



A pathway to motivate employee health ownership

School District of Escambia County

Healthplan Performance Review

January 1, 2015 – December 31, 2015

May 6, 2016



Today's Objectives

Data Parameters

Current: 1/2015 – 12/2015, paid 2/2016

Prior: 1/2014 – 12/2014, paid 2/2015

Norm: Schools K-12
(55 clients, 224k members)

- Catastrophic threshold is \$50,000
- HRA reimbursements are included while HSA reimbursements are excluded
- Medicare Primary members are excluded
- Norm represents 12 months of data
- Norm is not adjusted for population characteristics

Introductions and updates

Understanding your population and performance

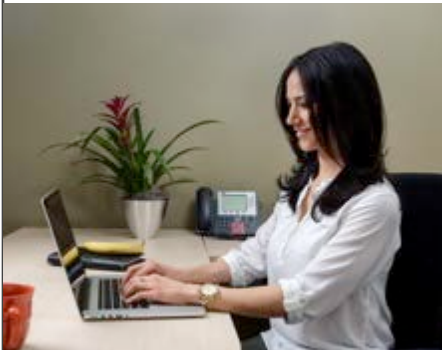
Collaborate and take action

Motivating Health Ownership

Making good health care decisions easier



Driving simpler, personal, and optimal care experiences while improving health and productivity



Choose the best plan for me

Health plan design and cost-sharing

Concise resources that explain plan choices, benefits and impacts of different options



Make smart health care choices

Network design and transparency

Guidance to choose doctors and facilities based on quality and efficiency



Help me manage my health

Population health and productivity

Easy access to programs, customized outreach and care advocacy for improved productivity and outcomes



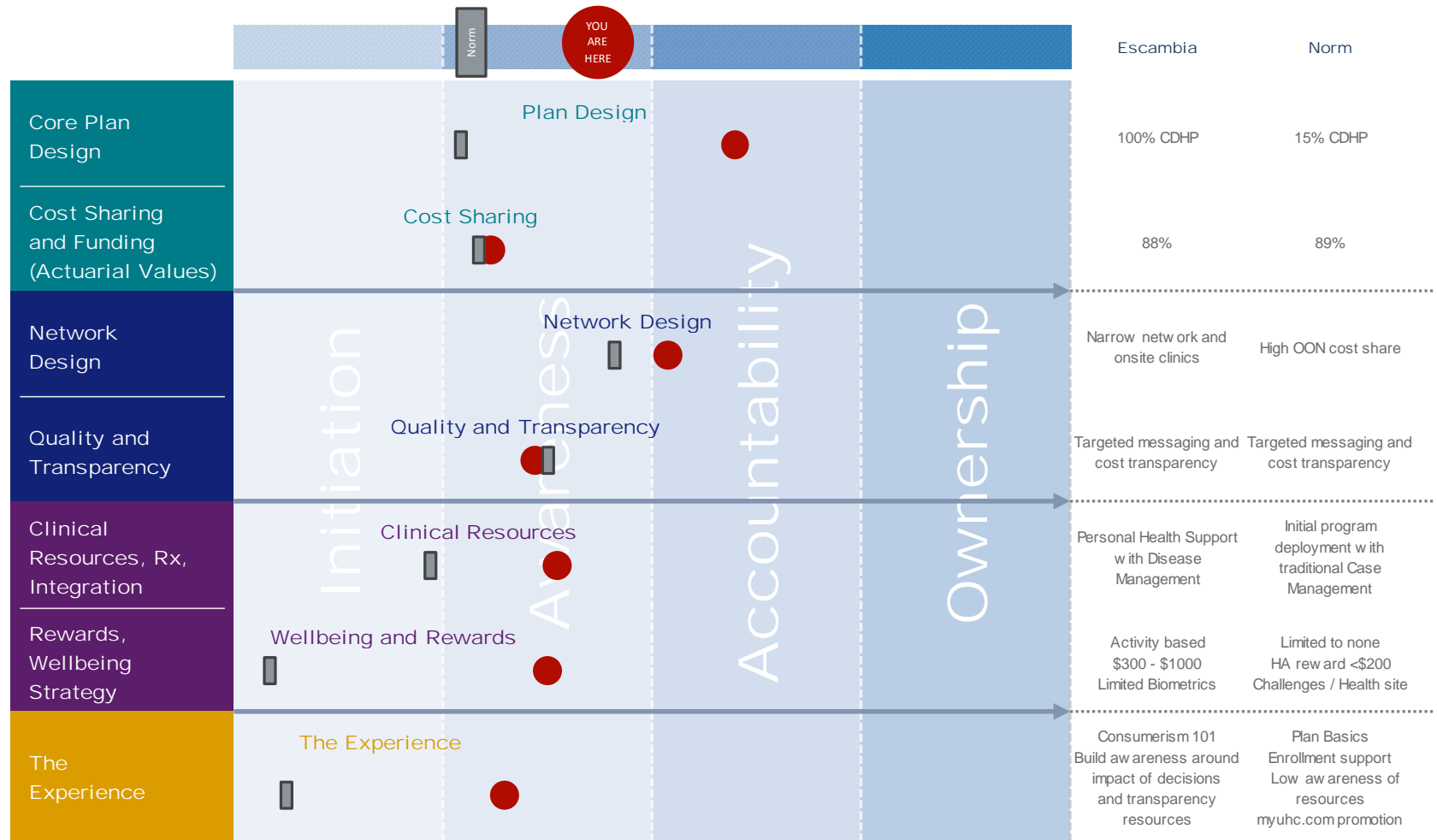
Make the experience fit my life

Personalized experience

Everyday health and wellness tools, proactive support and incentives that are convenient and tailored to specific needs

Motivating Health Ownership

● Escambia █ Norm



Solution Summary

2015 Plan Year

Plan Design and Cost Sharing

- 20% of members enrolled in HSA option, 44% in Base HRA, and 36% in HRA

Network Design and Transparency

- 98.6% network usage and 60.8% average discount
- \$1.2 million Premium Tier 1 physician savings
- 2,702 onsite clinic claimants with 6,245 visits

Population Health and Productivity

- 216 members actively engaged in a telephonic program
- 60% HealthNotes gap closure rate
- Continued integrated incentives with onsite clinic

Experience

- Implemented Advocate4Me August 2015

Moving Forward

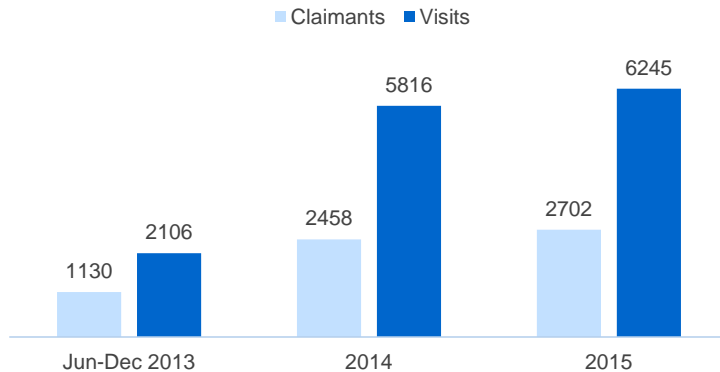
- Consider Rx 4th Tier

- Consider Specialty Pharmacy First Fill
- Consider moving to outcomes-based incentives
- Consider Real Appeal

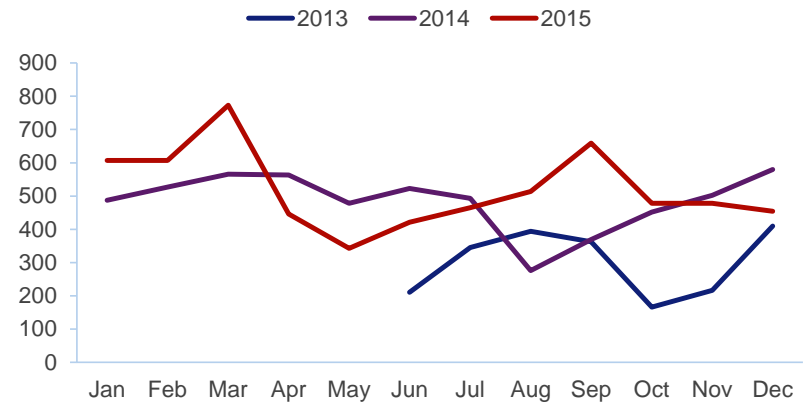
- Take the Call – “Why Is UHC calling?” promotion
- Promote Health4me and myuhc.com

Onsite Clinic Engagement

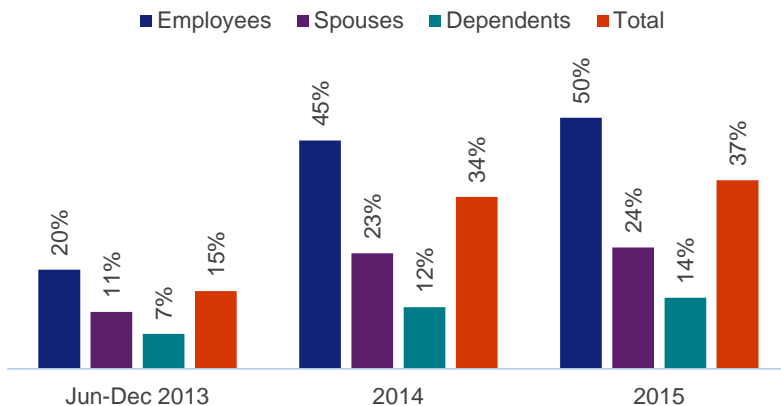
Total Claimants and Visits by Year



Activity by Service Month



Onsite Clinic Utilizers

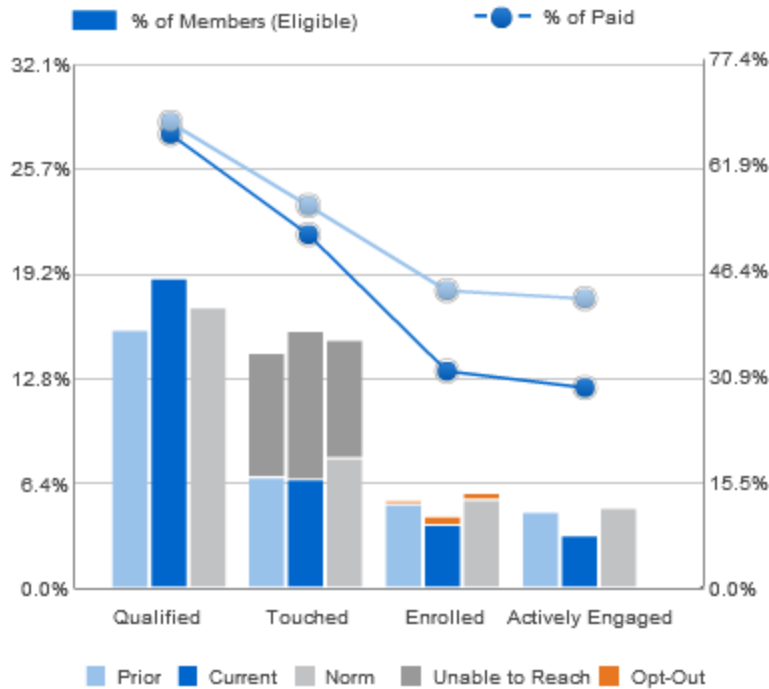


Onsite Clinic Utilizers vs. Non-Utilizers (active employees only):

- 0.5 pt lower % high risk members (9.8% vs. 10.3%)
- 10 pts higher activation (62% vs. 52%)
- 23% lower ER events/1000 (183 vs. 237)
- 49% lower admissions/1000 (38 vs. 74)
- 29% lower average covered/claimants (\$4,058 vs. \$5,680)

Telephonic Program Activity

Program Group: All
 Program: All
 Excludes Mailing



Status	Members		Paid	
	Prior	Current	Prior	Current
Eligible	6,866	6,714	\$22.28M	\$22.83M
Qualified	1,130	1,326	\$15.67M	\$15.65M
Unable to Reach	539	632	\$2.52M	\$2.65M
Touched	478	458	\$12.85M	\$12.16M
Opt-Out	7	27	na	na
Enrolled	359	261	\$9.98M	\$7.43M
Actively Engaged	324	216	\$9.71M	\$6.86M

