

Attachment A

Financial

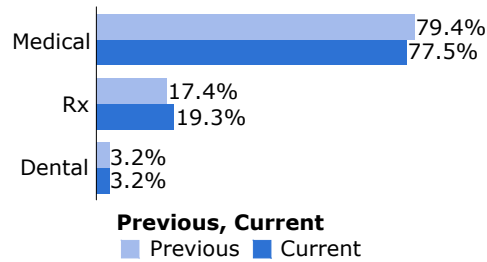
Previous Period: Jun 2021 - May 2022 (Incurred)

Current Period: Jun 2022 - May 2023 (Incurred)

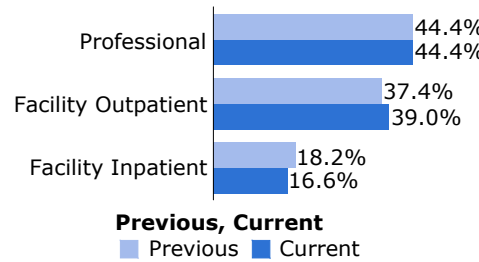


	Net Payment		Net Payment PMPM		
	Previous	Current	Previous	Current	% Change
Dental	\$59M	\$60M	\$20.5	\$21.0	2.5% ▲
Drug (RX)	\$317M	\$363M	\$110.9	\$126.7	14.2% ▲
Medical	\$1.44B	\$1.45B	\$505.7	\$507.6	0.4% ▲
Total	\$1.82B	\$1.88B	\$637.2	\$655.3	2.8% ▲

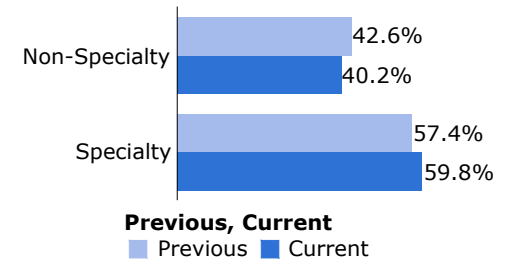
Net Payment by Summary Categories



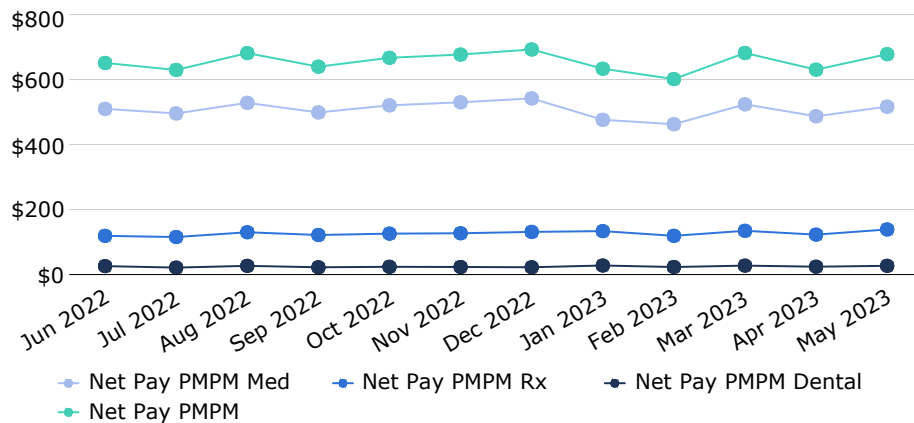
Net Payment by Medical Service Categories



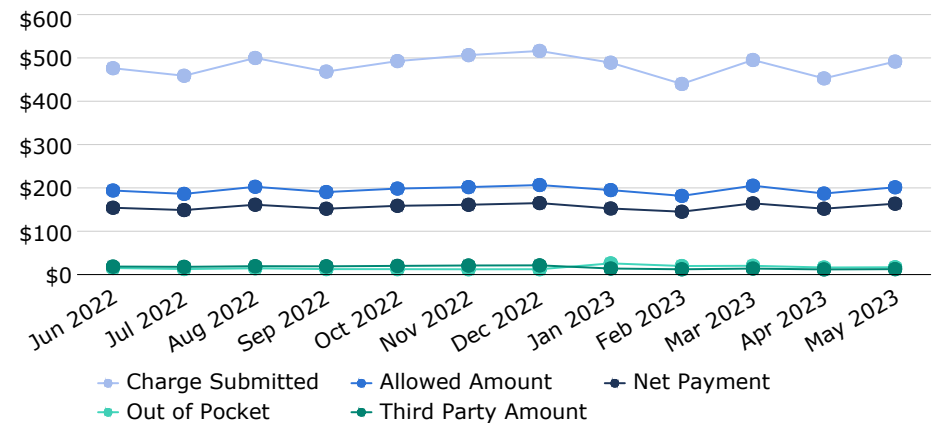
Net Payment by Non-Specialty vs Specialty Drugs



