

Bexar Appraisal District
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San Antonio, Texas 78207
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ADDENDUM #1
Group Medical Insurance

Addenda: The undersigned hereby acknowledges receipt of the following addendum to the Request for Proposal.

1 Please provide the number of employees on payroll?

We currently have 175 people on payroll and anticipate hiring at least 6 more in the next month. We have two employees that waive medical because they have coverage through spouse and/or parent and do not want that to become their secondary.

2 Please provide premium vs claims for the period January - April 2022.

See attached.

3 Are retirees covered after the age of 65?

No.

4 Please provide more information on the ESRD large claimant. Is there any more info on this claim such as if they are receiving dialysis or on a transplant list?

UHC cannot get clinical information to that level. For High claimants; the HB2015 is what we can provide.

Name of Bidder

Signature

Print

Date

Addendum must be signed and submitted with formal proposal.

Blue Insight Monthly Financial Report

BEXAR APPRAISAL DISTRICT: ALL

01/01/2022 to 12/31/2022



PLAN PERFORMANCE

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Current Period: The current reporting period represents claims paid from January 1, 2022 through December 31, 2022.

Prior Period: The prior reporting period represents claims paid from January 1, 2021 through December 31, 2021.

The report includes medical claims and pharmacy claims.

Reporting Segments: ALL

Characteristics: ALL

Group/Sections: ALL

Reporting Support Contact Information

For reporting support, please contact Client Reporting Service Center

Email: client_reporting@bcbsil.com

Phone: 1-877-837-1866

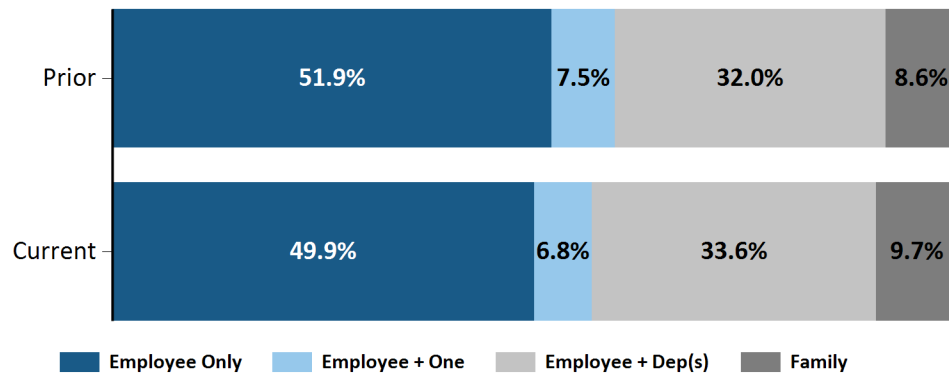
Hours of Operation: Monday - Friday: 8:00am - 5:00pm CT

Report prepared on 01/14/2023

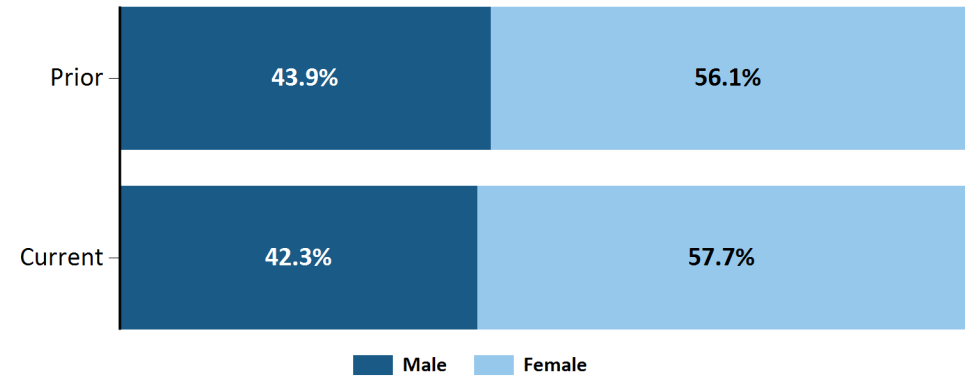
Report Description: Provides the current enrollment based on the current period.

Month	Medical Subscribers	Medical Members	Pharmacy Subscribers	Pharmacy Members
Jan 2022	156	235	156	235
Feb 2022	157	237	157	237
Mar 2022	155	233	155	233
Apr 2022	155	232	155	232
May 2022	165	243	165	243
Jun 2022	165	243	165	243
Jul 2022	164	242	164	242
Aug 2022	161	239	161	239
Sep 2022	158	236	158	236
Oct 2022	157	233	157	233
Nov 2022	162	238	162	238
Dec 2022	160	236	160	236

Enrollment by Tier



Enrollment by Gender



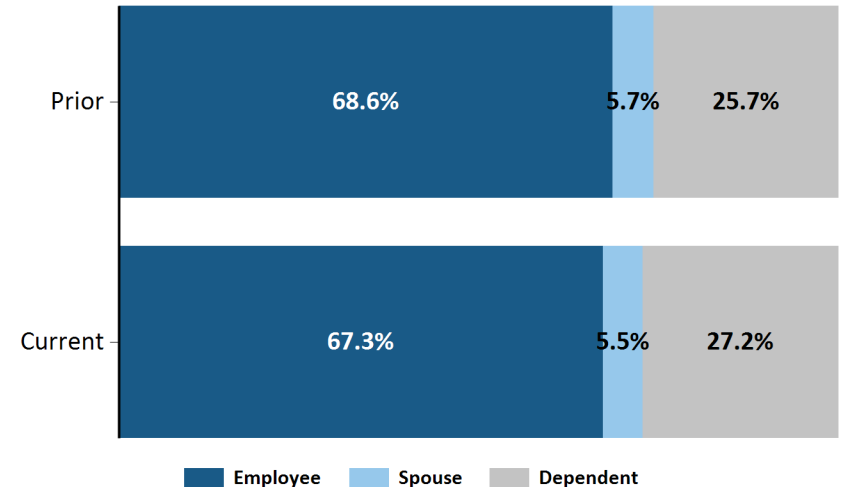
Report Description: Provided medical demographics for the current period compared to the prior period and percent change.

Medical Demographics

	Jan 2021 - Dec 2021	Jan 2022 - Dec 2022	% Change
Average Membership	235	237	0.9%
Employee	162	160	-1.2%
Spouse	13	13	
Dependent	60	65	8.3%
Average Contract Size	1.5	1.5	
Average Age	37.1	35.9	-3.2%
Employee	45.4	44.9	-1.1%
Spouse	47.7	43.2	-9.4%
Dependent	12.4	12.3	-9.4%
% Under 30	32.3%	34.8%	
% 30 to 49	39.7%	41.4%	
% 50 to 64	25.9%	22.4%	
% 65+	2.1%	1.4%	
Gender			
Proportion of Males	43.9%	42.3%	
Proportion of Females	56.1%	57.7%	
Females Ages 20-44	21.8%	24.5%	

- Overall, membership **increased by 0.9%** between reporting periods
- The average age was 35.9 and **decreased by 3.2%** between reporting periods.
- Contract size **remained stable by 0.0%** between reporting periods.
- Females between the ages of 20 and 44 **increased from 21.8% to 24.5%** between reporting periods.

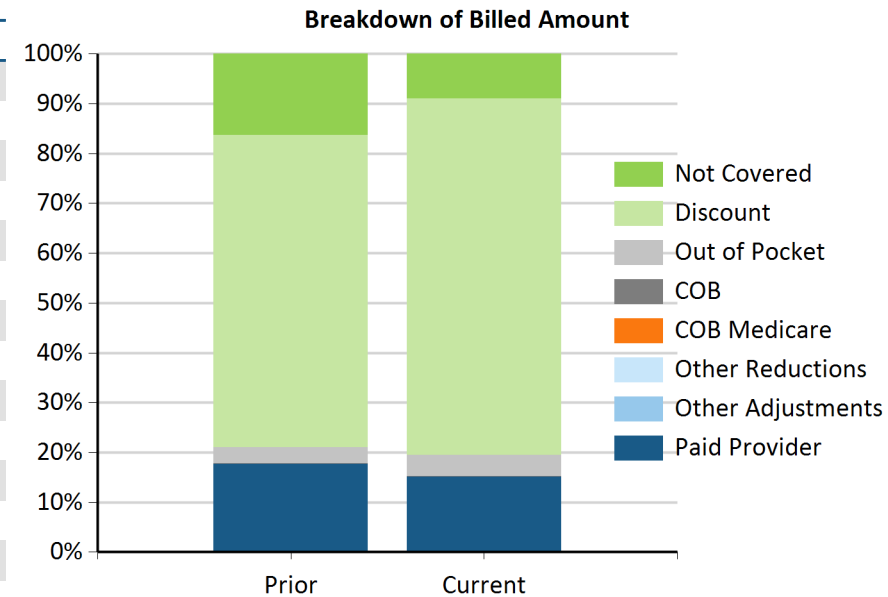
Average Medical Membership



Report Description: Provides a breakdown of the medical order of reduction from billed to paid for the current month, current period, prior period and a percent change. This report may highlight key measures and their potential impact on paid expenses.

