

# State of Delaware - Quarterly Financial Reporting

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## FY22 Q1 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.*

December 2021

**State of Delaware**

Health Plan Quarterly Financial Reporting

FY22 Q1 Plan Cost Analysis

**Summary plan information**

- FY22 YTD compared to FY21 YTD:

Summary (total)	FY22			FY21			% Change		
	Medical	Rx <sup>4</sup>	Total <sup>2</sup>	Medical	Rx <sup>4</sup>	Total <sup>2</sup>	Medical	Rx <sup>4</sup>	Total <sup>2</sup>
Gross claims <sup>1</sup>	\$145.7	\$71.3	\$217.0	\$146.8	\$69.9	\$216.7	▼ 0.7%	▲ 1.9%	▲ 0.1%
Total program cost (\$M) <sup>2</sup>	\$158.6	\$40.4	\$199.6	\$159.4	\$42.2	\$202.3	▼ 0.5%	▼ 4.4%	▼ 1.3%
Premium contributions (\$M) <sup>3</sup>	\$175.3	\$39.6	\$210.2	\$165.4	\$45.2	\$210.6	▲ 6.0%	▼ 12.5%	▼ 0.2%
Total cost PEPY	\$8,544	\$2,196	\$10,752	\$8,640	\$2,316	\$10,968	▼ 1.1%	▼ 5.2%	▼ 2.0%
Total cost PMPY	\$4,896	\$1,248	\$6,156	\$4,920	\$1,308	\$6,240	▼ 0.5%	▼ 4.6%	▼ 1.3%
Average employees	74,245			73,766			▲ 0.6%		
Average members	129,640			129,698			▼ 0.0%		
Loss ratio	95%			96%					
Net income (\$M)	\$10.5			\$8.3					

<sup>1</sup> Gross claims include paid medical and pharmacy claims as reported by Aetna, Highmark, CVS, and ESI; excludes capitation

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

<sup>3</sup> Includes fees for participating non-State groups

- FY22 Actual compared to Original Budget (approved in August 2021):

Summary (total)	FY22 Actual			FY22 Budget			% Change		
	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
Total program cost (\$M) <sup>1</sup>	\$158.6	\$40.4	\$199.6	\$198.2	\$44.8	\$237.7	▼ 20.0%	▼ 9.8%	▼ 16.0%
Total cost PEPY	\$8,544	\$2,196	\$10,752	\$10,024	\$2,708	\$12,774	▼ 14.8%	▼ 18.9%	▼ 15.8%
Total cost PMPY	\$4,896	\$1,248	\$6,156	\$5,721	\$1,546	\$7,291	▼ 14.4%	▼ 19.3%	▼ 15.6%
Net income (\$M)	\$10.5			(\$26.5)					

<sup>1</sup> 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)

**Plan performance dashboard - key observations for total GHIP population: October 2020 - September 2021 (compared to October 2019 - September 2020)**

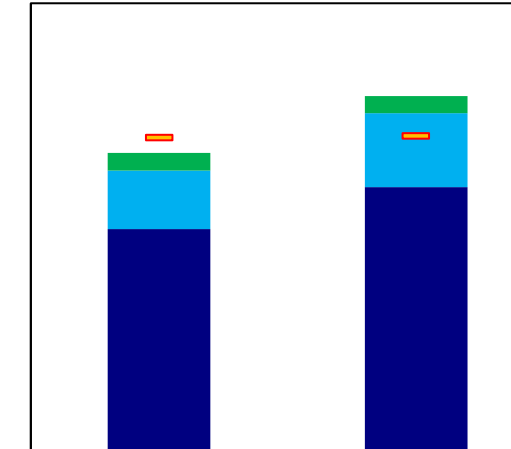
- The COVID-19 pandemic has had a significant impact on GHIP utilization and claims. Due to the timing of suppressed care, utilization of services is generally higher than in the prior period. The IBM Watson Health plan performance dashboards highlights the following program trends:
  - Increase in well care and preventive visits: 1.8% well child, 14.1% preventive adult
  - Increased screening rates for colon cancer, breast cancer, cervical cancer and cholesterol
  - 0.3% decrease in inpatient admits with a 9.9% increase in LOS and 14.0% increase in cost per admit; 1.6% reduction in ER visits
  - Pharmacy claims have been consistent through the pandemic; 3.9% increase in cost and 7.3% increase in utilization of all prescriptions
  - Specialty medications now make up 48% of pharmacy spend, with a 21.5% increase in utilization

**Additional notes**

- Claims and expenses are reported on a paid basis
- FY22 budget rates were held flat from FY21
- Paid claims and enrollment data based on reports from Aetna, Highmark, CVS, 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

State of Delaware  
Health Plan Quarterly Financial Reporting  
FY22 Q1 Plan Cost Analysis

<b>Total GHIP Results</b>
<b>Legend</b>
- Medical/Rx Budget
■ Fees and Op. Expenses
■ Rx (incl. Rebates and EGWP)
■ Medical (incl. capitation)



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	FY22 YTD Actual	FY22 YTD WTW Budget <sup>7</sup>	Difference vs. Budget	FY22 Projected <sup>8</sup>
<b>Total Program Cost</b>	<b>\$199,645,000</b>				<b>\$199,645,000</b>	<b>\$237,692,510</b>	▼ 16.0%	<b>\$895,854,871</b>
- Paid Claims	187,736,366				187,736,366	226,335,995	▼ 17.1%	872,088,259
- <b>Medical (includes capitation<sup>1</sup>)</b>	148,709,130				148,709,130	176,692,946	▼ 15.8%	712,975,811
- <b>Rx (Including Rebates and EGWP)</b>	39,027,235				39,027,235	49,643,049	▼ 21.4%	159,112,448
- Rx Paid Claims	71,283,072				71,283,072	76,547,589	▼ 6.9%	323,021,165
- EGWP <sup>2</sup>	(10,867,440)				(10,867,440)	(8,309,037)	▲ 30.8%	(50,822,171)
- Direct Subsidy	(193,337)				(193,337)	(113,084)	▲ 71.0%	(226,733)
- CGDP	(6,647,186)				(6,647,186)	(4,211,723)	▲ 57.8%	(24,707,285)
- Catastrophic Reinsurance	(4,026,917)				(4,026,917)	(3,984,231)	▲ 1.1%	(25,888,153)
- Rx Rebates <sup>3</sup>	(21,388,397)				(21,388,397)	(18,595,502)	▲ 15.0%	(113,086,547)
- <b>ASO Fees</b>	11,245,182				11,245,182	10,580,505	▲ 6.3%	41,629,211
- <b>Operational Expenses</b>	663,452				663,452	776,010	▼ 14.5%	3,104,039
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$210,171,526</b>				<b>\$210,171,526</b>	<b>\$ 211,183,668</b>	▼ 0.5%	<b>\$846,244,432</b>
- Net Income	10,526,526				10,526,526	(26,508,842)		(49,610,439)
- Total Cost as % of Budget	95%				95%	113%		106%
<b>Current Year Per Capita</b>								
- Total per employee per year <sup>5</sup>	10,752				10,752	12,774	▼ 15.8%	12,039
- Total % change over prior	-2.0%				-2.0%			-0.3%
- Medical per employee per year	8,544				8,544	10,024	▼ 14.8%	10,073
- Medical % change over prior	-1.1%				-1.1%			8.0%
- Rx per employee per year	2,196				2,196	2,708	▼ 18.9%	2,231
- Rx % change over prior	-5.2%				-5.2%			-18.5%
- Medical per member per year	4,896				4,896	5,721	▼ 14.4%	5,798
- Rx per member per year	1,248				1,248	1,546	▼ 19.3%	1,257
- Total per member per year <sup>5</sup>	6,156				6,156	7,291	▼ 15.6%	7,049
<b>Prior Year Results</b>	<b>Q1 FY21</b>	<b>Q2 FY21</b>	<b>Q3 FY21</b>	<b>Q4 FY21</b>	<b>FY21</b>			<b>FY21</b>
- Total Program Cost	202,268,399				202,268,399	-	-	893,063,789
- Total Program Cost \$ Change	-2,623,399				(2,623,399)	-	-	2,791,082
- Total per employee per year <sup>5</sup>	10,968				10,968	-	-	12,072
- Medical per employee per year	8,640				8,640	-	-	9,324
- Rx per employee per year	2,316				2,316	-	-	2,736
<b>EE Contributions<sup>6</sup></b>	<b>\$40,912,653</b>				<b>\$40,912,653</b>	-	-	<b>\$163,650,612</b>
- Net SoD	158,732,347				158,732,347	-	-	732,204,259
- SoD Subsidy %	80%				80%	-	-	82%
<b>Headcount</b>								
- Enrolled Ees	74,245				74,245	74,430	▼ 0.2%	74,415
- Enrolled Members	129,640				129,640	130,404	▼ 0.6%	130,071
- Member/EE Ratio	1.7				1.7	1.8		1.7

