Health Insurance Program Monthly Report

Prepared for:

Kentucky Group Health Insurance Board Members

September 2021

DASHBOARD REPORT: BASED ON INCURRED CLAIMS THROUGH APRIL 2021

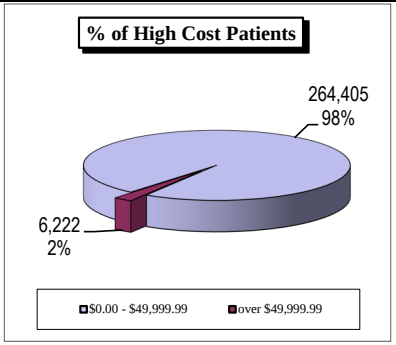
Includes Projections for Incurred, but Not Yet Reported (IBNR)

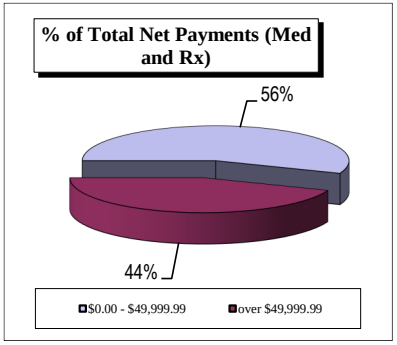
Enrollment

Fact	May 2019 - Apr 2020	May 2020 - Apr 2021	% Change
Employees Avg Med	142,891	141,071	-1.27%
Members Avg Med	264,007	263,260	-0.28%
Family Size Avg	1.8	1.9	1.00%
Member Age Avg	36.6	36.6	-0.24%

High Cost Claimants

May 20—Apr 21

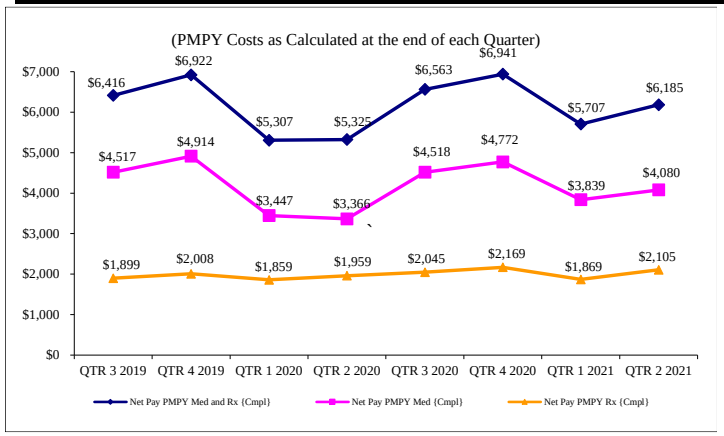




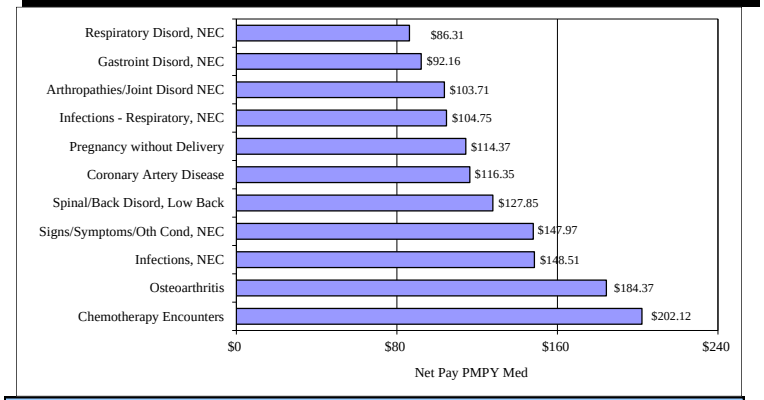
Prescription Drug Programs

	Fact	May 2019 - Apr 2020	May 2020 - Apr 2021	% Change
Mail Order	Discount Off AWP % Rx	55.38%	54.34%	-1.87%
	Scripts Generic Efficiency Rx	98.30%	98.55%	0.25%
Retail	Discount Off AWP % Rx	46.45%	43.86%	-5.58%
	Scripts Generic Efficiency Rx	98.45%	98.01%	-0.45%
Total	Discount Off AWP % Rx	49.99%	48.37%	-3.24%
	Scripts Generic Efficiency Rx	98.41%	98.15%	-0.27%
	Scripts Maint Rx % Mail Order	27.26%	30.82%	13.05%

Net Incurred Claims Cost per Member



Top 10 Clinical Conditions



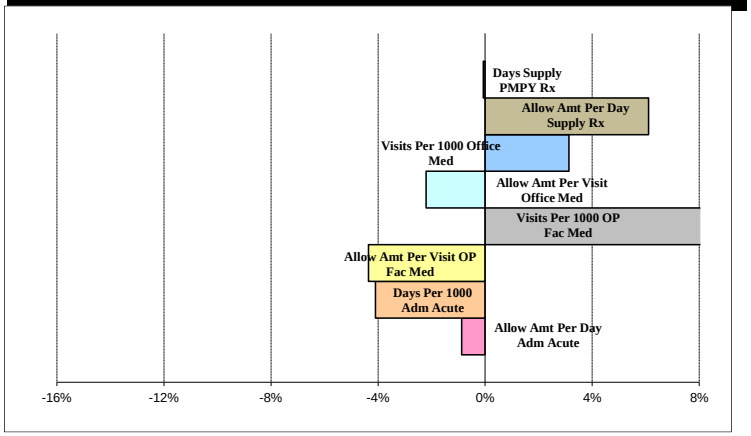
Allowed Claims Costs PMPY with Norms

	May 2019 - Apr 2020	May 2020 - Apr 2021	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	$4,937.82	$5,103.47	3%	$5,444.96	-6.69%
Allow Amt PMPY IP Acute {Cmpl}	$1,354.46	$1,304.96	-4%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	$3,569.57	$3,788.65	6%	$3,908.95	-3.18%
Allow Amt PMPY OP Fac Med {Cmpl}	$2,024.09	$2,169.57	7%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	$995.03	$1,008.33	1%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	$224.33	$278.30	24%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	$477.99	$500.62	5%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	$785.82	$812.21	3%	$834.14	-2.70%
Allow Amt PMPY Rx {Cmpl}	$2,129.71	$2,258.19	6%	$1,543.29	31.66%
Out of Pocket PMPY Rx {Cmpl}	$216.97	$229.74	6%	$0.00	N/A

Cost Drivers Support

Fact	May 2019 - Apr 2020	May 2020 - Apr 2021	% Change
Allow Amt Per Day Adm Acute	$5,038.68	$4,994.42	-0.88%
Days Per 1000 Adm Acute	266.86	255.92	-4.10%
Allow Amt Per Visit OP Fac Med	$1,565.22	$1,497.05	-4.36%
Visits Per 1000 OP Fac Med	1,293.29	1,444.02	11.66%
Allow Amt Per Visit Office Med	$123.95	$121.22	-2.21%
Visits Per 1000 Office Med	8,026.94	8,278.42	3.13%
Allow Amt Per Day Supply Rx	$3.50	$3.71	6.10%
Days Supply PMPY Rx	609.26	608.85	-0.07%

Cost Drivers—Utilization and Price Trends



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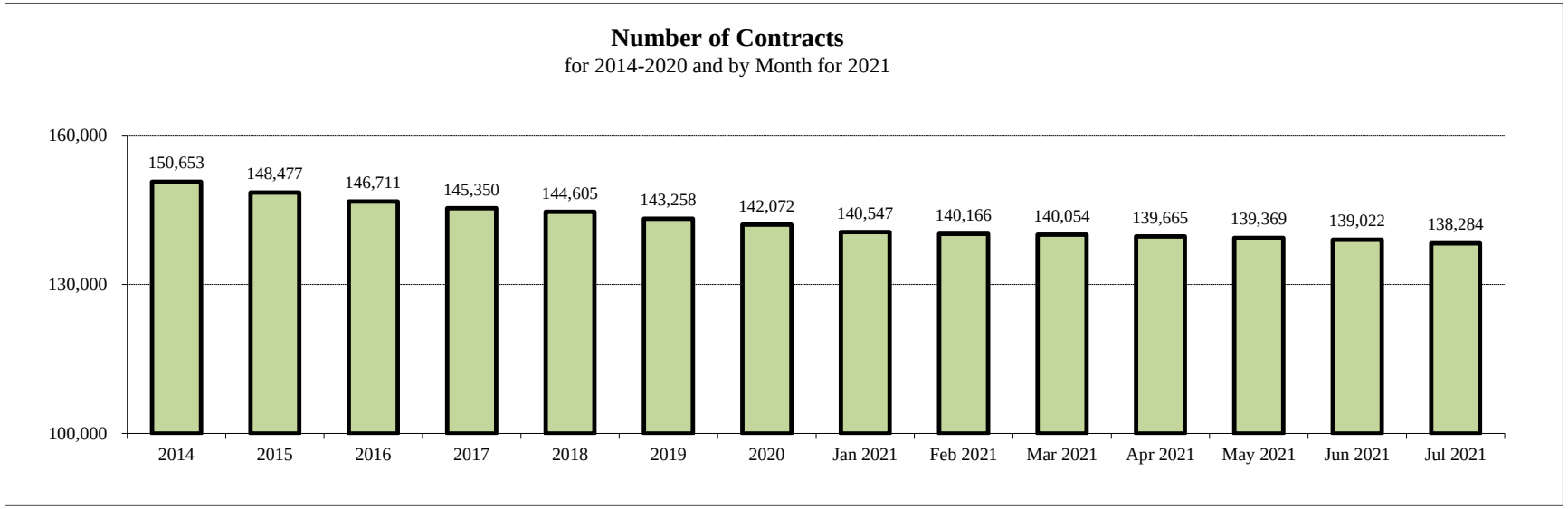
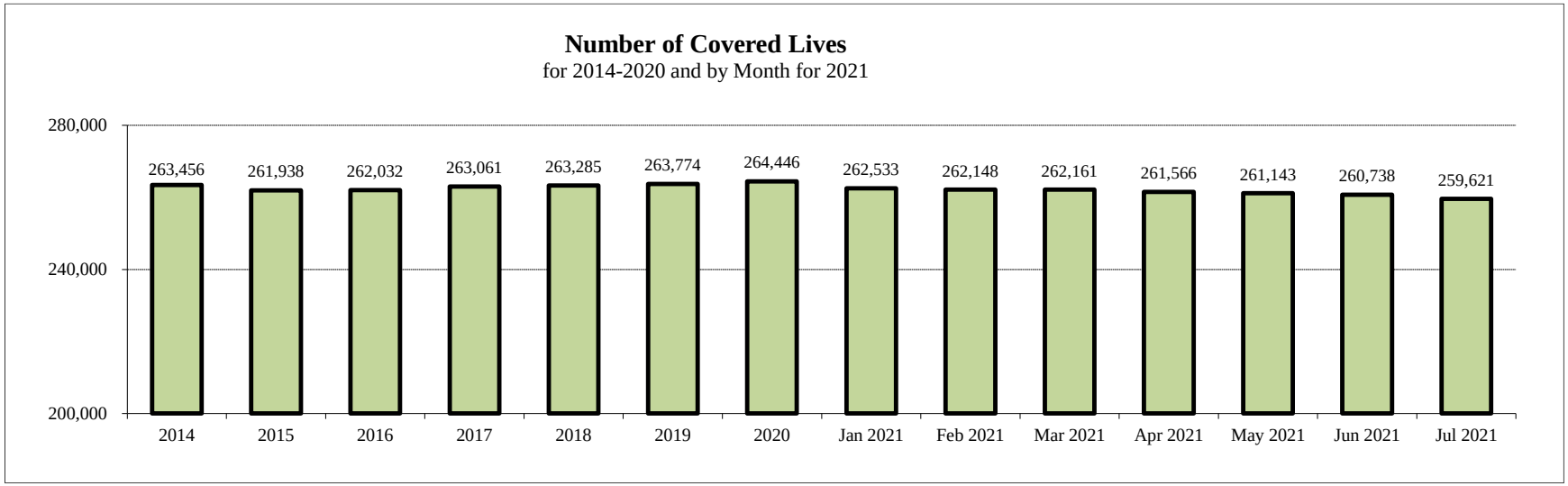
Paid data as of: June 2021
Incurred data as of: March 2021

Enrollment

The following chart shows planholder enrollment (contracts) for 2014-2020 and monthly year-to-date for 2021. Enrollment will fluctuate on a monthly basis. (Approximately 7,000 Cross-Reference spouses in any given month are not included.)

