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ACCREDITED
CORE
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AGENDA ITEM

Action Item

Information Only

Date: July 23, 2020

Item Number: IV.II.II

Title: Self-Funded CDHP and EPO Plan Utilization Report for the period ending March 31, 2020

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the Plan Year ending March 31, 2020. Included are:

- Executive Summary – provides a utilization overview.
- HealthSCOPE CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- HealthSCOPE EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix C for Plan Year 2020 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q3 of Plan Year 2020 compared to Q3 of Plan Year 2019 is summarized below.

- Population:
 - 0.6% increase for primary participants
 - 0.2% increase for primary participants plus dependents (members)
- Medical Cost:
 - 14.1% increase for primary participants
 - 14.6% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 142 High Cost Claimants accounting for 31.2% of the total plan paid for Q3 in Plan Year 2020
 - 0.4% increase in High Cost Claimants per 1,000 members
 - 12.9% increase in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Neoplasms (\$8.8 million) – 25.8% of paid claims
 - Injury and Poisoning (\$7.5 million) – 22.1% of paid claims
 - Diseases of the Circulatory System (\$5.5 million) – 16.2% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 4.5%
 - Average paid per ER visit increased 15.5%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 22.9%
 - Average paid per Urgent Care visit increased 29.7%
- Network Utilization:
 - 96% of claims are from In-Network providers
 - Q3 of Plan Year 2020 In-Network utilization increased 0.4% over PY 2019
 - Q3 of Plan Year 2020 In-Network discounts decreased 0.1% over PY 2019
- Preventive Services:
 - Overall Preventive Services Compliance Rates increased from Plan Year 2019 in all categories apart from Cervical Cancer Screenings in women between 21-29 years old. This preventive service decreased 1.9%.
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 7.5%
 - Total Gross Claims Costs increased 5.8% (\$2.0 million)
 - Average Total Cost per Claim decreased 1.6%
 - From \$94.39 to \$92.88
 - Member*:
 - Total Member Cost increased 31.8%
 - Average Participant Share per Claim increased 22.6%
 - Net Member PMPM increased 31.5%

- From \$20.64 to \$27.14
 - Plan
 - Total Plan Cost decreased 1.8%
 - Average Plan Share per Claim decreased 8.6%
 - Net Plan PMPM decreased 2.0%
 - From \$70.90 to \$69.45
 - Net Plan PMPM factoring rebates decreased 7.0%
 - From \$55.14 to \$51.25

*The primary reason for the increase in cost share has to do with the increase in Out-of-Pocket Protection dollars.

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q3 of Plan Year 2020 compared to the complete Plan Year 2019 is summarized below.

- Population:
 - 3.3% increase for primary participants
 - 3.5% increase for primary participants plus dependents (members)
- Medical Cost:
 - 21.1% increase for primary participants
 - 20.8% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 35 High Cost Claimants accounting for 16.5% of the total plan paid for Q3 in Plan Year 2020
 - 13.4% decrease in High Cost Claimants per 1,000 members (compared to PY19)
 - 37.3% decrease in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Neoplasms (\$1million) – 15.8% of paid claims
 - Diseases of the Musculoskeletal System and Connective Tissue (\$0.75 million) – 11.9% of paid claims
 - Endocrine; Nutritional; and Metabolic Diseases and Immunity Disorders (\$0.72 million) – 11.4% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 33.7%
 - Average paid per ER visit remained unchanged
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 33.7%
 - Average paid per Urgent Care visit increased 11.4%
- Network Utilization:
 - 97.3% of claims are from In-Network providers
 - In-Network utilization decreased 1%
 - In-Network discounts decreased 0.1%
- Preventive Services:
 - Overall Preventive Services Compliance Rates increased from Plan Year 2019 in all categories.

- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 7.4%
 - Total Gross Claims Costs increased 22.5% (\$2.7 million)
 - Average Total Cost per Claim increased 14.0%
 - From \$98.77 to \$112.64
 - Member:
 - Total Member Cost increased 9.1%
 - Average Participant Share per Claim increased 1.6%
 - Net Member PMPM increased 5.3%
 - From \$25.69 to \$27.05
 - Plan
 - Total Plan Cost increased 25.0%
 - Average Plan Share per Claim increased 16.4%
 - Net Plan PMPM increased 20.7%
 - From \$133.29 to \$160.91
 - Net Plan PMPM factoring rebates increased 20.2%
 - From \$101.94 to \$122.58

DENTAL PLAN

The Dental Plan experience for Q3 of Plan Year 2020 is summarized below.

- Dental Cost:
 - Total of \$19,435,917 paid for Dental claims
 - Preventative claims account for 42.2% (\$8.2 million)
 - Basic claims account for 29.3% (\$5.7 million)
 - Major claims account for 21.2% (\$4.1 million)
 - Periodontal claims account for 7.4% (\$1.4 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of March 31, 2020.

HRA Account Balances as of March 31, 2020			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	1,355	0	0
\$.01 - \$500.00	2,605	557,646	214
\$500.01 - \$1,000	1,686	1,201,062	712
\$1,000.01 - \$1,500	1,654	1,998,785	1,208
\$1,500.01 - \$2,000	803	1,388,786	1,729
\$2,000.01 - \$2,500	511	1,147,374	2,245
\$2,500.01 - \$3,000	285	783,879	2,750
\$3,000.01 - \$3,500	209	677,335	3,241
\$3,500.01 - \$4,000	202	753,188	3,729
\$4,000.01 - \$4,500	165	697,122	4,225
\$4,500.01 - \$5,000	108	511,745	4,738
\$5,000.01 +	883	6,856,295	223,152
Total	10,466	\$ 16,573,216.12	\$ 1,583.53

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP) and the PEBP Premier Plan (EPO) for the third quarter of Plan Year 2020. The CDHP total plan paid costs increased 19.6% over the third quarter of Plan Year 2019. The EPO total plan paid costs through the third quarter of Plan Year 2020 are 56% of the total plan paid costs for Plan Year 2019. For HMO utilization and cost data please see the report provided in Appendix C.

PEBP staff and its partners continue to monitor data, research options and implement measures to provide cost savings to the plan while also providing the care our participants require.

Appendix A

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program HDHP Plan

July 2019 – March 2020

Reimagine | Rediscover **Benefits**



Overview

***Please note the majority of this report compares 3Q20 to the 3rd quarter of PY19; it will be full plan year, where noted.**

- Total Medical Spend for 3Q20 was \$108,693,905 of which 72.2% was spent in the State Active population. When compared to 3Q19, 3Q20 reflected an increase of 14.6% in plan spend, with State Actives having an increase of 12.9%.
 - When compared to 3Q18, 3Q20 reflected an increase of 20.6% in plan spend, with State Actives having an increase of 18.4%.
- On a PEPY basis, 3Q20 reflected an increase of 14.0% when compared to 3Q19. The largest group, State Actives, increased 11.5%.
 - When compared to 3Q18, 3Q20 reflected a increase in PEPY of 17.9%, with State Actives increasing by 14.2%.
- 88.5% of the Average Membership had paid Medical claims less than \$2,500, with 20.4% of those having no claims paid at all during the reporting period.
- There were 142 High Cost Claimants (HCC's) over \$100K, that account for 31.2% of the total spend. HCC's accounted for 31.5% of total spend during 3Q19, with 141 members hitting the \$100K threshold. The largest claimant had a primary diagnosis in the Injury and Poisoning Grouper, with plan spend of \$4,891,414.
- IP Paid per Admit was \$21,368 which is an increase of 2.6% over 3Q19 Paid per Admit of \$20,821.
- ER Paid per Visit is \$2,179, which is an increase of 15.5% from 3Q19 ER Paid per Visit of \$1,887.
- 96.0% of all Medical spend dollars were to In Network providers. The average In Network discount was 65.3%, which is slightly lower than PY19 discount of 65.4%.

Paid Claims by Age Group (p. 1 of 2)

Paid Claims by Age Group								
3Q19								
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM
<1	\$ 5,240,277	\$ 1,759	\$ 25,493	\$ 9	\$ 3,727	\$ 1	\$ 5,269,497	\$ 1,769
1	\$ 482,100	\$ 139	\$ 31,336	\$ 9	\$ 33,637	\$ 7	\$ 547,073	\$ 155
2 - 4	\$ 823,194	\$ 68	\$ 58,526	\$ 5	\$ 305,875	\$ 19	\$ 1,187,595	\$ 92
5 - 9	\$ 1,133,889	\$ 49	\$ 242,226	\$ 10	\$ 917,085	\$ 29	\$ 2,293,200	\$ 89
10 - 14	\$ 2,790,226	\$ 110	\$ 229,974	\$ 9	\$ 899,175	\$ 26	\$ 3,919,375	\$ 145
15 - 19	\$ 3,734,186	\$ 137	\$ 607,634	\$ 22	\$ 1,124,398	\$ 30	\$ 5,466,218	\$ 190
20 - 24	\$ 5,114,682	\$ 166	\$ 564,135	\$ 18	\$ 738,719	\$ 19	\$ 6,417,536	\$ 203
25 - 29	\$ 3,268,700	\$ 131	\$ 658,787	\$ 26	\$ 723,886	\$ 23	\$ 4,651,373	\$ 181
30 - 34	\$ 5,012,192	\$ 190	\$ 850,063	\$ 32	\$ 847,702	\$ 25	\$ 6,709,957	\$ 248
35 - 39	\$ 4,579,926	\$ 155	\$ 1,118,833	\$ 38	\$ 1,007,385	\$ 26	\$ 6,706,144	\$ 219
40 - 44	\$ 4,084,118	\$ 153	\$ 1,776,657	\$ 67	\$ 1,032,720	\$ 29	\$ 6,893,495	\$ 249
45 - 49	\$ 7,341,156	\$ 249	\$ 2,628,176	\$ 89	\$ 1,195,744	\$ 29	\$ 11,165,076	\$ 368
50 - 54	\$ 9,972,479	\$ 327	\$ 2,834,092	\$ 93	\$ 1,356,008	\$ 32	\$ 14,162,580	\$ 452
55 - 59	\$ 11,562,746	\$ 342	\$ 4,911,992	\$ 145	\$ 1,690,087	\$ 36	\$ 18,164,824	\$ 523
60 - 64	\$ 19,094,477	\$ 496	\$ 6,565,512	\$ 171	\$ 2,067,138	\$ 37	\$ 27,727,127	\$ 704
65+	\$ 10,596,389	\$ 528	\$ 4,135,782	\$ 206	\$ 4,570,375	\$ 39	\$ 19,302,546	\$ 774
Total	\$ 94,830,736	\$ 246	\$ 27,239,217	\$ 71	\$ 18,513,661	\$ 30	\$ 140,583,615	\$ 348

Paid Claims by Age Group (p. 2 of 2)

Paid Claims by Age Group										
Age Range	3Q20								% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 4,656,377	\$ 1,478	\$ 60,016	\$ 19	\$ 11,447	\$ 2	\$ 4,727,839	\$ 1,500	-10.3%	-15.2%
1	\$ 638,379	\$ 181	\$ 14,515	\$ 4	\$ 37,735	\$ 8	\$ 690,629	\$ 193	26.2%	24.4%
2 - 4	\$ 983,913	\$ 82	\$ 409,088	\$ 34	\$ 313,076	\$ 19	\$ 1,706,077	\$ 135	43.7%	46.2%
5 - 9	\$ 1,244,088	\$ 54	\$ 121,675	\$ 5	\$ 989,682	\$ 31	\$ 2,355,444	\$ 91	2.7%	2.6%
10 - 14	\$ 2,625,760	\$ 102	\$ 398,223	\$ 16	\$ 962,569	\$ 27	\$ 3,986,552	\$ 145	1.7%	0.0%
15 - 19	\$ 3,856,680	\$ 142	\$ 703,428	\$ 26	\$ 1,157,646	\$ 31	\$ 5,717,754	\$ 199	4.6%	4.7%
20 - 24	\$ 4,585,968	\$ 149	\$ 701,924	\$ 23	\$ 770,925	\$ 19	\$ 6,058,818	\$ 191	-5.6%	-5.9%
25 - 29	\$ 4,510,221	\$ 180	\$ 811,926	\$ 32	\$ 767,118	\$ 24	\$ 6,089,265	\$ 237	30.9%	30.9%
30 - 34	\$ 5,615,717	\$ 208	\$ 1,315,927	\$ 49	\$ 899,017	\$ 26	\$ 7,830,661	\$ 283	16.7%	14.4%
35 - 39	\$ 5,147,255	\$ 172	\$ 2,439,602	\$ 82	\$ 1,061,225	\$ 27	\$ 8,648,082	\$ 281	29.0%	28.2%
40 - 44	\$ 5,918,972	\$ 218	\$ 1,618,685	\$ 60	\$ 1,078,206	\$ 29	\$ 8,615,863	\$ 307	25.0%	23.1%
45 - 49	\$ 8,116,195	\$ 278	\$ 2,568,411	\$ 88	\$ 1,262,488	\$ 31	\$ 11,947,094	\$ 397	7.0%	7.9%
50 - 54	\$ 9,140,377	\$ 300	\$ 3,456,281	\$ 113	\$ 1,395,373	\$ 32	\$ 13,992,031	\$ 446	-1.2%	-1.4%
55 - 59	\$ 12,989,223	\$ 388	\$ 4,757,409	\$ 142	\$ 1,682,153	\$ 36	\$ 19,428,785	\$ 566	7.0%	8.2%
60 - 64	\$ 26,932,000	\$ 715	\$ 5,931,841	\$ 157	\$ 2,066,968	\$ 39	\$ 34,930,810	\$ 911	26.0%	29.5%
65+	\$ 11,732,779	\$ 566	\$ 3,641,965	\$ 176	\$ 4,980,290	\$ 42	\$ 20,355,034	\$ 783	5.5%	1.3%
Total	\$ 108,693,905	\$ 282	\$ 28,950,916	\$ 75	\$ 19,435,917	\$ 31	\$ 157,080,737	\$ 388	11.7%	11.7%

Financial Summary - Quarter comparison (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	3Q18	3Q19	3Q20	Variance to Prior Year	3Q18	3Q19	3Q20	Variance to Prior Year	3Q18	3Q19	3Q20	Variance to Prior Year
Enrollment												
Avg # Employees	23,133	23,523	23,655	0.6%	19,072	19,549	19,776	1.2%	4	4	4	0.0%
Avg # Members	42,024	42,747	42,850	0.2%	36,359	37,090	37,262	0.5%	7	7	7	0.0%
Ratio	1.8	1.8	1.8	-0.5%	1.9	1.9	1.9	-1.1%	1.7	1.8	1.8	0.0%
Financial Summary												
Gross Cost	\$121,095,837	\$126,187,313	\$143,839,796	14.0%	\$91,012,617	\$94,673,980	\$106,842,232	12.9%	\$36,985	\$28,186	\$40,378	43.3%
Client Paid	\$90,136,905	\$94,830,736	\$108,693,905	14.6%	\$66,302,270	\$69,590,772	\$78,511,281	12.8%	\$28,475	\$21,172	\$30,241	42.8%
Employee Paid	\$30,958,932	\$31,356,576	\$35,145,891	12.1%	\$24,710,347	\$25,083,207	\$28,330,951	12.9%	\$8,510	\$7,014	\$10,137	44.5%
Client Paid-PEPY	\$5,195	\$5,375	\$6,127	14.0%	\$4,635	\$4,746	\$5,293	11.5%	\$9,235	\$7,057	\$10,080	42.8%
Client Paid-PMPY	\$2,860	\$2,958	\$3,382	14.3%	\$2,431	\$2,502	\$2,809	12.3%	\$5,339	\$4,033	\$5,760	42.8%
Client Paid-PEPM	\$433	\$448	\$511	14.1%	\$386	\$396	\$441	11.4%	\$770	\$588	\$840	42.9%
Client Paid-PMPM	\$238	\$246	\$282	14.6%	\$203	\$208	\$234	12.5%	\$445	\$336	\$480	42.9%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	105	141	142	0.7%	67	88	101	14.8%	0	0	0	0.0%
HCC's / 1,000	2.5	3.3	3.3	0.4%	1.8	2.4	2.7	14.2%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$221,352	\$211,913	\$239,171	12.9%	\$236,431	\$216,402	\$196,453	-9.2%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	25.8%	31.5%	31.2%	-1.0%	23.9%	27.4%	25.3%	-7.7%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$890	\$1,048	\$1,179	12.5%	\$718	\$844	\$866	2.6%	\$0	\$937	\$0	0.0%
Facility Outpatient	\$934	\$858	\$1,040	21.2%	\$784	\$717	\$871	21.5%	\$1,351	\$378	\$2,423	541.0%
Physician	\$954	\$987	\$1,082	9.6%	\$866	\$891	\$1,004	12.7%	\$3,837	\$2,596	\$3,045	17.3%
Other	\$82	\$65	\$81	24.6%	\$63	\$50	\$68	36.0%	\$151	\$121	\$292	0.0%
Total	\$2,860	\$2,958	\$3,382	14.3%	\$2,431	\$2,502	\$2,809	12.3%	\$5,339	\$4,033	\$5,760	42.8%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary - Quarter comparison (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q18	3Q19	3Q20	Variance to Prior Year	3Q18	3Q19	3Q20	Variance to Prior Year	
Enrollment									
Avg # Employees	3,170	3,225	3,247	0.7%	887	745	629	-15.6%	
Avg # Members	4,681	4,803	4,856	1.1%	978	847	725	-14.4%	
Ratio	1.5	1.5	1.5	0.7%	1.1	1.1	1.2	0.9%	1.8
Financial Summary									
Gross Cost	\$22,936,715	\$24,697,760	\$32,275,680	30.7%	\$7,109,520	\$6,787,387	\$4,681,506	-31.0%	
Client Paid	\$17,934,707	\$19,493,426	\$26,541,571	36.2%	\$5,871,453	\$5,725,366	\$3,610,812	-36.9%	
Employee Paid	\$5,002,008	\$5,204,334	\$5,734,109	10.2%	\$1,238,067	\$1,062,021	\$1,070,694	0.8%	
Client Paid-PEPY	\$7,545	\$8,060	\$10,900	35.2%	\$8,826	\$10,253	\$7,658	-25.3%	\$6,209
Client Paid-PMPY	\$5,109	\$5,412	\$7,287	34.6%	\$8,007	\$9,008	\$6,641	-26.3%	\$3,437
Client Paid-PEPM	\$629	\$672	\$908	35.1%	\$735	\$854	\$638	-25.3%	\$517
Client Paid-PMPM	\$426	\$451	\$607	34.6%	\$667	\$751	\$553	-26.4%	\$286
High Cost Claimants (HCC's) > \$100k									
# of HCC's	30	40	42	5.0%	13	13	4	-69.2%	
HCC's / 1,000	6.4	8.3	8.7	3.9%	13.3	15.3	5.5	-64.0%	
Avg HCC Paid	\$176,624	\$203,103	\$320,627	57.9%	\$161,724	\$208,635	\$163,538	-21.6%	
HCC's % of Plan Paid	29.5%	41.7%	50.7%	21.6%	35.8%	47.4%	18.1%	-61.8%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,742	\$1,963	\$3,344	70.4%	\$3,245	\$4,793	\$2,789	-41.8%	\$1,057
Facility Outpatient	\$1,735	\$1,685	\$2,170	28.8%	\$2,654	\$2,336	\$2,162	-7.4%	\$1,145
Physician	\$1,411	\$1,605	\$1,596	-0.6%	\$2,005	\$1,701	\$1,601	-5.9%	\$1,122
Other	\$222	\$159	\$177	11.3%	\$103	\$178	\$89	-50.0%	\$113
Total	\$5,109	\$5,412	\$7,287	34.6%	\$8,007	\$9,008	\$6,641	-26.3%	\$3,437

