



**ROCKFORD BOARD OF EDUCATION
REQUEST FOR PROPOSAL ON SUPPLIES, MATERIALS, EQUIPMENT OR
SERVICES FOR SCHOOL DISTRICT NO. 205
ROCKFORD, ILLINOIS**

RFP No. **23-30 Wellness Center**

DATE: **February 9, 2023**

RE: **ADDENDUM NO. 2**

To All Bidders:

Included are modifications, clarifications and/or corrections for the Project Manual and are hereby made a part of the contract documents. Please attach this addendum to the Project Manual(s) in your possession. Please note the receipt of this addendum on the bid form. Bidders shall review changes to all portions of this work as changes to one portion may affect the work of another.

If you plan to hand deliver your RFP submission on the due date, please note you must check in on the 1st floor prior to coming to the bid opening. Please allow time for this as late submission will not be accepted.

Refer all questions relative to the business aspect, Instructions to Bidders, Special Conditions, and questions concerning the technical aspect of the documents to the Director of Purchasing by email at purchasingdeptstaff@rps205.com.

CLARIFICATIONS

This addendum includes requests for information (RFI) to date and corresponding answers, questions and answers from the pre-bid meeting, opening statement, and sign-in sheet.

ROCKFORD BOARD OF EDUCATION

By: Dane Youngblood
Director of Purchasing

CLARIFICATIONS

Below are requests for information (RFI) to date and questions from the January 19, 2023 pre-bid meeting with corresponding answers.

1. Can the District provide both daytime and nighttime censuses of employees?
 - a. Included in this addendum are the number of employees per District location. Employee home address by zip code is not available at this time.
2. Is the District interested in the wellness center providing pre-employment drug screening and a wellness program? If so can you please provide volume data and participation rates?
 - a. The District is currently under contract for both of these services, but may be interested in adding them at a future date. Volume data and participation rates for the wellness program are included in this addendum.
3. Is the District interested in the wellness center providing occupational health services?
 - a. No, not at this time.
4. Does our current wellness program have incentives and, if so, what are they?
 - a. Yes, mainly reduced premiums and deductibles, depending on the health care plan. Further detail on our wellness program incentives are included in this addendum.
5. Who is the District's current wellness plan provider?
 - a. Empower Health Services.
6. Could the District provide information regarding current health plan utilization, including unit prices?
 - a. This information is included in this addendum.
7. Is the District interested in the wellness center providing behavioral health services?
 - a. No, not at this time.
8. Does the District want full spectrum care?
 - a. Yes.
9. Does the District want a physician-led wellness center?
 - a. Yes.
10. Is the District interested in full pharmacy services?
 - a. Yes.
11. Does the District intend on sharing this contract with government partners?
 - a. The District does not plan to partner with other governments initially, but may do so in the future.
12. Would the District want veto power if it partners with other governments?
 - a. Yes.
13. Does the District have a preference for facility location?
 - a. The District would prefer that the wellness center is not located on RPS property.

14. What is the status of Zero-Card?
 - a. This is not a program we participate in at this time.
15. Has the District discussed return on investment on billing with BCBS?
 - a. No.
16. Could the District provide immunization data?
 - a. This data is not available at this time.
17. Does the District want the wellness center to provide COVID-19 testing?
 - a. No, not unless mandated to do so.
18. Is the 7/1 start date listed in the RFP operational?
 - a. No, we begin our contracts on 7/1 as that is the beginning of our fiscal year. The District does not expect the wellness center to be operational at that time.
19. Please clarify the requested unit cost pricing format. The “RFP Offer Form” indicates as the Unit of Measure “PMPM”, which we understand to mean Per Member Per Month. The Quantity (Qty) indicated on the RFP Offer Form is “3,200”. Paragraph 2.3 of the RFP indicates, however, that the number of plan eligible employees is approximately 3,200 and the total lives covered under the plan at approximately 7,500. It is also indicated in Paragraph 2.2 that the District would like the health center to serve both health plan covered employees and dependents. Can you clarify the basis you would like used to calculate unit cost? Should we be calculating unit cost in term of members per month (PMPM) using the 7,500 number or employees per month (PEPM) using the 3,200 employee number? Or some other basis?
 - a. Please base the calculation on the total lives, which we have estimated to be approximately 7,500.
20. Is the District open to other payment/pricing methodologies such as a fixed annual fee?
 - a. Bidders may propose any number of pricing alternatives but must also include a PMPM figure as originally requested.
21. Please provide daytime employee counts and locations based on assigned schools/locations.
 - a. Please see response to #1.
22. Please provide a census file with demographic information (age and gender) and home address (at a minimum at least zip codes) for the eligible employee population and spouses/dependents on the health plan?
 - a. Please see response to #1.
23. Please describe medical plan options or provide us with a new hire kit to see the medical plan choices offered from a total program design perspective.
 - a. We offer a standard PPO Plan, as well as a High Deductible Plan.
24. What percentage of employees and dependents are enrolled in your HSA/High Deductible Plan versus PPO or other plan options?
 - a. Approximately 13% of employees and dependents are enrolled in the HDHP plan.
25. If available, please provide the latest year-end health plan and pharmacy plan summary reports or other carrier data showing total medical spend, total pharmacy spend, utilization and unit cost performance.

- a. The Annual Budget Comparison Report is included with this the response and contains a claim breakout for the last fiscal year as well as the first 6 months of the current fiscal year.
26. Can you tell us what is your “per employee per month” (PEPM) or “per member per month” (PMPM) medical spend now?
 - a. Per Employee Per Month (PEPM) medical spend for last fiscal year was \$1,575.71. Through the first 6 months of the current fiscal year PEPM medical spend is \$1,326.52.
27. What is your “per employee per month” (PEPM) or “per member per month” (PMPM) spend for primary care now?
 - a. This data is included in this addendum.
28. What is your “per employee per month” (PEPM) or “per member per month” (PMPM) for pharmaceutical spending now?
 - a. For the prior fiscal year Rx spend was \$291.36 PEPM not including stop loss reimbursements or pharmacy rebates. In the current fiscal year pharmacy spend is \$309.97 PEPM not including rebates or stop loss reimbursements.
29. Please provide a copy of your current wellness incentives/rewards program for your members.
 - a. Please see response to #4.
30. If available, please provide a copy of your current annual wellness calendar of events, due dates, etc.
 - a. This information is not available at this time.
31. Please provide us with any organization-level population health reports related to your current population health / wellness programs detailing the disease prevalence rates and unit costs for services for your population?
 - a. The most recent health screening aggregate report is attached with relevant data.
32. Please provide if available a recent summary report or other data related to your current Wellness Programs showing health improvements/changes over time and return on investment (ROI)?
 - a. Due to a change in wellness vendors prior comparative data is not currently available.
33. Please provide a copy of any Personal Health Report/Record generated for the employee as a result of their participation in biometric screenings, HRA, etc.
 - a. A sample personal health report is included with this response.
34. What are the things you like most about your current wellness programs, tools, resources?
 - a. Our wellness program is designed to help our members be aware of their current health status and provide tools to help them meet their healthy goals. This is done through onsite screenings, an electronic Health Risk Assessment, and the availability of health coaches. We also have a points program in place to help members to earn the annual wellness incentive. We are very pleased with our current partner and the services they are providing.
35. How might you like to improve/enhance your current wellness programs, tools, resources?
 - a. We are currently pleased with the program have.
36. Can you provide, if not in any reports, what percentage of employees are engaged in your current wellness programs?

- a. Approximately 65% (2003 out of 3010) of employees are currently engaged in the wellness program.
37. Can you provide, if not available in written reports, what percentage of employees who are engaged in your current wellness programs are making clinical progress towards their goals?
- a. This information is not currently available.
38. Can you provide, if available, a current risk profile for your population is? If available, can you indicate what inputs and approach you use to create that profile? (e.g. HRA; biometric screening, data mining, etc.).
- a. Risk profiles are not currently available as vendor was recently terminated. Prior vendor was data mining claims files for targeted approach to those with chronic conditions.
39. What was your employee annual turnover rate for 2020? 2021? This data can help us project expected engagement rates.
- a. Attrition rate for FY20 was 6.79% and for FY21 it was 6.88%.
40. Do you have a current healthcare data warehousing strategy? If so, do you use a vendor independent from your claims administrator to manage this process? Can you tell us who that is and to what extent you would like the chosen vendor to integrate with that vendor?
- a. All healthcare data is currently managed and stored by BlueCross. Any needed claim data will need to be provided through a data feed from BlueCross.
41. How would you describe your corporate culture as it relates to your interest in investing in a health and wellness center?
- a. Rockford Public Schools is heavily invested in the mental and physical wellbeing of all employees and sees the implementation of a wellness clinic as a potential addition to our wellness initiatives.
42. Are there important characteristics (demographic or otherwise) that we should consider in developing a solution for your organization? For example, will there be a health committee management/labor committee or other stakeholder group in place to help advise and review the work of the clinic? Are there any specific expectations or guidelines for the selected vendor in interacting with your organization's key stakeholders?
- a. There will be an oversight committee established at the district to help with the management of the clinic. The exact make up of that committee is still under review.
43. Are there any prevalent conditions or problem areas, that are of specific concern, within the employee population? If so, what programs and efforts have been deployed to speak to the issues? For example, working through COVID-19, did your organization directly or indirectly provide programming to support your members? Are there objectives or interests you might have in the selected vendor coordinating care with your existing EAP program and other mental health partnership? Do you have expectations or guidelines for the selected vendor in interacting with any other programs or partnerships?
- a. Our focus on wellness has a two-pronged approach. First is ongoing good health promotion through Health Risk Assessments, onsite screenings, and health coaching which helps to ensure employees understand their current health situation and provides tools and assistance to help them achieve their healthy goals. We have also focused on providing assistance to those with chronic conditions though we have not seen the participation in those programs that we would like. While we want our clinic partner to be aware of our other benefit partners and the tools and

services they offer, direct coordination is not expected. We would like to investigate the possibility of sending BlueCross claim files for services provided for the purpose of tracking avoided costs due to clinic operation.

44. What is the desired go-live date
 - a. As soon as possible after July 1, realizing that September/October 2023 is probably a more realistic target opening date.
45. Who are your current healthcare related vendors? Do you have a goal for your health center operation in working with your other healthcare vendors?
 - a. Please see response to #43.
46. Do you have an annual budget estimate for your desired health and wellness center program? If so, please share that estimate if you can.
 - a. The District does not provide estimated costs or budgets during the bid process.
47. Please identify any issues or concerns related to the district locating its health and wellness clinic on its own property? If member privacy can be addressed effectively, would the District be open to locating the facility on one of its existing properties or controlling the lease if it's located on a third-party property?
 - a. The District will consider all proposed options but our preference is not to locate the clinic on one of our properties. We are not interested in controlling the lease on any outside properties.
48. Does the District currently operate a fitness center or have fitness programs or partnerships in place? If not, is there any interest in those types of resources or services?
 - a. The District does not currently operate a fitness center or have any specific fitness programs or partnerships in place. We would be interested in exploring any options that may be proposed.
49. Does the District have any current programs in place to support referrals to centers of excellence or to providers where the District may have negotiated preferred rates or services? If so, please describe.
 - a. Not at this time.
50. Does the District currently analyze referral patterns, costs, and outcomes related to specific providers to evaluate cost and quality of healthcare services provided? If so, please describe. If not, is this type of data of interest to the District?
 - a. Provider evaluations are managed through our PPO network.
51. Describe your current patient navigation workflows when someone needs an in-market referral?
 - a. Referrals are not required to see a specialist.
52. Are you currently using any programs or systems to factor in cost and quality when making referral suggestions to members?
 - a. No, not currently.
53. Are there areas, in terms of referral data and patterns, that you would want to improve?
 - a. No, not currently.
54. Please provide any utilization data related to current mental health / behavioral health services through your medical plan, EAP, or other mental health programs?
 - a. My Strength Data is included with this response.

55. Please provide utilization data related to any virtual care services you currently provide.
- Utilization reports are included with this response.
56. Are there any additional behavioral health services you would like to explore such as support groups, therapy groups, AA/NA/substance abuse groups, crisis management / critical incident de-briefings, and webinars and presentations related to mental health concerns?
- No, not at this time.
57. Please provide any utilization data related to current physical therapy services through your medical plan or other programs.
- This information is not available at this time.
58. Please provide utilization and cost data related to musculoskeletal (MSK) services through your medical plan or other programs.
- This data is included with this response.
59. Please confirm that you are NOT interested in occupational health services at this time.
- Please see response to #3.
60. If the District is interested in hearing about occupational health services at this time, please indicate what specific services are of interest, expected volumes for those services, and whether you would like us to include pricing/staffing for adding those services into a clinic program.
- Not applicable.
61. Please confirm that you expect vendors to complete the Certified Cleared Employee List and provide a Certificate of Insurance prior to project work beginning but not as a part of proposals.
- These documents do not need to be provided with your proposal but must be provided prior to the completion of the contract.
62. What are the specific goals of implementing a health center for your members?
- To lower the District's overall health costs, improve the general wellness of staff, and provide convenient access to quality health care.
63. Are you open to sharing your health center with other like-minded employers? Have you explored this concept with other employers?
- Please see the response to #11.
64. Please provide a census file, with zip codes, for all eligible members able to utilize the health center.
- Please see the response to #1.
65. Describe the population of participants that are not in range of the health center, or your best estimate.
- As the location of the clinics has not been determined this question cannot be answered at this time.
66. What are the parameters for offering incentives for health center participation or participation in wellness events?
- Please see the response to #4.

67. What frequency of reporting is being distributed and what type of information is reported?
- a. Minimum reporting requirements include:
 - i. Monthly number of members accessing the clinic broken out by employee and dependents (children/spouse) reported.
 - ii. Services provided to members listed by most to least common provided monthly.
 - iii. Drugs dispensed provided monthly.
 - iv. Satisfaction survey results provided at least semi-annually.
 - v. Estimated savings provided annually.
 - vi. Monthly services that could not be address at the wellness center or redirected to BCBS/ other Insurance.
 - vii. Potentially send bills with services provided to BC so that claims can be adjudicated, and actual costs established for comparison to wellness center costs in determining what savings are being driven by the clinic participation.
 - viii. Any other reports you that will demonstrate utilization of RPS' of the wellness center.
68. Is there a telemedicine service in place (e.g.: TPA or medical carrier) and if so, what vendor provides this service and how well is it utilized? Is this service an additional cost for you?
- a. Yes, we currently use Teladoc at an additional cost.
69. What is the member utilization of the telemedicine service?
- a. A utilization report is included with this response.
70. What is the scope of service for the telemedicine product?
- a. General health, Dermatology, and Behavioral Health.
71. What are the expectations for telemedicine in conjunction with the health center?
- a. TBD, Opened to recommendations.
72. Are there any pain points with the telemedicine vendor?
- a. No.
73. Provide all the medical and Rx claims data for the last 36 months. Include all members on the plan for all place of service codes. If you're not able to provide this granularity of data, what was your incurred medical and RX claims and the approximate covered population number?
- a. The District does not feel it is appropriate to provide that level of detail at this time. Total costs for medical and Rx along with enrollment have already been provided. In addition, we have provided the most recent Blue Insight reports with a significant breakdown of claims by category including pharmacy.
74. What is the annual budget for the health center?
- a. Please see the response to #46.
75. What are you doing today around occupational health? Pre-employment services (DOT physicals, drug testing)? Workers' comp (first report of injury, etc.)?
- a. Please see the response to #3.
76. What current benefit vendors does RPS utilize today, including medical carrier, etc.
- a. Please see response to #45.

77. Do you have a preferred staffing model in mind? IE (MD, MA's, NP)
- No, the District is open to recommendations.
78. Are there preferred hours of operation?
- No, the District is open to recommendations.
79. Can you please confirm where bidders may obtain the "Proposal Form" listed in the Rockford Public Schools Required RFP Forms Checklist?
- The Proposal Form is the third page of the bid document.
80. Can you please confirm where bidders may obtain the "Face Sheet" referenced in this section on Page 10 of the RFP, "IN ORDER FOR A RFP TO BE CONSIDERED BY THE SCHOOL DISTRICT, THE ABOVE REFERENCED TAX IDENTIFICATION NUMBER MUST BE PROVIDED ON THE FACE SHEET IN THE SIGNATURE SECTION. IT IS ALSO REQUESTED THAT YOU IDENTIFY THE LEGAL ORGANIZATIONAL STATUS OF YOUR FIRM IN THE SIGNATURE SECTION. PLEASE IDENTIFY WHETHER YOUR FIRM IS A CORPORATION, PARTNERSHIP, PROPRIETORSHIP, ETC. SHOULD YOU HAVE ANY QUESTIONS CONCERNING THIS TAX IDENTIFICATION NUMBER, PLEASE CONTACT THE PURCHASING DEPARTMENT."
- This section refers to your IRS Form W-9.
81. Can you please confirm if Rockford Public Schools will accept an electronic submission only? If not, please confirm the number of paper copies to provide.
- Yes, an electronic copy of your proposal can be submitted via Bonfire. Hardcopies on not required if submitted electronically.
82. Who is Rockford's current benefit broker/consultant?
- Gallagher Benefit Services.
83. Is the broker/consultant involved in the selection process?
- No.
84. Can you please provide a list of employee zip codes? This will allow us to create a heat map so we can make recommendations on the best location for the health center(s).
- Please see response to #1.
85. What is the specific goal of establishing a health center for employees and dependents?
- The goal if the clinic is to make quality healthcare more available to our members and maximizing potential cost savings to both members and the district.
86. What is the budgeted amount for the health center?
- Please see the response to #46.
87. What are the current wellness requirements?
- Currently, employees are required to earn 100 points annually. Points can be earned by taking an online health assessment, attending a biometric screening, getting vaccinations, and participating in various healthy activities, such as recreational events, wellness education, money management, etc.

88. What is the participation rate of the current wellness program?
- a. Please see answer to question #36.
89. Can you please provide the results of the biometric screenings?
- a. Please see response to #2.
90. How many are employees are on each plan (PPO and HDHP)?
- a. There are 2600 employees currently enrolled in the PPO and 391 employees currently enrolled in the HDHP.
91. Due to the nature of the services rendered, we offer annual wage increases to our staff for enhanced recruiting and retention purposes. These increases average 4% per year. With that in mind, would the district like to see pricing laid out each of the years 2023, 2024, and 2025 (would be fixed for each individual time period and would be lower in year 1 and higher in year 3), or would the district like to see a truly flat fee for the entire time period (2023-2026, would be higher in year 1 but stay consistent for the 36 months)?" We are agnostic, but want to make sure we are pricing in a manner that matches the district's intent.
- a. The District would like to see both pricing options for review.
92. Typically, we pass through the cost of consumable supplies (labs, RX, etc.) as they are utilized at no cost without markup. Would the district like to see the estimated cost of these supplies built into the PMPM rate, or as a separate figure?
- a. Please provide these expenses as a separate figure.

PRE-BID CONFERENCE OPENING STATEMENT

Welcome to the non-mandatory pre-bid conference for RFP 23-30 Wellness Center for the Rockford Public Schools.

The purpose of this meeting is to receive input, comments, questions, clarifications and suggested changes relative to this solicitation. As a reminder, the only acceptable changes to the Bid/RFP are formal Addenda published by the RPS Purchasing department. Additionally, the Addendum may address other issues identified by the School District.

The goal of today's meeting is to increase your knowledge of the solicitation as it is written and provide an information mechanism in which you may advise the School District of any changes it should make. Consequently, any changes you wish the Rockford Public Schools to consider must be submitted in writing to the Purchasing department before the deadline as expressed in the solicitation.

We will try to answer as many of the questions as possible. If we cannot answer a question today, we will defer that answer to the published Addendum. Additionally, minutes from this pre-bid conference will be published in the Addendum.

- Bid Opening is scheduled for February 9, 2023 at 2:00 pm Rockford Board of Education, 6th floor Conference Room. Late bids will not be accepted. Faxed or emailed bids will not be accepted.
- Board Approval March 14, 2023.
- Bid RFI Procedures - All written correspondence during the bid process **MUST** be sent to Dane Youngblood, Director of Purchasing, via email at PurchasingDeptStaff@rps205.com. Last RFI will be accepted until January 24, 2023 at 12 pm. Last addendum will be issued by January 26, 2023 at 4:30 pm.
- Addenda will be emailed to all attendees at the pre-bid conference, posted on the RPS website and Bonfire.
- **PLEASE** reference the **REQUIRED FORMS CHECK LIST** for all documents that **must** be submitted with your bid offer form. All forms must be properly completed, signed and submitted or your bid will be deemed non-responsive.



PRE-BID MEETING SIGN-IN SHEET
RFP 23-30 Wellness Center

PLEASE WRITE EMAIL ADDRESS SO THAT IT IS LEGIBLE IN ORDER TO RECEIVE ADDENDUM INFORMATION

	Printed Name	Company Name	Company Address	Telephone	E-mail
1	Larry Morrissey	Madison Health	1128 N. Church St, RktD 61103	815-540-3354	l.morrissey@madisonhealth.org
2	Kelly Dinsmore	UW Health	1313 E. State St. RktD, IL	815-978-3414	kdinsmore@uwhhealth.org
3	Erin Smith	UW Health	1313 E. State St. RktD, IL	815-721-9092	esmith5@uwhhealth.org
4	Greg Brown	RPS	501 7th Street		
5					
6					
7					
8					

Question #1

Number of Employees Per District Location

EMPLOYEE CONCENTRATION WORKSHEET

ROCKFORD BOARD OF EDUCATION DISTRICT 205

TOTAL NUMBER OF EMPLOYEES:

4072

					1	2
Location	Location Address	City	State	Zip	# Of Empl	# Of Shifts
ADMINISTRATION BUILDING***	501 7th St	ROCKFORD	IL	61104	483	1
AUBURN HIGH SCHOOL	5110 AUBURN ST	ROCKFORD	IL	61101	192	1
BARBOUR LANGUAGE ACADEMY	1506 CLOVER AVE	ROCKFORD	IL	61102	68	1
BEYER ELEMENTARY	333 15TH AVE	ROCKFORD	IL	61104	68	1
BLOOM ELEMENTARY	2912 BRENDENWOOD RD	ROCKFORD	IL	61107	53	1
BROOKVIEW ELEMENTARY	1750 MADRON RD	ROCKFORD	IL	61107	55	1
CARLSON ELEMENTARY	4015 PEPPER DR	ROCKFORD	IL	61114	48	1
CHERRY VALLEY ELEMENTARY	619 E STATE ST	CHERRY VALLEY	IL	61016	87	1
CONKLIN ELEMENTARY	3003 HALSTED RD	ROCKFORD	IL	61101	59	1
CONSTANCE LANE ELEMENTARY	620 GREGORY	ROCKFORD	IL	61104	78	1
EAST HIGH SCHOOL	2929 CHARLES ST	ROCKFORD	IL	61108	161	1
EISENHOWER MIDDLE SCHOOL	3525 SPRING CREEK RD	ROCKFORD	IL	61107	94	1
ELLIS ARTS ACADEMY	222 S CENTRAL AVE	ROCKFORD	IL	61102	66	1
FAIRVIEW CENTER	512 FAIRVIEW AVE	ROCKFORD	IL	61108	71	1
FLINN MIDDLE SCHOOL	2525 OHIO PARKWAY	ROCKFORD	IL	61108	89	1
FROBERG ELEMENTARY	4555 20TH ST	ROCKFORD	IL	61109	59	1
GREGORY ELEMENTARY	4820 CAROL COURT	ROCKFORD	IL	61108	56	1
GUILFORD HIGH SCHOOL	5620 SPRING CREEK RD	ROCKFORD	IL	61114	185	1
HASKELL ACADEMY	515 MAPLE ST	ROCKFORD	IL	61103	43	1
HILLMAN ELEMENTARY	3701 GREENDALE DR	ROCKFORD	IL	61109	68	1
JEFFERSON HIGH SCHOOL	4145 SAMUELSON RD	ROCKFORD	IL	61109	192	1
JOHNSON ELEMENTARY (Maude E.)	3805 RURAL ST	ROCKFORD	IL	61107	51	1
KENNEDY MIDDLE SCHOOL/WILSON	520 PIERPONT	ROCKFORD	IL	61103	88	1
LATHROP ELEMENTARY	2603 CLOVER AVE	ROCKFORD	IL	61102	44	1
LEWIS LEMON ACADEMY	1993 MULBERRY ST	ROCKFORD	IL	61101	62	1
LINCOLN MIDDLE SCHOOL	1500 CHARLES ST	ROCKFORD	IL	61104	87	1
MARSH SCHOOL (Montessori)	2021 HAWTHORN DR	ROCKFORD	IL	61107	70	1
THURGOOD MARSHALL SCHOOL (5-8)	4664 NORTH ROCKTON AVE	ROCKFORD	IL	61103	50	1
MCINTOSH ELEMENTARY	525 N PIERPONT AVE	ROCKFORD	IL	61101	53	1
THURGOOD MARSHALL ELEMENTARY	4704 N ROCKTON AVE	ROCKFORD	IL	61103	40	1
NASHOLD ELEMENTARY	3303 20TH STREET	ROCKFORD	IL	61109	66	1
OPERATIONS/DISTRIBUTION/BLDG SVCS	5052 28th AVENUE	ROCKFORD	IL	61104	80	1
RESA	1800 OGILBY RD	ROCKFORD	IL	61102	122	1
RIVERDAHL ELEMENTARY	3520 KISHWAUKEE	ROCKFORD	IL	61109	72	1
ROLLING GREEN	3615 WESTGATE PKWY	ROCKFORD	IL	61108	85	1
ROOSEVELT EDUCATION CENTER	978 HASKELL AVE	ROCKFORD	IL	61103	80	1
SPRING CREEK ELEMENTARY	5222 SPRING CREEK RD	ROCKFORD	IL	61114	60	1
STERLING HOLLEY CENTER/TRANSPORTA	2000 CHRISTINA ST	ROCKFORD	IL	61104	258	2
SUMMERDALE ELEMENTARY	3320 GLENWOOD	ROCKFORD	IL	61101	63	1
WASHINGTON ELEMENTARY	1421 WEST ST	ROCKFORD	IL	61102	63	1
WELSH ELEMENTARY	2100 HUFFMAN BL	ROCKFORD	IL	61103	59	1
WEST MIDDLE SCHOOL	1900 N ROCKTON AVE	ROCKFORD	IL	61103	101	1
WEST VIEW ELEMENTARY	1720 HALSTED RD	ROCKFORD	IL	61103	58	1
WHITEHEAD ELEMENTARY	2325 OHIO PKWY	ROCKFORD	IL	61108	85	1
	44				4072	

Question #2

Volume Data and Participation Rates for Wellness Program



AGGREGATE GROUP REPORT



Rockford Public Schools • 02/17/2022

EHS AGGREGATE GROUP REPORT

DAVID HALL
NATIONAL PROGRAM DIRECTOR
EMPOWER HEALTH SERVICES

Client: Rockford Public Schools
Genders: Male, Female
Relationships: Employee, Spouse/Same Sex Domestic Partner, Other Dependent, Retiree, Other, Contract, Clergy

Assessment Period: 05/01/2021 - 02/17/2022
Run Date: 02-17-2022

Participant Count	Males	Females	Total
Employees	448	1657	2105
Spouses	1	0	1
Other Dependents	0	0	0
Other	0	0	0
Contract	0	0	0
Clergy	0	0	0
Totals	449	1657	2106
# with HRA	441	1620	2061
# with Screenings	423	1572	1995
# with Both HRAs & Screenings	415	1535	1950

Aggregate Report

Rockford Public Schools



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Aggregate Report

Rockford Public Schools



Executive Summary

Background

A comprehensive early detection and risk assessment screening was conducted on behalf of Rockford Public Schools for its population as follows:

Group Name Rockford Public Schools
Screening Period 05/01/2021...02/17/2022
Total Population 1995 Screenings; 2061 HRAs
Average Age 45

Performance

This population is 67.6% successful at managing all of the controllable risk factors assessed in this screening. This group can improve its success rate by 32.4%, representing mainly those individuals identified to be At-Risk or Borderline At-Risk for one or more of the identified risk factors in the statistical overviews.

Cost Impact

The current risks identified below represent an inflation-adjusted projected minimum primary cost impact of \$13,357,324 per year in excess healthcare costs. See last page of statistical overview for details.

Risk Factor		Total Costs
A. Accident-Injury-Liability Risks		
1	DUI and/or ride with a DUI driver	\$2,600,000
2	Insufficient seat belt usage	\$1,734,110
Sub-Total		\$4,334,110
B. Other Health & Safety Risks		
3	Poor perceived health	\$3,717,090
4	Body Mass Index (BMI)	\$1,033,620
5	Glucose	\$683,100
6	Feel tense or anxious	\$675,885
7	Blood Pressure: Systolic	\$476,580
8	Not satisfied with personal and/or professional aspects of life	\$426,055
9	Blood Pressure: Diastolic	\$392,730
10	Average minutes of exercise	\$384,087
11	Cholesterol	\$359,948
12	Insufficient aerobic exercise	\$278,319
13	Feel depressed, down, or blue	\$276,794
14	Feel stress or pressures are out of control	\$215,250
15	Hemoglobin A1C	\$45,240
16	Use tobacco products	\$31,290
17	Infrequent flu vaccination	\$23,776
18	Body Fat	\$3,450
Sub-Total		\$9,023,214
Total		\$13,357,324

Executive Summary

Opportunities

These Cost Impact dollars represent the minimum that could be saved EACH YEAR, if the proper investments were made in strategies to effectively reduce the identified risks. These projected Cost Impacts are considered conservative based on:

- The latest health and productivity management research and cost-impact models.
- Currently known health impacts and corresponding health care costs.
- The exclusion of out-of-pocket expenses and related cost-shifting.
- The exclusion of many likely but currently unquantified impacts on disability, workers compensation, lost work time and other productivity measures.

Risk & Intervention Strategies

Risks are complex and inter-related. One risk factor may apply to one or more risk indexes, diseases and/or conditions.

The same holds true for recommendations to improve risks. A single strategy may contribute to the reduction of two or more risks. Cross-cutting interventions can improve numerous risks and associated problems.

Strategies

Beginning with the stratification summaries, recommendations are made for improving the management of these risk factors. Two categories of strategies are provided.

- Cross-Cutting Strategies that can impact nearly all individuals, identified risks, and over 2,000 disease areas.
- Risk-specific strategies to improve the top four risks.

Investing a portion of the total possible savings into the appropriate strategies could achieve return-on-investment ratios of 4:1 to 15:1 or greater. Obtaining the highest returns depends highly on the risk areas involved and the quality of the strategy including best practices used (e.g., materials, services, resources, methods and processes) and the synergies yielded by strategy integration.

The balance of the report provides further details regarding results and recommendations.

Cross-cutting AND risk-specific improvement strategies work together synergistically. Strategy integration, sequence and other keys to success are provided.

Planning, implementation support and other recommendations are available upon request for all risk factors.

Other Data Opportunities

The data in this report only represents selected risks and readiness assessed to date via the HRA which may also have been part of a Wellness Screening.

Other data can be helpful for strengthening the planning, effectiveness and evaluation of employee and family support systems, such as group-specific:

- Information & support desired
- Preferred support delivery methods
- Audits of developmental assets associated with health & productivity measures
- Root cause studies (e.g., life balance, stress)

Thank you for the opportunity to serve Rockford Public Schools and its population towards the achievement of better health and success throughout life.

Aggregate Report

Rockford Public Schools



Other Report And Study Support

Representative

Your HRA representative can discuss with you the availability of additional reports and studies based on the data collected via the HRA questionnaire and related biometric screenings. Some examples of the additional reports which you can request include:

1. Reports by demographic sub-groupings such as:
 - A. Gender (male, female)
 - B. Age ranges
2. Additional Index summaries such as:
 - A. Behavioral
 - Nutrition
 - Fitness
 - Early Detection
 - Health Care Utilization
 - Tobacco
 - Other
 - B. Disease-specific
 - Heart Disease
 - Various Cancers
 - Stroke
 - Other
3. Other studies:
 - A. Time1–Time2 Studies
 - B. Lost work time profiles and predictors
 - C. Cost impact studies (other formulas)
 - D. Adjusted reports (e.g. costs, assumptions)
 - E. Other health-productivity studies
 - F. Intervention impact-outcome evaluation

Contact your HRA Advisor for information about:

1. Risks, associated problems and impacts
2. Reports
3. Risk improvement recommendations
4. Intervention design and support
5. Best practices and resources
6. Supplemental reports and studies

Report Advisor	Contact Information
Dave Hall Empower Health Services 4255 Westbrook Drive #223 Aurora, IL 60504	Cell: 630.299.9349 Office: 866.367.6974

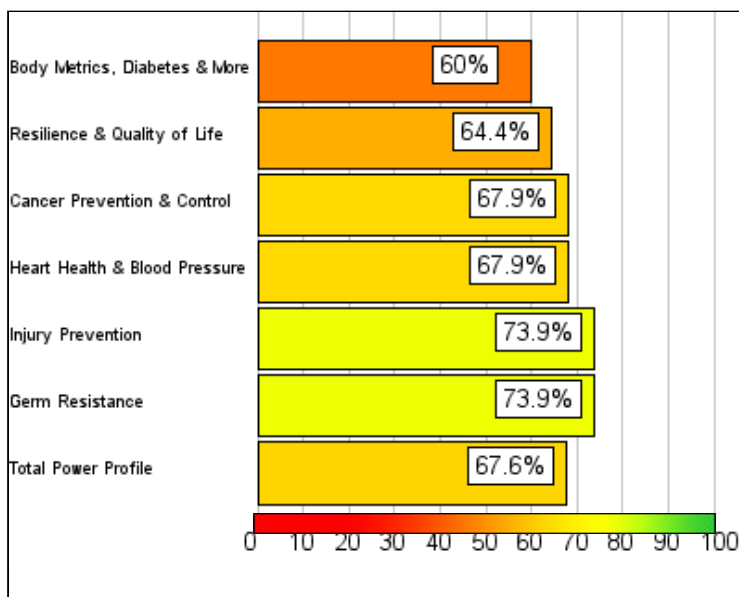
Statistical Overview

Health Power Summary

Rockford Public Schools Scores Overall

As a group, Rockford Public Schools's overall Total Power Profile score is currently calculated at 67.6%
These bar charts represent the big picture of how successful the total group is at managing risks associated with each success area (index) listed. If an academic scale was used, scores would translate to the following grades:

- A =90-100%
- B =80-89%
- C =70-79%
- D =60-69%



Generally speaking, individuals are more motivated by these success profile areas than conventional academic classifications of risks.

Organizationally, these success profile indexes represent various themes or groupings of risks that can be used, in part, for motivational, intervention planning and/or evaluation purposes.

Research on risk and claims data shows the following trends:

1. As scores increase, health problems and costs decrease.
2. As scores decrease, health problems and costs increase.

The following summaries are for those "At-Risk," "Borderline" and in "Recommended" ranges for each risk factor. Each set of risks is grouped by the areas indicated. This data and greater level of detail can be used, in part, for intervention planning, implementation and evaluation purposes. Though included in the survey for design purposes, some factors are not necessarily risk-factors, for example:

1. Amount of alcohol and associated activities are risk factors (versus use or non-use of alcohol);
2. Doctors are normally seen when people are sick, in pain, injured and/or managing a chronic condition.

Aggregate Report

Rockford Public Schools



Statistical Overview

At-Risk Summary

At-Risk Summary		Total Population								2106	
		At Risk		Borderline		OK		No Risk*			
Health Measures	#	%	#	%	#	%	#	%	Page		
Biometrics											
Body Mass Index (BMI) (Self-Reported)	851	40.4%	651	30.9%	557	26.4%	2	0.1%	29		
Clinical BMI	819	38.9%	642	30.5%	529	25.1%	116	5.5%	29		
Body Fat	3	0.1%	2	0.1%	2	0.1%	N/A	0%	31		
Blood Pressure: Systolic	228	10.8%	994	47.2%	726	34.5%	N/A	0%	33		
Blood Pressure: Diastolic	183	8.7%	824	39.1%	941	44.7%	N/A	0%	35		
Cholesterol	244	11.6%	597	28.3%	1106	52.5%	N/A	0%	37		
HDL	3	0.1%	490	23.3%	1454	69%	N/A	0%	39		
LDL	635	30.2%	713	33.9%	594	28.2%	3	0.1%	41		
Total/HDL ratio	5	0.2%	166	7.9%	1776	84.3%	N/A	0%	43		
Glucose	131	6.2%	463	22%	1351	64.2%	2	0.1%	45		
Triglyceride	162	7.7%	206	9.8%	1577	74.9%	2	0.1%	47		
* No risk assessed or assigned, examples being: hip measure has no risk (by itself) but is needed for waist/hip ratio; some questions are branching questions (drink alcohol?) with no risk (by itself) but can lead to skipping or adding questions that assess risk (e.g., amounts); results not provided/obtained; and readiness to change questions.											
Nutrition											
Insufficient servings of fruits most days	532	25.3%	805	38.2%	724	34.4%	N/A	0%	49		
Insufficient servings of vegetables most days	1084	51.5%	474	22.5%	503	23.9%	N/A	0%	50		
Insufficient servings of fiber-rich foods most days	1145	54.4%	683	32.4%	233	11.1%	N/A	0%	51		
Excess servings of high-fat foods most days	19	0.9%	74	3.5%	1968	93.4%	N/A	0%	52		
Insufficient servings of calcium-rich foods most days	582	27.6%	1017	48.3%	462	21.9%	N/A	0%	53		
Does not consume a healthy breakfast each day	584	27.7%	N/A	0%	1477	70.1%	N/A	0%	54		
Excess servings of sugar-rich foods most days	51	2.4%	122	5.8%	1888	89.6%	N/A	0%	55		
Insufficient water consumption each day	456	21.7%	512	24.3%	1093	51.9%	N/A	0%	56		
Readiness to eat healthier	0	0%	N/A	0%	0	0%	2061	97.9%	57		
Insufficient healthy oils each week	1017	48.3%	654	31.1%	390	18.5%	N/A	0%	58		
Insufficient vitamin D each week	156	7.4%	154	7.3%	1751	83.1%	N/A	0%	59		
Insufficient vitamin C each week	562	26.7%	382	18.1%	1117	53%	N/A	0%	60		

Aggregate Report

Rockford Public Schools



Statistical Overview

At-Risk Summary

At-Risk Summary		Total Population 2106								
		At Risk		Borderline		OK		No Risk*		Page
Risk Factors	#	%	#	%	#	%	#	%		
Fitness & Exercise										
Insufficient aerobic exercise	214	10.2%	607	28.8%	1240	58.9%	N/A	0%	61	
Insufficient strength building exercise	882	41.9%	N/A	0%	1179	56%	N/A	0%	62	
Readiness to exercise	0	0%	N/A	0%	0	0%	2061	97.9%	63	
Readiness to reach ideal weight	0	0%	N/A	0%	0	0%	2061	97.9%	64	
Average minutes of exercise	650	30.9%	483	22.9%	928	44.1%	N/A	0%	65	
Alcohol										
Drinks Alcohol	0	0%	N/A	0%	884	42%	1177	55.9%	66	
Excessive average alcohol consumption per day	24	1.1%	116	5.5%	1037	49.2%	N/A	0%	67	
Excess alcohol consumption in any day	160	7.6%	393	18.7%	624	29.6%	N/A	0%	68	
Excessive alcohol in a given week	19	0.9%	22	1%	1136	53.9%	N/A	0%	69	
Readiness to drink less alcohol	0	0%	N/A	0%	0	0%	1177	55.9%	70	
Safety										
DUI and/or ride with a DUI driver	52	2.5%	N/A	0%	2009	95.4%	N/A	0%	71	
Insufficient seat belt usage	49	2.3%	N/A	0%	2012	95.5%	N/A	0%	72	
Exceeding the posted speed limit	302	14.3%	388	18.4%	1371	65.1%	N/A	0%	73	
Insufficient safe lifting techniques for back health	95	4.5%	311	14.8%	1655	78.6%	N/A	0%	74	
Not getting at least 20 minutes of sun exposure each day	643	30.5%	159	7.5%	1259	59.8%	N/A	0%	75	
Avoid excess sun (UV radiation) using shade, clothing, hats, sunblock and other actions.	268	12.7%	N/A	0%	1793	85.1%	N/A	0%	76	
Hygiene and Immunization										
Insufficient hand washing	86	4.1%	N/A	0%	1975	93.8%	N/A	0%	77	
Infrequent tetanus vaccination	346	16.4%	N/A	0%	1715	81.4%	N/A	0%	78	
Infrequent flu vaccination	743	35.3%	N/A	0%	1318	62.6%	N/A	0%	79	
Readiness to improve resistance to germs	0	0%	N/A	0%	0	0%	2061	97.9%	80	
Floss your teeth daily to prevent infections affecting your gums, teeth, heart & social life	124	5.9%	591	28.1%	1346	63.9%	N/A	0%	81	
Pneumonia vaccine	N/A	0%	N/A	0%	467	22.2%	1639	77.8%	82	
Shingles vaccine	N/A	0%	N/A	0%	368	17.5%	1738	82.5%	82	
Hepatitis B vaccine (series of 3-4 doses over 4 months)	N/A	0%	N/A	0%	862	40.9%	1244	59.1%	82	
Hepatitis A vaccine	N/A	0%	N/A	0%	602	28.6%	1504	71.4%	82	
Chickenpox vaccine - or I had chickenpox as a child	N/A	0%	N/A	0%	1572	74.6%	534	25.4%	82	

Aggregate Report

Rockford Public Schools



Statistical Overview

At-Risk Summary

At-Risk Summary		Total Population 2106							
Risk Factors	At Risk		Borderline		OK		No Risk*		Page
	#	%	#	%	#	%	#	%	
Health Care									
Not performing the recommended self-exams	459	21.8%	455	21.6%	1147	54.5%	N/A	0%	83
No physical exam within the last 5 years	37	1.8%	N/A	0%	2024	96.1%	N/A	0%	84
Have no primary care physician	126	6%	N/A	0%	1935	91.9%	N/A	0%	85
Not sharing screening results with their doctor	147	7%	N/A	0%	1914	90.9%	N/A	0%	86
Conditions--have	831	39.5%	N/A	0%	0	0%	1230	58.4%	87
Tobacco									
Use tobacco products	70	3.3%	N/A	0%	1991	94.5%	N/A	0%	88
Use smokeless tobacco	8	0.4%	N/A	0%	62	2.9%	N/A	0%	89
Smoke cigars or pipe tobacco	12	0.6%	N/A	0%	58	2.8%	N/A	0%	90
Smoking cigarettes	59	2.8%	N/A	0%	11	0.5%	N/A	0%	91
Readiness to change use of tobacco	0	0%	N/A	0%	0	0%	70	3.3%	92
Stress & Resilience									
Insufficient network of family and friends	0	0%	N/A	0%	2061	97.9%	N/A	0%	93
Do not seek information/assistance with difficult decisions	444	21.1%	434	20.6%	1183	56.2%	N/A	0%	94
Do not make time for daily prayer, meditation, or relaxation	620	29.4%	445	21.1%	996	47.3%	N/A	0%	95
Do not have at least one best friend at work	241	11.4%	N/A	0%	1815	86.2%	5	0.2%	96
Insufficient hours of sleep each night	552	26.2%	479	22.7%	1030	48.9%	N/A	0%	97
Volunteers less than 100 hours per year	640	30.4%	498	23.6%	923	43.8%	N/A	0%	98
Have to volunteer (vs want to)	0	0%	N/A	0%	0	0%	2061	97.9%	99

Aggregate Report

Rockford Public Schools



Statistical Overview

At-Risk Summary

At-Risk Summary		Total Population 2106							
		At Risk		Borderline		OK		No Risk*	
Risk Factors	#	%	#	%	#	%	#	%	Page
Perceptions									
Feel depressed, down, or blue	119	5.7%	N/A	0%	1942	92.2%	N/A	0%	100
Feel tense or anxious	471	22.4%	N/A	0%	1590	75.5%	N/A	0%	101
Feel stress or pressures are out of control	150	7.1%	N/A	0%	1911	90.7%	N/A	0%	102
Readiness to handle stress better	0	0%	N/A	0%	0	0%	2061	97.9%	103
Suffered serious personal loss in the past year	156	7.4%	402	19.1%	1503	71.4%	N/A	0%	104
Not satisfied with personal and/or professional aspects of life	245	11.6%	N/A	0%	1816	86.2%	N/A	0%	105
Poor perceived health	254	12.1%	799	37.9%	984	46.7%	24	1.1%	106
Stress had a significant effect on health in the last year	297	14.1%	959	45.5%	805	38.2%	N/A	0%	107
During the past month, health problems affected productivity at work	40	1.9%	507	24.1%	1499	71.2%	15	0.7%	108
Days of work missed because of sickness, injury, or needed healthcare	308	14.6%	419	19.9%	1330	63.2%	4	0.2%	109
Job satisfaction	245	11.6%	N/A	0%	1815	86.2%	1	0%	110

Aggregate Report

Rockford Public Schools



Statistical Overview

At-Risk Summary

At-Risk Summary			Total Population 2106			
Current Conditions & Healthcare Received	Currently Have		Receiving Care		Not Receiving Care	
	#	%	#	%	#	%
Allergies	461	21.9%	167	36.2%	294	63.8%
Asthma	153	7.3%	114	74.5%	39	25.5%
Back pain	228	10.8%	102	44.7%	126	55.3%
Cancer	13	0.6%	11	84.6%	2	15.4%
Chronic bronchitis &/or COPD/emphysema	7	0.3%	5	71.4%	2	28.6%
Chronic pain	81	3.8%	47	58%	34	42%
Depression	192	9.1%	171	89.1%	21	10.9%
Diabetes	132	6.3%	125	94.7%	7	5.3%
Digestive Disorders - e.g., celiac disease, Crohn's disease, irritable bowel syndrome (IBS), intolerances (lactose, gluten).	142	6.7%	72	50.7%	70	49.3%
Heart condition	34	1.6%	28	82.4%	6	17.6%
Heartburn or acid reflux	187	8.9%	113	60.4%	74	39.6%
High blood pressure	409	19.4%	383	93.6%	26	6.4%
High cholesterol	327	15.5%	190	58.1%	137	41.9%
Liver Disease	12	0.6%	8	66.7%	4	33.3%
Menopause	174	8.3%	38	21.8%	136	78.2%
Migraine headaches	203	9.6%	108	53.2%	95	46.8%
Osteoporosis	21	1%	12	57.1%	9	42.9%
Pregnancy	26	1.2%	21	80.8%	5	19.2%
Sleep disorder	96	4.6%	79	82.3%	17	17.7%
Stroke	5	0.2%	2	40%	3	60%
Thyroid disease (or removed)	188	8.9%	168	89.4%	20	10.6%

Aggregate Report

Rockford Public Schools

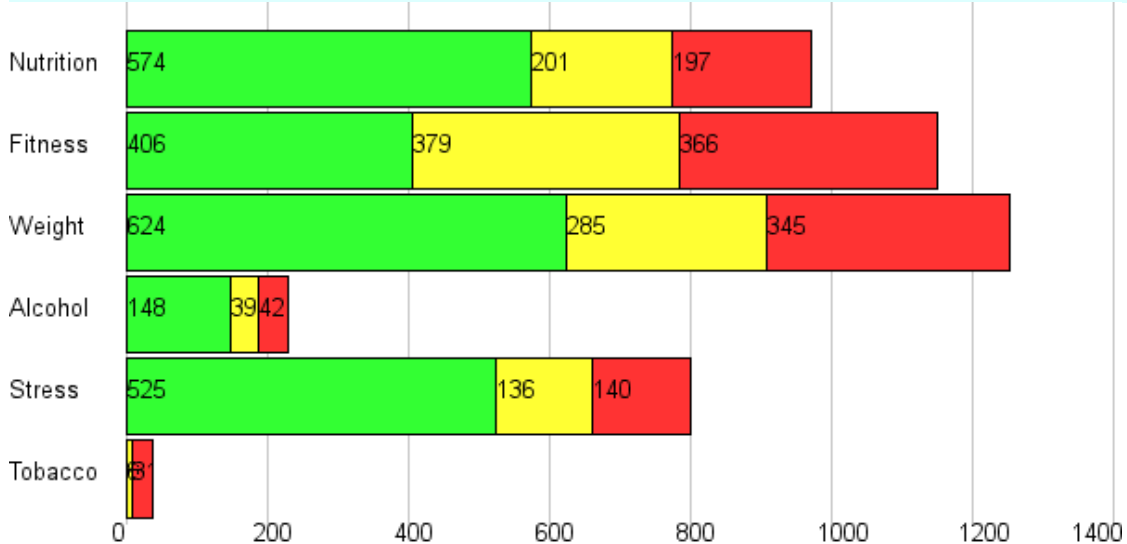


Statistical Overview

Readiness To Change Summary

Total population: 2106

Category	Number Recently Changed	Number Will Change in One Month	Number Will Change in Six Months	Total Number Likely Ready For Support
Nutrition	574	201	197	972
Fitness	406	379	366	1151
Weight	624	285	345	1254
Alcohol	148	39	42	229
Stress	525	136	140	801
Tobacco	0	8	31	39



This table represents the number of people who are either ready to change and/or most likely to need support because of recent changes made. Due to survey space limitations, readiness was only assessed for selected risk factors.

Readiness data can be used, in part, to determine more accurate forecasts of interest, participation rates and/or utilization of corresponding improvement strategies. Readiness does not necessarily indicate what support people actually want.

Specific questions in future surveys can help to determine other areas of readiness, areas of desired support and preferred support delivery methods.

Statistical Overview

Projected Cost Impact Summary

The at-risk population represents a **minimum** of \$13,357,324 in total excess costs based on ongoing research regarding controllable risks and related health, productivity, liability, and other cost impacts.

These cost-impact projections can be used, in part, to help determine initial risk management priorities based on estimates of liabilities and excess costs that can be mitigated (totally avoided or reduced in severity) through effective interventions. These estimates are summarized in two groups:

A. Excess costs for accident-injury-liability risks include average health care and (if available) wage-risk premium expenses per person assuming one person was involved in the incident. Personal, benefit plan and/or employer liabilities can increase with fatalities if additional individuals were injured or killed, litigation is involved, if employer vehicle was used and other factors. The costs do not include the related costs of absenteeism, replacement costs, disability, worker compensation, out-of-pocket expenses or other related health and productivity costs.

B. Excess costs for other health and safety risks only include plan-paid health costs. They do not include the related costs of absenteeism, replacement costs, disability, worker compensation, out-of-pocket expenses or other related health and productivity costs.

The following table includes a list of all risk factors currently associated with excess costs at the time of this report. Other risk factors in the assessment are either root causes associated with the risks below or associated with other measures of health, quality of life and/or productivity.

Risk Factor		Number At-Risk	Excess Cost/Risk	Total Costs
A. Accident-Injury-Liability Risks *				
1	DUI and/or ride with a DUI driver	52	\$50,000	\$2,600,000
2	Insufficient seat belt usage	49	\$35,390	\$1,734,110
Sub-Total				\$4,334,110
B. Other Health & Safety Risks **				
3	Poor perceived health	1053	\$3,530	\$3,717,090
4	Body Mass Index (BMI)	1498	\$690	\$1,033,620
5	Glucose	594	\$1,150	\$683,100
6	Feel tense or anxious	471	\$1,435	\$675,885
7	Blood Pressure: Systolic	1222	\$390	\$476,580
8	Not satisfied with personal and/or professional aspects of life	245	\$1,739	\$426,055
9	Blood Pressure: Diastolic	1007	\$390	\$392,730
10	Average minutes of exercise	1133	\$339	\$384,087
11	Cholesterol	841	\$428	\$359,948
12	Insufficient aerobic exercise	821	\$339	\$278,319
13	Feel depressed, down, or blue	119	\$2,326	\$276,794
14	Feel stress or pressures are out of control	150	\$1,435	\$215,250
15	Hemoglobin A1C	116	\$390	\$45,240
16	Use tobacco products	70	\$447	\$31,290
17	Infrequent flu vaccination	743	\$32	\$23,776
18	Body Fat	5	\$690	\$3,450
Sub-Total				\$9,023,214
Total				\$13,357,324

* Accident-Injury-Liability costs/person are only incurred if an accident occurs and the risk factor applies. Depending on the circumstances and chain of liability, the costs can increase and extend to the individual/family, health plan, employer and/or other parties. Currently, for a national average of excess health costs per passenger per DUI accident (to allow for cost variances by state), this report applies 50% of the \$100,000 cited by the State of Illinois (where DUI costs are among the states with higher costs).

** These are the average and total amortized excess costs incurred (by the health benefit plan) each year attributable to the presence of each risk factor for each applicable person in the population covered in the benefit plan. Note that the total case-specific excess costs/person can be much higher when incurred, for example, a coronary bypass surgery can range \$45,000-\$75,000/person VERSUS the total applicable average amortized excess costs/person of excess body fat/BMI, cholesterol levels, high blood pressure, stress, smoking cigarettes, and insufficient exercise. The same is true regarding case-specific health costs of strokes, renal dialysis, amputations (due to unmanaged diabetes) and other preventable problems, related health care.

Aggregate Report

Rockford Public Schools



Lab Results

Lab Results

1995 = # of participants

Bold = results in Red / At-Risk range		Number of People at Risk per Category							Total Taken	% All Borderline & At-Risk (of those with test)	% OK / In-Range (of those with test)
		Red = At-Risk					All Borderline & At-Risk				
		Yellow = Borderline									
	Test/Rating	Very Low	Low	Ok / In-Range	High	Very High		% of All Screened			
CBC - Complete Blood Count	MCH	44	80	1818	49	1	174	8.73%	1992	8.7%	91.3%
	RDW		58	1872	38	24	120	6.02%	1992	6%	94%
	RBC	7	19	1900	64	2	92	4.62%	1992	4.6%	95.4%
	MCHC		8	171			8	4.47%	179	4.5%	95.5%
	MCV	15	41	1909	26	1	83	4.17%	1992	4.2%	95.8%
	WBC	5	27	1916	43	1	76	3.82%	1992	3.8%	96.2%
	Hemoglobin	35	16	1920	20	1	72	3.61%	1992	3.6%	96.4%
	Hematocrit	1	34	1921	35	1	71	3.56%	1992	3.6%	96.4%
	Platelet Count	11	10	1930	20	21	62	3.11%	1992	3.1%	96.9%
MPV			172	5		5	2.82%	177	2.8%	97.2%	
Lipids / Fats in Blood	LDL Cholesterol			611	1164	215	1379	69.3%	1990	69.3%	30.7%
	Non HDL Cholesterol			917	582	493	1075	53.97%	1992	54%	46%
	Cholesterol	1	3	1133	618	237	859	43.12%	1992	43.1%	56.9%
	HDL Cholesterol	3	501	1488			504	25.3%	1992	25.3%	74.7%
	Triglycerides			1615	215	162	377	18.93%	1992	18.9%	81.1%
	Total/HDL Ratio			1700	287	5	292	14.66%	1992	14.7%	85.3%
Blood Sugars	Hemoglobin A1C			182	99	43	142	43.83%	324	43.8%	56.2%
	Glucose	3	10	1379	478	122	613	30.77%	1992	30.8%	69.2%
Other Core Screenings	Phosphorus	5	186	1683	107	11	309	15.51%	1992	15.5%	84.5%
	ALT (GPT)			1776	158	58	216	10.84%	1992	10.8%	89.2%
	BUN/Creatinine Ratio	37		1660	22	95	154	8.49%	1814	8.5%	91.5%
	LD (LDH)		15	1834	126	17	158	7.93%	1992	7.9%	92.1%
	Alkaline Phosphatase	1	66	1855	59	11	137	6.88%	1992	6.9%	93.1%
	Uric Acid	12	41	1859	80		133	6.68%	1992	6.7%	93.3%
	Creatinine		22	1860	35	75	132	6.63%	1992	6.6%	93.4%
	Total Bilirubin			1863	16	113	129	6.48%	1992	6.5%	93.5%
	Total Iron	21	5	1884	32	50	108	5.42%	1992	5.4%	94.6%
	Albumin	1	38	1893	60		99	4.97%	1992	5%	95%
	GGT			1893	15	84	99	4.97%	1992	5%	95%
	Chloride		8	1905	79		87	4.37%	1992	4.4%	95.6%
	Magnesium	5	6	1923	58		69	3.46%	1992	3.5%	96.5%
	AST (SGOT)			1928	18	46	64	3.21%	1992	3.2%	96.8%
	eGFR	49	6	1933		4	59	2.96%	1992	3%	97%
	Calcium		23	1941	28		51	2.56%	1992	2.6%	97.4%
	Potassium	2	2	1949	35	4	43	2.16%	1992	2.2%	97.8%
	T4	8	15	1952	14	3	40	2.01%	1992	2%	98%
	BUN	2	3	1952	33	2	40	2.01%	1992	2%	98%
	Sodium		10	1952	30		40	2.01%	1992	2%	98%
	eGFR if African American	1	15	1972		4	20	1%	1992	1%	99%
	Total Protein		13	1979			13	0.65%	1992	0.7%	99.3%
	Globulin			177		1	1	0.56%	178	0.6%	99.4%
	CO2			177		1	1	0.56%	178	0.6%	99.4%
	Bilirubin Direct			1807	4	3	7	0.39%	1814	0.4%	99.6%
	ALB/GLO			178			0	0%	178	0%	100%
Biometrics	Height			0		1815	1815	100%	1815	100%	0%
	Weight			0		1813	1813	99.89%	1815	99.9%	0%
	BMI	2	15	529	627	817	1461	73.42%	1990	73.4%	26.6%
	Systolic			741	1055	194	1249	62.76%	1990	62.8%	37.2%
	Diastolic			958	895	137	1032	51.86%	1990	51.9%	48.1%

Aggregate Report

Rockford Public Schools



Lab Results

Lab Results (cont'd)

1995 = # of participants

Bold = results in Red / At-Risk range		Number of People at Risk per Category										
		Red = At-Risk										
		Yellow = Borderline										
	Test/Rating	Very Low	Low	Ok / In-Range	High	Very High	All Borderline & At-Risk	% of All Screened	Total Taken	% All Borderline & At-Risk (of those with test)	% OK / In-Range (of those with test)	
Extra Tests - If Applicable	Vitamin D	6	181	236	3		190	44.6%	426	44.6%	55.4%	
	C-Reactive Protein, Quant			159	12	109	121	43.21%	280	43.2%	56.8%	
	IgE D pteronyssinus			218	46	32	78	26.35%	296	26.4%	73.6%	
	IgE Ragweed, Short			219	38	39	77	26.01%	296	26%	74%	
	IgE D farinae			222	39	35	74	25%	296	25%	75%	
	Testosterone	14	3	65	1	3	21	24.42%	86	24.4%	75.6%	
	IgE Dog Dander			233	45	18	63	21.28%	296	21.3%	78.7%	
	IgE Cat Dander			238	31	27	58	19.59%	296	19.6%	80.4%	
	IgE Bluegrass, Kentucky			247	34	15	49	16.55%	296	16.6%	83.4%	
	IgE Alternaria alternata			248	21	27	48	16.22%	296	16.2%	83.8%	
	Antinuclear Antibodies			242		38	38	13.57%	280	13.6%	86.4%	
	IgE Oak, White			257	26	13	39	13.18%	296	13.2%	86.8%	
	TSH	1	15	365	28	4	48	11.62%	413	11.6%	88.4%	
	IgE Elm, American			264	29	3	32	10.81%	296	10.8%	89.2%	
	IgE Bermuda Grass			266	29	1	30	10.14%	296	10.1%	89.9%	
	Vitamin B12		2	340	6	25	33	8.85%	373	8.8%	91.2%	
	IgE Plantain, English			273	22	1	23	7.77%	296	7.8%	92.2%	
	RA Factor (Latex Turbid)			260	3	17	20	7.14%	280	7.1%	92.9%	
	FSH		4	312	4	6	14	4.29%	326	4.3%	95.7%	
	LH	2	2	314	2	6	12	3.68%	326	3.7%	96.3%	
	PSA			75		2	2	2.6%	77	2.6%	97.4%	
	T4 (free)	1	3	381	5	1	10	2.56%	391	2.6%	97.4%	
	Vitamin B Folic Acid		4	364	3	2	9	2.41%	373	2.4%	97.6%	
	IgE Mouse Urine			289	4	3	7	2.36%	296	2.4%	97.6%	
	Cotinine			1			0	0%	1	0%	100%	
	Totals		295	1510		7760	7114	16679				

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Rockford Public Schools



Stratification Summaries

A. How many people had scores in certain bandwidths for: Total. And, how does this affect the support needed and related benefits?

	% HPA score	# people with scores in	% of the total group	Cumulative % of the total group		Cumulative # Ascending	Support needed & related benefits		
				Descending (top to bottom)	Ascending (bottom to top)		Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
	>95%	0	0%	0%	100%	2106	Low	Low	.
	>90-95%	12	0.6%	0.6%	100%	2106			
	>85-90%	69	3.3%	3.8%	99.4%	2094	Moderate	Moderate	Very High
	>80-85%	181	8.6%	12.4%	96.2%	2025			
	>75-80%	271	12.9%	25.3%	87.6%	1844	High	High	High
	>70-75%	345	16.4%	41.7%	74.7%	1573			
	>65-70%	381	18.1%	59.8%	58.3%	1228	Very High	Very High	Moderate
	>60-65%	333	15.8%	75.6%	40.2%	847			
	>55-60%	229	10.9%	86.5%	24.4%	514			
	>50-55%	139	6.6%	93.1%	13.5%	285			
	>45-50%	65	3.1%	96.2%	6.9%	146			
	>40-45%	32	1.5%	97.7%	3.8%	81			
	>0-40%	4	0.2%	97.9%	2.3%	49			

2106 = Total participants

B. How many people had what number of top cost-related risks? And, how does this affect the support needed and related benefits?

# of risks	# of people with multiple risks	% of the total group	Cumulative % of the total group		Cumulative # of people with multiple risks	Support needed & related benefits		
			Descending (top to bottom)	Ascending (bottom to top)		Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
0	36	1.7%	1.7%	97.9%	2061	Low	Low	.
1	111	5.3%	7%	96.2%	2025			
2	183	8.7%	15.7%	90.9%	1914	Moderate	Moderate	Very High
3	230	10.9%	26.6%	82.2%	1731			
4	337	16%	42.6%	71.3%	1501	High	High	High
5	351	16.7%	59.3%	55.3%	1164			
6	291	13.8%	73.1%	38.6%	813	Very High	Very High	Moderate
7	214	10.2%	83.2%	24.8%	522			
8	164	7.8%	91%	14.6%	308			
9	92	4.4%	95.4%	6.8%	144			
10	37	1.8%	97.2%	2.5%	52			
11	12	0.6%	97.7%	0.7%	15			
12	2	0.1%	97.8%	0.1%	3			
13	1	0%	97.9%	0%	1			

Totals 2061 97.9% = Sub-group of those with top cost-related risks (does not account for other risks).
2106 = Total of all participants considering all risks

Aggregate Report

Rockford Public Schools



Stratification Summaries - Detail

C. How many people had scores in certain bandwidths for: Body Metrics, Diabetes & More.

	% HPA score	# people with scores in	% of the total group	Cumulative % of the total group		Cumulative # Ascending	Support needed & related benefits		
				Descending (top to bottom)	Ascending (bottom to top)		Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
>95		22	1%	1%	100%	2106	Low	Low	.
>90-95		57	2.7%	3.8%	99%	2084			
>85-90		100	4.7%	8.5%	96.2%	2027			
>80-85		105	5%	13.5%	91.5%	1927			
>75-80		159	7.5%	21%	86.5%	1822	Moderate	Moderate	Very High
>70-75		161	7.6%	28.7%	79%	1663			
>65-70		217	10.3%	39%	71.3%	1502	High	High	High
>60-65		231	11%	50%	61%	1285			
>55-60		199	9.4%	59.4%	50%	1054	Very High	Very High	Moderate
>50-55		170	8.1%	67.5%	40.6%	855			
>45-50		180	8.5%	76%	32.5%	685			
>40-45		156	7.4%	83.4%	24%	505			
>0-40		304	14.4%	97.9%	16.6%	349			
2106			= Total participants						

D. How many people had scores in certain bandwidths for: Germ Resistance.

	% HPA score	# people with scores in	% of the total group	Cumulative % of the total group		Cumulative # Ascending	Support needed & related benefits		
				Descending (top to bottom)	Ascending (bottom to top)		Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
>95		55	2.6%	2.6%	100%	2106	Low	Low	.
>90-95		189	9%	11.6%	97.4%	2051			
>85-90		276	13.1%	24.7%	88.4%	1862			
>80-85		270	12.8%	37.5%	75.3%	1586			
>75-80		309	14.7%	52.2%	62.5%	1316	Moderate	Moderate	Very High
>70-75		259	12.3%	64.5%	47.8%	1007			
>65-70		199	9.4%	73.9%	35.5%	748	High	High	High
>60-65		161	7.6%	81.6%	26.1%	549			
>55-60		135	6.4%	88%	18.4%	388	Very High	Very High	Moderate
>50-55		113	5.4%	93.4%	12%	253			
>45-50		48	2.3%	95.6%	6.6%	140			
>40-45		30	1.4%	97.1%	4.4%	92			
>0-40		17	0.8%	97.9%	2.9%	62			
2106			= Total participants						

Aggregate Report

Rockford Public Schools



Stratification Summaries - Detail

E. How many people had scores in certain bandwidths for: Cancer Prevention & Control.

	% HPA score	# people with scores in	% of the total group	Cumulative % of the total group		Cumulative # Ascending	Support needed & related benefits		
				Descending (top to bottom)	Ascending (bottom to top)		Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
>95		11	0.5%	0.5%	100%	2106	Low	Low	.
>90-95		53	2.5%	3%	99.5%	2095			
>85-90		131	6.2%	9.3%	97%	2042			
>80-85		232	11%	20.3%	90.7%	1911			
>75-80		241	11.4%	31.7%	79.7%	1679	Moderate	Moderate	Very High
>70-75		320	15.2%	46.9%	68.3%	1438			
>65-70		298	14.2%	61.1%	53.1%	1118	High	High	High
>60-65		266	12.6%	73.7%	38.9%	820			
>55-60		180	8.5%	82.2%	26.3%	554	Very High	Very High	Moderate
>50-55		130	6.2%	88.4%	17.8%	374			
>45-50		97	4.6%	93%	11.6%	244			
>40-45		60	2.8%	95.9%	7%	147			
>0-40		42	2%	97.9%	4.1%	87			
2106 = Total participants									

F. How many people had scores in certain bandwidths for: Resilience & Quality of Life.

	% HPA score	# people with scores in	% of the total group	Cumulative % of the total group		Cumulative # Ascending	Support needed & related benefits		
				Descending (top to bottom)	Ascending (bottom to top)		Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
>95		0	0%	0%	100%	2106	Low	Low	.
>90-95		16	0.8%	0.8%	100%	2106			
>85-90		75	3.6%	4.3%	99.2%	2090			
>80-85		172	8.2%	12.5%	95.7%	2015			
>75-80		197	9.4%	21.8%	87.5%	1843	Moderate	Moderate	Very High
>70-75		225	10.7%	32.5%	78.2%	1646			
>65-70		314	14.9%	47.4%	67.5%	1421	High	High	High
>60-65		300	14.2%	61.7%	52.6%	1107			
>55-60		314	14.9%	76.6%	38.3%	807	Very High	Very High	Moderate
>50-55		195	9.3%	85.8%	23.4%	493			
>45-50		127	6%	91.9%	14.2%	298			
>40-45		89	4.2%	96.1%	8.1%	171			
>0-40		37	1.8%	97.9%	3.9%	82			
2106 = Total participants									

Aggregate Report

Rockford Public Schools



Stratification Summaries - Detail

G. How many people had scores in certain bandwidths for: Injury Prevention.

	% HPA score	# people with scores in	% of the total group	Cumulative % of the total group		Cumulative # Ascending	Support needed & related benefits		
				Descending (top to bottom)	Ascending (bottom to top)		Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
>95		21	1%	1%	100%	2106	Low	Low	.
>90-95		94	4.5%	5.5%	99%	2085			
>85-90		257	12.2%	17.7%	94.5%	1991			
>80-85		333	15.8%	33.5%	82.3%	1734			
>75-80		350	16.6%	50.1%	66.5%	1401	Moderate	Moderate	Very High
>70-75		328	15.6%	65.7%	49.9%	1051			
>65-70		259	12.3%	78%	34.3%	723	High	High	High
>60-65		176	8.4%	86.3%	22%	464			
>55-60		129	6.1%	92.5%	13.7%	288	Very High	Very High	Moderate
>50-55		63	3%	95.4%	7.5%	159			
>45-50		40	1.9%	97.3%	4.6%	96			
>40-45		6	0.3%	97.6%	2.7%	56			
>0-40		5	0.2%	97.9%	2.4%	50			
2106 = Total participants									

H. How many people had scores in certain bandwidths for: Heart Health & Blood Pressure.

	% HPA score	# people with scores in	% of the total group	Cumulative % of the total group		Cumulative # Ascending	Support needed & related benefits		
				Descending (top to bottom)	Ascending (bottom to top)		Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
>95		0	0%	0%	100%	2106	Low	Low	.
>90-95		2	0.1%	0.1%	100%	2106			
>85-90		63	3%	3.1%	99.9%	2104			
>80-85		169	8%	11.1%	96.9%	2041			
>75-80		299	14.2%	25.3%	88.9%	1872	Moderate	Moderate	Very High
>70-75		366	17.4%	42.7%	74.7%	1573			
>65-70		370	17.6%	60.3%	57.3%	1207	High	High	High
>60-65		348	16.5%	76.8%	39.7%	837			
>55-60		213	10.1%	86.9%	23.2%	489	Very High	Very High	Moderate
>50-55		129	6.1%	93%	13.1%	276			
>45-50		71	3.4%	96.4%	7%	147			
>40-45		22	1%	97.4%	3.6%	76			
>0-40		9	0.4%	97.9%	2.6%	54			
2106 = Total participants									

Aggregate Report

Rockford Public Schools



Stratification Summaries - Detail

I. How many people had scores in certain bandwidths for: Biometric Points.

# Points	# people with scores in	% of the total group	Cumulative % of the total group		Cumulative # Ascending	Support needed & related benefits		
			Descending (top to bottom)	Ascending (bottom to top)		Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
80	0	0%	0%	100%	2106	Low	Low	.
75-79	0	0%	0%	100%	2106			
70-74	0	0%	0%	100%	2106			
65-69	7	0.3%	0.3%	100%	2106			
60-64	17	0.8%	1.1%	99.7%	2099	Moderate	Moderate	Very High
55-59	80	3.8%	4.9%	98.9%	2082			
50-54	124	5.9%	10.8%	95.1%	2002	High	High	High
45-49	197	9.4%	20.2%	89.2%	1878			
40-44	204	9.7%	29.9%	79.8%	1681	Very High	Very High	Moderate
35-39	183	8.7%	38.6%	70.1%	1477			
30-34	118	5.6%	44.2%	61.4%	1294			
25-29	71	3.4%	47.5%	55.8%	1176			
20-24	38	1.8%	49.3%	52.5%	1105			
15-19	140	6.6%	56%	50.7%	1067			
10-14	206	9.8%	65.8%	44%	927			
5-9	265	12.6%	78.3%	34.2%	721			
0-5-4	0	0%	78.3%	21.7%	456			
0	456	21.7%	111.3%	21.7%	456			

2106 = Total participants

Aggregate Report

Rockford Public Schools



Stratification Summaries - Detail

**J. How many people had what number of top WS cost-related risks?
And, how does this affect the support needed and related benefits?**

			Cumulative % of the total group			Support needed & related benefits		
# of risks	# of people with multiple risks	% of the total group	Descending (top to bottom)	Ascending (bottom to top)	Cumulative # of people with multiple risks	Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
0	36	1.7%	1.7%	97.9%	2061	Low	Low	.
1	111	5.3%	7%	96.2%	2025			
2	183	8.7%	15.7%	90.9%	1914			
3	230	10.9%	26.6%	82.2%	1731			
4	337	16%	42.6%	71.3%	1501			
5	351	16.7%	59.3%	55.3%	1164	Moderate	Moderate	Very High
6	291	13.8%	73.1%	38.6%	813			
7	214	10.2%	83.2%	24.8%	522	High	High	High
8	164	7.8%	91%	14.6%	308			
9	92	4.4%	95.4%	6.8%	144	Very High	Very High	Moderate
10	37	1.8%	97.2%	2.5%	52			
11	12	0.6%	97.7%	0.7%	15			
12	2	0.1%	97.8%	0.1%	3			
13	1	0%	97.9%	0%	1			
Totals		2061 2106	97.9%	= Sub-group of those with top cost-related risks (does not account for other risks). = Total of all participants considering all risks				

K. How many people had BMIs in these bandwidths?

			Cumulative % of the total group			Support needed & related benefits			
	BMI	# people with scores in	% of the total group	Descending (top to bottom)	Ascending (bottom to top)	Cumulative # Ascending	Personal proactive follow-up	Targeted extra support	Support to prevent backsliding
	0	3	0.1%	0.1%	100%	2106	Low	Low	.
	18.5-24.9	566	26.9%	27%	99.9%	2103			
	25-25.9	156	7.4%	34.4%	73%	1537			
	26-26.9	108	5.1%	39.6%	65.6%	1381			
	27-27.9	122	5.8%	45.3%	60.4%	1273			
	28-28.9	120	5.7%	51%	54.7%	1151	Moderate	Moderate	Very High
	29-29.9	122	5.8%	56.8%	49%	1031			
	30-30.9	103	4.9%	61.7%	43.2%	909	High	High	High
	31-31.9	97	4.6%	66.3%	38.3%	806			
	32-32.9	89	4.2%	70.6%	33.7%	709	Very High	Very High	Moderate
	33-33.9	64	3%	73.6%	29.4%	620			
	34-34.9	73	3.5%	77.1%	26.4%	556			
	35-35.9	60	2.8%	79.9%	22.9%	483			
	36-36.9	58	2.8%	82.7%	20.1%	423			
	37-37.9	43	2%	84.7%	17.3%	365			
	38-38.9	47	2.2%	86.9%	15.3%	322			
	39-39.9	30	1.4%	88.4%	13.1%	275			
	40-40.9	38	1.8%	90.2%	11.6%	245			
	41-41.9	23	1.1%	91.3%	9.8%	207			
	42-42.9	20	0.9%	92.2%	8.7%	184			
	43-43.9	14	0.7%	92.9%	7.8%	164			
	44-44.9	13	0.6%	93.5%	7.1%	150			
	45-45.9	10	0.5%	94%	6.5%	137			
	46-46.9	9	0.4%	94.4%	6%	127			
	47-47.9	5	0.2%	94.6%	5.6%	118			
	48-48.9	8	0.4%	95%	5.4%	113			
	49-49.9	10	0.5%	95.5%	5%	105			
	>50	78	3.7%	99.2%	4.5%	95			
	<18.5	17	0.8%	100%	0.8%	17			
2106 = Total participants									

Recommendations - Overall

How to Prevent Backsliding AND Improve Results

Initial Recommendations to Optimize Success

Overview

This report (for the time period indicated) serves a variety of purposes, such as:

- ☑ A statistical summary of all the participating group's controllable risk-related measures.
- ☑ Identification of key risk and improvement opportunities.
- ☑ Review, discussion and next step actions regarding initial recommendations of effective, appropriate ways to improve results - e.g., reduce risks, keep risks from increasing, improve key strengths, health status, use and quality of health care, absenteeism, presenteeism, related costs and profitability.
- ☑ A "snapshot" for use to compare results from prior/future years and the evaluation impacts and outcomes of risk management initiatives, progress made by prior participants and effects of new participants.

Not all risks merit immediate personal or organizational action because:

1. Risks vary in how and when they affect costs and the types of costs affected. And, many risks have direct and/or indirect ripple effects on other risks and costs.
2. Some interventions are cross-cutting (far reaching) and can result in improvements across the majority of the population, many risks, costs and other results.
3. Other interventions are more narrowly focused (targeted) to improve a smaller bandwidth of results and/or help a subset (or cluster) of the population.
4. Interventions also vary in: quality; funding required; ease of implementation; and the speed, magnitude and duration of results and returns.
5. People and organizations can vary in what they are interested, ready to address, related interventions and how they want proceed. Most can only do so much in a given year, considering limitations of time and resources.

Recommendations in this report are based on the above considerations and the following questions:

- What top cross-cutting, mass-risk management strategies and interventions can help to improve most or all results and related costs this year and in subsequent years?
- What are the top four risks related to excess costs and what ELSE can be done to further mitigate each?

Building on these questions, this section includes only the top recommendations for two main classes of risk management strategies as defined below:

1. **Cross-Cutting Interventions - to help everyone address almost any risks and goals right away.**

These are provided to the entire population because they can have widespread impacts yielding immediate and lasting improvements in dozens to hundreds of risk, problem and opportunity areas as indicated on the next page. These cross-cutting interventions are also known as mass risk management interventions and/or core strategies. Some of these interventions can be done independent of any screenings, risk assessments or claim studies being done or available. Better results have been documented by implementing some of these components in a strategic sequence.

Table A (next page) summarizes top cross-cutting, core interventions that are most capable of:

- ☑ Addressing 6-100 or more of the risks, costs and other measures identified in the HPA and screening (if applicable);
- ☑ Addressing between 100 to over 5,000 diseases and/or condition areas;
- ☑ Being well received and used by the majority of the population - determined by ongoing studies with other employers, employees and health plans; and
- ☑ Being reasonably easy and cost-effective to implement.

2. **Risk-Specific Interventions - other key tactics to further address high priority risks and goals**

Other interventions can be developed around a specific risk factor or problem area. These interventions often include one or more cross-cutting interventions AND additional components specific to the targeted risk and individuals affected by it. See Table B for examples.

These recommendations, examples and basis (for each) are briefly summarized over the remaining pages in this section.

Additional data can help to fine-tune the intervention planning process, ultimate effectiveness and measures of success, such as group-specific: preferences regarding desired support and support delivery methods; root causes of distress and impaired performance; and intervention history.

Recommendations - Overall

Table A: Cross-Cutting Interventions - To Reach & Help ALL for Rapid Widespread Improvements

Top Cross-Cutting Interventions	# HPA Risks Covered	# Problems/ Conditions/ Topics Covered	% of Each Group Using (if offered) - across all clients	Evidence It Improves Results & Yields Returns	Comments - this column and highlighted in green.
1. Core Competency Training Initiatives and Resources	<input checked="" type="checkbox"/> 1a-c (below) are the highest priority skill/topic areas in the first 2-3 years. <input checked="" type="checkbox"/> Immediate and ongoing usage, results, returns are best with effective training methods (see next page) and communications (#4 below).				
A. Medical Self-Care	Over 60	Over 200	Over 60-80%	Very Strong	See next page for details.
B. Health Care Safety	Over 10	Over 5,000	60-75%	Strong	See next page for details.
C. Early Detection	Over 8	Over 5,000	50-85%	Strong	Improves self-exams & #5ab.
D. Other topics - e.g., germs, prevention...	Varies: 12-100+	Varies: 100+	Varies: 60% and up	Moderate to Strong	See next page for details.
2. Online Support	<input checked="" type="checkbox"/> Usage rates vary based on options elected and #s 4 and 6 (below).				
A. Medical/health decision content	60-100+	Over 5,000	60-75%	Strong	Includes URAC accredited content, decision tools
B. e-Learning	Over 20	Over 350	10-95%+	Varies x Topic	Over 600 assignable lessons.
C. Core skill centers	60-100+	Over 5,000	60-75%	Varies x Topic	Based on & reinforcing #1.
D. Goal, action & progress tracking	60-100+	No limit	10-95%+	Varies x Goal	To reduce risks, improve health and other changes.
E. Benefit/incentive compliance tracking	60-100+	No limit	60-100%	Very Strong	To administer and improve compliance with #6 (below).
3. Targeted Professional Support	<input checked="" type="checkbox"/> Usage, results and returns varies based on degree of reinforcement via #s 1, 2, 4, 5 and 6.				
A. EAP - e.g., work/family, stress, legal, financial and other risks and goals	Over 6	Over 100	3-20%	Moderate to Very Strong	Various visit and other support options.
B. Health Coaching - e.g., resilience, cholesterol, blood pressure, nutrition, fitness, body metrics, tobacco, safety, problem solving and other risks or goals	60-100+	12-200 or more (varies by model elected)	10-60% and up based on options elected and #6 (below).	Moderate to Very Strong (varies by model elected)	Various options: coaching models; meet with all or some participants during &/or after screening; proactive outreach to top 5%-60% at greatest risk; onsite and/or by phone; ad hoc coach line for anyone or specific health risks.
C. Disease/Condition/Care Counseling - e.g., asthma, diabetes & other chronic conditions; pregnancy; catastrophic; rare diseases	18+	12-2,000 or more (varies by model elected)	1-15% based on options elected and #6 (below).	Moderate to Very Strong (varies by model elected)	Fewer options: medical model; proactive outreach to top 1-5-15% at greatest risk; ad hoc nurse line for anyone or specific conditions.
4. Targeted Communications	<input checked="" type="checkbox"/> Best results if includes home mailings to reach employee, spouse and covered dependents. <input checked="" type="checkbox"/> Can help to improve use, compliance and results regarding #s 1, 2, 3, 5 and 6.				
A. - e.g., reinforcing newsletters, articles	60-100+	No limit	65-95%	Very Strong	20% or more of content should be group-specific.
5. Routine Health Assessments	<input checked="" type="checkbox"/> 1, 2, 3, 4 and 6 can improve participation, follow-up, results and returns of 5a and 5b.				
A. Core Screenings and HRAs each year	60-100+	Over 5,000	60-100%	Strong to Very Strong	Consider options for reaching covered spouse as well.
B. Risk-Based Preventive Exams every 1-5 years	Over 6	Over 200	Varies x age, gender & other factors	Moderate to Very Strong	All eligible according to benefit plan, but needs and use can vary widely. Ideally best done via main doctor.
6. Benefit Architecture and/or Incentive Programs	<input checked="" type="checkbox"/> Many proven options that can yield up to 100% compliance on key actions (e.g., use of #1, 2, 3 and 5) for optimum results and returns.				
A. Essential to increase the use of the above support resources (interventions) &/or reward progress toward goals.	60-100+	No limit	60-100%	Very Strong	Examples: employee/family contribution, coverage and other differentials; penalties; eligibility criteria; cash; other options.

Recommendations - Overall

Other Cross-Cutting Components

More information is available upon request for each of the remaining interventions (programs, strategies, resources) that can have major positive impacts and outcomes with many people across many risks each year.

When specific risks are identified that are high in real excess and/or potential liability costs, more focused efforts can be considered to add to and accelerate any cross-cutting interventions that may already be in place.

Table B lists main categories and examples of these other risk management interventions that may be appropriate to further mitigate one or more targeted risks and/or add to the success of one or more other goals and measures.

Table B. Other Risk-Specific Intervention Components

Common Categories of Interventions	Examples - See next pages for sample applications (of below) to top 4 risks. <i>Additional information, options and support available upon request.</i>
A. Surveys / Studies / Focus Groups	Used to determine/evaluate: added health, illness, injury, safety, absenteeism, productivity or other problem analysis, goals and priorities, ideas for solutions, sources of distress, desired types of support, ideas to improve, etc. Used to involve individuals in planning and improvement of support received.
B. Supplemental Targeted Training, Education & Behavior Modification Support Options	Programs and resources in: nutrition, weight management, improving your body metrics, stop smoking, stress management, back injury prevention, home safety, blood pressure control, cancer prevention & control, preventing heart disease, complimentary medicine, relationship building, parenting - via e-Learning, literature, libraries, programs at work or in the community, etc.
C. Maintenance, Support and Other Programs	Walking, yoga and other fitness programs; <i>Get Green</i> , commute to work, recycling, energy/waste reduction and other earth-friendly initiatives; 6 week programs and competitions; weight loss clubs/teams; outreach teams/programs (e.g., food pantries, homeless, disaster areas); support groups
D. Supplemental Communications & Web Support	Targeted mailings, calls, emails, web site messaging and tools for those with specific risks, conditions and/or interests - e.g., high blood pressure, smoking, overweight, pregnancy, diabetes, asthma, chronic pain, etc.
E. Facilities and Related Resources	Fitness equipment/facilities, exercise work stations, vending machines, cafeteria options and menus, onsite computer stations, health information centers (lending libraries), onsite primary care clinics
F. Benefit Architecture Design, Amendments, Differentials and/or Incentives (for those not possible via benefit design)	<input checked="" type="checkbox"/> Coverage provisions for qualified support options in targeted areas such as: weight loss, smoking cessation and related NRT criteria, nutrition therapy counseling, immunizations received in pharmacies and other locations (outside the doctor's office), diabetes management counseling, group disease/condition management programs (at the doctor's office), new evidence-based treatment options, etc. <input checked="" type="checkbox"/> Strategic targeted requirements and related benefit differentials (or rewards/penalties), for compliance/non-compliance re: pre-certification, disease/condition management, health coaching, other targeted actions <input checked="" type="checkbox"/> Achievement recognitions - individual, family, team, worksite, etc. <input checked="" type="checkbox"/> Earth-friendly commute to work benefit/reward initiatives
G. Onsite Health/Professional Services	Worksite-based immunizations (e.g., flu, tetanus, pneumonia), onsite fitness staff, health coaching staff, EAP counseling staff, occupational health nurse, services and/or primary care services, worksite chaplain, etc.
H. Policies - Culture, Health, Safety...	Review existing policies, gaps and improvement opportunities (based on leadership vision, existing or anticipated issues and/or new regulations - e.g., value of people (in organization), ethics, privacy, relationship standards, drug-free workplace, EAP referral, alcohol use (at company functions and/or on company time), driving safety (e.g., seat belts, cell phones, speed, DUI), food at company functions, return to work policies, etc.
I. Other Interventions	Changes in work processes, job/task design, work schedules, time off work, teams, flex time, equipment/tools, environment, ergonomics, quality controls, compensation, benefits, job sharing

Recommendations - Top Risk Factors

Risk Factor: Poor perceived health # at Risk: 1053 Cost Impact: \$3,717,090	Applicable Cross-Cutting Interventions			
	Self Care	Early Detection	Web Support	Other Support
	Yes	Yes	Yes	Yes

Associated Consequences

Perceived physical health is related to many factors including Assessments & Evaluation (but not limited to) personal:

- A) Lifestyle choices (e.g., sleep, rest, nutrition, exercise, weight)
- B) Aches, pains, fatigue, weakness and other symptoms;
- C) Existing illness, disease, injury and/or disability;
- D) Problem handling skills, resources and effectiveness;
- E) Resilience including self-concept, beliefs and attitudes regarding health, A, B, C and D. B and C can increase in frequency and severity with lower scores in A, D and E.

