

State of Delaware - Quarterly Financial Reporting

FY21 Q2 Cost Analysis

It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.

February 2021

State of Delaware

Health Plan Quarterly Financial Reporting

FY21 Q2 Plan Cost Analysis

Summary plan information

- FY21 YTD compared to FY20 YTD:

Summary (total)	FY21			FY20			% Change		
	Medical	Rx ⁴	Total ²	Medical	Rx ⁴	Total ²	Medical	Rx ⁴	Total ²
Gross claims ¹	\$301.8	\$141.2	\$443.0	\$295.8	\$140.7	\$436.5	▲ 2.0%	▲ 0.4%	▲ 1.5%
Total program cost (\$M) ²	\$326.7	\$86.4	\$414.3	\$316.8	\$88.7	\$406.7	▲ 3.1%	▼ 2.7%	▲ 1.9%
Premium contributions (\$M) ³	\$330.7	\$90.6	\$421.3	\$327.5	\$88.2	\$415.7	▲ 1.0%	▲ 2.7%	▲ 1.3%
Total cost PEPY	\$8,856	\$2,364	\$11,232	\$8,744	\$2,472	\$11,220	▲ 1.3%	▼ 4.4%	▲ 0.1%
Total cost PMPY	\$5,040	\$1,344	\$6,384	\$4,956	\$1,392	\$6,360	▲ 1.7%	▼ 3.4%	▲ 0.4%
Average employees	73,807			72,473			▲ 1.8%		
Average members	129,736			127,860			▲ 1.5%		
Loss ratio	98%			98%					
Net income (\$M)	\$7.0			\$9.0					

¹ Gross claims include paid medical and pharmacy claims as reported by Aetna, Highmark, and ESI; excludes capitation

² Total program cost includes gross claims, pharmacy rebate and EGWP payment offsets, ASO fees, and office operational expenses

³ Includes fees for participating non-State groups

⁴ FY21 YTD contains 12 ESI invoices; FY20 YTD (thru December) contained 13 ESI invoices

- FY21 Actual compared to Original Budget (approved in August 2020):

Summary (total)	FY21 Actual			FY21 Budget			% Change		
	Medical	Rx ²	Total	Medical	Rx ²	Total	Medical	Rx ²	Total
Total program cost (\$M) ²	\$326.7	\$86.4	\$414.3	\$343.5	\$94.1	\$437.6	▼ 4.9%	▼ 8.2%	▼ 5.3%
Total cost PEPY	\$8,856	\$2,364	\$11,232	\$9,316	\$2,487	\$11,843	▼ 4.9%	▼ 4.9%	▼ 5.2%
Total cost PMPY	\$5,040	\$1,344	\$6,384	\$5,292	\$1,413	\$6,728	▼ 4.8%	▼ 4.9%	▼ 5.1%
Net income (\$M)	\$7.0			(\$15.7)					

¹ Total program cost includes office operational expenses (medical and Rx splits exclude these expenses) and excludes fees for participating non-State groups (these fees are included in premiums)

² FY21 Actual contains 12 ESI invoices; FY21 Budget (thru December) contained 13 ESI invoices

Plan performance dashboard - key observations for total GHIP population: January 2020 - December 2020 (compared to January 2019 - December 2019)

- The COVID-19 pandemic has had a significant impact on GHIP utilization and claims. The IBM Watson Health plan performance dashboards highlights the following program trends:
 - Reduction in well care and preventive visits: -5.1% well baby, -14.4% preventive adult
 - Reduced screening rates for colon cancer, breast cancer, cervical cancer and cholesterol
 - 11.2% reduction in inpatient admits, 17.9% reduction in ER visits
 - Pharmacy claims have not been reduced due to COVID-19; 3.3% increase in cost and 2.3% increase in utilization of all prescriptions
 - Specialty medications now make up 46% of pharmacy spend, with an 18.5% increase in utilization

Additional notes

- Claims and expenses are reported on a paid basis
- FY21 budget rates were held flat from FY20
- Paid claims and enrollment data based on reports from Aetna, Highmark, and ESI; costs include operating expenses
- Expenses are broken down into two categories:
 - ASO Fees: includes fees for vendor administration, COBRA administration, ACA-related (PCORI), IBM Watson data analytics, EAP, and WTW consulting fees
 - Office Operational Expenses: includes expenses for items such as staff salaries, supplies, etc.
- Rx rebates and EGWP payments are shown based on the period to which offsets are attributable, rather than actual payment received in a given period
- No adjustments made to cost tracking for large claims as the State does not have stop loss insurance
- HRA dollars are assumed to be included in the reported claims
- Participating groups (such as University of DE) are included in the cost tracking, but are assumed to be 100% employee paid; as a result, reported net cost and cost share percentages may be skewed; participating group fees are included in premium contributions

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	Q1 2021	Q2 2021	Q3 2021	Q4 2021	FY21 YTD Actual	FY21 YTD WTW Budget ⁷	Difference vs. Budget	FY21 Projected ⁸
Total GHIP Results								
Legend								
- Medical/Rx Budget								
■ Fees and Op. Expenses								
■ Rx (incl. Rebates and EGWP)								
■ Medical (incl. capitation)								
Total Program Cost	\$202,594,637	\$211,738,529			\$414,333,166	\$437,551,604	▼ 5.3%	\$889,406,403
- Paid Claims	191,490,181	200,984,548			392,474,729	415,695,825	▼ 5.6%	844,878,825
- Medical (includes capitation¹)	150,084,604	157,595,163			307,679,767	325,261,425	▼ 5.4%	663,865,647
- Rx (Including Rebates and EGWP)	41,405,578	43,389,385			84,794,963	90,434,400	▼ 6.2%	181,013,178
- Rx Paid Claims	69,940,930	71,301,982			141,242,912	149,916,641	▼ 5.8%	304,524,770
- EGWP ²	(11,191,731)	(10,986,398)			(22,178,129)	(21,899,778)	▲ 1.3%	(46,962,718)
- Direct Subsidy	(743,876)	(522,398)			(1,266,274)	(1,098,014)	▲ 15.3%	(1,856,244)
- CGDP	(7,143,895)	(7,143,895)			(14,287,790)	(14,222,944)	▲ 0.5%	(23,774,509)
- Catastrophic Reinsurance	(3,303,960)	(3,320,105)			(6,624,065)	(6,578,820)	▲ 0.7%	(21,331,965)
- Rx Rebates	(17,343,622)	(16,926,199)			(34,269,821)	(37,582,462)	▼ 8.8%	(76,548,874)
- ASO Fees	10,491,245	10,141,121			20,632,366	20,369,560	▲ 1.3%	41,555,141
- Operational Expenses	613,211	612,860			1,226,071	1,486,218	▼ 17.5%	2,972,437
Medical/Rx Premium Contributions⁴	\$210,602,447	\$210,679,889			\$421,282,336	\$ 421,850,596	▼ 0.1%	\$841,891,584
- Net Income	8,007,810	(1,058,640)			6,949,169	(15,701,008)		(47,514,819)
- Total Cost as % of Budget	96%	101%			98%	104%		106%
Current Year Per Capita								
- Total per employee per year ⁵	10,980	11,472			11,232	11,843	▼ 5.2%	11,876
- Total % change over prior	-3.9%	4.0%			0.1%			7.6%
- Medical per employee per year	8,640	9,048			8,856	9,316	▼ 4.9%	9,376
- Medical % change over prior	-1.2%	3.4%			1.2%			12.3%
- Rx per employee per year	2,316	2,412			2,364	2,487	▼ 4.9%	2,520
- Rx % change over prior	-13.1%	5.8%			-4.4%			-5.0%
- Medical per member per year	4,920	5,148			5,040	5,292	▼ 4.8%	5,548
- Rx per member per year	1,308	1,368			1,344	1,413	▼ 4.9%	1,259
- Total per member per year ⁵	6,252	6,528			6,384	6,728	▼ 5.1%	6,829
Prior Year Results	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	FY20			FY 2020
- Total Program Cost	206,456,465	200,218,517			406,674,981	-	-	805,050,429
- Total Program Cost \$ Change	-3,861,828	11,520,013			7,658,185	-	-	84,355,974
- Total per employee per year ⁵	11,424	11,028			11,226	-	-	11,040
- Medical per employee per year	8,748	8,748			8,748	-	-	8,352
- Rx per employee per year	2,664	2,280			2,472	-	-	2,652
EE Contributions⁶	\$41,483,007	\$41,472,022			\$41,477,515			\$165,888,087
- Net SoD	161,111,630	170,266,508			165,689,069	-	-	723,518,316
- SoD Subsidy %	80%	80%			80%	-	-	81%
Headcount								
- Enrolled Ees	73,766	73,848			73,807	73,892	▼ 0.1%	74,891
- Enrolled Members	129,698	129,774			129,736	130,074	▼ 0.3%	130,234
- Member/EE Ratio	1.8	1.8			1.8	1.8		1.7