Percents based on
 Previous Status

Status	% of Members		% of Paid	
	Prior	Current	Prior	Current
Eligible	100.0%	100.0%	100.0%	100.0%
Qualified	16.5%	19.7%	70.3%	68.5%
Unable to Reach	47.7%	47.7%	16.1%	16.9%
Touched	42.3%	34.5%	82.0%	77.7%
Opt-Out	1.5%	5.9%	na	na
Enrolled	75.1%	57.0%	77.7%	61.1%
Actively Engaged	90.3%	82.8%	97.3%	92.4%

Telephonic Program Engagement

Measure	Engaged Change	Non-Engaged Change
% High Risk Members	-10 points	-3 points
Premium Tier 1 Physician Utilization	-11 points	+9 points
ER Events	-8%	-2%
Admissions	-63%	-5%
Bed Days	-64%	+6%
Medical Trend	-50%	-10%

Engaged (n=158) = continuously enrolled members actively engaged in prior period

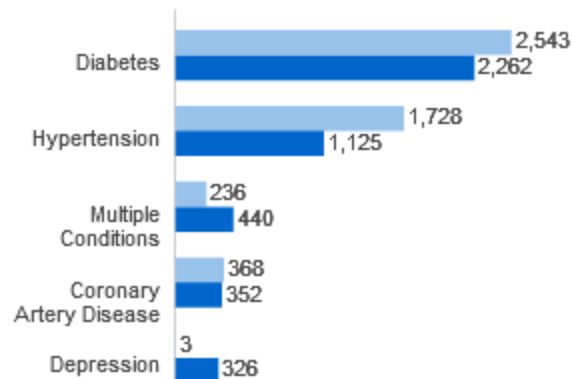
Non-Engaged (n=291) = continuously enrolled members qualified in the prior and current period yet not actively engaged in either time period

HealthNotes

Measure	Prior	Current	Change	Norm	Variance
Members Messaged	1,595	1,711	7.3%	na	na
% of Members Messaged	23.2%	25.5%	2.3pts	12.8%	12.7pts
Gaps Messaged	6,055	5,324	-12.1%	na	na
Gaps per Member	3.8	3.1	-18.4%	2.8	10.7%
Gaps Closed	3,392	3,197	-5.7%	na	na
Gaps Closed per Member	2.1	1.9	-9.5%	1.8	5.6%

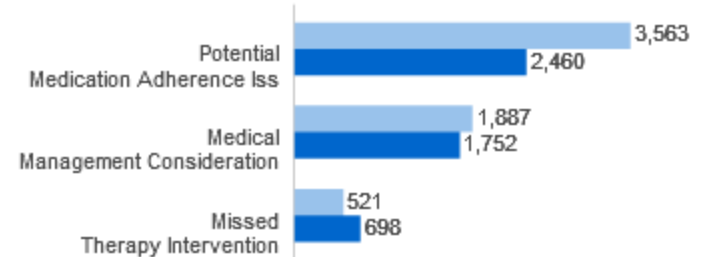
Gaps Messaged

by HealthNotes Condition



Gaps Messaged

by HealthNotes Category



■ Prior ■ Current ■ Norm

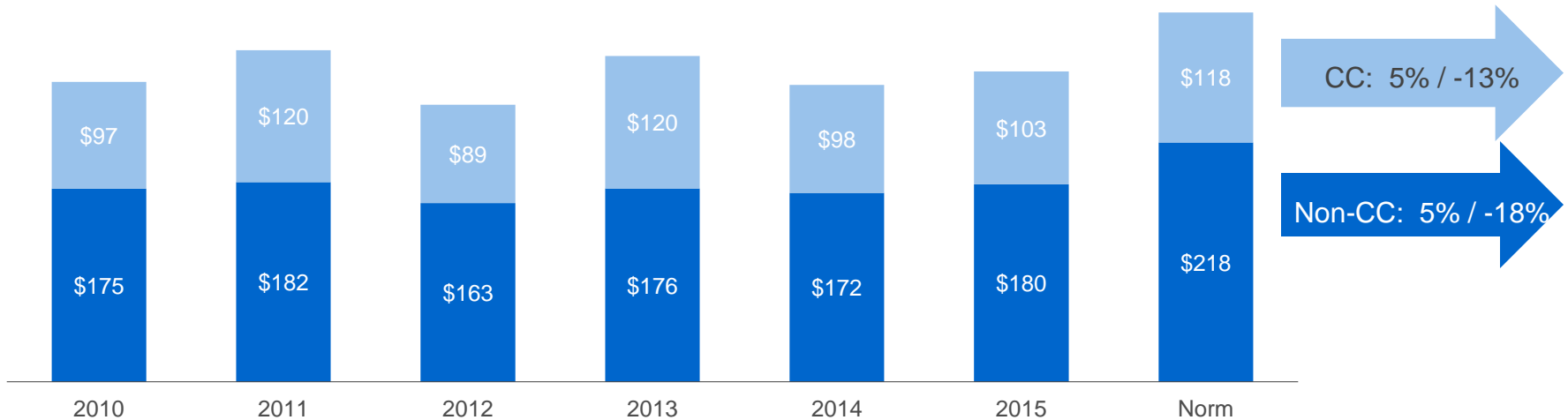
Historical PMPM Trend

1% average 6-year medical trend; 5% annual trend and -17% variance to norm

Paid PMPM

■ Non-Catastrophic ■ Catastrophic

5% Annual Trend -17% Norm Variance



CC = catastrophic
Non-CC = non-catastrophic

Influencers of 9% Trend

	Trend Drivers	Trend Mitigators
Optimal Health	Claim Risk	2 point reduction in % of high risk claimants from 13% to 11%
	Condition Prevalence	7 point reduction in % of claimants with chronic condition from 46% to 39%
Optimal Services	Utilization	1.6 points increase in % members utilizing benefits from 91.9% to 93.5%
	Catastrophic Claims (≥ \$50k)	20% rise in catastrophic claimants/1000 from 10.8 to 13.0
Optimal Value	Medical Cost Inflation	3.9% medical cost inflation increase
	Network Performance	2 points decrease in Premium Tier 1 utilization from 48% to 46% 1.4 point increase in network utilization from 97.2% to 98.6%

-5% Paid PMPM Norm Variance

Optimal Health

- 18% higher age/gender factor (1.349 vs. 1.139)
- 1 point higher % of high risk claimants (11% v. 10%)

Optimal Services

- 9% higher catastrophic claimants/1000 (13.0 vs. 11.9) while 20% lower average net paid/claimant (\$95k vs. \$119k)
- 5% lower ER events/1000 (191 vs. 200)
- 4% higher admissions/1000 (55 vs. 53)
- 49% higher prescriptions PMPY (17.0 vs. 11.5)

Optimal Value

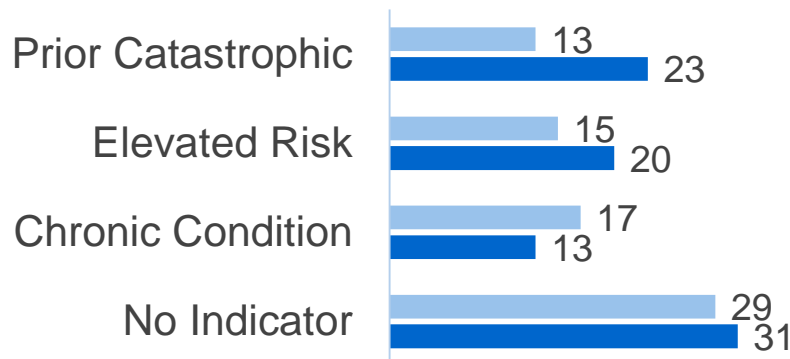
- 2 points higher network utilization (99% vs. 97%)
- 3 points higher Premium Tier 1 physician utilization (46% vs. 43%)
- 1 point higher prescription Tier 1 utilization (80% vs. 79%)
- 8 points leaner medical plan cost share (80% vs. 88%) and 2 points richer pharmacy plan cost share (83% vs. 81%)

Catastrophic Claims (\geq \$50k)

Measure	Prior	Current	Change	Norm	Variance
Catastrophic Cases	74	87	17.6%	na	na
Claimants per 1000	10.8	13.0	20.4%	11.9	9.2%
Paid per Claimant	\$109,217	\$95,091	-12.9%	\$118,543	-19.8%
Paid PMPM	\$98.08	\$102.68	4.7%	\$118.03	-13.0%
% of Paid	36.3%	36.2%	-0.1pts	35.0%	1.2pts

Catastrophic Stages

■ Prior ■ Current

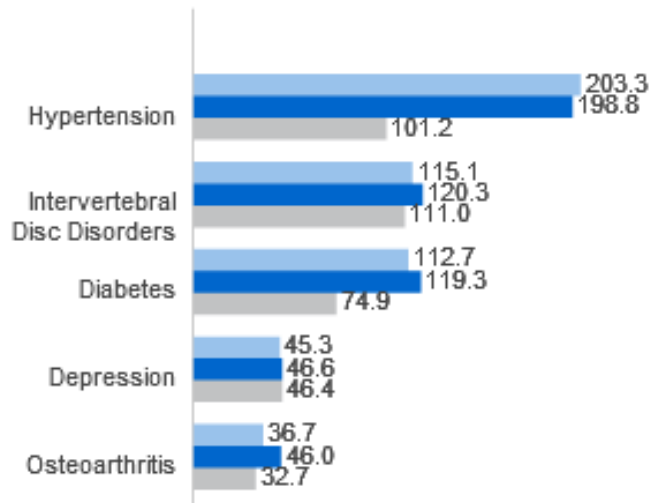


- Leading conditions by prevalence include maintenance chemotherapy/radiotherapy, osteoarthritis, septicemia, intervertebral disc disorders, and chronic kidney disease
- 99% network utilization
- 32% Premium Tier 1 physician utilization
- 44 engaged in telephonic programs

