

PPO (City Plan) 2020 Experience—Contents

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Preface

PPO (City Plan) 2020 Experience—Preface

- This presentation contains information on the San Francisco Health Service System (SFHSS) PPO (City Plan) claim and utilization experience during calendar year 2020 for active employees, early retirees, and their dependents enrolled in the Plan during 2020.
- In 2020, UnitedHealthcare (UHC) was the administrator for the PPO (City Plan), and this continues into the 2021 plan year.
- The plan administrator for the PPO (City Plan) is scheduled to change from UHC to Blue Shield of California (BSC) on January 1, 2022, per Health Service Board (HSB) approval on February 11, 2021.
- Data in this document reflects a comparison of claims incurred and paid in 2020 to claims incurred and paid in 2019 within the PPO (City Plan).
 - “Catastrophic Claims” are defined as individuals who exceeded \$50,000 in medical/pharmacy claims in a calendar year.

PPO (City Plan) 2020 Experience—Preface

Specific to Active Employees

- Approximately 1,100 active employees (or 3% of total enrolled active employees in any plan) elected the SFHSS PPO (City Plan) in 2020.
- These 1,100 represent a blend of choice dynamics that lead them to the PPO Plan:
 - About 250 are in Employee Only tier within the 100/96/83 contribution MOU, so could pay no contribution for any offered health plan but choose the PPO (the 250 count is still a relatively small portion of the entire Employee Only group in the 100/96/83 MOU, about 5,700 total employees).
 - About 70 have lower contributions than the typical City Plan employee contributions via their “City Plan—Choice Not Available” geography (e.g., Hetch Hetchy area).
 - The remaining 780 employees in the PPO choose to pay significantly higher employee contributions to be in the PPO versus an available HMO plan, due to employer contributions for the PPO being capped at the employer contributions for the second highest cost plan available to active employees (BSC Access+ HMO).
- Thus, the majority of PPO plan employees are electing the PPO among all SFHSS health plan choices, and with a significantly higher employee contribution than other available HMO plans—this generates the elevated level of per member claims and health risk scores in the PPO plan relative to the other SFHSS health plans.

PPO (City Plan) 2020 Experience—Preface

Specific to Early Retirees

- Approximately 800 early retirees (or 14% of total enrolled early retirees in any plan) elected the SFHSS PPO (City Plan) in 2020.
- These 800 represent a blend of choice dynamics that lead them to the PPO Plan:
 - About 450, or just over half, live in geographies where the PPO plan is the only SFHSS plan choice. These retirees qualify for lower contributions than the typical City Plan early retiree contributions via their “City Plan—Choice Not Available” geography. These include more rural California geographies (e.g., Hetch Hetchy area) as well as early retirees living outside of California.
 - The remaining 350 or so early retirees in the PPO choose to pay substantially higher early retiree contributions to be in the PPO versus an available HMO plan (the 350 retirees are 7% of all enrolled early retirees with full plan choices).
- Thus, the total early retiree pool in the PPO (City Plan) reflects a likely blending of “typical health risk” early retirees who live outside of HMO service areas / only have the PPO plan choice available to them, and “high health risk” early retirees who are choosing to enroll in the PPO plan over one of the available HMO plans.

PPO (City Plan) 2020 Experience—Preface

- The PPO (City Plan) is self-funded—meaning claims generated by member use of the plan flow through to the Trust for medical and prescription drug expenses.
 - Total cost rates, then, reflect a best future estimate for that plan year of claim expenses plus associated UHC administrative fees.
- The PPO Plan experience contained in this presentation for 2020 will serve as a basis for underwriting the PPO (City Plan) proposed rates for the 2022 plan year.
 - Aon will also account for adjustments to one-time COVID-19 pandemic caused claim suppression during 2020, as well as projected cost changes in transitioning from UHC to BSC plan administration from the RFP financial analysis, in developing PPO (City Plan) 2022 plan year rate recommendations under BSC with Accolade plan administration.
 - The rate stabilization fund balance that will be presented in today’s meeting after this presentation will apply to 2022 PPO (City Plan) rating—this is not impacted by the planned administrator change for the PPO plan.

