Lawley

EMPLOYEE BENEFITS

ABC Company
Claims Analysis
May '16 - Apr '17 vs. May '17 - Apr '18



Key	v Inf	formation	& Re	porting	Periods
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High Cost Claimant Threshold: \$50,000

Stop Loss Level: \$125,000

Current Reporting Period: Incurred May 2017 through Apr 2018

(3 months of claims runout through Jul 2018)

Prior Reporting Period: Incurred May 2016 through Apr 2017

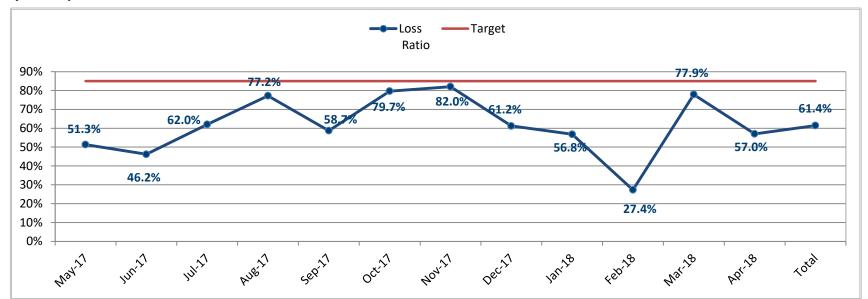
Benchmark Period: May 2017 through Apr 2018

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Lawley EMPLOYEE BENEFITS

Premium vs. Claims May '17 - Apr '18



Month	Contracts	Budgeted Expenses	Medical Claims	Drug Claims	Total Claims	Loss Ratio
May-17	316	\$256,603	\$96,230	\$35,465	\$131,695	51.3%
Jun-17	316	\$256,788	\$82,376	\$36,248	\$118,624	46.2%
Jul-17	320	\$258,890	\$123,392	\$37,199	\$160,591	62.0%
Aug-17	322	\$261,243	\$165,149	\$36,538	\$201,687	77.2%
Sep-17	317	\$257,243	\$120,110	\$30,983	\$151,093	58.7%
Oct-17	326	\$262,532	\$161,651	\$47,509	\$209,160	79.7%
Nov-17	327	\$264,519	\$184,851	\$32,108	\$216,959	82.0%
Dec-17	326	\$265,450	\$130,603	\$31,916	\$162,519	61.2%
Jan-18	334	\$270,937	\$102,462	\$51,489	\$153,951	56.8%
Feb-18	341	\$274,382	\$41,708	\$33,340	\$75,048	27.4%
Mar-18	345	\$275,472	\$169,658	\$44,854	\$214,512	77.9%
Apr-18	345	\$277,409	\$102,053	\$56,108	\$158,161	57.0%
Total	328	\$3,181,469	\$1,480,243	\$473,757	\$1,954,000	61.4%



Plan Performance Overview May '16 - Apr '17 vs. May '17 - Apr '18

	May '16 - Apr '17	May '17 - Apr '18	Difference	% Difference	2			
inrollment								
Average Contracts	304	328	24	7.9%				
Average Members	562	618	<i>55</i>	9.9%		Current Period		Benchmark
Average Members/Contract	1.9	1.9	0.0	1.8%		<u>Current r eriou</u>		<u>benemiark</u>
aid Claims						200/		
Inpatient	\$458,392	\$429,351	-\$29,042	-6.3%	22%	20%	□ Inpatient	20%
Outpatient	\$433,434	\$569,703	\$136,270	31.4%	2%		■ Outpatient	24%
Physician	\$503,084	\$610,279	\$107,195	21.3%	29%	27%	2	2%
Other	\$134,630	\$35,796	-\$98,834	-73.4%	29%		■ Physician	25% 29%
Pharmacy	\$393,538	\$475,991	\$82,453	21.0%			□ Other	
Total Claims	\$1,923,078	\$2,121,119	\$198,041	10.3%			■ Pharmacy	
Total Claims, net of Stop Loss	\$1,894,987	\$2,079,760	\$184,773	9.8%			Filatiliacy	
aid Claims PMPM (per mem	ber per month)					Excellus Bench	mark <i>Difference</i>	% Difference
Inpatient	\$67.95	\$57.93	-\$10.02	-14.7%		\$81.27	-\$23.34	-28.7%
Outpatient	\$64.25	\$76.87	\$12.62	19.6%		\$119.41	-\$42.54	-35.6%
Physician	\$74.58	\$82.35	\$7.77	10.4%		\$102.68	-\$20.33	-19.8%
Other	\$19.96	\$4.83	-\$15.13	-75.8%		\$9.63	-\$4.80	-49.8%
Pharmacy	\$58.34	\$64.23	\$5.89	10.1%		\$96.57	-\$32.34	-33.5%
Total Claims PMPM	\$285.07	\$286.21	\$1.14	0.4%		\$409.56	-\$123.35	-30.1%
Total PMPM, net of Stop Loss	\$280.91	\$280.63	-\$0.27	-0.1%				
aid/Service								
Inpatient	\$10,914	\$15,902	\$4,988	45.7%		\$16,007	-\$106	-0.7%
Outpatient	\$289	\$328	\$39	13.5%		\$586	-\$258	-44.1%
Physician	\$92	\$92	\$0	0.0%		\$113	-\$21	-18.9%
igh Claims Overview								
High Claimants > \$50,000	9	11	2	22.2%				
High Claim Costs	\$715,206	\$794,176	\$78,970	11.0%		<u>Lawley Benchm</u>	<u>ark</u>	
% of Total Costs	37.2%	37.4%	0.3%	0.7%		31%	-	6.2%
Claims over Stop Loss \$125K	\$28,091	\$41,359	\$13,268	47.2%				



