



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 RICH
Executive Officer

LAURA FREED
Board Chair

AGENDA ITEM

☒ Action Item

☐ Information Only

Date: September 30, 2021

Item Number: IV.II.II

Title: Self-Funded CDHP and EPO Plan Utilization Report for the period ending June 30, 2021

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2021 period ending June 30, 2021. 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 Q4 Plan Year 2021 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

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

- Population:
 - 1.5% decrease for primary participants
 - 1.3% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 6.7% decrease for primary participants
 - 6.8% decrease for primary participants plus dependents (members)
- High Cost Claims:
 - There were 178 High Cost Claimants accounting for 33.3% of the total plan paid for Plan Year 2021
 - 12.5% decrease in High Cost Claimants per 1,000 members
 - 1.8% decrease in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$9.0 million) – 20.4% of paid claims
 - Cardiac Disorders (\$4.3 million) – 9.7% of paid claims
 - Renal/Urologic Disorders (\$4.0 million) – 9.1% of paid claims
- Emergency Room:
 - ER visits per 1,000 members decreased 18.8%
 - Average paid per ER visit decreased 3.0%
- Urgent Care:
 - Urgent Care visits per 1,000 members decreased by 24.6%
 - Average paid per Urgent Care visit increased 87.8% (increase from \$41 to \$77)
- Network Utilization:
 - 97.9% of claims are from In-Network providers
 - Plan Year 2021 In-Network utilization increased 2.0% over PY 2020
 - Plan Year 2021 In-Network discounts increased 0.6% over PY 2020
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 0.5%
 - Total Gross Claims Costs increased 5.4% (\$2.7 million)
 - Average Total Cost per Claim increased 5.9%
 - From \$96.24 to \$101.90
 - Member:
 - Total Member Cost increased 0.8%
 - Average Participant Share per Claim increased 1.3%
 - Net Member PMPM increased 2.3%
 - From \$25.06 to \$25.62

- Plan
 - Total Plan Cost increased 6.9%
 - Average Plan Share per Claim increased 7.4%
 - Net Plan PMPM increased 8.5%
 - From \$73.90 to \$80.15
 - Net Plan PMPM factoring rebates increase 12.5%
 - From \$54.69 to \$61.53

PEBP PREMIER PLAN (EPO)

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

- Population:
 - 3.0% decrease for primary participants
 - 2.5% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 8.3% increase for primary participants
 - 8.69% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 61 High Cost Claimants accounting for 29.6% of the total plan paid for Plan Year 2021
 - 22.5% increase in High Cost Claimants per 1,000 members
 - 43.7% increase in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$3.1 million) – 20.0% of paid claims
 - Infections (\$2.2 million) – 13.8% of paid claims
 - Hematological Disorders (\$1.4 million) – 8.9% of paid claims
- Emergency Room:
 - ER visits per 1,000 members decreased by 20.7%
 - Average paid per ER visit decreased by 2.8%
- Urgent Care:
 - Urgent Care visits per 1,000 members decreased by 21.1%
 - Average paid per Urgent Care visit increased 9.4%
- Network Utilization:
 - 99.9% of claims are from In-Network providers
 - In-Network utilization increased 2.5%
 - In-Network discounts decreased 3.1%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 1.0%
 - Total Gross Claims Costs increased 7.9% (\$1.6 million)
 - Average Total Cost per Claim increased 9.0%
 - From \$116.28 to \$126.70

- Member:
 - Total Member Cost increased 38.0%
 - Average Participant Share per Claim increased 39.4%
 - Net Member PMPM increased 41.4%
 - From \$25.26 to \$35.73
- Plan
 - Total Plan Cost increased 3.3%
 - Average Plan Share per Claim increased 4.4%
 - Net Plan PMPM increased 5.9%
 - From \$166.45 to \$176.23
 - Net Plan PMPM factoring rebates increased 4.5%
 - From \$129.79 to \$135.59

DENTAL PLAN

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

- Dental Cost:
 - Total of \$24,871,282 paid for Dental claims
 - Preventative claims account for 43.8% (\$11.0 million)
 - Basic claims account for 29.7% (\$7.4 million)
 - Major claims account for 19.4% (\$4.8 million)
 - Periodontal claims account for 7.1% (\$1.8 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of June 30, 2021.

HRA Account Balances as of June 30, 2021			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	2,014	0	0
\$.01 - \$500.00	3,032	502,849	166
\$500.01 - \$1,000	1,672	1,211,924	725
\$1,000.01 - \$1,500	799	976,942	1,223
\$1,500.01 - \$2,000	611	1,073,792	1,757
\$2,000.01 - \$2,500	459	1,043,316	2,273
\$2,500.01 - \$3,000	328	895,910	2,731
\$3,000.01 - \$3,500	250	803,456	3,214
\$3,500.01 - \$4,000	158	589,583	3,732
\$4,000.01 - \$4,500	155	658,785	4,250
\$4,500.01 - \$5,000	106	503,219	4,747
\$5,000.01 +	774	6,227,707	224,066
Total	10,358	\$ 14,487,483	\$ 1,399

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP) and the PEBP Premier Plan (EPO) through the fourth quarter of Plan Year 2021. The CDHP total plan paid costs decreased 8.3% over the same time for Plan Year 2020. The EPO total plan paid costs increased 2.3% over 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 – June 30, 2021

HEALTHSCOPE BENEFITS OVERVIEW.....	2
MEDICAL	
<i>Paid Claims by Age Group</i>	<i>3</i>
Financial Summary	5
Paid Claims by Claim Type	7
Cost Distribution – Medical Claims	10
Utilization Summary	11
Provider Network Summary	13
DENTAL	
Claims Analysis	20
Savings Summary	21
PREVENTIVE SERVICES	
Quality Metrics	22
PRESCRIPTION DRUG COSTS	
Prescription Drug Cost Comparison	25

HSB DATASCOPE™

Nevada Public Employees' Benefits Program HDHP Plan

July 2020 – June 2021

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for PY21 was \$132,093,355 of which 76.1% was spent in the State Active population. When compared to PY20, this reflected a decrease of 8.1% in plan spend, with State Actives having a decrease of 5.3%.
 - When compared to PY19, PY21 was on track with total plan spend, with State Actives having a slight increase of 2.7%.
- On a PEPY basis, PY21 reflected a decrease of 6.7% when compared to PY20. The largest group, State Actives, decreased 4.0%.
 - When compared to PY19, PY21 was consistent, with State Actives increasing by 3.1%.
- 86.1% of the Average Membership had paid Medical claims less than \$2,500, with 16.8% of those having no claims paid at all during the reporting period.
- There were 178 high-cost Claimants (HCC's) over \$100K, that accounted for 33.3% of the total spend. HCCs accounted for 33.9% of total spend during PY20, with 206 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 20.4% of high-cost claimant dollars.
- IP Paid per Admit was \$24,652 which is a decrease of 4.7% compared to PY20.
- ER Paid per Visit is \$2,088, which is a decrease of 3.0% compared to PY20.
- 97.9% of all Medical spend dollars were to In Network providers. The average In Network discount was 65.9%, which is on track with the PY20 average discount of 65.3%.

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

Paid Claims by Age Group								
	PY20							
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM
<1	\$ 6,794,610	\$1,627	\$ 63,607	\$15	\$ 12,587	\$2	\$6,870,804	\$1,644
1	\$ 841,639	\$180	\$ 29,308	\$6	\$ 43,114	\$6	\$914,061	\$193
2 - 4	\$ 1,280,257	\$80	\$ 569,167	\$36	\$ 368,411	\$17	\$2,217,834	\$132
5 - 9	\$ 1,504,049	\$49	\$ 147,265	\$5	\$ 1,172,971	\$28	\$2,824,285	\$82
10 - 14	\$ 3,568,831	\$104	\$ 523,976	\$15	\$ 1,150,189	\$24	\$5,242,995	\$144
15 - 19	\$ 5,395,888	\$149	\$ 905,365	\$25	\$ 1,396,753	\$28	\$7,698,006	\$202
20 - 24	\$ 5,813,187	\$142	\$ 1,028,701	\$25	\$ 945,369	\$17	\$7,787,257	\$184
25 - 29	\$ 5,710,701	\$171	\$ 1,201,788	\$36	\$ 921,117	\$22	\$7,833,606	\$230
30 - 34	\$ 7,718,900	\$214	\$ 1,693,247	\$47	\$ 1,072,181	\$23	\$10,484,328	\$283
35 - 39	\$ 6,714,047	\$168	\$ 3,530,405	\$88	\$ 1,243,787	\$24	\$11,488,239	\$280
40 - 44	\$ 7,995,208	\$219	\$ 2,334,383	\$64	\$ 1,292,574	\$26	\$11,622,166	\$309
45 - 49	\$ 10,751,419	\$277	\$ 3,460,559	\$89	\$ 1,478,697	\$27	\$15,690,675	\$393
50 - 54	\$ 12,184,580	\$300	\$ 4,605,442	\$113	\$ 1,652,154	\$29	\$18,442,177	\$442
55 - 59	\$ 17,462,073	\$392	\$ 6,399,544	\$144	\$ 1,991,457	\$32	\$25,853,074	\$568
60 - 64	\$ 33,725,255	\$675	\$ 7,928,803	\$159	\$ 2,450,819	\$35	\$44,104,877	\$868
65+	\$ 16,206,562	\$582	\$ 5,055,571	\$182	\$ 5,869,624	\$37	\$27,131,757	\$801
Total	\$143,667,208	\$279	\$39,477,131	\$77	\$23,061,804	\$28	\$206,206,141	\$384

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

Paid Claims by Age Group										
	PY21								% Change	
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 5,415,443	\$ 1,347	\$ 44,350	\$ 11	\$ 10,773	\$ 2	\$ 5,470,566	\$ 1,360	-20.4%	-17.3%
1	\$ 770,967	\$ 167	\$ 177,140	\$ 38	\$ 51,343	\$ 8	\$ 999,450	\$ 214	9.3%	10.6%
2 - 4	\$ 1,387,222	\$ 88	\$ 267,896	\$ 17	\$ 392,172	\$ 18	\$ 2,047,290	\$ 124	-7.7%	-6.3%
5 - 9	\$ 1,823,563	\$ 62	\$ 458,414	\$ 16	\$ 1,266,649	\$ 32	\$ 3,548,626	\$ 109	25.6%	33.3%
10 - 14	\$ 3,212,849	\$ 95	\$ 536,193	\$ 16	\$ 1,303,875	\$ 28	\$ 5,052,917	\$ 138	-3.6%	-4.0%
15 - 19	\$ 3,321,789	\$ 93	\$ 786,785	\$ 22	\$ 1,558,916	\$ 31	\$ 5,667,490	\$ 147	-26.4%	-27.3%
20 - 24	\$ 4,525,090	\$ 114	\$ 1,209,865	\$ 30	\$ 994,512	\$ 18	\$ 6,729,467	\$ 162	-13.6%	-11.8%
25 - 29	\$ 7,942,807	\$ 254	\$ 1,608,988	\$ 51	\$ 943,068	\$ 23	\$ 10,494,863	\$ 329	34.0%	42.9%
30 - 34	\$ 6,156,246	\$ 167	\$ 2,161,190	\$ 59	\$ 1,240,433	\$ 26	\$ 9,557,869	\$ 251	-8.8%	-11.2%
35 - 39	\$ 6,948,179	\$ 175	\$ 3,053,399	\$ 77	\$ 1,411,095	\$ 27	\$ 11,412,673	\$ 280	-0.7%	-0.1%
40 - 44	\$ 6,891,321	\$ 183	\$ 2,597,142	\$ 69	\$ 1,413,716	\$ 28	\$ 10,902,179	\$ 280	-6.2%	-9.4%
45 - 49	\$ 10,290,128	\$ 273	\$ 3,422,156	\$ 91	\$ 1,513,069	\$ 29	\$ 15,225,353	\$ 393	-3.0%	-0.1%
50 - 54	\$ 15,741,635	\$ 390	\$ 5,028,555	\$ 125	\$ 1,762,122	\$ 31	\$ 22,532,312	\$ 545	22.2%	23.3%
55 - 59	\$ 17,606,504	\$ 401	\$ 6,560,096	\$ 149	\$ 2,050,892	\$ 34	\$ 26,217,492	\$ 584	1.4%	2.8%
60 - 64	\$ 24,591,770	\$ 506	\$ 8,019,921	\$ 165	\$ 2,536,102	\$ 37	\$ 35,147,793	\$ 708	-20.3%	-18.5%
65+	\$ 15,467,844	\$ 541	\$ 5,366,786	\$ 188	\$ 6,422,543	\$ 39	\$ 27,257,173	\$ 768	0.5%	-4.1%
Total	\$ 132,093,355	\$ 260	\$ 41,298,876	\$ 81	\$ 24,871,282	\$ 30	\$ 198,263,513	\$ 372	-3.9%	-3.1%

Financial Summary (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year
Enrollment												
Avg # Employees	23,569	23,673	23,322	-1.5%	19,612	19,809	19,529	-1.4%	4	4	4	4.4%
Avg # Members	42,776	42,865	42,317	-1.3%	37,138	37,291	36,761	-1.4%	7	7	9	31.8%
Ratio	1.8	1.8	1.8	0.0%	1.9	1.9	1.9	0.0%	1.8	1.8	2.3	26.4%
Financial Summary												
Gross Cost	\$172,993,213	\$185,251,114	\$169,798,016	-8.3%	\$129,947,874	\$139,774,757	\$131,033,700	-6.3%	\$105,325	\$46,064	\$40,353	-12.4%
Client Paid	\$133,179,670	\$143,667,208	\$132,093,355	-8.1%	\$97,851,639	\$106,095,205	\$100,467,765	-5.3%	\$96,469	\$35,053	\$26,699	-23.8%
Employee Paid	\$39,813,543	\$41,583,906	\$37,704,661	-9.3%	\$32,096,235	\$33,679,553	\$30,565,935	-9.2%	\$8,857	\$11,011	\$13,654	24.0%
Client Paid-PEPY	\$5,651	\$6,069	\$5,664	-6.7%	\$4,989	\$5,356	\$5,144	-4.0%	\$24,117	\$9,144	\$6,675	-27.0%
Client Paid-PMPY	\$3,113	\$3,352	\$3,122	-6.9%	\$2,635	\$2,845	\$2,733	-3.9%	\$13,781	\$5,130	\$2,967	-42.2%
Client Paid-PEPM	\$471	\$506	\$472	-6.7%	\$416	\$446	\$429	-3.8%	\$2,010	\$762	\$556	-27.0%
Client Paid-PMPM	\$259	\$279	\$260	-6.8%	\$220	\$237	\$228	-3.8%	\$1,148	\$427	\$247	-42.2%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	198	206	178		124	151	128		0	0	0	
HCC's / 1,000	4.6	4.8	4.2		3.3	4.1	3.5		0.0	0.0	0.0	
Avg HCC Paid	\$219,374	\$236,642	\$246,763	4.3%	\$218,720	\$206,591	\$237,270	14.9%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	32.6%	33.9%	33.3%	-1.8%	27.7%	29.4%	30.2%	2.7%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,071	\$1,139	\$893	-21.6%	\$847	\$883	\$750	-15.1%	\$3,087	\$0	\$14	0.0%
Facility Outpatient	\$925	\$1,040	\$991	-4.7%	\$782	\$880	\$822	-6.6%	\$6,561	\$2,087	\$2,152	3.1%
Physician	\$1,045	\$1,093	\$1,174	7.4%	\$948	\$1,014	\$1,105	9.0%	\$4,006	\$2,777	\$770	-72.3%
Other	\$72	\$80	\$64	-20.0%	\$58	\$68	\$56	-17.6%	\$129	\$266	\$30	0.0%
Total	\$3,113	\$3,352	\$3,122	-6.9%	\$2,635	\$2,845	\$2,733	-3.9%	\$13,781	\$5,130	\$2,967	-42.2%

