



Village of Oak Park

REQUEST FOR PROPOSAL (RFP)

Agent of Record for Employee Benefit Programs

PRESENTED BY:

VistaNational Insurance Group, Inc.

1301 W. 22nd Street

Oak Brook, IL 60523

630-468-6507

Kahlil Hogan, Principal

July 9, 2021

Cover Letter

Dear Village of Oak Park Committee,

First and foremost, thank you for considering continuing your relationship with VistaNational as the employee benefits Broker of Record for The Village of Oak Park.

Founded in 1996, VistaNational has 25 full-time employees including our 5 Partners and President/CEO. The Executive Leadership Team, who are former BlueCross BlueShield (BCBS) executives, had the vision to develop VistaNational Insurance Group, Inc. and 25 years later we are reputed as an industry expert in the field of Employee Benefits. We increased our case count from 3 accounts in the beginning to over 250 accounts through June 2021 with a retention rate of over 95% annually. VistaNational is responsible for managing over \$200 Million in premium with the major insurance carriers. Collectively, our agency has over 200 years working in the insurance industry ranging from major insurance carriers; broker/consulting agencies, to third-party administrators; of which over 100 of those years were working for BCBS. VistaNational has designated Platinum Broker Status with United Healthcare (UHC), of which less than 1% of brokers nationally qualify, and Premier Producer with BCBS, resulting in more resources available on behalf of and for our clients. Additionally, we sit on their Advisory Boards as a means to help develop products and services to bring to the marketplace.

Delivering exceptional service and cost reduction strategies on behalf of our clients is our primary area of expertise. Our focus is the public entity market with employers ranging in size from 50 to 600 employees. Having worked for major insurance companies, we have insight into what good brokerage firms do well for their clients and what other agencies lack. VistaNational was born by incorporating the practices of those we admire by creating a business philosophy where our clients view us as an extension to their HR department. ***As an agency we are large enough to service, influential enough to be an invaluable negotiator, yet small enough to truly value our clients.*** We hold an A+ rating with the Better Business Bureau due to our strong presence in the industry as well as our ethics and values which we hold near and dear to everything we do as an agency and for our customers.

We understand the scope of services required by Village of Oak Park and are fully committed to exceed the Village's expectations of their broker. Throughout this RFP, you will come to see why VistaNational is best situated to act as Broker of Record for cities and municipalities and why our clients renew year after year with VistaNational.

Below are the names of the persons who will be authorized to make representations for the Proposer, their titles, addresses and telephone numbers.

David Schwimmer	CEO/President	schwimmerd@vistanational.com	630-468-6535
Kahlil Hogan	Principal	hogank@vistanational.com	630-468-6507
Cindy Bierovic	Sr. Acct Exec	bierovicc@vistanational.com	630-468-6524
Louisa Sassi	Sr. Account Mgr	Sassil@vistanational.com	630-468-6526
Katie Mulcahy	Concierge	mulcahyk@vistanational.com	630-468-6509
Jimi Grauberger	Wellness	graubergerj@vistanational.com	630-468-6548
Meghan Bowman	Compliance	bowmanm@vistanational.com	630-468-6529
Amber Marusarz	Financial Analyst	marusarza@vistanational.com	630-468-6514

Address: 1301 W 22nd. Street, Suite 600, Oak Brook, IL 60523
General Fax: (630) 468-6557

Provide an official signature of a Corporate Officer certifying the contents of the Proposer's responses to the Village's Request for Proposal.

Signed By:



Kahlil Hogan
Principal / Director of Operations
VistaNational Insurance Group, Inc.

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ITEMS A-G

A. Characteristics and Qualifications

- 1. Describe the history and organization of your firm. Include your main business (benefits consulting, actuarial consulting, asset manager, insurance provider, etc.), number of employees, number of offices, locations, and financial information.**

Founded in 1996, VistaNational has been in business for 25 years.

Founded in 1996, VistaNational has 25 full-time employees including our 5 Partners and President/CEO. Our office is located in Oak Brook, IL. The Executive Leadership Team, who are former BlueCross BlueShield (BCBS) executives, had the vision to develop VistaNational Insurance Group, Inc. and 25 years later we are reputed as an industry expert in the field of Employee Benefits. We increased our case count from 3 accounts in the beginning to over 250 accounts through June 2021 with a retention rate of over 95% annually. VistaNational is responsible for managing over \$200 Million in premium with the major insurance carriers. Collectively, our agency has over 200 years working in the insurance industry ranging from major insurance carriers; broker/consulting agencies, to third-party administrators; of which over 100 of those years were working for BCBS. VistaNational has designated Platinum Broker Status with United Healthcare (UHC), of which less than 1% of brokers nationally qualify, and Premier Producer with BCBS, resulting in more resources available on behalf of and for our clients. Additionally, we sit on their Advisory Boards as a means to help develop products and services to bring to the marketplace. We hold an A+ rating with the Better Business Bureau due to our strong presence in the industry as well as our ethics and values which we hold near and dear to everything we do as an agency and for our customers.

Each VistaNational team member has a vital role in making sure all areas of your employee benefit programs are operating efficiently. The depth of our team is designed to provide a comprehensive strategy built around meeting the financial needs of the Village and then exceeding the service needs for your HR and the employees. Our internal support team is available in the office daily. Our Claims Specialist is vital when billing questions arise and employees find themselves in need of an advocate who will assist in identifying and resolving issues so that your employees can focus on their business at hand. VistaNational staff are required to be licensed for Life, Accident, and Health insurance. To maintain that license, VistaNational staff are required to participate in 24 hours of continuing education classes and a three-hour ethics course every two years. The insurance carriers conduct regular educational meetings on-site to educate VistaNational employees on upcoming service enhancements available to VistaNational clients. This holistic approach is why we have been recognized as one of the leading mid-size agencies and are held in high regard throughout the industry.

- 2. Describe the office that will be designated to serve the Village's program and the services available at that office. If the firm intends to utilize other offices, describe the services they would provide for this account.**

Our office in Oak Brook is our primary location other than our satellite office in Munster, IN. The Oak Brook office would be responsible for servicing Village of Oak Park as it has been for the past 6 years. The services we have provided to the Village include the following:

- 1) Claim Resolution for Employees and dependents
 - 2) Cobra administration
 - 3) Wellness Consulting
 - 4) Assistance with membership issues
 - 5) Annual marketing review of all lines of coverage
 - 6) Review of Pharmacy Benefit Manager
 - 7) Review of Stop Loss levels
 - 8) Negotiating with current insurance carriers
 - 9) Plan Modeling and benchmark reporting
 - 10) Conduct Open Enrollment Meetings
3. **Name the principal and other key personnel who will be fully responsible for the account. Provide a resume or statement of professional qualifications, related educational background and professional certifications or the personnel assigned to this account. Also, list each person's title as it is conveyed professionally within the firm, and their particular area of expertise.**

David Schwimmer, (President & CEO)

David is the founder of VistaNational Insurance Group, and serves as a Senior Broker/Consultant, Principal, and President and CEO of the Firm. He personally manages the underwriting and rate negotiating for many of VistaNational's groups. Prior to founding VistaNational, David spent 10 years with Blue Cross Blue Shield of Illinois (BCBS) as a senior marketing representative. His training and experience with BCBS gives him extensive knowledge of the products and underwriting practices of insurance carriers. After leaving his position as a carrier executive, David ventured into a partnership with a brokerage firm for 10 years. He founded VistaNational in November 1996. Collectively, he has more than three decades of carrier and consulting experience. Graduate of the University of Arizona, BS Healthcare Administration.

Kahlil Hogan (Principal/Director of Operations)

Kahlil Hogan is the Director of Operations and a Principal of the firm. He is responsible for overseeing the operations of the organization, which includes managing the various departments. In addition, he maintains a book of public entity clients where he maintains the high quality of Vista's benefits practice, including strategic benefits planning, financial analysis, renewal negotiations, and carrier performance. Kahlil worked for Blue Cross Blue Shield for seven years as a Senior Account Executive and Underwriter before joining VistaNational in 2004. Kahlil will be responsible for overseeing the financial analysis that is performed by our in-house Financial Analyst, as well as developing the underwriting models for your account and working in tandem with David Schwimmer when negotiating with the carriers. He will also ensure that the account team is meeting all of the objectives set forth to deliver on our promise in providing excellent service.

Cindy Bierovic, (Senior Account Executive)

Cindy is a seasoned Senior Account Executive specializing in comprehensive employee benefits, client services and account management. Cindy has over 26 years of experience in the group health insurance field as an account executive and benefit consultant, managing group health account's ranging in size from individual to large, complex corporate groups, along with school

and municipal cooperatives. Prior to joining the Vista National team in 2018 Cindy worked for over 22 years as an account executive in the Illinois Group Markets division of Blue Cross Blue Shield of Illinois.

Louisa Sassi (Senior Account Manager)

Louisa is VistaNational's Senior Account Manager. Her responsibilities include working with both employers and employees on administration and benefits. Louisa worked for Blue Cross Blue Shield (BCBS) for seven years prior to joining VistaNational in 1999.

Katie Mulcahy (Senior Claims Specialist)

Katie is a Claims Specialist with VistaNational. She helps to navigate the complexity of medical billing and carrier claims processing. She facilitates the resolution of carrier issues (eligibility, claims, and billing), helping to ensure accurate benefits for our members. Katie came to VistaNational in 2016 with a background in student healthcare, marketing and business development.

Jimi Grauberger (Wellness Coordinator)

Jimi is the Wellness Coordinator for VistaNational. She graduated with a degree in Health Sciences from the University of Missouri and joined the Vista Team in 2020. Jimi's responsibilities include assisting clients in developing and implementing Wellness and Preventive Care Programs to create the greatest workforce health impact and return on investment.

Meghan Bowman (Senior Marketing Specialist / Compliance Officer)

Meghan is a Marketing Specialist/Compliance Officer with VistaNational. She is a graduate from Illinois State University and expanded her education in Business Administration when she joined the Vista Team in 2015. Meghan's responsibilities include marketing for our existing client benefit packages, entering the competitive data for analysis, and monitoring regulatory requirements to ensure compliance.

Amber Marusarz (Financial Analyst)

Amber has served as a Financial Analyst with Vista for over three years. Her responsibilities include working with the Springbuk system to assess risk, forecast costs, and identify opportunities to improve plan design and member engagement. Additionally, she analyzes financial data and creates financial models for decision support.

4. **Attach a summary of the firm's premium volume for the past three years for employee group medical insurance coverage that includes dental and prescription plans if applicable.**

Of VistaNational's approximate \$200,000,000 in annual premium with the medical carriers, approximately 40% of those annual premiums are with municipalities. VistaNational has held this volume of premium for the last five years.

VistaNational's track record for our public clients include renewal increases below trend, year-over-year. This is a result of our background having worked for major insurance carriers.

5. **Provide a copy of your firm's current financial statement.**

See attached Financial Statements.

6. Indicate if insurance coverage can be effective by January 1, 2022, assuming your firm is selected and approved by the President and Board of Trustees

Yes, if approval of broker selection is done by late July, early August, then that will give us plenty of time to complete the marketing process and implement any plan and/or carrier changes by January 1, 2022.

B. Conceptual Strategy

- 1. Review existing health insurance and related programs and conduct a risk analysis. Make recommendations for plan changes in plan provisions, alternate service delivery systems, financing alternatives, employee contributions, and other areas, as appropriate.**

It has been an honor and a privilege to have been selected by The Village of Oak Park as your broker/consultant since 2015. Upon being hired, our first order of business was to review the existing programs, claims experience, and funding mechanisms in place. Through that analysis, we discovered some inefficiencies with respect to products and cost. The PPO plan through Blue Cross Blue Shield of Illinois (BCBSIL) was administered under an ASO (Administrative Services Only) arrangement while the HMO was administered under a Cost-Plus arrangement. This meant that the two plans were being looked at independently, as opposed to as one large group. Additionally, the pharmacy benefit for the PPO was administered through Optum Rx while the HMO was administered through BCBSIL's Prime Therapeutics. Because the prescription drug benefit was handled outside of BCBSIL, the Stop Loss did not include coverage for prescription drugs on the PPO, which left The Village of Oak Park exposed financially against any large claimants with high Rx utilization.

VistaNational's experience in working with large groups on both the carrier side as well as on the broker side, gave us the experience needed to have this situation corrected with BCBSIL. We placed both the PPO and HMO under a unified Cost-Plus self-funded program where the entire group was looked at as one. This led to more favorable underwriting pricing due to economies of scale, greater protection with the inclusion of Rx under the PPO and HMO stop loss coverage, and an appropriate setting of Premium Equivalent rates, which allowed the Village to more accurately predict their costs and move to a more sustainable health fund with adequate reserves to handle more than 6 months of claims.

- 2. Describe your conceptual plan for the Village's health insurance and related benefit program. Include general coverage terms, exclusions, market capacity and constraints, risk retention or appropriate self-insurance levels, approximate premiums, retrospective rating plans and deductibles.**

As stated in our above analysis, our goal is to ensure that the health plans are performing at or below budget. We benchmark our other municipal clients, as well as receive benchmark data from sources such as UBA (United Benefit Advisors) and SHRM (Society for Human Resources Management) to assist with making the necessary plan design changes needed to keep up with inflation and industry norms. Our agency just recently signed on with a data analytics platform called SpringBuk at the beginning of 2021. Our goal, if selected to be retained as broker/consultant for The Village of Oak Park, will be to implement this software and begin mining the claims on the Village's PPO plan. Unfortunately, BCBSIL does not allow us to analyze the HMO data in the same fashion, but considering the fact that the PPO is the highest cost driver, we are confident that this information will provide us and the Village with the insight to make the appropriate cost-containment suggestions to further reduce health care trends. We

will have information mined on a monthly basis with the help of our Financial Analyst, Amber Marusarz, and will report out how this data can be used to identify utilization trends, promote targeted wellness initiatives, and incent the proper use of medical services at the appropriate time. What is even more impactful will be our ability to mark when specific initiatives were put into place in order to measure the results in determining the ROI.

3. Describe the performance guarantees that your firm will make if awarded a contract with the Village.

While we do not currently have any performance guarantees in place, we are more than willing to formalize something that meets the Village's expectations. We had an unfortunate series of events take place in the last 12 to 18 months that has created additional time and energy on the part of the Village's administrative staff due to serious eligibility issues within Met Life's worksite products. Additionally, we implemented a telemedicine service through 1800MD during the Covid lockdown months, in hopes of providing employees and their dependents with a means to access medical care virtually for basic health ailments. Unfortunately, that service didn't gain any traction and lead to difficulties in retroactively terminating that contract, which was eventually done.

As your broker/consultant, we understand that these vendor recommendations do not look favorably on us, as we have attempted to fix the problems while at the mercy of the carriers to execute. It is our hope that if given the chance, we will help conduct an extensive RFP for a new worksite vendor and telemedicine provider.

4. Provide a detailed work plan for implementing new insurance or related benefit programs. The work plan must include a list of all tasks to be performed, the party responsible for accomplishing the task, the date on which the task needs to be accomplished in light of January 1, 2022 implementation date cited above in #A6.

See Attached Renewal Timeline for 1/1/2022

5. The Village of Oak Park's benefits, human resources and payroll administration is currently maintained and executed using UKG and BS&A. Describe your experience working with these programs.

VistaNational's experience working with UKG/Kronos has been challenging at times. UKG is not preferred regarding customer support, training or immediate guidance to correct errors on file feeds.

BS&A is a valuable tool that allows access to municipal services and important information as it relates to local government.

6. Describe any web-based or internet interfaces or access means Village staff will have to third party administrators or insurance carriers for the purposes or enrolling, terminating, or checking on the status of employees' benefit elections.

VistaNational is licensed to sell Employee Navigator which is an online enrollment system that integrates with existing payroll and HRIS platforms. This system provides the ability to house employee benefit information for the purposes of viewing benefits, in addition to the option to

use the system for enrollment purposes, benefit election changes, termination of coverage, and more. We brought up this option to the Village of Oak Park in the past, but it appeared that the decision was made to use Kronos as the enrollment platform moving forward. We are more than happy to revisit that option of integration via Employee Navigator if the Village chooses.

7. Describe your firm's experience conducting employee orientation and education sessions. Describe your plan for conducting such sessions with Village employees.

We pride ourselves in being experts in conducting employee orientation and education sessions as it is something our agency has been conducting since opening our doors back in 1996. Even in this tech age of everything being done via online platforms, we still understand the importance of speaking in front of a room of people to explain the benefits they have available to them, in addition to added benefits included within the insurance products offered, while being available to answer any questions on a group or individual basis. We have been conducting meetings with the Village of Oak Park's employees since 2015. Each year we review the benefits with each collective bargaining group over a period of several days. During those meetings, we project the benefits for each plan (medical, dental, life, vision, etc.) and we answer questions employees have.

C. Insurance Marketing Service

1. List all major insurance companies your firm has strong relationships with related to employee group medical insurance coverage.

We have over 100 years of experience having previously worked for BCBSIL. As such, we have developed a strong partnership with them as a carrier due to their market presence our overall volume of business with them. We are classified as a Premier Producer with BCBSIL, which is something only a select few brokerage firms in the State are a part of. Additionally, we are classified as a Platinum Producer with United Healthcare (UHC) due to our large volume of business with them being the number two carrier in Illinois with respect to market share. Our agency is on the Broker Advisory Board for both BCBSIL and UHC, which provides us with insight into market trends, product development, and more, before it is released to the community at large. This provides us with a unique advantage over many of our competitors by bringing the latest solutions to our clients. We also have a great relationship with both Cigna and Aetna. While we have some clients with Humana, they are probably last on our list when it comes to market share and volume of business. In addition to the major health insurance carriers, we also have a fair amount of business with a variety of Third-Party Administrators (TPAs) for our larger self-funded groups. We work with Allied Benefits, BAS, and UMR. One of our clients moved to a referenced-based pricing (RBP) model through a plan called ELAP. This is an emerging product that allows plans to reimburse providers based on a Medicare payment schedule, which will traditionally be about 30 to 40% lower in cost than a traditional carrier PPO network.

2. Describe your access to the licensed, excess or surplus lines markets.

Our agency will routinely shop outside reinsurance carriers to insure that the Stop Loss protection and pricing is priced appropriately for the risk each group is willing to take on. We work with such carriers as Sun Life, Symetra, Optum Stop Loss, Voya (aka ING), and Reliance Standard, to name a few. We have some clients where we made the recommendation to carve the Stop Loss coverage away from the commercial carrier and place it with an outside Stop Loss carrier for substantial savings.

3. Describe the insurance marketing expertise of your servicing office and the firm with respect to municipalities and particularly those that are highly unionized similar as the Village of Oak Park.

VistaNational has provide the Village of Oak Park with the following services upon being appointed broker of record back in 2015:

Data Analysis:

- Complete review of the last 3 years of Blue Cross Blue Shield renewals (looking for past underwriting errors and/or inflated cost)
- Complete review of current utilization of high-cost services (i.e. Emergency room, therapy benefits, prescription drugs)

- 3-Year Financial accounting of profitability with Blue Cross Blue Shield
- Quarterly financial reviews of claims data
- Early renewal projection six months out from renewal

Annual Renewal Process:

- Request updated census information from Human Resources 120 days in advance of renewal anniversary dates.
- Send Request of Proposals (RFPs) for all product lines out to the markets
- Request renewals from carriers (for all product lines) 90-days in advance of renewal anniversary dates
- Upon receipt continually work with the incumbent carriers to negotiate cost projections through in-depth analysis of Underwriting exhibits (i.e. discount projections, large claim violations, weighting periods, increase to manuals/credibility factors, change in admin fees, stop loss pricing, access fees, and risk charges)
- Negotiate with markets for competitive quotes and leverage markets with incumbent carriers' renewal projections.
- Prepare presentation for client review

Compliance:

- Updates to legislative changes in industry
- Seminars as needed hosted by our Benefits Attorney
- Access to templates (i.e. benefit handbooks, etc.) through online HR Portal (Mineral fka ThinkHR).

Services:

- Provide toll-free assistance to all of your employees for any benefit related inquires (i.e. claim resolution, eligibility issues, etc.)
- Free Cobra Administration
- Customized Employee Brochures
- Dedicated Account Service team
- Availability of On -line Web-based Employee Benefits portal
- Voluntary Annual On-site Wellness Screenings (consisting of Health Risk Assessment, Blood Draw, and Blood Pressure screening)
- EAP services

Strategic Thinking:

- Benchmarking/Forecasting/Modeling tools (i.e. contribution strategies, plan designs like Consumer Driven Health Plans)
- Analysis and comparison of Industry-specific Cost and Benefits
- Through 5-year planning, work towards maximizing wellness initiatives and return on investment by incorporating claim feeds from carriers to our wellness vendors in

an effort to demonstrate correlation between improved health and lower claim cost. This is something we hope to accomplish with The Village of Oak Park, as we have started this process in the past but due to turnover over the years, we haven't been able to get it off the ground.

- 4. Describe as well as submit information concerning the firm's access to specialized technical expertise to assist in identifying and analyzing problems in various areas. It is not essential that such expertise be "in-house"; the important point is for the firm to be able to demonstrate that it knows how to or can obtain such technical assistance should it be needed.**

VistaNational Insurance Group has recently signed on with a data analytics platform called SpringBuk. This system is designed to gather data from the vendors of choice such as medical, pharmacy, wellness, disease-management, etc., and provide an output of data that identifies specific utilization trends, forecasts high-cost claimants through artificial intelligence (AI), and highlights gaps-in-care for "at-risk" individuals who are non-compliant with their medication, check-ups, etc. Our office has a Financial Analyst on staff that helps gather and interpret the data so that what we present to our clients is clear, concise, and contains actionable items to help address areas of concern. Additionally, we have contracted with an outside consultant to also review the data and provide relevant insight through the platform, that, in conjunction with our in-house Financial Analyst, provides a comprehensive ongoing discussion around plan design, wellness initiatives, etc. Lastly, with this software, we can measure the results of programs, plan design changes, etc., to determine its effectiveness and ROI.

See attached Analytic Platform.

D. Service to Account

- 1. Provide examples of Quarterly Reports and an Annual Reports for the Village of Oak Park including, among other relevant information, the complete accounting of fees or commissions earned on the account; a cumulative quarterly and annual premium and loss record; observations on relevant changes in the insurance market or industry and recommendations for potential cost savings for the Village; observations on loss exposures facing the Village and recommendations for minimizing such losses; and insurance policy summaries. If available, please attach a copy of an annual report previously prepared by your firm for a municipality.**

See attached Year-End Quarterly Review for Village of Oak Park

- 2. Describe the form and substance of quarterly and annual meetings with the Village including the form and substance of meetings you conduct with major insurance carriers to discuss Village plans.**

Our goal is to show year-over-year change in the average total cost on a per employee per month basis. We then provide an executive summary to show where the increase or decrease in cost is attributed to from change in specialty pharmacy costs, to changes in demographics. The action items come when we then provide pricing for plan options based on benchmark data, to keep up with inflationary trends such as 4th tier Rx coverage for specialty pharmacy. With respect to the major insurance carriers, before covid, our practice was to meet with the Account Executive and Underwriters face-to-face, to review plan performance, utilization, etc, during the renewal negotiation process. VistaNational will showcase examples of other clients' pricing and claim projections as a tool to help provide better pricing for the Village of Oak Park's programs.

- 3. Describe the range of claim management services provided by the servicing office and your firm.**

Through our extensive analysis of cost and setting the appropriate Premium Equivalent rates for The Village of Oak Park, we have been successful in keeping their overall cost on a Per Employee Per Year (PEPY) basis relatively flat from 2015 through 2020 at approximately \$16,113.24 PEPY, and a reserve amount in excess of \$4.5 Million dollars, which is higher than the recommended amount of \$2.76 Million our office calculated to be approximately 6 months of claims.

As it relates to individual employee claim issues that require resolution, our office's Claims Concierge Department, has been instrumental in resolving over \$10,300 in recoveries for the employees of the Village of Oak Park from 2015 through 2nd quarter 2021. These are monies that the employees would have been out-of-pocket if not for the service our agency provides which is above and beyond what any of our competitors offer. In addition to contacting our office via phone or email, employees and their dependents can download our free mobile app called Vista MD Claim Helper on any apple or android device. From there they input their basic information,

take a picture from their phone, and submit their claim inquiry through our HIPAA secure portal, where a member of our Concierge Department will get back to them within 24 to 48 hours to initiate the process. This allows the employee to go back to work while our office handles the red-tape of insurance.

- 4. Describe your business management information systems to provide and maintain the Village's loss information. Provide examples of tables, charts, reports, graphical presentations or any other medium you use for conveying information.**

See attached Year-End Quarterly Review for Village of Oak Park

- 5. Describe your ability to produce an annual "benefits statement" to all employees that describes employee insurance benefits as well as additional benefits provided by the Village. A list of Village benefits and pertinent data will be provided to the firm to supplement insurance benefit information. Such statements shall include a benefit description of each benefit, the dollar value of each benefit to the employee, how the value is calculated, when the benefit is realized, and the party responsible for achieving or providing the benefit.**

VistaNational has a proprietary software that provides customized benefit statements for each employee of an organization. All we need is a payroll extract report with the information needed to populate the customized statements. We find those statements to be valuable to showing employees their total compensation above and beyond just their salary. Once benefits and other items are included, it tends to be a real eye opener for employees which can help with both recruitment and retention. While this service has not been utilized by The Village of Oak Park in the past, we would like to re-evaluate the need and discuss the possibility of providing that service in the future, should we be retained as broker of record.

See attached sample "benefit statement"

E. Risk Evaluation and Control

1. Describe any exposure identification and evaluation assistance that is contemplated in your brokerage service to the Village.

As stated in a previous response, when evaluating the risk of claim exposure, etc., within the Village of Oak Park's data, we employ the assistance of both our internal Financial Analyst as well as our outside consultant, Symplaris. We feel the combination of those two resources allows us to provide a comprehensive solution to whatever exposure is identified.

2. Indicate any training, education or other technical or employee services available from your firm and the servicing office, as well as the frequency with which such services are available.

Vistanational is known for their ongoing educational programs and training that we offer to our clients. On a bi-annual basis (or more if necessary) we conduct seminars for our clients to inform them about changes to marketplace, upcoming trends and legislative updates. On an as needed basis, we also provide webinars to inform our clients about upcoming changes to healthcare. Our most recent webinar was in regards to changes in the Cobra laws due to ARPA.

3. Describe your capacity, ability and experience offering corporate wellness programs to promote healthy lifestyles and reduce exposure to long-term health costs resulting from chronic or episodic conditions.

We customize programs for each client. Our wellness coordinator, Jimi Grauberger, will review the unique needs of the Village and create a program specific to its needs. Our wellness services range from an annual biometric screening to year-round wellness program including walking programs, smoking cessation programs, flu-shots, all tied to outcome-based incentives via employee contribution reductions. Our office has worked on a few wellness programs with The Village of Oak Park in the past including wellness workshops/seminars for its employees. Our long-term goal would be to allow Jimi to work with the Village to establish a Wellness Committee within the Village. From there, we would be in position to work through a 5-year strategy that would include annual biometric screenings and year-round wellness programs to increase engagement and participation. Ultimately, we would incorporate that data into our SpringBuk data analytics platform to measure the effectiveness of the programs for true ROI.

F. Reference List

- 1. Provide evidence of the firm’s experience in providing service for other unionized municipalities with coverage or programs comparable to the Village of Oak Park, as well as a description of any underwriting procedures or special plans which have been used to service other accounts.**

VistaNational is currently managing the benefits for more than two dozen schools and villages that are over 300 lives. They are all experience-rated, and many of which are ASO or partially self-funded, with Stop Loss protection provided on both a Specific and Aggregate basis. Altogether, Village of Oak Park’s dedicated VistaNational team will have more than 40 years of experience working closely with more than two dozen public sector clients with various funding arrangements. It is through your dedicated team’s previous experience working for both BCBS and at VistaNational Insurance Group that affords them the ability to effectively negotiate the lowest price possible for our clients.

Our annual analysis includes our presenting competitive proposals for your stop-loss carriers and pharmacy benefits manager (PBM). We also include a network analysis to help you identify if there is a better doctor/hospital network available for the employee’s specific locations.

We recognize the difficulty of changing benefits due to union contracts, we also understand that part of the bargaining process with union groups include benefits and cost. As a result, we arm our customers with benchmarking statistics to demonstrate how the Village compares to other groups we have as customers as it relates to plans offered, plan designs, contribution amounts for employees, etc. This information is effective as a way to retain existing employees and the recruitment of new ones. It is also valuable when needing to recommend plan changes to get the plans more in line with your counterparts. We have an internal system within our agency that allows us to accurately price plan change options to show projected cost savings. We also offer preliminary renewal projections to provide the Village of Oak Park with an estimation of renewal costs six months in advance of the renewal anniversary date. We are sensitive to union restraints; however, we have successfully added types of programs such as less expensive PPO programs or High Deductible PPO plans with an HSA tax-sheltered savings vehicle to other groups and, in turn, have reduced the overall costs over time.

- 2. List other accounts the firm has served and indicate whether the Village of Oak Park may independently contact such accounts for an appraisal of comparable services they have received from your firm.**

Arlington Heights Park District
Barrington Park District
Bellwood School District #88
Bensenville Park District
Bolingbrook Park District
Buffalo Grove Park District
Butler School District #53
Calumet Memorial Park District
Carol Stream Park District
Channahon Park District

City of North Chicago
Cook County School District #154 (Wolcott School)
Crete-Monee School District 201-U
Crystal Lake Park District
Des Plaines Park District
Elk Grove Park District
Fremont School District #79
Harvey Public Schools District #152
Hazel Crest School District #152.5
Homer Township
Homewood Flossmoor Park District
Kirby School District #140
Lan Oak Park District
Proviso Township High Schools District #209
South Holland School District #151
St. Charles Park District
Village of Bedford Park
Village of Bolingbrook
Village of Dolton
Village of Dwight
Village of Oak Brook
Village of Oak Park
Waukegan Township
West Harvey-Dixmoor School District #147

The Village of Oak Park may contact any of the groups listed above as references. Please let us know which group you wish to contact, and we will supply the contact information for those specific groups.

3. List the municipalities or public entities your firm has served, and the degree to which they are (were) unionized. Describe the method or process by which changes were made in different unions.

While VistaNational services more than 250 clients in total, the groups listed in question #2 above includes are public entity business, all of which are unionized. The method by which we are successful in making benefit changes or other changes within these groups is to formulate an insurance committee, if one isn't currently in place, and meet quarterly with that committee which consists of the various collective bargaining groups. The purpose of those meetings is to help them to understand how insurance works and the impact of cost on the organization overall. This process has been effective in getting agreement from unions to implement cost-savings strategies within their health plan from benefit reductions to wellness programs.

G. Fee Structure

- 1. Describe the method(s) by which your firm is compensated, such as fees, commissions or a combination of both. Also, indicate your firm's willingness to work on a fee basis.**

Our agency is compensated in anyway that the client is comfortable. With most of our public entity business, we are paid on both a fee basis and commission basis depending on the products offered, which is the case with The Village of Oak Park. Our contract stipulates that we are paid a direct consulting fee from The Village of Oak Park for the health insurance plans; however, we also receive a flat 4% commissions which is included in the dental premiums, and standard commissions included in the worksite products administered by Met Life. Additionally, we receive agency override bonuses from the majority of the carriers we work with due to our volume of business. Such overrides are not directly included in the premiums paid to the carriers by The Village of Oak Park. VistaNational is more than willing to work exclusively on a fee basis.

- 2. Submit the hourly billing rates of all personnel to be assigned to the project. This information will be used to negotiate modifications to work contained in the Scope of Work.**

We do not charge an hourly billing rate for our services. All of our services are currently included within our current agreement with The Village of Oak Park. Many of our services come at a direct cost to our agency, which we absorb on behalf of the Village. Our current fee is \$39,000 annually for the health insurance and 4% of the dental premium. The worksite product commissions are generally 1st year commissions that reduce to around 2% to 3% in years 2 and beyond. As an act of good faith having worked with The Village of Oak Park for the past six years, VistaNational is willing to reduce our fees down to a flat **\$25,000** on a fee basis for all lines of coverage and removing commissions from any products offered. That fee will be the only revenue collected and will continue to include all of the services previously provided and that we will continue to provide going forward, including SpringBuk's data analytics platform for plan performance measures.

- 3. Submit other pricing/cost data necessary to carry out this project, including justification for any data submitted.**

N/A

- 4. If the firm provides unique or proprietary services, submit a description of such services and the fee including fixed price and/or hourly billing rates. Make all fee and pricing proposals on Section I, Proposal Form. If additional space is required, please include attachment behind the proposal form.**

N/A

LICENSE

VISTA NATIONAL INSURANCE GROUP INC
1415 W 22ND ST STE 1000
OAK BROOK IL 605232029

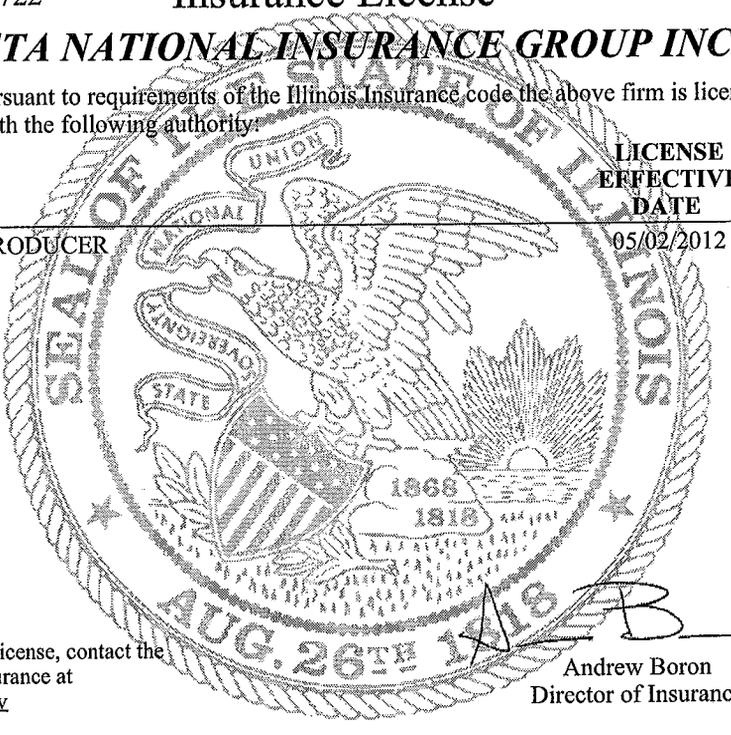
**State of Illinois
Insurance License**

License No: 100299722

VISTA NATIONAL INSURANCE GROUP INC

This is to certify that pursuant to requirements of the Illinois Insurance code the above firm is licensed to do business in the state of Illinois with the following authority:

LICENSE TYPE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
BUSINESS ENTITY PRODUCER	05/02/2012	05/31/2014



For questions regarding a license, contact the Illinois Department of Insurance at DOI.licensing@illinois.gov


Andrew Boron
Director of Insurance

ATTACHMENTS



**REVIEW REPORT
FOR THE YEAR ENDED DECEMBER 31, 2020**

VistaNational Insurance Group, Inc.
Review Report
For the Year Ended December 31, 2020

Table of Contents

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Statement of Stockholders' Equity	6
Statement of Cash Flows	7
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Selden Fox

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p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

Board of Directors
VistaNational Insurance Group, Inc.
Oak Brook, Illinois

We have reviewed the accompanying financial statements of **VistaNational Insurance Group, Inc.** (Company), which comprise the balance sheet as of December 31, 2020 and 2019, and the related statements of income, stockholders' equity, and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance as a basis of reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

Accountant's Conclusion

Based on our review, except for the issues noted in the Known Departures From Accounting Principles Generally Accepted in the United States of America paragraph, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Known Departures From Accounting Principles Generally Accepted in the United States of America

As disclosed in Note 6 to the financial statements, accounting principles generally accepted in the United States of America require that a contribution of capital by the principal stockholder be handled with an offsetting charge accounting for the fair value in the same manner as a compensatory plan adopted by the Company. The effect of this departure from accounting principles generally accepted in the United States of America on financial position, results of operations, and cash flows is shown in Note 6.

