

State of Delaware - Quarterly Financial Reporting

FY22 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 2022



State of Delaware

Health Plan Quarterly Financial Reporting

FY22 Q2 Plan Cost Analysis

Summary plan information

- FY22 YTD compared to FY21 YTD:

Summary (total)	FY22			FY21			% Change		
	Medical	Rx ⁴	Total ²	Medical	Rx ⁴	Total ²	Medical	Rx ⁴	Total ²
Gross claims ¹	\$303.7	\$155.5	\$459.3	\$301.8	\$141.2	\$443.0	▲ 0.7%	▲ 10.1%	▲ 3.7%
Total program cost (\$M) ²	\$329.5	\$85.4	\$416.4	\$326.7	\$86.4	\$414.3	▲ 0.9%	▼ 1.2%	▲ 0.5%
Premium contributions (\$M) ³	\$350.7	\$79.3	\$420.6	\$330.7	\$90.6	\$421.3	▲ 6.0%	▼ 12.4%	▼ 0.2%
Total cost PEPY	\$8,868	\$2,328	\$11,208	\$8,856	\$2,364	\$11,232	▲ 0.1%	▼ 1.5%	▼ 0.2%
Total cost PMPY	\$5,076	\$1,320	\$6,420	\$5,040	\$1,344	\$6,384	▲ 0.7%	▼ 1.8%	▲ 0.6%
Average employees	74,336			73,807			▲ 0.7%		
Average members	129,755			129,736			▲ 0.0%		
Loss ratio	99%			98%					
Net income (\$M)	\$4.2			\$6.9					

¹ Gross claims include paid medical and pharmacy claims as reported by Aetna, Highmark, CVS, 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

- 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) ¹	\$329.5	\$85.4	\$416.4	\$380.6	\$86.1	\$456.6	▼ 13.4%	▼ 0.7%	▼ 8.8%
Total cost PEPY	\$8,868	\$2,328	\$11,208	\$9,827	\$2,400	\$12,268	▼ 9.8%	▼ 3.0%	▼ 8.6%
Total cost PMPY	\$5,076	\$1,320	\$6,420	\$5,609	\$1,370	\$7,002	▼ 9.5%	▼ 3.6%	▼ 8.3%
Net income (\$M)	\$4.2			(\$33.7)					

- Summary Plan Information through September 2021:

FY22 Q2	Aetna	Highmark	Active	Non-Medicare Retiree	Medicare Retiree	Total
Summary (total)						
Total cost (\$M)	\$89.8	\$326.5	\$297.4	\$57.6	\$61.4	\$416.4
Budgeted cost (\$M) ¹	\$91.0	\$329.6	\$298.5	\$43.1	\$79.1	\$420.6
Loss ratio	99%	99%	100%	134%	78%	99%
PEPY	\$14,148	\$10,596	\$15,228	\$17,376	\$4,284	\$11,208
# of enrolled employees	12,702	61,634	39,067	6,630	28,639	74,336

¹ Budgeted cost (premiums) are the product of monthly budget rates and quarterly average tiered contract counts provided by the medical vendors; budget rates are calculated based on pooled experience across all vendors, plans and statuses; loss ratios should therefore be evaluated in aggregate

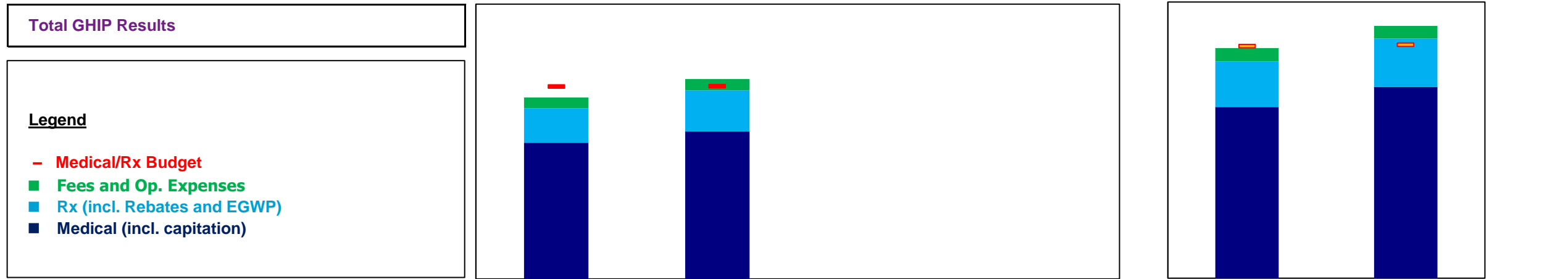
Plan performance dashboard - key observations for total GHIP population: January 2021 - December 2021 (compared to January 2020 - December 2020)

- 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:
 - Variation in well care and preventive visits: decrease of 8.6% well child, increase of 11.4% preventive adult
 - Increased screening rates for colon cancer, breast cancer, cervical cancer and cholesterol
 - 0.5% increase in inpatient admits with a 5.8% increase in LOS and 2.8% increase in cost per admit; 5.1% increase in ER visits
 - Pharmacy claims have been consistent through the pandemic; 7.0% increase in cost and 1.4% increase in utilization of all prescriptions
 - Specialty medications now make up 49% of pharmacy spend, with a 0.9 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

