

VBA Benefits Corporation

2023 Minimum Premium/Tier 2 Peer Group Meeting

The Quirk Hotel, Charlottesville, VA

August 1-2, 2023

DAY 1 | Tuesday - August 1, 2023

- | | |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1:00 – 1:15 p.m. | Welcome & Logistics & Introductions |
| 1:15 – 1:45 p.m. | 2023 Benefits Corp Update & Renewal Preview
<i>VBABC Team</i>
Updates provided on 2023 initiatives and preview of possible 2024 renewal enhancements. |
| 1:45 – 2:30 p.m. | Clinical Data Analytics and Population Health Management
<i>Marsh & McLennan Agency, LLC PATH Team</i>
MMA's PATH team will review VBA's aggregate data highlights and provide healthcare plan strategies based on PATH reporting related to Population Health Management and Clinical Review. |
| 2:30 – 2:45 p.m. | Break |
| 2:45 – 4:15 p.m. | Data Driven Solutions
MMA will provide an overview of solutions to consider based on clinical data discussed. |
| 4:15 – 5:00 p.m. | PATH Data Next Steps Roundtable Discussion
Discuss possible options to offer your employee group and plan to end the discussion with at least one action item based on group discussion. |
| 5:00 – 5:45 p.m. | Check In |
| 5:45 – 6:30 p.m. | Happy Hour on Rooftop |
| 6:30 p.m. | Dinner Off-site at Maya Restaurant |

DAY 2 | Wednesday – August 2, 2023

- | | |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7:45 – 8:30 a.m. | Continental Breakfast (included) |
| 8:30 – 9:00 a.m. | Industry Trends & Challenges
<i>Tom Mackay, MMA</i>
MMA will provide an update on trending benefit related issues and what employers may see in the upcoming year. Learn what the VBABC is doing to identify potential costly benefits and how to mitigate associated risk. |

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9:00 – 9:30 a.m.	Hinge Health <i>Emily Tyus, Hinge Health</i> Hinge Health has been an overwhelmingly popular and utilized benefit by members in 2022 and 2023. Hinge Health will share details about their program and what is coming next in the area of digital musculoskeletal treatment.
9:30 – 10:15 a.m.	bswift Update <i>Ashley Harvey, bswift; Gabby Bond & Bobbi Weimer, VBABC</i> Learn about updates to the bswift platform and updated technology functionality within the VBA’s benefit administration system.
10:15 – 10:30 a.m.	Break/Networking/Check Out
10:30 – 11:00 a.m.	Lifestyle Accounts <i>Traci Browning-Devine, Flexible Benefit Administrators</i> Lifestyle accounts have increased significantly since the pandemic. FBA will provide an overview of how these accounts are administered and parameters for employers to consider when offering.
11:00 – 12:00 p.m.	Benefits Hot Seat The following vendors will give an update on trends, enhanced programs and networks offered by their organization as well as take questions from attendees: Cancer Concierge Services – Nancy Lawrence, Anthem Benefit Scout and Securian Update – NaTosha Palmer, Securian Dental Update – Ryan O’Donnell, Delta Dental Behavioral Health Update – Elizabeth Rutledge, Anthem
12:00– 12:45 p.m.	Lunch
12:45 – 1:45 p.m.	Benefits Roundtable
1:45 – 2:45 p.m.	Five Buckets Principle – Balancing Work and Life <i>Heather Dunning, Anthem EAP</i>
2:45 – 3:00 p.m.	Closing <i>VBA Staff</i>



Planning & Analytics for Total Health

Delivering actionable analytics and prescriptive strategies

**Virginia Bankers Association
Peer Group Meeting
August 1, 2023**

Previous: May 2021 – April 2022
Current: May 2022 – April 2023



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Your Virginia PATH Team



**Dr. Monte Masten, MD,
MBA, MPH, FACOG**

Chief Medical Officer

Over 25 years of leadership experience in patient care, consulting, managed care, population health management, and pharmacy management with diverse teams at national health plans, large employers, and health systems.

Serves as the Chief Medical Officer and provides oversight of clinical & data analysis teams.



Kate Valette, RN, BSN

Clinical Consultant

Over 30 years of experience in various healthcare settings including patient care, case management, corporate Total Rewards, and consulting. Corporate program leadership included in-house disability management, leave administration, workers compensation, and wellness platform development. Supports clients' strategic initiatives with data-driven clinical recommendations that lead to healthier outcomes and reduced costs.



Laura M. Moore, CWPC

Health Management Consultant

Over 15 years of experience in the employee health and benefits industry. Evaluates available data to identify behaviors that influence or compromise employee's health; pinpoints factors that inspire learning or those that hinder or foster the client's total member population through the process of health education. Creates comprehensive well-being program strategies as well as evaluation of third party vendor solutions for middle market clients.



Jenna Austin, MPH

Sr. Data Analyst

Healthcare analytics reporting, analytics consulting, and development of cohort analysis.

Graduate of the University of Massachusetts with a (MPH) Masters of Public Health Epidemiology and (BS) Bachelors of Science in Biology

Agenda

- Executive summary
- Population health insights
- Clinical insights and strategies
- Population health
 - Data-driven action plan
- Recommendations

Reporting parameters



Reporting period

Paid during the following periods:

Previous:
May 2021 – April 2022

Current:
May 2022 – April 2023



Settings

Inpatient facility, Outpatient facility and Professional.

Stop loss reimbursements and pharmacy rebates are not included in this data.

High Cost Claimants are defined as those greater than \$100K.



Milliman **MedInsight**

Benchmarking

Annual medical databases include private-sector health data from approximately 75M member lives, 2.5B medical, pharmacy and eligibility records.

Normative database has also been categorized based on specific metrics on the proportions of your population's geography and industry; age and gender; benefit design; group size (individual, small and large groups); and other proprietary Milliman adjustment factors



Milliman **Advanced Risk Adjusters**

Risk score

MARA Risk Score is the measure of risk associated with an individual's age, gender, and conditions, relative to an average person.

A relative risk score of 1.00 is average and an individual with an RRS of 1.50 is predicted to spend 50% more in resources compared to the average person.

Executive Summary

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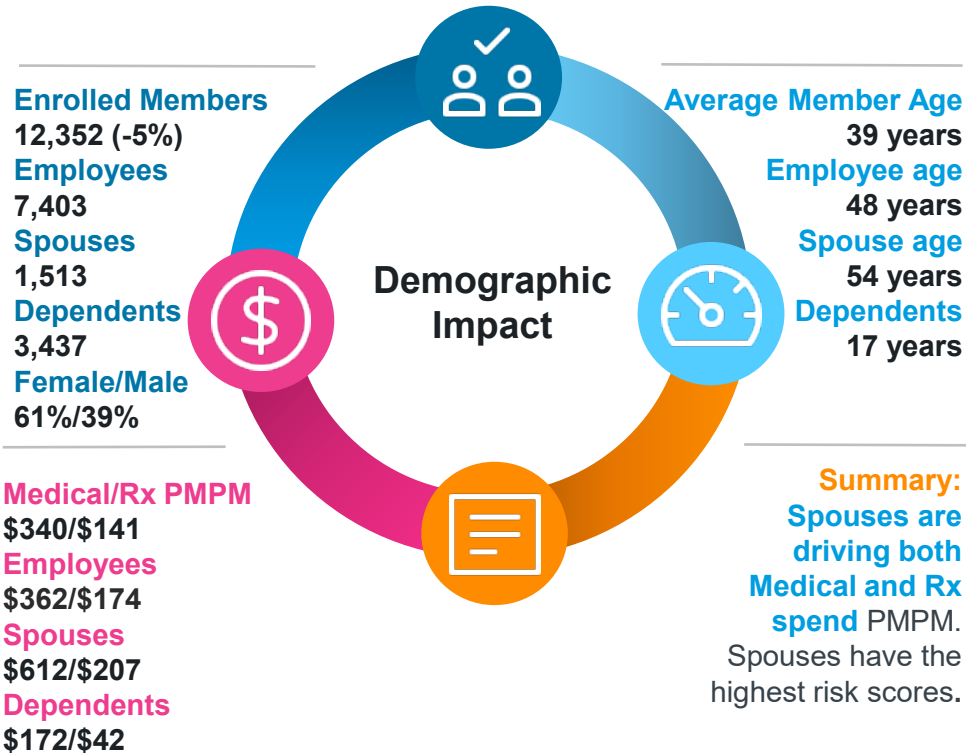
Marsh & McLennan Agency LLC



 **MMA PATH**™
Planning & Analytics for Total Health

Executive Summary

Previous: May 2021 – April 2022
 Current: May 2022 – April 2023

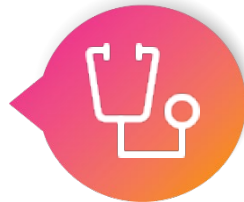


144 members are 70 years or older: continue to promote Anthem's Medicare training opportunities.



Clinical Insights: Cost Trends

- Total Plan Paid \$71.3M, -5%
- Medical Plan Paid \$50M, -10%
- Pharmacy Plan Paid \$21M, +9%
- Total PMPM \$481 (\$532), -0.6%
- Med PMPM \$340 (\$419), -6%
- Rx PMPM \$141 (\$112), +15%



Clinical Insights: Utilization Trends

- PCP visits 2,036 per 1k (1,651); +2%
- Specialists visits 1,342 per 1k (1,299); -3%
- Telemedicine visits 767 per 1k; -6%
- ER visits 150 per 1k (170); +5% / Avoidable ER visits per 1k +9%
- Urgent Care visits 293 per 1k (222); -20%
- Outpatient surgery 98 per 1k (102); +5%
- Admissions 40 per 1k (58); +5% / Average Length of Stay 5.5 days (4 days)
 - \$15M Total Employer Paid (Med); -10%
- 88% Members using medical benefits
- (113) High-cost claimants (>\$100k), \$24M Total Employer Paid Amt; -10%



Clinical Insights: Pharmacy

- Prescription utilization per 1k 9,796 (13,403), -1%
 - Average Employer Paid per Script \$159, +15%
- Generic script utilization 85%
- Specialty drugs are 1% of Rx with % Paid 48% (52% in Yr.1)
- Top 5 Drug Classifications by # of scripts written: Antidepressants, Statins, Contraceptives, Vaccines, and Penicillins.
- Top 5 Drug Classifications by Paid Amount: Coagulation Factors, Cystic Fibrosis Agents, Hereditary Angioedema Agents, Vasopressins, and CNS Agents.

Executive Summary

Previous: May 2021 – April 2022
 Current: May 2022 – April 2023



Top 3 Chronic Conditions:

Hypertension (1418)

Lipoprotein Disorders(1089)

Anxiety (920)



Population Health

Behavioral Health

- 2085 members with BH condition
 - Acute and Chronic
 - 59% employees
- Top diagnoses
 - Anxiety and Mood Disorders
- 65% of all virtual visits were BH
- PCP office visits and Admits increased in prevalence
- Alcohol related disorders 2nd top Inpatient Admit diagnosis

Risk Bands

Current Risk / Predicted Risk
 1.27 / 1.27

Employees	Spouses
1.46 / 1.50	1.72 / 1.78

<u>Very low</u>	6517 members (\$334)
<u>Low</u>	3423 members (744)
<u>Moderate</u>	885 members (\$1358)
<u>Mod High</u>	3591 members (\$5549)
<u>High</u>	331 members (\$38,165)
<u>Very High</u>	90 members (\$114,783)

CHRONIC CONDITION OVERVIEW

- **7012 members** (2.5% decrease YoY)
 - 68% Employees, 16% Spouses, 16% Dependents.

- **Hypertension:** 1452 members; 79% Employees.
- **Hyperlipidemia:** 524 members; 80% Employees.
- **Diabetes:** 749 members; 75% Employees
 - 88% Type 2 Diabetics.

- **Musculoskeletal (MSK):** 3451 members; 27% of member population: 68% Employees
 - Chronic: 1629 members; 47% of member population: 73% employees
 - 2nd highest spend over 3 years by diagnostic category

May lead to Metabolic Syndrome*

Preventive Care

- 47% had a preventive visit
 - 46% in prior year
- 12% of members had no medical claims in current reporting period
 - Same as prior year

Well-being Programs

Comprehensive well-being & condition management programs with optimal engagement to support behavior change can help shift members to lower risk bands and reduce cost. Shifting just 5 high risk members to moderately high risk could result in potentially significant annual savings.

* Metabolic Syndrome may occur when members have a cluster of chronic conditions that lead to progressive vascular conditions such as Diabetes, Coronary Artery Disease, Chronic Kidney Disease, End Stage Renal Disease, and Stroke.

Population health insights

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Top conditions & diagnosis group

ICD-10 Diagnosis Category (CMS) (Primary Diagnosis)	Count Distinct Members with Medical Claims	PMPM Employer Paid Amount (Med)
Hypertensive diseases	1,452	\$2.78
Metabolic disorders	1,151	\$3.13
Anxiety, dissociative, stress-related, somatoform and ot...	991	\$2.30
Episodic and paroxysmal disorders	770	\$2.96
Other dorsopathies	763	\$3.53
Diabetes mellitus	749	\$1.94
Noninflammatory disorders of female genital tract	683	\$3.50
Disorders of thyroid gland	645	\$0.86
Other diseases of upper respiratory tract	584	\$1.62
Mood [affective] disorders	483	\$2.10

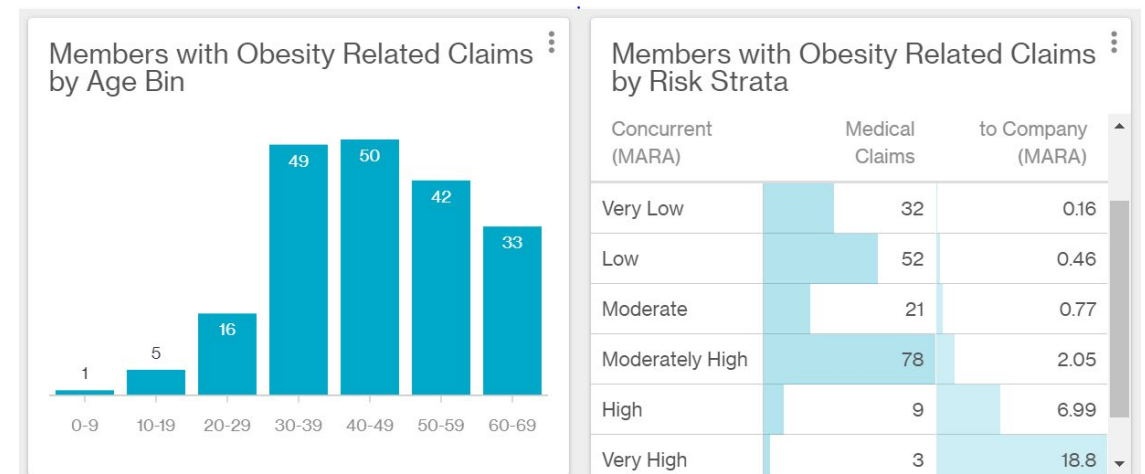
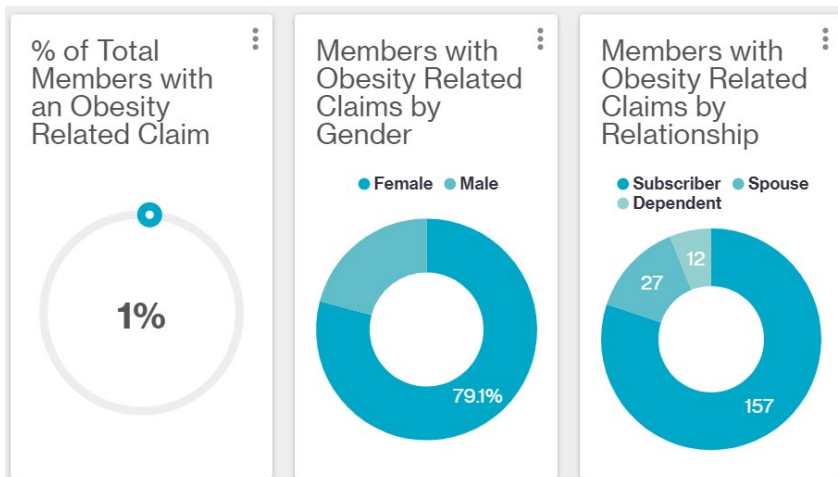
The impact of weight-related issues

Overview of Members with Obesity Related Claims

Measure	Prior	Current	Trend
Count Distinct Members with Medical Claims	156	196	25.6% ↑
Per 1k Members with Medical Claims	12.1	15.9	31.5% ↑
Avg by Member Member Age	44.1	45.7	3.6% ↑
Avg by Member Concurrent Risk - Unscaled (MARA)	2.36	2.13	-9.9% ↓

Overview of Cost for Obesity Related Claims

Measure	Prior	Current	Trend
Sum Employer Paid Amount (Med)	\$10,174	\$17,786	74.8% ↑
PMPM Employer Paid Amount (Med)	\$0.07	\$0.12	83.0% ↑
Avg by Member Employer Paid Amount (Med)	\$65.22	\$90.74	39.1% ↑



Clinical insights and strategies

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Employer Paid Amount

Comparing HCC-only population vs. population without any HCC's

Employer Paid Amount without High Cost Claimants				Employer Paid Amount High Cost Claimants Only			
Measure	Prior	Current	Trend	Measure	Prior	Current	Trend
Average Enrolled Members	12,846	12,254	-4.6% ↓	Count Distinct Members with Medical Claims	96	113	17.7% ↑
PMPM Employer Paid Amount (Med)	\$224	\$220	-1.8% ↓	PMPM Employer Paid Amount (Med)	\$20,920	\$15,215	-27.3% ↓
PMPM Employer Paid Amount (Rx)	\$90.22	\$102	12.8% ↑	PMPM Employer Paid Amount (Rx)	\$5,138	\$5,083	-1.1% ↓
PMPM Employer Paid Amount (Med+Rx)	\$314	\$322	2.4% ↑	PMPM Employer Paid Amount (Med+Rx)	\$26,058	\$20,299	-22.1% ↓
Sum Employer Paid Amount (Med)	\$34,573,610	\$32,389,221	-6.3% ↓	Sum Employer Paid Amount (Med)	\$21,317,951	\$17,938,688	-15.9% ↓
Sum Employer Paid Amount (Rx)	\$13,907,965	\$14,959,602	7.6% ↑	Sum Employer Paid Amount (Rx)	\$5,235,196	\$5,993,395	14.5% ↑
Sum Employer Paid Amount (Med+Rx)	\$48,481,575	\$47,348,823	-2.3% ↓	Sum Employer Paid Amount (Med+Rx)	\$26,553,147	\$23,932,083	-9.9% ↓

Top high cost medical & Rx claimants

May '21>Apr '22 PAID May '22>Apr '23 PAID

Gender	Type	Age	Still Enrolled	HC Med	HC Rx	HC Prior	Prior Paid	Med Paid	Rx Paid	Total Paid Med + Rx	Predicted Cost
Male	Spouse	66	✗	●●	○○	●	\$201,542	\$857,388	N/A	\$857,388	No value
Male	Spouse	53	✗	○●	○○	○	\$36,094	\$705,690	N/A	\$705,690	No value
Male	Subscriber	62	✓	○●	○○	○	\$0	\$607,600	\$6,016	\$613,616	\$50k - \$75k
Male	Dependent	17	✗	●●	●○	●	\$816,091	\$587,206	N/A	\$587,206	No value
Male	Spouse	63	✗	●●	○○	●	\$335,519	\$574,278	\$3,740	\$578,019	\$50k - \$75k
Male	Subscriber	60	✓	○●	●●	●	\$370,345	\$182,233	\$288,860	\$471,093	\$250k +
Male	Spouse	66	✓	●●	○○	●	\$259,524	\$453,547	\$592	\$454,139	\$50k - \$75k
Female	Subscriber	33	✓	○○	●●	●	\$370,083	\$1,239	\$447,431	\$448,670	\$250k +
Female	Subscriber	56	✓	●●	○○	○	\$60,709	\$401,461	\$112	\$401,574	\$75k - \$100k
Male	Spouse	45	✗	●●	○○	●	\$163,847	\$392,151	N/A	\$392,151	No value

- 1 Esophageal cancer with malignancy; has since termed.
- 2 Small intestine malabsorption with surgical intervention; has since termed.
- 3 Lymphoma: CAR-T cell procedure – if fails may need transplant but no indication thru mid-Apr.
- 4 Leukemia and termed back in Aug 2022.
- 5 B-cell Lymphoma; no claims after Dec2022.
- 6 Multiple Myeloma in relapse early 2023 on chemo and antineoplastics on several SpecRx.
- 7 Has MS; suffered a subarachnoid hemorrhage with surgery done; continues care but may trend down.
- 8 Cystic Fibrosis on Trikafta: no ER or Inpatient Admissions.
- 9 Breast Cancer: Radiation and Mastectomy completed 2022; currently on anti-neoplastics.
- 10 Leukemia on chemo and has since termed the plan.