Links to Productivity

Associated disease, illness, condition and/or accident related:

- Absenteeism
- Presenteeism –Present but Impaired Work and/or Not Working
- Work Productivity, Quality
- Injury, Disability, Death
- Property, Product & Other Losses
- Quality of Life
- Medical Costs
- Worker Compensation Costs
- Disability Costs
- Loss Work–Time Costs
- Death Benefit Claim Costs
- Other Costs

Recommendations to Improve

- Provide appropriate early detection and risk assessment opportunities at work, online and other options
- Analyze health screening, risk assessment and claim data to target related risks and improvement efforts
- Survey employees to determine source of stressors, desired support & support delivery options Education, Information & Communication
- Provide core training programs on self-care, early detection, resilience building & stress management
- Provide access to online information & support that can assist individuals with problems, stressors and/or life success skills
- Provide EAP services
- Provide supplemental personal clinical support (e.g., nurse line, health line, health coach) to at-risk individuals to proactively improve management of targeted risks and diseases
- Provide management training that includes insights on health improvement, problem handling skills, resilience, stress & how to appropriately assist people in these areas including EAP and other support line referrals

See other recommendations regarding:

- Self-Care
- Care-Seeking
- Fitness, Nutrition and Weight
- Resilience Factors (multiple)

Recommendations - Top Risk Factors

Risk Factor: DUI and/or ride with a DUI driver # at Risk: 52 Cost Impact: \$2,600,000	Applicable Cross-Cutting Interventions			
	Self Care	Early Detection	Web Support	Other Support
	Yes	Yes	Yes	Yes

Associated Consequences

Increase risk and/or severity of:

- Accidents
- Injuries
- Disabilities
- Death(s)

Recommendations to Improve

Education, Information & Communication

- Emphasize importance of safe alcohol use via newsletter articles, training programs, posters, table tents ...
- Emphasize features & benefits of non-alcohol beverage options via newsletter articles, training programs, posters, table tents ...
- Emphasize aversive features of alcohol misuse/abuse via newsletter articles, training programs, posters, table tents ...

Links to Productivity

Associated disease, condition and/or accident related:

- Absenteeism
- Presenteeism –Present but Impaired Work and/or Not Working
- Work Productivity, Quality
- Injury, Disability, Death
- Property, Product & Other Losses
- Quality of Life
- Medical Costs
- Worker Compensation Costs
- Disability Costs
- Loss Work–Time Costs
- Death Benefit Claim Costs
- Other Costs

Other Strategies

- Include ample choices of non-alcoholic beverage options at company sponsored events (e.g. picnics, dinners, celebrations)
- Subsidize cost of non-alcoholic beverage options a company-sponsored events
- Include food at company-sponsored events where alcohol is being served
- Charge for alcoholic beverages if served at company sponsored events
- Establish and enforce a company alcohol policy addressing zero-tolerance at work, drinking & driving, conduct during work-related events, links to an over-arching drug policy and EAP-related services
- Provide a designated-driver and/or transportation program for individuals who have been drinking and should not drive
- Consider changes in benefit plan design that remove limits on out-of-pocket expenses (and other punitive measures) for injuries incurred due to accidents where personal use of alcohol was involved

Recommendations - Top Risk Factors

Risk Factor: Insufficient seat belt usage # at Risk: 49 Cost Impact: \$1,734,110	<i>Applicable Cross-Cutting Interventions</i>			
	Self Care	Early Detection	Web Support	Other Support
	Yes	Yes	Yes	Yes

Associated Consequences

Increase risk and/or severity of:

- Injuries
- Disabilities
- Death

Recommendations to Improve

Education, Information & Communication

- Emphasize importance of seat-belts via newsletter articles, training programs, posters, table tents ...
- Emphasize aversive features of not wearing seat-belts via newsletter articles, training programs, posters, table tents ...

Links to Productivity

Associated disease, condition and/or accident related:

- Absenteeism
- Presenteeism –Present but Impaired Work and/or Not Working
- Work Productivity, Quality
- Injury, Disability, Death
- Property, Product & Other Losses
- Quality of Life
- Medical Costs
- Worker Compensation Costs
- Disability Costs
- Loss Work–Time Costs
- Death Benefit Claim Costs
- Other Costs

Other Strategies

- Establish and enforce a company safe-driving policy addressing seat-belt use regarding personal, company and/or rental vehicles
- Provide a designated-driver and/or transportation program for individuals who have been drinking and should not drive
- Consider changes in benefit plan design that remove limits on out-of-pocket expenses (and other punitive measures) for injuries incurred due to accidents where seat-belts were not worn

Recommendations - Top Risk Factors

Risk Factor: Body Mass Index (BMI) # at Risk: 1498 Cost Impact: \$1,033,620	Applicable Cross-Cutting Interventions			
	Self Care	Early Detection	Web Support	Other Support
	No	No	No	Yes

Associated Consequences

Increase risk &/or severity of:

- High blood pressure
- Diabetes
- Heart disease – e.g. blockage of blood vessels
- Heart attacks
- Strokes
- Bone/Joint problems (e.g., knees, hips)
- Impaired quality of life
- Impaired self-image, self-esteem

Links to Productivity

Associated disease, condition &/or accident related:

- Absenteeism
- Presenteeism –Present but Impaired Work and/or Not Working
- Work Productivity, Quality
- Injury, Disability, Death
- Property, Product & Other Losses
- Quality of Life
- Medical Costs*
- Worker Compensation Costs
- Disability Costs
- Loss Work–Time Costs
- Death Benefit Claim Costs
- Other Costs

Recommendations to Improve

Education, Information & Communication

- Provide training programs & resources to individuals regarding weight (body fat) management &/or related benefits
- Emphasize importance of weight management & related strategies via newsletter articles, training programs, table tents, high-traffic areas ...
- Provide onsite, phone, internet support (e.g. risk counseling, health risk coaching) &/or mail-based resources to assist those with at-risk percent body fat levels

Enabling Strategies

- Develop an appropriate best practice disease management process for individuals with at-risk percent body fat/BMI levels (e.g. severe obesity)
- Consider benefit coverage of best practice weight-loss/management resources

Also, see recommendations regarding:

- Early Detection Screenings
- Fitness
- Nutrition
- Alcohol
- Stress & Resilience
- Social support – nutrition, fitness, blood pressure control, heart attack recovery ...

Putting It All Together

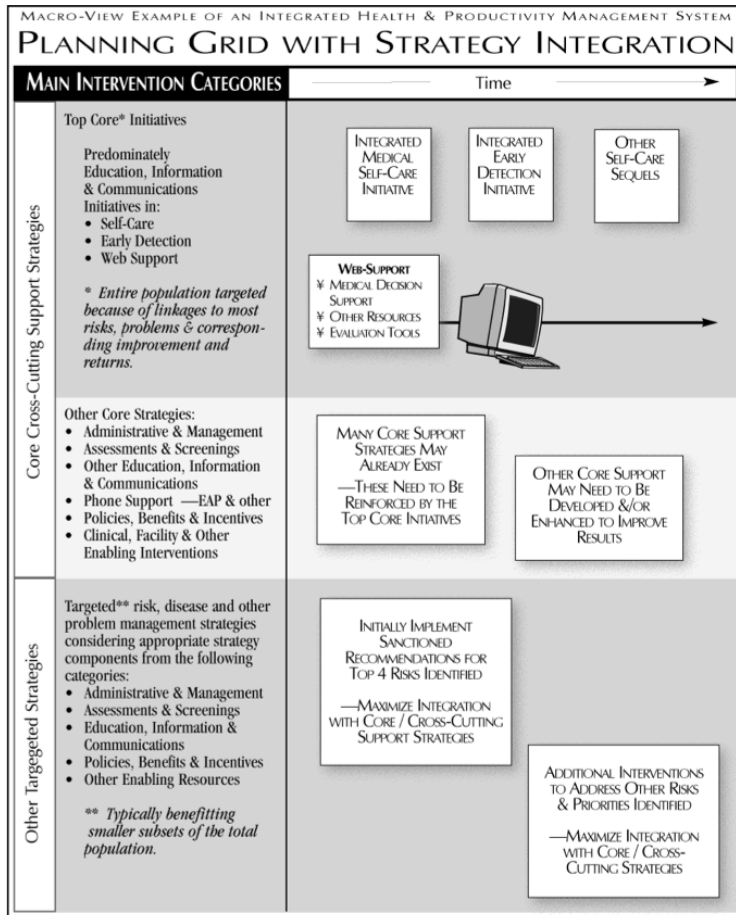
Aggregate Planning Grid Image and Text

The chart below is a visual example of how the recommendations from the previous pages fit together. It is a macro-view demonstrating a general map and sequence for planning and implementing strategies.

No doubt, each of the strategies involved has many components and this could be a much more complex planning grid.

Developing a more detailed grid specific to any group requires further input regarding organizational priorities, approved strategies and other considerations.

See your HPA representative for contact information regarding strategy planning.



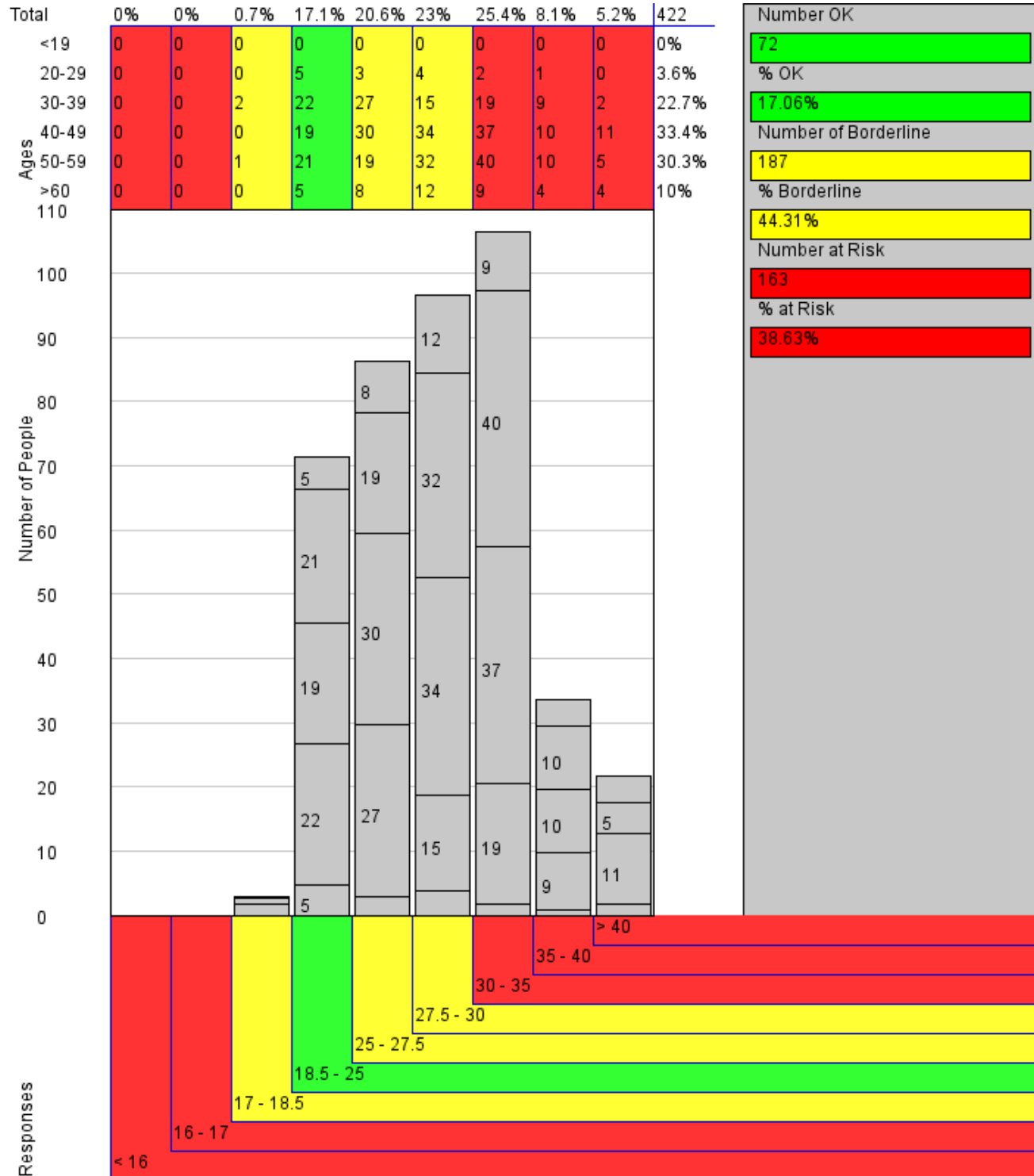
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Biometrics

Body Mass Index (BMI) - Males



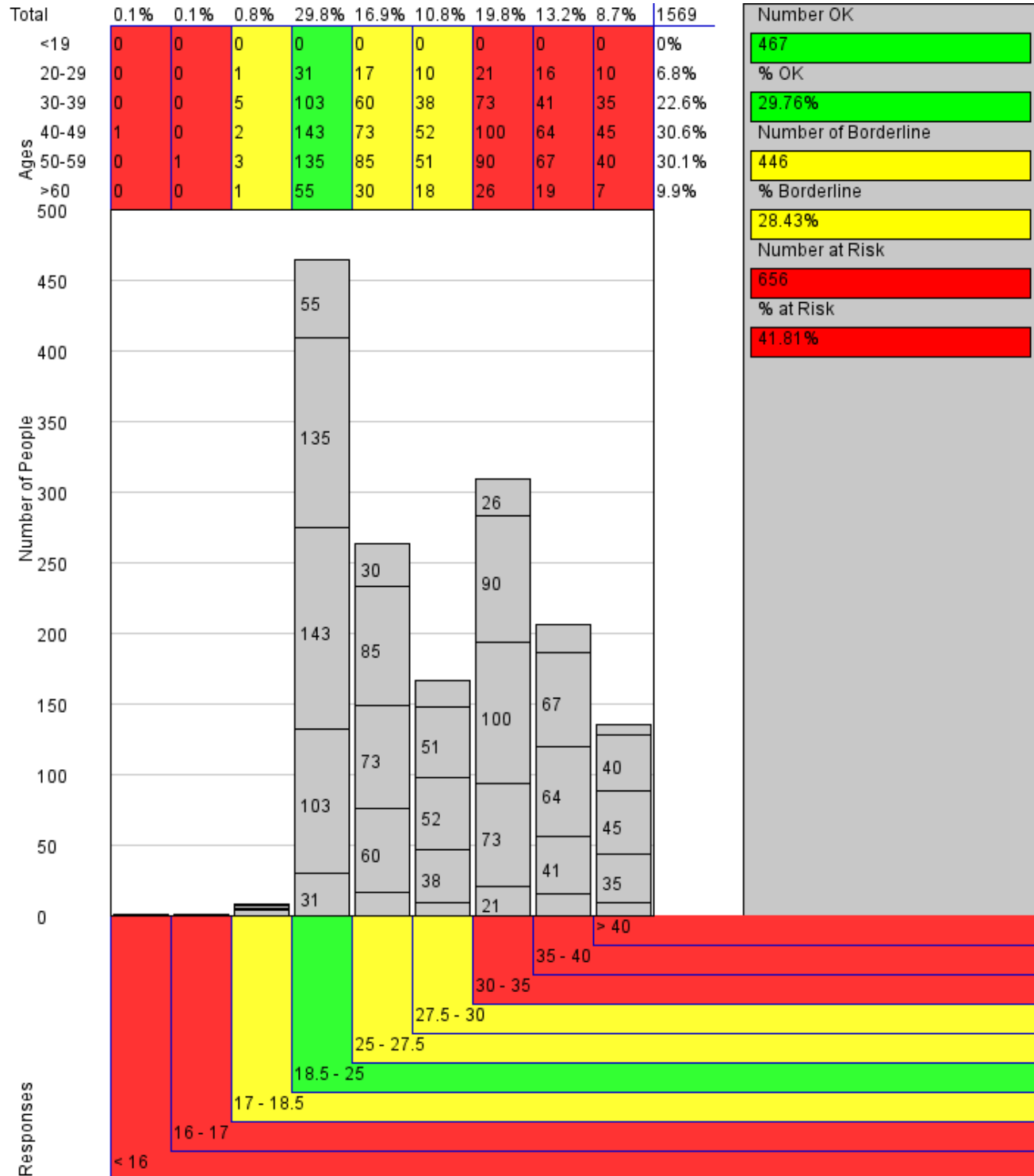
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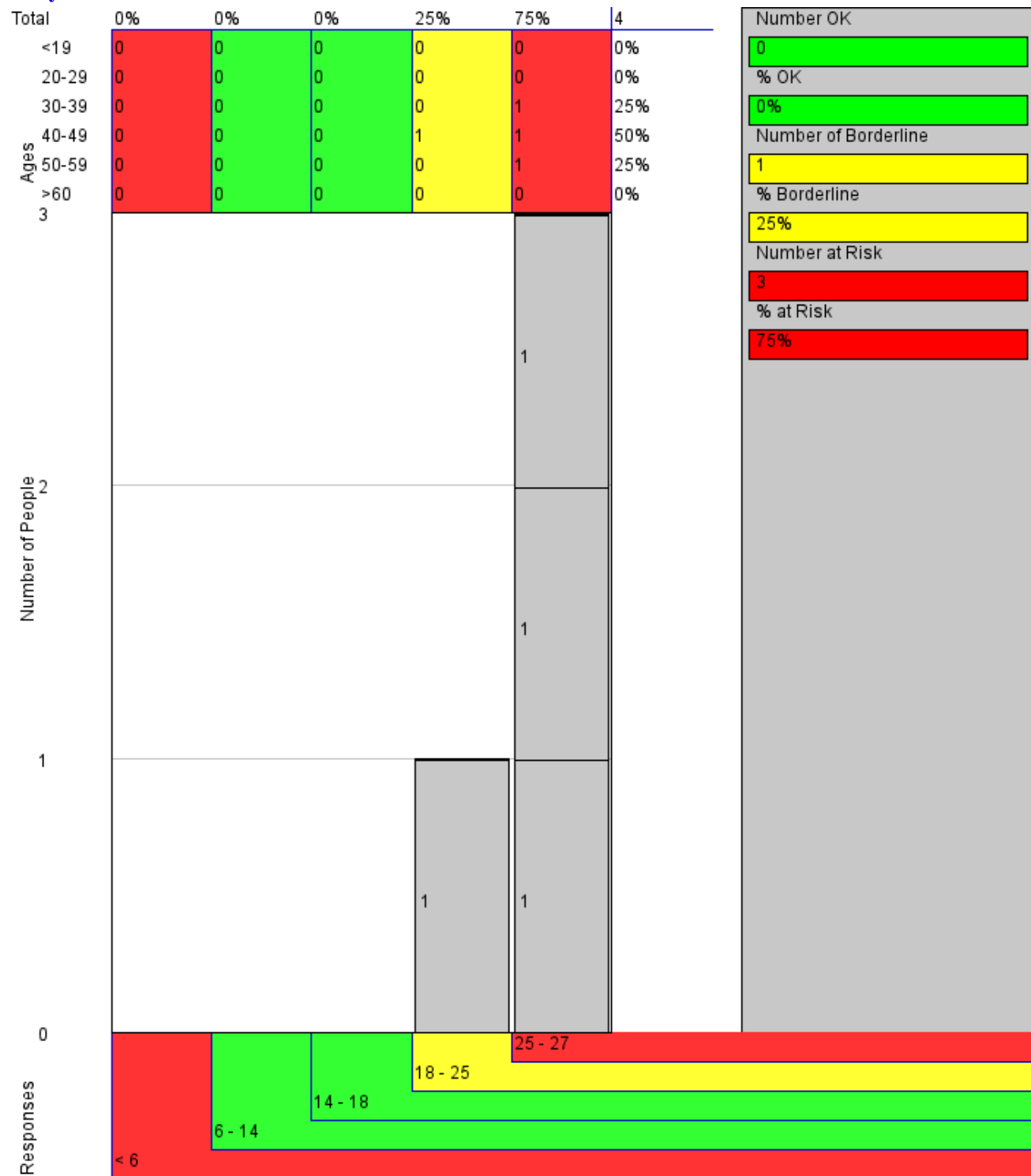
Biometrics

Body Mass Index (BMI) - Females



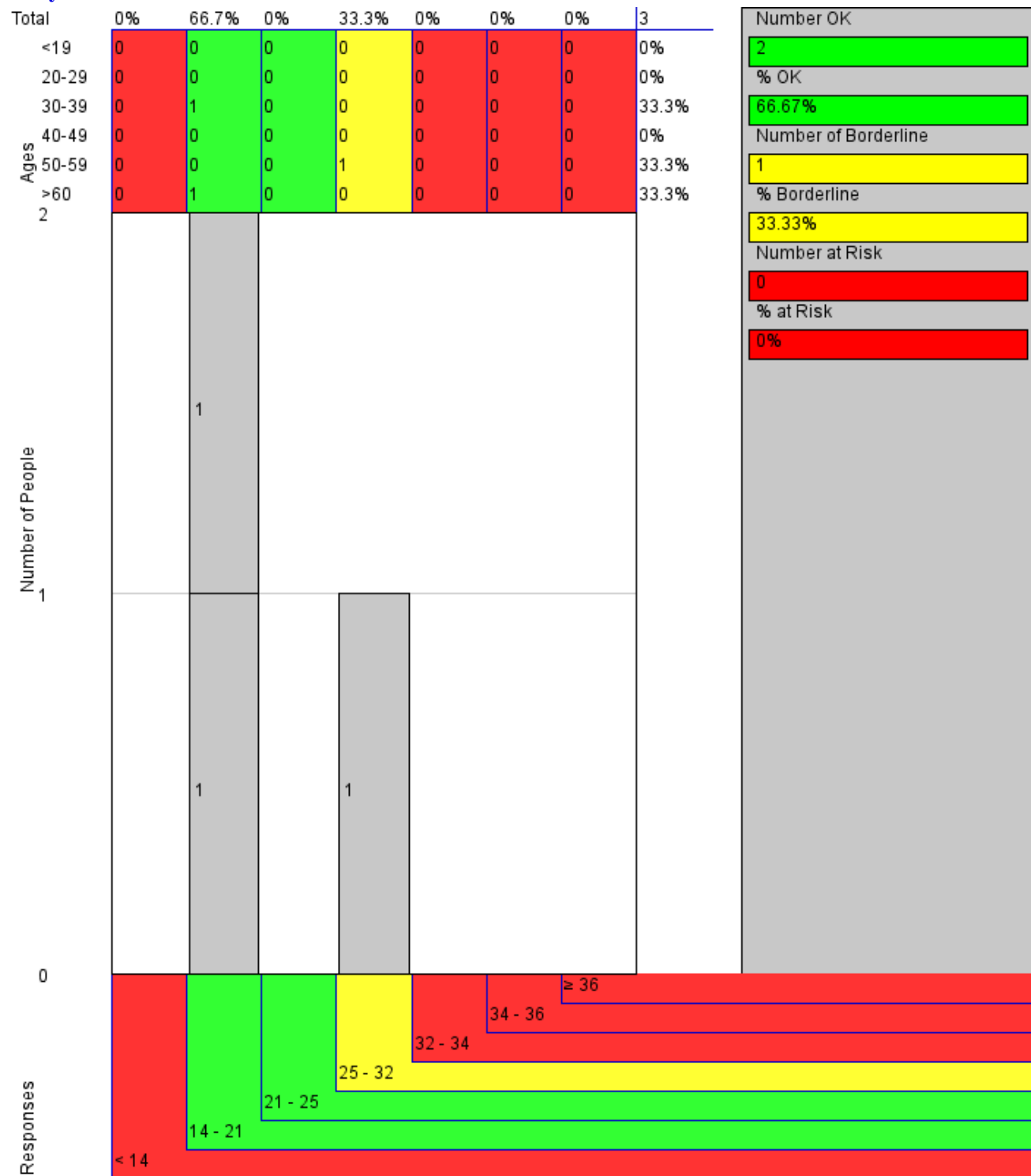
Biometrics

Body Fat - Males



Biometrics

Body Fat - Females



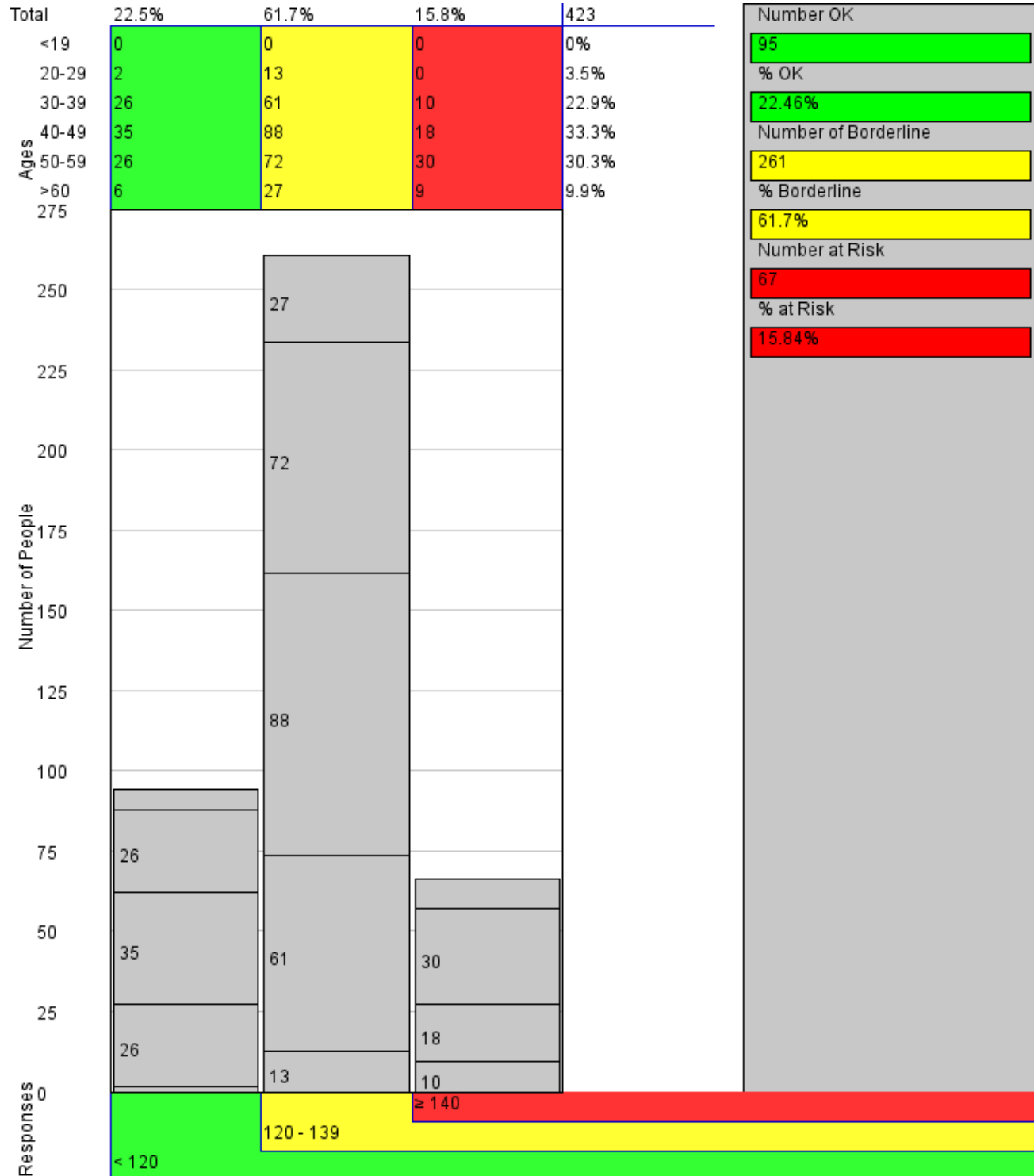
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Biometrics

Blood Pressure: Systolic - Males



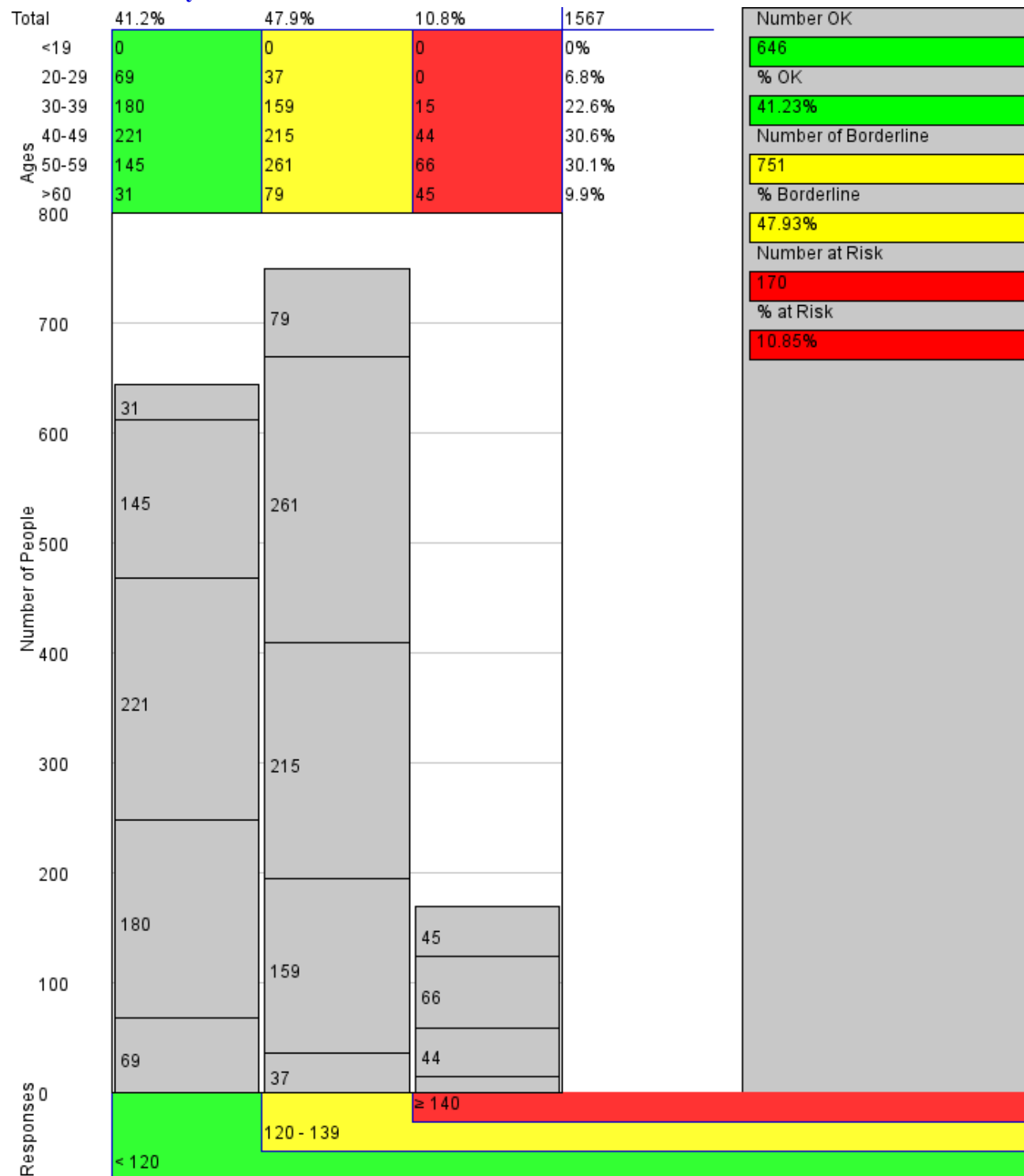
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Biometrics

Blood Pressure: Systolic - Females



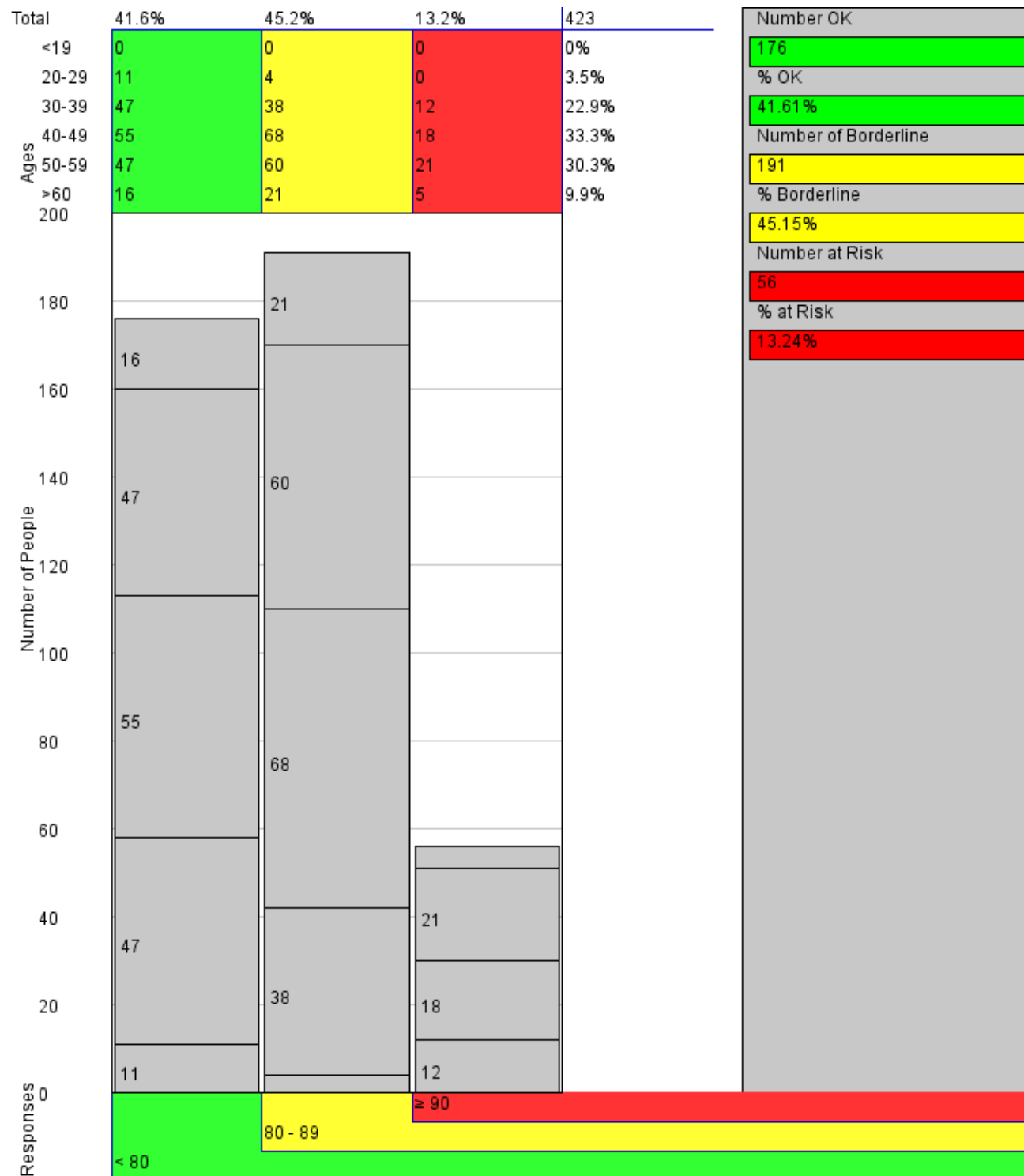
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Biometrics

Blood Pressure: Diastolic - Males



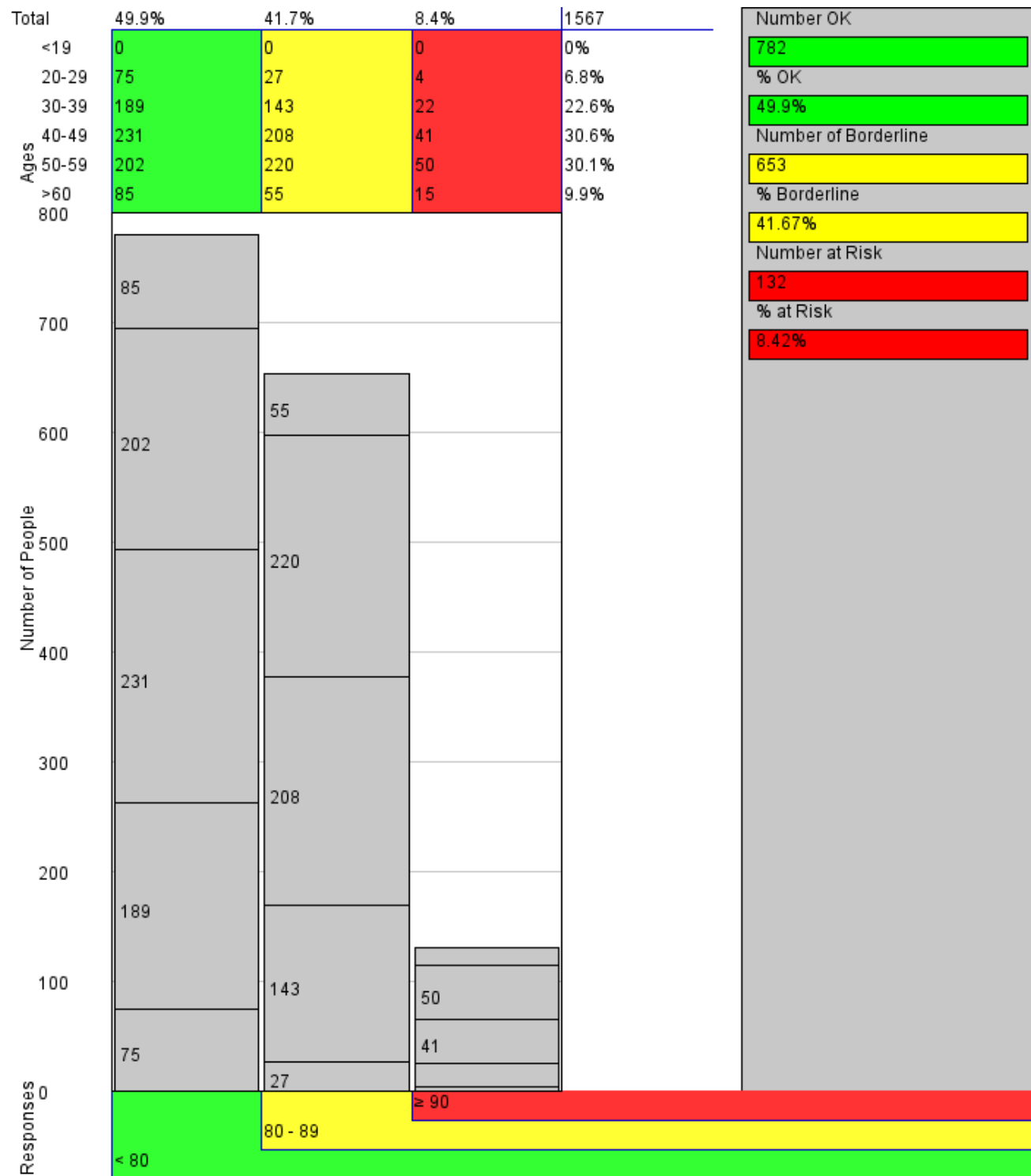
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Biometrics

Blood Pressure: Diastolic - Females



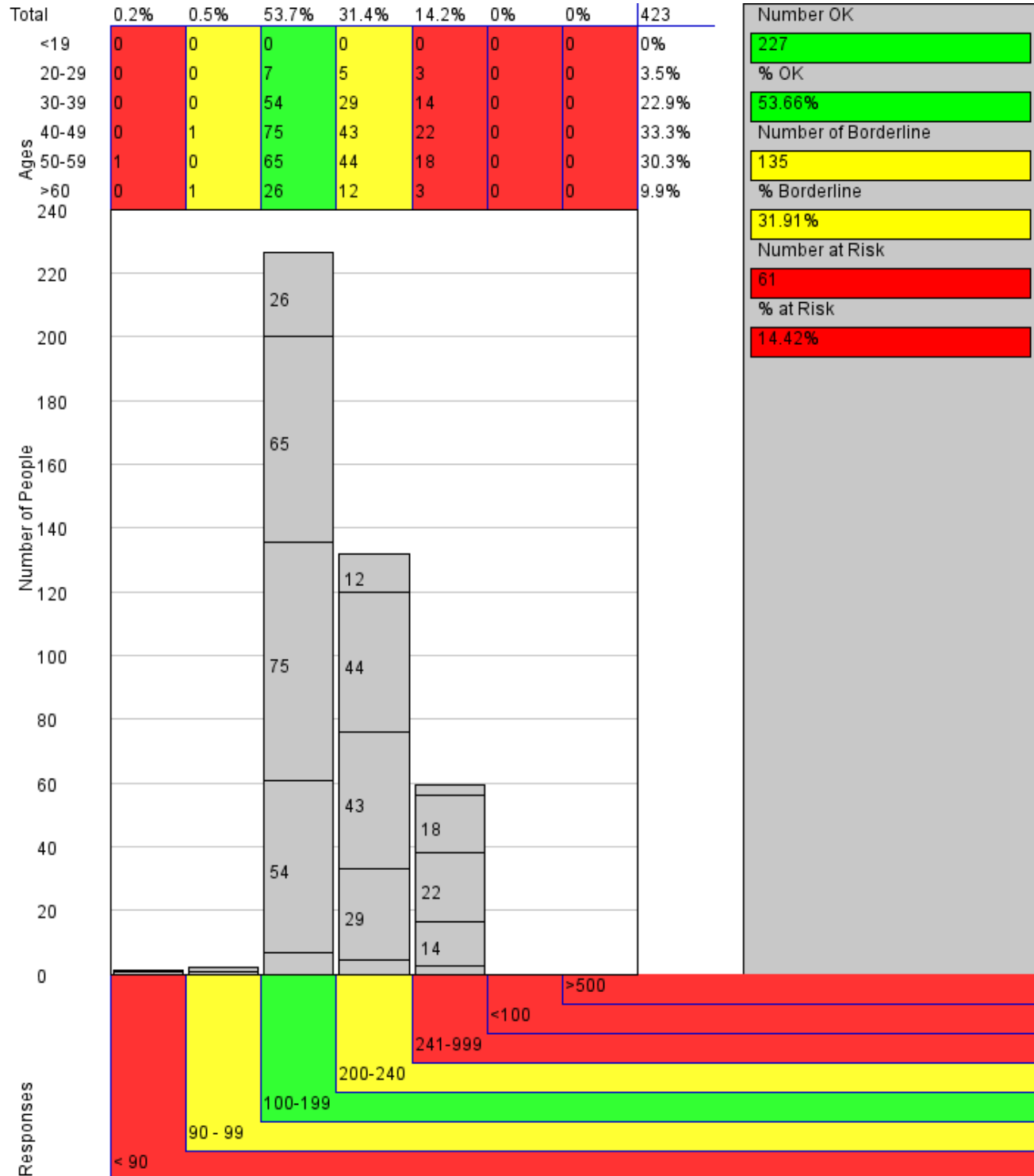
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Biometrics

Cholesterol - Males



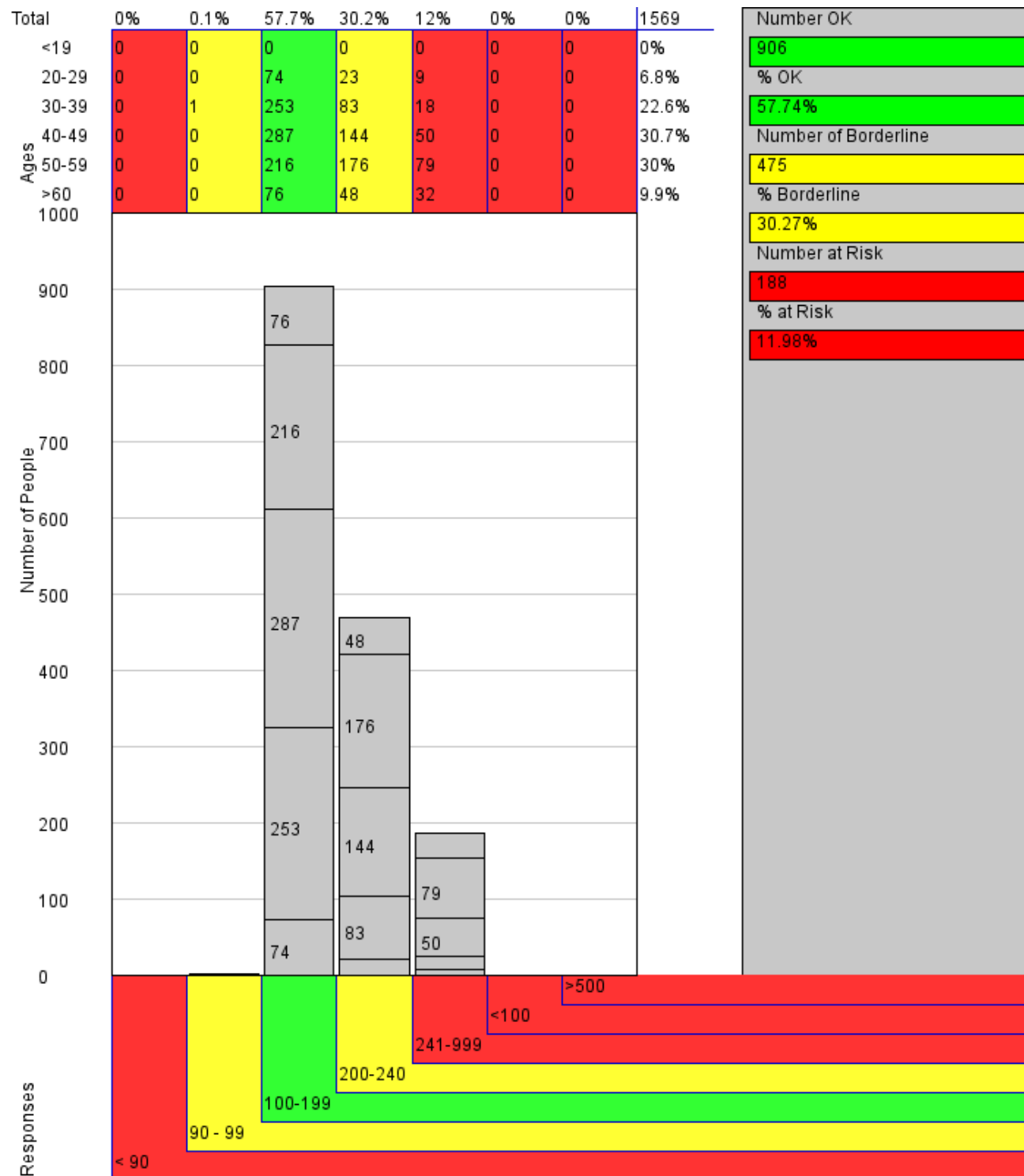
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Biometrics

Cholesterol - Females



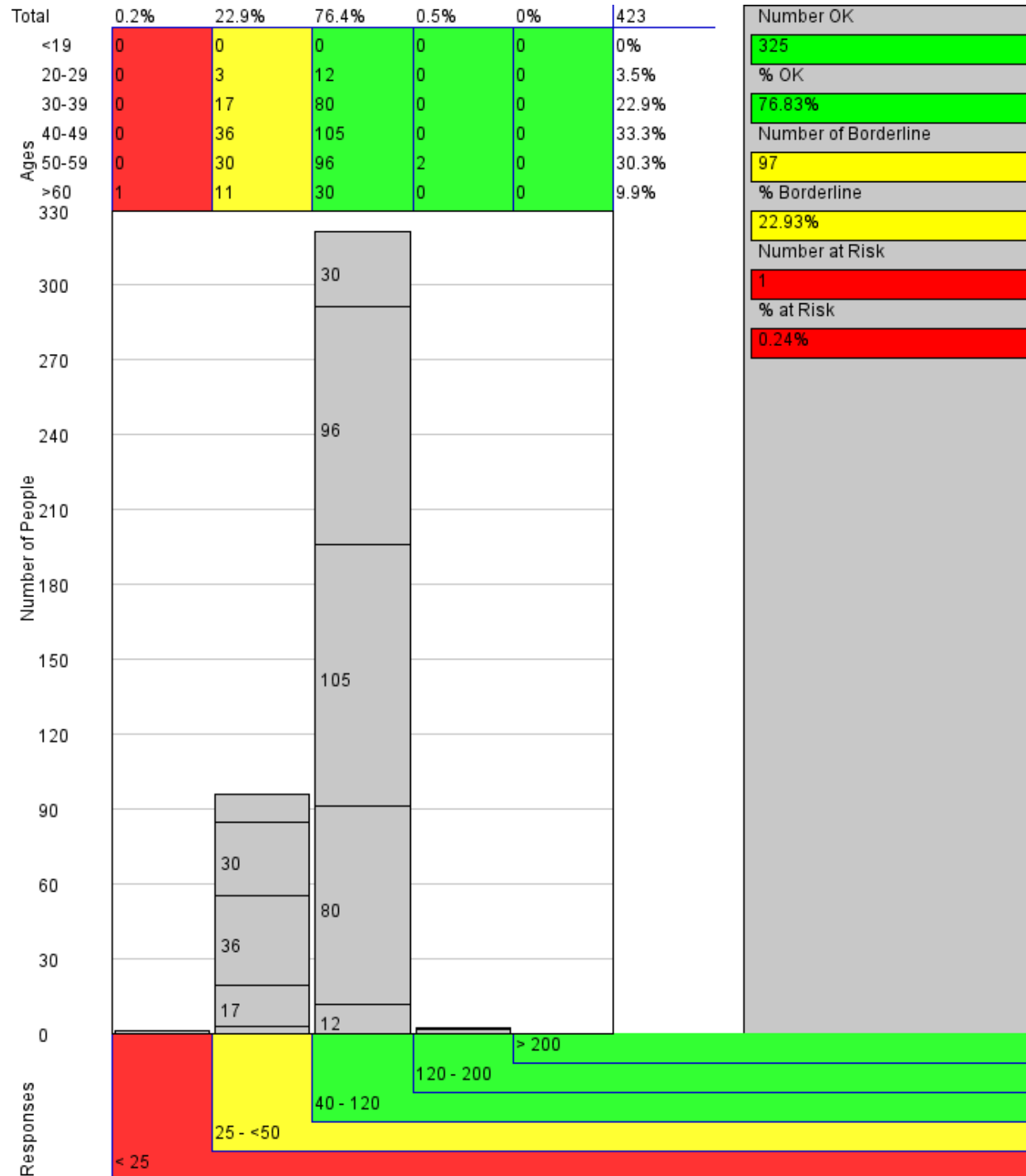
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Biometrics

HDL - Males



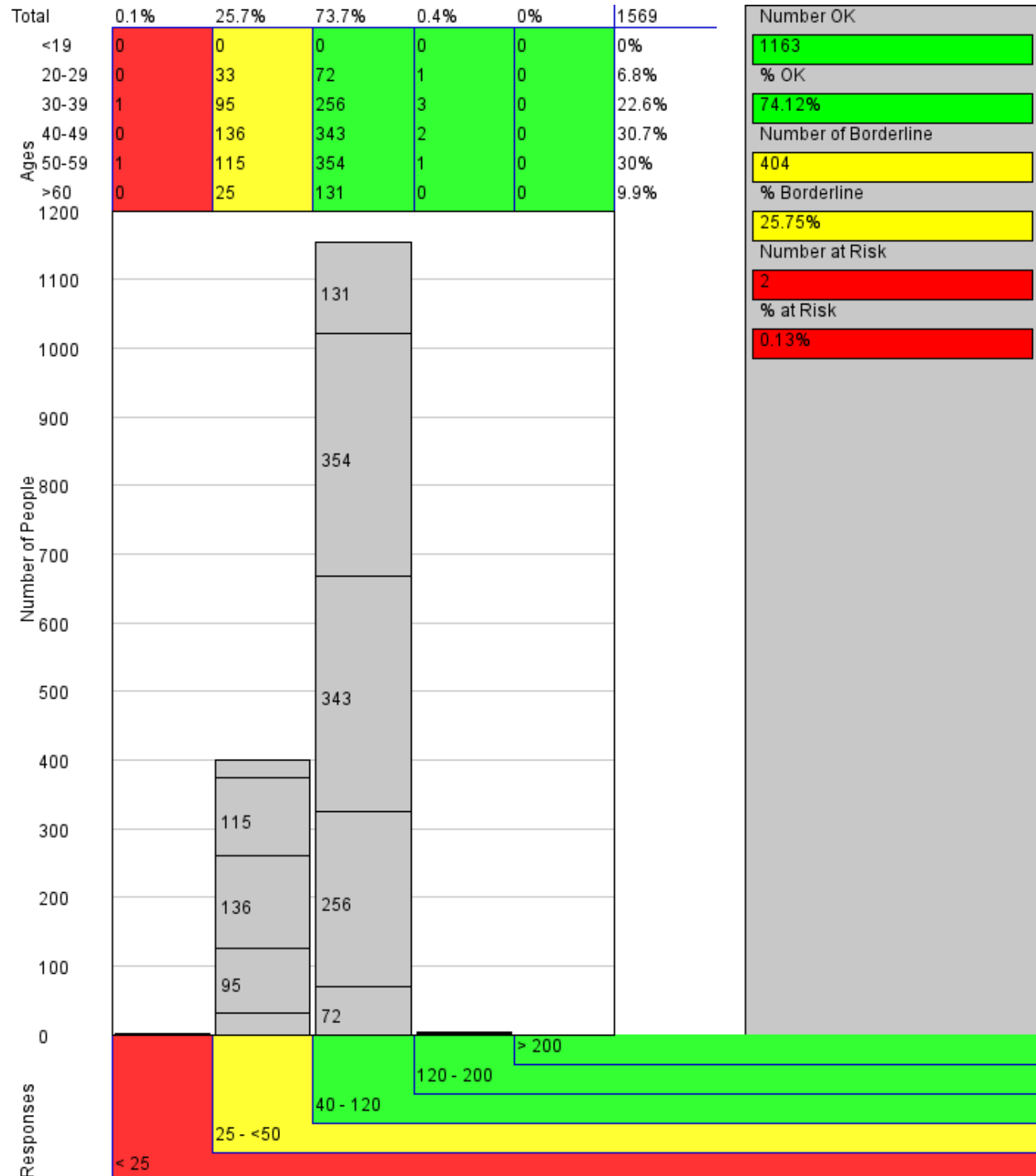
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Biometrics

HDL - Females



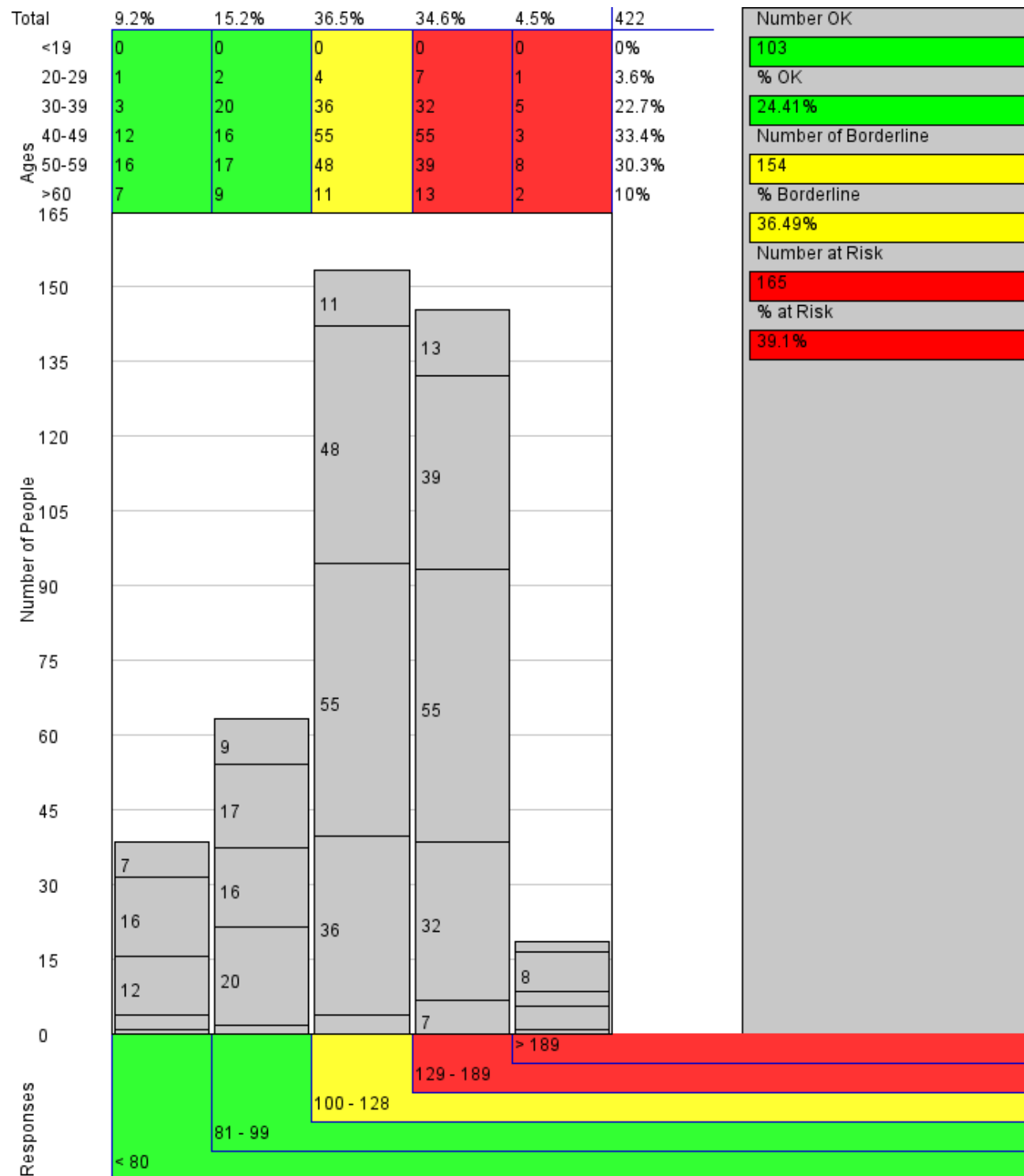
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Biometrics

LDL - Males



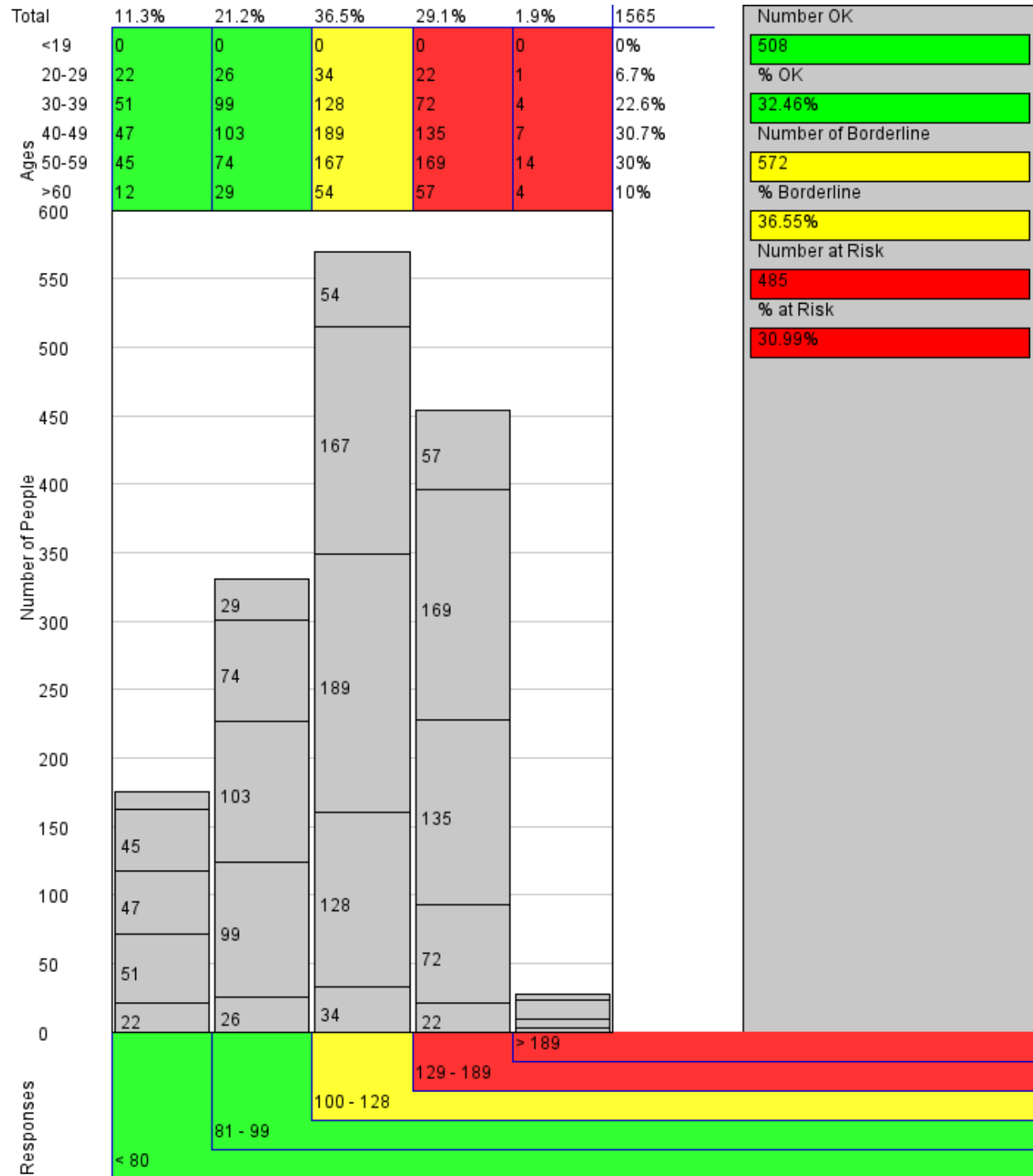
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Biometrics

LDL - Females



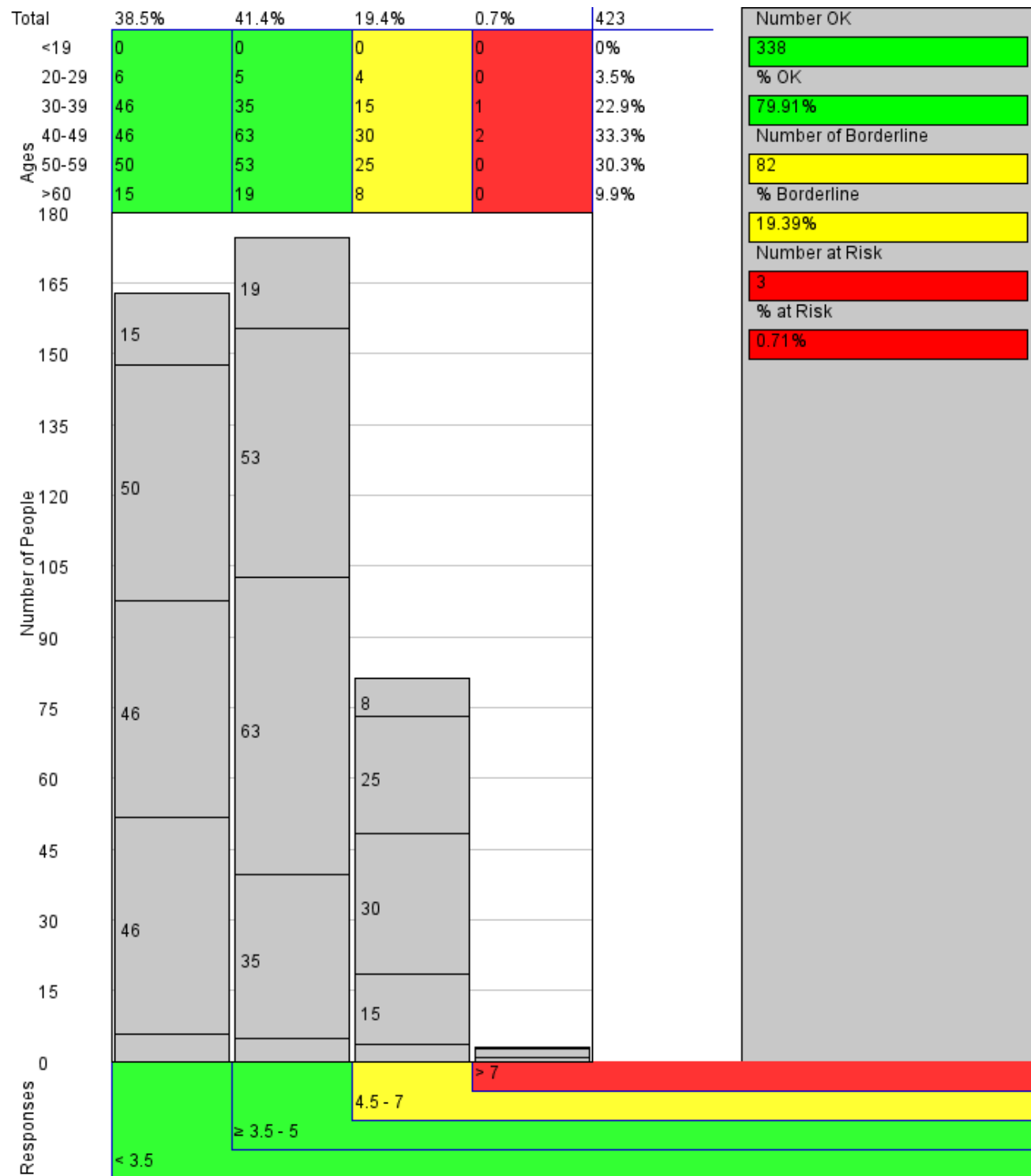
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Biometrics

Total/HDL ratio - Males



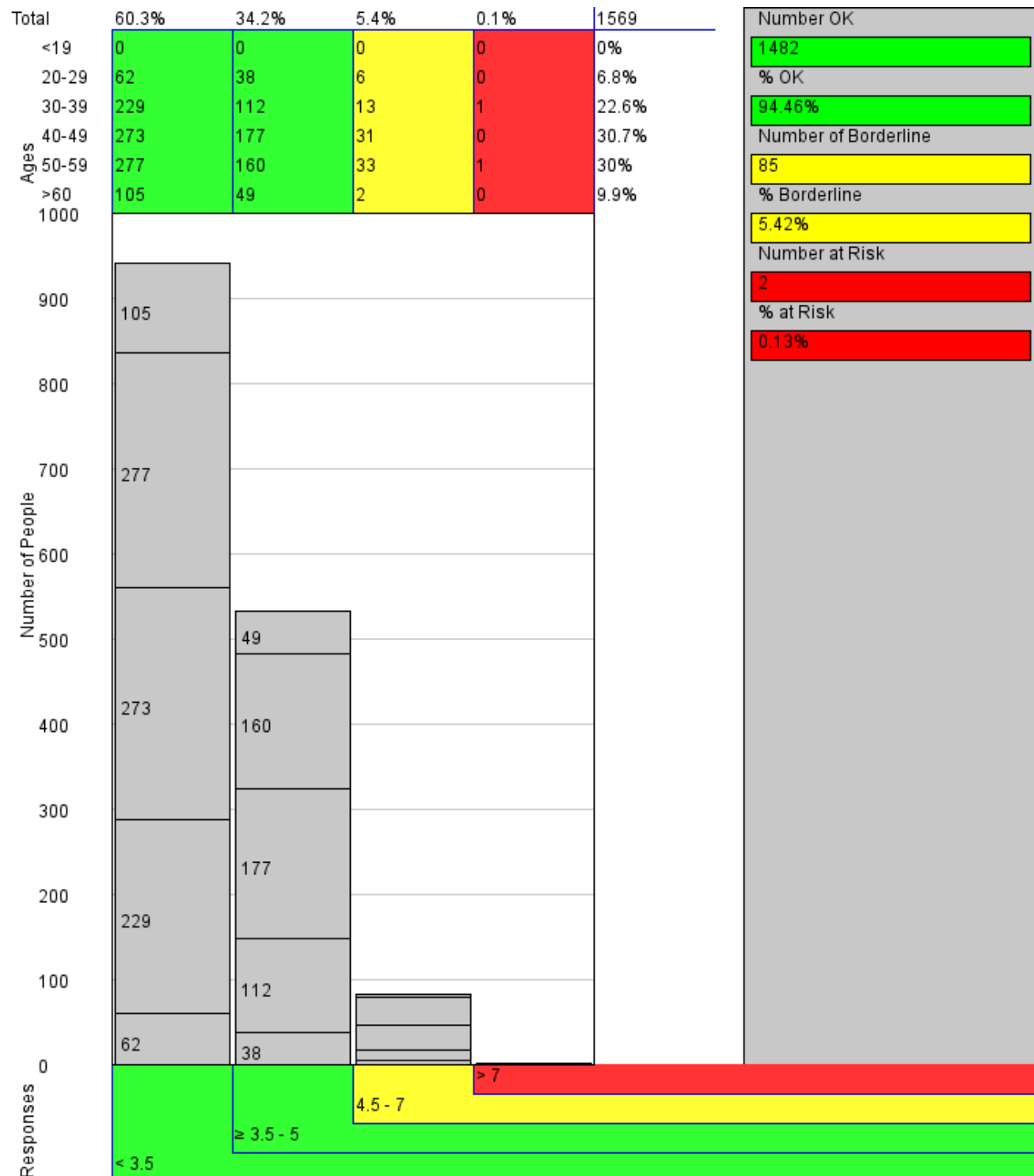
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Biometrics

Total/HDL ratio - Females



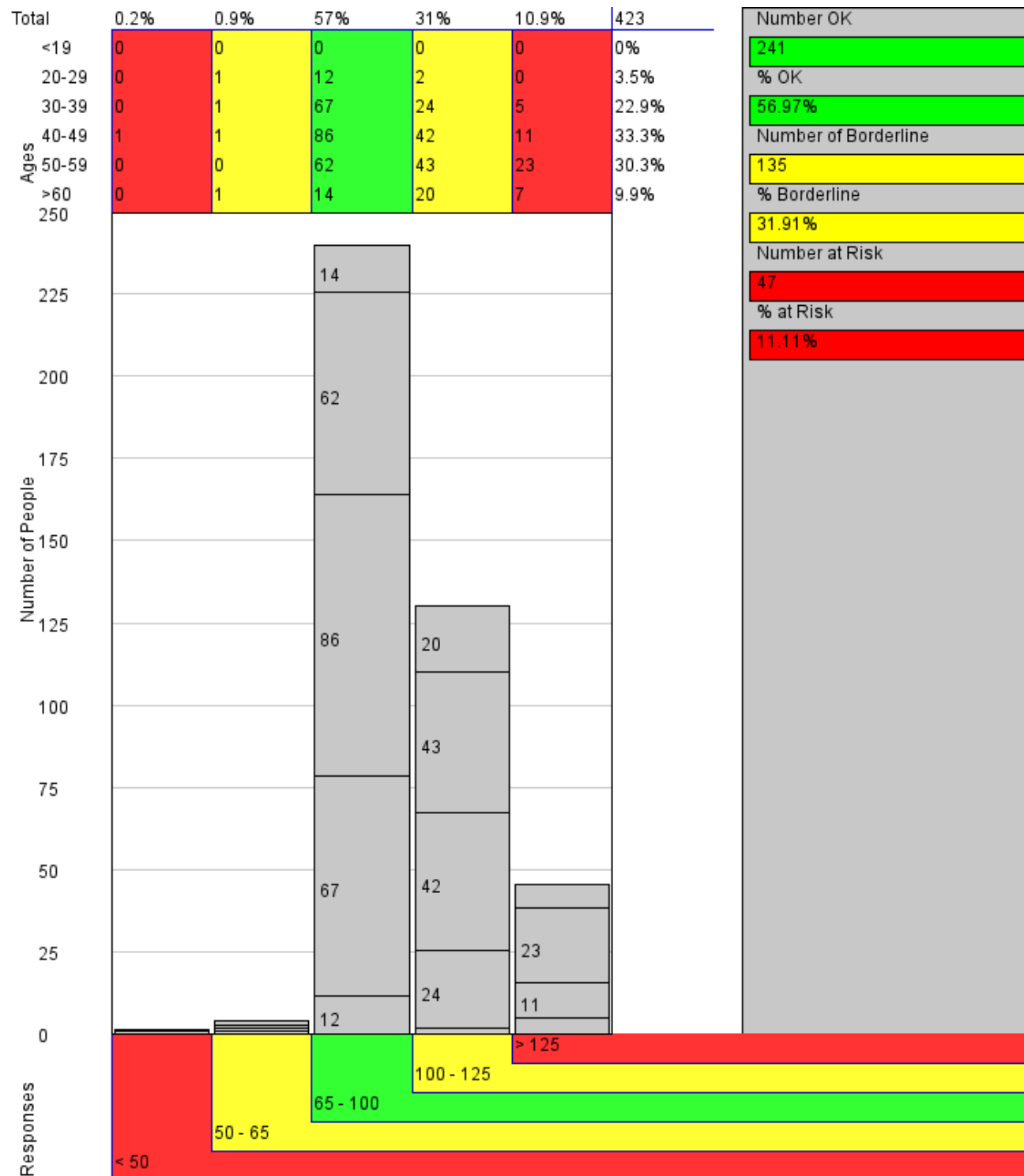
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Biometrics

Glucose - Males



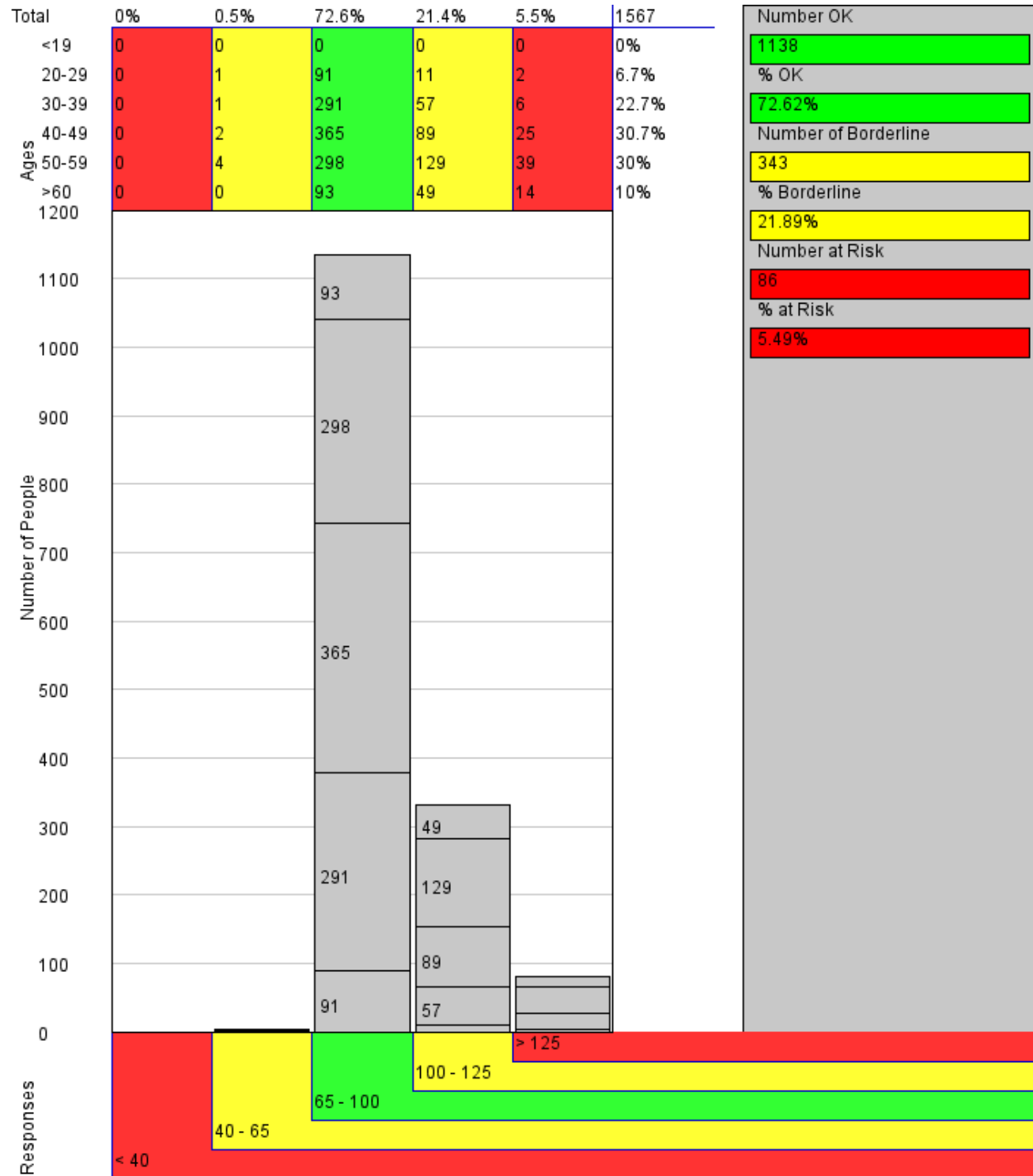
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Biometrics

Glucose - Females



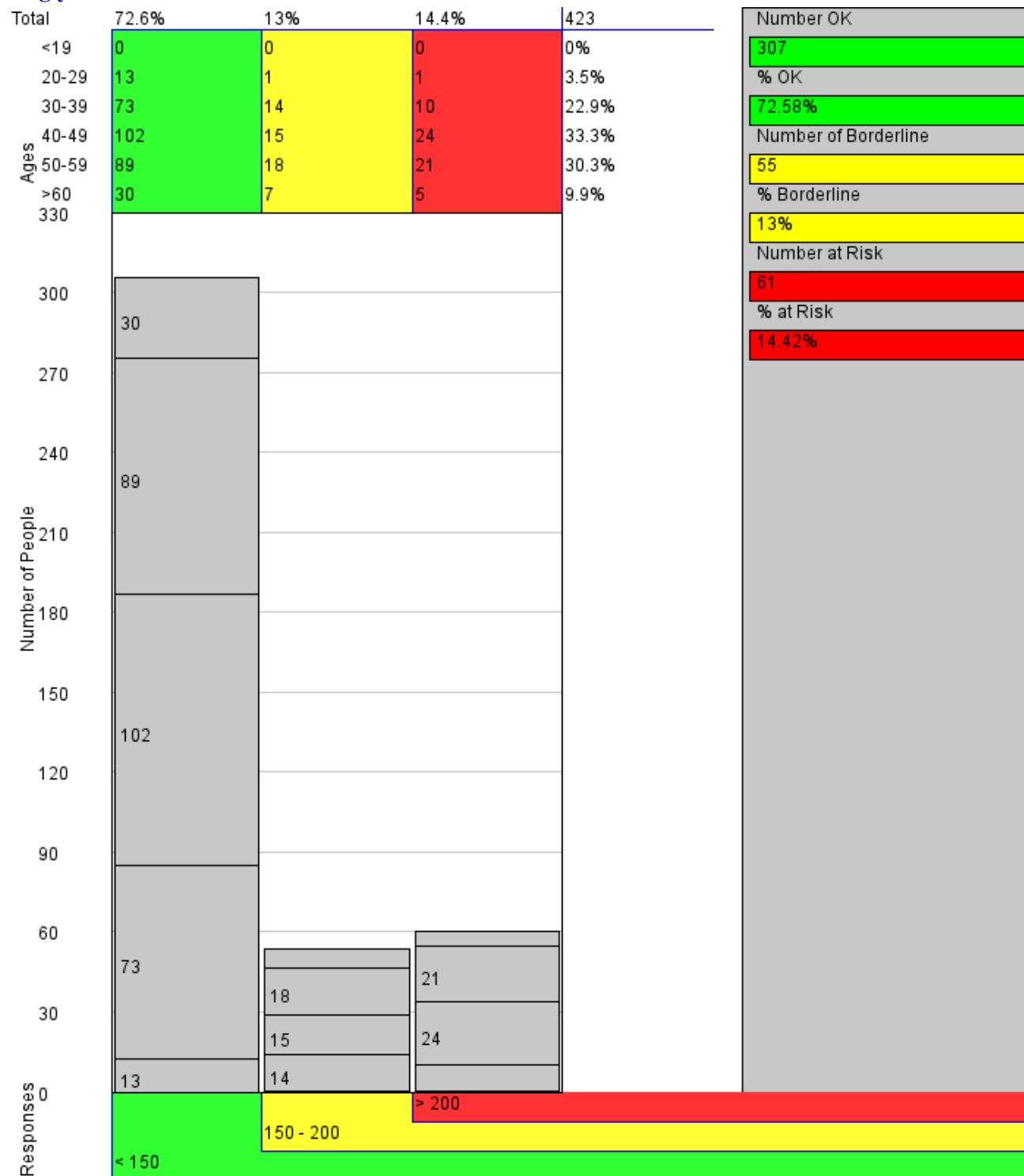
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Rockford Public Schools



Biometrics

Triglyceride - Males



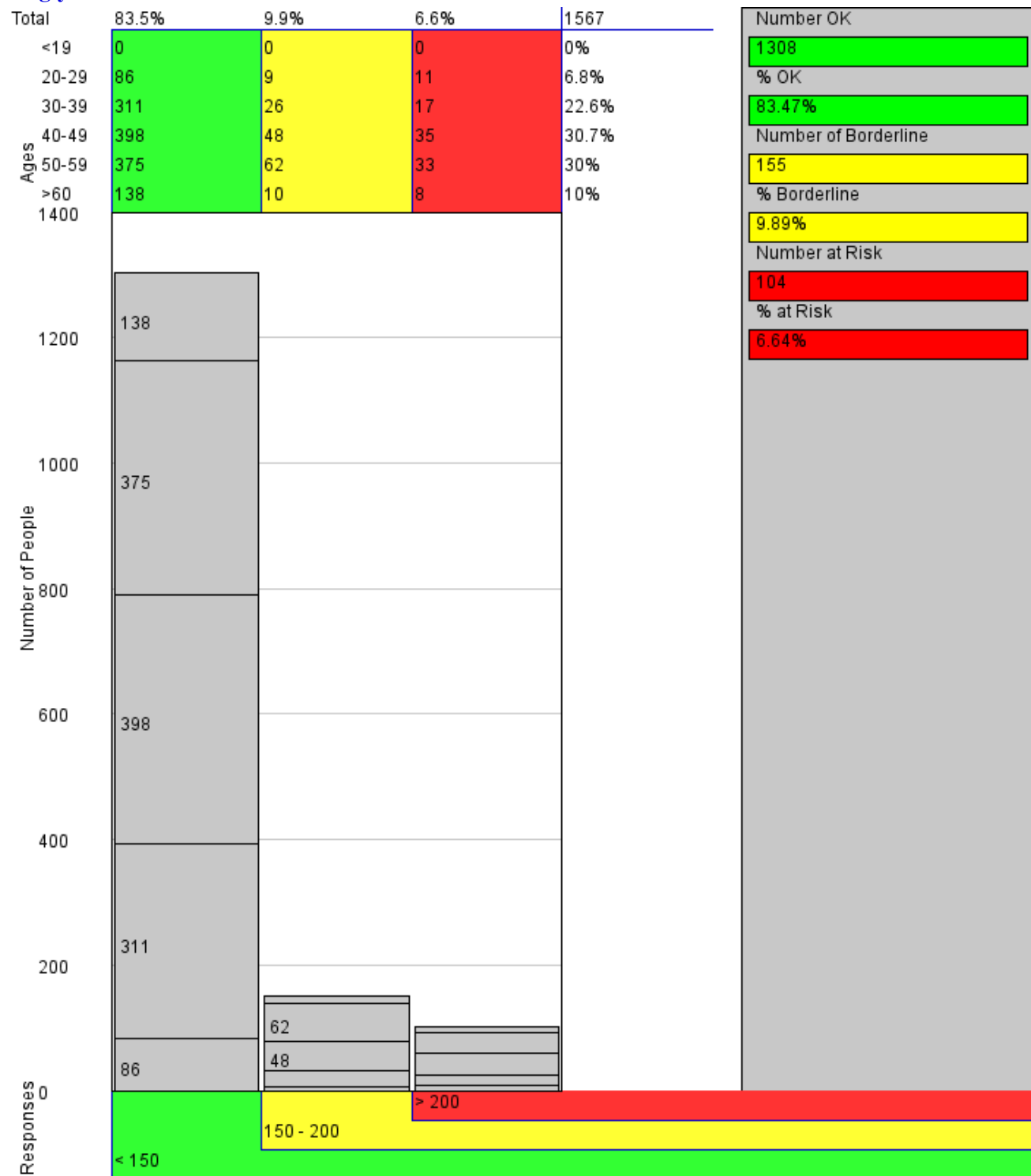
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Biometrics

Triglyceride - Females



Aggregate Report

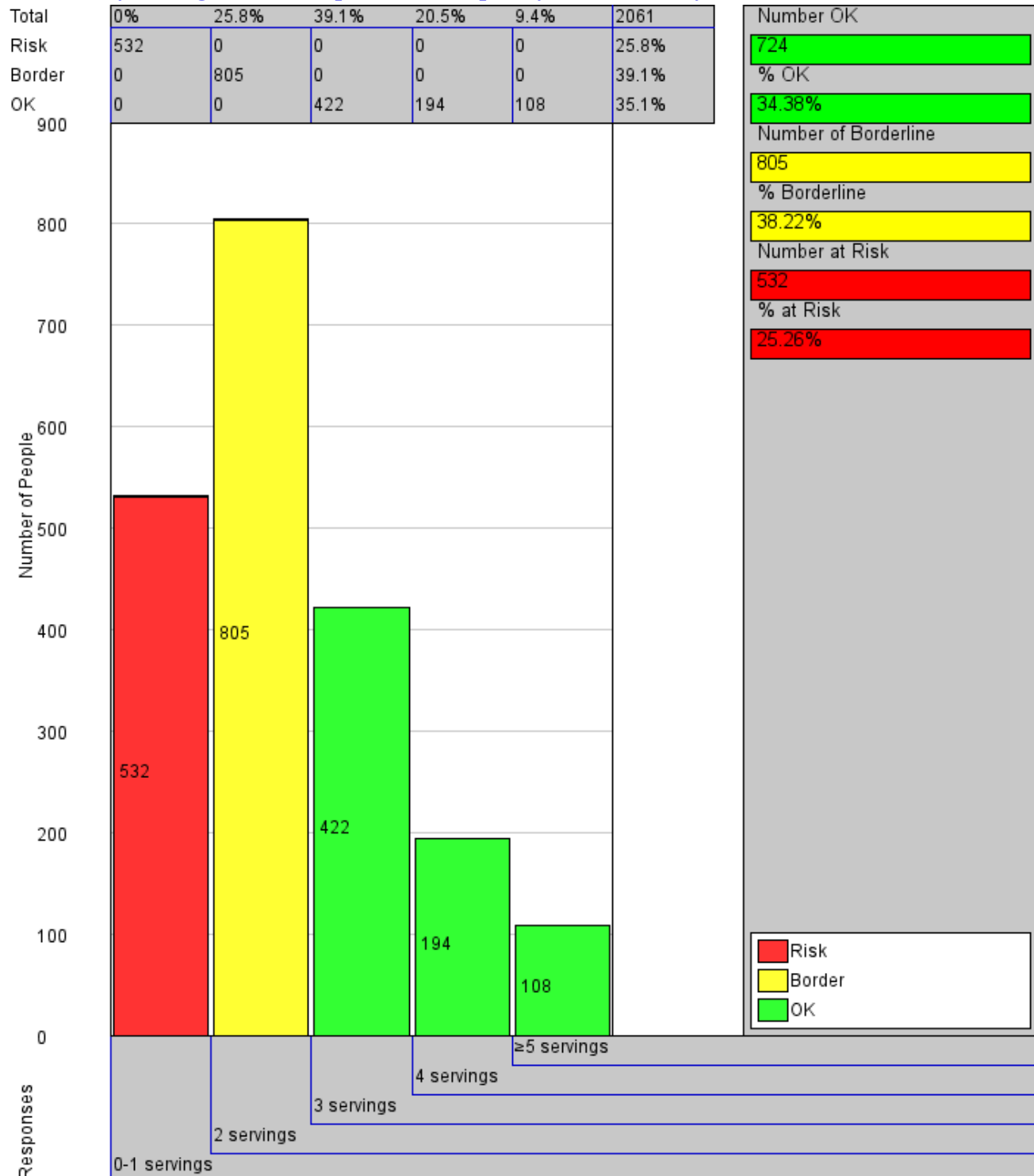
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Nutrition

Insufficient servings of fruits most days

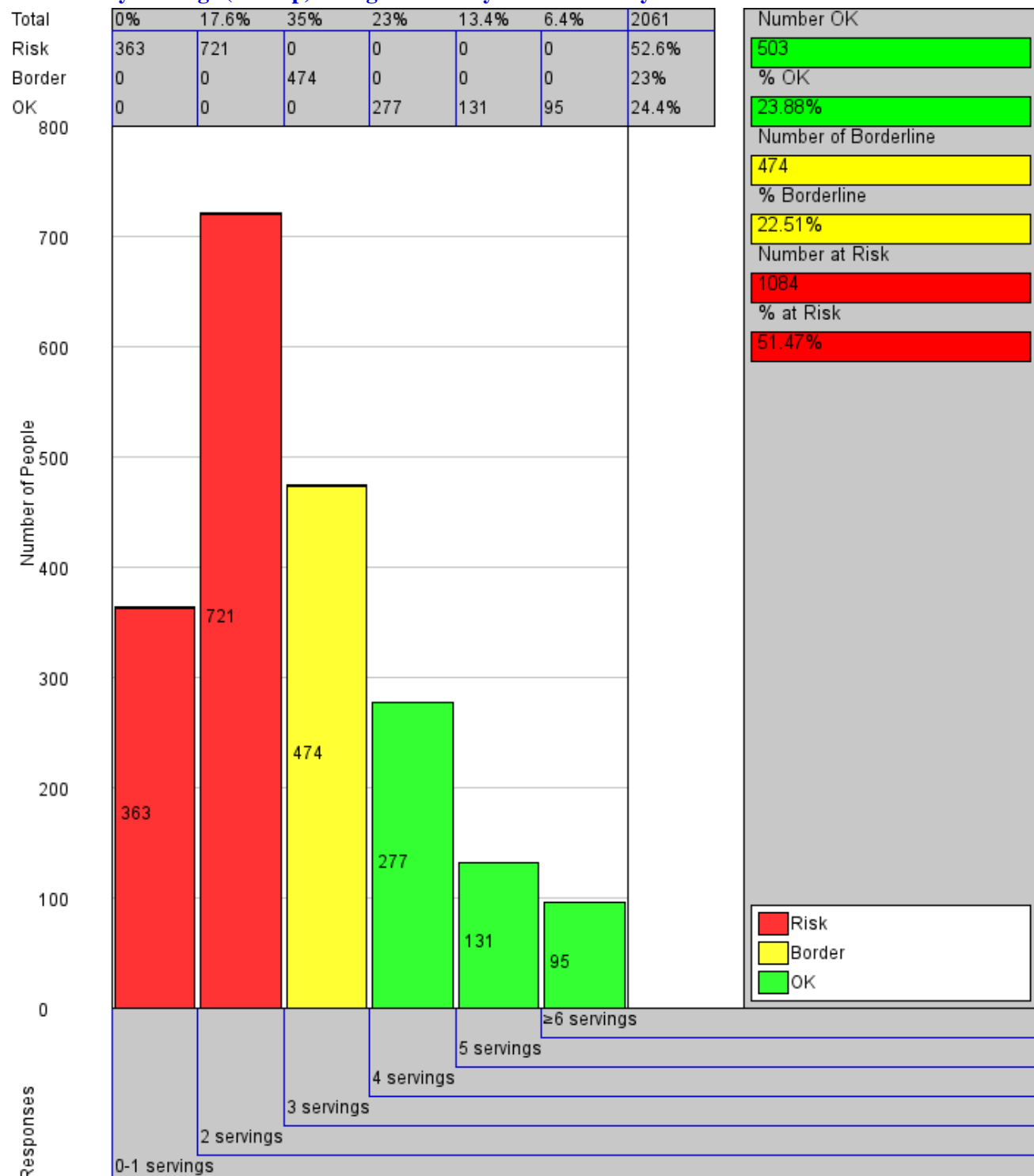
"How many servings of fruits (1 piece or 1/2 cup) do you eat most days?"