Monthly Cost Per Member



Total Monthly Costs (in Millions)



Financial

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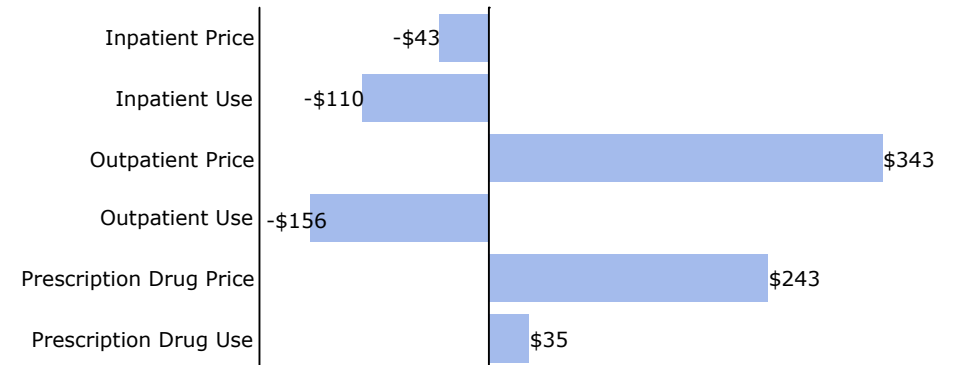


Cost Per Member

	Previous	Current	% Change		Norm	% Difference from Norm	
Allow Amt PMPY Med and Rx	\$9,319	\$9,630	3.3%	▲	\$8,054	19.6%	▲
Allow Amt Per Visit Office Med	\$225	\$237	5.0%	▲			
Allow Amt Per Adm Acute	\$25,689	\$24,996	-2.7%	▼	\$34,699	-28.0%	▼
Allow Amt Per Visit ER	\$2,162	\$2,144	-0.8%	▼	\$2,430	-11.8%	▼
Allow Amt Per Script Rx	\$169	\$187	10.8%	▲	\$173	8.0%	▲
Visits Per 1000 Office Med	7,589	7,275	-4.1%		6,674	9.0%	
Admits Per 1000 Acute	65	61	-6.9%		49	22.9%	
Visits Per 1000 ER	259	270	4.4%		202	33.5%	
Scripts Per 1000 Rx	11,648	11,993	3.0%				

Cost Drivers

Allowed Amount PMPY increased \$312 in the current period.
The factors driving this change include:



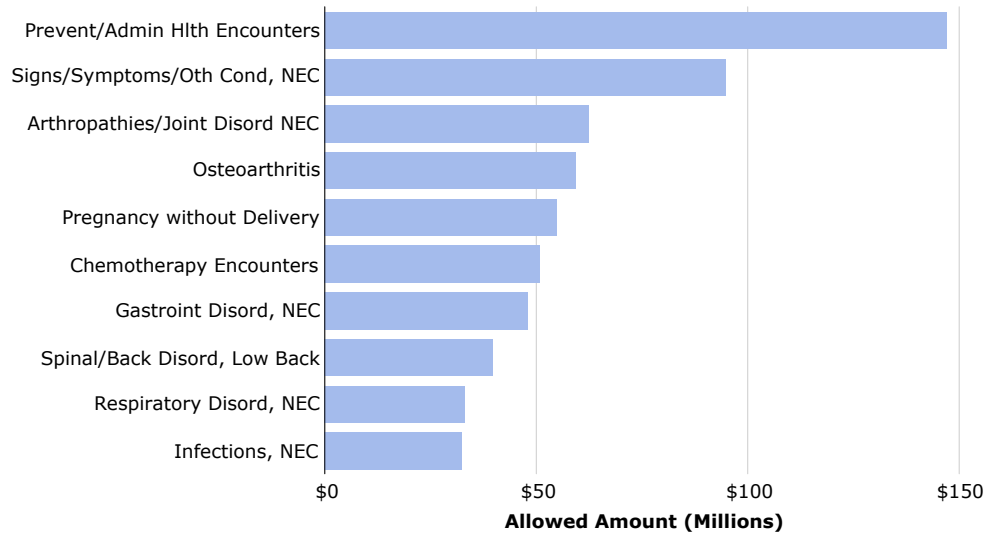
Clinical

Previous Period: Jun 2021 - May 2022 (Incurred)

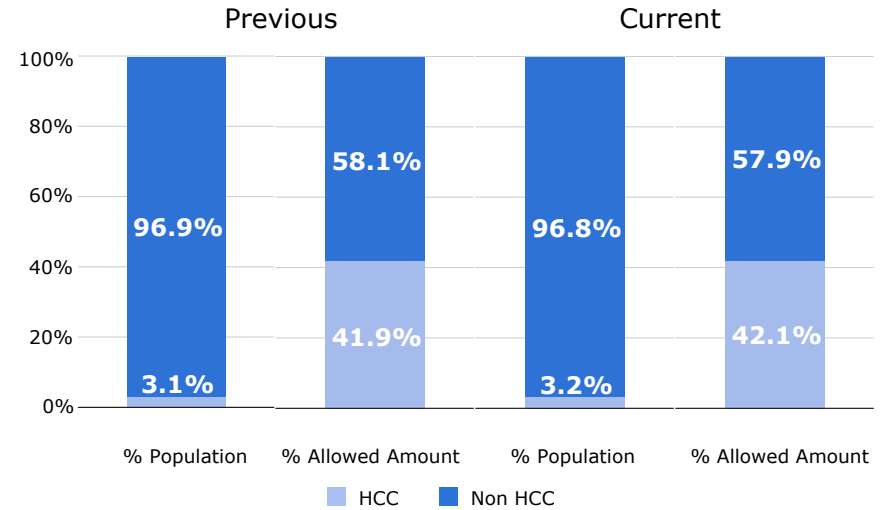
Current Period: Jun 2022 - May 2023 (Incurred)



10 Most Expensive Clinical Conditions



High Cost Claimants (HCC) Trends



	Allow Amt Med	% of Total	+Patients	**Allow Amt Per Patient Med
Prevent/Admin Hlth Encounters	\$146,946,277	8.4%	171,387	\$857
Signs/Symptoms/Oth Cond, NEC	\$94,629,622	5.4%	74,712	\$1,267
Arthropathies/Joint Disord NEC	\$62,430,183	3.6%	48,256	\$1,294
Osteoarthritis	\$59,310,802	3.4%	16,266	\$3,646
Pregnancy without Delivery	\$54,665,566	3.1%	4,644	\$11,771
Chemotherapy Encounters	\$50,852,797	2.9%	1,074	\$47,349
Gastroint Disord, NEC	\$47,982,057	2.7%	24,426	\$1,964
Spinal/Back Disord, Low Back	\$39,617,812	2.3%	25,348	\$1,563
Respiratory Disord, NEC	\$33,136,407	1.9%	20,455	\$1,620
Infections, NEC	\$32,319,402	1.9%	35,154	\$919
Top 10 Subtotal	\$621,890,925	35.6%	201,246	\$3,090
All Clinical Conditions	\$1,746,678,860	100.0%	245,711	\$7,685

Top 10 Conditions for *Consistent HCC

	Allow Amt Med	Patients	**Allow Amt Per Patient Med
Chemotherapy Encounters	\$28,727,845	368	\$78,065
Renal Function Failure	\$23,075,227	406	\$56,836
Signs/Symptoms/Oth Cond, NEC	\$11,528,371	2,656	\$4,341
Condition Rel to Tx - Med/Surg	\$8,904,055	486	\$18,321
Multiple Sclerosis	\$8,595,846	202	\$42,554
Infections, NEC	\$6,455,503	948	\$6,810
Gastroint Disord, NEC	\$5,928,273	1,028	\$5,767
Crohns Disease	\$5,853,091	311	\$18,820
Cancer - Breast	\$5,450,797	194	\$28,097
Cancer - Leukemia	\$5,229,123	193	\$27,094

HCC: defined as member with allowed amount >= \$50K.