Condition Prevalence and Cost Drivers

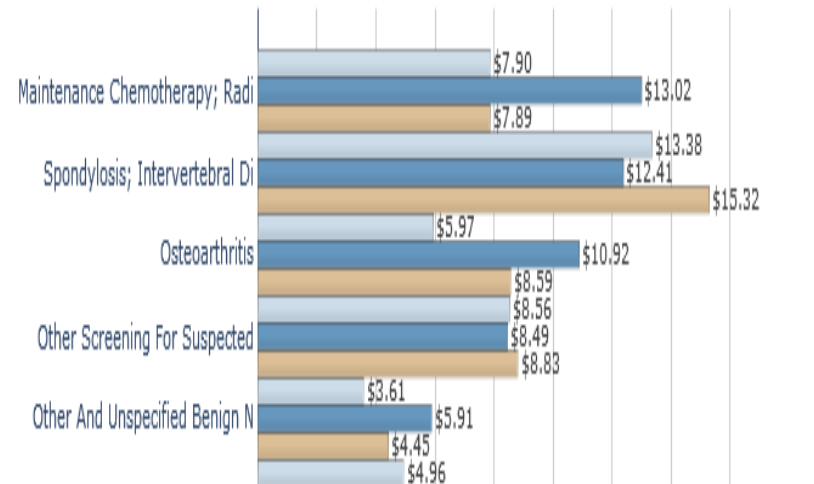


**Claimants per 1000
by Top Diagnosis Category**



■ Prior ■ Current ■ Norm

**Top Diagnosis Categories
By Net PMPM**



■ Prior ■ Current ■ Norm

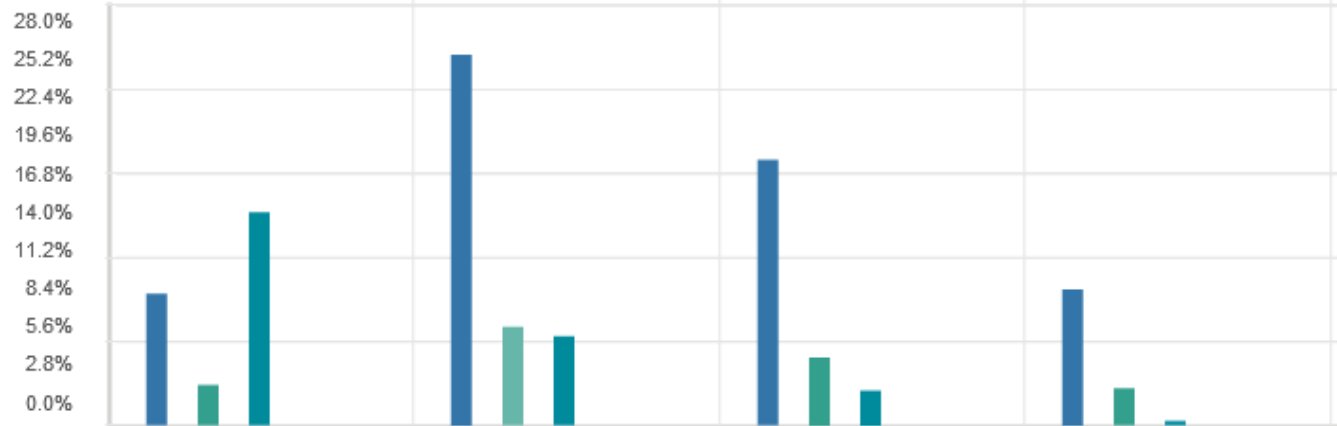
Health Continuum

	Well	At Risk	Chronic	Complex
% of Members	26%	37%	25%	12%
% of Paid	3%	20%	15%	61%
Activation	45.9%	58.1%	57.7%	57.2%
ER Visits per 1000	35.4	176.5	190.4	564.2
Admissions per 1000	5.8	37.6	28.5	270.8
Days per 1000	8.7	122.8	103.1	1906.8
Paid per Claimant	\$481	\$1,896	\$2,002	\$16,677

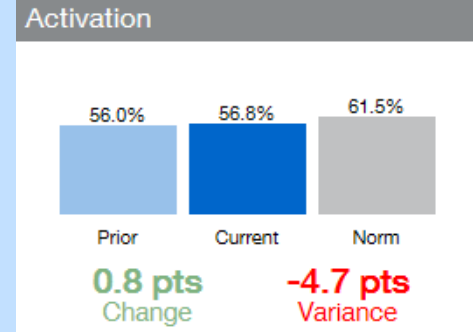
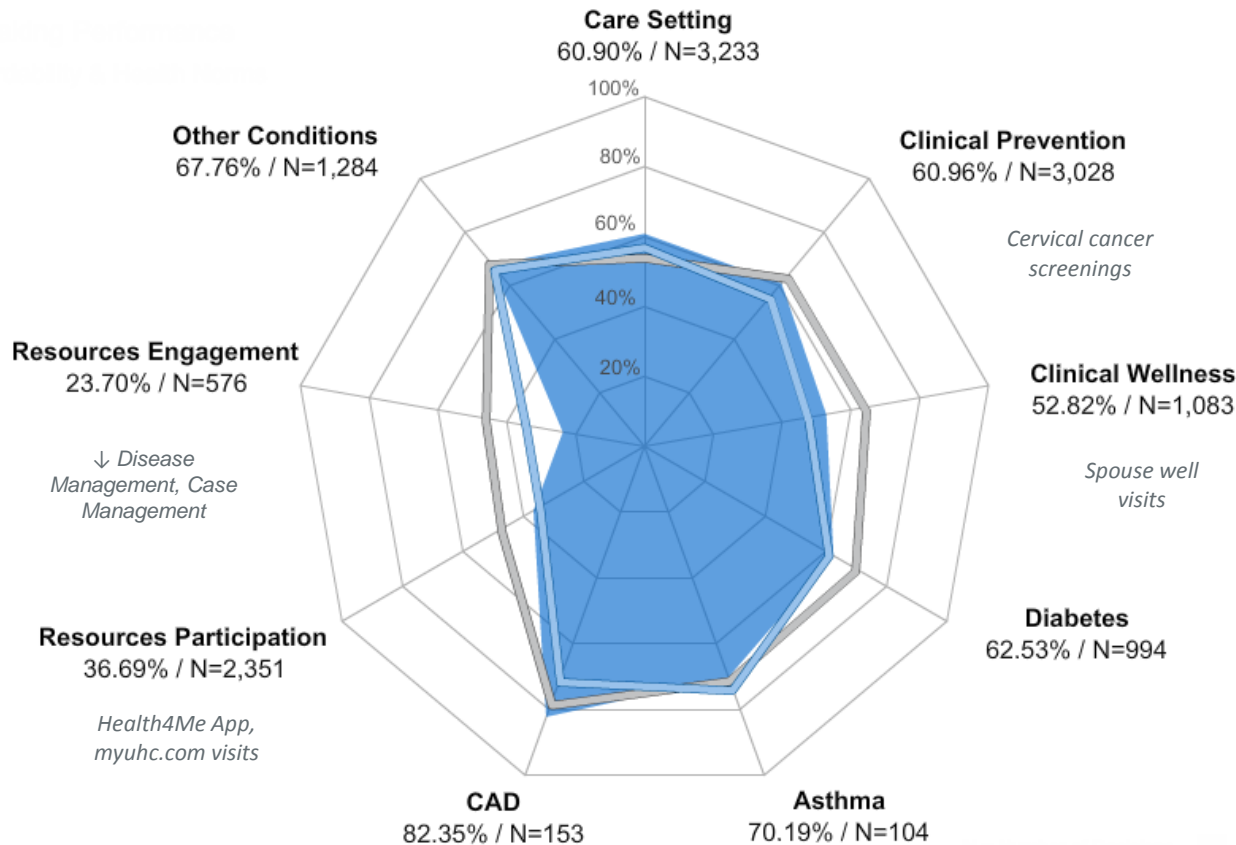
% of Members
by Relationship Group

Sort by: Logical

- Subscriber
- Spouse
- Dependent/Other



Consumer Activation Index



Opportunities:

- Spouse well visits
- Cervical cancer screenings
- Diabetic compliance
- Clinical program engagement
- Myuhc.com utilization

Resources: Web Activation, Call Center

Resources- Co-manage condition: Optum/UBH support programs.

Clinical Wellness Prevention: Cervical Cancer Screening, Osteoporosis Screening, etc.

Clinical Wellness Visits: Adult Preventive Visits, Child Visits, Newborn Visits, etc...

Care Setting: In-Network Usage, Premium Usage, Inappropriate ER visits

Clinical Diabetes: Annual Eye Exam, Annual HDL Monitoring, Annual Serum creatinine test, etc.

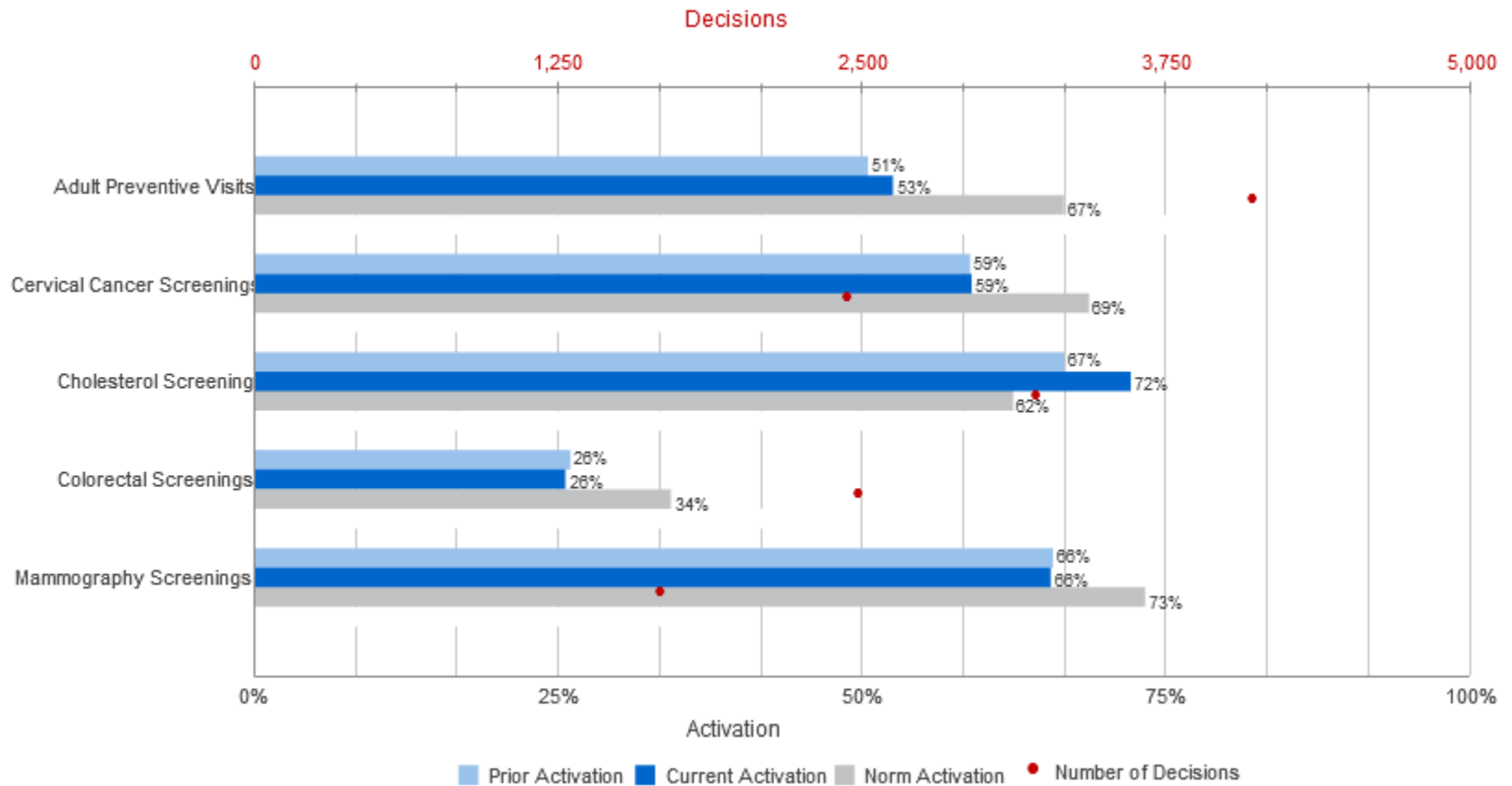
Clinical Asthma/COPD: Annual physical, Inhaled Steroid Therapy, Long-acting bronchodilator, etc

Clinical CAD: ACE Inhibitor Therapy/CHF, Annual Lipid/LDL Monitoring, etc.

