Executive Summary

Lucent Demo

Plan Year

2020-2021

Reporting Through

September 2020

Presented By



This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, stop-loss reimbursements, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

Enrollment Dashboard

Average Count Enrollment Type Plan Year Gender Distribution Average Age **Female Male** 52.3% 47.7% Member Employee 2020-2021 5,017 34 Total Enrollment Tier Age 5,042 4,966 0-17 23.3% 26.7% ΕE 18-30 19.8% 11.5% ES 31 - 45 26.5% 25.6% EC 29.1% 46 - 65 36.3% 66+ <mark>1.3%</mark> FF Jul Aug Sep Oct **Relation Distribution** Plan State 0.0% WA MT M Child 100431MEDACLP OR 34.4% WY 100431MEDAVBPPHCS • OH UT NV Employee мо MA CA 51.0% TN Δ7 MS S 100431VBPHDPF Spouse 14.5% © 2020 Mapbox © OpenStreetMap

Enrollment Summary Dashboard

Date Range All values		mployee/Mer Employee	nber	Plan/D Overal	livision	
				020		YTD Avg.
		July	August	September	October	Enrollment
	EE	1,348	1,342	1,338	1,325	1,338
Overall	ES	289	287	290	285	288
Overall	EC	485	483	481	475	481
	EF	451	458	455	449	453
Total		2,573	2,570	2,564	2,534	2,560

Monthly Pe	erform	ance R	eport		Rx Claims Actual o	r Invoiced Pla Al			Division All				Luce	ent Dem
				L.	Rx Claims Invoiced	only applicable w	hen all division	is and all plans	selected.					
Enrollment	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Total	PEPN
Members	5,034	5,042	5,022	4,968	0	0	0	0	0	0	0	0	20,066	5,01
Employees	2,573	2,570	2,563	2,536	0	0	0	0	0	0	0	0	10,242	2,56
Contract Size	1.96	1.96	1.96	1.96									1.96	
Claim Payments														
Medical Claims	\$1,887,240	\$2,101,639	\$1,164,905	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,153,784	\$168.0
Rx Claims (Invoiced)	\$9,896	\$55,037	\$56,934	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$121,868	\$3.9
Total Net Claim	\$1,897,136	\$2,156,676	\$1,221,839	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,275,652	\$171.9
Fixed Costs														
ADMIN FEE	\$56,803	\$56,359	\$56,138	\$55,894	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$225,194	\$7.3
HST FEE	\$16,415	\$16,354	\$16,179	\$16,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,048	\$2.12
PPO ACCESS FEE	\$18,107	\$17,860	\$17,965	\$17,901	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$71,833	\$2.34
MONTHLY BROKER F	\$8,372	\$8,372	\$8,372	\$8,372	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,488	\$1.0
LUCENT ADM FEE	\$6,378	\$6,355	\$6,287	\$6,256	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,276	\$0.82
HCS FEE	\$6,097	\$6,074	\$6,009	\$5,980	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,161	\$0.7
THE PHI GROUP FEE	\$2,561	\$2,541	\$2,531	\$2,520	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,153	\$0.33
PACE ADM FEE	\$1,281	\$1,271	\$1,266	\$1,260	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,077	\$0.17
RX FEE	\$1,281	\$1,271	\$1,266	\$1,260	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,077	\$0.1
PPO ADMIN FEE	\$2,329	\$2,285	\$2,319	\$2,312	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,245	\$0.30
Total Fixed Costs	\$119,623	\$118,741	\$118,330	\$117,854	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$474,549	\$15.4
Total Plan Cost	\$2,016,759	\$2,275,417	\$1,340,169	\$117,854	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,750,200	\$187.40
Plan Metrics														
Network Penetration	82.8%	87.5%	91.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	86.8%	
Generic Utilization	50.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	
						2%								Me

