Consultative Analytics℠

Miami-Dade County Public Schools

April 2011

Kimberly Derico
Account Manager
Employer Informatics

Copyright 2011 CIGNA - Confidential & Privileged - Not for Distribution

Products, Time Periods, and Norm

Products include:

• Open Access Plus

The time periods used in this presentation:

• Current Period - claims incurred between January 2010 and December 2010, paid through March 2011

Normative comparison:

• Actives: CIGNA's book of business mature Under 65 Public Sector
• Retirees: CIGNA's book of business mature >= 40 Public Sector

ACTIVES

Key Findings - Actives

Plan Highlights

- Plan spend PMPM was above the CIGNA norm
- Average membership was 58,957; the Active population was older and had a higher percentage of females than norm
- Network penetration was 91.5% (norm = 93.8%)
- Provider discounts were 61.6% (norm = 52.7%)

Utilization Highlights

- Catastrophic claims drove 22.2% of costs and were higher than norm on a PMPY basis
- Catastrophic claimants per 1,000 members (>$100K) were above norm, as well as the average cost per claimant at $228,701 (norm = $199,061)
- Non catastrophic claims were driven by Professional and Outpatient utilization/costs

Risk Burden

- 38.6% of the total population was classified as having a Chronic condition; this group drove 65.4% of total costs (norm = 66%)
- 16.0% of the total population was identified for Disease Management programs
- 8,765 members identified as having gaps in care
- Cancer prevalence was 3.2% (2.3% excluding Dermatology); cancer was a dominant theme among catastrophic claimants
- 79.6% of catastrophic claimants had chronic condition

Key Findings - Actives

Health, Wellness, & Engagement

- 306 members invited to online coaching as a result of Health Assessment completions; 91 enrolled
- 34.7% of individuals participating in Disease Management programs are engaged; Diabetes had the highest percentage of engagement
- 3,699 closed medical gaps in the care of Chronic individuals resulted in $369,449 in savings from reduced ER encounters and inpatient admissions
- 173 unique members enrolled in Lifestyle Management programs (Stress, Weight, Tobacco); 6 graduated
- Health Advocacy programs (Inpatient/Outpatient/Specialty Case Management and 24 Hour Health Information Line) savings were $8,950,706 in the Current period

Executive Summary
Actives

Plan cost & trend

	Current	Norm
Cost Share PMPY	$556	$306
Paid Amount PMPY	$4,148	$3,385
Plan Spend PMPY	$4,704	$3,691

Key metrics

	Current	Norm	Variance
Members			
Average Number of Employees	37,759		
Average Number of Members	58,957		
Cost Trend			
Plan Spend	$277,315,324		
Plan Spend PMPY	$4,704	$3,691	27.4%
Performance Indicators			
Cat Claimants in Excess Per K	4.6	3.0	51.3%
Percent of Population Age 40+	51.8%	47.3%	4.5%
Network Penetration	91.5%	93.8%	-2.3%
Network Discounts	61.6%	52.7%	8.9%
Chronic Percent of Population	38.6%	34.0%	4.6%
Chronic Percent of Cost	65.4%	66.1%	-0.7%

Comments

- Plan spend in the current period was $4,704 PMPY, 27.0% greater than the norm
- Average membership in the current period was 58,957
- Current member cost share was $556 PMPY, or 11.8% of the total plan spend, compared to a norm of 8.3%

Cost Contribution

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Service Category Trend Detail

Actives

Account summary (PMPY basis)

	Employer Paid			Cost Share			Plan Spend		
	Current	Norm	Variance	Current	Norm	Variance	Current	Norm	Variance
Inpatient	$1,064	$809	31.5%	$50	$21	141.6%	$1,114	$830	34.3%
Outpatient	$1,202	$963	24.8%	$142	$87	62.8%	$1,344	$1,050	28.0%
Professional	$1,279	$1,082	18.2%	$324	$178	82.5%	$1,603	$1,259	27.3%
Other Medical Services	$488	$401	21.7%	$39	$21	91.8%	$527	$421	25.1%
FFS Subtotal	**$4,032**	**$3,255**	**23.9%**	**$556**	**$306**	**81.6%**	**$4,588**	**$3,561**	**28.9%**
Capitation	$116	$130	-11.3%	$0	$0	0.0%	$116	$130	-11.3%
Medical Subtotal	$4,148	$3,385	22.5%	$556	$306	81.6%	$4,704	$3,691	27.4%
Total	**$4,148**	**$3,385**	**22.5%**	**$556**	**$306**	**81.6%**	**$4,704**		

Comments

- Plan spend of $4,704 PMPY represents $4,148 PMPY in employer paid and $556 PMPY of cost share
- Professional was the largest cost contributor in the current period, contributing $1,603 PMPY of the overall $4,704 PMPY plan spend
- Trend contribution is a measure of each individual line item's impact on the overall cost change. It is calculated by subtracting the current period result for the item minus the base period result, and dividing this amount by the base period total plan spend

Non-catastrophic plan spend

	Current	Norm	Variance
Inpatient	$610	$535	14.1%
Outpatient	$1,178	$956	23.3%
Professional	$1,470	$1,174	25.2%
Other Medical Services	$286	$296	-3.2%
FFS Subtotal	**$3,545**	**$2,961**	**19.7%**
Capitation	$116	$130	-11.3%
Medical Subtotal	$3,661	$3,091	18.4%
Total Non-Cat	**$3,661**		
Catastrophic Plan	$1,043	$600	73.9%
Total	**$4,704**		

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Member Cost Share

Actives

Cost sharing per member - by medical type

Cost share as % of covered charges

Account summary (PMPY basis)

	Current	Norm	Variance
Plan Costs			
Fee for Service	$4,588.10	$3,560.83	28.8%
Capitation	$115.59	$130.31	-11.3%
Pharmacy	$0.00	$0.00	0.0%
Total Plan Cost	$4,703.68	$3,691.14	27.4%
Medical Cost Share	$555.71	$306.09	81.6%
Net Employer Spend	**$4,147.97**	**$3,385.05**	**22.5%**

Comments

- Member cost share was $555.71 PMPY, 81.6% greater than the norm of $306.09 PMPY
- Member cost share as percent of covered charges was 11.8%, 3.5% greater than the norm of 8.3%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Population Demographic Summary

Actives

Percent of membership by age band

Percent of plan spend by age band

Key metrics overview

	Current	Norm	Variance
Percent of Pop. Age 40+	51.8%	47.3%	4.5%
Average Member Age	37.9	35.3	7.6%
Average Employee Age	46.6	46.0	1.1%
Percent of Population Male	37.0%	47.1%	-10.1%
Percent of Population Female	63.0%	52.9%	10.1%

Average spend by age band

	Current	Norm	Variance
All Members			
40-49	$4,527	$3,885	16.5%
50-59	$6,097	$5,370	13.5%
60-64	$7,363	$6,809	8.1%
65+	$8,973	$0	0.0%
Excluding Catastrophic			
40-49	$3,707	$3,342	10.9%
50-59	$4,492	$4,372	2.7%
60-64	$5,533	$5,321	4.0%
65+	$6,050	$0	0.0%

Comments

- Average member age was 37.9 years, 7.6% greater than the norm of 35.3 years
- The percentage of members in the 40+ age range was 51.8%, 4.5% greater than the norm of 47.3%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Population Demographics by Relationship

Actives

Percent of members by relationship

Percent of plan spend by relationship

Average spend by relationship

	Current	Norm	Variance
All Members			
Employee	$5,187	$4,471	16.0%
Spouse	$5,640	$4,686	20.3%
Dependent	$3,193	$1,903	67.8%
Excluding Catastrophic			
Employee	$4,186	$3,793	10.4%
Spouse	$4,211	$3,881	8.5%
Dependent	$2,247	$1,576	42.6%

Comments

- Employees represented 64.0% of the population and 70.6% of spend for the current period, versus norms of 48.5% and 58.8%
- By relationship type, spouses incurred higher per member costs than employees, $5,640 PMPY for the current period
- Excluding Catastrophic Claimants, spouses incurred higher per member costs compared to employees, $4,211 PMPY for the current period

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Catastrophic Claim Summary

Actives

Catastrophic claimants in excess per 1,000 members

Average plan cost per catastrophic claimant

Account Summary (PMPY Basis)

	Current	Norm	Variance
Catastrophic Plan Costs			
Inpatient	$503.89	$294.95	70.8%
Outpatient	$165.54	$94.51	75.2%
Professional	$132.97	$85.20	56.1%
Other Medical Svcs	$240.61	$125.26	92.1%
Capitation	$0.48	$0.27	76.3%
Pharmacy	$0.00	$0.00	0.0%
Total Catastrophic Plan Cost	$1,043.48	$600.20	73.9%
Non-Catastrophic Plan Cost	$3,660.20	$3,090.94	18.4%
Total Plan Cost	**$4,703.68**	**$3,691.14**	**27.4%**

Comments

- Plan cost for catastrophic claimants was $1,043.48 PMPY in the current period, or 22.2% of the total plan cost of $4,703.68 PMPY
- Current period plan cost for catastrophic claimants of $1,043.48 PMPY are 73.9% greater than the norm of $600.20 PMPY
- Catastrophic claimants per thousand was 4.6, 51% greater than the norm of 3.0
- Average cost per claimant was $228,701, 15% greater than the norm of $199,061
- Catastrophic claimant threshold of $100,000 was used for this analysis

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Catastrophic - Methodology Detail

Actives

Period specific catastrophic logic

Contribution to Trend	Current
Non-Catastrophic	$3,660.20
Catastrophic	$1,043.48
Total	$4,703.68

Medical Service Category	Current
Inpatient	$503.89
Outpatient	$165.54
Professional	$132.97
OMS	$240.61
Capitation	$0.48
Total	$1,043.48

Claimant Statistics	Current
Claimant Count	269
Claimants per 1,000	4.6
Avg. Spend per Claimant	$228,701
% of Total Plan Spend	22.2%

Relationship	Current
Employee	191
Spouse	36
Dependent	42

Average Spend	Current
Employee	$201,735
Spouse	$227,274
Dependent	$352,556

Eligibility	Current
Existing	0
Enrollee	269
Other	0

Risk Classification	Current
Chronic	214
Major	55
Other	0

* Period Logic applies to members over the catastrophic limit in each unique timeframe

Top catastrophic spend by primary ICD9

	PMPY	Individual Count
ICD9 Category	**Current**	**Current**
Neoplasms	$438.30	114
Renal/Urologic	$75.03	15
Circulatory	$73.82	26
Newborns	$61.90	14
Musculoskeletal	$60.33	20
Gastrointestinal	$51.69	17
Infect/Parasit	$48.33	5
Respiratory	$47.29	12
End/Nutr/Metab	$43.75	6
Blood/Blood Org	$42.67	9
All Other	$99.90	31
Total	**$1,043.00**	**269**

Comments

- 214 of the 269 catastrophic claimants, or 79.6%, in the current period had a chronic condition
- 71.0% of the catastrophic claimants in the current period were employees, 13.4% were spouses, and 15.6% were dependents

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Health Advocacy - Catastrophic Clinical Impact

Actives

Top catastrophic claimants - clinical impact

Plan	Gender	Age	Relationship	Eligibility	ICD9 Major	ICD9 Minor	Total ($)	Referral Source	CM Programs	DM Programs	Additional Programs
OAP	F	30-39	Dependent	Enrollee	Infect/Parasit	Bacterial	$2,243,512	UM	NIC		
OAP	M	1-17	Dependent	Enrollee	End/Nutr/Metab	Nutrit/Metab	$1,769,148	UM	COM		
OAP	F	40-49	Employee	Enrollee	Neoplasms	Digestive	$937,055	UM	INP		WI
OAP	F	18-29	Dependent	Enrollee	Neurological	Nerv/Spine Inj	$932,034	UM			
OAP	F	65+	Employee	Enrollee	Blood/Blood Org	Anemia	$931,481		COM,INP, ONC		WI
OAP	F	50-59	Employee	Enrollee	Neoplasms	Leukemia	$824,212	UM	ONC	CHD,DM	WI
OAP	M	1-17	Dependent	Enrollee	Renal/Urologic	Upper Urinary	$784,613	PROV	INP,TRN		
OAP	F	50-59	Employee	Enrollee	Respiratory	Pneumonia/Flu	$766,213				WI
OAP	M	<1	Dependent	Enrollee	Newborns	Norm Newborn	$722,175	UM	NIC		
OAP	M	<1	Dependent	Enrollee	Newborns	Norm Newborn	$699,882	UM	NIC		
OAP	M	50-59	Employee	Enrollee	Neoplasms	Leukemia	$613,708	UM	TRN	DM	WI
OAP	M	40-49	Spouse	Enrollee	Neoplasms	Care/Neoplas	$613,446		INP	AST	WI
OAP	M	50-59	Spouse	Enrollee	Neoplasms	Care/Neoplas	$592,180	UM	INP,ONC	CHD	
OAP	M	65+	Employee	Enrollee	Renal/Urologic	Upper Urinary	$538,955	UM	COM,INP, TRN	CHD,COPD, DM	WI
OAP	M	60-64	Employee	Enrollee	Neoplasms	Digestive	$492,861	UM	INP,ONC		
OAP	F	1-17	Dependent	Enrollee	Neoplasms	Other Neopla	$481,788	UM	INP		
OAP	M	1-17	Dependent	Enrollee	Musculoskeletal	Fracture	$473,809	UM	INP		WI
OAP	F	40-49	Employee	Enrollee	Renal/Urologic	Upper Urinary	$456,193	PM			WI
OAP	M	18-29	Dependent	Enrollee	Blood/Blood Org	Congenital	$455,273	UM	CAT		
OAP	M	50-59	Employee	Enrollee	Neoplasms	Care/Neoplas	$453,956	UM		DM	WI
OAP	F	40-49	Employee	Enrollee	Respiratory	Oth Lower Resp	$447,674	UM	CAT,REH	CHD	WI
OAP	M	50-59	Spouse	Enrollee	Gen Med Diag	Other	$447,627		INP,ONC	LBP	WI
OAP	F	1-17	Dependent	Enrollee	Neoplasms	Other Neopla	$441,309	UM	INP,ONC	AST	WI
OAP	F	50-59	Employee	Enrollee	Neoplasms	Care/Neoplas	$439,307	PM			WI
OAP	F	18-29	Dependent	Enrollee	Neoplasms	Leukemia	$427,339	UM	INP,TRN		

