

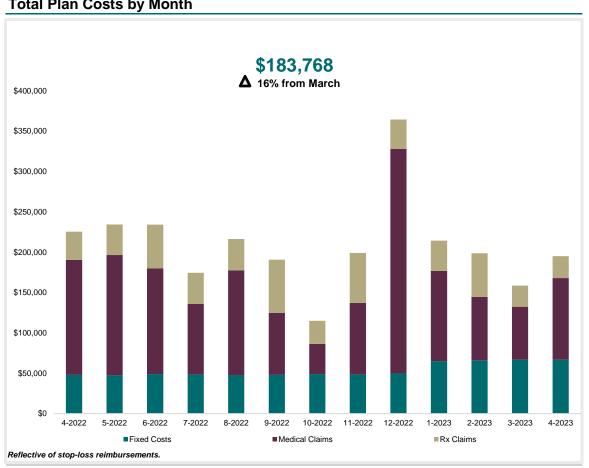
Medical/Rx Plan Performance Report

Sample Client 1/2017 - 4/2023

Key Takeaways

One new high cost claimant (#1 HCC). High cost claimant #2 is repeat high cost claimant from the 2022 plan year. (#1 HCC in 2022). Received \$11,363 in stop loss reimbursements in April for the 2022 plan year. 2023 fixed costs are inclusive of administration, broker fee, specific fee & aggregate fee.

Total Plan Costs by Month









YTD High Cost Claimants > \$37,500

YTD HCC CLAIMS PAID

\$111,547

+ \$56,422 from prior month

YTD HCC MEMBERS

2 Members

+ 1 new this month

YTD HCC AS A % OF TOTAL CLAIMS

2 plan members contributed to 22% of gross paid claims.





▼ 18% vs. April 22'

Average Enrolled Employees 178

14% vs. April 22'

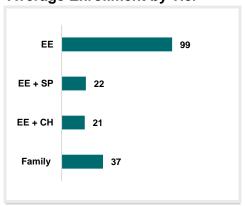


Current Plan Year Medical/Rx Claims Experience

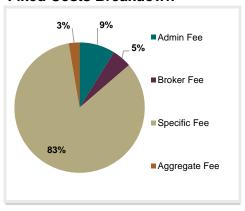
Sample Client (1/2023 - 4/2023)

	Enrollment				Plan Cos	sts		Cost v.s Premium Equivalent			
Month	Employees	Members	Fixed Costs	Medical Claims	Rx Claims	Stop Loss Reimbursement	Total Paid Claims	Total Plan Cost	Premium Equivalent	% of Premium Equivalent	
1-2023	175	339	\$64,960	\$111,887	\$37,475	\$113,462	\$149,362	\$100,860	\$272,963	37%	
2-2023	178	342	\$66,074	\$78,447	\$54,059	\$35,040	\$132,506	\$163,539	\$276,661	59%	
3-2023	180	343	\$66,816	\$65,549	\$26,202	\$0	\$91,751	\$158,567	\$278,371	57%	
4-2023	180	342	\$66,816	\$101,151	\$27,165	\$11,364	\$128,316	\$183,768	\$277,451	66%	
Total	713	1,366	\$264,666	\$357,034	\$144,901	\$159,867	\$501,935	\$606,734	\$1,105,446	55%	
%	52%	48%	44%	71%	29%						
Average	178	342	\$66,166	\$89,259	\$36,225						

