per Member	\$838	\$932	\$882	-5.4%	\$930	\$1,067	\$767	-28.1%	\$554
Emergency Room									
# of Visits	960	996	993		469	279	253		
# of Admits	229	227	214		72	72	69		
Visits Per Member	0.21	0.21	0.20	-4.8%	0.49	0.34	0.36	5.9%	0.17
Visits Per 1,000	205	208	204	-1.9%	489	336	356	6.0%	174
Avg Paid per Visit	\$2,097	\$2,244	\$2,419	7.8%	\$1,113	\$1,905	\$1,459	-23.4%	\$1,684
Admits Per Visit	0.24	0.23	0.22	-4.3%	0.15	0.26	0.27	3.8%	0.14
Urgent Care									
# of Visits	845	908	880		196	169	151		
Visits Per Member	0.18	0.19	0.18	-4.6%	0.20	0.20	0.21	4.1%	0.24
Visits Per 1,000	181	189	181	-4.1%	205	203	208	2.6%	242
Avg Paid per Visit	\$63	\$69	\$70	1.4%	\$58	\$55	\$40	-27.3%	\$74

Provider Network Summary

In Network Discounts



Network Utilization



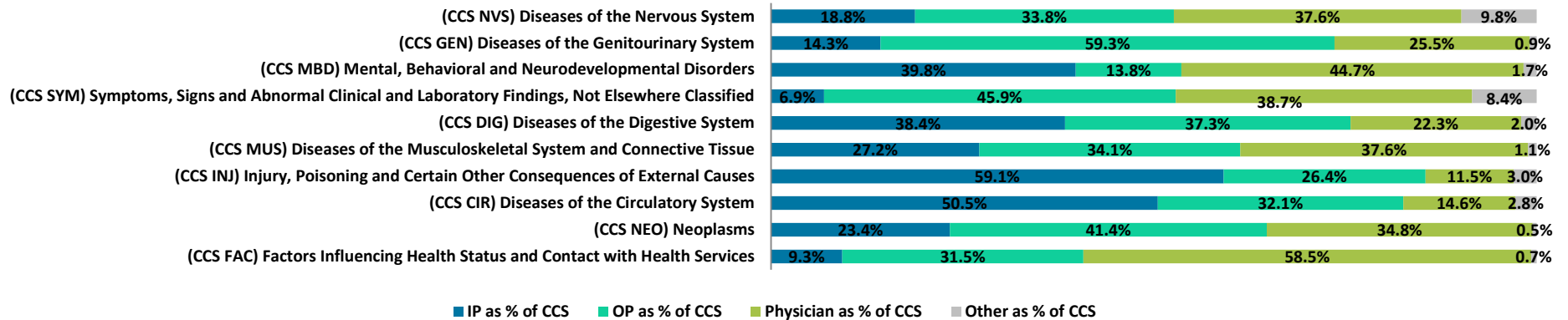
AHRQ* Clinical Classifications Summary



*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 FAC) Factors Influencing Health Status and Contact with Health Services	\$17,695,136	12.3%	\$11,086,099	\$2,791,492	\$3,817,546	\$6,622,000	\$11,073,137
(CCS NEO) Neoplasms	\$16,574,671	11.5%	\$12,673,525	\$3,552,601	\$348,546	\$7,096,058	\$9,478,613
(CCS CIR) Diseases of the Circulatory System	\$16,159,271	11.2%	\$13,376,210	\$2,463,912	\$319,149	\$8,181,210	\$7,978,061
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	\$15,860,400	11.0%	\$10,890,074	\$1,937,992	\$3,032,334	\$5,685,023	\$10,175,376
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	\$14,204,121	9.9%	\$9,041,905	\$3,728,434	\$1,433,782	\$5,878,277	\$8,325,844
(CCS DIG) Diseases of the Digestive System	\$8,194,658	5.7%	\$5,997,408	\$1,244,041	\$953,209	\$4,087,044	\$4,107,615
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Els	\$7,408,676	5.2%	\$4,735,502	\$1,513,769	\$1,159,406	\$2,894,926	\$4,513,750
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	\$6,503,991	4.5%	\$2,844,538	\$684,825	\$2,974,627	\$3,267,881	\$3,236,110
(CCS GEN) Diseases of the Genitourinary System	\$6,243,889	4.3%	\$4,536,744	\$1,187,984	\$519,161	\$2,366,948	\$3,876,941
(CCS NVS) Diseases of the Nervous System	\$6,165,721	4.3%	\$3,893,970	\$1,188,871	\$1,082,880	\$2,552,986	\$3,612,734
(CCS PNL) Certain Conditions Originating in the Perinatal Period	\$4,967,103	3.5%	\$8,032	\$33,607	\$4,925,464	\$2,325,601	\$2,641,502
(CCS RSP) Diseases of the Respiratory System	\$4,731,690	3.3%	\$2,652,377	\$808,108	\$1,271,204	\$2,244,152	\$2,487,538
(CCS PRG) Pregnancy, Childbirth and the Puerperium	\$4,580,300	3.2%	\$3,182,687	\$1,281,260	\$116,353	\$1,430	\$4,578,870
(CCS END) Endocrine, Nutritional and Metabolic Diseases	\$4,237,589	2.9%	\$2,991,858	\$776,501	\$469,230	\$1,810,576	\$2,427,013
(CCS INF) Certain Infectious and Parasitic Diseases	\$3,723,422	2.6%	\$2,587,244	\$887,008	\$249,171	\$1,924,057	\$1,799,365
(CCS EYE) Diseases of the Eye and Adnexa	\$2,160,444	1.5%	\$1,412,549	\$490,074	\$257,821	\$884,298	\$1,276,146
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	\$1,371,173	1.0%	\$895,575	\$314,031	\$161,568	\$718,055	\$653,118
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormaliti	\$1,325,534	0.9%	\$283,752	\$42,546	\$999,236	\$677,188	\$648,347
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders I	\$794,857	0.6%	\$491,596	\$186,939	\$116,323	\$328,344	\$466,513
(CCS EAR) Diseases of the Ear and Mastoid Process	\$722,705	0.5%	\$433,624	\$70,378	\$218,703	\$349,407	\$373,298
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$37,093	0.0%	\$22,150	\$7,418	\$7,525	\$18,245	\$18,848
(CCS EXT) External Causes of Morbidity	\$4,762	0.0%	\$1,499	\$284	\$2,979	\$145	\$4,618
Total	\$143,667,208	100.0%	\$94,038,916	\$25,192,076	\$24,436,216	\$59,913,851	\$83,753,356

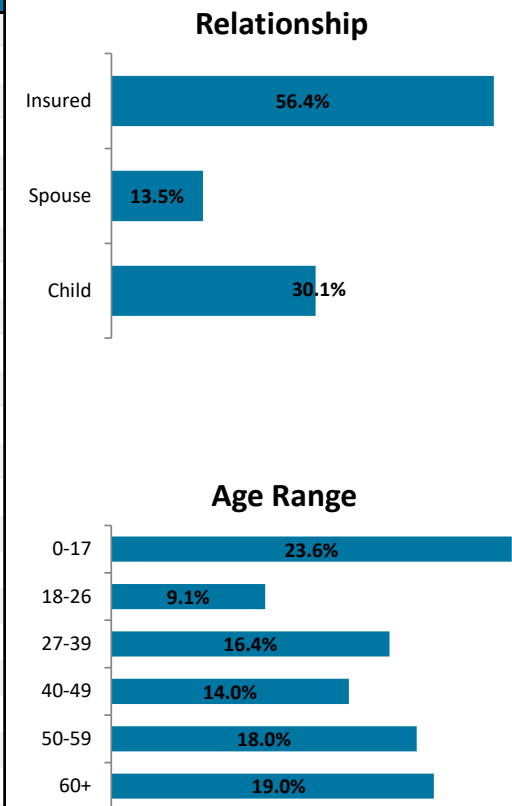
Top 10 Categories by Claim Type



AHRQ Category – Factors Influencing Health Status and Contact with Health Services

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Encounter For Antineoplastic Therapies	140	1,250	\$5,243,543	29.6%
Medical Examination/Evaluation	18,450	37,093	\$3,715,519	21.0%
Neoplasm-Related Encounters	7,156	14,706	\$2,986,945	16.9%
Exposure, Encounters, Screening Or Contact With Infectious Disease	10,669	17,203	\$2,037,857	11.5%
Other Aftercare Encounter	815	2,343	\$942,961	5.3%
Contraceptive And Procreative Management	1,520	2,977	\$695,213	3.9%
Other Specified Status	2,211	6,006	\$508,216	2.9%
Personal/Family History Of Disease	1,252	2,206	\$432,977	2.4%
Implant, Device Or Graft Related Encounter	839	2,645	\$397,354	2.2%
Encounter For Prophylactic Or Other Procedures	188	264	\$312,791	1.8%
Encounter For Observation And Examination For Conditions Ruled Out (2,884	4,195	\$139,345	0.8%
Organ Transplant Status	49	498	\$101,480	0.6%
Other Specified Encounters And Counseling	530	1,137	\$72,532	0.4%
Acquired Absence Of Limb Or Organ	64	134	\$69,090	0.4%
Encounter For Prophylactic Measures (Excludes Immunization)	33	45	\$14,110	0.1%
Socioeconomic/Psychosocial Factors	40	136	\$7,810	0.0%
Encounter For Administrative Purposes	191	252	\$7,809	0.0%
Lifestyle/Life Management Factors	110	181	\$4,279	0.0%
Encounter For Mental Health Conditions	278	316	\$1,940	0.0%
Screening For Neurocognitive Or Neurodevelopmental Condition	48	71	\$1,531	0.0%
Carrier Status	17	32	\$1,021	0.0%
No Immunization Or Underimmunization	18	31	\$500	0.0%
Counseling Related To Sexual Behavior Or Orientation	6	9	\$265	0.0%
Resistance To Antimicrobial Drugs	1	2	\$49	0.0%
Overall	----	----	\$17,695,136	100.0%

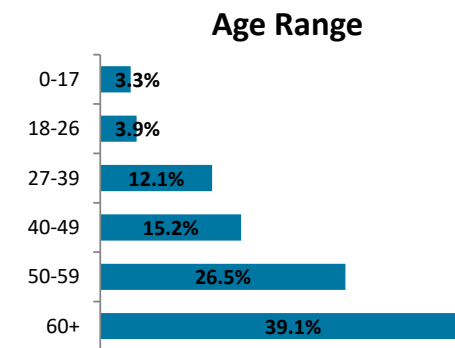
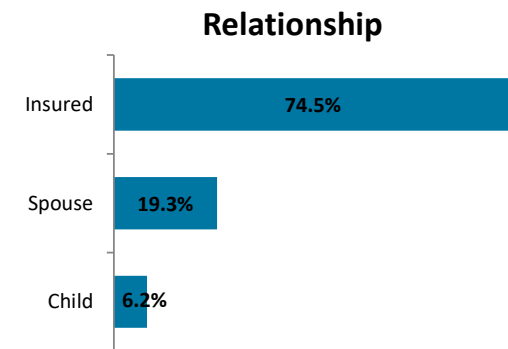
*Patient and claim counts are unique only within the category



AHRQ Category – Neoplasms

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Breast Cancer - All Other Types	306	3,603	\$2,340,418	14.1%
Benign Neoplasms	2761	5,626	\$1,938,043	11.7%
Male Reproductive System Cancers - Prostate	152	1,662	\$1,266,445	7.6%
Nervous System Cancers - Brain	24	475	\$1,115,466	6.7%
Secondary Malignancies	109	601	\$1,102,019	6.6%
Multiple Myeloma	19	741	\$942,102	5.7%
Skin Cancers - Melanoma	76	456	\$899,750	5.4%
Gastrointestinal Cancers - Colorectal	67	986	\$656,918	4.0%
Non-Hodgkin Lymphoma	51	638	\$656,235	4.0%
Respiratory Cancers	35	662	\$535,261	3.2%
Head And Neck Cancers - Lip And Oral Cavity	25	285	\$419,225	2.5%
Neoplasms Of Unspecified Nature Or Uncertain Behavior	2,155	3,898	\$384,222	2.3%
Urinary System Cancers - Bladder	37	448	\$373,537	2.3%
Leukemia - Acute Myeloid Leukemia (Aml)	4	153	\$364,096	2.2%
Malignant Neuroendocrine Tumors	15	205	\$349,509	2.1%
Gastrointestinal Cancers - All Other Types	5	114	\$329,013	2.0%
Female Reproductive System Cancers - Uterus	10	134	\$284,072	1.7%
Breast Cancer - Ductal Carcinoma In Situ (Dcis)	46	324	\$281,301	1.7%
Endocrine System Cancers - Pancreas	13	288	\$220,416	1.3%
Endocrine System Cancers - Thyroid	106	569	\$194,686	1.2%
Conditions Due To Neoplasm Or The Treatment Of Neoplasm	41	153	\$182,823	1.1%
Female Reproductive System Cancers - Cervix	25	145	\$173,158	1.0%
Female Reproductive System Cancers - Ovary	32	290	\$164,528	1.0%
Urinary System Cancers - Kidney	26	124	\$143,608	0.9%
Skin Cancers - Basal Cell Carcinoma	320	754	\$139,239	0.8%
Gastrointestinal Cancers - Stomach	8	33	\$127,160	0.8%
Female Reproductive System Cancers - Endometrium	39	246	\$122,781	0.7%
Hodgkin Lymphoma	10	99	\$94,115	0.6%
Head And Neck Cancers - All Other Types	12	72	\$93,716	0.6%
Gastrointestinal Cancers - Liver	10	157	\$92,194	0.6%
All Others	421	1,920	\$588,614	3.6%
Overall	----	----	\$16,574,671	100.0%

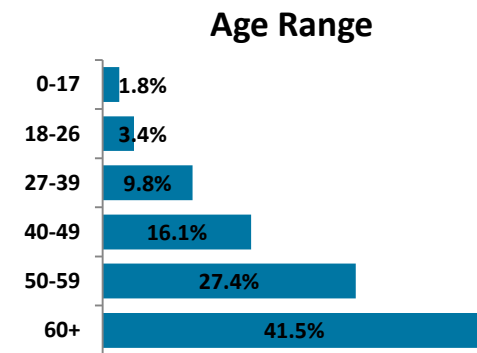
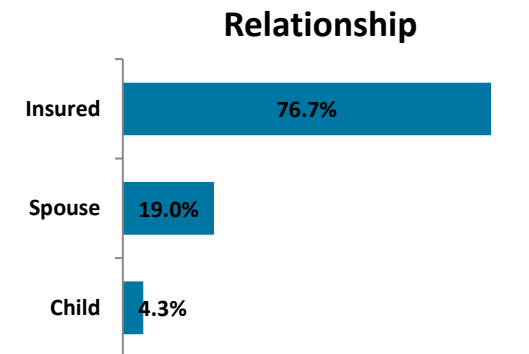
*Patient and claim counts are unique only within the category



