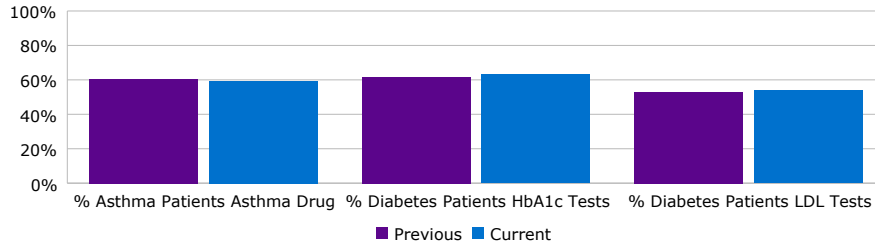


Medical and Prescription Drug Dashboard - All Members

Previous Period: Apr 2017 - Mar 2018 (Paid)

Current Period: Apr 2018 - Mar 2019 (Paid)

1. Quality Metrics*



*Quality Metrics are based on Incurred Rolling Year.

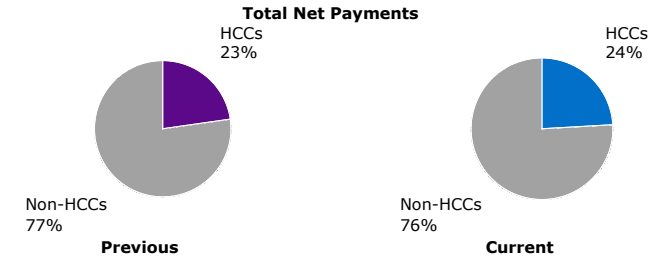
3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark	
Visits Per 1000 Well Baby	5756.0	825.5	1.2%	5,374.2	●
Visits Per 1000 Well Child	832.9	02.5	8.4%	757.8	●
Visits Per 1000 Prevent Adult	389.8	27.2	9.6%	360.0	●

4. Medical Plan Eligibility

	Previous	Current	Trend
Average Employees	69,904	71,020	2%
Average Members	124,109	125,442	1%
Family Size	1.8	1.8	-1%
Member Age	42.8	42.9	0%
Members % Male	45%	45%	0% pts

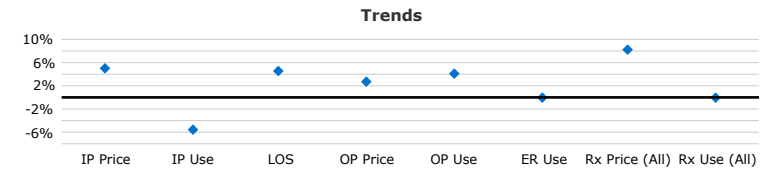
2. High Cost Claimants*



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

	Previous	Current	Trend
Patients	942	1,027	9%
Patients per 1,000	7	7.5	8%
Payments (in millions)	\$178.4	\$201.7	13%
Payment per Patient	\$189,374	\$196,361	4%

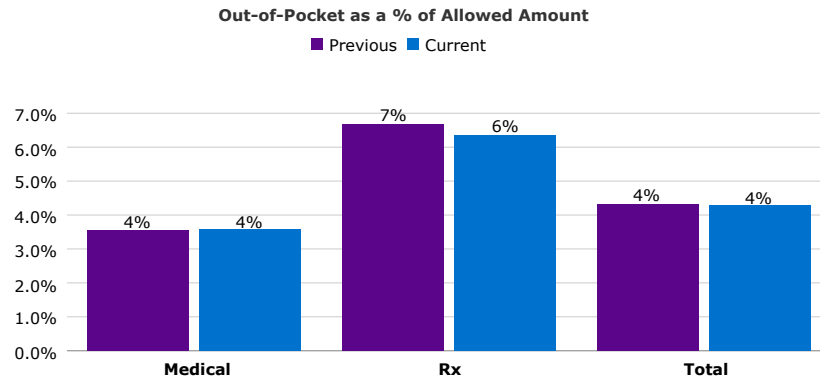
5. Price and Use



	Current	Benchmark	Trend
Inpatient			
Allowed per Admit	\$22,423	\$27,604	● 5%
Admits per 1,000	84.2	55.3	■ -6%
Days LOS	5.1	4.5	■ 5%
Outpatient			
Allowed per Service	\$125	\$124	◆ 3%
Services PMPY	41.6	30.6	■ 4%
Emergency Room Visits per 1,000	348	226	■ 0%
Prescription Drugs			
Allowed/Days Supply	\$2		3%
Days Supply PMPY	636		0%
Specialty Drugs			
Allowed/Days Supply	\$93		3%
Days Supply PMPY	9		15%
All Prescription Drugs			
Allowed/Days Supply	\$4	\$4	◆ 8%
Days Supply PMPY	645	373	● 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

6. Cost Sharing

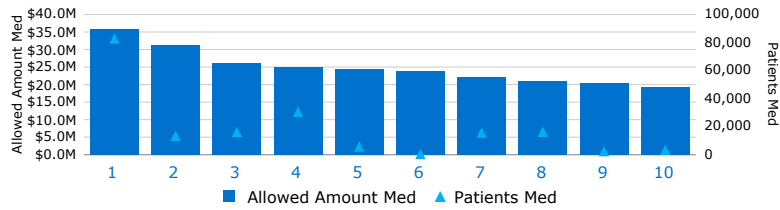


Medical and Prescription Drug Dashboard - All Members

Previous Period: Apr 2017 - Mar 2018 (Paid)

