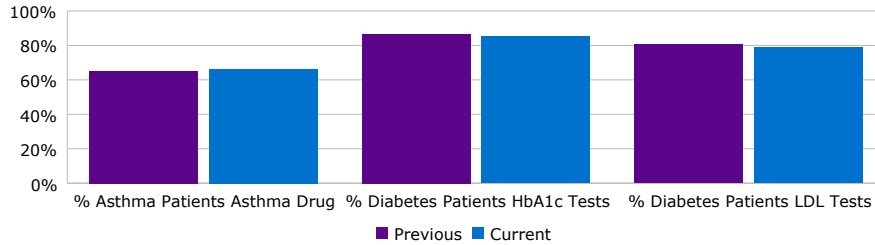


Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Jul 2016 - Jun 2017 (Paid)

Current Period: Jul 2017 - Jun 2018 (Paid)

1. Quality Metrics*



*Quality Metrics are based on Incurred Rolling Year.

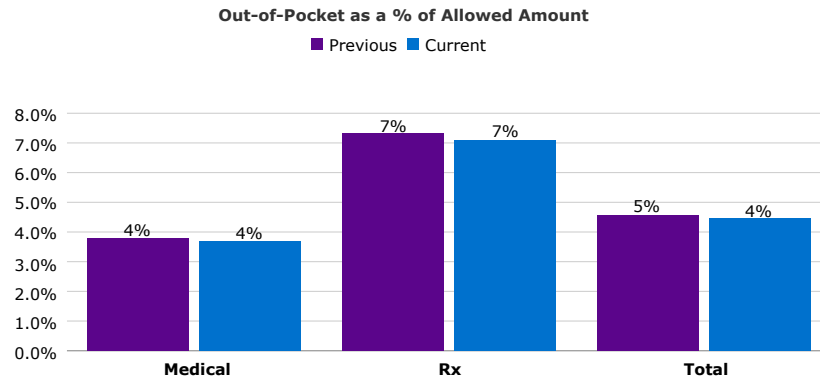
3. Well Care and Preventive Visits

	Previous	Current	Trend
Visits Per 1000 Well Baby	4,363.6	5,478.3	25.5%
Visits Per 1000 Well Child	694.2	886.7	27.7%
Visits Per 1000 Prevent Adult	467.5	469.5	0.4%

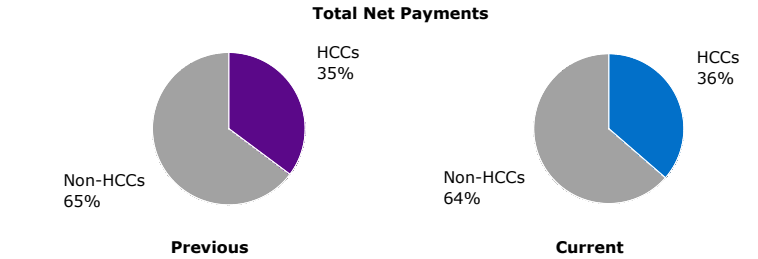
4. Medical Plan Eligibility

	Previous	Current	Trend
Average Employees	6,007	5,898	-2%
Average Members	9,247	9,116	-1%
Family Size	1.5	1.5	0%
Member Age	51.1	50.8	-1%
Members % Male	41%	41%	0% pts

6. Cost Sharing



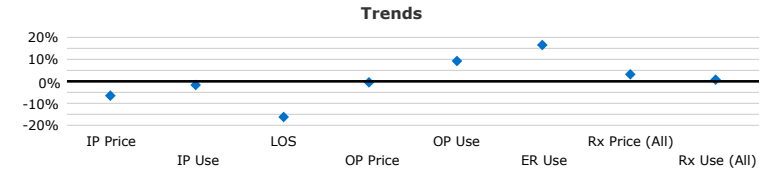
2. High Cost Claimants*



*Members with >=\$100,000 in Medical and Rx Net Payments

	Previous	Current	Trend
Patients	213	240	13%
Patients per 1,000	19.1	22	15%
Payments (in millions)	\$35.7	\$38.2	7%
Payment per Patient	\$167,835	\$159,015	-5%

