

WI Municipality

Health Insurance Benefit Comparison

Municipality		City of Ma	dison
		·	
Insurance Type		НМО	
Provider:		Unity Healt	h Plan
Deductible		Single	Family
	In Network	None	•
Οι	t of Network	Does Not A	Apply
Co-Insurance			
	In Network	100%	i
Οι	t of Network	Does Not A	Apply
Maximum Out-of-Pock	et	Single	Family
	In Network	\$410 \$1,000	\$820 \$2,000
	t of Network	Does Not A	Apply
Office Visits	In Network	Covered in	n Full
Ou	t of Network	No Cover	age
Routine/Preventive Car			- 5-
,	In Network	Covered in	n Full
Οι	t of Network	No Cover	age
Urgent Care			
	In Network	Covered in	n Full
	t of Network	No Cover	age
Emergency Room			
		\$60 Copay	ment
Hospital Services	In Network	Covered in	n Full
Ou	t of Network	No Cover	200
Prescription Drugs	it of Network	Level 1 / Level	· ·
	In Network	\$5 / \$15 /	
Plan Value (Actuaria	Value)*		
* determined using 2016 AV calcu		s.gov 98.40%	
Rates		UW Health	Community
Employee		\$567.00	\$660.10
pi0yee			\$500.10
Family		\$1.410.00	\$1.642.80
Family		\$1,410.00	\$1,642.80

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply ...







