

Item # 27  
5-22-17

**WEBB COUNTY**

**Plan Sponsor ID 000000096351741**

Standard Report For Self Insured Medical Products

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

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

Self Insured Aetna Choice POS II with Pharmacy



**WEBB COUNTY - Plan Sponsor ID 0000000096351741**  
**Report Parameters**

Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - March 31, 2017  
Prior Data For Claims Incurred January 01, 2016 - March 31, 2016  
2 Month Claim Lag  
Book of Business Data Incurred End Date February 28, 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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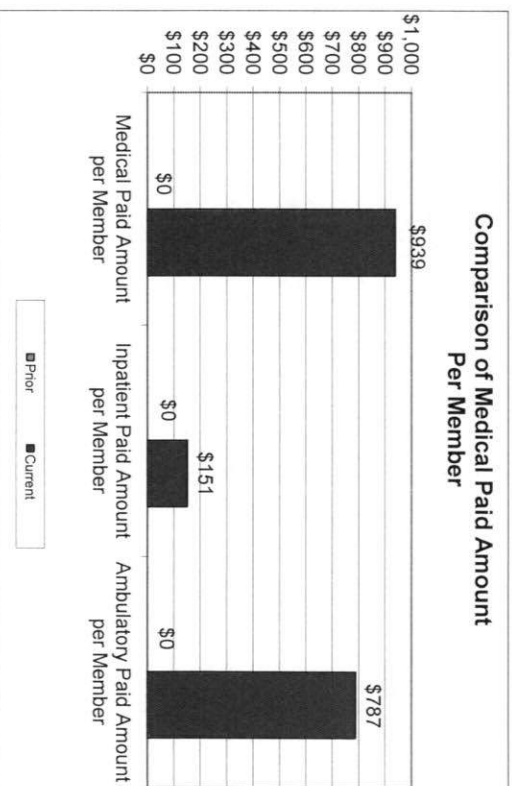
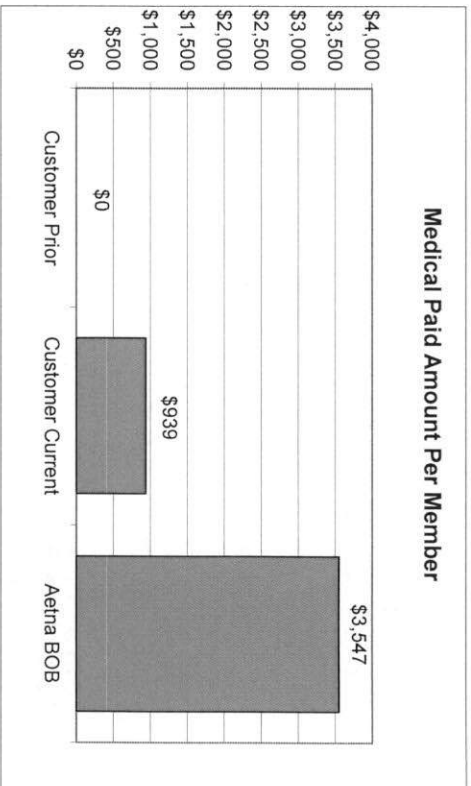
Self Insured Aetna Choice POS II with Pharmacy  
 Current Data For Claims Incurred January 01, 2017 - March 31, 2017 ( 2 Month Claim Lag )  
 Prior Data For Claims Incurred January 01, 2016 - March 31, 2016 ( 2 Month Claim Lag )

**Key Statistics**

Demographics Summary for Medical	Customer Prior	Customer Current	% Change from Prior	Aetna BOB <sup>1</sup>
Number of Employees	N/A	1,369	N/A	N/A
Number of Members	N/A	2,937	N/A	N/A
Ratio of Members to Employees	N/A	2.1	N/A	2.0
Percent Male Members	N/A	48.2%	N/A	48.4%
Percent Female Members	N/A	51.8%	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	\$3,432,172	N/A	N/A
Total Pharmacy Paid Amount	\$0	\$676,037	N/A	N/A
Pharmacy Paid Amount per Member <sup>2</sup>	N/A	\$230	N/A	\$1,025
Total Medical Paid Amount	\$0	\$2,756,135	N/A	N/A
Medical Paid Amount per Employee	N/A	\$2,014	N/A	N/A
Medical Paid Amount per Member	N/A	\$939	N/A	\$3,547
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	\$151	N/A	\$1,211
Ambulatory Paid Amount per Member	N/A	\$787	N/A	\$2,336
Admissions/1,000 Members	N/A	12	N/A	56
Days of Care/1,000 Members	N/A	53	N/A	251
Average Length of Stay	N/A	4.5	N/A	4.5
Total Surgeries/1,000 Members	N/A	70	N/A	522
Inpatient Surgeries/1,000 Members	N/A	10	N/A	39
Ambulatory Surgeries/1,000 Members	N/A	60	N/A	483
Office Visits/1,000 Members	N/A	866	N/A	3,322
ER Visits/1,000 Members	N/A	81	N/A	190



<sup>1</sup>Aetna 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.

<sup>2</sup> Membership for Pharmacy is found on the Key Statistics - Pharmacy Report

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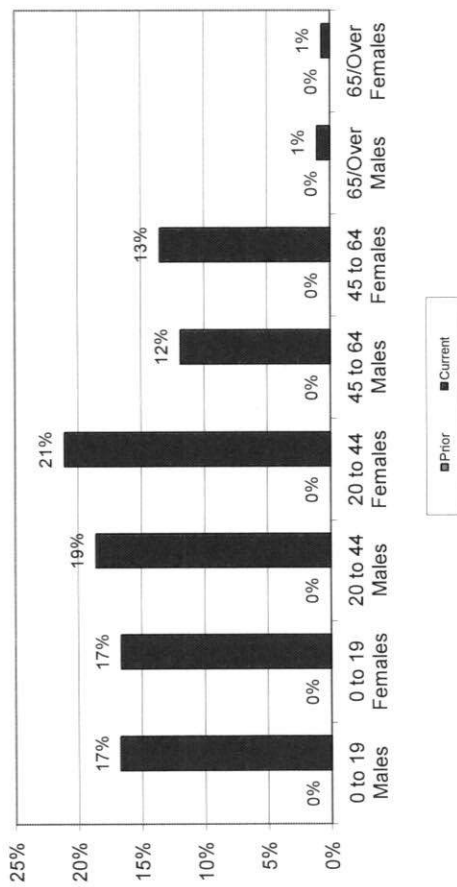
Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - March 31, 2017 ( 2 Month Claim Lag )

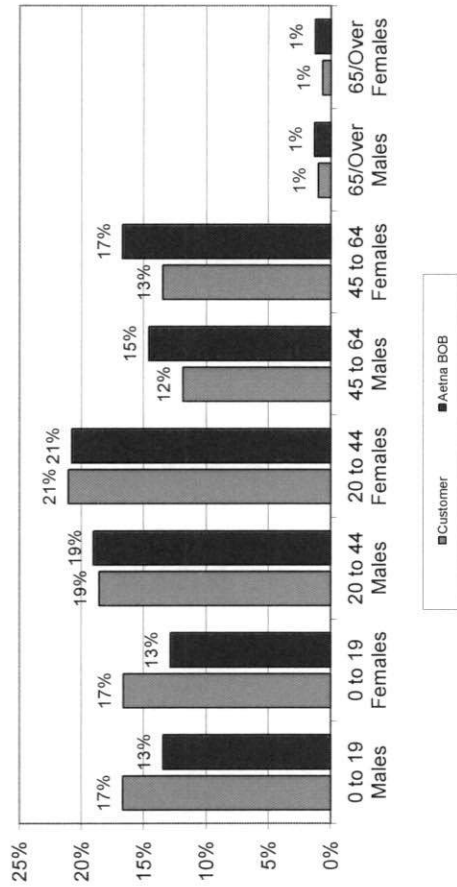
Prior Data For Claims Incurred January 01, 2016 - March 31, 2016 ( 2 Month Claim Lag )