5. Price and Use



	Current	Benchmark	Trend
Inpatient			
Allowed per Admit	\$32,850	\$33,196	◆ -6%
Admits per 1,000	90.6	67.6	■ -2%
Days LOS	5.2	5.0	■ -16%
Outpatient			
Allowed per Service	\$146	\$123	■ -1%
Services PMPY	49.5	42.0	■ 9%
Emergency Room Visits per 1,000	371	235	■ 17%
Prescription Drugs			
Allowed/Days Supply	\$2		● -3%
Days Supply PMPY	800		● 0%
Specialty Drugs			
Allowed/Days Supply	\$73		● -3%
Days Supply PMPY	15		● 18%
All Prescription Drugs			
Allowed/Days Supply	\$3	\$3	■ 3%
Days Supply PMPY	815	677	● 0%

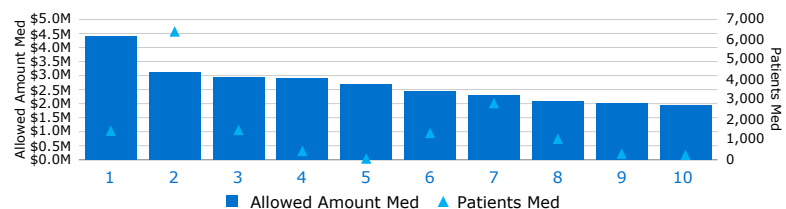
● Represents a lower than -3% comparison to the benchmark
 ◆ Represents a comparison to the benchmark within +/-3%
 ■ Represents a higher than 3% comparison to the benchmark

Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Jul 2016 - Jun 2017 (Paid)

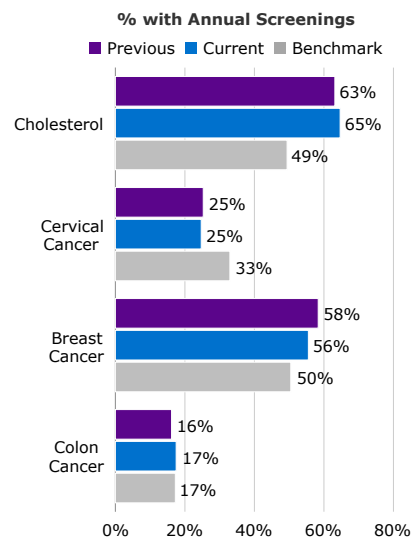
Current Period: Jul 2017 - Jun 2018 (Paid)

7. Top Medical Conditions (by cost)

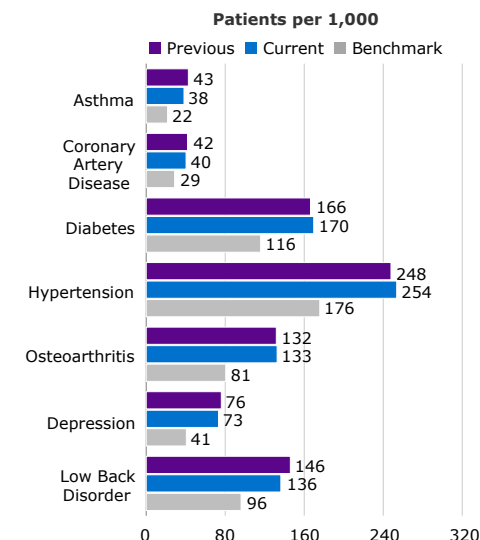


Condition	Allowed Amount Med	Patients Med	Med Allowed /Patient
1 Osteoarthritis	\$4,396,084	1,445	\$3,042
2 Prevent/Admin Hlth Encounters	\$3,126,565	6,404	\$488
3 Spinal/Back Disord, Low Back	\$2,932,725	1,486	\$1,974
4 Coronary Artery Disease	\$2,919,525	440	\$6,635
5 Chemotherapy Encounters	\$2,703,225	63	\$42,908
6 Gastroint Disord, NEC	\$2,429,661	1,338	\$1,816
7 Arthropathies/Joint Disord NEC	\$2,290,169	2,825	\$811
8 Spinal/Back Disord, Ex Low	\$2,082,949	1,048	\$1,988
9 Condition Rel to Tx - Med/Surg	\$2,014,201	308	\$6,540
10 Renal Function Failure	\$1,951,835	246	\$7,934

