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ACCREDITED  
CORE  
Expires 04/01/2021

**LAURA RICH**  
Executive Officer

**AGENDA ITEM**

Action Item

Information Only

**Date:** January 28, 2021

**Item Number:** IV.II.II

**Title:** Self-Funded CDHP and EPO Plan Utilization Report for the period ending September 30, 2020

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2021 period ending September 30, 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 Q1 Plan Year 2021 utilization data.

# Executive Summary

## *CONSUMER DRIVEN HEALTH PLAN (CDHP)*

The Consumer Driven Health Plan (CDHP) experience for Q1 of Plan Year 2021 compared to Q1 of Plan Year 2020 is summarized below.

- Population:
  - 0.7% decrease for primary participants
  - 0.4% decrease for primary participants plus dependents (members)
- Medical Cost:
  - 16.8% decrease for primary participants
  - 17.1% decrease for primary participants plus dependents (members)
- High Cost Claims:
  - There were 26 High Cost Claimants accounting for 17.5% of the total plan paid for Q1 in Plan Year 2021
  - 10.3% decrease in High Cost Claimants per 1,000 members
  - 28.8% decrease in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
  - Diseases of the Digestive System (\$1.2 million) – 24.2% of paid claims
  - Diseases of the Circulatory System (\$0.6 million) – 13.0% of paid claims
  - Certain Conditions Originating in the Perinatal Period (\$0.5 million) – 11.1% of paid claims
- Emergency Room:
  - ER visits per 1,000 members decreased 19.8%
  - Average paid per ER visit increased 5.6%
- Urgent Care:
  - Urgent Care visits per 1,000 members decreased by 26.5%
  - Average paid per Urgent Care visit increased 128.9% (increase from \$38 to \$87)
- Network Utilization:
  - 95.7% of claims are from In-Network providers
  - Q1 of Plan Year 2021 In-Network utilization decreased 0.2% over PY 2020
  - Q1 of Plan Year 2021 In-Network discounts increased 1.5% over PY 2020
- Preventive Services:
  - Overall Preventive Services Compliance Rates decreased in 8 out of 9 categories from Plan Year 2020 between 0.9% - 3.3%.
- Prescription Drug Utilization:
  - Overall:
    - Total Net Claims increased 1.4%
    - Total Gross Claims Costs increased 17.5% (\$2.0 million)
    - Average Total Cost per Claim increased 15.9%
      - From \$88.69 to \$102.75
  - Member:
    - Total Member Cost decreased 9.0%
    - Average Participant Share per Claim decreased 10.3%

- Net Member PMPM decreased 8.7%
      - From \$33.23 to \$30.33
  - Plan
    - Total Plan Cost increased 33.4%
    - Average Plan Share per Claim increased 31.5%
    - Net Plan PMPM increased 33.8%
      - From \$55.32 to \$74.01
    - Net Plan PMPM factoring rebates increase 44.8%
      - From \$37.85 to \$54.81

### ***PEBP PREMIER PLAN (EPO)***

The PEBP Premier Plan (EPO) experience for Q1 of Plan Year 2021 compared to the Q1 of Plan Year 2020 is summarized below.

- Population:
  - 2.2% decrease for primary participants
  - 1.8% decrease for primary participants plus dependents (members)
- Medical Cost:
  - 5.0% increase for primary participants
  - 4.7% increase for primary participants plus dependents (members)
- High Cost Claims:
  - There were 9 High Cost Claimants accounting for 12.5% of the total plan paid for Q1 in Plan Year 2021
  - 131.1% increase in High Cost Claimants per 1,000 members (increase from 0.5 to 1.0)
  - 5.9% decrease in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
  - Injury, Poisoning and Certain Other Consequences of External Causes (\$0.5 million) – 31.9% of paid claims
  - Diseases of the Blood (\$0.4 million) – 24.9% of paid claims
  - Certain Conditions Originating in the Perinatal Period (\$0.2 million) – 15.2% of paid claims
- Emergency Room:
  - ER visits per 1,000 members decreased by 16.3%
  - Average paid per ER visit decreased by 2.9%
- Urgent Care:
  - Urgent Care visits per 1,000 members decreased by 29.6%
  - Average paid per Urgent Care visit increased 7.8%
- Network Utilization:
  - 97.2% of claims are from In-Network providers
  - In-Network utilization decreased 0.2%
  - In-Network discounts had no change from Plan Year 2020
- Preventive Services:
  - Overall Preventive Services Compliance Rates increased from Plan Year 2020 in 6 out of 9 categories.

- Prescription Drug Utilization:
  - Overall:
    - Total Net Claims increased 1.3%
    - Total Gross Claims Costs increased 4.1% (\$0.2 million)
    - Average Total Cost per Claim increased 2.8%
      - From \$117.49 to \$120.80
  - Member:
    - Total Member Cost increased 5.6%
    - Average Participant Share per Claim increased 4.3%
    - Net Member PMPM increased 7.4%
      - From \$31.54 to \$33.88
  - Plan
    - Total Plan Cost increased 3.8%
    - Average Plan Share per Claim increased 2.5%
    - Net Plan PMPM increased 5.6%
      - From \$157.10 to \$165.92
    - Net Plan PMPM factoring rebates increased 1.6%
      - From \$125.25 to \$127.19

### ***DENTAL PLAN***

The Dental Plan experience for Q1 of Plan Year 2021 is summarized below.

- Dental Cost:
  - Total of \$6,576,425 paid for Dental claims
    - Preventative claims account for 42.8% (\$2.8 million)
    - Basic claims account for 29.5% (\$2.0 million)
    - Major claims account for 22.4% (\$1.5 million)
    - Periodontal claims account for 5.4% (\$0.4 million)

## ***HEALTH REIMBURSEMENT ARRANGEMENT***

The table below provides a list of CDHP HRA account balances as of September 30, 2020.

<b>HRA Account Balances as of September 30, 2020</b>			
<b>\$Range</b>	<b># Accounts</b>	<b>Total Account Balance</b>	<b>Average Per Account Balance</b>
0	451	0	0
\$.01 - \$500.00	1,245	297,800	239
\$500.01 - \$1,000	2,512	1,868,662	744
\$1,000.01 - \$1,500	1,302	1,594,898	1,225
\$1,500.01 - \$2,000	929	1,622,505	1,747
\$2,000.01 - \$2,500	633	1,431,151	2,261
\$2,500.01 - \$3,000	412	1,130,798	2,745
\$3,000.01 - \$3,500	298	960,129	3,222
\$3,500.01 - \$4,000	200	748,533	3,743
\$4,000.01 - \$4,500	172	732,425	4,258
\$4,500.01 - \$5,000	134	635,365	4,742
<b>\$5,000.01 +</b>	<b>891</b>	<b>7,079,561</b>	<b>223,983</b>
<b>Total</b>	<b>9,179</b>	<b>\$ 18,101,827</b>	<b>\$ 1,972</b>

## ***CONCLUSION***

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP) and the PEBP Premier Plan (EPO) for the first quarter of Plan Year 2021. The CDHP total plan paid costs decreased 17.5% over the same time for Plan Year 2020. The EPO total plan paid costs increased 2.8% over the first quarter of Plan Year 2020. 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

## Index of Tables HealthSCOPE – CDHP Utilization Review for PEBP July 1, 2020 – September 30, 2020

<b>HEALTHSCOPE BENEFITS OVERVIEW</b> .....	<b>2</b>
<b>MEDICAL</b>	
<i>Paid Claims by Age Group</i> .....	<b>3</b>
Financial Summary .....	<b>5</b>
Paid Claims by Claim Type .....	<b>9</b>
Cost Distribution – Medical Claims .....	<b>12</b>
Utilization Summary .....	<b>13</b>
Provider Network Summary .....	<b>15</b>
<b>DENTAL</b>	
Claims Analysis .....	<b>22</b>
Savings Summary .....	<b>23</b>
<b>PREVENTIVE SERVICES</b>	
Preventive Services Compliance.....	<b>24</b>
<b>PRESCRIPTION DRUG COSTS</b>	
Prescription Drug Cost Comparison .....	<b>27</b>

# HSB DATASCOPE™

## Nevada Public Employees' Benefits Program HDHP Plan

July – September 2020

Reimagine | Rediscover **Benefits**



# Overview

- Total Medical Spend for 1Q21 was \$27,806,203 of which 74.7% was spent in the State Active population. When compared to 1Q20, this quarter reflected a decrease of 17.5% in plan spend, with State Actives having an decrease of 10.9%.
  - When compared to 1Q19, 1Q21 reflected an decrease of 6.4% in plan spend, with State Actives having an decrease of 7.3%.
- On a PEPY basis, 1Q21 reflected an decrease of 16.9% when compared to 1Q20. The largest group, State Actives, decreased 10.4%.
  - When compared to 1Q19, 1Q21 reflected a decrease in PEPY of 6.7%, with State Actives decreasing by 8.3%.
- 96.8% of the Average Membership had paid Medical claims less than \$2,500, with 47.7% of those having no claims paid at all during the reporting period.
- There were 26 High Cost Claimants (HCC's) over \$100K, that accounted for 17.5% of the total spend. HCC's accounted for 22.6% of total spend during 1Q20, with 29 members hitting the \$100K threshold. The largest diagnosis grouper was Diseases of the Digestive System accounting for 24.2% of high cost claimant dollars.
- IP Paid per Admit was \$18,866 which is a decrease of 10.2% compared to 1Q20.
- ER Paid per Visit is \$2,086, which is a decrease of 8.2% compared to 1Q20.
- 95.7% of all Medical spend dollars were to In Network providers. The average In Network discount was 66.8%, which is slightly higher than PY20 discount of 65.3%.

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

Paid Claims by Age Group								
	1Q20							
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM
<1	\$ 1,360,538	\$ 1,292	\$ 622	\$ 1	\$ 5,877	\$ 4	\$ 1,367,037	\$ 1,297
1	\$ 189,340	\$ 160	\$ 3,961	\$ 3	\$ 14,375	\$ 8	\$ 207,676	\$ 172
2 - 4	\$ 297,539	\$ 75	\$ 22,370	\$ 6	\$ 103,144	\$ 19	\$ 423,053	\$ 99
5 - 9	\$ 328,967	\$ 43	\$ 33,912	\$ 4	\$ 345,805	\$ 33	\$ 708,683	\$ 81
10 - 14	\$ 771,802	\$ 90	\$ 92,458	\$ 11	\$ 360,310	\$ 30	\$ 1,224,571	\$ 131
15 - 19	\$ 894,484	\$ 99	\$ 182,942	\$ 20	\$ 478,787	\$ 38	\$ 1,556,214	\$ 157
20 - 24	\$ 1,477,619	\$ 144	\$ 182,174	\$ 18	\$ 281,628	\$ 21	\$ 1,941,422	\$ 183
25 - 29	\$ 1,349,018	\$ 162	\$ 194,852	\$ 23	\$ 279,863	\$ 27	\$ 1,823,733	\$ 212
30 - 34	\$ 1,699,398	\$ 191	\$ 411,265	\$ 46	\$ 317,653	\$ 27	\$ 2,428,316	\$ 265
35 - 39	\$ 1,559,929	\$ 158	\$ 300,269	\$ 30	\$ 384,477	\$ 30	\$ 2,244,675	\$ 218
40 - 44	\$ 1,612,602	\$ 181	\$ 405,682	\$ 46	\$ 391,759	\$ 33	\$ 2,410,043	\$ 259
45 - 49	\$ 2,215,635	\$ 228	\$ 827,423	\$ 85	\$ 467,221	\$ 34	\$ 3,510,280	\$ 347
50 - 54	\$ 3,289,986	\$ 325	\$ 779,967	\$ 77	\$ 515,468	\$ 36	\$ 4,585,421	\$ 438
55 - 59	\$ 3,774,612	\$ 337	\$ 1,385,110	\$ 124	\$ 624,390	\$ 39	\$ 5,784,112	\$ 500
60 - 64	\$ 9,183,185	\$ 721	\$ 1,648,179	\$ 129	\$ 776,883	\$ 43	\$ 11,608,246	\$ 894
65+	\$ 3,687,785	\$ 543	\$ 975,677	\$ 144	\$ 1,783,816	\$ 45	\$ 6,447,278	\$ 732
<b>Total</b>	<b>\$ 33,692,440</b>	<b>\$ 263</b>	<b>\$ 7,446,866</b>	<b>\$ 58</b>	<b>\$ 7,131,456</b>	<b>\$ 35</b>	<b>\$ 48,270,762</b>	<b>\$ 355</b>

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

Paid Claims by Age Group										
Age Range	1Q21								% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,080,593	\$ 1,003	\$ 793	\$ 1	\$ 4,323	\$ 3	\$ 1,085,709	\$ 1,007	-20.6%	-22.4%
1	\$ 197,607	\$ 164	\$ 35,200	\$ 29	\$ 14,982	\$ 9	\$ 247,789	\$ 202	19.3%	17.6%
2 - 4	\$ 327,957	\$ 81	\$ 111,736	\$ 28	\$ 102,409	\$ 19	\$ 542,102	\$ 128	28.1%	29.0%
5 - 9	\$ 420,452	\$ 56	\$ 67,769	\$ 9	\$ 331,101	\$ 32	\$ 819,322	\$ 97	15.6%	20.9%
10 - 14	\$ 543,849	\$ 64	\$ 101,849	\$ 12	\$ 359,102	\$ 31	\$ 1,004,800	\$ 106	-17.9%	-19.2%
15 - 19	\$ 699,507	\$ 78	\$ 157,419	\$ 18	\$ 450,025	\$ 36	\$ 1,306,952	\$ 131	-16.0%	-16.6%
20 - 24	\$ 1,215,352	\$ 121	\$ 294,446	\$ 29	\$ 281,160	\$ 21	\$ 1,790,958	\$ 171	-7.8%	-6.7%
25 - 29	\$ 1,611,528	\$ 201	\$ 345,132	\$ 43	\$ 257,375	\$ 25	\$ 2,214,035	\$ 269	21.4%	26.9%
30 - 34	\$ 1,317,372	\$ 144	\$ 525,273	\$ 58	\$ 328,874	\$ 28	\$ 2,171,520	\$ 230	-10.6%	-13.2%
35 - 39	\$ 1,527,645	\$ 153	\$ 987,609	\$ 99	\$ 373,973	\$ 28	\$ 2,889,227	\$ 280	28.7%	28.4%
40 - 44	\$ 1,418,558	\$ 153	\$ 522,574	\$ 56	\$ 343,866	\$ 28	\$ 2,284,998	\$ 236	-5.2%	-8.8%
45 - 49	\$ 1,782,677	\$ 186	\$ 816,086	\$ 85	\$ 397,638	\$ 30	\$ 2,996,401	\$ 302	-14.6%	-13.1%
50 - 54	\$ 3,555,545	\$ 353	\$ 1,093,621	\$ 109	\$ 428,987	\$ 30	\$ 5,078,153	\$ 492	10.7%	12.3%
55 - 59	\$ 3,253,538	\$ 297	\$ 1,411,874	\$ 129	\$ 520,748	\$ 34	\$ 5,186,160	\$ 460	-10.3%	-8.0%
60 - 64	\$ 5,890,686	\$ 480	\$ 1,760,456	\$ 143	\$ 680,896	\$ 40	\$ 8,332,038	\$ 663	-28.2%	-25.8%
65+	\$ 2,963,338	\$ 420	\$ 1,222,954	\$ 173	\$ 1,700,965	\$ 42	\$ 5,887,257	\$ 635	-8.7%	-13.2%
<b>Total</b>	<b>\$ 27,806,203</b>	<b>\$ 218</b>	<b>\$ 9,454,791</b>	<b>\$ 74</b>	<b>\$ 6,576,425</b>	<b>\$ 32</b>	<b>\$ 43,837,420</b>	<b>\$ 324</b>	<b>-9.2%</b>	<b>-8.9%</b>

# Financial Summary - (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	1Q19	1Q20	1Q21	Variance to Prior Year	1Q19	1Q20	1Q21	Variance to Prior Year	1Q19	1Q20	1Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	23,341	23,581	23,419	-0.7%	19,337	19,669	19,563	-0.5%	4	4	3	-16.8%
Avg # Members	42,546	42,753	42,580	-0.4%	36,862	37,138	36,973	-0.4%	7	7	7	0.0%
Ratio	1.8	1.8	1.8	0.6%	1.9	1.9	1.9	0.0%	1.8	1.8	2.1	20.0%
<b>Financial Summary</b>												
Gross Cost	\$40,882,487	\$46,374,477	\$38,766,628	-16.4%	\$31,274,328	\$33,530,604	\$29,572,105	-11.8%	\$3,642	\$14,108	\$2,580	-81.7%
Client Paid	\$29,707,759	\$33,692,440	\$27,806,203	-17.5%	\$22,392,073	\$23,296,415	\$20,763,800	-10.9%	\$2,404	\$9,764	\$1,404	-85.6%
Employee Paid	\$11,174,745	\$12,682,036	\$10,960,425	-13.6%	\$8,882,260	\$10,234,189	\$8,808,304	-13.9%	\$1,238	\$4,344	\$1,176	-72.9%
Client Paid-PEPY	\$5,091	\$5,715	\$4,749	-16.9%	\$4,632	\$4,738	\$4,246	-10.4%	\$2,404	\$9,764	\$1,684	-82.8%
Client Paid-PMPY	\$2,793	\$3,152	\$2,612	-17.1%	\$2,430	\$2,509	\$2,246	-10.5%	\$1,374	\$5,579	\$802	-85.6%
Client Paid-PEPM	\$424	\$476	\$396	-16.8%	\$386	\$395	\$354	-10.4%	\$200	\$814	\$140	-82.8%
Client Paid-PMPM	\$233	\$263	\$218	-17.1%	\$202	\$209	\$187	-10.5%	\$114	\$465	\$67	-85.6%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	33	29	26	-10.3%	22	19	16	-15.8%	0	0	0	0.0%
HCC's / 1,000	0.8	0.7	0.6	-10.3%	0.6	0.5	0.4	-15.7%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$173,519	\$262,888	\$187,205	-28.8%	\$194,896	\$177,846	\$146,448	-17.7%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	19.3%	22.6%	17.5%	-22.6%	19.1%	14.5%	11.3%	-22.1%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$972	\$1,123	\$820	-27.0%	\$836	\$745	\$615	-17.4%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$851	\$968	\$855	-11.7%	\$718	\$802	\$768	-4.2%	\$108	\$1,746	\$146	-91.6%
Physician	\$905	\$985	\$884	-10.3%	\$825	\$898	\$821	-8.6%	\$1,162	\$3,490	\$656	-81.2%
Other	\$65	\$77	\$53	-31.2%	\$50	\$65	\$42	-35.4%	\$104	\$343	\$0	0.0%
<b>Total</b>	<b>\$2,793</b>	<b>\$3,152</b>	<b>\$2,612</b>	<b>-17.1%</b>	<b>\$2,430</b>	<b>\$2,509</b>	<b>\$2,246</b>	<b>-10.5%</b>	<b>\$1,374</b>	<b>\$5,579</b>	<b>\$802</b>	<b>-85.6%</b>
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

# Financial Summary - (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	1Q19	1Q20	1Q21	Variance to Prior Year	1Q19	1Q20	1Q21	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	3,218	3,250	3,295	1.4%	783	658	558	-15.2%	
Avg # Members	4,791	4,852	4,944	1.9%	885	757	656	-13.3%	
Ratio	1.5	1.5	1.5	0.7%	1.1	1.2	1.2	2.6%	1.8
<b>Financial Summary</b>									
Gross Cost	\$7,284,198	\$11,245,697	\$7,154,081	-36.4%	\$2,320,318	\$1,584,068	\$2,037,862	28.6%	
Client Paid	\$5,400,934	\$9,169,894	\$5,339,239	-41.8%	\$1,912,348	\$1,216,367	\$1,701,760	39.9%	
Employee Paid	\$1,883,282	\$2,075,803	\$1,814,842	-12.6%	\$407,970	\$367,701	\$336,102	-8.6%	
Client Paid-PEPY	\$6,714	\$11,287	\$6,482	-42.6%	\$9,769	\$7,394	\$12,206	65.1%	\$6,209
Client Paid-PMPY	\$4,509	\$7,560	\$4,320	-42.9%	\$8,640	\$6,430	\$10,377	61.4%	\$3,437
Client Paid-PEPM	\$560	\$941	\$540	-42.6%	\$814	\$616	\$1,017	65.1%	\$517
Client Paid-PMPM	\$376	\$630	\$360	-42.9%	\$720	\$536	\$865	61.4%	\$286
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	5	9	8	-11.1%	6	2	2	0.0%	
HCC's / 1,000	1.0	1.9	1.6	-12.9%	6.8	2.6	3.1	15.5%	
Avg HCC Paid	\$133,600	\$446,461	\$217,549	-51.3%	\$125,530	\$113,262	\$391,889	246.0%	
HCC's % of Plan Paid	12.4%	43.8%	32.6%	-25.6%	39.4%	18.6%	46.1%	147.8%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$1,429	\$3,722	\$1,506	-59.5%	\$4,151	\$3,007	\$7,215	139.9%	\$1,057
Facility Outpatient	\$1,560	\$2,065	\$1,442	-30.2%	\$2,573	\$2,063	\$1,365	-33.8%	\$1,145
Physician	\$1,385	\$1,609	\$1,255	-22.0%	\$1,637	\$1,265	\$1,604	26.8%	\$1,122
Other	\$135	\$164	\$117	-28.7%	\$279	\$95	\$192	102.1%	\$113
Total	\$4,509	\$7,560	\$4,320	-42.9%	\$8,640	\$6,430	\$10,377	61.4%	\$3,437

