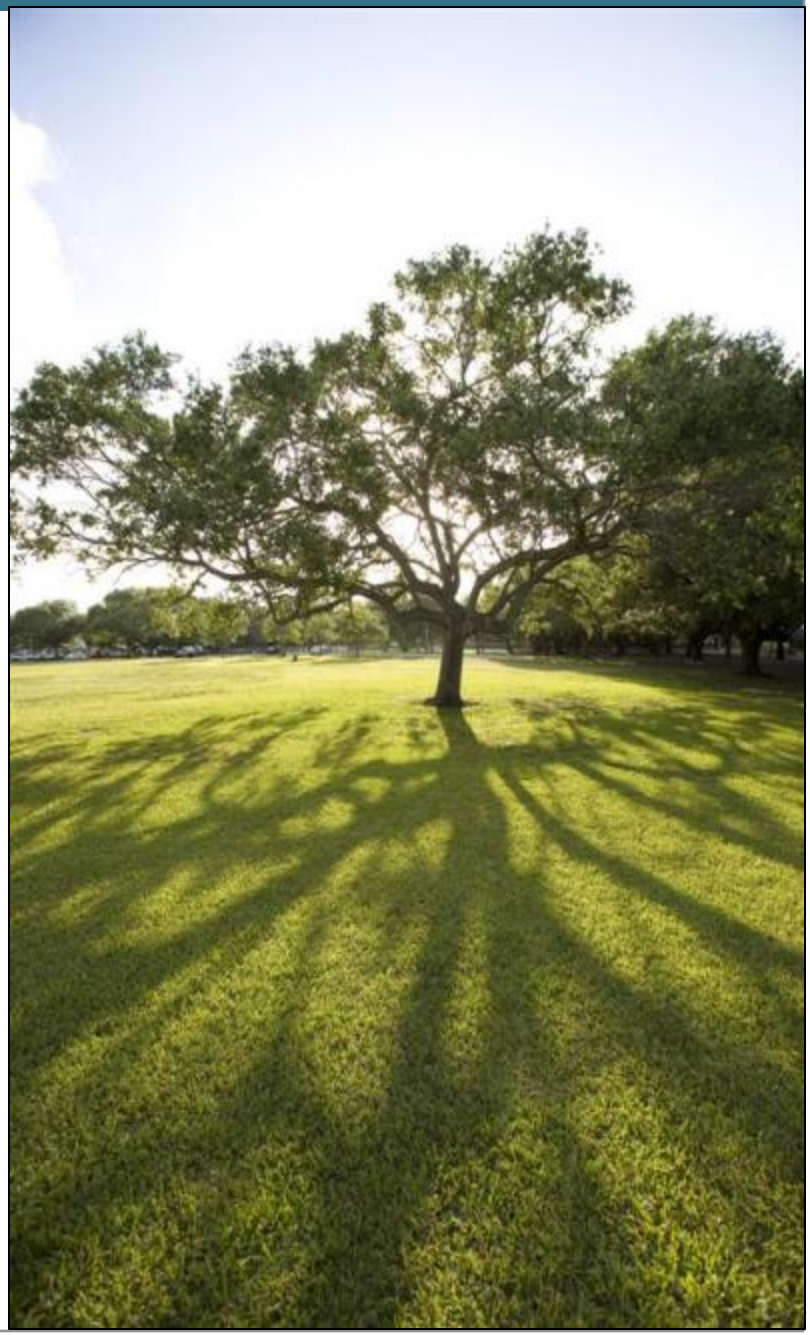
2012 Year in Review

FELRA and UFCW Health and Welfare



Prepared for: Board of Trustees Meeting on May 22, 2013

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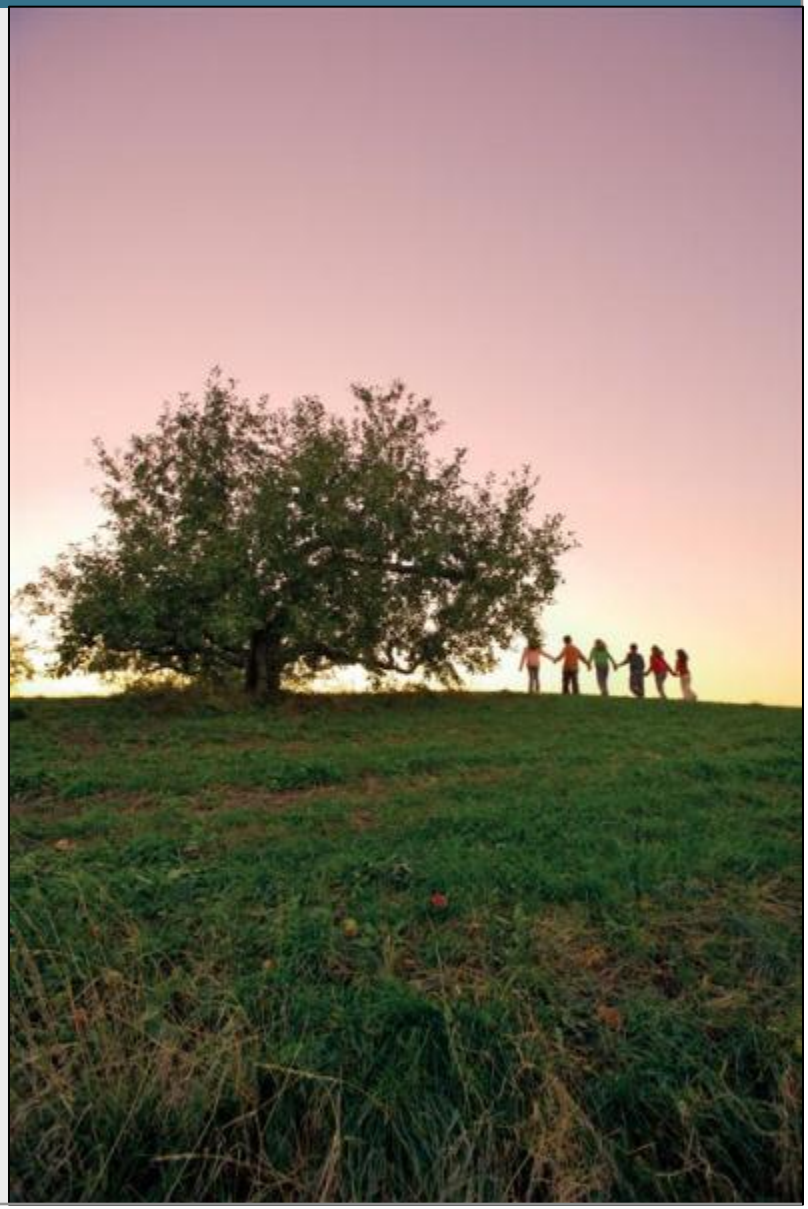
<u>The two time periods used in this presentation are:</u>

Current - Claims incurred between 1/1/2012 and 12/31/2012, paid through 3/31/2013

Base - Claims incurred between 1/1/2011 and 12/31/2011, paid through 3/31/2012



Key Findings

Plan Highlights

- Medical Plan Trend PPPY was (-0.2%), Plan Spend PPPY in the current period was $6,343.
- Increase in medical catastrophic plan cost contributed 2% of overall trend, where non-catastrophic activity contributed (-2.8%) of overall trend.
- Progress in Health, Wellness, and Engagement; but opportunity still exists
  - 2 Health Assessments completed in current period; 30% are registered for mycigna.com.
  - Your Health First program – 85.9% of the population has been identified for outreach.

Utilization Highlights

- Non-catastrophic[1] plan trend was (-5.3%), contributing (-2.8%) of overall trend.
- Catastrophic[1] plan trend was 4.3%, contributing 2% of overall trend.
- Catastrophic[1] inpatient cost trend was 9.5% while musculoskeletal and circulatory topped non-catastrophic admissions.
- Specialist Visits – higher cost from base period and specialist visits as a percentage of overall office visits was 46%.

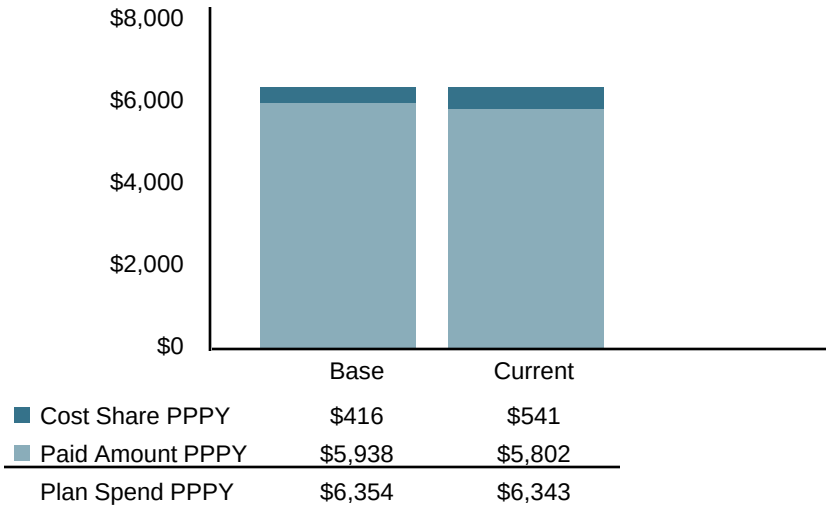
Risk Burden

- 63.8% classified as having a Chronic condition driving 87.8% of cost.
- 15% of participants do not utilize plan (average age is 50.3 and 55.6% are male)
- 1,460 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	$416	$541
Paid Amount PPPY	$5,938	$5,802
Plan Spend PPPY	$6,354	$6,343