Financial Summary - Prior Year comparison (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	PY18	PY19	3Q20	Variance to Prior Year	PY18	PY19	3Q20	Variance to Prior Year	PY18	PY19	3Q20	Variance to Prior Year
Enrollment												
Avg # Employees	23,155	23,569	23,655	0.4%	19,100	19,612	19,776	0.8%	4	4	4	0.0%
Avg # Members	42,071	42,776	42,850	0.2%	36,389	37,138	37,262	0.3%	7	7	7	0.0%
Ratio	1.8	1.8	1.8	0.0%	1.9	1.9	1.9	-0.5%	1.7	1.8	1.8	0.0%
Financial Summary												
Gross Cost	\$164,211,622	\$172,993,213	\$143,839,796		\$123,145,285	\$129,947,874	\$106,842,232		\$42,221	\$105,325	\$40,378	
Client Paid	\$125,066,281	\$133,179,670	\$108,693,905		\$91,783,613	\$97,851,639	\$78,511,281		\$32,607	\$96,469	\$30,241	
Employee Paid	\$39,145,341	\$39,813,543	\$35,145,891		\$31,361,671	\$32,096,235	\$28,330,951		\$9,615	\$8,857	\$10,137	
Client Paid-PEPY	\$5,401	\$5,651	\$6,127	8.4%	\$4,805	\$4,989	\$5,293	6.1%	\$7,985	\$24,117	\$10,080	-58.2%
Client Paid-PMPY	\$2,973	\$3,113	\$3,382	8.6%	\$2,522	\$2,635	\$2,809	6.6%	\$4,603	\$13,781	\$5,760	-58.2%
Client Paid-PEPM	\$450	\$471	\$511	8.5%	\$400	\$416	\$441	6.0%	\$665	\$2,010	\$840	-58.2%
Client Paid-PMPM	\$248	\$259	\$282	8.9%	\$210	\$220	\$234	6.4%	\$384	\$1,148	\$480	-58.2%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	164	198	142		108	124	101		0	0	0	
HCC's / 1,000	3.9	4.6	3.3		3.0	3.3	2.7		0.0	0.0	0.0	
Avg HCC Paid	\$211,524	\$219,374	\$239,171	9.0%	\$212,840	\$218,720	\$196,453	-10.2%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	27.7%	32.6%	31.2%	-4.3%	25.0%	27.7%	25.3%	-8.7%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$900	\$1,071	\$1,179	10.1%	\$719	\$847	\$866	2.2%	\$0	\$3,087	\$0	0.0%
Facility Outpatient	\$974	\$925	\$1,040	12.4%	\$814	\$782	\$871	11.4%	\$1,064	\$6,561	\$2,423	-63.1%
Physician	\$1,016	\$1,045	\$1,082	3.5%	\$924	\$948	\$1,004	5.9%	\$3,394	\$4,006	\$3,045	-24.0%
Other	\$82	\$72	\$81	12.5%	\$64	\$58	\$68	17.2%	\$146	\$129	\$292	0.0%
Total	\$2,973	\$3,113	\$3,382	8.6%	\$2,522	\$2,635	\$2,809	6.6%	\$4,603	\$13,781	\$5,760	-58.2%
			Annualized				Annualized				Annualized	

Financial Summary - Prior Year comparison (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY18	PY19	3Q20	Variance to Prior Year	PY18	PY19	3Q20	Variance to Prior Year	
Enrollment									
Avg # Employees	3,165	3,224	3,247	0.7%	868	729	629	-13.8%	
Avg # Members	4,681	4,799	4,856	1.2%	958	832	725	-12.8%	
Ratio	1.5	1.5	1.5	0.7%	1.1	1.1	1.2	0.9%	1.8
Financial Summary									
Gross Cost	\$31,539,962	\$34,175,219	\$32,275,680		\$9,484,154	\$8,764,794	\$4,681,506		
Client Paid	\$25,259,022	\$27,761,940	\$26,541,571		\$7,991,039	\$7,469,622	\$3,610,812		
Employee Paid	\$6,280,940	\$6,413,280	\$5,734,109		\$1,493,115	\$1,295,172	\$1,070,694		
Client Paid-PEPY	\$7,981	\$8,612	\$10,900	26.6%	\$9,204	\$10,246	\$7,658	-25.3%	\$6,209
Client Paid-PMPY	\$5,397	\$5,785	\$7,287	26.0%	\$8,338	\$8,983	\$6,641	-26.1%	\$3,437
Client Paid-PEPM	\$665	\$718	\$908	26.5%	\$767	\$854	\$638	-25.3%	\$517
Client Paid-PMPM	\$450	\$482	\$607	25.9%	\$695	\$749	\$553	-26.2%	\$286
High Cost Claimants (HCC's) > \$100k									
# of HCC's	50	58	42		18	16	4		
HCC's / 1,000	10.7	12.1	8.7		18.8	19.2	5.5		
Avg HCC Paid	\$169,470	\$220,380	\$320,627	45.5%	\$179,428	\$220,793	\$163,538	-25.9%	
HCC's % of Plan Paid	33.5%	46.0%	50.7%	10.2%	40.4%	47.3%	18.1%	-61.7%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,822	\$2,155	\$3,344	55.2%	\$3,299	\$4,794	\$2,789	-41.8%	\$1,057
Facility Outpatient	\$1,842	\$1,787	\$2,170	21.4%	\$2,839	\$2,295	\$2,162	-5.8%	\$1,145
Physician	\$1,521	\$1,677	\$1,596	-4.8%	\$2,073	\$1,732	\$1,601	-7.6%	\$1,122
Other	\$212	\$166	\$177	6.6%	\$127	\$163	\$89	-45.4%	\$113
Total	\$5,397	\$5,785	\$7,287	26.0%	\$8,338	\$8,983	\$6,641	-26.1%	\$3,437

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	3Q19				3Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 27,278,109	\$ 6,209,937	\$ 1,627,848	\$ 35,115,894	\$ 28,646,209	\$ 10,922,760	\$ 2,226,347	\$ 41,795,316	19.0%	
Outpatient	\$ 42,312,663	\$ 10,138,286	\$ 1,517,355	\$ 53,968,304	\$ 49,865,072	\$ 11,970,906	\$ 1,421,558	\$ 63,257,536	17.2%	
Total - Medical	\$ 69,590,772	\$ 16,348,222	\$ 3,145,204	\$ 89,084,198	\$ 78,511,281	\$ 22,893,665	\$ 3,647,906	\$ 105,052,852	17.9%	
Dental	\$ 12,618,555	\$ 1,501,902	\$ 377,501	\$ 14,497,957	\$ 13,248,160	\$ 1,534,360	\$ 424,290	\$ 15,206,811	4.9%	
Dental Exchange	\$ -	\$ -	\$ 2,169,604	\$ 2,169,604	\$ -	\$ -	\$ 2,368,216	\$ 2,368,216	9.2%	
Total	\$ 82,209,327	\$ 17,850,124	\$ 5,692,308	\$ 105,751,760	\$ 91,759,441	\$ 24,428,026	\$ 6,440,412	\$ 122,627,878	16.0%	

Net Paid Claims - Per Participant per Month										
	3Q19				3Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 396	\$ 695	\$ 572	\$ 435	\$ 441	\$ 964	\$ 665	\$ 507	16.7%	
Dental	\$ 52	\$ 50	\$ 56	\$ 52	\$ 54	\$ 50	\$ 48	\$ 53	2.3%	
Dental Exchange	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ 50	\$ 50	2.5%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total									
Non-State Participants									
	3Q19				3Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 8,420	\$ 2,129,225	\$ 1,089,969	\$ 3,227,613	\$ 204	\$ 645,476	\$ 962,537	\$ 1,608,217	-50.2%
Outpatient	\$ 12,752	\$ 2,117,747	\$ 388,426	\$ 2,518,925	\$ 30,037	\$ 1,518,942	\$ 483,857	\$ 2,032,836	-19.3%
Total - Medical	\$ 21,172	\$ 4,246,971	\$ 1,478,395	\$ 5,746,538	\$ 30,241	\$ 2,164,418	\$ 1,446,394	\$ 3,641,053	-36.6%
Dental	\$ 2,428	\$ 301,319	\$ 155,940	\$ 459,688	\$ 2,149	\$ 234,681	\$ 177,568	\$ 414,399	-9.9%
Dental Exchange	\$ -	\$ -	\$ 1,386,412	\$ 1,386,412	\$ -	\$ -	\$ 1,446,492	\$ 1,446,492	4.3%
Total	\$ 23,600	\$ 4,548,291	\$ 3,020,747	\$ 7,592,638	\$ 32,391	\$ 2,399,099	\$ 3,070,454	\$ 5,501,944	-27.5%

Net Paid Claims - Per Participant per Month									
	3Q19				3Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 588	\$ 969	\$ 638	\$ 853	\$ 840	\$ 654	\$ 617	\$ 639	-25.0%
Dental	\$ 34	\$ 41	\$ 42	\$ 41	\$ 30	\$ 43	\$ 47	\$ 44	7.8%
Dental Exchange	\$ -	\$ -	\$ 43	\$ 43	\$ -	\$ -	\$ 45	\$ 45	3.9%

Paid Claims by Claim Type – Total

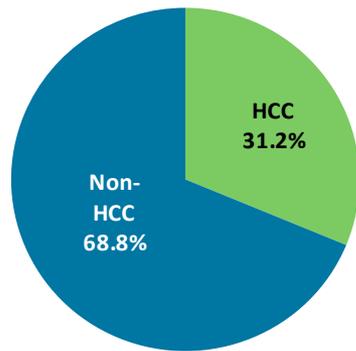
Net Paid Claims - Total										
Total Participants										
	3Q19				3Q20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 27,286,529	\$ 8,339,161	\$ 2,717,817	\$ 38,343,507	\$ 28,646,412	\$ 11,568,236	\$ 3,188,885	\$ 43,403,533	13.2%	
Outpatient	\$ 42,325,416	\$ 12,256,032	\$ 1,905,781	\$ 56,487,229	\$ 49,895,110	\$ 13,489,847	\$ 1,905,415	\$ 65,290,372	15.6%	
Total - Medical	\$ 69,611,944	\$ 20,595,194	\$ 4,623,599	\$ 94,830,736	\$ 78,541,522	\$ 25,058,083	\$ 5,094,300	\$ 108,693,905	14.6%	
Dental	\$ 12,620,983	\$ 1,803,221	\$ 533,441	\$ 14,957,645	\$ 13,250,310	\$ 1,769,042	\$ 601,858	\$ 15,621,209	4.4%	
Dental Exchange	\$ -	\$ -	\$ 3,556,016	\$ 3,556,016	\$ -	\$ -	\$ 3,814,708	\$ 3,814,708	7.3%	
Total	\$ 82,232,928	\$ 22,398,415	\$ 8,713,055	\$ 113,344,397	\$ 91,791,832	\$ 26,827,125	\$ 9,510,866	\$ 128,129,822	13.0%	

Net Paid Claims - Per Participant per Month										
	3Q19				3Q20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change	
Medical	\$ 396	\$ 738	\$ 592	\$ 448	\$ 441	\$ 926	\$ 651	\$ 511	14.0%	
Dental	\$ 52	\$ 48	\$ 51	\$ 52	\$ 54	\$ 49	\$ 48	\$ 53	2.5%	
Dental Exchange	\$ -	\$ -	\$ 46	\$ 46	\$ -	\$ -	\$ 48	\$ 48	3.2%	

Cost Distribution – Medical Claims

3Q19						3Q20						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
126	0.3%	\$29,879,772	31.5%	\$930,047	3.0%	\$100,000.01 Plus	121	0.3%	\$33,962,230	31.2%	\$790,791	2.3%
155	0.4%	\$12,088,256	12.7%	\$937,359	3.0%	\$50,000.01-\$100,000.00	179	0.4%	\$13,580,650	12.5%	\$1,088,988	3.1%
278	0.6%	\$10,600,684	11.2%	\$1,499,833	4.8%	\$25,000.01-\$50,000.00	386	0.9%	\$14,437,844	13.3%	\$2,049,744	5.8%
925	2.2%	\$15,297,595	16.1%	\$4,264,775	13.6%	\$10,000.01-\$25,000.00	1,037	2.4%	\$17,232,031	15.9%	\$4,688,759	13.3%
1,268	3.0%	\$9,481,845	10.0%	\$4,091,426	13.0%	\$5,000.01-\$10,000.00	1,371	3.2%	\$10,279,425	9.5%	\$4,485,520	12.8%
1,600	3.7%	\$6,115,622	6.4%	\$3,673,869	11.7%	\$2,500.01-\$5,000.00	1,856	4.3%	\$7,019,835	6.5%	\$4,320,982	12.3%
22,307	52.2%	\$11,366,963	12.0%	\$13,326,359	42.5%	\$0.01-\$2,500.00	22,760	53.1%	\$12,181,891	11.2%	\$14,870,180	42.3%
6,455	15.1%	\$0	0.0%	\$2,632,908	8.4%	\$0.00	6,416	15.0%	\$0	0.0%	\$2,850,927	8.1%
9,635	22.5%	\$0	0.0%	\$0	0.0%	No Claims	8,723	20.4%	\$0	0.0%	\$0	0.0%
42,747	100.0%	\$94,830,736	100.0%	\$31,356,576	100.0%		42,850	100.0%	\$108,693,905	100.0%	\$35,145,891	100.0%

Distribution of HCC Medical Claims Paid



HCC – High Cost Claimant over \$100K

HCC's by AHRQ Clinical Classifications Chapter			
AHRQ Chapter	Patients	Total Paid	% Paid
(CCS 2) Neoplasms	67	\$8,760,410	25.8%
(CCS 16) Injury And Poisoning	75	\$7,494,405	22.1%
(CCS 7) Diseases Of The Circulatory System	102	\$5,495,803	16.2%
(CCS 15) Certain Conditions Originating In The Perinatal Period	13	\$2,051,813	6.0%
(CCS 1) Infectious And Parasitic Diseases	61	\$1,535,318	4.5%
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	79	\$1,385,466	4.1%
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	130	\$1,221,556	3.6%
(CCS 9) Diseases Of The Digestive System	77	\$1,076,697	3.2%
(CCS 6) Diseases Of The Nervous System And Sense Organs	102	\$1,035,094	3.0%
(CCS 5) Mental Illness	44	\$1,014,329	3.0%
(CCS 8) Diseases Of The Respiratory System	100	\$747,870	2.2%
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	77	\$705,339	2.1%
(CCS 10) Diseases Of The Genitourinary System	67	\$618,020	1.8%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	82	\$291,765	0.9%
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	51	\$201,628	0.6%
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	45	\$123,112	0.4%
(CCS 14) Congenital Anomalies	10	\$119,855	0.4%
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	5	\$83,750	0.2%
Overall	----	\$33,962,230	100.0%

Utilization Summary (p. 1 of 2)

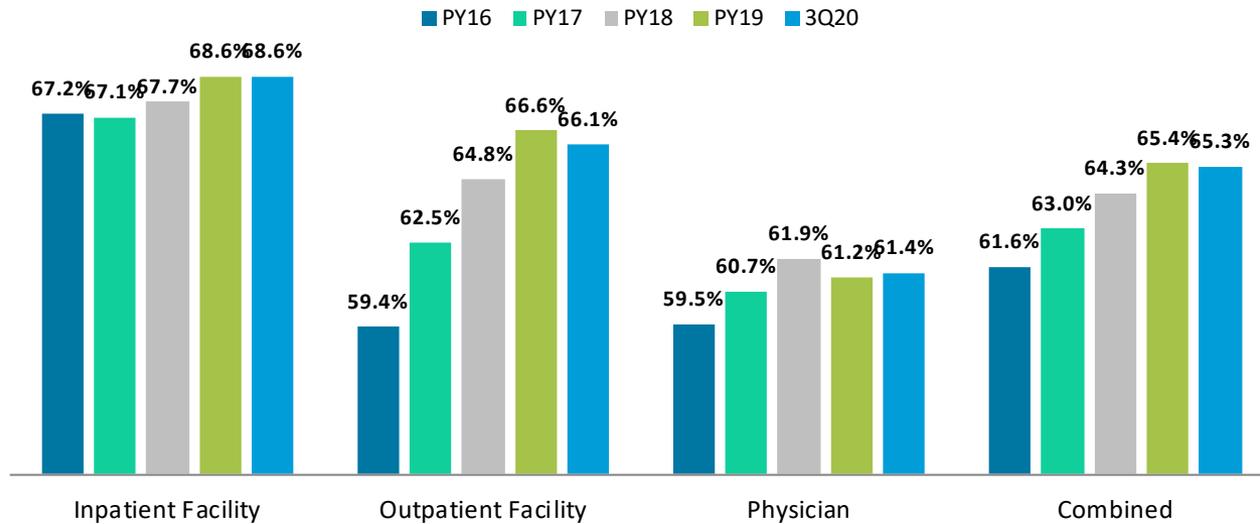
Summary	Total				State Active				Non-State Active			
	3Q18	3Q19	3Q20	Variance to Prior Year	3Q18	3Q19	3Q20	Variance to Prior Year	3Q18	3Q19	3Q20	Variance to Prior Year
Inpatient Facility												
# of Admits	1,620	1,667	1,798		1,235	1,294	1,420		0	1	0	
# of Bed Days	7,525	10,794	9,602		5,292	6,506	7,105		0	1	0	
Paid Per Admit	\$18,185	\$20,821	\$21,368	2.6%	\$16,829	\$19,082	\$17,375	-8.9%	\$0	\$4,922	\$0	0.0%
Paid Per Day	\$3,915	\$3,216	\$4,001	24.4%	\$3,927	\$3,795	\$3,473	-8.5%	\$0	\$4,922	\$0	0.0%
Admits Per 1,000	51	52	56	7.7%	45	47	51	9.6%	0	190	0	0.0%
Days Per 1,000	239	337	299	-11.2%	194	234	254	8.6%	0	190	0	0.0%
Avg LOS	4.6	6.5	5.3	-18.5%	4.3	5	5.0	0.0%	0	1	0	0.0%
Physician Office												
OV Utilization per Member	3.5	3.5	3.9	11.4%	3.3	3.2	3.6	12.5%	10.3	5.0	6.3	26.0%
Avg Paid per OV	\$44	\$43	\$44	2.3%	\$44	\$43	\$44	2.3%	\$83	\$88	\$72	-18.2%
Avg OV Paid per Member	\$155	\$149	\$171	14.8%	\$143	\$137	\$160	16.8%	\$860	\$435	\$451	3.7%
DX&L Utilization per Member	7.4	7.4	8.4	13.5%	6.8	6.9	7.9	14.5%	9.6	7.6	0	0.0%
Avg Paid per DX&L	\$57	\$62	\$58	-6.5%	\$55	\$57	\$55	-3.5%	\$49	\$61	\$0	0.0%
Avg DX&L Paid per Member	\$423	\$461	\$486	5.4%	\$373	\$389	\$431	10.8%	\$465	\$463	\$0	0.0%
Emergency Room												
# of Visits	5,268	5,180	5,442		4,363	4,211	4,460		3	2	2	
# of Admits	784	813	795		562	594	584		0	1	0	
Visits Per Member	0.17	0.16	0.17	5.8%	0.16	0.15	0.16	6.4%	0.56	0.38	0.38	0.0%
Visits Per 1,000	167	162	169	4.5%	160	151	160	5.7%	563	381	381	0.0%
Avg Paid per Visit	\$1,834	\$1,887	\$2,179	15.5%	\$1,808	\$1,841	\$2,188	18.9%	\$1,027	\$498	\$1,803	0.0%
Admits Per Visit	0.15	0.16	0.15	-8.7%	0.13	0.14	0.13	-6.5%	0.00	0.50	0.00	0.0%
Urgent Care												
# of Visits	7,272	7,442	9,166		6,488	6,672	8,304		2	4	1	
Visits Per Member	0.23	0.23	0.29	24.0%	0.24	0.24	0.30	23.8%	0.38	0.76	0.19	0.0%
Visits Per 1,000	231	232	285	22.9%	238	240	297	23.8%	375	762	190	0.0%
Avg Paid per Visit	\$38	\$36	\$47	29.7%	\$35	\$35	\$46	30.1%	\$140	\$102	\$170	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