**Demographics For Medical Membership**

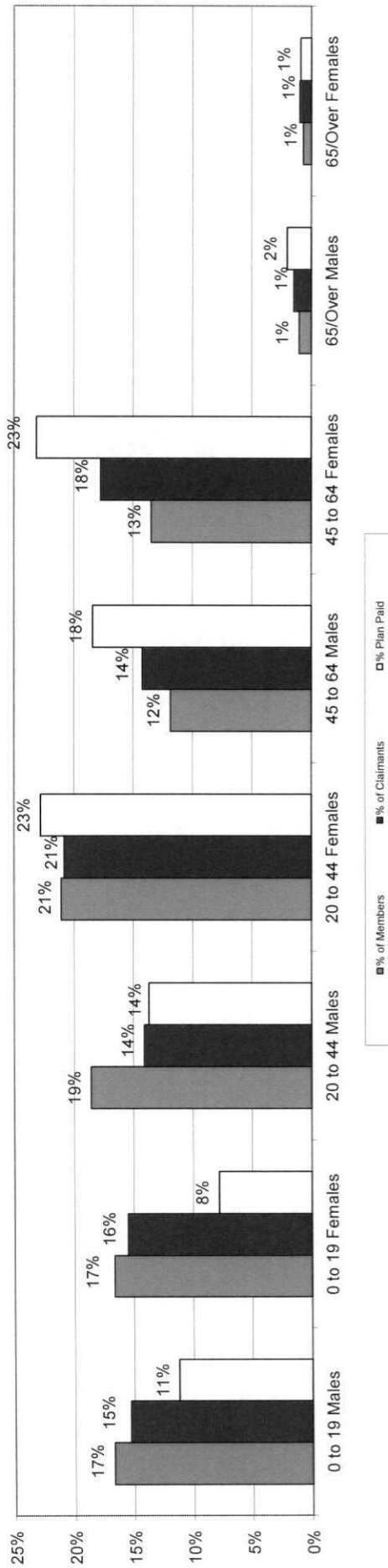
**Customer Age/Gender Current & Prior Comparison**



**Customer Current vs Aetna BOB Age/Gender Demographic Comparison**



**Customer Current Percent of Membership, Claimants and Plan Paid Comparison**



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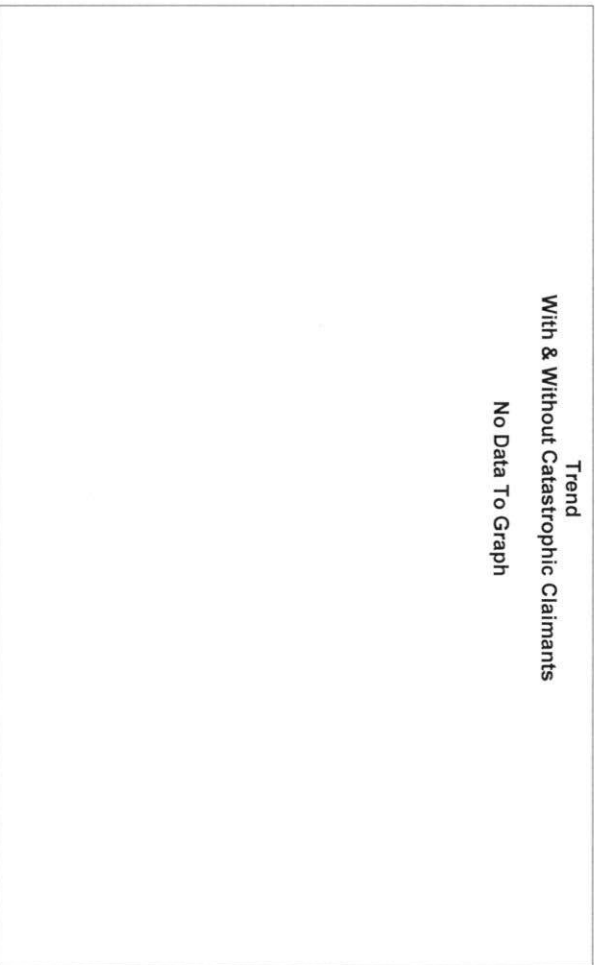
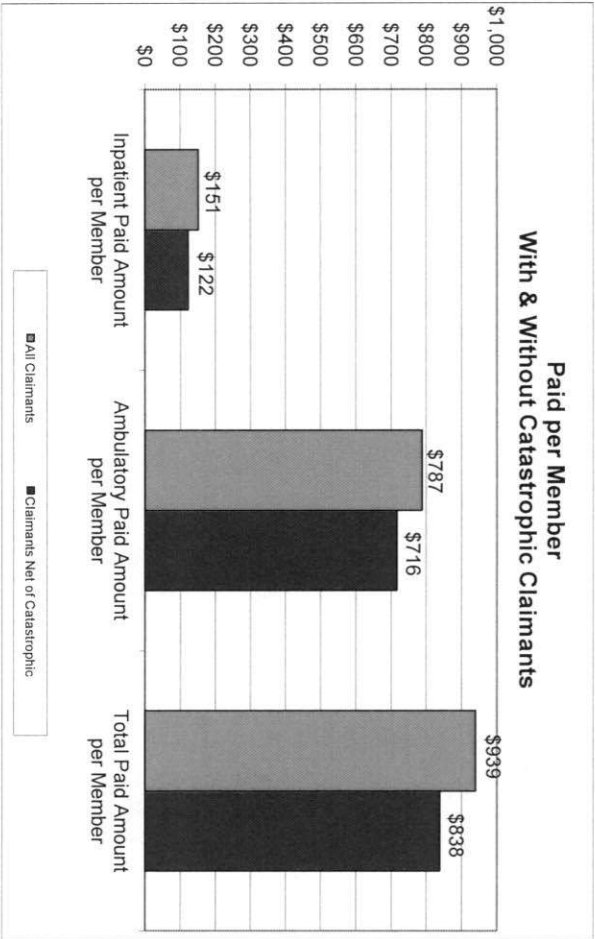
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Current Data For Claims Incurred January 01, 2017 - March 31, 2017 ( 2 Month Claim Lag )  
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**Impact of Medical Catastrophic Claimant Experience**

Large Claimant Threshold: \$50,000

	All Claimants			Claimants Above Threshold <sup>1</sup>			
	Prior	Current	Change	Prior	Current	Change	Aetna BOB
Number of Claimants	0	1,561	N/A	0	4	N/A	N/A
Claimants Per 1,000 Members	N/A	N/A	N/A	N/A	1.4	N/A	11.0
Medical Paid Amount for these Claimants	\$0	\$2,756,135	N/A	\$0	\$295,014	N/A	N/A
Average Paid Per Catastrophic Claimant	N/A	N/A	N/A	N/A	\$73,753.40	N/A	N/A
% of Total Paid Amount	N/A	100.0%	N/A	N/A	10.7%	N/A	41.3%
Medical Paid Amount per Employee	N/A	\$2,014	N/A	N/A	\$1,798	N/A	
Medical Paid Amount per Member	N/A	\$939	N/A	N/A	\$838	N/A	
Inpatient Paid Amount per Member	N/A	\$151	N/A	N/A	\$122	N/A	
Ambulatory Paid Amount per Member	N/A	\$787	N/A	N/A	\$716	N/A	
<b>Net of Catastrophic Claimants</b>							