¹ Capitation payments apply to HMO plan only
² Direct subsidy and catastrophic reinsurance prospective payments reflect actual payments received during quarter; CGDP estimated based on payment attributable to quarter; projected EGWP PMPM amounts provided by ESI
³ Reflects estimated rebates attributable to FY21; prior quarters to be updated with actual FY21 rebates when received; estimated rebates based on WTW analysis of expected rebates under ESI contract effective July 2019
⁴ Premium contributions include fees for participating non-State groups
⁵ Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits
⁶ Participating groups are assumed to be 100% EE funded, and Medicare retirees are assumed to be fully subsidized
⁷ WTW Budget based on final FY21 Budget approved by SEBC
⁸ FY21 Projected based on 24 months of claims experience through FY21 Q1 (excludes FY20 Q4 and FY21 Q1 experience due to COVID-19 impact); reflects average headcounts YTD with 1% assumed enrollment growth during FY21; reflects costs and savings attributable to all GHIP initiatives effective 7/1/19 and later; 5% medical/8% pharmacy trend; EGWP revenues and prescription drug rebates projected based on the period revenues are attributable; projections reflect impact of COVID-19 on FY21 operating expenses
It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.

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FY21 Q2 Reporting Reconciliation (WTW vs DHR Fund Equity Report)

FY21 YTD Reporting Reconciliation	WTW FY21 Q2 Financial Report	DHR Dec. 2020 Fund Equity Report
Total Program Cost	\$414,333,166	\$494,175,141
Paid Claims	392,474,729	472,316,704
Medical Claims	307,679,767	319,395,389
Rx Claims ¹	84,794,963	152,921,315
Rx Paid Claims ⁴	141,242,912	152,921,315
EGWP	(22,178,129)	17,076,565
<i>Direct Subsidy</i>	(1,266,274)	1,275,651
<i>CGDP</i>	(14,287,790)	9,176,850
<i>Catastrophic Reinsurance</i>	(6,624,065)	6,624,065
Rx Rebates	(34,269,821)	36,800,820
Total Rx Claim (Offsets)/Revenue ²	(56,447,950)	53,877,386
Total Fees	21,858,437	21,858,437
ASO Fees	20,632,366	20,632,366
Operational Expenses	1,226,071	1,226,071
Premium Contributions/Operating Revenues³	\$421,282,336	\$475,643,459
Net Income	6,949,169	(18,531,682)
Total Cost as % of Budget	98%	104%

¹WTW Rx claims shown net of EGWP revenue and Rx rebates; DHR Rx claims reflect gross claim dollars excluding additional revenue (EGWP and rebates)

²WTW reflects EGWP revenue and Rx rebates as offsets to Rx claims; DHR reflects these items as additions to operating revenues

³DHR premium contributions represent total operating revenues, including premium contributions, Rx revenues (EGWP and rebates), other revenues totaling \$487,943, and participating group fees totaling \$2,988,139; WTW premium contributions represent FY21 budget rates and headcounts (net of Rx revenues), including participating group fees

⁴WTW reflects 12 ESI invoice payments YTD, December Fund Equity report reflects 13 ESI invoices YTD

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Health Plan Quarterly Financial Reporting Assumptions and Caveats

Claim basis and timing

- 1 All reporting provided on a paid basis within this document.
- 2 FY21 represents the time period July 1, 2020 through June 30, 2021 for all statuses; note Medicfill plan for Medicare eligible retirees runs on a calendar year basis. Therefore, FY21 financial results span two plan years for the Medicare eligible population.

Enrollment

- 3 Medical and Rx enrollment based on quarterly tiered enrollment data from Highmark and Aetna; Medicare enrollment provided separately for retirees enrolled in medical (Highmark) and Rx (ESI).

Benefit costs/fees

- 4 Medical quarterly paid claims from Highmark and Aetna; Rx quarterly paid claims from ESI; EGWP subsidies and Rx rebates (Active, non-Medicare eligible retiree, and Medicare eligible retiree) from DHR
 - 5 Administration fees and operational expenses from DHR-provided December 2020 Fund Equity Report; total quarterly fees are assigned to each plan on a contract count basis.
 - a. ASO Fees: includes fees for vendor administration, COBRA administration, ACA-related (PCORI), IBM Watson data analytics, EAP and WTW consulting fees.
 - b. Operational Expenses: includes expenses for items such as staff salaries, supplies, etc.
 - 6 Pharmacy drug rebates are shown based on the period to which rebates are attributable; prior quarters to be updated with actual FY21 rebates when received; estimated rebates based on WTW analysis of expected rebates under ESI contract effective July 2019 and actual rebates received through FY21 Q2; active/non-Medicare eligible retiree rebates assigned to each plan on a contract count basis; may differ from actual payments received during FY2020 due to payment timing lag.
 - 7 EGWP payments based on actual and expected payments attributable to the period July 1, 2020 through June 30, 2021; reflects actual direct subsidy, prospective reinsurance and coverage gap discount payments received through December 2020; remaining payments attributable to FY21 estimated based on projected amounts provided by ESI; may differ from actual payments received during FY21 due to payment timing lag.
 - 8 Prior year costs calculated from WTW's FY20 Financial Reporting.
 - 9 FY21 Projected based on 24 months of claims experience through FY21 Q2 (excludes FY20 Q4 and FY21 Q1 experience due to COVID-19 impact); reflects average headcounts YTD with 1% assumed enrollment growth during FY21; reflects costs and savings attributable to all GHIP initiatives effective 7/1/19 and later; 5% medical/8% pharmacy trend; EGWP revenues and prescription drug rebates projected based on the period revenues are attributable; projections reflect impact of COVID-19 on FY21 operating expenses
- It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.**

Budget/contributions

- 10 Active and non-Medicare eligible retiree budget rates and contributions reflect rates effective July 1, 2020. Medicare eligible retiree budget rates reflect rates effective January 1, 2020 for FY21 Q1 and Q2, and rates effective January 1, 2021 for FY21 Q3 and Q4. Budget rates include FY21 risk fees for Participating groups (excludes \$2.70 PEPM charge). FY21 budget rates were held flat from FY20.
- 11 Premiums and employee contributions are the product of monthly budget rate/contribution and quarterly average tiered contract counts provided by the medical vendors; assumes 1% enrollment growth during FY21.
- 12 Highmark quarterly reports do not provide enrollment data split by retirement date. All Medicare eligible retirees are assumed to have retired prior to July 1, 2012, and therefore do not contribute towards the cost of premiums. As a result of this conservative assumption, the healthcare program's net cost to the State may be overstated.
- 13 Participating groups are assumed to be 100% employee paid in order to estimate the healthcare program's net cost to the State; actual employee contributions vary and are difficult to capture since each group pays premiums at different times; participating group fees are included in premium contributions.
- 14 While COBRA enrollment and claims are reflected in the expenses, all medical/Rx participants are assumed to pay active contributions since COBRA participants make up less than 0.1% of the total population.
- 15 HRA funding for CDH plans are included in the paid claims reported in this document.

