



Plan Overview Review

April 18, 2016



A UnitedHealthcare Company



**TITUS COUNTY (76411401)
Plan Overview Report: 2015**

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Report Criteria	
Date Range <i>(except where indicated)</i>	
Current Period:	2015: Claims Paid 1/1/2015 - 12/31/2015
Prior Period:	2014: Claims Paid 1/1/2014 - 12/31/2014
Group Data	
Group Limit:	Data reported for all plans and locations - no limits
Members:	Data reported for all members - no restrictions
Rx Data:	Rx Data is from reporting files provided by OptumRx.
Normative Data	
Composition:	Norms based on UMR Active Groups (excludes retiree-only)
Norm Size:	2,021 Groups, covering 1,235,660 Employees and 2,618,579 Total Members
Rx Norms:	Norms for Rx metrics are restricted to groups whose Rx vendors provide UMR with detailed Rx data (approximately 80% of the groups).
Norm Period:	Claims Incurred 10/1/2014 - 9/30/2015, Paid through 12/31/2015

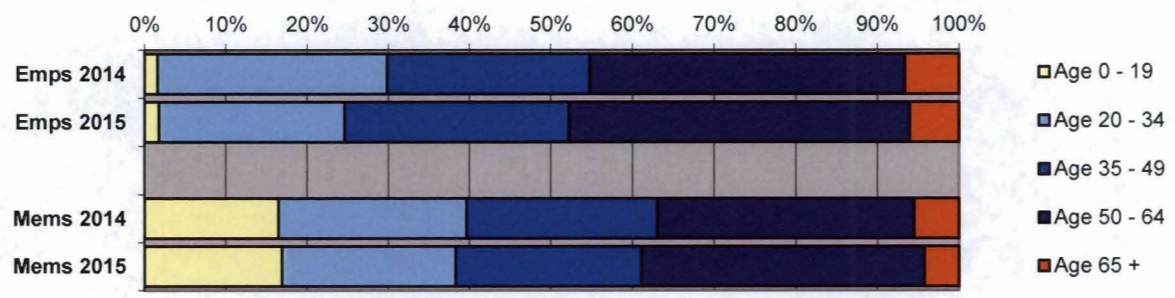


TITUS COUNTY (76411401)
Plan Overview Report: 2015
Demographic Overview

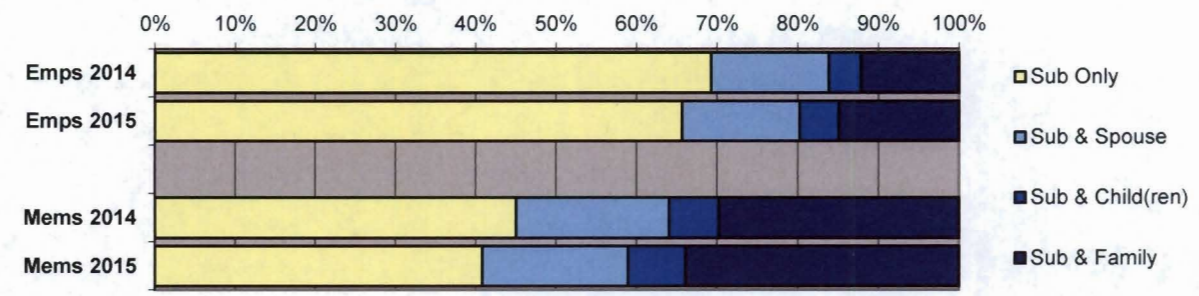
	2014	2015	UMR Norm
Average Employee Age:	45.13	45.93	45.49
Average Member Age:	39.84	39.55	34.61
Employee to Dependent Ratio:	1 : 1.54	1 : 1.61	1 : 2.12

Age Range	2014			2015		
	Males	Females	Total	Males	Females	Total
Age 0 - 19	2	1	2	1	2	2
Age 20 - 34	21	16	37	18	12	30
Age 35 - 49	17	16	33	21	15	37
Age 50 - 64	29	21	51	28	28	55
Age 65 +	2	7	9	3	5	8
Total	70	61	131	71	62	132

Age Range	2014			2015		
	Males	Females	Total	Males	Females	Total
Age 0 - 19	18	15	33	18	18	36
Age 20 - 34	24	23	47	21	24	45
Age 35 - 49	19	28	47	23	25	49
Age 50 - 64	32	31	63	31	43	74
Age 65 +	2	9	11	3	6	9
Total	95	106	202	97	116	213



Coverage Tier	2014			2015		
	Emps	Depts	Mems	Emps	Depts	Mems
Subscriber Only	91	0	91	87	0	87
Subscriber and Spouse	19	19	38	19	19	39
Subscriber and Child(ren)	5	7	13	6	9	15
Subscriber and Family	16	44	60	20	52	72
Total	131	70	202	132	80	213





TITUS COUNTY (76411401)
Plan Overview Report: 2015
Claims Overview

2014: Claims Paid 1/1/2014 - 12/31/2014
 2015: Claims Paid 1/1/2015 - 12/31/2015

Handwritten note: 1,374,000

Claims Summary	2014	2015	% Change
Medical Billed	\$2,361,474	\$3,032,023	28.40%
(-) Ineligible	\$299,261	\$1,257,985	320.36%
Medical Covered	\$2,062,213	\$1,774,038	-13.97%
(-) Pricing Savings	\$933,161	\$935,788	0.28%
Medical Allowed	\$1,129,052	\$838,249	-25.76%
(-) Benefit Design	\$141,404	\$120,398	-14.86%
(-) Coord. of Benefits	\$2,210	\$4,304	94.72%
Medical Paid	\$985,439	\$713,548	-27.59%
Rx Paid	\$262,430	\$324,878	23.80%
Total Paid	\$1,247,868	\$1,038,426	-16.78%

Payment Metrics	2014	2015	% Change	UMR Norm	CY Variance from Norm
Per Employee per Month					
Avg. Covered Emps	131	132	0.85%		
Paid PEPM - Med	\$625.98	\$449.43	-28.20%	\$622.42	-27.79%
Paid PEPM - Rx	\$166.70	\$204.62	22.75%	\$166.86	22.63%
Paid PEPM - Total	\$792.68	\$654.05	-17.49%	\$789.28	-17.13%

Per Member per Month	2014	2015	% Change	UMR Norm	CY Variance from Norm
Avg. Covered Members	202	213	5.47%		
Paid PMPM - Med	\$407.21	\$279.57	-31.35%	\$293.59	-4.78%
Paid PMPM - Rx	\$108.44	\$127.29	17.38%	\$77.97	63.25%
Paid PMPM - Total	\$515.65	\$406.85	-21.10%	\$371.56	9.50%

	2014			2015			% Change
	Med Paid	Rx Paid	Total Paid	Med Paid	Rx Paid	Total Paid	
Jan	\$56,106	\$24,150	\$80,256	\$34,474	\$25,339	\$59,813	-25.47%
Feb	\$91,355	\$16,152	\$107,508	\$23,206	\$21,919	\$45,125	-58.03%
Mar	\$95,237	\$16,048	\$111,285	\$137,260	\$19,180	\$156,440	40.58%
Apr	\$35,148	\$19,864	\$55,012	\$108,715	\$26,584	\$135,298	145.94%
May	\$25,791	\$20,921	\$46,712	\$17,751	\$25,989	\$43,740	-6.36%
Jun	\$149,082	\$19,595	\$168,677	\$28,665	\$20,184	\$48,849	-71.04%
Jul	\$76,167	\$31,926	\$108,093	\$103,149	\$31,882	\$135,031	24.92%
Aug	\$57,541	\$20,775	\$78,316	\$31,622	\$27,208	\$58,831	-24.88%
Sep	\$38,938	\$20,995	\$59,933	\$49,745	\$20,940	\$70,685	17.94%
Oct	\$156,479	\$26,558	\$183,037	\$68,738	\$35,933	\$104,671	-42.81%
Nov	\$37,847	\$22,209	\$60,056	\$63,100	\$30,924	\$94,024	56.56%
Dec	\$165,749	\$23,235	\$188,983	\$47,123	\$38,796	\$85,920	-54.54%
YTD	\$985,439	\$262,430	\$1,247,868	\$713,548	\$324,878	\$1,038,426	-16.78%



TITUS COUNTY (76411401)
Plan Overview Report: 2015
Claim Distribution by Patient

2014: Claims Paid 1/1/2014 - 12/31/2014

2015: Claims Paid 1/1/2015 - 12/31/2015

Patient Dollars based on Medical & Rx claims

2014 Claim Distribution by Patient

Paid Range	Patients	Claims	Services	Paid Amt per Patient	Total Paid in Range	Paid Range % of Total
<\$0*	0	0	0	\$0.00	\$0.00	0.00%
\$0	13	19	48	\$0.00	\$0.00	0.00%
\$.01 - \$499.99	57	250	544	\$235.39	\$13,417.11	1.08%
\$500 - \$999.99	27	257	630	\$775.58	\$20,940.64	1.68%
\$1,000 - \$4,999.99	73	1,685	4,540	\$2,412.24	\$176,093.23	14.11%
\$5,000 - \$9,999.99	15	499	1,282	\$7,388.13	\$110,821.88	8.88%
\$10,000 - \$24,999.99	14	750	1,848	\$14,755.91	\$206,582.74	16.55%
\$25,000 - \$49,999.99	5	271	1,087	\$33,566.64	\$167,833.19	13.45%
\$50,000 - \$74,999.99	1	121	492	\$68,472.05	\$68,472.05	5.49%
\$75,000 - \$99,999.99	0	0	0	\$0.00	\$0.00	0.00%
\$100,000 - \$199,999.99	4	406	1,755	\$120,926.88	\$483,707.50	38.76%
>= \$200,000	0	0	0	\$0.00	\$0.00	0.00%
Total	209	4,258	12,226	\$5,970.66	\$1,247,868.34	100.00%

2015 Claim Distribution by Patient

Paid Range	Patients	Claims	Services	Paid Amt per Patient	Total Paid in Range	Paid Range % of Total
<\$0*	0	0	0	\$0.00	\$0.00	0.00%
\$0	11	29	75	\$0.00	\$0.00	0.00%
\$.01 - \$499.99	70	380	814	\$198.21	\$13,874.88	1.34%
\$500 - \$999.99	32	376	741	\$767.52	\$24,560.69	2.37%
\$1,000 - \$4,999.99	75	1,655	8,123	\$2,418.92	\$181,418.77	17.47%
\$5,000 - \$9,999.99	20	712	2,049	\$7,228.99	\$144,579.83	13.92%
\$10,000 - \$24,999.99	13	598	1,517	\$13,363.52	\$173,725.70	16.73%
\$25,000 - \$49,999.99	1	132	534	\$35,642.23	\$35,642.23	3.43%
\$50,000 - \$74,999.99	2	117	2,205	\$57,828.41	\$115,656.81	11.14%
\$75,000 - \$99,999.99	1	64	532	\$92,137.27	\$92,137.27	8.87%
\$100,000 - \$199,999.99	0	0	0	\$0.00	\$0.00	0.00%
>= \$200,000	1	134	463	\$256,829.93	\$256,829.93	24.73%
Total	226	4,197	17,053	\$4,594.81	\$1,038,426.11	100.00%

* Negative paid amounts occur for patients with only claim adjustments in the given period



TITUS COUNTY (76411401)
Plan Overview Report: 2015
High Cost Claimants

2014: Claims Paid 1/1/2014 - 12/31/2014

2015: Claims Paid 1/1/2015 - 12/31/2015

High Cost based on: Med & Rx Paid >= \$25,000

High Cost Claimant Summary	2014	2015	% Change	UMR Norm
High Cost Claimants:	10	5	-50.00%	
% of Patients that are High Cost:	5.10%	2.29%	-55.05%	3.37%
% of Paid PMPM that is High Cost:	57.70%	48.18%	-16.51%	50.54%
High Cost Paid PMPM:	\$297.53	\$196.00	-34.12%	\$190.02
Not High Cost Paid PMPM:	\$218.12	\$210.85	-3.33%	\$185.68
Avg. Paid per High Cost Claimant:	\$72,001.27	\$100,053.25	38.96%	\$68,738.34
Avg. Paid per Patient not High Cost:	\$2,837.93	\$2,526.57	-10.97%	\$2,346.55

High Cost Claimant Detail (based on 2015)

