

KELLY & CALLOWAY

INSURANCE GROUP, PLLC



Sample Benchmarking Report



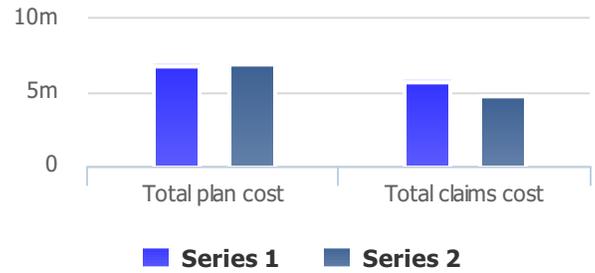
*Demo Account

1/1/2020 - 12/31/2020

Claims Cost vs. Plan Cost

Compare your claims cost to your total health plan cost, and assess how these values measure up to the norm.

Total plan cost	\$6,893,417	\$6,990,641	-1.39%
Total claims cost	\$5,752,182	\$4,799,874	19.84%



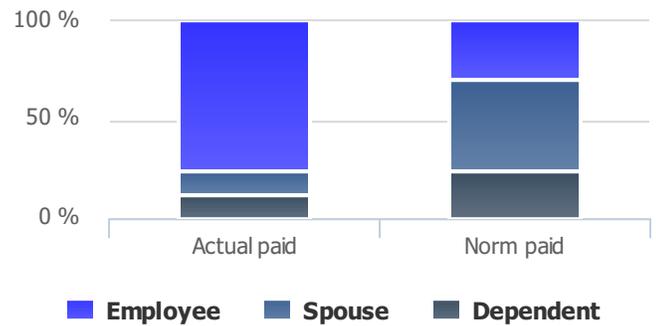
"Employer Health Benefits 2014 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2014.

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Claims by Relationship

See how the amount paid towards claims made by employees and the amount paid towards claims made by dependents compare to the norm.

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

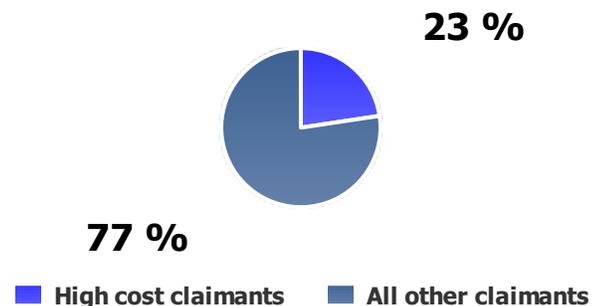


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High Cost Claimants

Evaluate the cost impact of high cost claimants by comparing the portion of the total medical claim payments made towards the top 10 highest costing claimants with the amount paid towards all other individuals.

	Paid	% of total
High cost claimants	\$1,006,449	22.63%
All other claimants	\$3,441,872	77.37%



Disease Cost Drivers

Review which three disease categories have the most potential for cost saving opportunities. For each category, see a break-down of the number of patients treated and total amount paid.

Diabetes Costs		Asthma/COPD Costs		Lifestyle Related Claims	
Total Costs 70.7% ↑		Total Costs 51.7% ↑		Total Costs 35.9% ↑	
Actual paid: \$63,804	Norm paid: \$37,379	Actual paid: \$17,447	Norm paid: \$11,499	Actual paid: \$1,211,677	Norm paid: \$891,746
Total Patients Actual patients: 92 Norm patients: 88		Total Patients Actual patients: 24 Norm patients: 22		Total Patients Actual patients: 644 Norm patients: 763	

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Visit Cost Drivers

Review which three visit categories have the most potential for cost saving opportunities. For each type of visit, see a break-down of the number of patient visits and total amount paid.

Radiology Costs		Emergency Room Costs		Preventive Care Costs	
Total Costs 962.1% ↑		Total Costs 230.6% ↑		Total Costs 39.0% ↓	
Actual paid: \$92,720	Norm paid: \$8,730	Actual paid: \$415,979	Norm paid: \$125,839	Actual paid: \$49,010	Norm paid: \$80,397
Total Visits Actual visits: 916 Norm visits: 1,484		Total Visits Actual visits: 462 Norm visits: 364		Total Visits Actual visits: 241 Norm visits: 587	

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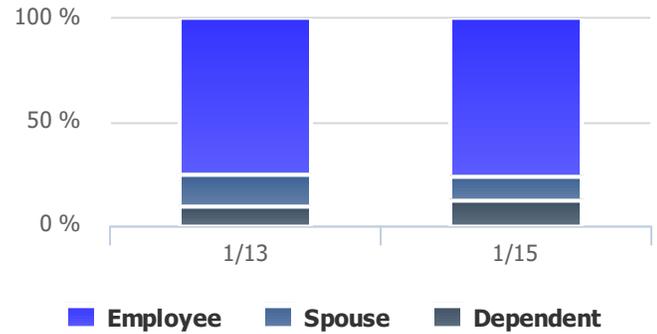
*Demo Account

1/1/2020 - 12/31/2020

Multiyear Claims by Relationship

Review the percentage of total costs paid towards employee claims and dependent claims, and how this ratio has trended from year to year.

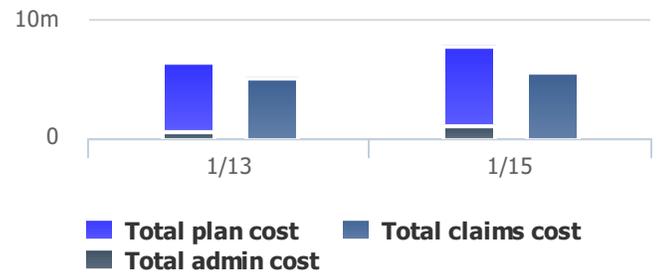
	1/13	1/15
Employee	74.61%	76.25%
Spouse	15.31%	11.16%
Dependent	10.08%	12.59%



Multiyear Claims Cost vs. Plan Cost

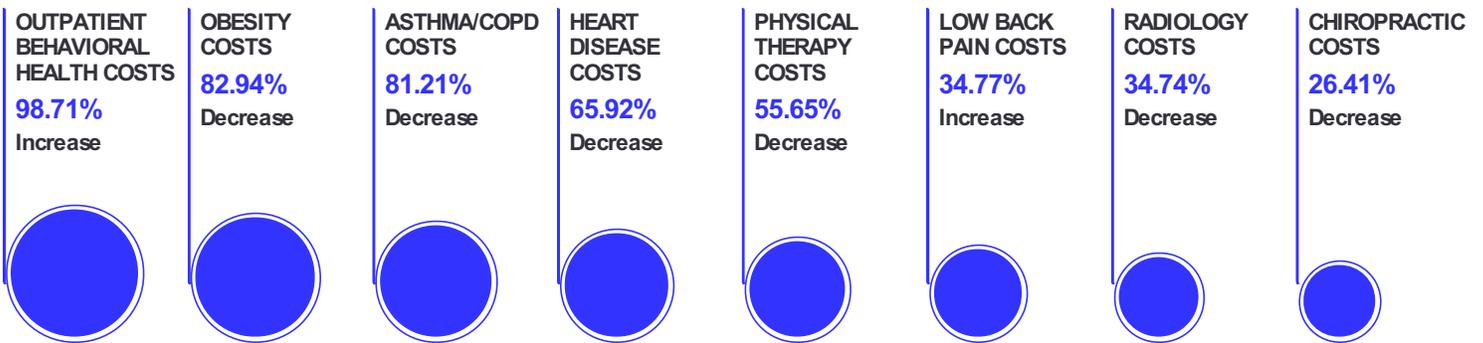
Evaluate your current plan design by analyzing how the comparison of your claims cost to your total health plan cost has trended from year to year.

	1/13	1/15
Plan cost per employee	\$8,733.70	\$8,295.33
Admin cost per employee	\$1,066.36	\$1,373.33
Claims cost per member	\$5,293.74	\$4,479.89



Two-Year Assessment

Review which cost areas had the greatest percentage of change in total paid amount from Demo Project 12/29/2016 - 1/13 to Demo Project 12/29/2016 - 1/15, and where employees had the most impact on plan costs from year to year.



Most costs have decreased since last year so education of employees is paying off. We need to continue targeting employees with a message that is changing behaviors. For outpatient behavior costs female employees and young male dependents are where a majority of the costs are coming from. We'll make sure they are seeking treatment in the preferred facilities to get costs down.

We have analyzed your medical costs to identify savings opportunities. This process included gathering claims data, normalizing the data, and comparing it to two benchmark sources. Your overall health plan costs have been compared to like employers from Kaiser Family Foundation's Annual Report. Utilization and costs for specific cost areas have been compared to your peers from Truven Health Analytics MarketScan Research Database, a repository of more than 30 million claimants and \$100 billion in paid claims. Following are our recommendations based on this analysis.

Your emergency room costs are unfavorable compared to your peers. The average paid per visit is the driving factor in this discrepancy. Employees accounted for 80% of emergency room payments. The top providers were Essentia Health St Marys Hospi with 37% of emergency room payments and Mahnomen Health Center Hospita with 21% of emergency room payments. Let's consider whether these are the most cost effective, highest quality providers for emergency room services and discuss plan design or communication to steer utilization appropriately. The conditions that accounted for the highest paid claims were related to: Digestive System and Circulatory System. We will examine some of these areas in more detail to make recommendations as needed.

Your radiology costs are unfavorable compared to your peers. The average paid per visit is the driving factor in this discrepancy. Employees accounted for 87% of radiology costs. The top providers were Essentia Health with 27% of radiology payments, Sanford Clinic North Outreach with 17% of radiology payments, and Essentia Health St Marys Detro with 13% of radiology payments. Let's consider whether these are the most cost effective, highest quality providers for radiology services and discuss plan design or communication to steer utilization appropriately. The condition that accounted for the highest paid claims was related to malignant neoplasm of upper lobe bronchus or lung (16230).

Compared to employers like you, your costs associated with asthma/COPD are unfavorable. The cost per patient, rather than the number of patients, is the driving factor in this discrepancy. Employees accounted for 67% of people treated for asthma/COPD. The top providers were Lincare Inc with 26% of asthma/COPD payments, Mahnomen Health Center Hospita with 17% of asthma/COPD payments, and Essentia Health Fosston with 17% of asthma/COPD payments. Let's consider whether these are the most cost effective, highest quality providers and discuss plan design or communication to steer utilization appropriately. The conditions that accounted for the highest paid claims were related to: chronic airway obstruction not elsewhere classified (49600), obstructive chronic bronchitis with acute exacerbation (49121), and asthma unspecified type without status asthmaticus or acute exacerbation or (49390). To keep per patient costs lower, we will provide you with materials to educate groups on alleviating symptoms, such as limiting or eliminating exposure to: tobacco smoke, indoor air pollution, environmental pollution, and occupational pollution.

Your costs related to preventive care are lower compared to your peers, while your overall claims costs are higher than expected. We noticed that the number of visits for preventive care is lower than expected. Preventive care should be encouraged to maintain the health of your members and decrease your costs down the road. We recommend education and communication to support this goal.

Sincerely,
Brett

Decision Master® Warehouse

Health Plan Management Report

*Demo Account

Demo Project 12/31/2020

January 1, 2020 - December 31, 2020

Awesome Agency

Prepared by:

Awesome Agency
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414-454-6100

Project Id 363118

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, 2020 to December 31, 2020, 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

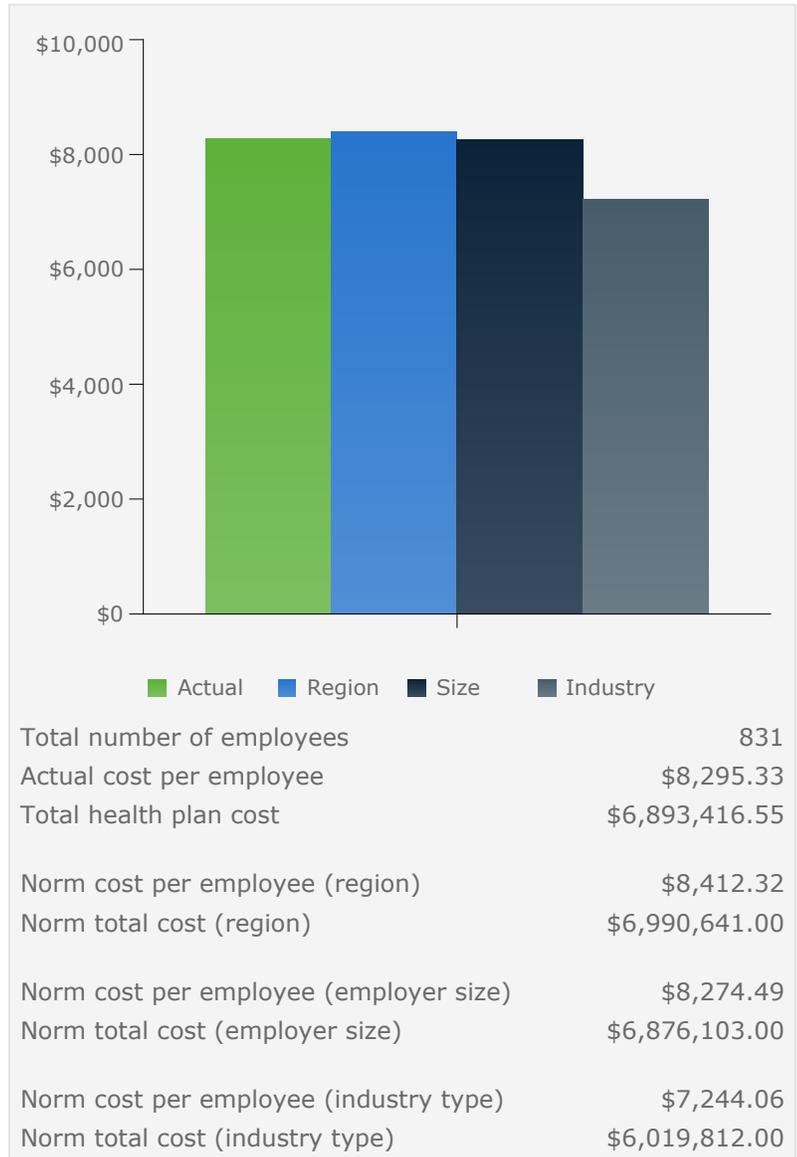
Gauge how your total health plan expense per employee compares to that of other similarly sized employers in your region and industry. Keep in mind:

- 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?