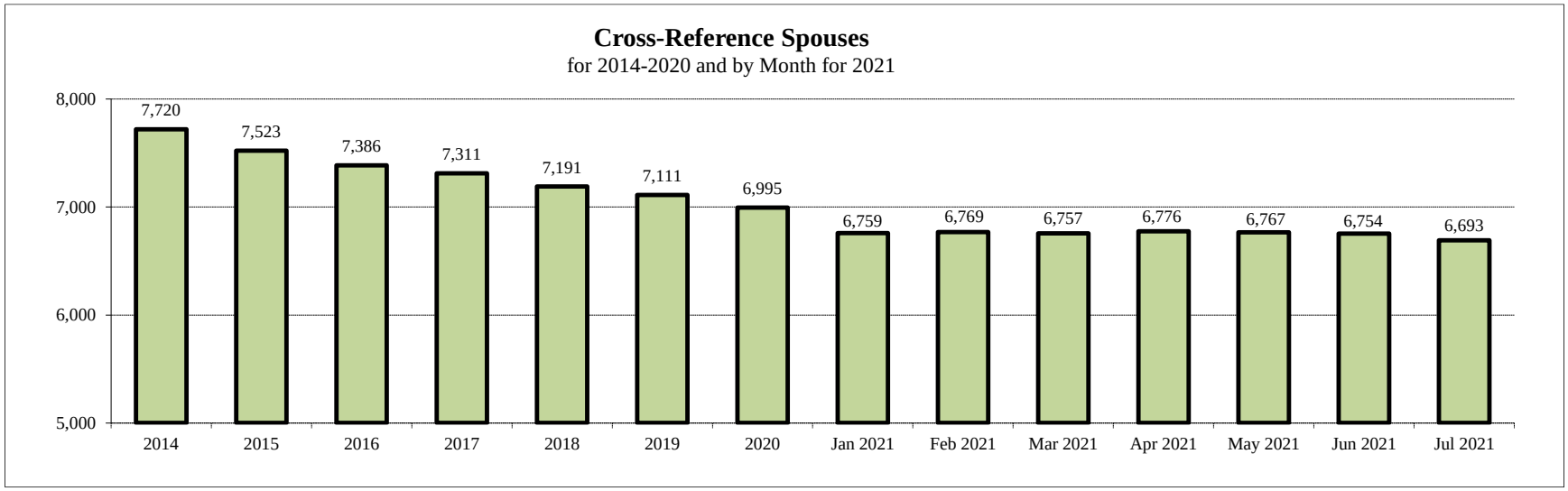


The following chart shows member enrollment (covered lives) for 2014-2020 and monthly year-to-date for 2021. Enrollment will fluctuate on a monthly basis.



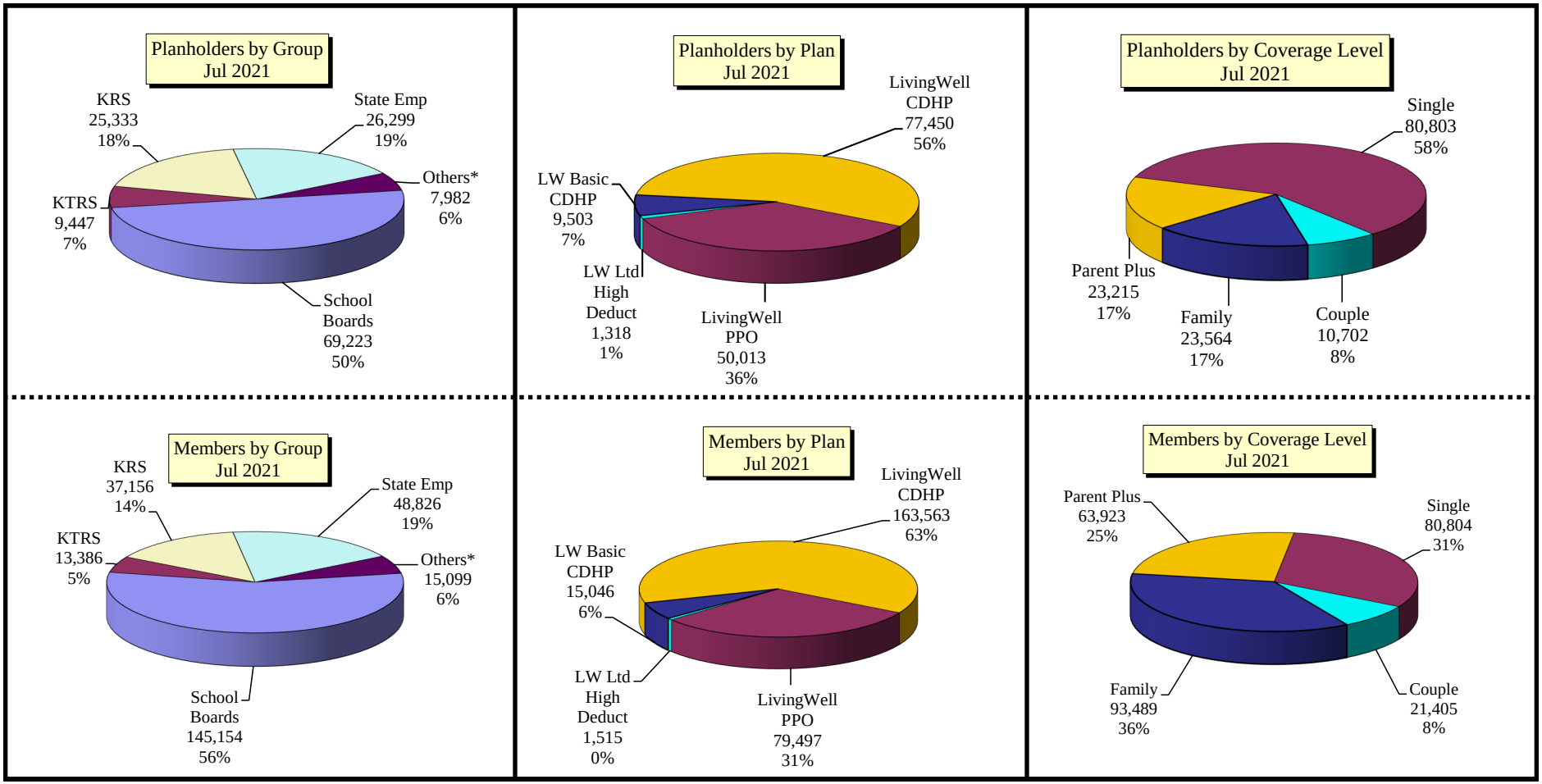
Enrollment *(continued)*

The following graph shows the number of Cross-Reference Spouses for 2014-2020 and monthly year-to-date for 2021. The number of Cross-Reference Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

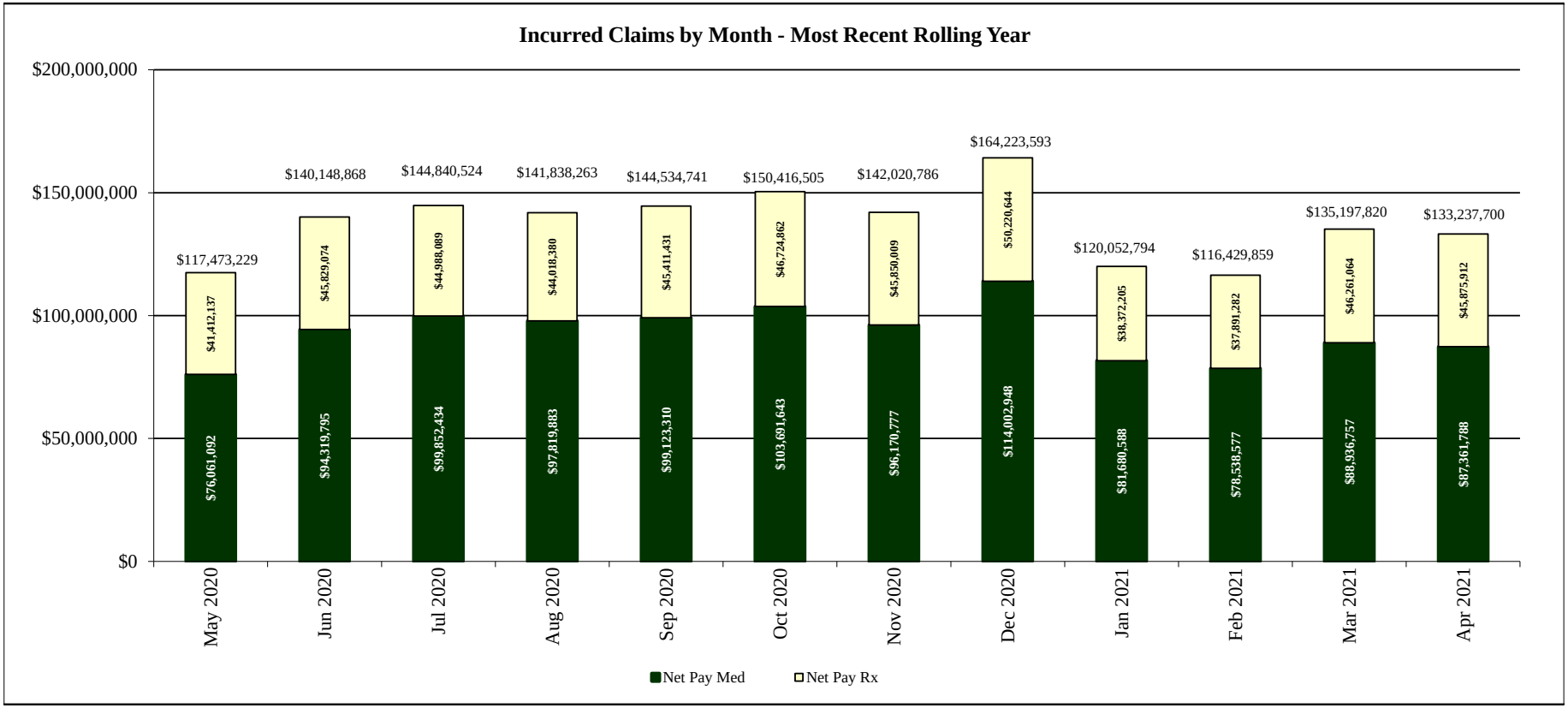
The following charts show Planholder and Member enrollment by Group, Health Plan, and Coverage Level.



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

Claims Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.



Claims Costs *(continued)*

The following table represents Incurred Medical Claims by Group for 2014-2020 and monthly year-to-date for 2021.

