UFCW Unions & Participating Employers Health & Welfare Fund

Managed Behavioral Health & Employee Assistance

Report for January – December, 2017

beacon
health options

Table of Contents

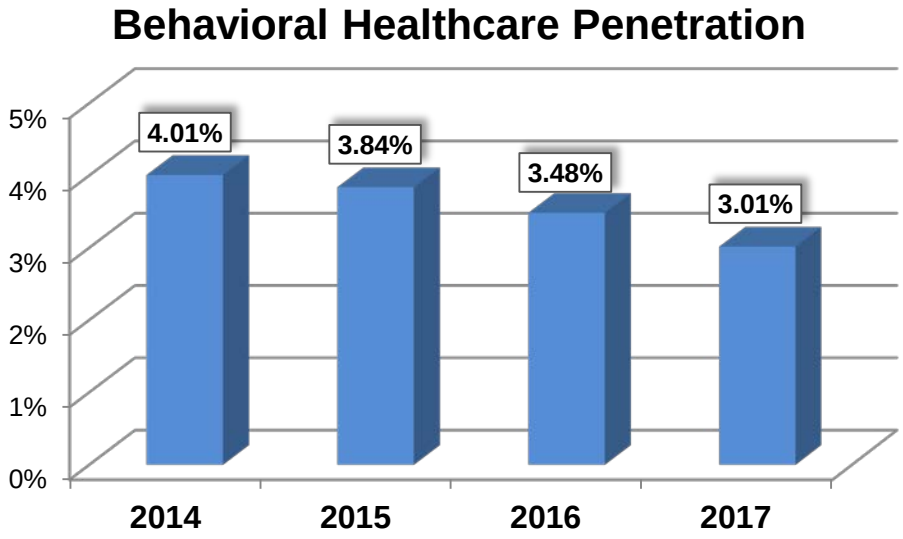
Summary & Analysis

Executive Highlights*

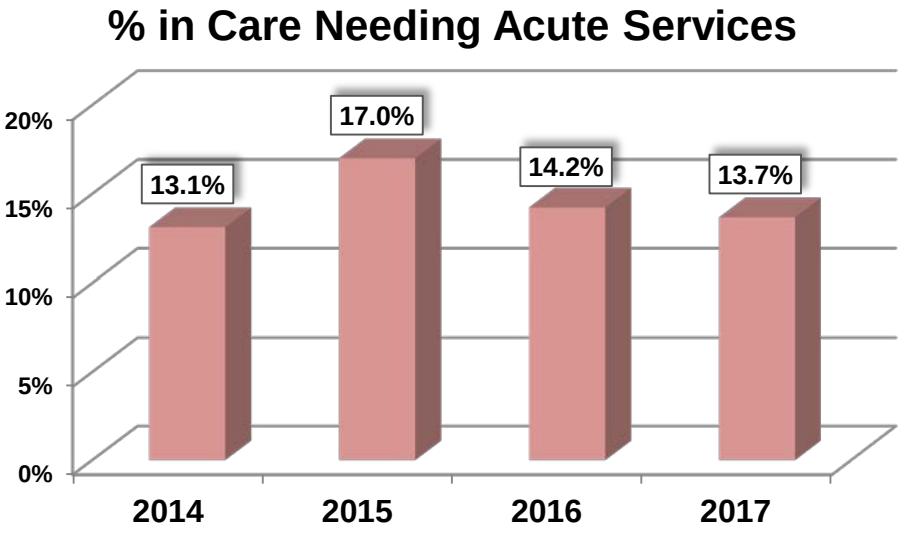
- As a portion of the covered population, fewer members of the UFCW & Participating Employers Fund used services to treat mental health and substance use problems during 2017. Penetration for behavioral health care went down by more than an eighth to 3.0%, continuing a pattern observed over the past four years. This current result is nearly one-third below Beacon's book-of-business (BoB) average for employee groups in Retail Trade.
- The subgroup of members in care who required acute services, such as inpatient, residential, partial hospital and/or intensive outpatient also diminished, to less than 14% of all those who needed behavioral health assistance.
- The amount for claims paid per-employee-per-month (PEPM) is down by 6% to $5.55, influenced by a rate for outpatient care that decreased by more than a quarter. The Fund's payments per-covered life-per-month of $3.27 is less than the 10th percentile compared to Beacon's commercial book-of-business.
- Access to outpatient care also went down, leading to a 28% decrease in OP visits per thousand members to 189. This outcome is nearly two-thirds below the general result for Beacon's covered groups in Retail Trade.
- The rate of approved admissions to inpatient and alternative acute care levels increased marginally while the average length of stay per acute episode diminished by 23% to 4.5 days. This latter factor, a result connected to Beacon's process for concurrent clinical management of all acute care admissions, drove a 17% downturn in benefit days per thousand. At 26.5 the Fund's rate for approved acute care days per thousnd is 44% below the BoB mean.
- Access by beneficiaries to EAP counselling fell back from the modest spike that occurred in 2016 to just more than one in two hundred of covered employees. As has been previously noted, an influence contributing to this relatively low rate of utilization for counseling services is the fact that the Fund's EAP benefit is "per lifetime". Where such coverage is afforded on a "per problem" basis (Beacon's standard), rates hover in the range of 2% to 4% of covered employees.

* In consideration of the recent movement of the Kroger Roanoke membership out of the UCFW & Participating Employers Fund, the results discussed here, and that presented for 2017 in the following pages reflect the utilization that occurred during the past year with respect to the membership that continues in the Fund as of 2018.

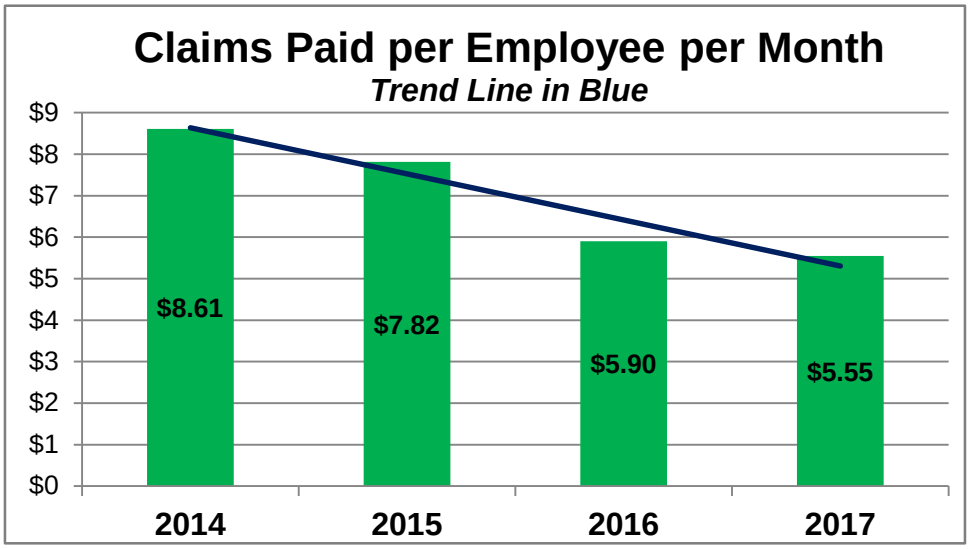
Program Penetration



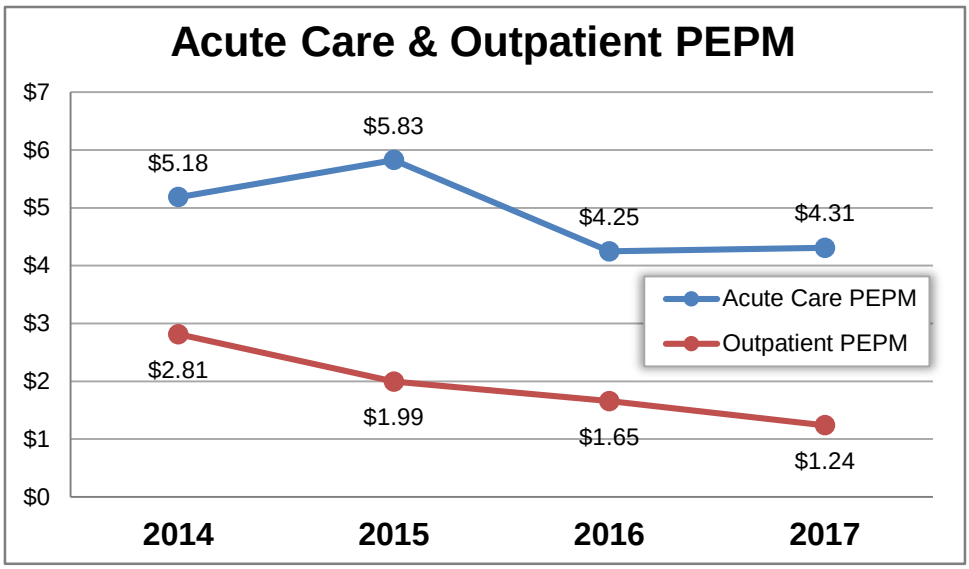
Penetration Summary	2014	2015	2016	2017*
Ave. Membership per Month	7615	7819	7468	3882
Unique Mbrs - Acute Care	40	51	37	16
Acute Care Penetration	0.53%	0.65%	0.50%	0.41%
Unique Mbrs - Outpatient	293	283	247	106
Outpatient Penetration	3.85%	3.62%	3.31%	2.73%
Total Unique Mbrs in Care	305	300	260	117
Total Penetration	4.01%	3.84%	3.48%	3.01%



Paid Claims Results

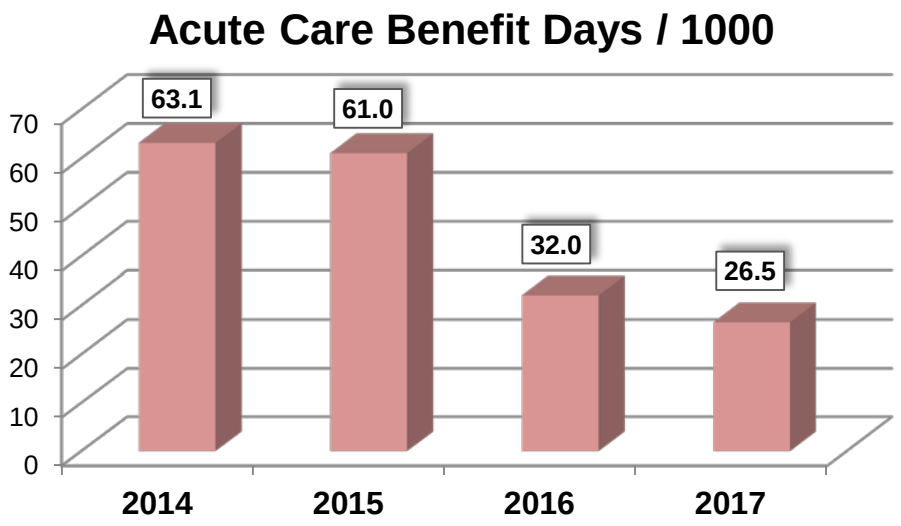


Paid Claims Totals & Rates	2014	2015	2016	2017*
Acute Care Subtotal	$283,492	$334,852	$238,621	$118,428
Outpatient Subtotal	$153,790	$114,535	$93,022	$34,046
Total of Paid Claims	$470,644	$449,387	$331,643	$152,474
Per Employee per Month	$8.61	$7.82	$5.90	$5.55
Per Covered Life per Month	$5.15	$4.79	$3.70	$3.27
Acute Care PEPM	$5.18	$5.83	$4.25	$4.31
Outpatient PEPM	$2.81	$1.99	$1.65	$1.24
Total Network Savings	$388,691	$447,019	$224,891	$50,668
Network Savings PEPM	$7.11	$8.17	$4.00	$1.84

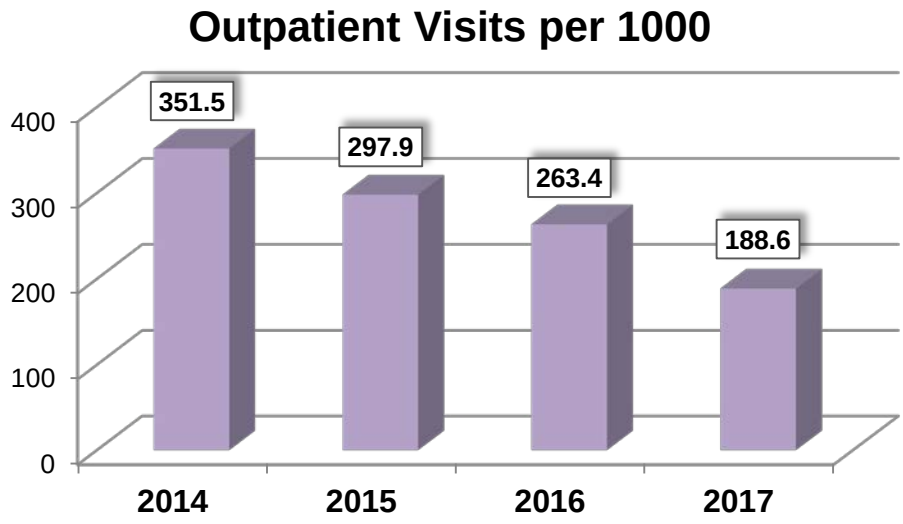


Behavioral Health Utilization

Acute Care Summary	2014	2015	2016	2017*
Acute Care Admisssions	73	81	41	23
Total Benefit Days Utilized	481	477	239	103
Admits / 1000 Members	9.6	10.4	5.5	5.9
Benefit Days / 1000 Members	63.1	61.0	32.0	26.5
Average Length of Stay in Care	6.6	5.9	5.8	4.5



