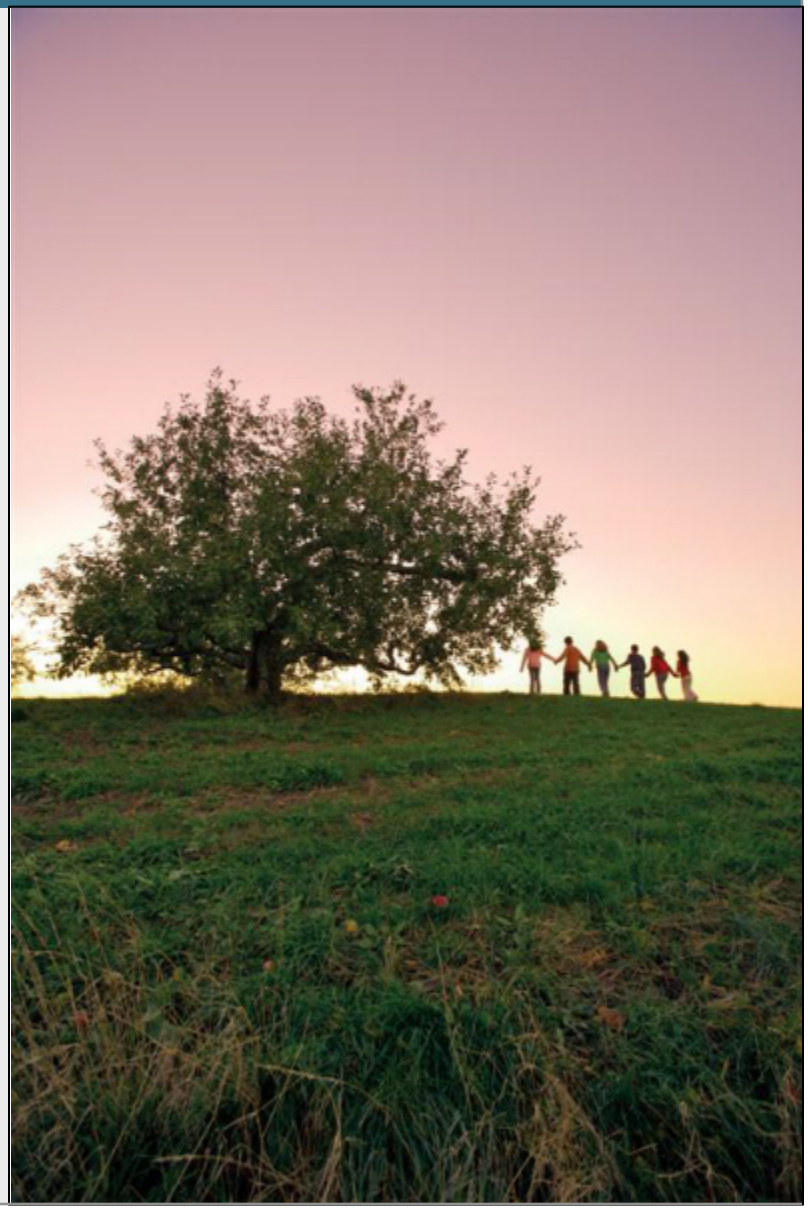
2013 Year in Review

FELRA and UFCW Health and Welfare

Prepared for: Board of Trustees Meeting on April 3, 2014

Table of Contents



<u>The two time periods used in this presentation are:</u>

Current - Claims incurred between 1/1/2013 and 12/31/2013, paid through 2/28/2014

Base - Claims incurred between 1/1/2012 and 12/31/2012, paid through 2/28/2013

1. PPPY = Plan Participants Per Year

Key Findings

Plan Highlights

- Medical Plan Trend PPPY was (-8.5%), Plan Spend PPPY in the current period was $5,742.
- Progress in Health, Wellness, and Engagement; but opportunity still exists
  - 3 Health Assessments completed in current period; 32% are registered for mycigna.com.
  - Your Health First program – 42.3% of the population has been identified for outreach.

Utilization Highlights

- Non-catastrophic[1] plan trend was 1.4%.
- Catastrophic[1] plan trend was (-20.7%).
- Catastrophic[1] inpatient cost trend was (-25.1%) while musculoskeletal and digestive topped non-catastrophic admissions.
- In-Network discount rate was 45.4% and represented over $9.7 million in savings.
- Specialist Visits – higher cost in current period; specialist visits as a percentage of overall office visits was 47%.
- Specialty Case Management (Transplant, Oncology, etc.) accounted for over $510,000 in savings.

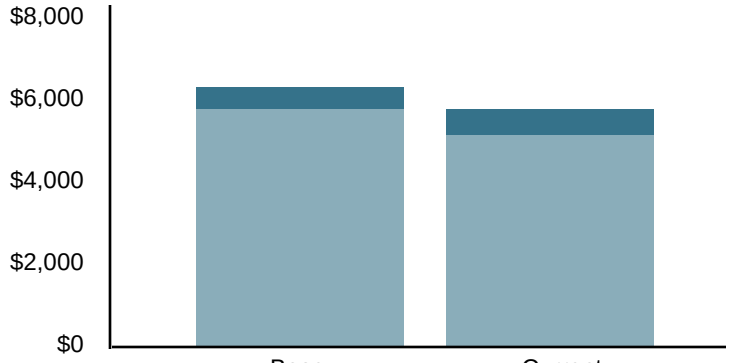
Risk Burden

- 63% classified as having a Chronic condition driving 89% of cost.
- 14% of participants do not utilize plan (average age is 49 and 56% are male)
- 1,456 participants identified as having gaps in care

1. Please note that catastrophic claims are only being used as a bench mark and have not been trended to keep pace with year over year medical trend increases.

Executive Summary

Plan cost & trend



	Base	Current
Cost Share PPPY	$541	$617
Paid Amount PPPY	$5,735	$5,125
Plan Spend PPPY	$6,276	$5,742

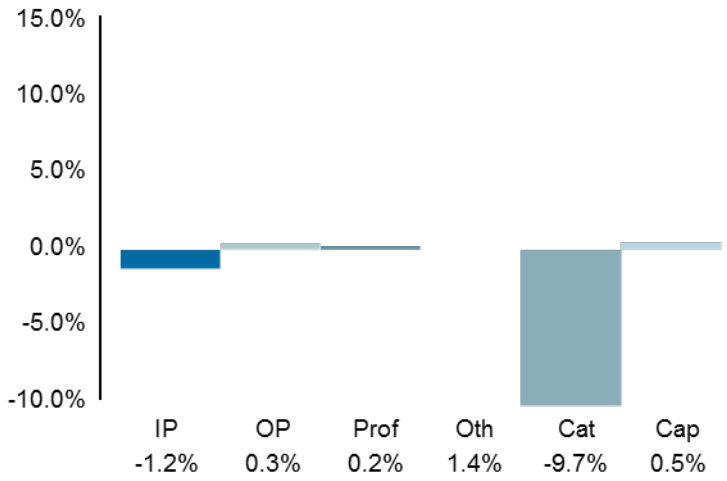
Key metrics

	Base	Current	Trend
Members / Plan Participants			
Average Number of Members	1,558	1,460	-6.3%
Average Number of Participants	2,284	2,138	-6.4%
Cost Trend			
Plan Spend	$14,332,337	$12,277,899	-14.3%
Plan Spend PPPY	$6,276	$5,742	-8.5%
Performance Indicators			
Cat Claimants per 1,000 Participants	20.1	19.6	-2.5%
Percent of Population Age 40+	89.5%	88.7%	-0.8%

Comments

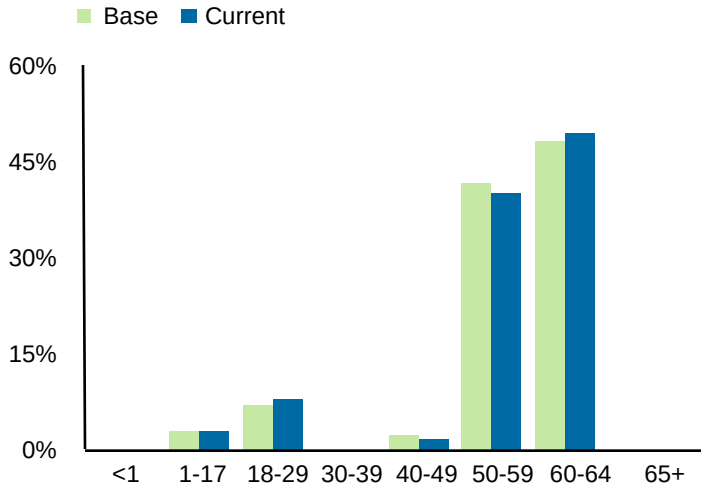
- Plan spend in the current period was $5,742 PPPY, a decrease of 8.5% from the base period
- Average membership in the current period was 2,138, a decrease of 6.4%
- Current participant cost share was $617 PPPY, or 10.7% of the total plan spend, compared to $541 PPPY, or 8.6% in the base period
- 32% currently registered for mycigna.com
- 3 completed online Health Risk Assessment in current period.
- 20 participant calls to the 24-Hour Health Information Line