INCURRED MEDICAL CLAIMS BY GROUP						
Time Period	**School Boards**	**KTRS**	**KRS**	**State Employees**	**Others***	**Totals**
2014	$465,112,511	$121,029,097	$216,483,334	$202,992,249	$80,366,825	$1,085,984,016
2015	$406,274,265	$100,740,841	$189,171,718	$159,515,036	$62,699,633	$918,401,495
2016	$435,740,756	$101,146,437	$194,916,035	$172,375,342	$59,493,914	$963,672,484
2017	$455,191,695	$95,513,039	$197,611,708	$177,397,741	$61,172,947	$986,887,130
2018	$483,291,732	$99,732,631	$212,711,680	$186,782,547	$65,084,385	$1,047,602,976
2019	$537,462,070	$104,184,703	$225,701,403	$200,168,579	$71,273,796	$1,138,790,551
2020	$506,015,757	$95,137,789	$211,430,233	$180,326,887	$70,470,872	$1,063,381,539
Jan 2021	$38,797,759	$7,726,946	$15,937,251	$13,657,953	$5,560,680	$81,680,588
Feb 2021	$36,770,271	$7,051,555	$14,129,499	$15,253,962	$5,333,291	$78,538,577
Mar 2021	$41,552,438	$7,007,314	$18,562,089	$16,322,179	$5,492,737	$88,936,757
Apr 2021	$40,987,597	$7,162,228	$17,636,042	$15,526,491	$6,049,430	$87,361,788

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

Claims Costs *(continued)*

The following table represents Incurred Pharmacy Claims by Group for 2014-2020 and monthly year-to-date for 2021.

INCURRED RX CLAIMS BY GROUP						
Time Period	**School Boards**	**KTRS**	**KRS**	**State Employees**	**Others***	**Totals**
2014	$131,098,426	$43,053,078	$73,830,755	$55,751,835	$20,884,223	$324,618,317
2015	$128,985,096	$42,244,335	$74,179,491	$56,345,078	$21,644,747	$323,398,746
2016	$150,206,049	$44,006,471	$82,345,637	$62,097,368	$23,887,655	$362,543,182
2017	$169,448,080	$46,569,409	$89,294,930	$68,690,782	$25,682,152	$399,685,354
2018	$188,865,977	$48,505,632	$98,922,301	$74,050,016	$28,077,054	$438,420,980
2019	$213,195,394	$50,389,789	$110,090,519	$83,760,220	$31,881,007	$489,316,928
2020	$236,150,721	$52,174,566	$117,525,455	$90,429,460	$34,636,895	$530,917,097
Jan 2021	$17,114,015	$3,687,204	$8,566,069	$6,553,254	$2,451,664	$38,372,205
Feb 2021	$16,957,902	$3,478,321	$8,559,001	$6,397,273	$2,498,786	$37,891,282
Mar 2021	$20,805,261	$4,314,943	$10,184,043	$7,863,505	$3,093,312	$46,261,064
Apr 2021	$20,523,513	$4,093,563	$10,268,120	$7,992,892	$2,997,824	$45,875,912

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

Claims Costs *(continued)*

The following table represents Incurred Medical Claims by Health Plan for 2014-2020 and monthly year-to-date for 2021.

INCURRED MEDICAL CLAIMS BY PLAN								
Time Period	**Standard PPO**	**Standard CDHP**	**LivingWell PPO**	**LivingWell CDHP**	**LivingWell Basic CDHP**	**LW Limited High Deductible**	**Missing***	**Total**
2014	$57,385,008	$46,095,825	$598,724,084	$375,470,631	$0	$0	$8,215,648	$1,085,986,030
2015	$44,667,793	$42,933,513	$448,976,661	$376,288,350	$0	$0	$8,215,648	$921,081,965
2016	$53,523,467	$48,589,204	$446,510,072	$408,115,361	$0	$0	$6,842,661	$963,580,765
2017	$66,938,779	$30,774,775	$411,835,314	$472,036,290	$11,960	$0	$5,290,012	$986,887,130
2018	$85,772,056	$27,242,111	$407,340,769	$522,598,074	$220,447	$25,858	$4,403,662	$1,047,602,976
2019	$8,176	$1,393	$447,859,839	$642,782,977	$29,904,843	$13,653,870	$4,579,452	$1,138,790,551
2020	$0	$0	$400,443,290	$622,316,694	$27,350,032	$8,940,585	$4,330,938	$1,063,381,539
Jan 2021	$0	$0	$31,597,782	$47,118,373	$1,781,625	$666,562	$516,247	$81,680,588
Feb 2021	$0	$0	$30,483,809	$46,082,156	$1,367,984	$235,670	$368,959	$78,538,577
Mar 2021	$0	$0	$33,981,364	$52,132,702	$2,144,930	$332,519	$345,242	$88,936,757
Apr 2021	$0	$0	$33,269,868	$50,971,973	$2,292,690	$378,910	$448,349	$87,361,788

* *Missing means the claims could not be tagged to a specific Health Plan.*

Claims Costs *(continued)*

The following table represents Incurred Pharmacy Claims by Health Plan for 2014-2020 and monthly year-to-date for 2021.

INCURRED RX CLAIMS BY PLAN								
Time Period	**Standard PPO**	**Standard CDHP**	**LivingWell PPO**	**LivingWell CDHP**	**LivingWell Basic CDHP**	**LW Limited High Deductible**	**Missing****	**Total**
2014	$17,730,754	$5,829,739	$217,764,345	$82,940,511	$0	$0	$352,968	$324,618,317
2015	$16,014,926	$6,904,578	$201,586,203	$98,816,804	$0	$0	$76,235	$323,398,746
2016	$19,014,651	$7,491,440	$216,158,709	$119,656,922	$0	$0	$210,122	$362,531,844
2017	$22,801,969	$4,760,588	$217,240,015	$154,801,085	$0	$5	$81,691	$399,685,354
2018	$32,792,111	$5,129,223	$220,318,919	$180,122,408	$0	$0	$58,319	$438,420,980
2019	$36,488	$329	$249,541,263	$231,042,387	$5,467,693	$2,961,407	$267,361	$489,316,928
2020	$0	$0	$268,842,163	$253,960,232	$6,033,703	$1,961,809	$119,189	$530,917,097
Jan 2021	$0	$0	$20,870,247	$16,884,942	$398,637	$188,218	$30,161	$38,372,205
Feb 2021	$0	$0	$19,723,386	$17,658,363	$407,571	$53,450	$48,512	$37,891,282
Mar 2021	$0	$0	$23,834,636	$21,617,255	$585,237	$86,560	$137,376	$46,261,064
Apr 2021	$0	$0	$23,086,101	$22,155,169	$479,733	$65,533	$89,375	$45,875,912

***Missing means the claims could not be tagged to a specific Health Plan.*

Claims Costs *(continued)*

The following represents Incurred Medical Claims by Coverage Level for 2014-2020 and monthly year-to-date for 2021.

INCURRED MEDICAL CLAIMS BY COVERAGE LEVEL						
Time Period	**Couple**	**Family**	**Parent Plus**	**Single**	**Unknown***	**Total**
2014	$131,271,014	$239,094,807	$182,552,523	$524,850,024	$8,215,648	$1,085,984,016
2015	$113,343,648	$214,227,846	$156,724,117	$428,570,705	$5,535,178	$918,401,495
2016	$115,907,167	$234,282,281	$158,404,184	$449,972,099	$5,020,683	$963,586,414
2017	$125,249,301	$253,489,908	$160,158,807	$442,699,103	$5,290,012	$986,887,130
2018	$134,620,915	$270,273,357	$170,684,021	$467,621,020	$0	$1,043,199,313
2019	$145,010,679	$300,422,107	$195,619,968	$493,158,345	$0	$1,134,211,099
2020	$141,587,124	$285,224,277	$174,511,699	$457,727,358	$142	$1,059,050,601
Jan 2021	$9,925,637	$21,305,166	$14,365,311	$35,568,228	$0	$81,164,342
Feb 2021	$10,804,896	$21,848,066	$13,678,978	$31,837,677	$0	$78,169,618
Mar 2021	$11,406,550	$23,867,045	$14,866,788	$38,451,133	$0	$88,591,515
Apr 2021	$11,420,923	$23,331,501	$14,137,414	$38,023,602	$0	$86,913,440

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

Claims Costs *(continued)*

The following represents Incurred Pharmacy Claims by Coverage Level for 2014-2020 and monthly year-to-date for 2021.

INCURRED RX CLAIMS BY COVERAGE LEVEL						
Time Period	**Couple**	**Family**	**Parent Plus**	**Single**	**Unknown***	**Total**
2014	$45,477,497	$67,741,378	$45,635,023	$165,451,246	$313,173	$324,618,317
2015	$42,957,491	$68,806,053	$45,211,695	$166,347,272	$76,235	$323,398,746
2016	$48,058,582	$80,398,056	$49,757,535	$184,154,432	$175,199	$362,543,804
2017	$52,795,745	$92,113,848	$55,352,719	$199,341,350	$81,691	$399,685,354
2018	$55,671,337	$104,434,142	$60,725,397	$217,531,785	$58,319	$438,420,980
2019	$63,915,521	$119,154,687	$70,462,513	$235,516,846	$267,361	$489,316,928
2020	$68,950,852	$132,896,387	$78,646,019	$250,304,649	$119,189	$530,917,097
Jan 2021	$5,055,920	$9,043,007	$5,796,662	$18,446,455	$30,161	$38,372,205
Feb 2021	$4,960,806	$9,371,117	$5,468,630	$18,042,216	$48,512	$37,891,282
Mar 2021	$6,105,234	$11,409,308	$6,871,650	$21,737,496	$137,376	$46,261,064
Apr 2021	$6,300,856	$11,382,801	$6,841,018	$21,261,862	$89,375	$45,875,912

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

Medical Claims Utilization

The following is based on Incurred Medical Claims* from Jan—Apr 2021.

Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days LOS per Admit Acute	Days LOS per Admit Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days Per 1000 Admits Acute	Days Per 1000 Admits Acute Rcnt SGovt	% Diff from Rcnt SGovt
LivingWell CDHP	50.09	51.67	-3.05%	4.73	4.66	1.51%	236.88	232.16	2.03%
LivingWell PPO	57.79	53.99	7.04%	5.43	5.17	5.16%	314.07	253.19	24.04%
LW Limited High Deductible	57.15	60.20	-5.06%	5.00	5.62	-11.02%	285.76	288.44	-0.93%
LivingWell Basic CDHP	26.19	49.98	-47.59%	4.00	4.21	-4.97%	104.78	217.71	-51.87%
Average	**51.12**	**52.33**	**-2.32%**	**4.95**	**4.83**	**2.61%**	**253.23**	**238.10**	**6.36%**

Plan	Visits Per 1000 Office	Visits Per 1000 Office Rcnt US	% Diff from Rcnt US	Visits Per 1000 ER	Visits Per 1000 ER Rcnt US	% Diff from Rcnt US
LivingWell CDHP	8,033.37	6,866.80	14.52%	160.35	229.81	-43.32%
LivingWell PPO	9,642.60	7,566.40	21.53%	187.53	233.99	-24.78%
LW Limited High Deductible	5,302.94	7,530.50	-42.01%	344.96	233.56	32.29%
LivingWell Basic CDHP	4,987.13	6,601.10	-32.36%	136.33	231.86	-70.07%
Average	**8,336.40**	**7,069.98**	**15.19%**	**168.35**	**231.23**	**-37.36%**

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	9,203.65	8,107.67	13.52%	2,161.12	1,976.40	9.35%
LivingWell PPO	11,806.62	9,294.08	27.03%	2,870.48	2,444.51	17.43%
LW Limited High Deductible	9,611.84	9,797.72	-1.90%	2,033.00	2,361.96	-13.93%
LivingWell Basic CDHP	6,237.74	8,095.39	-22.95%	1,392.49	1,894.35	-26.49%
Average	**9,834.00**	**8,480.68**	**15.96%**	**2,333.85**	**2,117.54**	**10.21%**

Notes:

Rcnt SGovt—Recent State Government

Rcnt US—Recent US

LOS—Length of Stay

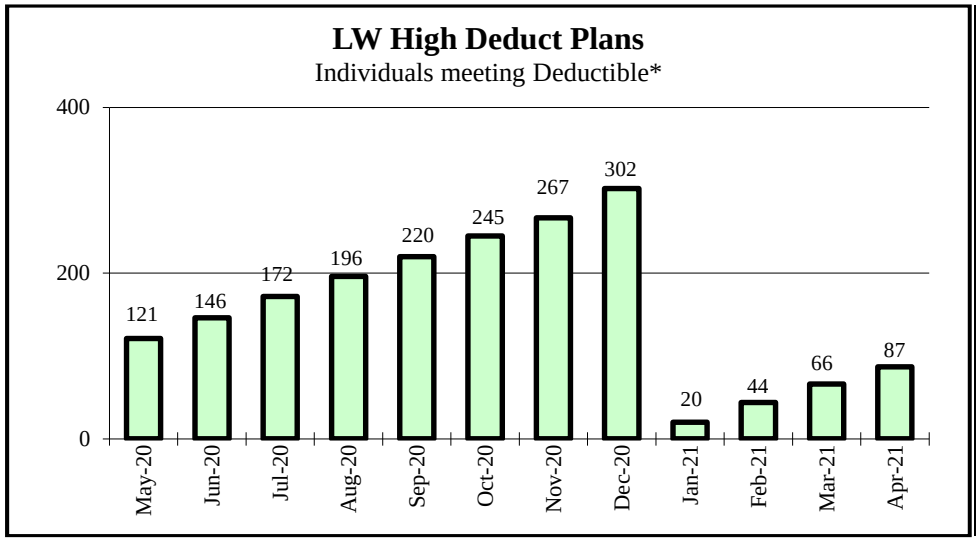
OP—Outpatient

OP Rad—Outpatient Radiology

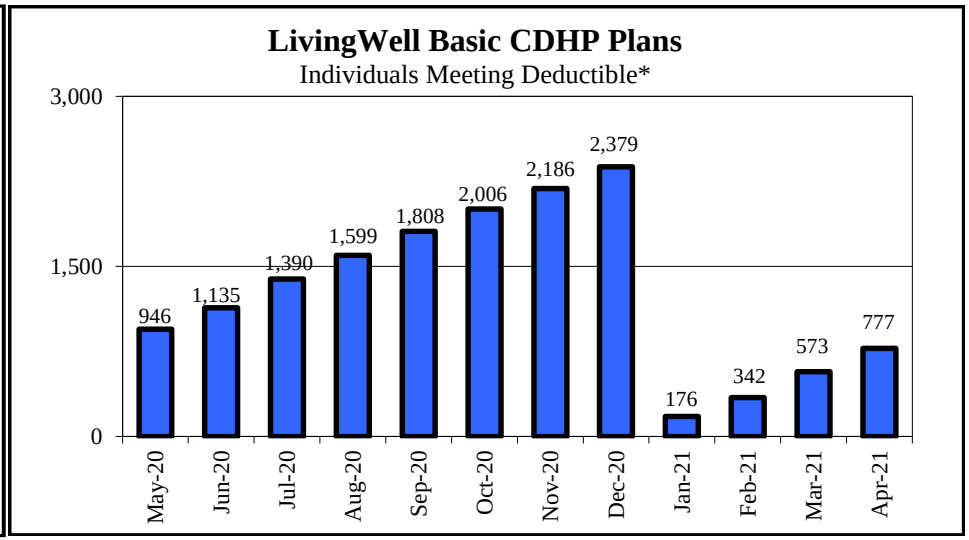
**Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.*

Analysis of Individuals and Families Meeting Their Deductibles

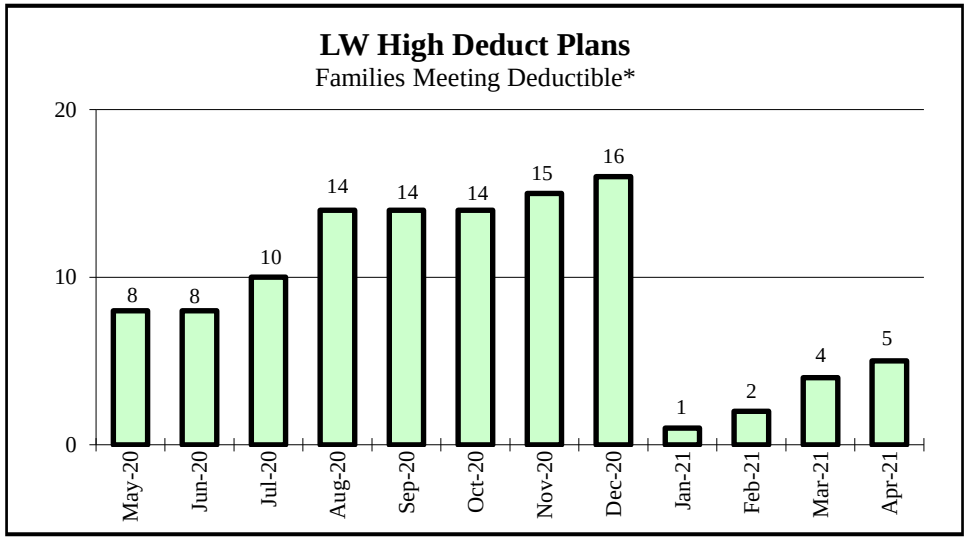
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



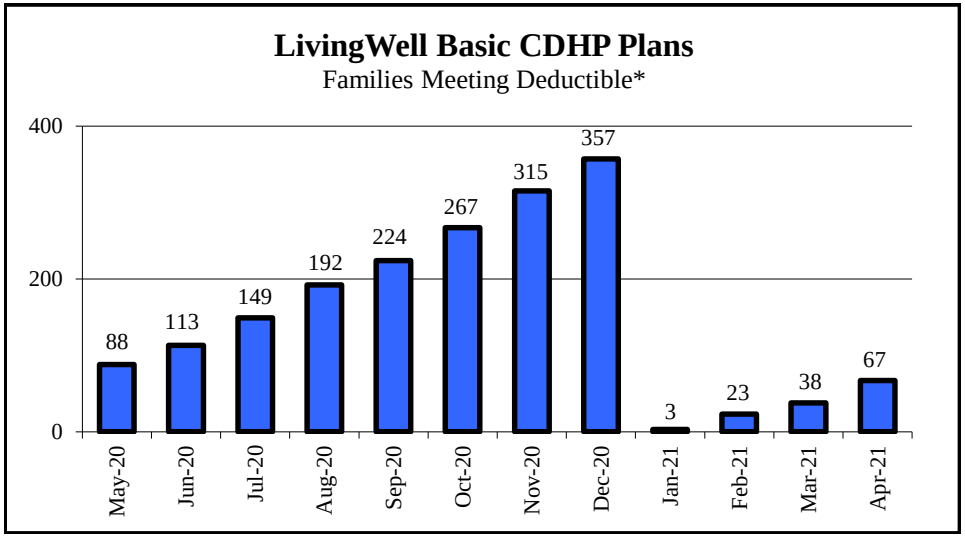
** 2020 and 2021 LW High Deduct Individual deductible is $4,250*



** 2020 and 2021 LivingWell Basic Individual deductible is $2,000*



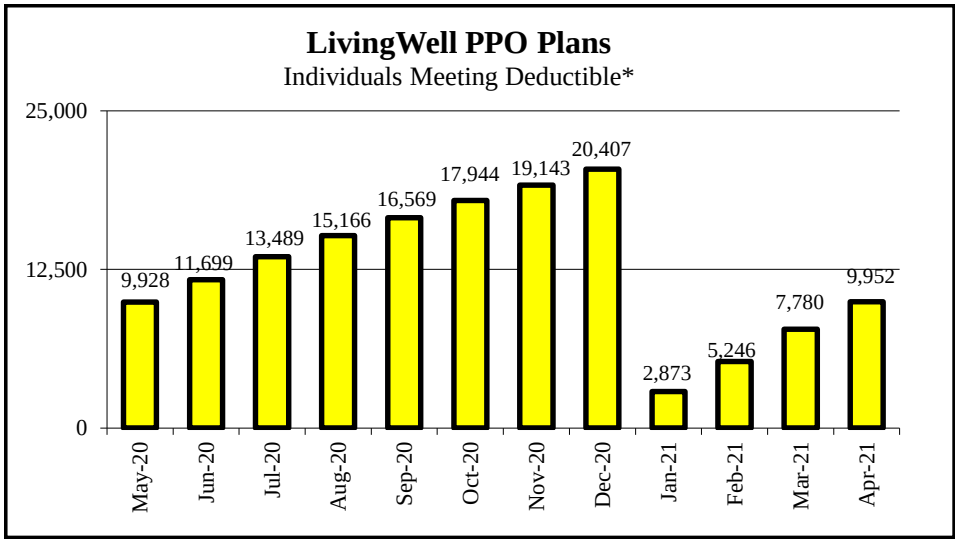
** 2020 and 2021 LW High Deduct Family deductible is $8,250*



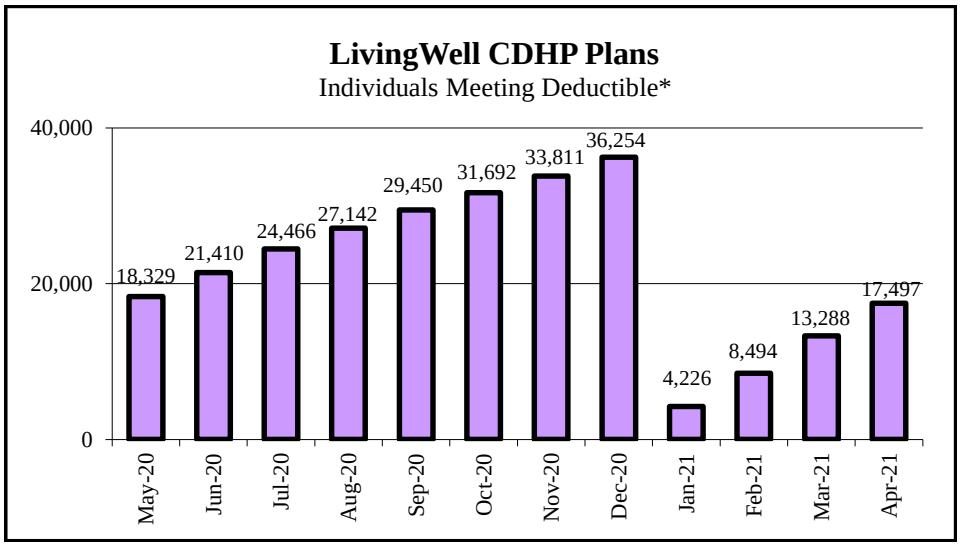
** 2020 and 2021 LivingWell Basic Family deductible is $3,750*

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

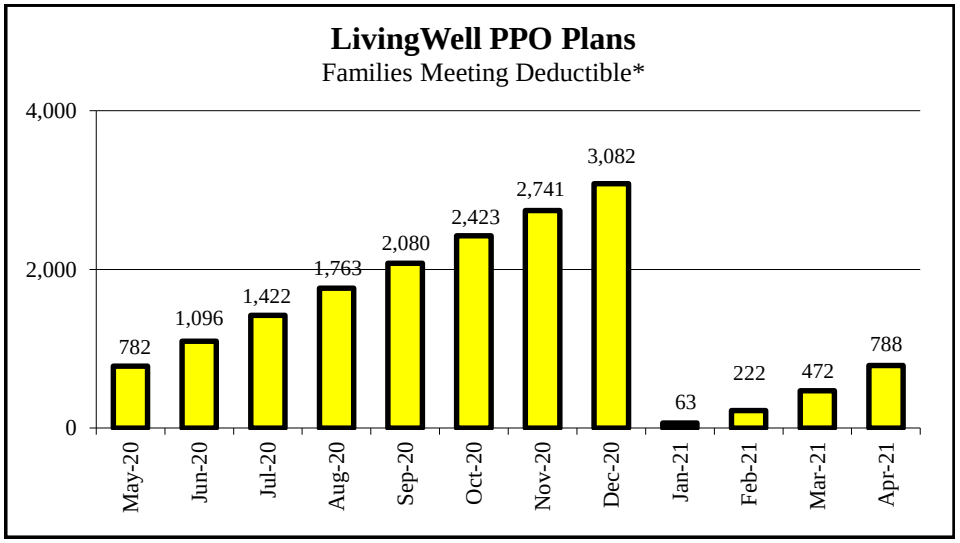
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