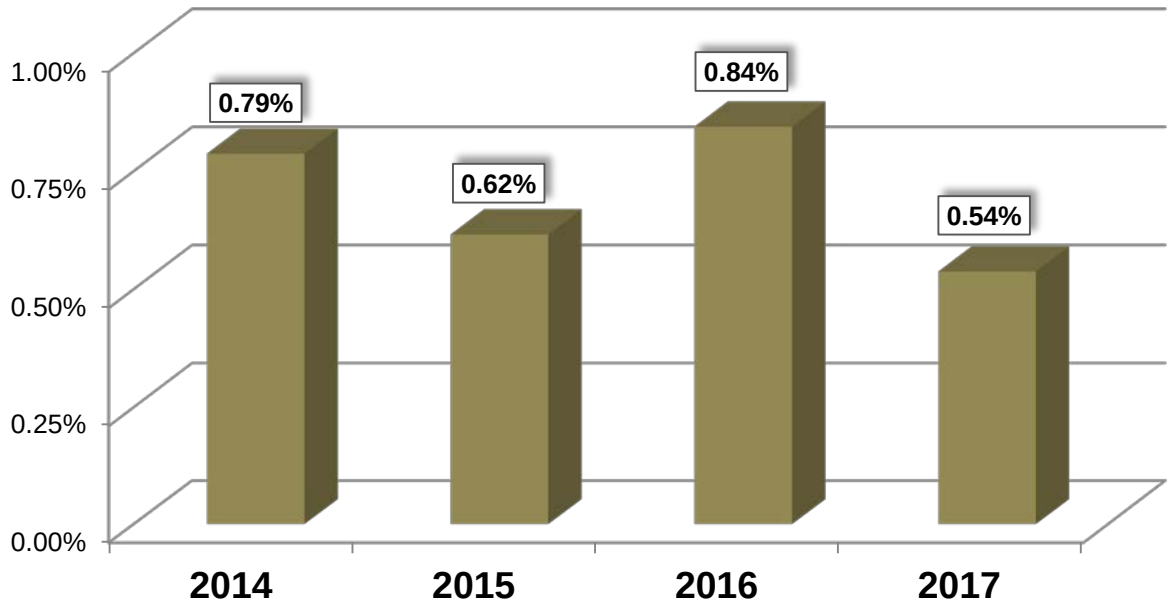
Outpatient Summary	2014	2015	2016	2017*
Paid Outpatient Visits	2,677	2,329	1,892	732
Unique Mbrs seen in Outpatient	293	283	247	82
Average # of Visits / Mbr in Care	9.1	8.2	7.7	8.9
OP Visits / 1000 Members	351.5	297.9	263.4	188.6



Employee Assistance Program

EAP Utilization	2014	2015	2016	2017*
Average # of Subscribers	2415	2436	2251	1303
Total EAP Cases	19	15	19	7
EAP Access Rate	0.79%	0.62%	0.84%	0.54%

EAP Counseling & Consultation



Primary Presenting Problems				
Problem Types	2014	2015	2016	2017*
Marital/Relationship/Family	15.8%	26.7%	10.5%	42.9%
Depression/Anxiety	42.1%	26.7%	31.6%	28.6%
Adjustment & Job/Occupational	10.5%	33.3%	31.6%	14.3%
Impulse Control Disorder	0.0%	6.7%	15.8%	0.0%
Grief & Loss	10.5%	6.7%	5.3%	0.0%
Alcohol/Drug	5.3%	0.0%	0.0%	0.0%
Legal/ Financial Consultation	5.3%	0.0%	0.0%	0.0%
Other / Declined	68.4%	0.0%	47.4%	14.3%

BEACON HEALTH OPTIONS 2017 ANNUAL REPORT EXECUTIVE SUMMARY

Beacon is proud to be your partner of choice to provide Employee Assistance Program (EAP) services for your workforce. Thank you for the opportunity to serve your organization.

As part of our mission *to help people live their lives to the fullest potential*, we provide unencumbered member access to person-centered, high-quality behavioral health treatment and support services.

As your trusted partner, we offer your workforce a broad continuum of services—from online resources to build resiliency, to short-term EAP counseling to help someone overcome a personal challenge, to referrals for more intensive behavioral health needs.

Millennials continue to redefine workforce behavior, adopting new technologies in both personal and professional settings. To meet these evolving needs, Beacon has launched new digital solutions for your consideration. In addition to EAP video counseling and the Achieve Solutions member portal, we now offer multiple mobile apps and online digital coaching services rooted in cognitive behavioral therapy to encourage self-care management and improve overall member health.

While we believe that innovative programming and accessible technology are key to engaging members in our services and sustaining long-term involvement, it's our clinical expertise and singular focus on emotional well-being that makes the greatest impact on our members, often during the darkest of times.

Last year, our country braced for the worst hurricane season on record. Many of you asked for our help to cope with the devastating aftermath. In Q3 alone, we responded to 351 inquiries related to Hurricanes Harvey and Irma.

"Beacon delivers on the promise we make to our clients to improve the health and well-being of your workforce and deliver effective, customized programs tailored to your organization's specific needs. Our operational teams are hard at work to enhance our core performance and technologies to meet and exceed your expectations.

We are steadfast in our commitment to provide excellent clinical and customer service. From Market President Kerry Mooney to our local account managers to clinicians and member service representatives, each of us at Beacon is accountable for improving member health outcomes and fulfilling our mission to help people live to their fullest potential."

Richard Paul
Chief Partnership Officer
Employer/Federal Region

In November, Beacon received full accreditation as a Managed Behavioral Health Organization (MBHO) from the National Committee for Quality Assurance (NCQA). Beacon has been an accredited NCQA MBHO since 2000, which reaffirms our commitment to adhere to the highest quality, evidence-based standards of care.

2017 WORKPLACE TRENDS

Specific workplace trends and service utilization for 2017 include the following:

- Our new, award-winning **"Understanding Your EAP"** video was viewed more than 7,450 times since it was posted to Achieve Solutions in January. The video provides an overview of the EAP program and guidance on how and when to use it.

- Relationships and mood are still some of the most common reasons people contact us for referrals, The top five presenting problems in 2017 were: marital/relationship, adjustment, anxiety, depression, and family.
- The most highly accessed topics on Achieve Solutions sites in 2017 were the EAP, legal, depression, financial planning, and marriage/couples.
- The Depression Screening Quiz was one of the most popular features on Achieve Solutions with more than 13,350 views.
- The top five training requests from clients were for stress management, EAP orientation, communication, change management, and leadership development.
- With more than 15,500 Work/Life cases in 2017, utilization increased over the previous year. Daily Living Referrals still accounted for 41% of contacts to our specialists; most of them were for housing information and social services (such as food, rent, and prescription payment assistance; domestic violence resources; and baby supplies).
- Beacon offers you two monthly 30-minute EAP webinars, one targeted for managers and the other for employees. Last year we introduced a new on-demand platform; however, based on client feedback, we will transition back to live webinars starting January 2018. After the live event, webinars will still be available on demand through Achieve Solutions.
- Autism treatment continues to be a top priority issue for our national account customers; almost half of our employer clients now offer autism benefits.

IMMEDIATE RESPONSE IN DIFFICULT TIMES

During the third quarter of 2017, Beacon, like many of our client organizations, had to execute hurricane preparedness policies to ensure the safety of our employees located along the Gulf and East coasts of Florida, Louisiana, and Texas as we all faced the worst U.S. hurricane season on record. We also implemented recovery and back-up plans to ensure nationwide operational continuity for our clients, providers, and members, regardless of their location.

- We responded to more than 350 inquiries related to Hurricanes Harvey and Irma, with the majority of requests for businesses and/or branches located in Texas and Florida, as expected.
- In mid-September, Beacon, along with network provider Motivational Coaches of America (MCUSA), sent more than 300 behavioral health professionals to Florida to help with emotional stress caused by Hurricane Irma. MCUSA and Beacon counselors set up onsite stations in 200 schools and shelters in 11 Florida counties to offer free, one-on-one sessions for children affected by the storm's devastation.

- More recently, we responded to 135 requests for support in the wake of the tragic shooting that took place in Las Vegas, providing onsite sessions and distributing resources to our clients which included our handbook for coping after a violent event and tip sheets on talking to children about violence and how to help oneself.

2017 CLIENT SUMMITS

Beacon invites its employer group clients to attend one-hour web conferences on topics of special interest. These client summit sessions—hosted by nationally recognized experts—review current workplace challenges and trends and provide a forum to share best practices with other Beacon clients. We hosted three well-attended client summits in 2017:

- In February, just prior to releasing our latest white paper on Zero Suicide, our first client summit outlined the seven essential elements of the Zero Suicide model that provide a framework for starting or growing a suicidal behavior awareness and prevention initiative.
- April's summit focused on mindfulness in the workplace, providing strategies on how to incorporate daily mindfulness activities as well as how to implement the practice within the work environment to help increase productivity.
- In response to the devastating aftermath of Hurricane Harvey and in anticipation of the looming Hurricane Irma, our third summit focused on disaster readiness, individual/organizational recovery needs, and resources.

GOING DIGITAL TO ENHANCE ENGAGEMENT AND PARTICIPATION

A 2017 report by Transcend Insights says that 64 percent of polled patients use a digital device, including mobile apps, to manage their health. Whether used to measure their heart rate, count steps, or track calories, online programs and mobile apps can help motivate users to make healthy choices. Mental health apps can have the same impact, helping people make positive behavior change choices to improve their emotional well-being.

Our online intervention program, **SelfHelpWorks**, addresses specific lifestyle behaviors or risks that drive costly chronic health issues in your organization such tobacco use, weight or unhealthy eating, alcohol, inactivity, poor resilience, poor sleep, or poor diabetes management. Accessed through Achieve Solutions, this intervention program consists of pre-recorded video training sessions featuring live instructors. The self-paced modules also include interactive quizzes and multimedia support tools including a companion app.

This program goes beyond simply educating members about health and wellness issues. Using a proprietary, evidence-based cognitive behavioral training process, the video-based interventions guide participants through a step-by-step process that addresses their emotionally-driven dependencies so they can adopt lasting behavior change, a key component of this CBT-based approach.

In 2017, Beacon also introduced a new online wellness solution called **YoFi Wellness** to help your employees change poor habits and live healthier lives. The web-based app provides a unique combination of video classes, personalized communications, activity trackers, and motivational wellness challenges. YoFi offers more than 600 high quality wellness video classes covering important topics that help promote and encourage employee well-being like fitness, nutrition, mindfulness, and healthy sleep.

Our **mobile apps** help increase emotional resiliency and well-being related to mood and personal relationships. Their purpose is to help motivate people to adopt new, healthy behaviors to combat depression and help couples breathe new life into their relationships:

- **Lantern** is a self-management application that provides evidence-based cognitive behavioral therapy (CBT) delivered via a personal coach. The app uses proven behavioral management techniques to help employees better manage and overcome stress, anxiety, and depression. Through this self-paced learning approach, which typically lasts two to six months, participants can practice more than 30 interactive stress and anxiety management techniques to find what works best for them. The average user tends to complete 15 interactions a month.
- **MoodHacker** helps users track, understand, and improve mood and well-being and reduce depression symptoms. It is ideal for people who want to increase positive emotions and activities in their daily lives. Users are guided through simple and practical activities and are given tools, personal plans, and mood-boosting techniques that have been tested and proven to show improvement—even when used only a few minutes per day.
- **Love Every Day** helps members build relationship resilience with their partners by increasing the confidence, quality, and satisfaction in everyday personal interactions. It promotes teamwork, prompts positive exchanges, and generates meaningful in-person conversations through text messages, a daily questionnaire, and skill-building gaming activities.

IMPROVING EMPLOYEE FINANCIAL HEALTH WITH MY SECURE ADVANTAGE

A recent press release from the Personal Finance Employee Education Foundation states that financial risk plagues over 75 percent of Americans. Money continues to be the leading cause of stress in America today.

Beacon's financial wellness program, My Secure Advantage (MSA), offers the most comprehensive and effective financial wellness solution available. MSA is more than a financial education program; it fosters long-term financial understanding and provides your employees with personalized financial consultation to help them make long-lasting improvements.

- PwC's 2016 Employee Financial Wellness Survey shows that 52% of workers are stressed about finances
- 46% of them spend 3+ hours a work week dealing with or thinking about it
- The Society for Human Resource Management (SHRM) reports that 83% of employers find that personal financial challenges impact their employees' productivity

The MSA program features a full suite of tools and resources including an employee website with money management software, educational videos, calculators, articles, financial assessments, live webinars, identity monitoring, legal forms, and employee incentives. Participants can receive help with improving their credit score, getting out of debt, creating a budget, planning for retirement, and buying or refinancing a home.