<sup>1</sup> Capitation payments apply to HMO plan only

<sup>2</sup> 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

<sup>3</sup> Reflects estimated rebates attributable to FY22; prior quarters to be updated with actual FY22 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

<sup>4</sup> Premium contributions include fees for participating non-State groups

<sup>5</sup> 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

<sup>6</sup> Participating groups are assumed to be 100% EE funded, and Medicare retirees are assumed to be fully subsidized

<sup>7</sup> WTW Budget based on final FY22 Budget approved by SEBC

<sup>8</sup> FY22 Projected based on long-term projections presented to SEBC in December 2021; reflects experience through October 2021 and projected FY22 average enrollment based on headcounts through October 2021; EGWP revenues and prescription drug rebates projected based on the period revenues are payable; includes estimated improvements in Rx rebates and reduction in pharmacy claims based on result of PBM award to CVS Health; 5% medical/8% pharmacy trend; assumes 1% enrollment growth; FY22 projected includes \$20m COVID-19 supplemental bill funding as offset to total program cost

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.

## State of Delaware

### Health Plan Quarterly Financial Reporting

#### FY22 Q1 Reporting Reconciliation (WTW vs DHR Fund Equity Report)

FY21 YTD Reporting Reconciliation	WTW FY22 Q1 Financial Report	DHR Sep. 2021 Fund Equity Report
<b>Total Program Cost</b>	<b>\$199,645,000</b>	<b>\$242,528,771</b>
<b>Paid Claims</b>	187,736,366	230,620,137
Medical Claims	148,709,130	163,605,525
Rx Claims <sup>1</sup>	39,027,235	67,014,612
Rx Paid Claims	71,283,072	67,014,612
EGWP	(10,867,440)	7,662,235
<i>Direct Subsidy</i>	(193,337)	207,933
<i>CGDP</i>	(6,647,186)	3,427,385
<i>Catastrophic Reinsurance</i>	(4,026,917)	4,026,917
Rx Rebates	(21,388,397)	20,235,570
Total Rx Claim (Offsets)/Revenue <sup>2</sup>	(32,255,837)	27,897,806
<b>Total Fees</b>	11,908,634	11,908,634
ASO Fees	11,245,182	11,245,182
Operational Expenses	663,452	663,452
<b>Premium Contributions/Operating Revenues<sup>3</sup></b>	<b>\$210,171,526</b>	<b>\$238,583,530</b>
Net Income	10,526,526	(3,945,241)
Total Cost as % of Budget	95%	102%

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

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

<sup>3</sup>DHR premium contributions represent total operating revenues, including premium contributions, Rx revenues (EGWP and rebates), other revenues totaling \$42,118, and participating group fees totaling \$1,496,860; WTW premium contributions represent FY22 budget rates and headcounts (net of Rx revenues), including participating group fees; DHR premium contributions alone total \$209,146,747

## State of Delaware

### Health Plan Quarterly Financial Reporting

#### Assumptions and Caveats

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##### Claim basis and timing

- 1 All reporting provided on a paid basis within this document.
- 2 FY22 represents the time period July 1, 2021 through June 30, 2022 for all statuses; note Medicfill plan for Medicare eligible retirees runs on a calendar year basis. Therefore, FY22 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 and CVS; 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 September 2021 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 FY22 rebates when received; estimated rebates reflect projected improvements in Rx rebates based on result of PBM award to CVS Health; active/non-Medicare eligible retiree rebates assigned to each plan on a contract count basis; may differ from actual payments received during FY22 due to payment timing lag.
- 7 EGWP payments based on actual and expected payments attributable to the period July 1, 2021 through June 30, 2022; reflects actual direct subsidy, prospective reinsurance and coverage gap discount payments received through September 2021; remaining payments attributable to FY22 estimated based on projected amounts provided by ESI; may differ from actual payments received during FY22 due to payment timing lag.
- 8 Prior year costs calculated from WTW's FY21 Financial Reporting.
- 9 FY22 Projected based on long-term projections presented to SEBC in December 2021; reflects experience through October 2021 and projected FY22 average enrollment based on headcounts through October 2021; EGWP revenues and prescription drug rebates projected based on the period revenues are payable; includes estimated improvements in Rx rebates and reduction in pharmacy claims based on result of PBM award to CVS Health; 5% medical/8% pharmacy trend; assumes 1% enrollment growth

**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, 2021. Medicare eligible retiree budget rates reflect rates effective January 1, 2021 for FY21 Q1 and Q2, and rates effective January 1, 2022 for FY21 Q3 and Q4. Budget rates include FY22 risk fees for Participating groups (excludes \$2.70 PEPM charge). FY22 budget rates were held flat from FY21.
- 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 FY22.
- 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.

**State of Delaware**

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 ( <i>HRA</i> ), or other similar medical payment products to pay routine health care expenses directly. GHIP currently offers a CDHP with <i>HRA</i> .
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.