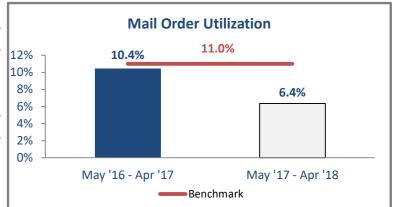


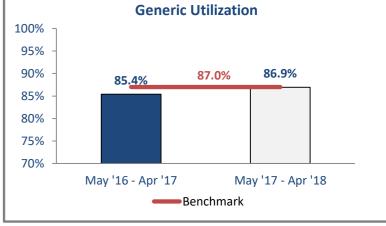
Lawley EMPLOYEE BENEFITS

Pharmacy Overview
May '16 - Apr '17 vs. May '17 - Apr '18

22% of recent claims spend is on pharmacy (24% benchmark)

	May '16 - Apr '17	May '17 - Apr '18	Difference	% Difference	Benchmark	Difference	% Difference
harmacy Overview							
Pharmacy PMPM	\$58.34	\$64.23	\$5.89	10.1%	\$96.57	-\$32.34	-33.5%
Prescriptions PMPY	13.2	13.9	0.7	5.3%	15.3	-1.4	-8.9%
verage Cost to Plan vs. Membe	r						
Plan Cost/Script	\$41.15	\$42.57	\$1.42	3.4%	\$118.90	-\$76.33	-64.2%
Member Cost/Script	\$11.90	\$9.70	-\$2.20	-18.5%	\$12.49	-\$2.79	-22.3%
Total Cost/Script	\$53.06	\$52.27	-\$0.79	-1.5%	\$131.39	-\$79.12	-60.2%
lail Order vs. Retail							
Retail	89.6%	93.6%	-	4.1%	89.0%	-	4.6%
Mail Order	10.4%	6.4%	-	-4.1%	11.0%	-	-4.6%
Itilization by Drug Tier							
Tier 1 (Generic)	85.38%	86.94%	-	1.6%	87.0%	-	-0.1%
Tier 2 (Preferred)	8.13%	6.98%	-	-1.2%	8.0%	-	-1.0%
Tier 3 (Non - Preferred)	5.81%	5.62%	-	-0.2%	5.0%	-	0.6%
Specialty	0.7%	0.5%	_	-0.2%	1.0%	_	-0.5%





		Drug Type: # Scripts vs. Claims Cost	
	8,000	Scripts —Cost	\$250,000
	7,000 -		- \$200,000
	6,000 -		7200,000
Scripts	5,000 -		- \$150,000
S	4,000 -		
	3,000 -		- \$100,000
	2,000 -		- \$50,000
	1,000 -		
	0 +		\$0
		Generic Preferred Brand Non-Preferred Brand Specialty	

Cost per Script	May '17 - Apr '18
Generic	\$12
Preferred Brand	\$332
Non Preferred Brand	\$157
Specialty	\$2,778

SPECIALTY	May '16 - Apr '17	May '17 - Apr '18	Difference	% Difference
Specialty Paid \$	\$80,324	\$111,109	\$30,785	38.3%
Specialty # Scripts	49	40	-9	-18.4%
Specialty Paid \$/Script	\$1,639	\$2,778	\$1,138	69.4%
Specialty \$ as % of Cost	21.3%	23.3%	-	2.1%