Annualized      Annualized      Annualized

Annualized      Annualized      Annualized

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

Summary	Total				State Active				Non-State Active			
	PY19	PY20	1Q21	Variance to Prior Year	PY19	PY20	1Q21	Variance to Prior Year	PY19	PY20	1Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	23,569	23,673	23,419	-1.1%	19,612	19,809	19,563	-1.2%	4	4	3	-13.1%
Avg # Members	42,776	42,865	42,580	-0.7%	37,138	37,291	36,973	-0.9%	7	7	7	2.5%
Ratio	1.8	1.8	1.8	0.6%	1.9	1.9	1.9	0.5%	1.8	1.8	2.1	18.0%
<b>Financial Summary</b>												
Gross Cost	\$172,993,213	\$185,251,114	\$38,766,628	-79.1%	\$129,947,874	\$139,774,757	\$29,572,105	-78.8%	\$105,325	\$46,064	\$2,580	-94.4%
Client Paid	\$133,179,670	\$143,667,208	\$27,806,203	-80.6%	\$97,851,639	\$106,095,205	\$20,763,800	-80.4%	\$96,469	\$35,053	\$1,404	-96.0%
Employee Paid	\$39,813,543	\$41,583,906	\$10,960,425	-73.6%	\$32,096,235	\$33,679,553	\$8,808,304	-73.8%	\$8,857	\$11,011	\$1,176	-89.3%
Client Paid-PEPY	\$5,651	\$6,069	\$4,749	-21.7%	\$4,989	\$5,356	\$4,246	-20.7%	\$24,117	\$9,144	\$1,684	-81.6%
Client Paid-PMPY	\$3,113	\$3,352	\$2,612	-22.1%	\$2,635	\$2,845	\$2,246	-21.1%	\$13,781	\$5,130	\$802	-84.4%
Client Paid-PEPM	\$471	\$506	\$396	-21.7%	\$416	\$446	\$354	-20.6%	\$2,010	\$762	\$140	-81.6%
Client Paid-PMPM	\$259	\$279	\$218	-21.9%	\$220	\$237	\$187	-21.1%	\$1,148	\$427	\$67	-84.3%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	198	206	26		124	151	16		0	0	0	
HCC's / 1,000	4.6	4.8	0.6		3.3	4.1	0.4		0.0	0.0	0.0	
Avg HCC Paid	\$219,374	\$236,642	\$187,205	-20.9%	\$218,720	\$206,591	\$146,448	-29.1%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	32.6%	33.9%	17.5%	-48.4%	27.7%	29.4%	11.3%	-61.6%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,071	\$1,139	\$820	-28.0%	\$847	\$883	\$615	-30.4%	\$3,087	\$0	\$0	0.0%
Facility Outpatient	\$925	\$1,040	\$855	-17.8%	\$782	\$880	\$768	-12.7%	\$6,561	\$2,087	\$146	-93.0%
Physician	\$1,045	\$1,093	\$884	-19.1%	\$948	\$1,014	\$821	-19.0%	\$4,006	\$2,777	\$656	-76.4%
Other	\$72	\$80	\$53	-33.8%	\$58	\$68	\$42	-38.2%	\$129	\$266	\$0	0.0%
Total	\$3,113	\$3,352	\$2,612	-22.1%	\$2,635	\$2,845	\$2,246	-21.1%	\$13,781	\$5,130	\$802	-84.4%
			Annualized				Annualized				Annualized	

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

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	PY20	1Q21	Variance to Prior Year	PY19	PY20	1Q21	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	3,224	3,246	3,295	1.5%	729	615	558	-9.3%	
Avg # Members	4,799	4,858	4,944	1.8%	832	710	656	-7.6%	
Ratio	1.5	1.5	1.5	0.0%	1.1	1.2	1.2	1.7%	1.8
<b>Financial Summary</b>									
Gross Cost	\$34,175,219	\$39,350,569	\$7,154,081	-81.8%	\$8,764,794	\$6,079,723	\$2,037,862	-66.5%	
Client Paid	\$27,761,940	\$32,691,908	\$5,339,239	-83.7%	\$7,469,622	\$4,845,042	\$1,701,760	-64.9%	
Employee Paid	\$6,413,280	\$6,658,661	\$1,814,842	-72.7%	\$1,295,172	\$1,234,681	\$336,102	-72.8%	
Client Paid-PEPY	\$8,612	\$10,070	\$6,482	-35.6%	\$10,246	\$7,882	\$12,206	54.9%	\$6,209
Client Paid-PMPY	\$5,785	\$6,730	\$4,320	-35.8%	\$8,983	\$6,821	\$10,377	52.1%	\$3,437
Client Paid-PEPM	\$718	\$839	\$540	-35.6%	\$854	\$657	\$1,017	54.8%	\$517
Client Paid-PMPM	\$482	\$561	\$360	-35.8%	\$749	\$568	\$865	52.3%	\$286
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	58	60	8		16	8	2		
HCC's / 1,000	12.1	12.4	1.6		19.2	11.3	3.1		
Avg HCC Paid	\$220,380	\$271,721	\$217,549	-19.9%	\$220,793	\$156,233	\$391,889	150.8%	
HCC's % of Plan Paid	46.0%	49.9%	32.6%	-34.7%	47.3%	25.8%	46.1%	78.7%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$2,155	\$2,853	\$1,506	-47.2%	\$4,794	\$2,835	\$7,215	154.5%	\$1,057
Facility Outpatient	\$1,787	\$2,107	\$1,442	-31.6%	\$2,295	\$2,143	\$1,365	-36.3%	\$1,145
Physician	\$1,677	\$1,600	\$1,255	-21.6%	\$1,732	\$1,745	\$1,604	-8.1%	\$1,122
Other	\$166	\$170	\$117	-31.2%	\$163	\$98	\$192	95.9%	\$113
Total	\$5,785	\$6,730	\$4,320	-35.8%	\$8,983	\$6,821	\$10,377	52.1%	\$3,437

Annualized

Annualized

# Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	1Q20				1Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,170,264	\$ 4,244,364	\$ 738,230	\$ 13,152,858	\$ 6,693,576	\$ 1,239,353	\$ 897,650	\$ 8,830,580		-32.9%
Outpatient	\$ 15,126,151	\$ 3,709,427	\$ 477,873	\$ 19,313,451	\$ 14,070,224	\$ 2,789,777	\$ 412,459	\$ 17,272,460		-10.6%
Total - Medical	\$ 23,296,415	\$ 7,953,790	\$ 1,216,103	\$ 32,466,309	\$ 20,763,800	\$ 4,029,130	\$ 1,310,109	\$ 26,103,040		-19.6%
Dental	\$ 4,899,016	\$ 574,934	\$ 159,560	\$ 5,633,510	\$ 4,478,336	\$ 517,283	\$ 151,183	\$ 5,146,801		-8.6%
Dental Exchange	\$ -	\$ -	\$ 840,879	\$ 840,879	\$ -	\$ -	\$ 825,777	\$ 825,777		-1.8%
<b>Total</b>	<b>\$ 28,195,431</b>	<b>\$ 8,528,725</b>	<b>\$ 2,216,543</b>	<b>\$ 38,940,698</b>	<b>\$ 25,242,136</b>	<b>\$ 4,546,413</b>	<b>\$ 2,287,069</b>	<b>\$ 32,075,619</b>		<b>-17.6%</b>

Net Paid Claims - Per Participant per Month										
	1Q20				1Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 395	\$ 1,006	\$ 660	\$ 472	\$ 354	\$ 506	\$ 681	\$ 381		-19.4%
Dental	\$ 60	\$ 57	\$ 73	\$ 60	\$ 55	\$ 51	\$ 66	\$ 55		-8.4%
Dental Exchange	\$ -	\$ -	\$ 53	\$ 53	\$ -	\$ -	\$ 50	\$ 50		-6.0%

# Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	1Q20				1Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 204	\$ 238,377	\$ 364,193	\$ 602,775	\$ -	\$ 360,962	\$ 851,112	\$ 1,212,075	101.1%	
Outpatient	\$ 9,560	\$ 477,458	\$ 136,338	\$ 623,356	\$ 1,404	\$ 129,208	\$ 360,477	\$ 491,089	-21.2%	
Total - Medical	\$ 9,764	\$ 715,836	\$ 500,532	\$ 1,226,131	\$ 1,404	\$ 490,171	\$ 1,211,589	\$ 1,703,164	38.9%	
Dental	\$ 878	\$ 85,303	\$ 60,299	\$ 146,479	\$ 1,327	\$ 64,084	\$ 57,257	\$ 122,667	-16.3%	
Dental Exchange	\$ -	\$ -	\$ 510,588	\$ 510,588	\$ -	\$ -	\$ 481,180	\$ 481,180	-5.8%	
<b>Total</b>	<b>\$ 10,642</b>	<b>\$ 801,138</b>	<b>\$ 1,071,419</b>	<b>\$ 1,883,199</b>	<b>\$ 2,730</b>	<b>\$ 554,254</b>	<b>\$ 1,750,026</b>	<b>\$ 2,307,010</b>	<b>22.5%</b>	

Net Paid Claims - Per Participant per Month									
	1Q20				1Q21				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 814	\$ 602	\$ 638	\$ 617	\$ 140	\$ 558	\$ 1,526	\$ 1,012	63.9%
Dental	\$ 37	\$ 43	\$ 49	\$ 45	\$ 60	\$ 44	\$ 46	\$ 45	-0.6%
Dental Exchange	\$ -	\$ -	\$ 47	\$ 47	\$ -	\$ -	\$ 45	\$ 45	-3.7%

# Paid Claims by Claim Type – Total

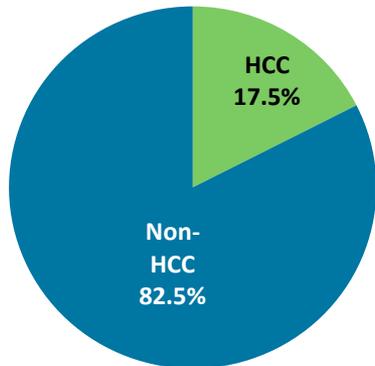
Net Paid Claims - Total									
Total Participants									
	1Q20				1Q21				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 8,170,468	\$ 4,482,741	\$ 1,102,423	\$ 13,755,633	\$ 6,693,576	\$ 1,600,316	\$ 1,748,762	\$ 10,042,654	-27.0%
Outpatient	\$ 15,135,711	\$ 4,186,885	\$ 614,212	\$ 19,936,808	\$ 14,071,628	\$ 2,918,985	\$ 772,936	\$ 17,763,549	-10.9%
Total - Medical	\$ 23,306,179	\$ 8,669,626	\$ 1,716,635	\$ 33,692,440	\$ 20,765,204	\$ 4,519,301	\$ 2,521,698	\$ 27,806,203	-17.5%
Dental	\$ 4,899,893	\$ 660,237	\$ 219,859	\$ 5,779,989	\$ 4,479,663	\$ 581,367	\$ 208,439	\$ 5,269,468	-8.8%
Dental Exchange	\$ -	\$ -	\$ 1,351,467	\$ 1,351,467	\$ -	\$ -	\$ 1,306,957	\$ 1,306,957	-3.3%
<b>Total</b>	<b>\$ 28,206,073</b>	<b>\$ 9,329,863</b>	<b>\$ 3,287,961</b>	<b>\$ 40,823,897</b>	<b>\$ 25,244,866</b>	<b>\$ 5,100,667</b>	<b>\$ 4,037,095</b>	<b>\$ 34,382,629</b>	<b>-15.8%</b>

Net Paid Claims - Per Participant per Month									
	1Q20				1Q21				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 395	\$ 953	\$ 654	\$ 476	\$ 354	\$ 511	\$ 928	\$ 396	-16.9%
Dental	\$ 60	\$ 54	\$ 64	\$ 60	\$ 55	\$ 50	\$ 59	\$ 55	-8.1%
Dental Exchange	\$ -	\$ -	\$ 51	\$ 51	\$ -	\$ -	\$ 48	\$ 48	-5.0%

# Cost Distribution – Medical Claims

1Q20						1Q21						
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
26	0.1%	\$7,623,742	22.6%	\$100,984	0.8%	\$100,000.01 Plus	21	0.0%	\$4,842,321	17.4%	\$99,429	0.9%
44	0.1%	\$3,430,142	10.2%	\$209,515	1.7%	\$50,000.01-\$100,000.00	49	0.1%	\$3,692,075	13.3%	\$245,563	2.2%
119	0.3%	\$4,447,896	13.2%	\$414,109	3.3%	\$25,000.01-\$50,000.00	112	0.3%	\$4,087,731	14.7%	\$487,419	4.4%
342	0.8%	\$5,717,455	17.0%	\$1,143,449	9.0%	\$10,000.01-\$25,000.00	312	0.7%	\$5,177,782	18.6%	\$1,179,525	10.8%
506	1.2%	\$3,804,626	11.3%	\$1,378,035	10.9%	\$5,000.01-\$10,000.00	379	0.9%	\$2,733,428	9.8%	\$1,040,624	9.5%
693	1.6%	\$2,608,986	7.7%	\$1,309,951	10.3%	\$2,500.01-\$5,000.00	512	1.2%	\$1,925,948	6.9%	\$962,815	8.8%
15,154	35.4%	\$6,059,593	18.0%	\$5,809,430	45.8%	\$0.01-\$2,500.00	14,301	33.6%	\$5,346,918	19.2%	\$4,990,138	45.5%
7,327	17.1%	\$0	0.0%	\$2,316,563	18.3%	\$0.00	6,586	15.5%	\$0	0.0%	\$1,954,911	17.8%
18,543	43.4%	\$0	0.0%	\$0	0.0%	No Claims	20,309	47.7%	\$0	0.0%	\$0	0.0%
<b>42,753</b>	<b>100.0%</b>	<b>\$33,692,440</b>	<b>100.0%</b>	<b>\$12,682,036</b>	<b>100.0%</b>		<b>42,580</b>	<b>100.0%</b>	<b>\$27,806,203</b>	<b>100.0%</b>	<b>\$10,960,425</b>	<b>100.0%</b>

**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 DIG) Diseases of the Digestive System	4	\$1,176,349	24.2%
(CCS CIR) Diseases of the Circulatory System	18	\$631,731	13.0%
(CCS PNL) Certain Conditions Originating in the Perinatal Period	2	\$541,390	11.1%
(CCS NEO) Neoplasms	8	\$514,704	10.6%
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	13	\$466,440	9.6%
(CCS NVS) Diseases of the Nervous System	15	\$308,774	6.3%
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	12	\$287,561	5.9%
(CCS END) Endocrine, Nutritional and Metabolic Diseases	10	\$227,276	4.7%
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	5	\$211,634	4.3%
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	19	\$177,918	3.7%
(CCS INF) Certain Infectious and Parasitic Diseases	7	\$101,182	2.1%
(CCS GEN) Diseases of the Genitourinary System	7	\$85,224	1.8%
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere	19	\$76,199	1.6%
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormalities	3	\$35,614	0.7%
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	6	\$15,207	0.3%
(CCS RSP) Diseases of the Respiratory System	7	\$6,375	0.1%
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving	6	\$3,756	0.1%
All Others	2	\$0	0.0%
<b>Overall</b>	<b>----</b>	<b>\$4,867,336</b>	<b>100.0%</b>

# Utilization Summary (p. 1 of 2)

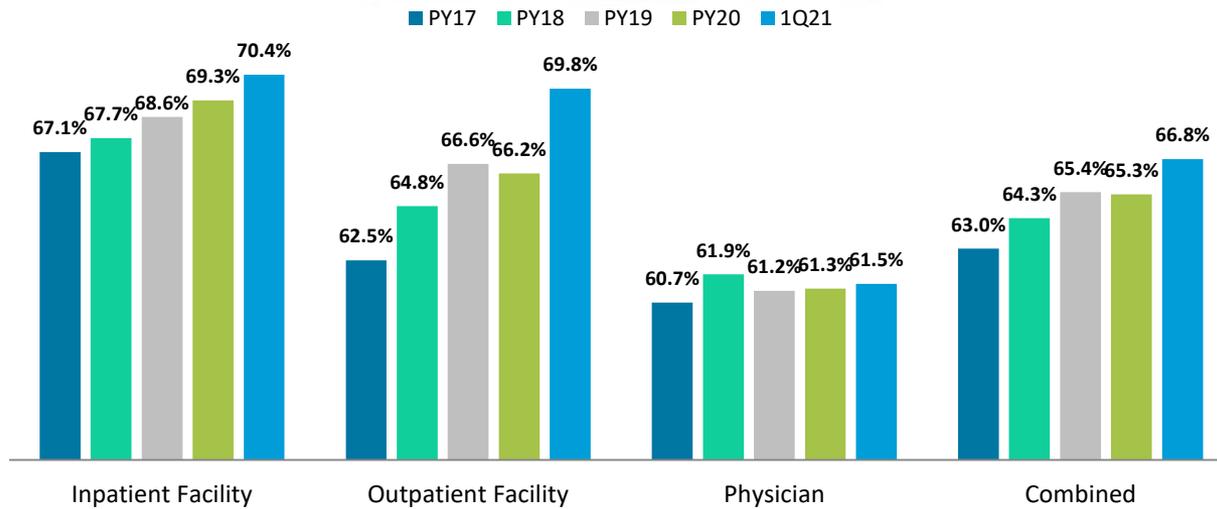
Summary	Total				State Active				Non-State Active			
	1Q19	1Q20	1Q21	Variance to Prior Year	1Q19	1Q20	1Q21	Variance to Prior Year	1Q19	1Q20	1Q21	Variance to Prior Year
<b>Inpatient Facility</b>												
# of Admits	622	581	478		429	461	383		0	0	0	
# of Bed Days	2,834	2,858	2,247		1,907	2,082	1,778		0	0	0	
Paid Per Admit	\$18,870	\$20,816	\$18,866	-9.4%	\$19,227	\$15,237	\$15,461	1.5%	\$0	\$0	\$0	0.0%
Paid Per Day	\$4,141	\$4,232	\$4,013	-5.2%	\$4,325	\$3,374	\$3,330	-1.3%	\$0	\$0	\$0	0.0%
Admits Per 1,000	49	54	45	-16.7%	47	50	41	-18.0%	0	0	0	0.0%
Days Per 1,000	222	267	211	-21.0%	207	224	192	-14.3%	0	0	0	0.0%
Avg LOS	4.6	4.9	4.7	-4.1%	4.4	4.5	4.6	2.2%	0	0	0	0.0%
<b>Physician Office</b>												
OV Utilization per Member	3.2	3.9	3.2	-17.9%	3.2	3.7	3.1	-16.2%	4	9.7	4.6	-52.6%
Avg Paid per OV	\$46	\$40	\$41	2.5%	\$40	\$40	\$41	2.5%	\$58	\$70	\$65	-7.1%
Avg OV Paid per Member	\$147	\$156	\$132	-15.4%	\$126	\$146	\$126	-13.7%	\$231	\$675	\$299	-55.7%
DX&L Utilization per Member	6.6	8.5	7.4	-12.9%	6.5	7.9	7	-11.4%	0	0	0	0.0%
Avg Paid per DX&L	\$65	\$54	\$61	13.0%	\$57	\$53	\$54	1.9%	\$0	\$0	\$0	0.0%
Avg DX&L Paid per Member	\$426	\$454	\$451	-0.7%	\$369	\$414	\$381	-8.0%	\$0	\$0	\$0	0.0%
<b>Emergency Room</b>												
# of Visits	1,587	1,785	1,425		1,262	1,448	1,208		0	1	0	
# of Admits	262	233	203		193	176	155		0	0	0	
Visits Per Member	0.15	0.17	0.13	-22.2%	0.14	0.16	0.13	-16.6%	0	0.57	0.00	0.0%
Visits Per 1,000	149	167	134	-19.8%	137	156	131	-16.0%	0	571	0	0.0%
Avg Paid per Visit	\$1,717	\$1,976	\$2,086	5.6%	\$1,672	\$1,994	\$2,116	6.1%	\$0	\$365	\$0	0.0%
Admits Per Visit	0.17	0.13	0.14	7.3%	0.15	0.12	0.13	7.0%	0.00	0.00	0.00	0.0%
<b>Urgent Care</b>												
# of Visits	2,125	2,745	2,009		1,912	2,483	1,813		0	1	0	
Visits Per Member	0.20	0.26	0.19	-26.9%	0.21	0.27	0.20	-25.9%	0.00	0.57	0.00	0.0%
Visits Per 1,000	200	257	189	-26.5%	207	267	196	-26.6%	0	571	0	0.0%
Avg Paid per Visit	\$27	\$38	\$87	128.9%	\$27	\$35	\$88	151.4%	\$0	\$170	\$0	0.0%

# Utilization Summary (p. 2 of 2)

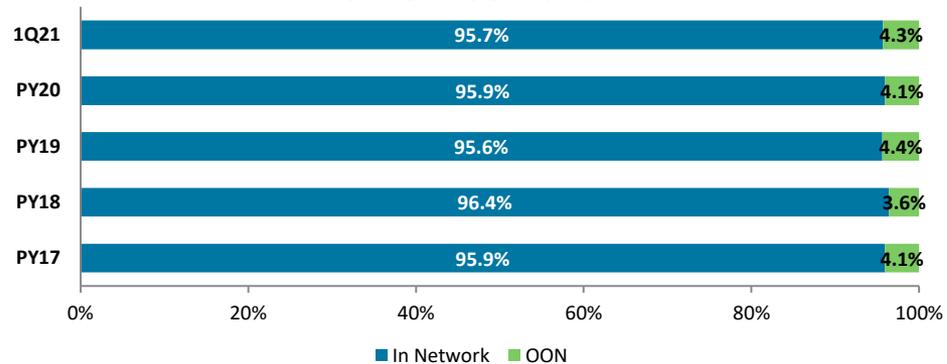
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	1Q19	1Q20	1Q21	Variance to Prior Year	1Q19	1Q20	1Q21	Variance to Prior Year	
<b>Inpatient Facility</b>									
# of Admits	94	96	62		30	24	33		
# of Bed Days	498	629	311		208	147	158		
Paid Per Admit	\$18,797	\$45,601	\$29,980	-34.3%	\$32,051	\$28,829	\$37,514	30.1%	\$16,173
Paid Per Day	\$3,548	\$6,960	\$5,977	-14.1%	\$4,623	\$4,707	\$7,835	66.5%	\$3,708
Admits Per 1,000	78	79	50	-36.7%	136	127	201	58.3%	61
Days Per 1,000	416	519	252	-51.4%	940	777	963	23.9%	264
Avg LOS	5.3	6.6	5	-24.2%	6.9	6.1	4.8	-21.3%	4.3
<b>Physician Office</b>									
OV Utilization per Member	4.5	5.4	4.3	-20.4%	6	7.2	6.2	-13.9%	3.3
Avg Paid per OV	\$39	\$40	\$40	0.0%	\$33	\$32	\$27	-15.6%	\$50
Avg OV Paid per Member	\$173	\$216	\$173	-19.9%	\$200	\$228	\$165	-27.6%	\$167
DX&L Utilization per Member	10.1	12	9.9	-17.5%	12.7	14.1	10.8	-23.4%	8.3
Avg Paid per DX&L	\$78	\$59	\$96	62.7%	\$75	\$54	\$59	9.3%	\$67
Avg DX&L Paid per Member	\$792	\$707	\$947	33.9%	\$950	\$763	\$635	-16.8%	\$554
<b>Emergency Room</b>									
# of Visits	249	264	178		76	72	39		
# of Admits	53	49	38		16	8	10		
Visits Per Member	0.21	0.22	0.14	-35.7%	0.34	0.38	0.24	-36.9%	0.17
Visits Per 1,000	208	218	144	-33.8%	343	381	238	-37.5%	174
Avg Paid per Visit	\$1,814	\$2,090	\$1,761	-15.7%	\$2,144	\$1,217	\$2,637	116.7%	\$1,684
Admits Per Visit	0.21	0.19	0.21	10.5%	0.21	0.11	0.26	136.4%	0.14
<b>Urgent Care</b>									
# of Visits	177	228	174		36	33	22		
Visits Per Member	0.15	0.19	0.14	-26.3%	0.16	0.17	0.13	-23.5%	0.24
Visits Per 1,000	148	188	141	-25.0%	163	174	134	-23.0%	242
Avg Paid per Visit	\$29	\$62	\$74	19.4%	\$32	\$44	\$38	-13.6%	\$74
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

