

WEBB COUNTY

Plan Sponsor ID 000000096351741

Standard Report For Self Insured Medical Products

Current Data For Claims Incurred January 01, 2017 - May 31, 2017

Prior Data For Claims Incurred January 01, 2016 - May 31, 2016

Self Insured Aetna Choice POS II with Pharmacy



WEBB COUNTY - Plan Sponsor ID 000000096351741

Report Parameters
Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - May 31, 2017
Prior Data For Claims Incurred January 01, 2016 - May 31, 2016
1 Month Claim Lag
Book of Business Data Incurred End Date March 31, 2017

Standard Report Template: Self Insured Medical

Large Claimant Threshold: \$50,000

Funding Arrangement and Product:

Account Structure:

Network Service Area:

Self Insured Aetna Choice POS II with Pharmacy

Plan Sponsor Level

All



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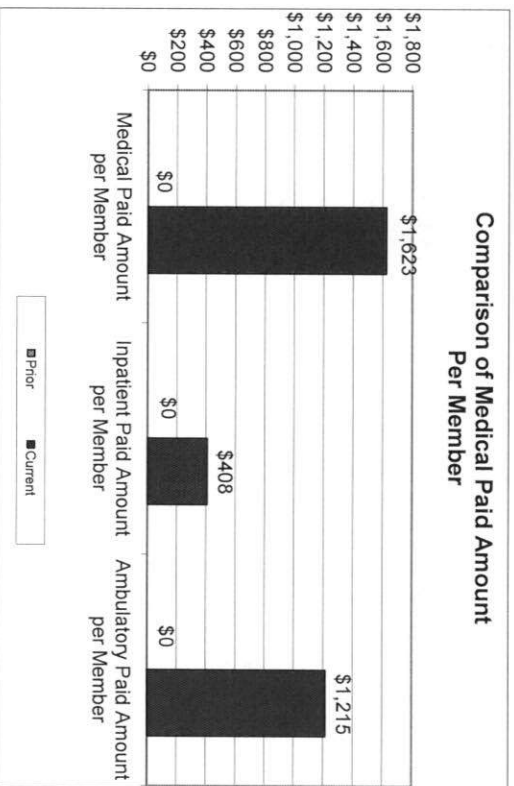
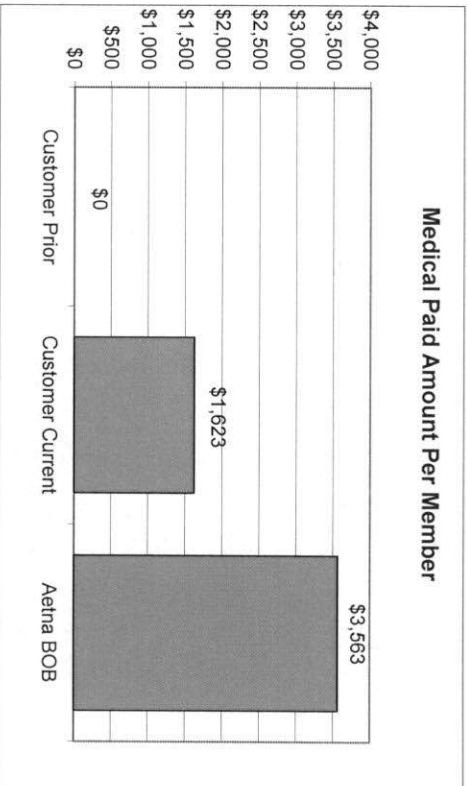
Self Insured Aetna Choice POS II with Pharmacy
 Current Data For Claims Incurred January 01, 2017 - May 31, 2017 (1 Month Claim Lag)
 Prior Data For Claims Incurred January 01, 2016 - May 31, 2016 (1 Month Claim Lag)

Key Statistics

Demographics Summary for Medical	Customer Prior	Customer Current	% Change from Prior	Aetna BOB ¹
Number of Employees	N/A	1,364	N/A	N/A
Number of Members	N/A	2,921	N/A	N/A
Ratio of Members to Employees	N/A	2.1	N/A	2.0
Percent Male Members	N/A	48.1%	N/A	48.4%
Percent Female Members	N/A	51.9%	N/A	51.6%
Average Age of Membership	N/A	31.0	N/A	34.1

Key Statistics

Total Medical and Pharmacy Paid Amount	\$0	\$5,932,187	N/A	N/A
Total Pharmacy Paid Amount	\$0	\$1,191,505	N/A	N/A
Pharmacy Paid Amount per Member ²	N/A	\$408	N/A	\$1,033
Total Medical Paid Amount	\$0	\$4,740,682	N/A	N/A
Medical Paid Amount per Employee	N/A	\$3,476	N/A	N/A
Medical Paid Amount per Member	N/A	\$1,623	N/A	\$3,563
Total Medical Capitation Payments	N/A	N/A	N/A	N/A
Medical Capitation Paid per Member	N/A	N/A	N/A	N/A
Total Medical Paid (Claims and Capitation)	N/A	N/A	N/A	N/A
Medical Paid per Member (Claims and Capitation)	N/A	N/A	N/A	N/A
Inpatient Paid Amount per Member	N/A	\$408	N/A	\$1,215
Outpatient Paid Amount per Member	N/A	\$1,215	N/A	\$2,349
Admissions/1,000 Members	N/A	20	N/A	56
Days of Care/1,000 Members	N/A	102	N/A	250
Average Length of Stay	N/A	5.1	N/A	4.5
Total Surgeries/1,000 Members	N/A	123	N/A	524
Inpatient Surgeries/1,000 Members	N/A	15	N/A	39
Ambulatory Surgeries/1,000 Members	N/A	108	N/A	485
Office Visits/1,000 Members	N/A	1,382	N/A	3,327
ER Visits/1,000 Members	N/A	122	N/A	191



¹Aetna BOB demographic metrics are specific to the overall broad product categories of HMO, QPOS, Indemnity, PPO, Managed Choice and Elect Choice and to the plan sponsor's region(s). Aetna BOB financial and utilization metrics are further adjusted for the plan sponsor's age and gender mix. All BOB metrics are based on a 12 month incurred time period with a two month lag.

² Membership for Pharmacy is found on the Key Statistics - Pharmacy Report

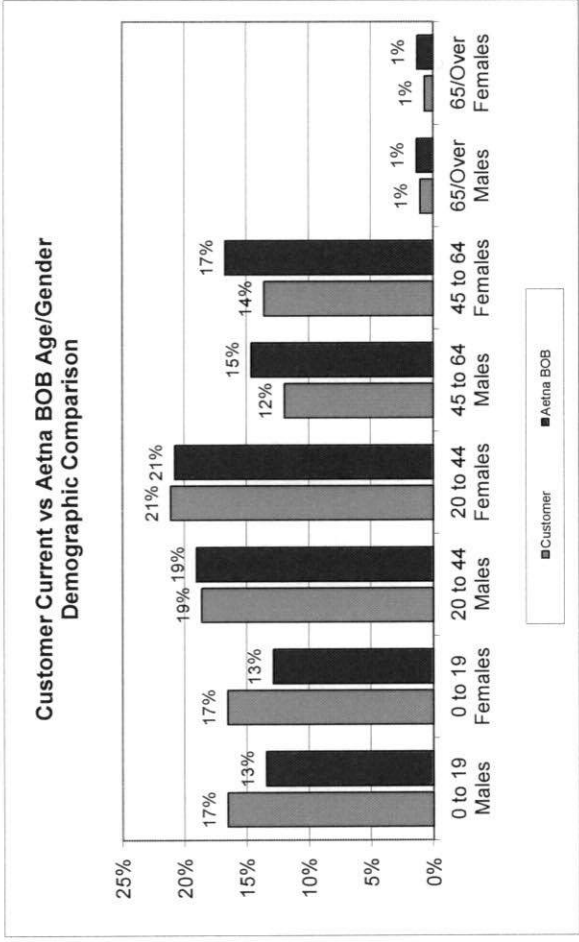
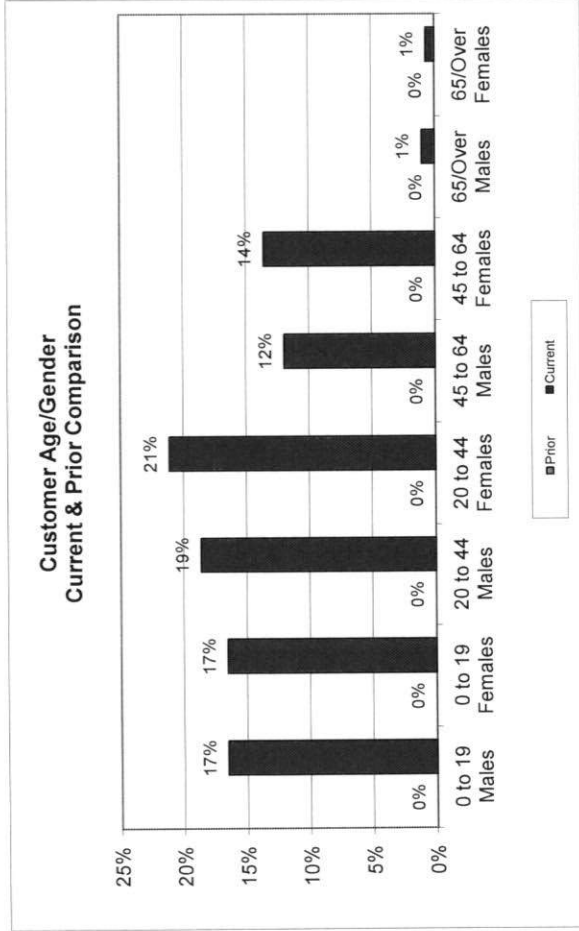
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Self Insured Aetna Choice POS II with Pharmacy

