

ABC Company

Demo Project 2/09/2017

January 1, 2015 - December 31, 2015



CLARKE & COMPANY
BENEFITS LLC

Prepared by:

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Project Id 366550

Methodology and Enrollment Summary

We analyzed your medical claims experience compared to that of your peers. This comparison will allow you to identify and address potential issues concerning health care utilization and costs. Be sure to review all exhibits for the full scope of this analysis. Make note of large differences between your actual experience and the norm, as this may indicate room for improvement.

This report:

- Displays claims paid from January 1, 2015 to December 31, 2015, but may not reflect all claims incurred over this period.
- Is calculated using the propriety claims analysis system Decision Master® Warehouse.

The following counts and assumptions are used to create this report for your company:

Number of employees	831
Number of single contracts	688
Number of single + 1 contracts	0
Number of single + 2 contracts	0
Number of family contracts	143
Total enrolled	1,284

Health Plan Cost

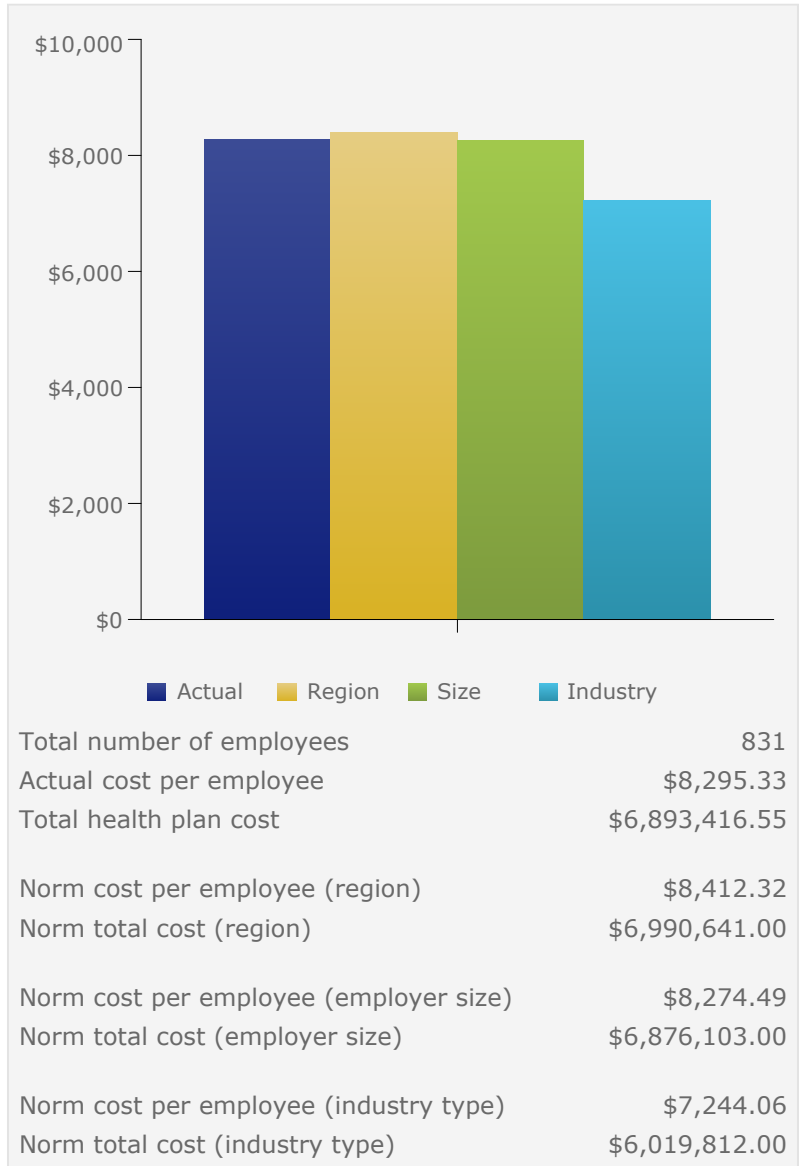
Gauge how your total health plan expense per employee compares to that of other similarly sized employers in your region and industry. Keep in mind:

- Prescription drug and fixed costs shown are based on values provided.
- Claim amounts represent claims paid during the period; they may not reflect all claims incurred over this period.

Region	Midwest
Industry type	Retail

Points to consider:

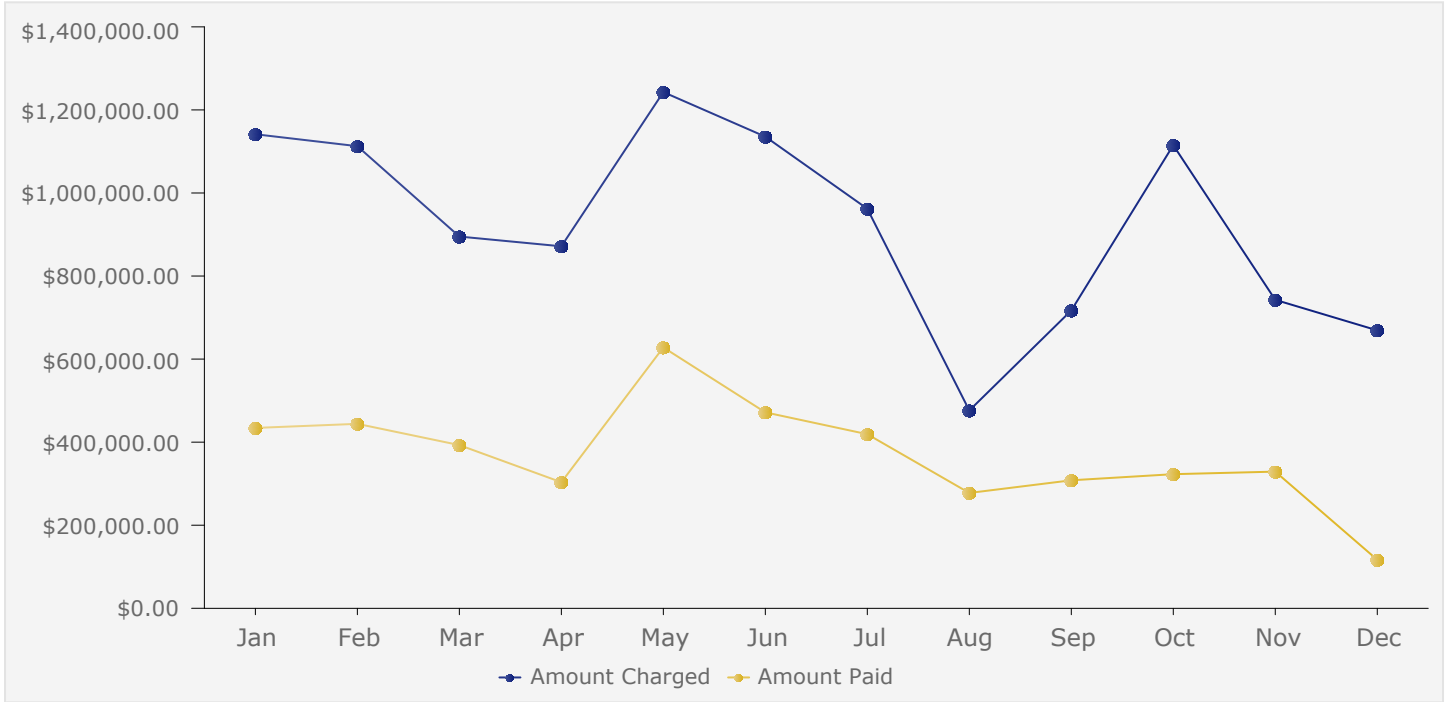
- Do you employ the most appropriate funding method for your health plan?
- Is there a need to review contribution levels or implement a spousal carve-out?
- What impact do catastrophic claims have on your costs?
- Is there a noticeable return on investment for managed care or other cost containment programs?
- Would potential cost savings be achieved if services, such as utilization review and disease management, were unbundled?



Norm source: "Employer Health Benefits 2014 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2014.

Health Plan Cost Trend

Examine the pattern of your claim charges and payments over the course of the reporting period to identify irregularities or opportunities.



Your Total Health Plan Cost

	Per Employee	Total
Net paid claims (less amount over specific)	\$5,352.97	\$4,448,322
Prescription drug costs	\$1,569.03	\$1,303,860
Administrative costs/premium	\$1,373.33	\$1,141,235
Actual cost	\$8,295.33	\$6,893,417
Region benchmark	\$8,412.32	\$6,990,641
Employer size benchmark	\$8,274.49	\$6,876,103
Industry type benchmark	\$7,244.06	\$6,019,812

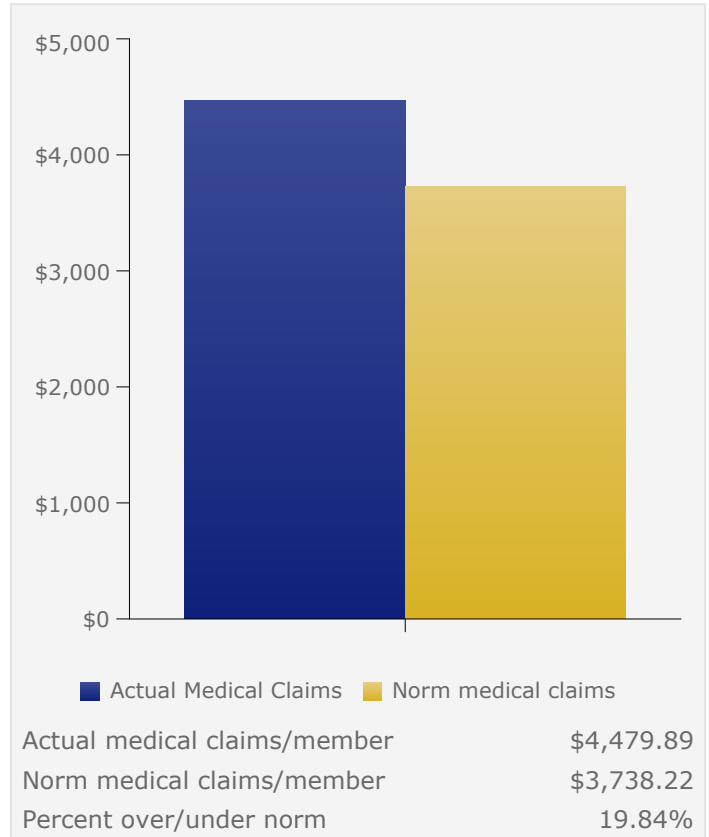
Norm source: "Employer Health Benefits 2014 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2014.

Medical Claims Cost

Compare your costs per member with the norm. Administrative and fixed costs are not included; prescription drug expense is included unless otherwise stated. Use this exhibit as your first indication as to whether your claims costs are in-line with your peers, based on benchmarking by location, industry and plan type.

Points to consider:

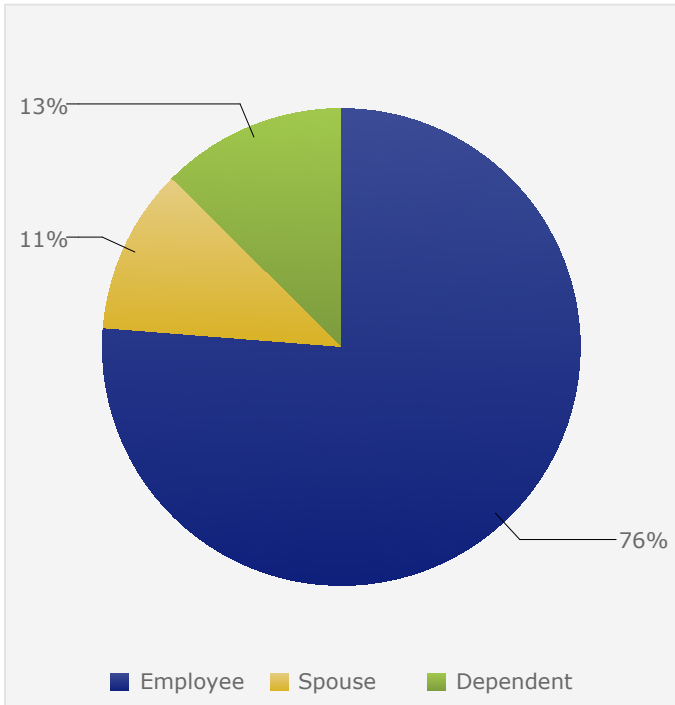
- Are your costs in-line with that of your peers?
- Is your plan design competitive?
- Do any specific utilization and cost patterns suggest areas of opportunity?
- Are your high costs claims appropriately managed?
- Do you encourage preventive care for your plan participants?
- Would a disease management program help control costs?



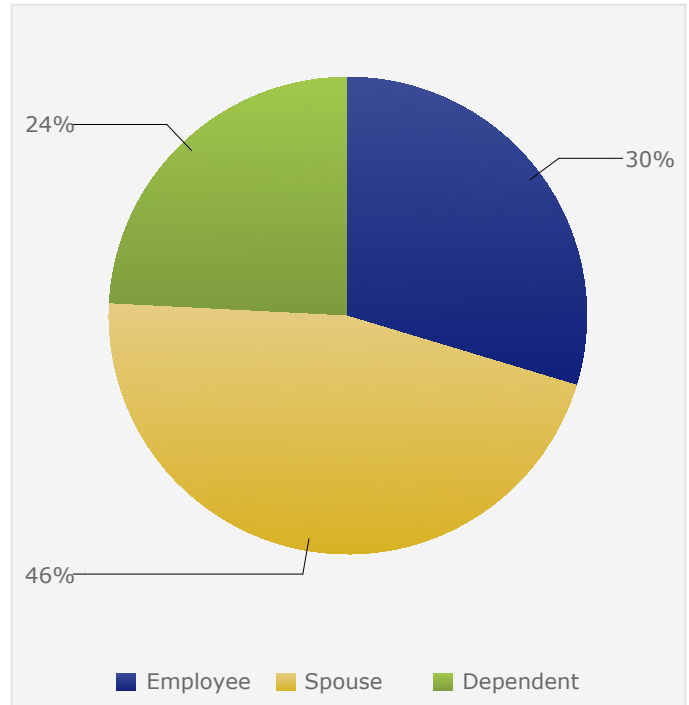
Employee vs. Dependent Claims

Understand how your company's health care cost distribution by relationship compares to that of your peers, and determine whether that distribution reflects the goals of your health plan.

