



LAURA RICH  
Executive Officer

STEVE SISOLAK  
Governor

STATE OF NEVADA  
**PUBLIC EMPLOYEES' BENEFITS PROGRAM**  
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701  
Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028  
www.pebp.state.nv.us

LAURA FREED  
Board Chair

**AGENDA ITEM**

Action Item

Information Only

**Date:** March 25, 2021

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

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

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2021 period ending December 31, 2020. Included are:

- Executive Summary – provides a utilization overview.
- HealthSCOPE CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- HealthSCOPE EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix C for Q2 Plan Year 2021 utilization data.

# Executive Summary

## *CONSUMER DRIVEN HEALTH PLAN (CDHP)*

The Consumer Driven Health Plan (CDHP) experience for Q2 of Plan Year 2021 compared to Q2 of Plan Year 2020 is summarized below.

- Population:
  - 1.1% decrease for primary participants
  - 0.9% decrease for primary participants plus dependents (members)
- Medical Cost:
  - 12.6% decrease for primary participants
  - 12.7% decrease for primary participants plus dependents (members)
- High Cost Claims:
  - There were 72 High Cost Claimants accounting for 24.8% of the total plan paid for Q2 in Plan Year 2021
  - 15.5% decrease in High Cost Claimants per 1,000 members
  - 5.3% decrease in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
  - Neoplasms (\$2.2 million) – 14.9% of paid claims
  - Diseases of the Digestive System (\$2.0 million) – 13.7% of paid claims
  - Diseases of the Circulatory System (\$1.7 million) – 11.3% of paid claims
- Emergency Room:
  - ER visits per 1,000 members decreased 21.8%
  - Average paid per ER visit increased 5.9%
- Urgent Care:
  - Urgent Care visits per 1,000 members decreased by 20.8%
  - Average paid per Urgent Care visit increased 172.2% (increase from \$36 to \$98)
- Network Utilization:
  - 95.8% of claims are from In-Network providers
  - Q2 of Plan Year 2021 In-Network utilization decreased 0.1% over PY 2020
  - Q2 of Plan Year 2021 In-Network discounts increased 2.1% over PY 2020
- Preventive Services:
  - Overall Preventive Services Compliance Rates decreased in 8 out of 9 categories from Plan Year 2020 between 0.7% - 4.2%.
- Prescription Drug Utilization:
  - Overall:
    - Total Net Claims decreased 7.1%
    - Total Gross Claims Costs increased 14.1% (\$3.4 million)
    - Average Total Cost per Claim increased 14.9%
      - From \$91.05 to \$104.65
  - Member:
    - Total Member Cost decreased 9.0%
    - Average Participant Share per Claim decreased 6.4%
    - Net Member PMPM decreased 6.3%
      - From \$29.55 to \$27.68

- Plan
  - Total Plan Cost increased 24.0%
  - Average Plan Share per Claim increased 24.9%
  - Net Plan PMPM increased 25.1%
    - From \$63.21 to \$79.05
  - Net Plan PMPM factoring rebates increase 39.7%
    - From \$42.80 to \$59.77

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

The PEBP Premier Plan (EPO) experience for Q2 of Plan Year 2021 compared to the Q2 of Plan Year 2020 is summarized below.

- Population:
  - 2.6% decrease for primary participants
  - 2.2% decrease for primary participants plus dependents (members)
- Medical Cost:
  - 5.8% increase for primary participants
  - 5.5% increase for primary participants plus dependents (members)
- High Cost Claims:
  - There were 29 High Cost Claimants accounting for 22.7% of the total plan paid for Q2 in Plan Year 2021
  - 97.6% increase in High Cost Claimants per 1,000 members (increase from 1.7 to 3.4)
  - 7.0% increase in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
  - Neoplasms (\$1.3 million) – 22.0% of paid claims
  - Diseases of the Blood (\$0.9 million) – 15.7% of paid claims
  - Endocrine, Nutritional and Metabolic Diseases (\$0.6 million) – 10.3% of paid claims
- Emergency Room:
  - ER visits per 1,000 members decreased by 19.1%
  - Average paid per ER visit decreased by 1.7%
- Urgent Care:
  - Urgent Care visits per 1,000 members decreased by 28.7%
  - Average paid per Urgent Care visit increased 12.5%
- Network Utilization:
  - 97.5% of claims are from In-Network providers
  - In-Network utilization increased 0.1%
  - In-Network discounts decreased 0.1%
- 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 decreased 1.5%
    - Total Gross Claims Costs increased 10.7% (\$1.1 million)
    - Average Total Cost per Claim increased 12.4%
      - From \$113.03 to \$127.09
  - Member:
    - Total Member Cost increased 18.4%
    - Average Participant Share per Claim increased 20.2%
    - Net Member PMPM increased 21.0%
      - From \$28.69 to \$34.72
  - Plan
    - Total Plan Cost increased 9.3%
    - Average Plan Share per Claim increased 11.0%
    - Net Plan PMPM increased 11.7%
      - From \$156.70 to \$175.10
    - Net Plan PMPM factoring rebates increased 10.5%
      - From \$122.62 to \$135.45

### ***DENTAL PLAN***

The Dental Plan experience for Q2 of Plan Year 2021 is summarized below.

- Dental Cost:
  - Total of \$12,715,391 paid for Dental claims
    - Preventative claims account for 42.2% (\$5.4 million)
    - Basic claims account for 30.0% (\$3.8 million)
    - Major claims account for 21.5% (\$2.7 million)
    - Periodontal claims account for 6.3% (\$0.8 million)

## **HEALTH REIMBURSEMENT ARRANGEMENT**

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

<b>HRA Account Balances as of December 31, 2020</b>			
<b>\$Range</b>	<b># Accounts</b>	<b>Total Account Balance</b>	<b>Average Per Account Balance</b>
0	971	0	0
\$.01 - \$500.00	1,995	409,058	205
\$500.01 - \$1,000	2,279	1,641,446	720
\$1,000.01 - \$1,500	1,079	1,325,289	1,228
\$1,500.01 - \$2,000	766	1,342,714	1,753
\$2,000.01 - \$2,500	551	1,246,580	2,262
\$2,500.01 - \$3,000	377	1,032,178	2,738
\$3,000.01 - \$3,500	278	892,780	3,211
\$3,500.01 - \$4,000	188	702,149	3,735
\$4,000.01 - \$4,500	172	731,630	4,254
\$4,500.01 - \$5,000	125	594,024	4,752
<b>\$5,000.01 +</b>	<b>844</b>	<b>6,749,617</b>	<b>224,025</b>
<b>Total</b>	<b>9,625</b>	<b>\$ 16,667,465</b>	<b>\$ 1,732</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 second quarter of Plan Year 2021. The CDHP total plan paid costs decreased 13.5% over the same time for Plan Year 2020. The EPO total plan paid costs increased 3.1% over the second 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 – December 31, 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 – December 2020

Reimagine | Rediscover **Benefits**



# Overview

- Total Medical Spend for 2Q21 was \$59,567,516 of which 74.5% was spent in the State Active population. When compared to 2Q20, this quarter reflected a decrease of 13.5% in plan spend, with State Actives having a decrease of 10.7%.
  - When compared to 2Q19, 2Q21 reflected an increase of 3.5% in plan spend, with State Actives having an increase of 3.9%.
- On a PEPY basis, 2Q21 reflected an decrease of 12.5% when compared to 2Q20. The largest group, State Actives, decreased 9.7%.
  - When compared to 2Q19, 2Q21 reflected an increase in PEPY of 3.9%, with State Actives increasing by 3.6%.
- 93.6% of the Average Membership had paid Medical claims less than \$2,500, with 43.0% of those having no claims paid at all during the reporting period.
- There were 72 High Cost Claimants (HCC's) over \$100K, that accounted for 24.8% of the total spend. HCC's accounted for 27.1% of total spend during 2Q20, with 86 members hitting the \$100K threshold. The largest diagnosis grouper was Neoplasms accounting for 14.9% of high cost claimant dollars.
- IP Paid per Admit was \$19,695 which is a decrease of 1.5% compared to 2Q20.
- ER Paid per Visit is \$2,168, which is an increase of 5.9% compared to 2Q20.
- 95.8% of all Medical spend dollars were to In Network providers. The average In Network discount was 67.4%, which is 3.2% higher than the PY20 average discount of 67.4%.

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

Paid Claims by Age Group									
2Q20									
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	
<1	\$ 3,125,930	\$ 1,476	\$ 4,958	\$ 2	\$ 9,126	\$ 3	\$ 3,140,014	\$ 1,481	
1	\$ 405,172	\$ 171	\$ 8,214	\$ 3	\$ 25,737	\$ 8	\$ 439,123	\$ 183	
2 - 4	\$ 627,536	\$ 78	\$ 138,668	\$ 17	\$ 205,909	\$ 19	\$ 972,113	\$ 115	
5 - 9	\$ 854,517	\$ 56	\$ 71,289	\$ 5	\$ 661,689	\$ 31	\$ 1,587,495	\$ 92	
10 - 14	\$ 1,812,800	\$ 106	\$ 223,825	\$ 13	\$ 641,514	\$ 27	\$ 2,678,139	\$ 146	
15 - 19	\$ 1,834,410	\$ 101	\$ 391,533	\$ 22	\$ 776,827	\$ 31	\$ 3,002,771	\$ 154	
20 - 24	\$ 2,927,770	\$ 143	\$ 423,423	\$ 21	\$ 524,971	\$ 19	\$ 3,876,164	\$ 183	
25 - 29	\$ 2,583,979	\$ 154	\$ 462,009	\$ 28	\$ 528,795	\$ 25	\$ 3,574,783	\$ 207	
30 - 34	\$ 3,924,676	\$ 220	\$ 827,755	\$ 46	\$ 612,847	\$ 26	\$ 5,365,279	\$ 292	
35 - 39	\$ 3,370,512	\$ 170	\$ 1,301,560	\$ 66	\$ 742,642	\$ 29	\$ 5,414,714	\$ 264	
40 - 44	\$ 3,236,736	\$ 180	\$ 875,944	\$ 49	\$ 725,414	\$ 30	\$ 4,838,095	\$ 258	
45 - 49	\$ 5,042,049	\$ 259	\$ 1,605,357	\$ 82	\$ 886,480	\$ 32	\$ 7,533,887	\$ 373	
50 - 54	\$ 6,211,742	\$ 306	\$ 1,934,321	\$ 95	\$ 972,069	\$ 34	\$ 9,118,132	\$ 435	
55 - 59	\$ 8,096,492	\$ 361	\$ 2,821,175	\$ 126	\$ 1,178,205	\$ 37	\$ 12,095,872	\$ 524	
60 - 64	\$ 16,905,310	\$ 669	\$ 3,469,129	\$ 137	\$ 1,435,524	\$ 40	\$ 21,809,963	\$ 847	
65+	\$ 7,892,651	\$ 575	\$ 2,050,922	\$ 149	\$ 3,421,967	\$ 43	\$ 13,365,540	\$ 768	
<b>Total</b>	<b>\$ 68,852,282</b>	<b>\$ 268</b>	<b>\$ 16,610,084</b>	<b>\$ 65</b>	<b>\$ 13,349,718</b>	<b>\$ 32</b>	<b>\$ 98,812,083</b>	<b>\$ 365</b>	

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

Paid Claims by Age Group										
Age Range	2Q21								% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,971,150	\$ 944	\$ 11,666	\$ 6	\$ 5,915	\$ 2	\$ 1,988,731	\$ 952	-36.7%	-35.8%
1	\$ 384,894	\$ 162	\$ 93,095	\$ 39	\$ 25,092	\$ 7	\$ 503,081	\$ 209	14.6%	14.3%
2 - 4	\$ 608,391	\$ 76	\$ 152,536	\$ 19	\$ 185,442	\$ 17	\$ 946,369	\$ 112	-2.6%	-2.3%
5 - 9	\$ 952,603	\$ 64	\$ 209,508	\$ 14	\$ 604,397	\$ 30	\$ 1,766,508	\$ 108	11.3%	17.3%
10 - 14	\$ 1,192,118	\$ 70	\$ 222,874	\$ 13	\$ 664,155	\$ 28	\$ 2,079,147	\$ 111	-22.4%	-23.6%
15 - 19	\$ 1,513,141	\$ 85	\$ 326,386	\$ 18	\$ 833,988	\$ 33	\$ 2,673,515	\$ 136	-11.0%	-11.5%
20 - 24	\$ 2,402,666	\$ 120	\$ 638,417	\$ 32	\$ 495,420	\$ 18	\$ 3,536,503	\$ 170	-8.8%	-7.0%
25 - 29	\$ 3,403,240	\$ 215	\$ 746,614	\$ 47	\$ 503,991	\$ 24	\$ 4,653,845	\$ 286	30.2%	38.1%
30 - 34	\$ 3,025,186	\$ 165	\$ 1,299,860	\$ 71	\$ 616,734	\$ 26	\$ 4,941,780	\$ 262	-7.9%	-10.6%
35 - 39	\$ 3,101,725	\$ 156	\$ 2,172,938	\$ 109	\$ 719,288	\$ 27	\$ 5,993,951	\$ 292	10.7%	10.6%
40 - 44	\$ 3,323,267	\$ 178	\$ 1,201,565	\$ 64	\$ 694,249	\$ 28	\$ 5,219,081	\$ 270	7.9%	4.7%
45 - 49	\$ 4,059,468	\$ 212	\$ 1,708,128	\$ 89	\$ 774,557	\$ 29	\$ 6,542,153	\$ 331	-13.2%	-11.4%
50 - 54	\$ 7,136,700	\$ 354	\$ 2,570,181	\$ 127	\$ 878,427	\$ 30	\$ 10,585,308	\$ 512	16.1%	17.7%
55 - 59	\$ 7,837,772	\$ 358	\$ 3,096,424	\$ 141	\$ 1,065,686	\$ 35	\$ 11,999,882	\$ 534	-0.8%	1.8%
60 - 64	\$ 12,490,962	\$ 511	\$ 3,837,310	\$ 157	\$ 1,317,511	\$ 38	\$ 17,645,783	\$ 706	-19.1%	-16.6%
65+	\$ 6,164,234	\$ 434	\$ 2,675,079	\$ 189	\$ 3,330,539	\$ 41	\$ 12,169,852	\$ 664	-8.9%	-13.5%
<b>Total</b>	<b>\$ 59,567,516</b>	<b>\$ 234</b>	<b>\$ 20,962,581</b>	<b>\$ 82</b>	<b>\$ 12,715,391</b>	<b>\$ 31</b>	<b>\$ 93,245,489</b>	<b>\$ 347</b>	<b>-5.6%</b>	<b>-4.9%</b>

# Financial Summary - (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	2Q19	2Q20	2Q21	Variance to Prior Year	2Q19	2Q20	2Q21	Variance to Prior Year	2Q19	2Q20	2Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	23,482	23,652	23,391	-1.1%	19,494	19,761	19,545	-1.1%	4	4	4	-8.3%
Avg # Members	42,703	42,850	42,479	-0.9%	37,031	37,257	36,879	-1.0%	7	7	8	14.3%
Ratio	1.8	1.8	1.8	1.1%	1.9	1.9	1.9	-0.5%	1.8	1.8	2.2	21.1%
<b>Financial Summary</b>												
Gross Cost	\$79,638,308	\$94,029,865	\$81,146,482	-13.7%	\$60,229,544	\$69,915,428	\$61,683,401	-11.8%	\$10,236	\$32,755	\$4,863	-85.2%
Client Paid	\$57,576,958	\$68,852,282	\$59,567,516	-13.5%	\$42,715,160	\$49,660,887	\$44,364,510	-10.7%	\$7,062	\$23,556	\$2,263	-90.4%
Employee Paid	\$22,061,195	\$25,177,583	\$21,578,966	-14.3%	\$17,514,229	\$20,254,541	\$17,318,891	-14.5%	\$3,174	\$9,198	\$2,600	-71.7%
Client Paid-PEPY	\$4,904	\$5,822	\$5,093	-12.5%	\$4,382	\$5,026	\$4,540	-9.7%	\$3,531	\$11,778	\$1,234	-89.5%
Client Paid-PMPY	\$2,697	\$3,214	\$2,805	-12.7%	\$2,307	\$2,666	\$2,406	-9.8%	\$2,018	\$6,730	\$566	-91.6%
Client Paid-PEPM	\$409	\$485	\$424	-12.6%	\$365	\$419	\$378	-9.8%	\$294	\$982	\$103	-89.5%
Client Paid-PMPM	\$225	\$268	\$234	-12.7%	\$192	\$222	\$200	-9.9%	\$168	\$561	\$47	-91.6%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	75	86	72	-16.3%	52	59	50	-15.3%	0	0	0	0.0%
HCC's / 1,000	1.8	2.0	1.7	-15.5%	1.4	1.6	1.4	-15.0%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$182,390	\$216,669	\$205,168	-5.3%	\$183,935	\$175,311	\$178,470	1.8%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	23.8%	27.1%	24.8%	-8.5%	22.4%	20.8%	20.1%	-3.4%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$878	\$1,133	\$854	-24.6%	\$740	\$846	\$685	-19.0%	\$0	\$0	\$32	0.0%
Facility Outpatient	\$827	\$981	\$923	-5.9%	\$683	\$819	\$770	-6.0%	\$333	\$2,975	\$121	-95.9%
Physician	\$928	\$1,023	\$970	-5.2%	\$836	\$938	\$901	-3.9%	\$1,563	\$3,470	\$413	-88.1%
Other	\$64	\$76	\$58	-23.7%	\$48	\$63	\$50	-20.6%	\$121	\$285	\$0	0.0%
Total	\$2,697	\$3,214	\$2,805	-12.7%	\$2,307	\$2,666	\$2,406	-9.8%	\$2,018	\$6,730	\$566	-91.6%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

# Financial Summary - (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	2Q19	2Q20	2Q21	Variance to Prior Year	2Q19	2Q20	2Q21	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	3,222	3,245	3,298	1.6%	762	642	546	-15.0%	
Avg # Members	4,800	4,848	4,950	2.1%	865	739	642	-13.1%	
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	\$14,750,103	\$20,854,519	\$16,039,320	-23.1%	\$4,648,425	\$3,227,164	\$3,418,899	5.9%	
Client Paid	\$10,981,049	\$16,734,691	\$12,420,150	-25.8%	\$3,873,687	\$2,433,148	\$2,780,594	14.3%	
Employee Paid	\$3,769,054	\$4,119,828	\$3,619,170	-12.2%	\$774,738	\$794,016	\$638,305	-19.6%	
Client Paid-PEPY	\$6,816	\$10,313	\$7,533	-27.0%	\$10,167	\$7,582	\$10,195	34.5%	\$6,209
Client Paid-PMPY	\$4,575	\$6,904	\$5,018	-27.3%	\$8,960	\$6,588	\$8,662	31.5%	\$3,437
Client Paid-PEPM	\$568	\$859	\$628	-26.9%	\$847	\$632	\$850	34.5%	\$517
Client Paid-PMPM	\$381	\$575	\$418	-27.3%	\$747	\$549	\$722	31.5%	\$286
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	18	27	19	-29.6%	8	4	4	0.0%	
HCC's / 1,000	3.8	5.6	3.8	-31.4%	9.3	5.4	6.2	15.4%	
Avg HCC Paid	\$129,001	\$287,451	\$247,107	-14.0%	\$224,076	\$132,243	\$288,394	118.1%	
HCC's % of Plan Paid	21.1%	46.4%	37.8%	-18.5%	46.3%	21.7%	41.5%	91.2%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$1,262	\$3,063	\$1,615	-47.3%	\$4,647	\$2,962	\$4,695	58.5%	\$1,057
Facility Outpatient	\$1,641	\$2,062	\$1,941	-5.9%	\$2,467	\$2,058	\$1,840	-10.6%	\$1,145
Physician	\$1,514	\$1,597	\$1,358	-15.0%	\$1,621	\$1,480	\$1,990	34.5%	\$1,122
Other	\$159	\$182	\$104	-42.9%	\$225	\$88	\$138	56.8%	\$113
Total	\$4,575	\$6,904	\$5,018	-27.3%	\$8,960	\$6,588	\$8,662	31.5%	\$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	2Q21	Variance to Prior Year	PY19	PY20	2Q21	Variance to Prior Year	PY19	PY20	2Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	23,569	23,673	23,391	-1.2%	19,612	19,809	19,545	-1.3%	4	4	4	-4.2%
Avg # Members	42,776	42,865	42,479	-0.9%	37,138	37,291	36,879	-1.1%	7	7	8	17.1%
Ratio	1.8	1.8	1.8	0.6%	1.9	1.9	1.9	0.5%	1.8	1.8	2.2	22.5%
<b>Financial Summary</b>												
Gross Cost	\$172,993,213	\$185,251,114	\$81,146,482	-56.2%	\$129,947,874	\$139,774,757	\$61,683,401	-55.9%	\$105,325	\$46,064	\$4,863	-89.4%
Client Paid	\$133,179,670	\$143,667,208	\$59,567,516	-58.5%	\$97,851,639	\$106,095,205	\$44,364,510	-58.2%	\$96,469	\$35,053	\$2,263	-93.5%
Employee Paid	\$39,813,543	\$41,583,906	\$21,578,966	-48.1%	\$32,096,235	\$33,679,553	\$17,318,891	-48.6%	\$8,857	\$11,011	\$2,600	-76.4%
Client Paid-PEPY	\$5,651	\$6,069	\$5,093	-16.1%	\$4,989	\$5,356	\$4,540	-15.2%	\$24,117	\$9,144	\$1,234	-86.5%
Client Paid-PMPY	\$3,113	\$3,352	\$2,805	-16.3%	\$2,635	\$2,845	\$2,406	-15.4%	\$13,781	\$5,130	\$566	-89.0%
Client Paid-PEPM	\$471	\$506	\$424	-16.2%	\$416	\$446	\$378	-15.2%	\$2,010	\$762	\$103	-86.5%
Client Paid-PMPM	\$259	\$279	\$234	-16.1%	\$220	\$237	\$200	-15.6%	\$1,148	\$427	\$47	-89.0%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	198	206	72		124	151	50		0	0	0	
HCC's / 1,000	4.6	4.8	1.7		3.3	4.1	1.4		0.0	0.0	0.0	
Avg HCC Paid	\$219,374	\$236,642	\$205,168	-13.3%	\$218,720	\$206,591	\$178,470	-13.6%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	32.6%	33.9%	24.8%	-26.8%	27.7%	29.4%	20.1%	-31.6%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,071	\$1,139	\$854	-25.0%	\$847	\$883	\$685	-22.4%	\$3,087	\$0	\$32	0.0%
Facility Outpatient	\$925	\$1,040	\$923	-11.3%	\$782	\$880	\$770	-12.5%	\$6,561	\$2,087	\$121	-94.2%
Physician	\$1,045	\$1,093	\$970	-11.3%	\$948	\$1,014	\$901	-11.1%	\$4,006	\$2,777	\$413	-85.1%
Other	\$72	\$80	\$58	-27.5%	\$58	\$68	\$50	-26.5%	\$129	\$266	\$0	0.0%
Total	\$3,113	\$3,352	\$2,805	-16.3%	\$2,635	\$2,845	\$2,406	-15.4%	\$13,781	\$5,130	\$566	-89.0%
			Annualized				Annualized				Annualized	