Medical Order of Reduction

Paid Month	Dec 2022	Jan 2021 - Dec 2021	Jan 2022 - Dec 2022	% Change
Billed	\$722,868	\$6,435,294	\$4,853,270	-24.6%
Not Covered	\$10,816	\$1,050,431	\$434,559	-58.6%
Covered	\$712,052	\$5,384,863	\$4,418,711	-17.9%
Discount	\$602,225	\$4,034,615	\$3,475,673	-13.9%
Allowed	\$109,827	\$1,350,248	\$943,039	-30.2%
Out of Pocket	\$15,242	\$202,383	\$203,224	0.4%
COB	\$0	\$85	\$2,436	2,761.0%
COB Medicare	\$0	\$0	\$0	0.0%
Other Reductions	\$0	\$181	\$0	-100.0%
Other Adjustments	\$0	(\$966)	(\$244)	74.8%
Paid - Provider	\$94,585	\$1,148,565	\$737,624	-35.8%
Other Payments	\$13	\$47	\$367	680.0%
Medical Paid	\$94,598	\$1,148,613	\$737,991	-35.8%



Group Liability Breakdown

Paid Month	Dec 2022	Jan 2021 - Dec 2021	Jan 2022 - Dec 2022	% Change
Medical Paid	\$94,598	\$1,148,613	\$737,991	-35.8%
Pharmacy Paid	\$46,531	\$487,193	\$437,262	-10.3%
VBC Payments	\$159	\$1,916	\$1,915	0.0%
Total Paid Claims	\$141,288	\$1,637,722	\$1,177,168	-28.1%
Recoveries	\$0	\$0	\$0	0.0%
Total Paid Claims + Recoveries	\$141,288	\$1,637,722	\$1,177,168	-28.1%
HCA Draft Amount	\$0	\$0	\$0	0.0%
Capitation Paid	\$0	\$0	\$0	0.0%
Group Liability	\$141,288	\$1,637,722	\$1,177,168	-28.1%

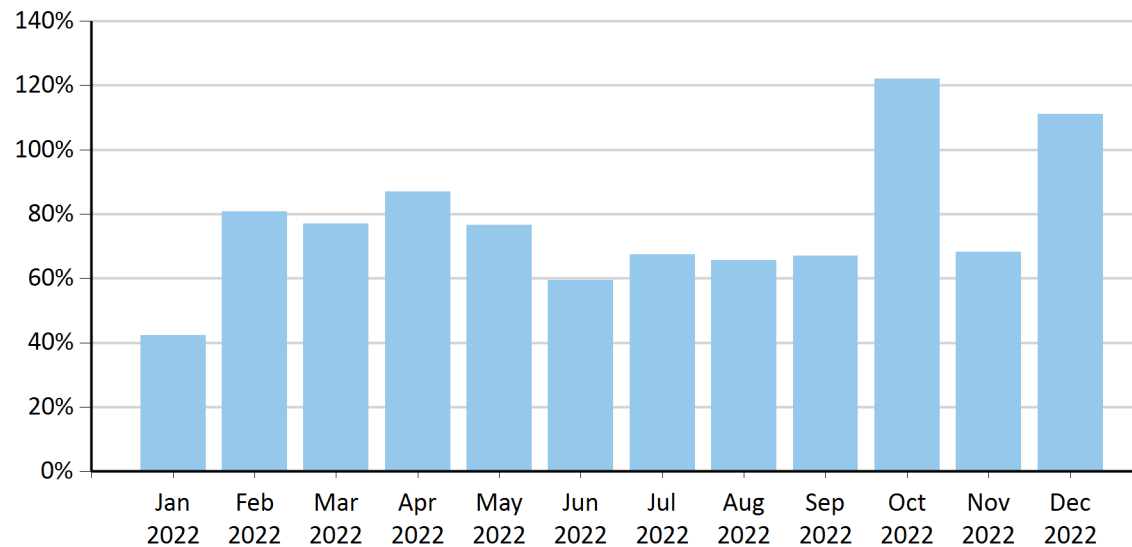
Other reductions includes penalties, workers compensation savings, and subrogation savings.

Other payments includes Blue Card access fees and surcharges. Also displayed are other adjustments.

Report Description: Provides the medical and pharmacy loss ratio and claims for the most recent reported twelve months.

Month	Premium	Medical Paid Claims	Pharmacy Paid Claims	Capitation	VBC Payments	Total Paid	Medical and Pharmacy Loss Ratio
Jan 2022	\$125,321	\$36,486	\$16,242	\$0	\$161	\$52,889	42.2%
Feb 2022	\$126,681	\$49,198	\$52,990	\$0	\$161	\$102,349	80.8%
Mar 2022	\$124,455	\$64,149	\$31,628	\$0	\$155	\$95,932	77.1%
Apr 2022	\$124,122	\$63,032	\$44,697	\$0	\$161	\$107,889	86.9%
May 2022	\$130,975	\$68,032	\$32,094	\$0	\$155	\$100,281	76.6%
Jun 2022	\$130,975	\$46,674	\$31,067	\$0	\$171	\$77,912	59.5%
Jul 2022	\$131,122	\$39,941	\$48,230	\$0	\$155	\$88,327	67.4%
Aug 2022	\$129,082	\$53,026	\$31,484	\$0	\$158	\$84,668	65.6%
Sep 2022	\$127,043	\$41,133	\$43,879	\$0	\$162	\$85,174	67.0%
Oct 2022	\$125,150	\$124,308	\$28,287	\$0	\$158	\$152,752	122.1%
Nov 2022	\$128,549	\$57,414	\$30,134	\$0	\$160	\$87,707	68.2%
Dec 2022	\$127,189	\$94,598	\$46,531	\$0	\$159	\$141,288	111.1%
Summary	\$1,530,665	\$737,991	\$437,262	\$0	\$1,915	\$1,177,168	76.9%

Loss Ratio By Month



Key Findings: The medical and pharmacy loss ratio for the most recent reported month was **34.2% higher** than the average of the most recent reported twelve months, which was 76.9%.

Report Description: This report displays the discount amount, discount percent, paid amount and paid percent for medical claims split by Medicare/Non-Medicare, in/out of network and service category for the current period.

Medicare Primary Indicator	Network Indicator	Service Category	Covered	Discount	Discount %	Paid	% Of Paid	
	In Network	Facility Inpatient	\$440,066	\$269,907	61.3%	\$151,129	20.5%	
		Facility Outpatient	\$2,869,377	\$2,517,139	87.7%	\$279,448	37.9%	
		Professional	\$1,072,605	\$662,091	61.7%	\$306,262	41.5%	
		Summary	\$4,382,047	\$3,449,137	78.7%	\$736,839	99.8%	
	No	Out of Network	Facility Inpatient					
			Facility Outpatient	(\$8,564)	(\$6,900)	80.6%	(\$1,664)	-0.2%
			Professional	\$45,228	\$33,436	73.9%	\$2,816	0.4%
			Summary	\$36,664	\$26,536	72.4%	\$1,152	0.2%
	Summary			\$4,418,711	\$3,475,673	78.7%	\$737,991	100.0%
	Yes	In Network	Facility Inpatient					
Facility Outpatient								
Professional								
Summary								
Out of Network		Facility Inpatient						
		Facility Outpatient						
		Professional						
		Summary						
Summary								
Summary			\$4,418,711	\$3,475,673	78.7%	\$737,991	100.0%	

Key Findings: The overall network savings discount (excluding Medicare) was **78.7%** for the current period. The in-network paid percent was **99.8%** for the current period.

Financial Overview: Blue Card Savings Analysis

Report Description: The Blue Card Savings report illustrates the value of having access to other BCBS contracts within the United States through the Blue Card program. Savings from BCBS network discounts are passed to the client, providing savings on potentially costly out of state claims that would otherwise be paid at full provider billed amount.

