



Financial Review

2021 Experience—2023 Premiums

Agenda

- Looking Back: 2021
 - Financial Results and Experience
- Looking Ahead: 2023
 - 2023 HealthFlex Premiums
 - Updates to Rating Methodology due to COVID-19
 - No plan changes for 2023





Looking Back—Financials and Reporting

2021: A High-Use Year for Health Care

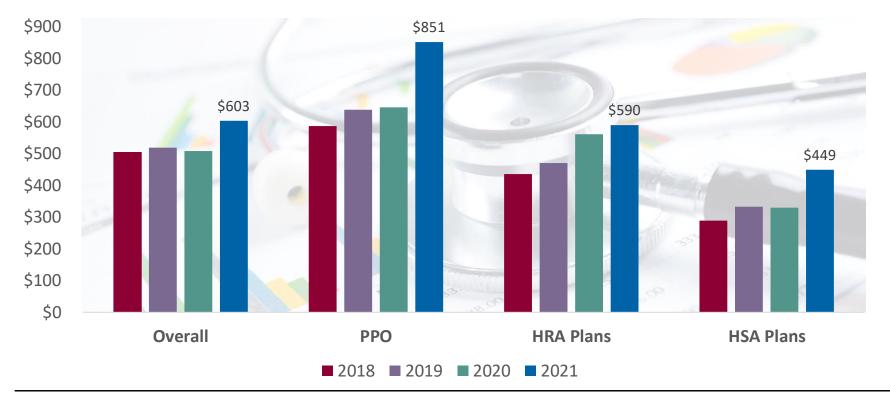
Many utilization metrics were up compared to 2020:

- 15% increase in inpatient admissions
- 11% increase in outpatient surgeries
- 16% increase in office visits
- 10% increase in ER visits

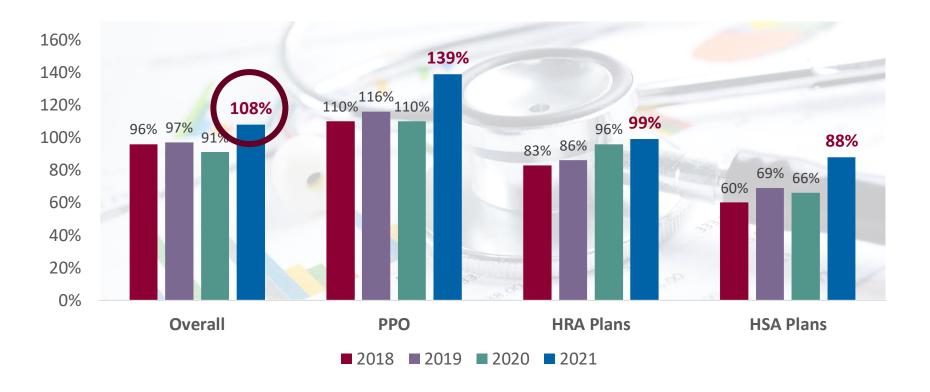


Deferred care in 2020, rebound in utilization in 2021

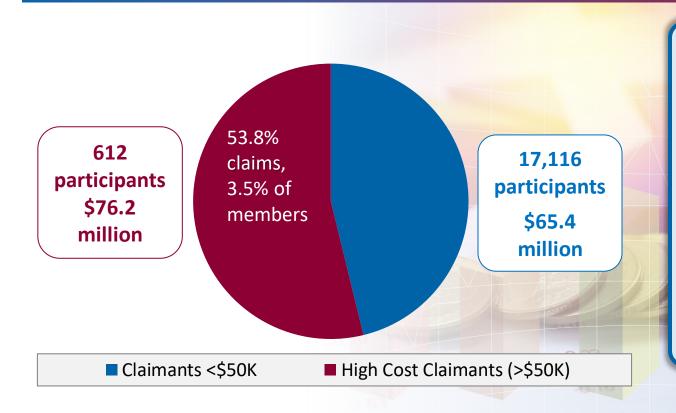
Average Paid Claims Per Member



Loss Ratio by Plan Type



2021: Impact of High-Cost Claimants



Paid claims cost* per member per year:

- For participants with claims <\$50K: \$3,821
- For participants with claims >\$50K: \$124,509
- For 81 participants with claims >\$200K: \$353,319

*before Rx rebates

High-Cost Claimants

Top Diagnoses:

- Cancer: 5 of Top 12, \$442,000-\$1.63 million per individual
- Hemophilia: 2 of Top 12, \$780,000-\$876,000 per individual
- Cardiac: 2 of top 12, \$760,000-\$780,000 per individual

Top 12 individuals = \$8.61 million in claims in 2021



Costly Medical Expenses

Paid in 2021:

- Cancer \$14.37 million
- Cardiac Disorders \$9.76 million
- Musculoskeletal Disorders: \$9.0 million
- COVID-19 or possible: \$3-\$3.6 million+



Most Costly Medication Classes

Paid in 2021:

- Diabetic Therapy: \$7.39 million (1,823 people)
- Anti-Inflammatory Medications: \$5.89 million (2,642 people)
- Anti-Cancer Medications: \$3.25 million (362 people)

Also of note:

Antidepressants/Psychostimulants: \$706,000 (4,057 people)

Levers for Cost Sustainability

Consumerism

- Trend of buying down to lower cost/value plans
- Wise consumerism within plans (e.g., generics, cost comparisons)

Well-Being focus

- Addressing costly conditions
- Goal to sustain or improve health risks

What Will 2022 Bring?

- Stabilization of high-cost claims and return to new normal?
- Continued high impact of high-cost claims
- Something in between



Future unknown but Wespath/HealthFlex a stable, sustainable option

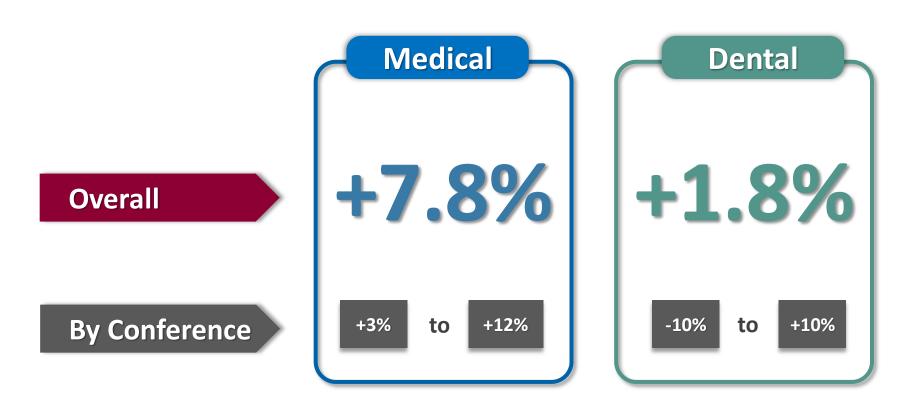


Questions?