Actual Paid



Norm Paid



Relationship	Actual	Norm	Variance
Employee	\$3,391,776	\$1,319,372	157.08%
Dependent	\$559,911	\$1,075,604	-47.94%
Spouse	\$496,634	\$2,053,345	-75.81%

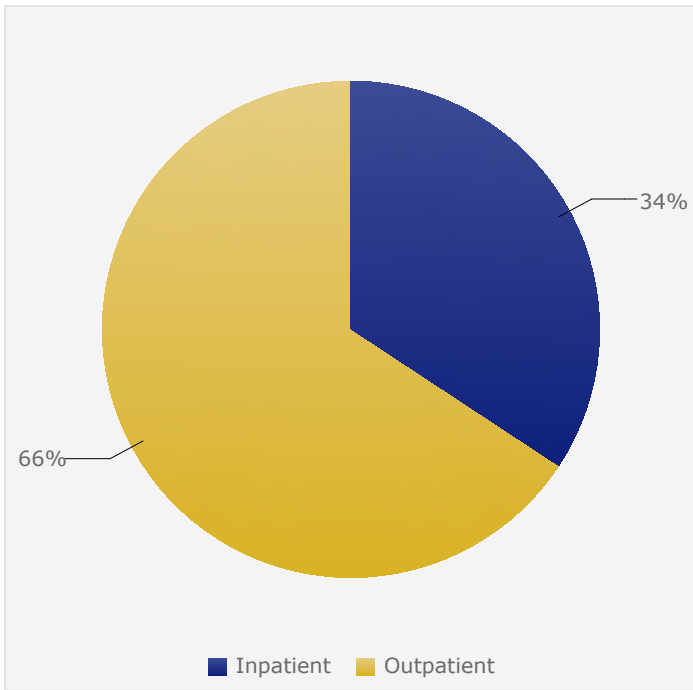
Points to consider:

- Are catastrophic claims skewing the distribution of claim dollars?
- Do you have adequate cost containment strategies in place, and are they being communicated to the correct audiences?
- Are you using contribution strategies and spousal carve-outs to reduce adverse selection against your plan?

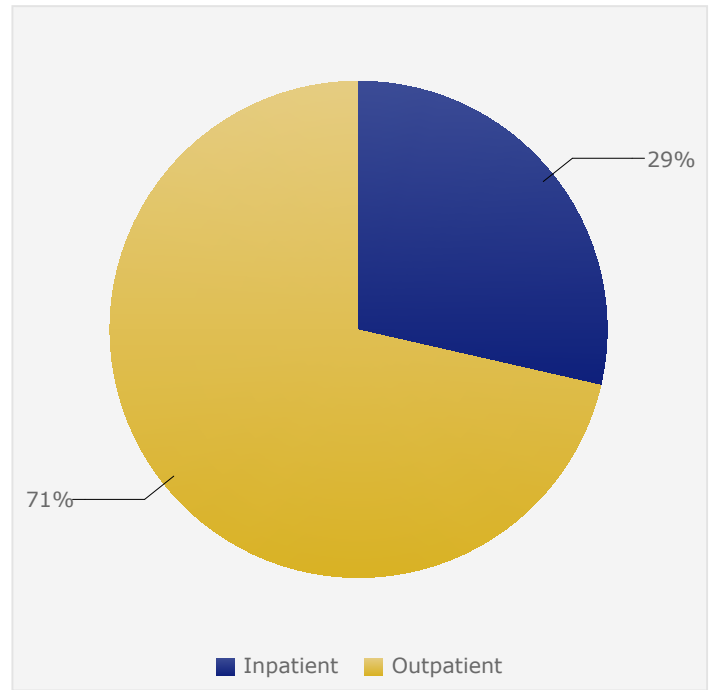
Inpatient and Outpatient Claims

Assess how the distribution of your paid claims by inpatient versus outpatient setting compares to that of your peers. For this report, the data includes both facility fees (room and board, supplies, and ancillary services) and professional services fees (physician, surgeon, and anesthesiologist).

Actual Paid



Norm Paid



Network	Actual Paid	Norm Paid	Variance
Inpatient	\$1,523,940.91	\$1,271,005.57	19.90%
Outpatient	\$2,924,380.64	\$3,177,311.53	-7.96%

Points to consider:

- Is inpatient care appropriately managed?
- Are effective disease management programs in place?
- Does your network contain high-quality, fair-cost providers?
- Can your costs be reduced by using pre-authorization mandates?
- Have changing medical treatment patterns shifted medical care environments?

Norm source: Copyright ©2015 Truven Health Analytics Inc. MarketScan® Research Databases. All rights reserved.

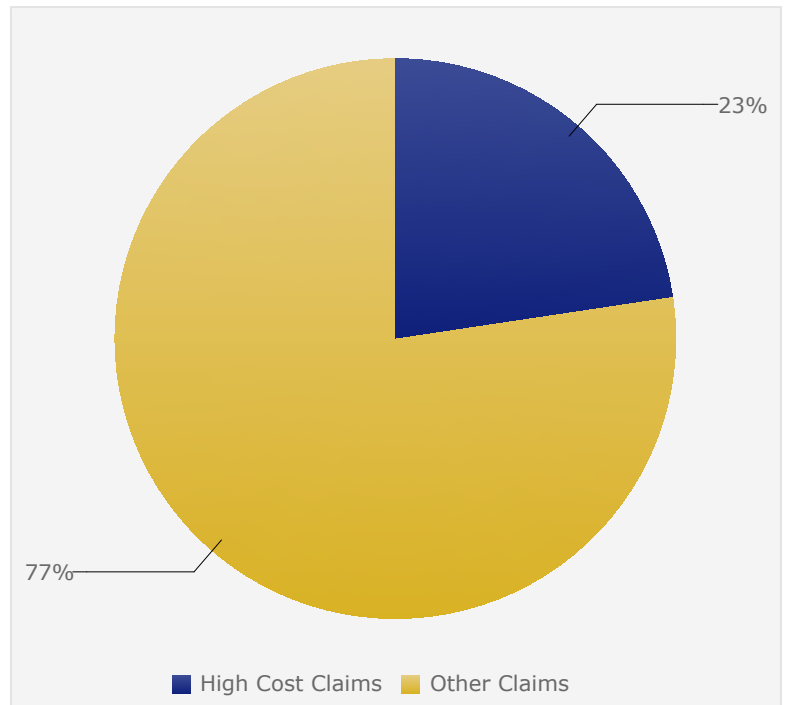
High Cost Claimants

Research the top 10 high cost claimants to observe and measure general health risks present in your population. The top 10 claimants are shown by total claimant paid amount and most costly diagnosis.

Examining high cost claimants provides your company insight into how a small number of participants can be responsible for a large percentage of total claims.

Points to consider:

- Could addressing certain conditions or comorbidities reduce your overall costs?
- Are your managed care strategies effective?
- Would setting stop loss contracts be appropriate?



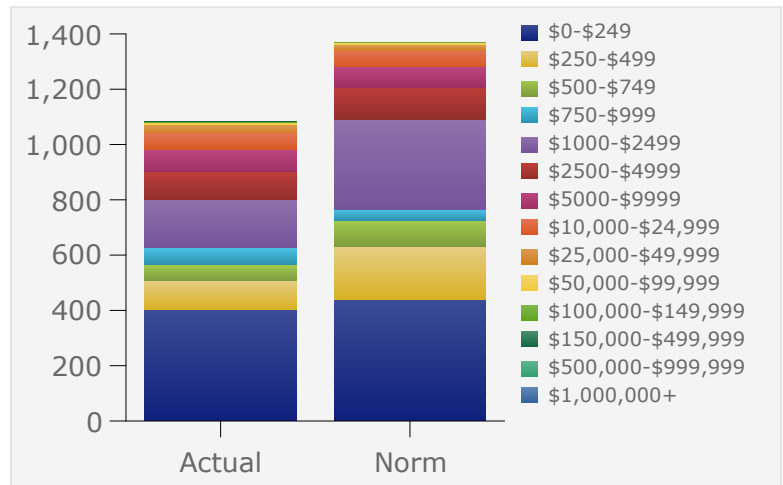
Claimant ID	Paid	Diagnosis
93	\$161,010	COMPLICATIONS OF TRANSPLANTED HEART
1067	\$129,372	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
345	\$128,708	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES UNSPECIFIED
679	\$127,041	PARTIAL EPILEPSY WITH IMTRACTABLE EPILEPSY
909	\$113,021	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY
166	\$85,512	OTHER COMPLICATIONS DUE TO OTHER VASCULAR DEVICE IMPLANT AND GRAFT
407	\$84,479	OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVI
949	\$63,100	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY
995	\$57,602	STAPHYLOCOCCUS AUREUS SEPTICEMIA
533	\$56,604	ATRIOVENTRICULAR BLOCK COMPLETE
	\$1,006,449	Total Paid
	\$1,006,449	Liability

Paid Claims Distribution by Claimant

Consider the distribution of your plan participants by paid amount categories when making decisions related to plan design and risk acceptance.

Points to consider:

- Does your plan include appropriate deductible levels?
- What measures could be taken to reduce costs in higher paid categories?



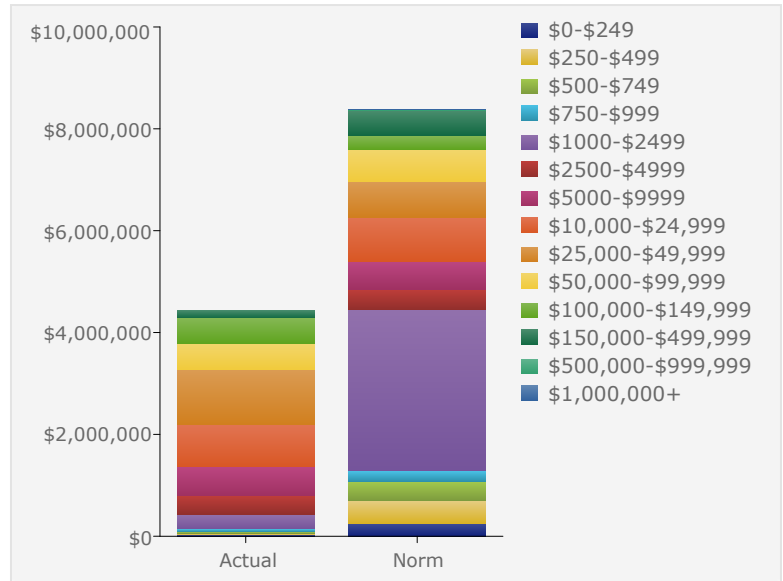
	Actual Claimant Count	Actual Percent of Total	Actual Cumulative Total	Norm Claimant Count	Norm Percent of Total	Norm Cumulative Total
\$0-\$249	405	37.12%	37.12%	439.24	40.26%	40.26%
\$250-\$499	103	9.44%	46.56%	190.27	17.44%	57.70%
\$500-\$749	57	5.22%	51.79%	95.14	8.72%	66.42%
\$750-\$999	61	5.59%	57.38%	40.26	3.69%	70.11%
\$1000-\$2499	174	15.95%	73.33%	325.77	29.86%	99.97%
\$2500-\$4999	103	9.44%	82.77%	115.43	10.58%	110.55%
\$5000-\$9999	80	7.33%	90.10%	76.81	7.04%	117.59%
\$10,000-\$24,999	59	5.41%	95.51%	57.50	5.27%	122.86%
\$25,000-\$49,999	31	2.84%	98.35%	20.29	1.86%	124.72%
\$50,000-\$99,999	8	0.73%	99.08%	9.06	0.83%	125.55%
\$100,000-\$149,999	4	0.37%	99.45%	2.29	0.21%	125.76%
\$150,000-\$499,999	1	0.09%	99.54%	2.07	0.19%	125.95%
\$500,000-\$999,999	0	0.00%	99.54%	0.00	0.00%	125.95%
\$1,000,000+	0	0.00%	99.54%	0.00	0.00%	125.95%

Paid Claims Distribution by Dollars

Consider the distribution of your plan costs by paid amount categories when making decisions related to plan design and risk acceptance.

Points to consider:

- Does your plan include appropriate deductible levels?
- What measures could be taken to reduce costs in higher paid categories?

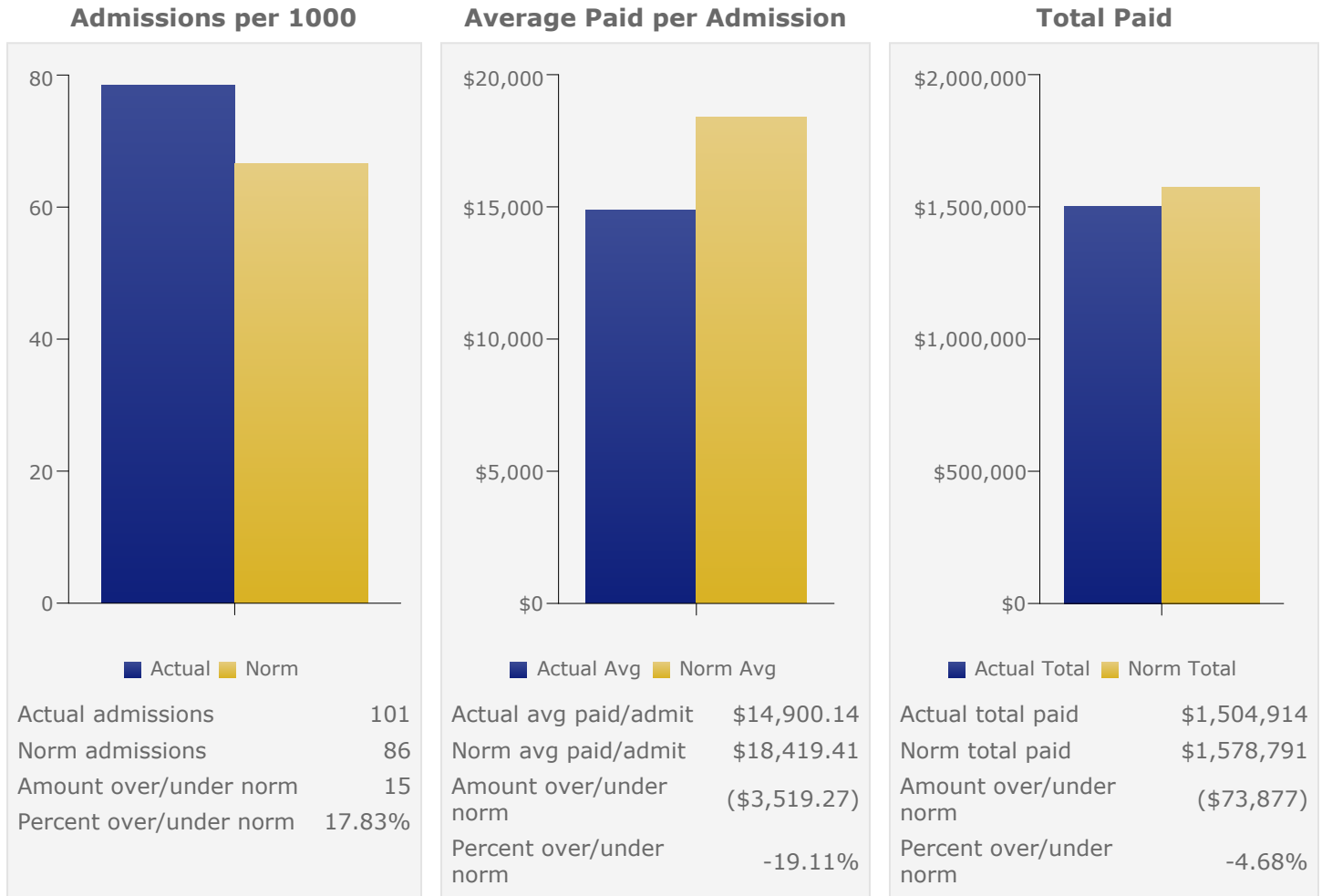


	Actual Total Net Paid	Actual % of Total	Actual Cumulative Total	Norm Net Paid	Norm Percent of Total	Norm Cumulative Total
\$0-\$249	\$25,652	0.58%	0.58%	\$253,554	5.70%	5.70%
\$250-\$499	\$36,078	0.81%	1.39%	\$447,946	10.07%	15.77%
\$500-\$749	\$36,867	0.83%	2.22%	\$377,662	8.49%	24.26%
\$750-\$999	\$53,031	1.19%	3.41%	\$209,071	4.70%	28.96%
\$1000-\$2499	\$281,156	6.32%	9.73%	\$3,159,198	71.02%	99.98%
\$2500-\$4999	\$365,093	8.21%	17.94%	\$405,687	9.12%	109.10%
\$5000-\$9999	\$563,747	12.67%	30.61%	\$536,912	12.07%	121.17%
\$10,000-\$24,999	\$825,541	18.56%	49.17%	\$877,654	19.73%	140.90%
\$25,000-\$49,999	\$1,094,047	24.59%	73.76%	\$701,500	15.77%	156.67%
\$50,000-\$99,999	\$508,553	11.43%	85.19%	\$623,655	14.02%	170.69%
\$100,000-\$149,999	\$498,142	11.20%	96.39%	\$279,799	6.29%	176.98%
\$150,000-\$499,999	\$161,010	3.62%	100.01%	\$494,653	11.12%	188.10%
\$500,000-\$999,999	\$0	0.00%	100.01%	\$20,017	0.45%	188.55%
\$1,000,000+	\$0	0.00%	100.01%	\$16,904	0.38%	188.93%

Inpatient Analysis

Gauge inpatient utilization, focusing on frequency and cost of admissions. For this report, the data includes:

- Admissions to an inpatient facility for overnight stays.
- Facility fees, such as hospital room and board, supplies, and ancillary services.
- Professional services fees, such as physician, surgeon, and anesthesiologist.