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Health Plan Quarterly Financial Reporting

Glossary of Important Health Care Terms

Terms directly tied to cost tracking

Terminology	Acronym	Definition
Administrative Services Only	ASO	When an organization funds its own employee benefit plan, such as a health insurance program, and it hires an outside firm to perform specific administrative services. Also referred to as “self-funded”. Currently, the GHIP has ASO contracts with Aetna, Highmark and Express Scripts.
Capitation	n/a	Fixed payment amount (per member) to a physician or group of physicians for a defined set of services for a defined set of members. Fixed or “capitated” payment per member provides physician with an incentive for meeting quality and cost efficiency outcomes, since the physician is responsible for any costs incurred above the capitated amount. May be risk adjusted based on the demographics of the member population or changes in the member population. Often used for <i>bundled payments</i> or other <i>value-based payments</i> .
Consumer Driven Health Plan	CDHP	Allows members to use health savings accounts (HSA), health reimbursement accounts (HRA), or other similar medical payment products to pay routine health care expenses directly. GHIP currently offers a CDHP with HRA.
Coverage Gap Discount Program	CGDP	One of the funding components of an <i>EGWP</i> . Manufacturers provide discounts on covered Part D brand prescription drugs to Medicare beneficiaries while in the coverage gap.
Employee	EE	A person employed for wages or salary.
Employer Group Waiver Plans	EGWP	A Center for Medicare Service (CMS) approved program for both employers and unions. An employer may contract directly with CMS or go through an approved TPA, such as ESI, to establish the plan. They are usually Self Funded, are integrated with Medicare Part D, and sometimes include a fully insured “wrapper” around the plan to cover non-Medicare Part D prescription drugs. GHIP currently contracts with ESI as the TPA and includes a “wrapper,” which is referred to as an enhanced benefit.
Fiscal Year	FY	A year as reckoned for taxing or accounting purposes. GHIP fiscal year runs from July 1st through June 30th.
Health Maintenance Organization	HMO	A form of health insurance combining a range of coverages in a group basis. A group of doctors and other medical professionals offer care through the HMO for a flat monthly rate. However, only visits to professionals within the HMO network are covered by the policy. All visits, prescriptions and other care must be cleared by the HMO in order to be covered. A primary physician within the HMO handles referrals.
Health Reimbursement Account	HRA	Employer-funded account that reimburses employees for out-of-pocket medical expenses. Employees can choose how to use their HRA funds to pay for medical expenses, but the employer can determine what expenses are reimbursable by the HRA (e.g., employers often designate prescription drug expenses as ineligible for reimbursement by an HRA). Funds are owned by the employer and are tax-deductible to the employee. GHIP only offers HRA to employees and non-Medicare eligible retirees who enroll in the CDH Gold plan.
High Cost Claimant	HCC	An insured who incurs claims over a catastrophic claim limit during the plan year. For purposes of cost tracking, this threshold is \$100K.
Per Employee Per Month	PEPM	A monthly cost basis measured on an employee/contract/subscriber level
Per Employee Per Year	PEPY	A yearly cost basis measured on an employee/contract/subscriber level
Per Member Per Month	PMPM	A monthly cost basis measured on a member level
Per Member Per Year	PMPY	A yearly cost basis measured on a member level
Patient-Centered Outcomes Research Trust Fund Fee	PCORI	The Patient-Centered Outcomes Research Trust Fund fee is a fee on plan sponsors of self-insured health plans that helps to fund the Patient-Centered Outcomes Research Institute (PCORI). The institute will assist, through research, patients, clinicians, purchasers and policy-makers, in making informed health decisions by advancing the quality and relevance of evidence-based medicine. The institute will compile and distribute comparative clinical effectiveness research findings. This fee is part of the Affordable Care Act legislation.

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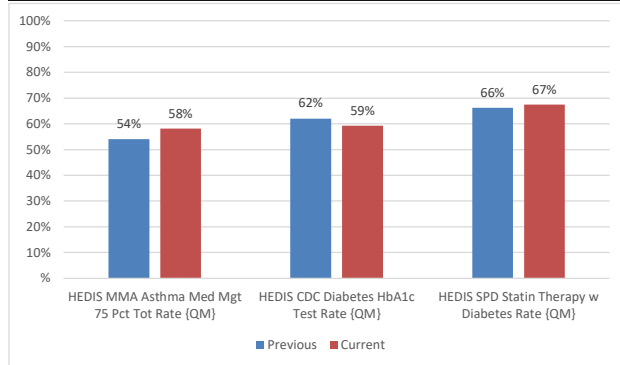
Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. GHIP only offers this type of plan to Port of Wilmington employees.
Preferred Provider Organization	PPO	A health care organization composed of physicians, hospitals, or other providers which provides health care services at a reduced fee. A PPO is similar to an HMO, but care is paid for as it is received instead of in advance in the form of a scheduled fee. PPOs may also offer more flexibility by allowing for visits to out-of-network professionals at a greater expense to the policy holder. Visits within the network require only the payment of a small fee. There is often a deductible for out-of-network expenses and a higher co-payment.
Transitional Reinsurance Fee	TRF	Fee collected by the transitional reinsurance program to fund reinsurance payments to issuers of non-grandfathered reinsurance-eligible individual market plans, the administrative costs of operating the reinsurance program, and the General Fund of the U.S. Treasury for the 2014, 2015, and 2016 benefit years. This fee is part of the Affordable Care Act legislation, and ends after the 2016 benefit year.
Year to Date	YTD	A period, starting from the beginning of the current year (either the calendar year or fiscal year) and continuing up to the present day. For this financial reporting document, YTD refers to the time period of July 1, 2019 to June 30, 2020

Medical and Prescription Drug Dashboard - Total GHIP Population

Previous Period: Jan 2019 - Dec 2019 (Paid)

Current Period: Jan 2020 - Dec 2020 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5858.8	5561.9	-5.1%	5507.4
Visits per 1000 Well Child	863.0	907.4	5.1%	786.6
Visits per 1000 Prevent Adult	429.8	368.1	-14.4%	378.9

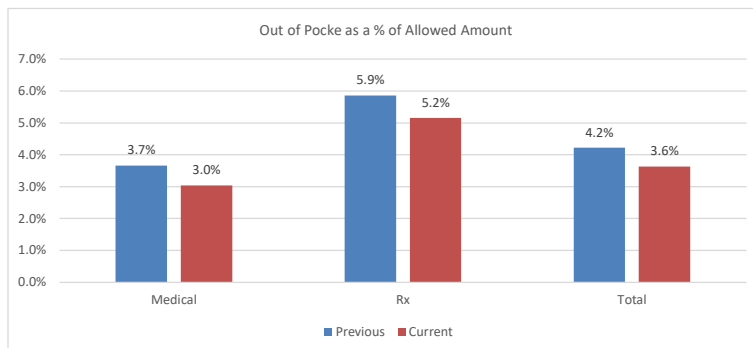
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	72,108.9	73,556.8	2.0%
Average Members	126,826.4	128,928.9	1.7%
Family Size	1.8	1.8	-0.3%
Member Age	43.0	43.0	0.1%
Members % Male	44.9%	44.8%	-0.2%