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

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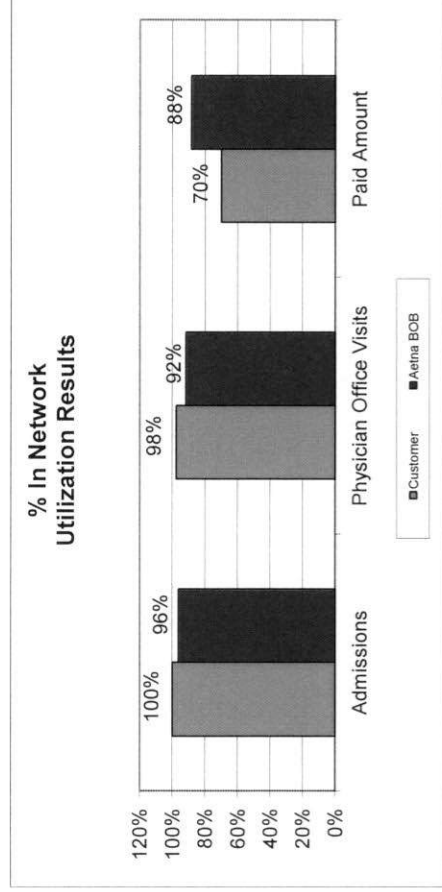
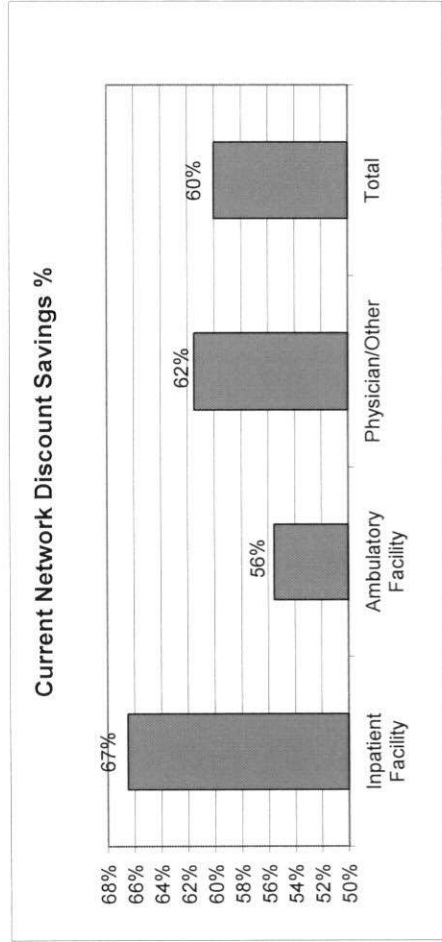
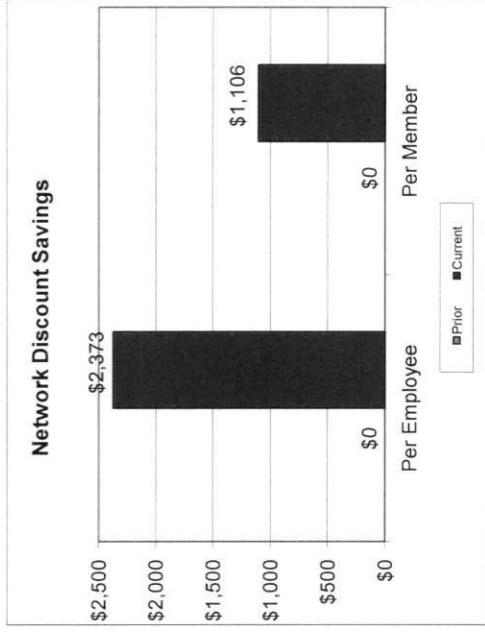
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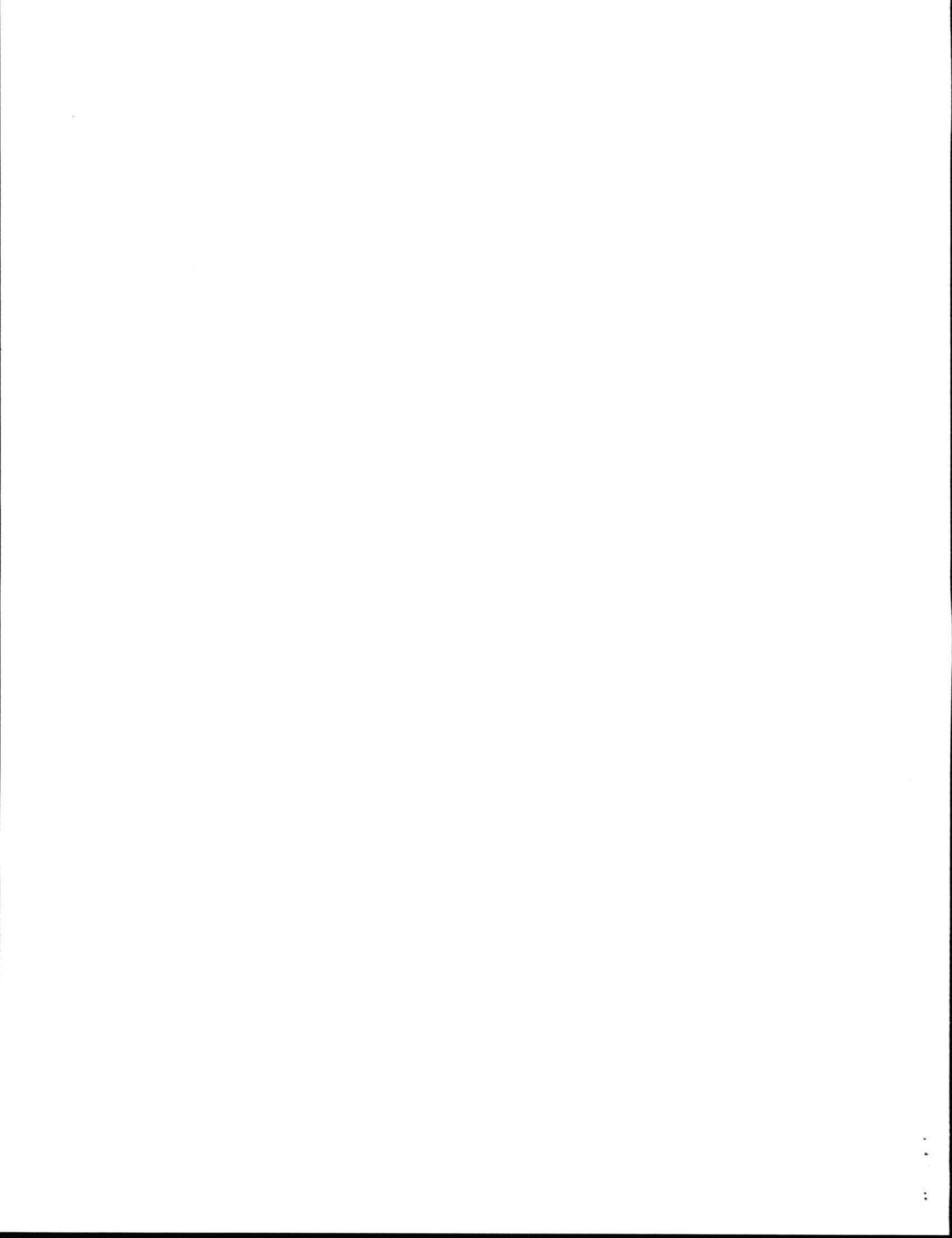
Prior Data For Claims Incurred January 01, 2016 - March 31, 2016 ( 2 Month Claim Lag )

**Provider Network Experience - Medical**

In Network Experience	Prior Period	Current Period	Change	Current Network Discount Savings % <sup>1</sup>	Aetna BOB
Billed Network Charges (before discount)	\$0	\$5,411,331	N/A		
Network Discount Savings:					
Inpatient Facility	\$0	\$902,333	N/A	66.5%	
Ambulatory Facility	\$0	\$1,387,584	N/A	55.6%	
Physician/Other	\$0	\$957,653	N/A	61.5%	
Total	\$0	\$3,247,570	N/A	60.0%	
Network Discount Savings per Employee	N/A	\$2,373	N/A		96.2%
Network Discount Savings per Member	N/A	\$1,106	N/A		91.6%
Average Discount Savings per Admission	N/A	\$25,781	N/A		88.3%
Network Utilization Metrics					
% Admissions In Network	N/A	100.0%	N/A		
% Physician Office Visits In Network	N/A	97.6%	N/A		
% Claims Paid In Network	N/A	70.0%	N/A		



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



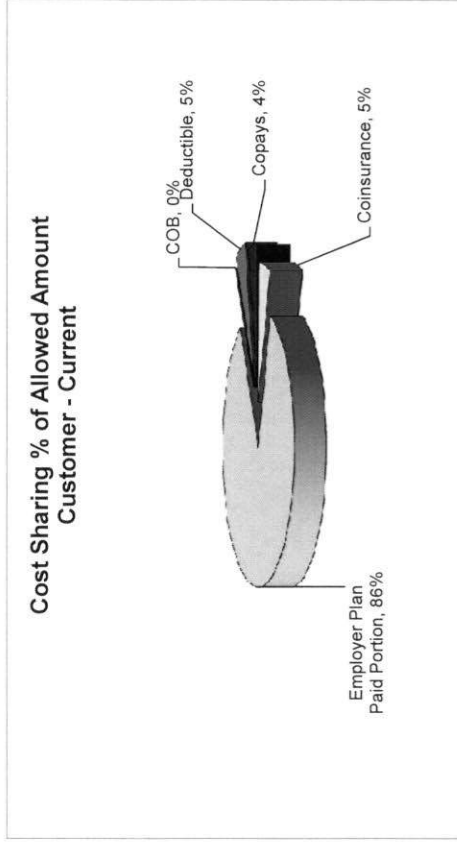
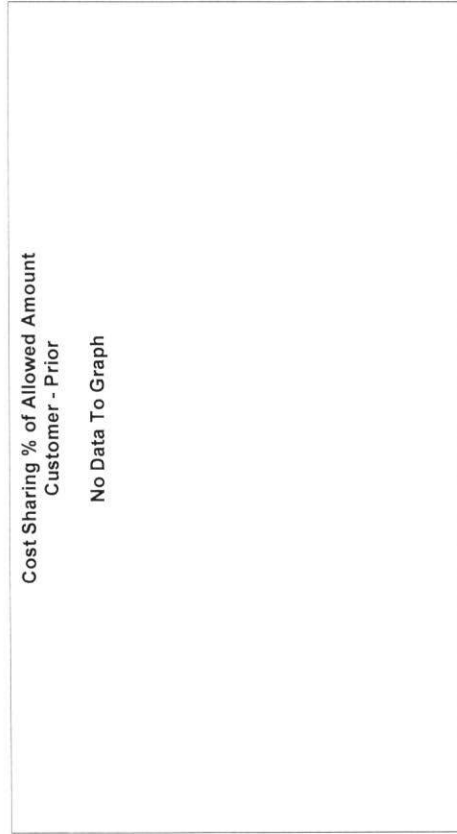


