

# **KENTUCKY PERSONNEL CABINET**

## Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance  
Board Members

July 2016

# DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

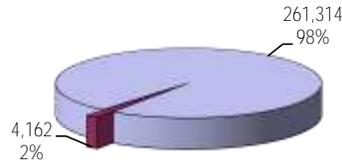
## Enrollment

Fact	Mar 2015 - Feb 2016	Mar 2014 - Feb 2015	% Change
Employees Avg Med	148,199	150,204	-1.34%
Members Avg Med	262,003	263,034	-0.39%
Family Size Avg	1.8	1.8	0.96%
Member Age Avg	37.1	37.1	-0.18%

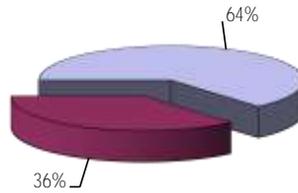
## High Cost Claimants

Mar 15—Feb 16

### % of High Cost Patients



### % of Total Net Payments (Med and Rx)

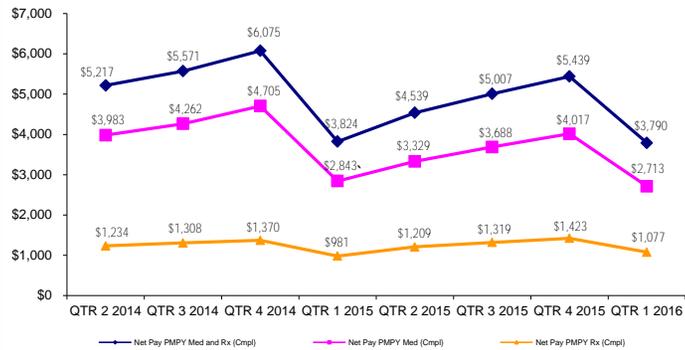


## Prescription Drug Programs

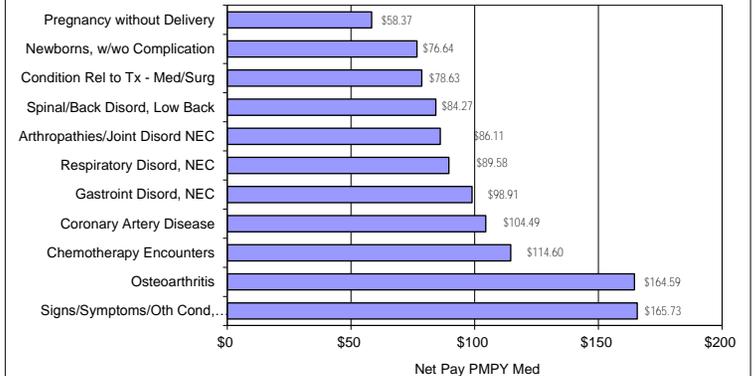
	Fact	Mar 2014 - Feb 2015	Mar 2015 - Feb 2016	% Change
Mail Order	Discount Off AWP % Rx	54.55%	53.02%	-2.81%
	Scripts Generic Efficiency Rx	93.95%	95.33%	1.48%
Retail	Discount Off AWP % Rx	61.56%	54.75%	-11.06%
	Scripts Generic Efficiency Rx	94.97%	95.60%	0.66%
Total	Discount Off AWP % Rx	60.16%	54.28%	-9.77%
	Scripts Generic Efficiency Rx	94.87%	95.57%	0.74%
	Scripts Maint Rx % Mail Order	13.68%	14.45%	5.61%

## Net Incurred Claims Cost per Member

(PMPY Costs as Calculated at the end of each Quarter)



## Top 10 Clinical Conditions



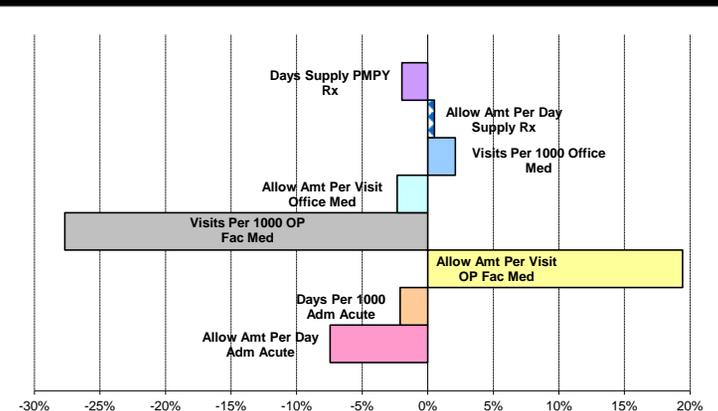
## Allowed Claims Costs PMPY with Norms

	Mar 2014 - Feb 2015	Mar 2015 - Feb 2016	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med (Cmpl)	\$4,778.04	\$4,213.73	-12%	\$4,409.21	-4.64%
Allow Amt PMPY IP Acute (Cmpl)	\$1,362.98	\$1,208.91	-11%	N/A	N/A
Allow Amt PMPY OP Med (Cmpl)	\$3,395.89	\$2,990.59	-12%	\$3,082.88	-3.09%
Allow Amt PMPY OP Fac Med (Cmpl)	\$1,891.81	\$1,635.17	-14%	N/A	N/A
Allow Amt PMPY Office Med (Cmpl)	\$874.52	\$872.52	0%	N/A	N/A
Allow Amt PMPY OP Lab (Cmpl)	\$314.40	\$205.33	-35%	N/A	N/A
Allow Amt PMPY OP Rad (Cmpl)	\$490.46	\$433.30	-12%	N/A	N/A
Out of Pocket PMPY Med (Cmpl)	\$730.10	\$713.45	-2%	\$613.06	14.07%
Allow Amt PMPY Rx (Cmpl)	\$1,501.66	\$1,479.35	-1%	\$1,234.17	16.57%
Out of Pocket PMPY Rx (Cmpl)	\$270.86	\$220.75	-19%	\$0.00	N/A

## Cost Drivers Support

Fact	Mar 2014 - Feb 2015	Mar 2015 - Feb 2016	% Change
Allow Amt Per Day Adm Acute	\$4,626.37	\$4,281.85	-7.45%
Days Per 1000 Adm Acute	285.90	279.86	-2.11%
Allow Amt Per Visit OP Fac Med	\$1,205.32	\$1,439.64	19.44%
Visits Per 1000 OP Fac Med	1,569.55	1,135.08	-27.68%
Allow Amt Per Visit Office Med	\$119.24	\$116.45	-2.34%
Visits Per 1000 Office Med	7,334.06	7,488.95	2.11%
Allow Amt Per Day Supply Rx	\$2.71	\$2.73	0.51%
Days Supply PMPY Rx	553.60	542.63	-1.98%

## Cost Drivers—Utilization and Price Trends



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## **Introduction**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

## **Overview**

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. Truven warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

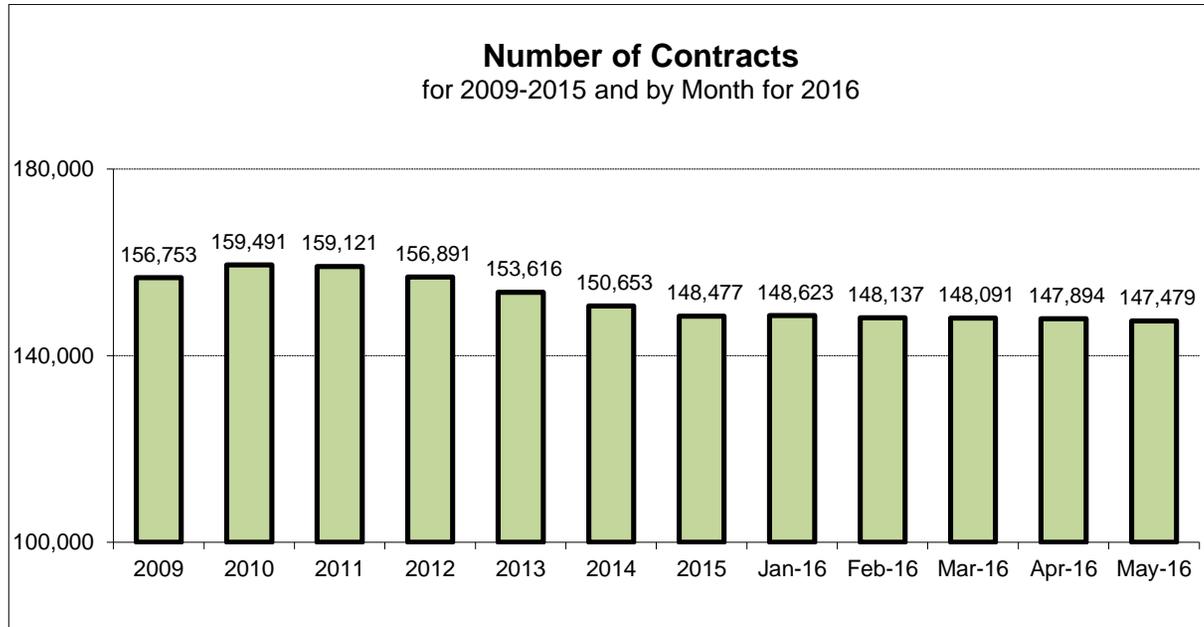
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2015, Advantage Suite processed enrollment information for a total of 261,938 members as well as 7,670,160 claims (3,223,507 Medical claims and 4,446,653 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

## Definitions

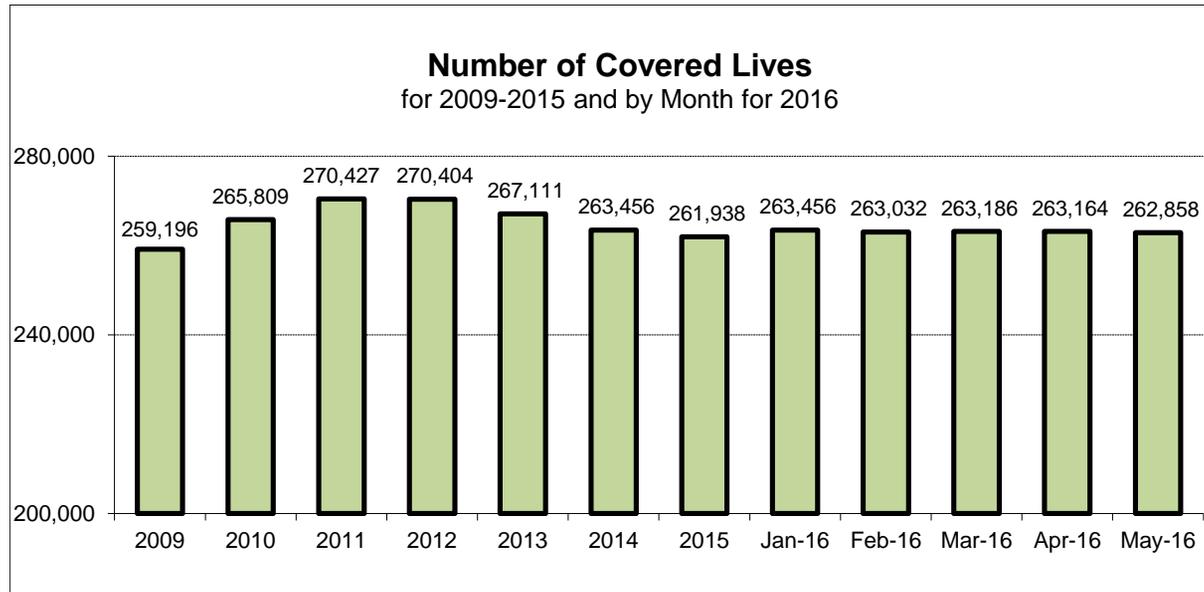
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Standard PPO, Standard CDHP, LivingWell PPO and LivingWell CDHP
- **Carrier** is claims listed by carrier. (Please note that Express Scripts data is designated as Humana and CVS is designated as Anthem).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