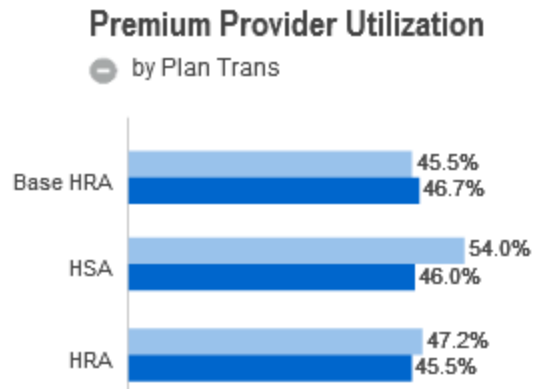
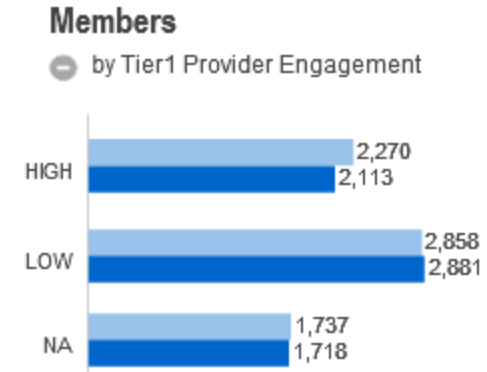
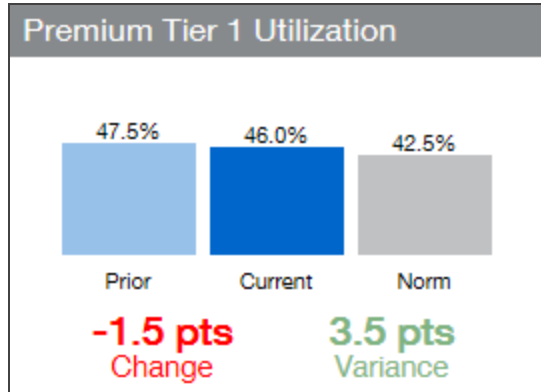
Other Conditions: Hyperlipidemia ALT test, Hyperlipidemia LDL, Hypertensive Serum Creatinine etc

Consumer Activation Index

Preventive Care



Premium Tier 1 Physicians

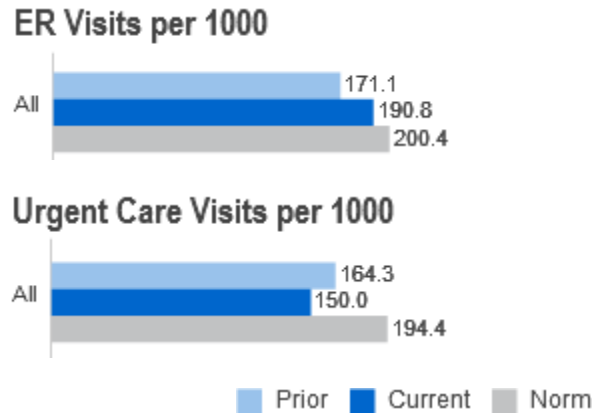


High Utilizers versus Low Utilizers

- 9 pts lower % high risk members (7% vs. 16%)
- 28% lower ER events/1000 (179 vs. 250)
- 55% lower bed days/1000 (233 vs. 522)
- 59% lower average covered per claimant (\$2,911 vs. \$7,063)

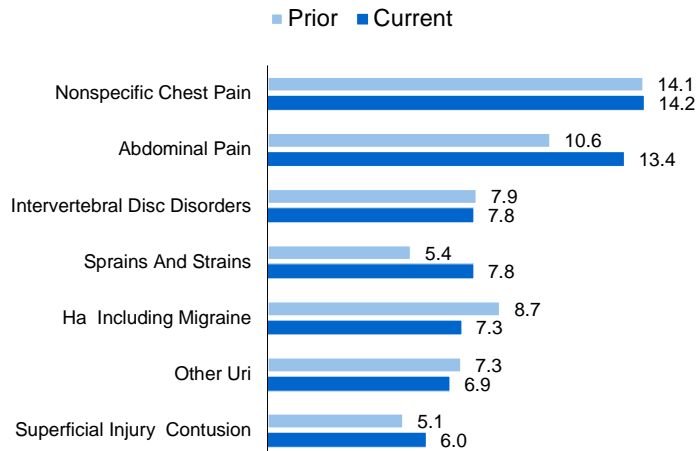
■ Prior ■ Current ■ Norm

ER Utilization

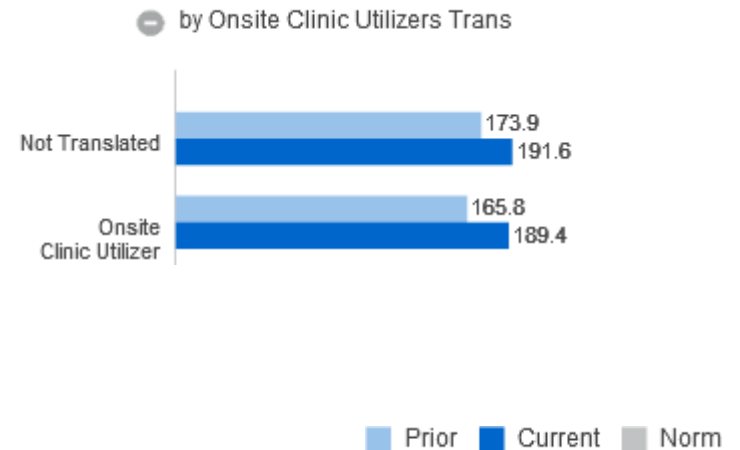


- 9% frequent flyers (≥ 3 visits / year)
- 86% of ER visits associated with members engaged with PCP
- 23% potential redirection rate
- 53% of 220 NurseLine calls were for symptom triage
- Clinic utilizers had lower ER visit rates

Top Conditions Treated in ER (Claimants/1000)



ER Visits per 1000



Pharmacy Key Performance Indicators



Cost & Utilization	2014	2015	Change	Norm
Plan Paid PMPM	\$74.46	\$81.11	8.9%	\$82.30
<i>Non-Specialty PMPM</i>	\$54.77	\$53.17	-2.9%	\$54.45
<i>Specialty PMPM</i>	\$19.69	\$27.94	41.9%	\$27.85
ECS PMPM	\$25.31	\$20.68	-18.3%	\$17.01
<i>Non-Specialty</i>	\$24.77	\$19.98	-19.3%	\$16.43
<i>Specialty</i>	\$0.54	\$0.70	28.6%	\$0.58
Plan Paid per Rx	\$47.39	\$56.97	20.2%	\$80.05
ECS per Rx	\$16.11	\$14.52	-9.8%	\$16.55
ECS % Total	25.4%	20.3%	-5.1	17.1%
Days Supply per Rx	27.4	27.2	-1.0%	29.2
Adjusted Rx PMPY	19.38	17.47	-9.8%	13.61
Tier 1 %	79.4%	79.8%	0.4	78.2%
Tier 2 %	12.1%	12.4%	0.4	12.2%
Tier 3 %	8.5%	7.8%	-0.7	9.5%
Tier 4 %			0.0	0.0%
Tier 1 + Generic %	86.3%	87.7%	1.3	85.8%
SSB	12.8%	11.5%	-1.4	13.7%
MSB	3.3%	3.7%	0.4	3.8%
GDR	83.9%	84.9%	1.0	82.5%
GSR	96.3%	95.9%	-0.4	95.6%
Mail Penetration	4.1%	3.3%	-0.7	14.0%
% Spend CC (>= \$25K)	25.8%	34.6%	8.8	

Demographics	2014	2015	Change
Enrolled Members	7,404	6,755	-8.8%
Utilizing Members	5,931	5,575	-6.0%
Utilization	80.1%	82.5%	2.4
Avg Age Enrolled	43.5	40.8	-6.4%
Avg Age Utilized	55.6	51.4	-7.6%

Plan Paid PMPM trend 8.9% and is below the peer group. Overall trend minimized by negative trend in non-specialty (lower utilization) and improved discounts. Although specialty drugs had less overall utilization, changes in drug mix effected the trend

Employee Cost Share (ECS) % total down 5% due to drug mix and inflation (5.1% in non-specialty and 60.3% in specialty)

Adjusted Rx PMPY decreased 9.8% (there was a 6% decrease in utilizers)

Tier utilization improving and is in line with peer group

Pharmacy Key Performance Indicators

Bulk Chemical & Compound Spend



Cost & Utilization	2014	2015	Change	TREND
Plan Paid (000)	\$332.30	\$263.89	(\$68.41)	-20.6%
<i>Plan Paid PMPM</i>	<i>\$3.74</i>	<i>\$3.26</i>	<i>(\$0.48)</i>	<i>-13.0%</i>
<i>Plan Paid per Rx</i>	<i>\$701.05</i>	<i>\$919.49</i>	<i>\$218.44</i>	<i>31.2%</i>
ECS (000)	\$26.85	\$13.66	(\$13.19)	-49.1%
<i>ECS PMPM</i>	<i>\$0.30</i>	<i>\$0.17</i>	<i>(\$0.13)</i>	<i>-44.2%</i>
<i>ECS Copay per Rx</i>	<i>\$56.65</i>	<i>\$47.59</i>	<i>(\$9.06)</i>	<i>-16.0%</i>
ECS % Total	7.5%	4.9%		-255.5%
Days Supply per Rx	28.0	28.0	0.01	0.0%
Rx Count	474	287	(187)	-39.5%
Utilizers	154	96	(58)	-37.7%

Trend Breakdown Impact of Hepatitis C

PMPM Breakdown	2014	2015	Change	Trend
Excluding Hep C	\$73.88	\$74.17	\$0.29	0.4%
Rollup	\$74.46	\$81.11	\$6.65	8.9%

2014

Compounds Accounted for 4.8% of Total Plan Cost
Total Plan Paid: \$6.9M | PMPM: \$78.20

2015

Compounds Accounted for 3.9% of Total Plan Cost
Total Plan Paid: \$6.8M | PMPM: \$84.38