Out of Network Out of Network Maximum Out-of-Pocket In Network Out of Network Office Visits In Network Out of Network No Coverage S20 Copayment No Coverage S20 Copayment S50			Madison Motropoli	tan Sahaala	Dane (County	Provin	County	
Dean GHC Unity WEA Trust UMR - UHC Choice Plus	Monicipality		Madison Meliopoli	idii schoois	Dane	Cooliny	BIOWII	County	
Deductible	Insurance Type		НМО		PF	0	PPO		
In Network	Provider:		Dean / GHC /	Unity	WEA Trust UMR - UHC			Choice Plus	
In Network									
Co-Insurance In Network Out of Network Out of Network In Network In Network In Network In Network Out of Network Out of Network In Network In Network Out of Network Out of Network In Network Out of Network No Coverage Out of Netw	Deductible	La Nationale	Nana			•			
In Network					Active / Retiree	Active/Retiree			
Out of Network Out of Network Maximum Out-of-Pocket In Network Out of Network Office Visits In Network Out of Network No Coverage S20 Copayment No Coverage S20 Copayment S50		Out of Network	Does Not A	pply	\$200 / \$400	\$400 / \$800	\$4,000	\$8,000	
Out of Network Maximum Oul-of-Pocket In Network In Network Out of Network Out of Network Out of Network In Network In Network Out of Network No Coverage Free Specialist In Network No Coverage Deductible Applies Deductible & Coinsurance Apply The No Coverage Deductible Applies Deductible & Coinsurance Apply The	Co-Insurance								
Single Family Single S		In Network	100%		100%		Tier 1 - 90/10	Tier 2 - 80/20	
In Network Out of Network Office Visits Out of Network No Coverage In Network No Coverage Out of Network No Coverage Out of Network No Coverage S20 Copayment S20 Copayment S25 Copayment S25 Copayment S25 Copayment S20 Copayment S20 Copayment S25 Copayment S25 Copayment S25 Copayment S26 Copayment S27 Copayment S27 Copayment S28 Copayment S28 Copayment S29 Copayment S20 Copayment S2			Does Not A	pply		0%	5	0%	
Office Visits Office Visits In Network In Network In Network Office Visits In Network In Network Out of Network No Coverage Rouline/Preventive Care In Network Out of Network No Coverage Select Services Covered in Full Deductible Applies Deductible Applies Deductible Applies Deductible Applies Deductible Applies Deductible Applies Deductible & Coinsurance Apply Urgent Care \$20 Copayment No Coverage \$20 Copayment No Coverage \$50 Copayment S50 Copayment Deductible & Coinsurance Apply S50 Copayment Deductible & Coinsurance Out of Network No Coverage Deductible Applies Deductible & Coinsurance Out of Network No Coverage Deductible Applies Deductible & Coinsurance S50 (\$10 \cdot \$20 \cdot \$50 \cdot	Maximum Out-o							•	
Office Visits In Network In Network In Network Out of Network No Coverage In Network Out of Network Out of Network No Coverage In Network No Coverage In Network No Coverage In Network No Coverage In Network No Coverage Select Services Covered in Full Out of Network No Coverage Select Services Covered in Full Select Services Covered in Full Deductible Applies Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Covered in Full Deductible & Coinsurance Apply Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply Select Service Cover		In Network	\$6,600	\$13,200			\$4,000	\$8,000	
Office Visits In Network In Network Out of Network Out of Network Routine/Preventive Care In Network Out of Network In Network Out of Network In Network Out of Network In Network Out of Network Out of Network Out of Network Out of Network In Network Out of Network Out of Network Out of Network Out of Network In Network Out of Network Out of Network Out of Network Out of Network In Network Out of Network Out of Network Out of Network In Network Out of Network Out of Network In Network Out of Networ		0 . (N	5				47.000	444.000	
In Network Out of Network Out of Network Out of Network No Coverage Routine/Preventive Care In Network Out of	Off \/!-!!-	Out of Network	Does Not A	рріу					
