

Pool by Group 12 Month

Post Date : Dec 2017

Metrics : (Medical Paid, Paid, Pharmacy Paid, Total Contribution, Total Paid PEPM, Total Paid PMPM, Unique Members, Unique Subscribers, Contribution PEPM, Loss Ratio, Medical PEPM, Pharmacy PEPM)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 TimeMonths

Account : (000094500 - POOLED)

Coverage Type : (Medical)

Group : (036896 - BROWN COUNTY OFFICIALS & EMPLOYEES/STAC)

Paid Date	Unique Subscribers	Unique Members	Total Contribution	Contribution PEPM	Medical Paid	Medical PEPM	Pharmacy Paid	Pharmacy PEPM	Paid	Total Paid PEPM	Total Paid PMPM	Loss Ratio
Jan 2017	169	387	\$221,172.08	\$1,308.71	\$232,346.85	\$1,374.83	\$41,509.61	\$245.62	\$273,856.46	\$1,620.45	\$707.64	123.82%
Feb 2017	170	388	\$219,377.68	\$1,290.46	\$186,179.74	\$1,095.17	\$43,132.43	\$253.72	\$229,312.17	\$1,348.90	\$591.01	104.53%
Mar 2017	169	383	\$220,092.06	\$1,302.32	\$178,275.02	\$1,054.88	\$33,487.32	\$198.15	\$211,762.34	\$1,253.03	\$552.90	96.22%
Apr 2017	172	392	\$221,886.46	\$1,290.04	\$182,377.53	\$1,060.33	\$43,563.31	\$253.28	\$225,940.84	\$1,313.61	\$576.38	101.83%
May 2017	171	390	\$223,680.86	\$1,308.08	\$181,655.81	\$1,062.31	\$36,102.65	\$211.13	\$217,758.46	\$1,273.44	\$558.36	97.35%
Jun 2017	171	385	\$219,377.68	\$1,282.91	\$275,783.75	\$1,612.77	\$49,361.28	\$288.66	\$325,145.03	\$1,901.43	\$844.53	148.21%
Jul 2017	171	387	\$219,012.04	\$1,280.77	\$210,073.77	\$1,228.50	\$40,030.10	\$234.09	\$250,103.87	\$1,462.60	\$646.26	114.20%
Aug 2017	172	389	\$219,726.42	\$1,277.48	\$151,275.58	\$879.51	\$44,026.37	\$255.97	\$195,301.95	\$1,135.48	\$502.06	88.88%
Sep 2017	170	387	\$220,092.06	\$1,294.66	\$219,357.48	\$1,290.34	\$68,719.04	\$404.23	\$288,076.52	\$1,694.57	\$744.38	130.89%
Oct 2017	179	414	\$248,481.14	\$1,388.16	\$309,312.23	\$1,728.00	\$20,744.65	\$115.89	\$330,056.88	\$1,843.89	\$797.24	132.83%
Nov 2017	179	411	\$252,375.86	\$1,409.92	\$325,257.64	\$1,817.08	\$34,157.16	\$190.82	\$359,414.80	\$2,007.90	\$874.49	142.41%
Dec 2017	180	409	\$251,976.22	\$1,399.87	\$189,432.76	\$1,052.40	\$56,891.04	\$316.06	\$246,323.80	\$1,368.47	\$602.26	97.76%
Total: Selected Filter(s)	201	457	\$2,737,250.56	\$1,320.43	\$2,641,328.16	\$1,274.16	\$511,724.96	\$246.85	\$3,153,053.12	\$1,521.01	\$667.74	115.19%

February 5, 2018
(Exhibit #4)



PAINTER & JOHNSON FINANCIAL
Bart Johnson, LUTCF
President

Insurance, Securities, Employee Benefits

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Securities offered through WFG Investments, Inc., Member FINRA & SIPC
Brownwood, Fort Worth, San Angelo

Large Claimant Report No PHI

Post Date : Dec 2017

Paid Band : Total (\$10,001 - \$30,000, \$30,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$150,000, \$150,001 - \$200,000, \$200,001 - \$250,000, \$250,001 - \$300,000, \$300,001 - \$400,000, \$400,001 - \$500,000, \$500,000+)

Metrics : (Paid)

Group : (036896 - BROWN COUNTY OFFICIALS & EMPLOYEES/TAC)

Paid Month : Last 12 TimeMonths

Service Category : Exclude (Dental)