Points to consider:

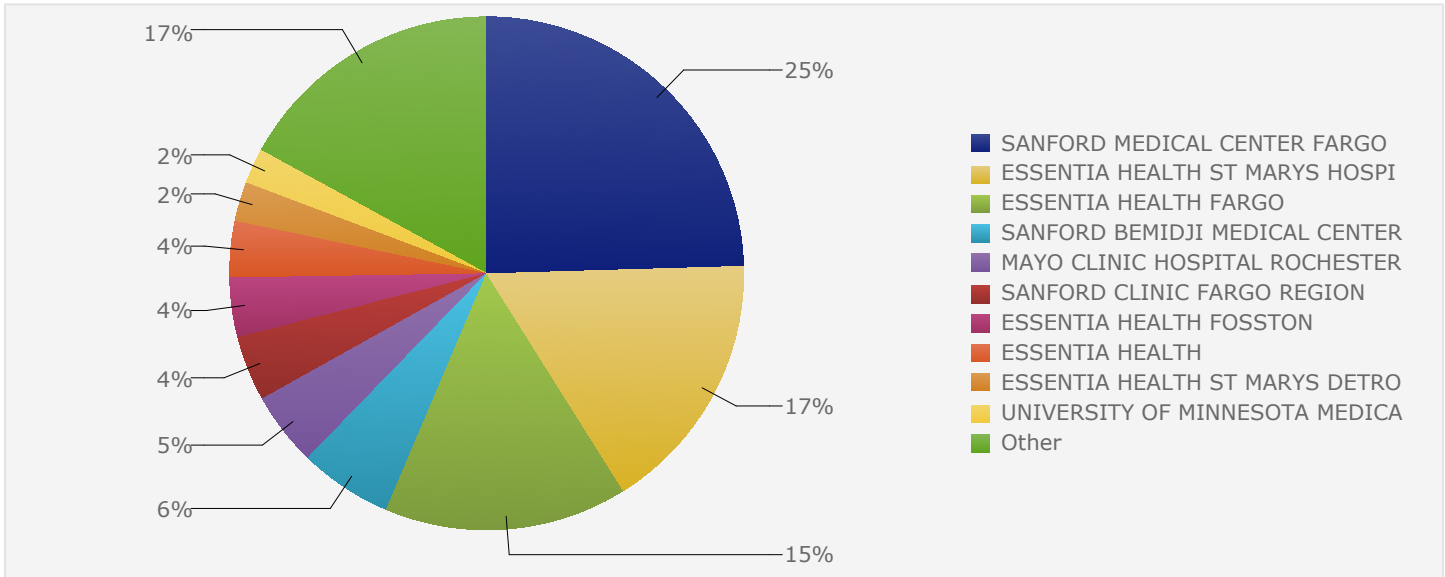
- What are common themes among admissions that could be addressed through education, wellness, or disease management?
- Are catastrophic claimants or provider contracting impacting costs?
- Is inpatient care appropriately managed?

Inpatient Provider Usage

Review the top 10 inpatient providers. For this report, the data includes:

- Facility fees, such as hospital room and board, supplies, and ancillary services.
- Professional services fees, such as physician, surgeon, and anesthesiologist (0 admissions will display).

Inpatient Providers by Percentage



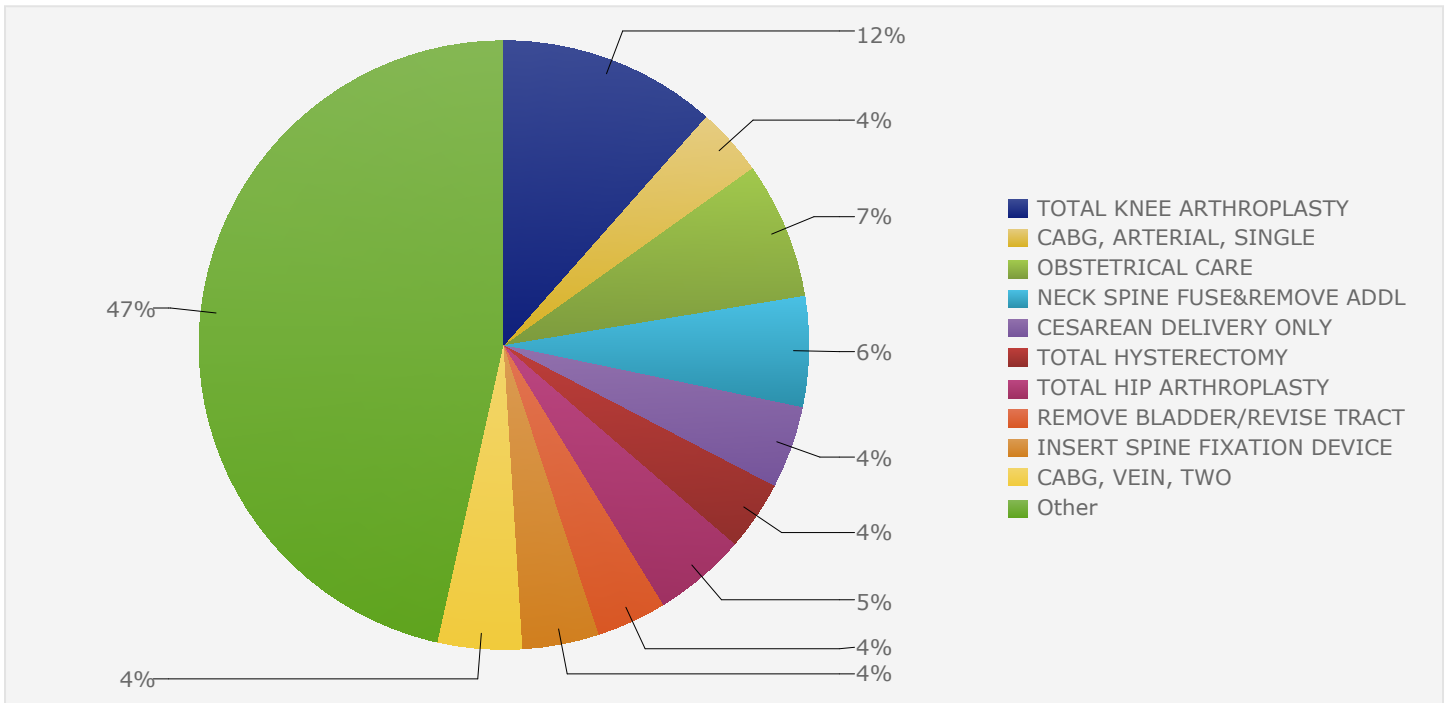
Inpatient Provider	Network	Number of Admits	Total Paid	Percent of All Paid
SANFORD MEDICAL CENTER FARGO	Yes	23	\$369,237	24.54%
ESSENTIA HEALTH ST MARYS HOSPI	Yes	26	\$248,817	16.53%
ESSENTIA HEALTH FARGO	Yes	12	\$230,584	15.32%
SANFORD BEMIDJI MEDICAL CENTER	Yes	8	\$88,222	5.86%
MAYO CLINIC HOSPITAL ROCHESTER	Yes	1	\$69,802	4.64%
SANFORD CLINIC FARGO REGION	Yes	23	\$61,850	4.11%
ESSENTIA HEALTH FOSSTON	Yes	8	\$56,296	3.74%
ESSENTIA HEALTH	Yes	21	\$53,017	3.52%
ESSENTIA HEALTH ST MARYS DETRO	Yes	25	\$37,262	2.48%
UNIVERSITY OF MINNESOTA MEDICA	Yes	2	\$33,395	2.22%

Points to consider:

- How effective is your plan at steering participants to network providers?
- What factors, if any, drive out-of-network utilization?
- Is there an opportunity to negotiate better discounts from your top providers?

Inpatient Surgery

Review the top 10 inpatient surgical procedures. For this report, the data includes surgeon fees (anesthesia, assistant surgeon, facility/supply costs are excluded).



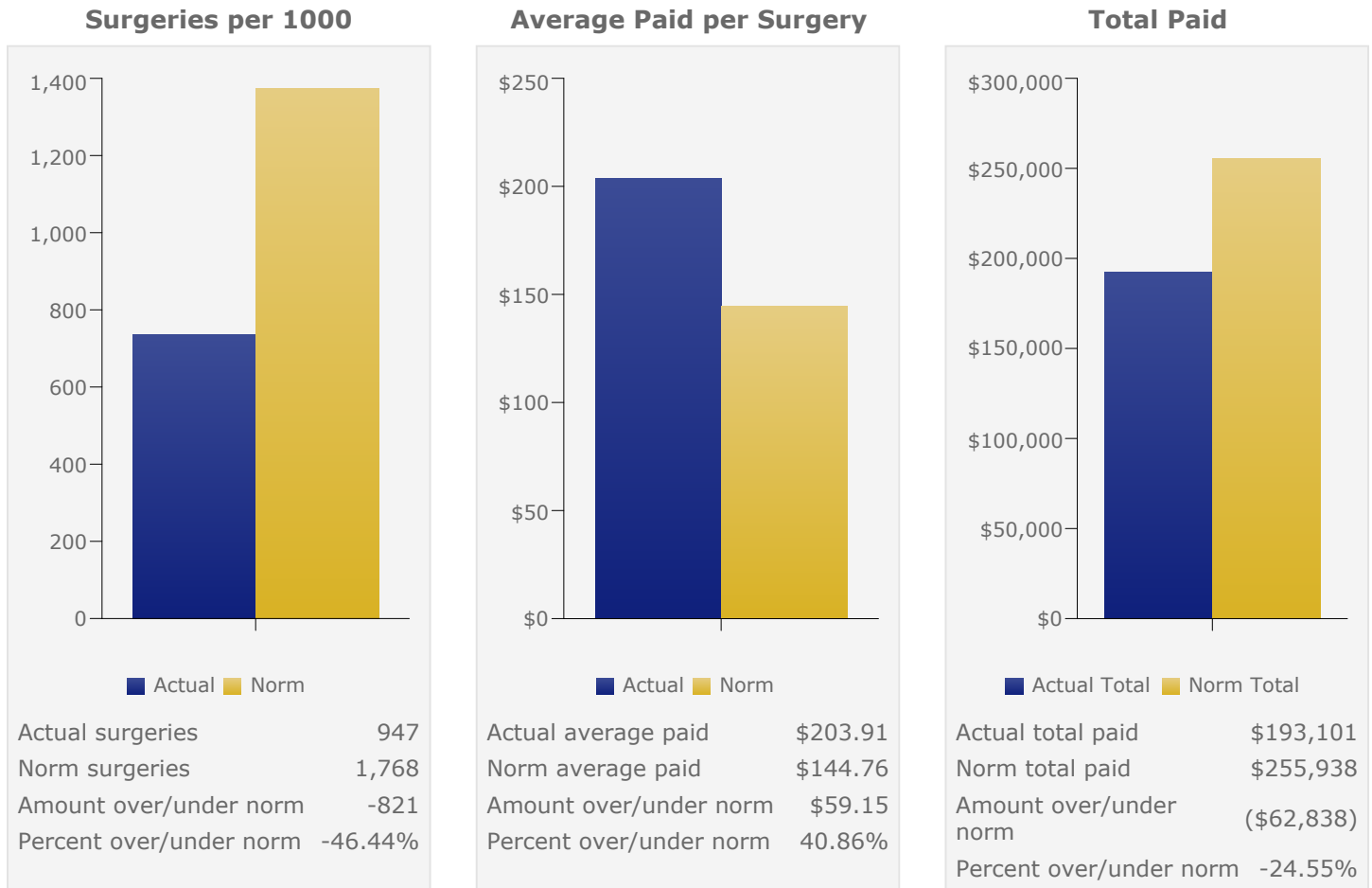
Procedure	Claimants	Total Paid	Average Paid	Percent of Total Paid
TOTAL KNEE ARTHROPLASTY	4	\$12,172	\$3,042.88	11.52%
OBSTETRICAL CARE	5	\$7,683	\$1,536.58	7.27%
NECK SPINE FUSE&REMOVE ADDL	2	\$6,185	\$3,092.67	5.85%
TOTAL HIP ARTHROPLASTY	2	\$5,187	\$2,593.48	4.91%
CABG, VEIN, TWO	1	\$4,722	\$4,722.35	4.47%
CESAREAN DELIVERY ONLY	2	\$4,617	\$2,308.64	4.37%
INSERT SPINE FIXATION DEVICE	3	\$4,290	\$1,430.11	4.06%
REMOVE BLADDER/REVISE TRACT	1	\$3,940	\$3,939.88	3.73%
TOTAL HYSTERECTOMY	2	\$3,889	\$1,944.29	3.68%
CABG, ARTERIAL, SINGLE	1	\$3,822	\$3,822.00	3.62%

Points to consider:

- Would pre-authorization mandates steer plan participants to a less costly, high quality outpatient setting for certain procedures?
- Is an effective wellness program in place to prevent the need for surgical procedures for some lifestyle related conditions?

Outpatient Surgery

Evaluate your outpatient surgery costs compared to that of your peers. For this report, the data includes surgeon fees (anesthesia, assistant surgeon, facility/supply costs are excluded).