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	Q1 2022	Q2 2022	Q3 2022	Q4 2022	FY22 YTD Actual	FY22 YTD WTW Budget ⁷	Difference vs. Budget
Total Program Cost	\$198,276,306	\$218,112,027			\$416,388,334	\$456,570,472	▼ 8.8%
- Paid Claims	186,367,672	206,104,405			392,472,078	434,160,013	▼ 9.6%
- Medical (includes capitation¹)	148,709,130	160,976,484			309,685,615	346,327,334	▼ 10.6%
- Rx (Including Rebates and EGWP)	37,658,542	45,127,921			82,786,463	87,832,679	▼ 5.7%
- Rx Paid Claims	71,283,072	84,220,528			155,503,600	160,787,343	▼ 3.3%
- EGWP ²	(12,236,133)	(13,729,669)			(25,965,802)	(18,500,010)	▲ 40.4%
- Direct Subsidy	(193,337)	(80,173)			(273,510)	(226,733)	▲ 20.6%
- CGDP	(6,491,052)	(8,063,352)			(14,554,404)	(10,284,945)	▲ 41.5%
- Catastrophic Reinsurance	(5,551,744)	(5,586,145)			(11,137,889)	(7,988,333)	▲ 39.4%
- Rx Rebates ³	(21,388,397)	(25,362,938)			(46,751,335)	(54,454,654)	▼ 14.1%
- ASO Fees	11,245,182	11,211,115			22,456,297	20,858,440	▲ 7.7%
- Operational Expenses	663,452	796,507			1,459,959	1,552,019	▼ 5.9%
Medical/Rx Premium Contributions⁴	\$210,171,526	\$210,454,651			\$420,626,177	\$ 422,893,327	▼ 0.5%
- Net Income	11,895,220	(7,657,376)			4,237,844	(33,677,145)	
- Total Cost as % of Budget	94%	104%			99%	108%	
Current Year Per Capita							
- Total per employee per year ⁵	10,680	11,724			11,208	12,268	▼ 8.6%
- Total % change over prior	-2.6%	2.2%			-0.1%		
- Medical per employee per year	8,544	9,180			8,868	9,827	▼ 9.8%
- Medical % change over prior	-1.1%	1.6%			0.3%		
- Rx per employee per year	2,196	2,520			2,328	2,400	▼ 3.0%
- Rx % change over prior	-5.2%	4.0%			-1.8%		
- Medical per member per year	4,896	5,268			5,076	5,609	▼ 9.5%
- Rx per member per year	1,248	1,428			1,320	1,370	▼ 3.6%
- Total per member per year ⁵	6,120	6,720			6,420	7,002	▼ 8.3%
Prior Year Results	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	FY21		
- Total Program Cost	202,268,399	211,738,529			414,006,928	-	-
- Total Program Cost \$ Change	-3,992,092	6,373,498			2,381,406	-	-
- Total per employee per year ⁵	10,968	11,472			11,220	-	-
- Medical per employee per year	8,640	9,036			8,838	-	-
- Rx per employee per year	2,316	2,424			2,370	-	-
EE Contributions⁶	\$40,912,653	\$40,898,795			\$81,811,448		
- Net SoD	157,363,653	177,213,232			334,576,886	-	-
- SoD Subsidy %	79%	81%			80%	-	-
Headcount							
- Enrolled Ees	74,245	74,428			74,336	74,430	▼ 0.1%
- Enrolled Members	129,640	129,871			129,755	130,404	▼ 0.5%
- Member/EE Ratio	1.7	1.7			1.7	1.8	

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 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

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 FY22 Budget approved by SEBC

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Health Plan Quarterly Financial Reporting

FY22 Q2 Reporting Reconciliation (WTW vs DHR Fund Equity Report)

FY21 YTD Reporting Reconciliation	WTW FY22 Q2 Financial Report	DHR Dec. 2021 Fund Equity Report
Total Program Cost	\$416,388,334	\$501,765,009
Paid Claims	392,472,078	477,848,753
Medical Claims	309,685,615	323,806,027
Rx Claims ¹	82,786,463	154,042,727
Rx Paid Claims	155,503,600	154,042,727
EGWP	(25,965,802)	(17,883,493)
<i>Direct Subsidy</i>	(273,510)	(294,656)
<i>CGDP</i>	(14,554,404)	(9,500,602)
<i>Catastrophic Reinsurance</i>	(11,137,889)	(8,088,235)
Rx Rebates	(46,751,335)	(53,454,104)
Total Rx Claim (Offsets)/Revenue ²	(72,717,137)	(71,337,597)
Total Fees	23,916,256	23,916,256
ASO Fees	22,456,297	22,456,297
Operational Expenses	1,459,959	1,459,959
Premium Contributions/Operating Revenues³	\$420,626,177	\$513,693,639
Net Income	4,237,844	11,928,630
Total Cost as % of Budget	99%	98%

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 \$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

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Assumptions and Caveats

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.

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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 (<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.

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Glossary of Important Health Care Terms

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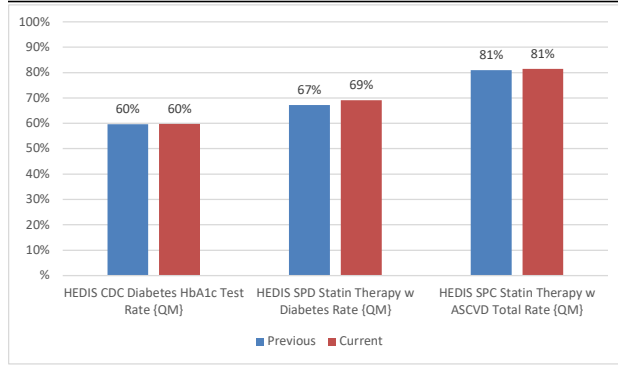
Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. 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 2020 - Dec 2020 (Paid)

Current Period: Jan 2021 - Dec 2021 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5602.1	5506.8	-1.7%	5507.4
Visits per 1000 Well Child	908.6	830.6	-8.6%	786.6
Visits per 1000 Prevent Adult	368.0	410.0	11.4%	379.0

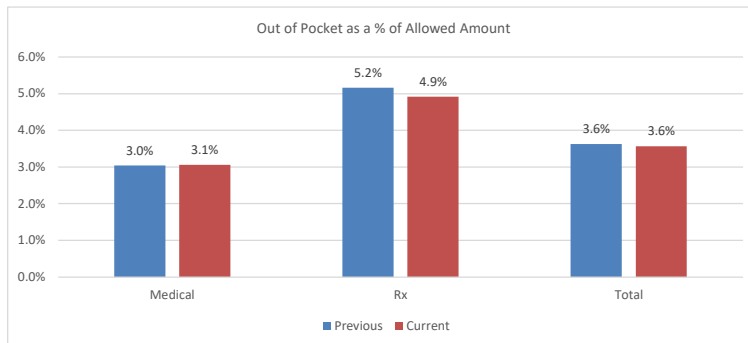
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	73,556.8	74,207.1	0.9%
Average Members	128,928.9	129,311.1	0.3%
Family Size	1.8	1.7	-5.6%
Member Age	43.0	43.2	0.5%
Members % Male	45.0%	45.0%	0.0%