# Provider Network Summary

## In Network Discounts



## Network Utilization



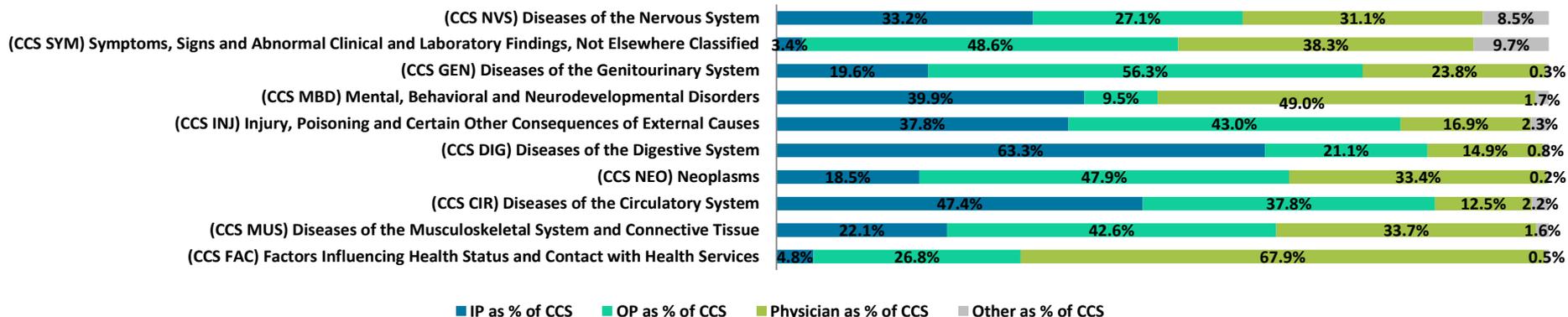
# AHRQ\* Clinical Classifications Summary

AHRQ Clinical Classifications Chapter	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	\$4,030,199	14.5%	\$2,465,313	\$658,800	\$906,086	\$1,331,679	\$2,698,520
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	\$2,895,470	10.4%	\$1,755,132	\$819,184	\$321,155	\$1,103,373	\$1,792,098
(CCS CIR) Diseases of the Circulatory System	\$2,823,200	10.2%	\$2,172,584	\$568,380	\$82,237	\$1,485,325	\$1,337,876
(CCS NEO) Neoplasms	\$2,688,610	9.7%	\$2,269,321	\$392,493	\$26,797	\$1,029,847	\$1,658,763
(CCS DIG) Diseases of the Digestive System	\$2,527,620	9.1%	\$1,368,090	\$950,312	\$209,218	\$1,190,738	\$1,336,882
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	\$2,300,167	8.3%	\$1,327,110	\$536,809	\$436,248	\$1,254,066	\$1,046,101
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	\$1,402,642	5.0%	\$535,762	\$185,801	\$681,079	\$636,341	\$766,301
(CCS GEN) Diseases of the Genitourinary System	\$1,351,401	4.9%	\$983,119	\$268,665	\$99,617	\$517,137	\$834,264
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Els	\$1,238,928	4.5%	\$842,382	\$209,319	\$187,227	\$488,292	\$750,636
(CCS NVS) Diseases of the Nervous System	\$1,215,250	4.4%	\$782,485	\$268,441	\$164,324	\$288,656	\$926,595
(CCS PRG) Pregnancy, Childbirth and the Puerperium	\$997,429	3.6%	\$656,222	\$324,612	\$16,596	\$0	\$997,429
(CCS END) Endocrine, Nutritional and Metabolic Diseases	\$980,258	3.5%	\$631,789	\$205,447	\$143,021	\$492,965	\$487,293
(CCS PNL) Certain Conditions Originating in the Perinatal Period	\$828,028	3.0%	\$1,638	\$478	\$825,911	\$654,681	\$173,346
(CCS INF) Certain Infectious and Parasitic Diseases	\$754,991	2.7%	\$663,005	\$67,277	\$24,708	\$329,540	\$425,450
(CCS RSP) Diseases of the Respiratory System	\$642,727	2.3%	\$428,062	\$50,767	\$163,898	\$297,919	\$344,808
(CCS EYE) Diseases of the Eye and Adnexa	\$491,769	1.8%	\$307,680	\$115,079	\$69,010	\$209,856	\$281,913
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormaliti	\$217,483	0.8%	\$39,638	\$1,065	\$176,779	\$63,228	\$154,255
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	\$170,262	0.6%	\$96,729	\$33,687	\$39,846	\$103,683	\$66,579
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders II	\$121,577	0.4%	\$97,613	\$14,250	\$9,714	\$39,410	\$82,167
(CCS EAR) Diseases of the Ear and Mastoid Process	\$119,402	0.4%	\$63,000	\$11,072	\$45,330	\$64,220	\$55,182
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$8,702	0.0%	\$6,207	\$95	\$2,401	\$3,986	\$4,716
(CCS EXT) External Causes of Morbidity	\$88	0.0%	\$88	\$0	\$0	\$0	\$88
<b>Total</b>	<b>\$27,806,203</b>	<b>100.0%</b>	<b>\$17,492,970</b>	<b>\$5,682,032</b>	<b>\$4,631,202</b>	<b>\$11,584,941</b>	<b>\$16,221,263</b>



\*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.

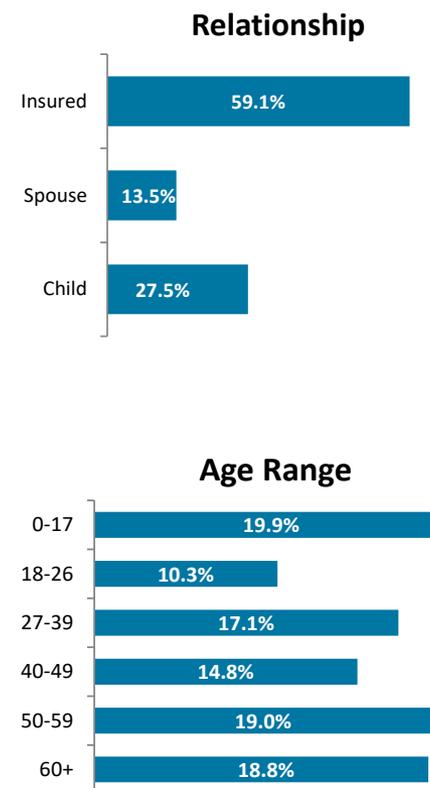
## Top 10 Categories by Claim Type



# AHRQ Category – Factors Influencing Health Status and Contact with Health Services

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Exposure, Encounters, Screening Or Contact With Infectious Disease	4,787	7,332	\$894,484	22.2%
Medical Examination/Evaluation	5,855	8,762	\$880,871	21.9%
Encounter For Antineoplastic Therapies	59	249	\$704,491	17.5%
Neoplasm-Related Encounters	2,124	3,559	\$679,579	16.9%
Other Aftercare Encounter	277	654	\$282,556	7.0%
Contraceptive And Procreative Management	485	698	\$186,583	4.6%
Personal/Family History Of Disease	327	490	\$100,487	2.5%
Implant, Device Or Graft Related Encounter	259	597	\$96,889	2.4%
Other Specified Status	692	1,239	\$80,787	2.0%
Encounter For Prophylactic Or Other Procedures	36	47	\$45,360	1.1%
Organ Transplant Status	26	157	\$21,488	0.5%
Encounter For Observation And Examination For Conditions Ruled Out (Excl	746	900	\$19,079	0.5%
Acquired Absence Of Limb Or Organ	16	22	\$15,806	0.4%
Other Specified Encounters And Counseling	166	261	\$14,303	0.4%
Encounter For Administrative Purposes	85	98	\$5,398	0.1%
Lifestyle/Life Management Factors	26	34	\$686	0.0%
Screening For Neurocognitive Or Neurodevelopmental Condition	11	11	\$514	0.0%
Encounter For Prophylactic Measures (Excludes Immunization)	10	20	\$329	0.0%
Encounter For Mental Health Conditions	68	70	\$304	0.0%
Carrier Status	2	3	\$76	0.0%
Socioeconomic/Psychosocial Factors	13	23	\$64	0.0%
No Immunization Or Underimmunization	7	9	\$63	0.0%
<b>Overall</b>	----	----	<b>\$4,030,199</b>	<b>100.0%</b>

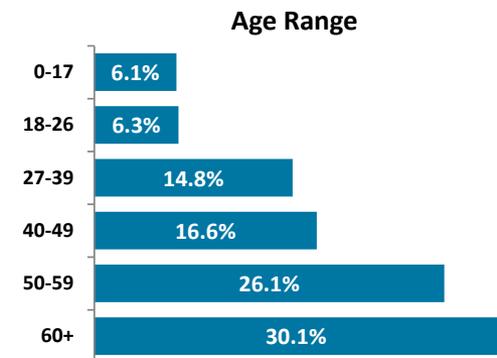
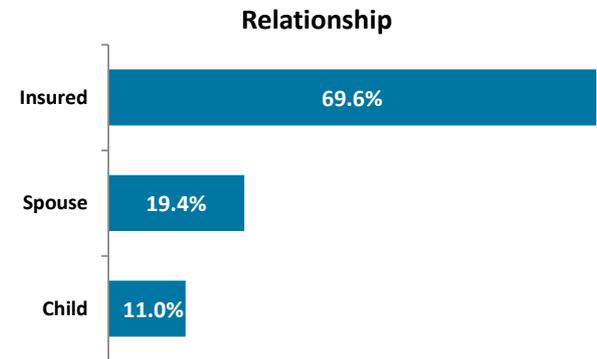
\*Patient and claim counts are unique only within the category



# AHRQ Category – Diseases of the Musculoskeletal System & Connective Tissue

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Spondylopathies/Spondyloarthropathy (Including Infective)	1,259	4,486	\$763,425	26.4%
Osteoarthritis	463	1,013	\$573,496	19.8%
Musculoskeletal Pain, Not Low Back Pain	1,807	5,869	\$273,322	9.4%
Tendon And Synovial Disorders	367	977	\$247,614	8.6%
Scoliosis And Other Postural Dorsopathic Deformities	37	144	\$188,718	6.5%
Osteomyelitis	17	191	\$152,870	5.3%
Other Specified Joint Disorders	266	604	\$139,475	4.8%
Postprocedural Or Postoperative Musculoskeletal System Complication	33	78	\$120,537	4.2%
Acquired Foot Deformities	105	318	\$97,042	3.4%
Other Specified Connective Tissue Disease	479	967	\$74,840	2.6%
Low Back Pain	545	1,606	\$59,371	2.1%
Rheumatoid Arthritis And Related Disease	102	192	\$43,604	1.5%
Other Specified Bone Disease And Musculoskeletal Deformities	117	193	\$27,343	0.9%
Muscle Disorders	71	259	\$26,573	0.9%
Pathological Fracture, Initial Encounter	2	6	\$24,317	0.8%
Acquired Deformities (Excluding Foot)	28	59	\$16,085	0.6%
Biomechanical Lesions	686	1,861	\$13,535	0.5%
Osteoporosis	83	125	\$10,907	0.4%
Neurogenic/Neuropathic Arthropathy	3	15	\$8,147	0.3%
Traumatic Arthropathy	13	31	\$7,524	0.3%
Juvenile Arthritis	5	14	\$6,081	0.2%
Pathological Fracture, Subsequent Encounter	1	3	\$5,236	0.2%
Systemic Lupus Erythematosus And Connective Tissue Disorders	82	153	\$5,110	0.2%
Disorders Of Jaw	24	61	\$3,601	0.1%
Gout	83	126	\$2,575	0.1%
Stress Fracture, Initial Encounter	14	26	\$2,223	0.1%
Aseptic Necrosis And Osteonecrosis	4	13	\$1,239	0.0%
Stress Fracture, Subsequent Encounter	6	43	\$660	0.0%
Other Bone Disease And Musculoskeletal Deformities [212.]	1	1	\$0	0.0%
Infective Arthritis	2	2	\$0	0.0%
Crystal Arthropathies (Excluding Gout)	1	2	\$0	0.0%
Autoinflammatory Syndromes	2	2	\$0	0.0%
Musculoskeletal Abscess	1	1	\$0	0.0%
Immune-Mediated/Reactive Arthropathies	1	1	\$0	0.0%
	----	----	<b>\$2,895,470</b>	<b>100.0%</b>

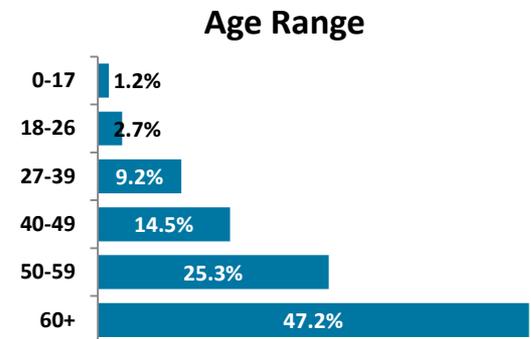
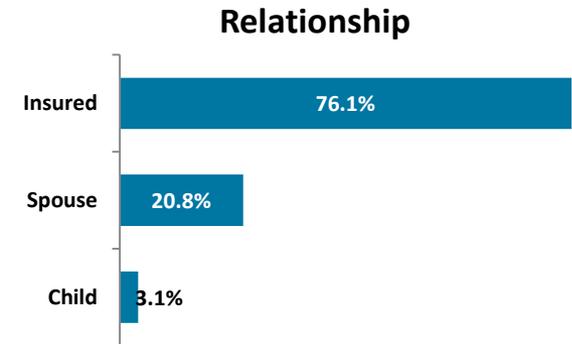
\*Patient and claim counts are unique only within the category



# AHRQ Category – Diseases of the Circulatory System

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Coronary Atherosclerosis And Other Heart Disease	240	517	\$503,061	17.8%
Cardiac Dysrhythmias	266	636	\$470,913	16.7%
Cerebral Infarction	49	213	\$446,537	15.8%
Nonspecific Chest Pain	555	1,160	\$376,849	13.3%
Heart Failure	80	185	\$173,572	6.1%
Sequela Of Hemorrhagic Cerebrovascular Disease	2	14	\$140,870	5.0%
Acute Hemorrhagic Cerebrovascular Disease	21	40	\$106,647	3.8%
Other And Ill-Defined Cerebrovascular Disease	25	39	\$76,268	2.7%
Peripheral And Visceral Vascular Disease	67	133	\$62,059	2.2%
Essential Hypertension	1,275	1,941	\$61,287	2.2%
Acute Myocardial Infarction	30	91	\$59,930	2.1%
Acute Phlebitis; Thrombophlebitis And Thromboembolism	47	114	\$55,881	2.0%
Aortic And Peripheral Arterial Embolism Or Thrombosis	4	7	\$44,164	1.6%
Aortic; Peripheral; And Visceral Artery Aneurysms	23	47	\$32,931	1.2%
Acute Pulmonary Embolism	25	88	\$31,852	1.1%
Sequela Of Cerebral Infarction And Other Cerebrovascular Disease	18	70	\$28,342	1.0%
Varicose Veins Of Lower Extremity	52	128	\$22,264	0.8%
Nonrheumatic And Unspecified Valve Disorders	91	166	\$22,149	0.8%
Myocarditis And Cardiomyopathy	38	59	\$13,122	0.5%
Hypertension With Complications And Secondary Hypertension	22	30	\$11,720	0.4%
Postthrombotic Syndrome And Venous Insufficiency/Hypertension	44	79	\$11,202	0.4%
Other And Ill-Defined Heart Disease	33	42	\$10,316	0.4%
Other Specified Diseases Of Veins And Lymphatics	31	57	\$8,776	0.3%
Cardiac Arrest And Ventricular Fibrillation	5	12	\$8,126	0.3%
Occlusion Or Stenosis Of Precerebral Or Cerebral Arteries Without Infarction	37	52	\$7,255	0.3%
Hypotension	17	31	\$5,487	0.2%
Endocarditis And Endocardial Disease	3	8	\$5,214	0.2%
Conduction Disorders	62	95	\$5,173	0.2%
Chronic Rheumatic Heart Disease	60	64	\$5,165	0.2%
Other Specified And Unspecified Circulatory Disease	26	35	\$4,732	0.2%
Pulmonary Heart Disease	22	41	\$3,548	0.1%
Gangrene	3	10	\$3,430	0.1%
Arterial Dissections	5	7	\$2,252	0.1%
Postprocedural Or Postoperative Circulatory System Complication	6	18	\$1,806	0.1%
Pericarditis And Pericardial Disease	4	5	\$297	0.0%
Chronic Phlebitis; Thrombophlebitis And Thromboembolism	4	6	\$0	0.0%
<b>Overall</b>	----	----	<b>\$2,823,200</b>	<b>100.0%</b>

\*Patient and claim counts are unique only within the category

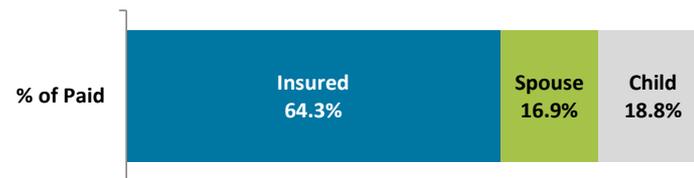
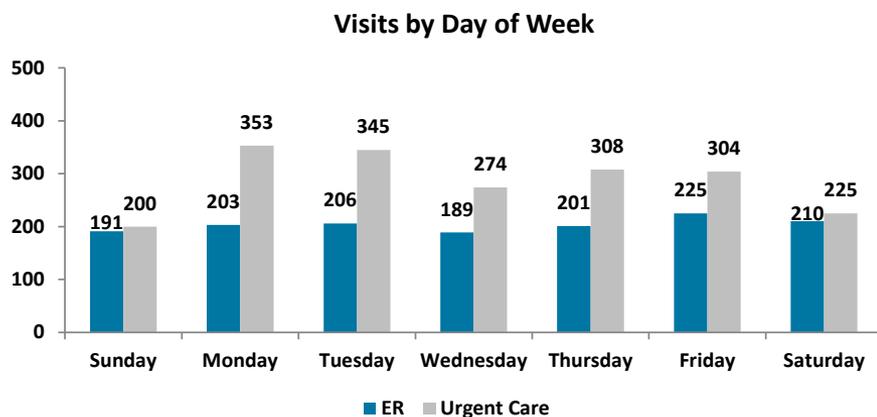


# Emergency Room / Urgent Care Summary

ER/Urgent Care	1Q20		1Q21		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,785	2,745	1,425	2,009		
Number of Admits	233	---	203	---		
Visits Per Member	0.17	0.26	0.13	0.19	0.17	0.24
Visits/1000 Members	167	257	134	189	174	242
Avg Paid Per Visit	\$1,976	\$38	\$2,086	\$87	\$1,684	\$74
Admits per Visit	0.13	---	0.14	---	0.14	
% of Visits with HSB ER Dx	74.8%	---	76.9%	---		
% of Visits with a Physician OV*	78.2%	74.1%	77.7%	71.8%		
<b>Total Plan Paid</b>	<b>\$3,526,669</b>	<b>\$103,706</b>	<b>\$2,972,411</b>	<b>\$174,002</b>		

\*looks back 12 months from ER visit

Annualized    Annualized    Annualized    Annualized

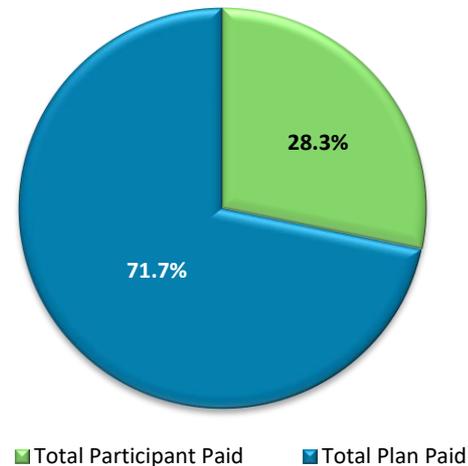
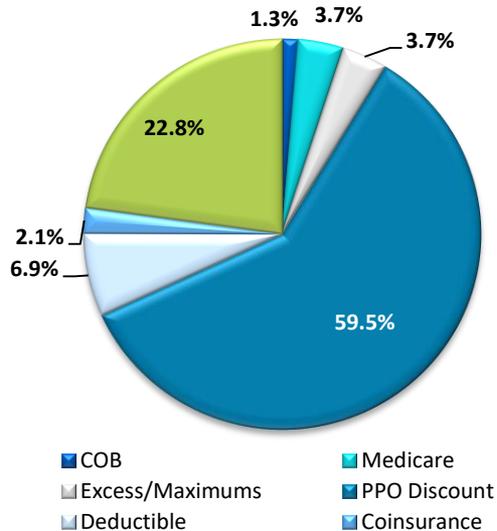


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	860	37	1,288	55	2,148	92
Spouse	245	44	243	44	488	88
Child	320	24	478	35	798	59
<b>Total</b>	<b>1,425</b>	<b>33</b>	<b>2,009</b>	<b>47</b>	<b>3,434</b>	<b>81</b>