Financial Summary (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	3,224	3,246	3,268	0.7%	729	615	521	-15.3%	
Avg # Members	4,799	4,858	4,933	1.5%	832	710	614	-13.5%	
Ratio	1.5	1.5	1.5	0.7%	1.1	1.2	1.2	1.7%	1.6
Financial Summary									
Gross Cost	\$34,175,219	\$39,350,569	\$33,024,994	-16.1%	\$8,764,794	\$6,079,723	\$5,698,970	-6.3%	
Client Paid	\$27,761,940	\$32,691,908	\$26,900,984	-17.7%	\$7,469,622	\$4,845,042	\$4,697,908	-3.0%	
Employee Paid	\$6,413,280	\$6,658,661	\$6,124,010	-8.0%	\$1,295,172	\$1,234,681	\$1,001,063	-18.9%	
Client Paid-PEPY	\$8,612	\$10,070	\$8,231	-18.3%	\$10,246	\$7,882	\$9,024	14.5%	\$6,297
Client Paid-PMPY	\$5,785	\$6,730	\$5,454	-19.0%	\$8,983	\$6,821	\$7,646	12.1%	\$3,879
Client Paid-PEPM	\$718	\$839	\$686	-18.2%	\$854	\$657	\$752	14.5%	\$525
Client Paid-PMPM	\$482	\$561	\$454	-19.1%	\$749	\$568	\$637	12.1%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	58	60	44		16	8	9		
HCC's / 1,000	12.1	12.4	8.9		19.2	11.3	14.7		
Avg HCC Paid	\$220,380	\$271,721	\$261,318	-3.8%	\$220,793	\$156,233	\$228,360	46.2%	
HCC's % of Plan Paid	46.0%	49.9%	42.7%	-14.4%	47.3%	25.8%	43.7%	69.4%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,155	\$2,853	\$1,597	-44.0%	\$4,794	\$2,835	\$3,771	33.0%	\$1,149
Facility Outpatient	\$1,787	\$2,107	\$2,154	2.2%	\$2,295	\$2,143	\$1,733	-19.1%	\$1,333
Physician	\$1,677	\$1,600	\$1,586	-0.9%	\$1,732	\$1,745	\$2,022	15.9%	\$1,301
Other	\$166	\$170	\$116	-31.8%	\$163	\$98	\$120	22.4%	\$96
Total	\$5,785	\$6,730	\$5,454	-19.0%	\$8,983	\$6,821	\$7,646	12.1%	\$3,879

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	PY20				PY21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 38,557,944	\$ 12,386,833	\$ 2,629,640	\$ 53,574,416	\$ 34,186,446	\$ 5,917,760	\$ 2,940,974	\$ 43,045,180	-19.7%	
Outpatient	\$ 67,537,260	\$ 15,689,986	\$ 1,985,449	\$ 85,212,696	\$ 66,281,319	\$ 15,258,658	\$ 2,783,591	\$ 84,323,569	-1.0%	
Total - Medical	\$ 106,095,205	\$ 28,076,819	\$ 4,615,089	\$ 138,787,113	\$ 100,467,765	\$ 21,176,419	\$ 5,724,565	\$ 127,368,749	-8.2%	
Dental	\$ 15,744,257	\$ 1,851,687	\$ 494,735	\$ 18,090,679	\$ 17,004,298	\$ 1,977,025	\$ 520,098	\$ 19,501,421	7.8%	
Dental Exchange	\$ -	\$ -	\$ 2,797,694	\$ 2,797,694	\$ -	\$ -	\$ 3,131,443	\$ 3,131,443	11.9%	
Total	\$ 121,839,461	\$ 29,928,507	\$ 7,907,519	\$ 159,675,486	\$ 117,472,063	\$ 23,153,443	\$ 9,376,107	\$ 150,001,614	-6.1%	

Net Paid Claims - Per Participant per Month										
	PY20				PY21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 446	\$ 888	\$ 630	\$ 502	\$ 437	\$ 823	\$ 887	\$ 486	-3.0%	
Dental	\$ 48	\$ 46	\$ 54	\$ 48	\$ 53	\$ 49	\$ 55	\$ 52	9.3%	
Dental Exchange	\$ -	\$ -	\$ 44	\$ 44	\$ -	\$ -	\$ 47	\$ 47	7.4%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total											
Non-State Participants											
	PY20				PY21				% Change		
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total		
Medical											
Inpatient	\$ 204	\$ 702,380	\$ 1,444,526	\$ 2,147,110	\$ 126	\$ 1,556,727	\$ 987,069	\$ 2,543,922	18.5%		
Outpatient	\$ 34,849	\$ 2,057,080	\$ 641,056	\$ 2,732,985	\$ 26,572	\$ 1,476,264	\$ 677,848	\$ 2,180,684	-20.2%		
Total - Medical	\$ 35,053	\$ 2,759,461	\$ 2,085,582	\$ 4,880,095	\$ 26,699	\$ 3,032,990	\$ 1,664,917	\$ 4,724,606	-3.2%		
Dental	\$ 2,486	\$ 266,841	\$ 203,135	\$ 472,462	\$ 5,294	\$ 205,023	\$ 223,935	\$ 434,252	-8.1%		
Dental Exchange	\$ -	\$ -	\$ 1,700,969	\$ 1,700,969			\$ 1,804,165	\$ 1,804,165	6.1%		
Total	\$ 37,539	\$ 3,026,301	\$ 3,989,685	\$ 7,053,525	\$ 31,992	\$ 3,238,014	\$ 3,693,017	\$ 6,963,023	-1.3%		

Net Paid Claims - Per Participant per Month											
	PY20				PY21				% Change		
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total		
Medical	\$ 762	\$ 649	\$ 667	\$ 658	\$ 742	\$ 1,478	\$ 614	\$ 984	49.7%		
Dental	\$ 26	\$ 38	\$ 40	\$ 39	\$ 55	\$ 42	\$ 43	\$ 42	9.0%		
Dental Exchange	\$ -	\$ -	\$ 40	\$ 40	\$ -	\$ -	\$ 43	\$ 43	8.4%		

Paid Claims by Claim Type – Total

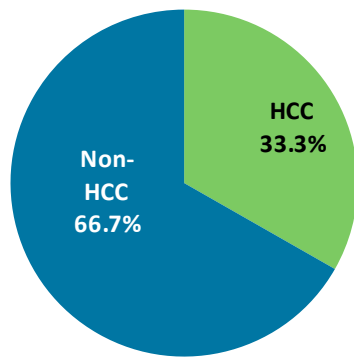
Net Paid Claims - Total										
Total Participants										
	PY20				PY21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 38,558,148	\$ 13,089,213	\$ 4,074,165	\$ 55,721,526	\$ 34,186,572	\$ 7,474,487	\$ 3,928,043	\$ 45,589,102	-18.2%	
Outpatient	\$ 67,572,109	\$ 17,747,067	\$ 2,626,505	\$ 87,945,681	\$ 66,307,891	\$ 16,734,922	\$ 3,461,439	\$ 86,504,253	-1.6%	
Total - Medical	\$ 106,130,257	\$ 30,836,280	\$ 6,700,671	\$ 143,667,208	\$ 100,494,463	\$ 24,209,409	\$ 7,389,483	\$ 132,093,355	-8.1%	
Dental	\$ 15,746,743	\$ 2,118,528	\$ 697,870	\$ 18,563,141	\$ 17,009,592	\$ 2,182,048	\$ 744,033	\$ 19,935,673	7.4%	
Dental Exchange	\$ -	\$ -	\$ 4,498,663	\$ 4,498,663	\$ -	\$ -	\$ 4,935,609	\$ 4,935,609	9.7%	
Total	\$ 121,877,000	\$ 32,954,808	\$ 11,897,203	\$ 166,729,012	\$ 117,504,055	\$ 26,391,457	\$ 13,069,124	\$ 156,964,636	-5.9%	

Net Paid Claims - Per Participant per Month										
	PY20				PY21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		
Medical	\$ 446	\$ 859	\$ 641	\$ 506	\$ 437	\$ 872	\$ 806	\$ 495	-2.1%	
Dental	\$ 48	\$ 44	\$ 49	\$ 48	\$ 53	\$ 49	\$ 51	\$ 52	9.4%	
Dental Exchange	\$ -	\$ -	\$ 42	\$ 42	\$ -	\$ -	\$ 45	\$ 45	7.9%	

Cost Distribution – Medical Claims

PY20							PY21					
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
178	0.4%	\$48,745,433	33.9%	\$1,293,423	3.1%	\$100,000.01 Plus	152	0.4%	\$43,883,781	33.2%	\$1,073,302	2.8%
245	0.6%	\$18,722,982	13.0%	\$1,451,386	3.5%	\$50,000.01-\$100,000.00	213	0.5%	\$16,264,896	12.3%	\$1,244,260	3.3%
489	1.1%	\$18,430,502	12.8%	\$2,576,800	6.2%	\$25,000.01-\$50,000.00	461	1.1%	\$17,136,650	13.0%	\$2,295,167	6.1%
1,345	3.1%	\$22,375,812	15.6%	\$6,136,143	14.8%	\$10,000.01-\$25,000.00	1,222	2.9%	\$19,974,070	15.1%	\$5,585,381	14.8%
1,773	4.1%	\$13,273,550	9.2%	\$5,814,853	14.0%	\$5,000.01-\$10,000.00	1,598	3.8%	\$11,905,474	9.0%	\$5,232,865	13.9%
2,258	5.3%	\$8,604,868	6.0%	\$5,148,488	12.4%	\$2,500.01-\$5,000.00	2,237	5.3%	\$8,471,324	6.4%	\$4,901,617	13.0%
23,252	54.2%	\$13,514,062	9.4%	\$16,399,035	39.5%	\$0.01-\$2,500.00	25,771	60.9%	\$14,457,162	10.9%	\$15,633,034	41.5%
5,748	13.4%	\$0	0.0%	\$2,763,779	6.6%	\$0.00	3,561	8.4%	\$0	0.0%	\$1,739,036	4.6%
7,578	17.7%	\$0	0.0%	\$0	0.0%	No Claims	7,102	16.8%	\$0	0.0%	\$0	0.0%
42,865	100.0%	\$143,667,208	100.0%	\$41,583,906	100.0%		42,317	100.0%	\$132,093,355	100.0%	\$37,704,661	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	71	\$8,959,329	20.4%
Cardiac Disorders	121	\$4,277,273	9.7%
Renal/Urologic Disorders	84	\$4,009,797	9.1%
Neurological Disorders	109	\$3,529,208	8.0%
Gastrointestinal Disorders	108	\$3,322,816	7.6%
Pregnancy-related Disorders	15	\$2,695,592	6.1%
Infections	111	\$2,534,036	5.8%
Spine-related Disorders	56	\$2,346,919	5.3%
Medical/Surgical Complications	48	\$2,328,428	5.3%
Mental Health	47	\$2,104,755	4.8%
All Other		\$7,815,677	17.8%
Overall	----	\$43,923,830	100.0%

Utilization Summary (p. 1 of 2)

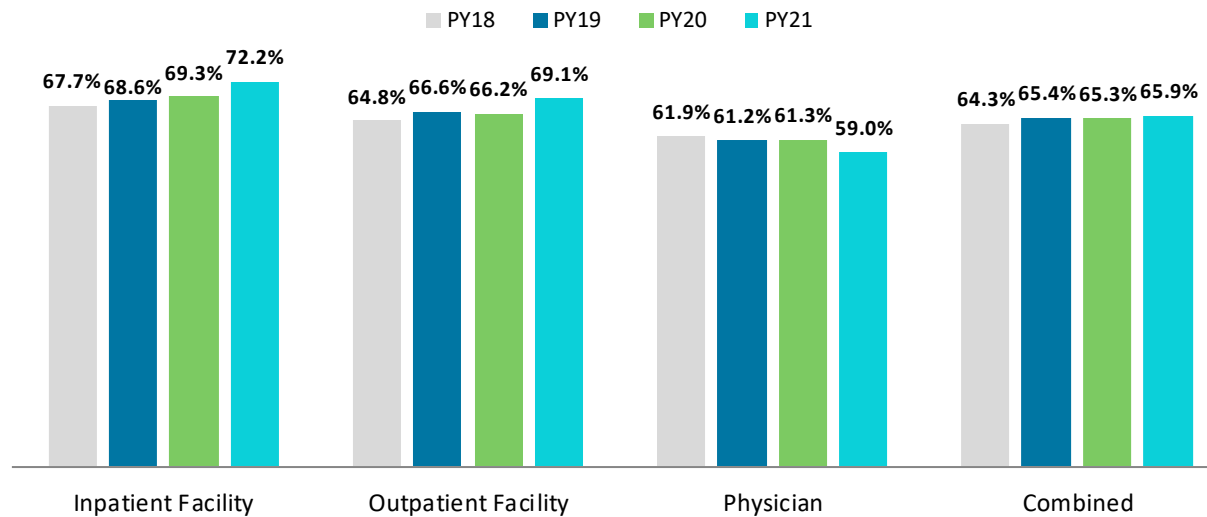
	Total				State Active				Non-State Active			
Summary	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year
Inpatient Summary												
# of Admits	1,909	1,794	1,624		1,448	1,368	1,291		2	0	0	
# of Bed Days	11,963	10,484	9,984		8,556	7,803	7,887		9	0	0	
Paid Per Admit	\$29,653	\$25,871	\$24,652	-4.7%	\$25,308	\$25,932	\$23,488	-9.4%	\$13,327	\$0	\$0	0.0%
Paid Per Day	\$4,732	\$4,427	\$4,010	-9.4%	\$4,283	\$4,546	\$3,845	-15.4%	\$2,961	\$0	\$0	0.0%
Admits Per 1,000	44	42	38	-9.5%	39	36	35	-2.8%	286	0	0	0.0%
Days Per 1,000	277	243	236	-2.9%	228	208	215	3.4%	1,286	0	0	0.0%
Avg LOS	6.3	5.8	6.1	5.2%	5.9	5.7	6.1	7.0%	4.5	0	0	0.0%
# of Admits From ER	1,007	913	861		717	639	643		1	0	0	
Physician Office												
OV Utilization per Member	3.9	3.9	3.9	0.0%	3.6	3.7	3.7	0.0%	9.1	10.7	3.7	-65.4%
Avg Paid per OV	\$75	\$78	\$81	3.8%	\$74	\$77	\$82	6.5%	\$99	\$117	\$102	-12.8%
Avg OV Paid per Member	\$289	\$305	\$316	3.6%	\$267	\$284	\$302	6.3%	\$907	\$1,253	\$374	-70.2%
DX&L Utilization per Member	7.5	7.7	7.8	1.3%	6.9	7.2	7.3	1.4%	10.1	0	0	0.0%
Avg Paid per DX&L	\$59	\$58	\$56	-3.4%	\$54	\$55	\$53	-3.6%	\$320	\$0	\$0	0.0%
Avg DX&L Paid per Member	\$443	\$448	\$438	-2.2%	\$375	\$395	\$387	-2.0%	\$3,250	\$0	\$0	0.0%
Emergency Room												
# of Visits	6,125	6,106	4,867		5,131	5,099	4,146		1	2	2	
Visits Per Member	0.14	0.14	0.12	-14.3%	0.14	0.14	0.11	-21.4%	0.14	0.29	0.22	0.0%
Visits Per 1,000	142	142	115	-18.8%	137	136	113	-16.9%	143	293	222	0.0%
Avg Paid per Visit	\$1,970	\$2,152	\$2,088	-3.0%	\$1,933	\$2,152	\$2,119	-1.5%	\$500	\$1,803	\$8,337	0.0%
Urgent Care												
# of Visits	12,048	12,124	8,962		10,108	10,976	8,007		6	2	4	
Visits Per Member	0.28	0.28	0.21	-25.0%	0.27	0.29	0.22	-24.1%	0.86	0.29	0.44	0.0%
Visits Per 1,000	279	281	212	-24.6%	269	292	218	-25.3%	857	286	444	0.0%
Avg Paid per Visit	\$38	\$41	\$77	87.8%	\$38	\$40	\$77	92.5%	\$114	\$183	\$99	0.0%

Utilization Summary (p. 2 of 2)