AHRQ Category – Diseases of the Circulatory System

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Cardiac Dysrhythmias	686	2,682	\$3,110,614	19.2%
Nonspecific Chest Pain	1,897	4,922	\$1,777,493	11.0%
Coronary Atherosclerosis And Other Heart Disease	651	2,287	\$1,764,110	10.9%
Heart Failure	199	1,226	\$1,604,248	9.9%
Nonrheumatic And Unspecified Valve Disorders	350	856	\$1,353,462	8.4%
Acute Myocardial Infarction	103	531	\$1,249,272	7.7%
Acute Hemorrhagic Cerebrovascular Disease	38	428	\$818,865	5.1%
Cerebral Infarction	131	678	\$533,332	3.3%
Acute Phlebitis; Thrombophlebitis And Thromboembolism	173	595	\$509,558	3.2%
Essential Hypertension	3,852	8,769	\$429,572	2.7%
Aortic; Peripheral; And Visceral Artery Aneurysms	70	212	\$333,957	2.1%
Acute Pulmonary Embolism	80	352	\$331,791	2.1%
Sequela Of Cerebral Infarction And Other Cerebrovascular Disease	43	294	\$243,942	1.5%
Varicose Veins Of Lower Extremity	178	592	\$232,567	1.4%
Conduction Disorders	196	505	\$185,316	1.1%
Other And Ill-Defined Cerebrovascular Disease	103	231	\$180,937	1.1%
Sequela Of Hemorrhagic Cerebrovascular Disease	6	16	\$179,391	1.1%
Myocarditis And Cardiomyopathy	92	326	\$146,710	0.9%
Cardiac Arrest And Ventricular Fibrillation	30	77	\$141,207	0.9%
Peripheral And Visceral Vascular Disease	219	495	\$124,929	0.8%
Pericarditis And Pericardial Disease	31	106	\$116,220	0.7%
Hypertension With Complications And Secondary Hypertension	143	262	\$99,631	0.6%
Chronic Rheumatic Heart Disease	234	293	\$99,608	0.6%
Postthrombotic Syndrome And Venous Insufficiency/Hypertension	109	304	\$74,818	0.5%
Endocarditis And Endocardial Disease	13	158	\$72,162	0.4%
Occlusion Or Stenosis Of Precerebral Or Cerebral Arteries Without Infarction	180	304	\$66,537	0.4%
Pulmonary Heart Disease	52	230	\$66,302	0.4%
Other Specified Diseases Of Veins And Lymphatics	115	360	\$60,389	0.4%
Chronic Phlebitis; Thrombophlebitis And Thromboembolism	23	49	\$58,437	0.4%
Other Specified And Unspecified Circulatory Disease	106	173	\$46,699	0.3%
Gangrene	9	26	\$34,458	0.2%
Other And Ill-Defined Heart Disease	167	240	\$31,416	0.2%
Postprocedural Or Postoperative Circulatory System Complication	20	70	\$29,213	0.2%
Hypotension	79	147	\$24,908	0.2%
Aortic And Peripheral Arterial Embolism Or Thrombosis	33	62	\$11,579	0.1%
Acute Rheumatic Heart Disease	4	12	\$10,598	0.1%
Arterial Dissections	12	25	\$4,986	0.0%
Complications Of Acute Myocardial Infarction	2	2	\$38	0.0%
Diseases Of The Heart	3	6	\$0	0.0%
Hypertension	3	4	\$0	0.0%
Overall	----	----	\$16,159,271	100.0%

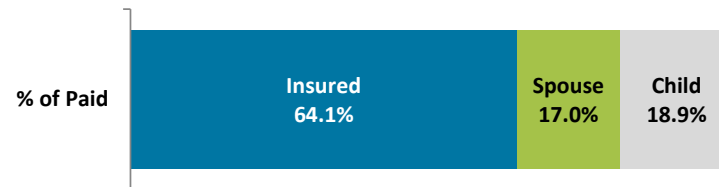
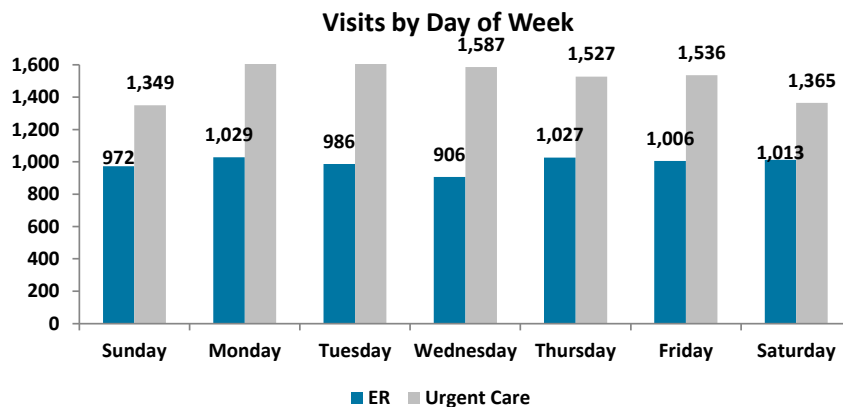
*Patient and claim counts are unique only within the category



Emergency Room / Urgent Care Summary

ER/Urgent Care	PY19		PY20		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	6,931	10,471	6,939	10,800		
Number of Admits	1,096	----	1,033	----		
Visits Per Member	0.16	0.24	0.16	0.25	0.17	0.24
Visits/1000 Members	162	245	162	252	174	242
Avg Paid Per Visit	\$2,025	\$45	\$2,273	\$52	\$1,684	\$74
Admits per Visit	0.16	----	0.15	----	0.14	
% of Visits with HSB ER Dx	76.9%	----	77.7%	----		
% of Visits with a Physician OV*	77.0%	72.6%	77.0%	72.6%		
Total Plan Paid	\$14,021,480	\$473,014	\$15,775,565	\$564,993		

*looks back 12 months from ER visit

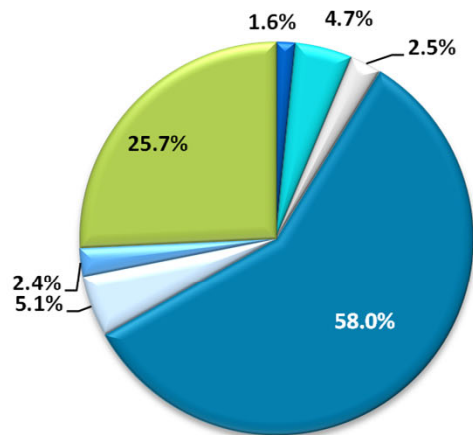


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	4,047	171	6,472	273	10,519	444
Spouse	1,100	199	1,212	219	2,312	418
Child	1,792	131	3,116	228	4,908	359
Total	6,939	162	10,800	252	17,739	414

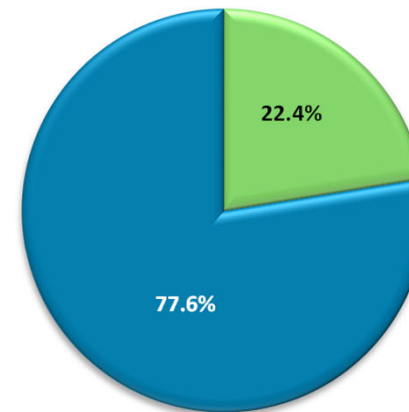
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$558,209,333	\$1,965	100.0%
COB	\$8,999,752	\$32	1.6%
Medicare	\$26,173,982	\$92	4.7%
Excess/Maximums	\$14,045,333	\$49	2.5%
PPO Discount	\$323,739,152	\$1,140	58.0%
Deductible	\$28,371,961	\$100	5.1%
Coinsurance	\$13,211,946	\$47	2.4%
Total Participant Paid	\$41,583,907	\$146	7.4%
Total Plan Paid	\$143,667,208	\$506	25.7%

Total Participant Paid - PY19	\$141
Total Plan Paid - PY19	\$471



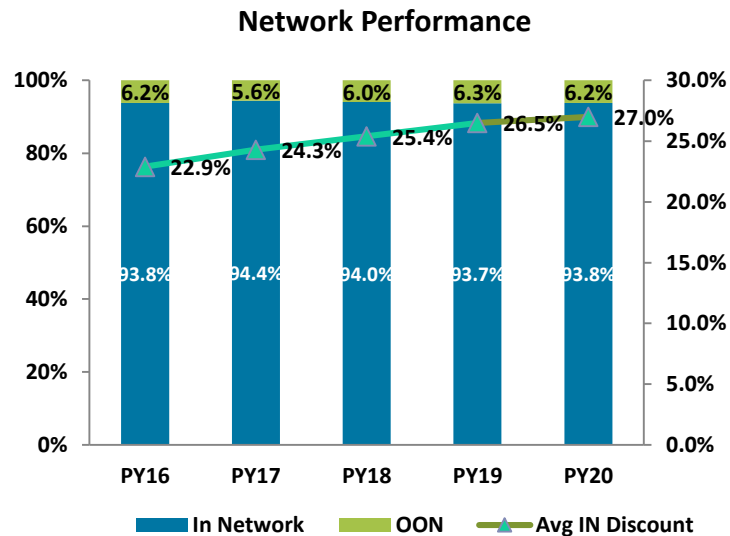
- COB
- Medicare
- Excess/Maximums
- PPO Discount
- Deductible
- Coinsurance



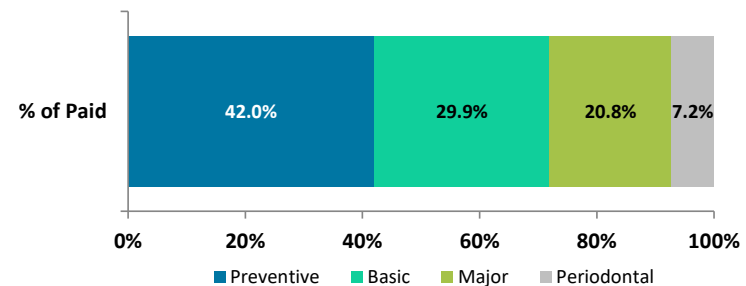
- Total Participant Paid
- Total Plan Paid

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	6,501	9.5%	31,324	24.8%	\$9,961,699	43.2%	\$6,211,288	57.3%
\$750.01-\$1,000.00	2,703	3.9%	10,638	8.4%	\$2,412,326	10.5%	\$1,263,367	11.7%
\$500.01-\$750.00	4,640	6.8%	16,312	12.9%	\$2,922,745	12.7%	\$1,301,385	12.0%
\$250.01-\$500.00	14,323	20.9%	39,785	31.5%	\$5,066,792	22.0%	\$1,213,807	11.2%
\$0.01-\$250.00	17,069	24.9%	27,560	21.8%	\$2,698,243	11.8%	\$821,591	7.6%
\$0.00	545	0.8%	661	0.5%	\$0	0.0%	\$24,579	0.2%
No Claims	22,897	33.3%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	68,678	100.0%	126,280	100.0%	\$23,061,804	100.0%	\$10,836,018	100.0%



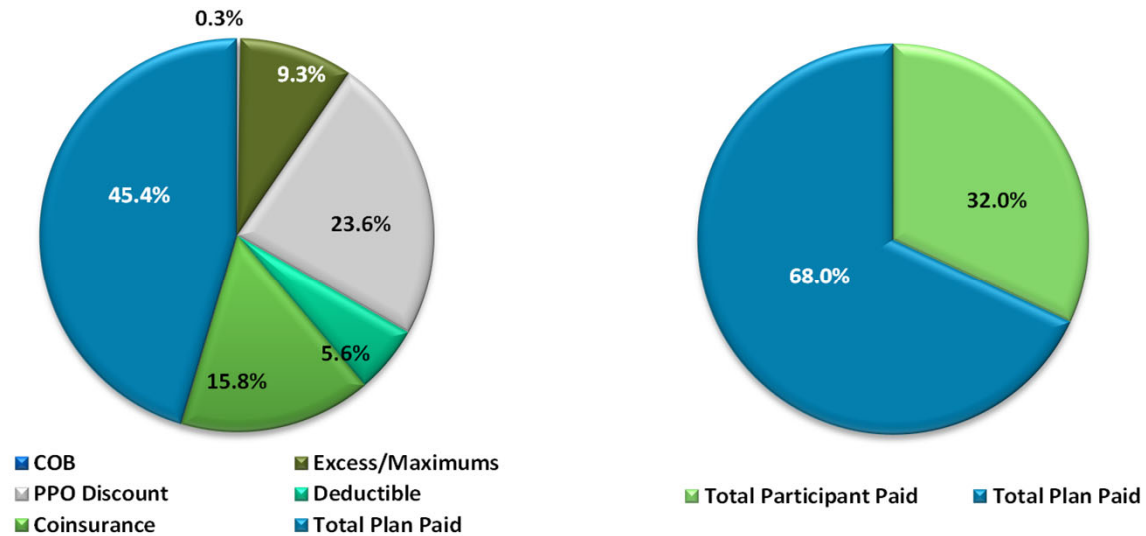
Claim Category	Total Paid	% of Paid
Preventive	\$9,694,451	42.0%
Basic	\$6,898,776	29.9%
Major	\$4,800,105	20.8%
Periodontal	\$1,668,472	7.2%
Total	\$23,061,804	100.0%



Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$50,776,544	\$102	100.0%
COB	\$132,712	\$0	0.3%
Excess/Maximums	\$4,739,547	\$10	9.3%
PPO Discount	\$12,006,462	\$24	23.6%
Deductible	\$2,827,661	\$6	5.6%
Coinsurance	\$8,008,357	\$16	15.8%
Total Participant Paid	\$10,836,018	\$22	21.3%
Total Plan Paid	\$23,061,804	\$46	45.4%