## State of Delaware

### Health Plan Quarterly Financial Reporting

#### Glossary of Important Health Care Terms

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#### Terms directly tied to cost tracking

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

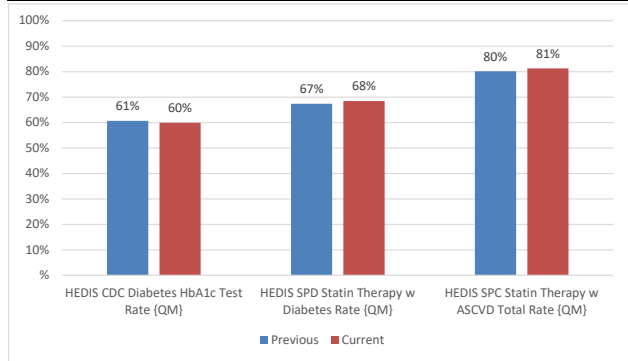


**Medical and Prescription Drug Dashboard - Total GHIP Population**

Previous Period: Oct 2019 - Sep 2020 (Paid)

Current Period: Oct 2020 - Sep 2021 (Paid)

**1. Quality Metrics**



**3. Well Care and Preventive Visits**

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5670.1	5438.5	-4.1%	5507.4
Visits per 1000 Well Child	872.1	887.4	1.8%	786.6
Visits per 1000 Prevent Adult	362.4	413.6	14.1%	379.2

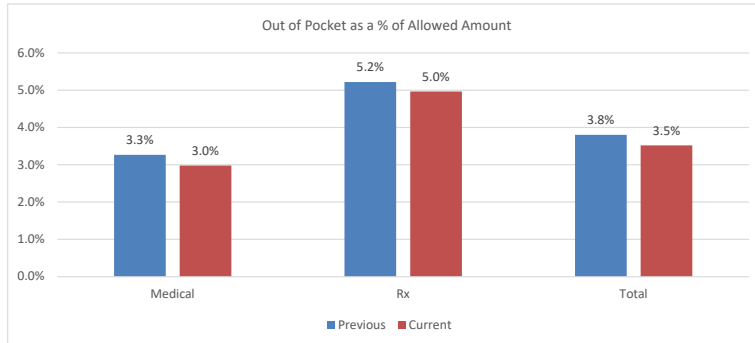
**4. Medical Eligibility**

	Previous	Current	Trend
Average Employees	73,243.6	74,062.9	1.1%
Average Members	128,468.2	129,284.4	0.6%
Family Size	1.8	1.7	-0.5%
Member Age	43.0	43.2	0.4%
Members % Male	44.8%	44.7%	-0.2%

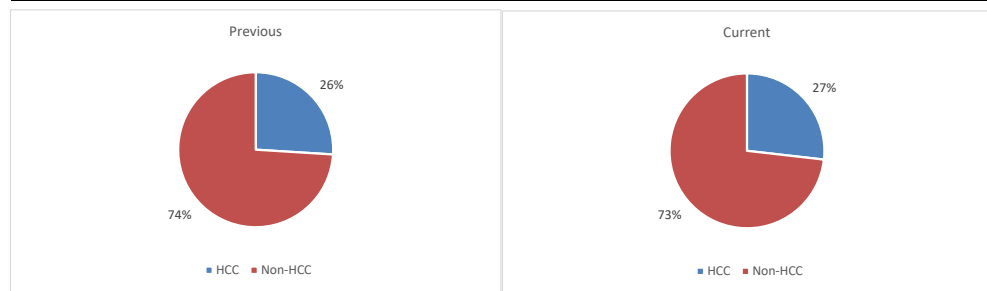
**5. Risk Score**

	Previous	Current
Member Risk Score	229.9	235.7

**7. Cost Sharing**



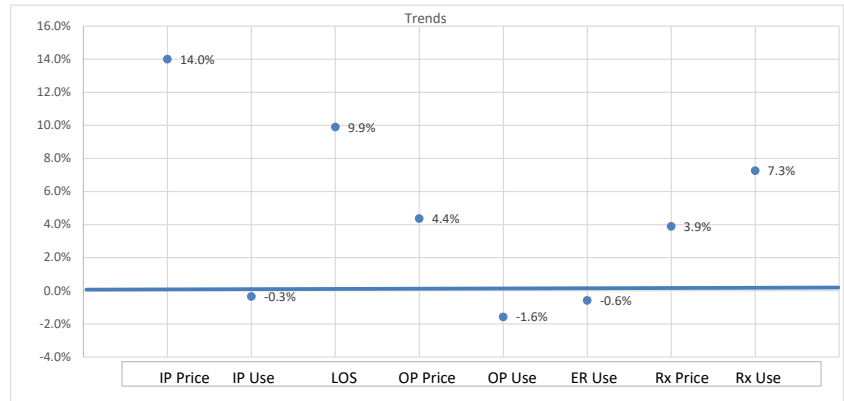
**2. High Cost Claimants**



	Previous	Current	Trend
Patients	1,153	1,317	14.2%
Patients per 1,000	9.0	10.2	13.5%
Payments (in Millions)	\$224 M	\$264 M	17.4%
Payments per Patient	194,682	200,086	2.8%

**6. Price and Use**

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$23,871	\$27,214	14.0%	\$30,335
	Admits per 1000	76.8	76.5	-0.3%	54.1
	Days LOS	5.4	5.9	9.9%	4.5
Outpatient	Allowed per Service	\$130	\$136	4.4%	\$130
	ER Visits per 1000	303.0	298.2	-1.6%	229.1
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-0.6%	n/a
	Days Supply PMPY	663	709	7.0%	n/a
Specialty Rx	Allowed per Days Supply	\$88	\$85	-3.2%	n/a
	Days Supply PMPY	13	16	21.5%	n/a
All RX	Allowed per Days Supply	\$4	\$4	3.9%	\$4
	Days Supply PMPY	676	725	7.3%	365



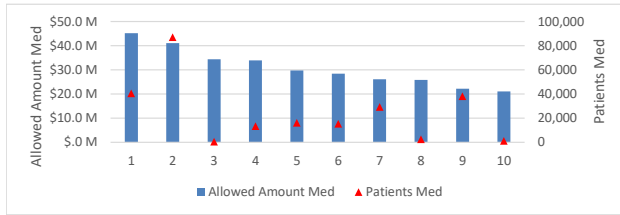


**Medical and Prescription Drug Dashboard - Total GHIP Population**

Previous Period: Oct 2019 - Sep 2020 (Paid)

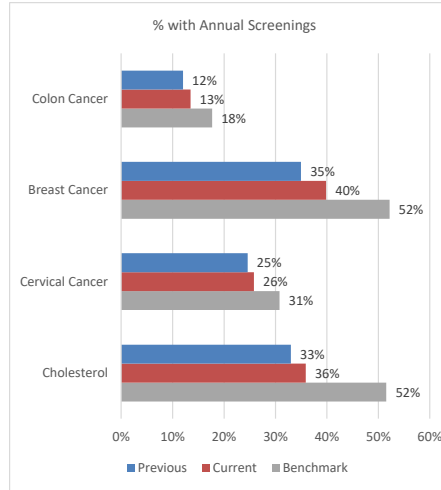
Current Period: Oct 2020 - Sep 2021 (Paid)