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Total Plan Spend by Condition

Actives

Top conditions by plan spend

Top ICD9 conditions

ICD9 Category	PMPY Current	PMPY Norm	Variance
Neoplasms	$784.41	$450.29	74.2%
Musculoskeletal	$652.99	$662.41	-1.4%
Circulatory	$462.80	$388.73	19.1%
Gastrointestinal	$379.17	$299.43	26.6%
Pregnancy	$244.25	$137.45	77.7%
Neurological	$223.69	$215.57	3.8%
Reproductive	$209.46	$147.50	42.0%
Renal/Urologic	$188.01	$158.36	18.7%
End/Nutr/Metab	$185.24	$141.44	31.0%
Ear,Nose,Throat	$162.78	$137.75	18.2%
All Other	$1,095.29	$821.89	33.3%
Total	**$4,588.10**	**$3,560.83**	**28.8%**

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, Paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, Paid through Mar. 2011

Cancer Summary

Actives

Cancer prevalence by age band

	<01	1-17	18-29	30-39	40-49	50-59	60-64	65+
Male	0.0%	0.2%	0.6%	1.1%	1.9%	5.5%	11.2%	22.0%
Female	0.0%	0.1%	0.5%	1.1%	3.1%	6.0%	8.9%	12.0%

Prevalence and cost by condition

Condition	# of Members	Prevalence	Cancer Cost Per Patient	Total Plan Spend
Dermatology	513	0.9%	$2,029	$1,041,117
Breast	481	0.8%	$21,731	$10,452,618
Conditions-Male	276	0.5%	$11,261	$3,108,149
Neoplastic Disease	164	0.3%	$35,018	$5,742,954
Conditions-Female	142	0.2%	$15,272	$2,168,689
Disease/Thyroid	106	0.2%	$7,060	$748,357
Gastro-Neoplasms	89	0.2%	$51,504	$4,583,813
ENT Neoplasms	43	0.1%	$30,970	$1,331,725
Rectum	42	0.1%	$39,258	$1,648,853
Other	66	0.1%	$95,249	$6,286,465
Total	**1895**	**3.2%**	**$19,585**	**$37,112,742**

Comments

- 1895 individuals with eligibility in the current period had a cancer episode, or 3.2% prevalence
- Average cost per patient for these episodes was $19,585 for a total of $37,112,742
- The primary cancer type was Dermatology with 0.9% prevalence and $1,041,117 in total plan spend

Episode Treatment Group Summary

Actives

Distribution of members by category

	Chronic	Maternity	Major	Minor	Healthy	NonUser
Current	39%	2%	15%	25%	6%	14%
Norm	34%	1%	17%	26%	7%	15%

Distribution of cost by category

	Chronic	Maternity	Major	Minor
Current	65%	5%	22%	7%	0%
Norm	66%	3%	24%	6%	0%

Non-User Information

	Current
Average Age	36.8
Demographic Risk Score	1.08
Gender Distribution	
% Male	51.2%
Male Average Age	35.2
Male Average Enrollment	10.7
% Female	48.8%
Female Average Age	38.5
Female Average Enrollment	9.9

Comments

- 39% of members are characterized as chronic, 5% greater than the norm of 34%
- Excluding chronic, the highest category is Minor, with 25% of members, 1% less than the norm of 26%
- Chronic members contribute the greatest percentage of cost, at 0% in the current period, in line with the norm of 0%
- Excluding chronic, Maternity members contribute the greatest percentage of cost, at 5% in the current period, 2% greater than the norm of 3%
- Non-users were 14% of the population, 1% lower than the norm of 15%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Inpatient Summary

Actives

Utilization metrics per 1,000 members

Average cost metrics

Account summary (PMPY basis)

	Current	Norm	Variance
Non-Catastrophic Inpatient	$610.39	$534.91	14.1%
Catastrophic Inpatient	$503.89	$294.95	70.8%
All Other Service Categories	$3,589.40	$2,861.28	25.4%
Total Plan Cost	**$4,703.68**	**$3,691.14**	**27.4%**

Comments

- Current period non-catastrophic inpatient costs of $610.39 PMPY are 14.1% greater than the norm of $534.91 PMPY
- Admits per thousand were at 78.1, 13% greater than the norm of 69.2 and bed days per thousand were at 354.3, 17% greater than the norm of 302.1
- Cost per admit was $14,270, 20% greater than the norm of $11,913 and cost per bed day was $3,145, 15% greater than the norm of $2,729

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Inpatient - Major Diagnostic Category Summary

Actives

Cost & utilization trends (excluding catastrophic)

	$PMPY			Admits Per 1,000			Days Per 1,000			Cost Per Case		
	Current	Norm	Variance	Current	Norm	Variance	Current	Norm	Variance	Current	Norm	Variance
Pregnancies	$86.39	$48.40	78.5%	13.2	8.6	52.7%	39.4	23.7	66.1%	$6,552	$5,603	16.9%
Circulatory	$82.36	$77.88	5.8%	6.5	5.9	10.0%	21.6	19.3	11.9%	$12,745	$13,252	-3.8%
Musculoskeletal	$62.89	$109.57	-42.6%	4.1	6.1	-32.3%	19.8	21.5	-8.0%	$15,324	$18,080	-15.2%
Digestive	$60.95	$47.75	27.7%	6.3	5.2	19.6%	21.9	19.6	11.8%	$9,722	$9,112	6.7%
Newborn	$56.13	$39.20	43.2%	12.3	12.4	-0.4%	49.1	36.2	35.7%	$4,559	$3,170	43.8%
Other	$261.67	$207.54	26.1%	25.7	23.6	8.9%	95.4	102.8	-7.2%	$10,179	$8,794	15.8%
Total Non-Cat	$610.39	$530.33	15.1%	68.0	61.8	10.1%	247.2	223.2	10.8%	$8,971	$8,584	4.5%
Catastrophic	$503.89	$294.19	71.3%	10.0	7.4	35.1%	107.0	79.0	35.5%	$50,178	$39,593	26.7%
Total	**$1,114.28**	**$824.52**	**35.1%**	**78.1**	**69.2**	**12.8%**	**354.3**	**302.1**	**17.3%**	**$14,270**	**$11,913**	**19.8%**

Comments

- Pregnancies was the top category by plan cost in the current period, at $86.39 PMPY
- Cost per case for the Pregnancies category was $6,552 in the current period
- Plan cost for non-catastrophic was $610.39 PMPY in the current period

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Outpatient Summary

Actives

Facility outpatient utilization per 1,000 members

Facility outpatient cost per service

Account summary (PMPY basis)

	Current	Norm	Variance
Non-Catastrophic Outpatient	$1,178.39	$955.77	23.3%
Catastrophic Outpatient	$165.54	$94.51	75.2%
All Other Service Categories	$3,359.75	$2,640.86	27.2%
Total Plan Cost	**$4,703.68**	**$3,691.14**	**27.4%**

Comments

- Current period non-catastrophic outpatient costs of $1,178.39 PMPY are 23.3% greater than the norm of $955.77 PMPY
- Diagnostic was the largest category of utilization. Utilization per thousand was 2,433.3, 35.4% greater than the norm of 1,797.2
- Emergency room and urgent care was the next largest category of utilization. Utilization per thousand was 523.3, 71.1% greater than the norm of 305.8
- Surgery was the largest average cost category. Cost per service was $1,911, 8% greater than the norm of $1,773
- Emergency room and urgent care was the next largest average cost category. Cost per service was $803, 14% greater than the norm of $702

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Outpatient - Emergency Room and Urgent Care Detail

Actives

Facility outpatient utilization per 1,000 members

Facility outpatient cost per visit

Account summary (PMPY basis)

	Current	Norm	Variance
Emergency Room	$338.74	$203.43	66.5%
Urgent Care	$81.61	$11.39	616.5%
Total Outpatient Facility	$1,343.94	$1,050.29	28.0%
Total Plan Cost	$4,703.68	$3,691.14	27.4%

Comments

- Current period emergency room costs of $338.74 PMPY are 66.5% greater than the norm of $203.43 PMPY
- Urgent Care was the largest category of utilization. Utilization per thousand was 280.3, 275% greater than the norm of 74.7
- Emergency room was the largest average cost category. Cost per visit was $1,394, 58% greater than the norm of $880

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Emergency Room/Urgent Care Opportunity

Actives

Cost & utilization trends

	Visits Per 1000			Cost Per Visit			PMPY		
	Current	Norm	Variance	Current	Norm	Variance	Current	Norm	Variance
Emergency Room									
Non-Steerable	214.4	186.8	15%	$1,500	$984	53%	$322	$184	75%
Steerable	28.6	44.3	-36%	$596	$444	34%	$17	$20	-13%
Urgent Care	280.3	74.7	275%	$291	$153	91%	$82	$11	617%
Office Visits	4,017.8	3,613.5	11%	$135	$130	4%	$541	$469	16%
Convenience Care	33.4	32.6	2%	$49	$48	3%	$2	$2	5%
Total	**4,574.5**	**3,951.9**	**16%**				**$963**	**$685**	**41%**

Emergency Room Steerable

Primary Opportunity for Urgent Care	Plan Cost	PMPY	Total Visits	Cost Per Visit
Musculoskeletal	$326,892	$5.54	419	$780.34
Ear,Nose,Throat	$198,683	$3.37	382	$519.69
Gen Med Diag	$75,358	$1.28	148	$507.63
Int/Ext Injury	$73,297	$1.24	148	$493.75
Renal/Urologic	$61,665	$1.05	73	$842.33
Gastrointestinal	$57,581	$0.98	92	$629.24
Infect/Parasit	$49,789	$0.84	82	$604.53
Respiratory	$39,171	$0.66	54	$726.88
Immune Disorder	$36,433	$0.62	82	$442.36
Other	$85,788	$1.46	203	$421.86
Total	**$1,004,656**	**$17.04**	**1,685**	**$596.31**
UC Average Cost Per Visit				**$260.00**
Per Visit Redirect Savings				**$336.31**
Opportunity Redirect Savings				
10% Redirect to Urgent Care				$56,661
25% Redirect to Urgent Care				$141,652

**UC Average Cost per visit calculation for steerable opportunity excludes outliers >* $1,500

Urgent Care - nearest facility

Comments

- Urgent care facilities are an accessible low cost alternative to emergency room care for many conditions
- Information on the urgent care facility network is available via the provider directory on myCIGNA.com
- Current period urgent care cost per visit was $291, compared to emergency room steerable cost per visit of $596
- In the current period, 1,685 emergency room visits were steerable representing potential redirect savings of up to $566,607
- Of the steerable emergency room visits, 98% had a contracted urgent care facility within 10 miles

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Top Outpatient Surgeries

Actives

Outpatient surgical details

Type of Surgery	Plan Spend PMPY Current	Plan Spend PMPY Norm	Plan Spend PMPY Variance	Visits per 1k Current	Avg. Spend per Visit Current	Average Age Current
Endoscopy	$178.46	$192.55	-7.4%	59.9	$2,979	51.6
Upper GI	$30.77	$30.94	-0.8%	12.1	$2,534	47.8
Breast	$25.78	$12.74	102.8%	6.8	$3,785	48.1
Cardiac Cath	$23.63	$39.07	-39.6%	2.7	$8,898	54.7
Cataract	$16.73	$14.10	17.8%	3.6	$4,642	59.8
Hernia Repair	$16.44	$14.62	12.3%	2.4	$7,010	44.0
Ovary Removal	$13.79	$12.57	9.5%	1.3	$10,388	38.0
Tonsils	$10.66	$13.19	-19.1%	2.1	$5,027	23.8
Skin	$9.92	$4.53	118.4%	15.2	$652	46.3
Carpal Tunnel	$4.92	$5.39	-8.9%	0.9	$5,817	50.7
All Other	$8.83	$19.19	-53.8%	1.5	$5,884	33.1
Total	**$339.93**	**$358.89**	**-5.3%**	**108.5**	**$3,134**	**49.6**

Endoscopy procedures per 1,000

	Colonoscopy	Bladder	Uterus	Joint	Gall Bladder
Current	37.2	10.0	6.8	4.5	1.4
Norm	36.4	8.6	4.0	8.1	3.0

Comments

- The total cost of the surgeries, including facility and professional costs have been included in this exhibit
- Endoscopy was the top surgery by plan spend in the current period

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, Paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, Paid through Mar. 2011

Laboratory Steerage - Cost & Utilization

Actives

Plan spend PMPY

	Preferred Lab	Non-Preferred Lab
Current	$104.14	$85.15
Norm	$62.38	$115.56

Account summary

	Plan Spend($)	Plan Spend PMPY	Total Services	Services/ 1000	Cost/Service
National	$4,841,006	$82.11	497,726	8442.2	$9.73
Regional	$1,298,590	$22.03	42,315	717.7	$30.69
Preferred Subtotal	$6,139,596	$104.14	540,042	9159.9	$11.37
Ancillary	$1,337,884	$22.69	24,509	415.7	$54.59
Outpatient Hospital	$554,613	$9.41	6,157	104.4	$90.08
Professional	$3,127,812	$53.05	150,325	2549.7	$20.81
Non-Preferred Subtotal	$5,020,309	$85.15	180,991	3069.9	$27.74
Total	**$11,159,905**	**$189.29**	**721,033**	**12229.8**	**$15.48**

Opportunity Targets	Savings($)	Savings PMPY
10% Shift to Preferred	$296,266	$5.03
25% Shift to Preferred	$740,666	$12.56

