

A Self-Funded
Evaluation

**YTD CLAIM ANALYSIS
PREPARED EXCLUSIVELY FOR:**

County of Hidalgo

January 1, 2021 - December 31, 2021

October 2021

Presented by



Insurance | Risk Management | Consulting

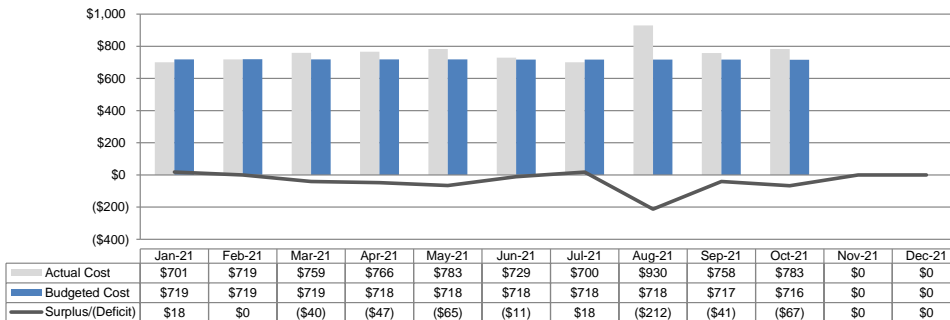
This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, 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.

Carrier: Aetna
Specific Deductible: \$300,000
Contract Type: Paid
Plan Year: 1/1/2021 - 12/31/2021