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

	State Retirees				Non-State Retirees				
Summary	PY19	PY20	2Q21	Variance to Prior Year	PY19	PY20	2Q21	Variance to Prior Year	HSB Peer Index
<b>Enrollment</b>									
Avg # Employees	3,224	3,246	3,298	1.6%	729	615	546	-11.3%	
Avg # Members	4,799	4,858	4,950	1.9%	832	710	642	-9.6%	
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	\$16,039,320	-59.2%	\$8,764,794	\$6,079,723	\$3,418,899	-43.8%	
Client Paid	\$27,761,940	\$32,691,908	\$12,420,150	-62.0%	\$7,469,622	\$4,845,042	\$2,780,594	-42.6%	
Employee Paid	\$6,413,280	\$6,658,661	\$3,619,170	-45.6%	\$1,295,172	\$1,234,681	\$638,305	-48.3%	
Client Paid-PEPY	\$8,612	\$10,070	\$7,533	-25.2%	\$10,246	\$7,882	\$10,195	29.3%	\$6,209
Client Paid-PMPY	\$5,785	\$6,730	\$5,018	-25.4%	\$8,983	\$6,821	\$8,662	27.0%	\$3,437
Client Paid-PEPM	\$718	\$839	\$628	-25.1%	\$854	\$657	\$850	29.4%	\$517
Client Paid-PMPM	\$482	\$561	\$418	-25.5%	\$749	\$568	\$722	27.1%	\$286
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	58	60	19		16	8	4		
HCC's / 1,000	12.1	12.4	3.8		19.2	11.3	6.2		
Avg HCC Paid	\$220,380	\$271,721	\$247,107	-9.1%	\$220,793	\$156,233	\$288,394	84.6%	
HCC's % of Plan Paid	46.0%	49.9%	37.8%	-24.2%	47.3%	25.8%	41.5%	60.9%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$2,155	\$2,853	\$1,615	-43.4%	\$4,794	\$2,835	\$4,695	65.6%	\$1,057
Facility Outpatient	\$1,787	\$2,107	\$1,941	-7.9%	\$2,295	\$2,143	\$1,840	-14.1%	\$1,145
Physician	\$1,677	\$1,600	\$1,358	-15.1%	\$1,732	\$1,745	\$1,990	14.0%	\$1,122
Other	\$166	\$170	\$104	-38.8%	\$163	\$98	\$138	40.8%	\$113
Total	\$5,785	\$6,730	\$5,018	-25.4%	\$8,983	\$6,821	\$8,662	27.0%	\$3,437

Annualized

Annualized

# Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	2Q20				2Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 18,568,451	\$ 6,456,930	\$ 1,752,662	\$ 26,778,043	\$ 14,876,766	\$ 2,928,106	\$ 1,578,041	\$ 19,382,914		-27.6%
Outpatient	\$ 31,092,436	\$ 7,623,448	\$ 901,651	\$ 39,617,535	\$ 29,487,744	\$ 6,949,375	\$ 964,627	\$ 37,401,746		-5.6%
Total - Medical	\$ 49,660,887	\$ 14,080,379	\$ 2,654,313	\$ 66,395,578	\$ 44,364,510	\$ 9,877,481	\$ 2,542,669	\$ 56,784,660		-14.5%
Dental	\$ 9,090,617	\$ 1,071,864	\$ 298,172	\$ 10,460,654	\$ 8,645,923	\$ 1,017,552	\$ 274,399	\$ 9,937,874		-5.0%
Dental Exchange	\$ -	\$ -	\$ 1,616,736	\$ 1,616,736	\$ -	\$ -	\$ 1,615,026	\$ 1,615,026		-0.1%
<b>Total</b>	<b>\$ 58,751,504</b>	<b>\$ 15,152,243</b>	<b>\$ 4,569,221</b>	<b>\$ 78,472,968</b>	<b>\$ 53,010,433</b>	<b>\$ 10,895,033</b>	<b>\$ 4,432,093</b>	<b>\$ 68,337,559</b>		<b>-12.9%</b>

Net Paid Claims - Per Participant per Month										
	2Q20				2Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 419	\$ 891	\$ 724	\$ 481	\$ 378	\$ 619	\$ 664	\$ 414		-13.9%
Dental	\$ 56	\$ 53	\$ 67	\$ 56	\$ 53	\$ 50	\$ 60	\$ 53		-4.2%
Dental Exchange	\$ -	\$ -	\$ 51	\$ 51	\$ -	\$ -	\$ 49	\$ 49		-4.3%

# Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	2Q20				2Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 204	\$ 568,876	\$ 591,343	\$ 1,160,423	\$ 126	\$ 1,113,031	\$ 496,882	\$ 1,610,039	38.7%	
Outpatient	\$ 23,352	\$ 972,837	\$ 300,091	\$ 1,296,281	\$ 2,137	\$ 888,545	\$ 282,135	\$ 1,172,817	-9.5%	
Total - Medical	\$ 23,556	\$ 1,541,713	\$ 891,435	\$ 2,456,704	\$ 2,263	\$ 2,001,576	\$ 779,017	\$ 2,782,857	13.3%	
Dental	\$ 1,300	\$ 162,757	\$ 123,500	\$ 287,557	\$ 2,188	\$ 117,318	\$ 112,403	\$ 231,909	-19.4%	
Dental Exchange	\$ -	\$ -	\$ 984,771	\$ 984,771	\$ -	\$ -	\$ 930,582	\$ 930,582	-5.5%	
<b>Total</b>	<b>\$ 24,856</b>	<b>\$ 1,704,470</b>	<b>\$ 1,999,706</b>	<b>\$ 3,729,032</b>	<b>\$ 4,451</b>	<b>\$ 2,118,895</b>	<b>\$ 1,822,003</b>	<b>\$ 3,945,348</b>	<b>5.8%</b>	

Net Paid Claims - Per Participant per Month										
	2Q20				2Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 982	\$ 673	\$ 571	\$ 634	\$ 103	\$ 1,193	\$ 488	\$ 845	33.2%	
Dental	\$ 27	\$ 43	\$ 49	\$ 45	\$ 48	\$ 42	\$ 45	\$ 43	-4.1%	
Dental Exchange	\$ -	\$ -	\$ 45	\$ 45	\$ -	\$ -	\$ 44	\$ 44	-3.4%	

# Paid Claims by Claim Type – Total

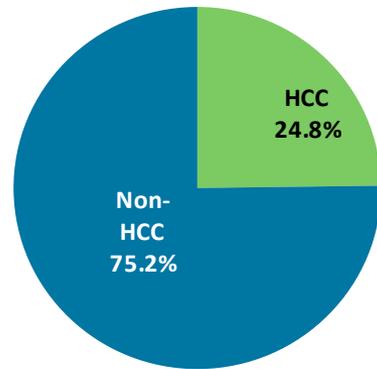
Net Paid Claims - Total									
Total Participants									
	2Q20				2Q21				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 18,568,655	\$ 7,025,807	\$ 2,344,005	\$ 27,938,466	\$ 14,876,892	\$ 4,041,137	\$ 2,074,924	\$ 20,992,953	-24.9%
Outpatient	\$ 31,115,789	\$ 8,596,285	\$ 1,201,742	\$ 40,913,816	\$ 29,489,881	\$ 7,837,920	\$ 1,246,762	\$ 38,574,563	-5.7%
Total - Medical	\$ 49,684,443	\$ 15,622,092	\$ 3,545,747	\$ 68,852,282	\$ 44,366,773	\$ 11,879,057	\$ 3,321,686	\$ 59,567,516	-13.5%
Dental	\$ 9,091,917	\$ 1,234,621	\$ 421,673	\$ 10,748,211	\$ 8,648,111	\$ 1,134,870	\$ 386,802	\$ 10,169,783	-5.4%
Dental Exchange	\$ -	\$ -	\$ 2,601,507	\$ 2,601,507	\$ -	\$ -	\$ 2,545,608	\$ 2,545,608	-2.1%
<b>Total</b>	<b>\$ 58,776,360</b>	<b>\$ 16,856,713</b>	<b>\$ 6,568,926</b>	<b>\$ 82,201,999</b>	<b>\$ 53,014,884</b>	<b>\$ 13,013,928</b>	<b>\$ 6,254,096</b>	<b>\$ 72,282,907</b>	<b>-12.1%</b>

Net Paid Claims - Per Participant per Month									
	2Q20				2Q21				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 419	\$ 863	\$ 678	\$ 485	\$ 378	\$ 673	\$ 613	\$ 424	-12.5%
Dental	\$ 56	\$ 51	\$ 61	\$ 55	\$ 53	\$ 49	\$ 55	\$ 53	-4.2%
Dental Exchange	\$ -	\$ -	\$ 49	\$ 49	\$ -	\$ -	\$ 47	\$ 47	-3.8%

# Cost Distribution – Medical Claims

2Q20						2Q21						
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
74	0.2%	\$18,633,518	27.1%	\$506,733	2.0%	\$100,000.01 Plus	62	0.1%	\$14,757,845	24.8%	\$438,323	2.0%
109	0.3%	\$8,454,203	12.3%	\$613,144	2.4%	\$50,000.01-\$100,000.00	112	0.3%	\$8,205,997	13.8%	\$629,846	2.9%
256	0.6%	\$9,512,393	13.8%	\$1,245,066	4.9%	\$25,000.01-\$50,000.00	225	0.5%	\$8,149,864	13.7%	\$1,123,566	5.2%
665	1.6%	\$11,037,796	16.0%	\$2,936,073	11.7%	\$10,000.01-\$25,000.00	586	1.4%	\$9,619,497	16.1%	\$2,567,045	11.9%
946	2.2%	\$7,060,747	10.3%	\$3,009,034	12.0%	\$5,000.01-\$10,000.00	748	1.8%	\$5,538,987	9.3%	\$2,412,521	11.2%
1,257	2.9%	\$4,721,615	6.9%	\$2,851,639	11.3%	\$2,500.01-\$5,000.00	1,017	2.4%	\$3,843,670	6.5%	\$2,234,603	10.4%
20,477	47.8%	\$9,432,010	13.7%	\$11,212,169	44.6%	\$0.01-\$2,500.00	21,490	50.6%	\$9,451,659	15.9%	\$10,046,762	46.6%
7,152	16.7%	\$0	0.0%	\$2,803,725	11.1%	\$0.00	5,595	13.2%	\$0	0.0%	\$2,126,300	9.9%
11,914	27.8%	\$0	0.0%	\$0	0.0%	No Claims	12,645	29.8%	\$0	0.0%	\$0	0.0%
<b>42,850</b>	<b>100.0%</b>	<b>\$68,852,282</b>	<b>100.0%</b>	<b>\$25,177,583</b>	<b>100.0%</b>		<b>42,479</b>	<b>100.0%</b>	<b>\$59,567,516</b>	<b>100.0%</b>	<b>\$21,578,966</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 NEO) Neoplasms	29	\$2,196,114	14.9%
(CCS DIG) Diseases of the Digestive System	29	\$2,023,881	13.7%
(CCS CIR) Diseases of the Circulatory System	45	\$1,675,410	11.3%
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	65	\$1,247,048	8.4%
(CCS NVS) Diseases of the Nervous System	39	\$1,064,778	7.2%
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	36	\$996,320	6.7%
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	15	\$971,876	6.6%
(CCS GEN) Diseases of the Genitourinary System	33	\$921,308	6.2%
(CCS INF) Certain Infectious and Parasitic Diseases	24	\$910,928	6.2%
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	41	\$756,180	5.1%
(CCS PNL) Certain Conditions Originating in the Perinatal Period	4	\$658,124	4.5%
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormalities	7	\$427,980	2.9%
(CCS END) Endocrine, Nutritional and Metabolic Diseases	34	\$396,025	2.7%
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere	54	\$210,743	1.4%
(CCS RSP) Diseases of the Respiratory System	32	\$189,746	1.3%
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	24	\$102,139	0.7%
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving	20	\$16,005	0.1%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	8	\$4,705	0.0%
(CCS EYE) Diseases of the Eye and Adnexa	12	\$1,791	0.0%
(CCS EAR) Diseases of the Ear and Mastoid Process	3	\$554	0.0%
(CCS EXT) External Causes of Morbidity	1	\$441	0.0%
<b>Overall</b>	<b>----</b>	<b>\$14,772,096</b>	<b>100.0%</b>

# Utilization Summary (p. 1 of 2)

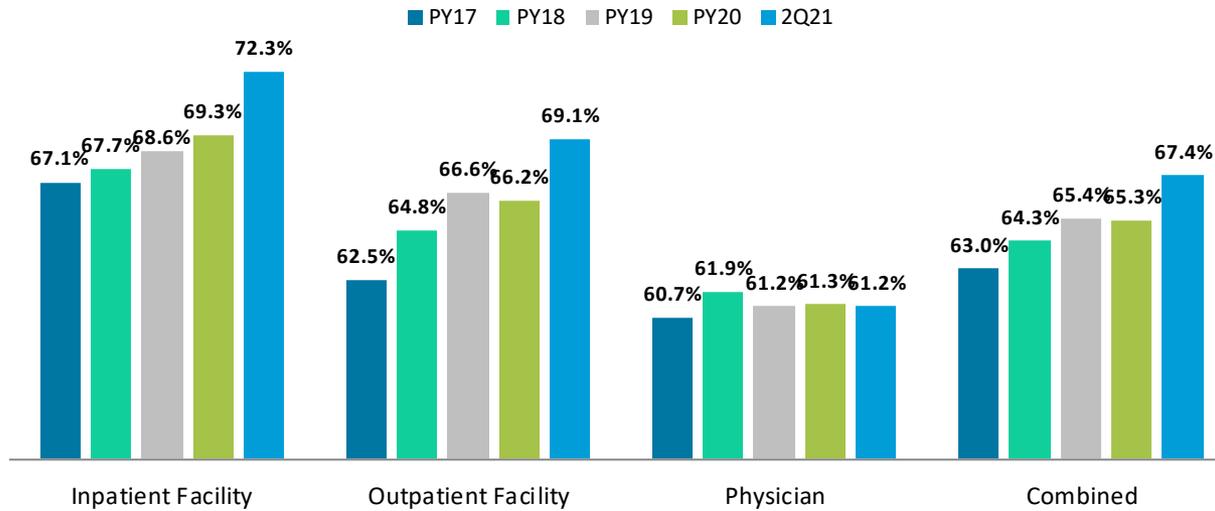
Summary	Total				State Active				Non-State Active			
	2Q19	2Q20	2Q21	Variance to Prior Year	2Q19	2Q20	2Q21	Variance to Prior Year	2Q19	2Q20	2Q21	Variance to Prior Year
<b>Inpatient Facility</b>												
# of Admits	1,078	1,239	950		841	970	764		0	0	1	
# of Bed Days	7,353	6,314	5,094		4,000	4,723	4,126		0	0	2	
Paid Per Admit	\$18,364	\$19,991	\$19,695	-1.5%	\$17,473	\$16,727	\$17,243	3.1%	\$0	\$0	\$2,186	0.0%
Paid Per Day	\$2,702	\$3,923	\$3,673	-6.4%	\$3,674	\$3,435	\$3,193	-7.0%	\$0	\$0	\$1,093	0.0%
Admits Per 1,000	51	58	45	-22.4%	45	52	41	-21.2%	0	0	250	0.0%
Days Per 1,000	344	295	240	-18.6%	216	254	224	-11.8%	0	0	500	0.0%
Avg LOS	6.8	5.1	5.4	5.9%	4.8	4.9	5.4	10.2%	0	0	2	0.0%
<b>Physician Office</b>												
OV Utilization per Member	3.4	3.8	3.3	-13.2%	3.2	3.6	3.1	-13.9%	3.7	8.3	3.8	-54.2%
Avg Paid per OV	\$40	\$41	\$44	7.3%	\$40	\$41	\$44	7.3%	\$73	\$66	\$43	-34.8%
Avg OV Paid per Member	\$136	\$156	\$146	-6.4%	\$127	\$146	\$139	-4.8%	\$271	\$548	\$161	-70.6%
DX&L Utilization per Member	7.3	8.4	7.8	-7.1%	6.8	7.8	7.3	-6.4%	0	0	0	0.0%
Avg Paid per DX&L	\$59	\$55	\$58	5.5%	\$54	\$52	\$53	1.9%	\$0	\$0	\$0	0.0%
Avg DX&L Paid per Member	\$432	\$461	\$453	-1.7%	\$363	\$410	\$391	-4.6%	\$0	\$0	\$0	0.0%
<b>Emergency Room</b>												
# of Visits	3,232	3,635	2,835		2,610	2,972	2,381		0	2	0	
# of Admits	499	517	443		369	384	338		0	0	0	
Visits Per Member	0.15	0.17	0.13	-23.5%	0.14	0.16	0.13	-18.8%	0	0.57	0.00	0.0%
Visits Per 1,000	151	170	133	-21.8%	141	160	129	-19.4%	0	571	0	0.0%
Avg Paid per Visit	\$1,825	\$2,047	\$2,168	5.9%	\$1,755	\$2,055	\$2,169	5.5%	\$0	\$1,803	\$0	0.0%
Admits Per Visit	0.15	0.14	0.16	14.3%	0.14	0.13	0.14	7.7%	0.00	0.00	0.00	0.0%
<b>Urgent Care</b>												
# of Visits	4,466	5,683	4,450		4,001	5,123	3,989		0	1	0	
Visits Per Member	0.21	0.27	0.21	-22.2%	0.22	0.28	0.22	-21.4%	0.00	0.29	0.00	0.0%
Visits Per 1,000	209	265	210	-20.8%	216	275	216	-21.5%	0	286	0	0.0%
Avg Paid per Visit	\$29	\$36	\$98	172.2%	\$28	\$34	\$99	191.2%	\$0	\$170	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

# Utilization Summary (p. 2 of 2)

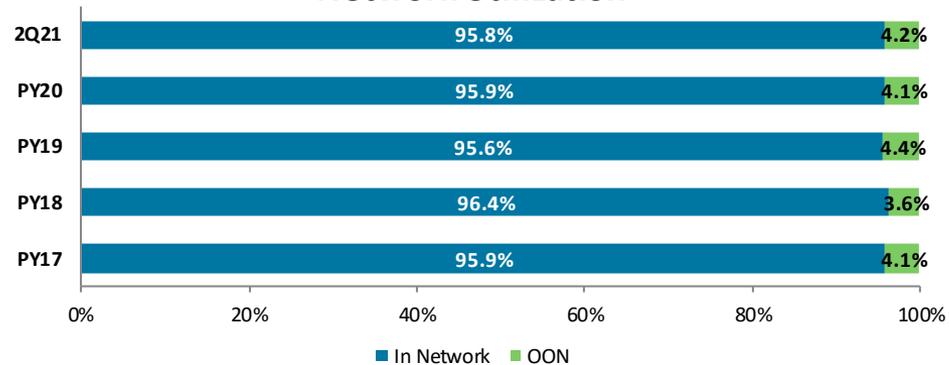
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	2Q19	2Q20	2Q21	Variance to Prior Year	2Q19	2Q20	2Q21	Variance to Prior Year	
<b>Inpatient Facility</b>									
# of Admits	179	212	135		58	57	50		
# of Bed Days	914	1,302	737		2,439	289	229		
Paid Per Admit	\$17,608	\$34,625	\$29,547	-14.7%	\$34,692	\$21,100	\$30,894	46.4%	\$16,173
Paid Per Day	\$3,448	\$5,638	\$5,412	-4.0%	\$825	\$4,162	\$6,745	62.1%	\$3,708
Admits Per 1,000	75	87	55	-36.8%	134	154	156	1.3%	61
Days Per 1,000	381	537	298	-44.5%	5,641	782	713	-8.8%	264
Avg LOS	5.1	6.1	5.5	-9.8%	42.1	5.1	4.6	-9.8%	4.3
<b>Physician Office</b>									
OV Utilization per Member	4.7	5.3	4.4	-17.0%	6.3	7.3	6.3	-13.7%	3.3
Avg Paid per OV	\$42	\$41	\$44	7.3%	\$34	\$30	\$30	0.0%	\$50
Avg OV Paid per Member	\$198	\$221	\$198	-10.4%	\$216	\$221	\$192	-13.1%	\$167
DX&L Utilization per Member	10.6	12.1	10.5	-13.2%	13.4	14.4	12.7	-11.8%	8.3
Avg Paid per DX&L	\$79	\$66	\$81	22.7%	\$85	\$58	\$74	27.6%	\$67
Avg DX&L Paid per Member	\$836	\$799	\$852	6.6%	\$1,133	\$835	\$934	11.9%	\$554
<b>Emergency Room</b>									
# of Visits	476	513	384		146	148	70		
# of Admits	98	103	83		32	30	22		
Visits Per Member	0.20	0.21	0.16	-23.8%	0.34	0.40	0.22	-45.0%	0.17
Visits Per 1,000	198	212	155	-26.9%	338	401	218	-45.6%	174
Avg Paid per Visit	\$2,136	\$2,159	\$2,008	-7.0%	\$2,052	\$1,489	\$2,995	101.1%	\$1,684
Admits Per Visit	0.21	0.20	0.22	10.0%	0.22	0.20	0.31	55.0%	0.14
<b>Urgent Care</b>									
# of Visits	373	467	402		92	92	59		
Visits Per Member	0.16	0.19	0.16	-15.8%	0.21	0.25	0.18	-28.0%	0.24
Visits Per 1,000	155	193	162	-16.1%	213	249	184	-26.1%	242
Avg Paid per Visit	\$35	\$53	\$89	67.9%	\$33	\$36	\$81	125.0%	\$74
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

