



Wespath

BENEFITS | INVESTMENTS

Data Warehouse and Reporting Update

HealthFlex Summit | October 2023



Agenda



Benefit Plans Summary Reports



Weight Watchers Analysis



Ad Hoc Requests



Benefit Plans Summary Report

Benefits Lingo—Health Plans

TERM	DEFINITION
Premium	The cost to be covered by a plan
Co-insurance	Percentage of a health care expense paid by individual and/or health plan
Co-payment	Flat dollar amount individual pays toward a health care expense
Deductible	Amount individual must pay in (may not include co-payments)
Out-of-Pocket Max (OOP)	Maximum amount the individual must pay out of pocket
HMO	Health Maintenance Organization: provides health care services through a network of providers; may require a primary care physician referral for specialist services
PPO	Preferred Provider Organization: provides health care services through a network of providers; typically doesn't require a primary care physician referral for specialist services
CDHP or HDHP	Consumer-Driven Health Plan: provides health care services that require you to pay for services directly out of your health accounts

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Benefits Lingo—Health Plans (cont.)

TERM	DEFINITION
Covered Services	Services that your health plan will approve and allow plan payment
Allowed Amount	The discounted amount that an in-network provider is "allowed" to charge for a service. The provider cannot bill you for the additional amount (balance billing).
Reasonable and Customary (R&C)	A reduced amount for an out of network service that your plan says is "reasonable" to pay. The provider can bill you for the additional amount (balance billing).
Balance Billing	The difference between the billed amount and R&C that an out-of-network provider can bill you for. You may be responsible for paying the balance bill.
Explanation of Benefits (EOB)	Details claims for services, how much was allowed, how much was paid, and how much you owe. You can use an EOB to verify that you are being billed correctly.
Open Enrollment	Each year to elect or change your benefits for the following year.
Special Enrollment	Change in status that allows you to make mid-year changes to your health plan.

Benefits Lingo—Health Accounts

TERM	DEFINITION
Health Care FSA	Tax-advantaged Flexible Spending Account for reimbursement of health expenses
Dependent Care FSA	Tax-advantaged Flexible Spending Account for child care or dependent adult care expenses
HRA	Health reimbursement account: tax advantaged but only allows employer contributions
HSA	Health savings account: triple tax advantaged, allows employer & personal contributions
Limited-Use FSA or HRA	An FSA or HRA limited to dental/vision expenses only (paired with an HSA)
IRS Minimum Deductible for HSAs	The Lowest deductible allowed by the IRS to qualify for HSA Contributions
Health Accounts Debit Card	A card that allows you to pay for services directly out of your health accounts

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REPORT



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40 pages!

Numbers and data represent PEOPLE



Benefit Plans Summary Report

What's in it

- Retirement
- Benefit Education
- CPP Disability
- HealthFlex plan and Well-Being metrics



How many different **data files** were compiled to produce the **health and well-being** graphs and charts for the 2022 Summary Reports?


96

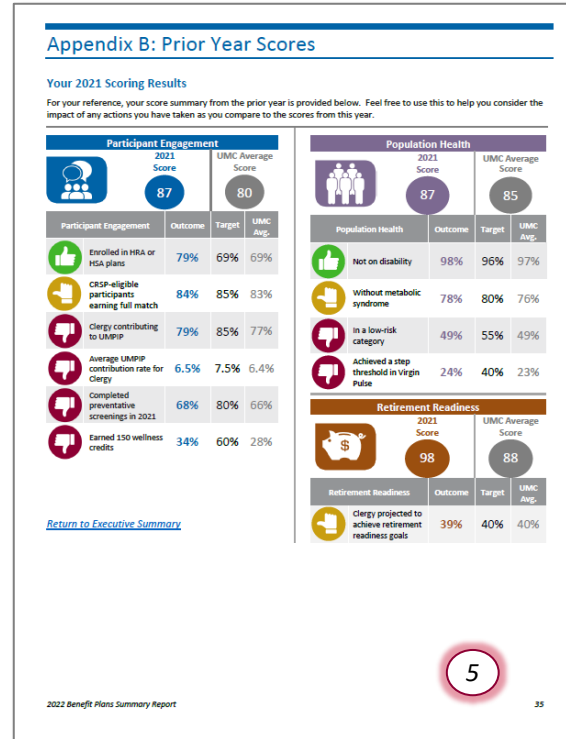


Benefit Plans Summary Report

Executive Summary

- Provides quick view compared to Target and UMC average
- Participant Engagement
- Population Health
- Retirement Readiness