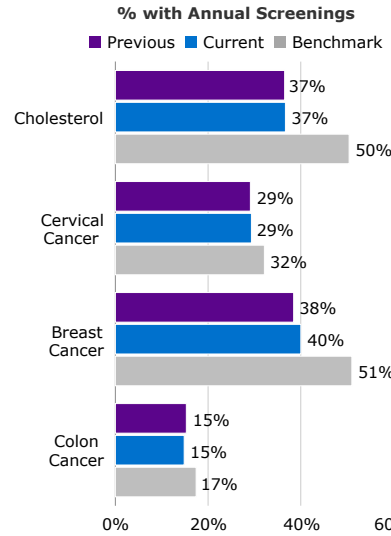
Current Period: Apr 2018 - Mar 2019 (Paid)

7. Top Medical Conditions (by cost)

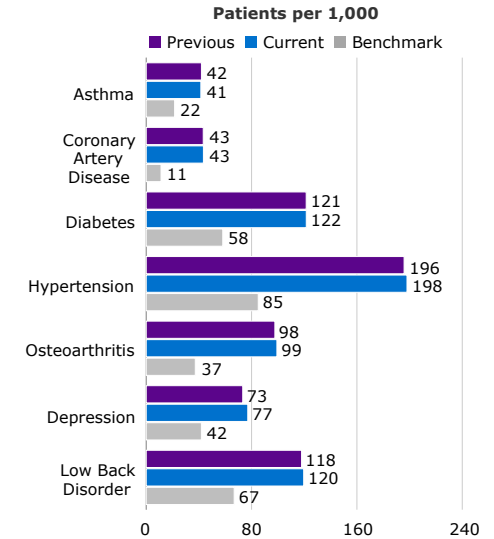


Condition	Allowed Amount Med	Patients Med	Med Allowed /Patient	
1	Prevent/Admin Hlth Encounters	\$35,727,045	82,943	\$431
2	Osteoarthritis	\$31,306,249	13,513	\$2,317
3	Spinal/Back Disord, Low Back	\$26,039,836	16,283	\$1,599
4	Arthropathies/Joint Disord NEC	\$24,953,694	30,634	\$815
5	Coronary Artery Disease	\$24,371,460	5,914	\$4,121
6	Chemotherapy Encounters	\$23,817,795	587	\$40,575
7	Respiratory Disord, NEC	\$22,094,717	15,780	\$1,400
8	Gastroint Disord, NEC	\$21,034,863	16,444	\$1,279
9	Pregnancy without Delivery	\$20,325,709	2,564	\$7,927
10	Renal Function Failure	\$19,284,466	3,540	\$5,448

8. Screening Rates

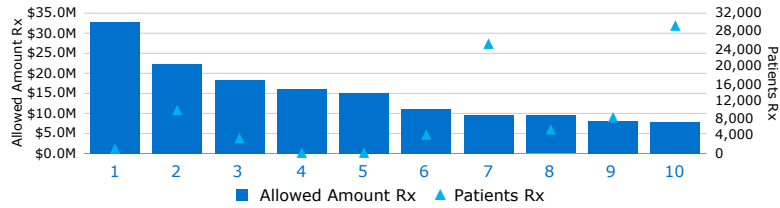


9. Chronic Condition Prevalence



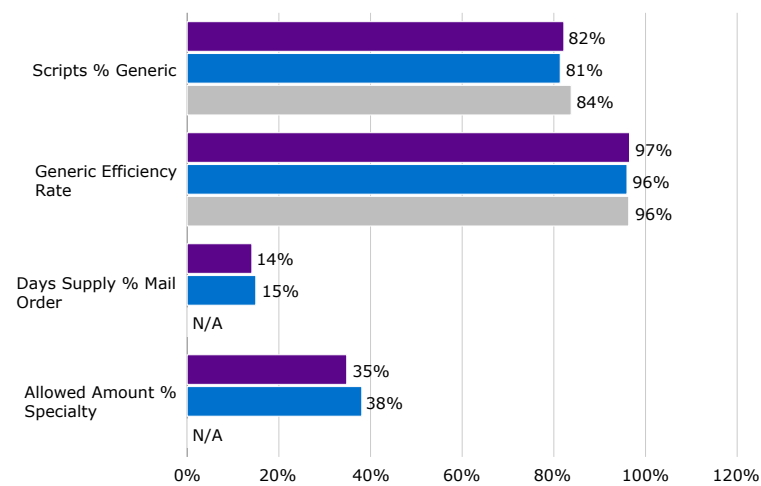
10. Prescription Drug Metrics

Top 10 Therapeutic Classes (by cost)



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed /Patient	
1	Immunosuppressants, NEC	\$32,766,911	1,112	\$29,467
2	Antidiabetic Agents, Misc	\$22,407,960	9,930	\$2,257
3	Antidiabetic Agents, Insulins	\$18,266,048	3,527	\$5,179
4	Molecular Targeted Therapy	\$15,992,723	185	\$86,447
5	Biological Response Modifiers	\$14,973,416	186	\$80,502
6	Coag/Anticoag, Anticoagulants	\$11,122,823	4,332	\$2,568
7	Adrenals & Comb, NEC	\$9,565,328	25,053	\$382
8	Stimulant, Amphetamine Type	\$9,475,479	5,505	\$1,721
9	Antivirals, NEC	\$8,037,380	8,246	\$975
10	Antihyperlipidemic Drugs, NEC	\$7,937,348	29,185	\$272