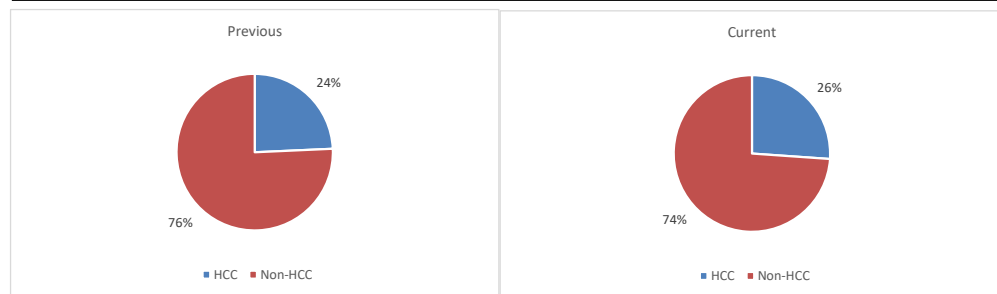
5. Risk Score

	Previous	Current
Member Risk Score	236.1	229.9

7. Cost Sharing



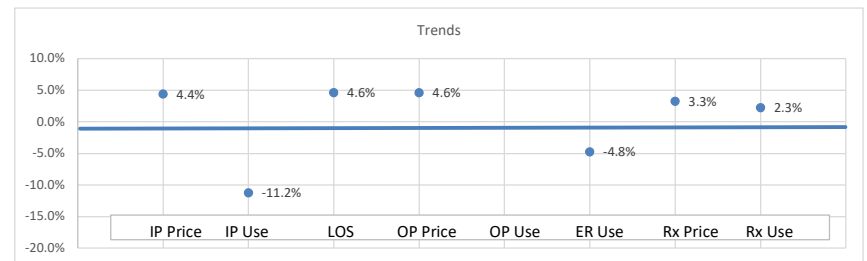
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,082	1,162	7.4%
Patients per 1,000	8.3	8.1	-2.6%
Payments (in Millions)	\$213 M	\$229 M	7.6%
Payments per Patient	196,845	197,190	0.2%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$23,440	\$24,475	4.4%	\$30,931
	Admits per 1000	84.6	75.1	-11.2%	54.0
	Days LOS	5.3	5.6	4.6%	4.4
Outpatient	Allowed per Service	\$127	\$133	4.6%	\$130
	ER Visits per 1000	351.9	288.9	-17.9%	229.1
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-4.8%	n/a
	Days Supply PMPY	653	665	2.0%	n/a
Specialty Rx	Allowed per Days Supply	\$89	\$88	-0.9%	n/a
	Days Supply PMPY	11	13	18.5%	n/a
All RX	Allowed per Days Supply	\$4	\$4	3.3%	\$4
	Days Supply PMPY	664	679	2.3%	365

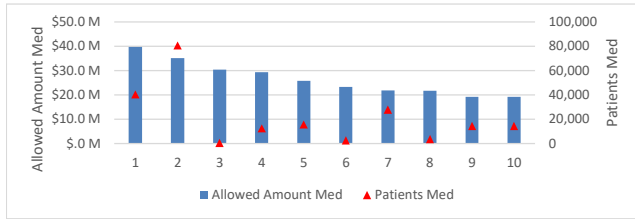


Medical and Prescription Drug Dashboard - Total GHIP Population

Previous Period: Jan 2019 - Dec 2019 (Paid)

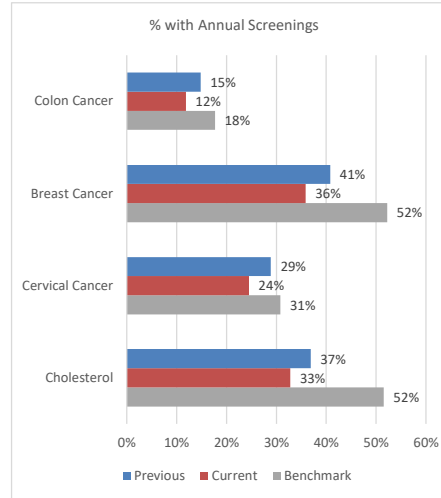
Current Period: Jan 2020 - Dec 2020 (Paid)

8. Top Medical Conditions (by cost)

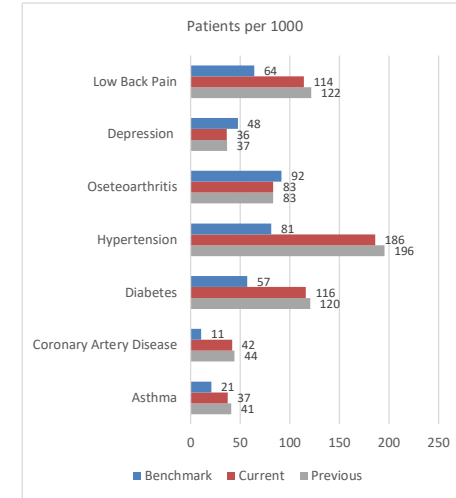


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEI	\$39,746,153	40,416	\$983
2 Prevent/Admin Hlth Encounters	\$35,122,858	80,783	\$435
3 Chemotherapy Encounters	\$30,424,065	632	\$48,139
4 Osteoarthritis	\$29,325,641	12,658	\$2,317
5 Spinal/Back Disord, Low Back	\$25,748,000	15,748	\$1,635
6 Pregnancy without Delivery	\$23,249,717	2,793	\$8,324
7 Arthropathies/Joint Disord NEC	\$21,826,403	27,996	\$780
8 Renal Function Failure	\$21,754,342	3,805	\$5,717
9 Respiratory Disord, NEC	\$19,242,827	14,633	\$1,315
10 Gastroint Disord, NEC	\$19,230,155	14,742	\$1,304

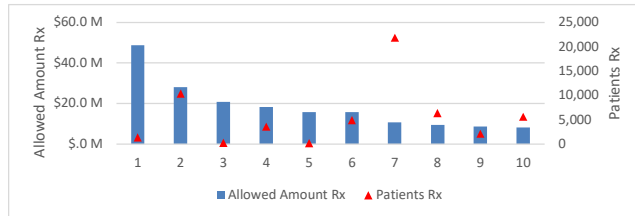
9. Screening Rates



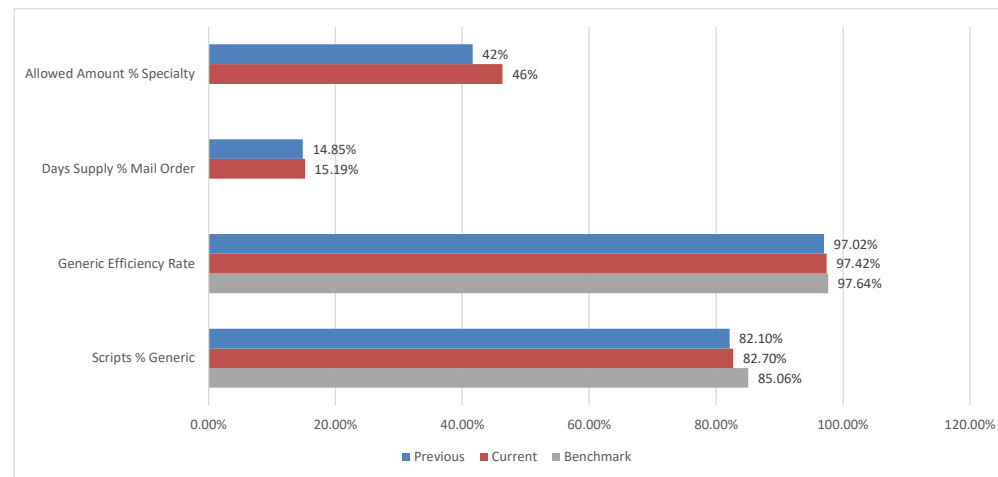
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$48,695,051	1,333	\$36,530
2 Antidiabetic Agents, Misc	\$28,052,277	10,360	\$2,708
3 Molecular Targeted Therapy	\$20,761,313	218	\$95,235
4 Antidiabetic Agents, Insulins	\$18,322,937	3,536	\$5,182
5 Biological Response Modifiers	\$15,844,046	170	\$93,200
6 Coag/Anticoag, Anticoagulants	\$15,729,145	4,915	\$3,200
7 Adrenals & Comb, NEC	\$10,735,519	21,827	\$492
8 Misc Therapeutic Agents, NEC	\$9,346,617	6,338	\$1,475
9 Antidiabetic Ag, SGLT Inhibitr	\$8,622,326	2,090	\$4,126
10 Stimulant, Amphetamine Type	\$8,072,805	5,584	\$1,446