Trend contribution

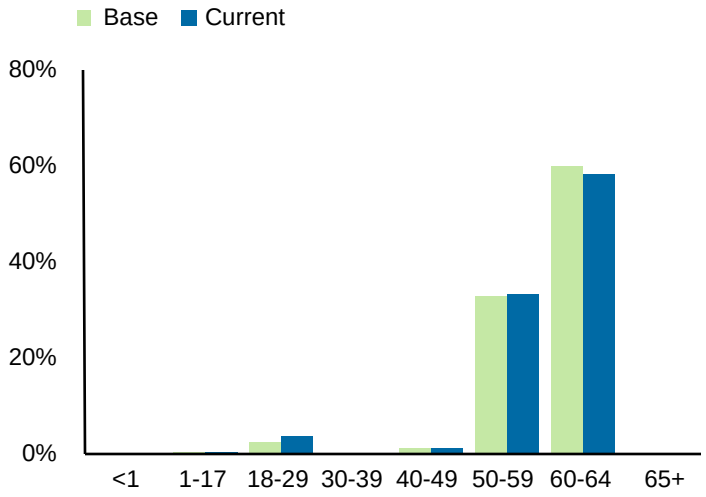


Population Demographic Summary

Percent of membership by age band



Percent of plan spend by age band



Key metrics overview

	Base	Current	Trend
Percent of Pop. Age 40+	89.5%	88.7%	-0.8%
Average Participant Age	55.3	55.2	-0.2%
Average Member Age	59.9	60.0	0.2%
Percent of Population Male	47.5%	47.3%	-0.2%
Percent of Population Female	52.5%	52.7%	0.2%

Average spend by age band

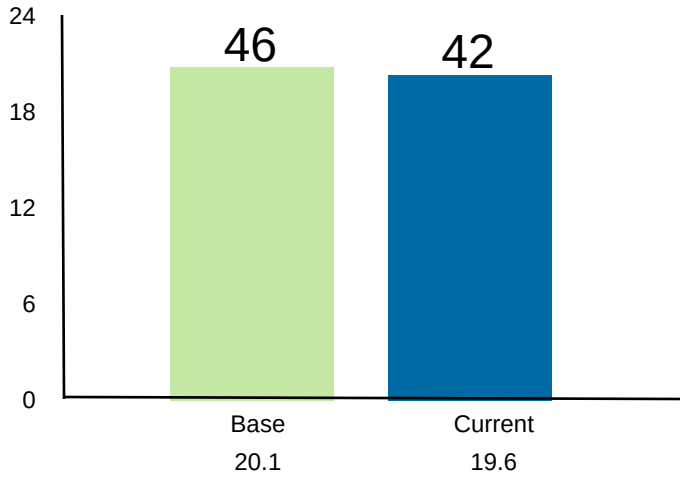
	Base	Current	Trend
All Participants			
40-49	$3,419	$4,816	40.9%
50-59	$5,239	$5,048	-3.7%
60-64	$8,267	$7,178	-13.2%
65+	$1,644	$457	-72.2%
Excluding Catastrophic			
40-49	$3,479	$2,237	-35.7%
50-59	$3,047	$3,516	15.4%
60-64	$4,306	$4,076	-5.3%
65+	$1,644	$457	-72.2%

Average spend by relationship

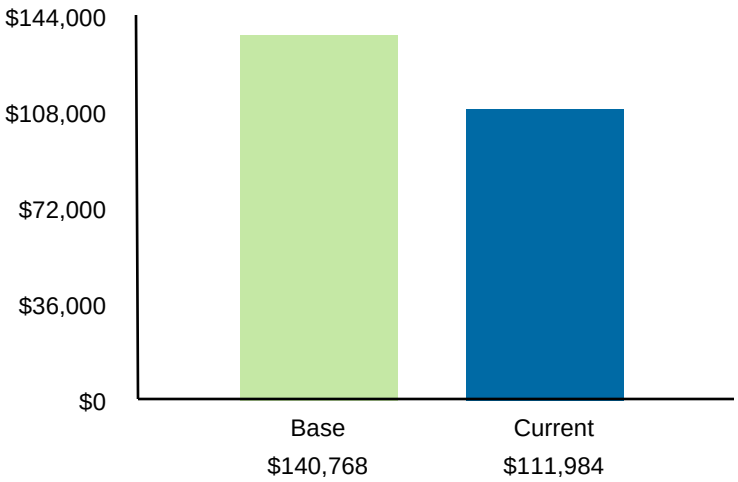
	Base	Current	Trend
All Members			
Employee	$6,574	$6,013	-8.5%
Spouse	$7,163	$6,613	-7.7%
Dependent	$2,224	$2,293	3.1%
Excluding Catastrophic			
Employee	$3,830	$3,937	2.8%
Spouse	$3,225	$3,221	-0.1%
Dependent	$1,182	$1,216	2.9%

Catastrophic Claim Summary

Catastrophic claimants in per 1,000 Participants



Average plan cost per catastrophic claimant



Member relationship

	Base	Current
Members		
Employee	31	29
Spouse	14	12
Dependent	1	1
Total Members	46	42
Cost Per Member		
Employee	$138,329	$102,607
Spouse	$139,457	$123,359
Dependent	$234,714	$247,420

Comments

- 37 of 42 catastrophic claimants, or 88.1%, in the current period had a chronic condition
- 69.0% of catastrophic claimants in the current period were employees, 28.6% were spouses, and 2.4% were dependents
- Catastrophic claimant threshold of $50,000 was used for this analysis

Health Advocacy - Catastrophic Clinical Impact

Top 25 catastrophic claimants - clinical impact

Plan	Gender	Age	Relationship	Eligibility	ICD9 Major	ICD9 Minor	Total ($)	Clinical Programs
1 NET	F	60-64	Spouse	Existing	Respiratory	Pneumonia/Flu	$346,474	AST,CAD,CAT,CHF,CPD,DEP,DIA,INP,LBP,OST,PAD,WC,WGT,WI
2 NET	M	60-64	Employee	Existing	Musculoskeletal	Back	$253,751	CAD,DEP,DIA,LBP,OST,WC,WI
3 NET	F	18-29	Dependent	Existing	Renal/Urologic	Upper Urinary	$247,420	TRN,WI
4 NET	F	60-64	Employee	Enrollee	Circulatory	Ischemic	$244,198	COM,WI
5 NET	F	60-64	Spouse	Existing	Neoplasms	Other Blood	$241,580	ONC
6 NET	F	60-64	Spouse	Existing	Gastrointestinal	Stom/Int/Pan	$181,952	TRN,WI
7 NET	M	60-64	Employee	Existing	Neoplasms	Urinary Neop	$161,088	CAD,DIA,ONC,OST,TDS,WC
8 NET	M	60-64	Employee	Existing	Infect/Parasit	Bacterial	$157,097	COM,INP,WI
9 NET	M	50-59	Employee	Enrollee	Int/Ext Injury	Comp Surgical	$137,473	INP,ONC,WI
10 NET	M	60-64	Employee	Existing	Neoplasms	Respiratory	$131,373	INP
11 NET	F	60-64	Employee	Disenrollee	Circulatory	Veins/Lymph	$126,948	COM,CPD,LBP,PAD,WC,WGT
12 NET	F	60-64	Employee	Existing	Musculoskeletal	Back	$121,712	WI
13 NET	F	60-64	Employee	Enrollee	Respiratory	Pneumonia/Flu	$112,417	ONC
14 NET	F	40-49	Employee	Existing	Neoplasms	Female Breast	$108,824	ONC
15 NET	M	60-64	Employee	Existing	Circulatory	Artery/Capil	$105,252	WI
16 NET	F	50-59	Employee	Enrollee	Neoplasms	Respiratory	$102,755	ONC
17 NET	F	50-59	Spouse	Existing	Neoplasms	Other Blood	$100,814	COM,ONC,TRN,WI
18 NET	F	60-64	Spouse	Existing	Immune Disorder	Non-AIDS	$99,990	WI
19 NET	F	60-64	Employee	Enrollee	Neoplasms	Digestive	$99,750	
20 NET	M	60-64	Employee	Disenrollee	Neoplasms	Digestive	$96,142	DEP,DIA,INP,OST,WC
21 NET	F	60-64	Employee	Existing	Musculoskeletal	Joint	$93,184	CAD,DIA,LBP,OST,WC,WGT,WI
22 NET	F	50-59	Spouse	Disenrollee	Renal/Urologic	Upper Urinary	$89,626	
23 NET	M	50-59	Employee	Enrollee	Respiratory	Oth Lower Resp	$85,518	INP,TRN,WI
24 NET	F	60-64	Spouse	Existing	Neoplasms	Other Blood	$85,475	WI
25 NET	F	60-64	Employee	Enrollee	Neoplasms	Care/Neoplas	$84,392	ONC,WI

