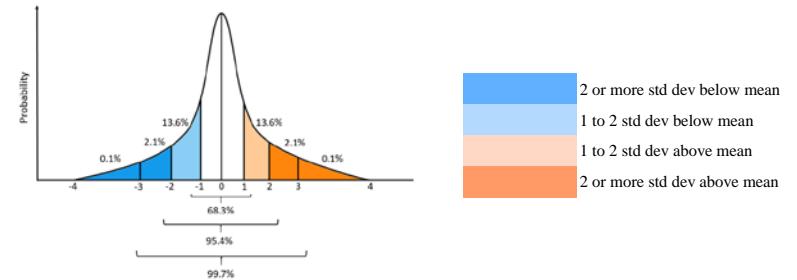




Medicaid

2019 Cohort

Reporting Period: Jan 2019 - Jun 2019, run out through Sept 2019



	OneCare	HSA A	HSA B	HSA C	HSA D	HSA E	HSA F	HSA G	HSA H	HSA I	HSA J	HSA K	HSA L	HSA M
Cost Per-Member, Per-Month (PMPM)														
Inpatient Medical	\$14.19	\$10.13	\$13.78	\$14.01	\$17.43	\$14.99	\$12.80	\$21.16	\$10.22	\$12.17	\$10.38	\$15.61	\$5.86	\$20.34
Inpatient Surgery	\$22.55	\$29.13	\$19.93	\$29.20	\$26.63	\$23.07	\$14.73	\$15.80	\$22.12	\$17.80	\$27.02	\$32.09	\$24.23	\$27.71
Maternity	\$6.32	\$4.16	\$7.42	\$5.94	\$6.46	\$8.22	\$10.19	\$4.14	\$4.29	\$6.86	\$5.96	\$3.28	\$1.78	\$6.01
Outpatient Surgery	\$13.46	\$8.09	\$10.75	\$16.40	\$15.35	\$13.90	\$17.92	\$12.17	\$13.54	\$16.05	\$13.77	\$15.57	\$16.27	\$14.17
Emergency Department	\$13.93	\$11.20	\$12.85	\$14.18	\$10.71	\$12.80	\$17.59	\$12.69	\$18.79	\$17.18	\$14.58	\$16.58	\$10.06	\$12.02
Advanced Imaging	\$5.32	\$4.61	\$4.54	\$6.24	\$6.11	\$4.48	\$6.20	\$4.19	\$6.73	\$6.20	\$4.96	\$7.00	\$6.83	\$4.36
Pathology/Lab	\$8.41	\$5.85	\$7.17	\$8.41	\$8.91	\$8.65	\$8.54	\$6.96	\$10.43	\$13.66	\$8.38	\$7.47	\$8.46	\$6.68
Medical Pharmacy	\$12.63	\$4.65	\$11.57	\$13.72	\$12.38	\$13.60	\$14.20	\$8.97	\$8.22	\$17.36	\$17.38	\$17.07	\$11.10	\$10.61
DME and Supplies	\$9.37	\$6.06	\$8.10	\$8.47	\$8.64	\$10.32	\$12.39	\$8.86	\$9.81	\$11.63	\$7.78	\$8.97	\$11.16	\$15.13
Preventive ³	\$8.59	\$10.33	\$10.44	\$6.12	\$10.65	\$6.20	\$3.20	\$8.96	\$4.64	\$10.15	\$11.95	\$4.33	\$9.55	\$10.73
T1015 - Clinic Service ⁴	\$20.41	\$1.62	\$14.76	\$40.52	\$1.89	\$47.38	\$38.76	\$2.84	\$52.91	\$11.91	\$2.53	\$38.62	\$2.55	\$5.43

Footnotes:

¹ Confidential claims are provided to OneCare de-identified.

² "All other claims combined" represents several categories that individually account for a small percentage of the overall total cost. As a result the standard deviation was not calculated and outliers are not identified.

³ Preventive includes services such as colorectal cancer screenings, mammography and well care visits

⁴ T1015 - Clinical Service is a code typically billed by FQHCs that includes preventive care and general office visits.

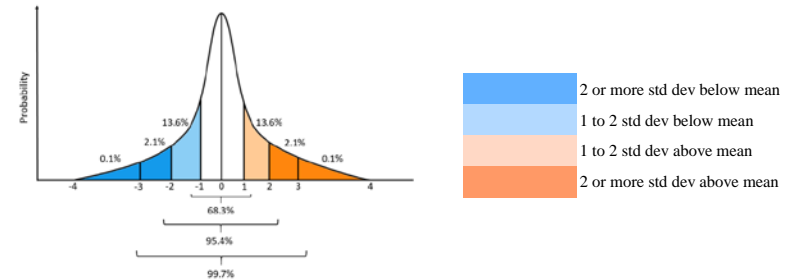
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Medicare