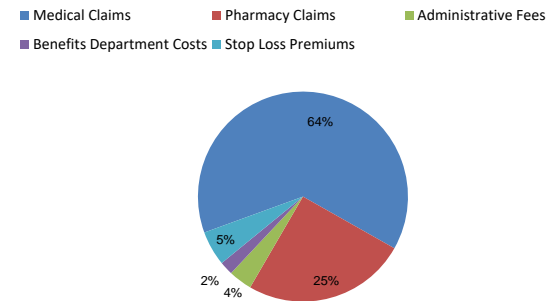
Paid Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Year-to-Date		
													Total	PEPM	
Enrollment															
Subscribers ¹	3,932	3,971	3,979	4,002	4,000	4,005	3,987	4,002	3,962	3,975	0	0		39,815	
Members ¹	6,792	6,846	6,845	6,865	6,847	6,855	6,823	6,824	6,733	6,730	0	0		68,160	
Contract Size	1.73	1.72	1.72	1.72	1.71	1.71	1.71	1.71	1.70	1.69	0.00	0.00		1.71	
Claim Payments															
Medical Claims	\$1,689,273	\$1,753,281	\$2,044,002	\$1,885,731	\$1,809,762	\$2,111,950	\$1,723,173	\$2,609,332	\$1,593,137	\$2,015,341	\$0	\$0		\$19,234,981	\$483.11
Pharmacy Claims	\$771,240	\$725,882	\$647,120	\$833,723	\$765,662	\$715,102	\$720,960	\$776,198	\$866,447	\$780,505	\$0	\$0		\$7,602,839	\$190.95
Stop Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0.00
Claim Wire Billing	\$0	\$45,000	\$0	\$0	\$202,515	(\$250,587)	\$0	\$0	\$202,500	\$0	\$0	\$0		\$199,428	\$5.01
Total Net Claim Payments	\$2,460,513	\$2,524,163	\$2,691,122	\$2,719,455	\$2,777,939	\$2,576,466	\$2,444,133	\$3,385,530	\$2,662,083	\$2,795,845	\$0	\$0		\$27,037,248	\$679.07
Total Net Claim Payments PEPM	\$626	\$636	\$676	\$680	\$694	\$643	\$613	\$846	\$672	\$703	\$0	\$0			
Fixed Costs															
Administrative Fees	\$108,006	\$109,077	\$109,297	\$109,928	\$109,873	\$110,011	\$109,516	\$109,928	\$108,830	\$109,187	\$0	\$0		\$1,093,652	\$27.47
Benefits Department Costs	\$26,757	\$60,446	\$58,122	\$72,522	\$83,176	\$70,033	\$75,586	\$63,366	\$70,956	\$46,258	\$0	\$0		\$627,221	\$15.75
Stop Loss Premiums	\$159,639	\$161,223	\$161,547	\$162,481	\$162,400	\$162,603	\$161,872	\$162,481	\$160,857	\$161,385	\$0	\$0		\$1,616,489	\$40.60
Total Fixed Costs	\$294,402	\$330,745	\$328,966	\$344,931	\$355,449	\$342,647	\$346,975	\$335,776	\$340,643	\$316,829	\$0	\$0		\$3,337,362	\$83.82
Total Fixed Costs PEPM	\$75	\$83	\$83	\$86	\$89	\$86	\$87	\$84	\$86	\$80	\$0	\$0			
Total Plan Cost	\$2,754,915	\$2,854,908	\$3,020,088	\$3,064,386	\$3,133,387	\$2,919,112	\$2,791,107	\$3,721,306	\$3,002,726	\$3,112,675	\$0	\$0		\$30,374,610	\$762.89
Contributions															
Employer Contributions ²	\$2,544,714	\$2,570,220	\$2,574,798	\$2,589,840	\$2,588,532	\$2,591,802	\$2,579,376	\$2,589,840	\$2,563,026	\$2,571,528	\$0	\$0		\$25,763,676	\$647.08
Employee Contributions ²	\$281,627	\$285,103	\$284,513	\$284,695	\$283,025	\$282,205	\$282,547	\$281,797	\$277,199	\$273,839	\$0	\$0		\$2,816,550	\$70.74
Total Contributions	\$2,826,341	\$2,855,323	\$2,859,311	\$2,874,535	\$2,871,557	\$2,874,007	\$2,861,923	\$2,871,637	\$2,840,225	\$2,845,367	\$0	\$0		\$28,580,226	\$717.83
Budget Comparison															
Budgeted Cost ²	\$2,826,341	\$2,855,323	\$2,859,311	\$2,874,535	\$2,871,557	\$2,874,007	\$2,861,923	\$2,871,637	\$2,840,225	\$2,845,367	\$0	\$0		\$28,580,226	\$717.83
Total Plan Cost	\$2,754,915	\$2,854,908	\$3,020,088	\$3,064,386	\$3,133,387	\$2,919,112	\$2,791,107	\$3,721,306	\$3,002,726	\$3,112,675	\$0	\$0		\$30,374,610	\$762.89
Surplus/(Deficit) (\$)	\$71,425	\$414	(\$160,777)	(\$189,851)	(\$261,831)	(\$45,106)	\$70,816	(\$849,669)	(\$162,501)	(\$267,307)	\$0	\$0		(\$1,794,385)	(\$45.07)
Variance from Projected (%)	97.5%	100.0%	105.6%	106.6%	109.1%	101.6%	97.5%	129.6%	105.7%	109.4%	0.0%	0.0%		106.3%	

(1) Most recent month of enrollment based on prior month
 (2) Estimated based on monthly enrollment and employer/employee contributions.
 (3) This exhibit does not reflect any of the enrollment, claims, or contributions associated with the indemnity plan.

Budget Comparison PEPM



Combined Plan Expenses

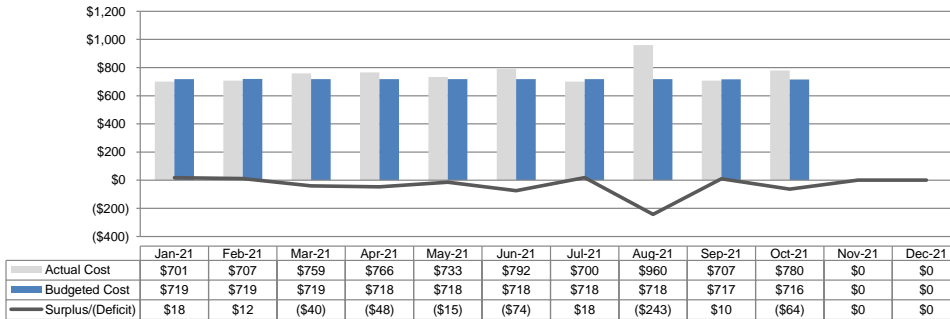


Carrier: Aetna
Specific Deductible: \$300,000
Contract Type: Paid
Plan Year: 1/1/2021 - 12/31/2021