#	Rel	Sex	Age	Stts*	Prior Year Total Paid	Current Total Paid	Current Med Amt	Current Rx Amt	High Cost Clinical Condition
1	EE	M	65+	T	\$104,831	\$256,830	\$245,956	\$10,874	Spinal/Back Disorders, ex Low Back
2	EE	F	55-64	A	\$108,093	\$92,137	\$38,845	\$53,292	Cancer - Pancreas
3	SP	M	35-44	A	\$3,046	\$64,616	\$58,361	\$6,255	Coronary Artery Disease (CAD)
4	CH	F	01-05	A	\$0	\$51,041	\$51,041	\$0	Anomalies - Gastrointestinal
5	SP	F	45-54	A	\$165,669	\$35,642	\$25,249	\$10,393	Coronary Artery Disease (CAD)

* Member Enrollment Status: A = Active, C = COBRA, T = Termined



TITUS COUNTY (76411401)
Plan Overview Report: 2015
Major Diagnostic Categories (MDCs)

2014: Claims Paid 1/1/2014 - 12/31/2014
 2015: Claims Paid 1/1/2015 - 12/31/2015

MDCs by Current Cost	2014			2015			UMR Norm
	Patients	Net Paid	% of Total Med	Patients	Net Paid	% of Total Med	% of Total Med
Musculoskeletal	66	\$193,180	19.60%	81	\$272,998	38.26%	17.39%
Circulatory	48	\$36,683	3.72%	58	\$89,363	12.52%	9.93%
Digestive	39	\$130,392	13.23%	43	\$86,081	12.06%	9.07%
Health Status*	131	\$78,916	8.01%	135	\$60,632	8.50%	10.12%
Ear, Nose, Mouth & Throat	75	\$53,077	5.39%	111	\$31,140	4.36%	4.51%
Metabolic	44	\$11,412	1.16%	55	\$29,102	4.08%	2.99%
Liver, Pancreas	4	\$204,252	20.73%	8	\$21,866	3.06%	2.29%
Skin, Breast	65	\$19,427	1.97%	61	\$20,268	2.84%	5.03%
Pregnancy, Childbirth	3	\$6,498	0.66%	4	\$15,286	2.14%	4.41%
Eye	23	\$13,511	1.37%	35	\$13,824	1.94%	1.58%
Respiratory	50	\$107,316	10.89%	39	\$13,472	1.89%	4.31%
Nervous System	25	\$52,846	5.36%	20	\$13,316	1.87%	5.81%
Male Reproductive	12	\$4,561	0.46%	16	\$11,288	1.58%	1.19%
Kidney	13	\$11,539	1.17%	25	\$11,020	1.54%	4.34%
Blood	12	\$17,903	1.82%	14	\$9,206	1.29%	1.49%
Mental	18	\$3,970	0.40%	19	\$3,218	0.45%	2.15%
Female Reproductive	16	\$27,692	2.81%	22	\$2,724	0.38%	2.84%
Newborns	0	\$0	0.00%	2	\$2,651	0.37%	2.38%
Neoplasms	5	\$7,187	0.73%	4	\$2,492	0.35%	4.14%
Infections	12	\$3,519	0.36%	11	\$2,379	0.33%	1.86%
Injuries, Poisonings	14	\$1,519	0.15%	10	\$1,223	0.17%	1.04%
Burns	1	\$39	0.00%	0	\$0	0.00%	0.07%

* Health Status: Includes wellness/preventive encounters and ongoing treatment for a known disease or injury



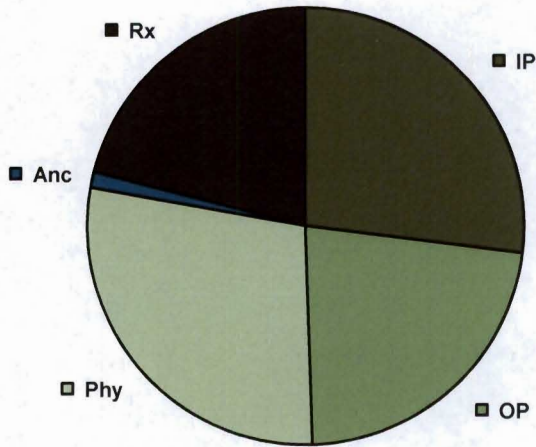
TITUS COUNTY (76411401)
Plan Overview Report: 2015
Cost by Claim Category

2014: Claims Paid 1/1/2014 - 12/31/2014
 2015: Claims Paid 1/1/2015 - 12/31/2015

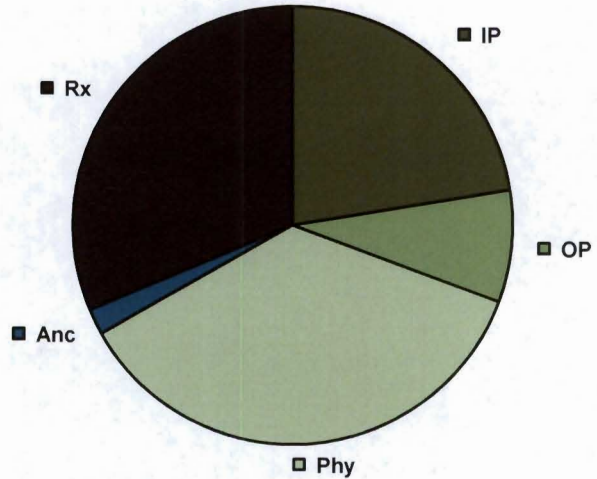
Claim Category	2014			2015			UMR Norm
	Paid	Paid PMPM	% of Total Paid	Paid	Paid PMPM	% of Total Paid	% of Total Paid
Inpatient	\$336,628	\$139.10	26.98%	\$233,440	\$91.46	22.48%	21.41%
Outpatient	\$280,774	\$116.02	22.50%	\$85,507	\$33.50	8.23%	19.53%
Physician	\$353,514	\$146.08	28.33%	\$374,711	\$146.81	36.08%	34.30%
Ancillary*	\$14,523	\$6.00	1.16%	\$19,890	\$7.79	1.92%	3.99%
Total Medical	\$985,439	\$407.21	78.97%	\$713,548	\$279.57	68.71%	79.23%
Rx Paid	\$262,430	\$108.44	21.03%	\$324,878	\$127.29	31.29%	20.77%
Total Med & Rx	\$1,247,868	\$515.65	100.00%	\$1,038,426	\$406.85	100.00%	100.00%

* Ancillary Services include Durable Medical Equipment, prosthetics, drugs paid on the medical plan, et al.

Cost by Claim Category - Prior Year



Cost by Claim Category - Current Year





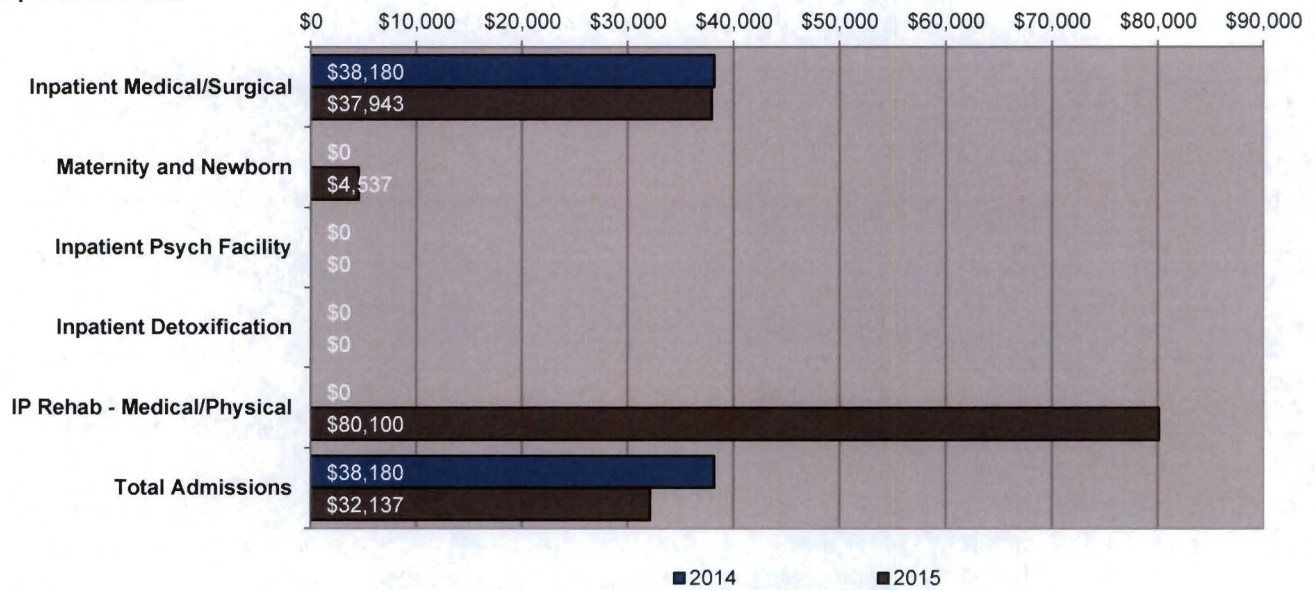
TITUS COUNTY (76411401)
Plan Overview Report: 2015
Inpatient Summary

2014: Patients Admitted 1/1/2014 - 12/31/2014, Claims Paid through 12/31/2014
 2015: Patients Admitted 1/1/2015 - 12/31/2015, Claims Paid through 12/31/2015

Admissions Overview	2014	2015	UMR Norm
Admissions per 1,000	49.59	47.02	53.81
Admit Days per 1,000	257.85	291.50	256.94
Average Length of Stay	5.20	6.20	4.77
Allowed Amount per Admit Day	\$7,713.03	\$5,332.82	\$5,532.59

Inpatient Utilization by Admit Type	2014			2015		
	Admits	Net Paid	% of Total Paid	Admits	Net Paid	% of Total Paid
Inpatient Medical/Surgical	10	\$381,795	100.00%	6	\$227,656	70.84%
Maternity and Newborn	0	\$0	0.00%	3	\$13,612	4.24%
Inpatient Psych Facility	0	\$0	0.00%	0	\$0	0.00%
Inpatient Detoxification	0	\$0	0.00%	0	\$0	0.00%
IP Rehab - Medical/Physical	0	\$0	0.00%	1	\$80,100	24.92%
Total Admissions	10	\$381,795	100.00%	10	\$321,368	100.00%

Paid per Admission





TITUS COUNTY (76411401)
Plan Overview Report: 2015
Key Indicators

2014: Claims Paid 1/1/2014 - 12/31/2014

2015: Claims Paid 1/1/2015 - 12/31/2015

Key Indicator Metrics	2014	2015	% Change	UMR
ER Visits per 1,000	277.69	216.27	-22.12%	21
Urgent Care Visits per 1,000	29.75	37.61	26.42%	14
Office Visits per 1,000	3,976.88	4,029.23	1.32%	3,2
Outpatient Surgery Visits per 1,000	277.69	126.94	-54.29%	16
Lab Services per 1,000	13,071.13	9,614.67	-26.44%	9,0
Radiology Services per 1,000	3,332.25	2,712.79	-18.59%	1,9
~ Standard Radiology Services per 1,000	2,583.48	2,266.15	-12.28%	1,5
~ Advanced Imaging Services per 1,000	748.76	446.65	-40.35%	39

Top Service Categories	2014			2015			UMR
	Total Paid	Services per 1000	Allowed PMPY	Total Paid	Services per 1000	Allowed PMPY	Services per 1000
Inpatient Hospital	\$319,219	74	\$1,624	\$151,598	94	\$734	155
Radiology	\$135,528	3,332	\$809	\$74,868	2,713	\$451	2,086
Surgery Physicians	\$63,235	1,785	\$399	\$64,368	1,942	\$355	1,324
Diagnostic	\$25,509	967	\$154	\$63,427	682	\$339	871
Other*	\$24,828	2,440	\$139	\$59,309	10,738	\$308	21,482
Office Visit	\$58,686	4,106	\$387	\$54,229	4,095	\$367	3,902
Phys/Spc/Occ/Cardiac Therapy	\$10,015	1,562	\$57	\$43,239	1,161	\$211	3,480
Lab	\$43,293	13,071	\$253	\$34,908	9,615	\$218	9,103
Surgery Facility	\$140,574	734	\$752	\$31,596	212	\$157	512
IP Rehab Facility-Med/Phys	\$0	0	\$0	\$27,892	5	\$131	2
Special Services & Treatments*	\$52,340	3,883	\$279	\$24,059	874	\$126	1,574
ER Physician	\$16,820	268	\$113	\$15,738	193	\$84	236
Hospital Visit	\$7,855	362	\$48	\$8,048	423	\$43	465
Periodic Exams - Child 4+	\$7,909	327	\$43	\$7,810	301	\$39	366
Prescription Items	\$12,111	2,618	\$76	\$7,344	1,077	\$49	3,306
Consults	\$7,218	183	\$40	\$6,596	165	\$38	143
Maternity Physician Delivery	\$0	0	\$0	\$4,467	9	\$22	18
ER Facility	\$13,367	362	\$119	\$4,400	306	\$62	380
Durable Medical Equipment	\$2,778	2,212	\$22	\$4,238	2,229	\$26	1,438
Labor And Delivery	\$0	5	\$0	\$2,954	38	\$15	27

* Notes on Service Categories: Norms for Top Service Categories are based on entire UMR Book-of-Business
 Other: Misc., uncategorized services. Includes some high-tech diagnostic screenings and non-hospital injectable/intravenous medication
 Special Services & Treatments: Includes anesthesia and supplies used during surgery/treatment (syringes, catheters, etc.)