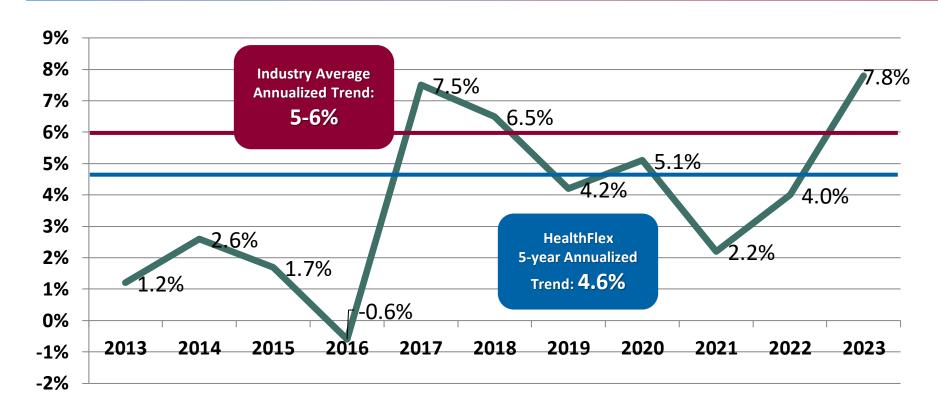


2023 HealthFlex Rates and Plan Changes

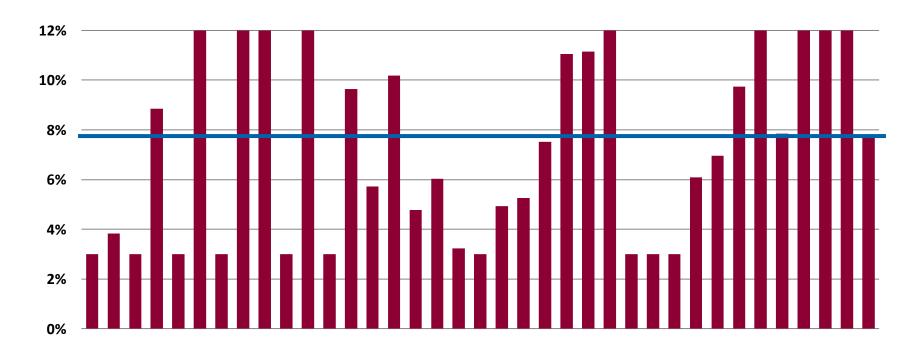
2023 Premium Increases



Higher Than Typical Trend for 2023



2023 Medical Premium Increases by Sponsor



7-Year History of Loss Ratios and Rate Changes

2015	2016	2017	2018	2019	2020	2021	7-yr Ave Rate Cha
110.0%	86.3%	91.4%	197.4%	58.5%	123.0%	67.9%	3.1%
97.4%	89.9%	81.5%	79.3%	84.1%	73.8%	128.8%	3.1%
79.7%	88.3%	98.9%	76.4%	81.7%	87.3%	73.1%	3.5%
111.8%	103.9%	119.4%	87.1%	69.3%	48.0%	65.4%	3.5%
97.2%	85.0%	74.9%	60.9%	75.8%	103.4%	132.5%	3.8%
117.2%	130.0%	81.5%	88.1%	74.2%	125.5%	121.0%	4.0%
85.1%	66.3%	262.6%	202.7%	210.3%	188.4%	215.1%	4.2%
77.3%	119.3%	123.2%	103.6%	84.0%	86.3%	103.7%	4.7%
114.3%	108.5%	95.1%	83.3%	92.6%	84.1%	89.2%	4.7%
87.1%	112.6%	107.4%	86.0%	89.6%	102.2%	90.2%	4.7%
116.8%	95.2%	90.8%	76.0%	107.8%	90.9%	97.2%	5.0%
83.2%	102.8%	94.1%	136.4%	82.0%	108.5%	102.7%	5.0%
101.5%	124.1%	103.1%	96.1%	98.4%	94.9%	119.6%	5.0%
137.6%	144.2%	151.3%	100.3%	92.5%	100.5%	71.6%	5.2%
104.5%	99.8%	88.8%	79.6%	91.3%	87.8%	113.8%	5.2%
109.0%	115.3%	113.3%	90.4%	105.4%	91.5%	106.1%	5.4%
63.5%	80.5%	112.9%	137.0%	115.1%	110.7%	102.0%	5.5%
141.1%	115.7%	116.9%	97.5%	98.1%	89.5%	105.5%	5.9%
87.4%	99.2%	110.7%	88.3%	103.2%	103.5%	106.2%	6.1%
108.1%	101.9%	106.6%	109.2%	99.9%	78.5%	129.5%	6.1%
110.4%	132.7%	93.5%	86.1%	102.5%	87.2%	120.8%	6.3%
76.3%	99.2%	93.4%	94.4%	93.7%	99.4%	114.0%	6.5%
132.0%	117.9%	117.7%	117.5%	100.5%	68.3%	96.0%	6.6%
148.3%	155.4%	126.1%	112.7%	117.5%	76.3%	94.9%	6.6%
87.3%	87.6%	129.6%	94.7%	105.3%	78.8%	96.5%	6.7%
110.7%	112.3%	109.4%	129.7%	120.0%	84.6%	95.5%	6.8%
121.4%	175.9%	75.4%	79.0%	60.5%	41.0%	100.4%	7.8%
110.4%	119.2%	139.2%	85.9%	120.1%	176.1%	189.3%	8.2%