Acronym Key

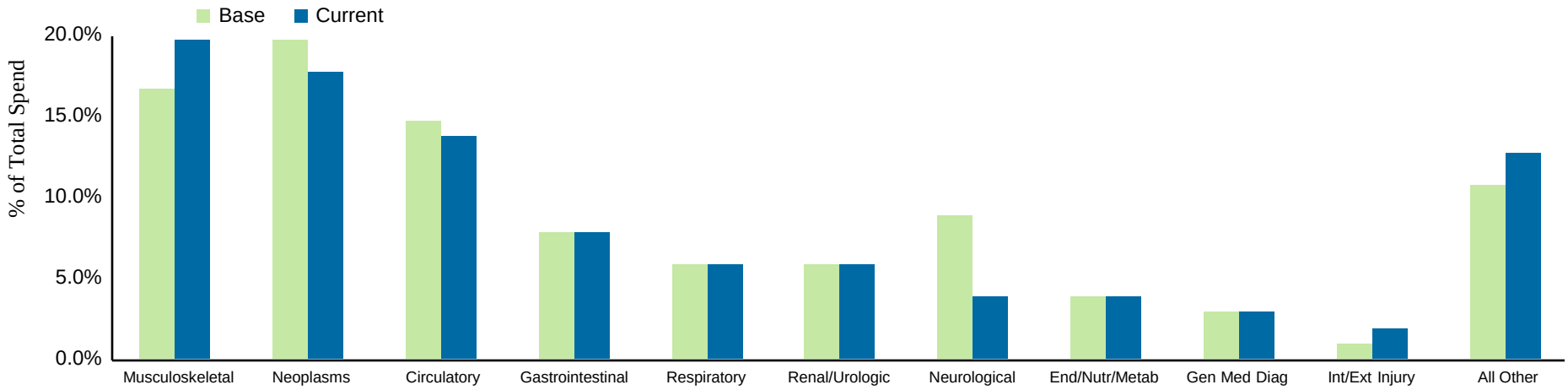
CM/SPCM Programs (Case Mgmt)
CAT-Catastrophic
COM-Complex
INP-Inpatient
NIC-Neonatal Intensive Care
ONC-Oncology
REH-Rehabilitation
TRN-Transplant

Chronic Coaching Programs
AST-Asthma
CAD-Coronary Heart Disease
CHF-Chronic Heart Failure
CPD-Chronic Obstructive Pulmonary Disorder
DEP-Depression
DIA-Diabetes Mellitus
LBP-Low Back Pain
OST-Osteoarthritis
PAD-Peripheral Artery Disease
WGT-Weight Complications

Additional Programs
CCS-Cancer Care Support Program
EAP-Employee Assistance Program
HPHB-Healthy Pregnancies Healthy Babies
LMP-Lifestyle Management Programs
OL-Online Programs
TDS-Treatment Decision Support
WC-Wellness Coaching
WI-Well Informed (Gaps In Care)

Total Plan Spend by Condition

Top conditions by plan spend



Top ICD9 conditions

	PPPY		
ICD9 Category	**Base**	**Current**	**Trend Contribution**
Musculoskeletal	$1,046.63	$1,108.49	1.0%
Neoplasms	$1,232.75	$1,042.17	-3.1%
Circulatory	$944.08	$791.96	-2.4%
Gastrointestinal	$475.05	$442.97	-0.5%
Respiratory	$388.08	$358.58	-0.5%
Renal/Urologic	$398.49	$342.73	-0.9%
Neurological	$547.82	$251.24	-4.8%
End/Nutr/Metab	$252.30	$250.78	-0.0%
Gen Med Diag	$166.73	$165.56	-0.0%
Int/Ext Injury	$57.87	$135.86	1.3%
All Other	$707.86	$762.84	0.9%
Total	**$6,217.67**	**$5,653.18**	**-9.1%**

Health Advocacy – Summary of Savings

Comments

- 22 admissions were reviewed and 13 were avoided, resulting in $124,928 savings
- 34 days were decertified for $72,522 in savings and 26 days were stepped down for $19,125 savings
- MRIs were a source of savings, driven by 85 MRIs avoided for $93,075 savings
- Specialty Case Management (SCM) savings were driven by the Transplant unit contributing $459,618 of $510,091 current period SCM savings

Specialty case management summary

	Unique Members		Closed Cases		Savings($)	
	Base	Current	Base	Current	Base	Current
Catastrophic	2	1	2	1	$22,171	$0
Complex	18	21	16	22	$5,913	$10,607
Maternity	0	0	0	0	$0	$0
NICU	0	0	0	0	$0	$0
Oncology	17	19	14	18	$17,614	$39,866
Rehabilitation (ECF)	2	0	2	0	$3,222	$0
Transplant	8	7	3	4	$467,024	$459,618
Total	46	46	37	45	$515,944	$510,091

Well Informed – Gaps in Care

PREVENT AND REDUCE GAPS IN CARE

- No office visit in past 6 months
- Missed a recommended screening test
- Abnormal, at-risk lab values
- Missed/late prescription refill

MONITOR → **ANALYZE** → **FIND** → **ALERT**

MONITOR	ANALYZE	FIND	ALERT
100% screened All claim data Medical+Lab+Rx	Every month 30 conditions 450+ rules	Gaps Omissions Errors	Individual Doctors Cigna Coaches

35% receive alert

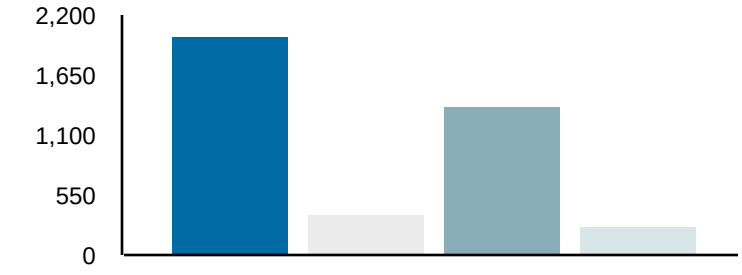
21% to customers **and** health care professionals

COACHES TAKE CUSTOMERS FROM INFORMED TO ENGAGED

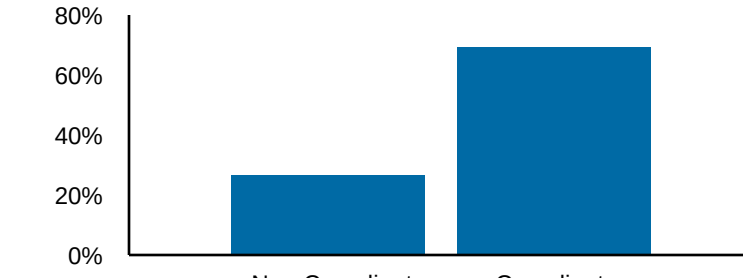
Case Management	Chronic Condition	Integrated Health & Wellness	Health Advisor
100% of gaps	**30% of gaps**	**100% of gaps***	**8% of gaps***
• Added to care plan • Routine outreach	• Coaching topic • May trigger outreach	• Addressed during standard outreach • May trigger outreach	•High blood pressure •High cholesterol •May trigger automated outreach call

Well Informed Gaps in Care - Summary

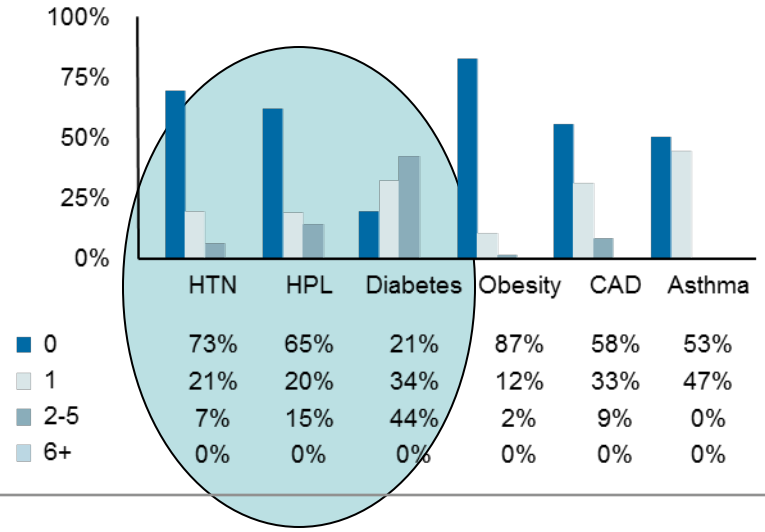
Participant compliance summary



Rule compliance summary



Gap count by condition



Gap condition statistics

Clinical Category		Prevalence	Gaps/Mbr	Compl. Rate
Hypertension	(812)	38%	1.25	83%
Hyperlipidemia	(577)	27%	1.81	88%
Diabetes	(235)	11%	2.21	78%
Obesity		6%	1.12	97%
Coronary Artery Disease		4%	1.28	80%
Asthma		3%	1.00	59%
Chronic Obstructive Pulmonary		2%	1.08	75%
Cerebral Vascular Accident		1%	1.00	62%
Chronic Kidney Disease		1%	1.80	92%
Prostate Cancer		1%	1.29	80%