**8. Top Medical Conditions (by cost)**

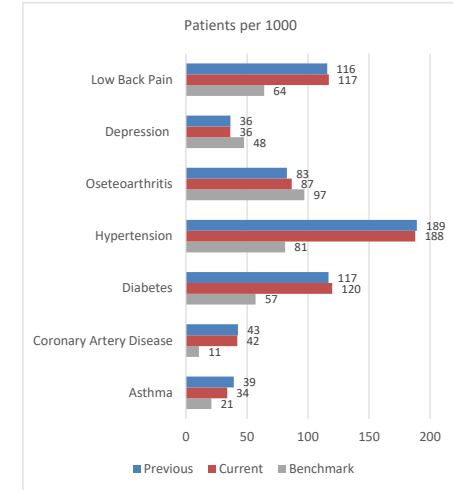


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$45,169,207	40,561	\$1,114
2 Prevent/Admin Hlth Encounters	\$41,098,105	87,073	\$472
3 Chemotherapy Encounters	\$34,381,041	656	\$52,410
4 Osteoarthritis	\$33,931,618	13,464	\$2,520
5 Spinal/Back Disord, Low Back	\$29,723,373	16,258	\$1,828
6 Infections - Respiratory, NEC	\$28,398,626	15,451	\$1,838
7 Arthropathies/Joint Disord NEC	\$26,092,765	29,422	\$887
8 Pregnancy without Delivery	\$25,862,813	2,701	\$9,575
9 Infections, NEC	\$22,225,280	38,249	\$581
10 Newborns, w/w/o Complication	\$21,107,312	1,364	\$15,475

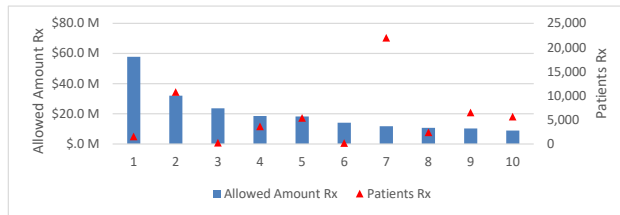
**9. Screening Rates**



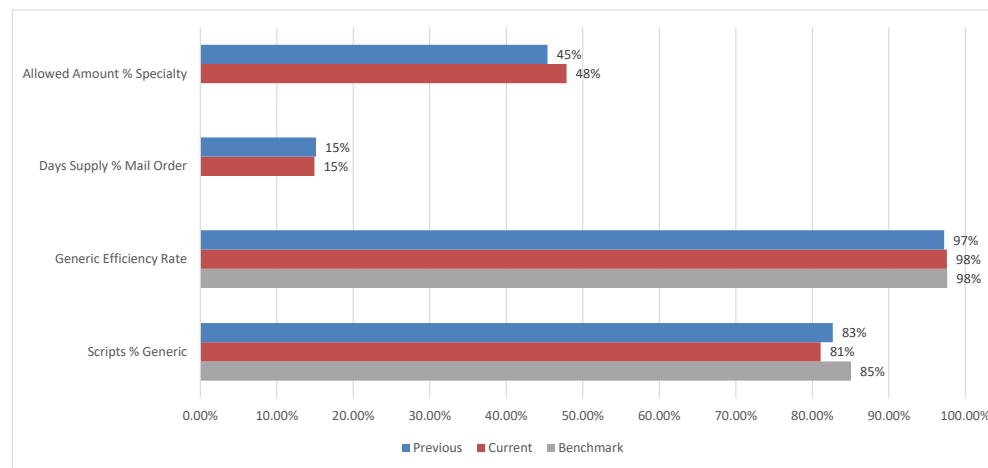
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$57,780,671	1,529	\$37,790
2 Antidiabetic Agents, Misc	\$32,007,089	10,750	\$2,977
3 Molecular Targeted Therapy	\$23,576,084	240	\$98,234
4 Antidiabetic Agents, Insulins	\$18,473,987	3,607	\$5,122
5 Coag/Anticoag, Anticoagulants	\$18,197,659	5,380	\$3,382
6 Biological Response Modifiers	\$14,098,057	160	\$88,113
7 Adrenals & Comb, NEC	\$11,730,807	22,003	\$533
8 Antidiabetic Ag, SGLT Inhibitr	\$10,666,433	2,410	\$4,426
9 Misc Therapeutic Agents, NEC	\$10,238,797	6,505	\$1,574
10 Stimulant, Amphetamine Type	\$8,825,695	5,656	\$1,560

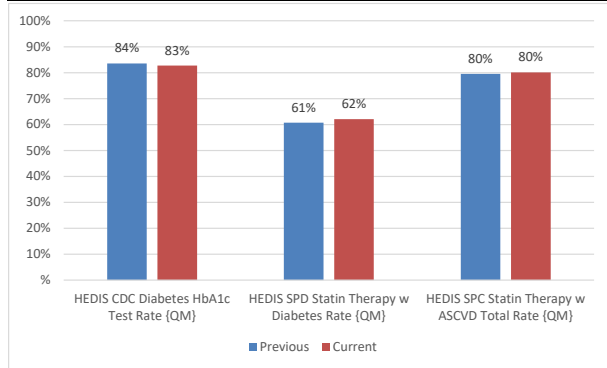


**Medical and Prescription Drug Dashboard - Active Employees**

Previous Period: Oct 2019 - Sep 2020 (Paid)

Current Period: Oct 2020 - Sep 2021 (Paid)

**1. Quality Metrics**



**3. Well Care and Preventive Visits**

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5667.9	5442.0	-4.0%	5507.4
Visits per 1000 Well Child	872.4	886.4	1.6%	786.6
Visits per 1000 Prevent Adult	416.9	473.4	13.6%	341.2

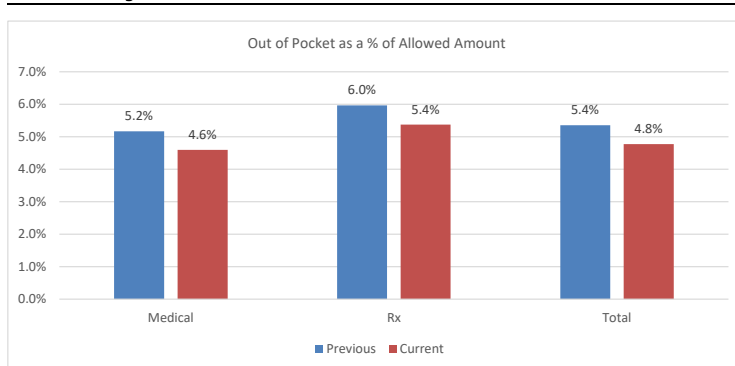
**4. Medical Eligibility**

	Previous	Current	Trend
Average Employees	38,854.0	39,044.3	0.5%
Average Members	89,887.1	90,094.3	0.2%
Family Size	2.3	2.3	-0.3%
Member Age	32.8	32.7	-0.1%
Members % Male	46.3%	46.2%	-0.2%