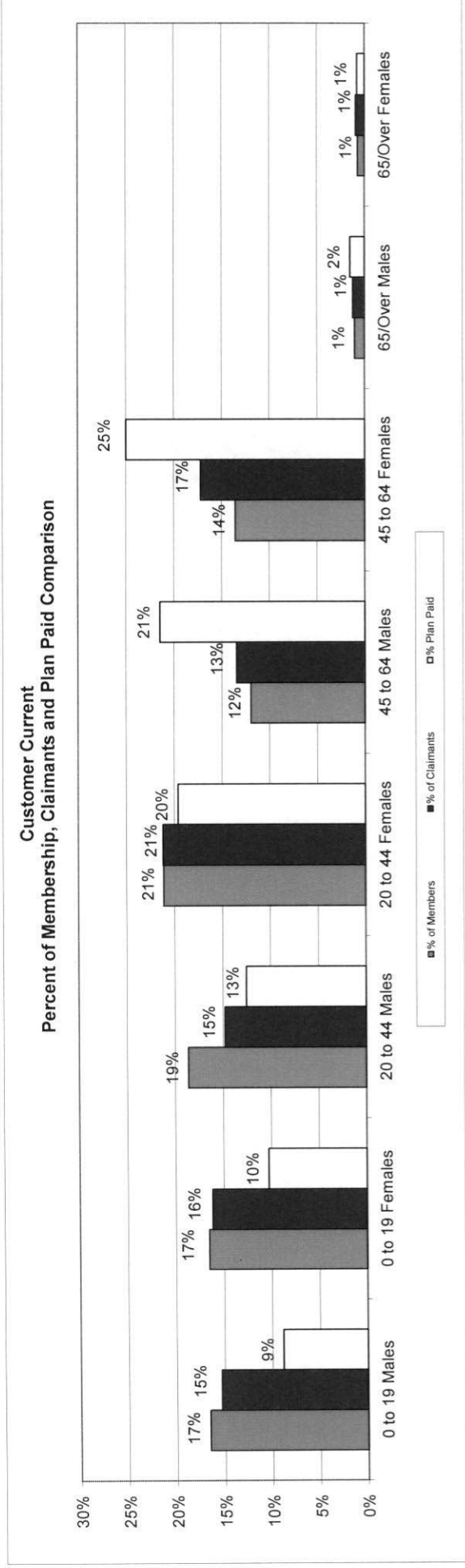
Current Data For Claims Incurred January 01, 2017 - May 31, 2017 (1 Month Claim Lag)

Prior Data For Claims Incurred January 01, 2016 - May 31, 2016 (1 Month Claim Lag)

Demographics For Medical Membership



Customer Current Percent of Membership, Claimants and Plan Paid Comparison



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Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - May 31, 2017 (1 Month Claim Lag)
 Prior Data For Claims Incurred January 01, 2016 - May 31, 2016 (1 Month Claim Lag)

Impact of Medical Catastrophic Claimant Experience

Large Claimant Threshold: \$50,000

All Claimants

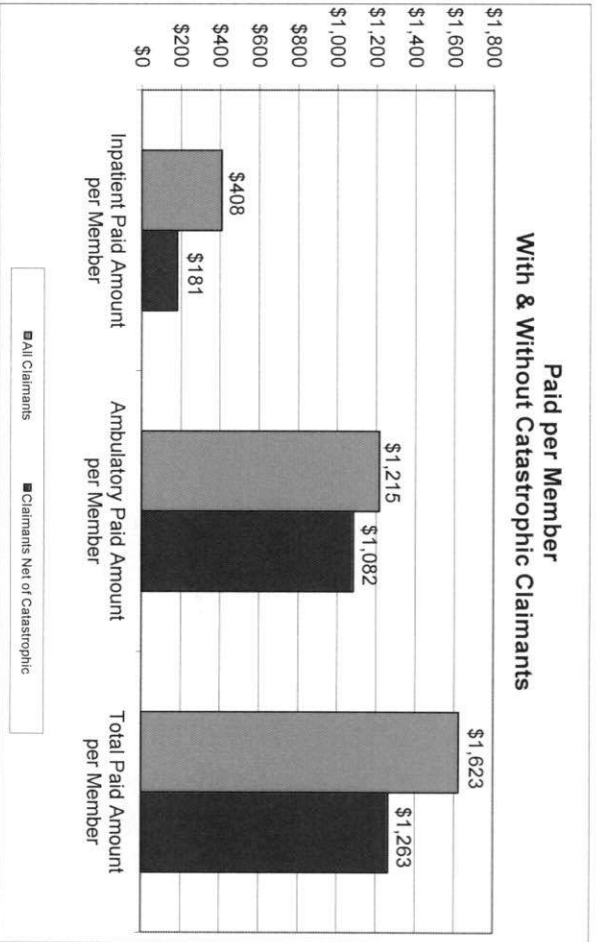
	Prior	Current	Change	Prior	Current	Change	Aetna BOB
Number of Claimants	0	1,879	N/A	0	11	N/A	N/A
Claimants Per 1,000 Members	N/A	N/A	N/A	N/A	3.8	N/A	11.0
Medical Paid Amount for these Claimants	\$0	\$4,740,682	N/A	\$0	\$1,050,863	N/A	N/A
Average Paid Per Catastrophic Claimant	N/A	N/A	N/A	N/A	\$95,533.03	N/A	N/A
% of Total Paid Amount	N/A	100.0%	N/A	N/A	22.2%	N/A	41.2%

Claimants Above Threshold¹

	Prior	Current	Change	Prior	Current	Change	Aetna BOB
Medical Paid Amount per Employee	N/A	\$3,476	N/A	N/A	\$2,705	N/A	N/A
Medical Paid Amount per Member	N/A	\$1,623	N/A	N/A	\$1,263	N/A	N/A
Inpatient Paid Amount per Member	N/A	\$408	N/A	N/A	\$181	N/A	N/A
Ambulatory Paid Amount per Member	N/A	\$1,215	N/A	N/A	\$1,082	N/A	N/A

Net of Catastrophic Claimants

Medical Paid Amount per Employee	N/A	\$2,705	N/A	N/A	\$2,705	N/A	N/A
Medical Paid Amount per Member	N/A	\$1,263	N/A	N/A	\$1,263	N/A	N/A
Inpatient Paid Amount per Member	N/A	\$181	N/A	N/A	\$181	N/A	N/A
Ambulatory Paid Amount per Member	N/A	\$1,082	N/A	N/A	\$1,082	N/A	N/A



¹ See Medical Catastrophic Claimant Detail for Current and Prior Periods Report for detail on claimants above threshold.