Jan 2022 - Dec 2022

Par Plan State	Billed	Allowed	Effective Allowed Rate	Discount	Paid	Effective Paid Rate	Blue Card Access Fee
BC CA	\$13,400	\$6,575	49.1%	\$6,575	\$6,575	49.1%	\$0
AZ	\$5,313	\$1,160	21.8%	\$3,958	\$768	14.5%	\$150
NJ	\$3,800	\$341	9.0%	\$3,459	\$472	12.4%	\$131
GA	\$11,080	\$632	5.7%	\$1,509	\$0	0.0%	\$0
AR	\$2,838	\$1,808	63.7%	\$1,030	\$1,847	65.1%	\$39
TN	\$954	\$325	34.1%	\$629	\$349	36.6%	\$24
OK	\$1,002	\$377	37.6%	\$625	\$119	11.8%	\$0
FL	\$1,467	\$1,125	76.7%	\$342	\$642	43.7%	\$13
NM	\$320	\$154	48.1%	\$166	\$119	37.1%	\$0
CO	\$378	\$216	57.2%	\$162	\$187	49.5%	\$6
All Other Blue Card	\$14,295	\$14,028	98.1%	\$267	\$13,973	97.7%	\$4
All Other Non-Blue Card	\$4,798,422	\$916,298	19.1%	\$3,456,950	\$712,941	14.9%	\$0
Summary	\$4,853,270	\$943,039	19.4%	\$3,475,673	\$737,991	15.2%	\$367

Key Findings: BC CA had the greatest Blue Card savings amount, with a Discount amount of **\$6,575**. The overall Effective Allowed Rate for the current period was **19.4%**.

Report Description: The distribution of medical paid expense by claimant and the average medical paid per claimant amount are shown for the current period.

Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
Less than \$200	38	15.4%	\$3,833	0.5%	\$101
\$200 - \$1,000	86	35.0%	\$45,378	6.1%	\$528
\$1,001 - \$5,000	98	39.8%	\$224,795	30.5%	\$2,294
\$5,001 - \$10,000	10	4.1%	\$69,181	9.4%	\$6,918
\$10,001 - \$30,000	11	4.5%	\$196,732	26.7%	\$17,885
\$30,001 - \$50,000	1	0.4%	\$30,273	4.1%	\$30,273
Summary <= \$50,000	244	99.2%	\$570,192	77.3%	\$2,337

Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
\$50,001 - \$75,000	1	0.4%	\$52,363	7.1%	\$52,363
\$75,001 - \$100,000					
\$100,001 - \$150,000	1	0.4%	\$115,436	15.6%	\$115,436
\$150,001 - \$200,000					
\$200,001 - \$250,000					
\$250,001 - \$500,000					
\$500,001+					
Summary \$50,001 or Greater	2	0.8%	\$167,799	22.7%	\$83,900
Combined Summary	246	100.0%	\$737,991	100.0%	\$3,000

Key Findings: The proportion of claimants who received less than \$200 in services for the current period was **15.4%**. These claimants spent **0.5%** of the total paid expenses and the average paid expense per claimant was **\$101**. **0.8%** of claimants had expenses over \$50,001 for the current period. These claimants spent **22.7%** of the total paid expenses and the average paid expense per claimant was **\$83,900**.

Financial Overview: High Cost Claimants

Report Description: This report provides a detailed listing of the top 20 high cost claimants with paid expenses of \$50,000 or more for the current period.

Jan 2022 - Dec 2022

Encrypted Member ID	Relationship	Age/Gender Band	Leading Diagnostic Category	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid	Paid	Currently Enrolled
5306067045905657642	Spouse	Male 40-49	Genitourinary	\$21,763	\$82,211	\$11,462	\$16,508	\$131,944	Yes
7477171395530109072	Subscriber	Female 20-29	Not Available	\$0	\$522	\$3,571	\$126,397	\$130,490	Yes
9107988624392230741	Subscriber	Female 50-59	Not Available	\$0	\$0	\$864	\$51,839	\$52,703	No
6412439894053355643	Subscriber	Male 50-59	Digestive	\$47,892	\$94	\$4,377	\$104	\$52,467	Yes
High Cost Claimant Total				\$69,655	\$82,827	\$20,274	\$194,848	\$367,604	

Report Description: Provides a distribution of claimants by their total medical out of pocket expenses for the current period compared to the prior period and percent change. This report helps determine the impact of any changes in plan design on out of pocket.

Claimant Distribution by Out of Pocket Expense Bands

Out of Pocket Band	Jan 2021 - Dec 2021				Jan 2022 - Dec 2022				% Change	
	Claimants	Claimants %	Out of Pocket	Out of Pocket %	Claimants	Claimants %	Out of Pocket	Out of Pocket %	Claimants Change	Out of Pocket Change
Less than \$100	102	43.4%	\$3,505	1.7%	86	35.0%	\$2,649	1.3%	-15.7%	-24.4%
\$101 - \$200	29	12.3%	\$4,112	2.0%	37	15.0%	\$5,527	2.7%	27.6%	34.4%
\$201 - \$300	12	5.1%	\$3,001	1.5%	17	6.9%	\$4,149	2.0%	41.7%	38.2%
\$301 - \$400	6	2.6%	\$2,081	1.0%	8	3.3%	\$2,831	1.4%	33.3%	36.0%
\$401 - \$500	6	2.6%	\$2,881	1.4%	6	2.4%	\$2,692	1.3%	0.0%	-6.6%
\$501 - \$750	16	6.8%	\$9,838	4.9%	16	6.5%	\$9,999	4.9%	0.0%	1.6%
\$751 - \$1,000	4	1.7%	\$3,649	1.8%	10	4.1%	\$8,936	4.4%	150.0%	144.9%
\$1,001 - \$1,500	15	6.4%	\$18,705	9.2%	20	8.1%	\$24,353	12.0%	33.3%	30.2%
\$1,501 - \$2,000	12	5.1%	\$21,658	10.7%	11	4.5%	\$19,063	9.4%	-8.3%	-12.0%
\$2,001 - \$2,500	6	2.6%	\$13,425	6.6%	9	3.7%	\$19,783	9.7%	50.0%	47.4%
\$2,501 - \$3,000	4	1.7%	\$11,077	5.5%	5	2.0%	\$13,810	6.8%	25.0%	24.7%
\$3,001 - \$4,000	13	5.5%	\$47,273	23.4%	16	6.5%	\$57,549	28.3%	23.1%	21.7%
\$4,001 - \$5,000	3	1.3%	\$12,376	6.1%	1	0.4%	\$4,025	2.0%	-66.7%	-67.5%
\$Greater than \$5,001	7	3.0%	\$48,803	24.1%	4	1.6%	\$27,858	13.7%	-42.9%	-42.9%
Summary	235	100%	\$202,383	100%	246	100%	\$203,224	100%	4.7%	0.4%

Out of Pocket Expense by Coverage Tier

Coverage Tier	Jan 2022 - Dec 2022									
	Allowed	Deductible	Deductible % of Allowed	Copayment	Copay % of Allowed	Coinsurance	Coins % of Allowed	Out of Pocket	OPX % of Allowed	Paid
Employee Only	\$519,455	\$39,505	7.6%	\$30,712	5.9%	\$40,752	7.8%	\$110,969	21.4%	\$408,668
Employee + One	\$182,840	\$13,433	7.3%	\$2,634	1.4%	\$4,853	2.7%	\$20,920	11.4%	\$161,920
Employee + Dependent(s)	\$170,435	\$23,244	13.6%	\$15,208	8.9%	\$11,116	6.5%	\$49,567	29.1%	\$120,690
Family	\$70,309	\$7,787	11.1%	\$9,376	13.3%	\$4,605	6.6%	\$21,768	31.0%	\$46,713
Summary	\$943,039	\$83,968	8.9%	\$57,930	6.1%	\$61,326	6.5%	\$203,224	21.5%	\$737,991

This is a claimant analysis, where only members who had a claim are included. The tables exclude all medical enrolled members that did not submit a claim.