**5. Risk Score**

	Previous	Current
Member Risk Score	131.3	137.5

**7. Cost Sharing**



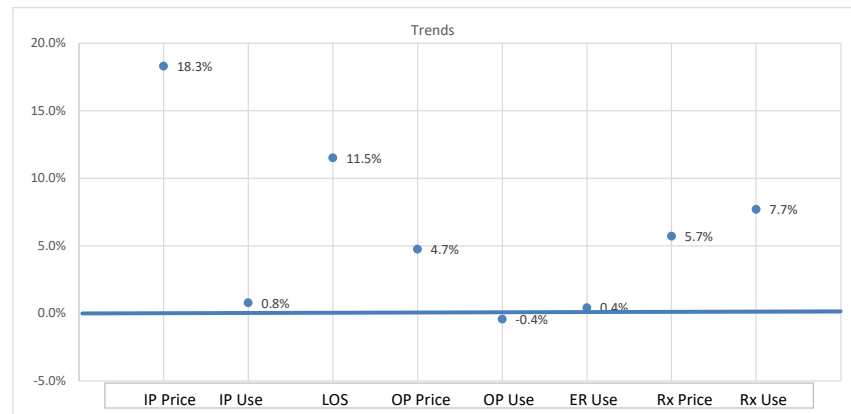
**2. High Cost Claimants**



	Previous	Current	Trend
Patients	750	894	19.2%
Patients per 1,000	8.3	9.9	18.9%
Payments (in Millions)	\$140 M	\$175 M	25.0%
Payments per Patient	186,884	195,972	4.9%

**6. Price and Use**

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$26,710	\$31,595	18.3%	\$24,743
	Admits per 1000	52.5	52.9	0.8%	52.9
	Days LOS	4.6	5.1	11.5%	4.2
Outpatient	Allowed per Service	\$134	\$141	4.7%	\$130
	ER Visits per 1000	236.6	235.6	-0.4%	228.0
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	0.4%	n/a
	Days Supply PMPY	388	417	7.4%	n/a
Specialty Rx	Allowed per Days Supply	\$83	\$83	0.0%	n/a
	Days Supply PMPY	9	11	20.3%	n/a
All RX	Allowed per Days Supply	\$4	\$4	5.7%	\$4
	Days Supply PMPY	397	427	7.7%	365

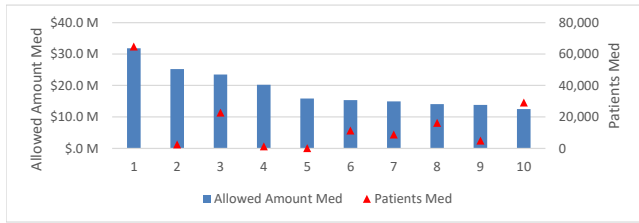


**Medical and Prescription Drug Dashboard - Active Employees**

Previous Period: Oct 2019 - Sep 2020 (Paid)

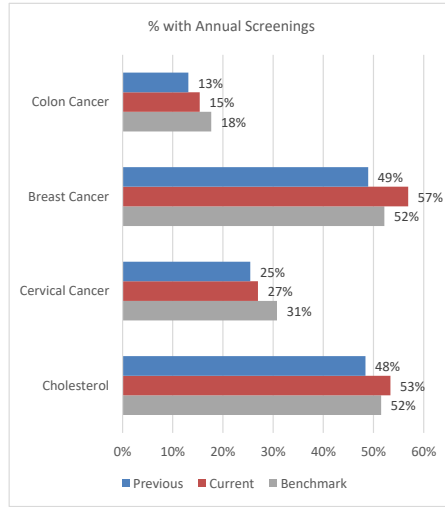
Current Period: Oct 2020 - Sep 2021 (Paid)

**8. Top Medical Conditions (by cost)**

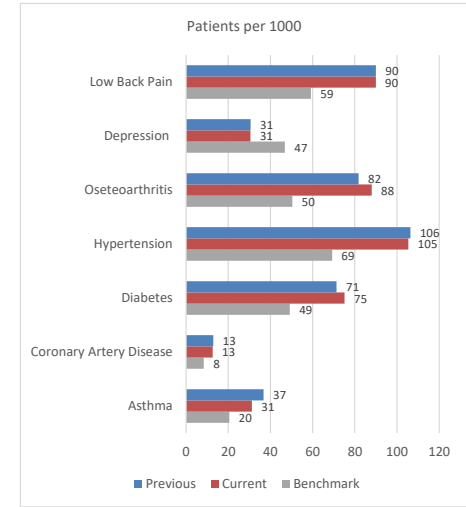


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$31,809,735	64,880	\$490
2 Pregnancy without Delivery	\$25,186,699	2,617	\$9,624
3 Signs/Symptoms/Oth Cond, NEC	\$23,484,199	22,842	\$1,028
4 Newborns, w/w/o Complication	\$20,201,210	1,333	\$15,155
5 Chemotherapy Encounters	\$15,847,642	220	\$72,035
6 Infections - Respiratory, NEC	\$15,326,913	11,376	\$1,347
7 Spinal/Back Disord, Low Back	\$14,922,867	8,879	\$1,681
8 Arthropathies/Joint Disord NEC	\$14,067,188	16,307	\$863
9 Osteoarthritis	\$13,814,453	4,975	\$2,777
10 Infections, NEC	\$12,462,786	29,190	\$427