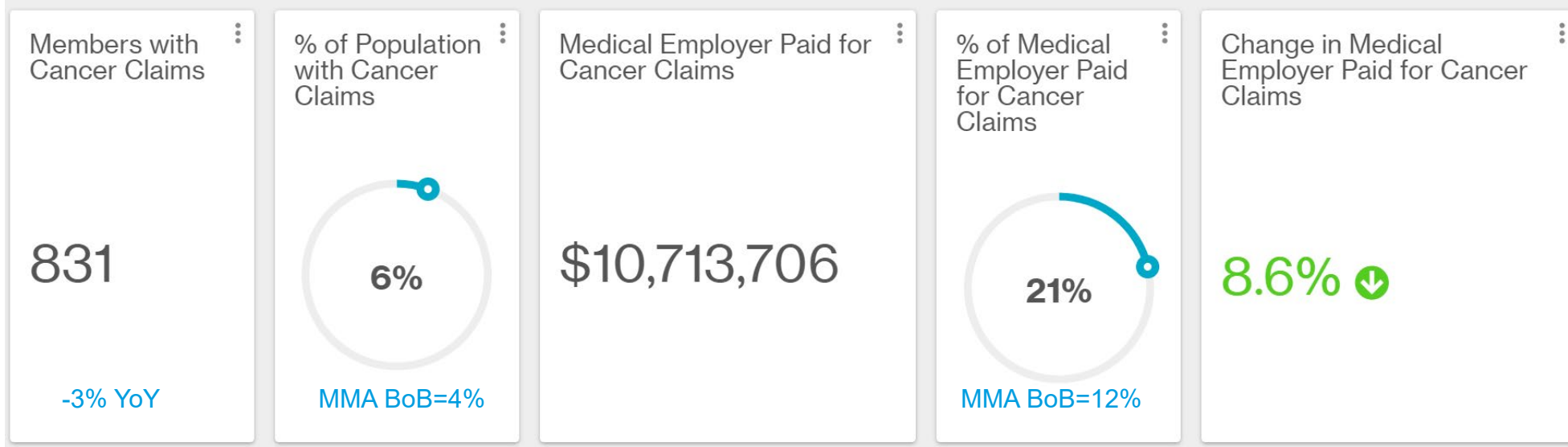
Clinical Consultant Observations

- **Cancer is the highest Employer Paid for HCC's at \$4.9M for the most recent period.**
- MMA Clinical Consultant and Anthem's RN continue to meet to review HCC several times annually to ensure minimal gaps in care exist.

3-year trend by diagnostic category

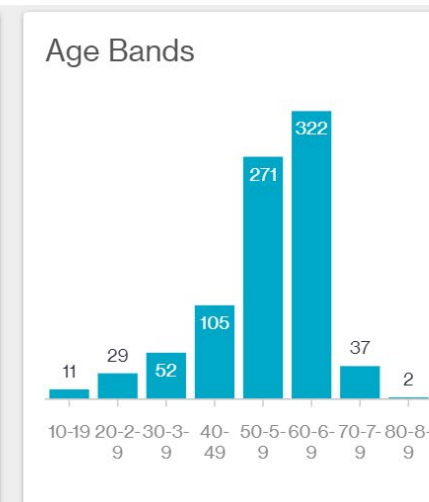
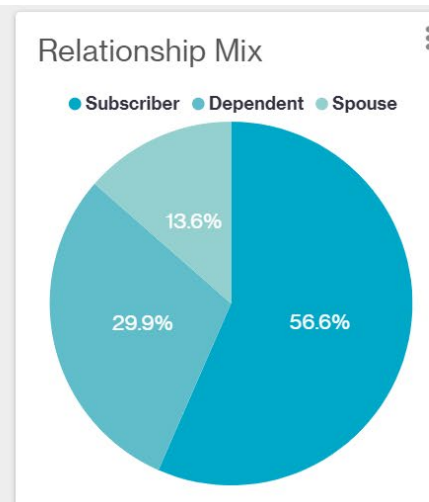
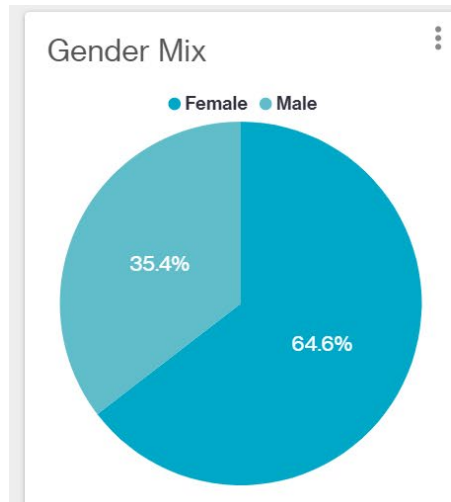
ICD-10 Diagnosis Chapter (CMS) (Primary Diagnosis)	CY 2020	CY 2021	CY 2022	Total
Neoplasms (Cancer)	\$7,943,699.10	\$6,157,928.11	\$6,078,774.05	\$20,180,401.26
Diseases of the musculoskeletal system and connective tissue	\$4,870,176.82	\$3,512,415.47	\$2,907,911.70	\$11,290,503.99
Diseases of the circulatory system	\$3,332,706.77	\$3,573,074.74	\$3,034,630.92	\$9,940,412.43
Diseases of the nervous system	\$2,124,572.53	\$1,651,192.16	\$1,425,946.68	\$5,201,711.37
Mental, Behavioral and Neurodevelopmental disorders	\$1,268,588.56	\$1,378,237.17	\$1,644,150.37	\$4,290,976.10
Diseases of the digestive system	\$1,187,544.07	\$1,295,715.57	\$1,587,695.08	\$4,070,954.72
Diseases of the genitourinary system	\$918,143.99	\$1,156,577.51	\$1,401,616.85	\$3,476,338.35
Endocrine, nutritional and metabolic diseases	\$898,001.72	\$777,009.53	\$1,005,833.36	\$2,680,844.61
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	\$801,405.62	\$913,750.53	\$857,154.76	\$2,572,310.91
Diseases of the respiratory system	\$377,932.02	\$709,407.33	\$351,891.74	\$1,439,231.09
Diseases of the eye and adnexa	\$331,560.55	\$460,320.73	\$375,157.89	\$1,167,039.17
Congenital malformations, deformations and chromosomal abnormalities	\$365,269.99	\$182,863.15	\$263,165.34	\$811,298.48
Injury, poisoning and certain other consequences of external causes	\$43,828.50	\$248,423.01	\$189,031.55	\$481,283.06
Pregnancy, childbirth and the puerperium	\$66,044.30	\$125,824.42	\$138,945.27	\$330,813.99
Diseases of the skin and subcutaneous tissue	\$59,735.82	\$112,838.04	\$71,538.38	\$244,112.24
Diseases of the ear and mastoid process	\$83,180.28	\$32,212.32	\$30,905.79	\$146,298.39
Certain infectious and parasitic diseases	\$6,051.00	\$11,998.11	\$7,450.74	\$25,499.85

Cancer Overview: VBA



Top 3 Most Prevalent Cancers

- Polycythemias and other blood-related cancer
- Melanoma and other malignancies
- Breast Cancer



Average Age

Member Relationship	Count Enrolled Members	Avg by Member Age
Subscriber	639	57.1
Spouse	165	57.9
Dependent	26	20.8

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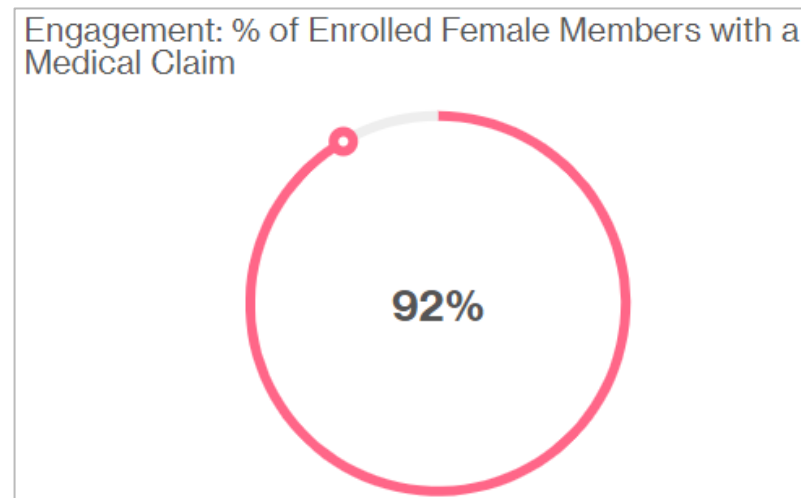
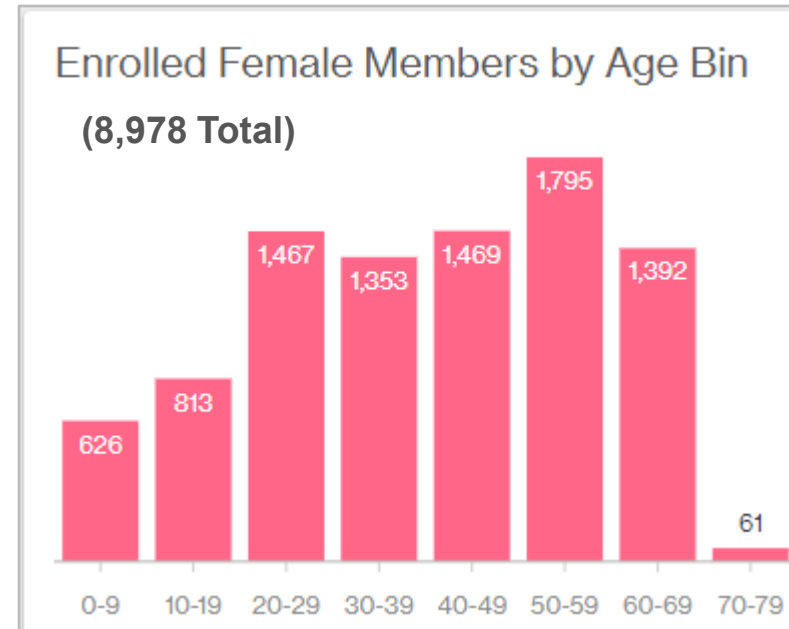
Women's Health Issues

Virginia Bankers Association

May '21-Apr '22 PAID May '22-Apr '23 PAID

Measure	Prior	Current	Trend
Members with Med or Rx Claims	8,869	8,236	-7.1% ↓
Sum Employer Paid Amount (Med+Rx)	\$47,514,565	\$44,535,053	-6.3% ↓
Avg by Member Employer Paid Amount (Med+Rx)	\$2,188	\$2,051	-6.2% ↓

- Endometriosis: (16) members with medical claims (2.35 per 1k)
- Inflammatory Diseases of female pelvic organ: (162) members with medical claims (23.2 per 1k)
- Pelvic Floor Wasting: (9) members with medical claims (1.60 per 1k)
- Female Urinary Incontinence: (15) members with medical claims (4.13 per 1k)
- Pelvic Pain: (153) members with medical claims (per 36.2 per 1k)



Fertility overview

Virginia Bankers Association

May '21 ▶ Apr '22 PAID May '22 ▶ Apr '23 PAID

Medical - Key metrics - Male and Female Infertility Diagnosis

Measure	Prior	Current	Trend
Count Distinct Members with Medical Claims	20	13	-35.0% ↓
Per 1k Members with Medical Claims	1.55	1.05	-32.0% ↓
Count Distinct Medical Claims	29	27	-6.9% ↓
Per 1k Medical Claims	2.24	2.19	-2.5% ↓
Sum Employer Paid Amount (Med)	\$5,477	\$754	-86.2% ↓
Avg by Med Claim Employer Paid Amount (Med)	\$189	\$27.94	-85.2% ↓
Avg by Member Employer Paid Amount (Med)	\$274	\$58.03	-78.8% ↓

Pharmacy - Key metrics - Fertility Agents

Measure	Prior	Current	Trend
Count Distinct Members with Rx Claims	0	1	No value
Per 1k Members with Rx Claims	0	0.08	No value
Count Distinct Rx Claims	0	1	No value
Per 1k Rx Claims	0	0.08	No value
Sum Employer Paid Amount (Rx)	No value	\$0.00	No value
Avg by Rx Claim Employer Paid Amount (Rx)	No value	\$0.00	No value
Avg by Member Employer Paid Amount (Rx)	No value	\$0.00	No value

A photograph of a man and a woman sitting at a table in a modern office or meeting room. The man, on the left, has dark hair, a beard, and is wearing glasses and a dark jacket. He is looking towards the woman. The woman, on the right, has long blonde hair and is wearing a dark blue jacket. She is looking back at the man. They appear to be in a professional discussion. The background shows large windows with a view of a city and some interior lighting fixtures.

Population health strategies

Data-driven action plan – population health

Focus areas	Current programs	Strategic opportunities
<p>Well-being Strategy</p> <ul style="list-style-type: none"> 47% of members had a chronic condition; increase in prevalence 46% Preventive Care utilization; increase in prevalence 12% of members had zero medical claims in the current reporting period <p>Risk of Metabolic Syndrome</p> <ul style="list-style-type: none"> Increase in Hypertension, Hyperlipidemia, and Diabetes claimants Hypertension top PCP visit diagnosis Increase in Diabetes Rx Employer Paid Amount: \$4M Decrease in Diabetes Medical Employer Paid Amount: \$290k 	<p>Anthem</p> <p>LiveHealth Online virtual medical services</p> <ul style="list-style-type: none"> 2022 utilization: 558 engaged: 442 Medical: 8 Dermatology: 4 Sleep: 105 BH <p>Condition Care Management: Asthma, CAD, Heart Failure, COPD and Diabetes</p> <ul style="list-style-type: none"> 2022 utilization: 1,739 identified <ul style="list-style-type: none"> Asthma – 784: CAD:173: Heart Failure: 23: COPD: 62: Diabetes: 697 Contact Rate: 28%: Enrolled of Contacted: 85%: Engaged of Enrolled: 84% 	<p>Well-being</p> <ul style="list-style-type: none"> Cancer Support <ul style="list-style-type: none"> Develop communication campaign to promote available resources for those undergoing cancer treatment. Metabolic Syndrome Preventive Strategy <ul style="list-style-type: none"> Consider weight management point solution to help manage top chronic conditions: WW, Noom Hypertension Condition Management: Hello Heart, Anthem’s Healthy Impact Program: Blood Pressure and Weight Management: LiveHealth Online Lifestyle Accounts Promote American Heart’s Life Simple 7: the 7 risk factors that people can improve through lifestyle changes to help achieve ideal cardiovascular health: Complete Heart Assessment https://www.heart.org/en/healthy-living/healthy-lifestyle/my-life-check--lifes-simple-7
<p>Mental and Behavioral Health</p> <ul style="list-style-type: none"> Increase in trend Prevalent age bins 20-29 Anxiety and Mood Disorders top two diagnoses Alcohol-related disorders 2nd top Inpatient Admit diagnosis Increase in PCP visits and Admits Increase in Medical Employer Paid Amount = \$2M 	<p>Anthem</p> <p>Live Health Online virtual services</p> <ul style="list-style-type: none"> 2022 utilization: 105 BH <p>EAP</p> <ul style="list-style-type: none"> 2022 utilization: 286 total requests: 577 total contacts: 62.5% emotional:17% marital/child: 7% Family/Child issues 	<p>DE&I: Establish an Employee Resource Group – individual bank level</p> <ul style="list-style-type: none"> Strengthens employee connections and builds internal support framework Allows forum for advocacy for internal resources www.usgs.gov/office-of-diversity-and-equal-opportunity/employee-resource-groups
<p>Musculoskeletal (MSK)</p> <ul style="list-style-type: none"> 27% members with MSK condition (includes acute and chronic) <ul style="list-style-type: none"> 47% of this group have chronic MSK condition Dorsopathies and Osteoarthritis top <i>Chronic</i> diagnoses Employer Medical Paid Amount: \$4.7M (-1% YoY) Admit claims increased 	<p>Hinge Health:</p> <ul style="list-style-type: none"> 2022 utilization: 9,952 total eligible: 484 (5%) engaged:428 chronic: 56 acute 2023 utilization: January – May: 9,940 total eligible: 105 engaged: 1 prevention: 97% chronic: 7% acute <p>Anthem</p> <p>MSK Toolkit – Time Well Spent https://timewellspent.anthem.com</p>	<p>Musculoskeletal</p> <ul style="list-style-type: none"> Continue to leverage Hinge Health’s educational resources on available virtual services to help increase awareness of the program and engagement