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
3040619933	Cobra	\$684,930.48	\$9,054.01	\$693,984.49
3040619803	Active	\$294,459.39	\$11,075.10	\$305,534.49
3058080774	Active	\$284,484.09	\$4,205.60	\$288,689.69
13720366036	Active	\$144,232.15	\$51,451.86	\$195,684.01
13720366035	Active	\$81,845.15	\$10,305.96	\$92,151.11
3062389851	Active	\$75,291.08	\$4,901.98	\$80,193.06
3150208003	Active	\$20,110.56	\$56,876.98	\$76,987.54
3060634338	Active	\$61,615.88	\$5,438.27	\$67,054.15
16240122892	Active	\$47,383.78	\$11,242.18	\$58,625.96
17740178706	Active	\$36,946.36	\$3,360.79	\$40,307.15
17130400266	Active	\$4,002.99	\$34,943.59	\$38,946.58
17810436983	Active	\$37,521.00	\$0.00	\$37,521.00
16000105114	Active	\$27,580.89	\$8,572.44	\$36,153.33
16480083417	Active	\$30,109.98	\$3,811.32	\$33,921.30
3040619783	Active	\$18,520.30	\$12,120.05	\$30,640.35
3150193760	Active	\$11,237.14	\$13,277.00	\$24,514.14
3049784205	Active	\$21,933.65	\$0.00	\$21,933.65
7040060389	Active	\$20,113.23	\$1,394.86	\$21,508.09
3060558519	Active	\$20,223.93	\$0.00	\$20,223.93
17890256100	Active	\$17,159.46	\$3,009.42	\$20,168.88
10560125199	Active	\$7,170.34	\$11,811.98	\$18,982.32
3045518551	Active	\$12,264.57	\$5,025.99	\$17,290.56
18240806000	Active	\$16,430.13	\$766.61	\$17,196.74
3070522071	Active	\$1,657.12	\$14,574.42	\$16,231.54



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Large Claimant Report No PHI

16000332552	Active	\$12,257.70	\$3,929.92	\$16,187.62
7490063129	i	\$16,036.72	\$0.00	\$16,036.72
12750327911	Active	\$11,694.58	\$2,351.49	\$14,046.07
4970153286	Active	\$622.54	\$13,219.82	\$13,842.36
14730231078	Active	\$13,253.61	\$299.59	\$13,553.20
3330140867	Active	\$3,428.48	\$10,054.20	\$13,482.68
3040619885	Active	\$10,282.14	\$2,451.70	\$12,733.84
3590180049	Active	\$12,182.35	\$484.85	\$12,667.20
17430334981	Active	\$12,200.45	\$99.13	\$12,299.58
3210536178	Active	\$1,252.98	\$10,991.43	\$12,244.41
3040619792	Active	\$11,784.16	\$457.39	\$12,241.55
3280138729	Active	\$8,126.65	\$4,090.18	\$12,216.83
17680353329	Active	\$5,550.97	\$6,425.14	\$11,976.11
16030234239	Active	\$5,269.84	\$6,597.45	\$11,867.29
18210441012	Active	\$11,599.21	\$33.79	\$11,633.00
3054362721	Active	\$11,255.10	\$86.51	\$11,341.61
16370886091	Active	\$11,234.36	\$3.63	\$11,237.99
3040619928	Active	\$10,017.36	\$1,151.22	\$11,168.58
3041839296	Active	\$10,493.36	\$0.00	\$10,493.36
18340392500	Active	\$146.21	\$10,101.74	\$10,247.95
3040619934	Active	\$10,113.76	\$0.00	\$10,113.76
Query Total	45	\$2,166,026.18	\$350,049.59	\$2,516,075.77
Report Total	45	\$2,166,026.18	\$350,049.59	\$2,516,075.77

Blue Insight Monthly Financial Report

Brown County: ALL Brown County

Brown County

10/01/2017 to 12/31/2017



PLAN PERFORMANCE

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Current Period: The current reporting period represents claims paid from October 1, 2017 through December 31, 2017.

Prior Period: The prior reporting period represents claims paid from October 1, 2016 through December 31, 2016.

The report includes medical claims only.

Reporting Segments: Brown County

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

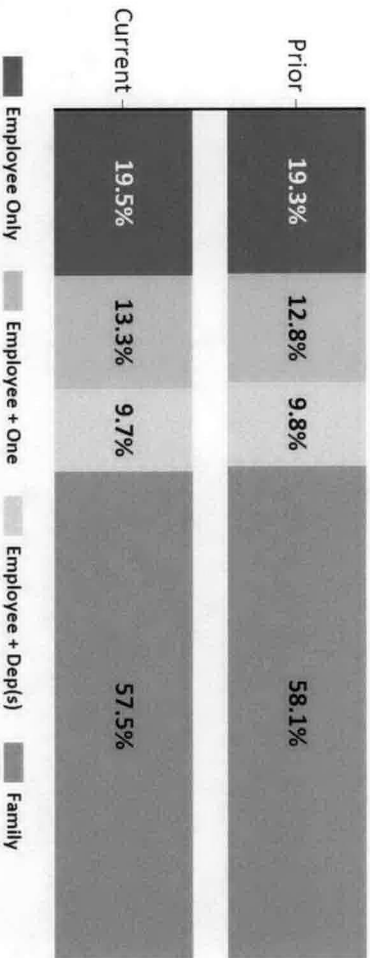
Hours of Operation: Monday - Friday: 8:00am - 5:00pm CT

