

HealthFlex Mini-Summit—March 2021



Financial and Operations Review 2020 Results and 2022 Premium Rates

Agenda

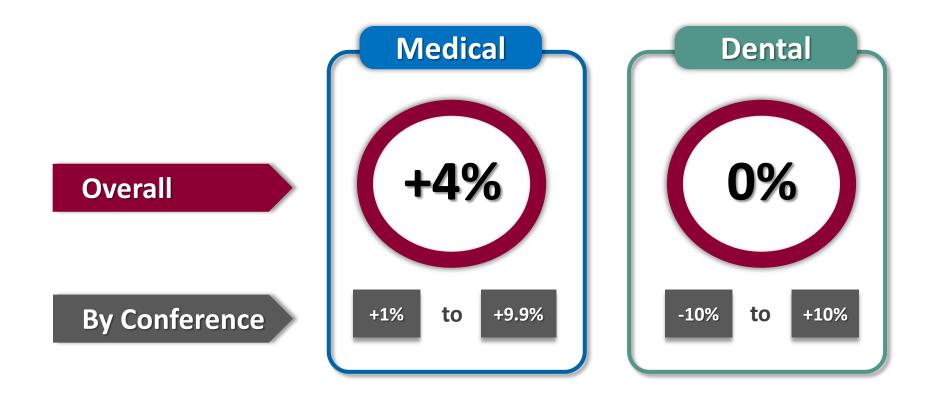
- Looking Ahead: 2022
 - 2022 HealthFlex Premiums
 - Updates to Rating Methodology due to COVID-19
 - No plan changes for 2022
- Looking Back: 2020
 - Financial Results and Experience



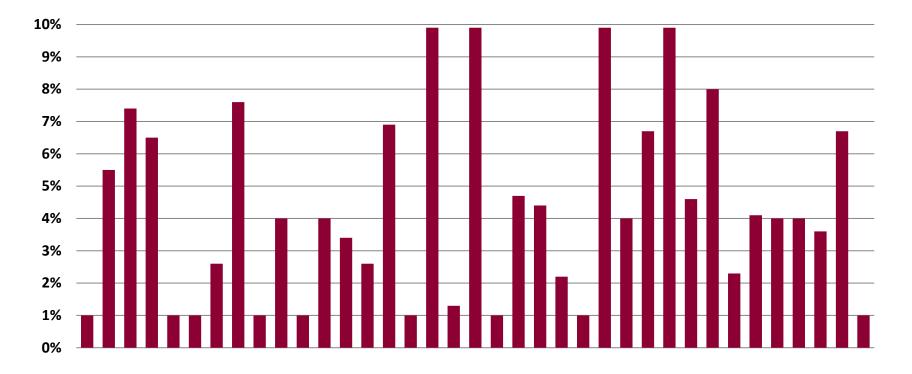
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2022 HealthFlex Rates and Plan Changes

2022 Premium Increases



2022 Medical Premium Increases by Sponsor

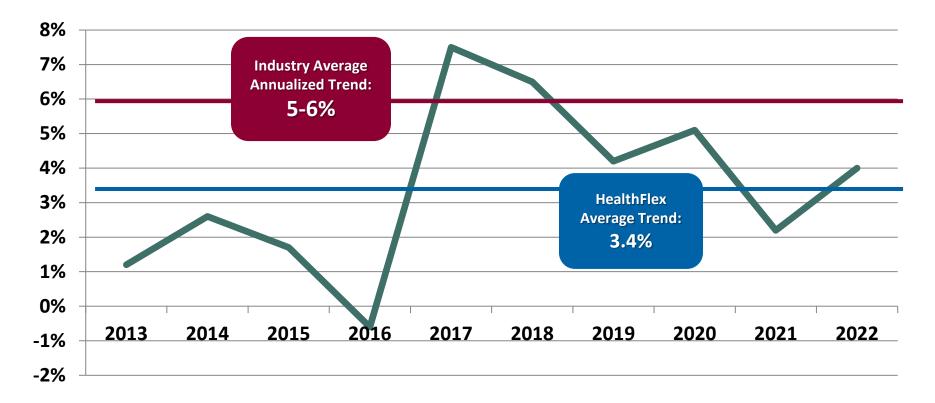


Vision Plan—No change from 2021

Benefit improvements from 2021 remain

Full Service	Complete pair of glasses, including frames, every 12 months
Premier	Glasses + contacts, or 2 pairs of glasses