Total Participant Paid - PY19	\$14
Total Plan Paid - PY19	\$30

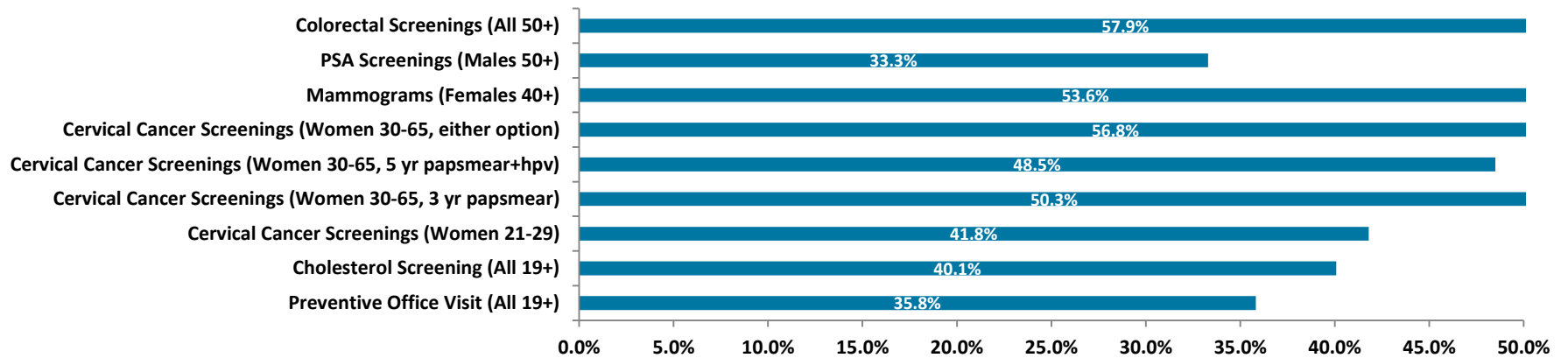


Preventive Services Compliance

*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+)	17,321	8,124	46.9%	15,205	3,528	23.2%	32,526	11,651	35.8%
Cholesterol Screening (All 19+)	17,321	7,483	43.2%	15,205	5,550	36.5%	32,526	13,032	40.1%
Cervical Cancer Screenings (Women 21-29)	2,766	1,156	41.8%	----	----	----	2,766	1,156	41.8%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	13,039	6,559	50.3%	----	----	----	13,039	6,559	50.3%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hvp)	13,039	6,324	48.5%	----	----	----	13,039	6,324	48.5%
Cervical Cancer Screenings (Women 30-65, either option)	13,039	7,406	56.8%	----	----	----	13,039	7,406	56.8%
Mammograms (Females 40+)	10,667	5,718	53.6%	----	----	----	10,667	5,718	53.6%
PSA Screenings (Males 50+)	----	----	----	6,401	2,132	33.3%	6,401	2,132	33.3%
Colorectal Screenings (All 50+)	7,353	4,404	59.9%	6,401	3,553	55.5%	13,754	7,957	57.9%

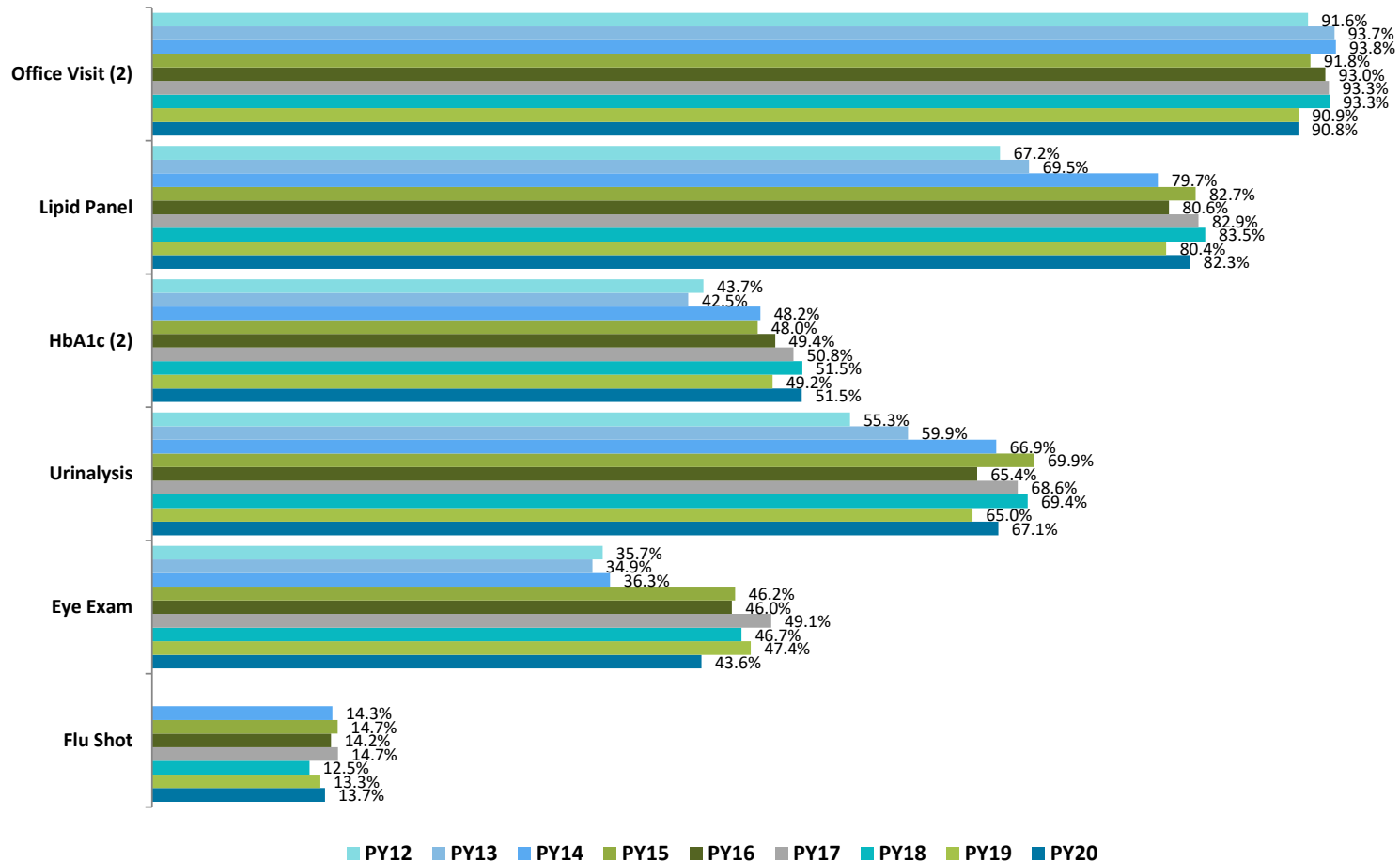
Overall Preventive Services Compliance Rates



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	PY20
Members	1,651	1,643	1,555	1,676	1,693	1,704	1,747	1,838	1,876



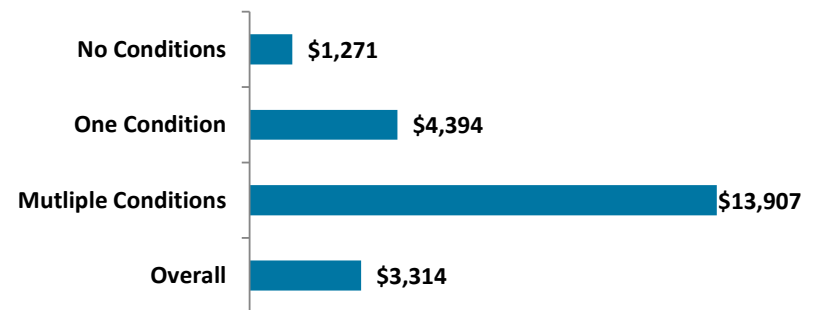
Chronic Conditions Summary

*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	1,237	1,170	29	38	\$6,999,235	\$5,658	99.3%	1 Office Visit
Cancer	1,356	1,285	32	59	\$31,494,154	\$23,226	----	----
Chronic Kidney Disease	332	309	8	60	\$7,057,790	\$21,258	----	----
Chronic Obstructive Pulmonary Disease (COPD)	262	245	6	59	\$5,801,582	\$22,143	98.9%	1 Office Visit
Congestive Heart Failure (CHF)	164	147	4	62	\$14,684,237	\$89,538	15.2%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	635	599	15	62	\$11,358,137	\$17,887	22.0%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	1,547	1,448	36	40	\$17,432,117	\$11,268	95.3%	1 Office Visit
Diabetes	1,876	1,763	44	56	\$15,926,494	\$8,490	20.1%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	3,222	3,104	75	54	\$21,496,183	\$6,672	39.4%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	3,747	3,554	87	57	\$38,458,575	\$10,264	27.4%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	881	832	21	44	\$5,881,677	\$6,676	----	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	29,274	31	47.3%	11.8%	40.9%
One Condition	8,820	46	70.4%	16.2%	13.4%
Multiple Conditions	4,748	56	78.2%	19.1%	2.7%
Overall	42,842	36	54.7%	13.4%	32.0%

Cost per Member Type



**Public Employees' Benefits Program - RX Costs
PY 2020 - Quarter Ending June 30, 2020**

Express Scripts

4Q FY2020		4Q FY2019	Difference	% Change
Membership Summary				
Member Count (Membership)	42,860	42,767	93	0.2%
Utilizing Member Count (Patients)	30,898	30,892	6	0.0%
Percent Utilizing (Utilization)	72.1%	72.2%	(0.00)	-0.2%
Claim Summary				
Net Claims (Total Rx's)	528,538	507,442	21,096	4.2%
Claims per Elig Member per Month (Claims PMPM)	1.03	0.99	0.04	4.0%
Total Claims for Generic (Generic Rx)	460,353	439,537	20,816.00	4.7%
Total Claims for Brand (Brand Rx)	68,185	67,905	280.00	0.4%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	8,527	8,120	407.00	5.0%
Total Non-Specialty Claims	522,302	501,486	20,816.00	4.2%
Total Specialty Claims	6,236	5,956	280.00	4.7%
Generic % of Total Claims (GFR)	87.1%	86.6%	0.00	0.6%
Generic Effective Rate (GCR)	98.2%	98.2%	(0.00)	0.0%
Mail Order Claims	98,209	66,787	31,422.00	47.0%
Mail Penetration Rate*	20.2%	14.8%	0.05	5.4%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$49,767,182.00	\$48,551,146.00	\$1,216,036.00	2.5%
Total Generic Gross Cost	\$8,025,545.00	\$9,949,865.00	(\$1,924,320.00)	-19.3%
Total Brand Gross Cost	\$41,741,637.00	\$38,601,281.00	\$3,140,356.00	8.1%
Total MSB Gross Cost	\$1,668,251.00	\$1,333,062.00	\$335,189.00	25.1%
Total Ingredient Cost	\$49,438,797.00	\$48,183,051.00	\$1,255,746.00	2.6%
Total Dispensing Fee	\$308,172.00	\$350,687.00	(\$42,515.00)	-12.1%
Total Other (e.g. tax)	\$20,213.00	\$17,408.00	\$2,805.00	16.1%
Avg Total Cost per Claim (Gross Cost/Rx)	\$94.16	\$95.68	(\$1.52)	-1.6%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$17.43	\$22.64	(\$5.21)	-23.0%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$612.18	\$568.46	\$43.72	7.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$195.64	\$164.17	\$31.47	19.2%
Member Cost Summary				
Total Member Cost	\$12,392,589.00	\$9,576,190.00	\$2,816,399.00	29.4%
Total Copay	\$6,737,994.00	\$4,533,965.00	\$2,204,029.00	48.6%
Total Deductible	\$5,654,595.00	\$5,042,225.00	\$612,370.00	12.1%
Avg Copay per Claim (Copay/Rx)	\$12.75	\$8.93	\$3.81	42.7%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$23.45	\$18.87	\$4.58	24.2%
Avg Copay for Generic (Copay/Generic Rx)	\$8.10	\$9.02	(\$0.92)	-10.2%
Avg Copay for Brand (Copay/Brand Rx)	\$127.04	\$82.63	\$44.41	53.7%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$63.73	\$64.55	(\$0.82)	-1.3%
Net PMPM (Participant Cost PMPM)	\$24.10	\$18.66	\$5.44	29.1%
Copay % of Total Prescription Cost (Member Cost Share %)	24.9%	19.7%	5.2%	26.2%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$37,374,593.00	\$38,974,956.00	(\$1,600,363.00)	-4.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$13,586,360.00	\$16,333,510.00	(\$2,747,150.00)	-16.8%
Total Specialty Drug Cost (Specialty Plan Cost)	\$23,788,233.00	\$22,641,446.00	\$1,146,787.00	5.1%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$70.71	\$76.81	(\$6.09)	-7.9%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$9.33	\$13.62	(\$4.29)	-31.5%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$485.14	\$485.83	(\$0.69)	-0.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$131.91	\$99.62	\$32.29	32.4%
Net PMPM (Plan Cost PMPM)	\$72.67	\$75.94	(\$3.28)	-4.3%
PMPM for Specialty Only (Specialty PMPM)	\$46.25	\$44.12	\$2.13	4.8%
PMPM without Specialty (Non-Specialty PMPM)	\$26.42	\$31.83	(\$5.41)	-17.0%
Rebates (Q1-Q4 FY2020 actual)	\$9,876,814.94	\$3,827,465.06	\$6,049,349.88	158.1%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$53.40	\$68.50	(\$15.09)	-22.0%
PMPM for Specialty Only (Specialty PMPM)	\$40.11	\$39.12	\$0.99	2.5%
PMPM without Specialty (Non-Specialty PMPM)	\$14.12	\$20.02	(\$5.90)	-29.5%

Appendix B

Index of Tables HealthSCOPE – EPO Utilization Review for PEBP July 1, 2019 – June 30, 2020

HEALTHSCOPE BENEFITS OVERVIEW.....	2
---	----------

MEDICAL

<i>Paid Claims by Age Group.....</i>	3
Financial Summary.....	4
Paid Claims by Claim Type.....	6
Cost Distribution – Medical Claims.....	9
Utilization Summary.....	10
Provider Network Summary.....	12

PREVENTIVE SERVICES

Preventive Services Compliance.....	19
-------------------------------------	----