As discussed in Note 7 to the financial statements, accounting principles generally accepted in the United States of America require the Company to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the Company expects to be entitled in exchange for those goods or services. Management has not applied this principle of revenue recognition, therefore, information about the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers may be misstated. The effects of this departure from accounting principles generally accepted in the United States of America on financial position, results of operations, and cash flows have not been determined.

Limitations of the Financial Statements

Because the significance and pervasiveness of the matters described in the second paragraph of the Known Departures From Accounting Principles Generally Accepted in the United States of America section of this report makes it difficult to assess their impact on the financial statements, users of the accompanying financial statements should recognize that they might reach different conclusions about the Company's financial position, results of operations, and cash flows if they had access to revised financial statements prepared in accordance with accounting principles generally accepted in the United States of America.

Selden Fox, Ltd.

March 9, 2021

VistaNational Insurance Group, Inc.
Balance Sheet
December 31,

	2020	2019
Assets		
Current assets:		
Cash	\$ 1,130,938	\$ 830,663
Trade receivables	631,748	767,013
Total current assets	1,762,686	1,597,676
Property and equipment:		
Leasehold improvements	86,676	86,676
Furniture and fixtures	353,507	353,507
Computer equipment	114,091	132,044
	554,274	572,227
Less accumulated depreciation and amortization	(443,943)	(414,155)
Net property and equipment	110,331	158,072
Other noncurrent assets:		
Deposits	14,648	14,648
Total assets	\$ 1,887,665	\$ 1,770,396

See accompanying notes and independent accountant's review report.

Liabilities and Stockholders' Equity	2020	2019
Current liabilities:		
Accounts payable:		
Trade	\$ 41,755	\$ 112,786
Stockholders	44,340	54,597
Contributions due to 401(k) plan	8,626	8,592
Accrued compensation and payroll taxes	192,795	194,263
Total current liabilities	287,516	370,238
Payroll Protection Program loan	504,922	-
Deferred rent	33,653	51,869
Total liabilities	826,091	422,107
Stockholders' equity:		
Common stock:		
Class A \$.01 per share; authorized - 1,000,000 shares; 741,434 issued and outstanding	7,415	7,415
Class B \$.01 per share; authorized - 1,000,000 shares; issued - 450,000 shares	4,500	4,500
Additional paid-in capital	111,293	111,293
Retained earnings	938,366	1,225,081
Total stockholders' equity	1,061,574	1,348,289
Total liabilities and stockholders' equity	\$ 1,887,665	\$ 1,770,396

VistaNational Insurance Group, Inc.
Statement of Income
For the Year Ended December 31,

	<u>2020</u>	<u>2019</u>
Commission revenue	<u>\$ 6,245,971</u>	<u>\$ 6,966,490</u>
Operating expenses:		
Cost of revenue	1,852,660	1,929,747
Administrative	3,693,917	3,923,974
Management	<u>278,247</u>	<u>329,966</u>
Total operating expenses	<u>5,824,824</u>	<u>6,183,687</u>
Net operating income	421,147	782,803
Other revenue - interest income	<u>5,801</u>	<u>8,169</u>
Net income	<u>\$ 426,948</u>	<u>\$ 790,972</u>

See accompanying notes and independent accountant's review report.

VistaNational Insurance Group, Inc.
Statement of Stockholders' Equity
For the Year Ended December 31,

	Common Stock		Additional Paid-in Capital	Retained Earnings	Total
	Class A	Class B			
Balance, December 31, 2018	\$ 7,415	\$ 4,500	\$ 117,599	\$ 920,266	\$ 1,049,780
Return overpayment of stock purchase	-	-	(6,306)	-	(6,306)
Net income	-	-	-	790,972	790,972
Distributions	-	-	-	(486,157)	(486,157)
Balance, December 31, 2019	7,415	4,500	111,293	1,225,081	1,348,289
Net income	-	-	-	426,948	426,948
Distributions	-	-	-	(713,663)	(713,663)
Balance, December 31, 2020	\$ 7,415	\$ 4,500	\$ 111,293	\$ 938,366	\$ 1,061,574

See accompanying notes and independent accountant's review report.

VistaNational Insurance Group, Inc.
Statement of Cash Flows
For the Year Ended December 31,

	<u>2020</u>	<u>2019</u>
Cash flows from operating activities:		
Net income	\$ 426,948	\$ 790,972
Adjustments to reconcile net income to net cash provided from operating activities:		
Deferred rent	(18,216)	(14,592)
Depreciation and amortization	53,847	58,659
Changes in working capital items:		
Trade receivables	135,265	5,588
Prepaid expenses	-	27,000
Accounts payable	(71,031)	51,306
Accrued 401(k)	34	454
Accrued expenses	(1,468)	(110,135)
Net cash from operating activities	<u>525,379</u>	<u>809,252</u>
Cash flows from investing activities - purchases of property and equipment	<u>(6,106)</u>	<u>(45,067)</u>
Cash flows from financing activities:		
Cash provided to stockholders	(10,257)	(37,606)
Distributions to stockholders	(713,663)	(486,157)
PPP loan proceeds	504,922	-
Net cash from financing activities	<u>(218,998)</u>	<u>(523,763)</u>
Net increase in cash	300,275	240,422
Cash, beginning of year	<u>830,663</u>	<u>590,241</u>
Cash, end of year	<u>\$ 1,130,938</u>	<u>\$ 830,663</u>

See accompanying notes and independent accountant's review report.

VistaNational Insurance Group, Inc. Notes to the Financial Statements

1. Summary of Significant Accounting Policies

Description of Business – VistaNational Insurance Group, Inc. (the Company) is a broker for group health insurance in the Chicago metropolitan area. Revenue consists of commissions earned from sales of insurance policies.

Depreciation and Amortization – The Company depreciates or amortizes the cost of property and equipment over the estimated useful lives of five years for furniture, office and computer equipment, and eight years for leasehold improvements using straight-line and accelerated methods.

Revenue – Commissions are recognized on an accrual basis once the entire earnings process is complete.

Concentration of Deposits – From time to time, the Company maintains cash on deposit with financial institutions in excess of FDIC insurance limits. At December 31, 2020, such uninsured deposits totaled \$662,614.

Receivables – Accounts receivable are stated at the original amount due. An allowance for uncollectible accounts may be established through a provision for bad debts charged to expense. Accounts are charged against the allowance for uncollectible accounts when management believes collectability is unlikely. Management's periodic evaluation of the adequacy of the allowance is based on the Company's past experience, known and inherent risks in the accounts, adverse situations that may affect the insurer's ability to pay and current economic conditions. No allowance for uncollectible accounts has been recorded because management believes all accounts are fully collectible. There are no accounts ninety days past due at December 31, 2020 or 2019.

Paycheck Protection Program Loan Payable – The Company has elected to account for its potentially forgivable Paycheck Protection Program loan payable under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 470 *Debt*. Under this guidance, extinguishment of the loan would be recognized when the Company has been legally released as the primary obligor of the loan. This would occur if and when the United States Small Business Administration (SBA) approves the Company's forgiveness application.

Employee Benefit Plan – Substantially all of the employees are covered by the Company's profit-sharing plan. This plan includes an employee salary deferral feature under the provisions of Section 401(k) of the Internal Revenue Code. The plan provides for contributions in such amounts as the Board of Directors may determine. The 401(k) portion of the plan provides for discretionary employer-matching contributions, the percentages of which are determined annually by the Board of Directors. Contributions to the plan were \$103,308 and \$100,118 in 2020 and 2019, respectively.

Management Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

A significant estimate used in the preparation of these financial statements includes management's estimate of override bonus commissions receivable totaling \$350,000 at December 31, 2020 and 2019, which are included in trade receivables. These amounts are calculated based on various retention percentages and persistency requirements. For the aforementioned estimate, it is reasonably possible that the recorded amounts, or related disclosures, could significantly change in the near future as new information becomes available.

VistaNational Insurance Group, Inc.
Notes to the Financial Statements (cont'd)

1. Summary of Significant Accounting Policies (cont'd)

Income Taxes – The Company has elected to be taxed as an S corporation under the provisions of the Internal Revenue Code. Accordingly, the accompanying financial statements do not reflect income taxes, except for state replacement tax. The Company's tax returns for the years ended December 31, 2017 through 2019, are open years for purposes of any future IRS or Illinois Department of Revenue examinations.

Subsequent Events – Subsequent events have been evaluated through March 9, 2021, which is the date the financial statements were available to be issued.

2. Short-term Borrowings – Bank

The Company has a revolving line of credit agreement with a financial institution. The agreement provides for borrowings up to \$100,000 with interest at the greater of the prime rate or 5.50%. The line of credit is secured by all of the assets of the Company and guaranteed by one of the stockholders of the Company, and expires on June 30, 2021. There were no outstanding borrowings on the line of credit at December 31, 2020 or 2019.

3. Account Balances with Stockholders

As of December 31, 2020 and 2019, the Company had payables totaling \$44,340 and \$54,597, respectively, due to stockholders of the Company. In the ordinary course of business, the Company has and expects to continue to have transactions, including borrowings, with its stockholders. The balances are interest free.

4. Paycheck Protection Program Loan

On April 27, 2020, the Company was granted a loan in the aggregate amount of \$504,922, pursuant to the Paycheck Protection Program (the "PPP") under Division A, Title I of the CARES Act, which was enacted March 27, 2020. Under the terms of the PPP, as modified by the Paycheck Protection Program Flexibility Act (PPPFA), certain amounts of the loan may be forgiven if they are used for qualifying expenses through December 31, 2020, which include payroll costs, group health care benefit costs, rent, and utilities, as described in the CARES Act.

The loan bears interest at a rate of 1.00% per annum. Under the PPPFA, principal and interest payments have been deferred until the earlier of (1) SBA remits loan forgiveness proceeds to the lender; (2) the SBA denies forgiveness; or (3) 10 months from the loan forgiveness period if the Company does not apply for forgiveness. However, if the Company and the lender mutually agree, the repayment term may be extended to be over five years per PPP regulations.

Subsequent to year end, the Company has applied to have the loan forgiven in full and is awaiting a decision from the U.S. Small Business Administration.

5. Operating Leases

The Company leases its office facilities and several small pieces of office equipment. The total rental expense for all operating leases was \$203,384 and \$218,825 for the years ended December 31, 2020 and 2019, respectively.

In July 2014, the Company moved into a new office space. The Company received seven months of free rent as a concession from the landlord, the value of which, totaling \$88,493, was recorded as deferred rent. The deferred rent is being written off over the term of the lease, which is 96 months.

VistaNational Insurance Group, Inc.
Notes to the Financial Statements (cont'd)

5. Operating Leases (cont'd)

Future lease commitments are as follows:

<u>For the Year Ending December 31,</u>	
2021	\$ 188,144
2022	<u>87,882</u>
Total minimum payments required	<u>\$ 276,026</u>

6. Capital Contribution

In 2006, the majority stockholder contributed 186,332 shares of Class A stock to the Company without receiving consideration. The estimated fair value of the contribution was \$200,000. Accounting principles generally accepted in the United States of America require that a contribution of capital by the principal stockholder be handled with an offsetting charge accounting for the fair value in the same manner as a compensatory plan adopted by the Company.

The effect of this departure from accounting principles generally accepted in the United States of America on financial position, results of operations and cash flows is the overstatement of retained earnings by \$200,000 with a corresponding understatement of additional paid-in capital.

7. Revenue Recognition

Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers* added Accounting Standards Codification Topic 606 (ASC 606) and became effective for private companies for years beginning after December 15, 2018. The new standard requires reporting entities to reassess its revenue recognition policy to accurately depict the transfer of promised goods or services to customers and outlines a single, comprehensive model for accounting for revenue from contracts with customers.

The standard's core principle is that a reporting entity will recognize revenue when it transfers promised goods or services to customers in an amount that reflects the consideration to which the reporting entity expects to be entitled in exchange for those goods or services. This standard also includes expanded disclosure requirements that result in a reporting entity providing users of financial statements with comprehensive information about the nature, timing, and uncertainty of revenue and cash flows arising from the reporting entity's contracts with customers. For insurance brokerages, ASC 606 generally would require the Company to evaluate its performance obligations to its customers and evaluate when those performance obligations are satisfied under the guidance in ASC 606.

VistaNational Insurance Group, Inc.
Notes to the Financial Statements (cont'd)

7. Revenue Recognition (cont'd)

Generally, to comply with ASC 606, insurance brokerages would recognize commission revenue they expect to receive over the entire policy period, and possibly some expected renewal periods, upon placement of the insurance policy with an insurer. To the extent multiple performance obligations were identified, consideration allocated to other performance obligations, such as stand-ready obligations to provide services to clients for consulting, claims management, human resources support, etc. would be recognized in a manner that depicts the Company's performance of that stand-ready obligation. In addition, certain costs incurred to obtain and fulfill contracts may be required to be capitalized under ASC 606, subject to practical expedients that the reporting entity may elect.

The Company has not adopted the standard. Management has not determined the effect adopting the standard would have on its financial statements and has continued to report these items as they have under legacy accounting standards.

8. Risks and Uncertainties

As a result of the spread of the COVID-19 coronavirus, there are economic uncertainties that exist which could have a negative financial impact on the Company, which primarily include the potential for further reductions in commissions. The full potential impact is unknown at this time. Management is monitoring the situation and will adjust expense levels and assess its financial assets as needed to mitigate negative impacts of the pandemic. As disclosed in Note 4, in 2021, management has applied to have its Paycheck Protection Program loan forgiven to ensure the Company has liquidity to mitigate the potential negative financial effects of the pandemic.

VILLAGE OF OAK PARK
INSURANCE RENEWAL STRATEGY AND TIMELINE
JULY 1, 2021 THROUGH DECEMBER 31, 2021
Plan Anniversary Date - JANUARY 1, 2022

	Responsibility	July	August	September	October	November	December
ACTION							
DAYS		180	150	120	90	60	30
Renewal Strategy							
Outline Timeline for Renewal / Discuss plan benefits	VN/VOOP	→					
Census Preparation and completion	VOOP	→					
Prepare Marketing	VN	→					
Pre-Renewal Presentation							
Distribute Marketing	VN		→				
Marketing Due	VN		→	→			
Discuss Plan Design, Alternate Options & Markets	VN/VOOP		→	→			
Renewal							
Renewal Due from Vendors	VN	→					
Renewal Negotiation	VN		→				
Present Renewal & Marketing	VN		→				
Finalize Renewal & Implementation Process	VN/VOOP			→			
Finalize Enrollment Meeting Dates/Times, Contact Vendors	VN/VOOP						
Confirm Vendor Contacts for Meetings	VN					→	
Review Enrollment Communications & Send to VOOP for Approval	VN					→	
VOOP Approval	VOOP					→	
Implementation Process							
Open Enrollment Period	VN/VOOP					→	→
Renewal Contracts							
Review Renewal Contracts for Accuracy	VN				→		
Send Reviewed Contracts to VOOP for Approval	VN				→		
Sign Renewal Documentation & Return to VistaNational	VOOP				→		
Forward Signed Renewal Documentation to Vendors	VN				→		
Verify Renewal Processed With Vendors	VN				→		
Ensure Vendor Billings Coincide With Renewal Documentation	VN				→		

INNOVATE AND PLAN

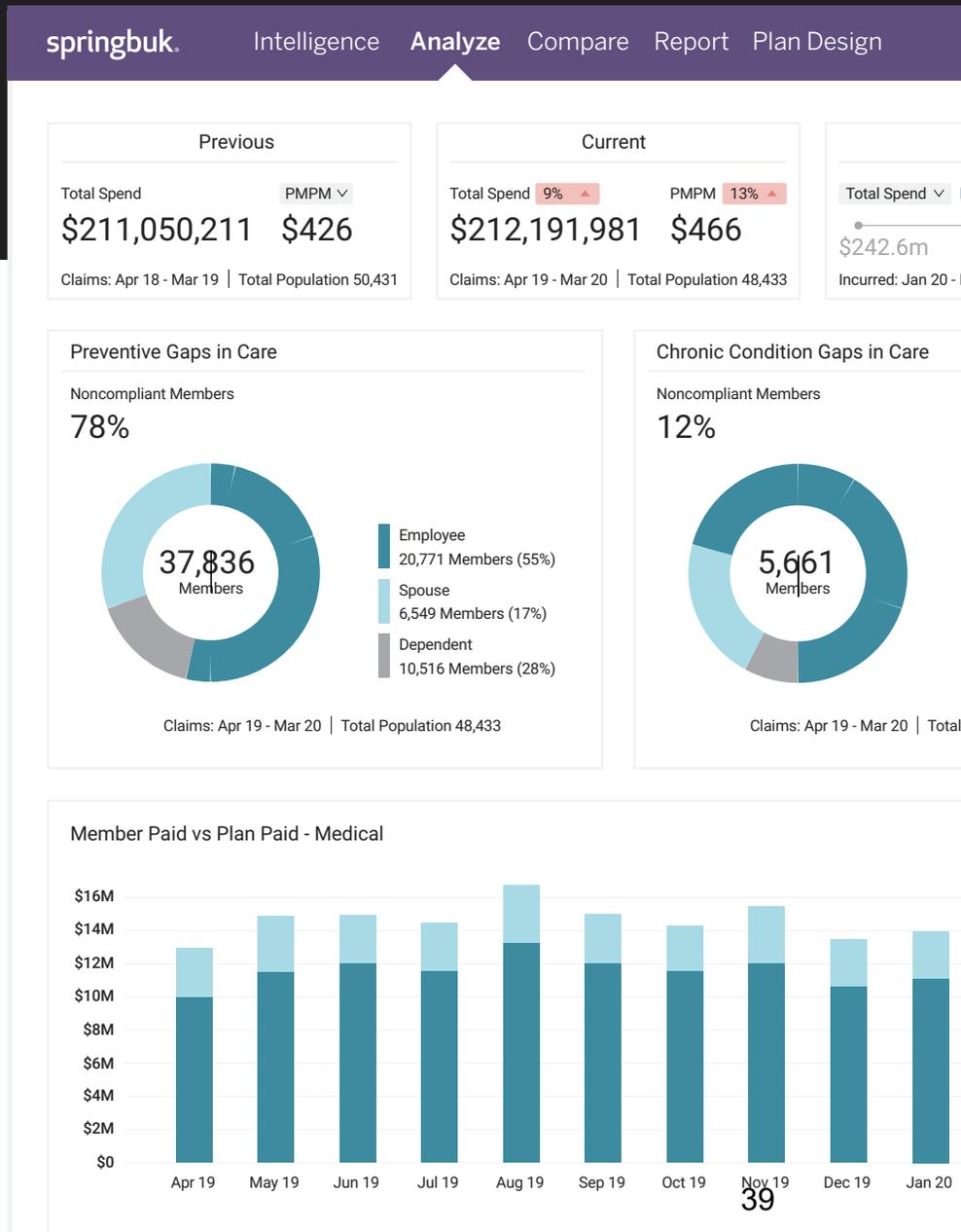
Springbuk Health Intelligence Platform

Springbuk is a leading-edge Health Intelligence platform that helps employers and consultants manage their investments in population health.

You don't need more data, you need direction.

Our innovative solution offers deep insights, empowers smarter decision-making, and provides strategic direction to help maximize return on investments. Health Intelligence™ empowers employers and consultants to deliver plans and programs that fit their population's needs. We pride ourselves on how simple it is to use our Health Intelligence platform and quickly deliver value. Take a look at our solution in action.

springbuk®



A high-level view of your population.

See your population's health at-a-glance. Monitor spend over time, identify gaps in care, forecast PMPM spend, and more. Use the intuitive date filter and conditional filtering to narrow results to employees with Type 2 Diabetes, for example.

Please select date range

QUICK SELECTIONS

- Recent 3 Months
- Recent 6 Months
- Recent 12 Months

RECENT SELECTIONS

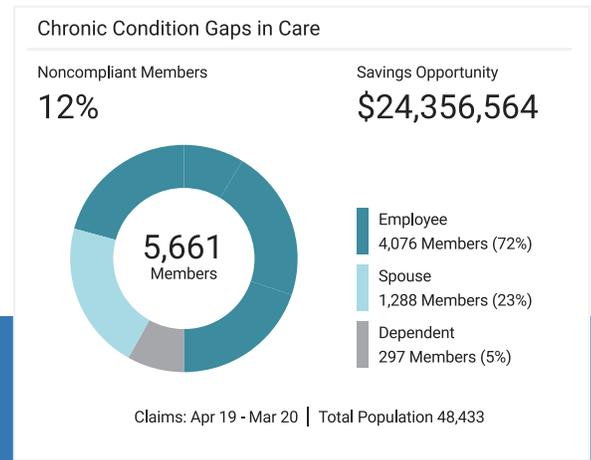
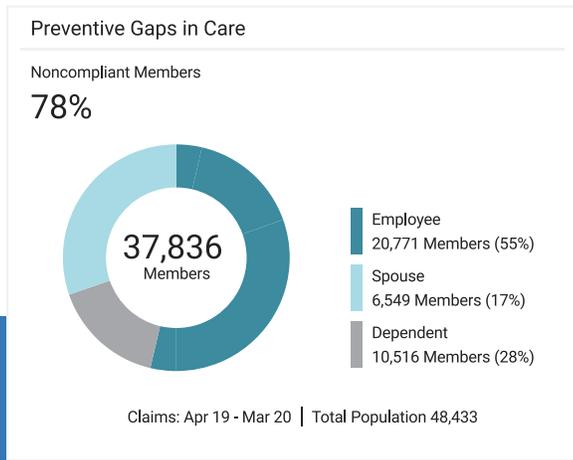
2019: JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC

2020: JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC

12 MONTH(S) SELECTED

Apply

Previous	Current	Forecast
Total Spend PMPM \$211,050,211 \$426	Total Spend 9% ▲ PMPM 13% ▲ \$212,191,981 \$466	Total Spend Forecast Change Report \$242.6m \$253.9m \$265.2m
Claims: Apr 18 - Mar 19 Total Population 50,431	Claims: Apr 19 - Mar 20 Total Population 48,433	Incurred: Jan 20 - Dec 20 paid through Mar 21



CLAIMS

Identify and understand population trends.

Dig into claims details to better understand cost drivers. The Claims page gives you the ability to ask hard questions to create strategic plans to improve population health. View Rx claims separately from Medical claims; see claims scoped to the time period of your choice; and sort by unique members, number of claims, or percent of total spend.

February 1st, 2020

Medical	\$12,067,807.61
Rx	\$3,384,718.47
Total	\$15,452,526.08



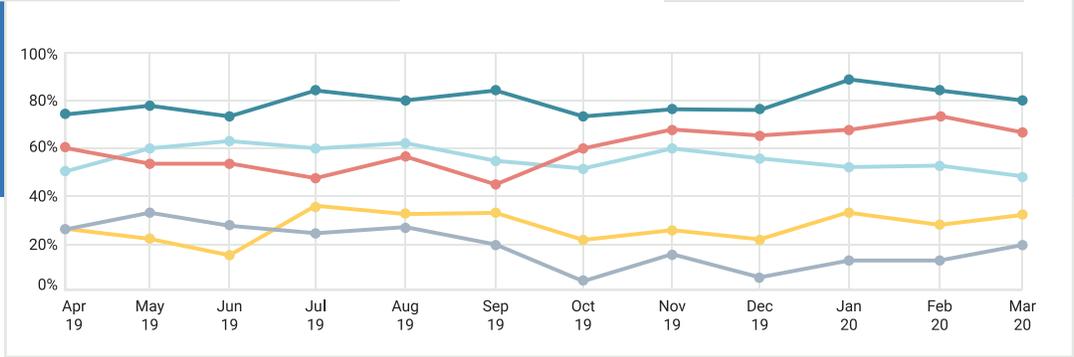
GAPS IN CARE

Quickly analyze chronic conditions.

The Gaps in Care page helps you analyze specific chronic conditions and unaddressed preventive measures impacting your population, as well as the potential savings opportunities if these care gaps are addressed. You can visualize compliance data over time for a condition or a specific gap guideline, create focus populations of non-compliant members to track their wellness over time, or download member information into a spreadsheet for use outside of the platform.

- Adult(s) with presumed uncontrolled or partly controlled asthma using an inhaled corticosteroid or acceptable alternative.
- Patient(s) between the ages of 19 and 50 with an asthma medication ratio ≥ 0.50 during the report period.
- Patient(s) between the ages of 19 and 50 years of age compliant with prescribed asthma controller medication (minimum compliance 75%).
- Patient(s) between the ages of 51 and 64 with an asthma medication ratio ≥ 0.50 during the report period.
- Patient(s) between the ages of 51 and 64 years of age compliant with prescribed asthma controller medication (minimum compliance 75%).

Compliance | Diabetes



TIMELINE

Track events to clearly identify value.

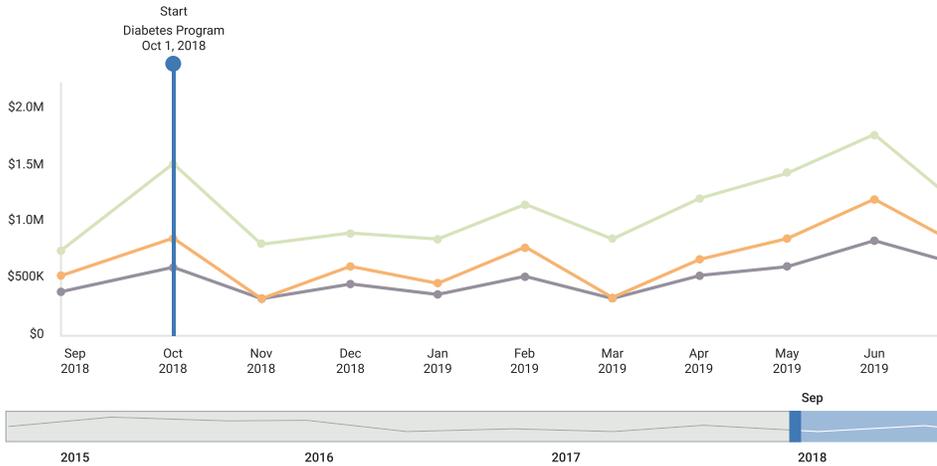
Timeline™ helps you tell the story of the interventions that have driven the greatest impact in your population's health. With the power of Timeline, you can associate actions, opportunities, and events with changes in meaningful outcomes. It's easy to use and provides an organized way to identify impact.

Timeline

PMPM

View Options | Download

- Total Population
- Engaged Members
- Members with 2 or more Chronic Conditions





REPORT BUILDER

Reporting made simple.

Finding the right information to take action on shouldn't be difficult to collect or share. With Springbuk Report Builder™, you can quickly create customized reports, allowing you to share valuable insights on your population's health and health-care spend.

With an intuitive design, featuring cards from across the Springbuk platform, you can easily build reports tailored to show what's important to you and your audience.

Untitled Report...

Subtitle...

+ Add Logo

+ Add Card

Current

Total Spend 5% ▲ PMPM 1% ▲
\$212,191,981 **\$466**
 Claims: Nov 18 - Oct 19 | Total Population 48,433

Forecast

Total Spend Forecast Change Report
 \$242.6m \$253.9m \$265.2m
 Incurred: Jan 20 - Dec 20 paid through Mar 21

+ Add Card

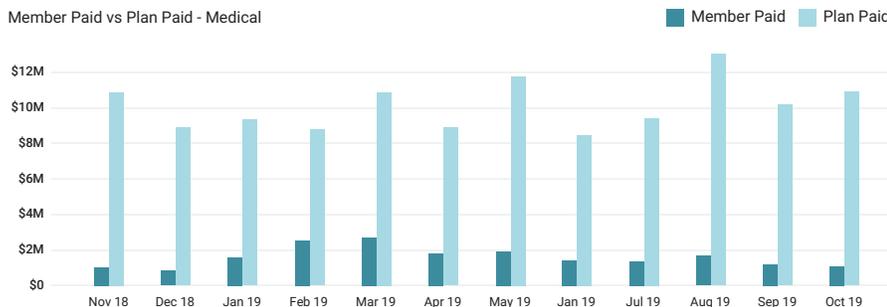
Gaps In Care Compliance

Members with Chronic Conditions
22%



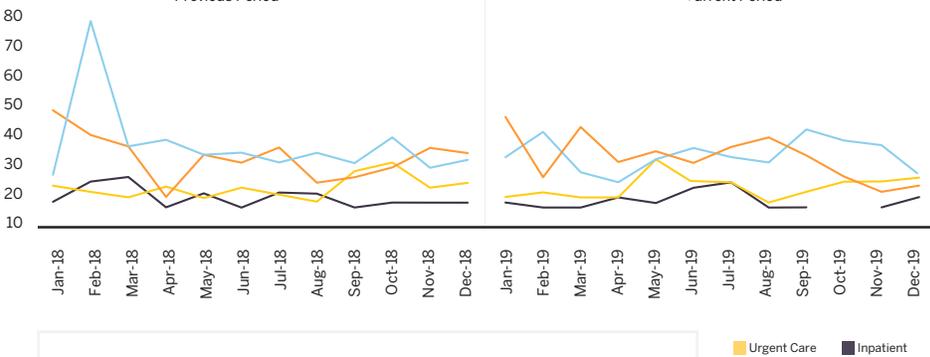
Claims: Nov 18 - Oct 19 | Total Population 12,201

Member Paid vs Plan Paid - Medical



Previous Period

Current Period



Individual Relationship Code	Age Group	Gender	Enrollment Status	Total Amount Paid
Dependent	0-17	F	Active	\$793,579
Spouse/Partner	50-64	F	Active	\$303,531
Employee	36-49	M	Active	\$80,398
Dependent	18-35	F	Active	\$77,765
Employee	36-49	F	Active	\$62,441
Dependent	0-17	F	Active	\$59,178

ADVANCED REPORTING

Flexible and customizable data visualization.

The Springbuk Health Intelligence platform offers further exploration through Advanced Reporting™, powered by Tableau. This data visualization solution helps analysts add a layer to their reporting through robust, easy to understand reports. This provides users access to the raw data to slice, dice, and build custom reports.

Leverage Advanced Reporting with your team or lean on our Health Strategy Team to build valuable reports adaptable to your changing needs.

Preference Sensitive Conditions

Identified

92

Opportunity

\$4,136,795

Spinal Fusion and Joint Replacement

OVERVIEW | STRATEGY

DATE	MEMBERS IDENTIFIED	SAV
NOV	92 ▲ 100%	
OCT	80 ▲ 0%	
SEP	70 ▲ 100%	
AUG	70 ▲ 0%	
JUL	60 ▲ 0%	

Insight Stream | 2020

Discover data trends, savings opportunities, and ways to improve the health of your population.

■ Risk Mitigation 22

■ Steerage: Procedures 6

■ Care Efficiency 15

■ Drug Savings 8

■ Potentially Unnecessary Procedures 4

Opioid Risk

Identified

750

Members at High Risk for Opioid Abuse

OVERVIEW | STRATEGY | HISTORY

Members at High Risk for Opioid Abuse identifies members that have a pattern of use of opioids in the past 6 months that indicate a potentially high-risk situation in the future. The basis for this score includes factors such as prescription time overlap, the unique number of different opioid drugs filled, claims evidence of mental health and/or drug abuse history, and other pertinent factors.

Did You Know? "More than half of drug overdose deaths involve prescription drugs, with the majority due to opioid painkillers."

[See Related Answers](#)

Sources:

INSIGHTS

Curated insights for actionable opportunities.

Insights™ analyzes your data to uncover actionable opportunities to improve health and care efficiency, as well as track improvement for your members.

Springbuk is on the leading edge of Health Intelligence, pioneering new methodologies that can empower better health investment decisions. Our rich insight generation, automation features, and predictive modeling are powered by clinical expertise as well as the latest in machine learning and AI capabilities. It delivers the type of curated strategies and predictive modeling needed to make the best possible decisions — for the business and for people.

ANSWERS

Answer your questions instantly.

Springbuk Answers™, a curated search, instantly provides intelligent results to your most important business questions to drive results. Answers equips you to make more informed, more impactful decisions – faster.

With a simple search, you can quickly get your answer with benchmark comparisons, and curated topics to dive deeper in your search with related questions.

Spend

Procedures

Providers

Rx

Utilization

Browse

[Knee surgeries](#)

What is the total number of Arthroscopic Knee Surgeries by year?

What is the total number of Arthroscopic Knee Surgeries by month?

What is the distribution of Arthroscopic Knee Surgeries by site of service?

What is the total amount paid for Arthroscopic Knee Surgeries by year?

What is the total amount paid for Arthroscopic Knee Surgeries by month?

Who are the top 20 providers for Arthroscopic Knee Surgeries based on volume?

What is the average amount paid for Arthroscopic Shoulder Surgeries by year?

What is the average amount paid for Knee Replacements by year?