Nutrition

Insufficient servings of vegetables most days

"How many servings (1/2 cup) of vegetables do you eat most days?"



Aggregate Report

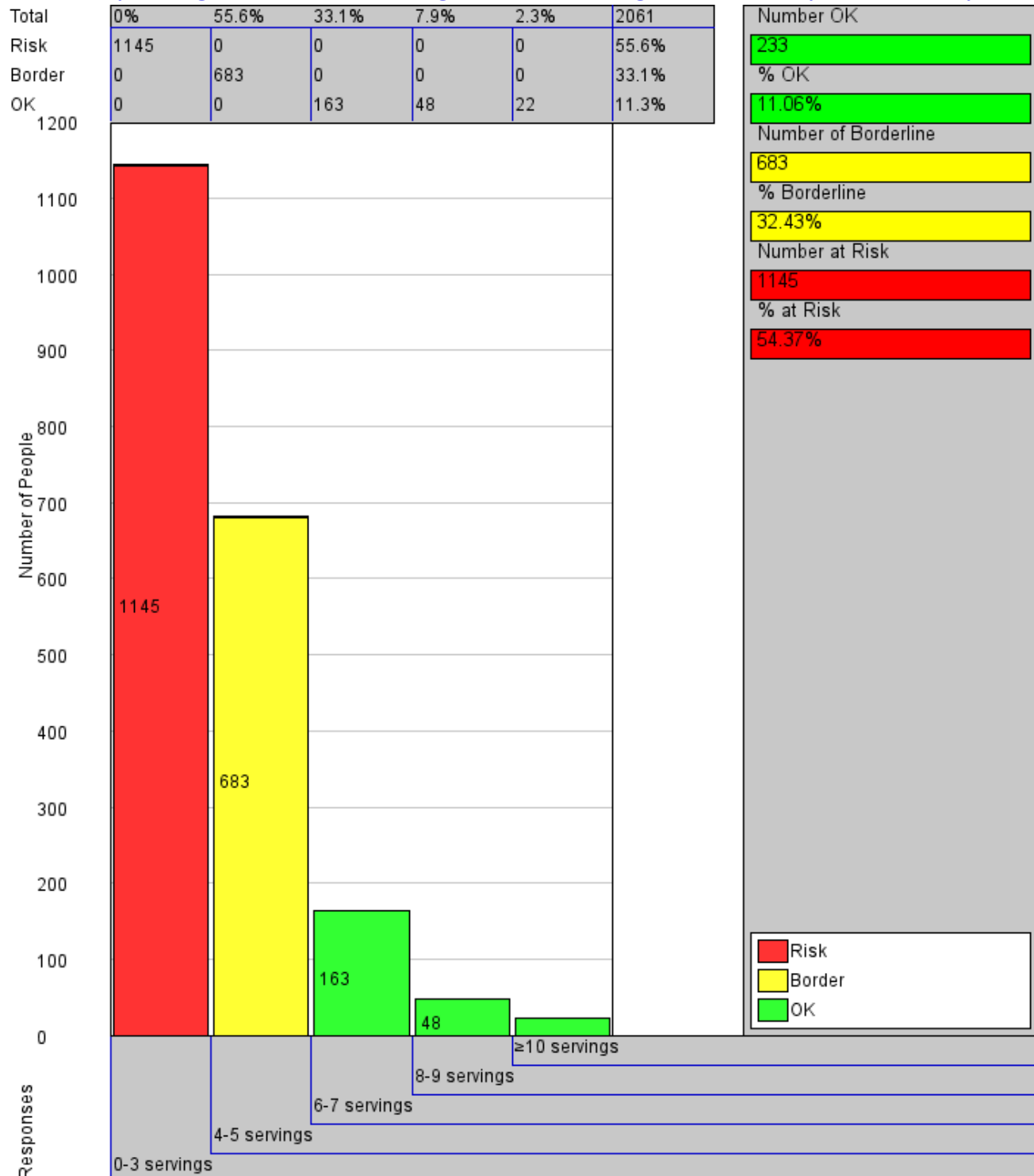
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Nutrition

Insufficient servings of fiber-rich foods most days

"How many servings of nuts, beans, whole grains, and other high fiber foods do you eat most days?"



Aggregate Report

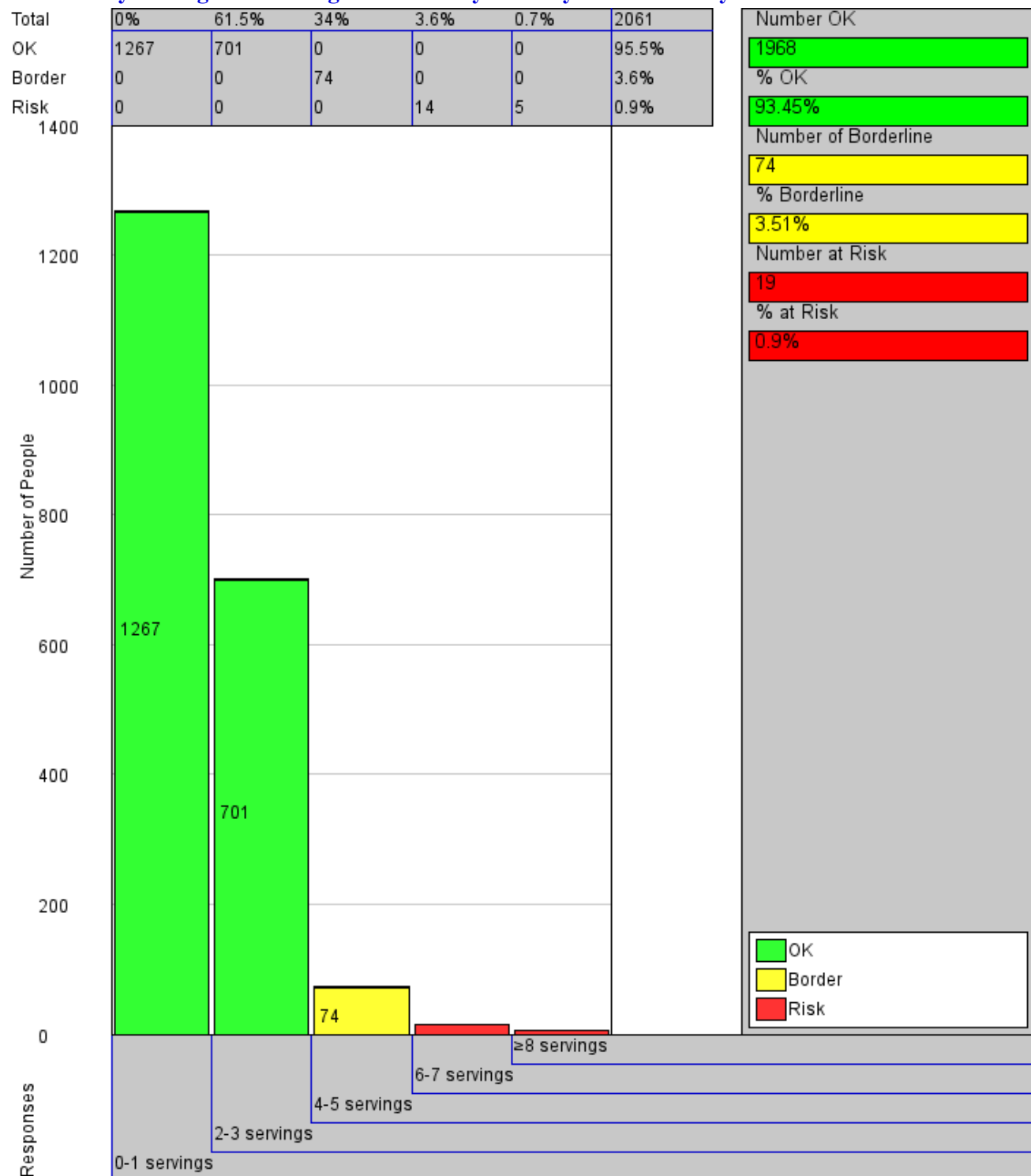
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Nutrition

Excess servings of high-fat foods most days

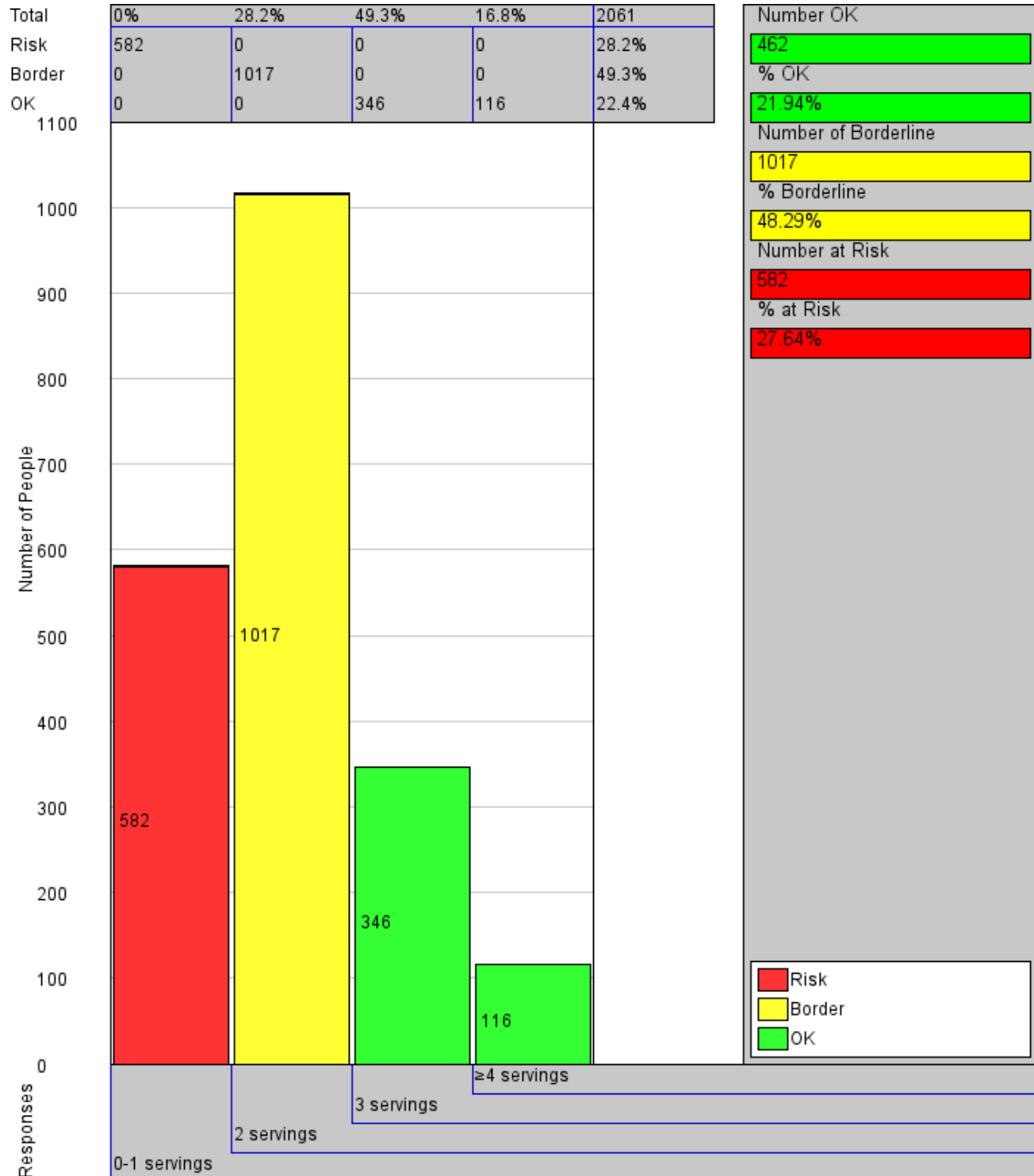
"How many servings of foods high in unhealthy fats do you eat most days?"



Nutrition

Insufficient servings of calcium-rich foods most days

"How many servings (cups, 1 oz pieces) of milk, yogurt, cheese, and other calcium-rich juices/foods do you eat most days?"



Aggregate Report

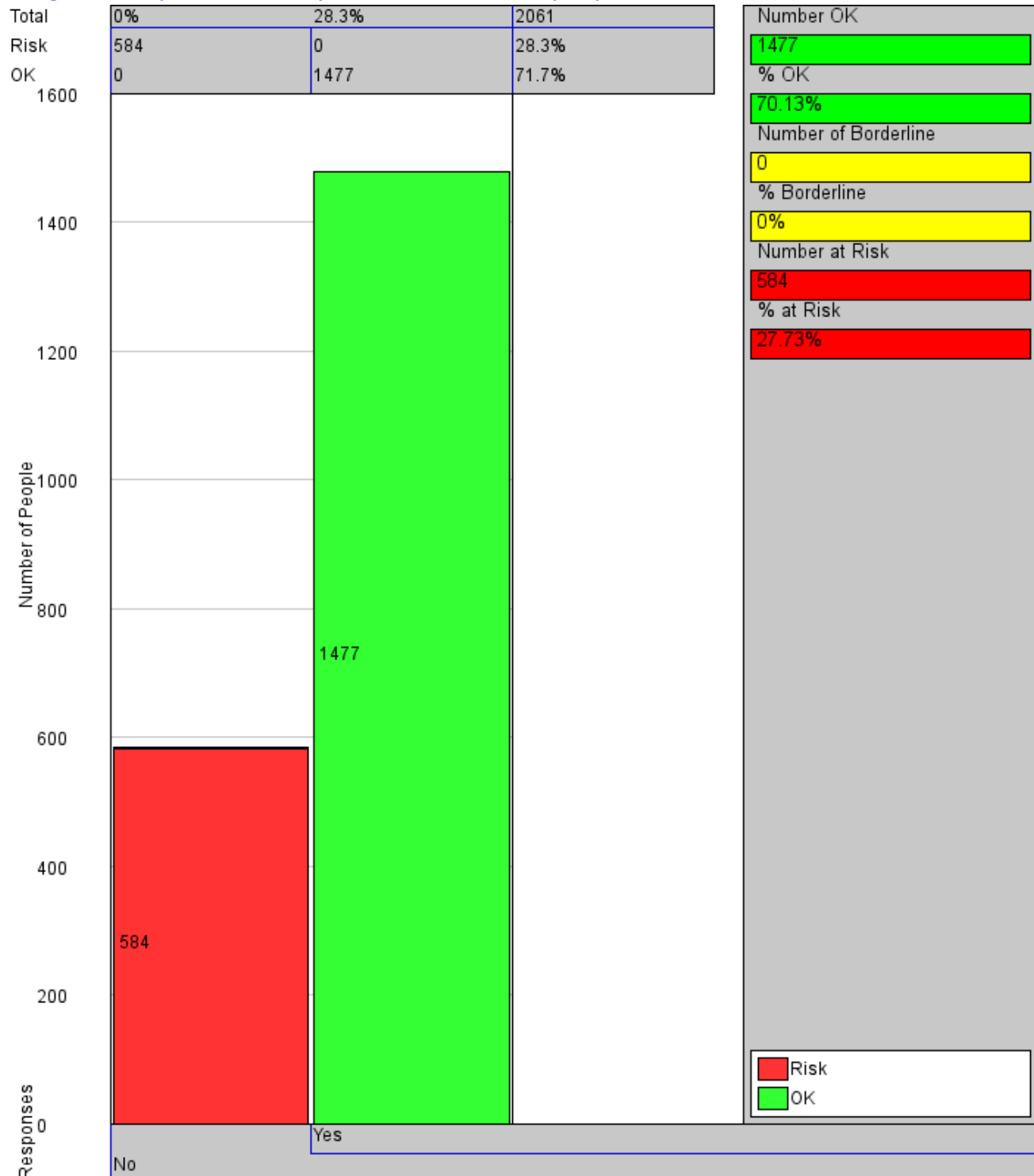
Rockford Public Schools



Nutrition

Does not consume a healthy breakfast each day

"In general do you eat a healthy breakfast almost every day?"



Aggregate Report

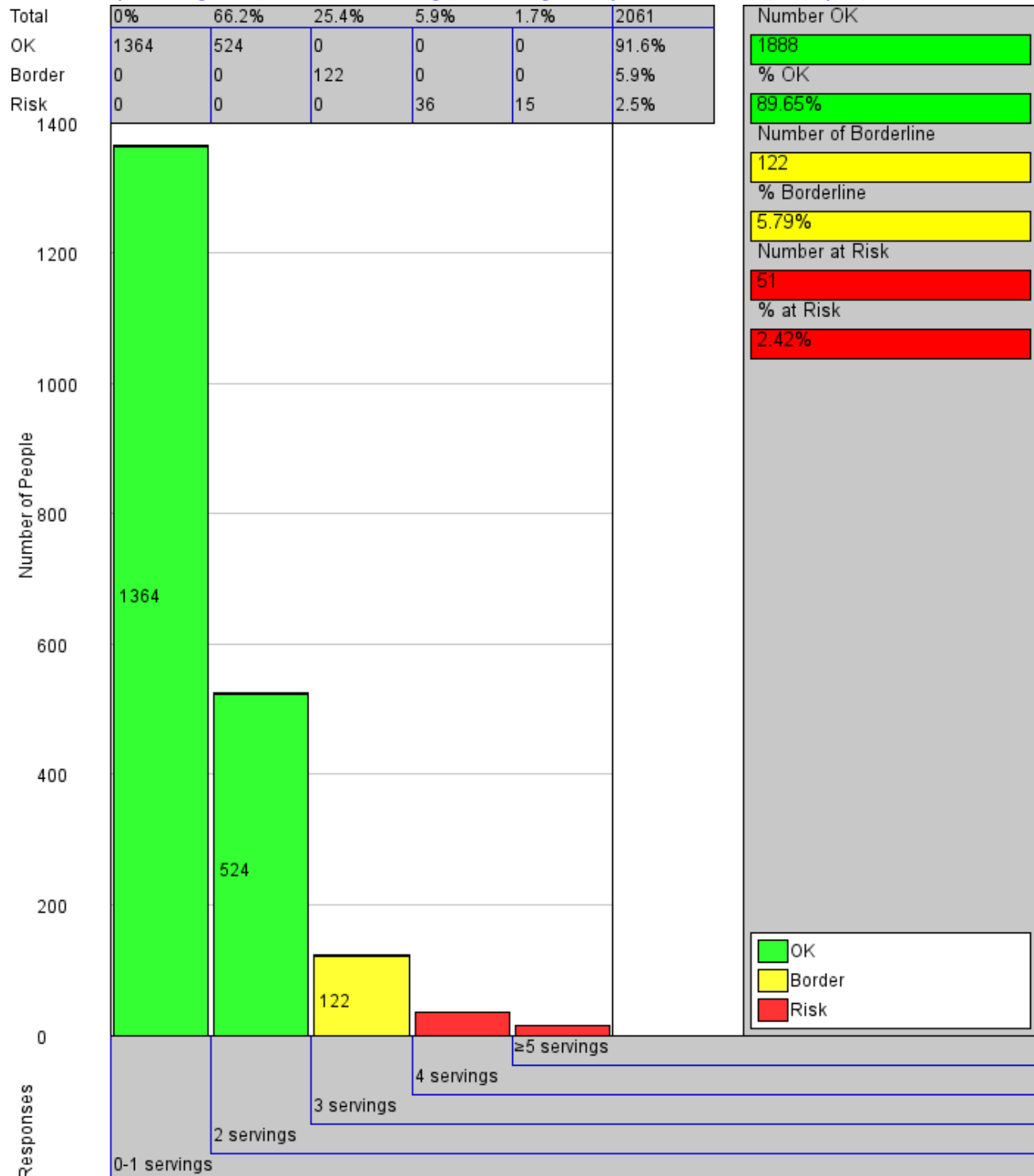
Rockford Public Schools



Nutrition

Excess servings of sugar-rich foods most days

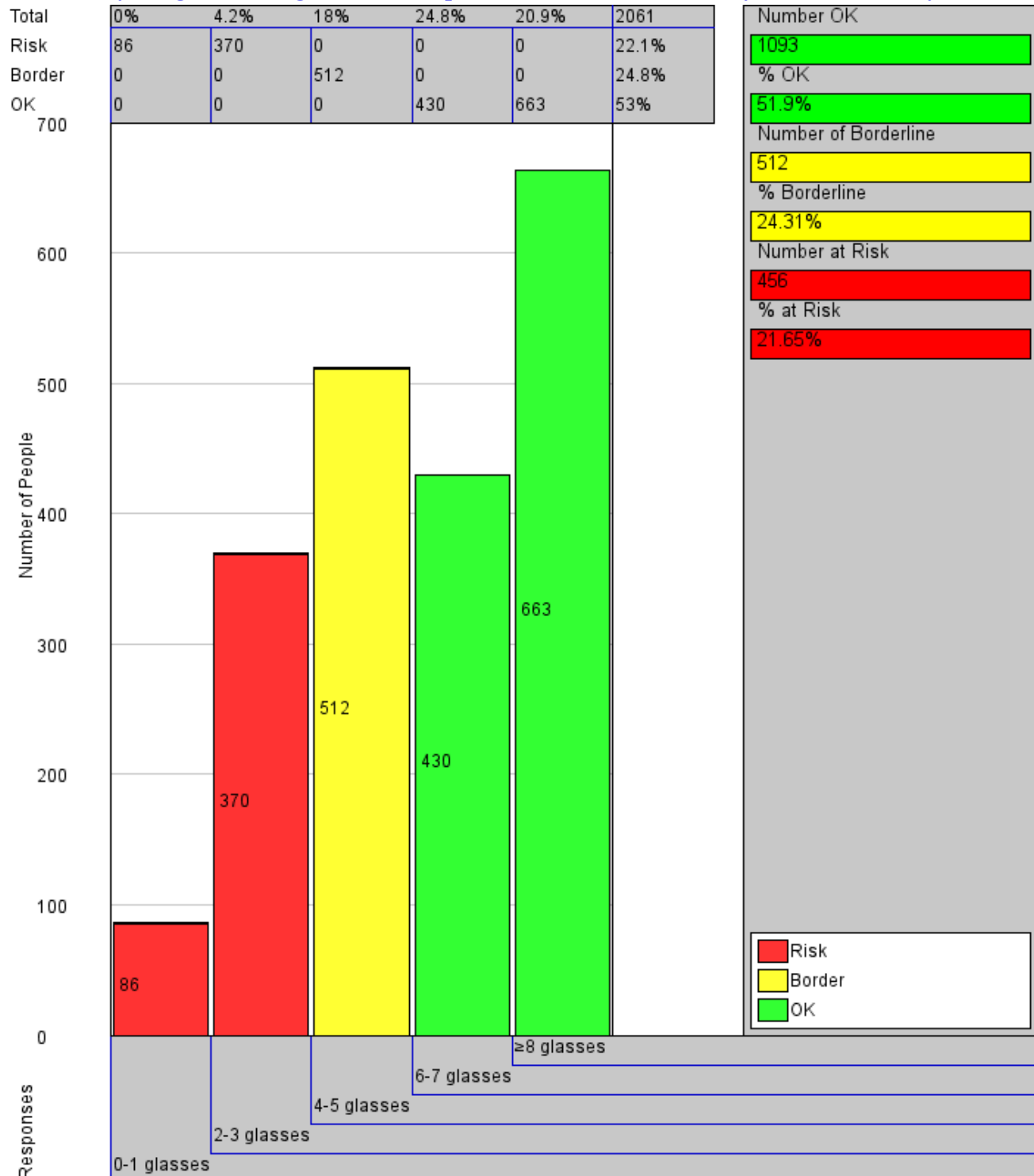
"How many servings of sweets and beverages with sugar do you consume most days?"



Nutrition

Insufficient water consumption each day

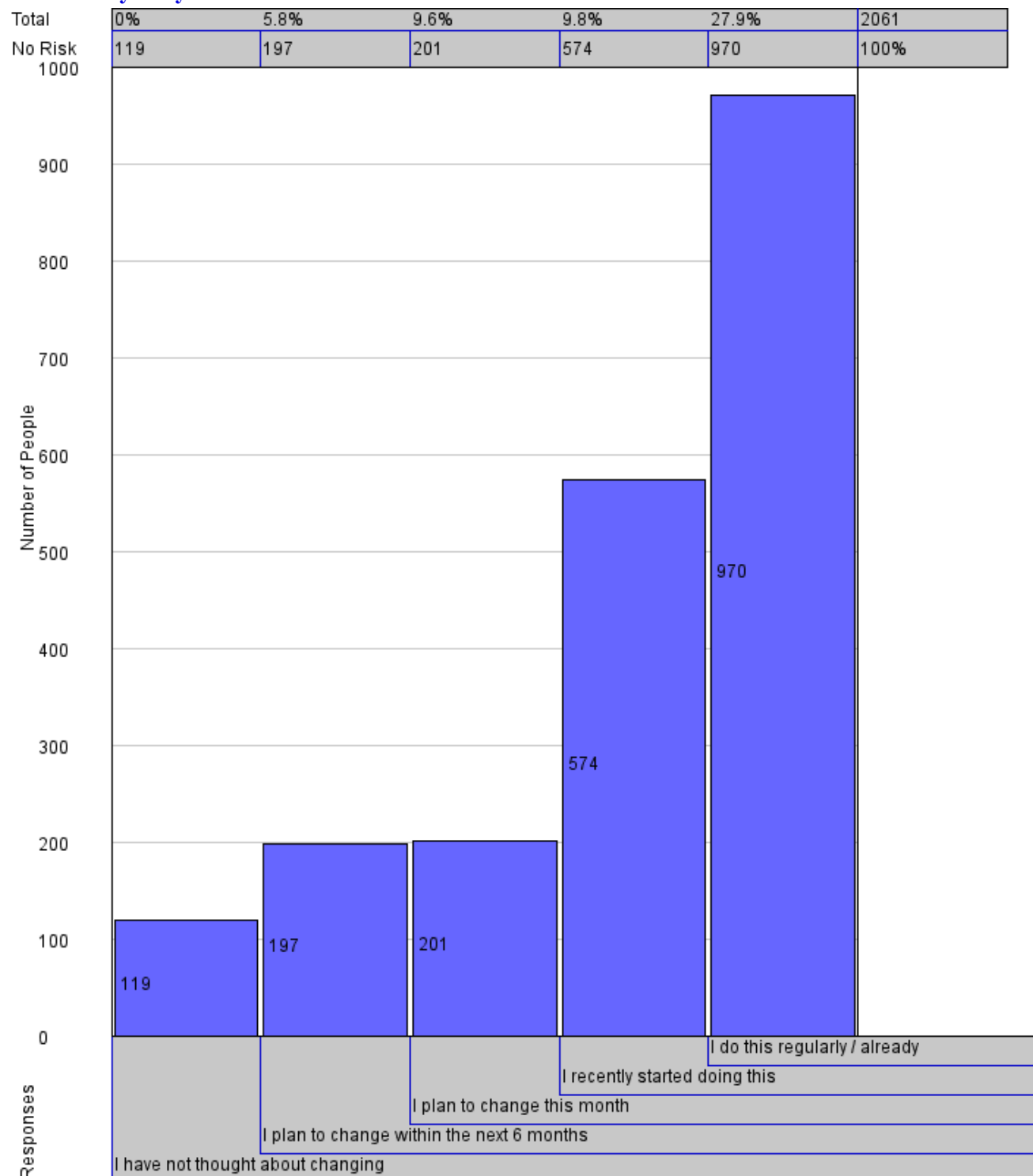
"How many 8oz glasses of regular water (tap, bottled or water cooler) do you drink most days?"



Nutrition

Readiness to eat healthier

"How ready are you to eat healthier?"



Aggregate Report

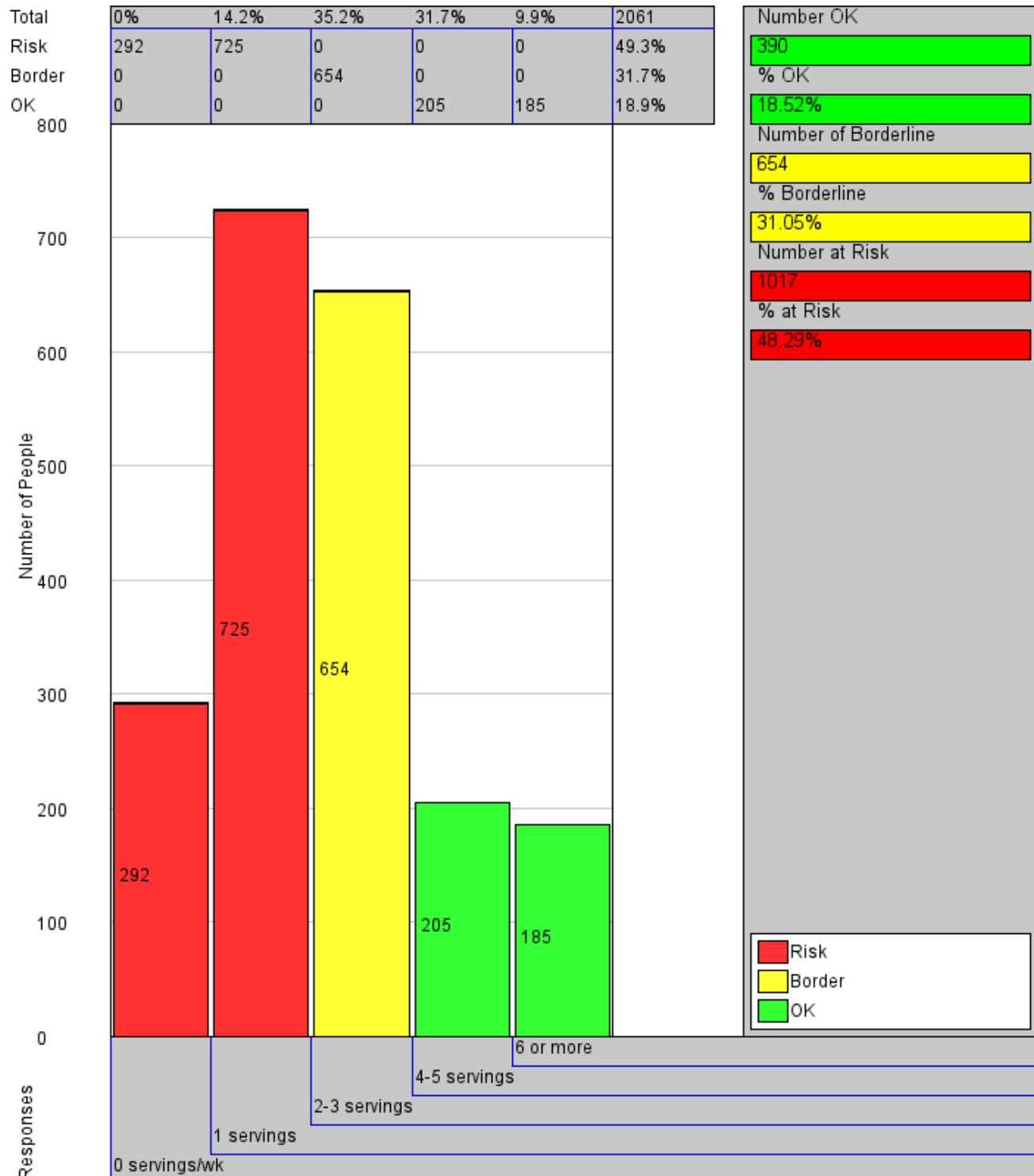
Rockford Public Schools



Nutrition

Insufficient healthy oils each week

"On average, how many servings of omega-3 and other healthy oils (or fish oil supplements) do you eat each week?"



Aggregate Report

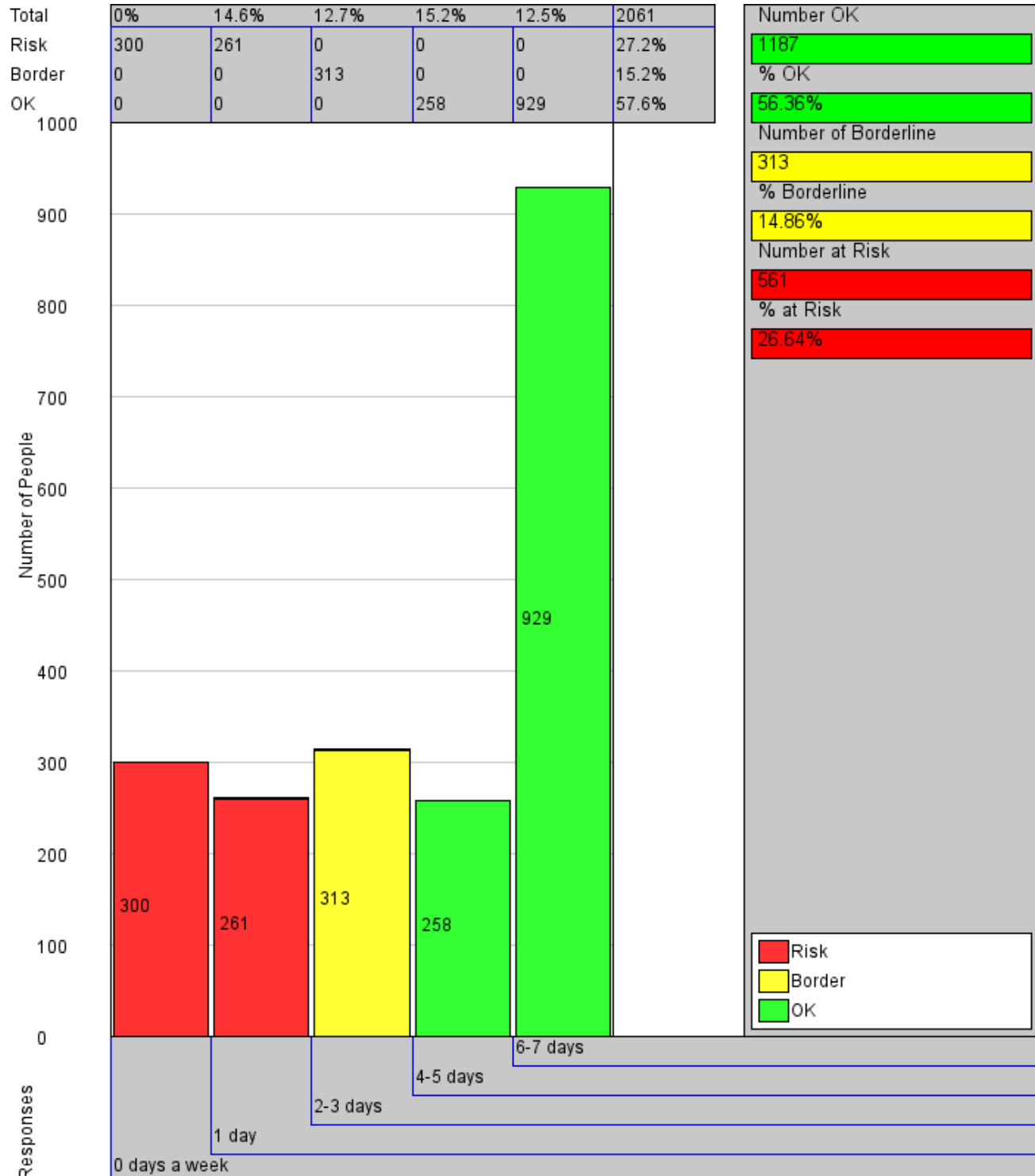
Rockford Public Schools



Nutrition

Insufficient vitamin D each week

"On average, how many days a week do you take a vitamin D supplement (such as a multivitamin) or foods high in vitamin D?"



Aggregate Report

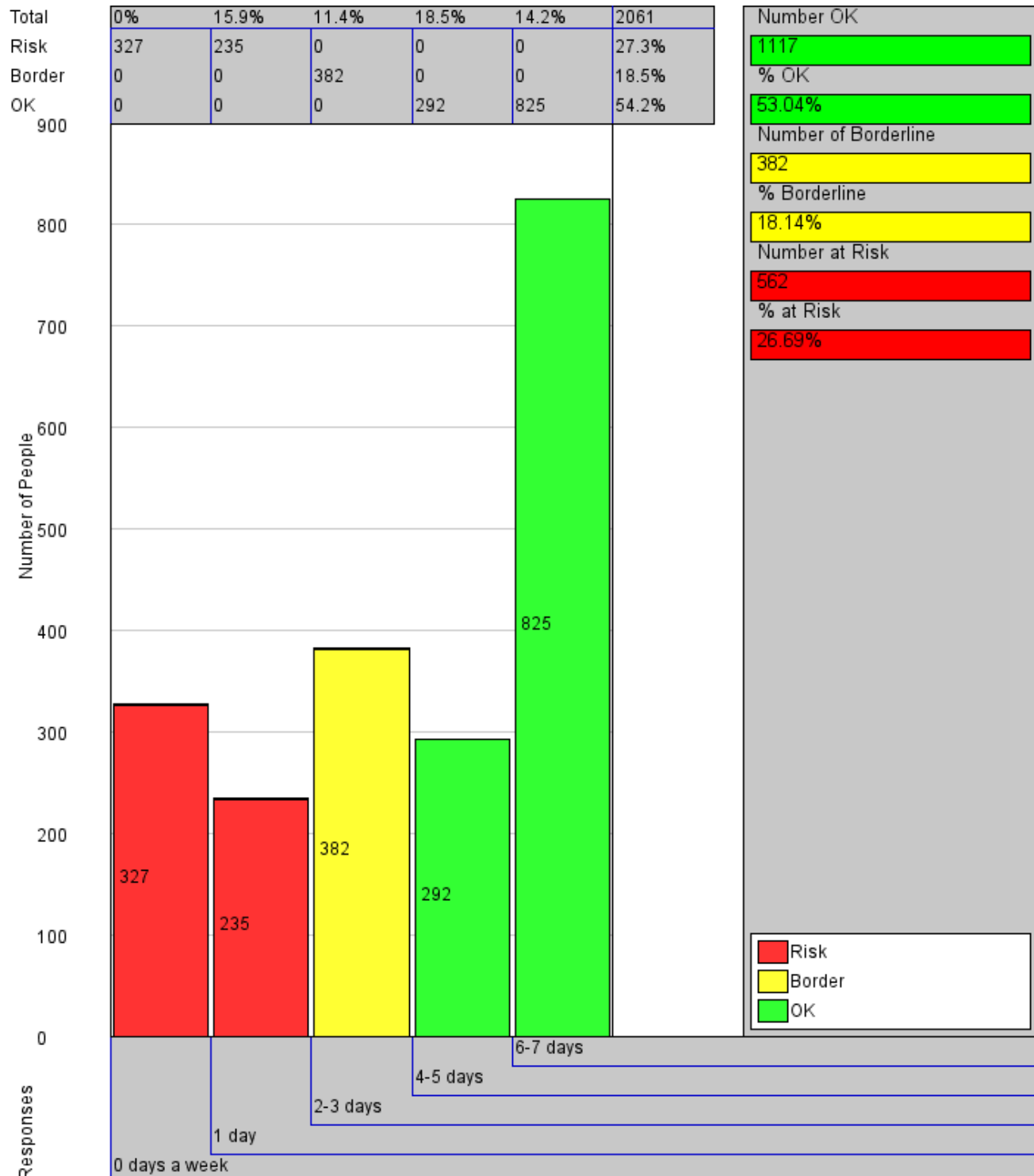
Rockford Public Schools



Nutrition

Insufficient vitamin C each week

"On average, how many days a week do you take a vitamin C supplement (such as a multivitamin) or foods high in vitamin C?"



Aggregate Report

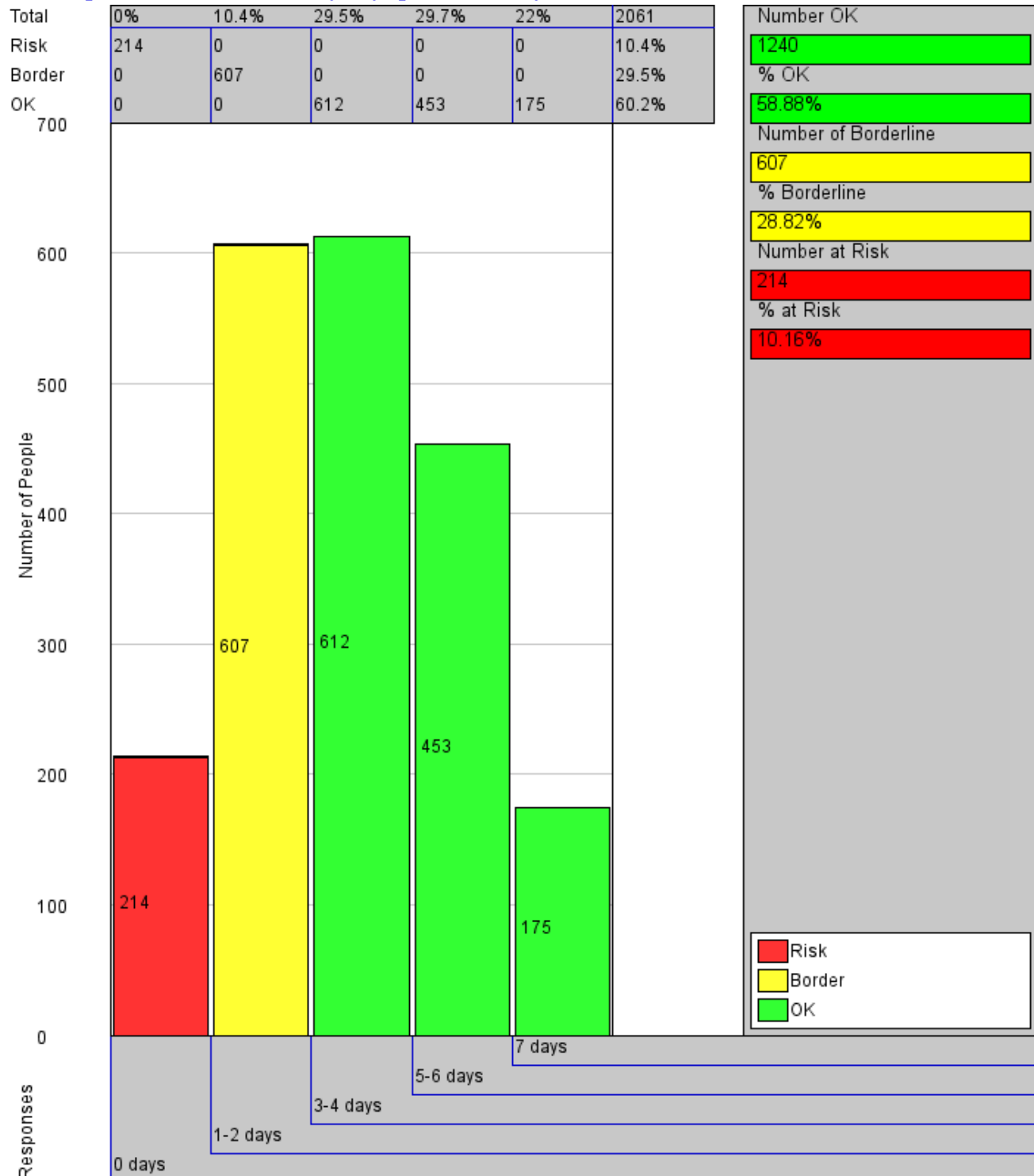
Rockford Public Schools



Fitness & Exercise

Insufficient aerobic exercise

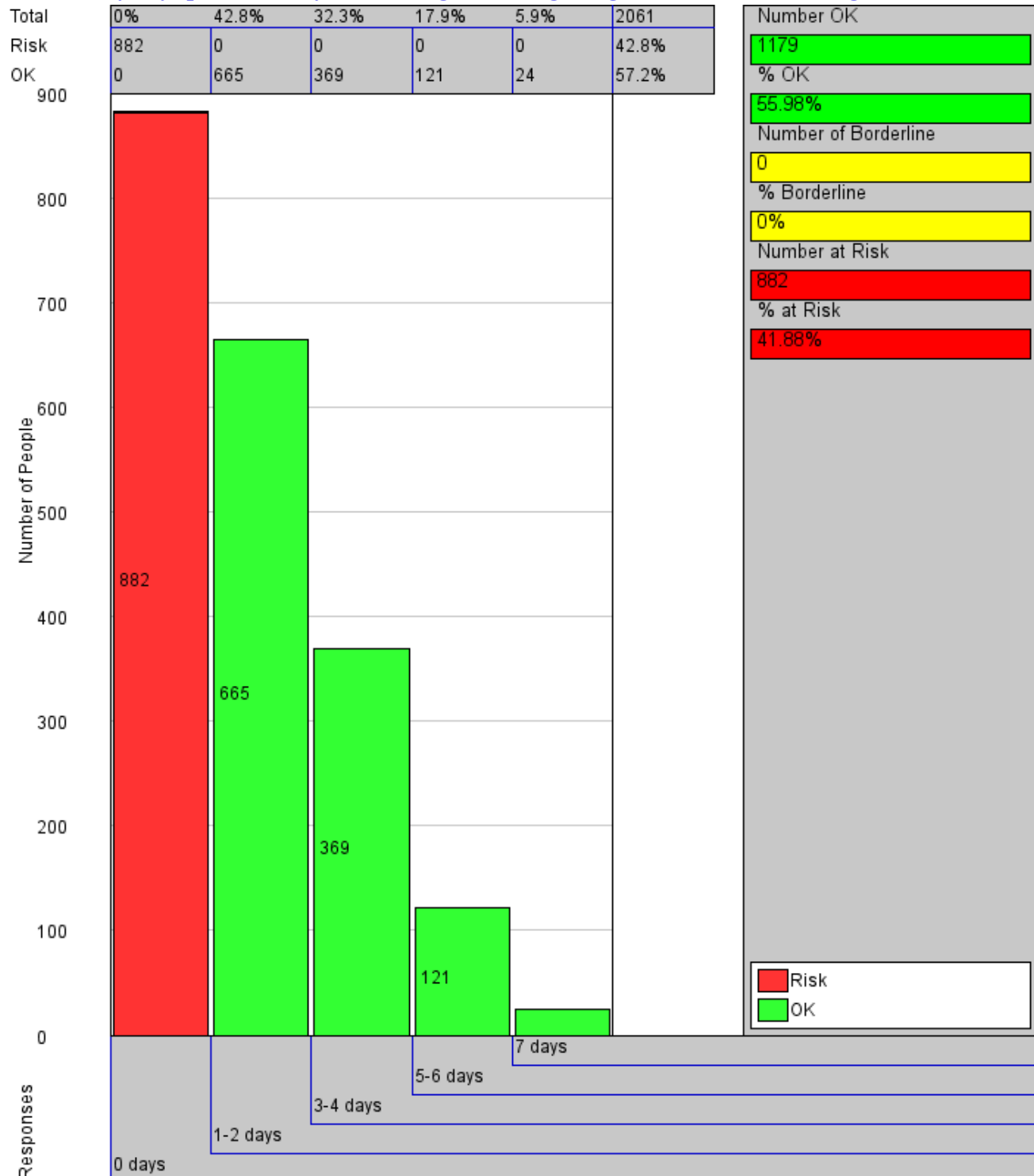
"In the past 6 months, how many days per week did you do 20 or more minutes of aerobic exercise?"



Fitness & Exercise

Insufficient strength building exercise

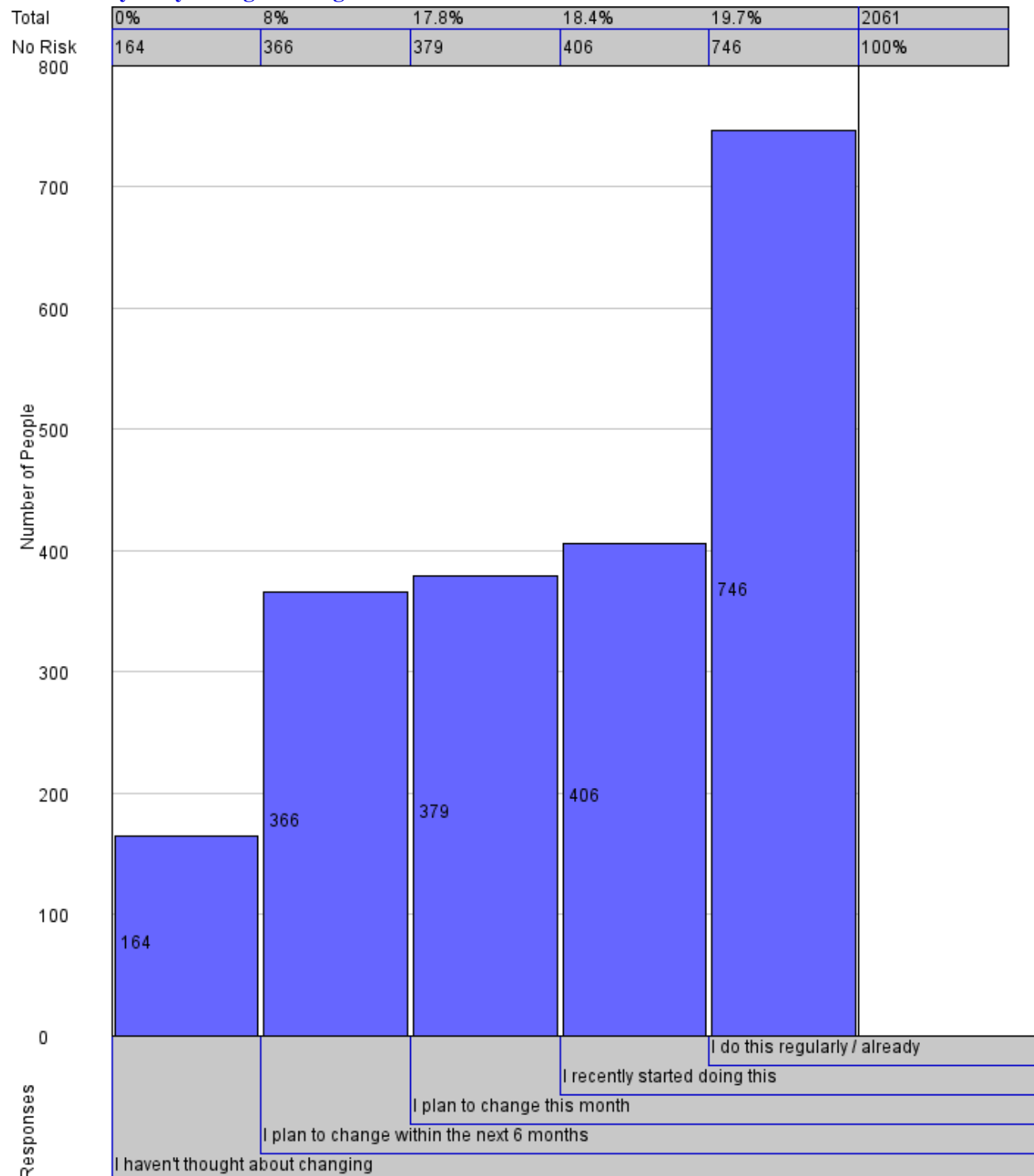
"How many days per week do you do strength building (weight or resistance training) exercises?"



Fitness & Exercise

Readiness to exercise

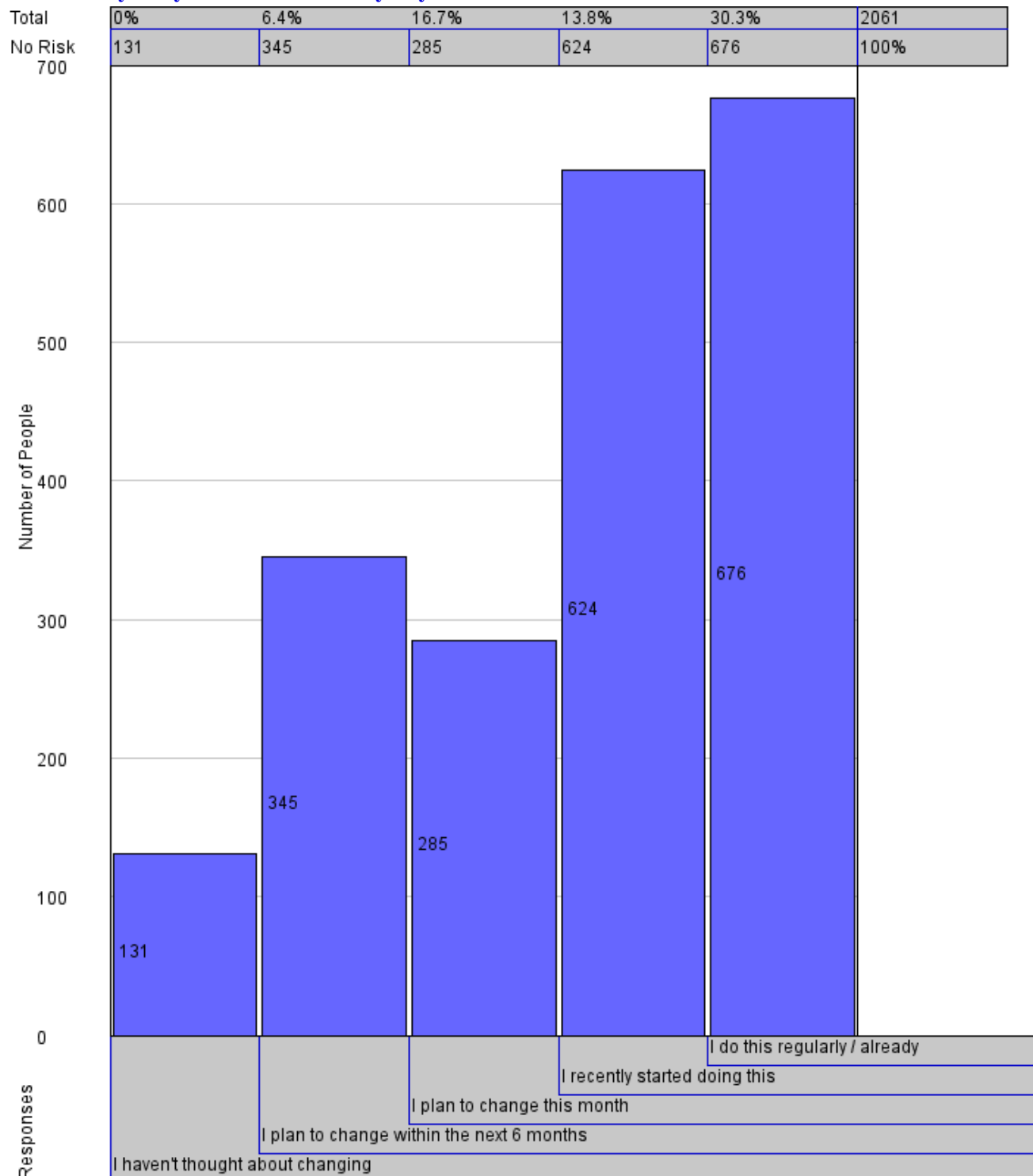
"How ready are you to get the right amounts of exercise in each week?"



Fitness & Exercise

Readiness to reach ideal weight

"How ready are you to reach and stay at your IDEAL WEIGHT?"



Aggregate Report

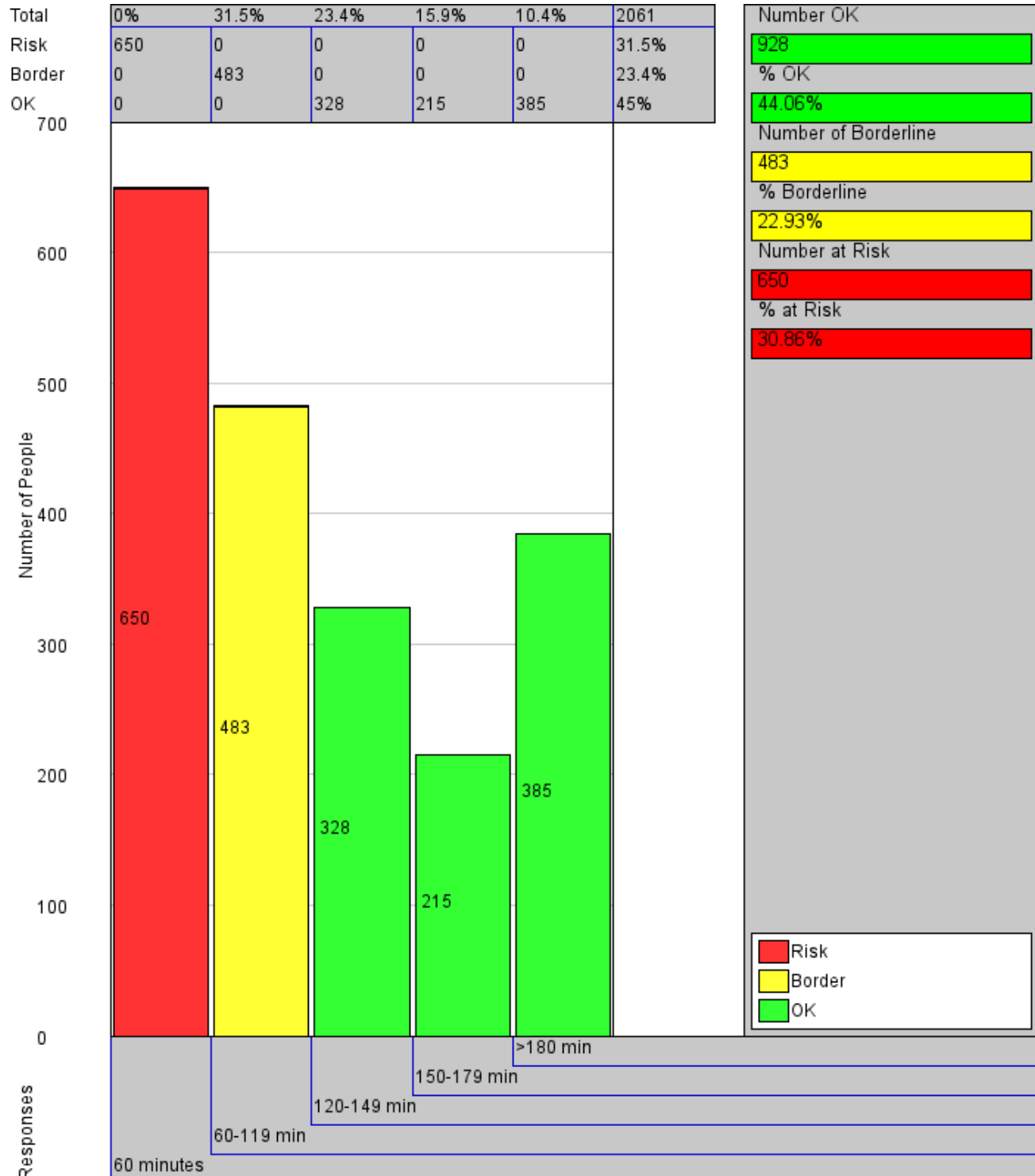
Rockford Public Schools



Fitness & Exercise

Average minutes of exercise

"On average, how many total minutes a week do you get of moderate to vigorous exercise -e.g., walk, jog, bicycle, workout, swim, play soccer, basketball, etc.?"



Aggregate Report

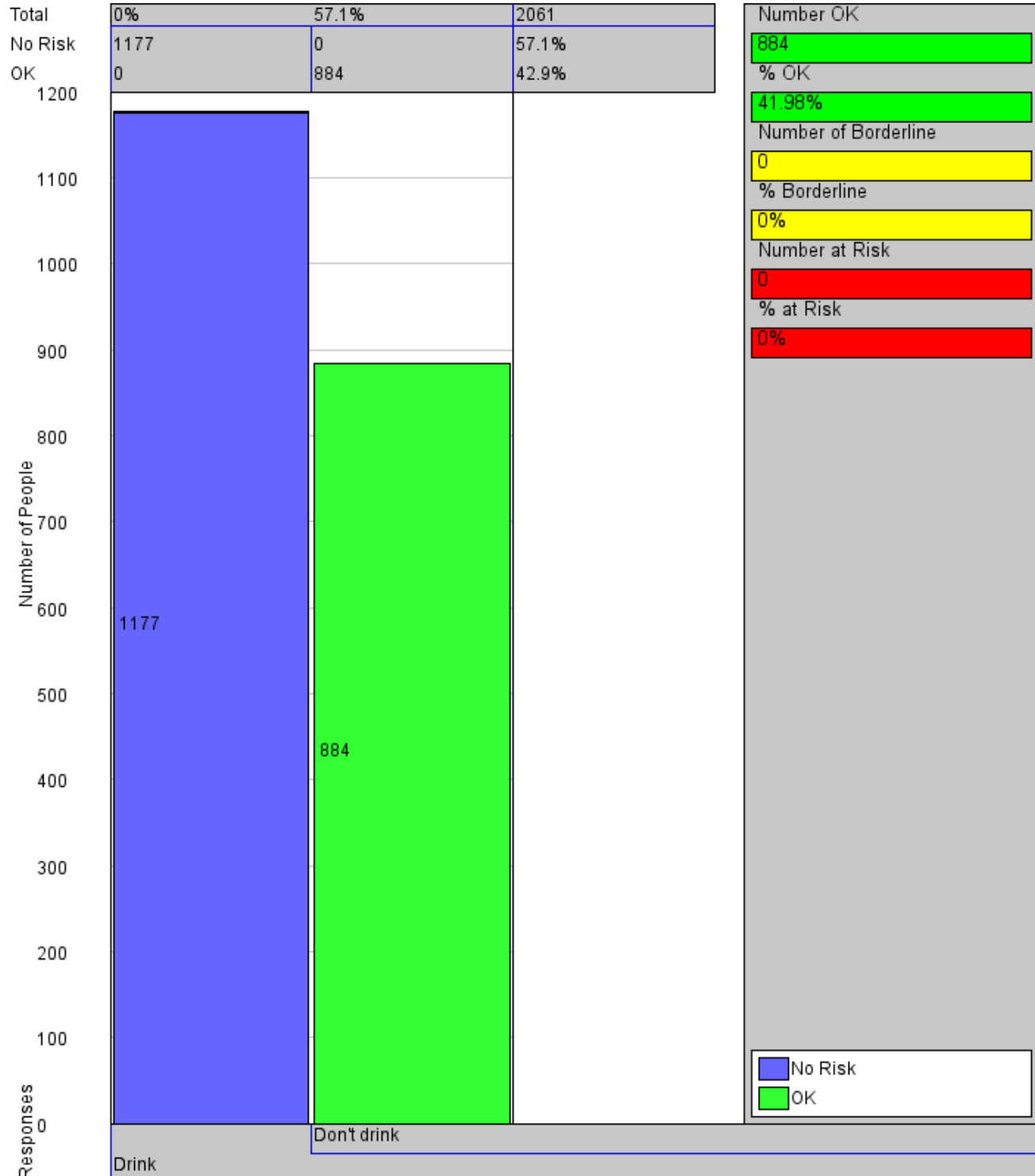
Rockford Public Schools



Alcohol

Drinks Alcohol

"Do you drink alcoholic beverages?"



Aggregate Report

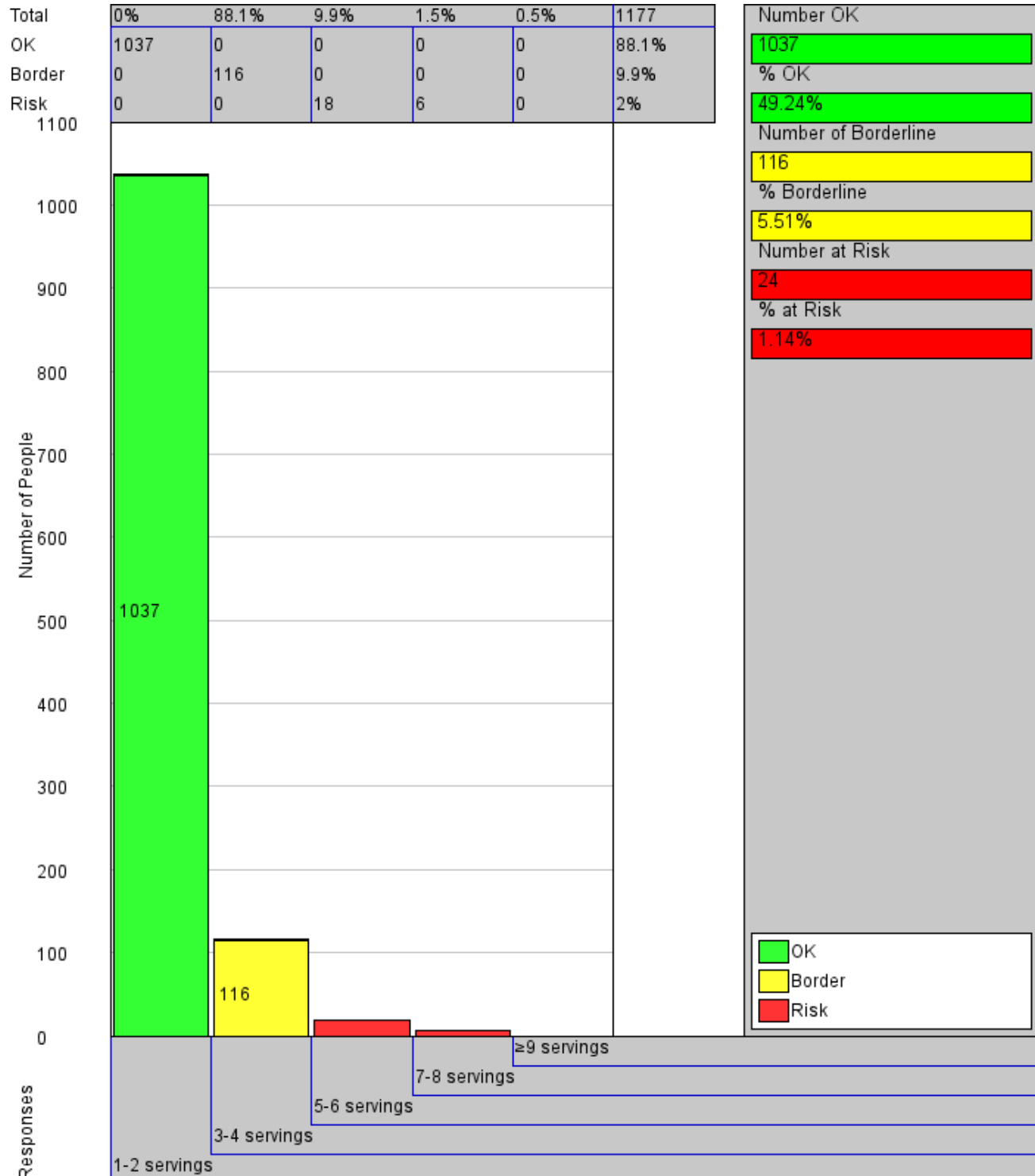
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Alcohol

Excessive average alcohol consumption per day

"Over the last 3 MONTHS, what is the AVERAGE number of servings of alcohol you drank per DAY (on days you drank)?"



Aggregate Report

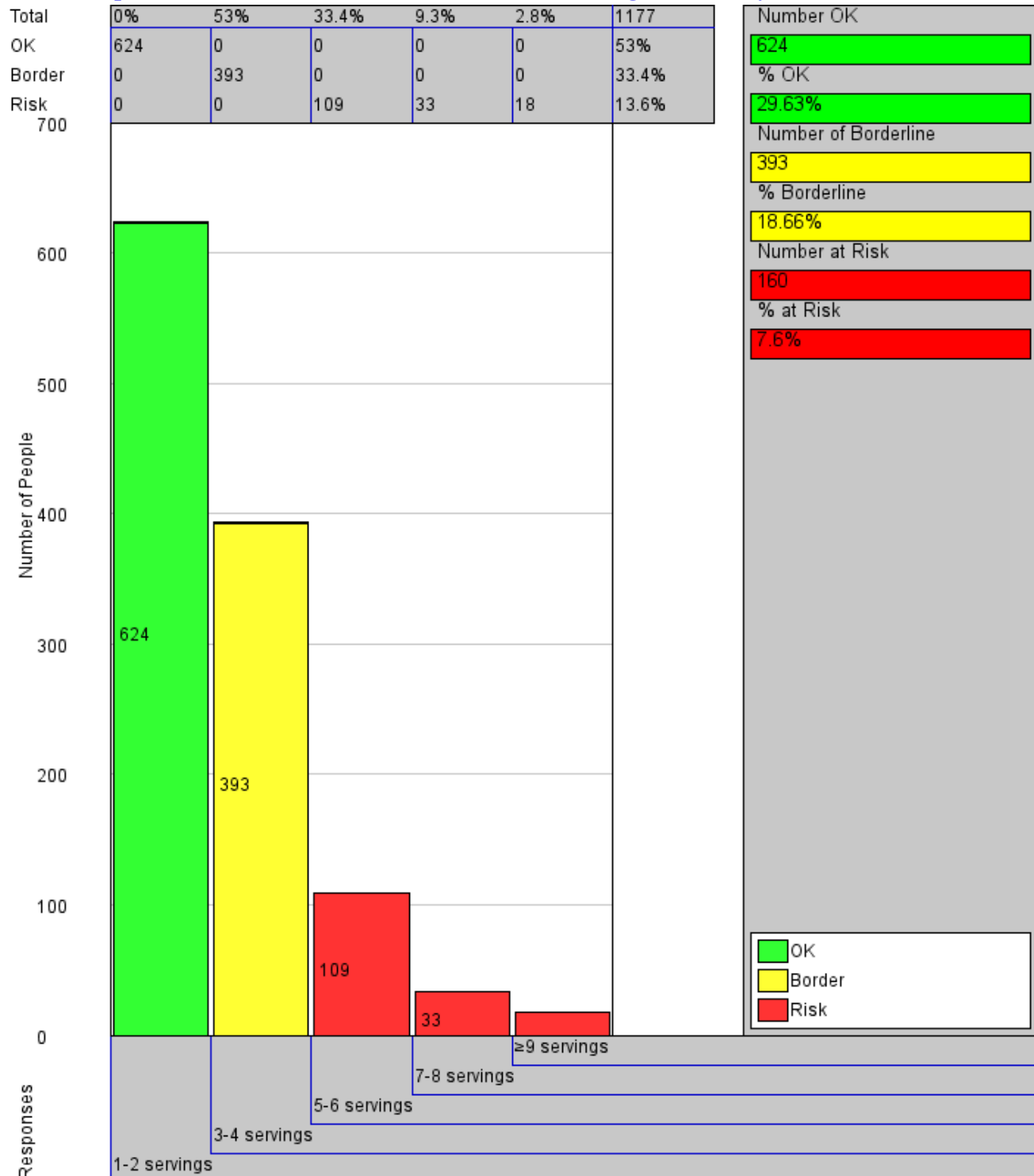
Rockford Public Schools



Alcohol

Excess alcohol consumption in any day

"Over the past 3 months, what is the MOST number of servings of alcohol you drank in one DAY? "



Aggregate Report

Rockford Public Schools



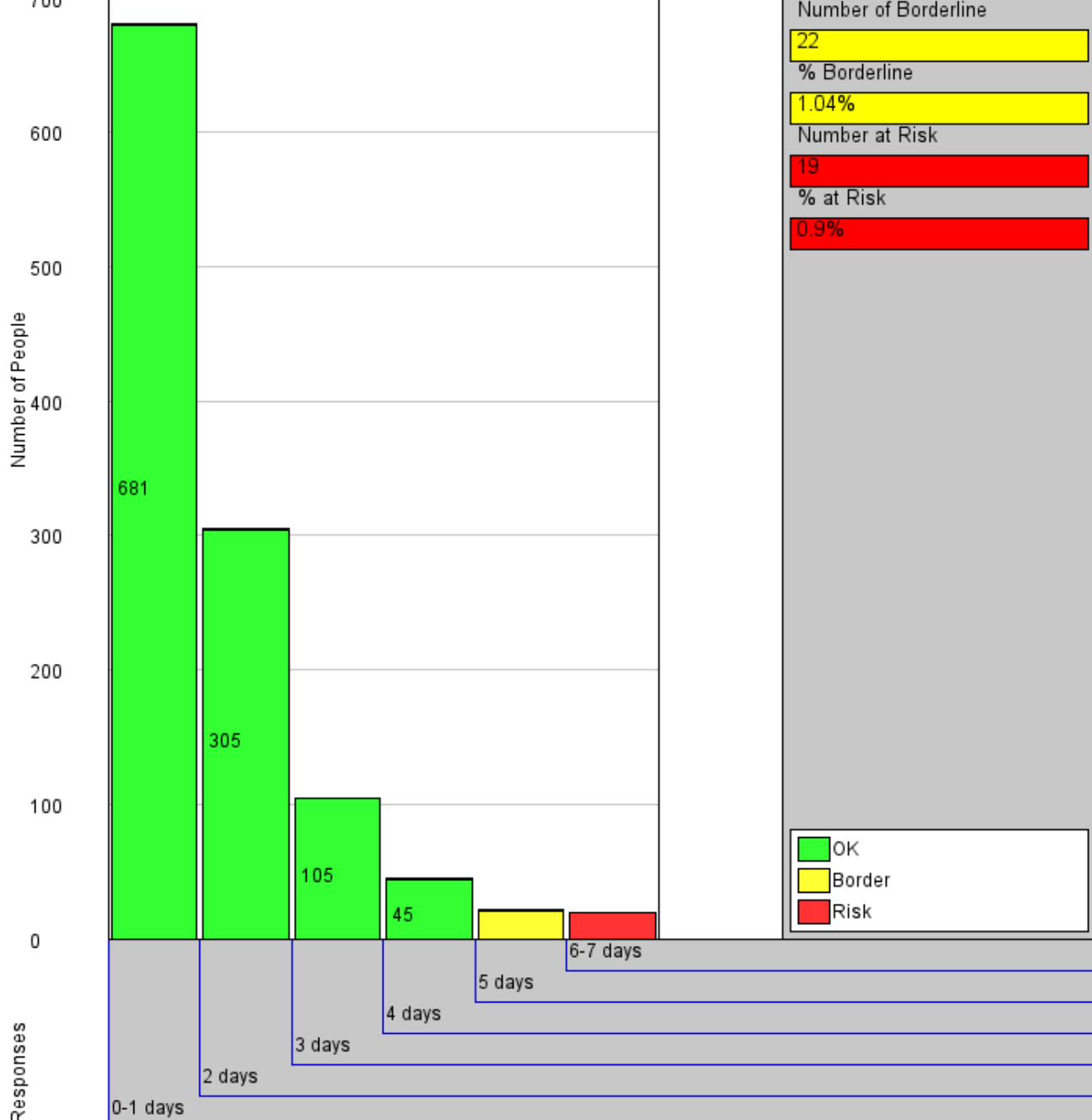
Alcohol

Excessive alcohol in a given week

"On average, how many days a week do you drink alcohol?"