Norm

6.39
5.96
67.58
1.68
15.40
68.87
73.77
15.10

Norm*

Allowed PMPY
\$1,155
\$378
\$358
\$144
\$293
\$353
\$126
\$250
\$485
\$3
\$110
\$68
\$53
\$51
\$200
\$28
\$34
\$188
\$31
\$12

s.



TITUS COUNTY (76411401)
Plan Overview Report: 2015
Preventive Screenings

Preventive Screenings, being annual visit-based, are calculated for a 12-month Service Period (with run out)

Oct 2013 - Sep 2014: Claims Incurred 10/1/2013 - 9/30/2014, Paid through 12/31/2014

Oct 2014 - Sep 2015: Claims Incurred 10/1/2014 - 9/30/2015, Paid through 12/31/2015

Preventive Screening Rates	Oct 2013 - Sep 2014			Oct 2014 - Sep 2015			% Change
	Eligible	Actual	Rate	Eligible	Actual	Rate	
Screening/Well Visit							Rate +/-
Well Baby Visits	0	0	0	2	4	2,664*	N/A
Well Child Visits	6	1	180	5	1	214*	18.99%
Adult Well Visit Rate	169	63	37.36%	178	73	41.03%	9.80%
Mammogram Screenings	63	41	65.51%	68	51	75.15%	14.72%
Cervical Cancer Screenings	78	25	31.95%	89	30	33.84%	5.92%
PSA Screenings	33	12	36.76%	34	19	56.30%	53.14%
Colon Cancer Screenings	72	15	20.76%	81	7	8.67%	-58.23%
Cholesterol Screenings	105	53	50.59%	114	64	56.28%	11.24%

* Visits per 1,000

Preventive Screening Norms	Oct 2014 - Sep 2015 Rate	UMR Norm Rate	Variance
Well Baby Visits per 1,000	2,664	5,125	-48.01%
Well Child Visits per 1,000	214	733	-70.80%
Adult Well Visit Rate	41.03%	33.74%	21.59%
Mammogram Screen Rate	75.15%	43.22%	73.87%
Cervical Cancer Screen Rate	33.84%	29.68%	14.02%
PSA Screen Rate	56.30%	33.24%	69.36%
Colon Cancer Screen Rate	8.67%	15.04%	-42.35%
Cholesterol Screen Rate	56.28%	40.28%	39.72%

Preventive Screening Definitions/Eligibility

Screening Rate	The # of patients who had the screening completed divided by the average # of members that were eligible to receive the screening. Well visit rates for children & babies are the number of well visits per 1,000 members in the age range.
Well Baby Visits	Babies between 0 and 15 months of age (visits per 1,000)
Well Child Visits	Children between the ages of 3 and 6 (visits per 1,000)
Adult Well Visit Rate	Adults age 18 and older (% who had a well visit)
Mammogram Screenings	Females between the ages of 40 and 69
Cervical Cancer Screenings	Females between the ages of 21 and 64
PSA Screenings	Males between the ages of 50 and 70
Colon Cancer Screenings	Members between the ages of 50 and 75
Cholesterol Screenings	Males age 35 and older and females age 45 and older



TITUS COUNTY (76411401)
Plan Overview Report: 2015
Network Utilization

2014: Claims Paid 1/1/2014 - 12/31/2014
 2015: Claims Paid 1/1/2015 - 12/31/2015

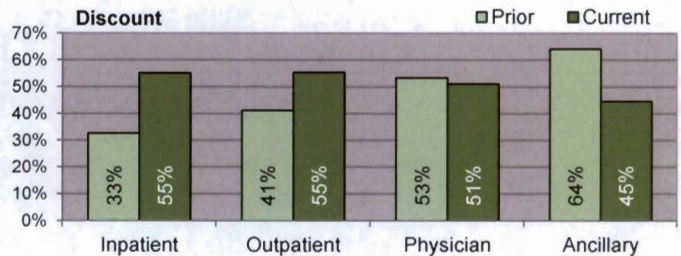
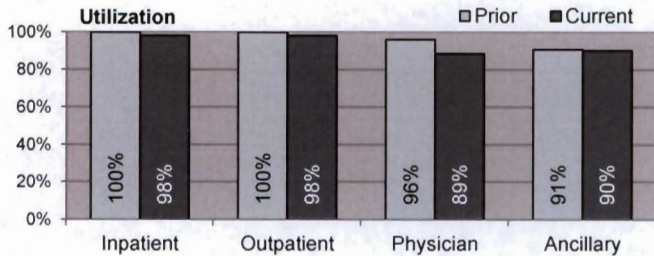
Utilization & Discount

2014

2015

Network Utilization	In Network	Out of Ntwk	Total Paid	% In	In Network	Out of Ntwk	Total Paid	% In
Inpatient	\$336,628	\$0	\$336,628	100.00%	\$229,309	\$4,131	\$233,440	98.23%
Outpatient	\$280,774	\$0	\$280,774	100.00%	\$83,939	\$1,568	\$85,507	98.17%
Physician	\$339,827	\$13,687	\$353,514	96.13%	\$332,098	\$42,613	\$374,711	88.63%
Ancillary Services	\$13,200	\$1,323	\$14,523	90.89%	\$17,967	\$1,923	\$19,890	90.33%
Total	\$970,428	\$15,010	\$985,439	98.48%	\$663,313	\$50,235	\$713,548	92.96%

Network Discount	Covered	Allowed	Discount	Disc %	Covered	Allowed	Discount	Disc %
Inpatient	\$514,110	\$346,111	\$167,998	32.68%	\$533,792	\$239,354	\$294,438	55.16%
Outpatient	\$554,558	\$325,761	\$228,798	41.26%	\$255,683	\$114,039	\$141,644	55.40%
Physician	\$936,910	\$436,888	\$500,022	53.37%	\$929,267	\$454,200	\$475,067	51.12%
Ancillary Services	\$56,635	\$20,293	\$36,343	64.17%	\$55,296	\$30,657	\$24,639	44.56%
Total	\$2,062,213	\$1,129,052	\$933,161	45.25%	\$1,774,038	\$838,249	\$935,788	52.75%

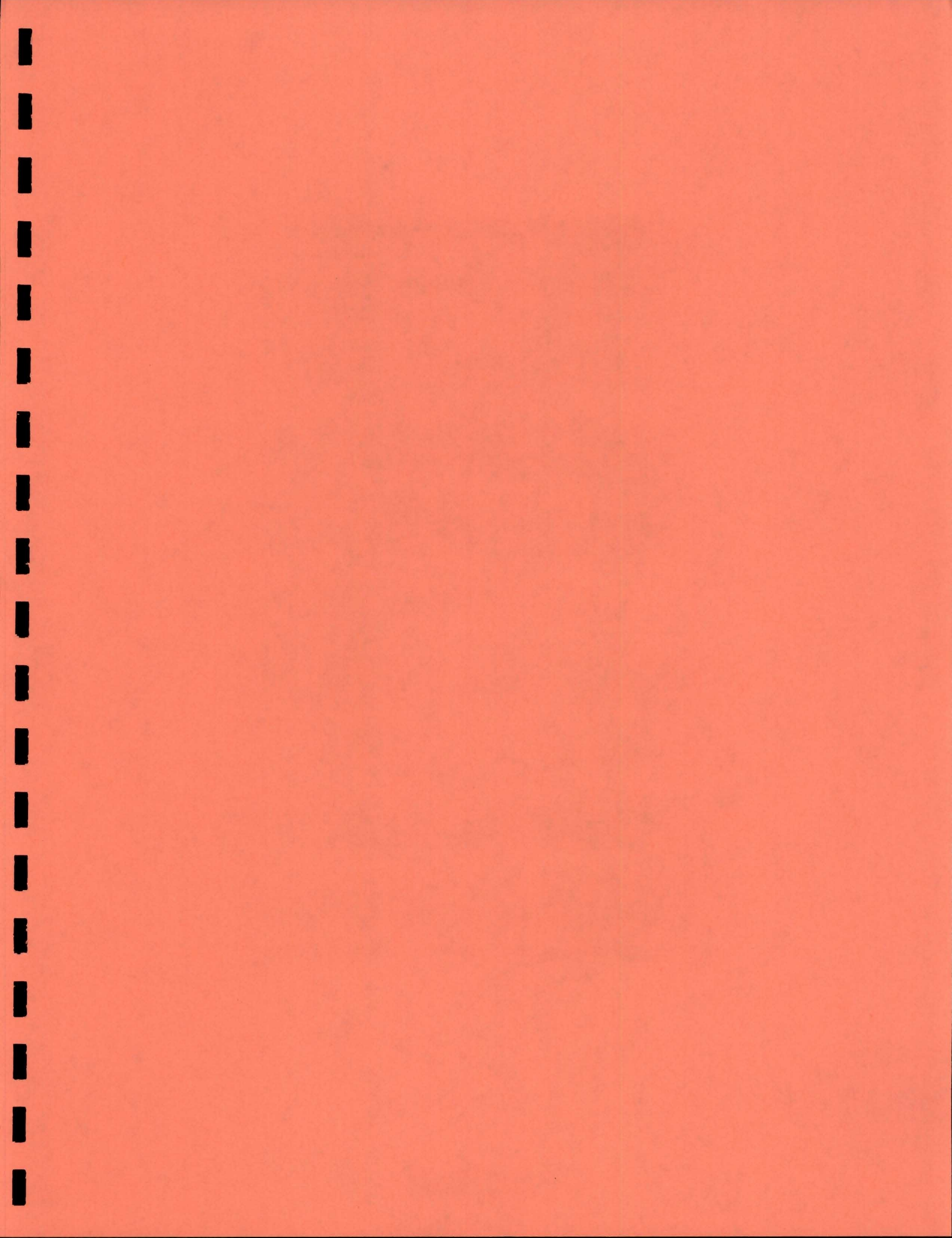


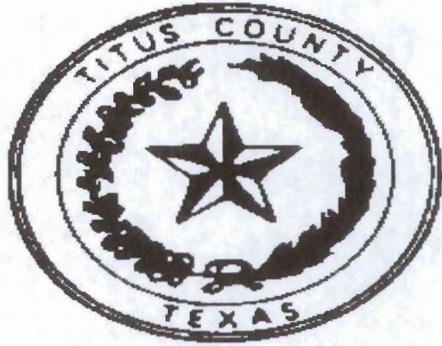
Discount by Network

2014

2015

Network Name	Covered	Allowed	Discount	Disc %	Covered	Allowed	Discount	Disc %
UnitedHealthcare Choice Plus	\$1,569,854	\$781,541	\$788,313	50.22%	\$1,540,064	\$693,418	\$846,645	54.97%
First Health Network Secondary	\$28,137	\$16,829	\$11,308	40.19%	\$86,169	\$13,017	\$73,153	84.89%
TC3	\$10,919	\$8,325	\$2,594	23.76%	\$61,424	\$53,539	\$7,885	12.84%
Multiplan	\$432,246	\$301,858	\$130,388	30.17%	\$21,052	\$14,209	\$6,843	32.50%
Network Total	\$2,041,155	\$1,108,552	\$932,603	45.69%	\$1,708,709	\$774,184	\$934,525	54.69%
Out of Network	\$21,058	\$20,500	\$558	2.65%	\$65,329	\$64,066	\$1,263	1.93%
Grand Total	\$2,062,213	\$1,129,052	\$933,161	45.25%	\$1,774,038	\$838,249	\$935,788	52.75%





Plan Overview Review
April 18, 2016



A UnitedHealthcare Company



TITUS COUNTY (76411401)