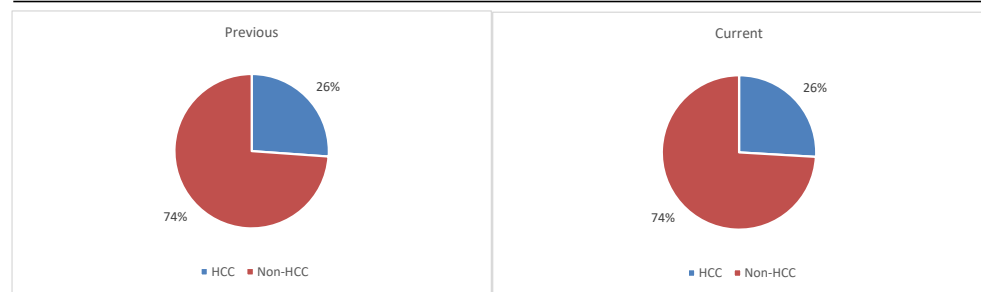
5. Risk Score

	Previous	Current
Member Risk Score	229.9	235.7

7. Cost Sharing



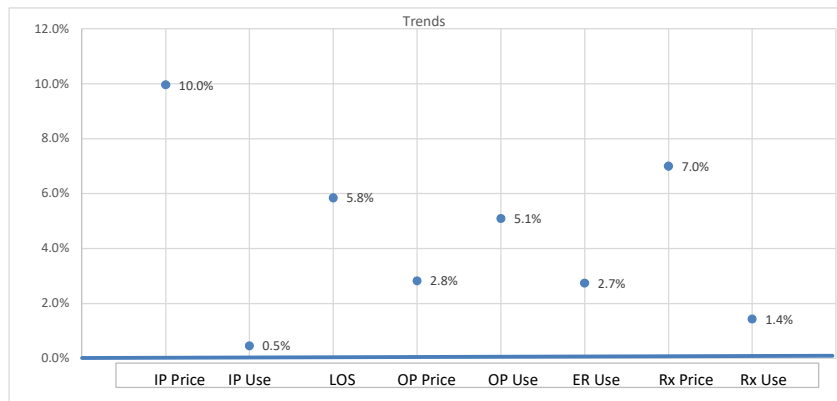
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,162	1,266	9.0%
Patients per 1,000	9.0	9.8	8.6%
Payments (in Millions)	\$229 M	\$252 M	9.9%
Payments per Patient	197,205	198,877	0.8%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$24,480	\$26,918	10.0%	\$30,217
	Admits per 1000	75.0	75.3	0.5%	54.1
	Days LOS	5.6	5.9	5.8%	4.5
Outpatient	Allowed per Service	\$133	\$136	2.8%	\$130
	ER Visits per 1000	288.9	303.7	5.1%	229.1
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	2.7%	n/a
	Days Supply PMPY	665	675	1.4%	n/a
Specialty Rx	Allowed per Days Supply	\$88	\$99	12.5%	n/a
	Days Supply PMPY	13	13	0.9%	n/a
All RX	Allowed per Days Supply	\$4	\$4	7.0%	\$4
	Days Supply PMPY	679	688	1.4%	365

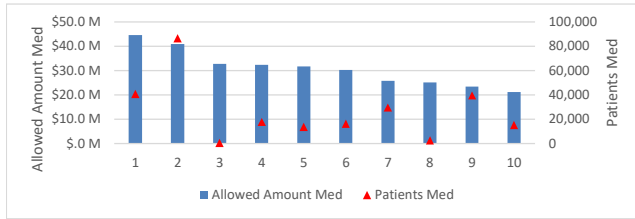


Medical and Prescription Drug Dashboard - Total GHIP Population

Previous Period: Jan 2020 - Dec 2020 (Paid)

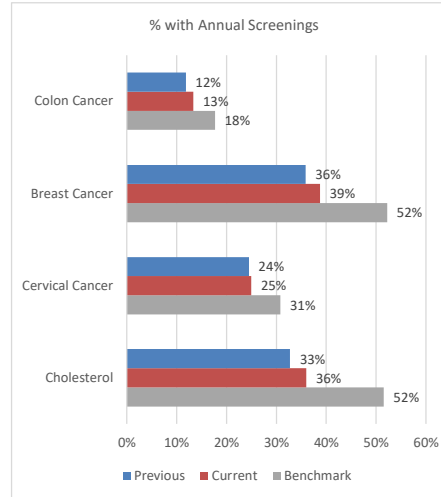
Current Period: Jan 2021 - Dec 2021 (Paid)

8. Top Medical Conditions (by cost)

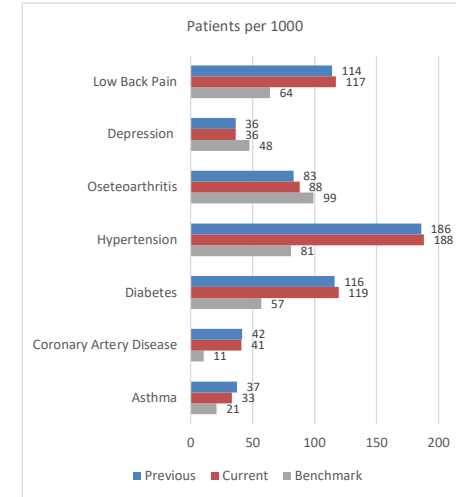


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEI	\$44,651,680	40,896	\$1,092
2 Prevent/Admin Hlth Encounters	\$40,958,409	86,699	\$472
3 Chemotherapy Encounters	\$32,822,399	658	\$49,882
4 Infections - Respiratory, NEC	\$32,424,406	17,792	\$1,822
5 Osteoarthritis	\$31,713,400	13,867	\$2,287
6 Spinal/Back Disord, Low Back	\$30,275,056	16,411	\$1,845
7 Arthropathies/Joint Disord NEC	\$25,879,044	29,718	\$871
8 Pregnancy without Delivery	\$25,246,457	2,793	\$9,039
9 Infections, NEC	\$23,411,480	39,749	\$589
10 Respiratory Disord, NEC	\$21,165,878	15,376	\$1,377