Coinsurance Out of Network No Coverage In Network Out of Network No Coverage Select Services Covered in Full Deductible Applies Deductible & Coinsurance Out of Network No Coverage Select Services Covered in Full Deductible & Coinsurance Apply Outgent Care Select Services Covered in Full Deductible & Coinsurance Apply Deductible & Coinsurance Apply Outgent Care Select Services Covered in Full Deductible & Coinsurance Apply Outgent Care Select Services Covered in Full Deductible & Coinsurance Apply Outgent Coinsurance Apply Outgent Coinsurance Out of Network No Coverage Deductible Applies Select Services Covered in Full Select Services Covered in Full Select Services Covered in Full Outgent Coinsurance Apply Outgent Coinsurance Apply Outgent Coinsurance Out of Network No Coverage Deductible Applies Select Service Covered in Full Outgettible & Coinsurance Apply Outgettible & Coinsurance Out of Network No Coverage Deductible Applies Select Service Covered in Full Select Service Covered in Full Outgettible & Coinsurance Outg	Office VISITS	In Notwork	\$20 Consum	nont		•			
Routine/Preventive Care In Network Out of Network Out of Network Urgent Care \$20 Copayment No Coverage \$50 Copayment No Coverage \$50 Copayment S50 Copaym			\$20 Copayii	nent	ээ сораушеш	35 Copayment	313 Copayment	Coinsurance	
Routine/Preventive Care In Network Out of Network No Coverage Urgent Care \$20 Copayment S20 Copayment No Coverage Source S20 Copayment		Out of Network	No Coupre		Deductible Applies		Deductible & Coinsurance		
In Network Out of Network Out of Network No Coverage Select Services Covered in Full Deductible Applies Deductible & Coinsurance Apply Select Services Covered in Full Deductible & Coinsurance Apply	Poutino /Proventi	vo Caro	No covera	ige					
Urgent Care \$20 Copayment	KOOIIIIe/Fleveliii		Select Services Cov	vered in Full	Select Service	Covered in Full	Select Services Covered in Full		
Urgent Care \$20 Copayment									
\$20 Copayment \$5 Copayment \$5 Copayment \$25 Copayment then Deductible & Coinsurance Apply Social Services	Urgent Care	out of fictions		-8-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Emergency Room \$50 Copayment			\$20 Copayn	nent	4		\$25 Copayment	then Deductible &	
So Copayment So C			No Covera	ige	\$5 Copa	ayment	Coinsura	nce Apply	
Hospital Services In Network Covered in Full Covered in Full Covered in Full Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance So / \$10 / \$20 / \$40 20% / 25% / 35% Copayments apply to Prescription Maximum Out- of -Pocket. This limit is \$500 Individual / \$1,500 Family Plan Value (Actuarial Value) 96.86% 97.60% Rates Dean GHC Unity Rate EE Contrib Rate EE Contrib Rate EE Contrib Rate Solutible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance 20% / 25% / 35% \$1,500 Single / \$3,000 Family Annual Out- of -Pocket Maximum Pocket Maximum	Emergency Room	n							
In Network Covered in Full Covered in Full Deductible & Coinsurance Out of Network No Coverage Deductible Applies Deductible & Coinsurance **So / \$10 / \$20 / \$40 **Copayments apply to Prescription Maximum Out- of -Pocket. This limit is \$500 Individual / \$1,500 Family **Plan Value (Actuarial Value) Plan Value (Actuarial Value) **Plan Value (Actuarial Value) **Pocket Maximum Value (Actuarial Value)			\$50 Copayn	nent	\$50 Cop	ayment	\$100 Copay, then Dec	ductible & Coinsurance	
Out of Network No Coverage Deductible Applies Deductible & Coinsurance	Hospital Services								
So / \$10 / \$20 / \$40 20% / 25% / 35%		In Network	Covered in	Full	Covered	d in Full	Deductible 8	& Coinsurance	
Solution			No Covera	ige	Deductibl	le Applies	Deductible 8	k Coinsurance	
Maximum Out- of -Pocket. This limit is \$5,500 Individual / \$1,500 Family Pocket Maximum	Prescription Drug	ıs			\$0 / \$10 /	\$20 / \$40	20% / 25	5% / 35%	
96.86% 97.60% 81.05%			\$6 / \$15 or \$6/ \$	515 / \$30	Maximum Out- of -F	Pocket. This limit is		•	
Rates Dean GHC Unity Rate EE Contrib Rate EE Contrib Employee \$616.29 \$500.11 \$649.82 \$610.84 0% \$519.37 \$62.32 No EE Contribution Administrators pay 10% Administrators pay 10% \$610.84 0% \$519.37 \$62.32	Plan Value (Ac	tuarial Value)							
Employee \$616.29 \$500.11 \$649.82 \$610.84 0% \$519.37 \$62.32 **No EE Contribution Administrators pay 10%**			96.86%		97.6	50%	81.	05%	
Employee \$616.29 \$500.11 \$649.82 \$610.84 0% \$519.37 \$62.32 **No EE Contribution** **Administrators pay 10%**	Rates		Dean GHC	<u>Unity</u>	Rate	EE Contrib	Rate	EE Contrib	
5 11 44 550 04 44 255 04 44 750 00 1			\$616.29 \$500.1 No EE Contrib	1 \$649.82 oution	\$610.84		\$519.37		
Family \$1,620.84 \$1,335.31 \$1,709.03 \$1,435.48 0% \$1,382.09 \$165.85				44 700 00	64 425 40	00/	ć4 202 00	4455.05	