Plan Overview Report: Jan 2016 - Mar 2016

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Report Criteria	
Date Range <i>(except where indicated)</i>	
Current Period:	Jan 2016 - Mar 2016: Claims Paid 1/1/2016 - 3/31/2016
Prior Period:	Jan 2015 - Mar 2015: Claims Paid 1/1/2015 - 3/31/2015
Group Data	
Group Limit:	Data reported for all plans and locations - no limits
Members:	Data reported for all members - no restrictions
Rx Data:	Rx Data is from reporting files provided by OptumRx.
Normative Data	
Composition:	Norms based on UMR Active Groups (excludes retiree-only)
Norm Size:	1,899 Groups, covering 1,177,257 Employees and 2,486,928 Total Members
Rx Norms:	Norms for Rx metrics are restricted to groups whose Rx vendors provide UMR with detailed Rx data (approximately 85% of the groups).
Norm Period:	Claims Incurred 1/1/2015 - 12/31/2015, Paid through 3/31/2016

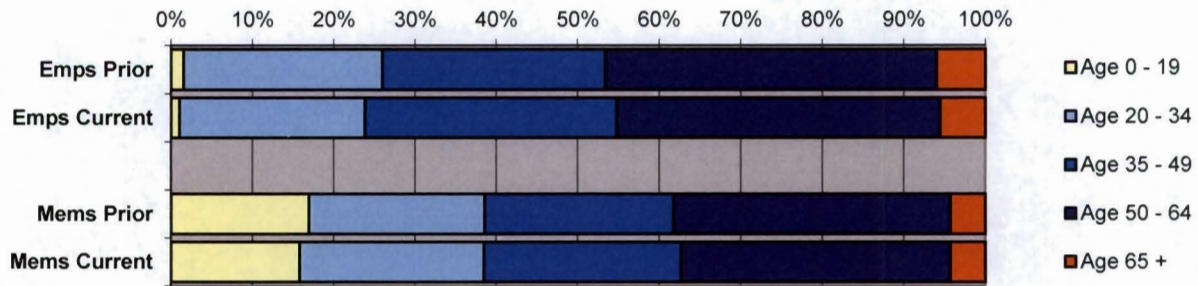


TITUS COUNTY (76411401)
Plan Overview Report: Jan 2016 - Mar 2016
Demographic Overview

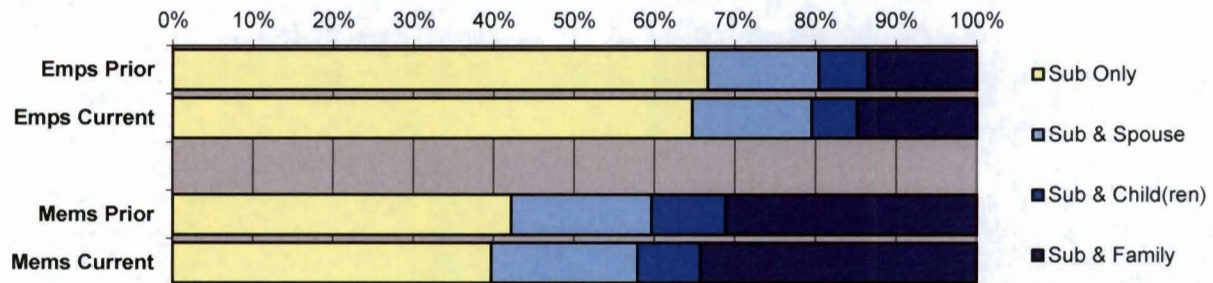
	Jan 2015 - Mar 2015	Jan 2016 - Mar 2016	UMR Norm
Average Employee Age:	45.59	45.56	45.43
Average Member Age:	39.63	39.26	34.58
Employee to Dependent Ratio:	1 : 1.58	1 : 1.63	1 : 2.11

Age Range	Jan 2015 - Mar 2015			Jan 2016 - Mar 2016		
	Males	Females	Total	Males	Females	Total
Age 0 - 19	1	1	2	1	0	1
Age 20 - 34	17	15	32	19	13	32
Age 35 - 49	20	16	36	25	19	44
Age 50 - 64	28	25	53	26	30	56
Age 65 +	3	5	8	3	5	8
Total	69	62	131	74	68	142

Age Range	Jan 2015 - Mar 2015			Jan 2016 - Mar 2016		
	Males	Females	Total	Males	Females	Total
Age 0 - 19	18	17	35	19	17	36
Age 20 - 34	20	24	45	23	29	52
Age 35 - 49	22	26	48	28	28	56
Age 50 - 64	31	39	70	30	46	76
Age 65 +	3	6	9	3	7	10
Total	95	112	207	103	128	231



Coverage Tier	Jan 2015 - Mar 2015			Jan 2016 - Mar 2016		
	Emps	Depts	Mems	Emps	Depts	Mems
Subscriber Only	87	0	87	92	0	92
Subscriber and Spouse	18	18	36	21	21	42
Subscriber and Child(ren)	8	11	19	8	10	18
Subscriber and Family	18	47	64	21	58	79
Total	131	76	207	142	89	231





TITUS COUNTY (76411401)
Plan Overview Report: Jan 2016 - Mar 2016
Claims Overview

Jan 2015 - Mar 2015: Claims Paid 1/1/2015 - 3/31/2015
 Jan 2016 - Mar 2016: Claims Paid 1/1/2016 - 3/31/2016

Claims Summary	Jan 2015 - Mar 2015	Jan 2016 - Mar 2016	% Change
Medical Billed	\$537,990	\$483,705	-10.09%
(-) Ineligible	\$52,772	\$76,206	44.41%
Medical Covered	\$485,219	\$407,500	-16.02%
(-) Pricing Savings	\$262,358	\$236,338	-9.92%
Medical Allowed	\$222,860	\$171,162	-23.20%
(-) Benefit Design	\$26,824	\$50,674	88.91%
(-) Coord. of Benefits	\$1,097	\$1,812	65.15%
Medical Paid	\$194,939	\$118,675	-39.12%
Rx Paid	\$66,438	\$91,935	38.38%
Total Paid	\$261,377	\$210,611	-19.42%

Payment Metrics	Jan 2015 - Mar 2015	Jan 2016 - Mar 2016	% Change	UMR Norm	CY Variance from Norm
Per Employee per Month					
Avg. Covered Emps	131	142	8.12%		
Paid PEPM - Med	\$502.92	\$280.83	-44.16%	\$629.86	-55.41%
Paid PEPM - Rx	\$171.40	\$217.55	26.93%	\$165.31	31.60%
Paid PEPM - Total	\$674.32	\$498.38	-26.09%	\$795.17	-37.32%

Per Member per Month					
Avg. Covered Members	207	231	11.55%		
Paid PMPM - Med	\$318.63	\$172.45	-45.88%	\$297.90	-42.11%
Paid PMPM - Rx	\$108.59	\$133.60	23.02%	\$78.14	70.98%
Paid PMPM - Total	\$427.22	\$306.05	-28.36%	\$376.03	-18.61%

	Jan 2015 - Mar 2015			Jan 2016 - Mar 2016			% Change
	Med Paid	Rx Paid	Total Paid	Med Paid	Rx Paid	Total Paid	
Jan	\$34,474	\$25,339	\$59,813	\$28,237	\$18,163	\$46,400	-22.42%
Feb	\$23,206	\$21,919	\$45,125	\$34,433	\$41,458	\$75,891	68.18%
Mar	\$137,260	\$19,180	\$156,440	\$56,005	\$32,315	\$88,320	-43.54%
Apr	\$108,715	\$26,584	\$135,298				
May	\$17,751	\$25,989	\$43,740				
Jun	\$28,665	\$20,184	\$48,849				
Jul	\$103,149	\$31,882	\$135,031				
Aug	\$31,622	\$27,208	\$58,831				
Sep	\$49,745	\$20,940	\$70,685				
Oct	\$68,738	\$35,933	\$104,671				
Nov	\$63,100	\$30,924	\$94,024				
Dec	\$47,123	\$38,796	\$85,920				
YTD	\$194,939	\$66,438	\$261,377	\$118,675	\$91,935	\$210,611	-19.42%



TITUS COUNTY (76411401)
Plan Overview Report: Jan 2016 - Mar 2016
Claim Distribution by Patient

Jan 2015 - Mar 2015: Claims Paid 1/1/2015 - 3/31/2015
 Jan 2016 - Mar 2016: Claims Paid 1/1/2016 - 3/31/2016
 Patient Dollars based on Medical & Rx claims

Jan 2015 - Mar 2015 Claim Distribution by Patient

Paid Range	Patients	Claims	Services	Paid Amt per Patient	Total Paid in Range	Paid Range % of Total
<\$0*	0	0	0	\$0.00	\$0.00	0.00%
\$0	17	26	65	\$0.00	\$0.00	0.00%
\$.01 - \$499.99	85	338	634	\$192.65	\$16,375.43	6.27%
\$500 - \$999.99	26	216	400	\$739.14	\$19,217.69	7.35%
\$1,000 - \$4,999.99	33	435	967	\$2,091.80	\$69,029.41	26.41%
\$5,000 - \$9,999.99	1	14	59	\$6,941.45	\$6,941.45	2.66%
\$10,000 - \$24,999.99	2	27	158	\$15,439.34	\$30,878.67	11.81%
\$25,000 - \$49,999.99	0	0	0	\$0.00	\$0.00	0.00%
\$50,000 - \$74,999.99	0	0	0	\$0.00	\$0.00	0.00%
\$75,000 - \$99,999.99	0	0	0	\$0.00	\$0.00	0.00%
\$100,000 - \$199,999.99	1	45	117	\$118,934.38	\$118,934.38	45.50%
>= \$200,000	0	0	0	\$0.00	\$0.00	0.00%
Total	165	1,101	2,400	\$1,584.10	\$261,377.03	100.00%

Jan 2016 - Mar 2016 Claim Distribution by Patient

Paid Range	Patients	Claims	Services	Paid Amt per Patient	Total Paid in Range	Paid Range % of Total
<\$0*	2	12	37	-\$897.66	-\$1,795.32	-0.85%
\$0	15	23	45	\$0.00	\$0.00	0.00%
\$.01 - \$499.99	95	390	859	\$190.58	\$18,105.25	8.60%
\$500 - \$999.99	24	253	1,906	\$755.81	\$18,139.48	8.61%
\$1,000 - \$4,999.99	44	535	1,869	\$2,200.91	\$96,839.98	45.98%
\$5,000 - \$9,999.99	7	173	350	\$6,085.86	\$42,601.00	20.23%
\$10,000 - \$24,999.99	1	33	63	\$10,663.60	\$10,663.60	5.06%
\$25,000 - \$49,999.99	1	18	149	\$26,056.65	\$26,056.65	12.37%
\$50,000 - \$74,999.99	0	0	0	\$0.00	\$0.00	0.00%
\$75,000 - \$99,999.99	0	0	0	\$0.00	\$0.00	0.00%
\$100,000 - \$199,999.99	0	0	0	\$0.00	\$0.00	0.00%
>= \$200,000	0	0	0	\$0.00	\$0.00	0.00%
Total	189	1,437	5,278	\$1,114.34	\$210,610.64	100.00%

* Negative paid amounts occur for patients with only claim adjustments in the given period



TITUS COUNTY (76411401)
Plan Overview Report: Jan 2016 - Mar 2016
High Cost Claimants

Jan 2015 - Mar 2015: Claims Paid 1/1/2015 - 3/31/2015
 Jan 2016 - Mar 2016: Claims Paid 1/1/2016 - 3/31/2016
 High Cost based on: Med & Rx Paid >= \$25,000

High Cost Claimant Summary	Jan 2015 - Mar 2015	Jan 2016 - Mar 2016	% Change	UMR Norm
High Cost Claimants:	1	1	0.00%	
% of Patients that are High Cost:	0.68%	0.61%	-10.30%	3.63%
% of Paid PMPM that is High Cost:	45.50%	12.37%	-72.81%	51.95%
High Cost Paid PMPM:	\$194.40	\$37.86	-80.52%	\$196.79
Not High Cost Paid PMPM:	\$232.82	\$268.18	15.19%	\$181.89
Avg. Paid per High Cost Claimant:	\$118,934.38	\$26,056.65	-78.09%	\$69,531.51
Avg. Paid per Patient not High Cost:	\$969.00	\$1,125.33	16.13%	\$2,426.74

High Cost Claimant Detail (based on Jan 2016 - Mar 2016)

#	Rel	Sex	Age	Stts*	Prior Year Total Paid	Current Total Paid	Current Med Amt	Current Rx Amt	High Cost Clinical Condition
1	EE	F	55-64	A	\$19,885	\$26,057	\$11,431	\$14,626	Prevent/Admin Health Encounters