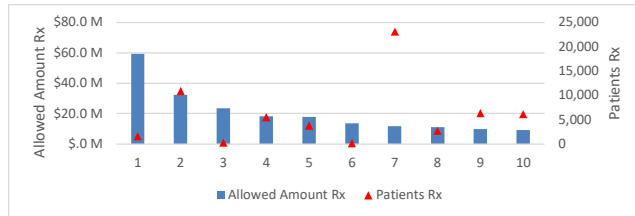
9. Screening Rates



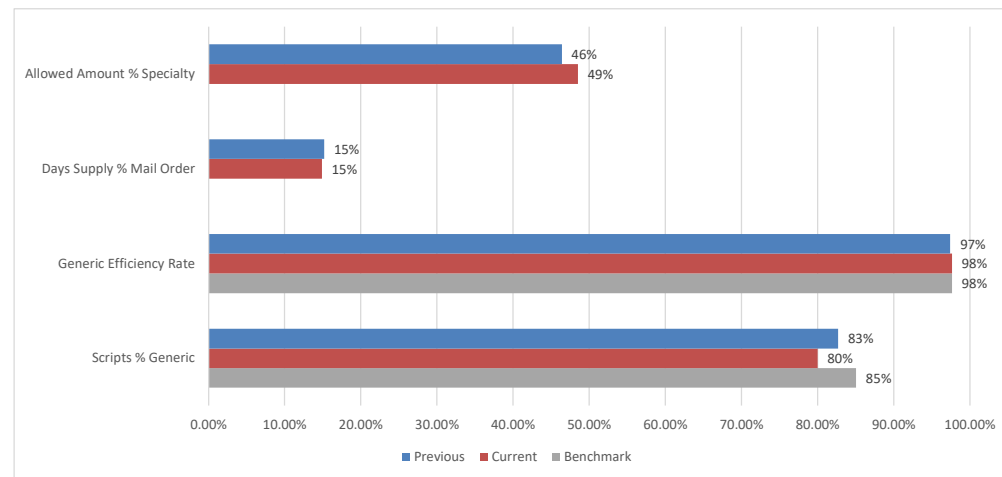
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$59,316,375	1,574	\$37,685
2 Antidiabetic Agents, Misc	\$32,424,399	10,893	\$2,977
3 Molecular Targeted Therapy	\$23,540,528	248	\$94,921
4 Coag/Anticoag, Anticoagulants	\$18,241,776	5,491	\$3,322
5 Antidiabetic Agents, Insulins	\$17,685,814	3,755	\$4,710
6 Biological Response Modifiers	\$13,437,977	153	\$87,830
7 Adrenals & Comb, NEC	\$11,639,888	23,091	\$504
8 Antidiabetic Ag, SGLT Inhibitr	\$11,021,916	2,678	\$4,116
9 Misc Therapeutic Agents, NEC	\$9,901,971	6,350	\$1,559
10 Stimulant, Amphetamine Type	\$9,193,429	6,084	\$1,511

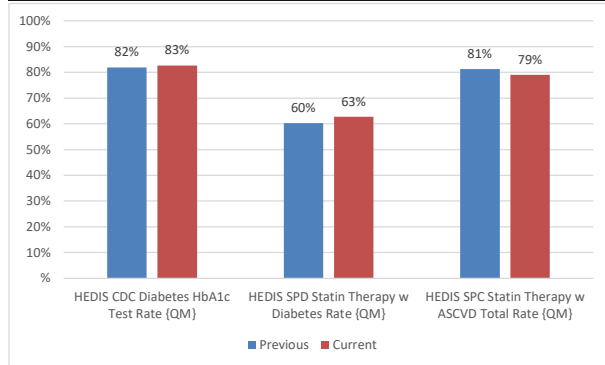


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Jan 2020 - Dec 2020 (Paid)

Current Period: Jan 2021 - Dec 2021 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5603.0	5509.2	-1.7%	5507.4
Visits per 1000 Well Child	909.7	829.6	-8.8%	786.6
Visits per 1000 Prevent Adult	419.2	469.5	12.0%	341.4

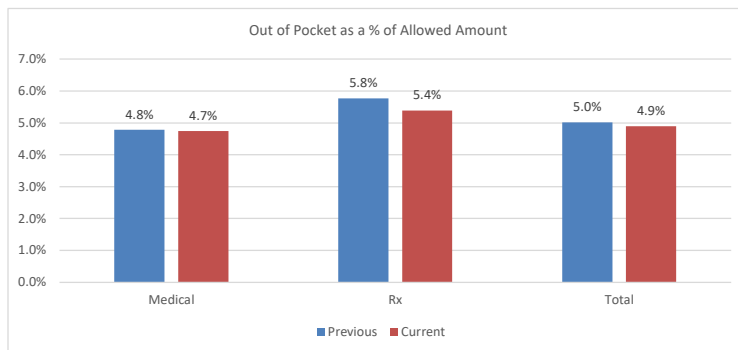
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	39,021.9	39,008.0	0.0%
Average Members	90,201.9	89,935.4	-0.3%
Family Size	2.3	2.3	0.0%
Member Age	32.8	32.7	-0.3%
Members % Male	46.0%	46.0%	0.0%

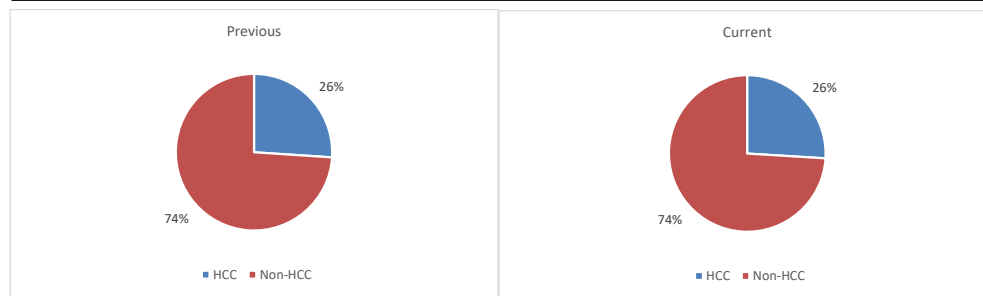
5. Risk Score

	Previous	Current
Member Risk Score	131.3	137.5

7. Cost Sharing



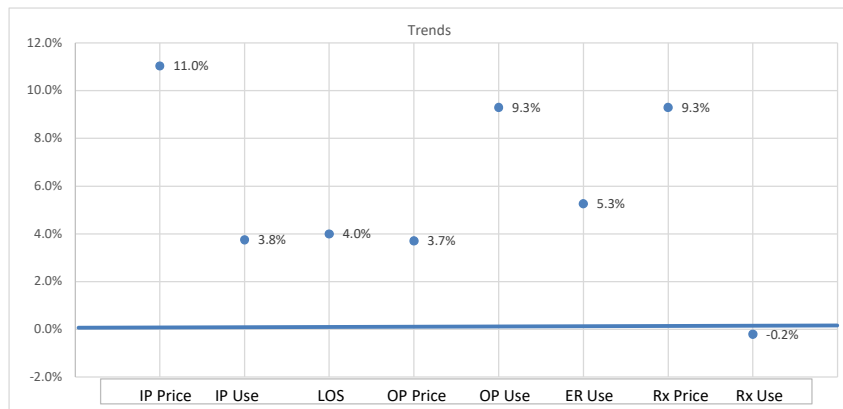
2. High Cost Claimants



	Previous	Current	Trend
Patients	771	866	12.3%
Patients per 1,000	8.5	9.6	12.7%
Payments (in Millions)	\$146 M	\$165 M	12.6%
Payments per Patient	189,437	189,989	0.3%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$27,758	\$30,823	11.0%	\$24,439
	Admits per 1000	50.8	52.7	3.8%	52.9
	Days LOS	4.8	5.0	4.0%	4.3
Outpatient	Allowed per Service	\$136	\$141	3.7%	\$130
	ER Visits per 1000	223.2	244.0	9.3%	228.0
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	5.3%	n/a
	Days Supply PMPY	389	389	0.0%	n/a
Specialty Rx	Allowed per Days Supply	\$85	\$105	24.2%	n/a
	Days Supply PMPY	9	8	-9.1%	n/a
All RX	Allowed per Days Supply	\$4	\$4	9.2%	\$4
	Days Supply PMPY	398	398	-0.2%	365