Total	0%	57.9%	25.9%	8.9%	3.8%	1.9%	1177
OK	681	305	105	45	0	0	96.5%
Border	0	0	0	0	22	0	1.9%
Risk	0	0	0	0	0	19	1.6%

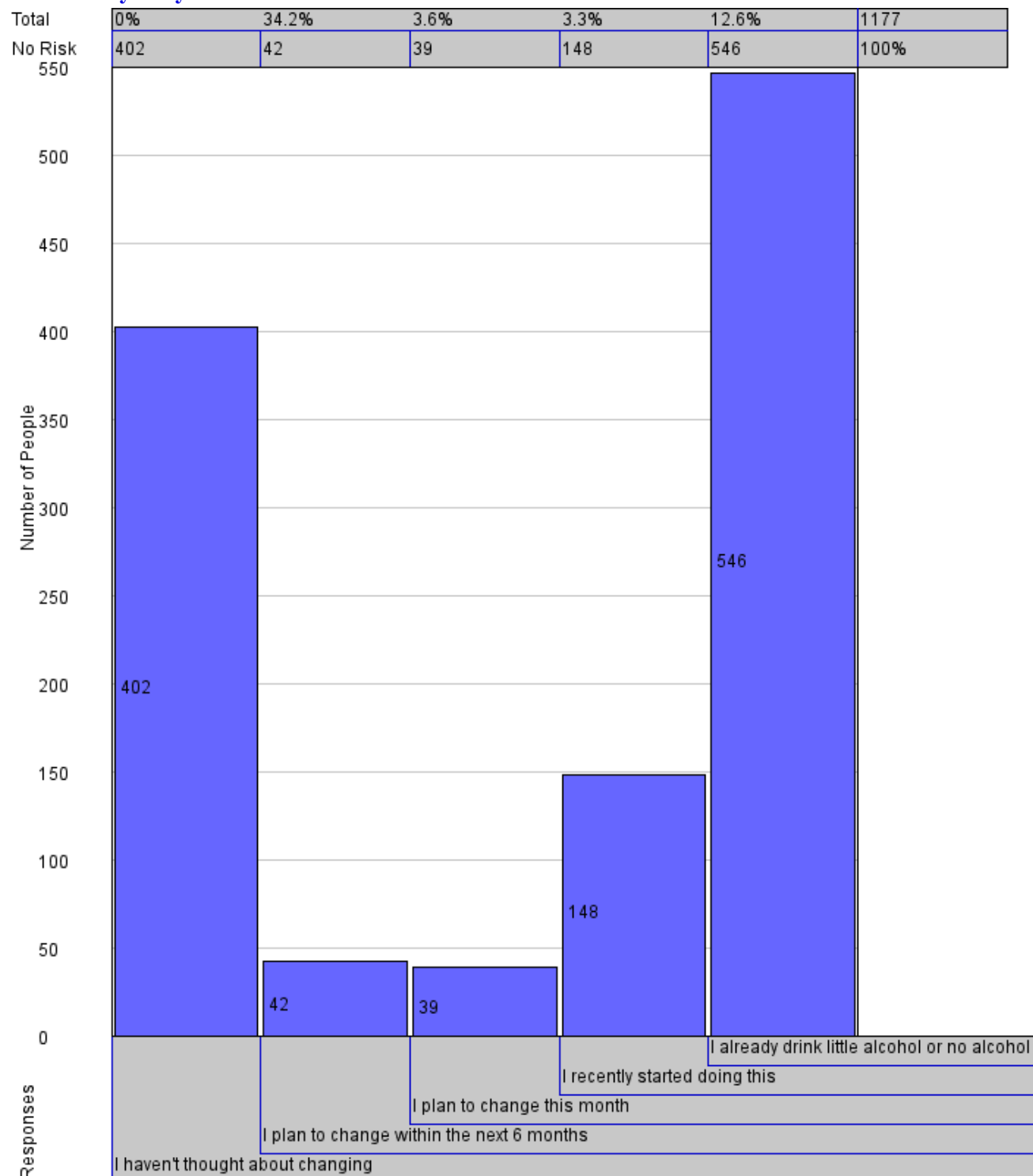
Number OK	1136
% OK	53.94%
Number of Borderline	22
% Borderline	1.04%
Number at Risk	19
% at Risk	0.9%



Alcohol

Readiness to drink less alcohol

"How ready are you to drink less alcohol or none at all?"



Aggregate Report

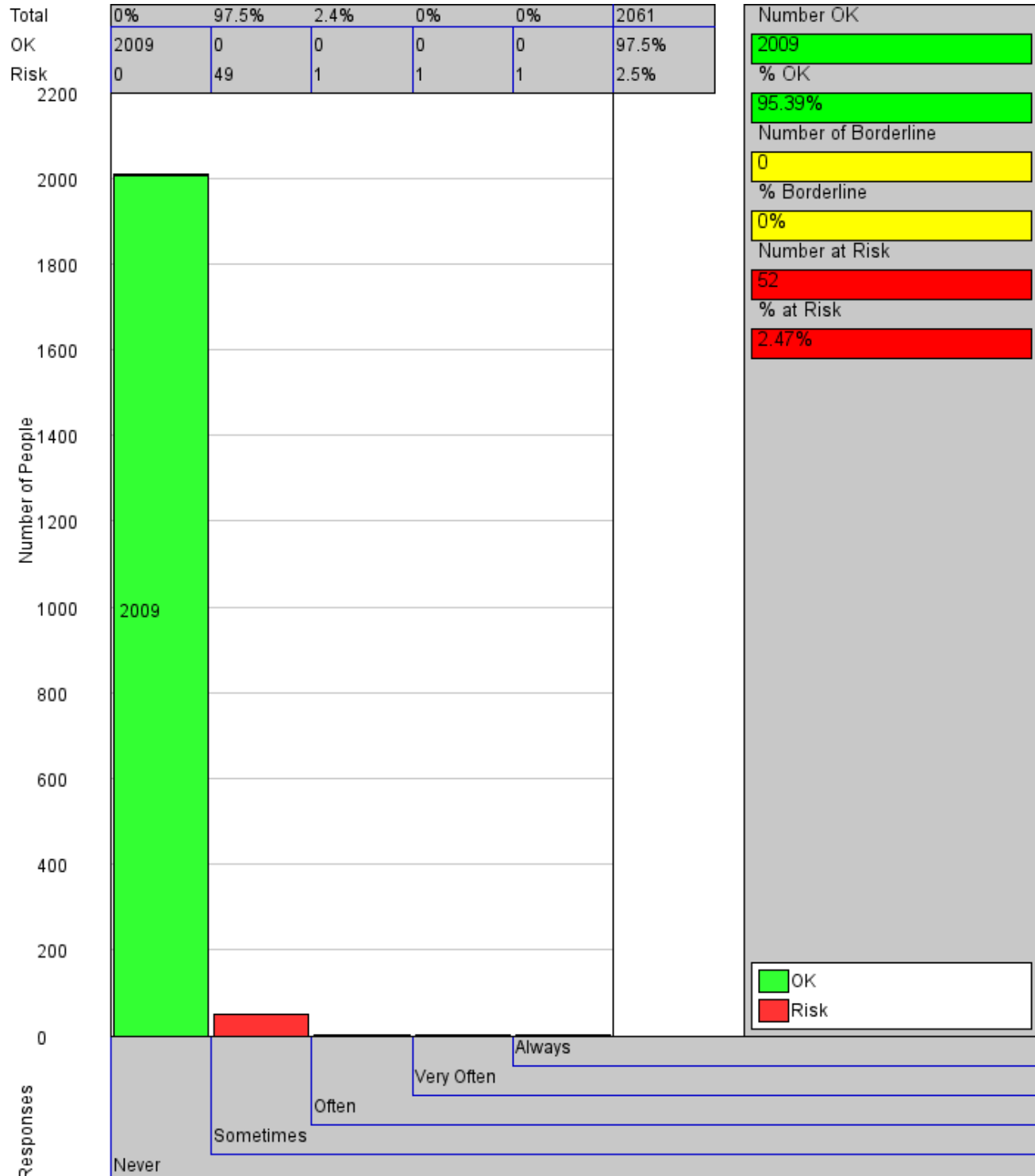
Rockford Public Schools



Safety

DUI and/or ride with a DUI driver

"In the last 12 months, how often did you ride with someone who had too much to drink, or drive when you had too much to drink?"



Aggregate Report

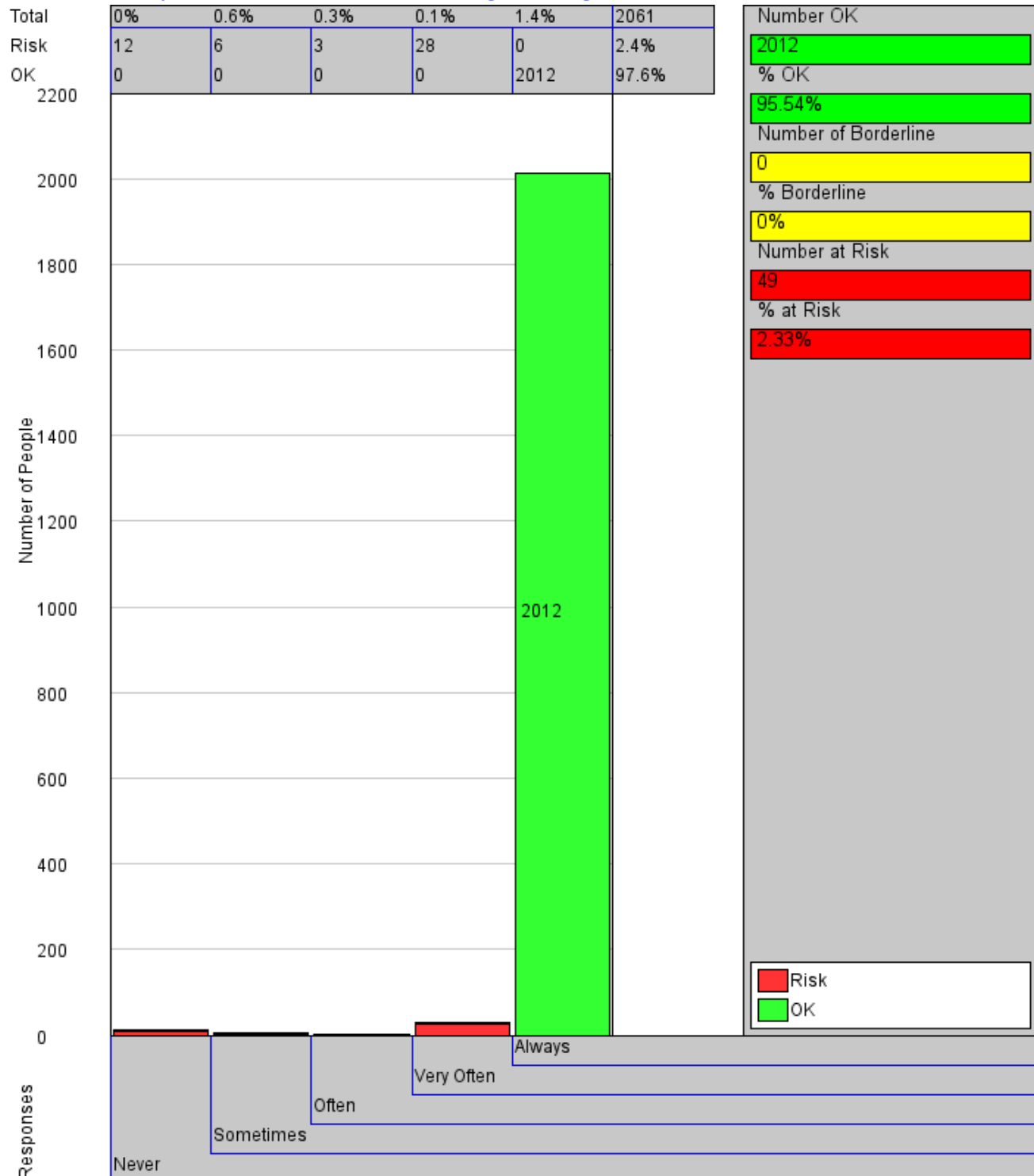
Rockford Public Schools



Safety

Insufficient seat belt usage

"How often do you wear a seat belt when driving or riding in a motor vehicle?"



Aggregate Report

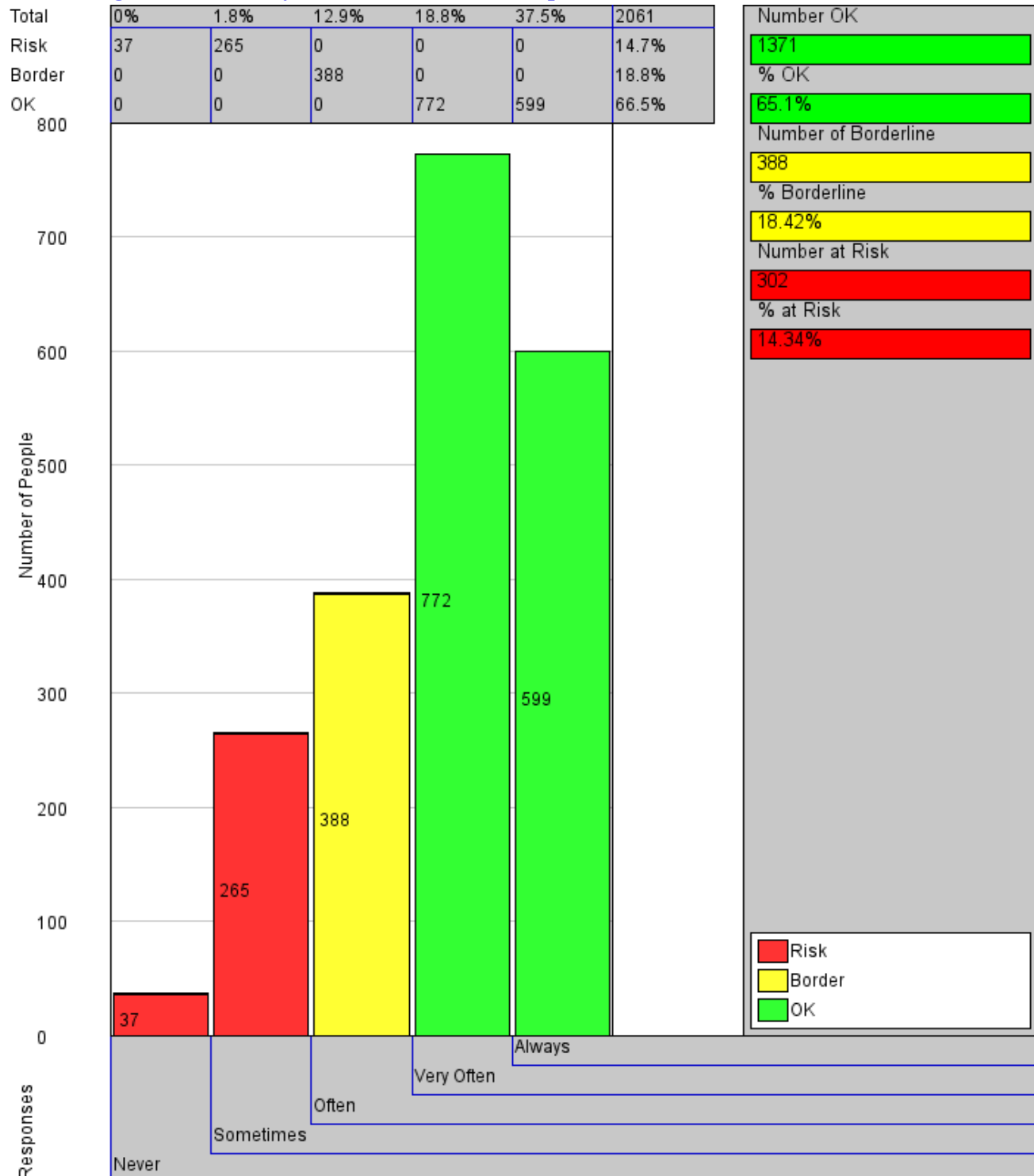
Rockford Public Schools



Safety

Exceeding the posted speed limit

"On average, how often do you drive at or below the speed limit?"



Aggregate Report

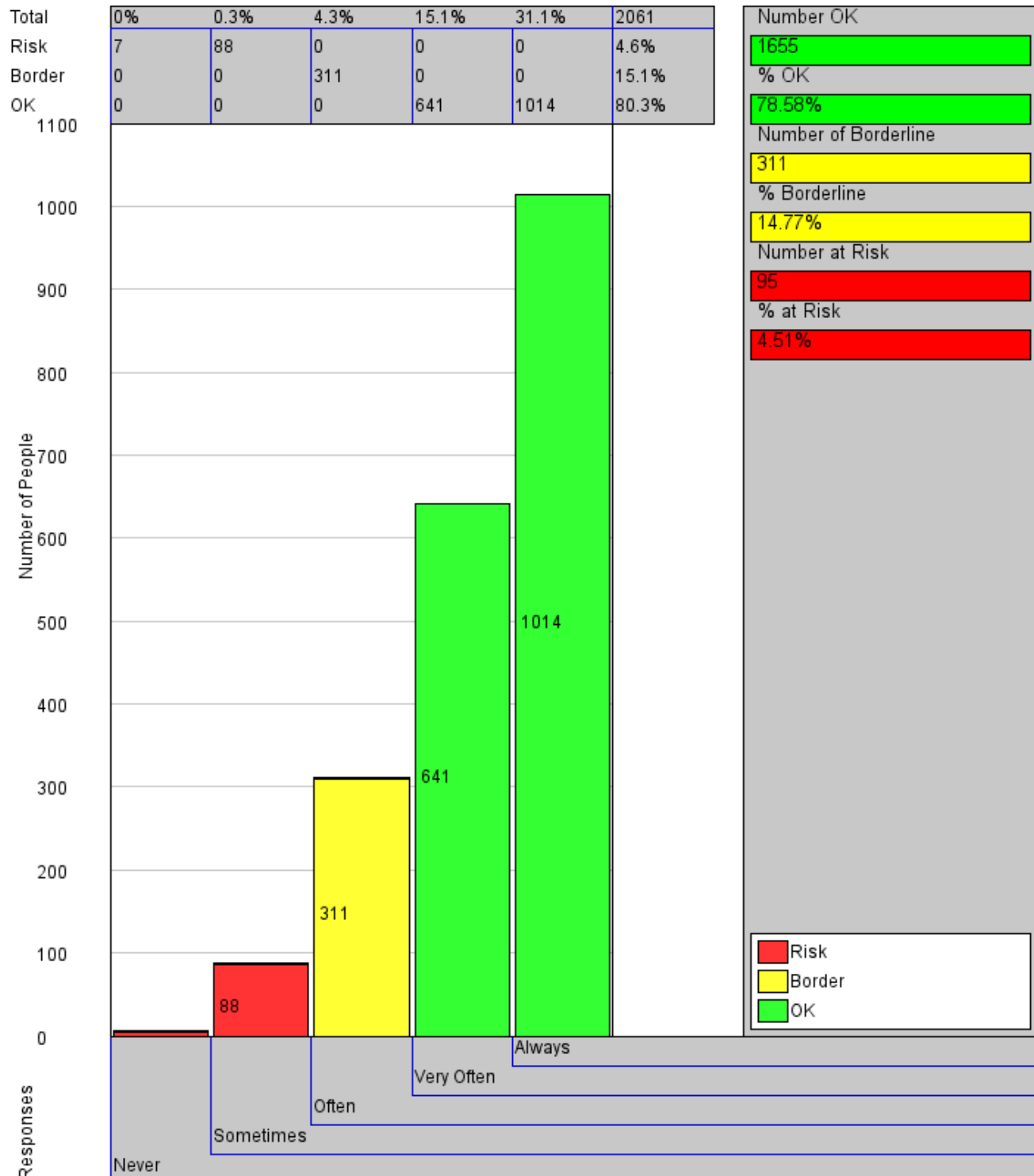
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Safety

Insufficient safe lifting techniques for back health

"How often do you practice proper lifting and other strategies to keep your back safe, healthy, and comfortable?"



Aggregate Report

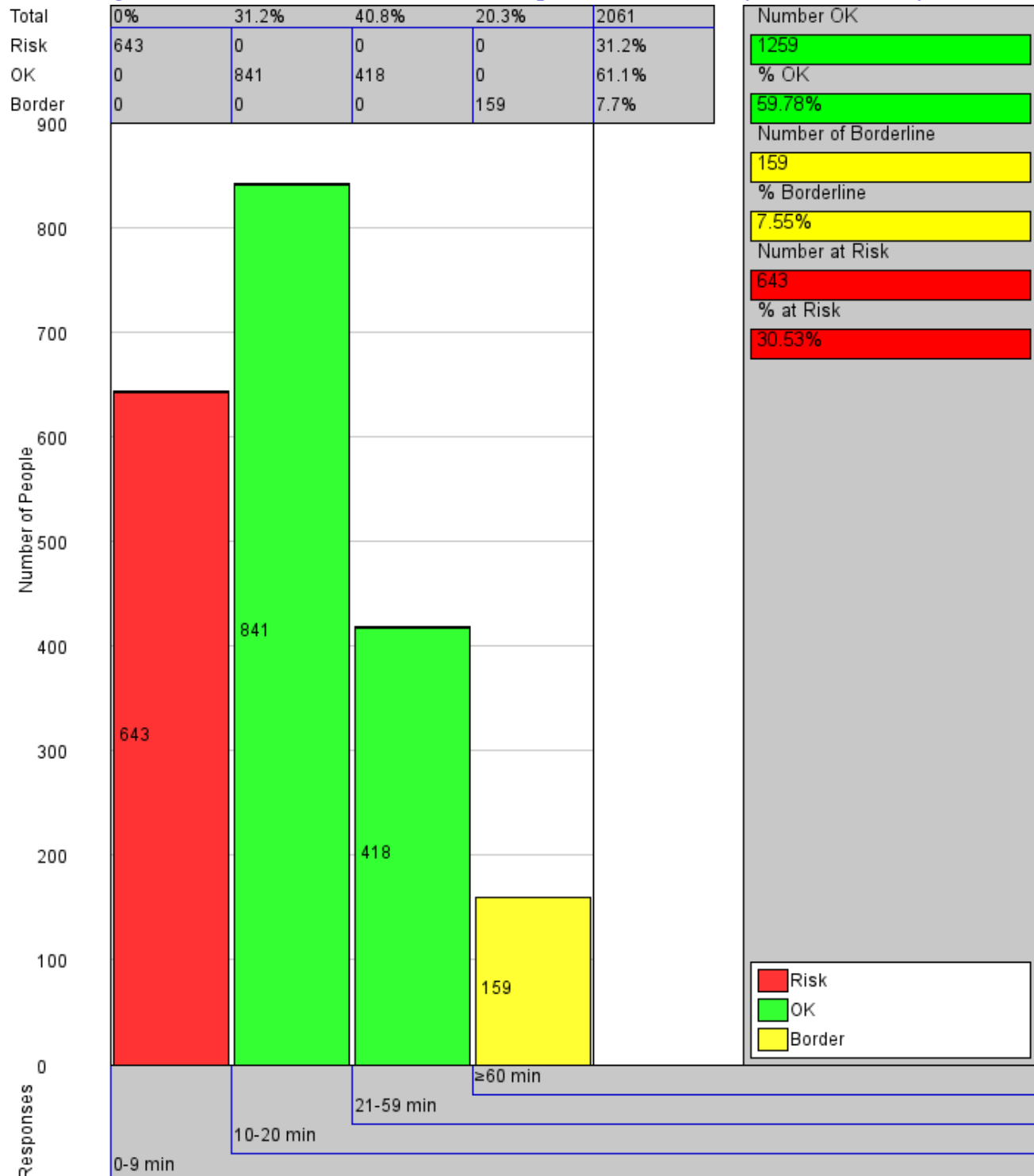
Rockford Public Schools



Safety

Not getting at least 20 minutes of sun exposure each day

"On average, how much bare skin (arms or more) exposure to the sun do you have each day?"



Aggregate Report

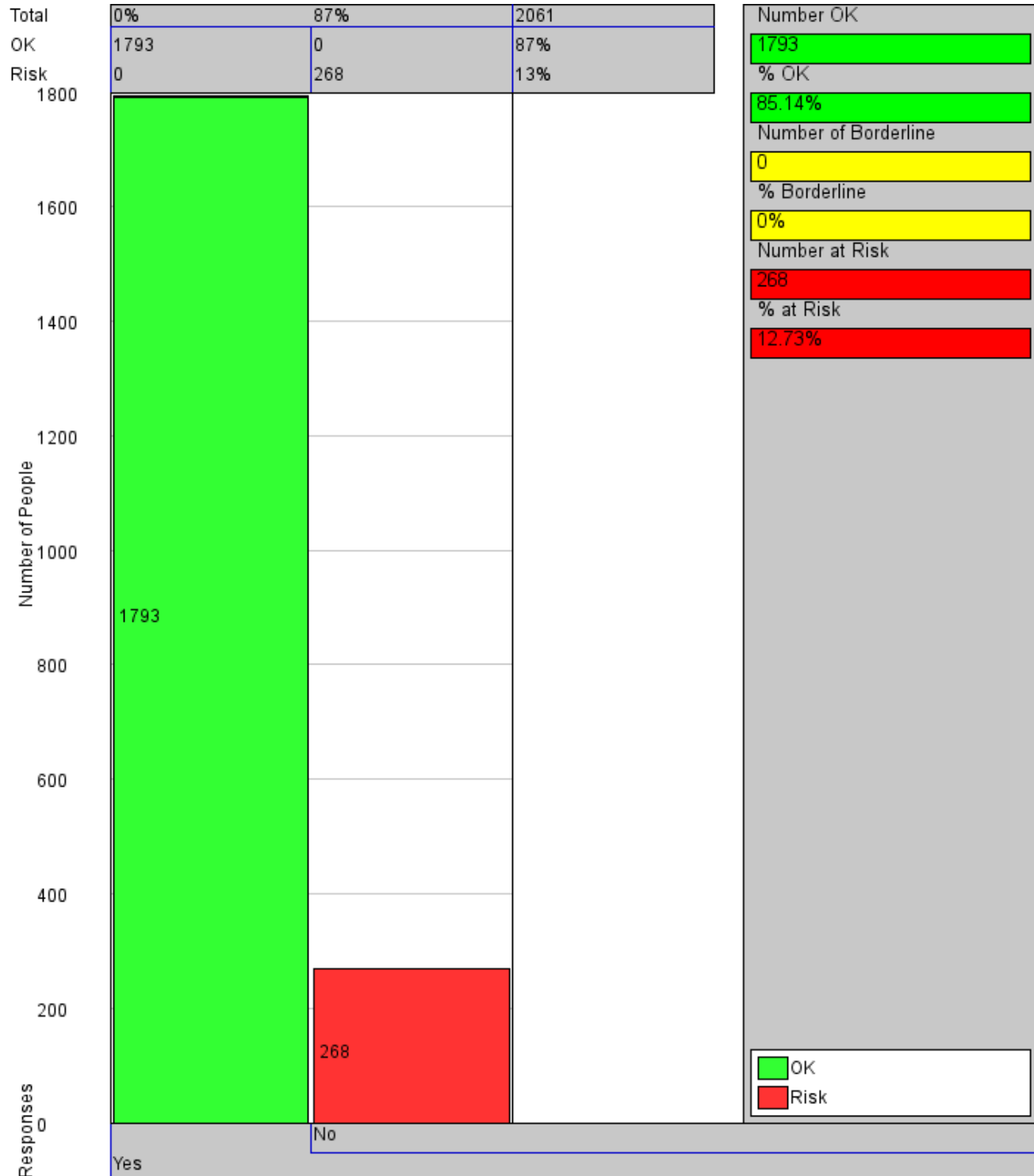
Rockford Public Schools



Safety

Avoid excess sun (UV radiation) using shade, clothing, hats, sunblock and other actions.

"If outside in the sun more than 20 minutes, do you use protective clothing and/or a lotion with an SPF rating of 15 or higher ?"



Aggregate Report

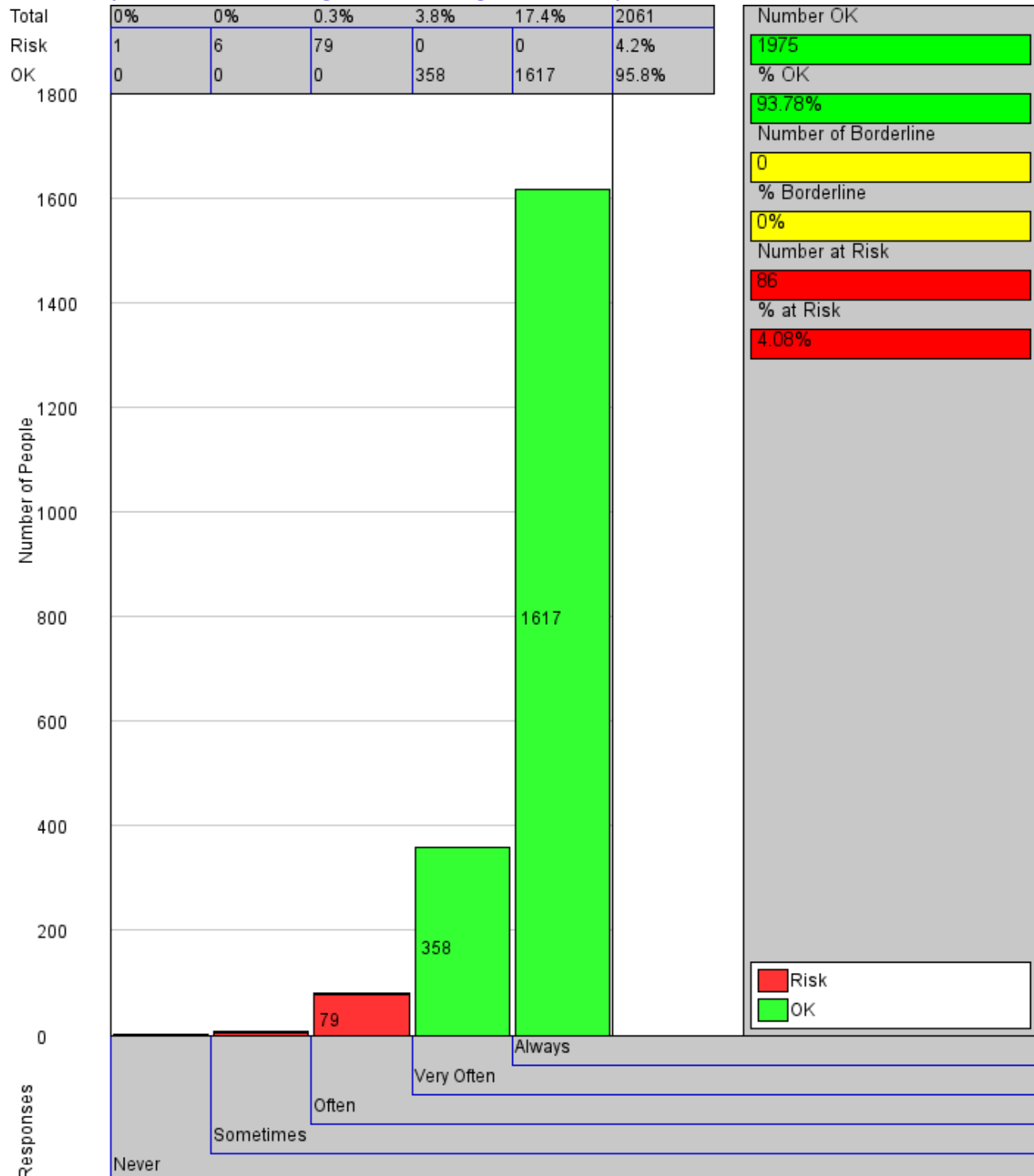
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Hygiene and Immunization

Insufficient hand washing

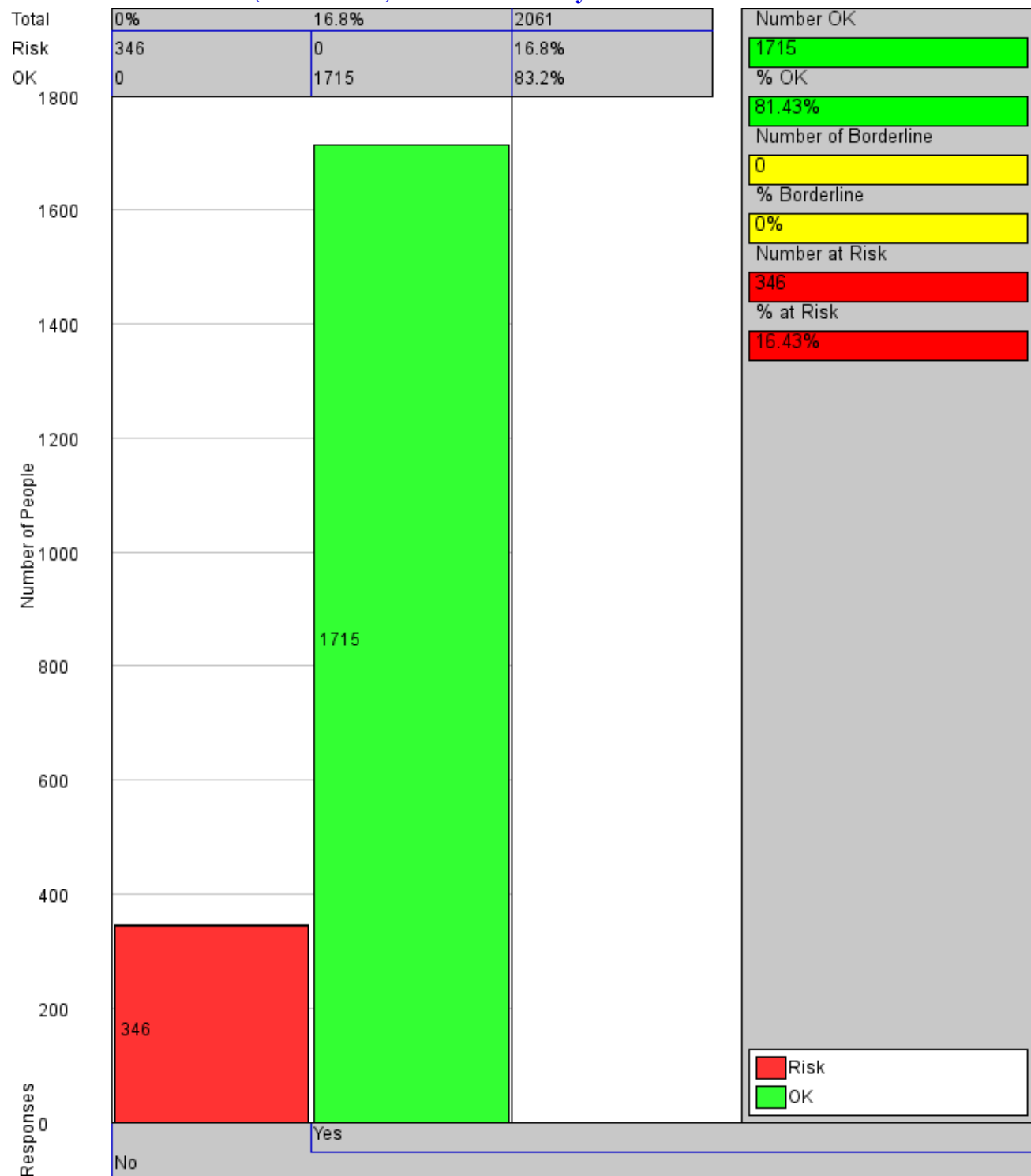
"I wash my hands well at the right times throughout each day."



Hygiene and Immunization

Infrequent tetanus vaccination

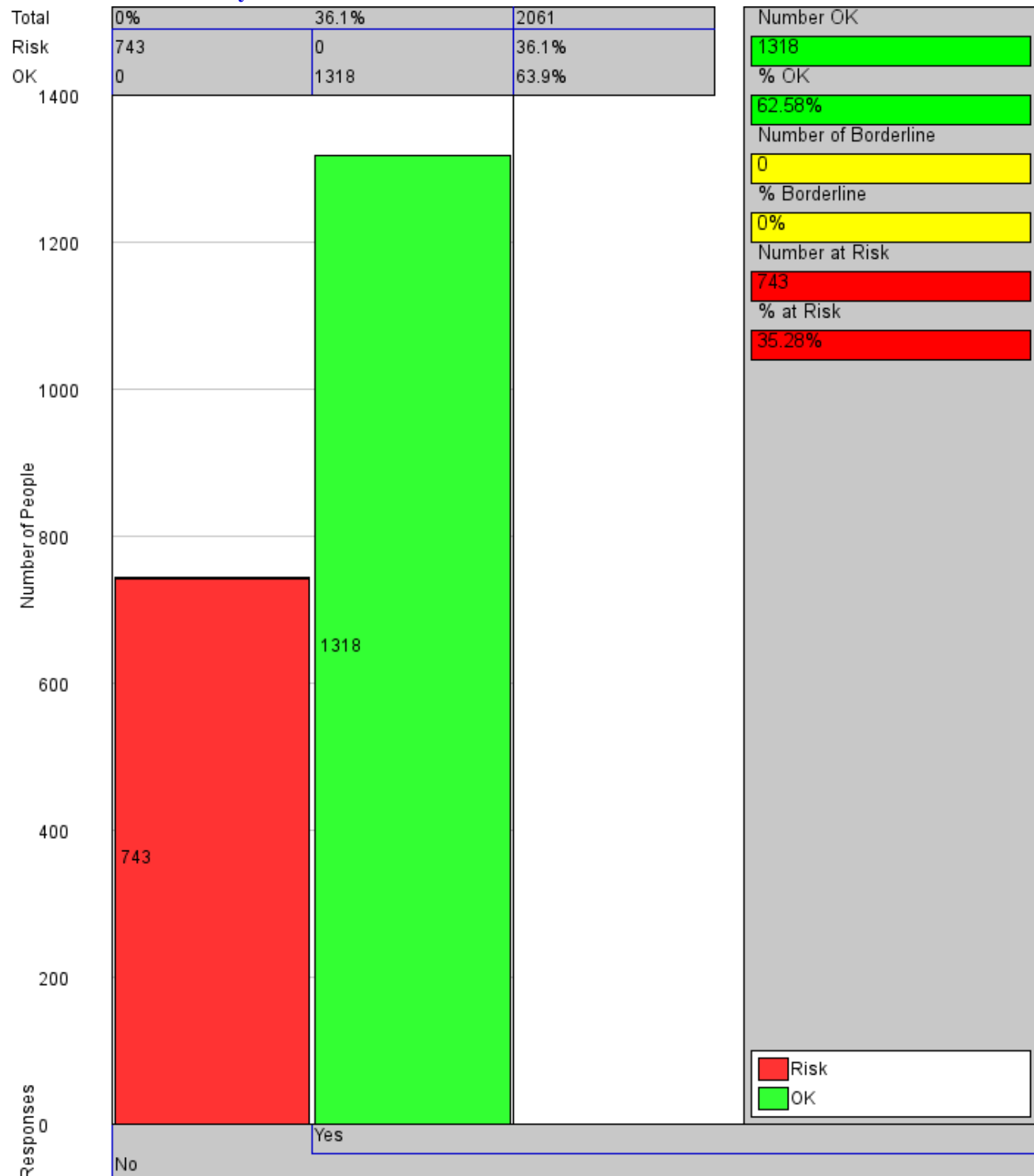
"I've had a tetanus shot (TD or TDaP) within the last 10 years."



Hygiene and Immunization

Infrequent flu vaccination

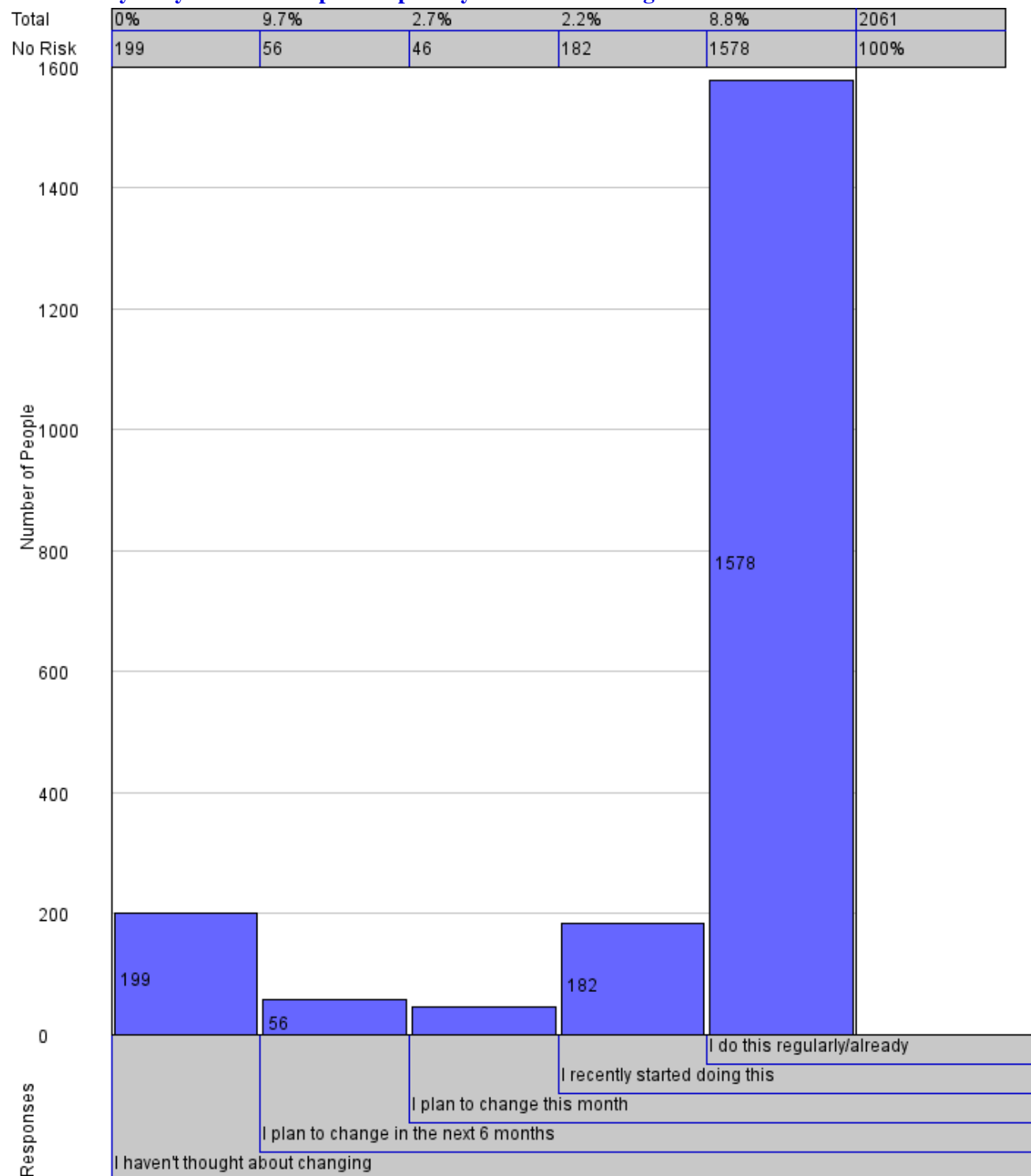
"I have a flu shot each year."



Hygiene and Immunization

Readiness to improve resistance to germs

"How ready are you to take steps to improve your resistance to germs?"



Aggregate Report

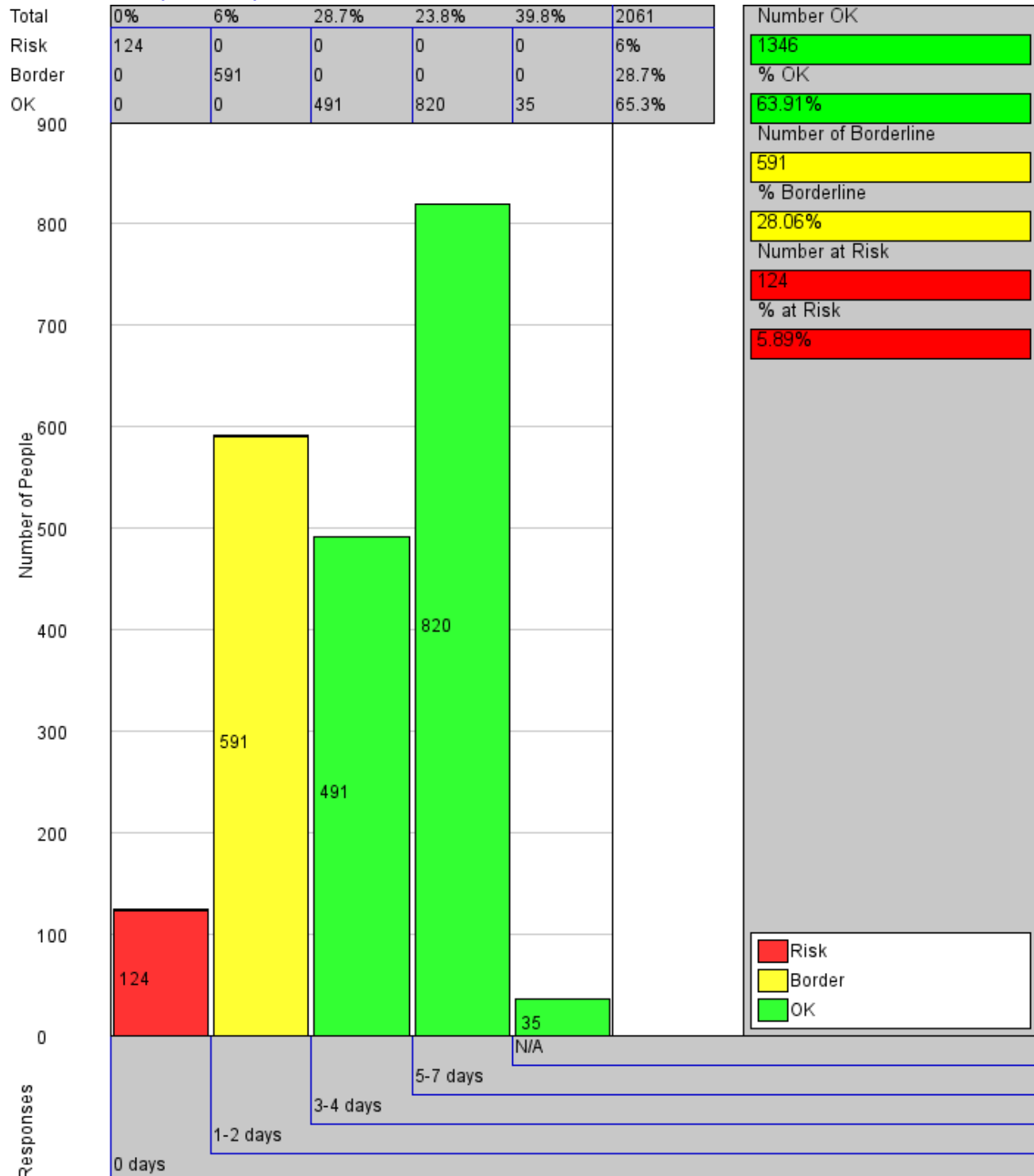
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Hygiene and Immunization

Floss your teeth daily to prevent infections affecting your gums, teeth, heart & social life

"How often do you floss your teeth each week?"



Aggregate Report

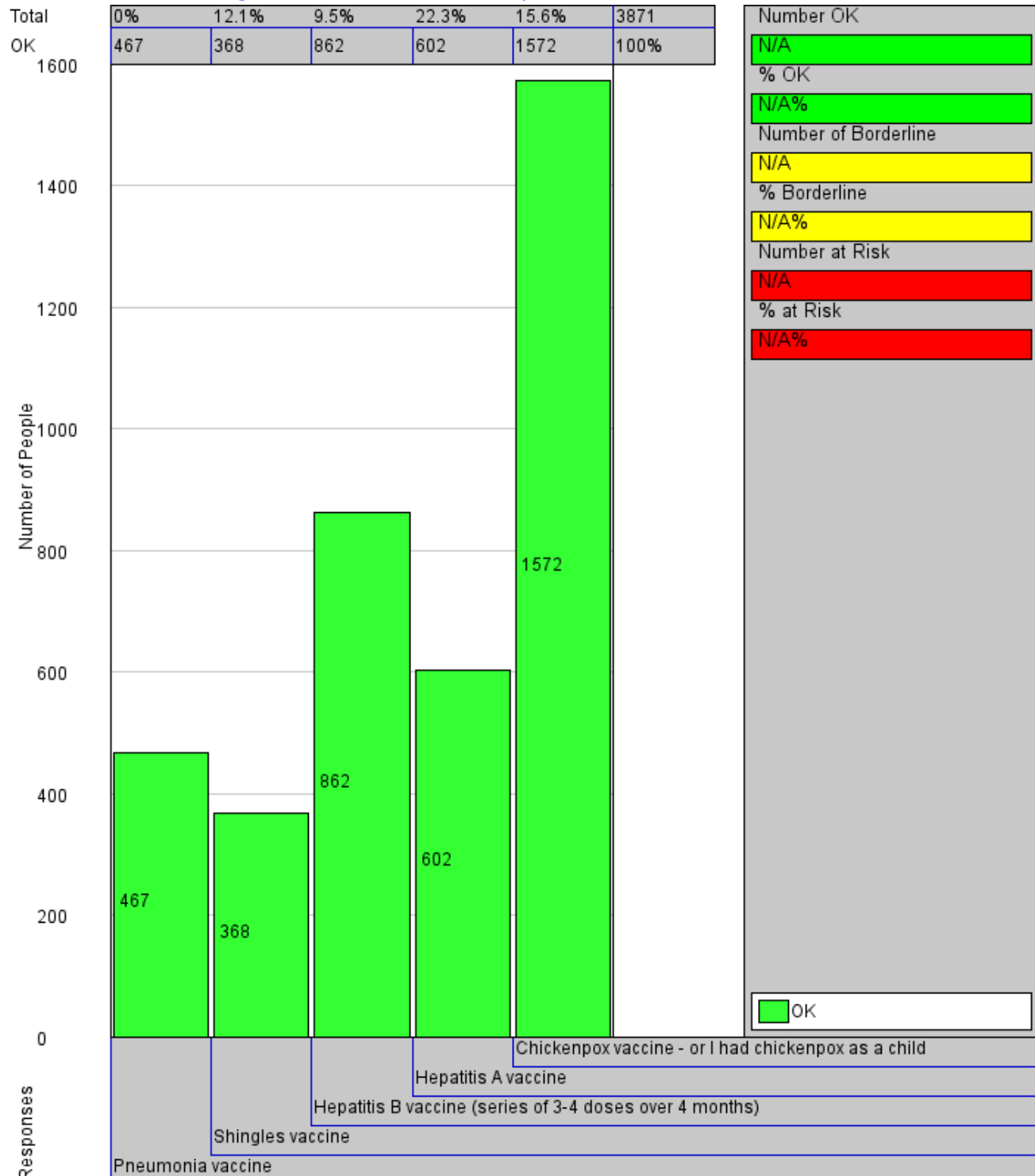
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Hygiene and Immunization

Get the immunizations recommended for adults, certain travels and careers - see above.

"Which of the following other immunizations have you had?"



Aggregate Report

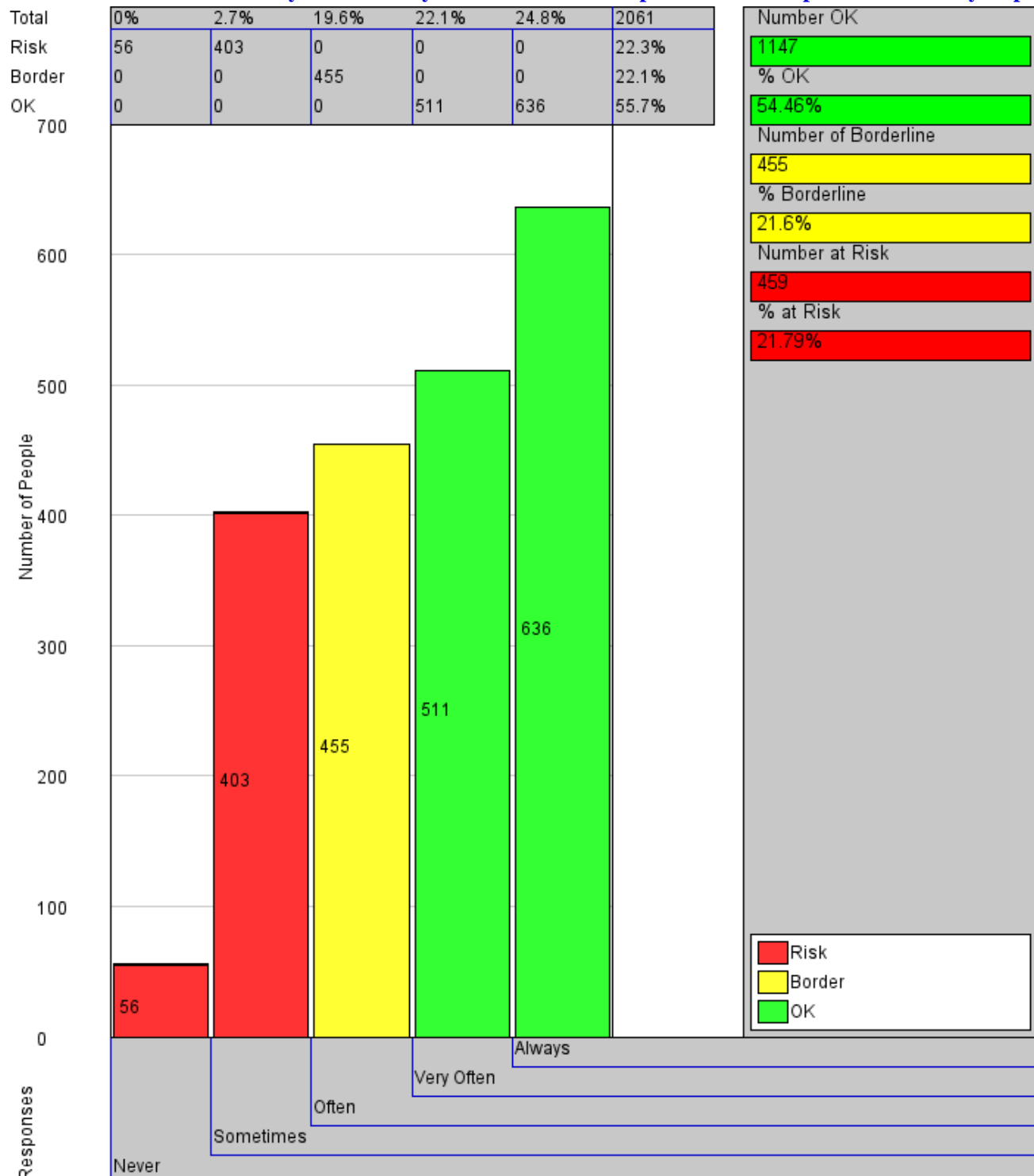
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Health Care

Not performing the recommended self-exams

"I do the recommended daily and monthly self exams to detect potential health problems as early as possible."



Aggregate Report

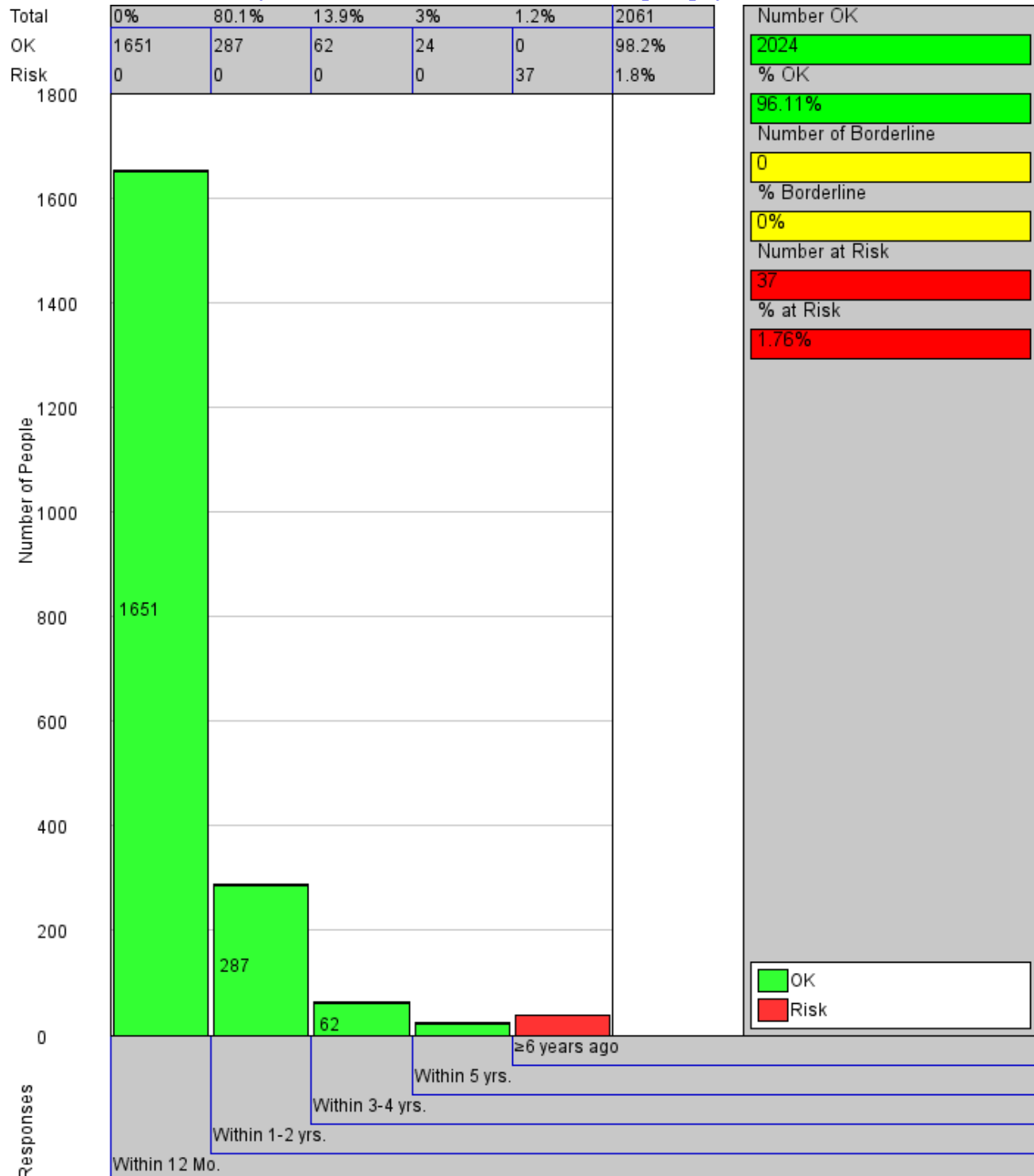
Rockford Public Schools



Health Care

No physical exam within the last 5 years

"When was the last time you saw a medical doctor for a checkup or physical exam?"



Aggregate Report

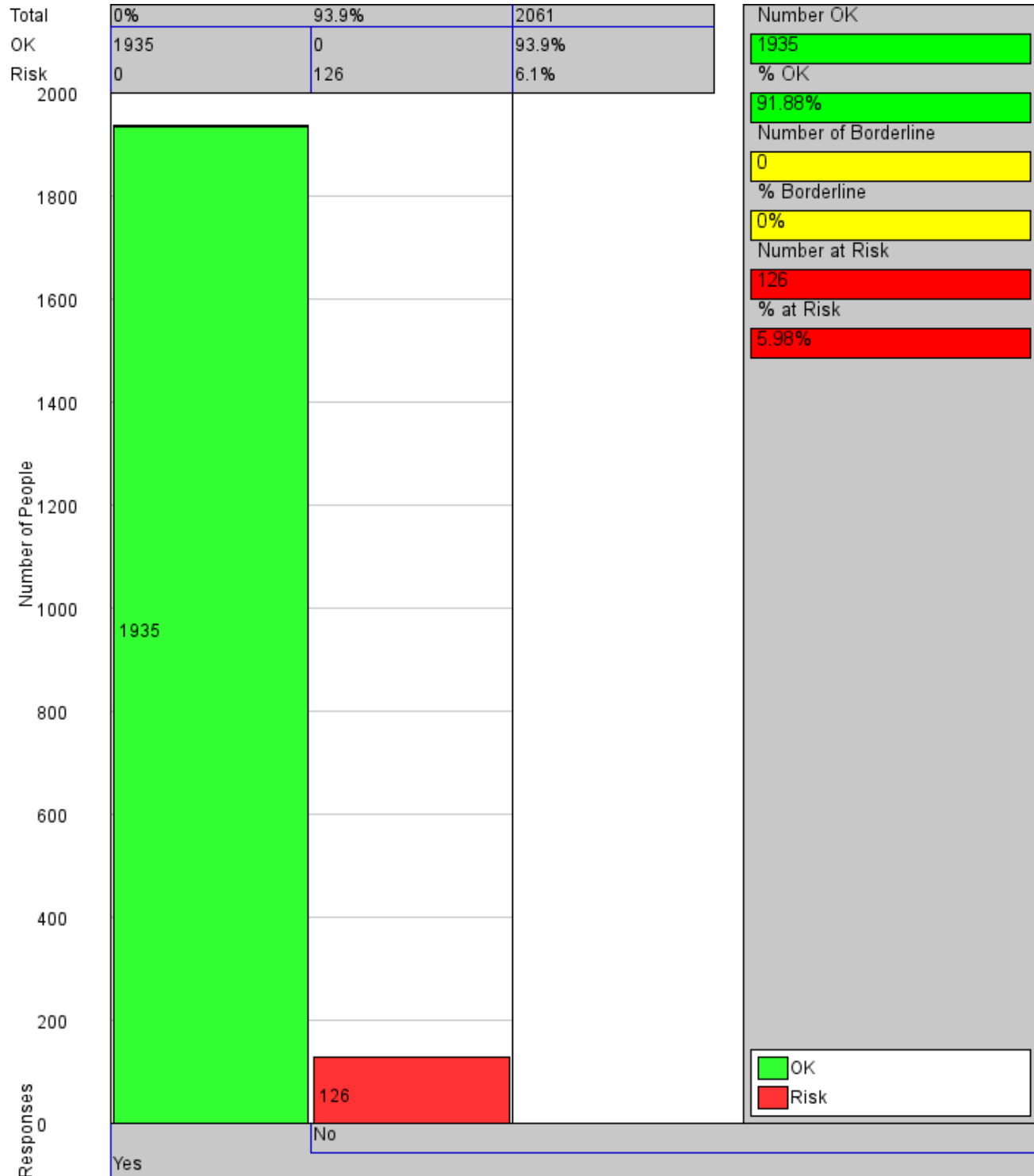
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Health Care

Have no primary care physician

"Do you currently have a main doctor or provider to see for routine health care ? (e.g., a doctor in family practice, internal medicine or OB/GYN; or a nurse practitioner or physician assistant)"



Aggregate Report

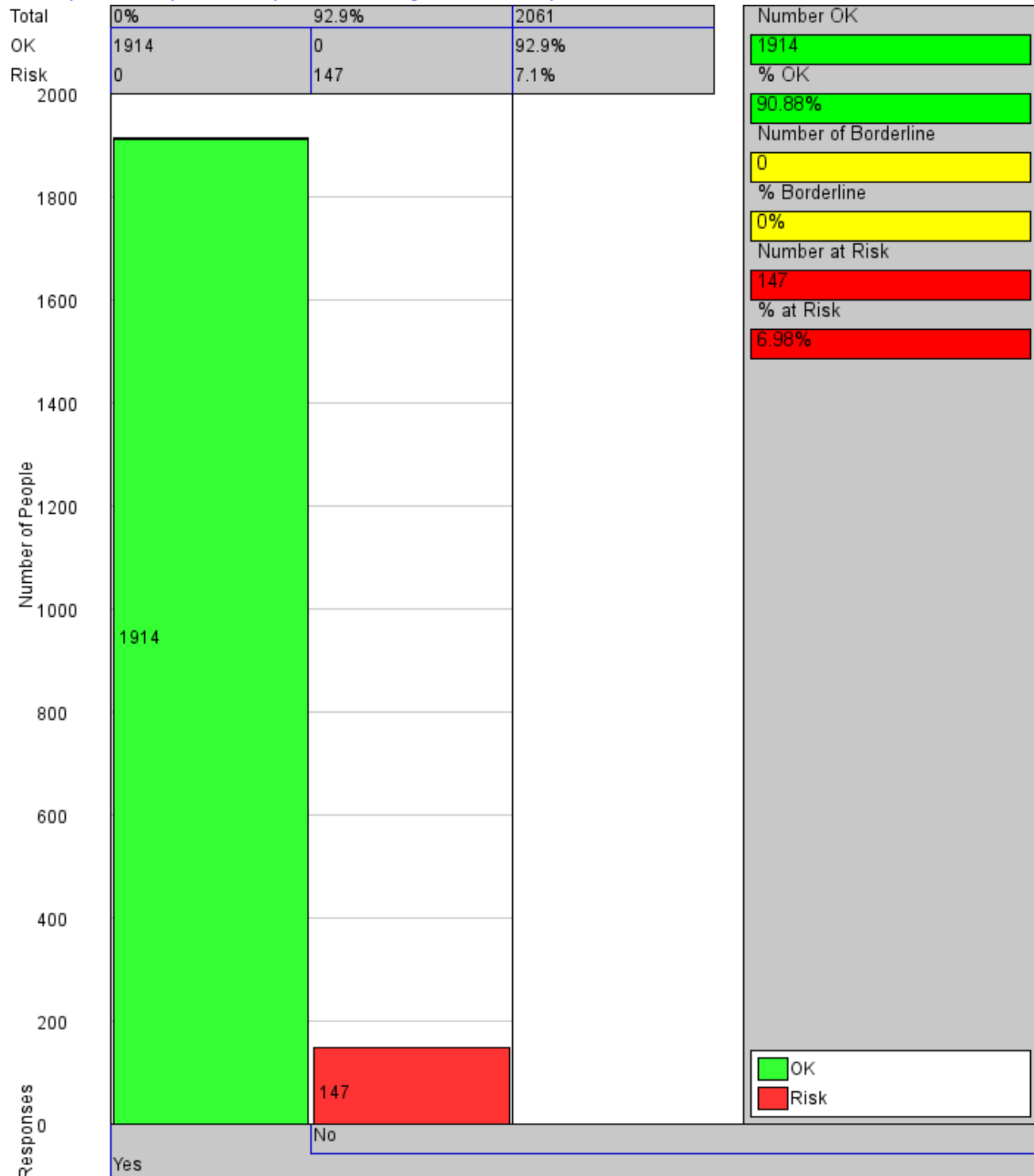
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Health Care

Not sharing screening results with their doctor

"Will you or do you share your screening results with your doctor?"



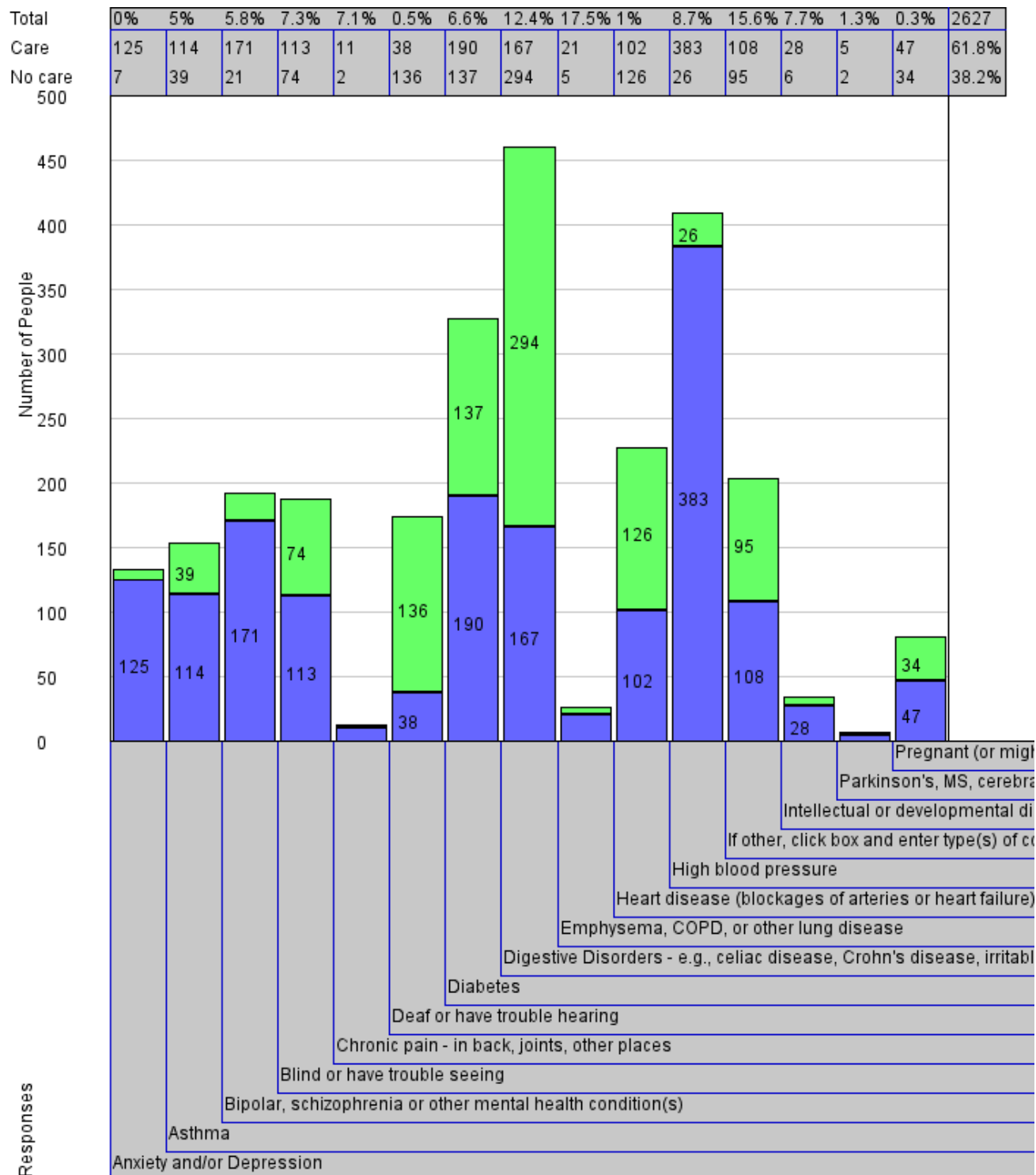
Aggregate Report

Rockford Public Schools



Health Care

Conditions--have



Aggregate Report

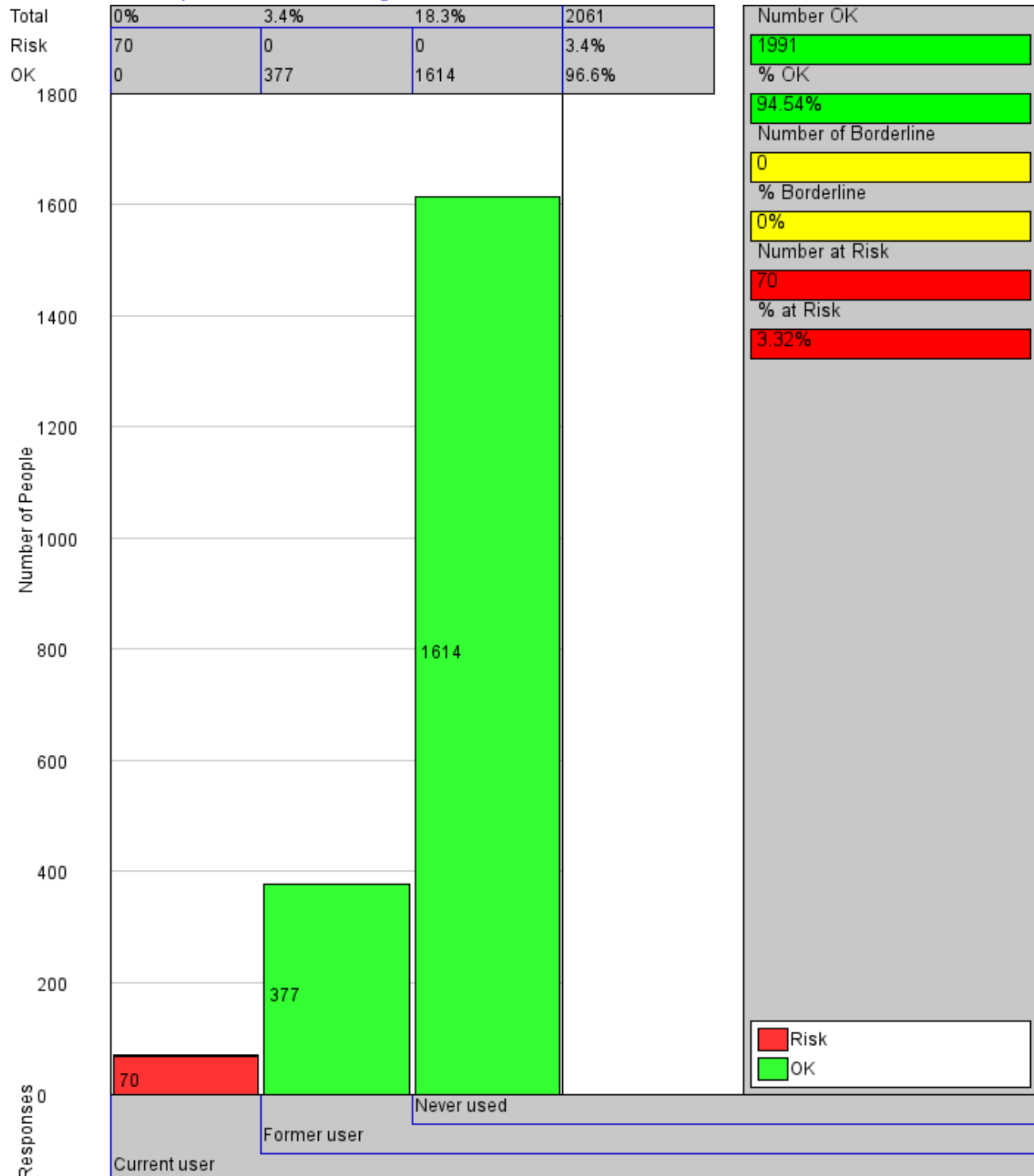
Rockford Public Schools



Tobacco

Use tobacco products

"What describes your use of tobacco products:"



Aggregate Report

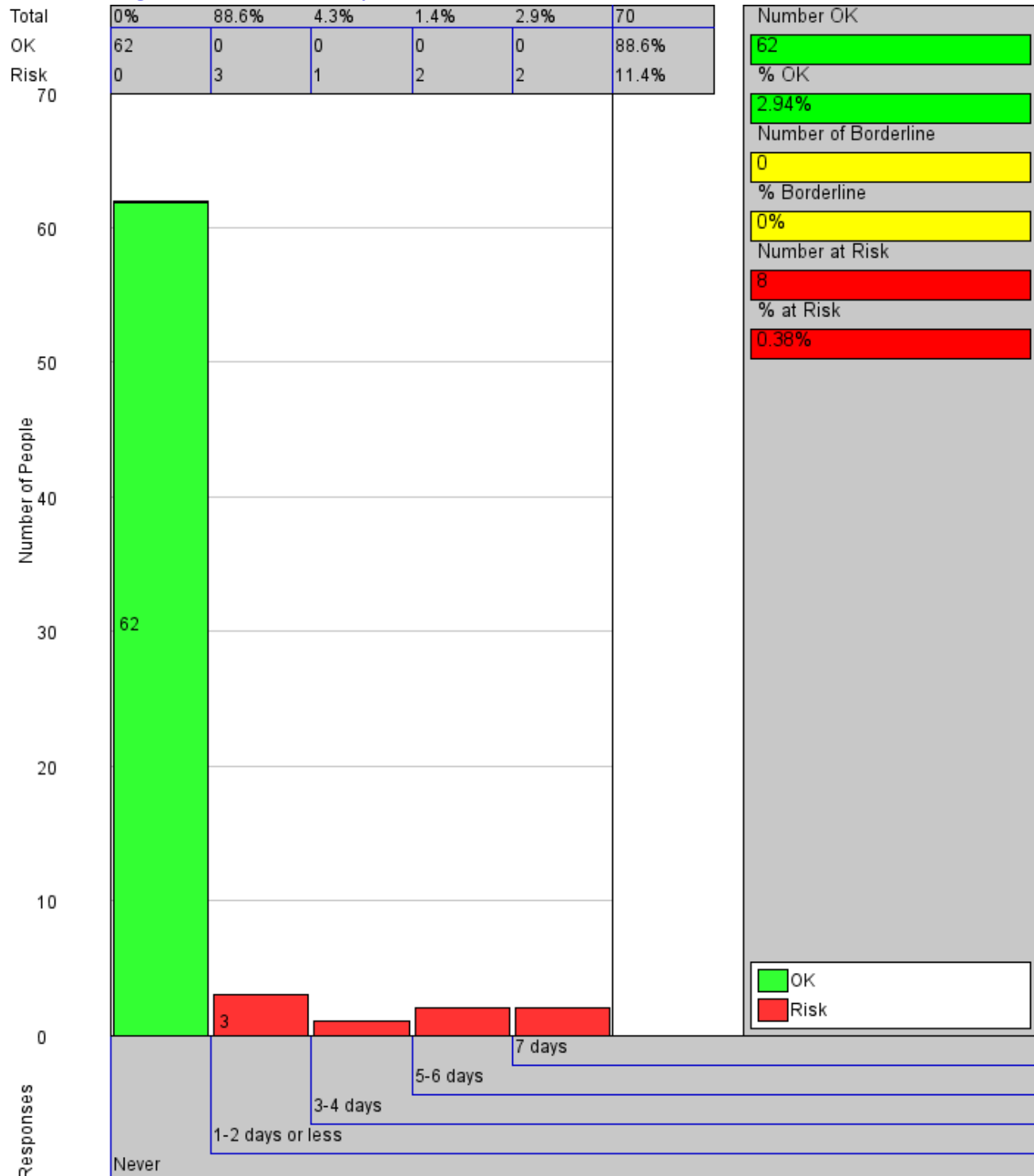
Rockford Public Schools



Tobacco

Use smokeless tobacco

"In an average week, how often do you use smokeless tobacco?"



Aggregate Report

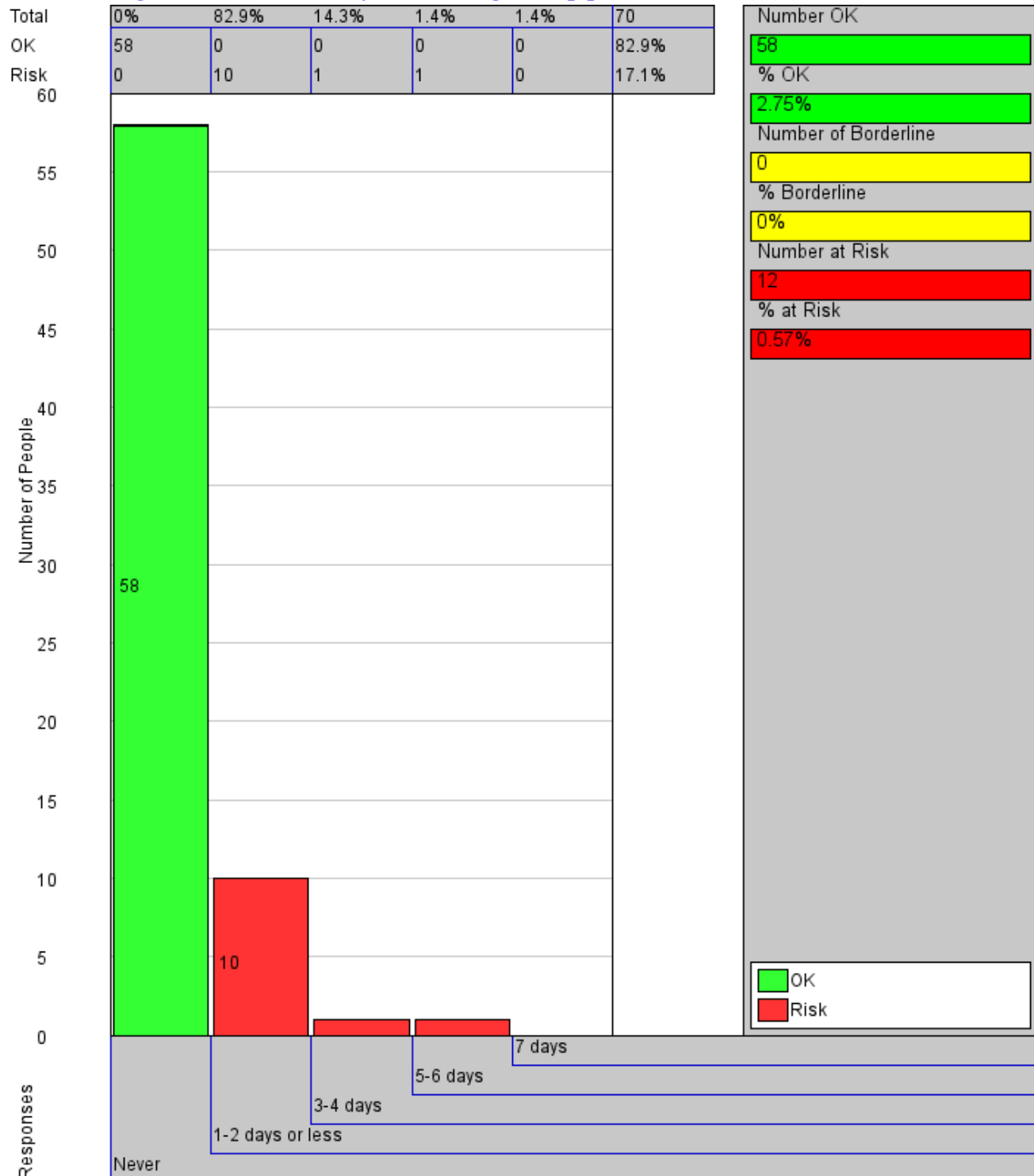
Rockford Public Schools



Tobacco

Smoke cigars or pipe tobacco

"In an average week, how often do you smoke cigars or pipe tobacco?"