* Member Enrollment Status: A = Active, C = COBRA, T = Termed



TITUS COUNTY (76411401)
Plan Overview Report: Jan 2016 - Mar 2016
Major Diagnostic Categories (MDCs)

Jan 2015 - Mar 2015: Claims Paid 1/1/2015 - 3/31/2015

Jan 2016 - Mar 2016: Claims Paid 1/1/2016 - 3/31/2016

MDCs by Current Cost	Jan 2015 - Mar 2015			Jan 2016 - Mar 2016			UMR Norm
	Patients	Net Paid	% of Total Med	Patients	Net Paid	% of Total Med	% of Total Med
Health Status*	44	\$8,250	4.23%	65	\$25,480	21.47%	10.08%
Digestive	20	\$17,980	9.22%	20	\$13,557	11.42%	9.09%
Musculoskeletal	39	\$129,214	66.28%	34	\$13,024	10.97%	17.39%
Nervous System	10	\$3,357	1.72%	19	\$10,137	8.54%	5.86%
Ear, Nose, Mouth & Throat	61	\$5,010	2.57%	46	\$7,352	6.20%	4.54%
Respiratory	20	\$2,329	1.19%	23	\$7,059	5.95%	4.19%
Eye	12	\$5,278	2.71%	15	\$6,743	5.68%	1.58%
Male Reproductive	6	\$465	0.24%	4	\$6,552	5.52%	1.48%
Female Reproductive	4	\$454	0.23%	5	\$6,292	5.30%	2.43%
Metabolic	25	\$5,414	2.78%	27	\$5,908	4.98%	2.99%
Skin, Breast	16	\$3,377	1.73%	20	\$4,033	3.40%	5.01%
Liver, Pancreas	3	\$6,954	3.57%	7	\$3,985	3.36%	2.34%
Circulatory	19	\$1,179	0.60%	26	\$3,012	2.54%	9.91%
Mental	9	\$988	0.51%	14	\$1,439	1.21%	2.18%
Pregnancy, Childbirth	2	\$340	0.17%	3	\$1,412	1.19%	4.37%
Kidney	6	\$2,340	1.20%	7	\$829	0.70%	4.43%
Blood	5	\$436	0.22%	7	\$793	0.67%	1.48%
Neoplasms	3	\$795	0.41%	1	\$393	0.33%	4.23%
Alcohol / Drug Use	0	\$0	0.00%	1	\$262	0.22%	0.91%
Newborns	0	\$0	0.00%	1	\$231	0.19%	2.34%
Injuries, Poisonings	4	\$99	0.05%	4	\$105	0.09%	1.04%
Infections	5	\$680	0.35%	4	\$77	0.06%	1.88%
Unassigned	0	\$0	0.00%	1	\$0	0.00%	0.13%

* Health Status: Includes wellness/preventive encounters and ongoing treatment for a known disease or injury



TITUS COUNTY (76411401)
Plan Overview Report: Jan 2016 - Mar 2016
Cost by Claim Category

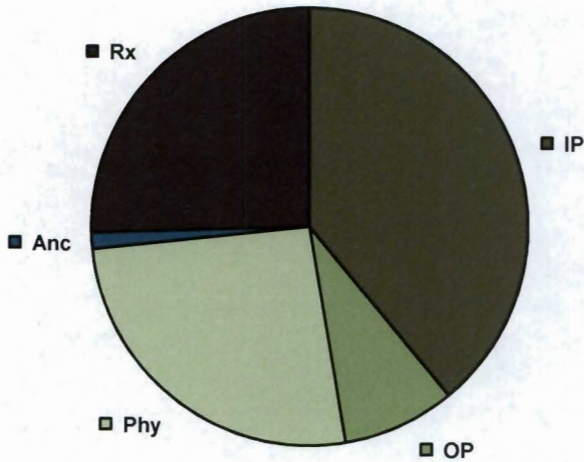
Jan 2015 - Mar 2015: Claims Paid 1/1/2015 - 3/31/2015

Jan 2016 - Mar 2016: Claims Paid 1/1/2016 - 3/31/2016

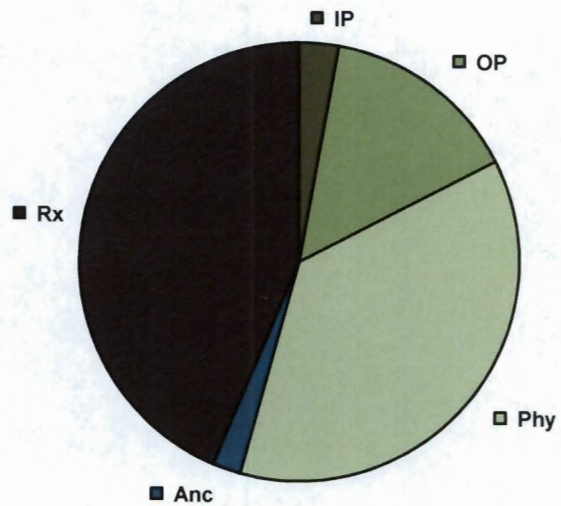
Claim Category	Jan 2015 - Mar 2015			Jan 2016 - Mar 2016			UMR Norm
	Paid	Paid PMPM	% of Total Paid	Paid	Paid PMPM	% of Total Paid	% of Total Paid
Inpatient	\$101,948	\$166.64	39.00%	\$6,059	\$8.80	2.88%	21.25%
Outpatient	\$21,697	\$35.46	8.30%	\$30,749	\$44.68	14.60%	19.57%
Physician	\$68,107	\$111.32	26.06%	\$77,499	\$112.62	36.80%	34.36%
Ancillary*	\$3,187	\$5.21	1.22%	\$4,369	\$6.35	2.07%	4.05%
Total Medical	\$194,939	\$318.63	74.58%	\$118,675	\$172.45	56.35%	79.24%
Rx Paid	\$66,438	\$108.59	25.42%	\$91,935	\$133.60	43.65%	20.76%
Total Med & Rx	\$261,377	\$427.22	100.00%	\$210,611	\$306.05	100.00%	100.00%

* Ancillary Services include Durable Medical Equipment, prosthetics, drugs paid on the medical plan, et al.

Cost by Claim Category - Prior Year



Cost by Claim Category - Current Year





TITUS COUNTY (76411401)
Plan Overview Report: Jan 2016 - Mar 2016
Inpatient Summary

Jan 2015 - Mar 2015: Patients Admitted 1/1/2015 - 3/31/2015, Claims Paid through 3/31/2015
 Jan 2016 - Mar 2016: Patients Admitted 1/1/2016 - 3/31/2016, Claims Paid through 3/31/2016

Admissions Overview	Jan 2015 - Mar 2015	Jan 2016 - Mar 2016	UMR Norm
Admissions per 1,000	39.23	0.00	53.68
Admit Days per 1,000	882.64	0.00	255.00
Average Length of Stay	22.50	0.00	4.75
Allowed Amount per Admit Day	\$2,591.80	\$0.00	\$5,587.00

Admission Type	Jan 2015 - Mar 2015			Jan 2016 - Mar 2016		
	Admits	Net Paid	% of Total Paid	Admits	Net Paid	% of Total Paid
Inpatient Medical/Surgical	1	\$112,326	97.69%	0	\$0	0.00%
Maternity and Newborn	0	\$0	0.00%	0	\$0	0.00%
Inpatient Psych Facility	0	\$0	0.00%	0	\$0	0.00%
Inpatient Detoxification	0	\$0	0.00%	0	\$0	0.00%
IP Rehab - Medical/Physical	1	\$2,661	2.31%	0	\$0	0.00%
Total Admissions	2	\$114,986	100.00%	0	\$0	0.00%

Paid per Admission





TITUS COUNTY (76411401)
Plan Overview Report: Jan 2016 - Mar 2016
Key Indicators

Jan 2015 - Mar 2015: Claims Paid 1/1/2015 - 3/31/2015
 Jan 2016 - Mar 2016: Claims Paid 1/1/2016 - 3/31/2016

Key Indicator Metrics	Jan 2015 - Mar 2015	Jan 2016 - Mar 2016	% Change	UMR
ER Visits per 1,000	274.60	313.88	14.30%	21
Urgent Care Visits per 1,000	19.61	34.88	77.81%	14
Office Visits per 1,000	4,491.64	4,481.49	-0.23%	3.2
Outpatient Surgery Visits per 1,000	176.53	244.13	38.29%	16
Lab Services per 1,000	8,963.67	10,044.12	12.05%	8.8
Radiology Services per 1,000	2,432.16	2,877.22	18.30%	1.9
~ Standard Radiology Services per 1,000	2,079.10	2,109.96	1.48%	1.5
~ Advanced Imaging Services per 1,000	353.05	767.26	117.32%	40

Service Category	Jan 2015 - Mar 2015			Jan 2016 - Mar 2016			UMR
	Total Paid	Services per 1000	Allowed PMPY	Total Paid	Services per 1000	Allowed PMPY	Services per 1000
Surgery Physicians	\$21,463	1,393	\$488	\$18,898	1,238	\$454	1,341
Radiology	\$13,487	2,432	\$337	\$17,562	2,877	\$339	2,067
Office Visit	\$13,948	4,296	\$379	\$15,994	4,447	\$412	3,900
Lab	\$3,999	8,964	\$108	\$12,491	10,044	\$276	8,949
Surgery Facility	\$12,630	235	\$264	\$11,752	349	\$233	454
Special Services & Treatments*	\$6,178	922	\$141	\$9,497	942	\$205	1,467
ER Physician	\$3,283	216	\$80	\$8,264	314	\$238	237
Inpatient Hospital	\$100,285	118	\$1,986	\$4,128	70	\$76	145
Diagnostic	\$1,852	588	\$47	\$2,967	628	\$57	863
Other*	\$4,776	3,060	\$126	\$2,931	14,194	\$146	23,675
Periodic Exams - Child 4+	\$1,754	275	\$36	\$2,679	366	\$51	372
Phys/Spc/Occ/Cardiac Therapy	\$69	471	\$4	\$1,587	2,145	\$55	3,433
ER Facility	\$271	412	\$72	\$1,552	419	\$85	380
Prescription Items	\$1,022	1,138	\$44	\$1,500	1,482	\$59	2,768
Hospital Visit	\$4,093	863	\$82	\$1,183	279	\$28	459
Treatment/Observ. Room	\$1,727	118	\$60	\$956	-17	\$24	170
Chiropractic	\$135	765	\$17	\$902	942	\$36	617
Consults	\$1,572	157	\$34	\$868	105	\$25	147
Injectables	\$790	4,021	\$22	\$796	6,417	\$17	7,931
Prosthetics	\$324	157	\$7	\$392	715	\$8	8,244

* Notes on Service Categories: Norms for Top Service Categories are based on entire UMR Book-of-Business
 Special Services & Treatments: Includes anesthesia and supplies used during surgery/treatment (syringes, catheters, etc.)
 Other: Misc., uncategorized services. Includes some high-tech diagnostic screenings and non-hospital injectable/intravenous medication

! Norm

6.88
7.84
71.92
4.05
58.74
57.66
55.71
11.95

Norm*

Allowed PMPY
\$360
\$380
\$354
\$248
\$488
\$109
\$70
\$1,160
\$146
\$302
\$52
\$125
\$191
\$203
\$53
\$303
\$19
\$29
\$38
\$55

s.