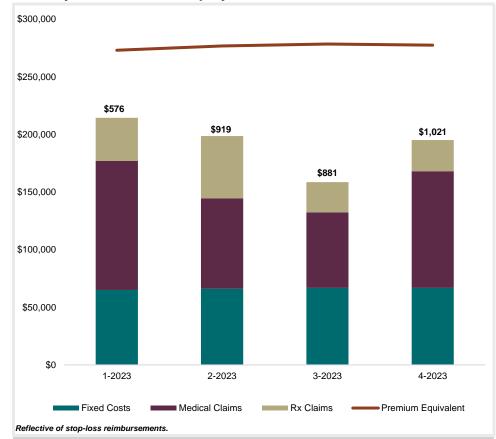
Average Enrollment by Tier



Fixed Costs Breakdown



Monthly Plan Cost Per Employee

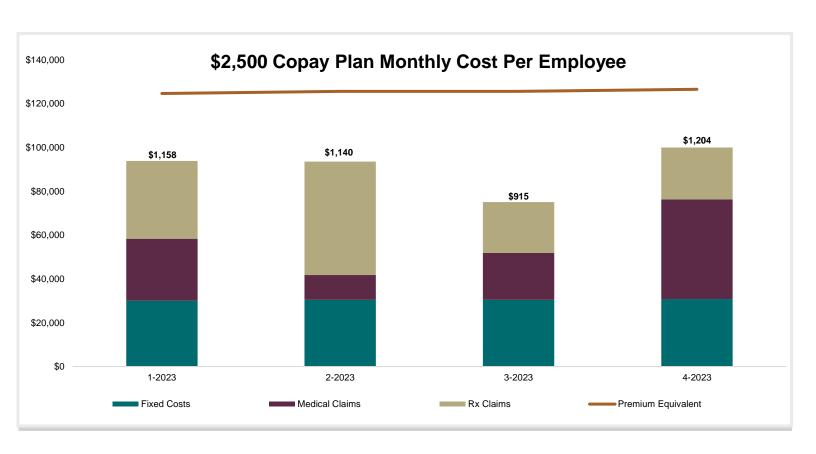




Year-to-Date Summary by Plan

Sample Client (1/2023 - 4/2023)

	\$2,500 Copay Plan													
Month		Enrollment						Claims Cost				Cost vs. Premium Equivalent		
	Single	EE + SP	EE + CH	Family	Total Enrollees	Total Members	Fixed Costs	Medical Claims	Rx Claims	Total Paid Claims	Total Plan Cost	Premium Equivalent	% of Premiu Equivalent	
1-2023	51	7	9	14	81	140	\$30,067	\$28,236	\$35,490	\$63,726	\$93,793	\$124,581	75%	
2-2023	52	7	9	14	82	141	\$30,438	\$11,296	\$51,758	\$63,054	\$93,493	\$125,542	74%	
3-2023	52	7	9	14	82	141	\$30,438	\$21,367	\$23,232	\$44,599	\$75,037	\$125,542	60%	
4-2023	53	7	9	14	83	142	\$30,810	\$45,445	\$23,649	\$69,094	\$99,903	\$126,503	79%	
Totals	208	28	36	56	328	564	\$121,754	\$106,344	\$134,129	\$240,473	\$362,226	\$502,169	72%	
%	63%	9%	11%	17%	58%	42%	34%	44%	56%					
Averages	52	7	9	14	82	141	\$30,438	\$26,586	\$33,532	\$60,118	\$90,557	\$125,542		

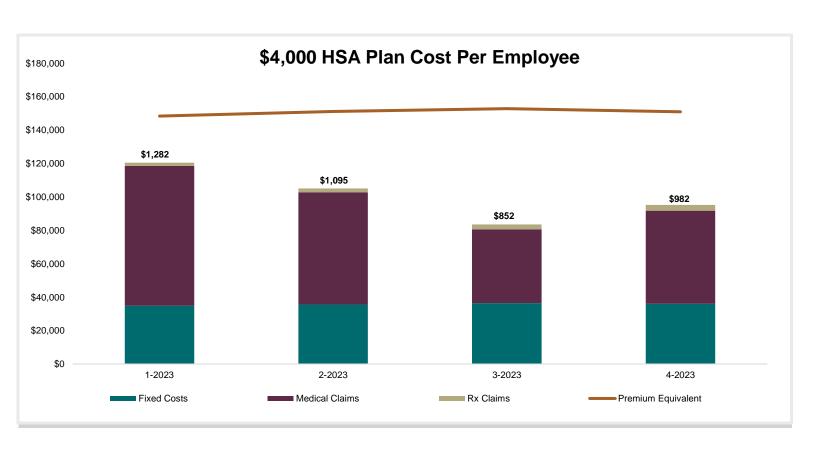




Year-to-Date Summary by Plan

Sample Client (1/2023 - 4/2023)

