



# Ewing Marion Kauffman Foundation

*Updated: July 31, 2017*



## Follow Up Questions

1) Can you provide us a “sample” data analysis of our self-funded plan data that would result in either a plan design change, participant behavioral changes, wellness strategy changes etc. We would like to see how you would “take us to the next level” of using the self-funded data: medical visits, prescriptions etc. to lead us to optimizing costs and participant behavioral changes leading to their wellbeing.

## Reporting

In addition to monthly financial reporting packages, we provide clients plan performance and comprehensive annual reporting packages outlining benchmark and detailed plan utilization data. Using this information and tracking it in an **executive management scorecard**, together we will identify opportunities and “levers” for change and more effective plan management.

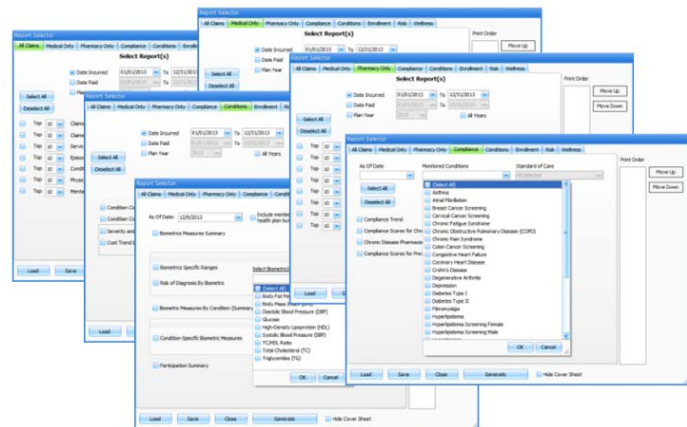
## Strategic Planning

So how do we put this and other information into an actionable strategic plan? In addition to the NavMD reporting outlined below, your engagement team will utilize **BAS, Go365 (fka Vitality), occupational health data and more** to develop a comprehensive scorecard and strategic planning tool known as the **executive management scorecard**. Your annual scorecard may include data from a variety of sources such as

- Health Risk Assessments
- EAP usage
- Biometric screenings
- Health plan performance report
- Prescription drug usage
- Cultural assessments
- Engagement surveys
- Workplace performance metrics

Collecting and analyzing data from multiple sources enables us to identify needs, risks, gaps in care, etc. that our customized strategic plan aims to address and allows us to measure its effectiveness.

## Executive Reporting



### *Wellbeing Scenario*

For example, if we discover preventative exam compliance is low, yet avoidable emergency room visits are high, we might implement a communication strategy around the value of establishing a relationship with a Primary Care Physician (PCP). We may go a step further, and recommend implementing an incentive strategy that rewards employees for completing an annual preventative exam with their PCP.

Our strategic plan always takes into account your organization's goals and objectives. If one of your goals is to decrease employee turnover rates for example, then our strategy may include cultural initiatives such as an employee recognition campaign, and/ or activities to support social connectedness.

Our goal is to understand your organization in order to co-develop a strategy that is aligned with your unique culture so that it is truly impactful to employees, their family members and your organization as a whole. Combining our experience and expertise with your understanding of culture and corporate objectives along with an effective tool for measurement leads to far more effective plan management.

*Please see the Exhibit A for a sample scorecard. Make note of various sources and categories of measurement, as well as the thought-provoking year over year planning tool.*

### **Data Analytics Tool – NavMD**

CBIZ clients are provided access to our benchmark and forecasting tool, NavMD. Analytics from NavMD give a glimpse into predictive healthcare, delivering **actionable insight** to allow for better decisions for your population. Better decisions mean providing a higher quality of care at a lower cost with a focus on wellness.

NavMD Analytics generates information against actual claims data on monthly or quarterly updates. You have the power to monitor the progress of your healthcare objectives and manage your health plan, just as you would any other budget item. The system offers a wide range of claims analysis to determine areas of a health plan that can be addressed in order to mitigate claims expenditure, target cost savings and increase wellness within a workforce. Our tool allows wellness data to be imported into the system so that you can see the direct correlation between biometric screenings, health risk assessment data and medical claims.

NavMD Analytics consists of three main components.

### 1. Analytics & Reporting

NavMD Analytics' data structure allows for high level group and cohort analysis down to specific conditions for an individual member. Its capabilities also include determination of patient compliance levels based on best practice guidelines, standards of care and prevention screenings.

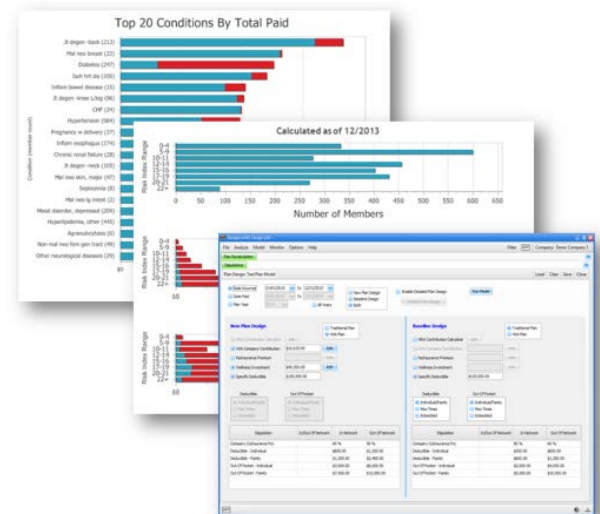
### 2. "What If" Plan Modeling

Several plan modeling tools provide comparative analyses on hypothetical plan strategies using actual claims experience for a given population. This tool enables organizations to forecast potential savings, predict changes in a proposed plan, and calculate shifts in cost and impacts of various plan design initiatives. Multiple additional capabilities are included such as Health Savings Account, Reinsurance Premium, and Wellness Investment Calculators. By quickly simulating plan modifications with real claims experience, these tools are designed to improve wellness, save money and increase efficiency.

### 3. Performance Tracking & Monitoring

Tracking and monitoring features measure user-defined data providing monthly alerts on cost, compliance and enrollment activity. Monitoring can be defined to continuously operate or narrowed to a specific period of time. Set alerts for changes in total plan members, track total employer costs in real time against goals and dynamically view member compliance level variation, among several others. Intervene when necessary and relevant.

Please see Exhibit B for a sample Strategic Health Plan Report.



2) We would like to learn more about creating an EDI file that can transfer open enrollment data from EMKF/EMKS to BAS—for all related plans: med/dental/vision/life etc. What would that process look like, for example, would you be willing to take project management lead to help us through this process?

Electronic Data Interchange (EDI) is a standardized format of data exchange between an eligibility management system (Ultipro/Ultimate) and a third-party administrator and/or insurance company. CBIZ routinely provides consultative support for establishing EDI.

In short, connecting the Ultimate HRIS system to BAS and other third-party vendors eliminates steps for HR and payroll team members. Employee elections are sent electronically to the various parties on a pre-determined schedule (typically weekly) containing additions, terminations and qualifying life event information. Doing so means billing, claims and identification cards flow more smoothly and accurately for all parties involved.

Clients similar to the Foundation are typically challenged by a lack of internal resources to manipulate inbound and outbound files in system specific formats. Often employers utilizing the Ultimate platform may need to contract with a third-party for manipulate files and build automated data exchanges.

At CBIZ, our services include, but are not limited to:



### 3) Do you have access to a mobile app that we could distribute to participants? Something that would allow them to have their medical card, plan documents, forms, wellness info etc. on their smartphone?

CBIZ provides practical benefits enrollment, communication and administration consulting advice followed by implementation and ongoing support. We recognize that there are many solutions designed to enhance the employee experience, as well as enable employee self-service. With billions of dollars spent by companies driving innovation for communication and education resources, it is more important than ever to work with a consultant possessing the necessary skills and resources to leverage this technology.

At CBIZ we believe that delivering a “one size fits all” solution to our clients conflicts with our consultative approach. In contrast, we have cultivated with relationships with dozens of vendors to provide a wide array of services for organizations the size of the Foundation. Below is a table of solutions for review:

Vendor	Description	Notes/Cost Estimate
BAS	No cost mobile application <i>(more information located in the Exhibit C)</i>	I.D. card, benefit and claim status information
Benefit Cloud	Low cost mobile application	Communication only, \$1 PEPM
Joshua & Company	Low cost benefit portal	Mobile enabled, communication only, \$8k
Maxwell Health	No cost benefit enrollment (with limited administration) platform	Mobile enabled, \$0 PEPM (future integration with Ultimate coming soon)
Oncore	Mid-priced benefit enrollment and administration platform	Mobile enabled, \$4 PEPM
PlanSource	Mid-priced benefit administration platform	Mobile enabled, \$5 PEPM
Zest Health	Low cost mobile application	Communication only, \$4 PEPM

### Potential Engagement Channels



Email



Website



Presentations



Benefit Booklets



Mobile Apps



Posters &amp; Flyers



Direct Mail



Brainshark Videos



Newsletter



Social Media

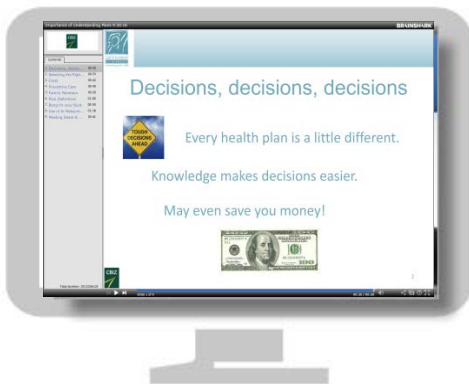
4) Please detail all of the open enrollment resources you could provide, e.g., if you led the meetings, what would that look like/what would you recommend? Access to videos that we could post to our intranet, help with collateral materials to distribute to participants?

### *Annual Enrollment Meetings*

CBIZ understands employee education and utilization are crucial for maximizing your substantial investment in health and welfare benefits. CBIZ has made significant investments in tools and resources to ease the open enrollment process and has developed successful communication strategies leading employees to a better understanding. This in turn leads happier, healthier and more engaged employees. To help with the education process of open enrollment each year, CBIZ will provide the resources to coordinate and conduct group meetings, including meeting one-on-one with employees at scheduled annual enrollment meetings. We can prepare the presentation, invite carriers to attend and review each handout for content and accuracy. We highly recommend to have the carrier/vendor present their product and answer specific questions.

In addition to the in-person meetings, CBIZ provides a customized employee enrollment guide. This guide has all pertinent information on eligibility, carrier networks, plan designs/benefits offered, carrier extras, compliance requirements, and contact information. These booklets become a one-stop-shop for all benefits information and employee needs.

### *Online Communications*



#### **Brainshark**

In addition to print communication, CBIZ can provide online and video materials. As such, we have partnered with Brainshark, a leading cloud-based platform for employer and employee education. Presentations can be viewed on-demand at the audience's convenience, "anytime, anywhere," including on mobile devices. Employees can review benefits communications as often as needed and easily share with others in their household.

CBIZ is able to script and produce these voice over benefits presentations to be given at large group meetings and posted on the Foundation's intranet for 24/7 access. This tool has been used by CBIZ clients for the following:

- Educate employees on understanding their benefits and becoming better consumers
- Teach the basics of HDHP and HSA programs
- Explain how to use new or existing benefit enrollment solutions
- Introduce new wellness programs
- Explain the benefit program to new and existing employees

Your CBIZ team utilizes leading-edge employee communication strategies to make sure your employees understand and utilize their employee benefits, as well as appreciate your organization's investment in their health and wellness. This comprehensive method establishes the following objectives:

- Eliminate printing costs in year one and future years - creating a recurring savings
- Allow the benefits guide content to be easily updated throughout the year and at time of renewal
- Allow CBIZ and the client to communicate and highlight important changes as needed
- Provide a simple way to allow users to link to other relevant content on carrier/vendor websites

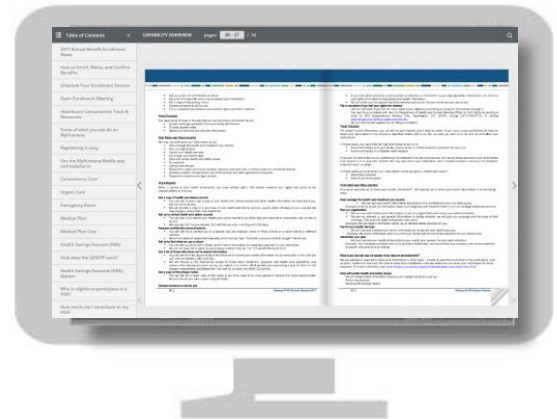
**Improved productivity:** Employees receive training and communications on topics such as open enrollment, new hire onboarding, wellbeing, and important legislative updates, while minimizing non-productive time.

**Uniform messaging:** Consistency and clarity are critical when delivering an effective message. Employees will be able to view the same message and retrieve all the necessary forms to make informed decisions.

### *FlippingBook*

CBIZ also has access to Flipping Book, an interactive online publishing site that transforms files into digital, interactive online publications and can be used for employee communication and education. Sample FlippingBook Projects include:

- Client Communication
- Employee Benefit Guide
- Benefit highlight brochure
- HR/New Hire Handbook



This tool allows for benefit guides to be accessible online with direct links to websites and integrated videos. This would enable the Foundation to communicate effectively to their multi-generational workforce and remove barriers to accessing information to facilitate year-round engagement.



5) Do you have access to an HR resource like ThinkHR that we could access for job description, comp data, sample policy/handbook forms/templates etc.

In addition to professional consulting services for human resources, compensation and executive placement, we provide our clients with access to a database of resources as requested above. Our scope of services includes access to CBIZ HR Solution, a comprehensive online HR information portal, providing information on crucial HR topics, including: Benefits and Compensation, Compliance, Equal Employment Opportunity, Risk Management & Safety; as well as resources, model documents and forms that can be downloaded and used as a foundation from which to build custom documents for your organization. Sample documents include; HR Policy Handbooks, COBRA Forms, Personnel Forms, Health & Safety Policies; and Productivity Tools, including: custom job descriptions. This tool serves as a great resource for topics that impact HR outside of benefits.