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.



Municipality		M3 Dat	abase	M3 Da	tabase	EBIX Do	atabase	EBIX D	atabase
						Mid	west	Mid	west
Insurance Type		PP	0	H	MO	PI	PO	HI	MO
Provider:		Public	Sector	Public	Sector	Public	Sector	Public Sector	
			- "		- "		- "		
Deductible	In Network	\$ingle \$1,288	Family \$2,735	Single \$918	Family \$1,836	Single \$240	Family \$500	Single \$0	Family \$0
	III Network	Ş1,266	\$2,755	3310	\$1,630	3240	\$500	30	ŞU
	Out of Network	\$2,576	\$5,470			\$610	\$1,348		
Co-Insurance									
	In Network	98	%	99	9%	9!	5%	10	00%
	Out of Network								
Maximum Out-of-Pocke		Single	Family	Single	Family	Single	Family	Single	Family
	In Network	\$1,811	\$3,622	\$1,841	\$3,682	\$1,069	\$2,894	\$1,200	\$3,000
		40.555	47.			40	A=		
000 100	Out of Network	\$3,622	\$7,244	100	0 1 11 1	\$2,138	\$5,788	1 000	
Office Visits	In Matrice of	PCP \$17	Specialist	PCP \$13	Specialist	PCP \$21	Specialist	PCP \$20	Specialis
	In Network	\$17	\$31	\$13	\$25	\$21	\$29	\$20	\$30
	Out of Network	Deductible & Co	insurance Apply			Deductible & Co	oinsurance Apply		
Routine/Preventive Care									
,	In Network	Select Services	Covered in Full	Select Services	Covered in Full	Select Services	Covered in Full	Select Services	Covered in Full
	Out of Network	Deductible & Co	insurance Apply			Deductible & Co	oinsurance Apply		
Urgent Care									
	In Network	Deductible & Co		Deductible & Co	oinsurance Apply		oinsurance Apply	Deductible & Co	oinsurance Appl
Emergency Room	Out of Network	Deductible & Co	insurance Apply			Deductible & Co	oinsurance Apply		
Emergency Room		\$1	07	\$1	.23	Ś	82	Ś.	100
Hospital Services		Ţ.		7.	25	,	5 <u>2</u>	Ų.	
	In Network	Deductible & Co	insurance Apply	Deductible & Co	oinsurance Apply	Deductible & Co	oinsurance Apply	Deductible & Co	oinsurance Appl
	Out of Network	Deductible & Co	insurance Apply			Deductible & Co	oinsurance Apply		
Prescription Drugs									
		\$7/\$2	1/\$42	\$9/\$2	23/\$42	\$10/\$	21/\$31	\$10/\$	30/\$50
Plan Value (Actuarial	Value)								
		86.4	14%	88.	36%	92.	11%	95.	18%
Rates		Rate	EE Contrib	Rate	EE Contrib	Rate	EE Contrib	Rate	EE Contril
Employee		\$720.55	\$72.06	\$631.17	\$63.12	- Raic	\$40.12	- Raic	\$0.00
шрюусс		7/20.33	3/2.00	7031.17	3 03.12		340.12		ŞU.UU
Family		\$1,703.35	\$187.37	\$1,493.73	\$164.31		\$127.13	1	\$0.00

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.



City of Madison Plan Design Benchmarks

Actuarial Value

- Definition: The percentage of total average costs for covered benefits that a plan will cover. For example, if a plan has an actuarial value of 70%, on average, employees would be responsible for 30% of the costs of all covered benefits.
- City of Madison has a high Actuarial Value (AV) in the plan that they offer. The Actuarial value for the City's health insurance plan was 98.4%. This was above all local benchmarks as well as the databases used for benchmarking.
 - Local Benchmark- HMO: 96.9% AV PPO: 97.6% and 81.1%
 - Database benchmarks- HMO: 88.4% and 95.2% PPO: 86.4% and 92.1%

Plan Design

- \$0 deductible was the same as 2 of the 3 local benchmarks and 1 of the 4 database benchmarks
- Out-of-Pocket maximums for City of Madison were lower than 2 of the 3 local benchmarks and lower than all of the database benchmarks
- City of Madison was the only plan that did not require office visit copays. Office visit copays varied from \$5 to \$31 for PCP/Specialist copays for benchmarked plans
- Pharmacy copays of \$5/\$15/\$35 were slightly lower copay amounts than 2 of the 3 local benchmarks and lower copay amounts from all of the database benchmarks

Employee Contributions

- Employee Only
 - City of Madison's employee contribution of \$68.04 per month was greater than all local benchmarks. It was also greater than 3 of the 4 database benchmarks
 - Benchmarks ranged from \$0-\$72.06 per month
 - 2 of the 3 local and 1 of the 4 database benchmarks did not require an employee contribution
- Employee + Family
 - City of Madison's employee contribution of \$169.20 per month was greater than 2 of the 3 local benchmarks. It was also greater than 3 of the 4 database benchmarks
 - Benchmarks ranged from \$0-\$187.37 per month
 - o 2 of the 3 local and 1 of the 4 database benchmarks did not require an employee contribution



City of Madison Project Overview

The following proposal provides an outline of an independent audit that M3 will conduct for The City of Madison herein, ("the City").