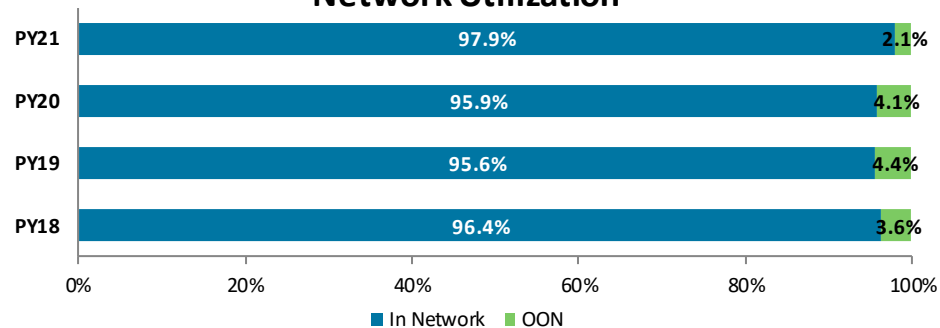
	State Retirees				Non-State Retirees				
Summary	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year	HSB Peer Index
Inpatient Summary									
# of Admits	355	320	274		104	106	59		
# of Bed Days	2,693	2,123	1,779		705	558	318		
Paid Per Admit	\$47,845	\$28,174	\$28,774	2.1%	\$28,356	\$18,129	\$30,974	70.9%	\$16,632
Paid Per Day	\$6,307	\$4,247	\$4,432	4.4%	\$4,183	\$3,444	\$5,747	66.9%	\$3,217
Admits Per 1,000	74	66	56	-15.2%	125	150	96	-36.0%	76
Days Per 1,000	563	438	361	-17.6%	849	789	518	-34.3%	391
Avg LOS	7.6	6.6	6.5	-1.5%	6.8	5.3	5.4	1.9%	5.2
# of Admits From ER	216	199	178		73	75	40		
Physician Office									
OV Utilization per Member	5.4	5.3	5.0	-5.7%	6.5	7.2	6.8	-5.6%	5.0
Avg Paid per OV	\$84	\$80	\$82	2.5%	\$51	\$83	\$59	-28.9%	\$57
Avg OV Paid per Member	\$450	\$426	\$411	-3.5%	\$335	\$597	\$403	-32.5%	\$286
DX&L Utilization per Member	10.9	10.9	10.6	-2.8%	13.5	13.2	12.5	-5.3%	10.5
Avg Paid per DX&L	\$80	\$76	\$73	-3.9%	\$73	\$53	\$64	20.8%	\$50
Avg DX&L Paid per Member	\$878	\$824	\$768	-6.8%	\$980	\$694	\$803	15.7%	\$522
Emergency Room									
# of Visits	794	817	627		199	188	92		
Visits Per Member	0.17	0.17	0.13	-23.5%	0.24	0.27	0.15	-44.4%	0.24
Visits Per 1,000	166	169	127	-24.9%	240	266	150	-43.6%	235
Avg Paid per Visit	\$2,287	\$2,257	\$1,874	-17.0%	\$1,681	\$1,713	\$2,001	16.8%	\$943
Urgent Care									
# of Visits	965	990	850		173	156	101		
Visits Per Member	0.20	0.20	0.17	-15.0%	0.21	0.22	0.16	-27.3%	0.3
Visits Per 1,000	202	204	172	-15.7%	208	221	164	-25.8%	300
Avg Paid per Visit	\$45	\$55	\$79	43.6%	\$52	\$37	\$79	113.5%	\$84

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

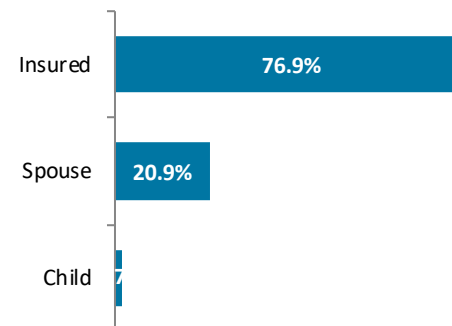
Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$14,782,637	11.2%	\$11,898,516	\$2,658,021	\$226,100	\$5,506,485	\$9,276,151
Health Status/Encounters	\$11,155,547	8.4%	\$6,527,340	\$1,690,136	\$2,938,071	\$3,893,215	\$7,256,557
Gastrointestinal Disorders	\$10,858,263	8.2%	\$7,355,682	\$2,441,592	\$1,060,989	\$5,121,537	\$5,736,423
Cardiac Disorders	\$10,202,092	7.7%	\$7,372,538	\$2,596,904	\$232,650	\$6,825,856	\$3,372,688
Musculoskeletal Disorders	\$8,770,014	6.6%	\$6,025,249	\$1,929,571	\$815,195	\$3,137,841	\$5,632,173
Neurological Disorders	\$8,305,087	6.3%	\$5,656,912	\$1,629,911	\$1,018,264	\$2,898,793	\$5,404,677
Infections	\$8,275,124	6.3%	\$5,700,608	\$1,676,675	\$897,841	\$4,304,597	\$3,969,939
Pregnancy-related Disorders	\$8,065,949	6.1%	\$2,945,761	\$1,246,278	\$3,873,910	\$2,542,734	\$5,353,316
Mental Health	\$7,128,082	5.4%	\$3,096,503	\$727,872	\$3,303,706	\$3,217,275	\$3,903,698
Renal/Urologic Disorders	\$6,781,828	5.1%	\$5,606,520	\$874,565	\$300,744	\$4,709,492	\$2,071,893
Spine-related Disorders	\$6,510,300	4.9%	\$4,760,780	\$1,427,594	\$321,926	\$2,145,341	\$4,364,959
Trauma/Accidents	\$4,933,548	3.7%	\$2,907,838	\$994,785	\$1,030,925	\$2,608,828	\$2,324,721
Eye/ENT Disorders	\$4,182,231	3.2%	\$2,672,501	\$736,611	\$773,119	\$1,773,484	\$2,408,748
Medical/Surgical Complications	\$3,265,983	2.5%	\$1,331,685	\$1,459,833	\$474,465	\$1,102,066	\$2,163,918
Pulmonary Disorders	\$3,159,035	2.4%	\$1,884,285	\$494,818	\$779,931	\$1,598,448	\$1,560,587
Gynecological/Breast Disorders	\$2,833,801	2.1%	\$1,961,085	\$481,296	\$391,421	\$38,537	\$2,795,264
Endocrine/Metabolic Disorders	\$2,448,296	1.9%	\$1,900,009	\$349,392	\$198,894	\$987,136	\$1,461,160
Non-malignant Neoplasm	\$1,830,153	1.4%	\$1,437,090	\$242,556	\$150,508	\$709,276	\$1,120,877
Diabetes	\$1,576,715	1.2%	\$949,553	\$415,100	\$212,062	\$790,652	\$786,063
Congenital/Chromosomal Anomalies	\$1,548,228	1.2%	\$169,988	\$52,909	\$1,325,331	\$432,085	\$942,066
Miscellaneous	\$1,361,256	1.0%	\$780,344	\$303,658	\$277,254	\$630,320	\$730,844
Dermatological Disorders	\$1,088,658	0.8%	\$699,875	\$183,331	\$205,452	\$568,427	\$520,231
Vascular Disorders	\$1,041,635	0.8%	\$678,176	\$352,568	\$10,892	\$604,217	\$437,418
Abnormal Lab/Radiology	\$700,922	0.5%	\$525,675	\$126,595	\$48,652	\$279,455	\$421,347
Hematological Disorders	\$680,347	0.5%	\$524,401	\$95,484	\$60,461	\$282,144	\$398,203
Medication Related Conditions	\$201,055	0.2%	\$98,323	\$17,344	\$85,388	\$69,327	\$131,727
Cholesterol Disorders	\$158,873	0.1%	\$122,310	\$32,647	\$3,917	\$67,533	\$91,340
Dental Conditions	\$125,682	0.1%	\$37,030	\$13,323	\$75,329	\$69,705	\$55,977
Allergic Reaction	\$113,076	0.1%	\$84,568	\$10,293	\$18,215	\$72,263	\$40,813
External Hazard Exposure	\$8,939	0.0%	\$2,494	\$2,197	\$4,249	\$3,224	\$5,715
Total	\$132,093,355	100.0%	\$85,713,636	\$25,263,858	\$21,115,861	\$56,990,291	\$74,739,494

Diagnosis Grouper – Cancer

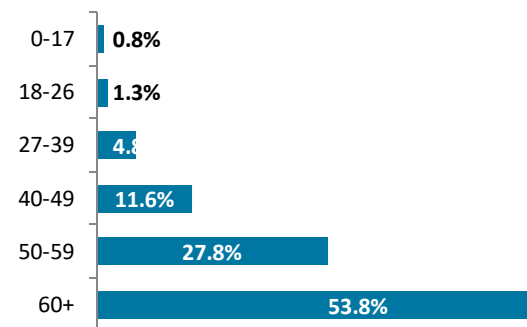
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	127	946	\$3,918,077	26.5%
Breast Cancer	270	3,073	\$2,305,600	15.6%
Cancers, Other	518	2,236	\$1,857,713	12.6%
Secondary Cancers	94	546	\$1,306,259	8.8%
Prostate Cancer	146	1,196	\$856,821	5.8%
Brain Cancer	23	395	\$839,053	5.7%
Cervical/Uterine Cancer	54	579	\$511,582	3.5%
Lung Cancer	29	389	\$505,791	3.4%
Bladder Cancer	25	409	\$490,326	3.3%
Colon Cancer	58	613	\$476,131	3.2%
Melanoma	71	390	\$442,919	3.0%
Ovarian Cancer	31	321	\$400,359	2.7%
Myeloma	17	274	\$278,937	1.9%
Carcinoma in Situ	141	410	\$167,889	1.1%
Lymphomas	59	544	\$166,133	1.1%
Leukemias	45	465	\$103,342	0.7%
Thyroid Cancer	91	411	\$73,663	0.5%
Kidney Cancer	26	95	\$44,404	0.3%
Pancreatic Cancer	11	81	\$37,639	0.3%
Overall	----	----	\$14,782,637	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

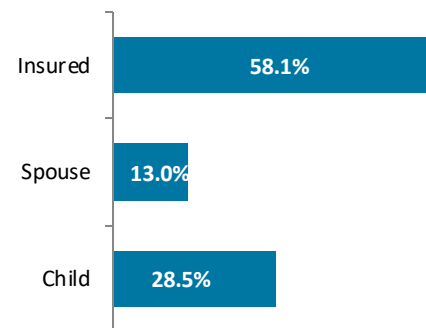


Diagnosis Grouper – Health Status / Encounters

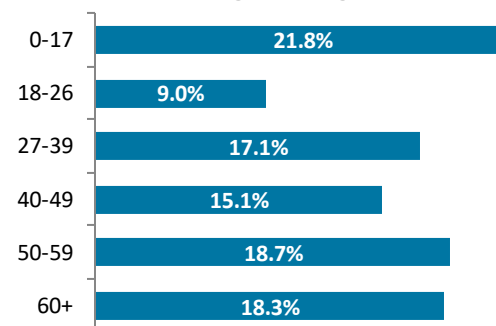
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Screenings	10,711	20,869	\$3,262,433	29.2%
Exams	14,296	28,217	\$2,785,940	25.0%
Prophylactic Measures	11,502	18,386	\$1,938,499	17.4%
Encounters - Infants/Children	4,823	7,572	\$1,080,849	9.7%
Prosthetics/Devices/Implants	560	1,469	\$487,934	4.4%
Aftercare	533	989	\$330,172	3.0%
History of Condition	316	563	\$318,263	2.9%
Personal History of Condition	860	1,374	\$298,499	2.7%
Encounter - Procedure	150	173	\$174,591	1.6%
Follow-Up Encounters	43	183	\$152,482	1.4%
Family History of Condition	254	359	\$119,387	1.1%
Encounter - Transplant Related	53	465	\$82,316	0.7%
Counseling	401	798	\$49,934	0.4%
Lifestyle/Situational Issues	351	491	\$28,903	0.3%
Replacements	94	351	\$27,393	0.2%
Donors	9	12	\$9,149	0.1%
Health Status, Other	153	199	\$6,777	0.1%
Miscellaneous Examinations	60	99	\$1,958	0.0%
Coronary Artery Disease	5	5	\$68	0.0%
Overall	----	----	\$11,155,547	100.0%

*Patient and claim counts are unique only within the category

Relationship



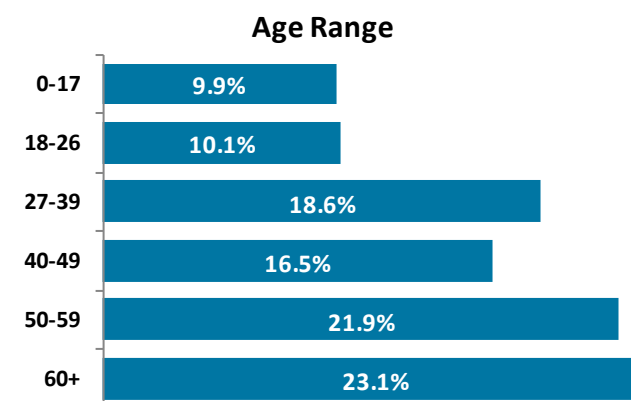
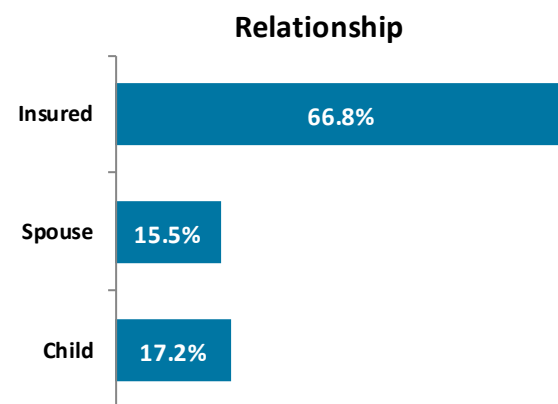
Age Range



Diagnosis Grouper – Gastrointestinal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Hepatic Cirrhosis	56	217	\$1,573,639	14.5%
Abdominal Disorders	2,646	6,327	\$1,420,009	13.1%
GI Disorders, Other	1,658	3,708	\$1,331,505	12.3%
Upper GI Disorders	1,347	3,092	\$1,043,467	9.6%
Gallbladder and Biliary Disease	287	923	\$960,801	8.8%
Appendicitis	63	322	\$938,074	8.6%
Hernias	352	943	\$927,082	8.5%
GI Symptoms	1,527	3,068	\$735,308	6.8%
Inflammatory Bowel Disease	130	667	\$669,480	6.2%
Ostomies	49	326	\$336,386	3.1%
Pancreatic Disorders	60	291	\$291,020	2.7%
Liver Diseases	426	787	\$232,871	2.1%
Diverticulitis	100	231	\$213,760	2.0%
Peptic Ulcer/Related Disorders	54	108	\$95,148	0.9%
Hemorrhoids	261	466	\$76,180	0.7%
Esophageal Varices	6	26	\$13,535	0.1%
----	----	----	\$10,858,263	100.0%

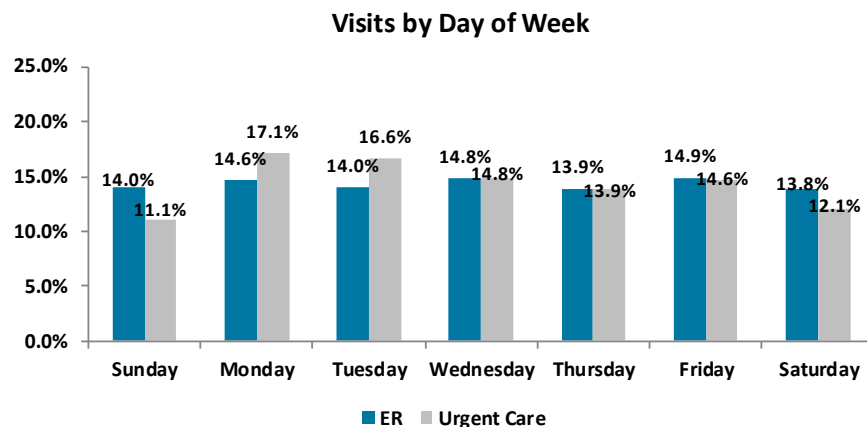
*Patient and claim counts are unique only within the category



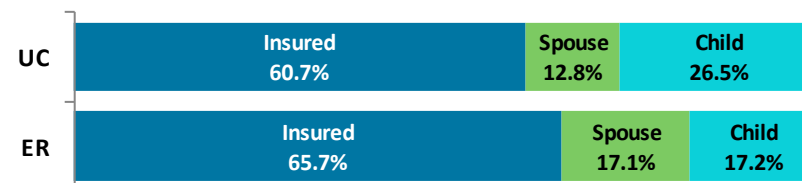
Emergency Room / Urgent Care Summary

	PY20		PY21		HSB Peer Index	
ER/Urgent Care	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	6,106	12,124	4,867	8,962		
Visits Per Member	0.14	0.28	0.12	0.21	0.17	0.24
Visits/1000 Members	142	281	115	212	174	242
Avg Paid Per Visit	\$2,152	\$41	\$2,088	\$77	\$1,684	\$74
% with OV*	83.9%	79.8%	83.4%	79.9%		
% Avoidable	14.6%	38.7%	10.3%	24.7%		
Total Member Paid	\$6,390,217	\$1,658,710	\$4,910,210	\$924,735		
Total Plan Paid	\$13,142,270	\$498,508	\$10,161,696	\$687,836		