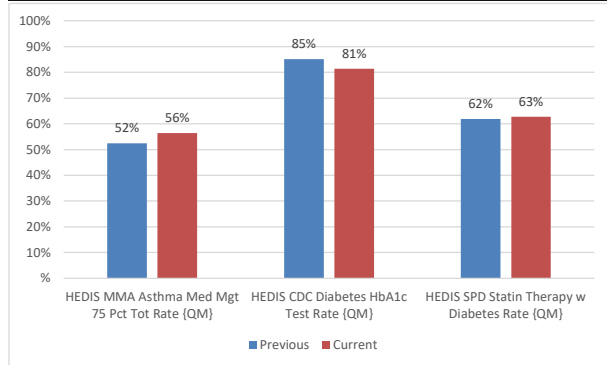


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Jan 2019 - Dec 2019 (Paid)

Current Period: Jan 2020 - Dec 2020 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5857.1	5562.3	-5.0%	5507.4
Visits per 1000 Well Child	862.5	908.5	5.3%	786.6
Visits per 1000 Prevent Adult	499.3	419.2	-16.1%	341.1

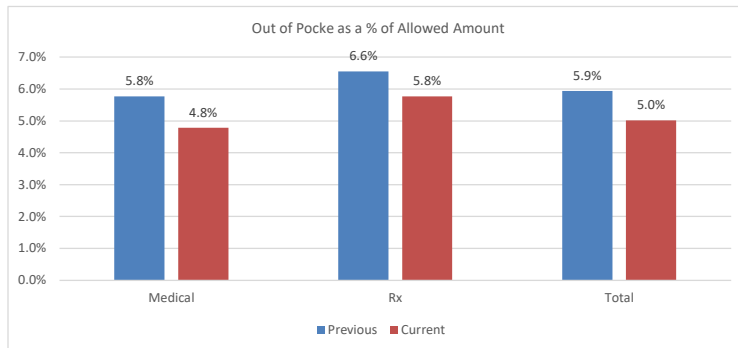
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	38,250.1	39,021.9	2.0%
Average Members	88,824.3	90,201.9	1.6%
Family Size	2.3	2.3	-0.5%
Member Age	32.8	32.8	-0.2%
Members % Male	46.3%	46.3%	-0.1%

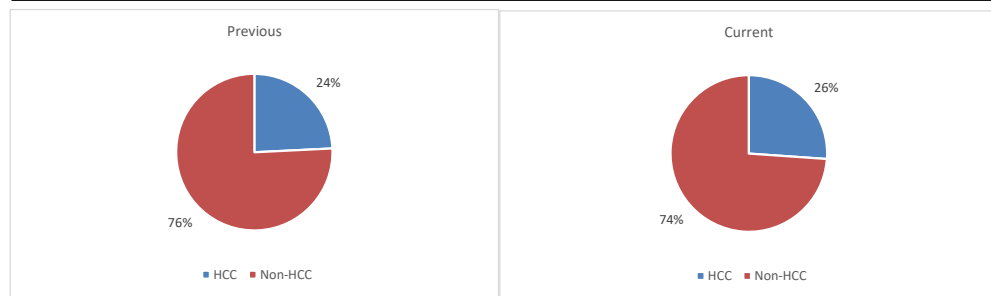
5. Risk Score

	Previous	Current
Member Risk Score	135.8	131.3

7. Cost Sharing



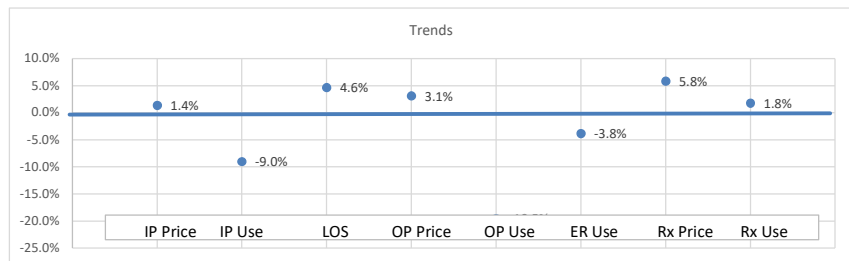
2. High Cost Claimants



	Previous	Current	Trend
Patients	745	771	3.5%
Patients per 1,000	8.1	8.1	0.6%
Payments (in Millions)	\$137 M	\$146 M	6.9%
Payments per Patient	183,462	189,490	3.3%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$27,418	\$27,791	1.4%	\$25,999
	Admits per 1000	56.0	50.9	-9.0%	52.8
	Days LOS	4.6	4.8	4.6%	4.2
Outpatient	Allowed per Service	\$132	\$136	3.1%	\$130
	ER Visits per 1000	277.4	223.2	-19.5%	228.1
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-3.8%	n/a
	Days Supply PMPY	384	389	1.5%	n/a
Specialty Rx	Allowed per Days Supply	\$84	\$85	1.7%	n/a
	Days Supply PMPY	8	9	18.7%	n/a
All RX	Allowed per Days Supply	\$4	\$4	5.8%	4
	Days Supply PMPY	391	398	1.8%	365

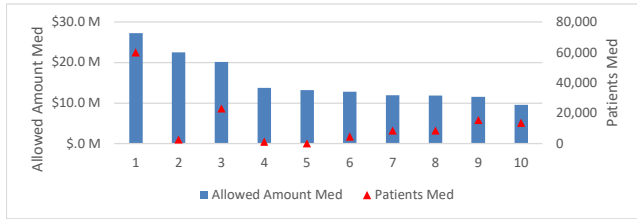


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Jan 2019 - Dec 2019 (Paid)

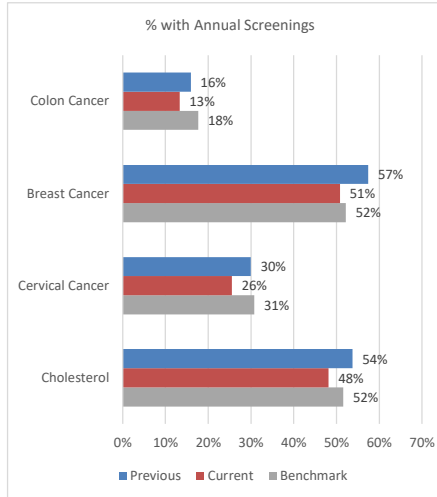
Current Period: Jan 2020 - Dec 2020 (Paid)