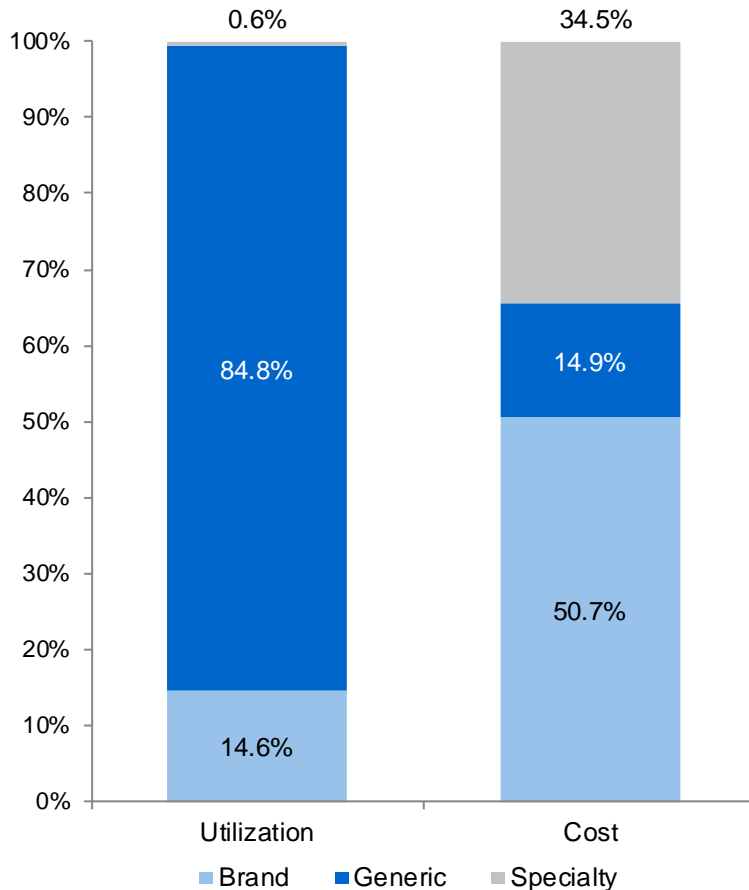
In 2014 Hep C PMPM was: \$0.58

In 2015 Hep C PMPM was: \$6.94

That represents a period-over-period INCREASE of \$6.37 or 1106.6%

Drug Cost vs. Utilization

Specialty represents 1.5% of Utilizing Members and 34.5% of Plan Paid

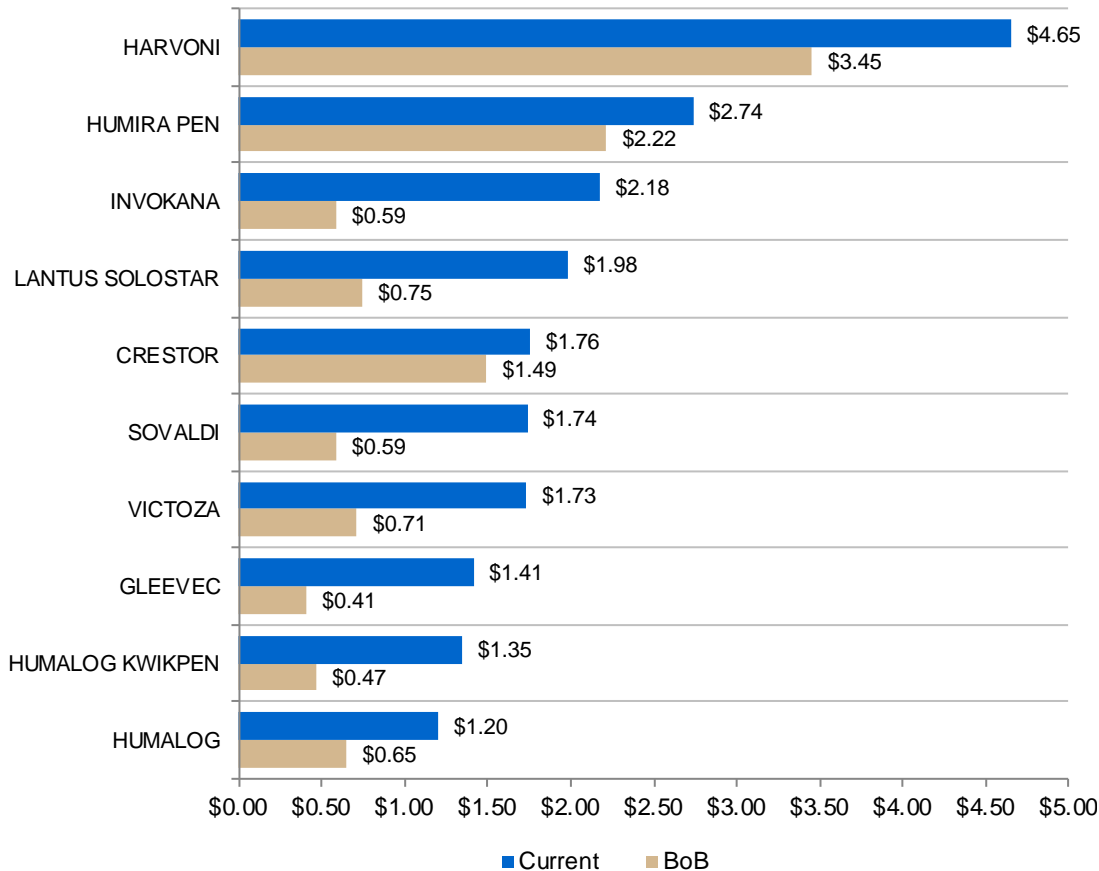


The dynamics of drug spend have changed:

- Rapidly growing specialty market
- Blockbuster patents have expired, generic use is peaking

Plan Paid per Rx	Client	Norm
Brand	\$197	\$227
Generic	\$10	\$18
Specialty	\$3,312	\$3,594

Top-10 Drugs by Plan Paid Rx PMPM



Top-10 Drugs Represent 25.6% of Total Plan Paid

13 Rx's by 4 utilizers at \$29,003 brought Harvoni, a Hep C antiviral to the #1 spot of top 10 drugs by paid amount

Humira, an anti-TNF biologic, comes in second with 58 Rx's by 7 utilizers with avg cost of \$3825/rx. AWP increased by 34%

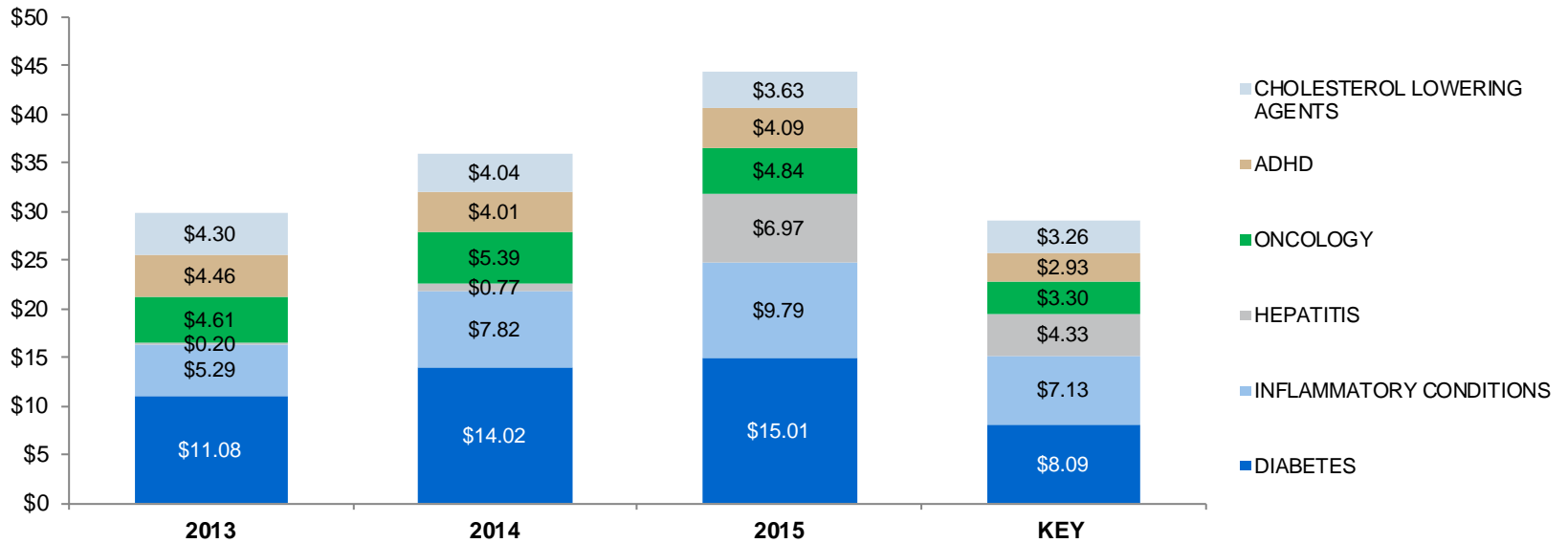
Invokana, a newer SGLT2 agent for diabetes, had 562 rx's with avg cost of \$313/rx. Other drugs in the top 10 for diabetes include Lantus (a LA insulin) with avg cost of \$447/rx [359 rx's], Victoza at \$513/rx [274 rx's], and Humalog products averaging at \$550/rx [total 372 rx's]

Crestor, a brand statin had 124 utilizers with 889 rx's with avg cost of \$190/rx. Crestor patent is expiring and will continue to be covered with the brand-over-generic strategy (generic excluded) until multiple manufacturer's produce the generic.

Sovaldi, the preferred Hep C agent for members that are genotype 3 had 5 rx's filled by 2 utilizers with approx cost of \$28,171/rx

Gleevec, an oral oncology agent, has 1 utilizer with 12 rx's at \$9553/rx (inflation rate of 20%)

Top-6 Disease States for Rx PMPM



Disease State	PMPM	Change	Utilizers	Utilizer Change	Utilizers per	Utilizers per PP	Utilizers per BoB	Rx Cnt	Rx Cnt Change	Plan Paid	per Rx
DIABETES	\$15.01	\$0.99	574	-73	424.9	436.9	241.1	6,230	-1,163	\$1,216,362	\$195
INFLAMMATORY CONDITIONS	\$9.79	\$1.97	60	-3	44.4	42.5	37.8	344	-34	\$793,816	\$2,308
HEPATITIS	\$6.97	\$6.20	7	4	5.2	2.0	3.3	29	3	\$565,130	\$19,487
ONCOLOGY	\$4.84	-\$0.54	113	-24	83.6	92.5	51.7	501	-272	\$392,469	\$783
ADHD	\$4.09	\$0.08	349	-30	258.3	255.9	166.4	2,460	-71	\$331,534	\$135
CHOLESTEROL LOWERING AGENTS	\$3.63	-\$0.41	1,084	-240	802.4	894.1	470.0	8,647	-2,450	\$294,420	\$34

Contribution	2015	2014
Top 6 Disease State PMPM	\$44.33	\$36.04
Total PMPM	\$81.11	\$74.46
Top 6 % of Total Plan Paid	54.7%	48.4%

Dollars shown are Plan Paid
Utilizers per = per 5,000 lives

Pharmacy Catastrophic Cases

Plan Rx Paid Spend >= \$25K



>= \$25K in Plan Paid	2014	2015	Change	Increase
Catastrophic Cases	43	46	7.0%	3
% of Total Members	0.58%	0.68%	17.3%	0.10
Avg Paid per Catastrophic Case	\$39,706	\$49,489	24.6%	\$9,784
CC % of Plan Paid	25.8%	34.6%	34.2%	8.82
CC Plan Paid PMPM	\$19.22	\$28.08	46.1%	\$8.87
Total Plan Paid PMPM	\$74.46	\$81.11	8.9%	\$6.65
Total Plan Paid PMPM w/o CC	\$55.24	\$53.03	-4.0%	-\$2.22

Top-7 Disease States >= \$25K in Plan Paid	2014 PMPM	2015 PMPM	Increase	2014 Utilizers	2015 Utilizers	Increase
INFLAMMATORY CONDITIONS	\$5.94	\$7.42	\$1.48	16	14	-2
HEPATITIS	\$0.58	\$6.80	\$6.23	1	5	4
ONCOLOGY	\$4.66	\$4.03	-\$0.63	6	5	-1
MULTIPLE SCLEROSIS	\$1.63	\$2.49	\$0.86	3	5	2
HIV	\$1.78	\$1.73	-\$0.05	5	5	0
DIABETES	\$1.03	\$1.29	\$0.26	3	3	0
NEUROLOGIC	\$0.45	\$1.00	\$0.54	1	1	0
ALL OTHER	\$3.14	\$3.32	\$0.18	8	8	0
TOTAL	\$19.22	\$28.08	\$8.87	43	46	3

Pharmacy Catastrophic Cases

Plan Rx Paid Spend >= \$50K



>= \$50K in Plan Paid	2014	2015	Change	Increase
Catastrophic Cases	7	14	100.0%	7
% of Total Members	0.09%	0.21%	119.2%	0.11
Avg Paid per Catastrophic Case	\$69,334	\$85,480	23.3%	\$16,146
CC % of Plan Paid	7.3%	18.2%	148.1%	10.86
CC Plan Paid PMPM	\$5.46	\$14.76	170.3%	\$9.30
Total Plan Paid PMPM	\$74.46	\$81.11	8.9%	\$6.65
Total Plan Paid PMPM w/o CC	\$69.00	\$66.35	-3.8%	-\$2.65

Top-7 Disease States >= \$50K in Plan Paid	2014 PMPM	2015 PMPM	Increase	2014 Utilizers	2015 Utilizers	Increase
HEPATITIS	\$0.58	\$6.80	\$6.23	1	5	4
ONCOLOGY	\$3.68	\$2.59	-\$1.09	4	2	-2
INFLAMMATORY CONDITIONS	\$0.57	\$2.29	\$1.72	1	3	2
MULTIPLE SCLEROSIS	\$0.64	\$1.39	\$0.75	1	2	1
NEUROLOGIC		\$1.00	\$1.00		1	1
CHELATING AGENTS		\$0.70	\$0.70		1	1
ALL OTHER	\$0.00	\$0.00	\$0.00	0	0	0
TOTAL	\$5.46	\$14.76	\$9.30	7	14	7

2 utilizers in the Hepatitis Disease State and 1 utilizer in Oncology incurred claims >\$100K

Target Populations



Diabetes

758 members
\$7.9 million

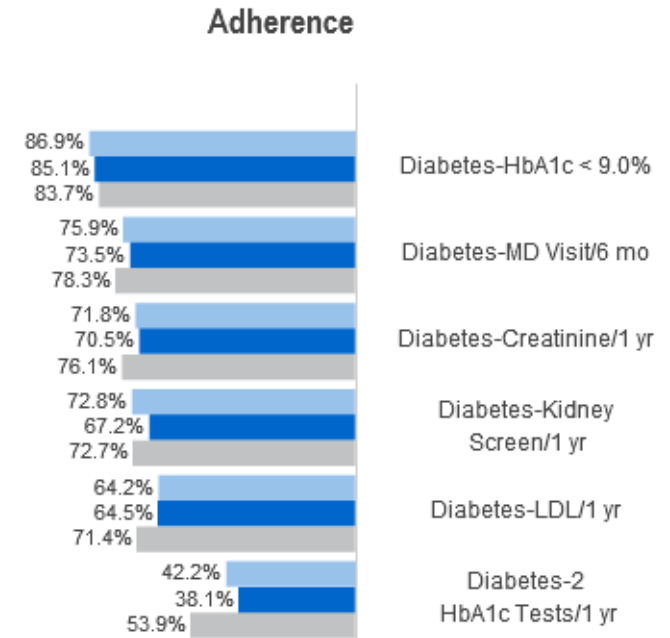
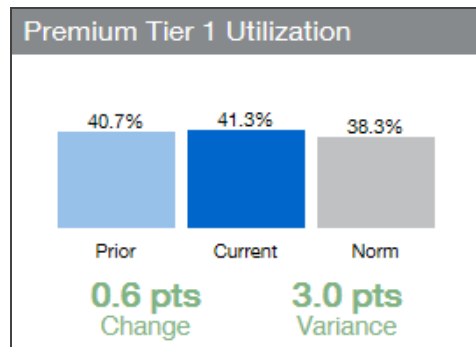