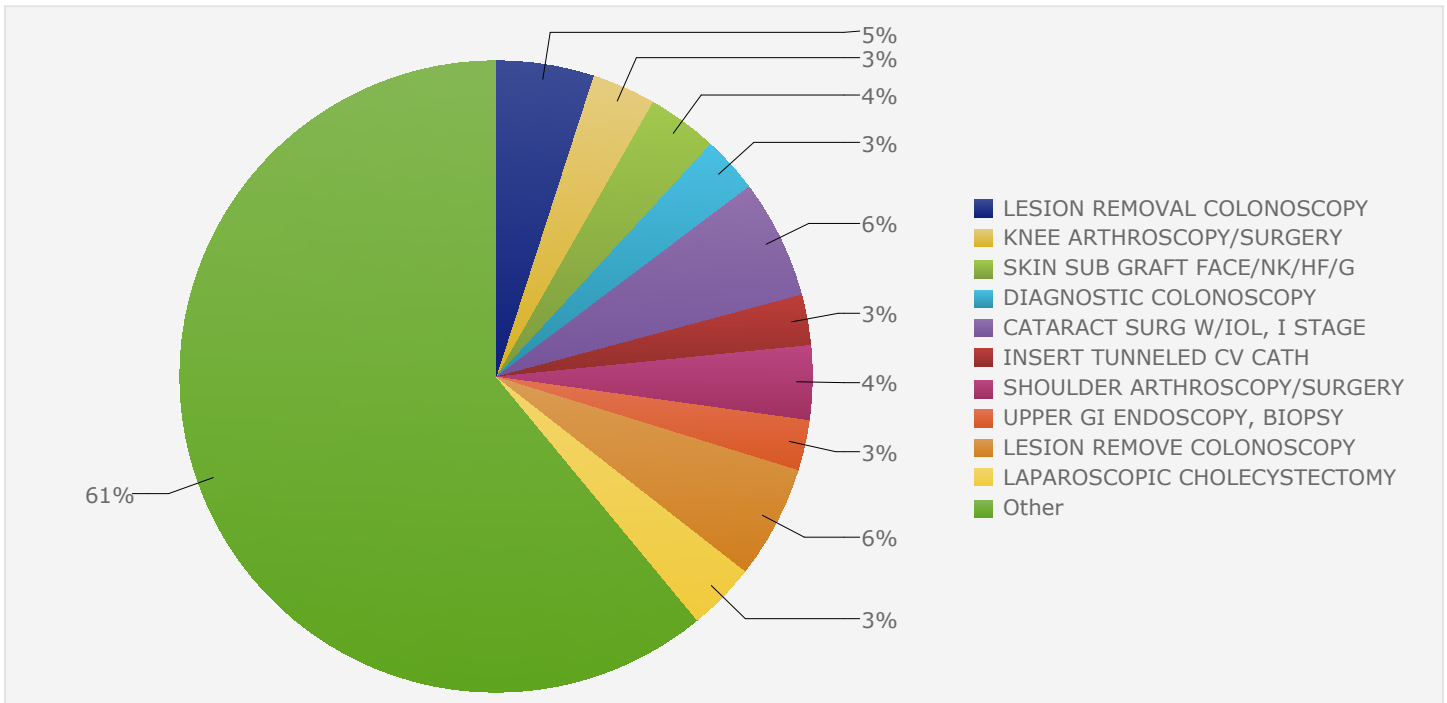


Points to consider:

- How effective is your plan at steering participants to surgery centers over outpatient hospital settings?
- Are there managed care options that can be considered?
- Is an effective wellness program in place to prevent the need for surgical procedures for some lifestyle related conditions?

Outpatient Surgery by Procedure

Review the top 10 outpatient surgical procedures. For this report, the data includes surgeon fees (anesthesia, assistant surgeon, facility/supply costs are excluded).



Procedure	Claimants	Total Paid	Average Paid	Percent of Total Paid
CATARACT SURG W/IOL, I STAGE	9	\$11,774	\$1,308.19	6.10%
LESION REMOVE COLONOSCOPY	18	\$11,154	\$619.65	5.78%
LESION REMOVAL COLONOSCOPY	9	\$9,609	\$1,067.70	4.98%
SHOULDER ARTHROSCOPY/SURGERY	5	\$7,334	\$1,466.87	3.80%
SKIN SUB GRAFT FACE/NK/HF/G	1	\$6,940	\$6,939.73	3.59%
LAPAROSCOPIC CHOLECYSTECTOMY	7	\$6,685	\$955.05	3.46%
KNEE ARTHROSCOPY/SURGERY	6	\$6,305	\$1,050.84	3.27%
DIAGNOSTIC COLONOSCOPY	12	\$5,586	\$465.49	2.89%
INSERT TUNNELED CV CATH	3	\$4,984	\$1,661.41	2.58%
UPPER GI ENDOSCOPY, BIOPSY	18	\$4,974	\$276.31	2.58%

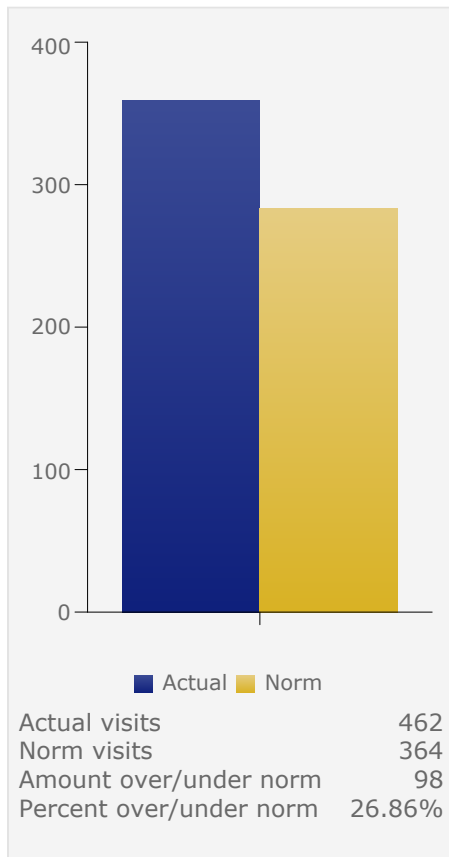
Points to consider:

- Does plan design encourage appropriate use of chiropractic and physical therapy services?
- Is an effective wellness program in place to prevent the need for surgical procedures for some lifestyle related conditions?

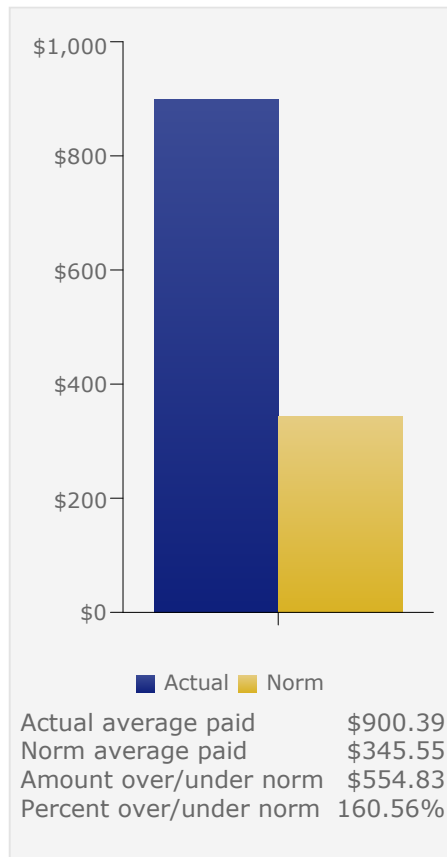
Emergency Room Visits

Gauge your plan's emergency room utilization and costs compared to that of your peers. For this report, the data includes claims that took place in an emergency room setting or included emergency room procedure coding.

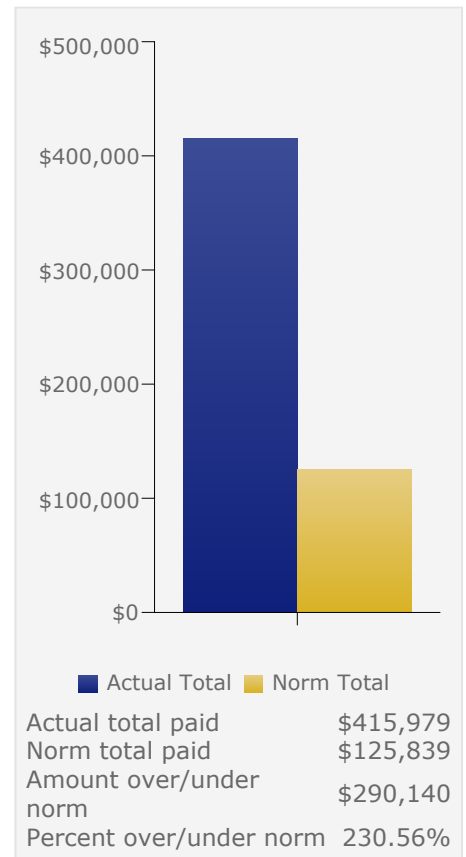
Visits per 1000



Average Paid per Visit



Total Paid



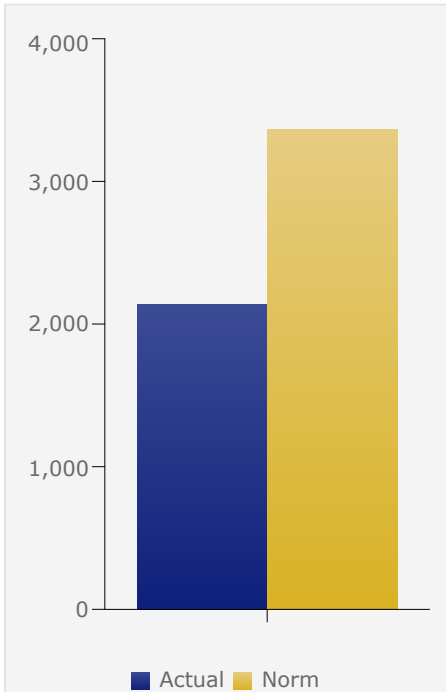
Points to consider:

- Is your plan design competitive?
- Do your plan designs and communications encourage the use of home care, nurse lines, urgent care centers, and primary care providers?
- Are there ways to encourage use of non-emergency providers, such as workplace policies like, or making participants aware of nearby providers like urgent care centers?
- Could hand sanitizing stations or communication of self-care tips aid in reducing emergency room utilization during cold and flu season?

Office Visits

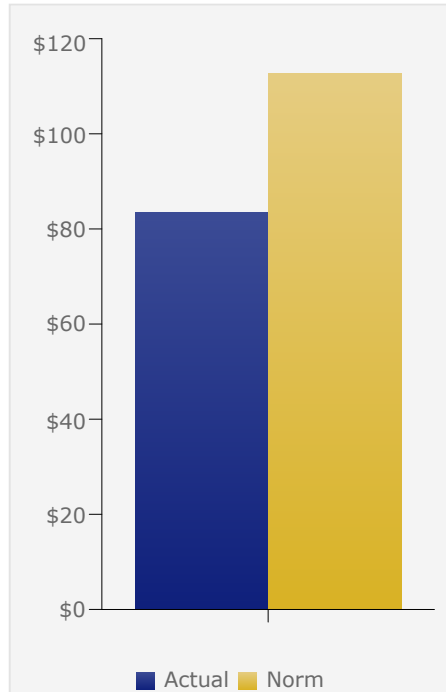
Gauge your plan's office visit utilization and costs compared to that of your peers. For this report, the data includes claims that were coded as office visit procedures.

Visits per 1000



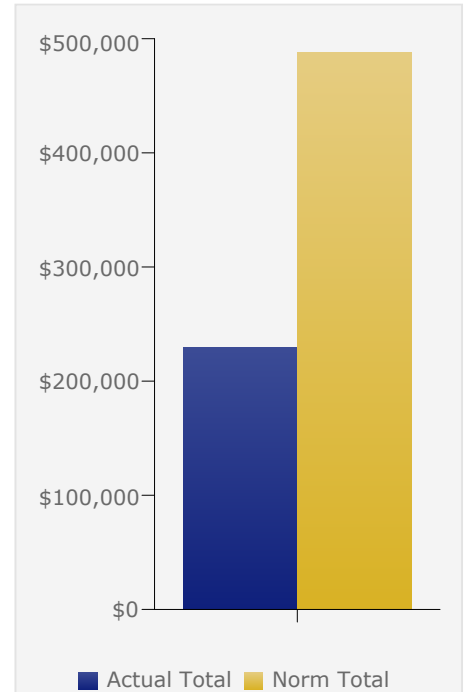
Actual visits	2,757
Norm visits	4,332
Amount over/under norm	-1,575
Percent over/under norm	-36.36%

Average Paid per Visit



Actual avg paid/visit	\$83.64
Norm avg paid/visit	\$112.80
Amount over/under norm	(\$29.16)
Percent over/under norm	-25.85%

Total Paid



Actual total paid	\$230,591
Norm total paid	\$488,663
Amount over/under norm	(\$258,072)
Percent over/under norm	-52.81%

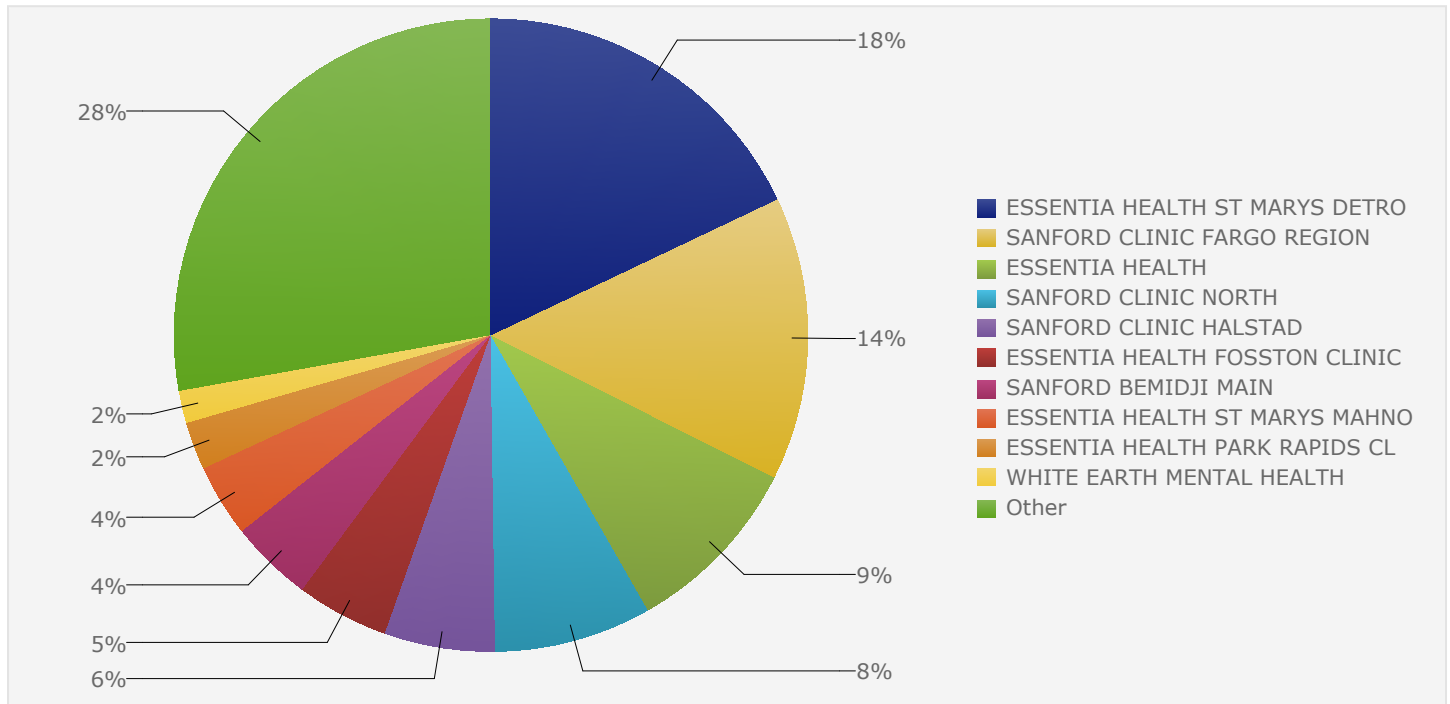
Points to consider:

- Do you provide self-care information for common illness such as colds, ear infections, and allergies at the appropriate seasonal intervals?
- Is your plan design competitive?
- Do you encourage regular visits and follow-ups with a primary care provider?