Paid Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Year-to-Date	
													Total	PEPM
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Contract Size	1.73	1.72	1.72	1.72	1.71	1.71	1.71	1.71	1.70	1.69	0.00	0.00	1.71	
Claim Payments														
Medical Claims	\$1,690,030	\$1,752,298	\$2,044,305	\$1,886,247	\$1,809,109	\$2,113,185	\$1,723,023	\$2,730,947	\$1,593,173	\$2,001,713	\$0	\$0	\$19,344,031	\$485.85
Pharmacy Claims	\$771,633	\$725,882	\$647,120	\$833,723	\$765,662	\$715,102	\$720,960	\$776,243	\$866,447	\$780,505	\$0	\$0	\$7,603,277	\$190.97
Stop Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Total Net Claim Payments	\$2,461,663	\$2,478,180	\$2,691,425	\$2,719,971	\$2,574,771	\$2,828,287	\$2,443,983	\$3,507,190	\$2,459,619	\$2,782,218	\$0	\$0	\$26,947,308	\$676.81
Total Net Claim Payments PEPM	\$626	\$624	\$676	\$680	\$644	\$706	\$613	\$876	\$621	\$700	\$0	\$0		
Fixed Costs														
Administrative Fees	\$108,006	\$109,077	\$109,297	\$109,928	\$109,873	\$110,011	\$109,516	\$109,928	\$108,830	\$109,187	\$0	\$0	\$1,093,652	\$27.47
Benefits Department Costs	\$26,757	\$60,446	\$58,122	\$72,522	\$83,176	\$70,033	\$75,586	\$63,366	\$70,956	\$46,258	\$0	\$0	\$627,221	\$15.75
Stop Loss Premiums	\$159,639	\$161,223	\$161,547	\$162,481	\$162,400	\$162,603	\$161,872	\$162,481	\$160,857	\$161,385	\$0	\$0	\$1,616,489	\$40.60
Total Fixed Costs	\$294,402	\$330,745	\$328,966	\$344,931	\$355,449	\$342,647	\$346,975	\$335,776	\$340,643	\$316,829	\$0	\$0	\$3,337,362	\$83.82
Total Fixed Costs PEPM	\$75	\$83	\$83	\$86	\$89	\$86	\$87	\$84	\$86	\$80	\$0	\$0		
Total Plan Cost	\$2,756,065	\$2,808,925	\$3,020,391	\$3,064,902	\$2,930,220	\$3,170,934	\$2,790,958	\$3,842,966	\$2,800,262	\$3,099,047	\$0	\$0	\$30,284,669	\$760.63
Contributions														
Employer Contributions ²	\$2,544,714	\$2,570,220	\$2,574,798	\$2,589,840	\$2,588,532	\$2,591,802	\$2,579,376	\$2,589,840	\$2,563,026	\$2,571,528	\$0	\$0	\$25,763,676	\$647.08
Employee Contributions ²	\$281,627	\$285,103	\$284,513	\$284,695	\$283,025	\$282,205	\$282,547	\$281,797	\$277,199	\$273,839	\$0	\$0	\$2,816,550	\$70.74
Total Contributions	\$2,826,341	\$2,855,323	\$2,859,311	\$2,874,535	\$2,871,557	\$2,874,007	\$2,861,923	\$2,871,637	\$2,840,225	\$2,845,367	\$0	\$0	\$28,580,226	\$717.83
Budget Comparison														
Budgeted Cost ²	\$2,826,341	\$2,855,323	\$2,859,311	\$2,874,535	\$2,871,557	\$2,874,007	\$2,861,923	\$2,871,637	\$2,840,225	\$2,845,367	\$0	\$0	\$28,580,226	\$717.83
Total Plan Cost	\$2,756,065	\$2,808,925	\$3,020,391	\$3,064,902	\$2,930,220	\$3,170,934	\$2,790,958	\$3,842,966	\$2,800,262	\$3,099,047	\$0	\$0	\$30,284,669	\$760.63
Surplus/(Deficit) (\$)	\$70,275	\$46,397	(\$161,080)	(\$190,367)	(\$58,663)	(\$296,927)	\$70,966	(\$971,329)	\$39,963	(\$253,680)	\$0	\$0	(\$1,704,444)	(\$42.81)
Variance from Projected (%)	97.5%	98.4%	105.6%	106.6%	102.0%	110.3%	97.5%	133.8%	98.6%	108.9%	0.0%	0.0%		106.0%