Percent of total services by type

	Preferred Lab	Non-Preferred Lab
Current	74.9%	25.1%
Norm	49.4%	50.6%

Comments

- Cost-effective preferred lab services are available across nearly 100% of CIGNA's geographic network
- Information on the preferred lab network is now available via the provider directory on myCIGNA.com
- Preferred lab as a percent of total services was 75%, 26% greater than the norm of 49%
- Outpatient Hospital had the highest plan cost per service during the current period at $90.08, 692% greater than preferred labs, at $11.37

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Professional Metrics

Actives

Top specialties - services per 1,000 members

Top specialties - average plan cost per service

Account summary (PMPY basis)

	Current	Norm	Variance
Non-Catastrophic Professional	$1,585.00	$1,289.98	22.9%
Catastrophic Professional	$133.44	$85.46	56.2%
All Other Service Categories	$2,985.23	$2,315.70	28.9%
Total Plan Cost	**$4,703.68**	**$3,691.14**	**27.4%**

Comments

- Current period non-catastrophic professional costs of $1,585.00 PMPY are 22.9% greater than the norm of $1,289.98 PMPY
- Medical services per thousand was 11,409.5, 29.0% greater than the norm of 8,843.2
- Medical cost per service was $81, 8% greater than the norm of $75
- Surgical services per thousand was 1,512.3, 9.7% greater than the norm of 1,378.4
- Surgical cost per service was $180, 10% less than the norm of $199

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Office Visits

Actives

Office visits per 1,000 members

Average plan cost per office visit

Well visit completion rates

Comments

- Office visits per thousand was 4,017.8, 11% greater than the norm of 3,613.5
- Cost per visit was $135, 4% greater than the norm of $130
- Preventive care as a percent of total spend was 1.7%, 0.4% less than the norm of 2.1%

Category	Total Members Eligible for Screening	Members Complied	Members Non Comply	Compliance Ratio
Pediatric Well Visits	15,575	8,633	6,942	55.43%
Adult Well Visits	43,383	14,381	29,002	33.15%
Immunizations	1,724	373	1,351	21.64%
Breast Screenings*	18,542	6,210	12,332	33.49%
Cervical Screenings*	28,688	1,077	27,611	3.75%
Colorectal Screenings*	17,134	616	16,518	3.60%
Prostate Screenings*	16,414	1,328	15,086	8.09%

*Calculations are based on the reporting period, not on HEDIS®

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Network Statistics

Actives

In-network discount rate

Network penetration

Comments

- Discount rate was 61.6%, 8.9% greater than the norm of 52.7%
- Network penetration rate was 91.5%, 2.3% less than the norm of 93.8%
- Inpatient discount rate was 65.5%, 9.1% greater than the norm of 56.4%; Inpatient network penetration rate was 99.1%, 1.7% greater than the norm of 97.4%
- Outpatient discount rate was 65.9%, 8.7% greater than the norm of 57.2%; Outpatient network penetration rate was 96.1%, 0.1% greater than the norm of 96.0%
- Professional discount rate was 55.3%, 8.4% greater than the norm of 46.9%; Professional network penetration rate was 78.9%, 10.6% less than the norm of 89.5%
- Other Medical Services discount rate was 52.0%, 7.7% greater than the norm of 44.3%; Other Medical Services network penetration rate was 93.9%, 3.6% greater than the norm of 90.3%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Health Advocacy - Inpatient Utilization Management

Actives

Inpatient utilization management summary table

	Unique Members	Events	Savings($)	% of Members	
	Current	Current	Current	Current	Norm
Admission Reviewed	**309**	**317**		**0.52%**	**0.52%**
Pre-Certification					
Admissions Avoided	124	124	$998,815	0.21%	0.16%
Inpatient Utilization Mgmt.					
Decertified Days	320	784	$1,672,272	0.54%	0.30%
Bed Day Intensity Mgmt	207	453	$339,375	0.35%	0.28%
Readmissions Avoided	0	70	$714,686	0.00%	0.00%
Total - Precert + IP UM	**501**	**1431**	**$3,725,148**	**0.85%**	**0.87%**

Clinical program management

Comments

- Inpatient pre-certification and utilization management generated $3,725,148 in savings and touched 501 individuals in the current period
- Savings primarily driven by Decertified Days
- 317 admissions were reviewed and 124 were avoided, resulting in $998,815 savings
- 784 days were decertified for $1,672,272 in savings and 453 days were stepped down for $339,375 savings
- 70 readmissions were avoided, resulting in $714,686 savings

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Health Advocacy - Outpatient Utilization Management

Actives

Outpatient utilization management

	Unique Members	Requests	Avoided	Savings($)	% of Members	
	Current	Current	Current	Current	Current	Norm
MRI	3994	6174	1001	$928,928	6.77%	4.44%
PET	333	491	47	$87,467	0.56%	0.20%
CT	2583	5157	584	$325,872	4.38%	3.39%
DME	82	89	21	$14,385	0.14%	0.22%
Injectables	156	204	37	$18,500	0.26%	0.19%
Other	2290	3577	764	$382,000	3.88%	2.65%
Total	**7925**	**15692**	**2454**	**$1,757,152**	**13.44%**	**11.08%**

Cost avoided by category

Comments

- Outpatient pre-certification generated $1,757,152 savings and touched 9,438 individuals in the current period
- 16% of members touched compares to a norm of 11%
- MRIs were the primary source of savings, driven by 1001 MRIs avoided for $928,928 savings

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Health Advocacy - Specialty Case Management

Actives

Specialty case management summary

	Unique Members	Interventions	Closed Cases	Savings($)	% of Members	
	Current	Current	Current	Current	Current	Norm
Bariatric Case Management	0	0	0	$0	0.00%	0.02%
Catastrophic	13	323	20	$1,424,368	0.02%	0.04%
Complex	352	7,668	402	$486,705	0.60%	0.59%
Maternity	57	611	54	$770,859	0.10%	0.07%
NICU	59	481	48	$508,129	0.10%	0.07%
Oncology	67	1,317	55	$61,589	0.11%	0.21%
Rehabilitation (ECF)	12	151	12	$32,383	0.02%	0.02%
Transplant	45	1,452	14	$175,853	0.08%	0.08%
Total	589	12,003	605	$3,459,886	1.00%	1.09%

Case management referral source

Comments

- Specialty case management managed 589 people in the current period, or 1.00% of the population
- 605 cases closed in the current period, generating $3,459,886 in savings
- Savings were driven by the Catastrophic unit contributing $1,424,368 of $3,459,886 current period savings
- Referrals into specialty case management were driven primarily by Predictive Model contributing 44% of all referrals

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Health Advocacy - 24hr HIL

Actives

24 Hour health information line

	Number of Calls
	Current
Triage	239
Network/Benefits	95
Health/Medical	72
Total	**406**

Distribution of HIL calls

Savings related to level of care

	Current			
	# Of Calls	Calls Red.	% Red.	Est. Savings
Urgent Care Center	36	36	100%	$7,866
Other	370	56	15%	$654
Total	**406**	**92**	**23%**	**$8,520**

Comments

- 24 Hour Health Information Line received 406 calls in the current period
- 239 of 406 calls were for Triage Counseling
- For 77% of calls, the callers intent was appropriate whereas 15% were redirected to a lower level of care, and 8% were redirected to a higher level of care
- Redirected calls generated $8,520 in savings in the current period

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Disease Management Participation & Engagement Summary

Actives

Identification and engagement

Condition	Identified Individuals		Participating Individuals		Engaged Individuals*	
	Current	Norm	Current	Norm	Current	Norm
Asthma	3.9%	7.8%	3.4%	3.2%	0.6%	0.9%
Cardiac	3.1%	4.3%	2.4%	2.7%	0.9%	1.0%
COPD	0.2%	0.6%	0.2%	0.5%	0.1%	0.2%
Diabetes	6.5%	7.1%	6.1%	5.9%	2.7%	2.2%
Low Back	4.7%	10.9%	3.5%	4.9%	1.3%	1.2%
Total Unique - %	**16.0%**		**86.3%**		**34.7%**	
Total Unique - Count	**9,442**		**8,149**		**2,831**	

*Individuals with completed call in most recent 12 months

Need stratification summary

	Acute	High	Medium	Low
% identified	6%	15%	57%	22%
% participating	7%	17%	59%	17%
% engaged	9%	39%	44%	8%

Comments

- The disease management program identified 16.0% of the population for outreach
- Diabetes has the greatest prevalence for the current period at 6.5%
- 86.3% of identified individuals are participating in disease management and 34.7% are engaged telephonically
- 21% of identified individuals have an Acute or High level of need vs. 47% of engaged individuals

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Disease Management Identification & Participation Detail

Actives

Participation detail

	Asthma	Cardiac	COPD	Diabetes	Low Back
Identified	2,321	1,799	139	3,833	2,767
Opt-Out	(40)	(49)	(4)	(111)	(101)
False Positive	(70)	(334)	(16)	(119)	(168)
Graduation	(80)	(0)	(0)	(0)	(1)
Medically Inappropriate	(84)	(6)	(0)	(3)	(393)
Terminations	(54)	(18)	(0)	(31)	(31)
Other Non-Participating	(0)	(1)	(0)	(1)	(0)
Participating(Total)	1,993	1,391	119	3,568	2,073
Participating(Mail Only)	73	44	3	197	123

Member contact profile

	Bad Phone	Bad Phone and Address	Reachable	Mail Only	Other
Curr	12.4%	0.0%	81.1%	4.8%	1.7%
Norm	20.1%	0.5%	49.9%	6.5%	22.9%

Comments

- The Diabetes program has the greatest number of participating individuals, 3568
- The Diabetes program has the greatest number of individuals who opted-out, 111
- 81.1% of individuals are reachable by telephone, or 31.2% greater than the norm of 49.9%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Disease Management Engagement Detail

Actives

Primary Disease	Unique Individuals	Mail Only	Unreached	Active Telephonic	Current period status - active telephonic: Welcome Call	One Coaching Call	2 or More Coaching Calls	No Completed Calls	No Attempted Calls	Completed per Member	Completed Norm
Asthma	1,800	69	1,517	214	78	83	53	0	0	0.29	0.86
Cardiac	1,041	35	673	333	120	121	92	0	0	1.02	1.52
COPD	90	1	48	41	4	18	19	0	0	1.55	2.00
Depression											
Diabetes	3,505	197	1,908	1,400	353	439	608	0	0	1.34	1.64
Low Back	1,712	117	1,080	515	230	159	126	0	0	0.92	0.92
Targeted Cond.	0	0	0	0	0	0	0	0	0	0.00	0.86
Weight Comp.	0	0	0	0	0	0	0	0	0	0.00	1.01
Total	**8,148**	**419**	**5,226**	**2,503**	**785**	**820**	**898**	**0**	**0**	**0.98**	**1.17**

Call engagement

Summary	Base	Curr	Norm
Individual Scheduled for Welcome Calls	0	7,113	
Calls Attempted	0	81,346	
Calls Completed	0	2,825	
Welcome Attempts per Completed Call	0.0	28.8	29.4
Welcome Attempts per Scheduled Member	0.0	11.4	9.4
Individuals Scheduled for Coaching Calls	0	4,006	
Calls Attempted	0	42,644	
Calls Completed	0	4,757	
Coaching Attempts per Completed Call	0.0	9.0	10.2
Coaching Attempts per Scheduled Member	0.0	10.6	15.1
Inbound Calls	0	2,487	

Mailings

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

MIAMI-DADE COUNTY PUBLIC SCHOOLS-Request 99303-View 234836-RPT_ID 138_CN-Tier 0
Depression program activity data is not currently included

Well Informed Gaps in Care - Summary

Actives

Member compliance summary

	Mbrship	Non-Qualified	Non-Compliant	Compliant
Members	58,957	29,626	8,765	20,566

Rule compliance summary

	Non-Compliant	Compliant
Current	8.4%	91.6%
Norm	23.6%	76.4%

Demographics - members with gaps

	<01	01-17	18-29	30-39	40-49	50-59	60-64	65+
Male	0	184	168	256	682	1187	607	306
Female	0	155	192	646	1162	2004	831	385

Comments

- 29,331 members qualified for a gap in care evaluation, with 20,566 compliant and 8,765 non-compliant with evidence-based medicine guidelines
- 91.6% of rules evaluated were compliant with evidence-based medicine guidelines, compared to a norm of 76.4%
- The greatest number of members with gaps was found in the 50-59 age band, with 3191 total members

Current Period reflects Well Informed Gaps in Care program activity between Feb.2010 and Dec.2010

Well Informed Gaps in Care - Conditions

Actives

Compliance by condition

	HTN	HPL	Diabetes	Obesity	CAD	Asthma
Current	93%	92%	88%	97%	89%	85%
Norm	83%	84%	71%	69%	77%	71%

Gap count by condition

	HTN	HPL	Diabetes	Obesity	CAD	Asthma
0	79%	55%	25%	82%	75%	62%
1	14%	34%	24%	17%	9%	35%
2-5	7%	11%	49%	1%	16%	3%
6+	0%	0%	2%	0%	0%	0%

Gap condition statistics

Clinical Category	Gap Count	Prevalence	Gaps/Mbr	Compl. Rate
Hypertension	3,311	19%	1.43	93%
Hyperlipidemia	3,350	10%	1.28	92%
Diabetes	6,011	6%	2.34	88%
Obesity	393	4%	1.05	97%
Coronary Artery Disease	974	3%	1.93	89%
Asthma	459	2%	1.07	85%
Migraine Headache	187	1%	1.33	87%
Breast Cancer	34	1%	1.00	95%
Depression	95	0%	1.22	82%
HIV/AIDS	267	0%	2.59	81%

Comments

- HTN has the highest prevalence by category at 19%. Compliance rate for this category was 93%, 10% greater than the norm of 83%
- HPL has the next highest prevalence by category at 10%. Compliance rate for this category was 92%, 8% greater than the norm of 84%
- The Diabetes category had the greatest rate of multiple gaps (2 or more), 51%