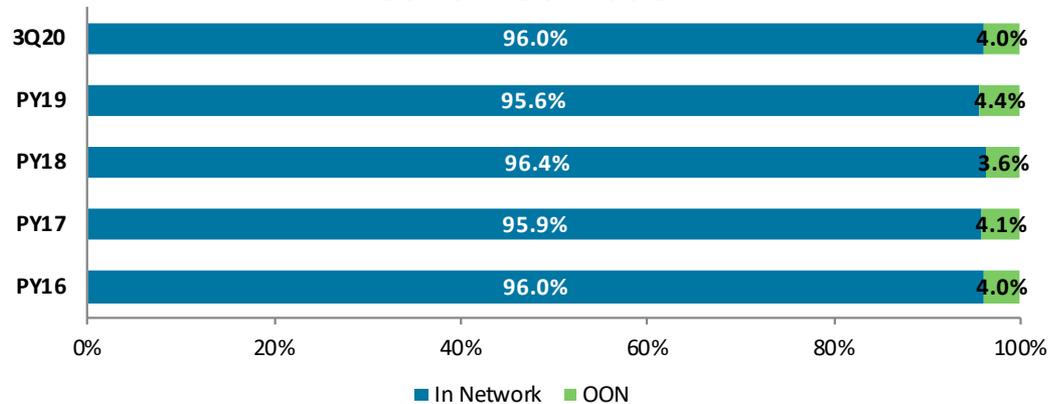
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q18	3Q19	3Q20	Variance to Prior Year	3Q18	3Q19	3Q20	Variance to Prior Year	
Inpatient Facility									
# of Admits	277	284	299		108	88	79		
# of Bed Days	1,719	1,575	2,065		514	2,712	432		
Paid Per Admit	\$22,172	\$24,476	\$40,300	64.7%	\$23,468	\$34,777	\$21,500	-38.2%	\$16,173
Paid Per Day	\$3,573	\$4,413	\$5,835	32.2%	\$4,931	\$1,128	\$3,932	248.6%	\$3,708
Admits Per 1,000	79	79	82	4.0%	147	138	145	4.7%	61
Days Per 1,000	490	437	567	29.7%	701	4,267	794	-81.4%	264
Avg LOS	6.2	5.1	6.9	35.3%	4.8	30.8	5.5	-82.1%	4.3
Physician Office									
OV Utilization per Member	4.9	4.8	5.2	8.3%	6.1	6.4	7.2	12.5%	3.3
Avg Paid per OV	\$47	\$47	\$46	-2.1%	\$38	\$38	\$35	-7.9%	\$50
Avg OV Paid per Member	\$230	\$224	\$243	8.5%	\$231	\$240	\$249	3.8%	\$167
DX&L Utilization per Member	10.7	10.6	11.9	12.3%	13.9	13.5	13.7	1.5%	8.3
Avg Paid per DX&L	\$68	\$85	\$73	-14.1%	\$61	\$79	\$59	-25.3%	\$67
Avg DX&L Paid per Member	\$722	\$905	\$863	-4.6%	\$840	\$1,064	\$806	-24.2%	\$554
Emergency Room									
# of Visits	696	752	776		206	215	204		
# of Admits	169	160	160		53	58	51		
Visits Per Member	0.2	0.21	0.21	1.5%	0.28	0.34	0.38	10.3%	0.17
Visits Per 1,000	198	209	213	1.9%	281	338	375	11.0%	174
Avg Paid per Visit	\$2,027	\$2,147	\$2,320	8.1%	\$1,755	\$1,891	\$1,433	-24.2%	\$1,684
Admits Per Visit	0.24	0.21	0.21	-1.8%	0.26	0.27	0.25	-7.4%	0.14
Urgent Care									
# of Visits	629	628	728		153	138	133		
Visits Per Member	0.18	0.17	0.20	17.6%	0.21	0.22	0.24	9.1%	0.24
Visits Per 1,000	179	174	200	14.9%	209	217	245	12.9%	242
Avg Paid per Visit	\$64	\$47	\$63	33.2%	\$49	\$44	\$37	-15.9%	\$74
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



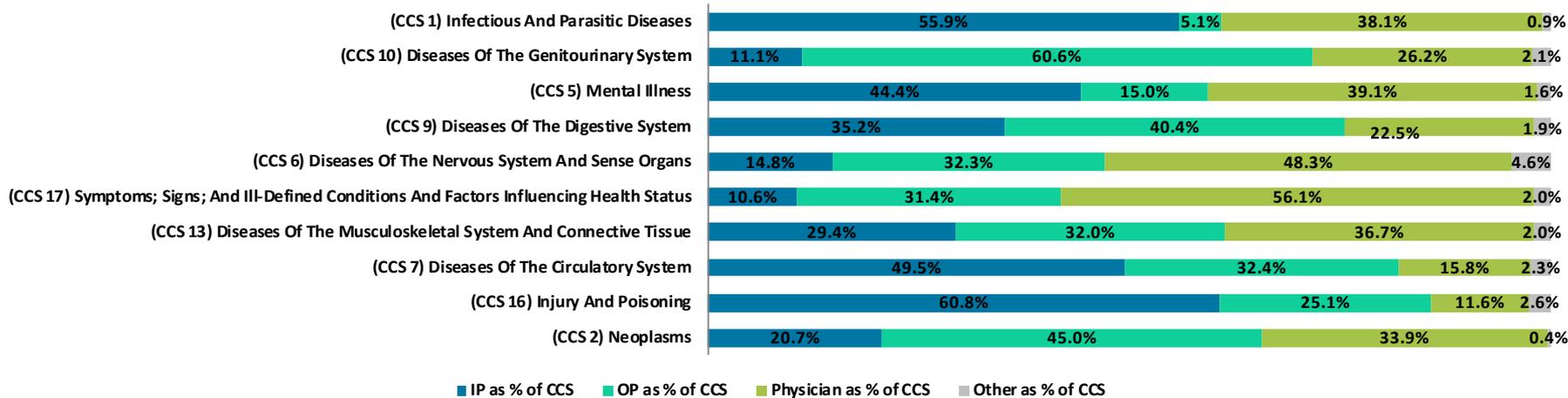
AHRQ* Clinical Classifications Summary



*Developed at the Agency for Healthcare Research and Quality (AHRQ), the Clinical Classifications Software (CCS) is a tool for clustering patient diagnoses and procedures into a manageable number of clinically meaningful categories.

AHRQ Clinical Classifications Chapter	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
(CCS 2) Neoplasms	\$15,417,527	10.5%	\$11,832,012	\$2,825,983	\$759,532	\$6,405,298	\$9,012,229
(CCS 16) Injury And Poisoning	\$14,014,122	9.5%	\$10,271,674	\$1,742,380	\$2,000,068	\$4,288,492	\$9,725,631
(CCS 7) Diseases Of The Circulatory System	\$12,170,039	8.3%	\$10,010,093	\$1,874,915	\$285,031	\$5,372,872	\$6,797,167
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	\$10,454,524	7.1%	\$6,850,261	\$2,697,017	\$907,247	\$4,595,391	\$5,859,133
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health	\$9,763,673	6.6%	\$6,104,025	\$1,873,822	\$1,785,826	\$3,656,707	\$6,106,966
(CCS 6) Diseases Of The Nervous System And Sense Organs	\$6,782,082	4.6%	\$4,102,140	\$1,352,946	\$1,326,996	\$2,751,781	\$4,030,301
(CCS 9) Diseases Of The Digestive System	\$6,394,587	4.4%	\$4,644,450	\$989,451	\$760,687	\$2,949,399	\$3,445,188
(CCS 5) Mental Illness	\$4,983,940	3.4%	\$2,461,170	\$411,019	\$2,111,750	\$2,639,567	\$2,344,373
(CCS 10) Diseases Of The Genitourinary System	\$4,847,010	3.3%	\$3,443,835	\$927,121	\$476,053	\$1,893,199	\$2,953,810
(CCS 1) Infectious And Parasitic Diseases	\$4,693,650	3.2%	\$2,563,395	\$820,566	\$1,309,690	\$2,277,603	\$2,416,047
(CCS 8) Diseases Of The Respiratory System	\$4,327,346	2.9%	\$2,400,500	\$798,842	\$1,128,004	\$2,073,121	\$2,254,225
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	\$3,771,128	2.6%	\$2,643,576	\$910,255	\$217,297	\$28,547	\$3,742,581
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	\$3,563,567	2.4%	\$2,296,122	\$764,836	\$502,608	\$1,440,037	\$2,123,530
(CCS 15) Certain Conditions Originating In The Perinatal Period	\$3,480,299	2.4%	\$2,461	\$32,224	\$3,445,614	\$2,024,455	\$1,455,844
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$1,476,311	1.0%	\$1,133,637	\$246,424	\$96,250	\$734,787	\$741,524
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	\$1,034,936	0.7%	\$697,153	\$234,862	\$102,920	\$553,574	\$481,362
(CCS 14) Congenital Anomalies	\$843,823	0.6%	\$204,263	\$41,677	\$597,883	\$282,379	\$561,444
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	\$675,340	0.5%	\$414,358	\$169,066	\$91,916	\$275,045	\$400,295
Total	\$108,693,905	100.0%	\$72,075,126	\$18,713,408	\$17,905,371	\$44,242,255	\$64,451,650

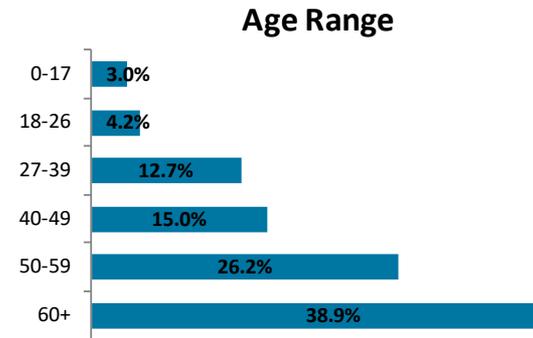
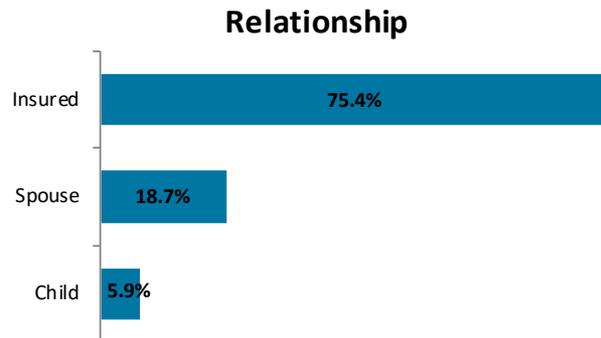
Top 10 Categories by Claim Type



AHRQ Category – Neoplasms

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Maintenance Chemotherapy; Radiotherapy [45.]	111	885	\$3,697,687	24.0%
Cancer Of Breast [24.]	323	3,228	\$2,110,583	13.7%
Cancer Of Lymphatic And Hematopoietic Tissue	106	1,548	\$1,575,946	10.2%
Benign Neoplasms	2,437	4,843	\$1,481,302	9.6%
Cancer; Other Primary	200	1,297	\$1,445,736	9.4%
Secondary Malignancies [42.]	91	446	\$951,058	6.2%
Cancer Of Skin	501	1,456	\$885,265	5.7%
Other Gastrointestinal Cancer	45	703	\$790,108	5.1%
Colorectal Cancer	82	968	\$619,139	4.0%
Cancer Of Male Genital Organs	171	1,128	\$538,512	3.5%
Cancer Of Bronchus; Lung [19.]	34	504	\$415,553	2.7%
Cancer Of Uterus And Cervix	204	656	\$295,433	1.9%
Neoplasms Of Unspecified Nature Or Uncertain Behavior [44.]	1,848	3,162	\$242,584	1.6%
Cancer Of Ovary And Other Female Genital Organs	45	350	\$147,459	1.0%
Cancer Of Urinary Organs	69	438	\$130,696	0.8%
Malignant Neoplasm Without Specification Of Site [43.]	22	105	\$90,465	0.6%
Overall	----	----	\$15,417,527	100.0%

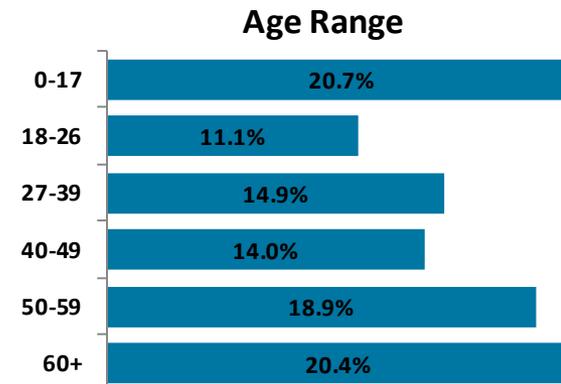
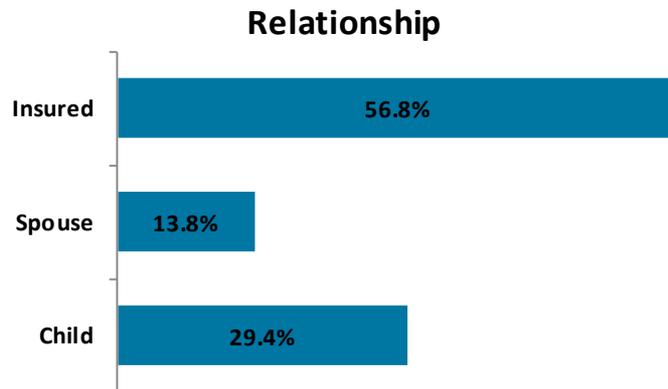
*Patient and claim counts are unique only within the category



AHRQ Category – Injury & Poisoning

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Burns [240.]	60	190	\$4,822,187	34.4%
Complications	544	2,237	\$2,889,119	20.6%
Fractures	823	5,296	\$2,116,005	15.1%
Sprains And Strains [232.]	1,422	4,950	\$907,142	6.5%
Joint Disorders And Dislocations; Trauma-Related [225.]	644	3,230	\$797,917	5.7%
Other Injuries And Conditions Due To External Causes [244.]	1303	2,643	\$545,099	3.9%
Crushing Injury Or Internal Injury [234.]	65	182	\$522,383	3.7%
Open Wounds	708	1,965	\$521,848	3.7%
Intracranial Injury [233.]	122	509	\$413,664	3.0%
Superficial Injury; Contusion [239.]	764	1,451	\$393,238	2.8%
Poisoning	86	171	\$84,771	0.6%
Spinal Cord Injury [227.]	9	14	\$751	0.0%
	---	---	\$14,014,122	100.0%

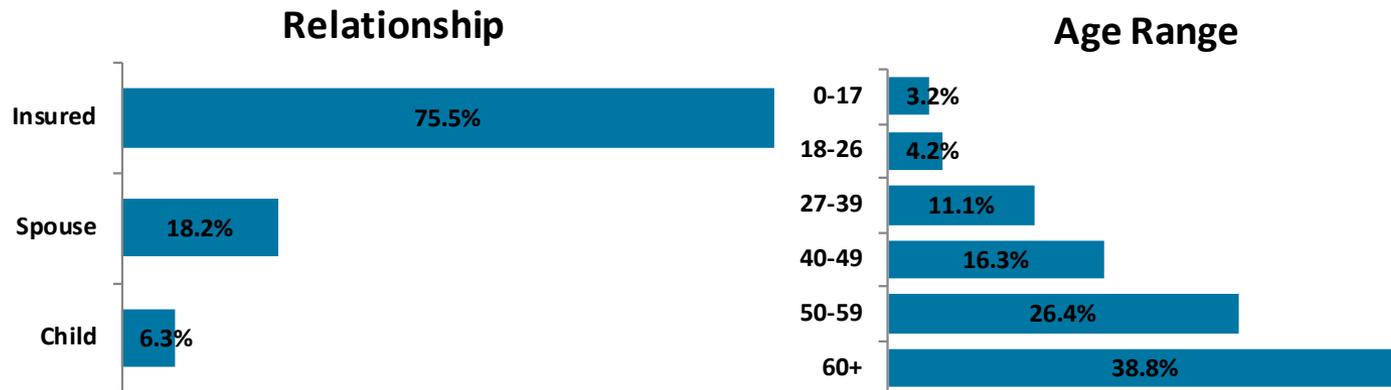
*Patient and claim counts are unique only within the category



AHRQ Category – Diseases of the Circulatory System

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Diseases Of The Heart	3,282	12,880	\$7,970,794	65.5%
Hypertension	3,445	7,452	\$1,377,932	11.3%
Cerebrovascular Disease	356	1,623	\$1,377,801	11.3%
Diseases Of Veins And Lymphatics	640	1,921	\$884,250	7.3%
Diseases Of Arteries; Arterioles; And Capillaries	1,065	1,904	\$559,261	4.6%
Overall	----	----	\$12,170,039	100.0%

*Patient and claim counts are unique only within the category

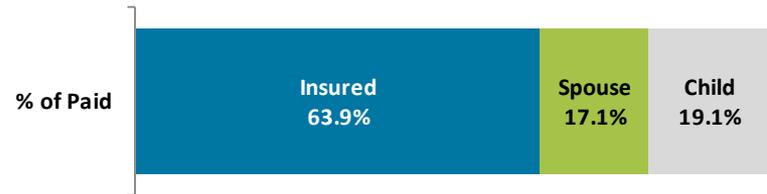
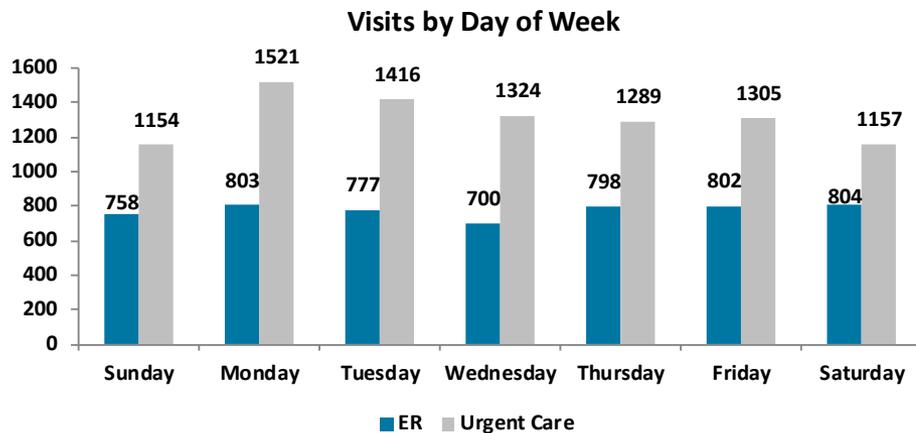


Emergency Room / Urgent Care Summary

ER/Urgent Care	3Q19		3Q20		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	5,179	7,442	5,442	9,166		
Number of Admits	813	---	795	---		
Visits Per Member	0.16	0.23	0.17	0.29	0.17	0.24
Visits/1000 Members	162	232	169	285	174	242
Avg Paid Per Visit	\$1,886	\$36	\$2,179	\$47	\$1,684	\$74
Admits per Visit	0.16	---	0.15	---	0.14	
% of Visits with HSB ER Dx	76.8%	---	76.9%	---		
% of Visits with a Physician OV*	77.5%	73.0%	77.6%	73.2%		
Total Plan Paid	\$9,767,091	\$269,685	\$11,856,611	\$428,802		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized

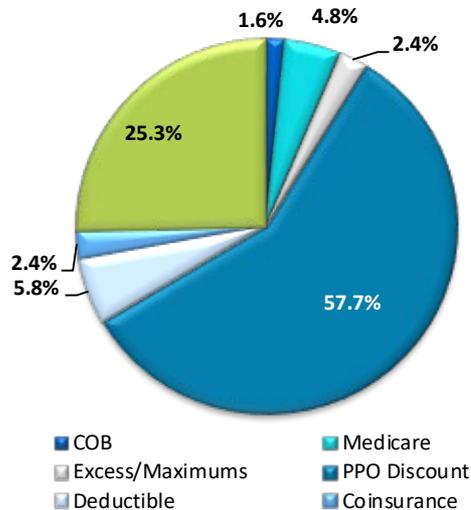


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	3,138	133	5,422	229	8,560	362
Spouse	855	154	1,016	183	1,871	338
Child	1,449	106	2,728	200	4,177	306
Total	5,442	127	9,166	214	14,608	341

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$428,919,450	\$2,015	100.0%
COB	\$6,707,733	\$32	1.6%
Medicare	\$20,419,397	\$96	4.8%
Excess/Maximums	\$10,432,679	\$49	2.4%
PPO Discount	\$247,519,845	\$1,163	57.7%
Deductible	\$24,791,228	\$116	5.8%
Coinsurance	\$10,354,663	\$49	2.4%
Total Participant Paid	\$35,145,891	\$165	8.2%
Total Plan Paid	\$108,693,905	\$511	25.3%

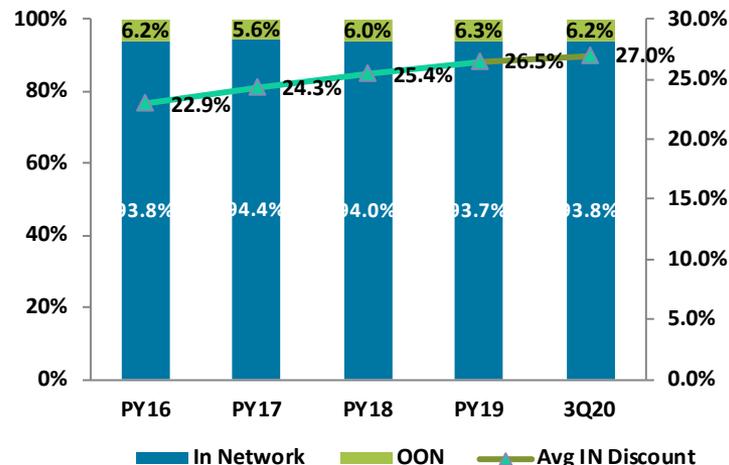
Total Participant Paid - PY19	\$141
Total Plan Paid - PY19	\$471



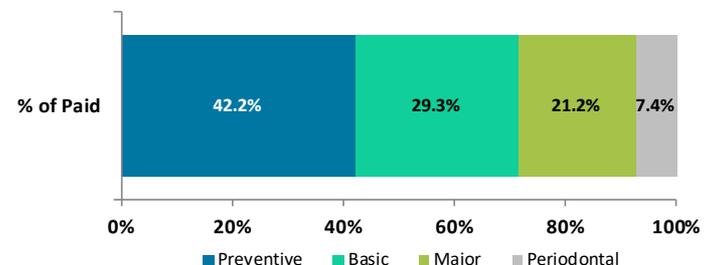
Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	% of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	5,106	7.4%	22,495	21.0%	\$7,693,658	39.6%	\$4,935,573	53.2%
\$750.01-\$1,000.00	2,214	3.2%	7,993	7.5%	\$1,965,168	10.1%	\$1,098,852	11.8%
\$500.01-\$750.00	3,763	5.5%	12,053	11.2%	\$2,377,786	12.2%	\$1,227,100	13.2%
\$250.01-\$500.00	12,201	17.8%	31,993	29.8%	\$4,214,710	21.7%	\$1,099,484	11.8%
\$0.01-\$250.00	20,814	30.3%	32,109	29.9%	\$3,184,594	16.4%	\$896,536	9.7%
\$0.00	525	0.8%	620	0.6%	\$0	0.0%	\$26,510	0.3%
No Claims	24,057	35.0%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	68,680	100.0%	107,263	100.0%	\$19,435,917	100.0%	\$9,284,055	100.0%

Network Performance



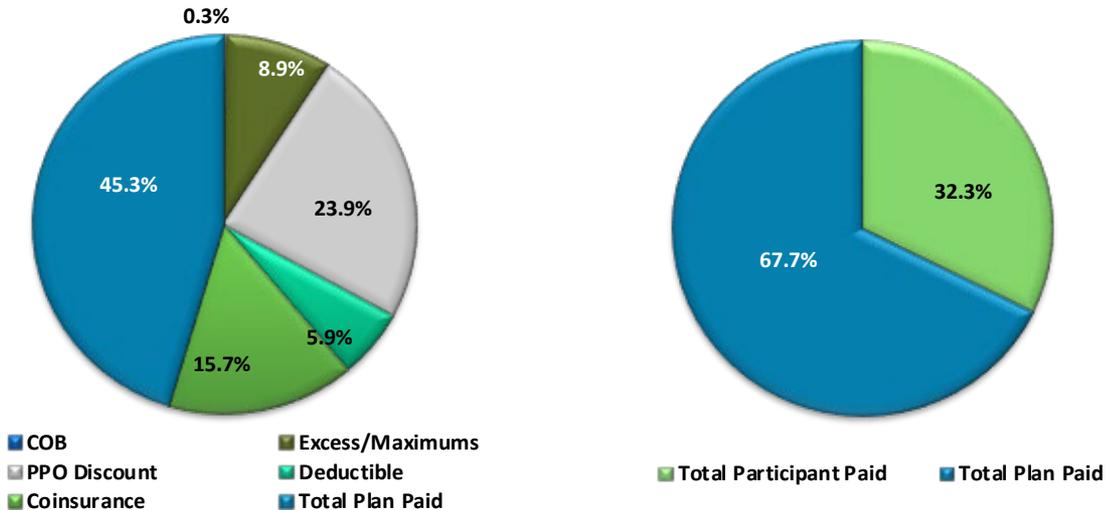
Claim Category	Total Paid	% of Paid
Preventive	\$8,193,291	42.2%
Basic	\$5,695,162	29.3%
Major	\$4,115,737	21.2%
Periodontal	\$1,431,727	7.4%
Total	\$19,435,917	100.0%



Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$42,860,659	\$69	100.0%
COB	\$107,404	\$0	0.3%
Excess/Maximums	\$3,809,435	\$6	8.9%
PPO Discount	\$10,223,848	\$17	23.9%
Deductible	\$2,536,084	\$4	5.9%
Coinsurance	\$6,747,971	\$11	15.7%
Total Participant Paid	\$9,284,055	\$15	21.7%
Total Plan Paid	\$19,435,917	\$31	45.3%

Total Participant Paid - PY19	\$14
Total Plan Paid - PY19	\$30



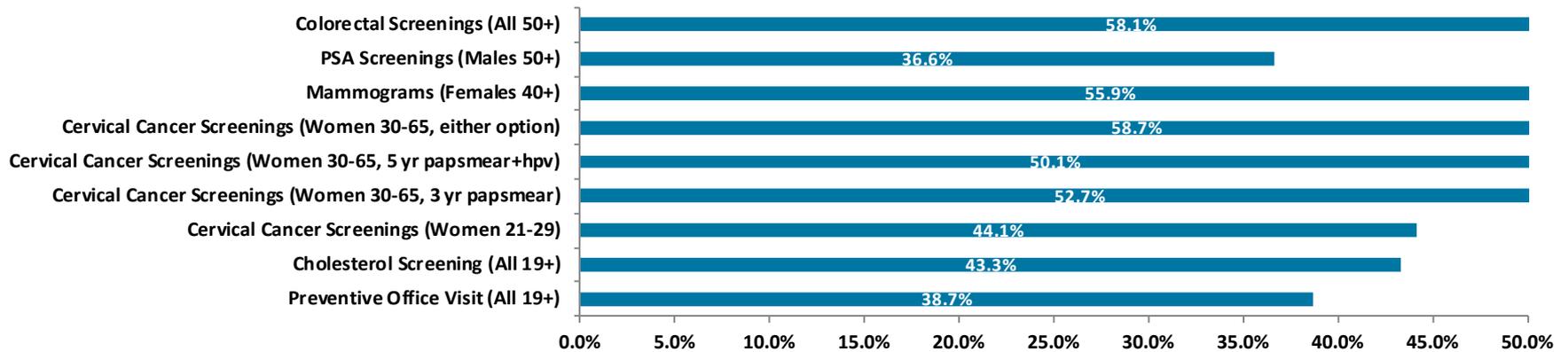
Preventive Services Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Colorectal screenings look back to July 2011.

Service	Female			Male			Total		
	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant
Preventive Office Visit (All 19+)	17,146	8,642	50.4%	15,036	3,804	25.3%	32,182	12,446	38.7%
Cholesterol Screening (All 19+)	17,146	8,059	47.0%	15,036	5,879	39.1%	32,182	13,938	43.3%
Cervical Cancer Screenings (Women 21-29)	2,716	1,198	44.1%	----	----	----	2,716	1,198	44.1%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	12,933	6,816	52.7%	----	----	----	12,933	6,816	52.7%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	12,933	6,479	50.1%	----	----	----	12,933	6,479	50.1%
Cervical Cancer Screenings (Women 30-65, either option)	12,933	7,592	58.7%	----	----	----	12,933	7,592	58.7%
Mammograms (Females 40+)	10,644	5,950	55.9%	----	----	----	10,644	5,950	55.9%
PSA Screenings (Males 50+)	----	----	----	6,371	2,332	36.6%	6,371	2,332	36.6%
Colorectal Screenings (All 50+)	7,380	4,443	60.2%	6,371	3,549	55.7%	13,751	7,991	58.1%

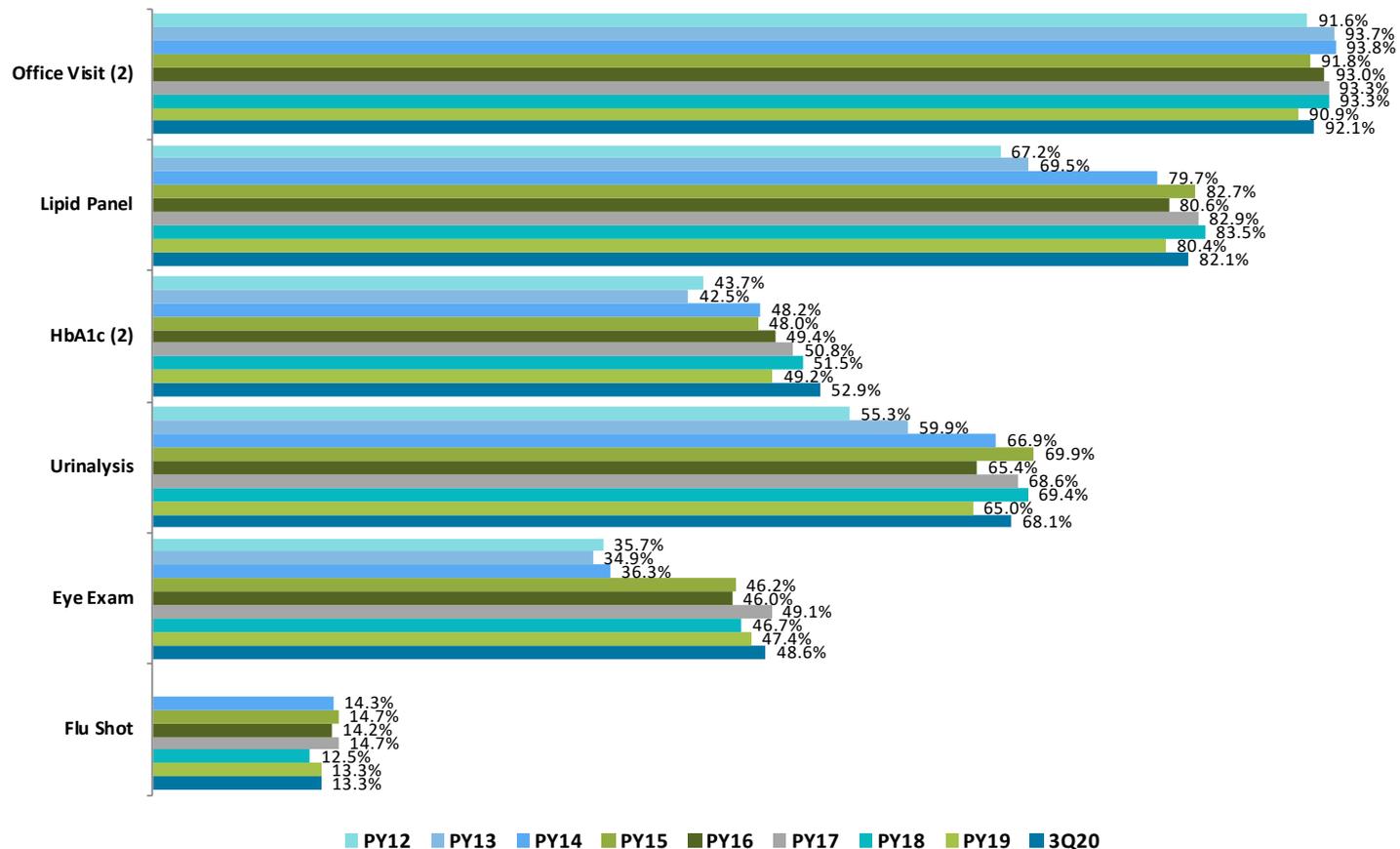
Overall Preventive Services Compliance Rates



Diabetic Disease Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Diabetic Population									
Year	PY12	PY13	PY14	PY15	PY16	PY17	PY18	PY19	3Q20
Members	1,651	1,643	1,555	1,676	1,693	1,704	1,747	1,838	1,919



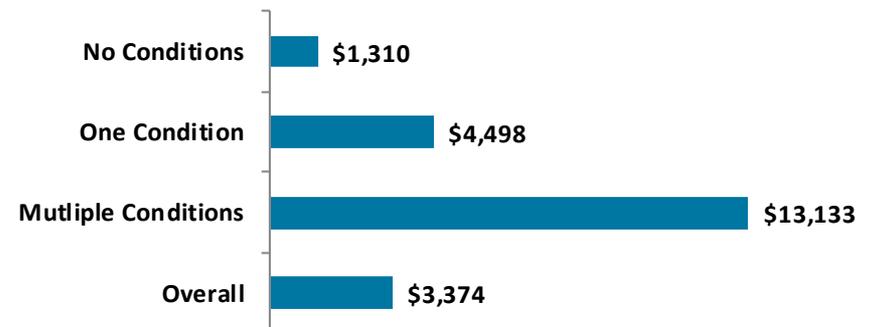
Chronic Conditions Summary

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Condition	Total Members	Avg Members	Per 1,000	Avg Age	Total Cost	Average Cost	Compliance Rate	Compliance Measure
Asthma	1,223	1,146	29	37	\$8,234,424	\$6,733	99.3%	1 Office Visit
Cancer	1,396	1,318	33	59	\$29,834,878	\$21,372	----	----
Chronic Kidney Disease	348	324	8	60	\$8,319,464	\$23,907	----	----
Chronic Obstructive Pulmonary Disease (COPD)	287	268	7	59	\$8,581,897	\$29,902	96.9%	1 Office Visit
Congestive Heart Failure (CHF)	155	140	4	62	\$13,802,312	\$89,047	16.8%	1 Office Visit, 1 Lipid Profile, 1 WellNess Visit
Coronary Artery Disease (CAD)	667	630	16	63	\$17,456,593	\$26,172	26.2%	1 Office Visit, 1 Lipid Profile, 1 WellNess Visit
Depression	1,571	1,453	37	40	\$17,491,602	\$11,134	95.7%	1 Office Visit
Diabetes	1,919	1,796	45	56	\$17,698,260	\$9,223	23.0%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	3,467	3,311	81	54	\$23,538,644	\$6,789	43.4%	1 Office Visit, 1 Lipid Profile, 1 WellNess Visit
Hypertension	3,859	3,651	90	57	\$39,394,184	\$10,208	29.3%	1 Office Visit, 1 Lipid Profile, 1 WellNess Visit
Obesity	941	890	22	44	\$6,085,297	\$6,467	----	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	28,815	31	46.9%	11.8%	41.3%
One Condition	8,896	46	70.1%	16.4%	13.5%
Multiple Conditions	5,068	55	78.4%	18.7%	2.9%
Overall	42,778	36	54.6%	13.4%	32.0%

Cost per Member Type



**Public Employees' Benefits Program - RX Costs
PY 2020 - Quarter Ending March 31, 2020**

Express Scripts

3Q FY2020		3Q FY2019	Difference	% Change
Membership Summary				
Member Count (Membership)	42,840	42,734	106	0.2%
Utilizing Member Count (Patients)	29,403	28,660	743	2.6%
Percent Utilizing (Utilization)	68.6%	67.1%	0.02	2.3%
Claim Summary				
Net Claims (Total Rx's)	400,963	373,018	27,945	7.5%
Claims per Elig Member per Month (Claims PMPM)	1.04	0.97	0.07	7.2%
Total Claims for Generic (Generic Rx)	347,815	321,911	25,904.00	8.0%
Total Claims for Brand (Brand Rx)	53,148	51,107	2,041.00	4.0%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	6,089	5,948	141.00	2.4%
Total Non-Specialty Claims	396,299	368,641	27,658.00	7.5%
Total Specialty Claims	4,664	4,377	287.00	6.6%
Generic % of Total Claims (GFR)	86.7%	86.3%	0.00	0.5%
Generic Effective Rate (GCR)	98.3%	98.2%	0.00	0.1%
Mail Order Claims	70,684	48,106	22,578.00	46.9%
Mail Penetration Rate*	20.2%	14.8%	0.05	5.4%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$37,241,356.00	\$35,207,594.00	\$2,033,762.00	5.8%
Total Generic Gross Cost	\$6,146,701.00	\$7,131,883.00	(\$985,182.00)	-13.8%
Total Brand Gross Cost	\$31,094,655.00	\$28,075,711.00	\$3,018,944.00	10.8%
Total MSB Gross Cost	\$1,250,878.00	\$911,860.00	\$339,018.00	37.2%
Total Ingredient Cost	\$36,950,924.00	\$34,916,192.00	\$2,034,732.00	5.8%
Total Dispensing Fee	\$275,882.00	\$280,020.00	(\$4,138.00)	-1.5%
Total Other (e.g. tax)	\$14,550.00	\$11,382.00	\$3,168.00	27.8%
Avg Total Cost per Claim (Gross Cost/Rx)	\$92.88	\$94.39	(\$1.51)	-1.6%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$17.67	\$22.15	(\$4.48)	-20.2%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$585.06	\$549.35	\$35.71	6.5%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$205.43	\$153.31	\$52.12	34.0%
Member Cost Summary				
Total Member Cost	\$10,463,349.00	\$7,938,326.00	\$2,525,023.00	31.8%
Total Copay	\$5,278,052.00	\$3,504,617.00	\$1,773,435.00	50.6%
Total Deductible	\$5,185,297.00	\$4,433,709.00	\$751,588.00	17.0%
Avg Copay per Claim (Copay/Rx)	\$13.16	\$9.40	\$3.77	40.1%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$26.10	\$21.28	\$4.81	22.6%
Avg Copay for Generic (Copay/Generic Rx)	\$9.15	\$9.97	(\$0.82)	-8.2%
Avg Copay for Brand (Copay/Brand Rx)	\$136.99	\$92.53	\$44.46	48.0%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$74.28	\$70.74	\$3.54	5.0%
Net PMPM (Participant Cost PMPM)	\$27.14	\$20.64	\$6.50	31.5%
Copay % of Total Prescription Cost (Member Cost Share %)	28.1%	22.5%	5.5%	24.6%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$26,778,006.00	\$27,269,268.00	(\$491,262.00)	-1.8%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$9,938,042.00	\$11,030,325.00	(\$1,092,283.00)	-9.9%
Total Specialty Drug Cost (Specialty Plan Cost)	\$16,839,964.00	\$16,238,942.00	\$601,022.00	3.7%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$66.78	\$73.10	(\$6.32)	-8.6%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$8.52	\$12.19	(\$3.67)	-30.1%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$448.06	\$456.82	(\$8.76)	-1.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$131.15	\$82.57	\$48.58	58.8%
Net PMPM (Plan Cost PMPM)	\$69.45	\$70.90	(\$1.45)	-2.0%
PMPM for Specialty Only (Specialty PMPM)	\$43.68	\$42.22	\$1.46	3.5%
PMPM without Specialty (Non-Specialty PMPM)	\$25.78	\$28.68	(\$2.90)	-10.1%
Rebates (Q1-Q3 FY2020 estimated)	\$6,993,596.22	\$6,067,574.80	\$926,021.42	15.3%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$51.25	\$55.14	(\$3.88)	-7.0%
PMPM for Specialty Only (Specialty PMPM)	\$37.66	\$37.63	\$0.03	0.1%
PMPM without Specialty (Non-Specialty PMPM)	\$13.59	\$17.51	(\$3.92)	-22.4%