Office/Clinic Provider Usage

Review the top 10 office or clinic providers.

Office/Clinic Usage by Percentage



Provider Name	Network	Number of Visits	Total Paid	Percent of All Paid
ESSENTIA HEALTH ST MARYS DETRO	Yes	559	\$41,382	17.95%
SANFORD CLINIC FARGO REGION	Yes	272	\$33,342	14.46%
ESSENTIA HEALTH	Yes	164	\$21,516	9.33%
SANFORD CLINIC NORTH	Yes	242	\$18,539	8.04%
SANFORD CLINIC HALSTAD	Yes	157	\$13,020	5.65%
ESSENTIA HEALTH FOSSTON CLINIC	Yes	141	\$10,873	4.72%
SANFORD BEMIDJI MAIN	Yes	77	\$9,774	4.24%
ESSENTIA HEALTH ST MARYS MAHNO	Yes	128	\$8,538	3.70%
ESSENTIA HEALTH PARK RAPIDS CL	Yes	77	\$5,637	2.44%
WHITE EARTH MENTAL HEALTH	Yes	55	\$3,814	1.65%

Points to consider:

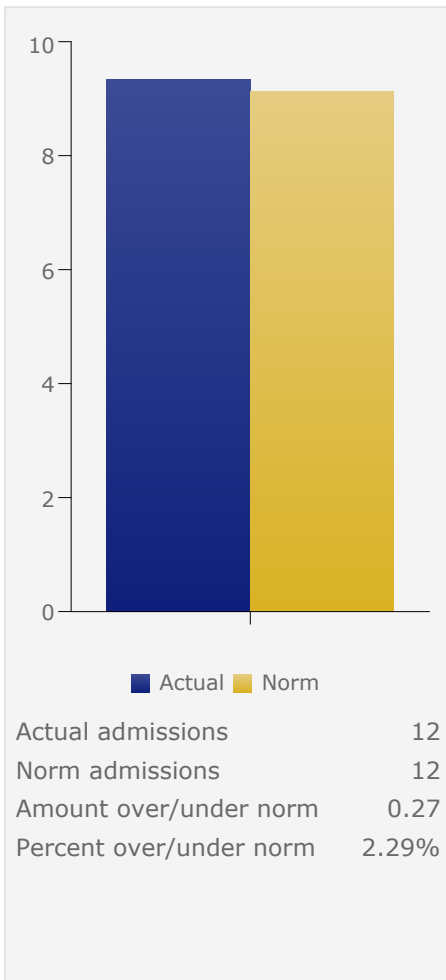
- If urgent care centers appear in this list, have you considered a communication campaign to encourage participants to use primary care providers?
- How effective is your plan at steering participants to network providers?
- Are there specialists in this list? Have you considered adding higher copays for specialists to encourage primary care provider usage?

Inpatient Behavioral Health

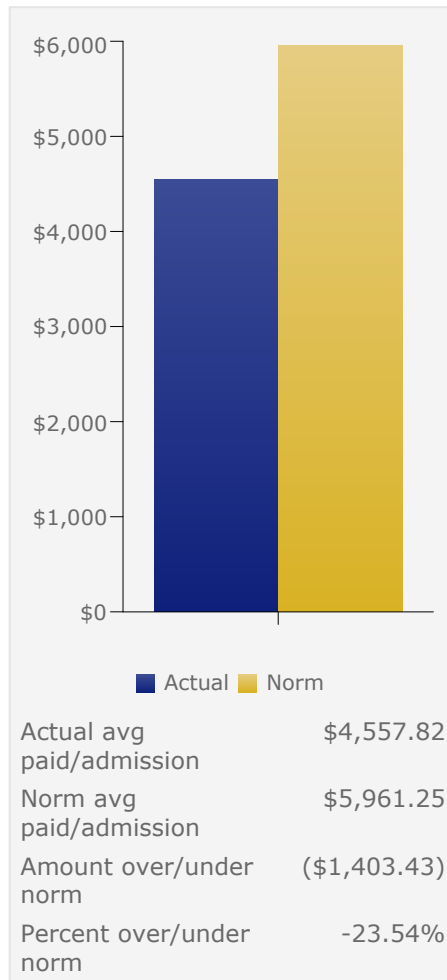
Gauge inpatient utilization for behavioral health care, focusing on frequency and cost of admissions. For this report, the data includes:

- Admissions to an inpatient facility for overnight stays related to substance abuse or mental health.
- Facility fees, such as hospital room and board, supplies, and ancillary services.
- Professional services fees, such as physician, surgeon, and anesthesiologist.

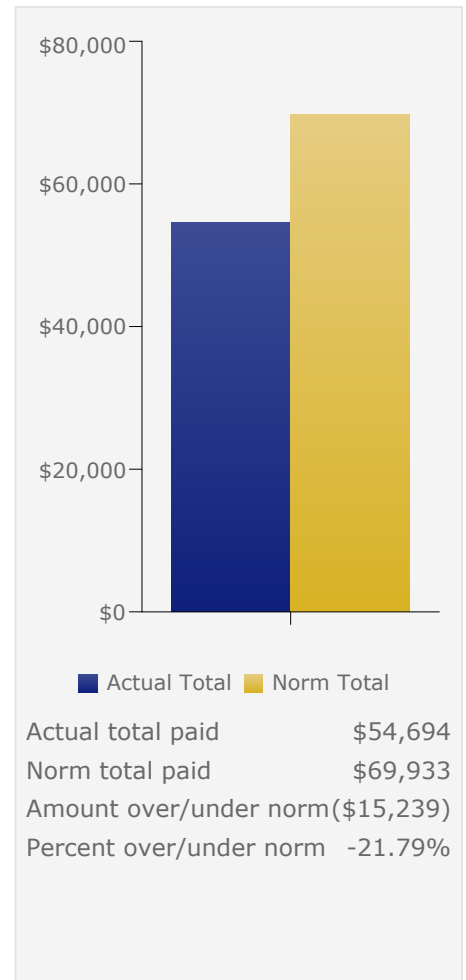
Admissions per 1000



Average Paid per Admission



Total Paid



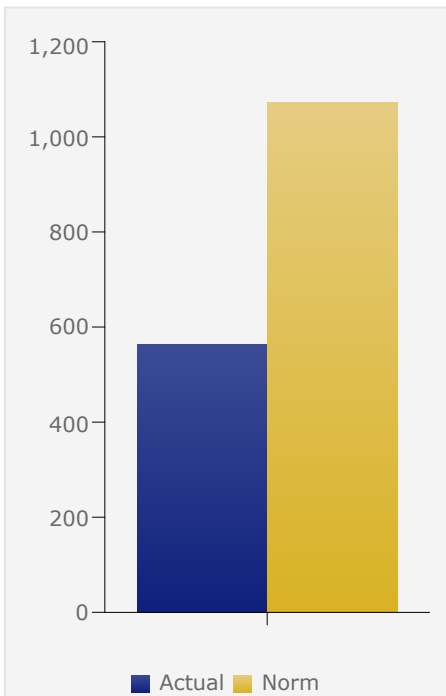
Points to consider:

- Is your plan design competitive?
- Have you considered an employee assistance program (EAP)?
- Does your network include high-quality, low-cost providers?

Outpatient Behavioral Health

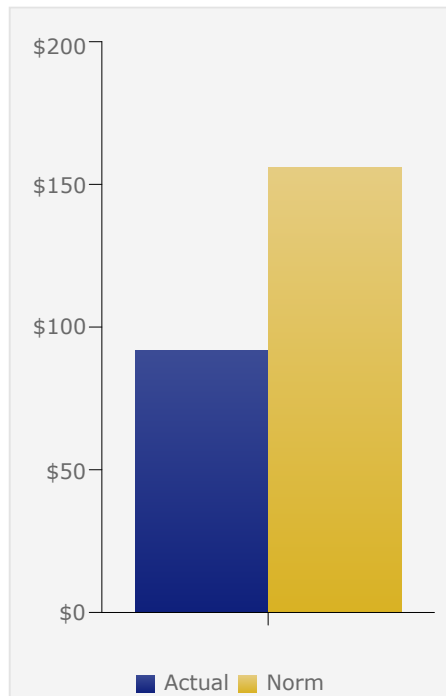
Gauge your plan's outpatient behavioral health utilization and costs compared to that of your peers. For this report, the data includes claims that occurred in an outpatient setting for substance abuse or mental health diagnoses.

Visits per 1000



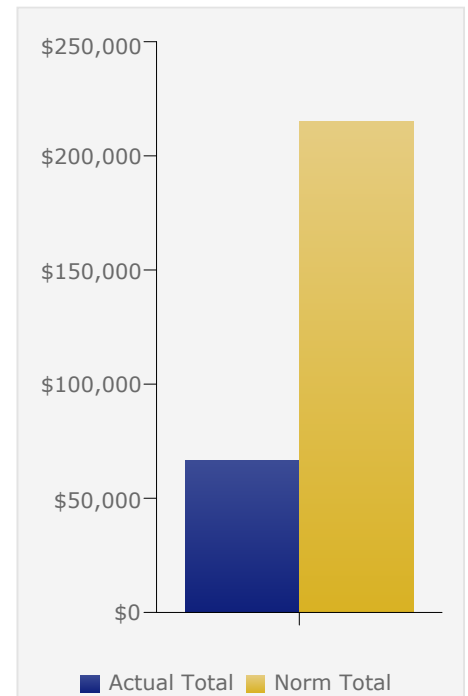
Actual visits	725
Norm visits	1,380
Amount over/under norm	-655
Percent over/under norm	-47.45%

Average Paid per Visit



Actual avg paid/visit	\$92.26
Norm avg paid/visit	\$156.21
Amount over/under norm	(\$63.95)
Percent over/under norm	-40.94%

Total Paid



Actual total paid	\$66,890
Norm total paid	\$215,506
Amount over/under norm	(\$148,616)
Percent over/under norm	-68.96%

Points to consider:

- Do you have an effective employee assistance program (EAP)?
- Is word-of-mouth winning out over network communication? If so, is it driving network utilization toward out-of-network providers?

Analysis by Major Diagnostic Category

Evaluate your costs for all possible diagnoses grouped as major diagnostic categories, as established by the Centers for Medicare & Medicaid Services (CMS).

MDC	Total Paid	Actual % of Total	Norm Total Paid	Norm % of Total	\$ Over/(Under)
Circulatory System	\$848,751	19.08%	\$355,866	8.00%	\$492,885
Musculoskeletal System	\$757,995	17.04%	\$622,765	14.00%	\$135,230
Injury, Poisoning and Toxic Effects of Drugs	\$134,670	3.03%	\$44,483	1.00%	\$90,187
Hepatobiliary System and Pancreas	\$172,824	3.89%	\$88,966	2.00%	\$83,858
Factors Influencing Health Status	\$483,797	10.88%	\$400,349	9.00%	\$83,448
Myeloproliferative & Poorly Diff. Neoplasms	\$70,847	1.59%	\$0	0.00%	\$70,847
Kidney and Urinary Tract	\$155,071	3.49%	\$88,966	2.00%	\$66,105
Eye	\$89,963	2.02%	\$44,483	1.00%	\$45,480
Nervous System	\$264,099	5.94%	\$222,416	5.00%	\$41,683
Digestive System	\$438,534	9.86%	\$400,349	9.00%	\$38,185
Male Reproductive System	\$19,653	0.44%	\$0	0.00%	\$19,653
Respiratory System	\$93,774	2.11%	\$88,966	2.00%	\$4,808
Burns	\$2,854	0.06%	\$0	0.00%	\$2,854
Multiple Significant Trauma	\$357	0.01%	\$0	0.00%	\$357
Skin, Subcutaneous Tissue and Breast	\$162,023	3.64%	\$177,933	4.00%	(\$15,910)
Female Reproductive System	\$104,534	2.35%	\$133,450	3.00%	(\$28,915)
Newborns and Other Neonates	\$12,303	0.28%	\$44,483	1.00%	(\$32,180)
Other	\$0	0.00%	\$44,483	1.00%	(\$44,483)
Endocrine, Nutritional and Metabolic	\$121,844	2.74%	\$177,933	4.00%	(\$56,089)
Pregnancy, Childbirth and the Puerperium	\$94,417	2.12%	\$177,933	4.00%	(\$83,516)
Alcohol/Drug Use	\$47,820	1.08%	\$133,450	3.00%	(\$85,630)
Mental Diseases and Disorders	\$116,896	2.63%	\$222,416	5.00%	(\$105,520)
Ear, Nose, Mouth and Throat	\$124,234	2.79%	\$311,383	7.00%	(\$187,149)
Infectious and Parasitic Diseases	\$63,952	1.44%	\$311,383	7.00%	(\$247,430)
Blood and Blood-forming Organs	\$67,110	1.51%	\$355,866	8.00%	(\$288,756)

Points to consider:

- Are there any specific categories that could be further examined to assess whether a disease management strategy would be effective?
- How do catastrophic claims affect specific categories?

Lifestyle

Evaluate your costs for lifestyle related claims, grouped by body system, as defined by and compared to Truven Health Analytics Inc.