 Indicates a metric included in scoring

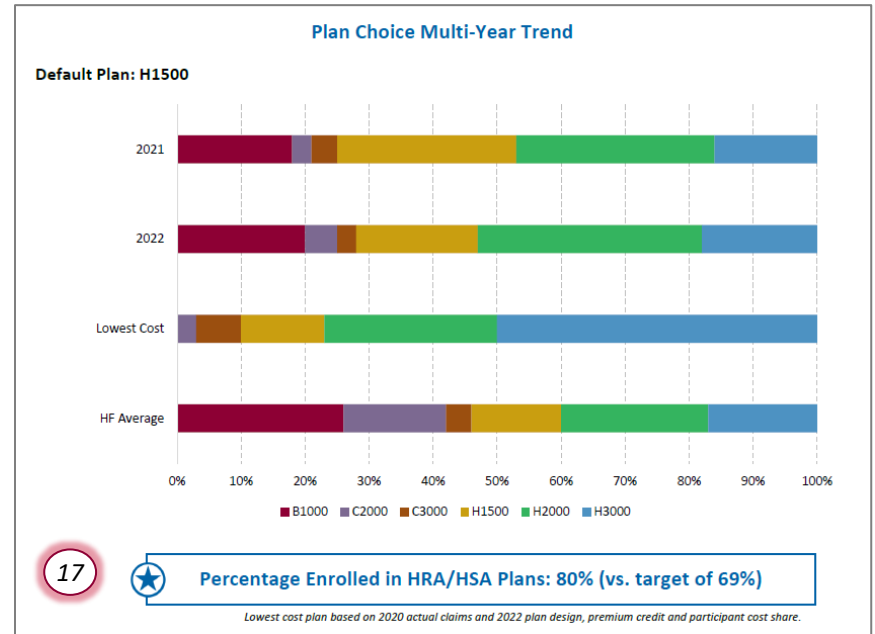


Participant Engagement



% Enrolled in HRA or HSA plans

- More than 99% of ppts would save \$ in an HRA/HSA plan
 - Most \$ goes to deductible
 - OOP Max is same across plans
 - Most are over-insured
- Cost isn't only factor in plan choice, it's a BIG one though!
- Ppts in these plans often more engaged with health in other ways
- More likely to be savvy consumers of health care resources