Script and Specialty Metrics

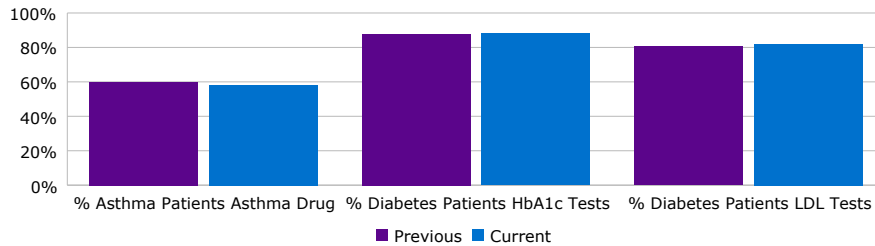


State of Delaware Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Apr 2017 - Mar 2018 (Paid)

Current Period: Apr 2018 - Mar 2019 (Paid)

1. Quality Metrics*



*Quality Metrics are based on Incurred Rolling Year.

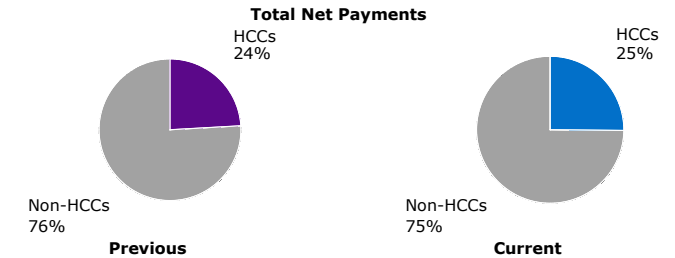
3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark	
Visits Per 1000 Well Baby	5757.6	5831.9	1.3%	5374.2	●
Visits Per 1000 Well Child	832.5	901.6	8.3%	757.8	●
Visits Per 1000 Prevent Adult	455.8	497.3	9.1%	325.0	●

4. Medical Plan Eligibility

	Previous	Current	Trend
Average Employees	37,783	38,112	1%
Average Members	88,525	88,884	0%
Family Size	2.3	2.3	0%
Member Age	33.0	32.9	0%
Members % Male	47%	46%	0% pts

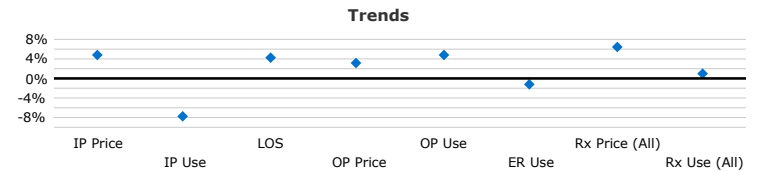
2. High Cost Claimants*



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

	Previous	Current	Trend
Patients	672	743	11%
Patients per 1,000	6.8	7.5	10%
Payments (in millions)	\$125.4	\$138.8	11%
Payment per Patient	\$186,620	\$186,750	0%

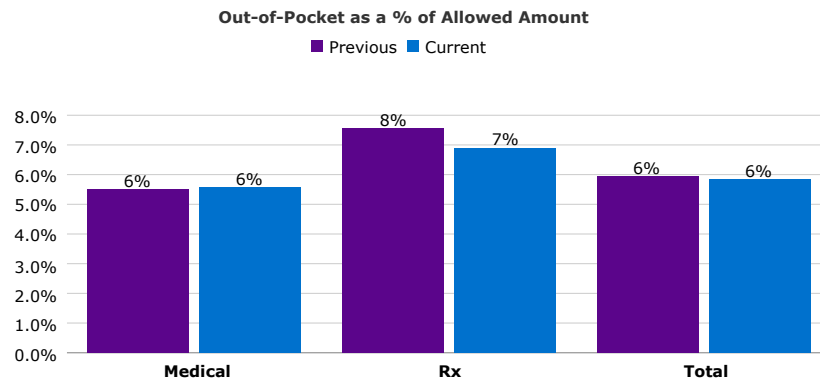
5. Price and Use



	Current	Benchmark	Trend
Inpatient			
Allowed per Admit	\$25,996	\$23,871	■ 5%
Admits per 1,000	57.0	53.8	■ -8%
Days LOS	4.5	4.2	■ 4%
Outpatient			
Allowed per Service	\$131	\$125	■ 3%
Services PMPY	30.9	29.4	■ 5%
Emergency Room Visits per 1,000	279	226	■ -1%
Prescription Drugs			
Allowed/Days Supply	\$2		3%
Days Supply PMPY	380		1%
Specialty Drugs			
Allowed/Days Supply	\$87		0%
Days Supply PMPY	7		14%
All Prescription Drugs			
Allowed/Days Supply	\$4	\$4	◆ 6%
Days Supply PMPY	387	337	● 1%

● 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

6. Cost Sharing

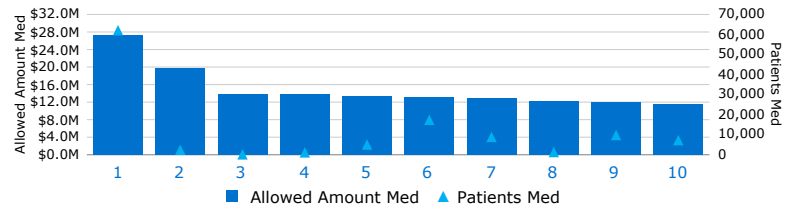


State of Delaware Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Apr 2017 - Mar 2018 (Paid)