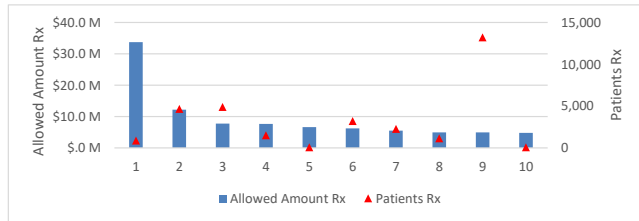
**9. Screening Rates**



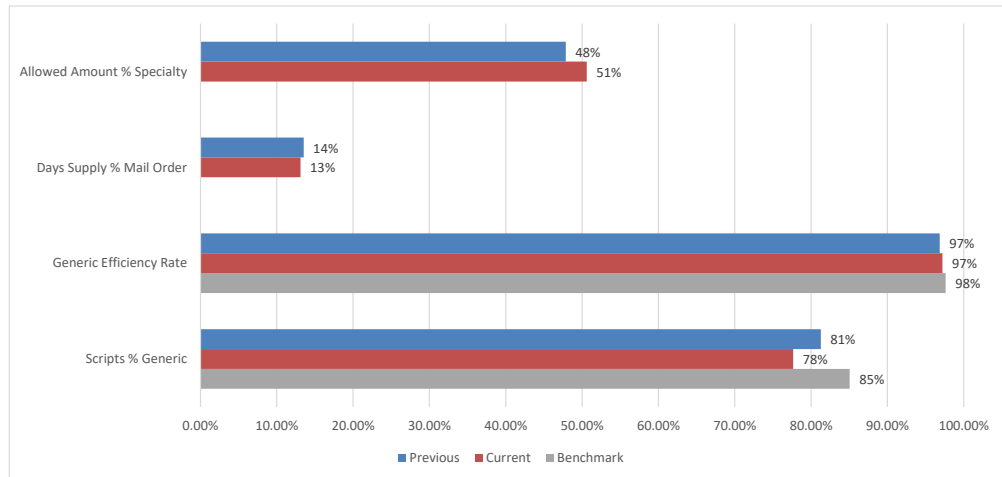
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$33,680,278	872	\$38,624
2 Antidiabetic Agents, Misc	\$12,155,144	4,657	\$2,610
3 Stimulant, Amphetamine Type	\$7,721,592	4,896	\$1,577
4 Antidiabetic Agents, Insulins	\$7,604,543	1,500	\$5,070
5 Molecular Targeted Therapy	\$6,602,131	63	\$104,796
6 Antivirals, NEC	\$6,186,473	3,198	\$1,934
7 Misc Therapeutic Agents, NEC	\$5,499,168	2,260	\$2,433
8 Antidiabetic Ag, SGLT Inhibitr	\$4,944,055	1,130	\$4,375
9 Adrenals & Comb, NEC	\$4,940,506	13,209	\$374
10 Biological Response Modifiers	\$4,747,129	67	\$70,853

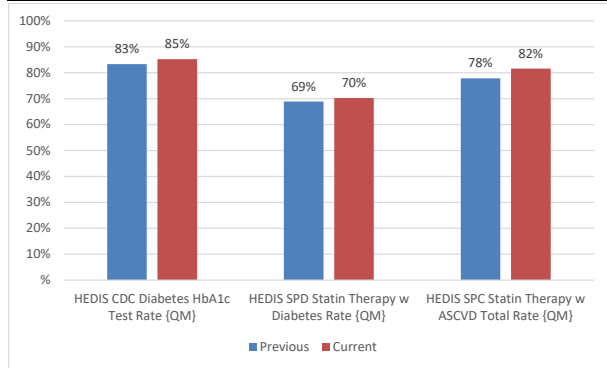


**Medical and Prescription Drug Dashboard - Early Retirees**

Previous Period: Oct 2019 - Sep 2020 (Paid)

Current Period: Oct 2020 - Sep 2021 (Paid)

**1. Quality Metrics**



**3. Well Care and Preventive Visits**

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	4875.0	4660.2	-4.4%	5507.4
Visits per 1000 Well Child	850.0	946.7	11.4%	786.6
Visits per 1000 Prevent Adult	437.9	482.3	10.1%	485.0

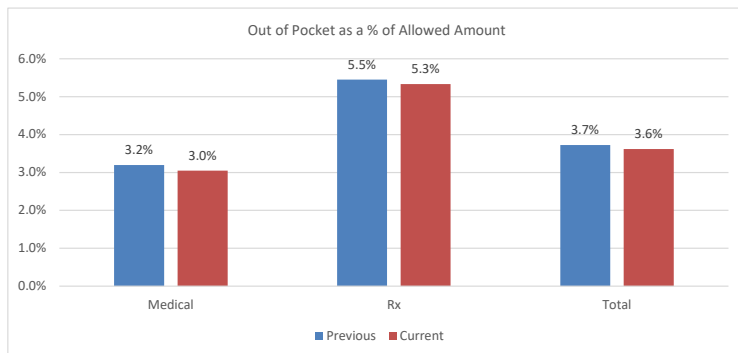
**4. Medical Eligibility**

	Previous	Current	Trend
Average Employees	6,138.0	6,082.3	-0.9%
Average Members	9,806.1	9,694.6	-1.1%
Family Size	1.6	1.6	-0.2%
Member Age	49.8	50.1	0.6%
Members % Male	41.4%	41.9%	1.2%

**5. Risk Score**

	Previous	Current
Member Risk Score	248.4	246.7

**7. Cost Sharing**



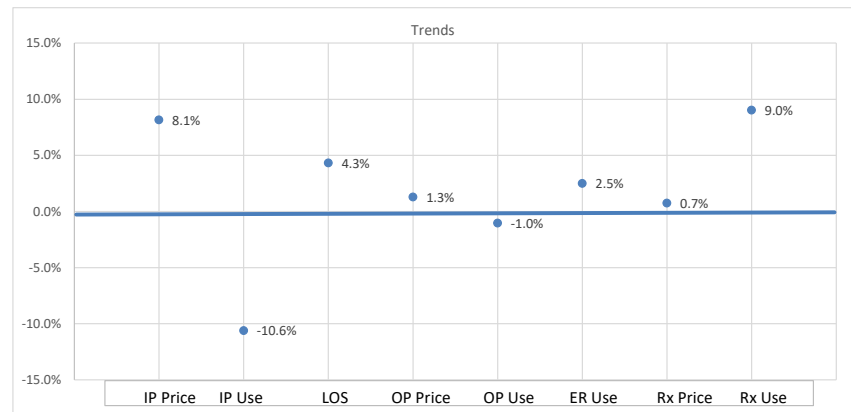
**2. High Cost Claimants**



	Previous	Current	Trend
Patients	270	270	0.0%
Patients per 1,000	27.5	27.9	1.2%
Payments (in Millions)	\$50 M	\$47 M	-5.2%
Payments per Patient	184,198	174,689	-5.2%

**6. Price and Use**

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$42,461	\$45,921	8.1%	\$37,764
	Admits per 1000	73.6	65.8	-10.6%	62.1
	Days LOS	6.6	6.8	4.3%	5.3
Outpatient	Allowed per Service	\$159	\$161	1.3%	\$130
	ER Visits per 1000	319.8	316.5	-1.0%	238.6
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	2.5%	n/a
	Days Supply PMPY	788	857	8.8%	n/a
Specialty Rx	Allowed per Days Supply	\$86	\$77	-10.0%	n/a
	Days Supply PMPY	18	21	20.2%	n/a
All RX	Allowed per Days Supply	\$4	\$4	0.7%	\$4
	Days Supply PMPY	806	878	9.0%	365

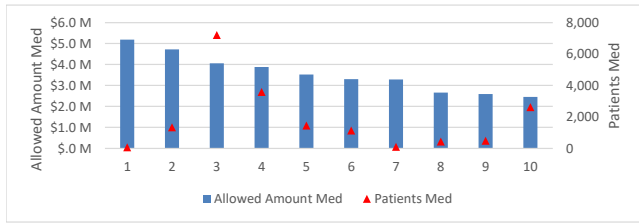


**Medical and Prescription Drug Dashboard - Early Retirees**

Previous Period: Oct 2019 - Sep 2020 (Paid)

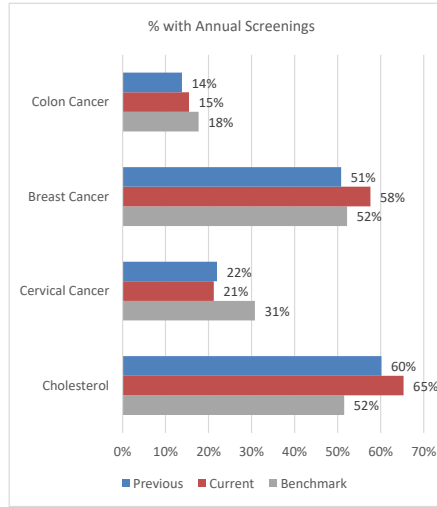
Current Period: Oct 2020 - Sep 2021 (Paid)