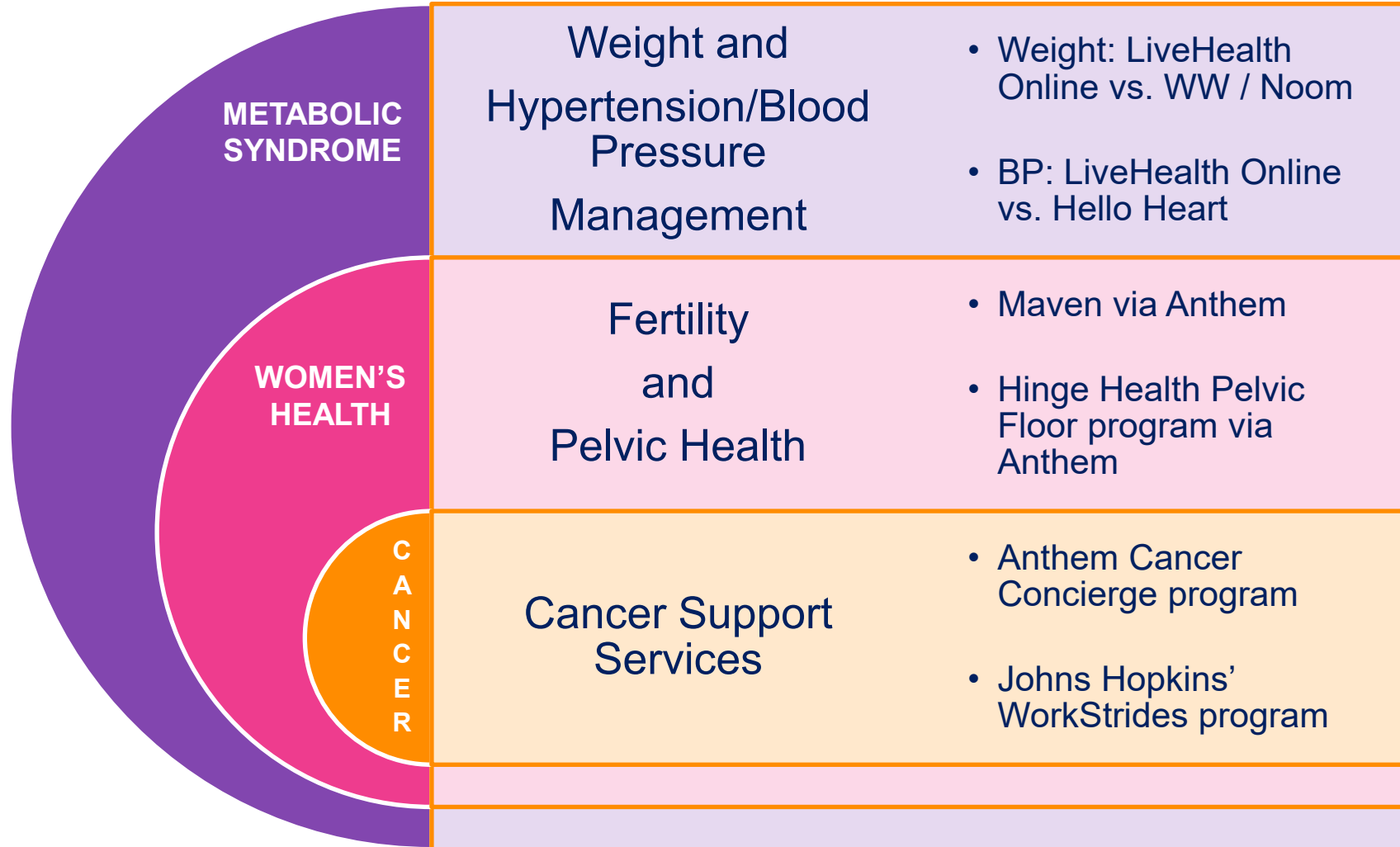
Data-driven action plan: *cancer support*

Cancer	Recommended Next Steps	Measurable Outcomes
<p>Data points:</p> <ul style="list-style-type: none"> • 831 members with cancer claim (6% of population and MMA BoB is 4%). <ul style="list-style-type: none"> • 21% employer paid medical on cancer claims (MMA BoB is 12%); 9% decrease YoY. • Top cancers are: blood cancers, melanoma/malignancies and breast cancer. • Total Employer Paid (Medical) for Cancer Claims is \$10.7M. 	<ul style="list-style-type: none"> • Add to communication campaign to encourage members with cancer to engage with provider and/or carrier case managers to assist in treatment through centers of excellence, navigation with healthcare support, local/national cancer resources, as well as research for possible clinical trials related to the members' type of cancer. • Anthem's Cancer Concierge program – <i>planned to implement January 2023</i>. 	<ul style="list-style-type: none"> • Reduced gaps in care; increased engagement with CM.
<p>Education and Resources</p> <ul style="list-style-type: none"> • Utilize community resources when partnering with Anthem to develop robust campaigns for cancer prevention and support. 	<ul style="list-style-type: none"> • “Time to Screen” is a collaboration between CancerCare and Community Oncology Alliance. <ul style="list-style-type: none"> • Website: https://timetoscreen.org/ • Toll-free hotline (1-855-53-2733) - speak with a support specialist for local cancer screening options and importance of timely screening. • The Job Accommodation Network (JAN) has an extensive 36 page document devoted specifically to cancer issues and resources, called “Accommodation and Compliance Series: Employers with Cancer”, updated November 2021. https://askjan.org/publications/index.cfm. • Manager resource: https://www.workplacetransitions.org/, - provides support to managers on how to approach employees touched by cancer, planning leave and return to work, etc. • Promote the Centers for Disease Control and Prevention (CDC) resources for cancer patients, survivors, and caregivers. https://www.cdc.gov/cancer/ <ul style="list-style-type: none"> • Support tips for managing overall health during and after cancer treatment. • Caregiver support. 	<ul style="list-style-type: none"> • Increased compliance with age-appropriate preventive exams and reduced late stage cancer diagnoses. • Employee satisfaction surveys.

Recommendations under consideration

May '21>Apr '22 PAID May '22>Apr '23 PAID

2024



VBA offers the option to add Lifestyle Spending Accounts through FBA to support wellness or other concierge services (Bank Choice).

Appendix

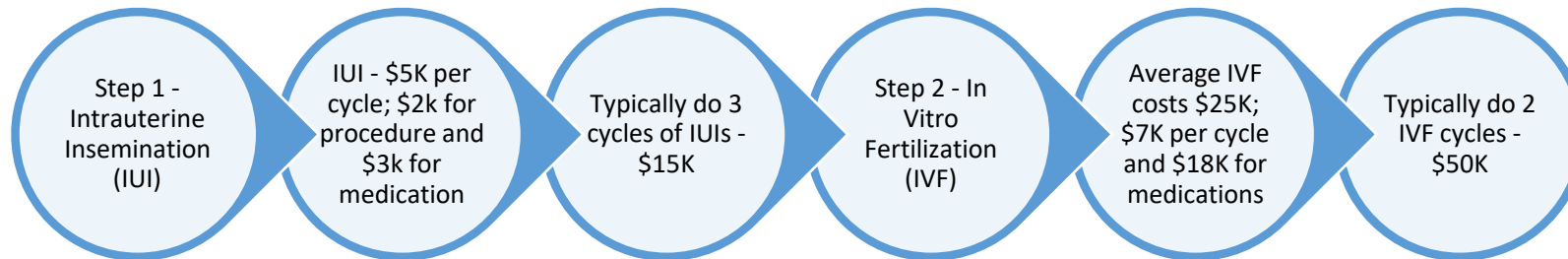




Fertility

Infertility insights

- 10 – 15% of heterosexual couples will be affected by infertility.¹
- Must also consider single and LGBTQ members interested in fertility and family-building support.
- Average cost for infertility treatments in a lifetime is estimated at \$65,000 with some reaching \$100K.
- Typically employers will cap the benefit up to \$25,000 sending the message that they are willing to help with sharing some of the costs but not the entire cost.
- Illustration of \$65,000 average cost:



This cost does not include cost for pre-natal or post-natal care for mother and newborn(s).

¹Gabriela Weigel et al., "Coverage and Use of Fertility Services in the U.S.", September 15, 2020, <https://www.kff.org/womens-health-policy/issue-brief/coverage-and-use-of-fertility-services-in-the-u-s/>.

Infertility insights

- Standard of infertility care is to steer members to Centers of Excellence (COE) providers
 - Limiting services to providers who provide eSET (elective single embryo transfer)
 - eSET implants only one embryo to improve success rates and limit risks associated with multiple births.
- Twin rate using IVF is about 30% and 3 – 4% for higher multiples
 - With eSET the rate falls to 1 – 2% limiting exposure to large claims from multiples.



Estimated Cost of Delivery

- Single - \$21K
- Twins - \$105K
- Triplets+ - 400K

Infertility – carrier support and vendor options

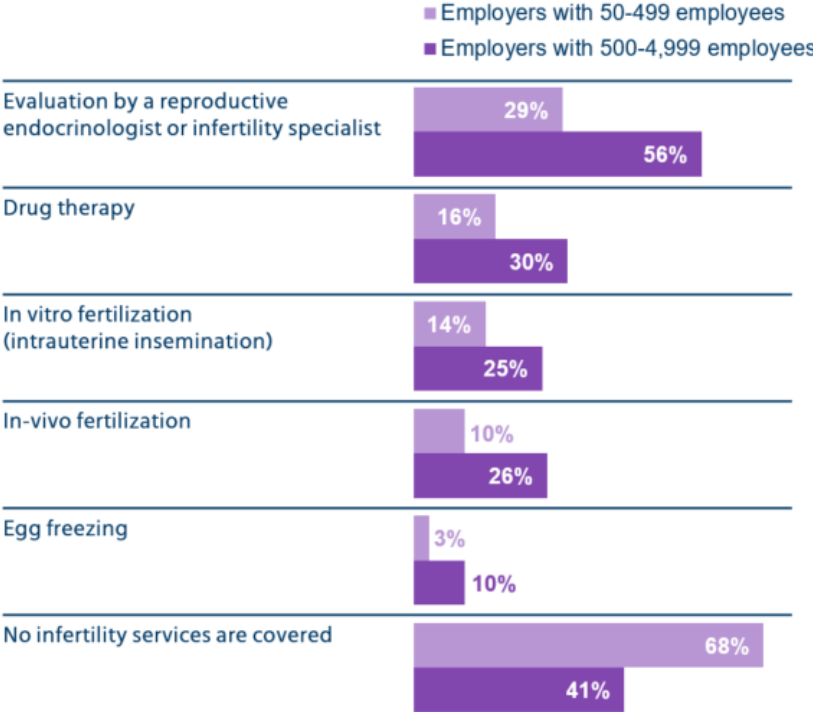


- **Anthem covered services include:** diagnostic tests to find the cause of infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis.
- Benefits also include services to treat the underlying medical conditions that cause infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency).
- Fertility treatments such as artificial insemination and in-vitro fertilization assisted reproductive technologies (ART), ZIFT/GIFT procedures are not a Covered Service.
- Anthem allows for infertility rider coverage to be added to plans (Lifetime benefit limits to \$25K or \$50K).
- Use of infertility vendors is a fairly new trend within last 5 years.
- MMA’s Vendor Innovation Council reviews fertility, maternity, and parental vendors for clinical relevance.



Infertility benchmarking

Provide coverage for infertility treatment



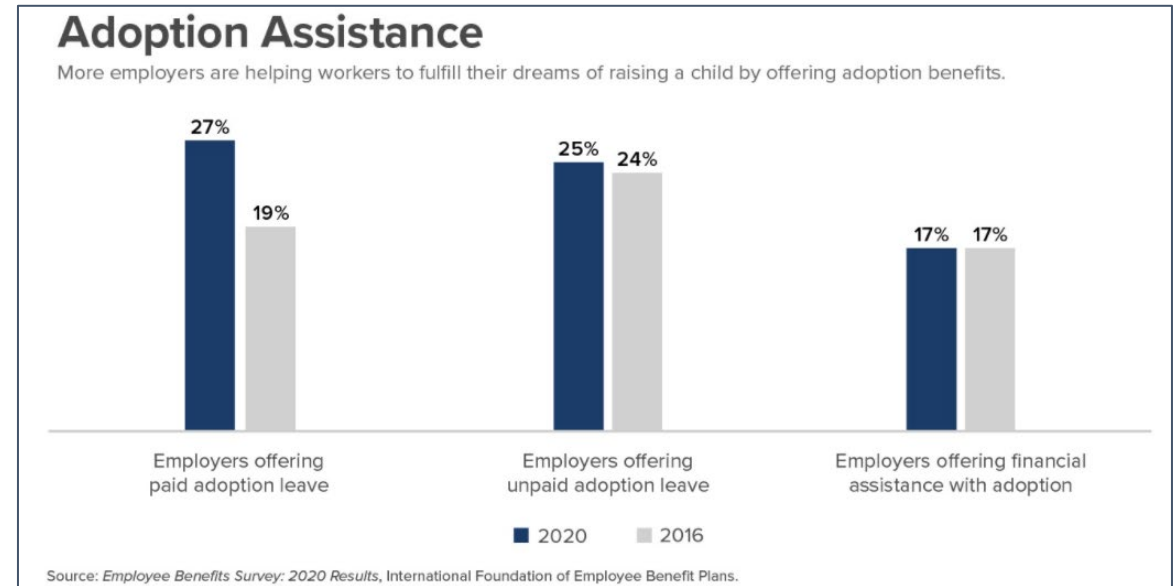
Limits on infertility benefits		
Among respondents that provide coverage beyond an evaluation		
	50-499 employees	500-4,999 employees
Have lifetime benefit maximum on infertility treatment	21%	37%
Median lifetime maximum	\$15,000	\$15,000
Other coverage limitation in place	35%	20%

Source: Mercer National Survey of Employer-Sponsored Health Plans 2020

Adoption assistance

For families looking to adopt, both paid or unpaid leave and financial assistance/adoption subsidy have trended up over the past few years. More employers are implementing adoption assistance to support the growing need to help employees and their families grow, and support overall happiness and well-being initiatives.

As employees are seeking opportunities to work at companies who support diversity and equity, Adoption assistance programs support long term DEI goals.



Surrogacy benefits



- Surrogacy options are slim with only 9% of employers currently providing a surrogacy reimbursement program. The majority of companies who have implemented a program typically cap limits at approximately \$10,000 to \$20,000 lifetime limit.
- The lack of adoption and surrogacy plans in a benefit program disproportionately impact LGBTQ couples. Implementing an adoption and surrogacy program takes thought, communication, and support from an organizations leaders to ensure the program structure is supported from the top.
- Consider discussions with your Diversity, Equity and Inclusions team to strategize and determine whether you want to delay adding a surrogacy benefit.

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Virginia Bankers Association

Healthcare Landscape Update

VBA Peer Group Meeting

August 2, 2023

Your future is limitless.™

Agenda

- Healthcare Landscape
 - High Cost Claimants Risk
 - Gene Therapy/High Cost Drug Discussion/Stop loss Pressure
- 2024 RFP Update
 - Pharmacy
 - Voluntary Benefits
 - Dental

2023 Healthcare Trends

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Marsh & McLennan Agency LLC



The employee health & benefits trends of 2023

1 Shifting workforce expectations

- Employees are placing a higher premium on finding meaning and purpose at work.
- Organizations struggle with moving their diversity, equity, and inclusion (DEI) programs beyond building awareness to creating real action.
- Empathy is key to solving the challenges employers face with apathy and attrition among their employees.

2 Mental and behavioral health needs

- The workforce continues to expect more from their employee experience, as it relates to well-being benefits.
- Building flexibility into the workplace creates new opportunities for employers and employees.
- Mental and behavioral health support will dominate in employers' offerings in the coming years.

3 Changes in health care economics

- U.S. employers can expect health benefit costs to increase between 5.6% - 7% based on plan design.
- High-cost prescription drugs are a source of frustration, especially with cell and gene therapies that cost millions.
- High-cost claimants, utilization increases, and employment trends will keep health care costs higher overall.

Tomorrow's workforce is looking for more than a benefits plan.

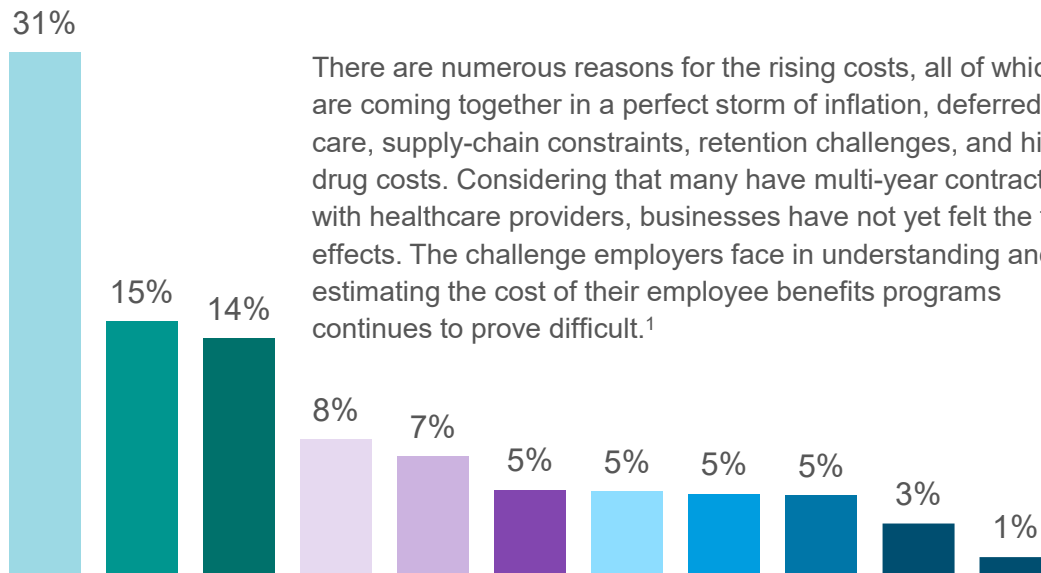
Marsh McLennan Agency (MMA) offers a variety of solutions to support the needs of your people, your team, and your business. We specialize in helping middle-market organizations — whether self-funded or fully insured — find ways to provide their employees with benefits they can take advantage of.

While predicting and responding to employee benefit trends and employee expectations can be difficult, MMA is here to help make it easier. We offer a number of solutions that help you stay in touch with your employees and streamline how you offer the benefits they need.



Typically, medical inflation outpaces inflation in the rest of the economy. But in 2022, medical prices are growing at a similar rate as in past years, while prices in some other parts of the economy are growing much more rapidly than in the past.

—Peterson-KFF,
Health Systems Tracker⁵



There are numerous reasons for the rising costs, all of which are coming together in a perfect storm of inflation, deferred care, supply-chain constraints, retention challenges, and high drug costs. Considering that many have multi-year contracts with healthcare providers, businesses have not yet felt the full effects. The challenge employers face in understanding and estimating the cost of their employee benefits programs continues to prove difficult.¹

- Hospital care
- Physician services
- Net cost of health insurance
- Clinical services
- Investment
- Other personal health care
- Prescription drugs
- Government public health activities
- Nursing care facilities
- Home health care

Healthcare Landscape

High Cost claimants impacting medical trend

The Million Dollar Claim

Why are they more common now?

paid claims for million dollar+ claimants

Under 2
27%



Congenital
Anomalies

2-19
18%



Malignant
Neoplasm

20-39
16%



Hemophilia/
Bleeding
Disorder

40-59
28%



Malignant
Neoplasm

60+
11%



Malignant
Neoplasm

45%

of million dollar claims are for
claimants under 20 years old

22% of Employers had at
least one member with
claims over

\$1M

Highest Cost Individual
Million Dollar Claimant
Conditions 2020

- 1 Malignant neoplasms (cancer)
- 2 Leukemia/Lymphoma/
Multiple Myeloma (cancers)
- 3 Septicemia (infection)



In 2020,
\$368.3 million
spent on
injectable medications

Since 2017, number of members
with claims \$1M+ rose 31%

Claimants With Million Dollar Claims	
\$1-\$1.5M	174
\$1.5-\$2M	40
\$2-\$3M	27
\$3M+	14
Total	255

2020's highest cost claim was for Leukemia, lymphoma and/or multiple myeloma at \$6.3M

Source: 2021 Sun Life Stop-loss Research Report: High-cost Claims And Injectable Drug Trends Analysis

Marsh & McLennan Agency LLC

2023 Pharmacy Trends

Biosimilars	GLP-1 Drugs	Cell & Gene Therapy
<ul style="list-style-type: none">- Biosimilars in the market drive competition and present potential savings for employers.- The biosimilar for Humira, the #1 drug in the world, hit the market on February 1, 2023<ul style="list-style-type: none">- Amjevita is currently included on formulary for many prominent PBMs and at least 7 more products are expected to follow.- The Stelara patent expires in 2023 with biosimilar target launch in 2H 2023, pending lawsuits- Plan sponsors should monitor utilization of anti-inflammatory biologics and explore strategies to maximize the benefits that biosimilars present while ensuring rebates are protected.	<ul style="list-style-type: none">- GLP-1 drugs are popular medications approved for the treatment of Type 2 diabetes and/or weight loss that have a monthly cost of approximately \$1,000.- Mounjaro, the most recent GLP-1 drug approved for Type 2 diabetes, is expected to generate \$4.9 billion of yearly revenue by 2026.- Off-label use of GLP-1 diabetes drugs for weight loss purposes is increasing as they are not subject to the weight loss prior authorization process under the assumption the drug is being used to treat diabetes.- Implementing tight utilization management to ensure the right patient is taking the right GLP-1 drug at the right time will help employers avoid overspend as more products hit the market.	<ul style="list-style-type: none">- There are more than 20 cell & gene therapy drugs approved by the FDA today, with as many as 50 - 100 anticipated by 2025.- In January 2023, Hemgenix, a treatment for hemophilia B, was approved with a price tag of \$3.5 million, making it the most expensive drug on the market.- Today, most self-insured employers are protected from this risk through their stop-loss plan language- Due to large cost and unpredictability, stop loss-market is starting to eliminate coverage for these drugs- It may be prudent for employers to explore alternative coverage strategies and adjustments in plan coverage to protect against future claims.