98%

Rx

Enrollment and Claims by Month

Paid Date Range All values	Display Values Med+Vis+Den+Oth		Rx Claims Ty Invoiced	pe	View By Total	Medical None	Claims Lag	Data From: Ja Data Through: O	
	Employees	Members	Med Claims	Rx Claims	Den Claims	Vis Claims	Oth Claims	Total Claims	Total Net Claims
Oct 2020	2,535	4,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sep 2020	2,562	5,018	\$1,164,905	\$56,934	\$0	\$0	\$0	\$1,221,839	\$1,221,839
Aug 2020	2,569	5,037	\$2,101,639	\$55,037	\$0	\$0	\$0	\$2,156,676	\$2,156,676
Jul 2020	2,573	5,034	\$1,887,240	\$9,896	\$0	\$0	\$0	\$1,897,136	\$1,897,136
Jun 2020	2,588	5,125	\$1,855,754	\$117,179	\$0	\$0	\$0	\$1,972,934	\$1,794,614
May 2020	2,578	5,118	\$2,464,082	\$44,530	\$0	\$0	\$0	\$2,508,612	\$2,367,570
Apr 2020	2,580	5,136	\$1,065,761	\$90,120	\$0	\$0	\$0	\$1,155,881	\$1,155,699
Mar 2020	2,530	5,062	\$1,977,847	\$107,977	\$0	\$0	\$0	\$2,085,824	\$2,085,824
Feb 2020	2,536	5,065	\$1,525,853	\$36,260	\$0	\$0	\$0	\$1,562,113	\$1,553,678
Jan 2020	2,532	5,089	\$2,146,670	\$44,651	\$0	\$0	\$0	\$2,191,320	\$1,714,014
Dec 2019	2,520	5,096	\$1,621,245	\$62,344	\$0	\$0	\$0	\$1,683,589	\$1,683,589
Nov 2019	2,526	5,108	\$1,840,062	\$51,018	\$0	\$0	\$0	\$1,891,080	\$1,891,080
Oct 2019	2,542	5,158	\$1,027,105	\$81,182	\$0	\$0	\$0	\$1,108,287	\$1,108,287
Sep 2019	2,560	5,209	\$1,987,575	\$27,852	\$0	\$0	\$0	\$2,015,428	\$2,015,428
Aug 2019	2,586	5,264	\$1,652,609	\$31,059	\$0	\$0	\$0	\$1,683,668	\$1,683,668
Jul 2019	2,596	5,303	\$1,487,781	\$22,027	\$0	\$0	\$0	\$1,509,808	\$1,509,808
Jun 2019	2,625	5,401	\$1,724,867	\$75,667	\$0	\$0	\$0	\$1,800,534	\$1,800,123
May 2019	2,668	5,485	\$1,641,673	\$38,896	\$0	\$0	\$0	\$1,680,569	\$1,680,569
Apr 2019	2,686	5,497	\$2,744,034	\$94,807	\$0	\$0	\$0	\$2,838,840	\$2,204,667
Mar 2019	2,754	5,618	\$2,066,837	\$36,320	\$0	\$0	\$0	\$2,103,157	\$1,703,658
Feb 2019	2,767	5,668	\$1,441,909	\$92,379	\$0	\$0	\$0	\$1,534,288	\$1,534,288
Jan 2019	2,786	5,693	\$1,514,966	\$0	\$0	\$0	\$0	\$1,514,966	\$1,514,966

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Cost Distribution Analysis

Paid Date	Range	Incurred Date Range	Plan All	Division Multiple values	Provider Name None	Rx Claims Actual or Invoiced Invoiced	Data From: Jul 2020 Data Through: Sep 2020
				мі	ED		Rx (Invoiced)
ĺ	Claims Count			12,4	35		1,877
0	Services Count			35,4	20		1,877
Table	Amt Billed			\$19,499,4	28		\$199,244
	Amt Not Covered			\$3,403,1	45		\$0
utio	Amt Covered			\$16,096,2	82		\$199,244
Distribution	Amt Discount			\$10,237,8	02		\$0
Dist	Amt Allowed			\$5,858,44	80		\$199,244
Cost	Amtpaid			\$5,153,7	84		\$121,868
Ŭ	Amt Out of Pocket	:		\$604,8	05		\$77,312
	Amt COB			\$4,1	79		\$0
	Discount %			63.6	i%		0.0%

	MED	Rx (Invoiced)
Amt Billed %	100.00%	100.00%
Amt Not Covered %	17.45%	0.00%
Amt Covered %	82.55%	100.00%
Amt Discount %	52.50%	0.00%
Amt Paid %	26.43%	61.17%
Amt Out of Pocket %	3.10%	38.80%
Amt COB %	0.02%	0.00%