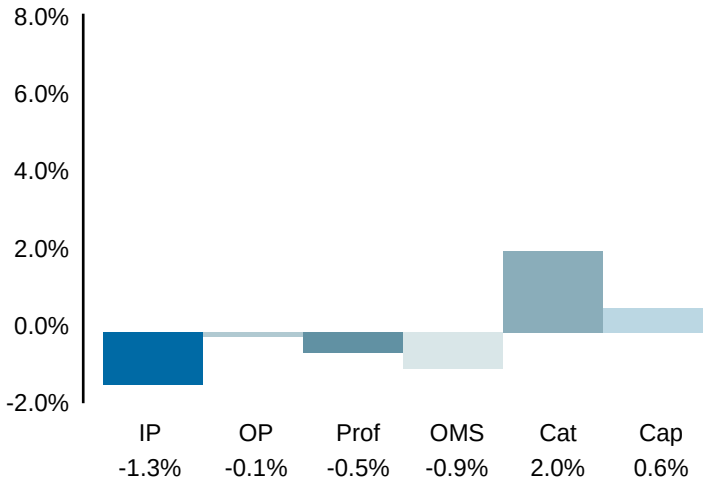
Key metrics

	Base	Current	Trend
Members / Plan Participants			
Average Number of Members	1,833	1,557	-15.1%
Average Number of Participants	2,656	2,282	-14.1%
Cost Trend			
Plan Spend	$16,875,757	$14,475,478	-14.2%
Plan Spend PPPY	$6,354	$6,343	-0.2%
Performance Indicators			
Cat Claimants per 1,000 participants	24.1	20.2	-16.4%
Percent of Population Age 40+	91.3%	89.5%	
Network Discounts	48.4%	48.6%	
	.	.	.
Chronic Percent of Population	64.1%	63.8%	
Chronic Percent of Cost	87.1%	87.8%	

Comments

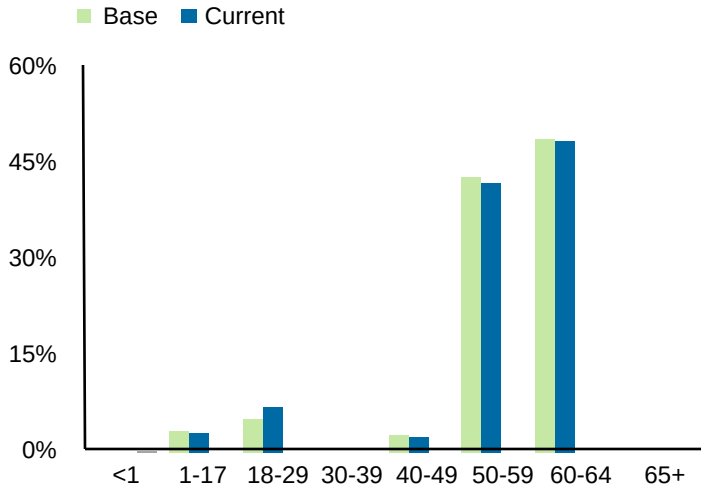
- Plan spend in the current period was $6,343 PPPY, a decrease of less than 1% from the base period, and 65.0%.
- Average participants in the current period was 2,282, a decrease of 14.1%
- Current member cost share was $541 PPPY, or 8.5% of the total plan spend, compared to $416 PPPY, or 6.5% in the base period.
- 30% currently registered for mycigna.com
- 2 completed online Health Risk Assessment in current period.
- 29 participant calls to the 24-Hour Health Information Line (over $600 savings)

Trend contribution

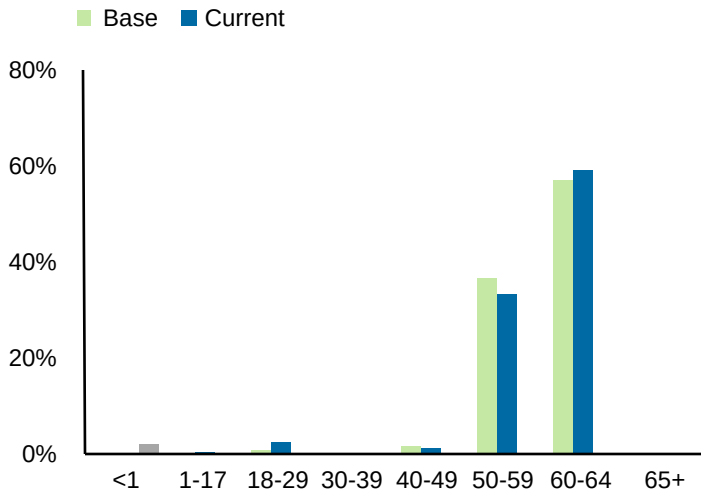


Population Demographic Summary

Percent of membership by age band



Percent of plan spend by age band



Key metrics overview

	Base	Current
Percent of Pop. Age 40+	91.3%	89.5%
Average Participant Age	56.1	55.3
Average Member Age	60.0	59.9
Percent of Population Male	47.5%	47.5%
Percent of Population Female	52.5%	52.5%

Average spend by age band

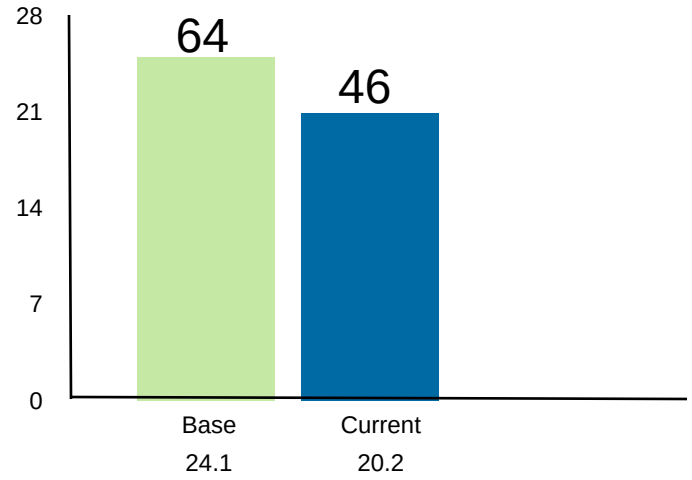
	Base	Current
All Participants		
40-49	$4,099	$3,534
50-59	$5,802	$5,414
60-64	$7,924	$8,250
Excluding Catastrophic		
40-49	$3,784	$3,534
50-59	$3,238	$2,979
60-64	$4,112	$4,089

Average spend by relationship

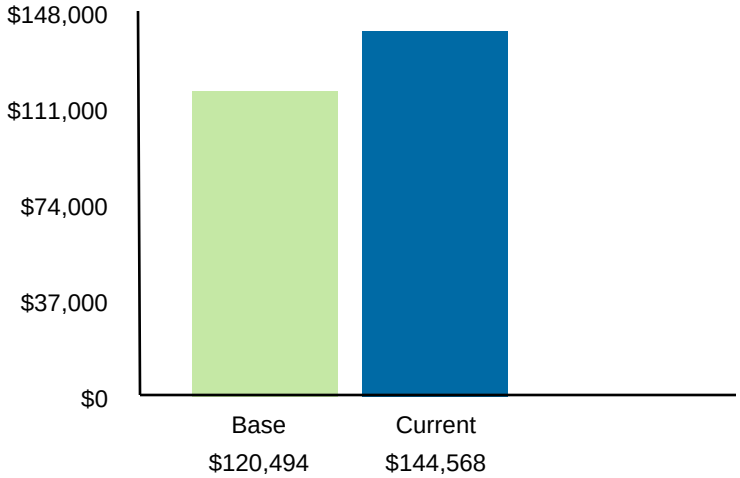
	Base	Current
All Members		
Employee	$6,606	$6,557
Spouse	$7,401	$7,521
Dependent	$1,290	$2,227
Excluding Catastrophic		
Employee	$3,846	$3,678
Spouse	$3,208	$3,122
Dependent	$976	$1,185

Catastrophic Claim Summary

Catastrophic claimants per 1,000 participants



Average plan cost per catastrophic claimant



Account Summary (PPPY Basis)

	Base	Current	Trend	Trend Contribution
Catastrophic Plan Costs				
Inpatient	$1,544.19	$1,691.16	9.5%	2.3%
Outpatient	$478.11	$520.16	8.8%	0.7%
Professional	$492.04	$425.69	-13.5%	-1.0%
Other Medical Svcs	$493.54	$498.95	1.1%	0.1%
Capitation	$0.75	$1.72	129.1%	0.0%
Total Catastrophic Plan Cost	$3,008.63	$3,137.68	4.3%	2.0%
Non-Catastrophic Plan Cost	$3,345.60	$3,205.65	-4.2%	-2.2%
Total Plan Cost	**$6,354.22**	**$6,343.33**	**-0.2%**	**-0.2%**