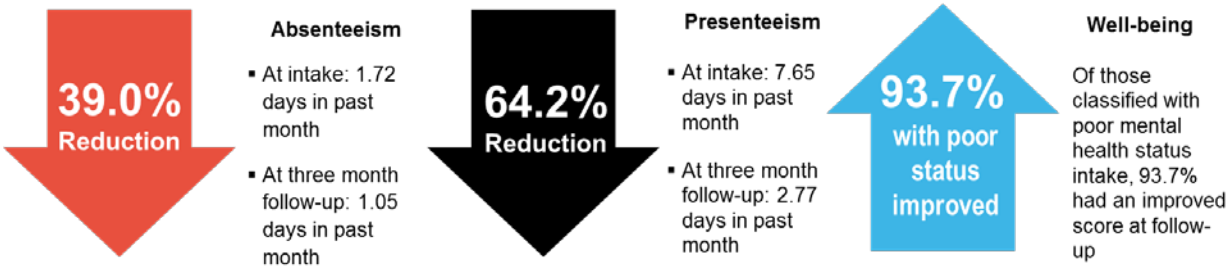
The highlight of the MSA financial wellness program is the ability for each employee to work with a Money Coach for a specific employer-funded coaching period. The typical employee experience includes a one-to-one meeting with the coach two to three times a year and completing certain tasks and exercises between meetings. Employees improve financial well-being by 65 percent after 90 days of money coaching.

PRODUCTIVITY OUTCOMES

Beacon demonstrates the quality and effectiveness of our behavioral health programs on employee absenteeism, productivity, and well-being through our Productivity Tracking Program. This valuable tool is based upon adult members' self-report of their levels of productivity and absenteeism as well as their general mental health status before and after outpatient behavioral health or EAP interventions.

Our Productivity Tracking Program has consistently demonstrated substantial member improvement during the period between the intake survey and follow-up survey as indicated below.

Productivity Tracking Outcomes



REGULATORY UPDATE

In 2017, Beacon continued to track and influence key legislation, policy initiatives, and regulations impacting behavioral health including the 42 CFR Part 2 and mental health parity. Given the broad-sweeping impact of the nation's growing opioid epidemic, Beacon is actively assessing related legislation and recommendations to expand access to opioid use disorder (OUD) treatment. For example:

- On November 1, the **President's Commission on Combating Drug Addiction and the Opioid Crisis** released its final report, which details 56 recommendations to address the nation's ongoing opioid epidemic. The Commission's focus on parity, peer supports, telemedicine, prescription monitoring, and privacy reform fits with several of Beacon's opioid treatment initiatives, particularly our efforts to increase access to medication-assisted treatment (MAT), peer-based recovery support, and community-based follow-up care.
- Beacon participated in a policy initiative through Shatterproof, a national nonprofit organization dedicated to ending the devastation addiction causes families. Beacon helped to formulate the National Principles of Care (the "Principles") consistent with the Surgeon General's Report.
- Beacon encourages employers to remove any preauthorization requirements or exclusions for MAT such as methadone or outpatient Suboxone.
- We participated in Congressional meetings on "sober home" abuse and anti-patient brokering initiatives. These efforts will help members receive better and higher quality treatment options while reducing costs for employer sponsored health plans.

Existing privacy provisions set forth in **42 CFR Part 2** (commonly referred as "Part 2") seek to add an extra layer of protection for patients with substance use disorder (SUD) who were potentially dissuaded from seeking treatment because of the underlying stigma and fear of

prosecution. The regulations prohibit disclosure and use of patient records unless certain circumstances exist, such as medical emergencies or notifications of suspected child abuse. The continued separation of SUD information from other types of medical information is contrary to integration efforts.

Beacon urges federal regulators to consider full alignment of Part 2 with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as an effective way to share relevant patient information essential to care coordination. In addition, our Chief Medical Officer issued a statement in support of the House of Representatives' Part 2 reform bill – The Overdose Prevention and Patient Safety Act. Senators Joe Manchin and Shelley Moore Capito have introduced a similar reform bill in the Senate, which we also support.

Beacon continues to help shape parity policy from a national perspective, taking important steps to support implementation of the **Mental Health Parity and Addiction Equity Act** (MHPAEA). These efforts preceded the release of MHPAEA final regulations in 2013 and continue today. To better understand differing interpretations of MHPAEA rules, Beacon has met with key stakeholders including:

- Regulators: the Department of Health and Human Services, the Assistant Secretary for Planning and Evaluation, and the Department of Labor
- Consultants: Towers Watson, AON, Segal, and Mercer
- Advocacy Groups: National Council for Behavioral Health, The Kennedy Forum, Parity Implementation Coalition, and the American Psychiatric Association

This past year, Beacon began working with the ClearHealth Quality Institute and other industry experts to develop parity accreditation standards designed to create better uniformity and understanding of the MHPAEA. Beacon's Associate General Counsel and Director of Parity Compliance staff co-chairs this initiative.

In conclusion, 2018 promises to be a pivotal year in mental health and SUD regulatory/legislative activity. Beacon is closely monitoring proposed reforms to the Affordable Care Act as well as tax reform and will continue to provide you with timely information and analytical updates.

REAL SOLUTIONS TO ADDRESS THE OPIOID CRISIS

America's growing opioid epidemic places a heavy financial burden on our economy. The American Society of Addiction Medicine reports that employers are losing $10 billion a year due to opioid-related absenteeism and lost productivity. Despite the pervasiveness of opioid addiction across the country, our health care delivery system has not effectively addressed the chronic nature of opioid use disorder (OUD). System-wide problems persist:

- Our country's system is organized to provide episodic OUD treatment, while the underlying condition is chronic in nature.
- Inpatient detoxification has an 80 percent relapse rate at six months and a higher mortality rate.
- MAT is scientifically proven, but not universally adopted. A major driver of current MAT underutilization is the lack of providers with specialty training who are approved and willing to treat those with OUD.
- Physicians are not trained to provide care for people with SUDs.

- Stigma stemming from mischaracterization of the disease as a character flaw is limiting the discussion of effective treatment approaches.

Since the launch of our National Opioid Project, we continue to address these concerns in innovative and meaningful ways:

- **Expanding access to MAT:** We promote withdrawal management with stabilization on medication-assisted treatment as a best practice in treating OUD. We also foster timely connections with a warm handoff between withdrawal management services MAT treatment the day after discharge.
- **Expanding MAT prescription capacity**: We successfully launched our Project ECHO program to train and educate prescribers on MAT and will implement new ECHO locations in 2018. Our multidisciplinary clinical team serves as an ECHO hub to train practitioners administering and monitoring MAT. This way, Beacon expands member access to this much-needed, highly effective treatment option for people overcoming opioid addiction.
- **Reduce early discharges and change care pathways:** Because individuals who leave treatment prematurely have less favorable outcomes, we work with providers to implement interventions and meaningful engagement supports that help members complete care.
- **Reduce stigma and promote prevention and education** through EAP resources including our "Opioids and Heroin" article series, opioid awareness digital messages, an employee webinar called The Hidden Dangers of Prescription Drug Use, and tips sheets on the topics of in versus out-of-network care and the early stages of recovery.

PROMOTING BEST PRACTICES IN SUD TREATMENT

Beacon joins 15 other major health insurers to adopt eight evidence-based National Principles of Care for SUD treatment, developed by non-profit organization Shatterproof. The organization's goal is to identify, promote, and reward effective SUD treatment that improves health outcomes and save lives. Backed by three decades of research, the principles stem from the Surgeon General's Report on Alcohol, Drugs, and Health.

National Principles of Care for SUD Treatment

- Universal SUD screening across all medical settings
- Personalized diagnosis, assessment, and treatment planning
- Rapid access to appropriate SUD care
- Engagement into continuing long-term care with monitoring and adjustments to treatment
- Coordinated care for physical and mental illness
- Access to fully trained behavioral health professionals
- Access to FDA-approved medications
- Access to non-medical recovery support services

Beacon and our colleagues have broad provider reach and impact to transform SUD treatment in practice settings. Together, we are responsible for a combined *248 million consumers* and can influence nearly every contracted provider in the country, to guide, promote, and reward evidence-based standards of care.

CLOSING

Our EAP services have meaningful impact in the lives of our members and their families. We deliver the solutions you need to engage your member populations, apply appropriate interventions and supports, evaluate and improve outcomes, and lower overall health care costs.

As a company focused exclusively on behavioral health management, our staff is passionate about helping people live their lives to the fullest potential. Our own lived experience and our strong values compel us to serve.

Based on our most recent client survey results, we are serving our employers well, receiving a 98% overall satisfaction rating. We look forward to continue providing excellent customer service as your EAP partner in 2018.

Paid Claims Details

Division Paid Claim Analysis - In-Network versus Out-of-Network

In-Network

Level of Care	Psych Units	Psych Paid $'s	Substance Abuse Units	Substance Abuse Paid $'s	Total Units	Total Paid $'s	Average Cost per Unit	PEPM	PMPM
Inpatient	30	$22,303	5	$2,468	35	$24,771	$707.74	$0.90	$0.53
Residential	0	$0	9	$3,175	9	$3,175	$352.80	$0.12	$0.07
Partial Hospitalization	4	$2,427	0	$0	4	$2,427	$606.77	$0.09	$0.05
Intensive Outpatient	0	$0	33	$3,932	33	$3,932	$119.15	$0.14	$0.08
Outpatient	472	$17,357	99	$5,319	571	$22,676	$39.71	$0.82	$0.49
Applied Behavioral Analysis	0	$0	0	$0	0	$0	$0.00	$0.00	$0.00
Sub Total	**506**	**$42,087**	**146**	**$14,894**	**652**	**$56,981**		**$2.07**	**$1.22**

Out-of-Network

Level of Care	Psych Units	Psych Paid $'s	Substance Abuse Units	Substance Abuse Paid $'s	Total Units	Total Paid $'s	Average Cost per Unit	PEPM	PMPM
Inpatient	0	$825	4	$12,168	4	$12,993	$3,248.17	$0.47	$0.28
Residential	0	$178	14	$41,702	14	$41,880	$2,991.40	$1.52	$0.90
Partial Hospitalization	0	$0	13	$29,250	13	$29,250	$2,250.00	$1.06	$0.63
Intensive Outpatient	0	$0	0	$0	0	$0	$0.00	$0.00	$0.00
Outpatient	158	$11,370	4	$0	162	$11,370	$70.19	$0.41	$0.24
Applied Behavioral Analysis	0	$0	0	$0	0	$0	$0.00	$0.00	$0.00
Sub Total	**158**	**$12,372**	**35**	**$83,120**	**193**	**$95,492**		**$3.47**	**$2.05**

Total

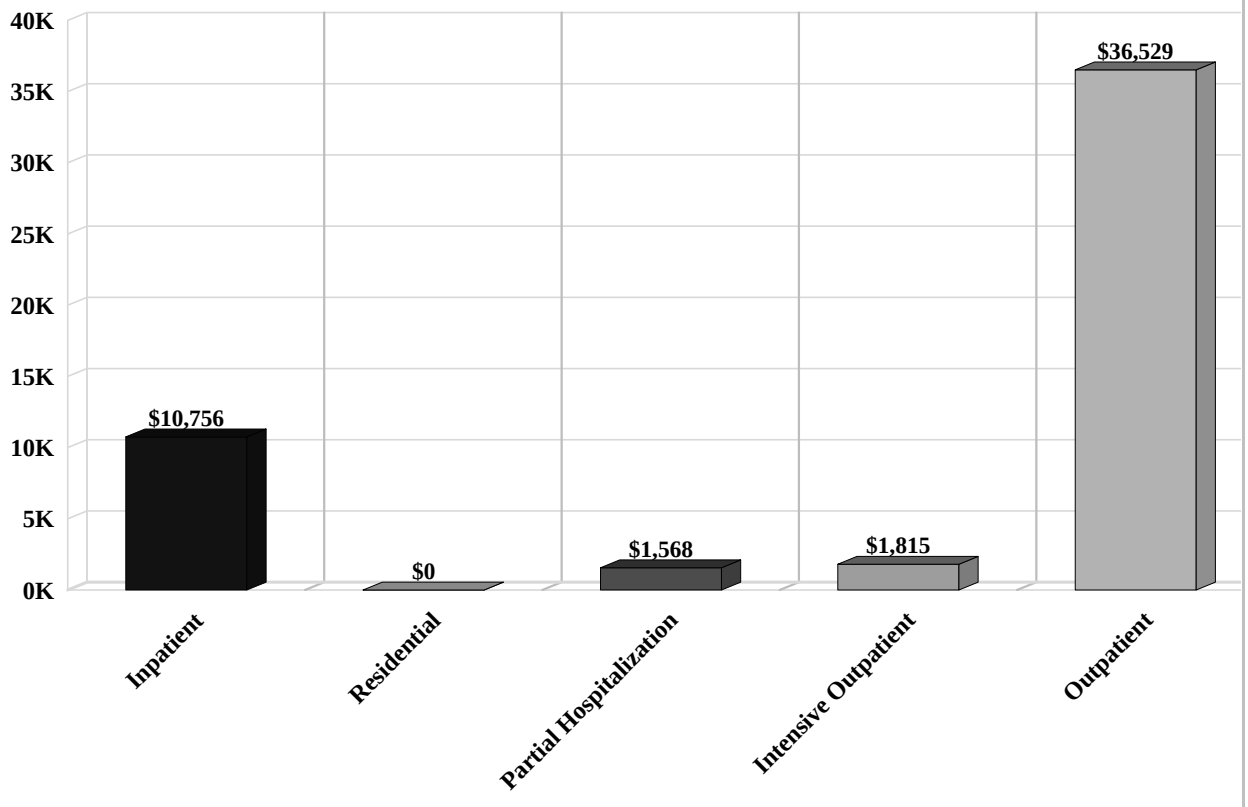
Level of Care	Psych Units	Psych Paid $'s	Substance Abuse Units	Substance Abuse Paid $'s	Total Units	Total Paid $'s	Average Cost per Unit	PEPM	PMPM
Inpatient	30	$23,128	9	$14,636	39	$37,764	$968.30	$1.37	$0.81
Residential	0	$178	23	$44,877	23	$45,055	$1,958.90	$1.64	$0.97
Partial Hospitalization	4	$2,427	13	$29,250	17	$31,677	$1,863.36	$1.15	$0.68
Intensive Outpatient	0	$0	33	$3,932	33	$3,932	$119.15	$0.14	$0.08
Outpatient	630	$28,727	103	$5,319	733	$34,046	$46.45	$1.24	$0.73
Applied Behavioral Analysis	0	$0	0	$0	0	$0	$0.00	$0.00	$0.00
Grand Total	**664**	**$54,459**	**181**	**$98,014**	**845**	**$152,474**		**$5.55**	**$3.27**