*looks back 12 months



% of Paid

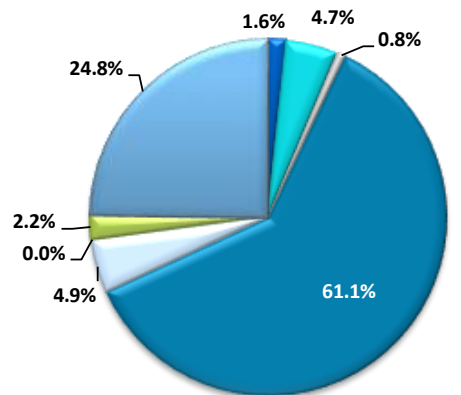


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	2,911	125	5,568	4,380	8,479	364
Spouse	786	144	1,083	863	1,869	341
Child	1,170	87	2,311	1,655	3,481	258
Total	4,867	115	8,962	212	13,829	327

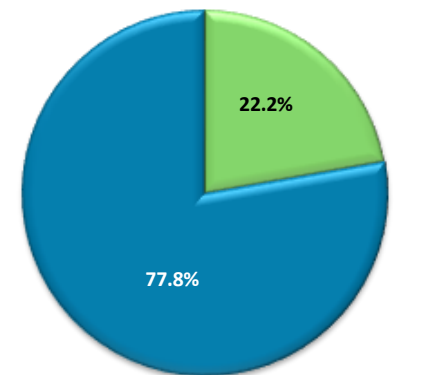
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$531,751,934	\$1,900	100.0%
COB	\$8,539,811	\$31	1.6%
Medicare	\$25,010,528	\$89	4.7%
Excess/Maximums	\$4,311,837	\$15	0.8%
PPO Discount	\$325,939,338	\$1,165	61.3%
Deductible	\$25,952,029	\$93	4.9%
Copay	\$208,775	\$1	0.0%
Coinsurance	\$11,543,857	\$41	2.2%
Total Participant Paid	\$37,704,661	\$135	7.1%
Total Plan Paid	\$132,093,355	\$472	24.8%

Total Participant Paid - PY20	\$146
Total Plan Paid - PY20	\$506



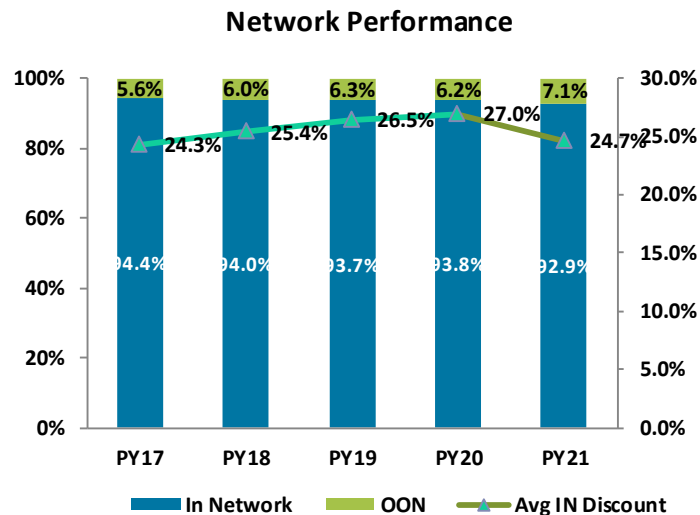
■ COB
■ Excess/Maximums
■ Deductible
■ Medicare
■ PPO Discount
■ Copay



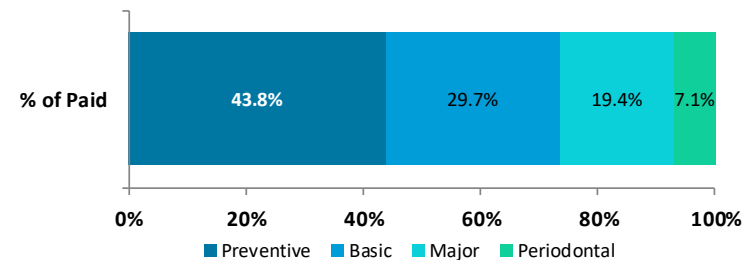
■ Total Participant Paid
■ Total Plan Paid

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	7,312	10.7%	107,260	30.2%	\$11,184,518	45.0%	\$6,831,692	60.4%
\$750.01-\$1,000.00	2,955	4.3%	32,038	9.0%	\$2,628,114	10.6%	\$1,264,034	11.2%
\$500.01-\$750.00	5,338	7.8%	51,785	14.6%	\$3,330,471	13.4%	\$1,278,141	11.3%
\$250.01-\$500.00	15,561	22.8%	110,738	31.2%	\$5,619,770	22.6%	\$1,218,418	10.8%
\$0.01-\$250.00	12,334	18.1%	52,304	14.7%	\$2,108,407	8.5%	\$701,526	6.3%
\$0.00	374	0.6%	874	0.3%	\$0	0.0%	\$18,868	0.2%
No Claims	24,231	35.6%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	68,106	100.0%	354,999	100.0%	\$24,871,282	100.0%	\$11,312,677	100.0%



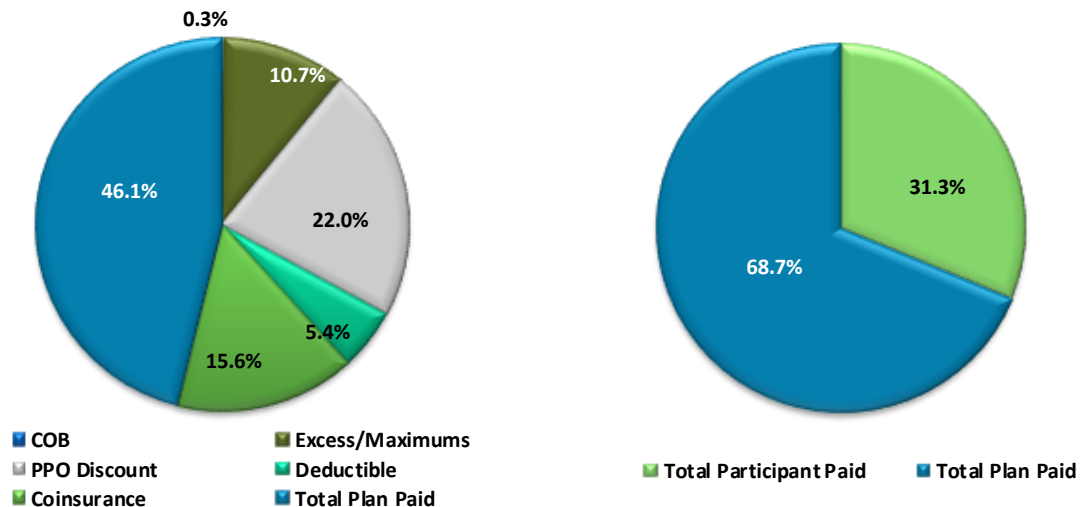
Claim Category	Total Paid	% of Paid
Preventive	\$10,889,773	43.8%
Basic	\$7,389,245	29.7%
Major	\$4,814,922	19.4%
Periodontal	\$1,777,341	7.1%
Total	\$24,871,282	100.0%



Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$53,762,663	\$110	100.0%
COB	\$143,864	\$0	0.3%
Excess/Maximums	\$5,742,999	\$12	10.7%
PPO Discount	\$11,852,163	\$24	22.0%
Deductible	\$2,909,831	\$6	5.4%
Coinurance	\$8,402,847	\$17	15.6%
Total Participant Paid	\$11,312,677	\$23	21.0%
Total Plan Paid	\$24,871,282	\$51	46.3%

Total Participant Paid - PY20	\$22
Total Plan Paid - PY20	\$46



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	1,419	1,372	47	94.5%
	<2 asthma related ER Visits in the last 6 months	1,419	1,418	1	99.9%
	No asthma related admit in last 12 months	1,419	1,418	1	99.9%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	281	274	7	97.5%
	Members with COPD who had an annual spirometry test	281	42	239	14.9%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	8	8	0	100.0%
	No ER Visit for Heart Failure in last 90 days	249	243	6	97.6%
	Follow-up OV within 4 weeks of discharge from HF admission	8	8	0	100.0%
Diabetes	Annual office visit	2,011	1,924	87	95.7%
	Annual dilated eye exam	2,011	896	1,115	44.6%
	Annual foot exam	2,011	849	1,162	42.2%
	Annual HbA1c test done	2,011	1,640	371	81.6%
	Diabetes Annual lipid profile	2,011	1,557	454	77.4%
	Annual microalbumin urine screen	2,011	1,400	611	69.6%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	5,133	4,146	987	80.8%
Hypertension	Annual lipid profile	5,541	3,806	1,735	68.7%
	Annual serum creatinine test	5,417	4,331	1,086	80.0%
Wellness	Well Child Visit - 15 months	363	335	28	92.3%
	Routine office visit in last 6 months	41,783	24,518	17,265	58.7%
	Age 45 to 75 years with colorectal cancer screening	15,838	3,521	12,317	22.2%
	Women age 25-65 with recommended cervical cancer screening	13,217	9,309	3,908	70.4%
	Males age greater than 49 with PSA test in last 24 months	5,991	2,783	3,208	46.5%
	Routine exam in last 24 months	41,783	35,017	6,766	83.8%
	Women age 40 to 75 with a screening mammogram last 24 months	10,351	5,946	4,405	57.4%

All member counts represent members active at the end of the report period.
Quality Metrics are always calculated on an incurred basis.

Chronic Conditions Prevalence

A member is identified as having a chronic condition if any one of the following three conditions is met within a 24 month service date period:

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	250	0.60%	5.91	\$9,642
Asthma	1,596	3.82%	37.72	\$10,228
Atrial Fibrillation	376	0.90%	8.89	\$45,275
Blood Disorders	2,123	5.08%	50.17	\$24,877
CAD	804	1.92%	19.00	\$23,033
COPD	280	0.67%	6.62	\$29,224
Cancer	1,497	3.58%	35.38	\$20,459
Chronic Pain	731	1.75%	17.27	\$24,458
Congestive Heart Failure	248	0.59%	5.86	\$49,750
Demyelinating Diseases	93	0.22%	2.20	\$40,153
Depression	2,435	5.82%	57.54	\$13,115
Diabetes	2,196	5.25%	51.89	\$14,342
ESRD	54	0.13%	1.28	\$138,539
Eating Disorders	129	0.31%	3.05	\$27,848
HIV/AIDS	47	0.11%	1.11	\$41,856
Hyperlipidemia	5,361	12.82%	126.69	\$9,197
Hypertension	5,558	13.29%	131.34	\$12,325
Immune Disorders	124	0.30%	2.93	\$81,295
Inflammatory Bowel Disease	142	0.34%	3.36	\$25,026
Liver Diseases	691	1.65%	16.33	\$23,299
Morbid Obesity	976	2.33%	23.06	\$14,301
Osteoarthritis	1,364	3.26%	32.23	\$16,000
Peripheral Vascular Disease	208	0.50%	4.92	\$25,813
Rheumatoid Arthritis	176	0.42%	4.16	\$23,444

*For Diabetes only, one or more Rx claims can also be used to identify the condition.

Data Includes Medical and Pharmacy
Based on 24 months incurred dates

Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
 - Inpatient Facility
 - Outpatient Facility
 - Physician
 - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
 - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
 - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
 - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
 - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of “Urgent Care”.
 - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
 - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
 - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

Public Employees' Benefits Program - RX Costs
PY 2021 - Quarter Ending June 30, 2021

Express Scripts

4Q FY2021		4Q FY2020	Difference	% Change
Membership Summary			Membership Summary	
Member Count (Membership)	42,243	42,860	(617)	-1.4%
Utilizing Member Count (Patients)	30,005	30,900	(895)	-2.9%
Percent Utilizing (Utilization)	71.0%	72.1%	(0.01)	-1.5%
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	526,191	528,797	(2,606)	-0.5%
Claims per Elig Member per Month (Claims PMPM)	1.04	1.03	0.01	1.0%
Total Claims for Generic (Generic Rx)	452,649	460,391	(7,742.00)	-1.7%
Total Claims for Brand (Brand Rx)	73,542	68,406	5,136.00	7.5%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	7,710	8,527	(817.00)	-9.6%
Total Non-Specialty Claims	519,654	522,551	(2,897.00)	-0.6%
Total Specialty Claims	6,537	6,246	291.00	4.7%
Generic % of Total Claims (GFR)	86.0%	87.1%	(0.01)	-1.2%
Generic Effective Rate (GCR)	98.3%	98.2%	0.00	0.1%
Mail Order Claims	118,349	98,221	20,128.00	20.5%
Mail Penetration Rate*	25.4%	21.0%	0.04	4.4%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$53,616,255.00	\$50,893,137.00	\$2,723,118.00	5.4%
Total Generic Gross Cost	\$8,699,910.00	\$8,363,981.00	\$335,929.00	4.0%
Total Brand Gross Cost	\$44,916,345.00	\$42,529,155.00	\$2,387,190.00	5.6%
Total MSB Gross Cost	\$2,113,836.00	\$1,738,164.00	\$375,672.00	21.6%
Total Ingredient Cost	\$52,985,441.00	\$50,551,936.00	\$2,433,505.00	4.8%
Total Dispensing Fee	\$605,635.00	\$320,983.00	\$284,652.00	88.7%
Total Other (e.g. tax)	\$25,178.00	\$20,217.00	\$4,961.00	24.5%
Avg Total Cost per Claim (Gross Cost/Rx)	\$101.90	\$96.24	\$5.65	5.9%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$19.22	\$18.17	\$1.05	5.8%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$610.76	\$621.72	(\$10.96)	-1.8%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$274.17	\$203.84	\$70.33	34.5%
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$12,987,971.00	\$12,887,094.00	\$100,877.00	0.8%
Total Copay	\$9,666,995.00	\$7,229,879.00	\$2,437,116.00	33.7%
Total Deductible	\$3,320,986.00	\$5,657,215.00	(\$2,336,229.00)	-41.3%
Avg Copay per Claim (Copay/Rx)	\$18.37	\$13.67	\$4.70	34.4%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$24.68	\$24.37	\$0.31	1.3%
Avg Copay for Generic (Copay/Generic Rx)	\$8.47	\$8.48	(\$0.01)	-0.1%
Avg Copay for Brand (Copay/Brand Rx)	\$124.48	\$131.29	(\$6.81)	-5.2%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$71.08	\$65.93	\$5.15	7.8%
Net PMPM (Participant Cost PMPM)	\$25.62	\$25.06	\$0.56	2.3%
Copay % of Total Prescription Cost (Member Cost Share %)	24.2%	25.3%	-1.1%	-4.3%
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$40,628,274.00	\$38,006,042.00	\$2,622,232.00	6.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$15,871,297.00	\$14,212,154.00	\$1,659,143.00	11.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$24,756,977.00	\$23,793,889.00	\$963,088.00	4.0%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$77.21	\$71.87	\$5.34	7.4%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$10.75	\$9.68	\$1.07	11.1%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$486.25	\$490.43	(\$4.18)	-0.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$203.09	\$137.91	\$65.18	47.3%
Net PMPM (Plan Cost PMPM)	\$80.15	\$73.90	\$6.25	8.5%
PMPM for Specialty Only (Specialty PMPM)	\$48.84	\$46.26	\$2.58	5.6%
PMPM without Specialty (Non-Specialty PMPM)	\$31.31	\$27.63	\$4.02	17.3%
Specialty % of Plan Cost	60.9%	62.61%	(\$0.02)	-2.7%
Rebates (Q1-Q4 FY2021 actual)	\$9,438,730.37	\$9,876,814.94	(\$438,084.57)	-4.4%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$61.53	\$54.69	\$6.84	12.5%
PMPM for Specialty Only (Specialty PMPM)	\$41.42	\$40.11	\$1.31	3.3%
PMPM without Specialty (Non-Specialty PMPM)	\$18.30	\$15.10	\$3.20	21.2%

Appendix B

Index of Tables

HealthSCOPE – EPO Utilization Review for PEBP

July 1, 2020 – June 30, 2021

HEALTHSCOPE BENEFITS OVERVIEW.....	2
---	----------

MEDICAL

<i>Paid Claims by Age Group</i>	<i>3</i>
Financial Summary	4
Paid Claims by Claim Type	6
Cost Distribution – Medical Claims	9
Utilization Summary	10
Provider Network Summary	12