# Provider Network Summary

## In Network Discounts



## Network Utilization



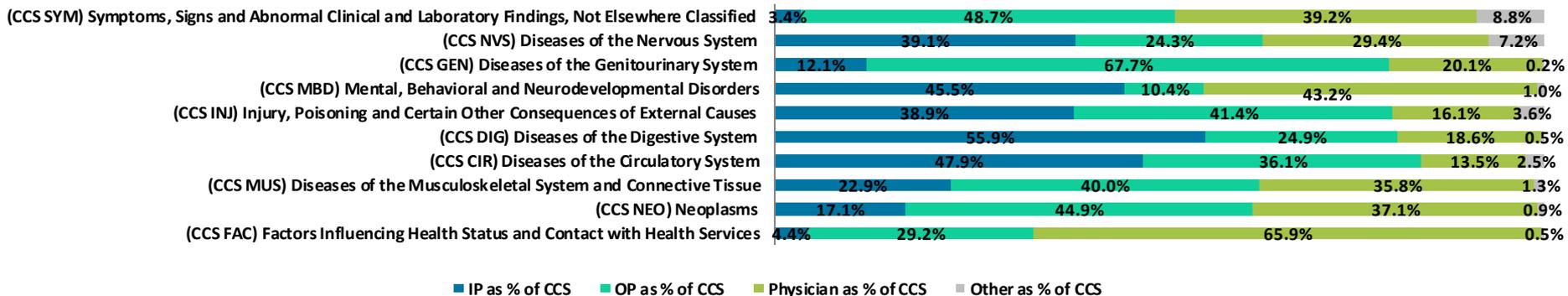
# AHRQ\* Clinical Classifications Summary



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

Diagnosis Grouper	Total Paid	% Paid	Insured			Male		Female	
			Insured	Spouse	Child	Male	Female	Male	Female
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	\$8,988,220	15.1%	\$5,682,071	\$1,379,469	\$1,926,680	\$2,997,383	\$5,990,837		
(CCS NEO) Neoplasms	\$6,111,256	10.3%	\$4,886,754	\$1,142,850	\$81,652	\$2,462,197	\$3,649,059		
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	\$6,077,963	10.2%	\$4,011,286	\$1,636,607	\$430,070	\$2,131,502	\$3,946,461		
(CCS CIR) Diseases of the Circulatory System	\$5,736,069	9.6%	\$4,293,939	\$1,309,296	\$132,833	\$3,151,408	\$2,584,661		
(CCS DIG) Diseases of the Digestive System	\$4,716,727	7.9%	\$2,862,855	\$1,482,184	\$371,688	\$2,209,294	\$2,507,433		
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	\$4,318,144	7.2%	\$2,584,744	\$973,325	\$760,075	\$2,255,729	\$2,062,414		
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	\$3,294,969	5.5%	\$1,379,522	\$338,727	\$1,576,721	\$1,538,328	\$1,756,642		
(CCS GEN) Diseases of the Genitourinary System	\$3,213,945	5.4%	\$2,478,168	\$520,985	\$214,793	\$1,551,548	\$1,662,397		
(CCS NVS) Diseases of the Nervous System	\$2,918,343	4.9%	\$1,986,144	\$546,311	\$385,888	\$735,547	\$2,182,796		
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Els	\$2,688,480	4.5%	\$1,798,051	\$505,583	\$384,846	\$1,049,741	\$1,638,740		
(CCS INF) Certain Infectious and Parasitic Diseases	\$2,485,483	4.2%	\$2,082,453	\$221,576	\$181,454	\$1,110,458	\$1,375,025		
(CCS PRG) Pregnancy, Childbirth and the Puerperium	\$1,855,544	3.1%	\$1,295,737	\$518,516	\$41,290	\$266	\$1,855,278		
(CCS END) Endocrine, Nutritional and Metabolic Diseases	\$1,759,378	3.0%	\$1,146,107	\$398,984	\$214,288	\$870,865	\$888,514		
(CCS RSP) Diseases of the Respiratory System	\$1,401,041	2.4%	\$952,120	\$123,744	\$325,178	\$647,399	\$753,642		
(CCS PNL) Certain Conditions Originating in the Perinatal Period	\$1,260,218	2.1%	\$4,779	\$1,014	\$1,254,425	\$1,001,221	\$258,997		
(CCS EYE) Diseases of the Eye and Adnexa	\$1,006,047	1.7%	\$627,950	\$236,919	\$141,178	\$394,705	\$611,342		
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormaliti	\$708,901	1.2%	\$57,546	\$1,876	\$649,480	\$154,323	\$554,579		
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	\$435,132	0.7%	\$275,339	\$74,321	\$85,472	\$247,840	\$187,291		
(CCS EAR) Diseases of the Ear and Mastoid Process	\$264,416	0.4%	\$150,800	\$19,955	\$93,661	\$140,275	\$124,141		
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders I	\$259,524	0.4%	\$188,445	\$40,710	\$30,369	\$89,075	\$170,449		
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$67,062	0.1%	\$47,054	\$9,098	\$10,911	\$18,287	\$48,775		
(CCS EXT) External Causes of Morbidity	\$654	0.0%	\$88	\$566	\$0	\$461	\$193		
<b>Total</b>	<b>\$59,567,516</b>	<b>100.0%</b>	<b>\$38,791,950</b>	<b>\$11,482,616</b>	<b>\$9,292,950</b>	<b>\$24,757,850</b>	<b>\$34,809,666</b>		

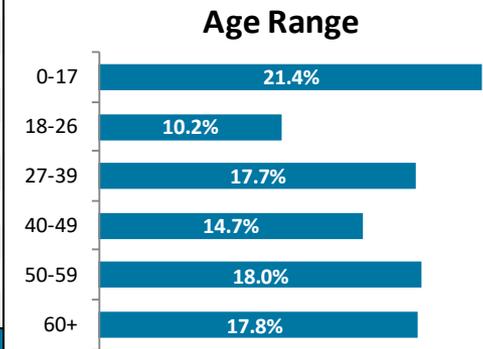
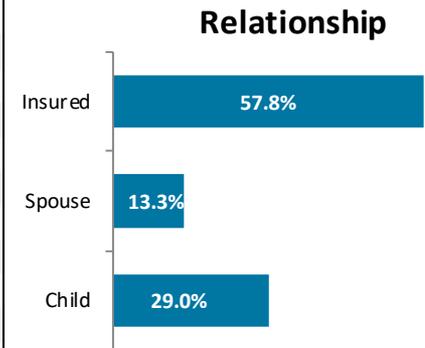
## Top 10 Categories by Claim Type



# 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	12,487	22,244	\$2,301,820	25.6%
Medical Examination/Evaluation	10,645	18,626	\$1,798,891	20.0%
Encounter For Antineoplastic Therapies	90	462	\$1,688,035	18.8%
Neoplasm-Related Encounters	3,995	7,386	\$1,390,866	15.5%
Other Aftercare Encounter	442	1,179	\$537,947	6.0%
Contraceptive And Procreative Management	852	1507	\$377,872	4.2%
Implant, Device Or Graft Related Encounter	441	1,118	\$275,666	3.1%
Personal/Family History Of Disease	613	1,089	\$193,661	2.2%
Other Specified Status	1,179	2,424	\$138,832	1.5%
Encounter For Prophylactic Or Other Procedures	87	109	\$127,939	1.4%
Encounter For Observation And Examination For Conditions Ruled Out (Excl	1,423	1,903	\$46,129	0.5%
Organ Transplant Status	36	286	\$37,636	0.4%
Acquired Absence Of Limb Or Organ	32	56	\$31,526	0.4%
Other Specified Encounters And Counseling	292	552	\$27,211	0.3%
Encounter For Administrative Purposes	137	166	\$7,340	0.1%
Encounter For Prophylactic Measures (Excludes Immunization)	25	40	\$1,790	0.0%
Lifestyle/Life Management Factors	50	81	\$1,648	0.0%
Screening For Neurocognitive Or Neurodevelopmental Condition	38	38	\$1,220	0.0%
Socioeconomic/Psychosocial Factors	23	49	\$1,027	0.0%
Encounter For Mental Health Conditions	142	150	\$683	0.0%
No Immunization Or Underimmunization	18	21	\$369	0.0%
Carrier Status	6	8	\$110	0.0%
Counseling Related To Sexual Behavior Or Orientation	2	2	\$0	0.0%
<b>Overall</b>	----	----	<b>\$8,988,220</b>	<b>100.0%</b>

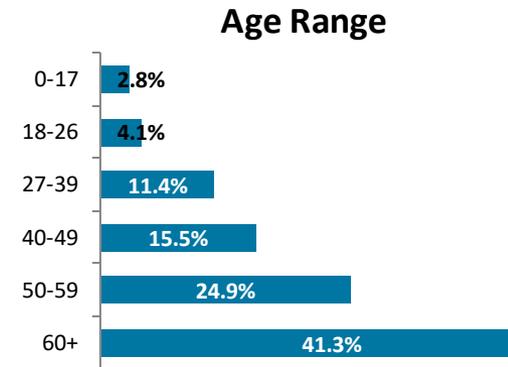
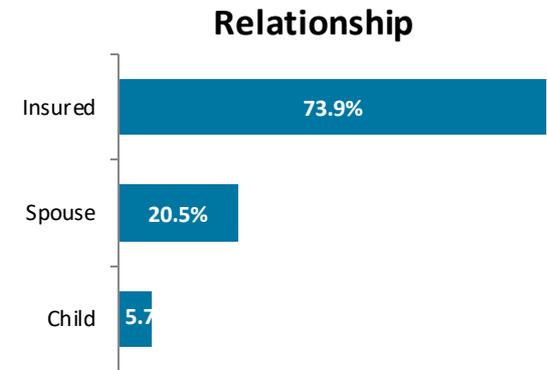
\*Patient and claim counts are unique only within the category



# AHRQ Category – Neoplasms

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Breast Cancer - All Other Types	249	1,841	\$1,024,865	16.8%
Benign Neoplasms	1497	2,562	\$704,060	11.5%
Male Reproductive System Cancers - Prostate	108	909	\$605,593	9.9%
Secondary Malignancies	62	317	\$573,809	9.4%
Nervous System Cancers - Brain	18	280	\$321,497	5.3%
Urinary System Cancers - Bladder	20	319	\$316,496	5.2%
Female Reproductive System Cancers - Ovary	24	179	\$271,218	4.4%
Head And Neck Cancers - Lip And Oral Cavity	16	166	\$225,736	3.7%
Malignant Neuroendocrine Tumors	12	81	\$219,179	3.6%
Gastrointestinal Cancers - Colorectal	46	310	\$200,426	3.3%
Respiratory Cancers	24	275	\$176,116	2.9%
Neoplasms Of Unspecified Nature Or Uncertain Behavior	1,039	1,659	\$152,451	2.5%
Multiple Myeloma	17	208	\$124,907	2.0%
Skin Cancers - Melanoma	52	193	\$123,339	2.0%
Gastrointestinal Cancers - Liver	6	25	\$102,841	1.7%
Female Reproductive System Cancers - Endometrium	28	217	\$88,577	1.4%
Sarcoma	8	109	\$68,577	1.1%
Head And Neck Cancers - Eye	6	50	\$67,794	1.1%
Gastrointestinal Cancers - All Other Types	3	34	\$65,996	1.1%
Gastrointestinal Cancers - Esophagus	5	99	\$60,963	1.0%
Skin Cancers - Basal Cell Carcinoma	173	351	\$59,592	1.0%
Female Reproductive System Cancers - Cervix	17	52	\$55,648	0.9%
Female Reproductive System Cancers - All Other Types	1	8	\$52,781	0.9%
Female Reproductive System Cancers - Vulva	8	25	\$52,635	0.9%
Endocrine System Cancers - Thyroid	70	227	\$49,530	0.8%
Head And Neck Cancers - All Other Types	8	59	\$49,520	0.8%
Non-Hodgkin Lymphoma	45	245	\$42,786	0.7%
Breast Cancer - Ductal Carcinoma In Situ (Dcis)	32	119	\$38,124	0.6%
Female Reproductive System Cancers - Fallopian Tube	1	15	\$36,768	0.6%
Conditions Due To Neoplasm Or The Treatment Of Neoplasm	23	64	\$24,701	0.4%
All Others	243	858	\$154,733	2.4%
<b>Overall</b>	----	----	<b>\$6,111,256</b>	<b>100.0%</b>

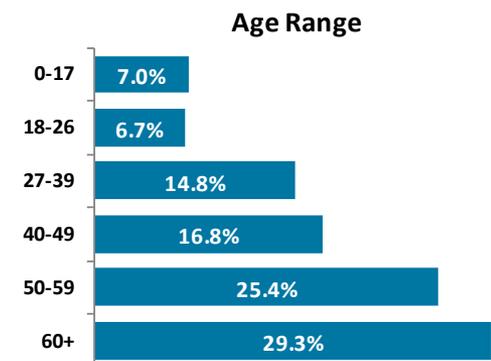
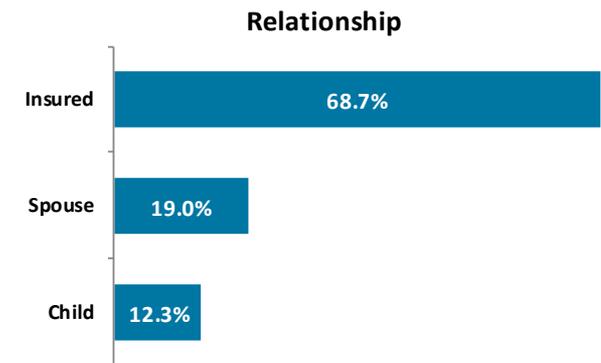
\*Patient and claim counts are unique only within the category



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

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Spondylopathies/Spondyloarthropathy (Including Infective)	1,852	9,162	\$2,136,801	35.2%
Osteoarthritis	771	2,099	\$1,188,081	19.5%
Musculoskeletal Pain, Not Low Back Pain	3,011	11,703	\$518,066	8.5%
Tendon And Synovial Disorders	606	2,069	\$506,353	8.3%
Other Specified Joint Disorders	436	1,329	\$273,780	4.5%
Scoliosis And Other Postural Dorsopathic Deformities	71	322	\$198,906	3.3%
Other Specified Connective Tissue Disease	810	2,021	\$173,857	2.9%
Osteomyelitis	21	264	\$164,005	2.7%
Postprocedural Or Postoperative Musculoskeletal System Complication	52	155	\$142,737	2.3%
Low Back Pain	897	3,410	\$139,279	2.3%
Acquired Foot Deformities	178	538	\$120,770	2.0%
Rheumatoid Arthritis And Related Disease	148	418	\$108,407	1.8%
Systemic Lupus Erythematosus And Connective Tissue Disorders	129	365	\$65,625	1.1%
Other Specified Bone Disease And Musculoskeletal Deformities	236	403	\$48,180	0.8%
Pathological Fracture, Subsequent Encounter	2	5	\$39,270	0.6%
Muscle Disorders	108	577	\$39,164	0.6%
Acquired Deformities (Excluding Foot)	49	126	\$36,527	0.6%
Biomechanical Lesions	1,029	3,915	\$30,182	0.5%
Osteoporosis	151	258	\$24,872	0.4%
Pathological Fracture, Initial Encounter	2	6	\$24,317	0.4%
Stress Fracture, Initial Encounter	23	52	\$17,912	0.3%
Aseptic Necrosis And Osteonecrosis	7	32	\$17,734	0.3%
Juvenile Arthritis	6	26	\$14,196	0.2%
Traumatic Arthropathy	21	80	\$13,136	0.2%
Neurogenic/Neuropathic Arthropathy	3	17	\$8,572	0.1%
Disorders Of Jaw	47	128	\$7,537	0.1%
Musculoskeletal Abscess	2	3	\$6,825	0.1%
Infective Arthritis	4	26	\$6,271	0.1%
Gout	140	218	\$4,995	0.1%
Stress Fracture, Subsequent Encounter	8	59	\$1,379	0.0%
Immune-Mediated/Reactive Arthropathies	2	3	\$145	0.0%
Pathological, Stress And Atypical Fractures, Sequela	1	2	\$42	0.0%
Autoinflammatory Syndromes	3	4	\$40	0.0%
Other Bone Disease And Musculoskeletal Deformities [212.]	2	2	\$0	0.0%
Crystal Arthropathies (Excluding Gout)	1	2	\$0	0.0%
	----	----	<b>\$6,077,963</b>	<b>100.0%</b>

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



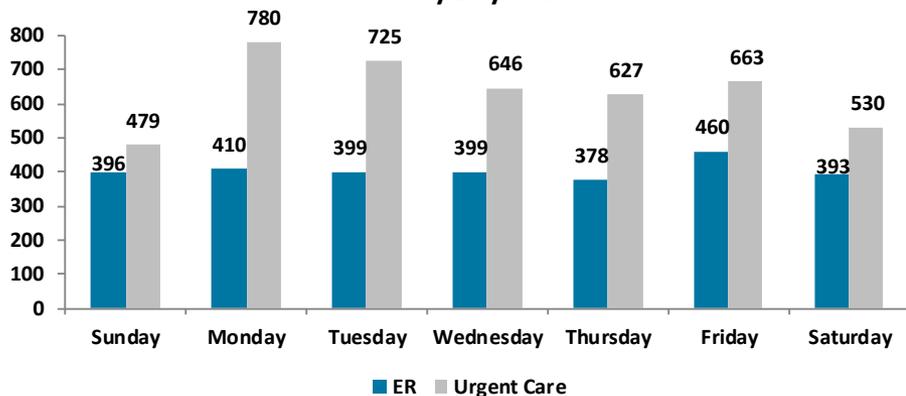
# Emergency Room / Urgent Care Summary

ER/Urgent Care	2Q20		2Q21		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	3,635	5,683	2,835	4,450		
Number of Admits	517	---	443	---		
Visits Per Member	0.17	0.27	0.13	0.21	0.17	0.24
Visits/1000 Members	170	265	133	210	174	242
Avg Paid Per Visit	\$2,047	\$36	\$2,166	\$98	\$1,684	\$74
Admits per Visit	0.14	---	0.16	---	0.14	
% of Visits with HSB ER Dx	76.2%	---	77.5%	---		
% of Visits with a Physician OV*	76.9%	73.2%	77.6%	71.6%		
<b>Total Plan Paid</b>	<b>\$7,436,737</b>	<b>\$203,082</b>	<b>\$6,141,336</b>	<b>\$434,608</b>		

\*looks back 12 months from ER visit

Annualized    Annualized    Annualized    Annualized

Visits by Day of Week

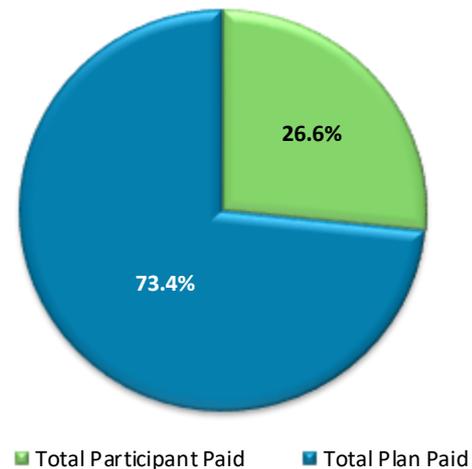
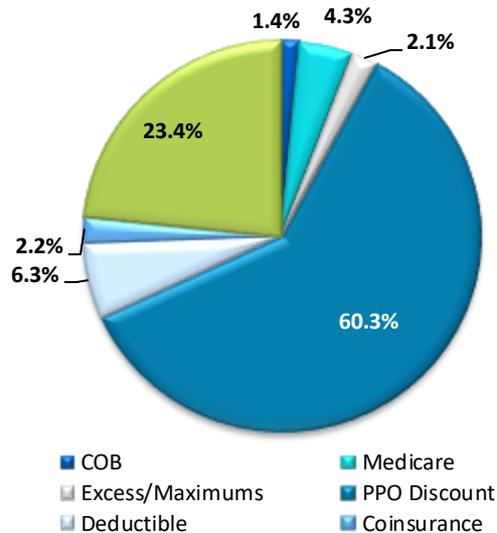


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	1,748	75	2,794	119	4,542	194
Spouse	485	88	558	101	1,043	189
Child	602	44	1,098	81	1,700	125
<b>Total</b>	<b>2,835</b>	<b>67</b>	<b>4,450</b>	<b>105</b>	<b>7,285</b>	<b>171</b>

# Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$254,998,902	\$1,817	100.0%
COB	\$3,691,828	\$26	1.4%
Medicare	\$11,016,046	\$78	4.3%
Excess/Maximums	\$5,439,384	\$39	2.1%
PPO Discount	\$153,705,162	\$1,095	60.3%
Deductible	\$15,980,583	\$114	6.3%
Coinsurance	\$5,598,383	\$40	2.2%
<b>Total Participant Paid</b>	<b>\$21,578,966</b>	<b>\$154</b>	<b>8.5%</b>
<b>Total Plan Paid</b>	<b>\$59,567,516</b>	<b>\$424</b>	<b>23.4%</b>