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Cost Distribution by Age

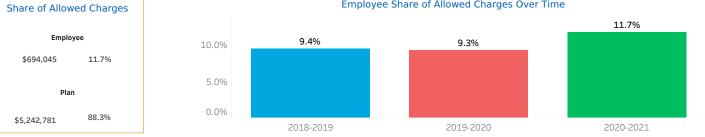
Paid Date Range	e	Incurred Date R		'lan All	Divi Mul	sion tiple values	Provide None	r Name	Rx Claims A Invoiced	Actual or Invoiced		om: Jul 2020 ough: Sep 2020
		Claims Count	Services Count	Amt Billed	Amt Not Covered	Amt Covered	Amt Discount	Amt Allowed	Amtpaid	Amt Out of Pocket	Amt COB	Discount %
	0 to 17	1,774	4,940	\$1,573,644	\$482,354	\$1,091,290	\$516,451	\$574,839	\$486,775	\$80,863	\$164	47.3%
	18 to 30	2,296	6,300	\$3,075,861	\$1,142,182	\$1,933,679	\$1,097,079	\$836,600	\$705,414	\$110,888	\$1,057	56.7%
	31 to 45	3,282	9,112	\$5,729,532	\$641,532	\$5,088,000	\$3,272,799	\$1,815,201	\$1,600,918	\$183,757	\$105	64.3%
MED	46 to 55	2,517	7,175	\$4,349,276	\$683,815	\$3,665,461	\$2,541,279	\$1,124,181	\$996,343	\$104,893	\$167	69.3%
	56 to 64	2,124	6,584	\$4,094,039	\$270,806	\$3,823,232	\$2,524,367	\$1,298,865	\$1,180,821	\$105,083	\$391	66.0%
	Over 65	492	1,309	\$677,076	\$182,456	\$494,620	\$285,827	\$208,794	\$183,513	\$19,321	\$2,294	57.8%
	0 to 17	132	132	\$20,209	\$0	\$20,209	\$0	\$20,209	\$11,524	\$8,685	\$0	0.0%
	18 to 30	303	303	\$16,807	\$0	\$16,807	\$0	\$16,807	\$6,913	\$9,895	\$0	0.0%
	31 to 45	493	493	\$27,890	\$0	\$27,890	\$0	\$27,890	\$9,232	\$18,658	\$0	0.0%
Rx (Invoiced)	46 to 55	458	458	\$101,639	\$0	\$101,639	\$0	\$101,639	\$83,837	\$17,803	\$0	0.0%
	56 to 64	467	467	\$32,066	\$0	\$32,066	\$0	\$32,066	\$9,915	\$22,086	\$0	0.0%
	Over 65	24	24	\$632	\$0	\$632	\$0	\$632	\$448	\$184	\$0	0.0%

Cost Sharing Summary

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Data From: Jul 2020 Data Through: Sep 2020

	Paid Claims	MED	Rx	HRA	Total	% of Total
	Сорау	\$0	\$13,681		\$13,681	0.2%
Employee	Deductible	\$604,805	\$75,559		\$680,364	11.5%
	Coinsurance	\$0	\$0		\$0	0.0%
	Employee Subtotal	\$604,805	\$89,240	\$0	\$694,045	11.7%
-	Plan Paid	\$5,153,784	\$88,998		\$5,242,781	88.3%
Plan	HRA			\$0		0.0%
	Plan Subtotal	\$5,153,784	\$88,998	\$0	\$5,242,781	88.3%
	Totals	\$5,758,588	\$178,238		\$5,936,826	100.0%
of Allowed Charges		Emplo	oyee Share of Allow	ed Charges Over T	ime	
					11.7	7%
Employee		0.00/				



Cost Sharing by Plan

Lucent Demo

Data From: Jul 2020 Data Through: Sep 2020

Claims Incurred Under Previous Year Plans, Paid in Current Year

	MED	Rx	Total	% of Total
Employee	\$604,805	\$89,240	\$694,045	11.7%
Plan	\$5,153,784	\$88,998	\$5,242,781	88.3%
Total	\$5,758,588	\$178,238	\$5,936,826	100.0%

Current Year Plans

Plan Name		MED	Rx	Total	% of Tota
	Employee	\$147,121	\$17,953	\$165,074	15.8%
lucentdemoHDPFCLP	Plan	\$834,478	\$44,890	\$879,368	84.2%
	Total	\$981,599	\$62,844	\$1,044,442	100.0%
	Employee	\$54,433		\$54,433	9.8%
lucentdemoMEDACLP	Plan	\$502,685		\$502,685	90.2%
	Total	\$557,118		\$557,118	100.0%
	Employee	\$18,506		\$18,506	5.1%
lucentdemoMEDBVBPPHCS	Plan	\$346,534		\$346,534	94.9%
	Total	\$365,041		\$54,433 \$502,685 \$557,118 \$18,506 \$346,534 \$365,041 \$111,369 \$109,840 \$221,209 \$97,518	100.0%
	Employee	\$66,839	\$44,530	\$111,369	50.3%
lucentdemoVBPHDPF	Plan	\$84,206	\$25,634	\$109,840	49.7%
	Total	\$151,045	\$70,164	\$221,209	100.0%
	Employee	\$70,761	\$26,757	\$97,518	29.4%
Other	Plan	\$215,630	\$18,474	\$234,104	70.6%
	Total	\$286,391	\$45,231	\$331,622	100.0%