Appendix B

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July 2019 – March 2020

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 3Q20 was \$38,199,199 with an annualized plan cost per employee per year of \$10,599. This is an increase of 21.2% when compared to PY19.
 - IP Cost per Admit is \$13,055 which is 36.0% lower than PY19.
 - ER Cost per Visit is \$2,609 which is on track with PY19.
- Employees shared in 9.6% of the medical cost.
- Inpatient facility costs were 19.0% of the plan spend.
- 72.7% of the Average Membership had paid Medical claims less than \$2,500, with 10.6% of those having no claims paid at all during the reporting period.
- 35 members exceeded the \$100k high cost threshold during the reporting period, which accounted for 16.5% of the plan spend. The highest diagnosis category was Neoplasms, accounting for 15.8% of the high cost claimant dollars.
- Total spending with in-network providers was 97.3%. The overall in-network discount was 57.9%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	PY19				3Q20				% Change					
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,874,215	\$ 1,698	\$ 9,149	\$ 8	\$ 1,883,364	\$ 1,706	\$ 1,550,690	\$ 1,538	\$ 34,773	\$ 34	\$ 1,585,463	\$ 1,573	-15.8%	-7.8%
1	\$ 264,791	\$ 245	\$ 14,535	\$ 13	\$ 279,326	\$ 259	\$ 258,450	\$ 312	\$ 9,325	\$ 11	\$ 267,775	\$ 323	-4.1%	25.0%
2 - 4	\$ 372,210	\$ 117	\$ 14,845	\$ 5	\$ 387,055	\$ 122	\$ 417,928	\$ 160	\$ 17,226	\$ 7	\$ 435,154	\$ 166	12.4%	36.5%
5 - 9	\$ 502,906	\$ 81	\$ 95,811	\$ 16	\$ 598,717	\$ 97	\$ 577,460	\$ 123	\$ 101,893	\$ 22	\$ 679,353	\$ 145	13.5%	49.8%
10 - 14	\$ 1,277,258	\$ 167	\$ 244,065	\$ 32	\$ 1,521,323	\$ 198	\$ 1,140,369	\$ 195	\$ 197,376	\$ 34	\$ 1,337,745	\$ 229	-12.1%	15.4%
15 - 19	\$ 1,537,283	\$ 186	\$ 292,943	\$ 35	\$ 1,830,226	\$ 222	\$ 1,999,570	\$ 310	\$ 284,789	\$ 44	\$ 2,284,359	\$ 354	24.8%	59.9%
20 - 24	\$ 1,082,265	\$ 156	\$ 409,392	\$ 59	\$ 1,491,657	\$ 215	\$ 1,493,670	\$ 270	\$ 422,433	\$ 76	\$ 1,916,103	\$ 346	28.5%	60.7%
25 - 29	\$ 1,215,987	\$ 295	\$ 301,168	\$ 73	\$ 1,517,155	\$ 369	\$ 1,098,141	\$ 325	\$ 291,025	\$ 86	\$ 1,389,166	\$ 412	-8.4%	11.7%
30 - 34	\$ 2,784,920	\$ 515	\$ 341,212	\$ 63	\$ 3,126,132	\$ 578	\$ 1,900,017	\$ 435	\$ 281,313	\$ 64	\$ 2,181,330	\$ 500	-30.2%	-13.5%
35 - 39	\$ 2,361,827	\$ 366	\$ 734,028	\$ 114	\$ 3,095,855	\$ 480	\$ 2,790,735	\$ 545	\$ 644,074	\$ 126	\$ 3,434,809	\$ 671	10.9%	39.9%
40 - 44	\$ 2,437,647	\$ 381	\$ 784,468	\$ 123	\$ 3,222,115	\$ 504	\$ 2,234,457	\$ 442	\$ 1,076,982	\$ 213	\$ 3,311,439	\$ 655	2.8%	30.0%
45 - 49	\$ 2,770,287	\$ 331	\$ 1,525,758	\$ 182	\$ 4,296,045	\$ 513	\$ 3,281,830	\$ 511	\$ 1,142,389	\$ 178	\$ 4,424,219	\$ 688	3.0%	34.2%
50 - 54	\$ 5,152,391	\$ 559	\$ 2,107,261	\$ 229	\$ 7,259,652	\$ 788	\$ 4,114,440	\$ 575	\$ 1,809,508	\$ 253	\$ 5,923,948	\$ 828	-18.4%	5.1%
55 - 59	\$ 5,436,354	\$ 503	\$ 2,751,284	\$ 254	\$ 8,187,638	\$ 757	\$ 5,698,392	\$ 708	\$ 2,603,855	\$ 324	\$ 8,302,247	\$ 1,032	1.4%	36.3%
60 - 64	\$ 9,774,054	\$ 815	\$ 3,034,480	\$ 253	\$ 12,808,534	\$ 1,067	\$ 7,171,198	\$ 803	\$ 3,239,439	\$ 363	\$ 10,410,637	\$ 1,166	-18.7%	9.2%
65+	\$ 1,920,336	\$ 395	\$ 1,343,189	\$ 276	\$ 3,263,525	\$ 672	\$ 2,471,850	\$ 678	\$ 1,229,804	\$ 337	\$ 3,701,654	\$ 1,016	13.4%	51.2%
Total	\$ 40,764,731	\$ 400	\$ 14,003,588	\$ 137	\$54,768,319	\$ 537	\$ 38,199,199	\$ 483	\$ 13,386,205	\$ 169	\$ 51,585,402	\$ 652	-5.8%	21.5%

Financial Summary (p. 1 of 2)

Summary	Total			State Active			Non-State Active		
	PY19	3Q20	Variance to Prior Year	PY19	3Q20	Variance to Prior Year	PY19	3Q20	Variance to Prior Year
Enrollment									
Avg # Employees	4,653	4,806	3.3%	3,878	4,060	4.7%	4	4	0.0%
Avg # Members	8,488	8,787	3.5%	7,445	7,777	4.5%	5	5	0.0%
Ratio	1.8	1.8	0.5%	1.9	1.9	0.0%	1.3	1.3	0.0%
Financial Summary									
Gross Cost	\$45,094,672	\$42,277,795	-6.2%	\$35,711,039	\$35,353,224	-1.0%	\$45,961	\$50,833	10.6%
Client Paid	\$40,764,731	\$38,199,199	-6.3%	\$32,097,283	\$31,941,420	-0.5%	\$40,931	\$46,051	12.5%
Employee Paid	\$4,329,941	\$4,078,597	-5.8%	\$3,613,757	\$3,411,804	-5.6%	\$5,030	\$4,782	-4.9%
Client Paid-PEPY	\$8,745	\$10,599	21.2%	\$8,277	\$10,491	26.7%	\$10,233	\$15,350	50.0%
Client Paid-PMPY	\$4,794	\$5,796	20.9%	\$4,311	\$5,476	27.0%	\$8,186	\$12,280	50.0%
Client Paid-PEPM	\$729	\$883	21.1%	\$690	\$874	26.7%	\$853	\$1,279	49.9%
Client Paid-PMPM	\$400	\$483	20.8%	\$359	\$456	27.0%	\$682	\$1,023	50.0%
High Cost Claimants (HCC's) > \$100k									
# of HCC's	39	35	-10.3%	27	28	3.7%	0	0	0.0%
HCC's / 1,000	4.6	4.0	-13.4%	3.6	3.6	-0.7%	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$180,354	-34.3%	\$246,453	\$163,867	-33.5%	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	16.5%	-37.3%	20.7%	14.4%	-30.4%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,218	\$1,099	-9.8%	\$944	\$1,001	6.0%	\$3,360	\$3,904	16.2%
Facility Outpatient	\$1,506	\$1,869	24.1%	\$1,395	\$1,761	26.2%	\$1,369	\$1,746	27.5%
Physician	\$1,923	\$2,630	36.8%	\$1,844	\$2,548	38.2%	\$3,030	\$6,426	112.1%
Other	\$148	\$198	33.8%	\$127	\$165	29.9%	\$427	\$204	-52.2%
Total	\$4,794	\$5,796	20.9%	\$4,311	\$5,476	27.0%	\$8,186	\$12,280	50.0%
		Annualized			Annualized			Annualized	

Financial Summary (p. 2 of 2)

	State Retirees			Non-State Retirees			
Summary	PY19	3Q20	Variance to Prior Year	PY19	3Q20	Variance to Prior Year	HSB Peer Index
Enrollment							
Avg # Employees	599	591	-1.3%	181	151	-16.4%	
Avg # Members	826	813	-1.5%	227	191	-15.6%	
Ratio	1.4	1.4	0.0%	1.3	1.3	0.8%	1.8
Financial Summary							
Gross Cost	\$7,418,807	\$6,105,347	-17.7%	\$1,918,864	\$768,391	-60.0%	
Client Paid	\$6,863,148	\$5,556,654	-19.0%	\$1,763,370	\$655,074	-62.9%	
Employee Paid	\$555,659	\$548,693	-1.3%	\$155,495	\$113,318	-27.1%	
Client Paid-PEPY	\$11,461	\$12,534	9.4%	\$9,769	\$5,789	-40.7%	\$6,209
Client Paid-PMPY	\$8,313	\$9,109	9.6%	\$7,777	\$4,562	-41.3%	\$3,437
Client Paid-PEPM	\$955	\$1,044	9.3%	\$814	\$482	-40.8%	\$517
Client Paid-PMPM	\$693	\$759	9.5%	\$648	\$380	-41.4%	\$286
High Cost Claimants (HCC's) > \$100k							
# of HCC's	9	12	33.3%	3	0	0.0%	
HCC's / 1,000	10.9	14.8	35.3%	13.2	0.0	0.0%	
Avg HCC Paid	\$339,256	\$143,676	-57.6%	\$334,114	\$0	0.0%	
HCC's % of Plan Paid	44.5%	31.0%	-30.3%	56.8%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)							
Facility Inpatient	\$3,028	\$2,120	-30.0%	\$3,554	\$647	-81.8%	\$1,057
Facility Outpatient	\$2,243	\$3,056	36.2%	\$2,477	\$1,221	-50.7%	\$1,145
Physician	\$2,713	\$3,432	26.5%	\$1,587	\$2,438	53.6%	\$1,122
Other	\$328	\$502	53.0%	\$158	\$256	62.0%	\$113
Total	\$8,313	\$9,109	9.6%	\$7,777	\$4,562	-41.3%	\$3,437
	Annualized			Annualized			

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	PY19				3Q20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change	
Medical										
Inpatient	\$ 8,762,274	\$ 2,599,386	\$ 160,727	\$ 11,522,387	\$ 7,701,769	\$ 1,204,716	\$ 377,971	\$ 9,284,456		-19.4%
Outpatient	\$ 23,335,008	\$ 3,620,613	\$ 482,422	\$ 27,438,043	\$ 24,239,651	\$ 3,283,466	\$ 690,501	\$ 28,213,618		2.8%
Total - Medical	\$ 32,097,283	\$ 6,219,999	\$ 643,149	\$ 38,960,431	\$ 31,941,420	\$ 4,488,182	\$ 1,068,472	\$ 37,498,074		-3.8%

Net Paid Claims - Per Participant per Month										
	PY19				3Q20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change	
Medical	\$ 690	\$ 1,018	\$ 596	\$ 725	\$ 874	\$ 987	\$ 1,382	\$ 896		23.5%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total									
Non-State Participants									
	PY19				3Q20				%
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 23,542	\$ 854,839	\$ 10,077	\$ 888,459	\$ 22,498	\$ 42,373	\$ 74,741	\$ 139,612	-84.3%
Outpatient	\$ 17,389	\$ 754,444	\$ 144,009	\$ 915,842	\$ 23,553	\$ 451,178	\$ 86,782	\$ 561,513	-38.7%
Total - Medical	\$ 40,931	\$ 1,609,283	\$ 154,087	\$ 1,804,301	\$ 46,051	\$ 493,551	\$ 161,523	\$ 701,124	-61.1%

Net Paid Claims - Per Participant per Month									
	PY19				3Q20				%
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 853	\$ 1,048	\$ 242	\$ 813	\$ 1,279	\$ 563	\$ 336	\$ 503	-38.1%

Paid Claims by Claim Type – Total

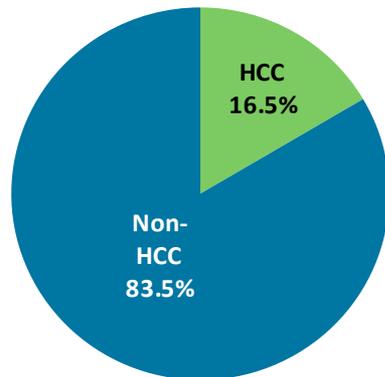
Net Paid Claims - Total										
Total Participants										
	PY19				3Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,785,816	\$ 3,454,225	\$ 170,805	\$ 12,410,846	\$ 7,724,267	\$ 1,247,089	\$ 452,712	\$ 9,424,068	-24.1%	
Outpatient	\$ 23,352,397	\$ 4,375,057	\$ 626,431	\$ 28,353,885	\$ 24,263,204	\$ 3,734,644	\$ 777,283	\$ 28,775,131	1.5%	
Total - Medical	\$ 32,138,214	\$ 7,829,282	\$ 797,236	\$ 40,764,731	\$ 31,987,471	\$ 4,981,733	\$ 1,229,995	\$ 38,199,199	-6.3%	

Net Paid Claims - Per Participant per Month										
	PY19				3Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 690	\$ 1,024	\$ 465	\$ 729	\$ 875	\$ 918	\$ 981	\$ 883	21.2%	

Cost Distribution – Medical Claims

PY19						3Q20						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
32	0.4%	\$10,660,448	26.2%	\$223,955	5.2%	\$100,000.01 Plus	31	0.4%	\$6,311,716	16.5%	\$176,755	4.3%
63	0.7%	\$4,489,989	11.0%	\$285,075	6.6%	\$50,000.01-\$100,000.00	61	0.7%	\$4,231,671	11.1%	\$205,798	5.0%
148	1.7%	\$5,378,700	13.2%	\$370,909	8.6%	\$25,000.01-\$50,000.00	175	2.0%	\$6,324,765	16.6%	\$444,065	10.9%
489	5.7%	\$7,901,863	19.4%	\$770,638	17.8%	\$10,000.01-\$25,000.00	535	6.1%	\$8,454,387	22.1%	\$776,277	19.0%
592	7.0%	\$4,367,753	10.7%	\$713,266	16.5%	\$5,000.01-\$10,000.00	605	6.9%	\$4,510,798	11.8%	\$612,142	15.0%
935	11.0%	\$3,470,368	8.5%	\$766,356	17.7%	\$2,500.01-\$5,000.00	997	11.3%	\$3,679,697	9.6%	\$750,958	18.4%
5,310	62.5%	\$4,495,610	11.0%	\$1,195,579	27.6%	\$0.01-\$2,500.00	5,428	61.8%	\$4,686,166	12.3%	\$1,100,852	27.1%
16	0.2%	\$0	0.0%	\$4,162	0.1%	\$0.00	24	0.3%	\$0	0.0%	\$11,750	0.3%
918	10.8%	\$0	0.0%	\$0	0.0%	No Claims	933	10.6%	\$0	0.0%	\$0	0.0%
8,503	100.0%	\$40,764,731	100.0%	\$4,329,941	100.0%		8,787	100.0%	\$38,199,199	100.0%	\$4,078,597	100.0%

Distribution of HCC Medical Claims Paid



HCC – High Cost Claimant over \$100K

HCC's by AHRQ Clinical Classifications Chapter			
AHRQ Chapter	Patients	Total Paid	% Paid
(CCS 2) Neoplasms	15	\$1,000,296	15.8%
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	20	\$749,923	11.9%
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	21	\$719,753	11.4%
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	10	\$564,353	8.9%
(CCS 16) Injury And Poisoning	21	\$546,027	8.7%
(CCS 15) Certain Conditions Originating In The Perinatal Period	2	\$527,197	8.4%
(CCS 6) Diseases Of The Nervous System And Sense Organs	26	\$440,960	7.0%
(CCS 10) Diseases Of The Genitourinary System	17	\$369,963	5.9%
(CCS 8) Diseases Of The Respiratory System	28	\$367,623	5.8%
(CCS 5) Mental Illness	16	\$309,164	4.9%
(CCS 9) Diseases Of The Digestive System	19	\$236,133	3.7%
(CCS 1) Infectious And Parasitic Diseases	16	\$180,227	2.9%
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	31	\$132,727	2.1%
(CCS 7) Diseases Of The Circulatory System	26	\$118,161	1.9%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	26	\$25,037	0.4%
(CCS 14) Congenital Anomalies	4	\$15,194	0.2%
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	11	\$8,978	0.1%
Overall	----	\$6,311,716	100.0%

Utilization Summary (p. 1 of 2)