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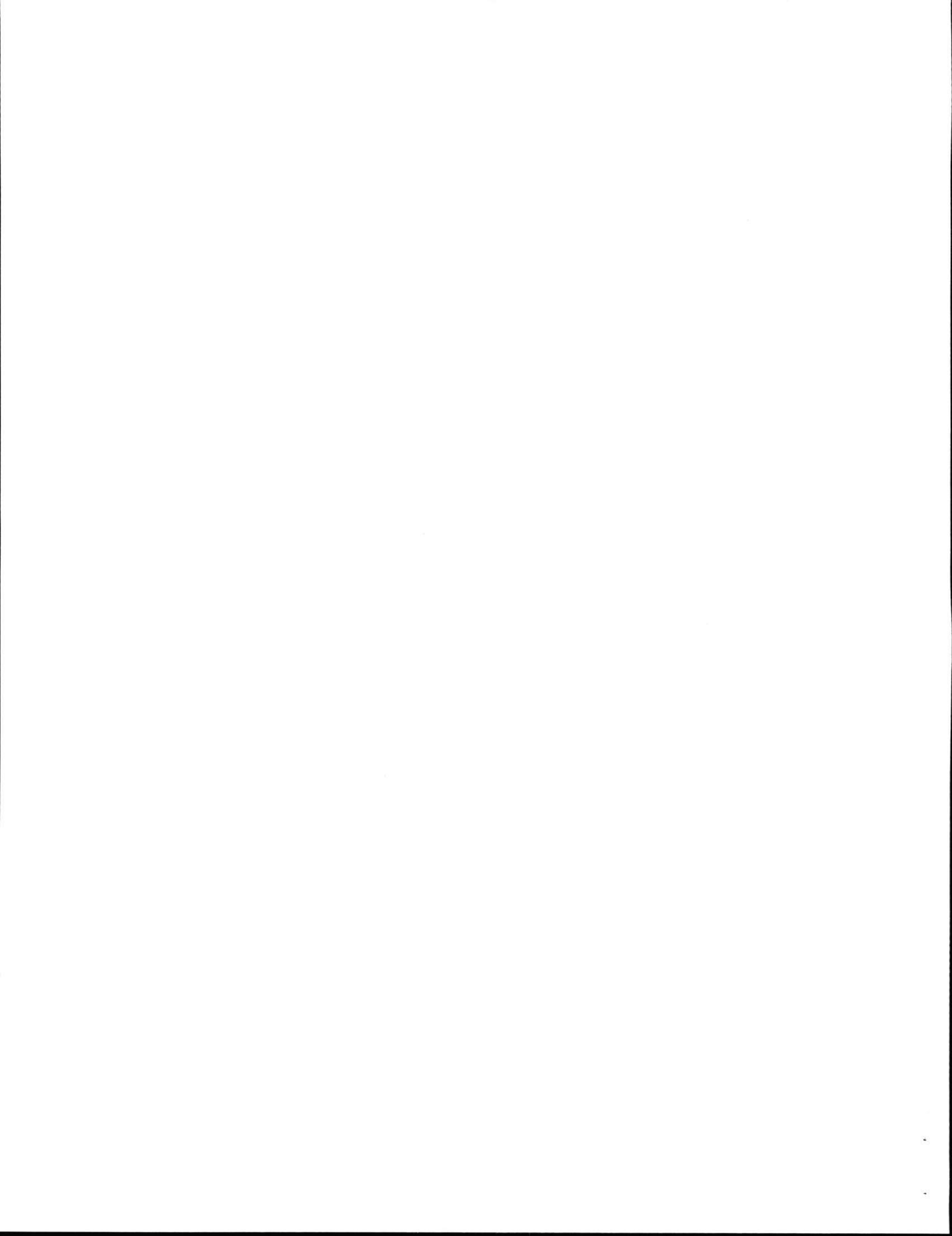
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**Medical Cost Sharing Analysis**

	Prior Period	Current Period	% Change	Aetna BOB*
Number of Employees	N/A	1,369	N/A	
Allowed Amount	\$0	\$3,208,686	N/A	
Coordination of Benefits (COB)	\$0	\$4,145	N/A	
Deductible**	\$0	\$144,588	N/A	
Copays	\$0	\$131,257	N/A	
Coinsurance**	\$0	\$164,036	N/A	
Employee Paid Portion	N/A	\$439,881	N/A	
Employee Paid Portion per Employee	N/A	\$321	N/A	
Employer Plan Paid Portion	\$0	\$2,756,135	N/A	
Employer Plan Paid Portion per Employee	N/A	\$2,014	N/A	
Employer % Share Medical	#VALUE!	86.1%	#VALUE!	81.8%
Employee % Share Medical	#VALUE!	13.7%	#VALUE!	17.3%
COB % Share Medical	#VALUE!	0.1%	#VALUE!	0.9%



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



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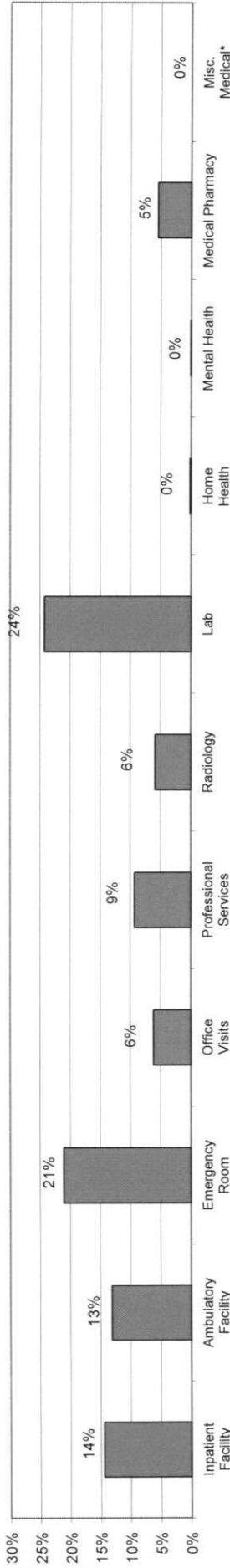
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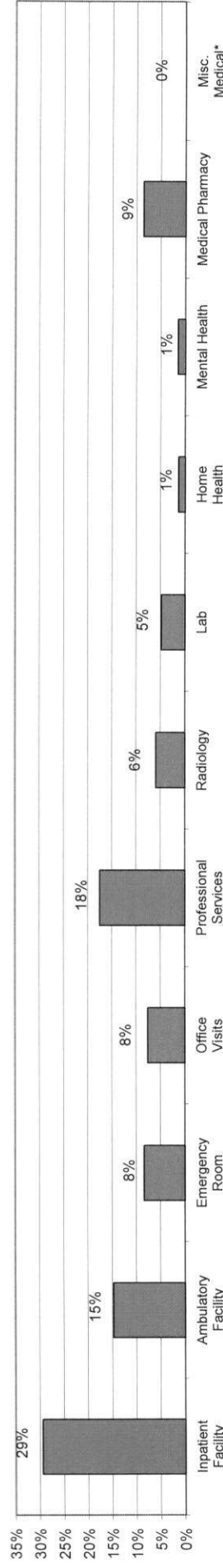
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**Trend Analysis by Medical Cost Category**

**Percentage of Total Medical Paid Amount by Medical Cost Category**



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



**Plan Paid Trend Per Member by Medical Cost Category**

No Data To Graph

\* State Assessment Category included with Misc. Medical

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**Utilization and Unit Cost by Medical Cost Category \***

	Paid Amount Per Member			Utilization Per 1,000			Unit Cost		
	Prior	Current	% Change	Prior	Current	% Change	Prior	Current	% Change
<b>Facility:</b>									
Inpatient Days	N/A	\$136	N/A	N/A	53	N/A	N/A	\$2,535	N/A
Ambulatory Visits	N/A	\$123	N/A	N/A	131	N/A	N/A	\$940	N/A
Emergency Room Visits	N/A	\$198	N/A	N/A	81	N/A	N/A	\$2,436	N/A
<b>Subtotal Facility:</b>	<b>N/A</b>	<b>\$457</b>	<b>N/A</b>						
<b>Professional:</b>									
Specialist Office Visits	N/A	\$26	N/A	N/A	381	N/A	N/A	\$68	N/A
Primary Office Visits	N/A	\$32	N/A	N/A	486	N/A	N/A	\$66	N/A
Surgeries - Inpatient	N/A	\$5	N/A	N/A	10	N/A	N/A	\$536	N/A
Surgeries Ambulatory Facility	N/A	\$4	N/A	N/A	18	N/A	N/A	\$234	N/A
Surgeries - Office	N/A	\$4	N/A	N/A	41	N/A	N/A	\$95	N/A
Medical Service Visits	N/A	\$74	N/A	N/A	666	N/A	N/A	\$111	N/A
<b>Subtotal Professional:</b>	<b>N/A</b>	<b>\$145</b>	<b>N/A</b>						
<b>Ancillary</b>									
Radiology Services	N/A	\$55	N/A	N/A	306	N/A	N/A	\$180	N/A
Lab Services	N/A	\$228	N/A	N/A	2,799	N/A	N/A	\$81	N/A
Home Health Visits	N/A	\$1	N/A	N/A	10	N/A	N/A	\$143	N/A
Mental Health Visits	N/A	\$0	N/A	N/A	15	N/A	N/A	\$32	N/A
Medical Pharmacy	N/A	\$52	N/A	N/A	2,798	N/A	N/A	\$18	N/A
Misc. Medical (State Assessments)	N/A	\$0	N/A	N/A	0	N/A	N/A	N/A	N/A
<b>Subtotal Ancillary:</b>	<b>N/A</b>	<b>\$336</b>	<b>N/A</b>						
<b>Grand Total</b>	<b>N/A</b>	<b>\$939</b>	<b>N/A</b>						
<b>Encounter:</b>									
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
<b>Total Encounter:</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