Rx: GLP-1 Agonists

GLP-1 Agonists

- Trulicity, Ozempic, etc., treats Type 2 Diabetes.
- Lowers blood sugar levels over period of time.
- Found to have side effect of weight-loss.
- Only Wegovy and Saxsenda approved for weight loss.

Mounjaro recently passed through Phase II out of III for FDA approval.

VBA Population Utilization

- Members with Rx claims: 47% increase per 1k.
- 223/339 members on GLP-1's were coded as having Diabetes during the reporting periods.
- Total Employer Paid \$2.14M (59% increase).

MMA BoB for Employer Spend increased 54% between 2021-2022.

CONSIDERATIONS*

- Less than 22% of employers are covering prescription drugs specifically designed for weight-loss for smaller employers (<5,000 EE's) and more frequently for employers larger than 5,000 EE's.
- Average cost of drug ~\$1,000/mo. per employee; studies support drugs are designed for long-term use → higher costs.

Best Practice

- MMA does not recommend off-label use of medications outside of FDA approved labeling language.
- Examine Carrier and PBM guidelines for utilization and Prior Authorization requirements and quantity limits.
- Ensure consistency in policy documents depending on client decisions to cover or exclude weight-loss medications.

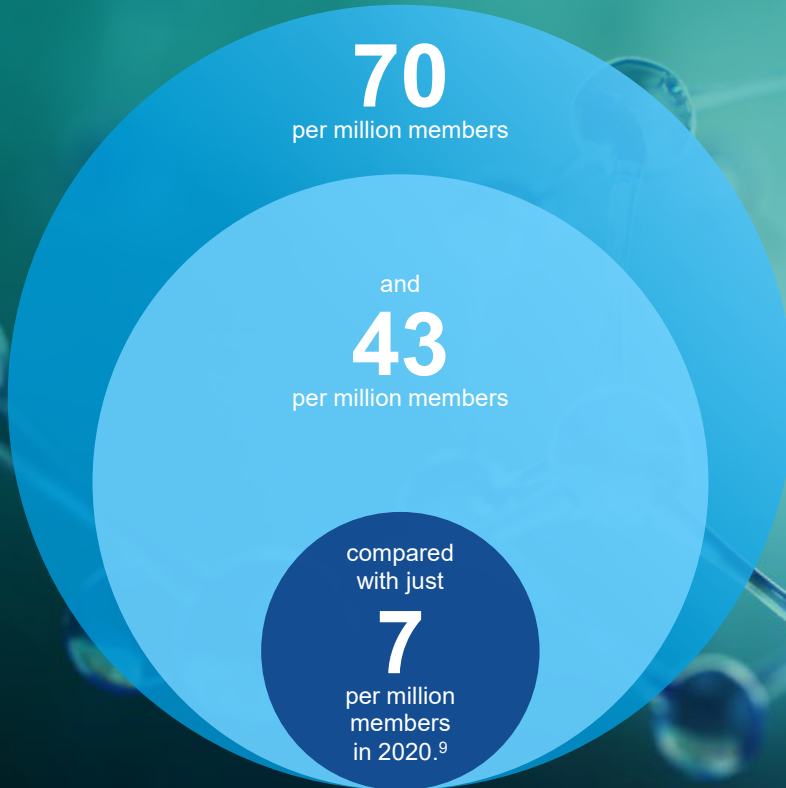
Approved Therapies

Current approved therapies include

Drug	Disease Indication	Cost
Luxturna	Inherited retinal dystrophy	\$850,000
Zolgensma	Spinal muscular atrophy (SAM)	\$2,125,000
Zynteglo	Transfusion dependent β -thalassemia	\$2,800,000
Skysona	Cerebral adrenoleukodystrophy (CALD)	\$3,000,000
Hemgenix	Hemophilia B	\$3,500,000
Roctavian (recently approved)	Hemophilia A	\$2,900,000
Elevidys (recently approved)	Duchenne muscular dystrophy (DMD)	\$3,200,000

VBA currently excludes Gene Therapy treatment from the medical plan.

It is estimated that in 2023, cellular and gene therapies will total between



50-100
gene and cell therapies
are anticipated to receive
FDA approval by 2025.¹

87%
of employers are concerned
about the new million-dollar
treatments getting
approved by the FDA.⁹

VBA: gene therapy solution overview

Program Highlights

<u>Gene Therapy Drug</u>	<u>Treatment for</u>	<u>Est. Cost</u>	<u>Prevalence</u>	<u># of members with diagnosis*</u>	<u>Potential # members who may be eligible</u>
Luxturna	Vision Loss - Retinal Dystrophy Spinal Muscular Atrophy (SMA) children	\$850,000	1:3,500	4	4
Zolgensma	<2	\$2,100,000	1:10,000	2	0
Zynteglo	Blood disorder - Beta Thalassemia	\$2,800,000	1:100,000	0	0
Skysona	Active cerebral adrenoleukodystrophy	\$3,000,000	1:15,000	0	0
Hemgenix	Hemophilia B	\$3,500,000	1:40,000	1	0
Elevidys	Duchenne Muscular Dystrophy (4-5 yr old)	\$ 3,200,000	1:3,500	0	0
Roctavian	Hemophilia A	Estimated \$2.5M	1:5,600	0	0

- Retinal Dystrophy - Adults with genetically confirmed mutations in both copies of the RPE 65 gene may be candidates for Luxturna but may not choose to have treatment. Individuals must undergo a complete clinical evaluation and testing to determine if enough cells remain in the retina to receive the treatment.
- Spinal Muscular Atrophy (SMA) *Werdnig-Hoffman | Gene therapy Zolgensma is indicated for children less than 2 years of age as candidates for this gene therapy that meet the clinical requirements such as infants under a certain weight limit. Zolgensma is a one-time-only dose to stop the progression of spinal muscular atrophy (SMA). It is not a cure for spinal muscular atrophy. Significant testing is required prior to infusion.
- Beta Thalassemia is an inherited disorder that impairs the production of hemoglobin, the blood protein responsible for transporting oxygen. Zynteglo works by adding functional copies of a modified form of the beta-globin gene into a patient's own hematopoietic stem cells. This allows them to make normal to near-normal levels of total hemoglobin without regular blood transfusions. Members with beta thalassemia require blood transfusions every 2-5 weeks with lifetime health care costs that can reach \$6.4 million in the United States.
- Cerebral Adrenoleukodystrophy (CALD) is a rare hereditary genetic condition that causes the buildup of very long chain fatty acids (VLCFAs) in the brain. When VLCFAs accumulate, they destroy the protective myelin sheath around the nerve cells, responsible for brain function. CALD is a progressive, irreversible and fatal disease primarily affecting young children. Skysona is a one-time gene therapy to treat boys with early, active cerebral adrenoleukodystrophy. Skysona is made specifically for each patient, using the patient's own blood stem cells and adds functional copies of the ABCD1 gene to the patient's cells. This may help the body to break down the VLCFAs to slow the progression of damage to the brain and slow the decline in neurologic function
- Hemophilia B - Hemgenix is a one-time gene therapy infusion given as a single dose by IV infusion. Hemgenix consists of a viral vector carrying a gene for clotting Factor IX. The gene is expressed into the liver to produce Factor IX protein, to increase blood levels of Factor IX and thereby limit bleeding episodes.

* Not all members will be eligible for these drugs based on clinical criteria.

Historically, most plan sponsors have excluded cellular and gene therapies from coverage because they are considered experimental and investigational in nature.

As these therapies have improved, more insurers, third-party administrators (TPAs), and self-funded plans are making the determination to cover. More solutions are anticipated in the coming years to help plan sponsors, payers, and the market in general understand their risks within their populations, how to finance the risk, as well as provide warranty solutions that help provide an avenue to ensure that value is delivered to the patient and the plan.

The following solutions vary significantly including advantages and disadvantages, target markets, costs, etc., with no solution solving for the entire risk equation for payers or plan sponsors.⁸

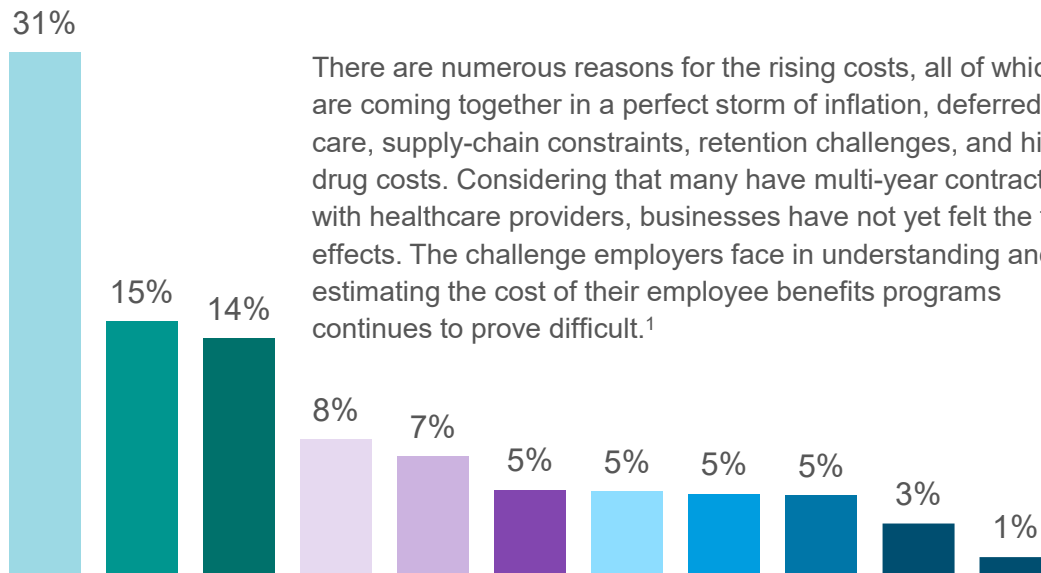
- Capitation solutions will cover specific cell and gene therapies, with many subject to pre-existing condition exclusions, and availability may be limited.
- Center of excellence (CoE) solutions ensure that drug procurement is competitive and is administered with CoE-negotiated rates.
- Stop-loss/reinsurance solutions offer step-down deductibles in coordination with TPA and PBMs, where they can cover their own risk.
- And finally, financing solutions where outcomes-based and warranty solutions benefit the payers and the stop-loss carriers, but not the plan sponsors themselves.⁹





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There are numerous reasons for the rising costs, all of which are coming together in a perfect storm of inflation, deferred care, supply-chain constraints, retention challenges, and high drug costs. Considering that many have multi-year contracts with healthcare providers, businesses have not yet felt the full effects. The challenge employers face in understanding and estimating the cost of their employee benefits programs continues to prove difficult.¹

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- Clinical services
- Investment
- Other personal health care
- Prescription drugs
- Government public health activities
- Nursing care facilities
- Home health care

We anticipate frequency and severity of medical stop-loss claims to tick up as the 2022 year progresses and extends into 2023.¹

This is an outcome of deferral challenges and a direct result of macroeconomic factors. One of the top influences contributing to the rise in costs are worsening availability of clinical labor staff.⁶

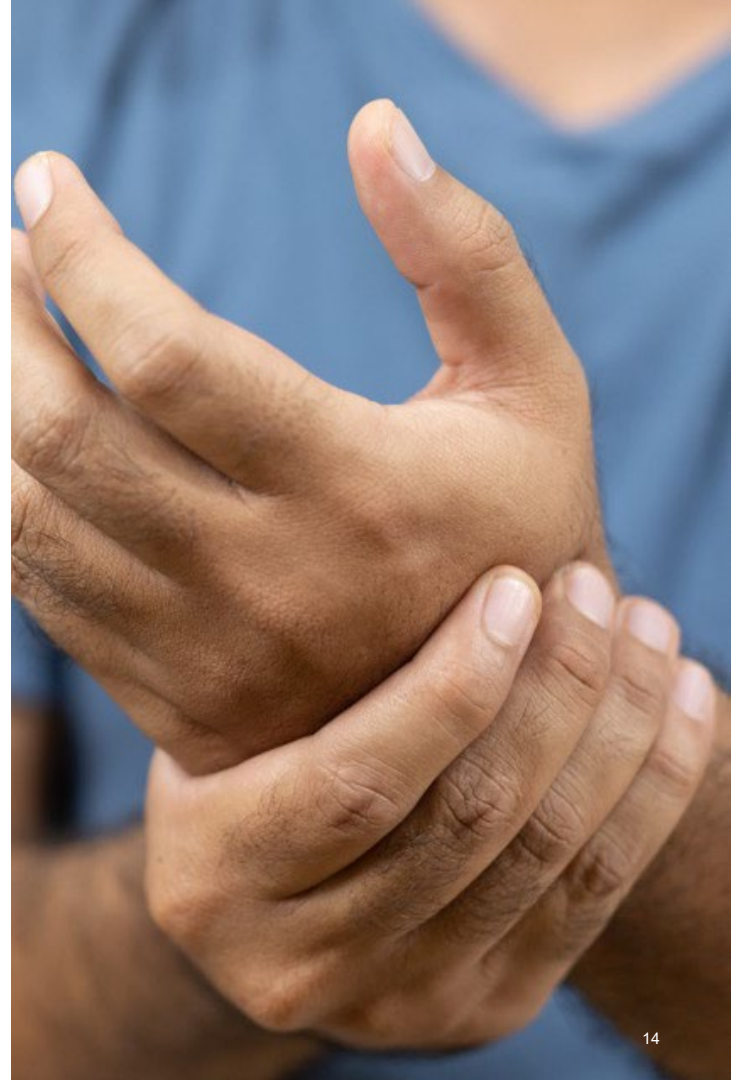
Employers are refocusing on cost management strategies to slow increases over the long term, while minimizing cost shifting to employees. The use of targeted programs aimed at specific health conditions (e.g., diabetes, musculoskeletal, COPD) has gained traction in recent years as a way to achieve better outcomes and lower costs.^{4,7}

49%

of all large employers and 58% of those with 20,000 or more employees offer these types of programs or are seriously considering it.

12%

of all employers have adopted enhanced clinical management models beyond the standard health plan model.⁷



2024 RFP Update



Pharmacy

Current program with ESI/RX Benefits on a carveout arrangement since 2020.

RFP in process for 1/1/24 effective date:

- Request quotes on a carveout basis from ESI, Optum & Caremark
- Also requested a quote from Anthem on an integrated basis
- Reviewed financial contract offerings, customer service metrics, and ability to slow pharmacy trends, especially around specialty drugs.
- Asking for alternatives to RX Assurance Captive as only available for RX Benefits customers.

Recommendation to Board to move to Anthem (Carelon RX):

- Integrated Platform with 24/7 customer service
- Sydney integration and Prior Authorization efficiencies
- Most Competitive contract of all bidders

Voluntary Benefits

- Marketed Voluntary Accident, Critical Illness, and Hospital Indemnity benefits
 - Intend to replace current Group Aflac offerings; participants with individual voluntary Aflac policies will not be impacted
- Anthem and Securian are finalists – presented to VBA Benefits team week of April 24
- Both offer reduced rates for employees
- Enrollment will be mapped from Aflac on Bswift

Anthem

- Use same billing and file feed structure already in place
- Discount on medical plan fees
- \$5,000 implementation credit
- Tech subsidies

Securian

- Performance guarantees
- Integration with bSwift
 - Includes implementation credits
 - Tech subsidies

Dental

- Request for Information (RFI) was conducted in Spring of 2023 to evaluate dental plan networks
- RFI was sent to Anthem, Ameritas, Cigna, Delta Dental, Dominion National, MetLife, SunLife and United Concordia
- Conclusion: Delta Dental has the broadest network in Commonwealth
 - Consideration of increasing the out of network allowance on the plan

Weighted by total number of overall claims: 23,962

	Delta Dental Premier	Delta Dental PPO	Anthem Complete	Ameritas	Cigna Total DPPO	Dominion National	MetLife	SunLife	United Concordia
Number of claims	20,762	9,084	18,577	14,459	15,126	11,596	13,608	14,449	13,945
Percentage of Claims	86.65%	37.91%	77.53%	60.34%	63.12%	48.39%	56.79%	60.30%	58.20%

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Projections are based on the information and data available up to this specific point in time and are not to be taken as a guarantee of results which might be achieved. The projections are subject to unforeseen and random events and so must be interpreted as having a potentially wide range of variability from the estimates. In the event that final renewal information is available after this analysis has been performed and it differs from that within this analysis, results should be considered within that new context.



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VIRGINIA BANKERS
ASSOCIATION

Simple, complete & personalized musculoskeletal care

We help members move beyond pain.