**8. Top Medical Conditions (by cost)**

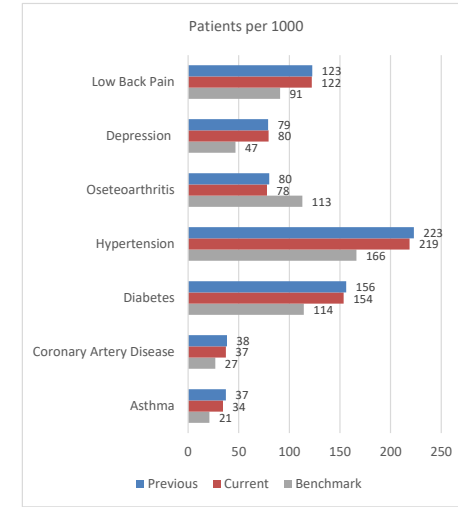


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1	\$5,186,622	71	\$73,051
2	\$4,720,385	1,342	\$3,517
3	\$4,056,759	7,218	\$562
4	\$3,883,447	3,594	\$1,081
5	\$3,520,367	1,454	\$2,421
6	\$3,300,095	1,138	\$2,900
7	\$3,285,680	104	\$31,593
8	\$2,658,181	444	\$5,987
9	\$2,589,608	487	\$5,317
10	\$2,452,611	2,627	\$934

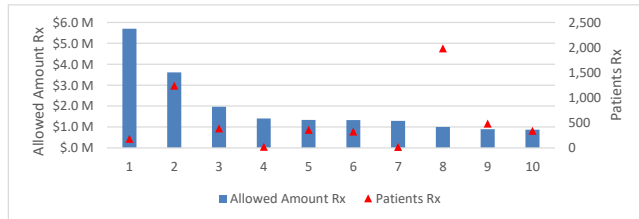
**9. Screening Rates**



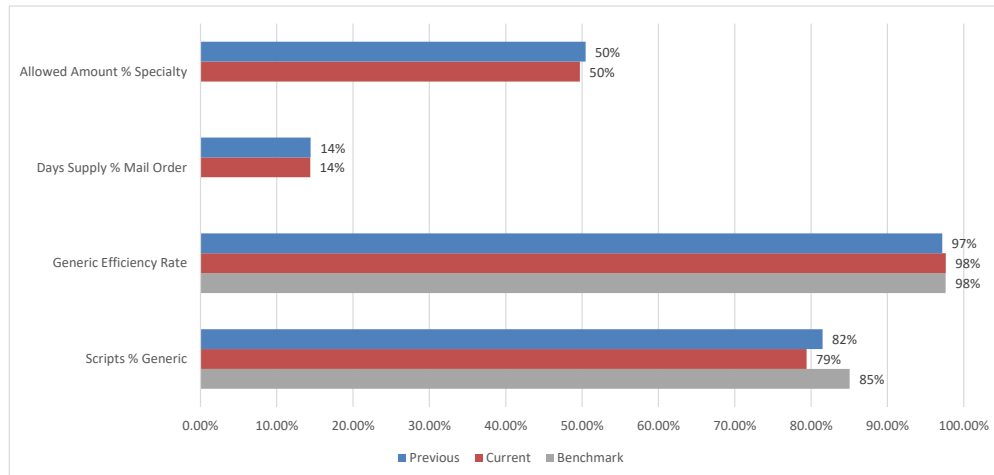
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1	\$5,695,651	180	\$31,643
2	\$3,607,333	1,238	\$2,914
3	\$1,966,354	389	\$5,055
4	\$1,400,936	21	\$66,711
5	\$1,336,856	359	\$3,724
6	\$1,324,907	323	\$4,102
7	\$1,286,248	16	\$80,390
8	\$1,000,219	1,982	\$505
9	\$888,481	483	\$1,840
10	\$867,467	341	\$2,544

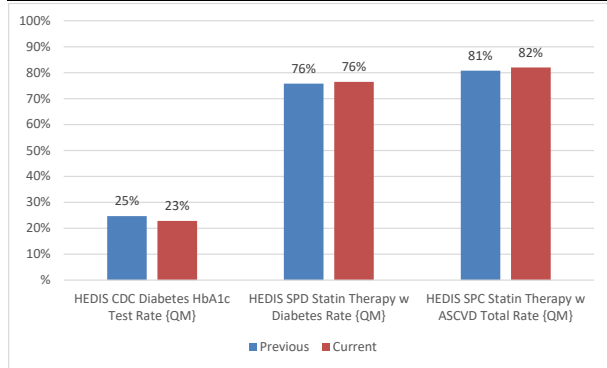


## Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Oct 2019 - Sep 2020 (Paid)

Current Period: Oct 2020 - Sep 2021 (Paid)

### 1. Quality Metrics



### 3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	214.3	259.5	21.1%	462.0

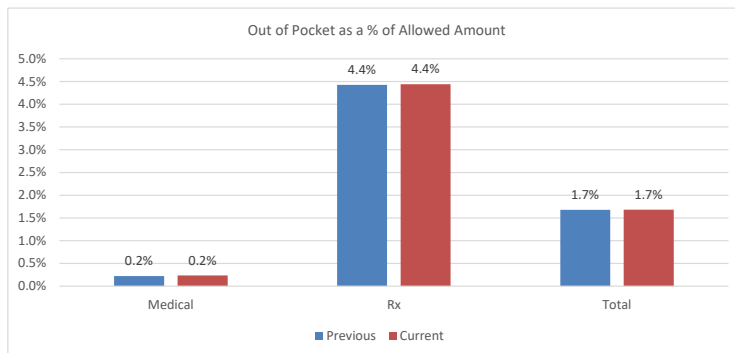
### 4. Medical Eligibility

	Previous	Current	Trend
Average Employees	25,738.4	26,380.3	2.5%
Average Members	26,025.1	26,674.5	2.5%
Family Size	1.0	1.0	0.0%
Member Age	73.0	73.1	0.2%
Members % Male	41.6%	41.4%	-0.6%