23% of total pharmacy spend is Specialty medications (42.0% benchmark)

0.5% of scripts filled are Specialty medications (1.0% benchmark)



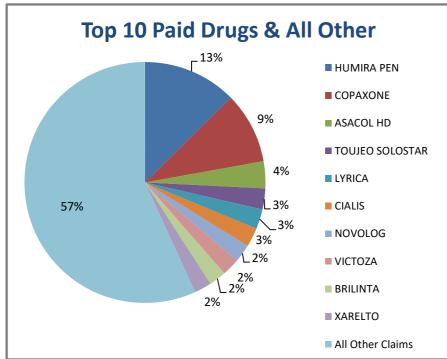


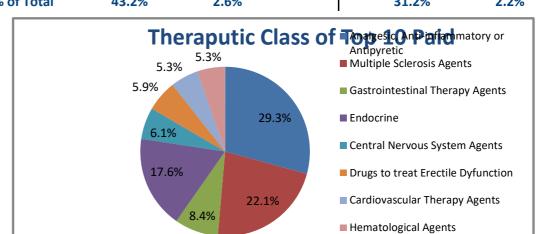
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EMPLOYEE BENEFITS

Pharmacy: Top 10 Paid & Top 10 Dispensed May '16 - Apr '17 vs. May '17 - Apr '18

Гор 10 Paid Drugs:			М	ay '17 - Apr '18	3	M	ay '16 - Apr '17	
Drug	Therapeutic Class	Tier	Paid	Scripts	Paid/Script	Paid	Scripts	Paid/Script
1 HUMIRA PEN	Analgesic, Anti-inflammatory or Antipyretic	Specialty Drug	\$60,141	14	\$4,296	\$42,756	11	\$3,887
2 COPAXONE	Multiple Sclerosis Agents	Specialty Drug	\$45,420	8	\$5,678	\$11,758	2	\$5,879
3 ASACOL HD	Gastrointestinal Therapy Agents	Preferred Brand	\$17,196	13	\$1,323	\$10,693	8	\$1,337
4 TOUJEO SOLOSTAR	Endocrine	Preferred Brand	\$13,429	33	\$407	\$3,603	13	\$277
5 LYRICA	Central Nervous System Agents	Preferred Brand	\$12,486	11	\$1,135	\$8,336	11	\$758
6 CIALIS	Drugs to treat Erectile Dyfunction	Non-Preferred Brand	\$12,158	50	\$243	\$5,292	24	\$221
7 NOVOLOG	Endocrine	Preferred Brand	\$11,496	15	\$766	\$6,478	12	\$540
8 VICTOZA	Endocrine	Preferred Brand	\$11,323	16	\$708	\$16,701	24	\$696
9 BRILINTA	Cardiovascular Therapy Agents	Preferred Brand	\$10,973	35	\$314	\$4,757	16	\$297
10 XARELTO	Hematological Agents	Preferred Brand	\$10,891	29	\$376	\$12,424	41	303
		Top 10 Paid Total	\$205,513	224		\$122,798	162	
Ton 10 Paid D	rugs & All Other	All Other Claims	\$270,478	8,387		\$270,740	7,283	
Top 10 Paid Drugs & All Other		Top 10 as % of Total	43.2%	2.6%		31.2%	2.2%	





In the top 10 Paid Drugs list, 2 of the drugs are specialty medications. In the recent period, all of the 10 most utilized drugs are generics.