TITUS COUNTY (76411401)
Plan Overview Report: Jan 2016 - Mar 2016
Preventive Screenings

Preventive Screenings, being annual visit-based, are calculated for a 12-month Service Period (with run out)

2014: Claims Incurred 1/1/2014 - 12/31/2014, Paid through 3/31/2015

2015: Claims Incurred 1/1/2015 - 12/31/2015, Paid through 3/31/2016

Preventive Screening Rates	2014			2015			% Change
	Screening/Well Visit	Eligible	Actual	Rate	Eligible	Actual	
Well Baby Visits	0	0	0	2	6	2,992*	N/A
Well Child Visits	6	2	337	5	0	0*	-100.00%
Adult Well Visit Rate	172	67	38.87%	180	72	39.89%	2.62%
Mammogram Screenings	64	47	73.81%	70	51	73.17%	-0.87%
Cervical Cancer Screenings	81	27	33.35%	91	29	31.95%	-4.21%
PSA Screenings	33	14	42.35%	34	16	47.17%	11.40%
Colon Cancer Screenings	74	14	18.79%	83	4	4.84%	-74.25%
Cholesterol Screenings	107	61	57.04%	116	64	55.00%	-3.58%

* Visits per 1,000

Preventive Screening Norms	2015 Rate	UMR Norm Rate	Variance
Well Baby Visits per 1,000	2,992	5,188	-42.33%
Well Child Visits per 1,000	0	735	-100.00%
Adult Well Visit Rate	39.89%	36.88%	8.17%
Mammogram Screen Rate	73.17%	46.86%	56.14%
Cervical Cancer Screen Rate	31.95%	32.12%	-0.53%
PSA Screen Rate	47.17%	35.74%	32.00%
Colon Cancer Screen Rate	4.84%	16.24%	-70.20%
Cholesterol Screen Rate	55.00%	43.46%	26.54%

Preventive Screening Definitions/Eligibility

Screening Rate	The # of patients who had the screening completed divided by the average # of members that were eligible to receive the screening. Well visit rates for children & babies are the number of well visits per 1,000 members in the age range.
Well Baby Visits	Babies between 0 and 15 months of age (visits per 1,000)
Well Child Visits	Children between the ages of 3 and 6 (visits per 1,000)
Adult Well Visit Rate	Adults age 18 and older (% who had a well visit)
Mammogram Screenings	Females between the ages of 40 and 69
Cervical Cancer Screenings	Females between the ages of 21 and 64
PSA Screenings	Males between the ages of 50 and 70
Colon Cancer Screenings	Members between the ages of 50 and 75
Cholesterol Screenings	Males age 35 and older and females age 45 and older



TITUS COUNTY (76411401)
Plan Overview Report: Jan 2016 - Mar 2016
Network Utilization

Jan 2015 - Mar 2015: Claims Paid 1/1/2015 - 3/31/2015
 Jan 2016 - Mar 2016: Claims Paid 1/1/2016 - 3/31/2016

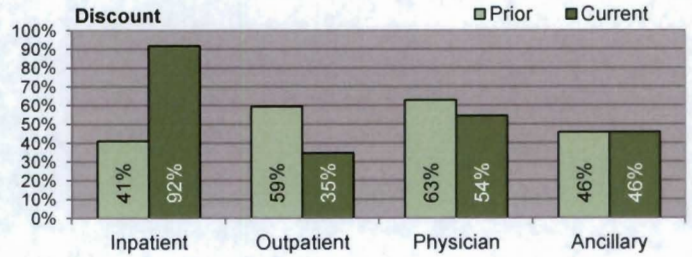
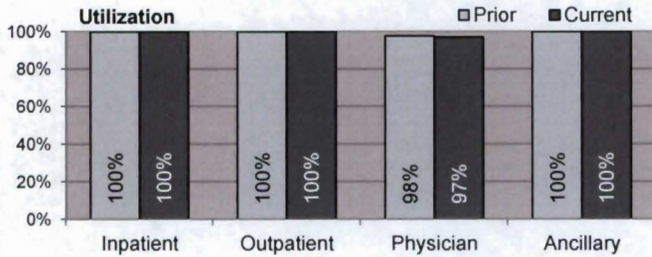
Utilization & Discount

Jan 2015 - Mar 2015

Jan 2016 - Mar 2016

Network Utilization	In Network	Out of Ntwk	Total Paid	% In	In Network	Out of Ntwk	Total Paid	% In
Inpatient	\$101,948	\$0	\$101,948	100.00%	\$6,059	\$0	\$6,059	100.00%
Outpatient	\$21,697	\$0	\$21,697	100.00%	\$30,749	\$0	\$30,749	100.00%
Physician	\$66,560	\$1,546	\$68,107	97.73%	\$75,198	\$2,301	\$77,499	97.03%
Ancillary Services	\$3,187	\$0	\$3,187	100.00%	\$4,369	\$0	\$4,369	100.00%
Total	\$193,393	\$1,546	\$194,939	99.21%	\$116,374	\$2,301	\$118,675	98.06%

Network Discount	Covered	Allowed	Discount	Disc %	Covered	Allowed	Discount	Disc %
Inpatient	\$175,761	\$103,402	\$72,359	41.17%	\$79,540	\$6,492	\$73,048	91.84%
Outpatient	\$75,435	\$30,629	\$44,806	59.40%	\$70,238	\$45,802	\$24,436	34.79%
Physician	\$223,322	\$83,030	\$140,292	62.82%	\$240,170	\$109,352	\$130,819	54.47%
Ancillary Services	\$10,701	\$5,800	\$4,901	45.80%	\$17,552	\$9,516	\$8,035	45.78%
Total	\$485,219	\$222,860	\$262,358	54.07%	\$407,500	\$171,162	\$236,338	58.00%



Discount by Network

Jan 2015 - Mar 2015

Jan 2016 - Mar 2016

Network Name	Covered	Allowed	Discount	Disc %	Covered	Allowed	Discount	Disc %
UnitedHealthcare Choice Plus	\$443,806	\$210,670	\$233,137	52.53%	\$385,937	\$147,375	\$238,562	61.81%
TC3	\$4,866	\$3,760	\$1,106	22.72%	\$10,878	\$7,873	\$3,005	27.63%
Multiplan	\$1,930	\$1,737	\$193	10.00%	\$3,860	\$1,681	\$2,179	56.45%
First Health Network Secondary	\$33,023	\$5,100	\$27,923	84.56%	-\$4,509	\$3,159	-\$7,668	170.04%
Network Total	\$483,625	\$221,267	\$262,358	54.25%	\$396,166	\$160,088	\$236,078	59.59%
Out of Network	\$1,594	\$1,594	\$0	0.00%	\$11,334	\$11,074	\$260	2.29%
Grand Total	\$485,219	\$222,860	\$262,358	54.07%	\$407,500	\$171,162	\$236,338	58.00%



OptumRx Client Analytics & Reporting

Pharmacy Performance Review

Prepared for: **TITUS COUNTY**

Time Period: Jan - Dec 2015

Plan Performance Overview

	Gross Cost PMPM	ECS PMPM	Plan Paid PMPM	Specialty PMPM	Non-Specialty PMPM
2015	\$138.14	\$11.97	\$126.17	\$9.00	\$126.17
2014	\$122.49	\$13.19	\$109.31	\$9.00	\$109.31
Change	12.8%	-9.2%	15.4%		15.4%

- Plan Paid PMPM is high than our norm at \$126.17.

- Member Cost(ECS) share is currently at 8.7%, we typically like to see this between 20-25%.

- Mail Utilization is extremely low, this is an area where the plan could easily generate cost savings not only for the member but the plan as well.

	Enrolled Members	Utilizing Members	Utilization	Avg Age Enrolled	Avg Age Utilized
2015	214	183	85.5%	39.8	45.7
2014	200	167	83.4%	40.2	46.4
Change	6.9%	9.6%	2.1	-1.0%	-1.7%

Key Indicators	2014	2015	Change	Norm
Plan Paid PMPM	\$109.31	\$126.17	15.4%	\$78.45
ECS PMPM	\$13.19	\$11.97	-9.2%	\$12.10
ECS % Total	10.8%	8.7%	-2.1	13.4%
Adjust Rx PMPY	13.29	13.91	4.7%	10.88
Mail Utilization	1.1%	1.3%	0.2	14.7%

Key Performance Indicators

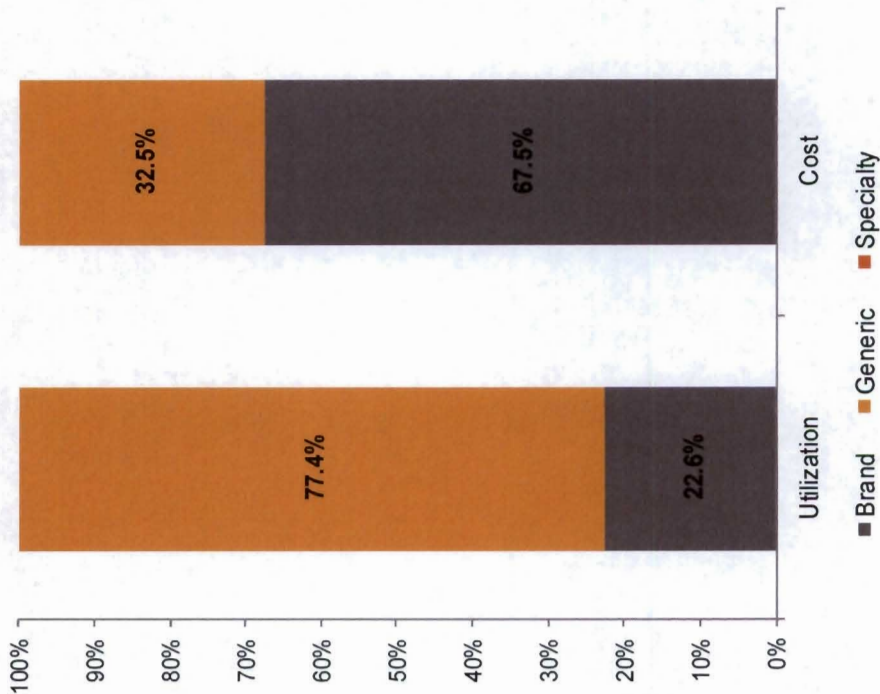
Cost & Utilization	2014	2015	Change	Norm
Plan Paid (000)	\$262.55	\$324.01	23.4%	
Plan Paid PMPM	\$109.31	\$126.17	15.4%	\$78.45
Non-Specialty PMPM	\$109.31	\$126.17	15.4%	\$53.62
Specialty PMPM	\$0.00	\$0.00		\$24.83
Plan Paid per Rx	\$99.45	\$109.80	10.4%	\$95.88
Non-Specialty	\$99.45	\$109.80	10.4%	\$66.14
Specialty	N/A	N/A		\$3,326.44
ECS (000)	\$31.67	\$30.74	-3.0%	
ECS PMPM	\$13.19	\$11.97	-9.2%	\$12.10
Non-Specialty	\$13.19	\$11.97	-9.2%	\$11.26
Specialty	\$0.00	\$0.00		\$0.84
ECS Copay per Rx	\$12.00	\$10.42	-13.2%	\$11.64
ECS % Total	10.8%	8.7%	-2.1	13.4%
Days Supply per Rx	30.9	31.2	1.1%	32.7
Rx Count	2,640	2,951	11.8%	
Non-Specialty	2,640	2,951	11.8%	
Specialty				
Adjusted Rx Count	2,660	2,977	11.9%	
PMPY	13.29	13.91	4.7%	10.88
SSB	23.1%	21.6%	-1.5	15.3%
MSB	1.0%	1.1%	0.1	1.7%
GDR	75.9%	77.4%	1.5	82.7%
GSR	98.7%	98.6%	-0.1	97.9%
Mail Penetration	1.1%	1.3%	0.2	14.7%

Demographics	2014	2015	Change
Enrolled Members	200	214	6.9%
Utilizing Members	167	183	9.6%
Utilization	83.4%	85.5%	2.1
Avg Age Enrolled	40.2	39.8	-1.0%
Avg Age Utilized	46.4	45.7	-1.7%

- Generic utilization is currently at 77.4% which is an increase of 1.5% from previous plan year.
- Generic utilization continues to improve year over year, this is great.