*Consistent HCC: in addition, member must meet the HCC requirement for each of the last 2 Incurred Rolling years.

+Patient counts may not be unique since some patients have multiple conditions.

**Only costs associated with this condition in the current period, patients may have multiple conditions.

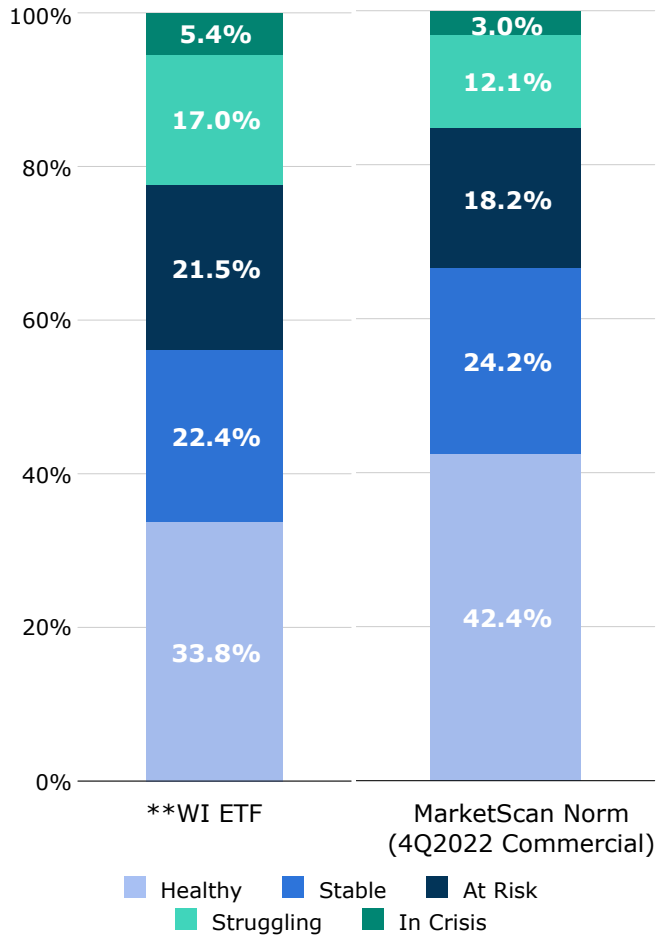
Clinical

*Current Period: Jun 2022 - May 2023 (Incurred)