\* 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 - March 31, 2017 ( 2 Month Claim Lag )

Prior Data For Claims Incurred January 01, 2016 - March 31, 2016 ( 2 Month Claim Lag )

**MDC Analysis - Medical Total\***

Major Diagnostic Categories (MDCs)	Prior Period			Current Period					
	Paid Amount Per Member	Inpatient Paid Amount Per Member	Ambulatory 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
<b>Totals:</b>	N/A	N/A	N/A	\$939	\$3,547	\$151	\$1,211	\$787	\$2,336
23 - Selected Factors**	N/A	N/A	N/A	\$186	\$248	\$0	\$5	\$186	\$243
08 - Musculoskeletal/Connective	N/A	N/A	N/A	\$143	\$576	\$11	\$176	\$132	\$399
05 - Circulatory System	N/A	N/A	N/A	\$98	\$281	\$46	\$118	\$52	\$163
06 - Digestive System	N/A	N/A	N/A	\$85	\$298	\$13	\$78	\$72	\$220
04 - Respiratory System	N/A	N/A	N/A	\$54	\$130	\$9	\$65	\$45	\$65
10 - Endocrine, Metabolic	N/A	N/A	N/A	\$48	\$115	\$9	\$34	\$38	\$81
03 - Ear, Nose and Throat	N/A	N/A	N/A	\$44	\$136	\$0	\$10	\$44	\$127
17 - Other Neoplasms	N/A	N/A	N/A	\$39	\$198	\$8	\$60	\$31	\$138
14 - Pregnancy/Childbirth	N/A	N/A	N/A	\$37	\$200	\$24	\$151	\$13	\$49
07 - Hepatobiliary Sys/Pancreas	N/A	N/A	N/A	\$30	\$75	\$2	\$36	\$28	\$40
13 - Female Reproductive	N/A	N/A	N/A	\$28	\$122	\$0	\$14	\$27	\$108
11 - Kidney, Urinary Tract	N/A	N/A	N/A	\$27	\$144	\$0	\$24	\$26	\$120
01 - Nervous System	N/A	N/A	N/A	\$25	\$232	\$3	\$92	\$22	\$140
09 - Skin, Subcutaneous, Breast	N/A	N/A	N/A	\$24	\$162	\$1	\$21	\$23	\$141
21 - Injury and Poisoning	N/A	N/A	N/A	\$22	\$114	\$5	\$54	\$17	\$59
18 - Infectious-Parasitic	N/A	N/A	N/A	\$15	\$96	\$9	\$58	\$6	\$38
19 - Mental Disorders	N/A	N/A	N/A	\$11	\$110	\$4	\$29	\$7	\$80
02 - Eye	N/A	N/A	N/A	\$9	\$41	\$0	\$1	\$9	\$40
20 - Substance Disorders	N/A	N/A	N/A	\$6	\$46	\$4	\$17	\$1	\$29
16 - Blood/Organs	N/A	N/A	N/A	\$4	\$42	\$0	\$12	\$4	\$31
15 - Newborns	N/A	N/A	N/A	\$4	\$150	\$4	\$147	\$0	\$3
12 - Male Reproductive	N/A	N/A	N/A	\$2	\$22	\$0	\$3	\$2	\$19
22 - Burns	N/A	N/A	N/A	\$0	\$3	\$0	\$2	\$0	\$1
Unclassifiable	N/A	N/A	N/A	\$0	\$7	\$0	\$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	Aetna BOB		
	Customer	Customer	Customer	Customer	Customer	Customer	Customer	Aetna BOB		
01 - Nervous System	N/A	N/A	N/A	0.3	2.3	\$7,421	Customer	\$39,139	1	19
02 - Eye	N/A	N/A	N/A	0.0	0.0	N/A	Customer	\$25,444	0	0
03 - Ear, Nose and Throat	N/A	N/A	N/A	0.0	0.4	N/A	Customer	\$25,422	0	1
04 - Respiratory System	N/A	N/A	N/A	1.4	2.2	\$6,381	Customer	\$29,169	3	13
05 - Circulatory System	N/A	N/A	N/A	1.4	2.5	\$33,949	Customer	\$46,590	9	12
06 - Digestive System	N/A	N/A	N/A	0.7	3.2	\$18,803	Customer	\$24,807	7	13
07 - Hepatobiliary Sys/Pancreas	N/A	N/A	N/A	0.3	1.3	\$5,730	Customer	\$27,517	0	6
08 - Musculoskeletal/Connective	N/A	N/A	N/A	0.3	4.1	\$32,136	Customer	\$43,537	1	17
09 - Skin, Subcutaneous, Breast	N/A	N/A	N/A	0.0	0.9	N/A	Customer	\$22,864	0	4
10 - Endocrine, Metabolic	N/A	N/A	N/A	0.3	1.5	\$27,519	Customer	\$22,831	1	5
11 - Kidney, Urinary Tract	N/A	N/A	N/A	0.0	1.1	N/A	Customer	\$21,230	0	5
12 - Male Reproductive	N/A	N/A	N/A	0.0	0.2	N/A	Customer	\$19,914	0	0
13 - Female Reproductive	N/A	N/A	N/A	0.0	0.8	N/A	Customer	\$17,655	0	2
14 - Pregnancy/Childbirth	N/A	N/A	N/A	3.4	12.7	\$7,038	Customer	\$11,883	6	34
15 - Newborns	N/A	N/A	N/A	1.7	13.3	\$2,264	Customer	\$10,992	4	46
16 - Blood/Organs	N/A	N/A	N/A	0.0	0.4	N/A	Customer	\$28,119	0	2
17 - Other Neoplasms	N/A	N/A	N/A	0.3	1.0	\$24,170	Customer	\$60,043	6	7
18 - Infectious-Parasitic	N/A	N/A	N/A	0.3	1.6	\$25,836	Customer	\$36,917	7	11
19 - Mental Disorders	N/A	N/A	N/A	0.7	3.0	\$5,307	Customer	\$9,957	3	25
20 - Substance Disorders	N/A	N/A	N/A	0.3	1.7	\$12,291	Customer	\$10,102	2	17
21 - Injury and Poisoning	N/A	N/A	N/A	0.3	1.6	\$14,206	Customer	\$34,406	3	9
22 - Burns	N/A	N/A	N/A	0.0	0.0	N/A	Customer	\$51,647	0	0
23 - Selected Factors**	N/A	N/A	N/A	0.0	0.1	N/A	Customer	\$42,330	0	2
Unclassifiable	N/A	N/A	N/A	0.0	0.1	N/A	Customer	\$62,091	0	1
<b>Totals:</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>11.9</b>	<b>56.0</b>	<b>\$12,677</b>	<b>Customer</b>	<b>\$21,639</b>	<b>53</b>	<b>251</b>

\* 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 - March 31, 2017 ( 2 Month Claim Lag )

Prior Data For Claims Incurred January 01, 2016 - March 31, 2016 ( 2 Month Claim Lag )

**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
	Aetna BOB	Aetna BOB	Aetna BOB	Aetna BOB	Aetna BOB	Aetna BOB
01 - Nervous System	N/A	N/A	31.7	102.4	\$694	\$1,368
02 - Eye	N/A	N/A	60.3	113.0	\$155	\$357
03 - Ear, Nose and Throat	N/A	N/A	132.8	314.3	\$331	\$403
04 - Respiratory System	N/A	N/A	74.9	138.9	\$605	\$467
05 - Circulatory System	N/A	N/A	74.2	134.5	\$695	\$1,210
06 - Digestive System	N/A	N/A	52.8	148.6	\$1,367	\$1,478
07 - Hepatobiliary Sys/Pancreas	N/A	N/A	8.2	18.5	\$3,442	\$2,146
08 - Musculoskeletal/Connective	N/A	N/A	88.5	267.1	\$1,493	\$1,495
09 - Skin, Subcutaneous, Breast	N/A	N/A	59.6	232.9	\$390	\$606
10 - Endocrine, Metabolic	N/A	N/A	114.1	169.4	\$334	\$479
11 - Kidney, Urinary Tract	N/A	N/A	31.3	84.3	\$843	\$1,420
12 - Male Reproductive	N/A	N/A	10.6	21.4	\$164	\$888
13 - Female Reproductive	N/A	N/A	57.9	177.2	\$474	\$610
14 - Pregnancy/Childbirth	N/A	N/A	11.9	27.5	\$1,069	\$1,789
15 - Newborns	N/A	N/A	0.7	7.1	\$67	\$405
16 - Blood/Organs	N/A	N/A	11.6	28.7	\$344	\$1,065
17 - Other Neoplasms	N/A	N/A	6.5	26.0	\$4,741	\$5,332
18 - Infectious-Parasitic	N/A	N/A	26.6	214.5	\$237	\$178
19 - Mental Disorders	N/A	N/A	16.7	106.5	\$448	\$755
20 - Substance Disorders	N/A	N/A	0.3	6.9	\$3,997	\$4,197
21 - Injury and Poisoning	N/A	N/A	16.7	71.3	\$1,018	\$830
22 - Burns	N/A	N/A	0.0	1.7	N/A	\$624
23 - Selected Factors**	N/A	N/A	153.6	509.1	\$1,212	\$477
Unclassifiable	N/A	N/A	0.0	2.9	N/A	\$692
<b>Totals:</b>	<b>N/A</b>	<b>N/A</b>	<b>529.9</b>	<b>962.1</b>	<b>\$1,486</b>	<b>\$2,428</b>