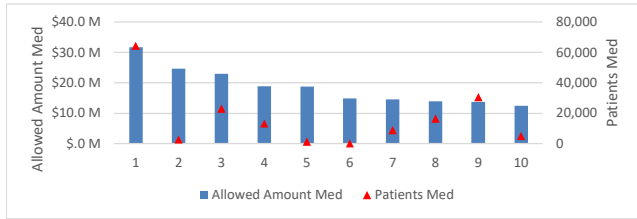


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Jan 2020 - Dec 2020 (Paid)

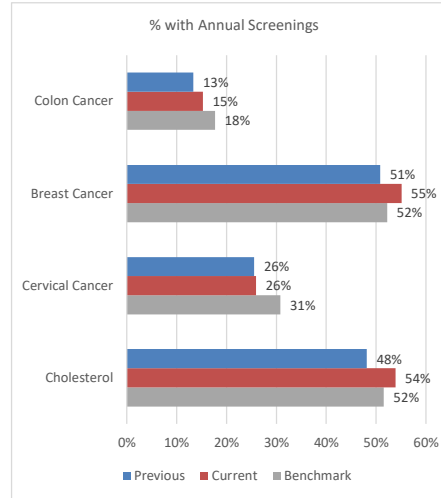
Current Period: Jan 2021 - Dec 2021 (Paid)

8. Top Medical Conditions (by cost)

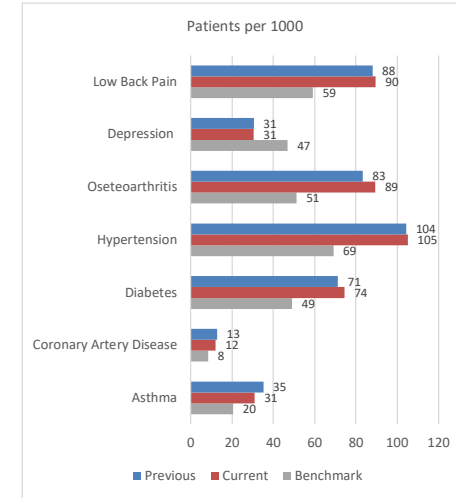


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$31,740,707	64,384	\$493
2 Pregnancy without Delivery	\$24,625,574	2,710	\$9,087
3 Signs/Symptoms/Oth Cond, NEC	\$22,927,945	22,964	\$998
4 Infections - Respiratory, NEC	\$18,812,622	13,269	\$1,418
5 Newborns, w/wo Complication	\$18,746,361	1,340	\$13,990
6 Chemotherapy Encounters	\$14,867,121	213	\$69,799
7 Spinal/Back Disord, Low Back	\$14,561,992	8,934	\$1,630
8 Arthropathies/Joint Disord NEC	\$13,859,322	16,436	\$843
9 Infections, NEC	\$13,728,657	30,611	\$448
10 Osteoarthritis	\$12,454,390	5,111	\$2,437

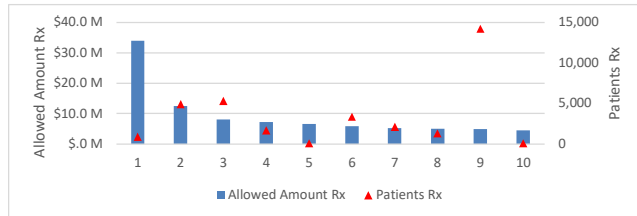
9. Screening Rates



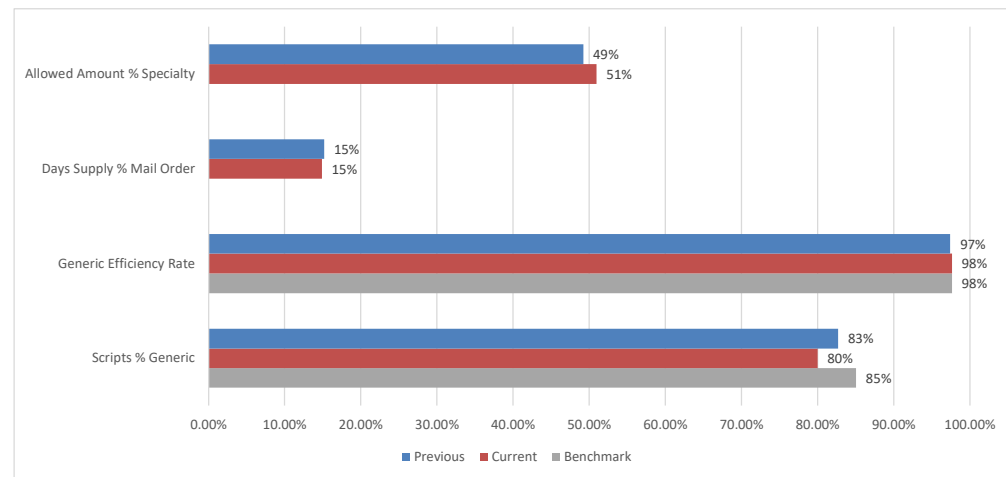
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$33,951,338	901	\$37,682
2 Antidiabetic Agents, Misc	\$12,467,040	4,902	\$2,543
3 Stimulant, Amphetamine Type	\$8,086,356	5,300	\$1,526
4 Antidiabetic Agents, Insulins	\$7,231,401	1,671	\$4,328
5 Molecular Targeted Therapy	\$6,576,307	65	\$101,174
6 Antivirals, NEC	\$5,824,100	3,344	\$1,742
7 Misc Therapeutic Agents, NEC	\$5,296,264	2,087	\$2,538
8 Antidiabetic Ag, SGLT Inhibitr	\$5,017,326	1,303	\$3,851
9 Adrenals & Comb, NEC	\$4,889,497	14,208	\$344
10 Biological Response Modifiers	\$4,473,131	62	\$72,147