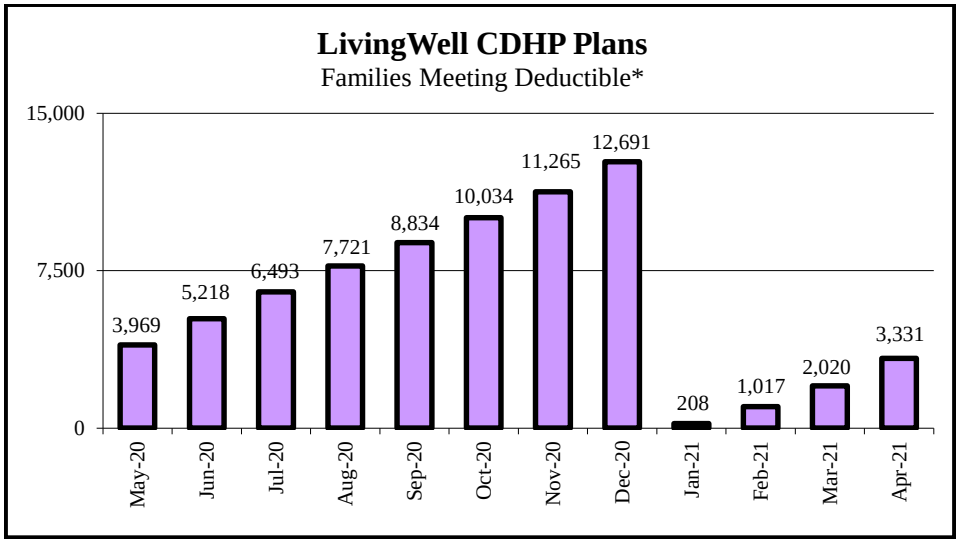
**2020 and 2021 LivingWell PPO Individual deductible is $1,000*



** 2020 and 2021 LivingWell CDHP Individual deductible is $1,500*



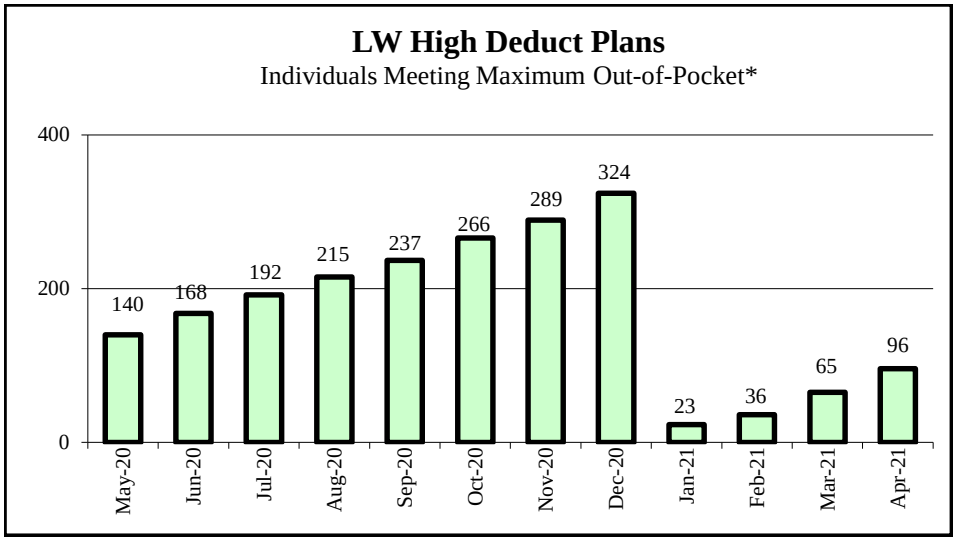
** 2020 and 2021 LivingWell PPO Family deductible is $1,750*



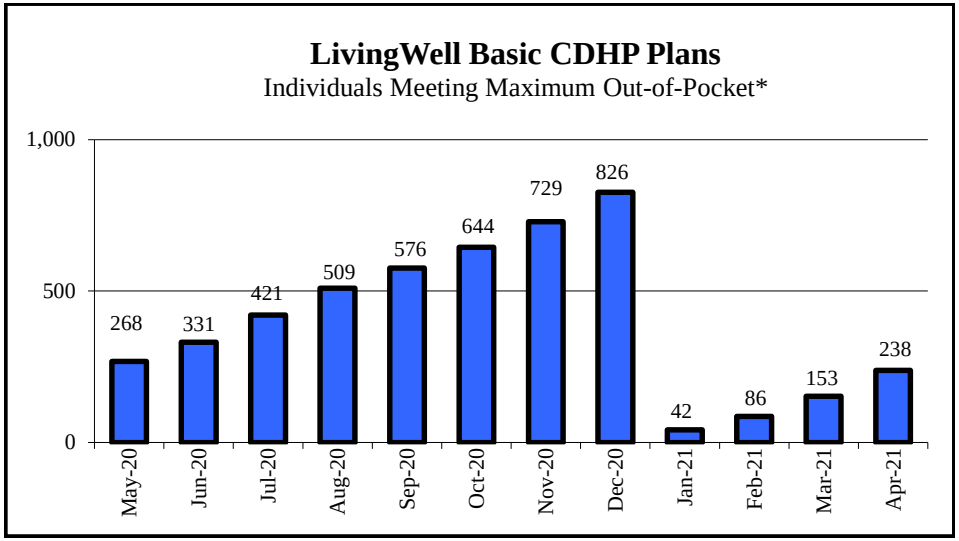
** 2020 and 2021 LivingWell CDHP Family deductible is $2,750*

Analysis of Individuals and Families Meeting Their Maximum Out-of-Pocket Expenses

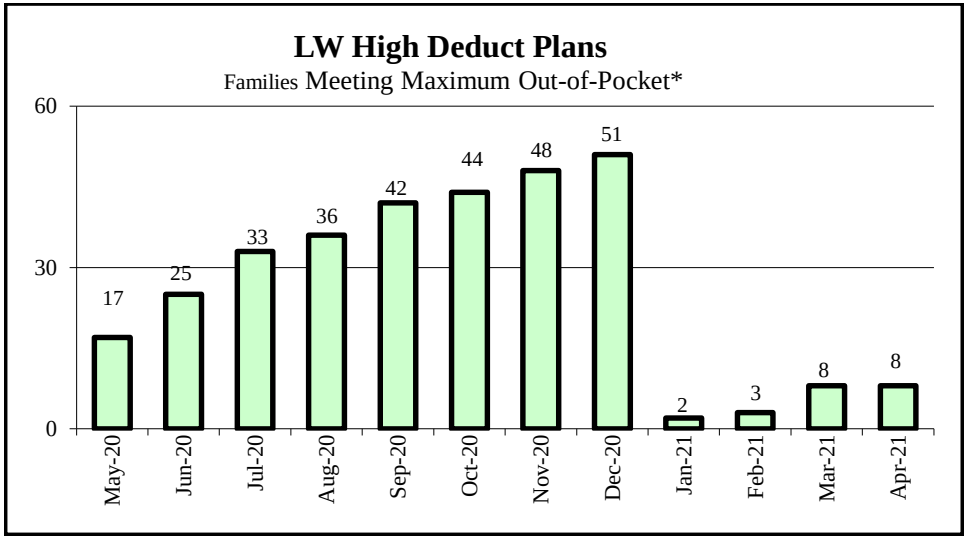
The following details the number of individuals and families by Health Plan that met their maximum out-of-pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



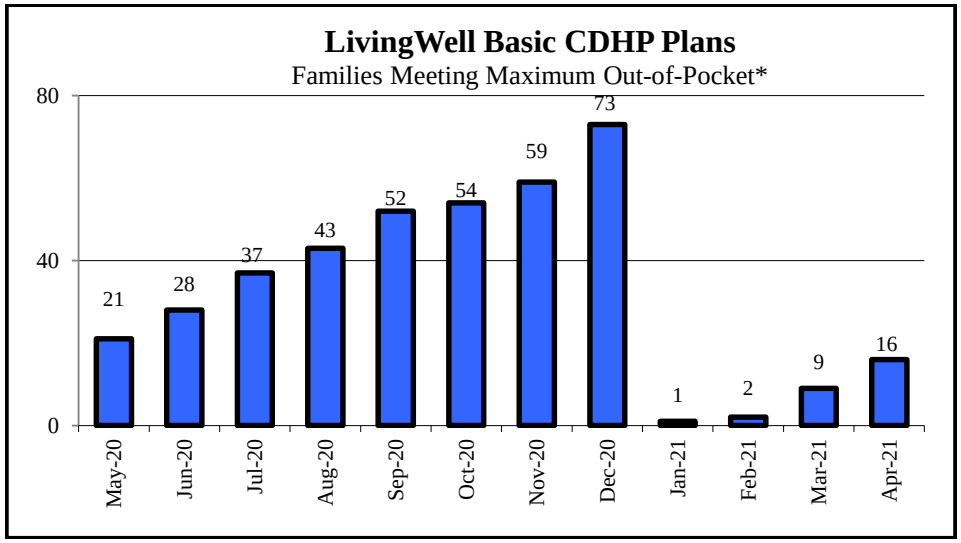
** 2020 and 2021 LW High Deduct Individual MOOP is $5250*



** 2020 and 2021 LivingWell Basic CDHP Individual MOOP is $4,000*



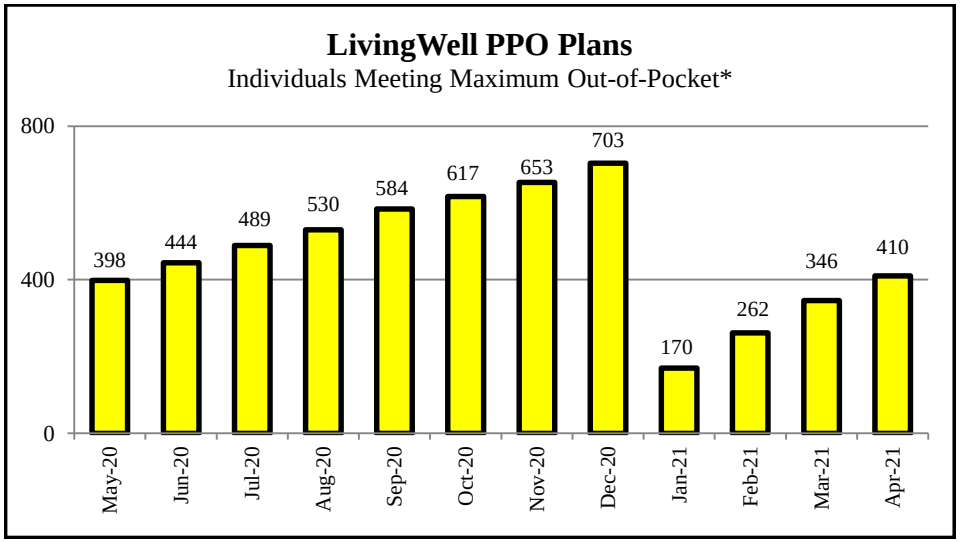
** 2020 and 2021 LW High Deduct Family MOOP is $10,250*