Insights

Welcome to Insights! We've analyzed your data and uncovered actionable opportunities for your population. Below, you will find curated content to improve health and care efficiency for your members, focusing on strategies and tools to mitigate risk, decrease cost, and track improvement over time.

Insight Stream | April 2020

Discover data trends, savings opportunities, and ways to improve the health of your population.

- Risk Mitigation 11
- Drug Savings 10
- Care Efficiency 9
- COVID-19: Increased Risk of Severe Disease 5
- Potentially Unnecessary Procedures 4
- Steerage: Procedures 3

Total Savings Opportunity

\$28,570,173

Unique Members Identified

25,499

COVID-19 Risk: Diabetes

Forecasted
4,189

Type 2 Diabetes: Members Currently Identified or At-Risk

Overview | Strategy | History | Forecast

Chronic Gaps in Care

Identified: 1,953 | Opportunity: \$11.2M

Diabetes Gaps

Overview | Strategy | History

Chronic Gaps in Care

Identified: 1,441 | Opportunity: \$6.35M

Medication Management Gaps

Overview | Strategy | History

Chronic Gaps in Care

Identified: 433 | Opportunity: \$4.97M

Coronary Artery Disease Gaps

Preference Sensitive Conditions

Identified: 92 | Opportunity: \$4,136,795

Spinal Fusion and Joint Replacement

Chronic Gaps in Care

Identified: 617 | Opportunity: \$4.01M

Cholesterol Gaps

You've only seen a glimpse of what the Springbuk Health Intelligence platform has to offer.

Go beyond traditional data warehousing and analytics by delivering strategies with Health Intelligence. Meet with a Springbuk representative today to learn how Health Intelligence can optimize workforce health investment decisions in your population.



PREPARED FOR:

VILLAGE OF OAK PARK

***YEAR END
JANUARY 2019 - DECEMBER 2019***

NOTE: FOR ILLUSTRATION PURPOSES ONLY, NOT A CONTRACT. FINAL BENEFITS AND RATES ARE BASED ON ACTUAL ENROLLMENT IN PLAN SELECTED. REFER TO THE CERTIFICATE OR BENEFIT BOOKLET FOR A MORE COMPLETE DESCRIPTION OF PLAN BENEFITS AND ILLUSTRATIONS.

Overview

FINANCIAL SUMMARY

MEDICAL SUMMARY

	PPO	HMOs	CURRENT PLAN YEAR	PRIOR PLAN YEAR
			(1/1/19-12/31/19)	(1/1/18-12/31/18)
AVERAGE ENROLLMENT	264	121	385	396
NET CLAIMS (Medical, Rx, & Access Fees; less Stop Loss credits)	\$4,380,391.00	\$1,142,582.07	\$5,522,973.07	\$5,041,528.56
TOTAL PLAN COST (incl. fixed costs)	\$4,937,100.12	\$1,768,696.44	\$6,746,658.80	\$6,278,144.70
ADJ. AVG. COST PERM	\$1,557.94	\$1,222.32	\$1,461.58	\$1,320.86
EXPECTED CLAIMS	\$4,562,060.71	\$1,013,522.21	\$5,575,582.92	\$5,889,854.88
ABOVE/BELOW EXPECTED	-3.98%	12.73%	-0.94%	-14.40%
ESTIMATED AGGREGATE ATTACHMENT POINT	\$6,158,793.05	\$1,368,254.26	\$7,527,047.31	\$7,951,304.09
ABOVE/BELOW ESTIMATED ATTACHMENT POINT	-28.88%	-16.49%	-26.62%	-36.59%
PLAN SURPLUS/DEFICIT	\$652,233.68	\$167,902.79	\$779,274.23	\$1,207,081.09

HIGH COST CLAIMANTS OVER THE \$125,000 ISL	
Claimant 1	\$277,219.17 - Diseases of digestive system (PPO)
Claimant 2	\$225,423.06 - Cancer (PPO)
Claimant 3	\$187,648.63 - Cancer (HMO)
Claimant 4	\$152,500.58 - Diseases of digestive system (PPO)*
Claimant 5	\$148,196.68 - Cancer (HMO)
Claimant 6	\$141,920.80 - Mental illness (PPO)*
Claimant 7	\$139,161.00 - Diseases of genitourinary system (PPO)*
Claimant 8	\$136,649.88 - Symptoms/Ill-defined (PPO)
Claimant 9	\$126,459.78 - Diseases of circulatory system (PPO)

HIGH COST CLAIMANTS OVER \$62,500 (50% of ISL)	
Claimant 1	\$124,876.59 - Diseases of the skin (HMO)
Claimant 2	\$116,209.79 - Mental illness (PPO)
Claimant 3	\$94,013.44 - Cancer (PPO)*
Claimant 4	\$88,606.06 - Diseases of genitourinary system (HMO)
Claimant 5	\$75,683.51 - Mental illness (PPO)
Claimant 6	\$62,581.33 - No medical diagnosis; all Rx (HMO)

*Denotes a member who exceeded the ISL in the prior year

The Blue Insight reports provided by BCBSIL compare the current period of 1/1/19-12/31/19 to the prior period of 1/1/18-12/31/18. We made the following observations:

	PPO	HMO
MEMBERSHIP	+2.4%	-15.8%
AVERAGE AGE	34.3 (+0.9%)	39.7 (+2.8%)
IN-NETWORK PAID	95.3%	N/A
INPATIENT FACILITY	\$582,599	
OUTPATIENT FACILITY	\$1,348,292	
PROFESSIONAL	\$1,628,416	
MEDICAL PAID PMPM TOP 3 DIAGNOSIS	Mental Health, Genitourinary, and Symptoms/Ill-Defined	Respiratory, Genitourinary, and Digestive
PAID RX PMPM	\$111.42 (-6.9%)	\$156.43 (+26.1%)
GENERIC DISPENSING RATE	86.4%	84.6%
GENERIC SUBSTITUTION RATE	98.8%	97.6%
MAIL ORDER, % OF TOTAL RX	1.5%	1.8%
SPECIALTY, % OF TOTAL PAID	37.5% (+0.7%)	59.9% (+12.8%)
SPECIALTY AVG. INGREDIENT COST/RX	\$5,054.90 (-8.8%)	\$7,747.48 (+25.2%)
SPECIALTY RX CONDITIONS	Autoimmune, MS, Growth Hormones, Hepatitis C, Endocrine, Fertility/Pregnancy, Cystic Fibrosis, Specialty Other, & Cancer	Autoimmune, Cancer, & MS

FINANCIAL OVERVIEW

MEDICAL SURPLUS / DEFICIT	\$779,274.23
AMOUNT IN MEDICAL RESERVES	\$3,766,203.21
RECOMMENDED AMOUNT (should have 6 months worth of claims)	\$2,520,764.28

Amount recommended in reserves is based on the monthly average of net claims during the prior year.



Reports / Exhibits

VILLAGE OF OAK PARK
AGGREGATE REPORT - HMO PLANS

JANUARY 1, 2019 - DECEMBER 31, 2019

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
Month	Employee Enrollment	Blue Cross (Hospital)	CLAIMS		Total Medical Claims	ISL Credits / Amounts over \$125K	Net Claims= Claims + Access Fee + ISL Credits	Monthly Expected Claims	Monthly Aggregate Claims (125%)	% of Net Claims vs Monthly Aggregate	Admin Fee	Physician Service Fee (PSF)	Managed Care Fee	RX Rebates	FIXED COSTS			Adjustments	Total Cost	
			Blue Shield (Physician)	RX											Individual Stop-Loss Premium	Aggregate Stop-Loss Premium	Allocated Taxes / Fees			H+L+S
January	127	\$37,579.32	\$5,939.03	\$39,285.93	\$82,804.28	\$0.00	\$82,804.28	\$88,954.61	\$120,088.66	68.95%	\$6,750.05	\$39,606.81	\$1,407.16	(\$4,611.37)	\$11,701.78	\$1,145.00	\$0.00	-	\$138,803.71	
February	87	\$63,951.57	\$4,068.13	\$28,205.38	\$96,225.08	\$0.00	\$96,225.08	\$60,937.41	\$82,265.46	116.97%	\$4,624.05	\$32,875.24	\$963.96	(\$3,158.97)	\$8,016.18	-	\$0.00	-	\$139,545.54	
March	124	\$34,087.06	\$6,073.22	\$48,505.10	\$88,665.38	\$0.00	\$88,665.38	\$86,853.32	\$117,251.92	75.62%	\$6,590.60	\$38,849.36	\$1,373.92	(\$4,502.44)	\$11,425.36	-	\$0.00	-	\$142,402.18	
April	122	\$40,061.87	\$4,147.28	\$43,535.41	\$87,744.56	\$0.00	\$87,744.56	\$85,452.46	\$115,360.76	76.06%	\$6,484.30	\$38,023.73	\$1,351.76	(\$4,429.82)	\$11,241.08	-	\$0.00	-	\$140,415.61	
May	123	\$39,668.71	\$1,593.48	\$49,071.19	\$90,333.38	\$0.00	\$90,333.38	\$86,152.89	\$116,306.34	77.67%	\$6,537.45	\$37,914.53	\$1,362.84	(\$4,466.13)	\$11,333.22	-	\$0.00	-	\$143,015.29	
June	126	\$29,322.36	\$10,617.83	\$31,051.93	\$70,992.12	\$0.00	\$70,992.12	\$88,254.18	\$119,143.08	59.59%	\$6,696.90	\$38,326.40	\$1,396.08	(\$4,575.06)	\$11,609.64	-	\$0.00	-	\$124,446.08	
July	126	\$33,207.63	\$15,224.71	\$26,029.04	\$74,461.38	\$0.00	\$74,461.38	\$88,254.18	\$119,143.08	62.50%	\$6,696.90	\$38,572.89	\$1,396.08	(\$4,575.06)	\$11,609.64	-	\$0.00	-	\$128,161.83	
August	126	\$55,529.36	\$74,647.42	\$46,939.48	\$177,116.26	\$0.00	\$177,116.26	\$88,254.18	\$119,143.08	148.66%	\$6,696.90	\$38,555.84	\$1,396.08	(\$4,575.06)	\$11,609.64	-	\$0.00	-	\$230,799.66	
September	118	\$29,992.45	\$89,233.05	\$43,750.12	\$162,975.62	(\$42,677.07)	\$120,298.55	\$82,650.74	\$111,578.44	107.82%	\$6,271.70	\$35,876.28	\$1,307.44	(\$4,284.58)	\$10,872.52	-	\$0.00	-	\$170,341.91	
October	121	\$37,905.95	\$39,379.05	\$49,423.80	\$126,708.80	(\$12,875.23)	\$113,833.57	\$84,752.03	\$114,415.18	99.49%	\$6,431.15	\$36,791.26	\$1,340.68	(\$4,393.51)	\$11,148.94	-	\$0.00	-	\$165,152.09	
November	125	\$24,715.95	\$4,166.35	\$44,895.07	\$73,777.37	(\$2,579.20)	\$71,198.17	\$87,553.75	\$118,197.50	60.24%	\$6,643.75	\$38,394.58	\$1,385.00	(\$4,538.75)	\$11,517.50	-	\$0.00	-	\$124,600.25	
December	122	\$27,036.93	\$9,369.96	\$60,216.26	\$96,623.15	(\$27,713.81)	\$68,909.34	\$85,452.46	\$115,360.76	59.73%	\$6,484.30	\$37,455.63	\$1,351.76	(\$4,429.82)	\$11,241.08	-	\$0.00	-	\$121,012.29	
TOTAL	1,447	\$453,059.16	\$264,459.51	\$510,908.71	\$1,228,427.38	(\$85,845.31)	\$1,142,582.07	\$1,013,522.21	\$1,368,254.26	83.51%	\$76,908.05	\$451,242.55	\$16,032.76	(\$52,540.57)	\$133,326.58	\$1,145.00	\$0.00	\$0.00	\$1,768,696.44	
AVERAGE	121	\$37,754.93	\$22,038.29	\$42,575.73	\$102,368.95	(\$7,153.78)	\$95,215.17	\$84,460.18	\$114,021.19		\$6,409.00	\$37,603.55	\$1,336.06	(\$4,378.38)	\$11,110.55	\$1,145.00	\$0.00	#DIV/0!	\$147,391.37	
																			% OF AGGREGATE	83.51%
																			% OF EXPECTED	112.73%
																			SURPLUS/DEFICIT	\$167,902.79

STOP LOSS CREDITS ABOVE MAY NOT MATCH WHAT YOU HAVE RECEIVED FROM BCBS. THIS TOTAL WILL BE REFLECTED ON THE FINAL SETTLEMENT

Monthly Rates & Aggregate Factors	
Individual Stop Loss Coverage	\$125,000.00
Expected Claim Factor	\$700.43
Monthly Aggregate Factor (135%)	\$945.58
HMOI Physician Service Fee	Single: \$154.34 Family: \$424.80
BAHMO Physician Service Fee	Single: \$137.29 Family: \$400.83
Administrative Fee	\$53.15
Managed Care Fee	\$11.08
ACA Taxes & Fees	\$0.00
ISL Fee	\$92.14
ASL Fee (Annual - HMO Combined)	\$1,145.00

Month	Single	Single + Spouse	Family	Medicare Single	Medicare Family	Total Enrollment	Premium Equivalency	% of Total Cost to Premium Equivalency
January	32	32	46	15	2	127	\$171,575.85	80.90%
February	32	32	44	-23	2	87	\$139,160.86	100.28%
March	31	34	43	14	2	124	\$166,657.87	85.45%
April	31	33	42	14	2	122	\$163,258.85	86.01%
May	33	33	41	14	2	123	\$162,783.96	87.86%
June	36	33	41	14	2	126	\$164,813.61	75.51%
July	36	34	41	13	2	126	\$165,386.09	77.49%
August	36	35	40	13	2	126	\$164,742.10	140.10%
September	35	31	38	12	2	118	\$154,346.72	110.36%
October	37	30	39	11	4	121	\$159,313.55	103.66%
November	37	35	39	11	3	125	\$163,932.22	76.01%
December	36	33	39	11	3	122	\$160,627.55	75.34%
TOTAL	412	395	493	119	28	1447	\$1,936,599.23	91.33%

Total Cost PEPM	
January	\$1,092.94
February	\$1,603.97
March	\$1,148.40
April	\$1,150.95
May	\$1,162.73
June	\$987.67
July	\$1,017.16
August	\$1,831.74
September	\$1,443.58
October	\$1,364.89
November	\$996.80
December	\$991.90
AVERAGE	\$1,222.32

VILLAGE OF OAK PARK
AGGREGATE REPORT - PPO & HMO PLANS

JANUARY 1, 2019 - DECEMBER 31, 2019

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V		
		CLAIMS			C+D+E			F+G+H			I/K	FIXED COSTS											I+(M:U)
Month	Employee Enrollment	Blue Cross (Hospital)	Blue Shield (Physician)	RX	Total Medical Claims	Access Fee	ISL Credits / Amounts over \$125K	Net Claims= Claims + Access Fee + ISL Credits	Monthly Expected Claims	Monthly Aggregate Claims (125%)	% of Net Claims vs Monthly Aggregate	Admin Fee	Physician Service Fee (PSF)	Managed Care Fee	RX Rebates	Individual Stop-Loss Premium	Aggregate Stop-Loss Premium	Allocated Taxes / Fees PCORI & Reins	Vista Consult Fee	Adjustments	GRAND TOTAL		
January	388	\$174,616.10	\$117,488.11	\$82,823.47	\$374,927.68	\$5,354.16	\$0.00	\$380,281.84	\$464,687.60	\$627,329.11	60.62%	\$20,622.20	\$39,606.81	\$1,407.16	(\$14,088.28)	\$52,845.82	\$4,927.00	\$136.79	\$3,250.00	(\$25,000.00)	\$463,989.34		
February	312	\$185,989.48	\$99,245.56	\$98,081.04	\$383,316.08	\$4,365.39	\$0.00	\$387,681.47	\$384,845.16	\$519,541.71	74.62%	\$16,582.80	\$32,875.24	\$963.96	(\$11,328.72)	\$43,485.18	-	\$136.79	\$3,250.00	\$0.00	\$473,646.72		
March	385	\$141,172.55	\$107,138.11	\$145,217.79	\$393,528.45	\$3,925.13	\$0.00	\$397,453.58	\$462,586.31	\$624,492.37	63.64%	\$20,462.75	\$38,849.36	\$1,373.92	(\$13,979.35)	\$52,569.40	-	\$136.79	\$3,250.00	\$34,281.80	\$534,398.25		
April	385	\$267,252.81	\$110,666.48	\$107,124.09	\$485,043.38	\$5,830.54	\$0.00	\$490,873.92	\$464,064.63	\$626,488.11	78.35%	\$20,462.75	\$38,023.73	\$1,351.76	(\$13,979.35)	\$52,700.40	-	\$136.79	\$3,250.00	\$0.00	\$592,820.00		
May	388	\$187,414.44	\$132,450.86	\$122,332.90	\$442,198.20	\$4,070.31	\$0.00	\$446,268.51	\$467,644.24	\$631,320.59	70.69%	\$20,622.20	\$37,914.53	\$1,362.84	(\$14,088.28)	\$53,107.82	-	\$136.79	\$3,250.00	\$0.00	\$548,574.41		
June	392	\$266,607.72	\$202,978.35	\$93,370.34	\$562,956.41	\$6,757.31	\$0.00	\$569,713.72	\$471,185.12	\$636,100.78	89.56%	\$20,834.80	\$38,326.40	\$1,396.08	(\$14,233.52)	\$53,541.88	-	\$136.79	\$3,250.00	(\$47.67)	\$672,918.48		
July	391	\$129,591.57	\$138,100.76	\$86,877.32	\$354,569.65	\$4,096.54	\$0.00	\$358,666.19	\$469,745.53	\$634,157.33	56.56%	\$20,781.65	\$38,572.89	\$1,396.08	(\$14,197.21)	\$53,384.24	-	\$136.79	\$3,250.00	\$0.00	\$461,990.63		
August	395	\$297,015.17	\$250,173.30	\$119,717.57	\$666,906.04	\$6,054.76	(\$98,076.12)	\$574,884.68	\$475,503.89	\$641,931.13	89.56%	\$20,994.25	\$38,555.84	\$1,396.08	(\$14,342.45)	\$54,014.80	-	\$136.79	\$3,250.00	\$0.00	\$678,889.99		
September	388	\$316,868.87	\$258,680.79	\$127,329.86	\$702,879.52	\$14,214.52	(\$180,018.00)	\$537,076.04	\$471,340.04	\$636,309.94	84.40%	\$20,622.20	\$35,876.28	\$1,307.44	(\$14,088.28)	\$53,435.32	-	\$136.79	\$3,250.00	(\$2.74)	\$637,613.05		
October	396	\$264,364.53	\$234,566.46	\$133,745.04	\$632,676.03	\$5,872.77	(\$57,120.38)	\$581,428.42	\$480,639.28	\$648,863.93	89.61%	\$21,047.40	\$36,791.26	\$1,340.68	(\$14,378.76)	\$54,499.94	-	\$136.79	\$3,250.00	(\$9.18)	\$684,106.55		
November	400	\$117,675.78	\$92,450.16	\$160,870.30	\$370,996.24	\$3,634.49	(\$757.52)	\$373,873.21	\$483,441.00	\$652,646.25	57.29%	\$21,260.00	\$38,394.58	\$1,385.00	(\$14,524.00)	\$54,868.50	-	\$136.79	\$3,250.00	(\$1.47)	\$478,642.61		
December	396	\$159,474.16	\$199,843.39	\$134,770.10	\$494,087.65	\$4,891.40	(\$74,207.56)	\$424,771.49	\$479,900.12	\$647,866.06	65.56%	\$21,047.40	\$37,455.63	\$1,351.76	(\$14,378.76)	\$54,434.44	-	\$136.79	\$3,250.00	(\$9,000.00)	\$519,068.75		
TOTAL	4,616	\$2,508,043.18	\$1,943,782.33	\$1,412,259.82	\$5,864,085.33	\$69,067.32	(\$410,179.58)	\$5,522,973.07	\$5,575,582.92	\$7,527,047.31	73.38%	\$245,340.40	\$451,242.55	\$16,032.76	(\$167,606.96)	\$632,887.74	\$4,927.00	\$1,641.50	\$39,000.00	\$220.74	\$6,746,658.80		
AVERAGE	385	\$209,003.60	\$161,981.86	\$117,688.32	\$488,673.78	\$5,755.61	(\$34,181.63)	\$460,247.76	\$464,631.91	\$627,253.94		\$20,445.03	\$37,603.55	\$1,336.06	(\$13,967.25)	\$52,740.65	\$4,927.00	\$136.79	\$3,250.00	\$18.40	\$562,221.57		
																				% OF AGGREGATE	73.38%		
																				% OF EXPECTED	99.06%		
																				SURPLUS/DEFICIT	\$779,274.23		

STOP LOSS CREDITS ABOVE MAY NOT MATCH WHAT YOU HAVE RECEIVED FROM BCBS. THIS TOTAL WILL BE REFLECTED ON THE FINAL SETTLEMENT

Monthly Rates & Aggregate Factors	
Individual Stop Loss Coverage	\$125,000.00
Expected Claim Factor	PPO: \$1,439.59
	HMO: \$700.43
Monthly Aggregate Factor (135%)	PPO: \$1,943.45
	HMO: \$945.58
HMOI Physician Service Fee	Single: \$154.34
	Family: \$424.80
BAHMO Physician Service Fee	Single: \$137.29
	Family: \$400.83
Administrative Fee	\$53.15
HMO Managed Care Fee	\$11.08
Annual ACA Taxes & Fees	Reinsurance: \$0.00
	PCORI: \$1,641.50

Month	Single	Single + Spouse	Family	Medicare Single	Medicare Family	Total Enrollment	Premium Equivalency	% of Total Cost to Premium Equivalency
January	115	39	157	28	49	388	\$659,233.48	70.38%
February	77	76	156	-10	13	312	\$570,174.37	83.07%
March	111	79	155	28	12	385	\$628,775.72	84.99%
April	113	77	155	28	12	385	\$627,902.36	94.41%
May	118	78	152	28	12	388	\$626,854.16	87.51%
June	120	80	151	29	12	392	\$629,845.14	106.84%
July	121	81	151	26	12	391	\$629,532.62	73.39%
August	125	81	150	27	12	395	\$631,596.64	107.49%
September	125	76	149	26	12	388	\$622,841.92	102.37%
October	134	74	149	25	14	396	\$629,814.11	108.62%
November	134	77	151	25	13	400	\$635,944.10	75.26%
December	130	77	151	25	13	396	\$633,418.41	81.95%
TOTAL	1423	895	1827	285	186	4616	\$7,525,933.03	89.65%

Total Cost PEPM	
January	\$1,195.85
February	\$1,518.10
March	\$1,388.05
April	\$1,539.79
May	\$1,413.85
June	\$1,716.63
July	\$1,181.56
August	\$1,718.71
September	\$1,643.33
October	\$1,727.54
November	\$1,196.61
December	\$1,310.78
AVERAGE	\$1,461.58

VILLAGE OF OAK PARK

PPO & HMO PLANS

PREMIUM DEFICIT/SURPLUS POSITION

ESTIMATED SURPLUS/DEFICIT			
EXP YEAR	TOTAL COST	PREMIUMS COLLECTED	SURPLUS/DEFICIT
2015	\$6,812,711	\$7,223,137	\$410,426
2016	\$6,305,476	\$7,362,469	\$1,056,993
2017	\$7,131,624	\$7,444,053	\$312,429
2018	\$6,278,145	\$7,485,226	\$1,207,081
2019	\$6,746,659	\$7,525,933	\$779,274
TOTAL	\$33,274,614	\$37,040,818	\$3,766,203

Blue Insight Reports

Blue Insight Report

ASO Non-HMO

Blue Insight Monthly Financial Report

VILLAGE OF OAK PARK: ASO NON-HMO

01/01/2019 to 12/31/2019



PLAN PERFORMANCE

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Current Period: The current reporting period represents claims paid from January 1, 2019 through December 31, 2019.

Prior Period: The prior reporting period represents claims paid from January 1, 2018 through December 31, 2018.

The report includes medical claims and pharmacy claims.

Reporting Segments: ALL

Characteristics: ALL

Group/Sections: ALL

Reporting Support Contact Information

For reporting support, please contact Client Reporting Service Center

Email: client_reporting@bcbsil.com

Phone: 1-877-837-1866

Hours of Operation: Monday - Friday: 8:00am - 5:00pm CT

Report prepared on 01/25/2020

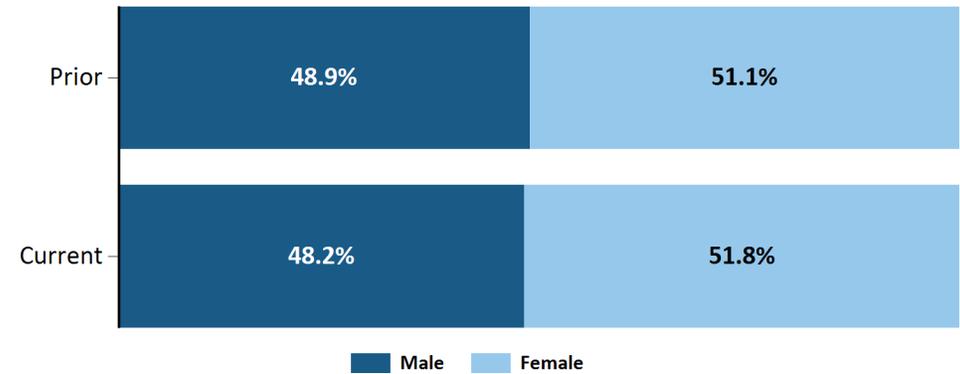
Report Description: Provides the current enrollment based on the current period.

Month	Medical Subscribers	Medical Members	Pharmacy Subscribers	Pharmacy Members
Jan 2019	260	667	260	667
Feb 2019	262	672	262	672
Mar 2019	263	673	263	673
Apr 2019	263	670	263	670
May 2019	265	673	265	673
Jun 2019	264	671	264	671
Jul 2019	267	673	267	673
Aug 2019	270	674	270	674
Sep 2019	271	676	271	676
Oct 2019	275	679	275	679
Nov 2019	275	681	275	681
Dec 2019	274	681	274	681

Enrollment by Tier



Enrollment by Gender



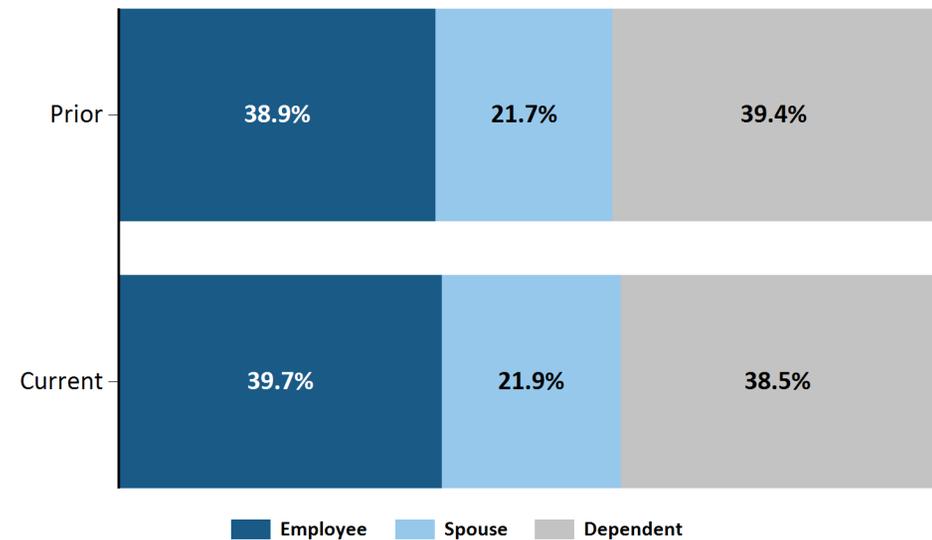
Report Description: Provided medical demographics for the current period compared to the prior period and percent change.

Medical Demographics

	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Average Membership	658	674	2.4%
Employee	256	267	4.3%
Spouse	143	148	3.5%
Dependent	259	259	
Average Contract Size	2.6	2.5	-3.8%
Average Age	34.0	34.3	0.9%
Employee	48.0	48.0	
Spouse	48.0	47.9	-0.2%
Dependent	12.3	12.4	-0.2%
% Under 30	44.0%	42.7%	
% 30 to 49	28.5%	30.2%	
% 50 to 64	21.2%	20.7%	
% 65+	6.2%	6.4%	
Gender			
Proportion of Males	48.9%	48.2%	
Proportion of Females	51.1%	51.8%	
Females Ages 20-44	16.3%	17.0%	

- Overall, membership **increased by 2.4%** between reporting periods
- The average age was 34.3 and **increased by 0.9%** between reporting periods.
- Contract size **decreased by 3.8%** between reporting periods.
- Females between the ages of 20 and 44 **increased from 16.3% to 17.0%** between reporting periods.

Average Medical Membership

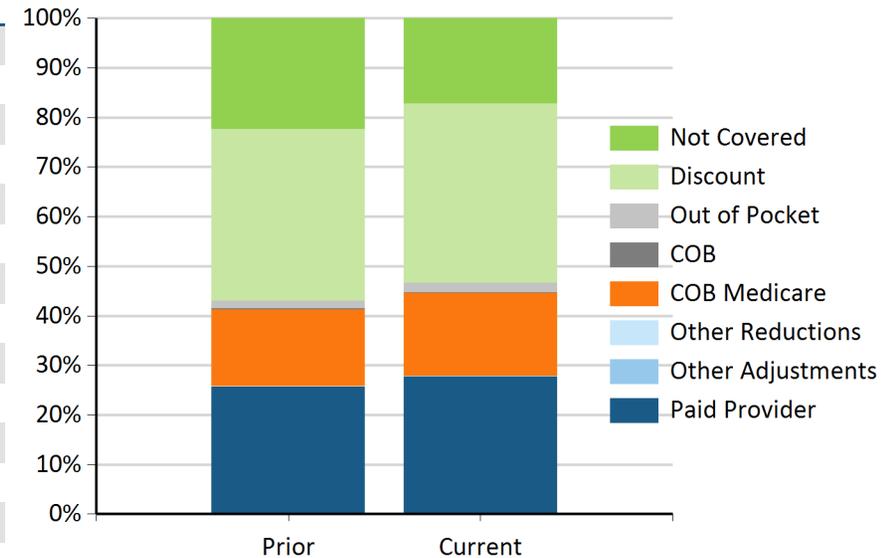


Report Description: Provides a breakdown of the medical order of reduction from billed to paid for the current month, current period, prior period and a percent change. This report may highlight key measures and their potential impact on paid expenses.

Medical Order of Reduction

Paid Month	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Billed	\$972,984	\$14,446,353	\$13,392,147	-7.3%
Not Covered	\$77,573	\$3,237,531	\$2,307,171	-28.7%
Covered	\$895,411	\$11,208,822	\$11,084,976	-1.1%
Discount	\$385,858	\$4,995,541	\$4,839,577	-3.1%
Allowed	\$509,553	\$6,213,282	\$6,245,398	0.5%
Out of Pocket	\$9,858	\$224,006	\$253,730	13.3%
COB	\$0	\$41,491	\$21,636	-47.9%
COB Medicare	\$174,635	\$2,222,291	\$2,236,990	0.7%
Other Reductions	\$727	\$11,646	\$11,295	-3.0%
Other Adjustments	\$0	(\$335)	(\$300)	10.5%
Paid - Provider	\$324,332	\$3,714,183	\$3,722,048	0.2%
Other Payments	\$115	\$12,192	\$9,887	-18.9%
Medical Paid	\$324,447	\$3,726,375	\$3,731,935	0.2%

Breakdown of Billed Amount



Group Liability Breakdown

Paid Month	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Medical Paid	\$324,447	\$3,726,375	\$3,731,935	0.2%
Pharmacy Paid	\$74,554	\$944,007	\$901,351	-4.5%
VBC Payments	\$840	\$4,706	\$8,955	90.3%
Total Paid Claims	\$399,841	\$4,675,088	\$4,642,241	-0.7%
Recoveries	(\$2,376)	(\$279)	(\$6,583)	-2,262.3%
Total Paid Claims + Recoveries	\$397,465	\$4,674,809	\$4,635,658	-0.8%
Fees & Credits	(\$30,556)	(\$200,433)	\$215,274	207.4%
HCA Draft Amount	\$0	\$0	\$0	0.0%
Group Liability	\$366,909	\$4,474,376	\$4,850,932	8.4%

Fees and Credits Breakdown

Paid Month	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Access Fee	\$4,891	\$75,021	\$69,128	-7.9%
Admin Fee	\$14,563	\$187,060	\$168,432	-10.0%
ASO Adjustments	(\$83,254)	(\$735,344)	(\$410,091)	44.2%
Rx Credit Fees	(\$9,949)	(\$85,016)	(\$115,066)	-35.4%
Aggregate Stop Loss	\$0	\$3,198	\$3,310	3.5%
Specific Stop Loss	\$43,193	\$354,647	\$499,561	40.9%
Extra Fees	\$0	\$0	\$0	0.0%
ASO Other Services	\$0	\$0	\$0	0.0%
ASO All Other	\$0	\$0	\$0	0.0%
Summary	(\$30,556)	(\$200,433)	\$215,274	207.4%

Other reductions includes penalties, workers compensation savings, and subrogation savings.

Other payments includes Blue Card access fees and surcharges. Also displayed are other adjustments.

Report Description: This report displays the discount amount, discount percent, paid amount and paid percent for medical claims split by Medicare/Non-Medicare, in/out of network and service category for the current period.