Drug Cost vs. Utilization

Specialty represents 0.0% of Utilizing Members, 0.0% of Utilization & 0.0% of Plan Paid



The dynamics of drug spend have changed:

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

Average Cost per Rx

Specialty	
Generics	\$46
Brand	\$328

Top-20 Therapeutic Classes

Rank 2015	Rank 2014	Rank Norm	Therapeutic Class	Specialty	Plan Paid	Plan Paid PMPM	Plan Paid PMPM % Change	% Total Trend	Days Supplied PMPM % Change	AWP per Days Supplied % Change	GDR	GDR Point Change	Utilizers	Change in Utilizers	Plan Paid per Rx
1	1	77	DIGESTIVE ENZYMES		\$ 39,204	\$ 15.27	(0.8%)	(0.8%)	74.3%	74.3%	0.0%	0.0	2	0	\$ 3,267
2	9	23	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		\$ 32,756	\$ 12.76	265.3%	54.9%	176.4%	176.4%	74.7%	-13.5	34	0	\$ 415
3	8	1	INSULIN		\$ 13,992	\$ 5.45	25.7%	6.6%	12.2%	12.6%	0.0%	0.0	4	1	\$ 389
4	3	24	ANTIHYPERTENSIVE COMBINATIONS		\$ 13,817	\$ 5.38	(8.3%)	(2.9%)	17.1%	2.8%	69.5%	17.2	24	2	\$ 98
5	5	6	HMG COA REDUCTASE INHIBITORS		\$ 13,597	\$ 5.29	(3.8%)	(1.2%)	3.1%	3.6%	76.5%	1.7	30	6	\$ 74
6	2	7	SYMPATHOMIMETICS		\$ 13,194	\$ 5.14	(25.7%)	(10.5%)	(17.2%)	(2.0%)	22.5%	1.0	16	-3	\$ 186
7	6	8	PROTON PUMP INHIBITORS		\$ 12,873	\$ 5.01	(0.8%)	(0.2%)	13.3%	8.2%	75.0%	17.7	21	4	\$ 140
8	4	19	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		\$ 10,486	\$ 4.08	(27.6%)	(9.2%)	9.9%	(7.4%)	95.9%	12.3	9	2	\$ 142
9	125	85	ANTI-INFLAMMATORY AGENTS - TOPICAL		\$ 8,891	\$ 3.46	42349.5%	20.5%	529.8%	3213.1%	0.0%	0.0	2	1	\$ 1,111
10	11	11	AMPHETAMINES		\$ 8,469	\$ 3.30	32.8%	4.8%	20.9%	10.5%	60.4%	6.7	7	1	\$ 160
11	14	26	ANTIDIABETIC COMBINATIONS		\$ 7,892	\$ 3.07	68.2%	7.4%	46.1%	15.1%	0.0%	0.0	3	1	\$ 415
12	10	39	ANGIOTENSIN II RECEPTOR ANTAGONISTS		\$ 6,676	\$ 2.60	0.8%	0.1%	(5.4%)	4.0%	50.8%	6.2	11	2	\$ 109
13	21	12	ANTICONVULSANTS - MISC.		\$ 6,327	\$ 2.46	78.1%	6.4%	72.2%	10.8%	88.9%	-3.4	12	2	\$ 100
14	24	52	BRONCHODILATORS - ANTICHOLINERGICS		\$ 5,452	\$ 2.12	71.0%	5.2%	53.1%	12.1%	0.0%	0.0	2	1	\$ 303
15		22	SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		\$ 5,211	\$ 2.03		12.0%			0.0%	0.0	3	3	\$ 474
16	7	122	ANTIPTORIATICS		\$ 5,130	\$ 2.00	(56.6%)	(15.4%)	(48.2%)	(14.4%)	100.0%	50.0	1	0	\$ 2,565
17	15	20	DIAGNOSTIC TESTS		\$ 5,099	\$ 1.99	17.1%	1.7%	8.3%	4.2%	0.0%	0.0	3	0	\$ 340
18	20	131	ANTINEOPLASTIC - HORMONAL AGENTS		\$ 4,807	\$ 1.87	32.1%	2.7%	3.9%	1.2%	100.0%	0.0	2	0	\$ 343
19	25	139	GALLSTONE SOLUBILIZING AGENTS		\$ 4,508	\$ 1.76	57.6%	3.8%	(6.5%)	37.1%	100.0%	0.0	1	0	\$ 376
20	18	126	ANTIARRHYTHMICS TYPE III		\$ 4,303	\$ 1.68	3.9%	0.4%	(15.0%)	23.0%	0.0%	0.0	1	0	\$ 430

TOTAL \$ 222,683

Top-20 Therapeutic Classes Represent 68.7% of Total Plan Paid



Top-20 Drugs

Rank 2015	Rank 2014	Rank Norm	Drug Name	Disease State	Specialty	Plan Paid	Plan Paid PMPM	Plan Paid PMPM % Change	% Total Trend	Utilizers	Change in Utilizers	Rx Count	Change in Rx Count	Plan Paid per Rx
1	1	116	CREON	GASTROINTESTINAL, MISC		\$ 39,122	\$ 15.23	0.2%	0.2%	1	0	11	0	\$ 3,557
2	10	172	DUEXIS	NON-NARCOTIC ANALGESICS		\$ 28,882	\$ 11.25	491.6%	55.4%	5	3	20	15	\$ 1,444
3		251	PENNSAID	MISC SKIN CONDITION		\$ 8,844	\$ 3.44		20.4%	1	1	6	6	\$ 1,474
4	3	23	DULOXETINE HCL	DEPRESSION		\$ 8,557	\$ 3.33	(18.9%)	(4.6%)	6	2	59	21	\$ 145
5	4	3	CRESTOR	CHOLESTEROL LOWERING AGENTS		\$ 8,311	\$ 3.24	11.4%	2.0%	7	2	43	1	\$ 193
6	2	8	ADVAIR DISKUS	ASTHMA / COPD		\$ 6,933	\$ 2.70	(43.1%)	(12.1%)	5	1	22	-18	\$ 315
7	5	44	NEXIUM	ULCER/Acid REFUX/GERD		\$ 5,667	\$ 2.21	(21.3%)	(3.5%)	3	-3	19	-6	\$ 298
8	20	60	SPRIVA HANDHALER	ASTHMA / COPD		\$ 5,452	\$ 2.12	71.0%	5.2%	2	1	18	7	\$ 303
9	7	1894	METHOXSALEN	INFLAMMATORY CONDITIONS		\$ 5,130	\$ 2.00	(6.5%)	(0.8%)	1	0	2	1	\$ 2,565
10	38	5	LANTUS SOLOSTAR	DIABETES		\$ 5,025	\$ 1.96	139.8%	6.8%	2	1	14	8	\$ 359
11	47	84	BENICAR HCT	CARDIOVASCULAR		\$ 4,978	\$ 1.94	183.4%	7.4%	4	2	28	22	\$ 178
12	14	340	FREESTYLE LITE TEST STRIPS	BLOOD GLUCOSE MONITORING		\$ 4,870	\$ 1.90	16.8%	1.6%	2	1	13	2	\$ 375
13	24	210	URSODIOL	GALLSTONES		\$ 4,508	\$ 1.76	57.6%	3.8%	1	0	12	0	\$ 376
14	21	327	EXEMESTANE	ONCOLOGY		\$ 4,506	\$ 1.75	44.1%	3.2%	1	0	3	1	\$ 1,502
15	8	35	NOVOLOG	DIABETES		\$ 4,447	\$ 1.73	(13.3%)	(1.6%)	1	0	10	-2	\$ 445
16	16	67	BENICAR	CARDIOVASCULAR		\$ 4,349	\$ 1.69	8.0%	0.7%	4	0	30	0	\$ 145
17	18	11	VYVANSE	ADHD		\$ 4,314	\$ 1.68	18.1%	1.5%	3	0	21	2	\$ 205
18	15	265	MULTAQ	CARDIOVASCULAR		\$ 4,303	\$ 1.68	3.9%	0.4%	1	0	10	-1	\$ 430
19	26	9	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD		\$ 4,155	\$ 1.62	52.3%	3.3%	4	1	32	10	\$ 130
20	23	148	KOMBIGLYZE XR	DIABETES		\$ 4,100	\$ 1.60	42.3%	2.8%	2	1	7	-3	\$ 586

TOTAL \$ 166,451

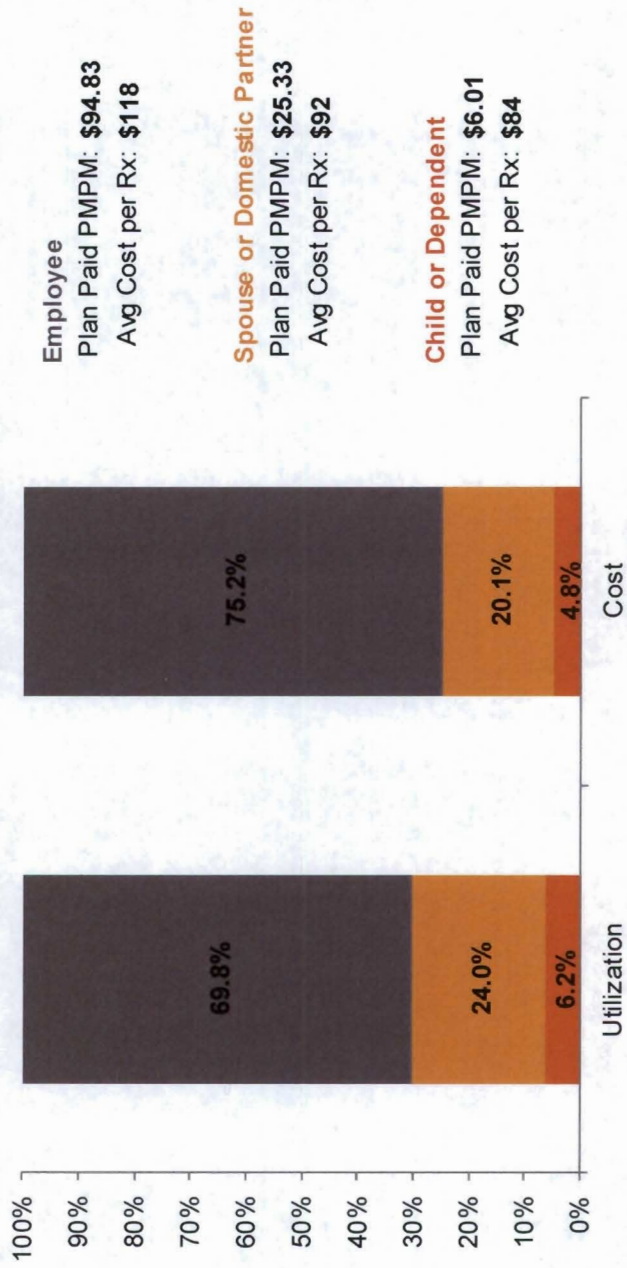
Top-20 Drugs Represent 51.4% of Total Plan Paid



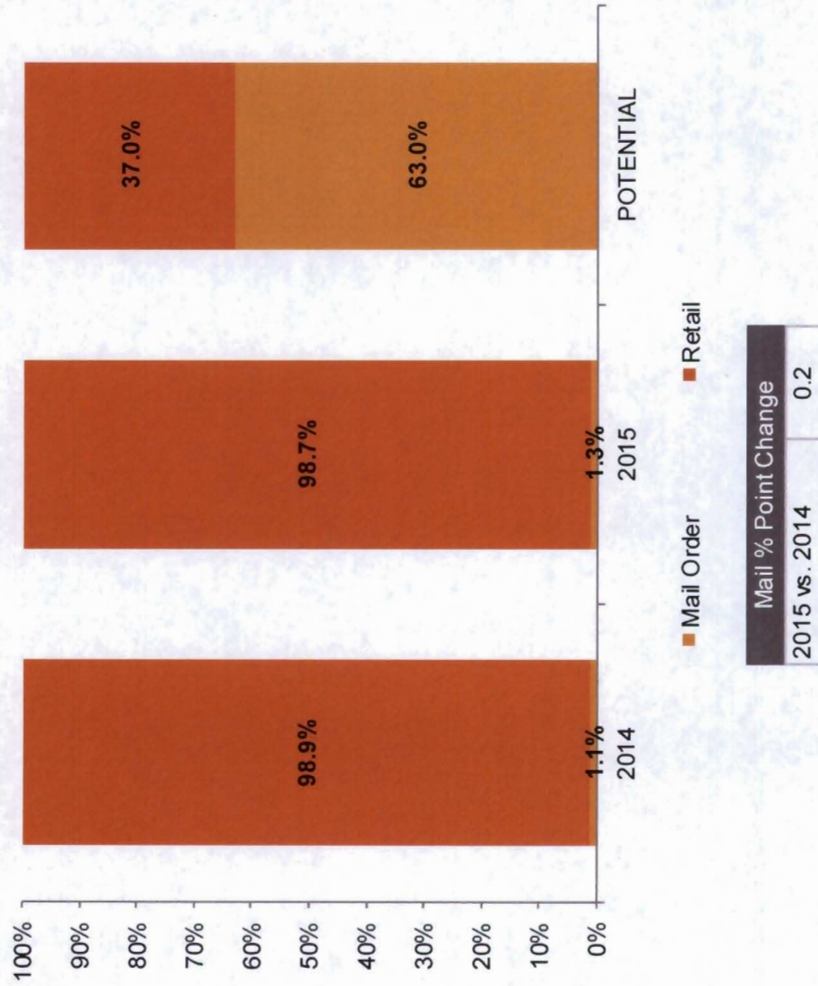
Member Breakdown

Top 3 Disease States by Plan Paid

Employee	GASTROINTESTINAL, MISC NON-NARCOTIC ANALGESICS CARDIOVASCULAR
Spouse or Domestic Partner	DIABETES ULCER/ACID REFLUX/GERD ASTHMA / COPD
Child or Dependent	ADHD CONTRACEPTION MISC SKIN CONDITION