Hypertension

1,265 members
\$11.4 million

Diabetes

- Average net paid per diabetic nearly 3 times greater at \$9,672 than non-diabetics at \$3,622
- Diabetics accounted for 33% of catastrophic claims
- 58 prediabetics expected to convert to diabetes over next 12 months with projected costs of \$348k*
- Chronic renal failure (CRF) leading cost driver for diabetics representing 86% of total CRF net paid PMPM
- 10% nurse engagement, down from 13%
- 40% utilized the onsite clinic



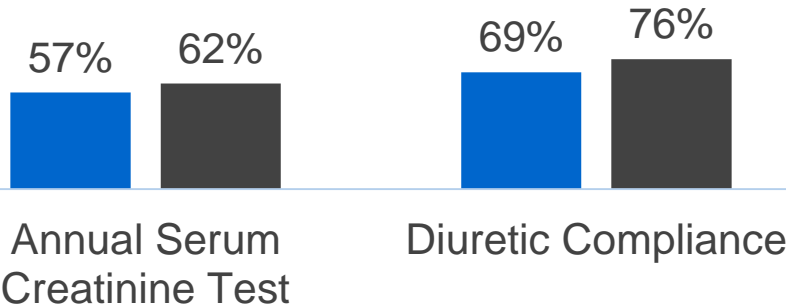
*The conversion rate is based on a transition study of 634,000 UnitedHealthcare National Accounts members continuously enrolled from 2007 through 2009. Average costs are based on a separate study of 3.5 million members.

Hypertension (High Blood Pressure)

- Osteoarthritis (joint), intervertebral disc disorders (spine), and cancer treatment leading cost drivers for those with high blood pressure
- 24% also have high blood cholesterol
- 80% were touched by a UHC clinical program
- 44% utilized the onsite clinic

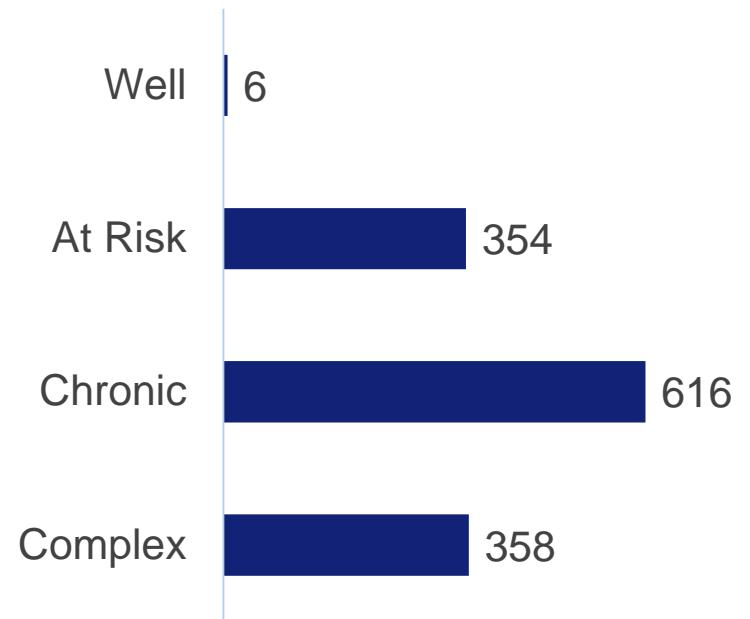
Activation

■ Current ■ Norm



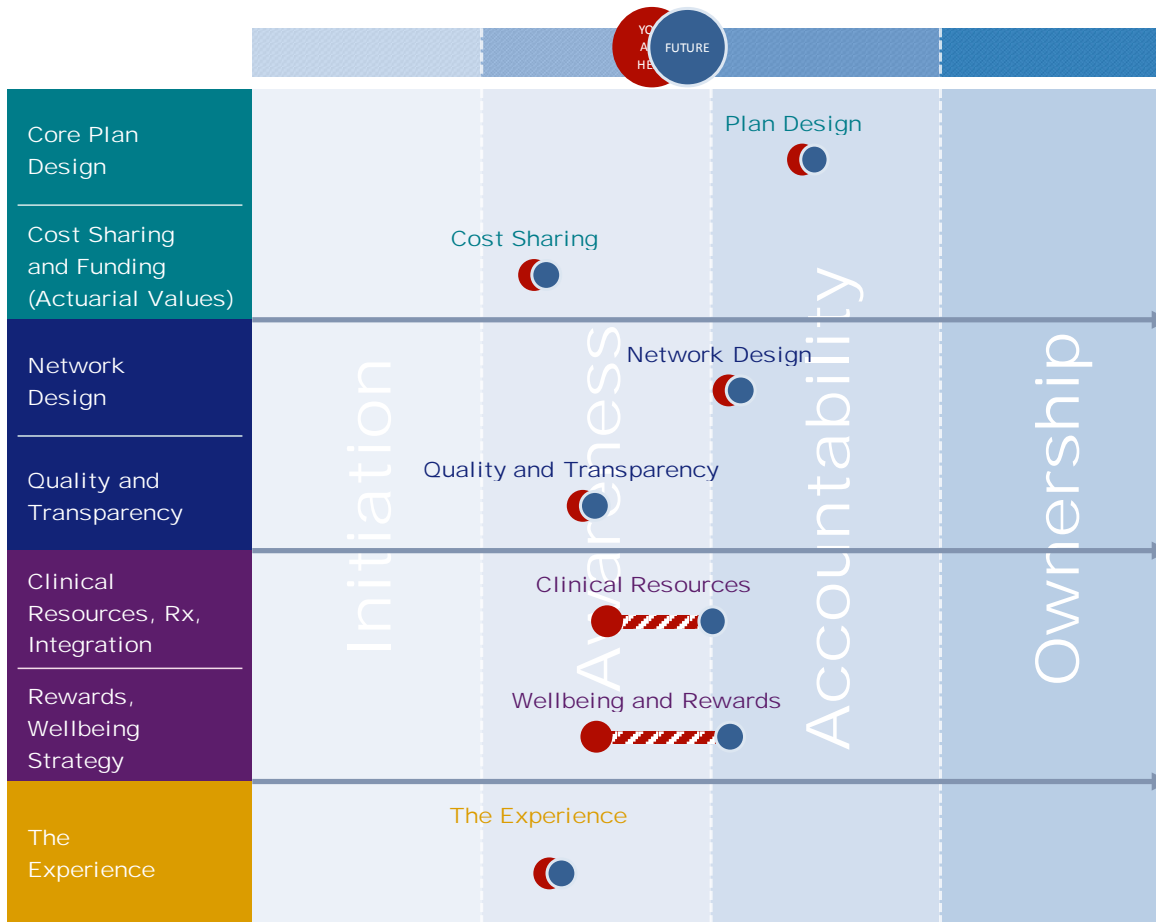
Health Continuum

■ Current



Motivating Health Ownership

● Escambia ● Future



Recommendations

- Move to outcomes-based incentives
- Consider adding medical necessity
- Targeted promotions – Why is UHC Calling, Health4Me app
- Consider Specialty Rx First Fill
- Consider Real Appeal

OPPORTUNITY: Specialty Pharmacy First Fill Program



Faster engagement for your employees. Increased cost savings for you.

with grace fills



without grace fills



POTENTIAL SAVINGS

Member benefits without grace fills

- Their first prescription gets to the right place the first time.
- Less disruption and confusion.
- **Immediate access** to specialty pharmacy services and support:
 - Adherence programs
 - Educational resources
 - Clinical Management Programs

Specialty	# Rx	Utilizers	Savings
ANEMIA	1	1	\$ 66.00
CNS AGENTS	11	1	\$ 726.00
CYSTIC FIBROSIS	2	1	\$ 132.00
HEPATITIS C	12	6	\$ 792.00
INFLAMMATORY CONDITIONS	18	9	\$ 1,188.00
ONCOLOGY - ORAL	13	7	\$ 858.00
OSTEOPOROSIS	2	1	\$ 132.00
TOTAL	59		\$ 3,894.00

NOTES:

- Potential savings from eliminating out-of-network specialty grace fills
- Estimated savings is \$66 per Rx
- HIV drugs excluded per Watchdog law suit

1. An estimated average savings based on 2011 claims data for all UHCP commercial Fully Insured book of business, rates only and not clinical services impact, Hemophilia not included. Savings results may vary. This is not a guarantee.

Medical Necessity –ASO Opt-in Customers

Core Medical Necessity Summary



Prior Authorization	Preservice Requests	Adverse Determinations	Adverse Determination Rate	BOB Adverse Determination Rate	Estimated Net Paid Savings	Estimated PMPM Savings
Outpatient	141,416	13,963	9.9%	9.5% - 10.2%	\$39,022,422	
Inpatient	18,141	1,480	8.2%	9.5% - 10.2%	\$16,651,708	
IP shift to OP		250	1.4%		\$1,150,858	
Total Prior Auth Savings	159,557		9.8%	9.5% - 10.2%	\$56,824,988	\$1.05

Concurrent Review	Days	Adverse Determination Days	Adverse Determination Rate	BOB Adverse Determination Rate	Estimated Net Paid Savings	Estimated PMPM Savings
Post admission IP management	470,999	23,572	5.0%	3.0% - 5.3%	\$46,490,177	
Shift to Observation Days		18,215	3.9%	2.4% - 4.4%	\$45,567,410	
Total Inpatient Savings	470,999		8.9%	3.3% - 5.8%	\$92,057,587	\$1.70

Total Core Med Nec Savings					\$148,882,575	\$2.74
-----------------------------------	--	--	--	--	----------------------	---------------

UHC Prior Authorization Program impact (BOB ASO opt-in customers):

- OP Spine: 6.7% adverse determinations with ~\$2.9M BOB savings
- IP Spine: 16.2% adverse determinations for ~\$8M BOB savings
- Inpatient to outpatient conversions: ~ \$1.2M in additional BOB savings
- OP Arthroplasties: 2.5% adverse determination/ \$78K savings
- IP Arthroplasties: 1.2%/ \$100K savings

These figures are based on historical experience and are not intended to be predictive of individual customer results or a guarantee of future performance. Actual results and individual customer experience will vary based on multiple factors, including, but not limited to, plan design, population demographics, utilization, claims experience, network market conditions and other factors.

Medical Necessity –ASO Opt-in Customers

Radiology / Cardiology Buy-Up



Procedure Type	Preservice Requests	Adverse Determinations	Adverse Determination Rate	BOB Adverse Determination Rate	Net Paid	Estimated Net Paid Savings	Estimated PMPM Savings	Estimated ROI
Radiology	176,135	10,192	5.8%	5.2% - 6.6%	\$133,473,746	\$7,913,208		
Cardiology	31,009	2,213	7.1%	6.9% - 7.5%	\$36,840,034	\$2,350,374		
Total Savings	207,144	12,405	6.0%		\$170,313,780	\$10,263,581		
Program Cost (\$0.42 PMPM fee)						-\$6,848,550		
Final Savings minus Costs						\$3,415,031	\$0.21	1.50

These figures are based on historical experience and are not intended to be predictive of individual customer results or a guarantee of future performance. Actual results and individual customer experience will vary based on multiple factors, including, but not limited to, plan design, population demographics, utilization, claims experience, network market conditions and other factors.