**INFORMATION BY HR TOPIC**

**INFORMATION & RESOURCES LINKS**

**CBIZ HR Solutions**

CBIZ HR Solutions is your comprehensive online HR information portal, including a live hotline which provides you with quick access to the resources, information, and answers you need...when you need them. CBIZ HR Solutions enables you to utilize your valuable time to perform higher level, strategic work by freeing you from many of the more basic HR compliance tasks.

**LIVE HOTLINE** that gives you the support of a full team of Human Resources specialists who are prepared to provide you with the answers and practical advice you need. Every month you have access to 4 hours of HR assistance – via phone or email – so that you can:

- Submit confidential questions and receive thorough answers
- Address HR issues while they are small and manageable
- Have a safety net and extra support when needed
- Save time and focus on higher-level projects

**INFORMATION** on crucial HR topics, including:

- Benefits & Compensation
- Compliance
- Performance & Productivity
- Equal Employment Opportunity
- Risk Management & Safety
- Recruiting, Selection & Staffing

**RESOURCES, MODEL DOCUMENTS AND FORMS** that can be downloaded and used as a foundation from which to build custom documents for your organization, such as:

- HR Policy Handbook
- Handbook Receipt Form
- COBRA Forms
- Health & Safety Policy
- Personnel Forms
- Leave Policies & Forms
- Promotion & Transfer Policies

**PRODUCTIVITY TOOLS**, including:

- Custom Job Descriptions: a library of thousands of job descriptions and a tool to create your own custom descriptions within minutes
- Performance Now: a tool that facilitates preparation of employee reviews

**NEWS AND ARTICLES** on current trends, timely subjects, best practices, and more.

**FEDERAL AND STATE WORKPLACE NOTICES AND POSTERS**... Just print and post.

**CBIZ HR SOLUTIONS**  
The information you need and the personal attention you deserve

**our business is growing YOURS**

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The CBIZ HR Solutions team provides practical human resources consulting advice based upon our research and experience in the industry and with our clients. We do not provide legal or tax advice and encourage you to consult with your labor attorney or tax accountant.

## 6) Do you have access to a wellbeing expert who could help us develop a 3-5 year strategy and help us look at/coordinate items in #1?

Your CBIZ team will work with you to devise an effective wellbeing strategy that incorporates components such as benefit plan design, incentive/engagement plan, health promotion, risk prevention, healthcare consumerism, disease management, etc with the goal to support employees and their families in living their best most vibrant life, while increasing employee engagement and workplace productivity. As a first step, we will inventory your current benefits, resources and tools, and identify opportunities for maximizing engagement. For example, we can host an Annual Wellbeing Summit to collaboratively engage partners around the program's vision, mission, strategic plan and metrics.

As we identify gaps in care or areas that need enhancements we will market, evaluate and facilitate selection of wellness partners, capable of delivering high impact wellness portal and services, effectively integrating with your existing programs and resources, and providing robust data reporting and incentive administration. CBIZ has vetted more than 80 wellness providers and through that process we have established a preferred partner network of best in class wellness vendors and negotiated competitive pricing on behalf of our clients. Lacey McCourt is part of your team of experts that will help develop and implement an engaging strategic plan to reduce costs for Kauffman. Lacey's biography can be found on the following page.





## Lacey McCourt, MSW

**Wellbeing Consultant**  
CBIZ Employee Services  
Organization

A division of CBIZ Benefits &  
Insurance Services, Inc

**(913) 375-6454**  
**lmccourt@cbiz.com**

### Business Experience

Lacey McCourt serves as a Wellbeing Account Executive with CBIZ, a national leader in developing and implementing health and productivity strategies and wellness programs. In her role, Lacey helps clients develop and implement strategies to build and maintain a culture of total wellbeing. Lacey works collaboratively with clients and vendor partners to develop effective and sustainable wellbeing solutions with the goal of helping individuals live healthier, more productive lives. Lacey plays a significant role in educating clients and key partners about the value of worksite wellbeing programs and the strategies to achieve high levels of employee engagement.

Before joining CBIZ, Lacey lead the Wellness and Employee Assistance Program team with a health care system in Rockville, MD. Lacey spent nearly 6 years with her previous employer in various roles including account management, business development and operational leadership.

### Education

Lacey holds a Bachelor's degree in Social Work from the University of Maryland, Baltimore County, and a Master's degree from the University of Maryland School of Social Work, specializing in Employee Assistance Programs.

# Exhibit A: Sample Executive Management Scorecard

ABC Company - Scorecard

Demographics	Measure	2014	2015	2016
	Total Employee Count	795	795	800
	Number of Total Members Enrolled in Medical Plan	1331	1376	1336
	Number of Active Employees Enrolled in Medical Plan	585	603	584
	Employee Average Age in Medical Plan	36.2	36.2	35.9
Wellness Incentive	Measure	2014	2015	2016
	Earned Premium Discount (Completed both the HRA and HRA Participation)	~82%	~86%	482 (83%)
	HRA Participation	484	524	606
	Biometric Screening Participation	86%	91%	87.50%
	Average Age on HumanaVitality	N/A	N/A	48
	Average Vitality Age	N/A	N/A	55
	Percent Over Vitality Age	N/A	N/A	96.0%
	Earned Platinum Humana Vitality Status	N/A	N/A	48
	Earned Gold Humana Vitality Status	N/A	N/A	67
	Earned Silver Humana Vitality Status	N/A	N/A	126
Earned Bronze Humana Vitality Status	N/A	N/A	366	
HRA and Biometric Data	Measure	2014	2015	2016
	<b>Most Prevalent Population Risks based on HRA data:</b>			
	BMI - Low Risk (< 24.9)	11.0%	10.1%	7.2%
	BMI - Moderate Risk (25.0-29.9)	24.8%	23.3%	23.9%
	BMI - High Risk (≥30.0)	64.3%	66.6%	68.1%
	Blood Pressure - Low Risk	43.2%	36.6%	38.7%
	Blood Pressure - Moderate Risk (Sys > 120 and <140; Dias > 90)	45.0%	50.0%	57.4%
	Blood Pressure - High Risk (Sys 140 and/or Dias > 90)	10.3%	11.8%	3.5%
	Total Cholesterol - Low Risk (TC <200)	69.2%	71.8%	69.8%
	Total Cholesterol - Moderate Risk (TC 200-239)	20.7%	18.7%	23.9%
	Total Cholesterol - High Risk (TC >240)	7.6%	6.5%	6.4%
	Glucose - Low Risk (Fasting <100 mg/dl; Non-Fasting <140)	81.8%	81.1%	84.0%
	Glucose - Moderate Risk (Fasting 100-125 mg/dl; Non-Fasting 126-150)	11.2%	12.0%	11.3%
	Glucose - High Risk (Fasting ≥ 126 mg/dl; Non-Fasting ≥200)	4.8%	4.2%	4.7%
Tobacco use	13.4%	11.3%		
Engagement Opportunities	Measure	2014	2015	2016
	<b>List the following for each program:</b>			
	Festus Safety and Wellness Event	175	175	250
	Community Service Involvement: Bowling For Charity Event	75 (1st event)	200+ (2 events)	
	Walk At Work Participation	144	154	
	Employee Wellness Survey: May 2014	110 participants	-	
	The Produce Man Wednesdays weekly KCATA Summer 2014	Summer/Fall 2014	-	
	Truman Healthy Harvest Mobile Market 1x a month all year	Year Round	Partial Year	
	Breen Wellness Center Participation	611 June-Dec	915	
	Building One Wellness Center Participation	142 June - Dec	386	
	Health Consults onsite with wellness coordinator-	142 June - Dec	252	
	Exercise classes onsite total participation	June-Dec	230	
	Sign up for health screening and Sandwich May 18th & 22nd	270 (2 events)	235 (2 events)	
	Blood Pressure Kiosks Utilization (monthly average)	72 (Jun - Dec)	228	210
	Colorful Choices (BCBS program Fall 2014)	104	-	
	Holiday Hold Down (Weight management program)	196	-	
	Healthy Wage (Employees Self-Pay) in 2015	-	34	
	Walk At Work - Meet New Wellbeing Coordinator	-	-	70
	Walk At Work - September	-	-	105
	Walk At Work - Veteran's Day			95
	Lunch N Learn - Journey to Platinum			65
	Lunch N Learn - Food Diary			35
	Lunch N Learn - Sleep Class			22
	Community Blood Drive - August			35
	October Health Fair - HumanaVitality Health Assessment Completion			370
	HumanaVitality Platinum Status Recognition Plaques			48
	Water Challenge - Maintain Don't Gain			99 out of 106 maintained
	Average Onsite Fitness Center Usage			measure in 2017
Halloween Gym Open House			65	

ABC Company - Scorecard

		Measure	2014	2015	2016
Behavioral Health / EAP	<b>Total Employee Count</b>				
	Total Cases				
	Total Clients Served				
	EAP Annualized Rate (national average is 4-6%)				
	<b>Case Type</b>				
	Marital/Family				
	Psychological/Emotional				
	Legal				
	Financial				
	Formal Management Referral				
	Alcohol/Drug				
	Relationship				
	Anxiety/Depression/Stress				
	Work Related				
Productivity Measures	<b>Measure</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	
	Sick Time Average Hours Per Employee				
	Average Tenure				
	Average Missed Routes				
	Worker's Compensation - Number of New Claims				
	Worker's Compensation - Average Claim Cost				
	FMLA - New Leave Requests				
	FMLA - Average Leave Duration (running 12 months)				
Long Term Disability - New Claims					
Medical Plan	<b>Measure</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	
	Percent of Members Preventive Exam Compliance	26.50%	27.90%	30.50%	
	Primary Care Visits/1000	1941.90	1901.80	1903.10	
	Monthly Plan Spend PMPM	\$1,162.00	\$1,111.00	\$1,219.00	
	Number of Large claims in excess of \$50,000	16	20	20	
	Number of Large claims from \$30,000 to \$50,000	26	21	30	
	Percentage of all paid expenses attributed to high cost claim	37.30%	37.90%	42.30%	
	<b>Overall Expenses (Paid PMPM)</b>	<b>August 13 to July 14</b>	<b>August 14 to July 15</b>	<b>August 15 to July 16</b>	
	Inpatient Facility	\$59.77	\$53.45	\$76.04	
	Outpatient Facility	\$129.30	\$115.80	\$149.72	
	Professional	\$110.50	\$109.05	\$123.61	
	Management Services	\$5.55	\$5.58	\$5.46	
	Total Medical	\$305.12	\$283.88	\$354.83	
	Pharmacy	\$83.03	\$103.75	\$99.32	
	Emergency Room Visits/1000	291.0	290.4	316.0	
	Generic Dispensing Rate	82.9	83.50%	85.10%	
	Annual Trend	7.0%	0.0%	0.0%	
Refund Amount	\$601,960.00	\$667,492.00	\$909,225.00		
WELCOA Benchmarks	<b>Benchmark</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	
	Capturing Senior Level Support	N/A	73		
	Creating A Cohesive Wellness Team	N/A	56		
	Collecting Data to Drive Results	N/A	59		
	Crafting An Annual Operating Plan	N/A	88		
	Choosing Appropriate Health Promotion Interventions	N/A	60		
	Creating A Supportive Environment	N/A	69		
	Carefully Evaluating Outcomes	N/A	100		

Wellness Strategic Plan

Client Logo

		Year One	Client Lead	CBIZ Lead	Time Frame
Organizational Commitment		Establish and publicize a Wellness strategy vision and mission			
		Begin executive coaching with Wellness Finder and an application such as the Human Performance Institute to adopt a general philosophy toward physical health improvement and behavior change			
		Form Wellness Committee, define roles and responsibilities, define agenda, set quarterly meetings			
		Create Wellness brand and talking points announcing adoption of vision, mission and value			
		Publish and disseminate the Wellness Strategic Plan to senior management and leadership			
		Develop and deploy a senior leadership communication plan and conduct orientation meetings			
		Employee Announcement of multi-year Wellness plan			
		Orient and educate Benefits Steering Committee or Chief Executives about Wellness, development of Wellness strategy			on-going
		Develop internal stakeholders with respect to Wellness (Safety, Communications, etc.)			on-going
		Year One	Client Lead	CBIZ Lead	Time Frame
Sustainable Operating Environment		Hold a Wellness Summit of internal stakeholders and external service providers to review and endorse strategic direction in Wellness and identify opportunities for collaboration and program integration. The Summit should include safety, human resources, facilities, medical, dental, vision, worker's comp, disability, and EAP			
		Consider conducting an employee wellness culture/interest survey or holding selected focus group meetings			
		Assess the physical environment of major offices and gain in depth understanding of essential functions at work/job site. Perform gap analysis and prepare an action plan.			
		Evaluate the tobacco and smoking policy			
		Evaluate the vending and food practices			
		Year One	Client Lead	CBIZ Lead	Time Frame
Data Analysis and Strategic Plan		Discuss and co-develop Strategic Plan			
		Compile data for analysis (claims reports, any informal or formal wellness program participation and outcomes, assessments, screenings, disability, workers' compensation, EAP, etc.)			
		Define and adopt a Wellness deployment process model and proposed timeline			
		Monitor any existing tobacco cessation program			
		Select health risk assessment and biometric screening vendor and begin implementation			
		Monitor any existing Disease Management Program			
		Monitor any existing on-line health coaching program			
		Monitor any existing Healthy Pregnancy program			
		Year One	Client Lead	CBIZ Lead	Time Frame
Benefit Plan Design and Interventions		Develop the Annual Calendar of interventions, programming and events for a two year time period which aligns with the Strategic Plan and accomplishes the established objectives			
		Conduct Personal Health Assessment and Biometric screenings with goal of 75% participation			
		Implement routine annual physical exam and preventive screenings as additions to the qualifying events for a premium contribution discount			
		Implement two on-going company wide initiatives: physical activity and healthy eating			
		Evaluate vendor partners for population management for active program engagement for group/peer teams, challenges, competitions, tracking, etc.			
		Identify considerations and evaluate for a value based medical benefit plan design			
		Identify considerations and evaluate for activities for earning the following year's incentives			
		Evaluate the results of the any internally administered programs			