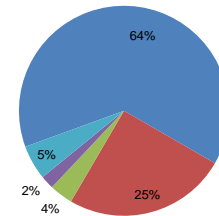
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Budget Comparison PEPM



Combined Plan Expenses

Medical Claims Pharmacy Claims Administrative Fees
Benefits Department Costs Stop Loss Premiums

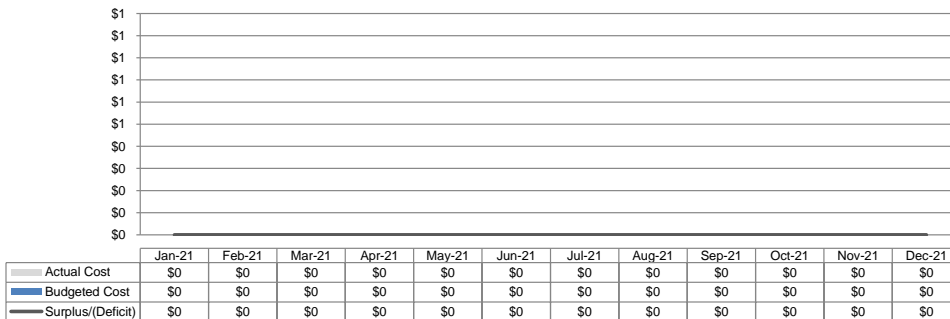


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Specific Deductible: \$300,000
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Plan Year: 1/1/2021 - 12/31/2021

Paid Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Year-to-Date		
													Total	PEPM	
Enrollment															
Subscribers ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Members ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Contract Size	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	N/A	
Claim Payments															
Medical Claims	(\$757)	\$983	(\$303)	(\$516)	\$652	(\$1,235)	\$150	(\$121,615)	(\$36)	\$13,627	\$0	\$0	(\$109,050)	N/A	
Pharmacy Claims	(\$393)	\$0	\$0	\$0	\$0	\$0	\$0	(\$45)	\$0	\$0	\$0	\$0	(\$438)	N/A	
Stop Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A	
Total Net Claim Payments	(\$1,150)	\$983	(\$303)	(\$516)	\$652	(\$1,235)	\$150	(\$121,660)	(\$36)	\$13,627	\$0	\$0	(\$109,488)	N/A	
Total Net Claim Payments PEPM	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Fixed Costs															
Administrative Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A
Stop Loss Premiums	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A
Total Fixed Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A	
Total Fixed Costs PEPM	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Total Plan Cost	(\$1,150)	\$983	(\$303)	(\$516)	\$652	(\$1,235)	\$150	(\$121,660)	(\$36)	\$13,627	\$0	\$0	(\$109,488)	N/A	
Contributions															
Employer Contributions ²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A
Employee Contributions ²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A
Total Contributions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A	
Budget Comparison															
Budgeted Cost ²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A
Total Plan Cost	(\$1,150)	\$983	(\$303)	(\$516)	\$652	(\$1,235)	\$150	(\$121,660)	(\$36)	\$13,627	\$0	\$0	(\$109,488)	N/A	
Surplus/(Deficit) (\$)	\$1,150	(\$983)	\$303	\$516	(\$652)	\$1,235	(\$150)	\$121,660	\$36	(\$13,627)	\$0	\$0	\$109,488	N/A	
Variance from Projected (%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

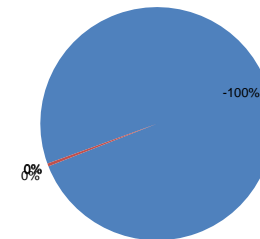
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(2) Estimated based on monthly enrollment and employer/employee contributions.