Across all conditions, there were 1,154 total mailings for participants who had evidence-based gaps in care

Well Informed Gaps in Care - Outcomes

Summary of gap activity & savings

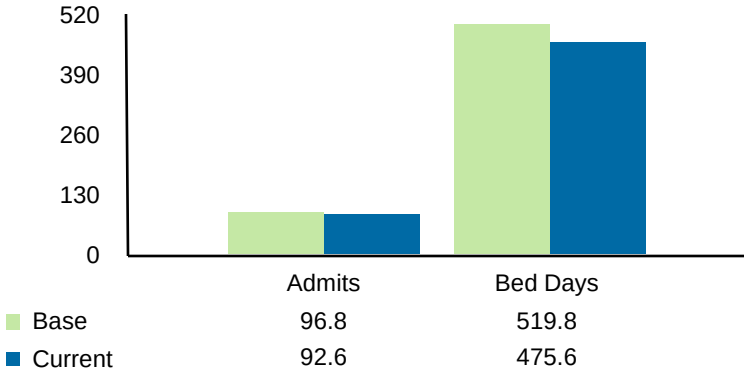
Primary Condition	Gaps							
	Beginning	New	Closed	Ending	Interventions	Credited Closures	Ave Savings / Closure	Savings
Diabetes	393	463	528	328	698	72	$412	$29,630
Coronary Artery Disease	47	60	62	45	328	7	$562	$3,932
Hypertension	298	443	464	277	195	6	$60	$362
Chronic Obstructive Pulmonary Disease	6	15	8	13	16	1	$352	$352
Hyperlipidemia	433	489	561	361	198	3	$110	$329
Asthma	0	2	1	1	5	1	$106	$106
Rheumatoid Arthritis	0	0	0	0	1	0		$0
Congestive Heart Failure	8	4	8	4	27	0		$0
Obesity	5	4	6	3	48	0		$0
Atrial Fibrillation	0	0	0	0	3	0		$0
All Other	335	21	355	1	103	1	$0	$0
Total	**1,525**	**1,501**	**1,993**	**1,033**	**1,622**	**91**	**$355**	**$32,329**

Comments

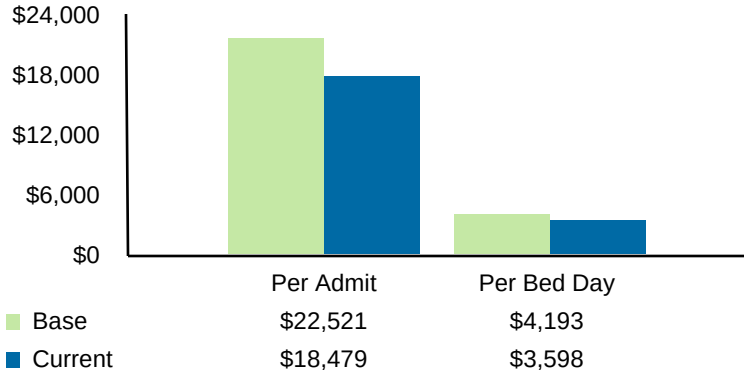
- $32,329 in savings is estimated from the closure of evidence-based gaps in care during the current period, for an average savings of $355 per credited closure
- Savings result from 91 credited closures, defined as a gap closure tied to an intervention by Cigna Health Advocacy programs
- Overall gap inventory decreased 1,525 to 1,033, driven by 489 new Hyperlipidemia gaps and 561 closed Hyperlipidemia gaps

Inpatient Summary

Utilization metrics per 1,000 participants



Average cost metrics



Account summary (PPPY basis)

	Base	Current	Trend
Non-Catastrophic Inpatient	$614.15	$538.90	-12.3%
Catastrophic Inpatient	$1,565.49	$1,172.13	-25.1%
All Other Service Categories	$4,096.84	$4,030.55	-1.6%
Total Plan Cost	**$6,276.48**	**$5,741.58**	**-8.5%**

Top Facilities:

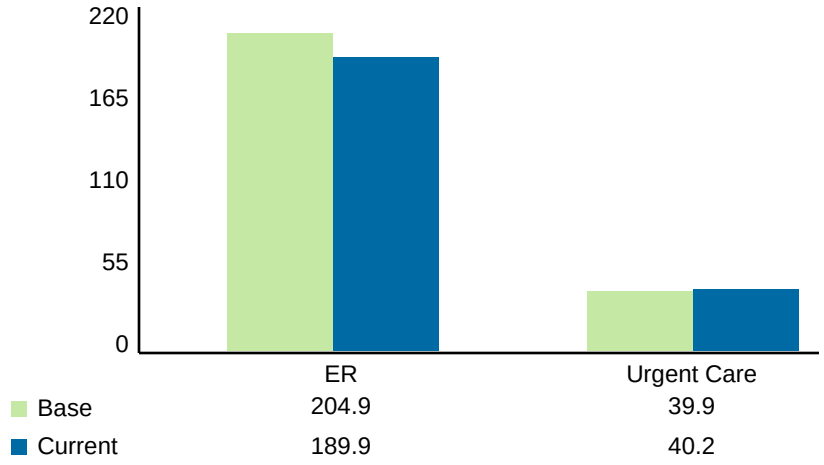
FACILITY	STATE	PLAN AMOUNT
GEORGETOWN UNIVERSITY HOSPITAL	MD	$219,763.89
MEMORIAL HOSPITAL OF EASTON	MD	$217,401.82
INOVA FAIRFAX HOSPITAL	MD	$184,144.40
JOHNS HOPKINS HOSPITAL	MD	$158,004.77
UNIVERSITY OF MARYLAND MEDICAL SYSTEM	MD	$143,051.35
NORTHWEST HOSPITAL CENTER	MD	$136,173.00

Comments

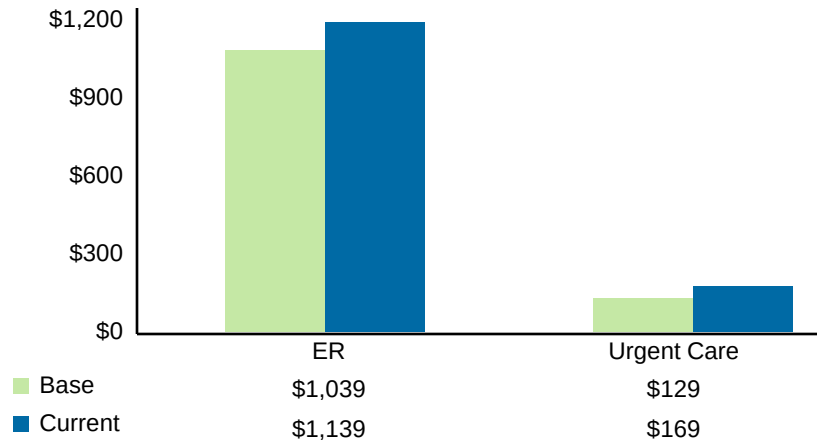
- Non-catastrophic inpatient costs decreased from $614.15 PPPY to $538.90 PPPY, contributing -1.2% of the overall -8.5% plan trend
- Utilization decreased from 96.8 to 92.6 admits per thousand and decreased from 519.8 to 475.6 bed days per thousand
- Cost per admit decreased from $22,521 to $18,479 and decreased for bed days from $4,193 to $3,598

Outpatient - Emergency Room and Urgent Care Detail

Facility outpatient utilization per 1,000 participants



Facility outpatient cost per visit



Account summary (PPPY basis)

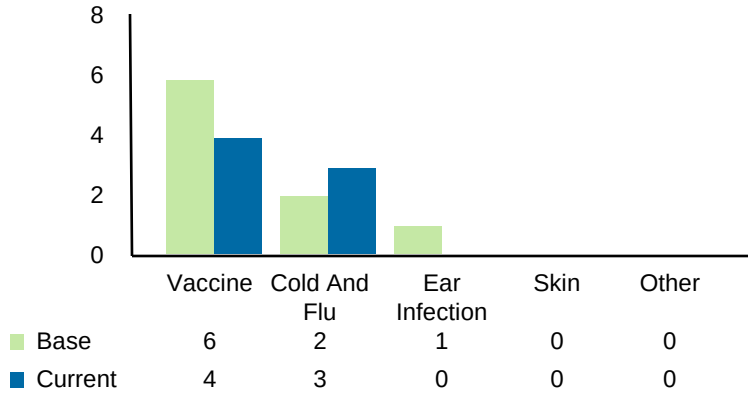
	Base	Current	Trend
Emergency Room	$212.89	$216.20	1.6%
Urgent Care	$5.16	$6.81	32.1%
Total Outpatient Facility	$1,557.68	$1,447.86	-7.1%
Total Plan Cost	$6,276.48	$5,741.58	-8.5%