Objective:

To review the City's current medical insurance benefit offering for value, integration, vendor effectiveness, plan design competitiveness and overall cost. Based on the findings, M3 will share opportunities for improvement of the plan with the City and provide recommendations for next steps.

Benefits of an Independent Audit with M3

- M3 has the expertise and partnerships to produce a thorough, independent, review of the Employee Benefit package offered by the City. The audit will save the City time from having to perform an internal audit.
- The audit will include recommendations on next steps of any areas of opportunity that are discovered. These opportunities may yield savings, better integration and/or employee satisfaction with the benefits package.

Overview:

In completing this medical insurance analysis for the City, there are definitely some areas of opportunity to recommend reviewing proposals outside of the State of WI plan. As you move into the 2016 renewal process and based on our findings, a review of the local market would be beneficial. While this program does offer a number of benefits to participating entities, there are some areas you may wish to consider on a stand-alone arrangement:

LONG-TERM EMPLOYEE BENEFIT STRATEGY

- Establishing a multi-year approach to your health plan by securing a guaranteed two or three-year rate cap from carriers. Using a 3 year approach to integrate benefits, wellness, and communication will help to control cost and provide a sustainable benefit offering to employees.
- Multi-year rate guarantees can be offered in various ways; under a 'not to exceed' amount; related to your medical-loss ratio performance or on a flat amount basis.

WELLNESS

While we are not aware of what you currently do for Wellness initiatives, a Wellness program is
encouraged and is a key factor to a successful ongoing strategy. Regardless of what you may
have in place, M3 is equipped to assist you in discussing, evaluating, and implementing a
program that best fits your and your employee's wants/needs.



CLAIMS DATA

• Different from your current arrangement, you will have access to monthly, semi-annual and annual claims reports outside of the trust with most fully-insured carriers. This data will assist us in locating isolated high claimants and areas of high utilization/concern to correlate to plan design moving forward. This has been proven not only to reduce costs over time, but to better educate employees of the options they have available within the plan(s). M3 is also able to analyze this data in several ways to benefit the plan on a long-term basis.

PLAN DESIGN

• You will have control over the type of plan design change(s) implemented each year, based on the specific needs of your membership. While the State follows this same protocol, the decisions are generally based on all members within their population. These changes may or may not positively affect your direct membership year after year.

In addition to the above, this arrangement would bring a more active role to your team such as:

- More involvement in annual renewals
- Internal day-to-day administrative duties may increase
- Ability to rejoin the State of WI plan if you opt out

Overall, there is a very good opportunity for the City to further explore a stand-alone arrangement within the local carrier market. With that a feasible next step would be to further discuss your internal RFP process for moving in that direction, as well as comparing the local carrier options to approach.



Company

Dates of service: January 1, 2014 - December 31, 2014 Paid claims through March 31, 2015

Experience Summary

MLR Report

	Member		Total		Total	Total	Tota	al Claims Paid	MLR
	Months	F	Premium	Μ	edical Paid	Rx Paid	1016	ii Ciaiiiis Paiu	IVILK
January	681	\$	175,170	\$	132,268	\$ 42,644	\$	174,912	99.85%
February	655	\$	187,896	\$	129,059	\$ 31,759	\$	160,818	85.59%
March	614	\$	182,684	\$	248,119	\$ 32,537	\$	280,656	153.63%
April	549	\$	165,266	\$	107,569	\$ 42,608	\$	150,177	90.87%
May	665	\$	187,914	\$	70,315	\$ 36,006	\$	106,321	56.58%
June	639	\$	168,774	\$	112,964	\$ 38,344	\$	151,308	89.65%
July	570	\$	179,221	\$	67,314	\$ 40,217	\$	107,531	60.00%
August	688	\$	169,556	\$	90,067	\$ 38,094	\$	128,161	75.59%
September	655	\$	159,036	\$	133,051	\$ 27,149	\$	160,200	100.73%
October	700	\$	176,513	\$	138,550	\$ 31,174	\$	169,724	96.15%
November	634	\$	163,562	\$	84,532	\$ 38,991	\$	123,523	75.52%
December	615	\$	158,613	\$	109,972	\$ 49,776	\$	159,748	100.72%
Total	7,665	\$	2,074,205	\$	1,423,778	\$ 449,299	\$	1,873,077	90.30%