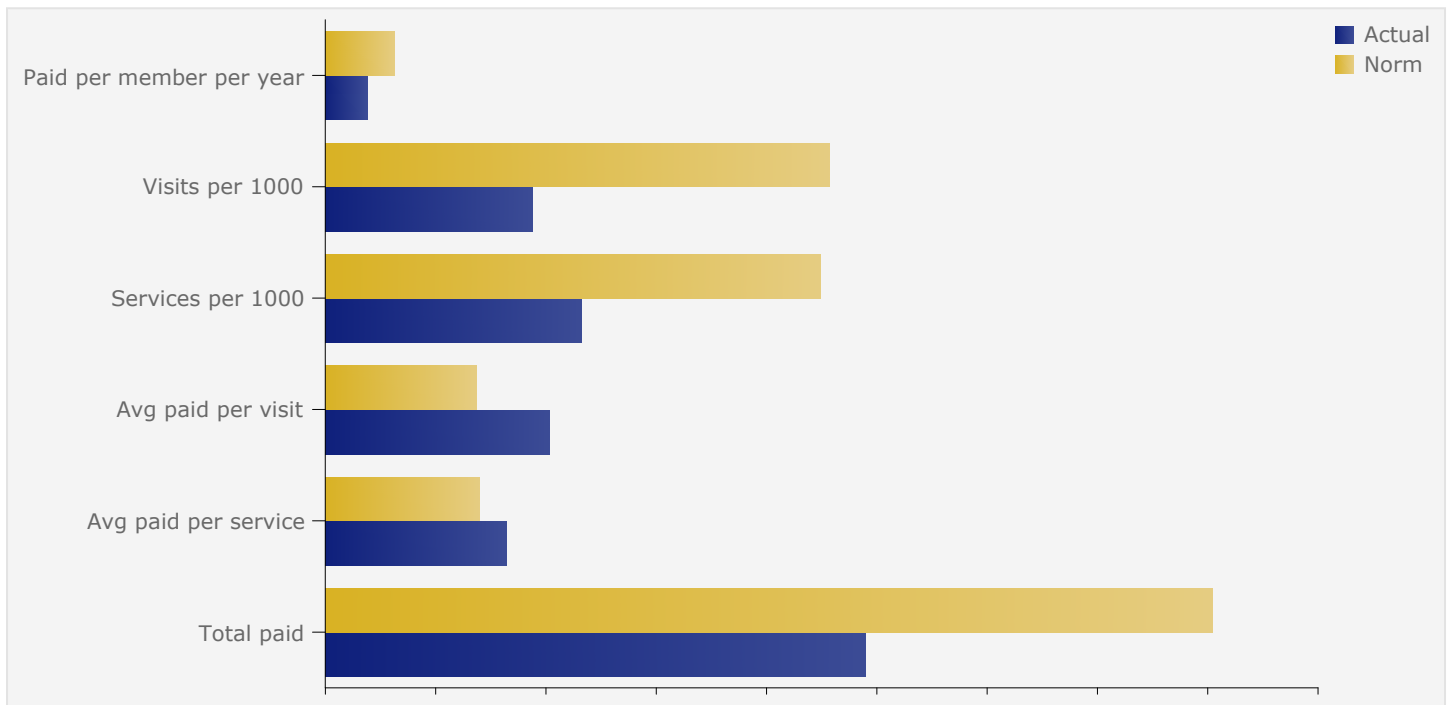
Body System	Patients per 1000			Average Paid per Patient			Total Paid		
	Actual	Norm	Variance	Actual	Norm	Variance	Actual	Norm	Variance
Breast	6	6	6.80%	\$2,382.93	\$9,476.86	-74.86%	\$19,064	\$70,990	-73.15%
Cardiovascular	26	17	59.26%	\$7,622.27	\$5,687.98	34.01%	\$259,157	\$121,433	113.42%
CNS	11	7	45.55%	\$2,471.53	\$4,333.07	-42.96%	\$34,602	\$41,677	-16.98%
Dermatological	5	7	-26.22%	\$747.34	\$1,395.86	-46.46%	\$5,232	\$13,243	-60.50%
Endocrine	110	150	-26.58%	\$489.65	\$395.61	23.77%	\$69,041	\$75,981	-9.13%
ENT	12	3	311.64%	\$1,221.35	\$3,193.45	-61.75%	\$18,320	\$11,637	57.43%
Gastrointestinal	16	16	1.91%	\$2,977.49	\$2,620.35	13.63%	\$62,527	\$53,997	15.80%
Gynecological	3	2	76.30%	\$754.45	\$7,156.76	-89.46%	\$3,018	\$16,237	-81.41%
Hepatobiliary	12	6	81.49%	\$10,237.55	\$8,128.79	25.94%	\$153,563	\$67,185	128.57%
Immunologic	0	1	-100.00%	\$0.00	\$1,526.96	-100.00%	\$0	\$2,872	-100.00%
Male Genital	1	3	-69.65%	\$119.67	\$6,039.75	-98.02%	\$120	\$19,899	-99.40%
Miscellaneous	23	24	-0.91%	\$1,079.69	\$982.19	9.93%	\$32,391	\$29,737	8.92%
Multisystem	73	141	-48.16%	\$246.12	\$215.43	14.24%	\$23,135	\$39,059	-40.77%
Musculoskeletal	53	54	-1.42%	\$3,576.02	\$2,399.40	49.04%	\$243,170	\$165,511	46.92%
Psychiatric	81	53	52.46%	\$635.43	\$670.71	-5.26%	\$66,084	\$45,753	44.44%
Renal and UT	2	1	31.56%	\$20,508.43	\$6,633.45	209.17%	\$41,017	\$10,085	306.73%
Respiratory	57	94	-39.67%	\$703.45	\$625.65	12.43%	\$51,352	\$75,705	-32.17%
Vascular	10	9	14.47%	\$9,991.18	\$2,706.95	269.09%	\$129,885	\$30,743	322.49%
Total	502	594	-15.55%	\$65,764.55	\$64,189.22	2.45%	\$1,211,677	\$891,746	35.88%

Points to consider:

- Are there any specific systems that could be further examined to assess whether a disease management or communication strategy would be effective?
- How do catastrophic claims affect specific categories?

Preventive Care

Evaluate utilization and costs associated with preventive care, as defined by and compared to Truven Health Analytics Inc.



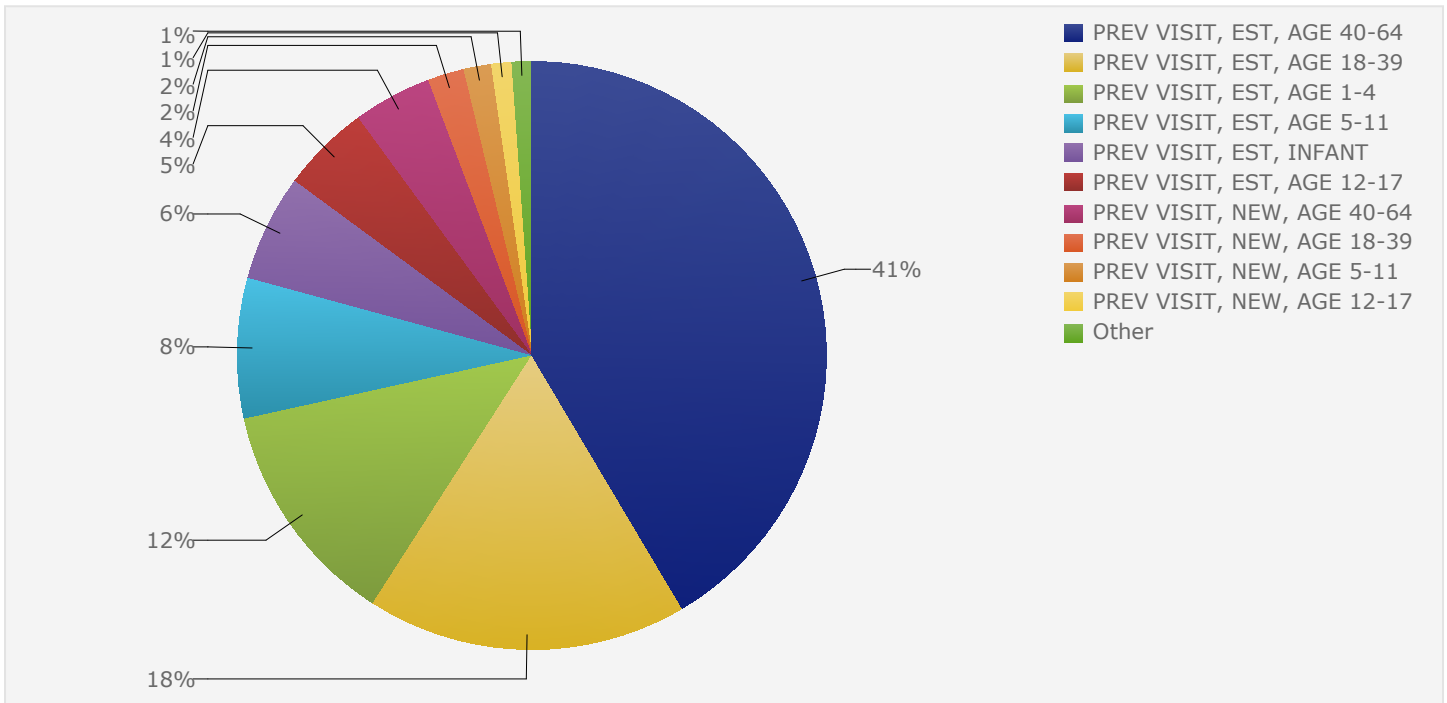
Preventive Care	Actual	Norm	Amount Over/Under Norm	Percent Over/Under Norm
Paid per member per year	\$38.17	\$62.61	(\$24.45)	-39.04%
Visits per 1000	188	457	-269	-58.93%
Services per 1000	232	449	-217	-48.26%
Avg paid per visit	\$203.36	\$137.01	\$66.35	48.42%
Avg paid per service	\$164.46	\$139.58	\$24.89	17.83%
Total paid	\$49,010	\$80,397	(\$31,387)	-39.04%

Points to consider:

- Are plan participants encouraged to use preventive care services?
- Are effective wellness initiatives in place to address needs relevant to your plan participants?

Preventive Care Top 10 Services

Evaluate your top preventive care services. This exhibit incorporates preventive care as defined by Truven Health Analytics Inc.



Service	Claims	Total Paid	Average Paid	Percent of Total Paid
PREV VISIT, EST, AGE 40-64	99	\$20,324.31	\$205.30	41.47%
PREV VISIT, EST, AGE 18-39	45	\$8,629.23	\$191.76	17.61%
PREV VISIT, EST, AGE 1-4	38	\$6,115.20	\$160.93	12.48%
PREV VISIT, EST, AGE 5-11	21	\$3,768.26	\$179.44	7.69%
PREV VISIT, EST, INFANT	38	\$2,866.46	\$75.43	5.85%
PREV VISIT, EST, AGE 12-17	30	\$2,376.36	\$79.21	4.85%
PREV VISIT, NEW, AGE 40-64	10	\$2,106.82	\$210.68	4.30%
PREV VISIT, NEW, AGE 18-39	7	\$980.02	\$140.00	2.00%
PREV VISIT, NEW, AGE 5-11	3	\$743.32	\$247.77	1.52%
PREV VISIT, NEW, AGE 12-17	4	\$542.70	\$135.68	1.11%

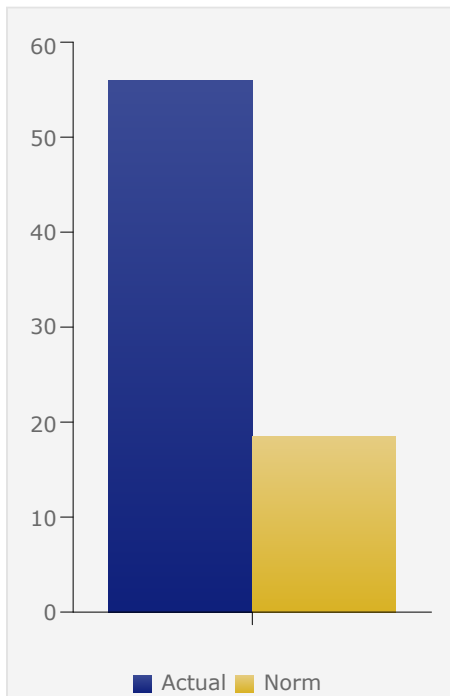
Points to consider:

- Are the types of services consistent with your demographics?
- Is there an opportunity to promote specific services through communication and education?

Arthritis

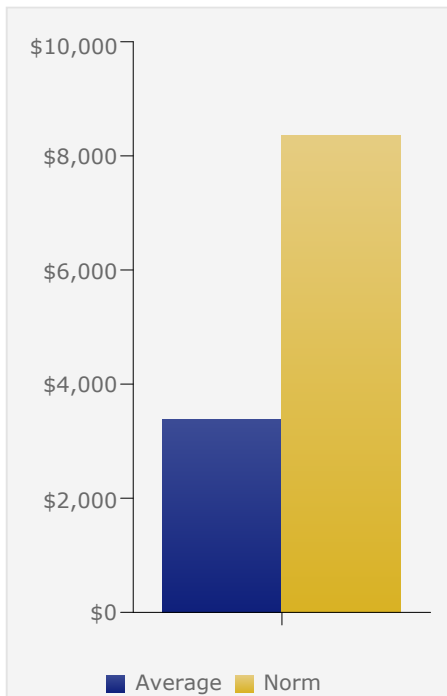
Assess the impact of arthritis on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of arthritis. The total cost of care for an affected patient is not considered in this exhibit.

Patients per 1000



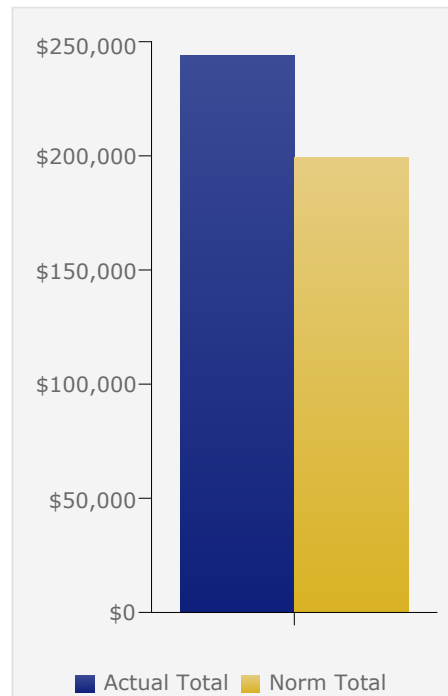
Actual patients	72
Norm patients	24
Amount over/under norm	48
Percent over/under norm	201.36%

Average Paid per Claimant



Average paid/claimant	\$3,391.93
Norm paid/claimant	\$8,367.54
Amount over/under norm	(\$4,975.61)
Percent over/under norm	-59.46%

Total Paid



Actual total paid	\$244,219
Norm total paid	\$199,916
Amount over/under norm	\$44,302
Percent over/under norm	22.16%

Points to consider:

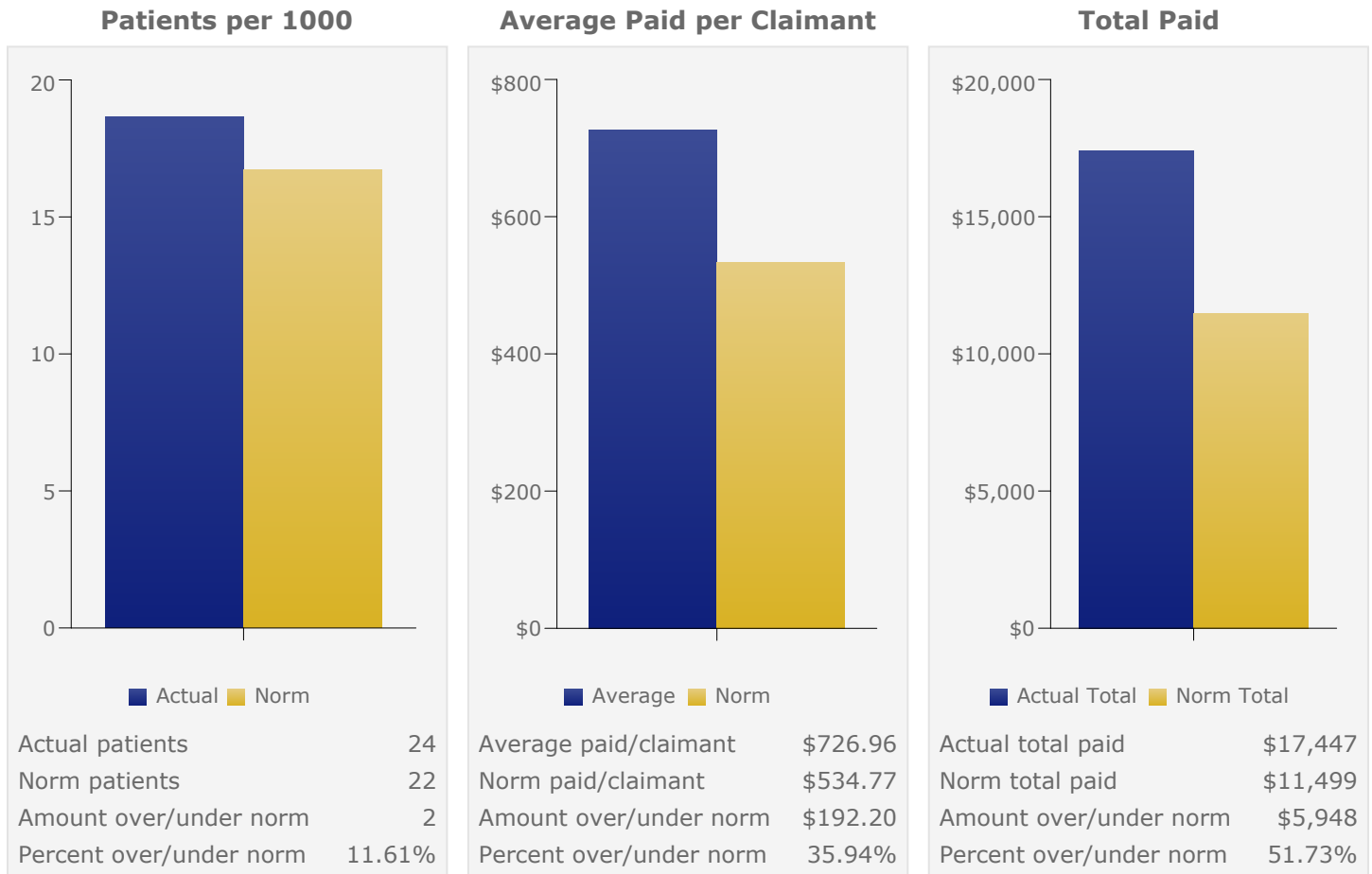
- Is there an opportunity to better manage costs related to arthritis?
- Have you considered starting the conversation with a communication campaign?