Comments

- Plan cost for catastrophic claimants was $3,137.68 PPPY in the current period, or 49.5% of the total plan cost of $6,343.33 PPPY
- 31 of the 46 current catastrophic claimants were members, 14 spouses and 1 dependent.
- 5 of the 46 catastrophic claimants were new enrollees and there were 3 disenrollees in the current period.
- There were 64 catastrophic claimants in the base period.
- 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	50-59	Spouse	Existing	Infect/Parasit	Bacterial	$452,954	AST,CAD,CHF,COM,CPD,DEP,DIA,INP,LBP,OST,PAD,WC,WGT,WI
2 NET	M	50-59	Employee	Existing	Neurological	Cerebrovascular	$423,898	CAT,INP,WI
3 NET	M	60-64	Employee	Existing	Neoplasms	Urinary Neop	$341,255	INP,WI
4 NET	M	60-64	Employee	Existing	Respiratory	Oth Lower Resp	$296,414	CAT,INP,REH,WI
5 NET	M	60-64	Employee	Enrollee	Neurological	Cerebrovascular	$286,248	
6 NET	F	60-64	Employee	Existing	Circulatory	Other Heart	$285,685	COM,CPD,LBP,PAD,WC,WGT,WI
7 NET	F	60-64	Spouse	Existing	Renal/Urologic	Upper Urinary	$254,082	INP,TRN,WI
8 NET	F	18-29	Dependent	Existing	Renal/Urologic	Upper Urinary	$234,714	TRN,WI
9 NET	M	50-59	Employee	Enrollee	Neoplasms	Digestive	$198,504	ONC
10 NET	M	60-64	Spouse	Existing	Circulatory	Other Heart	$190,973	COM,DIA,WC,WI
11 NET	F	60-64	Employee	Existing	Neoplasms	Respiratory	$177,629	ONC
12 NET	F	60-64	Employee	Existing	Neoplasms	Other Blood	$170,894	INP,ONC
13 NET	M	60-64	Employee	Existing	Neoplasms	Digestive	$142,465	ONC,WI
14 NET	F	50-59	Employee	Enrollee	Gastrointestinal	Stom/Int/Pan	$142,168	INP,ONC
15 NET	F	50-59	Spouse	Existing	Circulatory	Other Heart	$139,251	COM,INP,WI
16 NET	F	60-64	Spouse	Existing	End/Nutr/Metab	Nutrit/Metab	$136,827	INP,TRN,WI
17 NET	F	60-64	Spouse	Existing	Renal/Urologic	Upper Urinary	$131,042	TRN,WI
18 NET	F	60-64	Spouse	Existing	Neoplasms	Digestive	$128,552	ONC,WI
19 NET	M	50-59	Employee	Existing	Circulatory	Ischemic	$127,565	INP,WI
20 NET	M	50-59	Spouse	Existing	Musculoskeletal	Joint	$120,699	INP,WI
21 NET	M	60-64	Employee	Existing	Neoplasms	Respiratory	$119,484	ONC,WI
22 NET	F	60-64	Spouse	Existing	Bil Tract/Liver	Gallbladder	$111,924	WI
23 NET	F	50-59	Spouse	Disenrollee	Neoplasms	Other Blood	$111,493	TRN,WI
24 NET	M	60-64	Spouse	Existing	Neoplasms	Other Neopla	$110,126	WI
25 NET	M	60-64	Employee	Existing	Neoplasms	Care/Neoplas	$109,466	WI

Acronym Key

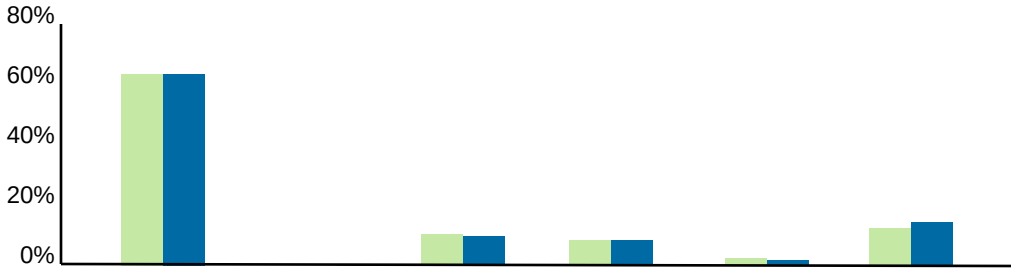
CM/SPCM Programs (Case Mgmt)
CAT-Catastrophic
COM-Complex
INP-Inpatient
NIC-Neonatal Intensive Care
ONC-Oncology
REH-Rehabilitation
TRN-Transplant

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)

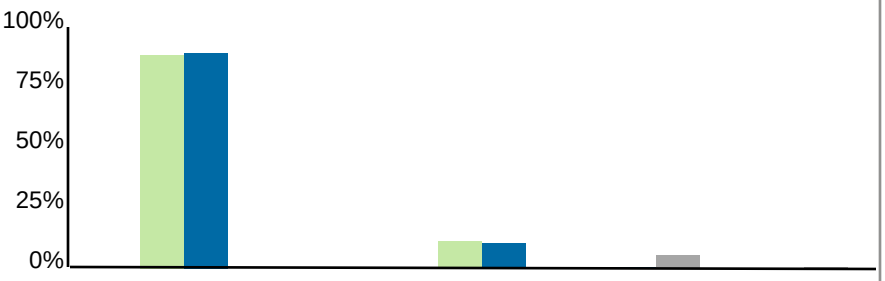
Episode Treatment Group Summary

Distribution of participants by category



	Chronic	Maternity	Major	Minor	Healthy	NonUser
Base	64%	0%	11%	9%	3%	13%
Current	64%	0%	10%	9%	2%	15%

Distribution of cost by category



	Chronic	Maternity	Major	Minor	Healthy
Base	87%	0%	12%	1%	0%
Current	88%	0%	11%	1%	0%

Non-User Information

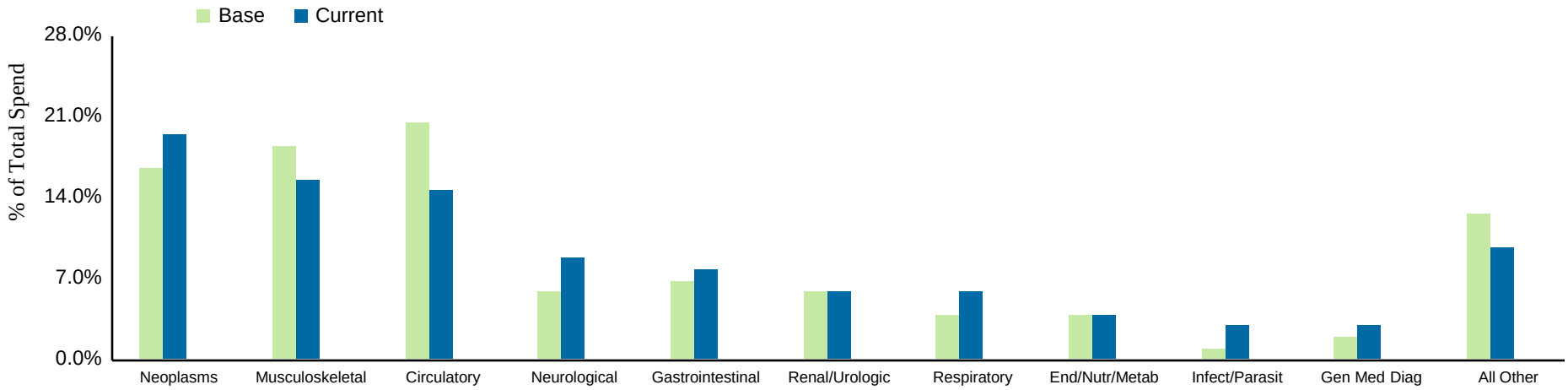
	Base	Current
Average Age	51.0	50.3
Gender Distribution		
% Male	58.3%	55.6%
Male Average Age	50.7	50.6
% Female	41.7%	44.4%
Female Average Age	51.5	49.9

Comments

- Episode Treatment Groups (ETGs) are an Illness classification system that takes a monthly review of all claim data across the entire membership and assigns each one to various Episodes of Care (the entire treatment episode associated with a condition measured over 24 months)
- Non Users represent participants who have sought no treatments or preventative care office visits throughout the entire measurement period

Total Plan Spend by Condition

Top conditions by plan spend



Top ICD9 conditions

ICD9 Category	PPPY Base	PPPY Current	Trend Contribution
Neoplasms	$1,097.26	$1,237.41	2.2%
Musculoskeletal	$1,184.78	$1,031.05	-2.4%
Circulatory	$1,354.77	$947.03	-6.4%
Neurological	$379.36	$548.38	2.7%
Gastrointestinal	$430.34	$471.74	0.7%
Renal/Urologic	$400.59	$398.84	-0.0%
Respiratory	$233.20	$389.21	2.5%
End/Nutr/Metab	$233.95	$252.84	0.3%
Infect/Parasit	$67.59	$181.37	1.8%
Gen Med Diag	$122.05	$167.54	0.7%
All Other	$829.32	$659.01	-2.7%
Total	**$6,333.20**	**$6,284.41**	**-0.8%**

Cancer prevalence and cost by condition

Condition	# of Participants	Prevalence	Cancer Cost Per Patient
Dermatology	44	1.9%	$1,759
Conditions-Male	30	1.3%	$9,235
Breast	25	1.1%	$6,543
Conditions-Female	14	0.6%	$10,928
Neoplastic Disease	13	0.6%	$24,411
ENT Neoplasms	10	0.4%	$1,299
Lung-Neoplasm	8	0.4%	$35,389
Gastro-Neoplasms	6	0.3%	$17,286
Disease/Thyroid	5	0.2%	$1,752
Other	13	0.6%	$56,760
Total	**191**	**8.4%**	**$11,177**