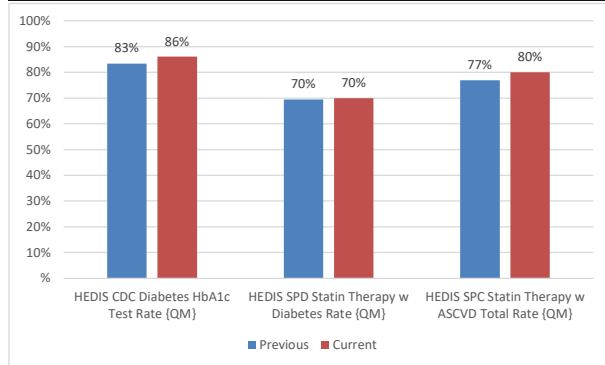


Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Jan 2020 - Dec 2020 (Paid)

Current Period: Jan 2021 - Dec 2021 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5700.0	4800.0	-15.8%	5507.4
Visits per 1000 Well Child	808.4	822.9	1.8%	786.6
Visits per 1000 Prevent Adult	435.2	492.6	13.2%	484.2

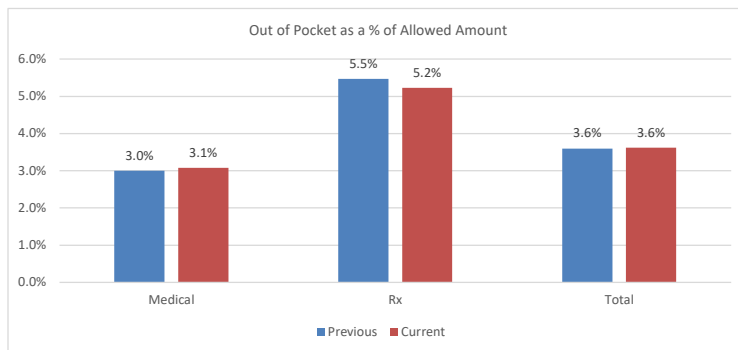
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	6,128.9	6,073.2	-0.9%
Average Members	9,785.2	9,693.3	-0.9%
Family Size	1.6	1.6	0.0%
Member Age	49.9	50.1	0.3%
Members % Male	41.6%	41.8%	0.4%

5. Risk Score

	Previous	Current
Member Risk Score	248.4	246.7

7. Cost Sharing



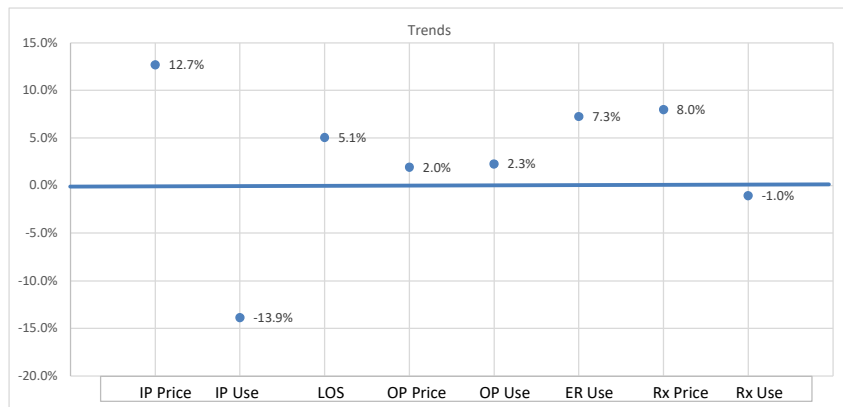
2. High Cost Claimants



	Previous	Current	Trend
Patients	262	260	-0.8%
Patients per 1,000	26.8	26.8	0.2%
Payments (in Millions)	\$48 M	\$47 M	-1.9%
Payments per Patient	182,802	180,655	-1.2%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$42,578	\$47,985	12.7%	\$37,947
	Admits per 1000	71.0	61.2	-13.9%	62.4
	Days LOS	6.6	7.0	5.1%	5.4
Outpatient	Allowed per Service	\$159	\$162	2.0%	\$130
	ER Visits per 1000	307.1	314.1	2.3%	238.7
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	7.3%	n/a
	Days Supply PMPY	793	789	-0.5%	n/a
Specialty Rx	Allowed per Days Supply	\$82	\$117	42.1%	n/a
	Days Supply PMPY	19	14	-24.7%	n/a
All RX	Allowed per Days Supply	\$4	\$4	8.0%	\$4
	Days Supply PMPY	812	803	-1.0%	365

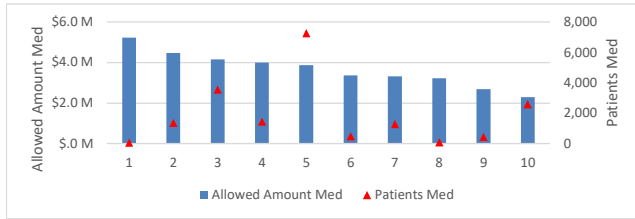


Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Jan 2020 - Dec 2020 (Paid)

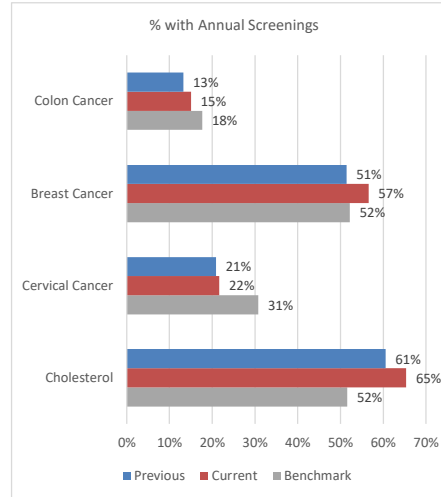
Current Period: Jan 2021 - Dec 2021 (Paid)

8. Top Medical Conditions (by cost)

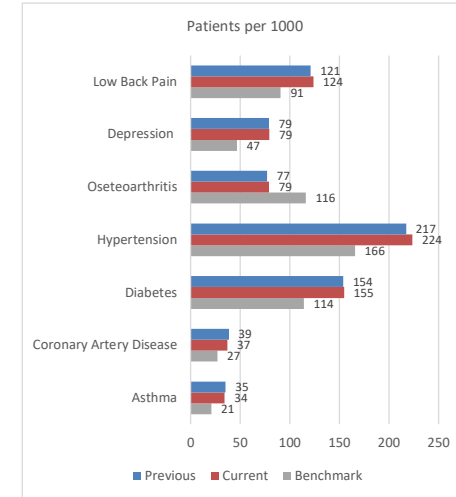


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Chemotherapy Encounters	\$5,220,822	68	\$76,777
2 Osteoarthritis	\$4,471,970	1,367	\$3,271
3 Signs/Symptoms/Oth Cond, NE	\$4,148,828	3,555	\$1,167
4 Spinal/Back Disord, Low Back	\$3,998,307	1,458	\$2,742
5 Prevent/Admin Hlth Encounters	\$3,873,103	7,265	\$533
6 Cardiac Arrhythmias	\$3,364,640	486	\$6,923
7 Infections - Respiratory, NEC	\$3,321,310	1,284	\$2,587
8 Congestive Heart Failure	\$3,225,299	97	\$33,251
9 Coronary Artery Disease	\$2,687,509	436	\$6,164
10 Arthropathies/Joint Disord NEC	\$2,298,752	2,598	\$885