8. Top Medical Conditions (by cost)

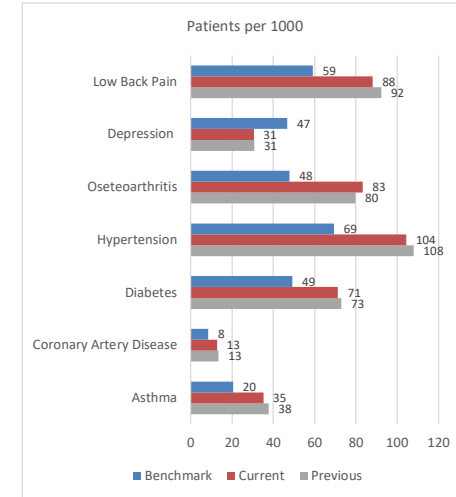


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$27,205,902	60,145	\$452
2 Pregnancy without Delivery	\$22,507,414	2,708	\$8,311
3 Signs/Symptoms/Oth Cond, NEC	\$20,147,199	23,184	\$869
4 Newborns, w/w/o Complication	\$13,753,960	1,379	\$9,974
5 Chemotherapy Encounters	\$13,215,087	204	\$64,780
6 Osteoarthritis	\$12,778,036	4,710	\$2,713
7 Spinal/Back Disord, Low Back	\$11,894,276	8,674	\$1,371
8 Gastroint Disord, NEC	\$11,833,111	8,715	\$1,358
9 Arthropathies/Joint Disord NEC	\$11,526,946	15,559	\$741
10 Infections - Respiratory, NEC	\$9,597,757	13,847	\$693

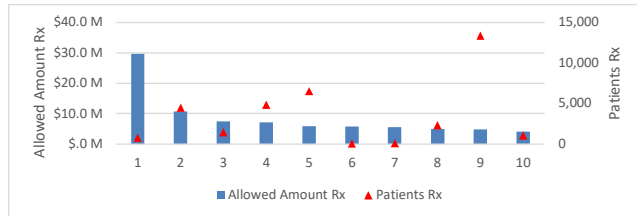
9. Screening Rates



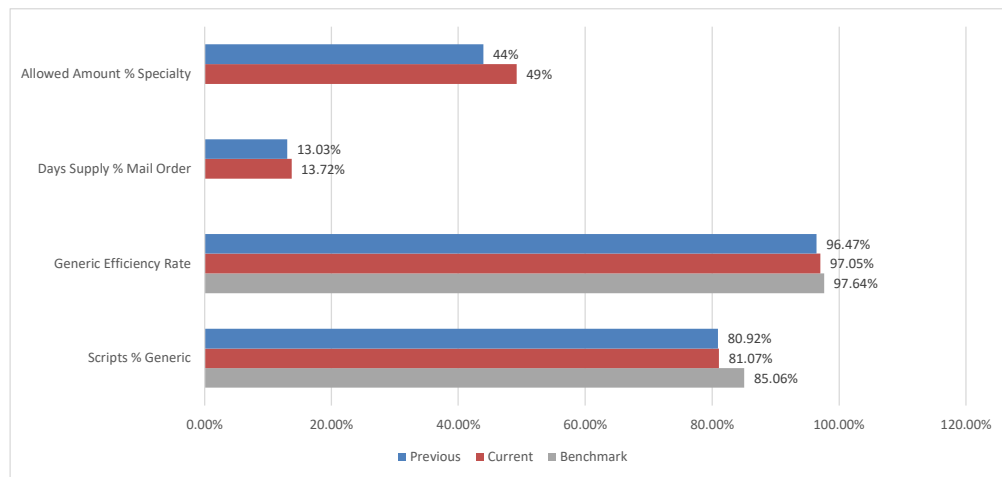
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$29,649,936	769	\$38,556
2 Antidiabetic Agents, Misc	\$10,683,914	4,470	\$2,390
3 Antidiabetic Agents, Insulins	\$7,469,140	1,435	\$5,205
4 Stimulant, Amphetamine Type	\$7,053,213	4,834	\$1,459
5 Antivirals, NEC	\$5,877,323	6,504	\$904
6 Molecular Targeted Therapy	\$5,726,870	59	\$97,066
7 Biological Response Modifiers	\$5,500,045	77	\$71,429
8 Misc Therapeutic Agents, NEC	\$4,899,428	2,306	\$2,125
9 Adrenals & Comb, NEC	\$4,732,463	13,359	\$354
10 Antidiabetic Ag, SGLT Inhibitr	\$4,139,353	1,029	\$4,023

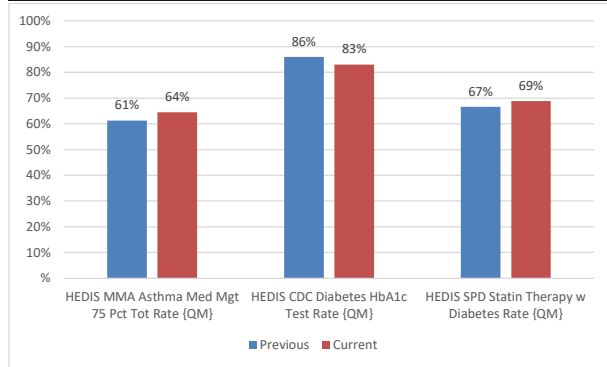


Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Jan 2019 - Dec 2019 (Paid)

Current Period: Jan 2020 - Dec 2020 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	4800.0	5700.0	18.8%	5507.4
Visits per 1000 Well Child	878.6	808.4	-8.0%	786.6
Visits per 1000 Prevent Adult	511.2	435.2	-14.9%	485.1

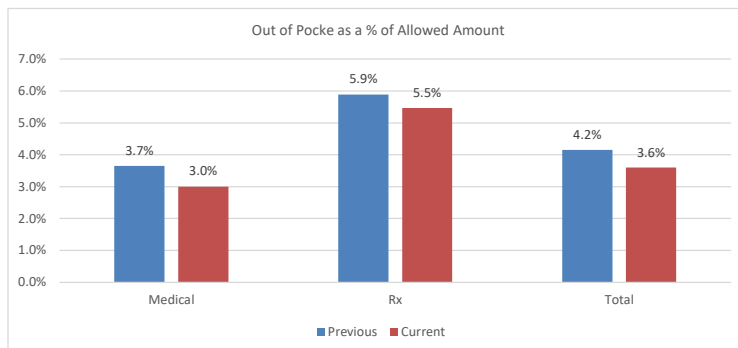
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	6,142.4	6,128.9	-0.2%
Average Members	9,826.4	9,785.2	-0.4%
Family Size	1.6	1.6	-0.2%
Member Age	49.7	49.9	0.6%
Members % Male	41.5%	41.6%	0.3%

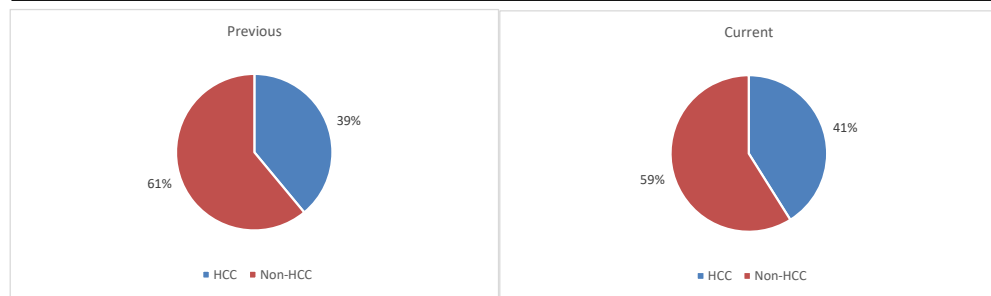
5. Risk Score

	Previous	Current
Member Risk Score	253.5	248.4

7. Cost Sharing



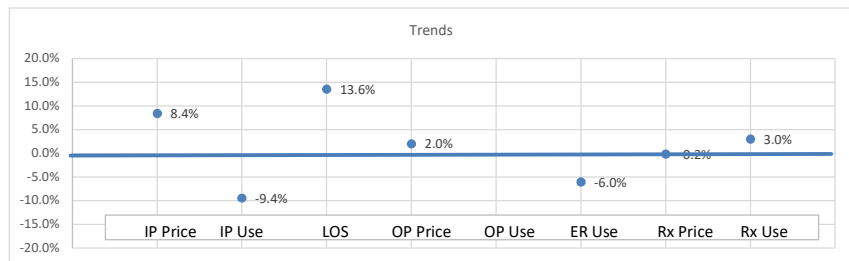
2. High Cost Claimants



	Previous	Current	Trend
Patients	253	262	3.6%
Patients per 1,000	22.2	8.1	-63.5%
Payments (in Millions)	\$47 M	\$48 M	1.4%
Payments per Patient	186,600	182,654	-2.1%