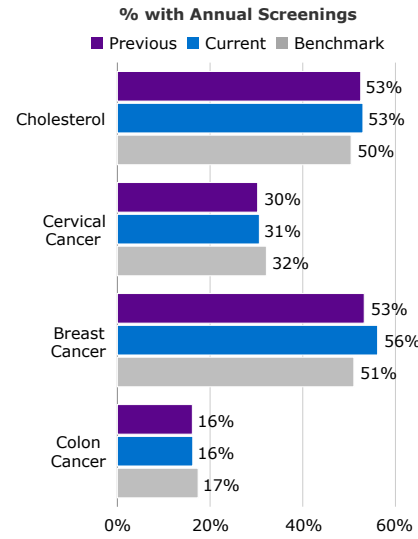
Current Period: Apr 2018 - Mar 2019 (Paid)

7. Top Medical Conditions (by cost)

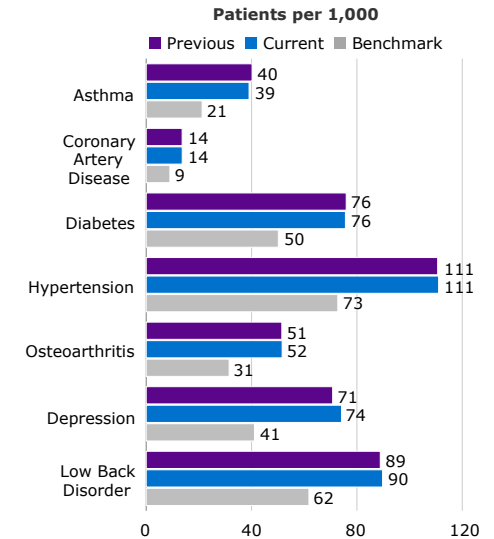


Condition	Allowed Amount Med	Patients Med	Med Allowed /Patient
1 Prevent/Admin Hlth Encounters	\$27,340,884	62,112	\$440
2 Pregnancy without Delivery	\$19,758,945	2,500	\$7,904
3 Chemotherapy Encounters	\$13,850,214	206	\$67,234
4 Newborns, w/wo Complication	\$13,848,267	1,178	\$11,756
5 Osteoarthritis	\$13,310,732	5,117	\$2,601
6 Arthropathies/Joint Disord NEC	\$13,211,466	17,439	\$758
7 Spinal/Back Disord, Low Back	\$12,921,057	8,900	\$1,452
8 Coronary Artery Disease	\$12,284,462	1,355	\$9,066
9 Gastroint Disord, NEC	\$11,965,861	9,864	\$1,213
10 Respiratory Disord, NEC	\$11,453,142	7,301	\$1,569

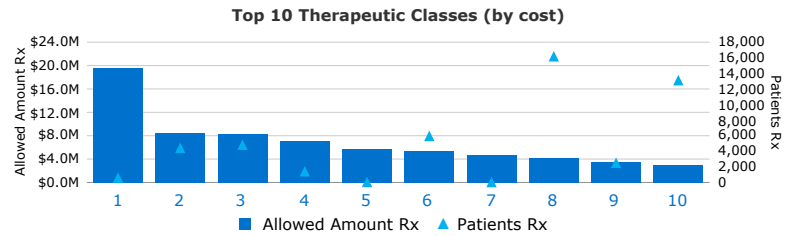
8. Screening Rates



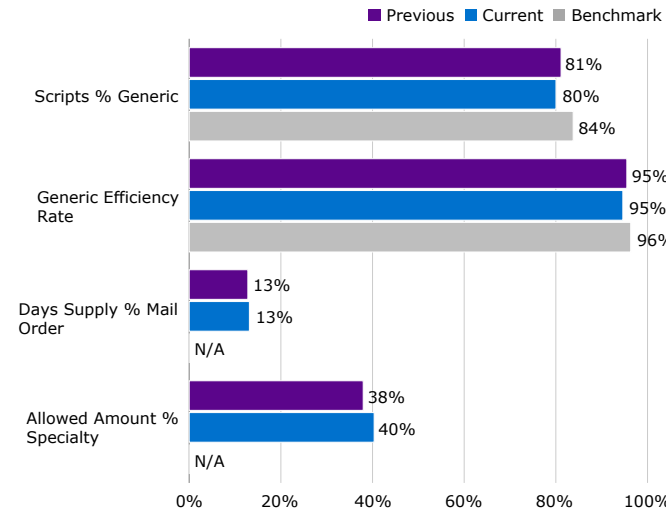
9. Chronic Condition Prevalence



10. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed /Patient
1 Immunosuppressants, NEC	\$19,645,158	629	\$31,232
2 Antidiabetic Agents, Misc	\$8,466,737	4,439	\$1,907
3 Stimulant, Amphetamine Type	\$8,332,212	4,849	\$1,718
4 Antidiabetic Agents, Insulins	\$7,053,611	1,437	\$4,909
5 Biological Response Modifiers	\$5,759,618	80	\$71,995
6 Antivirals, NEC	\$5,405,914	5,975	\$905
7 Molecular Targeted Therapy	\$4,728,521	54	\$87,565
8 Adrenals & Comb, NEC	\$4,138,431	16,196	\$256
9 Misc Therapeutic Agents, NEC	\$3,524,473	2,521	\$1,398
10 Psychother, Antidepressants	\$2,942,442	13,127	\$224