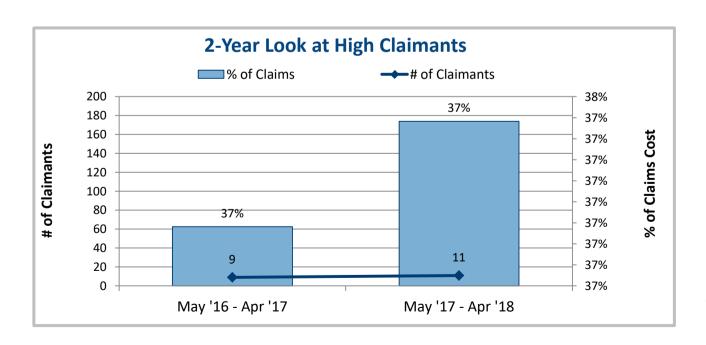
Top 10 Utilized Drugs:			M	ay '17 - Apr '18		M	ay '16 - Apr '17	,
Drug	Therapeutic Class	Tier	Paid	Scripts	Paid/Script	Paid	Scripts	Paid/Script
1 Subject to protected health.	Subject to protected health.	Generic	\$3,507	461	\$8	\$350	58	\$6
2 LISINOPRIL	Cardiovascular Therapy Agents	Generic	\$183	409	\$0	\$44	310	\$0
3 ATORVASTATIN CALCIUM	Cardiovascular Therapy Agents	Generic	\$1,295	391	\$3	\$757	339	\$2
4 LEVOTHYROXINE SODIUM	Endocrine	Generic	\$633	216	\$3	\$573	188	\$3
5 OMEPRAZOLE	Gastrointestinal Therapy Agents	Generic	\$605	213	\$3	\$53	198	\$0
6 AMLODIPINE BESYLATE	Cardiovascular Therapy Agents	Generic	\$350	193	\$2	\$29	168	\$0
7 HYDROCHLOROTHIAZIDE	Cardiovascular Therapy Agents	Generic	\$68	176	\$0	\$12	173	\$0
8 METOPROLOL SUCCINATE ER	Cardiovascular Therapy Agents	Generic	\$2,575	170	\$15	\$1,081	134	\$8
9 SIMVASTATIN	Cardiovascular Therapy Agents	Generic	\$151	130	\$1	\$29	117	\$0
10 LOSARTAN POTASSIUM	Cardiovascular Therapy Agents	Generic	\$167	124	\$1	\$26	123	\$(
		Top 10 Utilized Total	\$9,534	2,483		\$2,954	1,808	
		All Other Claims	\$466,457	6,128		\$390,584	5,637	
		% of Total	2.0%	28.8%		0.8%	24.3%	



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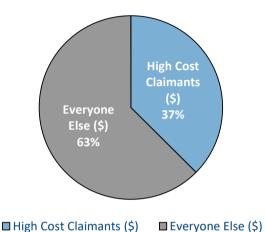
High Cost Claimant Overview
May '16 - Apr '17 vs. May '17 - Apr '18

	May '16 - Apr '17	May '17 - Apr '18	Difference	% Difference
High Cost Claimants				
High Claimants > \$50,000	9	11	2	22.2%
High Claim Costs	\$715,206	\$794,176	<i>\$78,970</i>	11.0%
Average Cost per Claimant	\$79,467	\$72,198	-\$7,270	-9.1%
HCCs as a percentage of Tota				
% of Claimants	1.6%	1.8%	-	0.2%
% of Claims	37.2%	37.4%	-	0.3%
Stop Loss Overview (>\$125,0	00)			
Claimants over Stop Loss	1	1	0	0
Claims over Stop Loss	\$28,091	\$41,359	\$13,268	47.2%



May '17 - Apr '18





Average Cost per Claimant						
High Cost Claimants	\$72,198					
Everyone Else	\$2,188					

In the current reporting period, 11 high cost claimants (1.8%) represent \$794,176, or 37.4% of total claim expenses. During the prior period, 9 claimants (1.6%) represented \$715,206 (37.2%). Typically, it is expected that high claimants make up 1.5% of total claimants and represent approximately 31.2% of total claim expenses.

Costs related to the high cost claimants increased 11.0% (\$78,970) from period to period.





High Cost Claimant Details May '17 - Apr '18

Claimant	Member ID	Diagnosis	Plan Cost	Current Status	Forecast > \$50K w/o IBNR
1	608296	C71 Malignant neoplasm of brain	\$166,359	Active	YES
2	13377856	N18 Chronic kidney disease (CKD)	\$86,620	Active	YES
3	11150725	G35 Multiple sclerosis	\$69,261	Active	YES
4	13267856	elevation (STEMI) and non-ST elevation (NSTEMI)	\$68,108	Active	YES
5	12990253	K57 Diverticular disease of intestine	\$62,941	Active	YES
6	13115781	M17 Osteoarthritis of knee	\$61,007	Active	YES
7	611792	Rx - Multiple Sclerosis - Copaxone	\$60,038	Active	NO
8	13265924	C54 Malignant neoplasm of corpus uteri	\$58,746	Active	YES
9	2160966	horacic, thoracolumbar, and lumbosacral interve	\$58,375	Active	NO
10	149463	Rx - Rheumatic Disease - Humira Pen	\$51,701	Active	NO
11	308896	elevation (STEMI) and non-ST elevation (NSTEMI)	\$51,020	Active	YES