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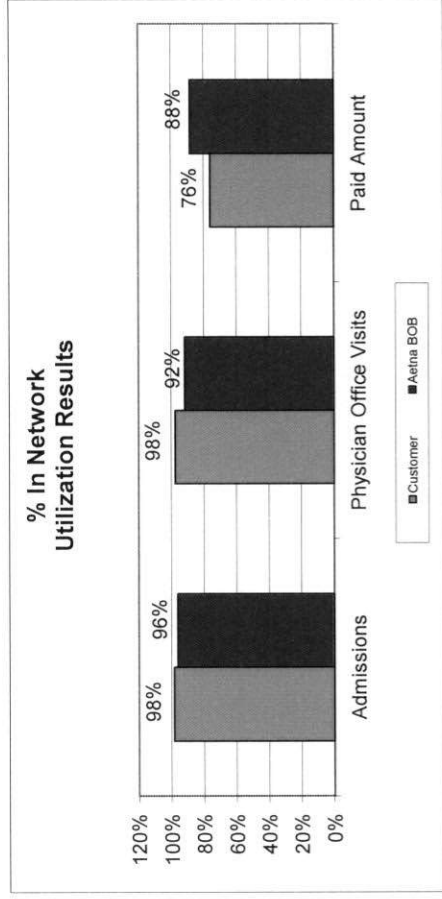
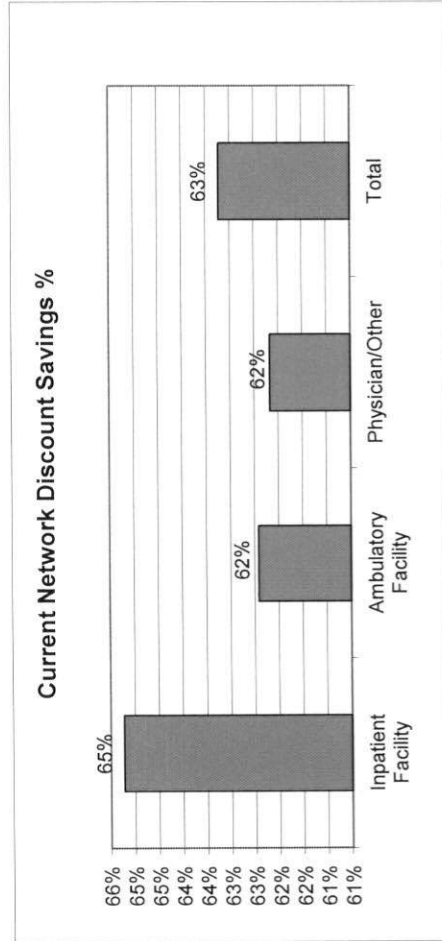
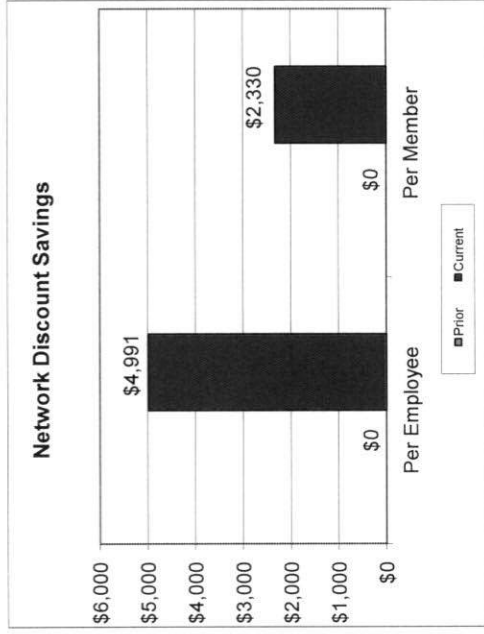
Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - May 31, 2017 (1 Month Claim Lag)

Prior Data For Claims Incurred January 01, 2016 - May 31, 2016 (1 Month Claim Lag)

Provider Network Experience - Medical

In Network Experience	Prior Period	Current Period	Change	Current Network Discount Savings % ¹	Aetna BOB
Billed Network Charges (before discount)	\$0	\$10,768,600	N/A		
Network Discount Savings:					
Inpatient Facility	\$0	\$2,176,194	N/A	65.2%	
Ambulatory Facility	\$0	\$2,939,845	N/A	62.4%	
Physician/Other	\$0	\$1,692,264	N/A	62.2%	
Total	\$0	\$6,808,302	N/A	63.2%	
Network Discount Savings per Employee	N/A	\$4,991	N/A		
Network Discount Savings per Member	N/A	\$2,330	N/A		
Average Discount Savings per Admission	N/A	\$37,521	N/A		
Network Utilization Metrics					
% Admissions In Network	N/A	98.3%	N/A		96.2%
% Physician Office Visits In Network	N/A	97.6%	N/A		91.7%
% Claims Paid In Network	N/A	75.9%	N/A		88.4%



¹ The calculation for Physician/Other excludes claims where the physician's billed amount is equal to the allowed amount (discounted charge).

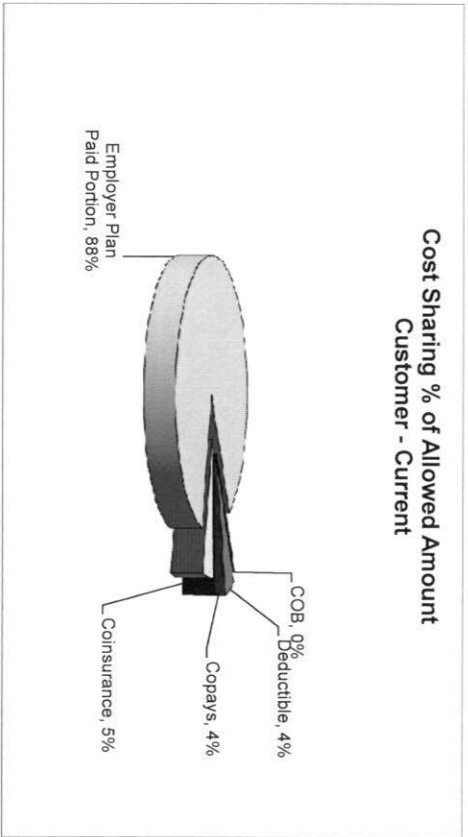
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Medical Cost Sharing Analysis

	Prior Period	Current Period	% Change	Aetna BOB*
Number of Employees	N/A	1,364	N/A	
Allowed Amount	\$0	\$5,416,114	N/A	
Coordination of Benefits (COB)	\$0	\$8,990	N/A	
Deductible**	\$0	\$214,446	N/A	
Copays	\$0	\$201,117	N/A	
Coinsurance**	\$0	\$250,881	N/A	
Employee Paid Portion	N/A	\$666,443	N/A	
Employee Paid Portion per Employee	N/A	\$489	N/A	
Employer Plan Paid Portion	\$0	\$4,740,682	N/A	
Employer Plan Paid Portion per Employee	N/A	\$3,476	N/A	
Employer % Share Medical	#VALUE!	87.5%	#VALUE!	81.7%
Employee % Share Medical	#VALUE!	12.3%	#VALUE!	17.3%
COB % Share Medical	#VALUE!	0.2%	#VALUE!	0.9%

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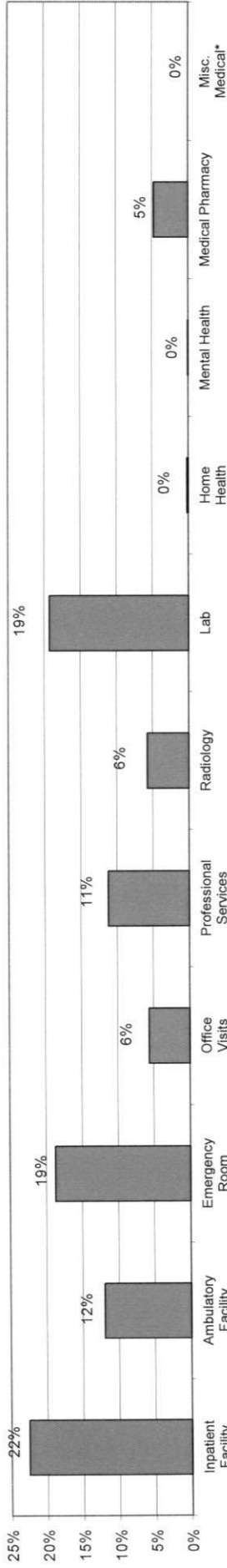
* Aetna BOB is not adjusted for variations in plan design within products.

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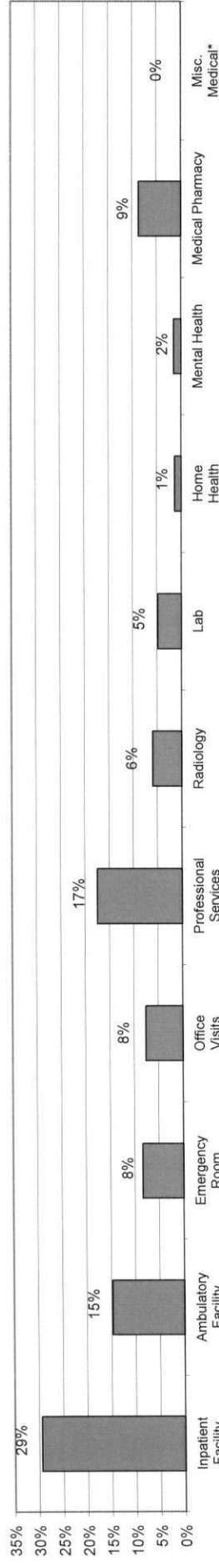
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Trend Analysis by Medical Cost Category

Percentage of Total Medical Paid Amount by Medical Cost Category



Aetna BOB Percentage of Total Medical Paid Amount by Medical Cost Category



* State Assessment Category included with Misc. Medical

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Utilization and Unit Cost by Medical Cost Category ¹