HealthFlex: Low Average Annual Rate Trend



Typical HealthFlex Rating Methodology

- Two years of incurred medical and Rx claims experience: MOST RECENT: Weighted 60% SECOND YEAR: Weighted 40%
- Claims between \$50,000 and \$200,000:
 50% assigned to plan sponsor
 50% pooled
- Claims above \$200,000: Fully pooled
- Manual rates developed for each plan sponsor—using overall HealthFlex experience, adjusting for plan-sponsor-specific geography, plan design and demographic factors. Manual rates are blended with experience rates as follows:

# of Subscribers	0 – 49	50 – 124	125 – 249	250 – 499	500 +
Experience Weight	20%	40%	60%	90%	100%

High-Cost Claim Thresholds for Pooling

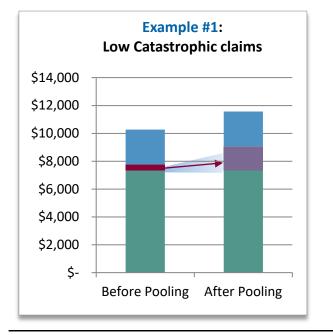
- Historically:
 - \$5,000 and \$50,000
- Beginning with 2018 rates:
 - \$50,000 and \$200,000
- Ongoing, index highcost claim thresholds with rate increases, increasing at \$25,000-\$50,000 increments

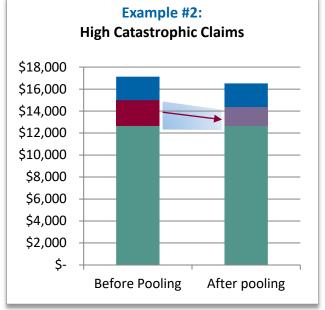
		Partial Pooli	ng Threshold	Full Pooling	g Threshold
Rate Year	Rate Change	Raw	Rounded Raw (to \$25,000)		Rounded (to \$50,000)
2019	5.1%	\$50,000	\$50,000	\$200,000	\$200,000
2020	2.1%	\$52,550	\$50,000	\$210,200	\$200,000
2021	4.0%	\$53,654	\$50,000	\$214,614	\$200,000
2022		\$55,800	\$50,000	\$223,199	\$200,000

Current thresholds may remain for several more years

HealthFlex Rating Methodology

In the development of each conference's claims cost each year, pooled claims are removed from the experience and replaced with a "Pooling Charge"





Other Costs

- Pooling Charge
- High Cost Claims
- Regular Claims

Updated Methodology for 2022

Three **periods** of incurred medical and Rx claims experience:

Most Recent	Second Period	Third Period
April – November 2020	April 2019 – March 2020	April 2018 – March 2019
Weighted 20%	Weighted 50%	Weighted 30%

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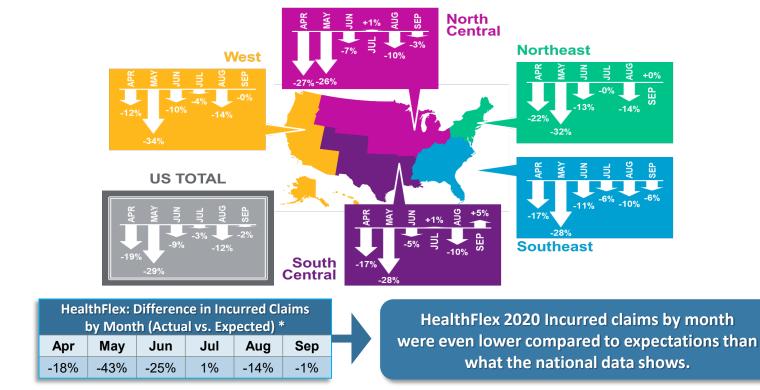
Why the Change?