Experience Headlines

PPO (City Plan) 2020 Experience—Headlines

Overall Cost Observations—Medical Decrease, Prescription Drug Increase

- **Medical claims** across the entire plan population (active employees and early retirees) were significantly lower than original forecasts due to claim suppression caused by the COVID-19 pandemic—10% per covered life reduction from 2019 to 2020
 - A reduction in early retiree claim experience for “catastrophic” claimants (those exceeding \$50,000 medical and prescription drug claims in a year) also contributed to this result
- **Prescription drug claims** across the entire population finished 2020 consistent with original forecast expectations (9% per covered life increase from 2019 to 2020)
- Overall medical plus prescription drug per covered life claims decreased by 6% from 2019 to 2020
- Though early retiree catastrophic claim content declined from 2019 to 2020, overall content remains very high for both active employees and early retirees
 - Both populations have more than triple the rate of catastrophic claimants versus UHC’s PPO client book of business)

PPO (City Plan) 2020 Experience—Headlines

COVID-19 Plan Cost and Use Influences

- Direct COVID-19 testing and treatment expenses comprised \$1.1M (3%) of total 2020 paid claim expense
 - 4% of all covered PPO lives were suspected to have COVID-19 during 2020 based on UHC's review of member experience
 - 1% of all covered PPO lives were hospitalized at some point for COVID-19
- Pandemic-related claim suppression was evident in the reduction in musculoskeletal procedure counts in 2020 versus 2019
 - There were fewer spinal fusions, laminectomies, and knee replacements for the SFHSS PPO plan population in 2020 than 2019

PPO (City Plan) 2020 Experience—Headlines

Substantial Changes in Use Rates for Certain Services

- Medical service utilization reductions were significant in 2020 versus 2019
 - Hospital Admissions down 20% (actives) / 49% (retirees) from prior
 - Emergency Room use down 22% (actives) / 25% (retirees) from prior
 - Primary Care Physician visits down 14% (actives) / 12% (retirees) from prior
- Only 25% of adults in active employee group and 27% of adults in early retiree group had a preventive care visit in 2020 (versus 31% actives / 27% retirees in 2019)
 - Key screening rate reductions also observed—including mammogram, cervical cancer, colon cancer, and cholesterol
- Conversely, pandemic influencers drove higher volume for certain services
 - Virtual Visit use doubled for the active employee group and tripled for the early retiree group
 - Convenience Care use tripled for the early retiree group (though it decreased 23% for the active employee group)

PPO (City Plan) 2020 Experience—Headlines

Prescription Drug Costs Climb, Led by Specialty Meds

- The 9% increase in per covered life prescription drug plan spend is slightly higher than original trend expectations for the 2020 plan year—the pandemic did not reduce overall prescription drug plan spend versus pre-pandemic expectations
 - Per covered life prescription drug cost increases were higher for active employees (+13%) than for early retirees (+4%)
 - This difference was driven almost entirely by catastrophic claimant (\$50K+) increase in the active employee population
- Specialty prescription drugs continue to influence prescription drug plan spend:
 - 5% of members used a specialty medication (4% prior)
 - 17% of total medical/pharmacy plan spend in 2020 was driven by specialty medications (12% prior)
 - 13% of medical plan spend in 2020 was driven by specialty medications (7% prior—the increase was largely driven by cancer medications)
 - 30% of pharmacy plan spend in 2020 is driven by specialty medications (28% prior)