Summary	Total			State Active			Non-State Active		
	PY19	3Q20	Variance to Prior Year	PY19	3Q20	Variance to Prior Year	PY19	3Q20	Variance to Prior Year
Inpatient Facility									
# of Admits	507	557	9.9%	441	473	7.3%	1	1	0.0%
# of Bed Days	2,491	2,489	-0.1%	2,026	2,068	2.1%	2	2	0.0%
Paid Per Admit	\$20,394	\$13,055	-36.0%	\$15,930	\$12,455	-21.8%	\$16,801	\$14,640	-12.9%
Paid Per Day	\$4,151	\$2,922	-29.6%	\$3,468	\$2,849	-17.8%	\$8,401	\$7,320	-12.9%
Admits Per 1,000	60	85	41.7%	59	81	37.3%	200	267	33.5%
Days Per 1,000	293	378	29.0%	272	355	30.5%	400	533	33.3%
Avg LOS	4.9	4.5	-8.2%	4.6	4.4	-4.3%	2	2	0.0%
Physician Office									
OV Utilization per Member	4.4	5.5	25.0%	4.2	5.3	26.2%	5.6	8.8	57.1%
Avg Paid per OV	\$94	\$101	7.4%	\$95	\$103	8.4%	\$105	\$91	-13.3%
Avg OV Paid per Member	\$410	\$555	35.4%	\$402	\$545	35.6%	\$587	\$803	36.8%
DX&L Utilization per Member	8.9	11.2	25.8%	8.4	10.6	26.2%	14	17.6	25.7%
Avg Paid per DX&L	\$78	\$72	-7.7%	\$75	\$74	-1.3%	\$106	\$105	-0.9%
Avg DX&L Paid per Member	\$690	\$810	17.4%	\$629	\$784	24.6%	\$1,491	\$1,851	24.1%
Emergency Room									
# of Visits	1,453	1,507	3.7%	1,261	1,291	2.4%	0	2	0.0%
# of Admits	192	232	20.8%	154	175	13.6%	0	0	0.0%
Visits Per Member	0.17	0.23	34.5%	0.17	0.22	30.2%	0	0.53	0.0%
Visits Per 1,000	171	229	33.7%	169	221	31.0%	0	533	0.0%
Avg Paid per Visit	\$2,608	\$2,609	0.0%	\$2,546	\$2,698	6.0%	\$0	\$2,405	0.0%
Admits Per Visit	0.13	0.15	18.4%	0.12	0.14	13.0%	0.00	0.00	0.0%
Urgent Care									
# of Visits	2,450	2,538	3.6%	2,232	2,325	4.2%	0	0	0.0%
Visits Per Member	0.29	0.39	32.8%	0.30	0.40	32.9%	0.00	0.00	0.0%
Visits Per 1,000	288	385	33.7%	300	399	32.9%	0	0	0.0%
Avg Paid per Visit	\$140	\$156	11.4%	\$140	\$161	14.7%	\$0	\$0	0.0%
	Annualized			Annualized			Annualized		

Utilization Summary (p. 2 of 2)

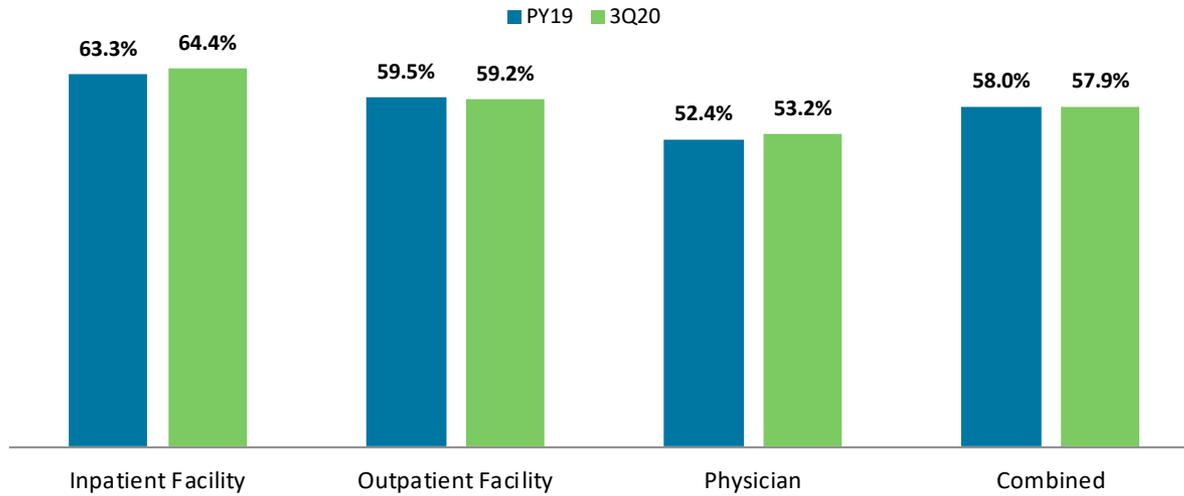
Summary	State Retirees			Non-State Retirees			HSB Peer Index
	PY19	3Q20	Variance to Prior Year	PY19	3Q20	Variance to Prior Year	
Inpatient Facility							
# of Admits	52	73	40.4%	13	10	-23.1%	
# of Bed Days	361	328	-9.1%	102	91	-10.8%	
Paid Per Admit	\$47,923	\$17,438	-63.6%	\$61,977	\$9,286	-85.0%	\$16,173
Paid Per Day	\$6,903	\$3,881	-43.8%	\$7,899	\$1,020	-87.1%	\$3,708
Admits Per 1,000	63	120	90.5%	57	70	22.8%	61
Days Per 1,000	437	538	23.1%	450	634	40.9%	264
Avg LOS	6.9	4.5	-34.8%	7.8	9.1	16.7%	4.3
Physician Office							
OV Utilization per Member	5.6	7.4	32.1%	5.0	6.7	34.0%	3.3
Avg Paid per OV	\$85	\$90	5.9%	\$86	\$78	-9.3%	\$50
Avg OV Paid per Member	\$473	\$665	40.6%	\$431	\$525	21.8%	\$167
DX&L Utilization per Member	12.1	15.9	31.4%	12.2	15.7	28.7%	8.3
Avg Paid per DX&L	\$88	\$64	-27.3%	\$104	\$60	-42.3%	\$67
Avg DX&L Paid per Member	\$1,069	\$1,020	-4.6%	\$1,274	\$933	-26.8%	\$554
Emergency Room							
# of Visits	158	188	19.0%	94	26	-72.3%	
# of Admits	30	53	76.7%	8	4	-50.0%	
Visits Per Member	0.19	0.31	62.2%	0.41	0.18	-56.1%	0.17
Visits Per 1,000	191	308	61.4%	415	181	-56.4%	174
Avg Paid per Visit	\$2,991	\$2,171	-27.4%	\$1,195	\$1,376	15.1%	\$1,684
Admits Per Visit	0.19	0.28	48.4%	0.09	0.15	66.7%	0.14
Urgent Care							
# of Visits	158	159	0.6%	60	54	-10.0%	
Visits Per Member	0.19	0.26	36.8%	0.26	0.38	46.2%	0.24
Visits Per 1,000	191	261	36.6%	265	376	41.9%	242
Avg Paid per Visit	\$154	\$161	4.5%	\$96	\$97	1.0%	\$74

Annualized

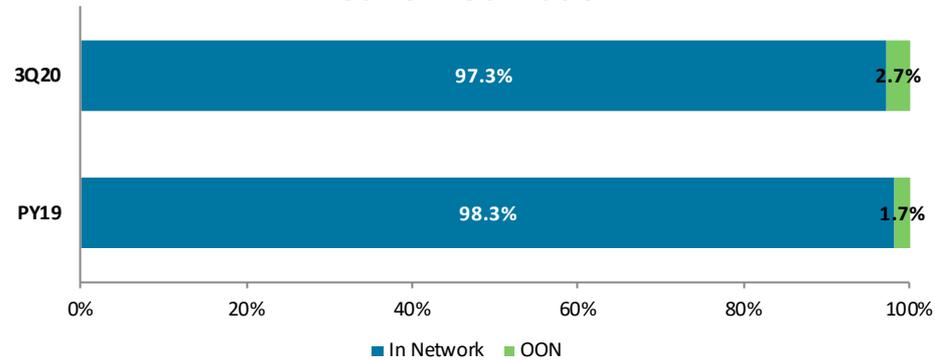
Annualized

Provider Network Summary

In Network Discounts



Network Utilization



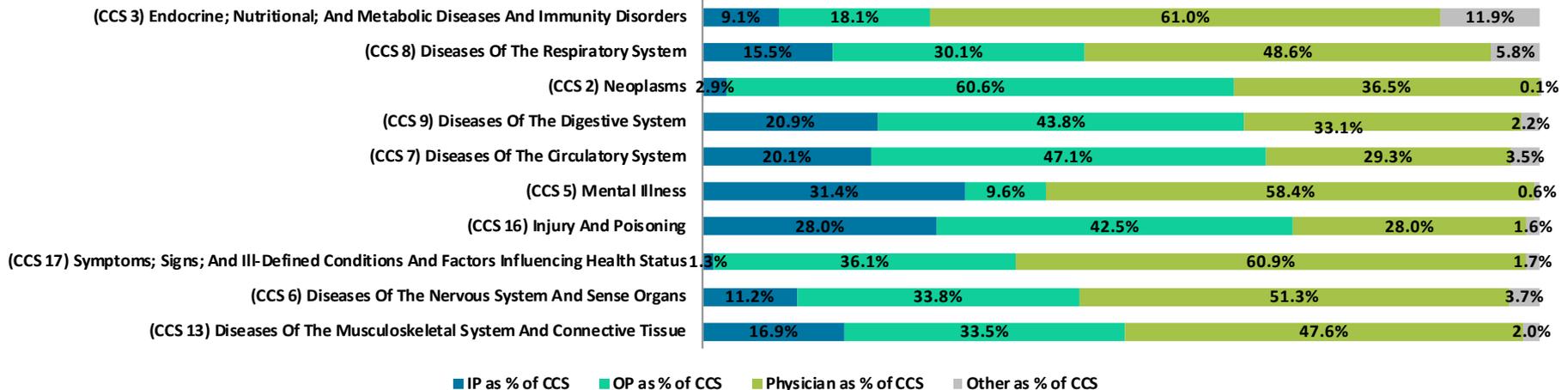
AHRQ* Clinical Classifications Summary



*Developed at the Agency for Healthcare Research and Quality (AHRQ), the Clinical Classifications Software (CCS) is a tool for clustering patient diagnoses and procedures into a manageable number of clinically meaningful categories.

AHRQ Clinical Classifications Chapter	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	\$5,605,975	14.7%	\$3,608,261	\$1,556,795	\$440,920	\$2,581,906	\$3,024,069
(CCS 6) Diseases Of The Nervous System And Sense Organs	\$3,102,941	8.1%	\$1,828,286	\$637,186	\$637,469	\$1,283,126	\$1,819,815
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health	\$3,061,990	8.0%	\$1,890,612	\$456,170	\$715,209	\$1,028,561	\$2,033,429
(CCS 16) Injury And Poisoning	\$2,843,164	7.4%	\$1,697,065	\$406,327	\$739,772	\$1,507,924	\$1,335,240
(CCS 5) Mental Illness	\$2,837,468	7.4%	\$1,547,792	\$276,855	\$1,012,821	\$932,221	\$1,905,247
(CCS 7) Diseases Of The Circulatory System	\$2,712,409	7.1%	\$2,051,462	\$490,176	\$170,771	\$1,374,588	\$1,337,822
(CCS 9) Diseases Of The Digestive System	\$2,674,580	7.0%	\$1,796,636	\$399,323	\$478,621	\$1,127,480	\$1,547,100
(CCS 2) Neoplasms	\$2,519,993	6.6%	\$1,965,269	\$492,392	\$62,333	\$602,166	\$1,917,827
(CCS 8) Diseases Of The Respiratory System	\$2,331,401	6.1%	\$1,455,075	\$199,348	\$676,978	\$1,040,896	\$1,290,505
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	\$2,319,193	6.1%	\$1,784,087	\$316,557	\$218,548	\$757,947	\$1,561,246
(CCS 10) Diseases Of The Genitourinary System	\$1,925,282	5.0%	\$1,480,920	\$266,116	\$178,246	\$657,573	\$1,267,709
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	\$1,501,055	3.9%	\$1,159,824	\$231,067	\$110,163	\$24,367	\$1,476,688
(CCS 1) Infectious And Parasitic Diseases	\$1,275,457	3.3%	\$657,995	\$133,346	\$484,117	\$609,872	\$665,585
(CCS 15) Certain Conditions Originating In The Perinatal Period	\$1,064,218	2.8%	\$9,750	\$225	\$1,054,243	\$293,212	\$771,006
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$841,953	2.2%	\$664,628	\$110,067	\$67,257	\$357,114	\$484,839
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	\$693,970	1.8%	\$107,199	\$571,116	\$15,656	\$22,886	\$671,084
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	\$598,748	1.6%	\$378,397	\$132,392	\$87,960	\$251,968	\$346,781
(CCS 14) Congenital Anomalies	\$289,401	0.8%	\$11,406	\$8,736	\$269,258	\$202,285	\$87,116
Total	\$38,199,199	100.0%	\$24,094,665	\$6,684,192	\$7,420,342	\$14,656,091	\$23,543,108

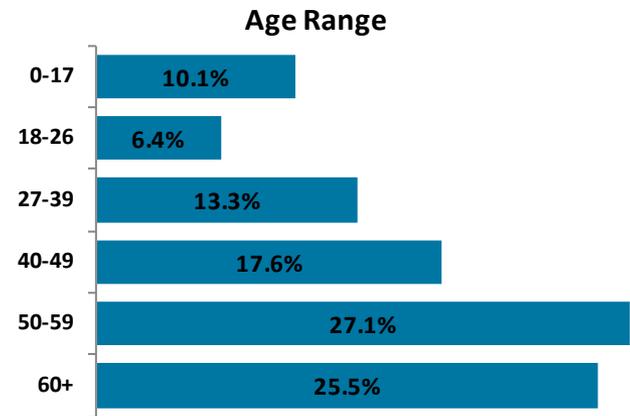
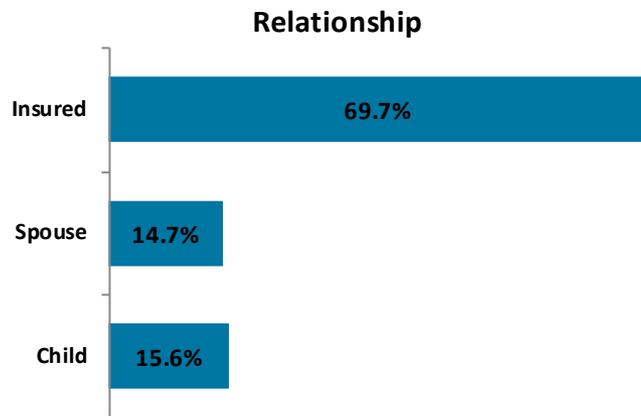
Top 10 Categories by Claim Type



AHRQ Category – Diseases of the Musculoskeletal System & Connective Tissue

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Spondylosis; Intervertebral Disc Disorders; Other Back Problems [205.]	1,220	8,464	\$2,352,836	42.0%
Non-Traumatic Joint Disorders	1,366	7,272	\$1,654,048	29.5%
Other Connective Tissue Disease [211.]	1,260	4,438	\$860,201	15.3%
Acquired Deformities	210	612	\$352,275	6.3%
Other Bone Disease And Musculoskeletal Deformities [212.]	455	1,934	\$231,831	4.1%
Osteoporosis [206.]	60	127	\$90,232	1.6%
Systemic Lupus Erythematosus And Connective Tissue Disorders [210.]	39	192	\$57,235	1.0%
Infective Arthritis And Osteomyelitis (Except That Caused By Tb Or Std) [201.]	8	47	\$4,810	0.1%
Pathological Fracture [207.]	5	6	\$2,506	0.0%
	----	----	\$5,605,975	100.0%

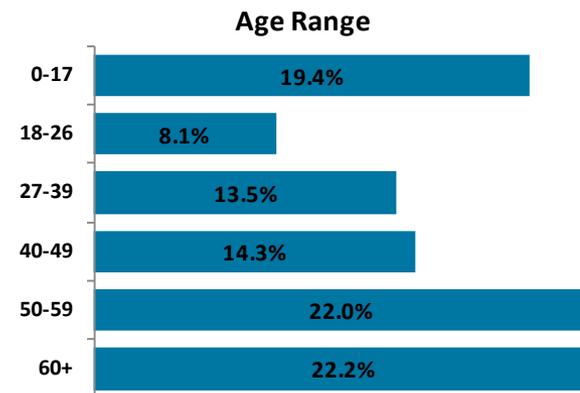
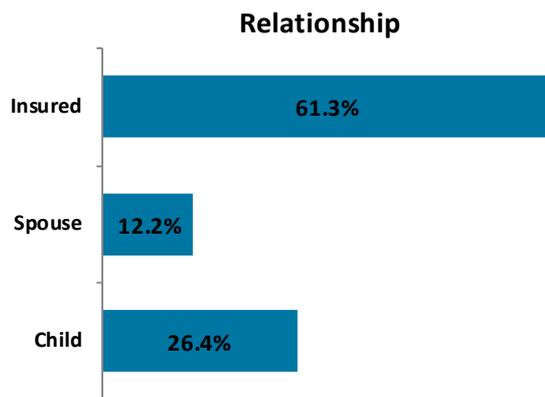
*Patient and claim counts are unique only within the category



AHRQ Category – Diseases of the Nervous System & Sense Organs

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Eye Disorders	2,735	5,121	\$915,954	29.5%
Other Nervous System Disorders [95.]	577	2,016	\$821,665	26.5%
Ear Conditions	761	1,504	\$355,343	11.5%
Headache; Including Migraine [84.]	382	966	\$311,984	10.1%
Epilepsy; Convulsions [83.]	88	387	\$248,943	8.0%
Hereditary And Degenerative Nervous System Conditions	86	305	\$209,741	6.8%
Paralysis [82.]	15	89	\$134,606	4.3%
Central Nervous System Infection	4	13	\$85,926	2.8%
Coma; Stupor; And Brain Damage [85.]	24	37	\$18,779	0.6%
	----	----	\$3,102,941	100.0%

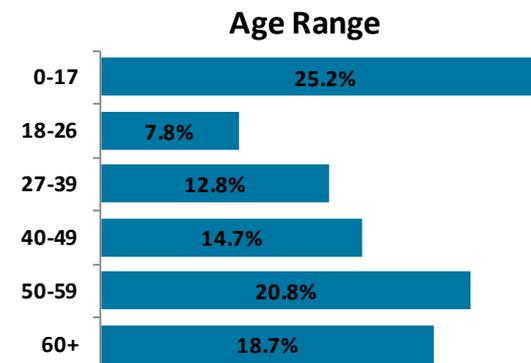
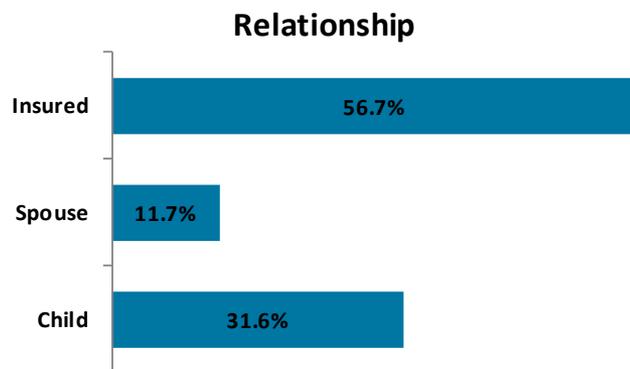
*Patient and claim counts are unique only within the category



AHRQ Category – Symptoms, Signs; and Ill-defined Conditions & Factors Inf Health

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Factors Influencing Health Care	5,087	13,134	\$2,009,529	65.6%
Symptoms; Signs; And Ill-Defined Conditions	1,672	3,857	\$1,052,462	34.4%
	----	----	\$3,061,990	100.0%

*Patient and claim counts are unique only within the category

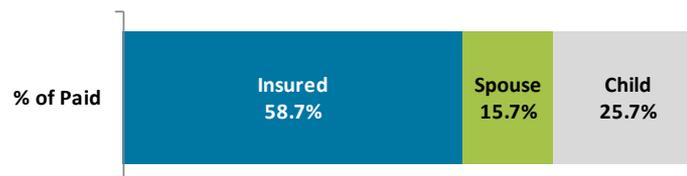
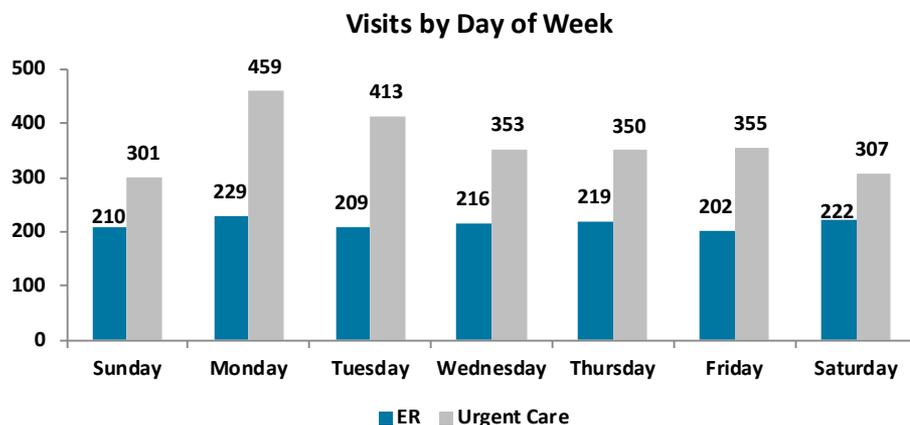