	Paid Amount Per Member			Utilization Per 1,000			Unit Cost		
	Prior	Current	% Change	Prior	Current	% Change	Prior	Current	% Change
Facility:									
Inpatient Days	N/A	\$365	N/A	N/A	102	N/A	N/A	\$3,579	N/A
Ambulatory Visits	N/A	\$195	N/A	N/A	213	N/A	N/A	\$914	N/A
Emergency Room Visits	N/A	\$303	N/A	N/A	122	N/A	N/A	\$2,490	N/A
Subtotal Facility:	N/A	\$863	N/A						
Professional:									
Specialist Office Visits	N/A	\$41	N/A	N/A	614	N/A	N/A	\$67	N/A
Primary Office Visits	N/A	\$51	N/A	N/A	768	N/A	N/A	\$66	N/A
Surgeries - Inpatient	N/A	\$23	N/A	N/A	15	N/A	N/A	\$1,472	N/A
Surgeries Ambulatory Facility	N/A	\$9	N/A	N/A	34	N/A	N/A	\$254	N/A
Surgeries - Office	N/A	\$9	N/A	N/A	74	N/A	N/A	\$123	N/A
Medical Service Visits	N/A	\$142	N/A	N/A	1,073	N/A	N/A	\$132	N/A
Subtotal Professional:	N/A	\$274	N/A						
Ancillary									
Radiology Services	N/A	\$93	N/A	N/A	607	N/A	N/A	\$154	N/A
Lab Services	N/A	\$312	N/A	N/A	4,371	N/A	N/A	\$71	N/A
Home Health Visits	N/A	\$3	N/A	N/A	24	N/A	N/A	\$128	N/A
Mental Health Visits	N/A	\$1	N/A	N/A	20	N/A	N/A	\$36	N/A
Medical Pharmacy	N/A	\$77	N/A	N/A	5,939	N/A	N/A	\$13	N/A
Misc. Medical (State Assessments)	N/A	\$0	N/A	N/A	0	N/A	N/A	N/A	N/A
Subtotal Ancillary:	N/A	\$486	N/A						
Grand Total	N/A	\$1,623	N/A						
Encounter:									
Primary Physician	N/A		N/A	N/A	0	N/A	N/A		N/A
Specialist Physician	N/A		N/A	N/A	0	N/A	N/A		N/A
Lab/Radiology	N/A		N/A	N/A	0	N/A	N/A		N/A
Other	N/A		N/A	N/A	0	N/A	N/A		N/A
Total Encounter:	N/A	N/A	N/A		0			N/A	N/A

¹ Plan design changes from year to year may affect utilization and unit cost patterns.

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Self Insured Aetna Choice POS II with Pharmacy
 Current Data For Claims Incurred January 01, 2017 - May 31, 2017 (1 Month Claim Lag)
 Prior Data For Claims Incurred January 01, 2016 - May 31, 2016 (1 Month Claim Lag)

MDC Analysis - Medical Total*

Major Diagnostic Categories (MDCs)	Prior Period				Current Period					
	Paid Amount Per Member		Inpatient Paid Amount Per Member		Paid Amount Per Member		Inpatient Paid Amount Per Member		Ambulatory Paid Amount Per Member	
	Customer	Aetna BOB	Customer	Aetna BOB	Customer	Aetna BOB	Customer	Aetna BOB	Customer	Aetna BOB
Totals:	N/A	\$1,623	N/A	\$3,563	\$408	\$1,215	\$1,215	\$1,215	\$1,215	\$2,349
23 - Selected Factors**	N/A	\$257	N/A	\$250	\$0	\$5	\$5	\$5	\$257	\$245
08 - Musculoskeletal/Connective	N/A	\$213	N/A	\$578	\$42	\$177	\$177	\$177	\$171	\$401
05 - Circulatory System	N/A	\$205	N/A	\$281	\$107	\$118	\$118	\$118	\$97	\$164
06 - Digestive System	N/A	\$135	N/A	\$298	\$19	\$78	\$78	\$78	\$117	\$220
21 - Injury and Poisoning	N/A	\$99	N/A	\$114	\$70	\$54	\$54	\$54	\$28	\$60
07 - Hepatobiliary Sys/Pancreas	N/A	\$77	N/A	\$76	\$20	\$36	\$36	\$36	\$57	\$40
04 - Respiratory System	N/A	\$75	N/A	\$128	\$10	\$64	\$64	\$64	\$65	\$65
09 - Skin, Subcutaneous, Breast	N/A	\$73	N/A	\$162	\$29	\$21	\$21	\$21	\$44	\$141
10 - Endocrine, Metabolic	N/A	\$72	N/A	\$116	\$12	\$35	\$35	\$35	\$60	\$82
11 - Kidney, Urinary Tract	N/A	\$62	N/A	\$145	\$1	\$25	\$25	\$25	\$61	\$120
03 - Ear, Nose and Throat	N/A	\$59	N/A	\$137	\$0	\$10	\$10	\$10	\$59	\$127
18 - Infectious-Parasitic	N/A	\$52	N/A	\$96	\$37	\$58	\$58	\$58	\$16	\$38
14 - Pregnancy/Childbirth	N/A	\$52	N/A	\$200	\$33	\$151	\$151	\$151	\$18	\$49
17 - Other Neoplasms	N/A	\$51	N/A	\$203	\$9	\$62	\$62	\$62	\$42	\$141
13 - Female Reproductive	N/A	\$48	N/A	\$123	\$0	\$14	\$14	\$14	\$47	\$109
01 - Nervous System	N/A	\$36	N/A	\$232	\$5	\$91	\$91	\$91	\$31	\$141
19 - Mental Disorders	N/A	\$18	N/A	\$111	\$5	\$29	\$29	\$29	\$13	\$81
02 - Eye	N/A	\$18	N/A	\$42	\$0	\$1	\$1	\$1	\$18	\$41
16 - Blood/Organs	N/A	\$8	N/A	\$42	\$0	\$12	\$12	\$12	\$8	\$31
20 - Substance Disorders	N/A	\$7	N/A	\$46	\$4	\$17	\$17	\$17	\$3	\$29
15 - Newborns	N/A	\$4	N/A	\$150	\$4	\$147	\$147	\$147	\$0	\$3
12 - Male Reproductive	N/A	\$3	N/A	\$22	\$0	\$3	\$3	\$3	\$3	\$19
22 - Burns	N/A	\$0	N/A	\$3	\$0	\$2	\$2	\$2	\$0	\$1
Unclassifiable	N/A	\$0	N/A	\$7	\$0	\$5	\$5	\$5	\$0	\$2

* Includes Facility and Professional claims

** Includes Miscellaneous factors related to health status, illness or injury (preventive services, undiagnosed conditions, family history of disease, etc.).

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Inpatient MDC Analysis - Medical Detail*

Major Diagnostic Categories (MDCs)	Prior Period				Current Period				
	Admissions per 1,000	Average Paid Amount per Admission	Days of Care Per 1,000	Admissions per 1,000	Average Paid Amount per Admission	Days of Care Per 1,000			
	Customer	Customer	Customer	Customer	Aetna BOB	Customer	Aetna BOB		
01 - Nervous System	N/A	N/A	N/A	0.7	2.3	\$7,047	\$39,073	1	19
02 - Eye	N/A	N/A	N/A	0.0	0.0	N/A	\$25,482	0	0
03 - Ear, Nose and Throat	N/A	N/A	N/A	0.0	0.4	N/A	\$26,853	0	1
04 - Respiratory System	N/A	N/A	N/A	1.4	2.2	\$7,270	\$29,263	3	12
05 - Circulatory System	N/A	N/A	N/A	2.7	2.5	\$39,231	\$47,079	12	12
06 - Digestive System	N/A	N/A	N/A	0.7	3.1	\$27,143	\$24,991	8	13
07 - Hepatobiliary Sys/Pancreas	N/A	N/A	N/A	1.0	1.3	\$19,582	\$27,306	2	6
08 - Musculoskeletal/Connective	N/A	N/A	N/A	1.0	4.0	\$41,173	\$43,772	2	17
09 - Skin, Subcutaneous, Breast	N/A	N/A	N/A	0.7	0.9	\$42,017	\$22,919	5	4
10 - Endocrine, Metabolic	N/A	N/A	N/A	0.7	1.5	\$17,135	\$22,882	4	5
11 - Kidney, Urinary Tract	N/A	N/A	N/A	0.0	1.2	N/A	\$21,418	0	5
12 - Male Reproductive	N/A	N/A	N/A	0.0	0.2	N/A	\$20,071	0	0
13 - Female Reproductive	N/A	N/A	N/A	0.0	0.8	N/A	\$17,781	0	2
14 - Pregnancy/Childbirth	N/A	N/A	N/A	4.4	12.6	\$7,500	\$11,925	10	34
15 - Newborns	N/A	N/A	N/A	2.1	13.2	\$2,106	\$11,171	4	46
16 - Blood/Organs	N/A	N/A	N/A	0.0	0.4	N/A	\$28,114	0	2
17 - Other Neoplasms	N/A	N/A	N/A	0.3	1.0	\$25,256	\$61,554	6	7
18 - Infectious-Parasitic	N/A	N/A	N/A	1.4	1.6	\$26,661	\$37,068	16	11
19 - Mental Disorders	N/A	N/A	N/A	1.0	2.9	\$5,279	\$9,968	4	25
20 - Substance Disorders	N/A	N/A	N/A	0.3	1.7	\$12,531	\$10,285	2	17
21 - Injury and Poisoning	N/A	N/A	N/A	1.7	1.6	\$41,085	\$34,208	23	9
22 - Burns	N/A	N/A	N/A	0.0	0.0	N/A	\$58,808	0	0
23 - Selected Factors**	N/A	N/A	N/A	0.0	0.1	N/A	\$41,715	0	2
Unclassifiable	N/A	N/A	N/A	0.0	0.1	N/A	\$62,733	0	1
Totals:	N/A	N/A	N/A	20.2	55.7	\$20,203	\$21,807	102	250

* Includes Facility and Professional claims
 ** Includes Miscellaneous factors related to health status, illness or injury (preventive services, undiagnosed conditions, family history of disease, etc.).