Report prepared on 01/10/2018

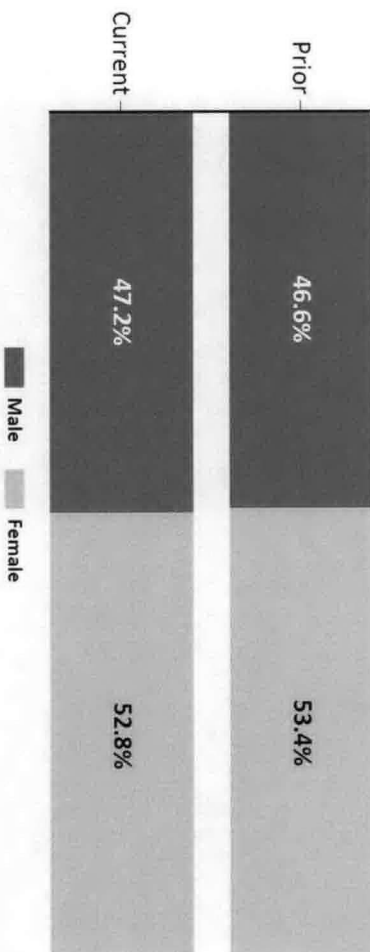
Report Description: Provides the current enrollment based on the current period.

Month	Medical Subscribers	Medical Members
Oct 2017	178	413
Nov 2017	178	410
Dec 2017	179	408
Jan 2018		
Feb 2018		
Mar 2018		
Apr 2018		
May 2018		
Jun 2018		
Jul 2018		
Aug 2018		
Sep 2018		

Enrollment by Tier



Enrollment by Gender



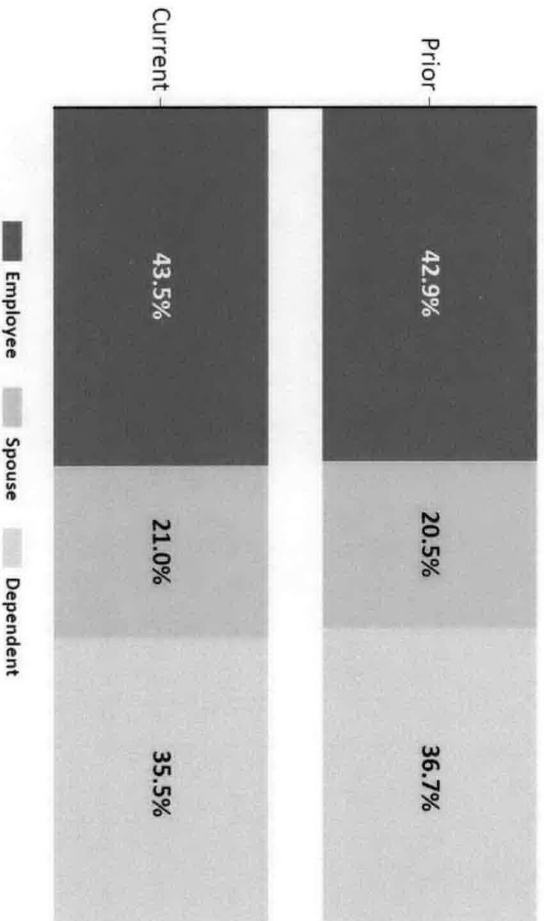
Report Description: Provided medical demographics for the current period compared to the prior period and percent change.

Medical Demographics

	Oct 2016 - Dec 2016	Oct 2017 - Dec 2017	% Change
Average Membership	391	410	4.9%
Employee	168	178	6.0%
Spouse	80	86	7.5%
Dependent	143	146	2.1%
Average Contract Size	2.3	2.3	
Average Age	36.3	36.6	0.8%
Employee	48.6	48.3	-0.6%
Spouse	49.4	49.1	-0.6%
Dependent	14.6	14.9	-0.6%
% Under 30	41.3%	41.8%	
% 30 to 49	26.2%	25.5%	
% 50 to 64	28.5%	29.2%	
% 65+	4.1%	3.5%	
Gender			
Proportion of Males	46.6%	47.2%	
Proportion of Females	53.4%	52.8%	
Females Ages 20-44	17.6%	16.7%	

- Overall, membership increased by 4.9% between reporting periods
- The average age was 36.6 and increased by 0.8% between reporting periods.
- Contract size remained stable by 0.0% between reporting periods.
- Females between the ages of 20 and 44 decreased from 17.6% to 16.7% between reporting periods.