Health Advocacy – Summary of Savings

Comments

· 86 admissions were reviewed and 13 were avoided, resulting in $140,378 savings

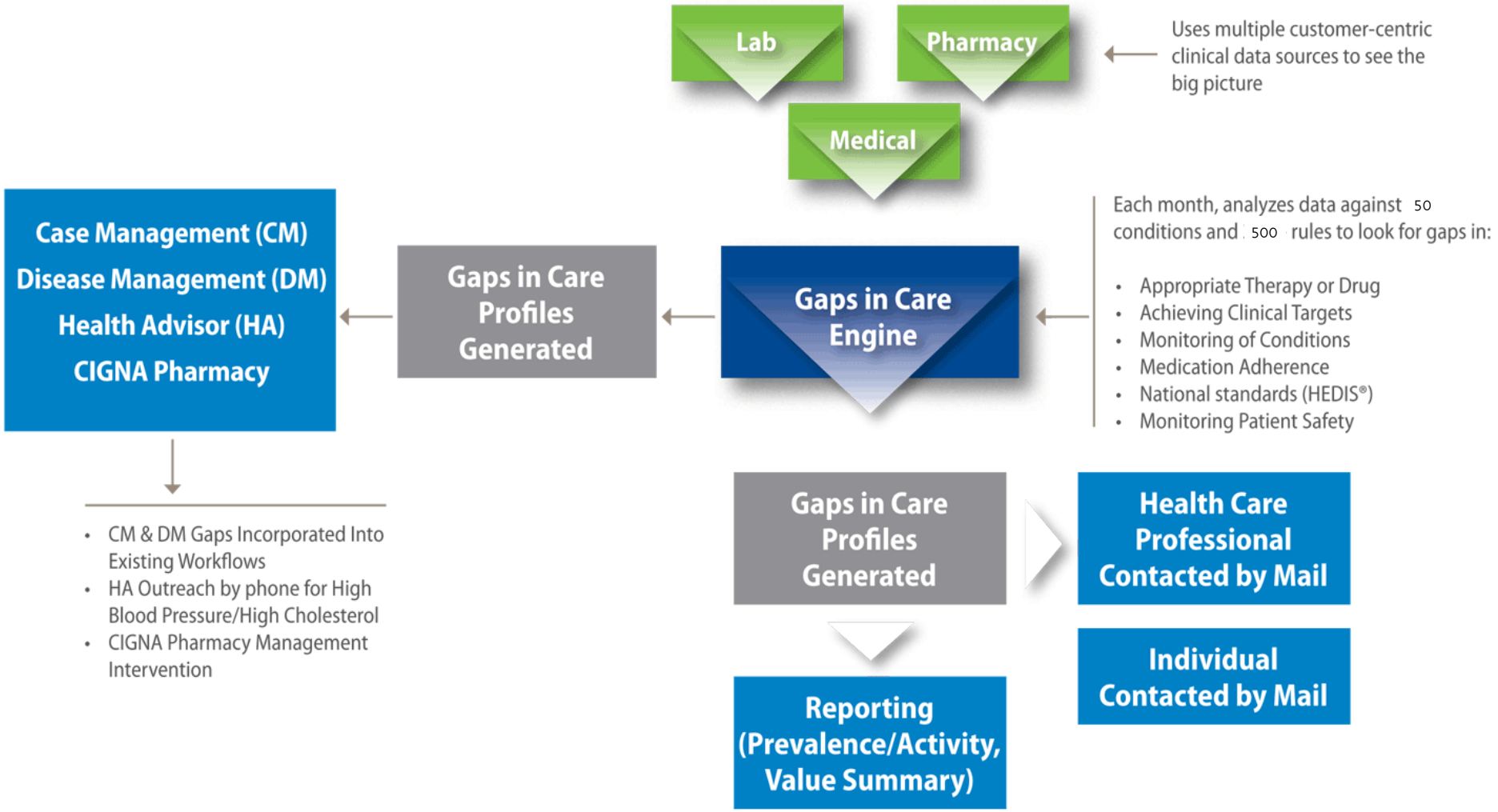
· 50 days were decertified for $106,650 in savings and 49 days were stepped down for $36,750 savings

· MRIs were a source of savings, driven by 144 MRIs avoided for $133,632 savings

· Specialty Case Management (SCM) savings were driven by the Transplant unit contributing $467,024 of $515,944 current period SCM savings

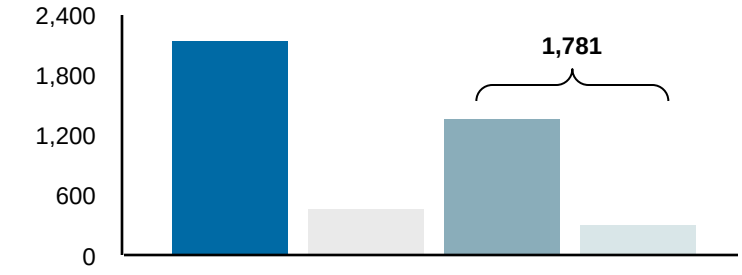
CIGNA Well Informed

Continuous analysis of *every member* to uncover and help resolve key gaps, errors and omissions in care

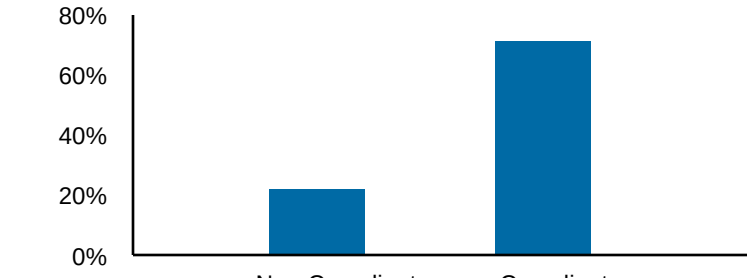


Well Informed Gaps in Care - Summary

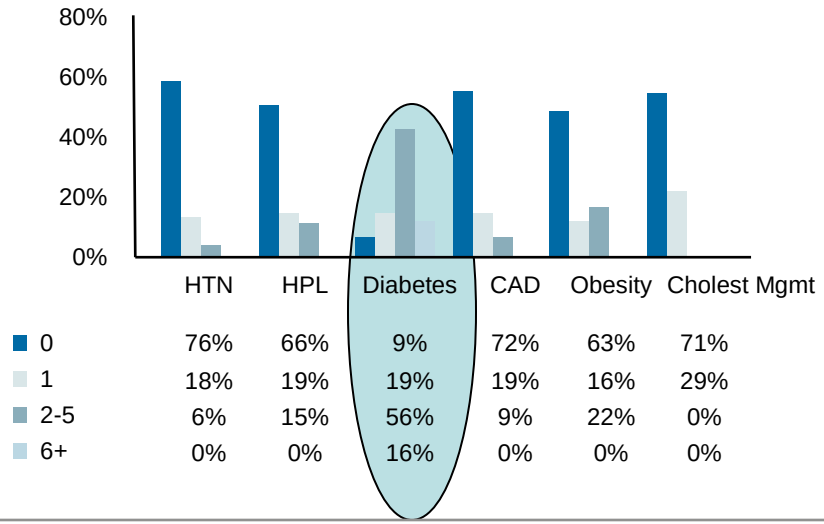
Member compliance summary



Rule compliance summary



Gap count by condition



Gap condition statistics

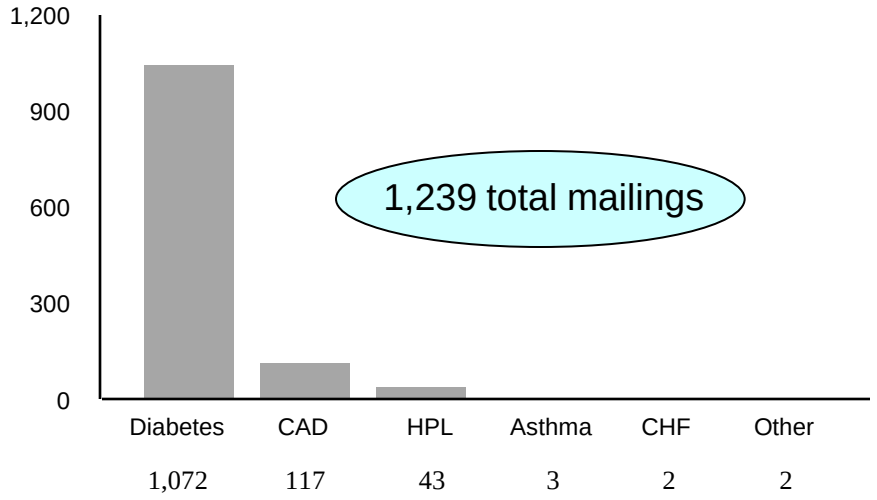
Clinical Category		Prevalence	Gaps/Mbr	Compl. Rate
Hypertension	**(1,004)**	44%	1.24	85%
Hyperlipidemia	**(753)**	33%	1.75	89%
Diabetes	**(320)**	14%	3.37	75%
Coronary Artery Disease		7%	1.36	89%
Obesity		6%	2.42	84%
Cholesterol Mgmt		5%	1.00	83%
Chronic Obstructive Pulmonary		3%	1.14	87%
Asthma		2%	1.00	57%
Chronic Kidney Disease		1%	2.06	88%

Well Informed Gaps in Care - Outcomes

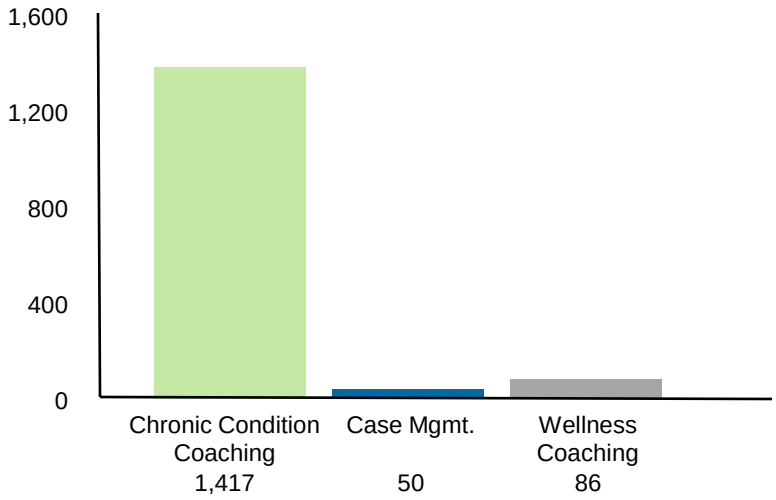
Distribution of Well Informed participants

Total Participants	**2,282**
Non-Qualified	**501**
% of Total Participants	22%
Qualified	**1,781**
% of Total Participants	78%
Receiving Mailings	**755**
% of Total Participants	33%