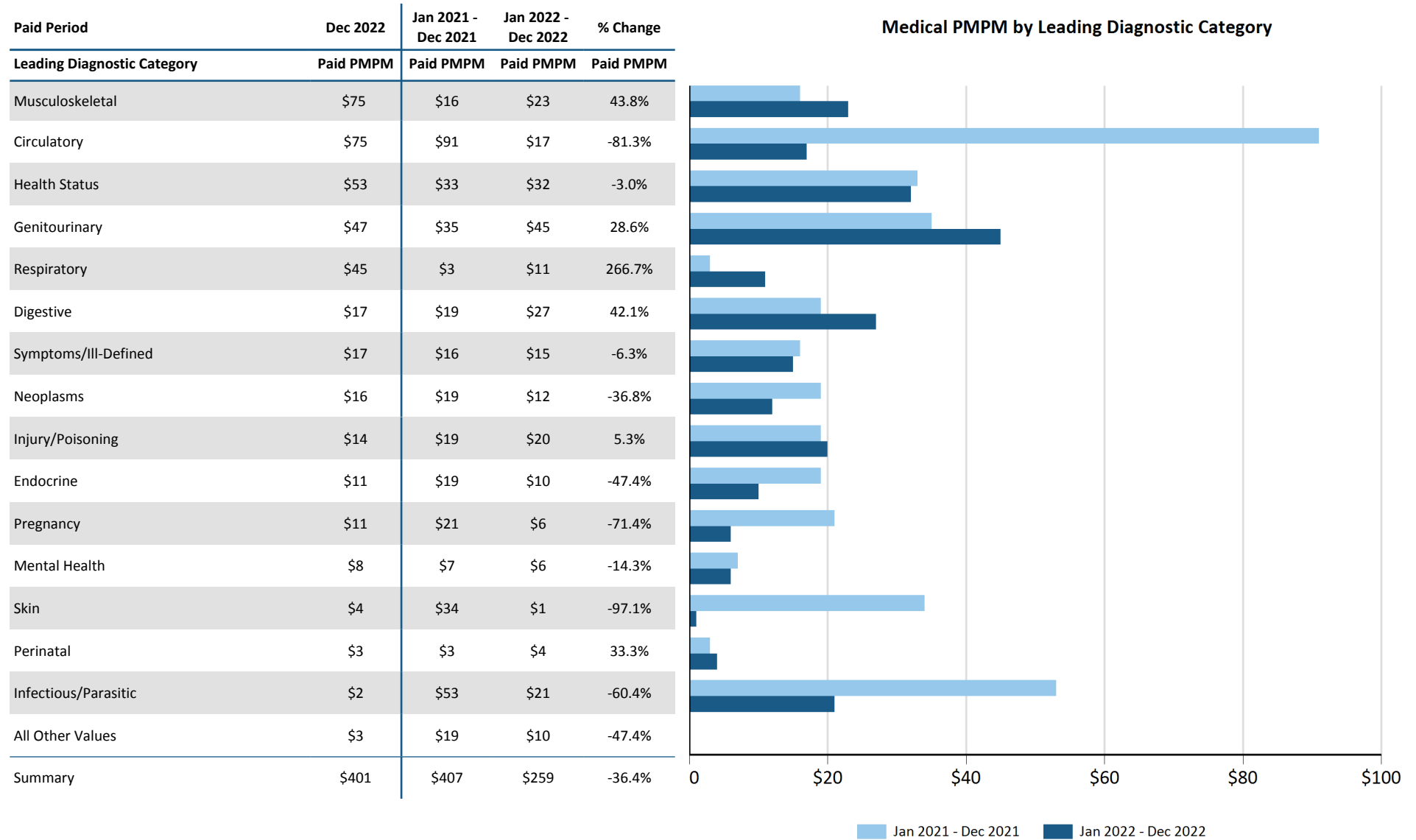
This report is based on claim data and may not reflect client specific benefits being applied to member out of pocket. Please contact your Account Executive for ACCUMS reporting.

Financial Overview: Lag Report

Report Description: Displays, by paid month, the medical dollars paid and the corresponding month incurred for a 12 month rolling paid period (if available for your account). This report provides insight into the monthly claim lag and can help identify IBNR.

Incurred Month	Paid Month												Summary
	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	
All Prior				\$111	\$858	(\$426)			\$1,295	\$24	\$1,028		\$2,892
Jan 2021									\$228				\$228
Feb 2021							\$159						\$159
Mar 2021					\$125								\$125
Apr 2021	\$80		\$282	\$358	\$2,028					\$243		\$2,845	\$5,835
May 2021			\$202							(\$194)	\$23		\$31
Jun 2021	\$470	\$233	\$182										\$885
Jul 2021		\$229		\$558	\$185				\$2				\$974
Aug 2021					\$41								\$41
Sep 2021	(\$88)	\$90		\$150		\$89			\$27				\$269
Oct 2021	\$769	\$540		(\$2,691)		\$3,600							\$2,219
Nov 2021	\$2,197		\$111	\$21			\$545						\$2,874
Dec 2021	\$16,953	\$1,837	\$486	\$69		\$198	\$369	\$473				\$10	\$20,396
Jan 2022	\$16,104	\$26,941	\$3,008	\$387	\$3,703	\$840				\$33,455		\$347	\$84,783
Feb 2022		\$19,328	\$28,462	\$477	\$531			\$180		\$10		\$42	\$49,029
Mar 2022			\$31,416	\$6,403	\$630	\$650	\$69	\$123	\$126			\$176	\$39,593
Apr 2022				\$57,189	\$34,650	\$2,835			\$52	\$45		\$257	\$95,027
May 2022					\$25,282	\$17,348	\$1,913	\$1,180	\$82	\$146		\$473	\$46,424
Jun 2022						\$21,539	\$14,452	\$3,111	\$68	\$455	\$515	\$1,695	\$41,834
Jul 2022							\$22,434	\$19,990	\$1,405	\$537	\$162	\$402	\$44,930
Aug 2022								\$27,970	\$11,316	\$1,219	\$289	\$1,252	\$42,047
Sep 2022									\$26,532	\$40,217	\$4,826	\$1,213	\$72,788
Oct 2022										\$48,151	\$31,774	\$2,411	\$82,337
Nov 2022											\$18,796	\$54,361	\$73,158
Dec 2022												\$29,115	\$29,115
Summary	\$36,486	\$49,198	\$64,149	\$63,032	\$68,032	\$46,674	\$39,941	\$53,026	\$41,133	\$124,308	\$57,414	\$94,598	\$737,991

Report Description: Lists the top 15 overall paid expense across inpatient facility, outpatient facility, and professional settings by leading diagnostic categories for the current month, current period, prior period and percent change.



Key Findings: The top three Leading Diagnostic Categories in the current reporting month based on Paid PMPM were **Musculoskeletal, Circulatory, and Health Status**.

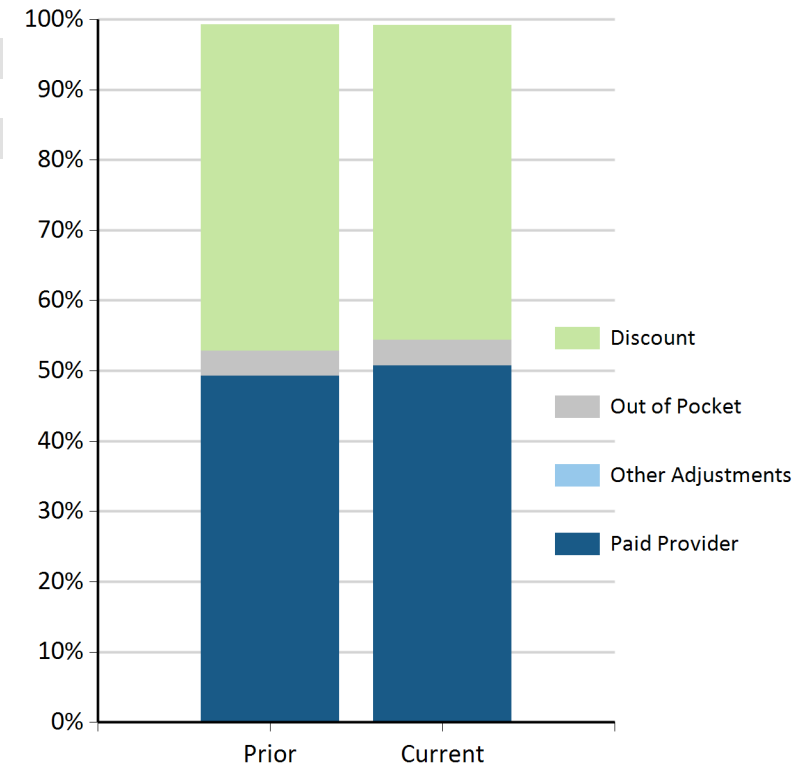
Report Description:

This report provides an overview of pharmacy order of reduction from billed to paid for the current month, current period, prior period, and percent change.

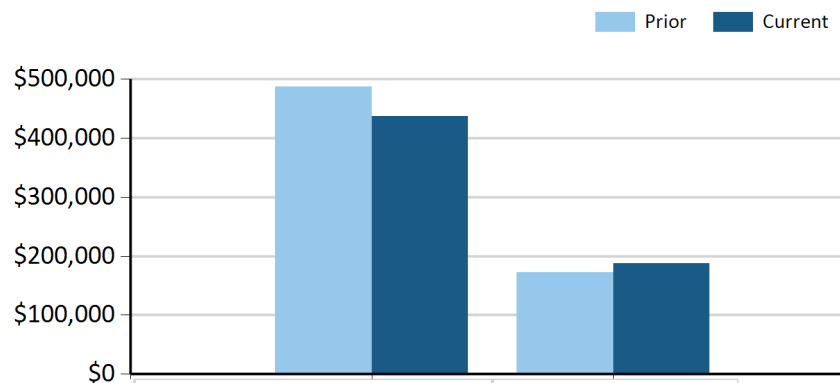
Pharmacy Order of Reduction

	Dec 2022	Jan 2021 - Dec 2021	Jan 2022 - Dec 2022	% Change
Billed	\$88,387	\$975,581	\$848,457	-13.0%
Covered	\$88,387	\$975,581	\$848,457	-13.0%
Discount	\$38,889	\$460,095	\$386,701	-16.0%
Allowed	\$49,498	\$515,486	\$461,757	-10.4%
Out of Pocket	\$3,297	\$35,104	\$31,315	-10.8%
Other Adjustments	(\$330)	(\$6,812)	(\$6,821)	-0.1%
Paid - Provider	\$46,531	\$487,193	\$437,262	-10.3%
Paid	\$46,531	\$487,193	\$437,262	-10.3%

Breakdown of Billed Amount



Total Pharmacy Paid vs. Specialty Paid



	Total Paid	Specialty Paid
Prior	\$487,193	\$172,827
Current	\$437,262	\$187,314

Report Description: This report provides an overview of the prescription expenses as well as providing percent change in these expenses between the current month, current period, prior period and percent change.