PRESCRIPTION DRUG COSTS

Prescription Drug Cost Comparison.....	22
--	----

HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July 2019 – June 2020

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for PY20 was \$50,293,887 with a plan cost per employee per year of \$10,492. This is an increase of 20.0% when compared to PY19.
 - IP Cost per Admit is \$14,091 which is 30.9% lower than PY19.
 - ER Cost per Visit is \$2,649 which is on track with PY19.
- Employees shared in 9.4% of the medical cost.
- Inpatient facility costs were 20.4% of the plan spend.
- 67.1% of the Average Membership had paid Medical claims less than \$2,500, with 8.9% of those having no claims paid at all during the reporting period.
- 51 members exceeded the \$100k high cost threshold during the reporting period, which accounted for 20.6% of the plan spend. The highest diagnosis category was Neoplasms, accounting for 16.3% of the high cost claimant dollars.
- Total spending with in-network providers was 97.4%. The overall in-network discount was 57.3%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	PY19						PY20						% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,874,215	\$ 1,698	\$ 9,149	\$ 8	\$ 1,883,364	\$ 1,706	\$ 2,065,664	\$ 1,523	\$ 43,610	\$ 32	\$ 2,109,274	\$ 1,556	12.0%	-8.8%
1	\$ 264,791	\$ 245	\$ 14,535	\$ 13	\$ 279,326	\$ 259	\$ 322,038	\$ 280	\$ 10,151	\$ 9	\$ 332,189	\$ 288	18.9%	11.5%
2 - 4	\$ 372,210	\$ 117	\$ 14,845	\$ 5	\$ 387,055	\$ 122	\$ 499,290	\$ 143	\$ 21,093	\$ 6	\$ 520,383	\$ 150	34.4%	22.9%
5 - 9	\$ 502,906	\$ 81	\$ 95,811	\$ 16	\$ 598,717	\$ 97	\$ 671,109	\$ 108	\$ 118,472	\$ 19	\$ 789,581	\$ 128	31.9%	31.6%
10 - 14	\$ 1,277,258	\$ 167	\$ 244,065	\$ 32	\$ 1,521,323	\$ 198	\$ 1,496,169	\$ 195	\$ 261,037	\$ 34	\$ 1,757,206	\$ 228	15.5%	15.1%
15 - 19	\$ 1,537,283	\$ 186	\$ 292,943	\$ 35	\$ 1,830,226	\$ 222	\$ 2,508,550	\$ 293	\$ 365,029	\$ 43	\$ 2,873,579	\$ 336	57.0%	51.5%
20 - 24	\$ 1,082,265	\$ 156	\$ 409,392	\$ 59	\$ 1,491,657	\$ 215	\$ 1,896,090	\$ 253	\$ 649,773	\$ 87	\$ 2,545,863	\$ 340	70.7%	57.8%
25 - 29	\$ 1,215,987	\$ 295	\$ 301,168	\$ 73	\$ 1,517,155	\$ 369	\$ 1,399,255	\$ 312	\$ 448,440	\$ 100	\$ 1,847,695	\$ 412	21.8%	11.7%
30 - 34	\$ 2,784,920	\$ 515	\$ 341,212	\$ 63	\$ 3,126,132	\$ 578	\$ 2,810,656	\$ 487	\$ 384,069	\$ 67	\$ 3,194,725	\$ 553	2.2%	-4.2%
35 - 39	\$ 2,361,827	\$ 366	\$ 734,028	\$ 114	\$ 3,095,855	\$ 480	\$ 3,816,160	\$ 559	\$ 872,086	\$ 128	\$ 4,688,246	\$ 687	51.4%	43.2%
40 - 44	\$ 2,437,647	\$ 381	\$ 784,468	\$ 123	\$ 3,222,115	\$ 504	\$ 3,025,413	\$ 449	\$ 1,471,349	\$ 218	\$ 4,496,762	\$ 667	39.6%	32.4%
45 - 49	\$ 2,770,287	\$ 331	\$ 1,525,758	\$ 182	\$ 4,296,045	\$ 513	\$ 4,355,742	\$ 514	\$ 1,557,551	\$ 184	\$ 5,913,293	\$ 698	37.6%	36.1%
50 - 54	\$ 5,152,391	\$ 559	\$ 2,107,261	\$ 229	\$ 7,259,652	\$ 788	\$ 5,252,965	\$ 547	\$ 2,521,204	\$ 263	\$ 7,774,169	\$ 810	7.1%	2.8%
55 - 59	\$ 5,436,354	\$ 503	\$ 2,751,284	\$ 254	\$ 8,187,638	\$ 757	\$ 7,388,691	\$ 691	\$ 3,451,241	\$ 323	\$ 10,839,932	\$ 1,014	32.4%	33.9%
60 - 64	\$ 9,774,054	\$ 815	\$ 3,034,480	\$ 253	\$ 12,808,534	\$ 1,067	\$ 9,642,859	\$ 815	\$ 4,337,100	\$ 367	\$ 13,979,959	\$ 1,182	9.1%	10.7%
65+	\$ 1,920,336	\$ 395	\$ 1,343,189	\$ 276	\$ 3,263,525	\$ 672	\$ 3,143,235	\$ 644	\$ 1,712,534	\$ 351	\$ 4,855,769	\$ 994	48.8%	48.1%
Total	\$ 40,764,731	\$ 400	\$ 14,003,588	\$ 137	\$54,768,319	\$ 537	\$ 50,293,887	\$ 478	\$ 18,224,739	\$ 173	\$ 68,518,625	\$ 651	25.1%	21.3%

Financial Summary (p. 1 of 2)

Summary	Total			State Active			Non-State Active		
	PY19	PY20	Variance to Prior Year	PY19	PY20	Variance to Prior Year	PY19	PY20	Variance to Prior Year
Enrollment									
Avg # Employees	4,653	4,794	3.0%	3,878	4,054	4.5%	4	4	0.0%
Avg # Members	8,488	8,768	3.3%	7,445	7,768	4.3%	5	5	0.0%
Ratio	1.8	1.8	0.5%	1.9	1.9	0.0%	1.3	1.3	0.0%
Financial Summary									
Gross Cost	\$45,094,672	\$55,523,229	23.1%	\$35,711,039	\$45,961,999	28.7%	\$45,961	\$70,916	54.3%
Client Paid	\$40,764,731	\$50,293,887	23.4%	\$32,097,283	\$41,579,805	29.5%	\$40,931	\$65,329	59.6%
Employee Paid	\$4,329,941	\$5,229,342	20.8%	\$3,613,757	\$4,382,194	21.3%	\$5,030	\$5,587	11.1%
Client Paid-PEPY	\$8,745	\$10,492	20.0%	\$8,277	\$10,256	23.9%	\$10,233	\$16,332	59.6%
Client Paid-PMPY	\$4,794	\$5,736	19.6%	\$4,311	\$5,352	24.1%	\$8,186	\$13,066	59.6%
Client Paid-PEPM	\$729	\$874	19.9%	\$690	\$855	23.9%	\$853	\$1,361	59.6%
Client Paid-PMPM	\$400	\$478	19.5%	\$359	\$446	24.2%	\$682	\$1,089	59.7%
High Cost Claimants (HCC's) > \$100k									
# of HCC's	39	51	30.8%	27	40	48.1%	0	0	0.0%
HCC's / 1,000	4.6	5.8	26.7%	3.6	5.2	42.0%	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$202,775	-26.2%	\$246,453	\$179,535	-27.2%	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	20.6%	-21.7%	20.7%	17.3%	-16.4%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,218	\$1,169	-4.0%	\$944	\$1,036	9.7%	\$3,360	\$2,928	-12.9%
Facility Outpatient	\$1,506	\$1,832	21.6%	\$1,395	\$1,693	21.4%	\$1,369	\$4,817	251.9%
Physician	\$1,923	\$2,541	32.1%	\$1,844	\$2,461	33.5%	\$3,030	\$5,153	70.1%
Other	\$148	\$194	31.1%	\$127	\$163	28.3%	\$427	\$168	-60.7%
Total	\$4,794	\$5,736	19.6%	\$4,311	\$5,352	24.1%	\$8,186	\$13,066	59.6%

Financial Summary (p. 2 of 2)

Summary	State Retirees			Non-State Retirees			HSB Peer Index
	PY19	PY20	Variance to Prior Year	PY19	PY20	Variance to Prior Year	
Enrollment							
Avg # Employees	599	588	-1.8%	181	148	-18.2%	
Avg # Members	826	807	-2.3%	227	188	-17.3%	
Ratio	1.4	1.4	-0.7%	1.3	1.3	0.8%	1.8
Financial Summary							
Gross Cost	\$7,418,807	\$8,514,643	14.8%	\$1,918,864	\$975,672	-49.2%	
Client Paid	\$6,863,148	\$7,803,114	13.7%	\$1,763,370	\$845,639	-52.0%	
Employee Paid	\$555,659	\$711,529	28.1%	\$155,495	\$130,033	-16.4%	
Client Paid-PEPY	\$11,461	\$13,272	15.8%	\$9,769	\$5,730	-41.3%	\$6,209
Client Paid-PMPY	\$8,313	\$9,674	16.4%	\$7,777	\$4,508	-42.0%	\$3,437
Client Paid-PEPM	\$955	\$1,106	15.8%	\$814	\$477	-41.4%	\$517
Client Paid-PMPM	\$693	\$806	16.3%	\$648	\$376	-42.0%	\$286
High Cost Claimants (HCC's) > \$100k							
# of HCC's	9	18	100.0%	3	0	0.0%	
HCC's / 1,000	10.9	22.3	104.7%	13.2	0.0	0.0%	
Avg HCC Paid	\$339,256	\$175,561	-48.3%	\$334,114	\$0	0.0%	
HCC's % of Plan Paid	44.5%	40.5%	-9.0%	56.8%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)							
Facility Inpatient	\$3,028	\$2,529	-16.5%	\$3,554	\$787	-77.9%	\$1,057
Facility Outpatient	\$2,243	\$3,276	46.1%	\$2,477	\$1,314	-47.0%	\$1,145
Physician	\$2,713	\$3,385	24.8%	\$1,587	\$2,165	36.4%	\$1,122
Other	\$328	\$484	47.6%	\$158	\$242	53.2%	\$113
Total	\$8,313	\$9,674	16.4%	\$7,777	\$4,508	-42.0%	\$3,437

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	PY19				PY20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,762,274	\$ 2,599,386	\$ 160,727	\$ 11,522,387	\$ 10,464,957	\$ 2,021,740	\$ 396,512	\$ 12,883,209	11.8%	
Outpatient	\$ 23,335,008	\$ 3,620,613	\$ 482,422	\$ 27,438,043	\$ 31,114,848	\$ 4,575,830	\$ 809,032	\$ 36,499,709	33.0%	
Total - Medical	\$ 32,097,283	\$ 6,219,999	\$ 643,149	\$ 38,960,431	\$ 41,579,805	\$ 6,597,569	\$ 1,205,544	\$ 49,382,919	26.8%	

Net Paid Claims - Per Participant per Month										
	PY19				PY20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 690	\$ 1,018	\$ 596	\$ 725	\$ 855	\$ 1,092	\$ 1,190	\$ 887	22.3%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	PY19				PY20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 23,542	\$ 854,839	\$ 10,077	\$ 888,459	\$ 22,498	\$ 49,975	\$ 123,810	\$ 196,283		-77.9%
Outpatient	\$ 17,389	\$ 754,444	\$ 144,009	\$ 915,842	\$ 42,831	\$ 562,214	\$ 109,640	\$ 714,685		-22.0%
Total - Medical	\$ 40,931	\$ 1,609,283	\$ 154,087	\$ 1,804,301	\$ 65,329	\$ 612,189	\$ 233,450	\$ 910,968		-49.5%

Net Paid Claims - Per Participant per Month										
	PY19				PY20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 853	\$ 1,048	\$ 242	\$ 813	\$ 1,361	\$ 544	\$ 362	\$ 501		-38.4%

Paid Claims by Claim Type – Total

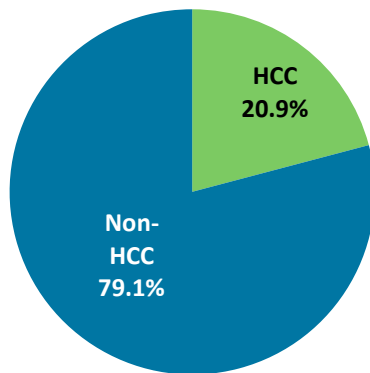
Net Paid Claims - Total										
Total Participants										
	PY19				PY20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,785,816	\$ 3,454,225	\$ 170,805	\$ 12,410,846	\$ 10,487,455	\$ 2,071,715	\$ 520,322	\$ 13,079,492	5.4%	
Outpatient	\$ 23,352,397	\$ 4,375,057	\$ 626,431	\$ 28,353,885	\$ 31,157,679	\$ 5,138,044	\$ 918,672	\$ 37,214,394	31.2%	
Total - Medical	\$ 32,138,214	\$ 7,829,282	\$ 797,236	\$ 40,764,731	\$ 41,645,134	\$ 7,209,759	\$ 1,438,994	\$ 50,293,887	23.4%	

Net Paid Claims - Per Participant per Month										
	PY19				PY20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 690	\$ 1,024	\$ 465	\$ 729	\$ 855	\$ 1,006	\$ 868	\$ 874	20.0%	

Cost Distribution – Medical Claims

PY19						PY20						
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
32	0.4%	\$10,660,448	26.2%	\$223,955	5.2%	\$100,000.01 Plus	44	0.5%	\$10,340,819	20.6%	\$390,985	7.5%
63	0.7%	\$4,489,989	11.0%	\$285,075	6.6%	\$50,000.01-\$100,000.00	88	1.0%	\$6,373,247	12.7%	\$358,697	6.9%
148	1.7%	\$5,378,700	13.2%	\$370,909	8.6%	\$25,000.01-\$50,000.00	225	2.6%	\$8,154,879	16.2%	\$555,463	10.6%
489	5.7%	\$7,901,863	19.4%	\$770,638	17.8%	\$10,000.01-\$25,000.00	677	7.7%	\$11,069,243	22.0%	\$1,103,842	21.1%
592	7.0%	\$4,367,753	10.7%	\$713,266	16.5%	\$5,000.01-\$10,000.00	709	8.1%	\$5,306,235	10.6%	\$742,035	14.2%
935	11.0%	\$3,470,368	8.5%	\$766,356	17.7%	\$2,500.01-\$5,000.00	1,148	13.1%	\$4,313,452	8.6%	\$963,451	18.4%
5,310	62.5%	\$4,495,610	11.0%	\$1,195,579	27.6%	\$0.01-\$2,500.00	5,073	57.9%	\$4,736,011	9.4%	\$1,110,286	21.3%
16	0.2%	\$0	0.0%	\$4,162	0.1%	\$0.00	23	0.3%	\$0	0.0%	\$4,582	0.1%
918	10.8%	\$0	0.0%	\$0	0.0%	No Claims	780	8.9%	\$0	0.0%	\$0	0.0%
8,503	100.0%	\$40,764,731	100.0%	\$4,329,941	100.0%		8,768	100.0%	\$50,293,887	100.0%	\$5,229,342	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 NEO) Neoplasms	22	\$1,712,149	16.3%
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	34	\$1,513,584	14.4%
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving	20	\$1,039,769	9.9%
(CCS END) Endocrine, Nutritional and Metabolic Diseases	30	\$909,798	8.7%
(CCS PNL) Certain Conditions Originating in the Perinatal Period	4	\$873,604	8.3%
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	25	\$591,383	5.6%
(CCS NVS) Diseases of the Nervous System	27	\$567,721	5.4%
(CCS RSP) Diseases of the Respiratory System	33	\$531,746	5.1%
(CCS INF) Certain Infectious and Parasitic Diseases	11	\$526,511	5.0%
(CCS GEN) Diseases of the Genitourinary System	26	\$432,586	4.1%
(CCS CIR) Diseases of the Circulatory System	33	\$428,660	4.1%
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	23	\$393,320	3.7%
(CCS DIG) Diseases of the Digestive System	25	\$393,229	3.7%
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	47	\$206,240	2.0%
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere	46	\$163,487	1.6%
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormalities	7	\$24,986	0.2%
(CCS EYE) Diseases of the Eye and Adnexa	23	\$16,615	0.2%
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	21	\$15,744	0.1%
All Others	121	\$161,975	1.5%
Overall	---	\$10,503,107	100.0%

Utilization Summary (p. 1 of 2)