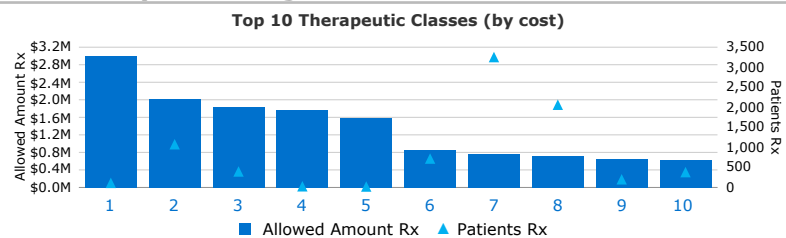
8. Screening Rates



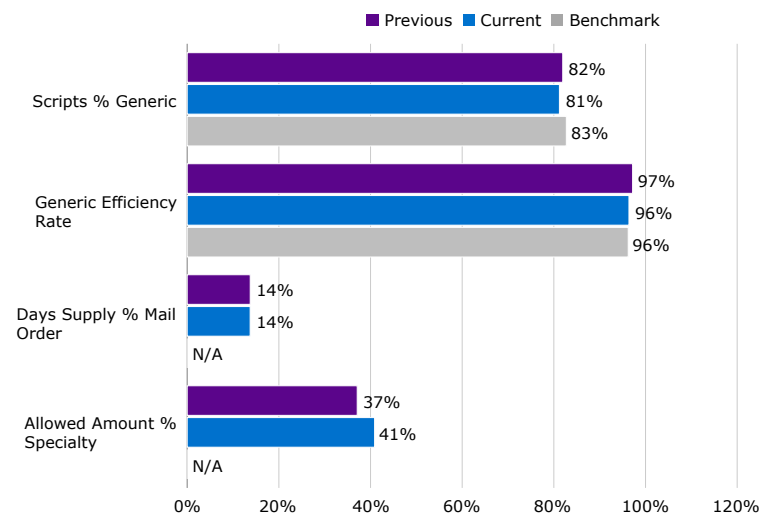
9. Chronic Condition Prevalence



10. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed /Patient
1 Immunosuppressants, NEC	\$3,003,357	115	\$26,116
2 Antidiabetic Agents, Misc	\$2,011,633	1,079	\$1,864
3 Antidiabetic Agents, Insulins	\$1,830,035	399	\$4,587
4 Biological Response Modifiers	\$1,756,976	30	\$58,566
5 Molecular Targeted Therapy	\$1,589,205	24	\$66,217
6 Antivirals, NEC	\$844,702	721	\$1,172
7 Antihyperlipidemic Drugs, NEC	\$755,586	3,254	\$232
8 Adrenals & Comb, NEC	\$709,885	2,065	\$344
9 Antidiabetic Ag, SGLT Inhibitr	\$649,627	204	\$3,184
10 Stimulant, Amphetamine Type	\$635,194	383	\$1,658



Medical and Prescription Drug Dashboard - Early Retirees

Dashboard Glossary

General

- **Claims** are completed for claims incurred but not yet recorded (IBNR)
- **Benchmark** represents 2016 U.S. Total MarketScan norms that are age, gender, geographic, and/or severity adjusted as appropriate
- **PMPY** stands for Per Member Per Year and is weighted based on the number of months a member was enrolled in medical benefits
- **Allowed Amount (Allowed)** is the amount of submitted charges eligible for payment for medical and prescription drug claims; it is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts
- **Net Payment (Payment)** is the net amount paid by the company for medical and prescription drug claims; it represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted
- **Inpatient (IP)** represents claims for services provided under medical coverage in an acute inpatient setting; acute inpatient settings include inpatient hospitals, birthing centers, inpatient psychiatric facilities, and residential substance abuse treatment facilities
- **Outpatient (OP)** represents claims for medical services provided in any non-inpatient setting
- **Prescription Drug (Rx)** represents any claim paid under the pharmacy benefit
- **Patients** represents any member with a claim for the service (e.g., medical or prescription drug) being reported during the time period