# Savings Summary – Medical Claims

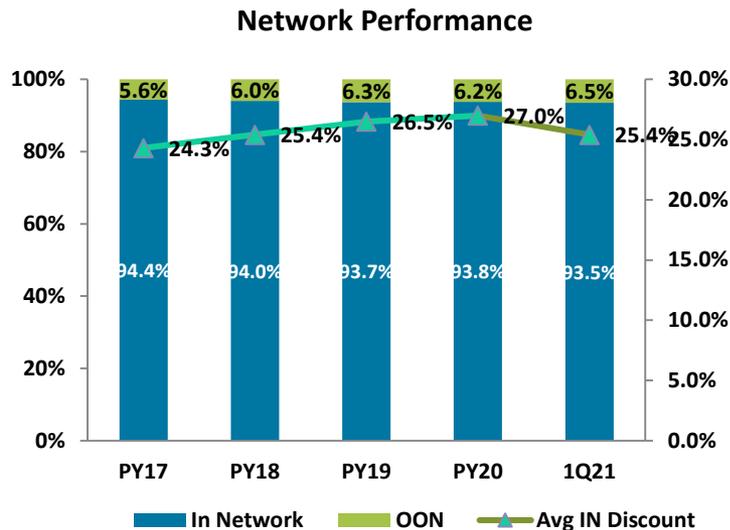
Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$121,784,690	\$1,733	100.0%
COB	\$1,562,767	\$22	1.3%
Medicare	\$4,526,247	\$64	3.7%
Excess/Maximums	\$4,486,976	\$64	3.7%
PPO Discount	\$72,442,071	\$1,031	59.5%
Deductible	\$8,390,977	\$119	6.9%
Coinsurance	\$2,569,448	\$37	2.1%
<b>Total Participant Paid</b>	<b>\$10,960,425</b>	<b>\$156</b>	<b>9.0%</b>
<b>Total Plan Paid</b>	<b>\$27,806,203</b>	<b>\$396</b>	<b>22.8%</b>

<b>Total Participant Paid - PY20</b>	<b>\$146</b>
<b>Total Plan Paid - PY20</b>	<b>\$506</b>

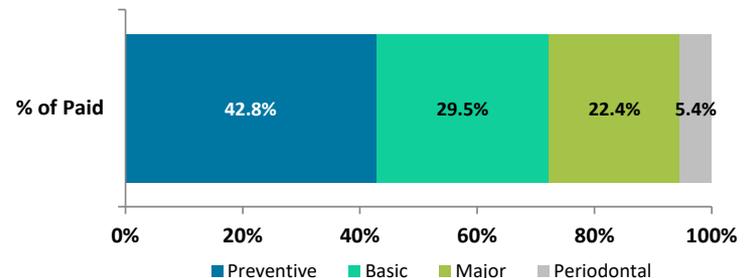


# Dental Claims Analysis

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	1,410	2.1%	3,890	11.8%	\$1,997,849	30.4%	\$1,410,390	40.6%
\$750.01-\$1,000.00	684	1.0%	1,539	4.7%	\$598,151	9.1%	\$381,223	11.0%
\$500.01-\$750.00	1,329	1.9%	2,767	8.4%	\$819,009	12.5%	\$559,677	16.1%
\$250.01-\$500.00	2,176	3.2%	4,045	12.3%	\$788,579	12.0%	\$422,555	12.2%
\$0.01-\$250.00	17,689	25.9%	19,960	60.6%	\$2,372,837	36.1%	\$649,571	18.7%
\$0.00	738	1.1%	760	2.3%	\$0	0.0%	\$47,853	1.4%
No Claims	44,371	64.9%	0	0.0%	\$0	0.0%	\$0	0.0%
<b>Total</b>	<b>68,397</b>	<b>100.0%</b>	<b>32,961</b>	<b>100.0%</b>	<b>\$6,576,425</b>	<b>100.0%</b>	<b>\$3,471,268</b>	<b>100.0%</b>



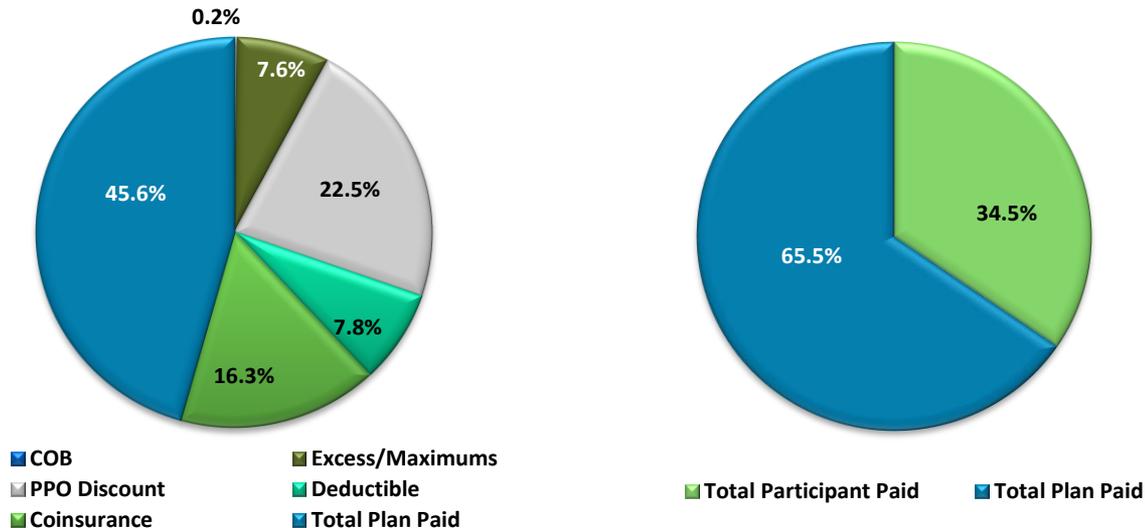
Claim Category	Total Paid	% of Paid
Preventive	\$2,812,347	42.8%
Basic	\$1,939,811	29.5%
Major	\$1,470,528	22.4%
Periodontal	\$353,740	5.4%
<b>Total</b>	<b>\$6,576,425</b>	<b>100.0%</b>



# Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$14,415,268	\$117	100.0%
COB	\$33,215	\$0	0.2%
Excess/Maximums	\$1,093,791	\$9	7.6%
PPO Discount	\$3,240,569	\$26	22.5%
Deductible	\$1,117,863	\$9	7.8%
Coinsurance	\$2,353,405	\$19	16.3%
<b>Total Participant Paid</b>	<b>\$3,471,268</b>	<b>\$28</b>	<b>24.1%</b>
<b>Total Plan Paid</b>	<b>\$6,576,425</b>	<b>\$53</b>	<b>45.6%</b>

<b>Total Participant Paid - PY20</b>	<b>\$22</b>
<b>Total Plan Paid - PY20</b>	<b>\$46</b>



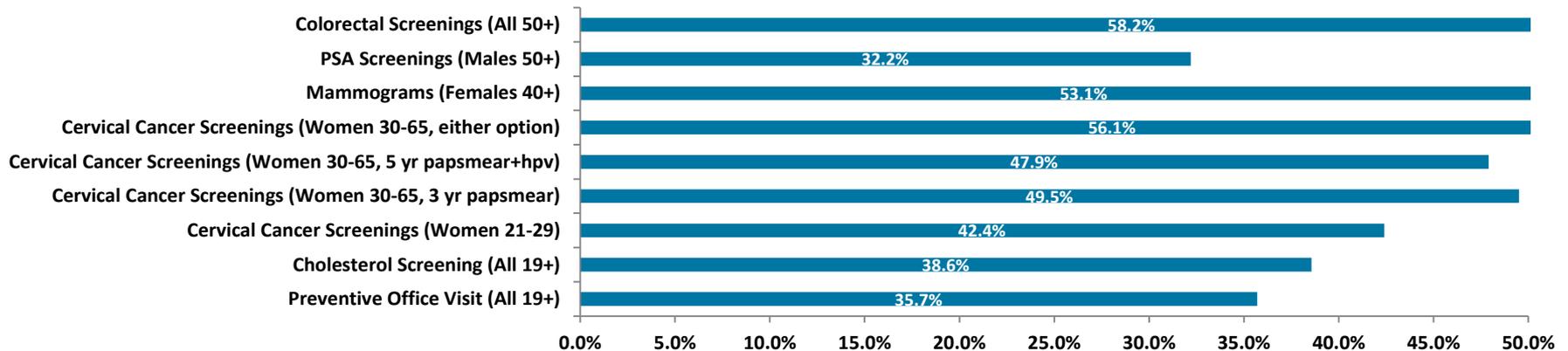
# Preventive Services Compliance

\*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+)	17,330	8,058	46.5%	15,217	3,561	23.4%	32,547	11,619	35.7%
Cholesterol Screening (All 19+)	17,330	7,227	41.7%	15,217	5,326	35.0%	32,547	12,553	38.6%
Cervical Cancer Screenings (Women 21-29)	2,737	1,160	42.4%	----	----	----	2,737	1,160	42.4%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	13,063	6,466	49.5%	----	----	----	13,063	6,466	49.5%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	13,063	6,257	47.9%	----	----	----	13,063	6,257	47.9%
Cervical Cancer Screenings (Women 30-65, either option)	13,063	7,328	56.1%	----	----	----	13,063	7,328	56.1%
Mammograms (Females 40+)	10,662	5,662	53.1%	----	----	----	10,662	5,662	53.1%
PSA Screenings (Males 50+)	----	----	----	6,394	2,059	32.2%	6,394	2,059	32.2%
Colorectal Screenings (All 50+)	7,345	4,422	60.2%	6,394	3,568	55.8%	13,739	7,990	58.2%

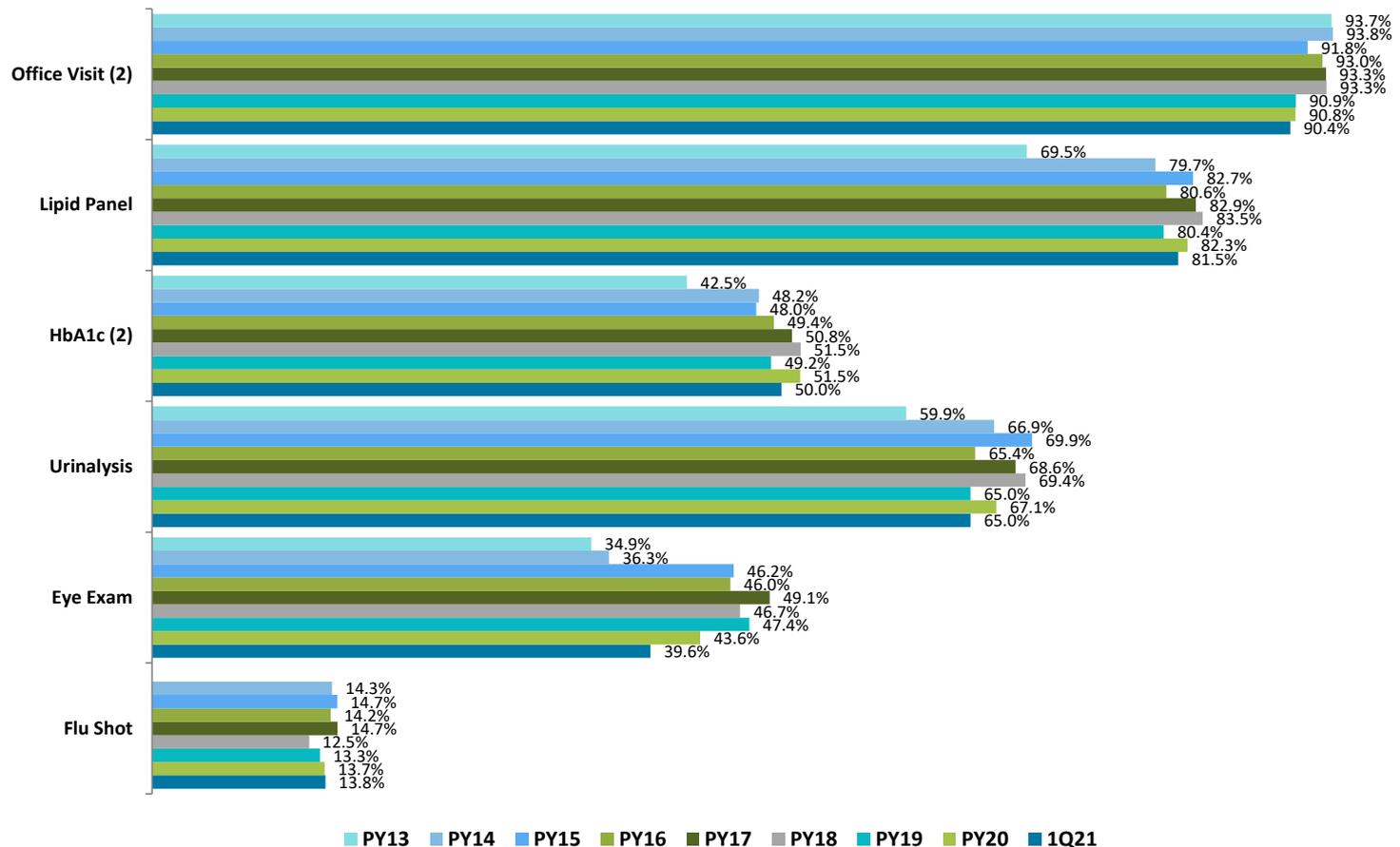
## Overall Preventive Services Compliance Rates



# 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	PY13	PY14	PY15	PY16	PY17	PY18	PY19	PY20	1Q21
Members	1,643	1,555	1,676	1,693	1,704	1,747	1,838	1,876	1,866



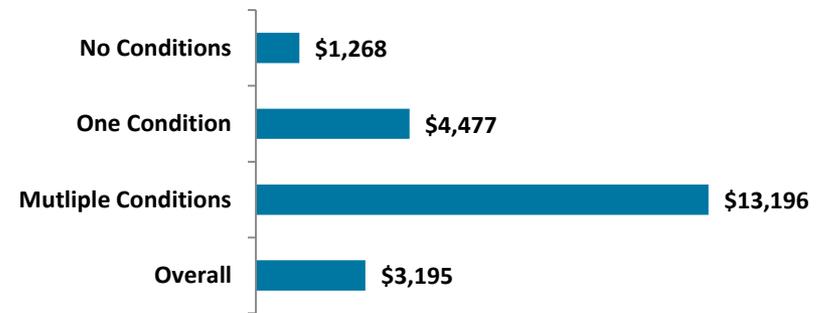
# Chronic Conditions Summary

\*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	1,194	1,138	28	39	\$7,107,482	\$5,953	99.0%	1 Office Visit
Cancer	1,326	1,259	31	59	\$30,696,112	\$23,149	----	----
Chronic Kidney Disease	322	303	8	59	\$6,597,867	\$20,490	----	----
Chronic Obstructive Pulmonary Disease (COPD)	244	230	6	60	\$6,312,251	\$25,870	98.4%	1 Office Visit
Congestive Heart Failure (CHF)	149	135	3	62	\$10,742,004	\$72,094	13.4%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	589	560	14	62	\$9,452,275	\$16,048	20.9%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	1,541	1,444	36	40	\$14,526,795	\$9,427	95.8%	1 Office Visit
Diabetes	1,866	1,765	44	56	\$16,144,641	\$8,652	17.7%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	3,188	3,075	74	54	\$18,124,875	\$5,685	39.0%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	3,634	3,463	85	57	\$34,213,229	\$9,415	26.4%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	824	786	19	43	\$5,623,899	\$6,825	----	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	29,483	31	47.4%	11.9%	40.7%
One Condition	8,783	47	70.4%	16.9%	12.8%
Multiple Conditions	4,595	56	78.3%	19.1%	2.6%
<b>Overall</b>	<b>42,821</b>	<b>36</b>	<b>54.7%</b>	<b>13.5%</b>	<b>31.8%</b>

## Cost per Member Type



**Public Employees' Benefits Program - RX Costs  
PY 2021 - Quarter Ending September 30, 2020**

**Express Scripts**

1Q FY2021		1Q FY2020	Difference	% Change
<b>Membership Summary</b>				
Member Count (Membership)	42,603	42,725	(122)	-0.3%
Utilizing Member Count (Patients)	19,817	20,041	(224)	-1.1%
Percent Utilizing (Utilization)	46.5%	46.9%	(0.00)	-0.8%
<b>Claim Summary</b>				
Net Claims (Total Rx's)	129,787	127,980	1,807	1.4%
Claims per Elig Member per Month (Claims PMPM)	1.02	1.00	0.02	2.0%
Total Claims for Generic (Generic Rx)	111,809	111,447	362.00	0.3%
Total Claims for Brand (Brand Rx)	17,978	16,533	1,445.00	8.7%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	2,045	1,972	73.00	3.7%
Total Non-Specialty Claims	128,257	126,473	1,784.00	1.4%
Total Specialty Claims	1,530	1,507	23.00	1.5%
<b>Generic % of Total Claims (GFR)</b>	<b>86.1%</b>	<b>87.1%</b>	(0.01)	-1.1%
Generic Effective Rate (GCR)	98.2%	98.3%	(0.00)	-0.1%
Mail Order Claims	27,258	20,855	6,403.00	30.7%
Mail Penetration Rate*	23.7%	18.4%	0.05	5.3%
<b>Claims Cost Summary</b>				
Total Prescription Cost (Total Gross Cost)	\$13,335,728.00	\$11,350,523.00	\$1,985,205.00	17.5%
Total Generic Gross Cost	\$2,099,998.00	\$1,892,145.00	\$207,853.00	11.0%
Total Brand Gross Cost	\$11,235,730.00	\$9,458,379.00	\$1,777,351.00	18.8%
Total MSB Gross Cost	\$445,930.00	\$429,641.00	\$16,289.00	3.8%
Total Ingredient Cost	\$13,225,033.00	\$11,258,409.00	\$1,966,624.00	17.5%
Total Dispensing Fee	\$105,091.00	\$87,509.00	\$17,582.00	20.1%
Total Other (e.g. tax)	\$5,604.00	\$5,606.00	(\$2.00)	0.0%
<b>Avg Total Cost per Claim (Gross Cost/Rx)</b>	<b>\$102.75</b>	<b>\$88.69</b>	\$14.06	15.9%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$18.78	\$16.98	\$1.80	10.6%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$624.97	\$572.09	\$52.88	9.2%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$217.95	\$217.87	\$0.08	0.0%
<b>Member Cost Summary</b>				
<b>Total Member Cost</b>	<b>\$3,876,275.00</b>	<b>\$4,259,472.00</b>	<b>(\$383,197.00)</b>	<b>-9.0%</b>
Total Copay	\$2,358,444.00	\$1,505,132.00	\$853,312.00	56.7%
Total Deductible	\$1,517,831.00	\$2,754,340.00	(\$1,236,509.00)	-44.9%
Avg Copay per Claim (Copay/Rx)	\$18.17	\$11.76	\$6.41	54.5%
<b>Avg Participant Share per Claim (Copay+Deductible/RX)</b>	<b>\$29.87</b>	<b>\$33.28</b>	<b>(\$3.42)</b>	<b>-10.3%</b>
Avg Copay for Generic (Copay/Generic Rx)	\$10.79	\$11.08	(\$0.29)	-2.6%
Avg Copay for Brand (Copay/Brand Rx)	\$148.49	\$182.97	(\$34.48)	-18.8%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$80.90	\$90.76	(\$9.86)	-10.9%
<b>Net PMPM (Participant Cost PMPM)</b>	<b>\$30.33</b>	<b>\$33.23</b>	<b>(\$2.90)</b>	<b>-8.7%</b>
Copay % of Total Prescription Cost (Member Cost Share %)	29.1%	37.5%	-8.5%	-22.5%
<b>Plan Cost Summary</b>				
<b>Total Plan Cost (Plan Cost)</b>	<b>\$9,459,453.00</b>	<b>\$7,091,051.00</b>	<b>\$2,368,402.00</b>	<b>33.4%</b>
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$3,145,193.00	\$2,673,598.00	\$471,595.00	17.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,314,260.00	\$4,417,453.00	\$1,896,807.00	42.9%
<b>Avg Plan Cost per Claim (Plan Cost/Rx)</b>	<b>\$72.88</b>	<b>\$55.41</b>	<b>\$17.48</b>	<b>31.5%</b>
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$7.99	\$5.90	\$2.09	35.4%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$476.48	\$389.12	\$87.36	22.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$137.05	\$127.12	\$9.93	7.8%
<b>Net PMPM (Plan Cost PMPM)</b>	<b>\$74.01</b>	<b>\$55.32</b>	<b>\$18.69</b>	<b>33.8%</b>
PMPM for Specialty Only (Specialty PMPM)	\$49.40	\$34.46	\$14.94	43.4%
PMPM without Specialty (Non-Specialty PMPM)	\$24.61	\$20.86	\$3.75	18.0%
Rebates (Q1 FY2021 actual)	\$2,454,526.22	\$2,240,109.74	\$214,416.48	9.6%
<b>Net PMPM (Plan Cost PMPM factoring Rebates)</b>	<b>\$54.81</b>	<b>\$37.85</b>	<b>\$16.96</b>	<b>44.8%</b>
PMPM for Specialty Only (Specialty PMPM)	\$43.50	\$28.56	\$14.94	52.3%
PMPM without Specialty (Non-Specialty PMPM)	\$12.06	\$8.94	\$3.12	34.9%

# Appendix B

## Index of Tables

### HealthSCOPE – EPO Utilization Review for PEBP July 1, 2020 – September 30, 2020

<b>HEALTHSCOPE BENEFITS OVERVIEW.....</b>	<b>2</b>
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#### **MEDICAL**

<i>Paid Claims by Age Group.....</i>	<b>3</b>
Financial Summary.....	4
Paid Claims by Claim Type.....	8
Cost Distribution – Medical Claims.....	11
Utilization Summary.....	12
Provider Network Summary.....	14

#### **PREVENTIVE SERVICES**

Preventive Services Compliance.....	21
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#### **PRESCRIPTION DRUG COSTS**

Prescription Drug Cost Comparison.....	24
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# HSB DATASCOPE™

## Nevada Public Employees' Benefits Program EPO Plan

July – September 2020

Reimagine | Rediscover **Benefits**



# Overview

- Total Medical Spend for 1Q21 was \$11,648,774 with an annualized plan cost per employee per year of \$9,845. This is an increase of 5.1% when compared to 1Q20.
  - IP Cost per Admit is \$15,532 which is 44.0% higher than 1Q20.
  - ER Cost per Visit is \$2,483 which is 2.9% lower than 1Q20.
- Employees shared in 5.6% of the medical cost.
- Inpatient facility costs were 18.0% of the plan spend.
- 92.6% of the Average Membership had paid Medical claims less than \$2,500, with 35.0% of those having no claims paid at all during the reporting period.
- 9 members exceeded the \$100k high cost threshold during the reporting period, which accounted for 12.5% of the plan spend. The highest diagnosis category was Injuries, accounting for 31.9% of the high cost claimant dollars.
- Total spending with in-network providers was 97.2%. The overall in-network discount was 57.3%.

# Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	1Q20						1Q21						% 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	\$ 334,085	\$ 986	\$ 771	\$ 2	\$ 334,856	\$ 988	\$ 380,703	\$ 1,295	\$ 1,866	\$ 6	\$ 382,569	\$ 1,301	14.2%	31.7%
1	\$ 111,058	\$ 416	\$ 2,876	\$ 11	\$ 113,934	\$ 427	\$ 48,674	\$ 156	\$ 520	\$ 2	\$ 49,194	\$ 158	-56.8%	-63.1%
2 - 4	\$ 149,174	\$ 171	\$ 3,522	\$ 4	\$ 152,696	\$ 175	\$ 99,228	\$ 119	\$ 3,385	\$ 4	\$ 102,613	\$ 123	-32.8%	-29.7%
5 - 9	\$ 185,832	\$ 116	\$ 28,802	\$ 18	\$ 214,634	\$ 134	\$ 116,007	\$ 76	\$ 15,746	\$ 10	\$ 131,753	\$ 86	-38.6%	-35.6%
10 - 14	\$ 411,700	\$ 208	\$ 59,872	\$ 30	\$ 471,572	\$ 238	\$ 234,320	\$ 126	\$ 50,397	\$ 27	\$ 284,717	\$ 154	-39.6%	-35.4%
15 - 19	\$ 653,403	\$ 303	\$ 114,109	\$ 53	\$ 767,512	\$ 355	\$ 467,329	\$ 216	\$ 92,183	\$ 43	\$ 559,512	\$ 259	-27.1%	-27.2%
20 - 24	\$ 341,599	\$ 189	\$ 101,897	\$ 56	\$ 443,496	\$ 245	\$ 453,790	\$ 228	\$ 220,279	\$ 111	\$ 674,069	\$ 339	52.0%	38.7%
25 - 29	\$ 319,942	\$ 284	\$ 105,617	\$ 94	\$ 425,559	\$ 378	\$ 313,772	\$ 289	\$ 213,693	\$ 197	\$ 527,465	\$ 486	23.9%	28.4%
30 - 34	\$ 658,917	\$ 439	\$ 80,714	\$ 54	\$ 739,631	\$ 493	\$ 869,527	\$ 610	\$ 172,291	\$ 121	\$ 1,041,818	\$ 731	40.9%	48.3%
35 - 39	\$ 791,051	\$ 468	\$ 201,138	\$ 119	\$ 992,189	\$ 586	\$ 907,005	\$ 518	\$ 208,290	\$ 119	\$ 1,115,295	\$ 637	12.4%	8.6%
40 - 44	\$ 726,250	\$ 429	\$ 293,424	\$ 173	\$ 1,019,674	\$ 603	\$ 620,333	\$ 364	\$ 355,370	\$ 209	\$ 975,703	\$ 573	-4.3%	-5.0%
45 - 49	\$ 1,040,419	\$ 480	\$ 377,040	\$ 174	\$ 1,417,459	\$ 654	\$ 1,068,035	\$ 531	\$ 299,271	\$ 149	\$ 1,367,306	\$ 679	-3.5%	3.9%
50 - 54	\$ 1,214,518	\$ 516	\$ 540,982	\$ 230	\$ 1,755,500	\$ 745	\$ 1,254,437	\$ 509	\$ 634,820	\$ 257	\$ 1,889,257	\$ 766	7.6%	2.8%
55 - 59	\$ 1,785,524	\$ 660	\$ 830,357	\$ 307	\$ 2,615,881	\$ 967	\$ 1,434,014	\$ 559	\$ 704,947	\$ 275	\$ 2,138,961	\$ 834	-18.2%	-13.7%
60 - 64	\$ 1,906,638	\$ 634	\$ 855,541	\$ 285	\$ 2,762,179	\$ 919	\$ 2,519,978	\$ 888	\$ 1,009,228	\$ 356	\$ 3,529,206	\$ 1,244	27.8%	35.3%
65+	\$ 696,152	\$ 574	\$ 372,134	\$ 307	\$ 1,068,286	\$ 881	\$ 861,625	\$ 711	\$ 459,937	\$ 379	\$ 1,321,562	\$ 1,090	23.7%	23.7%
<b>Total</b>	<b>\$ 11,326,261</b>	<b>\$ 427</b>	<b>\$ 3,968,796</b>	<b>\$ 150</b>	<b>\$15,295,058</b>	<b>\$ 577</b>	<b>\$ 11,648,774</b>	<b>\$ 447</b>	<b>\$ 4,442,222</b>	<b>\$ 171</b>	<b>\$ 16,090,999</b>	<b>\$ 618</b>	<b>5.2%</b>	<b>7.1%</b>

# Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY19	1Q20	1Q21	Variance to Prior Year	PY19	1Q20	1Q21	Variance to Prior Year	PY19	1Q20	1Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	4,653	4,837	4,733	-2.2%	3,878	4,078	4,016	-1.5%	4	4	4	0.0%
Avg # Members	8,488	8,832	8,678	-1.8%	7,445	7,812	7,712	-1.3%	5	5	5	0.0%
Ratio	1.8	1.8	1.8	0.0%	1.9	1.9	1.9	0.0%	1.3	1.3	1.3	0.0%
<b>Financial Summary</b>												
Gross Cost	\$45,094,672	\$12,759,081	\$12,336,809	-3.3%	\$35,711,039	\$10,932,583	\$10,508,606	-3.9%	\$45,961	\$5,288	\$3,952	-25.3%
Client Paid	\$40,764,731	\$11,326,261	\$11,648,774	2.8%	\$32,097,283	\$9,689,772	\$9,926,728	2.4%	\$40,931	\$4,713	\$3,222	-31.6%
Employee Paid	\$4,329,941	\$1,432,820	\$688,035	-52.0%	\$3,613,757	\$1,242,811	\$581,878	-53.2%	\$5,030	\$574	\$730	27.2%
Client Paid-PEPY	\$8,745	\$9,366	\$9,845	5.1%	\$8,277	\$9,504	\$9,886	4.0%	\$10,233	\$4,713	\$3,222	-31.6%
Client Paid-PMPY	\$4,794	\$5,129	\$5,370	4.7%	\$4,311	\$4,961	\$5,149	3.8%	\$8,186	\$3,771	\$2,578	-31.6%
Client Paid-PEPM	\$729	\$781	\$820	5.0%	\$690	\$792	\$824	4.0%	\$853	\$393	\$269	-31.6%
Client Paid-PMPM	\$400	\$427	\$447	4.7%	\$359	\$413	\$429	3.9%	\$682	\$314	\$215	-31.5%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	39	4	9	125.0%	27	4	9	125.0%	0	0	0	0.0%
HCC's / 1,000	4.6	0.5	1.0	131.1%	3.6	0.5	1.2	129.4%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$152,390	\$161,344	5.9%	\$246,453	\$152,390	\$154,128	1.1%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	5.4%	12.5%	132.3%	20.7%	6.3%	14.0%	122.6%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,218	\$849	\$964	13.5%	\$944	\$782	\$964	23.3%	\$3,360	\$0	\$0	0.0%
Facility Outpatient	\$1,506	\$1,660	\$1,755	5.7%	\$1,395	\$1,617	\$1,662	2.8%	\$1,369	\$1,374	\$223	-83.8%
Physician	\$1,923	\$2,454	\$2,445	-0.4%	\$1,844	\$2,412	\$2,374	-1.6%	\$3,030	\$2,349	\$2,152	-8.4%
Other	\$148	\$167	\$205	22.8%	\$127	\$151	\$149	-1.3%	\$427	\$48	\$203	322.9%
Total	\$4,794	\$5,129	\$5,370	4.7%	\$4,311	\$4,961	\$5,149	3.8%	\$8,186	\$3,771	\$2,578	-31.6%
		Annualized	Annualized			Annualized	Annualized			Annualized	Annualized	

# Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	1Q20	1Q21	Variance to Prior Year	PY19	1Q20	1Q21	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	599	596	582	-2.3%	181	159	131	-17.6%	
Avg # Members	826	815	793	-2.7%	227	201	168	-16.4%	
Ratio	1.4	1.4	1.4	-0.7%	1.3	1.3	1.3	1.6%	1.8
<b>Financial Summary</b>									
Gross Cost	\$7,418,807	\$1,599,330	\$1,645,732	2.9%	\$1,918,864	\$221,881	\$178,519	-19.5%	
Client Paid	\$6,863,148	\$1,437,635	\$1,559,274	8.5%	\$1,763,370	\$194,141	\$159,551	-17.8%	
Employee Paid	\$555,659	\$161,695	\$86,459	-46.5%	\$155,495	\$27,740	\$18,968	-31.6%	
Client Paid-PEPY	\$11,461	\$9,649	\$10,717	11.1%	\$9,769	\$4,894	\$4,884	-0.2%	\$6,209
Client Paid-PMPY	\$8,313	\$7,059	\$7,865	11.4%	\$7,777	\$3,870	\$3,806	-1.7%	\$3,437
Client Paid-PEPM	\$955	\$804	\$893	11.1%	\$814	\$408	\$407	-0.2%	\$517
Client Paid-PMPM	\$693	\$588	\$655	11.4%	\$648	\$322	\$317	-1.6%	\$286
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	9	0	1	0.0%	3	0	0	0.0%	
HCC's / 1,000	10.9	0.0	1.3	0.0%	13.2	0.0	0.0	0.0%	
Avg HCC Paid	\$339,256	\$0	\$64,942	0.0%	\$334,114	\$0	\$0	0.0%	
HCC's % of Plan Paid	44.5%	0.0%	4.2%	0.0%	56.8%	0.0%	0.0%	0.0%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$3,028	\$1,491	\$1,023	-31.4%	\$3,554	\$904	\$755	-16.5%	\$1,057
Facility Outpatient	\$2,243	\$2,232	\$2,850	27.7%	\$2,477	\$1,024	\$888	-13.3%	\$1,145
Physician	\$2,713	\$3,007	\$3,328	10.7%	\$1,587	\$1,846	\$1,559	-15.5%	\$1,122
Other	\$328	\$330	\$665	101.5%	\$158	\$97	\$605	523.7%	\$113
Total	\$8,313	\$7,059	\$7,865	11.4%	\$7,777	\$3,870	\$3,806	-1.7%	\$3,437
		Annualized	Annualized			Annualized	Annualized		

# Financial Summary – Prior Year Comparison (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	PY19	PY20	1Q21	Variance to Prior Year	PY19	PY20	1Q21	Variance to Prior Year	PY19	PY20	1Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	4,653	4,794	4,733	-1.3%	3,878	4,054	4,016	-0.9%	4	4	4	0.0%
Avg # Members	8,488	8,768	8,678	-1.0%	7,445	7,768	7,712	-0.7%	5	5	5	0.0%
Ratio	1.8	1.8	1.8	0.0%	1.9	1.9	1.9	0.0%	1.3	1.3	1.3	0.0%
<b>Financial Summary</b>												
Gross Cost	\$45,094,672	\$55,523,229	\$12,336,809	-77.8%	\$35,711,039	\$45,961,999	\$10,508,606	-77.1%	\$45,961	\$70,916	\$3,952	-94.4%
Client Paid	\$40,764,731	\$50,293,887	\$11,648,774	-76.8%	\$32,097,283	\$41,579,805	\$9,926,728	-76.1%	\$40,931	\$65,329	\$3,222	-95.1%
Employee Paid	\$4,329,941	\$5,229,342	\$688,035	-86.8%	\$3,613,757	\$4,382,194	\$581,878	-86.7%	\$5,030	\$5,587	\$730	-86.9%
Client Paid-PEPY	\$8,745	\$10,492	\$9,845	-6.2%	\$8,277	\$10,256	\$9,886	-3.6%	\$10,233	\$16,332	\$3,222	-80.3%
Client Paid-PMPY	\$4,794	\$5,736	\$5,370	-6.4%	\$4,311	\$5,352	\$5,149	-3.8%	\$8,186	\$13,066	\$2,578	-80.3%
Client Paid-PEPM	\$729	\$874	\$820	-6.2%	\$690	\$855	\$824	-3.6%	\$853	\$1,361	\$269	-80.2%
Client Paid-PMPM	\$400	\$478	\$447	-6.5%	\$359	\$446	\$429	-3.8%	\$682	\$1,089	\$215	-80.3%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	39	51	9	-82.4%	27	40	9	-77.5%	0	0	0	0.0%
HCC's / 1,000	4.6	5.8	1.0	-82.1%	3.6	5.2	1.2	-77.3%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$202,775	\$161,344	-20.4%	\$246,453	\$179,535	\$154,128	-14.2%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	20.6%	12.5%	-39.3%	20.7%	17.3%	14.0%	-19.1%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,218	\$1,169	\$964	-17.5%	\$944	\$1,036	\$964	-6.9%	\$3,360	\$2,928	\$0	-100.0%
Facility Outpatient	\$1,506	\$1,832	\$1,755	-4.2%	\$1,395	\$1,693	\$1,662	-1.8%	\$1,369	\$4,817	\$223	-95.4%
Physician	\$1,923	\$2,541	\$2,445	-3.8%	\$1,844	\$2,461	\$2,374	-3.5%	\$3,030	\$5,153	\$2,152	-58.2%
Other	\$148	\$194	\$205	5.7%	\$127	\$163	\$149	-8.6%	\$427	\$168	\$203	20.8%
Total	\$4,794	\$5,736	\$5,370	-6.4%	\$4,311	\$5,352	\$5,149	-3.8%	\$8,186	\$13,066	\$2,578	-80.3%
			Annualized				Annualized				Annualized	

# Financial Summary – Prior Year Comparison (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	PY20	1Q21	Variance to Prior Year	PY19	PY20	1Q21	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	599	588	582	-1.0%	181	148	131	-11.5%	
Avg # Members	826	807	793	-1.7%	227	188	168	-10.6%	
Ratio	1.4	1.4	1.4	-0.7%	1.3	1.3	1.3	0.8%	1.8
<b>Financial Summary</b>									
Gross Cost	\$7,418,807	\$8,514,643	\$1,645,732	-80.7%	\$1,918,864	\$975,672	\$178,519	-81.7%	
Client Paid	\$6,863,148	\$7,803,114	\$1,559,274	-80.0%	\$1,763,370	\$845,639	\$159,551	-81.1%	
Employee Paid	\$555,659	\$711,529	\$86,459	-87.8%	\$155,495	\$130,033	\$18,968	-85.4%	
Client Paid-PEPY	\$11,461	\$13,272	\$10,717	-19.3%	\$9,769	\$5,730	\$4,884	-14.8%	\$6,209
Client Paid-PMPY	\$8,313	\$9,674	\$7,865	-18.7%	\$7,777	\$4,508	\$3,806	-15.6%	\$3,437
Client Paid-PEPM	\$955	\$1,106	\$893	-19.3%	\$814	\$477	\$407	-14.7%	\$517
Client Paid-PMPM	\$693	\$806	\$655	-18.7%	\$648	\$376	\$317	-15.7%	\$286
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	9	18	1	-94.4%	3	0	0	0.0%	
HCC's / 1,000	10.9	22.3	1.3	-94.4%	13.2	0.0	0.0	0.0%	
Avg HCC Paid	\$339,256	\$175,561	\$64,942	-63.0%	\$334,114	\$0	\$0	0.0%	
HCC's % of Plan Paid	44.5%	40.5%	4.2%	-89.7%	56.8%	0.0%	0.0%	0.0%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$3,028	\$2,529	\$1,023	-59.5%	\$3,554	\$787	\$755	-4.1%	\$1,057
Facility Outpatient	\$2,243	\$3,276	\$2,850	-13.0%	\$2,477	\$1,314	\$888	-32.4%	\$1,145
Physician	\$2,713	\$3,385	\$3,328	-1.7%	\$1,587	\$2,165	\$1,559	-28.0%	\$1,122
Other	\$328	\$484	\$665	37.4%	\$158	\$242	\$605	150.0%	\$113
Total	\$8,313	\$9,674	\$7,865	-18.7%	\$7,777	\$4,508	\$3,806	-15.6%	\$3,437
			Annualized				Annualized		

# Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	1Q20				1Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 2,165,416	\$ 286,395	\$ 89,421	\$ 2,541,233	\$ 2,386,759	\$ 235,184	\$ 17,071	\$ 2,639,014	3.8%	
Outpatient	\$ 7,524,356	\$ 837,775	\$ 224,044	\$ 8,586,174	\$ 7,539,969	\$ 1,182,817	\$ 124,201	\$ 8,846,987	3.0%	
<b>Total - Medical</b>	<b>\$ 9,689,772</b>	<b>\$ 1,124,170</b>	<b>\$ 313,465</b>	<b>\$ 11,127,407</b>	<b>\$ 9,926,728</b>	<b>\$ 1,418,001</b>	<b>\$ 141,272</b>	<b>\$ 11,486,001</b>	<b>3.2%</b>	

Net Paid Claims - Per Participant per Month										
	1Q20				1Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 792	\$ 741	\$ 1,161	\$ 794	\$ 824	\$ 946	\$ 572	\$ 833	4.9%	

# Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total									
Non-State Participants									
	1Q20				1Q21				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 1,262	\$ 36,045	\$ 24,565	\$ 61,872	\$ -	\$ 34,043	\$ 360	\$ 34,403	-44.4%
Outpatient	\$ 3,452	\$ 112,177	\$ 21,354	\$ 136,982	\$ 3,222	\$ 19,348	\$ 105,799	\$ 128,370	-6.3%
<b>Total - Medical</b>	<b>\$ 4,713</b>	<b>\$ 148,222</b>	<b>\$ 45,919</b>	<b>\$ 198,854</b>	<b>\$ 3,222</b>	<b>\$ 53,392</b>	<b>\$ 106,159</b>	<b>\$ 162,773</b>	<b>-18.1%</b>

Net Paid Claims - Per Participant per Month									
	1Q20				1Q21				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 393	\$ 472	\$ 283	\$ 407	\$ 269	\$ 235	\$ 643	\$ 403	-1.1%

# Paid Claims by Claim Type – Total

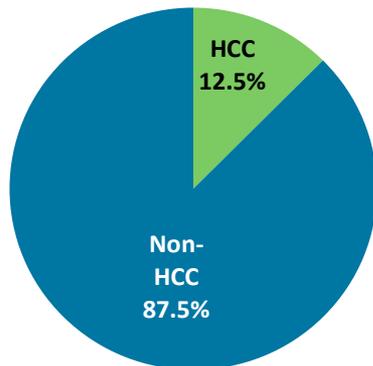
Net Paid Claims - Total										
Total Participants										
	1Q20				1Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 2,166,678	\$ 322,440	\$ 113,987	\$ 2,603,105	\$ 2,386,759	\$ 269,227	\$ 17,431	\$ 2,673,418	2.7%	
Outpatient	\$ 7,527,807	\$ 949,951	\$ 245,397	\$ 8,723,156	\$ 7,543,191	\$ 1,202,166	\$ 230,000	\$ 8,975,357	2.9%	
<b>Total - Medical</b>	<b>\$ 9,694,485</b>	<b>\$ 1,272,392</b>	<b>\$ 359,384</b>	<b>\$ 11,326,261</b>	<b>\$ 9,929,950</b>	<b>\$ 1,471,393</b>	<b>\$ 247,431</b>	<b>\$ 11,648,774</b>	<b>2.8%</b>	

Net Paid Claims - Per Participant per Month										
	1Q20				1Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 792	\$ 695	\$ 832	\$ 781	\$ 823	\$ 852	\$ 601	\$ 820	5.1%	

# Cost Distribution – Medical Claims

1Q20						1Q21						
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
4	0.0%	\$609,558	5.4%	\$3,746	0.3%	\$100,000.01 Plus	7	0.1%	\$1,452,092	12.5%	(\$58,624)	-8.5%
15	0.2%	\$1,050,048	9.3%	\$23,167	1.6%	\$50,000.01-\$100,000.00	20	0.2%	\$1,445,687	12.4%	\$33,320	4.8%
35	0.4%	\$1,293,627	11.4%	\$9,228	0.6%	\$25,000.01-\$50,000.00	48	0.5%	\$1,816,271	15.6%	\$12,678	1.8%
168	1.9%	\$2,719,659	24.0%	\$196,014	13.7%	\$10,000.01-\$25,000.00	129	1.5%	\$2,114,530	18.2%	\$53,096	7.7%
196	2.2%	\$1,432,524	12.6%	\$191,401	13.4%	\$5,000.01-\$10,000.00	151	1.7%	\$1,101,531	9.5%	\$62,774	9.1%
339	3.8%	\$1,211,128	10.7%	\$242,132	16.9%	\$2,500.01-\$5,000.00	288	3.3%	\$1,014,139	8.7%	\$102,800	14.9%
5,336	60.4%	\$3,009,717	26.6%	\$758,630	53.3%	\$0.01-\$2,500.00	4,935	56.9%	\$2,704,524	23.2%	\$477,766	69.4%
49	0.6%	\$0	0.0%	\$8,503	0.6%	\$0.00	62	0.7%	\$0	0.0%	\$4,226	0.6%
2,691	30.5%	\$0	0.0%	\$0	0.0%	No Claims	3,039	35.0%	\$0	0.0%	\$0	0.0%
<b>8,832</b>	<b>100.0%</b>	<b>\$11,326,261</b>	<b>100.0%</b>	<b>\$1,432,820</b>	<b>100.0%</b>		<b>8,678</b>	<b>100.0%</b>	<b>\$11,648,774</b>	<b>100.0%</b>	<b>\$688,035</b>	<b>100.0%</b>

**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 INJ) Injury, Poisoning and Certain Other Consequences of External Causes	3	\$463,342	31.9%
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving	2	\$361,994	24.9%
(CCS PNL) Certain Conditions Originating in the Perinatal Period	2	\$220,910	15.2%
(CCS NEO) Neoplasms	2	\$158,036	10.9%
(CCS END) Endocrine, Nutritional and Metabolic Diseases	1	\$157,554	10.9%
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	8	\$77,092	5.3%
(CCS NVS) Diseases of the Nervous System	3	\$6,959	0.5%
(CCS CIR) Diseases of the Circulatory System	2	\$2,713	0.2%
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere	4	\$1,370	0.1%
(CCS DIG) Diseases of the Digestive System	3	\$1,055	0.1%
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	4	\$536	0.0%
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	1	\$531	0.0%
<b>Overall</b>	<b>----</b>	<b>\$1,452,092</b>	<b>100.0%</b>