Wellness Strategic Plan

Client Logo

Engagement and Recognition	Year One	Client Lead	CBIZ Lead	Time Frame
	Announce incentive design for health assessment and biometric screenings to reach targets for participation			
	Communicate Wellness intentions, branding (unveiling), qualifying for incentives for participation			
	Enhance communications for greater impact for annual Enrollment			
	Develop a Wellness 'playbook', including an education and awareness strategy of carrier programs			
	Evaluate modes of communication media; explore social networking and technology applications			
Outcomes and Quality Assurance	Year One	Client Lead	CBIZ Lead	Time Frame
	Review, discuss available market benchmarks, and decide on relevant wellness benchmarks for Client			
	Discuss and co-develop Wellness Scorecard			
	Define evaluation methods and data sources			





Wellbeing Strategic Plan

Client Logo

		Year Two	Client Lead	CBIZ Lead	Time Frame
Organizational Commitment		Establish senior leadership and manager "champions". Senior Management team must committed to improving the overall health of the workforce. Senior Leadership sets the tone for a culture of health, and employees are much more likely to participate when they know that CEOs, executives and senior managers are actively engaged. The senior leadership must also be accountable for ensuring that managers throughout the organization recognize their own responsibilities in creating the culture of health, including implementing and supporting programs and policies that have been put in place.			
		Create and publish Quarterly Executive Communications			
		Announcement setting expectations for participation and active engagement for the year and announcing incentive and recognition awards			
		Year Two	Client Lead	CBIZ Lead	Time Frame
Sustainable Operating Environment		Designate an on-site, internal wellness coordinator. The wellness coordinator will be responsible for implementing Client's Wellness Strategic Plan, executing the Annual Calendar of interventions, programming and events; communication coordination, maintaining the Wellness Scorecard			
		Identify and establish employee "Wellbeing Champions" in each department/office of Client. Develop a training and certification process and and visible recognition within Client to build their affinity to the program and gain their support for becoming an active advocate.			
		Identify employee barriers to accessing program elements (physical, social, timing, weather, location, administrative) and create action plans and timeline for addressing			
		Establish and implement healthy food guidelines for meetings or events and vending			
		Identify/designate physical space for activity in all locations			
		Promote use of stairs			
		Provide time during the work day for wellness event attendance			
		Year Two	Client Lead	CBIZ Lead	Time Frame
Data Analysis and Strategic Plan		Update an Annual Calendar of interventions, programming and events for a two year time period which aligns with the Strategic Plan and accomplishes the established objectives			
		Review and evaluate data management reports from data repository which establishes a first year common baseline for population health. Determine actionable steps			
		Evaluate the [carrier] tobacco cessation program			
		Evaluate any internally administered programs			
		Evaluate for continuance any existing Disease Management program			
		Rollout the Wellness deployment process model			
		Evaluate an integrated data management services and data repository			
		Evaluate the on-line health coaching program			
	Evaluate the Health Pregnancy Program				



Wellbeing Strategic Plan

Client Logo

Benefit Plan Design and Interventions	Year Two	Client Lead	CBIZ Lead	Time Frame
	Conduct Personal Health Assessment and Biometric screenings with goal of 75% participation			
	Consider and establish spouse participation in PHA with a goal of 25% participation			
	Implement routine annual physical exam and preventive screenings as additions to the qualifying events for a premium contribution discount			
	Integrate disease management, health coaching and EAP services			
	Integrate absence management programs (sick, FLMA, leaves, disability and workers' compensation)			
	Implement two on-going company wide initiatives: physical activity and healthy eating			
	Add a behavior change strategy to the education and awareness efforts			
	Implement a value based benefits medical plan design, including preventive Rx at no copay for Diabetes and Cardiovascular			
	Evaluate vendor partners for population management for active program engagement for group/peer teams, challenges, competitions, tracking, etc.			
Introduce and establish Medical Home concept				
Engagement and Recognition	Year Two	Client Lead	CBIZ Lead	Time Frame
	Announce incentive design for health assessment and biometric screenings to reach targets for participation			
	Add Wellness to curriculum of training and development programs available to employees			
	Implement a wellness newsletter and enhance utilization of wellness column in biweekly employee communications			
	Establish and implement healthy food guidelines for meetings or events and vending			
	Promote campaign for training and participating local based, community charitable programs for biking, running, walking, golf, tennis events as a Terracon teams			
	Utilize coaching sources for psychosocial behavior change based on intrinsic motivators			
	Launch campaigns for group sessions and increased utilization of employee assistance programs for stress, resiliency, financial peace, work/life balance and depression/anxiety.			
Outcomes and Quality Assurance	Year Two	Client Lead	CBIZ Lead	Time Frame
	Measure program satisfaction by participants			
	Complete Scorecard and review results			
	Perform any course corrections and next step action planning			



**Wellbeing Strategic Plan**

**Client Logo**

Organizational Commitment	Year Three	Client Lead	CBIZ Lead	Time Frame
	Continue to develop senior leadership and manager "champions"			
	Announcement setting expectations for participation and active engagement for the year and announcing incentive and recognition awards			
	Continue to embed Wellbeing brand and talking points on vision, mission and value			
	Develop and deploy a office manager and supervisor training and communication plan and conduct orientation meetings			
	Implement inclusion of individual Wellness goal into company's Performance Management and Development process			
	Announcement of multi-year Wellbeing plan and setting expectations for employee participation			
	Quarterly Wellness Committee meetings			
	Continue to publish Quarterly Executive Communications			
	Delegate Wellbeing goals to managers and review for accountability			
Sustainable Operating Environment	Year Three	Client Lead	CBIZ Lead	Time Frame
	Continue integration goals established at Wellness Summit, determine if follow-up session is warranted			
	Continue to educate and develop employee Wellness Champions			
	Establish smoking and tobacco policy			
	Promote use of stairs			
	Provide time during the work day for physical activity and wellness event attendance			
Data Analysis and Strategic Plan	Year Three	Client Lead	CBIZ Lead	Time Frame
	Review and evaluate personal health assessment and biometrics report, which establishes a first year common baseline for population health. Determine actionable information.			
	Revise Strategic Plan and Scorecard as necessary to reflect baseline health risk data			
	Update the Annual Calendar of interventions, programming and events for a two year time period which aligns with the Strategic Plan and accomplishes the established objectives			
	Establish an integrated data management services and data repository, populate repository with 2011 claim and 2012 HRA and biometric data			

Wellbeing Strategic Plan

Client Logo

		Year Three	Client Lead	CBIZ Lead	Time Frame
Benefit Plan Design and Interventions		Conduct Personal Health Assessment with goal of 85% participation			
		Enhance spouse participation in HRA and biometrics with a goal of 40% participation			
		Add dependent over age 18 participation			
		Implement vendor partners for population management for active program engagement for group/peer teams, challenges, competitions, tracking, etc.			
		Full implementation of Medical Home			
		Establish clinical outcomes based interventions			
		Implement two Wellness interventions or Disease Management participation as additions to the qualifying events for a premium contribution discount			
		Promote active use of EAP (counseling, stress, resiliency, depression, anxiety, financial wellbeing, life coaching)			
		Implement two additional on-going company wide initiatives: weight management			
		Year Three	Client Lead	CBIZ Lead	Time Frame
Engagement and Recognition		Conduct group session and create engagement programs around individual development of intrinsic motivators for behavior change			
		Announce incentive design for the year			
		Implement process for setting of personal health goals			
		Launch access to health coaching by every employee through carrier or vendor programs			
		Introduce outcomes based incentive and reward design			
		Utilize EAP and coaching sources for psychosocial behavior change based on intrinsic motivators			
		Year Three	Client Lead	CBIZ Lead	Time Frame
Outcomes and Quality Assurance		Complete Scorecard and review results			
		Perform any course corrections and next step action planning			
		Measure program satisfaction			



Health Interventions & Advocacy Activities

Measure	
Engaged in On-line Health Coaching	
Engaged in Telephonic Health Coaching	
<b>Engaged in Chronic Condition (Disease) Management</b>	
<b>Asthma</b>	
Individuals Identified	
Costs as a % of Total Claims	
Rx Therapy Spend (PMPM)	
<b>Low Back</b>	
Individuals Identified	
Costs as a % of Total Claims	
Rx Therapy Spend (PMPM)	
<b>Depression</b>	
Individuals Identified	
Costs as a % of Total Claims	
Rx Therapy Spend (PMPM)	
<b>Diabetes</b>	
Individuals Identified	
Costs as a % of Total Claims	
Rx Therapy Spend (PMPM)	
<b>Heart Disease</b>	
Individuals Identified	
Costs as a % of Total Claims	
Rx Therapy Spend (PMPM)	
<b>Maternity</b>	
Maternity Admissions (claims per 1,000)	
Healthy Pregnancy Program Enrollment	

# Exhibit B: Sample Strategic Health Plan Report



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## ABC Company

### Strategic Health Plan Report

Paid Date: 01/01/2016 thru 12/31/2016  
Created Date: 06/01/2017 at 8:20 AM

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ABC Company

Paid: 1/1/2016 to 12/31/2016

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## Utilization Summary



METRICS	METRIC TYPE	PRIOR PERIOD	CURRENT PERIOD	% CHANGE	TOTAL (CURRENT)
<b>ER VISIT UTILIZATION</b>					
ER Visits	Per 1000	146.7	145.0	-1.2%	263
ER Claimants	Claimants Per 1000	109.9	111.4	1.4%	202
ER Visits per ER Claimant	Average Visits	1.3	1.3	-2.5%	0
ER Visits resulting in an Admission	% of ER Visits	7.7%	5.7%	-25.5%	15
ER Visit Paid per ER Visit	Average Paid	\$780.20	\$715.52	-8.3%	\$188,180.73
ER Visit Allowed Per ER Visit	Average Allowed	\$1,024.35	\$895.81	-12.5%	\$235,597.18
<b>INPATIENT UTILIZATION</b>					
Inpatient Days	Per 1000	151.1	226.6	69.8%	411
Inpatient Claimants	Claimants Per 1000	28.1	32.0	28.9%	58
Average Length Of Stay	Average Days	4.0	5.3	30.6%	0
Total Admissions	Per 1000	37.5	43.0	14.8%	78
Total Admission Paid Per Admission	Average Paid	\$23,513	\$27,028	14.9%	\$2,108,215
Total Admission Paid Per Day	Paid Per Day	\$5,830	\$5,129	-12.0%	0
Total Inpatient Re-admissions	Per 1000	1.9	4.4	135.5%	8
<b>IMAGING UTILIZATION</b>					
CT Scan	Per 1000	61.8	79.4	28.5%	144
MRI Scan	Per 1000	54.3	65.6	20.8%	119
<b>DRUG UTILIZATION</b>					
Pharmacy Scripts	Per 1000	7359.6	7578.3	3.0%	13747
Pharmacy Scripts Mail Order	% of Mail Order	3.4%	3.3%	-3.8%	451
Pharmacy Scripts Generic Drugs	% of Generic Drugs	80.0%	80.3%	0.4%	11039
<b>OFFICE VISIT UTILIZATION</b>					
Regular Office Visits	Average Cost Per Office Visit	\$47.99	\$55.37	15.4%	\$258,418
Total Office Visits	Per 1000	3629.8	3583.8	-1.3%	6501
Regular Office Visits	Per 1000	2603.6	2572.8	-1.2%	4667
Preventative Office Visits	Per 1000	528.7	556.2	5.2%	1009
Behavioral Health Office Visits	Per 1000	497.5	454.8	-8.6%	825
<b>OTHER UTILIZATION</b>					
Chiropractic Visits	Per 1000	511.9	620.7	21.3%	1126
Physical Therapy	Per 1000	47.4	53.5	12.7%	97
Deliveries	Per 1000	10.6	14.3	35.1%	26
Dialysis Claimants	Claimants Per 1000	1.2	1.7	32.5%	3
Transplant Claimants	Claimants Per 1000	0.0	0.0	0.0%	0

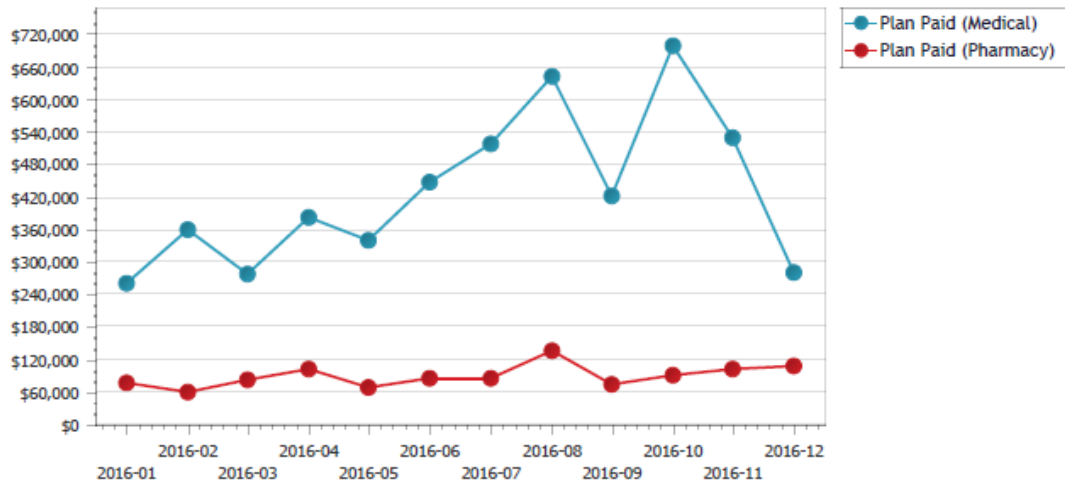
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## Aggregate Report (Paid)