17

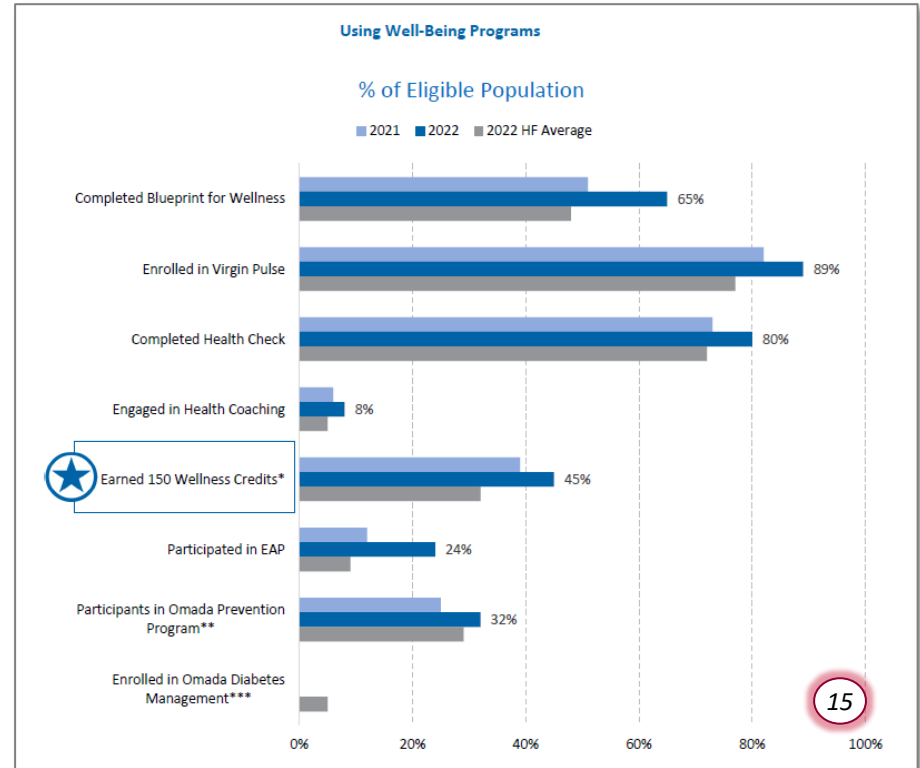


Well-Being Program Engagement

★ 150 Wellness Credits

- Blueprint for Wellness
- Health Check

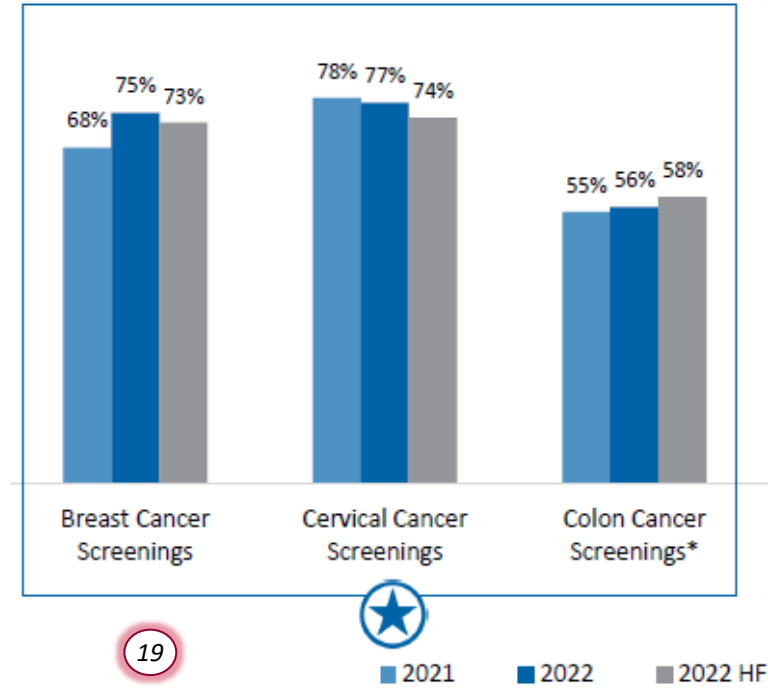
\$ incentives tied to these three



Preventive Screenings



- **Breast Cancer Screening**
 - 2023: USPSTF now recommends every other year, starting at 40 years old
 - Breast cancer is most common non-skin cancer in HealthFlex population. 157 living with breast cancer in 2022
- **Cervical Cancer Screening**—every three years
- **Colon Cancer Screening**
 - 2021: USPSTF now recommends starting at 45 years old
 - 30 living with colon cancer in 2022
 - Colon cancer screening rates likely underreported; 10-year claim history needed
 - 45-50 years old members now not meeting screening requirement



Colon Cancer Screening Considerations

- Colonoscopy still **GOLD STANDARD!**
Can both detect and prevent cancer
 - Any polyps removed at same time
 - More likely to find pre-cancerous polyps
- Every **10 years** if clear
- Covered 100% if coded as preventive screening



Colon Cancer Screening Considerations

- Other screening methods:
 - Stool DNA (Cologuard) – every **3 years** if normal
 - Other stool tests needed **every year**
 - Only for those at **average risk**
 - If positive, diagnostic colonoscopy required and is no longer be preventive. Deductible and copay/coinsurance costs apply.
 - Stool DNA (Cologuard) 92% effective at detecting cancer
 - Stool DNA (Cologuard) Only 42% likely to detect **pre-cancerous polyps***

*Imperiale TF, Ransohoff DF, Itzkowitz SH, et al. Multitarget stool DNA testing for colorectal-cancer screening. N Engl J Med. 2014;370(14):1287-1297.