Spend by Code

Paid Date All values		Incurred Date Range All values	Top 'N' by Amount Allowed 1 to 25 and Null values	Amount Allowed From 1	Procedure Category All	Data From: Jul 2020 Data Through: Sep 2020
Rank	CPT/REV Code	Procedure Name	Sum of Allowed			
1	636	DRUGS REQUIRING DETAILED CODING				\$296,679
2	450	EMERGENCY ROOM, GENERAL				\$264,148
3	360	OPERATING ROOM SERVICES, GENERAL				\$248,634
4	PHXFE	PHX REPRICING FEE			\$	238,029
5	4151F	PT NOT RECVNG ANTIV HEP C			\$211,432	
6	202	MEDICAL			\$182,330	
7	333	RADIATION THERAPY			\$149,111	
8	99214	OFFICE/OUTPATIENT VISIT EST			\$147,395	
9	278	OTHER IMPLANTS		\$1	140,743	
10	490	AMBULATORY SURGICAL CARE, GENERAL		\$121,399		
11	99213	OFFICE/OUTPATIENT VISIT EST		\$118,035		
12	301	CHEMISTRY		\$88,192		
13	300	CLINICAL DIAGNOSTIC		\$74,956		
14	122	OB	\$	72,723		
15	121	MEDICAL/SURGICAL/GYNE	\$	71,897		
16	352	BODY SCAN	\$63,1	04		
17	99285	EMERGENCY DEPT VISIT	\$62,3	52		
18	206	INTERMEDIATE ICU	\$55,686			
19	370	ANESTHESIA, GENERAL	\$52,246			
20	124	PSYCHIATRIC	\$50,042			
21	250	PHARMACY, GENERAL	\$49,960			
22	201	SURGICAL	\$49,780			
23	259	OTHER PHARMACY	\$49,354			
24	710	RECOVERY ROOM, GENERAL	\$45,875			
25	272	STERILE SUPPLY	\$45,505			

Map/Provider Explorer

Lucent Demo

ed by Zip Code							
		CPT/REV Co	de Zip	State	Provider	Location Type	Avg. Allowed / Claim
	1.5	J2350	80401	CO	GINGER CARMICHAEL NP	DOCTOR'S OFFICE	\$41,340
	1	158	07052	NJ	KESSLER INSTITUTE FOR REHABILITATION INC	INPATIENT HOSPIT	\$21,704
	7 2 1	63047	10021	NY	SHEERAZ QURESHI	OUTPATIENT HOSPI	\$20,342
	11	206	07753	NJ	HMH HOSPITALS CORPORATION	INPATIENT HOSPIT	\$34,327
	2.3	122	94115	CA	SUTTER BAY HOSPITALS	INPATIENT HOSPIT	\$17,057
		481	02190	MA	SOUTH SHORE HOSPITAL INC.	INPATIENT HOSPIT	\$12,498
- Maria		124	07601	NJ	HACKENSACK UNIVERSITY MEDICAL CENTER	INPATIENT HOSPIT	\$13,983
The	In	121	02241	MA	NYS OMIG TPL	INPATIENT HOSPIT	\$17,836
		-	07753	NJ	HMH HOSPITALS CORPORATION	INPATIENT HOSPIT	\$10,462
	Var 7 min	360	80113	CO	HCA HEALTHONE LLC	INPATIENT HOSPIT	\$27,264
	Land Bar		80210	CO	PORTER HOSPITAL	INPATIENT HOSPIT	\$15,822
			02114	MA	THE GENERAL HOSPITAL CORPORATION	INPATIENT HOSPIT	\$15,355
I have			02118	MA	BOSTON MEDICAL CENTER CORPORATION	INPATIENT HOSPIT	\$9,840
	4	480	85202	AZ	BANNER DESERT MEDICAL CENTER	OUTPATIENT HOSPI	\$9,977
him Tite		490	80111	CO	MILE HIGH SURGICENTER LLC	AMBULA.SURG.CENT	\$10,297
	Junear	278	02118	MA	BOSTON MEDICAL CENTER CORPORATION	INPATIENT HOSPIT	\$20,307
		636	80206	CO	NATIONAL JEWISH HEALTH	OUTPATIENT HOSPI	\$16,467
			80045	CO	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	INPATIENT HOSPIT	\$13,194
	V 2	PHXFE	80401	CO	GINGER CARMICHAEL NP	DOCTOR'S OFFICE	\$35,307
	State of the second sec		80210	CO	PORTER HOSPITAL	INPATIENT HOSPIT	\$32,166
1 7 7	and the second		11743	NY	NEAL HOCHWALD	INPATIENT HOSPIT	\$13,686
	· 20.	_	11743	NY	KAMAL DAGLY	INPATIENT HOSPIT	\$13,492
			63047 206 122 481 124 121 360 490 278 636	63047 10021 206 07753 122 94115 481 02190 124 07601 121 02241 07753 360 80210 02114 02118 636 480 85202 490 80111 278 02118 636 80206 800401 80210 11743 11743	63047 10021 NY 206 07753 NJ 122 94115 CA 481 02190 MA 124 07601 NJ 121 02241 MA 07753 NJ 121 02241 07753 NJ 360 80113 CO 02114 MA 02114 MA 02118 MA 480 85202 AZ 490 80111 CO 278 02118 MA 636 80206 CO 80045 CO PHXFE 80401 CO 60210 CO 11743 NY 2010 CO 11743 NY	63047 10021 NY SHEERAZ QURESHI 206 07753 NJ HMH HOSPITALS CORPORATION 122 94115 CA SUTTER BAY HOSPITAL S 481 02190 MA SOUTH SHORE HOSPITAL INC. 124 07601 NJ HACKENSACK UNIVERSITY MEDICAL CENTER 121 02241 MA NYS OMIG TPL 121 022114 MA NYS OMIG TPL 121 022114 MA NYS OMIG TPL 02114 MA BOSTON MEDICAL CENTER CORPORATION 02118 MA BOSTON MEDICAL CENTER 490 80111 CO MILE HIGH SURGICENTER LLC 278 02118 MA BOSTON MEDICAL CENTER CORPORATION 636 80206 CO NUIVERSITY OF COLORADO HOSPITAL AUTHORITY <t< td=""><td>63047 10021 NY SHEERAZ QURESHI OUTPATIENT HOSPI 206 07753 NJ HMH HOSPITALS CORPORATION INPATIENT HOSPIT 122 94115 CA SUTTER BAY HOSPITALS INPATIENT HOSPIT 481 02190 MA SOUTH SHORE HOSPITAL INC. INPATIENT HOSPIT 124 07601 NJ HACKENSACK UNIVERSITY MEDICAL CENTER INPATIENT HOSPIT 121 02241 MA NYS OMIG TPL INPATIENT HOSPIT 121 02241 MA NYS OMIG TPL INPATIENT HOSPIT 122 9210 CO PORTER HOSPITAL INPATIENT HOSPIT 121 02241 MA NYS OMIG TPL INPATIENT HOSPIT 121 02241 MA NYS OMIG TPL INPATIENT HOSPIT 360 80113 CO HCA HEALTHONE LLC INPATIENT HOSPIT 2114 MA BOSTON MEDICAL CENTER OUTPATIENT HOSPIT 2128 Ø2118 MA BOSTON MEDICAL CENTER OUTPATIENT HOSPIT 480 85202 <td< td=""></td<></td></t<>	63047 10021 NY SHEERAZ QURESHI OUTPATIENT HOSPI 206 07753 NJ HMH HOSPITALS CORPORATION INPATIENT HOSPIT 122 94115 CA SUTTER BAY HOSPITALS INPATIENT HOSPIT 481 02190 MA SOUTH SHORE HOSPITAL INC. INPATIENT HOSPIT 124 07601 NJ HACKENSACK UNIVERSITY MEDICAL CENTER INPATIENT HOSPIT 121 02241 MA NYS OMIG TPL INPATIENT HOSPIT 121 02241 MA NYS OMIG TPL INPATIENT HOSPIT 122 9210 CO PORTER HOSPITAL INPATIENT HOSPIT 121 02241 MA NYS OMIG TPL INPATIENT HOSPIT 121 02241 MA NYS OMIG TPL INPATIENT HOSPIT 360 80113 CO HCA HEALTHONE LLC INPATIENT HOSPIT 2114 MA BOSTON MEDICAL CENTER OUTPATIENT HOSPIT 2128 Ø2118 MA BOSTON MEDICAL CENTER OUTPATIENT HOSPIT 480 85202 <td< td=""></td<>