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 2020 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2020.

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363118 - January 1, 2020 - December 31, 2020

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

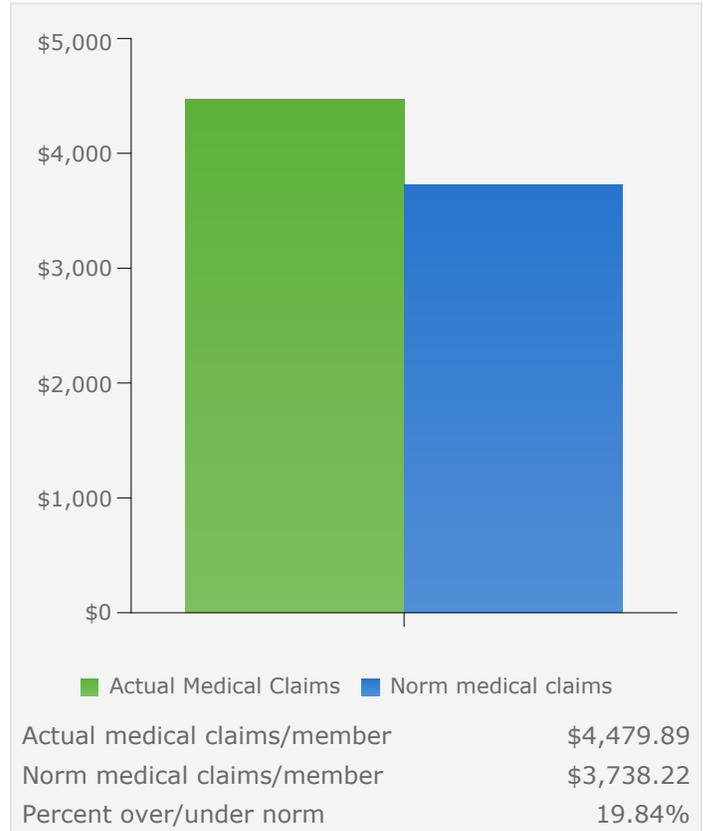
	Per Employee	Total
Net paid claims (less amount over specific)	\$5,352.97	\$4,448,322
Prescription drug costs	\$1,569.03	\$1,303,860
Administrative costs/premium	\$1,373.33	\$1,141,235
Actual cost	\$8,295.33	\$6,893,417
Region benchmark	\$8,412.32	\$6,990,641
Employer size benchmark	\$8,274.49	\$6,876,103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

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:

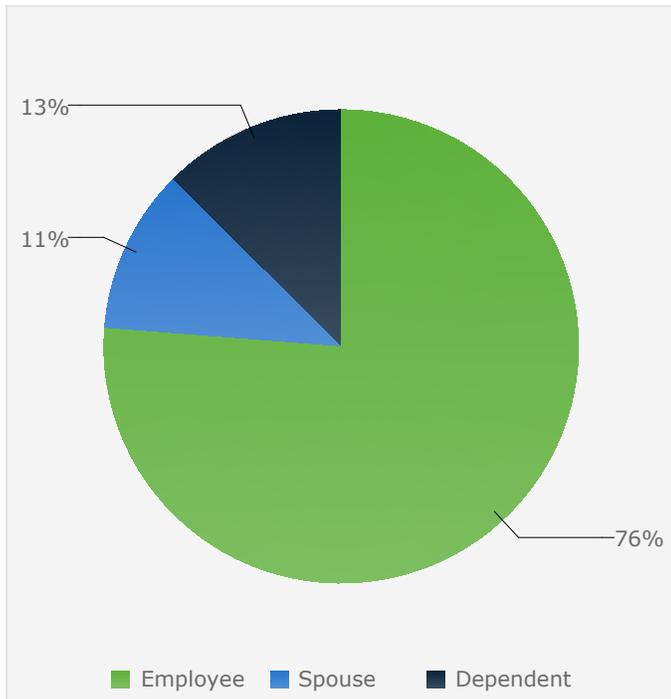
- Are your costs in-line with that of your peers?
- Is your plan design competitive?
- Do any specific utilization and cost patterns suggest areas of opportunity?
- Are your high costs claims appropriately managed?
- Do you encourage preventive care for your plan participants?
- Would a disease management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



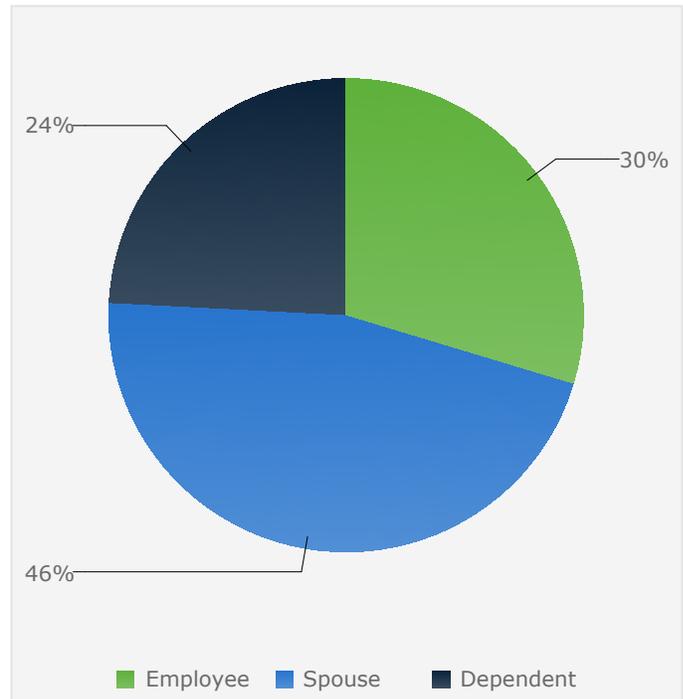
Employee vs. Dependent Claims

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%

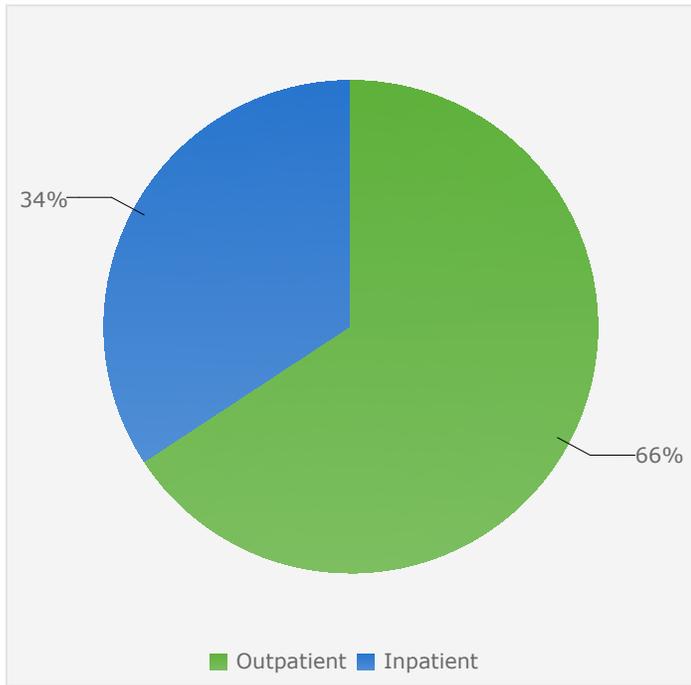
Points to consider:

- 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?

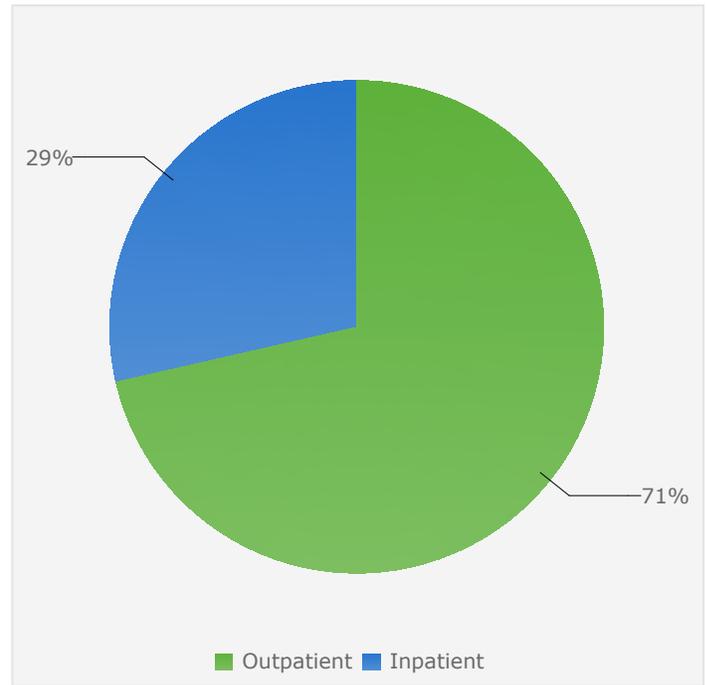
Inpatient and Outpatient Claims

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?

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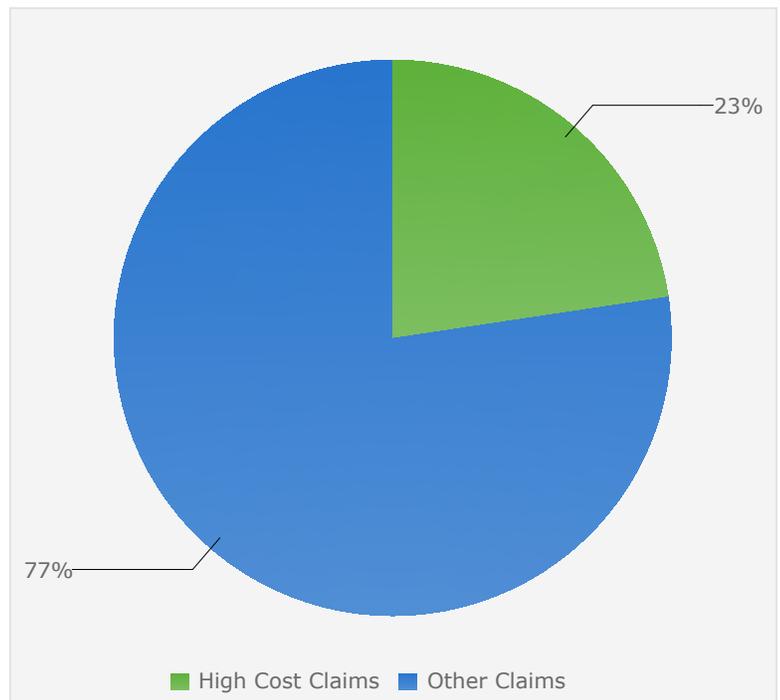
High Cost Claimants

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?



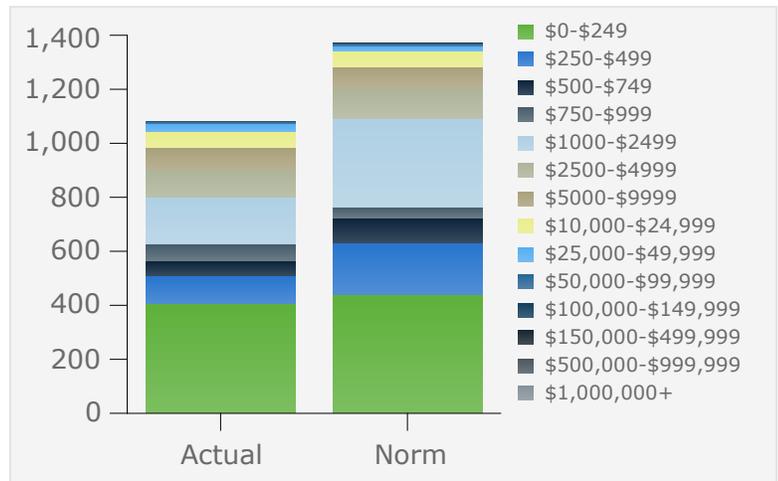
Claimant ID	Paid	Diagnosis
93	\$161,010	COMPLICATIONS OF TRANSPLANTED HEART
1067	\$129,372	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
345	\$128,708	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES UNSPECIFIED
679	\$127,041	PARTIAL EPILEPSY WITH IMTRACTABLE EPILEPSY
909	\$113,021	CORONARY ATHEROSCLEROSIS 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?



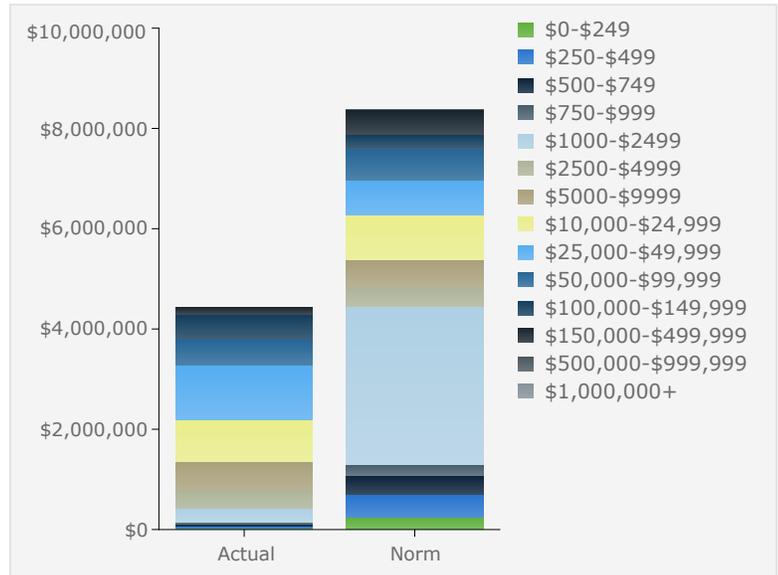
	Actual Claimant Count	Actual Percent of Total	Actual Cumulative Total	Norm Claimant Count	Norm Percent of Total	Norm Cumulative Total
\$0-\$249	405	37.12%	37.12%	439.24	40.26%	40.26%
\$250-\$499	103	9.44%	46.56%	190.27	17.44%	57.70%
\$500-\$749	57	5.22%	51.79%	95.14	8.72%	66.42%
\$750-\$999	61	5.59%	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?