Current Period reflects Well Informed Gaps in Care program activity between Feb.2010 and Dec.2010

Well Informed Gaps in Care - Outcomes

Actives

Distribution of Well Informed members

Total Members	**58,957**
Non-Qualified	**29,626**
% of Total Members	50%
Qualified	**29,331**
% of Total Members	50%
Receiving Mailings	**7,264**
% of Total Members	12%

Mailings for members with gaps

Members with gaps managed in health advocacy programs

Comments

- Well informed Gap mailings were sent to 7,264 members, or 12% of the total population
- Across all conditions, there were 15,889 total mailings for members who had evidence-based gaps in care
- Diabetes, HTN and HPL were the top conditions that triggered a mailing
- Approximately 10,160 members with evidence-based gaps in care have been identified for participation in other CIGNA Health Advocacy programs, driven by Disease Mgmt with 9,370 members

Current Period reflects Well Informed Gaps in Care program activity between Feb.2010 and Dec.2010

Well Informed Gaps in Care - Outcomes

Actives

Summary of gap activity & savings

Primary Condition	Gaps							
	Beginning	New	Closed	Ending	Interventions	Credited Closures	Ave Savings / Closure	Savings
Hypertension	0	5,134	1,821	3,313	12,146	1,066	$141	$150,702
Diabetes	0	7,013	1,870	5,143	12,088	1,690	$67	$112,538
Coronary Artery Disease	0	1,170	193	977	3,132	176	$581	$102,202
Hyperlipidemia	0	4,395	1,043	3,352	7,114	561	$45	$25,491
Congestive Heart Failure	0	194	49	145	387	44	$396	$17,408
HIV/AIDS	0	182	44	138	99	10	$660	$6,602
Atrial Fibrillation	0	94	23	71	316	17	$252	$4,288
Breast Cancer	0	30	14	16	113	11	$246	$2,708
Chronic Renal Failure	0	76	19	57	404	13	$142	$1,843
Obesity	0	118	26	92	1,495	8	$225	$1,803
All Other	0	530	170	360	2,740	103	$21	$2,164
Total	**0**	**18,936**	**5,272**	**13,664**	**40,034**	**3,699**	**$100**	**$369,449**

Comments

- $369,449 in savings is estimated from the closure of evidence-based gaps in care during the current period, for an average savings of $100 per credited closure
- Savings result from 3,699 credited closures, defined as a gap closure tied to an intervention by CIGNA Health Advocacy programs
- Overall gap inventory increased 0 to 13,664, driven by 7,013 new Diabetes gaps and 1,870 closed Diabetes gaps

Current Period reflects Well Informed Gaps in Care program activity between Feb.2010 and Dec.2010
Includes Well Aware Disease Management interventions occurring between Jan.2010 and Dec.2010

Health Assessment - Overview

Actives

Participation

	Current	Norm	Variance
Eligible employees	40,400		
Eligible dependents	12,542		
Employee completions	0.9%	5.4%	-4.5%
Dependent completions	0.1%	0.7%	-0.6%
Spanish completions	0.3%	0.0%	0.3%

Gender distribution

	Male	Female
Current	17.6%	82.4%
Norm	36.9%	63.1%

Age distribution

	18-29	30-39	40-49	50-59	60+
Current	9.7%	26.1%	24.4%	29.5%	10.2%
Norm	13.4%	25.9%	27.8%	24.9%	8.0%

Comments

- Health Assessment completion rate was 0.9% of employees, 4.5% less than the norm of 5.4%
- Health Assessment completion rate was 0.1% of dependents, 0.6% less than the norm of 0.7%
- The largest age band category for completers is 50-59 at 29.5%, 4.6% greater than the norm of 24.9%
- 82.4% of individuals who completed a health assessment are Female, 17.6% Male

Current Period reflects Health Assessments completed between Jan. 2010 and Dec. 2010

Online Coaching Engagement

Actives

Program participation

	Count of Individuals Invited		Count of Individuals Enrolled		Program Completions
	Current	Norm	Current	Norm	Current
Nutrition	68		55		2
Physical Activity	187		56		2
Sleep	32		24		4
Stress	20		19		2
Total - Unique Members	306		91		4
Total - Unique Members as a % of HRA eligible	0.6%	2.8%	0.2%	0.5%	0.0%
Total - Unique Members as a % of total population	0.5%	2.1%	0.1%	0.4%	0.0%

Waterfall	Current
% of HRA respondents - invited	86.6%
% Online coaching invited - enrolled	23.3%

Participant progress by program

	Nutrition	Physical Activity	Sleep	Stress
Completed	3.6%	3.6%	16.7%	10.5%
In Progress	16.4%	17.9%	12.5%	0.0%
Did Not Complete	80.0%	78.6%	70.8%	89.5%

Participant risk status

Current Period reflects Online Coaching activity between Jan. 2010 and Dec. 2010

Lifestyle Management Programs - Identification & Engagement Detail

Actives

LMP cases

Key metrics

Identification

Total Unique Members Identified	173
Total Cases Identified	188

Engagement	Stress Management	Tobacco Cessation	Weight Management
Telephonic	23	8	126
Online	1	2	28

Identification source

Graduation rates

	Stress	Tobacco	Weight
Graduation Rate	26.7%	0.0%	1.7%
Benchmark - high bound*	68.8%	63.5%	25.8%
Benchmark - low bound*	43.9%	13.0%	20.3%
Number of Graduates	4	0	2

* Benchmark data based upon graduation rates for clients with best practice incentive programs.

RETIREES

Key Findings - Retirees

Plan Highlights

- Plan spend PMPY was $9,839
- Average membership was 2,527; average member age was 60.0 years
- Network penetration was 90.8%
- Provider discounts were 60.1%

Utilization Highlights

- Catastrophic claims drove 33.6% of costs, and was $3,310 on a PMPY basis
- There were 46 Catastrophic claimants (>$100K)
- Average cost per catastrophic claimant at $181,929
- Non catastrophic claims were driven by Professional and Outpatient utilization/costs

Risk Burden

- 74.9% of the total population was classified as having a Chronic condition; this group drove 90.5% of total costs
- 35.8% of the total population was identified for Disease Management programs
- 805 members identified as having gaps in care
- Cancer prevalence was 13.4% (8.6% excluding Dermatology)
- 93.5% of catastrophic claimants had chronic condition

Health, Wellness, & Engagement

- 44.9% of individuals participating in Disease Management programs are engaged; Diabetes had the highest percentage of engagement
- 542 closed medical gaps in the care of Chronic individuals resulted in $62,693 in savings from reduced ER encounters and inpatient admissions
- 4 unique members enrolled in Lifestyle Management programs (Stress, Weight, Tobacco); 1 graduated
- Health Advocacy programs (Inpatient/Outpatient/Specialty Case Management and 24 Hour Health Information Line) savings were $634,957 in the Current period

Executive Summary

Retirees

Plan cost & trend

	Current	Norm
Cost Share PMPY	$902	$352
Paid Amount PMPY	$8,937	$4,041
Plan Spend PMPY	$9,839	$4,393

Key metrics

	Current	Norm	Variance
Members			
Average Number of Employees	2,256		
Average Number of Members	2,527		
Cost Trend			
Plan Spend	$24,866,247		
Plan Spend PMPY	$9,839	$4,393	124.0%
Performance Indicators			
Cat Claimants in Excess Per K	18.6	4.2	339.2%
Percent of Population Age 40+	95.5%	100.0%	-4.5%
Network Penetration	90.8%	90.8%	0.0%
Network Discounts	60.1%	53.7%	6.4%
Chronic Percent of Population	74.9%	58.2%	16.7%
Chronic Percent of Cost	90.5%	79.1%	11.4%

Comments

- Plan spend in the current period was $9,839 PMPY, 124.0% greater than the norm
- Average membership in the current period was 2,527
- Current member cost share was $902 PMPY, or 9.2% of the total plan spend, compared to a norm of 8.0%

Cost Contribution

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Service Category Trend Detail

Retirees

Account summary (PMPY basis)

	Employer Paid			Cost Share			Plan Spend		
	Current	Norm	Variance	Current	Norm	Variance	Current	Norm	Variance
Inpatient	$2,933	$1,010	190.4%	$73	$25	190.0%	$3,006	$1,035	190.4%
Outpatient	$2,407	$1,176	104.8%	$220	$98	125.3%	$2,627	$1,273	106.3%
Professional	$2,270	$1,248	81.8%	$528	$200	164.7%	$2,798	$1,448	93.3%
Other Medical Services	$1,210	$530	128.2%	$82	$30	171.8%	$1,291	$560	130.6%
FFS Subtotal	**$8,820**	**$3,964**	**122.5%**	**$902**	**$352**	**156.1%**	**$9,723**	**$4,317**	**125.2%**
Capitation	$116	$77	51.5%	$0	$0	0.0%	$116	$77	51.5%
Medical Subtotal	$8,936	$4,041	121.1%	$902	$352	156.1%	$9,839	$4,393	124.0%
Total	**$8,936**	**$4,041**	**121.1%**	**$902**	**$352**	**156.1%**	**$9,839**		

Comments

- Plan spend of $9,839 PMPY represents $8,936 PMPY in employer paid and $902 PMPY of cost share
- Inpatient was the largest cost contributor in the current period, contributing $3,006 PMPY of the overall $9,839 PMPY plan spend
- Trend contribution is a measure of each individual line item's impact on the overall cost change. It is calculated by subtracting the current period result for the item minus the base period result, and dividing this amount by the base period total plan spend

Non-catastrophic plan spend

	Current	Norm	Variance
Inpatient	$1,313	$668	96.6%
Outpatient	$2,047	$1,128	81.5%
Professional	$2,412	$1,336	80.5%
Other Medical Services	$641	$393	63.1%
FFS Subtotal	**$6,413**	**$3,526**	**81.9%**
Capitation	$116	$77	51.5%
Medical Subtotal	$6,529	$3,602	81.3%
Total Non-Cat	**$6,529**		
Catastrophic Plan	$3,310	$791	318.4%
Total	**$9,839**		

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Member Cost Share

Retirees

Cost sharing per member - by medical type

Account summary (PMPY basis)

	Current	Norm	Variance
Plan Costs			
Fee for Service	$9,722.88	$4,316.58	125.2%
Capitation	$116.04	$76.59	51.5%
Pharmacy	$0.00	$0.00	0.0%
Total Plan Cost	$9,838.93	$4,393.17	124.0%
Medical Cost Share	$902.35	$352.29	156.1%
Net Employer Spend	**$8,936.57**	**$4,040.89**	**121.2%**

Cost share as % of covered charges

Comments

- Member cost share was $902.35 PMPY, 156.1% greater than the norm of $352.29 PMPY
- Member cost share as percent of covered charges was 9.2%, 1.2% greater than the norm of 8.0%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Population Demographic Summary

Retirees

Percent of membership by age band

Percent of plan spend by age band

Key metrics overview

	Current	Norm	Variance
Percent of Pop. Age 40+	95.5%	100.0%	-4.5%
Average Member Age	60.0	58.3	2.8%
Average Employee Age	60.9	59.1	3.0%
Percent of Population Male	31.8%	44.5%	-12.7%
Percent of Population Female	68.2%	55.5%	12.7%

Average spend by age band

	Current	Norm	Variance
All Members			
40-49	$13,744	$3,885	253.8%
50-59	$9,160	$5,370	70.6%
60-64	$10,432	$6,809	53.2%
65+	$7,010	$2,452	185.9%
Excluding Catastrophic			
40-49	$10,470	$3,342	213.3%
50-59	$5,997	$4,372	37.2%
60-64	$7,161	$5,321	34.6%
65+	$4,400	$2,092	110.4%

Comments

- Average member age was 60.0 years, 2.8% greater than the norm of 58.3 years
- The percentage of members in the 40+ age range was 95.5%, 4.5% less than the norm of 100.0%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Population Demographics by Relationship

Retirees

Percent of members by relationship

Percent of plan spend by relationship

Average spend by relationship

	Current	Norm	Variance
All Members			
Employee	$9,997	$4,296	132.7%
Spouse	$9,646	$4,657	107.1%
Dependent	$5,117	$2,893	76.9%
Excluding Catastrophic			
Employee	$6,801	$3,584	89.8%
Spouse	$6,223	$3,706	67.9%
Dependent	$1,616	$2,598	-37.8%

Comments

- Employees represented 89.3% of the population and 90.7% of spend for the current period, versus norms of 72.9% and 71.3%
- By relationship type, employees incurred higher per member costs than spouses, $9,997 PMPY for the current period
- Excluding Catastrophic Claimants, employees incurred higher per member costs compared to spouses $6,801 PMPY for the current period

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Catastrophic Claim Summary

Retirees

Catastrophic claimants in excess per 1,000 members

Average plan cost per catastrophic claimant

Account Summary (PMPY Basis)

	Current	Norm	Variance
Catastrophic Plan Costs			
Inpatient	$1,692.75	$367.33	360.8%
Outpatient	$580.78	$145.48	299.2%
Professional	$386.51	$111.54	246.5%
Other Medical Svcs	$650.06	$166.67	290.0%
Capitation	$1.53	$0.21	629.3%
Pharmacy	$0.00	$0.00	0.0%
Total Catastrophic Plan Cost	$3,311.63	$791.23	318.5%
Non-Catastrophic Plan Cost	$6,527.30	$3,601.94	81.2%
Total Plan Cost	**$9,838.93**	**$4,393.17**	**124.0%**

Comments

- Plan cost for catastrophic claimants was $3,311.63 PMPY in the current period, or 33.7% of the total plan cost of $9,838.93 PMPY
- Current period plan cost for catastrophic claimants of $3,311.63 PMPY are 318.5% greater than the norm of $791.23 PMPY
- Catastrophic claimants per thousand was 18.6, 339% greater than the norm of 4.2
- Average cost per claimant was $178,076, 5% less than the norm of $186,873
- Catastrophic claimant threshold of $100,000 was used for this analysis