Preventable Conditions

d Date R	ange Incurred Date Rang	ge Top 'N' by Amount Allowed Claim	Туре		
values	All values	1 to 25 All			From: Jul 202 Through: Sep 202
		and Null values		Data I	nrough. Sep 20
Rank	Diagnosis (ICD Chapter)	Diagnosis (ICD Category)	Amt Allowed	Members	Claims
1	Factors influencing health status and contact	Persons encountering health services for examinations	\$319,713	1,121	1,941
2	Injury, poisoning and certain other consequenc.	Toxic effects of substances chiefly nonmedicinal as to source	\$196,544	2	2
3	Factors influencing health status and contact	Encounters for other specific health care	\$180,110	41	119
4	Certain infectious and parasitic diseases	Other bacterial diseases	\$171,592	6	10
5	Mental and behavioural disorders	Mental and behavioral disorders due to psychoactive substance use	\$156,387	25	267
6	Factors influencing health status and contact	Persons encountering health services in circumstances related to reproduction	on \$138,418	146	355
7	Symptoms, signs and abnormal clinical and la	Symptoms and signs involving the circulatory and respiratory systems	\$129,955	224	422
8	Diseases of the musculoskeletal system and c	Deforming dorsopathies	\$124,237	11	43
9	Injury, poisoning and certain other consequenc.	Injuries to the knee and lower leg	\$122,330	37	95
10	Diseases of the musculoskeletal system and c	Other dorsopathies	\$118,107	142	426
11	Symptoms, signs and abnormal clinical and la	Symptoms and signs involving the digestive system and abdomen	\$114,031	148	309
12	Diseases of the circulatory system	Other forms of heart disease	\$99,679	48	99
13	Diseases of the digestive system	Noninfective enteritis and colitis	\$99,536	19	48
14	Diseases of the musculoskeletal system and c		\$99,418	30	55
15	Factors influencing health status and contact	Persons with potential health hazards related to communicable diseases	\$98,902	437	567
16	Diseases of the musculoskeletal system and c	Osteoarthritis	\$96,020	38	76
17		General symptoms and signs	\$93,347	173	303
18	Diseases of the circulatory system	Ischemic heart diseases	\$91,359	20	57
19	Mental and behavioural disorders	Mood [affective] disorders	\$91,158	107	340
20	Diseases of the musculoskeletal system and c		\$82,558	144	418
21	Diseases of the respiratory system	Other diseases of upper respiratory tract	\$64,551	85	271
22	Endocrine, nutritional and metabolic diseases	Diabetes mellitus	\$62,087	130	275
23	Diseases of the circulatory system	Chronic rheumatic heart diseases	\$60,136	3	6
24	Mental and behavioural disorders	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic me		138	298
25	Diseases of the circulatory system	Cerebrovascular diseases	\$56,922	8	52