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Ambulatory MDC Analysis - Medical Detail*

Major Diagnostic Categories (MDCs)	Prior Period			Current Period		
	Claimants per 1,000	Average Paid Amount per Claimant	Customer	Claimants per 1,000	Average Paid Amount per Claimant	Customer
	Customer	Customer	Aetna BOB	Customer	Aetna BOB	Aetna BOB
01 - Nervous System	N/A	N/A	103.0	\$698	\$1,365	
02 - Eye	N/A	N/A	113.3	\$197	\$359	
03 - Ear, Nose and Throat	N/A	N/A	314.1	\$333	\$403	
04 - Respiratory System	N/A	N/A	137.9	\$654	\$469	
05 - Circulatory System	N/A	N/A	135.6	\$920	\$1,206	
06 - Digestive System	N/A	N/A	148.8	\$1,401	\$1,480	
07 - Hepatobiliary Sys/Pancreas	N/A	N/A	18.6	\$4,037	\$2,149	
08 - Musculoskeletal/Connective	N/A	N/A	268.6	\$1,386	\$1,493	
09 - Skin, Subcutaneous, Breast	N/A	N/A	233.9	\$477	\$604	
10 - Endocrine, Metabolic	N/A	N/A	170.9	\$394	\$478	
11 - Kidney, Urinary Tract	N/A	N/A	84.6	\$1,321	\$1,421	
12 - Male Reproductive	N/A	N/A	21.6	\$172	\$891	
13 - Female Reproductive	N/A	N/A	178.1	\$561	\$610	
14 - Pregnancy/Childbirth	N/A	N/A	27.6	\$1,272	\$1,787	
15 - Newborns	N/A	N/A	7.1	\$65	\$402	
16 - Blood/Organs	N/A	N/A	28.8	\$518	\$1,062	
17 - Other Neoplasms	N/A	N/A	26.0	\$5,320	\$5,422	
18 - Infectious-Parasitic	N/A	N/A	214.2	\$344	\$178	
19 - Mental Disorders	N/A	N/A	107.6	\$552	\$755	
20 - Substance Disorders	N/A	N/A	6.9	\$4,018	\$4,222	
21 - Injury and Poisoning	N/A	N/A	71.4	\$1,092	\$835	
22 - Burns	N/A	N/A	1.7	N/A	\$614	
23 - Selected Factors**	N/A	N/A	512.2	\$1,118	\$478	
Unclassifiable	N/A	N/A	3.0	N/A	\$686	
Totals:	N/A	N/A	968.2	\$1,895	\$2,426	

* Includes Facility and Professional claims

** Includes Miscellaneous factors related to health status, illness or injury (preventive services, undiagnosed conditions, family history of disease, etc.).

WEBB COUNTY - Plan Sponsor ID 000000096351741

Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - May 31, 2017 (1 Month Claim Lag)

Hospital Profile

Hospital Name	City, State	Total Medical Paid Amount	Inpatient Paid Amount	% of Total Inpatient Paid Amount	Ambulatory Paid Amount	% of Total Ambulatory Paid Amount
Laredo Medical Center	Laredo, TX	\$1,439,866	\$437,613	41%	\$1,002,253	48%
Doctors Hospital of Laredo	Laredo, TX	\$590,231	\$192,072	18%	\$398,159	19%
Methodist Hospital - HCA Affiliate	San Antonio, TX	\$237,778	\$174,337	16%	\$63,441	3%
STAT Emergency Center LLC	Laredo, TX	\$226,055	\$0	0%	\$226,055	11%
Laredo Emergency Center	Laredo, TX	\$130,073	\$0	0%	\$130,073	6%
Laredo Emergency Room	Laredo, TX	\$107,978	\$0	0%	\$107,978	5%
Christus Santa Rosa Health Care - Westov	San Antonio, TX	\$86,175	\$78,206	7%	\$7,969	0%
Methodist Texan Hospital - HCA Affiliat	San Antonio, TX	\$46,499	\$46,499	4%	\$0	0%
Laredo Specialty Hospital	Laredo, TX	\$44,800	\$44,800	4%	\$0	0%
Methodist Specialty and Transplant Hospi	San Antonio, TX	\$31,263	\$26,563	2%	\$4,701	0%
Lower Keys Medical Center	Key West, FL	\$28,906	\$0	0%	\$28,906	1%
Acuity Hospital of South Texas, LLC	San Antonio, TX	\$25,836	\$25,836	2%	\$0	0%
University Health System	San Antonio, TX	\$20,719	\$19,112	2%	\$1,607	0%
The University of TX M.D. Anderson Cance	Houston, TX	\$15,112	\$0	0%	\$15,112	1%
The Center for Special Surgery at TCA	San Antonio, TX	\$14,742	\$0	0%	\$14,742	1%
South Texas Health System	Edinburg, TX	\$13,075	\$13,075	1%	\$0	0%
Methodist Stone Oak Hospital-HCA Affilia	San Antonio, TX	\$8,539	\$0	0%	\$8,539	0%
Harlingen VAMC	Harlingen, TX	\$6,758	\$0	0%	\$6,758	0%
Meridian Care	San Antonio, TX	\$6,750	\$6,750	1%	\$0	0%
Pineville Community Hospital	Pineville, KY	\$6,095	\$0	0%	\$6,095	0%
Faith Community Hospital	Jacksboro, TX	\$4,908	\$0	0%	\$4,908	0%
GCSA Ambulatory Surgery Center, LLC	San Antonio, TX	\$4,327	\$0	0%	\$4,327	0%
Alliance Healthcare System, Inc.	Holly Springs, MS	\$4,290	\$0	0%	\$4,290	0%
Alamo Heights Complete Care LLC	San Antonio, TX	\$4,215	\$0	0%	\$4,215	0%
Laredo Digestive Health Center, L.L.C.	Laredo, TX	\$4,141	\$0	0%	\$4,141	0%
All Other Hospitals:		\$36,084	\$1,638	0%	\$34,446	2%
Totals:		\$3,145,215	\$1,066,501	100%	\$2,078,714	100%

WEBB COUNTY - Plan Sponsor ID 0000000096351741

Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - May 31, 2017 (1 Month Claim Lag)

Medical Catastrophic Claimant Detail for Current Period

Claimants Exceeding \$50,000

Current Claimant	Total Medical Paid Amount	Inpatient Paid Amount	Ambulatory Paid Amount	Diagnosis Code	Diagnosis Description	Srv Rndrd in Last Quarter?
1	\$196,935	\$188,174	\$8,762	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Yes
2	\$177,956	\$167,370	\$10,586	T85.01XA	BREAKDOWN OF VENTRICULAR INTRACRANIAL SHUNT, INIT	Yes
3	\$107,786	\$82,931	\$24,854	A41.51	SEPSIS DUE TO ESCHERICHIA COLI (E. COLI)	Yes
4	\$98,918	\$85,562	\$13,357	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Yes
5	\$94,391	\$0	\$94,391	S42.352A	DISPLACED COMMINUT FX SHAFT OF HUMERUS, LEFT ARM, INIT	Yes
6	\$73,053	\$67,159	\$5,894	C50.112	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Yes
7	\$71,268	\$71,019	\$249	M08.062	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE	Yes
8	\$67,551	\$0	\$67,551	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Yes
9	\$56,362	\$0	\$56,362	M24.411	RECURRENT DISLOCATION, RIGHT SHOULDER	Yes
10	\$55,813	\$0	\$55,813	K80.20	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Yes
11	\$50,832	\$0	\$50,832	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Yes
Total	\$1,050,863	\$662,215	\$388,649			

WEBB COUNTY - Plan Sponsor ID 0000000096351741

Self Insured Aetna Choice POS II with Pharmacy

Prior Data For Claims Incurred January 01, 2016 - May 31, 2016 (1 Month Claim Lag)

Medical Catastrophic Claimant Detail for Prior Period

Claimants Exceeding \$50,000

Prior Claimant	Total Medical Paid Amount	Inpatient Paid Amount	Ambulatory Paid Amount	Diagnosis Code	Diagnosis Description	Srv Rndrd In Last Quarter?
	\$0	\$0	\$0			
Total	\$0	\$0	\$0			