Medicare Primary Indicator	Network Indicator	Service Category	Covered	Discount	Discount %	Paid	% Of Paid	
No	In Network	Facility Inpatient	\$1,399,248	\$810,411	57.9%	\$572,222	15.3%	
		Facility Outpatient	\$3,417,925	\$2,047,241	59.9%	\$1,309,915	35.1%	
		Professional	\$3,738,876	\$1,981,779	53.0%	\$1,594,007	42.7%	
		Summary	\$8,556,050	\$4,839,431	56.6%	\$3,476,144	93.1%	
	Out of Network	Facility Inpatient	\$24,211			\$22,211	0.6%	
		Facility Outpatient	\$108,369			\$106,569	2.9%	
		Professional	\$49,639	\$63	0.1%	\$43,848	1.2%	
		Summary	\$182,219	\$63		\$172,629	4.6%	
	Summary			\$8,738,269	\$4,839,494	55.4%	\$3,648,772	97.8%
	Yes	In Network	Facility Inpatient	\$357,882			\$10,377	0.3%
Facility Outpatient			\$1,829,428			\$38,377	1.0%	
Professional			\$159,397	\$83	0.1%	\$34,409	0.9%	
Summary			\$2,346,707	\$83		\$83,163	2.2%	
Out of Network		Facility Inpatient						
		Facility Outpatient						
		Professional						
Summary								
Summary			\$2,346,707	\$83		\$83,163	2.2%	
Summary			\$11,084,976	\$4,839,577	43.7%	\$3,731,935	100.0%	

Key Findings: The overall network savings discount (excluding Medicare) was **56.6%** for the current period. The in-network paid percent was **95.4%** for the current period.

Financial Overview: Blue Card Savings Analysis

Report Description: The Blue Card Savings report illustrates the value of having access to other BCBS contracts within the United States through the Blue Card program. Savings from BCBS network discounts are passed to the client, providing savings on potentially costly out of state claims that would otherwise be paid at full provider billed amount.

Jan 2019 - Dec 2019

Par Plan State	Billed	Allowed	Effective Allowed Rate	Discount	Paid	Effective Paid Rate	Blue Card Access Fee
Non-Blue Card	\$11,705,564	\$5,691,415	48.6%	\$4,597,997	\$3,185,726	27.2%	\$0
MI	\$200,468	\$121,996	60.9%	\$62,348	\$123,823	61.8%	\$2,582
IN	\$77,772	\$23,436	30.1%	\$48,043	\$22,881	29.4%	\$1,990
WI	\$202,670	\$138,839	68.5%	\$42,306	\$135,873	67.0%	\$1,765
BC CA	\$979,555	\$198,656	20.3%	\$39,865	\$195,287	19.9%	\$1,693
BS CA	\$137,590	\$29,410	21.4%	\$31,301	\$29,718	21.6%	\$1,301
AZ	\$17,944	\$10,779	60.1%	\$3,901	\$10,234	57.0%	\$161
FL	\$42,608	\$13,684	32.1%	\$2,675	\$11,932	28.0%	\$111
LA	\$4,085	\$1,478	36.2%	\$2,607	\$1,436	35.2%	\$108
IA	\$4,024	\$1,572	39.1%	\$2,452	\$1,365	33.9%	\$101
All Other Blue Card	\$19,867	\$14,133	71.1%	\$6,082	\$13,659	68.8%	\$142
Summary	\$13,392,147	\$6,245,398	46.6%	\$4,839,577	\$3,731,935	27.9%	\$9,955

Key Findings: Non-Blue Card had the greatest Blue Card savings amount, with a Discount amount of **\$4,597,997**. The overall Effective Allowed Rate for the current period was **46.6%**.

Financial Overview: Medical Claim Expense Distribution

Report Description: The distribution of medical paid expense by claimant and the average medical paid per claimant amount are shown for the current period.

Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
Less than \$200	97	14.6%	(\$12,486)	-0.3%	(\$129)
\$200 - \$1,000	179	26.9%	\$99,192	2.7%	\$554
\$1,001 - \$5,000	246	37.0%	\$607,497	16.3%	\$2,470
\$5,001 - \$10,000	58	8.7%	\$398,196	10.7%	\$6,865
\$10,001 - \$30,000	67	10.1%	\$1,025,158	27.5%	\$15,301
\$30,001 - \$50,000	8	1.2%	\$301,029	8.1%	\$37,629
Summary <= \$50,000	655	98.5%	\$2,418,586	64.8%	\$3,692

Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
\$50,001 - \$75,000	2	0.3%	\$123,116	3.3%	\$61,558
\$75,001 - \$100,000	1	0.2%	\$89,901	2.4%	\$89,901
\$100,001 - \$150,000	5	0.8%	\$641,497	17.2%	\$128,299
\$150,001 - \$200,000					
\$200,001 - \$250,000	2	0.3%	\$458,835	12.3%	\$229,418
\$250,001 - \$500,000					
\$500,001+					
Summary \$50,001 or Greater	10	1.5%	\$1,313,349	35.2%	\$131,335
Combined Summary	665	100.0%	\$3,731,935	100.0%	\$5,612

Key Findings: The proportion of claimants who received less than \$200 in services for the current period was **14.6%**. These claimants spent **-0.3%** of the total paid expenses and the average paid expense per claimant was **(\$129)**. **1.5%** of claimants had expenses over \$50,001 for the current period. These claimants spent **35.2%** of the total paid expenses and the average paid expense per claimant was **\$131,335**.

Financial Overview: High Cost Claimants

Report Description: This report provides a detailed listing of the top 20 high cost claimants with paid expenses of \$50,000 or more for the current period.

Jan 2019 - Dec 2019

Encrypted Member ID	Relationship	Age/Gender Band	Leading Diagnostic Category	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid	Paid	Currently Enrolled
8017360452440104110	Subscriber	Female 30-39	Digestive	\$169,926	\$29,602	\$41,189	\$25,003	\$265,720	Yes
1921108802220520052	Subscriber	Male 40-49	Neoplasms	\$14,922	\$193,029	\$10,168	\$2,212	\$220,331	Yes
5833013064577817305	Subscriber	Female 60-64	Digestive	\$114,795	\$8,511	\$22,168	\$4,593	\$150,067	Yes
348039146068599671	Dependent	Male <1-19	Mental Health	\$0	\$105,355	\$34,707	\$983	\$141,045	Yes
4429479238116773997	Subscriber	Male 50-59	Genitourinary	\$0	\$1,879	\$126,835	\$10,325	\$139,039	Yes
6557438162087645759	Subscriber	Female 30-39		\$0	\$4,179	\$1,436	\$130,777	\$136,392	Yes
3361828125630790931	Spouse	Female 50-59	Circulatory	\$38,989	\$51,979	\$20,213	\$13,148	\$124,329	Yes
7282149286603746804	Dependent	Male 20-29	Mental Health	\$26,133	\$56,592	\$33,341	\$0	\$116,066	Yes
7239744972038451533	Subscriber	Female 60-64	Neoplasms	\$33,776	\$45,661	\$10,465	\$1,672	\$91,574	No
5886890242613650492	Dependent	Female 20-29	Mental Health	\$7,893	\$37,158	\$23,903	\$4,648	\$73,602	Yes
6449514356220714162	Spouse	Female 30-39		\$0	\$1,189	\$524	\$59,794	\$61,507	Yes
1592751467036225580	Dependent	Female <1-19	Mental Health	\$0	\$43,771	\$10,390	\$7,282	\$61,443	Yes
5879348791379893406	Dependent	Male <1-19		\$0	\$1,783	\$1,104	\$49,500	\$52,387	Yes
High Cost Claimant Total				\$406,434	\$580,688	\$336,443	\$309,937	\$1,633,502	

Report Description: Provides a distribution of claimants by their total medical out of pocket expenses for the current period compared to the prior period and percent change. This report helps determine the impact of any changes in plan design on out of pocket.

Claimant Distribution by Out of Pocket Expense Bands

Out of Pocket Band	Jan 2018 - Dec 2018				Jan 2019 - Dec 2019				% Change	
	Claimants	Claimants %	Out of Pocket	Out of Pocket %	Claimants	Claimants %	Out of Pocket	Out of Pocket %	Claimants Change	Out of Pocket Change
Less than \$100	198	30.7%	\$5,146	2.3%	182	27.4%	\$5,531	2.2%	-8.1%	7.5%
\$101 - \$200	81	12.5%	\$12,304	5.5%	80	12.0%	\$12,126	4.8%	-1.2%	-1.4%
\$201 - \$300	73	11.3%	\$17,994	8.0%	84	12.6%	\$20,776	8.2%	15.1%	15.5%
\$301 - \$400	64	9.9%	\$22,645	10.1%	86	12.9%	\$30,133	11.9%	34.4%	33.1%
\$401 - \$500	38	5.9%	\$17,056	7.6%	35	5.3%	\$15,670	6.2%	-7.9%	-8.1%
\$501 - \$750	65	10.1%	\$39,934	17.8%	58	8.7%	\$35,863	14.1%	-10.8%	-10.2%
\$751 - \$1,000	123	19.0%	\$103,577	46.2%	127	19.1%	\$119,633	47.1%	3.3%	15.5%
\$1,001 - \$1,500	3	0.5%	\$3,651	1.6%	13	2.0%	\$13,999	5.5%	333.3%	283.4%
\$1,501 - \$2,000	1	0.2%	\$1,700	0.8%					0.0%	0.0%
\$2,001 - \$2,500									0.0%	0.0%
\$2,501 - \$3,000									0.0%	0.0%
\$3,001 - \$4,000									0.0%	0.0%
\$4,001 - \$5,000									0.0%	0.0%
\$Greater than \$5,001									0.0%	0.0%
Summary	646	100%	\$224,006	100%	665	100%	\$253,730	100%	2.9%	13.3%

Out of Pocket Expense by Coverage Tier

Coverage Tier	Jan 2019 - Dec 2019										
	Allowed	Deductible	Deductible % of Allowed	Copayment	Copay % of Allowed	Coinsurance	Coins % of Allowed	Out of Pocket	OPX % of Allowed	Paid	
Employee Only	\$990,400	\$10,275	1.0%	\$21,566	2.2%	\$16,237	1.6%	\$48,078	4.9%	\$612,463	
Employee + One	\$1,112,848	\$10,353	0.9%	\$21,854	2.0%	\$16,161	1.5%	\$48,368	4.3%	\$393,445	
Employee + Dependent(s)	\$471,508	\$4,570	1.0%	\$8,673	1.8%	\$4,788	1.0%	\$18,031	3.8%	\$458,855	
Family	\$3,670,642	\$26,083	0.7%	\$75,539	2.1%	\$37,630	1.0%	\$139,253	3.8%	\$2,267,171	
Summary	\$6,245,398	\$51,281	0.8%	\$127,633	2.0%	\$74,816	1.2%	\$253,730	4.1%	\$3,731,935	

This is a claimant analysis, where only members who had a claim are included. The tables exclude all medical enrolled members that did not submit a claim.

This report is based on claim data and may not reflect client specific benefits being applied to member out of pocket. Please contact your Account Executive for ACCUMS reporting.

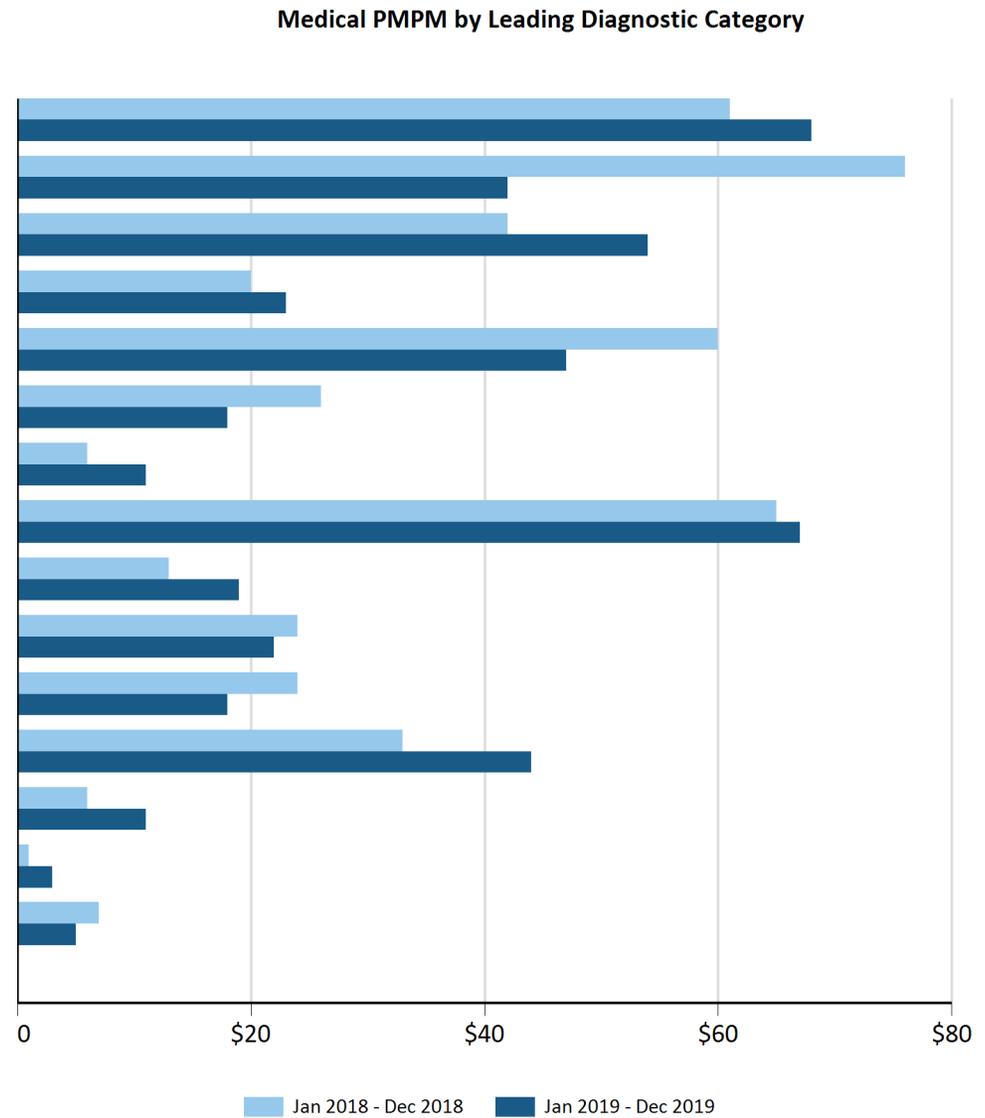
Financial Overview: Lag Report

Report Description: Displays, by paid month, the medical dollars paid and the corresponding month incurred for a 12 month rolling paid period (if available for your account). This report provides insight into the monthly claim lag and can help identify IBNR.

Incurred Month	Paid Month												Summary
	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	
All Prior	\$631	\$18	\$116		\$67	(\$35)	(\$67)	(\$9,887)	(\$1,182)	(\$9,858)	(\$538)		(\$20,736)
Jan 2018	\$129			\$266	\$1,107	\$853		\$2,010		(\$175)			\$4,188
Feb 2018	\$473		(\$194)	\$135				\$3,012			\$154	\$906	\$4,485
Mar 2018	(\$35)	\$98	(\$290)					(\$145)			(\$331)		(\$703)
Apr 2018	\$1,262		\$45		\$127			\$284					\$1,718
May 2018	\$290	\$665	\$143				(\$84)	\$2,381					\$3,396
Jun 2018	(\$90)	\$739	\$284		\$49	\$18,971	\$182	\$81					\$20,216
Jul 2018	\$103	\$151	(\$24)	\$513	\$145		\$129	(\$136)					\$880
Aug 2018	\$4,255	(\$13)	\$1,269	\$248		\$131							\$5,889
Sep 2018	\$795	\$438	\$59	\$80	\$1,278	\$627	\$533	(\$230)	\$27	\$79	(\$494)	\$5	\$3,196
Oct 2018	\$2,287	\$174	(\$10,944)	(\$135)	\$103	\$240	\$159		(\$74)	\$322		(\$244)	(\$8,112)
Nov 2018	\$5,058	\$282	\$1,018	\$218		\$1,621	(\$87)	\$88	\$1,088	\$672	(\$1,414)	(\$61)	\$8,481
Dec 2018	\$73,013	\$9,359	\$452	\$38,607	\$684	\$162	(\$289)	(\$68)	\$74	\$197	\$3	\$27	\$122,220
Jan 2019	\$159,894	\$102,452	\$11,266	\$6,072	\$2,662	\$8,301	\$90	\$4,337	\$570	\$62	\$518		\$296,226
Feb 2019		\$102,041	\$80,933	\$27,301	\$2,537	\$19,728	\$997	\$4,803	\$2,939	\$584	(\$16,761)		\$225,100
Mar 2019			\$123,352	\$100,423	\$6,671	\$4,193	\$23,418	\$6,329	\$3,276	\$1,123	(\$16,979)	\$262	\$252,068
Apr 2019				\$159,308	\$86,506	\$37,396	\$991	\$6,339	\$1,577	\$409	(\$13,986)	\$109	\$278,649
May 2019					\$175,992	\$195,613	\$4,313	\$12,785	\$4,403	\$2,368	\$514		\$395,988
Jun 2019						\$142,610	\$67,042	\$38,286	\$17,852	\$3,985	\$438	\$2,305	\$272,519
Jul 2019							\$121,127	\$142,916	\$21,275	\$13,162	\$1,516	\$2,914	\$302,910
Aug 2019								\$205,703	\$246,861	\$30,783	\$932	\$2,623	\$486,902
Sep 2019									\$154,150	\$226,405	\$7,235	\$569	\$388,359
Oct 2019										\$153,396	\$106,469	\$23,286	\$283,151
Nov 2019											\$113,198	\$125,015	\$238,214
Dec 2019												\$166,729	\$166,729
Summary	\$248,065	\$216,404	\$207,483	\$333,034	\$277,926	\$430,410	\$218,454	\$418,889	\$452,836	\$423,513	\$180,474	\$324,447	\$3,731,935

Report Description: Lists the top 15 overall paid expense across inpatient facility, outpatient facility, and professional settings by leading diagnostic categories for the current month, current period, prior period and percent change.

Paid Period	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Leading Diagnostic Category	Paid PMPM	Paid PMPM	Paid PMPM	Paid PMPM
Mental Health	\$82	\$61	\$68	11.5%
Genitourinary	\$64	\$76	\$42	-44.7%
Symptoms/Ill-Defined	\$52	\$42	\$54	28.6%
Respiratory	\$49	\$20	\$23	15.0%
Musculoskeletal	\$43	\$60	\$47	-21.7%
Nervous System	\$40	\$26	\$18	-30.8%
Endocrine	\$31	\$6	\$11	83.3%
Digestive	\$28	\$65	\$67	3.1%
Pregnancy	\$20	\$13	\$19	46.2%
Circulatory	\$16	\$24	\$22	-8.3%
Injury/Poisoning	\$13	\$24	\$18	-25.0%
Neoplasms	\$11	\$33	\$44	33.3%
Infectious/Parasitic	\$8	\$6	\$11	83.3%
Perinatal	\$7	\$1	\$3	200.0%
Residual/Unclassified	\$5	\$7	\$5	-28.6%
All Other Values	\$6	\$7	\$12	71.4%
Summary	\$476	\$472	\$461	-2.3%



Key Findings: The top three Leading Diagnostic Categories in the current reporting month based on Paid PMPM were **Mental Health, Genitourinary, and Symptoms/Ill-Defined**.

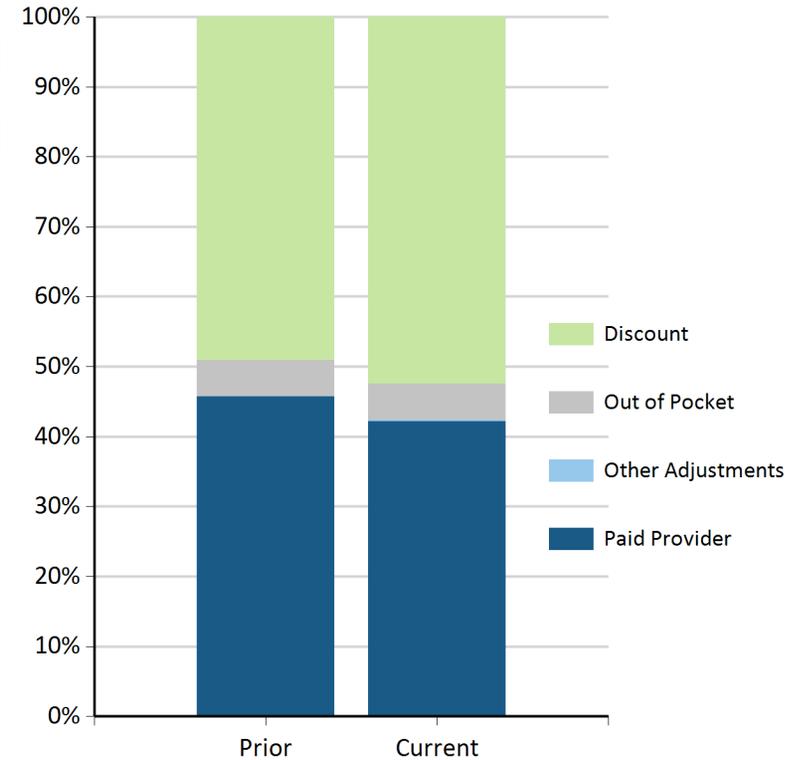
Report Description:

This report provides an overview of pharmacy order of reduction from billed to paid for the current month, current period, prior period, and percent change.

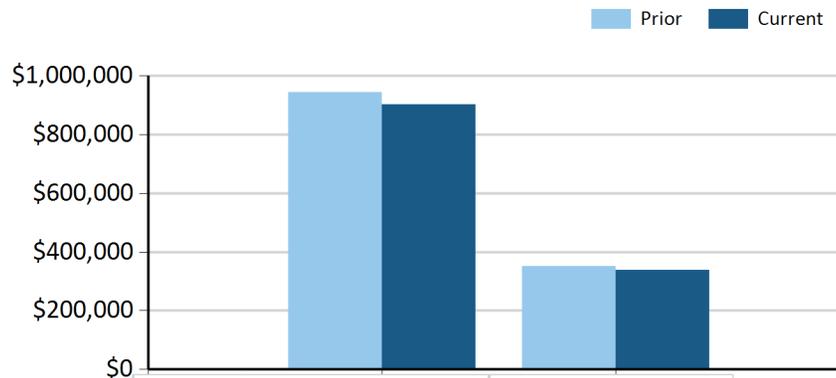
Pharmacy Order of Reduction

	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Billed	\$178,352	\$2,066,159	\$2,139,149	3.5%
Covered	\$178,352	\$2,066,159	\$2,139,149	3.5%
Discount	\$94,665	\$1,013,229	\$1,122,758	10.8%
Allowed	\$83,688	\$1,052,930	\$1,016,392	-3.5%
Out of Pocket	\$8,876	\$109,223	\$110,370	1.1%
Other Adjustments	\$258	(\$300)	\$4,671	1,656.9%
Paid - Provider	\$74,554	\$944,007	\$901,351	-4.5%
Paid	\$74,554	\$944,007	\$901,351	-4.5%

Breakdown of Billed Amount



Total Pharmacy Paid vs. Specialty Paid



	Total Paid	Specialty Paid
Prior	\$944,007	\$351,106
Current	\$901,351	\$337,703

Report Description: This report provides an overview of the prescription expenses as well as providing percent change in these expenses between the current month, current period, prior period and percent change.

Key Indicators Summary

Key Indicators Summary	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Unique Pharmacy Members	681	704	719	2.1%
Average Age (Years)	34.4	34.0	34.3	0.9%
Proportion of Males	48.8%	48.9%	48.2%	-1.3%
Proportion of Females	51.2%	51.1%	51.8%	1.2%
Member Months	681	7,890	8,090	2.5%
Claimants	298	519	547	5.4%
Prescriptions	828	9,225	9,850	6.8%
Prescriptions PMPM	1.22	1.17	1.22	4.1%
Paid	\$74,554	\$944,007	\$901,351	-4.5%
Paid PMPM	\$109.48	\$119.65	\$111.42	-6.9%
Allowed	\$83,688	\$1,052,930	\$1,016,392	-3.5%
Allowed PMPM	\$122.89	\$133.45	\$125.64	-5.9%
Avg. Ingredient Cost/Prescription	\$100.48	\$113.52	\$102.58	-9.6%
Generic Dispensing Rate	86.7%	85.9%	86.4%	0.7%
Formulary Compliance Rate	94.1%	92.6%	94.0%	1.5%
Generic Substitution Rate	98.5%	99.7%	98.8%	-1.0%
Out of Pocket Percent of Allowed	10.6%	10.4%	10.9%	4.7%
Retail as a Percent of Prescriptions	98.4%	98.7%	98.5%	-0.2%
Mail Order as a Percent of Prescriptions	1.6%	1.3%	1.5%	18.6%
Specialty Percent of Total Prescriptions	0.6%	0.7%	0.7%	-2.1%
Specialty Percent of Total Paid	39.2%	37.2%	37.5%	0.7%
Specialty Average Ingredient Cost/Prescription	\$5,947.40	\$5,541.31	\$5,054.90	-8.8%

Cost Sharing Distribution

Cost Sharing Distribution	Dec 2019		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019		% Change	
	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail
Member Out of Pocket	10.5%	19.1%	10.2%	68.2%	10.7%	54.8%	5.1%	-19.6%
Plan Paid	89.5%	80.9%	89.8%	31.8%	89.3%	45.2%	-0.6%	42.1%

Savings Summary

Savings Summary	Dec 2019			Jan 2018 - Dec 2018			Jan 2019 - Dec 2019			% Change		
	Retail	Mail	Summary	Retail	Mail	Summary	Retail	Mail	Summary	Retail	Mail	Summary
Discount	\$91,274	\$3,391	\$94,665	\$981,531	\$31,698	\$1,013,229	\$1,077,997	\$44,761	\$1,122,758	9.8%	41.2%	10.8%
% Discount	52.5%	77.2%	53.1%	48.3%	90.5%	49.0%	51.6%	90.5%	52.5%	6.8%	0.0%	7.0%

Pharmacy: Generic vs. Formulary Experience

Report Description: For the current period, the prescription drug expenses are displayed below for retail and mail order providers and broken out by drug type and formulary indicator.

Retail Prescriptions	Prescriptions	% of Total Prescriptions	Total Expense		Member Expense		Plan Expense	
			Allowed	Allowed / Prescription	Out of Pocket	Out of Pocket / Prescription	Paid	Paid/ Prescription
Generic	8,368	86%	\$206,879	\$24.72	\$56,300	\$6.73	\$146,724	\$17.53
Brand	1,330	14%	\$804,828	\$605.13	\$51,502	\$38.72	\$752,510	\$565.80
Summary	9,698	100%	\$1,011,707	\$104.32	\$107,803	\$11.12	\$899,234	\$92.72

Brand Type Breakdown

Single-Source Brand	1,062	11%	\$744,163	\$700.72	\$40,489	\$38.13	\$702,858	\$661.82
Multi-Source Brand	268	3%	\$60,664	\$226.36	\$11,013	\$41.09	\$49,652	\$185.27
Multi-Source Brand w/ DAW1	64	1%	\$20,581	\$321.58	\$2,832	\$44.25	\$17,749	\$277.33
Multi-Source Brand w/ DAW2	110	1%	\$28,309	\$257.36	\$5,081	\$46.19	\$23,228	\$211.17
Brand Formulary	743	8%	\$630,494	\$848.58	\$30,712	\$41.34	\$598,246	\$805.18
Brand Non-Formulary	587	6%	\$174,333	\$296.99	\$20,790	\$35.42	\$154,263	\$262.80

Mail Prescriptions	Prescriptions	% of Total Prescriptions	Total Expense		Member Expense		Plan Expense	
			Allowed	Allowed / Prescription	Out of Pocket	Out of Pocket / Prescription	Paid	Paid/ Prescription
Generic	147	97%	\$3,827	\$26.03	\$2,176	\$14.80	\$1,651	\$11.23
Brand	5	3%	\$857	\$171.49	\$391	\$78.17	\$467	\$93.32
Summary	152	100%	\$4,684	\$30.82	\$2,567	\$16.89	\$2,118	\$13.93

Single-Source Brand	1	1%	\$467	\$466.61	\$0	\$0.00	\$467	\$466.61
Multi-Source Brand	4	3%	\$391	\$97.72	\$391	\$97.72	\$0	\$0.00
Multi-Source Brand w/ DAW1	4	3%	\$391	\$97.72	\$391	\$97.72	\$0	\$0.00
Multi-Source Brand w/ DAW2								
Brand Formulary	1	1%	\$467	\$466.61	\$0	\$0.00	\$467	\$466.61
Brand Non-Formulary	4	3%	\$391	\$97.72	\$391	\$97.72	\$0	\$0.00

Total Prescriptions	Prescriptions	% of Total Prescriptions	Total Expense		Member Expense		Plan Expense	
			Allowed	Allowed / Prescription	Out of Pocket	Out of Pocket / Prescription	Paid	Paid/ Prescription
Generic	8,515	86%	\$210,706	\$24.75	\$58,476	\$6.87	\$148,375	\$17.43
Brand	1,335	14%	\$805,685	\$603.51	\$51,893	\$38.87	\$752,976	\$564.03
Summary	9,850	100%	\$1,016,392	\$103.19	\$110,370	\$11.21	\$901,351	\$91.51

Brand Type Breakdown

Single-Source Brand	1,063	11%	\$744,630	\$700.50	\$40,489	\$38.09	\$703,325	\$661.64
Multi-Source Brand	272	3%	\$61,055	\$224.47	\$11,404	\$41.93	\$49,652	\$182.54
Multi-Source Brand w/ DAW1	68	1%	\$20,972	\$308.41	\$3,223	\$47.39	\$17,749	\$261.02
Multi-Source Brand w/ DAW2	110	1%	\$28,309	\$257.36	\$5,081	\$46.19	\$23,228	\$211.17
Brand Formulary	744	8%	\$630,961	\$848.07	\$30,712	\$41.28	\$598,713	\$804.72
Brand Non-Formulary	591	6%	\$174,724	\$295.64	\$21,181	\$35.84	\$154,263	\$261.02

Pharmacy: Top Non-Specialty Therapeutic Drug Classes

Report Description: The top 25 therapeutic drug classes for the current period are displayed below ranked by ingredient cost.

Current/ Prior Rank	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	% Formulary	% Generic	Rank by Volume	
1	1	Insulin	127	11	\$70,573	\$555.69	\$611.08	100.0%	0.0%	23
2	3	Sympathomimetics	201	74	\$37,003	\$184.09	\$206.95	97.0%	6.5%	10
3	8	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	65	8	\$31,906	\$490.86	\$463.10	100.0%	0.0%	41
4	6	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	39	5	\$31,322	\$803.13	\$749.14	92.3%	0.0%	62
5	4	Anti-infective Agents - Misc.	27	14	\$23,490	\$870.02	\$807.96	100.0%	63.0%	85
6	5	Direct Factor Xa Inhibitors	49	10	\$21,234	\$433.34	\$417.73	100.0%	0.0%	52
7	9	Amphetamines	146	17	\$17,497	\$119.84	\$131.69	75.3%	75.3%	19
8	2	Impotence Agents	126	27	\$15,198	\$120.62	\$353.33	96.0%	80.2%	24
9	11	Acne Products	80	32	\$15,017	\$187.71	\$210.67	97.5%	97.5%	33
10	16	Bronchodilators - Anticholinergics	35	7	\$14,906	\$425.89	\$395.69	100.0%	0.0%	73
11	14	Anti-Obesity Agents	17	2	\$14,295	\$840.89	\$752.80	0.0%	0.0%	106
12		Digestive Enzymes	8	2	\$12,611	\$1,576.40	\$0	100.0%	0.0%	140
13	15	Immunosuppressive Agents	42	4	\$11,950	\$284.52	\$486.04	83.3%	83.3%	58
14	19	Opioid Partial Agonists	17	2	\$10,242	\$602.44	\$483.19	94.1%	0.0%	107
15	12	Modified Cyclics	69	12	\$10,138	\$146.93	\$139.46	72.5%	72.5%	36
16		Combination Contraceptives - Oral	193	44	\$10,091	\$52.28	\$46.32	91.2%	91.2%	12
17	21	Antidiabetic Combinations	40	5	\$9,592	\$239.79	\$212.68	75.0%	50.0%	59
18	18	Stimulants - Misc.	54	7	\$9,565	\$177.14	\$161.57	88.9%	88.9%	48
19	20	Alpha-Beta Blockers	65	8	\$8,888	\$136.73	\$129.95	100.0%	100.0%	39
20	17	Beta Blockers Cardio-Selective	249	30	\$8,311	\$33.38	\$43.85	85.5%	85.5%	8
21	10	HMG CoA Reductase Inhibitors	604	70	\$7,547	\$12.49	\$21.62	97.9%	97.9%	1
22		Antiarrhythmics Type III	11	1	\$7,216	\$655.96	\$631.42	0.0%	0.0%	125
23	22	Migraine Combinations	6	1	\$7,170	\$1,194.92	\$1,029.47	100.0%	100.0%	148
24		Gout Agents	81	9	\$7,096	\$87.60	\$89.17	80.3%	80.3%	32
25		Inflammatory Bowel Agents	25	3	\$6,926	\$277.04	\$356.27	100.0%	100.0%	93
		All Other	7,400	523	\$236,428	\$31.95	\$39.76	94.8%	93.1%	
		Summary	9,776	545	\$656,208	\$67.12	\$74.65	94.0%	87.0%	

Pharmacy: Top Non-Specialty Prescription Drugs

Report Description: The top 25 prescription drugs for the current period are displayed below ranked by ingredient cost.