Utilization Key Indicators

2020

Admit Year Admits Per 1,000 2018 19 2019 26 40 2020 Inpatient Days Per 1,000 120 2018 2019 124 2020 151 Inpatient Average Length of Stay 2018 6.2 4.8 2019

3.7

ER Visit Spend & Utilization

Paid Plan Year	Visits per 1,000	Amt Paid
2018-2019	213	\$1,035,915
2019-2020	201	\$972,069
2020-2021	75	\$247,530

Preventive Office Visit Spend and Utilization

Paid Plan Year	Visits per 1,000	Amt Paid
2018-2019	561	\$561,718
2019-2020	487	\$451,003
2020-2021	153	\$122,777

Inpatient Admissions

Paid Date Range Top 'N' Providers by Claims Top 'N' Procedures by Claims Data From: Jul 2020 All values 1 to 20 1 to 20 Data Through: Oct 2020 and Null values Top Procedures by Claims Count Top Providers by Claims Count Rank Procedure Code Procedure Name Rank Provider Name SUBSEQUENT HOSPITAL C. WADSWORTH MEDICAL ARTS PHARMACY LLC 4151F PT NOT RECVNG ANTIV H. HCA HEALTHONE LLC SUBSEQUENT HOSPITAL C. TK BEHAVIORAL LLC PHXFE PHX REPRICING FEE MIRNA KNIGHT KEDAR PRASAD RESIDENTIAL TREATME. CHEMISTRY NORTON HOSPITALS, INC PHARMACY, GENERAL UCHEALTH HIGHLANDS RANCH HOSPITAL DRUGS REQUIRING DETAI. CLARK MEMORIAL HOSPITAL CLINICAL DIAGNOSTIC BOBBIE SUTTON RESIDENTIAL TREATMEN. BEVERLY DEMCHUK RHYTHM ECG REPORT NORTHWESTERN MEMORIAL HOSPITAL ROUTINE HOME CARE BANNER BAYWOOD MEDICAL CENTER HEMATOLOGY BAPTIST HEALTHCARE SYSTEM INC. INITIAL HOSPITAL CARE COMPASSIONATE CARE HOSPICE OF CLIFTO.. COMPLETE CBC AUTOMAT. COMM OF MA TPL BCR IMMUNOLOGY DAVID ZAGHA SUBSEQUENT HOSPITAL C. ST JOHNS RECOVERY PLACE METABOLIC PANEL TOTAL. PORTERCARE ADVENTIST HEALTH SYSTEM HMH HOSPITALS CORPORATION LIROLOGY COMPREHEN METABOLIC . OSCAR LAZCANO 139 : IP Claims per 1,000 Members IP Admissions per 1,000 Members:

Emergency Room Utilization

Paid Date Range

450

99285

99284

99283

99282

456

981

99281

All values

Rank

2

3

4

6

7

8

Top 'N' Procedures by Claims Top 'N' Providers by Claims Data From: Jul 2020 1 to 20 To 20 Data Through: Oct 2020 and Null values Top Procedures by Claims Count Top Providers by Claims Count Procedure Code Procedure Name Rank Provider Name EMERGENCY ROOM, GEN.. 377 WADSWORTH MEDICAL ARTS PHARMACY LLC 73 EMERGENCY DEPT VISIT 120 HCA HEALTHONE LLC 40 EMERGENCY DEPT VISIT PORTERCARE ADVENTIST HEALTH SYSTEM 29 86 3 EMERGENCY DEPT VISIT BRUCE HOLLADAY 23 56 4 EMERGENCY DEPT VISIT CASTLE ROCK ADVENTIS HO 5 22 URGENT CARE 6 6 PARKER HOSPITAL 19 PROFESSIONAL FEES, EM.. 5 7 NORTON HOSPITALS, INC 13 EMERGENCY DEPT VISIT 8 ROSE MEDICAL CENTER 13 9 NJ DMAHS 11 WELLCARE OF KY 10 11 BAPTIST HEALTHCARE SYSTEM, INC. 11 8 MEMORIAL HEALTHCARE GROUP INC 8 DIGNITY HEALTH 13 7 14 UCHEALTH HIGHLANDS RANCH HOSPITAL 6 15 ANTHEM HLTH PLAN 5 16 BANNER DESERT MEDICAL CENTER 5 CENTENE MGMT CORP 17 5 CHILDREN'S HOSPITAL COLORADO 18 5 19 MISSION HOSP REGIONAL 5 20