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Catastrophic - Methodology Detail

Retirees

Period specific catastrophic logic

Contribution to Trend	Current
Non-Catastrophic	$6,527.34
Catastrophic	$3,311.30
Total	$9,838.64

Medical Service Category	Current
Inpatient	$1,692.75
Outpatient	$580.78
Professional	$386.46
OMS	$649.78
Capitation	$1.52
Total	$3,311.30

Claimant Statistics	Current
Claimant Count	46
Claimants per 1,000	0.0
Avg. Spend per Claimant	$181,929
% of Total Plan Spend	33.7%

Relationship	Current
Employee	42
Spouse	3
Dependent	1

Average Spend	Current
Employee	$176,550
Spouse	$239,068
Dependent	$236,455

Eligibility	Current
Existing	0
Enrollee	46
Other	0

Risk Classification	Current
Chronic	43
Major	3
Other	0

* Period Logic applies to members over the catastrophic limit in each unique timeframe

Top catastrophic spend by primary ICD9

	PMPY	Individual Count
ICD9 Category	**Current**	**Current**
Neoplasms	$1,009.23	15
Renal/Urologic	$680.68	6
Gastrointestinal	$501.32	3
Circulatory	$496.23	8
Musculoskeletal	$142.63	4
Respiratory	$120.30	2
Neurological	$112.37	2
Mental Disorder	$77.91	1
Int/Ext Injury	$69.39	1
Infect/Parasit	$43.89	1
All Other	$55.82	3
Total	**$3,309.78**	**46**

Comments

- 43 of the 46 catastrophic claimants, or 93.5%, in the current period had a chronic condition
- 91.3% of the catastrophic claimants in the current period were employees, 6.5% were spouses, and 2.2% were dependents

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Health Advocacy - Catastrophic Clinical Impact

Retirees

Top catastrophic claimants - clinical impact

Plan	Gender	Age	Relationship	Eligibility	ICD9 Major	ICD9 Minor	Total ($)	Referral Source	CM Programs	DM Programs	Additional Programs
OAP	M	60-64	Employee	Enrollee	Gastrointestinal	Stom/Int/Pan	$1,130,019	UM	COM,INP		
OAP	F	60-64	Employee	Enrollee	Renal/Urologic	Upper Urinary	$559,651	PROV	TRN	CHD	WI
OAP	M	50-59	Spouse	Enrollee	Renal/Urologic	Upper Urinary	$447,950	MBR	TRN	DM	WI
OAP	M	60-64	Employee	Enrollee	Neoplasms	Care/Neoplas	$418,266			LBP	WI
OAP	F	60-64	Employee	Enrollee	Neoplasms	Digestive	$343,143	PROV	TRN	CHD	WI
OAP	M	60-64	Employee	Enrollee	Circulatory	Other Heart	$322,474	UM	COM,INP	AST,CHD,LB	WI
OAP	F	60-64	Employee	Enrollee	Circulatory	Atherosclerosis	$281,172	UM	COM	CHD,COPD, DM	WI
OAP	M	50-59	Employee	Enrollee	Renal/Urologic	Upper Urinary	$273,558	UM	COM,TRN	CHD,DM	WI
OAP	F	60-64	Employee	Enrollee	Neoplasms	Other Neopla	$258,625	UM	COM,INP, ONC		WI
OAP	F	60-64	Employee	Enrollee	Renal/Urologic	Upper Urinary	$241,594	UM	TRN	CHD	WI
OAP	F	18-29	Dependent	Enrollee	Neoplasms	Other Neopla	$236,455	UM		LBP	
OAP	F	60-64	Employee	Enrollee	Renal/Urologic	Upper Urinary	$211,885	UM		AST,CHD,DM	WI
OAP	F	50-59	Employee	Enrollee	Mental Disorder	Psychoses	$196,917	PM		DM,LBP	WI
OAP	F	60-64	Employee	Enrollee	Neoplasms	Care/Neoplas	$193,779	PM	ONC		WI
OAP	M	60-64	Employee	Enrollee	Musculoskeletal	Bone	$186,449				WI
OAP	F	60-64	Employee	Enrollee	Int/Ext Injury	Comp Surgical	$175,434	UM	COM,INP		
OAP	F	50-59	Employee	Enrollee	Circulatory	Other Heart	$173,056			CHD	WI
OAP	F	50-59	Employee	Enrollee	Neoplasms	Female Breast	$157,754	UM	INP,ONC		WI
OAP	F	60-64	Employee	Enrollee	Respiratory	Pneumonia/Flu	$157,680	UM	CAT,INP	CHD,DM	WI
OAP	F	60-64	Spouse	Enrollee	Neoplasms	Respiratory	$147,400	UM	ONC		WI
OAP	F	50-59	Employee	Enrollee	End/Nutr/Metab	Nutrit/Metab	$146,582	UM	COM,INP	AST,CHD,COPD,DM	WI
OAP	M	60-64	Employee	Enrollee	Neoplasms	Care/Neoplas	$144,012	UM		CHD	WI
OAP	F	60-64	Employee	Enrollee	Neoplasms	Female Breast	$142,585	PM	COM	DM	WI
OAP	M	60-64	Employee	Enrollee	Renal/Urologic	Upper Urinary	$141,406	OTHER	COM		
OAP	F	50-59	Employee	Enrollee	Circulatory	Ischemic	$134,257	UM	INP	CHD,DM	WI

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Total Plan Spend by Condition

Retirees

Top conditions by plan spend

Top ICD9 conditions

ICD9 Category	PMPY Current	PMPY Norm	Variance
Neoplasms	$1,909.12	$713.59	167.5%
Musculoskeletal	$1,576.65	$885.96	78.0%
Circulatory	$1,502.51	$621.26	141.8%
Gastrointestinal	$953.92	$334.26	185.4%
Renal/Urologic	$881.43	$231.12	281.4%
Neurological	$449.84	$256.01	75.7%
End/Nutr/Metab	$339.79	$181.60	87.1%
Respiratory	$265.21	$165.16	60.6%
Skin	$261.91	$102.50	155.5%
Reproductive	$206.04	$135.68	51.9%
All Other	$1,376.18	$689.43	99.6%
Total	**$9,722.60**	**$4,316.58**	**125.2%**

Cancer prevalence and cost by condition

Condition	# of Members	Prevalence	Cancer Cost Per Patient	Total Plan Spend
Dermatology	122	4.8%	$1,214	$148,164
Breast	103	4.1%	$20,207	$2,081,345
Conditions-Male	47	1.9%	$5,011	$235,498
Neoplastic Disease	22	0.9%	$21,261	$467,747
Conditions-Female	19	0.8%	$26,790	$509,007
Gastro-Neoplasms	12	0.5%	$49,275	$591,302
Disease/Thyroid	10	0.4%	$3,576	$35,760
Lung-Neoplasm	8	0.3%	$29,562	$236,496
Orthopedic Neoplasm	7	0.3%	$3,432	$24,023
Other	12	0.5%	$55,078	$660,938
Total	**339**	**13.4%**	**$14,721**	**$4,990,279**

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, Paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, Paid through Mar. 2011

Episode Treatment Group Summary

Retirees

Distribution of members by category

	Chronic	Maternity	Major	Minor	Healthy	NonUser
Current	75%	0%	10%	7%	2%	6%
Norm	58%	0%	15%	12%	4%	11%

Distribution of cost by category

	Chronic	Maternity	Major	Minor
Current	91%	0%	8%	1%	0%
Norm	79%	0%	18%	3%	0%

Non-User Information

	Current
Average Age	55.8
Demographic Risk Score	1.92
Gender Distribution	
% Male	44.0%
Male Average Age	51.5
Male Average Enrollment	8.1
% Female	56.0%
Female Average Age	59.2
Female Average Enrollment	8.0

Comments

- 75% of members are characterized as chronic, 17% greater than the norm of 58%
- Excluding chronic, the highest category is Major, with 10% of members, 5% less than the norm of 15%
- Chronic members contribute the greatest percentage of cost, at 0% in the current period, in line with the norm of 0%
- Excluding chronic, Maternity members contribute the greatest percentage of cost, at 0% in the current period, in line with the norm of 0%
- Non-users were 6% of the population, 5% lower than the norm of 11%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Inpatient Summary

Retirees

Utilization metrics per 1,000 members

Average cost metrics

Account summary (PMPY basis)

	Current	Norm	Variance
Non-Catastrophic Inpatient	$1,312.94	$667.83	96.6%
Catastrophic Inpatient	$1,692.75	$367.33	360.8%
All Other Service Categories	$6,833.23	$3,358.02	103.5%
Total Plan Cost	**$9,838.93**	**$4,393.17**	**124.0%**

Comments

- Current period non-catastrophic inpatient costs of $1,312.94 PMPY are 96.6% greater than the norm of $667.83 PMPY
- Admits per thousand were at 142.6, 24% greater than the norm of 114.7 and bed days per thousand were at 959.0, 2% greater than the norm of 941.5
- Cost per admit was $21,079, 136% greater than the norm of $8,949 and cost per bed day was $3,134, 187% greater than the norm of $1,091

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Inpatient - Major Diagnostic Category Summary

Retirees

Cost & utilization trends (excluding catastrophic)

	$PMPY			Admits Per 1,000			Days Per 1,000			Cost Per Case		
	Current	Norm	Variance	Current	Norm	Variance	Current	Norm	Variance	Current	Norm	Variance
Circulatory	$377.57	$137.95	173.7%	20.4	19.9	2.3%	67.2	116.0	-42.0%	$18,535	$6,929	167.5%
Musculoskeletal	$265.93	$176.03	51.1%	15.5	18.2	-15.2%	122.6	141.0	-13.0%	$17,177	$9,646	78.1%
Digestive	$133.46	$61.87	115.7%	9.4	10.6	-11.2%	40.7	57.2	-28.8%	$14,243	$5,861	143.0%
Respiratory	$70.22	$47.85	46.7%	4.9	10.3	-52.7%	27.3	86.6	-68.5%	$14,364	$4,629	210.3%
Nervous	$70.18	$38.25	83.5%	6.9	8.2	-15.1%	64.4	87.3	-26.3%	$10,133	$4,687	116.2%
Other	$395.58	$198.86	98.9%	37.9	37.2	1.9%	235.5	347.8	-32.3%	$10,441	$5,347	95.3%
Total Non-Cat	$1,312.94	$660.82	98.7%	94.9	104.4	-9.1%	557.7	835.9	-33.3%	$13,831	$6,329	118.5%
Catastrophic	$1,692.75	$365.99	362.5%	47.7	10.3	361.4%	401.3	105.6	280.0%	$35,512	$35,427	0.2%
Total	**$3,005.69**	**$1,026.81**	**192.7%**	**142.6**	**114.7**	**24.3%**	**959.0**	**941.5**	**1.9%**	**$21,079**	**$8,949**	**135.5%**

Comments

- Circulatory was the top category by plan cost in the current period, at $377.57 PMPY
- Cost per case for the Circulatory category was $18,535 in the current period
- Plan cost for non-catastrophic was $1,312.94 PMPY in the current period

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Outpatient Summary

Retirees

Facility outpatient utilization per 1,000 members

Facility outpatient cost per service

Account summary (PMPY basis)

	Current	Norm	Variance
Non-Catastrophic Outpatient	$2,046.58	$1,127.90	81.5%
Catastrophic Outpatient	$580.78	$145.48	299.2%
All Other Service Categories	$7,211.57	$3,119.81	131.2%
Total Plan Cost	**$9,838.93**	**$4,393.17**	**124.0%**

Comments

- Current period non-catastrophic outpatient costs of $2,046.58 PMPY are 81.5% greater than the norm of $1,127.90 PMPY
- Diagnostic was the largest category of utilization. Utilization per thousand was 4,605.7, 90.1% greater than the norm of 2,422.5
- Emergency room and urgent care was the next largest category of utilization. Utilization per thousand was 410.8, 34.9% greater than the norm of 304.5
- Surgery was the largest average cost category. Cost per service was $1,851, 40% greater than the norm of $1,319
- Emergency room and urgent care was the next largest average cost category. Cost per service was $990, 65% greater than the norm of $599

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Laboratory Steerage - Cost & Utilization

Retirees

Plan spend PMPY

	Preferred Lab	Non-Preferred Lab
Current	$139.57	$194.92
Norm	$65.13	$137.76

Account summary

	Plan Spend($)	Plan Spend PMPY	Total Services	Services/ 1000	Cost/Service
National	$286,993	$113.56	31,743	12559.8	$9.04
Regional	$65,737	$26.01	1,474	583.4	$44.59
Preferred Subtotal	$352,730	$139.57	33,217	13143.1	$10.62
Ancillary	$140,662	$55.66	2,725	1078.2	$51.62
Outpatient Hospital	$55,546	$21.98	933	369.3	$59.51
Professional	$296,422	$117.29	12,010	4752.1	$24.68
Non-Preferred Subtotal	$492,629	$194.92	15,669	6199.6	$31.44
Total	**$845,359**	**$334.49**	**48,886**	**19342.8**	**$17.29**

Opportunity Targets	Savings($)	Savings PMPY
10% Shift to Preferred	$32,625	$12.91
25% Shift to Preferred	$81,562	$32.27

Percent of total services by type

	Preferred Lab	Non-Preferred Lab
Current	67.9%	32.1%
Norm	46.0%	54.0%

Comments

- Cost-effective preferred lab services are available across nearly 100% of CIGNA's geographic network
- Information on the preferred lab network is now available via the provider directory on myCIGNA.com
- Preferred lab as a percent of total services was 68%, 22% greater than the norm of 46%
- Outpatient Hospital had the highest plan cost per service during the current period at $59.51, 460% greater than preferred labs, at $10.62

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Professional Metrics

Retirees

Top specialties - services per 1,000 members

Top specialties - average plan cost per service

Account summary (PMPY basis)