# Utilization Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY19	1Q20	1Q21	Variance to Prior Year	PY19	1Q20	1Q21	Variance to Prior Year	PY19	1Q20	1Q21	Variance to Prior Year
<b>Inpatient Facility</b>												
# of Admits	507	179	145	-19.0%	441	150	130	-13.3%	1	0	0	0.0%
# of Bed Days	2,491	896	808	-9.8%	2,026	760	584	-23.2%	2	0	0	0.0%
Paid Per Admit	\$20,394	\$10,789	\$15,532	44.0%	\$15,930	\$10,583	\$15,042	42.1%	\$16,801	\$0	\$0	0.0%
Paid Per Day	\$4,151	\$2,155	\$2,787	29.3%	\$3,468	\$2,089	\$3,348	60.3%	\$8,401	\$0	\$0	0.0%
Admits Per 1,000	60	81	67	-17.3%	59	77	67	-13.0%	200	0	0	0.0%
Days Per 1,000	293	406	372	-8.4%	272	389	303	-22.1%	400	0	0	0.0%
Avg LOS	4.9	5	5.6	12.0%	4.6	5.1	4.5	-11.8%	2.0	0.0	0.0	0.0%
<b>Physician Office</b>												
OV Utilization per Member	4.4	5.3	4.6	-13.2%	4.2	5.1	4.4	-13.7%	5.6	5.6	4.6	-17.9%
Avg Paid per OV	\$94	\$100	\$101	1.0%	\$95	\$102	\$103	1.0%	\$105	\$84	\$65	-22.6%
Avg OV Paid per Member	\$410	\$532	\$463	-13.0%	\$402	\$521	\$448	-14.0%	\$587	\$470	\$299	-36.4%
DX&L Utilization per Member	8.9	11.2	9.9	-11.6%	8.4	10.5	9.5	-9.5%	14	18.4	0	-100.0%
Avg Paid per DX&L	\$78	\$71	\$82	15.5%	\$75	\$73	\$82	12.3%	\$106	\$101	\$0	-100.0%
Avg DX&L Paid per Member	\$690	\$791	\$810	2.4%	\$629	\$764	\$773	1.2%	\$1,491	\$1,865	\$0	-100.0%
<b>Emergency Room</b>												
# of Visits	1,453	483	398	-17.6%	1,261	405	356	-12.1%	0	0	0	0.0%
# of Admits	192	68	46	-32.4%	154	48	38	-20.8%	0	0	0	0.0%
Visits Per Member	0.17	0.22	0.18	-17.7%	0.17	0.21	0.18	-13.2%	0.00	0.00	0.00	0.0%
Visits Per 1,000	171	219	183	-16.3%	169	207	185	-10.8%	0	0	0	0.0%
Avg Paid per Visit	\$2,608	\$2,557	\$2,483	-2.9%	\$2,546	\$2,609	\$2,434	-6.7%	\$0	\$0	\$0	0.0%
Admits Per Visit	0.13	0.14	0.12	-14.8%	0.12	0.12	0.11	-7.2%	0.00	0.00	0.00	0.0%
<b>Urgent Care</b>												
# of Visits	2,450	693	480	-30.7%	2,232	632	419	-33.7%	0	0	0	0.0%
Visits Per Member	0.29	0.31	0.22	-29.9%	0.30	0.32	0.22	-32.0%	0.00	0.00	0.00	0.0%
Visits Per 1,000	288	314	221	-29.6%	300	324	217	-32.9%	0	0	0	0.0%
Avg Paid per Visit	\$140	\$154	\$166	7.8%	\$140	\$154	\$165	7.1%	\$0	\$0	\$0	0.0%

Annualized      Annualized

Annualized      Annualized

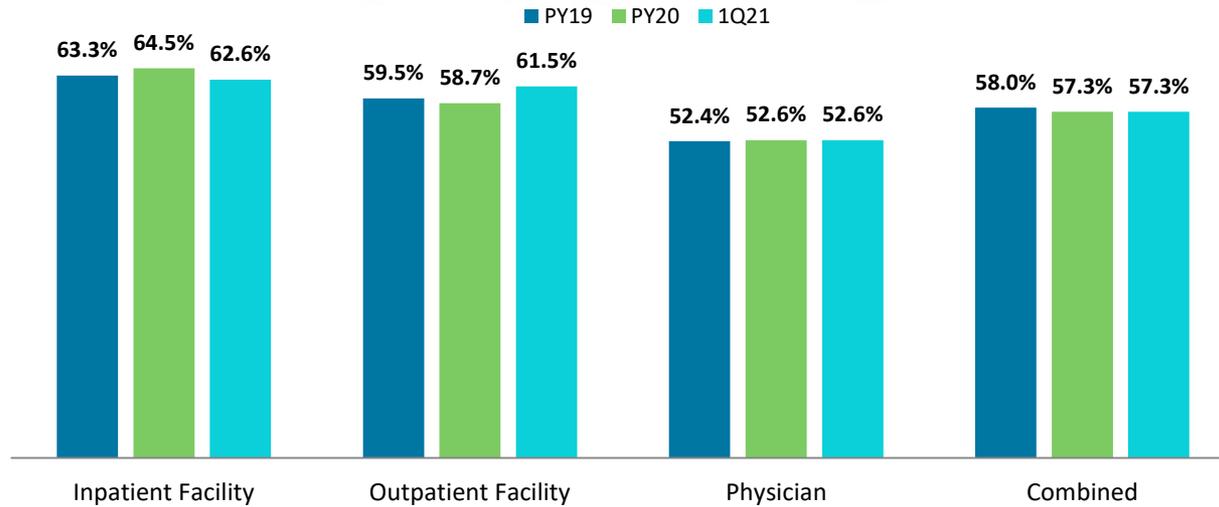
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# Utilization Summary (p. 2 of 2)

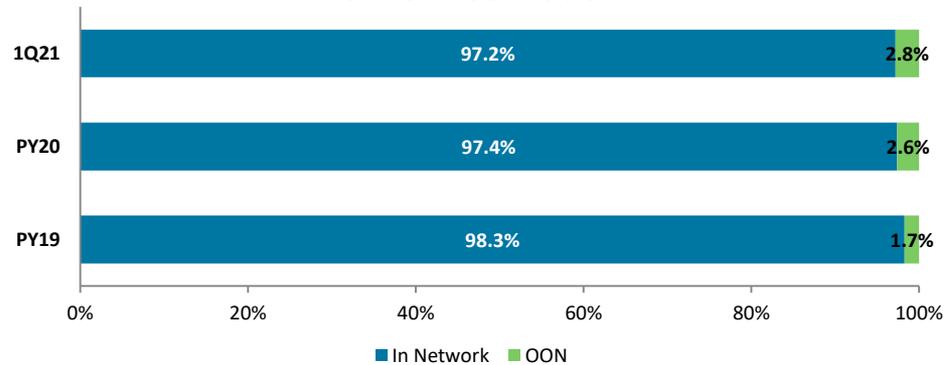
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	1Q20	1Q21	Variance to Prior Year	PY19	1Q20	1Q21	Variance to Prior Year	
<b>Inpatient Facility</b>									
# of Admits	52	25	12	-52.0%	13	4	3	-25.0%	
# of Bed Days	361	127	120	-5.5%	102	9	104	1055.6%	
Paid Per Admit	\$47,923	\$11,966	\$17,237	44.0%	\$61,977	\$11,129	\$29,957	169.2%	\$16,173
Paid Per Day	\$6,903	\$2,355	\$1,724	-26.8%	\$7,899	\$4,946	\$864	-82.5%	\$3,708
Admits Per 1,000	63	123	61	-50.4%	57	80	72	-10.0%	61
Days Per 1,000	437	624	605	-3.0%	450	179	2,481	1286.0%	264
Avg LOS	6.9	5.1	10	96.1%	7.8	2.3	34.7	1408.7%	4.3
<b>Physician Office</b>									
OV Utilization per Member	5.6	7.2	6.6	-8.3%	5.0	6.7	5.9	-11.9%	3.3
Avg Paid per OV	\$85	\$88	\$92	4.5%	\$86	\$78	\$77	-1.3%	\$50
Avg OV Paid per Member	\$473	\$636	\$609	-4.2%	\$431	\$520	\$458	-11.9%	\$167
DX&L Utilization per Member	12.1	15.8	13.9	-12.0%	12.2	16.2	11.8	-27.2%	8.3
Avg Paid per DX&L	\$88	\$64	\$84	31.3%	\$104	\$56	\$67	19.6%	\$67
Avg DX&L Paid per Member	\$1,069	\$1,016	\$1,171	15.3%	\$1,274	\$905	\$797	-11.9%	\$554
<b>Emergency Room</b>									
# of Visits	158	68	40	-41.2%	94	10	2	-80.0%	
# of Admits	30	18	7	-61.1%	8	2	1	-50.0%	
Visits Per Member	0.19	0.33	0.20	-40.1%	0.41	0.20	0.05	-74.9%	0.17
Visits Per 1,000	191	334	202	-39.5%	415	199	48	-75.9%	174
Avg Paid per Visit	\$2,991	\$2,381	\$2,841	19.3%	\$1,195	\$1,627	\$4,015	146.8%	\$1,684
Admits Per Visit	0.19	0.26	0.18	-30.8%	0.09	0.20	0.50	150.0%	0.14
<b>Urgent Care</b>									
# of Visits	158	46	49	6.5%	60	15	12	-20.0%	
Visits Per Member	0.19	0.23	0.25	10.7%	0.26	0.30	0.29	-3.0%	0.24
Visits Per 1,000	191	226	247	9.4%	265	299	286	-4.3%	242
Avg Paid per Visit	\$154	\$180	\$184	2.2%	\$96	\$76	\$144	89.5%	\$74
		Annualized	Annualized			Annualized	Annualized		

# Provider Network Summary

## In Network Discounts



## Network Utilization



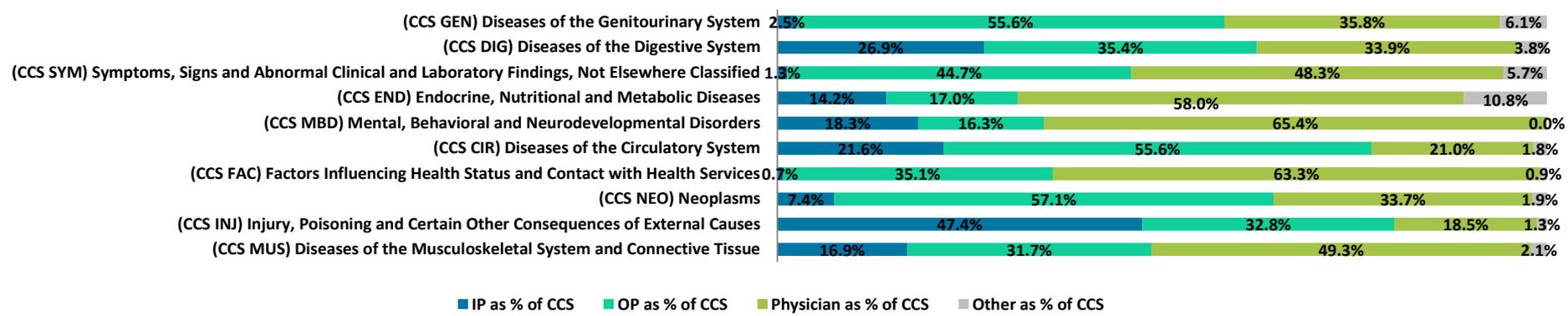
# AHRQ\* Clinical Classifications Summary

AHRQ Clinical Classifications Chapter	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	\$1,569,015	13.5%	\$1,044,910	\$401,155	\$122,950	\$624,969	\$944,046
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	\$1,149,747	9.9%	\$790,965	\$208,528	\$150,254	\$442,213	\$707,534
(CCS NEO) Neoplasms	\$1,144,822	9.8%	\$856,804	\$278,908	\$9,109	\$360,249	\$784,573
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	\$1,012,922	8.7%	\$628,743	\$87,371	\$296,807	\$382,601	\$630,321
(CCS CIR) Diseases of the Circulatory System	\$882,759	7.6%	\$661,764	\$204,318	\$16,678	\$454,780	\$427,980
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	\$856,503	7.4%	\$457,742	\$114,158	\$284,603	\$206,420	\$650,083
(CCS END) Endocrine, Nutritional and Metabolic Diseases	\$709,434	6.1%	\$559,383	\$103,553	\$46,498	\$205,330	\$504,104
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Els	\$643,974	5.5%	\$409,172	\$91,849	\$142,952	\$243,653	\$400,321
(CCS DIG) Diseases of the Digestive System	\$569,490	4.9%	\$420,650	\$112,036	\$36,804	\$292,513	\$276,977
(CCS GEN) Diseases of the Genitourinary System	\$463,837	4.0%	\$322,815	\$68,401	\$72,622	\$175,713	\$288,124
(CCS NVS) Diseases of the Nervous System	\$435,135	3.7%	\$325,864	\$62,641	\$46,629	\$204,003	\$231,132
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders I	\$409,147	3.5%	\$225,249	\$182,880	\$1,017	\$197,322	\$211,825
(CCS PRG) Pregnancy, Childbirth and the Puerperium	\$392,204	3.4%	\$300,456	\$68,643	\$23,105	\$0	\$392,204
(CCS RSP) Diseases of the Respiratory System	\$357,906	3.1%	\$194,227	\$37,232	\$126,447	\$137,264	\$220,642
(CCS PNL) Certain Conditions Originating in the Perinatal Period	\$294,226	2.5%	\$2,490	\$0	\$291,737	\$29,600	\$264,627
(CCS EYE) Diseases of the Eye and Adnexa	\$260,003	2.2%	\$187,226	\$39,253	\$33,524	\$101,054	\$158,949
(CCS INF) Certain Infectious and Parasitic Diseases	\$195,341	1.7%	\$109,389	\$41,550	\$44,402	\$125,446	\$69,895
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	\$171,709	1.5%	\$102,216	\$38,993	\$30,500	\$73,292	\$98,417
(CCS EAR) Diseases of the Ear and Mastoid Process	\$73,724	0.6%	\$51,364	\$6,739	\$15,621	\$26,361	\$47,363
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormaliti	\$55,758	0.5%	\$6,107	\$6,101	\$43,550	\$29,946	\$25,812
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$996	0.0%	\$796	\$100	\$100	\$100	\$896
(CCS EXT) External Causes of Morbidity	\$122	0.0%	\$0	\$122	\$0	\$122	\$0
<b>Total</b>	<b>\$11,648,774</b>	<b>100.0%</b>	<b>\$7,600,066</b>	<b>\$2,141,470</b>	<b>\$1,776,638</b>	<b>\$4,256,421</b>	<b>\$7,261,754</b>



\*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.

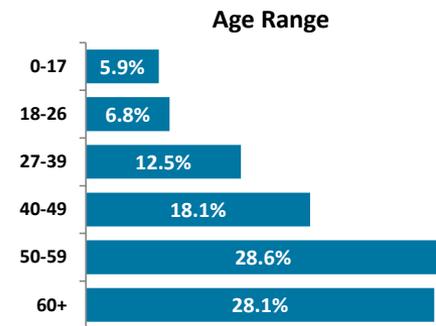
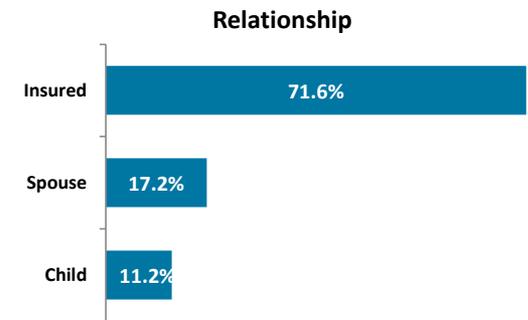
## Top 10 Categories by Claim Type



# AHRQ Category – Diseases of the Musculoskeletal System & Connective Tissue

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Spondylopathies/Spondyloarthropathy (Including Infective)	458	1,478	\$511,948	32.6%
Osteoarthritis	175	348	\$213,620	13.6%
Musculoskeletal Pain, Not Low Back Pain	630	1,742	\$178,047	11.3%
Scoliosis And Other Postural Dorsopathic Deformities	14	38	\$102,855	6.6%
Acquired Foot Deformities	33	83	\$86,189	5.5%
Infective Arthritis	3	35	\$84,310	5.4%
Tendon And Synovial Disorders	104	266	\$73,768	4.7%
Other Specified Joint Disorders	64	146	\$63,830	4.1%
Other Specified Connective Tissue Disease	173	381	\$63,332	4.0%
Osteomyelitis	5	19	\$47,664	3.0%
Low Back Pain	184	665	\$44,520	2.8%
Muscle Disorders	16	31	\$19,741	1.3%
Biomechanical Lesions	169	467	\$11,786	0.8%
Osteoporosis	20	31	\$11,075	0.7%
Postprocedural Or Postoperative Musculoskeletal System Complication	21	86	\$10,610	0.7%
Systemic Lupus Erythematosus And Connective Tissue Disorders	32	79	\$10,283	0.7%
Other Specified Bone Disease And Musculoskeletal Deformities	36	50	\$10,255	0.7%
Rheumatoid Arthritis And Related Disease	36	67	\$8,448	0.5%
Disorders Of Jaw	10	23	\$7,156	0.5%
Acquired Deformities (Excluding Foot)	7	15	\$4,348	0.3%
Gout	17	23	\$2,074	0.1%
Neurogenic/Neuropathic Arthropathy	2	17	\$1,946	0.1%
Pathological Fracture, Initial Encounter	1	1	\$538	0.0%
Pathological, Stress And Atypical Fractures, Sequela	1	2	\$349	0.0%
Stress Fracture, Initial Encounter	3	4	\$244	0.0%
Stress Fracture, Subsequent Encounter	1	1	\$62	0.0%
Traumatic Arthropathy	1	1	\$19	0.0%
	----	----	\$1,569,015	100.0%

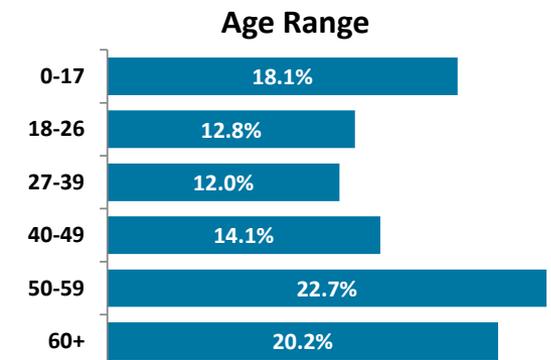
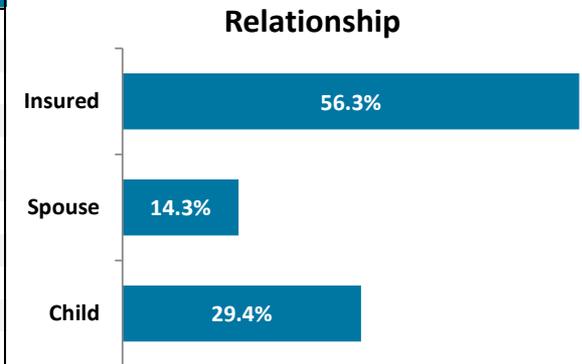
\*Patient and claim counts are unique only within the category



# AHRQ Category – Injury, Poisoning, & Certain other Consequences of External Causes

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Fracture Of The Lower Limb (Except Hip), Initial Encounter	35	186	\$442,078	38.5%
Sprains And Strains, Initial Encounter	104	222	\$115,709	10.1%
Traumatic Brain Injury (Tbi); Concussion, Initial Encounter	13	41	\$112,021	9.7%
Fracture Of The Upper Limb, Initial Encounter	41	145	\$94,113	8.2%
Traumatic Brain Injury (Tbi); Concussion, Subsequent Encounter	2	16	\$47,527	4.1%
Fracture Of Lower Limb (Except Hip), Subsequent Encounter	19	59	\$46,259	4.0%
Injury To Nerves, Muscles And Tendons, Initial Encounter	32	97	\$40,288	3.5%
Open Wounds To Limbs, Initial Encounter	52	106	\$38,109	3.3%
Superficial Injury; Contusion, Initial Encounter	66	98	\$24,247	2.1%
Other Unspecified Injury	75	124	\$21,242	1.8%
Internal Organ Injury, Initial Encounter	4	9	\$19,123	1.7%
Dislocations, Initial Encounter	14	52	\$18,149	1.6%
Fracture Of The Upper Limb, Subsequent Encounter	19	55	\$17,786	1.5%
Complication Of Other Surgical Or Medical Care, Injury, Initial Encount	13	42	\$16,823	1.5%
Fracture Of The Spine And Back, Initial Encounter	6	11	\$15,380	1.3%
Complication Of Internal Orthopedic Device Or Implant, Initial Encount	13	24	\$13,891	1.2%
Open Wounds Of Head And Neck, Initial Encounter	19	43	\$10,496	0.9%
Effect Of Foreign Body Entering Opening, Initial Encounter	17	27	\$9,355	0.8%
Sprains And Strains, Subsequent Encounter	24	98	\$9,037	0.8%
Complication Of Genitourinary Device, Implant Or Graft, Initial Encoun	2	4	\$7,415	0.6%
Allergic Reactions	16	23	\$5,456	0.5%
Complication Of Cardiovascular Device, Implant Or Graft, Initial Encou	2	5	\$3,488	0.3%
Poisoning By Drugs, Initial Encounter	3	5	\$3,227	0.3%
Complication Of Other Surgical Or Medical Care, Injury, Subsequent En	2	7	\$2,801	0.2%
Fracture Of The Neck Of The Femur (Hip), Subsequent Encounter	2	2	\$2,456	0.2%
All Other	----	148	\$13,270	1.2%
	----	----	\$1,149,747	100.0%

