

Cost Management

Presentations, Analytics and Benchmark Reporting



BECKWORTH BENEFICIAL
Health • Benefits

DECISION MASTER[®] WAREHOUSE

Turn health care data into bottom-line savings

(559) 389-5837

beckworthbeneficial.com

8050 N. Palm Ave., Suite 300

Fresno, CA

93711

Do you have access to reliable health care benchmarking data?

We can show you how your group's health care claims compare to industry, regional and state norms, in order to identify cost and utilization disparities.

Where are the cost drivers in your group's health spending?

Our sophisticated analytics help us dig deep into your real claims data to isolate specific cost drivers that we can address with targeted solutions in order to help manage high health care costs.

Do you have the tools you need to make educated plan design decisions?

Altering plan design is one strategic solution we can implement after analyzing your data, but then we take it one step further. With our plan modeler, we let you "test drive" potential changes so that you can see the impact of a change—before making any decisions.

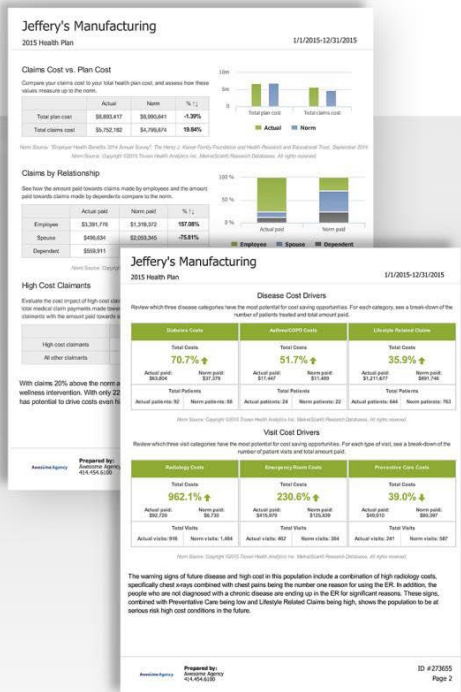


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Management Report

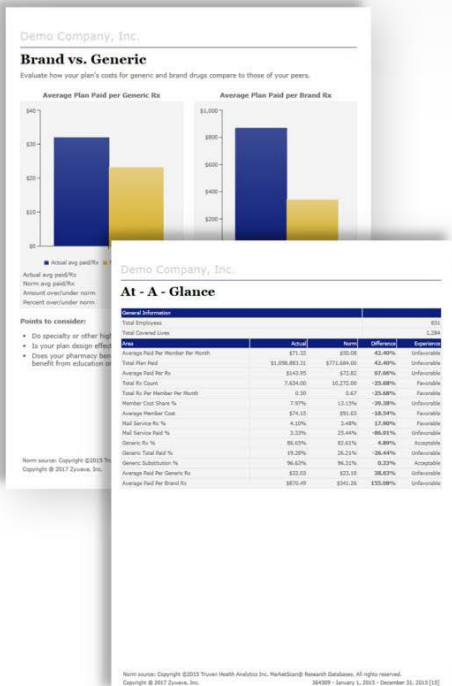
This easy-to-read report benchmarks your data against a normative set—with over \$82 billion in claims annually—from Truven Health Analytics and the Kaiser Family Foundation, and breaks down comparisons by location, industry and plan type. Explore data comparisons, such as the following items:

- Total health plan costs
- Inpatient and outpatient claims
- Emergency room and office visit utilization and costs
- Claims by major diagnostic categories
- Wellness

Prescription Management Report

We also offer a prescription drug analysis report to help us assess whether your costs are appropriate and where problem areas may exist. The following are among the categories analyzed:

- Paid summary
- Total member cost share
- Mail service utilization
- Brand name versus generic utilization





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Jeffery's Manufacturing

2015 Health Plan

1/1/2015-12/31/2015

Multyear Claims Cost vs. Plan Cost

Evaluate your current plan design by analyzing how the comparison of your claims cost to your total health plan cost has trended from year to year.



Multyear Claims by Relationship

Review the percentage of total costs paid towards employee claims and dependent claims, and how this ratio has trended from year to year.



Two-Year Assessment

Review which cost areas had the greatest percentage of change in total paid amount from 2013 Health Plan - 1/13 to 2015 Health Plan - 1/15, and where employees had the most impact on plan costs from year to year.



Most costs have decreased since last year so education of employees is paying off. We need to continue targeting employees with a message that is changing behaviors. For outpatient behavior costs female employees and young male dependents are where a majority of the costs are coming from. We'll make sure they are seeking treatment in the preferred facilities to get costs down.