MONTH PAID	# OF ENROLLED MEMBERS	# OF ENROLLED EMPLOYEES	# OF ENROLLED DEPENDENTS	PLAN PAID (PHARMACY)	PLAN PAID (MEDICAL)	MEMBER PAID (PHARMACY)	MEMBER PAID (MEDICAL)	# OF CLAIM SERVICE LINES
2016-01	1,432	619	813	\$76,837.70	\$261,067.49	\$16,124.84	\$78,732.48	3,975
2016-02	1,476	641	835	\$60,417.51	\$359,596.84	\$32,903.17	\$90,801.96	4,077
2016-03	1,490	645	845	\$81,619.71	\$277,926.01	\$24,348.76	\$101,859.00	4,774
2016-04	1,512	651	861	\$101,075.33	\$381,675.11	\$24,023.27	\$78,842.66	4,606
2016-05	1,530	660	870	\$66,662.86	\$340,573.69	\$18,514.32	\$74,878.82	4,240
2016-06	1,535	667	868	\$85,497.65	\$447,193.46	\$17,868.68	\$63,526.76	4,792
2016-07	1,565	680	885	\$84,977.89	\$518,662.15	\$15,494.20	\$67,306.89	4,980
2016-08	1,599	695	904	\$136,628.06	\$642,482.48	\$23,513.28	\$65,234.47	5,070
2016-09	1,595	698	897	\$73,238.11	\$420,296.41	\$11,010.48	\$51,350.02	4,223
2016-10	1,600	702	898	\$89,483.89	\$699,369.64	\$12,824.62	\$67,742.38	5,111
2016-11	1,609	707	902	\$103,068.20	\$529,446.83	\$15,867.36	\$56,921.41	5,002
2016-12	1,624	709	915	\$106,798.19	\$278,593.12	\$12,203.88	\$38,452.23	4,787
	1,814	775	1,039	\$1,066,305.10	\$5,156,883.23	\$224,696.86	\$835,649.08	55,637

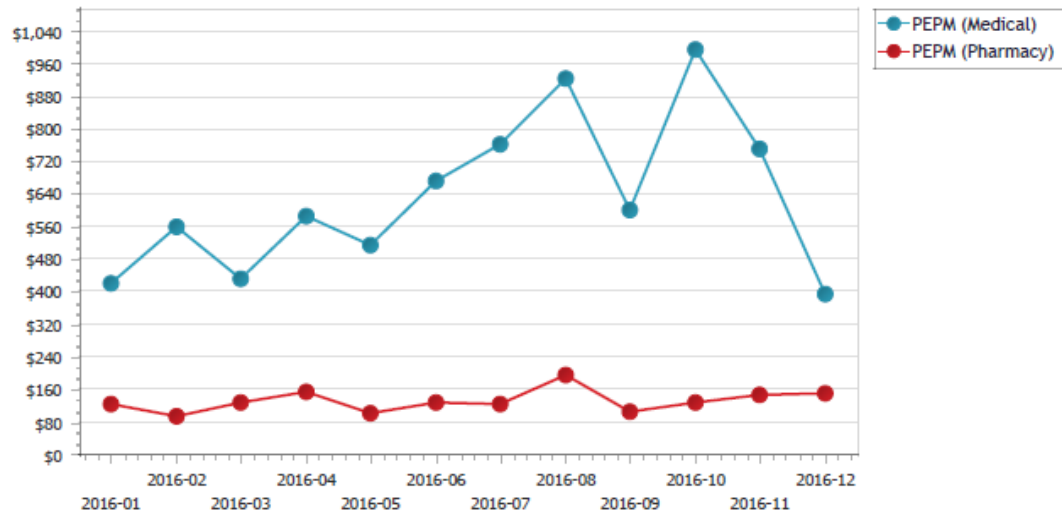
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## Aggregate Report Paid Analysis (PEPM/PMPM)



MONTH PAID	# OF ENROLLED MEMBERS	# OF ENROLLED EMPLOYEES	# OF ENROLLED DEPENDENTS	# OF CLAIM SERVICE LINES	PEPM (PHARMACY)	PEPM (MEDICAL)	PMPM (PHARMACY)	PMPM (MEDICAL)
2016-01	1,432	619	813	3,975	\$124.13	\$421.76	\$53.66	\$182.31
2016-02	1,476	641	835	4,077	\$94.26	\$560.99	\$40.93	\$243.63
2016-03	1,490	645	845	4,774	\$126.54	\$430.89	\$54.78	\$186.53
2016-04	1,512	651	861	4,606	\$155.26	\$586.29	\$66.85	\$252.43
2016-05	1,530	660	870	4,240	\$101.00	\$516.02	\$43.57	\$222.60
2016-06	1,535	667	868	4,792	\$128.18	\$670.45	\$55.70	\$291.33
2016-07	1,565	680	885	4,980	\$124.97	\$762.74	\$54.30	\$331.41
2016-08	1,599	695	904	5,070	\$196.59	\$924.44	\$85.45	\$401.80
2016-09	1,595	698	897	4,223	\$104.93	\$602.14	\$45.92	\$263.51
2016-10	1,600	702	898	5,111	\$127.47	\$996.25	\$55.93	\$437.11
2016-11	1,609	707	902	5,002	\$145.78	\$748.86	\$64.06	\$329.05
2016-12	1,624	709	915	4,787	\$150.63	\$392.94	\$65.76	\$171.55
	1,814	775	1,039	55,637				

ABC Company

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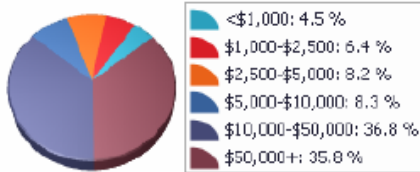
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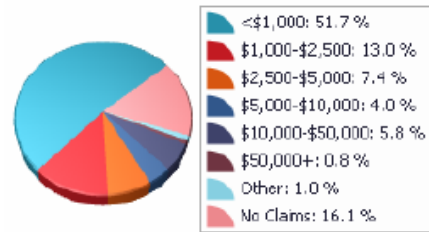
## Member Cost Ranges



Company Cost



Member Count



CLAIMANT COST RANGE	PLAN PAID	MEMBER PAID	% PLAN PAID OF TOTAL PLAN PAID	# OF ENROLLED MEMBERS	% MEMBERS OF ENROLLED MEMBERS
<\$1,000	\$282,295.20	\$365,132.65	4.5 %	987	51.70 %
\$1,000-\$2,500	\$401,620.45	\$153,390.48	6.5 %	248	12.99 %
\$2,500-\$5,000	\$508,881.41	\$157,253.91	8.2 %	142	7.44 %
\$5,000-\$10,000	\$518,532.89	\$114,551.72	8.3 %	77	4.03 %
\$10,000-\$50,000	\$2,289,887.14	\$218,955.26	36.8 %	111	5.81 %
\$50,000+	\$2,227,653.77	\$46,484.74	35.8 %	16	0.84 %
Other	(\$5,682.53)	\$4,577.18	-0.1 %	20	1.05 %
No Claims	\$0.00	\$0.00	0.0 %	308	16.13 %
	\$6,223,188.33	\$1,060,345.94		1,909	

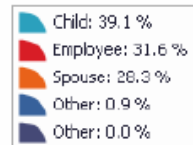
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## Relationships



RELATIONSHIP	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	# OF CLAIMANTS	MEMBER PAID	PER MEMBER PER MONTH
Child	\$2,432,888.47	39.09 %	587	\$257,539.59	\$131.11
Employee	\$1,969,416.92	31.65 %	617	\$464,621.61	\$106.13
Spouse	\$1,762,200.66	28.32 %	336	\$324,059.31	\$94.96
Other	\$56,349.70	0.91 %	59	\$14,143.65	\$3.04
Other	\$2,332.58	0.04 %	2	(\$18.22)	\$0.13
	\$6,223,188.33		1,601	\$1,060,345.94	\$335.36

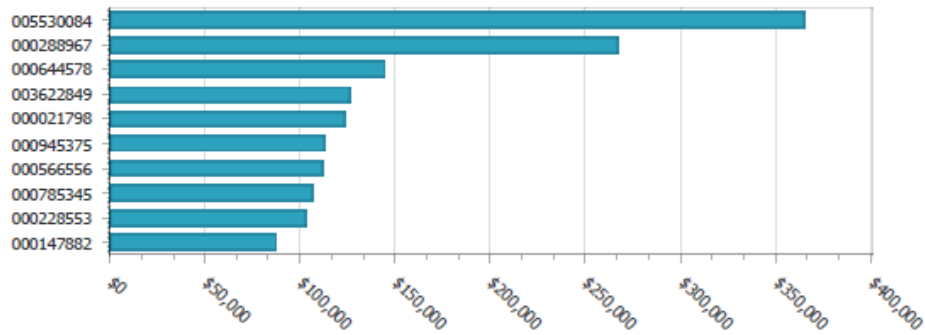
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## Top 10 Providers



CODE	PROVIDER NAME	NETWORK CATEGORY	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	MEMBER PAID	# OF CLAIMS	# OF CLAIMANTS
005530084	SUTTER MEDICAL CENTER SACRAMEN	Yes	\$364,598.17	7.07 %	\$0.00	29	1
000288967	ST DAVIDS MEDICAL CENTER	Yes	\$266,805.86	5.17 %	\$0.00	3	2
000644578	ROUND ROCK MEDICAL CENTER	Yes	\$144,458.74	2.80 %	\$755.90	5	2
003622849	SCOTT & WHITE HOSP COLLEGE STA	Yes	\$125,667.25	2.44 %	\$12.41	14	1
000021798	CHILDRENS MERCY HOSPITAL	Yes	\$122,872.40	2.38 %	\$7,897.49	65	15
000945375	WAKEMED CARY HOSPITAL	Yes	\$112,614.80	2.18 %	\$2,585.78	20	18
000566556	REX HOSPITAL INC	Yes	\$111,574.74	2.16 %	\$9,380.13	33	18
000785345	UNIV OF NORTH CAROLINA HOSPITA	Yes	\$106,289.70	2.06 %	\$1,800.42	18	6
000228553	MERCY HOSPITAL ST LOUIS	Yes	\$102,193.10	1.98 %	\$15,393.14	73	45
000147882	NORTH KANSAS CITY HOSPITAL	Yes	\$87,246.88	1.69 %	\$1,273.85	46	14
Remaining Providers			\$3,612,561.59	70.05 %	\$796,549.96	19,000	7,860

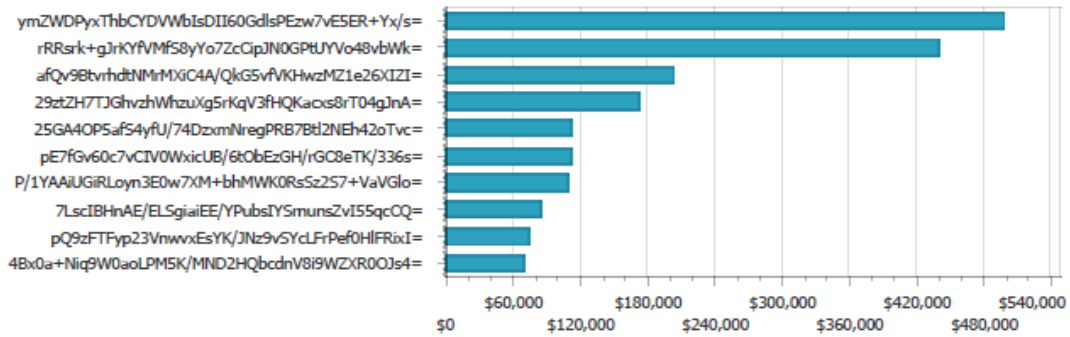
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## Top 10 Claimants



MEMBER ID	PLAN PAID	MEMBER PAID	% PLAN PAID OF TOTAL PLAN PAID	AGE	M/F	REL	TOP CONDITION
ymZWDPyxThbCYDvVbIsDII60GdlsPEzw7vESER+Yx/s=	\$498,268.45	\$1,295.00	8.01 %	0	F	Child	Other minor perinatal disorder, w comp
rRRsrk+gJrKYfVMF58yYo7ZcCipJN0GPTUYVo48vbWk=	\$438,541.90	\$1,600.00	7.05 %	11	F	Child	Lymphoma, w surg & a/m
afQy9BtvrdtNMiMXC4A/QkG5vfvKHwzMZ1e26XIZI=	\$203,045.96	\$3,154.24	3.26 %	44	F	Spouse	Autoim rheum disease exc lupus
29ztZH7TJGhvzhWhzuXg5rKqV3fHQKacxs8rT04gJnA=	\$171,630.89	\$1,644.84	2.76 %	57	M	Employee	CHF, w comp, w comorb, wo surg
25GA4OP5af54yfU/74DzxmNregPRB7BtZNEH42oTvc=	\$111,582.96	\$2,600.00	1.79 %	56	F	Spouse	Multiple sclerosis, wo surg
pE7fGv60c7vCIV0WxicUB/6tObEzGH/rGC8eTK/336s=	\$111,527.27	\$2,372.00	1.79 %	1	F	Child	Cong anom intest & abd, w surg
P/1YAAiUGiRL0yn3EDw7XM+bhMwK0RsSz257+VaVGlo=	\$109,335.44	\$2,600.00	1.76 %	6	M	Child	Leukemia, wo surg, w a/m
7LscIBHnAE/ELsgiaIEE/YPubsIYSmunsZvI55qcCQ=	\$84,117.79	\$1,608.32	1.35 %	45	F	Spouse	Isch hrt dis, w comp, w comorb, wo surg
pQ9zFTFyp23VnvwXEsYK/JNz9vSYcLFrPef0HlFRixI=	\$74,169.24	\$2,600.00	1.19 %	39	F	Employee	Mal neo lg intest, w comorb, w surg & a/m
4Bx0a+Niq9W0aoLPM5K/MND2HQbcdnV8i9WZXRO0Js4=	\$69,974.91	\$1,600.00	1.12 %	50	M	Employee	Atherosclerosis, w comp, w comorb, w surg
Remaining Members	\$4,350,993.52	\$1,039,271.54	69.92 %				