Emergency Room / Urgent Care Summary

ER/Urgent Care	PY19		3Q20		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,454	2,449	1,507	2,538		
Number of Admits	192	---	232	---		
Visits Per Member	0.17	0.29	0.23	0.39	0.17	0.24
Visits/1000 Members	171	288	229	385	174	242
Avg Paid Per Visit	\$2,606	\$139	\$2,609	\$156	\$1,684	\$74
Admits per Visit	0.13	---	0.15	---	0.14	
% of Visits with HSB ER Dx	79.4%	---	79.6%	---		
% of Visits with a Physician OV*	67.9%	67.3%	85.4%	82.5%		
Total Plan Paid	\$3,788,451	\$341,606	\$3,931,955	\$395,897		

*looks back 12 months from ER visit

Annualized Annualized



ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	866	180	1,468	305	2,334	486
Spouse	190	198	242	252	432	450
Child	451	149	828	274	1,279	423
Total	1,507	171	2,538	289	4,045	460

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$102,468,295	\$2,369	100.0%
COB	\$2,462,939	\$57	2.4%
Medicare	\$1,989,001	\$46	1.9%
Excess/Maximums	\$1,481,414	\$34	1.4%
PPO Discount	\$54,257,146	\$1,254	53.0%
Deductible	\$4,078,597	\$94	4.0%
Coinsurance	\$0	\$0	0.0%
Total Participant Paid	\$4,078,597	\$94	4.0%
Total Plan Paid	\$38,199,199	\$883	37.3%

Total Participant Paid - PY19	\$77
Total Plan Paid - PY19	\$729



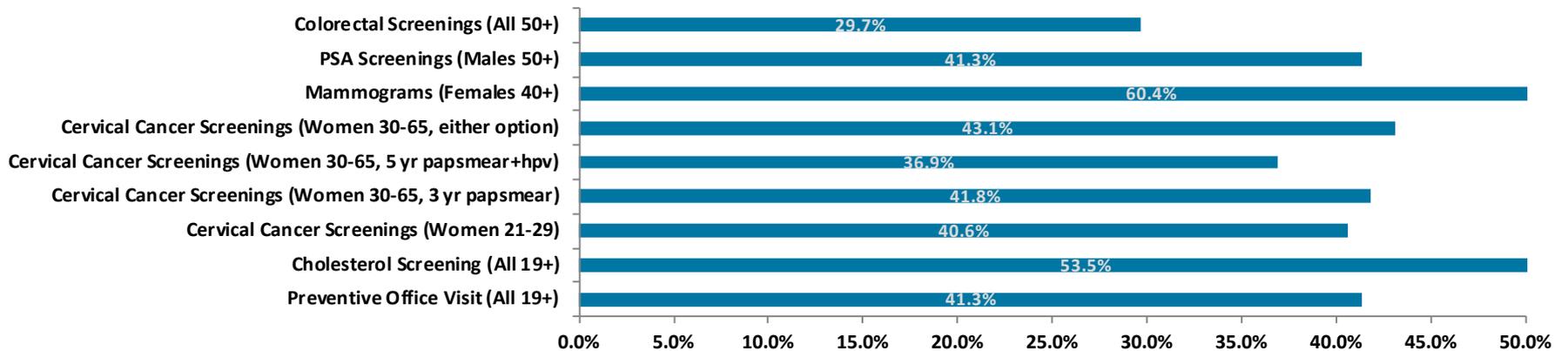
Preventive Services Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Colorectal screenings look back to July 2011.

Service	Female			Male			Total		
	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant
Preventive Office Visit (All 19+)	3,687	1,880	51.0%	2,735	774	28.3%	6,422	2,654	41.3%
Cholesterol Screening (All 19+)	3,687	2,032	55.1%	2,735	1,403	51.3%	6,422	3,435	53.5%
Cervical Cancer Screenings (Women 21-29)	458	186	40.6%	----	----	----	458	186	40.6%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	2,917	1,219	41.8%	----	----	----	2,917	1,219	41.8%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hvp)	2,917	1,076	36.9%	----	----	----	2,917	1,076	36.9%
Cervical Cancer Screenings (Women 30-65, either option)	2,917	1,257	43.1%	----	----	----	2,917	1,257	43.1%
Mammograms (Females 40+)	2,459	1,485	60.4%	----	----	----	2,459	1,485	60.4%
PSA Screenings (Males 50+)	----	----	----	1,355	560	41.3%	1,355	560	41.3%
Colorectal Screenings (All 50+)	1,757	568	32.3%	1,355	356	26.3%	3,112	924	29.7%

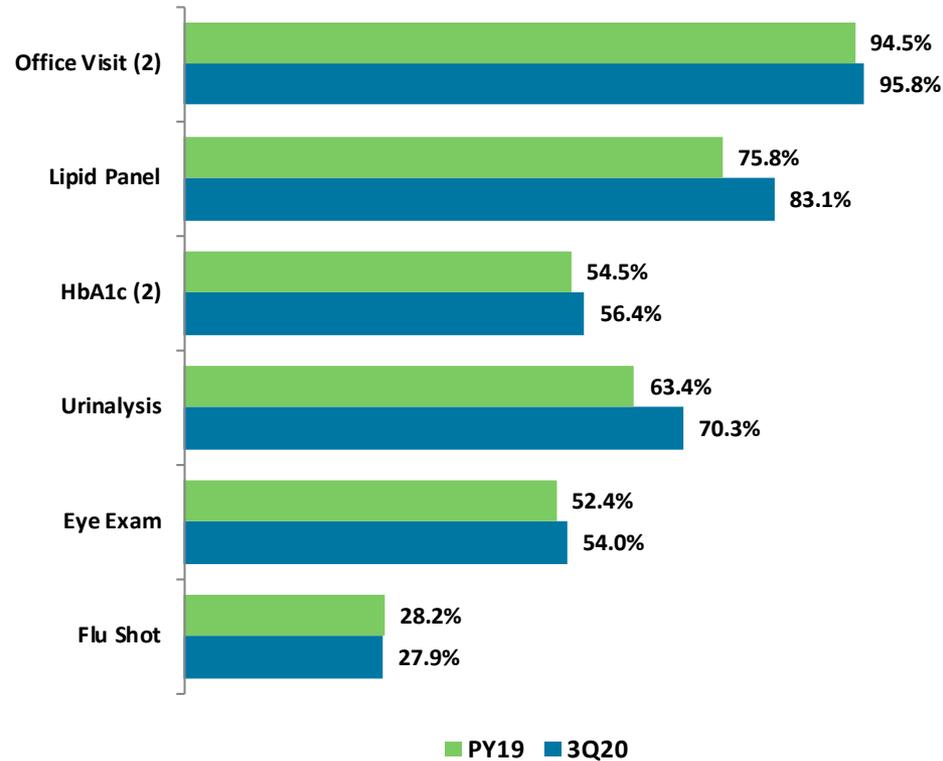
Overall Preventive Services Compliance Rates



Diabetic Disease Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Diabetic Population		
Year	PY19	3Q20
Members	525	569



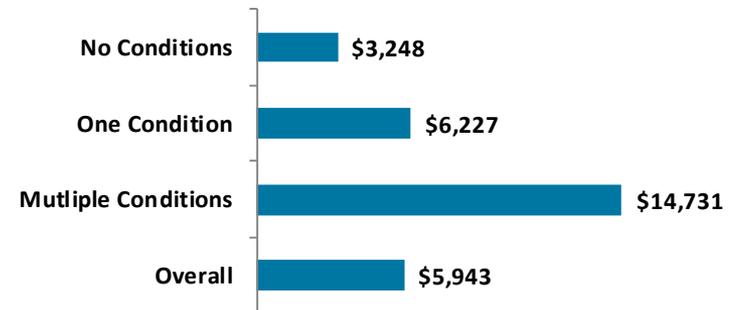
Chronic Conditions Summary

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Condition	Total Members	Avg Members	Per 1,000	Avg Age	Total Cost	Average Cost	Compliance Rate	Compliance Measure
Asthma	424	404	48	39	\$4,702,545	\$11,091	99.8%	1 Office Visit
Cancer	315	298	36	58	\$5,573,860	\$17,695	----	----
Chronic Kidney Disease	79	73	9	56	\$2,060,767	\$26,086	----	----
Chronic Obstructive Pulmonary Disease (COPD)	97	94	11	60	\$2,273,826	\$23,442	99.0%	1 Office Visit
Congestive Heart Failure (CHF)	35	34	4	60	\$1,502,987	\$42,942	17.1%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	143	133	16	61	\$2,544,350	\$17,793	19.6%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	624	582	71	40	\$6,361,177	\$10,194	97.8%	1 Office Visit
Diabetes	569	533	65	55	\$6,170,091	\$10,844	26.9%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	774	737	88	55	\$6,328,461	\$8,176	36.6%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	879	835	100	57	\$10,113,056	\$11,505	29.5%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	282	268	32	46	\$2,709,500	\$9,608	0.0%	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	5,043	29	40.9%	9.4%	49.6%
One Condition	2,237	45	69.4%	13.9%	16.7%
Multiple Conditions	1,475	54	79.6%	16.9%	3.5%
Overall	8,754	37	53.7%	11.7%	34.6%

Cost per Member Type



**Public Employees' Benefits Program - RX Costs
PY 2020 - Quarter Ending March 31, 2020**

Express Scripts

3Q FY2020 EPO		3Q FY2019 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	8,790	8,487	303	3.6%
Utilizing Member Count (Patients)	7,102	6,702	400	6.0%
Percent Utilizing (Utilization)	80.8%	79.0%	0	2.3%
Claim Summary				
Net Claims (Total Rx's)	132,010	122,941	9,069	7.4%
Claims per Elig Member per Month (Claims PMPM)	1.67	1.61	0.06	3.7%
Total Claims for Generic (Generic Rx)	113,798	106,631	7,167.00	6.7%
Total Claims for Brand (Brand Rx)	18,212	16,310	1,902.00	11.7%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	2,186	1,919	267.00	13.9%
Total Non-Specialty Claims	130,303	121,477	8,826.00	7.3%
Total Specialty Claims	1,707	1,464	243.00	16.6%
Generic % of Total Claims (GFR)	86.2%	86.7%	(0.01)	-0.6%
Generic Effective Rate (GCR)	98.1%	98.2%	(0.00)	-0.1%
Mail Order Claims	13,062	10,153	2,909.00	28.7%
Mail Penetration Rate*	11.0%	9.2%	0.02	1.8%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$14,869,536.00	\$12,142,972.00	\$2,726,564.00	22.5%
Total Generic Gross Cost	\$2,578,328.00	\$2,865,317.00	(\$286,989.00)	-10.0%
Total Brand Gross Cost	\$12,291,208.00	\$9,277,655.00	\$3,013,553.00	32.5%
Total MSB Gross Cost	\$491,898.00	\$292,112.00	\$199,786.00	68.4%
Total Ingredient Cost	\$14,802,478.00	\$12,081,045.00	\$2,721,433.00	22.5%
Total Dispensing Fee	\$63,841.00	\$60,311.00	\$3,530.00	5.9%
Total Other (e.g. tax)	\$3,217.00	\$1,617.00	\$1,600.00	98.9%
Avg Total Cost per Claim (Gross Cost/Rx)	\$112.64	\$98.77	\$13.87	14.0%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$22.66	\$26.87	(\$4.21)	-15.7%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$674.90	\$568.83	\$106.07	18.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$225.02	\$152.22	\$72.80	47.8%
Member Cost Summary				
Total Member Cost	\$2,139,968.00	\$1,962,142.00	\$177,826.00	9.1%
Total Copay	\$2,139,968.00	\$1,962,142.00	\$177,826.00	9.1%
Total Deductible	\$0.00	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$16.21	\$15.96	\$0.25	1.6%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$16.21	\$15.96	\$0.25	1.6%
Avg Copay for Generic (Copay/Generic Rx)	\$7.19	\$6.35	\$0.84	13.2%
Avg Copay for Brand (Copay/Brand Rx)	\$72.56	\$78.77	(\$6.21)	-7.9%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$28.78	\$25.87	\$2.91	11.2%
Net PMPM (Participant Cost PMPM)	\$27.05	\$25.69	\$1.36	5.3%
Copay % of Total Prescription Cost (Member Cost Share %)	14.4%	16.2%	-1.8%	-10.9%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$12,729,567.00	\$10,180,831.00	\$2,548,736.00	25.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$5,987,437.00	\$5,767,973.00	\$219,464.00	3.8%
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,742,130.00	\$4,412,858.00	\$2,329,272.00	52.8%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$96.43	\$82.81	\$13.62	16.4%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$15.46	\$20.52	(\$5.06)	-24.7%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$602.34	\$490.07	\$112.27	22.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$196.24	\$126.35	\$69.89	55.3%
Net PMPM (Plan Cost PMPM)	\$160.91	\$133.29	\$27.62	20.7%
PMPM for Specialty Only (Specialty PMPM)	\$85.22	\$57.77	\$27.45	47.5%
PMPM without Specialty (Non-Specialty PMPM)	\$75.68	\$75.51	\$0.17	0.2%
Rebates (Q1-Q3 FY2020 estimated)	\$3,032,477.97	\$2,352,557.41	\$679,920.56	28.9%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$122.58	\$101.94	\$20.64	20.2%
PMPM for Specialty Only (Specialty PMPM)	\$73.07	\$48.91	\$24.16	49.4%
PMPM without Specialty (Non-Specialty PMPM)	\$49.50	\$53.03	(\$3.53)	-6.7%

Appendix C

Index of Tables

Health Plan of Nevada –Utilization Review for PEBP July 1, 2019 – March 31, 2020

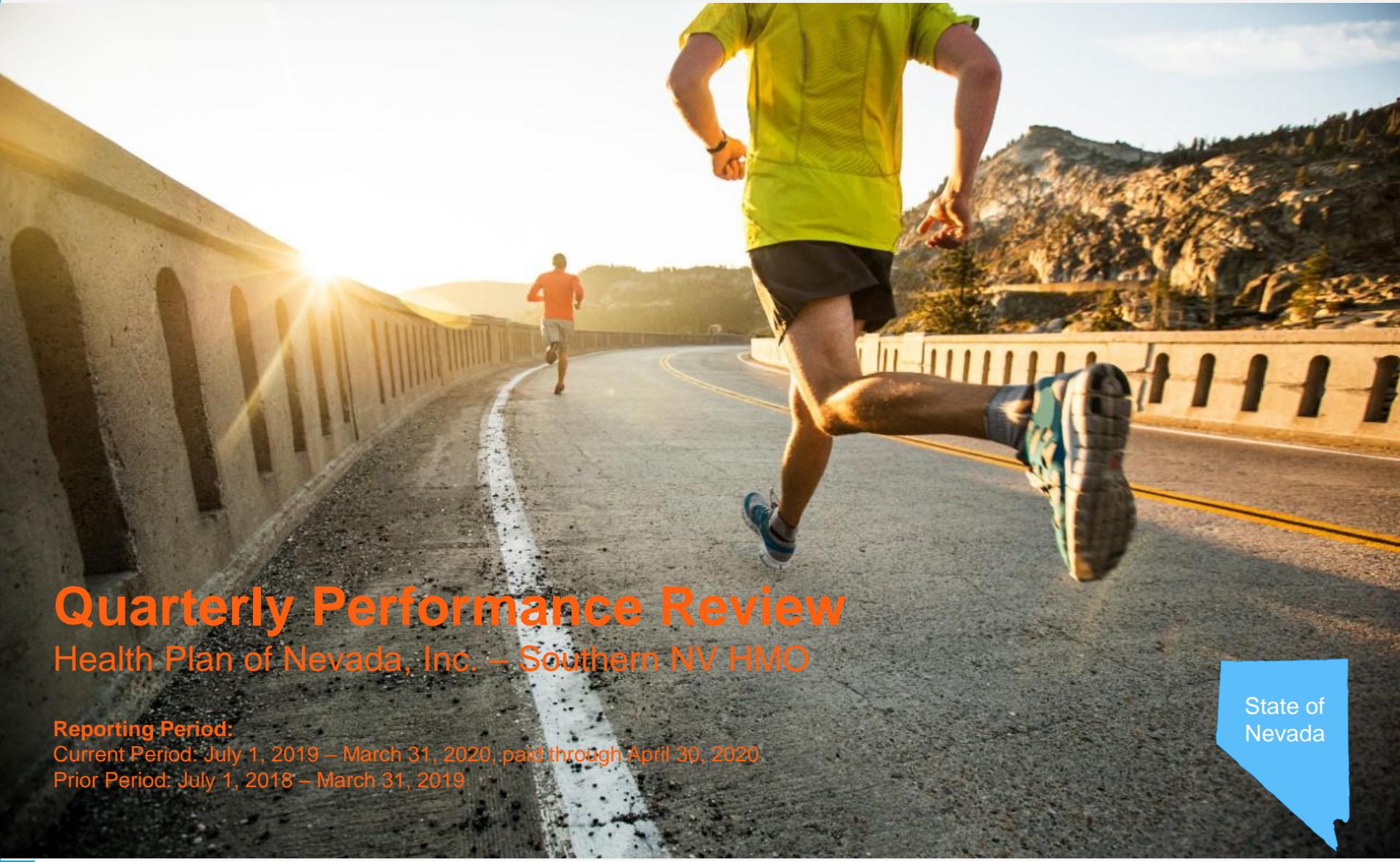
KEY PERFORMANCE INDICATORS

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PRESCRIPTION DRUG COSTS

Prescription Drug Cost	7
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Power Of Partnership.