Key Indicators Summary

Key Indicators Summary	Dec 2022	Jan 2021 - Dec 2021	Jan 2022 - Dec 2022	% Change
Unique Pharmacy Members	236	260	261	0.4%
Average Age (Years)	36.2	37.1	35.9	-3.2%
Proportion of Males	41.5%	43.9%	42.3%	-3.5%
Proportion of Females	58.5%	56.1%	57.7%	2.7%
Member Months	236	2,825	2,847	0.8%
Claimants	111	200	216	8.0%
Prescriptions	240	2,481	2,269	-8.5%
Prescriptions PMPM	1.02	0.88	0.80	-9.3%
Paid	\$46,531	\$487,193	\$437,262	-10.2%
Paid PMPM	\$197.17	\$172.46	\$153.59	-10.9%
Allowed	\$49,498	\$515,486	\$461,757	-10.4%
Allowed PMPM	\$209.74	\$182.47	\$162.19	-11.1%
Avg. Ingredient Cost/Prescription	\$205.99	\$207.57	\$203.26	-2.1%
Generic Dispensing Rate	74.2%	73.3%	73.1%	-0.2%
Formulary Compliance Rate	100.0%	85.6%	99.3%	15.9%
Generic Substitution Rate	97.8%	98.9%	98.8%	0.0%
Out of Pocket Percent of Allowed	6.7%	6.8%	6.8%	-0.4%
Retail as a Percent of Prescriptions	98.8%	98.9%	99.0%	0.2%
Mail Order as a Percent of Prescriptions	1.3%	1.1%	1.0%	-14.1%
Specialty Percent of Total Prescriptions	0.4%	0.8%	0.7%	-11.5%
Specialty Percent of Total Paid	27.0%	35.5%	42.8%	20.8%
Specialty Average Ingredient Cost/Prescription	\$12,628.78	\$8,263.18	\$11,064.92	33.9%

Cost Sharing Distribution

Cost Sharing Distribution	Dec 2022		Jan 2021 - Dec 2021		Jan 2022 - Dec 2022		% Change	
	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail
Member Out of Pocket	6.5%	53.9%	6.7%	32.8%	6.6%	39.8%	-0.1%	21.6%
Plan Paid	93.5%	46.1%	93.4%	67.2%	93.4%	60.2%	0.0%	-10.5%

Savings Summary

Savings Summary	Dec 2022			Jan 2021 - Dec 2021			Jan 2022 - Dec 2022			% Change		
	Retail	Mail	Summary	Retail	Mail	Summary	Retail	Mail	Summary	Retail	Mail	Summary
Discount	\$38,105	\$784	\$38,889	\$454,441	\$5,655	\$460,095	\$382,451	\$4,249	\$386,701	-15.8%	-24.9%	-16.0%
% Discount	43.6%	87.8%	44.0%	46.9%	79.5%	47.2%	45.3%	87.6%	45.6%	-3.4%	10.2%	-3.4%

Pharmacy: Generic vs. Formulary Experience

Report Description: For the current period, the prescription drug expenses are displayed below for retail and mail order providers and broken out by drug type and formulary indicator.

Retail Prescriptions	Prescriptions	% of Total Prescriptions	Total Expense		Member Expense		Plan Expense	
			Allowed	Allowed / Prescription	Out of Pocket	Out of Pocket / Prescription	Paid	Paid/ Prescription
Generic	1,639	73%	\$41,332	\$25.22	\$17,397	\$10.61	\$23,935	\$14.60
Brand	608	27%	\$419,825	\$690.50	\$13,679	\$22.50	\$412,967	\$679.22
Summary	2,247	100%	\$461,157	\$205.23	\$31,076	\$13.83	\$436,902	\$194.44

Brand Type Breakdown

Single-Source Brand	579	26%	\$407,754	\$704.24	\$12,639	\$21.83	\$401,936	\$694.19
Multi-Source Brand	29	1%	\$12,071	\$416.23	\$1,040	\$35.86	\$11,031	\$380.36
Multi-Source Brand w/ DAW1	3	0%	\$1,984	\$661.32	\$210	\$70.00	\$1,774	\$591.32
Multi-Source Brand w/ DAW2	18	1%	\$8,094	\$449.68	\$560	\$31.11	\$7,534	\$418.57
Brand Formulary	591	26%	\$417,145	\$705.83	\$13,427	\$22.72	\$410,189	\$694.06
Brand Non-Formulary	17	1%	\$2,680	\$157.65	\$252	\$14.84	\$2,778	\$163.39

Mail Prescriptions	Prescriptions	% of Total Prescriptions	Total Expense		Member Expense		Plan Expense	
			Allowed	Allowed / Prescription	Out of Pocket	Out of Pocket / Prescription	Paid	Paid/ Prescription
Generic	20	91%	\$408	\$20.38	\$239	\$11.94	\$169	\$8.44
Brand	2	9%	\$192	\$96.00	\$0	\$0.00	\$192	\$96.00
Summary	22	100%	\$600	\$27.26	\$239	\$10.86	\$361	\$16.40

Single-Source Brand	2	9%	\$192	\$96.00	\$0	\$0.00	\$192	\$96.00
Multi-Source Brand								
Multi-Source Brand w/ DAW1								
Multi-Source Brand w/ DAW2								
Brand Formulary	2	9%	\$192	\$96.00	\$0	\$0.00	\$192	\$96.00
Brand Non-Formulary								

Total Prescriptions	Prescriptions	% of Total Prescriptions	Total Expense		Member Expense		Plan Expense	
			Allowed	Allowed / Prescription	Out of Pocket	Out of Pocket / Prescription	Paid	Paid/ Prescription
Generic	1,659	73%	\$41,740	\$25.16	\$17,636	\$10.63	\$24,104	\$14.53
Brand	610	27%	\$420,017	\$688.55	\$13,679	\$22.42	\$413,159	\$677.31
Summary	2,269	100%	\$461,757	\$203.51	\$31,315	\$13.80	\$437,262	\$192.71

Brand Type Breakdown

Single-Source Brand	581	26%	\$407,946	\$702.14	\$12,639	\$21.75	\$402,128	\$692.13
Multi-Source Brand	29	1%	\$12,071	\$416.23	\$1,040	\$35.86	\$11,031	\$380.36
Multi-Source Brand w/ DAW1	3	0%	\$1,984	\$661.32	\$210	\$70.00	\$1,774	\$591.32
Multi-Source Brand w/ DAW2	18	1%	\$8,094	\$449.68	\$560	\$31.11	\$7,534	\$418.57
Brand Formulary	593	26%	\$417,337	\$703.77	\$13,427	\$22.64	\$410,381	\$692.04
Brand Non-Formulary	17	1%	\$2,680	\$157.65	\$252	\$14.84	\$2,778	\$163.39

Pharmacy: Top Non-Specialty Therapeutic Drug Classes

Report Description: The top 25 therapeutic drug classes for the current period are displayed below ranked by ingredient cost.