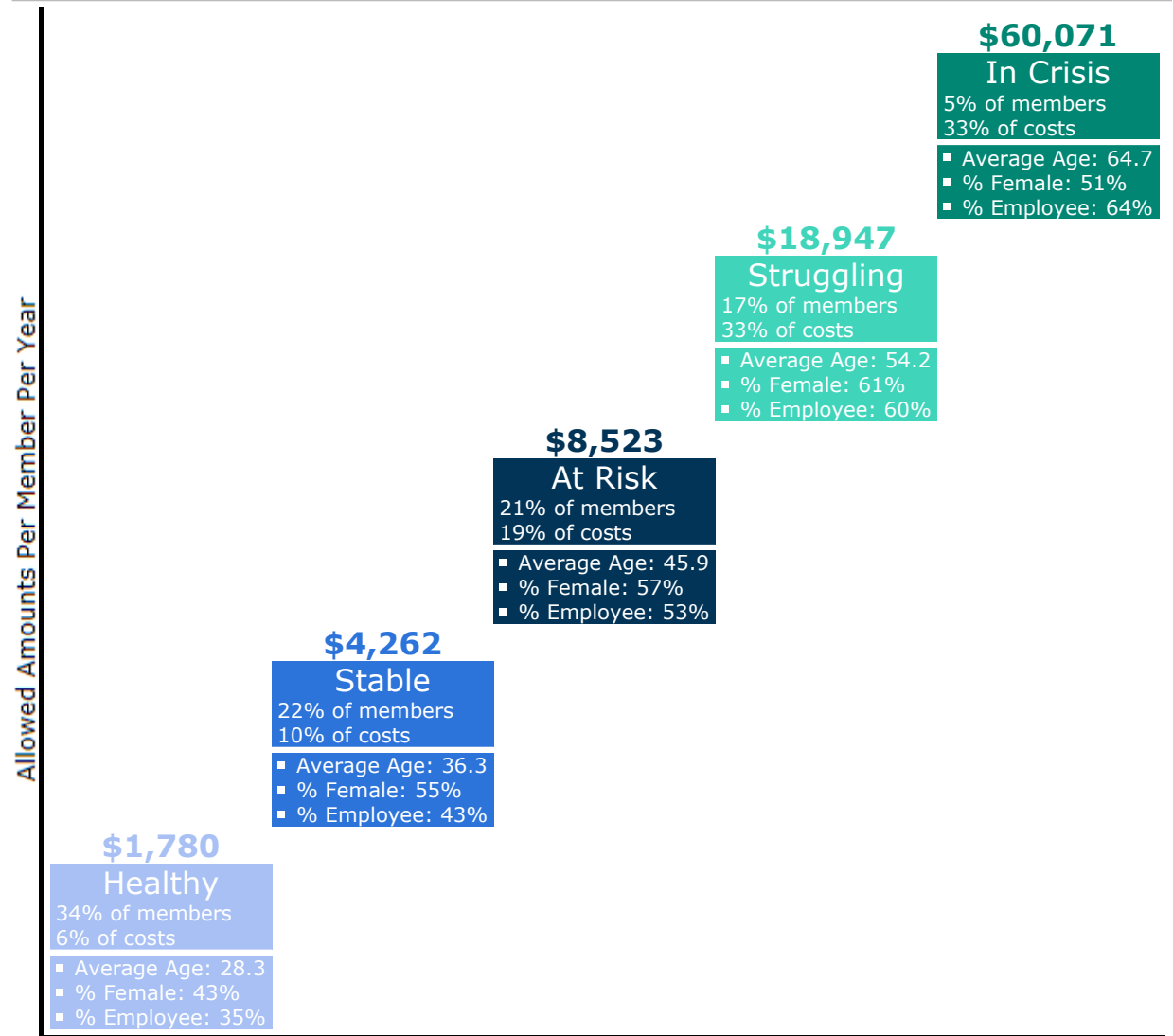
**DCG Period: Jan 2022 - Dec 2022



% of Members by Risk Band



Risk Band Profiles



*Demographic and financial metrics are for the current period

**See glossary for details on DCG Methodology

Risk Bands

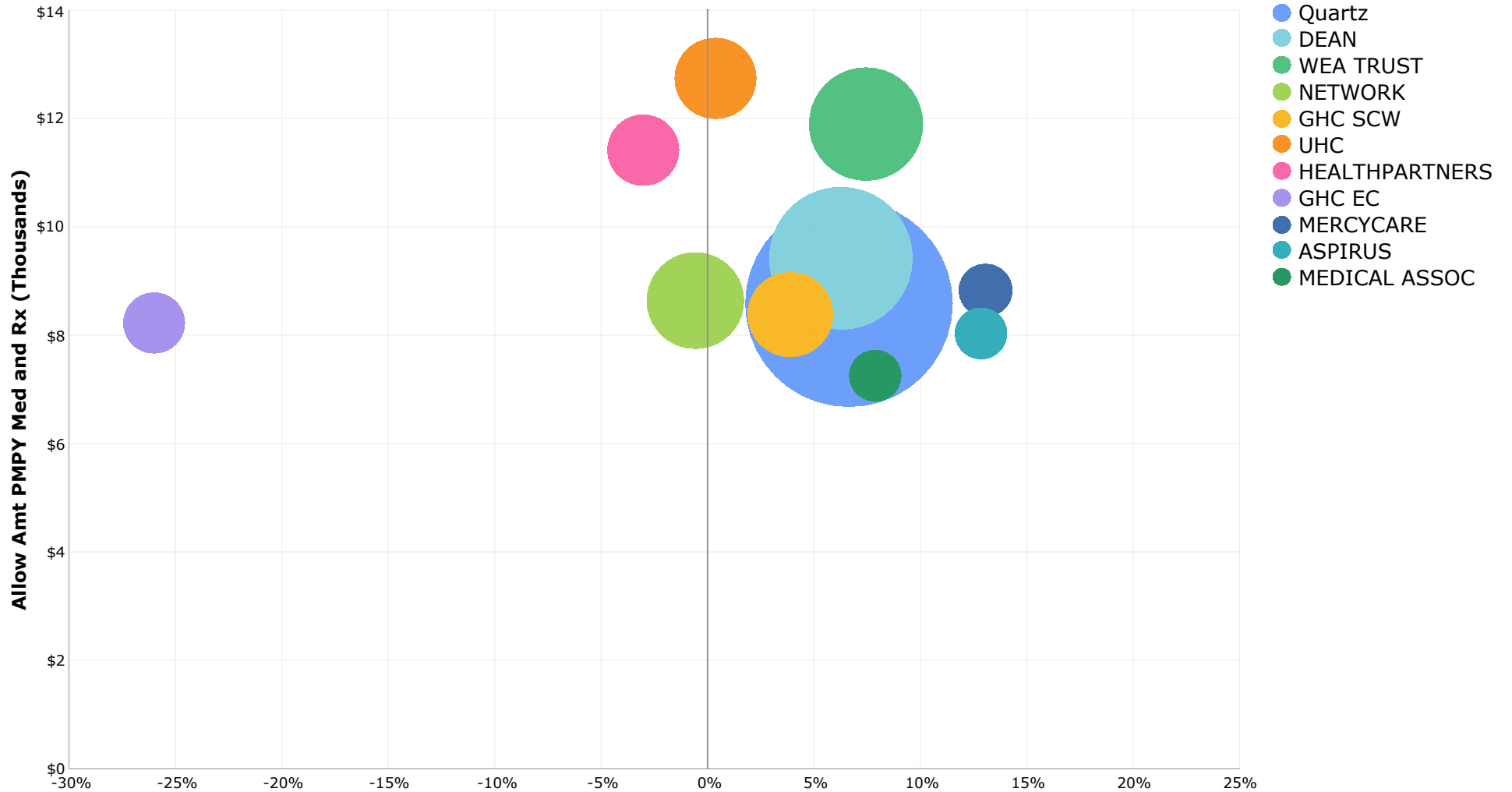
Financial

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Enrollment and Allowed Amount PMPY by Plan Group



Size of the bubbles represent current enrollment in each plan group