Large Claim Report (over \$25,000 in Medical)

	Total
Me	dical Paid
\$	150,938
\$	108,097
\$	32,660
\$	140,758
	\$ \$



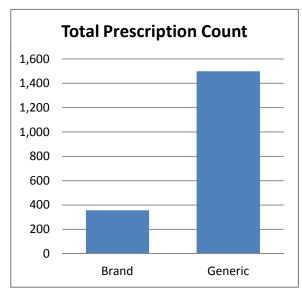
Company

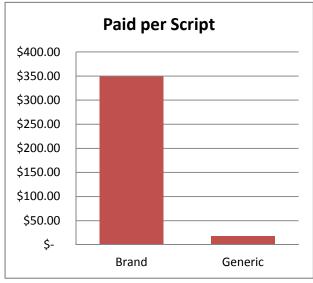
Dates of service: January 1, 2014 - December 31, 2014 Paid claims through March 31, 2015

Experience Summary

Pharmacy Utilization Report

	# Scripts	To	otal Paid	Paid	l per Script	Pai	d PMPM	% Total Paid
Brand	356	\$	124,208	\$	348.90	\$	16.20	81.82%
Generic	1,499	\$	27,596	\$	18.41	\$	3.60	18.18%
Total	1,855	\$	151,804	\$	81.83	\$	19.80	100%







Company #

Dates of service: January 1, 2014 - December 31, 2014

Paid claims through March 31, 2015

Member Liability Report

Current Benefit Period: 01/01/2014 - 12/31/2014

		Claims Paid by Unity						N	lem	ber Liabilit	У	
_	Member Months	Medical		Rx		Total		Medical		Rx		Total
January	6,249	\$ 205,647	\$	212,663	\$	35,765	\$	20,565	\$	21,266	\$	3,577
February	6,249	\$ 205,647	\$	200,754	\$	34,812	\$	20,565	\$	20,075	\$	3,481
March	6,316	\$ 205,500	\$	194,562	\$	35,462	\$	20,550	\$	19,456	\$	3,546
Q1 to date	18,814	\$ 616,794	\$	607,979	\$	106,039	\$	61,679	\$	60,798	\$	10,604
April	6,320	\$ 205,550	\$	198,763	\$	36,789	\$	20,555	\$	19,876	\$	3,679
May	6,400	\$ 243,654	\$	280,213	\$	40,571	\$	24,365	\$	28,021	\$	4,057
June	6,510	\$ 281,111	\$	280,456	\$	40,568	\$	28,111	\$	28,046	\$	4,057
Q2 to date	19,230	\$ 730,315	\$	759,432	\$	117,928	\$	73,032	\$	75,943	\$	11,793
July	6,300	\$ 243,999	\$	275,463	\$	39,546	\$	24,400	\$	27,546	\$	3,955
August	6,550	\$ 281,430	\$	300,123	\$	31,254	\$	28,143	\$	30,012	\$	3,125
September	6,123	\$ 205,500	\$	285,643	\$	29,875	\$	20,550	\$	28,564	\$	2,988
Q3 to date	18,973	\$ 730,929	\$	861,229	\$	100,675	\$	73,093	\$	86,123	\$	10,068
October	6,456	\$ 205,647	\$	321,597	\$	32,596	\$	20,565	\$	32,160	\$	3,260
November	6,201	\$ 199,456	\$	204,713	\$	29,456	\$	19,946	\$	20,471	\$	2,946
December	6,201	\$ 199,456	\$	200,456	\$	30,521	\$	19,946	\$	20,046	\$	3,052
Q4 to date	18,858	\$ 604,559	\$	726,766	\$	92,573	\$	60,456	\$	72,677	\$	9,257
Total	75,875	\$ 2,682,597	\$	2,955,406	\$	417,215	\$	268,260	\$	295,541	\$	41,722