103 : ER Utilization per 1,000 Members

ER Visits per 1,000 Members: 75

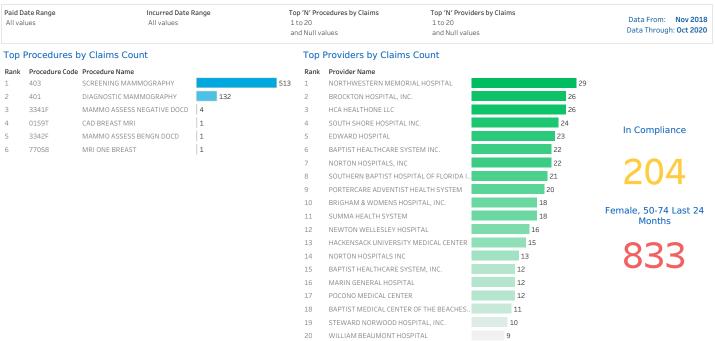
High Cost Imaging

Lucent Demo

Paid Date Range All values		Top 'N' Procedures by Claims 1 to 20 and Null values	Top 'N' Providers by Claims 1 to 20	Amt Allowed (min) From 100		Data From: Jul 2020 Data Through: Oct 2020	
Top F	Procedures by	Claims Count	Тор	Providers by Claims Count			
Rank	Procedure Code	Prodcedure Name	Rank	Provider Name			
1	352	BODY SCAN	59 1	HCA HEALTHONE LLC		16	
2	351	HEAD SCAN 23	2	PORTERCARE ADVENTIST HEALTH SYSTEM		10	
3	74177	CT ABD & PELV W/CONTR 20	3	CHILDREN'S HOSPITAL COLORADO	7		
4	350	CT SCAN, GENERAL 17	4	MEDSOLUTIONS, INC.	6		
5	610	MAGNETIC RESONANCE T 16	5	NORTON HOSPITALS, INC	6		
6	612	MRI SPINAL CORD (INCLU 13	6	CASTLE ROCK ADVENTIS HO	5		
7	73721	MRI JNT OF LWR EXTRE W 13	7	PARKER HOSPITAL	5		
8	611	MRI BRAIN (INCLUDING B 11	8	THE REGENTS OF THE UNIVERSITY OF CALIF	5		
9	70551	MRI BRAIN STEM W/O DYE 9	9	NORTON HOSPITALS INC	4		
10	70553	MRI BRAIN STEM W/O & 7	10	SOUTHERN BAPTIST HOSPITAL OF FLORIDA I	4		
11	72148	MRI LUMBAR SPINE W/O 7	11	BANNER BAYWOOD MEDICAL CENTER	3		
12	72141	MRI NECK SPINE W/O DYE 6	12	BAPTIST HEALTHCARE SYSTEM, INC.	3		
13	74176	CT ABD & PELVIS W/O CO 5	13	BAPTIST MEDICAL CENTER OF THE BEACHES	3		
14	614	MRI OTHER 4	14	DAVID MIRSKY	3		
15	71260	CT THORAX W/DYE 4	15	JACQUELYN SMITH	3		
16	73221	MRI JOINT UPR EXTREM 4	16	JEWISH HOSPITAL	3		
17	78815	PET IMAGE W/CT SKULL T 4	17	LAWNWOOD REGIONAL MEDICAL CENT	3		
18	71250	CT THORAX W/O DYE	18	NATIONAL JEWISH HEALTH	3		
19	615	MRA HEAD AND NECK 2	19	RAY SOMCIO	3		
20	70450	CT HEAD/BRAIN W/O DYE 2	20	TEXAS CHILDREN'S HOSPITAL	3		