	Current	Norm	Variance
Non-Catastrophic Professional	$2,526.37	$1,401.60	80.2%
Catastrophic Professional	$388.04	$111.74	247.3%
All Other Service Categories	$6,924.52	$2,879.83	140.4%
Total Plan Cost	**$9,838.93**	**$4,393.17**	**124.0%**

Comments

- Current period non-catastrophic professional costs of $2,526.37 PMPY are 80.2% greater than the norm of $1,401.60 PMPY
- Medical services per thousand was 19,709.3, 60.0% greater than the norm of 12,318.7
- Medical cost per service was $74, 26% greater than the norm of $59
- Surgical services per thousand was 3,460.7, 53.5% greater than the norm of 2,254.2
- Surgical cost per service was $148, in line with the norm of $148

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Office Visits

Retirees

Office visits per 1,000 members

	Primary Care	Specialist	Total
Current	3,319.1	3,682.8	7,001.8
Norm	2,620.4	1,956.8	4,577.2

Average plan cost per office visit

	Primary Care	Specialist	Total
Current	$97	$155	$128
Norm	$93	$134	$111

Well visit completion rates

	Employee	Spouse	Dependent	Total
Current	37.6%	27.9%	44.7%	37.0%
Norm	21.5%	23.7%	11.0%	22.1%

Comments

- Office visits per thousand was 7,001.8, 53% greater than the norm of 4,577.2
- Cost per visit was $128, 15% greater than the norm of $111
- Preventive care as a percent of total spend was 1.3%, 0.5% less than the norm of 1.8%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Network Statistics

Retirees

In-network discount rate

Network penetration

Comments

- Discount rate was 60.1%, 6.4% greater than the norm of 53.7%
- Network penetration rate was 90.8%, in line with the norm of 90.8%
- Inpatient discount rate was 61.7%, 4.2% greater than the norm of 57.5%; Inpatient network penetration rate was 96.9%, 2.7% greater than the norm of 94.2%
- Outpatient discount rate was 63.4%, 6.0% greater than the norm of 57.4%; Outpatient network penetration rate was 93.7%, 0.8% greater than the norm of 92.9%
- Professional discount rate was 57.5%, 8.6% greater than the norm of 48.9%; Professional network penetration rate was 83.0%, 5.2% less than the norm of 88.2%
- Other Medical Services discount rate was 51.0%, 6.1% greater than the norm of 44.9%; Other Medical Services network penetration rate was 83.9%, 0.7% greater than the norm of 83.2%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Well Informed Gaps in Care - Summary

Retirees

Member compliance summary

	Mbrship	Non-Qualified	Non-Compliant	Compliant
Members	2,527	364	805	1,358

Rule compliance summary

	Non-Compliant	Compliant
Current	5.9%	94.1%
Norm	23.5%	76.5%

Demographics - members with gaps

	<01	01-17	18-29	30-39	40-49	50-59	60-64	65+
Male	0	1	0	0	1	50	187	4
Female	0	1	2	64	7	124	362	2

Comments

- 2,163 members qualified for a gap in care evaluation, with 1,358 compliant and 805 non-compliant with evidence-based medicine guidelines
- 94.1% of rules evaluated were compliant with evidence-based medicine guidelines, compared to a norm of 76.5%
- The greatest number of members with gaps was found in the 60-64 age band, with 549 total members

Current Period reflects Well Informed Gaps in Care program activity between Feb.2010 and Dec.2010

Well Informed Gaps in Care - Conditions

Retirees

Compliance by condition

	HTN	HPL	Diabetes	CAD	Obesity	Asthma
Current	95%	95%	92%	91%	97%	87%
Norm	84%	85%	73%	77%	74%	71%

Gap count by condition

	HTN	HPL	Diabetes	CAD	Obesity	Asthma
0	81%	69%	40%	70%	84%	69%
1	14%	25%	24%	15%	15%	28%
2-5	5%	6%	36%	15%	1%	3%
6+	0%	0%	0%	0%	0%	0%

Gap condition statistics

Clinical Category	Gap Count	Prevalence	Gaps/Mbr	Compl. Rate
Hypertension	319	50%	1.30	95%
Hyperlipidemia	342	36%	1.23	95%
Diabetes	547	17%	2.09	92%
Coronary Artery Disease	157	12%	1.78	91%
Obesity	24	6%	1.04	97%
Asthma	23	3%	1.10	87%
Breast Cancer	5	3%	1.00	97%
Chronic Kidney Disease	24	2%	1.85	95%
Osteoporosis	10	2%	1.00	81%
Congestive Heart Failure	28	2%	2.00	88%

Comments

- HTN has the highest prevalence by category at 50%. Compliance rate for this category was 95%, 11% greater than the norm of 84%
- HPL has the next highest prevalence by category at 36%. Compliance rate for this category was 95%, 10% greater than the norm of 85%
- The Diabetes category had the greatest rate of multiple gaps (2 or more), 36%

Well Informed Gaps in Care - Outcomes

Retirees

Distribution of Well Informed members

Total Members	**2,527**
Non-Qualified	**364**
% of Total Members	14%
Qualified	**2,163**
% of Total Members	86%
Receiving Mailings	**701**
% of Total Members	28%

Mailings for members with gaps

Members with gaps managed in health advocacy programs

Comments

- Well informed Gap mailings were sent to 701 members, or 28% of the total population
- Across all conditions, there were 1,638 total mailings for members who had evidence-based gaps in care
- Diabetes, HTN and CAD were the top conditions that triggered a mailing
- Approximately 1,054 members with evidence-based gaps in care have been identified for participation in other CIGNA Health Advocacy programs, driven by Disease Mgmt with 963 members

Current Period reflects Well Informed Gaps in Care program activity between Feb.2010 and Dec.2010

Well Informed Gaps in Care - Outcomes

Retirees

Summary of gap activity & savings

Primary Condition	Gaps							
	Beginning	New	Closed	Ending	Interventions	Credited Closures	Ave Savings / Closure	Savings
Coronary Artery Disease	0	202	46	156	706	43	$563	$24,197
Hypertension	0	543	226	317	1,947	162	$145	$23,504
Diabetes	0	663	219	444	1,831	207	$64	$13,335
Hyperlipidemia	0	477	138	339	1,360	87	$40	$3,492
Congestive Heart Failure	0	40	12	28	125	12	$177	$2,119
Chronic Renal Failure	0	17	6	11	174	4	$461	$1,843
Atrial Fibrillation	0	26	9	17	106	5	$302	$1,510
Migraine Headache	0	6	3	3	19	2	$48	$95
HIV/AIDS	0	22	15	7	17	2	$44	$89
Depression	0	7	4	3	18	2	$44	$88
All Other	0	54	23	31	660	16	$12	$195
Total	**0**	**2,057**	**701**	**1,356**	**6,963**	**542**	**$116**	**$62,693**

Comments

- $62,693 in savings is estimated from the closure of evidence-based gaps in care during the current period, for an average savings of $116 per credited closure
- Savings result from 542 credited closures, defined as a gap closure tied to an intervention by CIGNA Health Advocacy programs
- Overall gap inventory increased 0 to 1,356, driven by 663 new Diabetes gaps and 226 closed Hypertension gaps

Current Period reflects Well Informed Gaps in Care program activity between Feb.2010 and Dec.2010
Includes Well Aware Disease Management interventions occurring between Jan.2010 and Dec.2010

Health Assessment - Overview

Retirees

Participation

	Current	Norm	Variance
Eligible employees	2,756		
Eligible dependents	337		
Employee completions	0.3%	3.7%	-3.4%
Dependent completions	0.3%	0.7%	-0.4%

Gender distribution

	Male	Female
Current	33.3%	66.7%
Norm	37.1%	62.9%

Age distribution

	18-29	30-39	40-49	50-59	60+
Current	0.0%	0.0%	0.0%	33.3%	66.7%
Norm	0.0%	0.0%	44.2%	39.6%	16.2%

Comments

- Health Assessment completion rate was 0.3% of employees, 3.4% less than the norm of 3.7%
- Health Assessment completion rate was 0.3% of dependents, 0.4% less than the norm of 0.7%
- The largest age band category for completers is 60+ at 66.7%, 50.5% greater than the norm of 16.2%
- 66.7% of individuals who completed a health assessment are Female, 33.3% Male

Current Period reflects Health Assessments completed between Jan. 2010 and Dec. 2010

Health Advocacy - Inpatient Utilization Management

Retirees

Inpatient utilization management summary table

	Unique Members	Events	Savings($)	% of Members	
	Current	Current	Current	Current	Norm
Admission Reviewed	**32**	**33**		**1.27%**	**0.66%**
Pre-Certification					
Admissions Avoided	14	14	$147,616	0.55%	0.20%
Inpatient Utilization Mgmt.					
Decertified Days	28	82	$174,906	1.11%	0.40%
Bed Day Intensity Mgmt	24	59	$44,250	0.95%	0.41%
Readmissions Avoided	0	0	$0	0.00%	0.00%
Total - Precert + IP UM	**47**	**155**	**$366,772**	**1.86%**	**1.18%**

Clinical program management

Comments

- Inpatient pre-certification and utilization management generated $366,772 in savings and touched 47 individuals in the current period
- Savings primarily driven by Decertified Days
- 33 admissions were reviewed and 14 were avoided, resulting in $147,616 savings
- 82 days were decertified for $174,906 in savings and 59 days were stepped down for $44,250 savings
- 0 readmissions were avoided, resulting in $0 savings

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Health Advocacy - Outpatient Utilization Management

Retirees

Outpatient utilization management

	Unique Members	Requests	Avoided	Savings($)	% of Members	
	Current	Current	Current	Current	Current	Norm
MRI	322	551	94	$87,232	12.74%	5.25%
PET	52	74	12	$22,332	2.06%	0.33%
CT	269	567	46	$25,668	10.64%	4.38%
DME	11	11	0	$0	0.44%	0.30%
Injectables	19	21	6	$3,000	0.75%	0.19%
Other	193	323	51	$25,500	7.64%	3.18%
Total	**659**	**1547**	**209**	**$163,732**	**26.07%**	**13.63%**

Cost avoided by category

Comments

- Outpatient pre-certification generated $163,732 savings and touched 866 individuals in the current period
- 34% of members touched compares to a norm of 14%
- MRIs were the primary source of savings, driven by 94 MRIs avoided for $87,232 savings

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Health Advocacy - Specialty Case Management

Retirees

Specialty case management summary

	Unique Members	Interventions	Closed Cases	Savings($)	% of Members	
	Current	Current	Current	Current	Current	Norm
Bariatric Case Management	0	0	0	$0	0.00%	0.02%
Catastrophic	3	78	3	$48,681	0.12%	0.06%
Complex	49	1,022	55	$21,264	1.94%	0.85%
Maternity	0	0	0	$0	0.00%	0.01%
Oncology	12	170	9	$9,549	0.47%	0.33%
Rehabilitation (ECF)	2	29	2	$6,440	0.08%	0.03%
Transplant	9	267	2	$18,312	0.36%	0.12%
Total	71	1,566	71	$104,246	2.81%	1.42%

Case management referral source

Comments

- Specialty case management managed 71 people in the current period, or 2.81% of the population
- 71 cases closed in the current period, generating $104,246 in savings
- Savings were driven by the Catastrophic unit contributing $48,681 of $104,246 current period savings
- Referrals into specialty case management were driven primarily by Predictive Model contributing 44% of all referrals

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Health Advocacy - 24hr HIL

Retirees

24 Hour health information line

	Number of Calls
	Current
Triage	23
Network/Benefits	10
Health/Medical	17
Total	**50**

Distribution of HIL calls

Savings related to level of care

	Current			
	# Of Calls	Calls Red.	% Red.	Est. Savings
Urgent Care Center	1	1	100%	$207
Other	49	8	16%	$0
Total	**50**	**9**	**18%**	**$207**

Comments

- 24 Hour Health Information Line received 50 calls in the current period
- 23 of 50 calls were for Triage Counseling
- For 82% of calls, the callers intent was appropriate whereas 10% were redirected to a lower level of care, and 8% were redirected to a higher level of care
- Redirected calls generated $207 in savings in the current period

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Disease Management Participation & Engagement Summary

Retirees

Identification and engagement

Condition	Identified Individuals		Participating Individuals		Engaged Individuals*	
	Current	Norm	Current	Norm	Current	Norm
Asthma	4.7%	7.8%	3.6%	2.9%	1.5%	1.1%
Cardiac	11.1%	10.8%	8.5%	6.9%	3.6%	2.7%
COPD	0.8%	1.6%	0.5%	1.1%	0.3%	0.6%
Diabetes	19.1%	14.4%	17.2%	11.9%	8.8%	5.0%
Low Back	9.6%	17.7%	6.3%	7.3%	2.4%	2.1%
Total Unique - %	**35.8%**		**82.2%**		**44.9%**	
Total Unique - Count	**906**		**745**		**335**	

*Individuals with completed call in most recent 12 months

Need stratification summary

	Acute	High	Medium	Low
% identified	8%	19%	55%	18%
% participating	10%	22%	58%	10%
% engaged	11%	41%	36%	11%

Comments

- The disease management program identified 35.8% of the population for outreach
- Diabetes has the greatest prevalence for the current period at 19.1%
- 82.2% of all identified individuals are participating in disease management and 44.9% are engaged telephonically
- 27% of identified individuals have an Acute or High level of need vs. 53% of engaged individuals

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Disease Management Identification & Participation Detail

Retirees

Participation detail

	Asthma	Cardiac	COPD	Diabetes	Low Back
Identified	118	280	21	483	243
Opt-Out	(5)	(11)	(0)	(22)	(8)
False Positive	(14)	(46)	(6)	(16)	(19)
Graduation	(2)	(0)	(0)	(0)	(0)
Medically Inappropriate	(5)	(1)	(0)	(0)	(50)
Terminations	(1)	(5)	(0)	(9)	(7)
Other Non-Participating	(1)	(2)	(2)	(1)	(0)
Participating(Total)	90	215	13	435	159
Participating(Mail Only)	7	11	0	29	11