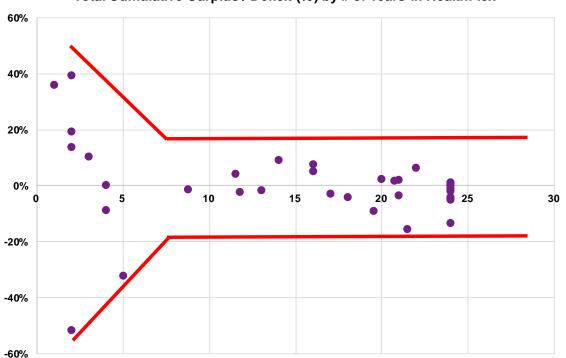
In any given year, each plan sponsor is supposed to be "priced fairly"

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

*except for long-term catastrophic claims

Cumulative Surplus and Loss





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

Historical 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%

^{*}indexed with annual rate increases beginning 2022

Modifications to Rating Methodology



Use of alternative rating periods (necessary for 2022 and 2023 rating periods due to COVID-19)—TEMPORARY



Application of claims adjustments for periods with claims not predictive of the future—TEMPORARY



Adjustment of high-cost claim thresholds to keep total pooled claims between 10-15%—PERMANENT



Project future costs based on number of "adult equivalents" instead of per subscriber—PERMANENT





Rating Periods and Claims Adjustments

	Prior to 2022 (standard approach)	2022 Rates	2023 Rates	
Claims Periods and weights	 60% weight to most recent 12 months 40% weight to 12 months prior 	 20% weight to April '20-Nov '20 50% weight to April '19-March '20 30% weight to April '18-March '19 	 50% weight to Dec '20-Nov '21 25% weight to Dec '19-Nov '20 25% weight to Dec '18-Nov '19 	
Adjustments	• None	 April '20 – Nov '20 claims adjusted up by 5.4% 	 Dec '19 – Nov '20 medical claims adjusted up by 8.7%* \$3.5 million in excess high-cost claims removed from 2021 	
Rationale	Claims thought to be limited predictive value	COVID-19 period with significantly suppressed claims, limited predictive value	 2020-2021 claims less reliable due to impact of COVID-19 Prior 2020 claims adjustment now thought to be low 	

*Note, 2020 dental claims adjusted up by 18%



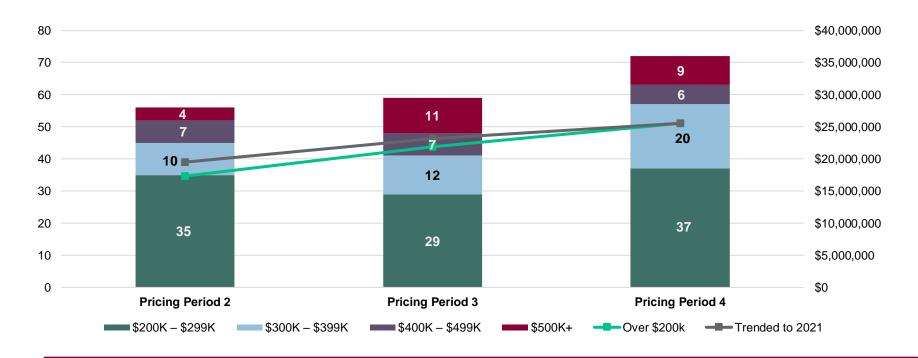
2020 Claims Adjustment Rationale

Monthly Paid Claims PEPM (MED+RX)