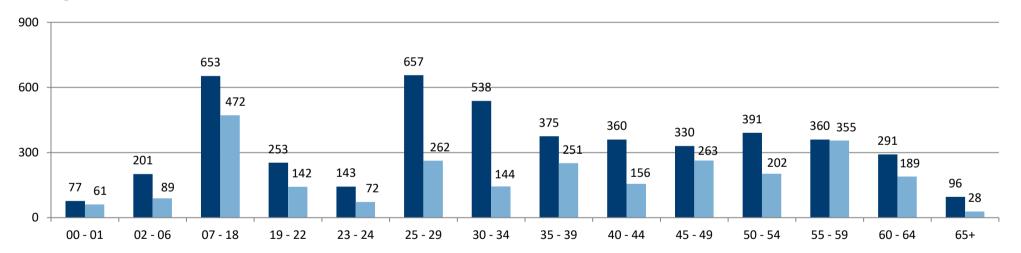


Demographic Summary May '16 - Apr '17 vs. May '17 - Apr '18

	May '16 - Apr '17	May '17 - Apr '18	Difference	% Difference	Benchmark	Difference	% Difference
Average Monthly Contracts	304	328	24	7.9%			
Average Monthly Membership	562	618	55	9.9%			
Contract Size	1.85	1.89	0.03	1.8%	2.10	-0.21	-10.2%
Proportion of Males	64.1%	63.8%	-	-0.3%	49.0%	-	14.8%
Proportion of Females	35.9%	36.2%	-	0.3%	51.0%	-	-14.8%
Proportion of Childbearing Female	32.3%	31.4%	-	-0.9%	17.3%	-	14.%

Age/Gender Distribution





Average contracts increased 7.9%. Average membership increased 9.9%.

Males are 63.8% of membership and females are 36.2% of membership, which is 14.8% off benchmark. The proportion of childbearing females is 31.4%, which is 14.0% over benchmark. This high proportion could lead to uncontrollable costs related to pregnancy and pregnancy complications.

The average subscriber age for ABC Company is 45.5 years old, which is 1.5% younger than the benchmark average age. The average member age is 36.6, which is 1% older than the benchmark subscriber age.







Service Category Overview

May '16 - Apr '17 vs. May '17 - Apr '18

Inpatient	May '16 - Apr '17	May '17 - Apr '18	Difference	% Difference	Benchmark	Difference	% Difference
Paid	\$458,392	\$429,351	-\$29,042	-6.3%			
Paid PMPM	\$67.95	\$57.93	-\$10.02	-14.7%	\$81.27	-\$23.34	-28.7%
Admissions	42	27	-15	-35.7%			
Admits/1000	74.7	43.7	-31.0	-41.5%	61.0	-17.3	-28.3%
Paid per Admit	\$10,914	\$15,902	\$4,988	45.7%			
Length of Stay	4.5	5.2	0.8	17.3%	4.7	0.5	11.1%

Inpatient PMPM decreased 14.7% to \$57.93 and is 28.7% under benchmark. Medical/Surgical admissions totaled \$371,611 and were 86.6% of current inpatient expenses. During the prior year, medical/surgical admissions totaled \$304,999 and were 66.5% of expenses. Maternity admissions totaled \$37,869 and were 8.8% of current inpatient expenses. During the prior year, maternity admissions totaled \$89,872 and were 19.6% of expenses.

Outpatient	May '16 - Apr '17	May '17 - Apr '18	Difference	% Difference	Benchmark	Difference	% Difference
Paid	\$433,434	\$569,703	\$136,270	31.4%			
Paid PMPM	\$64.25	\$76.87	\$12.62	19.6%	\$119.41	-\$42.54	-35.6%
Services	1,500	1,737	237	15.8%			
Services/1000	2,668.2	2,812.6	144.3	5.4%	2,796.0	16.6	0.6%
Paid per Visit	\$289	\$328	\$39	13.5%			

Outpatient PMPM increased 19.6%but is 35.6% under benchmark. The three leading visit types based on expenses were outpatient surgery (\$144,397), pharmacy (\$75,667) and outpatient alcohol/drug (\$63,653). These visits were 49.8% of outpatient costs. During the prior year, the same visits were 40.4% of costs.

Urgent Care vs. Emergency Room

ER utilization increased 2.7% and ER costs increased 6.2%. ER visits for minor illnesses and non-emergent conditions were 0.9% of ER expenses for the current period. During the prior, they were 7.4% of ER costs. Urgent care utilization increased to 3 visits in the current reporting period, compared to 11 visits in the prior period. Educating members about using Urgent Care as an alternative to the ER for any non-emergent case or condition, can help to greatly reduce outpatient costs.