Member contact profile

	Bad Phone	Bad Phone and Address	Reachable	Mail Only	Other
Curr	23.4%	0.2%	68.2%	7.1%	1.1%
Norm	17.8%	0.5%	53.3%	8.5%	19.9%

Comments

- The Diabetes program has the greatest number of participating individuals, 435
- The Diabetes program has the greatest number of individuals who opted-out, 22
- 68.2% of individuals are reachable by telephone, or 14.9% greater than the norm of 53.3%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Disease Management Engagement Detail

Retirees

Primary Disease	Unique Individuals	Mail Only	Unreached	Active Telephonic	Current period status - active telephonic: Welcome Call	One Coaching Call	2 or More Coaching Calls	No Completed Calls	No Attempted Calls	Completed per Member	Completed Norm
Asthma	63	6	40	17	9	7	1	0	0	0.60	1.43
Cardiac	144	10	86	48	21	11	16	0	0	1.22	2.03
COPD	8	0	3	5	2	1	2	0	0	1.88	2.64
Depression											
Diabetes	423	29	208	186	28	45	113	0	0	2.11	2.04
Low Back	107	10	65	32	12	11	9	0	0	1.39	1.15
Targeted Cond.	0	0	0	0	0	0	0	0	0	0.00	1.20
Weight Comp.	0	0	0	0	0	0	0	0	0	0.00	1.25
Total	**745**	**55**	**402**	**288**	**72**	**75**	**141**	**0**	**0**	**1.72**	**1.60**

Call engagement

Summary	Base	Curr	Norm
Individual Scheduled for Welcome Calls	0	608	
Calls Attempted	0	5,314	
Calls Completed	0	342	
Welcome Attempts per Completed Call	0.0	15.5	26.7
Welcome Attempts per Scheduled Member	0.0	8.7	9.5
Individuals Scheduled for Coaching Calls	0	447	
Calls Attempted	0	5,919	
Calls Completed	0	845	
Coaching Attempts per Completed Call	0.0	7.0	8.6
Coaching Attempts per Scheduled Member	0.0	13.2	16.1
Inbound Calls	0	234	

Mailings

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

MIAMI-DADE COUNTY PUBLIC SCHOOLS-Request 99303-View 234837-RPT_ID 138_CN-Tier 0
Depression program activity data is not currently included

Lifestyle Management Programs - Identification & Engagement Detail

Retirees

LMP cases

Key metrics

Identification

Total Unique Members Identified	4
Total Cases Identified	4

Engagement	Stress Management	Tobacco Cessation	Weight Management
Telephonic	2	0	2
Online	0	0	0

Identification source

Graduation rates

	Stress	Tobacco	Weight
Graduation Rate	50.0%	0.0%	0.0%
Benchmark - high bound*	68.8%	63.5%	25.8%
Benchmark - low bound*	43.9%	13.0%	20.3%
Number of Graduates	1	0	0

* Benchmark data based upon graduation rates for clients with best practice incentive programs.

APPENDIX

- Medical Snapshots
    - Actives
    - Retirees
    - Divisions

Medical Snapshot
Actives

Membership Summary	Current
Avg Number of Employees	37,759
Avg Number of Members	58,957
Unique Claimants - Medical	52,790
Plan Utilization - Medical	89.5%

Inpatient Trends	Current
Inpatient % of Plan Spend	23.7%
Admissions per 1000 members	78.1
Bed Days per 1000 members	354.3
Average Payment per Admission	$14,270
Average Payment per Bed Day	$3,145

Analysis of Charges and Payments	Current
Submitted Charges	$701,370,627
Amounts Not Covered	$50,218,939
Considered Charges	$651,151,688
Discounts	$377,877,774
Covered Charges	$273,273,914
Deductible/Copay	$21,023,126
Coinsurance	$11,739,905
COB	$2,773,146
Payments	$237,737,737

Payment Trends	Current
Plan Cost PEPY - Medical	$7,344
Plan Cost PMPY - Medical	$4,704
Plan Cost PMPY - NonCat Medical	$3,660

Outpatient Trends	Current
Outpatient % of Plan Spend	28.6%
Physician Office Visits per 1000 Members	4,017.8
Average Payment per Office Visit	$135
ER Visits per 1000 Members	243.0
Average Payment per ER Visit	$1,394

Member Demographics by Age Band	Current % of Members	Current % of Cost
<01	1.0%	5.1%
01-17	17.1%	8.1%
18-29	14.2%	9.2%
30-39	15.9%	13.8%
40-49	20.4%	19.7%
50-59	21.4%	27.8%
60-64	7.3%	11.5%
65+	2.6%	4.9%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Snapshot

Retirees

Membership Summary	Current
Avg Number of Employees	2,256
Avg Number of Members	2,527
Unique Claimants - Medical	2,792
Plan Utilization - Medical	110.5%

Inpatient Trends	Current
Inpatient % of Plan Spend	30.5%
Admissions per 1000 members	142.6
Bed Days per 1000 members	959.0
Average Payment per Admission	$21,079
Average Payment per Bed Day	$3,134

Analysis of Charges and Payments	Current
Submitted Charges	$60,992,354
Amounts Not Covered	$4,054,701
Considered Charges	$56,937,653
Discounts	$31,880,025
Covered Charges	$25,057,628
Deductible/Copay	$1,541,837
Coinsurance	$738,686
COB	$485,382
Payments	$22,291,723

Payment Trends	Current
Plan Cost PEPY - Medical	$11,021
Plan Cost PMPY - Medical	$9,839
Plan Cost PMPY - NonCat Medical	$6,527

Outpatient Trends	Current
Outpatient % of Plan Spend	26.7%
Physician Office Visits per 1000 Members	7,001.8
Average Payment per Office Visit	$128
ER Visits per 1000 Members	261.5
Average Payment per ER Visit	$1,389

Member Demographics by Age Band	Current % of Members	Current % of Cost
<01	0.1%	0.0%
01-17	1.2%	0.2%
18-29	3.1%	1.9%
30-39	0.1%	0.0%
40-49	1.1%	1.5%
50-59	23.9%	22.3%
60-64	68.6%	72.8%
65+	1.8%	1.3%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Snapshot

1UTD

Membership Summary	Current
Avg Number of Employees	28,935
Avg Number of Members	46,032
Unique Claimants - Medical	42,013
Plan Utilization - Medical	91.3%

Inpatient Trends	Current
Inpatient % of Plan Spend	23.2%
Admissions per 1000 members	80.3
Bed Days per 1000 members	375.1
Average Payment per Admission	$13,998
Average Payment per Bed Day	$2,997

Analysis of Charges and Payments	Current
Submitted Charges	$559,286,661
Amounts Not Covered	$39,987,647
Considered Charges	$519,299,014
Discounts	$298,874,831
Covered Charges	$220,424,184
Deductible/Copay	$16,909,737
Coinsurance	$9,015,281
COB	$2,557,283
Payments	$191,941,882

Payment Trends	Current
Plan Cost PEPY - Medical	$7,713
Plan Cost PMPY - Medical	$4,848
Plan Cost PMPY - NonCat Medical	$3,758

Outpatient Trends	Current
Outpatient % of Plan Spend	28.1%
Physician Office Visits per 1000 Members	4,259.8
Average Payment per Office Visit	$134
ER Visits per 1000 Members	228.5
Average Payment per ER Visit	$1,369

Member Demographics by Age Band	Current % of Members	Current % of Cost
<01	1.2%	5.0%
01-17	18.3%	8.9%
18-29	14.9%	9.9%
30-39	16.8%	14.3%
40-49	18.1%	16.8%
50-59	19.5%	25.2%
60-64	9.3%	16.5%
65+	2.0%	3.5%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Snapshot
9FOP

Membership Summary	Current
Avg Number of Employees	137
Avg Number of Members	287
Unique Claimants - Medical	241
Plan Utilization - Medical	84.0%

Inpatient Trends	Current
Inpatient % of Plan Spend	19.1%
Admissions per 1000 members	68.2
Bed Days per 1000 members	211.7
Average Payment per Admission	$7,875
Average Payment per Bed Day	$2,536

Analysis of Charges and Payments	Current
Submitted Charges	$1,820,452
Amounts Not Covered	$85,657
Considered Charges	$1,734,796
Discounts	$961,144
Covered Charges	$773,651
Deductible/Copay	$86,483
Coinsurance	$49,006
COB	$1,180
Payments	$636,983

Payment Trends	Current
Plan Cost PEPY - Medical	$5,875
Plan Cost PMPY - Medical	$2,807
Plan Cost PMPY - NonCat Medical	$2,807

Outpatient Trends	Current
Outpatient % of Plan Spend	24.7%
Physician Office Visits per 1000 Members	3,161.1
Average Payment per Office Visit	$126
ER Visits per 1000 Members	131.1
Average Payment per ER Visit	$1,162

Member Demographics by Age Band	Current % of Members	Current % of Cost
<01	1.0%	18.2%
01-17	30.5%	16.6%
18-29	9.6%	5.6%
30-39	25.4%	27.5%
40-49	24.0%	20.0%
50-59	7.5%	9.9%
60-64	1.9%	2.2%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Snapshot

8DCSA

Membership Summary	Current
Avg Number of Employees	585
Avg Number of Members	992
Unique Claimants - Medical	891
Plan Utilization - Medical	89.8%

Inpatient Trends	Current
Inpatient % of Plan Spend	41.3%
Admissions per 1000 members	70.6
Bed Days per 1000 members	441.2
Average Payment per Admission	$38,279
Average Payment per Bed Day	$6,125

Analysis of Charges and Payments	Current
Submitted Charges	$15,656,983
Amounts Not Covered	$963,730
Considered Charges	$14,693,253
Discounts	$8,310,482
Covered Charges	$6,382,772
Deductible/Copay	$358,812
Coinsurance	$158,807
COB	$11,708
Payments	$5,853,445

Payment Trends	Current
Plan Cost PEPY - Medical	$11,087
Plan Cost PMPY - Medical	$6,539
Plan Cost PMPY - NonCat Medical	$3,585

Outpatient Trends	Current
Outpatient % of Plan Spend	19.8%
Physician Office Visits per 1000 Members	4,107.8
Average Payment per Office Visit	$129
ER Visits per 1000 Members	183.5
Average Payment per ER Visit	$1,245

Member Demographics by Age Band	Current % of Members	Current % of Cost
<01	0.4%	34.8%
01-17	16.1%	4.1%
18-29	13.5%	4.4%
30-39	7.9%	4.0%
40-49	20.1%	11.6%
50-59	28.3%	24.0%
60-64	10.8%	11.9%
65+	2.8%	5.3%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Snapshot

6MEP

Membership Summary	Current
Avg Number of Employees	1,899
Avg Number of Members	3,147
Unique Claimants - Medical	2,886
Plan Utilization - Medical	91.7%

Inpatient Trends	Current
Inpatient % of Plan Spend	22.8%
Admissions per 1000 members	70.7
Bed Days per 1000 members	342.9
Average Payment per Admission	$16,722
Average Payment per Bed Day	$3,447

Analysis of Charges and Payments	Current
Submitted Charges	$38,020,814
Amounts Not Covered	$1,173,736
Considered Charges	$36,847,077
Discounts	$20,910,123
Covered Charges	$15,936,954
Deductible/Copay	$1,215,264
Coinsurance	$582,551
COB	$13,448
Payments	$14,125,692

Payment Trends	Current
Plan Cost PEPY - Medical	$8,578
Plan Cost PMPY - Medical	$5,175
Plan Cost PMPY - NonCat Medical	$3,862

Outpatient Trends	Current
Outpatient % of Plan Spend	29.4%
Physician Office Visits per 1000 Members	4,428.4
Average Payment per Office Visit	$134
ER Visits per 1000 Members	185.1
Average Payment per ER Visit	$1,362

Member Demographics by Age Band	Current % of Members	Current % of Cost
<01	0.6%	1.3%
01-17	19.7%	6.2%
18-29	10.8%	5.2%
30-39	11.8%	7.9%
40-49	22.7%	21.6%
50-59	20.8%	31.1%
60-64	11.6%	21.2%
65+	1.9%	5.5%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Snapshot

5DCSM

Membership Summary	Current
Avg Number of Employees	1,123
Avg Number of Members	1,931
Unique Claimants - Medical	1,620
Plan Utilization - Medical	83.9%

Inpatient Trends	Current
Inpatient % of Plan Spend	27.2%
Admissions per 1000 members	70.9
Bed Days per 1000 members	356.7
Average Payment per Admission	$18,965
Average Payment per Bed Day	$3,770

Analysis of Charges and Payments	Current
Submitted Charges	$24,783,276
Amounts Not Covered	$2,413,450
Considered Charges	$22,369,826
Discounts	$12,698,785
Covered Charges	$9,671,041
Deductible/Copay	$610,501
Coinsurance	$327,695
COB	$358,700
Payments	$8,374,144

Payment Trends	Current
Plan Cost PEPY - Medical	$8,503
Plan Cost PMPY - Medical	$4,945
Plan Cost PMPY - NonCat Medical	$3,331

Outpatient Trends	Current
Outpatient % of Plan Spend	28.2%
Physician Office Visits per 1000 Members	3,681.2
Average Payment per Office Visit	$118
ER Visits per 1000 Members	228.5
Average Payment per ER Visit	$1,436

Member Demographics by Age Band	Current % of Members	Current % of Cost
<01	0.3%	0.8%
01-17	17.0%	5.4%
18-29	13.8%	5.2%
30-39	9.7%	8.0%
40-49	20.2%	11.2%
50-59	26.5%	39.1%
60-64	9.7%	22.8%
65+	2.8%	7.6%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Snapshot

4AFSP

Membership Summary	Current
Avg Number of Employees	1,837
Avg Number of Members	1,846
Unique Claimants - Medical	1,483
Plan Utilization - Medical	80.3%