**In-Network Claims include SCA.*

Network Savings by Division

Level of Care	Billed Amount	Allowed Amount	*Network Savings
Inpatient	$42,841	$32,085	$10,756
Residential	$3,969	$3,969	$0
Partial Hospitalization	$4,985	$3,417	$1,568
Intensive Outpatient	$6,930	$5,115	$1,815
Outpatient	$75,272	$38,919	$36,353
Total	**$134,197**	**$83,529**	**$50,668**

Network Savings by Level of Care

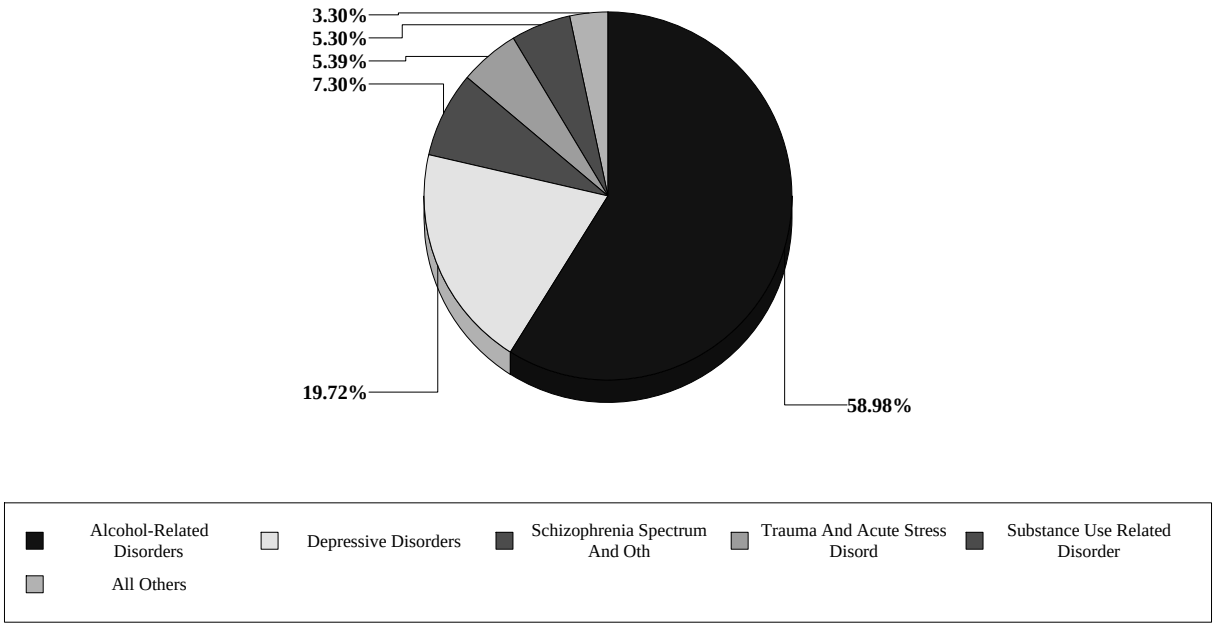


*In-Network Claims Only
**Network Savings calculated prior to application of benefits.

Total Paid Distribution by Major Diagnosis Category by Division

Rank	Diagnosis Category	Total Paid	% of Total Paid	Book of Business
1	Alcohol-Related Disorders	$89,933.20	58.98%	16.40%
2	Depressive Disorders	$30,073.12	19.72%	23.83%
3	Schizophrenia Spectrum And Other Psychotic Disorders	$11,134.83	7.30%	3.57%
4	Trauma And Acute Stress Disorders	$8,219.58	5.39%	8.59%
5	Substance Use Related Disorders	$8,081.20	5.30%	22.26%
6	Anxiety Disorders	$3,127.32	2.05%	7.83%
7	Neurodevelopmental Disorders (Except Asd)	$958.80	0.63%	2.89%
8	Neurocognitive Disorders	$415.20	0.27%	0.13%
9	Bipolar Disorders	$388.00	0.25%	6.96%
10	Other Mental Disorders	$142.40	0.09%	0.06%
	All Other Diagnosis Categories	$0	0.00%	7.48%
	Total for All Diagnosis Categories	**$152,473.65**	**100.00%**	**100.00%**

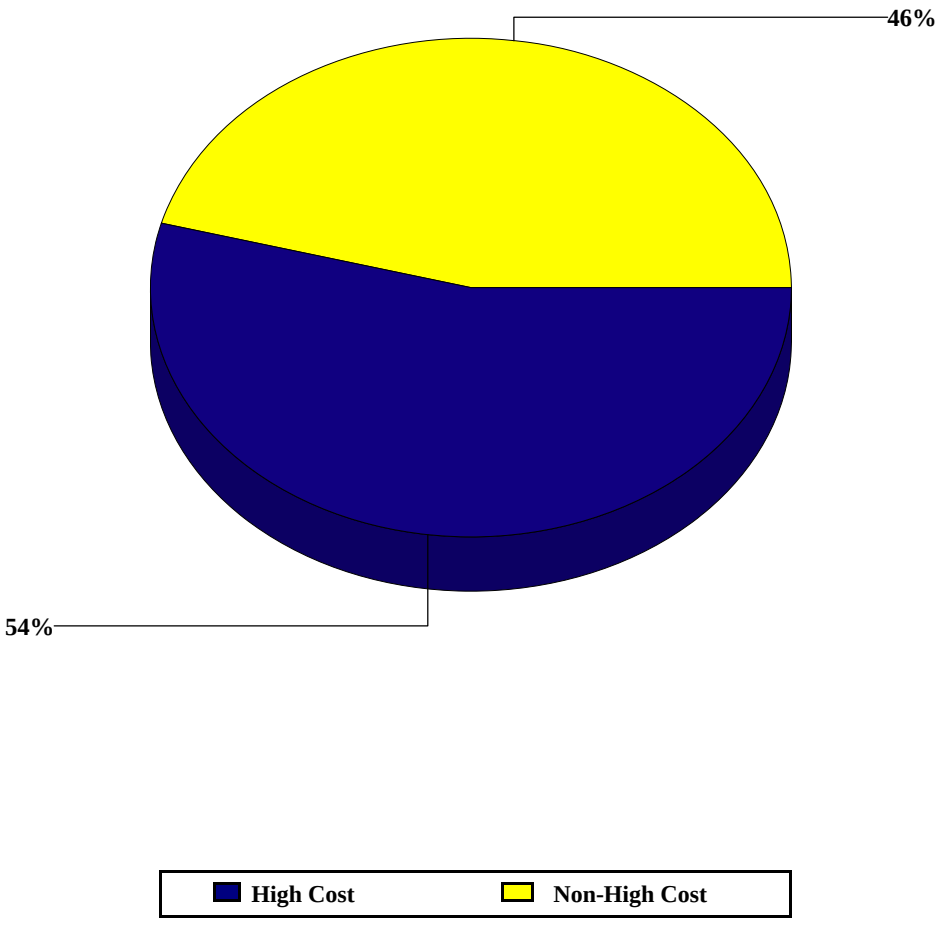
Top Five Diagnosis Categories



High Cost Member Cases Greater than $20,000

	# of Unduplicated Members	Total Claim Amount	Total Allowed Amount	Total Paid Amount	% of Total
High Cost Cases	1	$87,370	$86,774	$82,774	54.29%
Non-High Cost Cases	91	$156,070	$102,876	$69,700	45.71%
Total	**92**	**$243,440**	**$189,650**	**$152,474**	**100.00%**

High Cost Member Cases



Paid Claim Analysis - Gender/Dependency-By Division

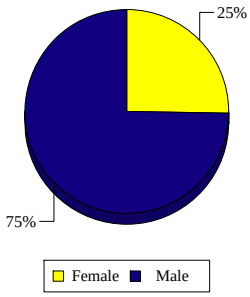
Males

Age Band	Employee	Spouse	Dependent	Total
0 - 12	$0	$0	$1,750	$1,750
13 - 17	$0	$0	$1,083	$1,083
18 - 64	$3,775	$2,130	$105,053	$110,958
65+	$0	$0	$0	$0
Total	**$3,775**	**$2,130**	**$107,886**	**$113,791**

Females

Age Band	Employee	Spouse	Dependent	Total
0 - 12	$0	$0	$5,472	$5,472
13 - 17	$0	$0	$7,916	$7,916
18 - 64	$12,455	$3,990	$6,057	$22,502
65+	$2,288	$504	$0	$2,792
Total	**$14,743**	**$4,494**	**$19,445**	**$38,682**

Total Paid % by Gender



Total Paid % by Dependency

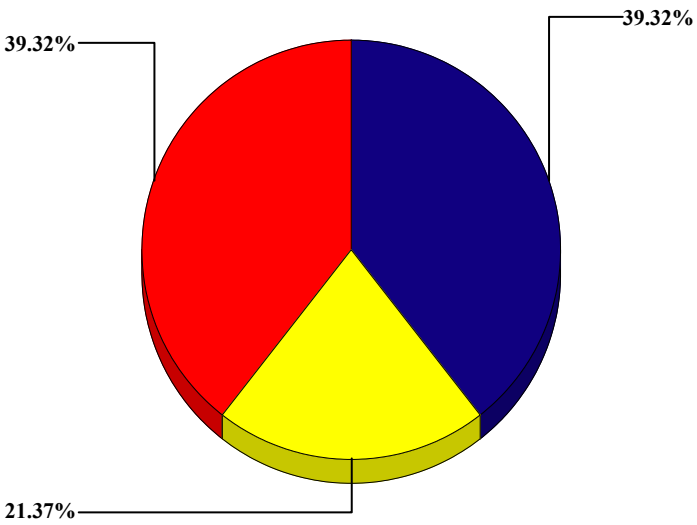
Total Paid % by Age Band

Behavioral Health Penetration Analyses

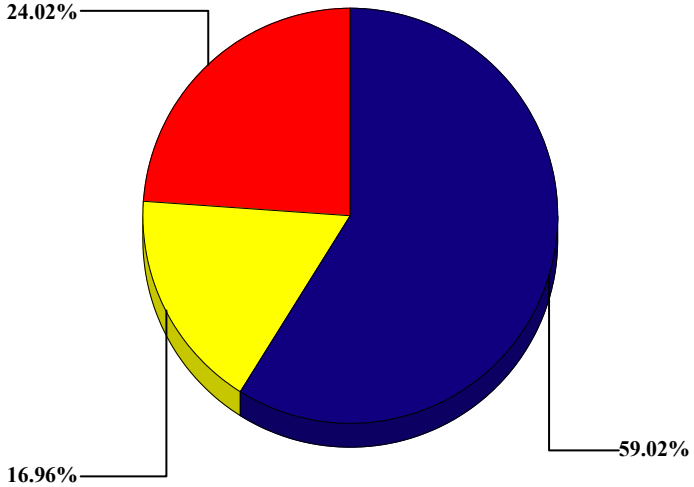
Penetration Rate by Beneficiary Type - Claims Based

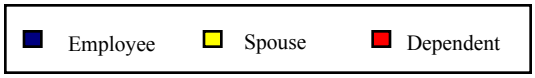
	Employee	Spouse	Dependent	Total
Unduplicated Members Accessing Care	46	25	46	117
Membership	2,291	658	932	3,882
Penetration Rate	2.01%	3.80%	4.93%	3.01%