Physician	May '16 - Apr '17	May '17 - Apr '18	Difference	% Difference	Benchmark	Difference	% Difference
Paid	\$503,084	\$610,279	\$107,195	21.3%			
Paid PMPM	\$74.58	\$82.35	\$7.77	10.4%	\$102.68	-\$20.33	-19.8%
Services	5,494	6,663	1,169	21.3%			
Services/1000	9,772.9	10,788.8	1,015.9	10.4%	11,729.0	-940.2	-8.0%
Paid per Visit	\$92	\$92	\$0	0.0%			

Physician PMPM increased 10.4% but is 19.8% under benchmark.

Preventive:

During the current period, primary care visits comprised 5.6% of all Physician visits and 8.3% of expenses; compared to the prior period, primary care visits were 5.0% of Physician visits and 6.7% of expenses. Primary care utilization increased 24.9%. ABC Company should encourage their membership to receive the recommended annual preventive services.







Leading Diagnostic Categories

May '16 - Apr '17 vs. May '17 - Apr '18

	May '16 - Apr '17		May '1	7 - Apr '18		
Top Diagnoses by Cost	Cost	PMPM Cost	Cost	PMPM Cost	% Change in Cost	
Neoplasms	\$302,671	\$44.87	\$227,710	\$30.73	-31.5%	
Digestive System	\$72,490	\$10.75	\$192,060	\$25.92	141.2%	
Symptoms and Health Factors	\$141,917	\$21.04	\$164,175	\$22.15	5.3%	
Circulatory System	\$149,301	\$22.13	\$145,736	\$19.66	-11.2%	
Nervous System	\$114,047	\$16.91	\$137,054	\$18.49	9.4%	
Top 5 Diagnoses Total	\$780,426	\$115.69	\$866,735	\$116.95		

Neoplasms

Cancer, other primary
Cancer, uterus & cervix
Cancery of skin

Digestive System

Biliary tract disease Lower GI disorders Abdominal hernia

Symptoms and Health Factors

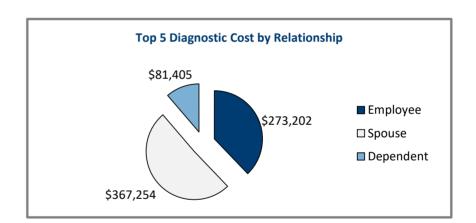
Symptoms and III Defined Conditions Factors affecting health Protected Health Information

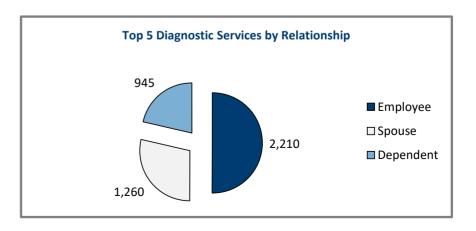
Circulatory System

Diseases of the heart
Hypertension
Disease of veins and lymphatics

Nervous System

Hereditary and denereative nervous conditions Eye disorders Other nervous system disorders









Glossary

Stop Loss Level:

Medical

Childbearing Females: Females between the age of 19 and 44.

High Cost Claimant: Any member with incurred paid claims exceeding the \$50,000 threshold set by Excellus.

<u>Inpatient:</u> Care given to a patient admitted to a hospital, extended care facility, nursing home or other facility.

Outpatient:

Any health care service provided to a patient who is not admitted to a facility. Outpatient care may be provided in

a doctor's office, clinic, the patient's home or hospital outpatient department.

Other (Service Category): Includes expenses for lab, prosthetics, home health care, hearing aids, ambulance services and durable medical

equipment.

Physician: Any visit of a patient to a physician or doctor's office, including routine physicals.

Per member per month; Calculated by dividing total cost by the number of member months, which is the total of

the number of months each member is enrolled for.

The amount at which the plan is no longer responsible for a medical claim. For example, the stop loss level for ABC

Company is \$125,000. This means that ABC Company pays the first \$125,000 of medical claims for each claimant.

Any amount exceeding \$125,000 is the responsibility of the stop loss carrier.

Number of services incurred by a group in the reporting period, normalized for a base membership of one thousand.

Services/1000: Calculated by dividing total services by the number of member months and multiplying by 12 and then by 1000. This

allows for an accurate comparison of utilization rates for groups of different sizes.

Pharmacy

Prescriptions PMPY: Prescriptions Per Member Per Year

Generic Drug Dispensing Rate: Percent of prescription drugs dispensed in the reporting period that are classified as a Tier one, generic drug.