Average Medical Membership



Financial Overview: Financial Summary

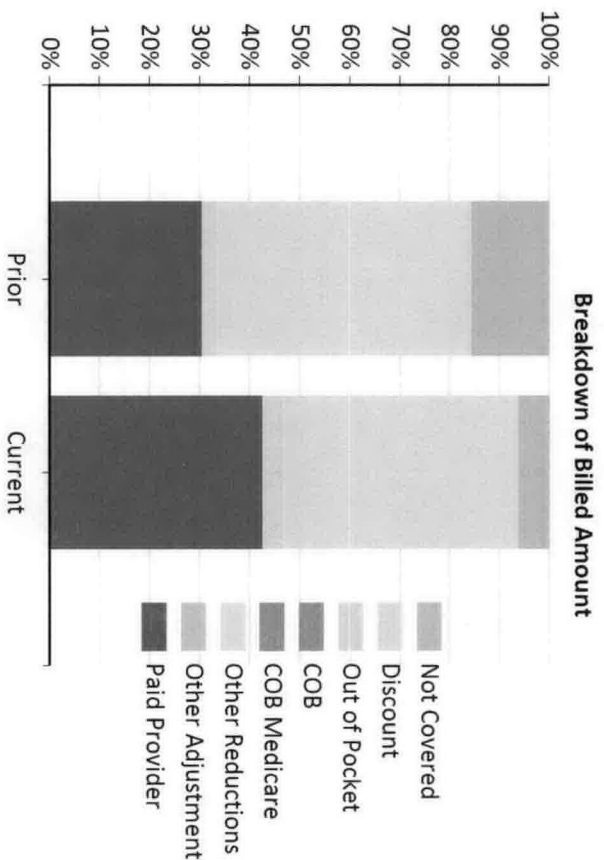
Report Description: Provides a breakdown of the medical order of reduction from billed to paid for the current month, current period, prior period and a percent change. This report may highlight key measures and their potential impact on paid expenses.

Medical Order of Reduction

Paid Month	Dec 2017	Oct 2016 - Dec 2016	Oct 2017 - Dec 2017	% Change
Billed	\$404,346	\$2,295,924	\$1,941,718	-15.4%
Not Covered	(\$39,955)	\$360,515	\$120,618	-66.5%
Covered	\$444,301	\$1,935,409	\$1,821,100	-5.9%
Discount	\$232,557	\$1,168,483	\$916,626	-21.6%
Allowed	\$211,744	\$766,926	\$904,474	17.9%
Out of Pocket	\$21,526	\$67,302	\$79,262	17.8%
COB	\$789	\$2,433	\$1,213	-50.2%
COB Medicare	\$0	\$0	\$0	0.0%
Other Reductions	\$0	\$0	\$0	0.0%
Other Adjustments	\$0	\$0	\$0	0.0%
Paid - Provider	\$189,429	\$697,191	\$823,999	18.2%
Other Payments	\$4	\$144	\$4	-97.4%
Medical Paid	\$189,433	\$697,335	\$824,003	18.2%

Group Liability Breakdown

Paid Month	Dec 2017	Oct 2016 - Dec 2016	Oct 2017 - Dec 2017	% Change
Medical Paid	\$189,433	\$697,335	\$824,003	18.2%
VBC Payments				0.0%
Total Paid Claims	\$189,433	\$697,335	\$824,003	18.2%
Recoveries	\$0	\$0	\$0	0.0%
Total Paid Claims + Recoveries	\$189,433	\$697,335	\$824,003	18.2%



Financial Overview: Network Overview

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	
No	In Network	Facility Inpatient	\$646,350	\$280,618	43.4%	\$358,362	43.5%	
		Facility Outpatient	\$746,556	\$392,852	52.6%	\$321,816	39.1%	
		Professional	\$415,020	\$232,777	56.1%	\$143,824	17.5%	
		Summary	\$1,807,926	\$906,247	50.1%	\$824,003	100.0%	
	Out of Network	Facility Inpatient						
		Facility Outpatient						
		Professional	\$13,174	\$10,379	78.8%			
		Summary	\$13,174	\$10,379	78.8%			
		Summary	\$1,821,100	\$916,626	50.3%	\$824,003	100.0%	
	Yes	In Network	Facility Inpatient					
Facility Outpatient								
Professional								
		Summary						
Out of Network		Facility Inpatient						
		Facility Outpatient						
		Professional						
		Summary						
		Summary						
		Summary	\$1,821,100	\$916,626	50.3%	\$824,003	100.0%	

Key Findings: The overall network savings discount (excluding Medicare) was 50.1% for the current period. The in-network paid percent was 100.0% 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.

Oct 2017 - Dec 2017

Par Plan State	Billed	Allowed	Effective Allowed Rate	Discount	Paid	Effective Paid Rate	Blue Card Access Fee
OK	\$4,219	\$1,173	27.8%	\$3,046	\$791	18.7%	\$0
TN	\$238	\$154	64.7%	\$84	\$127	53.7%	\$4
All Other Non-Blue Card	\$1,937,261	\$903,147	46.6%	\$913,496	\$823,085	42.5%	\$0
Summary	\$1,941,718	\$904,474	46.6%	\$916,626	\$824,003	42.4%	\$4

Key Findings: OK had the greatest Blue Card savings amount, with a Discount amount of \$3,046. The overall Effective Allowed Rate for the current period was 46.6%.