Appendix

Medical Plan Demographics



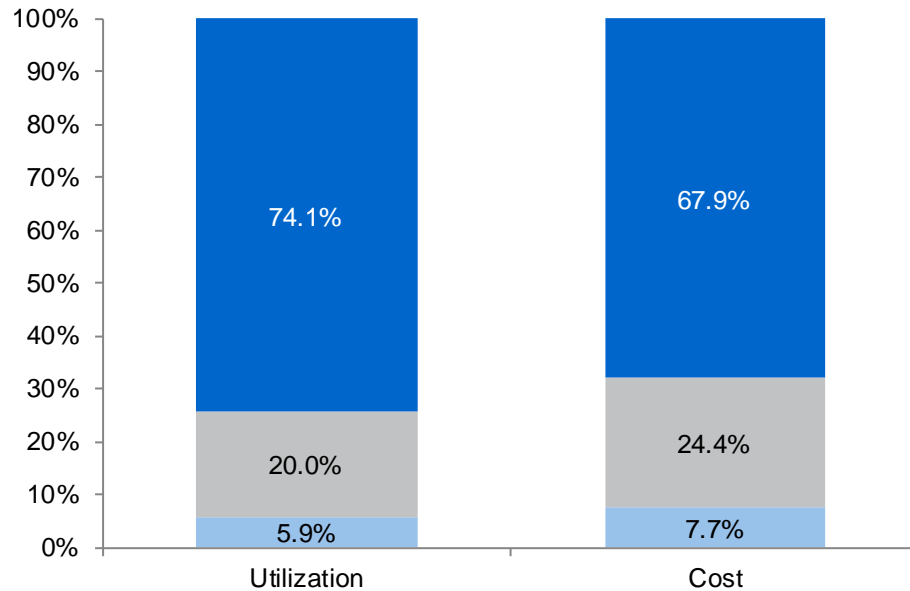
Measure	Prior	Current	Change	Norm	Variance
Employees	4,159	4,072	-2.1%	na	na
Average Age (Employee)	48.8	48.6	-0.4%	46.0	5.7%
% Female Employees	79.8%	79.7%	-0.1pts	74.6%	5.1pts
<hr/>					
Members	6,866	6,714	-2.2%	na	na
Average Age (Member)	41.2	40.6	-1.5%	35.0	16.0%
% Female Members	63.8%	64.1%	0.3pts	58.0%	6.1pts
% Female Members (22-44)	20.1%	20.1%	0.0pts	21.0%	-0.9pts
% Members (< 18)	14.4%	15.1%	0.7pts	23.1%	-8.0pts
<hr/>					
Average Family Size	1.65	1.65	0.0%	2.06	-19.9%
Age/Gender Factor	1.365	1.349	-1.2%	1.139	18.4%
Benefits Utilization	91.9%	93.5%	1.6pts	96.0%	-2.5pts

Pharmacy Member Breakdown



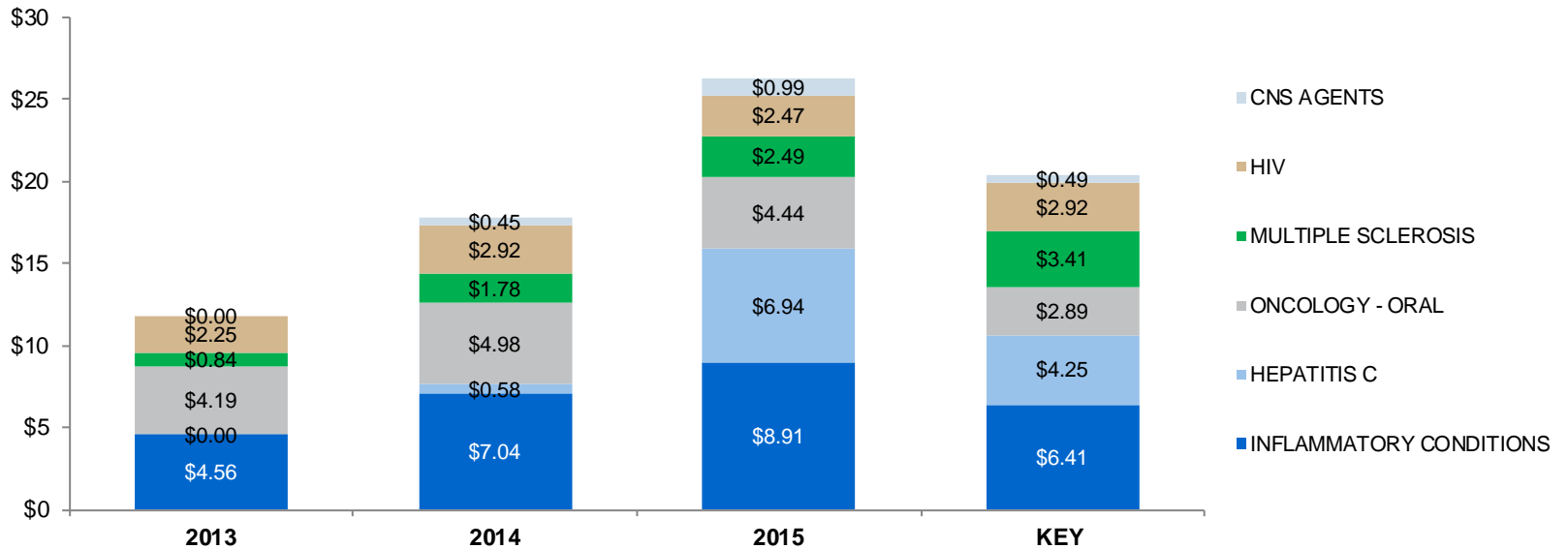
Top 3 Disease States by Plan Paid

Employee	DIABETES INFLAMMATORY CONDITIONS HEPATITIS
Spouse or Domestic Partner	DIABETES ONCOLOGY INFLAMMATORY CONDITIONS
Child or Dependent	ADHD INFLAMMATORY CONDITIONS SEIZURE DISORDERS



Member Breakdown	PMPM	per Rx
Employee	\$55.08	\$52.17
Spouse/Domestic Partner	\$19.77	\$69.54
Child/Dependent	\$6.26	\$74.69

Top-6 Specialties PMPM



Specialty	Plan Paid PMPM	PMPM Change	Utilizers	Utilizer Change	Utilizers per	Utilizers per PP	Utilizers per BoB	Rx Cnt	Rx Cnt Change	Plan Paid	per Rx
INFLAMMATORY CONDITIONS	\$8.91	\$1.88	30	-1	22.2	20.9	15.9	208	-11	\$722,540	\$3,474
HEPATITIS C	\$6.94	\$6.37	6	5	4.4	0.7	2.8	22	20	\$562,742	\$25,579
ONCOLOGY - ORAL	\$4.44	-\$0.54	11	-4	8.1	10.1	7.1	54	-58	\$359,773	\$6,662
MULTIPLE SCLEROSIS	\$2.49	\$0.70	5	1	3.7	2.7	4.6	40	7	\$201,451	\$5,036
HIV	\$2.47	-\$0.45	15	3	11.1	8.1	11.0	188	-41	\$200,406	\$1,066
CNS AGENTS	\$0.99	\$0.54	1	-	0.7	0.7	0.4	11	4	\$80,555	\$7,323

Contribution	2015	2014
Top 6 Specialty PMPM	\$26.25	\$17.75
Total Specialty PMPM	\$27.94	\$19.69
Top 6 % Total Specialty	93.9%	90.1%
Top 6 % Total Plan Paid	32.4%	23.8%

Dollars shown are Plan Paid
Utilizers per = per 5,000 members

Top-20 Disease States

Rank 2015	Rank 2014	Rank Norm	Disease State	Plan Paid	Plan Paid PMPM	PMPM Trend	% Total Trend	AWP Trend	GDR	GDR Point Change	Utilizers	Utilizer Change	Plan Paid per Rx
1	1	1	DIABETES	\$1,216,362	\$15.01	7.1%	14.9%	11.8%	55.2%	-1.3	574	-73	\$195
2	2	2	INFLAMMATORY CONDITIONS	\$793,816	\$9.79	25.2%	29.7%	24.6%	8.4%	-8.8	60	-3	\$2,308
3	22	7	HEPATITIS	\$565,130	\$6.97	808.1%	93.5%	718.9%	31.0%	-30.5	7	4	\$19,487
4	3	3	ONCOLOGY	\$392,469	\$4.84	-10.1%	-8.2%	24.7%	91.4%	2.8	113	-24	\$783
5	5	6	ADHD	\$331,534	\$4.09	2.0%	1.2%	-1.2%	48.8%	-0.8	349	-30	\$135
6	4	5	CHOLESTEROL LOWERING AGENTS	\$294,420	\$3.63	-10.0%	-6.1%	2.8%	83.3%	2.9	1,084	-240	\$34
7	8	10	DEPRESSION	\$210,836	\$2.60	-5.2%	-2.1%	4.0%	97.5%	0.3	1,323	-125	\$20
8	11	4	MULTIPLE SCLEROSIS	\$201,451	\$2.49	39.3%	10.6%	7.4%	0.0%	0.0	5	1	\$5,036
9	7	11	HIV	\$200,406	\$2.47	-15.3%	-6.7%	-0.5%	6.4%	5.9	15	3	\$1,066
10	9	8	ASTHMA / COPD	\$194,897	\$2.40	0.6%	0.2%	1.5%	48.0%	3.3	666	-24	\$66
11	6	9	CARDIOVASCULAR	\$193,735	\$2.39	-23.9%	-11.3%	-1.8%	96.2%	2.2	2,004	-320	\$8
12	10	17	MALE AND FEMALE HORMONE REPLACEMENT	\$157,755	\$1.95	6.5%	1.8%	13.8%	67.6%	4.8	401	-39	\$60
13	13	14	ANTIPSYCHOTICS	\$138,449	\$1.71	3.7%	0.9%	26.3%	69.5%	7.5	80	-17	\$341
14	16	13	ANTIBIOTICS	\$132,674	\$1.64	26.3%	5.1%	13.6%	98.5%	0.1	2,687	-227	\$26
15	14	16	SEIZURE DISORDERS	\$118,659	\$1.46	-2.1%	-0.5%	2.4%	94.9%	2.1	503	-26	\$42
16	18	15	CONTRACEPTION	\$112,025	\$1.38	26.8%	4.4%	4.7%	63.0%	-2.1	587	38	\$29
17	15	18	NARCOTIC ANALGESICS	\$105,642	\$1.30	-8.6%	-1.9%	2.6%	98.1%	1.4	1,548	-232	\$20
18	23	26	NEUROLOGIC	\$99,227	\$1.22	77.4%	8.0%	86.0%	0.0%	0.0	11	-2	\$1,459
19	20	12	MISC SKIN CONDITION	\$85,547	\$1.06	11.6%	1.7%	10.6%	76.4%	3.9	528	-91	\$76
20	17	22	BLOOD GLUCOSE MONITORING	\$85,517	\$1.05	-9.4%	-1.6%	6.8%	0.0%	0.0	209	-52	\$102