6. Price and Use

	Previous	Current	Trend	Benchmark	
Inpatient	Allowed per Admit	\$39,132	\$42,425	8.4%	\$35,838
	Admits per 1000	79.0	71.5	-9.4%	61.9
	Days LOS	5.8	6.6	13.6%	5.0
Outpatient	Allowed per Service	\$156	\$159	2.0%	\$130
	ER Visits per 1000	370.3	306.9	-17.1%	238.2
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-6.0%	n/a
	Days Supply PMPY	772	793	2.7%	n/a
Specialty Rx	Allowed per Days Supply	\$90	\$83	-8.5%	n/a
	Days Supply PMPY	16	19	20.3%	n/a
All RX	Allowed per Days Supply	\$4	\$4	-0.2%	4
	Days Supply PMPY	788	812	3.0%	365

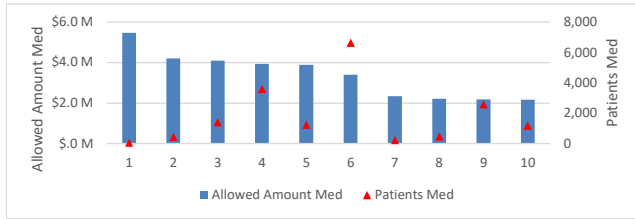


Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Jan 2019 - Dec 2019 (Paid)

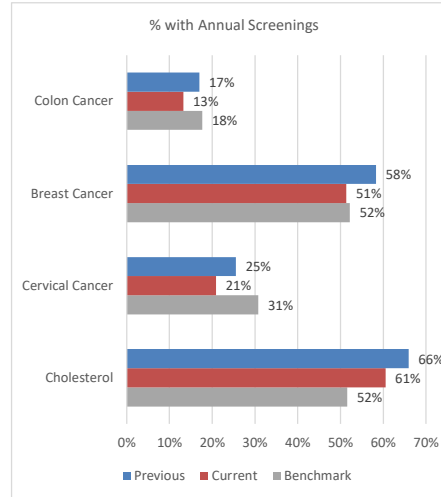
Current Period: Jan 2020 - Dec 2020 (Paid)

8. Top Medical Conditions (by cost)

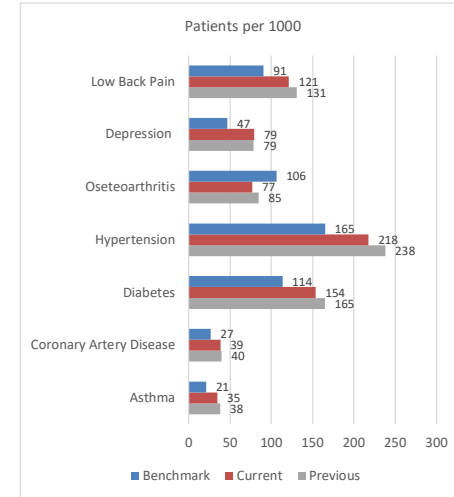


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1	\$5,458,956	72	\$75,819
2	\$4,208,896	452	\$9,312
3	\$4,096,011	1,421	\$2,882
4	\$3,943,848	3,599	\$1,096
5	\$3,886,246	1,248	\$3,114
6	\$3,395,834	6,638	\$512
7	\$2,340,132	242	\$9,670
8	\$2,203,372	462	\$4,769
9	\$2,176,981	2,578	\$844
10	\$2,173,130	1,188	\$1,829

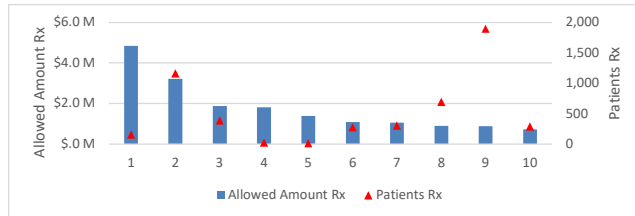
9. Screening Rates



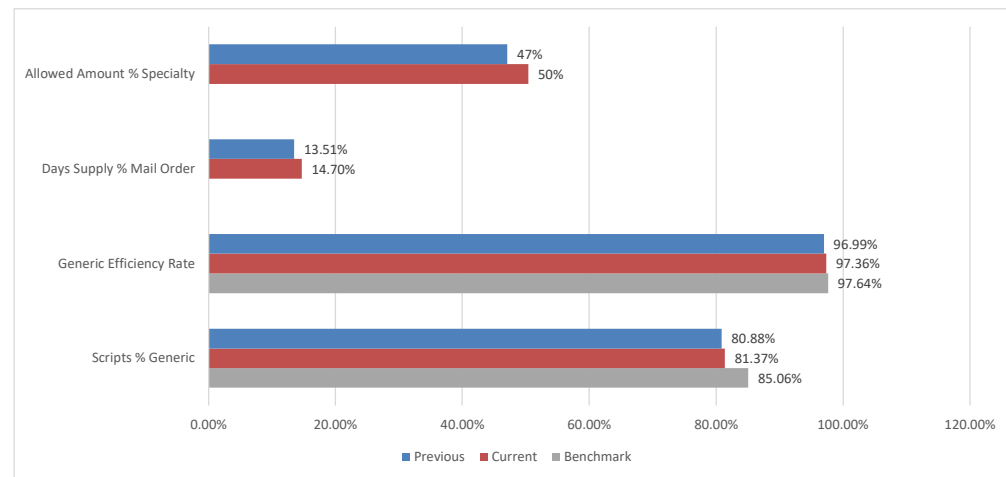
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1	\$4,850,692	154	\$31,498
2	\$3,203,837	1,161	\$2,760
3	\$1,874,151	385	\$4,868
4	\$1,806,282	20	\$90,314
5	\$1,376,643	12	\$114,720
6	\$1,075,404	274	\$3,925
7	\$1,047,721	303	\$3,458
8	\$884,400	689	\$1,284
9	\$874,474	1,896	\$461
10	\$723,321	285	\$2,538

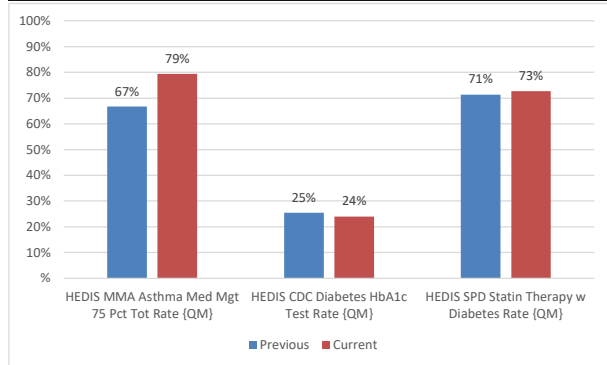


Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Jan 2019 - Dec 2019 (Paid)

Current Period: Jan 2020 - Dec 2020 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	242.3	230.9	-4.7%	462.0