\*Patient and claim counts are unique only within the category

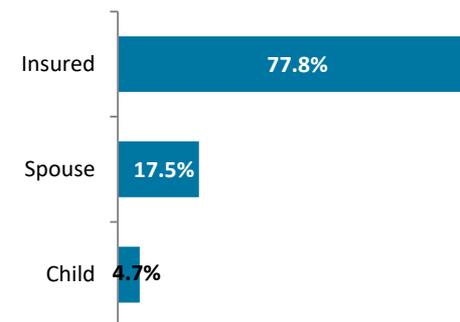


# AHRQ Category – Neoplasms

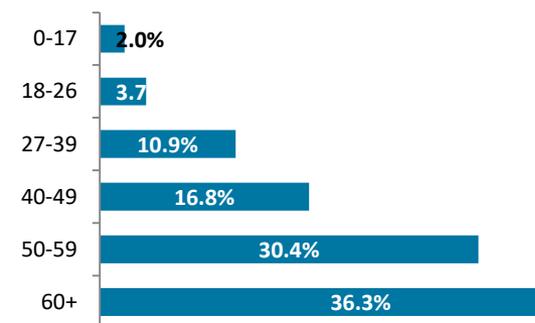
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Breast Cancer - All Other Types	31	204	\$345,104	30.1%
Benign Neoplasms	200	284	\$151,981	13.3%
Secondary Malignancies	6	12	\$108,194	9.5%
Nervous System Cancers - Brain	2	28	\$103,432	9.0%
Respiratory Cancers	3	28	\$76,779	6.7%
Skin Cancers - All Other Types	13	23	\$75,604	6.6%
Male Reproductive System Cancers - Prostate	16	77	\$52,823	4.6%
Multiple Myeloma	3	27	\$42,016	3.7%
Head And Neck Cancers - Lip And Oral Cavity	1	5	\$33,397	2.9%
Neoplasms Of Unspecified Nature Or Uncertain Behavior	168	221	\$27,356	2.4%
Myelodysplastic Syndrome (Mds)	2	30	\$20,791	1.8%
Leukemia - Acute Myeloid Leukemia (Aml)	1	16	\$20,084	1.8%
Skin Cancers - Basal Cell Carcinoma	30	47	\$16,098	1.4%
Female Reproductive System Cancers - Cervix	4	11	\$14,658	1.3%
Female Reproductive System Cancers - Vulva	1	3	\$7,803	0.7%
Leukemia - All Other Types	2	3	\$7,793	0.7%
Leukemia - Chronic Lymphocytic Leukemia (CLL)	4	15	\$6,075	0.5%
Gastrointestinal Cancers - Colorectal	5	35	\$5,794	0.5%
Head And Neck Cancers - Throat	1	11	\$4,353	0.4%
Gastrointestinal Cancers - Bile Duct	1	16	\$3,986	0.3%
Skin Cancers - Melanoma	6	28	\$3,815	0.3%
Endocrine System Cancers - Thyroid	8	22	\$3,344	0.3%
Gastrointestinal Cancers - Peritoneum	1	7	\$3,000	0.3%
Non-Hodgkin Lymphoma	3	11	\$2,750	0.2%
Skin Cancers - Squamous Cell Carcinoma	5	6	\$2,484	0.2%
Female Reproductive System Cancers - Endometrium	1	2	\$1,294	0.1%
Breast Cancer - Ductal Carcinoma In Situ (Dcis)	5	7	\$1,283	0.1%
Hodgkin Lymphoma	2	7	\$1,010	0.1%
Male Reproductive System Cancers - Testis	1	4	\$814	0.1%
Sarcoma	3	4	\$553	0.0%
Gastrointestinal Cancers - Small Intestine	1	1	\$288	0.0%
Gastrointestinal Cancers - Liver	1	1	\$53	0.0%
Malignant Neoplasm, Unspecified	1	1	\$17	0.0%
Female Reproductive System Cancers - Ovary	1	2	\$0	0.0%
Gastrointestinal Cancers - All Other Types	1	2	\$0	0.0%
<b>Overall</b>	<b>---</b>	<b>---</b>	<b>\$1,144,822</b>	<b>100.0%</b>

\*Patient and claim counts are unique only within the category

## Relationship



## Age Range

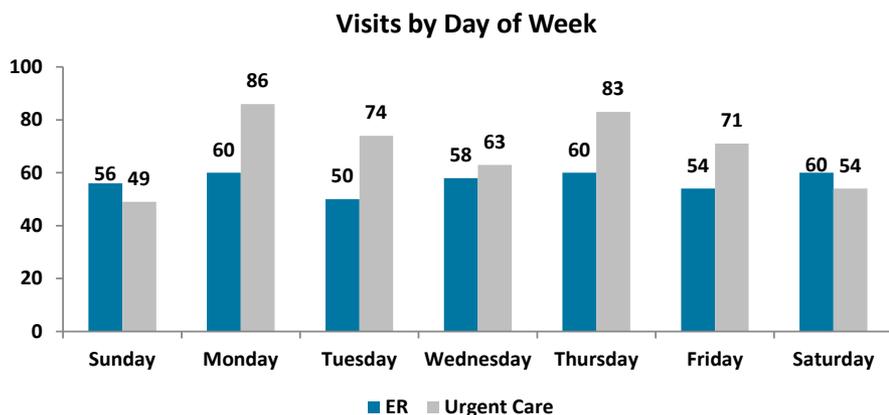


# Emergency Room / Urgent Care Summary

ER/Urgent Care	1Q20		1Q21		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	483	693	398	480		
Number of Admits	68	---	46	---		
Visits Per Member	0.22	0.31	0.18	0.22	0.17	0.24
Visits/1000 Members	219	314	183	221	174	242
Avg Paid Per Visit	\$2,557	\$154	\$2,483	\$166	\$1,684	\$74
Admits per Visit	0.14	---	0.12	---	0.14	
% of Visits with HSB ER Dx	78.9%	---	80.4%	---		
% of Visits with a Physician OV*	81.7%	81.3%	87.1%	85.1%		
<b>Total Plan Paid</b>	<b>\$1,234,911</b>	<b>\$106,952</b>	<b>\$988,119</b>	<b>\$79,722</b>		

\*looks back 12 months from ER visit

Annualized    Annualized    Annualized    Annualized

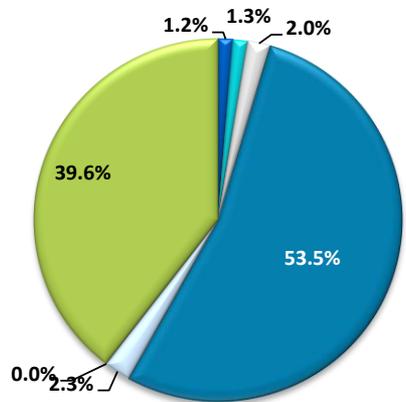


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	219	46	275	58	494	104
Spouse	65	69	62	66	127	135
Child	114	38	143	48	257	85
<b>Total</b>	<b>398</b>	<b>46</b>	<b>480</b>	<b>55</b>	<b>878</b>	<b>101</b>

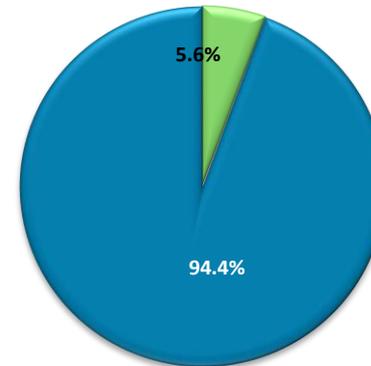
# Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$29,430,969	\$2,073	100.0%
COB	\$361,718	\$25	1.2%
Medicare	\$387,756	\$27	1.3%
Excess/Maximums	\$597,545	\$42	2.0%
PPO Discount	\$15,747,140	\$1,109	53.5%
Deductible	\$688,035	\$48	2.3%
Coinsurance	\$0	\$0	0.0%
<b>Total Participant Paid</b>	<b>\$688,035</b>	<b>\$48</b>	<b>2.3%</b>
<b>Total Plan Paid</b>	<b>\$11,648,774</b>	<b>\$820</b>	<b>39.6%</b>

<b>Total Participant Paid - PY20</b>	<b>\$91</b>
<b>Total Plan Paid - PY20</b>	<b>\$874</b>



■ COB  
■ Excess/Maximums  
■ Deductible  
■ Medicare  
■ PPO Discount  
■ Coinsurance



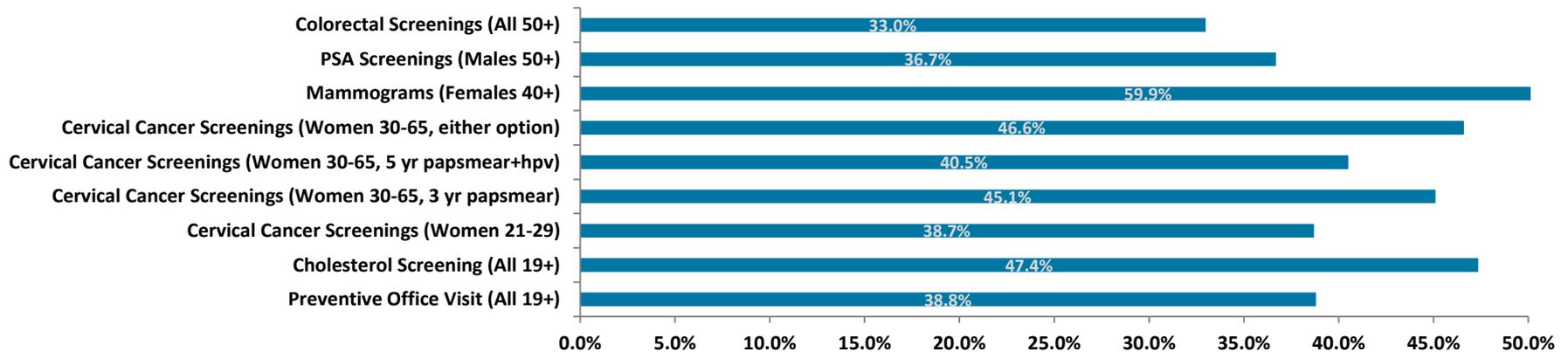
■ Total Participant Paid  
■ Total Plan Paid

# 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+)	3,692	1,765	47.8%	2,766	741	26.8%	6,458	2,506	38.8%
Cholesterol Screening (All 19+)	3,692	1,816	49.2%	2,766	1,242	44.9%	6,458	3,058	47.4%
Cervical Cancer Screenings (Women 21-29)	460	178	38.7%	----	----	----	460	178	38.7%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	2,915	1,315	45.1%	----	----	----	2,915	1,315	45.1%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	2,915	1,181	40.5%	----	----	----	2,915	1,181	40.5%
Cervical Cancer Screenings (Women 30-65, either option)	2,915	1,358	46.6%	----	----	----	2,915	1,358	46.6%
Mammograms (Females 40+)	2,451	1,468	59.9%	----	----	----	2,451	1,468	59.9%
PSA Screenings (Males 50+)	----	----	----	1,352	496	36.7%	1,352	496	36.7%
Colorectal Screenings (All 50+)	1,742	615	35.3%	1,352	406	30.0%	3,094	1,021	33.0%

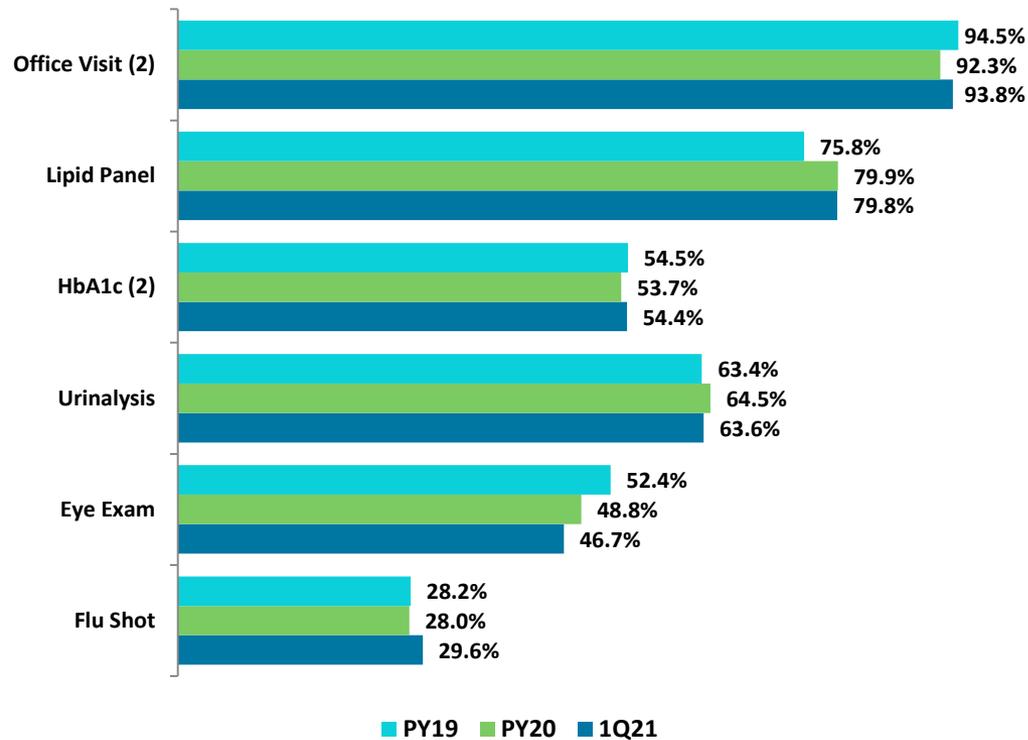
## Overall Preventive Services Compliance Rates



# 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	PY20	1Q21
Members	525	569	550



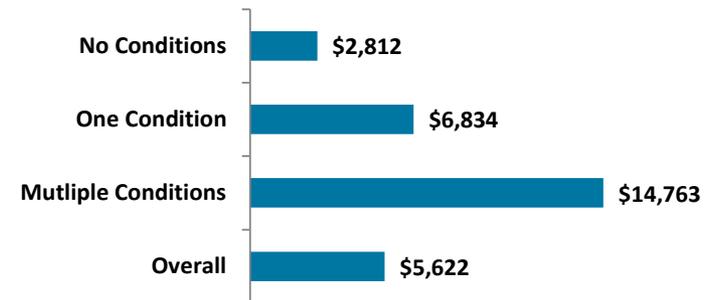
# Chronic Conditions Summary

\*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	398	382	46	38	\$3,911,266	\$9,827	99.7%	1 Office Visit
Cancer	283	267	32	57	\$6,264,137	\$22,135	----	----
Chronic Kidney Disease	70	66	8	58	\$1,621,576	\$23,165	----	----
Chronic Obstructive Pulmonary Disease (COPD)	86	81	10	60	\$2,056,783	\$23,916	98.8%	1 Office Visit
Congestive Heart Failure (CHF)	41	39	5	62	\$1,645,684	\$40,139	14.6%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	135	129	15	61	\$3,111,140	\$23,045	22.2%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	623	586	71	40	\$5,976,059	\$9,592	97.9%	1 Office Visit
Diabetes	550	517	63	55	\$5,733,050	\$10,424	21.5%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	675	646	77	55	\$5,831,413	\$8,639	34.2%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	823	780	94	56	\$10,074,873	\$12,242	26.2%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	255	247	29	46	\$2,550,911	\$10,004	----	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	5,224	30	41.7%	9.6%	48.7%
One Condition	2,198	46	69.5%	14.9%	15.6%
Multiple Conditions	1,315	54	80.2%	15.6%	4.2%
<b>Overall</b>	<b>8,737</b>	<b>37</b>	<b>53.6%</b>	<b>11.7%</b>	<b>34.7%</b>

## Cost per Member Type



**Public Employees' Benefits Program - RX Costs  
PY 2021 - Quarter Ending September 30, 2020**

**Express Scripts**

<b>1Q FY2021 EPO</b>		<b>1Q FY2020 EPO</b>	<b>Difference</b>	<b>% Change</b>
<b>Membership Summary</b>				
Member Count (Membership)	8,681	8,832	(151)	-1.7%
Utilizing Member Count (Patients)	5,101	5,300	(199)	-3.8%
Percent Utilizing (Utilization)	58.8%	60.0%	(0)	-2.1%
<b>Claim Summary</b>				
Net Claims (Total Rx's)	43,075	42,543	532	1.3%
Claims per Elig Member per Month (Claims PMPM)	1.65	1.61	0.04	2.5%
Total Claims for Generic (Generic Rx)	36,856	36,933	(77.00)	-0.2%
Total Claims for Brand (Brand Rx)	6,219	5,610	609.00	10.9%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	678	695	(17.00)	-2.4%
Total Non-Specialty Claims	42,531	41,927	604.00	1.4%
Total Specialty Claims	544	616	(72.00)	-11.7%
<b>Generic % of Total Claims (GFR)</b>	<b>85.6%</b>	<b>86.8%</b>	(0.01)	-1.4%
Generic Effective Rate (GCR)	98.2%	98.2%	0.00	0.0%
Mail Order Claims	4,756	4,223	533.00	12.6%
Mail Penetration Rate*	12.1%	10.9%	0.01	1.2%
<b>Claims Cost Summary</b>				
Total Prescription Cost (Total Gross Cost)	\$5,203,572.00	\$4,998,282.00	\$205,290.00	4.1%
Total Generic Gross Cost	\$862,143.00	\$944,022.00	(\$81,879.00)	-8.7%
Total Brand Gross Cost	\$4,341,429.00	\$4,054,260.00	\$287,169.00	7.1%
Total MSB Gross Cost	\$166,383.00	\$134,820.00	\$31,563.00	23.4%
Total Ingredient Cost	\$5,179,467.00	\$4,978,306.00	\$201,161.00	4.0%
Total Dispensing Fee	\$22,845.00	\$19,352.00	\$3,493.00	18.0%
Total Other (e.g. tax)	\$1,260.00	\$624.00	\$636.00	101.9%
Avg Total Cost per Claim (Gross Cost/Rx)	<b>\$120.80</b>	<b>\$117.49</b>	\$3.31	2.8%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$23.39	\$25.56	(\$2.17)	-8.5%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$698.09	\$722.68	(\$24.59)	-3.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$245.40	\$193.99	\$51.41	26.5%
<b>Member Cost Summary</b>				
<b>Total Member Cost</b>	<b>\$882,413.00</b>	<b>\$835,798.00</b>	\$46,615.00	5.6%
Total Copay	\$882,413.00	\$835,798.00	\$46,615.00	5.6%
Total Deductible	\$0.00	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$20.49	\$19.65	\$0.84	4.3%
<b>Avg Participant Share per Claim (Copay+Deductible/RX)</b>	<b>\$20.49</b>	<b>\$19.65</b>	<b>\$0.84</b>	<b>4.3%</b>
Avg Copay for Generic (Copay/Generic Rx)	\$7.51	\$7.63	(\$0.12)	-1.6%
Avg Copay for Brand (Copay/Brand Rx)	\$97.40	\$98.78	(\$1.38)	-1.4%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$32.78	\$27.59	\$5.19	18.8%
<b>Net PMPM (Participant Cost PMPM)</b>	<b>\$33.88</b>	<b>\$31.54</b>	\$2.34	7.4%
Copay % of Total Prescription Cost (Member Cost Share %)	17.0%	16.7%	0.2%	1.4%
<b>Plan Cost Summary</b>				
<b>Total Plan Cost (Plan Cost)</b>	<b>\$4,321,159.00</b>	<b>\$4,162,485.00</b>	<b>\$158,674.00</b>	<b>3.8%</b>
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,221,555.00	\$1,949,093.00	\$272,462.00	14.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$2,099,604.00	\$2,213,392.00	(\$113,788.00)	-5.1%
<b>Avg Plan Cost per Claim (Plan Cost/Rx)</b>	<b>\$100.32</b>	<b>\$97.84</b>	\$2.48	2.5%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$15.89	\$17.93	(\$2.04)	-11.4%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$600.69	\$623.91	(\$23.22)	-3.7%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$212.63	\$166.39	\$46.24	27.8%
<b>Net PMPM (Plan Cost PMPM)</b>	<b>\$165.92</b>	<b>\$157.10</b>	<b>\$8.83</b>	<b>5.6%</b>
PMPM for Specialty Only (Specialty PMPM)	\$80.62	\$83.54	(\$2.92)	-3.5%
PMPM without Specialty (Non-Specialty PMPM)	\$85.30	\$73.56	\$11.74	16.0%
Rebates (Q1 FY2021 actual)	\$1,008,649.28	\$843,970.26	\$164,679.02	19.5%
<b>Net PMPM (Plan Cost PMPM factoring Rebates)</b>	<b>\$127.19</b>	<b>\$125.25</b>	<b>\$1.95</b>	<b>1.6%</b>
PMPM for Specialty Only (Specialty PMPM)	\$70.48	\$54.70	\$15.78	28.8%
PMPM without Specialty (Non-Specialty PMPM)	\$60.45	\$54.33	\$6.12	11.3%

# Appendix C

## Index of Tables

### Health Plan of Nevada –Utilization Review for PEBP July 1, 2020 – September 30, 2020

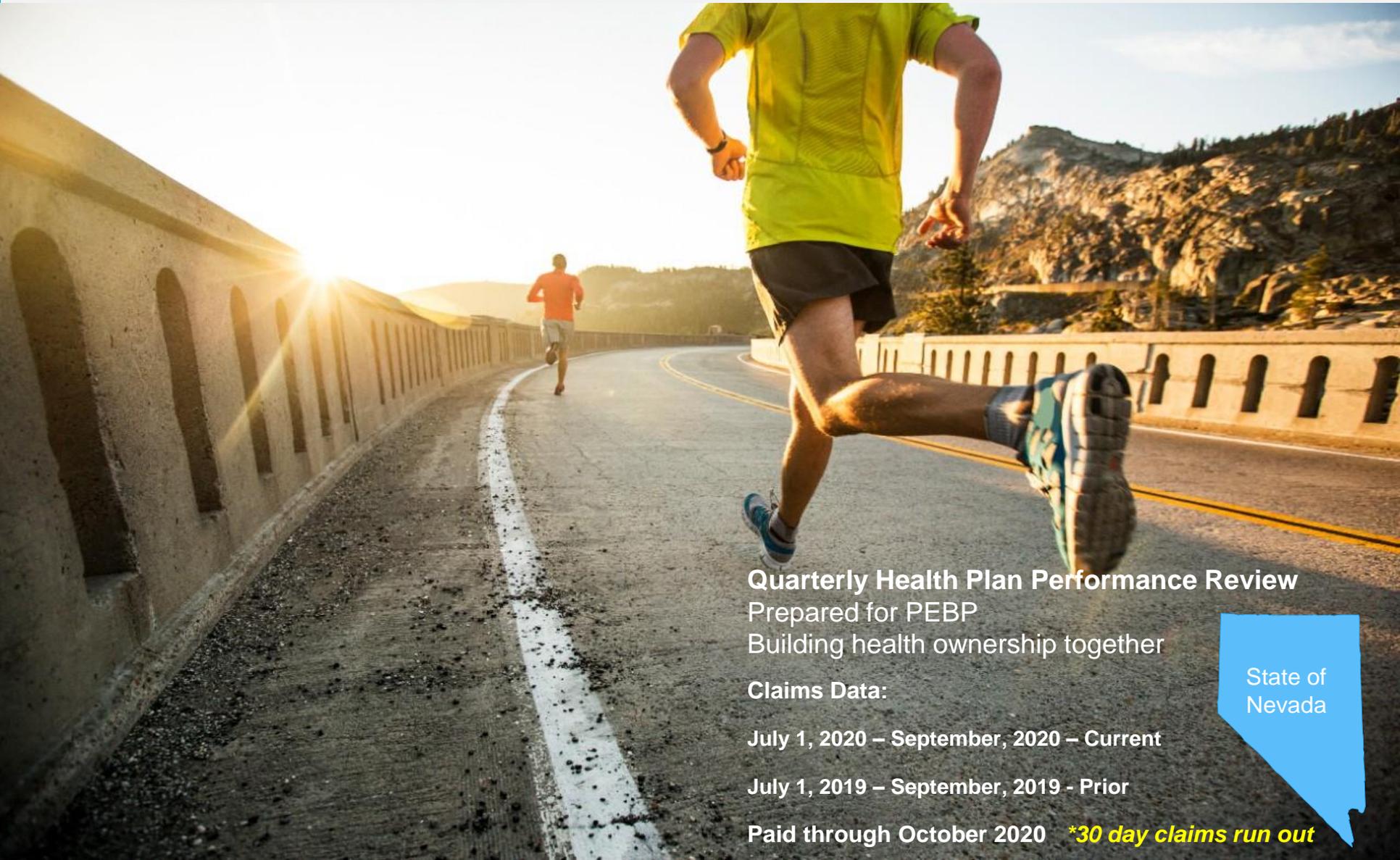
#### KEY PERFORMANCE INDICATORS

Demographic Overview .....	3
Utilization Highlights.....	5
Clinical Drivers.....	8
High Cost Claimants.....	11

#### PRESCRIPTION DRUG COSTS

Prescription Drug Cost .....	7
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# Power Of Partnership.