\* 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 0000000096351741**

Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - March 31, 2017 ( 2 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	\$766,543	\$89,919	23%	\$676,624	50%
Doctors Hospital of Laredo	Laredo, TX	\$377,304	\$119,803	30%	\$257,501	19%
STAT Emergency Center LLC	Laredo, TX	\$172,657	\$0	0%	\$172,657	13%
Laredo Emergency Center	Laredo, TX	\$87,258	\$0	0%	\$87,258	6%
Christus Santa Rosa Health Care - Westov	San Antonio, TX	\$83,892	\$78,206	20%	\$5,686	0%
Laredo Emergency Room	Laredo, TX	\$76,608	\$0	0%	\$76,608	6%
Methodist Specialty and Transplant Hospi	San Antonio, TX	\$28,852	\$26,563	7%	\$2,289	0%
Methodist Texsan Hospital - HCA Affiliat	San Antonio, TX	\$28,249	\$28,249	7%	\$0	0%
Acuity Hospital of South Texas, LLC	San Antonio, TX	\$25,836	\$25,836	6%	\$0	0%
University Health System	San Antonio, TX	\$20,514	\$19,112	5%	\$1,402	0%
The University of TX M.D. Anderson Cance	Houston, TX	\$9,744	\$0	0%	\$9,744	1%
South Texas Health System	Edinburg, TX	\$8,669	\$8,669	2%	\$0	0%
Methodist Stone Oak Hospital-HCA Affilia	San Antonio, TX	\$8,539	\$0	0%	\$8,539	1%
The Center for Special Surgery at TCA	San Antonio, TX	\$6,682	\$0	0%	\$6,682	0%
Pineville Community Hospital	Pineville, KY	\$6,095	\$0	0%	\$6,095	0%
Lower Keys Medical Center	Key West, FL	\$5,709	\$0	0%	\$5,709	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%
Alamo Heights Complete Care LLC	San Antonio, TX	\$4,215	\$0	0%	\$4,215	0%
Cumberland Surgical Hospital of San Anto	San Antonio, TX	\$4,033	\$0	0%	\$4,033	0%
Baptist Medical Center	San Antonio, TX	\$3,517	\$0	0%	\$3,517	0%
Putnam County Memorial Hospital	Unionville, MO	\$2,944	\$0	0%	\$2,944	0%
Harlingen VAMC	Harlingen, TX	\$2,754	\$0	0%	\$2,754	0%
Methodist Hospital - HCA Affiliate	San Antonio, TX	\$2,489	\$0	0%	\$2,489	0%
Alliance Healthcare System, Inc.	Holly Springs, MS	\$2,145	\$0	0%	\$2,145	0%
All Other Hospitals:		\$15,160	\$1,638	0%	\$13,522	1%
<b>Totals:</b>		<b>\$1,759,642</b>	<b>\$397,995</b>	<b>100%</b>	<b>\$1,361,647</b>	<b>100%</b>



**WEBB COUNTY - Plan Sponsor ID 0000000096351741**

Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - March 31, 2017 ( 2 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	\$94,265	\$0	\$94,265	S42.352A	DISPLACED COMMINUTED FX SHAFT OF HUMERUS, LEFT ARM, INIT	Yes
2	\$93,710	\$85,500	\$8,210	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Yes
3	\$56,215	\$0	\$56,215	M24.411	RECURRENT DISLOCATION, RIGHT SHOULDER	Yes
4	\$50,823	\$0	\$50,823	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Yes
<b>Total</b>	<b>\$295,014</b>	<b>\$85,500</b>	<b>\$209,514</b>			

**WEBB COUNTY - Plan Sponsor ID 0000000096351741**

Self Insured Aetna Choice POS II with Pharmacy

Prior Data For Claims Incurred January 01, 2016 - March 31, 2016 ( 2 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			
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>			

**WEBB COUNTY - Plan Sponsor ID 000000096351741**

Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - March 31, 2017 ( 2 Month Claim Lag )

Prior Data For Claims Incurred January 01, 2016 - March 31, 2016 ( 2 Month Claim Lag )

**Key Statistics - Pharmacy**

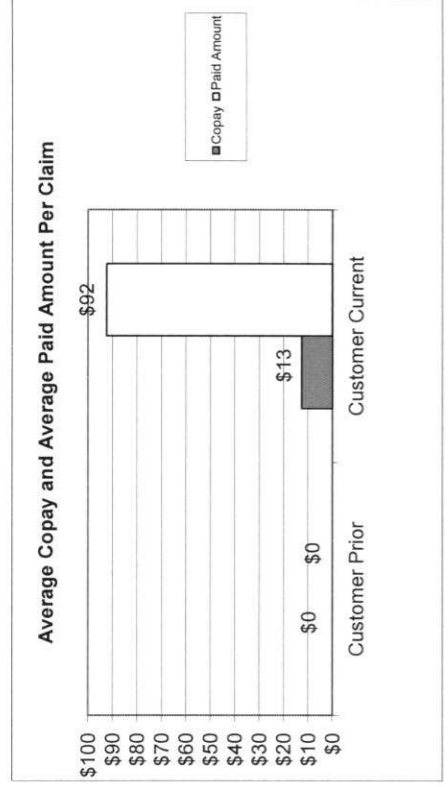
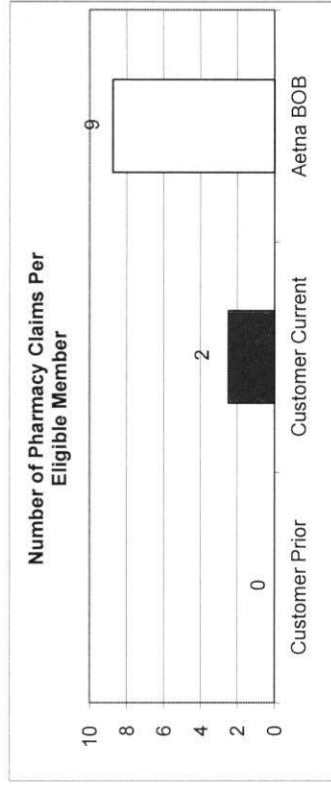
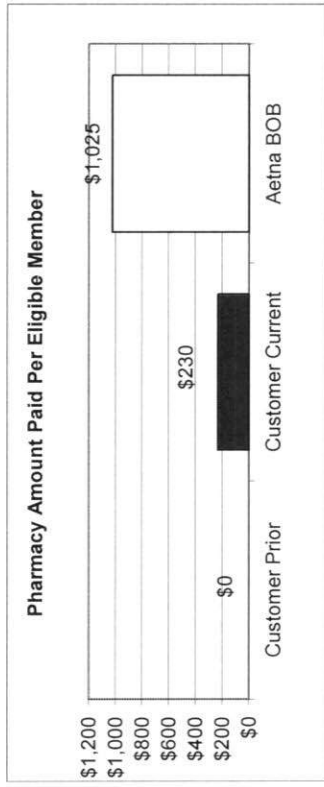
	Customer Prior	Customer Current	% Change from Prior	Aetna BOB'
Number of Employees	N/A	1,369	N/A	N/A
Number of Members	N/A	2,937	N/A	N/A
Ratio of Members to Employees	N/A	2.1	N/A	2.0
Percent Male Members	N/A	48.2%	N/A	49.5%
Percent Female Members	N/A	51.8%	N/A	50.5%
Average Age of Membership	N/A	31.0	N/A	33.9
Number of Utilizing Members	0	1,444	N/A	N/A

**Demographics Summary for Pharmacy**

Number of Employees	N/A	1,369	N/A	N/A
Number of Members	N/A	2,937	N/A	N/A
Ratio of Members to Employees	N/A	2.1	N/A	2.0
Percent Male Members	N/A	48.2%	N/A	49.5%
Percent Female Members	N/A	51.8%	N/A	50.5%
Average Age of Membership	N/A	31.0	N/A	33.9
Number of Utilizing Members	0	1,444	N/A	N/A