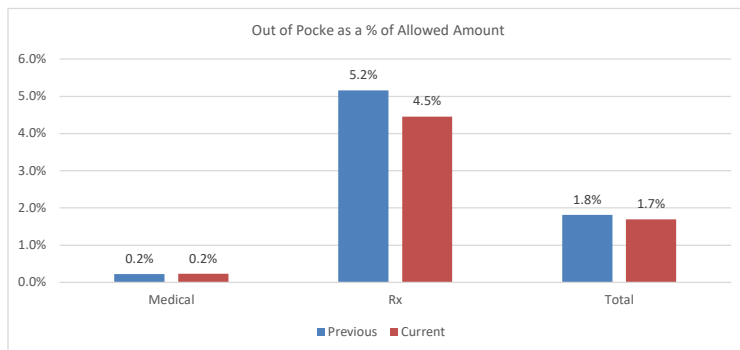
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	25,255.0	25,878.3	2.5%
Average Members	25,514.5	26,169.3	2.6%
Family Size	1.0	1.0	0.1%
Member Age	72.9	73.0	0.2%
Members % Male	41.8%	41.5%	-0.6%

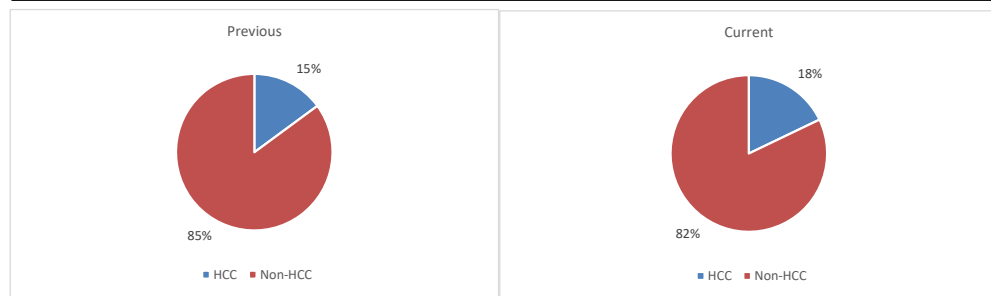
5. Risk Score

	Previous	Current
Member Risk Score	555.1	534.3

7. Cost Sharing



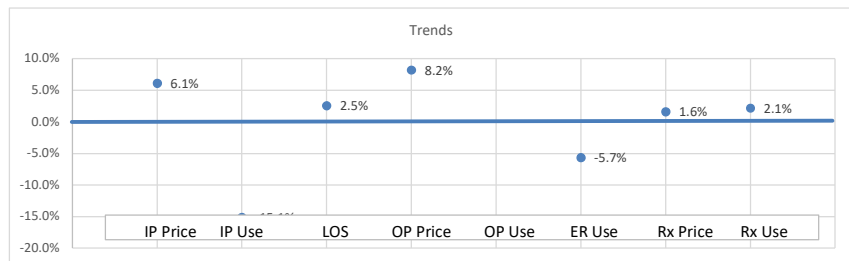
2. High Cost Claimants



	Previous	Current	Trend
Patients	188	214	13.8%
Patients per 1,000	7.0	8.1	15.6%
Payments (in Millions)	\$26 M	\$32 M	24.7%
Payments per Patient	138,159	151,343	9.5%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$17,174	\$18,222	6.1%	\$35,535
	Admits per 1000	174.4	148.0	-15.1%	55.0
	Days LOS	6.0	6.1	2.5%	4.5
Outpatient	Allowed per Service	\$111	\$120	8.2%	\$130
	ER Visits per 1000	562.3	471.1	-16.2%	229.1
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-5.7%	n/a
	Days Supply PMPY	1,489	1,518	1.9%	n/a
Specialty Rx	Allowed per Days Supply	\$95	\$93	-1.5%	n/a
	Days Supply PMPY	21	25	17.6%	n/a
All RX	Allowed per Days Supply	\$3	\$3	1.6%	4
	Days Supply PMPY	1,511	1,543	2.1%	365

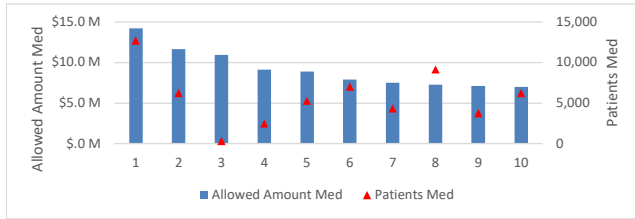


Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Jan 2019 - Dec 2019 (Paid)

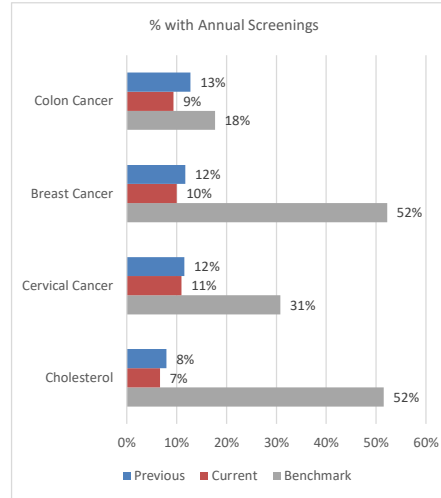
Current Period: Jan 2020 - Dec 2020 (Paid)

8. Top Medical Conditions (by cost)

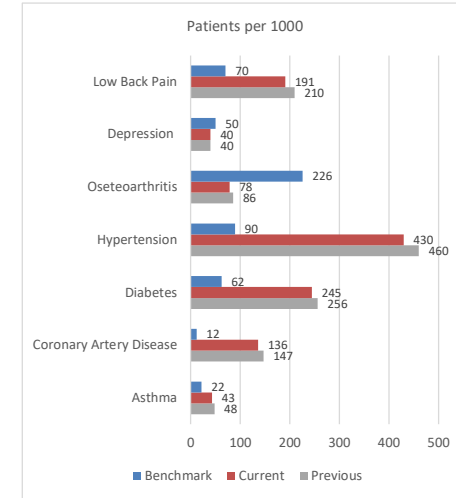


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEI	\$14,229,413	12,724	\$1,118
2 Osteoarthritis	\$11,642,052	6,241	\$1,865
3 Chemotherapy Encounters	\$10,958,577	343	\$31,949
4 Renal Function Failure	\$9,119,300	2,499	\$3,649
5 Spinal/Back Disord, Low Back	\$8,898,432	5,271	\$1,688
6 Eye Disorders, Degenerative	\$7,899,314	7,041	\$1,122
7 Cardiac Arrhythmias	\$7,489,954	4,333	\$1,729
8 Arthropathies/Joint Disord NEC	\$7,272,352	9,152	\$795
9 Coronary Artery Disease	\$7,113,447	3,753	\$1,895
10 Respiratory Disord, NEC	\$6,985,536	6,236	\$1,120

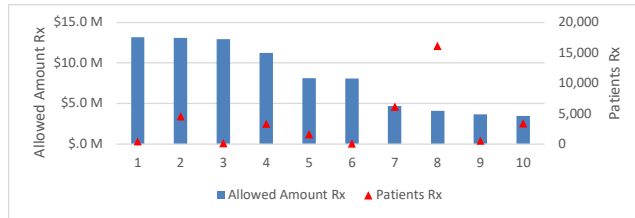
9. Screening Rates



10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$13,175,113	411	\$32,056
2 Antidiabetic Agents, Misc	\$13,105,549	4,546	\$2,883
3 Molecular Targeted Therapy	\$12,938,426	137	\$94,441
4 Coag/Anticoag, Anticoagulants	\$11,217,289	3,317	\$3,382
5 Antidiabetic Agents, Insulins	\$8,122,769	1,603	\$5,067
6 Biological Response Modifiers	\$8,095,220	71	\$114,017
7 Adrenals & Comb, NEC	\$4,670,272	6,146	\$760
8 Antihyperlipidemic Drugs, NEC	\$4,071,070	16,127	\$252
9 Hormone-Modifying Therapy	\$3,646,862	516	\$7,068
10 Misc Therapeutic Agents, NEC	\$3,458,352	3,377	\$1,024