High Cost Imaging per 1,000 Members: 41

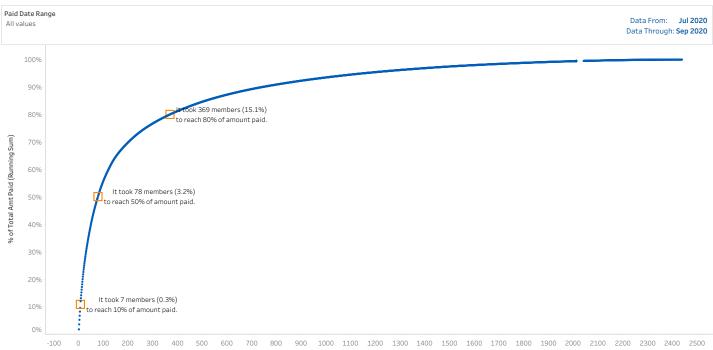
Mammography Screening Age 50-74



Colorectal Cancer Screening Age 50 - 75



Cost Pareto Distribution



Large Claimant Summary

Paid Date F All values	5	Claims Thre \$1,000		n s Threshold 00	Top 'N' ClaimantsAge1 to 25All	Age Bin All	ίn		Relationship All		Data From: Jul 202 Data Through: Sep 202
No.	Lucent Person ID	Age	Relation	Status	Diagnosis / Therapeutic Code		Medical	Rx	Total Paid	Cumulative	
1	LCNTDMO-53634	46 - 65	Spouse	Active	Toxic effects of substances chiefly no	onmedicin	\$203,088	\$0	\$203,088	3.9%	
2	LCNTDM0-53623	31-45	Employee	Terminated	Malignant neoplasms of mesothelial a	and soft t	\$173,165	\$0	\$173,165	7.3%	
3	LCNTDM0-53627	46 - 65	Employee	Active	Other bacterial diseases		\$150,667	\$0	\$150,667	10.2%	
4	LCNTDM0-53621	31-45	Spouse	Active	Deforming dorsopathies		\$143,315	\$0	\$143,315	13.0%	Number of Large Claimants for
5	LCNTDM0-53633	46 - 65	Spouse	Active	Encounters for other specific health c	care	\$92,529	\$0	\$92,529	14.8%	2020-2021
6	LCNTDM0-53623	0-17	Child	Active	Malignant neoplasms of bone and art	cicular car	\$92,127	\$0	\$92,127	16.6%	
7	LCNTDM0-53625	46 - 65	Employee	Active	Malignant neoplasms of lymphoid, he	ematopoi	\$89,858	\$0	\$89,858	18.3%	576
8	LCNTDM0-53623	31-45	Employee	Active	Demyelinating diseases of the centra	al nervous	\$77,148	\$0	\$77,148	19.8%	5/0
9	LCNTDM0-53625	18-30	Child	Active	Other bacterial diseases		\$76,144	\$0	\$76,144	21.3%	
10	LCNTDMO-53648	31-45	Employee	Active	Chronic rheumatic heart diseases		\$69,955	\$0	\$69,955	22.7%	Med & Rx Plan Paid
11	LCNTDM0-53622	31 - 45	Spouse	Terminated	Maternal care related to the fetus and	ıd amnioti	\$63,061	\$0	\$63,061	23.9%	
12	LCNTDM0-53626	46 - 65	Employee	Active	Injuries to the shoulder and upper arr	m	\$62,439	\$0	\$62,439	25.1%	¢1 ECO 002
13	LCNTDMO-53634	46 - 65	Employee	Active	Diseases of liver		\$56,245	\$0	\$56,245	26.2%	\$4,568,992
14	LCNTDM0-53626	46 - 65	Employee	Active	Aplastic and other anemias and other	r bone ma	\$54,245	\$0	\$54,245	27.2%	•
15	LCNTDMO-53620	46 - 65	Employee	Active	Cerebrovascular diseases		\$48,864	\$0	\$48,864	28.2%	
16	LCNTDM0-53625	46 - 65	Spouse	Active	Osteoarthritis		\$45,975	\$0	\$45,975	29.1%	Percentage of All Claims Spend
17	LCNTDM0-53627	31-45	Employee	Active	General symptoms and signs		\$44,223	\$0	\$44,223	29.9%	
18	LCNTDM0-53621	31-45	Spouse	Active	Osteoarthritis		\$43,931	\$0	\$43,931	30.8%	000/
19	LCNTDM0-53622	18-30	Child	Active	Mental and behavioral disorders due	to psycho	\$42,679	\$0	\$42,679	31.6%	89%
20	LCNTDM0-53655	31-45	Employee	Active	Hemolytic anemias		\$40,646	\$0	\$40,646	32.4%	
21	LCNTDM0-53628	0-17	Child	Active	Noninfective enteritis and colitis		\$40,446	\$0	\$40,446	33.2%	
22	LCNTDMO-53649	18-30	Child	Terminated	Spondylopathies		\$40,304	\$0	\$40,304	34.0%	
23	LCNTDM0-53656	46 - 65	Spouse	Active	Spondylopathies		\$39,732	\$0	\$39,732	34.7%	
24	LCNTDM0-53624	31-45	Spouse	Active	Persons encountering health services	s in circu	\$38,149	\$0	\$38,149	35.5%	
25	LCNTDM0-53623	46 - 65	Employee	Active	Malignant neoplasms of breast		\$36,709	\$0	\$36,709	36.2%	



This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, stop-loss reimbursements, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.