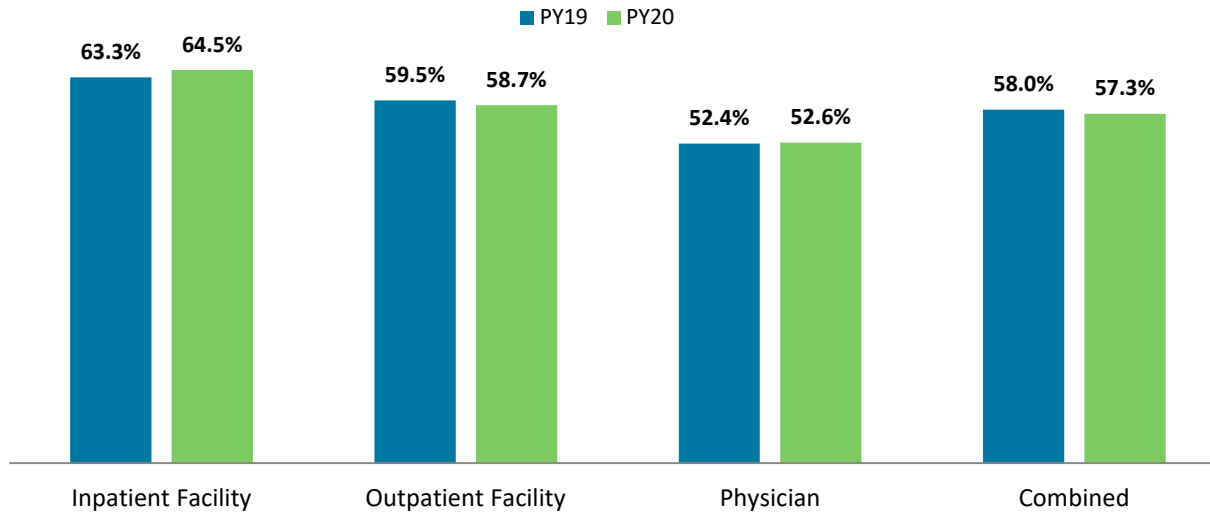
Summary	Total			State Active			Non-State Active		
	PY19	PY20	Variance to Prior Year	PY19	PY20	Variance to Prior Year	PY19	PY20	Variance to Prior Year
Inpatient Facility									
# of Admits	507	725	43.0%	441	616	39.7%	1	1	0.0%
# of Bed Days	2,491	3,388	36.0%	2,026	2,777	37.1%	2	2	0.0%
Paid Per Admit	\$20,394	\$14,091	-30.9%	\$15,930	\$13,098	-17.8%	\$16,801	\$14,640	-12.9%
Paid Per Day	\$4,151	\$3,015	-27.4%	\$3,468	\$2,905	-16.2%	\$8,401	\$7,320	-12.9%
Admits Per 1,000	60	83	38.3%	59	79	33.9%	200	200	0.0%
Days Per 1,000	293	386	31.7%	272	357	31.3%	400	400	0.0%
Avg LOS	4.9	4.7	-4.1%	4.6	4.5	-2.2%	2.0	2.0	0.0%
Physician Office									
OV Utilization per Member	4.4	5.1	15.9%	4.2	4.9	16.7%	5.6	8.6	53.6%
Avg Paid per OV	\$94	\$100	6.4%	\$95	\$102	7.4%	\$105	\$90	-14.3%
Avg OV Paid per Member	\$410	\$514	25.4%	\$402	\$503	25.1%	\$587	\$776	32.2%
DX&L Utilization per Member	8.9	10.4	16.9%	8.4	9.8	16.7%	14	17.6	25.7%
Avg Paid per DX&L	\$78	\$76	-2.6%	\$75	\$77	2.7%	\$106	\$90	-15.1%
Avg DX&L Paid per Member	\$690	\$791	14.6%	\$629	\$756	20.2%	\$1,491	\$1,582	6.1%
Emergency Room									
# of Visits	1,453	1,903	31.0%	1,261	1,618	28.3%	0	2	0.0%
# of Admits	192	309	60.9%	154	234	51.9%	0	0	0.0%
Visits Per Member	0.17	0.22	27.7%	0.17	0.21	22.5%	0	0.40	0.0%
Visits Per 1,000	171	217	26.9%	169	208	23.2%	0	400	0.0%
Avg Paid per Visit	\$2,608	\$2,649	1.6%	\$2,546	\$2,734	7.4%	\$0	\$2,405	0.0%
Admits Per Visit	0.13	0.16	24.9%	0.12	0.14	20.5%	0.00	0.00	0.0%
Urgent Care									
# of Visits	2,450	2,892	18.0%	2,232	2,644	18.5%	0	0	0.0%
Visits Per Member	0.29	0.33	13.7%	0.30	0.34	13.5%	0.00	0.00	0.0%
Visits Per 1,000	288	330	14.5%	300	340	13.5%	0	0	0.0%
Avg Paid per Visit	\$140	\$156	11.4%	\$140	\$158	12.9%	\$0	\$0	0.0%

Utilization Summary (p. 2 of 2)

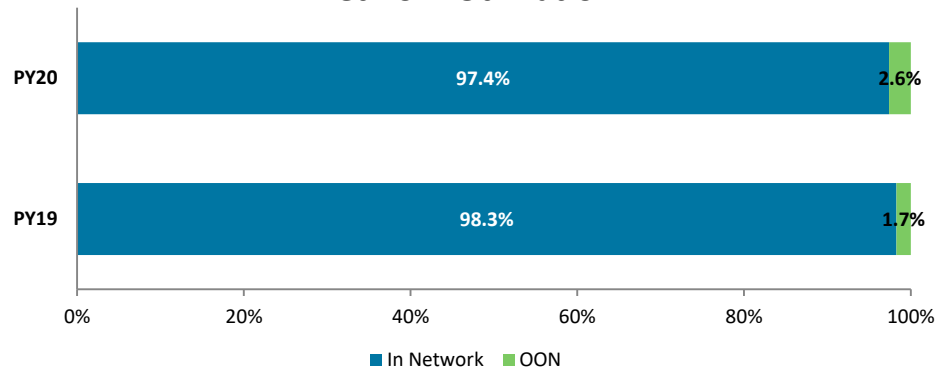
Summary	State Retirees			Non-State Retirees			HSB Peer Index
	PY19	PY20	Variance to Prior Year	PY19	PY20	Variance to Prior Year	
Inpatient Facility							
# of Admits	52	95	82.7%	13	13	0.0%	
# of Bed Days	361	453	25.5%	102	156	52.9%	
Paid Per Admit	\$47,923	\$20,902	-56.4%	\$61,977	\$11,362	-81.7%	\$16,173
Paid Per Day	\$6,903	\$4,383	-36.5%	\$7,899	\$947	-88.0%	\$3,708
Admits Per 1,000	63	118	87.3%	57	69	21.1%	61
Days Per 1,000	437	562	28.6%	450	832	84.9%	264
Avg LOS	6.9	4.8	-30.4%	7.8	12.0	53.8%	4.3
Physician Office							
OV Utilization per Member	5.6	7.0	25.0%	5.0	6.1	22.0%	3.3
Avg Paid per OV	\$85	\$89	4.7%	\$86	\$79	-8.1%	\$50
Avg OV Paid per Member	\$473	\$622	31.5%	\$431	\$477	10.7%	\$167
DX&L Utilization per Member	12.1	15	24.0%	12.2	13.9	13.9%	8.3
Avg Paid per DX&L	\$88	\$71	-19.3%	\$104	\$75	-27.9%	\$67
Avg DX&L Paid per Member	\$1,069	\$1,065	-0.4%	\$1,274	\$1,047	-17.8%	\$554
Emergency Room							
# of Visits	158	249	57.6%	94	34	-63.8%	
# of Admits	30	68	126.7%	8	7	-12.5%	
Visits Per Member	0.19	0.31	62.5%	0.41	0.18	-55.8%	0.17
Visits Per 1,000	191	309	61.6%	415	181	-56.3%	174
Avg Paid per Visit	\$2,991	\$2,281	-23.7%	\$1,195	\$1,300	8.8%	\$1,684
Admits Per Visit	0.19	0.27	43.7%	0.09	0.21	128.8%	0.14
Urgent Care							
# of Visits	158	189	19.6%	60	59	-1.7%	
Visits Per Member	0.19	0.23	23.3%	0.26	0.31	21.0%	0.24
Visits Per 1,000	191	234	22.7%	265	315	18.7%	242
Avg Paid per Visit	\$154	\$153	-0.6%	\$96	\$97	1.0%	\$74

Provider Network Summary

In Network Discounts



Network Utilization



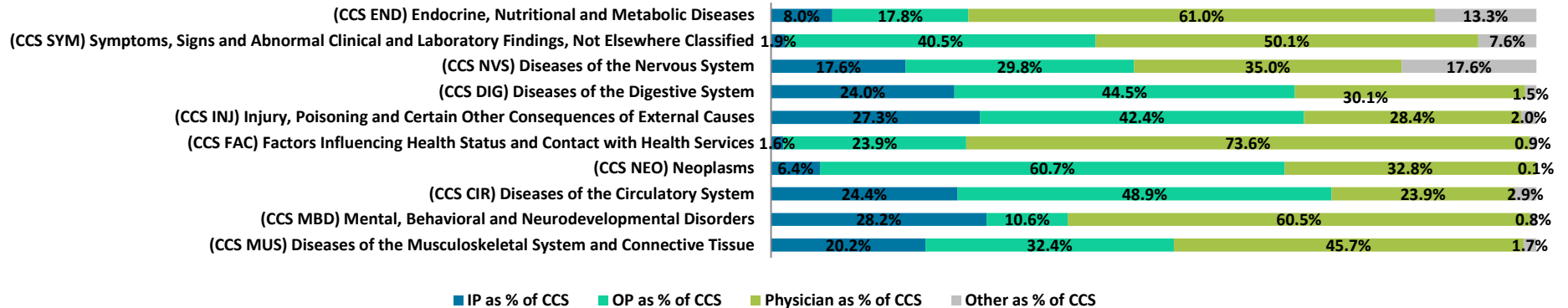
AHRQ* Clinical Classifications Summary



*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 MUS) Diseases of the Musculoskeletal System and Connective Tissue	\$7,537,314	15.0%	\$4,596,657	\$2,196,439	\$744,217	\$3,723,514	\$3,813,799
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	\$3,666,794	7.3%	\$1,930,564	\$341,449	\$1,394,781	\$1,163,738	\$2,503,056
(CCS CIR) Diseases of the Circulatory System	\$3,649,144	7.3%	\$2,770,280	\$686,128	\$192,736	\$1,893,625	\$1,755,519
(CCS NEO) Neoplasms	\$3,633,436	7.2%	\$3,007,104	\$565,876	\$60,456	\$827,182	\$2,806,254
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	\$3,503,371	7.0%	\$1,989,071	\$418,317	\$1,095,983	\$1,154,236	\$2,349,135
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	\$3,452,461	6.9%	\$1,953,469	\$567,705	\$931,287	\$1,848,393	\$1,604,068
(CCS DIG) Diseases of the Digestive System	\$3,249,784	6.5%	\$2,308,725	\$524,525	\$416,534	\$1,425,956	\$1,823,828
(CCS NVS) Diseases of the Nervous System	\$2,923,621	5.8%	\$1,854,354	\$708,606	\$360,660	\$1,323,043	\$1,600,578
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	\$2,884,829	5.7%	\$1,897,131	\$391,735	\$595,964	\$1,100,225	\$1,784,604
(CCS END) Endocrine, Nutritional and Metabolic Diseases	\$2,721,088	5.4%	\$2,141,105	\$382,825	\$197,158	\$961,902	\$1,759,186
(CCS RSP) Diseases of the Respiratory System	\$2,467,306	4.9%	\$1,557,728	\$233,126	\$676,452	\$1,117,156	\$1,350,150
(CCS GEN) Diseases of the Genitourinary System	\$2,286,018	4.5%	\$1,745,642	\$332,052	\$208,324	\$816,521	\$1,469,497
(CCS PRG) Pregnancy, Childbirth and the Puerperium	\$1,952,793	3.9%	\$1,587,278	\$257,988	\$107,527	\$0	\$1,952,793
(CCS PNL) Certain Conditions Originating in the Perinatal Period	\$1,458,620	2.9%	\$12,789	\$225	\$1,445,606	\$316,856	\$1,141,764
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders	\$1,227,353	2.4%	\$391,362	\$817,301	\$18,691	\$262,356	\$964,997
(CCS EYE) Diseases of the Eye and Adnexa	\$1,107,868	2.2%	\$810,482	\$114,212	\$183,174	\$438,084	\$669,784
(CCS INF) Certain Infectious and Parasitic Diseases	\$1,076,215	2.1%	\$794,435	\$114,405	\$167,374	\$649,770	\$426,444
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	\$776,632	1.5%	\$464,671	\$171,260	\$140,701	\$320,134	\$456,498
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormalities	\$347,101	0.7%	\$22,610	\$17,351	\$307,140	\$214,709	\$132,392
(CCS EAR) Diseases of the Ear and Mastoid Process	\$340,964	0.7%	\$135,588	\$37,850	\$167,526	\$158,238	\$182,726
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$30,645	0.1%	\$7,581	\$11,557	\$11,507	\$8,606	\$22,039
(CCS EXT) External Causes of Morbidity	\$531	0.0%	\$145	\$0	\$386	\$0	\$531
Total	\$50,293,887	100.0%	\$31,812,846	\$8,824,174	\$8,937,625	\$19,342,691	\$30,231,954

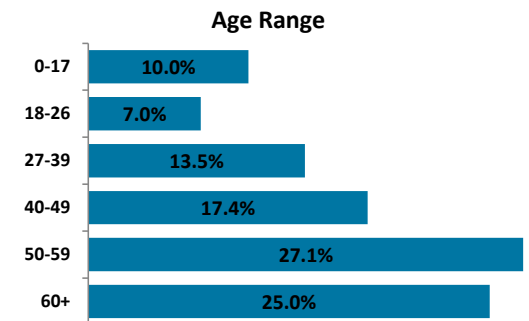
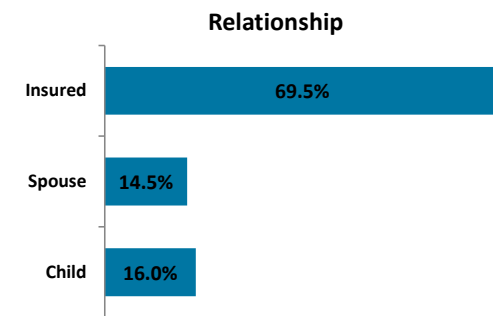
Top 10 Categories by Claim Type