Awake Agency

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Awake Agency
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Page 3

Multiproject Reporting

The Multiproject Reporting function allows us to compare up to four different data sets. We can track data trends from year to year, or compare between multiple divisions or locations to isolate opportunities. We've found this useful for strategic long-term planning and evaluation.

Ad Hoc Analysis

This sophisticated analysis feature allows us to get to the source of problem areas quickly by using IBM Cognos. We offer customized reporting to discover areas of opportunity to help you reduce benefits plan costs. Find health and prescription plan answers, such as the following:

- What diagnoses do my high-cost claimants fall under? What other diagnoses and comorbidities are they affected by?
- Where are the most cost-effective places to go for specific procedures? How much would we save by renegotiating with the providers that have high costs?
- Who is utilizing mail-order versus traditional pharmacy? What is the cost differential?
- How often are generics being utilized when available?

Emergency Room

Emergency Room						
	Charges	Paid	People	Visits	Charges per Person	Paid per Visit
Circulatory System	\$167,946.74	\$89,367.85	59	82	\$2,895.63	\$1,522.55
Digestive System	\$205,277.78	\$115,079.78	60	78	\$3,421.30	\$1,916.00
Musculoskeletal System	\$53,941.02	\$22,713.72	44	56	\$1,223.86	\$516.22
Ext. Hous. Health and Strong	\$35,314.23	\$24,345.16	42	54	\$1,331.28	\$584.42
Skin, Subcutaneous Tissue and Breast	\$37,779.61	\$15,273.28	44	48	\$859.60	\$347.12
Respiratory System	\$34,127.33	\$18,155.89	34	37	\$1,004.04	\$534.00
Injury, Poisoning and Toxic Effects of Drugs	\$33,719.87	\$17,688.72	34	36	\$991.76	\$520.55
Nervous System	\$54,814.90	\$27,460.05	26	35	\$2,108.27	\$1,056.16
Kidney and Urinary Tract	\$37,347.75	\$15,832.66	15	20	\$2,489.85	\$1,055.51
Endocrine, Nutritional and Metabolic	\$34,759.31	\$22,360.65	13	16	\$2,673.79	\$1,700.65
Factors Influencing Health Status	\$11,872.60	\$6,538.33	12	16	\$989.38	\$404.86
Infectious and Parasitic Diseases	\$13,372.80	\$5,797.17	10	11	\$1,337.28	\$529.72
Heprobiliary System and Pancreas	\$20,869.45	\$12,817.04	6	8	\$3,478.24	\$2,136.17
Mental Diseases and Disorders	\$10,914.80	\$4,075.19	6	8	\$1,819.13	\$509.40
Pregnancy, Childbirth and the Puerperium	\$2,734.00	\$2,487.91	4	8	\$683.50	\$301.98
Burns	\$5,560.59	\$1,827.87	5	6	\$1,112.12	\$305.59
Eye	\$4,337.48	\$2,799.72	6	6	\$726.25	\$466.62
Female Reproductive System	\$9,999.97	\$4,466.36	6	6	\$1,666.66	\$744.43
Alcohol/Drug Use	\$9,641.12	\$6,370.25	4	4	\$2,410.28	\$1,587.56
Blot and Blood-forming Organs	\$2,310.25	\$1,370.75	3	3	\$936.75	\$456.92
Major Diagnostic Category (All)	\$807,170.60	\$415,978.65	278	482	\$2,903.49	\$1,466.33

Dec 7, 2016

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Turn health care data into bottom-line savings

Demo Company, Inc.
Actuarial Modeling
Model Comparison: ER Copay Change

Total Paid Comparison	Current	ER & Rx Only	PPACA COP Max	Recommended
Value of Medical Plan Changes		-1.3%	-19.3%	-19%
Value of Rx Plan Changes		-13.3%	-18.8%	-13.3%
Total Value of Plan Changes		-14.6%	-38.1%	-32.3%
Total Medical Paid	\$4,493,242.43			
Total Rx Paid	\$739,242.38			
Total Projected Paid	\$5,232,484.81	\$3,637,302.12	\$3,181,434.48	\$4,473,869.19

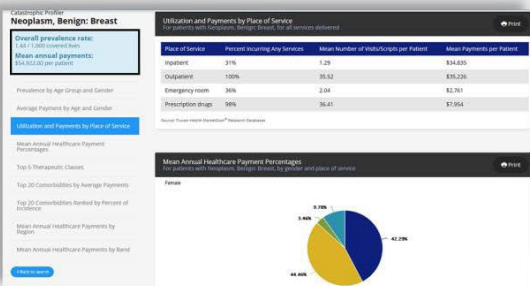
Members Affected Comparison
Total Claims: 3,879
Total Enrolled: 982