PPO (City Plan) 2020 Experience—Headlines

Concerns For This Population As We Look Ahead

- SFHSS PPO (City Plan) claim costs per covered life are more than double the UHC PPO client book of business averages for both active employee and early retiree populations
- Sharp reductions in medical plan utilization in 2020 versus 2019 will likely lead to delayed identification of new chronic disease diagnosis into 2021
- Though health risk scores calculated by UHC decreased from 2019 to 2020 for the PPO (City Plan) population, the average overall health risk score remains much higher than that for UHC's book of business (+40%)—and the decrease was likely due to a reduction in number of covered lives using medical services (3% drop from 2019 to 2020)
- Only 15% of active employee / 21% of early retiree covered lives targeted for UHC clinical program engagement are engaged in those programs (including decision support, care management, inpatient care advocacy, complex medical condition support, and disease management)
- Overall preventive care utilization among SFHSS PPO (City Plan) members was already below UHC PPO client book of business norms—before further reductions in preventive care use were observed in 2020 versus 2019

COVID-19 Reporting

PPO (City Plan) 2020 Experience—COVID-19

- Based on data from UHC through January 25, 2021

Pandemic to Date Summary		<i>individuals are only counted once based on highest categorization to date within each section</i>			
Case Summary				Paid ¹	per Case
94	Confirmed Cases	19	Individuals with a Positive Test Result	\$45,719	\$2,406
		75	Individuals with a Definitive Diagnosis (U07.1)	\$69,447	\$926
1	Probable Cases	0	Individuals with a Presumptive Diagnosis (U07.2)	NA	NA
		1	Individuals with a Likely Diagnosis (B97.29)	\$186	\$186
31	Possible Cases	1	Individuals with a Related Diagnosis (Tier1)	\$235	\$235
		30	Individuals with a Related Diagnosis (Tier2) in an Inpatient setting	\$939,757	\$31,325
		126	Total Cases (Confirmed, Probable, and Possible)	\$1,055,345	\$8,376
Testing Summary					
19	Positive Result	16	Individuals with a Positive Viral Test Result		
		3	Individuals with a Positive Antibody Test Result		
352	Negative Result	310	Individuals with a Negative Viral Test Result		
		42	Individuals with a Negative Antibody Test Result		
399	Unknown Result	345	Individuals with an Unknown or Inconclusive Viral Test Result		
		54	Individuals with an Unknown or Inconclusive Antibody Test Result		
Testing Costs				Paid ²	per Individual
		770	Total Individuals Tested	\$90,328	\$117

PPO (City Plan) 2020 Experience—COVID-19

- Based on data from UHC through January 25, 2021

Pandemic to Date | by Selected Services³

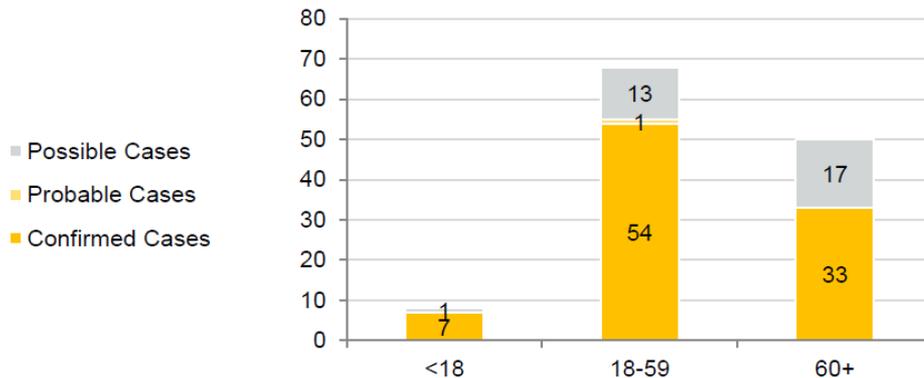
Case Type	Cases	w/ ER Visit	% of Cases	w/ IP Claim	% of Cases	w/ ICU	w/ Ventilator
Confirmed Cases	94	16	17%	3	3%	0	1
Probable Cases	1	0	0%	0	0%	0	0
Possible Cases	31	23	74%	30	97%	7	3