Current/ Prior Rank	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	% Formulary	% Generic	Rank by Volume	
1	1	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	58	18	\$83,257	\$1,435.46	\$1,300.80	100.0%	0.0%	8
2	2	Insulin	36	7	\$20,789	\$577.47	\$909.16	100.0%	0.0%	18
3	6	Amphetamines	76	9	\$15,708	\$206.69	\$212.69	100.0%	42.1%	3
4		Antipsychotics - Misc.	5	1	\$15,184	\$3,036.82	\$0	100.0%	0.0%	83
5	12	Antidiabetic Combinations	6	3	\$10,872	\$1,812.01	\$1,526.85	100.0%	0.0%	74
6	13	Modified Cyclics	43	12	\$10,023	\$233.09	\$120.64	97.7%	58.1%	14
7	8	Digestive Enzymes	12	2	\$9,572	\$797.66	\$781.58	100.0%	0.0%	47
8	15	Sympathomimetics	50	23	\$9,257	\$185.15	\$147.17	100.0%	52.0%	12
9	3	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	6	2	\$8,010	\$1,335.00	\$1,456.74	100.0%	0.0%	82
10	10	Urinary Antispasmodics - Beta-3 Adrenergic Agonists	8	4	\$7,744	\$968.02	\$1,095.62	100.0%	0.0%	67
11		Quinolinone Derivatives	12	4	\$6,595	\$549.57	\$69.87	100.0%	58.3%	50
12	14	Viral Vaccines	217	124	\$6,088	\$28.05	\$21.68	95.4%	0.0%	1
13	23	Potassium Removing Resins	9	2	\$5,632	\$625.79	\$653.15	100.0%	0.0%	62
14	25	Antihyperlipidemics - Misc.	7	3	\$5,324	\$760.64	\$200.48	100.0%	71.4%	68
15	17	Combination Contraceptives - Oral	34	10	\$3,390	\$99.71	\$100.39	100.0%	82.4%	19
16		HMG CoA Reductase Inhibitors	88	31	\$2,009	\$22.83	\$12.09	100.0%	100.0%	2
17		Angiotensin II Receptor Antagonists	52	17	\$1,981	\$38.09	\$32.63	100.0%	100.0%	10
18		Bacterial Vaccines	9	9	\$1,957	\$217.49	\$106.17	100.0%	0.0%	60
19		Ophthalmic Integrin Antagonists	3	1	\$1,880	\$626.58	\$0	0.0%	0.0%	104
20		Rosacea Agents	3	1	\$1,826	\$608.76	\$476.31	100.0%	0.0%	107
21		Progestins	20	6	\$1,628	\$81.40	\$80.71	100.0%	100.0%	31
22	20	Direct Factor Xa Inhibitors	3	2	\$1,484	\$494.75	\$428.58	100.0%	0.0%	101
23	18	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	1	1	\$1,390	\$1,389.57	\$1,453.14	100.0%	0.0%	132
24		Thyroid Hormones	44	10	\$1,208	\$27.46	\$28.17	100.0%	97.7%	13
25	7	Stimulants - Misc.	15	4	\$1,150	\$76.65	\$220.18	93.3%	93.3%	41
		All Other	1,435	194	\$39,128	\$27.27	\$63.29	99.9%	91.9%	
		Summary	2,252	216	\$273,086	\$121.26	\$138.81	99.3%	73.7%	

Pharmacy: Top Non-Specialty Prescription Drugs

Report Description: The top 25 prescription drugs for the current period are displayed below ranked by ingredient cost.

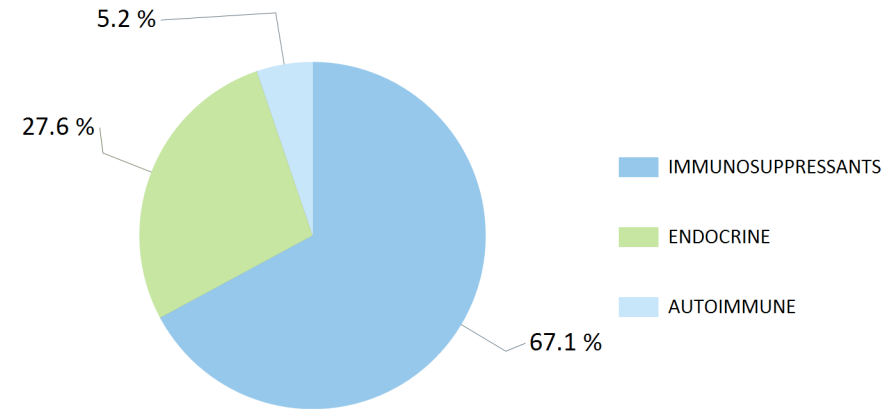
Current/ Prior Rank	Brand Name	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	Formulary Indicator	Generic Indicator	Rank by Volume
1	8 OZEMPIC INJ 4MG/3ML	Incretin Mimetic Agents (GLP-1 Receptor	25	7	\$29,260	\$1,170.40	\$1,213.58	YES	NO	3
2	6 TRULICITY INJ 0.75/0.5	Incretin Mimetic Agents (GLP-1 Receptor	7	3	\$14,286	\$2,040.80	\$2,563.47	YES	NO	51
3	VRAYLAR CAP 3MG	Antipsychotics - Misc.	3	1	\$10,490	\$3,496.76		YES	NO	256
4	9 NOVOLOG INJ 100/ML	Insulin	5	2	\$8,845	\$1,768.92	\$2,323.49	YES	NO	102
5	3 VICTOZA INJ 18MG/3ML	Incretin Mimetic Agents (GLP-1 Receptor	3	1	\$8,345	\$2,781.82	\$1,201.11	YES	NO	212
6	5 TRULICITY INJ 3/0.5	Incretin Mimetic Agents (GLP-1 Receptor	4	2	\$8,028	\$2,006.91	\$2,025.09	YES	NO	134
7	11 JARDIANCE TAB 25MG	Sodium-Glucose Co-Transporter 2 (SGLT2	6	2	\$8,010	\$1,335.00	\$1,486.99	YES	NO	79
8	OZEMPIC INJ 8MG/3ML	Incretin Mimetic Agents (GLP-1 Receptor	4	3	\$7,875	\$1,968.70		YES	NO	139
9	16 TRESIBA FLEX INJ 100UNIT	Insulin	14	2	\$7,589	\$542.05	\$858.05	YES	NO	10
10	OZEMPIC INJ 2/1.5ML	Incretin Mimetic Agents (GLP-1 Receptor	6	6	\$6,338	\$1,056.39		YES	NO	74
11	19 CREON CAP 24000UNT	Digestive Enzymes	8	1	\$6,029	\$753.66	\$600.71	YES	NO	40
12	REXULTI TAB 1MG	Quinolinone Derivatives	4	2	\$4,893	\$1,223.17		YES	NO	174
13	22 VYVANSE CAP 60MG	Amphetamines	14	2	\$4,761	\$340.10	\$321.36	YES	NO	12
14	VRAYLAR CAP 4.5MG	Antipsychotics - Misc.	2	1	\$4,694	\$2,346.92		YES	NO	372
15	26 SYNJARDY XR TAB	Antidiabetic Combinations	3	3	\$4,618	\$1,539.41	\$1,472.18	YES	NO	224
16	TRINTELLIX TAB 20MG	Modified Cyclics	7	2	\$4,478	\$639.78		YES	NO	62
17	17 MYRBETRIQ TAB 50MG	Urinary Antispasmodics - Beta-3 Adrener	5	3	\$4,309	\$861.70	\$1,096.23	YES	NO	106
18	2 TRULICITY INJ 1.5/0.5	Incretin Mimetic Agents (GLP-1 Receptor	5	1	\$4,223	\$844.61	\$1,186.13	YES	NO	96
19	!	Not Available	5	3	\$4,134	\$826.84	\$328.72	YES	NO	108
20	TRULICITY INJ 4.5/0.5	Incretin Mimetic Agents (GLP-1 Receptor	3	1	\$4,052	\$1,350.66		YES	NO	206
21	37 VYVANSE CAP 50MG	Amphetamines	12	2	\$4,025	\$335.43	\$326.61	YES	NO	24
22	23 VYVANSE CAP 70MG	Amphetamines	12	2	\$4,014	\$334.50	\$310.22	YES	NO	25
23	BREO ELLIPTA INH 200-25	Sympathomimetics	10	1	\$3,671	\$367.08		YES	NO	31
24	54 MYRBETRIQ TAB 25MG	Urinary Antispasmodics - Beta-3 Adrener	3	1	\$3,436	\$1,145.21	\$1,099.38	YES	NO	218
25	ICOSAPENT CAP 1GM	Antihyperlipidemics - Misc.	4	3	\$3,169	\$792.33		YES	YES	160
	All Other		2,078	215	\$99,515	\$47.89	\$96.07			
	Summary		2,252	216	\$273,086	\$121.26	\$138.81			

Report Description: Specialty drugs generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more expensive than alternative drugs or therapies. This report provides specialty drug analysis for the current month, current period, prior period and percent change.