Financial Overview: Medical Claim Expense Distribution

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	124	45.9%	\$9,082	1.1%	\$73
\$200 - \$1,000	86	31.9%	\$39,225	4.8%	\$456
\$1,001 - \$5,000	42	15.6%	\$100,712	12.2%	\$2,398
\$5,001 - \$10,000	8	3.0%	\$60,206	7.3%	\$7,526
\$10,001 - \$30,000	5	1.9%	\$87,160	10.6%	\$17,432
\$30,001 - \$50,000	1	0.4%	\$33,598	4.1%	\$33,598
Summary <= \$50,000	266	98.5%	\$329,984	40.0%	\$1,241
Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
\$50,001 - \$75,000	3	1.1%	\$191,507	23.2%	\$63,836
\$75,001 - \$100,000					
\$100,001 - \$150,000					
\$150,001 - \$200,000					
\$200,001 - \$250,000					
\$250,001 - \$500,000	1	0.4%	\$302,511	36.7%	\$302,511
\$500,001+					
Summary \$50,001 or Greater	4	1.5%	\$494,018	60.0%	\$123,505
Combined Summary	270	100.0%	\$824,003	100.0%	\$3,052

Key Findings: The proportion of claimants who received less than \$200 in services for the current period was 45.9%. These claimants spent 1.1% of the total paid expenses and the average paid expense per claimant was \$73. 1.5% of claimants had expenses over \$50,001 for the current period. These claimants spent 60.0% of the total paid expenses and the average paid expense per claimant was \$123,505.

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.

Oct 2017 - Dec 2017

Encrypted Member ID	Relationship	Age/Gender		Leading Diagnostic Category	Inpatient		Outpatient		Professional	
		Band			Paid		Paid		Paid	
1126532182962015101	Subscriber	Female	50-59	Nervous System	\$251,300		\$39,480		\$11,731	\$302,511
141431680016118160	Subscriber	Male	50-59	Musculoskeletal	\$68,541		\$1,237		\$4,180	\$73,958
7339662336684359802	Subscriber	Female	50-59	Neoplasms	\$0		\$38,909		\$23,769	\$62,678
3955863389486519857	Spouse	Female	60-64	Neoplasms	\$0		\$53,477		\$1,394	\$54,871
High Cost Claimant Total					\$319,841		\$133,103		\$41,074	\$494,018

Financial Overview: Medical Out of Pocket



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	Oct 2016 - Dec 2016				Oct 2017 - Dec 2017				% 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	154	62.9%	\$6,099	9.1%	163	60.4%	\$6,277	7.9%	5.8%	2.9%
\$101 - \$200	26	10.6%	\$3,799	5.6%	35	13.0%	\$5,122	6.5%	34.6%	34.8%
\$201 - \$300	13	5.3%	\$3,218	4.8%	13	4.8%	\$3,217	4.1%	0.0%	-0.1%
\$301 - \$400	6	2.4%	\$2,081	3.1%	11	4.1%	\$3,826	4.8%	83.3%	83.9%
\$401 - \$500	3	1.2%	\$1,263	1.9%	3	1.1%	\$1,338	1.7%	0.0%	5.9%
\$501 - \$750	19	7.8%	\$11,950	17.8%	12	4.4%	\$7,424	9.4%	-36.8%	-37.9%
\$751 - \$1,000	8	3.3%	\$6,946	10.3%	12	4.4%	\$10,377	13.1%	50.0%	49.4%
\$1,001 - \$1,500	4	1.6%	\$4,646	6.9%	5	1.9%	\$6,113	7.7%	25.0%	31.6%
\$1,501 - \$2,000	3	1.2%	\$4,694	7.0%	8	3.0%	\$13,221	16.7%	166.7%	181.7%
\$2,001 - \$2,500	6	2.4%	\$13,516	20.1%	2	0.7%	\$4,480	5.7%	-66.7%	-66.9%
\$2,501 - \$3,000	2	0.8%	\$5,100	7.6%	4	1.5%	\$11,667	14.7%	100.0%	128.8%
\$3,001 - \$4,000	1	0.4%	\$3,991	5.9%	2	0.7%	\$6,200	7.8%	100.0%	55.4%
\$4,001 - \$5,000									0.0%	0.0%
\$Greater than \$5,001									0.0%	0.0%
Summary	245	100%	\$67,302	100%	270	100%	\$79,262	100%	10.2%	17.8%