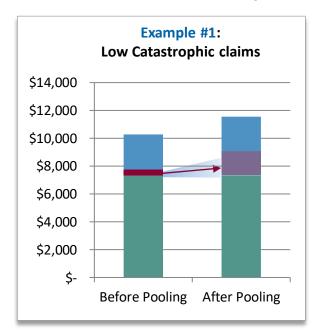
2021 Claims Adjustment Rationale

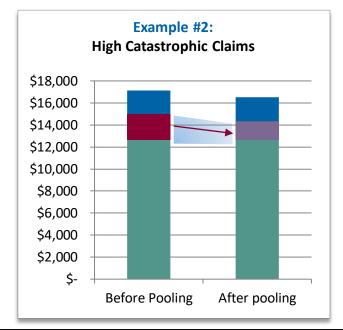


Significantly higher claims over \$200,000 in most recent period than prior two periods

High-Cost Claim Pooling

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



Prior Planned Indexing of High-Cost Thresholds

- Thresholds before 2018:
 - \$5,000 and \$50,000
- Beginning with 2018 rates:
 - \$50,000 and \$200,000, indexed in \$25K-\$50K increments with rate increases

		Partial Pooling Threshold		Full Pooli	ng Threshold
Year	Rate Change	Raw	Rounded (to \$25,000)	Raw	Rounded down (to \$50,000)
2019	5.10%	\$50,000	\$50,000	\$200,000	\$200,000
2020	2.10%	\$52,550	\$50,000	\$210,200	\$200,000
2021	4.00%	\$53,654	\$50,000	\$214,614	\$200,000
2022	7.80%	\$55,800	\$50,000	\$223,199	\$200,000
2023	-	\$60,152	\$50,000	\$240,608	\$200,000

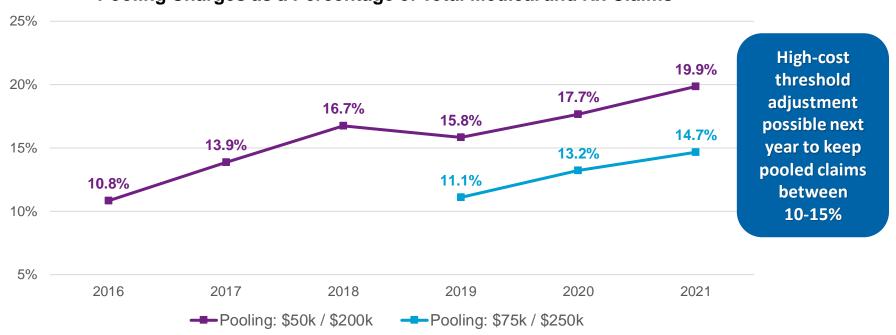
Updated, beginning with 2023 Rates:

Early indexing permitted to keep overall percentage of pooled claims between 10-15%



High-Cost Claim Volume—Impact on Pooling

Pooling Charges as a Percentage of Total Medical and Rx Claims





Projection of Future Costs

Previously used

Used for 2023

Basis	Abbreviation	Uses and Limitations
Per subscriber (employee)	PEPM, PEPY	 Simplest calculation; easily explainable and requires little data manipulation Does not account for changes in enrollment mix by relationship
Per member	PMPM, PMPY	 Most common measure by health plans and for utilization analysis Accounts for change in average household size, not for changes in enrollment mix Not all types of members are expected to incur the same levels of cost
Per adult equivalent	PAEPM, PAEPY	 Accounts for changes in enrollment mix by relationship (participant, spouse, child) Considered the optimal approach Leverages existing, calculated tier ratios (1.0, 1.9, 2.6)

Plan Tier Relative Rates

- Tier relativities uniform across plan sponsors
- Based on plan-level claims

	Medical	Dental
Participant-only	1.0	1.0
Participant+1	1.9	2.0
Family (3+)	2.6	3.0

No Plan Changes for 2023

Maintain existing plan designs through 2023



Preparing for 2023

2023 Rate Sheets Distributed February 28

Wespath available:

- To provide information about updated methodology and experience to Boards of Pensions
- To discuss possible updates to default plans
- To assist with Premium Credit Modeling for 2023





Questions?