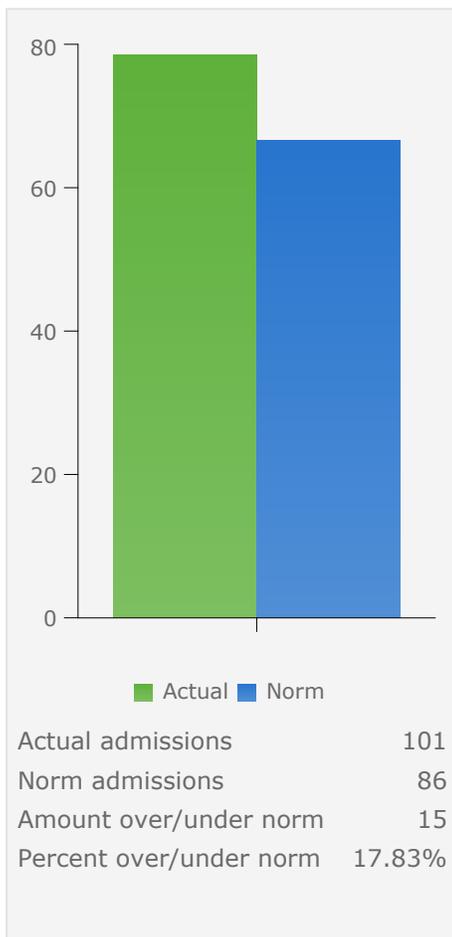
	Actual Total Net Paid	Actual % of Total	Actual Cumulative Total	Norm Net Paid	Norm Percent of Total	Norm Cumulative Total
\$0-\$249	\$25,652	0.58%	0.58%	\$253,554	5.70%	5.70%
\$250-\$499	\$36,078	0.81%	1.39%	\$447,946	10.07%	15.77%
\$500-\$749	\$36,867	0.83%	2.22%	\$377,662	8.49%	24.26%
\$750-\$999	\$53,031	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.

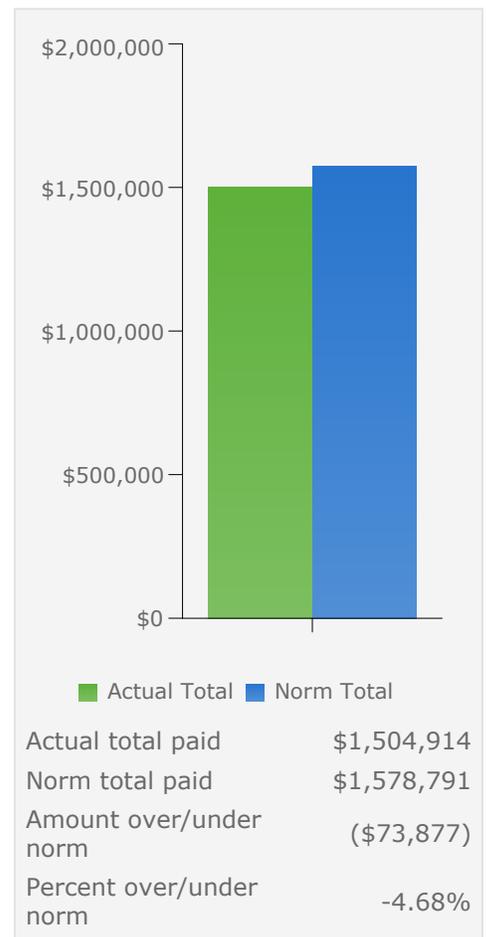
Admissions per 1000



Average Paid per Admission



Total Paid



Points to consider:

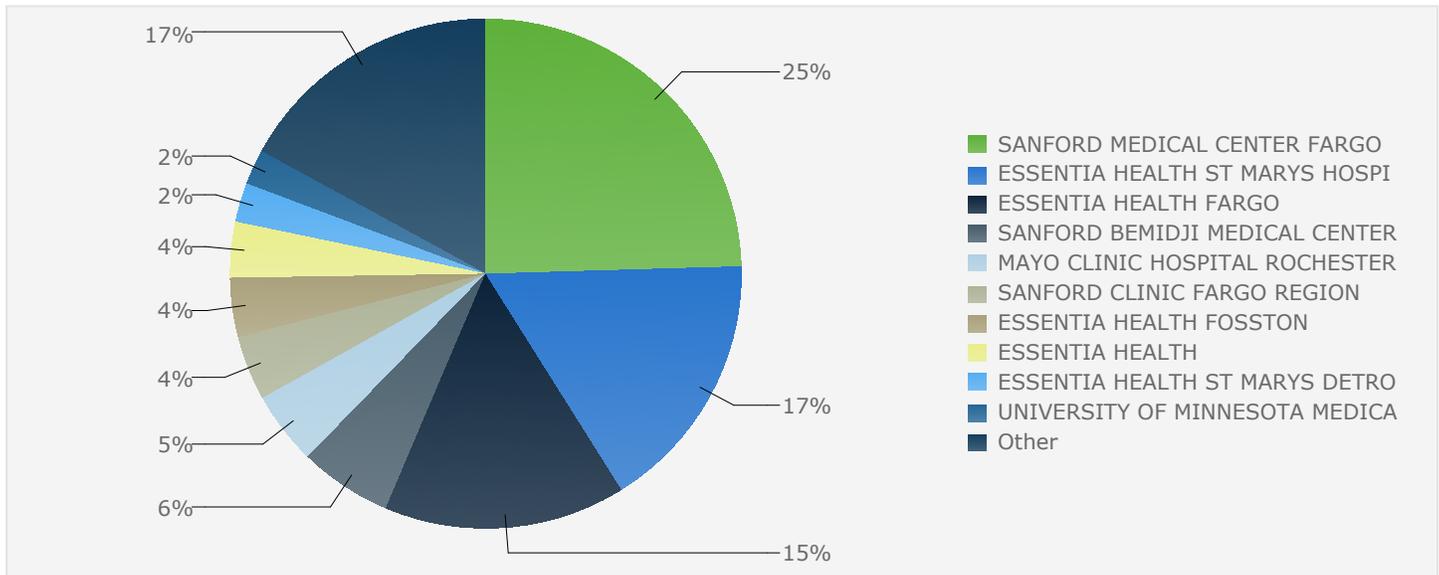
- What are common themes among admissions that could be addressed through education, wellness, or disease management?
- Are catastrophic claimants or provider contracting impacting costs?
- Is inpatient care appropriately managed?

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



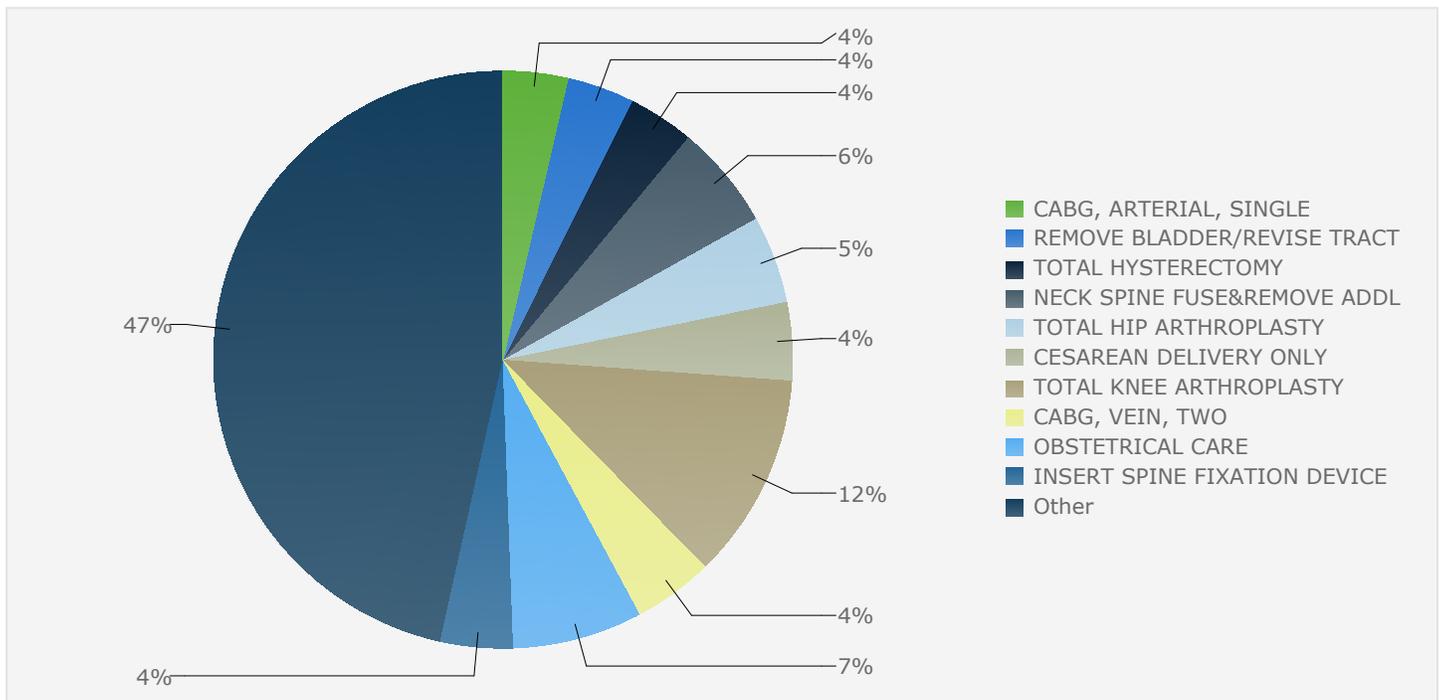
Inpatient Provider	Network	Number of Admits	Total Paid	Percent of All Paid
SANFORD MEDICAL CENTER FARGO	Yes	23	\$369,237	24.54%
ESSENTIA HEALTH ST MARYS HOSPI	Yes	26	\$248,817	16.53%
ESSENTIA HEALTH FARGO	Yes	12	\$230,584	15.32%
SANFORD BEMIDJI MEDICAL CENTER	Yes	8	\$88,222	5.86%
MAYO CLINIC HOSPITAL 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%

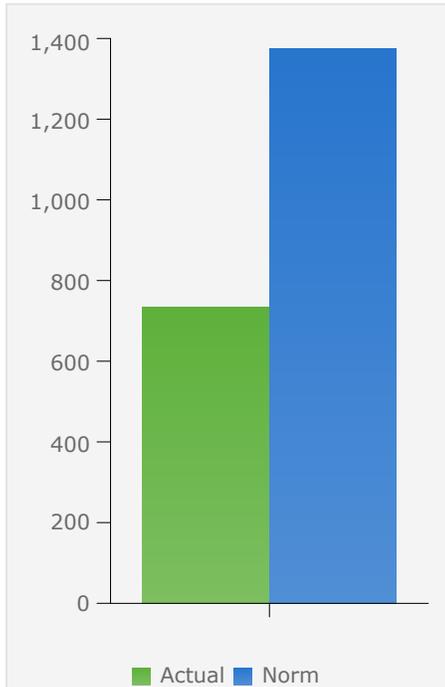
Points to consider:

- 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

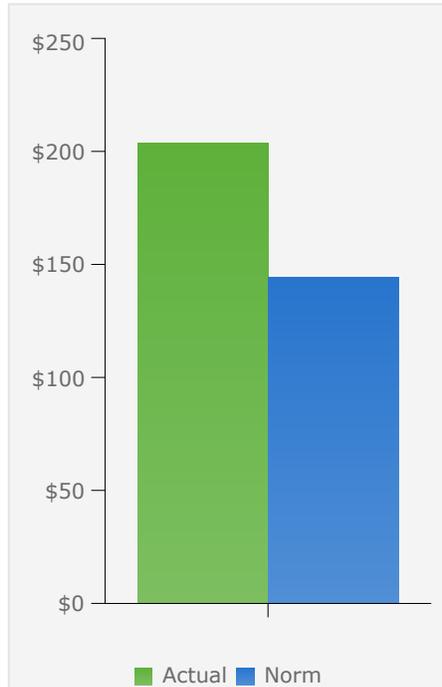
Evaluate your outpatient surgery costs compared to that of your peers. For this report, the data includes surgeon fees (anesthesia, assistant surgeon, facility/supply costs are excluded).