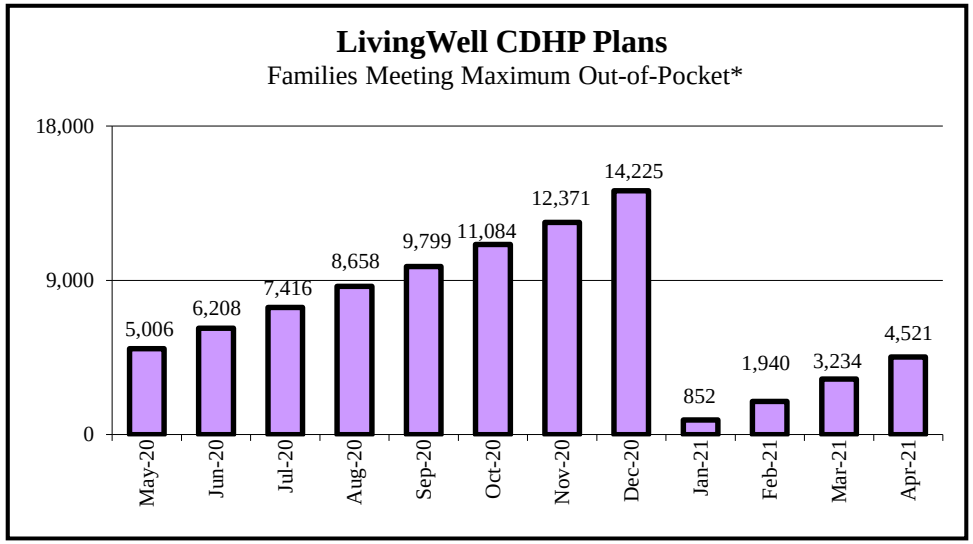
** 2020 and 2021 LivingWell Basic CDHP Family MOOP is $7,750*

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

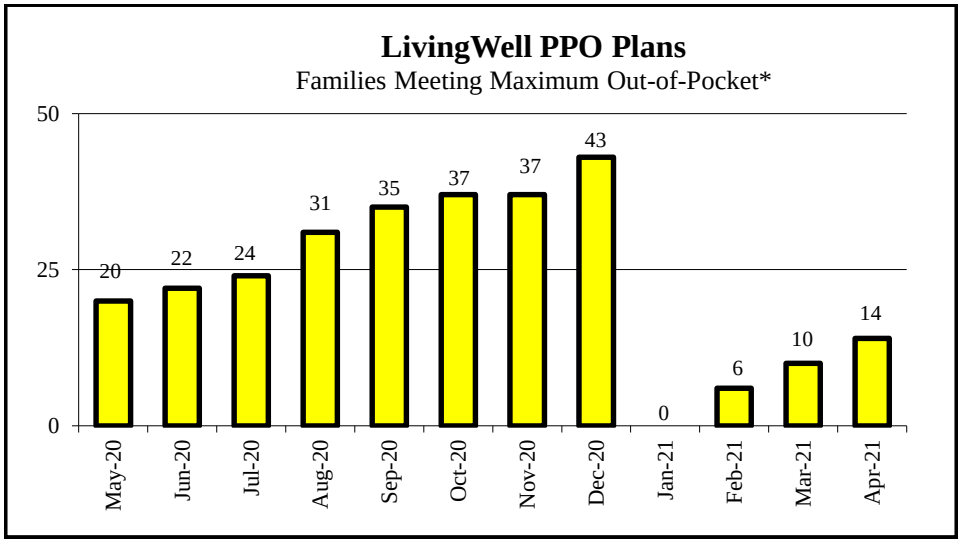
The following details the number of individuals and families by Health Plan that met their maximum out of pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



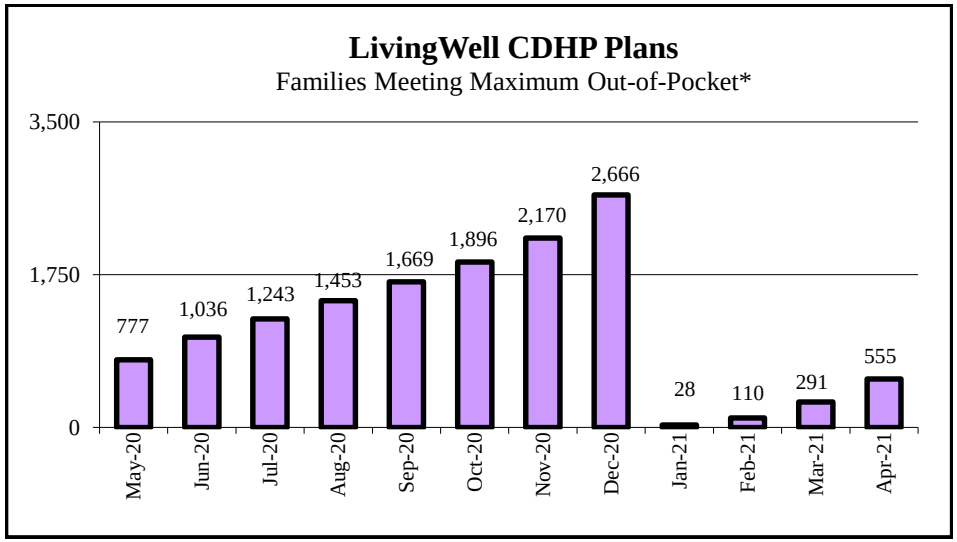
** 2020 and 2021 LivingWell PPO Individual Maximum Out of Pocket is $3,000*



** 2020 and 2021 LivingWell CDHP Individual Maximum Out of Pocket is $3,000*



** 2020 and 2021 LivingWell PPO Family Maximum Out of Pocket is $5,750*



** 2020 and 2021 LivingWell CDHP Family Maximum Out of Pocket is $5,750*

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

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2021. This report is based on Incurred Medical and Pharmacy claims.

Individuals and Families in Standard PPO (2014—2018) and LW High Deduct (2019-Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting Deductible	MOOP	Meeting MOOP	Deductible	Meeting Deductible	MOOP	Meeting MOOP
2014	Standard PPO	$750	**34.91%**	$3,500	**6.82%**	$1,500	**10.68%**	$7,000	**0.82%**
2015	Standard PPO	$750	**33.28%**	$3,500	**5.31%**	$1,500	**9.53%**	$7,000	**0.30%**
2016	Standard PPO	$750	**34.21%**	$3,500	**5.85%**	$1,500	**10.07%**	$7,000	**0.39%**
2017	Standard PPO	$750	**35.00%**	$3,750	**5.84%**	$1,500	**7.06%**	$7,500	**0.30%**
2018	Standard PPO	$750	**36.19%**	$3,750	**5.91%**	$1,500	**7.62%**	$7,500	**0.29%**
2019	LW High Deduct	$4,000	**15.50%**	$5,000	**15.20%**	$8,000	**0.78%**	$10,000	**1.68%**
2020	LW High Deduct	$4,250	**13.55%**	$5,250	**14.54%**	$8,250	**0.53%**	$10,250	**1.70%**
2021	LW High Deduct	$4,250	**5.92%**	$5,250	**6.53%**	$8,250	**0.35%**	$10,250	**0.56%**

Individuals and Families in Standard CDHP (2014—2018) and LW Basic CDHP (2019-Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting Deductible	MOOP	Meeting MOOP	Deductible	Meeting Deductible	MOOP	Meeting MOOP
2014	Standard CDHP	$1,750	**20.45%**	$3,500	**7.38%**	$3,500	**2.41%**	$7,000	**0.47%**
2015	Standard CDHP	$1,750	**18.67%**	$3,500	**6.90%**	$3,500	**1.88%**	$7,000	**0.34%**
2016	Standard CDHP	$1,750	**19.69%**	$3,500	**7.96%**	$3,500	**2.17%**	$7,000	**0.47%**
2017	Standard CDHP	$1,750	**16.92%**	$3,750	**6.35%**	$3,500	**2.38%**	$7,500	**0.42%**
2018	Standard CDHP	$1,750	**17.68%**	$3,750	**6.66%**	$3,500	**2.73%**	$7,500	**0.77%**
2019	LW Basic CDHP	$1,750	**17.36%**	$3,750	**6.41%**	$3,500	**3.22%**	$7,500	**0.52%**
2020	LW Basic CDHP	$2,000	**15.24%**	$4,000	**5.29%**	$3,750	**3.23%**	$7,750	**0.66%**
2021	LW Basic CDHP	$2,000	**5.14%**	$4,000	**1.57%**	$3,750	**0.68%**	$7,750	**0.16%**

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 Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2021 This report is based on Incurred Medical and Pharmacy claims.

Individuals and Families in LivingWell PPO (2014—Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting Deductible	MOOP	Meeting MOOP	Deductible	Meeting Deductible	MOOP	Meeting MOOP
2014	LivingWell PPO	$500	**11.85%**	$2,500	**3.74%**	$1,000	**4.70%**	$3,000	**0.49%**
2015	LivingWell PPO	$500	**34.97%**	$2,500	**0.69%**	$1,000	**7.88%**	$5,000	**0.16%**
2016	LivingWell PPO	$500	**35.87%**	$2,500	**0.65%**	$1,000	**7.87%**	$5,000	**0.13%**
2017	LivingWell PPO	$750	**32.00%**	$2,750	**0.65%**	$1,500	**6.38%**	$5,500	**0.08%**
2018	LivingWell PPO	$750	**32.74%**	$2,750	**0.74%**	$1,500	**6.38%**	$5,500	**0.07%**
2019	LivingWell PPO	$750	**33.92%**	$2,750	**0.67%**	$1,500	**6.66%**	$5,500	**0.07%**
2020	LivingWell PPO	$1,000	**25.06%**	$3,000	**0.86%**	$1,750	**5.49%**	$5,750	**0.08%**
2021	LivingWell PPO	$1,000	**12.37%**	$3,000	**0.51%**	$1,750	**1.52%**	$5,750	**0.03%**

Individuals and Families in LivingWell CDHP (2014— Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting Deductible	MOOP	Meeting MOOP	Deductible	Meeting Deductible	MOOP	Meeting MOOP
2014	LivingWell CDHP	$1,250	**29.04%**	$2,500	**8.89%**	$2,500	**17.39%**	$5,000	**2.24%**
2015	LivingWell CDHP	$1,250	**29.30%**	$2,500	**8.61%**	$2,500	**17.55%**	$5,000	**1.89%**
2016	LivingWell CDHP	$1,250	**28.69%**	$2,500	**9.17%**	$2,500	**17.90%**	$5,000	**2.35%**
2017	LivingWell CDHP	$1,250	**28.23%**	$2,750	**8.51%**	$2,500	**17.56%**	$5,500	**2.59%**
2018	LivingWell CDHP	$1,250	**28.80%**	$2,750	**8.97%**	$2,500	**18.48%**	$5,500	**3.04%**
2019	LivingWell CDHP	$1,250	**29.38%**	$2,750	**9.48%**	$2,500	**33.26%**	$5,500	**3.19%**
2020	LivingWell CDHP	$1,500	**21.95%**	$3,000	**8.61%**	$2,750	**14.99%**	$5,750	**3.15%**
2021	LivingWell CDHP	$1,500	**10.60%**	$3,000	**2.74%**	$2,750	**4.17%**	$5,750	**0.70%**

Premium

The following details the amount of premium* paid by the employee and employer for 2014-2020 and monthly through 2021.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2014	$265,431,508	$1,348,631,926	$1,614,063,434
2015	$256,371,746	$1,362,686,924	$1,619,058,670
2016	$254,661,768	$1,380,830,820	$1,635,492,588
2017	$255,169,294	$1,374,862,647	$1,630,031,942
2018	$262,595,375	$1,384,164,265	$1,646,759,641
2019	$265,841,372	$1,373,033,885	$1,638,875,257
2020	$276,675,312	$1,364,377,186	$1,641,052,498
Jan 2021	$23,551,167	$116,021,140	$139,572,307
Feb 2021	$23,546,142	$115,832,587	$139,378,729
Mar 2021	$23,541,940	$115,772,356	$139,314,296
Apr 2021	$23,456,256	$115,495,487	$138,951,743
May 2021	$23,391,895	$115,271,852	$138,663,747
Jun 2021	$23,351,387	$115,005,880	$138,357,267
Jul 2021	$23,247,960	$114,404,638	$137,652,598

**Premium 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 percentage for the most recent rolling year. Based on Paid Pharmacy Claims.