For general health information on arthritis, refer to:

- Arthritis Foundation, www.arthritis.org.

Asthma/Chronic Obstructive Pulmonary Disease

Assess the impact of asthma and chronic obstructive pulmonary disease (COPD) on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of asthma or COPD. The total cost of care for an affected patient is not considered in this exhibit.



Points to consider:

- Is there an opportunity to better manage costs related to asthma and COPD?
- Have you considered starting the conversation with a communication campaign?

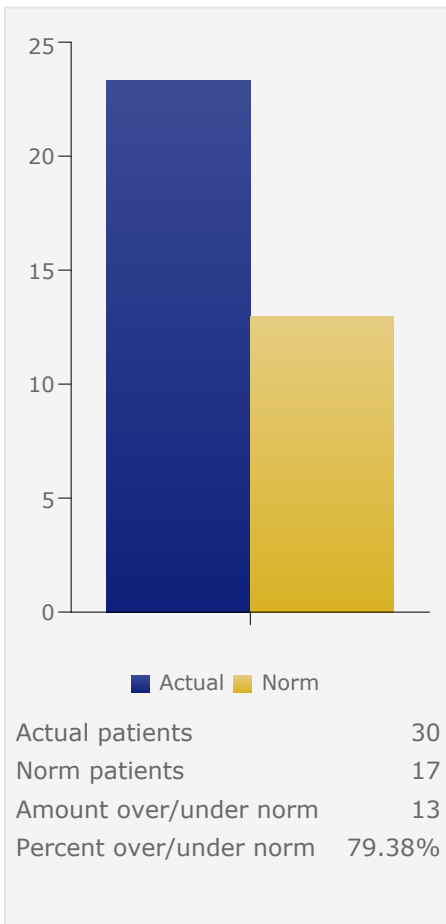
For general health information on asthma and chronic obstructive pulmonary disease, refer to:

- American Lung Association, www.lungusa.org.
- Asthma and Allergy Foundation of America, www.aafa.org.

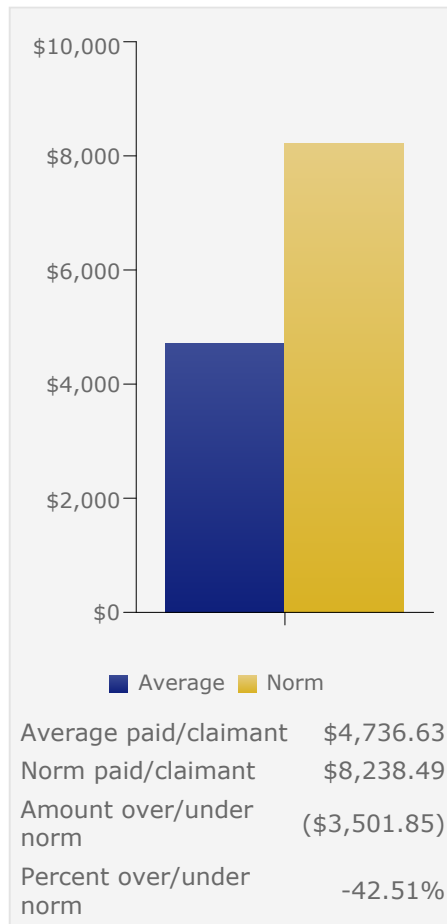
Cancer

Assess the impact of cancer on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of cancer. The total cost of care for an affected patient is not considered in this exhibit.

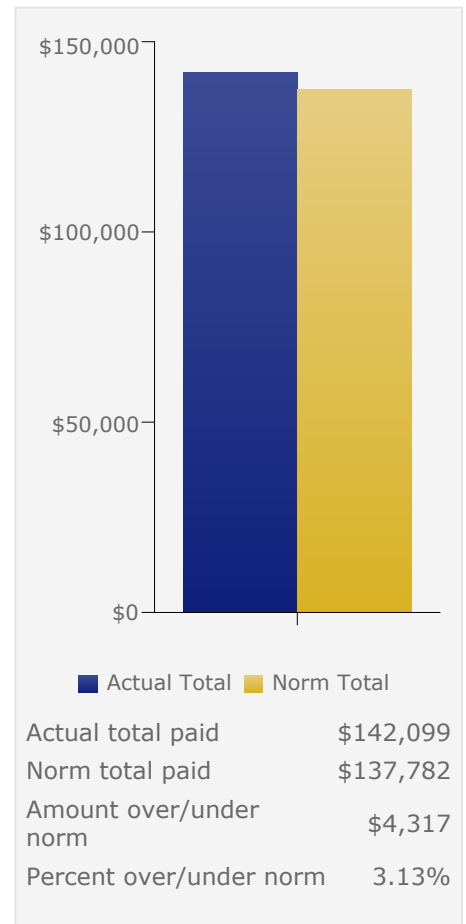
Patients per 1000



Average Paid per Claimant



Total Paid



Points to consider:

- Is there an opportunity to better manage costs related to cancer?
- Have you considered starting the conversation with a communication campaign?

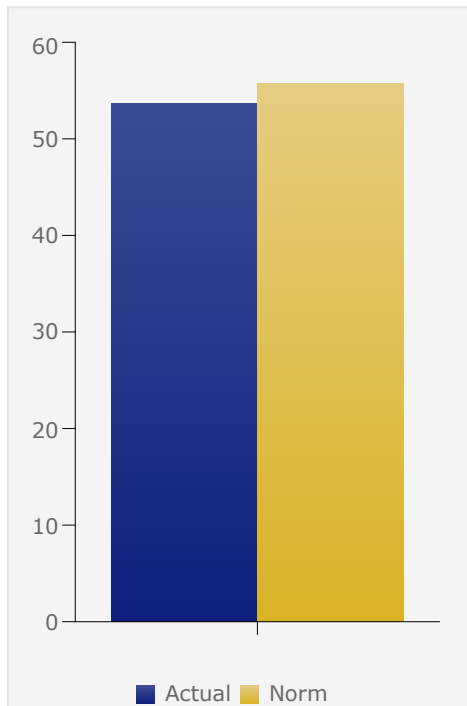
For general health information on cancer, refer to:

- American Cancer Society, www.cancer.org

Depression

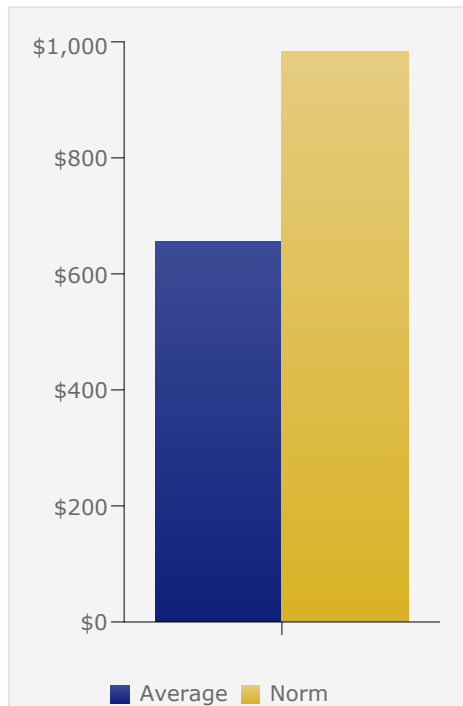
Assess the impact of depression on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of depression. The total cost of care for an affected patient is not considered in this exhibit.

Patients per 1000



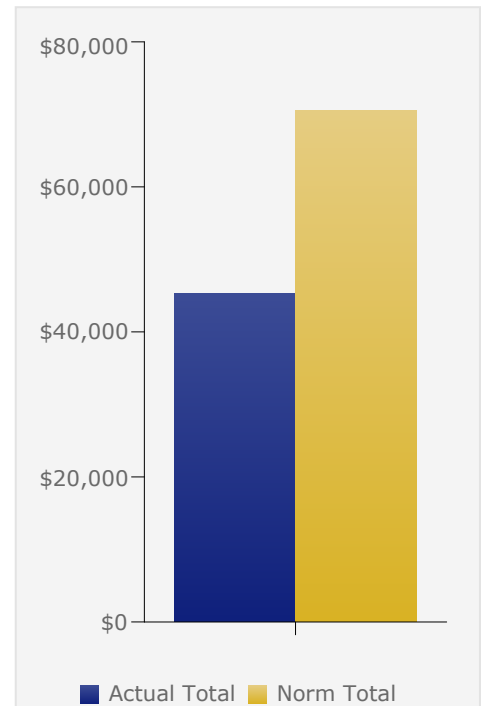
Actual patients	69
Norm patients	72
Amount over/under norm	-3
Percent over/under norm	-3.73%

Average Paid per Claimant



Average paid/claimant	\$657.80
Norm paid/claimant	\$985.67
Amount over/under norm	(\$327.86)
Percent over/under norm	-33.26%

Total Paid



Actual total paid	\$45,389
Norm total paid	\$70,648
Amount over/under norm	(\$25,260)
Percent over/under norm	-35.75%

Points to consider:

- Is there an opportunity to better manage costs related to depression?
- Have you considered starting the conversation with a communication campaign?

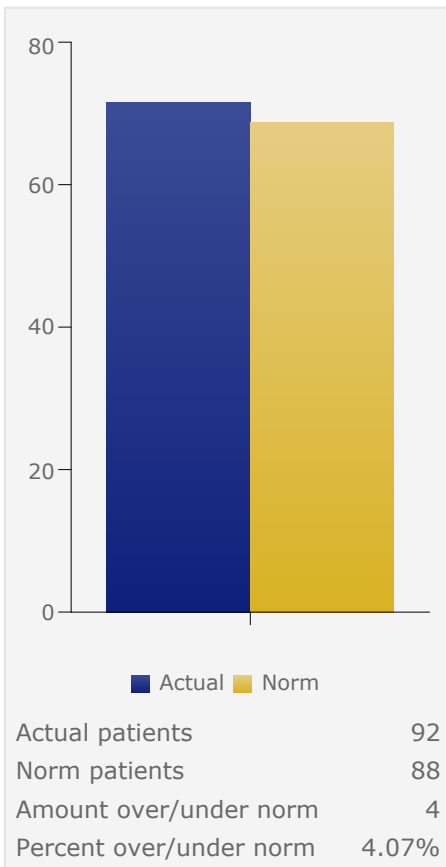
For general health information on depression, refer to:

- National Mental Health Association, www.nmha.org.
- National Institute for Mental Health, www.nimh.nih.gov.

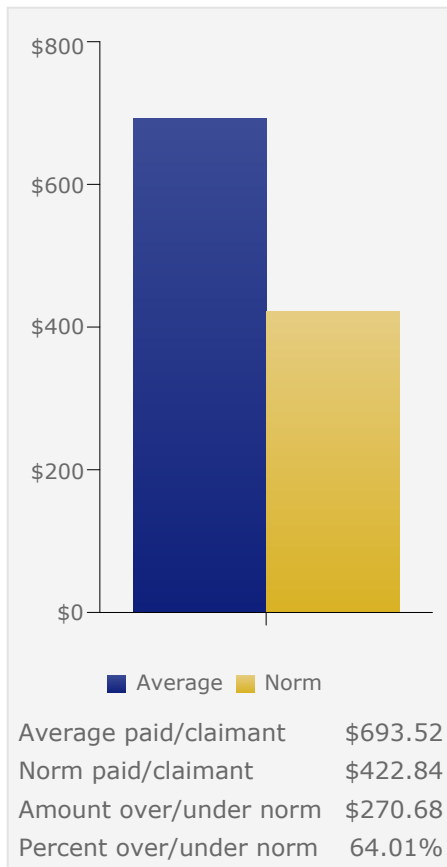
Diabetes

Assess the impact of diabetes on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of diabetes. The total cost of care for an affected patient is not considered in this exhibit.

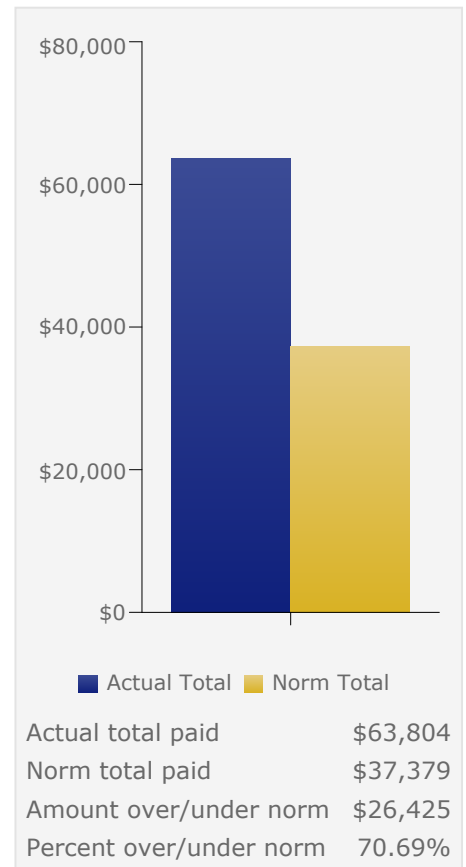
Patients per 1000



Average Paid per Claimant



Total Paid



Points to consider:

- Is there an opportunity to better manage costs related to diabetes?
- Have you considered starting the conversation with a communication campaign?