Agenda

- 01 Goals & program performance
- 02 Our approach to MSK care
- 03 The member experience
- 04 Product Updates
- 05 Questions

Shared goals and how we'll achieve them

Shared goals

- Improve access to care
- Improve outcomes
- Increase ROI

What defines success

- Engagement
- Education
- Outcomes

How we get there

- Simply accessible
- Clinically complete
- Intelligently personalized

Most studied digital MSK solution

Only solution with multiple 3rd party validated medical claims analyses and large-scale studies

Peer-reviewed clinical studies

2017
41 participants
12-Week and 6-Month outcomes

2018
162 participants
Randomized control trial for knee pain participants

2019
177 participants
Randomized control trial for low back pain

2020
10,264 participants
Large scale outcomes

2021
41,241 participants
Older user outcomes

36 participants
Enso treatment for chronic back pain

2022
2,570 participants
1-year long term outcomes

937 participants
Acute study outcomes

53 participants
Surgery program feasibility

159 participants
Acute to chronic prevention study

3rd party validated medical claims analysis

2021
748 participants
3rd party validated claims analysis

2022
8,414 participants
3rd party validated claims analysis

467 participants
3rd party validated claims analysis



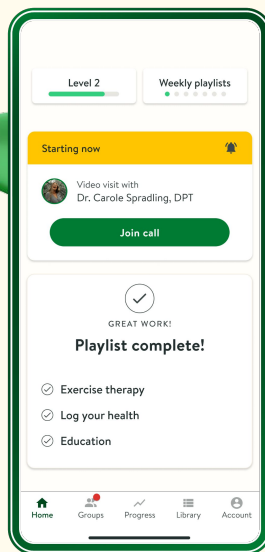
Sources: ¹Smittenaar (2017). JRAI 6 Month Outcomes, ²Mecklenburg (2018). JMIR Randomized Control Trial, ³Bailey (2019). Nature Randomized Controlled Trial, ⁴Bailey (2020). JMIR, 10,000 Participant Longitudinal Cohort Study, ⁵Amirdelfan K et. al, "High Frequency Impulse Therapy Treatment of Chronic Back Pain." J Pain Research, 2021. ⁶2021 Hinge Health 2 year long-term outcomes survey, ⁷Bailey (2021) Frontiers in Digital Health, "Older Adult Use and Outcomes." ⁸Wang (2022). BMC Musculoskeletal Disorders Clinical outcomes one year after. ⁹2021 Validation Institute Medical Claims analysis ¹⁰2022 Optum Medical Claims analysis ¹¹36 employer Medical Claims analysis ¹² Hong (2022) JMIR Postoperative outcomes of digital program rehab. ¹³ Hong (In Press) JPR Effects of a digital MSK acute care program.

Our unique member experience

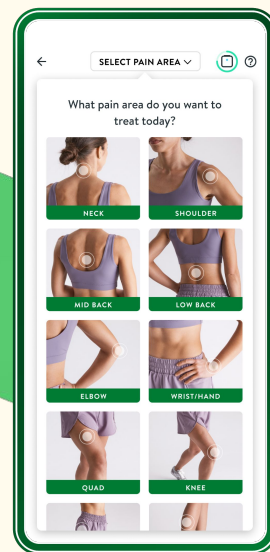
Reimagined care – built around your members

Care from preventative
support to post-surgery rehab

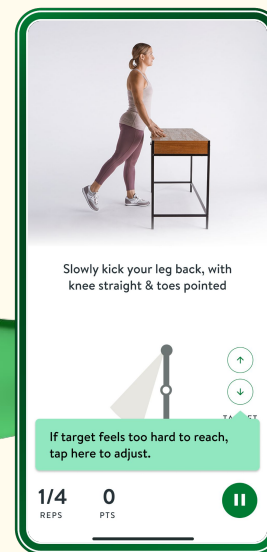
Simple



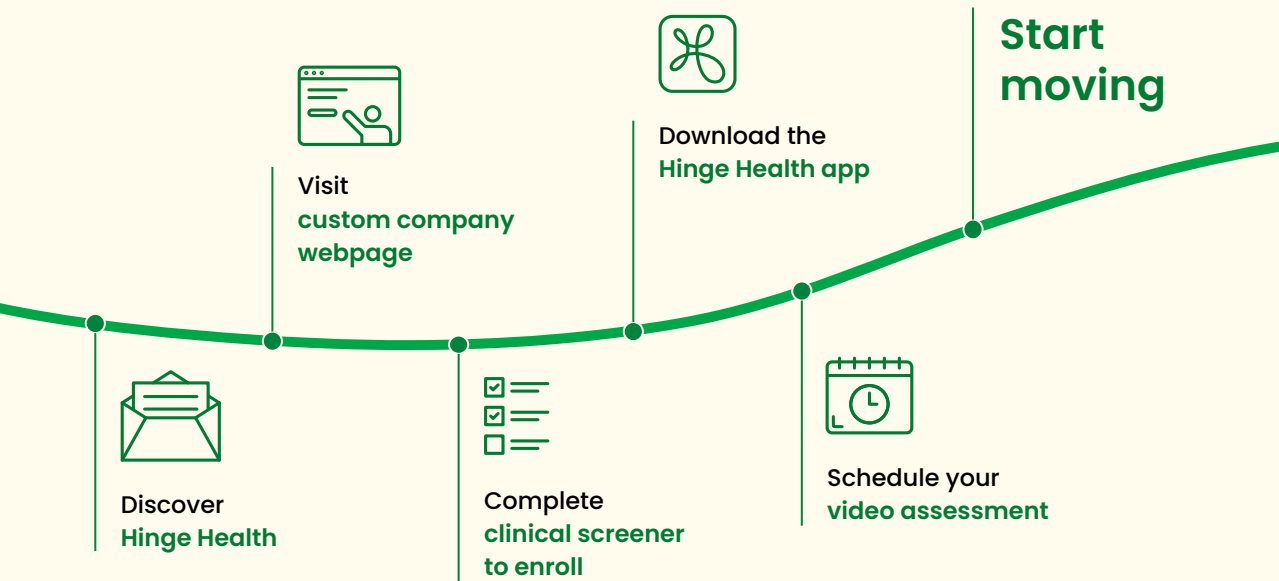
Complete



Personalized



Start moving the same day as enrollment



A smartphone mockup with a green border. The screen displays a woman in a grey athletic outfit performing a lunge with arms raised. Below the image, the text reads:

Welcome, Lana

Congratulations on taking a step towards achieving better back health. Let's try **just 3 easy stretches** to personalize your program.

[Let's get started](#)

Hinge Health all-time impact summary

Program launch date: 1/1/2022

Data as of: 7/20/2023

All-time summary metrics

Engagement

622

Members engaged

24,070

Total member ET sessions completed

9/10

Member program satisfaction rating

Outcomes - Week 12

52%

Reduction in pain

65%

Reduction in surgery intent

53%

Reduction in lost productivity

3.7x

ROI



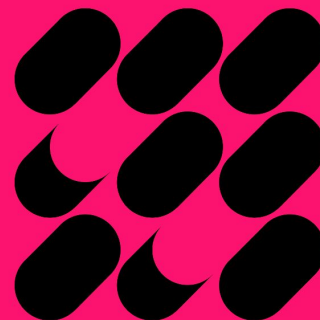
Product Updates

Women's Pelvic Health

Vision

To stop the silent suffering of women, by normalizing pelvic health and its symptoms. We are empowering women to engage in a dialogue and seek care for treatable pelvic health disorders, across all life stages.

FAST@COMPANY



**World
Changing
Ideas**
2023

A common MSK condition, overlooked and underserved by the current healthcare system

1 in 4

women have pelvic floor disorders¹

6.5

years is the average to wait to seek
care for urinary incontinence²

< 50%

start PT after receiving a referral³

Sources: ¹The epidemiology of pelvic floor disorders and childbirth: an update <https://pubmed.ncbi.nlm.nih.gov/34261109/>. ²Continence Promotion, Education & Primary Prevention. ³Comparison of Pelvic Floor Physical Therapy Attendance Based on Referring Provider Specialty. Female Pelvic Med Reconstr Surg. 2022 Jan.

Supporting women with pelvic disorders at all stages of life


- + **Care for the unique MSK needs of women**, including prolapse, abdominal separation, bladder and bowel problems, and chronic pelvic pain.
- + **Single platform for all programs** enables flexibility to coordinate care for pelvic health and common co-occurring MSK conditions
- + **Complete care team** includes Pelvic Floor PTs who customize ET during video visits, women's health coaches spur lifestyle modifications
- + **Pelvic health education** integrated into all programs
- + **Proactive identification of high-risk members** who would benefit from a pelvic health assessment

Exercise Therapy


Level 1 • 15 min

Equipment needed


Chair Yoga mat



NEW
Cat cow
4 reps



NEW
Clamshell
4 reps



NEW
Sit to stand
4 reps

[Begin](#)

[Exercise without sensors](#)

Care for the full continuum of pelvic floor disorders

Supporting women at all stages of life – from early adulthood to after menopause, with care personalized around their pelvic floor needs

Pelvic strength

Focus on pelvic muscle strengthening

Stress incontinence
Pelvic organ prolapse
Fecal incontinence
Diastasis

Bladder control

Focused on mind-body connection to reduce incontinence

Urge incontinence
Mixed incontinence

Pelvic pain

Focused on pelvic muscle relaxation and control

Dyspareunia (pain with intercourse)
Pelvic girdle pain
Bowel dysfunction

Pregnancy & postpartum

Supporting women through pregnancy and postpartum

Pubic symphysis pain
Pregnancy specific low back, hip and pelvic girdle pain
Stress incontinence
Diastasis

Breathing and meditation for holistic pelvic health care

Guided breathing supports members

- Addresses multiple symptoms of pelvic floor dysfunction
- Choose from 10 different audio meditations focused on addressing pelvic floor symptoms and pain
- Expert guidance by our PT and coaches that have backgrounds in meditation

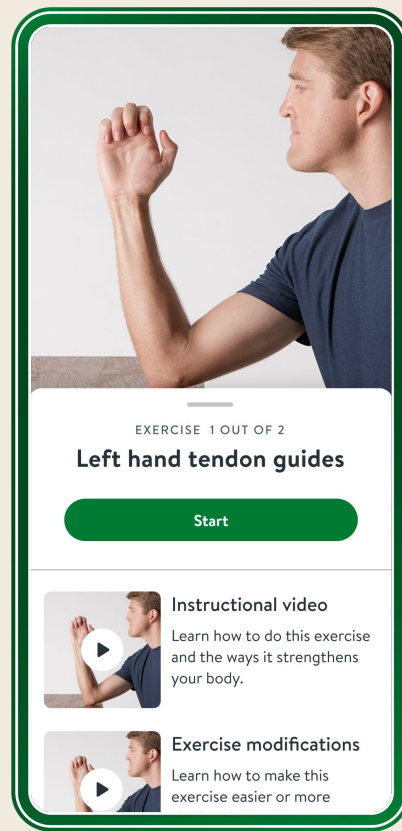


Enhanced chronic pathways

Enhanced chronic pathways

Supports members with chronic pain in the foot, ankle, elbow, wrist, forearm, hand and finger

- + **Clinically curated exercise therapy** to rehab target body part, maintain activity levels, and build strength
- + **Mastery of Movement Modules** build confidence and ensure exercise safety and efficacy
- + **Advanced computer vision motion tracking** for precise form feedback and real-time care plan modifications by care team
- + **Robust behavioral support** reinforced throughout curriculum



EXERCISE 1 OUT OF 2

Left hand tendon guides

Start

Instructional video
Learn how to do this exercise and the ways it strengthens your body.

Exercise modifications
Learn how to make this exercise easier or more

MyCare Tab

Increasing access with Spanish & French language

Spanish and French speaking members have access to

- A translated in-app experience
- Spanish and French-speaking care team members
- Translated kit materials
- Easily toggle between languages

Why this matters

Over 41M people in the US are native Spanish-speakers, 81% of whom prefer to see a Spanish-speaking healthcare provider.

French language allows Hinge Health to begin to serve international populations in Canada, in the future.



Simple and direct access to a member's care team

My Care tab

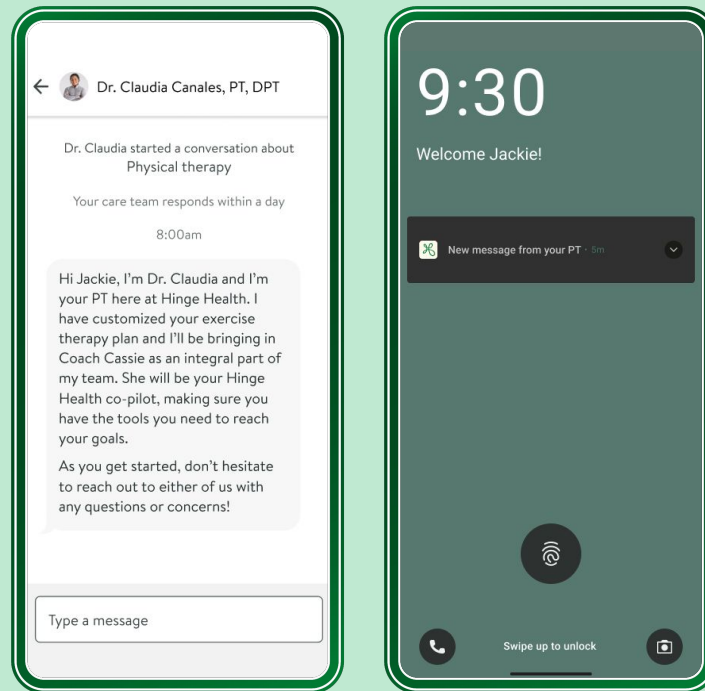
A dedicated, centralized home for all your Care Team info, bios and interactions in the app

Easy PT and Coach Appointments

Schedule calls with your health coach, video visits with your primary PT, or another PT available sooner, whenever you need

In-App Messaging

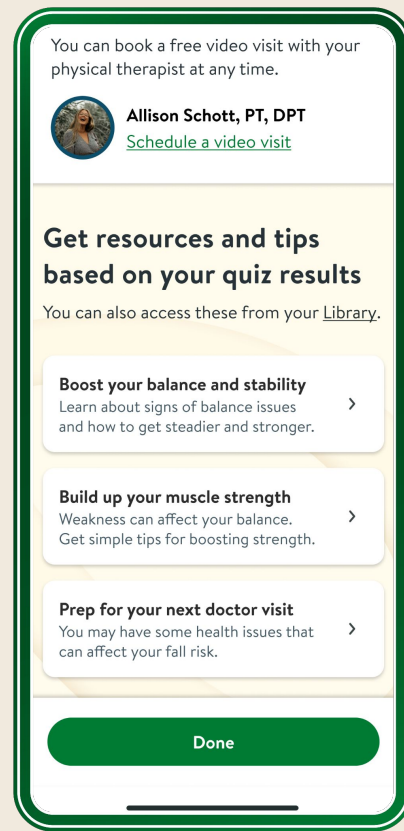
Enables convenient, PHI-secure, async messages with your PT and coach (available Q4 2023)



Fall prevention

Fall prevention addresses MSK drivers of strength and balance

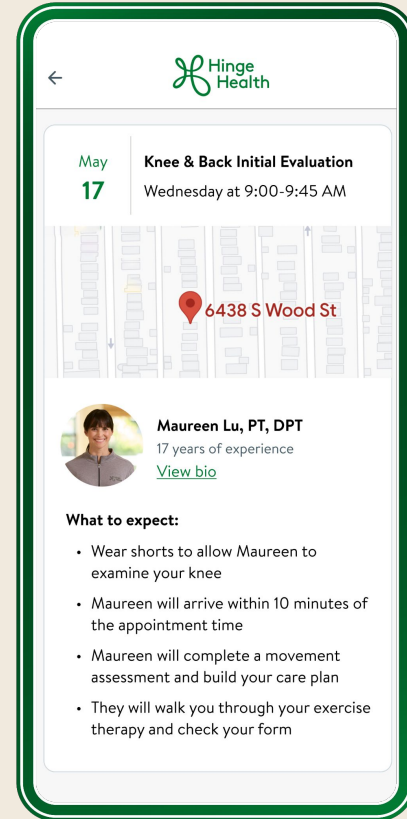
- + **Enhanced screening risk assessment** STEADI fall risk questionnaire for those 65+
- + **Complete care team** for physical and behavioral support
- + **Specialized care** focusing on strength and balance building exercises and education to reduce fall risk
- + **House calls** provide safety/environmental assessments, addressing fall risks in real-time within the home



Hybrid care

Hybrid care gives members access to in-person and digital options

- ✔ **Convenient access and scheduling** with visits at home or workplace
- ✔ **In-person assessment** enhance care while building member confidence
- ✔ **Single provider for coordinated care**, digital and in-person care
- ✔ **Improved health equity** addressing social determinants of health by removing barriers



Trusted leader in MSK care

**4 out of 5
employers**

choose Hinge Health
1,250+ customers

**25+ million
covered lives**

have access to
Hinge Health

**40+ health
plans & PBMs**

choose Hinge Health
as a preferred partner

3.6x ROI

for the professional
services industry

3.7x ROI

for VBA



LAND O'LAKES



05

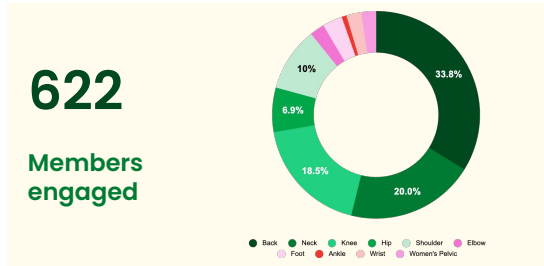
Questions?

Thank you

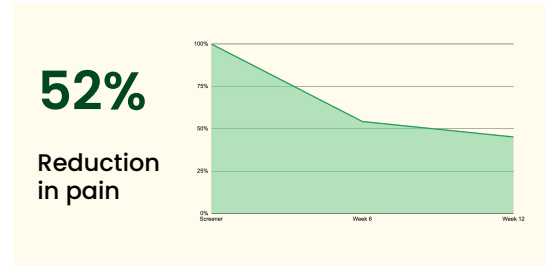
Appendix

How VBA program is performing (All Time)

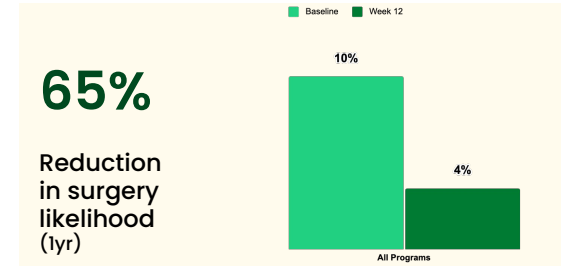
Improve access to care



Improve employee wellbeing



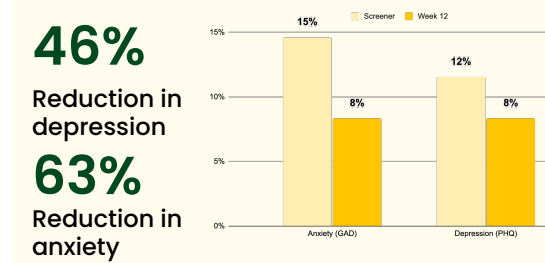
Reduce unnecessary surgeries



Member interaction

- 21** 1-2 weekly exercise therapy sessions
- 40** 3-4 weekly care team interactions
- 11** 1-2 weekly education articles read

Average interaction per participant over 12 weeks



Reduce costs

4.0x ROI

53%
Reduced absenteeism

Create happy employees

9/10
Satisfaction

Proven medical claims reduction

2022 Largest multi-employer
claims study to date¹

Global actuarial firm

2.4x ROI

136 Different
employers

46 Different
industries

2022 Medicare
claims study²

Optum

2.7x ROI

87%

Reduction in hospital
utilization spend

2021 Multi-employer
claims study³

Validation Institute

2.3x ROI

68.7%

Fewer invasive procedures
than control group

Additional \$410 in reduced costs related to
co-morbid conditions such as diabetes & cardiac

Source: ¹136 Employer Medical Claims ROI Study, 2022 ²Hinge Health Medicare Cost and Utilization Study, 2022

³Hinge Health Multi-Employer Control-Matched Medical Claims Analysis, 2021

VBA + bswift

ACHIEVING YOUR GOALS, TOGETHER



Today's discussion

bswift Update

Roadmap

Q & A

Proven and flexible benefits administration solutions

The right blend of technology, expertise
and service excellence for even the most
complex benefits administration needs.



bswift acquired by Francisco Partners:

- Focus on healthcare technology
- Investments in bswift's technology capabilities
- Accelerate growth
- Allows bswift to operate as a stand-alone company

1,100

bswifters

18.7M

Total Lives with
44M logins in 2022

53

Channel Partners &
238 Direct Client
Employer Groups

98%

Client
Retention

93

Overall security
scorecard score
out of 100*

A+

BBB Rating

*As of 12/7/2022

bswift PRODUCT

ROADMAP



Reinventing the employee benefits experience



bswift's new digital experience

Developing a new home page design focused on increased personalization, engagement, third-party integration and mobile-first design. In addition to:

- Targeted Messaging to Provide Personalization
- Streamlined Navigation
- New Document Library
- New Online Total Compensation Statement Integration Capabilities
- Interactive Emma Chatbot & Search

The screenshot displays the bswift digital experience home page for user Brian Murphy. The page features a clean, modern design with a dark blue header containing the bswift logo and navigation links for My Benefits, Learn, Enrollment Center, Help, and Brian Murphy. The main content area is personalized for Brian, starting with a "Good morning, Brian" greeting and a "It's time to enroll" banner. Below this, a row of quick-action buttons includes "Submit Vaccination Information", "Change HSA Elections", "View Employee Discounts", "Update Communication Preferences", "Adjust My Contributions", and "Birth, Marriage, or Other Life Event". A "Your Info at a Glance" section provides key financial metrics: "Your Next Paycheck August 31 (in 3 Days)", "Annual Enrollment Closes In 4 Days (Visit the Enrollment Center)", "HSA Balance \$834.17 (View HSA)", and "401(k) Balance \$29,093.56 (View 401(k))". A "Total Rewards that transcend the traditional" section highlights the company's philosophy of continuous learning and high-performance orientation, with a "View Statement" button. The "Suggested for You" section offers personalized content: "Guidelines for Returning to the Office", "Helping you Balance Work and Life", and "Now's the time to make the change". The "Your Benefit Providers" section lists partners like Aetna, CVS, MetLife, VSP, Fidelity, and ComputerShare. A search bar at the bottom asks "Did you find what you're looking for?". The footer contains a comprehensive navigation menu, social media links, and a chat icon.