	Current	ER & Rx Only	PPACA COP Max	Recommended
In-Network	280	280	4206	2800
Out-of-Network	0	0	0	0
Members affected	0	0	-733	-733
% of total elements	n/a	n/a	-47.82%	-74.82%
% of total enrolled	n/a	n/a	-74.84%	-74.84%
Primary Care Copay	20	40	0	0
Members affected	0	0	0	0
% of total elements	n/a	n/a	40.00%	14.34%
% of total enrolled	n/a	n/a	40.00%	14.34%
Specialized Copay	30	60	0	0
Members affected	0	0	227	227
% of total elements	n/a	n/a	23.84%	7.32%
% of total enrolled	n/a	n/a	23.13%	8.64%
Plan Cost-sharing	90	80	100	100
Members affected	0	0	733	733
% of total elements	n/a	n/a	47.82%	74.82%
% of total enrolled	n/a	n/a	47.84%	74.84%
Total Paid Comparison	Current	ER & Rx Only	PPACA COP Max	Recommended
Value of Medical Plan Changes		-1.3%	-19.3%	-19%
Value of Rx Plan Changes		-13.3%	-18.8%	-13.3%
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Total Projected Paid	\$5,232,484.81	\$3,637,302.12	\$3,181,434.48	\$4,473,869.19

Alternative Plan Modeling

After identifying cost drivers, you may want to tweak your plan design. The modeling feature helps us try out plan design alternatives to see how changes would impact both your budget and your employees.

For instance, try out different copay or deductible amounts, or model an entirely new plan, such as a health savings account plan.



Disease Profiler

Using reliable data from Truven Health Analytics, the Disease Profiler can show average costs of claims by disease category. With this tool, we can help you achieve the following benefits:

- Predict future costs and budget.
- Negotiate more accurate rates with stop-loss carriers.
- Design and implement a disease management program.



Claims Diagnosis Dashboard

You don't have to be a claims expert to diagnose problem areas and improve profitability within your health plan. You now have a one-click analysis of who, why, what, where and when.

You also have fast access to relevant management reports and recommendations for problem areas.



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to learn more about our services and capabilities today!

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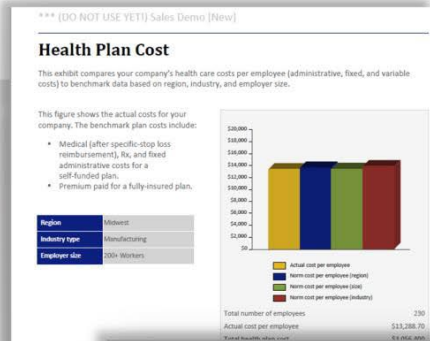
We'll help you make educated benefit plan decisions with the following features:

- Identify your biggest cost-savings opportunities by comparing your health care utilization to Truven Health Analytics normative data.
- Test drive alternative plan designs, so you can evaluate the impact of a change before making any decisions.
- Calculate your projected renewal costs to budget midyear and secure the best rate at renewal time.
- Provide your employees with a plan selector tool that will discover the most cost-effective plan.
- Compare your company's plan design to your competitors to ensure your benefits are both competitive and cost-effective.



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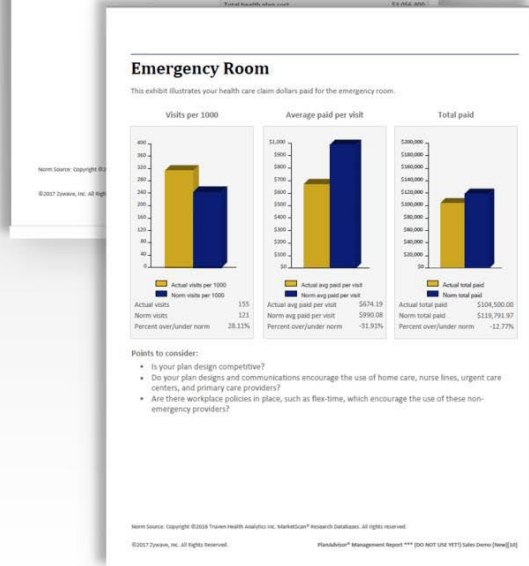
Product Overview: Features and Benefits



Management Report

We'll start by examining your health care utilization and costs with the Management Report, a comprehensive analysis that compares your health and prescription carrier data to reliable benchmark data from Truven Health Analytics and the Kaiser Family Foundation. It benchmarks your data against normative values broken down by geographic region, industry and employer size. View comparisons in over 20 medical and prescription categories, including:

- Total health plan costs
- Emergency room and office visit utilization and costs
- Employees' vs. dependents' claims costs
- Prescription – brand vs. generic utilization
- Prescription – member cost share



Plan Modeler

Once cost and utilization problem areas are uncovered, changes in your plan design can help address those issues. Before you make any decisions, we can model potential plan designs to allow you to see the impact of a change.