Mailings for participants with gaps



Participants with gaps managed in health advocacy programs



Comments

- Well informed Gap mailings were sent to 755 participants, or 33% of the total population
- Across all conditions, there were 1,239 total mailings for participants who had evidence-based gaps in care
- Diabetes, CAD and HPL were the top conditions that triggered a mailing
- Approximately 1,553 participants with evidence-based gaps in care have been identified for participation in other Cigna Health Advocacy programs, driven by Chronic Condition Coaching with 1,417 participants

Well Informed Gaps in Care - Outcomes

Summary of gap activity & savings

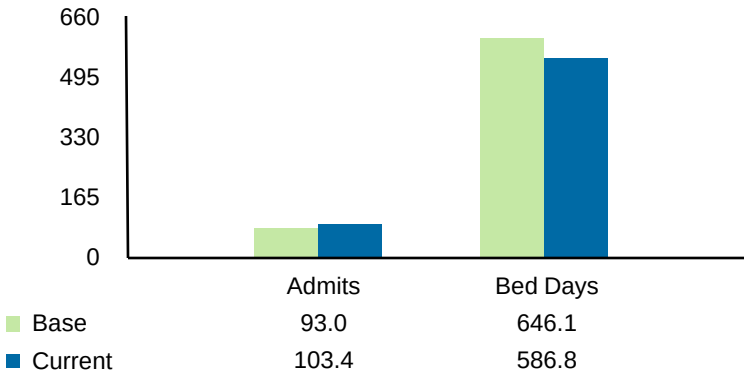
Primary Condition	Gaps						
	Beginning	New	Closed	Ending	Credited Closures	Ave Savings / Closure	Savings
Hyperlipidemia	519	564	641	442	106	$814	$86,245
Diabetes	883	787	824	846	211	$330	$69,611
Coronary Artery Disease	47	57	63	41	24	$628	$15,075
Hypertension	308	411	422	297	61	$68	$4,154
Obesity	76	103	96	83	17	$152	$2,588
Congestive Heart Failure	5	8	6	7	1	$454	$454
Hepatitis C	4	5	6	3	1	$51	$51
Chronic Obstructive Pulmonary Disease	13	9	15	7	0	.	$0
Depression	0	1	0	1	0	.	$0
Asthma	1	0	1	0	0	.	$0
All Other	0	0	0	0	0	.	$0
Total	**1,856**	**1,945**	**2,074**	**1,727**	**421**	**$216**	**$90,782**

Comments

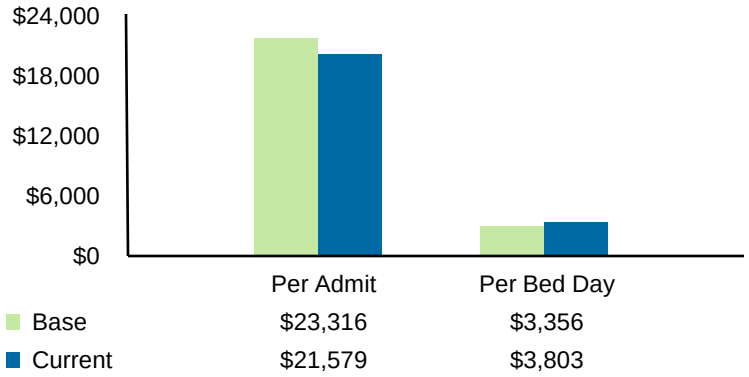
- $90,782 in savings is estimated from the closure of evidence-based gaps in care during the current period, for an average savings of $216 per credited closure
- Savings result from 421 credited closures, defined as a gap closure tied to an intervention by Cigna Health Advocacy programs
- Overall gap inventory decreased 1,856 to 1,727, driven by 787 new Diabetes gaps and 824 closed Diabetes gaps

Inpatient Summary

Utilization metrics per 1,000 participants



Average cost metrics



Account summary (PPPY basis)

	Base	Current	Trend	Trend Contribution
Non-Catastrophic Inpatient	$624.24	$540.54	-13.4%	-1.3%
Catastrophic Inpatient	$1,544.19	$1,691.16	9.5%	2.3%
All Other Service Categories	$4,185.80	$4,111.63	-1.8%	-1.2%
Total Plan Cost	**$6,354.22**	**$6,343.33**	**-0.2%**	

Comments

- Non-catastrophic inpatient costs decreased from $624.24 PPPY to $540.54 PPPY, contributing -1.3% of the overall -0.2% plan trend
- Utilization increased from 93.0 to 103.4 admits per thousand and decreased from 646.1 to 586.8 bed days per thousand
- Cost per admit decreased from $23,316 to $21,579 and increased for bed days from $3,356 to $3,803

FACILITY	STATE	Plan Amount
INOVA FAIRFAX HOSPITAL	MD	$349,001.81
GEORGETOWN UNIVERSITY HOSPITAL	MD	$304,919.08
BALTIMORE WASHINGTON MEDICAL CENTER	MD	$249,561.15
UNIVERSITY OF MIAMI HOSPITAL	FL	$222,653.40
RMH HEALTHCARE	MD	$203,738.80

Inpatient - Major Diagnostic Category Summary

Cost & utilization trends (excluding catastrophic)

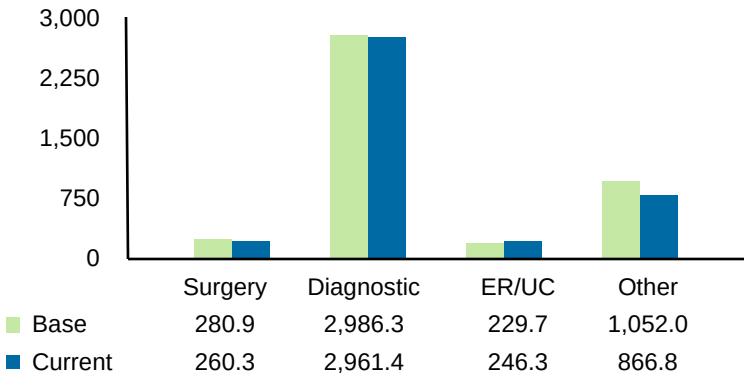
	$PPPY			Admits Per 1,000			Days Per 1,000			Cost Per Case		
	Base	Current	Trend	Base	Current	Trend	Base	Current	Trend	Base	Current	Trend
Musculoskeletal	$197.38	$160.86	-18.5%	12.0	7.9	-34.5%	32.8	16.7	-49.2%	$16,382	$20,393	24.5%
Circulatory	$79.10	$89.52	13.2%	9.0	9.2	1.8%	38.0	40.3	6.0%	$8,753	$9,728	11.1%
Digestive	$70.82	$60.99	-13.9%	5.6	5.7	0.9%	23.7	22.3	-5.8%	$12,539	$10,706	-14.6%
Nervous	$69.09	$55.28	-20.0%	6.0	5.3	-12.7%	109.2	19.3	-82.3%	$11,468	$10,513	-8.3%
Respiratory	$44.49	$37.33	-16.1%	4.9	3.5	-28.4%	26.7	14.5	-45.9%	$9,089	$10,648	17.2%
Other	$163.36	$136.56	-16.4%	17.7	17.5	-1.0%	56.1	71.0	26.5%	$9,231	$7,791	-15.6%
Total Non-Cat	$624.24	$540.54	-13.4%	55.3	49.1	-11.3%	286.5	184.0	-35.8%	$11,278	$11,013	-2.3%
Catastrophic	$1,544.19	$1,691.16	9.5%	37.7	54.3	44.3%	359.6	402.7	12.0%	$41,011	$31,123	-24.1%
Total	**$2,168.43**	**$2,231.70**	**2.9%**	**93.0**	**103.4**	**11.2%**	**646.1**	**586.8**	**-9.2%**	**$23,316**	**$21,579**	**-7.4%**

Comments

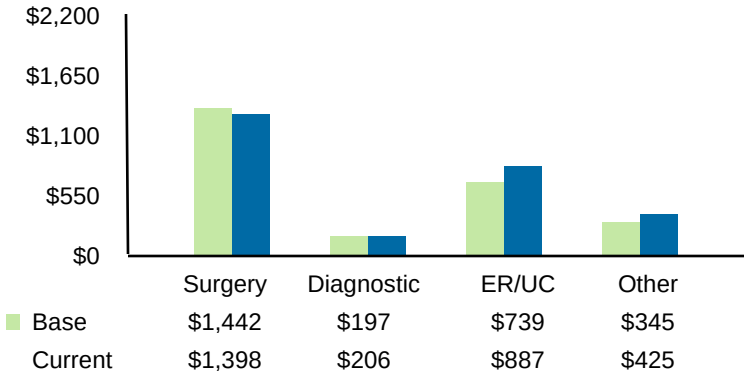
- Musculoskeletal was the top category by plan cost in the current period. Musculoskeletal cost decreased from $197.38 PPPY to $160.86 PPPY, a decrease of 18.5%
- Cost per case for the Musculoskeletal category increased from $16,382 to $20,393, an increase of 24.5%
- Plan cost for non-catastrophic decreased from $624.24 PPPY to $540.54 PPPY, a decrease of 13.4%
- The average length of stay (LOS) was 5.7 days in the **current** period. Excluding catastrophic was 3.8 LOS. Catastrophic was 7.4 LOS.
- The average length of stay (LOS) was 7.0 days in the **base** period. Excluding catastrophic was 5.2 LOS. Catastrophic was 9.5 LOS.