Surgeries per 1000



Actual surgeries	947
Norm surgeries	1,768
Amount over/under norm	-821
Percent over/under norm	-46.44%

Average Paid per Surgery



Actual average paid	\$203.91
Norm average paid	\$144.76
Amount over/under norm	\$59.15
Percent over/under norm	40.86%

Total Paid



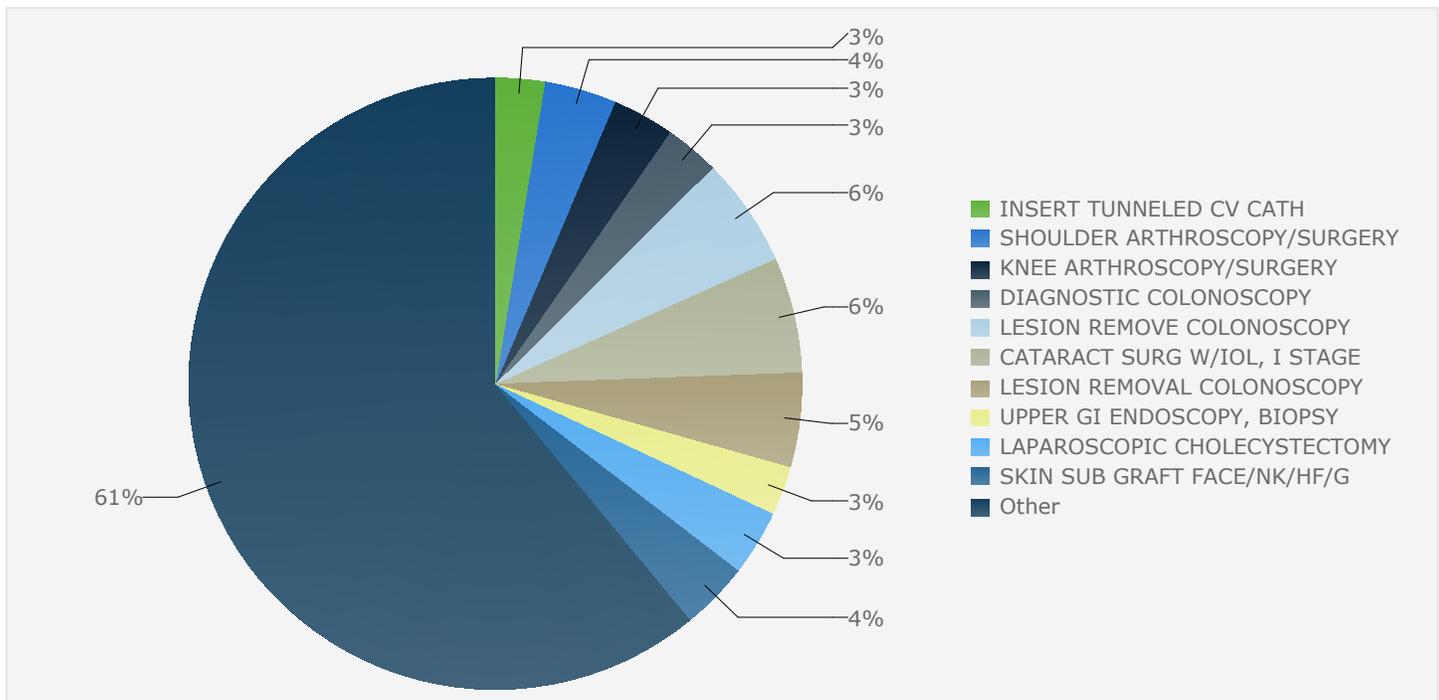
Actual total paid	\$193,101
Norm total paid	\$255,938
Amount over/under norm	(\$62,838)
Percent over/under norm	-24.55%

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%

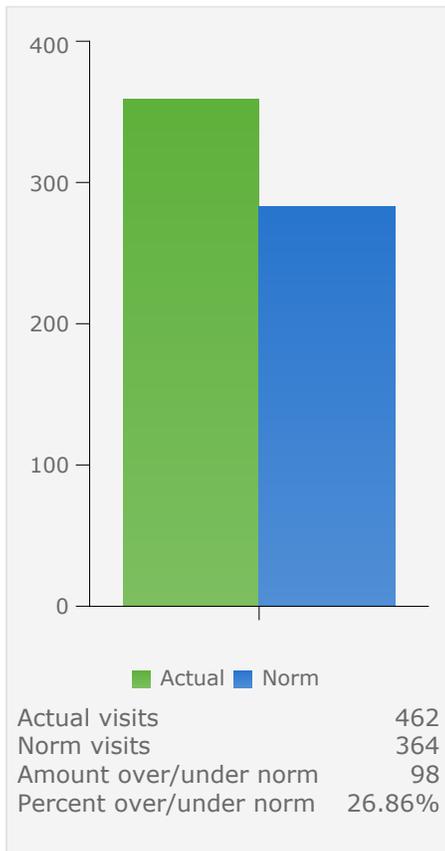
Points to consider:

- 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?

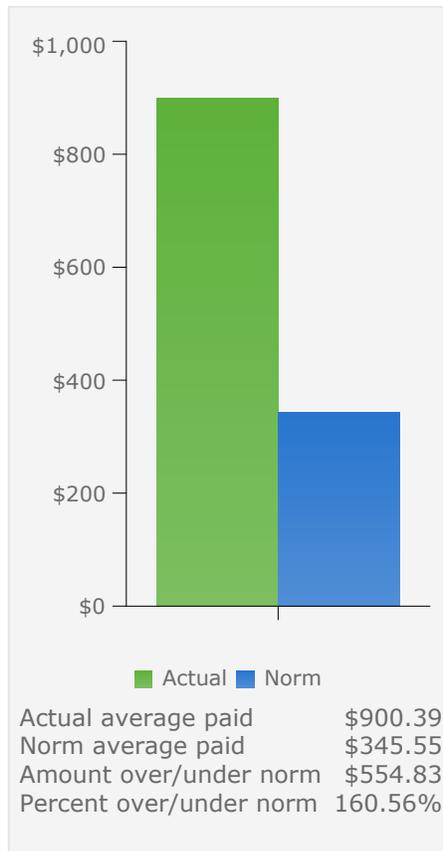
Emergency Room Visits

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?

Emergency Room

Emergency Room

	Charges	Paid	People	Visits	Charges per Person	Charges per Visit	Paid per Person	Paid per Visit
Circulatory System	\$167,946.74	\$88,307.85	58	82	\$2,895.63	\$2,048.13	\$1,522.55	\$1,076.92
Digestive System	\$205,277.78	\$115,079.78	60	78	\$3,421.30	\$2,631.77	\$1,918.00	\$1,475.38
Musculoskeletal System	\$53,841.02	\$22,713.72	44	56	\$1,223.66	\$961.45	\$516.22	\$405.60
Ear, Nose, Mouth and Throat	\$55,914.23	\$24,545.16	42	54	\$1,331.29	\$1,035.45	\$584.41	\$454.54
Skin, Subcutaneous Tissue and Breast	\$37,778.61	\$15,273.28	44	48	\$858.60	\$787.05	\$347.12	\$318.19
Respiratory System	\$34,137.33	\$18,155.89	34	37	\$1,004.04	\$922.63	\$534.00	\$490.70
Injury, Poisoning and Toxic Effects of Drugs	\$33,719.87	\$17,698.72	34	36	\$991.76	\$936.66	\$520.55	\$491.63
Nervous System	\$54,814.90	\$27,460.05	26	35	\$2,108.27	\$1,566.14	\$1,056.16	\$784.57
Kidney and Urinary Tract	\$37,347.75	\$15,832.66	15	20	\$2,489.85	\$1,867.39	\$1,055.51	\$791.63
Endocrine, Nutritional and Metabolic	\$34,759.31	\$22,360.65	13	16	\$2,673.79	\$2,172.46	\$1,720.05	\$1,397.54
Factors Influencing Health Status	\$11,872.60	\$6,538.33	12	16	\$989.38	\$742.04	\$544.86	\$408.65
Infectious and Parasitic Diseases	\$13,572.80	\$5,797.17	10	11	\$1,357.28	\$1,233.89	\$579.72	\$527.02
Hepatobiliary System and Pancreas	\$20,869.45	\$12,817.04	6	8	\$3,478.24	\$2,608.68	\$2,136.17	\$1,602.13
Mental Diseases and Disorders	\$10,914.80	\$4,075.19	6	8	\$1,819.13	\$1,364.35	\$679.20	\$509.40
Pregnancy, Childbirth and the Puerperium	\$2,734.00	\$2,487.91	4	8	\$683.50	\$341.75	\$621.98	\$310.99
Burns	\$5,560.59	\$1,927.97	5	6	\$1,112.12	\$926.76	\$385.59	\$321.33
Eye	\$4,357.48	\$2,799.72	6	6	\$726.25	\$726.25	\$466.62	\$466.62
Female Reproductive System	\$9,599.97	\$4,466.56	6	6	\$1,600.00	\$1,600.00	\$744.43	\$744.43
Alcohol/Drug Use	\$9,641.12	\$6,270.25	4	4	\$2,410.28	\$2,410.28	\$1,567.56	\$1,567.56
Blood and Blood-forming Organs	\$2,510.25	\$1,370.75	3	3	\$836.75	\$836.75	\$456.92	\$456.92
Major Diagnostic Category(All)	\$807,170.60	\$415,978.65	278	462	\$2,903.49	\$1,747.12	\$1,496.33	\$900.39

EMERGENCY ROOM OR URGENT CARE?



If you're faced with a sudden illness or injury, making an informed choice on where to seek **medical care** is crucial to your personal and financial well-being. Making the wrong choice can result in delayed medical attention and may cost hundreds, if not thousands, of dollars. In fact, Harvard University reported that 62 percent of personal bankruptcies are caused by medical expenses, making medical debt the leading cause of bankruptcy in America.

If you suddenly fall ill or become injured, how can you determine which facility is most appropriate for your condition?



Emergency Room



Urgent Care

Vs.

The **emergency room (ER)** is equipped to handle life-threatening injuries and illnesses and other serious medical conditions. Patients are seen according to the seriousness of their conditions in relation to the other patients.

You should go to the nearest ER if you experience any of the following:

- Compound fractures
- Deep knife or gunshot wounds
- Moderate to severe burns
- Poisoning or suspected poisoning
- Seizures or loss of consciousness
- Serious head, neck or back injuries
- Severe abdominal pain
- Severe chest pain or difficulty breathing
- Signs of a heart attack or stroke
- Suicidal or homicidal feelings
- Uncontrollable bleeding

Urgent care centers are not equipped to handle life-threatening injuries, illnesses or medical conditions. These centers are designed to address conditions where delaying treatment could cause serious problems or discomfort.

Some example of conditions that require a visit to an urgent care center include:

- Controlled bleeding or cuts that require stitches
- Diagnostic services (X-rays, lab tests)
- Ear infections
- High fever or the flu
- Minor broken bones (e.g., toes, fingers)
- Severe sore throat or cough
- Sprains or strains
- Skin rashes and infections
- Urinary tract infections
- Vomiting, diarrhea or dehydration

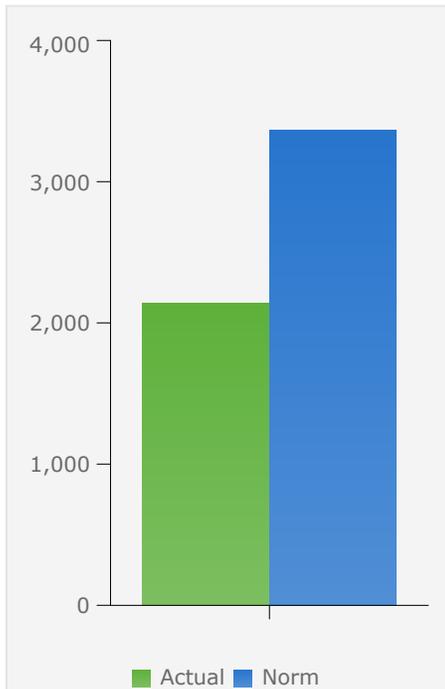
Choosing the appropriate place of care will not only ensure prompt and adequate medical attention, but will also help reduce any unnecessary expenses. Although urgent care centers are usually more cost-effective, they are **not** a substitute for emergency care.



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%

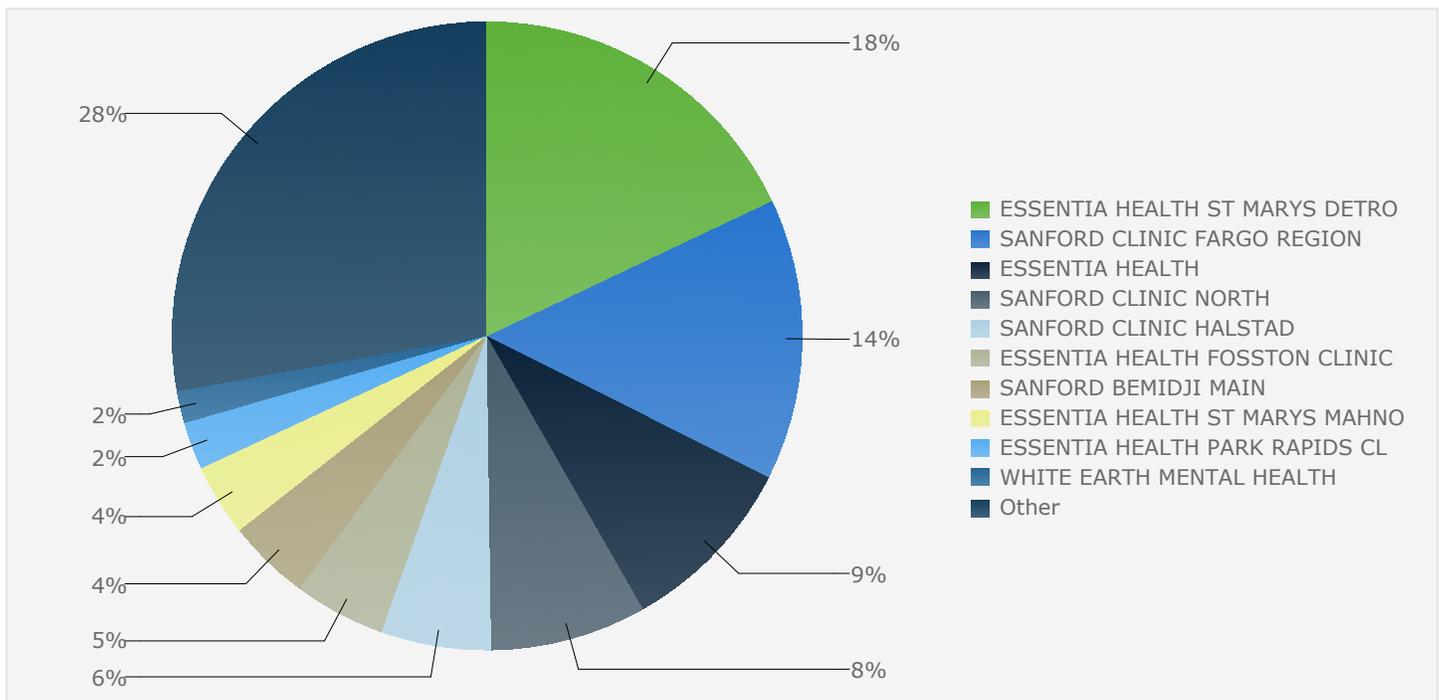
Points to consider:

- 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:

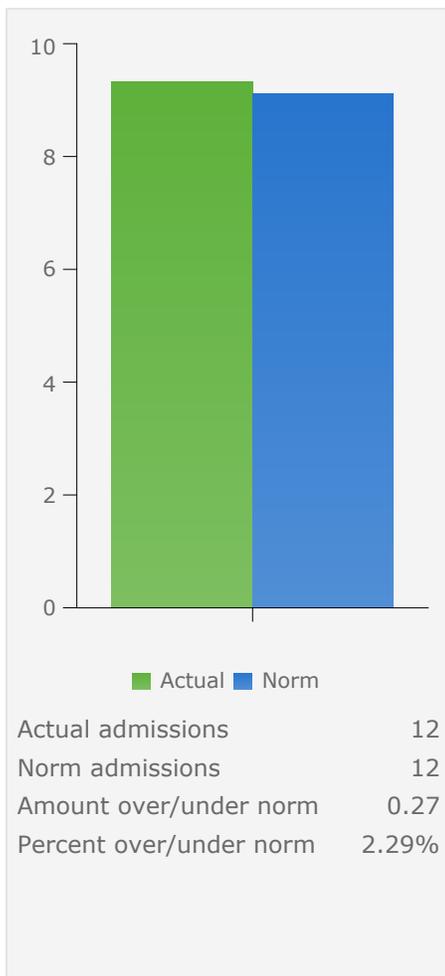
- If urgent care centers appear in this list, have you considered a communication campaign to encourage participants to use primary care providers?
- How effective is your plan at steering participants to network providers?
- Are there specialists in this list? Have you considered adding higher copays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

Inpatient Behavioral Health

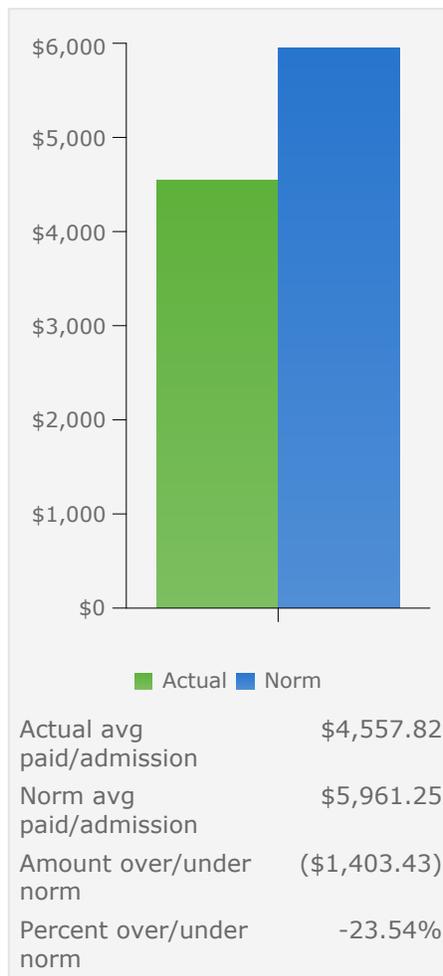
Gauge inpatient utilization for behavioral health care, focusing on frequency and cost of admissions. For this report, the data includes:

- 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



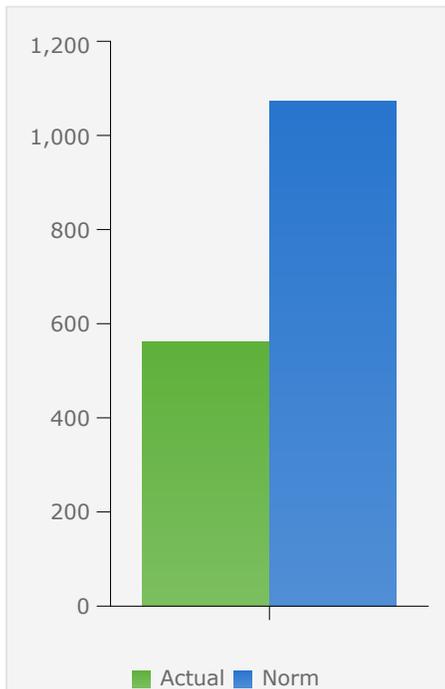
Points to consider:

- 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

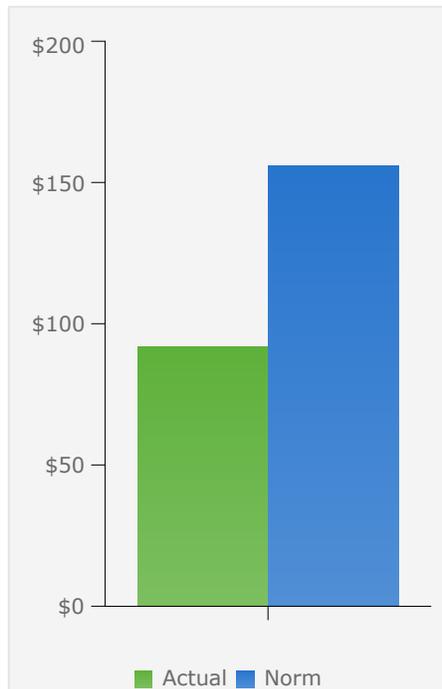
Gauge your plan's outpatient behavioral health utilization and costs compared to that of your peers. For this report, the data includes claims that occurred in an outpatient setting for substance abuse or mental health diagnoses.

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.

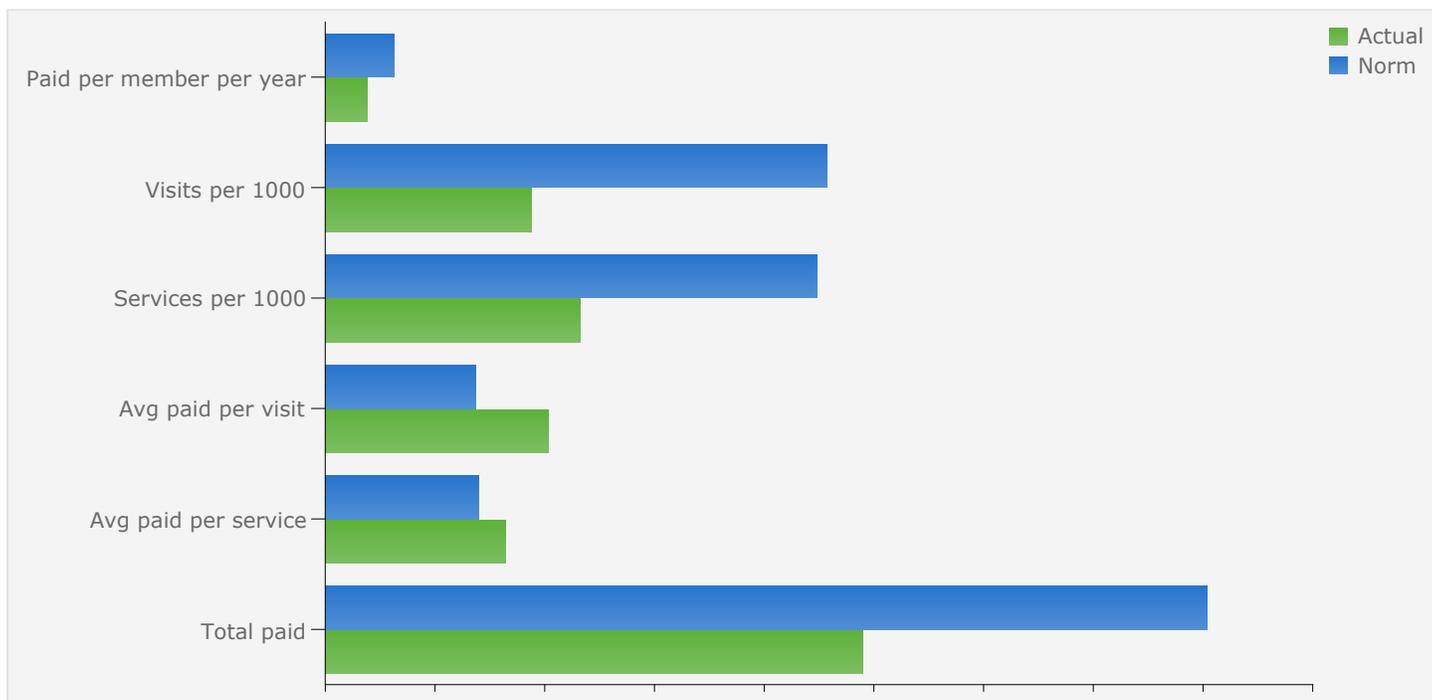
Body System	Patients per 1000			Average Paid per Patient			Total Paid		
	Actual	Norm	Variance	Actual	Norm	Variance	Actual	Norm	Variance
Breast	6	6	6.80%	\$2,382.93	\$9,476.86	-74.86%	\$19,064	\$70,990	-73.15%
Cardiovascular	26	17	59.26%	\$7,622.27	\$5,687.98	34.01%	\$259,157	\$121,433	113.42%
CNS	11	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.



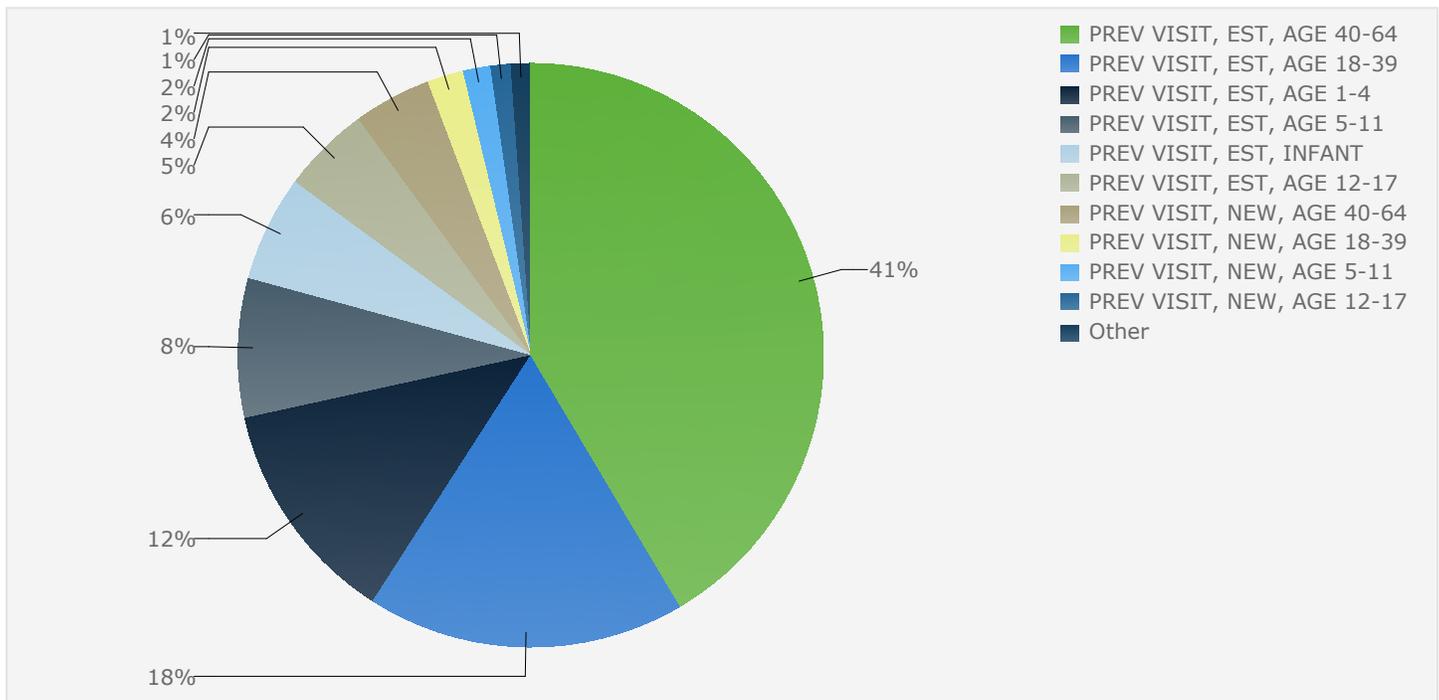
Preventive Care	Actual	Norm	Amount Over/Under Norm	Percent Over/Under Norm
Paid per member per year	\$38.17	\$62.61	(\$24.45)	-39.04%
Visits per 1000	188	457	-269	-58.93%
Services per 1000	232	449	-217	-48.26%
Avg paid per visit	\$203.36	\$137.01	\$66.35	48.42%
Avg paid per service	\$164.46	\$139.58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

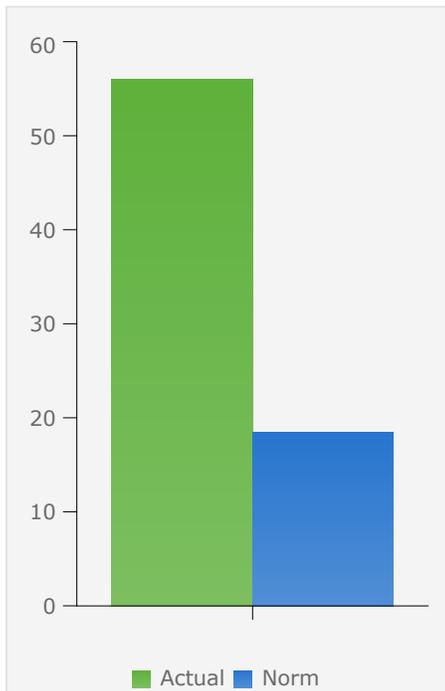
Points to consider:

- 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:

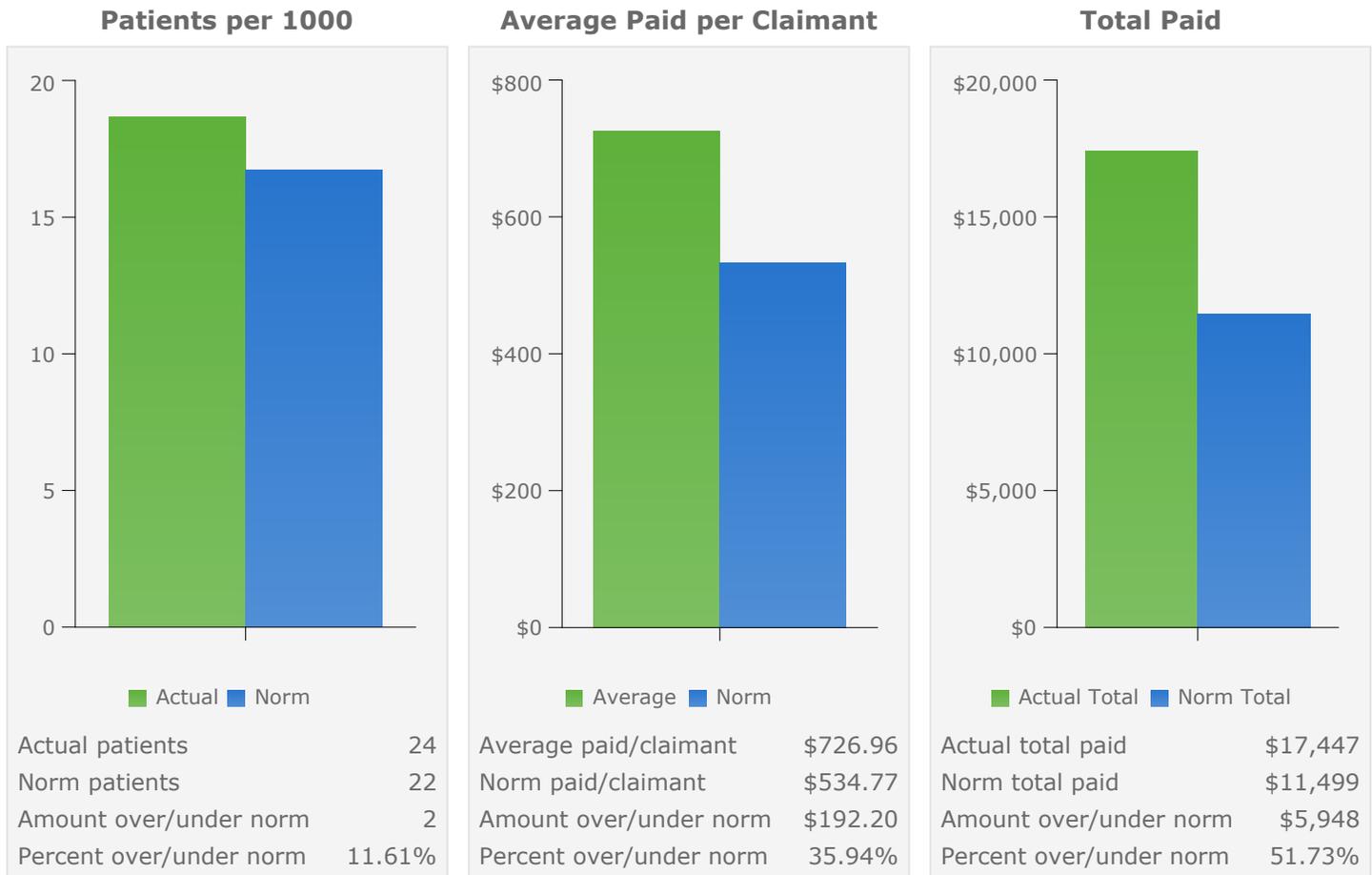
- Is there an opportunity to better manage costs related to arthritis?
- Have you considered starting the conversation with a communication campaign?

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.

Claims History

Asthma/COPD

			Charges	Claims	Paid	People	Charges per Person	Paid per Person
CHRONIC AIRWAY OBSTRUCTION NOT ELSEWHERE CLASSIFIED	Employee	Home	\$17,429.34	53	\$3,536.71	5	\$3,485.87	\$707.34
		Inpatient Hospital	\$880.00	4	\$0.00	1	\$880.00	\$0.00
		Office	\$836.00	7	\$484.87	3	\$278.67	\$161.62
		Outpatient Hospital	\$2,610.84	16	\$751.42	3	\$870.28	\$250.47
		Place of Service(All)	\$21,756.18	80	\$4,773.00	9	\$2,417.35	\$530.33
	Spouse	Home	\$5,738.37	28	\$1,063.53	2	\$2,869.18	\$531.76
		Office	\$678.00	5	\$537.98	2	\$339.00	\$268.99
		Outpatient Hospital	\$4,417.50	19	\$2,615.84	2	\$2,208.75	\$1,307.92
		Place of Service(All)	\$10,833.87	52	\$4,217.35	4	\$2,708.47	\$1,054.34
	Relationship(All)		\$32,590.05	132	\$8,990.35	13	\$2,506.93	\$691.57
OBSTRUCTIVE CHRONIC BRONCHITIS WITH ACUTE EXACERBATION	Employee	Inpatient Hospital	\$3,797.50	23	\$3,016.14	1	\$3,797.50	\$3,016.14
		Office	\$669.00	4	\$209.33	2	\$334.50	\$104.66
		Outpatient Hospital	\$832.68	8	\$399.55	2	\$416.34	\$199.78
		Place of Service(All)	\$5,299.18	35	\$3,625.02	3	\$1,766.39	\$1,208.34
	Spouse	Office	\$1,708.00	15	\$1,217.85	2	\$854.00	\$608.92
		Place of Service(All)	\$1,708.00	15	\$1,217.85	2	\$854.00	\$608.92
Relationship(All)		\$7,007.18	50	\$4,842.87	5	\$1,401.44	\$968.57	
ASTHMA UNSPECIFIED TYPE WITHOUT STATUS ASTHMATICUS OR ACUTE EXACERBATION OR	Dependent	Office	\$298.00	2	\$0.00	1	\$298.00	\$0.00
		Place of Service(All)	\$298.00	2	\$0.00	1	\$298.00	\$0.00
	Employee	Inpatient Hospital	\$1,043.00	15	\$824.77	1	\$1,043.00	\$824.77
		Office	\$1,888.00	8	\$714.90	3	\$629.33	\$238.30
		Outpatient Hospital	\$2,328.42	12	\$1,131.43	1	\$2,328.42	\$1,131.43
		Place of Service(All)	\$5,259.42	35	\$2,671.10	4	\$1,314.86	\$667.78
Relationship(All)		\$5,557.42	37	\$2,671.10	5	\$1,111.48	\$534.22	
OBST CHR BRONCHITIS W AC BRONCHITIS	Employee	Emergency Room	\$1,168.15	10	\$433.40	1	\$1,168.15	\$433.40
		Place of Service(All)	\$1,168.15	10	\$433.40	1	\$1,168.15	\$433.40
	Relationship(All)		\$1,168.15	10	\$433.40	1	\$1,168.15	\$433.40
EXTRINSIC ASTHMA	Employee	Office	\$521.00	3	\$118.78	3	\$173.67	\$39.59

Claims History

Asthma/COPD

			Charges	Claims	Paid	People	Charges per Person	Paid per Person
WITHOUT STATUS ASTHMATICUS OR ACUTE EXACERBATION OR UNSPEC	Employee	Outpatient Hospital	\$361.00	2	\$0.00	1	\$361.00	\$0.00
		Place of Service(All)	\$882.00	5	\$118.78	4	\$220.50	\$29.70
	Relationship(All)		\$882.00	5	\$118.78	4	\$220.50	\$29.70
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Spouse	Home	\$605.82	2	\$0.00	1	\$605.82	\$0.00
		Place of Service(All)	\$605.82	2	\$0.00	1	\$605.82	\$0.00
	Relationship(All)		\$605.82	2	\$0.00	1	\$605.82	\$0.00
COUGH VARIANT ASTHMA	Dependent	Office	\$308.00	2	\$25.38	1	\$308.00	\$25.38
		Place of Service(All)	\$308.00	2	\$25.38	1	\$308.00	\$25.38
	Relationship(All)		\$308.00	2	\$25.38	1	\$308.00	\$25.38
CHRONIC OBSTRUCTIVE ASTHMA WITHOUT STATUS ASTHMATICUS OR ACUTE EXACERBATION	Employee	Office	\$276.23	1	\$126.64	1	\$276.23	\$126.64
		Place of Service(All)	\$276.23	1	\$126.64	1	\$276.23	\$126.64
	Relationship(All)		\$276.23	1	\$126.64	1	\$276.23	\$126.64
INTRINSIC ASTHMA WITH ACUTE EXACERBATION	Dependent	Office	\$241.00	1	\$139.57	1	\$241.00	\$139.57
		Place of Service(All)	\$241.00	1	\$139.57	1	\$241.00	\$139.57
	Relationship(All)		\$241.00	1	\$139.57	1	\$241.00	\$139.57
UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION	Dependent	Office	\$148.00	1	\$99.05	1	\$148.00	\$99.05
		Place of Service(All)	\$148.00	1	\$99.05	1	\$148.00	\$99.05
	Relationship(All)		\$148.00	1	\$99.05	1	\$148.00	\$99.05
Diagnosis(All)			\$48,783.85	241	\$17,447.14	24	\$2,032.66	\$726.96



Live Well, Work Well

Health and wellness tips for your work, home and life—brought to you by the insurance professionals at Awesome Agency



ASTHMA: MANAGING YOUR CONDITION

Asthma is a serious and occasionally fatal disease. However, with a careful diagnosis, expert medical treatment and responsible self-care, most people with asthma lead normal, healthy lives.

Causes

It is not exactly clear what causes asthma. Those who seem more at risk of developing the condition include individuals with a family history of asthma or allergies, or those who were exposed to tobacco smoke, infections and certain allergens early in life.

Symptoms

Common asthma symptoms include the following:

- Coughing that is often worse at night or early in the morning
- Wheezing (a whistling or squeaky sound when breathing)
- Chest tightness
- Shortness of breath
- Faster or noisy breathing
- Trouble breathing, especially at night and in the early morning

Attacks

Many factors can lead to an asthma attack. Some people may only have an attack if a combination of triggers is present. Asthma triggers are essentially anything that

makes symptoms appear or worsen:

- **Allergens**—Animal dander (from their skin, hair or feathers), dust mites (contained in house dust), cockroaches, pollen from trees and grass, and mold (both indoor and outdoor)
- **Irritants**—Cigarette smoke, air pollution, cold air or changes in weather, strong odors from painting or cooking, scented products, strong emotional expression (including crying or laughing hard), stress and exercise
- **Other triggers**—Medicines such as aspirin and beta-blockers; sulfites in food or beverages; gastroesophageal reflux disease (GERD) that causes heartburn and can worsen asthma symptoms; infections; and irritants or allergens that one may be exposed to at work, such as special chemicals or dusts

Treatment

Treatments for asthma include:

- **Self-management**—Plans for controlling asthma daily and an emergency [action plan](#) for stopping attacks.

Awesome Agency

- **Avoiding triggers**—Remove dust-catchers from the bedroom; keep humidity levels in your home low; consider using an air filter in the bedroom; do not smoke cigarettes or spend time in environments where others are smoking; try changing your workouts.
- **Medication**—Using preventive (long-term control) and rescue (quick-relief) asthma medications; sometimes allergy medications and shots are recommended as well.

Prognosis

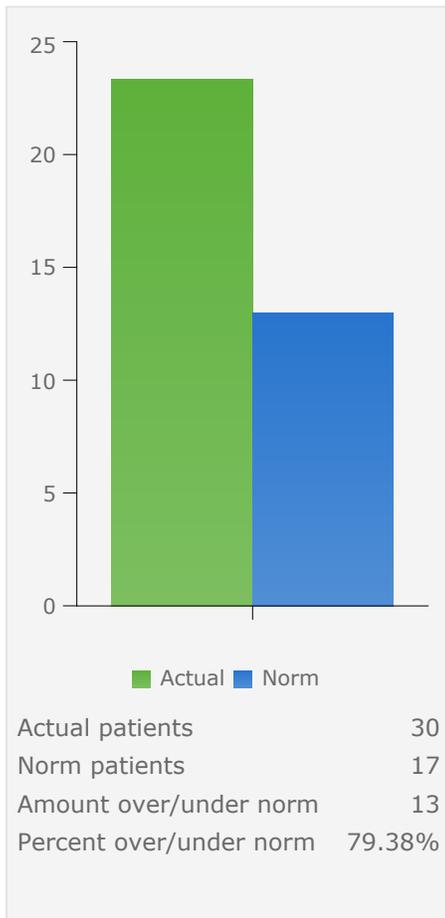
There is no cure for asthma, but with proper treatment:

- Your asthma can be controlled.
- You will have fewer attacks.
- You should not need to use quick-relief medicines as often.
- You should be able to do normal activities without having symptoms.

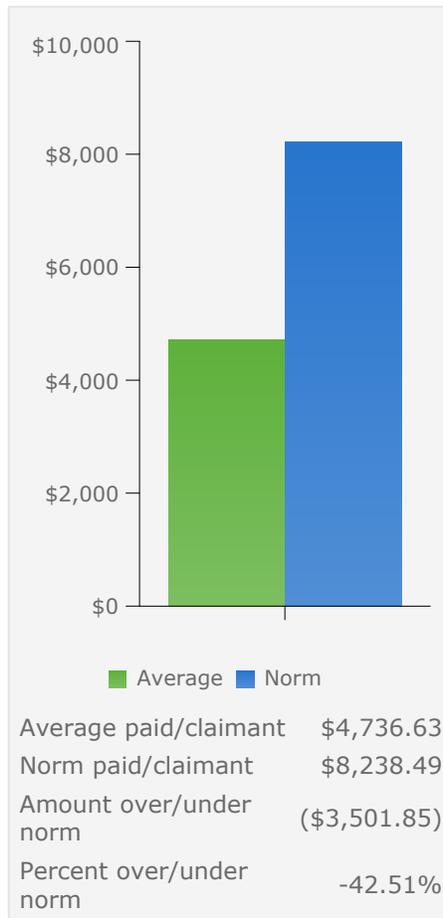
Cancer

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.