The Plan Modeler allows you to easily evaluate the impact of plan design changes for medical, prescription, health reimbursement arrangement and health savings account plans, based on proven actuarial factors. Experiment with various plan design combinations to find the right fit for your business.

Plan Model Comparison											
*** (DO NOT USE YET) Sales Demo [New] Alternative for PPO 2018											
Medical Plan	Current Plan		\$200k Ded		Bundled Priority		Recommended				
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Deductible	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
Family Deductible	2,000	4,000	4,000	6,000	2,000	4,000	4,000	6,000	2,000	4,000	
HSA Style Family Limit	No	No	No	No	No	No	No	No	Yes	Yes	
Primary Care Copay	25	0	25	0	25	0	25	0	25	0	
Specialist Copay	50	0	50	0	50	0	50	0	50	0	
Copay Type	Fixed	Fixed	Fixed	Fixed	Fixed	Fixed	Fixed	Fixed	Fixed	Fixed	
Plan Coverage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Single Out of Pocket Max	2,000	5,000	4,000	6,000	2,000	4,000	2,000	4,000	2,000	4,000	
Family Out of Pocket Max	4,000	10,000	6,000	12,000	4,000	6,000	4,000	6,000	4,000	6,000	
High-deductible Copay	0	0	0	0	0	0	0	0	0	0	
Outpatient Surgery Copay	25	25	25	25	25	25	25	25	25	25	
Emergency Room Copay	250	250	250	250	250	250	250	250	250	250	
Urgent Care Copay	25	25	25	25	25	25	25	25	25	25	
Plan Paych Chem Dep Coverage	80	80	80	80	80	80	80	80	80	80	
Plan Paych Chem Dep Inpatient Limit	365	365	365	365	365	365	365	365	365	365	
Plan Paych Chem Dep Outpatient Limit	365	365	365	365	365	365	365	365	365	365	
Plan Child Annual Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Adult Wellness Annual Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Unlimited Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Percent of Total Costs in Network	85%	10%	85%	10%	85%	10%	85%	10%	85%	10%	
DCP & SCD Copays Apply After Deductible	No	No	No	No	No	No	No	No	Yes	Yes	
Do Copays Apply to Out of Pocket Max?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Prescription Drug	Current Plan		\$200k Ded		Bundled Priority		Recommended				
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Prescription Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Only Claims as Percent of Total Claims	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	
Deductible	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Plan Coverage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Employee Contingency Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Employee Contingency Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Copay	25	25	25	25	25	25	25	25	25	25	
Generic Medication Options	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Rx Copays Apply After Medical Deductible	No	No	No	No	No	No	No	No	Yes	Yes	
Do Copays Apply to Out of Pocket Max?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Value of Medical Plan Changes											
Value of Rx Plan Changes											
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PlanAdvisor®

Product Overview: Features and Benefits



PlanAdvisor			
2018 PPO Renewal			
	01/01/2017 - 08/31/2017	01/01/2016 - 12/31/2016	Estimated Annuals
Total Paid Claims	1,658,000	1,853,000	
Total Pooled Claims	(162,000)	(95,000)	
Standard Pooling Point	50,000		
Desired Pooling Point	50,000		
Standard Pooling Charge	288,269	361,212	
Pooling Charge Used	288,269	361,212	
Paid Claims Net of Pooling	1,794,269	2,118,212	
Adjustment to Annualize	1,500	1,000	
Exposure Change Adjustment	1,000	1,093	
Paid to Incurred Adjustment	1,014	1,014	
Trend	1.106	1.189	
Discount Adjustment	0.000% Change	0.000% Change	
Benefit Plan Adjustment	0.000% Change	0.000% Change	
Underwriting Adjustment	0.000% Change	0.000% Change	
Projected Incurred Claims	3,001,676	2,790,619	2,765,632
Large Claims up to Pooling Point	100,000	50,000	N/A
Credibility	45%	40%	15%
Credibility Used	45%	40%	15%
Final Projected Claims	2,946,847		
Administrative Expense	101,520.00		
State Premium Tax	2.0%		
Profit	4.0% of final premium		
Required Premium	3,349,854		
Premium at Current Rates	3,056,400		
Indicated Rate Change	9.6%		
Selected Rate Change	9.9%		
Broker Commission	3.0% of final premium		
Renewal Rates	Current Rates	Renewal Rates	Counts
Single	\$70.00	\$24.72	110
Family	1,600.00	1,753.60	120
Composite		1,213.70	
Monthly Total		279,151	
Annual Total		3,349,814	