**Key Statistics**

Total Pharmacy Paid Amount	\$0	\$676,037	N/A	N/A
Pharmacy Paid Amount per Eligible Member	N/A	\$230	N/A	\$1,025
Pharmacy Paid Amount per Utilizing Member	N/A	\$468	N/A	\$1,198
Average Paid Amount per Claim	N/A	\$92.37	N/A	\$116.99
Number of Pharmacy Claims	0	7,319	N/A	N/A
Number of Pharmacy Claims Per Eligible Member	N/A	2.5	N/A	8.8
Number of Pharmacy Claims Per Utilizing Member	N/A	5.1	N/A	N/A
Calculated Ingredient Cost	\$0	\$761,784	N/A	N/A
Total Copay Amount	\$0	\$92,582	N/A	N/A
Average Copay Amount per Claim	N/A	\$12.65	N/A	N/A
Generic Utilization	N/A	86.0%	N/A	84.2%
Generic Substitution	N/A	99.3%	N/A	98.1%
Brand Utilization	N/A	14.0%	N/A	15.8%
Formulary Utilization	N/A	100.0%	N/A	100.0%



*'Aetna 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 0000000096351741**

Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - March 31, 2017 ( 2 Month Claim Lag )  
 Prior Data For Claims Incurred January 01, 2016 - March 31, 2016 ( 2 Month Claim Lag )

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

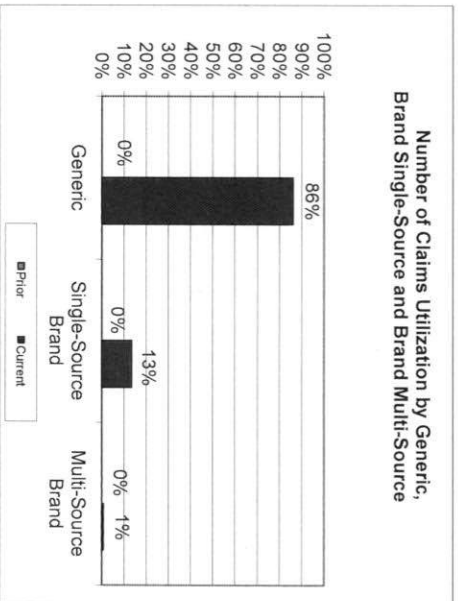
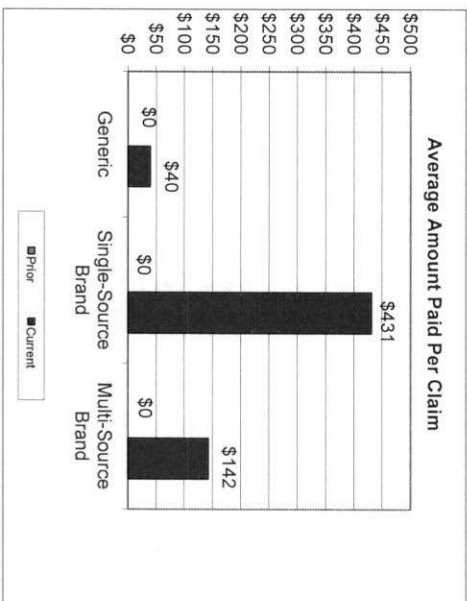
Generic	Customer	Customer	% Change	Aetna BOB
	Prior	Current	from Prior	
Generic Pharmacy Paid Amount	\$0	\$248,822	N/A	N/A
Generic Pharmacy Paid Amount per Eligible Member	N/A	\$85	N/A	\$242
Generic Pharmacy Paid Amount per Utilizing Member	N/A	\$172	N/A	\$282
Average Paid Amount Per Claim	N/A	\$39,51	N/A	\$32,74
Number of Generic Pharmacy Claims Per Eligible Member	N/A	2.1	N/A	7.4
Calculated Ingredient Cost	\$0	\$294,364	N/A	N/A
Total Copay Amount	\$0	\$51,402	N/A	N/A
Generic Utilization	N/A	86.0%	N/A	84.2%

**Brand Single-Source**

Brand Single-Source Pharmacy Paid Amount	\$0	\$420,821	N/A	N/A
Brand Single-Source Pharmacy Paid Amount per Eligible Member	N/A	\$143	N/A	\$739
Brand Single-Source Pharmacy Paid Amount per Utilizing Member	N/A	\$291	N/A	\$864
Average Paid Amount Per Claim	N/A	\$430.73	N/A	\$597.44
Number of Brand Single-Source Pharmacy Claims Per Eligible Member	N/A	0.3	N/A	1.2
Calculated Ingredient Cost	\$0	\$457,866	N/A	N/A
Total Copay Amount	\$0	\$37,983	N/A	N/A
Brand Single-Source Utilization	N/A	13.3%	N/A	14.1%

**Brand Multi-Source**

Brand Multi-Source Pharmacy Paid Amount	\$0	\$6,395	N/A	N/A
Brand Multi-Source Pharmacy Paid Amount per Eligible Member	N/A	\$2	N/A	\$44
Brand Multi-Source Pharmacy Paid Amount per Utilizing Member	N/A	\$4	N/A	\$51
Average Paid Amount Per Claim	N/A	\$142.11	N/A	\$304.83
Number of Brand Multi-Source Pharmacy Claims Per Eligible Member	N/A	0.0	N/A	0.1
Calculated Ingredient Cost	\$0	\$9,555	N/A	N/A
Total Copay Amount	\$0	\$3,197	N/A	N/A
Brand Multi-Source Utilization	N/A	0.6%	N/A	1.6%



**WEBB COUNTY - Plan Sponsor ID 000000096351741**

Self Insured Aetna Choice POS II with Pharmacy

Current Data For Claims Incurred January 01, 2017 - March 31, 2017 ( 2 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	627	887	\$62.97
Biologicals	1	1	\$144.90
Antineoplastic Agents	34	55	\$24.46
Endocrine and Metabolic Drugs	521	1,404	\$439.67
Cardiovascular Agents	508	1,769	\$153.08
Respiratory Agents	409	678	\$108.74
Gastrointestinal Agents	189	341	\$233.48
Genitourinary Products	79	120	\$77.36
Central Nervous System Drugs	179	410	\$39.92
Stimulants/Anti-Obesity/Anorexients	49	95	\$363.62
Misc. Psychotherapeutic and Neurological Agents	2	3	\$578.03
Analgesics and Anesthetics	301	528	\$248.85
Neuromuscular Drugs	112	207	\$160.33
Nutritional Products	106	177	\$9.00
Hematological Agents	54	99	\$193.77
Topical Products	265	430	\$347.98
Miscellaneous Products	50	107	\$228.35
Unknown	6	8	\$0.00
<b>Total All Claims</b>	<b>1,444</b>	<b>7,319</b>	<b>\$468.17</b>

## 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.

	Prior Period Data Availability	Current Period Data Availability
Medical Claims: Self Insured Aetna Choice POS II with Pharmacy	No Data Available	01/01/17 - 03/31/17
Medical Membership: Self Insured Aetna Choice POS II with Pharmacy	No Data Available	01/16/17 - 03/16/17
Medical Capitation:		
Pharmacy Claims: Self Insured Aetna Choice POS II with Pharmacy	No Data Available	01/01/17 - 03/31/17
Pharmacy Membership: Self Insured Aetna Choice POS II with Pharmacy	No Data Available	01/16/17 - 03/16/17

## Glossary

<b>% Admissions In Network</b>	The percent of total admissions that were in network.
<b>% In Network Utilization Results</b>	The percent of utilization in network.
<b>% of Total Paid Amount</b>	The percent of total medical paid claims (paid amount).
<b>% Paid Amount In Network</b>	The percent of total medical claims (paid amount) in network.
<b>% Physician Office Visits In Network</b>	The percent of total physician office visits that were in network.
<b>Admissions/1,000 Members</b>	Total admissions divided by members per 1,000.
<b>Aetna Book of Business (Aetna BOB)</b>	Aetna BOB <u>financial and utilization</u> 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 <u>demographic</u> 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.
<b>Allowed Amount</b>	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.
<b>Ambulatory Facility</b>	Facilities that provide care in an ambulatory (outpatient) setting.
<b>Ambulatory Paid Amount Per Member</b>	Ambulatory medical paid amount expressed on a per member basis.
<b>Ambulatory Surgeries/ 1,000 Members</b>	The total number of ambulatory surgeries divided by members per 1,000.