		\$4,000 HSA Plan												
Month	Enrollment							Claims Cost				Cost vs. Premium Equivalent		
	Single	EE + SP	EE + CH	Family	Total Enrollees	Total Members	Fixed Costs	Medical Claims	Rx Claims	Total Paid Claims	Total Plan Cost	Premium Equivalent	% of Premium Equivalent	
1-2023	45	15	11	23	94	199	\$34,893	\$83,651	\$1,985	\$85,636	\$120,529	\$148,382	81%	
2-2023	46	15	12	23	96	201	\$35,635	\$67,151	\$2,301	\$69,452	\$105,087	\$151,119	70%	
3-2023	48	15	12	23	98	202	\$36,378	\$44,183	\$2,969	\$47,152	\$83,530	\$152,829	55%	
4-2023	48	14	12	23	97	200	\$36,006	\$55,706	\$3,516	\$59,222	\$95,229	\$150,948	63%	
Totals	187	59	47	92	385	802	\$142,912	\$250,691	\$10,772	\$261,462	\$404,374	\$603,277	67%	
%	49%	15%	12%	24%	48%	52%	35%	96%	4%					
Averages	47	15	12	23	96	201	\$35,728	\$62,673	\$2,693	\$65,366	\$101,094	\$150,819		





Year-to-Date Large Claims Analysis

Sample Client (1/2023 - 4/2023)

		Cl	aims > \$37,500					
Plan	Relationship	Diagnosis	Medical Claims	Rx Claims	Total Paid Claims	Specific Deductible	Net Claims Expense	Claims > Specific
Copay Plan	Spouse	Other Specified Sepsis	\$52,925	\$3,213	\$56,138	\$75,000	\$56,138	\$0
Copay Plan	Employee	Rheumatoid arthritis	\$314	\$55,095	\$55,409	\$75,000	\$55,409	\$0
Total								
Claimants:	2				\$111,547			
Total (YTD) M	ledical/Rx Cla	aims Paid			\$501,935			
Large Claims	% of Medica	I/Rx Claims Paid			22%			