TOTAL \$5,630,550

Top-20 Disease States Represent 85.6% of Total Plan Paid

Specialty

Top-20 Disease States

Clinical Programs Available to Manage Spend



Disease State	Plan Paid	Plan Paid PMPM	PMPM Trend	Utilizers	EAL	PEX	QD	QLL	Notif	SDP	Med Nec	Step
DIABETES	\$1,216,362	\$15.01	7.1%	574		Y	Y	Y		Y	Y	Y
INFLAMMATORY CONDITIONS	\$793,816	\$9.79	25.2%	60				Y	Y	Y		Y
HEPATITIS	\$565,130	\$6.97	808.1%	7				Y		Y	Y	Y
ONCOLOGY	\$392,469	\$4.84	-10.1%	113		Y	Y	Y	Y			
ADHD	\$331,534	\$4.09	2.0%	349		Y	Y		Y			Y
CHOLESTEROL LOWERING AGENTS	\$294,420	\$3.63	-10.0%	1,084		Y	Y		Y			Y
DEPRESSION	\$210,836	\$2.60	-5.2%	1,323		Y	Y					Y
MULTIPLE SCLEROSIS	\$201,451	\$2.49	39.3%	5			Y		Y			
HIV	\$200,406	\$2.47	-15.3%	15								Y
ASTHMA / COPD	\$194,897	\$2.40	0.6%	666				Y	Y	Y		
CARDIOVASCULAR	\$193,735	\$2.39	-23.9%	2,004		Y	Y		Y	Y		
MALE AND FEMALE HORMONE REPLA	\$157,755	\$1.95	6.5%	401			Y				Y	
ANTIPSYCHOTICS	\$138,449	\$1.71	3.7%	80		Y	Y					
ANTIBIOTICS	\$132,674	\$1.64	26.3%	2,687		Y	Y				Y	
SEIZURE DISORDERS	\$118,659	\$1.46	-2.1%	503				Y	Y	Y	Y	Y
CONTRACEPTION	\$112,025	\$1.38	26.8%	587			Y					
NARCOTIC ANALGESICS	\$105,642	\$1.30	-8.6%	1,548			Y	Y	Y		Y	Y
NEUROLOGIC	\$99,227	\$1.22	77.4%	11				Y		Y	Y	
MISC SKIN CONDITION	\$85,547	\$1.06	11.6%	528		Y	Y	Y	Y			
BLOOD GLUCOSE MONITORING	\$85,517	\$1.05	-9.4%	209				Y				

TOTAL \$5,630,550

Top-20 Drugs Represent 85.6% of Total Plan Paid

Specialty

Top-20 Therapeutic Classes

Rank 2015	Rank 2014	Rank Norm	Therapeutic Class	Plan Paid	Plan Paid PMPM	PMPM Trend	% Total Trend	AWP Trend	GDR	GDR Point Change	Utilizers	Utilizer Change	Plan Paid per Rx
1	1	1	INSULIN	\$598,558	\$7.38	0.9%	1.0%	14.6%	0.0%	0.0	134	-40	\$534
2	25	4	HEPATITIS AGENTS	\$565,130	\$6.97	808.1%	93.3%	718.9%	31.0%	-30.5	7	4	\$19,487
3	2	3	ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	\$345,430	\$4.26	10.1%	5.9%	28.9%	0.0%	0.0	13	-4	\$3,714
4	4	6	ANTINEOPLASTIC ENZYME INHIBITORS	\$216,103	\$2.67	-5.2%	-2.2%	4.9%	0.0%	0.0	3	-1	\$9,396
5	10	2	MULTIPLE SCLEROSIS AGENTS	\$201,451	\$2.49	39.3%	10.5%	7.4%	0.0%	0.0	5	1	\$5,036
6	3	8	ANTIRETROVIRALS	\$200,406	\$2.47	-15.3%	-6.7%	-0.5%	6.4%	5.9	15	3	\$1,066
7	7	11	INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	\$187,065	\$2.31	17.4%	5.2%	11.5%	0.0%	0.0	64	1	\$483
8	5	5	HMG COA REDUCTASE INHIBITORS	\$185,388	\$2.29	-2.2%	-0.8%	2.5%	86.7%	1.3	1,014	-209	\$25
9	16	23	SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	\$181,983	\$2.25	85.3%	15.5%	15.6%	0.0%	0.0	84	21	\$313
10	6	9	AMPHETAMINES	\$181,058	\$2.23	6.6%	2.1%	-2.8%	51.8%	3.0	258	-19	\$101
11	8	7	SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	\$161,787	\$2.00	7.6%	2.1%	14.6%	0.0%	0.0	6	-4	\$3,053
12	12	14	STIMULANTS - MISC.	\$134,710	\$1.66	2.1%	0.5%	8.2%	40.8%	-19.1	92	-27	\$231
13	13	10	SYMPATHOMIMETICS	\$134,343	\$1.66	10.6%	2.4%	7.6%	10.7%	1.2	466	-54	\$96
14	9	15	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	\$122,703	\$1.51	-17.4%	-4.8%	0.4%	93.2%	4.7	259	-39	\$68
15	19	28	ANTIDIABETIC COMBINATIONS	\$116,865	\$1.44	30.2%	5.0%	20.6%	19.9%	-7.9	66	4	\$261
16	54	37	INFLAMMATORY BOWEL AGENTS	\$112,765	\$1.39	343.4%	16.2%	-0.4%	0.0%	0.0	4	2	\$3,417
17	14	16	QUINOLINONE DERIVATIVES	\$109,606	\$1.35	-4.8%	-1.0%	12.1%	60.1%	60.1	32	0	\$599
18	15	12	ANTICONVULSANTS - MISC.	\$109,324	\$1.35	3.8%	0.7%	1.8%	96.0%	2.4	410	-17	\$49
19	20	13	COMBINATION CONTRACEPTIVES - ORAL	\$97,915	\$1.21	24.6%	3.6%	3.3%	64.4%	-2.3	539	34	\$27
20	11	24	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	\$97,675	\$1.20	-28.3%	-7.1%	13.6%	0.0%	0.0	44	-23	\$305

TOTAL \$4,060,265

Top-20 Therapeutic Classes Represent 61.8% of Total Plan Paid

Specialty

Top-20 Drugs

Rank 2015	Rank 2014	Rank Norm	Drug Name	Disease State	Plan Paid	Plan Paid PMPM	PMPM Trend	% Total Trend	Utilizers	Utilizer Change	Rx Count	Rx Count Change	Plan Paid per Rx
1		1	HARVONI	HEPATITIS	\$377,047	\$4.65		70.1%	4	4	13	13	\$29,004
2	1	2	HUMIRA PEN	INFLAMMATORY CONDITIONS	\$221,888	\$2.74	30.4%	9.6%	7	-2	58	-8	\$3,826
3	8	18	INVOKANA	DIABETES	\$176,361	\$2.18	94.4%	15.9%	79	24	562	189	\$314
4	3	10	LANTUS SOLOSTAR	DIABETES	\$160,709	\$1.98	4.9%	1.4%	66	-13	359	-96	\$448
5	2	3	CRESTOR	CHOLESTEROL LOWERING AGENTS	\$142,276	\$1.76	-8.6%	-2.5%	124	-42	889	-373	\$160
6	60	16	SOVALDI	HEPATITIS	\$140,856	\$1.74	440.7%	21.3%	2	1	5	4	\$28,171
7	5	9	VICTOZA	DIABETES	\$140,553	\$1.73	39.6%	7.4%	41	4	274	39	\$513
8	9	6	GLEEVEC	ONCOLOGY	\$114,639	\$1.41	32.8%	5.3%	1	0	12	0	\$9,553
9	6	22	HUMALOG KWIKPEN	DIABETES	\$109,162	\$1.35	9.0%	1.7%	47	-7	197	-72	\$554
10	12	7	HUMALOG	DIABETES	\$97,421	\$1.20	17.6%	2.7%	33	-2	175	-13	\$557
11	22	8	COPAXONE	MULTIPLE SCLEROSIS	\$95,300	\$1.18	50.8%	6.0%	3	1	19	5	\$5,016
12	82	30	CIMZIA	INFLAMMATORY CONDITIONS	\$94,419	\$1.16	432.7%	14.3%	4	2	31	24	\$3,046
13	31	34	SIMPONI	INFLAMMATORY CONDITIONS	\$91,622	\$1.13	98.0%	8.4%	3	-1	26	11	\$3,524
14	81	25	LEVEMIR FLEXTOUCH	DIABETES	\$90,836	\$1.12	401.3%	13.5%	27	9	166	124	\$547
15	16	44	KOMBIGLYZE XR	DIABETES	\$87,864	\$1.08	27.8%	3.6%	36	0	272	-14	\$323
16	20	17	ENBREL	INFLAMMATORY CONDITIONS	\$83,194	\$1.03	28.3%	3.4%	3	0	26	-1	\$3,200
17	7	27	DULOXETINE HCL	DEPRESSION	\$80,957	\$1.00	-15.4%	-2.7%	129	-2	746	227	\$109
18	45	26	XYREM	NEUROLOGIC	\$80,555	\$0.99	120.2%	8.2%	1	0	11	4	\$7,323
19	14	11	VYVANSE	ADHD	\$78,876	\$0.97	8.7%	1.2%	84	-13	454	-66	\$174
20	10	4	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	\$78,593	\$0.97	-8.2%	-1.3%	3	-4	27	-7	\$2,911

TOTAL \$2,543,127

Top-20 Drugs Represent 38.7% of Total Plan Paid

Specialty

Glossary

Term	Definition
Gross Cost	Total cost of the drug. Ingredient Cost + Dispense Fee + Sales Tax + ZBL
Employee Cost Share (ECS)	Total amount paid by a member for a drug. Copay + Deductible + Ancillary Charges
Plan Paid	Total amount paid by the client. Does not include rebates.
Plan Cost	Total amount paid by the client after rebates (net).
Member Months	Total number of enrolled members in one specific calendar month, and then sum of those months within the reporting period. Example: 40000 in Jan; 40050 in Feb; 41035 in Mar = 121085 Member Months
PMPM	Per Member Per Month. Metric Total ÷ Member Months Puts in context the total amount of a given metric (i.e. Plan Paid) relating to the number of members per month within the reporting time-period.
PMPY	Per Member Per Year. (Metric Total ÷ Member Months) * 12
Annual Growth	Shows the smoothed growth rate from the starting period to the ending period. This removes any volatile fluctuations and provides an actual annual growth rate.
Specialty	The drugs that have been identified by the OptumRx Specialty team as being Specialty.
Non-Specialty	The remaining drugs not classified as Specialty.
Enrolled Members	Average number of total enrollees (Subscribers + Spouse/Dependent + Child/Dependent) on the plan during the reporting period.
Utilizing Members	Total number of unique members who have had a script filled during the reporting period.
Utilization	Utilizing Members ÷ Enrolled Members
Avg Age Enrolled	Average age of the enrolled members during the reporting period.
Avg Age Utilized	Average age of the utilizing members during the reporting period.
PDC	Proportion of Days Covered. Measures the # of days covered by a Rx ÷ # of days in measurement period.

Glossary

Term	Definition
Tier 1 %	Percentage of scripts that have been dispensed for the drugs on the Tier 1 PDL list.
Tier 2 %	Percentage of scripts that have been dispensed for the drugs on the Tier 2 PDL list.
Tier 3 %	Percentage of scripts that have been dispensed for the drugs on the Tier 3 PDL list.
Tier 4 %	Percentage of scripts that have been dispensed for the drugs on the Tier 4 PDL list.
Tier 1 + Generic %	Percentage of scripts that have been dispensed for the drugs on the Tier 1 PDL list.
GDR	Generic Dispensing Rate: $\text{Generic Rx} \div \text{Total Rx}$
GSR	Generic Substitution Rate: $\text{Generic Rx} \div (\text{Generic Rx} + \text{MSB Rx})$
MSB	Multi-Source Brand. These are the brand drugs that have generic equivalents.
SSB	Single-Source Brands. These are brand drugs with no generic in the marketplace.
Days' Supply	The number of days the script was written for by the Physician.
Adjusted Rx	$(\text{Mail Rx} * 3) + \text{Retail Rx}$ Converts a mail-order script to equal the number of scripts that would need to be filled at retail.
Mail Utilization	$(\text{Mail Rx} * 3) \div \text{Adjusted Rx}$ This shows how much activity from a client is going thru the mail-order facility for a given reporting period.
AWP	Average Wholesale Price Price of a drug assigned by Medispan
Utilizers per	$((\text{Utilizing Members} \div \text{Enrolled Members}) * \text{xx Enrolled Members})$ This will show you the number of utilizers per a specific enrolled member count.
Norm	A grouping of customers that are all in a specific industry (i.e. Law Firms) Their results are aggregated together to provide a benchmark comparison.
BoB	An entire market segment (i.e. Key or National) and/or Region (i.e. Central)
Peer	An individual customer that is in the same segment (Key or National) and Region (i.e. Central) and is closest in enrolled member size.
HCC	High Cost Claimant. Patients who have a total dollar spend (i.e. \$25K) or greater within the reporting period.