Company

Dates of service: January 1, 2014 - December 31, 2014

Paid claims through March 31, 2015

Member Liability Report

Previous Benefit Period: 01/01/2013 - 12/31/2013

		Cla	ims	s Paid by Unity	,		N	lem	ber Liability	/	
_	Member Months	Medical		Rx		Total	Medical		Rx		Total
January	6,249	\$ 205,647	\$	212,663	\$	35,765	\$ 20,565	\$	21,266	\$	3,577
February	6,249	\$ 205,647	\$	200,754	\$	34,812	\$ 20,565	\$	20,075	\$	3,481
March	6,316	\$ 205,500	\$	194,562	\$	35,462	\$ 20,550	\$	19,456	\$	3,546
Q1 to date	18,814	\$ 616,794	\$	607,979	\$	106,039	\$ 61,679	\$	60,798	\$	10,604
April	6,320	\$ 205,550	\$	198,763	\$	36,789	\$ 20,555	\$	19,876	\$	3,679
May	6,400	\$ 243,654	\$	280,213	\$	40,571	\$ 24,365	\$	28,021	\$	4,057
June	6,510	\$ 281,111	\$	280,456	\$	40,568	\$ 28,111	\$	28,046	\$	4,057
Q2 to date	19,230	\$ 730,315	\$	759,432	\$	117,928	\$ 73,032	\$	75,943	\$	11,793
July	6,300	\$ 243,999	\$	275,463	\$	39,546	\$ 24,400	\$	27,546	\$	3,955
August	6,550	\$ 281,430	\$	300,123	\$	31,254	\$ 28,143	\$	30,012	\$	3,125
September	6,123	\$ 205,500	\$	285,643	\$	29,875	\$ 20,550	\$	28,564	\$	2,988
Q3 to date	18,973	\$ 730,929	\$	861,229	\$	100,675	\$ 73,093	\$	86,123	\$	10,068
October	6,456	\$ 205,647	\$	321,597	\$	32,596	\$ 20,565	\$	32,160	\$	3,260
November	6,201	\$ 199,456	\$	204,713	\$	29,456	\$ 19,946	\$	20,471	\$	2,946
December	6,201	\$ 199,456	\$	200,456	\$	30,521	\$ 19,946	\$	20,046	\$	3,052
Q4 to date	18,858	\$ 604,559	\$	726,766	\$	92,573	\$ 60,456	\$	72,677	\$	9,257
Total	75,875	2,682,597		2,955,406		417,215	268,260		295,541		41,722