Time Period: Paid Month	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx**
Aug 2020	282,785	5,704	32,252	10,860	331,601	85.28%	98.02%
Sep 2020	278,056	5,633	44,589	10,986	339,264	81.96%	98.01%
Oct 2020	285,429	5,779	54,674	11,571	357,453	79.85%	98.02%
Nov 2020	279,863	5,572	37,900	10,249	333,584	83.90%	98.05%
Dec 2020	301,789	6,120	36,311	11,777	355,997	84.77%	98.01%
Jan 2021	274,725	3,867	25,257	10,059	313,908	87.52%	98.61%
Feb 2021	248,989	4,157	34,785	10,279	298,210	83.49%	98.36%
Mar 2021	300,987	5,007	52,422	14,908	373,324	80.62%	98.36%
Apr 2021	282,780	4,832	41,924	12,721	342,257	82.62%	98.32%
May 2021	277,278	4,618	34,559	12,044	328,499	84.41%	98.36%
Jun 2021	299,720	4,898	35,095	13,205	352,918	84.93%	98.39%
Jul 2021	286,085	4,872	32,391	13,494	336,842	84.93%	98.33%

**Other category includes: Over-the-Counter (usually items such as diabetic supplies, syringes, and test strips, etc.) and claims that were unable to be tagged to a specific group.*
***Generic Efficiency Rate 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.*

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 Pharmacy 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***
May 2020	266,132	137,092	312,567	1.17	2.76	$148.56	$132.49	$18.44	$35.81
Jun 2020	265,885	150,479	336,917	1.27	2.85	$151.76	$136.02	$19.50	$34.46
Jul 2020	264,578	156,928	339,655	1.28	2.84	$146.97	$132.45	$18.11	$30.53
Aug 2020	262,892	152,886	329,068	1.25	2.81	$147.46	$133.77	$16.65	$28.63
Sep 2020	261,176	155,759	338,871	1.30	2.80	$146.40	$134.01	$15.68	$26.29
Oct 2020	263,509	168,662	358,533	1.36	2.81	$141.82	$130.32	$15.11	$23.61
Nov 2020	263,459	157,003	331,279	1.26	2.79	$150.10	$138.40	$13.99	$23.48
Dec 2020	263,076	154,306	355,776	1.35	2.97	$152.59	$141.16	$14.64	$24.96
Jan 2021	262,533	157,339	315,752	1.20	2.73	$144.17	$121.53	$27.24	$45.45
Feb 2021	262,148	150,581	300,091	1.14	2.61	$146.69	$126.27	$23.37	$40.69
Mar 2021	262,161	164,416	371,883	1.42	2.85	$142.13	$124.40	$25.15	$40.11
Apr 2021	261,566	159,026	342,680	1.31	2.74	$150.60	$133.87	$21.91	$36.03

**"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.*
***"Member Cost per Script" is the average net amount paid per prescription filled per member (Net Pay Rx/Members)*
****"Patient Cost per Script" is the average net amount paid per prescription filled per Patients (Net Pay Rx/Patients)*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from Jan—Apr 2021.

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	$14,032,544.89	8.44%	1,694	$221.80	632
2	2	STELARA	Single source brand	Immunosuppressants	$7,021,218.82	4.22%	358	$312.64	211
3	3	TRULICITY	Single source brand	Hormones & Synthetic Subst	$4,462,607.52	2.68%	4,504	$26.84	1,691
4	4	SAXENDA	Single source brand	Hormones & Synthetic Subst	$3,887,330.45	2.34%	3,125	$36.89	1,446
5	5	ENBREL	Single source brand	Immunosuppressants	$3,389,638.98	2.04%	410	$189.87	191
6	6	FARXIGA	Single source brand	Hormones & Synthetic Subst	$3,246,336.92	1.95%	4,343	$15.54	2,022
8	7	JARDIANCE	Single source brand	Hormones & Synthetic Subst	$3,056,454.18	1.84%	4,050	$16.06	1,866
7	8	JANUVIA	Single source brand	Hormones & Synthetic Subst	$3,037,581.65	1.83%	4,322	$14.44	2,064
9	9	NOVOLOG	Single source brand	Hormones & Synthetic Subst	$2,604,398.83	1.57%	2,356	$25.40	1,086
10	10	TRIKAFTA	Multisource generic	Respiratory Tract Agents	$2,513,308.99	1.51%	109	$823.50	26
11	11	XARELTO	Single source brand	Blood Form/Coagul Agents	$2,326,221.00	1.40%	3,825	$13.88	1,823
12	12	DUPIXENT	Single source brand	Immunosuppressants	$2,324,232.41	1.40%	898	$86.69	286
14	13	OZEMPIC 1 MG DOSES	Single source brand	Hormones & Synthetic Subst	$2,239,191.03	1.35%	2,079	$26.73	873
15	14	SKYRIZI	Single source brand	Immunosuppressants	$2,202,973.97	1.32%	136	$219.51	98
13	15	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	$2,195,486.51	1.32%	2,223	$23.07	1,190
17	16	BASAGLAR KWIKPEN	Single source brand	Hormones & Synthetic Subst	$2,004,443.36	1.21%	4,105	$10.93	2,055
16	17	COSENTYX	Single source brand	Immunosuppressants	$1,985,786.92	1.19%	283	$204.85	104
18	18	ROSUVASTATIN CALCIUM	Multisource generic	Cardiovascular Agents	$1,894,442.45	1.14%	11,931	$2.65	6,973
19	19	OZEMPIC 0.25 MG OR 0.5 MG DOSES	Single source brand	Hormones & Synthetic Subst	$1,858,050.83	1.12%	1,836	$25.38	871
20	20	VICTOZA	Single source brand	Hormones & Synthetic Subst	$1,800,190.95	1.08%	1,579	$27.59	668
21	21	OTEZLA	Single source brand	Misc Therapeutic Agents	$1,707,499.54	1.03%	462	$103.96	194
22	22	GILENYA	Single source brand	Misc Therapeutic Agents	$1,584,307.56	0.95%	96	$280.91	48
23	23	TALTZ	Single source brand	Immunosuppressants	$1,504,186.21	0.90%	214	$213.85	78
25	24	NORDITROPIN FLEXPRO	Multisource brand, no generic	Hormones & Synthetic Subst	$1,500,340.42	0.90%	192	$206.20	89
24	25	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	$1,366,590.09	0.82%	1,867	$16.84	950

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

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 4.33% of total scripts and 45.85% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	$75,745,364	56,997	2,637,957
All Product Names	$165,219,510	1,317,311	51,777,362
Top Drugs as Pct of All Drugs	45.85%	4.33%	5.09%

Utilization

The top 25 clinical conditions based on Incurred Medical Claims for Jan—Apr 2021.

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	$26,029,315	$200,504	$25,799,454	0.00	0.00	1352.21	0.79	100,713	$258.45
2	2	Chemotherapy Encounters	$15,736,061	$938,480	$14,797,581	0.50	4.86	1.61	0.00	522	$30,145.71
7	3	Infections, NEC	$13,480,135	$8,185,414	$5,288,052	0.25	6.27	402.07	2.82	39,457	$341.64
3	4	Osteoarthritis	$11,222,858	$1,321,373	$9,892,722	0.41	1.58	138.82	0.26	8,348	$1,344.38
16	5	Infections - Respiratory, NEC	$11,134,346	$7,155,857	$3,952,906	3.03	5.67	185.01	12.13	16,470	$676.04
4	6	Signs/Symptoms/Oth Cond, NEC	$11,124,465	$1,620,715	$9,437,822	0.73	9.75	375.46	9.18	38,301	$290.45
6	7	Coronary Artery Disease	$10,580,919	$6,546,582	$4,034,298	1.61	4.45	25.15	1.83	2,310	$4,580.48
8	8	Pregnancy without Delivery	$10,118,636	$8,068,885	$2,049,447	0.48	3.31	91.01	5.31	3,262	$3,101.97
5	9	Spinal/Back Disord, Low Back	$8,223,264	$3,200,566	$5,008,166	0.55	3.00	564.25	3.45	15,474	$531.42
9	10	Arthropathies/Joint Disord NEC	$7,505,407	$875,797	$6,624,587	0.17	3.80	611.54	5.52	23,086	$325.11
10	11	Gastroint Disord, NEC	$7,475,968	$2,111,670	$5,362,766	0.94	4.32	118.08	13.53	12,279	$608.84
17	12	Newborns, w/wo Complication	$6,755,349	$6,562,082	$193,170	8.68	3.14	9.36	0.14	1,012	$6,675.25
11	13	Respiratory Disord, NEC	$6,709,942	$2,212,022	$4,444,492	0.26	3.35	72.54	7.79	9,454	$709.75
13	14	Cardiac Arrhythmias	$6,618,232	$2,209,347	$4,404,331	0.62	2.67	34.10	1.77	3,208	$2,063.04
20	15	Radiation Therapy Encounters	$5,671,873	$37,578	$5,634,296	0.01	19.00	3.64	0.00	184	$30,825.40
14	16	Condition Rel to Tx - Med/Surg	$5,558,504	$3,399,738	$2,153,787	1.26	5.08	6.08	1.79	1,928	$2,883.04
15	17	Diabetes	$5,467,033	$1,297,048	$4,134,010	1.73	6.09	226.32	1.95	17,718	$308.56
#N/A	18	Rheumatic Fever/Valvular Dis	$5,174,788	$4,569,540	$604,774	0.53	5.70	5.95	0.05	1,070	$4,836.25
12	19	Cancer - Breast	$5,083,034	$258,038	$4,807,842	0.08	6.57	23.45	0.05	1,337	$3,801.82
22	20	Neurological Disorders, NEC	$4,189,045	$1,433,555	$2,741,315	0.56	9.57	66.80	1.18	4,080	$1,026.73
23	21	Cardiovasc Disord, NEC	$3,931,287	$608,478	$3,318,783	0.31	6.37	74.96	8.07	7,586	$518.23
21	22	Renal Function Failure	$3,888,933	$805,846	$3,082,082	0.14	6.25	15.68	0.60	1,525	$2,550.12
25	23	Cholecystitis/Cholelithiasis	$3,775,634	$848,330	$2,927,229	0.54	3.38	3.77	1.49	674	$5,601.83
18	24	Cerebrovascular Disease	$3,655,339	$2,373,046	$1,254,623	0.92	8.29	7.94	1.11	828	$4,414.66
24	25	Urinary Tract Calculus	$3,559,300	$187,121	$3,372,179	0.34	2.60	17.73	5.04	1,575	$2,259.87

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

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 60.23% of total Paid Medical 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	$202,669,668	$67,027,612	$135,320,713	24.65	5.40	4,433.53	85.82
All Clinical Conditions	$336,517,711	$106,610,200	$229,058,028	54.64	4.78	9,324.76	170.65
Top Clinical Conditions as Pct of All Clinical Conditions	60.23%	62.87%	59.08%	45.12%	113.06%	47.55%	50.29%