Infused with AI

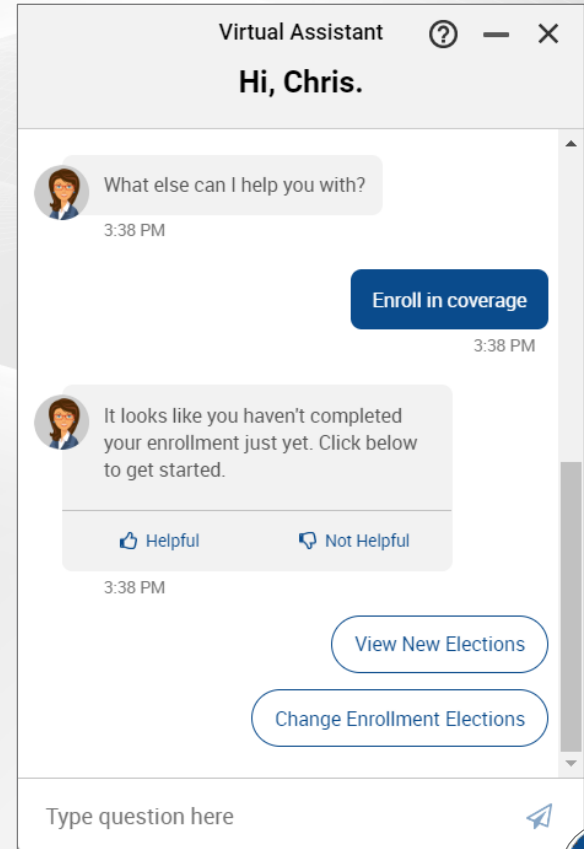
Chatbot and Advanced Search powered by AI using Natural Language Understanding (NLU) algorithm

Emma Virtual Assistant:

- Helps identify the intent behind the user's utterance and allows Emma to respond with the appropriate response.
- Each of the choice is driven by user eligibility and permission in bswift.
- These choices can navigate to various places in bswift core application, as well as return dynamic plan data to the user.

Library & Advanced Search:

- Integrated search feature backed by AI Natural Language Understanding (NLU).
- Ability to scan through library documents and FAQs to enhance the user experience in their search of key information.



Provider Search

Availability: Early 2024

bswift En Español Help Exit Enrollment

Back to Benefits Health

Who will be covered by this plan?
 Lukas Pleva (Employee) Sarah Pleva (Spouse) Baby Tester (Child) [Add Dependents](#)

Type the name of the doctor, specialty, or health care facility.
Erika Smith

Show Filters ▾

My Providers
Erika Smith, MD

Location: Chicago, IL 60614

Smith, Erika, MD
Pediatrics
Chicago Pediatric Clinic
2540 N Lincoln Ave
Chicago, IL 60614
123-456-7890

Smith, Eric, MD
Neurology
Southwest Clinic
445 S Chestnut Rd
Chicago, IL 60614
456-267-5930

Smoll, Erica, MD
Radiologist
Valleyview Clinic
6189 E Pine St
Chicago, IL 60614
312-567-2946

Smithson, Erin, MD
OB/GYN
Southwest Clinic
445 S Chestnut RD
Chicago, IL 60614
456-267-5930

** UPDATE: Taken as an example**
We make reasonable effort to make sure the information displayed here is accurate, but use of this tool is for reference purposes only. From time to time doctors move in and out of networks, affecting the accuracy of the directory at any given moment, and we do not update the search tool in real time. In addition, there are hospitals and doctors who are not included in every plan. Please make sure that you search the proper network for the most accurate results.
You should contact the provider directly to confirm that they are in your plan network and that the desired service is covered by your plan. By signing in and using this tool you also agree to our Conditions of Use and Privacy Policy.

Back to Benefits

[Privacy Policy](#) | [Browser Requirements](#) | Technology powered by bswift

Current Plan Comparison

CPC is a comparison tool in enrollment that will provide users the ability to compare their current enrollment data against future/selected plans

The screenshot displays the 'Enrollment' page with a progress indicator on the right showing four steps: 1. Your Info, 2. Your Benefits, 3. Enroll, and 4. Complete. The main content area is titled 'Medical' and compares two plans side-by-side.

Current Plan	Selected Plan (beginning Jan 1, 2023)
YOUR COST PER PAY PERIOD \$187.00	YOUR COST PER PAY PERIOD \$152.95
PLAN: Bronze Plan A / Aetna	PLAN: Broad Network / Aetna
COVERAGE: Employee + Child	COVERAGE: Employee + Family
Jane Smith (Employee) ✔ Covered	Jane Smith (Employee) ✔ Covered
Jon Smith (Spouse) ⚠ Ineligible	Jon Smith (Spouse) ✔ Covered
Emily Smith (Child) ✔ Covered	Emily Smith (Child) ✔ Covered
Effective Date: 01/01/2022	Effective Date: 01/01/2023
Deductible: \$4,000.00	Deductible: \$2,000.00
Out-of-Pocket Maximum: \$6,000.00	Out-of-Pocket Maximum: \$4,000.00
Copay: \$25.00	Copay: \$25.00
	✔ Completed Edit Selection

On the right side, there is a 'Your Cost per pay period' box showing \$152.95, a 'Continue' button, and a 'Save and Finish Later' button. A note below the buttons reads: 'Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.'

Dependent Verification

The DV Audit Module is a tool that will display attributes of documents required for verification. Based on the document received, and the attributes required, the auditor may approve or reject coverage.

Dependent Verification Status

④ Test Tester 12

Update Pending Status

Test Tester 12 Employee - 1/1/1980 <input type="radio"/> Not Selected	Spouse Tester 12 Spouse - 6/1/1980 <input type="radio"/> Not Selected	Child Tester 12A Child - 1/1/2013 <input checked="" type="radio"/> Pending Review <input type="radio"/> Not Selected	Child Tester 12B Child - 1/1/2014 <input checked="" type="radio"/> Pending Review <input checked="" type="radio"/> Selected
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

Dependent Information

Date of Birth: 1/1/2014

User ID: 30117762

Relationship: Child

Audit Date from: 9/17/2022 to 10/2/2022

Grace Period Date: 10/12/2022

Enroll Type: Open Enrollment

Verification Status: Unverified

Verification Date: mm/dd/yyyy

Required Documents

Birth Certificate OR Adoption Certificate

Save

Dependents will display as pending review, based on the documentation received and pre-configured system rules.

Dependent Information, Required Documents, and an Audit Checklist (Audited Documents) will appear.

Audited Documents

Required Document: Birth Certificate

- Birth Certificate
- Name of employee and/or verified spouse/domestic partner
- Name of dependent
- Legible
- Issued by government agency
- English or notarized translated copy provided
- Date of birth

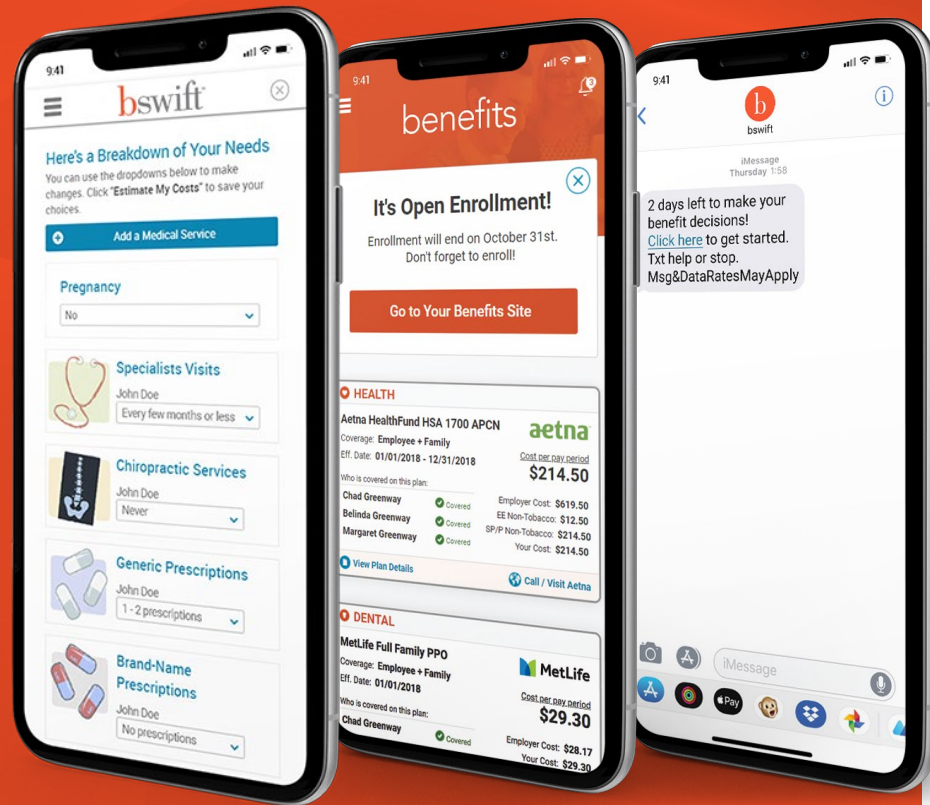
Required Document: Adoption Certificate

- Adoption Certificate
- Signature of clerk/judge
- Name of employee and/or verified spouse/domestic partner
- Name of dependent
- Legible
- English or notarized translated copy provided
- Date of birth
- Date of adoption/placement

bswift mobile solutions

bswift is the hub for benefits. With bswift's mobile solutions, employees always have easy access to their benefits information, helping them make smart and timely health care decisions on-the-go.

- Mobile-first responsive design bswift platform
- SMS text messages from bswift reporting suite
- **New bswift Benefits App – August!**
 - Streamlined account access
 - Biometric authentication
 - In-App alerts
 - Push notifications – 2024



In the lab for 2023 and beyond

A few of the high impact deliverables being considered for future releases.

- In-line guided assistance to simplify more complex and error-prone processes
- Expansion of integrated employee engagement and communications capabilities across all channels
- Integration of ChatGPT-style generative AI into our employee, customer care and administrator experience
- New quality and transparency tools to help people make better choices around care decisions
- New pluggable enrollment experiences tailored to different audiences
- Expanded and redesigned Emma decision support capabilities inside and outside of the enrollment experience

Questions

bswift[®]

**THANK YOU
FOR
YOUR TIME**

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Lifestyle Spending Accounts



A blue-tinted photograph of a business meeting. In the foreground, a man in a blue suit and a woman in a black blazer are looking at a tablet together. The man is also holding a smartphone. In the background, several other people are seated around a table, some working on laptops. The overall scene is professional and collaborative.

Lifestyle Interest & Uptake

Employer Challenges

Leading To An Increase In Lifestyle Spending Accounts

Competitive labor market & rising labor costs



68%

of employed workers say they plan to leave their current job within 12 months; 79% believe they can make more money elsewhere

Pandemic & post-pandemic environment



45%

of employees now expect more flexibility for day-to-day work, better work/life balance, increased focus on employee wellbeing

Demand for more personalized benefits



93%

of employees say the ability to customize their benefits is a “must-have” or “nice-to-have”

Focus on diversity, equity & inclusion



65%

of business leaders say diversity, equity, and inclusion (DEI) is a high strategic priority

Employer desire for flexibility & efficiency



25%

of HR teams can save an estimated 15%-25% through program & vendor consolidation, leveraged buying power, favorable contracts & automation

78% of employers offer post-tax benefit programs that can be categorized as lifestyle benefits

Percent of firms offering	All ERs	>5K ERs
Health & wellness	41%	75%
Food (grocery, in-office, stipend)	TBD	TBD
Fitness center subsidy/reimbursement	22%	38%
Tuition assistance	48%	76%
Student loan repayment	7%	15%
Professional skills development	78%	75%
Work from home (home office supply/equip)	62%	66%
Cell phone	TBD	TBD
Dependent care	59%	80%
Pet insurance	14%	35%
Employee gift cards	31%	TBD

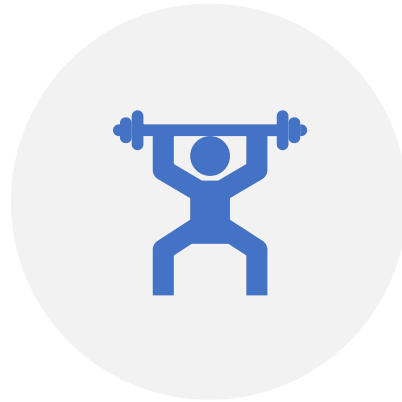
A photograph of three business professionals in a meeting. A woman with long blonde hair is smiling and gesturing with her hands. A man in a suit is smiling and holding a pen. Another man is partially visible on the left, looking towards the woman. They are sitting around a table with papers, a glass of water, and a smartphone. The image has a blue overlay.

Our FBA Lifestyle Solution

Choosing Your Plan Design



MENTAL



PHYSICAL



FINANCIAL



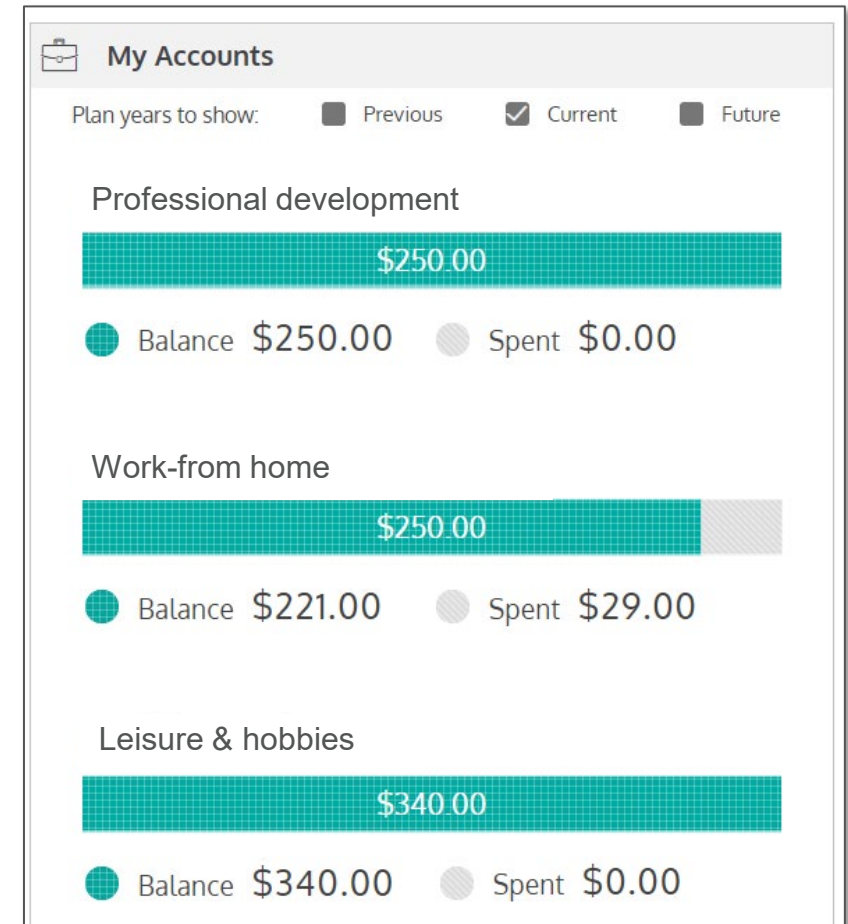
- ❖ **Pre-tax or post-tax** Lifestyle account
- ❖ Employers provide to employees via a **debit card or claim reimbursement**
- ❖ **Member Bank defines** cash amount, fund availability & eligible expenses



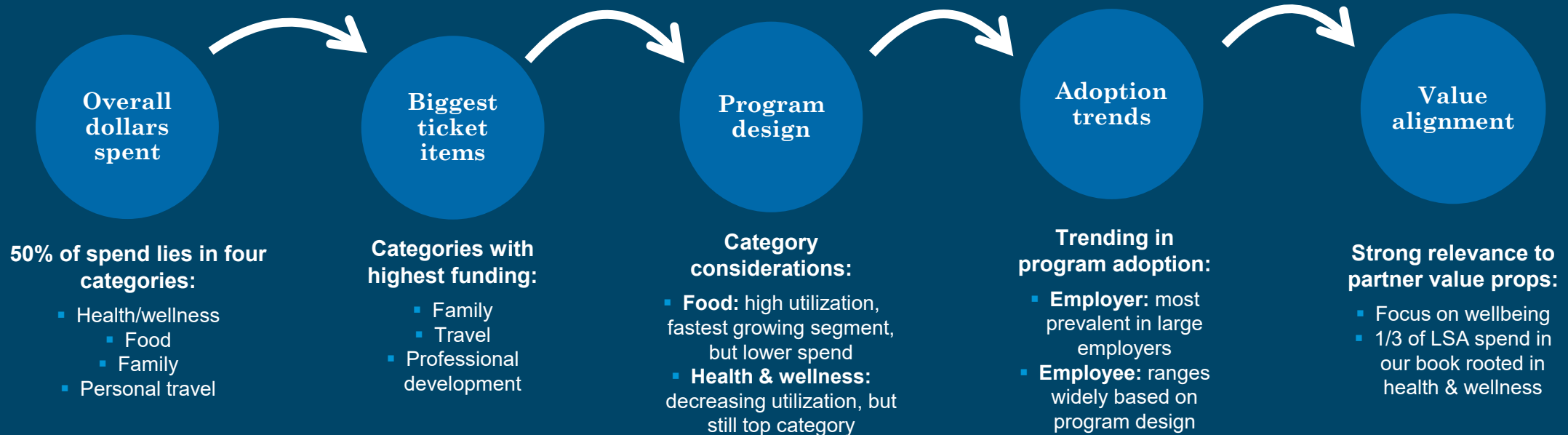
Discovery

How Do Lifestyle Spending Accounts Work?