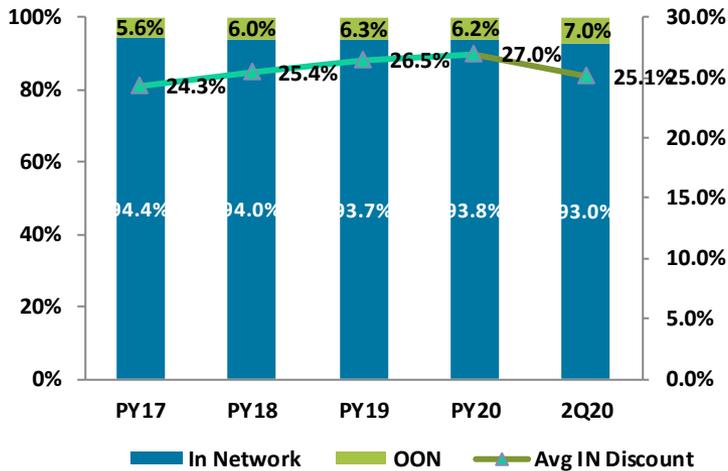
<b>Total Participant Paid - PY20</b>	<b>\$146</b>
<b>Total Plan Paid - PY20</b>	<b>\$506</b>



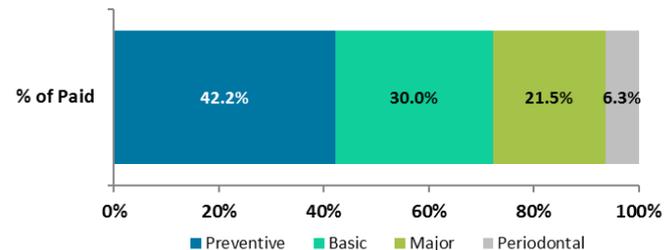
# Dental Claims Analysis

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	3,203	4.7%	37,511	20.6%	\$4,680,987	36.8%	\$3,160,141	49.5%
\$750.01-\$1,000.00	1,293	1.9%	11,189	6.2%	\$1,141,551	9.0%	\$682,326	10.7%
\$500.01-\$750.00	2,484	3.6%	18,508	10.2%	\$1,554,317	12.2%	\$908,785	14.2%
\$250.01-\$500.00	6,035	8.8%	37,638	20.7%	\$2,078,562	16.3%	\$719,893	11.3%
\$0.01-\$250.00	22,100	32.3%	75,999	41.8%	\$3,259,974	25.6%	\$879,619	13.8%
\$0.00	592	0.9%	1,077	0.6%	\$0	0.0%	\$37,510	0.6%
No Claims	32,765	47.9%	0	0.0%	\$0	0.0%	\$0	0.0%
<b>Total</b>	<b>68,471</b>	<b>100.0%</b>	<b>181,922</b>	<b>100.0%</b>	<b>\$12,715,391</b>	<b>100.0%</b>	<b>\$6,388,274</b>	<b>100.0%</b>

## Network Performance



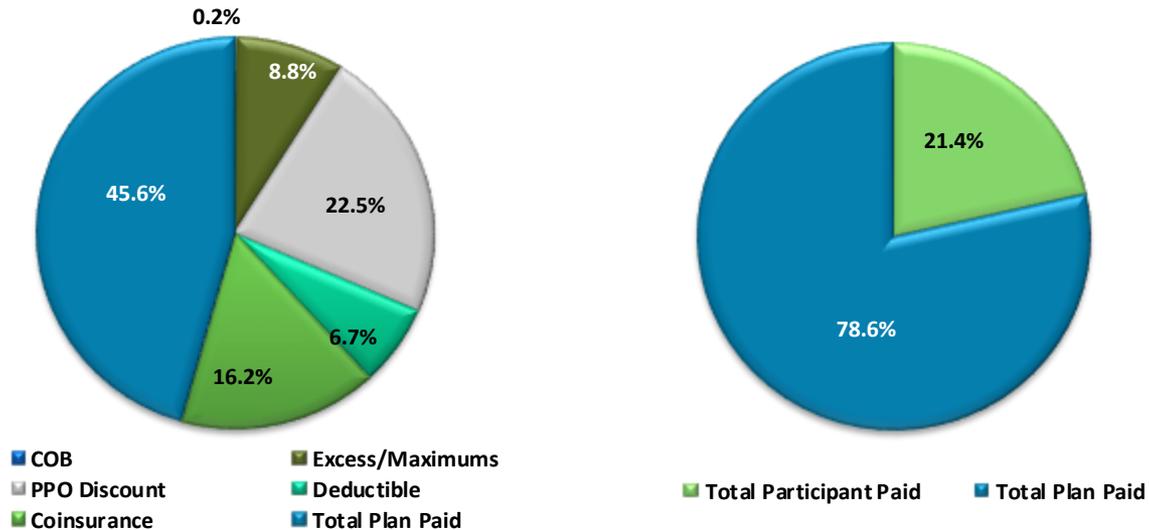
Claim Category	Total Paid	% of Paid
Preventive	\$5,368,295	42.2%
Basic	\$3,810,806	30.0%
Major	\$2,726,972	21.5%
Periodontal	\$806,072	6.3%
<b>Total</b>	<b>\$12,712,145</b>	<b>100.0%</b>



# Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$27,880,331	\$113	100.0%
COB	\$60,999	\$0	0.2%
Excess/Maximums	\$2,441,699	\$10	8.8%
PPO Discount	\$6,273,969	\$25	22.5%
Deductible	\$1,876,855	\$8	6.7%
Coinsurance	\$4,511,419	\$18	16.2%
<b>Total Participant Paid</b>	<b>\$3,471,268</b>	<b>\$14</b>	<b>12.5%</b>
<b>Total Plan Paid</b>	<b>\$12,715,391</b>	<b>\$52</b>	<b>45.6%</b>

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



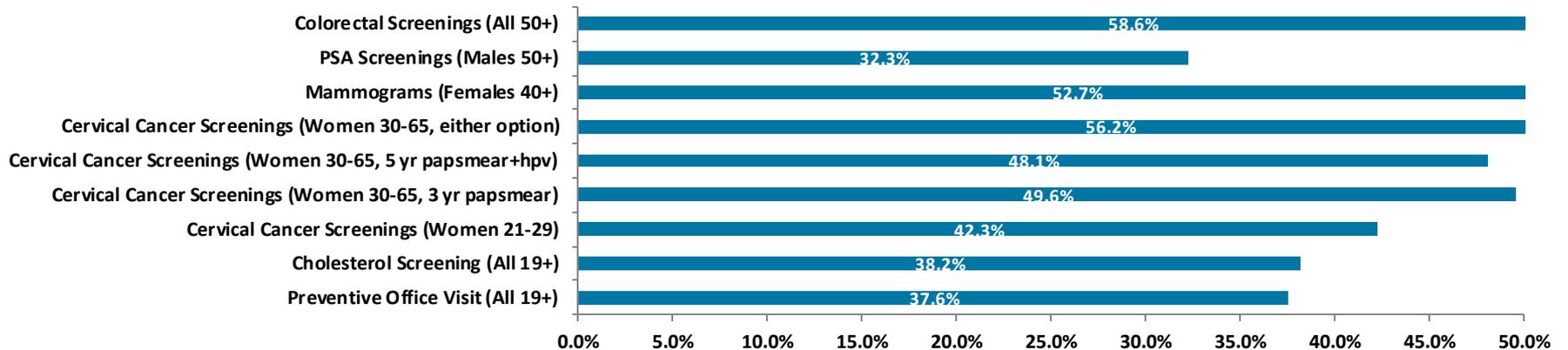
# Preventive Services Compliance

\*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+)	17,449	8,358	47.9%	15,292	3,945	25.8%	32,741	12,303	37.6%
Cholesterol Screening (All 19+)	17,449	7,224	41.4%	15,292	5,276	34.5%	32,741	12,500	38.2%
Cervical Cancer Screenings (Women 21-29)	2,733	1,156	42.3%	----	----	----	2,733	1,156	42.3%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	13,136	6,515	49.6%	----	----	----	13,136	6,515	49.6%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	13,136	6,318	48.1%	----	----	----	13,136	6,318	48.1%
Cervical Cancer Screenings (Women 30-65, either option)	13,136	7,382	56.2%	----	----	----	13,136	7,382	56.2%
Mammograms (Females 40+)	10,709	5,644	52.7%	----	----	----	10,709	5,644	52.7%
PSA Screenings (Males 50+)	----	----	----	6,435	2,079	32.3%	6,435	2,079	32.3%
Colorectal Screenings (All 50+)	7,350	4,461	60.7%	6,435	3,616	56.2%	13,785	8,078	58.6%

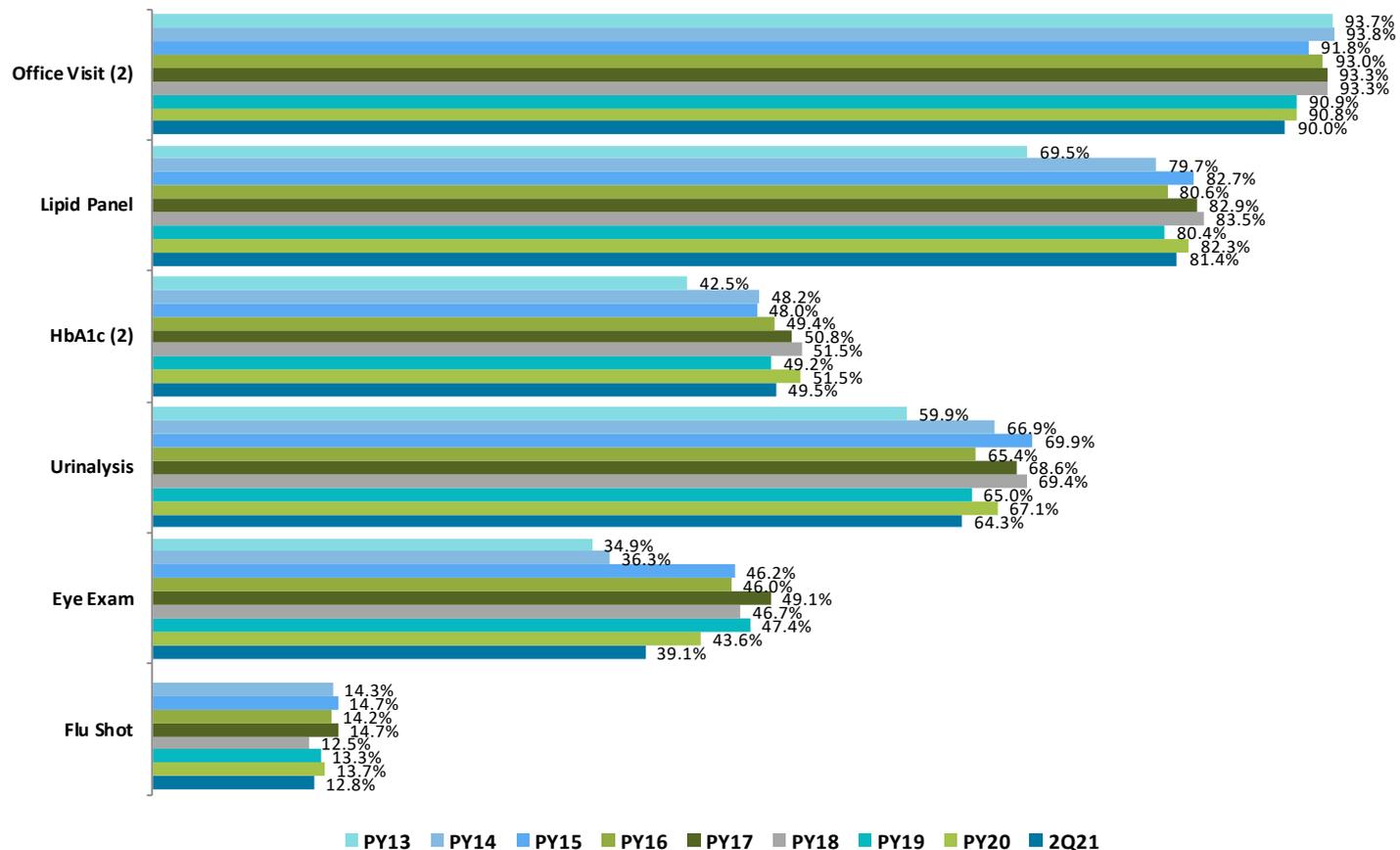
## Overall Preventive Services Compliance Rates



# 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	2Q21
Members	1,643	1,555	1,676	1,693	1,704	1,747	1,838	1,876	1,862



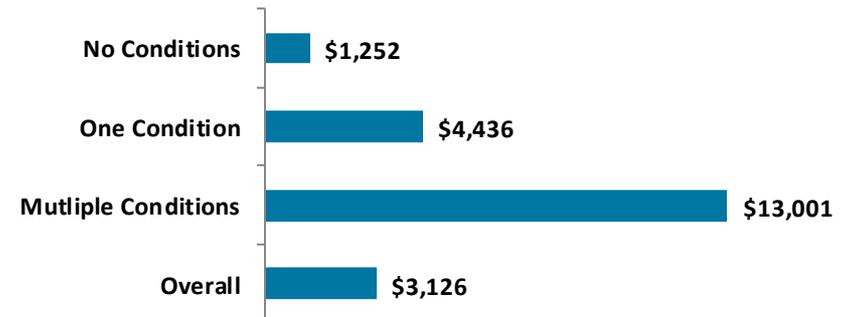
# Chronic Conditions Summary

\*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	1,103	1,051	26	40	\$5,820,901	\$5,277	99.2%	1 Office Visit
Cancer	1,298	1,228	30	59	\$27,971,913	\$21,550	----	----
Chronic Kidney Disease	313	295	7	60	\$7,509,892	\$23,993	----	----
Chronic Obstructive Pulmonary Disease (COPD)	230	214	5	60	\$7,432,806	\$32,317	98.7%	1 Office Visit
Congestive Heart Failure (CHF)	140	127	3	63	\$7,846,569	\$56,047	11.4%	1 Office Visit, 1 Lipid Profile, 1 WellNess Visit
Coronary Artery Disease (CAD)	591	564	14	62	\$9,163,019	\$15,504	21.3%	1 Office Visit, 1 Lipid Profile, 1 WellNess Visit
Depression	1,538	1,441	36	40	\$14,926,230	\$9,705	95.1%	1 Office Visit
Diabetes	1,862	1,766	44	56	\$15,547,518	\$8,350	17.0%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	3,180	3,070	74	54	\$17,452,933	\$5,488	39.1%	1 Office Visit, 1 Lipid Profile, 1 WellNess Visit
Hypertension	3,545	3,390	83	57	\$32,194,104	\$9,082	26.4%	1 Office Visit, 1 Lipid Profile, 1 WellNess Visit
Obesity	784	751	18	43	\$4,568,146	\$5,827	----	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	29,737	32	47.6%	11.9%	40.5%
One Condition	8,504	47	70.6%	16.5%	12.9%
Multiple Conditions	4,515	56	77.8%	19.4%	2.8%
<b>Overall</b>	<b>42,755</b>	<b>37</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 December 31, 2020**

**Express Scripts**

2Q FY2021		2Q FY2020	Difference	% Change
<b>Membership Summary</b>				
Member Count (Membership)	42,487	42,842	(355)	-0.8%
Utilizing Member Count (Patients)	24,695	26,119	(1,424)	-5.5%
Percent Utilizing (Utilization)	58.1%	61.0%	(0.03)	-4.7%
<b>Claim Summary</b>				
Net Claims (Total Rx's)	259,996	261,881	(1,885)	-0.7%
Claims per Elig Member per Month (Claims PMPM)	1.02	1.02	-	0.0%
Total Claims for Generic (Generic Rx)	222,498	225,394	(2,896.00)	-1.3%
Total Claims for Brand (Brand Rx)	37,498	36,487	1,011.00	2.8%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	4,032	3,920	112.00	2.9%
Total Non-Specialty Claims	256,894	258,830	(1,936.00)	-0.7%
Total Specialty Claims	3,102	3,051	51.00	1.7%
<b>Generic % of Total Claims (GFR)</b>	<b>85.6%</b>	<b>86.1%</b>	(0.00)	-0.6%
Generic Effective Rate (GCR)	98.2%	98.3%	(0.00)	-0.1%
Mail Order Claims	55,846	44,008	11,838.00	26.9%
Mail Penetration Rate*	24.4%	19.4%	0.05	5.0%
<b>Claims Cost Summary</b>				
Total Prescription Cost (Total Gross Cost)	\$27,207,938.00	\$23,845,030.00	\$3,362,908.00	14.1%
Total Generic Gross Cost	\$4,323,132.00	\$3,912,121.00	\$411,011.00	10.5%
Total Brand Gross Cost	\$22,884,806.00	\$19,932,909.00	\$2,951,897.00	14.8%
Total MSB Gross Cost	\$1,003,015.00	\$819,768.00	\$183,247.00	22.4%
Total Ingredient Cost	\$26,968,933.00	\$23,622,012.00	\$3,346,921.00	14.2%
Total Dispensing Fee	\$227,355.00	\$214,157.00	\$13,198.00	6.2%
Total Other (e.g. tax)	\$11,650.00	\$8,861.00	\$2,789.00	31.5%
<b>Avg Total Cost per Claim (Gross Cost/Rx)</b>	<b>\$104.65</b>	<b>\$91.05</b>	\$13.59	14.9%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$19.43	\$17.36	\$2.07	11.9%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$610.29	\$546.30	\$63.99	11.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$248.76	\$209.12	\$39.64	19.0%
<b>Member Cost Summary</b>				
<b>Total Member Cost</b>	<b>\$7,056,541.00</b>	<b>\$7,596,347.00</b>	<b>(\$539,806.00)</b>	<b>-7.1%</b>
Total Copay	\$4,705,342.00	\$3,339,488.00	\$1,365,854.00	40.9%
Total Deductible	\$2,351,198.00	\$4,256,859.00	(\$1,905,661.00)	-44.8%
Avg Copay per Claim (Copay/Rx)	\$18.10	\$12.75	\$5.35	41.9%
<b>Avg Participant Share per Claim (Copay+Deductible/RX)</b>	<b>\$27.14</b>	<b>\$29.01</b>	<b>(\$1.87)</b>	<b>-6.4%</b>
Avg Copay for Generic (Copay/Generic Rx)	\$10.00	\$10.11	(\$0.11)	-1.1%
Avg Copay for Brand (Copay/Brand Rx)	\$128.85	\$145.76	(\$16.91)	-11.6%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$75.24	\$80.21	(\$4.97)	-6.2%
<b>Net PMPM (Participant Cost PMPM)</b>	<b>\$27.68</b>	<b>\$29.55</b>	<b>(\$1.87)</b>	<b>-6.3%</b>
Copay % of Total Prescription Cost (Member Cost Share %)	25.9%	31.9%	-5.9%	-18.6%
<b>Plan Cost Summary</b>				
<b>Total Plan Cost (Plan Cost)</b>	<b>\$20,151,397.00</b>	<b>\$16,248,683.00</b>	<b>\$3,902,714.00</b>	<b>24.0%</b>
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$6,943,790.00	\$5,968,516.00	\$975,274.00	16.3%
Total Specialty Drug Cost (Specialty Plan Cost)	\$13,207,607.00	\$10,280,167.00	\$2,927,440.00	28.5%
<b>Avg Plan Cost per Claim (Plan Cost/Rx)</b>	<b>\$77.51</b>	<b>\$62.05</b>	\$15.46	24.9%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$9.43	\$7.25	\$2.18	30.1%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$481.45	\$400.55	\$80.90	20.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$173.52	\$128.91	\$44.61	34.6%
<b>Net PMPM (Plan Cost PMPM)</b>	<b>\$79.05</b>	<b>\$63.21</b>	<b>\$15.84</b>	<b>25.1%</b>
PMPM for Specialty Only (Specialty PMPM)	\$51.81	\$39.99	\$11.82	29.6%
PMPM without Specialty (Non-Specialty PMPM)	\$27.24	\$23.22	\$4.02	17.3%
Rebates (Q1-Q2 FY2021 actual)	\$4,915,767.49	\$5,248,066.35	(\$332,298.86)	-6.3%
<b>Net PMPM (Plan Cost PMPM factoring Rebates)</b>	<b>\$59.77</b>	<b>\$42.80</b>	<b>\$16.97</b>	<b>39.7%</b>
PMPM for Specialty Only (Specialty PMPM)	\$44.62	\$33.98	\$10.64	31.3%
PMPM without Specialty (Non-Specialty PMPM)	\$14.11	\$11.51	\$2.60	22.6%

# Appendix B

## Index of Tables

### HealthSCOPE – EPO Utilization Review for PEBP July 1, 2020 – December 31, 2020

<b>HEALTHSCOPE BENEFITS OVERVIEW.....</b>	<b>2</b>
---	----------

#### **MEDICAL**

<i>Paid Claims by Age Group.....</i>	<i>3</i>
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
-------------------------------------	----

#### **PRESCRIPTION DRUG COSTS**

Prescription Drug Cost Comparison.....	24
--	----

# HSB DATASCOPE™

## Nevada Public Employees' Benefits Program EPO Plan

July – December 2020

Reimagine | Rediscover **Benefits**



# Overview

- Total Medical Spend for 2Q21 was \$24,992,892 with an annualized plan cost per employee per year of \$10,644. This is an increase of 5.9% when compared to 2Q20.
  - IP Cost per Admit is \$16,338 which is 29.7% higher than 2Q20.
  - ER Cost per Visit is \$2,576 which is 1.7% lower than 2Q20.
- Employees shared in 6.1% of the medical cost.
- Inpatient facility costs were 19.1% of the plan spend.
- 83.8% of the Average Membership had paid Medical claims less than \$2,500, with 18.5% of those having no claims paid at all during the reporting period.
- 29 members exceeded the \$100k high cost threshold during the reporting period, which accounted for 22.7% of the plan spend. The highest diagnosis category was Neoplasms, accounting for 22.0% of the high cost claimant dollars.
- Total spending with in-network providers was 97.5%. The overall in-network discount was 57.2%.

# Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	2Q20				2Q21				% Change					
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,046,671	\$ 1,544	\$ 9,366	\$ 14	\$ 1,056,037	\$ 1,558	\$ 755,466	\$ 1,298	\$ 8,243	\$ 14	\$ 763,709	\$ 1,312	-27.7%	-15.8%
1	\$ 181,130	\$ 332	\$ 5,393	\$ 10	\$ 186,523	\$ 342	\$ 92,724	\$ 147	\$ 1,175	\$ 2	\$ 93,899	\$ 149	-49.7%	-56.4%
2 - 4	\$ 309,366	\$ 176	\$ 7,602	\$ 4	\$ 316,968	\$ 180	\$ 166,045	\$ 100	\$ 6,299	\$ 4	\$ 172,344	\$ 103	-45.6%	-42.7%
5 - 9	\$ 398,927	\$ 127	\$ 55,969	\$ 18	\$ 454,896	\$ 144	\$ 255,835	\$ 84	\$ 40,755	\$ 13	\$ 296,590	\$ 97	-34.8%	-32.5%
10 - 14	\$ 754,875	\$ 191	\$ 125,494	\$ 32	\$ 880,369	\$ 223	\$ 501,931	\$ 136	\$ 107,041	\$ 29	\$ 608,972	\$ 164	-30.8%	-26.2%
15 - 19	\$ 1,388,355	\$ 321	\$ 189,229	\$ 44	\$ 1,577,584	\$ 365	\$ 1,153,196	\$ 268	\$ 216,715	\$ 50	\$ 1,369,911	\$ 319	-13.2%	-12.7%
20 - 24	\$ 856,924	\$ 233	\$ 254,799	\$ 69	\$ 1,111,723	\$ 303	\$ 997,822	\$ 252	\$ 347,621	\$ 88	\$ 1,345,443	\$ 339	21.0%	12.1%
25 - 29	\$ 662,698	\$ 295	\$ 196,674	\$ 88	\$ 859,372	\$ 383	\$ 625,083	\$ 293	\$ 555,437	\$ 261	\$ 1,180,520	\$ 554	37.4%	44.7%
30 - 34	\$ 1,245,650	\$ 422	\$ 165,854	\$ 56	\$ 1,411,504	\$ 478	\$ 1,922,273	\$ 683	\$ 393,850	\$ 140	\$ 2,316,123	\$ 823	64.1%	72.1%
35 - 39	\$ 1,810,197	\$ 531	\$ 374,946	\$ 110	\$ 2,185,143	\$ 641	\$ 1,967,049	\$ 561	\$ 427,343	\$ 122	\$ 2,394,392	\$ 683	9.6%	6.6%
40 - 44	\$ 1,521,462	\$ 449	\$ 626,476	\$ 185	\$ 2,147,938	\$ 634	\$ 1,426,392	\$ 417	\$ 719,424	\$ 210	\$ 2,145,816	\$ 627	-0.1%	-1.0%
45 - 49	\$ 2,167,308	\$ 500	\$ 727,893	\$ 168	\$ 2,895,201	\$ 668	\$ 2,274,793	\$ 574	\$ 580,217	\$ 147	\$ 2,855,010	\$ 721	-1.4%	7.9%
50 - 54	\$ 2,468,319	\$ 520	\$ 1,127,782	\$ 238	\$ 3,596,101	\$ 758	\$ 2,521,730	\$ 513	\$ 1,264,072	\$ 257	\$ 3,785,802	\$ 770	5.3%	1.7%
55 - 59	\$ 3,707,542	\$ 688	\$ 1,626,073	\$ 302	\$ 5,333,615	\$ 990	\$ 3,260,075	\$ 641	\$ 1,331,853	\$ 262	\$ 4,591,928	\$ 904	-13.9%	-8.7%
60 - 64	\$ 4,254,644	\$ 712	\$ 1,871,243	\$ 313	\$ 6,125,887	\$ 1,025	\$ 5,351,303	\$ 952	\$ 2,063,246	\$ 367	\$ 7,414,549	\$ 1,319	21.0%	28.7%
65+	\$ 1,475,677	\$ 610	\$ 731,274	\$ 302	\$ 2,206,951	\$ 913	\$ 1,721,176	\$ 708	\$ 921,919	\$ 379	\$ 2,643,095	\$ 1,088	19.8%	19.2%
<b>Total</b>	<b>\$ 24,249,744</b>	<b>\$ 458</b>	<b>\$ 8,096,067</b>	<b>\$ 153</b>	<b>\$32,345,812</b>	<b>\$ 611</b>	<b>\$ 24,992,892</b>	<b>\$ 483</b>	<b>\$ 8,985,212</b>	<b>\$ 174</b>	<b>\$ 33,978,105</b>	<b>\$ 656</b>	<b>5.0%</b>	<b>7.4%</b>

# Financial Summary (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	PY19	2Q20	2Q21	Variance to Prior Year	PY19	2Q20	2Q21	Variance to Prior Year	PY19	2Q20	2Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	4,653	4,823	4,696	-2.6%	3,878	4,074	3,986	-2.2%	4	4	4	0.0%
Avg # Members	8,488	8,819	8,627	-2.2%	7,445	7,808	7,666	-1.8%	5	5	5	-6.6%
Ratio	1.8	1.8	1.8	2.2%	1.9	1.9	1.9	1.1%	1.3	1.3	1.2	-10.0%
<b>Financial Summary</b>												
Gross Cost	\$45,094,672	\$26,998,382	\$26,605,674	-1.5%	\$35,711,039	\$23,079,745	\$22,398,978	-2.9%	\$45,961	\$38,573	\$27,972	-27.5%
Client Paid	\$40,764,731	\$24,249,744	\$24,992,892	3.1%	\$32,097,283	\$20,843,376	\$21,045,129	1.0%	\$40,931	\$35,593	\$26,079	-26.7%
Employee Paid	\$4,329,941	\$2,748,639	\$1,612,781	-41.3%	\$3,613,757	\$2,236,369	\$1,353,850	-39.5%	\$5,030	\$2,979	\$1,893	-36.5%
Client Paid-PEPY	\$8,745	\$10,055	\$10,644	5.9%	\$8,277	\$10,233	\$10,560	3.2%	\$10,233	\$17,797	\$13,039	-26.7%
Client Paid-PMPY	\$4,794	\$5,499	\$5,794	5.4%	\$4,311	\$5,339	\$5,491	2.8%	\$8,186	\$14,237	\$11,177	-21.5%
Client Paid-PEPM	\$729	\$838	\$887	5.8%	\$690	\$853	\$880	3.2%	\$853	\$1,483	\$1,087	-26.7%
Client Paid-PMPM	\$400	\$458	\$483	5.5%	\$359	\$445	\$458	2.9%	\$682	\$1,186	\$931	-21.5%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	39	15	29	93.3%	27	14	23	64.3%	0	0	0	0.0%
HCC's / 1,000	4.6	1.7	3.4	97.6%	3.6	1.8	3.0	66.7%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$183,130	\$195,921	7.0%	\$246,453	\$189,023	\$201,553	6.6%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	11.3%	22.7%	100.9%	20.7%	12.7%	22.0%	73.2%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,218	\$1,060	\$1,106	4.3%	\$944	\$1,025	\$1,108	8.1%	\$3,360	\$5,856	\$0	0.0%
Facility Outpatient	\$1,506	\$1,727	\$1,929	11.7%	\$1,395	\$1,674	\$1,778	6.2%	\$1,369	\$1,978	\$6,326	219.8%
Physician	\$1,923	\$2,534	\$2,556	0.9%	\$1,844	\$2,480	\$2,442	-1.5%	\$3,030	\$6,126	\$4,050	-33.9%
Other	\$148	\$178	\$203	14.0%	\$127	\$161	\$163	1.2%	\$427	\$277	\$801	189.2%
Total	\$4,794	\$5,499	\$5,794	5.4%	\$4,311	\$5,339	\$5,491	2.8%	\$8,186	\$14,237	\$11,177	-21.5%
		Annualized	Annualized			Annualized	Annualized			Annualized	Annualized	

# Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	2Q20	2Q21	Variance to Prior Year	PY19	2Q20	2Q21	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	599	592	578	-2.4%	181	154	129	-16.4%	
Avg # Members	826	811	791	-2.5%	227	195	165	-15.2%	
Ratio	1.4	1.4	1.4	-2.1%	1.3	1.3	1.3	-1.5%	1.8
<b>Financial Summary</b>									
Gross Cost	\$7,418,807	\$3,433,058	\$3,710,234	8.1%	\$1,918,864	\$447,006	\$468,489	4.8%	
Client Paid	\$6,863,148	\$2,999,537	\$3,499,564	16.7%	\$1,763,370	\$371,237	\$422,121	13.7%	
Employee Paid	\$555,659	\$433,521	\$210,670	-51.4%	\$155,495	\$75,769	\$46,368	-38.8%	
Client Paid-PEPY	\$11,461	\$10,142	\$12,113	19.4%	\$9,769	\$4,816	\$6,561	36.2%	\$6,209
Client Paid-PMPY	\$8,313	\$7,397	\$8,848	19.6%	\$7,777	\$3,808	\$5,106	34.1%	\$3,437
Client Paid-PEPM	\$955	\$845	\$1,009	19.4%	\$814	\$401	\$547	36.4%	\$517
Client Paid-PMPM	\$693	\$616	\$737	19.6%	\$648	\$317	\$426	34.4%	\$286
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	9	1	7	0.0%	3	0	1	0.0%	
HCC's / 1,000	10.9	1.2	8.9	0.0%	13.2	0.0	6.1	0.0%	
Avg HCC Paid	\$339,256	\$100,633	\$131,142	0.0%	\$334,114	\$0	\$127,984	0.0%	
HCC's % of Plan Paid	44.5%	3.4%	26.2%	0.0%	56.8%	0.0%	30.3%	0.0%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$3,028	\$1,510	\$1,151	-23.8%	\$3,554	\$465	\$831	78.7%	\$1,057
Facility Outpatient	\$2,243	\$2,401	\$3,520	46.6%	\$2,477	\$1,064	\$1,198	12.6%	\$1,145
Physician	\$2,713	\$3,160	\$3,637	15.1%	\$1,587	\$2,028	\$2,633	29.8%	\$1,122
Other	\$328	\$326	\$540	65.6%	\$158	\$250	\$444	77.6%	\$113
Total	\$8,313	\$7,397	\$8,848	19.6%	\$7,777	\$3,808	\$5,106	34.1%	\$3,437
		Annualized	Annualized			Annualized	Annualized		

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

Summary	Total				State Active				Non-State Active			
	PY19	PY20	2Q21	Variance to Prior Year	PY19	PY20	2Q21	Variance to Prior Year	PY19	PY20	2Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	4,653	4,794	4,696	-2.0%	3,878	4,054	3,986	-1.7%	4	4	4	0.0%
Avg # Members	8,488	8,768	8,627	-1.6%	7,445	7,768	7,666	-1.3%	5	5	5	-6.6%
Ratio	1.8	1.8	1.8	0.5%	1.9	1.9	1.9	0.0%	1.3	1.3	1.2	-6.4%
<b>Financial Summary</b>												
Gross Cost	\$45,094,672	\$55,523,229	\$26,605,674	-52.1%	\$35,711,039	\$45,961,999	\$22,398,978	-51.3%	\$45,961	\$70,916	\$27,972	-60.6%
Client Paid	\$40,764,731	\$50,293,887	\$24,992,892	-50.3%	\$32,097,283	\$41,579,805	\$21,045,129	-49.4%	\$40,931	\$65,329	\$26,079	-60.1%
Employee Paid	\$4,329,941	\$5,229,342	\$1,612,781	-69.2%	\$3,613,757	\$4,382,194	\$1,353,850	-69.1%	\$5,030	\$5,587	\$1,893	-66.1%
Client Paid-PEPY	\$8,745	\$10,492	\$10,644	1.4%	\$8,277	\$10,256	\$10,560	3.0%	\$10,233	\$16,332	\$13,039	-20.2%
Client Paid-PMPY	\$4,794	\$5,736	\$5,794	1.0%	\$4,311	\$5,352	\$5,491	2.6%	\$8,186	\$13,066	\$11,177	-14.5%
Client Paid-PEPM	\$729	\$874	\$887	1.5%	\$690	\$855	\$880	2.9%	\$853	\$1,361	\$1,087	-20.1%
Client Paid-PMPM	\$400	\$478	\$483	1.0%	\$359	\$446	\$458	2.7%	\$682	\$1,089	\$931	-14.5%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	39	51	29	-43.1%	27	40	23	-42.5%	0	0	0	0.0%
HCC's / 1,000	4.6	5.8	3.4	-42.3%	3.6	5.2	3.0	-41.7%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$202,775	\$195,921	-3.4%	\$246,453	\$179,535	\$201,553	12.3%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	20.6%	22.7%	10.2%	20.7%	17.3%	22.0%	27.2%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,218	\$1,169	\$1,106	-5.4%	\$944	\$1,036	\$1,108	6.9%	\$3,360	\$2,928	\$0	-100.0%
Facility Outpatient	\$1,506	\$1,832	\$1,929	5.3%	\$1,395	\$1,693	\$1,778	5.0%	\$1,369	\$4,817	\$6,326	31.3%
Physician	\$1,923	\$2,541	\$2,556	0.6%	\$1,844	\$2,461	\$2,442	-0.8%	\$3,030	\$5,153	\$4,050	-21.4%
Other	\$148	\$194	\$203	4.6%	\$127	\$163	\$163	0.0%	\$427	\$168	\$801	376.8%
Total	\$4,794	\$5,736	\$5,794	1.0%	\$4,311	\$5,352	\$5,491	2.6%	\$8,186	\$13,066	\$11,177	-14.5%
		Annualized				Annualized				Annualized		

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

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	PY20	2Q21	Variance to Prior Year	PY19	PY20	2Q21	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	599	588	578	-1.7%	181	148	129	-12.8%	
Avg # Members	826	807	791	-1.9%	227	188	165	-11.9%	
Ratio	1.4	1.4	1.4	0.0%	1.3	1.3	1.3	0.8%	1.8
<b>Financial Summary</b>									
Gross Cost	\$7,418,807	\$8,514,643	\$3,710,234	-56.4%	\$1,918,864	\$975,672	\$468,489	-52.0%	
Client Paid	\$6,863,148	\$7,803,114	\$3,499,564	-55.2%	\$1,763,370	\$845,639	\$422,121	-50.1%	
Employee Paid	\$555,659	\$711,529	\$210,670	-70.4%	\$155,495	\$130,033	\$46,368	-64.3%	
Client Paid-PEPY	\$11,461	\$13,272	\$12,113	-8.7%	\$9,769	\$5,730	\$6,561	14.5%	\$6,209
Client Paid-PMPY	\$8,313	\$9,674	\$8,848	-8.5%	\$7,777	\$4,508	\$5,106	13.3%	\$3,437
Client Paid-PEPM	\$955	\$1,106	\$1,009	-8.8%	\$814	\$477	\$547	14.7%	\$517
Client Paid-PMPM	\$693	\$806	\$737	-8.6%	\$648	\$376	\$426	13.3%	\$286
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	9	18	7	-61.1%	3	0	1	0.0%	
HCC's / 1,000	10.9	22.3	8.9	-60.3%	13.2	0.0	6.1	0.0%	
Avg HCC Paid	\$339,256	\$175,561	\$131,142	-25.3%	\$334,114	\$0	\$127,984	0.0%	
HCC's % of Plan Paid	44.5%	40.5%	26.2%	-35.3%	56.8%	0.0%	30.3%	0.0%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$3,028	\$2,529	\$1,151	-54.5%	\$3,554	\$787	\$831	5.6%	\$1,057
Facility Outpatient	\$2,243	\$3,276	\$3,520	7.4%	\$2,477	\$1,314	\$1,198	-8.8%	\$1,145
Physician	\$2,713	\$3,385	\$3,637	7.4%	\$1,587	\$2,165	\$2,633	21.6%	\$1,122
Other	\$328	\$484	\$540	11.6%	\$158	\$242	\$444	83.5%	\$113
Total	\$8,313	\$9,674	\$8,848	-8.5%	\$7,777	\$4,508	\$5,106	13.3%	\$3,437

Annualized

Annualized

# Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	2Q20				2Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	Change
Medical										
Inpatient	\$ 5,252,388	\$ 573,417	\$ 167,097	\$ 5,992,901	\$ 5,240,874	\$ 551,033	\$ 44,289	\$ 5,836,196		-2.6%
Outpatient	\$ 15,590,988	\$ 1,829,887	\$ 429,137	\$ 17,850,012	\$ 15,804,254	\$ 2,616,412	\$ 287,830	\$ 18,708,497		4.8%
<b>Total - Medical</b>	<b>\$ 20,843,376</b>	<b>\$ 2,403,304</b>	<b>\$ 596,234</b>	<b>\$ 23,842,913</b>	<b>\$ 21,045,129</b>	<b>\$ 3,167,445</b>	<b>\$ 332,119</b>	<b>\$ 24,544,693</b>		<b>2.9%</b>

Net Paid Claims - Per Participant per Month										
	2Q20				2Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	Change
Medical	\$ 853	\$ 794	\$ 1,144	\$ 852	\$ 880	\$ 1,061	\$ 688	\$ 896		5.2%

# Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	2Q20				2Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 22,498	\$ 36,045	\$ 25,860	\$ 84,403	\$ 1,391	\$ 79,523	\$ 37,565	\$ 118,479	40.4%	
Outpatient	\$ 13,096	\$ 261,312	\$ 48,020	\$ 322,427	\$ 24,688	\$ 242,668	\$ 62,364	\$ 329,720	2.3%	
<b>Total - Medical</b>	<b>\$ 35,593</b>	<b>\$ 297,357</b>	<b>\$ 73,880</b>	<b>\$ 406,830</b>	<b>\$ 26,079</b>	<b>\$ 322,191</b>	<b>\$ 99,929</b>	<b>\$ 448,200</b>	<b>10.2%</b>	

Net Paid Claims - Per Participant per Month										
	2Q20				2Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 1,483	\$ 489	\$ 233	\$ 429	\$ 1,087	\$ 731	\$ 302	\$ 563	31.3%	

# Paid Claims by Claim Type – Total

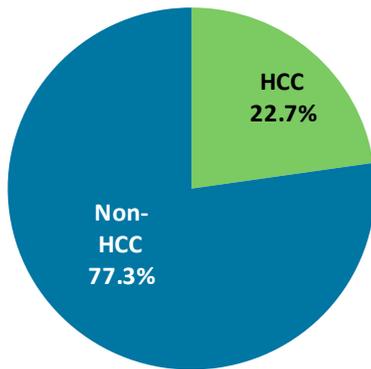
Net Paid Claims - Total										
Total Participants										
	2Q20				2Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 5,274,885	\$ 609,462	\$ 192,957	\$ 6,077,305	\$ 5,242,265	\$ 630,556	\$ 81,854	\$ 5,954,675	-2.0%	
Outpatient	\$ 15,604,084	\$ 2,091,199	\$ 477,156	\$ 18,172,439	\$ 15,828,943	\$ 2,859,080	\$ 350,194	\$ 19,038,217	4.8%	
<b>Total - Medical</b>	<b>\$ 20,878,969</b>	<b>\$ 2,700,661</b>	<b>\$ 670,113</b>	<b>\$ 24,249,744</b>	<b>\$ 21,071,207</b>	<b>\$ 3,489,636</b>	<b>\$ 432,049</b>	<b>\$ 24,992,892</b>	<b>3.1%</b>	

Net Paid Claims - Per Participant per Month										
	2Q20				2Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 853	\$ 743	\$ 800	\$ 838	\$ 880	\$ 1,019	\$ 531	\$ 887	5.9%	

# Cost Distribution – Medical Claims

2Q20						2Q21						
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
13	0.2%	\$2,746,956	11.3%	\$45,675	1.7%	\$100,000.01 Plus	25	0.3%	\$5,681,700	22.7%	(\$31,257)	-1.9%
36	0.4%	\$2,530,493	10.4%	\$151,023	5.5%	\$50,000.01-\$100,000.00	35	0.4%	\$2,531,061	10.1%	\$42,015	2.6%
105	1.2%	\$3,738,843	15.4%	\$228,042	8.3%	\$25,000.01-\$50,000.00	97	1.1%	\$3,584,636	14.3%	\$118,462	7.3%
344	3.9%	\$5,501,828	22.7%	\$441,304	16.1%	\$10,000.01-\$25,000.00	279	3.2%	\$4,527,857	18.1%	\$228,903	14.2%
402	4.6%	\$2,957,706	12.2%	\$411,946	15.0%	\$5,000.01-\$10,000.00	328	3.8%	\$2,396,592	9.6%	\$238,130	14.8%
690	7.8%	\$2,474,881	10.2%	\$481,384	17.5%	\$2,500.01-\$5,000.00	638	7.4%	\$2,297,228	9.2%	\$320,714	19.9%
5,801	65.8%	\$4,299,037	17.7%	\$981,193	35.8%	\$0.01-\$2,500.00	5,632	65.3%	\$3,973,818	15.9%	\$691,783	43.0%
25	0.3%	\$0	0.0%	\$8,071	0.3%	\$0.00	26	0.3%	\$0	0.0%	\$4,032	0.2%
1,404	15.9%	\$0	0.0%	\$0	-0.1%	No Claims	1,567	18.2%	\$0	0.0%	\$0	0.0%
<b>8,819</b>	<b>100.0%</b>	<b>\$24,249,744</b>	<b>100.0%</b>	<b>\$2,748,639</b>	<b>100.0%</b>		<b>8,627</b>	<b>100.0%</b>	<b>\$24,992,892</b>	<b>100.0%</b>	<b>\$1,612,781</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 NEO) Neoplasms	11	\$1,250,252	22.0%
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving	8	\$889,787	15.7%
(CCS END) Endocrine, Nutritional and Metabolic Diseases	14	\$583,071	10.3%
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	12	\$547,324	9.6%
(CCS PNL) Certain Conditions Originating in the Perinatal Period	3	\$360,840	6.4%
(CCS GEN) Diseases of the Genitourinary System	11	\$344,371	6.1%
(CCS INF) Certain Infectious and Parasitic Diseases	10	\$342,985	6.0%
(CCS DIG) Diseases of the Digestive System	12	\$314,253	5.5%
(CCS CIR) Diseases of the Circulatory System	15	\$310,845	5.5%
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	12	\$299,933	5.3%
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	25	\$189,359	3.3%
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere	21	\$93,277	1.6%
(CCS PRG) Pregnancy, Childbirth and the Puerperium	1	\$53,460	0.9%
(CCS RSP) Diseases of the Respiratory System	11	\$37,256	0.7%
(CCS NVS) Diseases of the Nervous System	12	\$34,851	0.6%
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	8	\$16,111	0.3%
(CCS EYE) Diseases of the Eye and Adnexa	6	\$8,481	0.1%
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	4	\$3,590	0.1%
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormalities	2	\$1,369	0.0%
(CCS EAR) Diseases of the Ear and Mastoid Process	1	\$209	0.0%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	2	\$87	0.0%
<b>Overall</b>	<b>----</b>	<b>\$5,681,709</b>	<b>100.0%</b>