## Enrollment

The following chart shows planholder enrollment (contracts) for 2009-2015 and monthly year-to-date for 2016. Enrollment will fluctuate on a monthly basis (Approximately 7,500 cross-referenced spouses in any given month are not included)

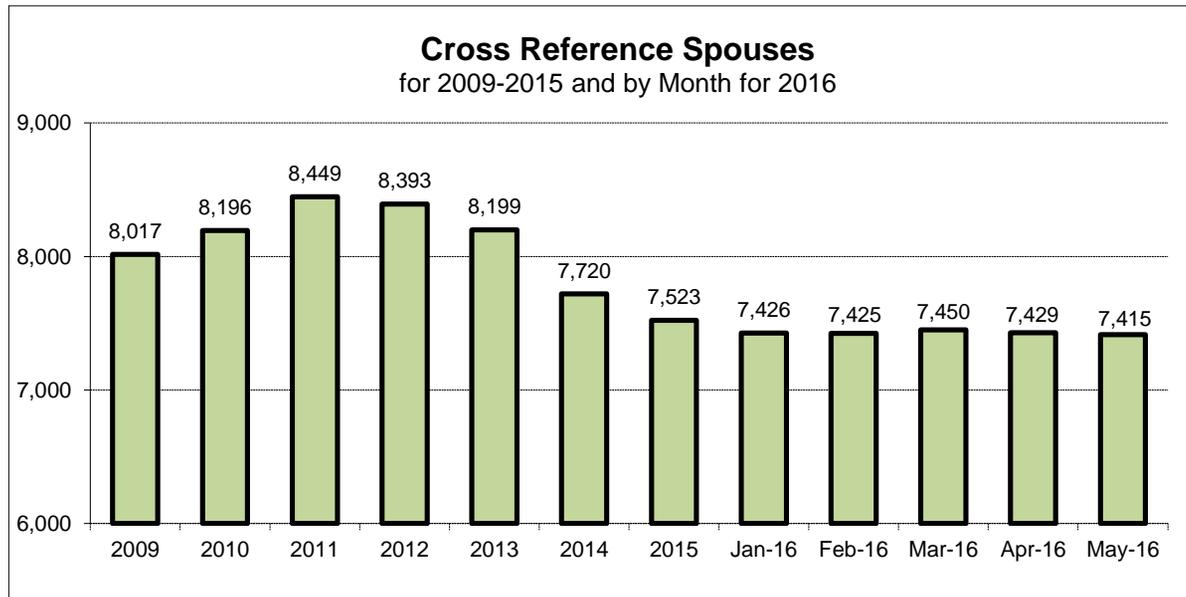


The following chart shows member enrollment (covered lives) for 2009-2015 and monthly year-to-date for 2016. Enrollment will fluctuate on a monthly basis.



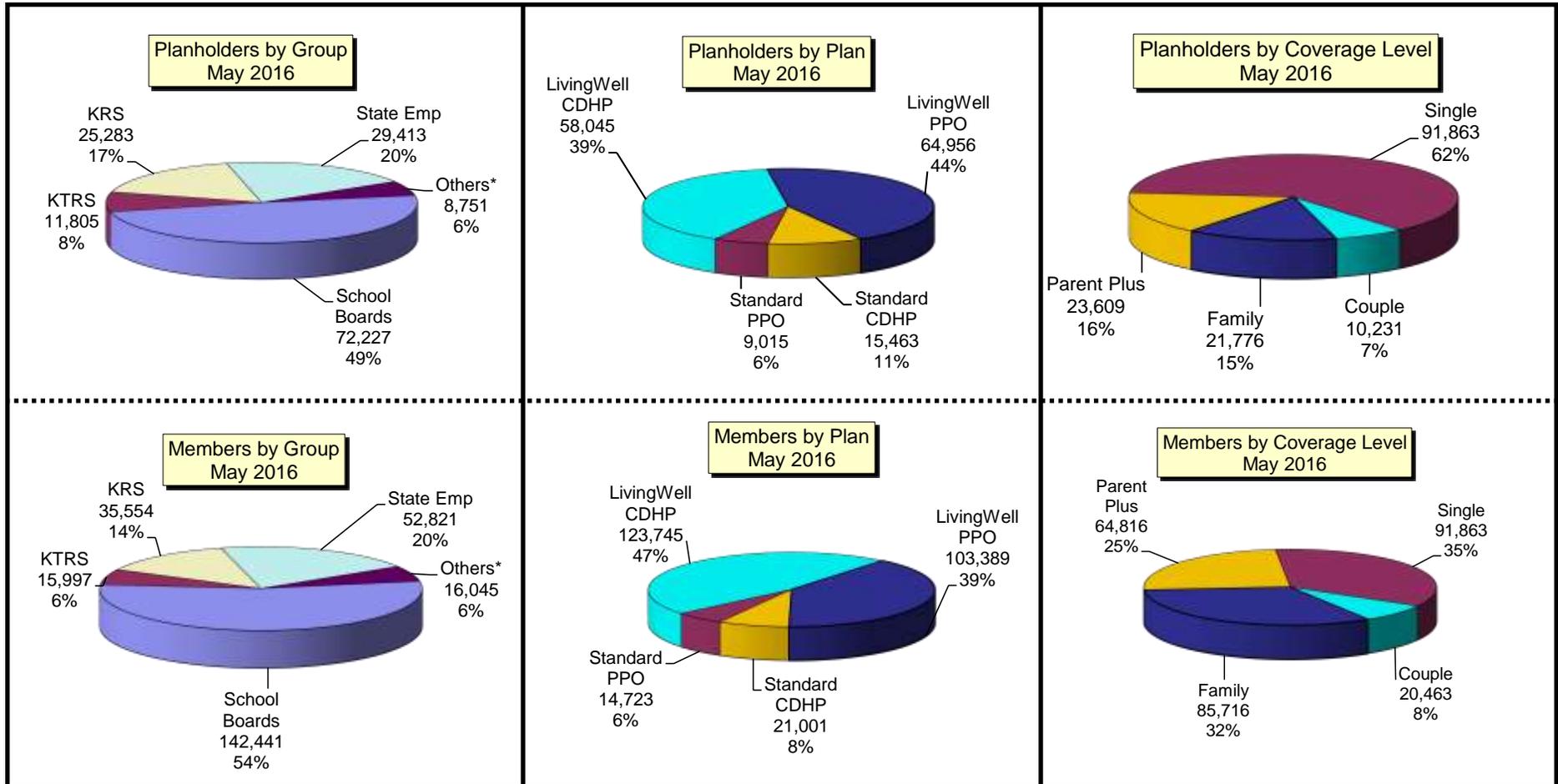
**Enrollment** *(continued)*

The following graph shows the number of cross-reference spouses for 2009-2015 and monthly year-to-date for 2016. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



## Enrollment (continued)

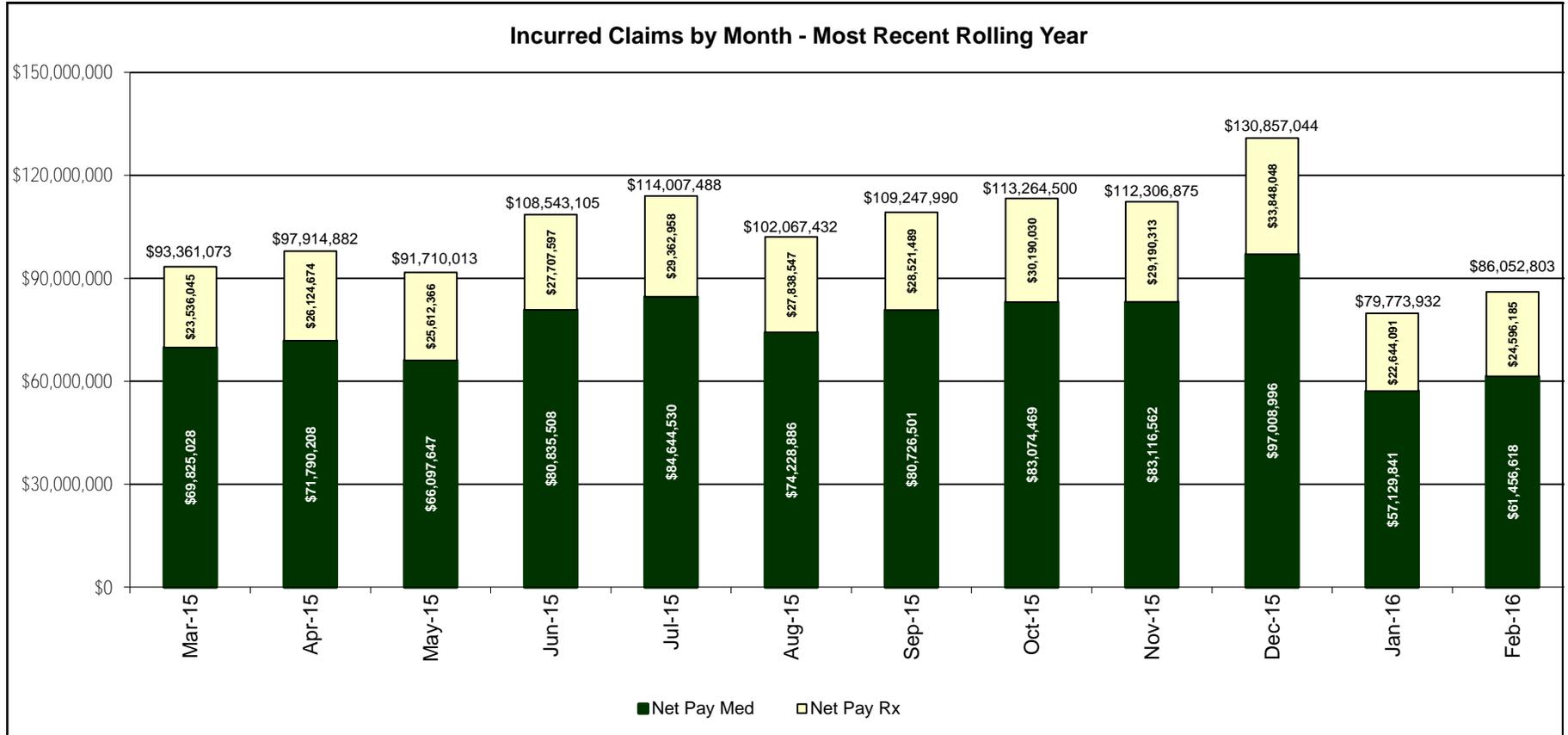
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

# Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



**Claims Costs** (continued)

The following tables represent incurred claims by Group for 2009 - 2015 and monthly year-to-date for 2016.