Budget Comparison PEPM



Combined Plan Expenses

Medical Claims Pharmacy Claims Administrative Fees Stop Loss Premiums



Carrier: Aetna
Specific Deductible: \$300,000
Contract Type: Paid
Plan Year: 1/1/2021 - 12/31/2021

Claimant	Plan	Relationship	Status	Diagnosis	Medical	Rx	Pooled Claim Amount	Total Paid Claims (YTD)
Claimant 1	Basic	Subscriber	Active	Thrombosis Due To Vascular Prosthetic Devices, Implants And Grafts, Initial Encounter	\$250,725	\$17,970	\$0	\$268,695
Claimant 2	Basic	Subscriber	Cobra	Bronchiectasis, Uncomplicated	\$221,169	\$31,821	\$0	\$252,989
Claimant 3	Basic	Subscriber	Active	Unspecified Open Wound Of Abdominal Wall, Unspecified Quadrant Without Penetration Into Peritoneal Cavity, Initial Encounter	\$197,961	\$53,581	\$0	\$251,542
Claimant 4	Basic	Spouse	Active	Multiple Myeloma Not Having Achieved Remission	\$1,823	\$235,609	\$0	\$237,432
Claimant 5	Basic	Subscriber	Active	Hypertensive Chronic Kidney Disease With Stage 5 Chronic Kidney Disease Or End Stage Renal Disease	\$226,821	\$9,933	\$0	\$236,754
Claimant 6	Basic	Subscriber	Active	Hypertensive Chronic Kidney Disease With Stage 5 Chronic Kidney Disease Or End Stage Renal Disease	\$231,065	\$1,150	\$0	\$232,215
Claimant 7	Basic	Child	Active	Restricted Diagnosis	\$212,780	\$50	\$0	\$212,829
Claimant 8	Basic	Subscriber	Retiree	Encounter For Screening For Malignant Neoplasm Of Colon	\$18,906	\$186,228	\$0	\$205,134
Claimant 9	Basic	Child	Active	Major Laceration Of Liver, Initial Encounter	\$200,267	\$361	\$0	\$200,628
Claimant 10	Basic	Subscriber	Active	Sepsis, Unspecified Organism	\$194,447	\$272	\$0	\$194,719
Claimant 11	Basic	Subscriber	Active	Atherosclerotic Heart Disease Of Native Coronary Artery Without Angina Pectoris	\$177,336	\$15,126	\$0	\$192,461
Claimant 12	Basic	Subscriber	Active	Nontraumatic Subarachnoid Hemorrhage From Right Posterior Communicating Artery	\$190,613	\$2	\$0	\$190,615
Claimant 13	Basic	Subscriber	Cobra	Infection And Inflammatory Reaction Due To Internal Fixation Device Of Other Site, Initial Encounter	\$177,889	\$4,527	\$0	\$182,416
Claimant 14	Basic	Subscriber	Active	Sepsis, Unspecified Organism	\$146,396	\$35,630	\$0	\$182,026
Claimant 15	Basic	Child	Active	Contracture, Right Knee	\$178,606	\$2,746	\$0	\$181,352
Claimant 16	Basic	Spouse	Active	Other Complications Of Procedures, Not Elsewhere Classified, Initial Encounter	\$133,386	\$26,102	\$0	\$159,488
Claimant 17	Basic	Subscriber	Active	Secondary Malignant Neoplasm Of Brain	\$158,812	\$519	\$0	\$159,331
Claimant 18	Basic	Subscriber	Active	Unspecified Infection Due To Central Venous Catheter, Initial Encounter	\$156,336	\$1,836	\$0	\$158,172
Claimant 19	Basic	Subscriber	Active	Acute Lymphoblastic Leukemia, In Remission	\$1,432	\$150,949	\$0	\$152,381
					\$3,076,769	\$774,411	\$0	\$3,851,180



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