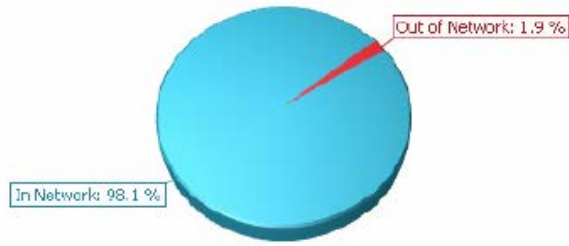
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## In Vs Out of Network



NETWORK CATEGORY	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	# OF CLAIM SERVICE LINES	AVG CLAIM SERVICE LINE PLAN PAID
In Network	\$5,061,263.00	98.15 %	37,998	\$133.20
Out of Network	\$95,620.23	1.85 %	3,681	\$25.98
	\$5,156,883.23		41,679	\$123.73

ABC Company

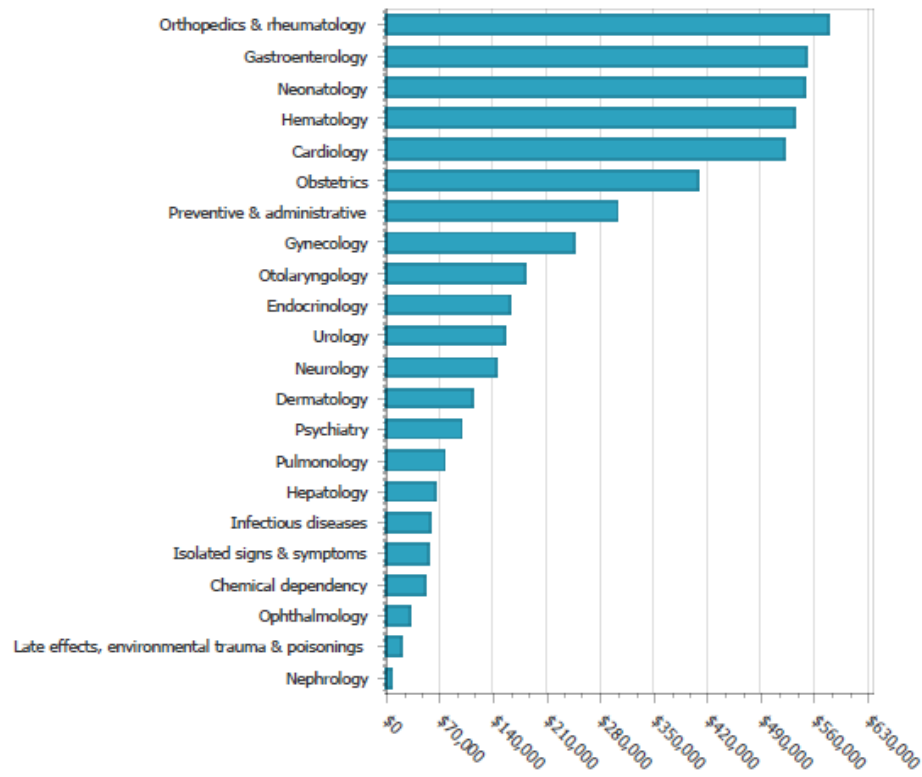
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## Diagnosis Categories



MAJOR DIAGNOSTIC CATEGORY	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	# OF CLAIMANTS	MEMBER PAID
Orthopedics & rheumatology	\$577,439.31	11.80 %	472	\$181,230.55
Gastroenterology	\$550,204.89	11.24 %	221	\$52,229.25
Neonatology	\$544,972.55	11.14 %	36	\$8,606.61
Hematology	\$533,807.49	10.91 %	38	\$7,049.86
Cardiology	\$518,365.57	10.59 %	207	\$47,142.96
Obstetrics	\$408,277.37	8.34 %	48	\$57,918.16
Preventive & administrative	\$302,547.89	6.18 %	845	\$37,434.57
Gynecology	\$246,530.23	5.04 %	156	\$32,636.96
Otolaryngology	\$182,184.69	3.72 %	518	\$79,639.31
Endocrinology	\$161,097.22	3.29 %	301	\$40,908.17
Urology	\$154,389.88	3.16 %	119	\$22,422.48

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## Diagnosis Categories



MAJOR DIAGNOSTIC CATEGORY	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	# OF CLAIMANTS	MEMBER PAID
Neurology	\$144,189.11	2.95 %	106	\$17,627.42
Dermatology	\$112,535.61	2.30 %	423	\$80,484.26
Psychiatry	\$97,589.40	1.99 %	224	\$51,787.69
Pulmonology	\$76,269.89	1.56 %	167	\$16,925.38
Hepatology	\$64,906.19	1.33 %	19	\$6,422.72
Infectious diseases	\$58,864.56	1.20 %	64	\$6,300.51
Isolated signs & symptoms	\$53,508.85	1.09 %	452	\$13,577.92
Chemical dependency	\$49,112.95	1.00 %	17	\$11,666.89
Ophthalmology	\$29,637.15	0.61 %	167	\$16,976.84
Late effects, environmental trauma & poisonings	\$20,793.89	0.42 %	22	\$3,670.48
Nephrology	\$5,954.57	0.12 %	12	\$742.24

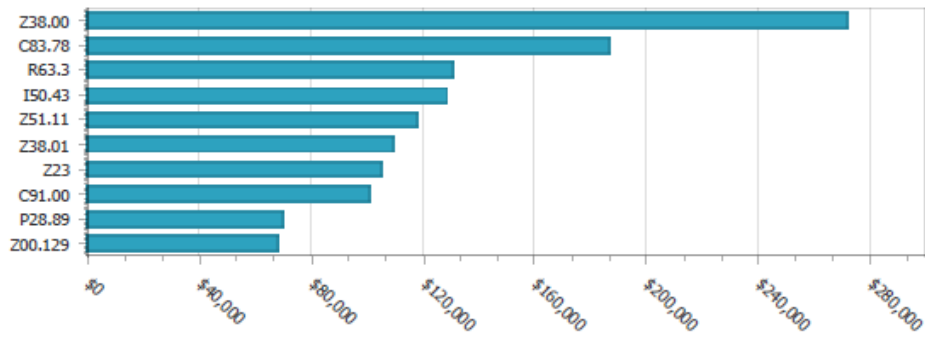
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## Top 10 Diagnoses



CODE	DIAGNOSIS	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	MEMBER PAID
Z38.00	Single liveborn infant, delivered vaginally	\$272,054.26	5.28 %	\$1,820.38
C83.78	Burkitt lymphoma, lymph nodes of multiple sites	\$186,516.58	3.62 %	\$0.00
R63.3	Feeding difficulties	\$130,553.93	2.53 %	\$620.92
I50.43	Acute on chronic combined systolic and diastolic hrt fail	\$128,445.23	2.49 %	\$1,033.25
Z51.11	Encounter for antineoplastic chemotherapy	\$117,911.48	2.29 %	\$0.00
Z38.01	Single liveborn infant, delivered by cesarean	\$109,237.56	2.12 %	\$4,808.40
Z23	Encounter for immunization	\$104,818.42	2.03 %	\$1,380.91
C91.00	Acute lymphoblastic leukemia not having achieved remission	\$101,293.03	1.96 %	\$1,377.15
P28.89	Other specified respiratory conditions of newborn	\$69,838.49	1.35 %	\$1,260.80
Z00.129	Encntr for routine child health exam w/o abnormal findings	\$68,127.48	1.32 %	\$405.72
Remaining Diagnoses		\$3,868,086.77	75.01 %	\$822,941.55

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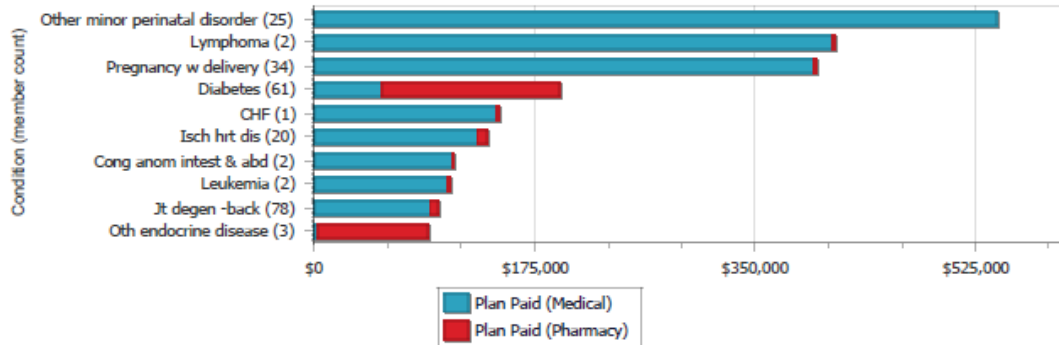
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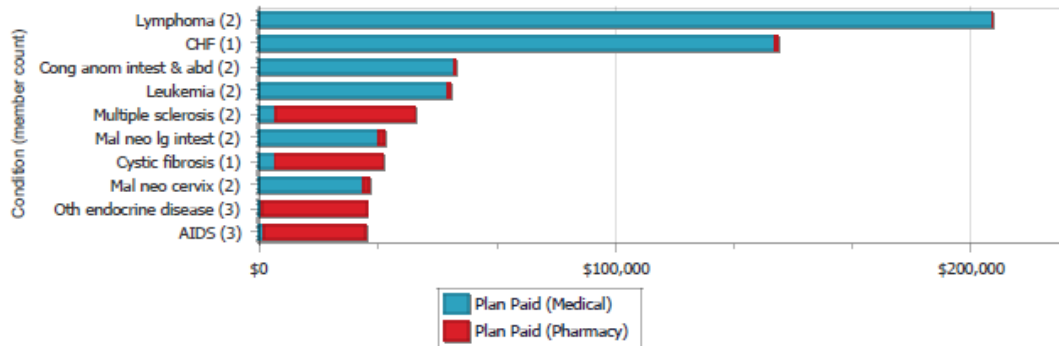
## Top 10 Conditions



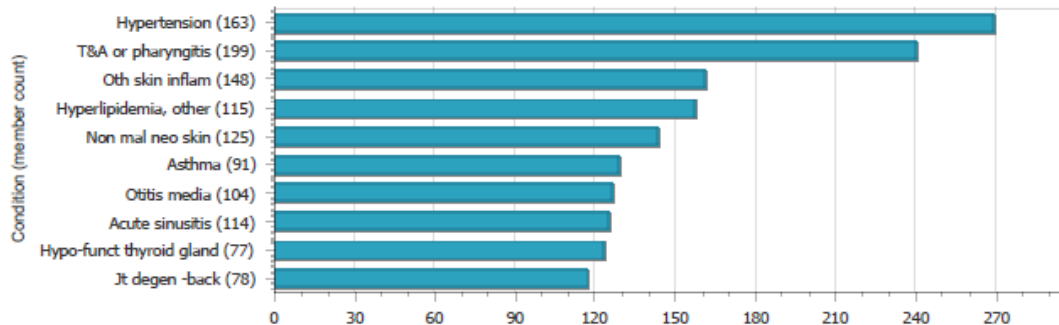
### Top 10 Conditions By Total Paid



### Top 10 Conditions By Average Plan Paid Per Member



### Top 10 Conditions By Prevalence\*



\*prevalence(n): the total number of episodes of care in a given population.