WEBB COUNTY - Plan Sponsor ID 000000096351741

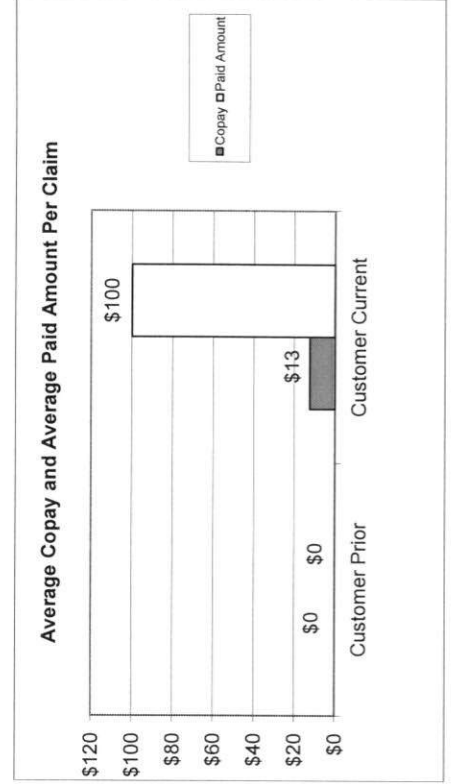
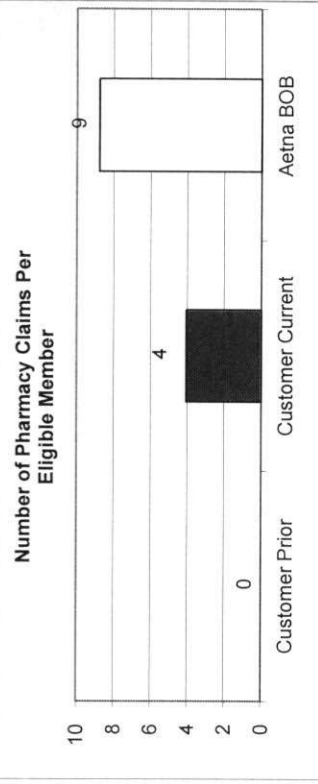
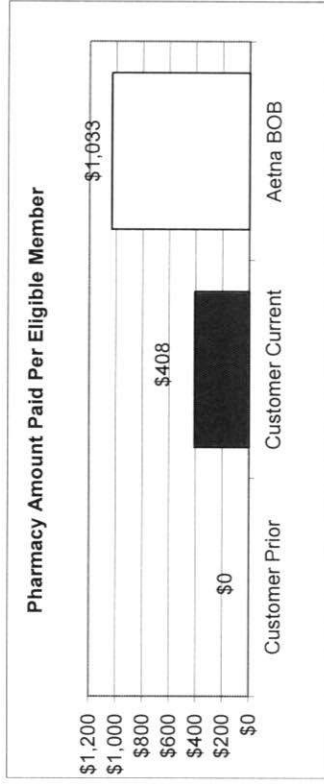
Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - May 31, 2017 (1 Month Claim Lag)

Prior Data For Claims Incurred January 01, 2016 - May 31, 2016 (1 Month Claim Lag)

Key Statistics - Pharmacy

Demographics Summary for Pharmacy	Customer Prior	Customer Current	% Change from Prior	Aetna BOB ¹
Number of Employees	N/A	1,364	N/A	N/A
Number of Members	N/A	2,921	N/A	N/A
Ratio of Members to Employees	N/A	2.1	N/A	2.0
Percent Male Members	N/A	48.1%	N/A	49.5%
Percent Female Members	N/A	51.9%	N/A	50.5%
Average Age of Membership	N/A	31.0	N/A	33.9
Number of Utilizing Members	0	1,662	N/A	N/A



Key Statistics	Customer Prior	Customer Current	% Change from Prior	Aetna BOB ¹
Total Pharmacy Paid Amount	\$0	\$1,191,505	N/A	N/A
Pharmacy Paid Amount per Eligible Member	N/A	\$408	N/A	\$1,033
Pharmacy Paid Amount per Utilizing Member	N/A	\$717	N/A	\$1,199
Average Paid Amount per Claim	N/A	\$100.07	N/A	\$117.63
Number of Pharmacy Claims	0	11,907	N/A	N/A
Number of Pharmacy Claims Per Eligible Member	N/A	4.1	N/A	8.8
Number of Pharmacy Claims Per Utilizing Member	N/A	7.2	N/A	N/A

Key Statistics	Customer Prior	Customer Current	% Change from Prior	Aetna BOB ¹
Calculated Ingredient Cost	\$0	\$1,329,217	N/A	N/A
Total Copay Amount	\$0	\$148,806	N/A	N/A
Average Copay Amount per Claim	N/A	\$12.50	N/A	N/A
Generic Utilization	N/A	85.8%	N/A	84.4%
Generic Substitution	N/A	99.4%	N/A	98.1%
Brand Utilization	N/A	14.2%	N/A	15.6%
Formulary Utilization	N/A	100.0%	N/A	100.0%

¹Aetna BOB demographic metrics are specific to the product and to the plan sponsor's region(s). Aetna BOB financial and utilization metrics are further adjusted for the plan sponsor's age and gender mix. All BOB metrics are based on a 12 month incurred time period.



WEBB COUNTY - Plan Sponsor ID 000000096351741

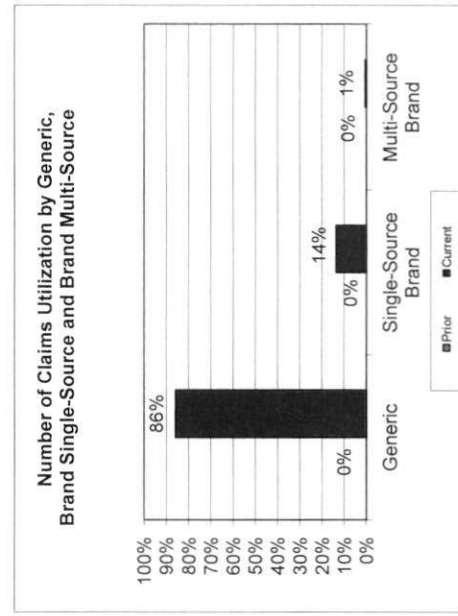
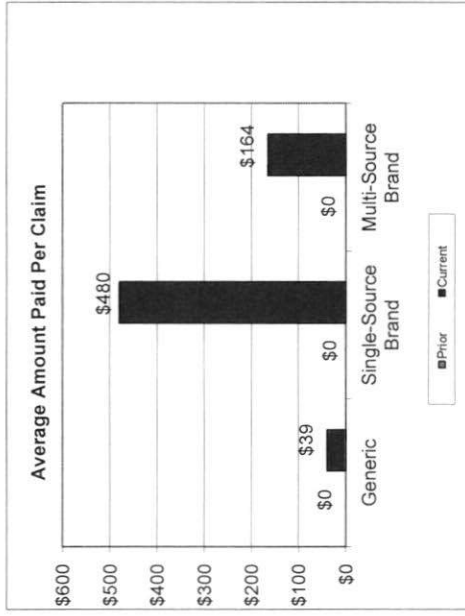
Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - May 31, 2017 (1 Month Claim Lag)

Prior Data For Claims Incurred January 01, 2016 - May 31, 2016 (1 Month Claim Lag)

Key Statistics by Generic, Brand Single-Source & Brand Multi-Source

Generic	Customer Prior	Customer Current	% Change from Prior	Aetna BOB
Generic Pharmacy Paid Amount	\$0	\$402,623	N/A	N/A
Generic Pharmacy Paid Amount per Eligible Member	N/A	\$138	N/A	\$244
Generic Pharmacy Paid Amount per Utilizing Member	N/A	\$242	N/A	\$283
Average Paid Amount Per Claim	N/A	\$39.39	N/A	\$32.91
Number of Generic Pharmacy Claims Per Eligible Member	N/A	3.5	N/A	7.4
Calculated Ingredient Cost	\$0	\$476,253	N/A	N/A
Total Copay Amount	\$0	\$83,111	N/A	N/A
Generic Utilization	N/A	85.8%	N/A	84.4%
Brand Single-Source				
Brand Single-Source Pharmacy Paid Amount	\$0	\$778,356	N/A	N/A
Brand Single-Source Pharmacy Paid Amount per Eligible Member	N/A	\$266	N/A	\$746
Brand Single-Source Pharmacy Paid Amount per Utilizing Member	N/A	\$468	N/A	\$866
Average Paid Amount Per Claim	N/A	\$479.87	N/A	\$609.87
Number of Brand Single-Source Pharmacy Claims Per Eligible Member	N/A	0.6	N/A	1.2
Calculated Ingredient Cost	\$0	\$838,454	N/A	N/A
Total Copay Amount	\$0	\$61,654	N/A	N/A
Brand Single-Source Utilization	N/A	13.6%	N/A	13.9%



Brand Multi-Source Pharmacy Paid Amount	\$0	\$10,526	N/A	N/A
Brand Multi-Source Pharmacy Paid Amount per Eligible Member	N/A	\$4	N/A	\$43
Brand Multi-Source Pharmacy Paid Amount per Utilizing Member	N/A	\$6	N/A	\$50
Average Paid Amount Per Claim	N/A	\$164.46	N/A	\$301.26
Number of Brand Multi-Source Pharmacy Claims Per Eligible Member	N/A	0.0	N/A	0.1
Calculated Ingredient Cost	\$0	\$14,510	N/A	N/A
Total Copay Amount	\$0	\$4,041	N/A	N/A
Brand Multi-Source Utilization	N/A	0.5%	N/A	1.6%