Aggregate Report

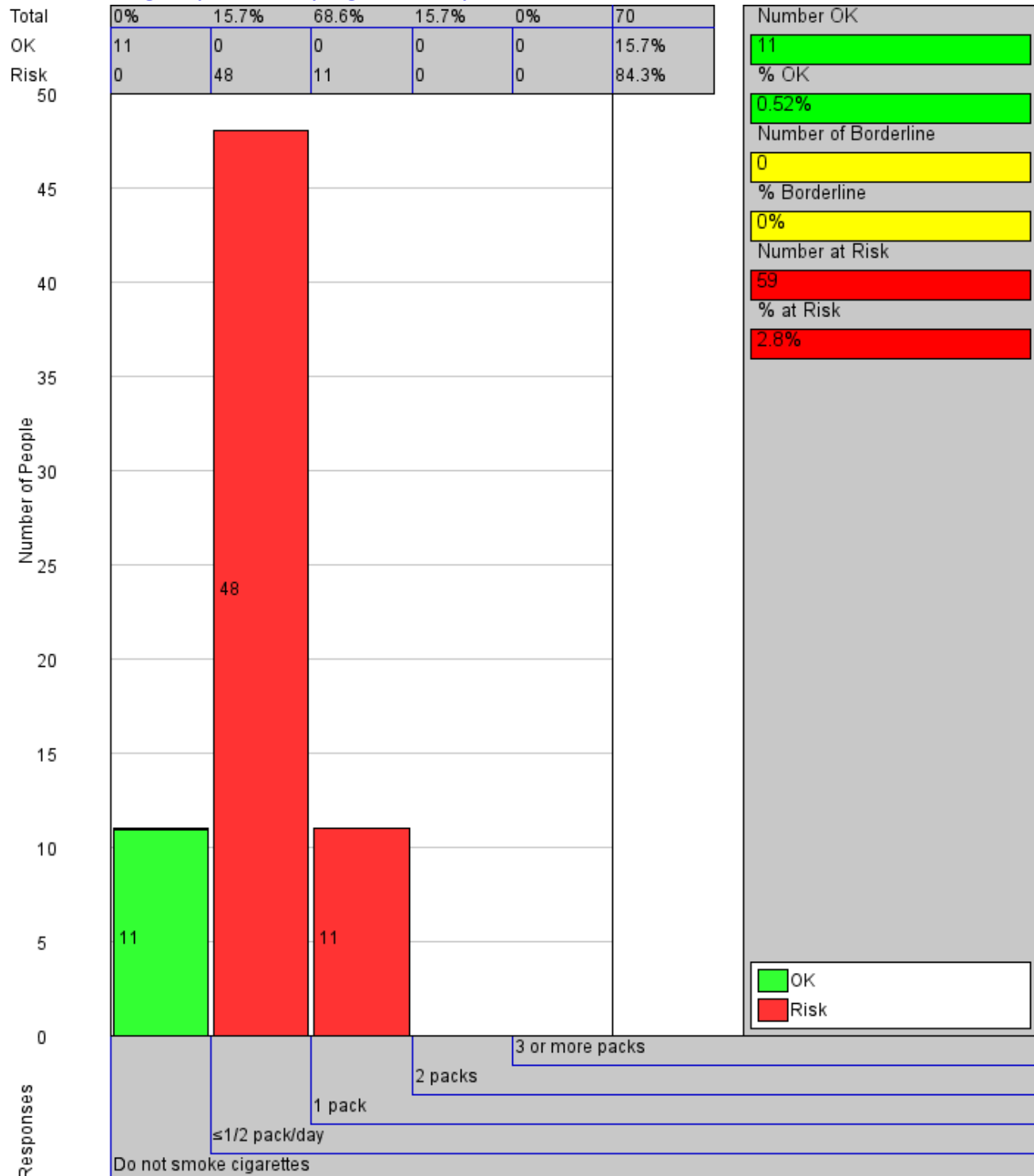
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Tobacco

Smoking cigarettes

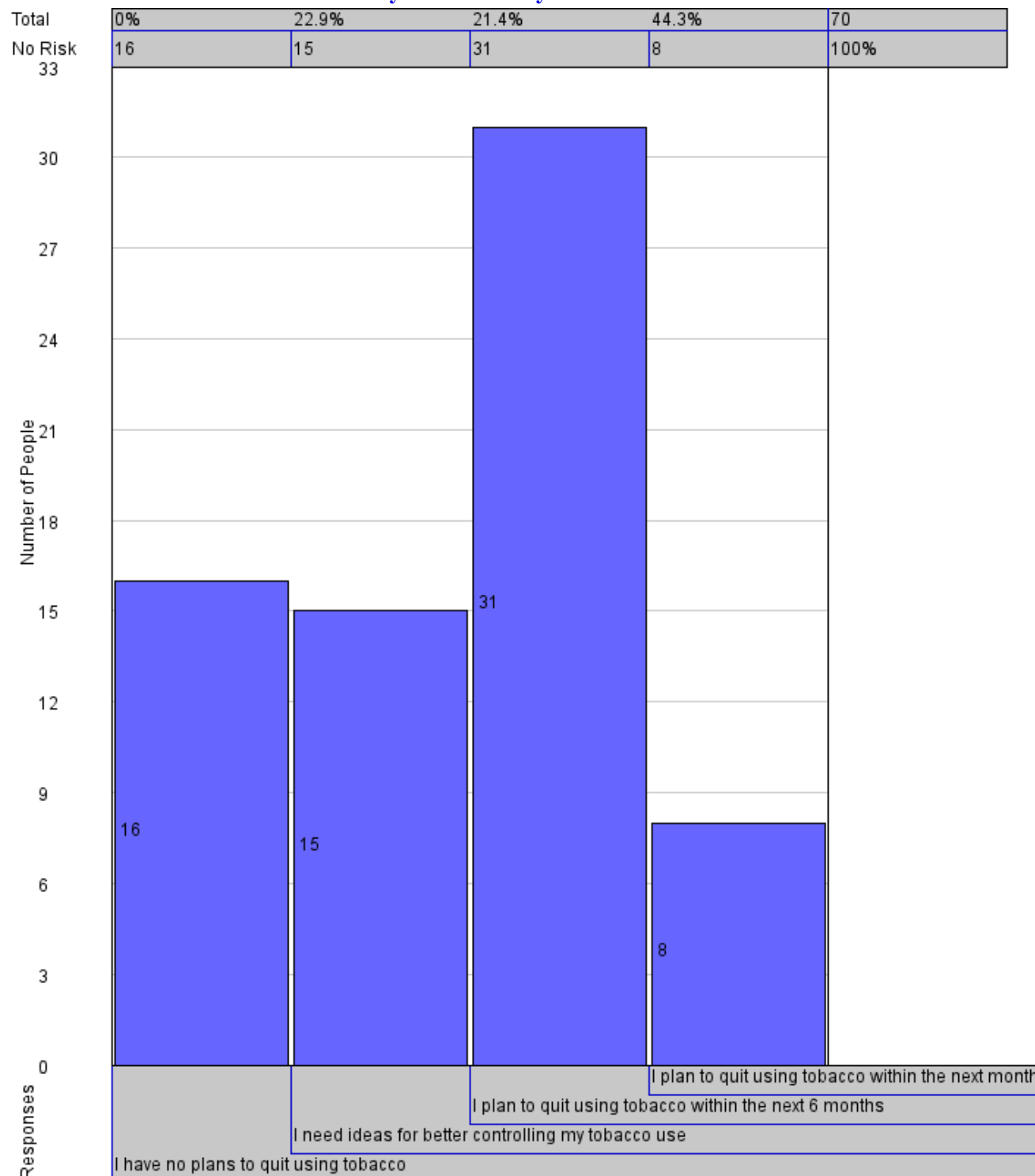
"On an average day, how many cigarettes do you smoke?"



Tobacco

Readiness to change use of tobacco

"Which statement best describes how you feel about your use of tobacco?"



Aggregate Report

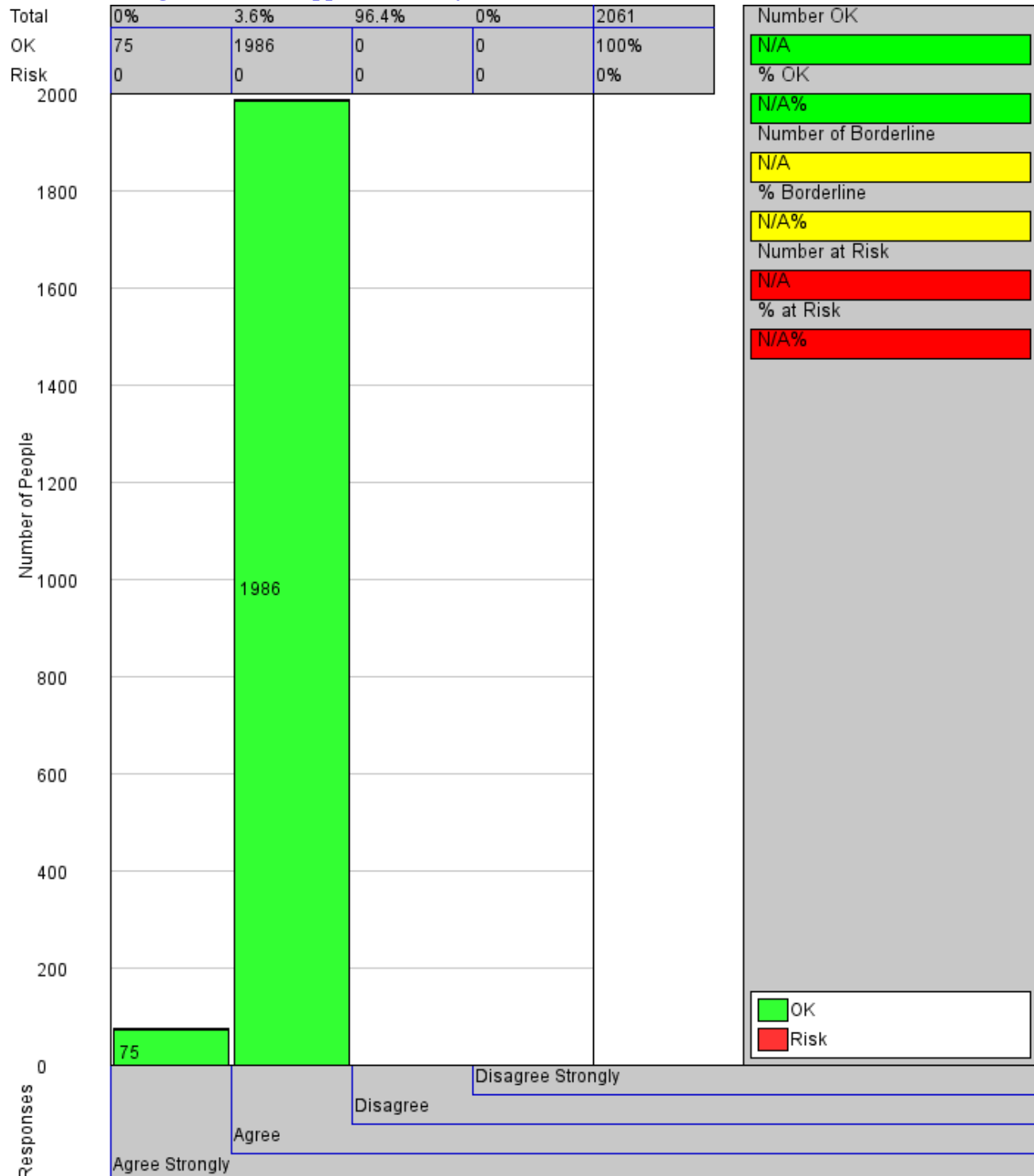
Rockford Public Schools



Stress & Resilience

Insufficient network of family and friends

"I have a strong network of supportive family and friends."



Aggregate Report

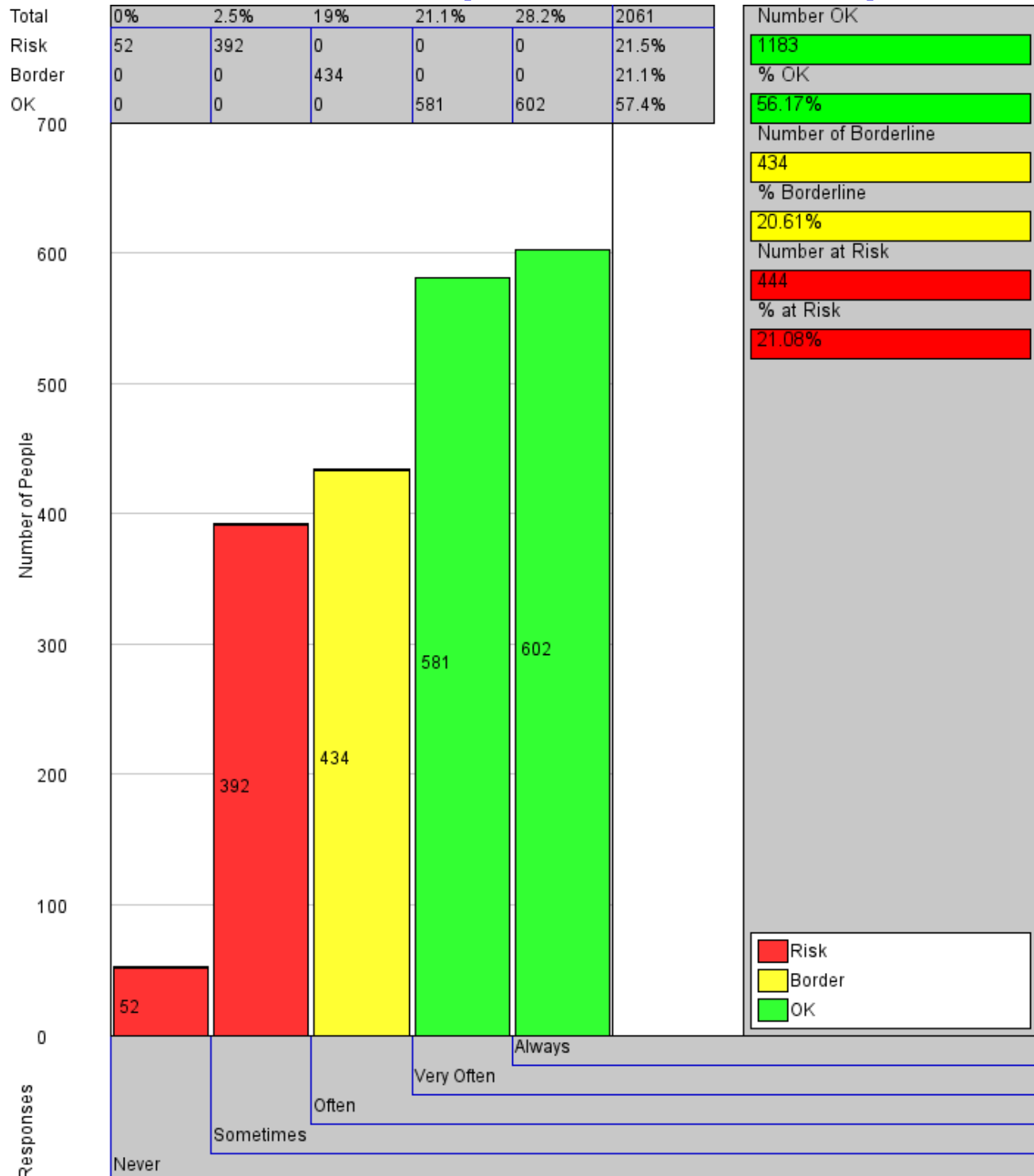
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Stress & Resilience

Do not seek information/assistance with difficult decisions

"I seek information and/or assistance with important (or difficult) decisions, tasks, or problems."



Aggregate Report

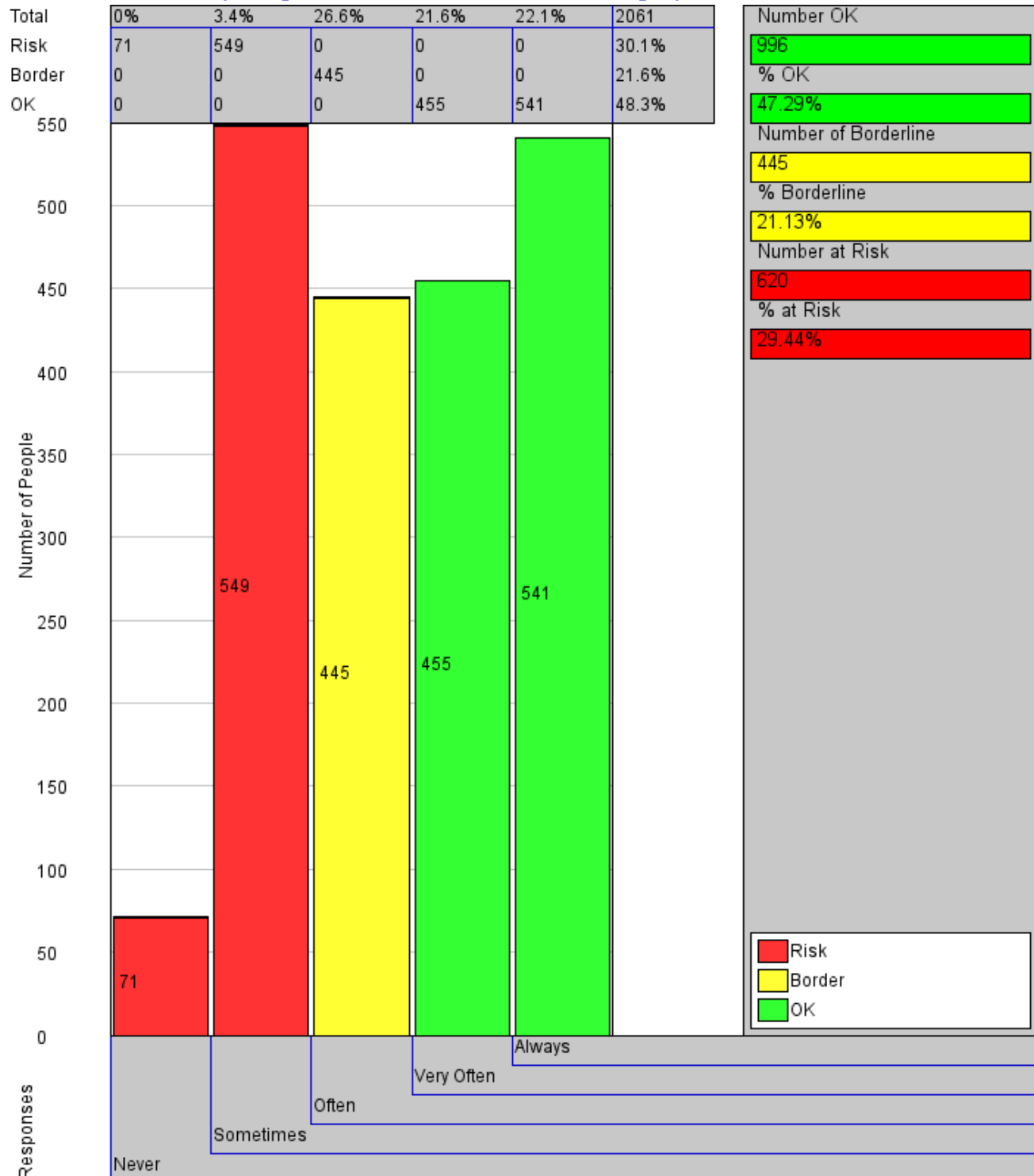
Rockford Public Schools



Stress & Resilience

Do not make time for daily prayer, meditation, or relaxation

"I make time each day for quiet relaxation, meditation, and/or prayer."



Aggregate Report

Rockford Public Schools

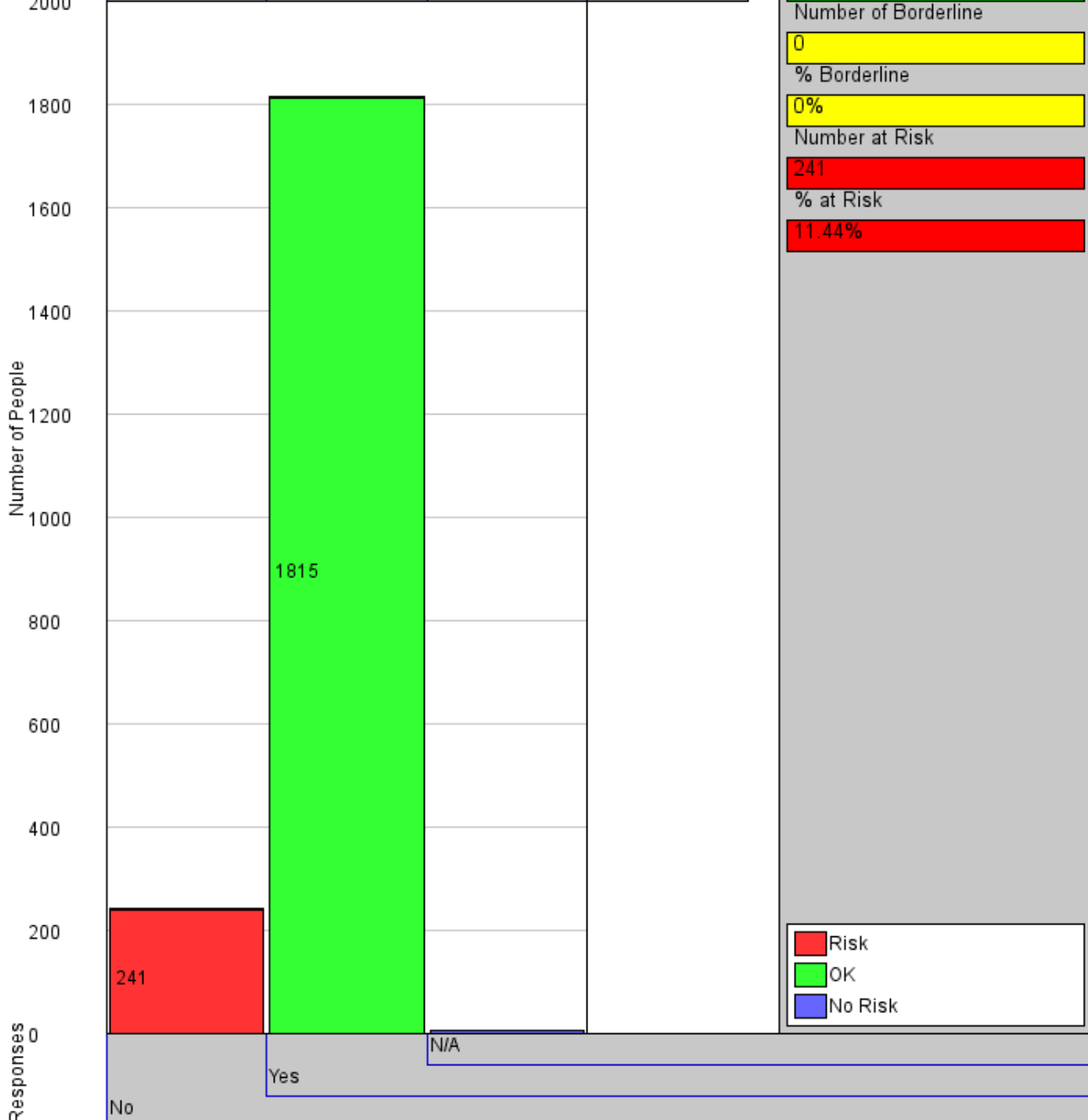


Stress & Resilience

Do not have at least one best friend at work

"I have at least one friend at work whom I trust."

Total	0%	11.7%	88.1%	2061
Risk	241	0	0	11.7%
OK	0	1815	0	88.1%
No Risk	0	0	5	0.2%



Number OK	1815
% OK	86.18%
Number of Borderline	0
% Borderline	0%
Number at Risk	241
% at Risk	11.44%

Aggregate Report

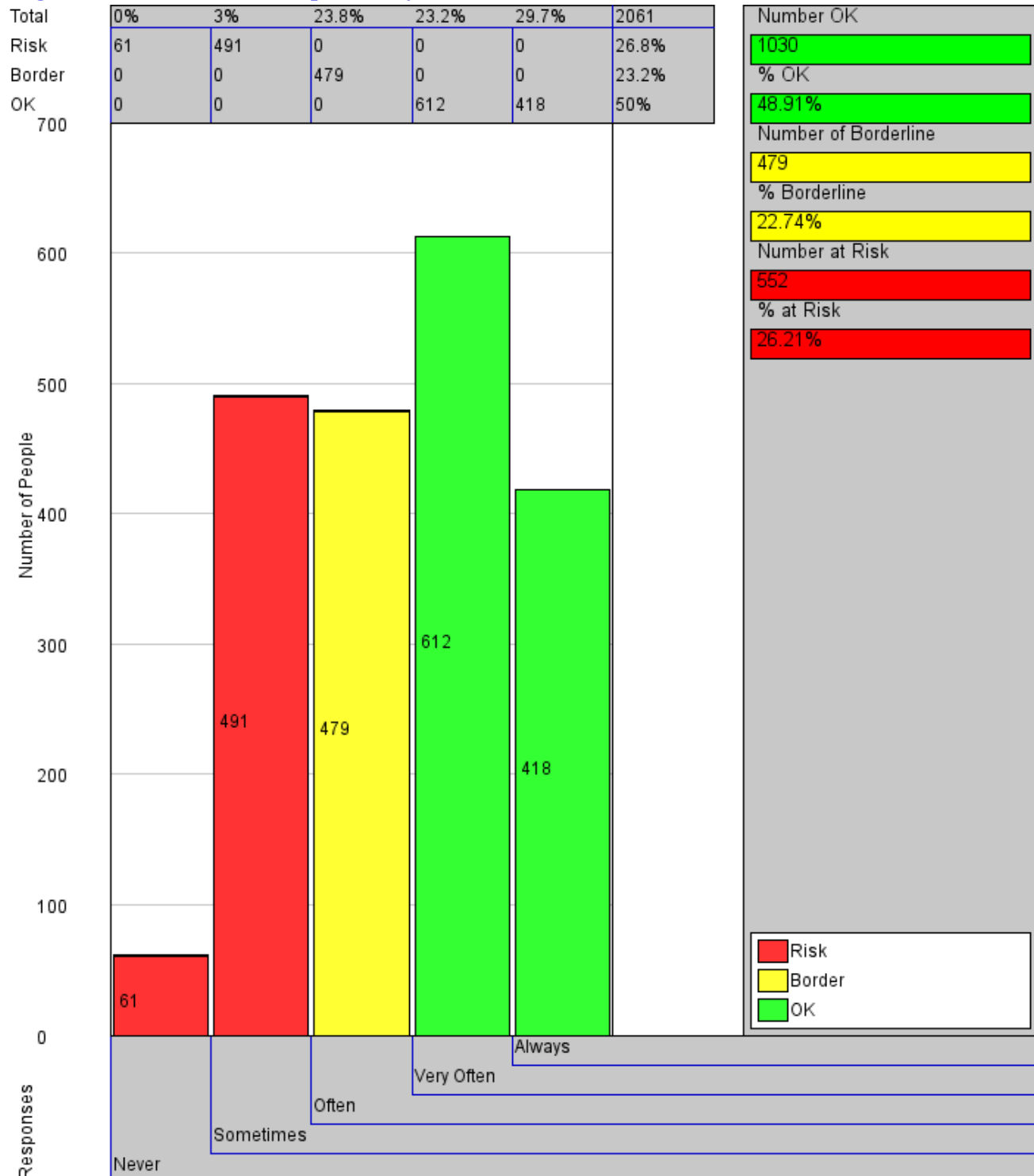
Rockford Public Schools



Stress & Resilience

Insufficient hours of sleep each night

"I get at least 7-8 hours of sleep each day."



Aggregate Report

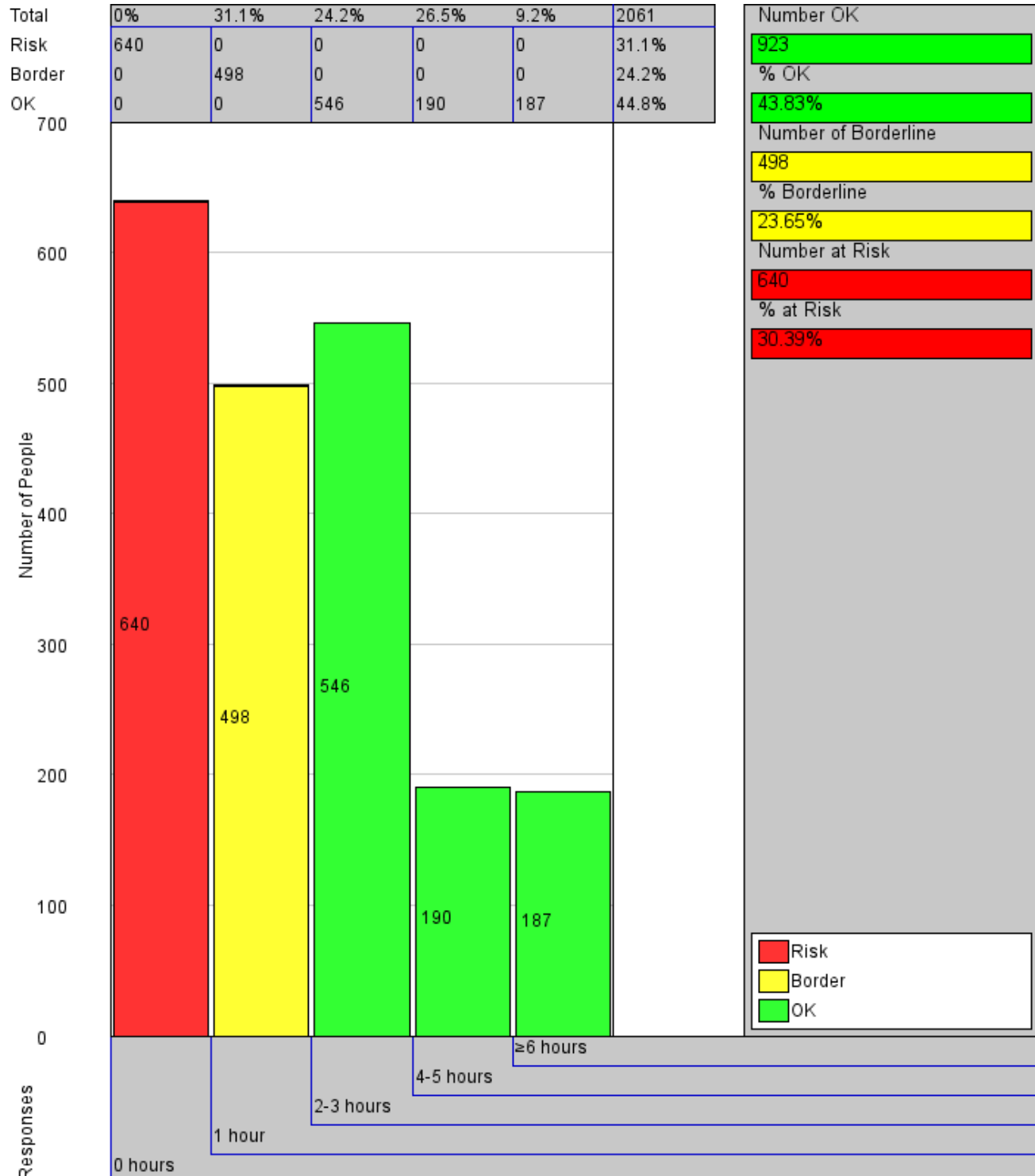
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Stress & Resilience

Volunteers less than 100 hours per year

"About how many average hours each week do you volunteer your unpaid time such as babysitting, caring for aged parents, coaching youth sports, or charitable organizations and events to help others?"



Aggregate Report

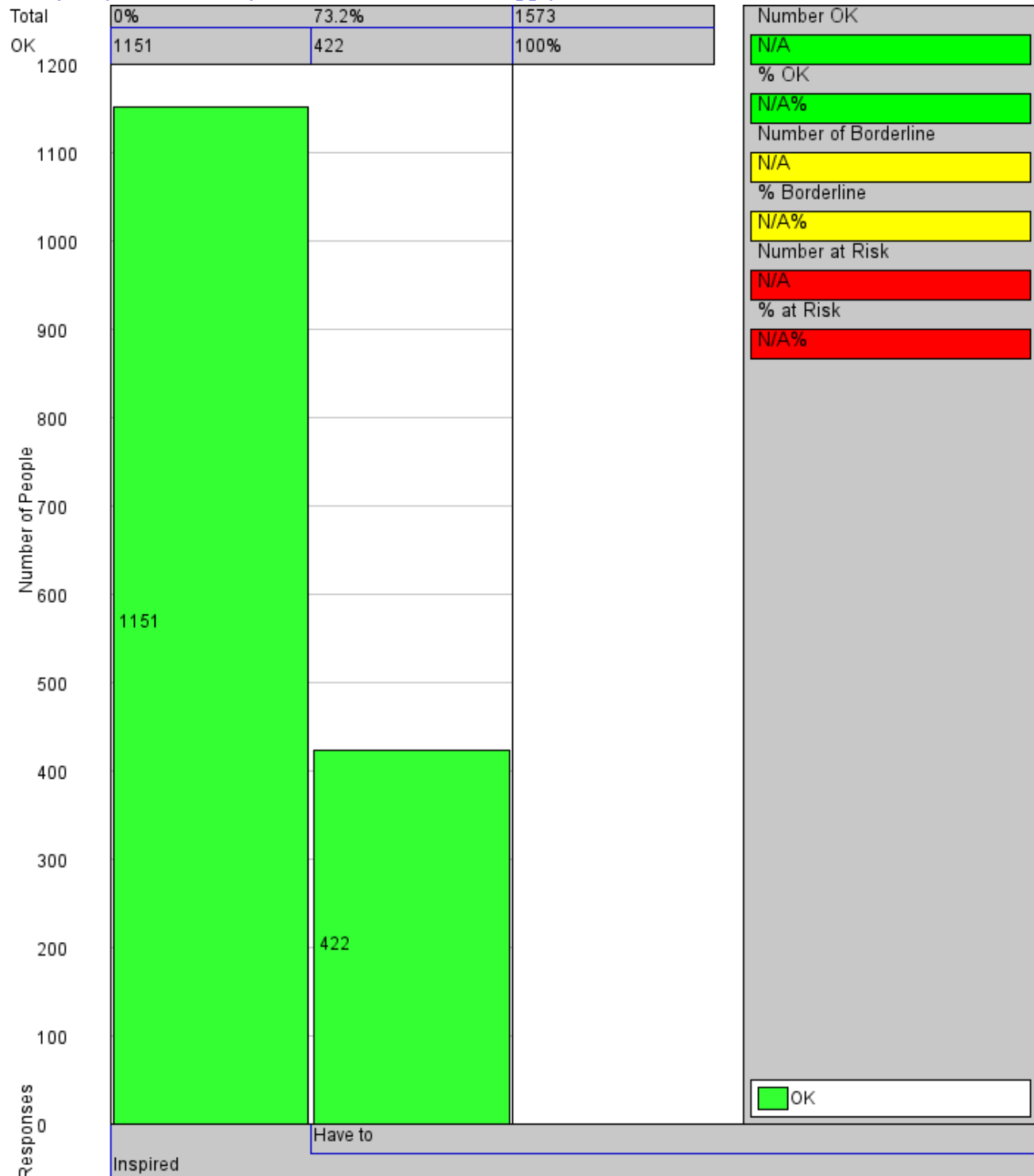
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Stress & Resilience

Have to volunteer (vs want to)

"Why do you volunteer your time? Mark all that apply."



Aggregate Report

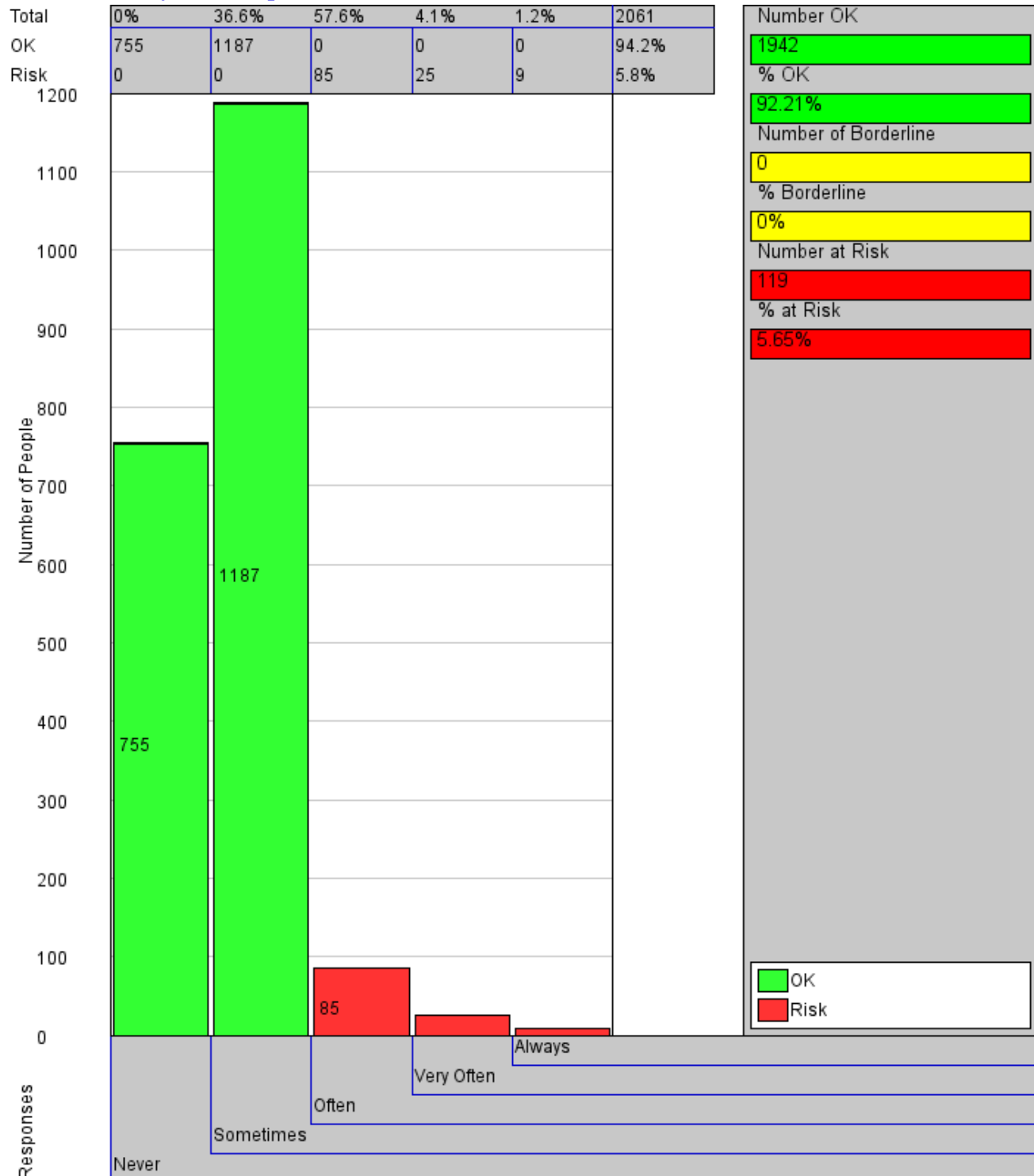
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Perceptions

Feel depressed, down, or blue

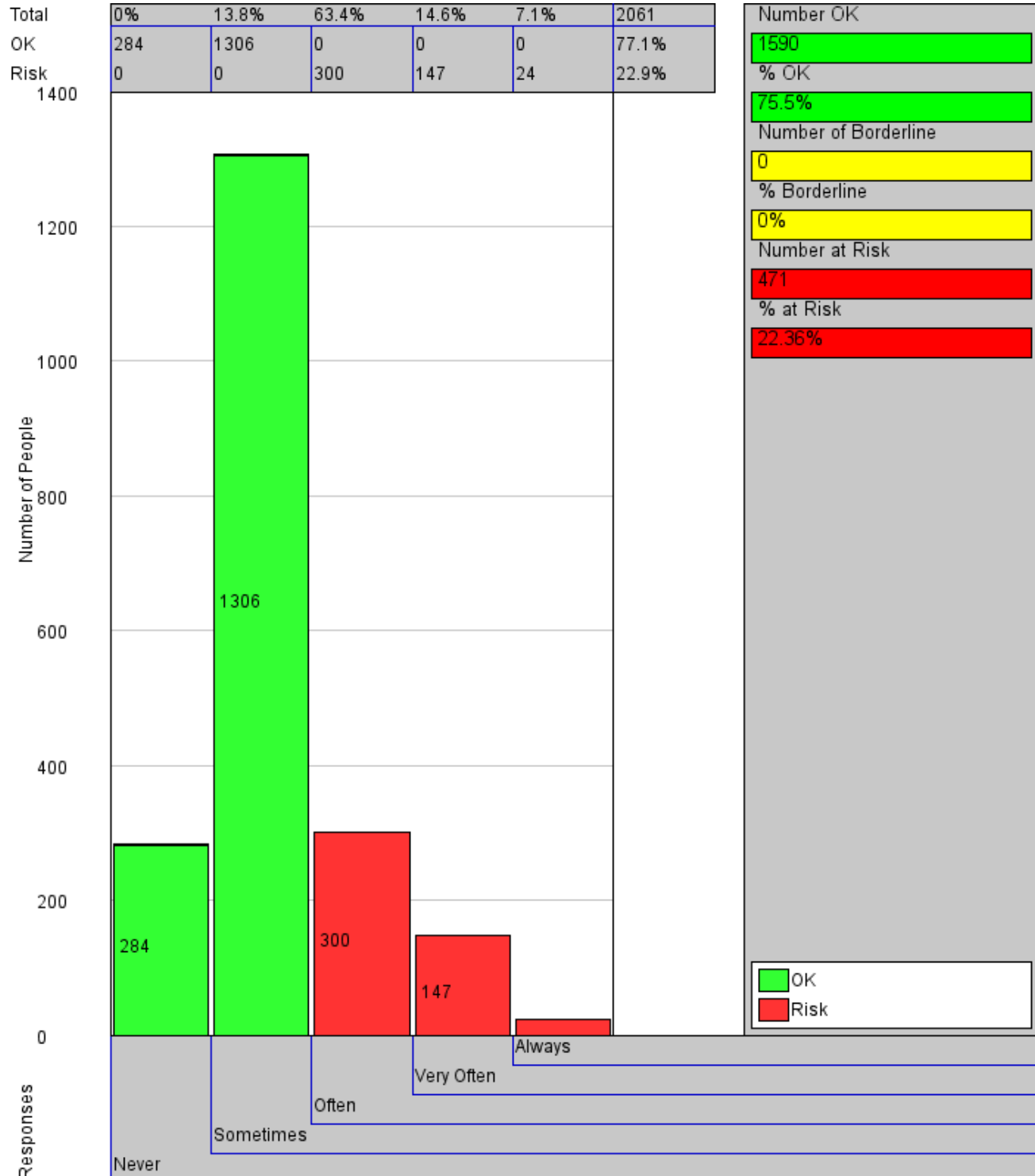
"How often do you feel depressed, down, or blue?"



Perceptions

Feel tense or anxious

"How often do you feel tense or anxious?"



Aggregate Report

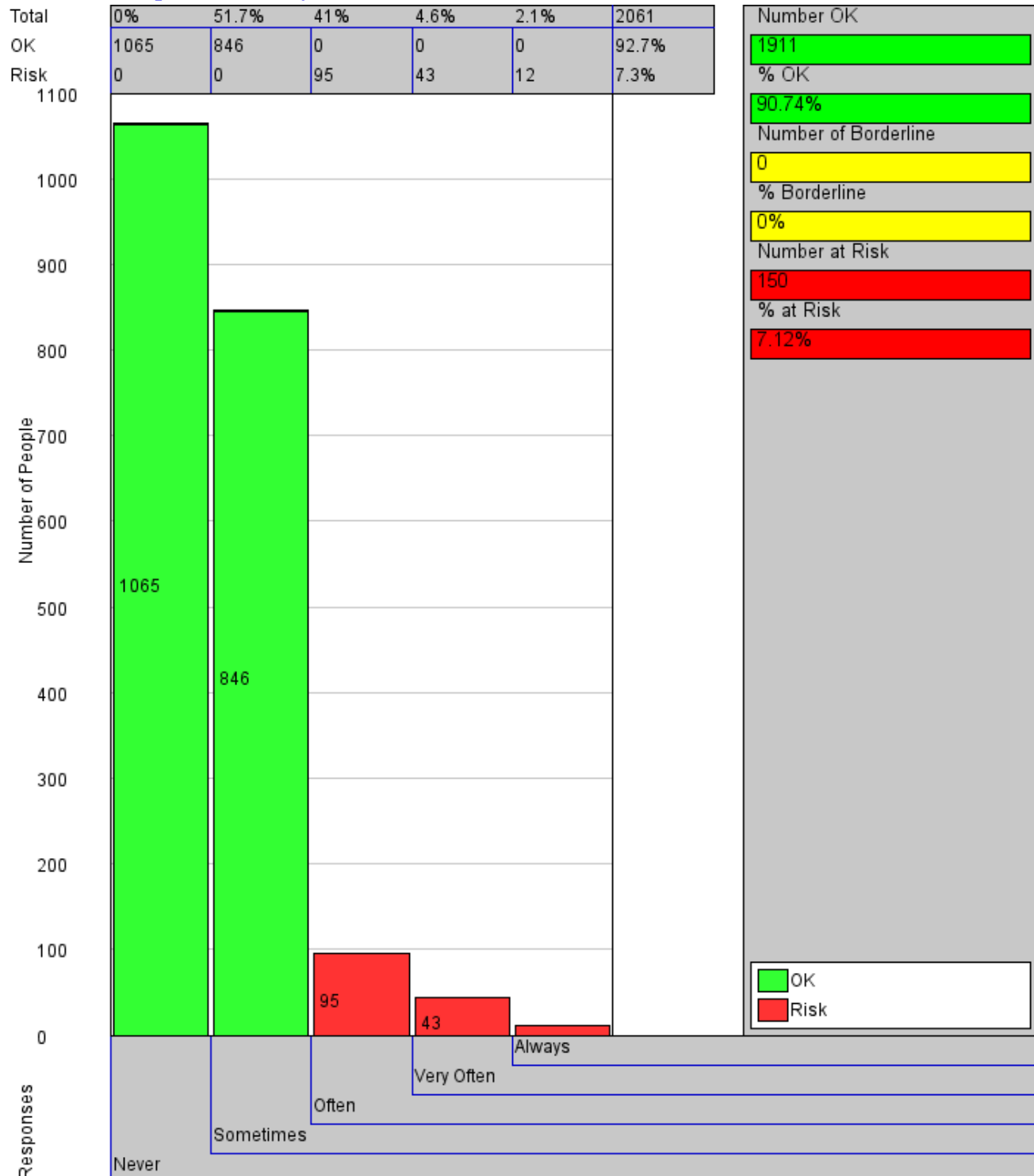
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Perceptions

Feel stress or pressures are out of control

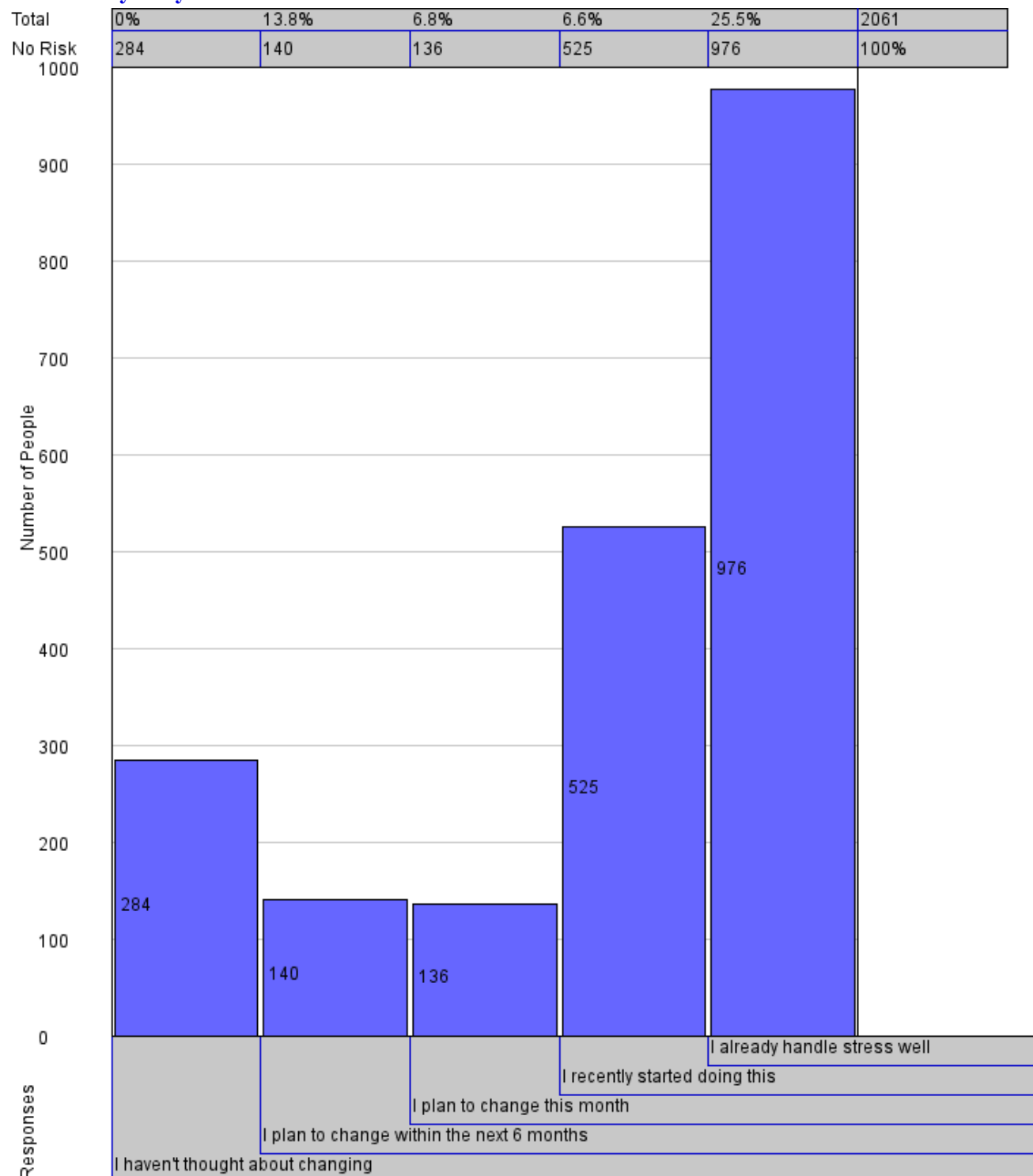
"The stress or pressures in my life seem out of control."



Perceptions

Readiness to handle stress better

"How ready are you to handle stress better?"



Aggregate Report

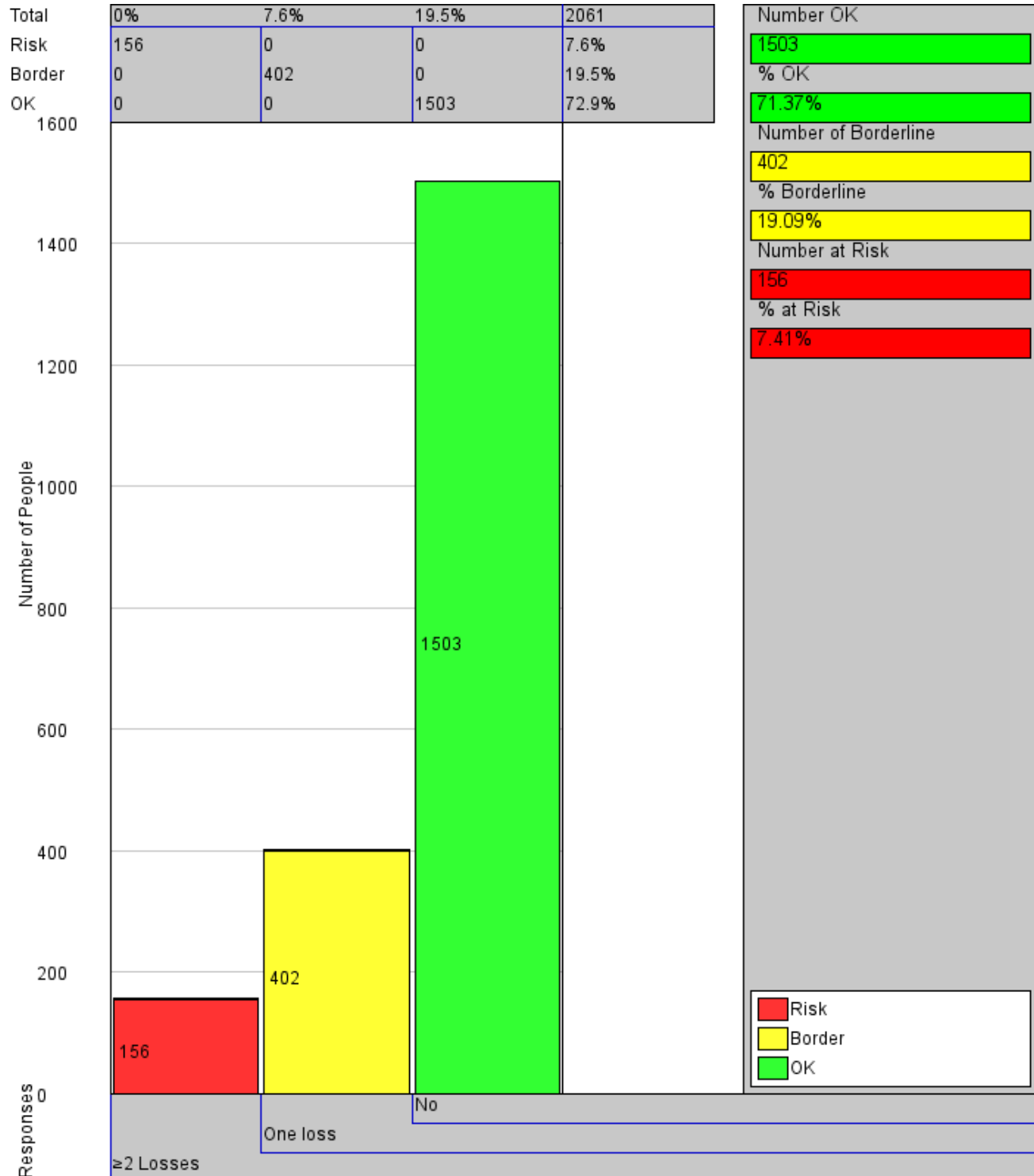
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Perceptions

Suffered serious personal loss in the past year

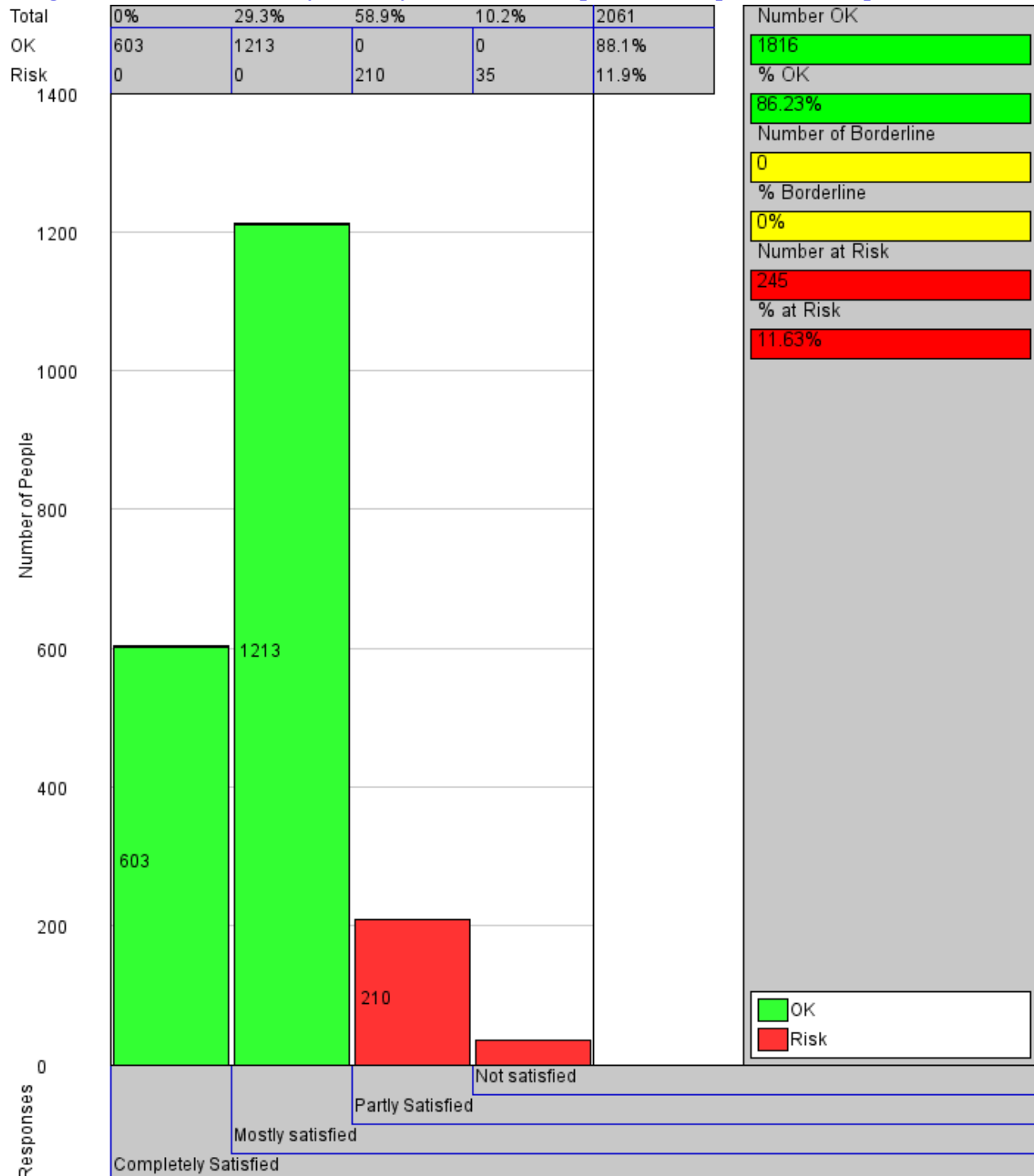
"Have you had a major loss or change in the past year? (e.g., a job loss, disability, divorce, separation, jail term, death of someone close to you, other major change)."



Perceptions

Not satisfied with personal and/or professional aspects of life

"In general, how satisfied are you with your life (Include personal and professional aspects)?"



Aggregate Report

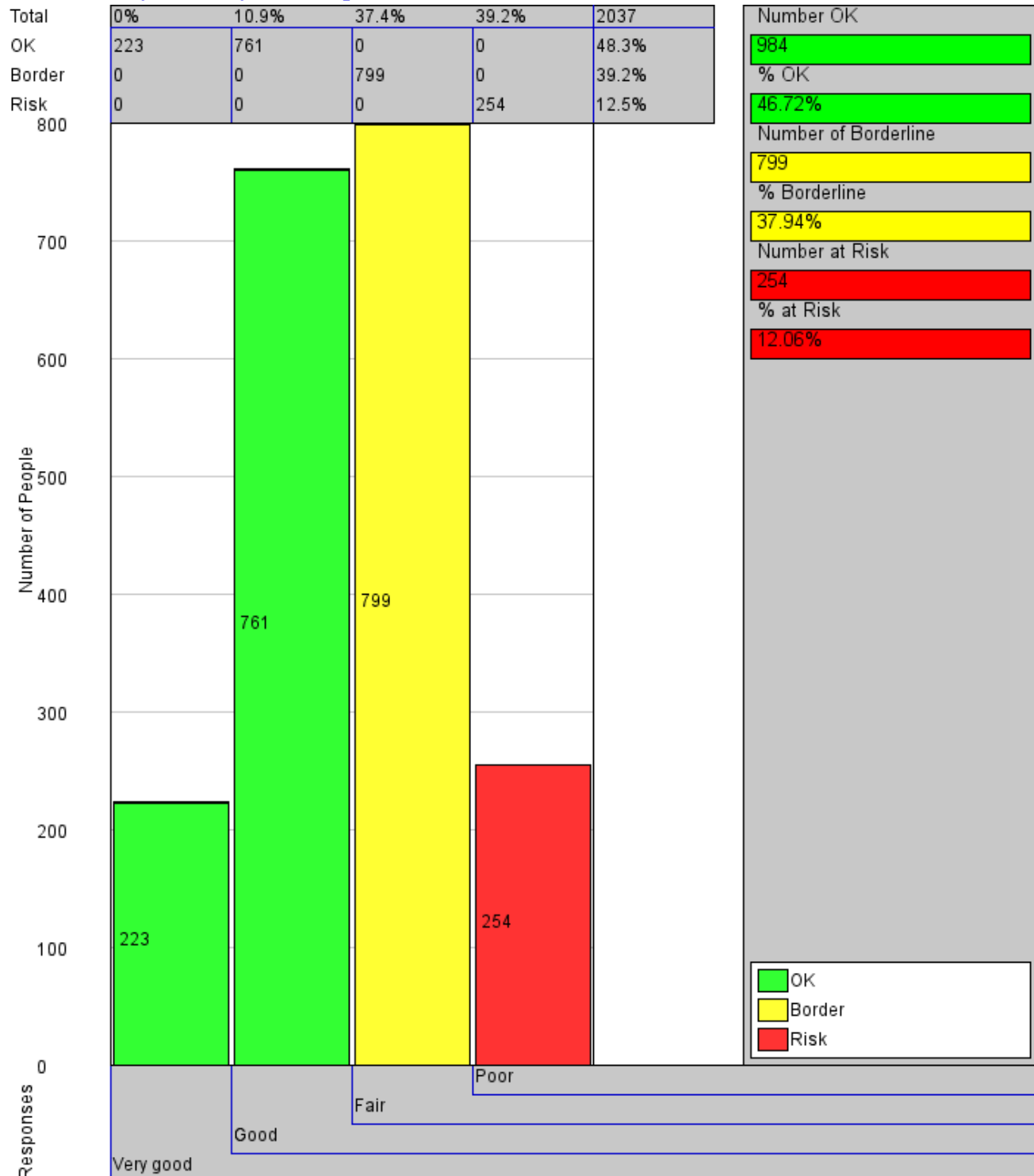
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Perceptions

Poor perceived health

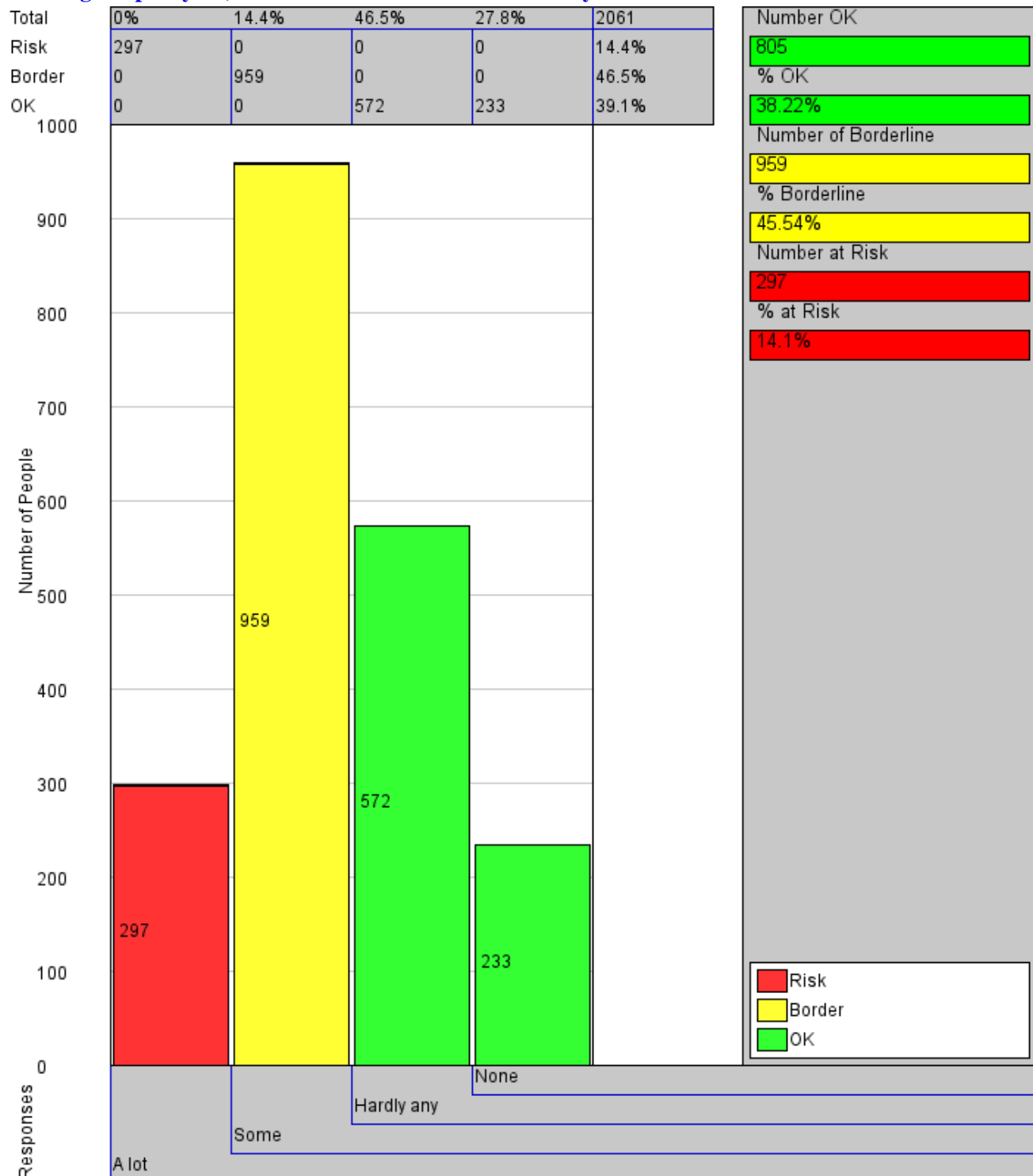
"How would you rate your (this person's) current health?"



Perceptions

Stress had a significant effect on health in the last year

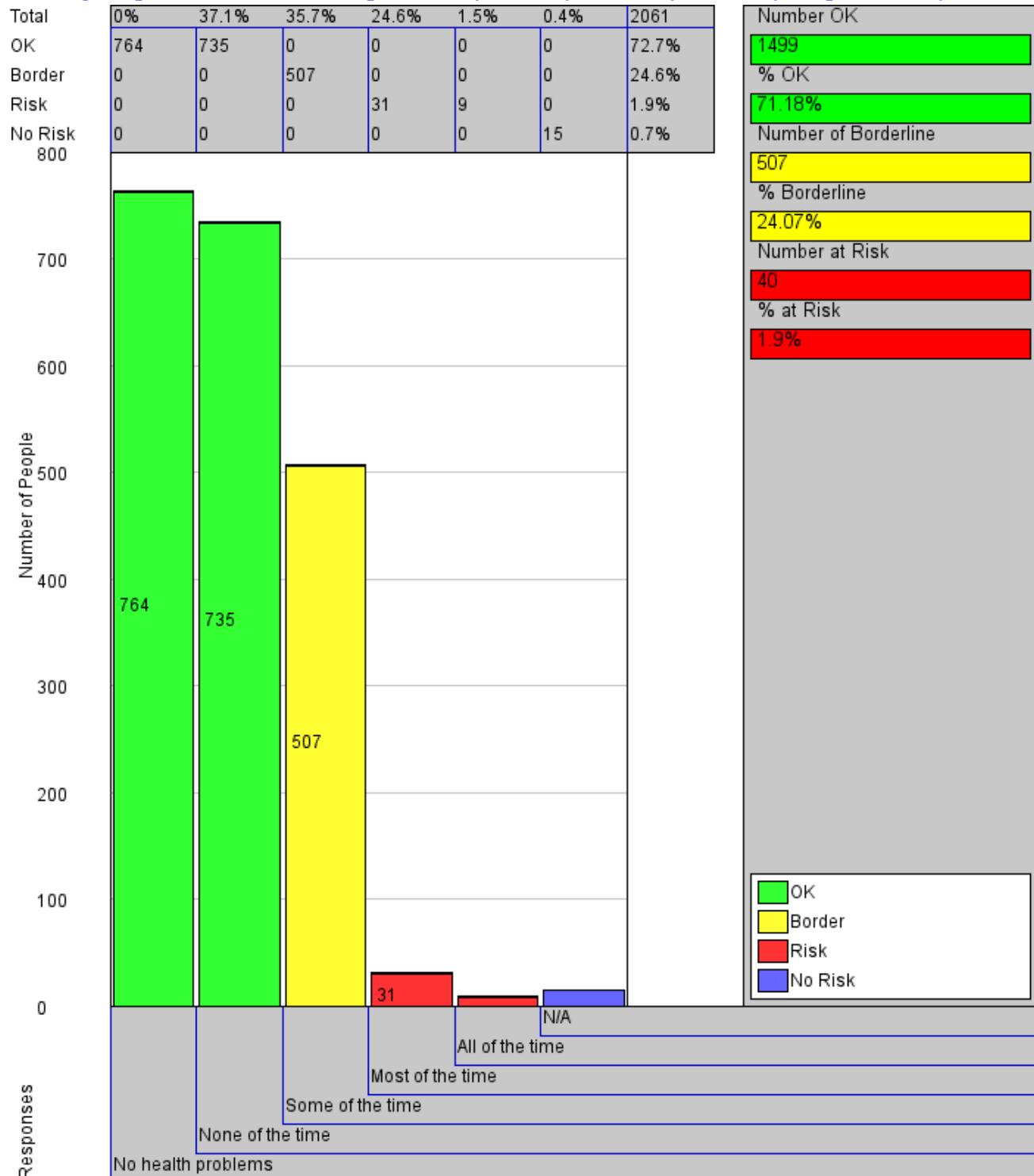
"During the past year, how much effect has stress had on your health?"



Perceptions

During the past month, health problems affected productivity at work

"During the past month, did health problems (yours or your family's) affect your productivity at work?"



Aggregate Report

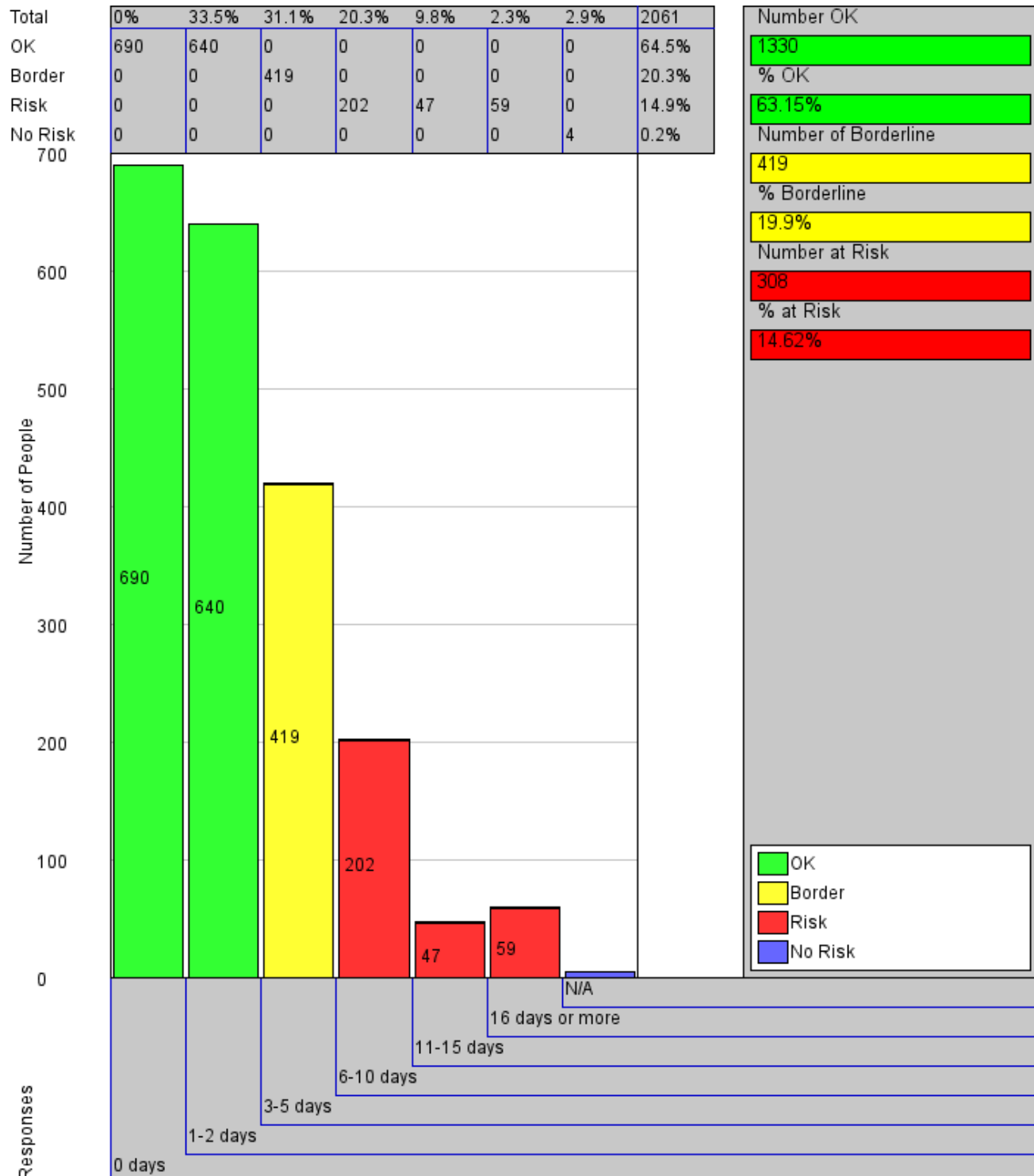
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Perceptions

Days of work missed because of sickness, injury, or needed healthcare

"During the past 12 months, about how many days did you miss work because you or a family member were sick?"



Aggregate Report

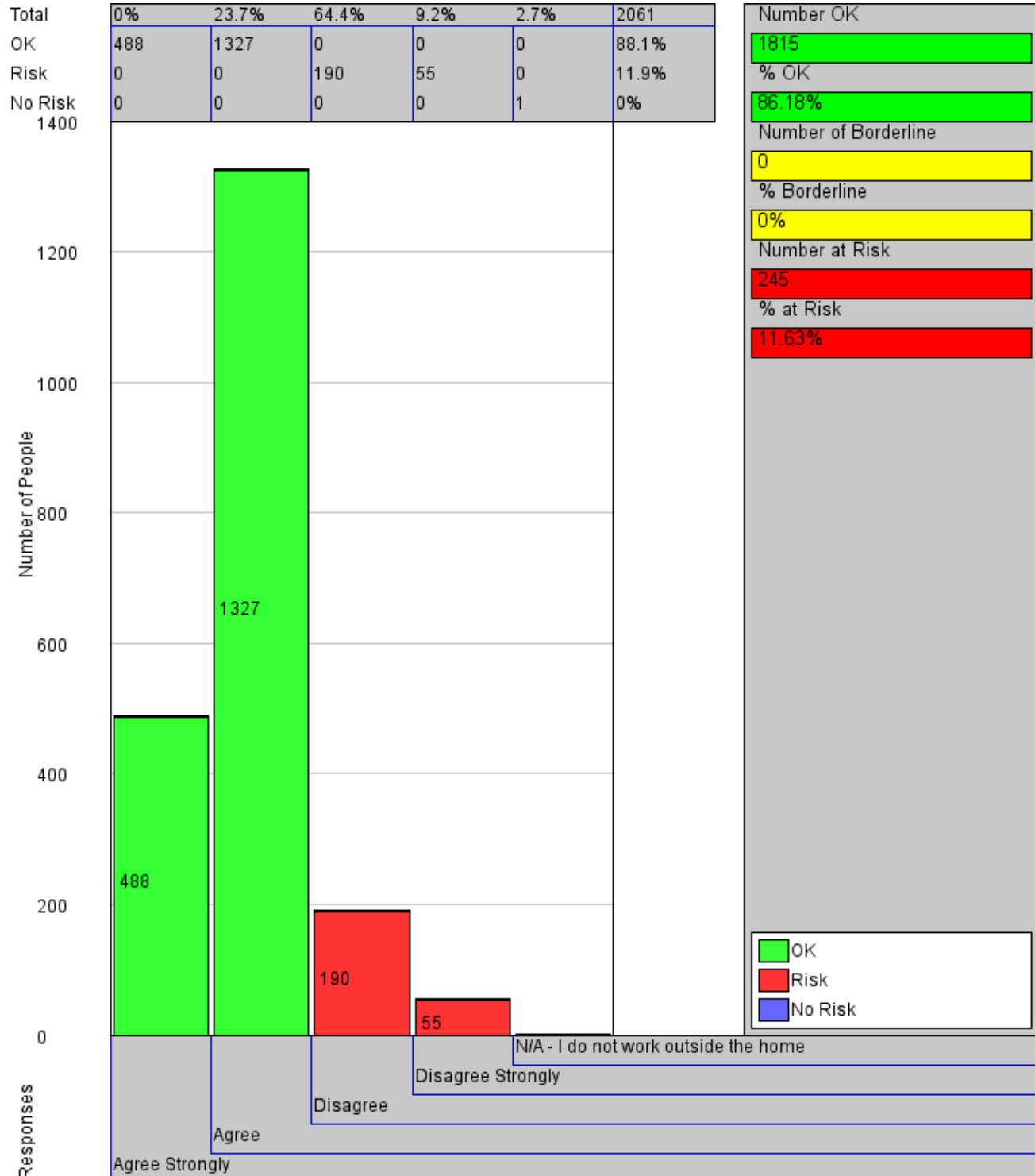
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Perceptions

Job satisfaction

"Would you agree that you are satisfied with your job?"



Readings And References

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* This list represents a fraction of the the leading research considered in the development and ongoing updates of the Health Power Assessment health risk assessment and corresponding personal and aggregate reports. Additional references and reviews are available upon request for standard report, library, research and/or consulting fees depending on the nature of the request.

Question #4

Wellness Program Incentive Information

MY EMPOWERMENT PLAN INCENTIVE PROGRAM

Welcome to your 2022-2023 My Empowerment Plan! This program promotes everyday wellness and rewards you for forming long-lasting healthy habits. Log into your NEW empower.health portal to track achievements, earn points, and monitor your progress towards your incentive.

What is my incentive and how do I earn it?

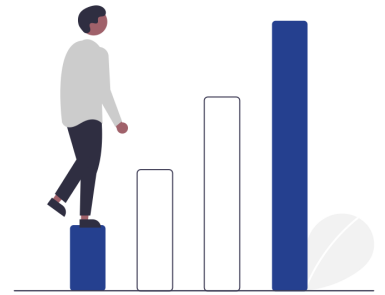
Earn 100 points and receive a wellness premium incentive! All activities and their point values are listed in this packet. This program is open to benefit-eligible employees only. New hires onboarded after July 2022 may participate and earn the incentive without accruing the total points required. NOTE: Activities completed 04/01/2022 through 03/31/2023 may be reported for points.

How long does my program run?

You can track activities now through March 31, 2023.

What does My Empowerment Plan promote?

This program promotes healthy living in all facets of life: monitoring your health on a regular basis, preventing illness, caring for your physical, social, and mental well-being, maintaining a balanced diet, managing your money well, and continued knowledge and growth.



TRACK YOUR PROGRESS ON OUR NEW PORTAL!

empower.health

1. Create an account on empower.health

2. Complete "New User" fields and enter client code: **RockfordPublicSchoolsEHS**




You will receive an email confirmation. Verify your email to complete the registration process.

3. Select "Incentives" from the blue navigation bar on your dashboard

4. Select "Log Activities" to track your progress!

- Select the date of activity completion
- Choose the activity you are reporting
- Enter the requested details and click "Save"

You can reach the EHS Customer Support Team at 866.367.6974 or support@empowerhealthservices.com.

	<h2>Annual Awareness</h2>	<h3>85 Points Max</h3>
	<p>Complete the Empower Health Assessment™ (REQUIRED) Access this assessment from the empower.health dashboard or from the My Empowerment Plan page. To earn points, you must self-report completion for this activity.</p>	<p>10 points</p>
	<p>Participate in a Wellness Biometric Screening (REQUIRED)</p>	<p>50 points</p>
	<p>LDL Cholesterol – Achieve a result less than/equal to 99</p>	<p>5 points</p>
	<p>Triglycerides – Achieve a result less than/equal to 149</p>	<p>5 points</p>
	<p>Blood Glucose – Achieve a result less than/equal to 99</p>	<p>5 points</p>
	<p>Body Mass Index (BMI) – Achieve a result less than/equal to 30</p>	<p>5 points</p>
	<p>HDL Cholesterol – Achieve a result greater than/equal to 40</p>	<p>5 points</p>
	<h2>Illness Prevention</h2>	<h3>45 Points Max</h3>
	<p>Complete recommended physical/preventative exams (1 point per exam)</p>	<p>5 points max</p>
	<p>Confirm that you have a primary care physician To earn points, you must self-report confirmation for this activity.</p>	<p>5 points</p>
	<p>Receive annual flu shot/other recommended immunizations (1 point per vaccine)</p>	<p>5 points max</p>
	<p>Receive the COVID-19 vaccination/booster (if you haven't already)</p>	<p>30 points</p>
	<h2>Community Involvement</h2>	<h3>15 Points Max</h3>
	<p>Participate in company-sponsored wellness or social event (1 point per event)</p>	<p>5 points max</p>
	<p>Volunteer time to help others (1 point per hour)</p>	<p>5 points max</p>
	<p>Donate blood (1 point per donation)</p>	<p>5 points max</p>



Self-Care & Mindfulness

**20
Points Max**

Number of nights you got at least 7 hours of sleep (1 point per night)

5 points max

Number of days you got 30 minutes of relaxation, meditation, etc. (1 point per day)

5 points max

Visit the National Institute of Mental Health website (www.nimh.nih.gov) or an Employee Assistance Program website

5 points

Take at least 5 days of vacation this year

5 points



Active Lifestyle

**15
Points Max**

Achieve 8,000 steps per day (1 point per day)

Number of steps may be recorded by syncing a wearable device. To do this, select "Sync Device" from the My Empowerment Plan page. You may also self-report completion for this activity.

5 points max

Achieve 30 minutes of exercise per day (1 point per day)

5 points max

Participate in an organized fitness event such as a 5K or community walk (1 point per event)

5 points max



Balanced Nutrition

**15
Points Max**

Eat 6 or more servings of high-fiber foods (1 point per day)



5 points max

Eat 5 or more servings of fruits/vegetables (1 point per day)

5 points max

Drink 48 oz. of water (1 point per day)

5 points max

 <h2>Money Management</h2>	<h3>20 Points Max</h3>
<p>Meet with a qualified financial planning advisor</p>	<p>5 points</p>
<p>Contribute to your retirement savings (1 point per month)</p>	<p>5 points max</p>
<p>Designate beneficiaries on file for life insurance policies, IRAs and other retirement savings plans (1 point per policy/plan)</p>	<p>5 points max</p>
<p>Pay off the balance on at least 1 credit card each month (1 point per month)</p>	<p>5 points max</p>
 <h2>Ongoing Education</h2>	<h3>55 Points Max</h3>
<p>Participate in ongoing education (personal or professional class/workshop)</p>	<p>5 points</p>
<p>Attest to being a non-tobacco user within the last 6 months You may attest to being a non-tobacco user from the My Empowerment Plan page.</p>	<p>5 points</p>
<p>Complete the online Empower Health Tobacco Cessation Program To earn points, you must self-report completion for this activity. EHS admin will verify completion.</p>	<p>5 points</p>
<p>View a health education webinar or video (1 point per webinar/video) Access this content from the empower.health dashboard by clicking "Resources". Scroll down to Additional Resources and select "Video Library" or "Webinars".</p>	<p>35 points max</p>
<p>Share a wellness-related success story</p>	<p>5 points</p>

Earn 100 points and receive a wellness premium incentive!

Activities completed 04/01/2022 through 03/31/2023 may be reported for points.

Question #6

Current Health Plan Utilization, Including Unit Prices



Rockford Public Schools
Current Rates and Factors (Built into Financial Reports)
7/1/2022 through 6/30/2023

General Information

	\$1,000 Deductible	HSA
Self Funded or Fully Insured	Self Funded	Self Funded
Carrier/TPA Name	BCBS IL	BCBS IL

Monthly Equivalent Rates/Fully Insured Premium Rates

Rate Tier	\$1,000 Deductible	HSA
Single	\$784.02	\$661.56
Single + Spouse	\$1,679.92	\$1,395.90
Single + Child(ren)	\$1,579.54	\$1,339.63
Family	\$2,429.05	\$2,071.97

Fixed Costs (Admin, Stop Loss, etc.)

Category	\$1,000 Deductible	HSA
Claims Admin. Fee (PEPM)	\$55.19	\$55.19
Single Spec. S/L Fee (PEPM)	\$39.53	\$39.53
Family Spec. S/L Fee (PEPM)	\$39.53	\$39.53

Stop Loss Coverage

	\$1,000 Deductible	HSA
<i>Specific Stop Loss:</i>		
Specific Stop Loss Level	\$350,000	\$350,000
Includes Rx?	Yes	Yes

**Rockford Public Schools
Total Budget Comparison Report**

7/1/2022 through 6/30/2023

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-22	3,005	\$4,322,322	\$1,438.38	\$3,017,018	\$771,661	(\$15,404)	\$3,773,275	\$1,255.67	\$271,857	\$1,288	\$4,046,420	\$1,346.56	\$275,902	\$91.81	93.6%
Aug-22	3,005	\$4,324,558	\$1,439.12	\$3,169,856	\$1,080,639	(\$105,910)	\$4,144,585	\$1,379.23	\$271,688	\$1,291	\$4,417,563	\$1,470.07	(\$93,005)	(\$30.95)	102.2%
Sep-22	2,917	\$4,177,074	\$1,431.98	\$2,933,098	\$805,756	(\$144,413)	\$3,594,440	\$1,232.24	\$263,583	\$1,248	\$3,859,271	\$1,323.03	\$317,804	\$108.95	92.4%
Oct-22	3,032	\$4,302,937	\$1,419.17	\$2,502,302	\$939,344	(\$58,772)	\$3,382,873	\$1,115.72	\$281,171	\$1,288	\$3,665,333	\$1,208.88	\$637,604	\$210.29	85.2%
Nov-22	3,055	\$4,331,843	\$1,417.95	\$2,723,539	\$1,002,212	(\$195,315)	\$3,530,436	\$1,155.63	\$283,330	\$1,297	\$3,815,063	\$1,248.79	\$516,780	\$169.16	88.1%
Dec-22	3,010	\$4,273,715	\$1,419.84	\$3,066,838	\$987,279	(\$228,948)	\$3,825,169	\$1,270.82	\$279,051	\$1,285	\$4,105,505	\$1,363.96	\$168,210	\$55.88	96.1%
Jan-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Feb-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Mar-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Apr-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
May-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Jun-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	18,024	\$25,732,448	\$1,427.68	\$17,412,650	\$5,586,890	(\$748,762)	\$22,250,778	\$1,234.51	\$1,650,679	\$7,697	\$23,909,154	\$1,326.52	\$1,823,294	\$101.16	92.9%

7/1/2021 through 6/30/2022

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	PPO Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-21	3,042	\$4,117,690	\$1,353.61	\$3,024,781	\$860,357	(\$2,261)	\$3,882,876	\$1,276.42	\$276,373	\$1,373	\$4,160,622	\$1,367.73	(\$42,932)	(\$14.11)	101.0%
Aug-21	3,030	\$4,112,252	\$1,357.18	\$4,342,670	\$886,779	(\$22,086)	\$5,207,363	\$1,718.60	\$275,277	\$1,370	\$5,484,010	\$1,809.90	(\$1,371,757)	(\$452.73)	133.4%
Sep-21	2,910	\$3,945,854	\$1,355.96	\$3,776,818	\$756,021	\$5,516	\$4,538,354	\$1,559.57	\$264,128	\$1,352	\$4,803,834	\$1,650.80	(\$857,980)	(\$294.84)	121.7%
Oct-21	2,966	\$3,992,510	\$1,346.09	\$2,915,174	\$823,963	(\$114,651)	\$3,624,486	\$1,222.01	\$268,974	\$1,372	\$3,894,832	\$1,313.16	\$97,677	\$32.93	97.6%
Nov-21	2,970	\$3,970,583	\$1,336.90	\$3,260,553	\$830,948	(\$312,955)	\$3,778,546	\$1,272.24	\$269,217	\$1,369	\$4,049,132	\$1,363.34	(\$78,550)	(\$26.45)	102.0%
Dec-21	2,975	\$3,965,438	\$1,332.92	\$3,737,874	\$845,155	(\$26,502)	\$4,556,527	\$1,531.61	\$269,667	\$1,368	\$4,827,562	\$1,622.71	(\$862,124)	(\$289.79)	121.7%
Jan-22	2,973	\$3,959,536	\$1,331.83	\$3,479,384	\$1,034,205	\$0	\$4,513,589	\$1,518.19	\$269,429	\$1,363	\$4,784,381	\$1,609.28	(\$824,845)	(\$277.45)	120.8%
Feb-22	2,988	\$3,974,624	\$1,330.20	\$3,488,197	\$728,480	\$0	\$4,216,677	\$1,411.20	\$270,725	\$1,359	\$4,488,761	\$1,502.26	(\$514,136)	(\$172.07)	112.9%
Mar-22	2,997	\$3,979,114	\$1,327.70	\$4,611,404	\$945,772	(\$89,295)	\$5,467,881	\$1,824.45	\$271,532	\$1,358	\$5,740,771	\$1,915.51	(\$1,761,657)	(\$587.81)	144.3%
Apr-22	2,999	\$3,979,453	\$1,326.93	\$3,720,954	\$911,712	(\$61,531)	\$4,571,135	\$1,524.22	\$271,694	\$1,356	\$4,844,185	\$1,615.27	(\$864,732)	(\$288.34)	121.7%
May-22	2,993	\$3,975,545	\$1,328.28	\$4,248,458	\$866,601	(\$466,273)	\$4,648,786	\$1,553.22	\$271,136	\$1,356	\$4,921,277	\$1,644.26	(\$945,733)	(\$315.98)	123.8%
Jun-22	2,990	\$3,972,924	\$1,328.74	\$3,634,809	\$950,353	(\$394,213)	\$4,190,949	\$1,401.66	\$270,848	\$1,354	\$4,463,151	\$1,492.69	(\$490,227)	(\$163.96)	112.3%
Total	35,833	\$47,945,523	\$1,338.03	\$44,241,076	\$10,440,347	(\$1,484,253)	\$53,197,170	\$1,484.59	\$3,248,999	\$16,350	\$56,462,519	\$1,575.71	(\$8,516,995)	(\$237.69)	117.8%

>Stop loss contract on 1/1 basis. Reimbursements prior to 7/1/2020 are not included.