AHRQ Category – Diseases of the Musculoskeletal System & Connective Tissue

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Spondylopathies/Spondyloarthropathy (Including Infective)	1,048	7,423	\$2,699,026	35.8%
Osteoarthritis	482	1,729	\$1,138,065	15.1%
Musculoskeletal Pain, Not Low Back Pain	1,855	8,805	\$911,730	12.1%
Tendon And Synovial Disorders	331	1,445	\$498,488	6.6%
Scoliosis And Other Postural Dorsopathic Deformities	50	186	\$364,020	4.8%
Other Specified Joint Disorders	225	807	\$286,736	3.8%
Other Specified Connective Tissue Disease	548	1,492	\$277,629	3.7%
Low Back Pain	549	2,510	\$227,671	3.0%
Rheumatoid Arthritis And Related Disease	81	349	\$162,828	2.2%
Systemic Lupus Erythematosus And Connective Tissue Disorders	58	267	\$157,455	2.1%
Acquired Foot Deformities	112	290	\$153,667	2.0%
Disorders Of Jaw	27	173	\$150,406	2.0%
Postprocedural Or Postoperative Musculoskeletal System Complication	49	434	\$138,609	1.8%
Osteoporosis	67	154	\$123,477	1.6%
Muscle Disorders	56	197	\$54,500	0.7%
Biomechanical Lesions	409	2,215	\$53,845	0.7%
Osteomyelitis	11	78	\$34,455	0.5%
Other Specified Bone Disease And Musculoskeletal Deformities	118	216	\$32,726	0.4%
Infective Arthritis	4	46	\$20,238	0.3%
Acquired Deformities (Excluding Foot)	29	75	\$19,464	0.3%
Stress Fracture, Initial Encounter	15	27	\$16,956	0.2%
Gout	55	101	\$8,681	0.1%
Neurogenic/Neuropathic Arthropathy	3	22	\$2,834	0.0%
Pathological Fracture, Subsequent Encounter	4	5	\$2,340	0.0%
Traumatic Arthropathy	3	6	\$629	0.0%
Juvenile Arthritis	1	3	\$317	0.0%
Pathological, Stress And Atypical Fractures, Sequela	1	1	\$166	0.0%
Crystal Arthropathies (Excluding Gout)	1	2	\$107	0.0%
Stress Fracture, Subsequent Encounter	1	1	\$80	0.0%
Musculoskeletal Abscess	1	1	\$71	0.0%
Immune-Mediated/Reactive Arthropathies	1	4	\$59	0.0%
Aseptic Necrosis And Osteonecrosis	1	1	\$37	0.0%
Other Bone Disease And Musculoskeletal Deformities [212.]	3	4	\$0	0.0%
	----	----	\$7,537,314	100.0%

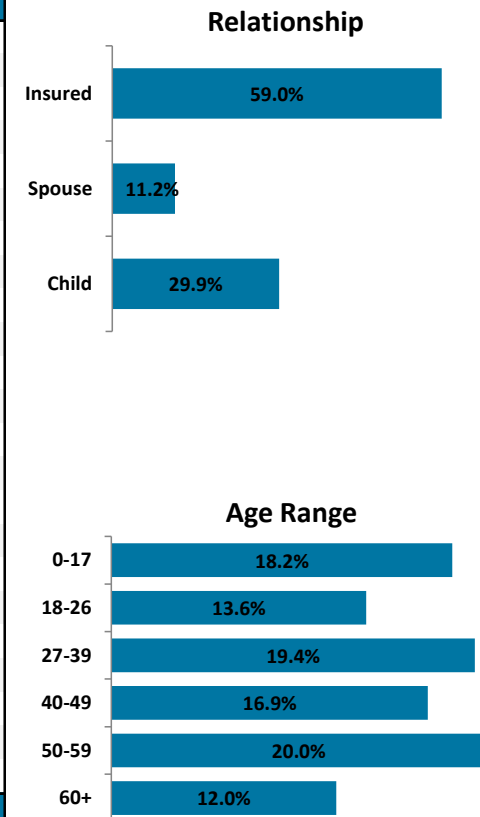
*Patient and claim counts are unique only within the category



AHRQ Category – Mental, Behavioral, and Neurodevelopment Disorders

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Depressive Disorders	630	4,819	\$1,025,617	28.0%
Trauma- And Stressor-Related Disorders	537	4,107	\$574,777	15.7%
Alcohol-Related Disorders	54	349	\$469,602	12.8%
Anxiety And Fear-Related Disorders	686	3,189	\$467,377	12.7%
Neurodevelopmental Disorders	265	1,966	\$250,330	6.8%
Bipolar And Related Disorders	114	943	\$174,732	4.8%
Miscellaneous Mental And Behavioral Disorders/Conditions	35	125	\$169,316	4.6%
Feeding And Eating Disorders	16	211	\$111,225	3.0%
Other Specified And Unspecified Mood Disorders	36	172	\$102,544	2.8%
Opioid-Related Disorders	23	229	\$93,424	2.5%
Suicidal Ideation/Attempt/Intentional Self-Harm	31	84	\$65,719	1.8%
Schizophrenia Spectrum And Other Psychotic Disorders	24	188	\$40,789	1.1%
Obsessive-Compulsive And Related Disorders	22	258	\$34,766	0.9%
Mental And Substance Use Disorders In Remission	77	238	\$31,975	0.9%
Other Specified Substance-Related Disorders	24	73	\$14,105	0.4%
Disruptive, Impulse-Control And Conduct Disorders	15	51	\$11,581	0.3%
Cannabis-Related Disorders	9	18	\$8,666	0.2%
Somatic Disorders	34	59	\$7,969	0.2%
Stimulant-Related Disorders	6	29	\$6,579	0.2%
Tobacco-Related Disorders	46	74	\$4,296	0.1%
Personality Disorders	8	22	\$1,259	0.0%
Suicide Attempt/Intentional Self-Harm; Subsequent Encounter	1	1	\$146	0.0%
Hallucinogen-Related Disorders	1	1	\$0	0.0%
	----	----	\$3,666,794	100.0%

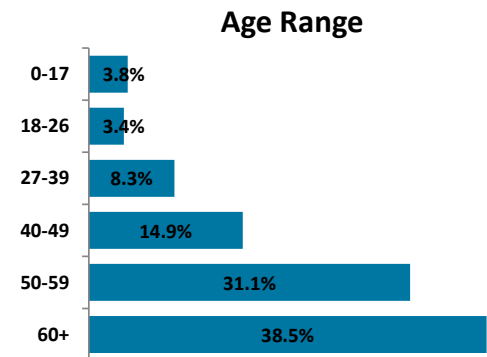
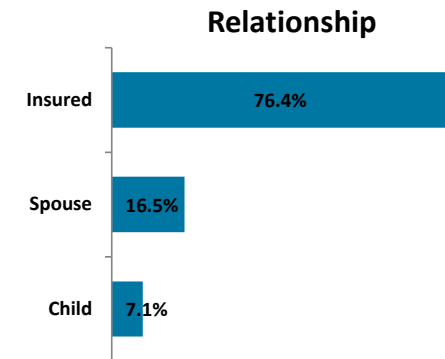
*Patient and claim counts are unique only within the category



AHRQ Category – Diseases of the Circulatory System

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Cardiac Dysrhythmias	186	872	\$1,014,880	27.8%
Nonspecific Chest Pain	412	1,161	\$724,886	19.9%
Coronary Atherosclerosis And Other Heart Disease	139	353	\$214,860	5.9%
Essential Hypertension	853	1,744	\$211,406	5.8%
Nonrheumatic And Unspecified Valve Disorders	78	181	\$209,277	5.7%
Acute Myocardial Infarction	23	103	\$196,541	5.4%
Heart Failure	42	213	\$132,385	3.6%
Peripheral And Visceral Vascular Disease	54	111	\$111,729	3.1%
Varicose Veins Of Lower Extremity	47	161	\$106,057	2.9%
Acute Phlebitis; Thrombophlebitis And Thromboembolism	41	154	\$102,310	2.8%
Cerebral Infarction	35	128	\$69,310	1.9%
Aortic; Peripheral; And Visceral Artery Aneurysms	19	56	\$59,701	1.6%
Other Specified Diseases Of Veins And Lymphatics	26	84	\$57,733	1.6%
Chronic Phlebitis; Thrombophlebitis And Thromboembolism	8	26	\$48,431	1.3%
Hypertension With Complications And Secondary Hypertension	30	59	\$39,833	1.1%
Postthrombotic Syndrome And Venous Insufficiency/Hypertension	25	50	\$34,715	1.0%
Acute Pulmonary Embolism	20	66	\$34,555	0.9%
Sequela Of Cerebral Infarction And Other Cerebrovascular Disease	6	23	\$32,509	0.9%
Chronic Rheumatic Heart Disease	17	23	\$31,235	0.9%
Acute Hemorrhagic Cerebrovascular Disease	5	13	\$30,519	0.8%
Occlusion Or Stenosis Of Precerebral Or Cerebral Arteries Without Infarction	47	93	\$23,207	0.6%
Myocarditis And Cardiomyopathy	26	83	\$21,005	0.6%
Other And III-Defined Cerebrovascular Disease	27	51	\$19,016	0.5%
Other And III-Defined Heart Disease	41	61	\$18,028	0.5%
Cardiac Arrest And Ventricular Fibrillation	5	41	\$16,927	0.5%
Other Specified And Unspecified Circulatory Disease	29	53	\$15,563	0.4%
Hypotension	14	40	\$14,623	0.4%
Conduction Disorders	53	105	\$14,233	0.4%
Pericarditis And Pericardial Disease	9	22	\$13,190	0.4%
Aortic And Peripheral Arterial Embolism Or Thrombosis	17	22	\$12,822	0.4%
Pulmonary Heart Disease	11	22	\$12,755	0.3%
Sequela Of Hemorrhagic Cerebrovascular Disease	1	3	\$4,569	0.1%
Postprocedural Or Postoperative Circulatory System Complication	1	1	\$217	0.0%
Endocarditis And Endocardial Disease	1	1	\$90	0.0%
Gangrene	2	3	\$30	0.0%
Complications Of Acute Myocardial Infarction	1	1	\$0	0.0%
Overall	----	----	\$3,649,144	100.0%

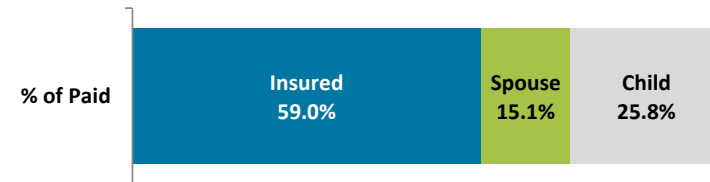
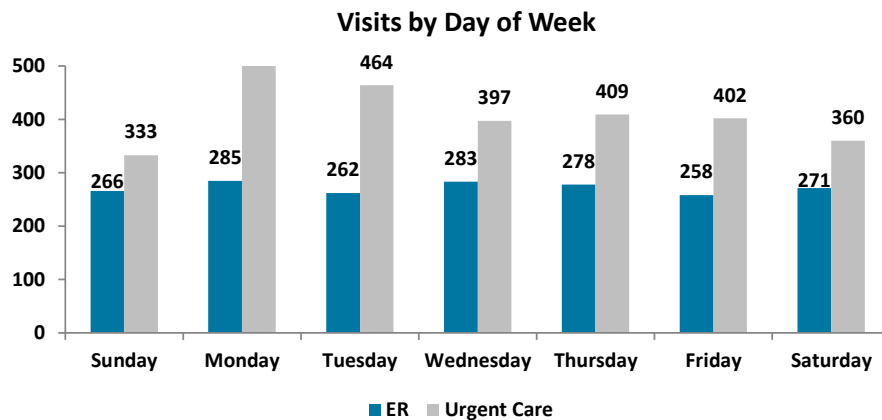
*Patient and claim counts are unique only within the category



Emergency Room / Urgent Care Summary

ER/Urgent Care	PY19		PY20		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,454	2,449	1,903	2,892		
Number of Admits	192	---	309	---		
Visits Per Member	0.17	0.29	0.22	0.33	0.17	0.24
Visits/1000 Members	171	288	217	330	174	242
Avg Paid Per Visit	\$2,606	\$139	\$2,649	\$156	\$1,684	\$74
Admits per Visit	0.13	---	0.16	---	0.14	
% of Visits with HSB ER Dx	79.4%	---	80.1%	---		
% of Visits with a Physician OV*	67.9%	67.3%	85.5%	81.9%		
Total Plan Paid	\$3,788,451	\$341,606	\$5,040,452	\$452,314		

*looks back 12 months from ER visit

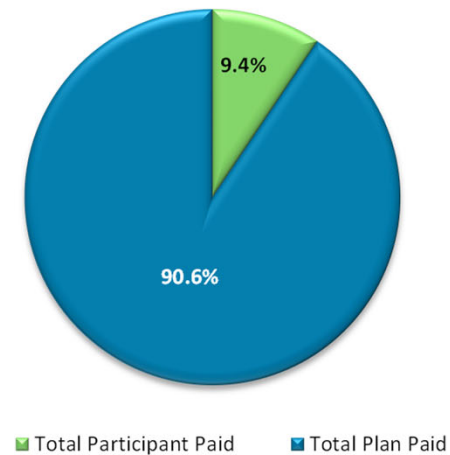
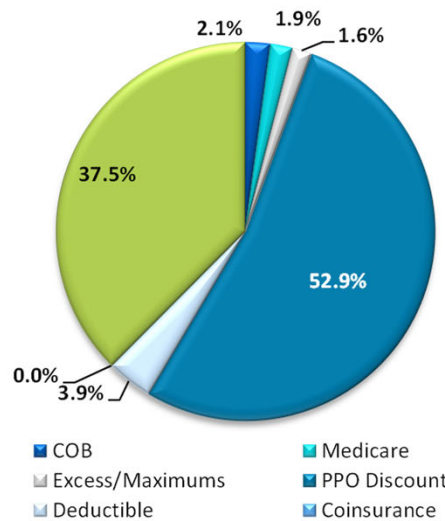


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	1,100	229	1,673	349	2,773	578
Spouse	242	253	282	294	524	547
Child	561	186	937	311	1,498	497
Total	1,903	217	2,892	330	4,795	547

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$133,987,638	\$2,329	100.0%
COB	\$2,847,312	\$49	2.1%
Medicare	\$2,531,843	\$44	1.9%
Excess/Maximums	\$2,208,251	\$38	1.6%
PPO Discount	\$70,877,003	\$1,232	52.9%
Deductible	\$5,229,202	\$91	3.9%
Coinsurance	\$140	\$0	0.0%
Total Participant Paid	\$5,229,342	\$91	3.9%
Total Plan Paid	\$50,293,887	\$874	37.5%