Claims Lag Analysis

The following claims lag information is based on Incurred Medical Claims from Jan—Apr 2021.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
LivingWell CDHP	1,640,389	20	86.08%	95.88%	99.04%
LivingWell PPO	1,016,699	20	86.33%	96.12%	99.07%
LW Limited High Deductible	14,908	28	77.43%	92.26%	97.58%
LivingWell Basic CDHP	92,814	20	83.82%	94.86%	98.79%
Missing	7,444	28	74.36%	93.63%	97.47%
All Plans	2,772,254	20	85.94%	95.86%	99.00%

**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 Pharmacy**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	**Aug 2020**	**Sep 2020**	**Oct 2020**	**Nov 2020**	**Dec 2020**	**Jan 2021**
May 2020	$3,805,542.61	$1,649,623.34	$945,670.60	$587,972.00	$446,471.35	$287,644.03
Jun 2020	$22,131,860.63	$4,678,916.21	$2,752,053.40	$856,990.55	$743,098.52	$430,864.75
Jul 2020	$56,674,912.97	$22,423,583.39	$5,667,643.45	$2,141,609.06	$912,808.49	$922,225.75
Aug 2020	$60,905,986.26	$45,967,039.11	$22,140,151.62	$5,211,529.71	$3,590,369.24	$1,836,078.33
Sep 2020	$32,800.91	$58,123,303.02	$46,844,720.65	$26,730,256.00	$7,154,189.71	$2,165,937.01
Oct 2020	$0.00	$41,773.19	$57,971,312.89	$53,127,499.10	$27,158,938.43	$5,848,903.58
Nov 2020	$0.00	$0.00	$7,891.97	$54,250,795.76	$61,954,319.53	$14,028,782.97
Dec 2020	$0.00	$0.00	$0.00	$24,549.70	$69,485,723.95	$54,812,866.75
Jan 2021	$0.00	$0.00	$0.00	$0.00	$21,355.71	$43,353,693.98
Feb 2021	$0.00	$0.00	$0.00	$0.00	$0.00	$32,011.52
Mar 2021	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Apr 2021	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

	Month Paid					
Service Month	**Feb 2021**	**Mar 2021**	**Apr 2021**	**May 2021**	**Jun 2021**	**Jul 2021**
May 2020	$356,821.10	($317,683.83)	$178,848.55	$2,024.79	$151,130.34	($35,640.75)
Jun 2020	$365,700.68	$9,455.29	$99,931.22	($122,937.64)	$92,257.26	$106,849.20
Jul 2020	$430,877.56	$272,886.55	$75,993.86	($58,093.05)	$142,663.89	$90,441.48
Aug 2020	$577,539.31	$845,530.02	$29,043.37	$200,793.92	$292,334.22	$100,575.87
Sep 2020	$2,076,893.39	$951,080.94	$261,054.24	$21,223.42	$92,773.95	($139,044.81)
Oct 2020	$2,573,122.86	$1,031,753.50	$924,818.91	$492,573.35	$927,340.72	$200,307.71
Nov 2020	$5,790,067.80	$3,441,330.30	$1,420,538.27	$297,770.66	$338,073.56	$96,161.64
Dec 2020	$25,170,533.66	$8,488,489.14	$2,620,515.19	$1,421,137.13	$1,428,350.36	$602,252.91
Jan 2021	$41,496,897.80	$23,390,415.75	$5,485,168.60	$2,126,188.94	$2,053,673.70	$846,112.92
Feb 2021	$44,017,476.48	$46,570,838.11	$14,069,042.32	$3,897,398.04	$3,933,091.79	$1,507,695.93
Mar 2021	$24,631.07	$61,418,372.80	$47,821,507.26	$17,326,956.36	$4,965,186.41	$1,729,849.51
Apr 2021	$0.00	$10,809.20	$55,291,713.52	$46,402,539.63	$24,396,181.48	$3,890,905.65

Claims Distribution Based on Age/Gender

The following is based on Incurred Medical and Pharmacy Claims from Jan—Apr 2021.

	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	1,037	$3,782,139.54	$3,647.19	1,058	$6,542,664.72	$6,186.92
Ages 1-4	4,970	$4,526,867.91	$910.84	5,246	$3,565,435.88	$679.62
Ages 5-9	7,611	$5,548,896.88	$729.09	8,000	$4,268,844.80	$533.64
Ages 10-14	9,233	$6,153,845.25	$666.54	9,684	$6,788,641.54	$701.02
Ages 15-17	6,288	$6,647,966.31	$1,057.29	6,390	$5,356,781.78	$838.27
Ages 18-19	4,047	$4,008,596.57	$990.57	4,150	$2,791,291.47	$672.60
Ages 20-24	10,284	$12,985,020.76	$1,262.61	9,868	$7,113,103.80	$720.84
Ages 25-29	8,242	$12,082,249.67	$1,466.03	4,957	$4,062,042.85	$819.50
Ages 30-34	8,814	$13,964,792.91	$1,584.43	5,038	$4,224,192.17	$838.47
Ages 35-39	10,764	$19,503,376.65	$1,811.87	6,315	$6,868,968.53	$1,087.81
Ages 40-44	12,370	$25,133,295.60	$2,031.75	7,511	$10,051,694.44	$1,338.31
Ages 45-49	13,750	$31,850,060.90	$2,316.37	8,733	$16,187,582.36	$1,853.66
Ages 50-54	15,229	$41,574,722.58	$2,729.97	9,908	$23,770,121.91	$2,399.08
Ages 55-59	16,700	$48,713,918.53	$2,917.04	10,659	$35,595,416.97	$3,339.39
Ages 60-64	18,693	$62,315,481.67	$3,333.63	11,320	$46,517,489.65	$4,109.50
Ages 65-74	2,634	$9,581,701.14	$3,638.05	2,264	$11,222,977.95	$4,956.60
Ages 75-84	160	$416,055.42	$2,600.35	163	$1,182,306.35	$7,264.56
Ages 85+	2	$1,296.19	$648.10	10	$18,331.57	$1,880.16
Total	**150,826**	**$308,790,284.48**	**$2,047.32**	**111,272**	**$196,127,888.74**	**$1,762.61**

Allowed Amount Distribution by Member Count

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 2014—2020 and year to date for 2021.

Allowed Amount	2014	2015	2016	2017	2018	2019	2020	2021
less than 0.00	22	4	2	1	5	19	8	0
$0.00 - $499.99	66,180	72,760	72,608	71,180	69,962	67,324	72,556	109,326
$500.00 - $999.99	39,137	39,862	40,982	41,563	42,897	41,390	41,373	35,060
$1,000.00 - $1,999.99	43,065	41,247	40,963	42,085	43,484	43,528	42,211	27,560
$2,000.00 - $4,999.99	51,911	49,217	48,716	49,648	50,026	50,765	47,725	25,446
$5,000.00 - $9,999.99	29,515	26,834	27,302	26,817	27,360	27,907	25,267	11,259
$10,000.00 - $14,999.99	12,825	11,369	11,647	12,107	12,430	12,823	11,978	4,147
$15,000.00 - $19,999.99	6,755	5,605	6,152	6,389	6,799	7,363	7,119	2,367
$20,000.00 - $29,999.99	6,374	5,612	5,909	6,229	6,841	7,132	7,010	2,456
$30,000.00 - $49,999.99	5,272	4,475	4,841	5,064	5,389	5,954	5,606	1,871
$50,000.00 - $74,999.99	2,520	2,225	2,347	2,673	2,779	3,015	2,877	778
$75,000.00 - $99,999.99	1,037	944	1,115	1,201	1,329	1,454	1,416	332
$100,000.00 - $149,999.99	846	777	886	959	1,046	1,164	1,217	302
$150,000.00 - $199,999.99	344	320	330	369	442	507	480	113
$200,000.00 - $249,999.99	179	148	174	168	206	214	252	39
over $249,999.99	326	231	252	292	318	397	466	51
Total	**266,308**	**261,630**	**264,226**	**266,745**	**271,313**	**270,956**	**267,561**	**221,107**

Summary of Enrollment and Claims

The following provides a summary of members, Incurred Medical Claims and Incurred Pharmacy 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
May 2020	266,132	$117,473,229.22	$76,061,092.47	$41,412,136.75	537,959	218,895	312,567
Jun 2020	265,885	$140,148,868.42	$94,319,794.58	$45,829,073.84	643,892	299,476	336,917
Jul 2020	264,578	$144,840,523.56	$99,852,434.41	$44,988,089.15	676,279	329,032	339,655
Aug 2020	262,892	$141,838,263.06	$97,819,882.64	$44,018,380.42	641,773	305,039	329,068
Sep 2020	261,176	$144,534,741.26	$99,123,310.11	$45,411,431.15	650,285	303,265	338,871
Oct 2020	263,509	$150,416,504.76	$103,691,642.65	$46,724,862.11	703,092	336,369	358,533
Nov 2020	263,459	$142,020,786.26	$96,170,776.91	$45,850,009.35	649,238	310,491	331,279
Dec 2020	263,076	$164,223,592.78	$114,002,948.37	$50,220,644.41	687,110	323,697	355,776
Feb 2021	262,148	$116,429,858.86	$78,538,577.29	$37,891,281.57	574,567	266,950	300,091
Jan 2021	262,533	$120,052,793.81	$81,680,588.49	$38,372,205.32	642,090	318,824	315,752
Mar 2021	262,161	$135,197,820.38	$88,936,756.65	$46,261,063.73	721,442	341,225	371,883
Apr 2021	261,566	$133,237,700.17	$87,361,788.32	$45,875,911.85	664,280	313,001	342,680

NOTE: Includes run out data from all Carriers

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

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
May 2020 - Apr 2021	263,260	$1,654,981,721	$1,122,123,880	$532,857,841
May 2019 - Apr 2020	264,007	$1,591,466,931	$1,088,185,844	$503,281,087
% Change (Roll Yrs)	-0.28%	3.99%	3.12%	5.88%

Appendix A

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

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.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. IBM Watson Health warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators

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 and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2019, Advantage Suite processed enrollment information for a total of 263,771 members as well as 8,140,840 claims (3,671,772 Medical claims and 4,372,489 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.

Appendix B—Definitions

- ***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.
- ***Carrier*** refers to claims listed by carrier. (Please note that CVS data is designated as Anthem).
- ***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.
- ***Employee*** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, 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-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a "member".
- ***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.
- ***Group*** is Kentucky Retirement System (KRS), Kentucky Teachers' Retirement System (TRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, and Quasi/Local Governments).
- ***Incurred Claims*** refer to paid amounts for claims that were incurred in a specified timeframe.
- ***IP*** refers inpatient procedures and/or claims.
- ***LOS*** refers to length of stay of an acute admission.
- ***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.
- ***Member*** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as "covered lives".
- ***Member Cost per Script*** is the average net amount paid per prescription filled per member (Net Pay Rx/Members).
- ***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.
- ***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.
- ***OP*** refers to outpatient procedures and/or claims.
- ***OP Rad*** refers to outpatient radiology claims an/or patients.
- ***Paid Claims*** specify the paid amount for claims regardless of when the claims may have been incurred.
- ***Patient Cost per Script*** is the average net amount paid per prescription filled per patient (Net Pay Rx/Patients).
- ***Patients*** is the unique count of members who received facility, professional, or pharmacy services.

Appendix B—Definitions *(continued)*

- ***Plan*** is Standard PPO, Standard CDHP, LivingWell Basic CDHP, LW High Deductible Plan, LivingWell PPO and LivingWell CDHP.
- ***Rcnt SGovt*** refers to recent State Government benchmarks.
- ***Rcnt US*** refers to recent US national benchmarks.
- ***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.