Renewal Estimator

Want to project future health plan costs? The Renewal Estimator offers us the capacity to calculate renewal costs independent of the carrier. We can calculate projected health plan renewal costs based on trend, midpoint and large claim information. Plus, we can use the data from the Renewal Estimator to determine if your carrier is offering you a fair renewal quote—ensuring you get the best rate.

Health Costs Summary

Member or Relationship

Health Plan Costs

Additional Information

02/01/2017

Employee	02/01/2017
Spouse	02/01/2017
Daughter	02/01/2017
Son	02/01/2017

Total Health Expenses: \$12,001.24

Plan Comparison

Plan Name	Total Employees	Net Cost to Firm	Rate
Plan A	100	\$100.00	\$1.00
Plan B	100	\$100.00	\$1.00
Plan C	100	\$100.00	\$1.00
Plan D	100	\$100.00	\$1.00
Plan E	100	\$100.00	\$1.00
Plan F	100	\$100.00	\$1.00
Plan G	100	\$100.00	\$1.00
Plan H	100	\$100.00	\$1.00
Plan I	100	\$100.00	\$1.00
Plan J	100	\$100.00	\$1.00
Plan K	100	\$100.00	\$1.00
Plan L	100	\$100.00	\$1.00
Plan M	100	\$100.00	\$1.00
Plan N	100	\$100.00	\$1.00
Plan O	100	\$100.00	\$1.00
Plan P	100	\$100.00	\$1.00
Plan Q	100	\$100.00	\$1.00
Plan R	100	\$100.00	\$1.00
Plan S	100	\$100.00	\$1.00
Plan T	100	\$100.00	\$1.00
Plan U	100	\$100.00	\$1.00
Plan V	100	\$100.00	\$1.00
Plan W	100	\$100.00	\$1.00
Plan X	100	\$100.00	\$1.00
Plan Y	100	\$100.00	\$1.00
Plan Z	100	\$100.00	\$1.00

The information provided is for information purposes only. Other important information, such as recent premium and coverage/healthcare providers of the plan should be considered as you make your health plan decision.

Business Plan	100
Service	1000
Employee Service Plan	1000
Product Service Plan	1000
Total Employee Service	1000
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Plan Selector

Fifty percent of employees say making health decisions is very stressful. We'll provide your employees with a plan selector tool that will input your plan design options and then use the employee data to provide recommendations as to which plan is the most cost-effective.

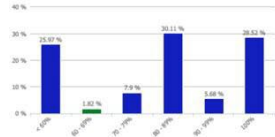


PlanAdvisor®

Product Overview: Features and Benefits



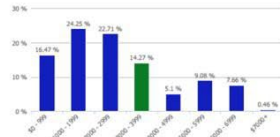
Co-insurance



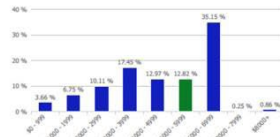
Emergency Room Copay



Individual Deductible



Individual Out-of-Pocket Maximum



Region: North Central, North East, Puerto Rico, South Atlantic, South Central, West
Plan Type: HMO, PPO, POS, PPO, PPO
Industry: Accommodation and Food Services, Administrative and Support and Waste Management and Remediation Services, Agriculture, Forestry, Fishing and Hunting, Arts, Entertainment, and Recreation, Construction, Educational Services, Finance and Insurance, Health Care and Social Assistance, Information, Management of Companies and Enterprises, Manufacturing, Mining, Quarrying, and Oil and Gas Extraction, Other Services (except Public Administration), Professional, Scientific, and Technical Services, Public Administration, Real Estate and Rental and Leasing, Retail Trade, Service, Transportation and Warehousing, Utilities, Wholesale Trade
Client size: < 25, 26 - 50, 51 - 99, 100 - 499, 500 - 999, 1,000 - 2,499, 2,500 - 4,999, 5,000 +

Health Plan Benchmark Report

Curious about what benefits your competitors are providing? Our Health Plan Benchmark Report allows you to compare your company's plan design to the average competitors' offerings in the areas of deductibles, coinsurance, out-of-pocket maximum and other plan details, broken down by plan type.