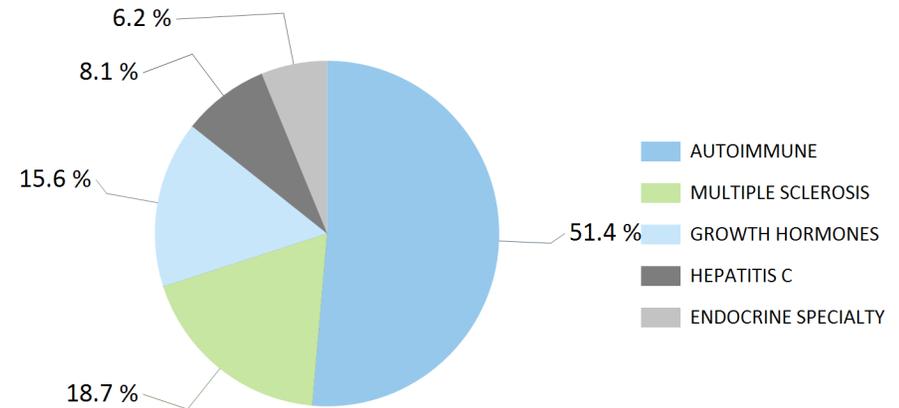
Current/ Prior Rank	Brand Name	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	Formulary Indicator	Generic Indicator	Rank by Volume	
1	2	NOVOLOG INJ FLEXPEN	Insulin	41	9	\$24,945	\$608.41	\$721.13	YES	NO	29
2	1	XIFAXAN TAB 550MG	Anti-infective Agents - Misc.	10	1	\$23,397	\$2,339.66	\$2,125.61	YES	NO	292
3	20	JARDIANCE TAB 25MG	Sodium-Glucose Co-Transporter 2 (SGLT2)	39	6	\$19,173	\$491.61	\$463.39	YES	NO	33
4	7	LANTUS SOLOS INJ 100/ML	Insulin	46	5	\$18,192	\$395.47	\$419.66	YES	NO	20
5	6	LANTUS INJ 100/ML	Insulin	18	3	\$16,133	\$896.29	\$649.32	YES	NO	107
6		TRULICITY INJ 1.5/0.5	Incretin Mimetic Agents (GLP-1 Receptor	21	2	\$15,993	\$761.58		YES	NO	87
7	12	SPIRIVA CAP HANDIHLR	Bronchodilators - Anticholinergics	34	5	\$14,479	\$425.85	\$395.38	YES	NO	40
8	11	SAXENDA INJ 18MG/3ML	Anti-Obesity Agents	10	1	\$12,198	\$1,219.80	\$1,077.82	NO	NO	269
9	8	INVOKANA TAB 300MG	Sodium-Glucose Co-Transporter 2 (SGLT2)	23	2	\$11,254	\$489.32	\$462.88	YES	NO	76
10	9	VICTOZA INJ 18MG/3ML	Incretin Mimetic Agents (GLP-1 Receptor	12	1	\$11,061	\$921.78	\$839.57	YES	NO	186
11	5	ADVAIR DISKU AER 250/50	Sympathomimetics	28	6	\$11,006	\$393.08	\$382.66	YES	NO	50
12	78	!	Not Available	25	3	\$8,724	\$348.97	\$349.39	NO	NO	64
13	13	CARVEDILOL CAP 10MG ER	Alpha-Beta Blockers	10	1	\$8,511	\$851.11	\$851.11	YES	YES	286
14	4	NOVOLOG INJ 100/ML	Insulin	13	4	\$7,949	\$611.44	\$632.22	YES	NO	164
15	22	NEFAZODONE TAB 100MG	Modified Cyclics	13	1	\$7,827	\$602.10	\$612.28	NO	NO	163
16	27	XARELTO TAB 20MG	Direct Factor Xa Inhibitors	17	3	\$7,562	\$444.82	\$415.04	YES	NO	122
17	10	ELIQUIS TAB 5MG	Direct Factor Xa Inhibitors	18	4	\$7,546	\$419.20	\$432.98	YES	NO	106
18		CREON CAP 36000UNT	Digestive Enzymes	2	1	\$7,306	\$3,653.01		YES	NO	802
19		MULTAQ TAB 400MG	Antiarrhythmics Type III	11	1	\$7,216	\$655.96	\$631.43	NO	NO	236
20	28	SUBOXONE MIS 8-2MG	Opioid Partial Agonists	14	1	\$7,128	\$509.12	\$383.78	YES	NO	149
21	19	CIALIS TAB 5MG	Impotence Agents	20	3	\$6,764	\$338.22	\$341.02	YES	NO	94
22	18	XIIDRA DRO 5%	Ophthalmic Integrin Antagonists	13	4	\$6,695	\$515.01	\$505.31	NO	NO	176
23	15	MYFORTIC TAB 180MG	Immunosuppressive Agents	7	1	\$6,683	\$954.76	\$922.92	NO	NO	381
24	23	MESALAMINE TAB 1.2GM	Inflammatory Bowel Agents	9	1	\$6,234	\$692.70	\$806.23	YES	YES	320
25	66	LATUDA TAB 20MG	Antipsychotics - Misc.	5	1	\$6,185	\$1,236.92	\$1,243.30	NO	NO	548
		All Other		9,317	545	\$376,047	\$40.36	\$52.36			
		Summary		9,776	545	\$656,208	\$67.12	\$74.65			

Report Description: Specialty drugs generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more expensive than alternative drugs or therapies. This report provides specialty drug analysis for the current month, current period, prior period and percent change.

Specialty Drug Key Indicators

	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Unique Pharmacy Members	681	704	719	2.1%
Member Months	681	7,890	8,090	2.5%
Claimants	5	11	10	-9.1%
Percent of Utilizing Members	0.7%	1.6%	1.4%	-11.0%
Prescriptions	5	65	68	4.6%
Specialty Percent of Total Paid	39.2%	37.2%	37.5%	0.7%
Percent of Total Prescriptions Paid	0.6%	0.7%	0.7%	-2.0%
Paid	\$29,237	\$351,106	\$337,703	-3.8%
Paid PMPM	\$42.93	\$44.50	\$41.74	-6.2%
Average Ingredient Cost/Prescription	\$5,947	\$5,541	\$5,055	-8.8%
Out of Pocket	\$500	\$9,082	\$6,037	-33.5%
Out of Pocket PMPM	\$0.73	\$1.15	\$0.75	-35.2%
Out of Pocket Percent of Allowed	1.7%	2.5%	1.8%	-30.4%

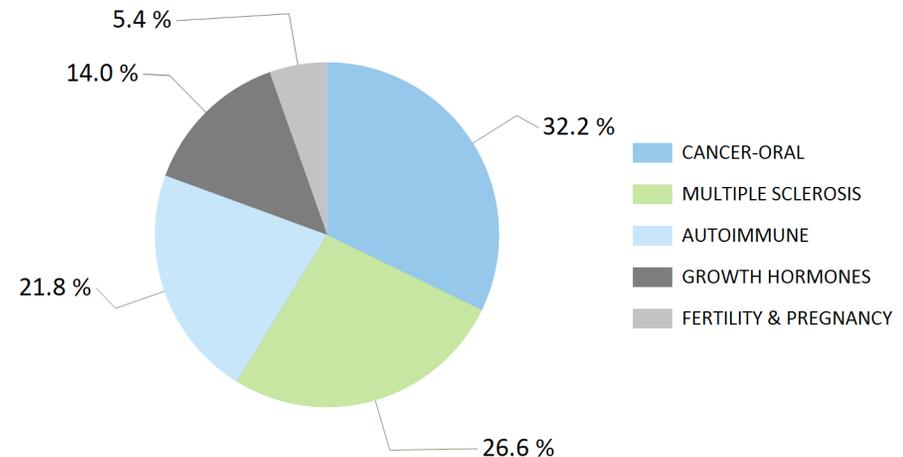
Top Specialty Classes by Ingredient Cost for the Current Period



Top 15 Specialty Drugs by Ingredient Cost for the Current Period

Brand Name	Specialty Class	Ingredient Cost	Prescriptions	Avg. Ingredient Cost/ Prescription	Specialty Claimants
HUMIRA PEN INJ 40/0.4ML	AUTOIMMUNE	\$131,567	13	\$10,120.53	1
REBIF REBIDO INJ 44/0.5	MULTIPLE SCLEROSIS	\$60,594	8	\$7,574.19	1
OMNITROPE INJ 10/1.5ML	GROWTH HORMONES	\$50,800	13	\$3,907.69	1
HUMIRA PEN INJ 40MG/0.8	AUTOIMMUNE	\$35,360	7	\$5,051.39	1
MAVYRET TAB 100-40MG	HEPATITIS C	\$26,358	2	\$13,178.88	1
TYMLOS INJ	ENDOCRINE SPECIALTY	\$20,207	11	\$1,836.99	1
FOLLISTIM AQ INJ 900UNIT	FERTILITY & PREGNANCY	\$13,290	2	\$6,644.95	1
MENOPUR INJ 75UNIT	FERTILITY & PREGNANCY	\$2,331	1	\$2,330.59	1
GANIRELIX AC INJ 250/0.5	FERTILITY & PREGNANCY	\$1,320	1	\$1,320.37	1
TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	\$953	1	\$953.01	1
LEUPROLIDE INJ 1MG/0.2	SPECIALTY OTHER	\$638	1	\$637.96	1
OVIDREL INJ	FERTILITY & PREGNANCY	\$161	1	\$161.48	1
HYDROXYUREA CAP 500MG	CANCER-ORAL	\$133	6	\$22.12	1
HYDROXYUREA CAP 500MG	CANCER-ORAL	\$22	1	\$22.18	1
Summary		\$343,733	68	\$5,054.90	10

Top Specialty Classes by Ingredient Cost for the Prior Period



Complications of Pregnancy, Childbirth and the Puerperium: Includes vaginal and cesarean deliveries and complications of pregnancy, such as ectopic and molar pregnancies. Puerperium refers to 42 days following childbirth and expulsion of the placenta. Refers to the mother only.

Conditions Influencing Health Status: This includes post-surgical states, organ / tissue transplants, artificial limbs and replacements. Examples include knee replacements and kidney transplant status.

Conditions in the Perinatal Period: Perinatal refers to the period beginning after the 28th week of gestation and ending 28 days after birth. Problems can include hemorrhage, digestive disorders, respiratory distress syndrome and disorders relating to short gestation and unspecified low birth weight.

Congenital Anomalies: Includes the treatment of any condition present at birth. This includes Spina Bifida, cleft palate, Down's Syndrome, heart disease, kidney displacement & polycystic kidney disease.

Diseases of the Blood and Blood Forming Organs: Includes any problems associated with white or red blood cells, platelets or plasma. An example includes Anemia, a deficiency in red blood cells.

Diseases of the Circulatory System: Includes problems with the heart, blood vessels and circulation. Some common diagnoses include Coronary Artery Disease, cardiovascular disease, and stroke.

Diseases of the Digestive System: Includes the treatment of any organ or area of the body pertaining to digestion. These areas include the mouth/teeth, esophagus, stomach, intestines, gall bladder, liver and pancreas. Diagnoses include: Esophageal Reflux, Gastroenteritis, Appendicitis and hernias.

Diseases of the Genitourinary System: Includes problems related to the kidneys, bladder and male and female genitalia. Common diagnoses include Hematuria, Urinary Tract Infection, Acute or Chronic Renal Failure and Calculus of Kidney (stones).

Diseases of the Nervous System: Includes treatment for disorders of the Central and Peripheral Nervous systems. Diagnoses include: Carpal Tunnel Syndrome, Obstructive Sleep Apnea, Epilepsy, Multiple Sclerosis, Alzheimer's Disease and Migraine headaches.

Diseases of the Respiratory System: Includes treatment for diagnoses such as Asthma, Pneumonia, Emphysema, Pharyngitis, Sinusitis, Bronchitis and COPD. These can be acute or chronic in nature.

Diseases of the Skin and Subcutaneous Tissue: This involves any condition relating to the skin or beneath the skin, including hair and nails. Some conditions include Acne, Corns, Cellulitis, Psoriasis, Dermatitis and fungal infections.

Ears and Mastoid: Includes any condition pertaining to the ear or the mastoid process. The mastoid process is the portion of the temporal bone extending down behind the ear. Diagnoses include Otitis Media, Tinnitus, Menieres Disease, Hearing Loss and Labyrinthitis.

Endocrine, Nutritional and Metabolic Diseases: Endocrine disorders include those of the endocrine glands and includes the thyroid, pituitary, pancreas, ovaries and testes. Disorders include Diabetes, thyroid disease, Obesity, Hyperlipidemia, Cystic Fibrosis and any disease affecting the immune system.

Health Services: This includes elective surgeries, other procedures & aftercare, rehabilitation and dialysis. Specific examples include: long-term medication use, Physical Therapy and chemotherapy.

Health Services: Reproduction and Development: Include services pertaining to the child only. For example, normal pregnancy, post-partum care and exam or health supervision of an infant or child.

Infectious and Parasitic Diseases: Includes diseases caused by microbes outside of the body that infect and cause damage within the body. These diseases are recognized as communicable or transmissible. Diagnoses include HIV, Hepatitis, Colitis & intestinal disruptions such as food poisoning.

Injury and Poisoning: Includes treatment for injuries to the body or for any poison ingested. Diagnoses include sprains & strains, fractures, burns and lead poisoning. Patients are most commonly seen in the emergency room for acute conditions.

Mental Health: Refers to a group of disorders causing severe disturbances in thinking, feeling or relating. Includes treatment of any condition that affects mood or behavior. The most common diagnoses include anxiety disorders, depressive disorders and schizophrenia.

Musculoskeletal and Connective Tissue Disease: Includes orthopedic treatment, which would involve anything related to the bones, muscles, joints and soft tissue. Diagnoses: Arthritis, Tendonitis, back disorders, disc disorders, rheumatism, and scoliosis. These diagnoses are more chronic in nature.

Neoplasms: Includes any abnormal growth of cells, either benign or malignant (cancer). Though these can be found at any spot of the body, some of the most common forms include neoplasms of the breast, prostate, stomach and brain. Other examples include Leukemia and Hodgkin's Disease.

Other Circumstances: This includes convalescent care and follow-ups to surgeries and examinations.

Potential Health Hazards: Personal or family history of diseases or disorders; e.g., breast cancer.

Procreative and Contraceptive Management: This includes artificial insemination, fertility testing, genetic counseling, family planning, sterilizations and contraceptive management.

Signs, Symptoms and Ill-Defined Conditions: Includes signs, symptoms, abnormal lab results and ill-defined conditions for which no known cause can be found. For example, a patient may experience chest pain, but no known cause is found.

Substance Abuse: Includes behavior marked by the use of chemically active agents, such as prescription or illicit drugs, alcohol or tobacco. Cognitive, behavioral and physiological symptoms indicate that the person continues use of the substance.

Without Reported Diagnosis: This includes general medical examinations, gynecological exams, mammogram screenings, preventive services, physicals and special screenings for neoplasms.

Admin Fees: The charge to an account for HCSC's operational cost of doing business.

Administrative Services Only (ASO): A contract between HCSC and a self-funded plan where HCSC performs administrative services only and does not assume any financial risk. Services usually include claims processing but may include other services such as actuarial analysis and utilization review.

Aggregate: Constituting or amounting to a whole. For example, an aggregate account report includes data for the entire account.

Aggregate Stop Loss: A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Aggregate stop loss provides protection against the accumulation of total claims for a group as a whole exceeding a stated level.

Allowed: Amount considered eligible for payment by the plan

ASO Adjustments: An amount added or deducted from ASO (Administrative Services Only) fees. This includes Stop Loss Reimbursements.

Average Age: The difference between the claimant's year of enrollment and year of birth. Calculated using the measure Average Age divided by the members represented in the report.

Average Contract Size: The average number of members per subscriber. It is calculated as: Medical Members / Medical Subscribers

Average Dependents: Calculated using the measure Member Months (filtered on the Relationship = Dependents) divided by the number of months in the report.

Average Ingredient Cost: Represents the cost of the medication and is determined from the lowest submission of the pharmacy network rate, Usual & Customary amount, or Maximum Allowable Cost (MAC)

Average Members: Calculated using the measure Member Months divided by the number of months included in the report.

Average Subscribers: Calculated using the measure Subscriber Months divided by the number of months included in the report.

Billed: Amount submitted for payment by the provider

Billing and Accounts Receivable System (BARS): An HCSC financial system where all Administrative Services Only (ASO) customer bills are generated.

Blue Card Access Fee: Interplan Teleprocessing Services fee charged on out-of-state claims for accessing the local plan's provider network

Brand Formulary: Brand name medications that are listed on the formulary

Brand Non-Formulary: Brand name medications that are not listed on the formulary

Claimants: Number of individual members submitting a claim

Claim Lag: The amount of time between the date a claim is incurred and the date the claim payment is made.

COB: Portion of amount considered eligible for payment that has been paid by another insurance company (Coordination of Benefits)

COB Medicare: Portion of amount considered eligible for payment that has been paid by Medicare

COBRA Members: Consolidated Omnibus Budget Reconciliation Act - A federal law which requires most employers sponsoring group health plans to offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) when coverage under the plan would otherwise end.

Coinsurance: Portion of covered amount member is responsible to pay for the claim

Co-payment: Flat rate that the member is responsible to pay for the claim

Coverage Tier: Eligibility tiers which stratify enrollment data based on the employee and others enrolled under the employee's coverage. Varying benefits can be assigned to tiers.

Covered Amount: Amount eligible for payment based on the terms of the medical/dental benefits agreement.

DAW/1: Indicates that the physician has specified 'do not substitute' on the prescription.

DAW2: Indicates that the Physician has allowed a substitution, but the patient requested brand to be dispensed

Deductible: Portion of annual deductible amount member is responsible to pay applied to the claim.

Dental Loss Ratio: Calculated as the Dental Paid Claims Amount divided by the Billed Dental Premium Amount.

Dental Paid Claims: An amount paid to cover the Health Plan's liability for dental services provided to members for claims that have been processed and approved for payment.

Discount: Amount of reduction from billed amount that has been negotiated with the provider

Discount %: For medical claims, the discount percent is calculated as $\text{Discount} / \text{Covered}$

Dispensing Rate: The proportion of total drugs claims a certain drug or drug type is being dispensed

Drug Type: An indicator on each Rx claim that tells whether a prescription is single source brand, multi-source brand or generic item.

Effective Discount %: The effective discount percentage is calculated as: $\text{Discount} / (\text{Discount} + \text{Paid})$

Fees and Credits: Includes all account-specific member and account level fees. Can include Specific Stop Loss, Aggregate Stop Loss, Administration, Access Fees, ASO Adjustments (either debits or credits), Rx Credits and other miscellaneous fees.

Females (20-44 years): The total number of members who are women between the ages of 20 and 44 years. The proportion of females (20-44 years) is calculated as: $\text{Member Months for Women between 20-44 years} / \text{Member Months}$

Formulary Compliance Rate: The percentage of drugs dispensed that were included in the formulary

Generic Dispensing Rate: Proportion of potential generic prescriptions that were filled as generic. It is calculated as: $\text{Number of generic scripts} / \text{Number of scripts}$

Generic Drugs: A medication for which the patent has expired, allowing any manufacturer to produce and distribute the product under the chemical name.

Generic Substitution Rate: The rate in which generics were dispensed when a generic was available. It is calculated by $\text{Number of generic Rx} / (\text{Number of generic Rx} + \text{Number of multi-source brand Rx})$

Group Liability: Total Claim Expense plus Fees and Credits

HCC: High Cost Claimant, a claimant with total paid amount over a specified threshold (e.g., \$30,000 or \$50,000) within the reporting period

IBNR: An acronym for 'incurred but not reported'. IBNR claims are that group which are incurred before the fund reserving date, but not reported until after that date.

Ingredient Cost: The cost of the drug minus any taxes or dispensing fees

In-Network Paid %: Percent of total paid expenses for in-network claims. It is calculated as: $\text{In-Network Paid} / \text{Paid}$

Inpatient Facility: Refers to Facility Inpatient claims

International Classification of Diseases (ICD): An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO).

Leading ICD Diagnostic Category: For each patient, summarize total paid amount for each diagnosis and its corresponding MDC. The MDC with the greatest paid amount for the patient becomes the Leading ICD Diagnostic Category for the reporting period

MAC Program Savings: Savings achieved by using the MAC (maximum allowable cost) discount on generic medications

Medical Paid Claims: An amount paid to cover the Health Plan's liability for medical (healthcare) services provided to members for claims that have been processed and approved for payment

Medical/Pharmacy Loss Ratio: Calculated as the combined Medical and Pharmacy Paid Claims Amount divided by the total Billed Premium Amount for Medical and Pharmacy, where appropriate

Member Months: Count of months of eligibility for members

Multi-Source Brand: Brand name medications with a generic equivalent

Network Indicator: An indicator that shows whether the claim was processed as in-network (e.g., in the Preferred Provider Organization network) or out-of-network and paid accordingly

Network Savings Discount: The discount that is applied when a member receives services from a contract provider.

Not Covered: Amount considered not eligible for payment by the plan (excludes the discount amount)

Other Adjustments: Minor payments or credits not captured in other specific expense measures

Other Payments: Combination of Blue Card access fees and surcharge expenses

Other Reductions: Combination of maximum reductions, penalties, workers compensation savings, and subrogation savings

Out of Pocket: Total amount that is the responsibility of the claimant. It is calculated as: (Copay + Deductible + Coinsurance)

Outpatient Facility: Refers to Facility Outpatient claims

Paid: Total amount paid by the plan, including access fees, adjustments, and surcharges

Paid-Provider: Amount paid to the provider by the plan

Paid/Claimant: Amount paid to the provider by the plan per claimant. It is calculated as: Paid / Claimants

Paid/Service: Amount paid to the provider by the plan per admission (inpatient facility), per visit (outpatient facility and professional) or per script (prescription Rx). It is calculated as: Paid / Services

Paid PEPM: Amount paid to the provider by the plan per employee per month. It is calculated as: Paid / Subscriber Member Months

Paid PMPM: Amount paid to the provider by the plan per member per month. It is calculated as: Paid / Member Months

Penalty: Amount charged to the user of health care services for a non-approved contractual service

PEPM: Per employee per month

Pharmacy Discount %: For pharmacy claims, the discount percent is calculated as Discount / (Discount + Allowed)

Pharmacy Paid Claims: An amount paid to cover the Health Plan's liability for pharmacy services provided to members for claims that have been processed and approved for payment

Pharmacy Tier: An indicator on each Rx claim that tells whether a prescription is generic, preferred brand, non-preferred brand, specialty, or other

Plan Eligibility: Eligibility derived directly from the plan's enrollment system. It excludes eligibility created during data processing for claims without matching records in the enrollment system.

PMPM: Per member per month

Premium: An agreed upon fee paid to the Health Plan for coverage of medical and/or dental benefits for an established benefit period and set intervals

Professional: Services provided by physicians or other professional providers.

Recoveries: Subrogation and/or Reimbursements for claims that are included in BARS but not in HCSC's data warehouse (since some of the reimbursements could be for members or claims that are no longer in our data warehouse). Recoveries are loaded from the BARS System and included in Blue Insight for reconciliation purposes.

Rx Credit Fees: Drug rebates that are credited back to the account.

Rx Paid PEPM: Prescription drug paid amount per employee per month

Rx Paid PMPM: Prescription drug paid amount per member per month

Service Category: A classification based on claim type

Service Type: Classification based on principal diagnosis or ICD Procedure Code

Services: Number of admissions (inpatient facility), number of visits (outpatient facility), number of claim lines (professional), or number of scripts (prescription Rx)

Services/1000: Number of services per 1,000 members. It is calculated as: $(\text{Services} / \text{Member Months}) * 1000 * 12$

Single Source Brand: Brand name medications with no generic equivalent

Specialty Drugs: Medications that generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more costly than alternative drugs or therapies.

Specific Stop Loss: A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Specific (or individual) stop loss limits the cost of eligible medical expenses for each covered individual.

Subrogation Savings: Portion of amount eligible for payment originally paid by the plan but that has since been recovered through a legal action

Surcharge: Amount charged as a tax by certain States on facility claims

Therapeutic Drug Class: Used to categorize or group prescription drugs which are considered similar by the disease they treat or by the effect they have on the body

Total Paid: The total amount of medical and pharmacy dollars paid to cover healthcare services provided to members for claims that have been processed and approved for payment

Total Paid Claims + Recoveries: The total amount paid by the plan plus any amount recovered through subrogation.

Workers Compensation Savings: Portion of amount eligible for payment that has been paid a third party Workers Compensation carrier

Blue Insight Report

ASO HMO

Blue Insight Monthly Financial Report

VILLAGE OF OAK PARK: ASO HMO

01/01/2019 to 12/31/2019



PLAN PERFORMANCE

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Report Description

Medical Claims data in this report reflects claims for which Blue Cross Blue Shield Illinois (BCBSIL) HMO is liable and has made payment. It is primarily inpatient and outpatient facility claims data. It does not reflect any capitated services which includes professional services, lab and diagnostic services.

- Data reflected in this report for professional services is for out of area claims only.
- Physician Reinsurance falls under the service category of Professional and is reflected under Medical Paid.
- Professional services within the HMO network are covered under a capitated arrangement and not reflected in this data. Specifically physician service fees, diagnostic and therapeutic radiology, chemotherapy, PT/ST/OT and rehabilitation therapy, cardiac and other diagnostic testing and lab services, etc. are excluded from the professional data.

Financial Summary

Current Period: The current reporting period represents claims paid from January 1, 2019 through December 31, 2019.

Prior Period: The prior reporting period represents claims paid from January 1, 2018 through December 31, 2018.

Utilization Overview

Current Reporting Period: The current reporting period represents claims incurred from November 1, 2018 - October 31, 2019 and paid from January 1, 2019 through December 31, 2019.

Prior Reporting Period: The prior reporting period represents claims incurred from November 1, 2017 - October 31, 2018 and paid from January 1, 2018 through December 31, 2018.

Benchmarks

Benchmarks are based on BCBSIL HMO book of business.

The report includes medical claims and pharmacy claims.

Reporting Segments: ALL

Characteristics: ALL

Group/Sections: ALL

Reporting Support Contact Information

For reporting support, please contact Client Reporting Service Center

Email: client_reporting@bcbsil.com

Phone: 1-877-837-1866

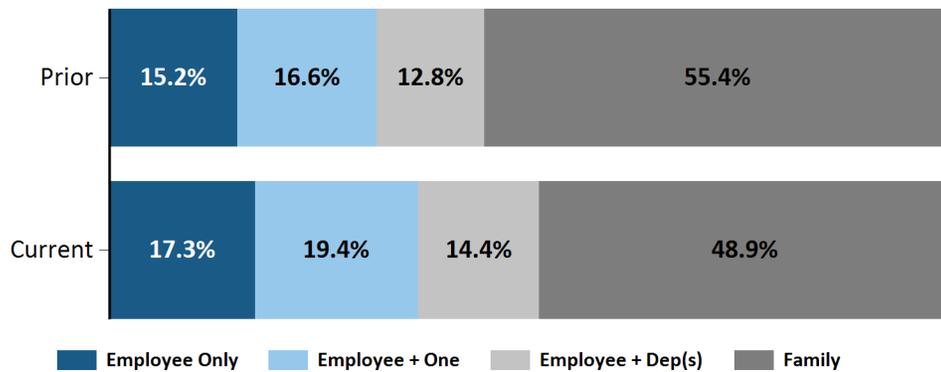
Hours of Operation: Monday - Friday: 8:00am - 5:00pm CT

Report prepared on 01/25/2020

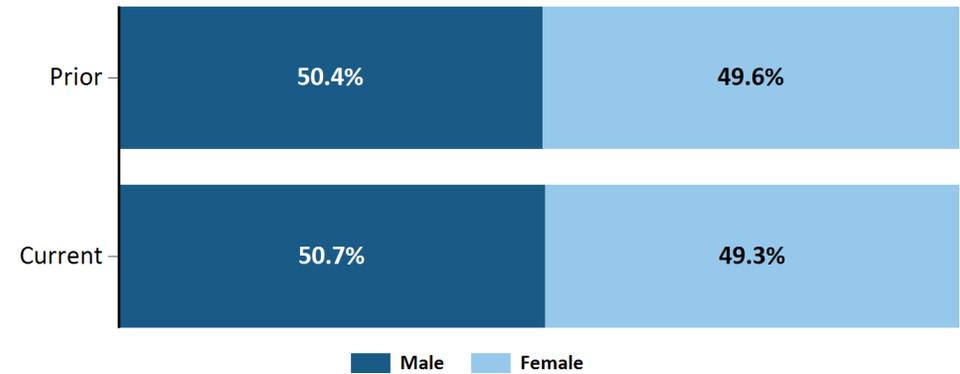
Report Description: Provides the current enrollment based on the current period.

Month	Medical Subscribers	Medical Members	Pharmacy Subscribers	Pharmacy Members
Jan 2019	127	292	127	292
Feb 2019	124	284	124	284
Mar 2019	124	282	124	282
Apr 2019	122	273	122	273
May 2019	123	272	123	272
Jun 2019	126	275	126	275
Jul 2019	123	266	123	266
Aug 2019	122	265	122	265
Sep 2019	121	263	121	263
Oct 2019	123	265	123	265
Nov 2019	123	265	123	265
Dec 2019	122	264	122	264

Enrollment by Tier



Enrollment by Gender



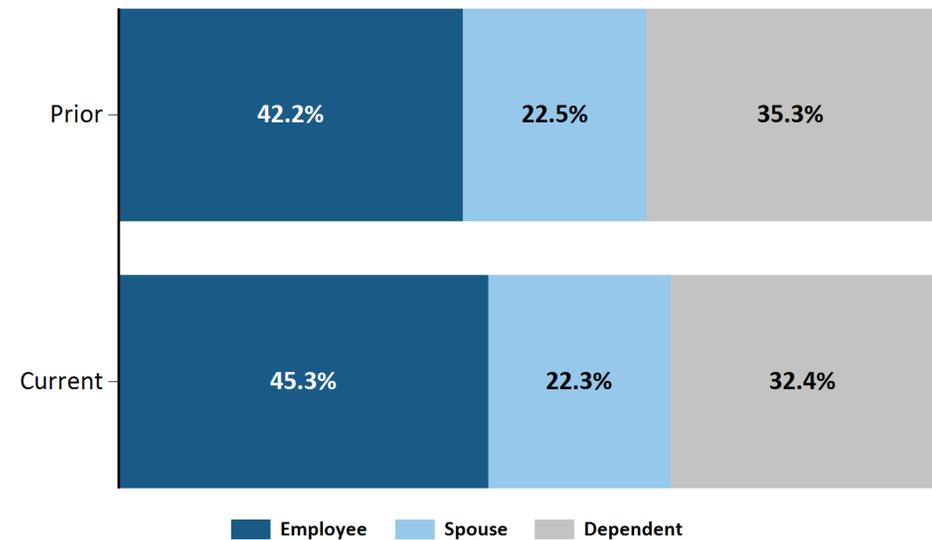
Report Description: Provided medical demographics for the current period compared to the prior period and percent change.

Medical Demographics

	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Average Membership	323	272	-15.8%
Employee	137	123	-10.2%
Spouse	73	61	-16.4%
Dependent	114	88	-22.8%
Average Contract Size	2.4	2.2	-8.3%
Average Age	38.6	39.7	2.8%
Employee	51.8	51.4	-0.8%
Spouse	51.4	52.0	1.2%
Dependent	14.6	14.9	1.2%
% Under 30	39.3%	37.7%	
% 30 to 49	23.2%	23.9%	
% 50 to 64	27.5%	27.5%	
% 65+	10.0%	10.8%	
Gender			
Proportion of Males	50.4%	50.7%	
Proportion of Females	49.6%	49.3%	
Females Ages 20-44	13.4%	13.6%	

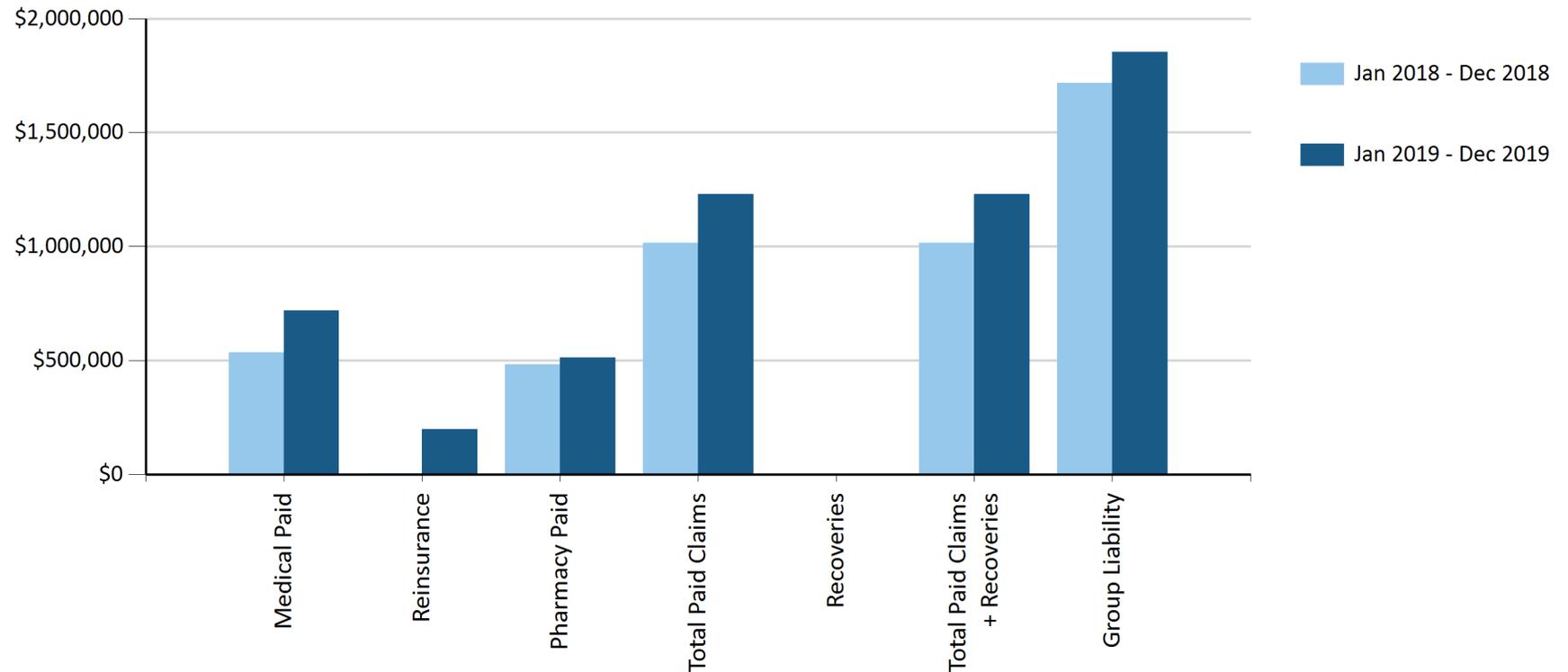
- Overall, membership **decreased by 15.8%** between reporting periods
- The average age was 39.7 and **increased by 2.8%** between reporting periods.
- Contract size **decreased by 8.3%** between reporting periods.
- Females between the ages of 20 and 44 **increased from 13.4% to 13.6%** between reporting periods.

Average Medical Membership



Report Description: Provides a breakdown of the medical order of reduction from billed to paid for the current month, current period, prior period and a percent change. This report may highlight key measures and their potential impact on paid expenses.