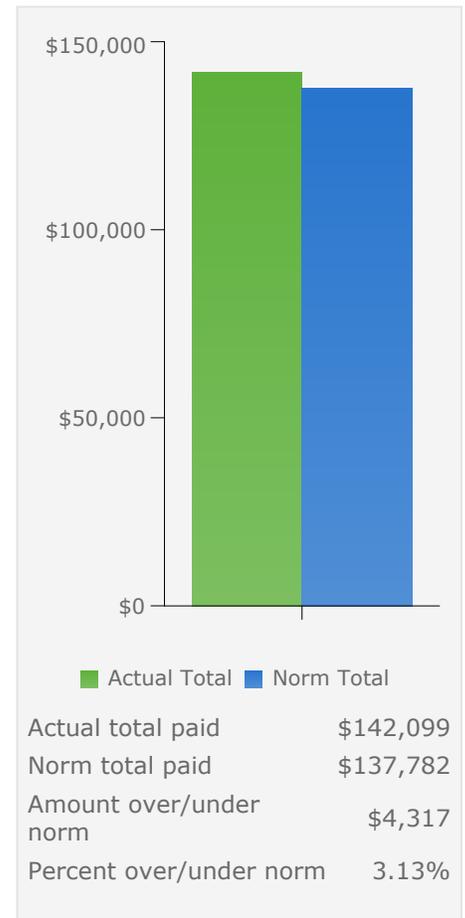
Patients per 1000



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



HAVE YOU BEEN
SCREENED?

Early detection can save lives. These cancer screenings are available at no cost to you!

Breast Cancer

- Breast cancer is the second-most common cause of cancer deaths in adult women.
- Women over age 40 should talk to their doctors about mammography screening.

Cervical Cancer

- Thousands of women die of cervical cancer each year, but it is the easiest female cancer to prevent.
- Women who are sexually active or over age 21 should receive a PAP test at least every three years.

Colorectal Cancer

- If caught early, colorectal cancer can be successfully treated.
- Men and women should begin colorectal cancer screening at age 50.

Provided by: Awesome Agency

10100 W. Innovation Drive, Suite 300

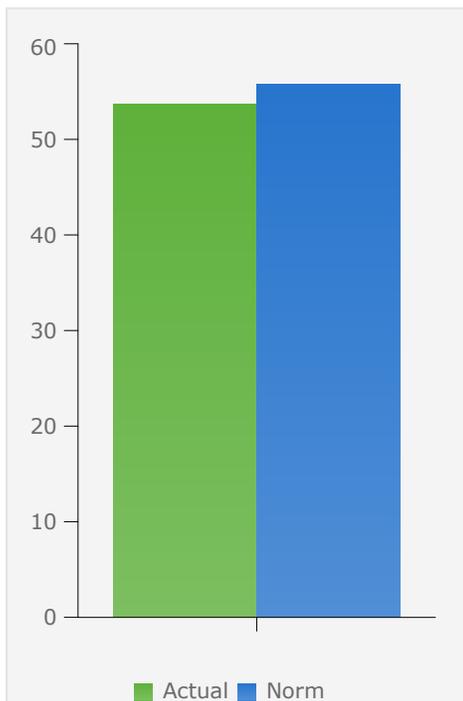
Milwaukee, WI 53226

Tel: 414-454-6100

Depression

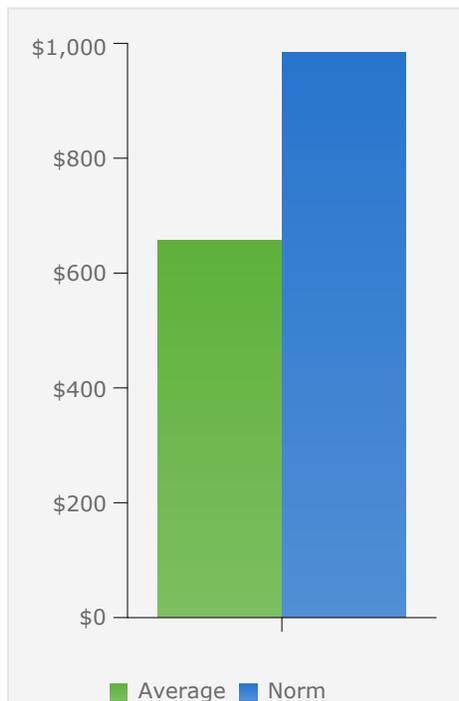
Assess the impact of depression on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of depression. The total cost of care for an affected patient is not considered in this exhibit.

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?

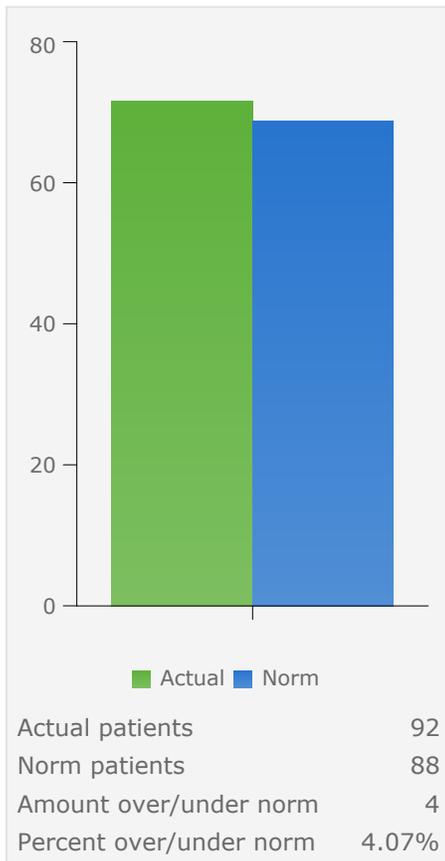
For general health information on depression, refer to:

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

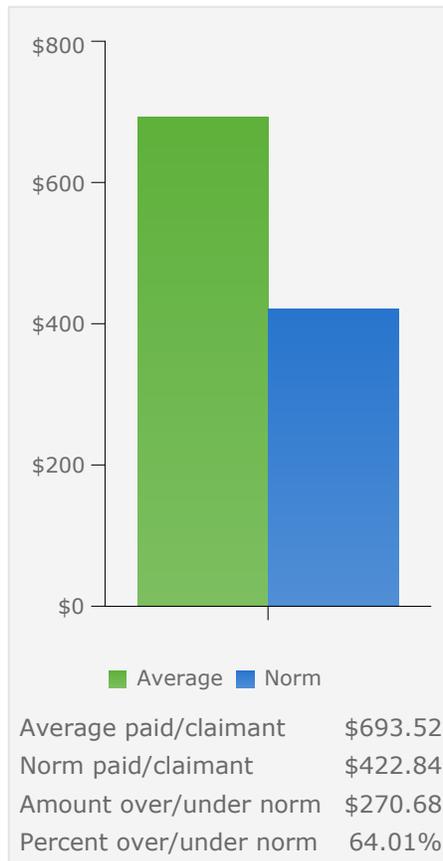
Diabetes

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.

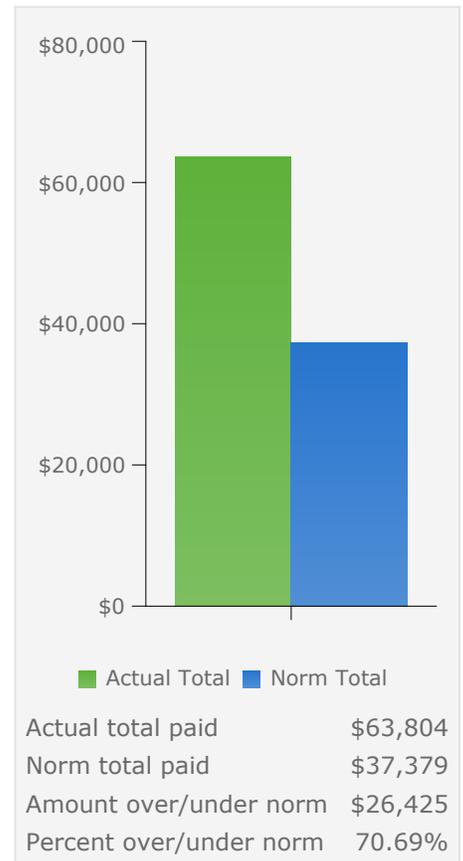
Patients per 1000



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?

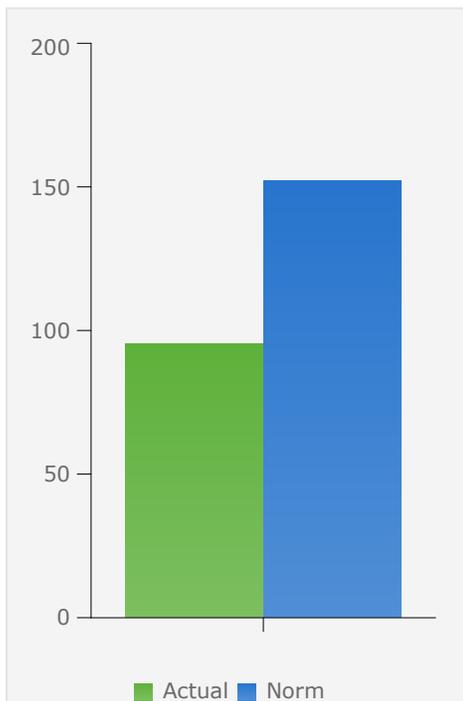
For general health information on diabetes, refer to:

- 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



Actual patients	123
Norm patients	196
Amount over/under norm	-73
Percent over/under norm	-37.22%

Average Paid per Claimant



Average Paid/Claimant	\$227.19
Norm Paid/Claimant	\$201.72
Amount over/under norm	\$25.48
Percent over/under norm	12.63%

Total Paid



Actual total paid	\$27,945
Norm total paid	\$39,519
Amount over/under norm	(\$11,574)
Percent over/under norm	-29.29%

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?

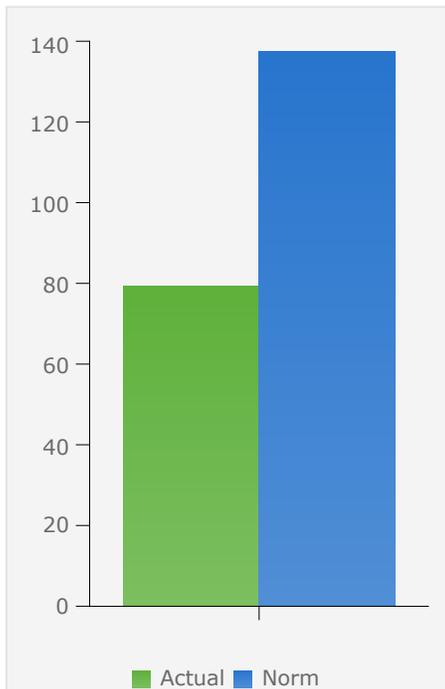
For general health information on heart disease, refer to:

- American Heart Association, www.heart.org.

Low Back Pain

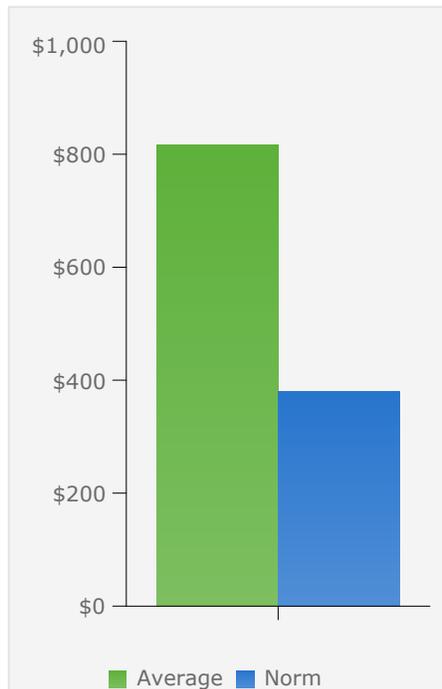
Assess the impact of low back pain on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of low back pain. The total cost of care for an affected patient is not considered in this exhibit.

Patients per 1000



Actual patients	102
Norm patients	177
Amount over/under norm	-75
Percent over/under norm	-42.31%

Average Paid per Claimant



Average paid/claimant	\$818.54
Norm paid/claimant	\$382.13
Amount over/under norm	\$436.41
Percent over/under norm	114.20%

Total Paid



Actual total paid	\$83,492
Norm total paid	\$67,561
Amount over/under norm	\$15,930
Percent over/under norm	23.58%

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?

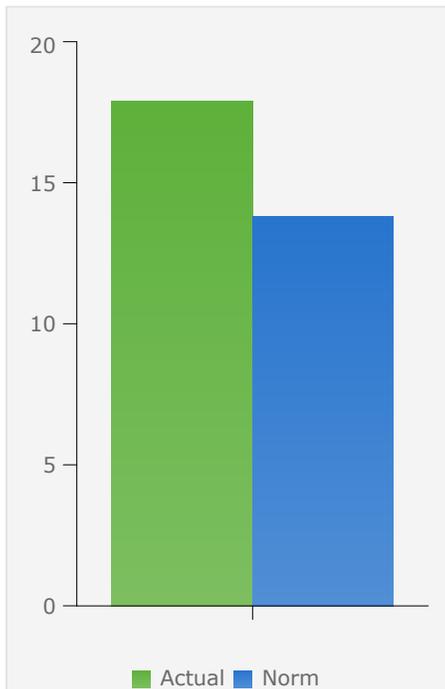
For general health information on low back pain, refer to:

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

Obesity

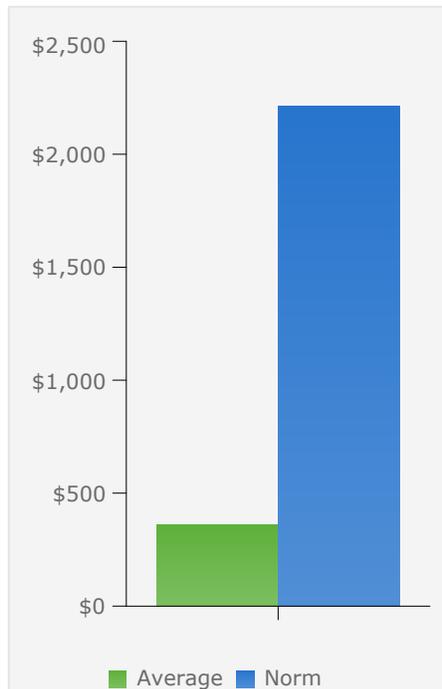
Assess the impact of obesity on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of obesity. The total cost of care for an affected patient is not considered in this exhibit.