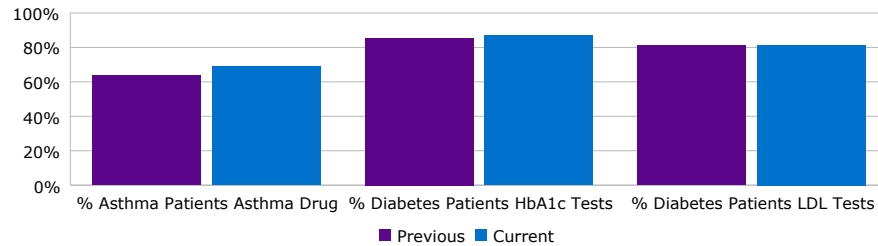


Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Apr 2017 - Mar 2018 (Paid)

Current Period: Apr 2018 - Mar 2019 (Paid)

1. Quality Metrics*



*Quality Metrics are based on Incurred Rolling Year.

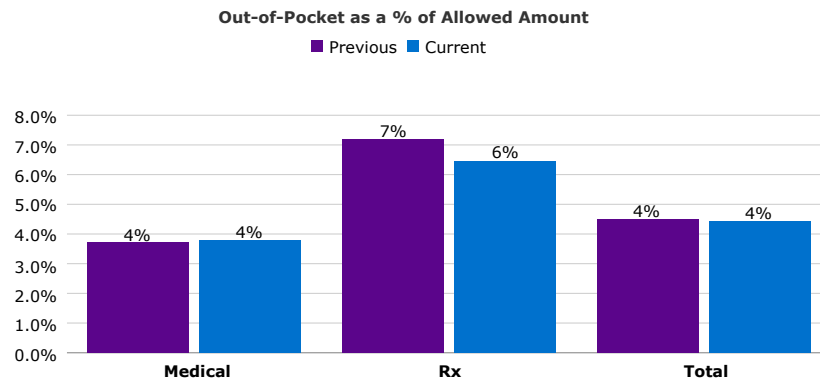
3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits Per 1000 Well Baby	5268.4	5581.4	5.9%	5374.2
Visits Per 1000 Well Child	844.7	994.5	17.5%	757.8
Visits Per 1000 Prevent Adult	463.4	503.9	8.7%	459.0

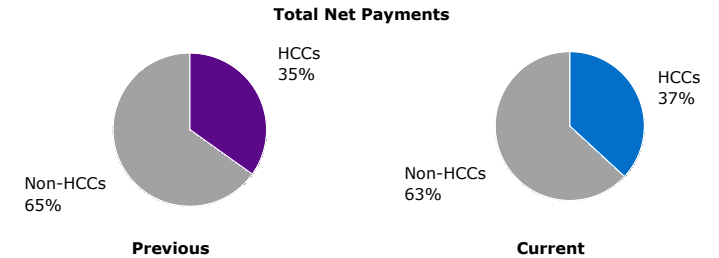
4. Medical Plan Eligibility

	Previous	Current	Trend
Average Employees	5,936	5,926	0%
Average Members	9,151	9,268	1%
Family Size	1.5	1.6	1%
Member Age	50.9	50.5	-1%
Members % Male	41%	42%	1% pts

6. Cost Sharing



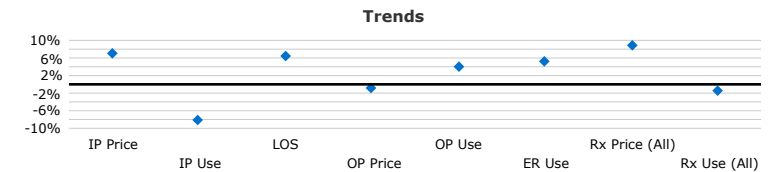
2. High Cost Claimants*



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

	Previous	Current	Trend
Patients	226	237	5%
Patients per 1,000	20	19.9	0%
Payments (in millions)	\$35.7	\$39.2	10%
Payment per Patient	\$157,959	\$165,456	5%

5. Price and Use



	Current	Benchmark	Trend
Inpatient			
Allowed per Admit	\$35,057	\$34,776	7%
Admits per 1,000	80.5	66.4	-8%
Days LOS	5.6	5.4	6%
Outpatient			
Allowed per Service	\$146	\$123	-1%
Services PMPY	50.0	41.4	4%
Emergency Room Visits per 1,000	368	233	5%
Prescription Drugs			
Allowed/Days Supply	\$2		4%
Days Supply PMPY	792		-2%
Specialty Drugs			
Allowed/Days Supply	\$88		-4%
Days Supply PMPY	14		20%
All Prescription Drugs			
Allowed/Days Supply	\$4	\$3	9%
Days Supply PMPY	806	677	-1%

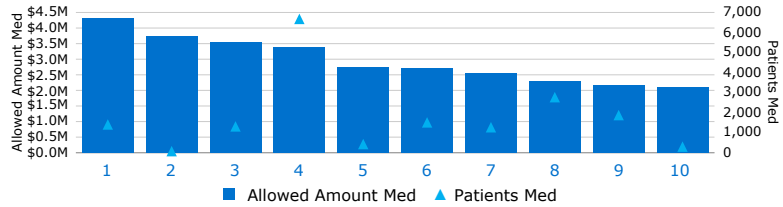
● Represents a lower than -3% comparison to the benchmark
 ◆ Represents a comparison to the benchmark within +/-3%
 ■ Represents a higher than 3% comparison to the benchmark

Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Apr 2017 - Mar 2018 (Paid)