Paid Month	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Medical Paid	\$36,407	\$535,338	\$717,519	34.0%
Reinsurance*	\$4,040	\$512	\$197,287	38,413.7%
Pharmacy Paid	\$60,216	\$480,990	\$510,909	6.2%
Total Paid Claims	\$96,623	\$1,016,328	\$1,228,427	20.9%
Recoveries	\$0	\$0	\$0	0.0%
Total Paid Claims + Recoveries	\$96,623	\$1,016,328	\$1,228,427	20.9%
Fees & Credits	\$52,103	\$699,647	\$624,378	-10.8%
Group Liability	\$148,726	\$1,715,975	\$1,852,805	8.0%



*Informational only - included in Medical Paid

Report Description: The distribution of medical paid expense by claimant and the average medical paid per claimant amount are shown for the current period.

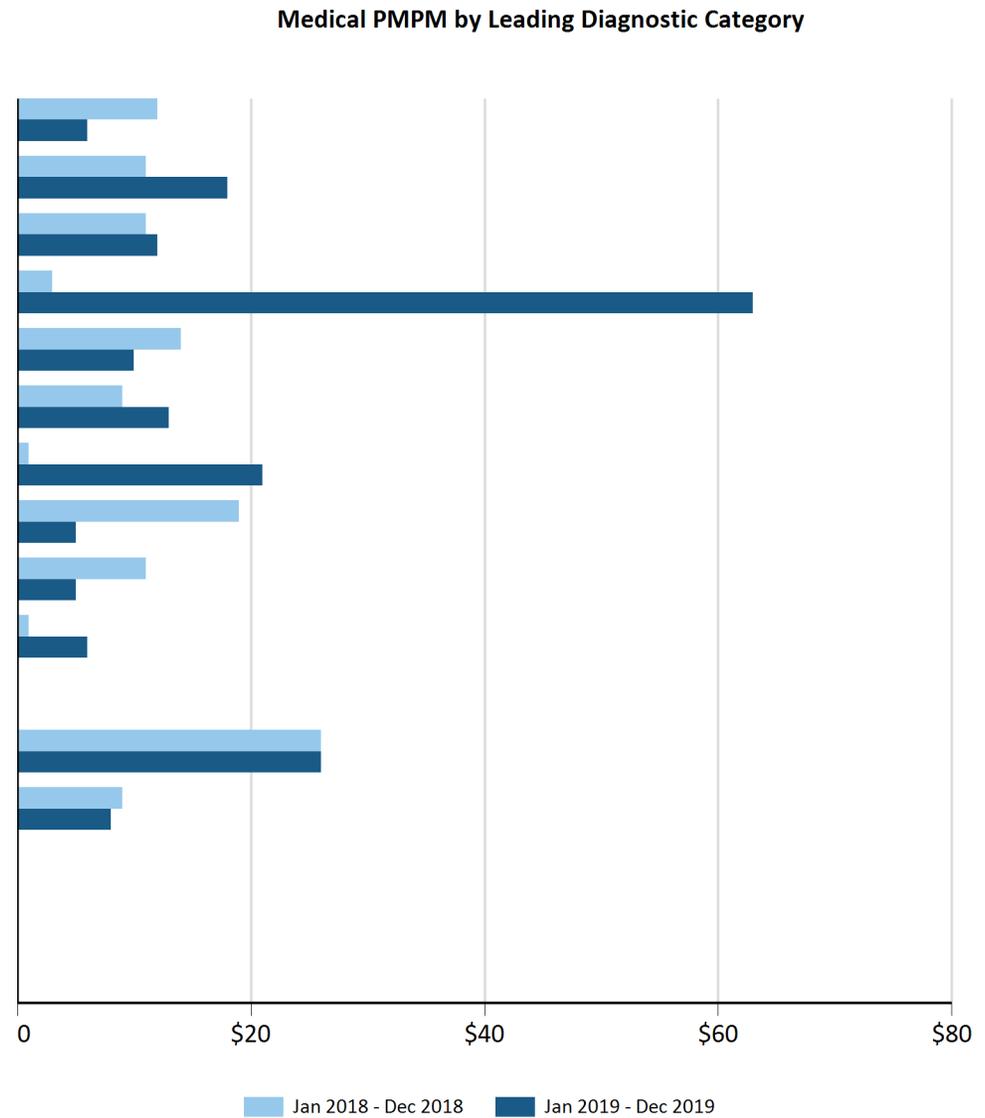
Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
Less than \$200	39	30.5%	(\$3,646)	-0.5%	(\$94)
\$200 - \$1,000	22	17.2%	\$11,878	1.7%	\$540
\$1,001 - \$5,000	36	28.1%	\$80,517	11.2%	\$2,237
\$5,001 - \$10,000	18	14.1%	\$126,659	17.7%	\$7,037
\$10,001 - \$30,000	10	7.8%	\$186,523	26.0%	\$18,652
\$30,001 - \$50,000	1	0.8%	\$32,507	4.5%	\$32,507
Summary <= \$50,000	126	98.4%	\$434,437	60.5%	\$3,448

Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
\$50,001 - \$75,000					
\$75,001 - \$100,000					
\$100,001 - \$150,000	1	0.8%	\$104,331	14.5%	\$104,331
\$150,001 - \$200,000	1	0.8%	\$178,751	24.9%	\$178,751
\$200,001 - \$250,000					
\$250,001 - \$500,000					
\$500,001+					
Summary \$50,001 or Greater	2	1.6%	\$283,082	39.5%	\$141,541
Combined Summary	128	100.0%	\$717,519	100.0%	\$5,606

Key Findings: The proportion of claimants who received less than \$200 in services for the current period was **30.5%**. These claimants spent **-0.5%** of the total paid expenses and the average paid expense per claimant was **(\$94)**. **1.6%** of claimants had expenses over \$50,001 for the current period. These claimants spent **39.5%** of the total paid expenses and the average paid expense per claimant was **\$141,541**.

Report Description: Lists the top 15 overall paid expense across inpatient facility, outpatient facility, and professional settings by leading diagnostic categories for the current month, current period, prior period and percent change.

Paid Period	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Leading Diagnostic Category	Paid PMPM	Paid PMPM	Paid PMPM	Paid PMPM
Respiratory	\$36	\$12	\$6	-50.0%
Genitourinary	\$26	\$11	\$18	63.6%
Digestive	\$25	\$11	\$12	9.1%
Residual/Unclassified	\$20	\$3	\$63	2,000.0%
Musculoskeletal	\$11	\$14	\$10	-28.6%
Symptoms/Ill-Defined	\$8	\$9	\$13	44.4%
Endocrine	\$7	\$1	\$21	2,000.0%
Injury/Poisoning	\$3	\$19	\$5	-73.7%
Nervous System	\$1	\$11	\$5	-54.5%
Skin Diseases		\$1	\$6	500.0%
Infectious/Parasitic				0.0%
Circulatory		\$26	\$26	0.0%
Mental Health		\$9	\$8	-11.1%
				0.0%
				0.0%
All Other Values		\$12	\$28	133.3%
Summary	\$138	\$138	\$220	59.4%



Key Findings: The top three Leading Diagnostic Categories in the current reporting month based on Paid PMPM were **Respiratory, Genitourinary, and Digestive**.

Report Description: This report reflects the copays that have been collected from the claimants on an aggregate basis for the BCBSIL HMO's liable claims. This report does not include copays collected at the medical groups/IPAs.

Copay	Claimants	Claimants %	Copay	Copay %
Less Than \$100	53	57.6%	\$0	0.0%
\$100 - \$200	32	34.8%	\$4,800	64.0%
\$201 - \$300	5	5.4%	\$1,500	20.0%
\$301 - \$400				
\$401 - \$500				
\$501 - \$1,000	2	2.2%	\$1,200	16.0%
\$1,001 - \$2,000				
\$2,001 - \$3,000				
Greater Than \$3,000				
Summary	92	100.0%	\$7,500	100.0%

Key Findings: The proportion of claimants who paid less than **\$100** in copays for the current period was **57.6%**. These claimants spent **0.0%** of the total copay amount.

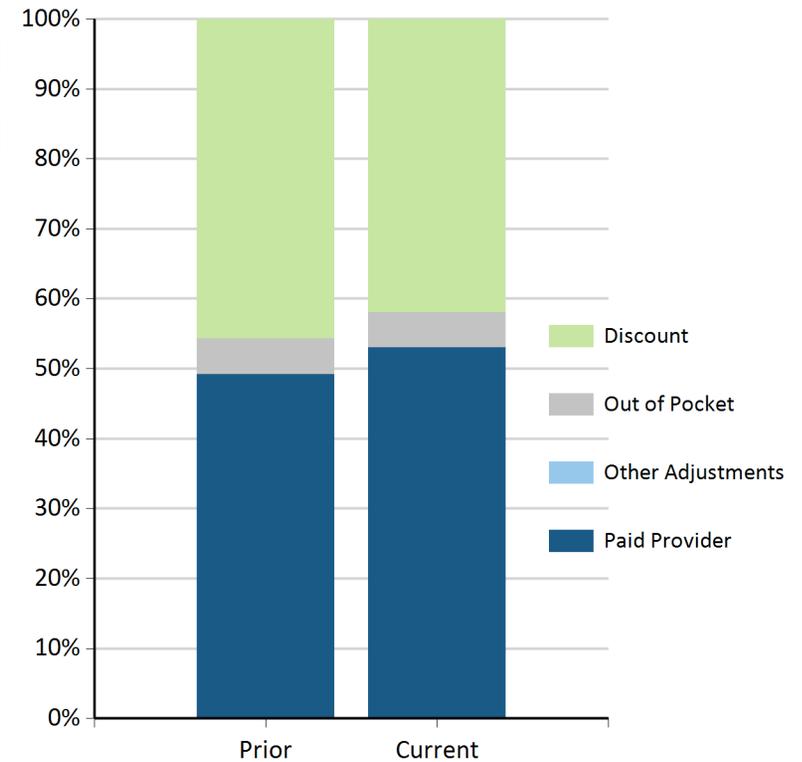
Report Description:

This report provides an overview of pharmacy order of reduction from billed to paid for the current month, current period, prior period, and percent change.

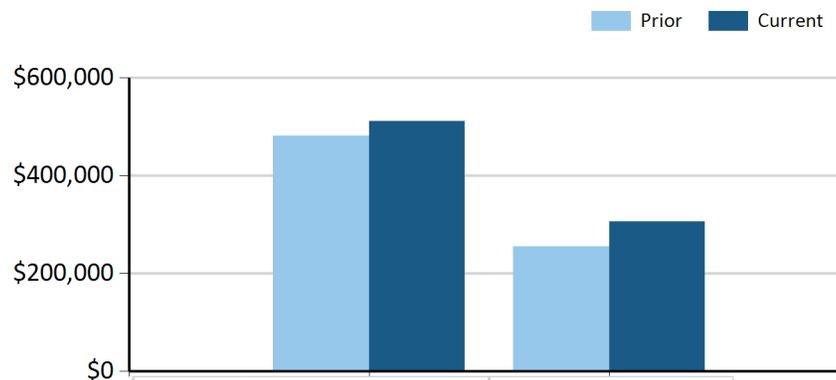
Pharmacy Order of Reduction

	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Billed	\$98,680	\$978,095	\$963,177	-1.5%
Covered	\$98,680	\$978,095	\$963,177	-1.5%
Discount	\$34,073	\$446,707	\$403,760	-9.6%
Allowed	\$64,607	\$531,388	\$559,417	5.3%
Out of Pocket	\$4,391	\$50,413	\$48,508	-3.8%
Other Adjustments	\$0	(\$15)	\$0	100.0%
Paid - Provider	\$60,216	\$480,990	\$510,909	6.2%
Paid	\$60,216	\$480,990	\$510,909	6.2%

Breakdown of Billed Amount



Total Pharmacy Paid vs. Specialty Paid



	Total Paid	Specialty Paid
Prior	\$480,990	\$255,643
Current	\$510,909	\$306,206

Report Description: This report provides an overview of the prescription expenses as well as providing percent change in these expenses between the current month, current period, prior period and percent change.

Key Indicators Summary

Key Indicators Summary	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Unique Pharmacy Members	264	357	314	-12.0%
Average Age (Years)	40.0	38.6	39.7	3.0%
Proportion of Males	50.4%	50.4%	50.7%	0.6%
Proportion of Females	49.6%	49.6%	49.3%	-0.6%
Member Months	264	3,878	3,266	-15.8%
Claimants	103	239	224	-6.3%
Prescriptions	215	3,088	2,701	-12.5%
Prescriptions PMPM	0.81	0.80	0.83	3.9%
Paid	\$60,216	\$480,990	\$510,909	6.2%
Paid PMPM	\$228.09	\$124.03	\$156.43	26.1%
Allowed	\$64,607	\$531,388	\$559,417	5.3%
Allowed PMPM	\$244.72	\$137.03	\$171.29	25.0%
Avg. Ingredient Cost/Prescription	\$299.90	\$171.37	\$206.43	20.5%
Generic Dispensing Rate	82.3%	86.4%	84.6%	-2.1%
Formulary Compliance Rate	99.5%	99.5%	99.7%	0.3%
Generic Substitution Rate	96.7%	99.5%	97.6%	-2.0%
Out of Pocket Percent of Allowed	6.8%	9.5%	8.7%	-8.6%
Retail as a Percent of Prescriptions	99.5%	96.6%	98.2%	1.6%
Mail Order as a Percent of Prescriptions	0.5%	3.4%	1.8%	-46.3%
Specialty Percent of Total Prescriptions	2.3%	1.4%	1.5%	8.8%
Specialty Percent of Total Paid	68.9%	53.2%	59.9%	12.8%
Specialty Average Ingredient Cost/Prescription	\$8,371.91	\$6,186.40	\$7,747.48	25.2%

Cost Sharing Distribution

Cost Sharing Distribution	Dec 2019		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019		% Change	
	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail
Member Out of Pocket	6.8%	77.9%	9.3%	20.0%	8.6%	12.9%	-7.2%	-35.3%
Plan Paid	93.2%	22.1%	90.7%	80.0%	91.4%	87.1%	0.7%	8.8%

Savings Summary

Savings Summary	Dec 2019			Jan 2018 - Dec 2018			Jan 2019 - Dec 2019			% Change		
	Retail	Mail	Summary	Retail	Mail	Summary	Retail	Mail	Summary	Retail	Mail	Summary
Discount	\$33,532	\$541	\$34,073	\$416,305	\$30,402	\$446,707	\$388,557	\$15,203	\$403,760	-6.7%	-50.0%	-9.6%
% Discount	34.2%	94.4%	34.5%	44.4%	74.4%	45.7%	41.3%	67.1%	41.9%	-7.0%	-9.9%	-8.2%

Pharmacy: Generic vs. Formulary Experience

Report Description: For the current period, the prescription drug expenses are displayed below for retail and mail order providers and broken out by drug type and formulary indicator.

Retail Prescriptions	Prescriptions	% of Total Prescriptions	Total Expense		Member Expense		Plan Expense	
			Allowed	Allowed / Prescription	Out of Pocket	Out of Pocket / Prescription	Paid	Paid/ Prescription
Generic	2,239	84%	\$73,973	\$33.04	\$28,579	\$12.76	\$45,394	\$20.27
Brand	413	16%	\$477,987	\$1,157.35	\$18,967	\$45.92	\$459,020	\$1,111.43
Summary	2,652	100%	\$551,960	\$208.13	\$47,545	\$17.93	\$504,415	\$190.20

Brand Type Breakdown

Single-Source Brand	310	12%	\$457,122	\$1,474.59	\$15,614	\$50.37	\$441,508	\$1,424.22
Multi-Source Brand	104	4%	\$20,865	\$200.62	\$3,353	\$32.24	\$17,512	\$168.38
Multi-Source Brand w/ DAW1	11	0%	\$1,222	\$111.05	\$654	\$59.41	\$568	\$51.64
Multi-Source Brand w/ DAW2	35	1%	\$7,876	\$225.03	\$890	\$25.43	\$6,986	\$199.61
Brand Formulary	406	15%	\$472,394	\$1,163.53	\$18,477	\$45.51	\$453,918	\$1,118.02
Brand Non-Formulary	7	0%	\$5,592	\$798.92	\$490	\$70.00	\$5,102	\$728.92

Mail Prescriptions	Prescriptions	% of Total Prescriptions	Total Expense		Member Expense		Plan Expense	
			Allowed	Allowed / Prescription	Out of Pocket	Out of Pocket / Prescription	Paid	Paid/ Prescription
Generic	45	92%	\$6,174	\$137.20	\$963	\$21.40	\$5,211	\$115.80
Brand	4	8%	\$1,283	\$320.76	\$0	\$0.00	\$1,283	\$320.76
Summary	49	100%	\$7,457	\$152.19	\$963	\$19.65	\$6,494	\$132.53

Single-Source Brand	4	8%	\$1,283	\$320.76	\$0	\$0.00	\$1,283	\$320.76
Multi-Source Brand								
Multi-Source Brand w/ DAW1								
Multi-Source Brand w/ DAW2								
Brand Formulary	4	8%	\$1,283	\$320.76	\$0	\$0.00	\$1,283	\$320.76
Brand Non-Formulary								

Total Prescriptions	Prescriptions	% of Total Prescriptions	Total Expense		Member Expense		Plan Expense	
			Allowed	Allowed / Prescription	Out of Pocket	Out of Pocket / Prescription	Paid	Paid/ Prescription
Generic	2,284	85%	\$80,147	\$35.09	\$29,542	\$12.93	\$50,605	\$22.16
Brand	417	15%	\$479,270	\$1,149.33	\$18,967	\$45.48	\$460,303	\$1,103.84
Summary	2,701	100%	\$559,417	\$207.11	\$48,508	\$17.96	\$510,909	\$189.16

Brand Type Breakdown

Single-Source Brand	314	12%	\$458,405	\$1,459.89	\$15,614	\$49.73	\$442,791	\$1,410.16
Multi-Source Brand	104	4%	\$20,865	\$200.62	\$3,353	\$32.24	\$17,512	\$168.38
Multi-Source Brand w/ DAW1	11	0%	\$1,222	\$111.05	\$654	\$59.41	\$568	\$51.64
Multi-Source Brand w/ DAW2	35	1%	\$7,876	\$225.03	\$890	\$25.43	\$6,986	\$199.61
Brand Formulary	410	15%	\$473,677	\$1,155.31	\$18,477	\$45.06	\$455,201	\$1,110.25
Brand Non-Formulary	7	0%	\$5,592	\$798.92	\$490	\$70.00	\$5,102	\$728.92

Pharmacy: Top Non-Specialty Therapeutic Drug Classes

Report Description: The top 25 therapeutic drug classes for the current period are displayed below ranked by ingredient cost.

Current/ Prior Rank	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	% Formulary	% Generic	Rank by Volume
1 2	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	25	3	\$22,072	\$882.88	\$801.94	100.0%	0.0%	33
2 5	Insulin	29	6	\$21,625	\$745.69	\$767.48	100.0%	0.0%	28
3 3	Direct Factor Xa Inhibitors	34	9	\$21,037	\$618.74	\$814.87	100.0%	0.0%	23
4 7	Sympathomimetics	88	24	\$18,711	\$212.63	\$160.39	100.0%	2.3%	4
5 4	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	19	4	\$12,523	\$659.09	\$651.41	100.0%	0.0%	44
6 1	Impotence Agents	17	8	\$9,040	\$531.74	\$483.39	100.0%	100.0%	49
7 13	Anti-Obesity Agents	7	1	\$9,023	\$1,288.96	\$1,680.29	100.0%	0.0%	79
8 20	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	7	3	\$8,545	\$1,220.76	\$1,001.60	100.0%	0.0%	82
9 12	Antidiabetic Combinations	6	2	\$8,431	\$1,405.11	\$1,280.53	100.0%	0.0%	84
10 6	Amphetamines	46	6	\$7,426	\$161.44	\$197.50	100.0%	41.3%	19
11 9	Bronchodilators - Anticholinergics	5	2	\$6,402	\$1,280.40	\$831.29	100.0%	0.0%	87
12 11	Combination Contraceptives - Oral	69	16	\$6,115	\$88.62	\$71.48	100.0%	85.5%	9
13 16	Diagnostic Tests	19	7	\$4,302	\$226.44	\$208.66	100.0%	0.0%	41
14 14	Vaginal Estrogens	14	6	\$3,807	\$271.95	\$374.32	100.0%	28.6%	53
15 19	HMG CoA Reductase Inhibitors	190	46	\$3,794	\$19.97	\$13.10	100.0%	100.0%	1
16 18	Beta Blockers Cardio-Selective	81	19	\$3,024	\$37.34	\$32.13	100.0%	100.0%	5
17 21	Gout Agents	17	3	\$2,869	\$168.75	\$114.04	100.0%	35.3%	48
18 15	Thyroid Hormones	97	19	\$2,856	\$29.45	\$29.88	100.0%	93.8%	2
19	Migraine Products - Monoclonal Antibodies	4	1	\$2,400	\$599.89	\$593.90	50.0%	0.0%	104
20 25	Corticosteroids - Topical	44	25	\$2,345	\$53.30	\$78.14	100.0%	100.0%	20
21	Vasopressors	5	1	\$2,244	\$448.89	\$510.94	100.0%	100.0%	95
22	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	54	11	\$2,199	\$40.72	\$25.93	100.0%	100.0%	14
23 17	Anticonvulsants - Misc.	52	17	\$2,068	\$39.77	\$57.12	100.0%	96.2%	15
24 23	Calcium Channel Blockers	59	15	\$2,017	\$34.19	\$33.57	100.0%	98.3%	11
25 24	Antidepressants - Misc.	27	8	\$1,790	\$66.28	\$67.07	100.0%	100.0%	32
	All Other	1,646	202	\$61,013	\$37.07	\$42.35	99.7%	95.8%	
	Summary	2,661	224	\$247,678	\$93.08	\$78.74	99.7%	85.8%	

Pharmacy: Top Non-Specialty Prescription Drugs

Report Description: The top 25 prescription drugs for the current period are displayed below ranked by ingredient cost.

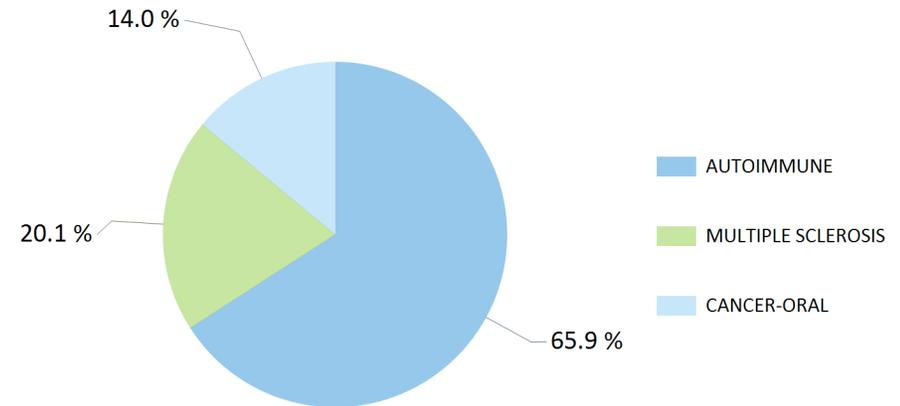
Current/ Prior Rank	Brand Name	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	Formulary Indicator	Generic Indicator	Rank by Volume
1	4 ELIQUIS TAB 5MG	Direct Factor Xa Inhibitors	29	7	\$15,354	\$529.46	\$633.96	YES	NO	3
2	2 VICTOZA INJ 18MG/3ML	Incretin Mimetic Agents (GLP-1 Receptor	14	2	\$14,165	\$1,011.77	\$863.10	YES	NO	25
3	8 SAXENDA INJ 18MG/3ML	Anti-Obesity Agents	7	1	\$9,023	\$1,288.96	\$2,383.91	YES	NO	90
4	13 JARDIANCE TAB 25MG	Sodium-Glucose Co-Transporter 2 (SGLT2)	7	3	\$6,421	\$917.32	\$1,379.21	YES	NO	94
5	41 BYDUREON PEN INJ 2MG	Incretin Mimetic Agents (GLP-1 Receptor	9	1	\$6,389	\$709.90	\$673.62	YES	NO	57
6	5 ELIQUIS TAB 2.5MG	Direct Factor Xa Inhibitors	5	2	\$5,683	\$1,136.53	\$1,249.03	YES	NO	134
7	26 JANUVIA TAB 25MG	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	4	1	\$5,386	\$1,346.48	\$1,280.53	YES	NO	174
8	ADVAIR DISKU AER 250/50	Sympathomimetics	7	3	\$5,144	\$734.84	\$406.88	YES	NO	91
9	REPATHA SURE INJ 140MG/ML	PCSK9 Inhibitors	7	1	\$4,995	\$713.51		YES	NO	105
10	NOVOLOG INJ PENFILL	Insulin	9	1	\$4,933	\$548.16		YES	NO	55
11	10 NOVOLOG INJ 100/ML	Insulin	3	1	\$4,673	\$1,557.54	\$854.30	YES	NO	248
12	16 NOVOLIN R INJ U-100	Insulin	5	1	\$4,520	\$904.05	\$957.71	YES	NO	136
13	SYNJARDY XR TAB 25-1000	Antidiabetic Combinations	3	1	\$4,391	\$1,463.74		YES	NO	260
14	7 JANUMET TAB 50-1000	Antidiabetic Combinations	3	1	\$4,039	\$1,346.48	\$1,280.53	YES	NO	240
15	45 SILDENAFIL TAB 100MG	Impotence Agents	4	2	\$3,961	\$990.16	\$1,200.76	YES	YES	224
16	17 SPIRIVA CAP HANDIHLR	Bronchodilators - Anticholinergics	3	1	\$3,845	\$1,281.63	\$1,185.32	YES	NO	259
17	19 CONTOUR TES NEXT	Diagnostic Tests	16	6	\$3,703	\$231.43	\$232.67	YES	NO	17
18	33 LO LOESTRIN TAB 1-10-10	Combination Contraceptives - Oral	10	2	\$3,606	\$360.55	\$274.72	YES	NO	43
19	31 LANTUS SOLOS INJ 100/ML	Insulin	5	2	\$3,552	\$710.37	\$662.75	YES	NO	135
20	SYMBICORT AER 160-4.5	Sympathomimetics	9	3	\$3,174	\$352.62	\$337.95	YES	NO	56
21	90 JANUVIA TAB 100MG	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	3	2	\$3,159	\$1,053.12	\$443.73	YES	NO	239
22	12 ADVAIR DISKU AER 500/50	Sympathomimetics	6	2	\$3,143	\$523.80	\$697.11	YES	NO	109
23	FARXIGA TAB 10MG	Sodium-Glucose Co-Transporter 2 (SGLT2)	6	1	\$3,053	\$508.89		YES	NO	111
24	6 FARXIGA TAB 5MG	Sodium-Glucose Co-Transporter 2 (SGLT2)	6	1	\$3,048	\$508.03	\$479.81	YES	NO	110
25	29 NOVOLIN N INJ U-100	Insulin	5	1	\$2,740	\$547.91	\$547.27	YES	NO	137
	All Other		2,476	222	\$115,579	\$46.68	\$56.27			
	Summary		2,661	224	\$247,678	\$93.08	\$78.74			

Report Description: Specialty drugs generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more expensive than alternative drugs or therapies. This report provides specialty drug analysis for the current month, current period, prior period and percent change.

Specialty Drug Key Indicators

	Dec 2019	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	% Change
Unique Pharmacy Members	264	357	314	-12.0%
Member Months	264	3,878	3,266	-15.8%
Claimants	4	3	4	33.3%
Percent of Utilizing Members	1.5%	0.8%	1.3%	51.6%
Prescriptions	5	42	40	-4.8%
Specialty Percent of Total Paid	68.9%	53.2%	59.9%	12.8%
Percent of Total Prescriptions Paid	2.3%	1.4%	1.5%	8.9%
Paid	\$41,461	\$255,643	\$306,206	19.8%
Paid PMPM	\$157.05	\$65.92	\$93.76	42.2%
Average Ingredient Cost/Prescription	\$8,372	\$6,186	\$7,747	25.2%
Out of Pocket	\$400	\$4,200	\$3,700	-11.9%
Out of Pocket PMPM	\$1.52	\$1.08	\$1.13	4.6%
Out of Pocket Percent of Allowed	1.0%	1.6%	1.2%	-26.1%

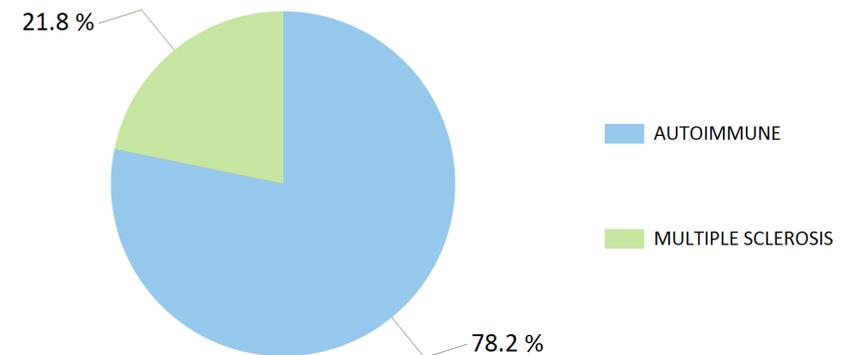
Top Specialty Classes by Ingredient Cost for the Current Period



Top 15 Specialty Drugs by Ingredient Cost for the Current Period

Brand Name	Specialty Class	Ingredient Cost	Prescriptions	Avg. Ingredient Cost/ Prescription	Specialty Claimants
HUMIRA PEN INJ 40/0.4ML	AUTOIMMUNE	\$123,607	12	\$10,300.58	1
ENBREL SRCLK INJ 50MG/ML	AUTOIMMUNE	\$47,272	9	\$5,252.44	1
LYNPARZA TAB 150MG	CANCER-ORAL	\$43,382	3	\$14,460.50	1
TECFIDERA CAP 240MG	MULTIPLE SCLEROSIS	\$31,967	4	\$7,991.71	1
REBIF REBIDO INJ 44/0.5	MULTIPLE SCLEROSIS	\$22,302	3	\$7,433.89	1
OTEZLA TAB 30MG	AUTOIMMUNE	\$17,546	5	\$3,509.19	1
ENBREL SRCLK INJ 50MG/ML	AUTOIMMUNE	\$15,833	3	\$5,277.54	1
TECFIDERA MIS STARTER	MULTIPLE SCLEROSIS	\$7,992	1	\$7,991.71	1
Summary		\$309,899	40	\$7,747.48	4

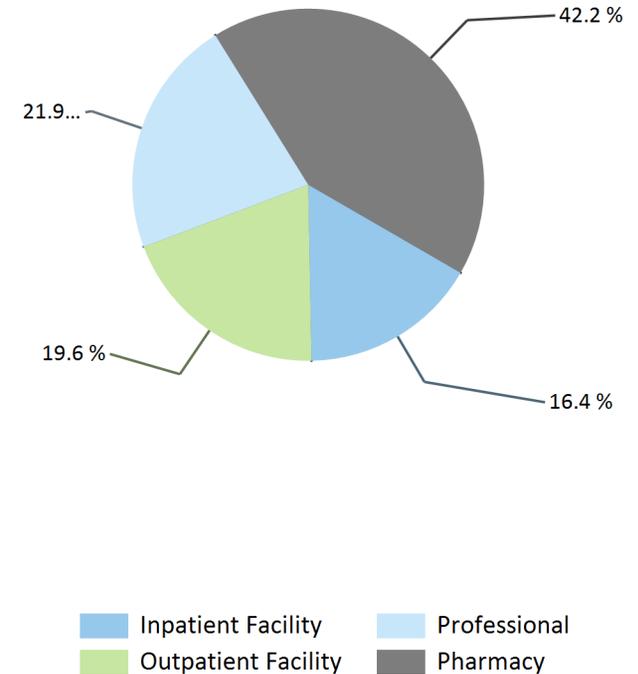
Top Specialty Classes by Ingredient Cost for the Prior Period



Report Description: The report provides a high-level breakdown of year-over-year expense and utilization changes.

	Nov 2017 - Oct 2018	Nov 2018 - Oct 2019	% Change	Benchmark	% Variance
Demographics (Medical Only)					
Average Subscribers	135	126	-7.3%		
Average Dependents	186	155	-16.6%		
Average Members	322	281	-12.7%		
Average Contract Size	2.38	2.24	-5.8%		
Average Age (Years)	38.7	39.5	2.1%		
Proportion of Males	50.3%	50.8%	1.0%	47.3%	7.3%
Proportion of Females	49.7%	49.2%	-1.1%	52.7%	-6.6%
Proportion of Females (20-44 Years)	13.3%	13.8%	3.4%	20.2%	-32.0%
Overall Expenses (Paid PMPM)					
Inpatient Facility	\$45.91	\$57.00	24.2%	\$79.35	-28.2%
Outpatient Facility	\$70.63	\$68.07	-3.6%	\$78.51	-13.3%
Professional	\$14.65	\$76.14	419.9%	\$27.40	177.9%
Total Medical	\$131.18	\$201.21	53.4%	\$185.26	8.6%
Pharmacy	\$122.57	\$146.85	19.8%	\$95.40	53.9%
Overall Expenses (Paid PEPM)					
Inpatient Facility	\$109.10	\$127.58	16.9%	\$166.66	-23.5%
Outpatient Facility	\$167.86	\$152.37	-9.2%	\$164.89	-7.6%
Professional	\$34.81	\$170.44	389.6%	\$57.56	196.1%
Total Medical	\$311.77	\$450.39	44.5%	\$389.11	15.7%
Pharmacy	\$291.31	\$328.71	12.8%	\$192.20	71.0%
	Nov 2017 - Oct 2018	Nov 2018 - Oct 2019	% Change	Benchmark	% Variance
Inpatient Facility Utilization and Expense					
Admissions/1000	65.3	99.7	52.8%	61.7	61.7%
Days/1000	195.8	405.8	107.3%	303.4	33.8%
Average Length of Stay (ALOS)	3.0	4.1	35.7%	4.9	-17.3%
Paid/Admission	\$8,442	\$6,862	-18.7%	\$15,444	-55.6%
Paid/Day	\$2,814	\$1,685	-40.1%	\$3,139	-46.3%
In-Network Paid %	100.0%	100.0%	0.0%	100.0%	0.0%
Outpatient Facility Utilization and Expense					
Visits/1000	758.2	477.0	-37.1%	581.0	-17.9%
Paid/Visit	\$1,118	\$1,712	53.2%	\$1,621	5.6%
In-Network Paid %	100.0%	100.0%	0.0%	100.0%	0.0%
Emergency Room Visits/1000	214.4	167.3	-22.0%	198.0	-15.5%
Emergency Room Paid/Visit	\$1,068	\$1,228	15.0%	\$1,495	-17.8%
Pharmacy Facility Utilization and Expense					
Prescriptions/Member	9.6	10.0	4.8%	8.5	17.8%
Generic Dispensing Rate	86.5%	84.7%	-2.1%	86.2%	-1.8%
Paid/Prescription	\$154	\$176	14.3%	\$135	30.7%

Overall Expenditures (Paid) For Nov 2018 - Oct 2019

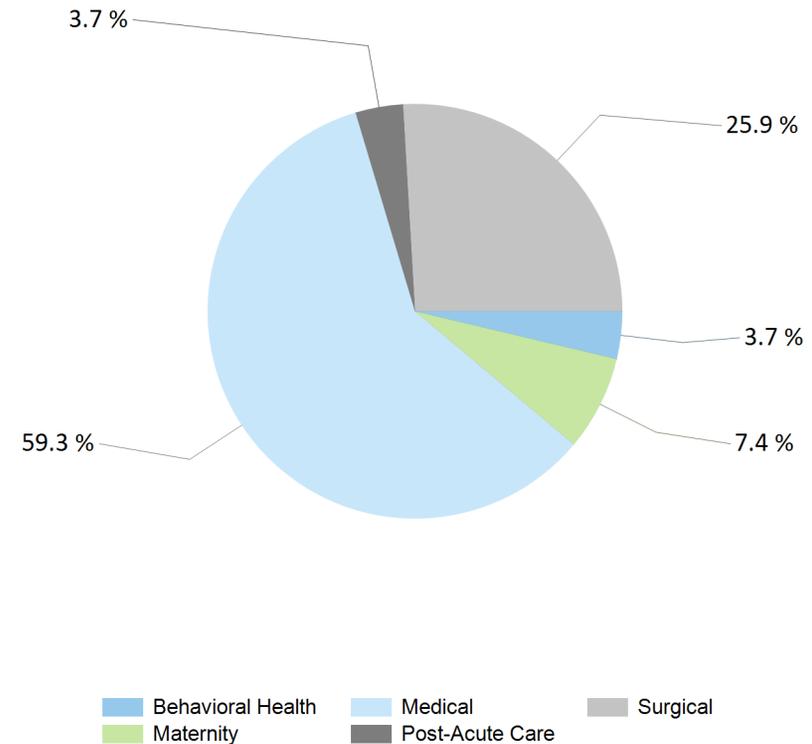


Report Description:

This report breaks down total admissions into separate admission types. Utilization is based on the inpatient facility component only (does not include professional statistics).