Specialty Drug Key Indicators

	Dec 2022	Jan 2021 - Dec 2021	Jan 2022 - Dec 2022	% Change
Unique Pharmacy Members	236	260	261	0.4%
Member Months	236	2,825	2,847	0.8%
Claimants	1	3	3	0.0%
Percent of Utilizing Members	0.4%	1.2%	1.2%	-0.4%
Prescriptions	1	21	17	-19.1%
Specialty Percent of Total Paid	27.0%	35.5%	42.8%	20.8%
Percent of Total Prescriptions Paid	0.4%	0.9%	0.8%	-11.5%
Paid	\$12,579	\$172,827	\$187,314	8.4%
Paid PMPM	\$53.30	\$61.18	\$65.79	7.5%
Average Ingredient Cost/Prescription	\$12,629	\$8,263	\$11,065	33.9%
Out of Pocket	\$50	\$700	\$790	12.9%
Out of Pocket PMPM	\$0.21	\$0.25	\$0.28	12.0%
Out of Pocket Percent of Allowed	0.4%	0.4%	0.4%	4.1%

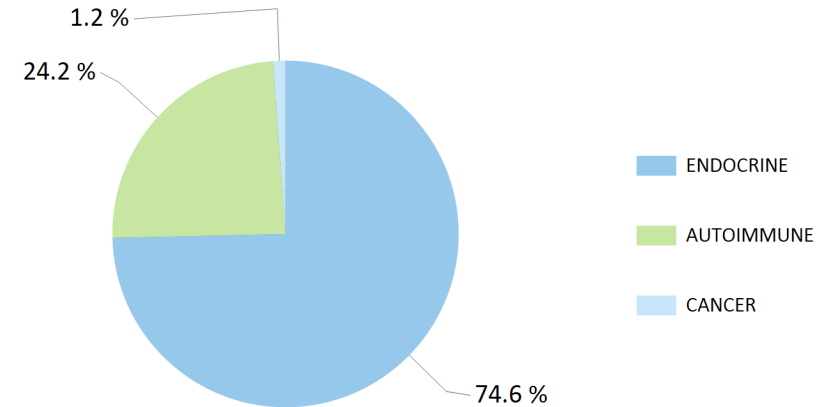
Top Specialty Classes by Ingredient Cost for the Current Period



Top 15 Specialty Drugs by Ingredient Cost for the Current Period

Brand Name	Specialty Class	Ingredient Cost	Prescriptions	Avg. Ingredient Cost/ Prescription	Specialty Claimants
LUPKYNIS CAP 7.9MG	IMMUNOSUPPRESSANTS	\$126,288	11	\$11,480.71	1
JYNARQUE PAK 60-30MG	ENDOCRINE	\$51,970	3	\$17,323.33	1
DUPIXENT INJ 300/2ML	AUTOIMMUNE	\$9,846	3	\$3,281.93	1
Summary		\$188,104	17	\$11,064.92	3

Top Specialty Classes by Ingredient Cost for the Prior Period



Complications of Pregnancy, Childbirth and the Puerperium: Includes vaginal and cesarean deliveries and complications of pregnancy, such as ectopic and molar pregnancies. Puerperium refers to 42 days following childbirth and expulsion of the placenta. Refers to the mother only.

Conditions Influencing Health Status: This includes post-surgical states, organ / tissue transplants, artificial limbs and replacements. Examples include knee replacements and kidney transplant status.

Conditions in the Perinatal Period: Perinatal refers to the period beginning after the 28th week of gestation and ending 28 days after birth. Problems can include hemorrhage, digestive disorders, respiratory distress syndrome and disorders relating to short gestation and unspecified low birth weight.

Congenital Anomalies: Includes the treatment of any condition present at birth. This includes Spina Bifida, cleft palate, Down's Syndrome, heart disease, kidney displacement & polycystic kidney disease.

Diseases of the Blood and Blood Forming Organs: Includes any problems associated with white or red blood cells, platelets or plasma. An example includes Anemia, a deficiency in red blood cells.

Diseases of the Circulatory System: Includes problems with the heart, blood vessels and circulation. Some common diagnoses include Coronary Artery Disease, cardiovascular disease, and stroke.

Diseases of the Digestive System: Includes the treatment of any organ or area of the body pertaining to digestion. These areas include the mouth/teeth, esophagus, stomach, intestines, gall bladder, liver and pancreas. Diagnoses include: Esophageal Reflux, Gastroenteritis, Appendicitis and hernias.

Diseases of the Genitourinary System: Includes problems related to the kidneys, bladder and male and female genitalia. Common diagnoses include Hematuria, Urinary Tract Infection, Acute or Chronic Renal Failure and Calculus of Kidney (stones).

Diseases of the Nervous System: Includes treatment for disorders of the Central and Peripheral Nervous systems. Diagnoses include: Carpal Tunnel Syndrome, Obstructive Sleep Apnea, Epilepsy, Multiple Sclerosis, Alzheimer's Disease and Migraine headaches.

Diseases of the Respiratory System: Includes treatment for diagnoses such as Asthma, Pneumonia, Emphysema, Pharyngitis, Sinusitis, Bronchitis and COPD. These can be acute or chronic in nature.

Diseases of the Skin and Subcutaneous Tissue: This involves any condition relating to the skin or beneath the skin, including hair and nails. Some conditions include Acne, Corns, Cellulitis, Psoriasis, Dermatitis and fungal infections.

Ears and Mastoid: Includes any condition pertaining to the ear or the mastoid process. The mastoid process is the portion of the temporal bone extending down behind the ear. Diagnoses include Otitis Media, Tinnitus, Menieres Disease, Hearing Loss and Labyrinthitis.

Endocrine, Nutritional and Metabolic Diseases: Endocrine disorders include those of the endocrine glands and includes the thyroid, pituitary, pancreas, ovaries and testes. Disorders include Diabetes, thyroid disease, Obesity, Hyperlipidemia, Cystic Fibrosis and any disease affecting the immune system.

Health Services: This includes elective surgeries, other procedures & aftercare, rehabilitation and dialysis. Specific examples include: long-term medication use, Physical Therapy and chemotherapy.

Health Services: Reproduction and Development: Include services pertaining to the child only. For example, normal pregnancy, post-partum care and exam or health supervision of an infant or child.

Infectious and Parasitic Diseases: Includes diseases caused by microbes outside of the body that infect and cause damage within the body. These diseases are recognized as communicable or transmissible. Diagnoses include HIV, Hepatitis, Colitis & intestinal disruptions such as food poisoning.

Injury and Poisoning: Includes treatment for injuries to the body or for any poison ingested. Diagnoses include sprains & strains, fractures, burns and lead poisoning. Patients are most commonly seen in the emergency room for acute conditions.

Mental Health: Refers to a group of disorders causing severe disturbances in thinking, feeling or relating. Includes treatment of any condition that affects mood or behavior. The most common diagnoses include anxiety disorders, depressive disorders and schizophrenia.

Musculoskeletal and Connective Tissue Disease: Includes orthopedic treatment, which would involve anything related to the bones, muscles, joints and soft tissue. Diagnoses: Arthritis, Tendonitis, back disorders, disc disorders, rheumatism, and scoliosis. These diagnoses are more chronic in nature.

Neoplasms: Includes any abnormal growth of cells, either benign or malignant (cancer). Though these can be found at any spot of the body, some of the most common forms include neoplasms of the breast, prostate, stomach and brain. Other examples include Leukemia and Hodgkin's Disease.

Other Circumstances: This includes convalescent care and follow-ups to surgeries and examinations.

Potential Health Hazards: Personal or family history of diseases or disorders; e.g., breast cancer.

Procreative and Contraceptive Management: This includes artificial insemination, fertility testing, genetic counseling, family planning, sterilizations and contraceptive management.

Signs, Symptoms and Ill-Defined Conditions: Includes signs, symptoms, abnormal lab results and ill-defined conditions for which no known cause can be found. For example, a patient may experience chest pain, but no known cause is found.

Substance Abuse: Includes behavior marked by the use of chemically active agents, such as prescription or illicit drugs, alcohol or tobacco. Cognitive, behavioral and physiological symptoms indicate that the person continues use of the substance.

Without Reported Diagnosis: This includes general medical examinations, gynecological exams, mammogram screenings, preventive services, physicals and special screenings for neoplasms.

Admin Fees: The charge to an account for HCSC's operational cost of doing business.

Administrative Services Only (ASO): A contract between HCSC and a self-funded plan where HCSC performs administrative services only and does not assume any financial risk. Services usually include claims processing but may include other services such as actuarial analysis and utilization review.

Aggregate: Constituting or amounting to a whole. For example, an aggregate account report includes data for the entire account.

Aggregate Stop Loss: A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Aggregate stop loss provides protection against the accumulation of total claims for a group as a whole exceeding a stated level.

Allowed: Amount considered eligible for payment by the plan

ASO Adjustments: An amount added or deducted from ASO (Administrative Services Only) fees. This includes Stop Loss Reimbursements.

Average Age: The difference between the claimant's year of enrollment and year of birth. Calculated using the measure Average Age divided by the members represented in the report.

Average Contract Size: The average number of members per subscriber. It is calculated as: Medical Members / Medical Subscribers

Average Dependents: Calculated using the measure Member Months (filtered on the Relationship = Dependents) divided by the number of months in the report.

Average Ingredient Cost: Represents the cost of the medication and is determined from the lowest submission of the pharmacy network rate, Usual & Customary amount, or Maximum Allowable Cost (MAC)

Average Members: Calculated using the measure Member Months divided by the number of months included in the report.