X-axis: % Change Allowed Amount PMPY Current vs Previous for each plan group

Eligibility

Previous Period: Jun 2021 - May 2022 (Incurred)

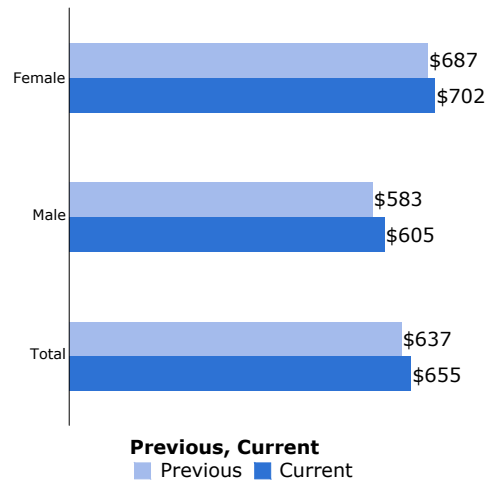
Current Period: Jun 2022 - May 2023 (Incurred)



	Enrollment			Average Age		
	Previous	Current	% Change	Previous	Current	% Change
Employees	121,053	122,599	1.3%	51.5	51.5	-0.1%
Members	261,462	263,939	0.9%	40.0	40.1	0.2%
Family Size Avg	2.2	2.2	-0.3%			