Comments

- **17% of visits were to urgent care facilities**
- **ER visits (highest) were for musculoskeletal and digestive.**
- **UC visits (highest) were for ENT and skin**

Outpatient - Convenience Care Opportunity

Convenience care visits per 1,000



Convenience care opportunities

Office Visit Type	Plan Cost($)	Plan Cost PPPY	Total Visits	Visits/1000	Cost/Visit
Cold And Flu	$34,808	$16.28	432	202.0	$81
Bronchitis	$13,491	$6.31	155	72.5	$87
Pain	$12,245	$5.73	167	78.1	$73
Vaccine	$8,785	$4.11	231	108.0	$38
Skin	$8,255	$3.86	110	51.4	$75
Allergy	$4,832	$2.26	55	25.7	$88
Urinary Tract	$3,948	$1.85	64	29.9	$62
Ear Infection	$3,717	$1.74	50	23.4	$74
Other	$33,603	$15.71	516	241.3	$65
Total	**$123,682**	**$57.84**	**1,780**	**832.4**	**$69**

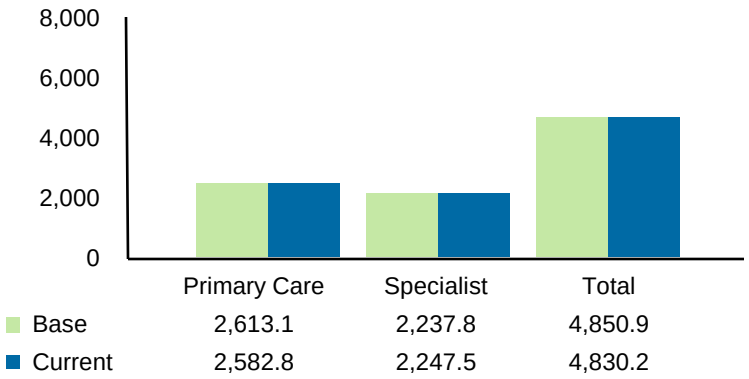
Comments

- Convenience care clinics offer a low cost option for common conditions
- Convenience care clinic utilization per thousand decreased from 9.6 to 7.0, a decrease of 27%
- There were 15 convenience care visits in the current period with an average of $39 per visit.
- 1,780 visits in the current period could have been treated at a clinic, representing $123,682 in plan cost, or $57.84 PPPY
- Average unit cost for these visits was $69; clinics often cost $40 - $70 per visit
- **Minute Clinics at CVS.** Take Care clinics at Walgreens. The Little Clinic is in 6 different states (AZ, GA, KY, OH, TN, CO, FL) RediClinics are in Texas. Sutter Clinics at Rite Aid. AtlantiCare is in NJ.

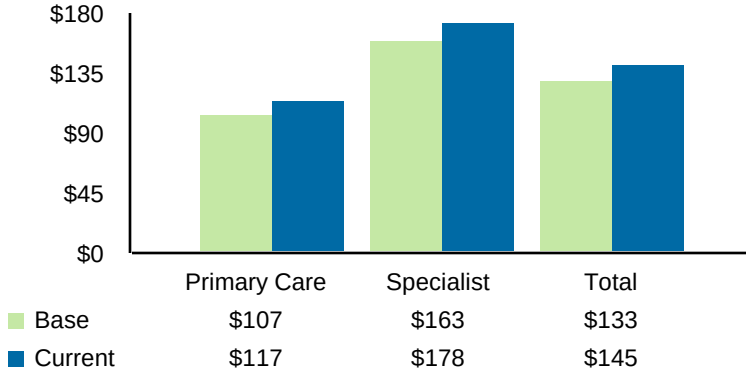
Setting	Visit Type	Provider Name	Plan Amount	Visits	
Clinic	COLD AND FLU	MINUTECLINIC	$345	6	
Clinic	EAR INFECTION	MINUTECLINIC	$53	1	
Clinic	VACCINE	MINUTECLINIC	$186	8	
Summary			**$584**	**15**	**$39 per CC visit**

Office Visits

Office visits per 1,000 participants



Average plan cost per office visit



Office Visit plan spend

Plan Spend PPPY	Base	Current	Trend
Total Specialist	$365.84	$400.18	9.4%
Total Primary Care	$279.92	$301.48	7.7%
Total	**$645.77**	**$701.66**	**8.7%**

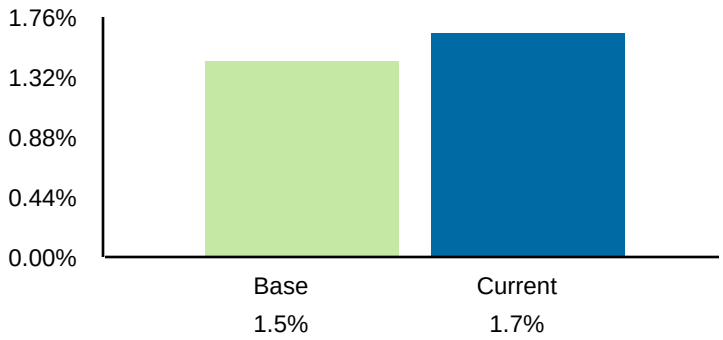
SPC	Provider Specialty	Visit Count	Plan Amount
SPC	SURGERY, ORTHOPEDIC	496	$68,585
SPC	DERMATOLOGY	433	$64,004
SPC	CARDIOVASCULAR DISEASE	407	$59,397
SPC	OBSTETRICS/GYNECOLOGY	366	$50,084
SPC	PODIATRY	351	$37,915
SPC	UROLOGY	260	$48,246

Comments

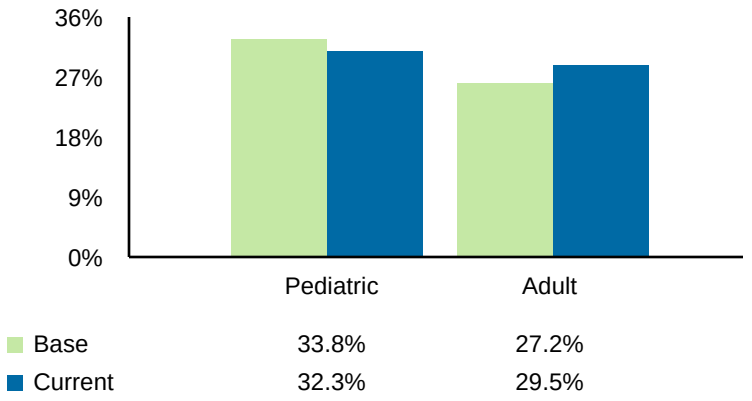
- Office visits per thousand decreased from 4,850.9 to 4,830.2, less than 1% less than
- Cost per visit increased from $133 to $145, an increase of 9%
- Plan spend for Specialists in the current period was $400 PPPY compared to $301 PPPY for Primary Care Physicians
- 53% of office visits were to PCP and 47% were to specialists