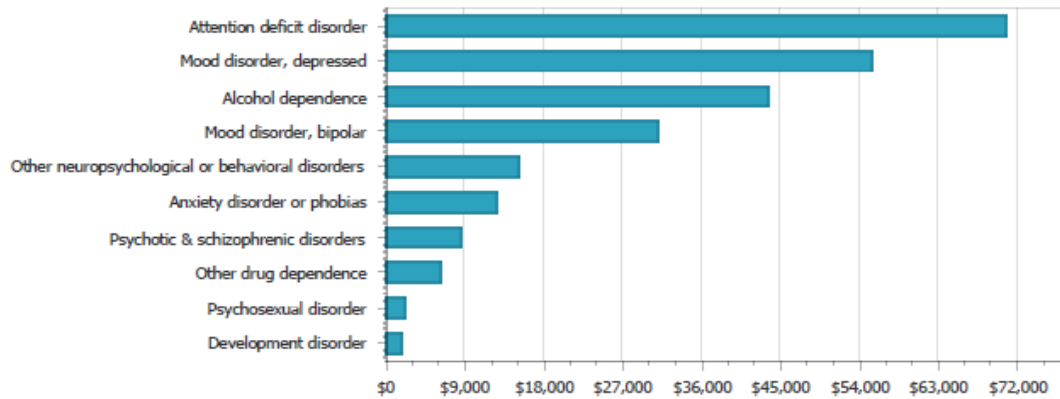
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## Top 10 Mental Health Conditions



CONDITION	PLAN PAID	PLAN PAID (MEDICAL)	PLAN PAID (PHARMACY)	# OF CLAIMANTS
Attention deficit disorder	\$70,612.59	\$9,471.86	\$61,140.73	62
Mood disorder, depressed	\$55,402.40	\$40,302.67	\$15,099.73	85
Alcohol dependence	\$43,485.07	\$43,345.44	\$139.63	3
Mood disorder, bipolar	\$31,017.89	\$16,215.39	\$14,802.50	18
Other neuropsychological or behavioral disorders	\$14,974.72	\$12,508.87	\$2,465.85	57
Anxiety disorder or phobias	\$12,607.72	\$6,677.75	\$5,929.97	85
Psychotic & schizophrenic disorders	\$8,596.43	\$5,890.58	\$2,705.85	4
Other drug dependence	\$6,144.63	\$3,692.61	\$2,452.02	18
Psychosexual disorder	\$2,083.68	\$1,584.61	\$499.07	3
Development disorder	\$1,805.28	\$1,805.28	\$0.00	10
Remaining mental conditions	\$6,412.39	\$5,207.29	\$1,205.10	77

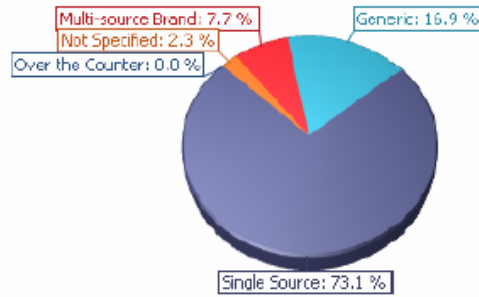
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## Drug Type



DRUG CLASSIFICATION	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	MEMBER PAID	# OF CLAIMANTS	# OF CLAIM SERVICE LINES	PER EMPLOYEE PER MONTH
Generic	\$179,751.22	16.86 %	\$105,622.87	1,110	11,159	\$22.28
Multi-source Brand	\$82,125.55	7.70 %	\$20,629.22	126	645	\$10.18
Not Specified	\$25,044.97	2.35 %	\$3,899.17	43	255	\$3.10
Over the Counter	\$105.84	0.01 %	\$219.66	27	31	\$0.01
Single Source	\$779,277.52	73.08 %	\$94,325.94	392	1,868	\$96.57
	\$1,066,305.10		\$224,696.86		13,958	\$132.14

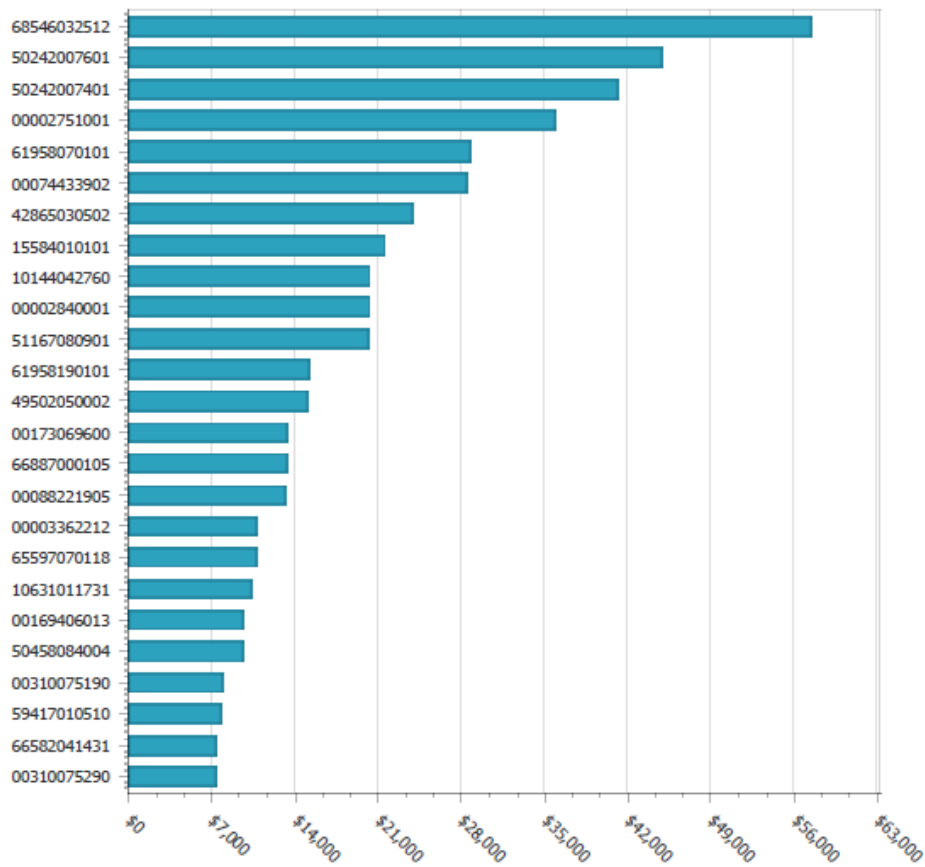
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### Top 25 NDC by Plan Paid



NDC DESCRIPTION (DRUG NAME)	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	MEMBER PAID	# OF CLAIMANTS	TOP CONDITION
Copaxone	\$57,487.75	5.39 %	\$2,438.93	1	Multiple sclerosis, wo surg
Nutropin AQ NuSpin 20	\$44,773.64	4.20 %	\$595.00	1	Oth endocrine disease, wo surg
Nutropin AQ NuSpin 10	\$41,118.16	3.86 %	\$2,090.24	1	Oth endocrine disease, wo surg
Humalog	\$35,819.92	3.36 %	\$395.00	8	Diabetes, wo comp, w comorb, wo surg
Truvada	\$28,739.42	2.70 %	\$603.30	3	AIDS, w comp, wo comorb, wo surg
Humira	\$28,520.01	2.67 %	\$0.00	1	Adult rheumatoid arthritis, wo comp, wo comorb

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## Top 25 NDC by Plan Paid



NDC DESCRIPTION (DRUG NAME)	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	MEMBER PAID	# OF CLAIMANTS	TOP CONDITION
ZENPEP	\$23,777.96	2.23 %	\$0.00	1	Chronic pancreatitis, wo surg
Atripla	\$21,518.56	2.02 %	\$315.00	1	AIDS, w comp, wo comorb, wo surg
AMPYRA	\$20,269.30	1.90 %	\$0.00	1	Multiple sclerosis, wo surg
Forteo	\$20,176.28	1.89 %	\$0.00	1	Osteoporosis
ORKAMBI	\$20,082.47	1.88 %	\$0.00	1	Cystic fibrosis, wo surg
Genvoxa	\$15,193.08	1.42 %	\$360.00	2	AIDS, w comp, wo comorb, wo surg
EPIPEN	\$15,105.68	1.42 %	\$3,642.76	27	Asthma, wo comp, wo comorb
ADVAIR	\$13,328.57	1.25 %	\$1,370.00	7	Asthma, wo comp, w comorb
Testim	\$13,235.65	1.24 %	\$507.50	4	Male sex gland disorder, wo surg
Lantus Solostar	\$13,082.20	1.23 %	\$2,739.49	8	Diabetes, wo comp, wo comorb, wo surg
REYATAZ	\$10,709.84	1.00 %	\$210.00	1	AIDS, w comp, w comorb, wo surg
Welchol	\$10,633.84	1.00 %	\$437.50	2	Hyperlipidemia, other
Absorica	\$10,331.54	0.97 %	\$0.00	1	Acne
Victoza	\$9,517.60	0.89 %	\$464.31	2	Diabetes, wo comp, wo comorb, wo surg
NUCYNTA	\$9,473.25	0.89 %	\$120.00	2	Autoim rheum disease exc lupus
CRESTOR	\$7,861.12	0.74 %	\$4,418.77	7	Hyperlipidemia, other
Vyvanse	\$7,729.24	0.72 %	\$1,490.79	6	Attention deficit disorder, wo comp
Zetia	\$7,399.46	0.69 %	\$893.28	3	Hyperlipidemia, other
CRESTOR	\$7,365.14	0.69 %	\$2,825.20	9	Hyperlipidemia, other
Remaining NDC Codes	\$573,055.42	53.74 %	\$198,779.79	5,654	

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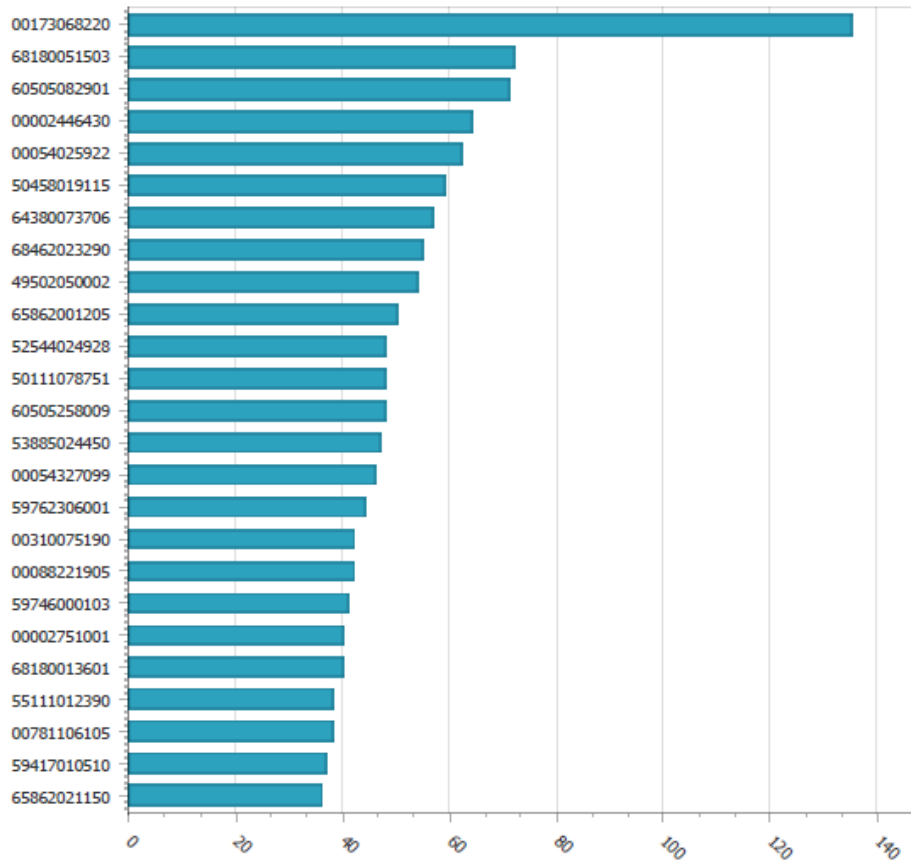
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## Top 25 Drug by Prevalence



NDC DESCRIPTION (DRUG NAME)	# OF FILLS	% OF CLAIMS TO TOTAL	PLAN PAID	MEMBER PAID	# OF CLAIMANTS	TOP CONDITION
VENTOLIN	135	0.97 %	\$5,261.39	\$1,908.84	79	Asthma, wo comp, w comorb
Lisinopril	72	0.52 %	\$15.64	\$530.01	10	Hypertension, wo comp, w comorb
Fluticasone Propionate	71	0.51 %	\$117.22	\$665.17	38	Allergic rhinitis, wo surg
Cialis	64	0.46 %	\$6,377.29	\$3,618.02	14	Male sex gland disorder, wo surg
Montelukast Sodium	62	0.44 %	\$473.32	\$620.71	12	Asthma, wo comp, w comorb
Ortho Tri Cyclen	59	0.42 %	\$2,917.73	\$296.10	10	Contraceptive mgt, wo surg

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## Top 25 Drug by Prevalence



NDC DESCRIPTION (DRUG NAME)	# OF FILLS	% OF CLAIMS TO TOTAL	PLAN PAID	MEMBER PAID	# OF CLAIMANTS	TOP CONDITION
VITAMIN D	57	0.41 %	\$545.40	\$343.44	18	Nutritional deficiency, w comorb, wo surg
Omeprazole	55	0.39 %	\$398.65	\$343.84	12	Inflam esophagus, wo comp, w comorb, wo surg
EPIPEN	54	0.39 %	\$15,105.68	\$3,642.76	27	Asthma, wo comp, wo comorb
Sertraline Hydrochloride	50	0.36 %	\$237.06	\$421.46	14	Menstrual condition, wo comp, wo surg
ATORVASTATIN CALCIUM	48	0.34 %	\$245.80	\$354.66	9	Hypertlipidemia, other
Azithromycin	48	0.34 %	\$125.85	\$452.37	44	Acute bronchitis, wo comorb
Microgestin	48	0.34 %	\$661.60	\$0.00	10	Contraceptive mgt, wo surg
ONETOUCH TES ULTRA BL	47	0.34 %	\$4,885.93	\$285.00	13	Diabetes, wo comp, wo comorb, wo surg
Fluticasone Propionate	46	0.33 %	\$12.83	\$252.15	27	Allergic rhinitis, wo surg
azithromycin	44	0.32 %	\$148.73	\$396.52	40	Acute bronchitis, wo comorb
Lantus Solostar	42	0.30 %	\$13,082.20	\$2,739.49	8	Diabetes, wo comp, wo comorb, wo surg
CRESTOR	42	0.30 %	\$7,861.12	\$4,418.77	7	Hypertlipidemia, other
Methylprednisolone	41	0.29 %	\$252.36	\$446.21	29	Asthma, wo comp, wo comorb
Escitalopram	40	0.29 %	\$105.04	\$335.13	8	Mood disorder, depressed, wo comp, w comorb
Humalog	40	0.29 %	\$35,819.92	\$395.00	8	Diabetes, wo comp, w comorb, wo surg
Alprazolam	38	0.27 %	\$83.28	\$275.33	7	Anxiety disorder/ phobia, w comp
Atorvastatin Calcium	38	0.27 %	\$220.32	\$255.30	5	Isch hrt dis, w comp, wo comorb, w CABG
Vyvanse	37	0.27 %	\$7,729.24	\$1,490.79	6	Attention deficit disorder, wo comp
Minocycline Hydrochloride	36	0.26 %	\$148.32	\$365.59	7	Acne
Remaining NDC Codes	12,644	90.59 %	\$0.00	\$199,844.20	5,293	