# Utilization Summary (p. 1 of 2)

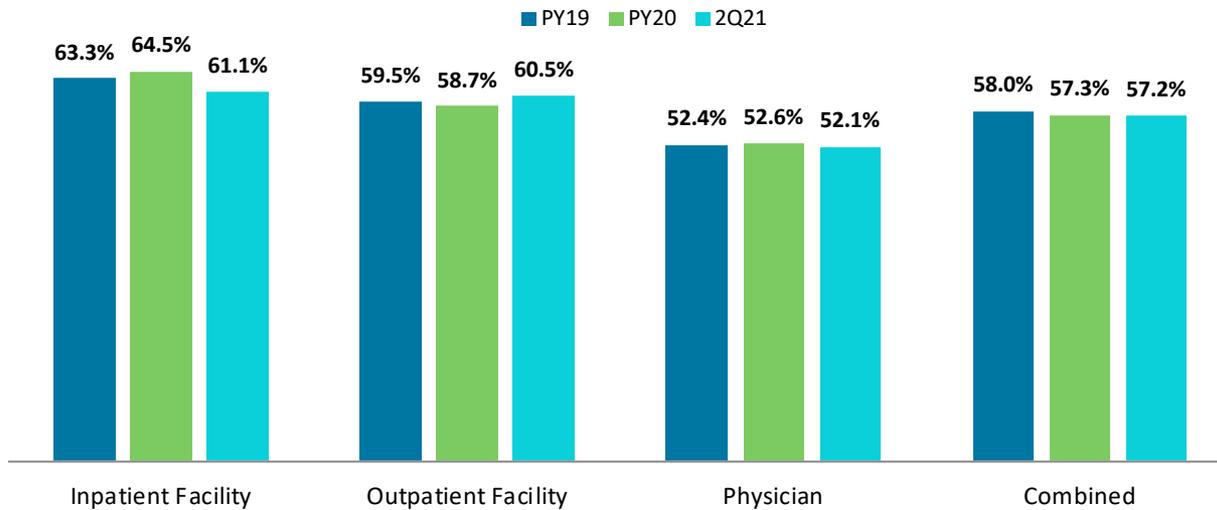
Summary	Total				State Active				Non-State Active		
	PY19	2Q20	2Q21	Variance to Prior Year	PY19	2Q20	2Q21	Variance to Prior Year	PY19	2Q20	2Q21
<b>Inpatient Facility</b>											
# of Admits	507	372	301	-19.1%	441	319	267	-16.3%	1	1	0
# of Bed Days	2,491	1,722	1,513	-12.1%	2,026	1,492	1,200	-19.6%	2	2	0
Paid Per Admit	\$20,394	\$12,601	\$16,338	29.7%	\$15,930	\$12,608	\$16,252	28.9%	\$16,801	\$14,640	\$0
Paid Per Day	\$4,151	\$2,722	\$3,250	19.4%	\$3,468	\$2,696	\$3,616	34.1%	\$8,401	\$7,320	\$0
Admits Per 1,000	60	84	70	-16.7%	59	82	70	-14.6%	200	400	0
Days Per 1,000	293	391	351	-10.2%	272	382	313	-18.1%	400	800	0
Avg LOS	4.9	4.6	5	8.7%	4.6	4.7	4.5	-4.3%	2.0	2.0	0.0
<b>Physician Office</b>											
OV Utilization per Member	4.4	5.4	4.8	-11.1%	4.2	5.2	4.6	-11.5%	5.6	8.0	6.9
Avg Paid per OV	\$94	\$101	\$102	1.0%	\$95	\$103	\$104	1.0%	\$105	\$97	\$87
Avg OV Paid per Member	\$410	\$546	\$488	-10.6%	\$402	\$535	\$474	-11.4%	\$587	\$775	\$594
DX&L Utilization per Member	8.9	11.1	10.3	-7.2%	8.4	10.5	9.8	-6.7%	14	20	12.9
Avg Paid per DX&L	\$78	\$71	\$78	9.9%	\$75	\$72	\$77	6.9%	\$106	\$107	\$82
Avg DX&L Paid per Member	\$690	\$784	\$805	2.7%	\$629	\$755	\$757	0.3%	\$1,491	\$2,141	\$1,052
<b>Emergency Room</b>											
# of Visits	1,453	993	786	-20.8%	1,261	849	691	-18.6%	0	1	1
# of Admits	192	150	105	-30.0%	154	115	82	-28.7%	0	0	0
Visits Per Member	0.17	0.23	0.18	-21.7%	0.17	0.22	0.18	-18.2%	0.00	0.40	0.43
Visits Per 1,000	171	225	182	-19.1%	169	217	180	-17.1%	0	400	429
Avg Paid per Visit	\$2,608	\$2,620	\$2,576	-1.7%	\$2,546	\$2,715	\$2,522	-7.1%	\$0	\$3,495	\$391
Admits Per Visit	0.13	0.15	0.13	-13.3%	0.12	0.14	0.12	-14.3%	0.00	0.00	0.00
<b>Urgent Care</b>											
# of Visits	2,450	1,565	1,091	-30.3%	2,232	1,437	985	-31.5%	0	0	0
Visits Per Member	0.29	0.35	0.25	-28.6%	0.30	0.37	0.26	-29.7%	0.00	0.00	0.00
Visits Per 1,000	288	355	253	-28.7%	300	368	257	-30.2%	0	0	0
Avg Paid per Visit	\$140	\$160	\$180	12.5%	\$140	\$162	\$181	11.7%	\$0	\$0	\$0
		Annualized	Annualized			Annualized	Annualized			Annualized	Annualized

# Utilization Summary (p. 2 of 2)

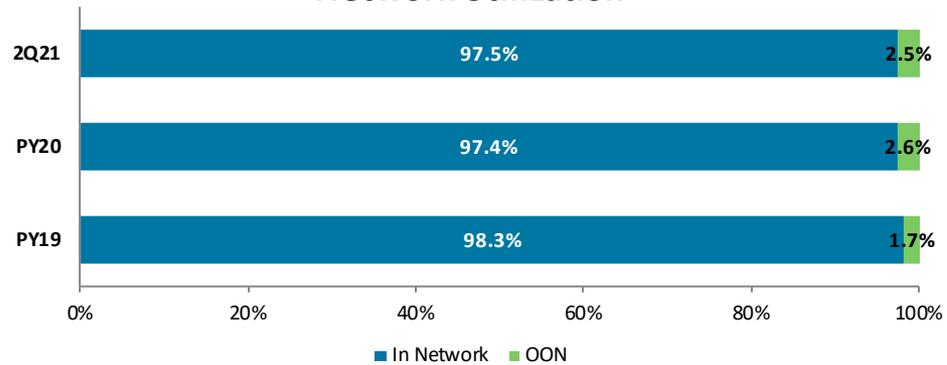
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	2Q20	2Q21	Variance to Prior Year	PY19	2Q20	2Q21	Variance to Prior Year	
<b>Inpatient Facility</b>									
# of Admits	52	47	29	-38.3%	13	5	5	0.0%	
# of Bed Days	361	215	192	-10.7%	102	13	121	830.8%	
Paid Per Admit	\$47,923	\$12,883	\$15,473	20.1%	\$61,977	\$9,066	\$25,926	186.0%	\$16,173
Paid Per Day	\$6,903	\$2,816	\$2,337	-17.0%	\$7,899	\$3,487	\$1,071	-69.3%	\$3,708
Admits Per 1,000	63	116	73	-37.1%	57	51	60	17.6%	61
Days Per 1,000	437	530	485	-8.5%	450	133	1,464	1000.8%	264
Avg LOS	6.9	4.6	6.6	43.5%	7.8	2.6	24.2	830.8%	4.3
<b>Physician Office</b>									
OV Utilization per Member	5.6	7.3	6.7	-8.2%	5.0	6.8	6.4	-5.9%	3.3
Avg Paid per OV	\$85	\$89	\$92	3.4%	\$86	\$78	\$81	3.8%	\$50
Avg OV Paid per Member	\$473	\$650	\$618	-4.9%	\$431	\$533	\$515	-3.4%	\$167
DX&L Utilization per Member	12.1	15.9	14.8	-6.9%	12.2	14.7	11.6	-21.1%	8.3
Avg Paid per DX&L	\$88	\$64	\$86	34.4%	\$104	\$64	\$68	6.3%	\$67
Avg DX&L Paid per Member	\$1,069	\$1,017	\$1,271	25.0%	\$1,274	\$938	\$791	-15.7%	\$554
<b>Emergency Room</b>									
# of Visits	158	128	83	-35.2%	94	15	11	-26.7%	
# of Admits	30	32	20	-37.5%	8	3	3	0.0%	
Visits Per Member	0.19	0.32	0.21	-34.4%	0.41	0.15	0.13	-13.3%	0.17
Visits Per 1,000	191	316	210	-33.5%	415	154	133	-13.6%	174
Avg Paid per Visit	\$2,991	\$2,119	\$3,157	49.0%	\$1,195	\$1,415	\$1,799	27.1%	\$1,684
Admits Per Visit	0.19	0.25	0.24	-4.0%	0.09	0.20	0.27	35.0%	0.14
<b>Urgent Care</b>									
# of Visits	158	88	88	0.0%	60	40	18	-55.0%	
Visits Per Member	0.19	0.22	0.22	0.0%	0.26	0.41	0.22	-46.3%	0.24
Visits Per 1,000	191	217	223	2.8%	265	410	218	-46.8%	242
Avg Paid per Visit	\$154	\$169	\$179	5.9%	\$96	\$103	\$157	52.4%	\$74
		Annualized	Annualized			Annualized	Annualized		

# Provider Network Summary

## In Network Discounts



## Network Utilization



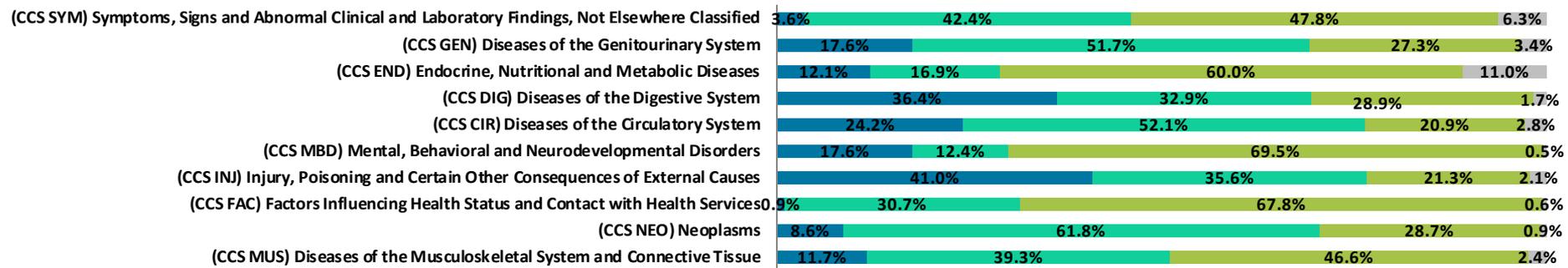
# AHRQ\* Clinical Classifications Summary

Diagnosis Group	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
(CCS MUS) Diseases of the Musculoskeletal System and Connective Tissue	\$3,493,090	14.0%	\$2,574,898	\$724,472	\$193,720	\$1,306,741	\$2,186,349
(CCS NEO) Neoplasms	\$2,558,070	10.2%	\$2,061,043	\$469,152	\$27,875	\$936,066	\$1,622,004
(CCS FAC) Factors Influencing Health Status and Contact with Health Services	\$2,129,455	8.5%	\$1,281,432	\$211,586	\$636,438	\$729,917	\$1,399,538
(CCS INJ) Injury, Poisoning and Certain Other Consequences of External Causes	\$1,712,949	6.9%	\$1,134,299	\$308,172	\$270,478	\$689,754	\$1,023,195
(CCS MBD) Mental, Behavioral and Neurodevelopmental Disorders	\$1,704,903	6.8%	\$880,458	\$181,272	\$643,173	\$530,055	\$1,174,848
(CCS CIR) Diseases of the Circulatory System	\$1,639,362	6.6%	\$1,259,596	\$350,497	\$29,269	\$781,050	\$858,312
(CCS DIG) Diseases of the Digestive System	\$1,459,624	5.8%	\$1,113,036	\$219,038	\$127,551	\$840,319	\$619,306
(CCS END) Endocrine, Nutritional and Metabolic Diseases	\$1,441,592	5.8%	\$1,127,706	\$221,559	\$92,327	\$461,958	\$979,634
(CCS GEN) Diseases of the Genitourinary System	\$1,364,066	5.5%	\$835,510	\$185,424	\$343,131	\$561,468	\$802,598
(CCS SYM) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Els	\$1,311,013	5.2%	\$817,060	\$237,031	\$256,922	\$531,935	\$779,078
(CCS NVS) Diseases of the Nervous System	\$1,006,826	4.0%	\$702,271	\$209,594	\$94,961	\$463,700	\$543,127
(CCS BLD) Diseases of the Blood and Blood Forming Organs and Certain Disorders I	\$971,283	3.9%	\$491,227	\$477,104	\$2,953	\$429,051	\$542,232
(CCS PRG) Pregnancy, Childbirth and the Puerperium	\$899,502	3.6%	\$665,900	\$158,232	\$75,370	\$0	\$899,502
(CCS INF) Certain Infectious and Parasitic Diseases	\$845,243	3.4%	\$633,221	\$150,912	\$61,110	\$301,917	\$543,326
(CCS RSP) Diseases of the Respiratory System	\$731,591	2.9%	\$451,262	\$63,211	\$217,118	\$305,194	\$426,397
(CCS PNL) Certain Conditions Originating in the Perinatal Period	\$568,749	2.3%	\$4,185	\$791	\$563,773	\$73,359	\$495,390
(CCS EYE) Diseases of the Eye and Adnexa	\$507,981	2.0%	\$372,916	\$58,836	\$76,228	\$166,928	\$341,052
(CCS SKN) Diseases of the Skin and Subcutaneous Tissue	\$345,297	1.4%	\$198,893	\$66,700	\$79,704	\$154,598	\$190,699
(CCS EAR) Diseases of the Ear and Mastoid Process	\$156,156	0.6%	\$107,022	\$13,034	\$36,100	\$60,709	\$95,447
(CCS MAL) Congenital Malformations, Deformations and Chromosomal Abnormaliti	\$114,668	0.5%	\$14,868	\$7,482	\$92,318	\$75,801	\$38,866
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$31,351	0.1%	\$20,045	\$3,107	\$8,199	\$8,120	\$23,232
(CCS EXT) External Causes of Morbidity	\$122	0.0%	\$0	\$122	\$0	\$122	\$0
<b>Total</b>	<b>\$24,992,892</b>	<b>100.0%</b>	<b>\$16,746,847</b>	<b>\$4,317,328</b>	<b>\$3,928,717</b>	<b>\$9,408,760</b>	<b>\$15,584,132</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



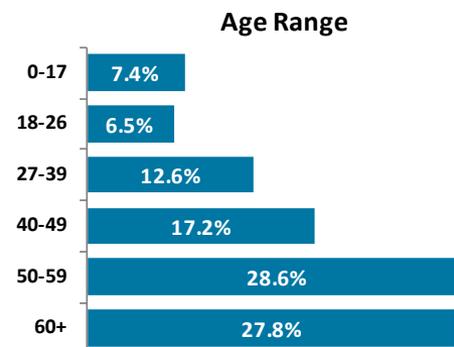
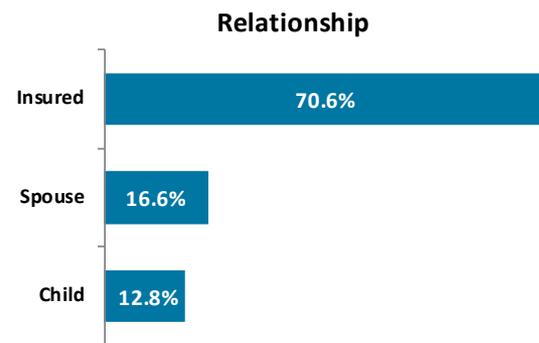
■ IP as % of CCS ■ OP as % of CCS ■ Physician as % of CCS ■ Other as % of CCS

Total Health Management

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

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Spondylopathies/Spondyloarthropathy (Including Infective)	645	3,147	\$1,255,252	35.9%
Osteoarthritis	273	806	\$509,700	14.6%
Musculoskeletal Pain, Not Low Back Pain	1,038	3,657	\$478,749	13.7%
Tendon And Synovial Disorders	175	546	\$169,074	4.8%
Other Specified Connective Tissue Disease	293	750	\$129,185	3.7%
Acquired Foot Deformities	52	169	\$127,747	3.7%
Infective Arthritis	3	40	\$115,234	3.3%
Scoliosis And Other Postural Dorsopathic Deformities	27	79	\$106,044	3.0%
Other Specified Joint Disorders	119	300	\$96,259	2.8%
Low Back Pain	295	1,287	\$95,616	2.7%
Systemic Lupus Erythematosus And Connective Tissue Disorders	45	176	\$67,619	1.9%
Osteomyelitis	7	46	\$59,313	1.7%
Postprocedural Or Postoperative Musculoskeletal System Complication	29	168	\$56,496	1.6%
Osteoporosis	35	59	\$49,337	1.4%
Disorders Of Jaw	17	62	\$47,109	1.3%
Rheumatoid Arthritis And Related Disease	69	183	\$43,284	1.2%
Biomechanical Lesions	258	989	\$25,349	0.7%
Other Specified Bone Disease And Musculoskeletal Deformities	55	106	\$24,008	0.7%
Muscle Disorders	27	44	\$20,620	0.6%
Gout	35	56	\$6,077	0.2%
Acquired Deformities (Excluding Foot)	12	23	\$5,022	0.1%
Neurogenic/Neuropathic Arthropathy	2	24	\$3,231	0.1%
Stress Fracture, Initial Encounter	8	13	\$772	0.0%
Aseptic Necrosis And Osteonecrosis	1	1	\$719	0.0%
Pathological Fracture, Initial Encounter	1	1	\$538	0.0%
Pathological, Stress And Atypical Fractures, Sequela	1	3	\$349	0.0%
Pathological Fracture, Subsequent Encounter	1	1	\$140	0.0%
Immune-Mediated/Reactive Arthropathies	1	1	\$105	0.0%
Juvenile Arthritis	1	7	\$63	0.0%
Stress Fracture, Subsequent Encounter	1	1	\$62	0.0%
Traumatic Arthropathy	1	1	\$19	0.0%
	----	----	\$3,493,090	100.0%

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

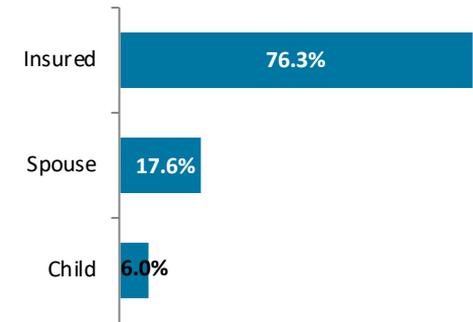


# AHRQ Category – Neoplasms

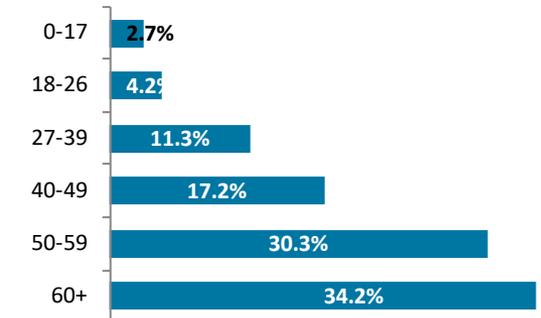
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Breast Cancer - All Other Types	41	376	\$821,164	32.1%
Benign Neoplasms	358	614	\$408,719	16.0%
Respiratory Cancers	3	78	\$175,484	6.9%
Skin Cancers - All Other Types	16	39	\$157,820	6.2%
Nervous System Cancers - Brain	2	38	\$126,556	4.9%
Myelodysplastic Syndrome (Mds)	4	76	\$119,056	4.7%
Secondary Malignancies	7	15	\$112,496	4.4%
Male Reproductive System Cancers - Prostate	23	166	\$95,948	3.8%
Sarcoma	3	21	\$91,251	3.6%
Female Reproductive System Cancers - Endometrium	2	20	\$77,116	3.0%
Leukemia - Acute Myeloid Leukemia (Aml)	1	157	\$53,727	2.1%
Neoplasms Of Unspecified Nature Or Uncertain Behavior	306	416	\$51,897	2.0%
Multiple Myeloma	4	45	\$46,031	1.8%
Head And Neck Cancers - Lip And Oral Cavity	1	14	\$34,170	1.3%
Skin Cancers - Basal Cell Carcinoma	48	103	\$34,126	1.3%
Female Reproductive System Cancers - Cervix	8	24	\$24,569	1.0%
Gastrointestinal Cancers - Colorectal	10	60	\$16,313	0.6%
Male Reproductive System Cancers - Testis	2	13	\$13,795	0.5%
Leukemia - Chronic Lymphocytic Leukemia (CLL)	7	41	\$13,654	0.5%
Gastrointestinal Cancers - Peritoneum	1	15	\$11,745	0.5%
Leukemia - All Other Types	3	13	\$10,811	0.4%
Head And Neck Cancers - Throat	1	22	\$10,405	0.4%
Non-Hodgkin Lymphoma	7	32	\$9,941	0.4%
Female Reproductive System Cancers - Vulva	1	5	\$8,084	0.3%
Skin Cancers - Squamous Cell Carcinoma	15	27	\$7,058	0.3%
Skin Cancers - Melanoma	9	35	\$6,170	0.2%
Endocrine System Cancers - Thyroid	13	41	\$6,131	0.2%
Gastrointestinal Cancers - Bile Duct	1	17	\$4,448	0.2%
Head And Neck Cancers - Tonsils	1	2	\$1,868	0.1%
Hodgkin Lymphoma	4	13	\$1,787	0.1%
All Others	21	48	\$5,728	0.2%
<b>Overall</b>	----	----	<b>\$2,558,070</b>	<b>100.0%</b>