Out of Pocket Expense by Coverage Tier

Coverage Tier	Oct 2017 - Dec 2017									
	Allowed	Deductible	Deductible % of Allowed	Copayment	Copay % of Allowed	Coinsurance	Coins % of Allowed	Out of Pocket	OPX % of Allowed	Paid
Employee Only	\$463,494	\$9,445	2.0%	\$4,258	0.9%	\$9,004	1.9%	\$22,706	4.9%	\$440,788
Employee + One	\$148,217	\$5,115	3.5%	\$2,796	1.9%	\$8,002	5.4%	\$15,914	10.7%	\$132,290
Employee + Dependent(s)	\$19,241	\$1,237	6.4%	\$1,323	6.9%	\$1,082	5.6%	\$3,642	18.9%	\$15,599
Family	\$273,521	\$16,049	5.9%	\$9,724	3.6%	\$11,228	4.1%	\$37,000	13.5%	\$235,326
Summary	\$904,474	\$31,846	3.5%	\$18,101	2.0%	\$29,315	3.2%	\$79,262	8.8%	\$824,003

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												
	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Summary
All Prior	\$64	(\$29)	(\$1,990)	\$24	\$698				\$68		\$16		(\$1,149)
Jan 2016	\$177												\$177
Feb 2016													\$0
Mar 2016		\$212											\$212
Apr 2016		\$42			\$23	\$24		(\$1,525)					(\$1,436)
May 2016		\$109		\$187			(\$178)		(\$88)				\$30
Jun 2016		\$84	\$1,121	\$145									\$1,350
Jul 2016	\$3,305	\$267	\$2,858	\$61	\$113	\$206							\$6,810
Aug 2016	(\$1,452)	\$466	\$447	\$4,606	\$182	\$118							\$4,366
Sep 2016	\$82,040	\$131	\$71	\$2,696			\$59	\$405	(\$1,992)				\$86,044
Oct 2016	\$2,290	\$161	\$186	\$71					(\$3,107)				(\$399)
Nov 2016	\$6,352	\$6,916			\$143	\$78		\$148					\$13,638
Dec 2016	\$91,096	\$1,722	\$686	\$188			\$123						\$93,814
Jan 2017	\$48,476	\$135,580	\$25,565	\$3,023			\$248		\$3,273	\$168	\$206		\$216,539
Feb 2017		\$40,520	\$87,448	\$47,405	\$2,791	\$5,477	\$88	\$193		(\$1,502)			\$182,421
Mar 2017			\$61,884	\$71,151	\$303	\$58	\$1,341	\$69				\$131	\$134,937
Apr 2017				\$52,822	\$61,365	\$56,921	\$193	\$3,458				\$366	\$175,124
May 2017					\$116,037	\$112,759	\$570	\$239	\$5,647	\$34	\$88	\$938	\$236,312
Jun 2017						\$100,142	\$52,895	\$2,743	\$3,733	\$1,267	\$69	\$36,162	\$197,013
Jul 2017							\$154,733	\$61,062	\$2,869	\$279	\$161		\$219,105
Aug 2017								\$84,483	\$145,940	\$15,110	\$9,989	\$793	\$256,315
Sep 2017									\$63,015	\$231,059	\$25,079	\$1,788	\$320,940
Oct 2017										\$62,898	\$188,148	\$5,662	\$256,708
Nov 2017											\$101,501	\$67,106	\$168,607
Dec 2017												\$73,852	\$73,852
Summary	\$232,347	\$186,180	\$178,275	\$182,378	\$181,656	\$275,784	\$210,074	\$151,276	\$219,357	\$309,312	\$325,258	\$189,433	\$2,641,328