**INCURRED MEDICAL CLAIMS (no Rx) by Group:**

<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others</b>	<b>Totals</b>
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,251,898	\$134,399,726	\$218,395,487	\$193,151,301	\$79,182,411	\$1,092,380,824
2011	\$475,939,979	\$137,632,074	\$239,407,280	\$200,932,917	\$80,536,373	\$1,134,448,624
2012	\$507,681,774	\$138,118,714	\$243,217,120	\$206,804,511	\$90,085,615	\$1,185,907,733
2013	\$523,689,024	\$134,541,840	\$232,179,281	\$214,229,963	\$96,163,847	\$1,200,803,955
2014	\$465,112,511	\$121,029,097	\$216,483,334	\$202,990,353	\$80,366,614	\$1,085,981,909
2015	\$401,976,582	\$99,810,892	\$186,611,538	\$158,278,230	\$61,754,706	\$908,431,949
Jan 2016	\$25,395,909	\$6,212,977	\$11,745,709	\$10,290,727	\$3,484,519	\$57,129,841
Feb 2016	\$26,448,654	\$6,266,720	\$13,222,898	\$11,722,788	\$3,795,558	\$61,456,618

\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

**Claims Costs** *(continued)*

The following tables represent incurred claims by Group for 2009 - 2015 and monthly year-to-date for 2016

**INCURRED Rx CLAIMS (no Med) by Group:**

	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others*</b>	<b>Totals</b>
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,624,203	\$49,399,459	\$89,783,758	\$55,125,407	\$21,022,918	\$344,955,745
2011	\$126,659,101	\$48,675,489	\$92,082,668	\$54,232,323	\$20,434,256	\$342,083,837
2012	\$133,983,235	\$50,751,278	\$88,781,373	\$58,571,312	\$21,662,510	\$353,749,707
2013	\$140,311,249	\$50,990,433	\$78,583,695	\$60,381,053	\$22,626,889	\$352,893,319
2014	\$131,098,372	\$43,053,078	\$73,830,755	\$55,742,692	\$20,893,420	\$324,618,317
2015	\$128,736,325	\$42,224,626	\$74,117,098	\$56,229,167	\$21,557,560	\$322,864,775
Jan 2016	\$8,947,242	\$2,810,644	\$5,540,690	\$3,699,730	\$1,645,785	\$22,644,091
Feb 2016	\$10,091,956	\$2,946,501	\$5,682,105	\$4,216,445	\$1,659,179	\$24,596,185

\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

**Claims Costs** *(continued)*

The following tables represent incurred claims by Plan for 2009-2015 and monthly year-to-date for 2016.

**INCURRED MEDICAL CLAIMS (no Rx) by PLAN:**

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$115,052,390	\$44,250,277	\$839,555,872	\$14,550,862					\$4,290,752	\$1,017,847,892
2010	\$120,801,466	\$56,099,090	\$893,370,461	\$15,244,745					\$6,865,062	\$1,092,380,824
2011	\$145,752,975	\$71,531,690	\$872,004,689	\$39,637,013					\$5,522,257	\$1,134,448,624
2012	\$159,420,476	\$75,626,849	\$887,301,358	\$53,534,574	(\$83)	(\$1,306)	(\$277)	\$0	\$10,026,143	\$1,185,909,745
2013	\$157,512,671	\$78,703,350	\$875,934,324	\$65,114,150	\$216,633	\$876,162	\$1,179,585	\$1,083,964	\$11,952,397	\$1,192,575,248
2014	\$1,510	\$529	\$75,560	\$15,221	\$57,385,008	\$46,095,825	\$598,721,978	\$375,470,631	\$8,215,648	\$1,085,983,923
2015	\$0	\$0	\$0	\$0	\$44,384,074	\$42,745,213	\$443,426,448	\$372,410,959	\$5,465,255	\$908,433,964
Jan 2016	\$0	\$0	\$0	\$0	\$3,193,931	\$3,126,914	\$28,167,485	\$22,362,594	\$278,917	\$57,172,211
Feb 2016	\$0	\$0	\$0	\$0	\$3,074,381	\$2,975,937	\$31,702,020	\$23,587,444	\$116,837	\$61,499,019

\*Missing means the claims could not be tagged to a specific plan.

**Claims Costs** *(continued)*

The following tables represent incurred claims by Plan for 2009-2015 and monthly year-to-date for 2016.

**INCURRED Rx CLAIMS (no Med) by PLAN:**

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729					\$627,662	\$315,766,619
2010	\$37,400,953	\$10,541,054	\$292,411,029	\$3,839,193					\$763,517	\$344,955,745
2011	\$44,303,915	\$13,658,792	\$275,615,919	\$8,069,769					\$435,441	\$342,083,836
2012	\$47,436,530	\$14,365,504	\$280,632,291	\$10,764,647					\$550,735	\$353,749,707
2013	\$46,693,999	\$15,357,135	\$276,749,095	\$14,030,828					-\$153,326	\$352,677,732
2014	\$3,375	\$220	\$33,102	\$3,098					\$313,228	\$353,022
2015	\$0	\$0	\$0	\$0	\$15,982,951	\$6,827,816	\$201,329,979	\$98,649,218	\$74,811	\$322,864,775
Jan 2016	\$0	\$0	\$0	\$0	\$1,398,877	\$388,547	\$16,293,793	\$4,547,306	\$15,569	\$22,644,091
Feb 2016	\$0	\$0	\$0	\$0	\$1,467,163	\$314,989	\$16,469,058	\$6,320,036	\$24,939	\$24,596,185

\*Missing means the claims could not be tagged to a specific plan.

**Claims Costs** (continued)

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2009-2015 and monthly year-to-date for 2016.

**INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:**

<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,490,560	\$207,327,688	\$168,831,673	\$547,945,617	\$6,785,286	\$1,092,380,824
2011	\$159,448,230	\$231,732,200	\$184,502,900	\$553,571,504	\$5,473,567	\$1,134,728,400
2012	\$159,856,516	\$247,003,535	\$194,212,198	\$574,926,707	\$9,908,778	\$1,185,907,733
2013	\$145,507,029	\$251,770,711	\$207,256,121	\$576,091,144	\$11,948,229	\$1,192,573,235
2014	\$131,271,014	\$239,092,700	\$182,552,523	\$524,850,024	\$8,215,648	\$1,085,981,909
2015	\$112,433,111	\$212,549,351	\$153,978,386	\$424,005,845	\$5,465,255	\$908,431,949
Jan 2016	\$7,359,442	\$12,852,384	\$10,277,904	\$26,361,194	\$278,917	\$57,129,841
Feb 2016	\$7,275,916	\$14,184,017	\$9,844,767	\$30,035,080	\$116,837	\$61,456,618

\*Unable to tag claims to a specific coverage level

## **Claims Costs** *(continued)*

The following represents incurred RX claims only (does not include medical) by Coverage Level for 2009-2015 and monthly year-to-date for 2016.

### **INCURRED Rx CLAIMS (no Med) by Coverage Level:**

<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,759	\$64,920,207	\$41,129,813	\$180,993,674	\$716,292	\$344,955,745
2011	\$55,944,577	\$66,704,498	\$43,290,721	\$175,791,341	\$352,568	\$342,083,705
2012	\$54,761,601	\$70,977,910	\$47,935,016	\$179,708,356	\$366,823	\$353,749,707
2013	\$50,604,750	\$72,780,959	\$51,981,507	\$177,679,696	-\$153,593	\$352,893,319
2014	\$45,477,497	\$67,741,378	\$45,635,023	\$165,451,192	\$313,228	\$324,618,317
2015	\$42,908,285	\$68,735,976	\$45,060,335	\$166,085,368	\$74,811	\$322,864,775
Jan-16	\$2,787,811	\$4,436,150	\$3,131,000	\$12,273,560	\$15,569	\$22,644,091
Feb-16	\$3,232,854	\$5,231,749	\$3,350,310	\$12,756,333	\$24,939	\$24,596,185

*\*Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on medical claims\* (does not include Rx) incurred for Jan-Feb 2016.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt Sgovt	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute Rcnt Sgovt	%Diff from Rcnt SGovt	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	55.80	60.60	-7.92%	3.77	4.40	-14.32%	210.41	267.00	-21.19%
LivingWell PPO	59.15	60.60	-2.39%	4.58	4.40	4.09%	271.06	267.00	1.52%
Standard CDHP	45.20	60.60	-25.41%	4.37	4.40	-0.68%	197.59	267.00	-26.00%
Standard PPO	64.25	60.60	6.02%	5.08	4.40	15.45%	326.51	267.00	22.29%
<b>Average</b>	<b>56.75</b>	<b>60.60</b>	<b>-6.35%</b>	<b>4.23</b>	<b>4.40</b>	<b>-3.86%</b>	<b>239.89</b>	<b>267.00</b>	<b>-10.15%</b>

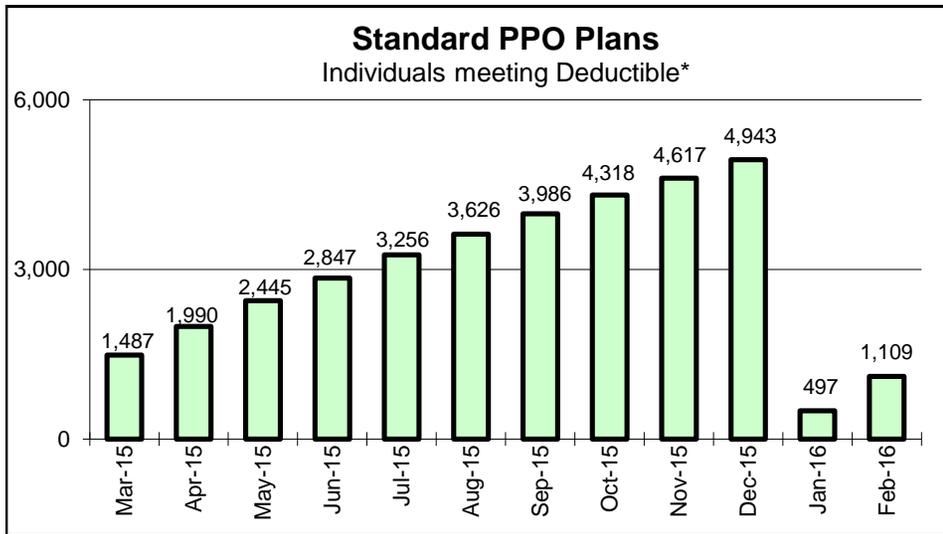
Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med Rcnt Sgovt	%Diff from Rcnt SGovt	Visits Per 1000 ER	Visits Per 1000 ER Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	6,845.28	7,904.00	-13.39%	157.43	224.00	-29.72%
LivingWell PPO	8,139.49	7,904.00	2.98%	182.36	224.00	-18.59%
Standard CDHP	3,999.91	7,904.00	-49.39%	193.90	224.00	-13.44%
Standard PPO	5,536.87	7,904.00	-29.95%	203.31	224.00	-9.24%
<b>Average</b>	<b>7,055.96</b>	<b>7,904.00</b>	<b>-10.73%</b>	<b>172.79</b>	<b>224.00</b>	<b>-22.86%</b>

Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	%Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	7,201.87	7,626.91	-5.57%	1,955.79	1,942.23	0.70%
LivingWell PPO	9,729.16	8,799.79	10.56%	2,637.63	2,423.58	8.83%
Standard CDHP	5,617.61	8,374.11	-32.92%	1,581.60	2,115.92	-25.25%
Standard PPO	7,286.93	8,657.88	-15.83%	1,970.45	2,283.17	-13.70%
<b>Average</b>	<b>8,079.71</b>	<b>8,208.73</b>	<b>-1.57%</b>	<b>2,196.43</b>	<b>2,165.74</b>	<b>1.42%</b>

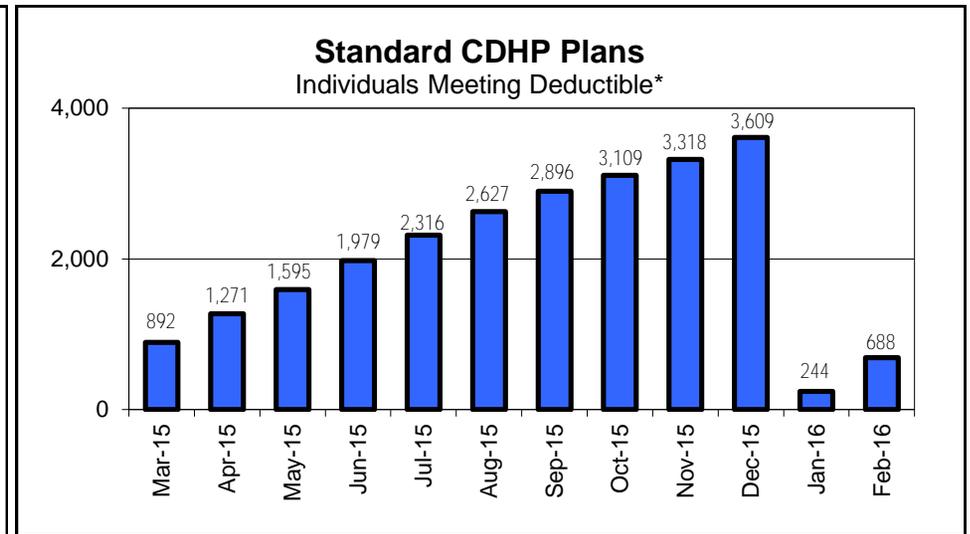
\*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

## Analysis of Individuals and Families Meeting Their Deductibles

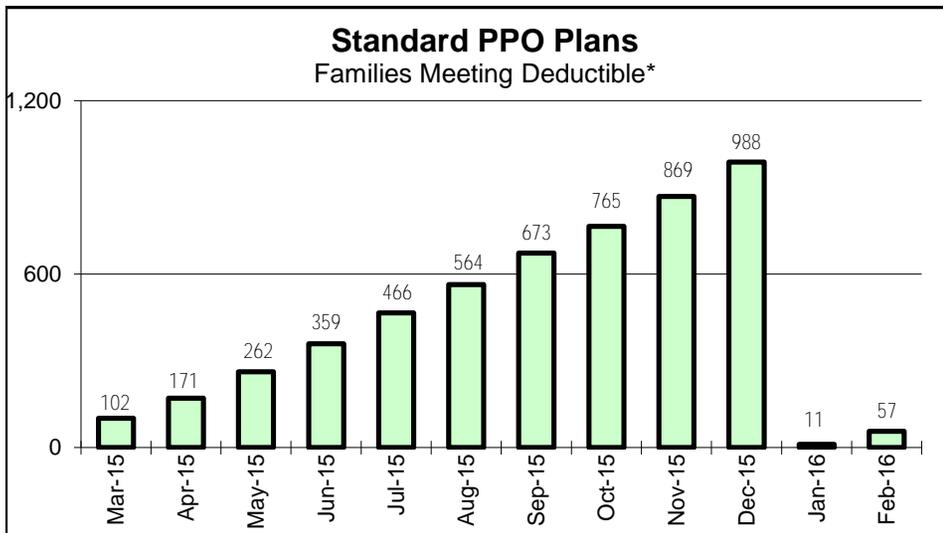
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



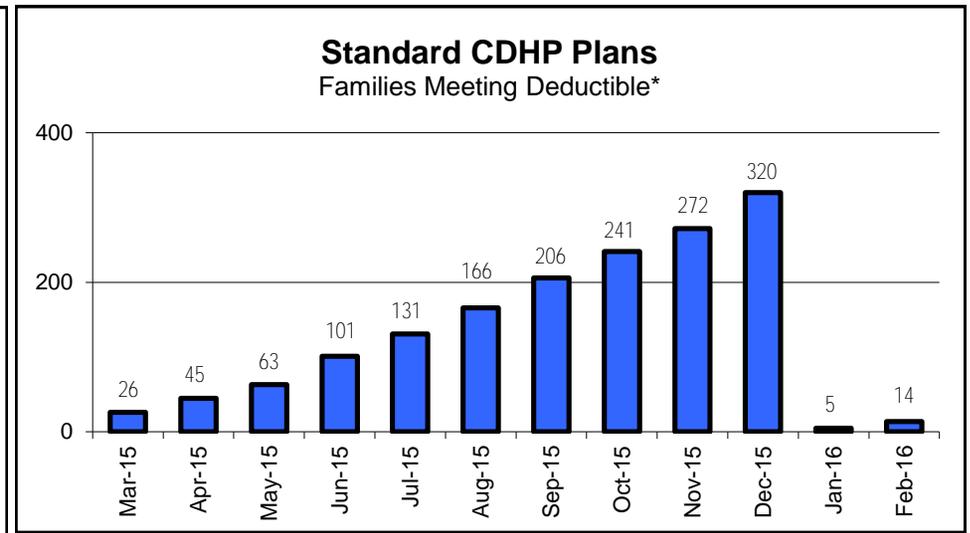
\* 2014 and 2015 Individual Deductible is \$750



\* 2014 and 2015 Individual Deductible is \$1,750



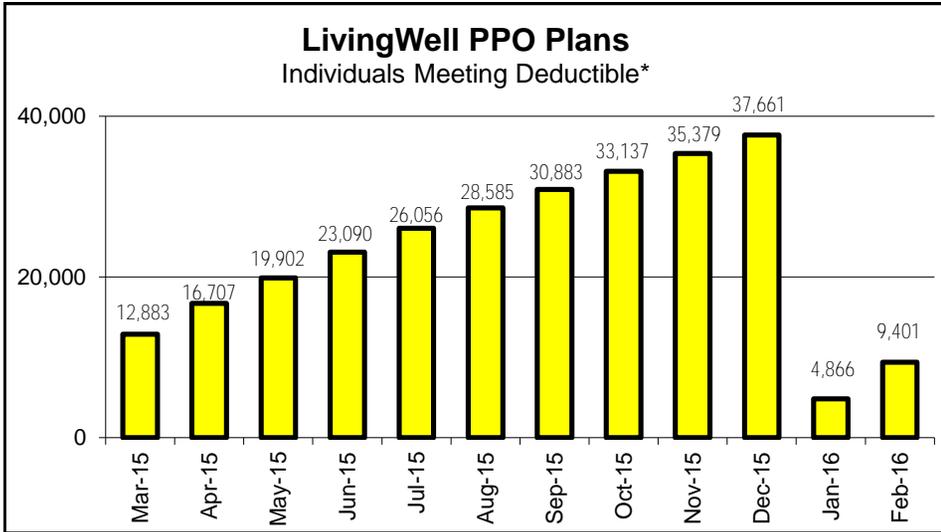
\* 2014 and 2015 Family Deductible is \$1,500



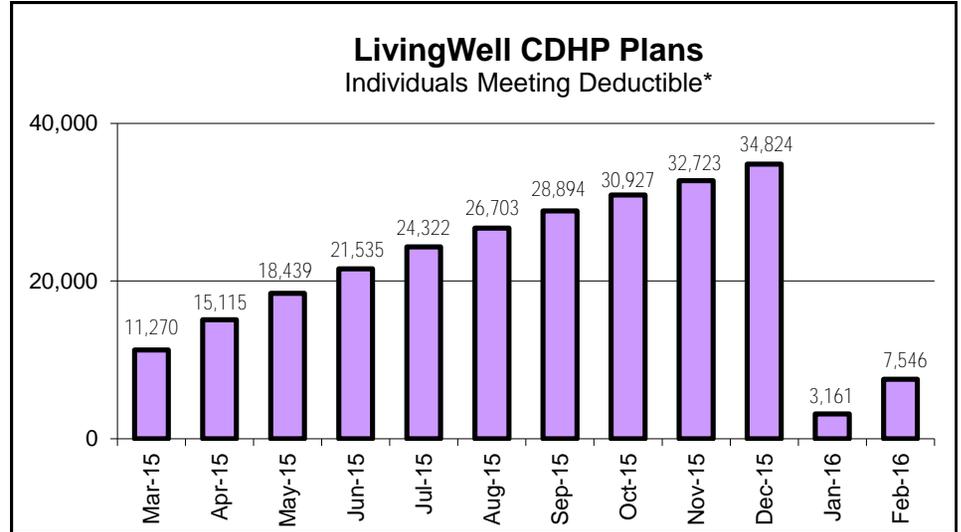
\* 2014 and 2015 Family Deductible is \$3,500