Unduplicated Members Accessing Care



Membership





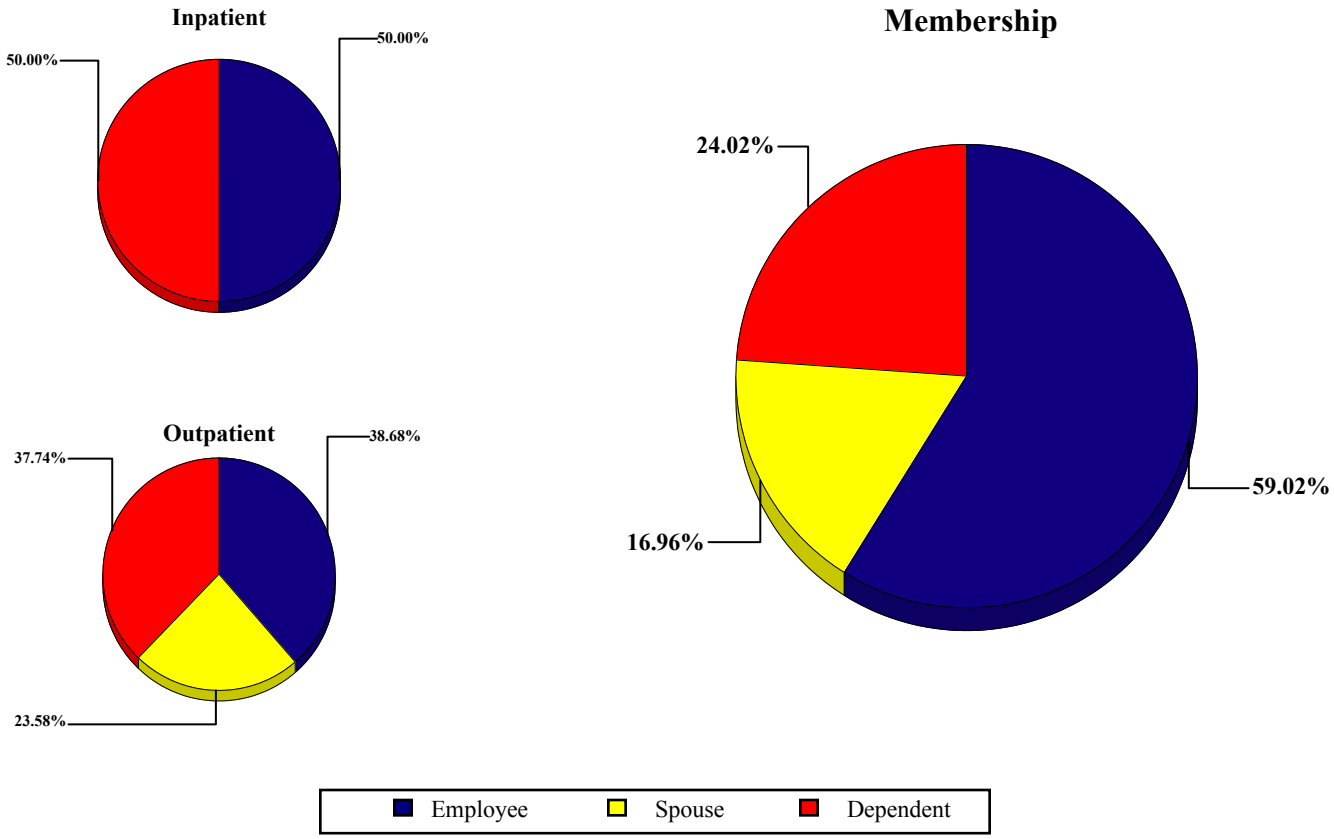
Penetration Rate by Beneficiary Type (Claims)
Inpatient and Higher Level of Care vs Outpatient

Inpatient

	Employee	Spouse	Dependent	Total
Unduplicated Members Accessing Care	8	0	8	16
Average Membership	2,291	658	932	3,882
Penetration Rate	0.35%	0.00%	0.86%	0.41%

Outpatient

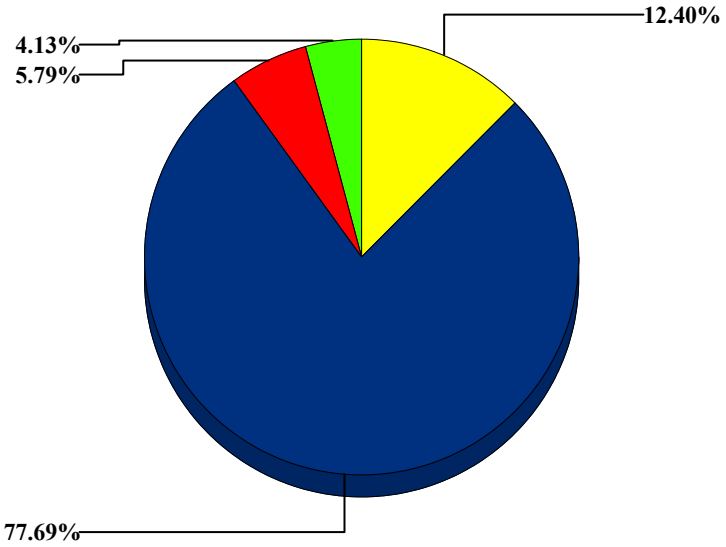
	Employee	Spouse	Dependent	Total
Unduplicated Members Accessing Care	41	25	40	106
Average Membership	2,291	658	932	3,882
Penetration Rate	1.79%	3.80%	4.29%	2.73%



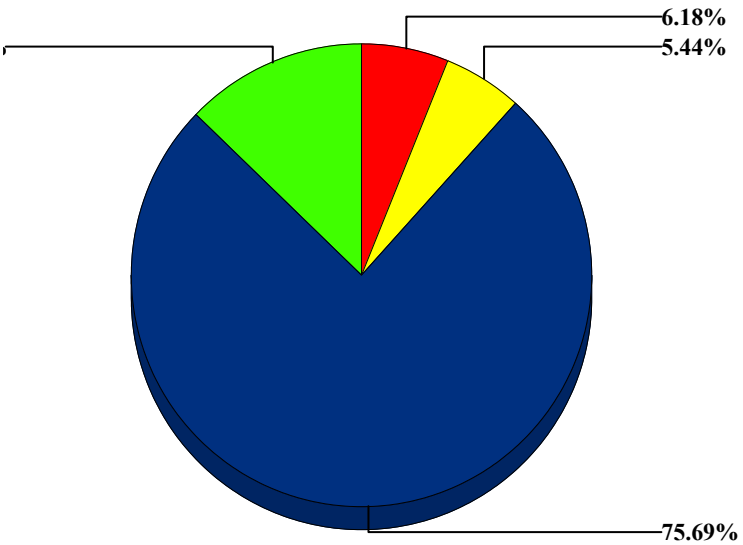
Division Penetration Rate by Age Category (Claims)

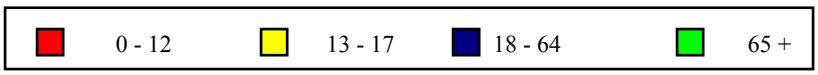
	0 - 12	13 - 17	18 - 64	65 +	Total
Unduplicated Members Accessing Care	7	15	90	5	117
Average Membership	240	211	2,938	493	3,882
Penetration Rate	2.92%	7.10%	3.06%	1.02%	3.01%

Unduplicated Members Accessing Care



Membership





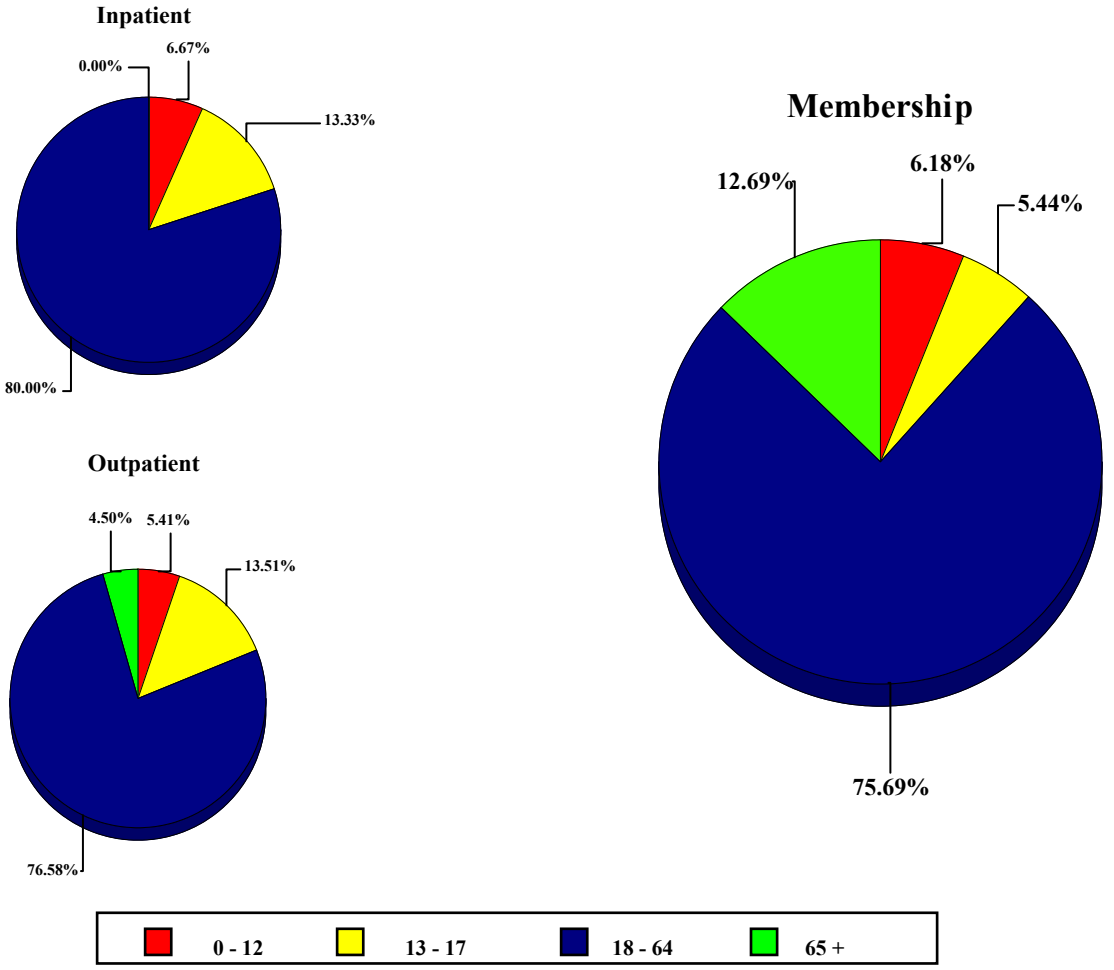
Division Penetration Rate by Age Category (Claims)
Inpatient and Higher Level of Care vs Outpatient

Inpatient

	0 - 12	13 - 17	18 - 64	65 +	Total
Unduplicated Members Accessing Care	1	2	13	0	15
Average Membership	240	211	2,938	493	3,882
Penetration Rate	0.42%	0.95%	0.44%	0.00%	0.39%

Outpatient

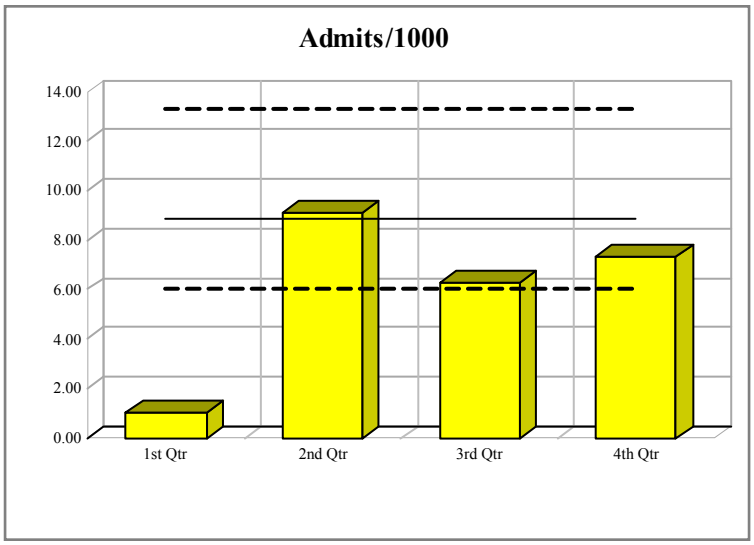
	0 - 12	13 - 17	18 - 64	65 +	Total
Unduplicated Members Accessing Care	6	15	80	5	106
Average Membership	240	211	2,938	493	3,882
Penetration Rate	2.50%	7.10%	2.72%	1.02%	2.73%

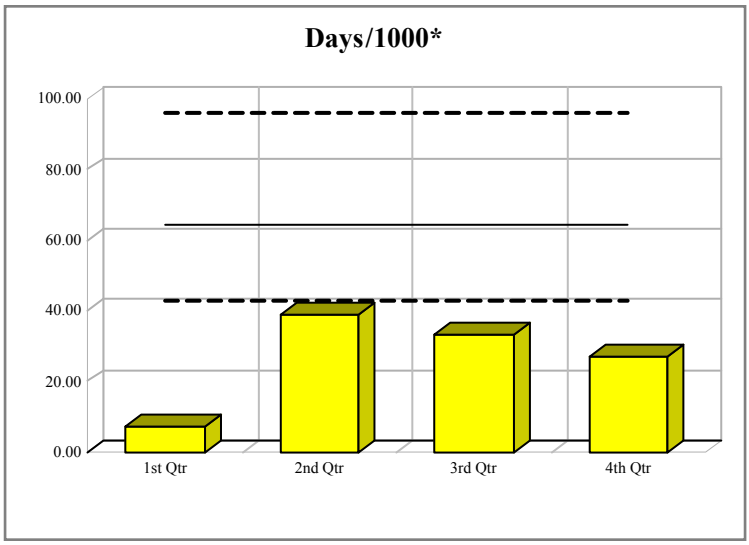


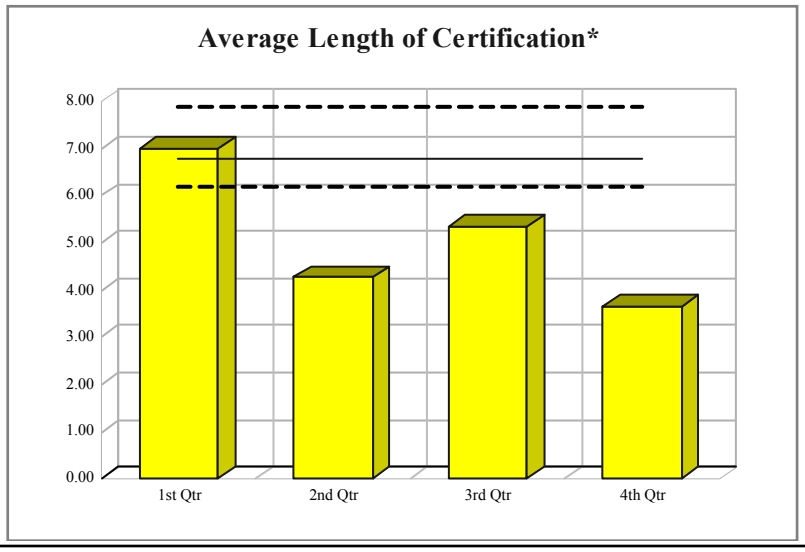
Managed Behavioral Health Utilization

Acute Inpatient & Alternative Levels of Care Utilization by Division

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	3,954	3,944	3,827	3,801	3,882
Admissions	1	9	6	7	23
Days*	7	38	32	26	103
Admissions/1000 Lives	1.01	9.13	6.27	7.37	5.93
Days/1000 Lives*	7.08	38.95	33.45	26.94	26.54
Avg Length of Certification*	7.00	4.27	5.33	3.66	4.48