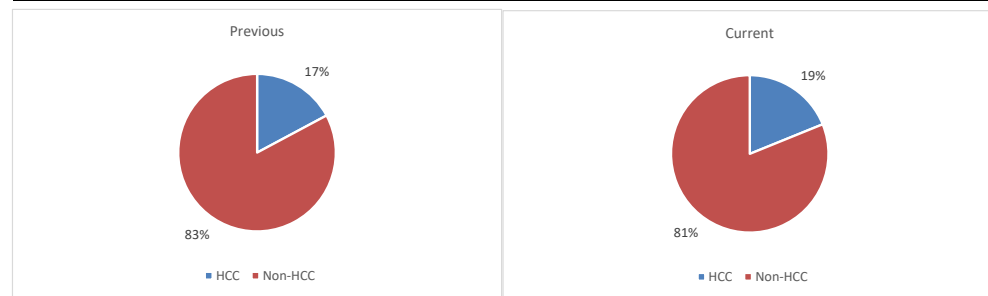
### 5. Risk Score

	Previous	Current
Member Risk Score	534.3	537.6

### 7. Cost Sharing



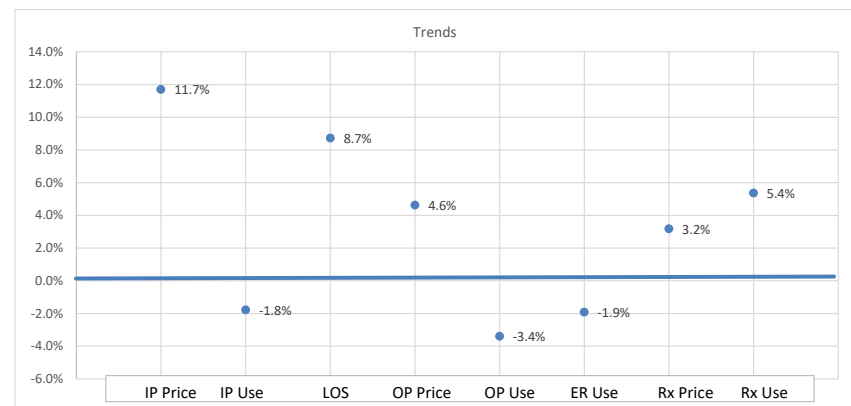
### 2. High Cost Claimants



	Previous	Current	Trend
Patients	208	250	20.2%
Patients per 1,000	8.0	9.4	17.3%
Payments (in Millions)	\$31 M	\$38 M	22.0%
Payments per Patient	148,368	150,612	1.5%

### 6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$17,859	\$19,949	11.7%	\$35,595
	Admits per 1000	151.4	148.6	-1.8%	55.1
	Days LOS	6.0	6.6	8.7%	4.6
Outpatient	Allowed per Service	\$117	\$123	4.6%	\$130
	ER Visits per 1000	485.9	469.4	-3.4%	229.2
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-1.9%	n/a
	Days Supply PMPY	1,514	1,591	5.1%	n/a
Specialty Rx	Allowed per Days Supply	\$94	\$90	-4.9%	n/a
	Days Supply PMPY	24	30	22.3%	n/a
All RX	Allowed per Days Supply	\$3	\$4	3.2%	\$4
	Days Supply PMPY	1,538	1,621	5.4%	365

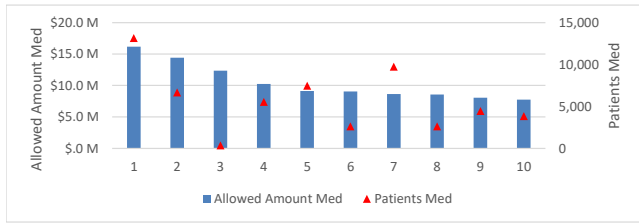


**Medical and Prescription Drug Dashboard - Medicare Retirees**

Previous Period: Oct 2019 - Sep 2020 (Paid)

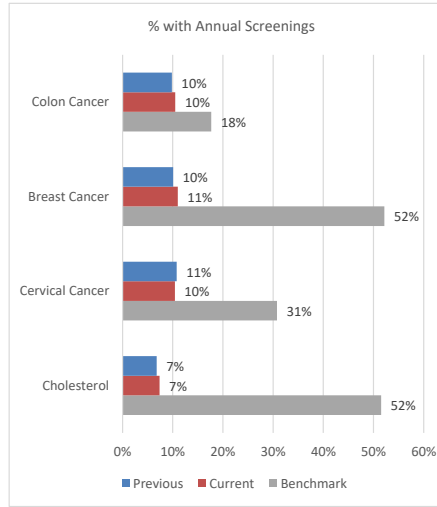
Current Period: Oct 2020 - Sep 2021 (Paid)

**8. Top Medical Conditions (by cost)**

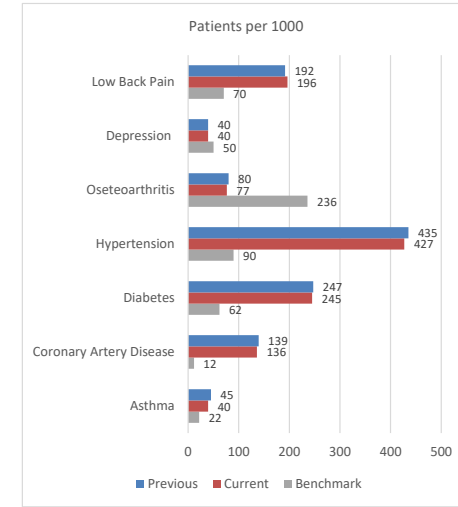


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$16,169,545	13,176	\$1,227
2 Osteoarthritis	\$14,414,899	6,682	\$2,157
3 Chemotherapy Encounters	\$12,341,143	362	\$34,092
4 Spinal/Back Disord, Low Back	\$10,224,545	5,560	\$1,839
5 Eye Disorders, Degenerative	\$9,109,361	7,495	\$1,215
6 Renal Function Failure	\$9,042,950	2,635	\$3,432
7 Arthropathies/Joint Disord NEC	\$8,635,090	9,759	\$885
8 Infections - Respiratory, NEC	\$8,558,026	2,638	\$3,244
9 Cardiac Arrhythmias	\$8,052,566	4,470	\$1,801
10 Coronary Artery Disease	\$7,743,873	3,854	\$2,009

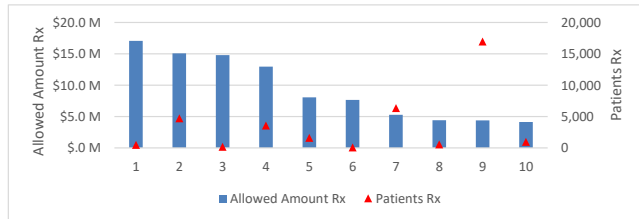
**9. Screening Rates**



**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$17,047,432	485	\$35,149
2 Antidiabetic Agents, Misc	\$15,070,586	4,717	\$3,195
3 Molecular Targeted Therapy	\$14,795,135	154	\$96,072
4 Coag/Anticoag, Anticoagulants	\$12,955,877	3,552	\$3,647
5 Antidiabetic Agents, Insulins	\$8,049,969	1,597	\$5,041
6 Biological Response Modifiers	\$7,641,613	71	\$107,628
7 Adrenals & Comb, NEC	\$5,274,647	6,348	\$831
8 Hormone-Modifying Therapy	\$4,391,881	558	\$7,871
9 Antihyperlipidemic Drugs, NEC	\$4,367,480	16,947	\$258
10 Antidiabetic Ag, SGLT Inhibitr	\$4,128,039	960	\$4,300