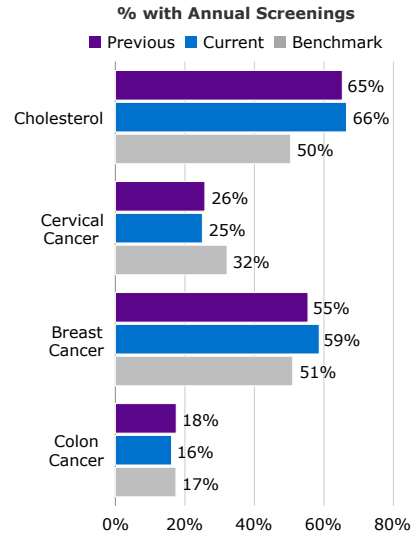
Current Period: Apr 2018 - Mar 2019 (Paid)

7. Top Medical Conditions (by cost)

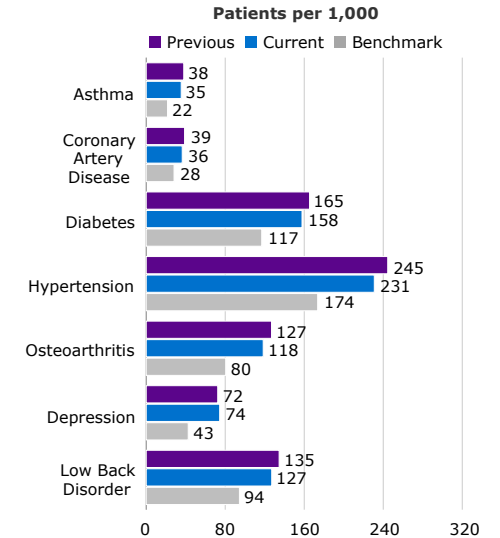


Condition	Allowed Amount Med	Patients Med	Med Allowed /Patient
1 Osteoarthritis	\$4,309,966	1,411	\$3,055
2 Chemotherapy Encounters	\$3,726,377	80	\$46,580
3 Gastroint Disord, NEC	\$3,547,830	1,315	\$2,698
4 Prevent/Admin Hlth Encounters	\$3,399,403	6,679	\$509
5 Coronary Artery Disease	\$2,752,276	434	\$6,342
6 Spinal/Back Disord, Low Back	\$2,720,763	1,514	\$1,797
7 Respiratory Disord, NEC	\$2,555,496	1,273	\$2,007
8 Arthropathies/Joint Disord NEC	\$2,281,132	2,774	\$822
9 Diabetes	\$2,162,364	1,879	\$1,151
10 Condition Rel to Tx - Med/Surg	\$2,089,715	304	\$6,874

8. Screening Rates

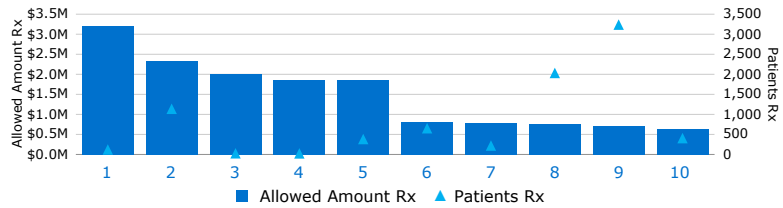


9. Chronic Condition Prevalence



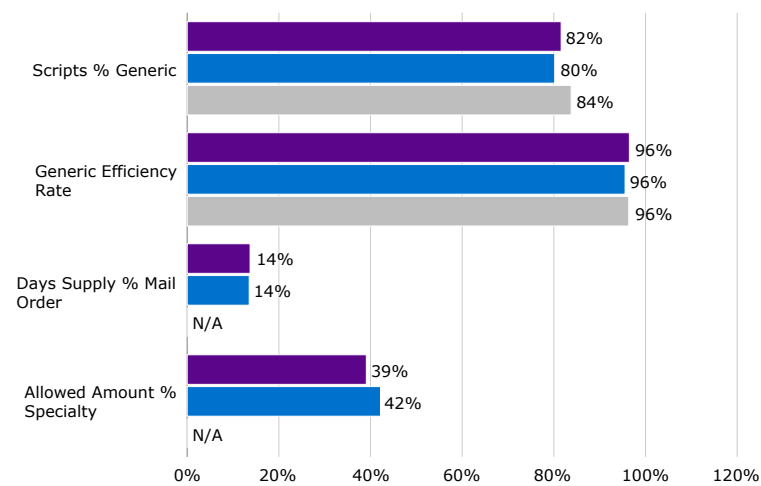
10. Prescription Drug Metrics

Top 10 Therapeutic Classes (by cost)



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed /Patient
1 Immunosuppressants, NEC	\$3,203,052	124	\$25,831
2 Antidiabetic Agents, Misc	\$2,323,167	1,140	\$2,038
3 Biological Response Modifiers	\$1,997,433	29	\$68,877
4 Molecular Targeted Therapy	\$1,854,787	27	\$68,696
5 Antidiabetic Agents, Insulins	\$1,854,484	385	\$4,817
6 Antivirals, NEC	\$817,321	655	\$1,248
7 Antidiabetic Ag, SGLT Inhibitr	\$779,184	223	\$3,494
8 Adrenals & Comb, NEC	\$763,947	2,034	\$376
9 Antihyperlipidemic Drugs, NEC	\$708,990	3,240	\$219
10 Stimulant, Amphetamine Type	\$645,716	408	\$1,583

Prescription Drug Metrics (Comparison)