Service Type		Nov 2017 - Oct 2018	Nov 2018 - Oct 2019	% Change	Benchmark	% Variance
Behavioral Health	Admissions	2.0	1.0	-50.0%		
	Admissions/1000	6.2	3.6	-42.7%	6.5	-45.3%
	Days	9.0	3.0	-66.7%		
	Days/1000	28.0	10.7	-61.8%	54.8	-80.5%
	Average Length Of Stay	4.5	3.0	-33.3%	8.4	-64.4%
Complex Newborns	Admissions					
	Admissions/1000				4.4	
	Days					
	Days/1000				24.5	
Post-Acute Care	Admissions	1.0	1.0	0.0%		
	Admissions/1000	3.1	3.6	14.6%	1.8	93.2%
	Days	7.0	27.0	285.7%		
	Days/1000	21.8	96.1	341.9%	27.0	256.0%
	Average Length Of Stay	7.0	27.0	285.7%	14.7	84.2%
Medical	Admissions	13.0	16.0	23.1%		
	Admissions/1000	40.4	57.0	41.0%	22.5	152.7%
	Days	29.0	50.0	72.4%		
	Days/1000	90.1	178.0	97.5%	100.2	77.6%
	Average Length Of Stay	2.2	3.1	40.1%	4.4	-29.7%
Surgical	Admissions	4.0	7.0	75.0%		
	Admissions/1000	12.4	24.9	100.5%	14.3	73.8%
	Days	15.0	27.0	80.0%		
	Days/1000	46.6	96.1	106.2%	61.9	55.4%
	Average Length Of Stay	3.8	3.9	2.9%	4.3	-10.6%
Maternity	Admissions	1.0	2.0	100.0%		
	Admissions/1000	3.1	7.1	129.1%	12.5	-43.1%
	Days	3.0	4.0	33.3%		
	Days/1000	9.3	14.2	52.8%	34.2	-58.4%
	Average Length Of Stay	3.0	2.0	-33.3%	2.7	-26.8%
Summary	Admissions	21.0	28.0	33.3%		
	Admissions/1000	65.3	99.7	52.8%	61.7	61.7%
	Days	63.0	114.0	81.0%		
	Days/1000	195.8	405.8	107.3%	303.4	33.8%
	Average Length Of Stay	3.0	4.1	35.7%	4.9	-17.3%

Utilization Of Admissions During
Nov 2018 - Oct 2019
Admissions/1000



Report Description: The provider listings below include top ten facility providers ranked by admissions and by paid for the current reporting period.

Top 10 Inpatient Facility Providers By Admissions

Provider Name	Provider State	Admissions	% Of Total Admissions	Days	Avg. Length Of Stay	% Of Total Paid
363297173-EDWARD HOSPITAL	IL	6	28.6%	31	5.2	15.5%
364015560-LOYOLA UNIVERSITY MEDICAL CENT	IL	4	19.0%	11	2.8	38.6%
363332852-GOTTLIEB COMM HEALTH SERVICE C	IL	3	14.3%	15	5.0	2.3%
364251846-ST ALEXIUS MEDICAL CENTER	IL	2	9.5%	4	2.0	6.1%
362167784-ELMHURST MEMORIAL HOSPITAL	IL	1	4.8%	2	2.0	9.0%
362513909-CENTRAL DUPAGE HOSPITAL	IL	1	4.8%	1	1.0	7.6%
363196629-ADVOCATE ILLINOIS MASONIC MED	IL	1	4.8%	2	2.0	7.2%
362246719-LITTLE COMPANY OF MARY HOSP	IL	1	4.8%	4	4.0	6.8%
362379649-GOTTLIEB MEMORIAL HOSPITAL	IL	1	4.8%	1	1.0	3.5%
362276984-ADVENTIST HINSDALE HOSPITAL	IL	1	4.8%	3	3.0	3.4%
Summary		21	100.0%	74	3.5	100.0%

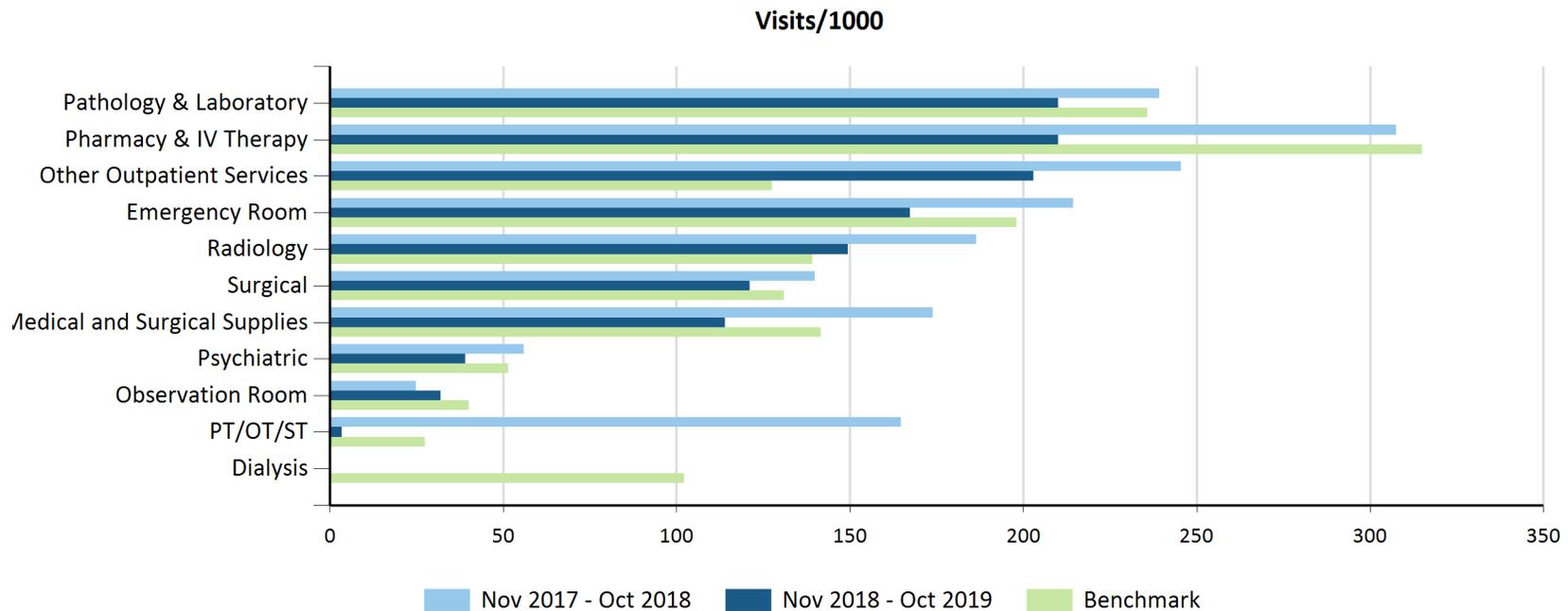
Top 10 Inpatient Facility Providers By Paid

Provider Name	Provider State	Admissions	% Of Total Admissions	Days	Avg. Length Of Stay	% Of Total Paid
364015560-LOYOLA UNIVERSITY MEDICAL CENT	IL	4	21.1%	11	2.8	38.3%
363297173-EDWARD HOSPITAL	IL	6	31.6%	31	5.2	15.4%
362167784-ELMHURST MEMORIAL HOSPITAL	IL	1	5.3%	2	2.0	9.0%
362513909-CENTRAL DUPAGE HOSPITAL	IL	1	5.3%	1	1.0	7.5%
363196629-ADVOCATE ILLINOIS MASONIC MED	IL	1	5.3%	2	2.0	7.1%
362246719-LITTLE COMPANY OF MARY HOSP	IL	1	5.3%	4	4.0	6.7%
364251846-ST ALEXIUS MEDICAL CENTER	IL	2	10.5%	4	2.0	6.0%
362379649-GOTTLIEB MEMORIAL HOSPITAL	IL	1	5.3%	1	1.0	3.5%
362276984-ADVENTIST HINSDALE HOSPITAL	IL	1	5.3%	3	3.0	3.4%
362183812-RUSH OAK PARK HOSPITAL	IL	1	5.3%	3	3.0	3.0%
Summary		19	100.0%	62	3.3	100.0%

Utilization Overview: Outpatient Facility Visit Type Analysis

Report Description: Outpatient facility utilization is displayed in the table below by visit type.

Service Type	Nov 2017 - Oct 2018	Nov 2018 - Oct 2019	% Change	Benchmark	%Variance
Pathology & Laboratory	239.3	210.0	-12.2%	235.8	-10.9%
Pharmacy & IV Therapy	307.6	210.0	-31.7%	315.1	-33.3%
Other Outpatient Services	245.5	202.9	-17.3%	127.5	59.1%
Emergency Room	214.4	167.3	-22.0%	198.0	-15.5%
Radiology	186.4	149.5	-19.8%	139.2	7.4%
Surgical	139.8	121.0	-13.4%	131.0	-7.6%
Medical and Surgical Supplies	174.0	113.9	-34.5%	141.6	-19.6%
Psychiatric	55.9	39.2	-30.0%	51.4	-23.8%
Observation Room	24.9	32.0	28.9%	40.1	-20.1%
PT/OT/ST	164.7	3.6	-97.8%	27.5	-87.1%
Dialysis				102.2	
Summary	758.2	477.0	-37.1%	581.0	-17.9%



Report Description: The provider listings below include top ten facility providers ranked by admissions and by paid for the current reporting period.

Top 10 Outpatient Facility Providers By Visits

Provider Name	Provider State	Visits	% Of Total Visits	% Of Total Paid
208349848-AMEDISYS ILLINOIS LLC DBA	TX	26	26.8%	2.1%
362169147-ADVOCATE HEALTH AND HOSPITAL C	IL	16	16.5%	32.3%
363332852-GOTTLIEB COMM HEALTH SERVICE C	IL	12	12.4%	26.8%
364015560-LOYOLA UNIVERSITY MEDICAL CENT	IL	9	9.3%	13.9%
611899386-PIPELINE WEST SUBURBAN HOSPITA	IL	8	8.2%	8.2%
472633951-COMPASS HEALTH CENTER CHICAGO	IL	6	6.2%	1.4%
362174832-SILVER CROSS HOSPITAL	IL	5	5.2%	6.8%
364251848-ALEXIAN BROTHERS BEHAVIORAL	IL	5	5.2%	4.0%
362167784-ELMHURST MEMORIAL HOSPITAL	IL	5	5.2%	3.5%
362183812-RUSH OAK PARK HOSPITAL	IL	5	5.2%	1.0%
Summary		97	100.0%	100.0%

Top 10 Outpatient Facility Providers By Paid

Provider Name	Provider State	Visits	% Of Total Visits	% Of Total Paid
362169147-ADVOCATE HEALTH AND HOSPITAL C	IL	16	22.5%	26.4%
363332852-GOTTLIEB COMM HEALTH SERVICE C	IL	12	16.9%	21.8%
363297173-EDWARD HOSPITAL	IL	4	5.6%	13.4%
364015560-LOYOLA UNIVERSITY MEDICAL CENT	IL	9	12.7%	11.3%
611899386-PIPELINE WEST SUBURBAN HOSPITA	IL	8	11.3%	6.7%
371474161-DUPAGE MEDICAL GROUP LLC	IL	4	5.6%	5.8%
362174832-SILVER CROSS HOSPITAL	IL	5	7.0%	5.5%
364251848-ALEXIAN BROTHERS BEHAVIORAL	IL	5	7.0%	3.2%
362167784-ELMHURST MEMORIAL HOSPITAL	IL	5	7.0%	2.9%
362379649-GOTTLIEB MEMORIAL HOSPITAL	IL	3	4.2%	2.9%
Summary		71	100.0%	100.0%

Complications of Pregnancy, Childbirth and the Puerperium: Includes vaginal and cesarean deliveries and complications of pregnancy, such as ectopic and molar pregnancies. Puerperium refers to 42 days following childbirth and expulsion of the placenta. Refers to the mother only.

Conditions Influencing Health Status: This includes post-surgical states, organ / tissue transplants, artificial limbs and replacements. Examples include knee replacements and kidney transplant status.

Conditions in the Perinatal Period: Perinatal refers to the period beginning after the 28th week of gestation and ending 28 days after birth. Problems can include hemorrhage, digestive disorders, respiratory distress syndrome and disorders relating to short gestation and unspecified low birth weight.

Congenital Anomalies: Includes the treatment of any condition present at birth. This includes Spina Bifida, cleft palate, Down's Syndrome, heart disease, kidney displacement & polycystic kidney disease.

Diseases of the Blood and Blood Forming Organs: Includes any problems associated with white or red blood cells, platelets or plasma. An example includes Anemia, a deficiency in red blood cells.

Diseases of the Circulatory System: Includes problems with the heart, blood vessels and circulation. Some common diagnoses include Coronary Artery Disease, cardiovascular disease, and stroke.

Diseases of the Digestive System: Includes the treatment of any organ or area of the body pertaining to digestion. These areas include the mouth/teeth, esophagus, stomach, intestines, gall bladder, liver and pancreas. Diagnoses include: Esophageal Reflux, Gastroenteritis, Appendicitis and hernias.

Diseases of the Genitourinary System: Includes problems related to the kidneys, bladder and male and female genitalia. Common diagnoses include Hematuria, Urinary Tract Infection, Acute or Chronic Renal Failure and Calculus of Kidney (stones).

Diseases of the Nervous System: Includes treatment for disorders of the Central and Peripheral Nervous systems. Diagnoses include: Carpal Tunnel Syndrome, Obstructive Sleep Apnea, Epilepsy, Multiple Sclerosis, Alzheimer's Disease and Migraine headaches.

Diseases of the Respiratory System: Includes treatment for diagnoses such as Asthma, Pneumonia, Emphysema, Pharyngitis, Sinusitis, Bronchitis and COPD. These can be acute or chronic in nature.

Diseases of the Skin and Subcutaneous Tissue: This involves any condition relating to the skin or beneath the skin, including hair and nails. Some conditions include Acne, Corns, Cellulitis, Psoriasis, Dermatitis and fungal infections.

Ears and Mastoid: Includes any condition pertaining to the ear or the mastoid process. The mastoid process is the portion of the temporal bone extending down behind the ear. Diagnoses include Otitis Media, Tinnitus, Menieres Disease, Hearing Loss and Labyrinthitis.

Endocrine, Nutritional and Metabolic Diseases: Endocrine disorders include those of the endocrine glands and includes the thyroid, pituitary, pancreas, ovaries and testes. Disorders include Diabetes, thyroid disease, Obesity, Hyperlipidemia, Cystic Fibrosis and any disease affecting the immune system.

Health Services: This includes elective surgeries, other procedures & aftercare, rehabilitation and dialysis. Specific examples include: long-term medication use, Physical Therapy and chemotherapy.

Health Services: Reproduction and Development: Include services pertaining to the child only. For example, normal pregnancy, post-partum care and exam or health supervision of an infant or child.

Infectious and Parasitic Diseases: Includes diseases caused by microbes outside of the body that infect and cause damage within the body. These diseases are recognized as communicable or transmissible. Diagnoses include HIV, Hepatitis, Colitis & intestinal disruptions such as food poisoning.

Injury and Poisoning: Includes treatment for injuries to the body or for any poison ingested. Diagnoses include sprains & strains, fractures, burns and lead poisoning. Patients are most commonly seen in the emergency room for acute conditions.

Mental Health: Refers to a group of disorders causing severe disturbances in thinking, feeling or relating. Includes treatment of any condition that affects mood or behavior. The most common diagnoses include anxiety disorders, depressive disorders and schizophrenia.

Musculoskeletal and Connective Tissue Disease: Includes orthopedic treatment, which would involve anything related to the bones, muscles, joints and soft tissue. Diagnoses: Arthritis, Tendonitis, back disorders, disc disorders, rheumatism, and scoliosis. These diagnoses are more chronic in nature.

Neoplasms: Includes any abnormal growth of cells, either benign or malignant (cancer). Though these can be found at any spot of the body, some of the most common forms include neoplasms of the breast, prostate, stomach and brain. Other examples include Leukemia and Hodgkin's Disease.

Other Circumstances: This includes convalescent care and follow-ups to surgeries and examinations.

Potential Health Hazards: Personal or family history of diseases or disorders; e.g., breast cancer.

Procreative and Contraceptive Management: This includes artificial insemination, fertility testing, genetic counseling, family planning, sterilizations and contraceptive management.

Signs, Symptoms and Ill-Defined Conditions: Includes signs, symptoms, abnormal lab results and ill-defined conditions for which no known cause can be found. For example, a patient may experience chest pain, but no known cause is found.

Substance Abuse: Includes behavior marked by the use of chemically active agents, such as prescription or illicit drugs, alcohol or tobacco. Cognitive, behavioral and physiological symptoms indicate that the person continues use of the substance.

Without Reported Diagnosis: This includes general medical examinations, gynecological exams, mammogram screenings, preventive services, physicals and special screenings for neoplasms.

Admin Fees: The charge to an account for HCSC's operational cost of doing business.

Administrative Services Only (ASO): A contract between HCSC and a self-funded plan where HCSC performs administrative services only and does not assume any financial risk. Services usually include claims processing but may include other services such as actuarial analysis and utilization review.

Aggregate: Constituting or amounting to a whole. For example, an aggregate account report includes data for the entire account.

Aggregate Stop Loss: A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Aggregate stop loss provides protection against the accumulation of total claims for a group as a whole exceeding a stated level.

Allowed: Amount considered eligible for payment by the plan

ASO Adjustments: An amount added or deducted from ASO (Administrative Services Only) fees. This includes Stop Loss Reimbursements.

Average Age: The difference between the claimant's year of enrollment and year of birth. Calculated using the measure Average Age divided by the members represented in the report.

Average Contract Size: The average number of members per subscriber. It is calculated as: Medical Members / Medical Subscribers

Average Dependents: Calculated using the measure Member Months (filtered on the Relationship = Dependents) divided by the number of months in the report.

Average Ingredient Cost: Represents the cost of the medication and is determined from the lowest submission of the pharmacy network rate, Usual & Customary amount, or Maximum Allowable Cost (MAC)

Average Members: Calculated using the measure Member Months divided by the number of months included in the report.

Average Subscribers: Calculated using the measure Subscriber Months divided by the number of months included in the report.

Benchmarks: IL Benchmarks are based on BCBSIL HMO fully insured and self-insured book of business, which includes all groups with greater than 500 subscribers. Benchmark metrics are provided to allow comparison of your group's utilization and expense metrics to other BCBS group experience. Data is age/gender adjusted to the index for the employer's population where applicable.

Billed: Amount submitted for payment by the provider

Billing and Accounts Receivable System (BARS): An HCSC financial system where all Administrative Services Only (ASO) customer bills are generated.

Blue Card Access Fee: Interplan Teleprocessing Services fee charged on out-of-state claims for accessing the local plan's provider network

Brand Formulary: Brand name medications that are listed on the formulary

Brand Non-Formulary: Brand name medications that are not listed on the formulary

Capitated Services: Those covered services that a provider agrees to provide under a capitated contract.

Capitation: A method of payment, exclusively for HMO members, where a physician or hospital is paid a fixed amount for each enrolled member for healthcare services regardless of the actual number or nature of services provided to each individual.

Claimants: Number of individual members submitting a claim

Claim Lag: The amount of time between the date a claim is incurred and the date the claim payment is made.

COB: Portion of amount considered eligible for payment that has been paid by another insurance company (Coordination of Benefits)

COB Medicare: Portion of amount considered eligible for payment that has been paid by Medicare
COBRA Members: Consolidated Omnibus Budget Reconciliation Act - A federal law which requires most employers sponsoring group health plans to offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) when coverage under the plan would otherwise end.

Coinsurance: Portion of covered amount member is responsible to pay for the claim

Copay: Flat rate that the member is responsible to pay for the claim.

Co-payment: Flat rate that the member is responsible to pay for the claim

Coverage Tier: Eligibility tiers which stratify enrollment data based on the employee and others enrolled under the employee's coverage. Varying benefits can be assigned to tiers.

Covered Amount: Amount eligible for payment based on the terms of the medical/dental benefits agreement.

DAW/1: Indicates that the physician has specified 'do not substitute' on the prescription.

DAW2: Indicates that the Physician has allowed a substitution, but the patient requested brand to be dispensed

Deductible: Portion of annual deductible amount member is responsible to pay applied to the claim.

Dental Loss Ratio: Calculated as the Dental Paid Claims Amount divided by the Billed Dental Premium Amount

Dental Paid Claims: An amount paid to cover the Health Plan's liability for dental services provided to members for claims that have been processed and approved for payment

Discount: Amount of reduction from billed amount that has been negotiated with the provider

Discount %: For medical claims, the discount percent is calculated as $\text{Discount} / \text{Covered}$

Dispensing Rate: The proportion of total drugs claims a certain drug or drug type is being dispensed

Drug Type: An indicator on each Rx claim that tells whether a prescription is single source brand, multi-source brand or generic item.

Effective Discount %: The effective discount percentage is calculated as: $\text{Discount} / (\text{Discount} + \text{Paid})$

Fees and Credits: Includes all account-specific member and account level fees. Can include Specific Stop Loss, Aggregate Stop Loss, Administration, Access Fees, ASO Adjustments (either debits or credits), Rx Credits and other miscellaneous fees.

Females (20-44 years): The total number of members who are women between the ages of 20 and 44 years. The proportion of females (20-44 years) is calculated as: Member Months for Women between 20-44 years / Member Months

Formulary Compliance Rate: The percentage of drugs dispensed that were included in the formulary

Generic Dispensing Rate: Proportion of potential generic prescriptions that were filled as generic. It is calculated as: Number of generic scripts / Number of scripts

Generic Drugs: A medication for which the patent has expired, allowing any manufacturer to produce and distribute the product under the chemical name.

Generic Substitution Rate: The rate in which generics were dispensed when a generic was available. It is calculated by Number of generic Rx's / (Number of generic Rx's + Number of multi-source brand Rx's)

Group Liability: Total Claim Expense plus Fees and Credits

HCC: High Cost Claimant, a claimant with total paid amount over a specified threshold (e.g., \$30,000 or \$50,000) within the reporting period

IBNR: An acronym for 'incurred but not reported'. IBNR claims are that group which are incurred before the fund reserving date, but not reported until after that date.

Ingredient Cost: The cost of the drug minus any taxes or dispensing fees

In-Network Paid %: Percent of total paid expenses for in-network claims. It is calculated as: In-Network Paid / Paid

Inpatient Facility: Refers to Facility Inpatient claims

International Classification of Diseases (ICD): An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO).

Leading ICD Diagnostic Category: For each patient, summarize total paid amount for each diagnosis and its corresponding MDC. The MDC with the greatest paid amount for the patient becomes the Leading ICD Diagnostic Category for the reporting period

MAC Program Savings: Savings achieved by using the MAC (maximum allowable cost) discount on generic medications

Medical Paid Claims: An Amount paid to cover the Health Plan's liability for medical (includes inpatient, outpatient, professional, and reinsurance) services provided to members for claims that have been processed and approved for payment.

Medical/Pharmacy Loss Ratio: Calculated as the combined Medical and Pharmacy Paid Claims Amount divided by the total Billed Premium Amount for Medical and Pharmacy, where appropriate

Member Months: Count of months of eligibility for members

Multi-Source Brand: Brand name medications with a generic equivalent

Network Indicator: An indicator that shows whether the claim was processed as in-network (e.g., in the Preferred Provider Organization network) or out-of-network and paid accordingly

Network Savings Discount: The discount that is applied when a member receives services from a contract provider.

Not Covered: Amount considered not eligible for payment by the plan (excludes the discount amount)

Other Adjustments: Minor payments or credits not captured in other specific expense measures

Other Payments: Combination of Blue Card access fees and surcharge expenses

Other Reductions: Combination of maximum reductions, penalties, workers compensation savings, and subrogation savings

Out of Pocket: Total amount that is the responsibility of the claimant. It is calculated as: (Copay + Deductible + Coinsurance)

Outpatient Facility: Refers to Facility Outpatient claims

Paid: Total amount paid by the plan, including access fees, adjustments, and surcharges

Paid-Provider: Amount paid to the provider by the plan

Paid/Claimant: Amount paid to the provider by the plan per claimant. It is calculated as: Paid / Claimants

Paid/Service: Amount paid to the provider by the plan per admission (inpatient facility), per visit (outpatient facility and professional) or per script (prescription Rx). It is calculated as: Paid / Services

Paid PEPM: Amount paid to the provider by the plan per employee per month. It is calculated as: Paid / Subscriber Member Months

Paid PMPM: Amount paid to the provider by the plan per member per month. It is calculated as: Paid / Member Months

Penalty: Amount charged to the user of health care services for a non-approved contractual service

PEPM: Per employee per month

Pharmacy Discount %: For pharmacy claims, the discount percent is calculated as $\text{Discount} / (\text{Discount} + \text{Allowed})$

Pharmacy Paid Claims: An amount paid to cover the Health Plan's liability for pharmacy services provided to members for claims that have been processed and approved for payment

Pharmacy Tier: An indicator on each Rx claim that tells whether a prescription is generic, preferred brand, non-preferred brand, specialty, or other

Plan Eligibility: Eligibility derived directly from the plan's enrollment system. It excludes eligibility created during data processing for claims without matching records in the enrollment system.

PMPM: Per member per month

Premium: An agreed upon fee paid to the Health Plan for coverage of medical and/or dental benefits for an established benefit period and set intervals

Professional: Services provided by physicians or other professional providers

Recoveries: Subrogation and/or Reimbursements for claims that are included in BARS but not in HCSC's data warehouse (since some of the reimbursements could be for members or claims that are no longer in our data warehouse). Recoveries are loaded from the BARS System and included in Blue Insight for reconciliation purposes.

Reinsurance: Professional claims that exceed a given threshold during the contract year and are not covered under capitation.

Rx Credit Fees: Drug rebates that are credited back to the account.

Rx Paid PEPM: Prescription drug paid amount per employee per month

Rx Paid PMPM: Prescription drug paid amount per member per month

Service Category: A classification based on claim type

Service Type: Classification based on principal diagnosis or ICD Procedure Code

Services: Number of admissions (inpatient facility), number of visits (outpatient facility), number of claim lines (professional), or number of scripts (prescription Rx)

Services/1000: Number of services per 1,000 members. It is calculated as: $(\text{Services} / \text{Member Months}) * 1000 * 12$

Single Source Brand: Brand name medications with no generic equivalent

Specialty Drugs: Medications that generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more costly than alternative drugs or therapies.

Specific Stop Loss: A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Specific (or individual) stop loss limits the cost of eligible medical expenses for each covered individual.

Subrogation Savings: Portion of amount eligible for payment originally paid by the plan but that has since been recovered through a legal action

Surcharge: Amount charged as a tax by certain States on facility claims

Therapeutic Drug Class: Used to categorize or group prescription drugs which are considered similar by the disease they treat or by the effect they have on the body

Total Paid: The total amount of medical and pharmacy dollars paid to cover healthcare services provided to members for claims that have been processed and approved for payment

Total Paid Claims + Recoveries: The total amount paid by the plan plus any amount recovered through subrogation.

Workers Compensation Savings: Portion of amount eligible for payment that has been paid a third party Workers Compensation carrier



Village of Oak Park 2022 Benefits Statement Sample

January 1, 2022

Dear Joe Smith:

This personal benefits statement is a brief outline of the benefits Village of Oak Park provides to you. It summarizes each benefit and illustrates the significance of your benefits package as part of your total compensation. Please review the information carefully and direct any questions to Jane Doe at (414) 444-4444 ext. 232.

Personal Information:		Employment Information:	
SSN:	088-88-8888	Date of Hire:	January 1, 2002
Name:	Joe Smith	Annual Base Salary:	\$37,562.00
Address:	123 Main Street	Job Title:	Electrician
City, State, Zip	Whitewater, WI 53190		

Benefit Name:	Benefit Description:	Annual Cost:	
		Employer Cost:	Employee Cost:
Medical	UnitedHealthcare Choice	\$4,684.42	\$783.90
Dental	MetLife Dental Plan	\$360.88	\$226.20
Vision	Vision Service Plan Discount Card	\$0.00	\$25.00
Employer-provided Short-term Disability	Company Provided STD benefit equal to 60% of your weekly rate for maximum benefit period of 13 weeks	\$125.10	\$0.00
Employer-provided Long-term Disability	Company provided LTD monthly benefit begins after 90 days of total disability. Benefit equivalent to 70% of basic monthly earnings while disabled up to age 65.	\$210.20	\$0.00
Employer-provided Basic Life & AD&D	One times salary to maximum benefit of \$100,000	\$174.10	\$0.00
Voluntary/Supplement Life	No Coverage	\$0.00	\$0.00
Dependent Life	No Coverage	\$0.00	\$0.00
Voluntary Long-term Care	Base plan covers \$1,000 per month facility for 3 years or \$500 per month homecare for 6 years.	\$0.00	\$0.00
Health Care Spending Account	2009 Contribution	\$0.00	\$364.00
Dependent Care Spending Account	Paid Yearly	\$0.00	\$5,000.00
Commuter Expense Reimbursement Account	Paid Yearly	\$0.00	\$800.00
401(k) Plan	Can elect to defer up to 25% of your income pretax. Company match is 50% of withholdings up to 4%.	\$1,302.48	\$2,604.96
Profit sharing	Determined annually by board of directors based on profitability	\$650.54	\$0.00
Employee Stock Purchase Plan	Shares of company stock can be purchased 2 times annually with a 15% discount (see plan document for more details).	\$0.00	\$650.54
Total Benefits Cost:		\$7,507.72	\$10,454.60

Every effort has been made to ensure that the information in this statement is accurate; however no warranty of complete accuracy is made. This report does not in any way constitute a contract of employment. Village of Oak Park reserves the right to amend pay and benefits at any time without notice. If you feel an error has been made or have any questions, please contact Human Resources.



Value of Paid Time Off:	\$1,435.89	
Total Value of Benefits:	\$8,943.61	
Annual Income less Paid Time Off:	\$36,126.11	
TOTAL COMPENSATION:	\$45,069.72	
Cost of employer-sponsored benefits as a percentage of total compensation:	22.3%	

Miscellaneous Benefits:	Benefit Description:
401(k) and Profit Sharing	Village of Oak Park pleased to partner with you in providing for your retirement. Our tax-deferred 401(k) plan offers you many advantages over a typical savings account. With a 401 (k) plan, the money you put in the account is tax-deferred. Additionally, the interest you earn on the money in your account grows without having taxes withheld, so the total grows much quicker than it would without this tax advantage.
Bereavement Pay	We have taken into consideration the personal needs which arise from the death of an immediate family member. Up to 5 days off may be granted with pay.
Credit union membership	As an employee you are eligible for membership in the Southeastern State Credit Union. See HR for details.
Direct Deposit	Direct Deposit to your financial institution is available for our convenience. See HR for details.
Employee Assistance Program	An employee assistance program is available for all employees and their families for confidential assistance in dealing with personal concerns.
Paid Holidays	Village of Oak Park 10 paid holidays each year, typically: New Year's Day and the day before or after; President's Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day and the day following; and Christmas Day and the day before or after.
Jury Duty Pay	If you are chosen for jury duty you will be provided with your regular pay minus any compensation from the court for up to 10 working days.
Onsite Child Care	Contact Great Kids at (800) 555-5555 for information.
Severance Pay	Negotiated upon hire.
Paid Sick Days	Our sick leave policy is established to assist you when you are unable to work due to illness, injury, or a medical condition.
Tuition Reimbursement	100% reimbursement of tuition and course-required books for classes pertinent to present position or next logical step. Course must be from accredited school, college or university. Reimbursement not to exceed \$1500 annually.
Uniform Expense	\$200 annually is allowed for purchase of uniforms.
Vacation	Each employee earns 10 days of vacation in the first year of employment. One vacation day is added for each additional year of employment up to a maximum of 25 days per year.
Voting Leave	Village of Oak Park provides up to 2 hours to vote in both the primary and general elections held each year.
Wellness Program	Up to \$100 annually for eligible wellness classes, health club membership or weight loss program. See HR for program details.