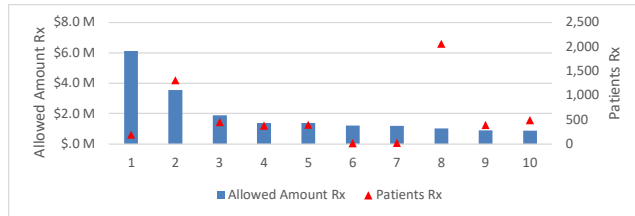
9. Screening Rates



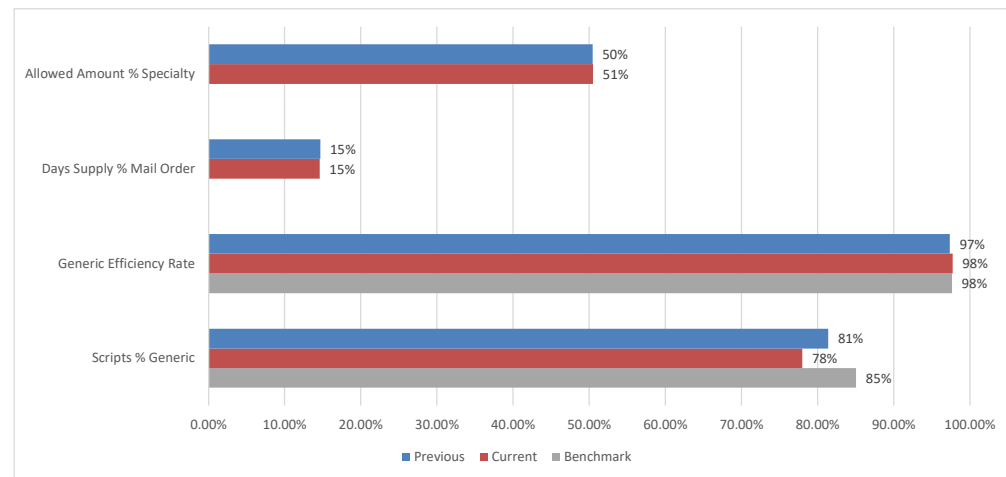
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$6,123,094	187	\$32,744
2 Antidiabetic Agents, Misc	\$3,549,155	1,308	\$2,713
3 Antidiabetic Agents, Insulins	\$1,892,914	451	\$4,197
4 CNS Agents, Misc.	\$1,391,179	377	\$3,690
5 Antidiabetic Ag, SGLT Inhibitr	\$1,372,334	392	\$3,501
6 Molecular Targeted Therapy	\$1,222,694	18	\$67,927
7 Biological Response Modifiers	\$1,194,158	21	\$56,865
8 Adrenals & Comb, NEC	\$1,017,393	2,060	\$494
9 Coag/Anticoag, Anticoagulants	\$888,054	390	\$2,277
10 Antivirals, NEC	\$871,870	489	\$1,783

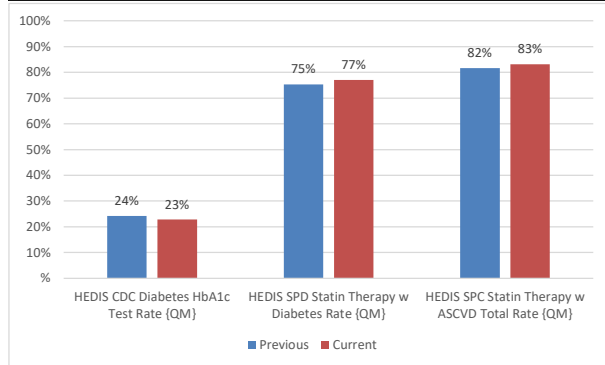


Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Jan 2020 - Dec 2020 (Paid)

Current Period: Jan 2021 - Dec 2021 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	230.8	252.2	9.3%	462.0

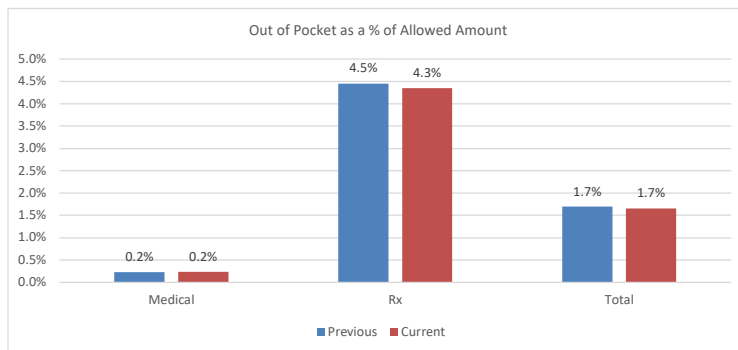
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	25,878.3	26,560.8	2.6%
Average Members	26,169.3	26,852.9	2.6%
Family Size	1.0	1.0	0.0%
Member Age	73.0	73.1	0.2%
Members % Male	41.5%	41.3%	-0.4%