Preventive Care Summary

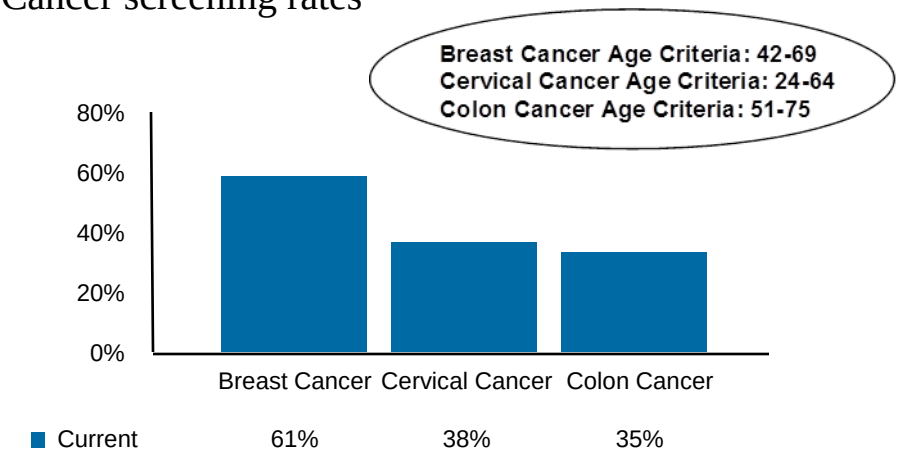
Preventive care as % of total spend



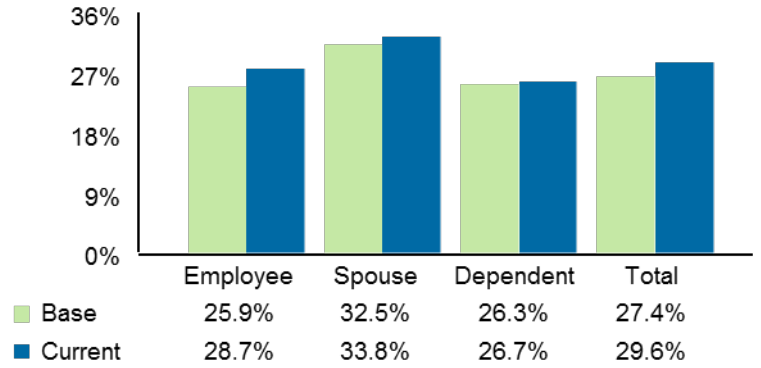
Well visit completion rates



Cancer screening rates

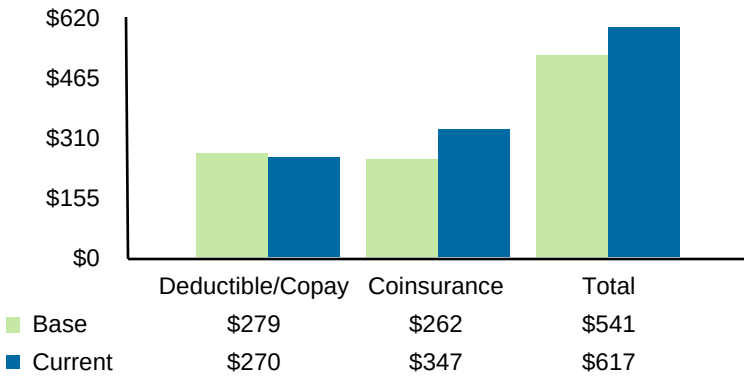


Well visit completion rates



Participant Cost Share

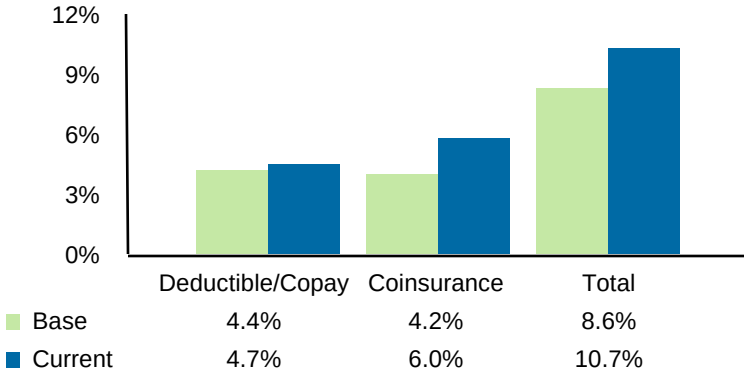
Cost sharing per participant - medical only



Account summary (PPPY basis)

	Base	Current	Trend
Plan Costs			
Total Plan Spend - Medical	$6,276.48	$5,741.58	-8.5%
Cost Share - Medical	$541.22	$616.88	14.0%
Net Employer Paid - Medical	$5,735.26	$5,124.70	-10.6%

Cost share as % of total plan spend - medical only



Comments

- Medical cost share increased from $541.22 PPPY to $616.88 PPPY, an increase of 14.0%
- Medical cost share as percent of covered charges increased from 8.6% to 10.7%, an increase of 2.1%

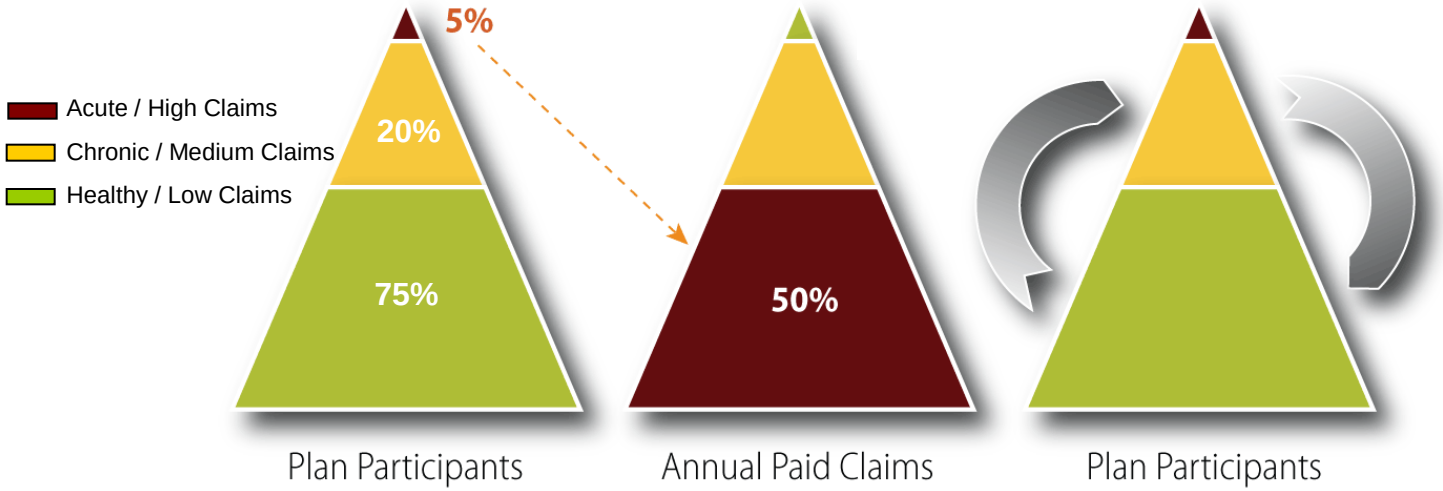
The 5/50 Rule	Principle	Actual
Membership	5.0%	5.0%
Plan Spend	50.0%	56.3%

# Participants in current top 5%	107
Current spend by current top 5%	$6,914,682
Prior spend by current top 5%	$3,083,716
# of New in current top 5%	14

Controlling Future Cost

Who is Driving Cost?
The 5/50 Principle

Who Will Be The Next 5%?



70% of chronic diseases are preventable or reversible[2]

1 - Mercer HR Consulting, (n=51,200 over 5 years); Unilever (March, 2005); 2 – www.cdc.gov/nccdphp - updated April 2008

WHY CIGNA?

What makes our solution different and better

Dedicated Personal Health Advocates
Cigna Care Coaching®

HealthEview℠
Enhanced technology that enables dynamic personal advocacy plans

More Ways to Engage
- Telephonic
- Online
- Email

Whole-person support
Support and navigate all health needs

Bundle of conditions, not condition-specific programs

Integrates with Cigna services

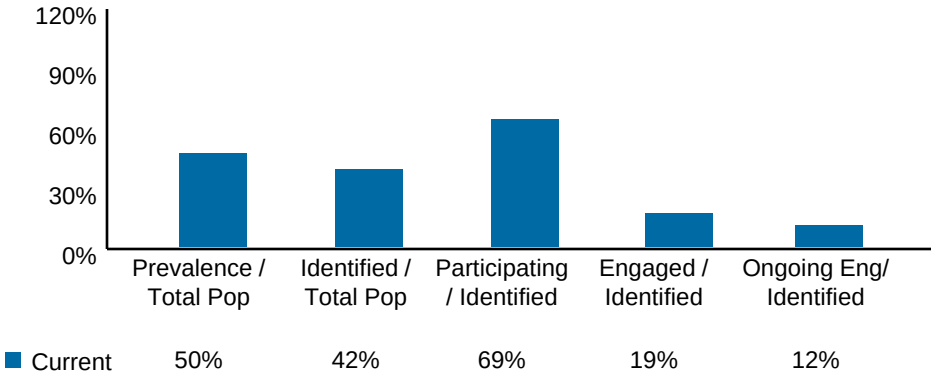
Health advocates:
- Cigna Care Coaching® uses motivational interview techniques to engage the person, create trust and then create a positive impact.
- Meet the person where they are and, through the relationship, bring them to where they need to be.
- Continuous training and certification by expert trainers.
- Value-based coaching that drives quality care and lowers cost by steering customers to CCN providers and generic medications

HealthEview®:
- Auto-populates a personalized dynamic action plan.
- Prioritizes opportunities and cost- saving potentials.
- Prompts assessments and tools based on information inputs.
- Integrates with Cigna analytics.