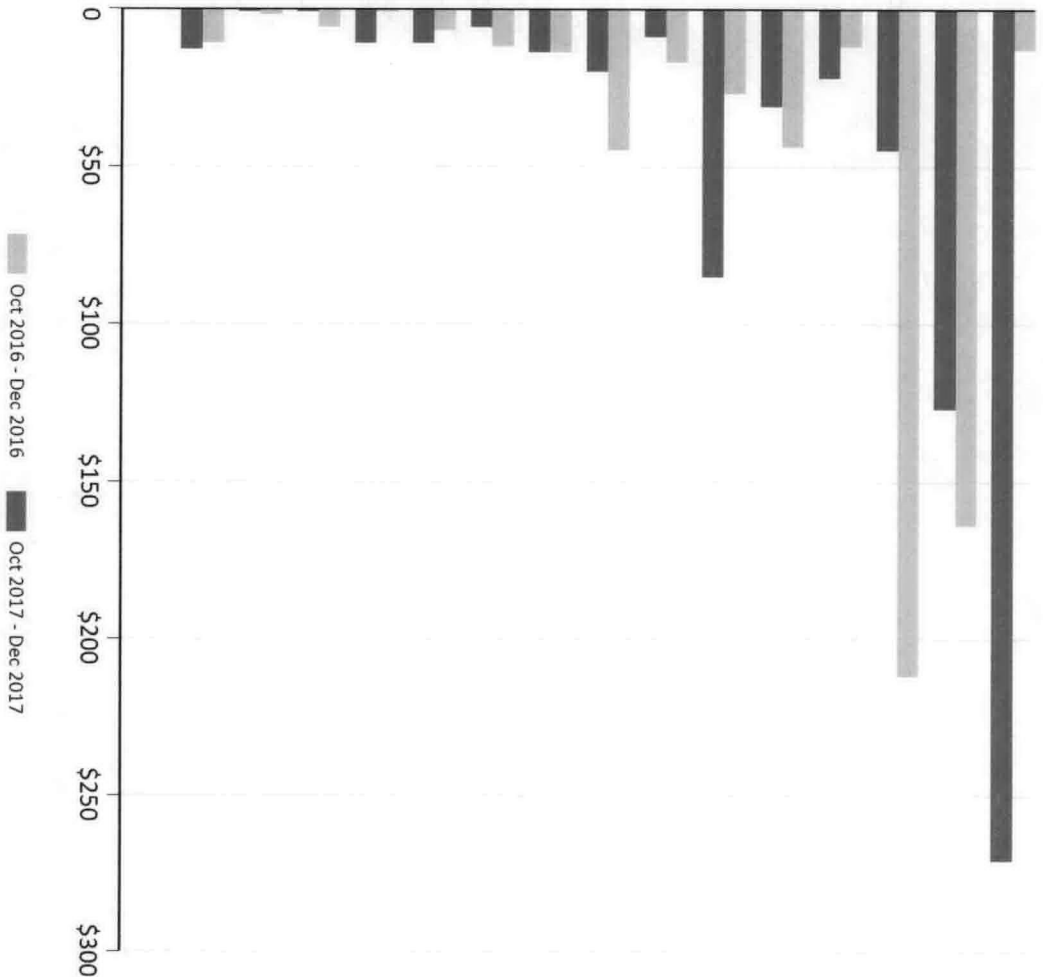
Financial Overview: Overall Medical Paid PMPM by Leading Diagnostic Category



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.

Leading Diagnostic Category	Dec 2017		Oct 2016 - Dec 2016		Oct 2017 - Dec 2017		% Change
	Paid PMPM		Paid PMPM		Paid PMPM		
Nervous System	\$112	\$13	\$271	1,984.6%			
Neoplasms	\$92	\$164	\$127	-22.6%			
Circulatory	\$87	\$212	\$45	-78.8%			
Respiratory	\$41	\$12	\$22	83.3%			
Symptoms/ill-Defined	\$36	\$44	\$31	-29.5%			
Musculoskeletal	\$24	\$27	\$85	214.8%			
Genitourinary	\$16	\$17	\$9	-47.1%			
Digestive	\$15	\$45	\$20	-55.6%			
Endocrine	\$14	\$14	\$14	0.0%			
Infectious/Parasitic	\$9	\$12	\$6	-50.0%			
Injury/Poisoning	\$8	\$7	\$11	57.1%			
Residual/Unclassified	\$8	\$1	\$11	1,000.0%			
Blood Diseases	\$2	\$6	\$1	-83.3%			
Skin Diseases	\$1	\$2	\$1	-50.0%			
Pregnancy		\$11	\$13	18.2%			
All Other Values		\$5	\$2	-60.0%			
Summary	\$464	\$594	\$669	12.6%			

Medical PMPM by Leading Diagnostic Category



Key Findings: The top three Leading Diagnostic Categories in the current reporting month based on Paid PMPM were Nervous System, Neoplasms, and Circulatory.

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.

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 Discount / 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: Discount / (Discount + 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: Member Months for Women between 20-44 years / 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: Number of generic scripts / 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 Number of generic Rx's / (Number of generic Rx's + Number of multi-source brand Rx's)

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 minus any taxes or dispensing fees

In-Network Paid %: Percent of total paid expenses for in-network claims. It is calculated as: In-Network Paid / 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 Discount / (Discount + Allowed)
- Pharmacy Paid Claims:** An amount paid to cover the Health Plan's liability for pharmacy services provided to members for claims that have been processed and approved for payment
- 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: (Services / 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