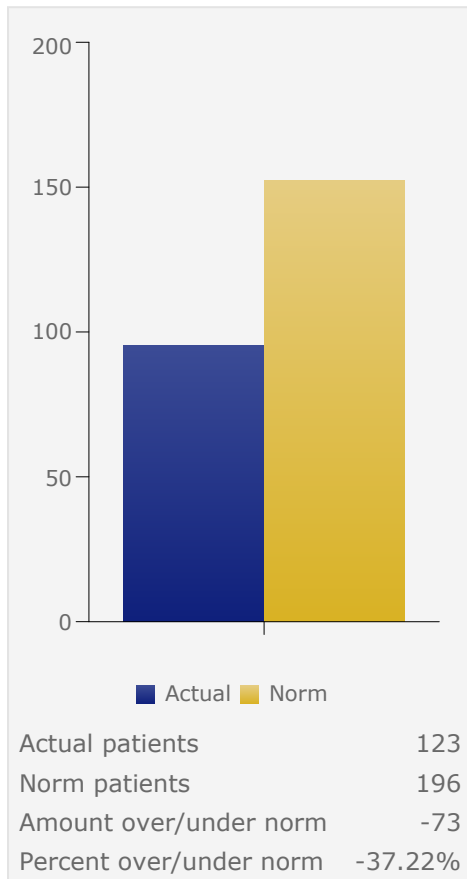
For general health information on diabetes, refer to:

- Centers for Disease Control Prevention, www.cdc.gov/diabetes.
- American Diabetes Association, www.diabetes.org.

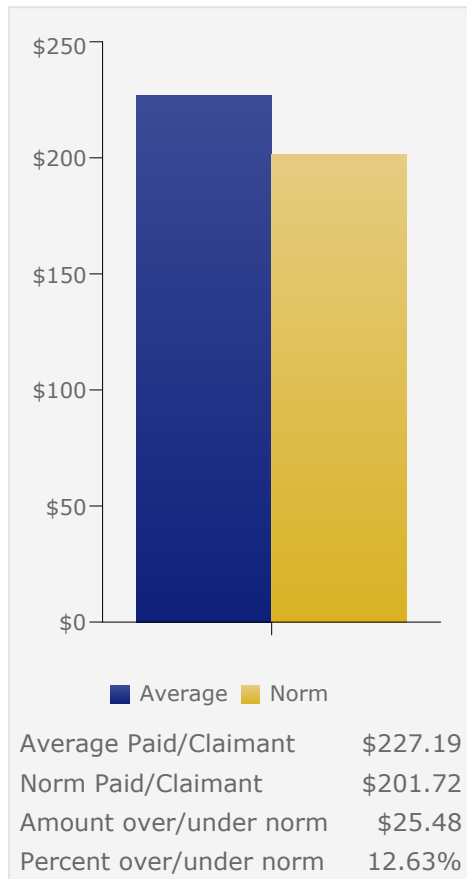
Heart Disease

Assess the impact of heart disease on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of heart disease. The total cost of care for an affected patient is not considered in this exhibit.

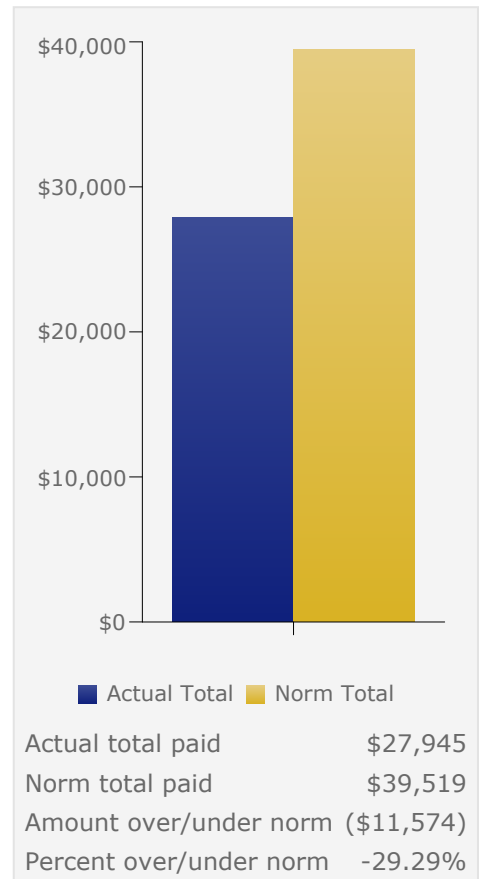
Patients per 1000



Average Paid per Claimant



Total Paid



Points to consider:

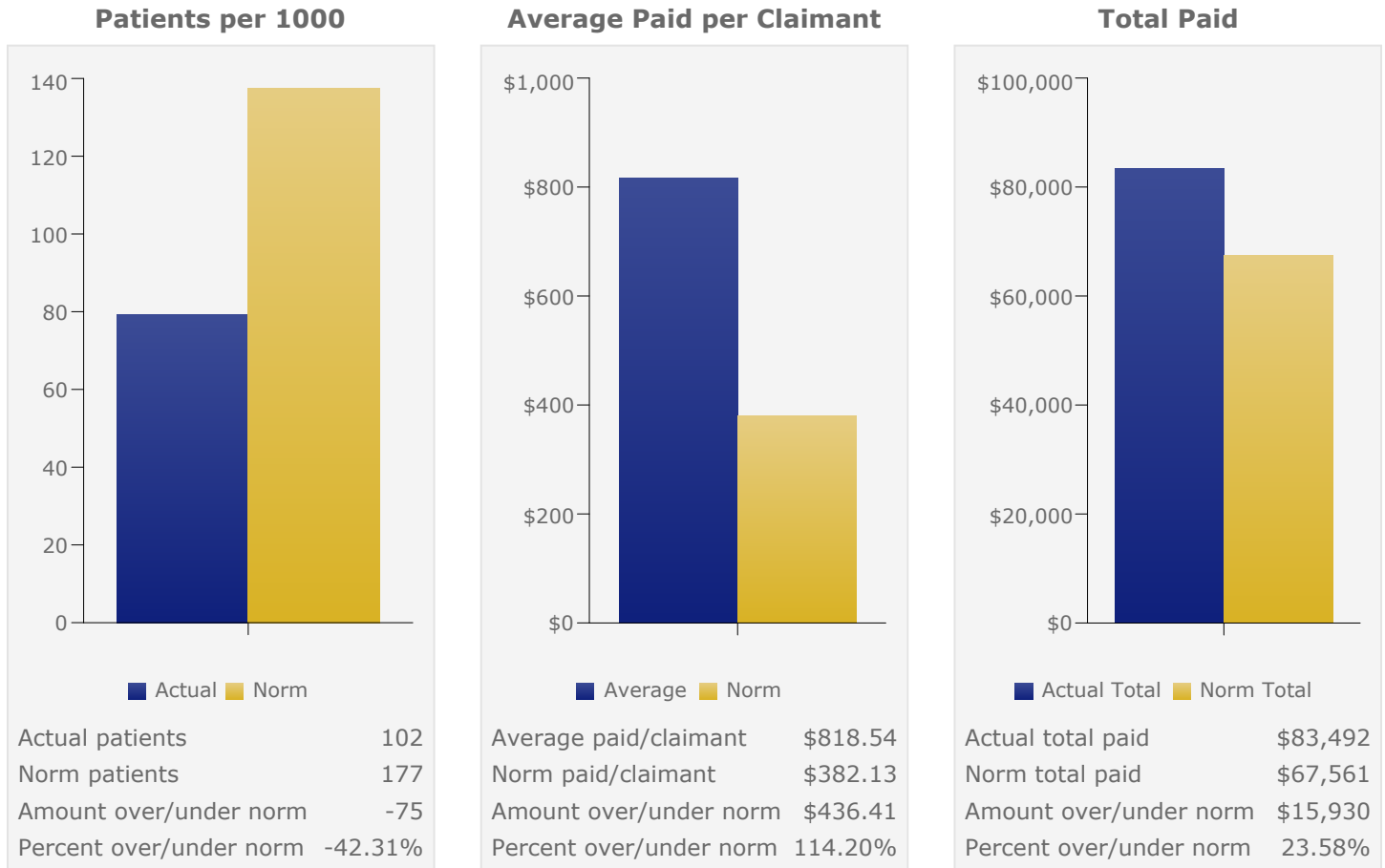
- Is there an opportunity to better manage costs related to heart disease?
- Have you considered starting the conversation with a communication campaign?

For general health information on heart disease, refer to:

- American Heart Association, www.heart.org.

Low Back Pain

Assess the impact of low back pain on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of low back pain. The total cost of care for an affected patient is not considered in this exhibit.



Points to consider:

- Is there an opportunity to better manage costs related to low back pain?
- Have you considered starting the conversation with a communication campaign?

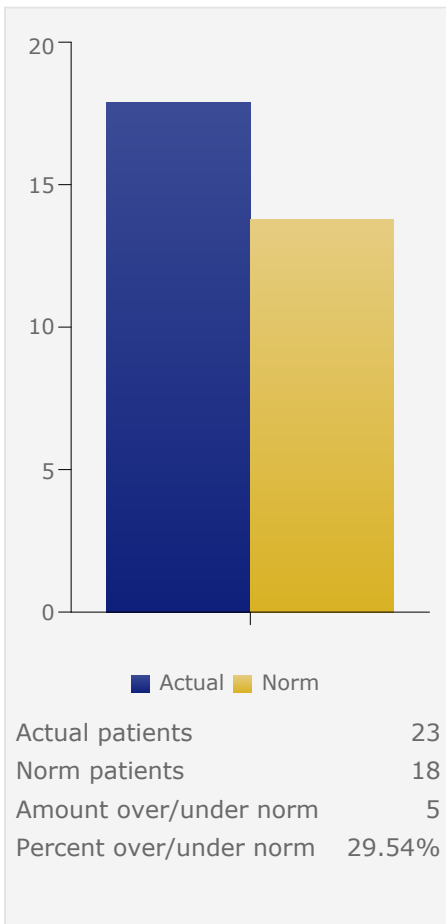
For general health information on low back pain, refer to:

- American Academy of Orthopaedic Surgeons, www.orthoinfo.aaos.org.
- American Chiropractic Association, www.acatoday.org.

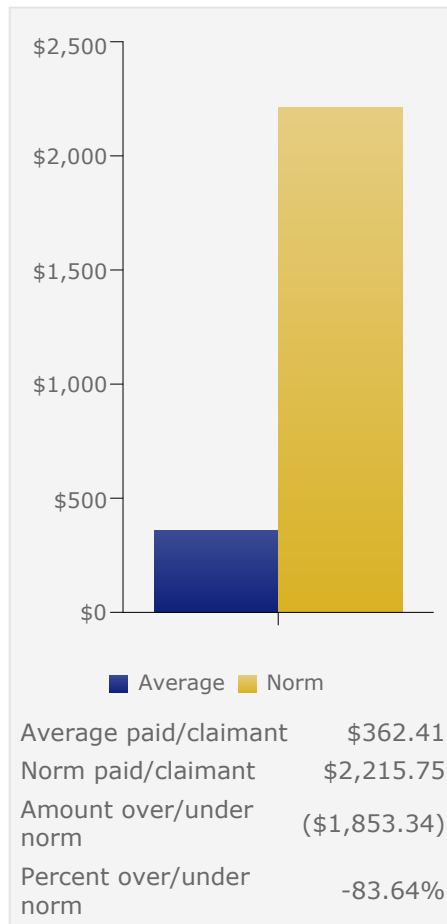
Obesity

Assess the impact of obesity on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of obesity. The total cost of care for an affected patient is not considered in this exhibit.

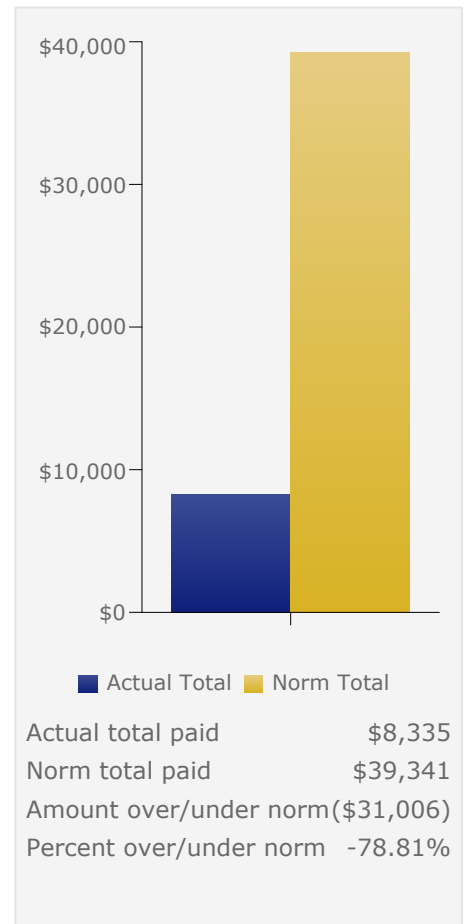
Patients per 1000



Average Paid per Claimant



Total Paid



Points to consider:

- Is there an opportunity to better manage costs related to obesity?
- Have you considered starting the conversation with a communication campaign?

For general health information on obesity, refer to:

- Centers for Disease Control Prevention, www.cdc.gov/obesity.

At - A - Glance

General Information				
Total Employees	831			
Total Covered Lives	1,284			
Total Claim Charges	\$11,081,670.86			
Total Claim Payments	\$4,448,321.55			
Area	Actual	Norm	Difference	Experience
Health Plan Costs	\$8,295	\$8,412	-1.39%	Favorable
Medical Claims Costs	\$4,480	\$3,738	19.84%	Unfavorable
Inpatient Analysis - Admissions/1000	79	67	17.83%	Unfavorable
Inpatient Analysis - Average Paid/Admission	\$14,900	\$18,419	-19.11%	Favorable
Maternity Admissions/1000	8	25	-69.13%	Favorable
Maternity Average Paid/Admission	\$6,886	\$4,402	56.42%	Unfavorable
Outpatient Surgery/1000	738	1,377	-46.44%	Favorable
Outpatient Surgery Average Paid	\$204	\$145	40.86%	Unfavorable
Emergency Room Visits/1000	360	284	26.86%	Unfavorable
Emergency Room Average Paid	\$900	\$346	160.56%	Unfavorable
Office Visits Visits/1000	2,147	3,374	-36.36%	Favorable
Office Visits Average Paid	\$84	\$113	-25.85%	Favorable
Chiropractic Visits/1000	600	1,640	-63.39%	Favorable
Chiropractic Average Paid/Visit	\$14	\$26	-45.58%	Favorable
Physical Therapy Visits/1000	167	931	-82.10%	Favorable
Physical Therapy Paid/Visit	\$8	\$28	-71.62%	Favorable
Radiology Visits/1000	713	1,156	-38.32%	Favorable
Radiology Paid/Visit	\$101	\$6	1,621.04%	Unfavorable
IPMH Admissions/1000	9	9	2.29%	Acceptable
IPMH Average Paid/Admission	\$4,558	\$5,961	-23.54%	Favorable
Outpatient Mental Health Visits/1000	565	1,074	-47.45%	Favorable
Outpatient Mental Health Average Paid/Visit	\$92	\$156	-40.94%	Favorable

Norm source: "Employer Health Benefits 2014 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2014.

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