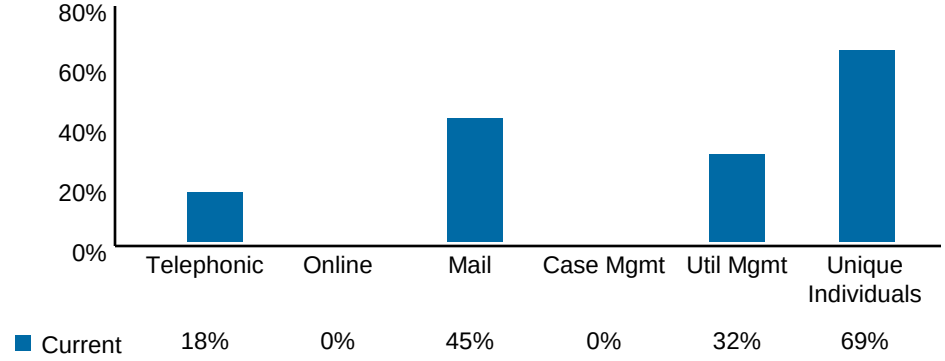
Chronic population support:
- Asthma
- Heart disease, CAD, AMI, Heart failure, Angina
- COPD
- Diabetes type 1 & 2
- Metabolic syndrome
- Peripheral arterial disease
- Low back pain
- Osteoarthritis
- Depression, anxiety and bi-polar

Your Health First Overview

Identification and engagement



Participating as a % of identified



*Prevalence - unique individuals in the population who have been found to have a health risk or chronic condition
**Self-managed - unique individuals in the population who have been found to have a chronic condition but deemed appropriately self-managed and therefore not targeted for outreach
***Engaged - unique individuals with an online or live person to person health advocacy interaction
****Ongoing Engaged - unique individuals with scheduled or recurring coaching calls or online health advocacy interaction

Engagement outreach detail

	Count of Individuals	% of Total Pop
Total Population	2,139	
Prevalence	1,073	50.2%
Self-managed	-169	-7.9%
Identified for Outreach	904	42.3%
Inaccurate Phone Numbers	-201	-9.4%
Reachable	703	32.9%
Outreach Attempts In Progress	-246	-11.5%
Busy, No Answer	-37	-1.7%
Message Left	-138	-6.5%
Did not want more information	-113	-5.3%
Engaged	169	7.9%
One Call	-63	-2.9%
Ongoing Engaged	106	5.0%

Comments

- Your Health First focuses on individuals holistically - bringing together lifestyle, social, and behavioral support for individuals
- 50% of the population has a condition; however, 42% of the population has been identified for outreach in the current period
- Of those identified, 69% have had one or more clinical touches. The top clinical touches included 45% received a mailing , 32% experienced utilization management and 18% were involved in telephonic coaching
- 19% of those identified engaged or 24% of those who were reachable were engaged. 12% of those identified were engaged in an ongoing basis through telephonic or online

YHF - Chronic Conditions

Condition	Identified		Ongoing Engagement	
	Count of Individuals	% of Population	Count of Individuals	% of Identified
Asthma	34	1.6%	7	20.6%
COPD	65	3.0%	12	18.5%
Congestive Heart Failure	37	1.7%	8	21.6%
Coronary Artery Disease	184	8.6%	26	14.1%
Depression	92	4.3%	14	15.2%
Diabetes	345	16.1%	44	12.8%
Low Back Pain	175	8.2%	25	14.3%
Osteoarthritis	224	10.5%	35	15.6%
Peripheral Arterial Disease	72	3.4%	13	18.1%
Weight Complications	59	2.8%	4	6.8%
Total Unique	**883**	**41.3%**	**95**	**10.8%**
Self Managed	169	7.9%		
Total	**1,052**	**49.2%**		

Comments

- Chronic conditions are a significant driver of medical cost and reduced productivity
- In the current period, predictive models have identified 49.2% of the population with a chronic condition
- Of those identified for outreach in the current period, 10.8% are engaged in an ongoing way meaning they agreed to participate in telephonic or online coaching

YHF - Lifestyle, Wellness, and Treatment Decision Support

Lifestyle Coaching

	Identified		Ongoing Engagement	
	Count of Individuals	% of Population	Count of Individuals	% of Identified
Stress	9	0.4%	8	88.9%
Tobacco	13	0.6%	9	69.2%
Weight	88	4.1%	54	61.4%
Total Unique	**95**	**4.4%**	**60**	**63.2%**

Wellness Coaching

	Identified		Ongoing Engagement	
	Count of Individuals	% of Population	Count of Individuals	% of Identified
Healthy Eating	6	0.3%	5	83.3%
Physical Activity	2	0.1%	0	0.0%
Hypertension	617	28.8%	76	12.3%
Hyperlipidemia	241	11.3%	40	16.6%
Prevention	98	4.6%	89	90.8%
Total Unique	**680**	**31.8%**	**100**	**14.7%**

Treatment Decision Support

	Identified		Ongoing Engagement	
	Count of Individuals	% of Population	Count of Individuals	% of Identified
Benign Uterine	1	0.0%	0	0.0%
Breast Cancer	0	0.0%	0	0.0%
Coronary Artery Dis.	40	1.9%	4	10.0%
Low Back Pain	14	0.7%	3	21.4%
Osteoarthritis Hip	31	1.4%	4	12.9%
Osteoarthritis Knee	95	4.4%	12	12.6%
Prostate Cancer	0	0.0%	0	0.0%
Total Unique	**166**	**7.8%**	**22**	**13.3%**

Considerations

• Promote **annual physicals and cancer screenings and consider incentives to promote**

• Encourage participants to **register and utilize mycigna.com (also promote new Cigna mobile app)** which helps drive member utilization in Cigna programs

• Encourage/incent **participants** to enter annual physical/biometric screening results into online **Health Assessment** tool and require updating annually during open enrollment which drives engagement in Cigna programs

• Consider adding Cigna Cancer Support program (10 of top 25 high cost claimants were neoplasm).

• Promote awareness of **CACs** and Cigna Care Designation (CCD) and also communicate availability of **24-Hour Health Information Line** and **Convenience Care Clinics** (i.e. CVS Minute Clinic) as an alternative to the ER/UC

• Include updating member phone numbers (201 inaccurate phone numbers in Your Health First program—improvement from last year) as part of open enrollment process to improve participant outreach in Case Management and Your Health First chronic condition support programs

• Promote Cigna's **Your Health First** chronic condition support disease management covering 16 conditions and includes a personal nurse coach. **Implement incentives to participate with Personal Health Team member**

Medical Snapshot

Membership Summary	Base	Current
Avg Number of Members	1,558	1,460
Avg Number of Participants	2,284	2,138
Unique Claimants - Medical	2,160	2,036
Plan Utilization - Medical	94.6%	95.2%

Payment Trends	Base	Current
Plan Cost PEPY - Medical	$9,202	$8,410
Plan Cost PPPY - Medical	$6,276	$5,742
Plan Cost PPPY - NonCat Medical	$3,331	$3,404

Inpatient Trends	Base	Current
Inpatient % of Plan Spend	34.7%	29.8%
Admissions per 1000 participants	96.8	92.6
Bed Days per 1000 participants	519.8	475.6
Average Payment per Admission	$22,521	$18,479
Average Payment per Bed Day	$4,193	$3,598

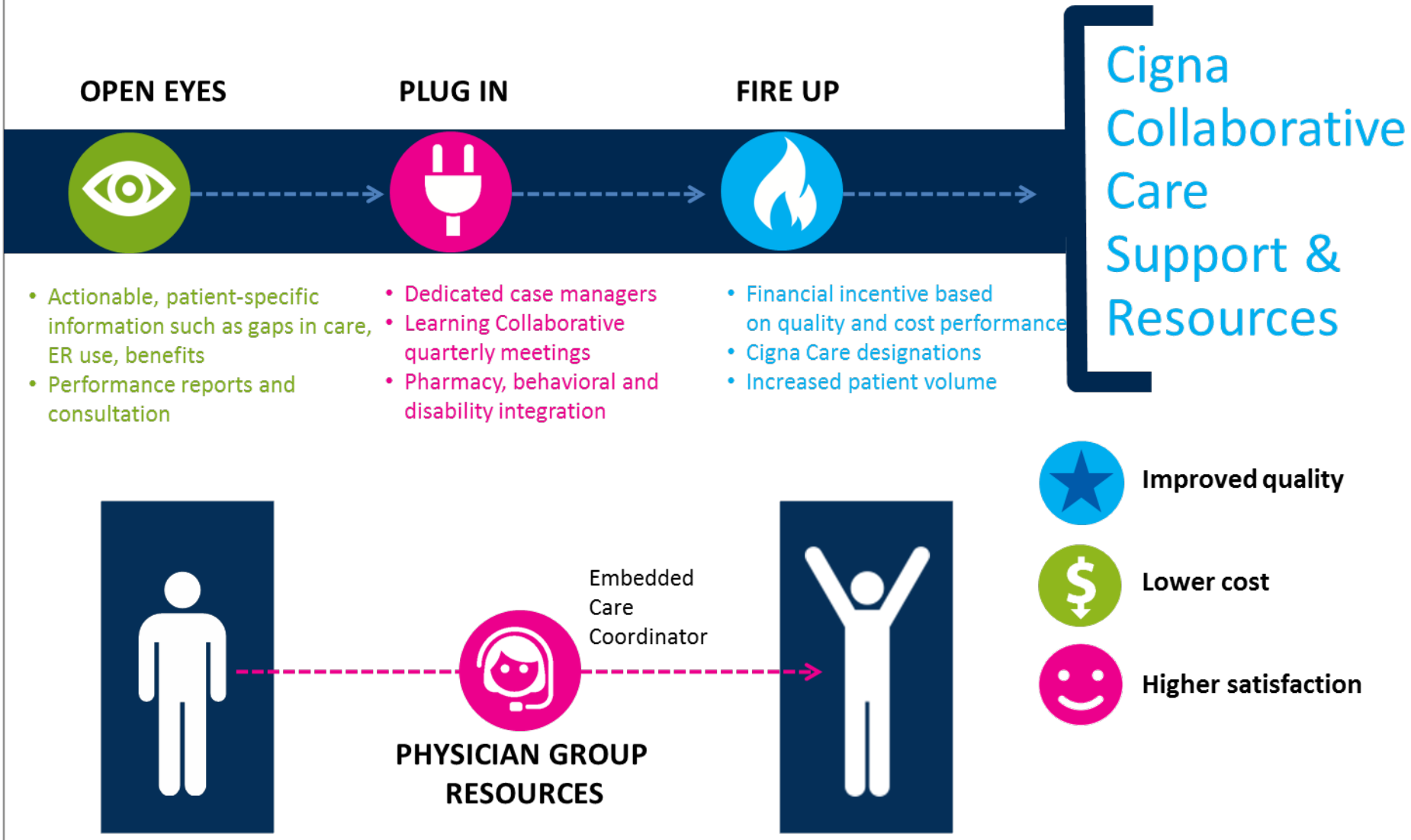
Outpatient Trends	Base	Current
Outpatient % of Plan Spend	24.9%	25.5%
Physician Office Visits per 1000 Participants	4,850.9	4,830.2
Average Payment per Office Visit	$133	$145
ER Visits per 1000 Participants	204.9	189.9
Average Payment per ER Visit	$1,039	$1,139