Brand Multi-Source

WEBB COUNTY - Plan Sponsor ID 0000000096351741

Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - May 31, 2017 (1 Month Claim Lag)

Pharmacy GPI Roll-Up Categories

GPI Class	Number of Utilizing Members	Number of Pharmacy Claims	Pharmacy Paid Amount Per Utilizing Member
Anti-Infective Agents	815	1,329	\$67.25
Biologicals	1	1	\$144.90
Antineoplastic Agents	45	102	\$32.63
Endocrine and Metabolic Drugs	604	2,374	\$680.32
Cardiovascular Agents	558	2,943	\$218.67
Respiratory Agents	504	953	\$132.79
Gastrointestinal Agents	249	577	\$365.34
Genitourinary Products	96	186	\$108.28
Central Nervous System Drugs	215	673	\$67.87
Stimulants/Anti-Obesity/Anorexients	56	151	\$492.31
Misc. Psychotherapeutic and Neurological Agents	3	5	\$600.78
Analgesics and Anesthetics	404	878	\$402.34
Neuromuscular Drugs	159	352	\$189.52
Nutritional Products	138	291	\$10.12
Hematological Agents	70	162	\$270.52
Topical Products	411	742	\$380.48
Miscellaneous Products	67	180	\$306.08
Unknown	6	8	\$0.00
Total All Claims	1,662	11,907	\$716.91

Data Availability Summary

Actual data availability date ranges may vary for many reasons including plan inception date or plan cancellation date. The actual ranges of data included in this report may differ from the ranges listed in the report headers/titles for these reasons. The summary below indicates actual data availability and represents the actual ranges of data included in the report.

	<u>Prior Period Data Availability</u>	<u>Current Period Data Availability</u>
Medical Claims: Self Insured Aetna Choice POS II with Pharmacy	No Data Available	01/01/17 - 05/31/17
Medical Memberships: Self Insured Aetna Choice POS II with Pharmacy	No Data Available	01/16/17 - 05/16/17
Medical Capitation:		
Pharmacy Claims: Self Insured Aetna Choice POS II with Pharmacy	No Data Available	01/01/17 - 05/31/17
Pharmacy Memberships: Self Insured Aetna Choice POS II with Pharmacy	No Data Available	01/16/17 - 05/16/17

Glossary

% Admissions In Network	The percent of total admissions that were in network.
% In Network Utilization Results	The percent of utilization in network.
% of Total Paid Amount	The percent of total medical paid claims (paid amount).
% Paid Amount In Network	The percent of total medical claims (paid amount) in network.
% Physician Office Visits In Network	The percent of total physician office visits that were in network.
Admissions/1,000 Members	Total admissions divided by members per 1,000.
Aetna Book of Business (Aetna BOB)	Aetna BOB financial and utilization statistics are product-specific and adjusted for the plan sponsor group's region(s), age and gender mix as appropriate for comparative purposes. Aetna BOB demographic statistics are product-specific and adjusted for the plan sponsor group's region(s) but are not adjusted for age and gender. All BOB metrics are based on a 12 month incurred time period with a 2 month claim lag.
Allowed Amount	Total amount allowed under the medical plan including the employee paid portion of deductibles, copays, coinsurance, the employer paid portion (paid amount) and COB. Allowed amount does not include plan and administrative exclusions such as duplicate claims, ineligible claims, network discount savings and R&C savings.
Ambulatory Facility	Facilities that provide care in an ambulatory (outpatient) setting.
Ambulatory Paid Amount Per Member	Ambulatory medical paid amount expressed on a per member basis.
Ambulatory Surgeries/1,000 Members	The total number of ambulatory surgeries divided by members per 1,000.

Glossary

Average Age of Membership The average age of the members covered under the plan for the reporting period.

Average Brand Multi-Source Pharmacy Paid Amount per Claim The total brand multi-source pharmacy paid amount by the plan sponsor during the reporting period divided by the number of brand multi-source pharmacy claims.

Average Brand Single-Source Pharmacy Paid Amount per Claim The total brand single-source pharmacy paid amount by the plan sponsor during the reporting period divided by the number of brand single-source pharmacy claims.

Average Discount Savings per Network Admission Network financial savings expressed on a per admission basis.

Average Generic Pharmacy Paid Amount per Claim The total generic pharmacy paid amount by the plan sponsor during the reporting period divided by the number of generic pharmacy claims.

Average Length of Stay Total days of care divided by total admissions.

Average Paid Amount per Claim The total pharmacy paid amount by the plan sponsor during the reporting period divided by the total number of pharmacy claims.

Average Paid Per Catastrophic Claimant The average dollar amount of medical paid amount for catastrophic claimants (claimants exceeding \$50,000).

Billed Network Charges (before discount) This is the denominator in the calculation for Current Network Discount Savings %. See also Current Network Discount Savings %.

Brand Multi-Source Pharmacy Paid Amount The paid amount by the plan sponsor for brand name drugs which are manufactured by multiple pharmaceutical companies.

Brand Multi-Source Pharmacy Paid Amount per Eligible Member The paid amount by the plan sponsor for brand name drugs which are manufactured by multiple pharmaceutical companies divided by the number of covered (eligible) members.

Brand Multi-Source Pharmacy Paid Amount per Utilizing Member The paid amount by the plan sponsor for brand name drugs which are manufactured by multiple pharmaceutical companies divided by the number of utilizing members.

Glossary

Brand Multi-Source Utilization	The percent of total claims that were brand multi-source drugs.
Brand Single-Source Pharmacy Paid Amount	The claims paid by the plan sponsor for brand name drugs with no generic equivalent.
Brand Single-Source Pharmacy Paid Amount per Eligible Member	The claims paid by the plan sponsor for brand name drugs with no generic equivalent divided by the number of covered (eligible) members.
Brand Single-Source Pharmacy Paid Amount per Utilizing Member	The claims paid by the plan sponsor for brand name drugs with no generic equivalent divided by the number of utilizing members.
Brand Single-Source Utilization	The percent of total claims that were brand single-source drugs.
Brand Utilization	The percentage of total prescriptions that were dispensed as brand drugs.
Calculated Ingredient Cost	The Calculated Ingredient Cost is the lesser of: a) The Average Wholesale Price (AWP) - Percentage Discount; (b) Maximum Allowable Cost (MAC); or (c) The Reasonable and Customary Cost. The Calculated Ingredient Cost does not include the dispensing fee or the copay.
Claim Payment Level	Indicates whether a claim was paid at the preferred or non-preferred level.
Claimants Per 1,000 Members	The total number of unique claimants for the reporting period divided by members per 1,000.
COB % Share Medical	The COB % share of medical allowed amount expressed on a per employee basis.

Glossary

Coinsurance

The total amount of coinsurance paid by the employees. NOTE: For the Aetna Health Fund (AHF) product only, use caution when analyzing changes in deductible and coinsurance from the prior to the current period. For certain AHF models, a system reporting change was made as of 1/1/2004 as to how deductibles and coinsurance are reflected. Prior to 1/1/2004, deductible and coinsurance amounts taken from the Fund were not reflected as deductible or coinsurance on this report. After 1/1/2004, deductible and coinsurance taken from the Fund is reflected as deductible and coinsurance. Therefore, these amounts may appear to increase significantly depending on the AHF model in place and the date implemented.

Coordination of Benefits (COB)

Benefits submitted, but paid by another carrier including payments made by Medicare.

Copay Amount Per Claim

The total amount of copay contributions divided by the total number of claims.

Copays

The total amount of copays paid by the employees.

Current Network Discount Savings %

The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers expressed as a percentage of the total charges that qualify for payment at the participating provider rate of benefits. Network Discount Savings % is calculated as the total participating provider network discounts divided by the total participating provider allowed amount plus network discount savings. (Network Discount Savings / (Allowed Amount + Network Discount Savings)). Note: the denominator in this calculation is referenced as "Billed Network Charges (before discount)" on the Provider Network Experience report. Claims with Medicare and/or other COB integration, and National Advantage Program claims are excluded from the discount calculation. The Physician / Other category excludes claims where the physician's billed amount is equal to the allowed amount (discounted charge). It is necessary to drop these claims, as the participating physician is not providing Aetna with the Billed Network Charge (before discount) amount which is necessary to calculate the actual Network Discount Savings.

Day of Care/1,000 Members

Total inpatient days of care divided by members per 1,000.

Deductible

The total amount of deductibles paid by the employees. NOTE: For the Aetna Health Fund (AHF) product only, use caution when analyzing changes in deductible and coinsurance from the prior to the current period. For certain AHF models, a system reporting change was made as of 1/1/2004 as to how deductibles and coinsurance are reflected. Prior to 1/1/2004, deductible and coinsurance amounts taken from the Fund were not reflected as deductible or coinsurance on this report. After 1/1/2004, deductible and coinsurance taken from the Fund is reflected as deductible and coinsurance. Therefore, these amounts may appear to increase significantly depending on the AHF model in place and the date implemented.