> Enrollment has been retrospectively adjusted to reflect updated counts.

*This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, 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.*

Rockford Public Schools

PPO Large Claim Report

7/1/22 - 12/31/22

7/1/22 - 12/31/22

Member Identifier	Gross Claim Amount	Amount Over \$350,000
Claimant 1	\$578,396	\$228,396
Claimant 2	\$545,306	\$195,306
Claimant 3	\$543,779	\$193,779
Claimant 4	\$422,204	\$72,204
Claimant 5	\$384,354	\$34,354
Claimant 6	\$372,747	\$22,747
Claimant 7	\$351,976	\$1,976
Claimant 8	\$0	\$0
Total	\$3,198,762	\$748,762

1/1/23 - 12/31/23

Member Identifier	Gross Claim Amount	Amount Over \$350,000
Claimant 1		\$0
Claimant 2		\$0
Claimant 3		\$0
Claimant 4		\$0
Claimant 5		\$0
Total	\$0	\$0

Specific Stop Loss Premium Paid	\$712,489
Loss Ratio	105.1%
Current Employees	3,010
Expected # of Claims Over Stop Loss	2.3
Actual # of Claims Over Stop Loss	7

*Expected # of Claims over Stop Loss Level is an annual projection for 2022 and is based on data provided by Healthcare Analytics

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, 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.

**Rockford Public Schools
Administration Budget Comparison Report**

7/1/2022 through 6/30/2023

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-22	464	\$623,866	\$1,344.54	\$299,840	\$92,898	\$0	\$392,738	\$846	\$40,537	\$214	\$433,489.50	\$934	\$190,377	\$410	\$0.69
Aug-22	470	\$634,716	\$1,350.46	\$504,299	\$137,252	(\$54,138)	\$587,413	\$1,250	\$41,029	\$218	\$628,660.18	\$1,338	\$6,056	\$13	\$0.99
Sep-22	483	\$648,499	\$1,342.65	\$395,147	\$90,616	(\$72,083)	\$413,680	\$856	\$42,196	\$222	\$456,097.64	\$944	\$192,401	\$398	\$0.70
Oct-22	505	\$668,315	\$1,323.40	\$348,373	\$136,378	(\$25,893)	\$458,857	\$909	\$44,085	\$228	\$503,170.36	\$996	\$165,145	\$327	\$0.75
Nov-22	511	\$676,356	\$1,323.59	\$404,742	\$136,757	(\$26,613)	\$514,886	\$1,008	\$44,663	\$231	\$559,780.15	\$1,095	\$116,575	\$228	\$0.83
Dec-22	512	\$679,222	\$1,326.61	\$562,568	\$136,967	(\$72,417)	\$627,119	\$1,225	\$44,760	\$232	\$672,111.06	\$1,313	\$7,111	\$14	\$0.99
Jan-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00
Feb-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00
Mar-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00
Apr-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00
May-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00
Jun-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00
Total	2,945	\$3,930,974	\$1,334.80	\$2,514,970	\$730,867	(\$251,143)	\$2,994,694	\$1,016.87	\$257,270	\$1,345	\$3,253,309	\$1,104.69	\$677,665	\$230.11	82.8%

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7/1/2021 through 6/30/2022

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-21	433	\$563,086	\$1,300.43	\$287,294	\$102,946	\$0	\$390,240	\$901.25	\$38,445	\$202	\$428,887	\$990.50	\$134,199	\$309.93	76.2%
Aug-21	433	\$564,524	\$1,303.75	\$464,053	\$97,079	\$0	\$561,132	\$1,295.92	\$38,420	\$203	\$599,754	\$1,385.11	(\$35,231)	(\$81.36)	106.2%
Sep-21	427	\$550,483	\$1,289.19	\$217,279	\$72,224	\$0	\$289,503	\$677.99	\$37,770	\$198	\$327,472	\$766.91	\$223,012	\$522.28	59.5%
Oct-21	440	\$559,961	\$1,272.64	\$496,727	\$68,555	\$0	\$565,282	\$1,284.73	\$38,912	\$202	\$604,395	\$1,373.63	(\$44,435)	(\$100.99)	107.9%
Nov-21	433	\$553,714	\$1,278.79	\$498,407	\$109,636	\$0	\$608,043	\$1,404.26	\$38,192	\$200	\$646,435	\$1,492.92	(\$92,720)	(\$214.13)	116.7%
Dec-21	429	\$544,652	\$1,269.58	\$664,994	\$122,915	\$0	\$787,909	\$1,836.62	\$37,809	\$197	\$825,915	\$1,925.21	(\$281,264)	(\$655.63)	151.6%
Jan-22	429	\$544,652	\$1,269.58	\$494,742	\$157,323	\$0	\$652,065	\$1,519.97	\$37,809	\$197	\$690,071	\$1,608.56	(\$145,420)	(\$338.97)	126.7%
Feb-22	447	\$566,832	\$1,268.08	\$484,742	\$115,132	\$0	\$599,874	\$1,342.00	\$39,481	\$205	\$639,560	\$1,430.78	(\$94,728)	(\$262.70)	112.8%
Mar-22	449	\$568,651	\$1,266.48	\$506,622	\$119,708	\$0	\$626,330	\$1,394.94	\$39,622	\$206	\$666,158	\$1,483.65	(\$97,508)	(\$217.17)	117.1%
Apr-22	453	\$570,232	\$1,258.79	\$573,982	\$130,440	\$0	\$704,422	\$1,555.02	\$40,005	\$206	\$744,634	\$1,643.78	(\$174,402)	(\$384.99)	130.6%
May-22	451	\$566,738	\$1,256.63	\$573,183	\$129,167	\$0	\$702,350	\$1,557.32	\$39,814	\$205	\$742,369	\$1,646.05	(\$175,631)	(\$389.43)	131.0%
Jun-22	455	\$570,592	\$1,254.05	\$487,531	\$137,648	\$0	\$625,179	\$1,374.02	\$40,171	\$207	\$665,557	\$1,462.76	(\$94,965)	(\$208.71)	116.6%
Total	5,279	\$6,724,117	\$1,273.75	\$5,749,556	\$1,362,773	\$0	\$7,112,330	\$1,347.29	\$466,451	\$2,428	\$7,581,208	\$1,436.11	(\$857,091)	(\$162.36)	112.7%

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**Rockford Public Schools
Bus Driver Budget Comparison Report**

7/1/2022 through 6/30/2023

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-22	142	\$178,130	\$1,254.44	\$93,956	\$62,774	\$0	\$156,730	\$1,103.74	\$13,426	\$56	\$170,213	\$1,198.68	\$7,917	\$55.75	95.6%
Aug-22	142	\$177,334	\$1,248.83	\$127,271	\$43,676	\$0	\$170,948	\$1,203.86	\$13,426	\$56	\$184,430	\$1,298.80	(\$7,095)	(\$49.97)	104.0%
Sep-22	140	\$173,975	\$1,242.68	\$124,047	\$42,882	\$0	\$166,930	\$1,192.36	\$13,233	\$55	\$180,218	\$1,287.27	(\$6,244)	(\$44.60)	103.6%
Oct-22	143	\$177,122	\$1,238.62	\$61,278	\$55,311	\$0	\$116,589	\$815.31	\$13,522	\$56	\$130,167	\$910.26	\$46,955	\$328.35	73.5%
Nov-22	143	\$176,016	\$1,230.88	\$177,491	\$51,161	\$0	\$228,652	\$1,598.96	\$13,494	\$56	\$242,201	\$1,693.71	(\$66,185)	(\$462.83)	137.6%
Dec-22	136	\$167,091	\$1,228.61	\$159,725	\$35,706	\$0	\$195,431	\$1,436.99	\$12,819	\$53	\$208,303	\$1,531.64	(\$41,212)	(\$303.03)	124.7%
Jan-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Feb-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Mar-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Apr-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
May-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Jun-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	846	\$1,049,668	\$1,240.74	\$743,768	\$291,511	\$0	\$1,035,279	\$1,223.73	\$79,920	\$333	\$1,115,532	\$1,318.60	(\$65,864)	(\$77.85)	106.3%

0

7/1/2021 through 6/30/2022

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-21	134	\$162,846	\$1,215.27	\$160,106	\$31,283	\$0	\$191,389	\$1,428.27	\$12,699	\$63	\$204,151	\$1,523.51	(\$41,305)	(\$308.25)	125.4%
Aug-21	134	\$162,846	\$1,215.27	\$434,109	\$56,962	\$0	\$491,071	\$3,664.71	\$12,699	\$63	\$503,834	\$3,759.95	(\$340,988)	(\$2,544.69)	309.4%
Sep-21	127	\$156,084	\$1,229.00	\$135,895	\$34,763	\$0	\$170,658	\$1,343.76	\$12,029	\$62	\$182,749	\$1,438.97	(\$26,666)	(\$209.97)	117.1%
Oct-21	131	\$160,204	\$1,222.93	\$199,540	\$46,318	\$0	\$245,858	\$1,876.78	\$12,387	\$61	\$258,306	\$1,971.80	(\$98,102)	(\$748.87)	161.2%
Nov-21	131	\$159,145	\$1,214.85	\$231,579	\$51,852	\$0	\$283,430	\$2,163.59	\$12,336	\$61	\$295,827	\$2,258.22	(\$136,682)	(\$1,043.37)	185.9%
Dec-21	132	\$156,708	\$1,187.18	\$262,919	\$25,528	\$0	\$288,447	\$2,185.20	\$12,432	\$60	\$300,939	\$2,279.84	(\$144,231)	(\$1,092.66)	192.0%
Jan-22	132	\$156,708	\$1,187.18	\$259,744	\$50,716	\$0	\$310,459	\$2,351.97	\$12,432	\$59	\$322,950	\$2,446.59	(\$166,242)	(\$1,259.41)	206.1%
Feb-22	139	\$162,852	\$1,171.59	\$152,964	\$28,205	\$0	\$181,168	\$1,303.37	\$13,051	\$56	\$194,276	\$1,397.67	(\$31,424)	(\$226.07)	119.3%
Mar-22	141	\$164,288	\$1,165.17	\$189,342	\$52,258	\$0	\$241,600	\$1,713.47	\$13,243	\$56	\$254,898	\$1,807.79	(\$90,610)	(\$642.62)	155.2%
Apr-22	141	\$163,559	\$1,160.00	\$149,897	\$71,001	\$0	\$220,898	\$1,566.65	\$13,243	\$55	\$234,195	\$1,660.96	(\$70,636)	(\$500.96)	143.2%
May-22	142	\$164,370	\$1,157.53	\$186,318	\$43,408	\$0	\$229,726	\$1,617.79	\$13,339	\$55	\$243,119	\$1,712.10	(\$78,749)	(\$554.57)	147.9%
Jun-22	141	\$163,142	\$1,157.04	\$160,691	\$48,710	\$0	\$209,402	\$1,485.12	\$13,268	\$53	\$222,723	\$1,579.60	(\$59,581)	(\$422.56)	136.5%
Total	1,625	\$1,932,752	\$1,189.39	\$2,523,102	\$541,003	\$0	\$3,064,105	\$1,885.60	\$153,158	\$705	\$3,217,968	\$1,980.29	(\$1,285,216)	(\$790.90)	166.5%

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**Rockford Public Schools
Clerical Budget Comparison Report**

7/1/2022 through 6/30/2023

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-22	136	\$186,581	\$1,371.92	\$99,782	\$15,898	\$0	\$115,680	\$850.59	\$12,473	\$63	\$128,216	\$942.76	\$58,366	\$429.16	68.7%
Aug-22	137	\$186,827	\$1,363.70	\$59,133	\$20,564	\$0	\$79,697	\$581.73	\$12,598	\$63	\$92,358	\$674.15	\$94,468	\$689.55	49.4%
Sep-22	140	\$189,179	\$1,351.28	\$63,294	\$17,324	\$0	\$80,619	\$575.85	\$12,887	\$63	\$93,569	\$668.35	\$95,609	\$682.92	49.5%
Oct-22	142	\$190,747	\$1,343.29	\$182,471	\$23,278	\$0	\$205,749	\$1,448.94	\$13,080	\$64	\$218,893	\$1,541.50	(\$28,147)	(\$198.21)	114.8%
Nov-22	142	\$194,717	\$1,371.25	\$36,957	\$16,859	\$0	\$53,816	\$378.99	\$13,080	\$65	\$66,961	\$471.56	\$127,756	\$899.69	34.4%
Dec-22	140	\$194,045	\$1,386.03	\$123,983	\$21,521	\$0	\$145,504	\$1,039.31	\$12,887	\$65	\$158,456	\$1,131.83	\$35,588	\$254.20	81.7%
Jan-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Feb-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Mar-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Apr-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
May-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Jun-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	837	\$1,142,095	\$1,364.51	\$565,621	\$115,445	\$0	\$681,065	\$813.70	\$77,005	\$383	\$758,454	\$906.16	\$383,641	\$458.35	66.4%

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7/1/2021 through 6/30/2022

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-21	150	\$193,726	\$1,291.50	\$183,883	\$18,312	\$0	\$202,195	\$1,347.97	\$14,004	\$66	\$216,265	\$1,441.77	(\$22,540)	(\$150.27)	111.6%
Aug-21	146	\$188,636	\$1,292.03	\$340,550	\$15,012	\$0	\$355,562	\$2,435.36	\$13,646	\$66	\$369,275	\$2,529.28	(\$180,639)	(\$1,237.25)	195.8%
Sep-21	145	\$187,826	\$1,295.35	\$326,322	\$21,153	\$0	\$347,474	\$2,396.38	\$13,550	\$67	\$361,092	\$2,490.29	(\$173,266)	(\$1,194.94)	192.2%
Oct-21	146	\$187,194	\$1,282.15	\$15,800	\$41,008	\$0	\$56,807	\$389.09	\$13,646	\$67	\$70,520	\$483.02	\$116,673	\$799.13	37.7%
Nov-21	145	\$187,891	\$1,295.80	\$350,163	\$15,275	\$0	\$365,438	\$2,520.26	\$13,550	\$67	\$379,055	\$2,614.17	(\$191,164)	(\$1,318.38)	201.7%
Dec-21	144	\$184,936	\$1,284.28	\$117,424	\$38,861	\$0	\$156,285	\$1,085.31	\$13,454	\$66	\$169,805	\$1,179.20	\$15,131	\$105.08	91.8%
Jan-22	144	\$184,936	\$1,284.28	\$131,185	\$40,371	\$0	\$171,556	\$1,191.36	\$13,454	\$66	\$185,077	\$1,285.25	(\$140)	(\$0.97)	100.1%
Feb-22	145	\$185,906	\$1,282.11	\$142,759	\$41,187	\$0	\$183,946	\$1,268.59	\$13,525	\$65	\$197,536	\$1,362.32	(\$11,630)	(\$80.21)	106.3%
Mar-22	143	\$181,612	\$1,270.01	\$185,106	\$29,130	\$0	\$214,236	\$1,498.15	\$13,334	\$66	\$227,635	\$1,591.85	(\$46,023)	(\$321.84)	125.3%
Apr-22	142	\$180,165	\$1,268.76	\$144,522	\$41,514	\$0	\$186,036	\$1,310.11	\$13,238	\$66	\$199,340	\$1,403.80	(\$19,176)	(\$135.04)	110.6%
May-22	141	\$180,175	\$1,277.84	\$142,906	\$36,897	\$0	\$179,802	\$1,275.19	\$13,142	\$66	\$193,011	\$1,368.87	(\$12,836)	(\$91.04)	107.1%
Jun-22	139	\$179,777	\$1,293.36	\$220,152	\$24,008	\$0	\$244,160	\$1,756.55	\$12,976	\$67	\$257,203	\$1,850.38	(\$77,426)	(\$557.02)	143.1%
Total	1,730	\$2,222,779	\$1,284.84	\$2,300,771	\$362,727	\$0	\$2,663,499	\$1,539.59	\$161,520	\$797	\$2,825,815	\$1,633.42	(\$603,035)	(\$348.58)	127.1%

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**Rockford Public Schools
Hearing Interpreter Budget Comparison Report**

7/1/2022 through 6/30/2023

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-22	5	\$7,156	\$1,431.23	\$1,843	\$473	\$0	\$2,317	\$463.37	\$482	\$3	\$2,801	\$560.25	\$4,355	\$870.98	39.1%
Aug-22	5	\$7,156	\$1,431.23	\$4,227	\$262	\$0	\$4,488	\$897.66	\$482	\$3	\$4,973	\$994.54	\$2,183	\$436.69	69.5%
Sep-22	6	\$7,818	\$1,302.96	\$7,553	\$534	\$0	\$8,087	\$1,347.75	\$549	\$3	\$8,639	\$1,439.78	(\$821)	(\$136.83)	110.5%
Oct-22	6	\$7,818	\$1,302.96	\$6,565	\$814	\$0	\$7,379	\$1,229.85	\$549	\$3	\$7,931	\$1,321.88	(\$114)	(\$18.93)	101.5%
Nov-22	6	\$7,818	\$1,302.96	\$20,841	\$700	\$0	\$21,541	\$3,590.22	\$549	\$3	\$22,094	\$3,682.26	(\$14,276)	(\$2,379.30)	282.6%
Dec-22	6	\$7,818	\$1,302.96	\$5,001	\$816	\$0	\$5,817	\$969.50	\$549	\$3	\$6,369	\$1,061.54	\$1,449	\$241.42	81.5%
Jan-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Feb-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Mar-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Apr-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
May-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Jun-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	34	\$45,583	\$1,340.68	\$46,030	\$3,599	\$0	\$49,629	\$1,459.68	\$3,161	\$16	\$52,807	\$1,553.14	(\$7,223)	(\$212.45)	115.8%

7/1/2021 through 6/30/2022

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-21	5	\$8,064	\$1,612.87	\$7,448	\$361	\$0	\$7,809	\$1,561.83	\$479	\$3	\$8,291	\$1,658.10	(\$226)	(\$45.23)	102.8%
Aug-21	5	\$8,064	\$1,612.87	\$4,500	\$170	\$0	\$4,670	\$933.98	\$479	\$3	\$5,151	\$1,030.26	\$2,913	\$582.62	63.9%
Sep-21	5	\$8,064	\$1,612.87	\$7,282	\$601	\$0	\$7,883	\$1,576.62	\$479	\$3	\$8,364	\$1,672.90	(\$300)	(\$60.02)	103.7%
Oct-21	5	\$8,064	\$1,612.87	\$1,373	\$193	\$0	\$1,566	\$313.25	\$479	\$3	\$2,048	\$409.52	\$6,017	\$1,203.35	25.4%
Nov-21	5	\$6,557	\$1,311.41	\$4,617	\$469	\$0	\$5,086	\$1,017.30	\$479	\$3	\$5,568	\$1,113.57	\$989	\$197.84	84.9%
Dec-21	5	\$6,557	\$1,311.41	\$1,043	\$306	\$0	\$1,349	\$269.88	\$479	\$3	\$1,831	\$366.15	\$4,726	\$945.26	27.9%
Jan-22	5	\$6,557	\$1,311.41	\$1,393	\$101	\$0	\$1,494	\$298.82	\$479	\$3	\$1,975	\$395.10	\$4,582	\$916.31	30.1%
Feb-22	5	\$6,557	\$1,311.41	\$3,820	\$121	\$0	\$3,941	\$788.25	\$479	\$3	\$4,423	\$884.52	\$2,134	\$426.89	67.4%
Mar-22	5	\$6,557	\$1,311.41	\$1,490	\$530	\$0	\$2,020	\$404.02	\$479	\$3	\$2,501	\$500.29	\$4,056	\$811.12	38.1%
Apr-22	5	\$6,557	\$1,311.41	\$4,007	\$158	\$0	\$4,165	\$833.09	\$479	\$3	\$4,647	\$929.36	\$1,910	\$382.05	70.9%
May-22	5	\$6,557	\$1,311.41	\$644	\$188	\$0	\$832	\$166.44	\$479	\$3	\$1,314	\$262.72	\$5,243	\$1,048.69	20.0%
Jun-22	5	\$6,557	\$1,311.41	\$1,271	\$217	\$0	\$1,488	\$297.66	\$479	\$3	\$1,970	\$393.94	\$4,587	\$917.47	30.0%
Total	60	\$84,714	\$1,411.90	\$38,889	\$3,416	\$0	\$42,306	\$705.10	\$5,742	\$34	\$48,082	\$801.37	\$36,632	\$610.53	56.8%

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Please see your policy or contact us for specific information or further details in this regard.

**Rockford Public Schools
Nutrition Budget Comparison Report**

7/1/2022 through 6/30/2023

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-22	52	\$67,115	\$1,290.68	\$39,265	\$7,848	\$0	\$47,113	\$906.01	\$4,925	\$21	\$52,059	\$1,001.13	\$15,056	\$289.55	77.6%
Aug-22	52	\$67,115	\$1,290.68	\$37,300	\$4,935	\$0	\$42,235	\$812.21	\$4,925	\$21	\$47,181	\$907.33	\$19,934	\$383.35	70.3%
Sep-22	51	\$65,719	\$1,288.62	\$82,748	\$4,707	\$0	\$87,455	\$1,714.80	\$4,858	\$21	\$92,333	\$1,810.45	(\$26,613)	(\$521.83)	140.5%
Oct-22	51	\$65,719	\$1,288.62	(\$37,562)	\$5,616	\$0	(\$31,947)	(\$626.40)	\$4,858	\$21	(\$27,068)	(\$530.75)	\$92,788	\$1,819.37	-41.2%
Nov-22	53	\$68,933	\$1,300.61	\$57,334	\$8,087	\$0	\$65,421	\$1,234.36	\$5,050	\$22	\$70,493	\$1,330.06	(\$1,561)	(\$29.45)	102.3%
Dec-22	51	\$67,487	\$1,323.27	\$29,786	\$3,481	\$0	\$33,268	\$652.31	\$4,886	\$21	\$38,175	\$748.54	\$29,312	\$574.74	56.6%
Jan-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Feb-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Mar-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Apr-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
May-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Jun-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	310	\$402,089	\$1,297.06	\$208,871	\$34,674	\$0	\$243,545	\$785.63	\$29,502	\$126	\$273,173	\$881.20	\$128,916	\$415.86	67.9%

7/1/2021 through 6/30/2022

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-21	52	\$65,655	\$1,262.60	\$16,372	\$37,595	\$0	\$53,967	\$1,037.83	\$4,952	\$21	\$58,940	\$1,133.46	\$6,715	\$129.14	89.8%
Aug-21	52	\$66,384	\$1,276.61	\$43,322	\$41,049	\$0	\$84,371	\$1,622.53	\$4,952	\$20	\$89,343	\$1,718.14	(\$22,959)	(\$441.52)	134.6%
Sep-21	49	\$62,587	\$1,277.28	\$68,593	\$10,548	\$0	\$79,141	\$1,615.13	\$4,665	\$21	\$83,827	\$1,710.75	(\$21,240)	(\$433.46)	133.9%
Oct-21	50	\$64,126	\$1,282.52	\$39,783	\$13,147	\$0	\$52,930	\$1,058.60	\$4,760	\$21	\$57,711	\$1,154.22	\$6,415	\$128.30	90.0%
Nov-21	52	\$62,548	\$1,202.85	\$27,316	\$5,684	\$0	\$33,000	\$634.62	\$4,952	\$22	\$37,973	\$730.26	\$24,575	\$472.60	60.7%
Dec-21	53	\$63,267	\$1,193.71	\$46,849	\$3,519	\$0	\$50,368	\$950.34	\$5,047	\$22	\$55,437	\$1,045.98	\$7,830	\$147.73	87.6%
Jan-22	54	\$63,985	\$1,184.91	\$34,823	\$8,481	\$0	\$43,304	\$801.93	\$5,143	\$21	\$48,468	\$897.56	\$15,517	\$287.35	75.7%
Feb-22	53	\$63,785	\$1,203.49	\$44,364	\$4,367	\$0	\$48,731	\$919.45	\$5,022	\$20	\$53,773	\$1,014.58	\$10,012	\$188.91	84.3%
Mar-22	54	\$63,774	\$1,181.01	\$41,409	\$2,143	\$0	\$43,552	\$806.52	\$5,118	\$20	\$48,690	\$901.66	\$15,084	\$279.34	76.3%
Apr-22	54	\$63,662	\$1,178.93	\$48,359	\$5,818	\$0	\$54,178	\$1,003.29	\$5,093	\$20	\$59,291	\$1,097.98	\$4,371	\$80.95	93.1%
May-22	53	\$63,036	\$1,189.35	\$136,987	\$5,888	\$0	\$142,875	\$2,695.75	\$4,997	\$20	\$147,892	\$2,790.42	(\$84,857)	(\$1,601.07)	234.6%
Jun-22	51	\$60,778	\$1,191.73	\$60,966	\$7,187	\$0	\$68,153	\$1,336.33	\$4,806	\$21	\$72,979	\$1,430.96	(\$12,201)	(\$239.24)	120.1%
Total	627	\$763,588	\$1,217.84	\$609,144	\$145,427	\$0	\$754,571	\$1,203.46	\$59,505	\$248	\$814,324	\$1,298.76	(\$50,737)	(\$80.92)	106.6%

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, 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.

**Rockford Public Schools
Paraprofessional Budget Comparison Report**

7/1/2022 through 6/30/2023

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		Loss Ratio
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	
Jul-22	276	\$343,068	\$1,243.00	\$322,436	\$42,125	\$0	\$364,561	\$1,320.87	\$25,995	\$0	\$390,556	\$1,415.06	(\$47,487)	(\$172.06)	113.8%
Aug-22	270	\$335,755	\$1,243.54	\$262,171	\$85,505	\$0	\$347,676	\$1,287.69	\$25,387	\$0	\$373,063	\$1,381.72	(\$37,309)	(\$138.18)	111.1%
Sep-22	257	\$318,990	\$1,241.21	\$358,586	\$74,847	\$0	\$433,432	\$1,686.51	\$24,135	\$0	\$457,567	\$1,780.42	(\$138,577)	(\$539.21)	143.4%
Oct-22	264	\$322,632	\$1,222.09	\$255,472	\$100,006	\$0	\$355,477	\$1,346.51	\$24,809	\$0	\$380,287	\$1,440.48	(\$57,654)	(\$218.39)	117.9%
Nov-22	267	\$324,135	\$1,213.99	\$224,100	\$57,274	\$0	\$281,374	\$1,053.84	\$25,098	\$0	\$306,472	\$1,147.84	\$17,662	\$66.15	94.6%
Dec-22	254	\$305,771	\$1,203.82	\$265,383	\$60,580	\$0	\$325,964	\$1,283.32	\$23,845	\$0	\$349,809	\$1,377.20	(\$44,038)	(\$173.38)	114.4%
Jan-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Feb-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Mar-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Apr-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
May-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Jun-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	1,588	\$1,950,351	\$1,228.18	\$1,688,148	\$420,336	\$0	\$2,108,484	\$1,327.76	\$149,269	\$0	\$2,257,754	\$1,421.76	(\$307,403)	(\$193.58)	115.8%

7/1/2021 through 6/30/2022

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		Loss Ratio
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	
Jul-21	295	\$351,155	\$1,190.35	\$397,645	\$78,045	\$0	\$475,690	\$1,612.51	\$27,781	\$129	\$503,599	\$1,707.12	(\$152,445)	(\$516.76)	143.4%
Aug-21	294	\$349,615	\$1,189.17	\$469,660	\$77,085	(\$20,949)	\$525,796	\$1,788.42	\$27,685	\$128	\$553,609	\$1,883.02	(\$203,994)	(\$693.86)	158.3%
Sep-21	277	\$332,931	\$1,201.92	\$301,753	\$72,835	\$5,522	\$380,110	\$1,372.24	\$26,083	\$126	\$406,319	\$1,466.86	(\$73,388)	(\$264.94)	122.0%
Oct-21	280	\$335,716	\$1,198.99	\$291,344	\$114,571	(\$30,172)	\$375,742	\$1,341.94	\$26,370	\$123	\$402,236	\$1,436.56	(\$66,519)	(\$237.57)	119.8%
Nov-21	280	\$333,592	\$1,191.40	\$311,985	\$61,834	\$27,980	\$401,799	\$1,435.00	\$26,395	\$120	\$428,315	\$1,529.70	(\$94,723)	(\$338.30)	128.4%
Dec-21	287	\$339,038	\$1,181.32	\$266,320	\$79,071	\$203	\$345,593	\$1,204.16	\$27,040	\$120	\$372,753	\$1,298.79	(\$33,715)	(\$117.47)	109.9%
Jan-22	285	\$333,649	\$1,170.70	\$359,018	\$110,902	\$0	\$469,921	\$1,648.84	\$26,798	\$119	\$496,838	\$1,743.29	(\$163,189)	(\$572.59)	148.9%
Feb-22	278	\$324,495	\$1,167.25	\$428,415	\$76,149	\$0	\$504,564	\$1,814.98	\$26,178	\$120	\$530,862	\$1,909.58	(\$206,368)	(\$742.33)	163.6%
Mar-22	283	\$327,995	\$1,158.99	\$476,175	\$41,023	\$0	\$517,198	\$1,827.55	\$26,657	\$120	\$543,974	\$1,922.17	(\$215,979)	(\$763.18)	165.8%
Apr-22	281	\$326,778	\$1,162.91	\$388,585	\$94,060	\$0	\$482,645	\$1,717.60	\$26,491	\$118	\$509,253	\$1,812.29	(\$182,475)	(\$649.38)	155.8%
May-22	282	\$327,028	\$1,159.67	\$383,769	\$85,837	\$0	\$469,606	\$1,665.27	\$26,612	\$117	\$496,334	\$1,760.05	(\$169,307)	(\$600.38)	151.8%
Jun-22	280	\$323,669	\$1,155.96	\$375,511	\$47,961	\$0	\$423,472	\$1,512.40	\$26,370	\$116	\$449,957	\$1,606.99	(\$126,289)	(\$451.03)	139.0%
Total	3,402	\$4,005,660	\$1,177.44	\$4,450,178	\$939,373	(\$17,416)	\$5,372,135	\$1,579.11	\$320,460	\$1,455	\$5,694,051	\$1,673.74	(\$1,688,391)	(\$496.29)	142.2%

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Please see your policy or contact us for specific information or further details in this regard.

**Rockford Public Schools
Teacher Budget Comparison Report**

7/1/2020 through 6/30/2021

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-22	1,832	\$2,778,726	\$1,516.77	\$2,092,834	\$526,896	(\$15,404)	\$2,604,325	\$1,421.57	\$165,404	\$931	\$2,770,660	\$1,512.37	\$8,066	\$4.40	99.7%
Aug-22	1,831	\$2,777,245	\$1,516.79	\$2,122,468	\$760,261	(\$51,772)	\$2,830,956	\$1,546.13	\$165,225	\$931	\$2,997,112	\$1,636.87	(\$219,867)	(\$120.08)	107.9%
Sep-22	1,743	\$2,636,164	\$1,512.43	\$1,830,496	\$554,614	(\$72,331)	\$2,312,779	\$1,326.90	\$157,203	\$884	\$2,470,867	\$1,417.59	\$165,298	\$94.84	93.7%
Oct-22	1,823	\$2,733,191	\$1,499.28	\$1,658,350	\$600,342	(\$32,879)	\$2,225,813	\$1,220.96	\$171,313	\$917	\$2,398,042	\$1,315.44	\$335,149	\$183.84	87.7%
Nov-22	1,832	\$2,743,106	\$1,497.33	\$1,710,899	\$701,640	(\$168,702)	\$2,243,837	\$1,224.80	\$172,122	\$920	\$2,416,879	\$1,319.26	\$326,227	\$178.07	88.1%
Dec-22	1,812	\$2,714,777	\$1,498.22	\$1,876,329	\$708,927	(\$156,531)	\$2,428,725	\$1,340.36	\$170,224	\$910	\$2,599,859	\$1,434.80	\$114,919	\$63.42	95.8%
Jan-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Feb-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Mar-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Apr-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
May-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Jun-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	10,873	\$16,383,210	\$1,506.78	\$11,291,374	\$3,852,680	(\$497,619)	\$14,646,435	\$1,347.05	\$1,001,491	\$5,493	\$15,653,419	\$1,439.66	\$729,790	\$67.12	95.5%

7/1/2019 through 6/30/2020

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-21	1,874	\$2,641,515	\$1,409.56	\$1,859,437	\$572,899	\$0	\$2,432,336	\$1,297.94	\$169,195	\$895	\$2,602,426	\$1,388.70	\$39,089	\$20.86	98.5%
Aug-21	1,870	\$2,642,787	\$1,413.25	\$2,489,497	\$574,060	\$0	\$3,063,557	\$1,638.27	\$168,853	\$893	\$3,233,303	\$1,729.04	(\$590,516)	(\$315.78)	122.3%
Sep-21	1,784	\$2,519,431	\$1,412.24	\$2,573,231	\$514,275	\$0	\$3,087,506	\$1,730.66	\$161,033	\$874	\$3,249,414	\$1,821.42	(\$729,983)	(\$409.18)	129.0%
Oct-21	1,819	\$2,549,557	\$1,401.63	\$1,766,717	\$513,747	(\$84,479)	\$2,195,986	\$1,207.25	\$163,994	\$896	\$2,360,876	\$1,297.90	\$188,681	\$103.73	92.6%
Nov-21	1,827	\$2,536,504	\$1,388.34	\$1,776,400	\$566,437	(\$340,951)	\$2,001,886	\$1,095.72	\$164,704	\$895	\$2,167,484	\$1,186.36	\$369,020	\$201.98	85.5%
Dec-21	1,829	\$2,541,189	\$1,389.39	\$2,287,321	\$552,725	(\$26,705)	\$2,813,342	\$1,538.19	\$164,887	\$895	\$2,979,124	\$1,628.83	(\$437,935)	(\$239.44)	117.2%
Jan-22	1,826	\$2,537,905	\$1,389.87	\$2,018,285	\$638,445	\$0	\$2,656,730	\$1,454.95	\$164,637	\$896	\$2,822,263	\$1,545.60	(\$284,358)	(\$155.73)	111.2%
Feb-22	1,822	\$2,530,775	\$1,389.01	\$2,163,090	\$442,553	\$0	\$2,605,643	\$1,430.10	\$164,219	\$897	\$2,770,759	\$1,520.72	(\$239,985)	(\$131.71)	109.5%
Mar-22	1,827	\$2,538,577	\$1,389.48	\$2,953,128	\$673,953	(\$89,295)	\$3,537,785	\$1,936.39	\$164,653	\$897	\$3,703,335	\$2,027.00	(\$1,164,758)	(\$637.52)	145.9%
Apr-22	1,827	\$2,540,122	\$1,390.32	\$2,326,958	\$545,280	(\$61,531)	\$2,810,706	\$1,538.43	\$164,628	\$896	\$2,976,231	\$1,629.03	(\$436,109)	(\$238.70)	117.2%
May-22	1,823	\$2,540,104	\$1,393.36	\$2,745,146	\$541,697	(\$466,273)	\$2,820,570	\$1,547.21	\$164,261	\$895	\$2,985,726	\$1,637.81	(\$445,622)	(\$244.44)	117.5%
Jun-22	1,823	\$2,540,872	\$1,393.79	\$2,258,350	\$659,395	(\$394,213)	\$2,523,531	\$1,384.27	\$164,286	\$896	\$2,688,714	\$1,474.88	(\$147,842)	(\$81.10)	105.8%
Total	21,951	\$30,659,338	\$1,396.72	\$27,217,560	\$6,795,466	(\$1,463,448)	\$32,549,577	\$1,482.83	\$1,979,350	\$10,727	\$34,539,654	\$1,573.49	(\$3,880,317)	(\$176.77)	112.7%

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**Rockford Public Schools
Trade Budget Comparison Report**

7/1/2020 through 6/30/2021

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-22	98	\$137,678	\$1,404.88	\$67,062	\$22,748	\$0	\$89,810	\$916.43	\$8,615	\$45	\$98,471	\$1,004.80	\$39,208	\$400.08	71.5%
Aug-22	98	\$138,411	\$1,412.35	\$52,987	\$28,184	\$0	\$81,171	\$828.28	\$8,615	\$46	\$89,832	\$916.65	\$48,579	\$495.71	64.9%
Sep-22	97	\$136,731	\$1,409.60	\$71,226	\$20,232	\$0	\$91,458	\$942.87	\$8,522	\$45	\$100,026	\$1,031.19	\$36,705	\$378.40	73.2%
Oct-22	98	\$137,392	\$1,401.96	\$27,356	\$17,599	\$0	\$44,955	\$458.73	\$8,955	\$45	\$53,955	\$550.56	\$83,437	\$851.40	39.3%
Nov-22	101	\$140,763	\$1,393.69	\$91,175	\$29,734	\$0	\$120,909	\$1,197.12	\$9,273	\$46	\$130,228	\$1,289.38	\$10,535	\$104.31	92.5%
Dec-22	99	\$137,503	\$1,388.92	\$44,062	\$19,280	\$0	\$63,343	\$639.82	\$9,080	\$45	\$72,468	\$732.00	\$65,036	\$656.93	52.7%
Jan-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Feb-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Mar-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Apr-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
May-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Jun-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	591	\$828,479	\$1,401.82	\$353,868	\$137,778	\$0	\$491,647	\$831.89	\$53,059	\$273	\$544,979	\$922.13	\$283,500	\$479.70	65.8%

7/1/2019 through 6/30/2020

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$350k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jul-21	99	\$131,644	\$1,329.73	\$112,595	\$18,916	(\$2,261)	\$129,250	\$1,305.55	\$8,819	\$45	\$138,114	\$1,395.09	(\$6,470)	(\$65.35)	104.9%
Aug-21	96	\$129,396	\$1,347.88	\$96,978	\$25,363	(\$1,137)	\$121,204	\$1,262.54	\$8,544	\$45	\$129,792	\$1,352.00	(\$395)	(\$4.12)	100.3%
Sep-21	96	\$128,448	\$1,338.00	\$146,463	\$29,622	(\$7)	\$176,078	\$1,834.15	\$8,518	\$44	\$184,641	\$1,923.34	(\$56,193)	(\$585.35)	143.7%
Oct-21	95	\$127,687	\$1,344.07	\$103,890	\$26,424	\$0	\$130,314	\$1,371.73	\$8,427	\$44	\$138,785	\$1,460.89	(\$11,098)	(\$116.82)	108.7%
Nov-21	97	\$130,631	\$1,346.71	\$60,087	\$19,761	\$16	\$79,863	\$823.33	\$8,610	\$45	\$88,519	\$912.56	\$42,112	\$434.15	67.8%
Dec-21	96	\$129,092	\$1,344.70	\$91,005	\$22,229	\$0	\$113,234	\$1,179.52	\$8,518	\$45	\$121,797	\$1,268.72	\$7,294	\$75.98	94.3%
Jan-22	98	\$131,145	\$1,338.21	\$180,194	\$27,866	\$0	\$208,059	\$2,123.06	\$8,677	\$46	\$216,782	\$2,212.06	(\$85,637)	(\$873.84)	165.3%
Feb-22	99	\$133,422	\$1,347.70	\$68,044	\$20,766	\$0	\$88,810	\$897.07	\$8,769	\$46	\$97,625	\$986.11	\$35,798	\$361.59	73.2%
Mar-22	95	\$127,660	\$1,343.79	\$258,133	\$27,027	\$0	\$285,160	\$3,001.69	\$8,427	\$44	\$293,631	\$3,090.86	(\$165,971)	(\$1,747.07)	230.0%
Apr-22	96	\$128,378	\$1,337.27	\$84,644	\$23,441	\$0	\$108,085	\$1,125.88	\$8,518	\$44	\$116,648	\$1,215.08	\$11,731	\$122.19	90.9%
May-22	96	\$127,537	\$1,328.51	\$79,506	\$23,520	\$0	\$103,025	\$1,073.18	\$8,493	\$44	\$111,563	\$1,162.11	\$15,975	\$166.40	87.5%
Jun-22	96	\$127,537	\$1,328.51	\$70,337	\$25,227	\$0	\$95,564	\$995.46	\$8,493	\$44	\$104,101	\$1,084.39	\$23,436	\$244.12	81.6%
Total	1,159	\$1,552,576	\$1,339.58	\$1,351,875	\$290,162	(\$3,389)	\$1,638,647	\$1,413.85	\$102,812	\$537	\$1,741,996	\$1,503.02	(\$189,420)	(\$163.43)	112.2%

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, 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.

Question #27

Primary Care Cost Report

Blue Insight Utilization Analysis Report

ROCKFORD PUBLIC SCHOOL DISTRICT #205:
ASO NON-HMO

Incurred 11/01/2021 to 10/31/2022
Paid 11/01/2021 to 12/31/2022



PLAN PERFORMANCE

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Current Reporting Period: The current reporting period represents claims incurred from November 1, 2021 through October 31, 2022 and paid November 1, 2021 through December 31, 2022.

Prior Reporting Period: The prior reporting period represents claims incurred from November 1, 2020 through October 31, 2021 and paid November 1, 2020 through December 31, 2021.

Benchmark data is based on Illinois Non HMO group population. Select benchmark utilization and expense measures, such as PMPMs and rates per 1,000, have been adjusted to reflect the group's age and gender distribution.

High Cost Claimants (HCC) are defined as members with paid expenses greater than \$50,000 within the reporting period.

The report includes medical and pharmacy claims.

Reporting Segments: ALL

Characteristics: ALL

Group/Sections: ALL

Reporting Support Contact Information

For reporting support, please contact Client Reporting Service Center

Email: client_reporting@bcbsil.com

Phone: 1-877-837-1866

Hours of Operation: Monday - Friday: 8:00am - 5:00pm CT

Report prepared on 01/16/2023

ROCKFORD PUBLIC SCHOOL DISTRICT #205: ASO NON-HMO 's overall **enrollment decreased by 3.0%** between the two reporting periods. The average age among ROCKFORD PUBLIC SCHOOL DISTRICT #205: ASO NON-HMO 's members **decreased from 32.8 to 32.7 years of age**. The gender mix of the population was **57.3% female and 42.7% male**.

The overall paid expense per member per month (PMPM) **increased by 11.6%** between the two reporting periods. The service category that impacted the paid PMPM trend the most was **pharmacy, which increased by >100%**. Additionally, paid PMPM for ROCKFORD PUBLIC SCHOOL DISTRICT #205: ASO NON-HMO was **7.6% higher than the benchmark**.

Inpatient paid PMPM decreased by 14.7% between reporting periods. The top two admission types by paid PMPM were Medical and Surgical. Medical increased by 1.0%. Surgical decreased by 28.5%.

Outpatient paid PMPM increased by 14.4% between reporting periods. The top two outpatient facility visit types by paid PMPM were Surgical and Radiology. Surgical increased by 7.2%. Radiology increased by 21.7%.

Professional paid PMPM increased by 4.7% between reporting periods. The top two professional service types by paid PMPM were Evaluation & Management and Medical. Evaluation & Management increased by 6.9%. Medical increased by 2.1%.

Medical paid PMPM increased by 2.8% between reporting periods and was **19.7% higher than the benchmark**.

Pharmacy paid PMPM increased by >100% between reporting periods.

ROCKFORD PUBLIC SCHOOL DISTRICT #205: ASO NON-HMO 's overall top four diagnostic categories by paid expense PMPM were **Musculoskeletal, Neoplasms, Health Status, and Mental Health**. These four diagnostic categories accounted for 44.7% of the overall paid expenses in the current reporting period.

For **high cost claimants (HCC)** the **total paid expenses increased by 5.5%** between the two reporting periods. HCCs are defined as claimants whose total expense equaled or exceeded \$50,000. The number of HCCs also increased by 3.1% from 128 to 132 during the same time frame. The proportion of paid expenses due to high cost claimants **increased from 40.3% to 42.1%** between reporting periods.

Paid **PMPM for Emergency Room (ER) visits increased by 25.4%** between reporting periods. Total **ER visits/1,000 increased by 1.5%** in the current reporting period and was **21.2% lower than the benchmark**.

In the current reporting period, **primary care physicians (PCP) accounted for 37.9% of professional office visits compared to 34.2% for the benchmark**. **PCPs accounted for 38.4% of professional office expenses**.

Executive Summary Dashboard

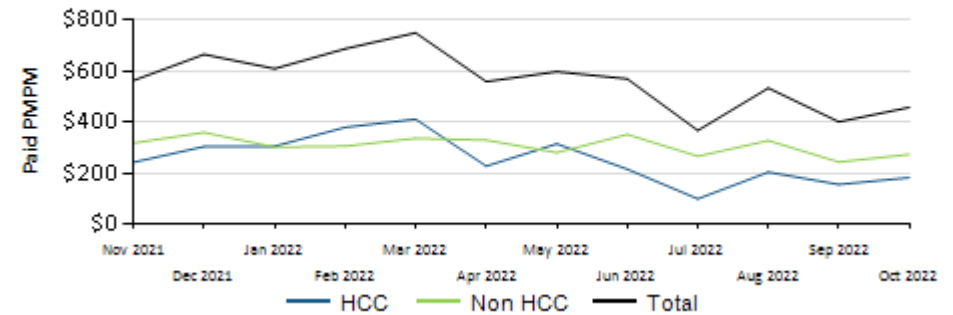


Key Metrics

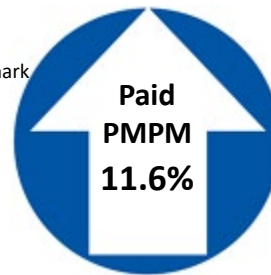
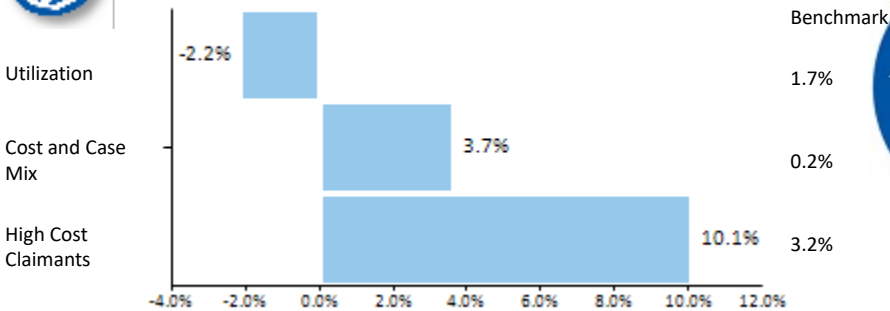
	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark
Allowed	\$48,845,130	\$47,933,787	-1.9%	
Paid	\$40,053,865	\$40,444,318	1.0%	
Paid PMPM	\$501.99	\$560.02	11.6%	\$520.46
Medical Plan Performance				
Plan Share	88.3%	89.0%		86.6%
In-Network Paid %	99.2%	99.0%		98.5%
Discount %	55.2%	56.5%		55.6%
Members	7,216	7,001	-3.0%	
Subscribers	3,034	2,985	-1.6%	
Dependents	4,181	4,016	-4.0%	



Paid PMPM by Month - HCC vs. Non-HCC



Components of Paid PMPM Trend

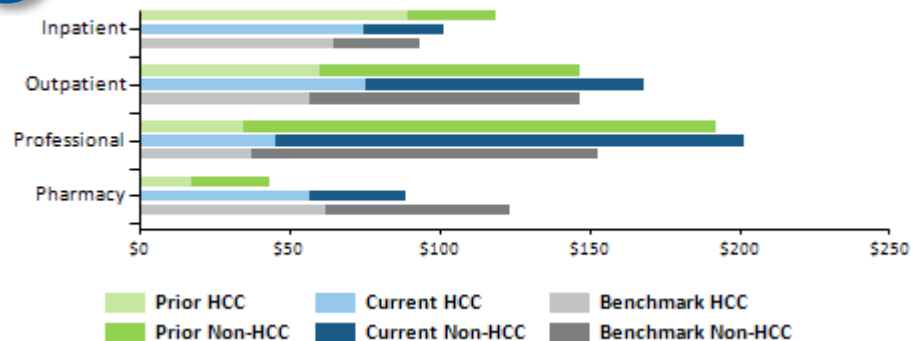


Claimant Distribution

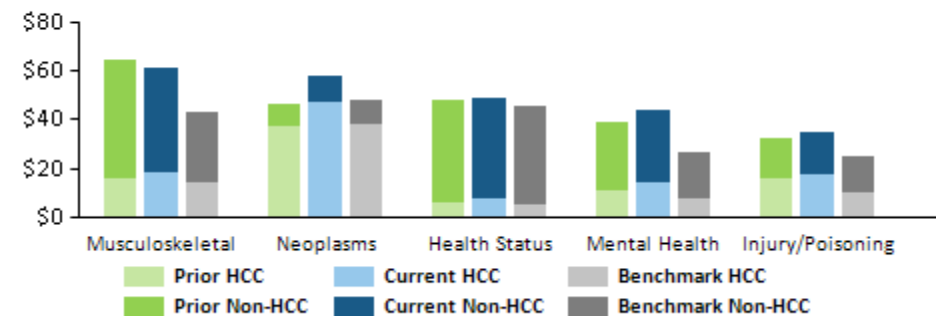
Dollar Range	% of Total Paid			% of Total Unique Members		
	Prior	Current	Benchmark	Prior	Current	Benchmark
Non-Utilizers	0.0%	0.0%	0.0%	11.1%	12.1%	17.4%
\$0-\$50K	59.7%	57.9%	55.9%	87.3%	86.2%	81.2%
\$50K-\$100K	12.4%	14.9%	15.8%	1.0%	1.1%	0.9%
\$100K-\$300K	17.1%	12.2%	18.4%	0.5%	0.4%	0.5%
\$300K and +	10.8%	14.9%	10.0%	0.1%	0.2%	0.1%
HCC Subtotal	40.3%	42.1%	44.1%	1.6%	1.7%	1.4%



Spend by Service Category (Paid PMPM)



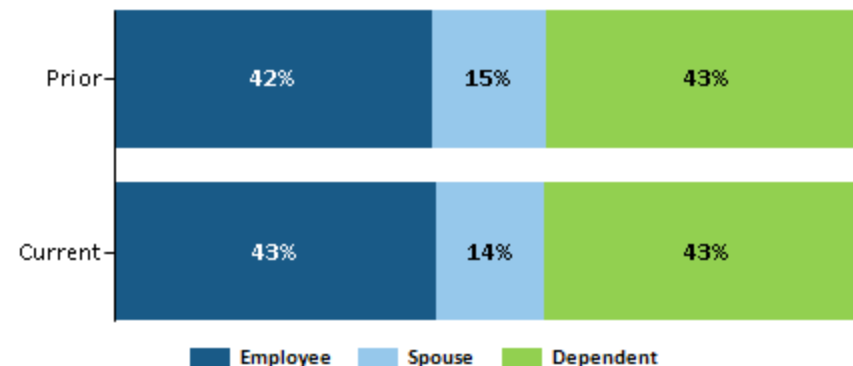
Top Diagnostic Categories (Paid PMPM)



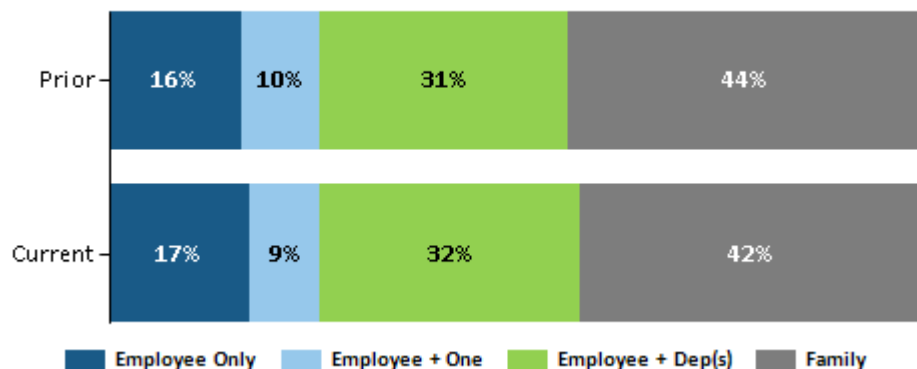
Reporting Period	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Average Membership	7,216	7,001	-3.0%		
Employee	3,034	2,985	-1.6%		
Spouse	1,102	1,014	-8.0%		
Dependent	3,079	3,002	-2.5%		
Average Contract Size	2.4	2.3	-1.4%	2.1	10.5%
Average Age	32.8	32.7	-0.3%	34.9	-6.3%
Employee	46.2	46.1	-0.4%	45.3	1.8%
Spouse	49.1	49.2	0.2%	47.9	2.9%
Dependent	13.7	13.8	1.0%	13.3	3.6%
% Under 30	46.6%	47.1%		41.6%	
% 30 to 49	28.1%	27.7%		30.7%	
% 50 to 64	22.6%	22.7%		24.0%	
% 65+	2.7%	2.6%		3.7%	
Gender					
% of Males	43.1%	42.7%		51.5%	
% of Females	56.9%	57.3%		48.5%	
% of Females Ages 20-44	21.1%	21.8%		18.7%	

- Overall, membership **decreased by 3.0%** between reporting periods.
- The average age was 32.7 and **decreased by 0.3%** between reporting periods.
- Contract size **decreased by 1.4%** between reporting periods.
- The percentage of females between ages 20 and 44 **increased from 21.1% to 21.8%** between reporting periods.

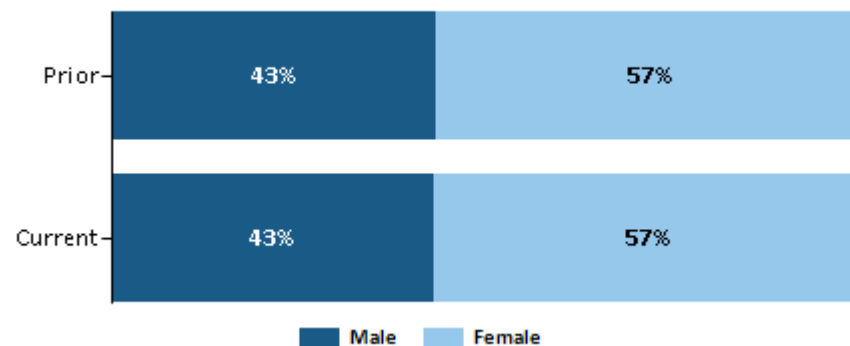
Enrollment by Relationship

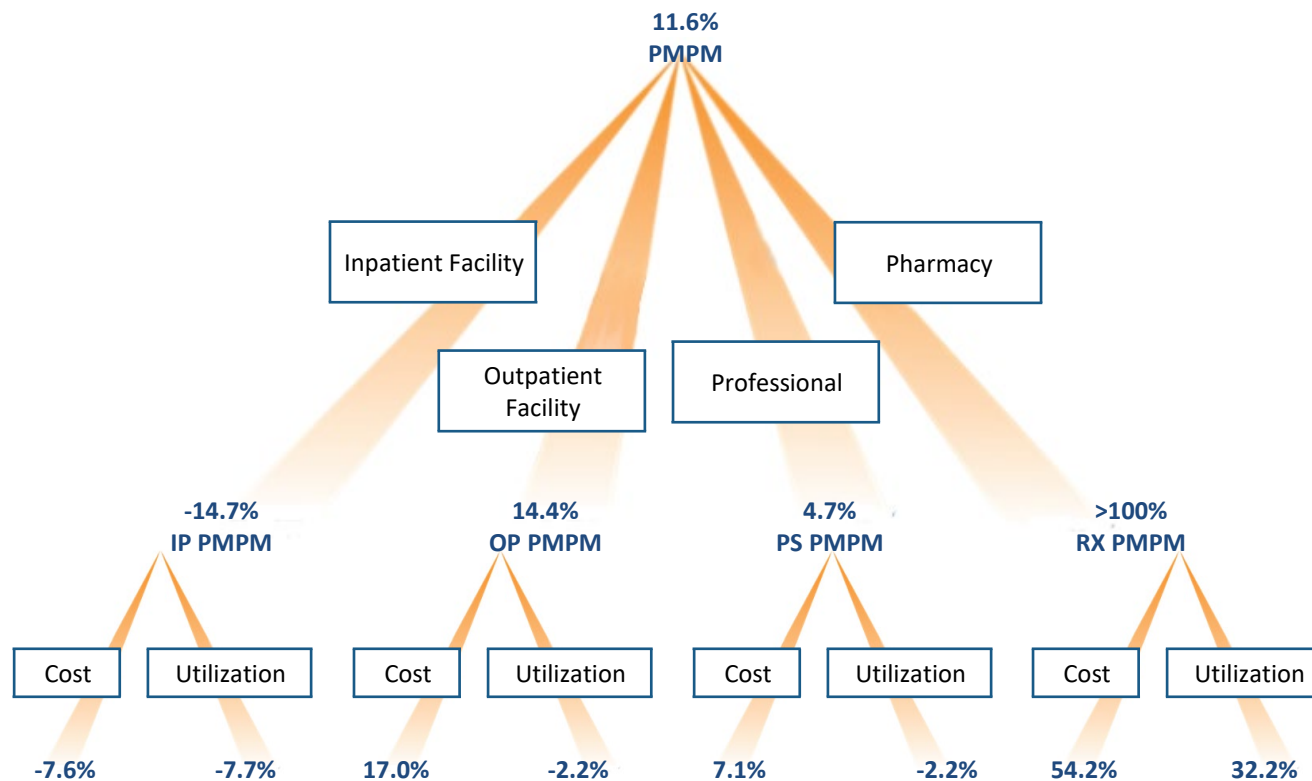
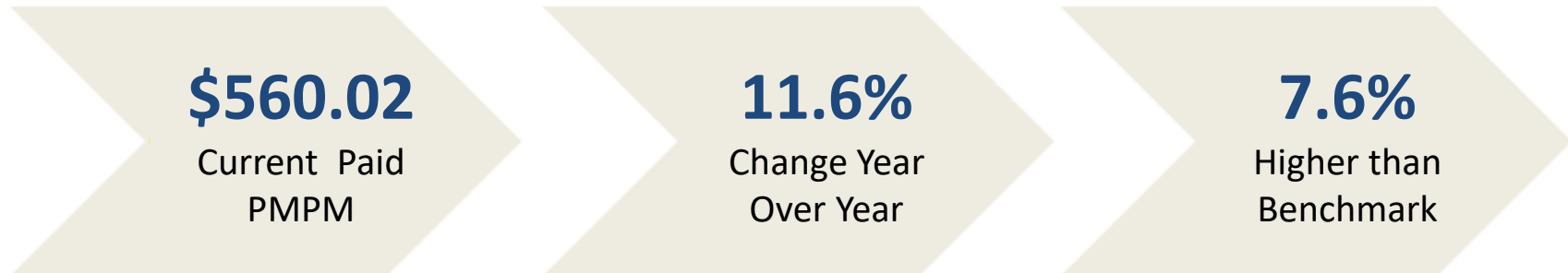


Enrollment by Tier



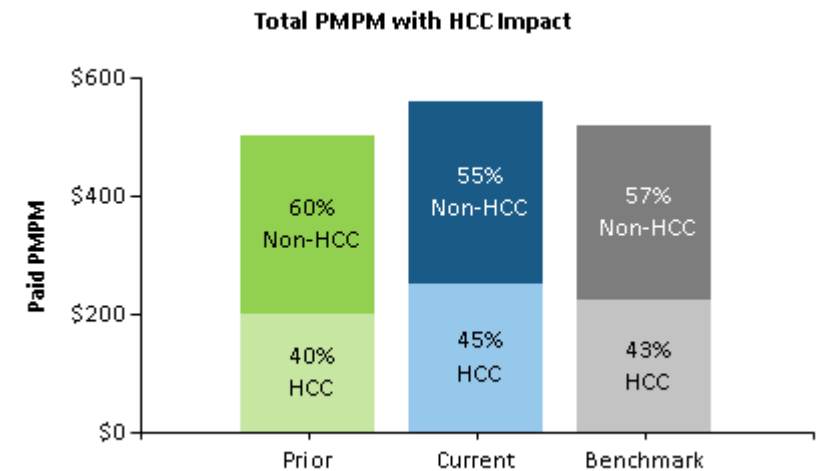
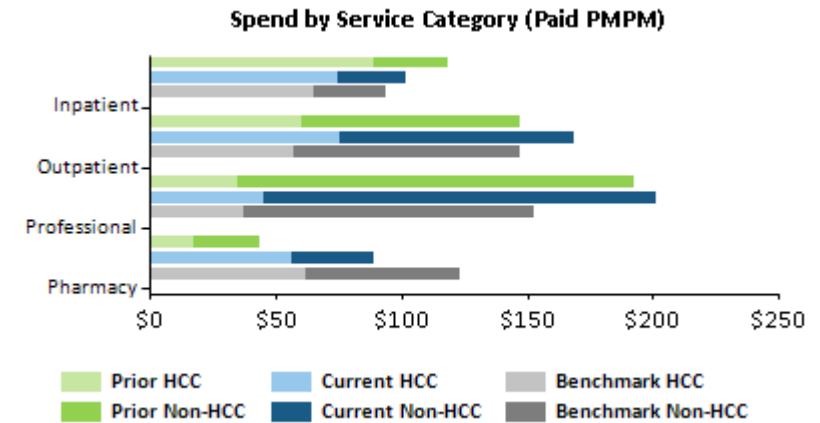
Enrollment by Gender





The above chart shows the % change from prior period to current period in paid PMPM, the % change in the amount paid per service (cost), and the % change in the number of services per 1,000 (utilization) by service category.

Service Category	Reporting Period	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Inpatient Facility	Paid PMPM	\$118.89	\$101.43	-14.7%	\$93.63	8.3%
	Paid PEPM	\$282.72	\$237.89	-15.9%	\$199.74	19.1%
	Allowed PMPM	\$129.81	\$107.96	-16.8%	\$107.72	0.2%
	Admissions/1,000	55.9	51.6	-7.7%	48.9	5.5%
	Days/1,000	375.6	260.2	-30.7%	253.7	2.6%
	Average Length of Stay	6.7	5.0	-24.9%	5.2	-2.8%
	Paid/Admission	\$25,544	\$23,606	-7.6%	\$22,987	2.7%
Outpatient Facility	Paid/Day	\$3,799	\$4,677	23.1%	\$4,428	5.6%
	Paid PMPM	\$147.13	\$168.32	14.4%	\$147.25	14.3%
	Paid PEPM	\$349.88	\$394.76	12.8%	\$329.40	19.8%
	Allowed PMPM	\$203.28	\$216.68	6.6%	\$191.91	12.9%
	Visits/1,000	1,805.8	1,765.7	-2.2%	1,631.8	8.2%
	Paid/Visit	\$978	\$1,144	17.0%	\$1,083	5.6%
Professional	Paid PMPM	\$192.42	\$201.48	4.7%	\$152.88	31.8%
	Paid PEPM	\$457.58	\$472.51	3.3%	\$331.42	42.6%
	Allowed PMPM	\$225.37	\$233.82	3.8%	\$194.91	20.0%
	Services/1,000	27,990.3	27,374.7	-2.2%	22,909.4	19.5%
	Paid/Service	\$82	\$88	7.1%	\$80	10.3%
Medical Summary	Paid PMPM	\$458.44	\$471.23	2.8%	\$393.76	19.7%
	Paid PEPM	\$1,090.19	\$1,105.16	1.4%	\$860.57	28.4%
	Allowed PMPM	\$558.45	\$558.46	0.0%	\$494.55	12.9%
	In-Network Paid %	99.2%	99.0%		98.5%	
	In-Network Services %	99.1%	99.2%		97.9%	
Pharmacy	Plan Share %	88.3%	89.0%		86.6%	
	Rx Paid PMPM	\$43.55	\$88.78	>100%	\$123.43	-28.1%
	Rx Paid PEPM	\$107.35	\$215.93	>100%	\$266.13	-18.9%
	Rx Allowed PMPM	\$59.54	\$105.54	77.3%	\$135.16	-21.9%
	Prescriptions/Member	4.7	6.3	32.2%	9.6	-34.4%
Overall Summary	Paid/Prescription	\$110	\$170	54.2%	\$155	9.6%
	Paid PMPM	\$501.99	\$560.02	11.6%	\$520.46	7.6%
	Paid PEPM	\$1,197.54	\$1,321.09	10.3%	\$1,134.89	16.4%
	Allowed PMPM	\$617.99	\$664.00	7.4%	\$632.69	4.9%



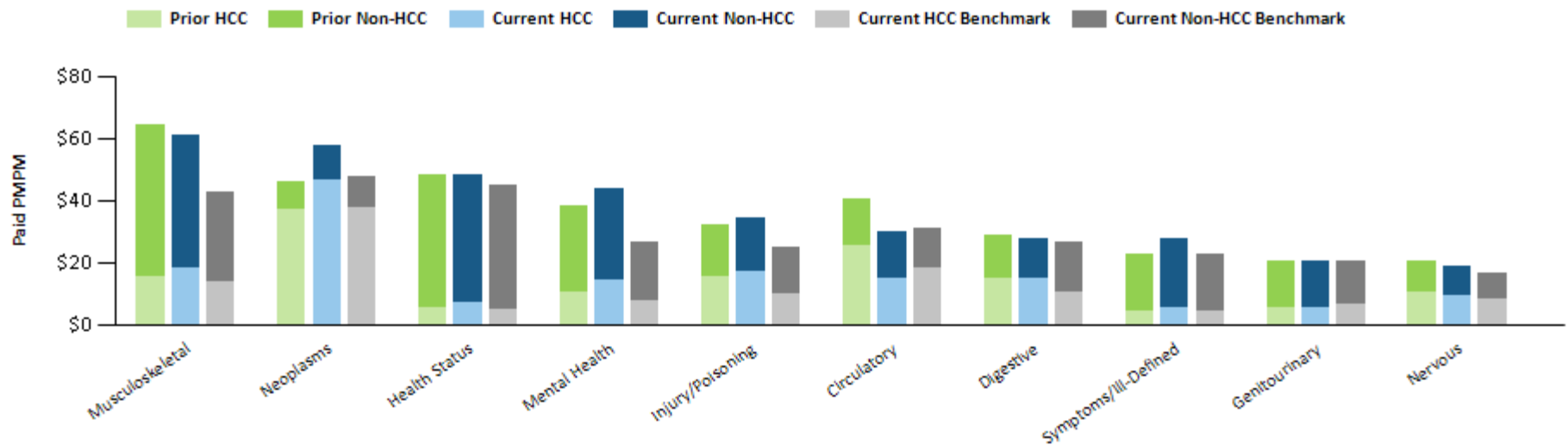
- Total medical **paid PMPM** increased **2.8%** in the current reporting period and was **19.7%** above the benchmark.
- Excluding high cost claimants, the total paid PMPM trend was **2.5%**.

Top Diagnostic Categories

Diagnostic Categories with Paid PMPM	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Musculoskeletal	\$64.15	\$61.18	-4.6%	\$42.62	43.5%
Neoplasms	\$45.96	\$57.37	24.8%	\$47.61	20.5%
Health Status	\$48.09	\$48.44	0.7%	\$45.13	7.3%
Mental Health	\$38.46	\$43.87	14.1%	\$26.48	65.6%
Injury/Poisoning	\$31.84	\$34.29	7.7%	\$24.96	37.4%
Circulatory	\$40.63	\$29.85	-26.5%	\$31.25	-4.5%
Digestive	\$28.96	\$27.84	-3.9%	\$26.78	4.0%
Symptoms/Ill-Defined	\$22.80	\$27.75	21.7%	\$22.84	21.5%
Genitourinary	\$20.71	\$20.69	-0.1%	\$20.58	0.5%
Nervous	\$20.25	\$18.91	-6.6%	\$16.46	14.9%
All Others	\$96.58	\$101.03	4.6%	\$89.04	13.5%
Total	\$458.44	\$471.23	2.8%	\$393.76	19.7%

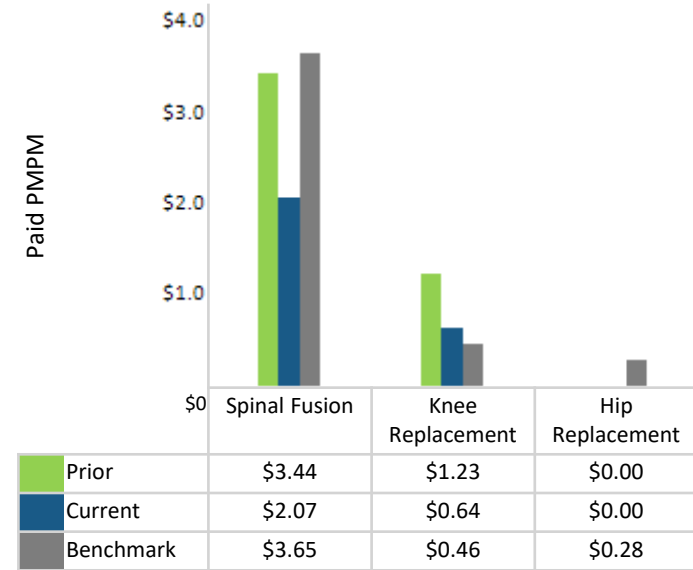
- **Musculoskeletal** was the most costly diagnostic category and **paid PMPM decreased 4.6%** between reporting periods.
- The **top 4** diagnostic categories accounted for **44.7%** of total medical costs in the current period.
- **The Neoplasms** category experienced the largest percentage increase in the current period.

Ten Most Costly Diagnostic Categories with HCC Impact and Benchmark Comparison

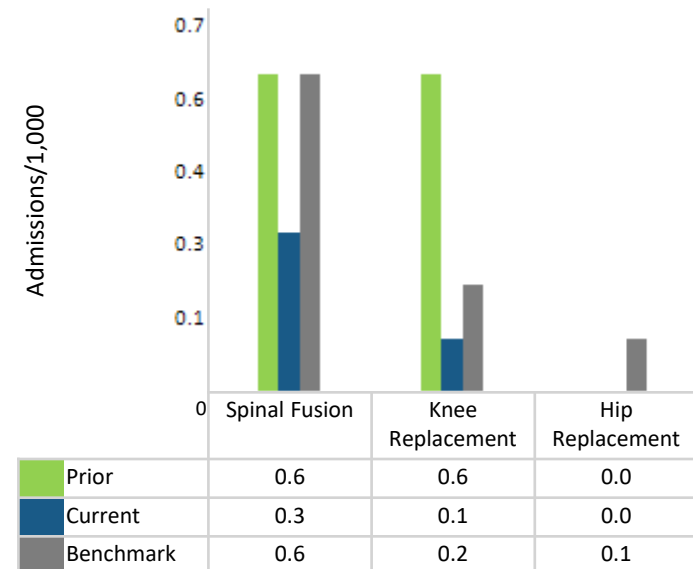


Reporting Period	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Inpatient					
Paid PMPM	\$4.88	\$3.34	-31.7%	\$5.84	-42.9%
Admissions/1,000	1.4	0.9	-38.2%	1.6	-45.8%
Paid/Day	\$12,070	\$16,481	36.6%	\$10,361	59.1%
Paid/Admission	\$42,246	\$46,697	10.5%	\$44,385	5.2%
Outpatient					
Paid PMPM	\$16.61	\$19.23	15.8%	\$17.28	11.3%
Visits/1,000	132.4	139.8	5.7%	189.7	-26.3%
Paid/Visit	\$1,506	\$1,650	9.6%	\$1,093	51.0%
Professional					
Paid PMPM	\$42.66	\$38.62	-9.5%	\$19.50	98.0%
Services/1,000	8,653.6	7,566.3	-12.6%	4,105.0	84.3%
Paid/Service	\$59	\$61	3.5%	\$57	7.4%
Total Medical					
Paid PMPM	\$64.15	\$61.18	-4.6%	\$42.62	43.5%
Non High Cost	\$48.81	\$42.48	-13.0%	\$28.13	51.0%
High Cost	\$15.34	\$18.70	21.9%	\$14.49	29.0%
Paid/Claimant	\$2,262	\$2,151	-4.9%	\$1,431	50.3%
Claimants/1,000	340.4	341.4	0.3%	299.4	14.0%
% of Total Medical Paid	14.0%	13.0%		11.2%	

Common Inpatient Musculoskeletal Surgical Procedures Paid PMPM

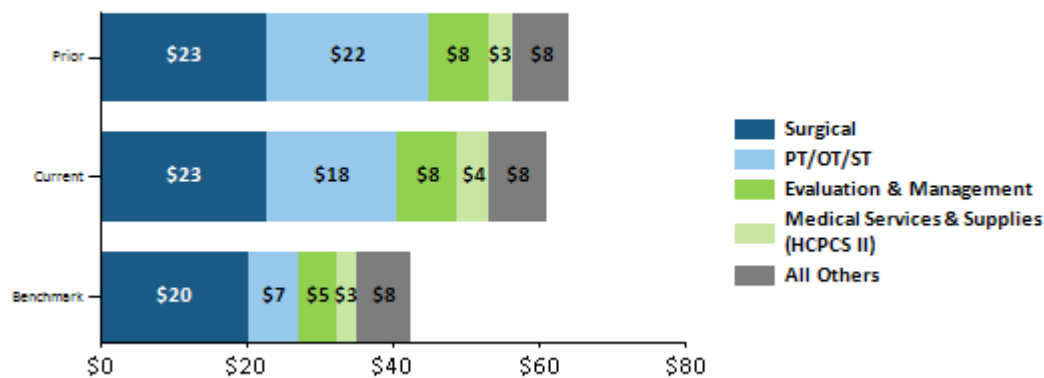


Common Inpatient Musculoskeletal Surgical Procedures Admissions/1,000



Musculoskeletal paid PMPM accounted for 13.0% of the total medical paid PMPM

Musculoskeletal Paid PMPM by Top Service Types (IP/OP/Prof)



Reporting Period	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Inpatient					
Paid PMPM	\$7.97	\$8.48	6.5%	\$8.07	5.1%
Admissions/1,000	1.8	1.6	-12.8%	2.2	-30.1%
Paid/Day	\$1,994	\$19,264	>100%	\$7,642	>100%
Paid/Admission	\$53,059	\$64,796	22.1%	\$43,067	50.5%
Outpatient					
Paid PMPM	\$30.12	\$37.25	23.7%	\$27.69	34.5%
Visits/1,000	154.5	134.3	-13.1%	105.1	27.8%
Paid/Visit	\$2,339	\$3,329	42.3%	\$3,163	5.2%
Professional					
Paid PMPM	\$7.87	\$11.64	47.9%	\$11.84	-1.7%
Services/1,000	515.0	543.1	5.5%	650.7	-16.5%
Paid/Service	\$183	\$257	40.3%	\$218	17.8%
Total Medical					
Paid PMPM	\$45.96	\$57.37	24.8%	\$47.61	20.5%
Non High Cost	\$9.13	\$10.45	14.4%	\$9.72	7.5%
High Cost	\$36.83	\$46.93	27.4%	\$37.89	23.9%
Paid/Claimant	\$6,057	\$7,591	25.3%	\$4,858	56.3%
Claimants/1,000	91.1	90.7	-0.4%	101.3	-10.5%
% of Total Medical Paid	10.0%	12.2%		12.5%	

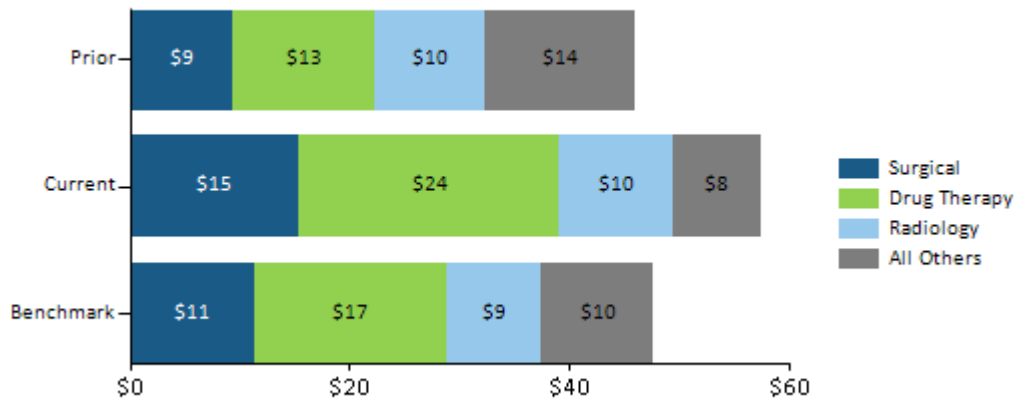
Common Malignant Neoplasms: Current Period



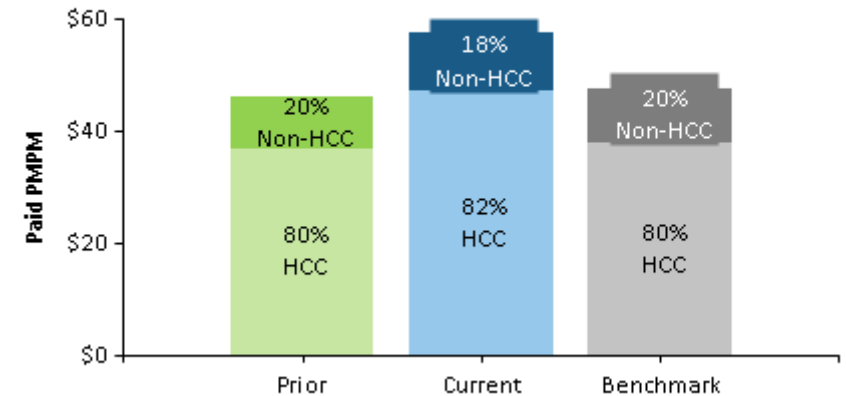
	Breast	Cervical	Colon	Leukemia	Lung	Lymphoma	Melanoma Skin	Non-Melanoma Skin	Prostate
Claimants	8.4%	1.3%	0.9%	0.8%	0.9%	0.6%	1.4%	24.6%	0.8%
Paid	11.8%	0.1%	5.1%	0.4%	3.8%	0.1%	1.0%	1.7%	2.0%

9.1% of members had a Neoplasms diagnosis compared to 10.3% of the book of business members

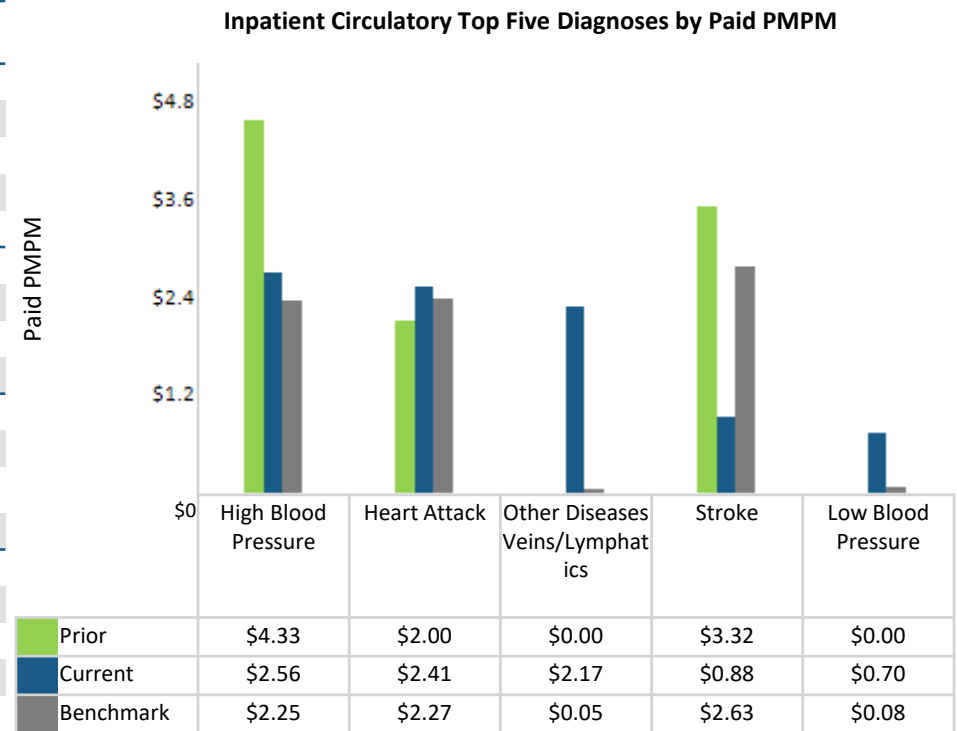
Neoplasms Paid PMPM by Top Service Types (IP/OP/Prof)



Neoplasms Paid PMPM with HCC Impact



Reporting Period	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Inpatient					
Paid PMPM	\$20.10	\$10.22	-49.1%	\$13.71	-25.4%
Admissions/1,000	6.8	4.9	-28.5%	5.1	-4.7%
Paid/Day	\$7,840	\$6,508	-17.0%	\$6,418	1.4%
Paid/Admission	\$35,522	\$25,265	-28.9%	\$32,296	-21.8%
Outpatient					
Paid PMPM	\$13.09	\$13.02	-0.6%	\$11.16	16.7%
Visits/1,000	122.2	113.8	-6.9%	87.3	30.3%
Paid/Visit	\$1,285	\$1,372	6.8%	\$1,533	-10.5%
Professional					
Paid PMPM	\$7.44	\$6.61	-11.2%	\$6.38	3.6%
Services/1,000	847.5	705.6	-16.7%	861.8	-18.1%
Paid/Service	\$105	\$112	6.7%	\$89	26.5%
Total Medical					
Paid PMPM	\$40.63	\$29.85	-26.5%	\$31.25	-4.5%
Non High Cost	\$15.10	\$15.07	-0.2%	\$12.84	17.4%
High Cost	\$25.54	\$14.78	-42.1%	\$18.41	-19.8%
Paid/Claimant	\$3,322	\$2,421	-27.1%	\$1,984	22.0%
Claimants/1,000	146.8	148.0	0.8%	164.3	-9.9%
% of Total Medical Paid	8.9%	6.3%		9.1%	

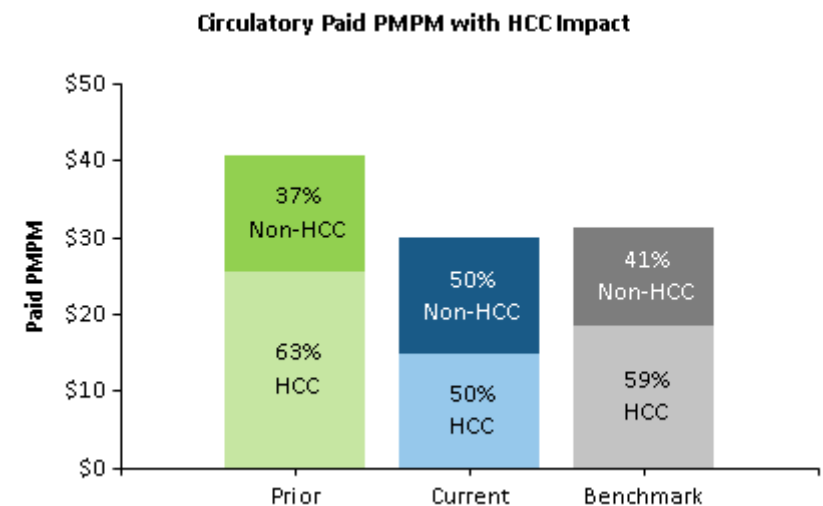


Circulatory paid PMPM accounted for 6.3% of the total medical paid PMPM

Common Circulatory Comorbidity: Claimants/1,000

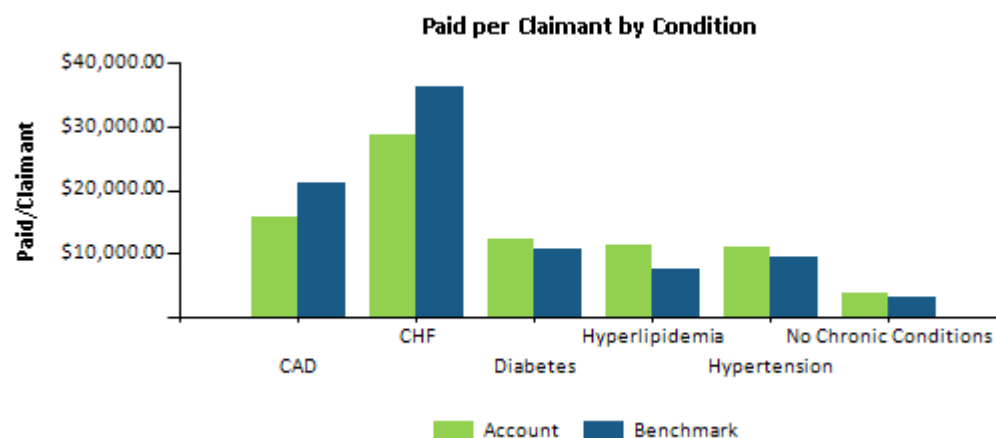
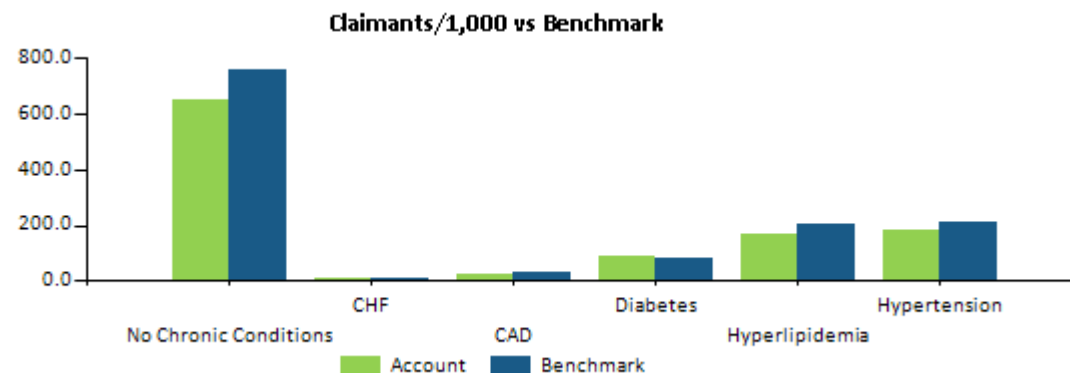
	CAD	Diabetes	CHF	Hyperlipidemia	Hypertension
Current	14.0	24.1	6.0	52.6	84.4
Benchmark	16.6	26.7	6.2	64.1	97.8

Claimants can be counted in more than one chronic condition category.