³ these services are counted if they occur on or after the member's COVID-19 identification and regardless of the diagnoses on the claims for these services

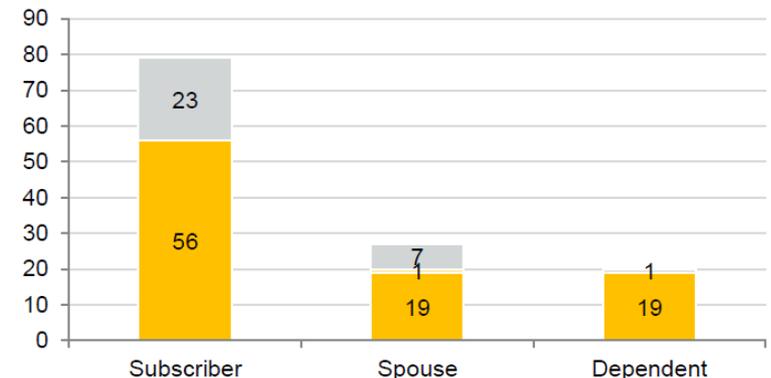
Pandemic to Date | Demographics

individuals are counted once within a group based on highest categorization to date

Cases by Age Band



Cases by Relationship



Detailed Analytics on 2020 Experience

PPO (City Plan) 2020 Experience—Comparison to 2019

Population Data and Health Risk Scores

- Fairly steady population size from 2019 to 2020—but percentage of population using the plan fell 3%, likely due to pandemic influences
- Population risk scores declined from 2019 to 2020 (possibly due to lower plan utilization influenced by the pandemic)—but remain significantly higher (+40%) than UHC book of business average risk scores
- Catastrophic claimant content (those exceeding \$50,000 in medical and prescription drug claims) decreased within the early retiree segment from 2019 to 2020—but overall levels remain more than triple the UHC book of business average

	Active Employees			Early Retirees			Entire Population			UHC 2020 Norm
	2019 Plan Year	2020 Plan Year	Change	2019 Plan Year	2020 Plan Year	Change	2019 Plan Year	2020 Plan Year	Change	
Covered Employees/Retirees	1,110	1,075	-3%	783	794	1%	1,893	1,869	-1%	
Covered Total Lives	1,866	1,810	-3%	1,233	1,274	3%	3,099	3,084	0%	
Covered Lives Using Benefits	96%	93%	-3%	94%	91%	-3%	95%	92%	-3%	98%
Demographic Risk Score	1.197	1.146	-4%	1.982	1.762	-11%	1.509	1.400	-7%	1.003
Covered Lives Exceeding \$50K Claims	79	79	0%	82	59	-28%	161	138	-14%	
<ul style="list-style-type: none"> ■ Catastrophic Claimants per 1,000 Lives 	42.3	43.6	3%	66.5	46.3	-30%	52.0	44.7	-14%	13.5

PPO (City Plan) 2020 Experience—Comparison to 2019

Per Covered Life Claims, 2019 to 2020

- Overall claims per covered life decreased by 6% from 2019 to 2020—but remain more than double the UHC book of business claim cost per covered life
 - Medical claims per covered life decreased by 10%, while prescription drug claims per covered life increased by 9%
- Catastrophic claims drive significantly more dollars as a proportion of total claims for SFHSS (56%) than for UHC’s book of business (35%)