PREVENTIVE SERVICES

Quality Metrics	19
-----------------------	----

PRESCRIPTION DRUG COSTS

Prescription Drug Cost Comparison	22
---	----

HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July 2020 – June 2021

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for PY21 was \$53,113,944 with a plan cost per employee per year of \$11,422. This is an increase of 8.9% when compared to PY20.
 - IP Cost per Admit is \$34,055 which is 44.3% higher than PY20.
 - ER Cost per Visit is \$2,452 which is 2.8% lower than PY20.
- Employees shared in 6.5% of the medical cost.
- Inpatient facility costs were 20.4% of the plan spend.
- 69.0% of the Average Membership had paid Medical claims less than \$2,500, with 9.6% of those having no claims paid at all during the reporting period.
- 61 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 29.6% of the plan spend. The highest diagnosis category was Cancer, accounting for 20.0% of the high-cost claimant dollars.
- Total spending with in-network providers was 99.9%. The average In Network discount was 54.2%, which is 5.4% lower than the PY20 average discount of 57.3%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	PY20						PY21						% 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	\$ 2,065,664	\$1,523	\$ 43,610	\$32	\$ 2,109,274	\$1,556	\$ 1,233,882	\$ 1,168	\$ 26,292	\$ 25	\$ 1,260,174	\$ 1,193	-40.3%	-23.3%
1	\$ 322,038	\$280	\$ 10,151	\$9	\$ 332,189	\$288	\$ 191,627	\$ 158	\$ 2,156	\$ 2	\$ 193,783	\$ 160	-41.7%	-44.5%
2 - 4	\$ 499,290	\$143	\$ 21,093	\$6	\$ 520,383	\$150	\$ 324,202	\$ 96	\$ 13,696	\$ 4	\$ 337,898	\$ 100	-35.1%	-33.4%
5 - 9	\$ 671,109	\$108	\$ 118,472	\$19	\$ 789,581	\$128	\$ 628,220	\$ 105	\$ 79,791	\$ 13	\$ 708,011	\$ 118	-10.3%	-7.4%
10 - 14	\$ 1,496,169	\$195	\$ 261,037	\$34	\$ 1,757,206	\$228	\$ 1,016,206	\$ 138	\$ 225,605	\$ 31	\$ 1,241,811	\$ 169	-29.3%	-26.1%
15 - 19	\$ 2,508,550	\$293	\$ 365,029	\$43	\$ 2,873,579	\$336	\$ 2,474,968	\$ 293	\$ 462,365	\$ 55	\$ 2,937,333	\$ 347	2.2%	3.3%
20 - 24	\$ 1,896,090	\$253	\$ 649,773	\$87	\$ 2,545,863	\$340	\$ 1,757,900	\$ 221	\$ 600,531	\$ 75	\$ 2,358,431	\$ 296	-7.4%	-12.9%
25 - 29	\$ 1,399,255	\$312	\$ 448,440	\$100	\$ 1,847,695	\$412	\$ 1,263,529	\$ 300	\$ 1,075,802	\$ 255	\$ 2,339,331	\$ 555	26.6%	34.8%
30 - 34	\$ 2,810,656	\$487	\$ 384,069	\$67	\$ 3,194,725	\$553	\$ 3,536,048	\$ 639	\$ 841,315	\$ 152	\$ 4,377,363	\$ 791	37.0%	43.1%
35 - 39	\$ 3,816,160	\$559	\$ 872,086	\$128	\$ 4,688,246	\$687	\$ 3,394,187	\$ 494	\$ 833,528	\$ 121	\$ 4,227,715	\$ 615	-9.8%	-10.5%
40 - 44	\$ 3,025,413	\$449	\$ 1,471,349	\$218	\$ 4,496,762	\$667	\$ 3,114,848	\$ 450	\$ 1,634,738	\$ 236	\$ 4,749,586	\$ 686	5.6%	2.8%
45 - 49	\$ 4,355,742	\$514	\$ 1,557,551	\$184	\$ 5,913,293	\$698	\$ 4,216,481	\$ 546	\$ 1,241,221	\$ 161	\$ 5,457,702	\$ 707	-7.7%	1.3%
50 - 54	\$ 5,252,965	\$547	\$ 2,521,204	\$263	\$ 7,774,169	\$810	\$ 5,958,498	\$ 609	\$ 2,657,366	\$ 271	\$ 8,615,864	\$ 880	10.8%	8.6%
55 - 59	\$ 7,388,691	\$691	\$ 3,451,241	\$323	\$ 10,839,932	\$1,014	\$ 9,635,953	\$ 973	\$ 2,534,338	\$ 256	\$ 12,170,291	\$ 1,229	12.3%	21.2%
60 - 64	\$ 9,642,859	\$815	\$ 4,337,100	\$367	\$ 13,979,959	\$1,182	\$ 10,301,328	\$ 911	\$ 4,072,301	\$ 360	\$ 14,373,629	\$ 1,272	2.8%	7.6%
65+	\$ 3,143,235	\$644	\$ 1,712,534	\$351	\$ 4,855,769	\$994	\$ 4,066,068	\$ 826	\$ 1,840,142	\$ 374	\$ 5,906,210	\$ 1,200	21.6%	20.8%
Total	\$50,293,887	\$478	\$18,224,739	\$173	\$68,518,625	\$651	\$ 53,113,944	\$ 518	\$ 18,141,186	\$ 177	\$ 71,255,131	\$ 694	4.0%	6.7%

Financial Summary (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year
Enrollment												
Avg # Employees	4,653	4,794	4,650	-3.0%	3,878	4,054	3,949	-2.6%	4	4	4	0.0%
Avg # Members	8,488	8,768	8,553	-2.5%	7,445	7,768	7,602	-2.1%	5	5	4	-13.4%
Ratio	1.8	1.8	1.8	0.5%	1.9	1.9	1.9	0.5%	1.3	1.3	1.1	-13.6%
Financial Summary												
Gross Cost	\$45,094,672	\$55,523,229	\$56,804,046	2.3%	\$35,711,039	\$45,961,999	\$44,805,657	-2.5%	\$45,961	\$70,916	\$44,403	-37.4%
Client Paid	\$40,764,731	\$50,293,887	\$53,113,944	5.6%	\$32,097,283	\$41,579,805	\$41,757,107	0.4%	\$40,931	\$65,329	\$41,594	-36.3%
Employee Paid	\$4,329,941	\$5,229,342	\$3,690,102	-29.4%	\$3,613,757	\$4,382,194	\$3,048,550	-30.4%	\$5,030	\$5,587	\$2,808	-49.7%
Client Paid-PEPY	\$8,745	\$10,492	\$11,422	8.9%	\$8,277	\$10,256	\$10,575	3.1%	\$10,233	\$16,332	\$10,399	-36.3%
Client Paid-PMPY	\$4,794	\$5,736	\$6,210	8.3%	\$4,311	\$5,352	\$5,493	2.6%	\$8,186	\$13,066	\$9,599	-26.5%
Client Paid-PEPM	\$729	\$874	\$952	8.9%	\$690	\$855	\$881	3.0%	\$853	\$1,361	\$867	-36.3%
Client Paid-PMPM	\$400	\$478	\$518	8.4%	\$359	\$446	\$458	2.7%	\$682	\$1,089	\$800	-26.5%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	39	51	61	19.6%	27	40	49	22.5%	0	0	0	0.0%
HCC's / 1,000	4.6	5.8	7.1	22.5%	3.6	5.2	6.5	25.2%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$202,775	\$257,989	27.2%	\$246,453	\$179,535	\$212,968	18.6%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	20.6%	29.6%	43.7%	20.7%	17.3%	25.0%	44.5%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,218	\$1,169	\$1,457	24.6%	\$944	\$1,036	\$1,091	5.3%	\$3,360	\$2,928	\$0	-100.0%
Facility Outpatient	\$1,506	\$1,832	\$1,951	6.5%	\$1,395	\$1,693	\$1,779	5.1%	\$1,369	\$4,817	\$4,611	-4.3%
Physician	\$1,923	\$2,541	\$2,608	2.6%	\$1,844	\$2,461	\$2,464	0.1%	\$3,030	\$5,153	\$4,469	-13.3%
Other	\$148	\$194	\$194	0.0%	\$127	\$163	\$159	-2.5%	\$427	\$168	\$518	208.3%
Total	\$4,794	\$5,736	\$6,210	8.3%	\$4,311	\$5,352	\$5,493	2.6%	\$8,186	\$13,066	\$9,599	-26.5%

Financial Summary (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	599	588	576	-2.1%	181	148	122	-17.2%	
Avg # Members	826	807	789	-2.2%	227	188	158	-15.9%	
Ratio	1.4	1.4	1.4	0.0%	1.3	1.3	1.3	1.6%	1.6
Financial Summary									
Gross Cost	\$7,418,807	\$8,514,643	\$7,966,596	-6.4%	\$1,918,864	\$975,672	\$3,987,390	308.7%	
Client Paid	\$6,863,148	\$7,803,114	\$7,426,217	-4.8%	\$1,763,370	\$845,639	\$3,889,026	359.9%	
Employee Paid	\$555,659	\$711,529	\$540,380	-24.1%	\$155,495	\$130,033	\$98,364	-24.4%	
Client Paid-PEPY	\$11,461	\$13,272	\$12,904	-2.8%	\$9,769	\$5,730	\$31,812	455.2%	\$6,297
Client Paid-PMPY	\$8,313	\$9,674	\$9,413	-2.7%	\$7,777	\$4,508	\$24,653	446.9%	\$3,879
Client Paid-PEPM	\$955	\$1,106	\$1,075	-2.8%	\$814	\$477	\$2,651	455.8%	\$525
Client Paid-PMPM	\$693	\$806	\$784	-2.7%	\$648	\$376	\$2,054	446.3%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	9	18	18	0.0%	3	0	2	0.0%	
HCC's / 1,000	10.9	22.3	22.8	2.2%	13.2	0.0	12.7	0.0%	
Avg HCC Paid	\$339,256	\$175,561	\$113,454	-35.4%	\$334,114	\$0	\$1,629,851	0.0%	
HCC's % of Plan Paid	44.5%	40.5%	27.5%	-32.1%	56.8%	0.0%	83.8%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$3,028	\$2,529	\$1,454	-42.5%	\$3,554	\$787	\$19,176	2336.6%	\$1,149
Facility Outpatient	\$2,243	\$3,276	\$3,575	9.1%	\$2,477	\$1,314	\$2,010	53.0%	\$1,333
Physician	\$2,713	\$3,385	\$3,897	15.1%	\$1,587	\$2,165	\$3,054	41.1%	\$1,301
Other	\$328	\$484	\$487	0.6%	\$158	\$242	\$413	70.7%	\$96
Total	\$8,313	\$9,674	\$9,413	-2.7%	\$7,777	\$4,508	\$24,653	446.9%	\$3,879

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	PY20				PY21					%
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	Change
Medical										
Inpatient	\$ 10,464,957	\$ 2,021,740	\$ 396,512	\$ 12,883,209	\$ 10,455,682	\$ 1,271,089	\$ 217,769	\$ 11,944,540		-7.3%
Outpatient	\$ 31,114,848	\$ 4,575,830	\$ 809,032	\$ 36,499,709	\$ 31,301,425	\$ 5,415,883	\$ 521,476	\$ 37,238,784		2.0%
Total - Medical	\$ 41,579,805	\$ 6,597,569	\$ 1,205,544	\$ 49,382,919	\$ 41,757,107	\$ 6,686,972	\$ 739,245	\$ 49,183,324		-0.4%

Net Paid Claims - Per Participant per Month										
	PY20				PY21					%
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	Change
Medical	\$ 855	\$ 1,092	\$ 1,190	\$ 887	\$ 881	\$ 1,140	\$ 716	\$ 906		2.2%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total											
Non-State Participants											
	PY20				PY21				% Change		
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total		
Medical											
Inpatient	\$ 22,498	\$ 49,975	\$ 123,810	\$ 196,283	\$ 3,491	\$ 3,089,255	\$ 93,227	\$ 3,185,973	1523.2%		
Outpatient	\$ 42,831	\$ 562,214	\$ 109,640	\$ 714,685	\$ 38,104	\$ 517,963	\$ 188,580	\$ 744,647	4.2%		
Total - Medical	\$ 65,329	\$ 612,189	\$ 233,450	\$ 910,968	\$ 41,594	\$ 3,607,219	\$ 281,807	\$ 3,930,620	331.5%		

Net Paid Claims - Per Participant per Month											
	PY20				PY21				% Change		
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total		
Medical	\$ 1,361	\$ 544	\$ 362	\$ 501	\$ 867	\$ 4,487	\$ 427	\$ 2,600	419.1%		

Paid Claims by Claim Type – Total

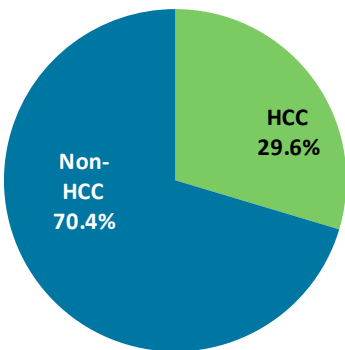
Net Paid Claims - Total										
Total Participants										
	PY20				PY21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 10,487,455	\$ 2,071,715	\$ 520,322	\$ 13,079,492	\$ 10,459,172	\$ 4,360,344	\$ 310,996	\$ 15,130,513	15.7%	
Outpatient	\$ 31,157,679	\$ 5,138,044	\$ 918,672	\$ 37,214,394	\$ 31,339,529	\$ 5,933,846	\$ 710,056	\$ 37,983,431	2.1%	
Total - Medical	\$ 41,645,134	\$ 7,209,759	\$ 1,438,994	\$ 50,293,887	\$ 41,798,702	\$ 10,294,190	\$ 1,021,052	\$ 53,113,944	5.6%	

Net Paid Claims - Per Participant per Month										
	PY20				PY21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 855	\$ 1,006	\$ 868	\$ 874	\$ 881	\$ 1,543	\$ 603	\$ 952	8.9%	

Cost Distribution – Medical Claims

PY20							PY21					
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
44	0.5%	\$10,340,819	20.6%	\$390,985	7.5%	\$100,000.01 Plus	51	0.6%	\$15,734,764	29.6%	\$192,679	5.2%
88	1.0%	\$6,373,247	12.7%	\$358,697	6.9%	\$50,000.01-\$100,000.00	81	0.9%	\$6,153,855	11.6%	\$221,750	6.0%
225	2.6%	\$8,154,879	16.2%	\$555,463	10.6%	\$25,000.01-\$50,000.00	206	2.4%	\$7,631,477	14.4%	\$414,155	11.2%
677	7.7%	\$11,069,243	22.0%	\$1,103,842	21.1%	\$10,000.01-\$25,000.00	580	6.8%	\$9,746,549	18.4%	\$754,991	20.5%
709	8.1%	\$5,306,235	10.6%	\$742,035	14.2%	\$5,000.01-\$10,000.00	701	8.2%	\$5,228,065	9.8%	\$678,130	18.4%
1,148	13.1%	\$4,313,452	8.6%	\$963,451	18.4%	\$2,500.01-\$5,000.00	1,043	12.2%	\$3,911,413	7.4%	\$617,094	16.7%
5,073	57.9%	\$4,736,011	9.4%	\$1,110,286	21.3%	\$0.01-\$2,500.00	5,060	59.2%	\$4,707,244	8.9%	\$810,948	22.0%
23	0.3%	\$0	0.0%	\$4,582	0.1%	\$0.00	14	0.2%	\$0	0.0%	\$354	0.0%
780	8.9%	\$0	0.0%	\$0	0.0%	No Claims	818	9.6%	\$578	0.0%	\$0	0.0%
8,768	100.0%	\$50,293,887	100.0%	\$5,229,342	100.0%		8,553	100.0%	\$53,113,944	100.0%	\$3,690,102	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	21	\$3,143,523	20.0%
Infections	35	\$2,164,101	13.8%
Hematological Disorders	19	\$1,396,015	8.9%
Renal/Urologic Disorders	21	\$1,325,800	8.4%
Endocrine/Metabolic Disorders	27	\$1,047,783	6.7%
Cardiac Disorders	39	\$931,479	5.9%
Medical/Surgical Complications	18	\$900,412	5.7%
Gastrointestinal Disorders	42	\$820,513	5.2%
Trauma/Accidents	17	\$514,630	3.3%
Pregnancy-related Disorders	5	\$475,948	3.0%
All Other		\$3,017,122	19.2%
Overall	----	\$15,737,327	100.0%

Utilization Summary (p. 1 of 2)