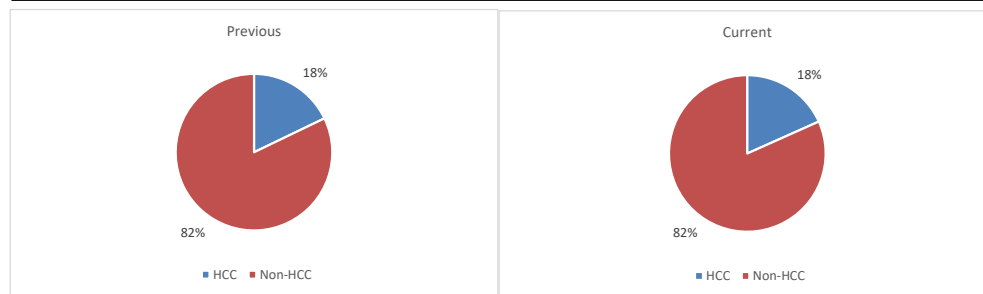
5. Risk Score

	Previous	Current
Member Risk Score	534.3	537.6

7. Cost Sharing



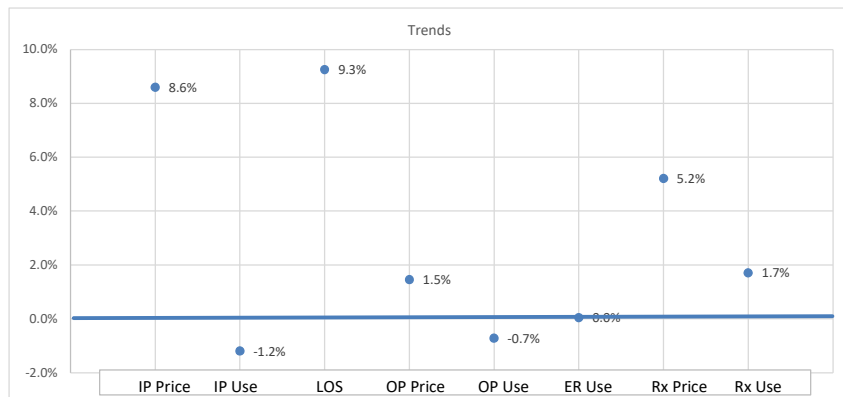
2. High Cost Claimants



	Previous	Current	Trend
Patients	215	252	17.2%
Patients per 1,000	8.2	9.4	14.2%
Payments (in Millions)	\$32 M	\$36 M	11.7%
Payments per Patient	150,729	143,606	-4.7%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$18,274	\$19,846	8.6%	\$35,620
	Admits per 1000	148.0	146.3	-1.2%	55.1
	Days LOS	6.1	6.7	9.3%	4.7
Outpatient	Allowed per Service	\$120	\$122	1.5%	\$130
	ER Visits per 1000	471.0	467.6	-0.7%	229.2
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	0.0%	n/a
	Days Supply PMPY	1,518	1,540	1.4%	n/a
Specialty Rx	Allowed per Days Supply	\$93	\$90	-3.4%	n/a
	Days Supply PMPY	25	30	18.3%	n/a
All RX	Allowed per Days Supply	\$3	\$4	5.2%	\$4
	Days Supply PMPY	1,543	1,570	1.7%	365

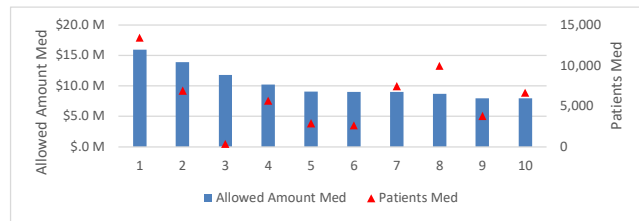


Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Jan 2020 - Dec 2020 (Paid)

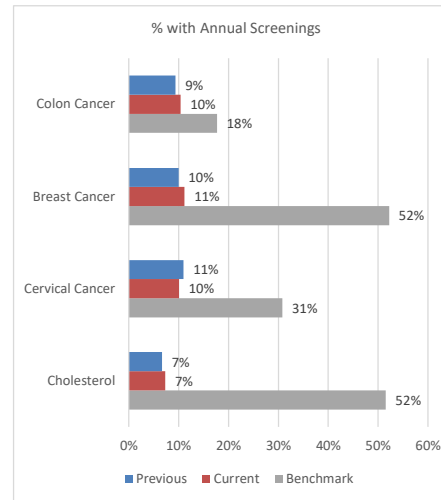
Current Period: Jan 2021 - Dec 2021 (Paid)

8. Top Medical Conditions (by cost)

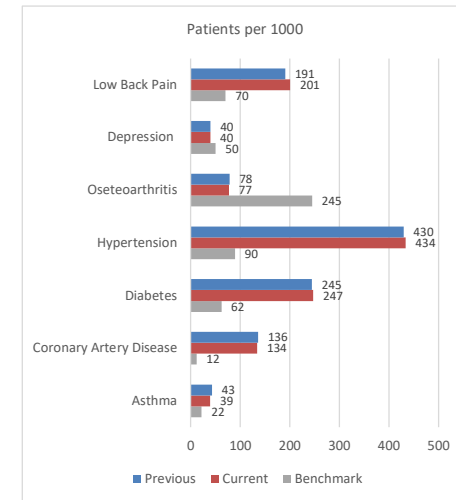


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEI	\$15,941,078	13,422	\$1,188
2 Osteoarthritis	\$13,919,328	6,933	\$2,008
3 Chemotherapy Encounters	\$11,784,896	367	\$32,111
4 Spinal/Back Disord, Low Back	\$10,235,462	5,683	\$1,801
5 Infections - Respiratory, NEC	\$9,065,544	2,911	\$3,114
6 Renal Function Failure	\$9,042,889	2,657	\$3,403
7 Eye Disorders, Degenerative	\$9,009,631	7,485	\$1,204
8 Arthropathies/Joint Disord NEC	\$8,737,155	9,969	\$876
9 Coronary Artery Disease	\$7,959,520	3,799	\$2,095
10 Respiratory Disord, NEC	\$7,958,828	6,671	\$1,193

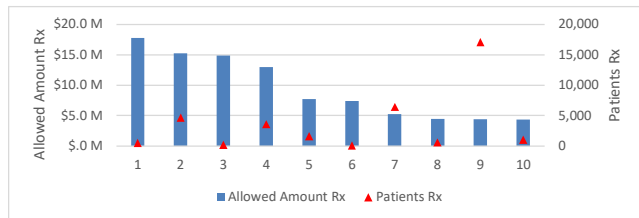
9. Screening Rates



10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$17,745,784	497	\$35,706
2 Antidiabetic Agents, Misc	\$15,264,929	4,651	\$3,282
3 Molecular Targeted Therapy	\$14,861,889	159	\$93,471
4 Coag/Anticoag, Anticoagulants	\$12,969,738	3,578	\$3,625
5 Antidiabetic Agents, Insulins	\$7,748,934	1,592	\$4,867
6 Biological Response Modifiers	\$7,419,318	69	\$107,526
7 Adrenals & Comb, NEC	\$5,233,154	6,424	\$815
8 Hormone-Modifying Therapy	\$4,440,340	563	\$7,887
9 Antihyperlipidemic Drugs, NEC	\$4,398,691	17,097	\$257
10 Antidiabetic Ag, SGLT Inhibitr	\$4,337,794	1,039	\$4,175