	Active Employees			Early Retirees			Entire Population			UHC 2020 Norm
	2019 Plan Year	2020 Plan Year	Change	2019 Plan Year	2020 Plan Year	Change	2019 Plan Year	2020 Plan Year	Change	
Medical Per Covered Life Claims										
▪ Non-Catastrophic Claimants	\$301	\$288	-4%	\$306	\$297	-3%	\$303	\$292	-4%	\$197
▪ Catastrophic Claimants	\$382	\$388	2%	\$609	\$429	-30%	\$472	\$405	-14%	\$146
▪ Total Medical Paid Claims	\$683	\$676	-1%	\$915	\$726	-21%	\$775	\$697	-10%	\$343
▪ Percent of Claims--Catastrophic Claimants	56%	57%		67%	59%		61%	58%		43%
Prescription Drug Per Covered Life Claims										
▪ Non-Catastrophic Claimants	\$112	\$115	3%	\$121	\$124	2%	\$116	\$119	3%	\$89
▪ Catastrophic Claimants	\$85	\$107	26%	\$121	\$128	6%	\$99	\$116	17%	\$9
▪ Total Prescription Drug Paid Claims	\$197	\$222	13%	\$242	\$252	4%	\$215	\$235	9%	\$98
▪ Percent of Claims--Catastrophic Claimants	43%	48%		50%	51%		46%	49%		9%
Total Per Covered Life Claims										
▪ Non-Catastrophic Claimants	\$413	\$403	-2%	\$427	\$421	-1%	\$419	\$410	-2%	\$286
▪ Catastrophic Claimants	\$467	\$495	6%	\$730	\$557	-24%	\$572	\$521	-9%	\$155
▪ Total Paid Claims	\$880	\$898	2%	\$1,157	\$978	-15%	\$991	\$931	-6%	\$441
▪ Percent of Claims--Catastrophic Claimants	53%	55%		63%	57%		58%	56%		35%

NOTE: 97% of active medical dollars and 95% of early retiree medical dollars are in-network

PPO (City Plan) 2020 Experience—Catastrophic Claims

Catastrophic Claim Drivers (Individuals with Claims Exceeding \$50,000)

- Cancer, musculoskeletal, and circulatory diagnoses lead the way

Plan Year 2020 Catastrophic Claim Experience	Active Employees	Early Retirees	Total
Claimants over \$50K	79	59	138
Percentage of Lives Exceeding \$50K	4.4%	4.6%	4.5%
Leading Diagnoses / % of Catastrophic Spend			
<ul style="list-style-type: none"> ■ Cancer 	30%	39%	37%
<ul style="list-style-type: none"> ■ Musculoskeletal 	13%	14%	14%
<ul style="list-style-type: none"> ■ Circulatory 	11%	10%	12%
Others in Actives Top 5			
<ul style="list-style-type: none"> ■ Injury and Poisoning 	9%		
<ul style="list-style-type: none"> ■ Genitourinary 	8%		
Others in Early Retirees Top 5			
<ul style="list-style-type: none"> ■ Endocrine and Metabolic 		11%	
<ul style="list-style-type: none"> ■ Digestive 		6%	
Total % of Catastrophic Claims--For Top 5 Diagnoses	71%	80%	76%

PPO (City Plan) 2020 Experience—Hetch Hetchy Area

Hetch Hetchy Area Population (Tuolumne County 2020 Data from UHC)

- About 180 PPO (City Plan) employees, early retirees, and dependents live in Tuolumne County—home of the Hetch Hetchy Reservoir
- Tuolumne County plan members are generally a lower-cost population than the remainder of PPO (City Plan) enrollees
- UHC's population risk score is one-third lower for Tuolumne County PPO plan participants than for the entire PPO (City Plan) population
- Network utilization is high for Tuolumne County plan members (98%)—slightly higher than the overall PPO (City Plan) 97% figure
- Demand for health care is less for Tuolumne County plan members versus that for the PPO (City Plan) overall
 - 39% fewer surgeries per capita in 2020 versus all PPO (City Plan)
 - 10% fewer emergency department visits per capita in 2020 versus all PPO (City Plan)