- 1 Member Bank decides to offer a lifestyle spending account as a benefit
- 2 Member Bank determines total program budget, fund duration availability, and policy for unused funds
- 3 Member Bank allocates dollars to allowed spending categories and per-category limits
- 4 Member Bank & FBA communicate LSA availability to employees via customized materials
- 5 Employees receive cards & spend funds (while employers get full insight into utilization & spending)



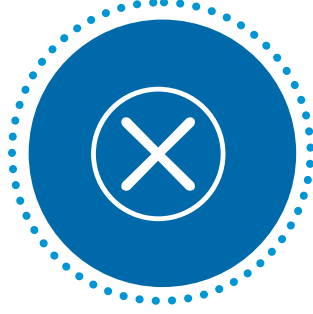
Insights & Trends to Consider in Plan Design



Key Points of Value



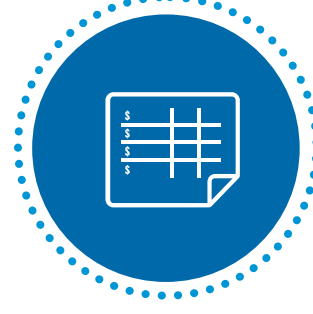
**Un-used
funds
remain
with the
employer**



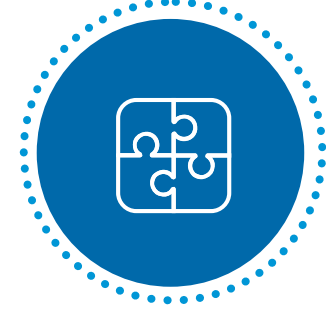
**Ability to
target
spending**



**Option for a
single
“stacked” card**



**Fund
utilization
reporting**



**Simplicity &
savings through
consolidation**

Designing Your Own Program



Thank you!

 (800) 437-3539

 (757) 431-1155

 www.flex-admin.com



Cancer support every step of the way

Anthem's Cancer
Care Solutions

Cancer can touch **everyone**

1.8 million

new cancer diagnoses in 2020¹

16 million

Americans living with a history of cancer²

40%

of all men

will receive a
cancer diagnosis
during their
lifetime.³

38%

of all women

will receive a
cancer diagnosis
during their
lifetime.³



¹ National Institutes of Health, National Cancer Center website: *Cancer Stat Facts: Common Cancer Sites* (accessed September 2020): seer.cancer.gov.

² American Cancer Society®: *Cancer Facts & Figures 2018* (2018): cancer.org.

³ American Cancer Society: *Lifetime Risk of Developing or Dying from Cancer* (accessed September 2020): cancer.org.

The true costs of cancer



\$173B

total care-related costs by 2020¹

4x higher

average expenditures for those with cancer²

Higher bankruptcy rate

for individuals with a cancer diagnosis when compared to the general population³

Countless options and escalating prices

- › 100+ diseases, each with different treatments, specialists, and cost drivers
- › Cost fluctuations based on patient location
- › Expensive drug therapy that can often disrupt a member's overall care
- › A wide array of side effects, toxicities, and options, making it difficult to choose the best treatment

¹ National Institutes of Health, National Cancer Institute: *National Costs for Cancer Care* (accessed August 2020); cancer.gov.

² Park J, Look KA. *Health Care Expenditure Burden of Cancer Care in the United States*. *The Journal of Health Care Organizations*. 2019; 56: 0046958019880696. doi: 10.1177/0046958019880696.

³ Liang MI, Huh WK. *Financial toxicity – an overlooked side effect* [published correction appears in *Gynecol Oncol*. 2019 Aug; 154(2): 449]. *Gynecol Oncol*. 2018; 150(1): 3-6. doi: 10.1016/j.ygyno.2018.05.012.

Support from every angle

At Anthem, we are transforming what it means to fight cancer and everything that comes with it.

Supported members



Guided through prevention, treatment, prevention and treatment

Coordinated providers



Setting a new benchmark for quality and affordability

Reduced costs

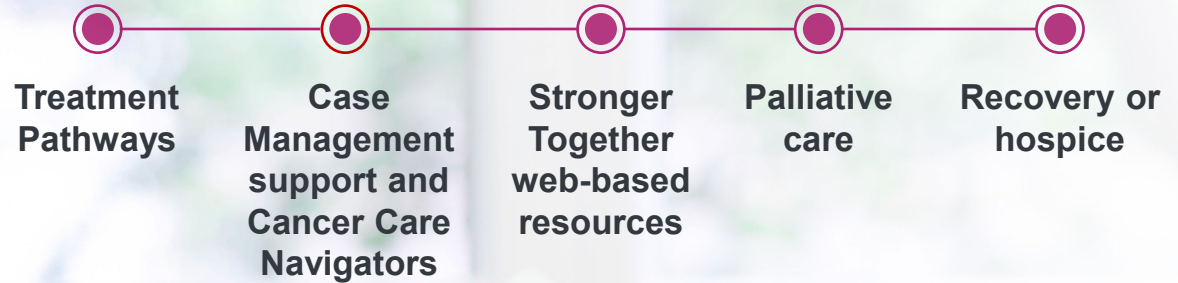


Affecting both employers and members; putting high-quality care within reach at every stage of the cancer journey



Unwavering aid through **treatment and beyond**

Our solutions address the complexities of cancer treatment for everyone who feels their impact.



A clear path to the most effective treatments

The challenge

Nearly 33% of people undergoing chemotherapy do not receive a treatment plan consistent with current medical evidence and best practices.

The solution

Our Cancer Care Quality Program empowers doctors to enhance outcomes, value, and quality of life for patients everywhere.

↓ **12%-17%**
decrease in emergency
room (ER) visits*

↓ **13%-18%**
reduction in hospital
admissions*

Treatment pathways meet the field's most rigorous care standards:

- › Medical evidence and best practice guidelines
- › Affordability and quality benchmarks
- › Lower toxicity and other measures that promote the best quality of life for patients

Note: These statistics are for members on Pathways versus non-Pathways treatments, across breast, colon, lung, lymphoma, leukemia, rectal, myeloma, ovarian, pancreatic, and melanoma cancers.

* Anthem internal analysis, July 1, 2014 to August 31, 2018.



Navigating post-diagnosis with specialized support

Our multidisciplinary Oncology Case Management team can connect members to the whole-person care they need – where and when they need it most.

- › **Cancer Care Navigators** act as a single point of contact for members and their care teams, and can answer questions about care and benefits.
- › **Oncology-focused nurse coaches** strive to provide education and seamless care coordination.
- › **Registered dietitians** help members with special or modified nutritional requirements.
- › **Behavioral health experts** help enhance members' emotional well-being.
- › **Employee Assistance Program (EAP) services** provide counseling for the entire household.*
- › **Anthem disability benefits** give members a financial safety net.*

* EAP services and disability coverage are available at an additional cost.

Cancer Care Navigators: supporting employees through cancer

Anthem wants to make your employees' lives less stressful during this difficult time. Our Cancer Care Navigators are ready to help manage their care, so they can focus on well-being.

Cancer Care Navigators are health educators specially trained to understand different cancer diagnoses and needs. They can:

- › Coordinate care and act as a single point of contact for employees, their oncologists, and their care teams.
- › Approach the whole person, supporting both emotional and physical health.
- › Connect employees and their loved ones to community resources.
- › Answer questions about treatment, medication, side effects, and Anthem benefits.
- › Help prevent unnecessary and costly procedures, tests, and ER or hospital visits.



Stronger Together

Community resources to enhance the care journey

Stronger Together helps give those affected by cancer the tools to fight it from every angle.

Patients and survivors

- › **Let's Talk Treatment Options and Take Action for Health** personalized websites
- › Apps for managing treatment plans and self-help strategies

Family and caregivers

Help for Cancer Caregivers support group

Employers

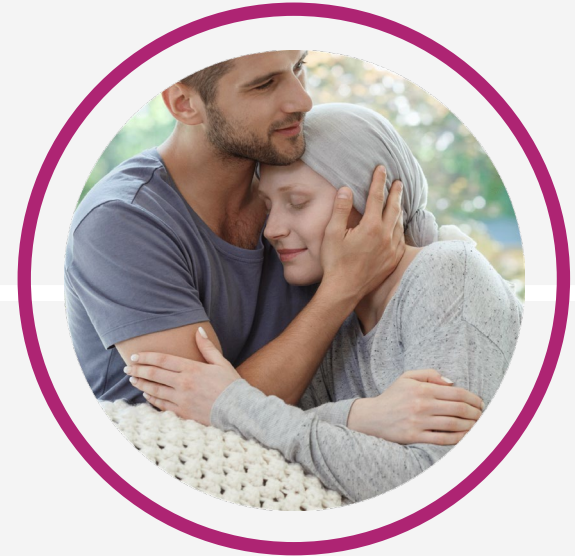
Workplace Transitions program to help employers navigate cancer in the workplace

› You can find all these resources at communityresources.anthem.com.

Palliative care with a human touch

Serious Illness Support solutions can deliver patient-focused, coordinated care for serious illnesses.

- › **Individualized Care Program:** Palliative care is provided by phone, home visits, or in a clinical setting. It includes:
 - + **Care** that focuses on symptom management and quality of life, helping members feel better and more supported.
 - + **Tools** that promote earlier conversations around patient values and care options.
 - + **Enhanced reimbursement** to support existing provider-based palliative care programs.
- › **Expanded hospice care:** This benefit offers a full suite of hospice resources for the last 12 months of life, without the patient having to pause or stop treatment.



20% fewer
ER visits with an early
referral for palliative care¹



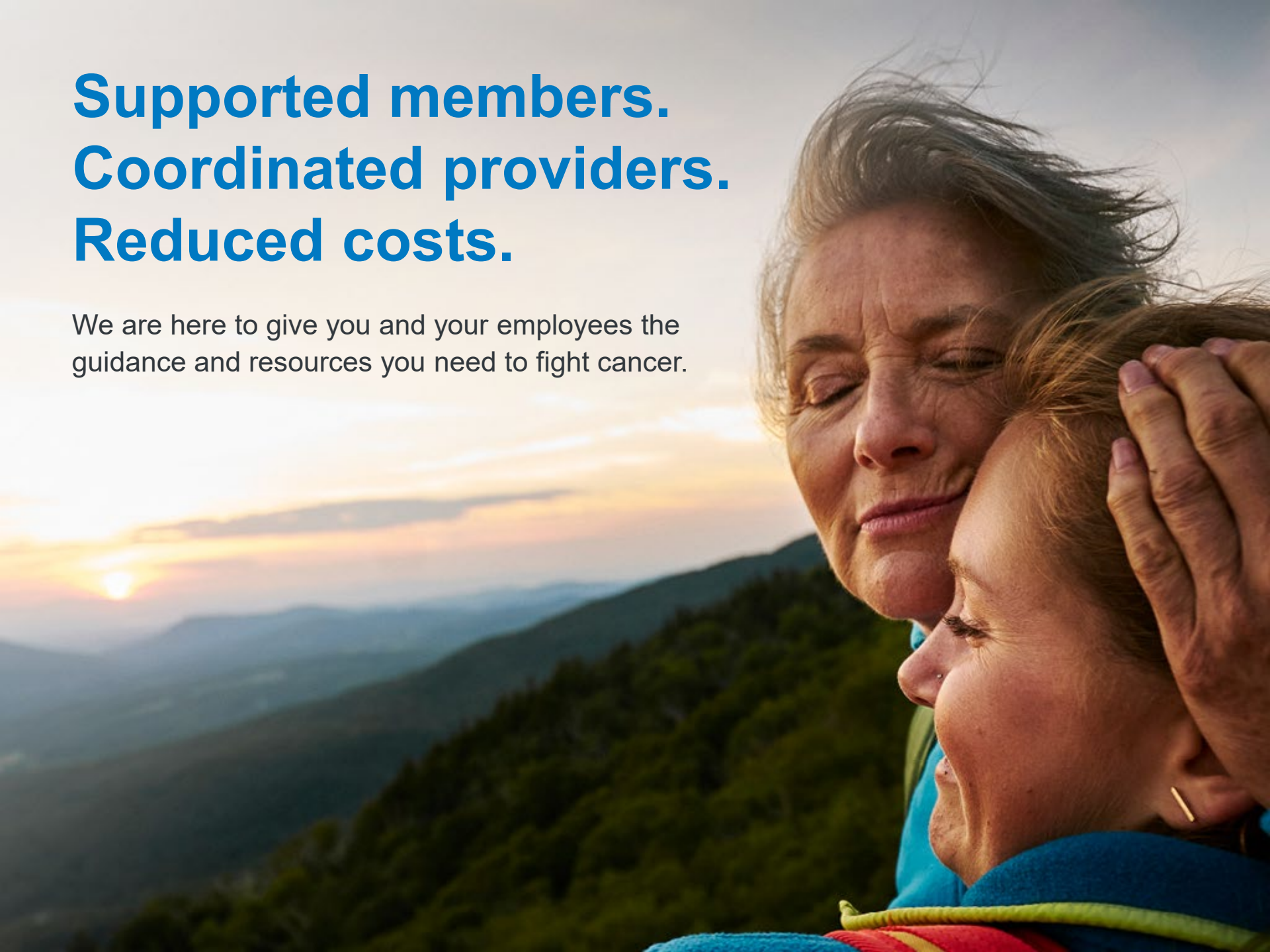
2.7 additional
months of survival when
palliative care is given²

¹ Scibetta C, Kerr K, McGuire J, Rabow MW. *The Costs of Waiting: Implications of the Timing of Palliative Care Consultation among a Cohort of Decedents at a Comprehensive Cancer Center.* *J Palliat Med.* 2016; 19(1): 69-75.

² Ambroggi M, Biasini C, Tosacani I, et al. *Can early palliative care with anticancer treatment improve overall survival and patient-related outcomes in advanced lung cancer patients? A review of the literature* [published correction appears in *Support Care Cancer.* 2018 Jun 11]. *Support Care Cancer.* 2018; 26(9): 2945-2953. doi: 10.1007/s00520-018-4184-3.

Supported members. Coordinated providers. Reduced costs.

We are here to give you and your employees the guidance and resources you need to fight cancer.





Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

VBA Peer Group Conference

NaTosha D. Palmer
Securian Financial



Industry updates



A look to the future

Eight takeaways from LIMRA/EY's workforce benefits report¹

- 1 2/3 of brokers say a multigenerational workforce will have a significant impact on benefits offerings
- 2 Nearly half of millennials view employer-provided benefits as more valuable now vs. pre-pandemic – 2x more likely than baby boomers
- 3 Employee interest in non-medical and non-insurance benefits is growing – driving 20% market growth over the next 5 years
- 4 70% of large employers plan to offer more benefits over the next 5 years
- 5 More than 4 in 10 employers believe employees will pay greater share of benefits premiums over next 5 years
- 6 67% of mid/large employers expect to rely on their brokers more over the next 5 years
- 7 On average, 60% of employees feel employers don't do a great job communicating to them about their benefits
- 8 8 in 10 employers believe technology will play a larger role in carrier selection over the next 5 years

1. Morbelli, Chris. [Harnessing growth and seizing opportunity: the future of workplace benefits](#). LIMRA and Ernst & Young. Published November 11, 2021.

Financial tools

Confidential





Benefit Scout

Effective decision support to help employees find their right fit

Takes the guesswork out of selecting products and coverage amounts



2.8M employees supported by Benefit Scout in 2022*

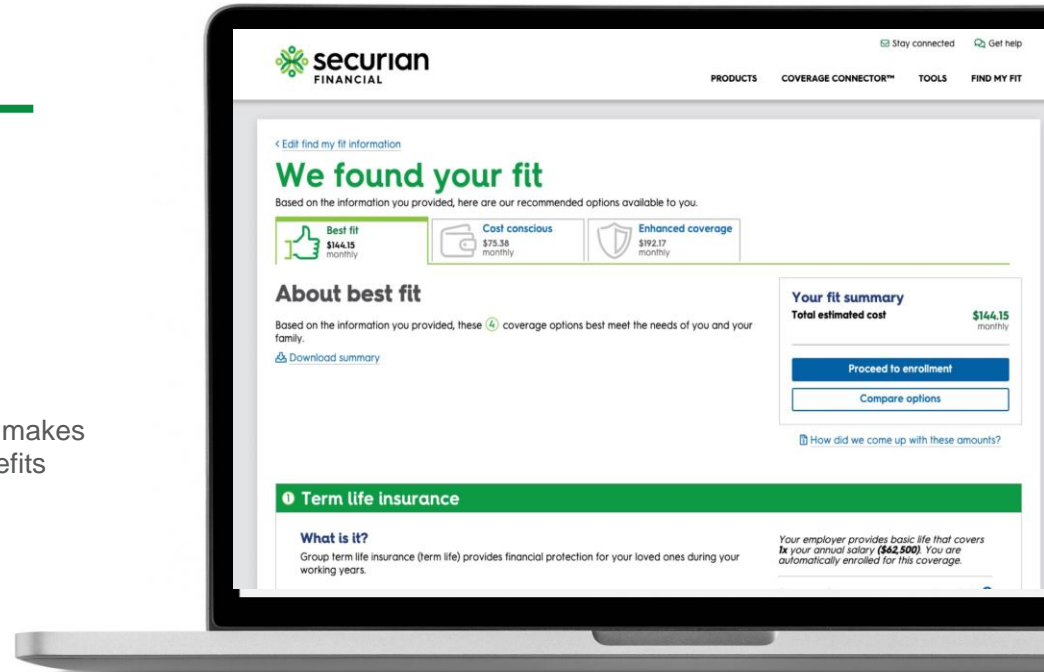
Of these users:

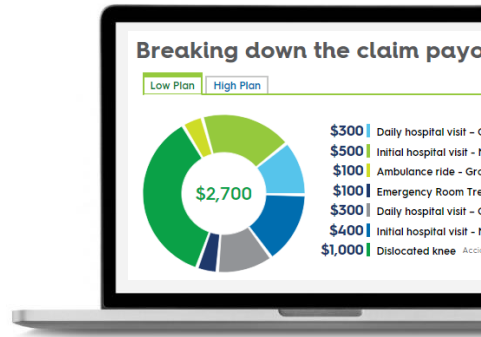
- 83% completed the experience
- 45% received a benefit recommendation
- 75% agree or strongly agree Benefit Scout makes it easier to understand their workplace benefits



Demo video: securian.com/benefit-scout

*As of April 2022





Benefit Scout®

- Interactive tool that helps guide employees through the **benefits decision-making** process
- It's quick, simple and clear communication
- Helps employees compare their benefit options and enroll with confidence

Map a Payout™¹

- Employees can build claim scenarios following an accident or hospital stay to **see their potential payout**
- **Customized** to employer plan design and **personalized** to each employee's options
- Educates employees about how the money can be used for expenses other than medical costs
- Innovative **comparison tool** is a patented technology

Coverage Connector™

- Helps employees see how their **benefits** can **work together** to complement one another
- **Connects** accident, critical illness and hospital indemnity with your **employer-offered disability and medical** insurance coverage



Demo video:
securian.com/benefit-scout

1. U.S. Patent No. 11,574,367

Integrated solutions for maximum value

Customer experience



Enhanced **digital experience** with decision support tools. Adjusted **medical underwriting** reviews of mental health in support of applicant. Preferred name leverage across all systems and platforms

Product options for all



Family and individual focused benefits such as Dependent Parent rider, mental health and PTSD benefits support health and financial needs and complement your existing employees' benefits

Third-party administrator strategic partnership with bswift



Through deeply fortified relationships and collaboration with **bswift**, we've created account management and implementation processes that make an **easy and seamless transition** for you and your employees



**Dedicated to our customers, steadfast in
our pursuit of excellence**



With the exception of Empyrean Benefit Solutions, Inc., Securian Financial's strategic partners are not affiliates of Securian Financial Group, Inc., Minnesota Life Insurance Company, or Securian Life Insurance Company. Securian Financial has contracted with the strategic partners to provide certain services. Each strategic partner is responsible for the services it provides and no strategic partner has the power or authority to obligate or bind Securian Financial in any manner beyond that to which the parties contractually agreed.