Analysis of Charges and Payments	Base	Current
Submitted Charges	$28,163,582	$23,540,162
Amounts Not Covered	$1,171,260	$1,244,202
Considered Charges	$26,992,322	$22,295,960
Discounts	$12,132,832	$9,729,151
Covered Charges	$14,859,490	$12,566,809
Deductible/Copay	$636,521	$576,770
Coinsurance	$599,345	$742,375
COB	$661,445	$477,951
Payments	$12,962,178	$10,769,714

Participant Demographics by Age Band	Base % of Participants	Current % of Participants	Base % of Cost	Current % of Cost
01-17	3.2%	3.2%	0.7%	0.6%
18-29	7.2%	8.1%	2.8%	3.8%
30-39	0.1%	0.1%	0.0%	0.0%
40-49	2.4%	1.9%	1.3%	1.6%
50-59	40.3%	38.9%	33.7%	34.2%
60-64	46.6%	47.8%	61.4%	59.7%
65+	0.1%	0.1%	0.0%	0.0%

Cigna Accountable Care Organizations

Working Better Together for Better Results



Cigna Accountable Care Organizations

Working Better Together for Better Results

On average, groups that have been active for at least one year have shown **3% better quality performance** and **3% better total medical cost** compared to market.

Illustrative examples:

Evidence based measures

19-25%

better compliance rate with diabetes measures compared to market

Closing gaps in care

21%

more gaps in care closed through the electronic gaps in care information from Cigna

Health care professional referrals

70%

better than market referral rate to Cigna Care designated specialists[1]

Pharmacy

52%

conversion rate to lower cost drugs through engagement with embedded care coordinator[2]

ER visits

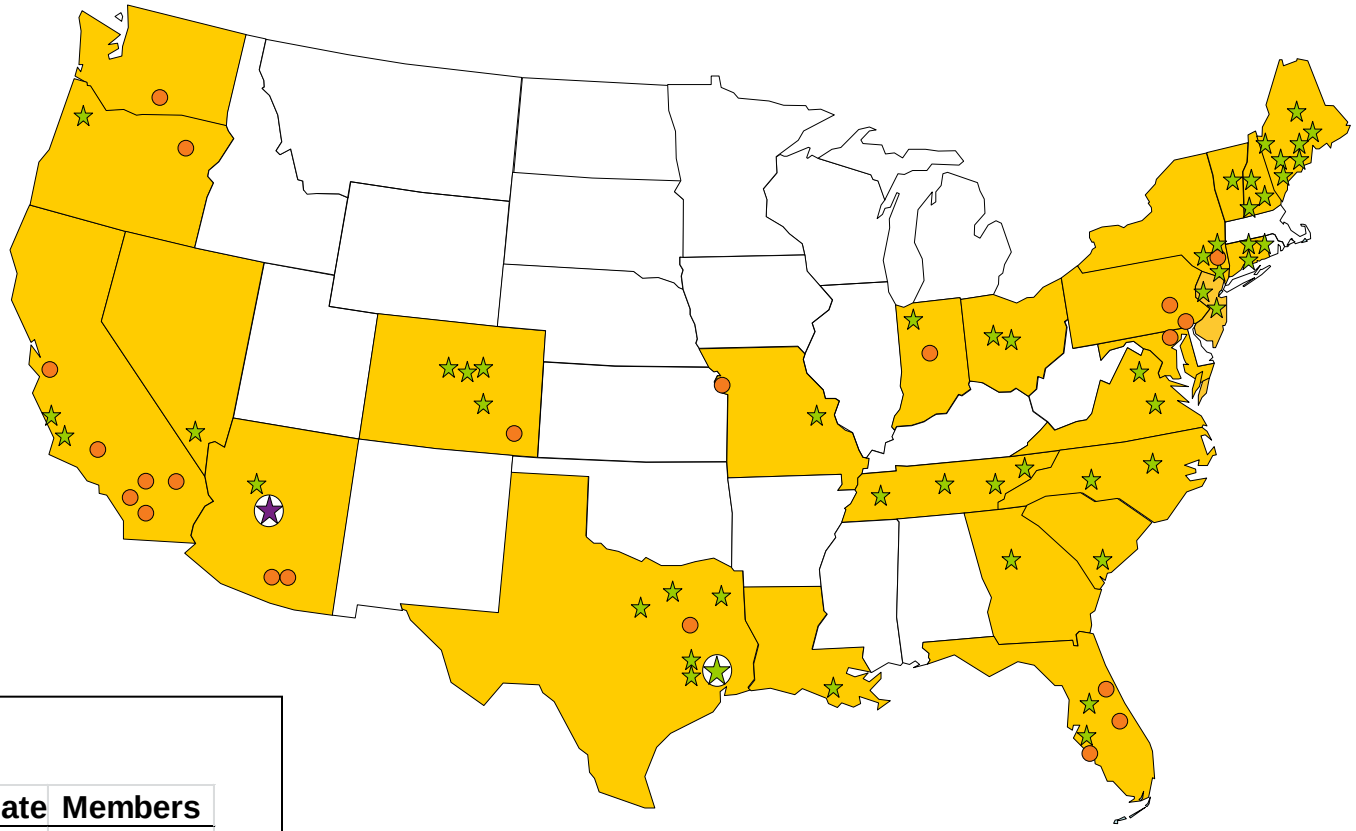
50%

fewer frequent ER users compared to market[3]

[1,2]Cigna Collaborative Accountable Care, Large PCP Group Results, 2013. Results vs. market average,

Cigna Collaborative Accountable Care

- Active CAC Initiative
- Benefit incentive available
- Pipeline in Discussions



Cigna Total Demographics:

Active Initiatives	86
States	27
PCPs	16,000+
Specialists	19,000+
Customers	880,000+

FELRA CAC Penetration

Provider Group	State	Members
LOUDOUN MEDICAL GROUP	MD	33
FAIRFAX FAMILY PRACTICE	MD	24
All Others		34
		91

HELPING CUSTOMERS CHOOSE QUALITY, COST-EFFICIENT CARE: CIGNA CARE DESIGNATION (CCD)

THE DOCTORS ARE IN

19 Specialties

- Allergy/Immunology
- Cardiology
- Colon and rectal surgery
- Dermatology
- Endocrinology
- Gastroenterology
- Hematology/oncology
- Nephrology
- Neurology
- OB/GYN
- Ophthalmology
- Orthopedics and surgery
- Ear, nose and throat
- Pulmonology
- Rheumatology
- General surgery
- Neurosurgery
- Cardiothoracic surgery
- Urology

3 PCPs – New for 2013

Internal medicine
- Pediatrics
- Family practice

Top-performing* doctors in:
- 19 common specialties
- 3 primary care specialties

Specialties account for:
- 87% of total medical spend

Includes:
- Top 40% of Cigna in-network doctors
- Approximately 95% of all Cigna customers live within 15 miles of CCD doctors

Cost 10% less than other specialists