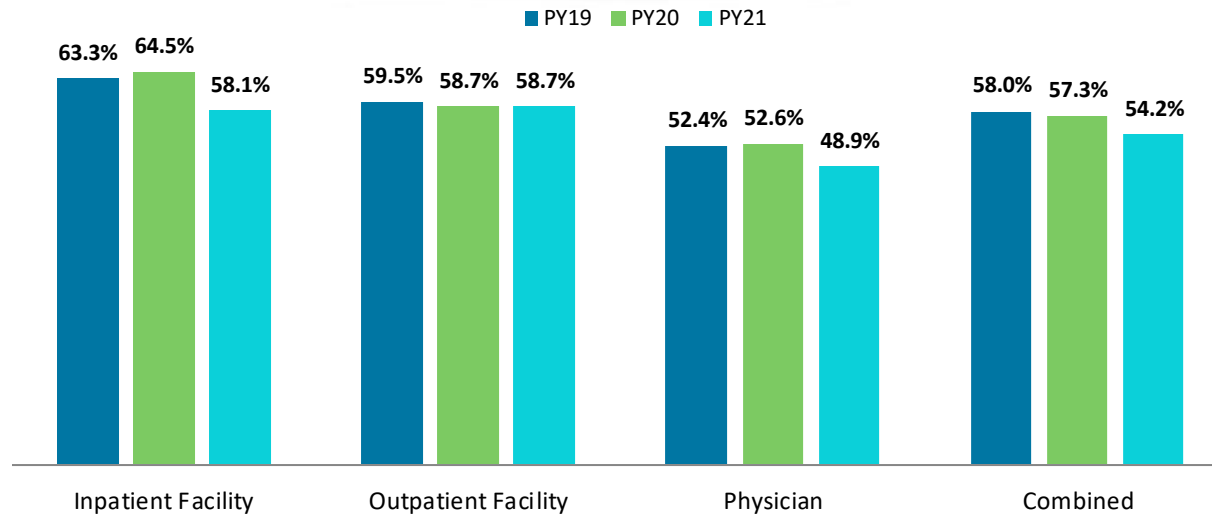
	Total				State Active				Non-State Active			
Summary	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year
Inpatient Summary												
# of Admits	491	558	457		405	467	381		1	1	0	
# of Bed Days	2,966	2,969	2,940		2,370	2,379	2,188		2	2	0	
Paid Per Admit	\$29,649	\$23,592	\$34,055	44.3%	\$25,254	\$22,998	\$28,387	23.4%	\$25,642	\$22,498	\$0	-100.0%
Paid Per Day	\$4,908	\$4,434	\$5,294	19.4%	\$4,316	\$4,514	\$4,943	9.5%	\$12,821	\$11,249	\$0	-100.0%
Admits Per 1,000	58	64	53	-17.2%	54	60	50	-16.7%	200	200	0	-100.0%
Days Per 1,000	348	338	344	1.8%	317	305	288	-5.6%	400	400	0	-100.0%
Avg LOS	6.0	5.3	6.4	20.8%	5.9	5.1	5.7	11.8%	2.0	2.0	0.0	-100.0%
# Admits From the ER	227	268	231		170	205	180		0	0	0	
Physician Office												
OV Utilization per Member	5.2	5.9	6.1	3.4%	5.1	5.8	5.9	1.7%	6.0	9.2	5.3	-42.4%
Avg Paid per OV	\$136	\$147	\$151	2.7%	\$136	\$151	\$152	0.7%	\$186	\$110	\$136	23.6%
Avg OV Paid per Member	\$710	\$875	\$913	4.3%	\$694	\$868	\$892	2.8%	\$1,113	\$1,009	\$720	-28.6%
DX&L Utilization per Member	8.7	10.2	10.3	1.0%	8.3	9.6	9.7	1.0%	14	17.6	16.8	-4.5%
Avg Paid per DX&L	\$73	\$71	\$70	-1.4%	\$70	\$72	\$68	-5.6%	\$106	\$90	\$58	-35.6%
Avg DX&L Paid per Member	\$637	\$723	\$717	-0.8%	\$577	\$689	\$665	-3.5%	\$1,491	\$1,582	\$984	-37.8%
Emergency Room												
# of Visits	1,588	1,706	1,319		1,405	1,501	1,156		0	2	2	
Visits Per Member	0.19	0.19	0.15	-21.1%	0.19	0.19	0.15	-21.1%	0.00	0.40	0.46	15.0%
Visits Per 1,000	186	194	154	-20.7%	188	193	152	-21.2%	0	400	462	15.5%
Avg Paid per Visit	\$2,494	\$2,523	\$2,452	-2.8%	\$2,484	\$2,557	\$2,463	-3.7%	\$0	\$2,359	\$10,325	337.7%
Urgent Care												
# of Visits	2,763	3,196	2,455		2,516	2,930	2,237		0	0	1	
Visits Per Member	0.32	0.36	0.29	-19.4%	0.34	0.38	0.29	-23.7%	0.00	0.00	0.23	0.0%
Visits Per 1,000	324	364	287	-21.1%	337	376	294	-21.8%	0	0	231	0.0%
Avg Paid per Visit	\$114	\$139	\$152	9.4%	\$116	\$140	\$153	9.3%	\$0	\$0	\$250	0.0%

Utilization Summary (p. 2 of 2)

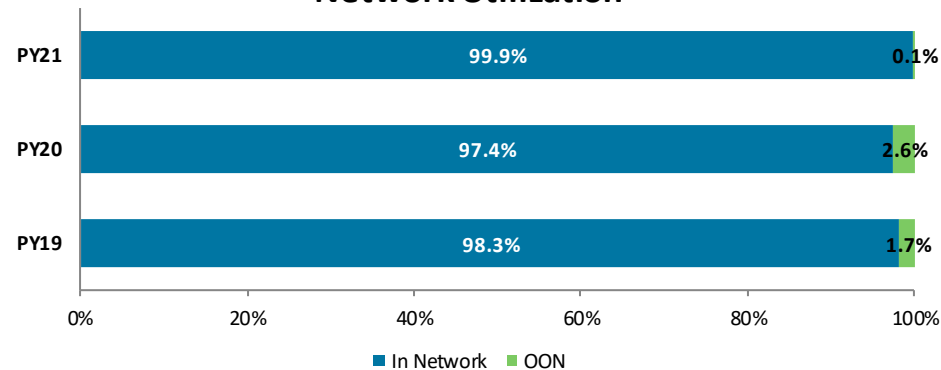
	State Retirees				Non-State Retirees				
Summary	PY19	PY20	PY21	Variance to Prior Year	PY19	PY20	PY21	Variance to Prior Year	HSB Peer Index
Inpatient Summary									
# of Admits	69	78	68		16	12	8		
# of Bed Days	480	385	512		114	203	240		
Paid Per Admit	\$48,337	\$28,333	\$23,428	-17.3%	\$60,553	\$15,995	\$394,319	2365.3%	\$16,632
Paid Per Day	\$6,948	\$5,740	\$3,112	-45.8%	\$8,499	\$946	\$13,144	1289.4%	\$3,217
Admits Per 1,000	85	98	86	-12.2%	71	64	51	-20.3%	76
Days Per 1,000	591	482	649	34.6%	503	1,083	1,521	40.4%	391
Avg LOS	7.0	4.9	7.5	53.1%	7.1	16.9	30.0	77.5%	5.2
# Admits From the ER	46	55	46		11	8	5		
Physician Office									
OV Utilization per Member	6.3	7.7	8.0	3.9%	5.3	6.4	6.6	3.1%	5.0
Avg Paid per OV	\$138	\$128	\$140	9.4%	\$124	\$110	\$136	23.6%	\$57
Avg OV Paid per Member	\$877	\$986	\$1,119	13.5%	\$655	\$704	\$900	27.8%	\$286
DX&L Utilization per Member	12.1	14.9	15	0.7%	12	13.6	12.6	-7.4%	10.5
Avg Paid per DX&L	\$85	\$66	\$80	21.2%	\$102	\$72	\$64	-11.1%	\$50
Avg DX&L Paid per Member	\$1,021	\$991	\$1,195	20.6%	\$1,222	\$982	\$807	-17.8%	\$522
Emergency Room									
# of Visits	150	181	141		33	22	20		
Visits Per Member	0.18	0.23	0.18	-21.7%	0.15	0.12	0.13	8.3%	0.24
Visits Per 1,000	185	227	179	-21.1%	146	117	127	8.5%	235
Avg Paid per Visit	\$2,536	\$2,317	\$2,347	1.3%	\$2,699	\$1,883	\$1,741	-7.5%	\$943
Urgent Care									
# of Visits	186	209	185		61	57	32		
Visits Per Member	0.23	0.26	0.23	-11.5%	0.27	0.30	0.20	-33.3%	0.3
Visits Per 1,000	229	262	234	-10.7%	269	304	203	-33.2%	300
Avg Paid per Visit	\$106	\$136	\$141	3.7%	\$79	\$91	\$115	26.4%	\$84

Provider Network Summary

In Network Discounts



Network Utilization



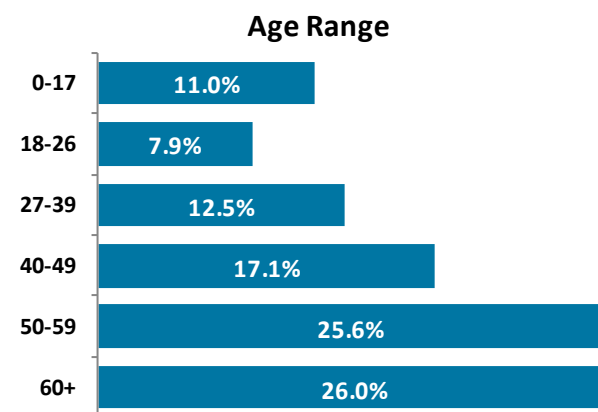
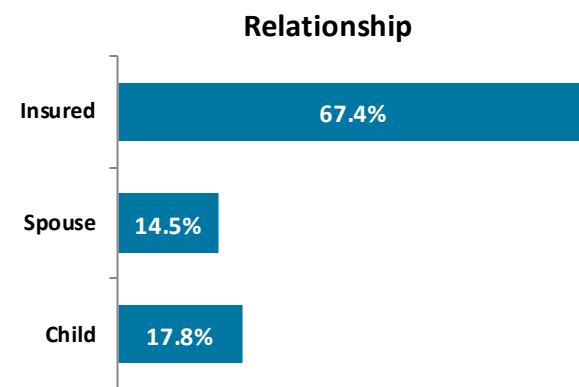
Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Musculoskeletal Disorders	\$4,270,863	8.0%	\$3,002,954	\$883,426	\$384,482	\$1,814,460	\$2,456,403
Cancer	\$4,161,749	7.8%	\$3,135,341	\$1,006,446	\$19,962	\$1,566,135	\$2,595,615
Mental Health	\$3,874,490	7.3%	\$1,760,069	\$389,979	\$1,724,441	\$1,214,965	\$2,659,524
Infections	\$3,791,844	7.1%	\$2,965,717	\$609,192	\$216,934	\$991,052	\$2,800,791
Gastrointestinal Disorders	\$3,648,978	6.9%	\$2,641,557	\$540,022	\$467,399	\$1,774,483	\$1,874,496
Spine-related Disorders	\$3,269,932	6.2%	\$2,612,429	\$603,108	\$54,395	\$1,111,770	\$2,158,162
Cardiac Disorders	\$3,225,098	6.1%	\$2,191,609	\$927,210	\$106,279	\$1,656,759	\$1,567,994
Health Status/Encounters	\$3,135,266	5.9%	\$1,822,182	\$353,825	\$959,259	\$1,074,554	\$2,058,504
Eye/ENT Disorders	\$2,394,375	4.5%	\$1,657,838	\$225,233	\$511,304	\$1,095,661	\$1,298,613
Pregnancy-related Disorders	\$2,344,791	4.4%	\$1,117,633	\$250,195	\$976,963	\$162,196	\$2,174,464
Renal/Urologic Disorders	\$2,334,479	4.4%	\$1,765,162	\$201,483	\$367,835	\$1,131,177	\$1,203,302
Endocrine/Metabolic Disorders	\$2,172,530	4.1%	\$1,727,469	\$253,731	\$191,330	\$582,621	\$1,589,909
Neurological Disorders	\$2,076,896	3.9%	\$1,370,365	\$439,491	\$267,040	\$764,766	\$1,312,130
Trauma/Accidents	\$1,964,968	3.7%	\$1,179,836	\$348,886	\$436,245	\$792,390	\$1,172,577
Pulmonary Disorders	\$1,671,455	3.1%	\$1,330,015	\$247,927	\$93,513	\$937,244	\$734,028
Hematological Disorders	\$1,563,936	2.9%	\$1,009,110	\$534,591	\$20,235	\$898,564	\$665,372
Gynecological/Breast Disorders	\$1,255,611	2.4%	\$924,426	\$174,552	\$156,634	\$32,197	\$1,223,415
Medical/Surgical Complications	\$1,190,526	2.2%	\$1,025,104	\$111,372	\$54,050	\$302,953	\$887,573
Non-malignant Neoplasm	\$1,034,959	1.9%	\$801,563	\$201,048	\$32,349	\$448,580	\$586,379
Diabetes	\$766,100	1.4%	\$527,658	\$168,771	\$69,670	\$410,666	\$355,434
Vascular Disorders	\$712,329	1.3%	\$584,882	\$120,994	\$6,453	\$401,310	\$311,020
Dermatological Disorders	\$697,858	1.3%	\$430,742	\$126,856	\$140,259	\$296,384	\$401,473
Miscellaneous	\$488,244	0.9%	\$283,918	\$103,352	\$100,975	\$238,957	\$249,287
Abnormal Lab/Radiology	\$332,982	0.6%	\$268,689	\$52,890	\$11,403	\$119,795	\$213,186
Congenital/Chromosomal Anomalies	\$323,399	0.6%	\$25,631	\$20,999	\$276,769	\$245,688	\$76,837
Cholesterol Disorders	\$172,335	0.3%	\$144,921	\$23,572	\$3,842	\$57,983	\$114,353
Medication Related Conditions	\$98,721	0.2%	\$62,083	\$18,217	\$18,421	\$30,622	\$68,099
Dental Conditions	\$92,508	0.2%	\$63,357	\$7,211	\$21,939	\$67,221	\$25,287
Allergic Reaction	\$39,669	0.1%	\$25,197	\$3,034	\$11,438	\$12,046	\$27,623
External Hazard Exposure	\$7,054	0.0%	\$3,259	\$31	\$3,764	\$3,136	\$3,918
Total	\$53,113,944	100.0%	\$36,460,717	\$8,947,645	\$7,705,582	\$20,236,335	\$32,865,767

Diagnosis Grouper – Musculoskeletal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Musculoskeletal Disorders, Other	1,404	4,802	\$1,209,398	28.3%
Osteoarthritis	433	1,210	\$987,993	23.1%
Arthropathies, Other	1,193	4,612	\$902,570	21.1%
Musculoskeletal, Aftercare	277	797	\$196,228	4.6%
Muscle Disorders	6	30	\$184,118	4.3%
Joint Disorders, Other	228	925	\$170,246	4.0%
Foot Problems	82	175	\$148,870	3.5%
Limb Pain	544	1,233	\$127,723	3.0%
Infectious Arthropathies	3	34	\$115,234	2.7%
Rheumatoid Arthritis	78	310	\$112,163	2.6%
Joint Derangement	68	174	\$81,911	1.9%
Connective Tissue Disorders	44	161	\$27,395	0.6%
Musculoskeletal Deformities, Other	14	22	\$6,295	0.1%
Aseptic Necrosis	1	1	\$719	0.0%
	----	----	\$4,270,863	100.0%

*Patient and claim counts are unique only within the category

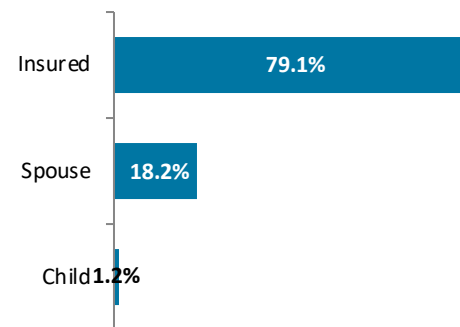


Diagnosis Grouper – Cancer

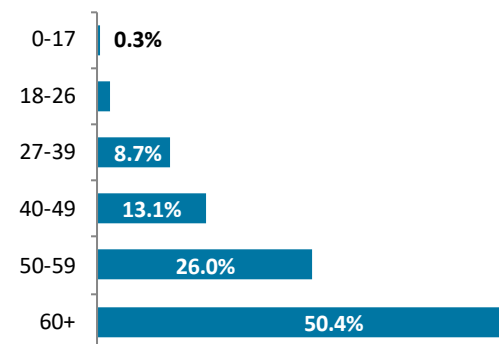
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Breast Cancer	47	493	\$1,116,720	26.8%
Cancers, Other	148	497	\$872,697	21.0%
Leukemias	13	255	\$560,880	13.5%
Cancer Therapies	15	91	\$435,748	10.5%
Lung Cancer	6	99	\$219,022	5.3%
Prostate Cancer	25	181	\$167,736	4.0%
Secondary Cancers	11	30	\$151,623	3.6%
Colon Cancer	10	139	\$145,229	3.5%
Cervical/Uterine Cancer	7	41	\$130,656	3.1%
Brain Cancer	2	38	\$128,673	3.1%
Carcinoma in Situ	46	118	\$84,826	2.0%
Lymphomas	13	76	\$60,720	1.5%
Myeloma	5	34	\$51,570	1.2%
Thyroid Cancer	19	67	\$13,376	0.3%
Melanoma	18	49	\$12,301	0.3%
Bladder Cancer	1	10	\$5,703	0.1%
Kidney Cancer	5	15	\$3,146	0.1%
Ovarian Cancer	2	4	\$910	0.0%
Pancreatic Cancer	1	3	\$213	0.0%
Overall	----	----	\$4,161,749	100.0%