Patients per 1000



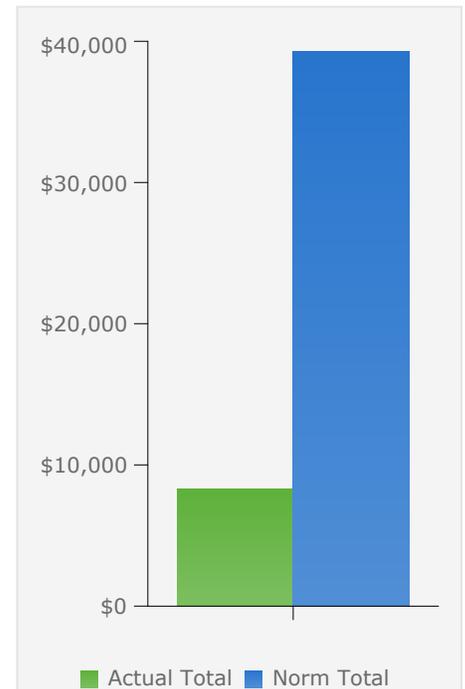
Actual patients	23
Norm patients	18
Amount over/under norm	5
Percent over/under norm	29.54%

Average Paid per Claimant



Average paid/claimant	\$362.41
Norm paid/claimant	\$2,215.75
Amount over/under norm	(\$1,853.34)
Percent over/under norm	-83.64%

Total Paid



Actual total paid	\$8,335
Norm total paid	\$39,341
Amount over/under norm	(\$31,006)
Percent over/under norm	-78.81%

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:

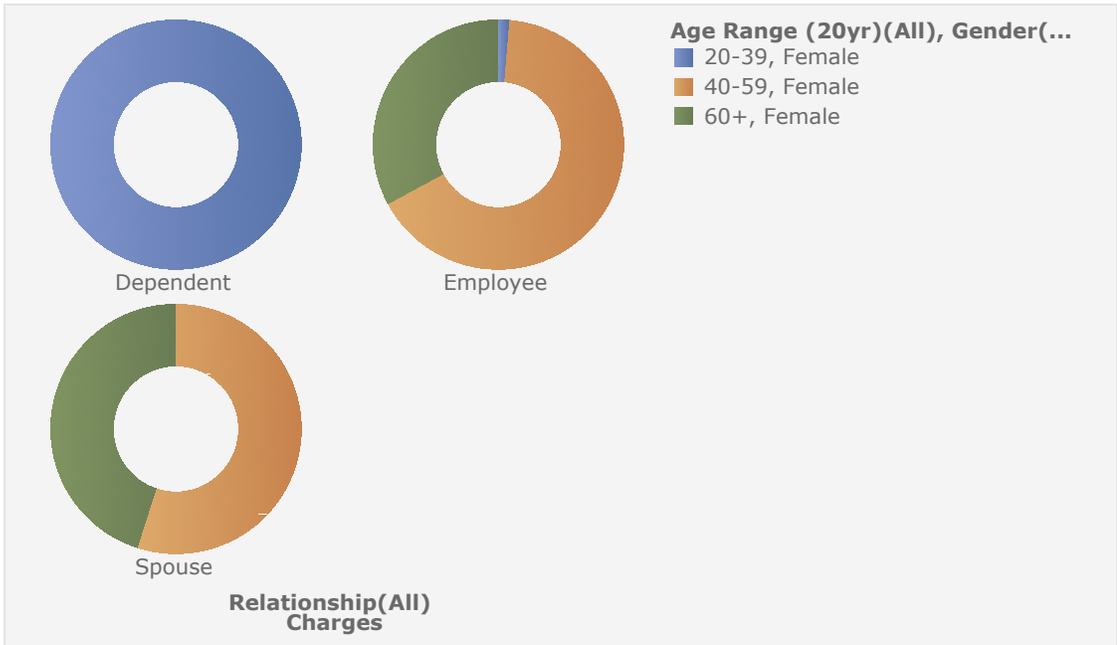
- Centers for Disease Control Prevention, www.cdc.gov/obesity.

Claims History

	Claims	Paid	People	Charges per Person	Paid per Person
Vision Screening (adult)	550	\$31,187.89	248	\$180.68	\$125.76
Immunizations	453	\$19,019.80	139	\$188.61	\$136.83
Preventive Care Checkups	298	\$49,009.76	217	\$276.68	\$225.85
Cholesterol Screening	203	\$8,780.13	167	\$144.45	\$52.58
Healthy Pregnancy - Prenatal Diagnosis	190	\$24,690.77	58	\$657.30	\$425.70
Breast Cancer Screening	189	\$4,653.84	93	\$90.23	\$50.04
Diabetes Screening	137	\$3,162.27	55	\$135.31	\$57.50
Cervical Cancer Screening	78	\$3,008.84	69	\$94.80	\$43.61
Sexually Transmitted Infection Screenings	62	\$3,123.33	26	\$285.36	\$120.13
Abdominal Aortic	44	\$6,477.20	20	\$601.36	\$323.86
Healthy Pregnancy - Rh(D) Incompatibility	42	\$832.57	35	\$48.34	\$23.79
Prostate Cancer Screening	30	\$1,731.81	26	\$136.05	\$66.61
Vision screening (child)	27	\$654.29	21	\$83.83	\$31.16
Colorectal Cancer Screening	23	\$11,918.38	16	\$1,444.00	\$744.90
Healthy Pregnancy - Rubella	12	\$508.55	11	\$83.09	\$46.23
Smoking cessation treatment	11	\$249.26	6	\$112.33	\$41.54
Contraceptive Use - Prevention Intervention	7	\$1,201.88	6	\$449.83	\$200.31
Childhood Health Promotion	3	\$68.55	2	\$100.00	\$34.28
Blood Pressure Screening	2	\$157.18	2	\$226.00	\$78.59
Wellness(All)	2,361	\$170,436.30	603	\$448.03	\$282.65

Claims History

Breast Cancer Screening



		Charges	Claims	Paid	People	Charges per Person	Paid per Person
Age Range (20yr)(All)		\$8,391.13	189	\$4,653.84	93	\$90.23	\$50.04
20-39	Female	\$159.00	8	\$24.63	3	\$53.00	\$8.21
	Gender(All)	\$159.00	8	\$24.63	3	\$53.00	\$8.21
40-59	Female	\$5,382.18	122	\$2,767.25	61	\$88.23	\$45.36
	Gender(All)	\$5,382.18	122	\$2,767.25	61	\$88.23	\$45.36
60+	Female	\$2,849.95	59	\$1,861.96	29	\$98.27	\$64.21
	Gender(All)	\$2,849.95	59	\$1,861.96	29	\$98.27	\$64.21

Actuarial Modeling

Model Comparison: ER Copay Change

Total Paid Comparison	Current	ER & Rx Only	PPACA OOP Max	Recommended
Value of Medical Plan Changes		-1.5%	-29.5%	-14%
Value of Rx Plan Changes		-13.3%	-100%	-13.3%
Total Value of Plan Changes		-3.1%	-38.8%	-13.9%
Total Medical Paid	\$4,469,242.65			
Total Rx Paid	\$729,212.38			
Total Projected Paid	\$5,198,455.03	\$5,037,302.92	\$3,181,454.48	\$4,475,869.78

Members Affected Comparison

Total Claimants		1,079							
Total Enrolled		982							
		Current		ER & Rx Only		PPACA OOP Max		Recommended	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible		500	1000	500	1000	6250	12500	1000	2000
Members affected				0	0	-733	-86	-733	-86
% of total claimants				n/a	n/a	-67.93%	-7.97%	-67.93%	-7.97%
% of total enrolled				n/a	n/a	-74.64%	-8.76%	-74.64%	-8.76%
Primary Care Copay		20	40	20	40	0	0	20	40
Members affected				0	0	454	159	0	0
% of total claimants				n/a	n/a	42.08%	14.74%	n/a	n/a
% of total enrolled				n/a	n/a	46.23%	16.19%	n/a	n/a
Specialist Copay		30	60	30	60	0	0	40	80
Members affected				0	0	227	79	-227	-79
% of total claimants				n/a	n/a	21.04%	7.32%	-21.04%	-7.32%
% of total enrolled				n/a	n/a	23.12%	8.04%	-23.12%	-8.04%
Plan Coinsurance		90	80	90	80	100	100	80	70
Members affected				0	0	733	86	-733	-86
% of total claimants				n/a	n/a	67.93%	7.97%	-67.93%	-7.97%
% of total enrolled				n/a	n/a	74.64%	8.76%	-74.64%	-8.76%

Single Out of Pocket Max	1000	2000	1000	2000	6250	12500	2000	4000
Members affected			0	0	-733	-86	-733	-86
% of total claimants			n/a	n/a	-67.93%	-7.97%	-67.93%	-7.97%
% of total enrolled			n/a	n/a	-74.64%	-8.76%	-74.64%	-8.76%
Inpatient Copay	0	0	0	0	0	0	0	0
Members affected			0	0	0	0	0	0
% of total claimants			n/a	n/a	n/a	n/a	n/a	n/a
% of total enrolled			n/a	n/a	n/a	n/a	n/a	n/a
Outpatient Surgery Copay	0	0	0	0	0	0	0	0
Members affected			0	0	0	0	0	0
% of total claimants			n/a	n/a	n/a	n/a	n/a	n/a
% of total enrolled			n/a	n/a	n/a	n/a	n/a	n/a
Emergency Room Copay	75	75	150	150	0	0	150	150
Members affected			-255	-110	255	110	-255	-110
% of total claimants			-23.63%	-10.19%	23.63%	10.19%	-23.63%	-10.19%
% of total enrolled			-25.97%	-11.2%	25.97%	11.2%	-25.97%	-11.2%
Urgent Care Copay	50	100	50	100	0	0	50	50
Members affected			0	0	75	26	0	26
% of total claimants			n/a	n/a	6.95%	2.41%	n/a	2.41%
% of total enrolled			n/a	n/a	7.64%	2.65%	n/a	2.65%
Well Child Annual Max	10000	10000	10000	10000	10000	10000	10000	10000
Members affected			0	0	0	0	0	0
% of total claimants			n/a	n/a	n/a	n/a	n/a	n/a
% of total enrolled			n/a	n/a	n/a	n/a	n/a	n/a
Adult Wellness Annual Max	10000	10000	10000	10000	10000	10000	10000	10000
Members affected			0	0	0	0	0	0
% of total claimants			n/a	n/a	n/a	n/a	n/a	n/a
% of total enrolled			n/a	n/a	n/a	n/a	n/a	n/a

Medical Plan Comparison	Current		ER & Rx Only		PPACA OOP Max		Recommended	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	500	1000	500	1000	6250	12500	1000	2000
Family Deductible	1000	2000	1000	2000	12500	25000	2000	4000
HSA Style Family Limit	No	No	No	No	Yes	Yes	No	No
Primary Care Copay	20	40	20	40	0	0	20	40
Specialist Copay	30	60	30	60	0	0	40	80
Copay Type	Just O.V.	Just O.V.	Just O.V.	Just O.V.	Just O.V.	Just O.V.	Just O.V.	Just O.V.
Plan Coinsurance	90%	80%	90%	80%	100%	100%	80%	70%
Single Out of Pocket Max	1000	2000	1000	2000	6250	12500	2000	4000
Family Out of Pocket Max	2000	4000	2000	4000	12500	25000	4000	8000
Inpatient Copay	0	0	0	0	0	0	0	0
Outpatient Surgery Copay	0	0	0	0	0	0	0	0
Emergency Room Copay	75	75	150	150	0	0	150	150
Urgent Care Copay	50	100	50	100	0	0	50	50
Plan Psych Chem Dep Coinsurance	90%	80%	90%	80%	100%	100%	80%	70%
Psych Chem Dep Inpatient Limit	0	0	0	0	0	0	0	0
Psych Chem Dep Outpatient Limit	0	0	0	0	0	0	0	0
Well Child Annual Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Adult Wellness Annual Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Percent of Total Care in Network	90%	10%	90%	10%	99%	1%	90%	10%
PCP & SCP Copays Apply After Deductible	No	No	No	No	No	No	No	No
Do Copays Apply to Out of Pocket Max?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Prescription Drug Comparison	Current	ER & Rx Only	PPACA OOP Max	Recommended
Separate Rx Card?	Yes	Yes	No	Yes
Drug Claims as Percent of Total Claims	14.0275%	14.0275%	14.0275%	14.0275%

	Tier 1; Tier 2; Tier 3			
Deductible	0; 0; 0	0; 0; 0	0; 0; 0	0; 0; 0
Plan Coinsurance	100%; 100%; 100%	100%; 100%; 100%	100%; 100%; 100%	100%; 100%; 100%
Employee Coinsurance Minimum	n/a; n/a; n/a	n/a; n/a; n/a	n/a; n/a; n/a	n/a; n/a; n/a

Employee Coinsurance Maximum	Unlimited; Unlimited; Unlimited	Unlimited; Unlimited; Unlimited	Unlimited; Unlimited; Unlimited	Unlimited; Unlimited; Unlimited
Copay	10; 20; 30	15; 25; 40	0; 0; 0	15; 25; 40
Generic Mandate Options	None	Cost diff + generic copay/patient req	None	Cost diff + generic copay/patient req
Rx Copays Apply After Medical Deductible	No	No	No	No
Do Copays Apply Against Out of Pocket Max?	Yes	Yes	No	Yes