PPO Health Risk Distribution—Active Employee Population

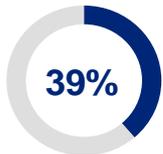
Health Continuum

Well

Well and Other Well

Preventive Services Health Opportunities

643 Members



Prior 37% ▲2pts
Norm 43% ▼-4pts

18% with Interactions
2% Engaged

\$33.87 Medical Paid PMPM



Prior 5% ▼0pts
Norm 7% ▼-2pts

At Risk

Low and High

Gaps and Modifiable Risk

436 Members



Prior 28% ▼-2pts
Norm 28% ▼-2pts

39% with Interactions
6% Engaged

\$88.39 Medical Paid PMPM



Prior 17% ▼-4pts
Norm 20% ▼-7pts

Chronic

Stable and Unstable

Indication of Potential Chronic Condition

414 Members



Prior 26% ▼-1pts
Norm 23% ▲2pts

76% with Interactions
9% Engaged

\$131.60 Medical Paid PMPM



Prior 17% ▲3pts
Norm 22% ▼-2pts

Complex

Moderate and Severe

Catastrophic, Complex, and Serious Rare Conditions

169 Members



Prior 9% ▲1pts
Norm 5% ▲5pts

91% with Interactions
23% Engaged

\$412.18 Medical Paid PMPM



Prior 61% ▲1pts
Norm 51% ▲11pts



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PPO Health Risk Distribution—Early Retiree Population

Health Continuum

Well

Well and Other Well

Preventive Services Health Opportunities

248 Members



24%

Prior 21% ▲3pts
Norm 43% ▼-19pts

25% with Interactions
5% Engaged

\$13.98 Medical Paid PMPM



2%

Prior 1% ▲1pts
Norm 7% ▼-5pts

At Risk

Low and High

Gaps and Modifiable Risk

283 Members



27%

Prior 28% ▼-1pts
Norm 28% ▼-1pts

52% with Interactions
8% Engaged

\$71.11 Medical Paid PMPM



10%

Prior 8% ▲2pts
Norm 20% ▼-10pts

Chronic

Stable and Unstable

Indication of Potential Chronic Condition

336 Members



33%

Prior 36% ▼-3pts
Norm 23% ▲10pts

86% with Interactions
14% Engaged

\$180.42 Medical Paid PMPM



25%

Prior 17% ▲8pts
Norm 22% ▲3pts

Complex

Moderate and Severe

Catastrophic, Complex, and Serious Rare Conditions

167 Members



16%

Prior 15% ▲1pts
Norm 5% ▲11pts

98% with Interactions
35% Engaged

\$453.32 Medical Paid PMPM



63%

Prior 73% ▼-10pts
Norm 51% ▲12pts



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PPO 2020 Preventive Care—Active Employee Population

Preventive Care Services



While not a statement of member compliance with clinical guidelines, the information presented here is intended to show utilization of preventive services within the report period. Target populations vary by service and are based on member age and/or gender. The targets for measures displayed are:

- Adult Wellness Visit..... all individuals 18 and older
- Mammography Screening..... females 40 - 74
- Cervical Cancer Screening..... females 21 - 64
- Colorectal Cancer Screening..... all individuals 50 - 79
- Cholesterol Screening / Lipid Panel..... males 35 - 64; females 45 - 64

Mammography Screening



Prior 32.2% ▼-3.6pts
Norm 36.4% ▼-7.8pts

Cervical Cancer Screening



Prior 18.8% ▼-5.6pts
Norm 10.6% ▲2.6pts

Colorectal Cancer Screening



Prior 18.5% ▼-3.3pts
Norm 13.8% ▲1.4pts

Cholesterol Screening / Lipid Panel



Prior 29.5% ▼-2.6pts
Norm 33.9% ▼-7.0pts



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PPO 2020 Preventive Care—Early Retiree Population

Preventive Care Services



While not a statement of member compliance with clinical guidelines, the information presented here is intended to show utilization of preventive services within the report period. Target populations vary by service and are based on member age and/or gender. The targets for measures displayed are:

- Adult Wellness Visit..... all individuals 18 and older
- Mammography Screening..... females 40 - 74
- Cervical Cancer Screening..... females 21 - 64
- Colorectal Cancer Screening..... all individuals 50 - 79
- Cholesterol Screening / Lipid Panel..... males 35 - 64; females 45 - 64