2020 claims considered less predictive of 2022 claims than 2019 or 2018 claims

Generally, further you have to trend forward, less predictive



2020 Experience Well Below Expected



Source: Willis Towers Watson 2020 Health Care Financial Benchmarks Survey (N = 474, 1.2M EEs, \$1.2B monthly claims) *Projected 2020 medical claim PEPM are based on smoothed 2019 results trended by 5%

13 | Wespath

No Plan Changes for 2022

- Not a strong enough case to introduce change
- Maintain existing plan designs through 2022
- Re-evaluate for 2023 or 2024

NO CHANGE

2022 Plan Offerings



Preparing for 2022

2022 Rate Sheets Distributed February 26

Wespath available:

- To provide information about updated methodology and experience to Boards of Pensions
- To assist with Premium Credit Modeling for 2022





Looking Back—Financials and Reporting

7-Year History of Loss Ratios and Rate Changes

2014	2015	2016	2017	2018	2019	2020	7-yr Average Rate Change
77.8%	79.7%	88.3%	98.9%	76.4%	81.7%	87.3%	2.2%
92.3%	101.5%	124.1%	103.1%	96.1%	98.4%	94.9%	2.3%
88.0%	117.2%	130.0%	81.5%	88.1%	74.2%	125.5%	2.6%
104.0%	97.4%	89.9%	81.5%	79.3%	84.1%	73.8%	2.8%
99.9%	97.2%	85.0%	74.9%	60.9%	75.8%	103.4%	2.9%
86.9%	104.5%	99.8%	88.8%	79.6%	91.3%	87.8%	3.0%
81.7%	83.2%	102.8%	94.1%	136.4%	82.0%	108.5%	3.0%
168.0%	110.0%	86.3%	91.4%	197.4%	58.5%	123.0%	3.4%
69.1%	77.3%	119.3%	123.2%	103.6%	84.0%	86.3%	3.5%
85.7%	137.6%	144.2%	151.3%	100.3%	92.5%	100.5%	3.6%
86.5%	114.3%	108.5%	95.1%	83.3%	92.6%	84.1%	3.6%
98.8%	76.3%	99.2%	93.4%	94.4%	93.7%	99.4%	3.7%
72.8%	87.1%	112.6%	107.4%	86.0%	89.6%	102.2%	3.8%
102.5%	85.1%	66.3%	262.6%	202.7%	210.3%	188.4%	3.8%
64.0%	87.4%	99.2%	110.7%	88.3%	103.2%	103.5%	3.8%
98.0%	111.8%	103.9%	119.4%	87.1%	69.3%	48.0%	3.8%
74.8%	87.3%	87.6%	129.6%	94.7%	105.3%	78.8%	4.0%
101.8%	110.4%	132.7%	93.5%	86.1%	102.5%	87.2%	4.2%
80.7%	63.5%	80.5%	112.9%	137.0%	115.1%	110.7%	4.4%
99.4%	108.1%	101.9%	106.6%	109.2%	99.9%	78.5%	4.4%
118.8%	116.8%	95.2%	90.8%	76.0%	107.8%	90.9%	4.4%
109.6%	109.0%	115.3%	113.3%	90.4%	105.4%	91.5%	5.1%
111.8%	141.1%	115.7%	116.9%	97.5%	98.1%	89.5%	5.6%
78.8%	110.4%	119.2%	139.2%	85.9%	120.1%	176.1%	5.7%
98.0%	121.4%	175.9%	75.4%	79.0%	60.5%	41.0%	5.8%
117.8%	132.0%	117.9%	117.7%	117.5%	100.5%	68.3%	6.6%
100.9%	110.7%	112.3%	109.4%	129.7%	120.0%	84.6%	6.9%
107.3%	148.3%	155.4%	126.1%	112.7%	117.5%	76.3%	6.9%

In any given year, each plan sponsor is supposed to be "priced fairly"

This means there should be an equal chance for a surplus or a deficit*

*except for long-term catastrophic claims

Cumulative Surplus and Loss

Since Inception of Program (\$ millions)

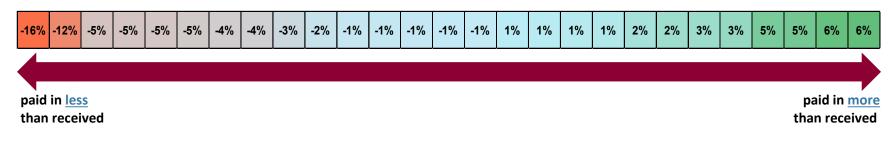
•	Claims Funding	\$ 2,080
•	Performance Dividends	- 67
	Not Emalling	ć 2.012

- Net Funding \$ 2,013
- Paid Claims \$2,019

Range of Cumulative Outcomes by Conference

(excluding those with <5 years in program)