Outpatient Summary

Facility outpatient utilization per 1,000 participants



Facility outpatient cost per service



Account summary (PPPY basis)

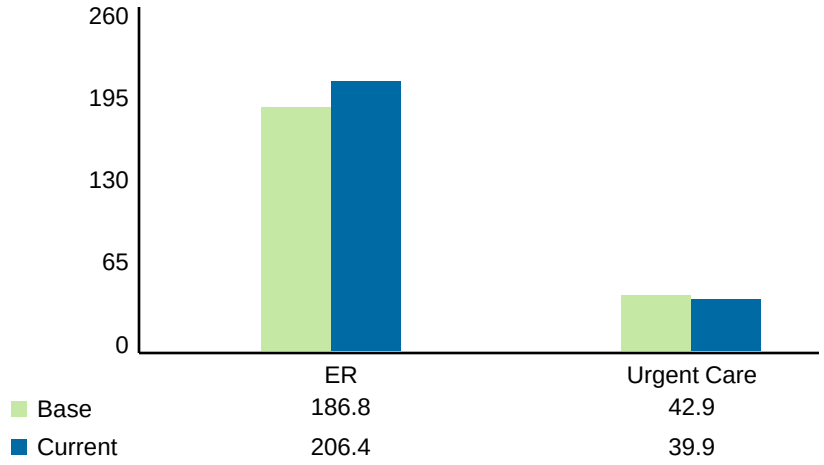
	Base	Current	Trend	Trend Contribution
Non-Catastrophic Outpatient	$1,048.71	$1,041.51	-0.7%	-0.1%
Catastrophic Outpatient	$478.11	$520.16	8.8%	0.7%
All Other Service Categories	$4,827.40	$4,777.48	-1.0%	-0.8%
Total Plan Cost	**$6,354.22**	**$6,343.33**	**-0.2%**	**-0.2%**

Comments

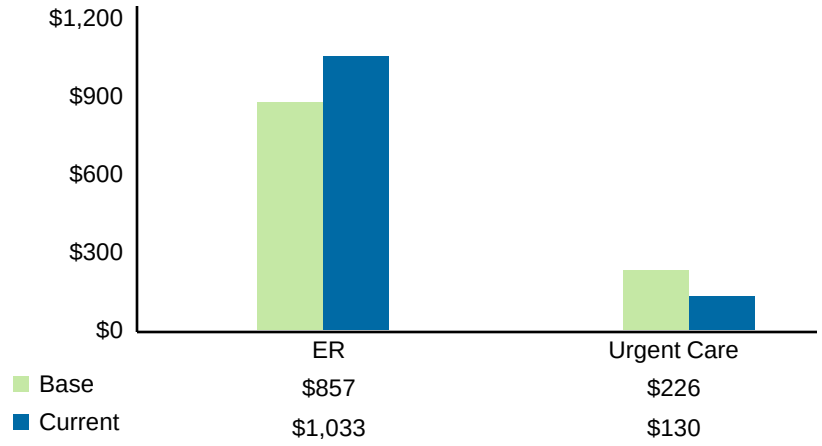
- Non-catastrophic outpatient costs decreased from $1,048.71 PPPY to $1,041.51 PPPY, contributing -0.1% of the overall -0.2% plan trend
- Diagnostic was the largest category of utilization. Utilization per thousand decreased from 2,986.3 to 2,961.4
- Surgery was the next largest category of utilization. Utilization per thousand decreased from 280.9 to 260.3
- Surgery was the largest average cost category. Cost per service decreased from $1,442 to $1,398
- Emergency room and urgent care was the next largest average cost category. Cost per service increased from $739 to $887

Outpatient - Emergency Room and Urgent Care Detail

Facility outpatient utilization per 1,000 participants



Facility outpatient cost per visit



Account summary (PPPY basis)

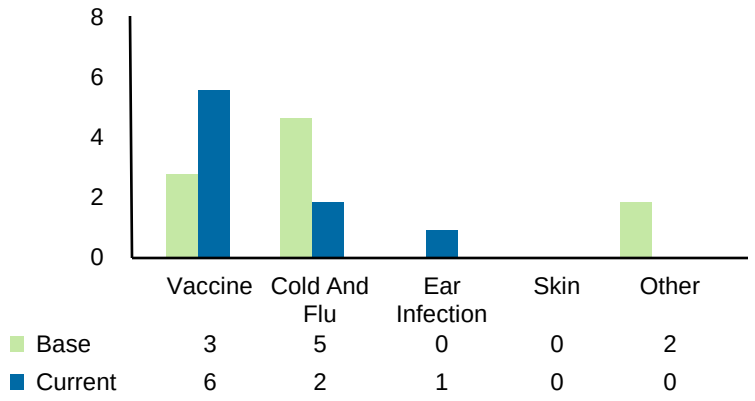
	Base	Current	Trend	Trend Contribution
Emergency Room	$160.08	$213.24	33.2%	0.8%
Urgent Care	$9.69	$5.16	-46.7%	-0.1%
Total Outpatient Facility	$1,526.83	$1,561.67	2.3%	0.5%
Total Plan Cost	$6,354.22	$6,343.33	-0.2%	-0.2%

Comments

- Emergency room costs increased from $160.08 PPPY to $213.24 PPPY, contributing 0.8% of the overall -0.2% plan trend
- Emergency room was the largest category of utilization. Utilization per thousand increased from 186.8 to 206.4
- Emergency room was the largest average cost category. Cost per visit increased from $857 to $1,033
- **16% 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	$34,966	$15.32	459	201.1	$76
Pain	$13,997	$6.13	177	77.6	$79
Bronchitis	$12,973	$5.68	158	69.2	$82
Skin	$7,738	$3.39	105	46.0	$74
Vaccine	$7,683	$3.37	231	101.2	$33
Urinary Tract	$5,301	$2.32	75	32.9	$71
Headache	$5,020	$2.20	52	22.8	$97
Allergy	$3,917	$1.72	51	22.3	$77
Other	$29,457	$12.91	491	215.2	$60
Total	**$121,053**	**$53.05**	**1,799**	**788.3**	**$67**

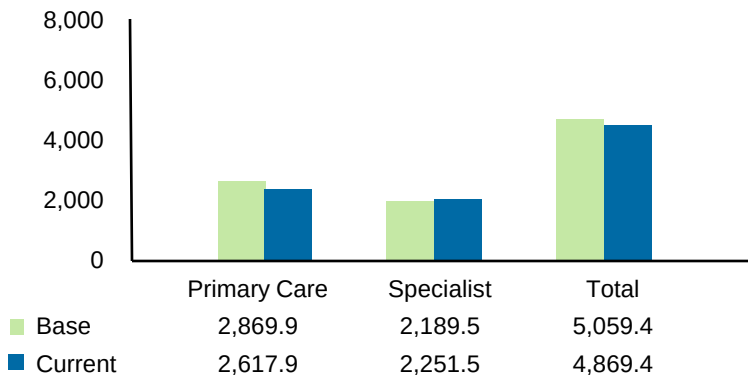
Comments

- Convenience care clinics offer a low cost option for common conditions
- Convenience care clinic utilization per thousand decreased from 10.2 to 9.6, a decrease of 5%
- There were 22 convenience care visits in the current period with an average of $40 per visit.
- 1,799 visits in the current period could have been treated at a clinic, representing $121,053 in plan cost, or $53.05 PPPY
- Average unit cost for these visits was $67; 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.

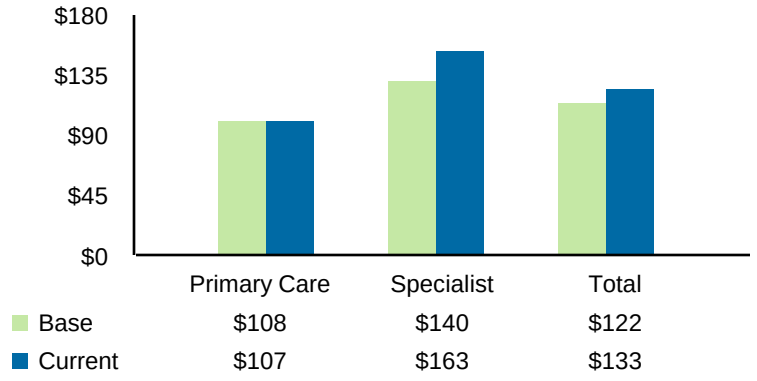
Setting	Visit Type	Provider Name	Plan Amount	Visits	
Clinic	COLD AND FLU	MINUTECLINIC	$238	4	
Clinic	EAR INFECTION	MINUTECLINIC	$198	3	
Clinic	OTHER	MINUTECLINIC	$53	1	
Clinic	SKIN	MINUTECLINIC	$49	1	
Clinic	VACCINE	MINUTECLINIC	$331	13	
Summary			**$869**	**22**	**$40 per CC visit**

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	$306.13	$367.12	19.9%
Total Primary Care	$309.22	$280.25	-9.4%
Total	**$615.35**	**$647.38**	**5.2%**

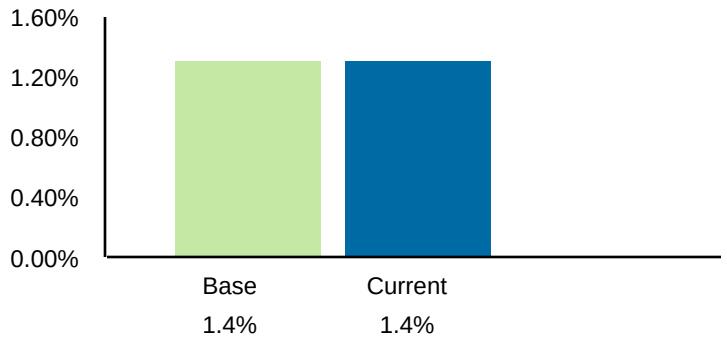
PCP/SPC	Provider Specialty	Visit Count	Plan Amount
SPECIALIST	SURGERY, ORTHOPEDIC	627	$82,233
SPECIALIST	CARDIOVASCULAR DISEASE	484	$71,415
SPECIALIST	OBSTETRICS/GYNECOLOGY	389	$51,546
SPECIALIST	DERMATOLOGY	388	$56,069
SPECIALIST	PODIATRY	382	$40,476
SPECIALIST	GASTROENTEROLOGY	275	$25,226

Comments

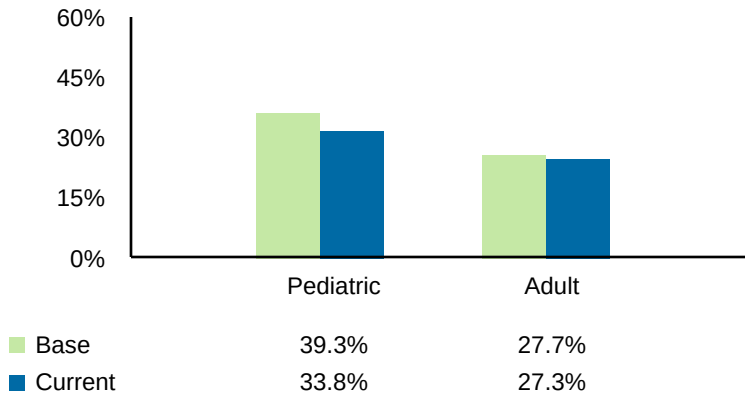
- Office visits per thousand decreased from 5,059.4 to 4,869.4
- Cost per visit increased from $122 to $133
- Plan spend for Specialists in the current period was $367 PPPY compared to $280 PPPY for Primary Care Physicians
- 54% of office visits were to PCP and 46% were to specialists.