**Analysis of Individuals and Families Meeting Their Deductibles** (continued)

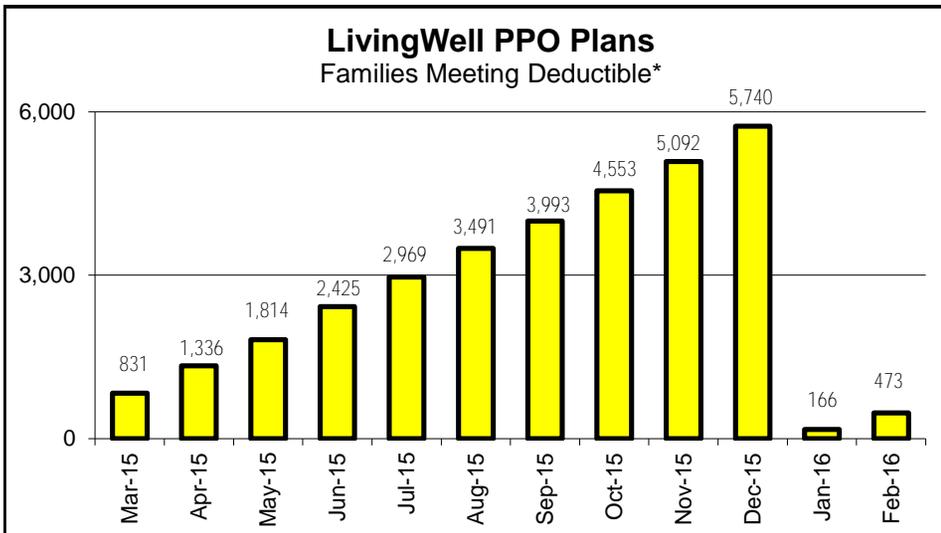
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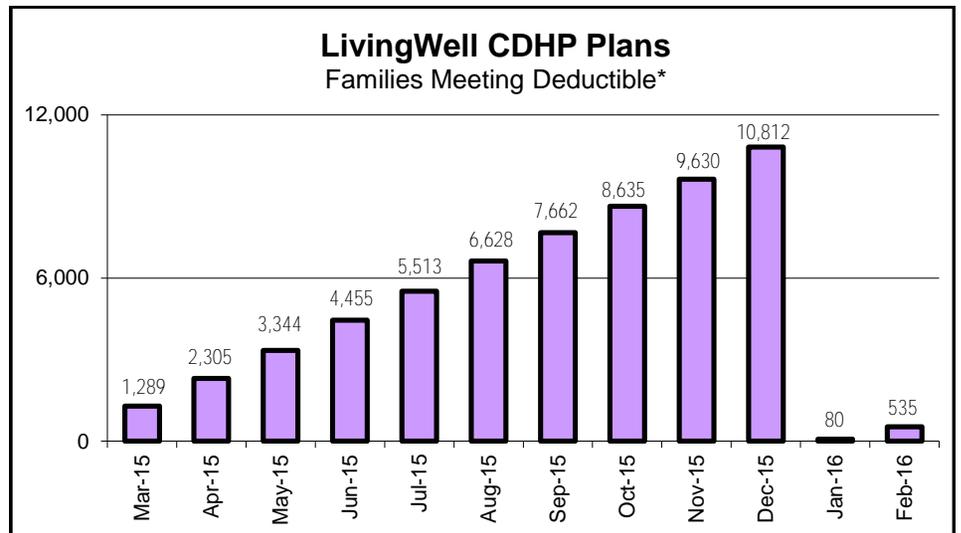
\* 2014 and 2015 Individual Deductible is \$500



\* 2014 and 2015 Individual Deductible is \$1,250



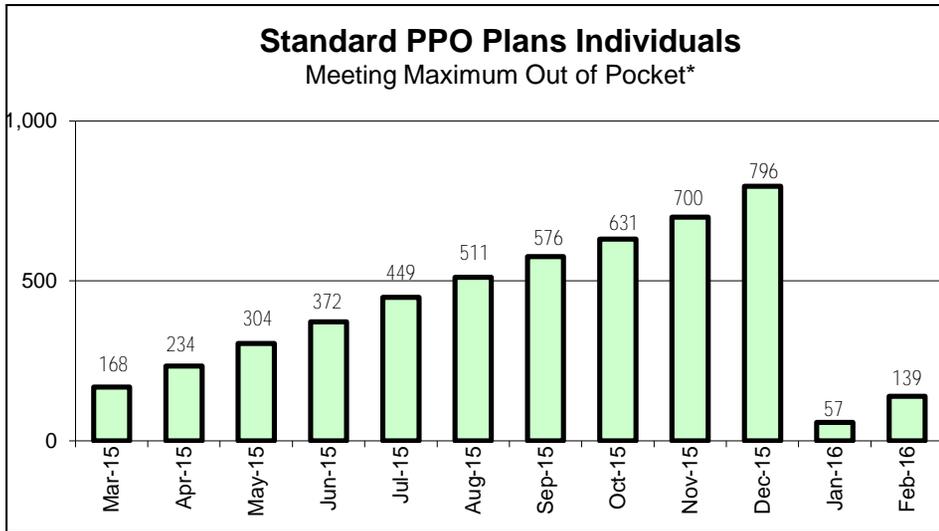
\* 2014 and 2015 Family Deductible is \$1,000



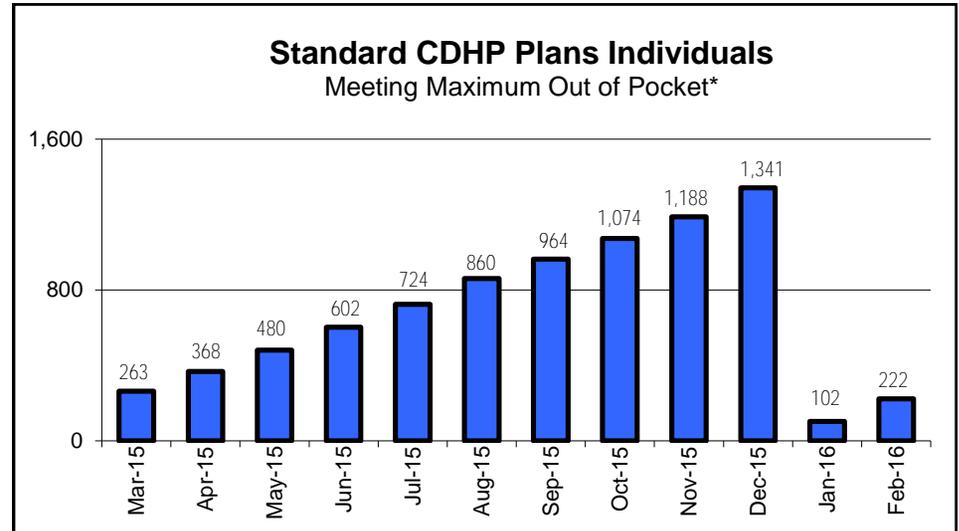
\* 2014 and 2015 Family Deductible is \$2,500

## Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

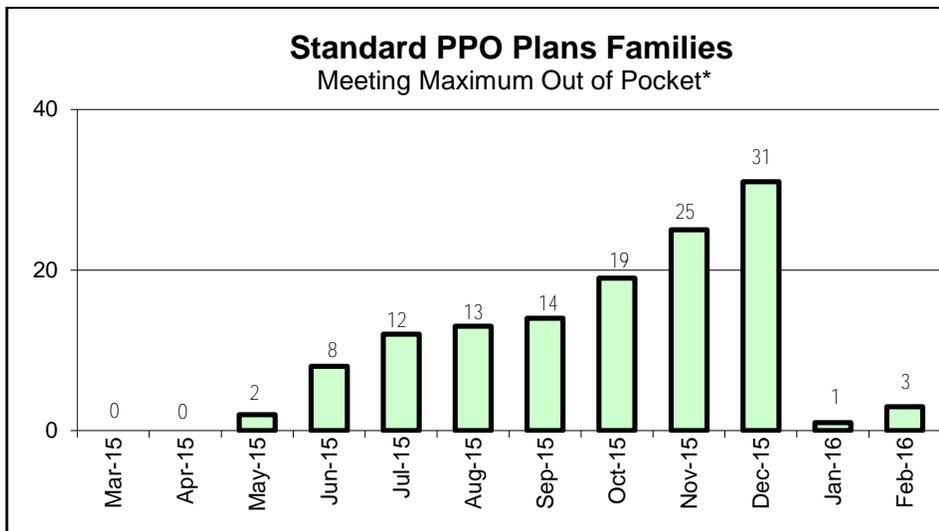
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



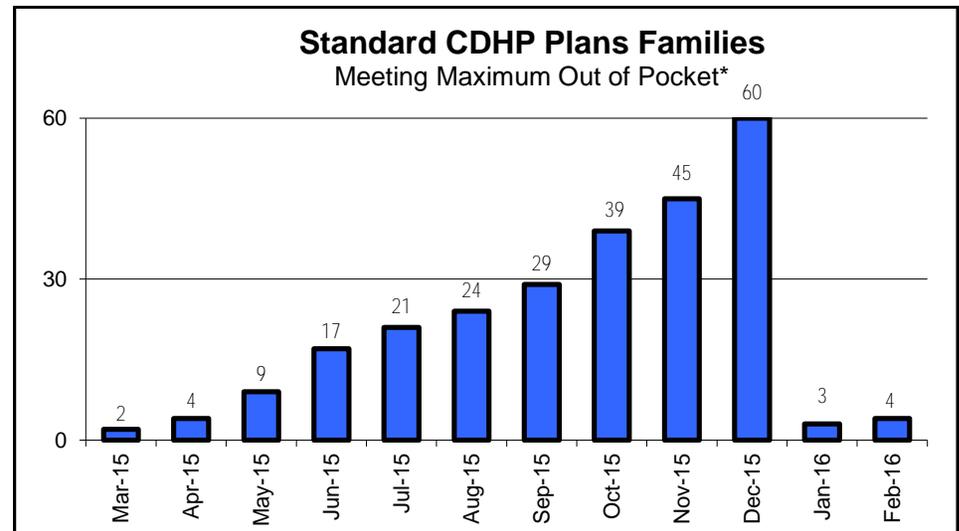
\* 2014 and 2015 Individual Maximum Out of Pocket is \$3,500



\* 2014 and 2015 Individual Maximum Out of Pocket is \$3,500



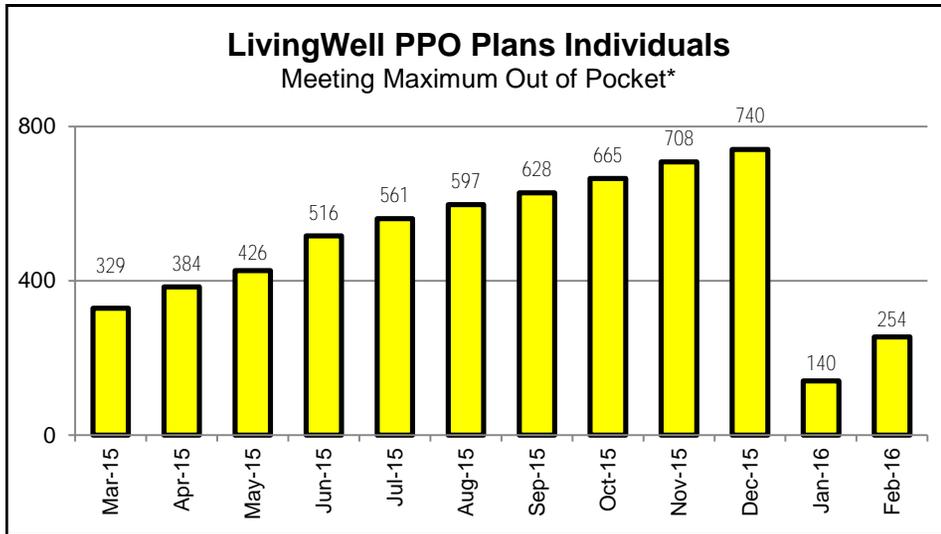
\* 2014 and 2015 Maximum Out of Pocket is \$7,000