Book of Business Legend and Data Table for Employer Solutions Division with AMRs applied

	Legend	Admits/1000	Days/1000*	Average Length of Certification*
Upper Control Limit	_ _ _	13.35	96.20	7.87
Book of Business	———	8.89	64.46	6.79
Lower Control Limit	_ _ _	6.06	43.10	6.19

**Alternative Modality Ratios have been applied.*

*** All data has been annualized.*

Report # 2002.1.03

Total Acute Inpatient & Alternative Levels of Care Detail by Division
Psychiatric vs Substance Abuse

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	3,954	3,944	3,827	3,801	3,882

ACUTE INPATIENT

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Admissions	1	0	5	0	1	1	2	1	9	2
Days*	7	0	22	0	4	4	5	5	38	9
Admissions/1000 Lives	1.01	0.00	5.07	0.00	1.05	1.05	2.10	1.05	2.32	0.52
Days/1000 Lives*	7.08	0.00	22.31	0.00	4.18	4.18	5.26	5.26	9.79	2.32
Avg Length of Certification*	7.00	0.00	4.40	0.00	4.00	4.00	2.50	5.00	4.22	4.50

RESIDENTIAL TREATMENT PROGRAM

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Admissions	0	0	0	0	0	1	0	1	0	2
Days*	0	0	0	0	0	7	0	5	0	12
Admissions/1000 Lives	0.00	0.00	0.00	0.00	0.00	1.05	0.00	1.05	0.00	0.52
Days/1000 Lives*	0.00	0.00	0.00	0.00	0.00	7.32	0.00	5.26	0.00	3.09
Avg Length of Certification*	0.00	0.00	0.00	0.00	0.00	7.00	0.00	5.00	0.00	6.00

PARTIAL HOSPITALIZATION PROGRAM

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Admissions	0	0	3	0	0	1	0	0	3	1
Days*	0	0	14	0	1	9	0	0	15	9
Admissions/1000 Lives	0.00	0.00	3.04	0.00	0.00	1.05	0.00	0.00	0.77	0.26
Days/1000 Lives*	0.00	0.00	14.20	0.00	0.52	8.88	0.00	0.00	3.74	2.19
Avg Length of Certification*	0.00	0.00	4.67	0.00	0.50	8.50	0.00	0.00	4.83	8.50

IOP/GROUP HOME/HALFWAY HOUSE

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Admissions	0	0	0	1	0	2	0	3	0	6
Days*	0	0	0	2	0	8	0	11	0	21
Admissions/1000 Lives	0.00	0.00	0.00	1.01	0.00	2.09	0.00	3.16	0.00	1.55
Days/1000 Lives*	0.00	0.00	0.00	2.43	0.00	8.36	0.00	11.15	0.00	5.41
Avg Length of Certification*	0.00	0.00	0.00	2.40	0.00	4.00	0.00	3.53	0.00	3.50

TOTAL ACUTE INPATIENT AND ALTERNATIVE LEVELS OF CARE

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Admissions	1	0	8	1	1	5	2	5	12	11
Days*	7	0	36	2	5	28	5	21	53	51
Admissions/1000 Lives	1.01	0.00	8.11	1.01	1.05	5.23	2.10	5.26	3.09	2.83
Days/1000 Lives*	7.08	0.00	36.51	2.43	4.70	28.74	5.26	21.68	13.53	13.01
Avg Length of Certification*	7.00	0.00	4.50	2.40	4.50	5.50	2.50	4.12	4.38	4.59

**Alternative Modality Ratios have been applied.*
*** All data has been annualized.*

Total Acute Inpatient and Alternative Levels of Care Detail By Division

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	3,954	3,944	3,827	3,801	3,882
ACUTE INPATIENT					
Admissions	1	5	2	3	11
Days*	7	22	8	10	47
Admissions/1000 Lives	1.01	5.07	2.09	3.16	2.83
Days/1000 Lives*	7.08	22.31	8.36	10.52	12.11
Avg Length of Certification*	7.00	4.40	4.00	3.33	4.27
RESIDENTIAL TREATMENT PROGRAM					
Admissions	0	0	1	1	2
Days*	0	0	7	5	12
Admissions/1000 Lives	0.00	0.00	1.05	1.05	0.52
Days/1000 Lives*	0.00	0.00	7.32	5.26	3.09
Avg Length of Certification*	0.00	0.00	7.00	5.00	6.00
PARTIAL HOSPITALIZATION PROGRAM					
Admissions	0	3	1	0	4
Days*	0	14	9	0	23
Admissions/1000 Lives	0.00	3.04	1.05	0.00	1.03
Days/1000 Lives*	0.00	14.20	9.41	0.00	5.93
Avg Length of Certification*	0.00	4.67	9.00	0.00	5.75
IOP/GROUP HOME/HALFWAY HOUSE					
Admissions	0	1	2	3	6
Days*	0	2	8	11	21
Admissions/1000 Lives	0.00	1.01	2.09	3.16	1.55
Days/1000 Lives*	0.00	2.43	8.36	11.15	5.41
Avg Length of Certification*	0.00	2.40	4.00	3.53	3.50
TOTAL ACUTE INPATIENT AND ALTERNATIVE LEVELS OF CARE					
Admissions	1	9	6	7	23
Days*	7	38	32	26	103
Admissions/1000 Lives	1.01	9.13	6.27	7.37	5.93
Days/1000 Lives*	7.08	38.95	33.45	26.94	26.54
Avg Length of Certification*	7.00	4.27	5.33	3.66	4.48

**Alternative Modality Ratios have been applied.*

*** All data has been annualized.*

Recidivism Rates - Psychiatric vs Substance Abuse

Psychiatric

Age Band	Hospitalized in Previous Year	Readmitted within 365 Days Admits	%
0 - 12	0	0	0.00%
13 - 17	3	0	0.00%
18 - 64	4	0	0.00%
65 +	0	0	0.00%
Total	7	0	0.00%

Substance Abuse

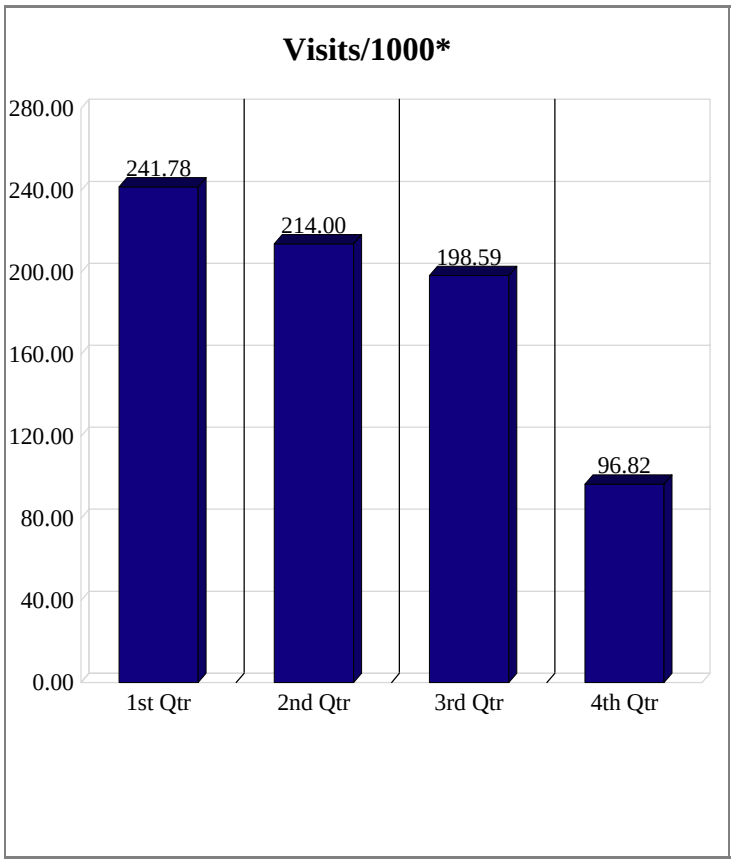
Age Band	Hospitalized in Previous Year	Readmitted within 365 Days Admits	%
0 - 12	0	0	0.00%
13 - 17	0	0	0.00%
18 - 64	0	0	0.00%
65 +	0	0	0.00%
Total	0	0	0.00%

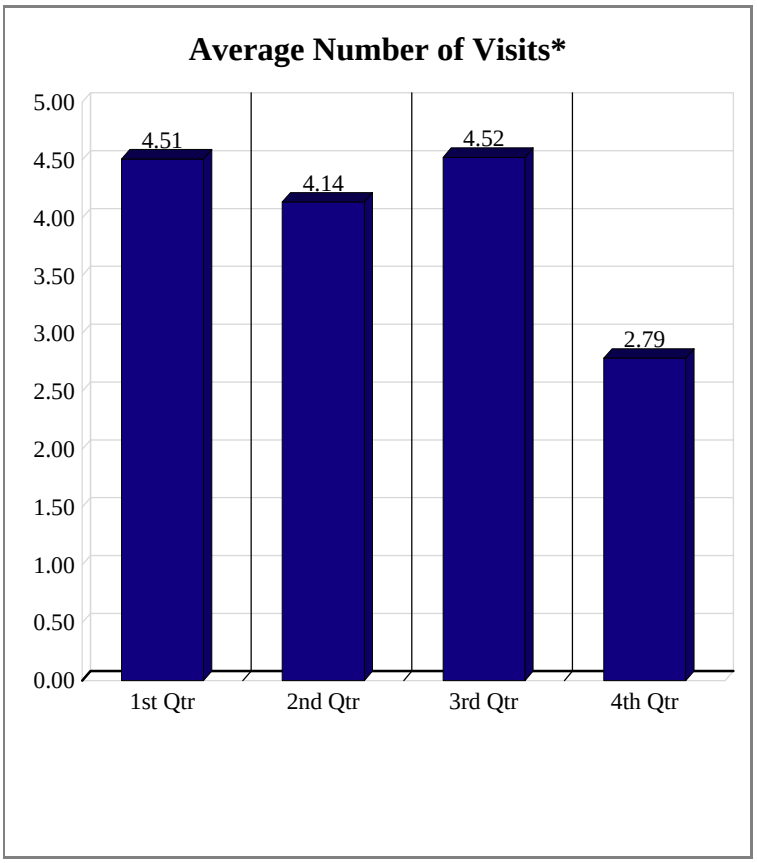
Total

Age Band	Hospitalized in Previous Year	Readmitted within 365 Days Admits	%
0 - 12	0	0	0.00%
13 - 17	3	0	0.00%
18 - 64	4	0	0.00%
65 +	0	0	0.00%
Total	7	0	0.00%

Total Outpatient Utilization (Paid Claims) by Division

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	3,954	3,944	3,827	3,801	3,882
Visits *	239	211	190	92	732
Members Seen	53	51	42	33	82
Visits/1000 Lives*	241.78	214.00	198.59	96.82	188.59
Avg Number of Visits*	4.51	4.14	4.52	2.79	8.93