Mammography Screening



Prior 31.0% ▲0.3pts
Norm 36.4% ▼-5.1pts

Cervical Cancer Screening



Prior 16.2% ▼-3.3pts
Norm 10.6% ▲2.3pts

Colorectal Cancer Screening



Prior 13.3% ▼-0.6pts
Norm 13.8% ▼-1.1pts

Cholesterol Screening / Lipid Panel



Prior 37.6% ▼-3.8pts
Norm 33.9% ▼-0.1pts



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Looking Ahead to 2022 Rating

Looking Ahead to 2022 Rating

- The PPO (City Plan) population continues to be the highest average cost population (with the highest health risk scores) of any non-Medicare health plan population for SFHSS.
- Concerns about potential for higher levels of undiagnosed chronic disease among PPO (City Plan) covered members are elevated as a result of potential 2020 medical claim suppression caused by the COVID-19 pandemic—in addition to ongoing concerns about lower-than-typical preventive care levels and clinical program engagement within this population.
- In today's HSB meeting, we will shortly present an update to the PPO (City Plan) Rate Stabilization Reserve as of December 31, 2020 based on comparison of 2020 plan cost expectations developed in Spring 2019 to actual plan experience now that 2020 has completed.
- During the May 9, 2021 HSB meeting, Aon will present PPO City Plan and City Plan—Choice Not Available active employee and early retiree rate recommendations for the 2022 plan year.

Appendix—Monthly Claim and Covered Headcount Detail

PPO (City Plan) 2020 Experience—Active Employees

Headcount, Contract Size, and Premiums, and Claim Loss Ratios

Month	EE	EE + 1	EE + 2	Total Employees	Dependents	Average contract size	Monthly Premium	Paid claims	Paid Loss Ratio	Incurred claims	Incurred Loss Ratio
Jan-20	633	196	122	951	561	1.59	\$1,586,055	\$2,068,959	130%	\$1,425,456	90%
Feb-20	628	193	123	944	558	1.59	\$1,576,530	\$1,326,288	84%	\$1,568,421	99%
Mar-20	634	190	121	945	556	1.59	\$1,570,310	\$1,376,744	88%	\$1,634,130	104%
Apr-20	637	190	120	947	552	1.58	\$1,570,627	\$1,585,758	101%	\$912,351	58%
May-20	635	191	120	946	550	1.58	\$1,570,555	\$1,253,826	80%	\$1,411,520	90%
Jun-20	634	193	121	948	558	1.59	\$1,577,163	\$1,750,794	111%	\$1,680,949	107%
Jul-20	626	190	116	932	545	1.58	\$1,544,795	\$1,609,346	104%	\$1,852,684	120%
Aug-20	629	186	115	930	539	1.58	\$1,535,975	\$1,253,551	82%	\$1,443,257	94%
Sep-20	625	187	116	928	543	1.59	\$1,536,765	\$1,899,296	124%	\$1,629,921	106%
Oct-20	630	187	118	935	548	1.59	\$1,549,091	\$2,056,915	133%	\$1,704,563	110%
Nov-20	627	187	120	934	552	1.59	\$1,551,993	\$1,476,552	95%	\$1,668,384	107%
Dec-20	623	183	125	931	560	1.60	\$1,554,234	\$1,762,712	113%	\$1,526,772	98%
Totals/Averages				939			\$18,724,091	\$19,420,740	104%	\$18,458,405	99%
Surplus/(Deficit)								-\$696,649		\$265,686	

NOTE: Vision plan costs are excluded from both claims and premium in the chart above; excludes all administration costs and Shared Savings programs; **the above information does not include active employees enrolled in City Plan—Choice Not Available (they are captured with early retirees in 2020 data due to UHC coding structure set-up)**