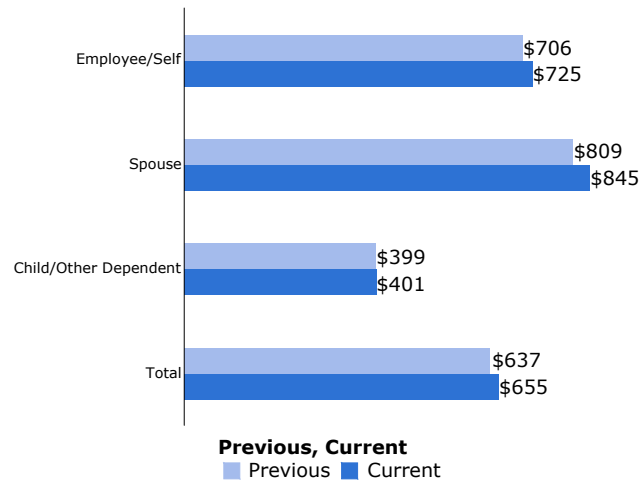
Membership and Net Pay PMPM by Gender

	Previous	Current	% Change
Female	136,081	137,406	1.0%
Male	125,432	126,607	0.9%



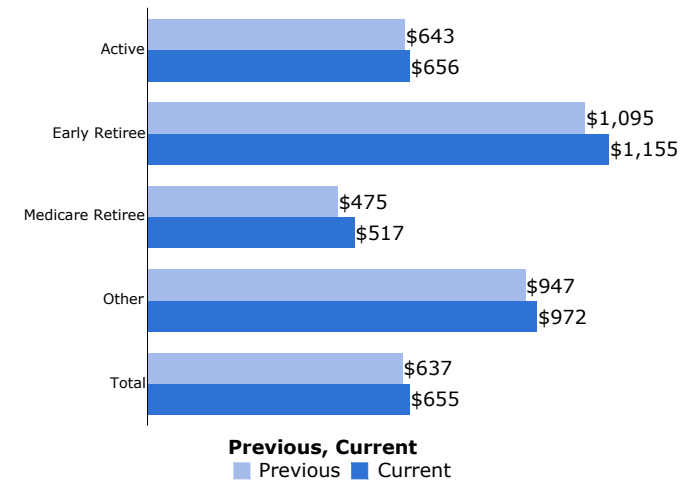
*Membership and Net Pay PMPM by Employee Relationship

	Previous	Current	% Change
Employee/Self	120,886	122,028	0.9%
Spouse	60,246	60,854	1.0%
Child/Other Dependent	80,330	81,057	0.9%



* Membership and Net Pay PMPM by Employee Status

	Previous	Current	% Change
Active	215,506	217,232	0.8%
Early Retiree	13,085	12,492	-4.5%
Medicare Retiree	38,278	39,208	2.4%
Other	1,404	1,147	-18.3%



*Membership counts may not be unique since there may be transitions between the listed categories during the reported period

Time Periods

- CRY: Current Rolling Year
- DCG Periods
 - Related to Diagnostic Cost Group methodology and risk adjustment
 - Typically aligned with Jan - Dec plan year
- Incurred: the date a service was rendered
- Paid: the date that the claim for a service was paid
- PRY: Previous Rolling Year

Clinical

- Clinical Conditions: Merative description for a clinical condition based on valid ICD principal diagnosis
- IP: inpatient service, related to an admission
- OP: outpatient services
- Rx: prescription drugs

Eligibility

- Employees: subscriber/self
- Family Size: average number of covered members per family
- Member Age: average age of covered employees/members
- Members: subscribers and dependents

Financial

- Allowed Amount: the total amount paid to the provider by all parties - the underlying medical cost that drives spending
- Net Payment: the amount paid by the plan sponsor (WI ETF)
 - Net Payment = Allowed Amount - (OOP + Third Party Payment)
- OOP: Out Of Pocket, cost to member
- Rates:
 - PMPM: Per Member Per Month
 - PMPY: Per Member Per Year
- Third Party Payment: e.g. Medicare, Medicaid, and other insurance

Other

- DCG: Diagnostic Cost Group (DCG) classifications are the foundation of a family of risk-adjusted payment and analysis methodologies
- Risk Scores and Categories
 - Are the predicted patient risk based on (i) Diagnosis codes (ICD 9/10) and (ii) Demographics
 - Concurrent / prospective: current and predicted risk scores
 - NonRescaled: DCG model population reference / average = 100
 - Rescaled: WI ETF population reference / average = 100
 - Risk Bands: groupings of risk scores based on Merative MarketScan