Total Participant Paid - PY19	\$77
Total Plan Paid - PY19	\$729

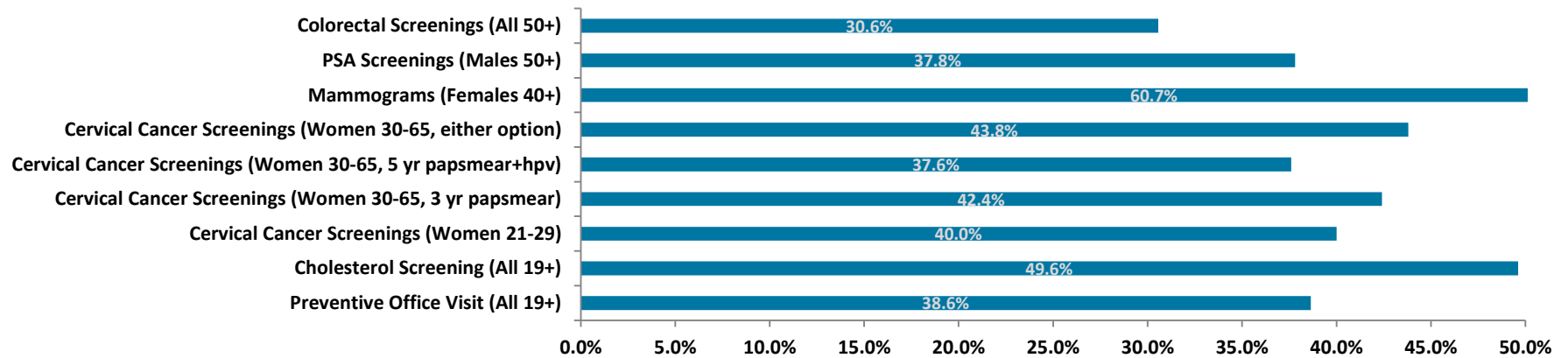


Preventive Services Compliance

*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+)	3,723	1,780	47.8%	2,763	727	26.3%	6,486	2,506	38.6%
Cholesterol Screening (All 19+)	3,723	1,902	51.1%	2,763	1,315	47.6%	6,486	3,218	49.6%
Cervical Cancer Screenings (Women 21-29)	462	185	40.0%	----	----	----	462	185	40.0%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	2,941	1,247	42.4%	----	----	----	2,941	1,247	42.4%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	2,941	1,106	37.6%	----	----	----	2,941	1,106	37.6%
Cervical Cancer Screenings (Women 30-65, either option)	2,941	1,288	43.8%	----	----	----	2,941	1,288	43.8%
Mammograms (Females 40+)	2,476	1,503	60.7%	----	----	----	2,476	1,503	60.7%
PSA Screenings (Males 50+)	----	----	----	1,361	514	37.8%	1,361	514	37.8%
Colorectal Screenings (All 50+)	1,764	584	33.1%	1,361	372	27.3%	3,125	955	30.6%

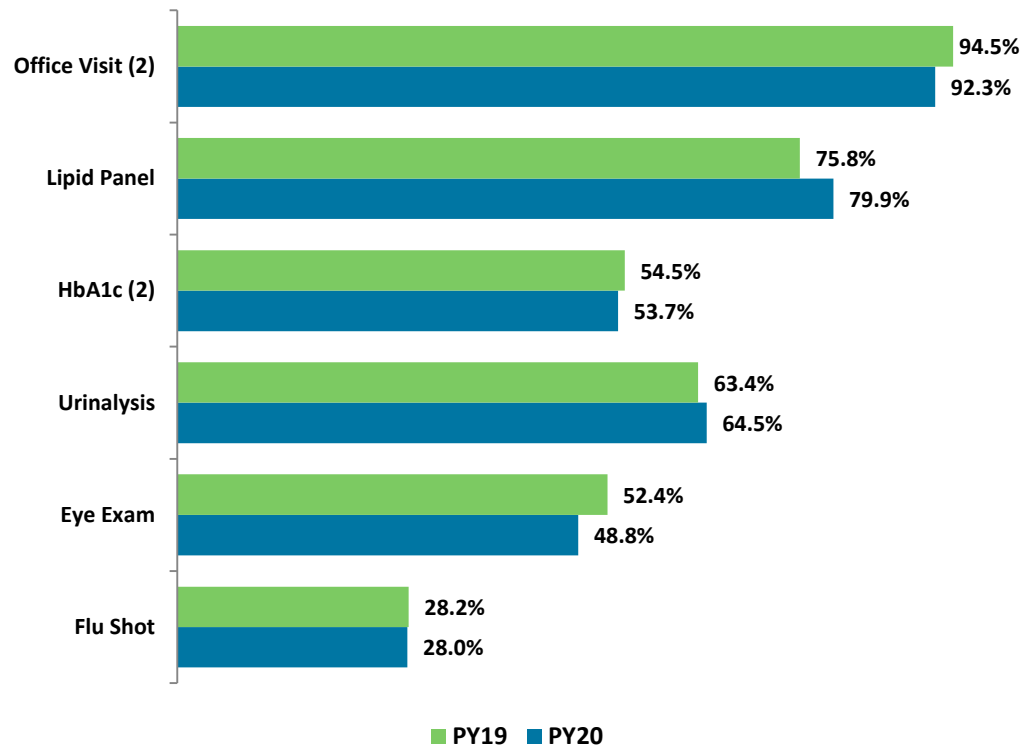
Overall Preventive Services Compliance Rates



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	PY20
Members	525	569



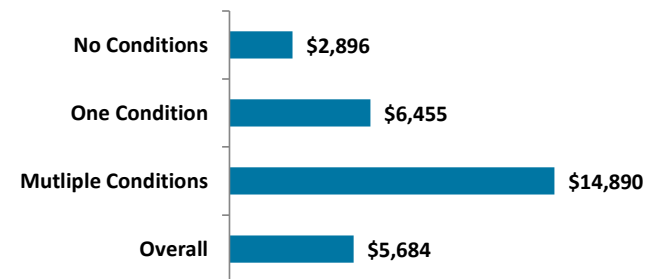
Chronic Conditions Summary

*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	405	386	46	38	\$4,532,856	\$11,192	99.8%	1 Office Visit
Cancer	303	285	35	58	\$6,133,224	\$20,242	----	----
Chronic Kidney Disease	72	67	8	57	\$1,695,299	\$23,546	----	----
Chronic Obstructive Pulmonary Disease (COPD)	88	84	10	60	\$2,000,433	\$22,732	98.9%	1 Office Visit
Congestive Heart Failure (CHF)	38	36	4	62	\$1,606,586	\$42,279	13.2%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	134	126	15	61	\$2,566,873	\$19,156	17.9%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	624	587	71	40	\$6,539,935	\$10,481	97.8%	1 Office Visit
Diabetes	557	518	64	55	\$5,842,181	\$10,489	21.9%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	703	668	80	55	\$5,790,892	\$8,237	33.1%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	842	803	96	57	\$9,814,868	\$11,657	24.6%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	268	257	31	46	\$2,364,221	\$8,822	0.0%	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	5,145	29	41.4%	9.5%	49.1%
One Condition	2,228	46	70.0%	14.0%	16.0%
Multiple Conditions	1,372	54	79.5%	16.5%	4.1%
Overall	8,746	37	53.7%	11.6%	34.7%

Cost per Member Type



**Public Employees' Benefits Program - RX Costs
PY 2020 - Quarter Ending June 30, 2020**

Express Scripts

4Q FY2020 EPO		4Q FY2019 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	8,770	8,502	268	3.2%
Utilizing Member Count (Patients)	7,335	7,125	210	2.9%
Percent Utilizing (Utilization)	83.6%	83.8%	(0)	-0.2%
Claim Summary				
Net Claims (Total Rx's)	173,467	164,703	8,764	5.3%
Claims per Elig Member per Month (Claims PMPM)	1.65	1.61	0.04	2.5%
Total Claims for Generic (Generic Rx)	149,919	142,994	6,925.00	4.8%
Total Claims for Brand (Brand Rx)	23,548	21,709	1,839.00	8.5%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	3,052	2,581	471.00	18.2%
Total Non-Specialty Claims	171,180	162,648	8,532.00	5.2%
Total Specialty Claims	2,287	2,055	232.00	11.3%
Generic % of Total Claims (GFR)	86.4%	86.8%	(0.00)	-0.5%
Generic Effective Rate (GCR)	98.0%	98.2%	(0.00)	-0.2%
Mail Order Claims	17,727	13,898	3,829.00	27.6%
Mail Penetration Rate*	11.3%	9.3%	0.02	2.0%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$20,172,183.00	\$16,878,075.00	\$3,294,108.00	19.5%
Total Generic Gross Cost	\$3,357,224.00	\$3,937,390.00	(\$580,166.00)	-14.7%
Total Brand Gross Cost	\$16,814,959.00	\$12,940,685.00	\$3,874,274.00	29.9%
Total MSB Gross Cost	\$676,195.00	\$428,203.00	\$247,992.00	57.9%
Total Ingredient Cost	\$20,093,269.00	\$16,800,876.00	\$3,292,393.00	19.6%
Total Dispensing Fee	\$74,299.00	\$74,791.00	(\$492.00)	-0.7%
Total Other (e.g. tax)	\$4,616.00	\$2,409.00	\$2,207.00	91.6%
Avg Total Cost per Claim (Gross Cost/Rx)	\$116.29	\$102.48	\$13.81	13.5%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$22.39	\$27.54	(\$5.15)	-18.7%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$714.07	\$596.10	\$117.97	19.8%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$221.56	\$165.91	\$55.65	33.5%
Member Cost Summary				
Total Member Cost	\$2,655,465.00	\$2,444,825.00	\$210,640.00	8.6%
Total Copay	\$2,655,465.00	\$2,444,825.00	\$210,640.00	8.6%
Total Deductible	\$0.00	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$15.31	\$14.84	\$0.46	3.1%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$15.31	\$14.84	\$0.46	3.1%
Avg Copay for Generic (Copay/Generic Rx)	\$7.07	\$6.27	\$0.80	12.8%
Avg Copay for Brand (Copay/Brand Rx)	\$67.75	\$71.31	(\$3.56)	-5.0%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$27.49	\$25.99	\$1.50	5.8%
Net PMPM (Participant Cost PMPM)	\$25.23	\$23.96	\$1.27	5.3%
Copay % of Total Prescription Cost (Member Cost Share %)	13.2%	14.5%	-1.3%	-9.1%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$17,516,718.00	\$14,433,250.00	\$3,083,468.00	21.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$8,049,281.00	\$7,920,839.00	\$128,442.00	1.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$9,467,437.00	\$6,512,411.00	\$2,955,026.00	45.4%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$100.98	\$87.63	\$13.35	15.2%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$15.32	\$21.26	(\$5.94)	-27.9%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$646.33	\$524.79	\$121.54	23.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$194.07	\$139.91	\$54.16	38.7%
Net PMPM (Plan Cost PMPM)	\$166.45	\$141.47	\$24.98	17.7%
PMPM for Specialty Only (Specialty PMPM)	\$89.96	\$63.83	\$26.13	40.9%
PMPM without Specialty (Non-Specialty PMPM)	\$76.48	\$77.64	(\$1.16)	-1.5%
Rebates (Q1-Q4 FY2020 actual)	\$3,858,361.77	\$1,508,587.15	\$2,349,774.62	155.8%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$129.78	\$168.36	(\$38.58)	-22.9%
PMPM for Specialty Only (Specialty PMPM)	\$77.77	\$54.70	\$23.07	42.2%
PMPM without Specialty (Non-Specialty PMPM)	\$50.28	\$54.33	(\$4.05)	-7.5%

Appendix C

Index of Tables Health Plan of Nevada –Utilization Review for PEBP July 1, 2019 – June 30, 2020

KEY PERFORMANCE INDICATORS

Demographic Overview	4
Utilization Highlights.....	6
Clinical Drivers.....	6
High Cost Claimants.....	11

PRESCRIPTION DRUG COSTS

Prescription Drug Cost	7
------------------------------	---

Power Of Partnership.

Quarterly Health Plan Performance Review Prepared for PEBP

Claims Data: July 1, 2019 – June 3, 2020
Paid through July 31, 2020

**30 day claims run out*

State of
Nevada

37 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

- ✓ 45 OptumCare locations and expanding
- ✓ Over 450 providers practicing evidence-based medicine
- ✓ 6 high acuity urgent cares with home waiting room option
- ✓ 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

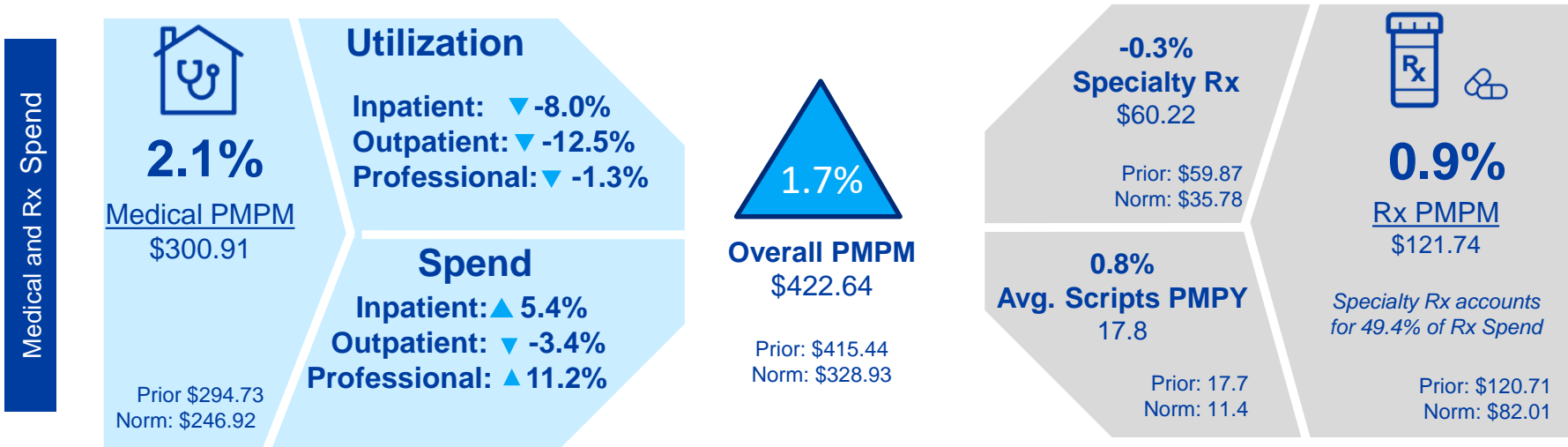
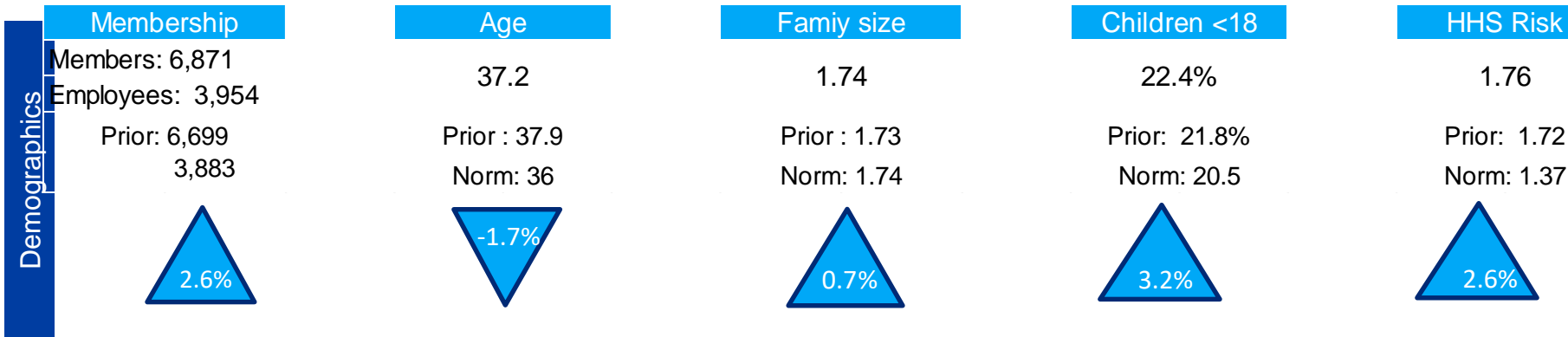
Enhancements Made for Your Members