Colon Cancer Screening Considerations

BOTTOM LINE:

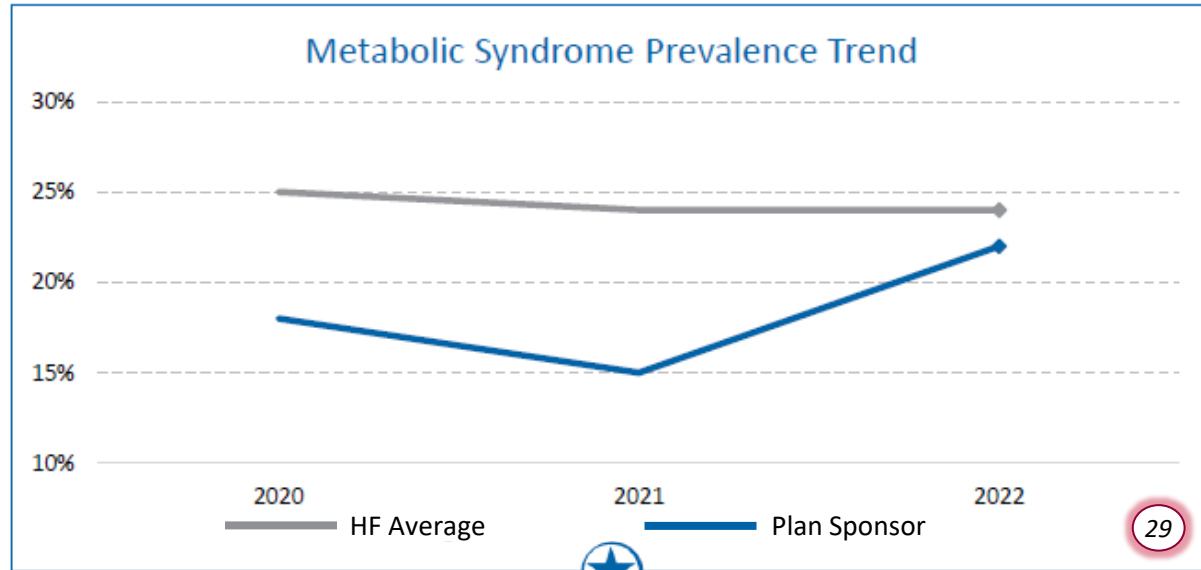
Colonoscopy is best!

But **SCREEN SOMEHOW**
starting at **45 years old**



Population Health

% Without Metabolic Syndrome



29



Population Health

Metabolic Syndrome—What is it?

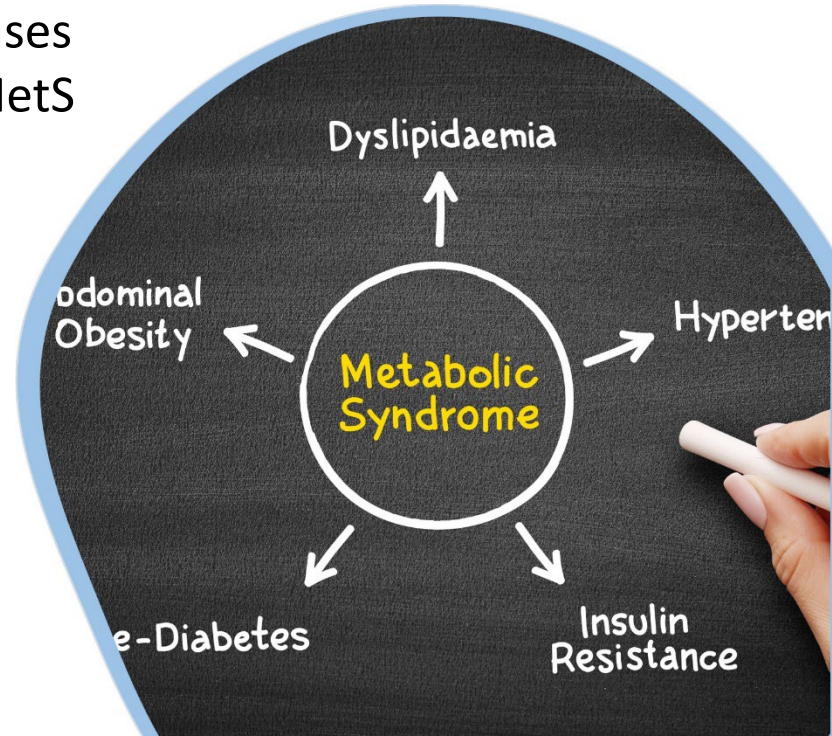
- A combination of risk factors, often occurring together, which greatly increase the risk of heart disease, stroke, diabetes and other serious conditions
- Three or more of the following risk factors; or taking medication for that factor