Preventive Care Summary

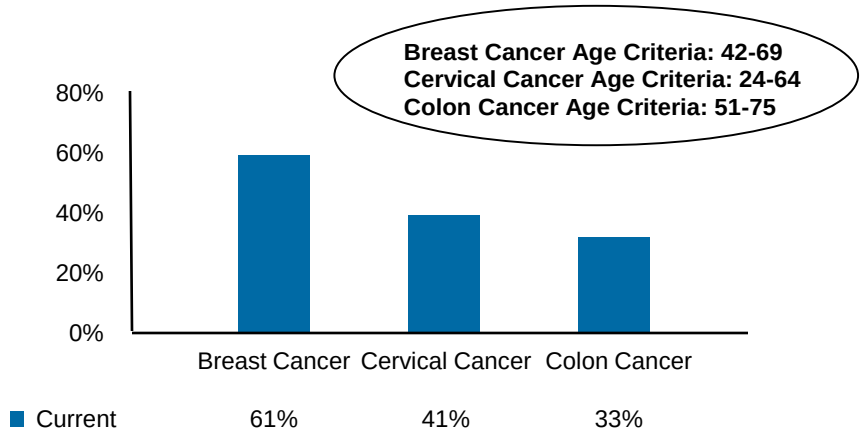
Preventive care as % of total spend



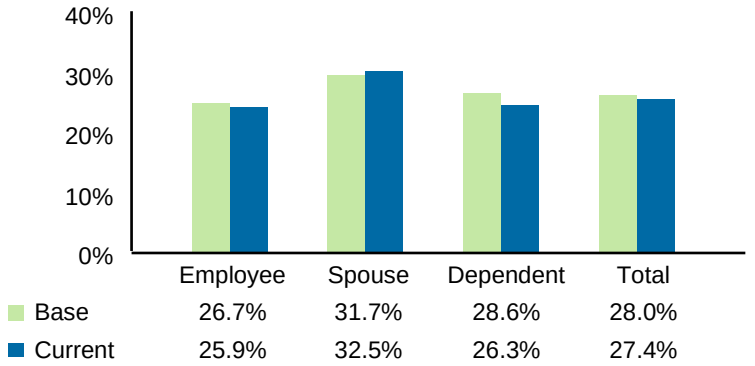
Well visit completion rates



Cancer screening rates

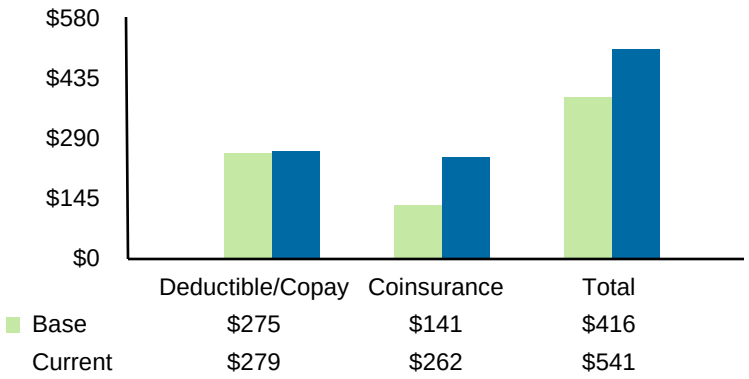


Well visit completion rates



Participant Cost Share

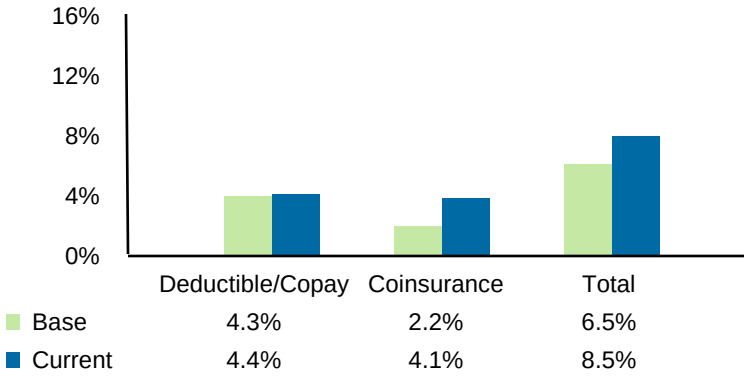
Cost sharing per Participant - medical only



Account summary (PPPY basis)

	Base	Current	Trend
Plan Costs			
Total Plan Spend - Medical	$6,354.22	$6,343.33	-0.2%
Cost Share - Medical	$415.88	$541.03	30.1%
Net Employer Paid - Medical	$5,938.34	$5,802.30	-2.3%

Cost share as % of total plan spend - medical only



Comments

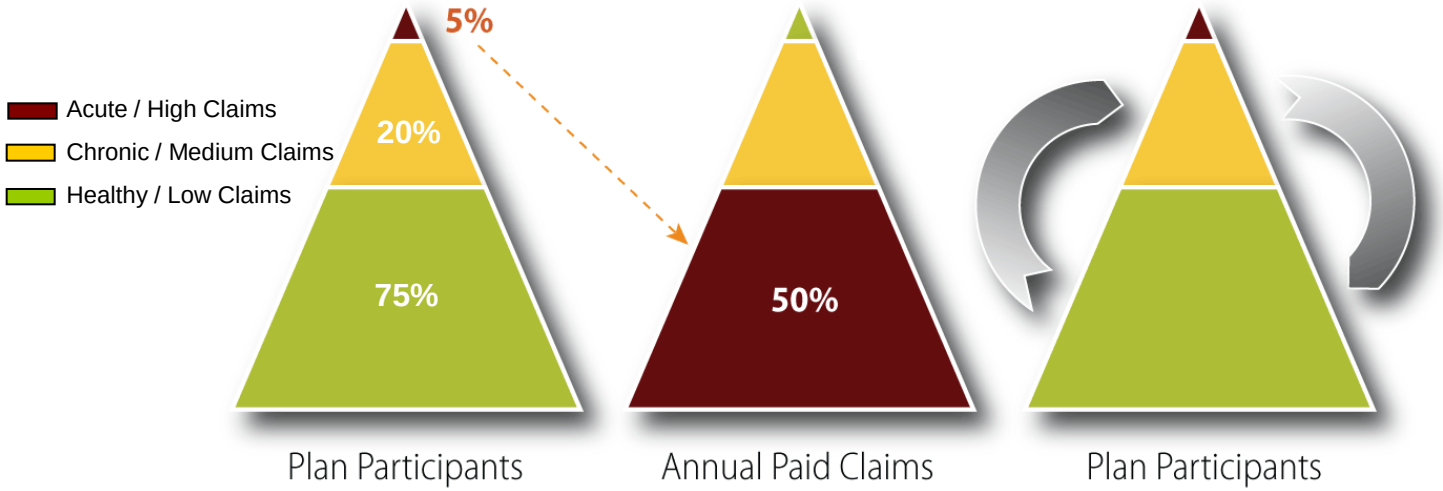
- Medical cost share increased from $415.88 PPPY to $541.03 PPPY
- Medical cost share as percent of covered charges increased from 6.5% to 8.5%,

The 5/50 Rule	Principle	Actual
Membership	5.0%	5.0%
Plan Spend	50.0%	61.9%
# Participants in current top 5%		114
Current spend by current top 5%		$8,955,125
Prior spend by current top 5%		$3,186,783
# of New participants 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

Your Health First

Our Newest Innovation in Chronic Care Management

Your Health First[SM]

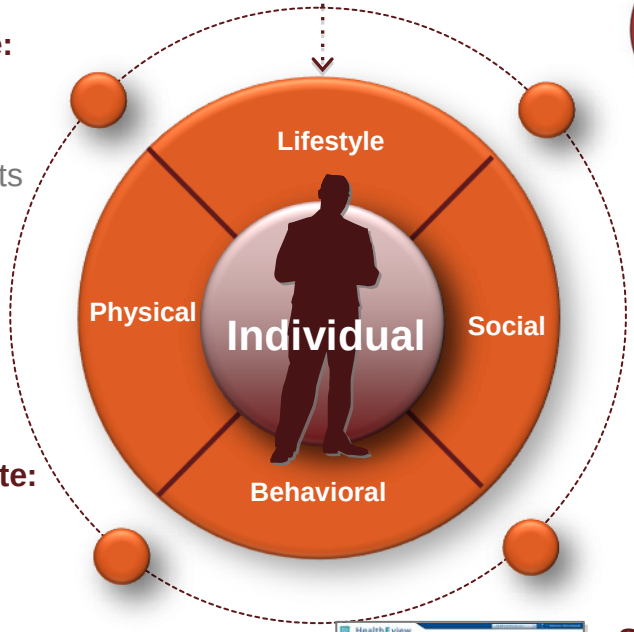
Whole person approach:

- Support total health needs
- Custom action plan
- Individual goal setting

- Asthma
- COPD
- Behavioral:
  - Depression, Anxiety, Bipolar Disorder
- Diabetes Mellitus (Type 1, Type 2)
- Osteoarthritis
- Peripheral Arterial Disease
- Cardiac Concerns:
  - Heart Disease, Angina, Coronary Artery Disease, Congestive Heart Failure, Acute Myocardial Infarction
- Low Back Pain
- Metabolic Syndrome

Designed to deliver value:

- Engagement
- Medical savings
- Productivity improvements
- Reduction in health risks



Chronic Population Support:

- Condition Management
- Medication adherence
- Risk factor management
- Lifestyle issues
- Pre/post admission
- Treatment decision support
- Gaps in care

Dedicated Health Advocate:

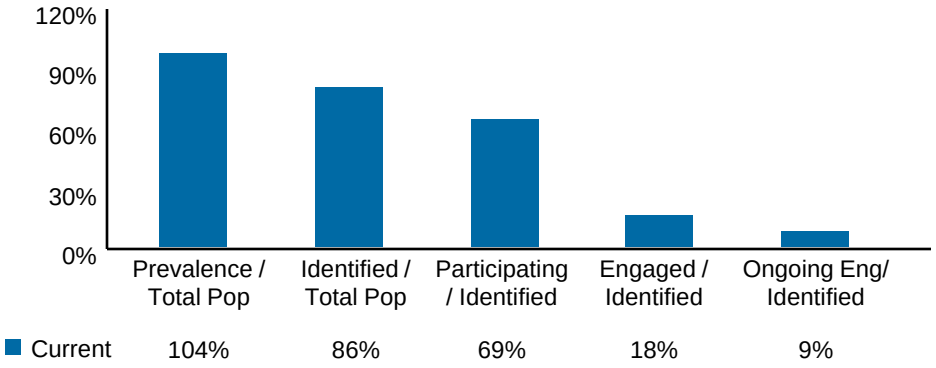
- Established one-to-one trusting relationship
- Delivers all coaching interventions
- Builds individual self-management skills
- Enables effective communicate with medical team
- Supports physician care plan

Supported by latest in innovations:

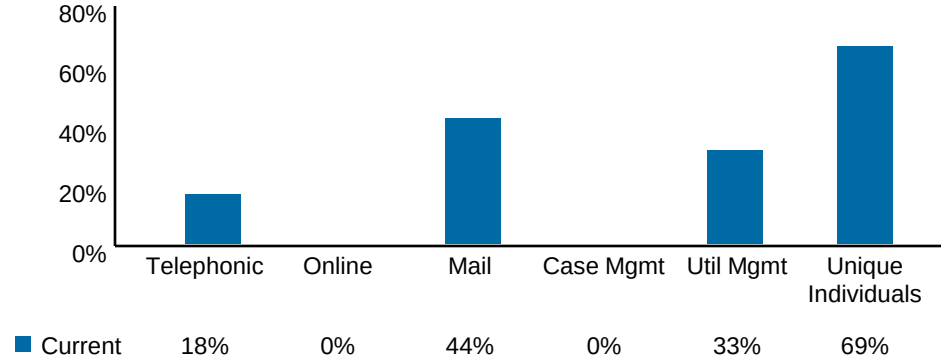
- CIGNA Care Coaching Model
- HealthEview[SM] Operating System
- Predictive Modeling with TMS system
- Online self-management tools
- Shared decision making aids

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	1,320	
Prevalence	1,377	104.3%
Self-managed	-243	-18.4%
Identified for Outreach	1,134	85.9%
Inaccurate Phone Numbers	-352	-26.7%
Reachable	782	59.2%
Outreach Attempts In Progress	-128	-9.7%
Busy, No Answer	-32	-2.4%
Message Left	-247	-18.7%
Did not want more information	-170	-12.9%
Engaged	205	15.5%
One Call	-103	-7.8%
Ongoing Engaged	102	7.7%

Comments

- Your Health First focuses on individuals holistically - bringing together lifestyle, social, and behavioral support for individuals
- 104% of the population has a condition; however, 86% 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 44% received a mailing , 33% experienced utilization management and 18% were involved in telephonic coaching
- 18% of those identified engaged or 26% of those who were reachable were engaged. 9% 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	31	2.3%	7	22.6%
COPD	54	4.1%	10	18.5%
Congestive Heart Failure	41	3.1%	11	26.8%
Coronary Artery Disease	179	13.6%	23	12.8%
Depression	63	4.8%	10	15.9%
Diabetes	357	27.0%	40	11.2%
Low Back Pain	108	8.2%	21	19.4%
Osteoarthritis	214	16.2%	28	13.1%
Peripheral Arterial Disease	65	4.9%	11	16.9%
Weight Complications	543	41.1%	54	9.9%
Total Unique	**1,131**	**85.7%**	**101**	**8.9%**
Self Managed	243	18.4%		
Total	**1,374**	**104.1%**		

Comments

- Chronic conditions are a significant driver of medical cost and reduced productivity
- In the current period, predictive models have identified 104.1% of the population with a chronic condition
- Of those identified for outreach in the current period, 8.9% 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	5	0.4%	5	100.0%
Tobacco	11	0.8%	9	81.8%
Weight	71	5.4%	49	69.0%
Total Unique	**76**	**5.8%**	**53**	**69.7%**

Wellness Coaching

	Identified		Ongoing Engagement	
	Count of Individuals	% of Population	Count of Individuals	% of Identified
Healthy Eating	4	0.3%	4	100.0%
Physical Activity	1	0.1%	1	100.0%
Hypertension	890	67.4%	79	8.9%
Hyperlipidemia	631	47.8%	66	10.5%
Prevention	16	1.2%	8	50.0%
Total Unique	**999**	**75.7%**	**86**	**8.6%**

Recommendations

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

- Encourage participants to **register and utilize mycigna.com** 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 the **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 (352 inaccurate phone numbers in Your Health First program) as part of open enrollment process to improve participant outreach in Case Management and Your Health First chronic condition support programs

- Promote Cigna's new **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	1,833	1,557
Avg Number of Participants	2,656	2,282
Unique Claimants - Medical	2,643	2,161
Plan Utilization - Medical	99.5%	94.7%

Payment Trends	Base	Current
Plan Cost PEPY - Medical	$9,205	$9,297
Plan Cost PPPY - Medical	$6,354	$6,343
Plan Cost PPPY - NonCat Medical	$3,346	$3,206

Inpatient Trends	Base	Current
Inpatient % of Plan Spend	34.1%	35.2%
Admissions per 1000 participants	93.0	103.4
Bed Days per 1000 participants	646.1	586.8
Average Payment per Admission	$23,316	$21,579
Average Payment per Bed Day	$3,356	$3,803

Outpatient Trends	Base	Current
Outpatient % of Plan Spend	24.0%	24.7%
Physician Office Visits per 1000 participants	5,059.4	4,869.4
Average Payment per Office Visit	$122	$133
ER Visits per 1000 participants	186.8	206.4
Average Payment per ER Visit	$857	$1,033

Analysis of Charges and Payments	Base	Current
Submitted Charges	$33,550,490	$28,460,206
Amounts Not Covered	$2,685,406	$1,269,214
Considered Charges	$30,865,084	$27,190,991
Discounts	$13,095,316	$12,179,777
Covered Charges	$17,769,769	$15,011,214
Deductible/Copay	$730,242	$636,744
Coinsurance	$374,263	$597,885
COB	$949,846	$670,188
Payments	$15,715,418	$13,106,397

Member Demographics by Age Band	Base % of participants	Current % of participants	Base % of Cost	Current % of Cost
<01	0.0%	0.0%	0.0%	0.0%
01-17	3.3%	3.2%	0.4%	0.7%
18-29	5.3%	7.2%	1.2%	2.8%
30-39	0.1%	0.1%	0.1%	0.0%
40-49	2.9%	2.4%	1.9%	1.3%
50-59	41.3%	40.4%	37.7%	34.5%
60-64	47.0%	46.6%	58.6%	60.7%
65+	0.0%	0.1%	0.0%	0.0%

Plan Spend by Payment Range

Plan spend by payment range

Range	% of Claimants		% of Plan Spend		Trend
	Base	Current	Base	Current	Contribution
<=$100	20.4%	21.5%	0.1%	0.1%	0.1%
>$100 - $500	19.9%	18.7%	1.1%	1.0%	-0.1%
>$500 - $1,000	13.8%	14.2%	1.9%	2.0%	0.1%
>$1,000 - $2,500	18.0%	17.7%	5.6%	5.3%	-0.3%
>$2,500 - $5,000	12.3%	11.9%	8.3%	7.9%	-0.5%
>$5,000 - $10,000	6.7%	7.3%	8.6%	9.5%	0.8%
>$10,000 - $25,000	5.0%	5.1%	15.0%	14.7%	-0.3%
>$25,000 - $50,000	1.9%	1.9%	13.1%	12.8%	-0.3%
>$50,000 - $75,000	0.8%	0.4%	9.0%	4.6%	-4.4%
>$75,000 - $100,000	0.6%	0.3%	9.2%	5.7%	-3.5%
>$100,000	0.7%	1.0%	28.1%	36.3%	8.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-0.2%**

Comments

- Total plan spend decreased from $16,875,757 in the base period to $14,475,478 in the current period, a decrease of 14.2%
- The payment range having the greatest impact on overall trend was for payments greater than $100,000