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

## Relationship



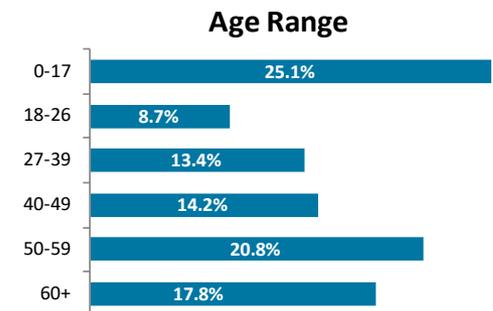
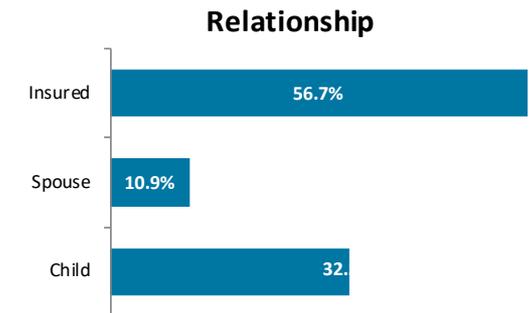
## Age Range



# AHRQ Category – Factors Inf Health Status & Contact with Health Services

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Medical Examination/Evaluation	2,527	4,307	\$574,090	27.0%
Exposure, Encounters, Screening Or Contact With Infectious Disease	3,137	5,029	\$525,411	24.7%
Neoplasm-Related Encounters	963	2,046	\$339,992	16.0%
Encounter For Antineoplastic Therapies	11	51	\$155,414	7.3%
Contraceptive And Procreative Management	233	369	\$118,952	5.6%
Other Aftercare Encounter	168	404	\$102,874	4.8%
Implant, Device Or Graft Related Encounter	126	226	\$98,717	4.6%
Personal/Family History Of Disease	174	302	\$64,868	3.0%
Other Specified Status	298	549	\$45,848	2.2%
Encounter For Prophylactic Or Other Procedures	35	55	\$43,135	2.0%
Encounter For Observation And Examination For Conditions Ruled Out (Excl	373	486	\$22,229	1.0%
Other Specified Encounters And Counseling	80	223	\$16,917	0.8%
Acquired Absence Of Limb Or Organ	13	18	\$9,333	0.4%
Organ Transplant Status	13	55	\$4,243	0.2%
Lifestyle/Life Management Factors	17	33	\$2,539	0.1%
Encounter For Administrative Purposes	16	19	\$1,457	0.1%
Socioeconomic/Psychosocial Factors	6	23	\$1,410	0.1%
Encounter For Prophylactic Measures (Excludes Immunization)	7	11	\$1,057	0.0%
Encounter For Mental Health Conditions	7	10	\$603	0.0%
Screening For Neurocognitive Or Neurodevelopmental Condition	4	4	\$266	0.0%
Carrier Status	2	2	\$75	0.0%
No Immunization Or Underimmunization	1	1	\$27	0.0%
<b>Overall</b>	----	----	<b>\$2,129,455</b>	<b>100.0%</b>

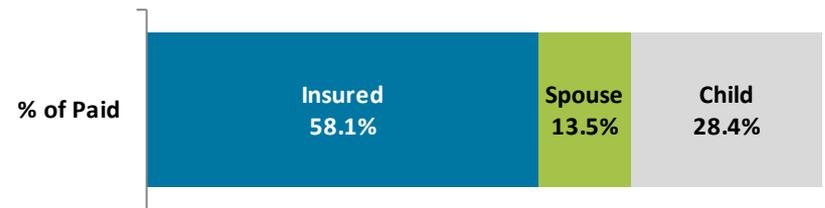
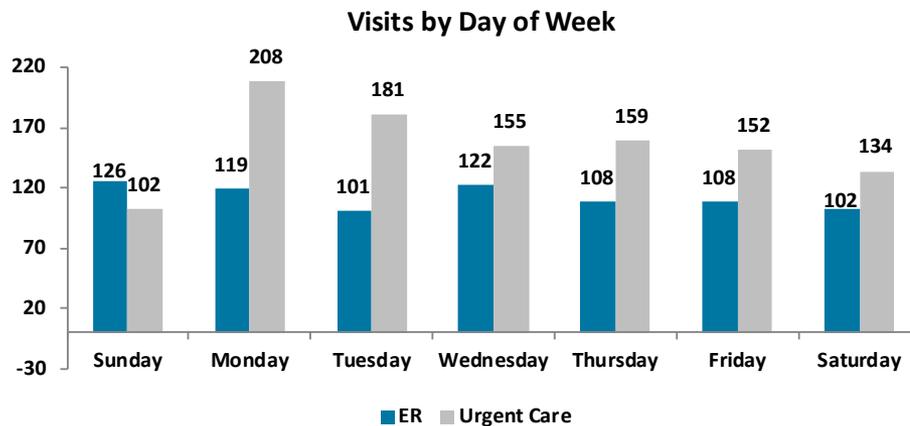
\*Patient and claim counts are unique only within the category



# Emergency Room / Urgent Care Summary

ER/Urgent Care	2Q20		2Q21		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	993	1,565	756	1,091		
Number of Admits	150	----	105	----		
Visits Per Member	0.23	0.35	0.18	0.25	0.17	0.24
Visits/1000 Members	225	355	182	253	174	242
Avg Paid Per Visit	\$2,620	\$160	\$2,575	\$180	\$1,684	\$74
Admits per Visit	0.15	----	0.13	----	0.14	
% of Visits with HSB ER Dx	79.2%	----	81.4%	----		
% of Visits with a Physician OV*	83.6%	81.7%	87.0%	83.0%		
<b>Total Plan Paid</b>	<b>\$2,568,193</b>	<b>\$251,114</b>	<b>\$2,023,850</b>	<b>\$196,489</b>		
	Annualized	Annualized	Annualized	Annualized		

\*looks back 12 months from ER visit

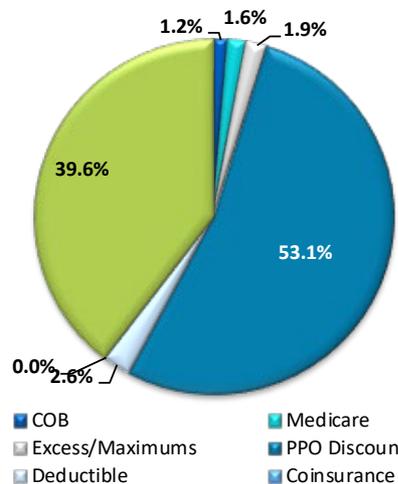


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	452	96	639	136	1,091	232
Spouse	121	130	132	142	253	271
Child	213	71	320	107	533	178
<b>Total</b>	<b>786</b>	<b>91</b>	<b>1,091</b>	<b>126</b>	<b>1,877</b>	<b>218</b>

# Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$63,105,010	\$2,240	100.0%
COB	\$739,710	\$26	1.2%
Medicare	\$1,039,640	\$37	1.6%
Excess/Maximums	\$1,198,792	\$43	1.9%
PPO Discount	\$33,521,195	\$1,190	53.1%
Deductible	\$1,612,781	\$57	2.6%
Coinsurance	\$0	\$0	0.0%
<b>Total Participant Paid</b>	<b>\$1,612,781</b>	<b>\$57</b>	<b>2.6%</b>
<b>Total Plan Paid</b>	<b>\$24,992,892</b>	<b>\$887</b>	<b>39.6%</b>

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



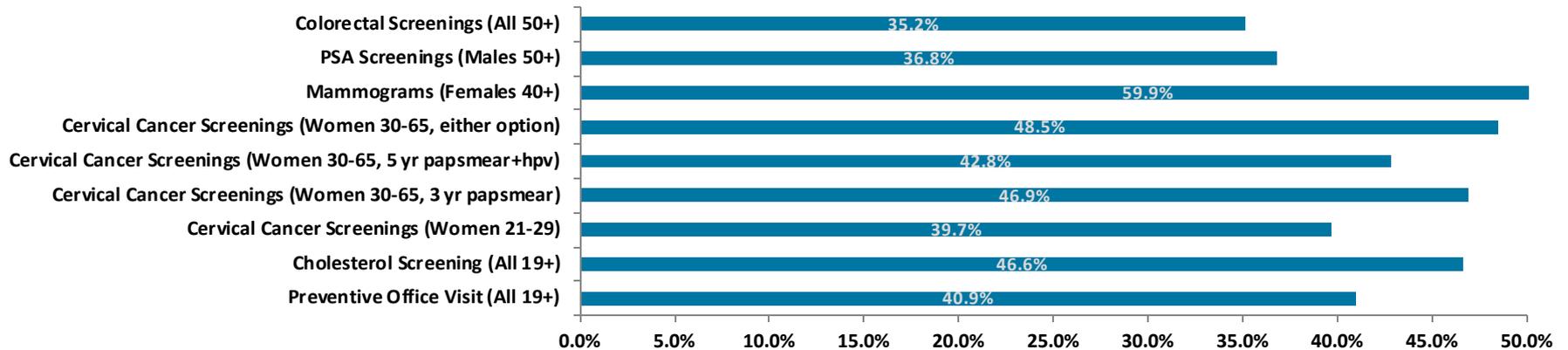
# Preventive Services Compliance

\*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+)	3,699	1,816	49.1%	2,767	830	30.0%	6,466	2,646	40.9%
Cholesterol Screening (All 19+)	3,699	1,798	48.6%	2,767	1,217	44.0%	6,466	3,015	46.6%
Cervical Cancer Screenings (Women 21-29)	469	186	39.7%	----	----	----	469	186	39.7%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	2,909	1,364	46.9%	----	----	----	2,909	1,364	46.9%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	2,909	1,245	42.8%	----	----	----	2,909	1,245	42.8%
Cervical Cancer Screenings (Women 30-65, either option)	2,909	1,411	48.5%	----	----	----	2,909	1,411	48.5%
Mammograms (Females 40+)	2,445	1,465	59.9%	----	----	----	2,445	1,465	59.9%
PSA Screenings (Males 50+)	----	----	----	1,347	496	36.8%	1,347	496	36.8%
Colorectal Screenings (All 50+)	1,739	643	37.0%	1,347	442	32.8%	3,086	1,085	35.2%

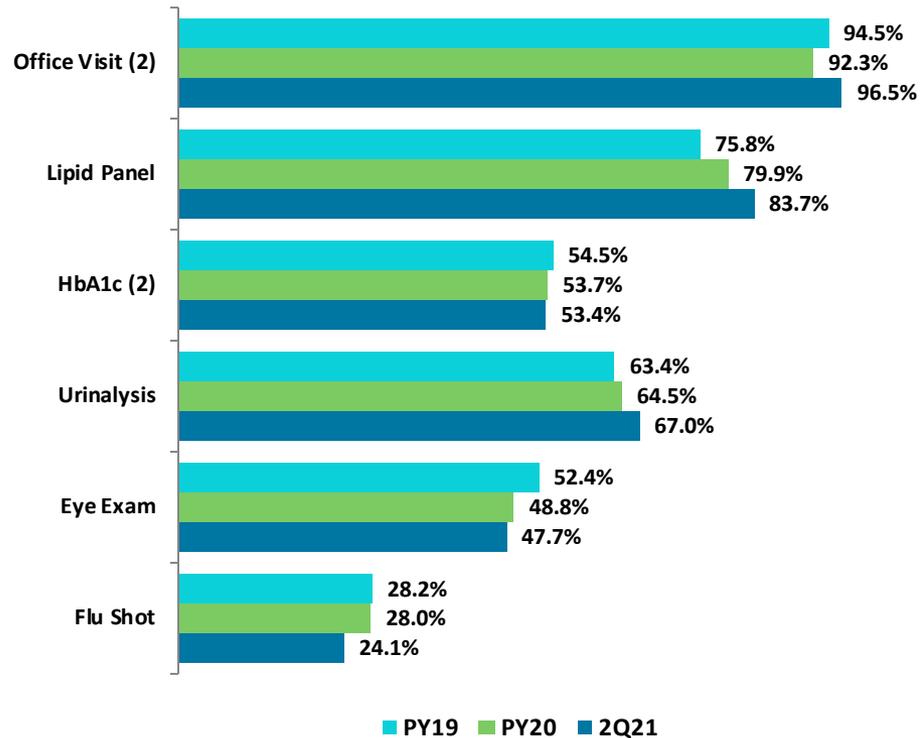
## Overall Preventive Services Compliance Rates



# 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	PY19	PY20	2Q21
Members	525	569	539



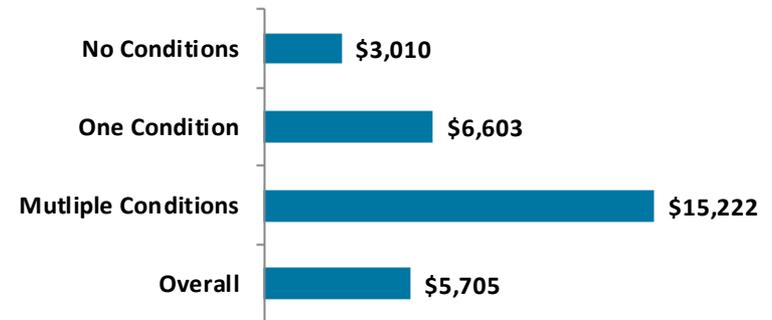
# Chronic Conditions Summary

\*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	382	367	44	39	\$3,438,138	\$9,000	99.7%	1 Office Visit
Cancer	260	248	30	57	\$6,708,394	\$25,802	----	----
Chronic Kidney Disease	67	64	8	58	\$1,545,836	\$23,072	----	----
Chronic Obstructive Pulmonary Disease (COPD)	69	66	8	59	\$1,860,709	\$26,967	100.0%	1 Office Visit
Congestive Heart Failure (CHF)	40	38	5	62	\$1,383,452	\$34,586	15.0%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	129	122	15	61	\$3,501,882	\$27,146	22.5%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	617	579	71	40	\$6,009,713	\$9,740	96.9%	1 Office Visit
Diabetes	539	513	62	55	\$6,075,108	\$11,271	20.6%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	685	656	79	54	\$6,769,042	\$9,882	33.9%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	780	744	90	57	\$9,580,523	\$12,283	27.9%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	253	243	29	46	\$2,868,601	\$11,338	----	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	5,241	30	41.3%	10.0%	48.7%
One Condition	2,154	46	70.4%	14.2%	15.4%
Multiple Conditions	1,281	54	80.5%	15.4%	4.1%
<b>Overall</b>	<b>8,676</b>	<b>37</b>	<b>53.5%</b>	<b>11.7%</b>	<b>34.8%</b>

## Cost per Member Type



**Public Employees' Benefits Program - RX Costs**  
**PY 2021 - Quarter Ending December 31, 2020**

**Express Scripts**

2Q FY2021 EPO		2Q FY2020 EPO	Difference	% Change
<b>Membership Summary</b>				
Member Count (Membership)	8,629	8,821	(192)	-2.2%
Utilizing Member Count (Patients)	6,094	6,512	(418)	-6.4%
Percent Utilizing (Utilization)	70.6%	73.8%	(0)	-4.3%
<b>Claim Summary</b>				
Net Claims (Total Rx's)	85,478	86,807	(1,329)	-1.5%
Claims per Elig Member per Month (Claims PMPM)	1.65	1.64	0.01	0.6%
Total Claims for Generic (Generic Rx)	72,783	74,516	(1,733.00)	-2.3%
Total Claims for Brand (Brand Rx)	12,695	12,291	404.00	3.3%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	1,356	1,423	(67.00)	-4.7%
Total Non-Specialty Claims	84,341	85,669	(1,328.00)	-1.6%
Total Specialty Claims	1,137	1,138	(1.00)	-0.1%
<b>Generic % of Total Claims (GFR)</b>	<b>85.1%</b>	<b>85.8%</b>	(0.01)	-0.8%
Generic Effective Rate (GCR)	98.2%	98.1%	0.00	0.0%
Mail Order Claims	9,725	8,515	1,210.00	14.2%
Mail Penetration Rate*	12.5%	11.0%	0.02	1.5%
<b>Claims Cost Summary</b>				
Total Prescription Cost (Total Gross Cost)	\$10,863,329.00	\$9,811,925.00	\$1,051,404.00	10.7%
Total Generic Gross Cost	\$1,693,364.00	\$1,730,624.00	(\$37,260.00)	-2.2%
Total Brand Gross Cost	\$9,169,965.00	\$8,081,301.00	\$1,088,664.00	13.5%
Total MSB Gross Cost	\$330,637.00	\$317,128.00	\$13,509.00	4.3%
Total Ingredient Cost	\$10,881,308.00	\$9,760,402.00	\$1,120,906.00	11.5%
Total Dispensing Fee	\$49,353.00	\$49,779.00	(\$426.00)	-0.9%
Total Other (e.g. tax)	\$2,668.00	\$1,744.00	\$924.00	53.0%
Avg Total Cost per Claim (Gross Cost/Rx)	<b>\$127.09</b>	<b>\$113.03</b>	\$14.06	12.4%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$23.27	\$23.22	\$0.05	0.2%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$722.33	\$657.50	\$64.83	9.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$243.83	\$222.86	\$20.97	9.4%
<b>Member Cost Summary</b>				
<b>Total Member Cost</b>	<b>\$1,797,795.00</b>	<b>\$1,518,660.00</b>	\$279,135.00	18.4%
Total Copay	\$1,797,795.00	\$1,518,660.00	\$279,135.00	18.4%
Total Deductible	\$0.00	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$21.03	\$17.49	\$3.54	20.2%
<b>Avg Participant Share per Claim (Copay+Deductible/RX)</b>	<b>\$21.03</b>	<b>\$17.49</b>	<b>\$3.54</b>	<b>20.2%</b>
Avg Copay for Generic (Copay/Generic Rx)	\$7.49	\$7.33	\$0.16	2.2%
Avg Copay for Brand (Copay/Brand Rx)	\$98.68	\$79.11	\$19.57	24.7%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$31.70	\$28.49	\$3.21	11.3%
<b>Net PMPM (Participant Cost PMPM)</b>	<b>\$34.72</b>	<b>\$28.69</b>	\$6.03	21.0%
Copay % of Total Prescription Cost (Member Cost Share %)	16.5%	15.5%	1.1%	6.9%
<b>Plan Cost Summary</b>				
<b>Total Plan Cost (Plan Cost)</b>	<b>\$9,065,534.00</b>	<b>\$8,293,265.00</b>	<b>\$772,269.00</b>	<b>9.3%</b>
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,430,982.00	\$3,904,990.00	\$525,992.00	13.5%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,634,552.00	\$4,388,275.00	\$246,277.00	5.6%
<b>Avg Plan Cost per Claim (Plan Cost/Rx)</b>	<b>\$106.06</b>	<b>\$95.54</b>	\$10.52	11.0%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$15.78	\$15.89	(\$0.11)	-0.7%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$623.65	\$578.39	\$45.26	7.8%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$212.14	\$194.37	\$17.77	9.1%
<b>Net PMPM (Plan Cost PMPM)</b>	<b>\$175.10</b>	<b>\$156.70</b>	<b>\$18.40</b>	<b>11.7%</b>
PMPM for Specialty Only (Specialty PMPM)	\$89.52	\$82.91	\$6.61	8.0%
PMPM without Specialty (Non-Specialty PMPM)	\$85.58	\$73.78	\$11.80	16.0%
Rebates (Q1-Q2 FY2021 actual)	\$2,052,634.70	\$1,803,627.72	<b>\$249,006.98</b>	<b>13.8%</b>
<b>Net PMPM (Plan Cost PMPM factoring Rebates)</b>	<b>\$135.45</b>	<b>\$122.62</b>	<b>\$12.83</b>	<b>10.5%</b>
PMPM for Specialty Only (Specialty PMPM)	\$76.58	\$71.28	\$5.30	7.4%
PMPM without Specialty (Non-Specialty PMPM)	\$59.40	\$48.91	\$10.49	21.4%

# Appendix C

## Index of Tables

### Health Plan of Nevada –Utilization Review for PEBP July 1, 2020 – December 31, 2020

#### KEY PERFORMANCE INDICATORS

Demographic Overview .....	2
Utilization Highlights.....	5
Clinical Drivers.....	8
High Cost Claimants.....	11