2019 Cohort

Reporting Period: Jan 2019 - Jun 2019, run out through Sept 2019



	OneCare	HSA A	HSA B	HSA C	HSA D	HSA E	HSA F	HSA G	HSA H	HSA I	HSA J	HSA K	HSA L	HSA M
Cost Per-Member, Per-Month (PMPM)														
Inpatient Medical	\$131.00	\$136.04	\$120.67	\$120.49	\$152.01	N/A	\$124.89	N/A	N/A	N/A	\$132.13	\$119.18	N/A	\$163.25
Inpatient Surgery	\$157.80	\$180.48	\$169.03	\$147.77	\$176.56	N/A	\$169.30	N/A	N/A	N/A	\$113.08	\$174.20	N/A	\$166.81
Post-Acute Care	\$124.77	\$153.03	\$147.16	\$107.75	\$143.32	N/A	\$133.03	N/A	N/A	N/A	\$137.32	\$109.00	N/A	\$126.25
Outpatient Surgery	\$35.69	\$50.43	\$55.19	\$32.62	\$22.78	N/A	\$39.96	N/A	N/A	N/A	\$26.46	\$51.58	N/A	\$30.64
Emergency Department	\$9.04	\$21.05	\$14.76	\$7.20	\$8.17	N/A	\$9.31	N/A	N/A	N/A	\$4.31	\$7.86	N/A	\$7.71
Advanced Imaging	\$11.24	\$19.81	\$16.87	\$9.60	\$10.09	N/A	\$10.66	N/A	N/A	N/A	\$12.27	\$10.68	N/A	\$8.80
Pathology/Lab	\$50.33	\$32.10	\$48.43	\$50.34	\$46.24	N/A	\$49.39	N/A	N/A	N/A	\$58.59	\$22.77	N/A	\$75.94
Medical Pharmacy	\$97.74	\$55.50	\$78.20	\$90.36	\$102.68	N/A	\$132.81	N/A	N/A	N/A	\$110.33	\$102.05	N/A	\$112.66
DME and Supplies	\$17.57	\$15.03	\$21.69	\$14.96	\$17.21	N/A	\$18.23	N/A	N/A	N/A	\$23.85	\$27.55	N/A	\$17.58
Preventive ³	\$12.70	\$10.74	\$14.99	\$13.96	\$8.77	N/A	\$11.34	N/A	N/A	N/A	\$12.92	\$12.11	N/A	\$13.80

Footnotes:

¹ Confidential claims and end of life projections are only available at the OneCare network level and were therefore excluded from the HSA Variation report.

² "All other claims combined" represents several categories that individually account for a small percentage of the overall total cost. As a result the standard deviation was not calculated and outliers are not identified.

³ Preventive includes services such as colorectal cancer screenings, mammography and well care visits

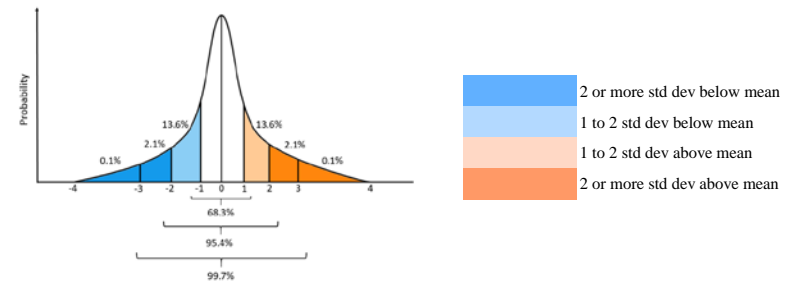
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BCBS QHP

2019 Cohort

Reporting Period: Jan 2019 - Jun 2019, run out through Sept 2019



	OneCare	HSA A	HSA B	HSA C	HSA D	HSA E	HSA F	HSA G	HSA H	HSA I	HSA J	HSA K	HSA L	HSA M
Cost Per-Member, Per-Month (PMPM)														
Inpatient Medical	\$25.36	\$23.92	\$35.82	\$13.64	\$21.90	\$37.85	\$16.33	N/A	N/A	N/A	\$27.77	\$44.78	N/A	\$14.80
Inpatient Surgery	\$77.05	\$48.83	\$69.46	\$124.74	\$101.55	\$82.76	\$147.50	N/A	N/A	N/A	\$87.00	\$99.29	N/A	\$59.17
Maternity	\$7.03	\$8.76	\$10.05	\$7.87	\$4.85	\$6.89	\$4.02	N/A	N/A	N/A	\$3.95	\$0.06	N/A	\$9.36
Outpatient Surgery	\$68.22	\$65.83	\$61.71	\$63.84	\$57.61	\$69.14	\$104.72	N/A	N/A	N/A	\$82.51	\$62.55	N/A	\$69.05
Emergency Department	\$31.28	\$29.84	\$35.93	\$35.03	\$24.33	\$37.05	\$30.47	N/A	N/A	N/A	\$32.50	\$36.28	N/A	\$34.25
Advanced Imaging	\$31.87	\$31.55	\$25.38	\$35.39	\$29.42	\$36.97	\$42.14	N/A	N/A	N/A	\$33.45	\$30.85	N/A	\$28.90
Pathology/Lab	\$29.51	\$25.34	\$33.69	\$31.25	\$30.18	\$25.49	\$32.93	N/A	N/A	N/A	\$37.37	\$34.19	N/A	\$30.92
Medical Pharmacy	\$64.19	\$77.20	\$73.01	\$47.80	\$41.14	\$53.87	\$86.11	N/A	N/A	N/A	\$62.25	\$46.73	N/A	\$49.32
DME and Supplies	\$5.64	\$5.46	\$3.96	\$4.23	\$6.52	\$7.81	\$6.65	N/A	N/A	N/A	\$5.79	\$5.25	N/A	\$5.37
Preventive ³	\$36.01	\$38.98	\$38.56	\$33.09	\$27.71	\$26.51	\$56.75	N/A	N/A	N/A	\$37.90	\$32.32	N/A	\$28.04

Footnotes:

¹ Confidential claims are not available for the BCBS QHP program at this time.

² "All other claims combined" represents several categories that individually account for a small percentage of the overall total cost. As a result the standard deviation was not calculated and outliers are not identified.

³ Preventive includes services such as colorectal cancer screenings, mammography and well care visits

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