1. Well Care and Preventive Visits

2. High Cost Claimants

- High Cost Claimants (HCCs) are members with \$100,000 or more in medical and prescription drug net payments incurred during the year
- Non-High Cost Claimants (HCCs) are members with less than \$100,000 in medical and prescription drug net payments incurred during the year

3. Quality Metrics

4. Medical Plan Eligibility

- **Average Employees** represents the number of employees with medical coverage; each employee is counted once for each month of their eligibility, then the total is averaged across the total number of months of eligibility during the time period
- **Average Members** represents the number of members with medical coverage; each member is counted once for each month of their eligibility, then the total is averaged across the total number of months of eligibility during the time period
- **Family Size** represents the average number of covered members per subscriber
- **Member Age** represents the average age of covered members during the year
- **Members % Male** represents the number of male members as a percent of total members

5. Risk Score

The Member Risk Score represents the DCG non-rescaled concurrent score

- The Member Risk Score is produced using the Verisk DCG® model
- This model measures the health risk of a population relative to the national average as of the time the model was developed (i.e., 100)

6. Price and Use

- **Current** represents your Price or Use rate in the Current year
- **Benchmark** represents the U.S. Total MarketScan norm for the Price or Use rate
- The **Symbol** next to the Benchmark represents your Current rate compared to the Norm
- The **Trend** represents your year-over-year trend for the Price or Use rate

7. Cost Sharing

The cost sharing percentage represents Out-of-Pocket divided by Allowed Amounts

- Out-of-Pocket represents the amount paid out-of-pocket by the member for facility, professional, and prescription drug services; this generally includes coinsurance, copayment, and deductible amounts

8. Top Medical Conditions (by cost)

- Conditions represent Truven Health Clinical Condition groupings, based on ICD-9 and ICD-10 diagnosis codes
- Clinical conditions include medical claims (i.e., prescription drug is not included)
- Note: The clinical condition of *Signs/Symptoms/Oth Cond, NEC* is excluded from this exhibit

9. Screening Rates

- **Cholesterol** identifies lipid screening tests for males aged 35+ years and females aged 45+ years; lipid screening tests include lipid panels, serum cholesterol tests, blood lipoprotein tests (e.g., HDL, LDL), and triglyceride tests [source for age and gender criteria: US Preventive Services Task Force]
- **Cervical Cancer** identifies the percentage of females aged 21 to 64 who received cervical cancer screening services [source for age, gender, procedure, diagnosis, and revenue code criteria: NCQA HEDIS 2014]
- **Breast Cancer** identifies the percentage of females aged 50 to 74 who received mammography services [source for age, gender, diagnosis, procedure, and revenue code criteria: NCQA HEDIS 2014]
- **Colon Cancer** identifies the percentage of adults aged 50 to 75 who received colon cancer screening services [source for age, diagnosis and procedure criteria: NCQA HEDIS 2014]

10. Chronic Condition Prevalence

- Conditions represent Truven Health Clinical Condition groupings, based on ICD-9 and ICD-10 diagnosis codes
- Chronic conditions identified based on medical claims

11. Prescription Drug Metrics

- **Therapeutic Class** represents the Redbook Therapeutic Class Intermediary
- **Scripts % Generic** is the number of prescriptions filled with a generic drug, expressed as a percentage of all prescriptions filled
- **Generic Efficiency Rate** is the number of prescriptions filled with a generic drug, expressed as a percentage of all prescriptions filled that could have been filled with a generic drug
- **Days Supply % Mail Order** is the percent of all prescription days supply filled via mail order
- **Allowed Amount % Specialty** is the percent of total prescription drug allowed amounts that were for medications considered to be specialty drugs (identified using Truven Health Service Categories)