Please contact Human Resources with any questions or comments about your personal benefits summary. Village of Oak Park is pleased to be able to offer these valuable benefits to you, and we thank you for being a partner in our success.

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Oak Park

Attachment I. Cost Proposal Form

The undersigned proposes to furnish, Village of Oak Park Human Resources Department, 123 Madison St., Oak Park, IL 60302 and,

Vendor shall state as part of their bid, costs associated with

Providing broker/consultant services for the Employee Benefits for The Village of Oak Park.

Proposal Signature: KATHIE

State of Illinois), County of DuPage)

KATHIE HOGAN, being first duly sworn on oath deposes and says that the Contractor on the above Proposal is organized as indicated below and that all statements herein made on behalf of such Contractor and that their deponent is authorized to make them, and also deposes and says that deponent has examined and carefully prepared their proposal from the Specifications and has checked the same in detail before submitting their Proposal; that the statements contained herein are true and correct.

Signature of Contractor authorizes the Village of Oak Park to verify references of business and credit at its option.

Signature of Contractor shall also be acknowledged before a Notary Public or other person authorized by law to execute such acknowledgments.

Vista National Insurance Group, Inc

Organization Name
(Seal - If Corporation)

By: KATHIE Authorized Signature Dated: 7/8/21

1301 W 22nd St. Suite 600, Oak Park, IL 60523
Address

(630) 468-6507
Telephone

hoganke@vistanational.com
E-mail

Subscribed to and sworn before me this 8th day of July, 2021.

Catherine Dybas-Kesek
Notary Public





Attachment II. Compliance Affidavit

1. KAHLIC HOGAN being first duly sworn on oath depose and state as follows:

(Print Name)

1. I am the (title) Principal/Director of Operations of the Proposing Firm ("Firm") and am authorized to make the statements contained in this affidavit on behalf of the Firm.
2. The Firm is organized as indicated on Exhibit A to this Affidavit, entitled "Organization of Proposing Firm," which Exhibit is incorporated into this Affidavit as if fully set forth herein.
3. I have examined and carefully prepared this proposal based on the Request for Proposals and verified the facts contained in the proposal in detail before submitting it.
4. I authorize the Village of Oak Park to verify the Firm's business references and credit at its option.
5. Neither the Firm nor its affiliates¹ are barred from proposing on this project as a result of a violation of 720 ILCS 5/33E-3 or 33E-4 relating to bid rigging and bid rotating, or Section 2-6-12 of the Oak Park Village Code related to "Proposing Requirements".
6. Neither the Firm nor its affiliates is barred from contracting with the Village of Oak Park because of any delinquency in the payment of any debt or tax owed to the Village except for those taxes which the Firm is contesting, in accordance with the procedures established by the appropriate revenue act, liability for the tax or the amount of the tax. I understand that making a false statement regarding delinquency in taxes is a Class A Misdemeanor and, in addition, voids the contract and allows the Village of Oak Park to recover all amounts paid to the Firm under the contract in a civil action.
7. I am familiar with Section 13-3-2 through 13-3-4 of the Oak Park Village Code relating to Fair Employment Practices and understand the contents thereof; and state that the Proposing Firm is an "Equal Opportunity Employer" as defined by Section 2000(E) of Chapter 21, Title 42 of the United States Code Annotated and Federal Executive Orders #11246 and #11375 which are incorporated herein by reference.
8. All statements made in this Affidavit are true and correct.

Signature: [Handwritten Signature]

Printed Name: KAHLIC HOGAN

Name of Business: Vista National Insurance Group Your Title: Principal / Director of Operations

Business Address: 1301 W 22nd St. Suite 600, Oak Brook, IL 60523

(Unit Number, Suite #) 600 (City, State & Zip): Oak Brook, IL 60523

Telephone: (630) 468-6507 Fax: (630) 468-6557 Web Address: www.vistanational.com

Subscribed to and sworn before me this 8th day of July, 2021.

[Handwritten Signature]
Notary Public



¹ Affiliates means: (i) any subsidiary or parent of the bidding or contracting business entity, (ii) any member of the same unitary business group; (iii) any person with any ownership interest or distributive share of the bidding or contracting business entity in excess of 7.5%; (iv) any entity owned or controlled by an executive employee, his or her spouse or minor children of the bidding or contracting business entity.



Oak Park

Attachment III. M/W/DBE Statue and

EEO Report

Failure to respond truthfully to any questions on this form, failure to complete the form or failure to cooperate fully with further inquiry by the Village of Oak Park will result in disqualification of this Proposal. For assistance in completing this form, contact the Department of Human Resources at 708-358-5650.

1. Consultant Name: Vista National Insurance Group, Inc.

2. Check here if your firm is:

- Minority Business Enterprise (MBE) (A firm that is at least 51% owned, managed and controlled by a Minority.)
- Women's Business Enterprise (WBE) (A firm that is at least 51% owned, managed and controlled by a Woman.)
- Owned by a person with a disability (DBE) (A firm that is at least 51% owned by a person with a disability)
- None of the above

[Submit copies of any W/W/DBE certifications]

3. What is the size of the firm's current stable work force?

25 Number of full-time employees

0 Number of part-time employees

4. Similar information will be requested of all sub-consultants working on this agreement. Forms will be furnished to the lowest responsible Consultant with the notice of agreement award, and these forms must be completed and submitted to the Village before the execution of the agreement by the Village.

Signature: [Handwritten Signature]

Date: 7/8/21

EEO REPORT

Please fill out this form completely. Failure to respond truthfully to any questions on this form, or failure to cooperate fully with further inquiry by the Village of Oak Park will result in disqualification of this Proposal. An incomplete form will disqualify your Proposal. For assistance in completing this form, contact the Human Resources Department at 708-358-5650.

An EEO-1 Report may be submitted in lieu of this report

Consultant Name Vista National Insurance Group, Inc.
 Total Employees 35

Job Categories	Total Employees	Total Males	Total Females	Males				Females				Total Minorities	
				Black	Hispanic	American Indian & Alaskan Native	Asian & Pacific Islander	Black	Hispanic	American Indian & Alaskan Native	Asian & Pacific Islander		
Officials & Managers	7	6	1	1	0	0	1	0	0	0	0	0	2
Professionals	9	0	9	0	0	0	0	0	0	0	0	0	1
Technicians													
Sales Workers	4	3	1	1	0	0	0	0	0	0	0	0	1
Office & Clerical	5	0	5	0	0	0	0	0	1	0	0	0	1
Semi-Skilled													
Laborers													
Service Workers													
TOTAL	25	9	16	2	0	0	1	0	1	0	0	0	5
Management Trainees													
Apprentices													

This completed and notarized report must accompany your Proposal. It should be attached to your Affidavit of Compliance. Failure to include it with your Proposal will disqualify you from consideration.

KATHUL HORAN, being first duly sworn, deposes and says that he/she is the Principal Director of Operations
(Name of Person Making Affidavit) (Title or Officer)

of Vista National and that the above EEO Report information is true and accurate and is submitted with the intent that it
be relied upon. Subscribed and sworn to before me this 8th day of July, 2021.

[Signature] (Signature) 7/8/21 (Date)



Attachment V. Professional Services Agreement

THIS PROFESSIONAL SERVICES AGREEMENT (“Agreement”) is entered into this 8th day of July, 2021, between the Village of Oak Park, an Illinois home rule municipal corporation (hereinafter referred to as the “Village”), and Vista National Insurance Group, a Employee Benefits Brokerage Firm (hereinafter referred to as the “Contractor”).

RECITAL

WHEREAS, the Village intends to have Contractor provide employee benefits and insurance services pursuant to the Village’s Request for Proposals (hereinafter referred to as “RFP”), attached hereto and incorporated herein by reference, and the Contractor’s Proposal, attached hereto and incorporated herein by reference; and

WHEREAS, the Contractor has represented to the Village that it has the necessary expertise to perform such services for the Village; and

WHEREAS, the Contractor has expressed its willingness to furnish its services subject to the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants hereinafter set forth, the parties agree as follows:

1. RECITALS INCORPORATED.

1.1. The above recitals are incorporated herein as though fully set forth.

2. SERVICES OF CONTRACTOR AND TERM OF AGREEMENT.

2.1. Contractor shall provide the services set forth in the Contractor’s Proposal (hereinafter referred to as the “Services”) after receiving written authorization by the Village. The Village shall approve the use of subcontractors by Contractor to perform any of the Services that are the subject of this Agreement.

2.2. Contractor shall submit to the Village all reports, documents, data, and information set forth in the Village’s RFP in a format customarily used in the industry. The Village shall have the right to require such corrections as may be reasonably necessary to make any required submittal conform to this Agreement. Contractor shall be responsible for any delay in the Services to be provided pursuant to this Agreement due to Contractor’s failure to provide any required submittal in conformance with this Agreement.

2.3. In case of a conflict between the provisions of Contractor's Proposal and the Village's RFP and/or this Agreement, this Agreement and the Village's RFP shall control to the extent of such conflict.

2.4. Village Authorized Representative. The Village's Human Resources Director or the Director's designee shall be deemed the Village's authorized representative for purposes of this Agreement, unless applicable law requires action by the Corporate Authorities, and shall have the power and authority to make or grant or do those things, certificates, requests, demands, approvals, consents, notices and other actions required that are ministerial in nature or described in this Agreement for and on behalf of the Village and with the effect of binding the Village as limited by this Agreement. Contractor is entitled to rely on the full power and authority of the person executing this Agreement on behalf of the Village as having been properly and legally given by the Village. The Village shall have the right to change its authorized representative by providing Contractor with written notice of such change which notice shall be sent in accordance with Section 18 of this Agreement.

2.5. Contractor's Authorized Representative. In connection with the foregoing and other actions to be taken under this Agreement, Contractor hereby designates KATHIE HOGAN as its authorized representative who shall have the power and authority to make or grant or do all things, certificates, requests, demands, approvals, consents, notices and other actions required that are ministerial in nature or described in this Agreement for and on behalf of the Contractor and with the effect of binding Contractor. The Village is entitled to rely on the full power and authority of the person executing this Agreement on behalf of the Contractor as having been properly and legally given by Contractor. Contractor shall have the right to change its authorized representative by providing the Village with written notice of such change which notice shall be sent in accordance with Section 18 of this Agreement.

2.6 The Contractor shall be an independent contractor to the Village. The Contractor shall solely be responsible for the payment of all salaries, benefits and costs of supplying personnel for the Services.

3. COMPENSATION FOR SERVICES.

3.1. The Village shall compensate Contractor for the Services as set forth pursuant to the Contractor's Qualifications in an amount not to exceed \$ 35,000/Mth. Contractor shall be paid not more frequently than once each month ("Progress Payments"). Payments shall be made within thirty (30) days of receipt by the Village of a pay request/invoice from the Contractor. Payments shall be due and owing by the Village in accordance with the terms and provisions of the Local Government Prompt Payment Act, 50 ILCS 505/1 *et seq.*, except as set forth herein.

3.2. The Village may, at any time, by written order, make changes regarding the general scope of this Agreement in the Services to be performed by Contractor. If such changes cause an increase or decrease in the amount to be paid to Contractor or time required for performance of any Services under this Agreement, whether or not changed by any order, an

equitable adjustment shall be made and this Agreement shall be modified in writing accordingly. No service for which additional compensation will be charged by Contractor shall be furnished without the written authorization of the Village.

3.3. Contractor shall, as a condition precedent to its right to receive a progress payment, submit to the Village an invoice accompanied by such receipts, vouchers, and other documents as may be necessary to establish costs incurred for all labor, material, and other things covered by the invoice and the absence of any interest, whether in the nature of a lien or otherwise, of any party in any property, work, or fund with respect to the Services performed under this Agreement. In addition to the foregoing, such invoice shall include: (a) employee classifications, rates per hour, and hours worked by each classification, and, if the Services are to be performed in separate phases, for each phase; (b) total amount billed in the current period and total amount billed to date, and, if the Services are to be performed in separate phases, for each phase; and (c) the estimated percent completion, and, if the Services are to be performed in separate phases, for each phase.

3.4. Notwithstanding any other provision of this Agreement and without prejudice to any of the Village's rights or remedies, the Village shall have the right at any time or times to withhold from any payment such amount as may reasonably appear necessary to compensate the Village for any actual or prospective loss due to: (1) services that are defective, damaged, flawed, unsuitable, nonconforming, or incomplete; (2) damage for which Contractor is liable under this Agreement; (3) claims of subcontractors, suppliers, or other persons performing Contractor's Services; (4) delay in the progress or completion of the Services; (5) inability of Contractor to complete the Services; (6) failure of Contractor to properly complete or document any pay request; (7) any other failure of Contractor to perform any of its obligations under this Agreement; or (8) the cost to the Village, including attorneys' fees and administrative costs, of correcting any of the aforesaid matters or exercising any one or more of the Village's remedies set forth in this Agreement. The Village must notify Contractor of cause for withholding within fourteen (14) days of the Village's receipt of an invoice.

3.5. The Village shall be entitled to retain any and all amounts withheld pursuant to this Agreement until Contractor shall have either performed the obligations in question or furnished security for such performance satisfactory to the Village. The Village shall be entitled to apply any money withheld or any other money due Contractor under this Agreement to reimburse itself for any and all costs, expenses, losses, damages, liabilities, suits, judgments, awards, attorneys' fees, and administrative expenses incurred, suffered, or sustained by the Village and chargeable to Contractor under this Agreement.

4. TERM AND TERMINATION.

4.1. This Agreement shall take effect upon the Effective Date as defined herein and shall expire on December 31, 2025 at 11:59 pm. The term of this Agreement may be extended in writing for two (2) additional one (1) year periods at the Village's option. The Village will allow Contractor to increase or decrease the Contract Price for each annual renewal provided that the

annual price adjustment shall equal the change in the latest published Index (as defined below) as compared to the index for the previous year. The index shall be the United States Department of Labor, Bureau of Labor Statistics, (US OOL/BLS) Revised Consumer Price Index for all Urban Wage Earners and Clerical Workers for Chicago, Illinois - Gary, Indiana - Kenosha, Wisconsin (all Items, 1982-1984 = 100). However, the maximum increase in the Contract Price shall be capped at five percent (5%) of the previous year's cost. Contractor must propose an annual cost adjustment to the Contract Price pursuant to the terms of this Section with supporting documentation in writing to the Village sixty (60) days before the expiration of the current term.

4.2. This Agreement may be terminated, in whole or in part, by either party if the other party substantially fails to fulfill its obligations under this Agreement through no fault of the terminating party. The Village may terminate this Agreement, in whole or in part, for its convenience. No such termination may be effected unless the terminating party gives the other party not less than ten (10) calendar day's written notice pursuant to Section 18 below of its intent to terminate.

4.3. If this Agreement is terminated by either party, Contractor shall be paid for Services performed to the effective date of termination, including reimbursable expenses. In the event of termination, the Village shall receive reproducible copies of drawings, specifications and other documents completed by Contractor pursuant to this Agreement.

5. INDEMNIFICATION.

5.1. Contractor shall, without regard to the availability or unavailability of any insurance, either of the Village or Contractor, indemnify, save harmless, and defend the Village and its officers, officials, employees, agents, and volunteers against any and all lawsuits, claims, demands, damages, liabilities, losses, and expenses, including reasonable attorneys' fees and administrative expenses, that may arise, or be alleged to have arisen, out of or in connection with the Contractor's performance of, or failure to perform, the Services or any part thereof, whether or not due or claimed to be due in whole or in part to the active, passive, or concurrent negligence or fault of Contractor, but only to the extent caused by the negligence of Contractor or its subcontractors or their respective employees.

6. INSURANCE.

6.1. Contractor shall at Contractor's expense secure and maintain in effect throughout the duration of this Agreement, insurance of the following kinds and limits set forth in this Section 6. Contractor shall furnish Certificates of Insurance to the Village before starting work or within ten (10) days after the notice of award of the Agreement, whichever date is reached first. All insurance policies, except professional liability insurance, shall be written with insurance companies licensed to do business in the State of Illinois and having a rating of at least A according to the latest edition of the Best's Key Rating Guide; and shall include a provision preventing cancellation of the insurance policy unless fifteen (15) days prior written notice is given to the Village. This provision shall also be stated on each Certificate of Insurance: "Should

any of the above described policies be canceled before the expiration date, the issuing company shall mail fifteen (15) days' written notice to the certificate holder named to the left." The Contractor shall require any of its subcontractors to secure and maintain insurance as set forth in this Section 6 and indemnify, hold harmless and defend the Village and its officers, officials, employees, agents, and volunteers as set forth in this Agreement.

6.2. The limits of liability for the insurance required shall provide coverage for not less than the following amounts, or greater where required by law:

- (A) **Commercial General Liability:**
 - i. Coverage to include, Broad Form Property Damage, Contractual and Personal Injury.
 - ii. Limits:

General Aggregate	\$ 2,000,000.00
Each Occurrence	\$ 2,000,000.00
Personal Injury	\$ 2,000,000.00
 - iii. Coverage for all claims arising out of the Contractor's operations or premises, anyone directly or indirectly employed by the Contractor.

 - (B) **Professional Liability:**
 - i. Per Claim/Aggregate \$2,000,000.00
 - ii. Coverage for all claims arising out of the Contractor's operations or premises, anyone directly or indirectly employed by the Contractor, and the Contractor's obligations under the indemnification provisions of this Agreement to the extent same are covered.

 - (C) **Workers' Compensation:**
 - i. Workers' compensation shall be in accordance with the provisions of the laws of the State of Illinois, including occupational disease provisions, for all employees who provide Services, and in case work is sublet, Contractor shall require each subcontractor similarly to provide workers' compensation insurance. In case employees engaged in hazardous work under this Agreement are not protected under the Workers' Compensation Act, Contractor shall provide, and shall cause each subcontractor to provide, adequate and suitable insurance for the protection of employees not otherwise provided.

 - (D) **Comprehensive Automobile Liability:**
 - i. Comprehensive Automobile Liability coverage shall include all owned, hired, non-owned vehicles, and/or trailers and other equipment required to be licensed, covering personal injury, bodily injury and property damage.
 - ii. Limits:
-

Combined Single Limit \$1,000,000.00

(E) **Umbrella:**
i. Limits:
Each Occurrence/Aggregate \$2,000,000.00

(F) The Village, its officers, officials, employees, agents, and volunteers shall be named as additional insureds on all insurance policies set forth herein except workers' compensation and professional liability/malpractice. The Contractor shall be responsible for the payment of any deductibles for said insurance policies. The coverage shall contain no special limitations on the scope of protection afforded to the Village, its officers, officials, employees, agents, and volunteers.

6.3. The Village and Contractor agree to waive against each other all claims for special, incidental, indirect, or consequential damages arising out of, resulting from, or in any way related to the Services.

6.4. Contractor understands and agrees that, except as to professional liability, any insurance protection required by this Agreement or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless, and defend the Village, its officers, officials, employees, agents and volunteers as herein provided. Contractor waives and shall have its insurers waive, its rights of subrogation against the Village and its officers, officials, employees, agents and volunteers.

7. SUCCESSORS AND ASSIGNS.

7.1. The Village and Contractor each bind themselves and their partners, successors, executors, administrators and assigns to the other party of this Agreement and to the partners, successors, executors, administrators and assigns of such other party in respect to all covenants of this Agreement. Except as above, neither the Village nor Contractor shall assign, sublet or transfer its interest in this Agreement without the written consent of the other. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of any public body that may not be a party hereto, nor shall it be construed as giving any right or benefits hereunder to anyone other than the Village and Contractor.

8. FORCE MAJEURE.

8.1. Neither the Contractor nor the Village shall be responsible for any delay caused by any contingency beyond their control, including, but not limited to: acts of nature, war or insurrection, strikes or lockouts, walkouts, fires, natural calamities, riots or demands or requirements of governmental agencies.

9. AMENDMENTS AND MODIFICATIONS.

9.1. This Agreement may be modified or amended from time to time provided, however, that no such amendment or modification shall be effective unless reduced to writing and duly authorized and signed by the authorized representative of the Village and the authorized representative of Contractor.

10. STANDARD OF CARE.

10.1. Contractor is responsible for the quality, technical accuracy, timely completion, and coordination of all Services furnished or required under this Agreement, and shall endeavor to perform such Services with the same skill and judgment which can be reasonably expected from similarly situated professionals.

10.2. Contractor shall promptly make revisions or corrections regarding its Services resulting from its errors, omissions, or negligent acts without additional compensation. The Village's acceptance of any of Contractor's Services shall not relieve Contractor of its responsibility to subsequently correct any such errors or omissions, provided the Village notifies Contractor thereof within one (1) year of completion of Contractor's Services.

10.3. Contractor shall respond to the Village's notice of any errors and/or omissions within seven (7) days of written confirmation by Contractor of the Village's notice. Such confirmation may be in the form of a facsimile confirmation receipt by the Village, or by actual hand delivery of written notice by the Village to Contractor.

10.4. Contractor shall comply with all federal, state, and local statutes, regulations, rules, ordinances, judicial decisions, and administrative rulings applicable to its performance under this Agreement.

10.5. Contractor shall give all notices, pay all fees, and take all other action that may be necessary to ensure that the Services are provided, performed, and completed in accordance with all required governmental permits, licenses, and other approvals and authorizations that may be required in connection with providing, performing, and completing the Services, and with all applicable statutes, ordinances, rules, and regulations, including, but not limited to, the Fair Labor Standards Act; any statutes regarding qualification to do business; any statutes prohibiting discrimination because of, or requiring affirmative action based on race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, or unfavorable discharge from military service or other prohibited classification, including, without limitation, the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 *et seq.*, and the Illinois Human Rights Act, 775 ILCS 5/1-101 *et seq.* The Contractor shall also comply with all conditions of any federal, state, or local grant received by the Village or Contractor with respect to this Agreement.

10.6. Contractor shall be solely liable for any fines or civil penalties that are imposed by any governmental or quasi-governmental agency or body that may arise, or be alleged to have

arisen, out of or in connection with Contractor's, or its subcontractors', performance of, or failure to perform, the Services required pursuant to this Agreement or any part thereof.

11. DOCUMENTS AND BOOKS AND RECORDS.

11.1. Reports, examinations, information, observations, calculations, notes and any other reports, documents, data or information, in any form, prepared, collected, or received by the Contractor in connection with any or all of the Services to be provided pursuant to this Agreement ("Documents") shall be and remain the property of the Village upon completion of the Services and payment to Contractor all amounts then due under this Agreement. At the Village's request, or upon termination of this Agreement, the Documents shall be delivered promptly to the Village. Contractor shall have the right to retain copies of the Documents for its files. Contractor shall maintain files of all Documents unless the Village shall consent in writing to the destruction of the Documents, as required herein.

11.2. Contractor's Documents and records pursuant to this Agreement shall be maintained and made available during performance of the Services under this Agreement and for three (3) years after completion of any Services. Contractor shall give notice to the Village of any Documents to be disposed of or destroyed and the intended date after said period, which shall be at least ninety (90) days after the effective date of such notice of disposal or destruction. The Village shall have ninety (90) days after receipt of any such notice to give notice to Contractor not to dispose of or destroy said Documents and to require Contractor to deliver same to the Village, at the Village's expense. Contractor and any subcontractors shall maintain for a minimum of three (3) years after the completion of this Agreement, or for three (3) years after the termination of this Agreement, whichever comes later, adequate books, records and supporting documents to verify the amounts, recipients and uses of all disbursements of funds passing in conjunction with the Agreement. All books, records and supporting documents related to this Agreement shall be available for review and audit by the Village and the federal funding entity, if applicable, and Contractor agrees to cooperate fully with any audit conducted by the Village and to provide full access to all materials. Failure to maintain the books, records and supporting documents required by this section shall establish a presumption in favor of the Village for recovery of any funds paid by the Village under this Agreement for which adequate books, records and supporting documentation are not available to support their purported disbursement. Contractor shall make the Documents available for the Village's review, inspection and audit during the entire term of this Agreement and three (3) years after completion of the Services as set forth herein and shall fully cooperate in responding to any information request pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.* by providing any and all responsive documents to the Village.

11.3. Contractor shall furnish all records related to this Agreement and any documentation related to the Village required under an Illinois Freedom of Information Act (5 ILCS 140/1 *et. seq.*) ("FOIA") request within five (5) business days after the Village issues notice of such request to Contractor. Contractor shall not apply any costs or charge any fees to the

Village regarding the procurement of records required pursuant to a FOIA request. Contractor agrees to defend, indemnify, and hold harmless the Village, and its officers, officials, employees, agents, and volunteers, and agrees to pay all reasonable costs connected therewith (including, but not limited to reasonable attorney's and witness fees, filing fees, and any other expenses) for the Village to defend any and all causes, actions, causes of action, disputes, prosecutions, or conflicts arising from the Contractor's actual or alleged violation of the FOIA, or the Contractor's failure to furnish all documentation related to a request within five (5) days after the Village issues notice of a request. Furthermore, should the Contractor request that the Village utilize a lawful exemption under FOIA in relation to any FOIA request thereby denying that request, Contractor shall pay all costs connected therewith (such as reasonable attorney's and witness fees, filing fees, and any other expenses) to defend the denial of the request. The defense shall include, but not be limited to, challenged or appealed denials of FOIA requests to either the Illinois Attorney General or a court of competent jurisdiction. Contractor shall defend, indemnify, and hold harmless the Village, and its officers, officials, employees, agents, and volunteers, and shall pay all costs connected therewith (such as reasonable attorney's and witness fees, filing fees and any other expenses) to defend any denial of a FOIA request by the Contractor's request to utilize a lawful exemption to the Village.

12. SAVINGS CLAUSE.

12.1. If any provision of this Agreement, or the application of such provision, shall be rendered or declared invalid by a court of competent jurisdiction, or by reason of its requiring any steps, actions or results, the remaining parts or portions of this Agreement shall remain in full force and effect.

13. NON-WAIVER OF RIGHTS.

13.1. No failure of either party to exercise any power given to it hereunder or to insist upon strict compliance by the other party with its obligations hereunder, and no custom or practice of the parties at variance with the terms hereof, nor any payment under this agreement shall constitute a waiver of either party's right to demand exact compliance with the terms hereof.

13.2. This Agreement shall not prohibit Contractor from providing services to any other public or private entity or person. In the event that Contractor provides Services to a public or private entity or person, the Village, at its sole discretion, may determine that such Services conflict with a service to be provided to the Village by Contractor, and the Village may select another Contractor to provide such Services as the Village deems appropriate.

14. THE VILLAGE'S REMEDIES.

14.1. If it should appear at any time prior to payment for Services provided pursuant to this Agreement that Contractor has failed or refused to prosecute, or has delayed in the prosecution of, the Services to be provided pursuant to this Agreement with diligence at a rate

that assures completion of the Services in full compliance with the requirements of this Agreement, or has attempted to assign this Agreement or Contractor's rights under this Agreement, either in whole or in part, or has falsely made any representation or warranty, or has otherwise failed, refused, or delayed to perform or satisfy any other requirement of this Agreement or has failed to pay its debts as they come due ("Event of Default"), and has failed to cure, or has reasonably commenced to cure any such Event of Default within fifteen business days after Contractor's receipt of written notice of such Event of Default, then the Village shall have the right, at its election and without prejudice to any other remedies provided by law or equity, to pursue any one or more of the following remedies:

14.1.1. The Village may require Contractor, within such reasonable time as may be fixed by the Village, to complete or correct all or any part of the Services that are defective, damaged, flawed, unsuitable, nonconforming, or incomplete and to take any or all other action necessary to bring Contractor and the Services into compliance with this Agreement;

14.1.2. The Village may accept the defective, damaged, flawed, unsuitable, nonconforming, incomplete, or dilatory Services or part thereof and make an equitable reduction;

14.1.3. The Village may terminate this Agreement without liability for further payment of amounts due or to become due under this Agreement except for amounts due for Services properly performed prior to termination;

14.1.4. The Village may withhold any payment from Contractor, whether or not previously approved, or may recover from Contractor any and all costs, including attorneys' fees and administrative expenses, incurred by the Village as the result of any Event of Default or as a result of actions taken by the Village in response to any Event of Default; or

14.1.5. The Village may recover any damages suffered by the Village as a result of Contractor's Event of Default.

14.2. In addition to the above, if Contractor fails to complete any required Services pursuant to this Agreement, the Village shall be entitled to liquidated damages in the amount of five hundred dollars (\$500.00) per day for each day the Services remains uncompleted. This amount is not a penalty, and the parties agree to said amount given the difficulties associated with determining or calculating damages to the Village in the event the required Services are not completed on time.

15. NO COLLUSION.

15.1. Contractor hereby represents and certifies that Contractor is not barred from contracting with a unit of state or local government as a result of: (1) a delinquency in the payment of any tax administered by the Illinois Department of Revenue unless Contractor is contesting, in accordance with the procedures established by the appropriate revenue Act, its

liability for the tax or the amount of the tax, as set forth in 65 ILCS 5/11-42.1-1; or (2) a violation of either Section 33E-3 or Section 33E-4 of Article 33E of the Criminal Code of 1961, 720 ILCS 5/33E-1 *et seq.* Contractor hereby represents that the only persons, firms, or corporations interested in this Agreement are those disclosed to the Village prior to the execution of this Agreement, and that this Agreement is made without collusion with any other person, firm, or corporation. If at any time it shall be found that Contractor has in procuring this Agreement, colluded with any other person, firm, or corporation, then Contractor shall be liable to the Village for all loss or damage that the Village may suffer thereby, and this Agreement shall, at the Village's option, be null and void and subject to termination by the Village.

16. ENTIRE AGREEMENT.

16.1. This Agreement sets forth all the covenants, conditions and promises between the parties, and it supersedes all prior negotiations, statements or agreements, either written or oral, with regard to its subject matter. There are no covenants, promises, agreements, conditions or understandings between the parties, either oral or written, other than those contained in this Agreement.

17. GOVERNING LAW AND VENUE.

17.1. This Agreement shall be governed by the laws of the State of Illinois both as to interpretation and performance.

17.2. Venue for any action pursuant to this Agreement shall be in the Circuit Court of Cook County, Illinois.

18. NOTICE.

18.1. Any notice required to be given by this Agreement shall be deemed sufficient if made in writing and sent by certified mail, return receipt requested, by personal service, email or facsimile transmission to the persons and addresses indicated below or to such other addresses as either party hereto shall notify the other party of in writing pursuant to the provisions of this subsection:

If to the Village:

Village Manager
Village of Oak Park
123 Madison Street
Oak Park, Illinois 60302
Fax: (708) 383-5101
Email: villagemanager@oak-park.us

If to the Contractor:

Principal / Director of Operations
Vista National Insurance Group
1301 W 22nd St. Suite 600
Oak Brook, IL 60523
Fax: (630) 468-6557
Email: hoganK@vistanational.com

18.2. Mailing of such notice as and when above provided shall be equivalent to personal notice and shall be deemed to have been given at the time of mailing.

18.3. Notice by email or facsimile transmission shall be effective as of date and time of facsimile transmission, provided that the notice transmitted shall be sent on business days during business hours (9:00 a.m. to 5:00 p.m. Chicago time). In the event email or facsimile notice is transmitted during non-business hours, the effective date and time of notice is the first hour of the first business day after transmission.

19. BINDING AUTHORITY.

19.1. The individuals executing this Agreement on behalf of the Contractor and the Village represent that they have the legal power, right, and actual authority to bind their respective parties to the terms and conditions of this Agreement.

20. HEADINGS AND TITLES.

20.1. The headings and titles of any provisions of this Agreement are for convenience or reference only and are not to be considered in construing this Agreement.

21. COUNTERPARTS.

21.1. This Agreement shall be executed in counterparts, each of which shall be considered an original and together shall be one and the same Agreement.

21.2. A facsimile or pdf/email copy of this Agreement and any signatures thereon will be considered for all purposes as an original.

22. EFFECTIVE DATE.

22.1. As used in this Agreement, the Effective Date of this Agreement shall be the date that the Village Manager for the Village of Oak Park executes this Agreement as set forth below.

23. AUTHORIZATIONS.

23.1. The Contractor's authorized representatives who have executed this Agreement warrant that they have been lawfully authorized by the Contractor's board of directors or its by-laws to execute this Agreement on its behalf. The Village Manager and Village Clerk warrant that they have been lawfully authorized to execute this Agreement. The Contractor and the Village shall deliver upon request to each other copies of all articles of incorporation, bylaws, resolutions, ordinances or other documents which evidence their legal authority to execute this Agreement on behalf of their respective parties.

24. EQUAL OPPORTUNITY EMPLOYER.

24.1. The Contractor is an equal opportunity employer and the requirements of 44 Ill. Adm. Code 750 APPENDIX A and Chapter 13 (“Human Rights”) of the Oak Park Village Code are incorporated herein as though fully set forth. The Contractor shall not discriminate against any employee or applicant for employment because of race, sex, gender identity, gender expression, color, religion, ancestry, national origin, veteran status, sexual orientation, age, marital status, familial status, source of income, disability, housing status, military discharge status, or order of protection status or physical or mental disabilities that do not impair ability to work, and further that it will examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization. The Contractor shall comply with all requirements of Chapter 13 (“Human Rights”) of the Oak Park Village Code.

In the event of the Contractor’s noncompliance with any provision of Chapter 13 (“Human Rights”) of the Oak Park Village Code, the Illinois Human Rights Act or any other applicable law, the Contractor may be declared non-responsible and therefore ineligible for future Agreements or subcontracts with the Village, and the Agreement may be cancelled or voided in whole or in part, and such other sanctions or penalties may be imposed or remedies invoked as provided by statute or regulation.

In all solicitations or advertisements for employees placed by it on its behalf, the Contractor shall state that all applicants will be afforded equal opportunity without discrimination because of race, sex, gender identity, gender expression, color, religion, ancestry, national origin, veteran status, sexual orientation, age, marital status, familial status, source of income, disability, housing status, military discharge status, or order of protection status or physical or mental disabilities that do not impair ability to work.

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK-
SIGNATURE PAGE FOLLOWS]**

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed by their duly authorized representatives on the dates set forth below.

VILLAGE OF OAK PARK

By: Cara Pavlicek
Its: Village Manager

Date: _____, 2021

ATTEST

By: Christina Waters
Its: Village Clerk

Date: _____, 2021

CONTRACTOR



By: KATHIE HUGG
Its: Principal / Director of Operations

Date: July 8th, 2021

ATTEST



By: Cindy Bierovic
Its: Senior Account Executive

Date: July 8th, 2021