Plan Performance Summary

Brown County

Current Fill Period: - 01/01/2017 - 12/31/2017

	Retail/Mail/Direct	Total	Retail	Mail
UTILIZATION				
Avg. Eligible Employee / Month	173			
Avg. Eligible Members / Month	394			
Avg. Utilizing Members / Month	177			
% Utilizing Members	44.8%	44.8%	44.8%	44.8%
Total New Rx	3,354	3,103	251	
% New Rx	100.00%	92.52%	7.48%	
Total Refill Rx	3,423	3,189	234	
% Refill Rx	100.00%	93.16%	6.84%	
Total Rx	6,777	6,292	485	
% of Claims	100.00%	92.84%	7.16%	
Eligible Employees Util Rate/Year	19.59	36.37	2.80	
Eligible Employees Util Rate/Month	1.63	3.03	0.23	
Eligible Member Util Rate/Year	17.21	15.98	1.23	
Eligible Member Util Rate/Month	1.43	1.33	0.10	
DRUG SPEND				
Total Gross Cost	\$598,297	\$541,496	\$56,801	
Avg. Gross Cost / Rx	\$88.28	\$86.06	\$117.12	
Gross Cost PEPY	\$3,458.36	\$3,130.03	\$328.33	
Gross Cost PEPM	\$ 288.20	\$ 260.84	\$ 27.36	
Gross Cost PMPY	\$1,519.48	\$1,375.23	\$144.26	
Gross Cost PMPM	\$ 126.62	\$ 114.60	\$ 12.02	
AMOUNT PAID				
Total Net Cost	\$511,381	\$465,099	\$46,282	
Avg. Net Cost / Rx	\$75.46	\$73.92	\$95.43	
Total Dispensing Fee	\$4,493.95	\$4,493.95	\$0.00	
Total Sales Tax	\$0.00	\$0.00	\$0.00	
Net Cost PEPY	\$2,955.96	\$2,688.43	\$267.53	
Net Cost PEPM	\$ 246.33	\$ 224.04	\$ 22.29	
Net Cost PMPY	\$1,298.75	\$1,181.20	\$117.54	

Plan Performance Summary

Brown County

Current Fill Period: - 01/01/2017 - 12/31/2017

Retail/Mail/Direct	Total	Retail	Mail
Net Cost PMPM	\$ 108.23	\$ 98.43	\$ 9.80
Total Generic Net Cost	\$147,372	\$118,866	\$28,506
Total Multi-Source Brand Net Cost	\$6,308	\$6,308	\$0
Avg. Multi-Source Brand Net Cost / Multi-Source Brand Rx	\$108.76	\$116.81	\$0.00
Total Single-Source Brand Net Cost	\$357,701	\$339,925	\$17,776
Avg. Single-Source Brand Net Cost / Single-Source Brand Rx	\$434.63	\$433.03	\$467.79
Total Brand Net Cost	\$364,009	\$346,233	\$17,776
Avg. Brand Net Cost / Brand Rx	\$413.18	\$412.67	\$423.24
% of Net Cost	100.00%	90.95%	9.05%
% of Avg. Net Cost	85.47%	85.89%	81.48%
MEMBER AMOUNT PAID			
Total Copay Amount	\$86,916	\$76,397	\$10,519
Avg. Copay Amount Paid / Rx	\$12.83	\$12.14	\$21.69
Avg. Brand Copay Amount Paid / Brand Rx	\$31.58	\$30.55	\$52.17
Avg. Generic Copay Amount Paid / Generic Rx	\$10.02	\$9.31	\$18.80
% Copay Amount	14.53%	14.11%	18.52%
PRICING/NETWORKING PERFORMANCE			
Avg. Ingredient Cost Paid / Rx	\$87.62	\$85.35	\$117.12
Avg. Single-Source Brand Ingredient Cost Paid / Single-Source Brand Rx	\$465.61	\$463.04	\$518.86
Avg. Multi-Source Brand Ingredient Cost Paid / Multi-Source Brand Rx	\$138.34	\$143.95	\$62.62
Avg. Generic Ingredient Cost Paid / Generic Rx	\$34.36	\$30.40	\$83.15
Effective rate - MAC Reduced Claims	73.8%	75.1%	25.8%
Effective rate - not MAC Reduced Claims	29.2%	16.8%	68.7%
Effective rate - Generic Claims	74.0%	74.3%	72.3%
Effective rate - All Claims	52.3%	50.5%	64.3%

Plan Performance Summary

Brown County

Current Fill Period: - 01/01/2017 - 12/31/2017

Retail/Mail/Direct	Total	Retail	Mail
% Usual and Customary Rx	4.10%	4.42%	0.00%
% MAC Rx	78.32%	83.77%	7.63%
DRUG MIX			
Single-Source Brand Dispensing Rate	12.11%	12.5%	7.8%
Multi-Source Brand Dispensing Rate	0.9%	0.9%	0.8%
Total Generic Rx	5,896	5,453	443
Total Brand Rx	881	839	42
Total Multi-Source Brand Rx	58	54	4
Total Single-Source Brand Rx	823	785	38
Total Formulary Rx	6,568	6,091	477
Total DAW1 Rx	65	57	8
Generic Dispensing Rate	87.0%	86.7%	91.3%
Generic Substitution Rate	99.0%	99.0%	99.1%
% Formulary Rx	96.92%	96.81%	98.35%
% DAW1 Rx	0.96%	0.91%	1.65%
% of MS Brand Claims Exempt from MAC	20.69%	20.37%	25.00%
DAYS SUPPLY			
Avg. Days Supply / Rx	29.61	25.02	89.15
Avg. Net Cost / Avg. Days Supply	\$2.55	\$2.95	\$1.07
Total Days Supply	200,685	157,448	43,237
% of Days Supply	100.00%	78.46%	21.54%

Plan Performance Summary

Brown County

Current Fill Period: - 01/01/2017 - 12/31/2017