*Patient and claim counts are unique only within the category

Relationship



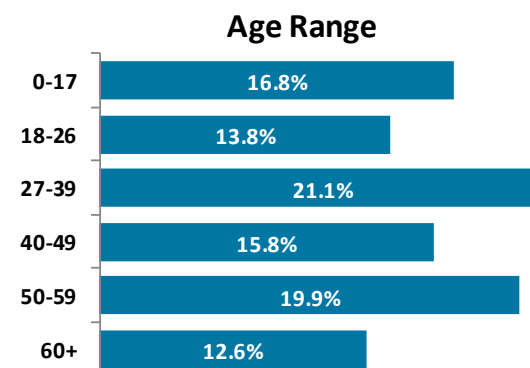
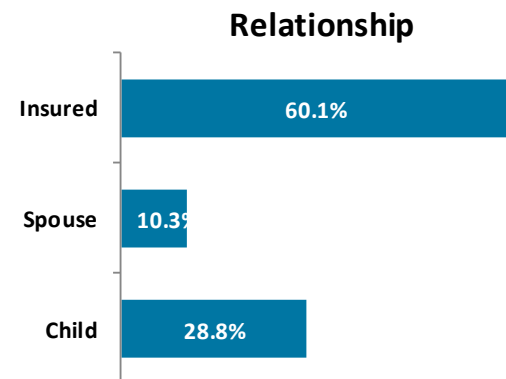
Age Range



Diagnosis Grouper – Mental Health

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Mental Health Conditions, Other	662	5,002	\$938,742	24.2%
Depression	655	4,019	\$861,117	22.2%
Mood and Anxiety Disorders	716	3,684	\$636,220	16.4%
Eating Disorders	25	249	\$376,295	9.7%
Bipolar Disorder	135	949	\$252,449	6.5%
Alcohol Abuse/Dependence	39	240	\$168,417	4.3%
Developmental Disorders	64	1,078	\$155,167	4.0%
Complications of Substance Abuse	30	135	\$138,433	3.6%
Attention Deficit Disorder	190	639	\$94,546	2.4%
Sexually Related Disorders	26	103	\$81,490	2.1%
Psychoses	8	59	\$54,549	1.4%
Substance Abuse/Dependence	54	172	\$44,537	1.1%
Sleep Disorders	187	305	\$38,393	1.0%
Personality Disorders	15	121	\$18,725	0.5%
Schizophrenia	10	48	\$10,630	0.3%
Tobacco Use Disorder	42	46	\$4,779	0.1%
	----	----	\$3,874,490	100.0%

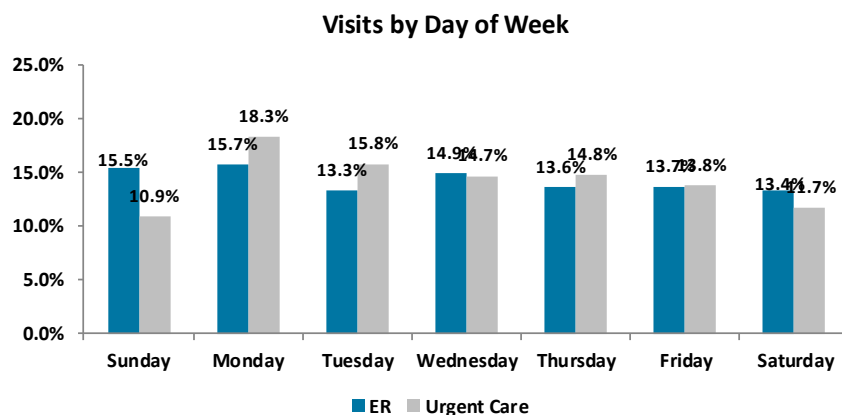
*Patient and claim counts are unique only within the category



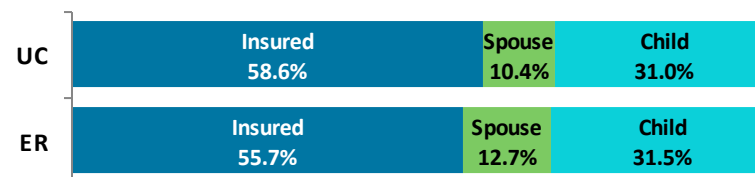
Emergency Room / Urgent Care Summary

	PY20		PY21		HSB Peer Index	
ER/Urgent Care	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,706	3,196	1,319	2,455		
Visits Per Member	0.19	0.36	0.15	0.29	0.17	0.24
Visits/1000 Members	194	364	154	287	174	242
Avg Paid Per Visit	\$2,523	\$139	\$2,452	\$152	\$1,684	\$74
% with OV*	89.4%	87.3%	91.1%	87.1%		
% Avoidable	12.8%	41.3%	8.4%	30.6%		
Total Member Paid	\$689,949	\$153,368	\$517,708	\$101,146		
Total Plan Paid	\$4,304,209	\$445,115	\$3,234,079	\$371,942		

*looks back 12 months from ER visit



% of Paid

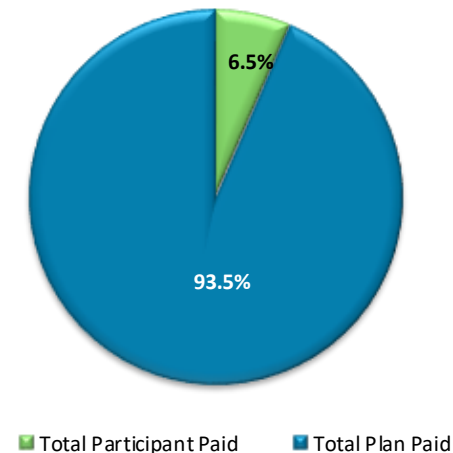
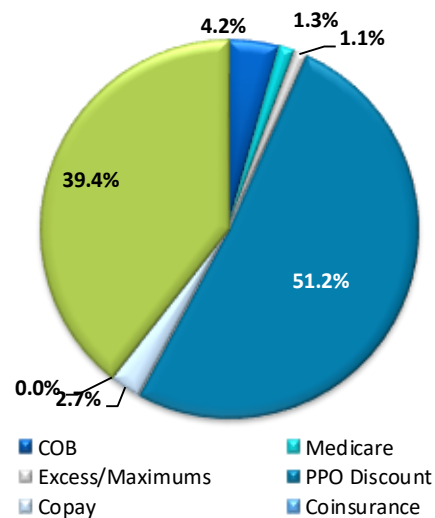


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	735	158	1,438	309	1,056	227
Spouse	168	182	255	277	202	219
Child	416	140	762	256	513	172
Total	1,319	154	2,455	287	1,771	207

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$130,149,063	\$2,332	100.0%
COB	\$5,723,875	\$103	4.4%
Medicare	\$1,807,928	\$32	1.4%
Excess/Maximums	\$1,484,422	\$27	1.1%
PPO Discount	\$69,117,566	\$1,239	53.1%
Copay	\$3,690,102	\$66	2.8%
Coinsurance	\$0	\$0	0.0%
Total Participant Paid	\$3,690,102	\$66	2.8%
Total Plan Paid	\$53,113,944	\$952	40.8%

Total Participant Paid - PY20	\$91
Total Plan Paid - PY20	\$874



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	564	554	22	98.2%
	<2 asthma related ER Visits in the last 6 months	564	563	1	99.8%
	No asthma related admit in last 12 months	564	564	0	100.0%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	97	92	5	94.8%
	Members with COPD who had an annual spirometry test	97	16	81	16.5%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	3	3	0	100.0%
	No ER Visit for Heart Failure in last 90 days	62	59	3	95.2%
	Follow-up OV within 4 weeks of discharge from HF admission	3	3	0	100.0%
Diabetes	Annual office visit	600	588	12	98.0%
	Annual dilated eye exam	600	326	274	54.3%
	Annual foot exam	600	234	366	39.0%
	Annual HbA1c test done	600	512	88	85.3%
	Diabetes Annual lipid profile	600	471	129	78.5%
	Annual microalbumin urine screen	600	411	189	68.5%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,328	1,084	244	81.6%
Hypertension	Annual lipid profile	1,427	1,011	416	70.8%
	Annual serum creatinine test	1,389	1,148	241	82.6%
Wellness	Well Child Visit - 15 months	97	94	3	96.9%
	Routine office visit in last 6 months	8,412	5,997	2,415	71.3%
	Age 45 to 75 years with colorectal cancer screening	3,484	815	2,669	23.4%
	Women age 25-65 with recommended cervical cancer screening	2,770	2,042	728	73.7%
	Males age greater than 49 with PSA test in last 24 months	1,240	638	602	51.5%
	Routine exam in last 24 months	8,412	7,707	705	91.6%
	Women age 40 to 75 with a screening mammogram last 24 months	2,352	1,459	893	62.0%

All member counts represent members active at the end of the report period.
Quality Metrics are always calculated on an incurred basis.

Chronic Conditions Prevalence

A member is identified as having a chronic condition if any one of the following three conditions is met within a 24 month service date period:

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

*For Diabetes only, one or more Rx claims can also be used to identify the condition.

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	122	1.45%	14.26	\$11,666
Asthma	608	7.23%	71.09	\$13,725
Atrial Fibrillation	93	1.11%	10.87	\$43,577
Blood Disorders	536	6.37%	62.67	\$23,306
CAD	180	2.14%	21.05	\$26,868
COPD	96	1.14%	11.22	\$42,772
Cancer	346	4.11%	40.45	\$21,875
Chronic Pain	420	4.99%	49.11	\$22,784
Congestive Heart Failure	62	0.74%	7.25	\$49,979
Demyelinating Diseases	30	0.36%	3.51	\$42,151
Depression	903	10.73%	105.58	\$11,896
Diabetes	631	7.50%	73.78	\$20,522
ESRD	9	0.11%	1.05	\$118,889
Eating Disorders	39	0.46%	4.56	\$26,897
HIV/AIDS	10	0.12%	1.17	\$35,823
Hyperlipidemia	1,355	16.11%	158.43	\$14,436
Hypertension	1,429	16.99%	167.08	\$15,188
Immune Disorders	40	0.48%	4.68	\$46,884
Inflammatory Bowel Disease	60	0.71%	7.02	\$25,700
Liver Diseases	204	2.43%	23.85	\$31,246
Morbid Obesity	358	4.26%	41.86	\$20,451
Osteoarthritis	470	5.59%	54.95	\$19,018
Peripheral Vascular Disease	51	0.61%	5.96	\$21,367
Rheumatoid Arthritis	75	0.89%	8.77	\$29,925

Data Includes Medical and Pharmacy
Based on 24 months incurred dates

Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
 - Inpatient Facility
 - Outpatient Facility
 - Physician
 - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
 - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
 - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
 - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
 - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of “Urgent Care”.
 - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
 - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
 - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

Public Employees' Benefits Program - RX Costs
PY 2021 - Quarter Ending June 30, 2021

Express Scripts

4Q FY2021 EPO		4Q FY2020 EPO	Difference	% Change
Membership Summary			Membership Summary	
Member Count (Membership)	8,556	8,770	(214)	-2.4%
Utilizing Member Count (Patients)	7,044	7,335	(291)	-4.0%
Percent Utilizing (Utilization)	82.3%	83.6%	(0)	-1.6%
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	171,756	173,517	(1,761)	-1.0%
Claims per Elig Member per Month (Claims PMPM)	1.67	1.65	0.02	1.2%
Total Claims for Generic (Generic Rx)	146,903	149,918	(3,015.00)	-2.0%
Total Claims for Brand (Brand Rx)	24,856	23,599	1,257.00	5.3%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	2,695	3,052	(357.00)	-11.7%
Total Non-Specialty Claims	169,452	171,230	(1,778.00)	-1.0%
Total Specialty Claims	2,304	2,287	17.00	0.7%
Generic % of Total Claims (GFR)	85.5%	86.4%	(0.01)	-1.0%
Generic Effective Rate (GCR)	98.2%	98.0%	0.00	0.2%
Mail Order Claims	20,437	17,728	2,709.00	15.3%
Mail Penetration Rate*	13.0%	11.3%	0.02	1.7%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$21,762,219.00	\$20,175,804.00	\$1,586,415.00	7.9%
Total Generic Gross Cost	\$3,406,043.00	\$3,356,274.00	\$49,769.00	1.5%
Total Brand Gross Cost	\$18,356,176.00	\$16,819,530.00	\$1,536,646.00	9.1%
Total MSB Gross Cost	\$587,595.00	\$676,195.00	(\$88,600.00)	-13.1%
Total Ingredient Cost	\$21,625,162.00	\$20,096,878.00	\$1,528,284.00	7.6%
Total Dispensing Fee	\$130,937.00	\$74,310.00	\$56,627.00	76.2%
Total Other (e.g. tax)	\$6,120.00	\$4,616.00	\$1,504.00	32.6%
Avg Total Cost per Claim (Gross Cost/Rx)	\$126.70	\$116.28	\$10.43	9.0%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$23.19	\$22.39	\$0.80	3.6%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$738.59	\$712.72	\$25.87	3.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$218.03	\$221.56	(\$3.53)	-1.6%
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$3,668,366.00	\$2,658,712.00	\$1,009,654.00	38.0%
Total Copay	\$3,668,366.00	\$2,658,712.00	\$1,009,654.00	38.0%
Total Deductible	\$0.00	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$21.36	\$15.32	\$6.04	39.4%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$21.36	\$15.32	\$6.04	39.4%
Avg Copay for Generic (Copay/Generic Rx)	\$7.34	\$7.07	\$0.27	3.8%
Avg Copay for Brand (Copay/Brand Rx)	\$104.24	\$67.74	\$36.50	53.9%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$28.71	\$27.49	\$1.22	4.4%
Net PMPM (Participant Cost PMPM)	\$35.73	\$25.26	\$10.47	41.4%
Copay % of Total Prescription Cost (Member Cost Share %)	16.9%	13.2%	3.7%	27.9%
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$18,093,584.00	\$17,517,092.00	\$576,492.00	3.3%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$8,995,143.00	\$8,049,655.00	\$945,488.00	11.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$9,098,710.00	\$9,467,437.00	(\$368,727.00)	-3.9%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$105.34	\$100.95	\$4.39	4.4%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$15.85	\$15.32	\$0.53	3.5%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$634.35	\$644.99	(\$10.64)	-1.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$189.32	\$194.07	(\$4.75)	-2.4%
Net PMPM (Plan Cost PMPM)	\$176.23	\$166.45	\$9.78	5.9%
PMPM for Specialty Only (Specialty PMPM)	\$88.62	\$89.96	(\$1.34)	-1.5%
PMPM without Specialty (Non-Specialty PMPM)	\$87.61	\$76.49	\$11.12	14.5%
Rebates (Q1-Q4 FY2021 actual)	\$4,172,313.36	\$3,858,361.77	\$313,951.59	8.1%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$135.59	\$129.79	\$5.80	4.5%
PMPM for Specialty Only (Specialty PMPM)	\$75.07	\$77.32	(\$2.25)	-2.9%
PMPM without Specialty (Non-Specialty PMPM)	\$61.60	\$50.24	\$11.36	22.6%

Appendix C

Index of Tables
Health Plan of Nevada –Utilization Review for PEBP
July 1, 2020 – June 30, 2021