## Glossary

<b>Average Age of Membership</b>	The average age of the members covered under the plan for the reporting period.
<b>Average Brand Multi-Source Paid Amount per Claim</b>	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.
<b>Average Brand Single-Source Paid Amount per Claim</b>	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.
<b>Average Discount Savings per Network Admission</b>	Network financial savings expressed on a per admission basis.
<b>Average Generic Paid Amount per Claim</b>	The total generic pharmacy paid amount by the plan sponsor during the reporting period divided by the number of generic pharmacy claims.
<b>Average Length of Stay</b>	Total days of care divided by total admissions.
<b>Average Paid Amount per Claim</b>	The total pharmacy paid amount by the plan sponsor during the reporting period divided by the total number of pharmacy claims.
<b>Average Paid Per Catastrophic Claimant</b>	The average dollar amount of medical paid amount for catastrophic claimants (claimants exceeding \$50,000).
<b>Billed Network Charges (before discount)</b>	This is the denominator in the calculation for Current Network Discount Savings %. See also Current Network Discount Savings %.
<b>Brand Multi-Source Pharmacy Paid Amount</b>	The paid amount by the plan sponsor for brand name drugs which are manufactured by multiple pharmaceutical companies.
<b>Brand Multi-Source Pharmacy Paid Amount per Eligible Member</b>	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.
<b>Brand Multi-Source Pharmacy Paid Amount per Utilizing Member</b>	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

<b>Brand Multi-Source Utilization</b>	The percent of total claims that were brand multi-source drugs.
<b>Brand Single-Source Pharmacy Paid Amount</b>	The claims paid by the plan sponsor for brand name drugs with no generic equivalent.
<b>Brand Single-Source Pharmacy Paid Amount per Eligible Member</b>	The claims paid by the plan sponsor for brand name drugs with no generic equivalent divided by the number of covered (eligible) members.
<b>Brand Single-Source Pharmacy Paid Amount per Utilizing Member</b>	The claims paid by the plan sponsor for brand name drugs with no generic equivalent divided by the number of utilizing members.
<b>Brand Single-Source Utilization</b>	The percent of total claims that were brand single-source drugs.
<b>Brand Utilization</b>	The percentage of total prescriptions that were dispensed as brand drugs.
<b>Calculated Ingredient Cost</b>	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.
<b>Claim Payment Level</b>	Indicates whether a claim was paid at the preferred or non-preferred level.
<b>Claimants Per 1,000 Members</b>	The total number of unique claimants for the reporting period divided by members per 1,000.
<b>COB % Share Medical</b>	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

<b>Employee Paid Portion</b>	The total of deductibles, copays and coinsurance paid by employees.
<b>Employee Paid Portion per Employee</b>	The total of deductibles, copays and coinsurance paid by employees expressed on a per employee basis.
<b>Employer % Share Medical</b>	The employer % share of medical allowed amount expressed on a per employee basis.
<b>Employer Plan Paid Portion</b>	The total medical paid amount by the plan sponsor during the reporting period.
<b>Employer Plan Paid Portion per Employee</b>	The total medical claims paid (paid amount) by the plan sponsor during the reporting period expressed on a per employee basis.
<b>ER Visits/1,000 Members</b>	Total number of emergency room visits divided by members per 1,000.
<b>Formulary Utilization</b>	The percentage of total prescriptions that were dispensed on the Formulary list.
<b>Generic Index</b>	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.
<b>Generic Pharmacy Paid Amount</b>	The total generic pharmacy claims paid (paid amount) by the plan sponsor during the reporting period.
<b>Generic Pharmacy Paid Amount per Eligible Member</b>	The claims paid (paid amount) by the plan sponsor for generic drugs divided by the number of covered (eligible) members.
<b>Generic Pharmacy Paid Amount per Utilizing Member</b>	The claims paid (paid amount) by the plan sponsor for generic drugs divided by the number of utilizing members (claimants).
<b>Generic Utilization</b>	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

<b>Inpatient Facility</b>	Facilities that provide care in an inpatient setting versus ambulatory (outpatient).
<b>Inpatient Paid Amount per Member</b>	Inpatient medical paid amount expressed on a per member basis.
<b>Inpatient Surgeries/1,000 Members</b>	The total number of inpatient surgeries divided by members per 1,000.
<b>Major Diagnostic Categories (MDCs)</b>	A means of classifying all diagnoses into 26 broad categories according to the body system affected or the factors causing the illness or injury.
<b>Medical Capitation Paid per Member</b>	The total amount of medical capitation payments made for the reporting period expressed on a per member basis. (Applies to capitated medical arrangements only).
<b>Medical Paid Amount for these Claimants</b>	Total medical claims paid (paid amount) by the plan sponsor for specific claimants.
<b>Medical Paid Amount per Employee</b>	The total medical paid amount by the plan sponsor expressed on a per employee basis.
<b>Medical Paid Amount per Member</b>	The total medical paid amount by the plan sponsor expressed on a per member basis.
<b>Medical Service Visits</b>	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.
<b>Network Discount Savings</b>	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers.
<b>Network Discount Savings per Employee</b>	Network financial savings expressed on a per employee basis.
<b>Network Discount Savings per Member</b>	Network financial savings expressed on a per member basis.

## Glossary

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

## Glossary

<b>Percent Female Members</b>	The percent of total membership who are female.
<b>Percent Male Members</b>	The percent of total membership who are male.
<b>Pharmacy Paid Amount per Member</b>	The total pharmacy claims paid (paid amount) by the plan sponsor expressed on a per member basis.
<b>Pharmacy Paid Amount per Eligible Member</b>	The total pharmacy claims paid (paid amount) by the plan sponsor during the reporting period divided by the number of covered (eligible) members.
<b>Pharmacy Paid Amount per Utilizing Member</b>	The total pharmacy claims paid (paid amount) by the plan sponsor during the reporting period divided by the number of utilizing members (claimants).
<b>Physician</b>	Certified provider of medical services.
<b>Ratio of Members to Employees</b>	The number of members covered divided by the number of employees covered.
<b>Total Copay Amount</b>	The total amount of copays taken. Copays are a preset member contribution per prescription paid directly to the pharmacy.
<b>Total Medical and Pharmacy Paid Amount</b>	The total medical and pharmacy paid amount by the plan sponsor.
<b>Total Medical Capitation Payments</b>	Total medical capitation payments made to providers who are reimbursed on a capitated basis.
<b>Total Medical Paid Amount</b>	The total medical paid amount by the plan sponsor during the reporting period.
<b>Total Medical Paid (Claims &amp; Capitation)</b>	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 000000096351741**

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 - March 31, 2017 to the prior period of January 01, 2016 - March 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 73.5% lower than the adjusted Aetna BOB norm of \$3,547.
- Current pharmacy paid amount per member was 77.6% lower than the adjusted Aetna BOB norm of \$1,025.

### **Demographics**

- The current population is 51.8% female and 48.2% male.
- The demographic band of 45 to 64 Females represented the highest, 23.1% of plan paid, while making up 17.7% of total claimants and 13.5% of covered members.
- The demographic band of 20 to 44 Females represented the highest, 21.1% of covered members while making up 20.8% of total claimants and 22.8% of plan paid.



**WEBB COUNTY - Plan Sponsor ID 0000000096351741**

Self Insured Aetna Choice POS II with Pharmacy

**Executive Summary**

**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 4 in the current period.

**Inpatient**

- The Aetna BOB for inpatient paid amount per member was \$1,211.
- Aetna BOB Admissions/1,000 members was 56.
- Aetna BOB Days of Care/1,000 members was 251.
- Aetna BOB Average Length of Stay was 4.5.
- Aetna BOB Inpatient Surgeries/1,000 members were 39.

**WEBB COUNTY - Plan Sponsor ID 000000096351741**

Self Insured Aetna Choice POS II with Pharmacy

**Executive Summary**

**Ambulatory**

- The Aetna BOB for ambulatory paid amount per member was \$2,336
- Aetna BOB Office Visits/1,000 members were 3,322.
- Aetna BOB ER Visits/1,000 members were 190.
- Aetna BOB Ambulatory Surgeries/1,000 members were 483.

**WEBB COUNTY - Plan Sponsor ID 0000000096351741**  
Self Insured Aetna Choice POS II with Pharmacy

**Executive Summary**

**Provider Network Experience**

- Network discount savings totaled \$3,247,570 in the current period.
- The percent of claims paid in network was 70%, compared to 88.3% for Aetna BOB.
- The percent of admissions in network was 100%, compared to 96.2% for Aetna BOB.
- The percent of physician office visits in network was 97.6%, compared to 91.6% for Aetna BOB.

**Medical Cost Sharing**

#VALUE! #VALUE!

- In the current period, the employer plan paid portion was 86.1%, the employee paid portion was 13.7% and Coordination of Benefits was 0.1%.
- For Aetna BOB, the employer plan paid portion was 81.8%, the employee paid portion was 17.3% and Coordination of Benefits was 0.9%.

**WEBB COUNTY - Plan Sponsor ID 000000096351741**

Self Insured Aetna Choice POS II with Pharmacy

**Executive Summary**

**Pharmacy Experience**

- Aetna BOB paid amount per eligible member was \$1,025.
- Aetna BOB paid amount per utilizing member was \$1,198.
- Aetna BOB pharmacy paid amount per claim was \$116.99.
- The number of pharmacy claims per eligible member for Aetna BOB was 8.8.
- Generic utilization for Aetna BOB was 84.2%.