Average Subscribers: Calculated using the measure Subscriber Months divided by the number of months included in the report.

Billed: Amount submitted for payment by the provider

Billing and Accounts Receivable System (BARS): An HCSC financial system where all Administrative Services Only (ASO) customer bills are generated.

Blue Card Access Fee: Interplan Teleprocessing Services fee charged on out-of-state claims for accessing the local plan's provider network

Brand Formulary: Brand name medications that are listed on the formulary

Brand Non-Formulary: Brand name medications that are not listed on the formulary

Claimants: Number of individual members submitting a claim

Claim Lag: The amount of time between the date a claim is incurred and the date the claim payment is made.

COB: Portion of amount considered eligible for payment that has been paid by another insurance company (Coordination of Benefits)

COB Medicare: Portion of amount considered eligible for payment that has been paid by Medicare

COBRA Members: Consolidated Omnibus Budget Reconciliation Act - A federal law which requires most employers sponsoring group health plans to offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) when coverage under the plan would otherwise end.

Coinsurance: Portion of covered amount member is responsible to pay for the claim

Co-payment: Flat rate that the member is responsible to pay for the claim

Coverage Tier: Eligibility tiers which stratify enrollment data based on the employee and others enrolled under the employee's coverage. Varying benefits can be assigned to tiers.

Covered Amount: Amount eligible for payment based on the terms of the medical/dental benefits agreement.

DAW/1: Indicates that the physician has specified 'do not substitute' on the prescription.

DAW2: Indicates that the Physician has allowed a substitution, but the patient requested brand to be dispensed

Deductible: Portion of annual deductible amount member is responsible to pay applied to the claim.

Dental Loss Ratio: Calculated as the Dental Paid Claims Amount divided by the Billed Dental Premium Amount.

Dental Paid Claims: An amount paid to cover the Health Plan's liability for dental services provided to members for claims that have been processed and approved for payment.

Discount: Amount of reduction from billed amount that has been negotiated with the provider

Discount %: For medical claims, the discount percent is calculated as $\text{Discount} / \text{Covered}$

Dispensing Rate: The proportion of total drugs claims a certain drug or drug type is being dispensed

Drug Type: An indicator on each Rx claim that tells whether a prescription is single source brand, multi-source brand or generic item.

Effective Discount %: The effective discount percentage is calculated as: $\text{Discount} / (\text{Discount} + \text{Paid})$

Fees and Credits: Includes all account-specific member and account level fees. Can include Specific Stop Loss, Aggregate Stop Loss, Administration, Access Fees, ASO Adjustments (either debits or credits), Rx Credits and other miscellaneous fees.

Females (20-44 years): The total number of members who are women between the ages of 20 and 44 years. The proportion of females (20-44 years) is calculated as: $\text{Member Months for Women between 20-44 years} / \text{Member Months}$

Formulary Compliance Rate: The percentage of drugs dispensed that were included in the formulary

Generic Dispensing Rate: Proportion of potential generic prescriptions that were filled as generic. It is calculated as: $\text{Number of generic scripts} / \text{Number of scripts}$

Generic Drugs: A medication for which the patent has expired, allowing any manufacturer to produce and distribute the product under the chemical name.

Generic Substitution Rate: The rate in which generics were dispensed when a generic was available. It is calculated by $\text{Number of generic Rx} / (\text{Number of generic Rx} + \text{Number of multi-source brand Rx})$

Group Liability: Total Claim Expense plus Fees and Credits

HCC: High Cost Claimant, a claimant with total paid amount over a specified threshold (e.g., \$30,000 or \$50,000) within the reporting period

IBNR: An acronym for 'incurred but not reported'. IBNR claims are that group which are incurred before the fund reserving date, but not reported until after that date.

Ingredient Cost: The cost of the drug including sales tax, excluding dispensing fees.

In-Network Paid %: Percent of total paid expenses for in-network claims. It is calculated as: $\text{In-Network Paid} / \text{Paid}$

Inpatient Facility: Refers to Facility Inpatient claims

International Classification of Diseases (ICD): An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO).

Leading ICD Diagnostic Category: For each patient, summarize total paid amount for each diagnosis and its corresponding MDC. The MDC with the greatest paid amount for the patient becomes the Leading ICD Diagnostic Category for the reporting period

MAC Program Savings: Savings achieved by using the MAC (maximum allowable cost) discount on generic medications

Medical Paid Claims: An amount paid to cover the Health Plan's liability for medical (healthcare) services provided to members for claims that have been processed and approved for payment

Medical/Pharmacy Loss Ratio: Calculated as the combined Medical and Pharmacy Paid Claims Amount divided by the total Billed Premium Amount for Medical and Pharmacy, where appropriate

Member Months: Count of months of eligibility for members

Multi-Source Brand: Brand name medications with a generic equivalent

Network Indicator: An indicator that shows whether the claim was processed as in-network (e.g., in the Preferred Provider Organization network) or out-of-network and paid accordingly

Network Savings Discount: The discount that is applied when a member receives services from a contract provider.

Not Covered: Amount considered not eligible for payment by the plan (excludes the discount amount)

Other Adjustments: Minor payments or credits not captured in other specific expense measures

Other Payments: Combination of Blue Card access fees and surcharge expenses

Other Reductions: Combination of maximum reductions, penalties, workers compensation savings, and subrogation savings

Out of Pocket: Total amount that is the responsibility of the claimant. It is calculated as: (Copay + Deductible + Coinsurance)

Outpatient Facility: Refers to Facility Outpatient claims

Paid: Total amount paid by the plan, including access fees, adjustments, and surcharges

Paid-Provider: Amount paid to the provider by the plan

Paid/Claimant: Amount paid to the provider by the plan per claimant. It is calculated as: Paid / Claimants

Paid/Service: Amount paid to the provider by the plan per admission (inpatient facility), per visit (outpatient facility and professional) or per script (prescription Rx). It is calculated as: Paid / Services

Paid PEPM: Amount paid to the provider by the plan per employee per month. It is calculated as: Paid / Subscriber Member Months

Paid PMPM: Amount paid to the provider by the plan per member per month. It is calculated as: Paid / Member Months

Penalty: Amount charged to the user of health care services for a non-approved contractual service

PEPM: Per employee per month

Pharmacy Discount %: For pharmacy claims, the discount percent is calculated as $\text{Discount} / (\text{Discount} + \text{Allowed})$

Pharmacy Paid Claims: An amount paid to pharmacies (or members where applicable) to cover the Health Plan's liability for pharmacy services provided to members for claims that have been processed and approved for payment. The calculation of "pharmacy paid claims" does not include pharmaceutical manufacturer rebates

Pharmacy Tier: An indicator on each Rx claim that tells whether a prescription is generic, preferred brand, non-preferred brand, specialty, or other

Plan Eligibility: Eligibility derived directly from the plan's enrollment system. It excludes eligibility created during data processing for claims without matching records in the enrollment system.

PMPM: Per member per month

Premium: An agreed upon fee paid to the Health Plan for coverage of medical and/or dental benefits for an established benefit period and set intervals

Professional: Services provided by physicians or other professional providers.

Recoveries: Subrogation and/or Reimbursements for claims that are included in BARS but not in HCSC's data warehouse (since some of the reimbursements could be for members or claims that are no longer in our data warehouse). Recoveries are loaded from the BARS System and included in Blue Insight for reconciliation purposes.

Rx Credit Fees: Drug rebates that are credited back to the account.

Rx Paid PEPM: Prescription drug paid amount per employee per month

Rx Paid PMPM: Prescription drug paid amount per member per month

Service Category: A classification based on claim type

Service Type: Classification based on principal diagnosis or ICD Procedure Code

Services: Number of admissions (inpatient facility), number of visits (outpatient facility), number of claim lines (professional), or number of scripts (prescription Rx)

Services/1000: Number of services per 1,000 members. It is calculated as: $(\text{Services} / \text{Member Months}) * 1000 * 12$

Single Source Brand: Brand name medications with no generic equivalent

Specialty Drugs: Medications that generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more costly than alternative drugs or therapies.

Specific Stop Loss: A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Specific (or individual) stop loss limits the cost of eligible medical expenses for each covered individual.

Subrogation Savings: Portion of amount eligible for payment originally paid by the plan but that has since been recovered through a legal action

Surcharge: Amount charged as a tax by certain States on facility claims

Therapeutic Drug Class: Used to categorize or group prescription drugs which are considered similar by the disease they treat or by the effect they have on the body

Total Paid: The total amount of medical and pharmacy dollars paid to cover healthcare services provided to members for claims that have been processed and approved for payment

Total Paid Claims + Recoveries: The total amount paid by the plan plus any amount recovered through subrogation.

Workers Compensation Savings: Portion of amount eligible for payment that has been paid a third party Workers Compensation carrier