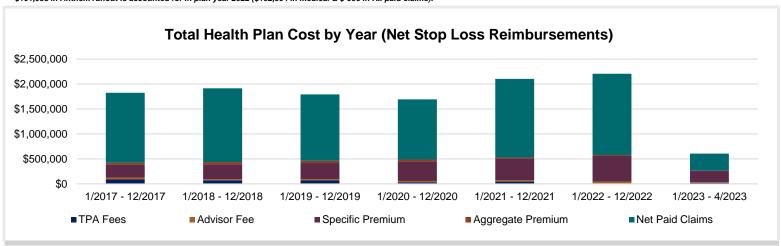


Historical Plan Cost by Year

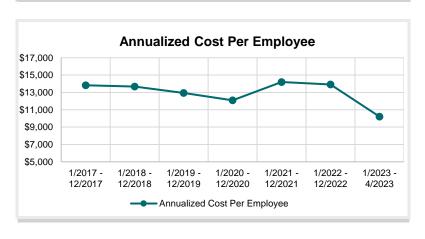
Sample Client 1/2017 - 4/2023

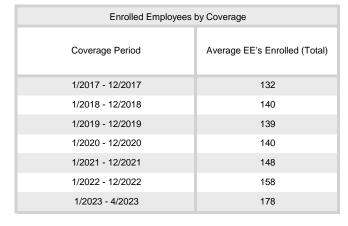
	Administration & Premium Cost (Fixed)							Claims Cost (Variable)				
Coverage Period	TPA Fees	Advisor Fee	Specific Premium	Aggregate Premium	Fixed Costs Total	Paid Medical Claims	Paid Rx Claims	Total Paid Claims	Specific Stop Loss Reimbursement	Net Paid Claims	Fixed Costs + Net Paid Claims	
1/2017 - 12/2017	\$87,500	\$39,600	\$257,226	\$40,836	\$425,161	\$1,717,663	\$390,991	\$2,108,654	\$708,792	\$1,399,862	\$1,825,023	
1/2018 - 12/2018	\$70,056	\$25,200	\$297,091	\$43,310	\$435,658	\$1,363,197	\$637,515	\$2,000,712	\$522,378	\$1,478,334	\$1,913,992	
1/2019 - 12/2019	\$69,347	\$24,945	\$324,667	\$42,872	\$461,832	\$1,077,445	\$603,697	\$1,681,142	\$349,167	\$1,331,975	\$1,793,807	
1/2020 - 12/2020	\$34,283	\$25,245	\$385,744	\$43,388	\$488,659	\$1,259,292	\$369,089	\$1,628,381	\$422,646	\$1,205,735	\$1,694,394	
1/2021 - 12/2021	\$46,966	\$26,655	\$440,554	\$14,927	\$529,102	\$1,595,237	\$556,336	\$2,151,625	\$577,691	\$1,573,934	\$2,103,036	
1/2022 - 12/2022	\$11,064	\$34,218	\$514,715	\$17,850	\$577,847	\$1,243,380	\$490,291	\$1,733,671	\$106,548	\$1,627,122	\$2,204,969	
1/2023 - 4/2023	\$23,401	\$12,834	\$221,337	\$7,094	\$264,666	\$357,034	\$144,901	\$501,935	\$159,867	\$342,069	\$606,734	

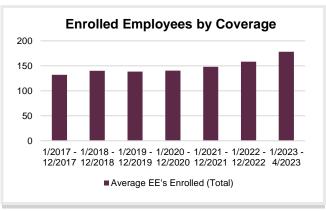
^{***\$101,998} in Anthem runout is accounted for in plan year 2022 (\$102,994 in medical & \$-996 in Rx paid claims).



Annualized N	Annualized Net Plan Cost per Employee											
Coverage Period	Fixed Costs + Paid Claims	Average # of Covered Employees	Annualized Cost Per Employee									
1/2017 - 12/2017	\$1,825,023	132	\$13,826									
1/2018 - 12/2018	\$1,913,992	140	\$13,671									
1/2019 - 12/2019	\$1,793,807	139	\$12,944									
1/2020 - 12/2020	\$1,694,394	140	\$12,081									
1/2021 - 12/2021	\$2,103,036	148	\$14,202									
1/2022 - 12/2022	\$2,204,969	158	\$13,919									
1/2023 - 4/2023	\$606,734	178	\$10,212									









Dental

Sample Client (1/2023 - 4/2023)

 Single
 EE + SP
 Family

 \$8.77
 \$18.47
 \$26.25

Composite

Dental Administration: \$3.36 Net of commission

Month	Enrollment			Administration Fees	Employee	Dental Paid	Total Dental	Contribution Less	PEPM Estimate		
	Single	EE + SP	Family	Total	, rammonanon i	Contributions	Claims	Expense	Expense	1 El W Estillate	
1-2023	85	43	56	184	\$618	\$2,215	\$11,720	\$12,339	-\$10,123	\$67	
2-2023	86	43	55	184	\$618	\$2,198	\$13,146	\$13,765	-\$11,567	\$75	
3-2023	85	43	53	181	\$608	\$2,137	\$9,640	\$10,248	-\$8,112	\$57	
4-2023	89	42	53	184	\$618	\$2,172	\$8,533	\$9,152	-\$6,980	\$50	
Totals	345	171	217	733	\$2,463	\$8,722	\$43,040	\$45,503	-\$36,781		
Average	86	43	54	183	\$616	\$2,180	\$10,760	\$11,376	-\$9,195	\$62	