#### PRESCRIPTION DRUG COSTS

Prescription Drug Cost .....	7
------------------------------	---

# Power Of Partnership.



## Quarterly Health Plan Performance Review Prepared for PEBP

### Claims Data:

July 1, 2020 – December, 2020 – Current

July 1, 2019 – December, 2019 – Prior

Paid through Jan 2021 \*30 day claims run out

State of  
Nevada



**Key Performance Indicators**  
Includes Demographics And  
Financials

# 39 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

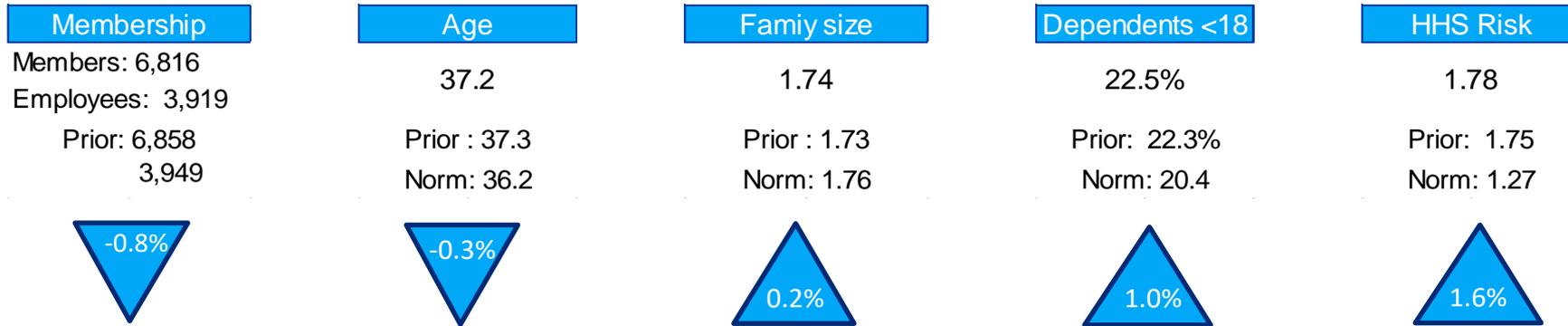
## Enhancements Made for Your Members

- ✓ 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

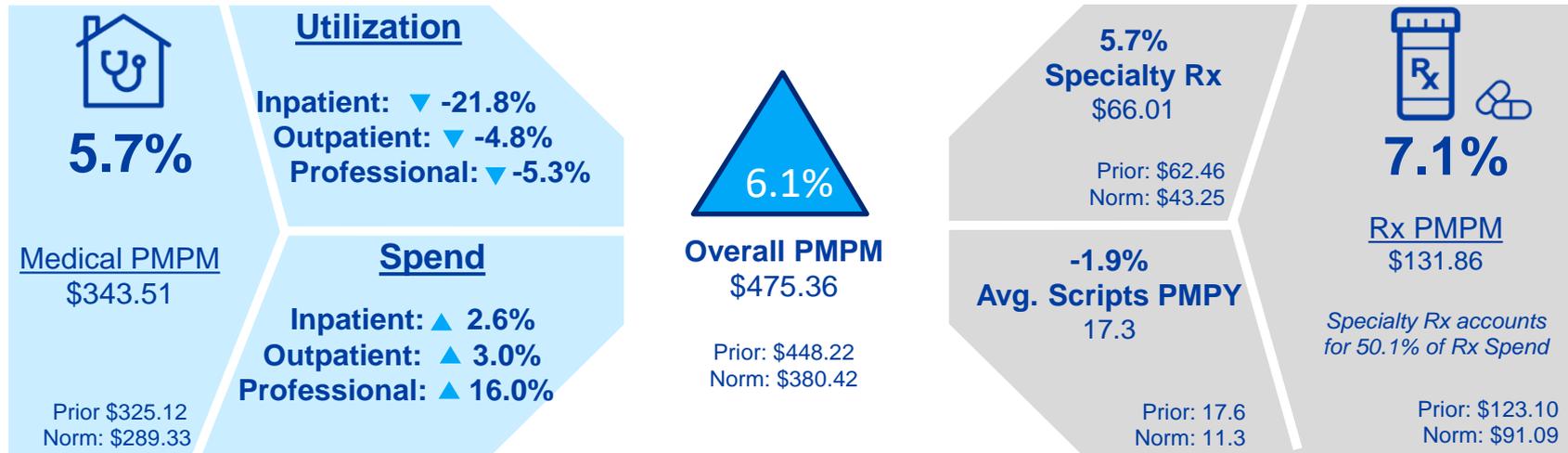
# Demographic and Financial Overview



Demographics



Medical and Rx Spend





**Medical and Rx Plan Experience**  
What Happened

# Medical Utilization Summary



Utilization Metric	Prior	Current	Δ
Physician Office Visits PMPY	2.4	2.3	-4.7%
Specialist Office Visits PMPY	4.7	4.0	-15.3%
ER Visits per K	60.5	43.7	-27.7%
Urgent Care Visits per K	305.9	291.2	-4.8%
OutPatient Surgery			
ASC	66.6	55.3	-17.0%
Facility	18.8	17.0	-9.5%
Inpatient Utilization			
Admissions Per K	34.2	31.0	-9.2%
Bed Days Per K	147.0	153.8	4.6%
Average Length of Stay	4.3	5.0	15.2%
On Demand			
Now Clinic Visits	240	635	164.6%
TAN Calls	252	495	96.4%

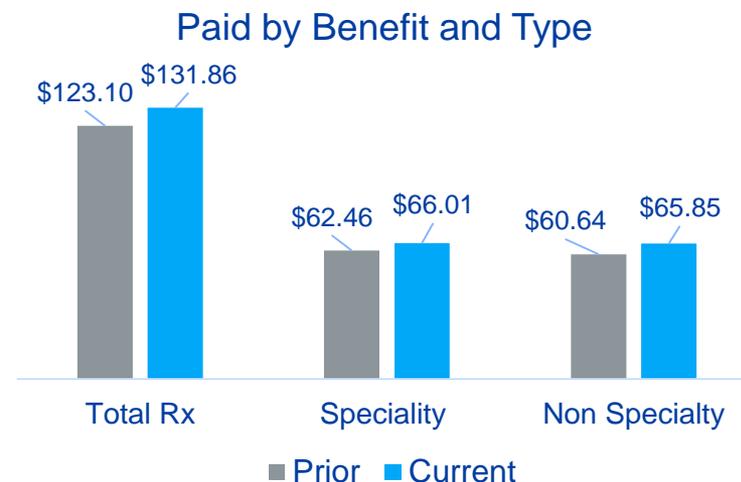
\*Not representative of all Utilization

## Highlights

- PCP and Specialist visits both decreased from the prior period on a PMPY basis
- ER utilization decreased **-27.7%**,
  - Average Net Paid / Visit increased 22.2% with more complex ER admits
- Urgent Care Utilization decreased **-4.8%**
- Outpatient surgeries decreased at both facility and ASC settings
- Admits Per K decreased -9.2% from prior period, but average length of stay increased
- 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	6,858	6,816	-0.6%		
Average Prescriptions PMPY	17.6	17.3	-1.9%	11.3	52.8%
Formulary Rate	92.5%	91.7%	-0.8%	90.8%	1.1%
Generic Use Rate	86.6%	85.4%	-1.4%	85.4%	0.0%
Generic Substitution Rate	97.4%	97.2%	-0.1%	96.9%	0.4%
Employee Cost Share PMPM	\$18.15	\$21.68	19.4%	\$11.60	86.9%
Avg Net Paid per Prescription	\$83.78	\$91.51	9.2%	\$96.59	-5.3%
Net Paid PMPM	\$123.10	\$131.86	7.1%	\$91.09	44.8%

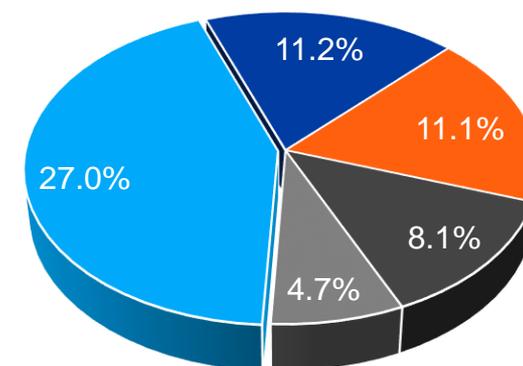


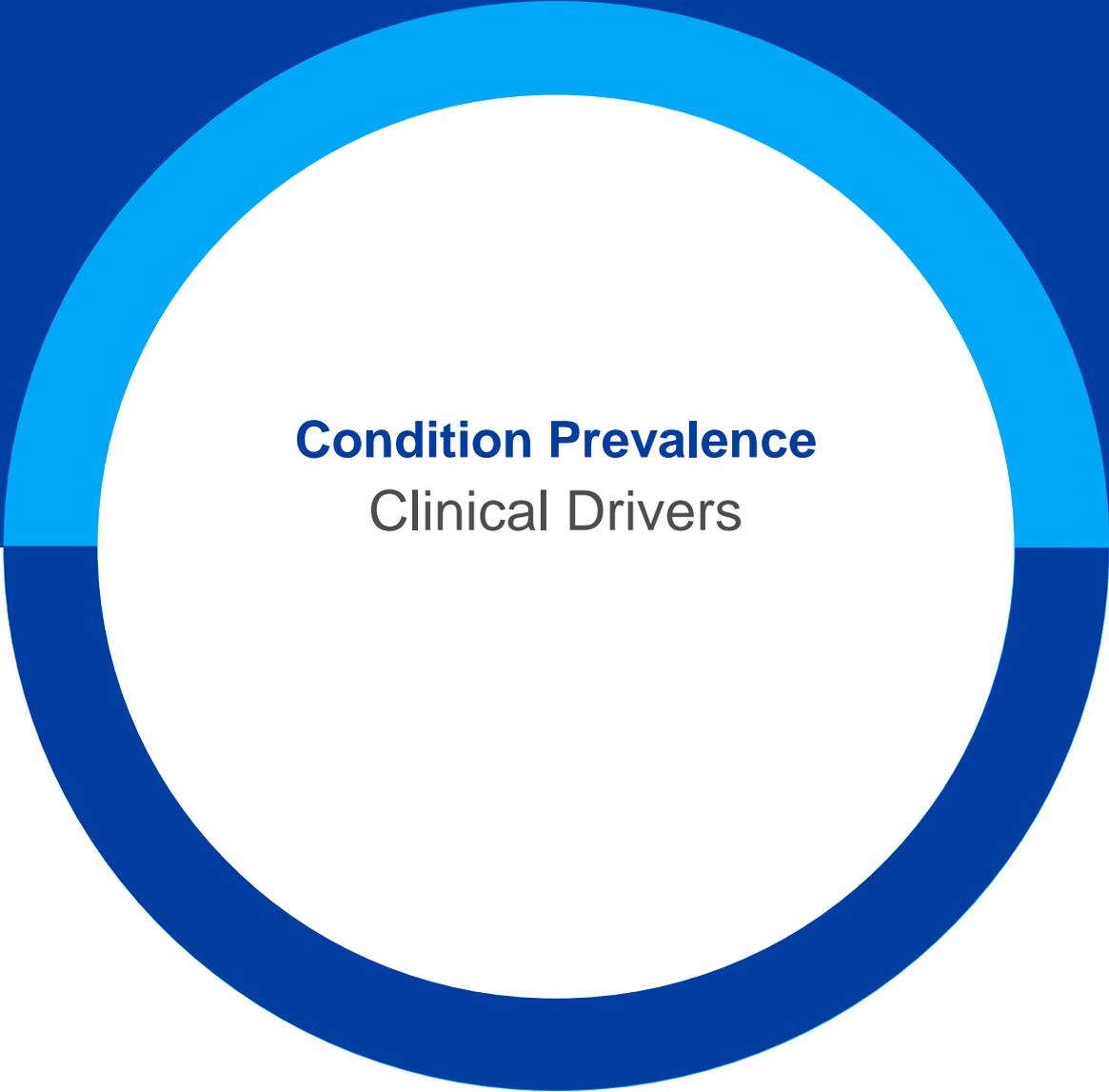
## Pharmacy PMPM trend is 7.1%

- Average net paid per script increased **9.2%**
- Dermatologic utilization increased 4.4%, but spend jumped >100% due to Specialty Rx Stelara
- Antidiabetic spend increased 15.1% YOY, Jardiance, Trulicity and Ozempic are cost drivers in this Therapeutic Class
- Antivirals increased 17.5% in spend on a PMPM basis. Biktarvy (HIV) Rx saw an increase >100% in both spend and utilization

- ANTIDIABETICS
- ANALGESICS
- ANTINEOPLASTICS
- ANTIVIRALS
- DERMATOLOGICALS

## Top 5 Therapeutic Classes by Spend



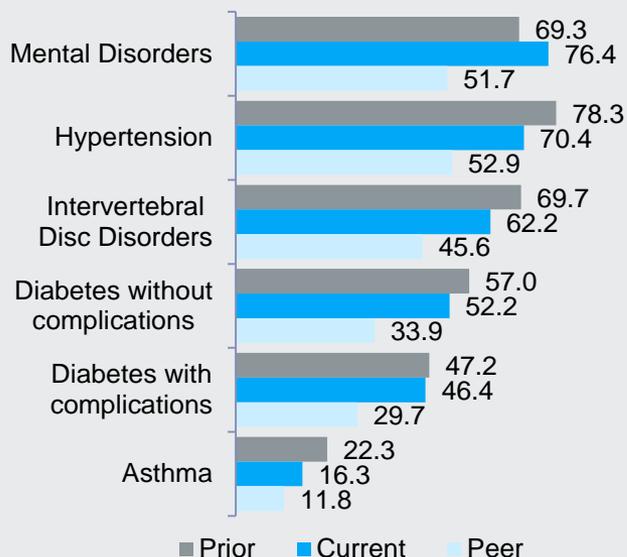


**Condition Prevalence**  
Clinical Drivers

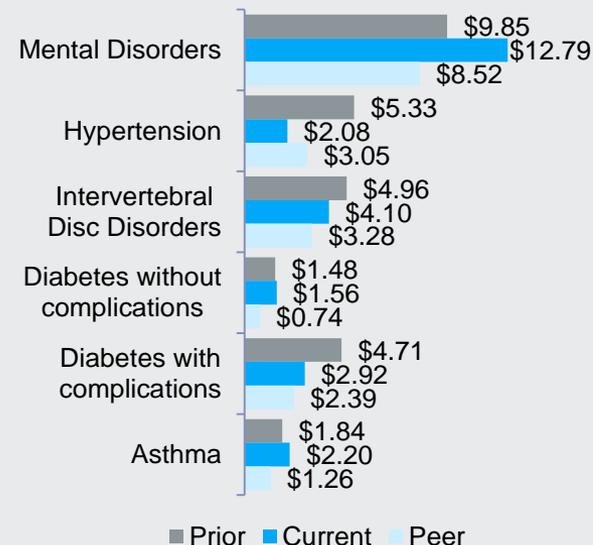
# Clinical Conditions and Diagnosis



### Top Common Conditions by Prevalence



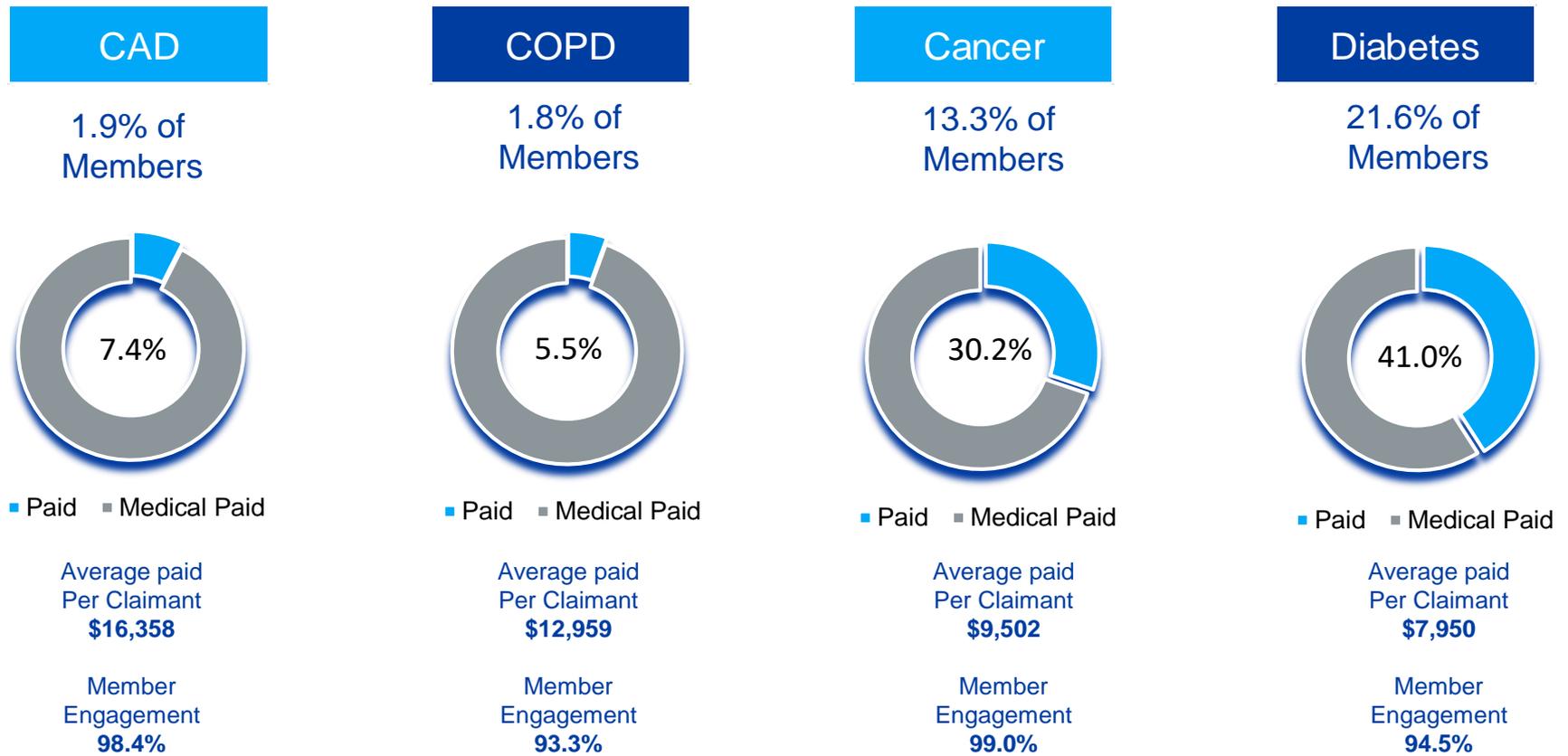
### Top Conditions by PMPM



- Mental Disorders, Hypertension and Intervertebral Disc Disorder are the most prevalent clinical conditions within this population
- Prevalence (up 10.4%) and Spend (up 29.9%) for Mental Disorders. Autism and Alcohol related disorders driving spend
- Diabetes with and without complications decreased in prevalence from the prior period

# Chronic Condition Cost Drivers

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

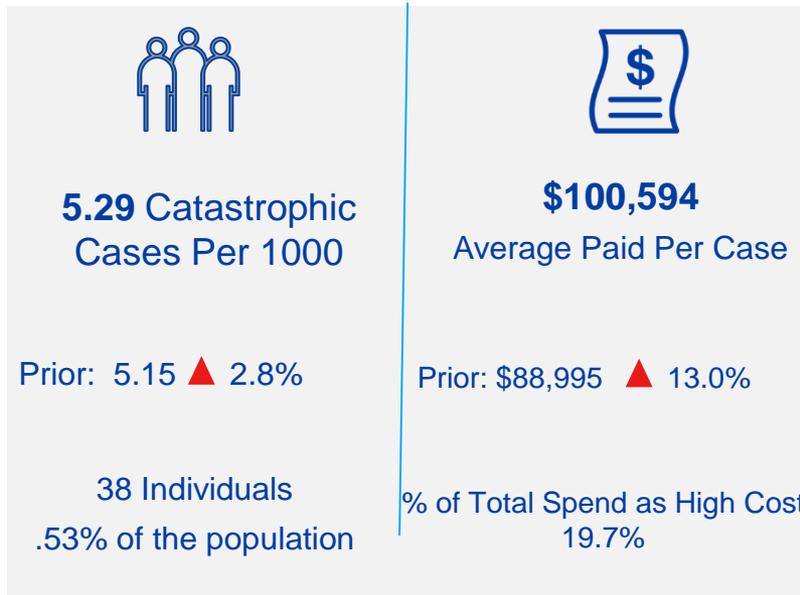


\*Data obtained for this slide is for Eval period Feb-2020 thru Jan-2021



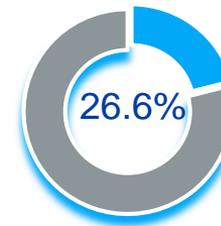
**Catastrophic Cases**  
High Cost Claimants

# Catastrophic Cases Summary (>\$50k)



## % Paid Attributed to Catastrophic Cases

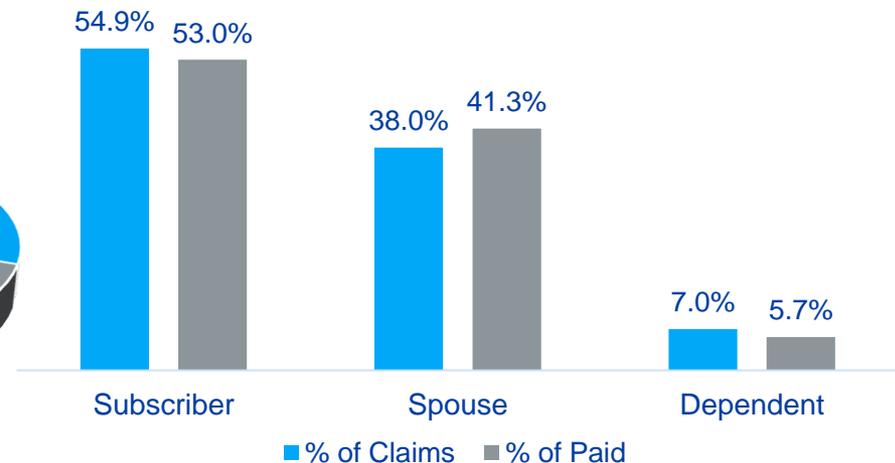
Medical



Pharmacy



## Claims and Spend by Relationship



## Top 5 AHRQ Chapter Description by Spend

- Neoplasms
- Infectious and parasitic diseases
- Diseases of the circulatory system
- Complications of pregnancy
- Injury and poisoning