** Data is based on paid claims and has been annualized.*

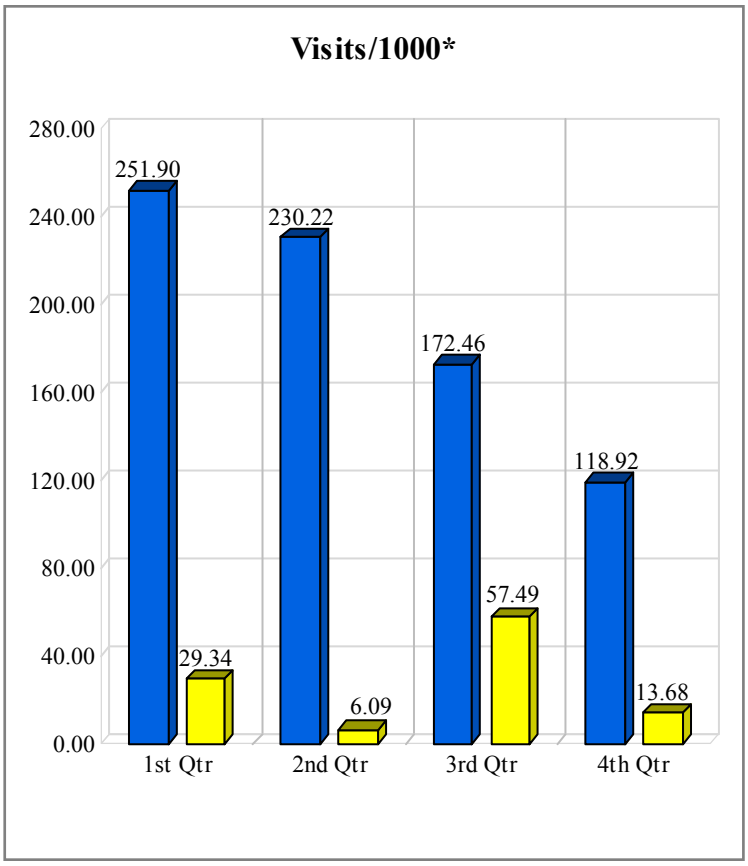
Report # 2029.2.03

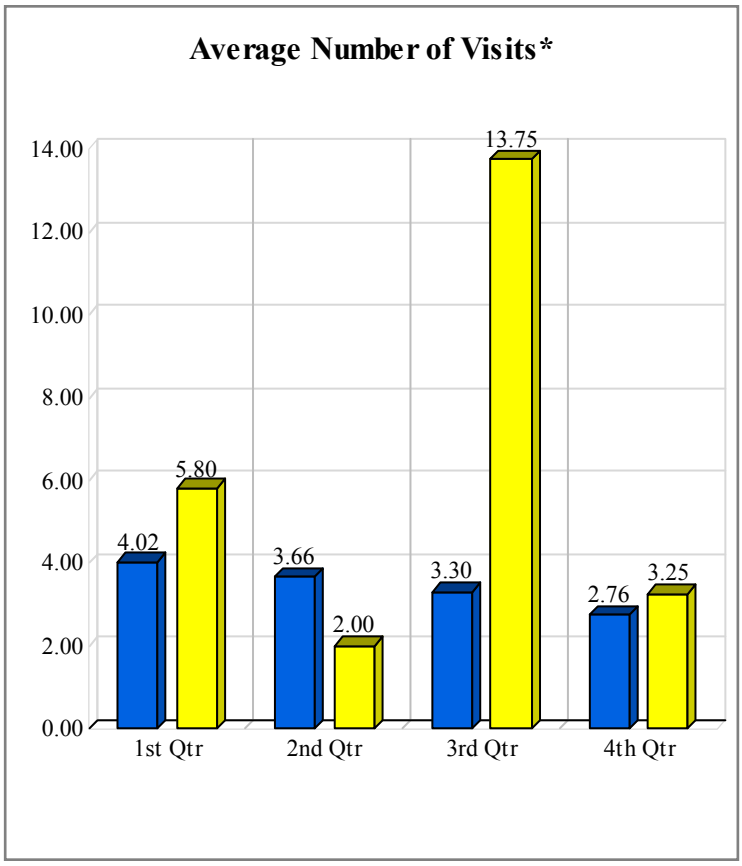
Note: All data excludes ABA(Applied Behavioral Analysis) data.

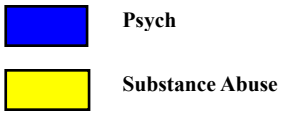
Total Outpatient Utilization by Psychiatric/Substance Abuse (Paid Claims) by Division

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	3,954	3,944	3,827	3,801	3,882

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Visits *	249	29	227	6	165	55	113	13	754	103
Members Seen	62	5	62	3	50	4	41	4	100	7
Visits/1000 Lives*	251.90	29.34	230.22	6.09	172.46	57.49	118.92	13.68	194.25	26.54
Avg Number of Visits*	4.02	5.80	3.66	2.00	3.30	13.75	2.76	3.25	7.54	14.71







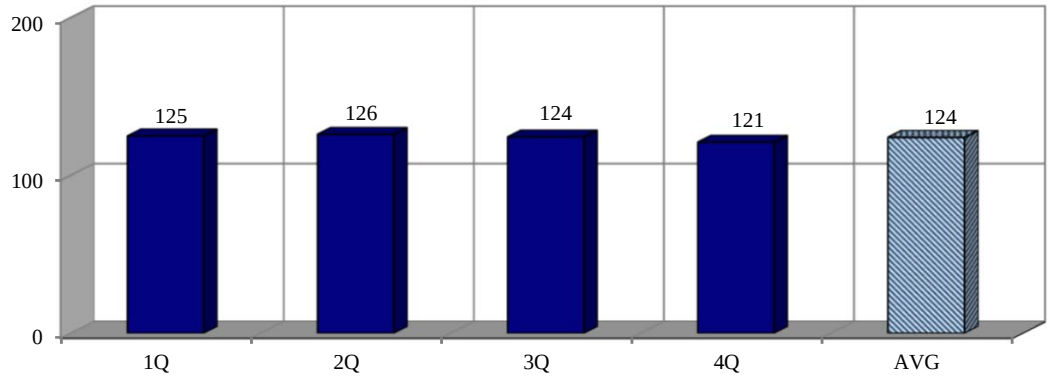
** Data is based on paid claims and has been annualized.*
Note: All data excludes ABA(Applied Behavioral Analysis) data.

Report # 2016.2.03

Telephone Performance

Business Hour Call Volume

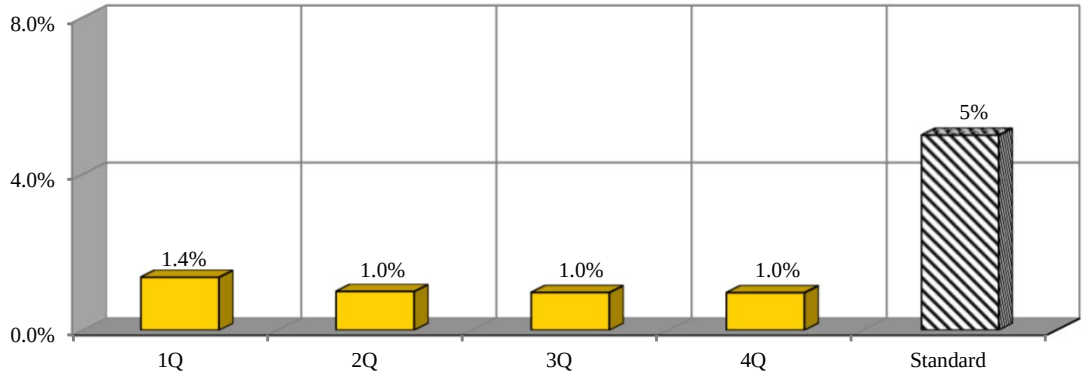
YTD Total Calls: **1400**
After Hours Calls: **20**



Abandonment Rate

(Lower is Better)

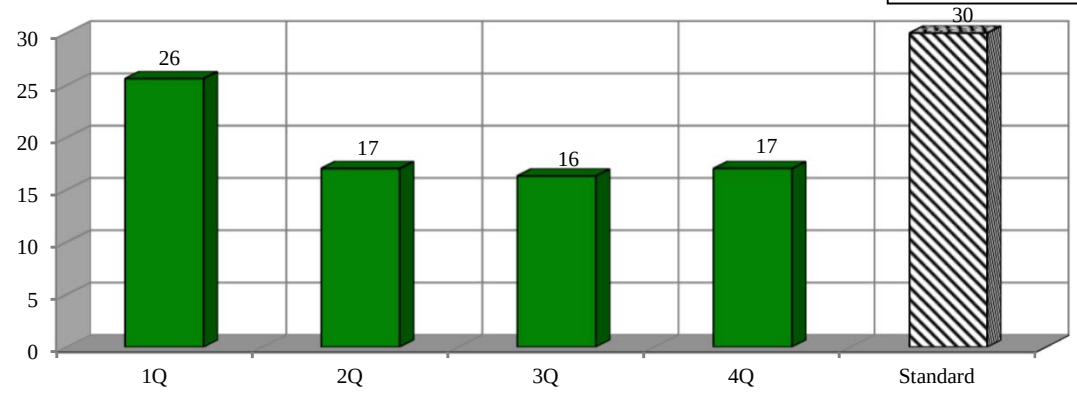
YTD Average Abandonment Rate:
1.1%



Average Speed of Answer

(Lower is Better)

YTD Average Speed of Answer:
19 seconds



Employee Assistance Program

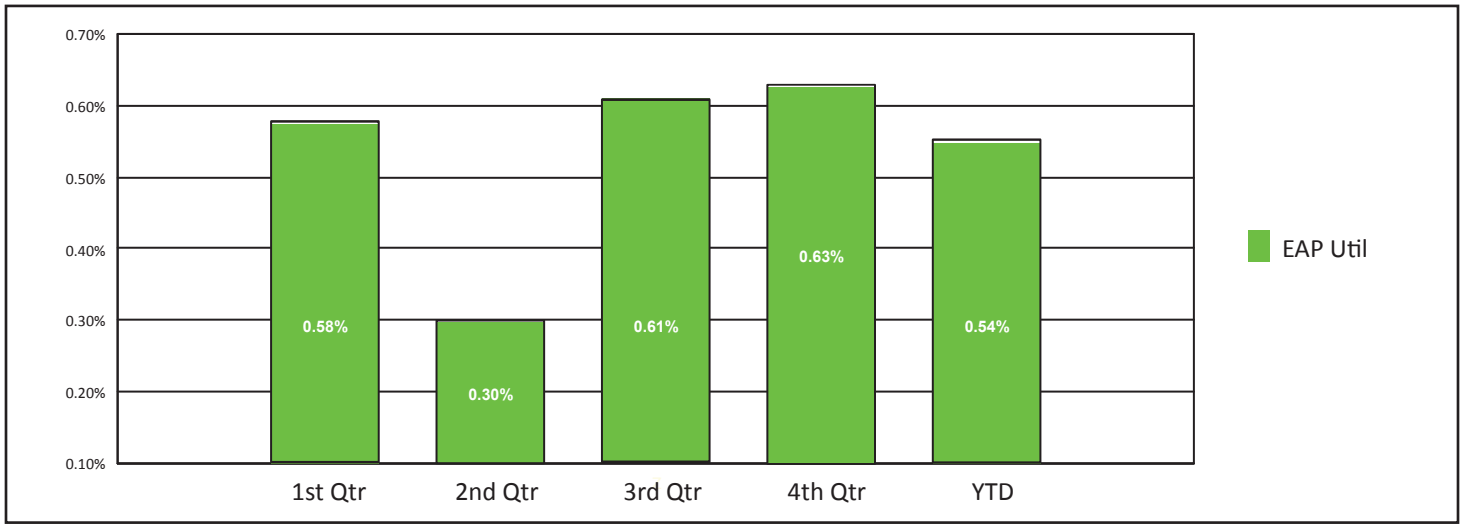
** CONFIDENTIAL **

EAP Case Based Utilization — UFCW

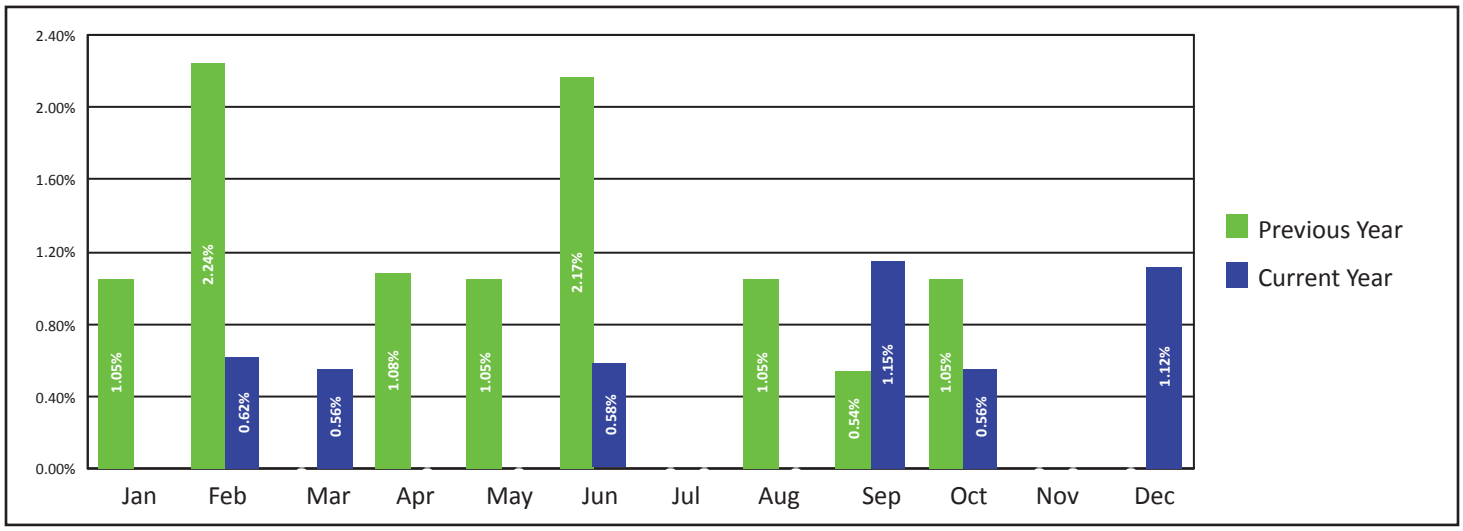
January 1, 2017 - December 31, 2017

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD
Average Number of Eligible Employees	1,375	1,315	1,295	1,275	1,303
Total Distinct EAP Cases	2	1	2	2	7
Annualized Utilization Rate	0.58%	0.30%	0.61%	0.63%	0.54%

Current Utilization Rate



Rolling 12 Month Trending Utilization Rate

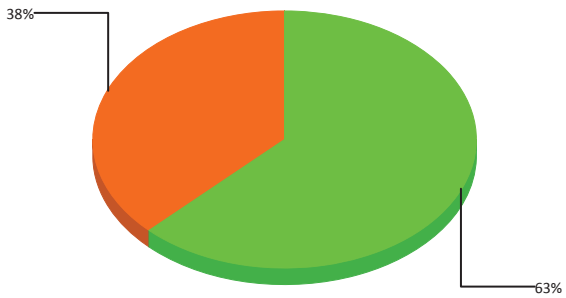


Note: Report shows both open and closed cases.
Print Date: 2/14/2018 4:43:09PM
YTD Reporting Period: 1/1/2017 - 12/31/2017
Report# 21000.1.01
Beacon Health Options®