- ✓ NowClinic and Walgreens now offering same-day medication delivery
- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Launched new HPN App
- ✓ Continued expansion of specialty network
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits
- ✓ Pilot on continuous glucose monitoring for diabetics to improve outcomes and management of medication



Key Performance Indicators
Includes Demographics And
Financials

Demographic and Financial Overview





Medical and Rx Plan Experience
What Happened

Highlights of Utilization



Utilization Metric	Prior	Current	Δ
Physician Office Visits			
Per Member Per Year	2.0	2.0	-0.5%
Specialist Office Visits			
Per Member Per Year	4.9	4.9	-0.6%
Emergency Room			
ER Visits	742	732	-1.3%
ER Visits per K	110.8	106.6	-3.8%
Urgent Care			
UC Visits	4,258	3,801	-10.7%
UC Visits per K	635.6	553.2	-13.0%
OutPatient Surgery			
Facility	37.9	35.8	-5.6%
ASC	140.9	110.6	-21.5%
Inpatient Utilization			
Admissions Per K	65.8	60.5	-8.0%
Bed Days Per K	272.3	267.2	-1.9%
Average Length of Stay	4.1	4.4	6.7%
On Demand			
Now Clinic Visits	534	651	21.9%
TAN Calls	494	460	-6.9%

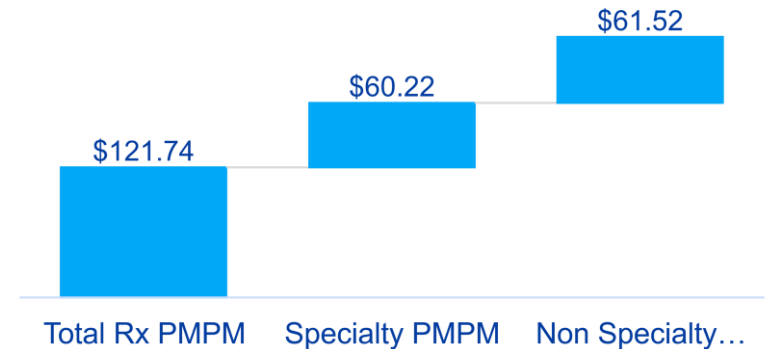
*Not representative of all Utilization

Highlights
<ul style="list-style-type: none"> PCP and Specialist visits stayed flat on a PMPY basis year over year ER utilization decreased -3.8%, <ul style="list-style-type: none"> Average Net Paid / Visit saw a slight increased 0.3% Urgent Care Utilization decreased - 13.0% Outpatient surgeries decreased at both facility and ASC settings Admits Per K decreased -8.0% from prior period, but ALOS increased 6.7% due to more complex stays Increased Telehealth utilization <ul style="list-style-type: none"> We will continue to see increases in these services as a result of COVID-19 <i>On Demand utilization is understated due to claims lag</i>

Pharmacy Data

	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,699	6,871	2.6%		
Average Prescriptions PMPY	17.7	17.8	0.8%	11.4	56.3%
Formulary Rate	93.4%	93.6%	0.1%	92.4%	1.3%
Generic Use Rate	87.4%	87.2%	-0.2%	87.2%	0.0%
Generic Substitution Rate	97.3%	97.1%	-0.2%	96.5%	0.6%
Employee Cost Share PMPM	\$20.08	\$19.62	-2.3%	\$13.17	49.0%
Avg Net Paid per Prescription	\$81.95	\$82.02	0.1%	\$86.35	-5.0%
Net Paid PMPM	\$120.71	\$121.74	0.9%	\$82.01	48.5%

Paid by Benefit and Type

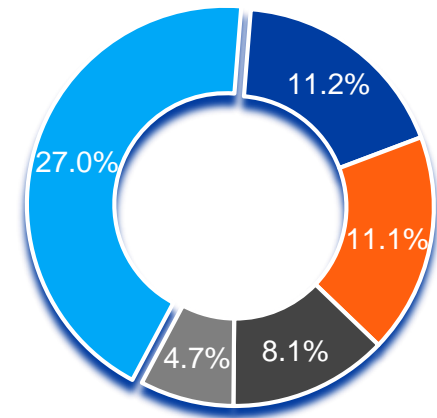


Pharmacy PMPM trend is 0.9%

- Average net paid per script increased **0.1%**
- **82.6%** of prescriptions were in Tier 1 and drove only **11.0%** of spend
- Tier 2 utilization increased **14.5%** and spend increased **27.8%**
- Humira continues to increase in spend and utilization

Top 5 Therapeutic Classes by Spend

- ANTIDIABETICS
- ANALGESICS
- ANTINEOPLASTICS
- ANTIVIRALS
- DERMATOLOGICALS



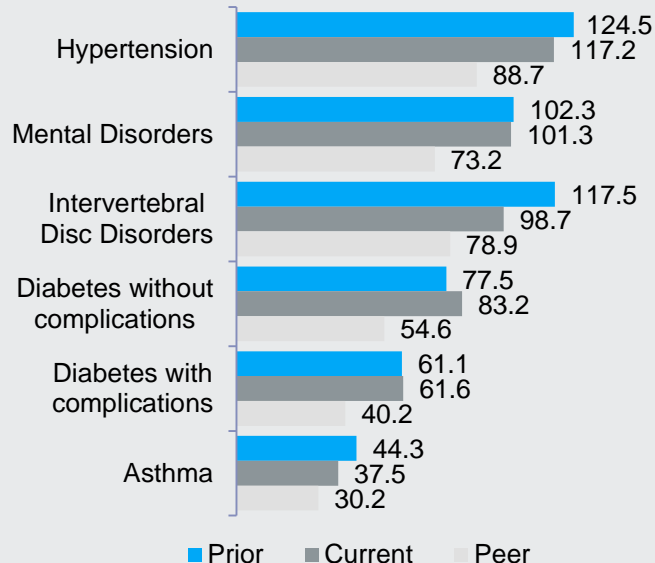


Condition Prevalence
Clinical Drivers

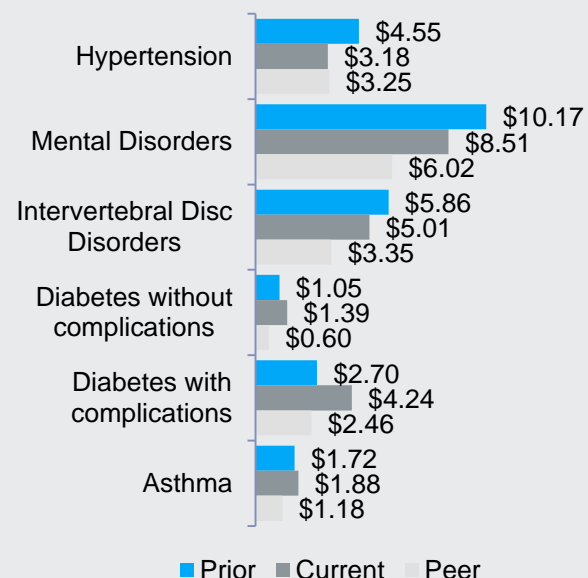
Clinical Conditions and Diagnosis



Top Common Conditions by Prevalence



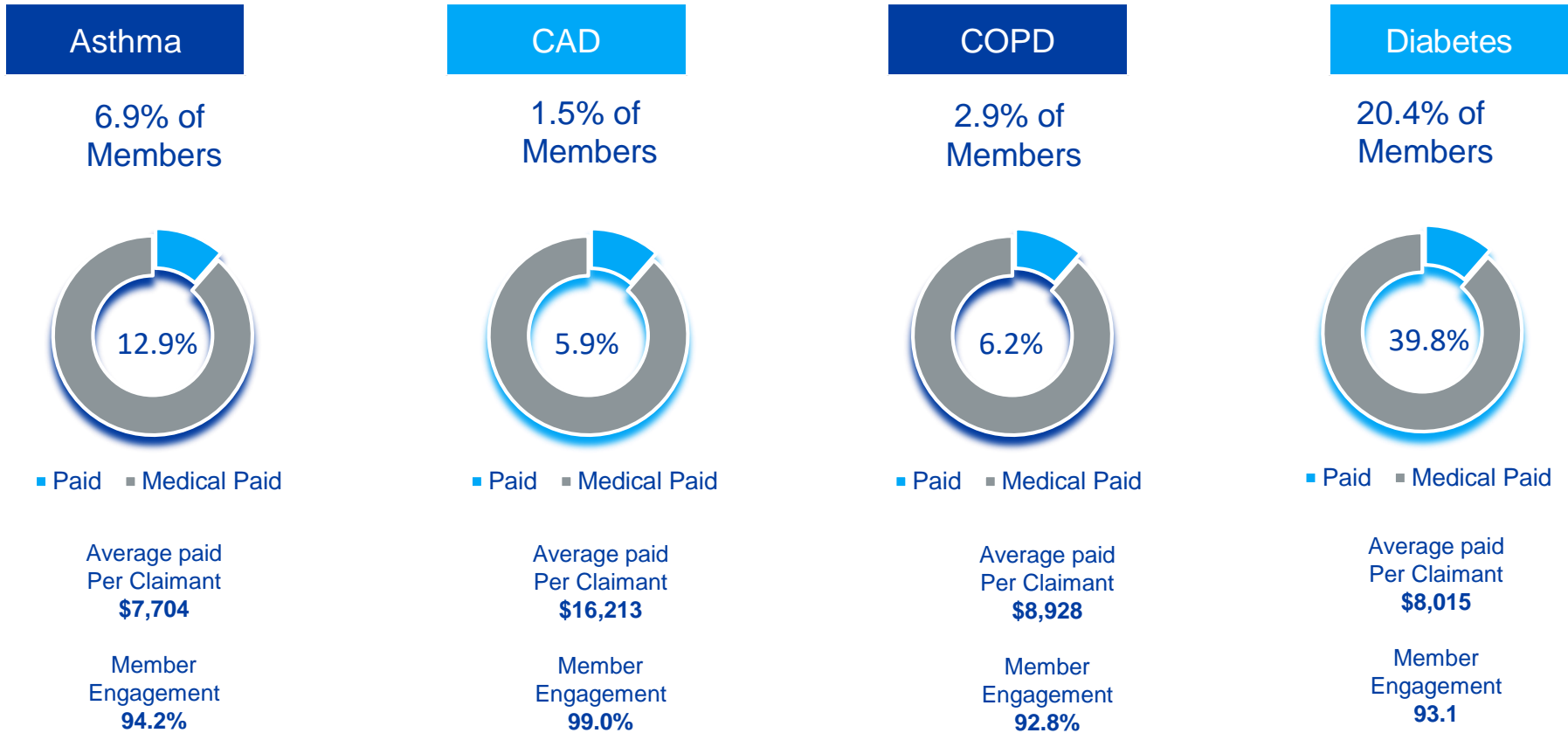
Top Conditions by PMPM



- Chronic illnesses are driving the top common conditions
- Hypertension, Mental Disorders, Intervertebral Disc Disorders and are the most prevalent clinical conditions within this population
- Prevalence of Diabetes both with and w/out complications increased YOY
- Mental Disorders remained relatively flat year over year, but spend decreased **-16.4%** from prior period

Chronic Condition Cost Drivers

65% Of Medical spend driven by members with these 4 Chronic Conditions

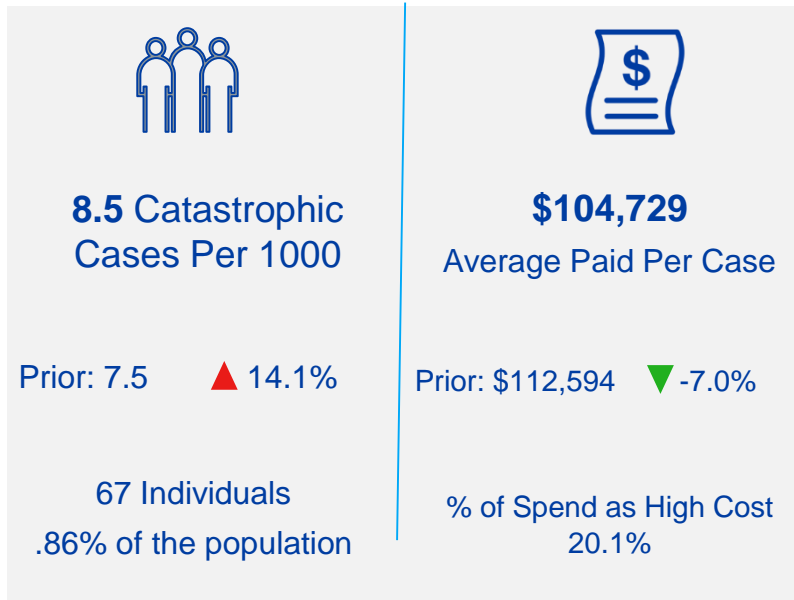


**Data obtained for this slide is for Eval period Aug-2019 thru Jul-2020*

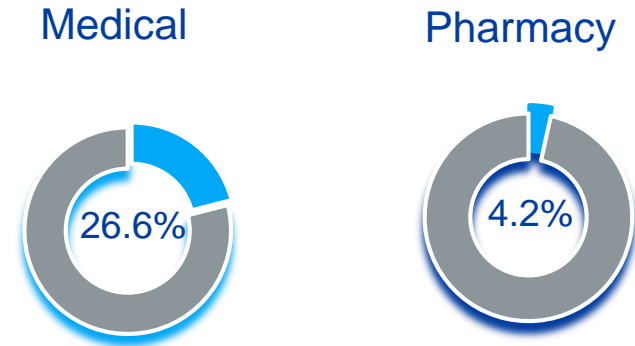


Catastrophic Cases
High Cost Claimants

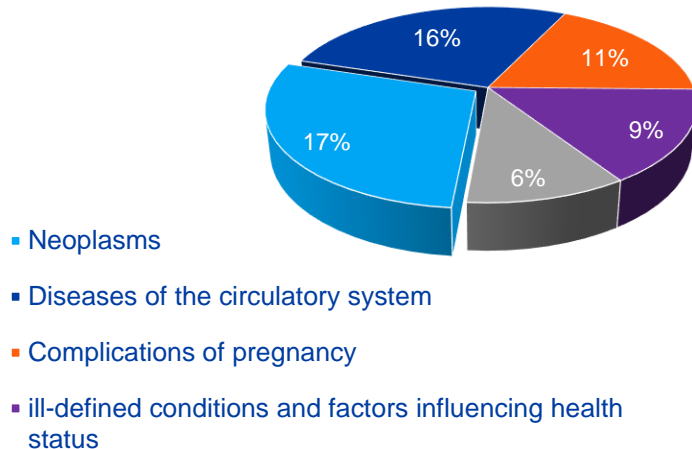
Catastrophic Cases Summary (>\$50k)



% Paid Attributed to Catastrophic Cases



Top 5 AHRQ Chapter Description by Paid



Claims and Spend by Relationship