ABC Company Company

Enrollment Distribution Trend

Ago		ABC Co	mpany		С	omparativ	e Benchma	rk
Age	Total M	embers	Percent	of Total	Total M	embers	Percent	of Total
Males	1/1/2015	1/1/2014	1/1/2015	1/1/2014	1/1/2015	1/1/2014	1/1/2015	1/1/2014
Under 25	300	285	4.63%	7.77%	350	333	4.60%	4.60%
25 to 29	290	276	4.47%	7.51%	340	323	4.47%	4.47%
30 to 34	285	271	4.40%	7.38%	335	318	4.41%	4.40%
35 to 39	265	252	4.09%	6.87%	315	299	4.14%	4.14%
40 to 44	270	257	4.17%	6.99%	320	304	4.21%	4.21%
45 to 49	301	286	4.64%	7.80%	351	333	4.62%	4.61%
50 to 54	316	300	4.88%	8.19%	366	348	4.81%	4.81%
55 to 59	305	290	4.71%	7.90%	355	337	4.67%	4.67%
60 to 64	290	276	4.47%	7.51%	340	323	4.47%	4.47%
65+	287	273	4.43%	7.44%	337	320	4.43%	4.43%
Subtotal	2,909	2,764	44.88%	75.36%	3,409	3,239	44.84%	44.81%
Females								
Under 25	310	295	4.78%	8.03%	360	343	4.74%	4.74%
25 to 29	300	285	4.63%	7.77%	350	333	4.60%	4.61%
30 to 34	295	280	4.55%	7.64%	345	328	4.54%	4.54%
35 to 39	275	261	4.24%	7.12%	325	309	4.28%	4.28%
40 to 44	280	266	4.32%	7.25%	330	314	4.34%	4.34%
45 to 49	311	295	4.80%	8.06%	361	343	4.75%	4.75%
50 to 54	326	310	5.03%	8.45%	376	358	4.95%	4.95%
55 to 59	315	299	4.86%	8.16%	365	347	4.80%	4.80%
60 to 64	300	285	4.63%	7.77%	350	333	4.60%	4.61%
65+	297	282	4.58%	7.69%	347	330	4.56%	4.57%
Subtotal	3,009	2,859	46.42%	77.95%	3,509	3,339	46.16%	46.19%
Children								
Under 5	120	114	1.85%	3.11%	144	137	1.89%	1.90%
5 to 9	116	110	1.79%	3.01%	140	133	1.84%	1.84%
10 to 14	114	108	1.76%	2.95%	138	131	1.82%	1.82%
15 to 19	106	101	1.64%	2.75%	130	124	1.71%	1.71%
20+	108	103	1.67%	2.80%	132	126	1.74%	1.74%
Subtotal	564	536	8.70%	14.61%	684	651	9.00%	9.00%
Grand Total	6,482	3,667	-	-	7,602	7,228	-	-
Avg Age	48.5	49.8	-	-	41.3	39.7	-	-



ABC Company Company #:

Coverage Types

EE Single

ES Employee + Spouse

EC Employee + Children

F Family

Enrollment by Tier by Month

Current Benefit Period: 01/01/2014 - 12/31/2014

	EE	ES	EC	F	Total	Total
_	LL	LJ	LC	'	Employees	Members
January	50	48	35	44	177	348
February	50	49	34	43	176	345
March	54	50	32	45	181	353
April	53	47	36	46	182	357
May	56	45	35	42	178	342
June	57	48	30	43	178	342
July	58	50	29	45	182	351
August	54	57	33	44	188	366
September	58	56	34	41	189	361
October	56	57	32	42	187	360
November	53	58	33	42	186	361
December	50	56	34	45	185	365
Total	649	621	397	522	2,189	4,251



ABC Company Company #:

Coverage Types

EE Single

ES Employee + Spouse

EC Employee + Children

F Family

Enrollment by Tier by Month

Previous Benefit Period: 01/01/2013 - 12/31/2013

	EE	ES	EC	F	Total	Total
_	LL	LJ	LC	'	Employees	Members
January	48	46	33	42	168	331
February	48	47	32	41	167	328
March	51	48	30	43	172	335
April	50	45	34	44	173	339
May	53	43	33	40	169	325
June	54	46	29	41	169	325
July	55	48	28	43	173	333
August	51	54	31	42	179	348
September	55	53	32	39	180	343
October	53	54	30	40	178	342
November	50	55	31	40	177	343
December	48	53	32	43	176	347
Total	617	590	377	496	2,080	4,038



Company

Dates of service: January 1, 2014 - December 31, 2014 Paid claims through March 31, 2015

Deductible Paid

Dec	ductible	Quartile	Deductible	Count of
	Level	Quartic	Paid	Members
\$	1,500	1	\$0-\$375	20
		2	\$376-\$750	3
		3	\$751-\$1,125	0
		4	\$1126+	6
				29
\$	2,500	1	\$0-\$625	140
		2	\$626-\$1,250	11
		3	\$1,251-\$1,875	9
		4	\$1,876+	13
				173