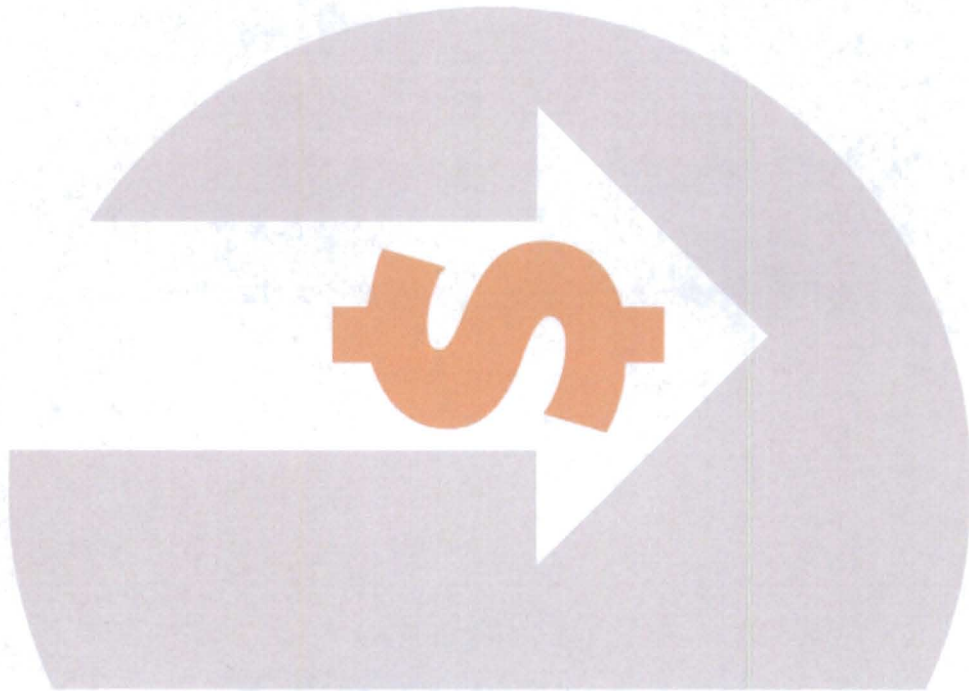
Mail-Order Utilization 3-Period View vs. Potential



POTENTIAL represents the total mail-order opportunity if all maintenance drug scripts filled at retail moved to mail
 70.5% of all utilizers have at least one maintenance drug
 In 2015 there were 1,836 POTENTIAL mail scripts filled at retail

Mail Cost Matters

Driving lower costs and significant savings for employers and members



Greater Generic Utilization

Mail Service programs and benefit designs are highly effective at driving generics.

No Dispensing Fee

Unlike retail pharmacies, there is no dispensing fee at the mail service pharmacy

Better Client Savings

In aggregate, we are able to negotiate better rates than retail

Lower Cost Share

Potential for significant cost share savings for members who switch from retail to mail*

Mail service pharmacy utilization is more economical to both members and employers

*Cost share savings is based on actual benefit design and may vary depending on the plan

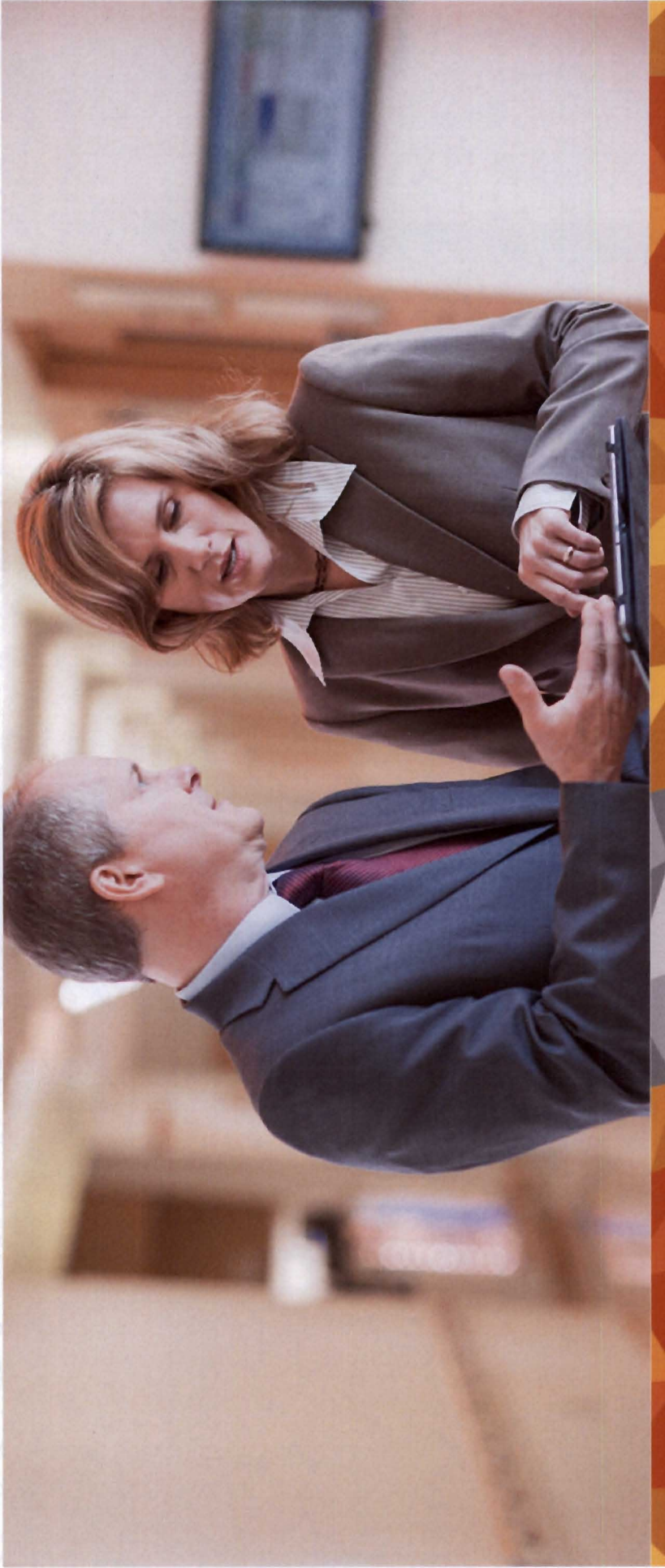
Mail Service Spectrum

Offering a range of programs to increase mail utilization

DESIGN	SELECT	SAVER
Benefit Design	Mail Service Member Select	Mail Service Saver Plus
CHOICE >> Increased financial benefit and movement to mail service >> SAVINGS		
<p>Designed to create greater incentive to choose mail by increased savings on copay costs for a 3-month supply at mail.</p>	<p>Automatically drive members to mail with the option to opt-out and continue filling at retail</p>	<p>Mandatory mail or pay 100% of cost at retail. No opt out.</p>
<p>Estimated annual savings¹</p>	<p>2.5 – 4.0%</p>	<p>3.0 – 4.5%</p>
<p>Typical member movement to mail</p>	<p>20 – 30%</p>	<p>30 – 40%</p>

1. Based on OptumRx book of business data. Individual client results may vary.





Compounded Medications
Bulk Chemical Exclusions

Key Performance Indicators

Bulk Chemical & Compound Spend

Cost & Utilization	2014	2015	Change	TREND
Plan Paid (000)	\$0.00	\$0.00	\$0.00	
Plan Paid PMPM	\$0.00	\$0.00	\$0.00	
Plan Paid per Rx				
ECS (000)	\$0.00	\$0.00	\$0.00	
ECS PMPM	\$0.00	\$0.00	\$0.00	
ECS Copay per Rx				
ECS % Total				
Days Supply per Rx				
Rx Count				
Utilizers				

- The plan has had zero utilization of compounded prescriptions.
- We highly recommend the addition of this program now while there is no member impact.
- Industry wide we are seeing an increase of compound prescriptions that contain non-FDA approved ingredients.
- There is no fee to the client to add this program.

2014

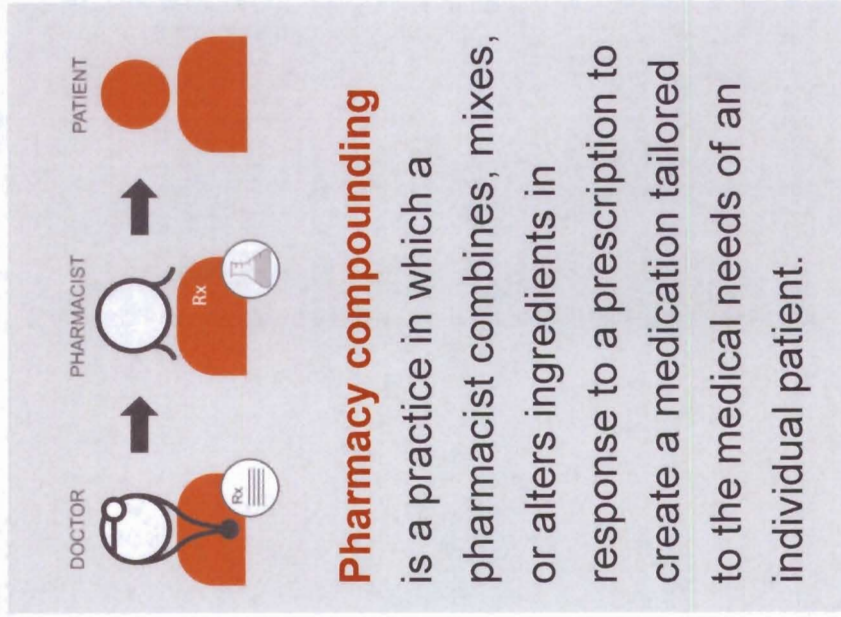
Compounds Accounted for 0.0% of Total Plan Cost
 Total Plan Paid: \$0.3M | PMPM: \$109.31

2015

Compounds Accounted for 0.0% of Total Plan Cost
 Total Plan Paid: \$0.3M | PMPM: \$126.17



What is pharmacy compounding?



Pharmacy compounding serves a role in the rare occasion that a patient cannot be treated with an FDA-approved medication



Example

Elderly patient or child can't swallow a pill and needs a medicine in a liquid form that is not otherwise available



Example

Patient has an allergy and needs a medication to be made without a certain dye

Example: pain cream



Ketamine 10%

An injectable general anesthetic used in the operating room.

Gabapentin 6%

An oral anticonvulsant and pain reliever.

Baclofen 2%

An oral or injectable skeletal muscle relaxant.

Cyclobenzaprine 2%

An oral skeletal muscle relaxant.

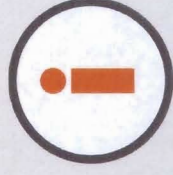


**None of these
bulk chemicals
are FDA-approved
for topical use**

Compound exclusion strategy

Minimizing concerns about member safety, drug efficacy and potential waste of significant healthcare resources

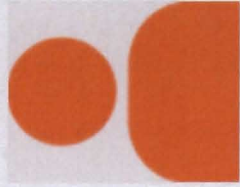
- ➔ **Bulk compound medications** review and exclusion process
- ➔ **Exclude** select non-FDA approved bulk chemicals used in compounds
- ➔ **Communicate** exclusions of compound medications to members



Criteria for drug selection

- Bulk chemicals for vitamins/supplements typically available OTC
- Products for cosmetic uses
- Used in compounding topical formulations when the medication is not approved by the FDA for this route of administration

Prior authorization/threshold strategy



Member goes to pharmacy to have compound script filled.



Compounds over \$150 trigger a POS message that the claim \$ amount is exceeded.

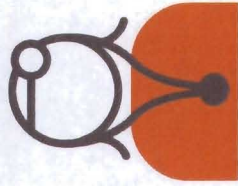


Member must receive a prior authorization for the claim to process.

Stopping a claim over \$150 allows OptumRx to better manage and control compound spend.

Exclusion and Threshold program

To best manage the increasing costs of compounds, implementing bulk exclusions and the threshold is the best option.



Prior Authorization/ Threshold

Members will need to go through coverage review to obtain their compound.



Bulk Exclusions

High cost ingredients that are not FDA approved when compounded are not covered.

Summary/Recommendations

- Overall the plan is performing well although overall plan paid PMPM is trending higher year over year.
- Titus County should consider implementing one of OptumRx's mail order program to maximize cost savings to members as well as the plan. We can have a cost savings analysis run to show potential savings to plan and member.
- The plan should also consider adding the Bulk Chemical Exclusion program. As previously stated, currently there is no member impact but yet we have seen an increase of compounded prescriptions industry wide. This program is merely an extra layer of protection for the plan to ensure that all medications being compounded are all FDA approved to be compounded and used in the manner in which they are being prescribed.

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