**Quarterly Health Plan Performance Review**  
Prepared for PEBP  
Building health ownership together

**Claims Data:**

July 1, 2020 – September, 2020 – Current

July 1, 2019 – September, 2019 - Prior

Paid through October 2020 ***\*30 day claims run out***

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

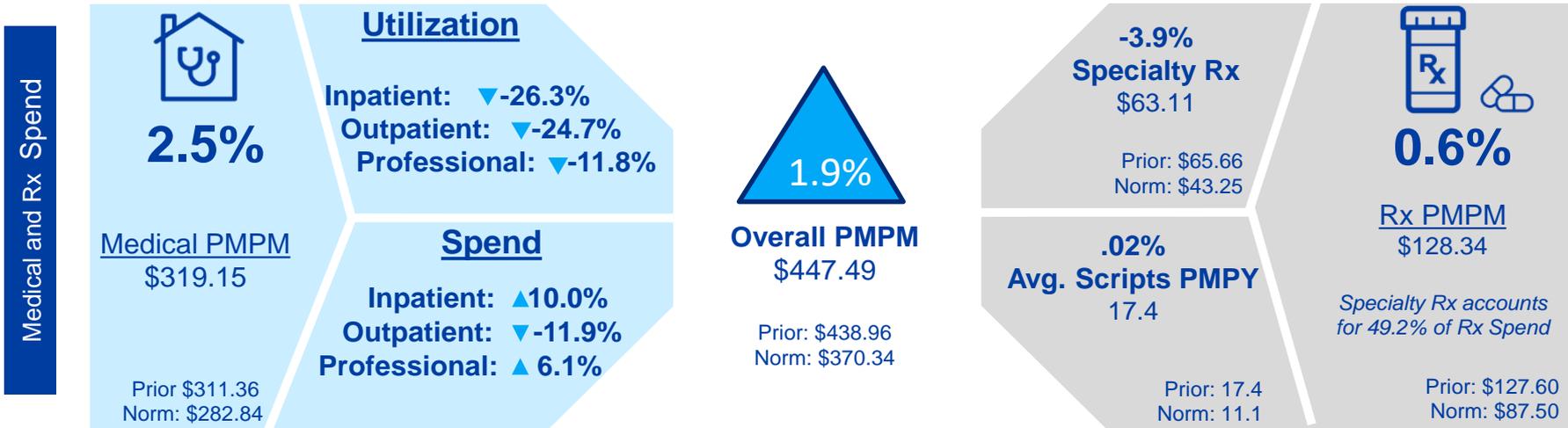
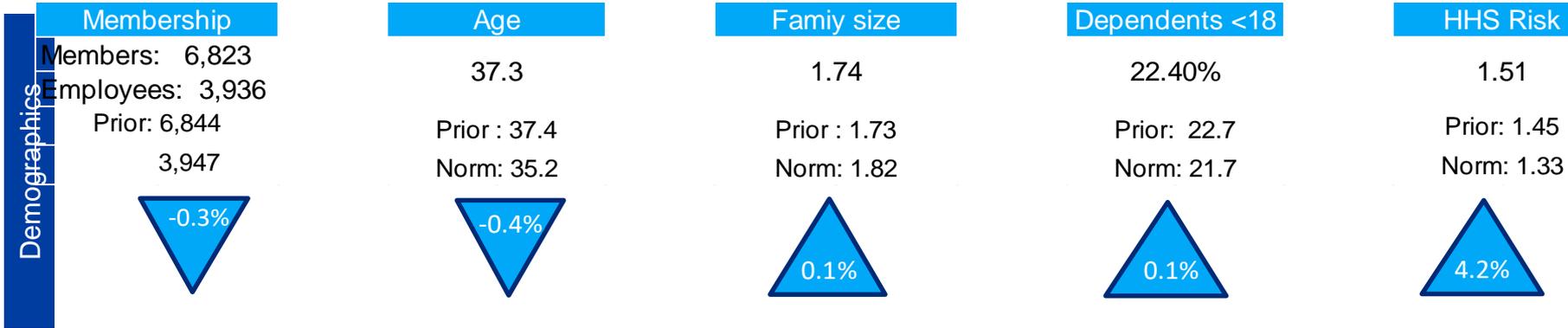
## Enhancements Made for Your Members

- ✓ 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
- ✓ NV Orthopedic and Spine Center's Fast Track Clinic for patients with acute injuries



**Key Performance Indicators**  
Includes Demographics And  
Financials

# Demographic and Financial Overview





**Medical and Rx Plan Experience**  
What Happened

# Highlights of Utilization



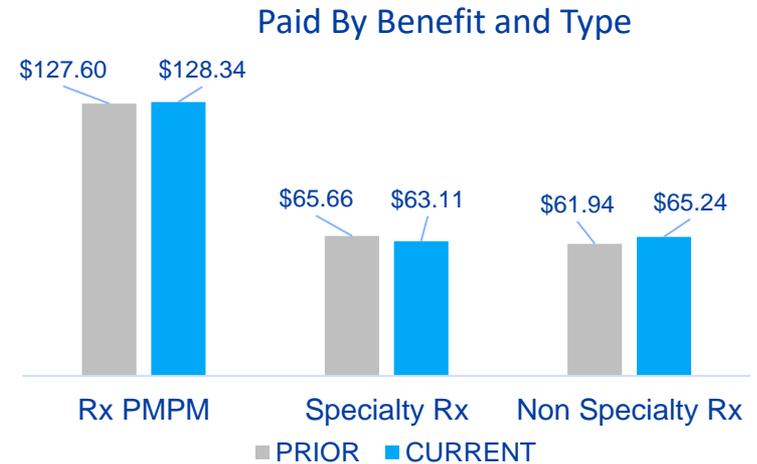
Utilization Metric	Prior	Current	Δ
<b>Physician Office Vists</b>			
Per Member Per Year	1.8	1.5	-17.8%
<b>Specialist Office Vists</b>			
Per Member Per Year	3.4	2.9	-13.5%
<b>Emergency Room</b>			
ER Visits	205	136	-33.6%
ER Visits per K	30.0	19.9	-33.5%
<b>Urgent Care</b>			
UC Visits	987	825	-16.5%
UC Visits per K	144.2	120.7	-16.3%
<b>OutPatient Surgery</b>			
Facility	8.9	7.3	-17.9%
ASC	36.1	20.2	-44.0%
<b>Inpatient Utilization</b>			
Admissions Per K	18.3	13.5	-26.3%
Bed Days Per K	307.1	224.6	-26.9%
Average Length of Stay	16.8	16.7	-0.8%
<b>On Demand</b>			
Now Clinic Visits	78	351	350.0%
TAN Calls	115	168	46.1%

\*Not representative of all Utilization

- ### Highlights
- PCP and Specialist visits both increased from the prior period on a PMPY basis
  - ER utilization decreased **-33.5%**,
    - Average Net Paid / Visit increased 27% with more emergent ER admits
  - Urgent Care Utilization increased **-16.3%**
  - Outpatient surgeries decreased at both facility and ASC settings
  - Admits Per K decreased **-26.3%** from prior period, but average length of stay remained flat
  - Increased Telehealth Utilization
    - We will continue to see increases in these services as a result of COVID-19
    - *On Demand utilization is understated due to claims lag*

# Pharmacy Data

	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,844	6,832	-0.2%		
Average Prescriptions PMPY	17.4	17.4	0.2%	11.1	57.3%
Formulary Rate	92.8%	91.9%	-0.9%	91.3%	0.6%
Generic Use Rate	86.9%	85.6%	-1.6%	85.6%	-0.1%
Generic Substitution Rate	97.3%	97.2%	-0.1%	96.6%	0.6%
Employee Cost Share PMPM	\$19.21	\$22.39	16.5%	\$11.42	96.1%
Avg Net Paid per Prescription	\$88.03	\$88.33	0.3%	\$94.75	-6.8%
Net Paid PMPM	\$127.60	\$128.34	0.6%	\$87.50	46.7%

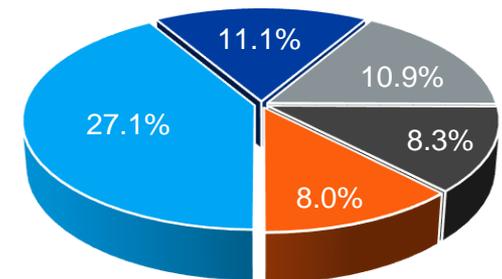


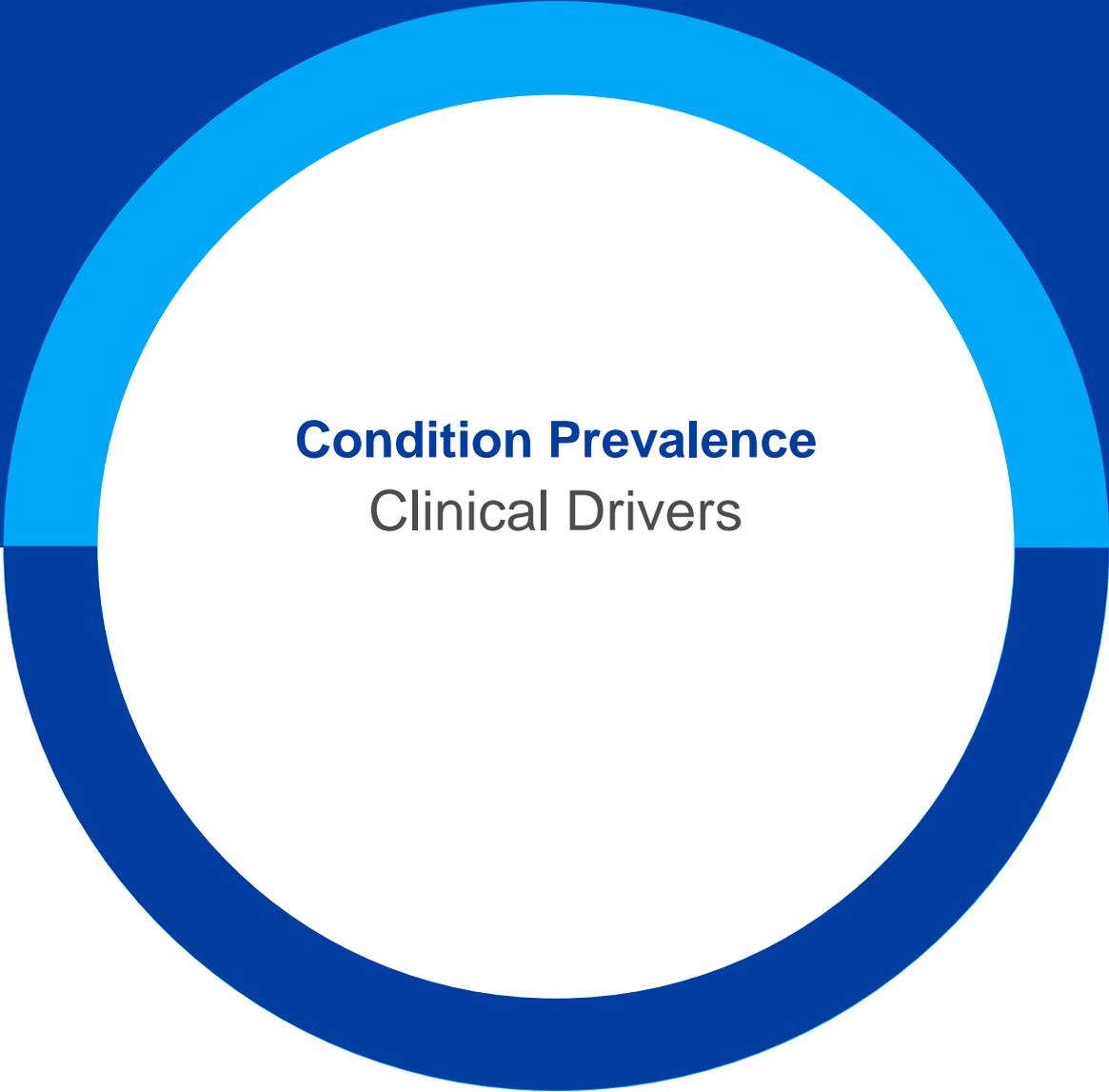
## Pharmacy PMPM trend is 0.6%

- Average net paid per script increased **0.3%**
- **80.4%** of prescriptions were in Tier 1 and drove only **10.5%** of spend
- Tier 2 utilization increased **16.9%** and spend increased **12.5%**
- Antivirals increased 25.6% in spend on a PMPM basis. Biktarvy (HIV) Rx saw an increase >100% in both spend and utilization

## Top 5 Therapeutic Classes by Spend

- ANTIDIABETICS
- ANTINEOPLASTICS
- ANALGESICS
- DERMATOLOGICALS
- ANTIVIRALS



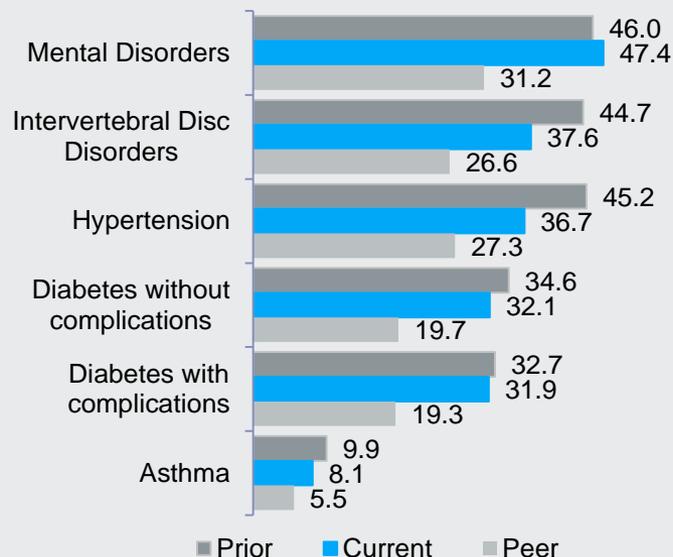


**Condition Prevalence**  
Clinical Drivers

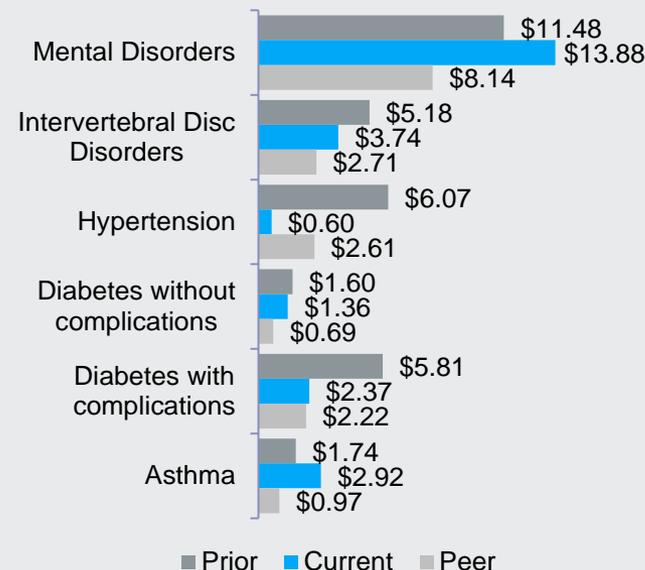
# Clinical Conditions and Diagnosis



### Top Common Conditions by Prevalence



### Top Conditions by PMPM



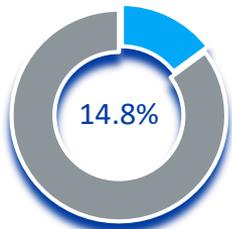
- Chronic illnesses are driving the top common conditions
- Mental Disorders, Intervertebral Disc Disorders and Hypertension are the most prevalent clinical conditions within this population
- Prevalence of Diabetes both with and w/out complications decreased from the prior quarterly period, but is up overall annually.
- Mental Disorders increased 20.9% in spend due to 3 complex Mental Health Acute stays

# Chronic Condition Cost Drivers

**70%** Of Medical spend driven by members with these 4 Chronic Conditions

## Asthma

6.9% of Members



■ Paid ■ Medical Paid

Average paid Per Claimant  
**\$8,893**

Member Engagement  
**94.0%**

## CAD

1.7% of Members



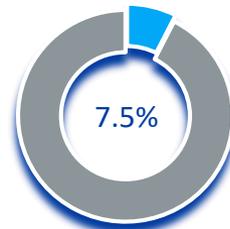
■ Paid ■ Medical Paid

Average paid Per Claimant  
**\$15,100**

Member Engagement  
**98.3%**

## COPD

2.7% of Members



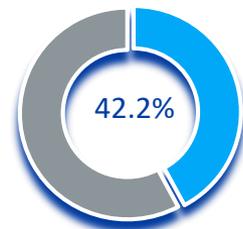
■ Paid ■ Medical Paid

Average paid Per Claimant  
**\$11,493**

Member Engagement  
**92.9%**

## Diabetes

21.3% of Members



■ Paid ■ Medical Paid

Average paid Per Claimant  
**\$8,218**

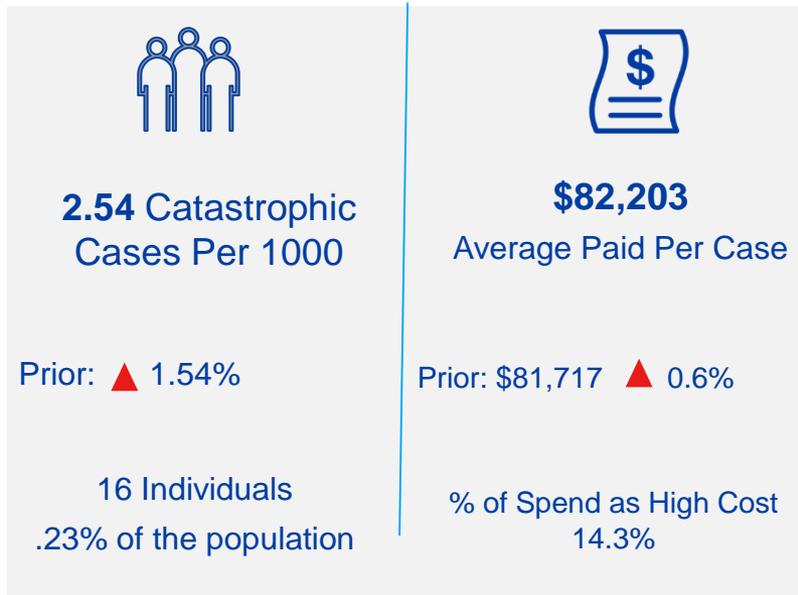
Member Engagement  
**93.6%**

*\*Data obtained for this slide is for Eval period Nov-2019 thru Oct-2020*

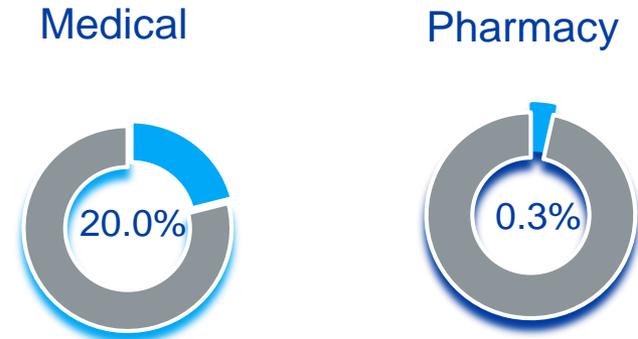


**Catastrophic Cases**  
High Cost Claimants

# Catastrophic Cases Summary (>\$50k)

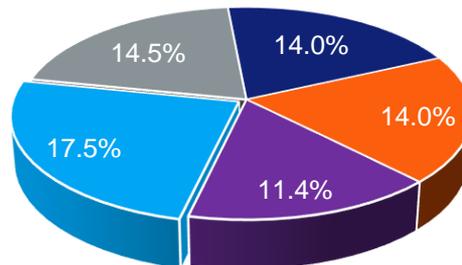


## % Paid Attributed to Catastrophic Cases



## Top 5 AHRQ Chapter Description by Spend

- Injury and poisoning
- Infectious diseases
- Circulatory system
- Neoplasms
- Genitourinary system



## Claims and Spend by Relationship