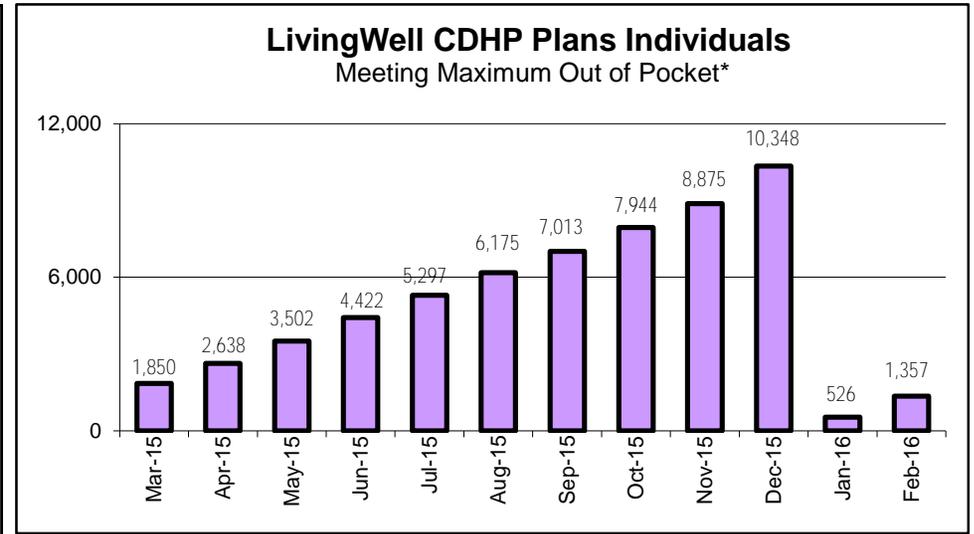
\* 2014 and 2015 Family Maximum Out of Pocket is \$7,000

## Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

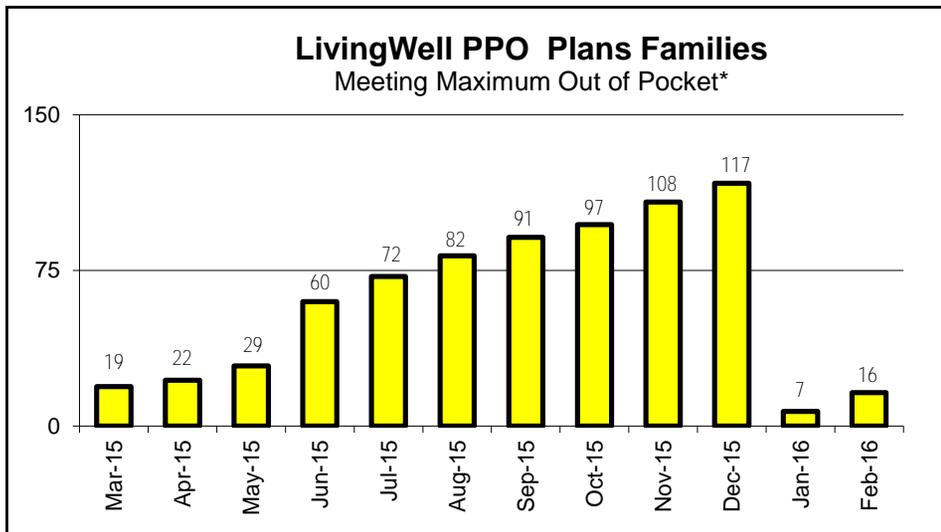
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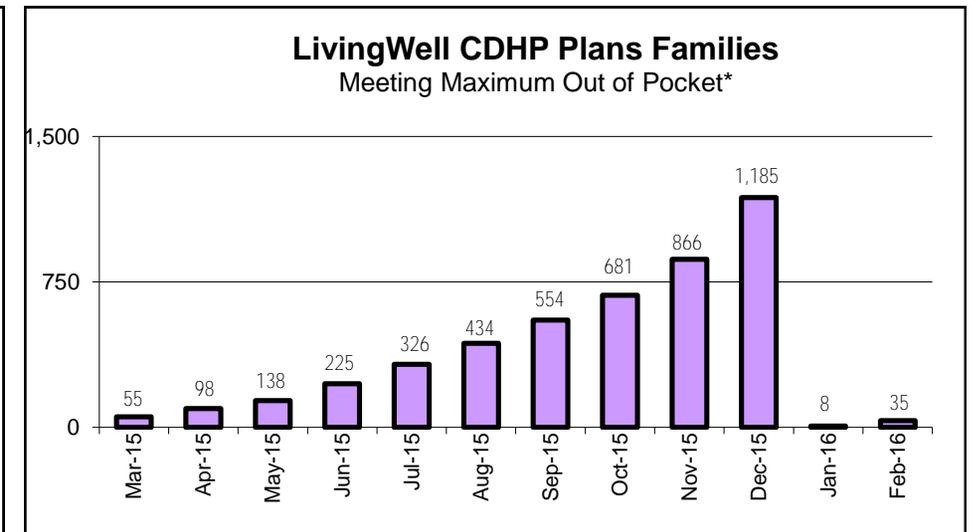
\* 2014 and 2015 Maximum Out of Pocket is \$2,500



\* 2014 and 2015 Individual Max Out of Pocket is \$2,500



\* 2014 and 2015 Family Maximum Out of Pocket is \$5,000



\* 2014 and 2015 Family Maximum Out of Pocket is \$5,000

## Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket (MOOP) expense for the years 2009-2016. This report is based on incurred claims.

<b>Individuals and Families in CW Standard PPO (2009-13) and Standard PPO (2014— )</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Percent Meeting Deductible</b>	<b>Max Out of Pocket</b>	<b>Percent Meeting MOOP</b>	<b>Deductible</b>	<b>Percent Meeting Deductible</b>	<b>Max Out of Pocket</b>	<b>Percent Meeting MOOP</b>
2009	CW Standard PPO	\$750	<b>32.06%</b>	\$3,500	<b>5.85%</b>	\$1,500	<b>8.74%</b>	\$7,000	<b>1.14%</b>
2010	CW Standard PPO	\$500	<b>38.12%</b>	\$3,500	<b>4.81%</b>	\$1,500	<b>3.61%</b>	\$7,000	<b>0.73%</b>
2011	CW Standard PPO	\$500	<b>39.40%</b>	\$3,500	<b>4.55%</b>	\$1,500	<b>3.99%</b>	\$7,000	<b>0.56%</b>
2012	CW Standard PPO	\$500	<b>40.49%</b>	\$3,500	<b>4.80%</b>	\$1,500	<b>4.98%</b>	\$7,000	<b>0.77%</b>
2013	CW Standard PPO	\$600	<b>36.86%</b>	\$3,000	<b>6.45%</b>	\$1,800	<b>4.35%</b>	\$6,000	<b>1.62%</b>
2014	Standard PPO	\$750	<b>34.91%</b>	\$3,500	<b>6.82%</b>	\$1,500	<b>10.68%</b>	\$7,000	<b>0.82%</b>
2015	Standard PPO	\$750	<b>33.21%</b>	\$3,500	<b>5.35%</b>	\$1,500	<b>9.50%</b>	\$7,000	<b>0.30%</b>
2016	Standard PPO	\$750	<b>7.52%</b>	\$3,500	<b>0.94%</b>	\$1,500	<b>0.62%</b>	\$7,000	<b>0.03%</b>

<b>Individuals and Families in Capitol Choice (2009-13) and Standard CDHP (2014—)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Percent Meeting Deductible</b>	<b>Max Out of Pocket</b>	<b>Percent Meeting MOOP</b>	<b>Deductible</b>	<b>Percent Meeting Deductible</b>	<b>Max Out of Pocket</b>	<b>Percent Meeting MOOP</b>
2009	Capitol Choice	\$500	<b>27.85%</b>	\$2,000	<b>1.86%</b>	\$1,500	<b>0.59%</b>	\$6,000	<b>0.01%</b>
2010	Capitol Choice	\$500	<b>25.19%</b>	\$2,000	<b>1.84%</b>	\$1,500	<b>0.49%</b>	\$6,000	<b>0.01%</b>
2011	Capitol Choice	\$575	<b>24.93%</b>	\$2,300	<b>1.61%</b>	\$1,725	<b>0.45%</b>	\$6,900	<b>0.01%</b>
2012	Capitol Choice	\$600	<b>25.70%</b>	\$2,400	<b>1.46%</b>	\$1,800	<b>0.55%</b>	\$7,000	<b>0.01%</b>
2013	Capitol Choice	\$615	<b>25.18%</b>	\$2,470	<b>1.90%</b>	\$1,850	<b>0.52%</b>	\$7,400	<b>0.15%</b>
2014	Standard CDHP	\$1,750	<b>20.45%</b>	\$3,500	<b>7.38%</b>	\$3,500	<b>2.41%</b>	\$7,000	<b>0.47%</b>
2015	Standard CDHP	\$1,750	<b>17.59%</b>	\$3,500	<b>6.54%</b>	\$3,500	<b>1.76%</b>	\$7,000	<b>0.33%</b>
2016	Standard CDHP	\$1,750	<b>3.26%</b>	\$3,500	<b>1.05%</b>	\$3,500	<b>0.09%</b>	\$7,000	<b>0.03%</b>

## Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2009-2016 This report is based on incurred claims.

Individuals and Families in Optimum PPO (2009-13) and LivingWell PPO (2014— )									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.16%	\$1,295	9.99%	\$690	7.31%	\$2,590	1.36%
2012	Optimum PPO	\$355	24.87%	\$1,350	9.93%	\$720	5.51%	\$2,700	1.38%
2013	Optimum PPO	\$370	24.86%	\$1,390	11.11%	\$740	7.64%	\$2,780	1.72%
2014	LivingWell PPO	\$500	11.85%	\$2,500	3.74%	\$1,000	4.70%	\$3,000	0.49%
2015	LivingWell PPO	\$500	34.95%	\$2,500	0.69%	\$1,000	7.85%	\$3,000	0.16%
2016	LivingWell PPO	\$500	9.02%	\$2,500	0.24%	\$1,000	0.72%	\$3,000	0.02%

Individuals and Families in Maximum Choice (2009-13) and LivingWell CDHP (2014— )									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%
2011	Maximum Choice	\$2,300	14.60%	\$3,455	4.53%	\$3,455	18.28%	\$5,185	4.37%
2012	Maximum Choice	\$2,325	14.71%	\$3,550	4.16%	\$3,530	18.82%	\$5,280	3.99%
2013	Maximum Choice	\$2,450	14.55%	\$3,700	4.04%	\$3,650	19.22%	\$5,400	3.56%
2014	LivingWell CDHP	\$1,250	29.04%	\$2,500	8.89%	\$2,500	17.39%	\$5,000	2.24%
2015	LivingWell CDHP	\$1,250	29.32%	\$2,500	8.71%	\$2,500	17.56%	\$5,000	1.92%
2016	LivingWell CDHP	\$1,250	6.12%	\$2,500	1.10%	\$2,500	0.92%	\$5,000	0.06%