Per the American Heart Association, three of the seven key health factors that increase the risks for heart disease and stroke include: High Blood Pressure (Hypertension), High Cholesterol (Hyperlipidemia) and High Blood Glucose (Diabetes). The below chart and bar graphs show key metrics for ROCKFORD PUBLIC SCHOOL DISTRICT #205: ASO NON-HMO for five types of chronic conditions* along with comparative data for members who did not have any known type of chronic condition. All data reflects members aged 18 and above.

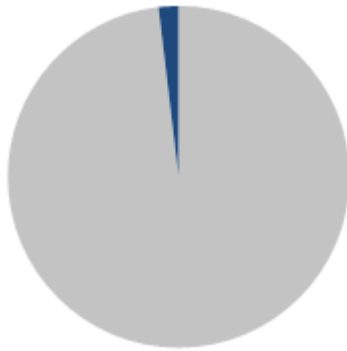
		Nov 2021 - Oct 2022	Benchmark	Benchmark Variance
Claimants/1,000	CHF	9.3	9.8	-5.0%
	CAD	23.7	28.7	-17.4%
	Diabetes	85.6	84.4	1.4%
	Hyperlipidemia	165.4	200.8	-17.6%
	Hypertension	185.1	210.2	-11.9%
	No Chronic Conditions	649.9	761.8	-14.7%
Paid/Claimant	CHF	\$28,641	\$36,340	-21.2%
	CAD	\$15,683	\$21,259	-26.2%
	Diabetes	\$12,342	\$10,712	15.2%
	Hyperlipidemia	\$11,204	\$7,383	51.8%
	Hypertension	\$11,083	\$9,507	16.6%
	No Chronic Conditions	\$3,814	\$3,054	24.9%
Paid PMPM	CHF	\$22.67	\$28.68	-21.0%
	CAD	\$33.17	\$52.92	-37.3%
	Diabetes	\$119.82	\$108.38	10.6%
	Hyperlipidemia	\$181.41	\$182.26	-0.5%
	Hypertension	\$205.42	\$213.85	-3.9%
	No Chronic Conditions	\$252.57	\$233.96	8.0%



- Hypertension** was the **most prevalent** chronic condition and was below the benchmark.
- CHF** was the **most costly** chronic condition on a Paid/Claimant basis and was below the benchmark.

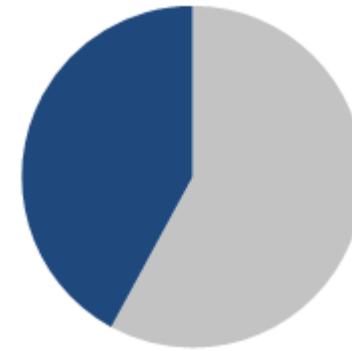
* For a member to be included in one of these chronic condition categories, they must be 18 years or older and have had at least two claims for one of the chronic condition categories that were incurred within 180 days of each other and paid within the last 39 months. Paid per claimant and Paid PMPM rates are for those members in each chronic condition category for the most current reporting period. Costs include the total claimant cost and are not limited to the cost of the chronic condition. This report includes medical and pharmacy claims where applicable. Claimants and their claim spend can be counted in more than one chronic condition category in this report. CAD: Coronary Artery Disease; CHF: Chronic Heart Failure.

1.89%
Of Membership
1.80% Benchmark



Accounted
for
132
High Cost Claimants
128 prior

42.1%
of Total Paid
42.9% Benchmark



25.8%
Repeat HCCs
28.9% Benchmark

\$17.0M
Total Paid
\$16.1M in prior period

60.6%
Employees
55.7% Benchmark

49
Average Age
47 Benchmark

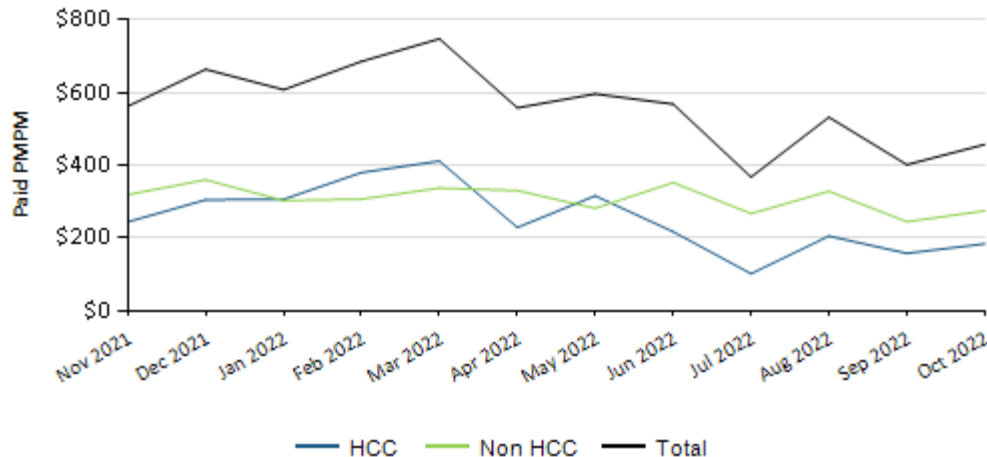
62.1%
Female
51.5% Benchmark

High Cost Claimants Trend

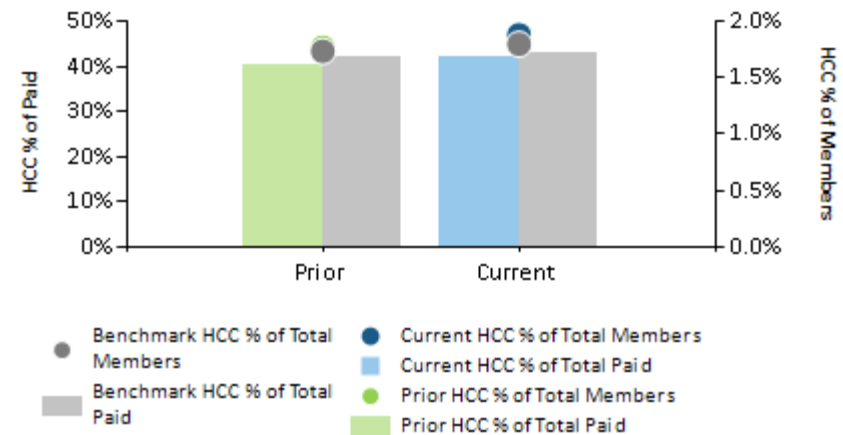
	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
High Cost Claimants	128	132	3.1%		
% of Total Members	1.77%	1.89%		1.80%	
HCC Paid	\$16,133,533	\$17,020,297	5.5%		
% of Total Paid	40.3%	42.1%		42.9%	
Total Paid PMPM	\$501.99	\$560.02	11.6%	\$520.46	7.6%
Non-High cost	\$299.74	\$307.22	2.5%	\$296.92	3.5%
High Cost	\$202.25	\$252.79	25.0%	\$223.53	13.1%
HCC Paid/Claimant	\$126,043	\$128,942	2.3%	\$125,616	6.7%

- **1.89%** of members were high cost claimants in the current period compared to **1.77%** in the prior period and **1.80%** for the benchmark.
- High cost claimants accounted for **42.1%** of total costs in the current period compared to **40.3%** in the prior period and **42.9%** for the benchmark.
- Paid PMPM for high cost claimants **increased by 25.0%** between the two reporting periods and was **13.1% higher than** the benchmark.
- Paid PMPM excluding high cost claimants **increased by 2.5%** between the two reporting periods and was **3.5% higher than** the benchmark.

Paid PMPM by Month - HCC vs. Non-HCC



2 Year HCC Benchmark Comparison

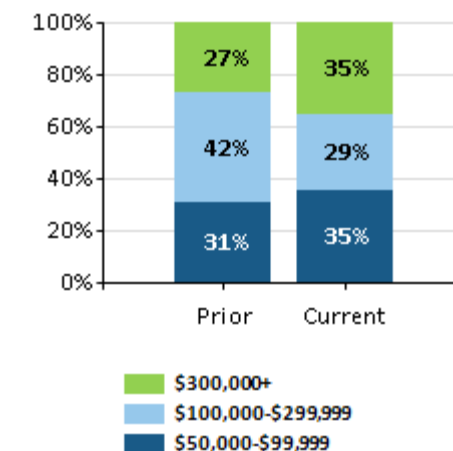


High Cost Claimants Additional Details

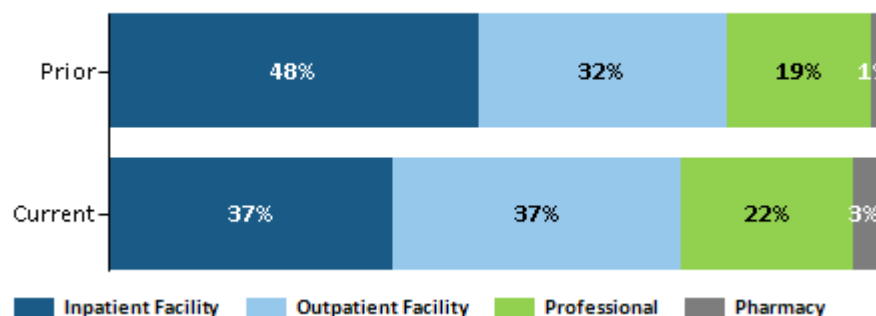
Claimant Distribution by Paid Band

Dollar Range	Nov 2020 - Oct 2021			Nov 2021 - Oct 2022			% Change	
	Claimants	Paid	Paid %	Claimants	Paid	Paid %	Claimants	Paid
No Claims	881	\$0	0.0%	955	\$0	0.0%	8.4%	0.0%
\$0-\$49,999	6,915	\$23,920,332	59.7%	6,780	\$23,424,021	57.9%	-2.0%	-2.1%
\$50,000-\$99,999	75	\$4,965,624	12.4%	85	\$6,032,099	14.9%	13.3%	21.5%
\$100,000-\$299,999	43	\$6,832,683	17.1%	34	\$4,951,799	12.2%	-20.9%	-27.5%
\$300,000+	10	\$4,335,226	10.8%	13	\$6,036,399	14.9%	30.0%	39.2%
HCC Subtotal	128	\$16,133,533	40.3%	132	\$17,020,297	42.1%	3.1%	5.5%

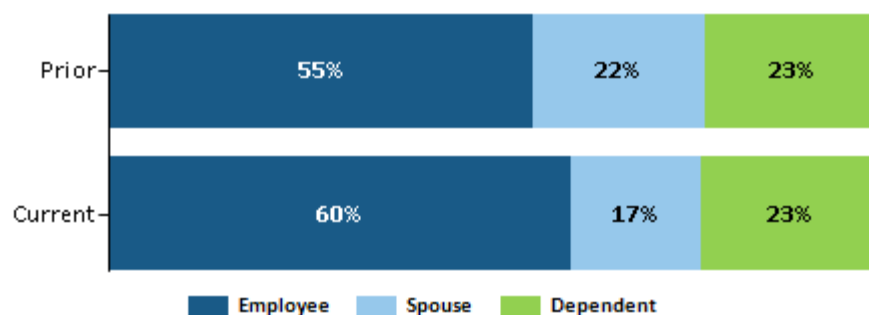
Distribution of High Cost Claimant Paid Dollars



HCC Cost Distribution by Service Category



HCC Cost Distribution by Relationship

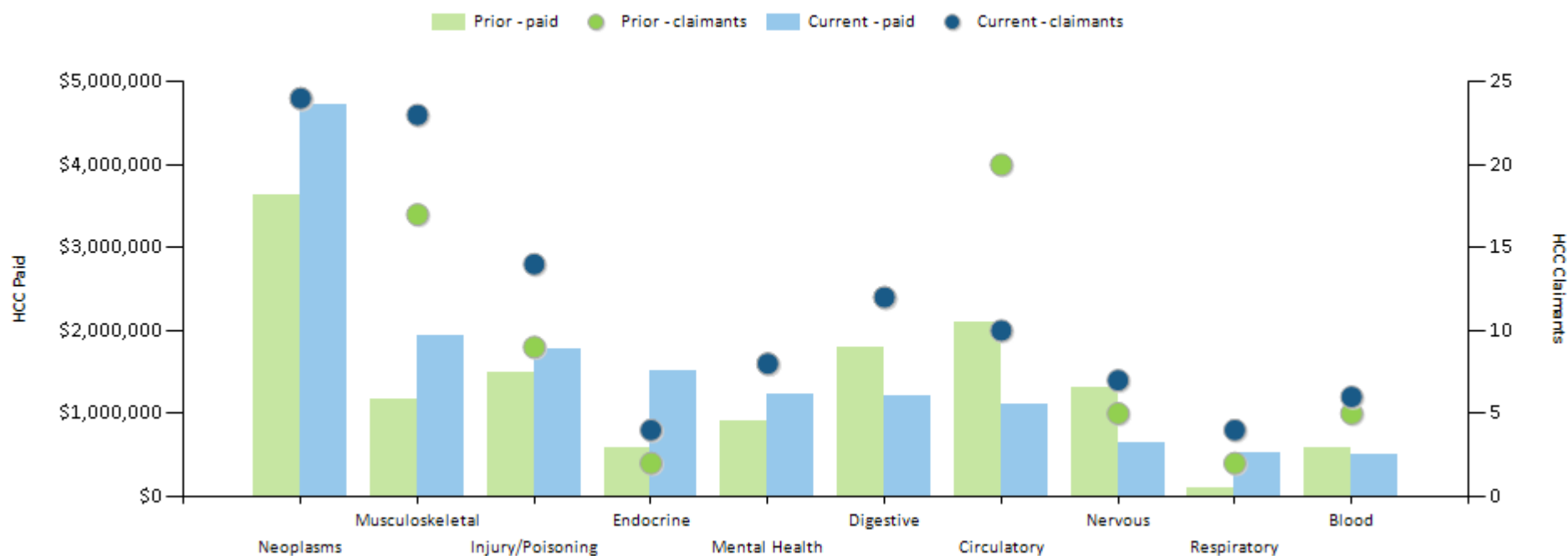


- The **\$300,000+ HCC paid band** experienced the largest percent **increase** in paid dollars in the current reporting period.
- 132** claimants accounted for **42.1%** of the total paid amount in the current reporting period.
- By service category, **Outpatient Facility** accounted for the largest percent of high cost claimant paid dollars in the current reporting period.
- Employee** accounted for the largest percent of high cost claimant paid dollars in the current reporting period.

High Cost Claimants Diagnostic Categories

Top 5 HCC Diagnostic Categories by Paid	Nov 2020 - Oct 2021				Nov 2021 - Oct 2022			
	Claimants	Paid	Paid/Claimant	Paid %	Claimants	Paid	Paid/Claimant	Paid %
Neoplasms	24	\$3,621,876	\$150,912	22.4%	24	\$4,714,204	\$196,425	27.7%
Musculoskeletal	17	\$1,164,003	\$68,471	7.2%	23	\$1,944,847	\$84,559	11.4%
Injury/Poisoning	9	\$1,493,404	\$165,934	9.3%	14	\$1,779,815	\$127,130	10.5%
Endocrine	2	\$582,112	\$291,056	3.6%	4	\$1,519,214	\$379,804	8.9%
Mental Health	8	\$895,710	\$111,964	5.6%	8	\$1,236,705	\$154,588	7.3%
All others	68	\$8,376,428	\$123,183	51.9%	59	\$5,825,512	\$98,737	34.2%
Summary	128	\$16,133,533	\$126,043	100.0%	132	\$17,020,297	\$128,942	100.0%

Ten Most Costly HCC Diagnostic Categories



High Cost Claimants Listing

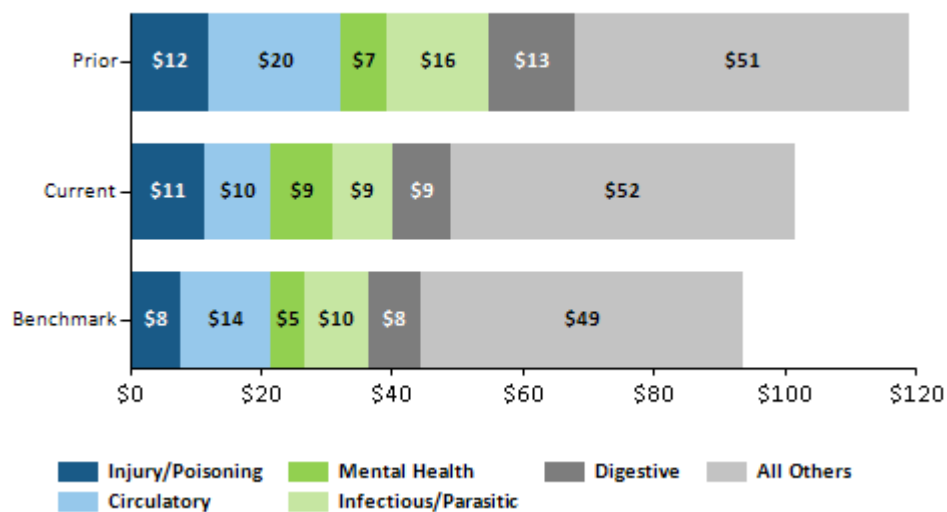
Rank	Relationship	Age/Gender Band	Leading Diagnostic Category	Leading Diagnosis	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid	Total Paid	Prior HCC	Prior Period Paid
1	Dependent	Female <1-19	Endocrine	Other specified and unspecified nutritional and metabolic disorders	\$1,102,314	\$0	\$242,025	\$0	\$1,344,339	NO	NA
2	Subscriber	Female 60-64	Neoplasms	Breast cancer - all other types	\$0	\$484,881	\$17,155	\$918	\$502,954	NO	\$2,681
3	Subscriber	Male 50-59	Neoplasms	Gastrointestinal cancers - colorectal	\$201,887	\$192,973	\$86,273	\$0	\$481,133	YES	\$295,685
4	Subscriber	Female 50-59	Neoplasms	Secondary malignancies	\$124,919	\$228,048	\$121,946	\$0	\$474,913	YES	\$144,407
5	Dependent	Male <1-19	Injury/Poisoning	Complication of internal orthopedic device or implant, initial encounter	\$257,495	\$72,914	\$101,557	\$0	\$431,966	YES	\$588,900
6	Subscriber	Female 40-49	Neoplasms	Breast cancer - all other types	\$3,923	\$375,307	\$23,036	\$0	\$402,266	YES	\$133,872
7	Subscriber	Female 65+	Neoplasms	Respiratory cancers	\$0	\$366,536	\$6,547	\$0	\$373,083	YES	\$143,851
8	Subscriber	Male 40-49	Digestive	Pancreatic disorders (excluding diabetes)	\$317,045	\$7,374	\$27,195	\$0	\$351,614	NO	\$6,578
9	Subscriber	Female 40-49	Injury/Poisoning	Complication of cardiovascular device, implant or graft, initial encounter	\$237,008	\$57,880	\$53,006	\$0	\$347,894	YES	\$308,015
10	Dependent	Female 20-29	Mental Health	Alcohol-related disorders	\$175,382	\$139,281	\$28,902	\$0	\$343,565	YES	\$302,672
11	Subscriber	Female 60-64	Circulatory	Other specified diseases of veins and lymphatics	\$241,982	\$28,969	\$67,921	\$0	\$338,872	NO	\$15,156
12	Spouse	Male 50-59	Neoplasms	Head and neck cancers - lip and oral cavity	\$47,891	\$260,641	\$19,780	\$0	\$328,312	YES	\$65,672
13	Subscriber	Female 30-39	Respiratory	Respiratory failure; insufficiency; arrest	\$232,826	\$21,942	\$60,719	\$0	\$315,487	YES	\$60,513
14	Subscriber	Male 60-64	Musculoskeletal	Neurogenic/neuropathic arthropathy	\$0	\$247,194	\$37,249	\$0	\$284,443	NO	\$43,955
15	Dependent	Female <1-19	Mental Health	Feeding and eating disorders	\$182,313	\$24,273	\$32,739	\$625	\$239,950	NO	\$809
16	Subscriber	Male 50-59	Neoplasms	Urinary system cancers - kidney	\$128,417	\$8,666	\$76,909	\$0	\$213,992	NO	\$7,505
17	Subscriber	Male 65+	Neoplasms	Gastrointestinal cancers - esophagus	\$0	\$203,418	\$5,953	\$0	\$209,371	YES	\$349,806
18	Subscriber	Female 50-59	Neoplasms	Benign neoplasms	\$150,067	\$6,855	\$44,773	\$0	\$201,695	NO	\$4,790
19	Subscriber	Female 50-59	Musculoskeletal	Spondylopathies/spondyloarthropathy (including infective)	\$119,269	\$11,083	\$71,266	\$0	\$201,618	YES	\$50,306
20	Spouse	Female 50-59	Neoplasms	Breast cancer - all other types	\$40,251	\$54,821	\$99,141	\$0	\$194,213	NO	\$8,178

* NA : member was not enrolled in prior period

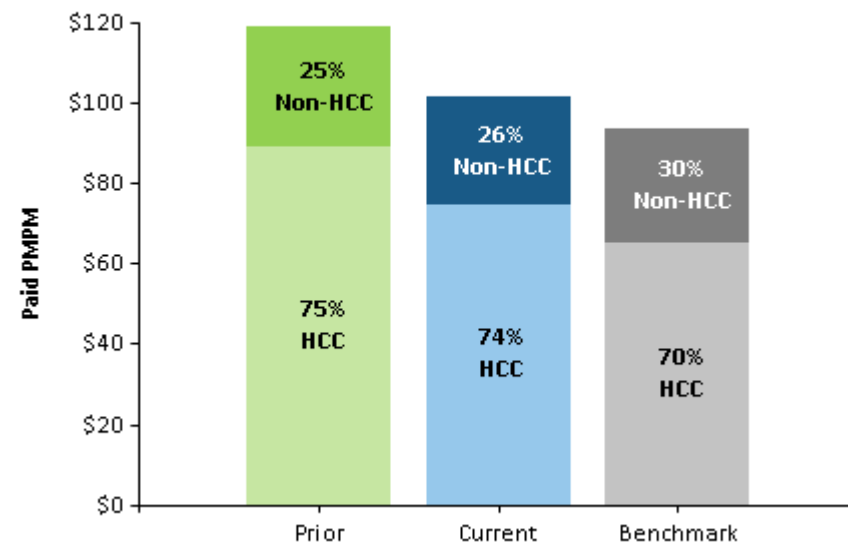
Reporting Period	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Allowed	\$11,239,315	\$9,069,890	-19.3%		
Allowed PMPM	\$129.81	\$107.96	-16.8%	\$107.72	0.2%
Paid	\$10,294,088	\$8,521,933	-17.2%		
Paid PMPM	\$282.72	\$237.89	-15.9%	\$199.74	19.1%
Paid PMPM	\$118.89	\$101.43	-14.7%	\$93.63	8.3%
Non-High Cost	\$29.50	\$26.55	-10.0%	\$28.43	-6.6%
High Cost	\$89.39	\$74.88	-16.2%	\$65.20	14.9%
Admissions	403	361	-10.4%		
Admissions/1,000	55.9	51.6	-7.7%	48.9	5.5%
Days/1,000	375.6	260.2	-30.7%	253.7	2.6%
Average Length of Stay	6.7	5.0	-24.9%	5.2	-2.8%
Paid/Admission	\$25,544	\$23,606	-7.6%	\$22,987	2.7%
In-Network Paid %	99.6%	97.5%		99.3%	
In-Network Admissions %	98.0%	98.1%		99.1%	

- Inpatient paid PMPM **decreased by 14.7%** between the two reporting periods and was **8.3% higher than** the benchmark.
- High Cost Claimants accounted for **73.8% of total inpatient spend** compared to **75.2%** from the previous reporting period.
- Admissions/1,000 **decreased by 7.7%** between reporting periods and was **5.5% higher than** the benchmark.
- Injury/Poisoning** was the most costly diagnostic category for inpatient services in the current reporting period. It **decreased 7.2%** and was **47.2% higher than** the benchmark.

Inpatient Paid PMPM by Current Period Top Diagnostic Categories

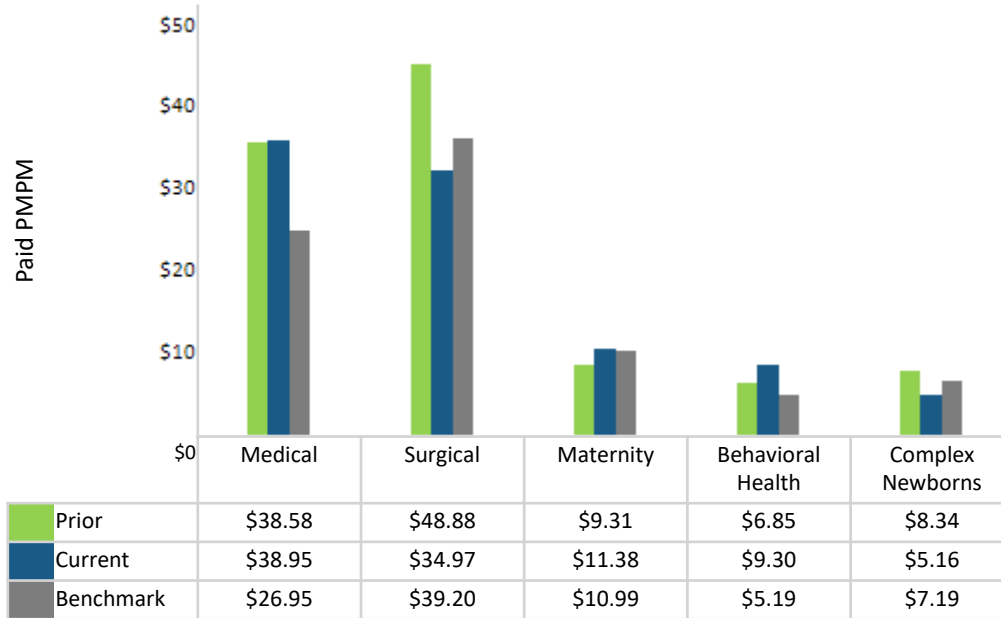


Inpatient PMPM with HCC Impact

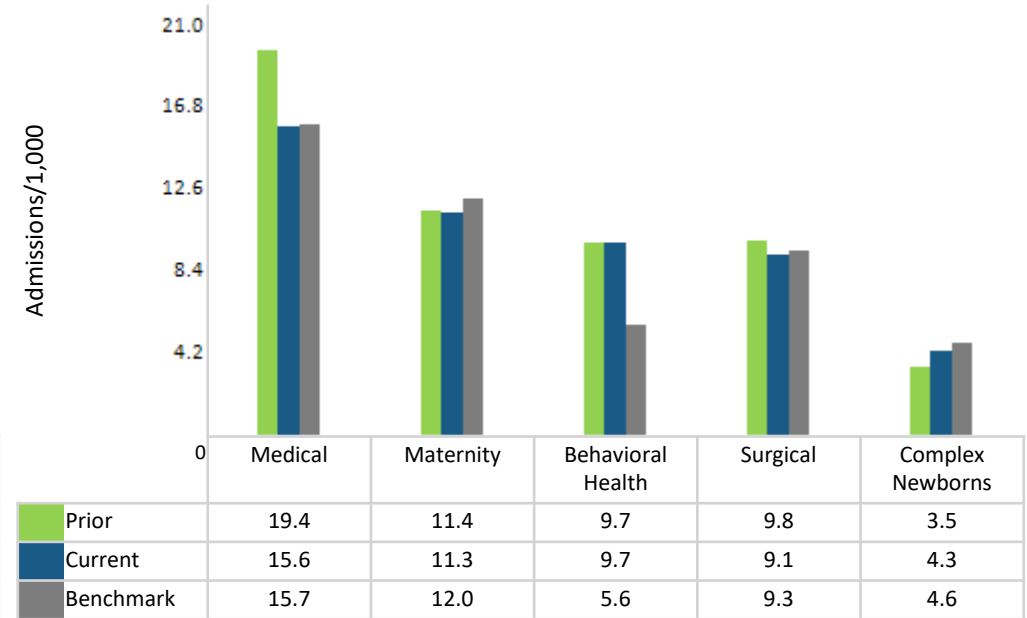


Inpatient Facility - Details by Top 5 Service Types

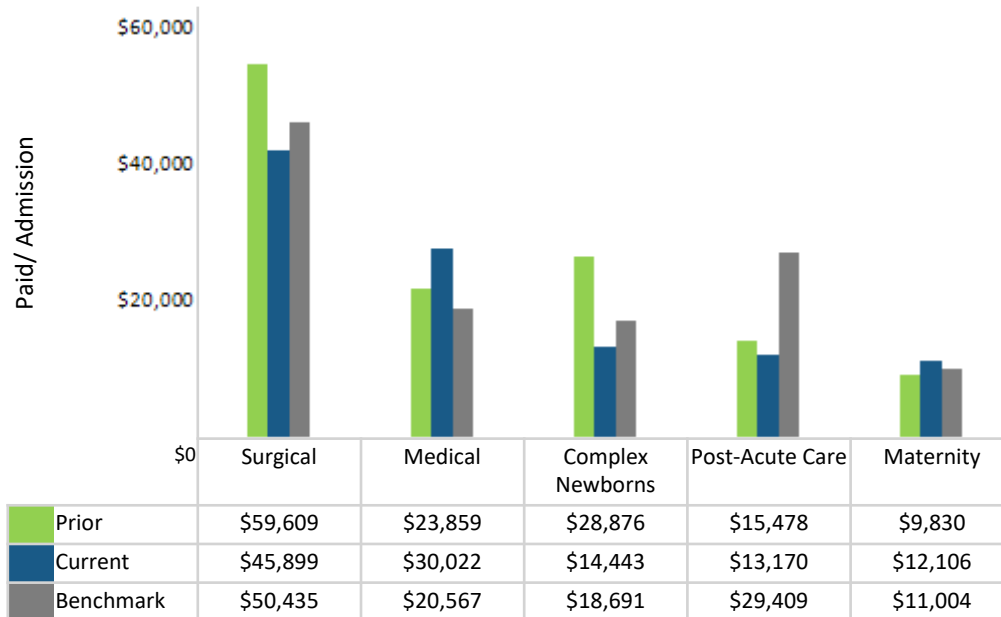
Inpatient Paid PMPM by Service Type



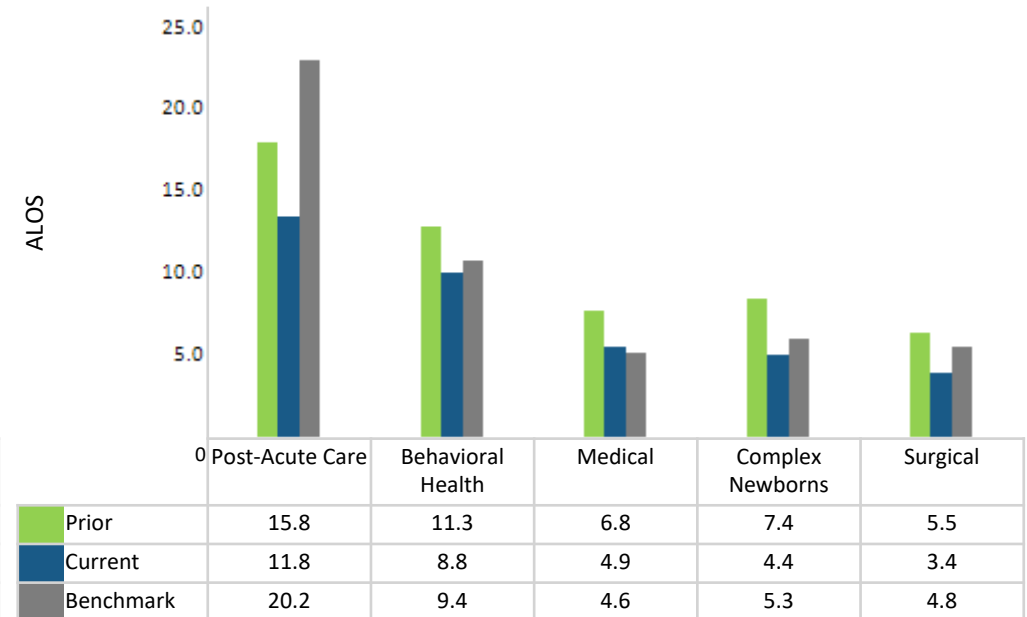
Inpatient Admissions/1,000 by Service Type



Inpatient Paid/Admission by Service Type



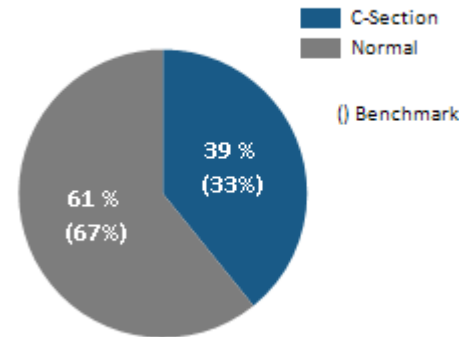
Inpatient Average Length of Stay (ALOS) by Service Type



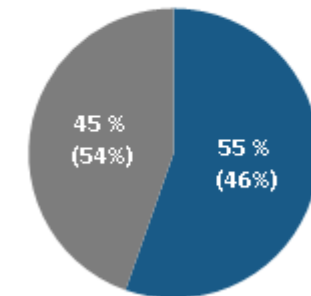
Reporting Period	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Paid	\$690,658	\$858,044	24.2%		
Paid PMPM	\$7.98	\$10.21	28.0%	\$9.27	10.2%
Admissions	74	74	0.0%		
C-Section Delivery	31	29	-6.5%		
Normal Delivery	43	45	4.7%		
Admissions/1,000	10.3	10.6	3.1%	11.3	-6.1%
Days/1,000	23.8	29.4	23.4%	29.9	-1.7%
Average Length of Stay	2.3	2.8	19.8%	2.7	4.8%
C-Section Delivery	3.0	3.7	24.3%	3.4	7.7%
Normal Delivery	1.9	2.2	18.3%	2.3	-3.4%
Paid/Admission	\$9,333	\$11,595	24.2%	\$9,873	17.4%
Average Mother Age	31.0	31.3	1.0%	31.0	0.8%

The C-Section rate was **39%** which is above the benchmark (33%) .

Percent of Deliveries by Type

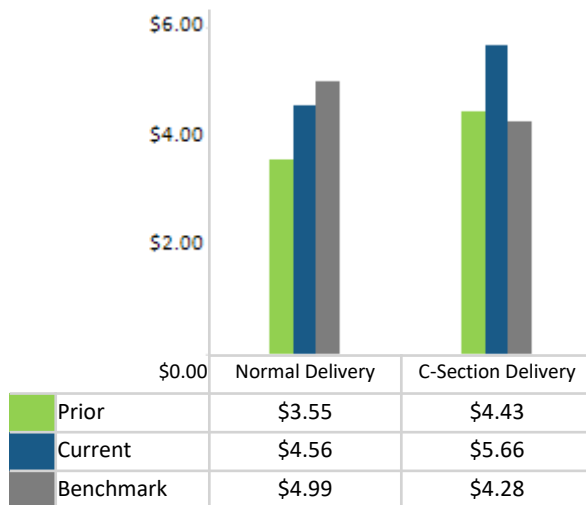


Percent of Delivery Costs by Type

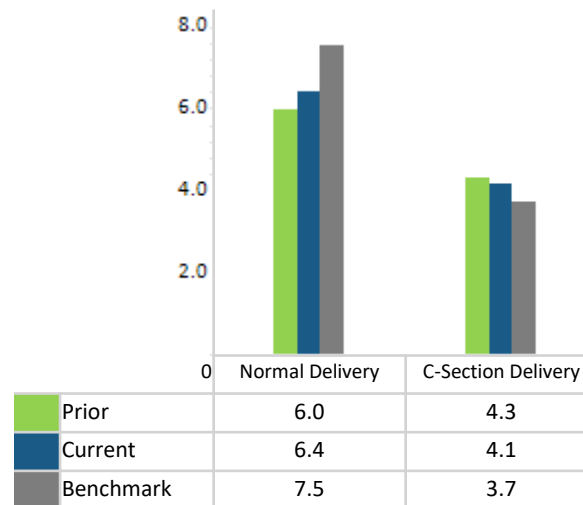


Normal Delivery and C-Section Overview:

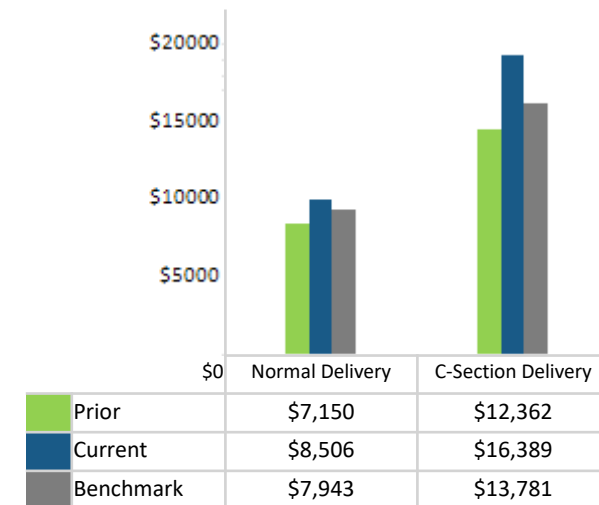
Paid PMPM



Admissions/1,000



Paid/Admission



Inpatient Provider Summary

Nov 2021 - Oct 2022

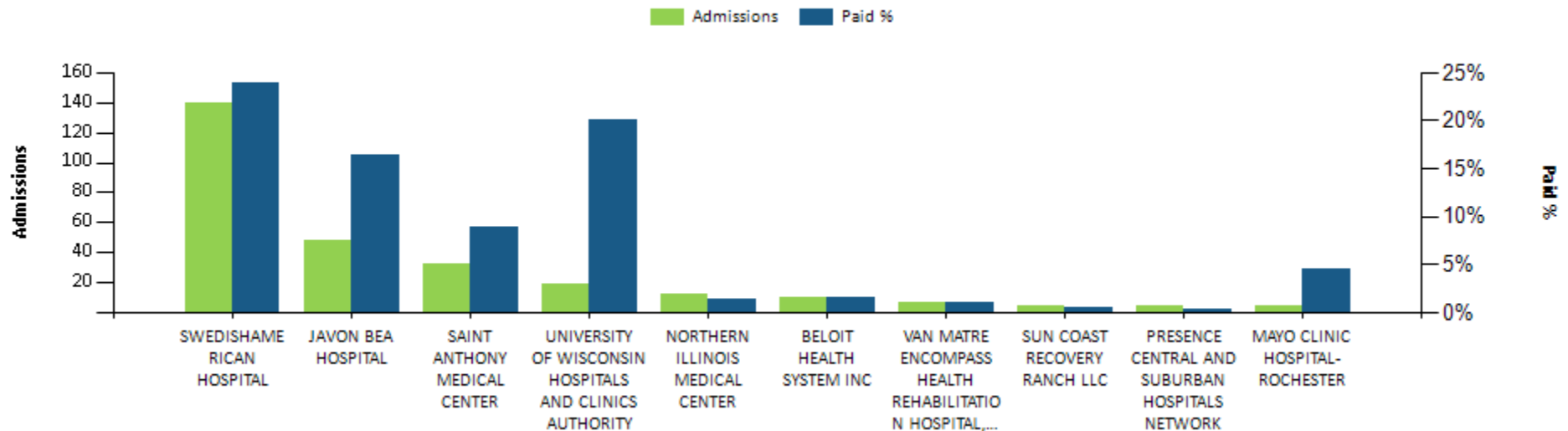
Top Inpatient Providers

by Admissions

	Provider State	Admissions	Paid	% of Total Paid	Paid/ Admission
SWEDISHAMERICAN HOSPITAL	IL	140	\$2,036,645	23.9%	\$14,547.47
JAVON BEA HOSPITAL	IL	48	\$1,396,226	16.4%	\$29,088.04
SAINT ANTHONY MEDICAL CENTER	IL	33	\$757,203	8.9%	\$22,945.56
UNIVERSITY OF WISCONSIN HOSPITALS AND CLIN	WI	19	\$1,713,811	20.1%	\$90,200.60
NORTHERN ILLINOIS MEDICAL CENTER	IL	12	\$120,361	1.4%	\$10,030.09
BELOIT HEALTH SYSTEM INC	WI	10	\$132,908	1.6%	\$13,290.81
VAN MATRE ENCOMPASS HEALTH REHABILITATION	IL	7	\$94,364	1.1%	\$13,480.53
SUN COAST RECOVERY RANCH LLC	FL	5	\$38,971	0.5%	\$7,794.19
PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK	IL	5	\$36,162	0.4%	\$7,232.41
MAYO CLINIC HOSPITAL-ROCHESTER	MN	4	\$391,844	4.6%	\$97,960.91
All Other		78	\$1,803,437	21.2%	\$23,120.99
Summary		361	\$8,521,933	100.0%	\$23,606.46

- **SWEDISHAMERICAN HOSPITAL** was the most frequently utilized inpatient facility.
- **The top inpatient facility by paid amount was SWEDISHAMERICAN HOSPITAL**, which accounted for 23.9% of the total inpatient paid amount in the current reporting period.
- **The top 10 inpatient providers accounted for 78.8%** of the total inpatient spend in the current reporting period.

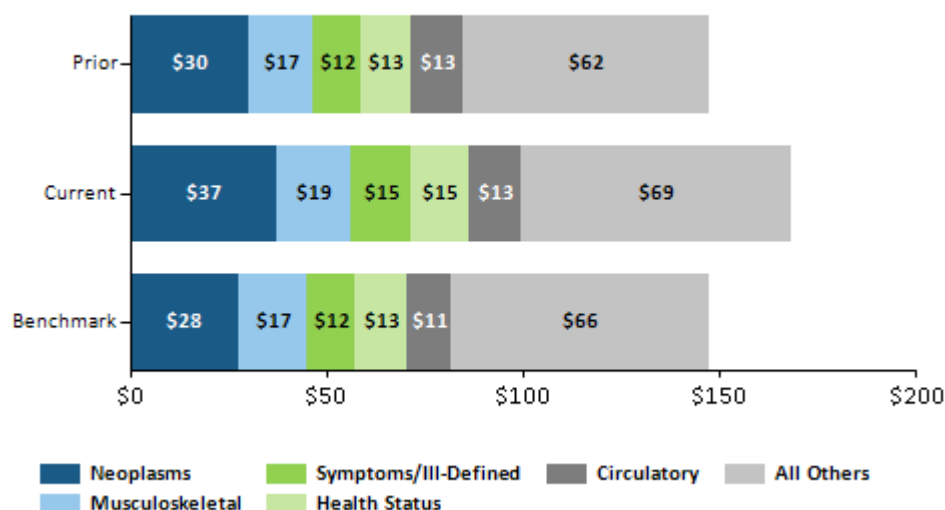
Top 10 Inpatient Providers by Admissions and Paid Amount



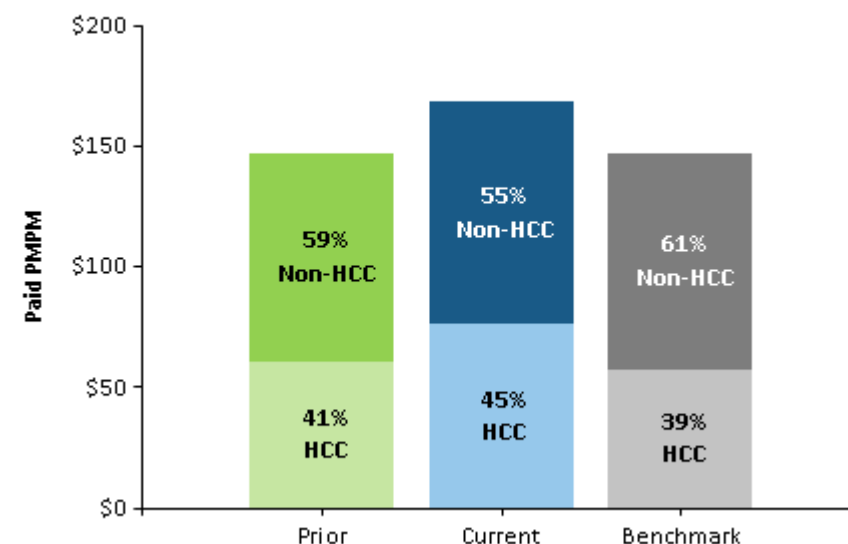
Reporting Period	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Allowed	\$17,600,954	\$18,204,135	3.4%		
Allowed PMPM	\$203.28	\$216.68	6.6%	\$191.91	12.9%
Paid	\$12,739,632	\$14,141,586	11.0%		
Paid PMPM	\$147.13	\$168.32	14.4%	\$147.25	14.3%
Non-High Cost	\$86.69	\$92.44	6.6%	\$90.31	2.4%
High Cost	\$60.44	\$75.89	25.6%	\$56.94	33.3%
Visits	13,030	12,362	-5.1%		
Visits/1,000	1,805.8	1,765.7	-2.2%	1,631.8	8.2%
Paid/Visit	\$978	\$1,144	17.0%	\$1,083	5.6%
In-Network Paid %	98.3%	99.0%		98.8%	
In-Network Visits %	98.1%	98.6%		98.8%	

- Outpatient paid PMPM **increased by 14.4%** between the two reporting periods and was **14.3% higher than** the benchmark.
- High Cost Claimants accounted for **45.1% of total outpatient spend** compared to **41.1%** from the previous reporting period.
- Neoplasms** was the most costly diagnostic category for outpatient services in the current reporting period. It **increased 23.7%** and was **34.5% higher than** the benchmark.

Outpatient Paid PMPM by Current Period Top Diagnostic Categories

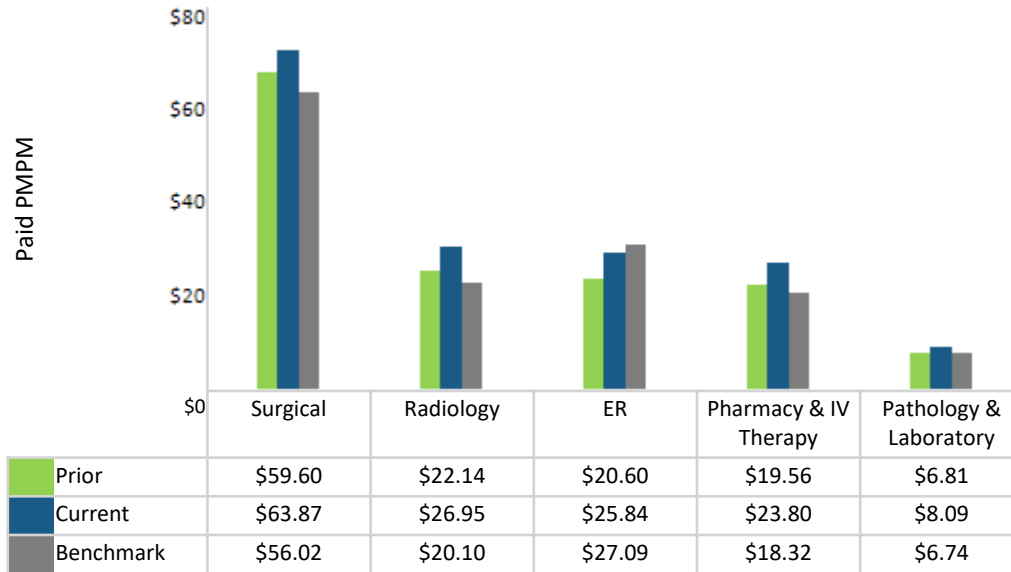


Outpatient PMPM with HCC Impact



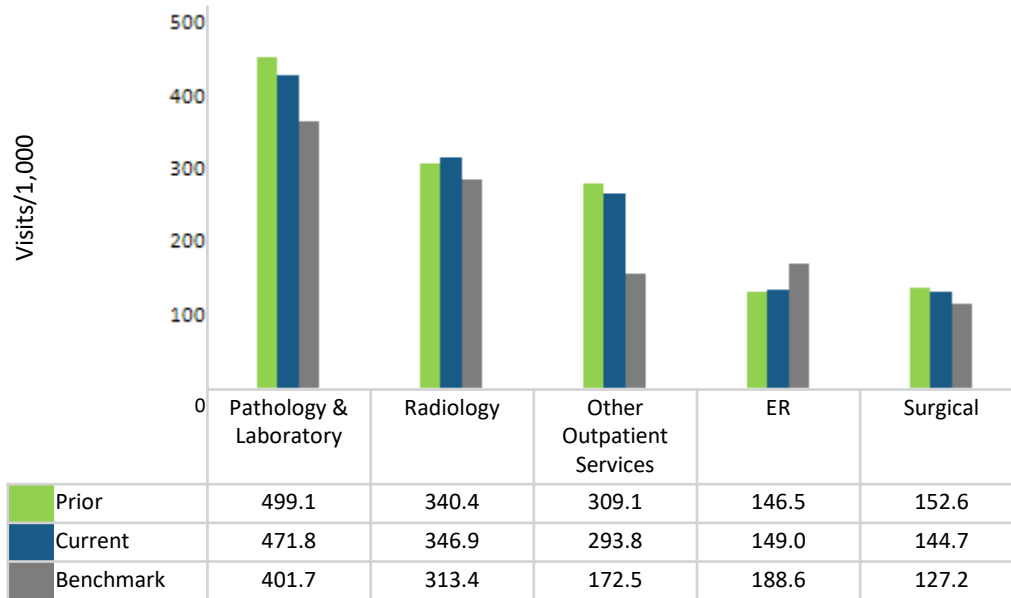
Outpatient Facility - Details by Top 5 Service Types

Outpatient Paid PMPM by Service Type

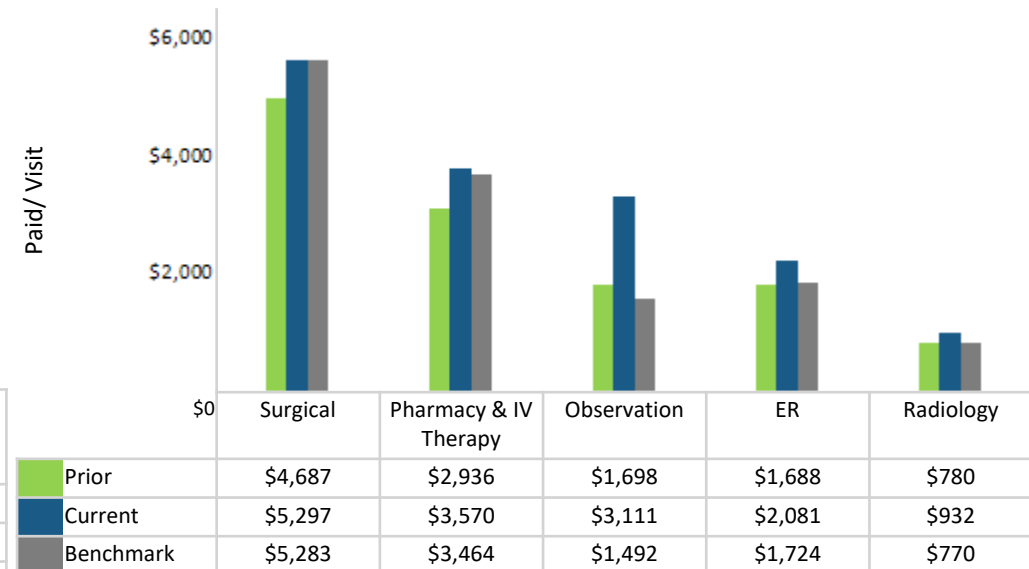


- Surgical** was the service type with the highest paid PMPM for outpatient services in the current reporting period. Paid PMPM **increased 7.2%** and was **14.0% higher than** the benchmark.
- Pathology & Laboratory** had the highest rate of visits/1,000 in the current reporting period.
- Surgical** had the highest amount paid per visit in the current reporting period.

Outpatient Visits/1,000 by Service Type



Outpatient Paid/Visit by Service Type



	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
ER Allowed	\$2,300,640	\$2,477,771	7.7%		
ER Paid	\$1,784,336	\$2,170,923	21.7%		
ER Allowed PMPM	\$26.57	\$29.49	11.0%	\$35.46	-16.8%
ER Paid PMPM	\$20.61	\$25.84	25.4%	\$27.17	-4.9%
ER Visits	1,059	1,043	-1.5%		
ER Visits/1,000	146.8	149.0	1.5%	189.1	-21.2%
ER Allowed/Visit	\$2,172	\$2,376	9.4%	\$2,251	5.5%
ER Paid/Visit	\$1,685	\$2,081	23.5%	\$1,725	20.7%
% of ER Claimants with 3+ Visits	5.7%	8.0%		7.3%	
Total ER Allowed/Visit*	\$2,592	\$2,842	9.7%	\$2,570	10.6%
Total ER Paid/Visit*	\$2,014	\$2,486	23.4%	\$1,960	26.8%

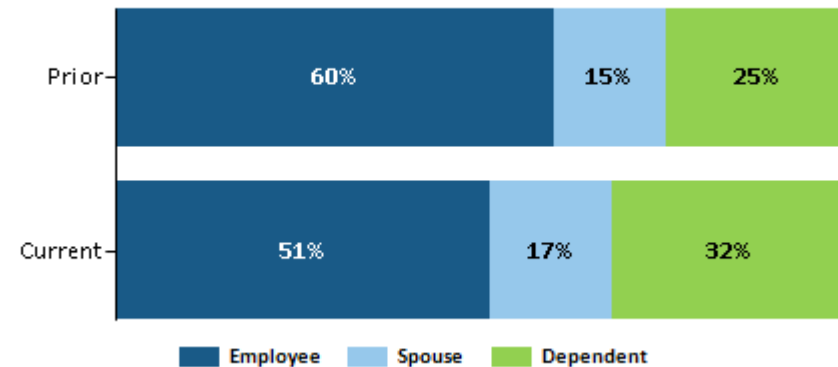
*Includes physician charges

- ER paid PMPM **increased by 25.4%** between the two reporting periods and was **4.9% lower than** the benchmark.
- ER visits/1,000 **increased 1.5%** between reporting periods and was **21.2% lower than** the benchmark.
- Employees** had the highest ER visits/1,000 rate in the current period.

ER Visits/1,000 by Relationship

	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Employee	171.0	170.2	-0.5%	181.7	-6.3%
Spouse	154.2	149.9	-2.8%	197.4	-24.1%
Dependent	120.2	127.6	6.2%	183.2	-30.3%

ER Paid % by Relationship



Emergency Room Leading Diagnoses

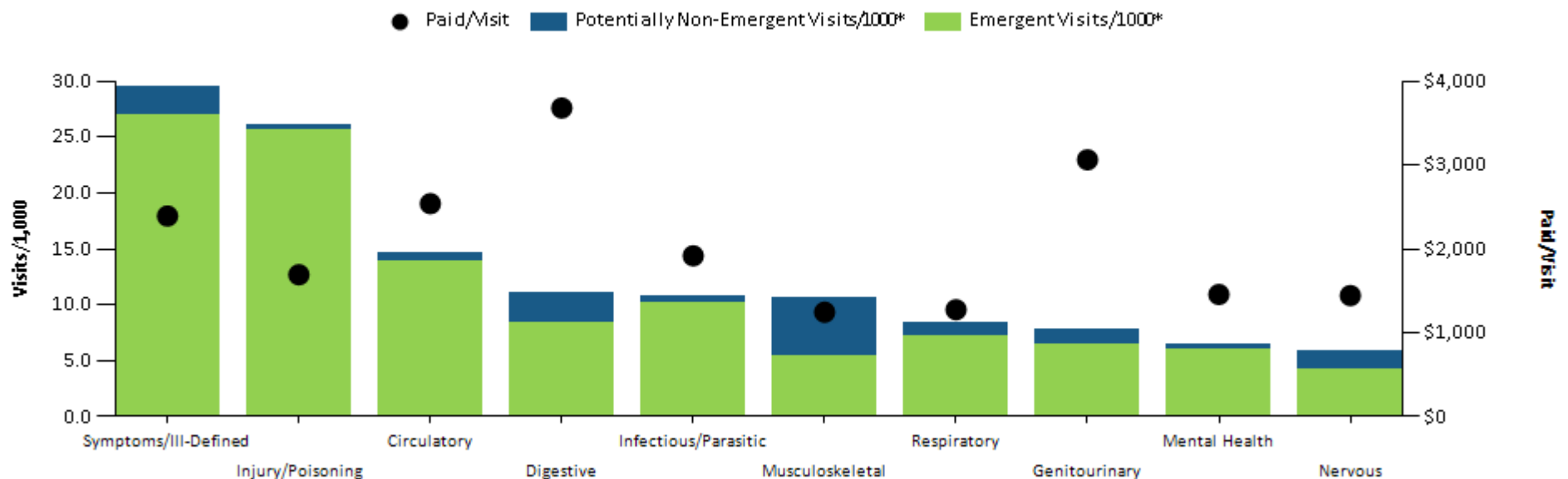
Top ER Diagnoses for Nov 2021 - Oct 2022

ER Diagnosis	Paid	Claimants	Visits	%Visits Potentially Non-Emergent *
Symptoms/III-Defined	\$495,809	192	207	8.7%
Injury/Poisoning	\$310,075	168	183	1.6%
Circulatory	\$261,864	88	103	5.8%
Digestive	\$287,358	66	78	24.4%
Infectious/Parasitic	\$144,034	66	75	5.3%
Musculoskeletal	\$92,303	67	74	48.6%
Respiratory	\$75,363	52	59	15.3%
Genitourinary	\$168,647	46	55	18.2%
Mental Health	\$65,664	34	45	6.7%
Nervous	\$59,280	37	41	26.8%
All Others	\$210,526	111	134	14.9%
Summary	\$2,170,923	766	1,043	13.3%

- **13.3% of ER visits** were potentially non-emergent in the current reporting period compared to **23.9%** in the prior reporting period and **14.2%** for the benchmark.
- The conditions with the highest volume of ER visits in the current reporting period were **Symptoms/III-Defined, Injury/Poisoning, and Circulatory**.

* Not reflective of benefit design

Top 10 ER Diagnoses by Paid PMPM



ER Utilization and Costs by Number of Visits for Nov 2021 - Oct 2022

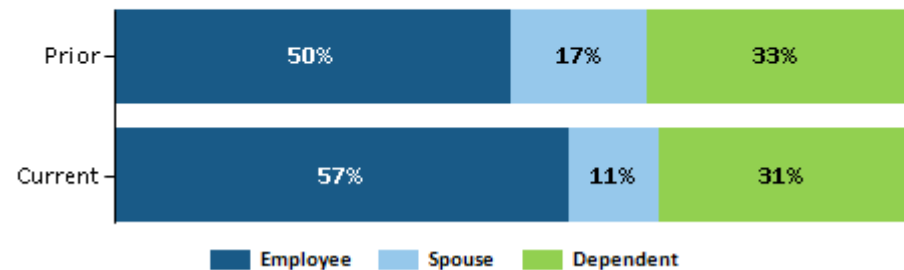
ER Visits	Claimants	Claimants % of Total	ER Visits	ER Paid
1	604	78.9%	604	\$1,250,103
2	101	13.2%	202	\$416,833
3	35	4.6%	105	\$244,950
4	10	1.3%	40	\$94,326
5	10	1.3%	50	\$88,211
6	3	0.4%	18	\$41,629
7	2	0.3%	14	\$22,478
8				
9				
10+	1	0.1%	10	\$12,393
Summary	766	100%	1,043	\$2,170,923

Top Diagnoses of Claimants with 3+ ER Visits for Nov 2021 - Oct 2022

Diagnosis	ER Paid	ER Visits	Claimants
Symptoms/Ill-Defined	\$108,287	39	26
Circulatory	\$79,638	25	13
Injury/Poisoning	\$52,965	27	21
Digestive	\$37,854	20	13
Genitourinary	\$37,230	15	8

- **8% of ER claimants** visited the ER three or more times in the current reporting period compared to **6%** in the prior reporting period and **8%** for the benchmark.
- Claimants with 3 or more ER visits accounted for **23% of the ER paid expenses** in the current reporting period compared to **16%** in the prior reporting period and **23%** for the benchmark.

ER Frequent Users by Relationship (Claimants with 3+ Visits)



Outpatient Provider Summary

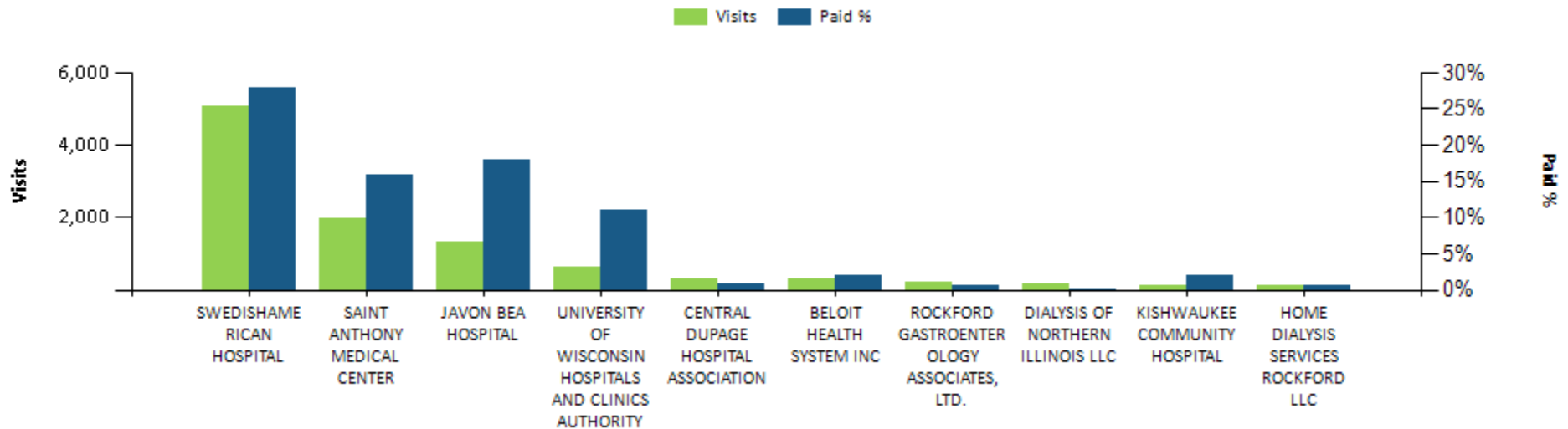
Nov 2021 - Oct 2022

Top Outpatient Providers by Visits

	Provider State	Visits	Paid	% of Total Paid	Paid/Visit
SWEDISHAMERICAN HOSPITAL	IL	5,079	\$3,937,266	27.8%	\$775.20
SAINT ANTHONY MEDICAL CENTER	IL	1,968	\$2,229,388	15.8%	\$1,132.82
JAVON BEA HOSPITAL	IL	1,307	\$2,535,366	17.9%	\$1,939.84
UNIVERSITY OF WISCONSIN HOSPITALS AND CLIN	WI	612	\$1,543,970	10.9%	\$2,522.83
CENTRAL DUPAGE HOSPITAL ASSOCIATION	IL	294	\$127,314	0.9%	\$433.04
BELOIT HEALTH SYSTEM INC	WI	292	\$282,423	2.0%	\$967.20
ROCKFORD GASTROENTEROLOGY ASSOCIATES, LTD.	IL	204	\$95,868	0.7%	\$469.94
DIALYSIS OF NORTHERN ILLINOIS LLC	IL	160	\$8,920	0.1%	\$55.75
KISHWAUKEE COMMUNITY HOSPITAL	IL	141	\$273,535	1.9%	\$1,939.96
HOME DIALYSIS SERVICES ROCKFORD LLC	IL	141	\$91,261	0.7%	\$647.24
All Other		2,164	\$3,016,276	21.3%	\$1,393.84
Summary		12,362	\$14,141,586	100.0%	\$1,143.96

- **SWEDISHAMERICAN HOSPITAL** was the most frequently utilized outpatient facility.
- **The top outpatient facility by paid amount was SWEDISHAMERICAN HOSPITAL**, which accounted for 27.8% of the total outpatient paid amount in the current reporting period.
- **The top 10 outpatient providers accounted for 78.7%** of the total outpatient spend in the current reporting period.

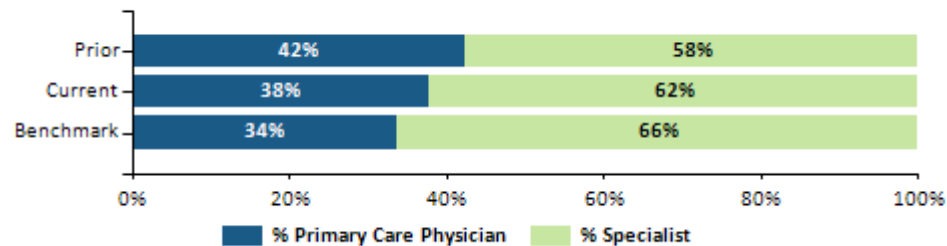
Top 10 Outpatient Providers by Visits and Paid Amount



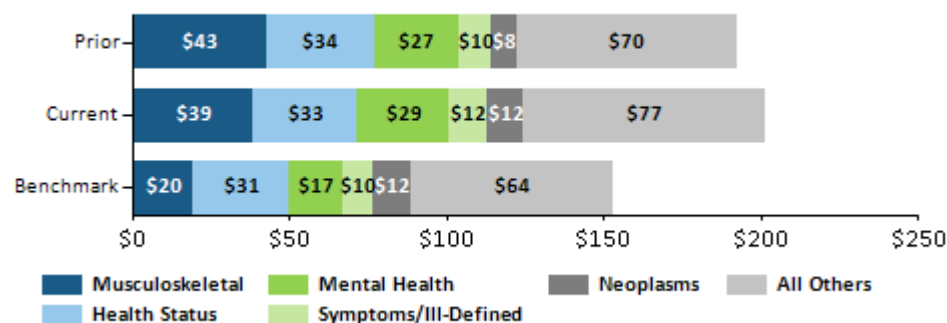
Reporting Period	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Allowed	\$19,513,898	\$19,644,563	0.7%		
Allowed PMPM	\$225.37	\$233.82	3.8%	\$194.91	20.0%
Paid	\$16,661,050	\$16,926,806	1.6%		
Paid PEPM	\$457.58	\$472.51	3.3%	\$331.42	42.6%
Paid PMPM	\$192.42	\$201.48	4.7%	\$152.88	31.8%
Non-High Cost	\$157.60	\$156.15	-0.9%	\$115.35	35.4%
High Cost	\$34.82	\$45.32	30.2%	\$37.53	20.8%
Visits/1,000	13,099.2	13,279.1	1.4%	10,989.6	20.8%
Services/1,000	27,990.3	27,374.7	-2.2%	22,909.4	19.5%
Paid/Visit	\$176	\$182	3.3%	\$167	9.1%
Paid/Service	\$82	\$88	7.1%	\$80	10.3%
In-Network Paid %	99.7%	99.7%		97.6%	
In-Network Visits %	99.2%	99.3%		97.7%	

- Professional paid PMPM **increased by 4.7%** between the two reporting periods and was **31.8% higher than** the benchmark.
- High Cost Claimants accounted for **22.5% of total professional spend** compared to **18.1%** from the previous reporting period.
- Musculoskeletal** was the most costly diagnostic category for professional services in the current reporting period. It **decreased 9.5%** and was **98.0% higher than** the benchmark.
- Primary Care Physicians accounted for **37.9% of the total professional visits** in the current reporting period.

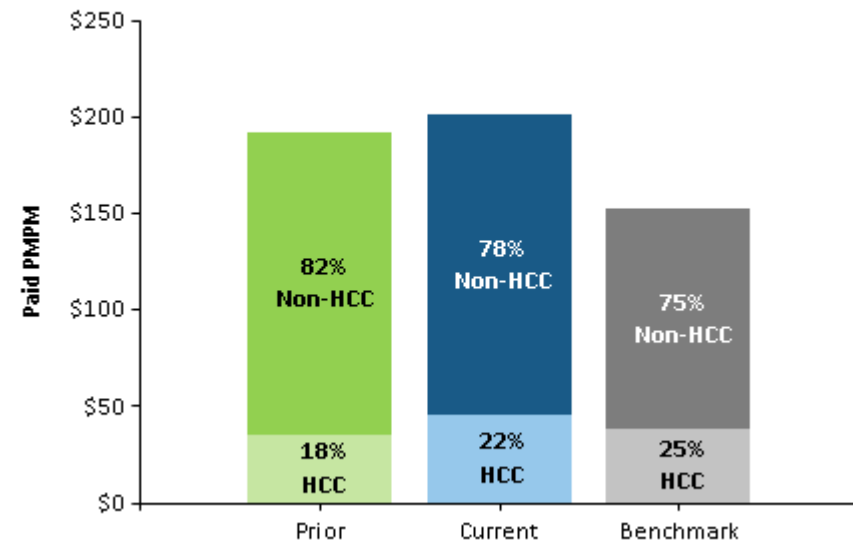
PCP vs Specialist % of Visits



Professional Paid PMPM by Current Period Top Diagnostic Categories

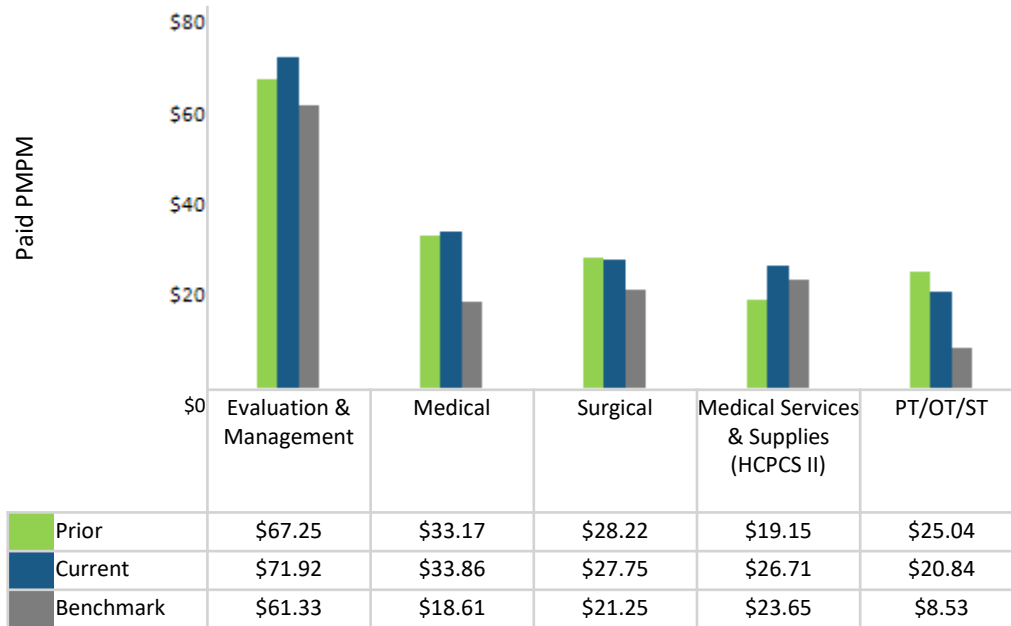


Professional PMPM with HCC Impact



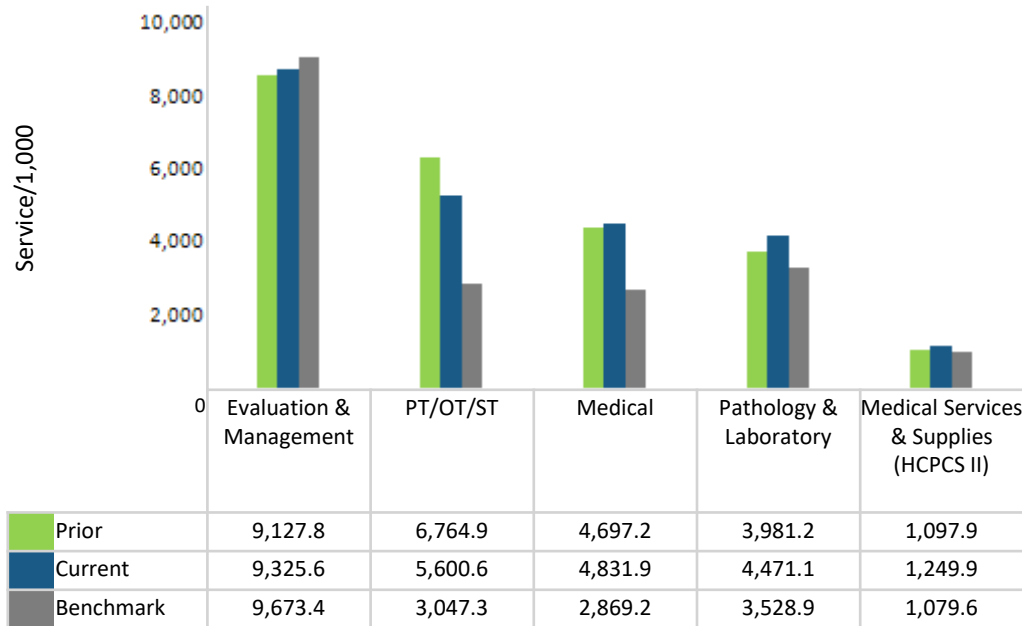
Professional - Details by Top 5 Service Types

Professional Paid PMPM by Service Type

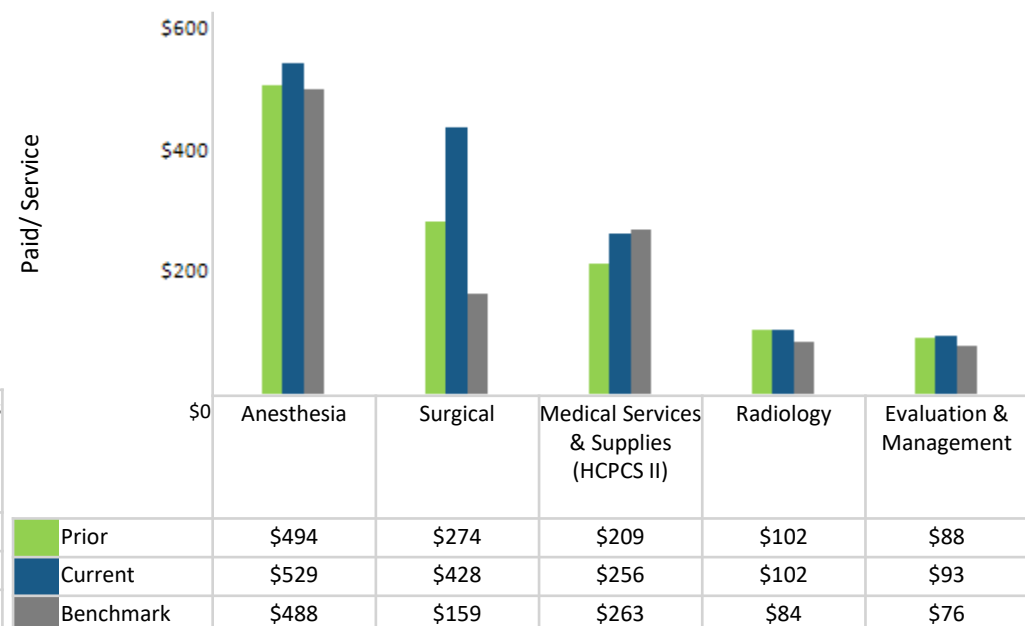


- **Evaluation & Management** was the service type with the highest paid PMPM for professional services in the current reporting period. Paid PMPM **increased 6.9%** and was **17.3% higher than** the benchmark.
- **Evaluation & Management** had the highest rate of services/1,000 in the current reporting period.
- **Anesthesia** had the highest amount paid per service in the current reporting period.

Professional Services/1,000 by Service Type



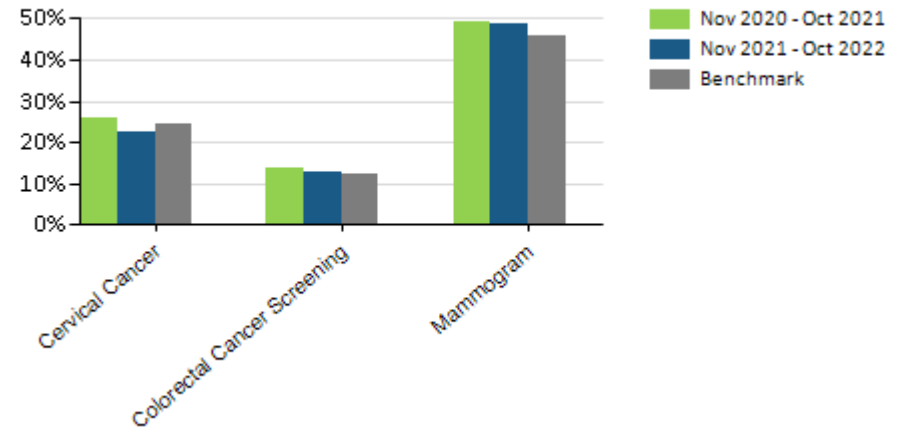
Professional Paid/Service by Service Type



Cancer Screenings:

	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	Benchmark
Cervical Cancer Screening	25.9%	22.7%	24.3%
Colorectal Cancer Screening	13.9%	12.9%	12.2%
Mammogram Screening	49.3%	48.8%	46.0%

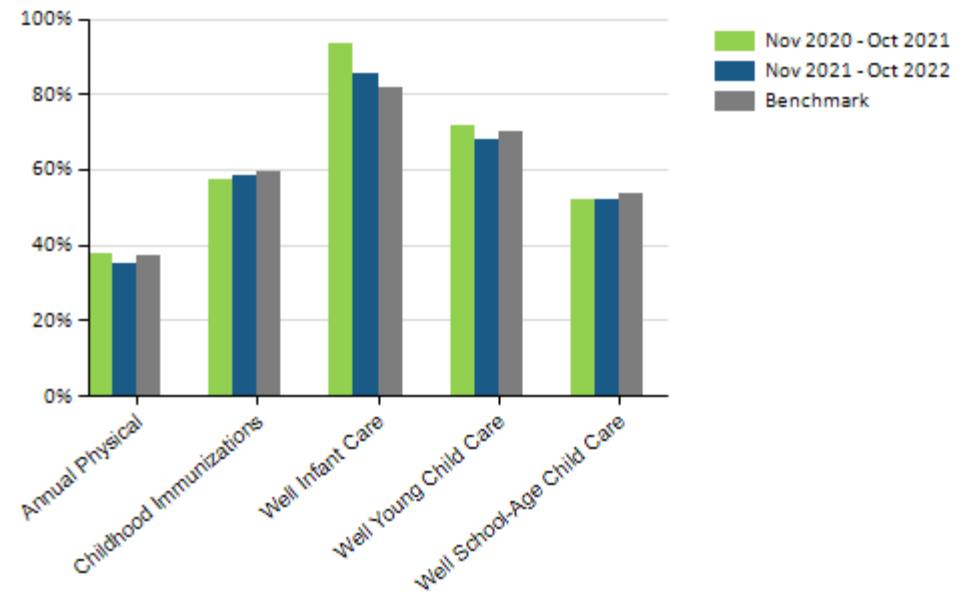
Cancer Screening Rates



PCP Care:

	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	Benchmark
Annual Physical	37.5%	35.2%	36.9%
Childhood Immunizations	57.3%	58.6%	59.4%
Well Infant Care	93.2%	85.4%	81.5%
Well Young Child Care	71.8%	68.2%	70.2%
Well School-Age Child Care	52.0%	51.8%	53.6%

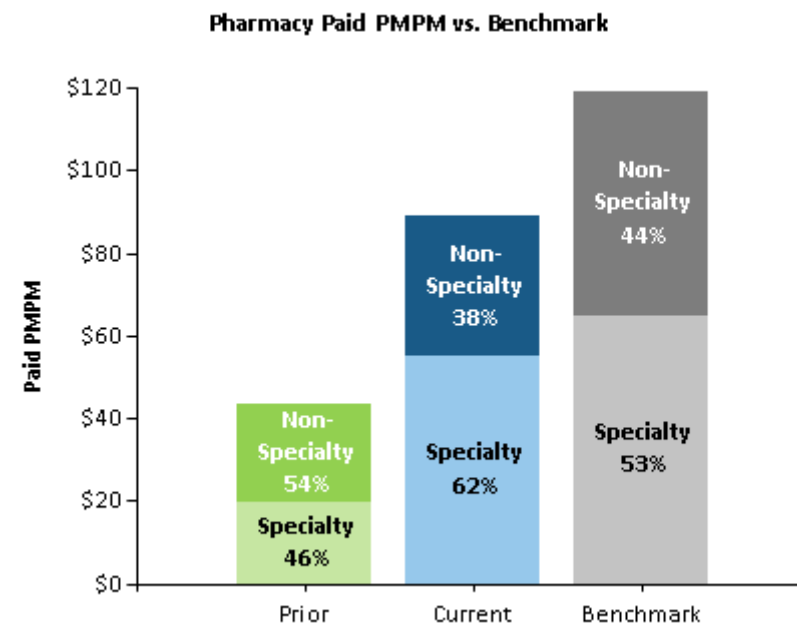
PCP Care Screening Rates



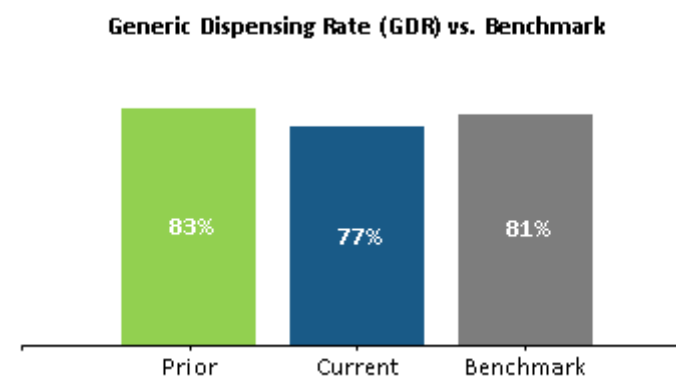
Percentages represent utilization of preventive services by those members for which the service is deemed appropriate.