Glucose	High Triglycerides	Low HDL Cholesterol	Waist Circumference	Blood Pressure
Fasting Glucose ≥ 100 mg/dL	≥ 150 mg/dL	(F) < 50 mg/dL (M) < 40 mg/dL	(F) > 35 in (M) > 40 in	Diastolic BP ≥ 85 OR Systolic BP ≥ 130

Population Health

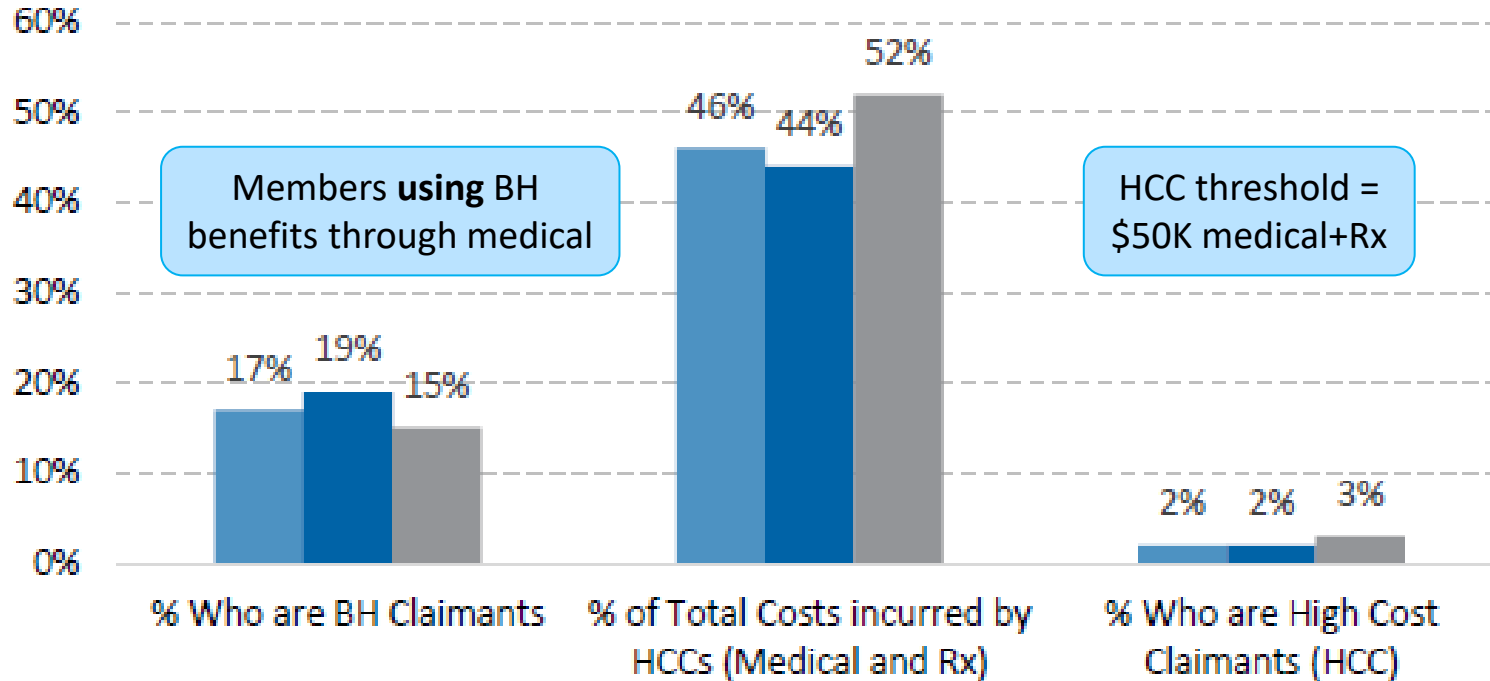
Metabolic Syndrome

- Average 24-25% of primary ppts and spouses completing Blueprint for Wellness have MetS
- Some of these already have diabetes, heart disease, other conditions
- Omada Prevention program implemented to help PREVENT progression
- Omada Diabetes Management for those with diabetes to help PREVENT progression



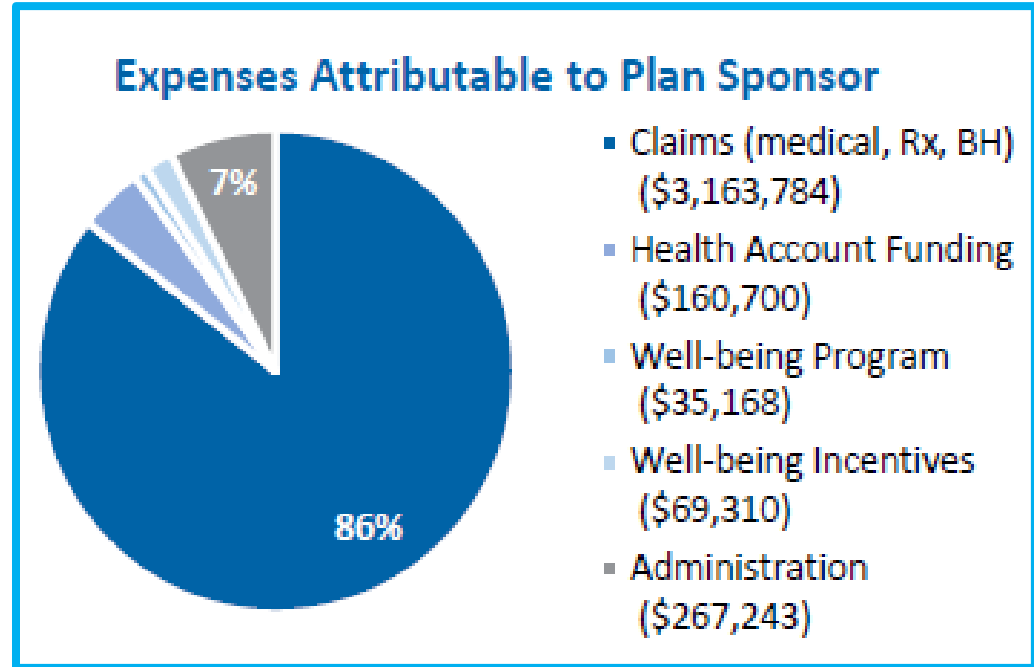
Behavioral and High-Cost Claimants

Frequency of Behavioral Health and High Cost Claims



Transparency Pie

- Large, fully insured ACA plans are capped at 15% administrative costs
- HealthFlex Average is **7.7%**
- A good claims year will increase administration %
- A poor claims year will decrease administration %
- Over time, averages out



Summary Reports

Key Metrics

% in HRA/HSA Plans

Well-Being Engagement

Preventive Screenings

Metabolic Syndrome

Behavioral and High-Cost Claimants

Transparency Pie



Data Warehouse Insights



Weight Watchers Analysis

Based on 2020-2022 data

Comparisons with Omada



Weight Watchers Analysis

Average Weight Loss % and Count of Members by Months in Program



Weight Watchers Analysis

- Weight loss of WW members still engaged (recording weights) in the program is somewhat higher than Omada members
- Omada members are engaged much longer than WW members
- Omada averaged 662 engaged members/year from 2020-2022
- WW averaged 167 members/year from 2020-2022 (engaged members recording weights)