Over long term, no conference is expected to be paying too much or too little

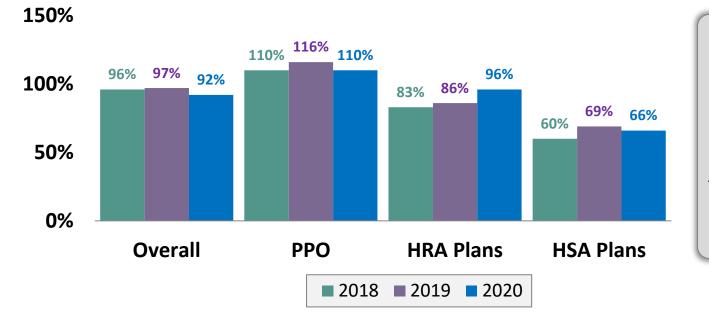


2020: A Unique Year

Medical	Prescription Drugs	Dental
 Substantial claim decreases in March – June Many elective procedures postponed or cancelled Dramatic rise in Telehealth Many patients decided not to risk exposure, even forgoing needed care 	 Stockpiling' in March as closures began and individuals feared loss of coverage Corresponding shift from 30-day retail to 90-day Mail order Large cohort is now 	 All but emergency services ceased nationally in mid-March Without proper protection, dental staff are at very high risk for COVID exposure In the summer, dentistry was re-classified as
 Increase in behavioral health 	synchronized onto Mar/Jun/Sep/Dec	essential and offices reopened

refill schedule

Loss Ratio by Plan Type



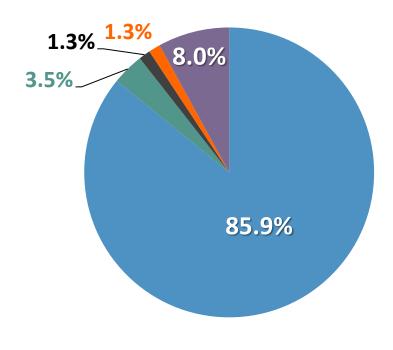
2020 Loss Ratios were impacted by lower-than-average healthcare claims during the pandemic and do not indicate that future HealthFlex utilization will remain lower

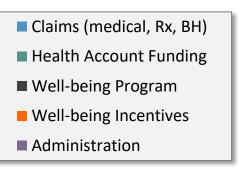
Average Paid Claims Per Member



Migration to lower cost plans responsible for lower overall average claims despite higher average claims in PPO and HRA plans

92% of Costs Are Direct Participant Costs





The vast majority (92%) of dollars spent by HealthFlex directly benefit participants: **Claims, account funding, well-being programs and incentives**

What Makes Up 8% Administrative Costs?

- Vendor partner administrative service fees:
 - BCBS, UHC, OptumRx, Cigna
 - Basic Vision (VSP)
- Wespath staff and overhead
- Systems costs (Businessolver)
- Professional services and communications

Variability by Plan Sponsor

Administrative cost percentage is higher in a low-claims year

Conversely, if claims experience is higher than planned, administrative costs make up a lower percentage of total premiums



Top Conditions and Medications

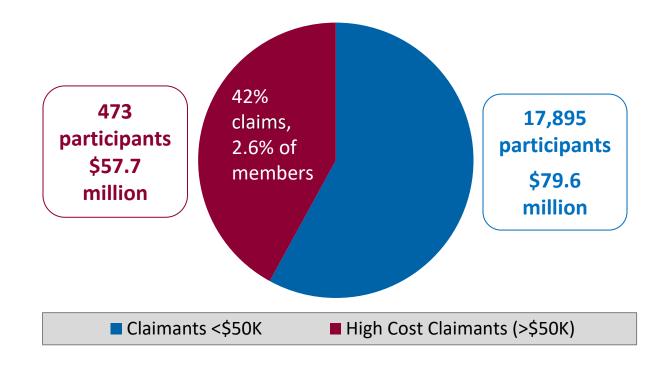
Costly conditions:

- Cancers
- Diabetes
- Hemophilia
- Immunodeficiency

Costly medications:

- Inflammatory Conditions
- Diabetes
- Clotting (Hemophilia)
- Oncology

High-Cost Claims Have Significant Impact



Allowed claims cost per member per year:

- For participants with claims <\$50K: \$4,450
- For participants with claims >\$50K: \$121,980
- For 55 participants with claims >\$200K:
 \$361,400

Questions?