Group hospital indemnity insurance: Limitations and exclusions apply. Each of these voluntary policies have exclusions, limitations, reduction of benefits, terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact Securian Financial Group. Products are issued by Securian Life Insurance Company under policy form series 15-32470 Hospital Indemnity Insurance; and/or a state variation thereof. Product availability and features may vary by state.

Group accident insurance: Limitations and exclusions apply. Each of these voluntary policies have exclusions, limitations, reduction of benefits, terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact Securian Financial Group. Products are issued by Securian Life Insurance Company under policy form series 17-32525 Accident Insurance; and/or a state variation thereof. Product availability and features may vary by state.

Group critical illness insurance: Limitations and exclusions apply. Each of these voluntary policies have exclusions, limitations, reduction of benefits, terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact Securian Financial Group. Products are issued by Securian Life Insurance Company under policy form series 18-32550 Critical Illness Insurance; and/or a state variation thereof. Product availability and features may vary by state. Group critical illness insurance: Benefits for covered conditions will be payable upon a diagnosis of a covered condition that satisfies the requirements of the policy and when all other policy requirements are met.

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

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Highlights

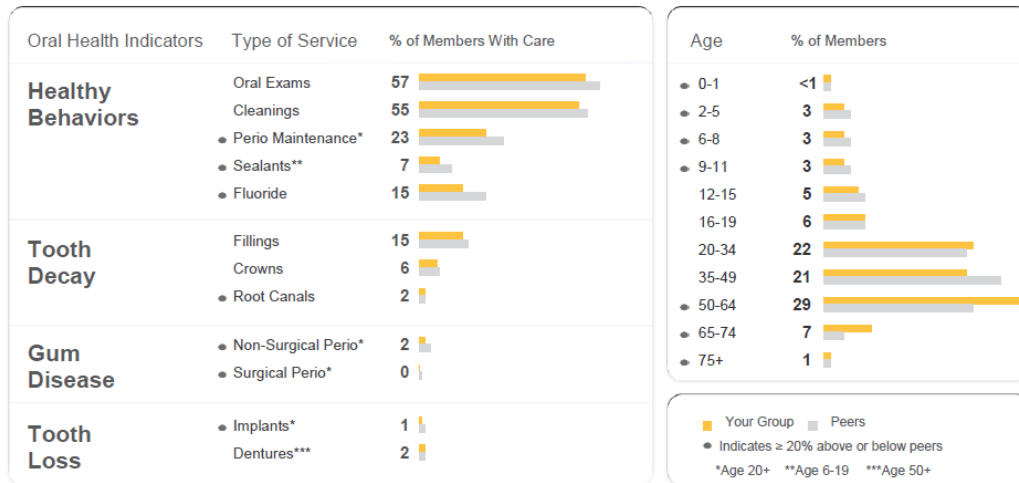
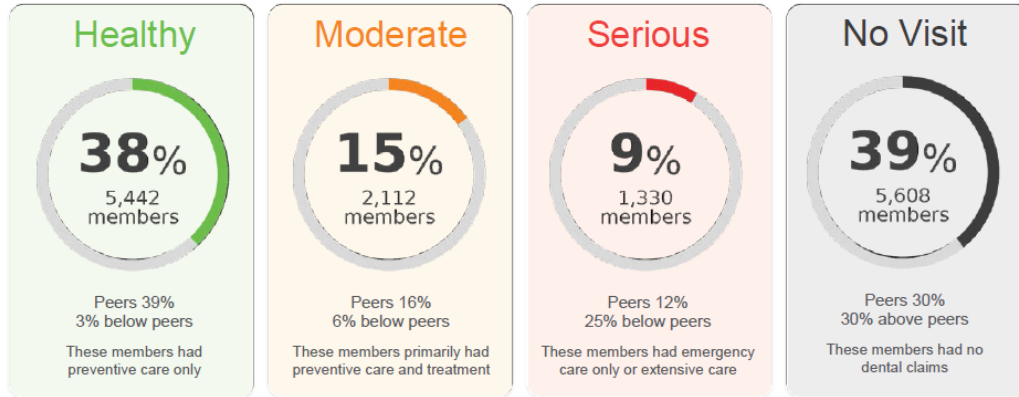
- Healthentic Report
- Importance of Preventive Care
- Reminders:
 - Right Start 4 Kids®
 - *Healthy Smile, Healthy You*®
 - Virtual dental visits available through *TeleDentistry.com*
 - Discounts on hearing aids available through Amplifon



Healthentic Dental Action Report

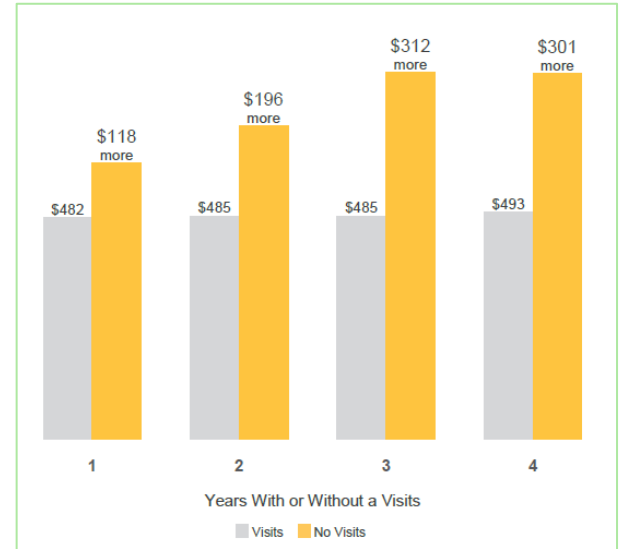
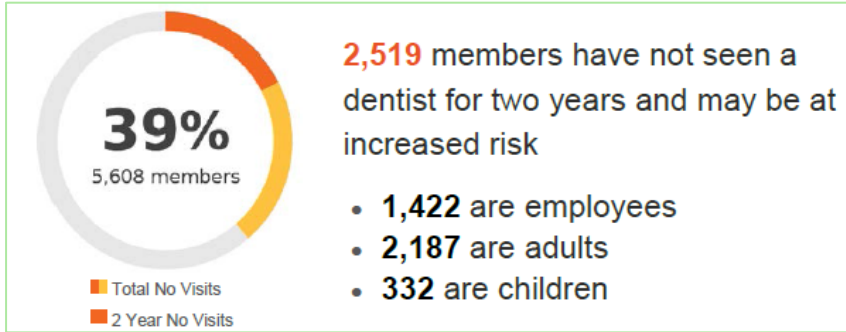
- Benchmarks against peers of same industry and size both nationally and locally
- Tied utilization to health categories
- See historical trends and measure results
- Provides opportunity to respond to behavior

Categories



- 38% of members are considered “Healthy”
 - *DDVA Book of Business: 33%*
- 39% of members didn’t see at dentist in the last plan year compared to 28% in 2021
 - 17% of members have not seen a dentist in two years
 - *DDVA Book of Business: 43% and 23%*
- The majority of No Visit members are age 20 and older
 - 20 to 49 is typically the highest concentration

The Cost of No Visits



Oral Exams

Total Cost Per Member with Oral Exams
 These members had at least one exam in the previous reporting period **\$472** **\$240 Less**

Total Cost Per Member with No Oral Exams
 These members had no exams in the previous reporting period **\$712**

2022 Benchmark: National Data \$353 Less

Sealants

Restorative Cost Per Member Aged 6-19 with Sealant Visits
 These members had at least one sealant visit and one restorative visit in the previous reporting period **\$82** **\$39 Less**

Restorative Cost Per Member Aged 6-19 with No Sealant Visits
 These members had no sealant visits but at least one restorative visit in the previous reporting period **\$121**

2022 Benchmark: National Data \$83 Less

Oral Health & Overall Health

BRAIN

Studies have shown a connection between bacteria associated with periodontal disease and the progression of Alzheimer's disease.⁵

HEART

People with gum disease may have a higher risk for heart disease when compared to those with healthy gums, according to the American Academy of Periodontology.⁵

LUNGS

Research has found that bacteria associated with gum disease has been linked to a higher risk of respiratory diseases such as pneumonia.⁴

INTESTINES

Inflammatory bowel disease (IBD) may cause ulcers in the mouth.⁶

KIDNEYS

If you have kidney disease, take extra care of your teeth and gums. Kidney disease may cause mouth problems such as bad breath.⁷



- 120+ diseases may be first detected by dental exam
- Early detection can make treatment easier, less costly, and possibly lifesaving

Prevention First

- Diagnostic and Preventive services such as cleanings, exams, and x-rays do not count towards the annual maximum
- This means, even if you use your full annual maximum during the year for other services, your preventive services will still be covered at 100%
- Included in Comprehensive, Indemnity, and Basic plans

WITHOUT PREVENTION FIRST		
Diagnostic and Preventive treatment <i>(twice annually)</i>		
Delta Dental Pays \$190	Member Pays \$0	Max Remaining \$1,310

WITH PREVENTION FIRST		
Diagnostic and Preventive treatment <i>(twice annually)</i>		
Delta Dental Pays \$190	Member Pays \$0	Max Remaining \$1,500

*The example shown is for illustrative purposes only.



Included
Benefit

Right Start 4 Kids[®]

- Removes cost barriers
- Preventive and Diagnostic services are already covered at 100% with no deductible
- RS4K provides **100%** coverage with no deductible for:
 - **Basic** services
 - **Major** services
- Available to children up to age 13
- Must see an in-network provider

*Applicable plan limitations, exclusions, and annual maximums still apply

*Orthodontic services are not eligible for the 100% coverage level

Healthy Smile, Healthy You®

Healthy Smile, Healthy You® provides additional dental benefits beyond your plan limit, per benefit period for the following health conditions that are connected to oral health:

- ✓ Pregnancy
- ✓ Diabetes
- ✓ High risk cardiac conditions
- ✓ Cancer treatment
- ✓ Weakened immune systems
- ✓ Kidney failure or dialysis

You must enroll before taking advantage of this benefit. You can download the enrollment form at [DeltaDentalVA.com](https://www.DeltaDentalVA.com).



Included
Benefit

Delta Dental – Virtual Visits

Delta Dental – Virtual Visits provides access to dentists 24/7, 365

- online [DeltaDentalVA.com](https://www.DeltaDentalVA.com)
- over the phone [866-256-2101](tel:866-256-2101)

Members may use service when they:

- *Have a dental emergency, but do not have a dentist,*
- *Need access to a dentist after hours,*
- *Would like to consult a dentist while traveling.*

**A teledentistry visit counts as a problem-focused exam.*



Included
Benefits



Introducing Amplifon



Risk-free trial: Try your hearing aids for 60 days*



Follow-up care: Ensures a smooth transition*



Battery support: Battery supply or charging station*



Warranty: Three-year coverage*

About 40 million Americans have hearing loss¹. In fact, about 12% of the U.S. working population has hearing difficulty². Because hearing loss can affect people of all ages, Delta Dental of Virginia is teaming up with Amplifon Hearing Health Care to offer you quality care and special savings on your hearing needs.

What causes hearing loss?

Hearing loss can be caused by obstructions in the ear or permanent damage to the inner ear. Common causes of permanent damage include exposure to noise, aging, some health conditions and certain medications.

When should I get my hearing checked?

You should have your hearing screened every three to five years or tested annually after age 50. You should also have your hearing screened if you are experiencing:

- Consistent exposure to loud noises,
- Difficulty understanding others in noisy environments,
- Feeling as though people are not speaking clearly or are mumbling, or
- Consistent ringing in your ears.

How to Access Your Hearing Program

- Call Amplifon at **877.593.0051**
- Amplifon will explain the program details and help you take a virtual hearing assessment to confirm the presence of hearing loss
- If loss is detected, Amplifon will help you schedule an appointment with a provider near you
- Amplifon will send information to you and the provider, ensuring your program is activated

For more information, call **877.593.0051** or visit www.amplifonusa.com/lp/deltadentalva

Pre-Determination of Benefits

- Recommended – but not required
- For services of \$250+
- Process:
 - Dentist submits to Delta Dental to include proposed treatment plan
 - Delta Dental processes like a claim form (turnaround time 5-7 business days)
 - Statement mailed to dentist and subscriber – indicating reimbursement amount

Allows members to make an informed decision prior to having services rendered!

Your lifetime, trusted health partner



Helping your employees find the right care at the right time with our behavioral, clinical, and digital platforms



Our Employee Assistance Program delivers meaningful connections to you and your employees

Our enhanced solution offers support to help individuals manage life's challenges.

The results:

Our EAP model improves employee engagement, productivity, and satisfaction, with 86% of participants saying their work performance and productivity has improved.*



Member
Support

24/7 phone assistance for personal and organizational crisis events

Counseling visits – in person, by phone, or virtually

Work/life services to meet employees' everyday needs like legal, financial, child/elder care support

Digital tools, including Emotional Well-being Resources

Guidance on engaging with behavioral health services



Employer
Services

Trainings for managers, Human Resources (HR) staff, and employees

Critical incident response (CIR) services

Management consultations for supervisor and manager referrals

Comprehensive solutions to serve complex needs

Connecting individuals to customized programs and personalized treatment to meet their unique needs before, during, and after physical and mental health events.



Digital Experience

Deliver truly **comprehensive experiences**

Access to high quality care and support

Spanish language capabilities

The screenshot shows the Anthem EAP website. At the top, there is a blue header with "COVID-19 Info" on the left and "Language" on the right. Below the header is the Anthem logo. A blue button labeled "Urgent Assistance" with a dropdown arrow is positioned in the top right. The main content area begins with the text "Welcome to your **Company** Employee Assistance Program (EAP)" followed by "How can we help you?". There are four main content cards: 1) "Connect with a counselor" featuring a photo of hands being held together and a "Start here" button. 2) "Financial Planning" featuring a photo of three people looking at a laptop. 3) "Legal resources" featuring a photo of a man looking at a laptop. 4) "Work-life Resources" featuring a photo of a woman with children. A "Critical Event Support" section is highlighted with a white background and a green arrow icon, containing text about 24/7 toll-free support at 800-000-0000.

COVID-19 Info Language

Anthem

Urgent Assistance

Welcome to your **Company** Employee Assistance Program (EAP)
How can we help you?

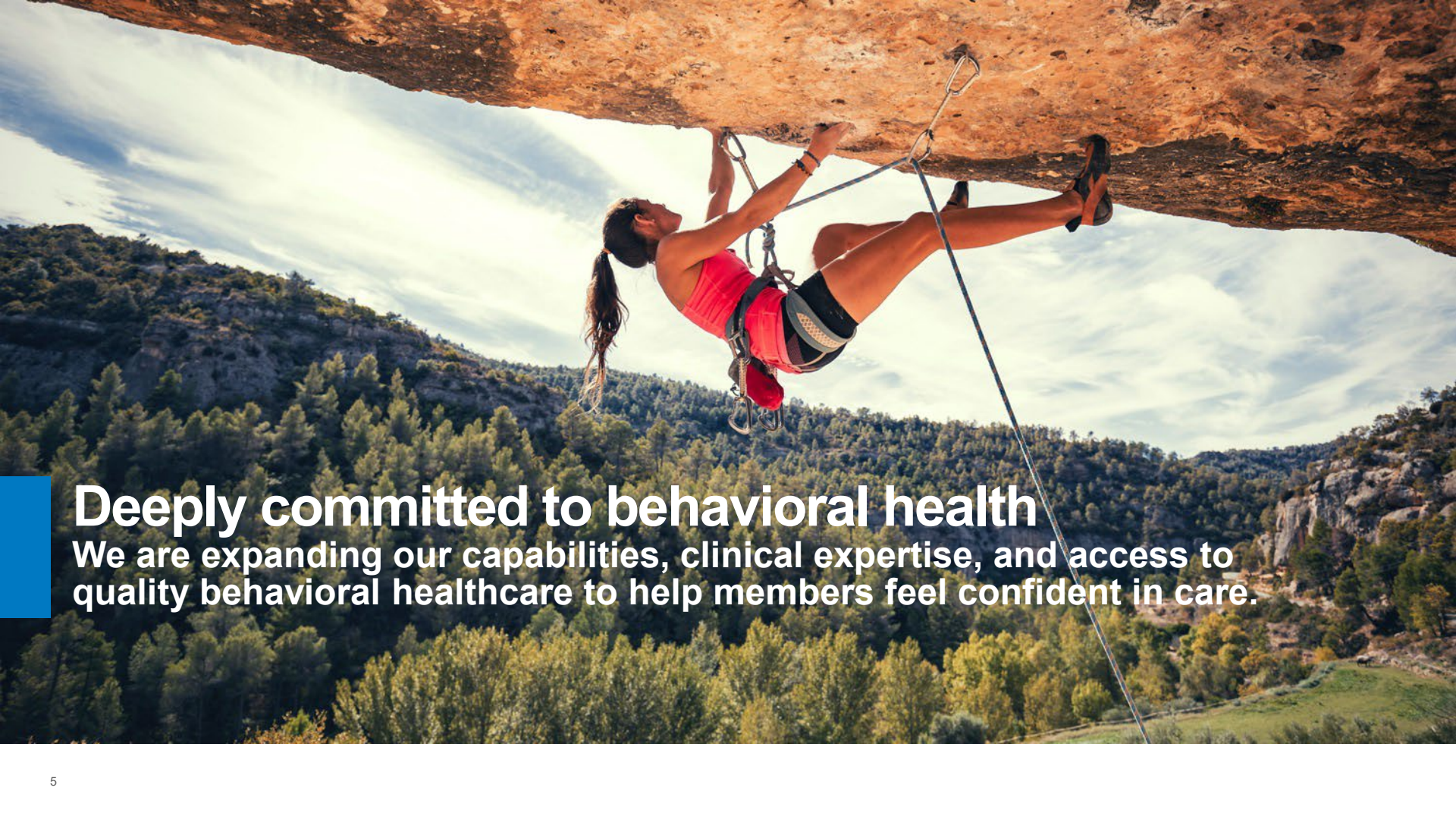
Connect with a counselor
Start here

Financial Planning

Legal resources

Work-life Resources

Critical Event Support
EAP is available to you and those you care about. If you or someone you are concerned about have been impacted by a critical event, call your 24/7, toll-free EAP number, **800-000-0000**



Deeply committed to behavioral health

We are expanding our capabilities, clinical expertise, and access to quality behavioral healthcare to help members feel confident in care.



Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

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