Weight Watchers Analysis Conclusions

- WW results are favorable for those remaining engaged
- WW is a good option for those completing Omada Prevention who desire an ongoing digital program
- HealthFlex will continue to offer and promote WW

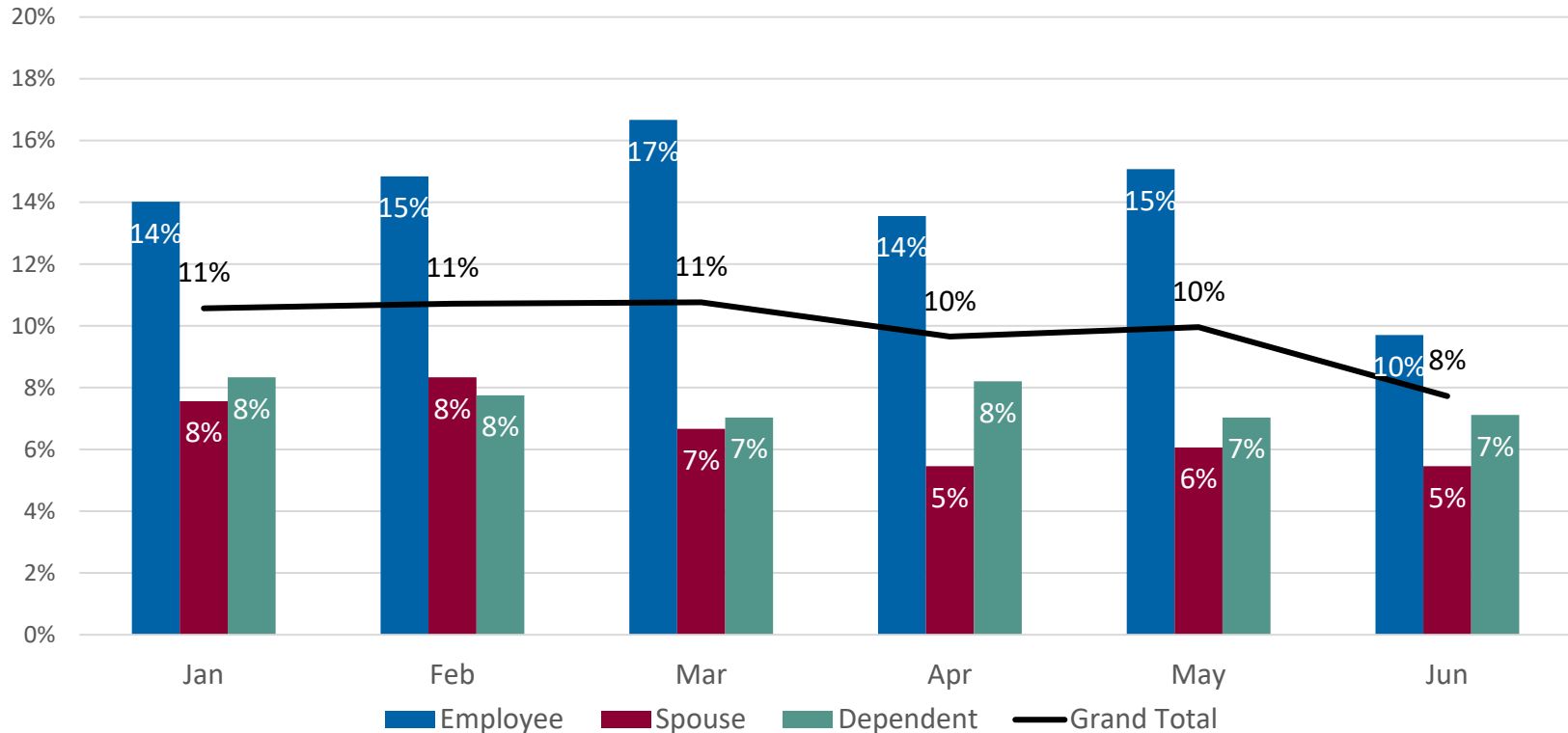


Ad Hoc Requests

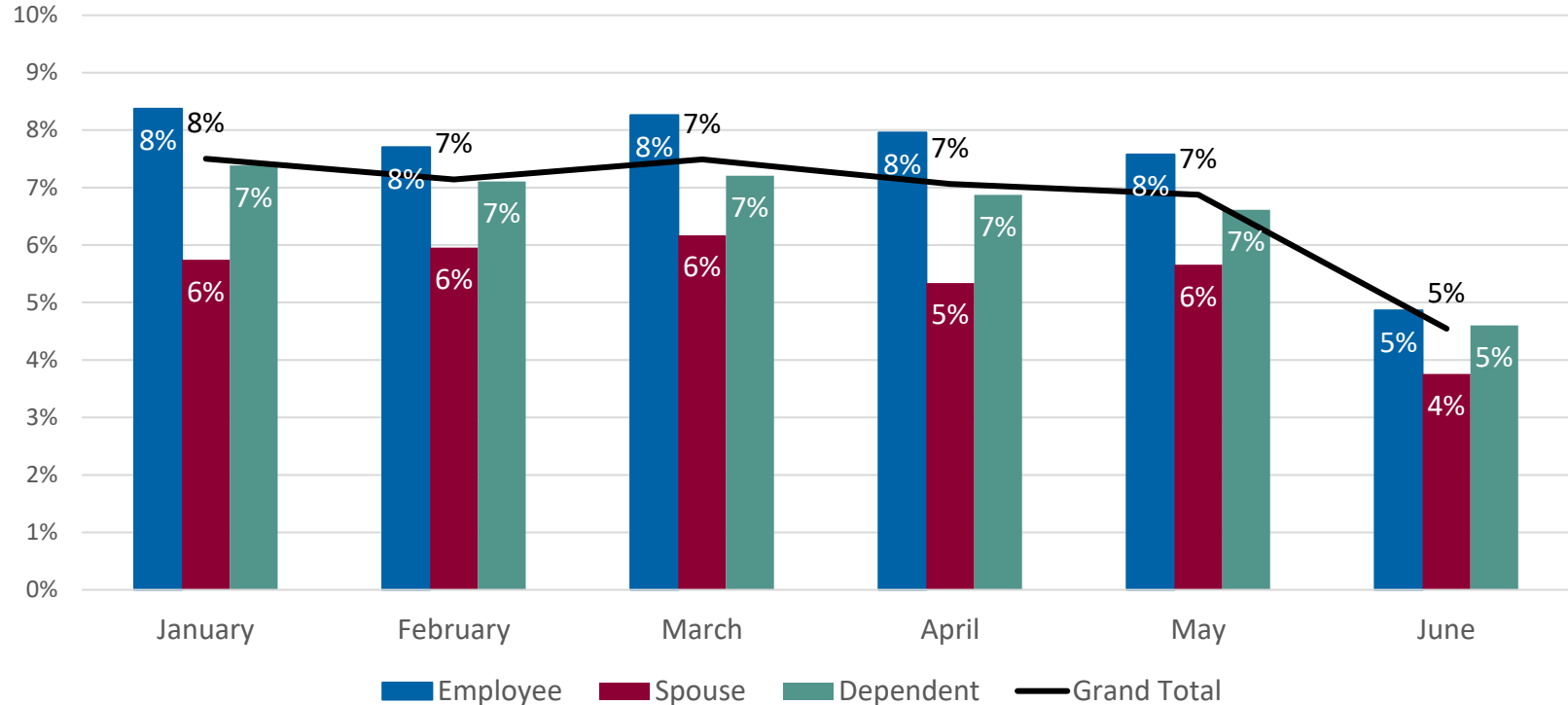
- Example Plan Sponsor Behavioral Health Utilization Request



Plan Sponsor Behavioral Health Utilization through BCBS January – June 2023



Total HealthFlex Behavioral Health Utilization through Medical Benefits January – June 2023



Ad Hoc Requests

- Let us know if you want this same Behavioral Health Utilization for your group
- You can make requests also
- We will fulfill what we can



QUESTIONS?





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