### **Premium (or Premium Equivalent)**

The following details the amount of premium\* (or premium equivalent) paid by the employee and employer for 2009-2015 and monthly through 2016.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
2012	\$271,663,955	\$1,332,767,157	\$1,604,431,112
2013	\$271,156,377	\$1,329,854,915	\$1,601,011,292
2014	\$265,431,508	\$1,348,631,926	\$1,614,063,434
2015	\$256,371,746	\$1,362,686,924	\$1,619,058,670
Jan-16	\$21,361,644	\$116,292,534	\$137,654,178
Feb-16	\$21,337,003	\$115,987,652	\$137,324,655
Mar-16	\$21,322,139	\$115,980,478	\$137,302,617
Apr-16	\$21,319,786	\$115,865,541	\$137,185,328
May-16	\$21,289,987	\$115,596,143	\$136,886,130

*\*Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

**Prescription Drug Utilization** (continued)

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

<b>Time Period: Paid Month</b>	<b>Generic</b>	<b>Brand Name, Generic Available</b>	<b>Brand Name</b>	<b>Other*</b>	<b>Total</b>	<b>Scripts Rx % Generic</b>	<b>Scripts Generic Efficiency Rx</b>
Jun 2015	308,899	12,158	38,541	6,826	366,424	84.30%	96.21%
Jul 2015	306,024	12,236	39,272	7,274	364,806	83.89%	96.16%
Aug 2015	303,476	12,384	38,226	8,727	362,813	83.65%	96.08%
Sep 2015	309,505	18,044	39,425	6,652	373,626	82.84%	94.49%
Oct 2015	318,326	26,451	42,774	7,218	394,769	80.64%	92.33%
Nov 2015	318,905	17,713	40,283	5,459	382,360	83.40%	94.74%
Dec 2015	351,505	14,974	43,643	6,673	416,795	84.34%	95.91%
Jan 2016	304,121	11,604	31,567	6,350	353,642	86.00%	96.32%
Feb 2016	309,618	11,412	33,862	7,021	361,913	85.55%	96.45%
Mar 2016	342,196	12,642	39,771	6,539	401,148	85.30%	96.44%
Apr 2016	312,237	9,964	37,058	7,658	366,917	85.10%	96.91%
May 2016	314,304	10,206	36,301	9,337	370,148	84.91%	96.85%

\*Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).

**Prescription Drug Utilization** (continued)

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Mar 2015	263,207	151,685	371,834	1.41	2.94	\$80.46	\$63.30	\$24.12	\$41.86
Apr 2015	263,009	152,528	367,929	1.40	2.91	\$86.11	\$71.00	\$21.02	\$36.24
May 2015	262,819	149,010	360,829	1.37	2.89	\$84.62	\$70.98	\$18.61	\$32.83
Jun 2015	262,525	150,979	366,159	1.39	2.95	\$88.56	\$75.67	\$17.85	\$31.04
Jul 2015	261,199	152,567	364,512	1.40	2.96	\$92.43	\$80.55	\$16.36	\$28.00
Aug 2015	259,931	150,967	363,296	1.40	2.92	\$87.76	\$76.63	\$15.34	\$26.42
Sep 2015	258,505	152,502	373,744	1.45	2.95	\$86.55	\$76.31	\$14.61	\$24.76
Oct 2015	261,966	162,710	394,957	1.51	2.98	\$86.23	\$76.44	\$14.49	\$23.33
Nov 2015	262,142	158,780	382,196	1.46	2.92	\$85.86	\$76.38	\$13.59	\$22.44
Dec 2015	262,241	158,193	417,199	1.59	3.13	\$90.53	\$81.13	\$14.68	\$24.34
Jan 2016	263,456	149,637	353,299	1.34	2.81	\$83.78	\$64.09	\$26.23	\$46.18
Feb 2016	263,032	153,202	361,687	1.38	2.82	\$85.35	\$68.00	\$23.67	\$40.64

*\*\*Allow Amt\*\* is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

## Prescription Drug Utilization (continued)

The following Top 25 Drug Analysis is based on Rx claims incurred Jan-Feb 2016.

Prev Rank	Curr Rank	Product Name	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as % of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	HUMIRA	Single source brand	Immunosuppressants	\$2,917,752.91	6.18%	515	\$133.52	349
2	2	ENBREL	Single source brand	Immunosuppressants	\$1,991,566.73	4.22%	381	\$126.10	257
3	3	GILENYA	Single source brand	Misc Therapeutic Agents	\$933,881.67	1.98%	86	\$197.02	61
4	4	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$920,224.27	1.95%	2,164	\$10.89	1,416
5	5	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$910,960.56	1.93%	1,141	\$20.07	916
7	6	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$804,544.02	1.70%	1,031	\$20.58	745
6	7	LANTUS SOLOSTAR	Single source brand	Hormones & Synthetic Subst	\$785,867.46	1.66%	1,456	\$13.14	1,102
12	8	CRESTOR	Single source brand	Cardiovascular Agents	\$778,893.94	1.65%	3,296	\$5.78	2,437
11	9	STELARA	Single source brand	Immunosuppressants	\$768,581.63	1.63%	68	\$137.30	69
10	10	COPAXONE	Single source brand	Misc Therapeutic Agents	\$765,500.20	1.62%	91	\$180.46	67
9	11	VICTOZA	Other/unavailable	Hormones & Synthetic Subst	\$760,617.45	1.61%	1,071	\$19.16	736
8	12	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$722,568.80	1.53%	94	\$185.37	61
14	13	DULOXETINE HCL	Single source generic	Central Nervous System	\$623,860.32	1.32%	5,099	\$3.37	3,207
17	14	ESOMEPRAZOLE MAGNESIUM	Multisource generic	Gastrointestinal Drugs	\$575,427.50	1.22%	2,438	\$5.91	1,825
13	15	HUMATROPE	Multisource brand, no generic	Hormones & Synthetic Subst	\$571,501.16	1.21%	53	\$175.09	46
16	16	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	\$552,177.37	1.17%	829	\$16.51	620
15	17	HARVONI	Single source brand	Anti-Infective Agents	\$523,953.76	1.11%	17	\$1,100.74	13
19	18	ONE TOUCH ULTRA	Other/unavailable	Diagnostic Agents	\$476,275.47	1.01%	3,367	\$3.59	2,681
20	19	ARIPIPRAZOLE	Multisource generic	Central Nervous System	\$460,113.68	0.97%	755	\$18.45	500
18	20	XOLAIR	Other/unavailable	Immunosuppressants	\$440,540.77	0.93%	140	\$80.30	95
21	21	METFORMIN HCL	Multisource generic	Hormones & Synthetic Subst	\$434,029.39	0.92%	14,757	\$0.71	10,252
-	22	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$358,876.82	0.76%	928	\$10.94	644
23	23	OMEPRAZOLE/SODIUM BICARBONATE CAPSULE	Multisource generic	Gastrointestinal Drugs	\$358,176.31	0.76%	149	\$59.50	102
-	24	LYRICA	Single source brand	Central Nervous System	\$350,608.20	0.74%	1,070	\$10.01	702
25	25	JANUMET	Single source brand	Hormones & Synthetic Subst	\$346,312.60	0.73%	799	\$10.70	541

\*"Product Name" includes all strengths/formulations of a drug

**Prescription Drug Utilization** *(continued)*

In summary, the top 25 drugs represent 5.85% of total scripts and 40.50% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$19,132,813	41,795	1,658,032
All Product Names	\$47,240,276	714,986	22,701,038
Top Drugs as Pct of All Drugs	40.50%	5.85%	7.30%

## Utilization

The top 25 clinical conditions based on incurred claims for Jan-Feb 2016.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$8,782,344	\$92,360	\$8,688,452	0.09	2.50	731.87	0.46	34,401	\$255.29
2	2	Osteoarthritis	\$5,013,103	\$3,880,290	\$1,126,309	3.08	2.18	126.68	0.27	4,287	\$1,169.37
3	3	Coronary Artery Disease	\$4,389,406	\$2,715,356	\$1,674,049	1.94	4.13	28.17	1.94	1,381	\$3,178.43
4	4	Chemotherapy Encounters	\$4,161,570	\$276,447	\$3,885,124	0.30	3.23	1.64	0.00	302	\$13,780.03
7	5	Signs/Symptoms/Oth Cond, NEC	\$4,107,901	\$478,365	\$3,511,400	0.71	4.97	376.10	9.12	20,628	\$199.14
5	6	Pregnancy without Delivery	\$3,948,758	\$3,068,767	\$876,909	0.77	5.85	83.49	5.17	2,465	\$1,601.93
8	7	Gastroint Disord, NEC	\$3,553,059	\$1,179,969	\$2,359,521	1.39	4.93	145.53	15.02	7,466	\$475.90
9	8	Respiratory Disord, NEC	\$3,413,274	\$1,099,771	\$2,297,994	0.36	5.25	143.50	9.07	8,197	\$416.41
6	9	Infections, NEC	\$2,691,712	\$2,473,211	\$198,757	0.09	5.25	60.04	1.60	3,088	\$871.67
10	10	Newborns, w/wo Complication	\$2,393,842	\$2,342,181	\$51,661	7.84	2.91	6.61	0.27	527	\$4,542.39
16	11	Spinal/Back Disord, Low Back	\$2,237,556	\$701,116	\$1,536,170	0.41	3.50	354.74	3.33	7,730	\$289.46
11	12	Condition Rel to Tx - Med/Surg	\$2,165,232	\$1,228,007	\$924,438	1.23	6.11	85.84	1.87	3,806	\$568.90
13	13	Arthropathies/Joint Disord NEC	\$2,146,299	\$112,216	\$2,020,886	0.11	3.80	720.70	3.99	15,940	\$134.65
17	14	Cardiac Arrhythmias	\$2,025,565	\$573,003	\$1,445,335	0.68	2.60	33.46	2.35	1,572	\$1,288.53
18	15	Cancer - Breast	\$2,008,820	\$76,672	\$1,925,359	0.16	6.57	22.41	0.02	886	\$2,267.29
15	16	Diabetes	\$1,949,961	\$659,149	\$1,289,123	0.75	5.58	213.98	1.50	9,266	\$210.44
14	17	Cardiovasc Disord, NEC	\$1,931,906	\$408,961	\$1,522,780	0.59	5.77	57.30	9.09	3,588	\$538.44
19	18	Cerebrovascular Disease	\$1,819,093	\$1,204,658	\$582,448	1.21	6.92	7.91	1.09	432	\$4,210.86
24	19	Spinal/Back Disord, Ex Low	\$1,701,742	\$203,557	\$1,498,184	0.11	2.00	277.18	2.32	5,539	\$307.23
21	20	Cholecystitis/Cholelithiasis	\$1,693,588	\$431,373	\$1,261,270	0.82	3.31	4.99	1.39	398	\$4,255.25
22	21	Radiation Therapy Encounters	\$1,610,847	\$0	\$1,610,119	0.00	0.00	5.31	0.00	101	\$15,948.98
20	22	Renal Function Failure	\$1,581,438	\$223,458	\$1,354,444	0.27	2.75	12.72	0.30	837	\$1,889.41
-	23	Infections - ENT Ex Otitis Med	\$1,425,313	\$63,731	\$1,361,582	0.30	2.00	666.91	4.95	26,232	\$54.33
12	24	Cardiovasc Disord, Congenital	\$1,236,452	\$827,743	\$408,710	0.14	5.67	2.89	0.00	188	\$6,576.87
23	25	Fracture/Disloc - Upper Extrem	\$1,187,814	\$220,062	\$958,968	0.18	3.63	61.29	5.63	1,495	\$794.52

NOTE: Medical payments represent only the payments made for the specified condition.