Quarterly Performance Review

Health Plan of Nevada, Inc. – Southern NV HMO

Reporting Period:

Current Period: July 1, 2019 – March 31, 2020, paid through April 30, 2020

Prior Period: July 1, 2018 – March 31, 2019

State of
Nevada

37 years experience caring for Nevadans and their families



**Member Centered
Solutions**



**Access to
Southwest
Medical/OptumCare**



**Cost Structure
& Network
Strength**



**Local Service
& Wellness
Resources**



**On-Site Hospital
Case Managers**

Our Care Delivery Assets in Nevada

- ✓ 45 OptumCare locations and expanding
- ✓ Over 450 providers practicing evidence-based medicine
- ✓ 6 high acuity urgent cares with home waiting room option
- ✓ Patient portal with e-visit capabilities
- ✓ Robust integrated EMR
- ✓ Access to schedule, renew script and view test results
- ✓ 7 convenient care walk-in locations
- ✓ 2 ambulatory surgery centers
- ✓ Brand new 55,000 sq ft state-of-the-art cancer center
- ✓ Saturday appointments with primary care

Enhancements Made for Your Members

- ✓ NowClinic and Walgreens now offering same-day medication delivery
- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Launched new HPN App
- ✓ Continued expansion of specialty network
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits
- ✓ Pilot on continuous glucose monitoring for diabetics to improve outcomes and management of medication



Key Performance Indicators
Includes Demographics And
Financials

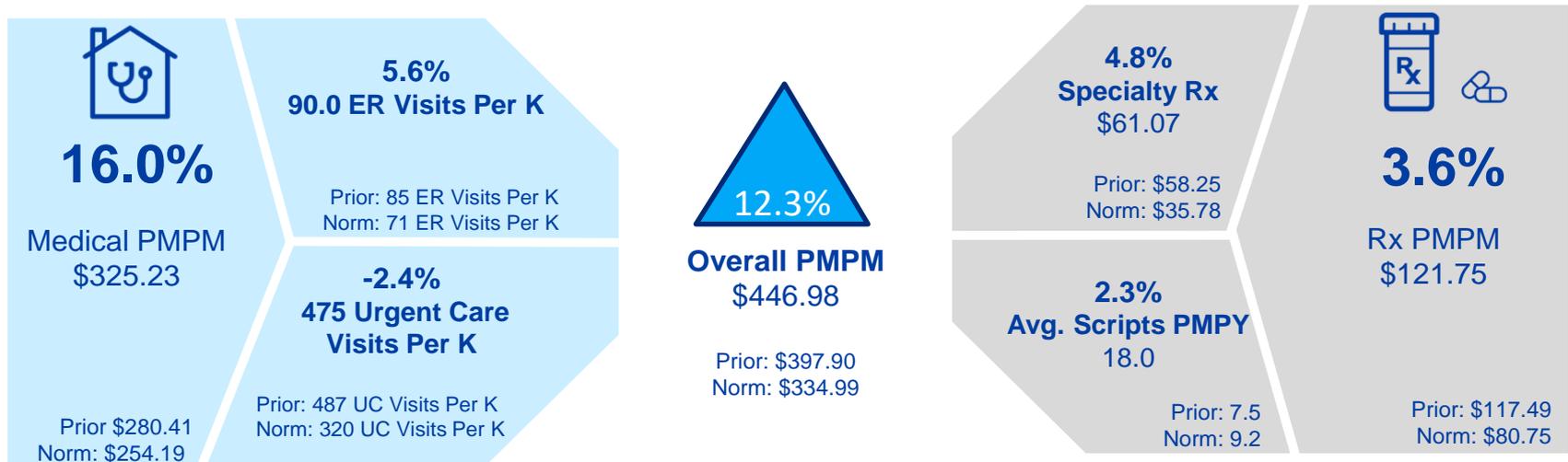
Demographic and Financial Overview



Demographics



Medical and Rx Spend





Medical and Rx Plan Experience
What Happened

Highlights of Utilization



Utilization Metric	Prior	Current	Δ
Physician Office Visits			
Per Member Per Year	2.0	2.2	11.5%
Specialist Office Visits			
Per Member Per Year	4.9	5.5	12.2%
Emergency Room			
ER Visits	568	615	8.2%
ER Visits per K	84.7	89.5	5.6%
Urgent Care			
UC Visits	3,262	3,259	-0.1%
UC Visits per K	486.6	474.8	-2.4%
Outpatient Surgery			
Facility	25.4	29.7	17.2%
ASC	102.2	95.8	-6.2%
Inpatient Utilization			
Admissions Per K	5.00	5.4	8.0%
Bed Days Per K	20.6	26.8	30.1%
Average Length of Stay	4.2	4.9	16.7%
On Demand			
Now Clinic Visits	393	331	-15.8%
TAN Calls	568	571	0.5%
Convenient Care	493	515	4.5%

*Not representative of all Utilization

Highlights

- Increased PCP and Specialist visits on a PMPY basis
- ER utilization increased **5.6%**,
 - Average Net Paid / Visit decreased to **-1.1%**
- Urgent Care Utilization increased **-2.4%**
- Outpatient surgeries growing at facility settings
- Admits Per K decreased **8.0%** from prior period, but ALOS increased **16.7%** due to more complex stays
- Decreased utilization for Now Clinic and Convenient Care.
 - We will continue to see increases in these services as a result of COVID-19

Note: On Demand utilization is understated due to claims lag

Pharmacy Data

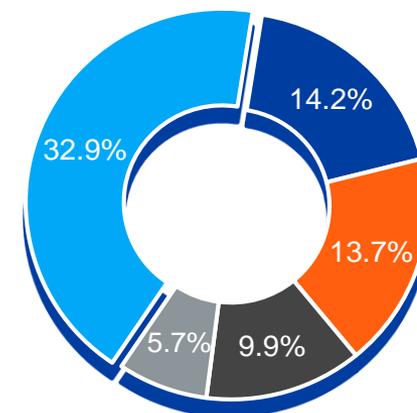
	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,704	6,865	2.4%		
Average Prescriptions PMPY	17.6	18.0	2.3%	11.5	56.2%
Formulary Rate	93.2%	93.1%	-0.1%	91.8%	1.4%
Generic Use Rate	87.3%	87.1%	-0.3%	86.9%	0.2%
Generic Substitution Rate	97.4%	97.1%	-0.4%	96.5%	0.6%
Employee Cost Share PMPM	\$19.43	\$19.36	-0.3%	\$13.42	44.3%
Avg Net Paid per Prescription	\$80.28	\$81.35	1.3%	\$84.26	-3.5%
Net Paid PMPM	\$117.49	\$121.75	3.6%	\$80.75	50.8%

Paid by Benefit and Type



Top 5 Therapeutic Class by Spend

- ANTIDIABETICS
- ANALGESICS - ANTI-INFLAMMATORY
- ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
- ANTIVIRALS
- PSYCHOTHERAPEUTIC AND NEUROLOGICAL



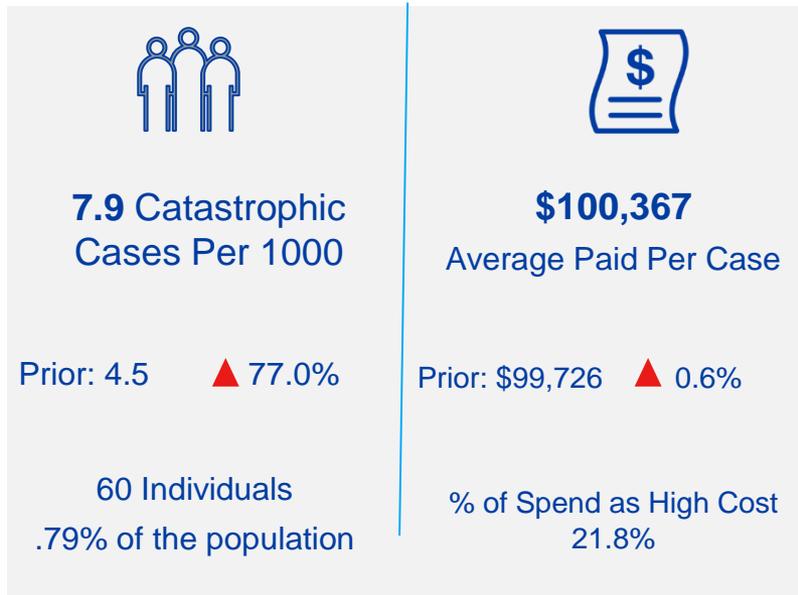
Pharmacy PMPM trend is 3.6%

- Average net paid per script increased **1.3%**
- 83% of prescriptions were in Tier 1 and drove only **11.3%** of spend
- Tier 2 utilization increased **11.6%** and spend increased **25.3%**
- Increase in Humira utilization and spend from prior period.

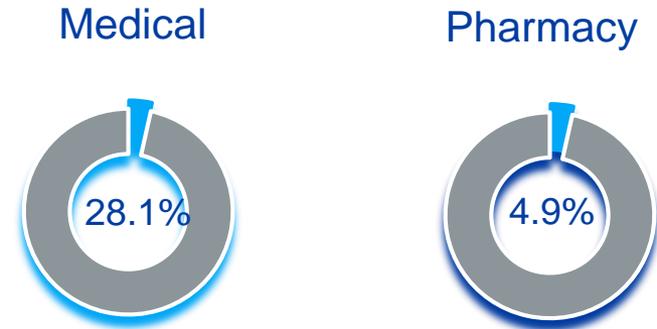


Catastrophic Cases
High Cost Claimants

Catastrophic Cases Summary (>\$50k)

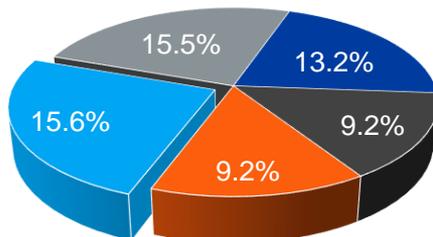


% Paid Attributed to Catastrophic Cases



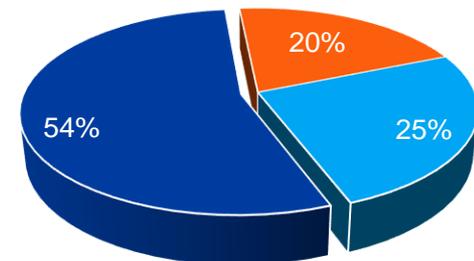
Top 5 AHRQ Chapter Description by Paid

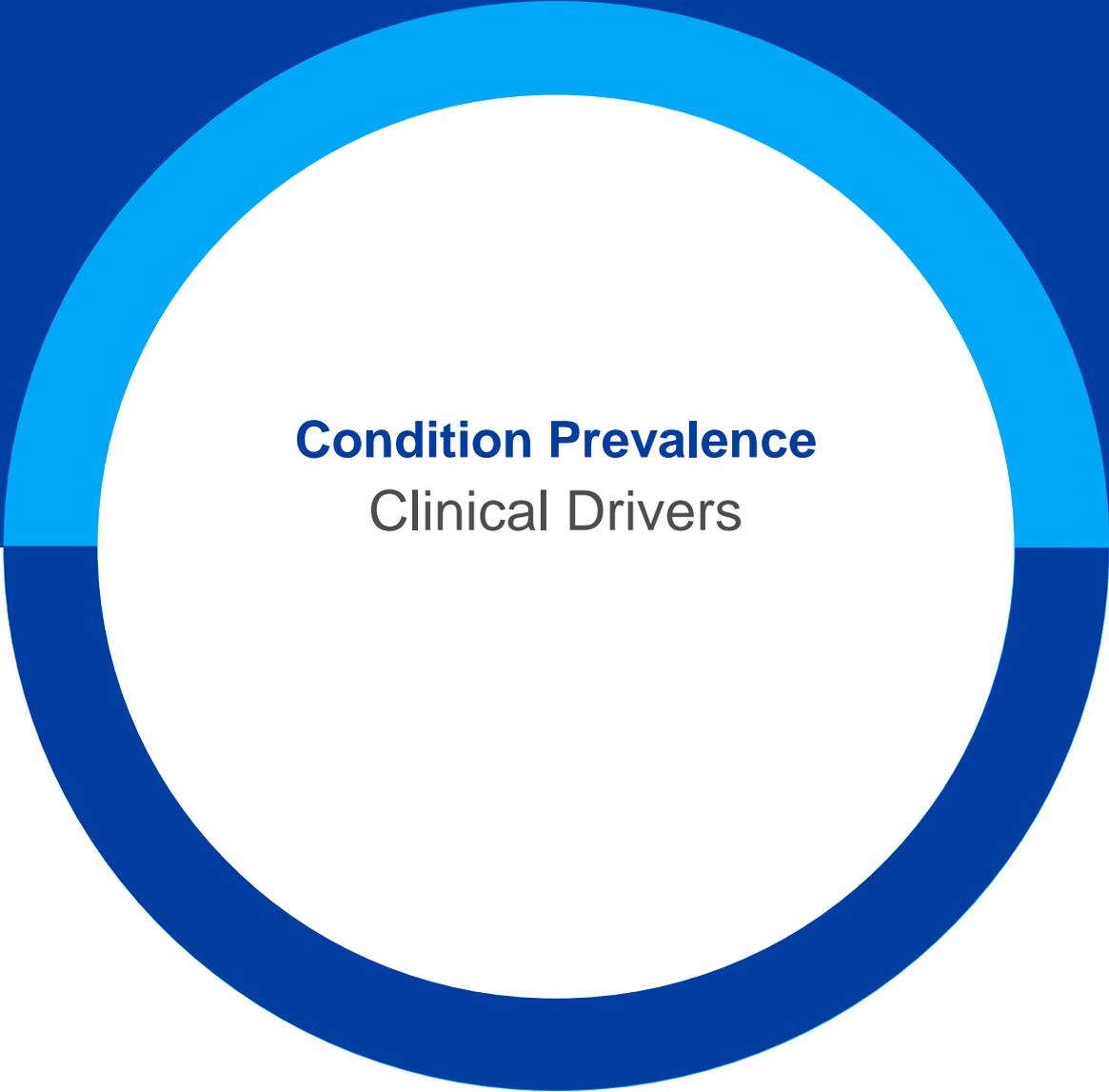
- Diseases of the circulatory system
- Neoplasms
- Complications of pregnancy;
- Injury and poisoning
- Diseases of the blood



% of Claims by Relationship

- Subscriber
- Spouse
- Dependent



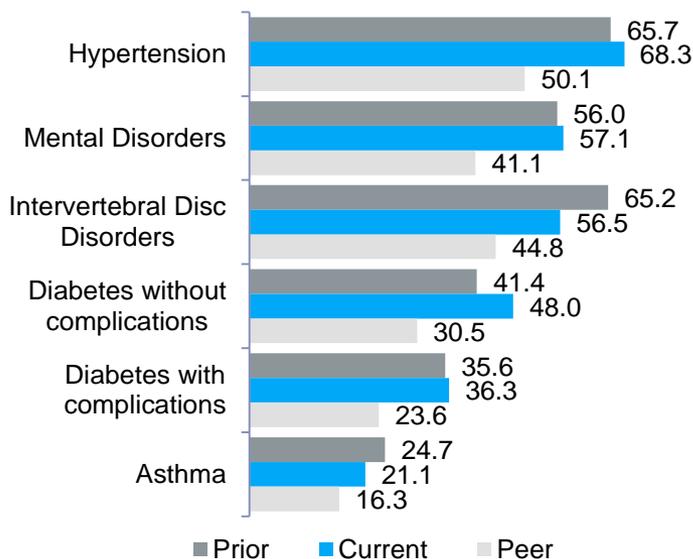


Condition Prevalence
Clinical Drivers

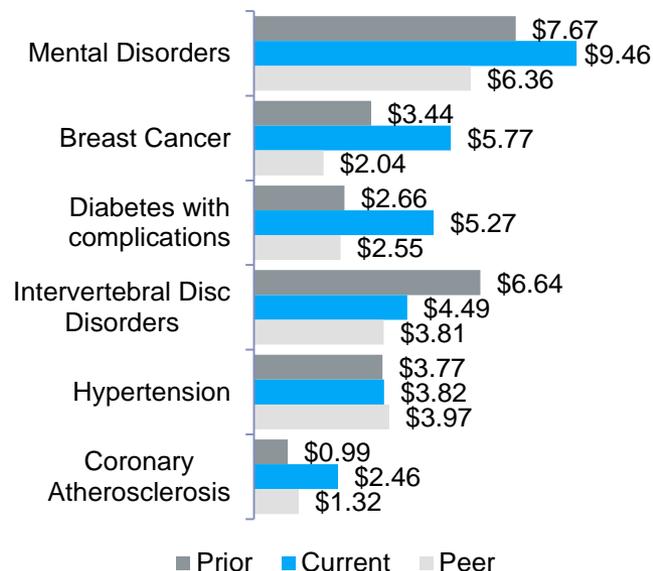
Clinical Conditions and Diagnosis



Top Common Conditions by Prevalence



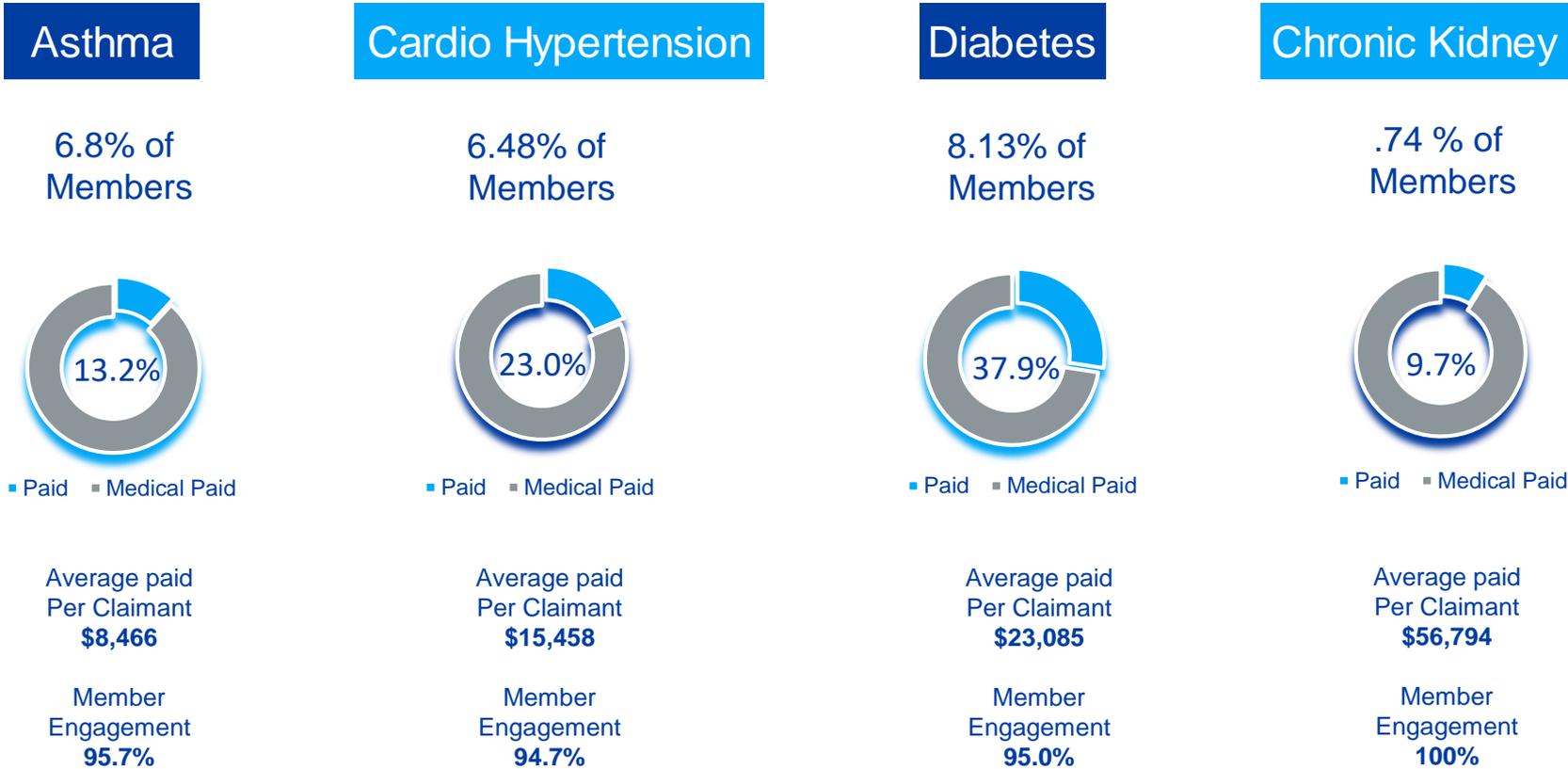
Top Conditions by PMPM



- Chronic illnesses are driving the top common conditions
- Hypertension, Mental Disorders, Intervertebral Disc Disorders and are the most prevalent clinical conditions within this population
- Spend for Diabetes both with and without complications increased (w/Complications increased 98.3%)
 - Approximately 9.2% of the population has a diabetes diagnosis

Chronic Condition Cost Drivers

84% Of total spend driven by members with these 4 Chronic Conditions



**Data obtained for this slide is for Eval period Jan-2019 thru Dec-2019*