Inpatient Trends	Current
Inpatient % of Plan Spend	25.3%
Admissions per 1000 members	70.3
Bed Days per 1000 members	370.4
Average Payment per Admission	$15,151
Average Payment per Bed Day	$2,875

Analysis of Charges and Payments	Current
Submitted Charges	$21,438,049
Amounts Not Covered	$2,006,324
Considered Charges	$19,431,725
Discounts	$11,847,976
Covered Charges	$7,583,748
Deductible/Copay	$665,256
Coinsurance	$460,309
COB	$40,127
Payments	$6,418,057

Payment Trends	Current
Plan Cost PEPY - Medical	$4,224
Plan Cost PMPY - Medical	$4,203
Plan Cost PMPY - NonCat Medical	$3,525

Outpatient Trends	Current
Outpatient % of Plan Spend	33.6%
Physician Office Visits per 1000 Members	3,573.0
Average Payment per Office Visit	$130
ER Visits per 1000 Members	293.1
Average Payment per ER Visit	$1,505

Member Demographics by Age Band	Current % of Members	Current % of Cost
<01	0.0%	0.3%
01-17	0.0%	0.1%
18-29	2.8%	1.8%
30-39	9.2%	5.9%
40-49	26.9%	24.4%
50-59	36.2%	39.5%
60-64	16.3%	18.4%
65+	8.6%	9.6%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Snapshot

3AFSF

Membership Summary	Current
Avg Number of Employees	5,499
Avg Number of Members	7,249
Unique Claimants - Medical	6,075
Plan Utilization - Medical	83.8%

Inpatient Trends	Current
Inpatient % of Plan Spend	27.4%
Admissions per 1000 members	95.0
Bed Days per 1000 members	427.0
Average Payment per Admission	$15,143
Average Payment per Bed Day	$3,370

Analysis of Charges and Payments	Current
Submitted Charges	$101,358,209
Amounts Not Covered	$7,643,797
Considered Charges	$93,714,411
Discounts	$56,154,499
Covered Charges	$37,559,912
Deductible/Copay	$2,718,934
Coinsurance	$1,884,942
COB	$276,083
Payments	$32,679,953

Payment Trends	Current
Plan Cost PEPY - Medical	$6,931
Plan Cost PMPY - Medical	$5,257
Plan Cost PMPY - NonCat Medical	$4,117

Outpatient Trends	Current
Outpatient % of Plan Spend	30.4%
Physician Office Visits per 1000 Members	3,568.0
Average Payment per Office Visit	$146
ER Visits per 1000 Members	370.1
Average Payment per ER Visit	$1,482

Member Demographics by Age Band	Current % of Members	Current % of Cost
<01	0.1%	0.8%
01-17	7.3%	1.7%
18-29	11.0%	5.3%
30-39	10.2%	9.4%
40-49	25.6%	26.5%
50-59	29.4%	33.3%
60-64	11.5%	13.9%
65+	4.9%	9.2%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Medical Snapshot
COBRA

Membership Summary	Current
Avg Number of Employees	163
Avg Number of Members	210
Unique Claimants - Medical	323
Plan Utilization - Medical	153.9%

Inpatient Trends	Current
Inpatient % of Plan Spend	15.6%
Admissions per 1000 members	103.0
Bed Days per 1000 members	564.3
Average Payment per Admission	$12,234
Average Payment per Bed Day	$2,234

Analysis of Charges and Payments	Current
Submitted Charges	$4,531,311
Amounts Not Covered	$394,013
Considered Charges	$4,137,299
Discounts	$2,452,199
Covered Charges	$1,685,099
Deductible/Copay	$117,756
Coinsurance	$59,141
COB	$13,261
Payments	$1,494,941

Payment Trends	Current
Plan Cost PEPY - Medical	$10,422
Plan Cost PMPY - Medical	$8,092
Plan Cost PMPY - NonCat Medical	$5,912

Outpatient Trends	Current
Outpatient % of Plan Spend	31.2%
Physician Office Visits per 1000 Members	5,960.1
Average Payment per Office Visit	$125
ER Visits per 1000 Members	339.2
Average Payment per ER Visit	$1,369

Member Demographics by Age Band	Current % of Members	Current % of Cost
<01	0.4%	0.9%
01-17	10.9%	3.2%
18-29	19.8%	14.7%
30-39	11.8%	17.8%
40-49	15.2%	10.8%
50-59	21.2%	26.1%
60-64	18.3%	24.3%
65+	2.3%	2.2%

Current Period reflects claims incurred between Jan. 2010 and Dec. 2010, paid through Mar. 2011
Base Period reflects claims incurred between Jan. 2009 and Dec. 2009, paid through Mar. 2011

Glossary

ACE inhibitors
Inhibitors of Angiotensin-Converting Enzymeare a group of pharmaceuticals that are used in treatment of hypertension and congestive heart failure.

Acute
An illness of short duration (as opposed to chronic illness).

Acute Major
Experienced episodes of care greater than $500 that are not a chronic/healthy/maternity.

Acute Minor
Experienced episodes of care less than $500 that are not chronic/healthy/maternity and have a low amount of facility related costs.

Admission
An overnight confinement to a facility.

Admissions Reviewed
Activity performed by a nurse prior to a scheduled admission to identify and address any issues, challenges or gaps.

Asthma Inhaled Corticosteroids
Asthma Inhaled Corticosteroids are often prescribed as a treatment for asthma.

Breast Cancer Screening
Measures the percent of qualified women 40-69 years of age that are compliant with mammogram screening.

Capitation
Arrangement where network providers receive a set dollar amount of money per covered member assigned to their practice, even if no services rendered.

Cardiac catheterization
A medical procedure used to diagnose and treat certain heart conditions.

Case Management
Coordination of services to help meet a patient's health care needs, usually when the patient requires multiple services from multiple providers.

Catastrophic
Term used to describe when a member has accumulated payments in excess of $50,000 for a specified time period.

Centers of Excellence
CIGNA's defined network of facilities deemed superior in status due to their clinical and financial performance in providing patient care.

Cervical Cancer Screening
Measures the percent of qualified members greater than 29 years of age who received at least one pap smear.

Chronic
Defined as an illness or sickness that is not curable but may be controlled with treatment.

Chronic Obstructive Pulmonary Disease (COPD)
Defines a group of diseases characterized by airflow obstruction and includes chronic bronchitis and emphysema.

Churn
Those members who either enrolled or disenrolled or did both during the analysis period (includes newborns).

Coinsurance
A defined percentage of the covered charges for services rendered. A health plan may pay 80% of the cost of covered services, and a member pays 20%.

Colon Cancer Screening
Colorectal Cancer Screening (CRC) can detect pre-malignant polyps and guide their removal, which in theory can prevent the development of colon cancer.

Glossary

Convenience Care
Treatment for common family ailments such as strep throat, pinkeye and athlete's foot

Coordination of Benefits (COB)
Identifies health benefits available to a Medicare beneficiary and coordinates the payment process to prevent mistaken payment of Medicare benefits.

Copay
Predetermined fees for medical services covered by a benefit plan, which are paid by the member at the time of service.

Coronary angioplasty
A medical procedure in which a balloon is used to open a blockage in a coronary (heart) artery narrowed by atherosclerosis, improving blood flow.

Coronary Artery Bypass Graft (CABG)
Surgery where blood flow is rerouted through a new artery or vein that is grafted around diseased sections of coronary arteries.

Cost Share
Benefit plan arrangement requiring that the participant pay a portion of the costs. This includes copayments, coinsurance and deductibles.

Covered Charges
Net charges minus the items not covered by the benefit plan. Items not covered include charges for ineligible services, network discounts, etc.

CT
A diagnostic imaging scan also called a "Cat Scan" (computed tomography).

Deductible
An amount specified in plan design that must be paid by member for covered medical expenses in a benefit period before the plan will pay benefits.

Demographic Risk Score
Risks based on gender and age of the member.

Denied Charges
Amounts not covered due to lack of information about the claim.

Diabetes retinopathy
Diabetic retinopathy is the most common diabetic eye disease and a leading cause of blindness in American adults.

Diagnostic Testing
Refers to other significant testing procedures not named - examples include: doppler electrocardiograph, cardiac ultrasound and sleep studies.

Discounts
Amounts reduced by a contractual fee arrangement with network participating providers, prompt pay arrangements, or Hospital Savings Program (HSP).

Emergency Room - Diagnostic Groupings
Musc - Musculoskeletal
ENT - Ear/Nose/Throat
Skin - Skin
Resp - Respiratory
Circ - Circulatory
Dig - Digestive
Inj - Injury

Episode Risk Group (ERG)
Uses pre-determined weights and a member's profile to calculate a risk score. This risk assessment is intended to evaluate current and future risks.

Episode Treatment Group (ETG)
An illness classification methodology derived by analyzing actual claim experience and clinical review.

Glossary

Esophagitis (digestive)
Inflammation of the lining of the esophagus, the tube that carries food from the throat to the stomach.

Evaluation and Management (E&M)
E&M services refer to visits and consultations furnished by physicians.

Facility
A site where health care services are delivered including hospitals, convalescent units, skilled nursing facilities, and birthing centers.

Facility Outpatient
Refers to services and costs that are incurred at a facility but did not result in an admission.

Fee for Service
Compensating providers for rendering patient care which is based on an as services are rendered basis.

Gaps In Care
Occurs when individuals do not receive or adhere to care that is consistent with medically proven guidelines for prevention and treatment.

Gastroenteritis (digestive)
A condition that causes irritation and inflammation of the stomach and intestines (the gastrointestinal tract).

Generic Drug
A prescription drug that has the same active-ingredient formula as a brand-name drug.

HbA1c Test
Glycohemoglobin blood test measures the average blood glucose level over the past 120 days.

Health Advisor (HA)
Registered nurses provide highly personalized management outreach and coaching to help members navigate through healthcare choices.

Health Advocacy
Health Advocacy is the term CIGNA uses to describe the process we use to improve health and lower costs for our customers and members.

Health Information Lines (HIL)
Supports effective self care offsite by providing convenient access to a registered nurse and audio library.

Healthy Babies Program
A voluntary prenatal program which offers expectant parents educational materials. Early prenatal care is essential in reducing infant mortality.

Healthy Pregnancies, Healthy Babies Program (HPHB)
HPHB is a comprehensive maternity management program, where goal is to reduce the number of pre-term and underweight babies.

In-Network
Consists of practitioners and facilities providing quality care at reimbursement rates often below the out-of-network rate.

Inpatient
Refers to services and costs that are incurred during a facility admission.

LDL-C Screening
Blood test which measures low-density lipoprotein cholesterol.

Mail Order Drugs
A feature of a pharmacy program that enables a participant to send their prescription (and any applicable copay) directly to a mail-order vendor.

Glossary

Major Diagnostic Categories (MDC)
Industry standard groupings of ICD-9 diagnostic codes which relate to various body systems for inpatient and outpatient claims.

Major Joint (musculoskeletal)
Examples of what comprises this category are: major joint and limb reattachments, hip or knee replacement.

Medication Adherence
Reflection of the degree to which the patient is adhering to the prescribed medication treatment regimen.

MRI
Magnetic Resonance Imaging - a type of diagnostic test

Network Dollar Penetration
All charges submitted by in-network providers as a percentage of overall charges.

NICU
Neonatal Intensive Care Unit which provides a high level of intensive care to premature infants

Non-Users
A member that had no episode of care, medical or pharmacy.

Norm
Norm refers to the comparison group referenced, based on an aggregation of total (average) CIGNA experience for the same product in the same period.

Office visit
Services delivered by a physician, clinician, or practitioner within the confines of a professional office setting.

Orthopedic
A branch of medicine concerned with the correction or prevention of deformities, disorders, or injuries of the skeleton (tendons and ligaments)

Other Medical (cardiac)
Some examples of what comprises this category: hypertension, vascular procedures and angina.

Other Surgical (cardiac)
Some examples of what comprises this category: major cardiovascular procedures, circulatory disorders and pacemaker.

Out-of-Network
A provider not affiliated with the participating provider network.

Outpatient
Refers to services and costs that are incurred outside of a facility admission.

Pathology
The study and diagnosis of disease through examination of organs, tissues, bodily fluids and whole bodies

PET scan
Positron Emission Tomography scan (specialized imaging)

Pharmacy Payments
Includes prescription drug expenses paid under a pharmacy program. These expenses would not include drugs covered under the medical benefit plan.

PHS
PHS requires precertification of coverage primarily for inpatient care.

PHS+
PHS+ required precertification of coverage for both inpatient care and certain select outpatient services.

Pre-Certification
Process of confirming eligibility and collecting information prior to inpatient admissions and selected ambulatory procedures and services

Glossary

Predictive Model
System of using historical claims data to stratify members and identify those who can best benefit from case management and/or disease management.

Preventive Care
Measures taken to prevent illness or injury and may include examinations/screening tests tailored to an individual's age, health, and family history.

Primary Care Practitioner
Include physicians and nonphysician primary care practitioners whom members are able to select as primary care practitioners.

Professional
This category includes primary care physicians, specialists (oncologists, cardiologists, neurologists, obstetricians, etc.), surgeons, etc..

Radiology
Radiology is the medical specialty directing medical imaging technologies to diagnose and treat diseases.

Retail
Relates to services rendered by participating retail pharmacies.

Script
A dispensed prescription.

Specialty Case Management
Case management programs targeted to impact specific diseases and conditions - examples include oncology, rehab and high risk maternity.

Spinal fusion
A surgical procedure used to correct problems with the bones (vertebrae) of the back (spine).

Therapeutic Class
Major therapeutic classes include Central Nervous System, Cardiovascular, Hormonal, Anti-infectives, Pain, Allergy/Respiratory and other drugs.

Unique Claimants
A count of members who had one or more claims processed for a benefit plan during a specified time period.

Valve Replacement
Example of what comprises this category: cardiac valve and other major cardiothoracic procedures,

Well Visits
Designed to discuss general health and any problems, then focus on general disease prevention and health maintenance on a regular basis