**Utilization** *(continued)*

In Summary, the top clinical conditions represent more than 58.33% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$69,176,593	\$24,540,423	\$44,369,991	23.54	4.06	4,231.25	80.75
All Clinical Conditions	\$118,586,459	\$40,077,517	\$77,910,265	58.55	5.24	7,902.52	174.52
Top Clinical Conditions as Pct of All Clinical Conditions	58.33%	61.23%	56.95%	40.21%	77.37%	53.54%	46.27%

**Claims Lag Analysis**

The following claims lag information is based on medical claims (does not include Rx) incurred Jan-Feb 2016.

<b>Plan</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
LivingWell CDHP	518,560	17	90.58%	97.48%	99.38%
LivingWell PPO	562,852	17	90.48%	97.52%	99.39%
Standard CDHP	64,437	19	87.43%	96.17%	99.04%
Standard PPO	59,777	18	89.41%	97.01%	99.27%
Missing	1,341	25	75.40%	93.98%	97.70%
All Plans	1,206,967	16	90.29%	97.40%	99.36%

*\*Missing means the claims could not be tagged to a specific plan.*

**Claims Lag Analysis** *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
Mar 2015	\$2,837,338.76	\$2,513,709.84	\$652,820.04	\$790,708.89	\$394,293.78	\$211,688.31
Apr 2015	\$5,989,036.43	\$3,338,356.17	\$706,592.62	\$882,965.52	\$314,784.81	\$97,052.31
May 2015	\$30,663,497.55	\$5,091,363.05	\$1,958,899.20	\$1,211,853.36	\$461,309.94	\$40,766.99
Jun 2015	\$54,967,799.17	\$41,341,141.76	\$6,065,829.41	\$2,423,557.92	\$2,662,648.49	\$710,426.78
Jul 2015	\$7,388.18	\$63,801,966.07	\$36,211,754.09	\$6,961,621.98	\$3,683,916.03	\$1,022,376.40
Aug 2015	\$0.00	\$7,040.70	\$54,145,230.27	\$35,330,322.27	\$8,658,647.09	\$2,260,856.87
Sep 2015	\$0.00	\$0.00	\$7,410.12	\$51,595,606.23	\$44,213,583.06	\$6,642,080.80
Oct 2015	\$0.00	\$0.00	\$0.00	\$11,088.62	\$62,225,195.74	\$33,924,522.51
Nov 2015	\$0.00	\$0.00	\$0.00	\$0.00	\$7,467.40	\$57,453,330.59
Dec 2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,688.02
Jan 2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Feb 2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Mar 2015	(\$157,205.76)	\$49,523.52	\$62,393.43	(\$397,601.71)	(\$65,234.00)	(\$98,754.38)
Apr 2015	(\$131,205.31)	(\$4,497.74)	\$25,570.91	\$10,559.28	\$30,623.07	\$46,463.55
May 2015	\$721,694.05	(\$44,884.77)	\$293,061.45	(\$189,641.45)	\$139,081.15	(\$42,889.13)
Jun 2015	\$569,164.08	(\$224,303.64)	\$303,621.76	(\$176,575.57)	(\$23,145.87)	(\$83,040.85)
Jul 2015	\$312,956.56	\$26,422.98	\$1,254,156.03	\$972,060.16	(\$60,153.36)	(\$186,977.61)
Aug 2015	\$809,700.43	\$349,748.87	\$347,103.29	\$39,109.45	\$111,049.83	\$8,623.40
Sep 2015	\$3,738,161.12	\$1,280,600.61	\$814,115.28	\$895,817.39	\$206,045.26	(\$145,429.98)
Oct 2015	\$8,584,965.97	\$6,007,919.22	\$1,320,413.49	\$588,388.19	\$544,054.63	\$57,951.41
Nov 2015	\$38,459,484.02	\$10,258,961.87	\$3,581,533.17	\$1,575,863.08	\$513,396.60	\$456,838.00
Dec 2015	\$61,981,835.67	\$50,028,481.60	\$12,019,847.80	\$3,706,888.77	\$2,401,546.00	\$703,756.23
Jan 2016	\$859.10	\$38,142,416.02	\$28,982,885.92	\$8,158,857.59	\$3,301,913.13	\$1,187,000.35
Feb 2016	\$0.00	\$7,670.69	\$44,733,273.59	\$32,578,712.42	\$7,261,802.76	\$1,471,343.65

### Claims Distribution Based on Age/Gender

The following is based on claims incurred Jan-Feb 2016.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,152	\$2,704,168.17	\$2,348.39	1,289	\$2,830,273.01	\$2,196.56
Ages 1-4	5,245	\$1,015,147.98	\$193.56	5,519	\$1,275,233.93	\$231.08
Ages 5-9	7,694	\$1,030,658.20	\$133.96	8,117	\$1,441,246.29	\$177.57
Ages 10-14	8,677	\$1,894,783.55	\$218.38	8,964	\$1,942,074.11	\$216.65
Ages 15-17	5,717	\$2,122,978.72	\$371.34	5,976	\$1,926,134.40	\$322.31
Ages 18-19	3,577	\$1,088,507.63	\$304.31	3,972	\$1,198,689.28	\$301.78
Ages 20-24	9,291	\$3,194,322.14	\$343.81	8,751	\$1,492,653.74	\$170.58
Ages 25-29	8,473	\$4,069,378.49	\$480.28	4,906	\$848,581.90	\$172.97
Ages 30-34	9,743	\$4,791,904.32	\$491.86	5,397	\$1,483,849.90	\$274.97
Ages 35-39	11,122	\$5,253,507.58	\$472.35	6,401	\$1,929,822.15	\$301.49
Ages 40-44	12,511	\$7,596,097.03	\$607.18	7,193	\$3,070,048.05	\$426.84
Ages 45-49	14,137	\$9,623,621.98	\$680.76	8,506	\$5,104,642.34	\$600.12
Ages 50-54	15,454	\$13,495,650.46	\$873.31	9,676	\$8,065,252.70	\$833.57
Ages 55-59	17,943	\$19,541,143.19	\$1,089.10	10,622	\$11,021,144.34	\$1,037.63
Ages 60-64	20,142	\$22,177,114.94	\$1,101.04	12,451	\$15,518,360.68	\$1,246.40
Ages 65-74	2,485	\$3,553,449.87	\$1,429.96	1,842	\$3,137,711.28	\$1,703.89
Ages 75-84	148	\$236,519.16	\$1,598.10	151	\$151,280.65	\$1,001.86
Ages 85+	7	\$264.84	\$37.83	2	\$518.22	\$259.11
Total	153,514	\$103,389,218.25	\$673.49	109,730	\$62,437,516.97	\$569.01

## **Allowed Amount Distribution**

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2009—2015 and year to date for 2016.

<b>Allowed Amount</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
less than 0.00	22	42	63	105	5816	22	3	4
\$0.00 - \$499.99	53,160	57,392	58,044	60,353	60,320	66,180	72,667	123,669
\$500.00 - \$999.99	34,982	34,386	36,012	36,453	36,748	39,137	39,796	24,364
\$1,000.00 - \$1,999.99	43,452	42,988	44,147	44,299	43,463	43,065	41,208	15,994
\$2,000.00 - \$4,999.99	59,566	60,341	60,339	60,139	57,291	51,911	49,119	11,473
\$5,000.00 - \$9,999.99	35,696	36,028	36,375	36,025	34,307	29,515	26,859	4,042
\$10,000.00 - \$14,999.99	14,198	14,874	15,009	15,273	14,743	12,825	11,400	1,694
\$15,000.00 - \$19,999.99	6,849	7,184	7,339	7,651	7,573	6,755	5,603	852
\$20,000.00 - \$29,999.99	6,475	6,960	7,131	7,114	7,271	6,374	5,596	767
\$30,000.00 - \$49,999.99	4,451	4,935	5,155	5,306	5,387	5,272	4,435	505
\$50,000.00 - \$74,999.99	1,773	2,022	2,256	2,391	2,530	2,520	2,183	193
\$75,000.00 - \$99,999.99	688	829	839	914	1017	1,037	938	66
\$100,000.00 - \$149,999.99	545	651	707	789	801	846	777	52
\$150,000.00 - \$199,999.99	203	225	274	296	350	344	314	15
\$200,000.00 - \$249,999.99	116	117	118	136	147	179	145	6
over \$249,999.99	166	196	259	268	295	326	218	6
<b>Total</b>	<b>262,342</b>	<b>269,170</b>	<b>274,067</b>	<b>277,512</b>	<b>278,059</b>	<b>266,308</b>	<b>261,261</b>	<b>183,702</b>

## Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Mar 2015	263,207	\$93,361,073.03	\$69,825,028.15	\$23,536,044.88	644,692	266,175	371,834
Apr 2015	263,009	\$97,914,881.95	\$71,790,207.67	\$26,124,674.28	650,058	274,997	367,929
May 2015	262,819	\$91,710,013.20	\$66,097,646.98	\$25,612,366.22	615,252	247,767	360,829
Jun 2015	262,525	\$108,543,105.10	\$80,835,508.19	\$27,707,596.91	642,854	269,723	366,159
Jul 2015	261,199	\$114,007,487.51	\$84,644,529.80	\$29,362,957.71	659,820	287,933	364,512
Aug 2015	259,931	\$102,067,432.47	\$74,228,885.94	\$27,838,546.53	632,458	262,360	363,296
Sep 2015	258,505	\$109,247,989.89	\$80,726,500.81	\$28,521,489.08	650,745	270,067	373,744
Nov 2015	262,142	\$112,306,874.73	\$83,116,562.06	\$29,190,312.67	670,403	281,286	382,196
Oct 2015	261,966	\$113,264,499.78	\$83,074,469.37	\$30,190,030.41	697,165	295,401	394,957
Dec 2015	262,241	\$130,857,044.09	\$97,008,995.90	\$33,848,048.19	722,643	298,809	417,199
Jan 2016	263,456	\$79,773,932.11	\$57,129,841.10	\$22,644,091.01	606,884	246,606	353,299
Feb 2016	263,032	\$86,052,803.11	\$61,456,618.00	\$24,596,185.11	635,612	266,892	361,687

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Mar 2015 - Feb 2016	262,003	\$1,239,566,705	\$910,394,362	\$329,172,343
Mar 2014 - Feb 2015	263,034	\$1,375,546,547	\$1,052,268,076	\$323,278,470
% Change (Roll Yrs)	-0.39%	-9.89%	-13.48%	1.82%