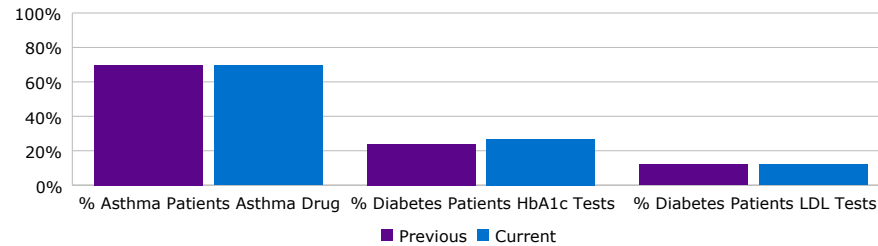


Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Apr 2017 - Mar 2018 (Paid)

Current Period: Apr 2018 - Mar 2019 (Paid)

1. Quality Metrics*



*Quality Metrics are based on Incurred Rolling Year.

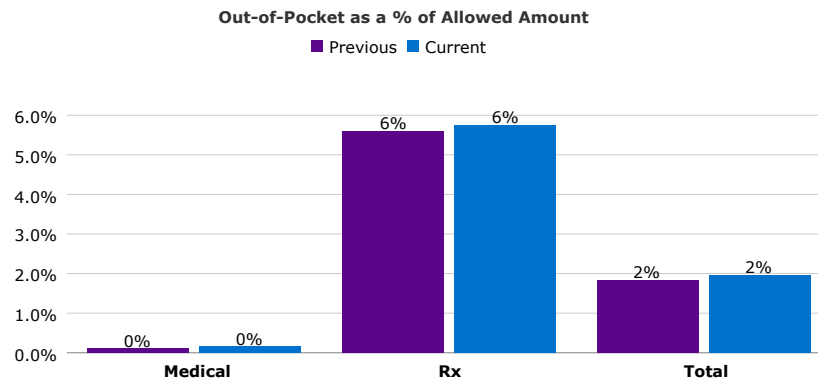
3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits Per 1000 Prevent Adult	204.7	236.0	15.3%	440.0

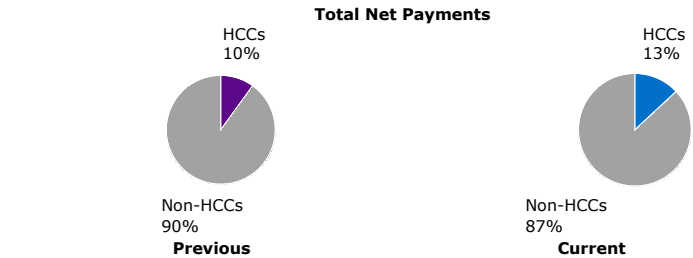
4. Medical Plan Eligibility

	Previous	Current	Trend
Average Employees	23,823	24,576	3%
Average Members	23,904	24,712	3%
Family Size	1.0	1.0	0%
Member Age	73.2	73.1	0%
Members % Male	42%	42%	0% pts

6. Cost Sharing



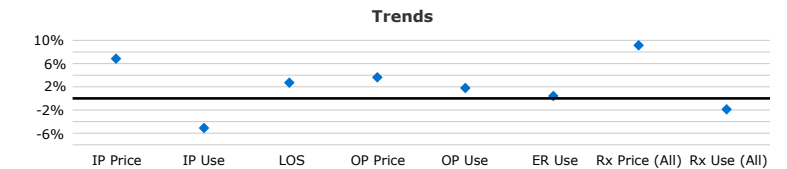
2. High Cost Claimants*



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

	Previous	Current	Trend
Patients	126	154	22%
Patients per 1,000	5	5.9	17%
Payments (in millions)	\$14.5	\$21.1	45%
Payment per Patient	\$115,284	\$137,001	19%

5. Price and Use



	Current	Benchmark	Trend
Inpatient			
Allowed per Admit	\$16,852	\$31,055	7%
Admits per 1,000	169.7	56.4	-5%
Days LOS	5.7	4.8	3%
Outpatient			
Allowed per Service	\$110	\$123	4%
Services PMPY	73.3	31.0	2%
Emergency Room Visits per 1,000	547	225	0%
Prescription Drugs			
Allowed/Days Supply	\$2		3%
Days Supply PMPY	1,448		-2%
Specialty Drugs			
Allowed/Days Supply	\$101		8%
Days Supply PMPY	17		12%
All Prescription Drugs			
Allowed/Days Supply	\$3	\$4	9%
Days Supply PMPY	1,465	387	-2%

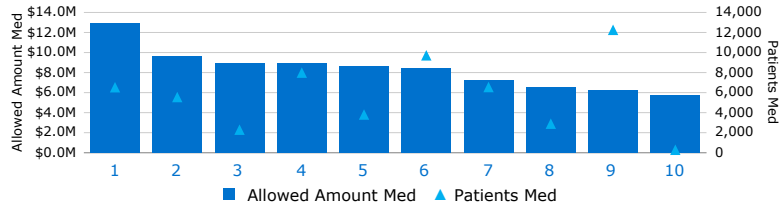
● Represents a lower than -3% comparison to the benchmark
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Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Apr 2017 - Mar 2018 (Paid)