Employee % Share Medical

The employee % share of medical allowed amount expressed on a per employee basis.

Glossary

Employee Paid Portion	The total of deductibles, copays and coinsurance paid by employees.
Employee Paid Portion per Employee	The total of deductibles, copays and coinsurance paid by employees expressed on a per employee basis.
Employer % Share Medical	The employer % share of medical allowed amount expressed on a per employee basis.
Employer Plan Paid Portion	The total medical paid amount by the plan sponsor during the reporting period.
Employer Plan Paid Portion per Employee	The total medical claims paid (paid amount) by the plan sponsor during the reporting period expressed on a per employee basis.
ER Visits/1,000 Members	Total number of emergency room visits divided by members per 1,000.
Formulary Utilization	The percentage of total prescriptions that were dispensed on the Formulary list.
Generic Index	A percentage which is calculated as the number of generic prescriptions dispensed divided by the total number of prescriptions dispensed that are available as generic.
Generic Pharmacy Paid Amount	The total generic pharmacy claims paid (paid amount) by the plan sponsor during the reporting period.
Generic Pharmacy Paid Amount per Eligible Member	The claims paid (paid amount) by the plan sponsor for generic drugs divided by the number of covered (eligible) members.
Generic Pharmacy Paid Amount per Utilizing Member	The claims paid (paid amount) by the plan sponsor for generic drugs divided by the number of utilizing members (claimants).
Generic Utilization	The percentage of total prescriptions dispensed as generic drugs. The generic utilization rate is highly dependent on benefit plan design (i.e., the presence or absence of a differential copay between brand and generic drugs).

Glossary

Inpatient Facility	Facilities that provide care in an inpatient setting versus ambulatory (outpatient).
Inpatient Paid Amount per Member	Inpatient medical paid amount expressed on a per member basis.
Inpatient Surgeries/1,000 Members	The total number of inpatient surgeries divided by members per 1,000.
Major Diagnostic Categories (MDCs)	A means of classifying all diagnoses into 26 broad categories according to the body system affected or the factors causing the illness or injury.
Medical Capitation Paid per Member	The total amount of medical capitation payments made for the reporting period expressed on a per member basis. (Applies to capitated medical arrangements only).
Medical Paid Amount for these Claimants	Total medical claims paid (paid amount) by the plan sponsor for specific claimants.
Medical Paid Amount per Employee	The total medical paid amount by the plan sponsor expressed on a per employee basis.
Medical Paid Amount per Member	The total medical paid amount by the plan sponsor expressed on a per member basis.
Medical Service Visits	On the Utilization and Unit Cost by Medical Cost Category report, any Professional services that are not already specifically broken out under primary or specialist office visits or surgeries. These include a wide range of professional services from inpatient, ambulatory or ER settings like anesthesia, physical therapy and vision care along with ambulance claims and diagnostic testing in those settings.
Network Discount Savings	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers.
Network Discount Savings per Employee	Network financial savings expressed on a per employee basis.
Network Discount Savings per Member	Network financial savings expressed on a per member basis.

Glossary

Network Utilization Metrics	Metrics that indicate the level of network use by members.
Number of Brand Multi-Source Pharmacy Claims per Eligible Member	The number of claims for brand multi-source drugs divided by the number of covered (eligible) members.
Number of Brand Single-Source Pharmacy Claims per Eligible Member	The number of claims for brand single-source drugs divided by the number of covered (eligible) members.
Number of Claimants	The total number of unique claimants for the reporting period.
Number of Employees	The average number of employees covered under the medical plan for the reporting period.
Number of Generic Pharmacy Claims per Eligible Member	The number of generic claims divided by the number of covered (eligible) members.
Number of Members	The average number of members covered under the medical plan for the reporting period.
Number of Pharmacy Claims	The total number or count of claims for the reporting period.
Number of Pharmacy Claims per Eligible Member	The total number of pharmacy claims for the reporting period divided by the number of covered (eligible) members.
Number of Pharmacy Claims per Utilizing Member	The total number of pharmacy claims for the reporting period divided by the number of utilizing members (claimants).
Number of Utilizing Members	The number of members who submitted a claim during the reporting period.
Office Visits/1,000 Members	Total number of office visits divided by members per 1,000.

Glossary

Percent Female Members	The percent of total membership who are female.
Percent Male Members	The percent of total membership who are male.
Pharmacy Paid Amount per Member	The total pharmacy claims paid (paid amount) by the plan sponsor expressed on a per member basis.
Pharmacy Paid Amount per Eligible Member	The total pharmacy claims paid (paid amount) by the plan sponsor during the reporting period divided by the number of covered (eligible) members.
Pharmacy Paid Amount per Utilizing Member	The total pharmacy claims paid (paid amount) by the plan sponsor during the reporting period divided by the number of utilizing members (claimants).
Physician	Certified provider of medical services.
Ratio of Members to Employees	The number of members covered divided by the number of employees covered.
Total Copay Amount	The total amount of copays taken. Copays are a preset member contribution per prescription paid directly to the pharmacy.
Total Medical and Pharmacy Paid Amount	The total medical and pharmacy paid amount by the plan sponsor.
Total Medical Capitation Payments	Total medical capitation payments made to providers who are reimbursed on a capitated basis.
Total Medical Paid Amount	The total medical paid amount by the plan sponsor during the reporting period.
Total Medical Paid (Claims & Capitation)	The sum of total medical paid amount and total medical capitation payments.

Glossary

Total Pharmacy Paid Amount The total pharmacy claims paid (paid amount) by the plan sponsor during the reporting period (same as Pharmacy Paid Amount). It may be calculated as follows: Calculated Ingredient Cost + Dispensing Fee + Sales Tax - Copay Amount.

Total Surgeries/1,000 Members The total number of surgeries (inpatient and ambulatory) divided by members per 1,000.

WEBB COUNTY - Plan Sponsor ID 0000000096351741

Self Insured Aetna Choice POS II with Pharmacy

Executive Summary

This executive summary outlines the key cost and utilization results for the Self Insured Aetna Choice POS II with Pharmacy plan for WEBB COUNTY. Health care costs can be affected by many factors including: cost of services, utilization of services, demographics, severity of illness, general inflation and changes in plan design. This summary will help you quickly analyze the performance of your health plan focusing on many of these factors. The analysis compares the current incurred time period of January 01, 2017 - May 31, 2017 to the prior period of January 01, 2016 - May 31, 2016, as well as to normative information (Aetna BOB). Aetna BOB norms are specific to product and are adjusted for WEBB COUNTY's geographic region(s) as well as age and gender mix.

Overview

- Current medical paid amount per member (claims only) was 54.4% lower than the adjusted Aetna BOB norm of \$3,563.
- Current pharmacy paid amount per member was 60.5% lower than the adjusted Aetna BOB norm of \$1,033.

Demographics

- The current population is 51.9% female and 48.1% male.
- The demographic band of 45 to 64 Females represented the highest, 25% of plan paid, while making up 17.2% of total claimants and 13.6% of covered members.
- The demographic band of 20 to 44 Females represented the highest, 21.1% of covered members while making up 21.2% of total claimants and 19.6% of plan paid.

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Impact of Catastrophic Claimants

- Catastrophic claimants are defined as those exceeding \$50,000 in accumulated claims.
- The number of catastrophic claimants increased from 0 in the prior period to 11 in the current period.

Inpatient

- The Aetna BOB for inpatient paid amount per member was \$1,215.
- Aetna BOB Admissions/1,000 members was 56.
- Aetna BOB Days of Care/1,000 members was 250.
- Aetna BOB Average Length of Stay was 4.5.
- Aetna BOB Inpatient Surgeries/1,000 members were 39.

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Ambulatory

- The Aetna BOB for ambulatory paid amount per member was \$2,349
- Aetna BOB Office Visits/1,000 members were 3,327.
- Aetna BOB ER Visits/1,000 members were 191.
- Aetna BOB Ambulatory Surgeries/1,000 members were 485.

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Provider Network Experience

- Network discount savings totaled \$6,808,302 in the current period.
- The percent of claims paid in network was 75.9%, compared to 88.4% for Aetna BOB.
- The percent of admissions in network was 98.3%, compared to 96.2% for Aetna BOB.
- The percent of physician office visits in network was 97.6%, compared to 91.7% for Aetna BOB.

Medical Cost Sharing

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- In the current period, the employer plan paid portion was 87.5%, the employee paid portion was 12.3% and Coordination of Benefits was 0.2%.
- For Aetna BOB, the employer plan paid portion was 81.7%, the employee paid portion was 17.3% and Coordination of Benefits was 0.9%.

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Pharmacy Experience

- Aetna BOB paid amount per eligible member was \$1,033.
- Aetna BOB paid amount per utilizing member was \$1,199.
- Aetna BOB pharmacy paid amount per claim was \$117.63.
- The number of pharmacy claims per eligible member for Aetna BOB was 8.8.
- Generic utilization for Aetna BOB was 84.4%.