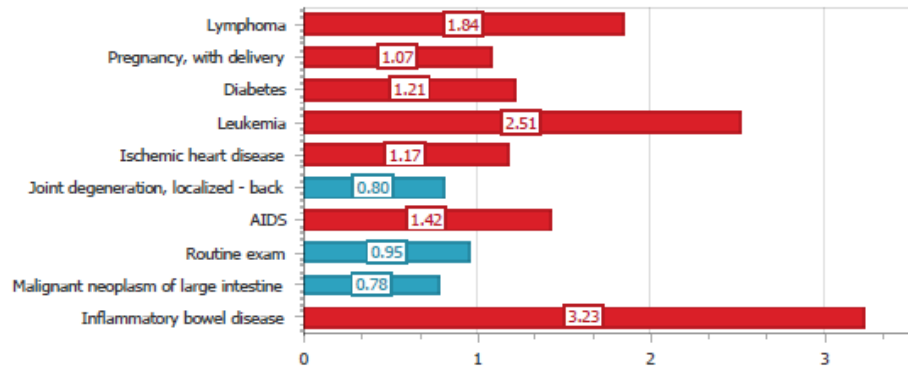
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## Top 10 Conditions: Benchmark Comparison



EPISODE	# CLAIMANTS	TOTAL PAID	BENCHMARK SCALE (1 = NORM)	\$ OVER OR UNDER (\$0 = NORM)
Lymphoma	2	\$414,041.54	1.84	\$189,484.83
Pregnancy, with delivery	17	\$288,254.73	1.07	\$18,861.71
Diabetes	50	\$285,026.02	1.21	\$50,154.65
Leukemia	1	\$212,151.48	2.51	\$127,751.37
Ischemic heart disease	18	\$192,410.15	1.17	\$28,540.80
Joint degeneration, localized - back	84	\$188,081.22	0.80	(\$46,192.21)
AIDS	3	\$156,435.00	1.42	\$46,351.30
Routine exam	580	\$151,806.31	0.95	(\$7,467.84)
Malignant neoplasm of large intestine	2	\$150,697.82	0.78	(\$42,742.13)
Inflammatory bowel disease	5	\$143,268.21	3.23	\$98,863.55
All Others	1,255	\$3,984,835.72	0.92	(\$339,136.79)
		\$6,167,008.20	0.94	\$124,469.25

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## Preventative Screenings Compliance and Utilization



As of Date: February 2017

CONDITION	STANDARD OF CARE	MEDICAL COMPLIANCE	MEASURED MEMBERS	ALL CLAIMS PLAN PAID	ALL CLAIMS MEMBER PAID	POSITIVE UTILIZATION (PLAN PAID)	POSITIVE UTILIZATION (MEMBER PAID)
Breast Cancer Screening	Multi Standard	47.20 %	214	\$1,308,080	\$200,078	\$2,606	\$42
Breast Cancer Screening	US Preventive Services Task Force	47.20 %	214	\$1,308,080	\$200,078	\$2,606	\$42
Cervical Cancer Screening	Center for Medicare and Medicaid Services	36.25 %	400	\$2,066,273	\$388,037	\$3,445	\$232
Cervical Cancer Screening	Multi Standard	36.25 %	400	\$2,066,273	\$388,037	\$3,445	\$232
Colon Cancer Screening	Multi Standard	45.20 %	177	\$883,628	\$176,290	\$21,130	\$2,555
Hyperlipidemia Screening Female	Multi Standard	67.75 %	169	\$748,696	\$153,357	\$11,289	\$6,483
Hyperlipidemia Screening Female	Up To Date	67.75 %	169	\$748,696	\$153,357	\$11,289	\$6,483
Hyperlipidemia Screening Male	Multi Standard	59.21 %	304	\$1,006,006	\$239,919	\$17,873	\$10,226
Osteoporosis Screening Female	Journal Watch (New England Journal of Medicine)	0.00 %	7	\$31,820	\$6,915	\$0	\$0
Osteoporosis Screening Female	Multi Standard	28.57 %	7	\$31,820	\$6,915	\$260	\$0
Osteoporosis Screening Female	Up To Date	19.05 %	7	\$31,820	\$6,915	\$260	\$0
Osteoporosis Screening Male	Medscape	0.00 %	12	\$54,158	\$18,642	\$0	\$0
Osteoporosis Screening Male	Multi Standard	0.00 %	12	\$54,158	\$18,642	\$0	\$0
Prostate Cancer Screening	Multi Standard	39.07 %	151	\$691,013	\$137,417	\$746	\$136

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## Chronic Disease Pharmaceutical Compliance and Utilization



As of Date: February 2017

CONDITION	PHARMACEUTICAL COMPLIANCE	MEASURED MEMBERS	ALL CLAIMS PLAN PAID	ALL CLAIMS MEMBER PAID	POSITIVE UTILIZATION (PLAN PAID)	POSITIVE UTILIZATION (MEMBER PAID)
Asthma	52.37 %	42	\$205,740	\$46,479	\$1,238	\$375
Atrial Fibrillation	64.29 %	6	\$56,452	\$5,455	\$1,698	\$634
Chronic Fatigue Syndrome	0.00 %	2	\$6,145	\$731	\$199	\$36
Chronic Obstructive Pulmonary Disease (COPD)	55.40 %	3	\$46,026	\$5,801	\$1,052	\$401
Chronic Pain Syndrome	0.00 %	5	\$331,526	\$14,946	\$1,469	\$275
Congestive Heart Failure	100.00 %	3	\$11,052	\$2,173	\$153	\$89
Coronary Heart Disease	93.24 %	14	\$125,635	\$17,708	\$2,283	\$2,272
Crohn's Disease	0.00 %	5	\$62,266	\$3,227	\$1,316	\$379
Degenerative Arthritis	40.24 %	51	\$715,703	\$67,460	\$10,356	\$5,708
Depression	77.17 %	50	\$325,501	\$52,841	\$6,218	\$4,648
Diabetes Type I	86.97 %	9	\$123,565	\$17,965	\$4,136	\$810
Diabetes Type II	86.97 %	27	\$189,241	\$45,959	\$9,470	\$4,871
Fibromyalgia	0.00 %	12	\$400,667	\$19,929	\$3,648	\$973
Hypertlipidemia	81.31 %	114	\$446,542	\$79,989	\$11,616	\$5,788
Hypertension	90.98 %	99	\$874,779	\$121,622	\$34,036	\$17,254
Lower Back Pain	38.67 %	93	\$1,864,896	\$249,965	\$126,104	\$42,073
Myocardial Infarction Aftercare	0.00 %	2	\$31,021	\$323	\$456	\$120
Neck Pain	0.00 %	48	\$194,550	\$65,601	\$12,861	\$7,264
Obstructive Sleep Apnea	3.28 %	27	\$112,441	\$33,591	\$10,839	\$5,370
Osteoporosis	0.00 %	4	\$102,714	\$5,661	\$1,009	\$74
Peripheral Artery Disease	0.00 %	2	\$47,371	\$2,175	\$1,029	\$152
Rheumatoid Arthritis	8.92 %	4	\$265,199	\$7,679	\$1,910	\$434
Ulcerative Colitis	61.67 %	5	\$58,452	\$5,175	\$646	\$456

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## Chronic Disease Compliance and Utilization



As of Date: February 2017

CONDITION	STANDARD OF CARE	MEDICAL COMPLIANCE	MEASURED MEMBERS	ALL CLAIMS PLAN PAID	ALL CLAIMS MEMBER PAID	POSITIVE UTILIZATION (PLAN PAID)	POSITIVE UTILIZATION (MEMBER PAID)
Asthma	National Heart, Lung and Blood Association	17.86 %	42	\$205,740	\$46,479	\$627	\$193
Asthma	Physicians Desk Reference	26.19 %	42	\$205,740	\$46,479	\$305	\$91
Asthma	Up To Date	26.19 %	42	\$205,740	\$46,479	\$305	\$91
Atrial Fibrillation	Journal of the American College of Cardiology	25.00 %	6	\$56,452	\$5,455	\$569	\$214
Atrial Fibrillation	National Guideline Clearinghouse	41.67 %	6	\$56,452	\$5,455	\$564	\$210
Atrial Fibrillation	Up To Date	41.67 %	6	\$56,452	\$5,455	\$564	\$210
Chronic Fatigue Syndrome	Center for Disease Control and Prevention	7.15 %	2	\$6,145	\$731	\$100	\$18
Chronic Fatigue Syndrome	Merck Manual	0.00 %	2	\$6,145	\$731	\$0	\$0
Chronic Fatigue Syndrome	Up To Date	8.34 %	2	\$6,145	\$731	\$100	\$18
Chronic Obstructive Pulmonary Disease (COPD)	Global Initiative for Chronic Obstructive Lung Disease	66.67 %	3	\$46,026	\$5,801	\$351	\$134
Chronic Obstructive Pulmonary Disease (COPD)	Merck Manual	66.67 %	3	\$46,026	\$5,801	\$351	\$134
Chronic Obstructive Pulmonary Disease (COPD)	Up To Date	66.67 %	3	\$46,026	\$5,801	\$351	\$134
Chronic Pain Syndrome	Institute for Clinical Systems Improvement	40.00 %	5	\$331,526	\$14,946	\$490	\$92
Chronic Pain Syndrome	National Institute of Neurological Disorders and Stroke	40.00 %	5	\$331,526	\$14,946	\$490	\$92
Chronic Pain Syndrome	Up To Date	40.00 %	5	\$331,526	\$14,946	\$490	\$92
Congestive Heart Failure	American College of Cardiology Foundation	66.67 %	3	\$16,577	\$3,260	\$115	\$66
Congestive Heart Failure	Up To Date	66.67 %	3	\$16,577	\$3,260	\$115	\$66
Coronary Heart Disease	American College of Cardiology - American Heart Association	71.42 %	14	\$125,635	\$17,708	\$778	\$778
Coronary Heart Disease	National Heart, Lung and Blood Institute	75.00 %	14	\$125,635	\$17,708	\$728	\$717

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## Chronic Disease Compliance and Utilization



As of Date: February 2017

CONDITION	STANDARD OF CARE	MEDICAL COMPLIANCE	MEASURED MEMBERS	ALL CLAIMS PLAN PAID	ALL CLAIMS MEMBER PAID	POSITIVE UTILIZATION (PLAN PAID)	POSITIVE UTILIZATION (MEMBER PAID)
Coronary Heart Disease	Up To Date	71.42 %	14	\$125,635	\$17,708	\$778	\$778
Crohn's Disease	Merck Manual	52.00 %	5	\$62,266	\$3,227	\$445	\$134
Crohn's Disease	National Institute of Diabetes and Digestive and Kidney Disease	90.00 %	5	\$62,266	\$3,227	\$423	\$102
Crohn's Disease	Up To Date	60.00 %	5	\$62,266	\$3,227	\$448	\$143
Degenerative Arthritis	American College of Rheumatology	52.94 %	51	\$715,703	\$67,460	\$3,552	\$1,951
Degenerative Arthritis	Merck Manual	52.94 %	51	\$715,703	\$67,460	\$3,414	\$1,832
Degenerative Arthritis	Up To Date	56.86 %	51	\$715,703	\$67,460	\$3,390	\$1,926
Depression	EMedicine	84.00 %	50	\$325,501	\$52,841	\$2,296	\$1,904
Depression	Physicians Desk Reference	40.66 %	50	\$325,501	\$52,841	\$3,109	\$2,324
Depression	Up To Date	19.00 %	50	\$325,501	\$52,841	\$813	\$420
Diabetes Type I	American Diabetic Association	66.68 %	9	\$123,565	\$17,965	\$1,379	\$270
Diabetes Type I	Physician Desk Reference	66.68 %	9	\$123,565	\$17,965	\$1,379	\$270
Diabetes Type I	Up To Date	66.68 %	9	\$123,565	\$17,965	\$1,379	\$270
Diabetes Type II	American Diabetic Association	64.83 %	27	\$189,241	\$45,959	\$3,157	\$1,624
Diabetes Type II	Physicians Desk Reference	64.83 %	27	\$189,241	\$45,959	\$3,157	\$1,624
Diabetes Type II	Up To Date	64.83 %	27	\$189,241	\$45,959	\$3,157	\$1,624
Fibromyalgia	Epocrates Online	62.50 %	12	\$400,667	\$19,929	\$1,146	\$345
Fibromyalgia	Merck Manual	39.58 %	12	\$400,667	\$19,929	\$1,147	\$298
Fibromyalgia	Up To Date	43.33 %	12	\$400,667	\$19,929	\$1,356	\$330
Hypertlipidemia	Multi-Standard	81.58 %	114	\$669,813	\$119,983	\$8,712	\$4,341
Hypertlipidemia	Up To Date	81.58 %	114	\$669,813	\$119,983	\$8,712	\$4,341
Hypertension	National Heart, Lung and Blood Institute	54.65 %	99	\$874,779	\$121,622	\$11,798	\$5,918
Hypertension	Physicians Desk Reference	64.02 %	99	\$874,779	\$121,622	\$11,112	\$5,790
Hypertension	Up To Date	59.60 %	99	\$874,779	\$121,622	\$11,126	\$5,546
Lower Back Pain	American Academy of Orthopaedic Surgeons	52.69 %	93	\$932,448	\$124,983	\$6,041	\$3,503
Lower Back Pain	Annals of Internal Medicine	54.83 %	93	\$932,448	\$124,983	\$12,695	\$3,534

ABC Company

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## Chronic Disease Compliance and Utilization