Compliance rates for well infant care, well young child care, well school-age child care, and childhood immunizations are based on utilization for claimants (not members) for whom the service is deemed appropriate, in order to account for newborn children who have little to no enrollment data.

Metric	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Paid	\$359,095	\$853,993	>100%		
Paid PMPM	\$43.55	\$88.78	>100%	\$123.43	-28.1%
Member Cost Share %	27.7%	17.2%		9.6%	
Paid/Script	\$110.05	\$169.68	54.2%	\$154.79	9.6%
Paid/Claimant	\$823.61	\$1,291.97	56.9%	\$1,462.53	-11.7%
Paid/Day	\$2.64	\$4.29	62.2%	\$4.42	-3.1%
Prescriptions	3,263	5,033	54.2%		
Prescriptions/1000	4,748.5	6,278.8	32.2%	9,568.9	-34.4%
Days Supply	135,838	199,182	46.6%		
Claimants	436	661	51.6%		
Claimants/1000	634.5	824.6	30.0%	918.1	-10.2%
Formulary Adherence	90.1%	83.2%		96.1%	
Scripts/Claimant	7.5	7.6	1.7%	9.4	-19.2%
Generic Dispensing Rate	83.2%	76.7%		81.3%	
Specialty % of Total Prescriptions	1.1%	1.9%		1.2%	
Specialty % of Pharmacy Cost	45.5%	62.1%		51.8%	



- **Pharmacy Paid PMPM** increased >100% and was 28.1% below the benchmark in the current period.
- **Prescriptions/1000 increased** 32.2% and was 34.4% below the benchmark, while **Paid/Script increased** 54.2% and was 9.6% above the benchmark.
- The **Generic Dispensing Rate decreased 6.5% to 76.7%** and was 4.6% lower than the benchmark.
- **Specialty Drugs accounted for 62.1% of the pharmacy spend in the current period** compared to 45.5% in the prior period and 51.8% in the benchmark.



Top 10 Non-Specialty Drug Classes by Ingredient Cost: Current Period

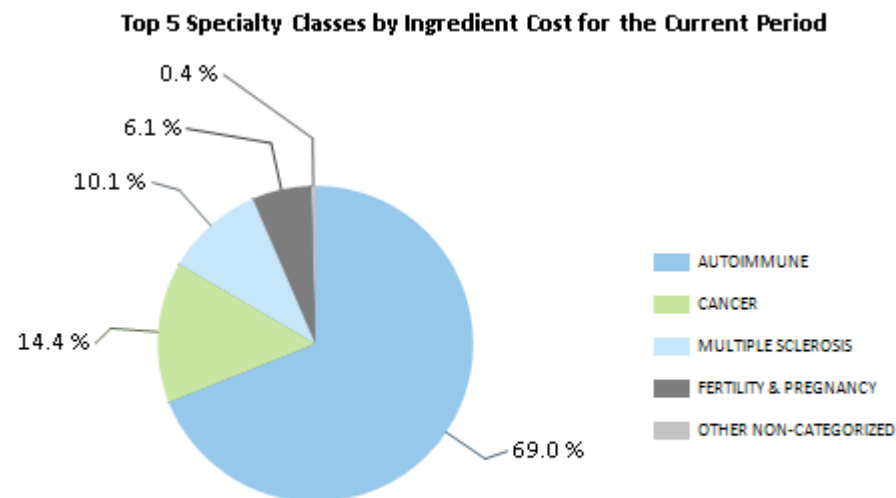
Current/ Prior Rank	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	% Formulary	% Generic	Rank by Volume
1	2 Insulin	53	11	\$58,373	\$1,101.38	\$719.37	67.9%	0.0%	28
2	6 Incretin Mimetic Agents (GLP-1 Receptor Agonists)	43	15	\$52,777	\$1,227.37	\$934.74	76.7%	0.0%	35
3	5 Anti-Obesity Agents	18	3	\$28,751	\$1,597.29	\$2,145.21	0.0%	0.0%	59
4	19 Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	28	7	\$24,226	\$865.22	\$531.79	92.9%	0.0%	47
5	4 Sympathomimetics	121	55	\$23,837	\$197.00	\$203.88	74.4%	47.1%	7
6	50 Migraine Products - Monoclonal Antibodies	23	5	\$22,783	\$990.58	\$872.88	95.7%	0.0%	52
7	7 Direct Factor Xa Inhibitors	21	7	\$21,476	\$1,022.66	\$923.42	100.0%	0.0%	55
8	3 Amphetamines	122	21	\$19,104	\$156.59	\$188.81	100.0%	66.4%	6
9	8 Acne Products	33	21	\$11,142	\$337.64	\$395.62	57.6%	57.6%	40
10	36 Diagnostic Tests	106	80	\$9,269	\$87.45	\$183.76	0.0%	0.0%	10
	All Other	4,368	641	\$170,712	\$39.08	\$62.34	85.7%	84.2%	
Summary		4,936	661	\$442,451	\$89.64	\$94.62	83.3%	77.7%	

Top 10 Non-Specialty Drugs by Ingredient Cost: Current Period

Current/ Prior Rank	Brand Name	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	Formulary Indicator	Generic Indicator	Rank by Volume
1	25 TRULICITY INJ 1.5/0.5	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	11	6	\$19,708	\$1,791.66	\$828.78	YES	NO	75
2	17 NOVOLOG INJ FLEXPEN	Insulin	10	2	\$16,286	\$1,628.57	\$822.93	YES	NO	89
3	32 JARDIANCE TAB 25MG	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	16	3	\$12,131	\$758.17	\$538.38	YES	NO	38
4	29 HUMALOG KWIK INJ 200/ML	Insulin	4	1	\$11,498	\$2,874.61	\$2,078.73	NO	NO	301
5	6 XARELTO TAB 20MG	Direct Factor Xa Inhibitors	14	5	\$10,846	\$774.70	\$798.28	YES	NO	48
6	WEGOVY INJ 1.7MG	Anti-Obesity Agents	6	2	\$10,374	\$1,729.02		NO	NO	190
7	5 NOVOLOG INJ 100/ML	Insulin	6	1	\$9,447	\$1,574.57	\$846.39	YES	NO	191
8	58 UBRELVY TAB 100MG	Migraine Products - Monoclonal Antibodies	7	2	\$8,550	\$1,221.43	\$872.88	YES	NO	153
9	4 VYVANSE CAP 40MG	Amphetamines	18	4	\$8,164	\$453.57	\$559.12	YES	NO	30
10	10 ELIQUIS TAB 5MG	Direct Factor Xa Inhibitors	5	2	\$7,678	\$1,535.64	\$1,204.97	YES	NO	234
	All Other		4,839	658	\$327,769	\$67.73	\$84.15			
Summary			4,936	661	\$442,451	\$89.64	\$94.62			

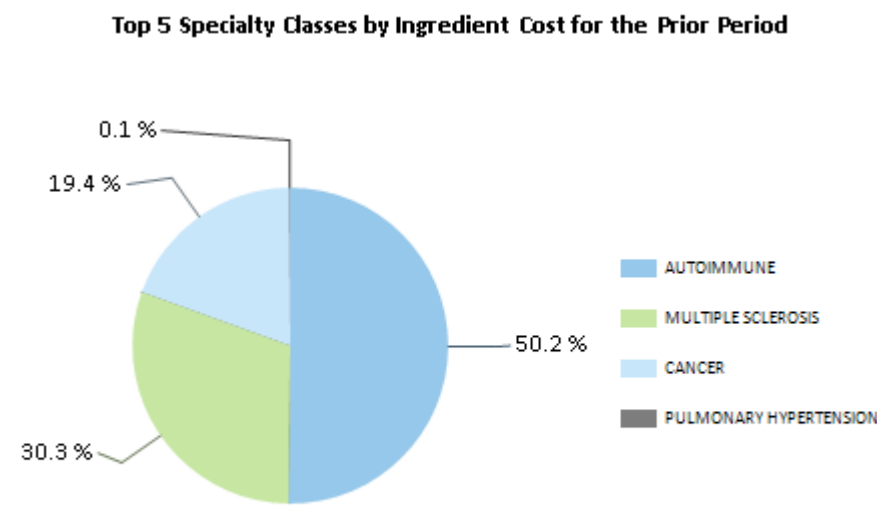
Report Description: Specialty drugs generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more expensive than alternative drugs or therapies. This report provides a specialty drug analysis overview.

	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Benchmark	Benchmark Variance
Unique Pharmacy Members	841	1,043	24.0%		
Member Months	8,246	9,619	16.7%		
Claimants	8	15	87.5%		
Percent of Utilizing Members	1.0%	1.4%		1.4%	
Prescriptions	37	97	>100%		
Specialty Percent of Total Paid	45.5%	62.1%		51.8%	
Percent of Total Prescriptions Paid	1.1%	1.9%		1.2%	
Paid	\$163,531	\$530,502	>100%		
Paid PMPM	\$19.83	\$55.15	>100%	\$64.89	-15.0%
Average Ingredient Cost/Prescription	\$4,953	\$5,877	18.7%	\$7,581	-22.5%
Out of Pocket	\$19,723	\$39,622	>100%		
Out of Pocket PMPM	\$2.39	\$4.12	72.2%	\$2.66	55.0%
Out of Pocket Percent of Allowed	10.8%	7.0%		3.9%	



Top 15 Specialty Drugs by Ingredient Cost for the Year to Date

Brand Name	Specialty Class	Ingredient Cost	Prescriptions	Avg. Ingredient Cost/ Prescription	Specialty Claimants
SKYRIZI PEN INJ 150MG/ML	AUTOIMMUNE	\$153,717	8	\$19,214.67	2
STELARA INJ 45MG/0.5	AUTOIMMUNE	\$79,504	6	\$13,250.69	1
HUMIRA PEN INJ 40/0.4ML	AUTOIMMUNE	\$65,172	10	\$6,517.17	1
LENVIMA CAP 14 MG	CANCER	\$62,763	3	\$20,920.95	1
VUMERITY CAP 231MG	MULTIPLE SCLEROSIS	\$57,079	7	\$8,154.16	1
DUPIXENT INJ 300/2ML	AUTOIMMUNE	\$49,258	14	\$3,518.46	2
TALTZ INJ 80MG/ML	AUTOIMMUNE	\$25,777	4	\$6,444.21	1
FOLLISTIM AQ INJ 900UNIT	FERTILITY & PREGNANCY	\$23,135	5	\$4,627.02	1
PIQRAY 300MG TAB DOSE	CANCER	\$17,765	1	\$17,765.24	1
OTEZLA TAB 30MG	AUTOIMMUNE	\$12,807	3	\$4,268.87	1
ENBREL MINI INJ 50MG/ML	AUTOIMMUNE	\$6,797	1	\$6,796.52	1
MENOPUR INJ 75UNIT	FERTILITY & PREGNANCY	\$6,503	2	\$3,251.35	1
GANIRELIX AC INJ 250/0.5	FERTILITY & PREGNANCY	\$3,005	2	\$1,502.47	1
LEUPROLIDE INJ 1MG/0.2	OTHER NON-CATEGORIZED	\$2,407	3	\$802.30	1
CAPECITABINE TAB 500MG	CANCER	\$1,551	14	\$110.78	2
All Other		\$2,848	14	\$203.44	6
Summary		\$570,087	97	\$5,877.19	15



Claims on paid basis

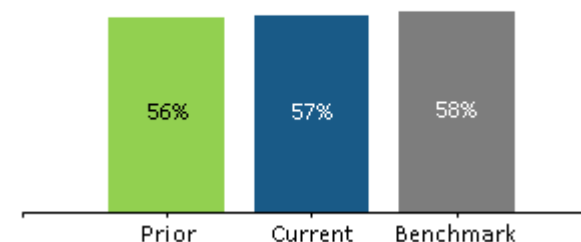
Financial Order of Reduction (including Pharmacy)

	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change
Billed	\$127,940,195	\$140,535,582	9.8%
Not Covered	\$19,733,549	\$25,210,985	27.8%
Covered	\$108,206,646	\$115,324,597	6.6%
Discount	\$59,506,509	\$64,405,800	8.2%
Allowed	\$48,700,137	\$50,918,797	4.6%
Out of Pocket	\$5,345,094	\$5,218,251	-2.4%
COB	\$2,482,838	\$2,072,528	-16.5%
COB Medicare	\$1,351,537	\$962,949	-28.8%
Other Reductions	\$177,725	\$207,121	16.5%
Other Adjustments	(\$1,163)	(\$5,113)	>100%
Paid - Provider	\$39,344,106	\$42,463,061	7.9%
Other Payments	\$159,372	\$198,940	24.8%
Total Paid	\$39,503,478	\$42,662,001	8.0%
Allowed PMPM	\$617.40	\$699.59	13.3%
Paid PMPM	\$496.25	\$586.79	18.2%
Plan Share	88.1%	89.1%	1.2%

- The **total paid** amount **increased by 8.0%** between reporting periods.
- Total in-network **discounts**(excluding Medicare) were **\$61,748,207 (56.9%)** for the current reporting period.
- The **in-network paid percentage** (excluding Medicare) was **95.5%** for the current reporting period.

Discount Percentage

(In-network, excluding Medicare)



Network Overview Nov 2021 - Oct 2022

Medicare

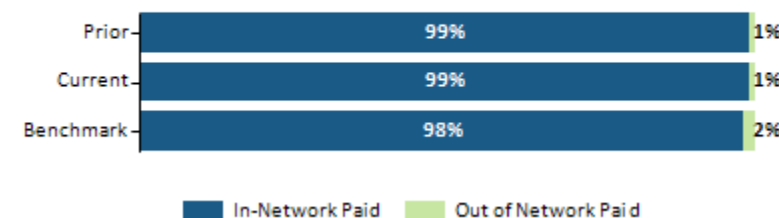
Primary

Indicator	Network Indicator	Covered	Discount	Discount %	Paid	% of Paid
No	In-Network	\$108,596,309	\$61,748,207	56.9%	\$39,925,104	95.5%
	Out of Network	\$542,356	\$10,107	1.9%	\$395,862	0.9%
Yes	In-Network	(\$278)	\$0		\$56	0.0%
	Out of Network					
Summary		\$113,438,978	\$63,535,980	56.5%*	\$41,803,907	100.0%

*Calculated discount percent excludes Medicare Primary.

Network Paid Percentage

(excluding Medicare)



Admin Fees: The charge to an account for HCSC's operational cost of doing business.

Administrative Services Only (ASO): A contract between HCSC and a self-funded plan where HCSC performs administrative services only and does not assume any financial risk. Services usually include claims processing but may include other services such as actuarial analysis and utilization review.

Aggregate: Constituting or amounting to a whole. For example, an aggregate account report includes data for the entire account.

Aggregate Stop Loss: A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Aggregate stop loss provides protection against the accumulation of total claims for a group as a whole exceeding a stated level.

Allowed: Amount considered eligible for payment by the plan

ASO Adjustments: An amount added or deducted from ASO (Administrative Services Only) fees. This includes Stop Loss Reimbursements.

Average Age: The difference between the claimant's year of enrollment and year of birth. Calculated using the measure Average Age divided by the members represented in the report.

Average Contract Size: The average number of members per subscriber. It is calculated as: Medical Members / Medical Subscribers

Average Dependents: Calculated using the measure Member Months (filtered on the Relationship = Dependents) divided by the number of months in the report.

Average Ingredient Cost: Represents the cost of the medication and is determined from the lowest submission of the pharmacy network rate, Usual & Customary amount, or Maximum Allowable Cost (MAC)

Average Members: Calculated using the measure Member Months divided by the number of months included in the report.

Average Subscribers: Calculated using the measure Subscriber Months divided by the number of months included in the report.

Billed: Amount submitted for payment by the provider

Billing and Accounts Receivable System (BARS): An HCSC financial system where all Administrative Services Only (ASO) customer bills are generated.

Blue Card Access Fee: Interplan Teleprocessing Services fee charged on out-of-state claims for accessing the local plan's provider network

Brand Formulary: Brand name medications that are listed on the formulary

Brand Non-Formulary: Brand name medications that are not listed on the formulary

Claimants: Number of individual members submitting a claim

Claim Lag: The amount of time between the date a claim is incurred and the date the claim payment is made.

COB: Portion of amount considered eligible for payment that has been paid by another insurance company (Coordination of Benefits)

COB Medicare: Portion of amount considered eligible for payment that has been paid by Medicare

COBRA Members: Consolidated Omnibus Budget Reconciliation Act - A federal law which requires most employers sponsoring group health plans to offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) when coverage under the plan would otherwise end

Coinsurance: Portion of covered amount member is responsible to pay for the claim

Co-payment: Flat rate that the member is responsible to pay for the claim

Coverage Tier: Eligibility tiers which stratify enrollment data based on the employee and others enrolled under the employee's coverage. Varying benefits can be assigned to tiers.

Covered Amount: Amount eligible for payment based on the terms of the medical/dental benefits agreement.

DAW/1: Indicates that the physician has specified 'do not substitute' on the prescription.

DAW2: Indicates that the Physician has allowed a substitution, but the patient requested brand to be dispensed

Deductible: Portion of annual deductible amount member is responsible to pay applied to the claim.

Dental Loss Ratio: Calculated as the Dental Paid Claims Amount divided by the Billed Dental Premium Amount

Dental Paid Claims: An amount paid to cover the Health Plan's liability for dental services provided to members for claims that have been processed and approved for payment

Discount: Amount of reduction from billed amount that has been negotiated with the provider

Discount %: For medical claims, the discount percent is calculated as $\text{Discount} / \text{Covered}$

Dispensing Rate: The proportion of total drugs claims a certain drug or drug type is being dispensed

Drug Type: An indicator on each Rx claim that tells whether a prescription is single source brand, multi-source brand or generic item.

Effective Discount %: The effective discount percentage is calculated as: $\text{Discount} / (\text{Discount} + \text{Paid})$

Fees and Credits: Includes all account-specific member and account level fees. Can include Specific Stop Loss, Aggregate Stop Loss, Administration, Access Fees, ASO Adjustments (either debits or credits), Rx Credits and other miscellaneous fees.

Females (20-44 years): The total number of members who are women between the ages of 20 and 44 years. The proportion of females (20-44 years) is calculated as: $\text{Member Months for Women between 20-44 years} / \text{Member Months}$

Formulary Compliance Rate: The percentage of drugs dispensed that were included in the formulary

Generic Dispensing Rate: Proportion of potential generic prescriptions that were filled as generic. It is calculated as: Number of generic scripts / Number of scripts

Generic Drugs: A medication for which the patent has expired, allowing any manufacturer to produce and distribute the product under the chemical name.

Generic Substitution Rate: The rate in which generics were dispensed when a generic was available. It is calculated by Number of generic Rx's / (Number of generic Rx's + Number of multi-source brand Rx's)

Group Liability: Total Claim Expense plus Fees and Credits

HCC: High Cost Claimant, a claimant with total paid amount over a specified threshold (e.g., \$30,000 or \$50,000) within the reporting period

IBNR: An acronym for 'incurred but not reported'. IBNR claims are that group which are incurred before the fund reserving date, but not reported until after that date.

Ingredient Cost: The cost of the drug including sales tax, excluding dispensing fees.

In-Network Paid %: Percent of total paid expenses for in-network claims. It is calculated as: In-Network Paid / Paid

Inpatient Facility: Refers to Facility Inpatient claims

International Classification of Diseases (ICD): An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO).

Leading ICD Diagnostic Category: For each patient, summarize total paid amount for each diagnosis and its corresponding MDC. The MDC with the greatest paid amount for the patient becomes the Leading ICD Diagnostic Category for the reporting period

MAC Program Savings: Savings achieved by using the MAC (maximum allowable cost) discount on generic medications

Medical Paid Claims: An amount paid to cover the Health Plan's liability for medical (healthcare) services provided to members for claims that have been processed and approved for payment

Medical/Pharmacy Loss Ratio: Calculated as the combined Medical and Pharmacy Paid Claims Amount divided by the total Billed Premium Amount for Medical and Pharmacy, where appropriate

Member Months: Count of months of eligibility for members

Multi-Source Brand: Brand name medications with a generic equivalent

Network Indicator: An indicator that shows whether the claim was processed as in-network (e.g., in the Preferred Provider Organization network) or out-of-network and paid accordingly

Network Savings Discount: The discount that is applied when a member receives services from a contract provider.

Not Covered: Amount considered not eligible for payment by the plan (excludes the discount amount)

Other Adjustments: Minor payments or credits not captured in other specific expense measures

Other Payments: Combination of Blue Card access fees and surcharge expenses

Other Reductions: Combination of maximum reductions, penalties, workers compensation savings, and subrogation savings

Out of Pocket: Total amount that is the responsibility of the claimant. It is calculated as: (Copay + Deductible + Coinsurance)

Outpatient Facility: Refers to Facility Outpatient claims

Paid: Total amount paid by the plan, including access fees, adjustments, and surcharges

Paid + Recoveries: The total amount paid by the plan plus any amount recovered through subrogation.

Paid-Provider: Amount paid to the provider by the plan

Paid/Claimant: Amount paid to the provider by the plan per claimant. It is calculated as: Paid / Claimants

Paid/Service: Amount paid to the provider by the plan per admission (inpatient facility), per visit (outpatient facility and professional) or per script (prescription Rx). It is calculated as: Paid / Services

Paid PEPM: Amount paid to the provider by the plan per employee per month. It is calculated as: Paid / Subscriber Member Months

Paid PMPM: Amount paid to the provider by the plan per member per month. It is calculated as: Paid / Member Months

Penalty: Amount charged to the user of health care services for a non-approved contractual service

PEPM: Per employee per month

Pharmacy Discount %: For pharmacy claims, the discount percent is calculated as Discount / (Discount + Allowed)

Pharmacy Paid Claims: An amount paid to pharmacies (or members where applicable) to cover the Health Plan's liability for pharmacy services provided to members for claims that have been processed and approved for payment. The calculation of "pharmacy paid claims" does not include pharmaceutical manufacturer rebates

Pharmacy Tier: An indicator on each Rx claim that tells whether a prescription is generic, preferred brand, non-preferred brand, specialty, or other

Plan Eligibility: Eligibility derived directly from the plan's enrollment system. It excludes eligibility created during data processing for claims without matching records in the enrollment system.

PMPM: Per member per month

Premium: An agreed upon fee paid to the Health Plan for coverage of medical and/or dental benefits for an established benefit period and set intervals

Professional: Services provided by physicians or other professional providers

Recoveries: Subrogation and/or Reimbursements for claims that are included in BARS but not in HCSC's data warehouse (since some of the reimbursements could be for members or claims that are no longer in our data warehouse). Recoveries are loaded from the BARS System and included in Blue Insight for reconciliation purposes.

Rx Credit Fees: Drug rebates that are credited back to the account.

Rx Paid PEPM: Prescription drug paid amount per employee per month

Rx Paid PMPM: Prescription drug paid amount per member per month

Service Category: A classification based on claim type

Service Type: Classification based on principal diagnosis or ICD Procedure Code

Services: Number of admissions (inpatient facility), number of visits (outpatient facility), number of claim lines (professional), or number of scripts (prescription Rx)

Services/1000: Number of services per 1,000 members. It is calculated as: $(\text{Services} / \text{Member Months}) * 1000 * 12$

Single Source Brand: Brand name medications with no generic equivalent

Specialty Drugs: Medications that generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more costly than alternative drugs or therapies.

Specific Stop Loss: A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Specific (or individual) stop loss limits the cost of eligible medical expenses for each covered individual.

Subrogation Savings: Portion of amount eligible for payment originally paid by the plan but that has since been recovered through a legal action

Surcharge: Amount charged as a tax by certain States on facility claims

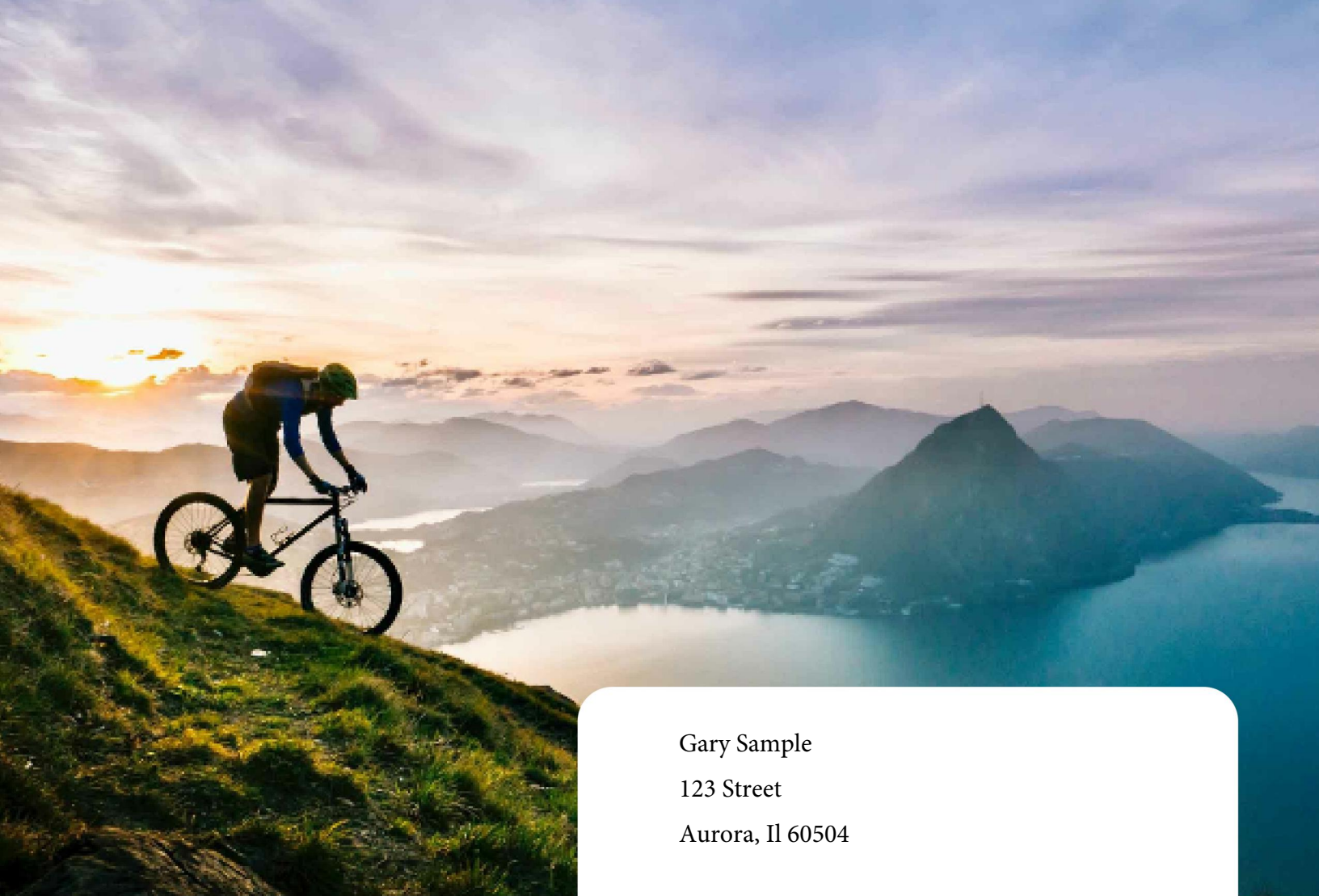
Therapeutic Drug Class: Used to categorize or group prescription drugs which are considered similar by the disease they treat or by the effect they have on the body

Total Paid: The total amount of medical and pharmacy dollars paid to cover healthcare services provided to members for claims that have been processed and approved for payment

Workers Compensation Savings: Portion of amount eligible for payment that has been paid a third party Workers Compensation carrier

Question #33

Sample Personal Health Report



Gary Sample
123 Street
Aurora, Il 60504

Your **Wellness** Report



Thoughtfully designed to help you take
control of your health

Name Gary Sample
Age 65
Gender Male

Date Collected
06/25/2021
Date of Birth
02/20//1955



BLOOD PRESSURE

MY RESULTS

Systolic = 96 ● at or below 119

Diastolic = 140 ● at or below 79

Your blood pressure has been addressed as **High** because your Systolic reading was **96** and your Diastolic reading was **140**.

IDEAL

Your results are assessed as "prehypertensive" if either one of your readings falls in that category. The same is true if either of your readings falls in the "high" category.

Blood pressure results are divided into three categories:

	<u>Systolic</u>	<u>Diastolic</u>
● Normal	119 or less	79 or less
● Prehypertensive	120-139	80-89
● High	140+	90+

You should check your blood pressure regularly. It is advisable to have your blood pressure checked at least once every year and more if you are taking medication or if you have had high readings. Always share your results with your physician to help track progress and evaluate if treatment is necessary.

Blood pressure (BP) is the force of blood against the walls of your arteries. BP is normally measured on your arm at the brachial artery. High blood pressure readings indicate that your heart could be working harder than it should. BP readings vary from person to person. Your systolic BP (the first number recorded) measures the pressure when the heart pumps. Your diastolic BP (the second number recorded) measures the pressure when the heart is relaxing between beats.

Note: Assessments are based on classifications provided by the National Institutes of Health.

BODY MASS INDEX

MY RESULTS

Height = 6', 01"

Weight = 190 lbs

BMI = ● 25.1

BMI SCALE INDEX

Your BMI of 25.1 has been assessed as **Over Weight** since it falls within the range of 25 - 30



● Underweight (if less than 18.5) ● Normal ● Overweight ● Obese (if more than 35)

Body Mass Index (BMI) uses your height and weight to calculate if you have too much or too little body fat. Knowing your BMI may help you determine if you are maintaining a healthy weight.

Dear Gary Sample,
Thank you for participating in the Empower Health Screening Program. Taking charge of your health and placing priority on your overall well-being is vital to a prosperous life. It is our goal that this report provides you with an understanding of your laboratory results and the tools and resources needed for a healthy lifestyle. As you review your results, it is important to take note of the following:

- An in-range result does not rule out the possibility of an illness, disease, or condition.
- An out-of-range result does not necessarily mean a disorder is present.

We encourage you to bring your full report to your primary care physician and believe that a follow-up appointment to discuss your results is as important as participating in the biometric screening. Sharing your lab results with your doctor can provide valuable insight into your overall health.

Log into your Empower.Health account to quickly and securely fax your lab report to your primary care physician:**Empower.Health/share**

Our program is designed to be used in conjunction with other routine exams that are important for disease detection and prevention. Please remember that this screening does not take the place of an annual physical exam or any other recommended medical exams based on your age, gender, and other risk factors. By taking the time to read through your report, you will be better prepared to ask informed questions and/or share concerns when reviewing results with your primary care physician.

We wish you all the best in your health journey!



Dr. Greg Kling
Medical Director

UNDERSTANDING YOUR REPORT

- ▶ **TEST NAME:** This column lists the names of individual tests performed (triglycerides, cholesterol, etc.) For your convenience, a comprehensive explanation follows each test result.
- ▶ **REFERENCE RANGE:** Each of your test results will be in-range (green), out-of-range (yellow) or high-risk (red). A test's reference range determines a range of values that are considered typical based on a large population of healthy individuals. In-range results (green) are ideal. Reference ranges are used as guidelines for physicians and may differ slightly between laboratories. Share this report with your doctor to best understand your current health status.
- ▶ **IN-RANGE RESULT (GREEN):** If your value in the "Result" column includes a green designator, good news! Your result is within the reference range provided by the laboratory. In other words, based on a healthy population, your result is typical. While this doesn't rule out all illness, green results usually indicate good health.
- ▶ **OUT-OF-RANGE RESULT (YELLOW):** A yellow designator signifies that your result is slightly outside the reference range. Your result may be a little higher or a little lower than the average healthy person's result. While an out-of-range value does not necessarily mean you have an illness, we recommend discussing this result with your doctor.
- ▶ **HIGH-RISK RESULT (RED):** Take note of any values with a red designator. This signifies a high-risk result due to a value significantly outside the reference range for a healthy person. Talking to your doctor about high-risk results can help prevent or treat illness in its earliest stage.
- ▶ **UNITS:** This is the amount of a substance detected in a specific volume of blood.

TEST NAME		RESULT	REFERENCE / UNITS
TEST NAME Lorem ipsum dolor sit amet, consectetur adipiscing elit.		EXAMPLE ● #.#	4.00 - 10.50 X10E3/UL
● IN RANGE	● OUT OF RANGE	● HIGH RISK	

NOTE: In general, the farther your result is outside the reference range, the more significant the abnormality may be.

Name Gary Sample
Age 65
Gender male

Date Collected
06/25/2021



EMPOWER RISK REVIEW

45

IN RANGE

0

OUT OF RANGE

1

HIGH RISK

Pay attention to any tests that are **not** "In Range"

We encourage you to discuss your results with your primary care physician.

RESULTS

TEST NAME	RESULT	REFERENCE / UNITS
Blood Pressure - Systolic Indicates how much pressure your blood is exerting against your artery walls when the heart beats.	● 96	70-119 mmHg
Blood Pressure - Diastolic Indicates how much pressure your blood is exerting against your artery walls when the heart is resting.	● 140	39-79 mmHg
Cholesterol Healthy cholesterol levels are vital to good health. Cholesterol is a waxy, fat-like substance that's found in all the cells in your body.	● 178	100-199 mg/dl
Triglycerides Triglycerides are a type of fat. They are the most common type of fat in your body.	● 129	0-149 mg/dl
LDL LDL, the "bad" cholesterol, is the main source of cholesterol buildup or blockage in the arteries, which may lead to a stroke or heart attack.	● 98	0-99 mg/dl
Total Chol / HDL Ratio Your Cholesterol/HDL Risk Ratio can more accurately indicate your risk for heart disease than just your total cholesterol value alone.	● 3.1	0.0-5.0 ratio
HDL High-density lipoprotein, or HDL, is considered the "good" or "healthy" cholesterol because it removes the bad cholesterol from your arteries.	● 57	>39 mg/dl
Non HDL Cholesterol Non-HDL cholesterol contains all of the "bad" types of cholesterol.	● 121	0-129 mg/dl (calc)

TEST NAME	RESULT	REFERENCE / UNITS
Glucose Glucose is a type of sugar. It is your body's main source of energy.	● 89	65-99 mg/dl
Uric Acid Testing uric acid can help diagnose gout (a type of arthritis) as well as serious kidney-related issues.	● 6.9	3.8-8.4 mg/dl
BUN Blood urea nitrogen (BUN) is a test measuring levels of urea waste in your blood. This can help identify protein imbalances.	● 15	8-27 mg/dl
Creatinine Creatinine is a waste product made by your muscles as part of regular everyday activity. This test can help assess the function of your kidneys.	● 1.27	0.76-1.27 mg/dl
eGFR Estimated Glomerular Filtration Rate, or eGFR, estimates how well your kidneys are doing in their job of filtering (cleaning) your blood.	● 60	>59 ml/min/ 1.73m^2
eGFRaa eGFRaa is the eGFR calculation if you are African American as the range is slightly different. You will find both the eGFRaa and GFR results listed as you were not required to identify race.	● 69	>59 ml/min/ 1.73m^2
BUN Creatinine Ratio The test compares the ratio of blood urea nitrogen (BUN) to creatinine.	● 12	10-24 Blank
Sodium A healthy amount of sodium can help your nerves and muscles work properly. Sodium is an electrolyte that our body needs along with potassium, chloride, and bicarbonate.	● 141	134-144 mmol/l
Potassium Your body needs potassium to help your heart and muscles stay strong!	● 4.2	3.5-5.2 mmol/l
Chloride Chloride is a type of electrolyte in your blood that helps regulate pH levels, blood volume, and blood pressure.	● 102	96-106 mmol/l
Calcium We need calcium to stay healthy! As one of the most important minerals in our body, calcium keeps our bones and our teeth strong.	● 9.6	8.6-10.2 mg/dl

TEST NAME	RESULT	REFERENCE / UNITS
Phosphorus Phosphorus is a mineral controlled by the kidneys and the parathyroid gland.	● 2.8	2.8-4.1 mg/dl
Magnesium Magnesium is a type of electrolyte, which is an electrically charged mineral responsible for many important functions.	● 2.1	1.6-2.3 mg/dl
Total Protein Important proteins maintain normal blood volume and water volume in your body's tissue.	● 6.8	6.0-8.5 g/dl
Albumin Albumin is the most abundant protein in the blood. Your level of albumin helps determine the functionality of your liver and kidneys.	● 4.5	3.8-4.8 g/dl
Total Bilirubin The bilirubin blood test measures the level of bilirubin in the blood. Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.	● 0.7	0.0-1.2 mg/dl
Direct Bilirubin The bilirubin blood test measures the level of bilirubin in the blood. Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.	● 0.18	0.00-0.40 mg/dl
Alkaline Phosphatase Alkaline phosphatase is an enzyme in your liver and bones. This test aids in the detection of liver and bone disease.	● 64	48-121 iu/l
LD (LDH) When body tissue is damaged, a protein called lactate dehydrogenase (LDH) is released into the blood.	● 174	121-224 iu/l
AST (SGOT) The aspartate aminotransferase (AST) test measures the level of the enzyme AST in your bloodstream. Abnormalities in AST results might signify liver problems.	● 17	0-40 iu/l
ALT (SGPT) ALT (SGPT) is an enzyme found in the liver and heart muscle. This test aids in the detection of liver or heart disease.	● 20	0-44 iu/l
GGT This test measures levels of gamma-glutamyl transferase (GGT), an enzyme, in your blood. Testing GGT can detect diseases of the liver or bile ducts. It may also be used to screen or monitor alcohol usage.	● 17	0-65 iu/l

TEST NAME	RESULT	REFERENCE / UNITS
Total Iron Numerous health issues can come from having too much or too little iron in the body. Iron is critical to the building of hemoglobin in new red blood cells.	● 128	38-169 iu/l
T4 (thyroxine), Total Your thyroid makes hormones that regulate the way your body uses energy. Thyroxine (T4) is a type of thyroid hormone. This test measures the level of T4 in your blood. Too much or too little T4 can indicate thyroid disease.	● 6.6	4.5-12.0 ug/dl
WBC White blood cells (WBC) are your body's defense against harmful bacteria. This count measures your body's response to infection.	● 5.3	3.4-10.8 x10e3/ul
RBC Your red blood cells (RBC) carry oxygen to tissue throughout your body. They are an important part of good health!	● 5.74	4.14-5.80 x10e6/ul
Hemoglobin Hemoglobin carries oxygen from your lungs to the rest of your body.	● 16.2	13.0-17.7 g/dL
Hematocrit The hematocrit test measures the proportion of red blood cells in your blood.	● 48.6	37.5-51.0 %
MCV MCV defines the standard size of your red blood cells.	● 85	79-97 fl
MCH MCH is the amount of hemoglobin in red blood cells.	● 28.2	26.6-33.0 pg
RDW The RDW test calculates the range in size of your red blood cells.	● 12.5	11.6-15.4 %
Platelets When you get a cut, the platelets bind to the site of the damage, thereby causing a blood clot. This test measures the volume of platelets in your blood.	● 204	150-450 x10e3/ul
Neutrophils (Absolute) This test measures the count of neutrophils, white blood cells that help fight infection, in a volume of blood.	● 3	1.4-7.0 x10e3/ul

TEST NAME	RESULT	REFERENCE / UNITS
Lymphocytes (Absolute) Lymphocytes are a type of white blood cell that plays a role in the immune system. This test counts the number of lymphocytes.	● 1.8	0.7-3.1 x10e3/ul
Monocytes(Absolute) Monocytes, a type of white blood cell, are often associated with chronic rather than acute infection. This test provides the actual number of monocytes in the blood.	● 0.4	0.1-0.9 x10e3/ul
Eosinophils (Absolute) Eosinophils are an important type of white blood cell that helps your immune system fight off harmful things such as infections or allergic reactions. An absolute eosinophil count measures the number of eosinophils.	● 0.1	0.0-0.4 x10e3/ul
Basophils (Absolute) Basophils (baso) are a type of white blood cell. If levels of these cells are low, it could be a sign of allergies, chronic inflammation, or disease.	● 0	0.0-0.2 x10e3/ul
Immature Granulocytes (Absolute) This test detects the presence of immature granulocytes. Granulocytes are a type of white blood cell.	● 0	0.0-0.1 x10e3/ul

AGE: 65

GENDER: Male

NAME Gary Sample



IN RANGE



OUT OF RANGE



HIGH RISK

RESULT HISTORY

TEST NAME	07/18/2018	12/09/2020	MOST RECENT 06/25/2021	REFERENCE RANGES MOST CURRENT
Blood Pressure - Systolic			96	70-119 mmHg
Blood Pressure - Diastolic			140	39-79 mmHg
Cholesterol	161	174	178	100-199 mg/dl
Triglycerides	102	78	129	0-149 mg/dl
LDL	88	100	98	0-99 mg/dl
Total Chol / HDL Ratio	3	2.9	3.1	0-5 ratio
HDL	53	59	57	40-175 mg/dl
Non HDL Cholesterol	108	115	121	0-129 mg/dl (calc)
Glucose	85	96	89	65-99 mg/dl
Uric Acid	6.2	6	6.9	3.8-8.4 mg/dl
BUN	15	18	15	8-27 mg/dl
Creatinine	1.21	1.13	1.27	0.76-1.27 mg/dl
eGFR		69	60	60-155 ml/min/ 1.73m ²
eGFRaa	75	80	69	60-160 ml/min/ 1.73m ²
BUN Creatinine Ratio			12	10-24 Blank
Sodium	140	139	141	134-144 mmol/l
Potassium	4.2	4	4.2	3.5-5.2 mmol/l
Chloride	101	101	102	96-106 mmol/l
Calcium	9.7	9.5	9.6	8.6-10.2 mg/dl
Phosphorus	2.4	3.3	2.8	2.8-4.1 mg/dl
Magnesium	2	2	2.1	1.6-2.3 mg/dl
Total Protein	6.8	6.9	6.8	6-8.5 g/dl
Albumin	4.3	4.5	4.5	3.8-4.8 g/dl
Total Bilirubin	0.4	0.7	0.7	0-1.2 mg/dl
Direct Bilirubin	0.11	0.16	0.18	0-0.4 mg/dl

AGE: 65

GENDER: Male

NAME Gary Sample



IN RANGE



OUT OF RANGE



HIGH RISK

RESULT HISTORY

TEST NAME	07/18/2018	12/09/2020	MOST RECENT 06/25/2021	REFERENCE RANGES MOST CURRENT
Alkaline Phosphatase	57	63	64	44-121 iu/l
LD (LDH)		160	174	121-224 iu/l
AST (SGOT)	20	18	17	0-40 iu/l
ALT (SGPT)	21	24	20	0-44 iu/l
GGT	13	15	17	0-65 iu/l
Total Iron	66	114	128	38-169 iu/l
T4 (thyroxine), Total	7.3	7.1	6.6	4.5-12 ug/dl
WBC	4.3	6.1	5.3	3.4-10.8 x10e3/ul
RBC	5.59	5.63	5.74	4.14-5.8 x10e6/ul
Hemoglobin	15.7	16.1	16.2	13-17.7 g/dL
Hematocrit	47.7	48	48.6	37.5-51 %
MCV	85	85	85	79-97 fl
MCH	28.1	28.6	28.2	26.6-33 pg
RDW	13.6	12.4	12.5	11.6-15.4 %
Platelets		233	204	150-450 x10e3/ul
Neutrophils (Absolute)			3	1.4-7 x10e3/ul
Lymphocytes (Absolute)			1.8	0.7-3.1 x10e3/ul
Monocytes(Absolute)			0.4	0.1-0.9 x10e3/ul
Eosinophils (Absolute)			0.1	0-0.4 x10e3/ul
Basophils (Absolute)			0	0-0.2 x10e3/ul
Immature Granulocytes (Absolute)			0	0-0.1 x10e3/ul

YOUR EMPOWER HEALTH ASSESSMENT IN REVIEW

EMPOWER HEALTH ASSESSMENT – EMPOWER SCORE

89%

The Empower Health Assessment is designed to identify risks based on everyday habits. Your Empower Score (above) represents how your daily choices influence your ability to stay healthy and includes ten lifestyle categories, ranging from nutrition to self-care. Your score for each category is below. **The higher the score, the better!**

Please note that scores are independent of lab results and based on your answers to the online assessment.

ACTIVE
LIFESTYLE

68%

We all want to lead a happy and healthy life. A major factor in achieving this is staying active. Not only will physical activity allow you to keep your body strong, but it does wonders for mental and emotional health as well. In fact, an active lifestyle is proven to better your overall quality of life!

EMOTIONAL
HEALTH

94%

From exercise to yoga to meditation, finding ways to combat stress is key to our mental and emotional well-being. Engaging in social relationships is another important component of effective self-care. If healthy stress-relief techniques aren't working in your life, it may be time to contact a professional.

PERSONAL
CARE

100%

For the most part, we can control our own personal care. Choosing to diligently wash our hands to ward off germs, or abiding by the rules of the road when driving, can help prevent illness and injury for ourselves and others. Getting your recommended vaccinations, such as the flu shot, is another way you can take control of your well-being.

SLEEP
QUALITY

89%

Best practices for sleeping well include setting a consistent bedtime, avoiding large meals late at night, making your room a cool temperature, and steering clear of electronic devices at least 30 minutes before falling asleep. Constant sleep deprivation also poses health risks such as high blood pressure, diabetes, depression, heart disease, and stroke.

NUTRITION
HABITS

91%

A good diet can improve your mood, manage a healthy weight, prevent disease, and have you feeling better about yourself overall! Fuel your body with foods low in sugar, salt, and saturated fats. Aim to eat meals that include whole grains, fruits, vegetables, lean protein, beans, nuts, and healthy fats to provide energy and reduce health risks.

YOUR EMPOWER HEALTH ASSESSMENT IN REVIEW

TOBACCO USE

20%

One of the easiest ways to lead a healthy life is to avoid the use of tobacco. In the United States, tobacco is the leading cause of preventable disease, disability, and death. It doesn't just harm your lungs; it harms almost every organ in your body and can result in cancer, heart disease, stroke, type 2 diabetes and other serious illnesses.

ALCOHOL USE

94%

You are considered a moderate drinker if you are a woman who has up to 1 drink per day or you are a man who has up to 2 drinks per day. If you exceed this amount you are at risk for serious health conditions such as high blood pressure, heart disease, stroke, liver disease, certain cancers, and various mental and social health problems.

DIABETES PREVENTION

62%

In many cases, diabetes is a preventable disease. Unfortunately, many Americans are at risk for the most common form of this condition, type 2 diabetes. Your chances of being a type 2 diabetic depend on risk factors, including genetics and lifestyle. Understanding how to lower your risk of type 2 diabetes is important.

HEART HEALTH

64%

Regular exercise, a nutritious diet, good sleep habits, a smoke-free lifestyle, and managing stress levels can keep your heart healthy. Strive to maintain healthy blood pressure, prevent diabetes, and keep your cholesterol under control. These practices can keep your heart beating strong!

CURRENT HEALTH

91%

Your overall health not only refers to your physical well-being but includes emotional, intellectual, social, spiritual and financial wellness (in addition to other areas important in life). Establishing a relationship with your primary care physician is important in order to maintain your best self.



YOUR STRENGTHS

You scored well in these categories. Keep doing what you're doing!

- **Emotional Health**
- **Personal Health**
- **Sleep Quality**
- **Nutrition Habits**
- **Alcohol Use**
- **Current Health**

YOUR AREAS FOR IMPROVEMENT

Ready for change? You've got this! Discuss next steps with your doctor.

- **Active Lifestyle**
- **Diabetes Prevention**
- **Heart Health**
- **Tobacco Use**



LIVE WELL WITH HEALTHY HABITS

Each action can improve many areas of your health

Nutrition – Eat For Health

ENJOY HEALTHY FAT

Limit greasy food, margarine, butter, fried foods, sweets, and fatty meats. Substitute with good sources of fat such as fish, nuts, avocado, and olive oil.

EAT PLENTY OF FRUITS AND VEGETABLES

Get enough vitamins, minerals, and fiber by eating a variety of fruits and veggies every day. Try to incorporate a serving of fruit or veggies into every meal.

EAT ENOUGH FIBER

Feel full faster and longer with fiber. Adequate fiber is essential for digestive health. Fiber sources are whole grains (brown rice, oatmeal, barley, whole wheat bread/pasta/crackers), beans, fruits, and veggies.

AVOID PROCESSED & PACKAGED FOODS

These types of snacks and meals are often loaded with high saturated fats and lots of sodium or sugar. Junk foods can lead to weight gain and should only be consumed in moderation.

OTHER RECOMMENDATIONS:

- Chewing your food slowly can help with portion control. Stay mindful of serving sizes.
- Shop the perimeter of the grocery store for fresh, healthy foods such as produce.
- Drink plenty of water, especially when exercising.

Exercise – Make It A Priority

Talk to your doctor before beginning a new exercise program.

BENEFITS OF REGULAR EXERCISE:

- Improves blood pressure and cholesterol
- Prevents or reverses type 2 diabetes
- Builds bone mass to prevent osteoporosis
- Maintains a healthy weight or enhances weight loss
- Increases energy and endurance level
- Improves sleep quality
- Increases strength and flexibility

EXERCISE GUIDELINES for healthy adults under age 65: Aim for cardio 3–5 days per week plus strength training 2 times per week. Try to be active every day. Healthy adults over age 65 should also be active daily. Talk to your healthcare provider to determine an exercise plan that fits your needs.

TIPS:

- Short bouts of 10-minute sessions are beneficial.
- Mix it up. Vary your routine to prevent boredom.
- A gym is not mandatory. All you need is gym shoes.
- Involve family and friends in activities.

Sleep – Rest To Be Your Best

STRIVE FOR A ROUTINE SLEEP SCHEDULE

- Getting at least 7 hours of sleep each night can help promote good health overall.
- Sleep deprivation can impact your mood and your ability to focus. Getting enough rest allows you to feel more energized, productive, and ready to tackle your day.

Safety – Think Safety First

KNOW BEST PRACTICES THAT CAN PREVENT INJURY

- Adhere to the rules of the road. This includes avoiding texting while driving and ensuring you never drive if you have been drinking.
- Make sure smoke and carbon monoxide detectors are working and replace batteries when needed.
- Reduce your risk for back injuries by practicing good posture.



Ordered Items: **CMP12+LP+NonHDL+7AC+CBC/D/P...**

Date Collected: 06/25/2021	Date Received: 06/25/2021	Date Reported: 06/26/2021	Fasting: No
----------------------------	---------------------------	---------------------------	-------------

CMP12+LP+NonHDL+7AC+CBC/D/P...

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Glucose ⁰¹	89	96	12/09/2020	mg/dL	65-99
Uric Acid ⁰¹	6.9	6.0	12/09/2020	mg/dL	3.8-8.4
Therapeutic target for gout patients: <6.0					
BUN ⁰¹	15	18	12/09/2020	mg/dL	8-27
Creatinine ⁰¹	1.27	1.13	12/09/2020	mg/dL	0.76-1.27
eGFR If NonAfricn Am	60	69	12/09/2020	mL/min/1.73	>59
eGFR If Africn Am	69	80	12/09/2020	mL/min/1.73	>59
Labcorp currently reports eGFR in compliance with the current recommendations of the National Kidney Foundation. Labcorp will update reporting as new guidelines are published from the NKF-ASN Task force.					
BUN/Creatinine Ratio	12				10-24
Sodium ⁰¹	141	139	12/09/2020	mmol/L	134-144
Potassium ⁰¹	4.2	4.0	12/09/2020	mmol/L	3.5-5.2
Chloride ⁰¹	102	101	12/09/2020	mmol/L	96-106
Calcium ⁰¹	9.6	9.5	12/09/2020	mg/dL	8.6-10.2
Phosphorus ⁰¹	2.8	3.3	12/09/2020	mg/dL	2.8-4.1
Magnesium ⁰¹	2.1	2.0	12/09/2020	mg/dL	1.6-2.3
Protein, Total ⁰¹	6.8	6.9	12/09/2020	g/dL	6.0-8.5
Albumin ⁰¹	4.5	4.5	12/09/2020	g/dL	3.8-4.8
Bilirubin, Total ⁰¹	0.7	0.7	12/09/2020	mg/dL	0.0-1.2
Bilirubin, Direct ⁰¹	0.18	0.16	12/09/2020	mg/dL	0.00-0.40
Alkaline Phosphatase ⁰¹	64	63*	12/09/2020	IU/L	48-121
LDH ⁰¹	174	160	12/09/2020	IU/L	121-224
AST (SGOT) ⁰¹	17	18	12/09/2020	IU/L	0-40
ALT (SGPT) ⁰¹	20	24	12/09/2020	IU/L	0-44
GGT ⁰¹	17	15	12/09/2020	IU/L	0-65
Iron ⁰¹	128	114	12/09/2020	ug/dL	38-169
Cholesterol, Total ⁰¹	178	174	12/09/2020	mg/dL	100-199
Triglycerides ⁰¹	129	78	12/09/2020	mg/dL	0-149

CMP12+LP+NonHDL+7AC+CBC/D/P... (Cont.)

HDL Cholesterol ⁰¹	57	59	12/09/2020	mg/dL	>39
LDL Chol Calc (NIH)	98	100	12/09/2020	mg/dL	0-99
T. Chol/HDL Ratio	3.1	2.9	12/09/2020	ratio	0.0-5.0
Please Note: ⁰¹					
<div>T. Chol/HDL Ratio</div> <div><div>Men</div><div>Women</div></div> <div>1/2 Avg.Risk 3.4 3.3</div> <div>Avg.Risk 5.0 4.4</div> <div>2X Avg.Risk 9.6 7.1</div> <div>3X Avg.Risk 23.4 11.0</div>					
Non-HDL Cholesterol	121	115	12/09/2020	mg/dL	0-129
Thyroxine (T4) ⁰¹	6.6	7.1	12/09/2020	ug/dL	4.5-12.0
⁰¹					
CBC, Platelet Ct, and Diff ⁰¹					
WBC ⁰¹	5.3	6.1	12/09/2020	x10E3/uL	3.4-10.8
RBC ⁰¹	5.74	5.63	12/09/2020	x10E6/uL	4.14-5.80
Hemoglobin ⁰¹	16.2	16.1	12/09/2020	g/dL	13.0-17.7
Hematocrit ⁰¹	48.6	48.0	12/09/2020	%	37.5-51.0
MCV ⁰¹	85	85	12/09/2020	fL	79-97
MCH ⁰¹	28.2	28.6	12/09/2020	pg	26.6-33.0
RDW ⁰¹	12.5	12.4	12/09/2020	%	11.6-15.4
Platelets ⁰¹	204	233	12/09/2020	x10E3/uL	150-450
Neutrophils ⁰¹	56			%	Not Estab.
Lymphs ⁰¹	33			%	Not Estab.
Monocytes ⁰¹	8			%	Not Estab.
Eos ⁰¹	2			%	Not Estab.
Basos ⁰¹	1			%	Not Estab.
Neutrophils (Absolute) ⁰¹	3.0			x10E3/uL	1.4-7.0
Lymphs (Absolute) ⁰¹	1.8			x10E3/uL	0.7-3.1
Monocytes(Absolute) ⁰¹	0.4			x10E3/uL	0.1-0.9
Eos (Absolute) ⁰¹	0.1			x10E3/uL	0.0-0.4
Baso (Absolute) ⁰¹	0.0			x10E3/uL	0.0-0.2
Immature Granulocytes ⁰¹	0			%	Not Estab.
Immature Grans (Abs) ⁰¹	0.0			x10E3/uL	0.0-0.1

* Previous Reference Interval: (Alkaline Phosphatase: 39-117 IU/L IU/L)

Sample, Gary
Patient ID: 2211
Specimen ID: 176-508

DOB: 02/20/1955
Age: 65
Sex: Male

Patient Report

Account Number: 12009275
Ordering Physician: G Kling



Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

▲ Out of reference range ■ Critical or Alert

Performing Labs

01: CB - LabCorp Dublin 6370 Wilcox Road, Dublin, OH, 43016-1269 Dir: Vincent Ricchiuti, PhD
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 800-282-7300

Patient Details Sample, Gary

Physician Details
G Kling
Empower Health Services, LLC
4205 Westbrook Dr., AURORA, IL, 60504

Phone: **866-367-6974**
Account Number: **12009275**
Physician ID:
NPI: **1609224211**

Specimen Details
Specimen ID: **176-508-**
Alternate Control Number: **e1589735fa8c**
Date Collected: **06/25/2021 1607 Local**
Date Received: **06/25/2021 0000 ET**
Date Entered: **06/25/2021 1722 ET** Date
Reported: **06/26/2021 0809 ET** Rte: **01**

STAY HEALTHY!



Take a positive step. Your health is worth it!

QUESTIONS FOR MY DOCTOR:

Understanding your health is the first step toward being healthy. List symptoms, changes, and questions for your next doctor visit:

BE PREPARED MEET WITH YOUR DOCTOR

MEDICATIONS:

BRAND: _____	TREATED FOR: _____	DOSAGE/EXPIRATION: _____
BRAND: _____	TREATED FOR: _____	DOSAGE/EXPIRATION: _____
BRAND: _____	TREATED FOR: _____	DOSAGE/EXPIRATION: _____
BRAND: _____	TREATED FOR: _____	DOSAGE/EXPIRATION: _____
BRAND: _____	TREATED FOR: _____	DOSAGE/EXPIRATION: _____

ADDITIONAL RESOURCES:

Empower Health is dedicated to supporting you on your health journey. We encourage you to take advantage of the wellness resources available at:

EMPOWER.HEALTH



Tips for making the most of your doctor's visit

Even if you're in good health, the best way to monitor your wellness and prevent illness is by visiting your primary care physician at least once a year. Annual visits allow you to ask questions, discuss changes, and make a game plan for areas that need improvement.

1

Think about specific questions you would like to ask your doctor. Writing out these questions, and starring the ones that are a “must” for discussion, is a way to ensure that you touch on the topics most important to you.

2

Prepare to honestly discuss personal matters such as lifestyle habits, the state of your mental and emotional well-being, home and work environment, and any medications or supplements you are currently taking.

3

Arrive 15 minutes before your scheduled appointment to complete any required paperwork. Make sure to bring your driver's license or photo ID and your insurance card.

4

Be ready to discuss new medical information such as health changes, recent procedures, available vaccines, and screening results. If you are a new patient, be prepared to discuss medical history, allergies, surgeries, diagnoses, etc.

Thank you for participating!



Annual wellness screenings can help detect and prevent disease.

They also give important insight into your overall health.

Congratulations on doing something great. We look forward to seeing you next year!

RECOMMENDED SCREENINGS FOR MEN

DENTAL EXAM	Once or twice each year.
EYE EXAM	Yearly exams for those with vision problems, otherwise once in your 20's, twice in your 30's, and more frequently after 40.
SKIN EXAM	Remain alert for skin abnormalities when conducting physical examinations for other purposes. Don't forget to do monthly mole self-examinations.
COLON AND RECTAL EXAM	Begin screening at age 50. Talk with your doctor to see what test is right for you and how often you should be tested.
CHOLESTEROL SCREENING	It is recommended that men 35 years and older get routinely screened for lipid disorders. Men with risk factors for coronary heart disease should be screened starting at age 20.
PROSTATE EXAM	The American Cancer Society recommends that men make an informed decision with their doctor about whether to be tested for prostate cancer. Starting at age 50, men should talk to a doctor about the pros and cons of testing so they can decide if testing is the right choice for them.
BLOOD PRESSURE	It is recommended to be regularly screened for high blood pressure in adults 18 and older.
SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV	Discuss with a health professional what is appropriate for you.

Depending on your family history and health habits, your doctor may want to start screening earlier.

KEEP UP TO DATE WITH VACCINATIONS

Influenza	Advised yearly
Pneumococcal	Once or twice in lifetime (check with your doctor)
Tetanus, Diphtheria, Pertusis	Tdap is given once in a lifetime with a follow-up Td booster every 10 years; Tdap given only for those ages 11-64 years
Herpes Zoster (Shingles)	Talk with your doctor to see if you should receive the vaccine
COVID-19	Talk with your doctor about vaccine options and what's best for you

Question #55

Virtual Care Utilization Data



General Medical Utilization Report

January - December 2022

Rockford Public School District #205

General Medical Claim Savings & Utilization

Annualized Utilization

$$\frac{\text{YTD total consults} \times (12 / \text{\# months accrued YTD})}{\text{YTD Average Subscribers}}$$

16.2%

Claim Savings Per Episode

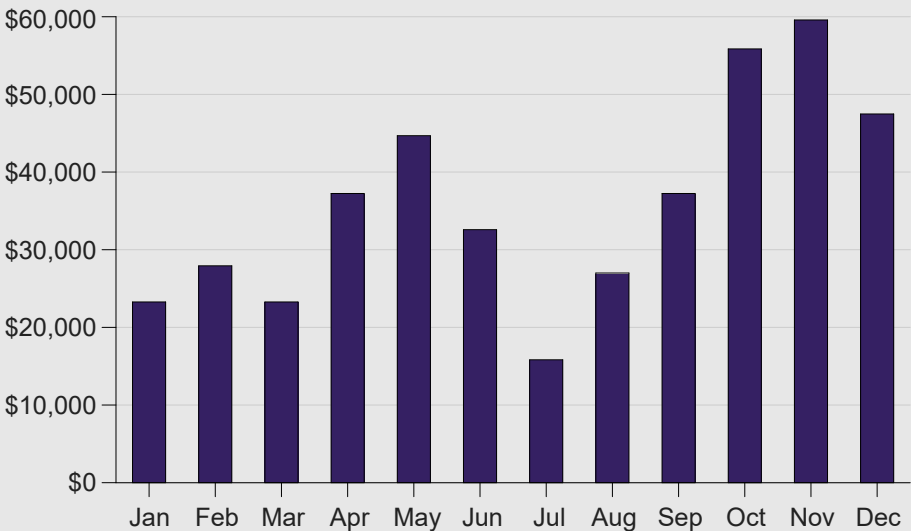
\$465

Total Net Claim Savings YTD

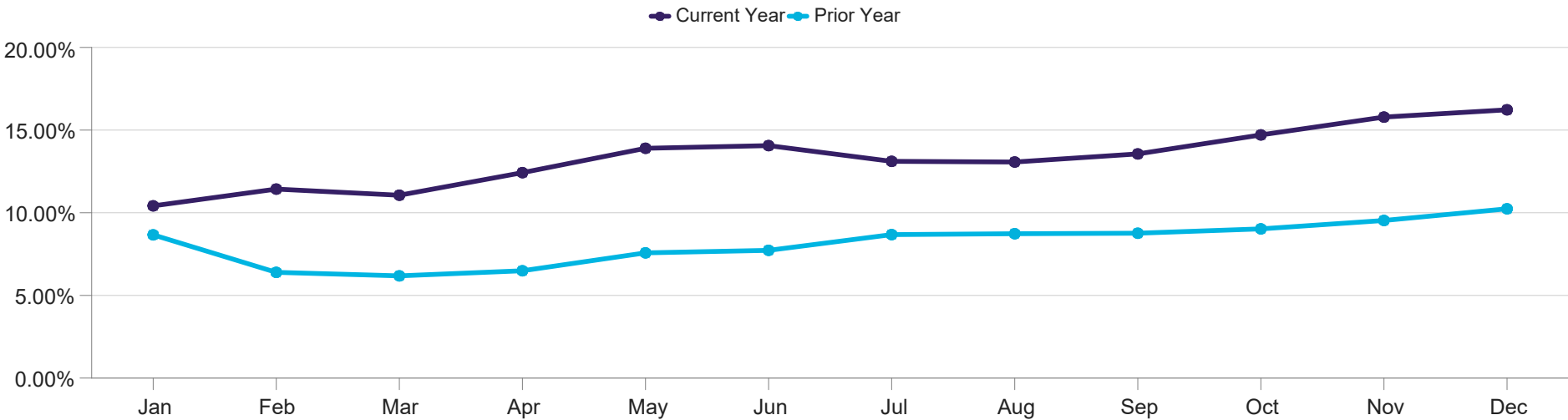
$$\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$$

\$431,975

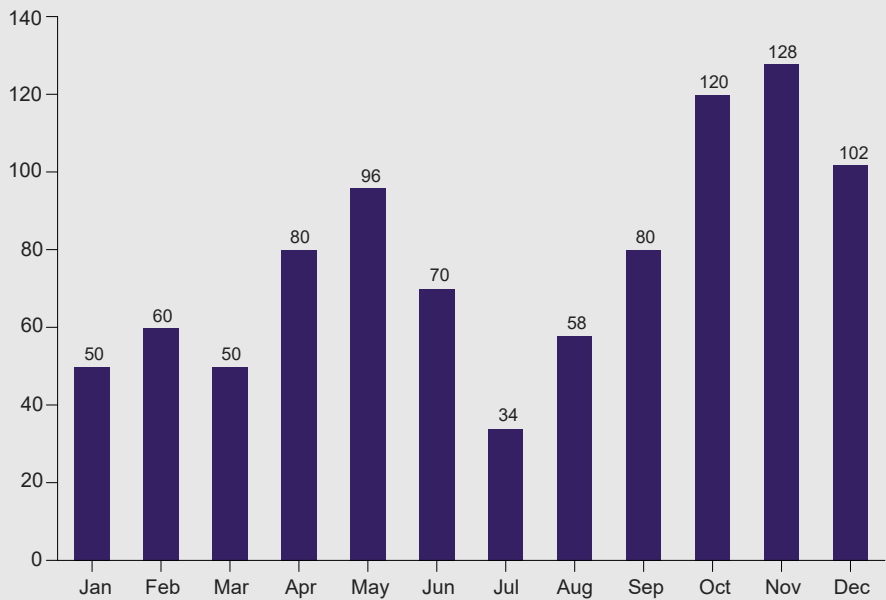
Net Claim Savings



Annualized utilization trend

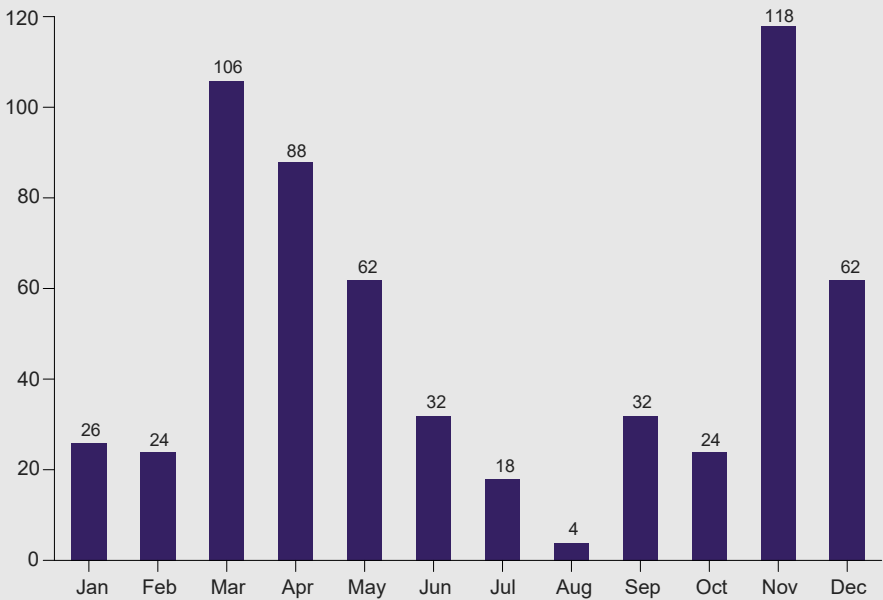


Visits this period **928**



YTD **928**

Registrations this period **596**



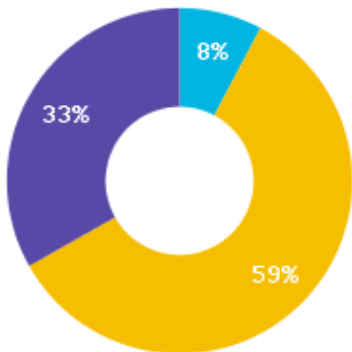
YTD **596**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	634	634	5,719	5,719	412	2,506	294	1,306
Dependents	294	294	8,295	8,295	184	942	174	700
Eligible Lives	928	928	14,014	14,014	596	3,448	468	2,006

* YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effective. Eligible Lives: All members with access to the service (primaries & dependents).
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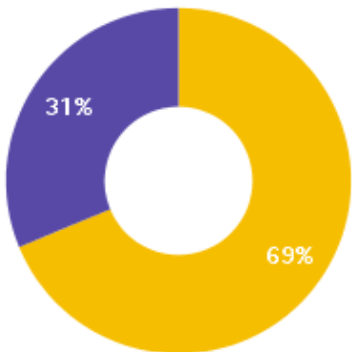
How your members received care YTD

Visit request method



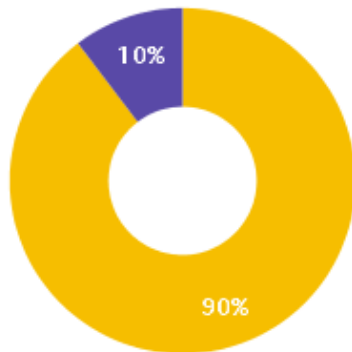
Call center Mobile app Website

Visit method



Phone Visualized

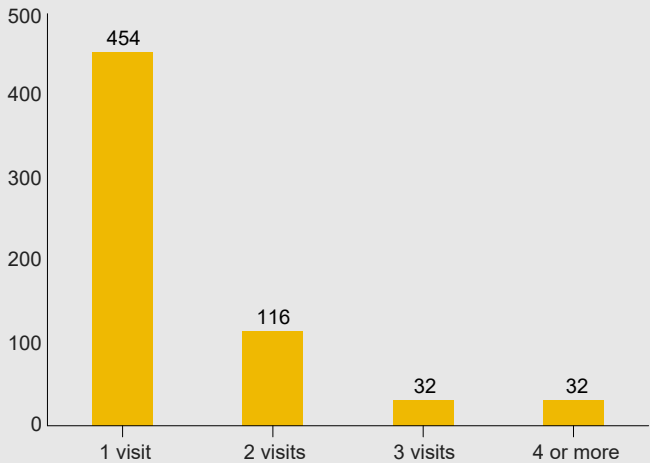
On demand vs scheduled



On demand Scheduled

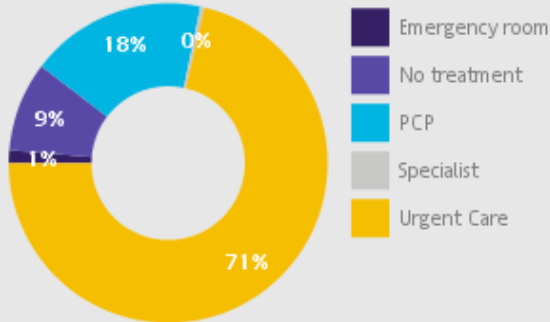
Visit frequency

Total number of
unique users: **634**



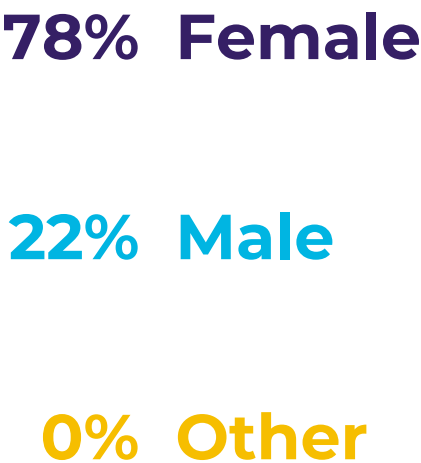
Consults	Percent
1 visit	72%
2 visits	18%
3 visits	5%
4 or more	5%

Where member would have gone
if Teladoc were not available

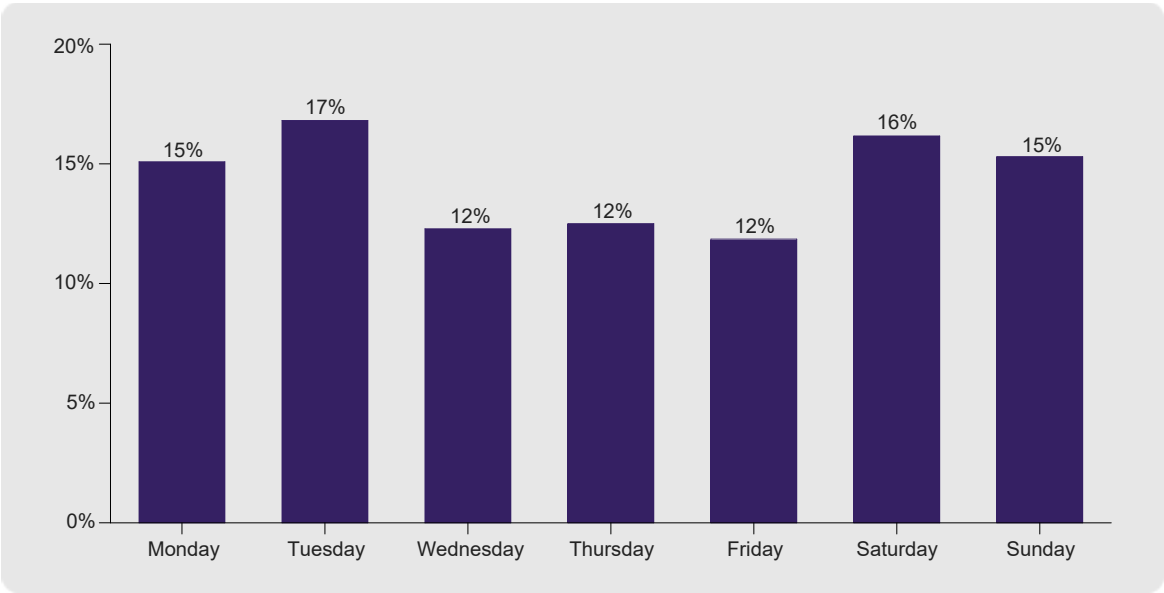


Who received care and when YTD

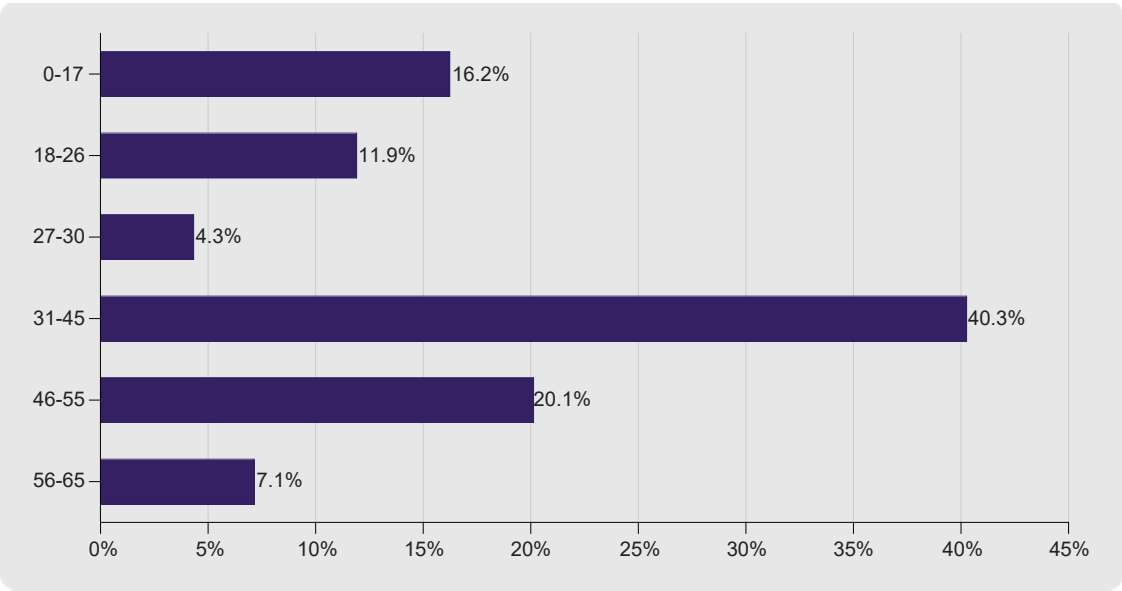
Gender



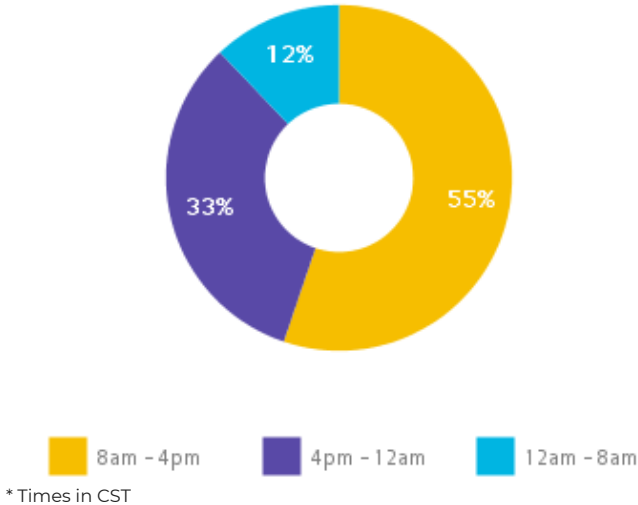
Day of week



Utilization by age



Time of day*



Where your members received care YTD USA



AVERAGE RESPONSE TIME

The time between the visit request and when the physician contacted the member

YTD

21 minutes

Report Period

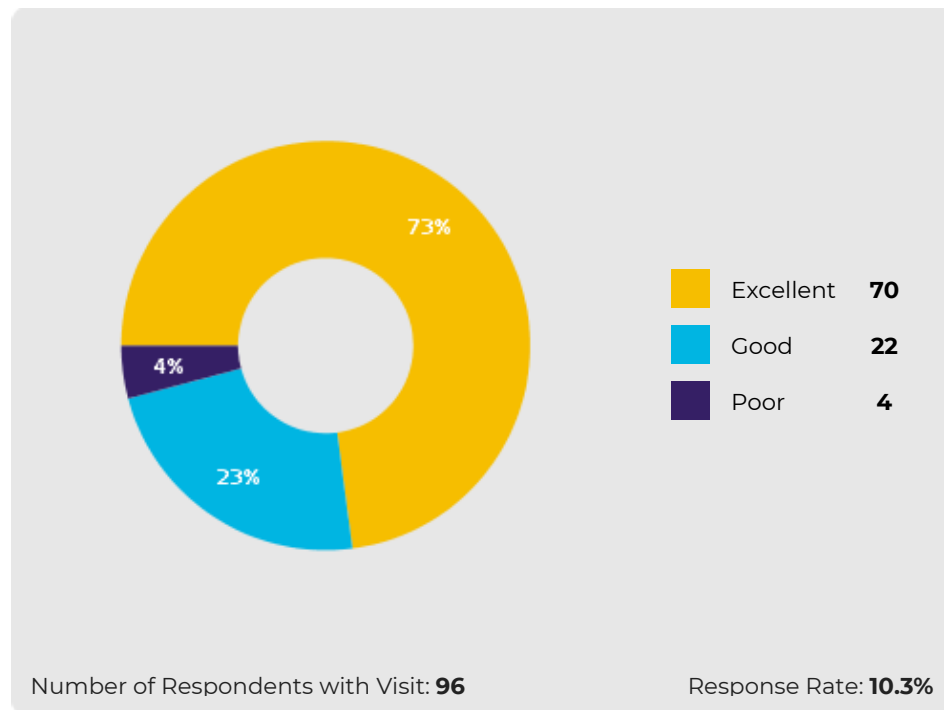
21 min

State	Visits	% Visits
NORTH CAROLINA	2	0.2%
OHIO	2	0.2%
SOUTH CAROLINA	2	0.2%
TENNESSEE	2	0.2%
UTAH	2	0.2%

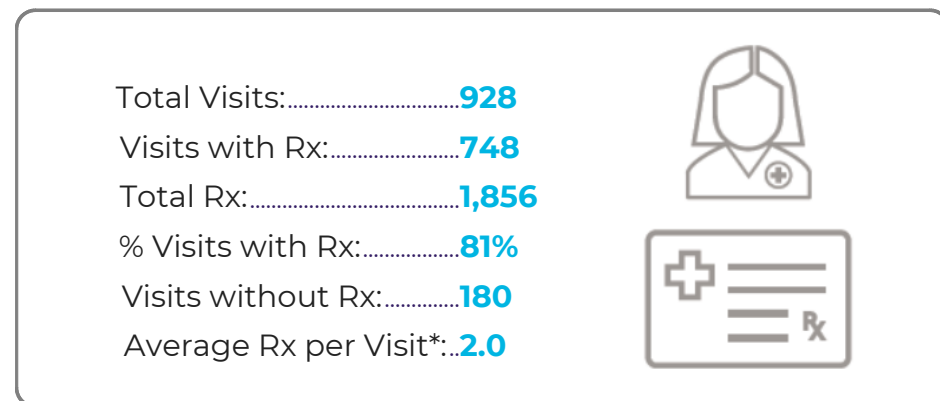
State	Visits	% Visits
ILLINOIS	870	93.8%
IOWA	16	1.7%
WISCONSIN	16	1.7%
FLORIDA	4	0.4%
ALABAMA	2	0.2%
CALIFORNIA	2	0.2%
HAWAII	2	0.2%
MICHIGAN	2	0.2%
MINNESOTA	2	0.2%
MONTANA	2	0.2%

Clinical details YTD

Member satisfaction



Prescriptions by visit



*Average Rx is calculated as Total Rx / Total Visits.
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Top diagnoses

ACUTE SINUSITIS, UNSPECIFIED	11%
ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	9%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	8%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	6%
ACUTE CYSTITIS WITHOUT HEMATURIA	4%
ACUTE PHARYNGITIS, UNSPECIFIED	3%
RASH AND OTHER NONSPECIFIC SKIN ERUPTION	3%
OTHER ACUTE SINUSITIS	3%
ACUTE COUGH	2%
OTALGIA, UNSPECIFIED EAR	2%

Top prescriptions written

AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	7%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	6%
BENZONATATE 200 MG ORAL CAPSULE	5%
TESSALON PERLES 100 MG ORAL CAPSULE	5%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	4%
MEDROL DOSEPAK 4 MG ORAL TABLET	3%
PREDNISONE 20 MG ORAL TABLET	3%
AMOXICILLIN 875 MG ORAL TABLET	2%
FLUTICASONE PROPIONATE 50 MCG/INH NASAL SPRAY	2%
IPRATROPIUM BROMIDE NASAL 21 MCG/INH NASAL SPRAY	2%

Question #58

Musculoskeletal Services Data

Musculoskeletal Key Metrics

Run Date: 1/30/2023

Metrics: (Medical Claimants per 1000, Paid per Claimant, Medical Paid PMPM, IP Paid PMPM, IP Paid per Admission, IP Admissions per 1000, IP Paid per Day, OP Paid PMPM, OP Paid per Visit, OP Visits per 1000, Prof Paid PMPM, Prof Paid per Service, Prof Services per 1000)

Rows: (Metrics)

Columns: (Rolling Year w/ Runout(2))

Rolling Year w/ Runout(2): (Nov 2020 - Oct 2021, Nov 2021 - Oct 2022)

Account: (000214278 - ROCKFORD PUBLIC SCHOOL DISTRICT #205)

CCSR ICD Dx Group Flat: (Diseases of the Musculoskeletal System and Connective Tissue)

Service Category: (FACILITY INPATIENT, FACILITY OUTPATIENT, PROFESSIONAL)

Metrics	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	Nov 2021 - Oct 2022 % Var
Medical Claimants per 1000	340.4	341.4	+0.29%
Paid per Claimant	\$2,261.67	\$2,150.69	-4.91%
Medical Paid PMPM	\$64.15	\$61.18	-4.63%
IP Paid PMPM	\$4.88	\$3.33	-31.65%
IP Paid per Admission	\$42,245.92	\$46,697.30	+10.54%
IP Admissions per 1000	1.4	0.9	-38.16%
IP Paid per Day	\$12,070.26	\$16,481.40	+36.55%
OP Paid PMPM	\$16.61	\$19.23	+15.79%
OP Paid per Visit	\$1,505.89	\$1,650.42	+9.60%
OP Visits per 1000	132.4	139.8	+5.65%
Prof Paid PMPM	\$42.66	\$38.62	-9.49%
Prof Paid per Service	\$59.16	\$61.24	+3.52%
Prof Services per 1000	8,653.6	7,566.3	-12.56%