KEY PERFORMANCE INDICATORS

Demographic Overview3

Utilization Highlights.....6

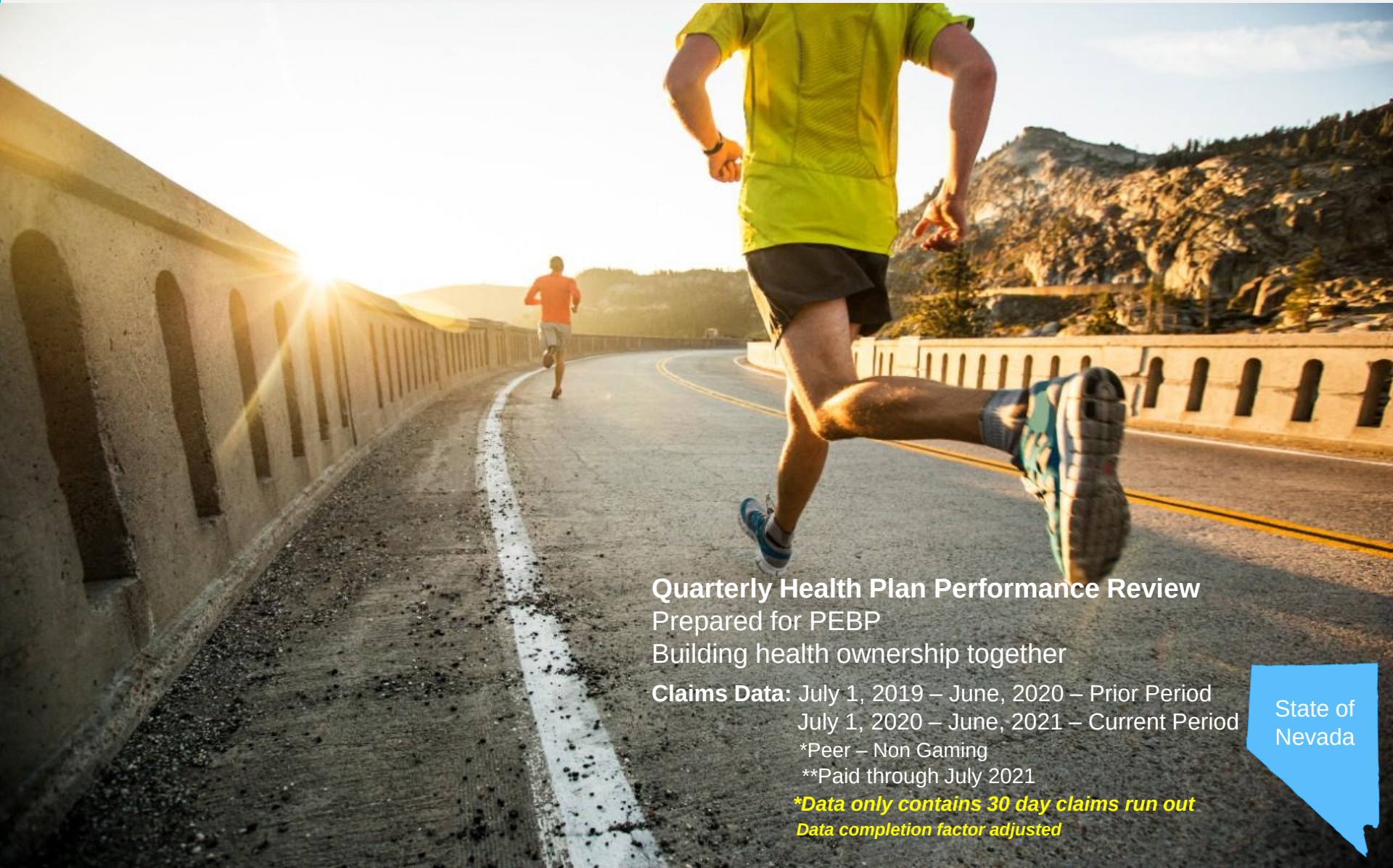
Clinical Drivers8

High Cost Claimants11

PRESCRIPTION DRUG COSTS

Prescription Drug Cost7

Power Of Partnership.



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

Claims Data: July 1, 2019 – June, 2020 – Prior Period
July 1, 2020 – June, 2021 – Current Period

*Peer – Non Gaming

**Paid through July 2021

***Data only contains 30 day claims run out**
Data completion factor adjusted

State of
Nevada

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
- ✓ 55,000 sq ft state-of-the-art cancer center
- ✓ Saturday appointments with primary care

Enhancements Made for Your Members

- ✓ Provided COVID-19 testing and vaccinations at multiple locations throughout the Las Vegas area, including drive through locations.
- ✓ Introduced the **Tummy2Toddler pregnancy support app** helping mothers stay healthy during every step of pregnancy and early childhood.
- ✓ NowClinic and Walgreens now offering same-day medication delivery
- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits



Key Performance Indicators
Includes Demographics And
Financials

Demographic and Financial Overview



Demographics

Membership

Members: 6,780
Employees: 3,891
Prior: 6,844
3,947

-1.3%

Avg. Member Age

37.2

Prior : 37.2
Norm: 36.2

-0.1%

Famiy size

1.74

Prior : 1.74
Norm: 1.76

0.3%

Dependents <18

22.5%

Prior: 22.4
Norm: 20.3

0.3%

HHS Risk

1.44

Prior: 1.32
0.99

9.1%

Medical and Rx Spend



18.8%

Medical PMPM
\$353.17

Prior \$297.40
Norm: \$286.24

Utilization

Inpatient: ▼ -3.9%
Outpatient: ▲ .4%
Professional: ▲ 8.7%

Spend

Inpatient: ▲ 37.0%
Outpatient: ▲ 9.6%
Professional: ▲ 13.0%

17.2%

Overall PMPM
\$491.35

Prior: \$419.12
Norm: \$377.90

1.5%
Specialty Rx
\$58.62

Prior: \$50.55
Norm: \$45.32

-3.6%
Avg. Scripts PMPY
17.2

Prior: 17.8
Norm: 11.3



13.5%

Rx PMPM
\$138.17

*Specialty Rx accounts
for 42.2% of Rx Spend*

Prior: \$121.73
Norm: \$91.64

Medical and Rx Plan Experience
What Happened

Highlights of Utilization



Utilization Metric	Prior	Current	Δ
Physician Office Visits			
Per Member Per Year	2.3	2.6	10.6%
Specialist Office Vists			
Per Member Per Year	4.5	4.6	3.0%
Emergency Room			
ER Visits	756	662	-12.5%
ER Visits Per K	110.0	97.6	-11.3%
Urgent Care			
UC Visits	3,874.8	3,555.7	-8.2%
UC Visits Per K	563.9	524.5	-7.0%
OutPatient Surgery			
ASC	117.6	90.1	-23.4%
Facility	38.0	37.9	-0.2%
Inpatient Utilization			
Admissions Per K	60.3	60.6	0.6%
Bed Days Per K	272.9	340.7	24.9%
Average Length of Stay	4.5	5.6	24.2%

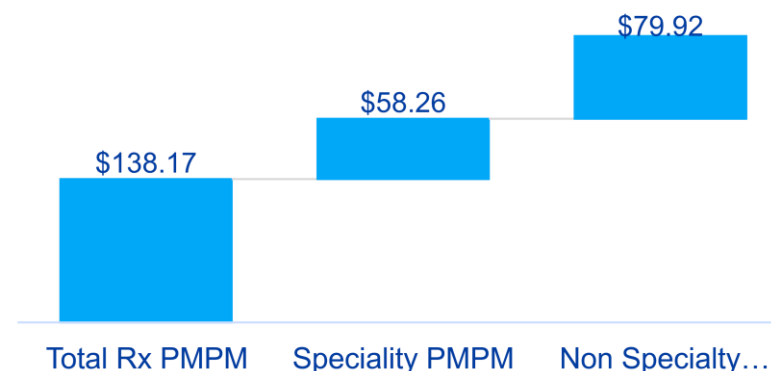
Highlights

- PCP Visits increased in the current period, up **10.6%**
- ER utilization dropped **-11.3%**,
 - We saw a decrease in ER utilization throughout our book of business due to Covid
 - Average paid per visit increased **14.9%**, due to more emergent cases
- Urgent Care Utilization decreased **-7.0%**
- Outpatient surgeries decreased at ASC settings while utilization at OP Surgery Facilities remained flat YOY
- IP Admits remained relatively flat, but IP spend increased 29.1%.
 - 19 Admits had a length of stay greater than 20 days
 - 2 Admits greater than 40 days

Pharmacy Data

	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,872	6,780	-1.3%		
Average Prescriptions PMPY	17.8	17.2	-3.6%	11.3	52.6%
Formulary Rate	93.6%	91.6%	-2.1%	89.9%	1.9%
Generic Use Rate	87.2%	85.3%	-2.2%	84.8%	0.6%
Generic Substitution Rate	97.1%	97.4%	0.2%	97.1%	0.3%
Employee Cost Share PMPM	\$19.62	\$22.81	16.2%	\$13.64	67.2%
Avg Net Paid per Prescription	\$81.97	\$96.49	17.7%	\$97.65	-1.2%
Net Paid PMPM	\$121.73	\$138.17	13.5%	\$91.64	50.8%

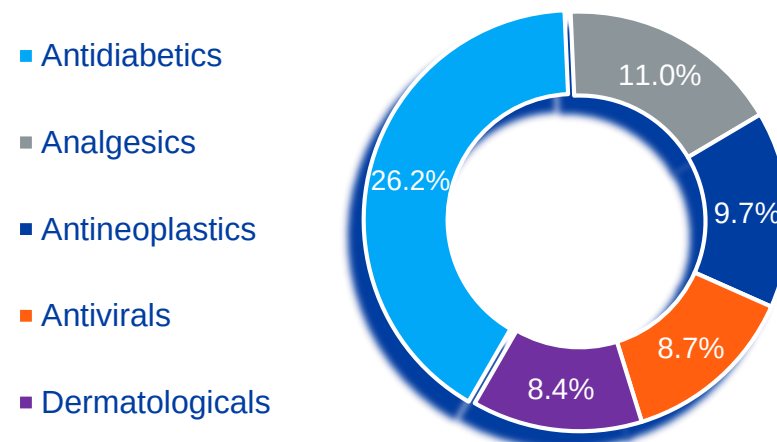
Rx Paid by Benefit and Type



Pharmacy PMPM trend is up 13.5% (\$16.44 PMPM)

- Average net paid per script increased **17.7%** (up \$14.52 PMPM from prior period)
- Consistent with market trends; diabetic compliance on the rise Antidiabetic Rx Spend increased **10.5%**
- Specialty Rx Spend increased **1.5%**
Specialty Rx Drivers:
 - *Humira (Analgesics, spend up **21.4%**)
 - *Stelara (Dermatologic, spend up **96.3%**)
 - *Aubagio(Psychotherapeutic, spend up **7.2%**)
- Avg. Prescriptions PMPY more than 50% higher than Peer

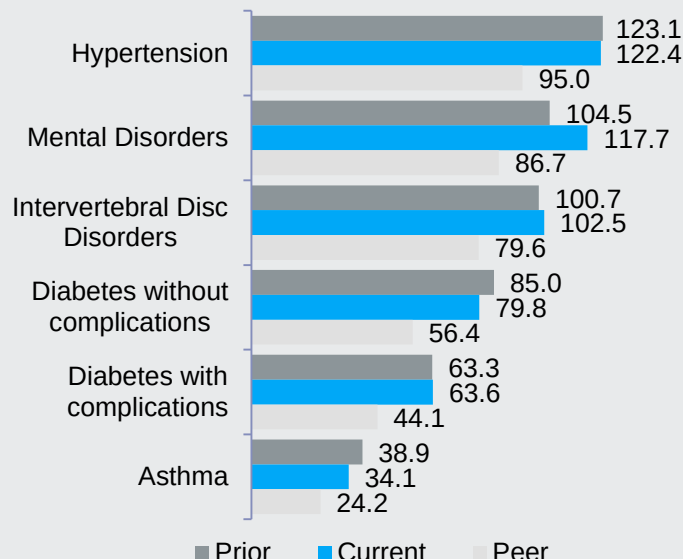
Top 5 Therapeutic Classes by Spend



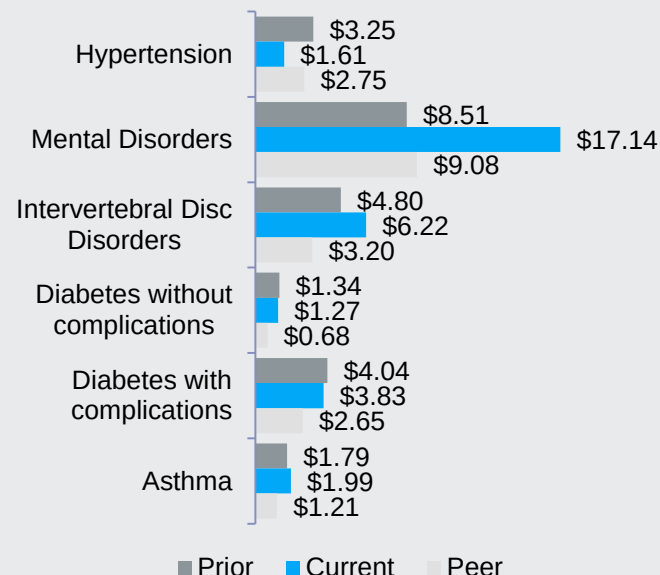
Condition Prevalence
Clinical Drivers

Clinical Conditions and Diagnosis

Top Common Conditions by Prevalence



Top Conditions by PMPM



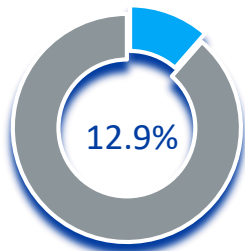
- Chronic illnesses continue to drive the top common conditions
- Hypertension, Mental Disorders, Intervertebral Disc Disorders and are the most prevalent clinical conditions within this population
- Mental Disorder prevalence increased 12.7%, but had a big jump in spend >100% (up \$8.63 PMPM year over year)
 - Alcohol related disorders increased 241.3%, up \$1.64 PMPM YOY
 - Autism spend increased 141.4% (ABA therapy) up \$5.80 PMPM from prior period

Chronic Condition Cost Drivers

76% of Medical spend driven by members with these 4 Chronic Conditions and an overall avg. 95% PCP Engagement

Asthma

6.3% of Members



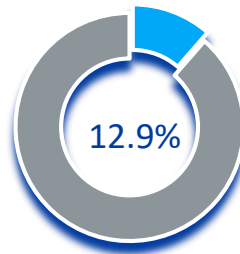
■ Paid ■ Medical Paid

Average paid
Per Claimant
\$9,256

Member
Engagement
96.9%

Cardio Hypertension

5.7% of Members



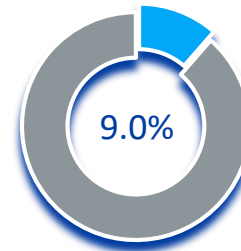
■ Paid ■ Medical Paid

Average paid
Per Claimant
\$10,252

Member
Engagement
95.8%

CAD

1.9% of Members



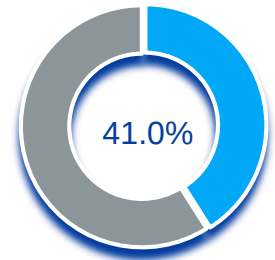
■ Paid ■ Medical Paid

Average paid
Per Claimant
\$21,209

Member
Engagement
100.0%

Diabetes

20.4% of Members



■ Paid ■ Medical Paid

Average paid
Per Claimant
\$8,961

Member
Engagement
95.9%

**Data obtained for this slide is for Eval period Aug-2020 thru Jul-2021*

Catastrophic Cases
High Cost Claimants

Catastrophic Cases Summary (>\$50k)



10.8 Catastrophic Cases Per 1000

Prior: 8.3 ▲ 29.8%

81 Individuals (65 Prior Period)
1.08% of the population



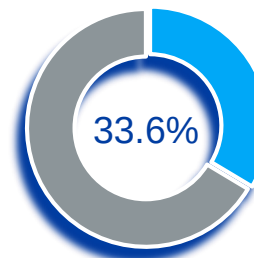
\$123,114
Average Paid Per Case

Prior: \$105,093 ▲ 17.1%

% of Total Med/Rx Spend as High Cost 24.9%

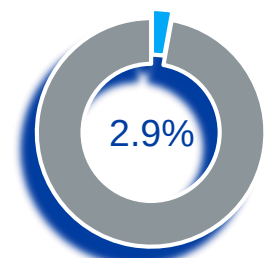
% Paid Attributed to Catastrophic Cases

Medical



■ HCC Spend ■ Non HCC

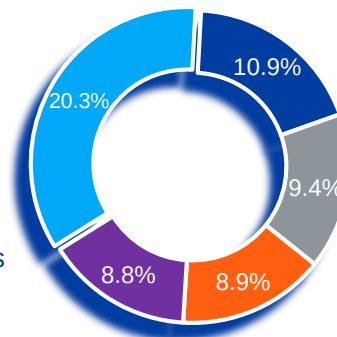
Pharmacy



■ HCC Spend ■ Non HCC

Top 5 AHRQ Chapter Description by Paid

- Neoplasms
- Diseases of the circulatory system
- Diseases of the digestive system
- Symptoms; signs; and ill-defined conditions
- Mental Illness



Claims and Spend by Relationship