As of Date: February 2017

CONDITION	STANDARD OF CARE	MEDICAL COMPLIANCE	MEASURED MEMBERS	ALL CLAIMS PLAN PAID	ALL CLAIMS MEMBER PAID	POSITIVE UTILIZATION (PLAN PAID)	POSITIVE UTILIZATION (MEMBER PAID)
Lower Back Pain	Journal Watch	54.83 %	93	\$932,448	\$124,983	\$12,695	\$3,534
Lower Back Pain	Merck Manual	48.39 %	93	\$932,448	\$124,983	\$5,744	\$3,195
Lower Back Pain	National Institute of Health	42.80 %	93	\$932,448	\$124,983	\$13,183	\$3,737
Lower Back Pain	Up To Date	54.83 %	93	\$932,448	\$124,983	\$12,695	\$3,534
Myocardial Infarction Aftercare	Journal of the American College of Cardiology	37.50 %	2	\$31,021	\$323	\$152	\$40
Myocardial Infarction Aftercare	National Guideline Clearinghouse	33.33 %	2	\$31,021	\$323	\$152	\$40
Myocardial Infarction Aftercare	Up To Date	25.00 %	2	\$31,021	\$323	\$152	\$40
Neck Pain	Merck Manual	37.50 %	48	\$145,913	\$49,201	\$3,189	\$1,839
Neck Pain	National Guideline Clearinghouse	2.08 %	48	\$145,913	\$49,201	\$18	\$0
Neck Pain	Up To Date	34.72 %	48	\$145,913	\$49,201	\$3,144	\$1,796
Neck Pain	US National Library of Medicine and National Institute of Health	34.90 %	48	\$145,913	\$49,201	\$3,296	\$1,813
Obstructive Sleep Apnea	EMedicine	48.15 %	27	\$84,330	\$25,193	\$2,032	\$1,007
Obstructive Sleep Apnea	Merck Manual	48.15 %	27	\$84,330	\$25,193	\$2,032	\$1,007
Obstructive Sleep Apnea	National Guideline Clearinghouse	48.15 %	27	\$84,330	\$25,193	\$2,032	\$1,007
Obstructive Sleep Apnea	Up To Date	48.15 %	27	\$84,330	\$25,193	\$2,032	\$1,007
Osteoporosis	Multi Standard	100.00 %	3	\$150,305	\$7,700	\$474	\$76
Osteoporosis	Up To Date	87.50 %	4	\$157,838	\$9,283	\$1,039	\$35
Peripheral Artery Disease	American College of Cardiology Foundation	100.00 %	2	\$35,529	\$1,631	\$193	\$29
Peripheral Artery Disease	Merck Manual	100.00 %	2	\$35,529	\$1,631	\$193	\$29
Peripheral Artery Disease	Up To Date	100.00 %	2	\$35,529	\$1,631	\$193	\$29
Peripheral Artery Disease	US Preventive Services Task Force	100.00 %	2	\$35,529	\$1,631	\$193	\$29
Rheumatoid Arthritis	EMedicine	56.25 %	4	\$265,199	\$7,679	\$692	\$143

ABC Company

Paid: 1/1/2016 to 12/31/2016

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## Chronic Disease Compliance and Utilization



As of Date: February 2017

CONDITION	STANDARD OF CARE	MEDICAL COMPLIANCE	MEASURED MEMBERS	ALL CLAIMS PLAN PAID	ALL CLAIMS MEMBER PAID	POSITIVE UTILIZATION (PLAN PAID)	POSITIVE UTILIZATION (MEMBER PAID)
Rheumatoid Arthritis	National Institute of Arthritis and Musculoskeletal and Skin Diseases	62.51 %	4	\$265,199	\$7,679	\$465	\$143
Rheumatoid Arthritis	Up To Date	52.50 %	4	\$265,199	\$7,679	\$753	\$148
Ulcerative Colitis	American Journal of Gastroenterology	0.00 %	5	\$58,452	\$5,175	\$0	\$0
Ulcerative Colitis	Emedicine	45.00 %	5	\$58,452	\$5,175	\$323	\$228
Ulcerative Colitis	National Institute of Diabetes and Digestive and Kidney Diseases	59.99 %	5	\$58,452	\$5,175	\$323	\$228

ABC Company

Paid: 1/1/2016 to 12/31/2016

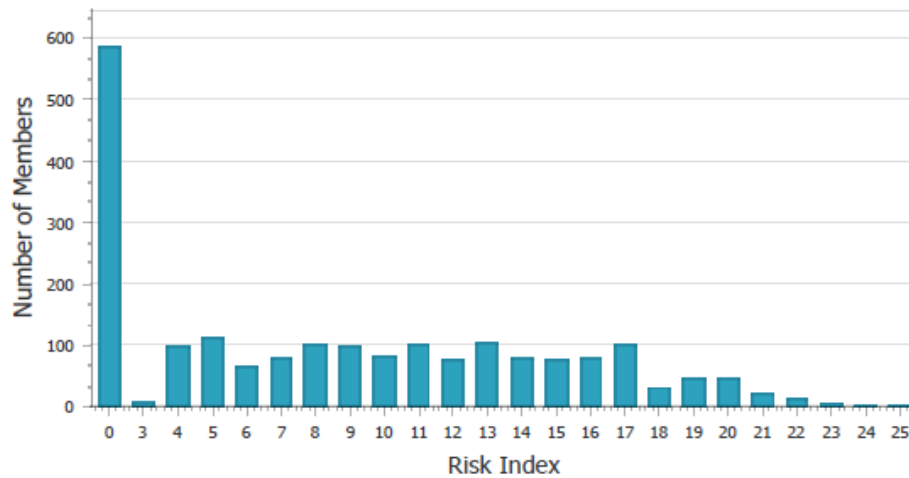
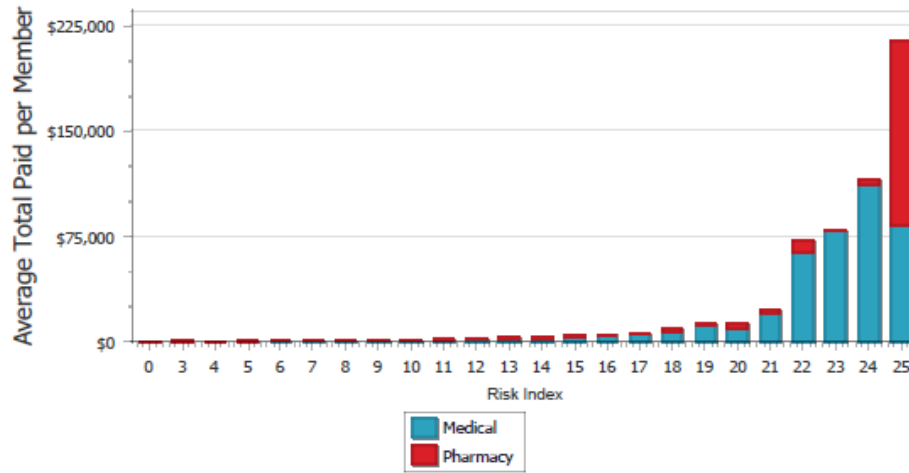
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## Risk Index vs Total Paid



Calculated as of 5/2017



ABC Company

Paid: 1/1/2016 to 12/31/2016

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## Risk Index vs Total Paid



Calculated as of 5/2017

RISK INDEX	MEMBER COUNT	AVG MEDICAL PAID PER MEMBER	AVG PHARMACY PAID PER MEMBER	AVG TOTAL PAID PER MEMBER
0	587	\$142.99	\$14.63	\$157.62
3	8	\$257.44	\$513.64	\$771.07
4	96	\$432.60	\$24.35	\$456.95
5	112	\$526.04	\$164.15	\$690.19
6	64	\$726.21	\$183.80	\$910.02
7	78	\$761.95	\$134.11	\$896.07
8	100	\$803.85	\$157.23	\$961.08
9	96	\$927.37	\$430.29	\$1,357.66
10	80	\$1,089.01	\$356.36	\$1,445.36
11	100	\$1,453.52	\$340.44	\$1,793.95
12	75	\$1,832.10	\$352.44	\$2,184.53
13	102	\$2,318.64	\$1,108.29	\$3,426.93
14	78	\$2,138.07	\$939.32	\$3,077.39
15	76	\$2,927.71	\$1,041.76	\$3,969.47
16	77	\$4,048.62	\$1,177.46	\$5,226.07
17	99	\$5,254.22	\$1,734.56	\$6,988.78
18	30	\$7,949.21	\$2,259.64	\$10,208.85
19	45	\$12,013.63	\$1,174.58	\$13,188.21
20	45	\$9,469.42	\$3,457.44	\$12,926.86
21	21	\$20,319.10	\$2,781.65	\$23,100.75
22	13	\$64,527.74	\$6,902.87	\$71,430.61
23	5	\$79,275.97	\$373.39	\$79,649.36
24	1	\$111,859.32	\$3,599.01	\$115,458.33
25	1	\$82,883.24	\$131,966.43	\$214,849.67

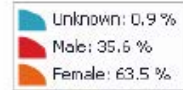
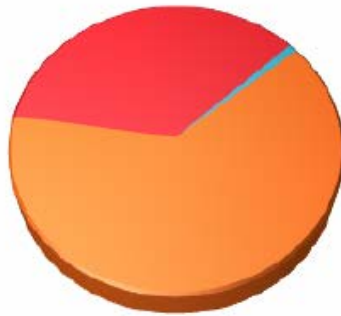
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## Gender Analysis



GENDER	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	# OF CLAIMS	AVG CLAIM SERVICE LINE PLAN PAID	PER MEMBER PER MONTH
Unknown	\$56,349.70	0.91 %	314	\$179.46	\$3.04
Male	\$2,214,531.95	35.59 %	13,704	\$161.60	\$119.34
Female	\$3,952,306.68	63.51 %	18,697	\$211.39	\$212.99
	\$6,223,188.33		32,715	\$160.91	\$335.36

ABC Company

Paid: 1/1/2016 to 12/31/2016

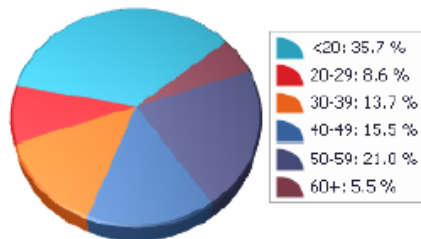
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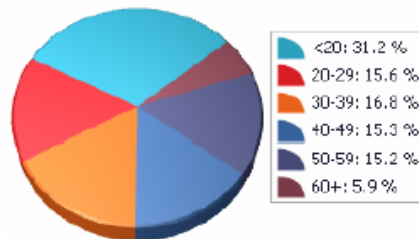
## Age Ranges



Company Cost



Claimant Count



AGE RANGE	# OF CLAIMANTS	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	MEMBER PAID	PMPM	TOP CONDITION
<20	496	\$2,208,023.53	35.73 %	\$210,769.79	\$118.99	Other minor perinatal disorder, w comp
20-29	249	\$528,955.71	8.56 %	\$138,687.53	\$28.50	Alcohol dependence, wo comorb
30-39	268	\$847,298.12	13.71 %	\$226,810.77	\$45.66	Mal neo lg intest, w comorb, w surg & a/m
40-49	243	\$956,085.98	15.47 %	\$173,734.38	\$51.52	Mal neo cervix, wo surg, w a/m
50-59	242	\$1,296,512.24	20.98 %	\$192,900.40	\$69.87	CHF, w comp, w comorb, wo surg
60+	94	\$342,439.32	5.54 %	\$106,171.80	\$18.45	Jt degen -pelv girdle, wo comp, w comorb, w surg
	1,592	\$6,179,314.90		\$1,049,074.67	\$333.00	

ABC Company

Paid: 1/1/2016 to 12/31/2016

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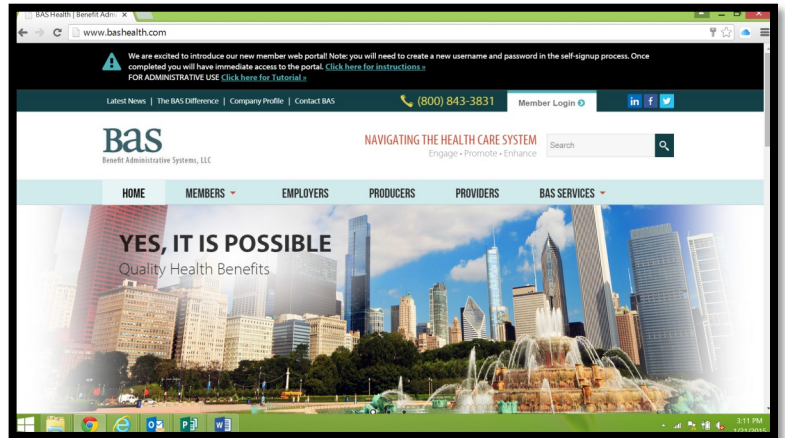
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# Exhibit C: BAS Mobile Application

## Welcome to BAS and our new online tools!

The *BAShealth.com* website was recently updated to provide a fresh look and easier access to the information you need to manage your benefits.

Whether you are looking for general information about BAS or you need to login to access detailed information in our secure portal, our new website has all the information you need.



The *BAS portal* provides members access to their benefits in a secure environment. Members log in to see claims history, deductibles, out-of-pocket amounts met, and can navigate to other benefit management tools, such as flex administration. Everything is laid out in a simple to use format.

The *BAShealth app* connects members to key information regarding their benefits through their smartphone. Similar to the information in the BAS portal, members also have access to their personal ID card, and can email the card directly from their phone. Anytime a member has a question, they can click *Contact Us* to be connected to BAS.

The *BAShealth app* and *MyFlex app* are **FREE** and available to download at the App Store or Google play.



The new *MyFlex app* allows members to check their flexible spending account balance, take pictures of receipts and file claims - all on their smartphone. No more time wasted on mailing or faxing receipts. The MyFlex app makes it simple and easy to maintain your flex account.