Loss Ratio = Claims divided by Premiums (higher percentages result from higher claims)

PPO (City Plan) 2020 Experience—Early Retirees

Headcount and Contract Size

Month	Ret Only	Ret + 1 (both NM)	Ret + 2+ (all NM)	NM Ret Total Retirees	NM Deps of NM Rets	Average contract size, NM Retirees	NM Deps of Med Rets
Jan-20	654	196	63	913	405	1.44	234
Feb-20	663	196	65	924	415	1.45	233
Mar-20	660	197	67	924	420	1.45	229
Apr-20	660	191	65	916	408	1.45	238
May-20	654	194	65	913	410	1.45	237
Jun-20	650	194	67	911	417	1.46	239
Jul-20	657	198	69	924	426	1.46	242
Aug-20	657	203	70	930	435	1.47	240
Sep-20	675	205	70	950	436	1.46	238
Oct-20	670	210	73	953	445	1.47	234
Nov-20	668	208	75	951	446	1.47	233
Dec-20	667	207	77	951	451	1.47	237
Totals/Averages				930	426	1.47	236
Surplus/(Deficit)							

Table Heading Abbreviations:

NM = Non-Medicare

Med = Medicare

Ret = Retiree

Dep = Dependent

NOTE: All City Plan—Choice Not Available enrollment (including for active employees) is captured with early retirees in the above table due to UHC coding structure set-up (107 active employees / 227 total active lives including dependents).

PPO (City Plan) 2020 Experience—Early Retirees

Premiums and Paid/Incurred Claim Loss Ratios

Month	Monthly Premium, NM Retiree Tiers	Est. NM Dep of Med Rets Premium	Monthly Premium, All NM Members	Paid claims	Paid Loss Ratio	Incurred claims	Incurred Loss Ratio
Jan-20	\$1,581,531	\$199,630	\$1,781,161	\$1,376,563	77%	\$1,334,733	75%
Feb-20	\$1,601,208	\$198,776	\$1,799,984	\$1,317,340	73%	\$1,297,827	72%
Mar-20	\$1,605,227	\$195,364	\$1,800,591	\$1,354,193	75%	\$1,268,902	70%
Apr-20	\$1,584,751	\$203,042	\$1,787,793	\$1,208,161	68%	\$1,522,941	85%
May-20	\$1,582,895	\$202,189	\$1,785,084	\$1,244,347	70%	\$1,124,531	63%
Jun-20	\$1,583,021	\$203,895	\$1,786,916	\$1,419,993	79%	\$1,217,753	68%
Jul-20	\$1,609,247	\$206,454	\$1,815,701	\$1,684,922	93%	\$1,463,517	81%
Aug-20	\$1,624,263	\$204,748	\$1,829,012	\$1,409,721	77%	\$2,114,860	116%
Sep-20	\$1,656,112	\$203,042	\$1,859,154	\$1,698,484	91%	\$1,585,339	85%
Oct-20	\$1,669,751	\$199,630	\$1,869,380	\$2,112,686	113%	\$1,856,960	99%
Nov-20	\$1,668,107	\$198,776	\$1,866,883	\$1,461,218	78%	\$1,734,088	93%
Dec-20	\$1,670,356	\$202,189	\$1,872,545	\$1,859,046	99%	\$1,914,439	102%
Totals/Avera	\$19,436,469	\$2,417,736	\$21,854,204	\$18,146,675	83%	\$18,435,890	84%
Surplus/(Deficit)				\$3,707,530		\$3,418,314	

Table Heading Abbreviations:

NM = Non-Medicare

Med = Medicare

Ret = Retiree

Dep = Dependent

NOTE: Vision plan costs are excluded from both claims and premium in the chart above; excludes all administration costs and Shared Savings programs; all City Plan—Choice Not Available claims are captured with early retirees in the above table due to UHC coding structure set-up.

Loss Ratio = Claims divided by Premiums (higher percentages result from higher claims)