Participant Demographics — UFCW

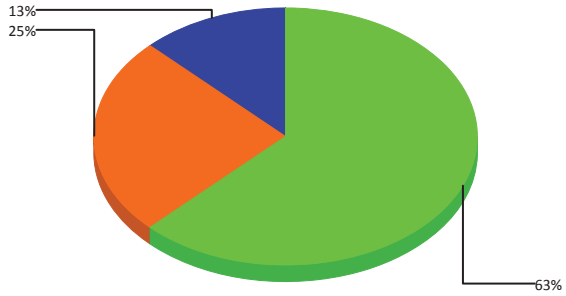
Gender | Age | Participant Category — January 1, 2017 - December 31, 2017

Gender



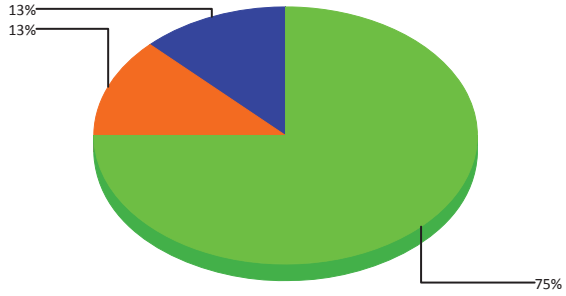
# Cases	
Female	5
Male	3
Total:	8

Age



# Cases	
Generation X (1965 - 1979)	5
Generation Y (1980 - 2000)	2
Generation Z (2001 to present)	1
Total:	8

Participant Category



# Cases	
Self	6
Spouse	1
Dependent	1
Total:	8

Note: Report shows both open and closed cases. Due to rounding of percentages, totals in chart(s) may not equal 100%.
Print Date: 2/14/2018 4:43:09PM

Report# 21001.1.01
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Distribution by Problem Category

UFCW

January 1, 2017 - December 31, 2017

Top 10 Presenting Problems and Substance Abuse	2015 Semi-Annual 2	2015 YTD	2016 Semi-Annual 2	2016 YTD	2017 Semi-Annual 2	2017 YTD
Marital Relationship	4	4	1	1	3	3
Declined	1	1	1	1	2	2
Depression	3	3	4	4	2	2
Situational/Adjustment Concern	3	3	3	3	1	1
Anxiety	1	1	2	2	0	0
Family	0	0	1	1	0	0
Grief/Loss	1	1	1	1	0	0
Impulse Control Disorder	1	1	3	3	0	0
Job/Occupational	1	1	3	3	0	0
Total:	15	15	19	19	8	8

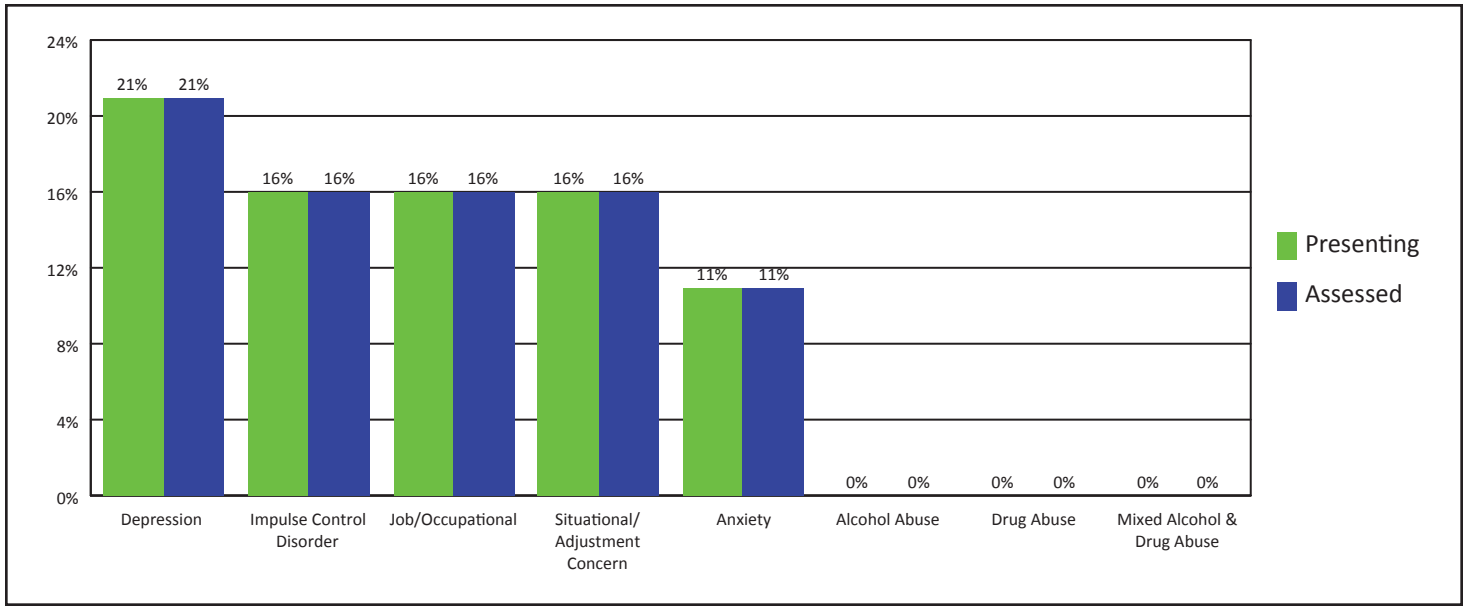
Top 10 Assessed Problems and Substance Abuse	2015 Semi-Annual 2	2015 YTD	2016 Semi-Annual 2	2016 YTD	2017 Semi-Annual 2	2017 YTD
Marital Relationship	4	4	1	1	3	3
Depression	5	5	4	4	2	2
Declined	0	0	1	1	1	1
Impulse Control Disorder	1	1	3	3	1	1
Situational/Adjustment Concern	2	2	3	3	1	1
Anxiety	0	0	2	2	0	0
Family	0	0	1	1	0	0
Grief/Loss	1	1	1	1	0	0
Job/Occupational	2	2	3	3	0	0
Total:	15	15	19	19	8	8

Distribution by Problem Category

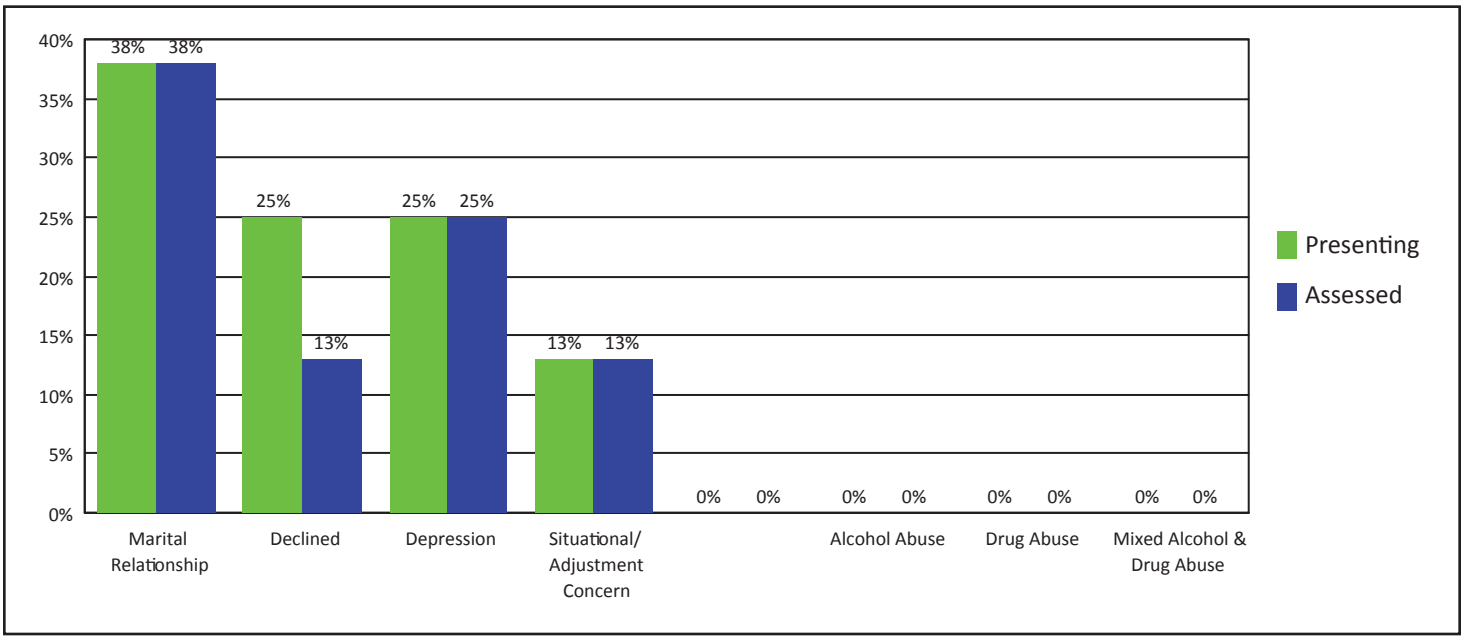
UFCW

January 1, 2017 - December 31, 2017

Rolling 12 Month Trending for Top 5 Problems and Substance Abuse - Previous Year



Rolling 12 Month Trending for Top 5 Problems and Substance Abuse - Current Year



Note: Report shows both open and closed cases. Due to rounding of percentages, totals in chart(s) may not equal 100%.

Report# 21007.1.01

Print Date: 2/14/2018 4:43:09PM

YTD Reporting Period: 1/1/2017 - 12/31/2017

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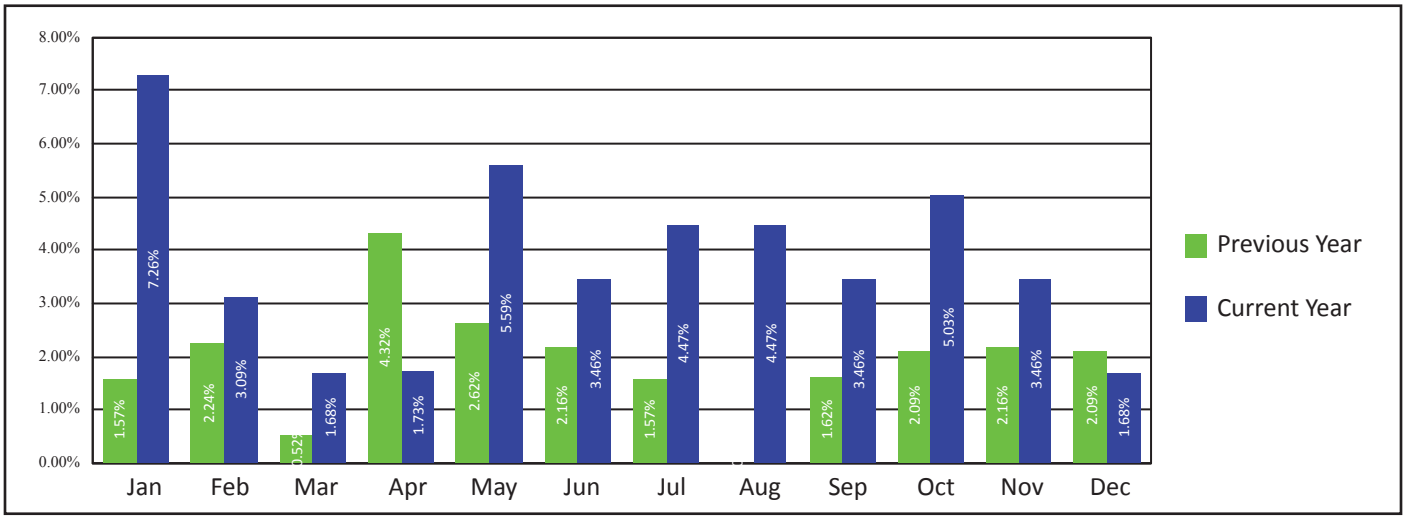
Achieve Solutions Utilization Data

UFCW

January 1, 2017 - December 31, 2017

	Current	YTD	Previous YTD	BOB YTD %
Total Page Views	172	172	89	-------
Total Unique Sessions	80	80	43	-------
Annualized Utilization Rate *Unique Sessions Only*	3.88%	3.80%	1.91%	17.13%

Rolling 12 Month Trending for Unique Sessions



Top 10 Most Frequently Visited Topics	Current Views	YTD Views
General Health	5	5
Financial Planning	4	4
Employee Assistance Program (EAP)	3	3
Parenting a Preteen	3	3
Substance Use Disorders Treatment and Recovery	3	3
Conflict Management	2	2
Divorce	2	2
Panic Disorder	2	2
Sleep	2	2
Children's Health	1	1

Achieve Solutions Utilization Data

UFCW

January 1, 2017 - December 31, 2017

Top 10 Most Frequently Viewed Centers	Current Views	YTD Views
Health & Wellness	11	11
Relationships	9	9
Money & Legal	4	4
Alcohol & Other Drugs	3	3
Anxiety	2	2
Managers' Tools	1	1

Supervisor/ Manager Topics Viewed (by Rank Order)	Current Views	YTD Views
Work/Life Issues and the Workplace	1	1

Content Type (All Users)	Current Views	YTD Views
Articles	22	22
Quizzes	3	3
Trainings	1	1