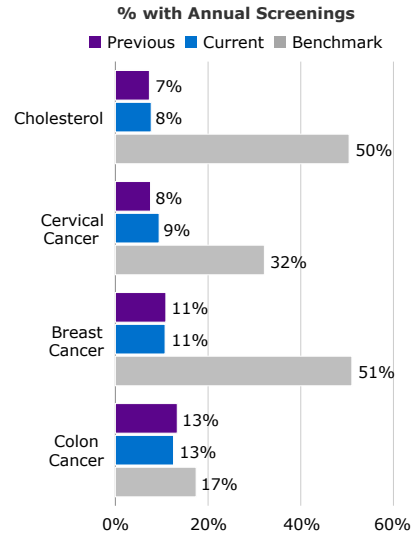
Current Period: Apr 2018 - Mar 2019 (Paid)

7. Top Medical Conditions (by cost)

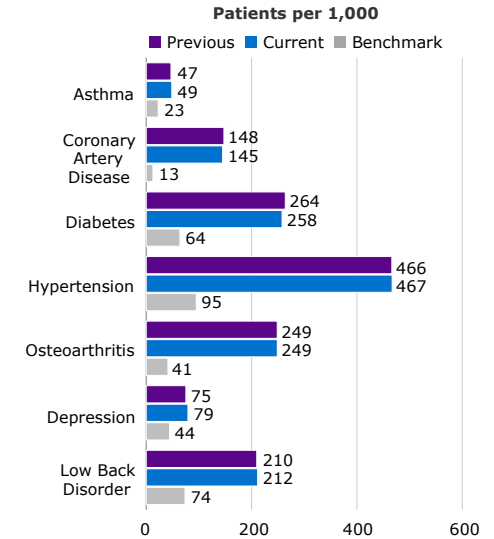


Condition	Allowed Amount Med	Patients Med	Med Allowed /Patient
1 Osteoarthritis	\$12,879,373	6,539	\$1,970
2 Spinal/Back Disord, Low Back	\$9,616,772	5,560	\$1,730
3 Renal Function Failure	\$8,980,288	2,302	\$3,901
4 Eye Disorders, Degenerative	\$8,971,061	7,997	\$1,122
5 Coronary Artery Disease	\$8,615,059	3,813	\$2,259
6 Arthropathies/Joint Disord NEC	\$8,431,796	9,724	\$867
7 Respiratory Disord, NEC	\$7,282,390	6,559	\$1,110
8 Cerebrovascular Disease	\$6,504,843	2,900	\$2,243
9 Hypertension, Essential	\$6,194,104	12,268	\$505
10 Chemotherapy Encounters	\$5,720,450	296	\$19,326

8. Screening Rates

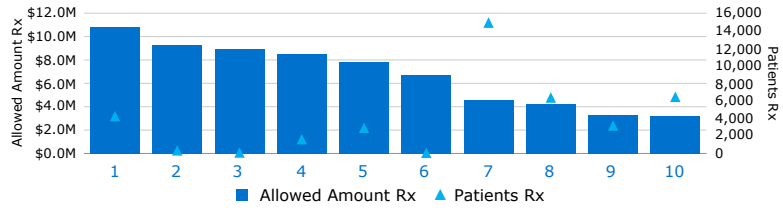


9. Chronic Condition Prevalence

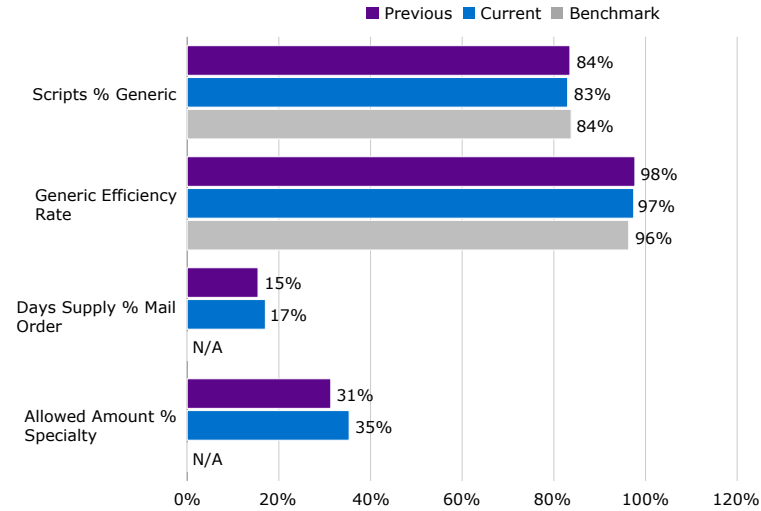


10. Prescription Drug Metrics

Top 10 Therapeutic Classes (by cost)



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed /Patient
1 Antidiabetic Agents, Misc	\$10,782,288	4,246	\$2,539
2 Immunosuppressants, NEC	\$9,319,605	356	\$26,179
3 Molecular Targeted Therapy	\$8,921,428	110	\$81,104
4 Antidiabetic Agents, Insulins	\$8,509,417	1,636	\$5,201
5 Coag/Anticoag, Anticoagulants	\$7,828,520	2,920	\$2,681
6 Biological Response Modifiers	\$6,683,154	79	\$84,597
7 Antihyperlipidemic Drugs, NEC	\$4,597,000	14,925	\$308
8 Adrenals & Comb, NEC	\$4,220,105	6,385	\$661
9 Misc Therapeutic Agents, NEC	\$3,297,911	3,190	\$1,034
10 Gastrointestinal Drug Misc, NEC	\$3,216,500	6,460	\$498



Medical and Prescription Drug Dashboard

Dashboard Glossary

General

- **Claims** are completed for claims incurred but not yet recorded (IBNR)
- **Benchmark** represents 2017 US 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)