



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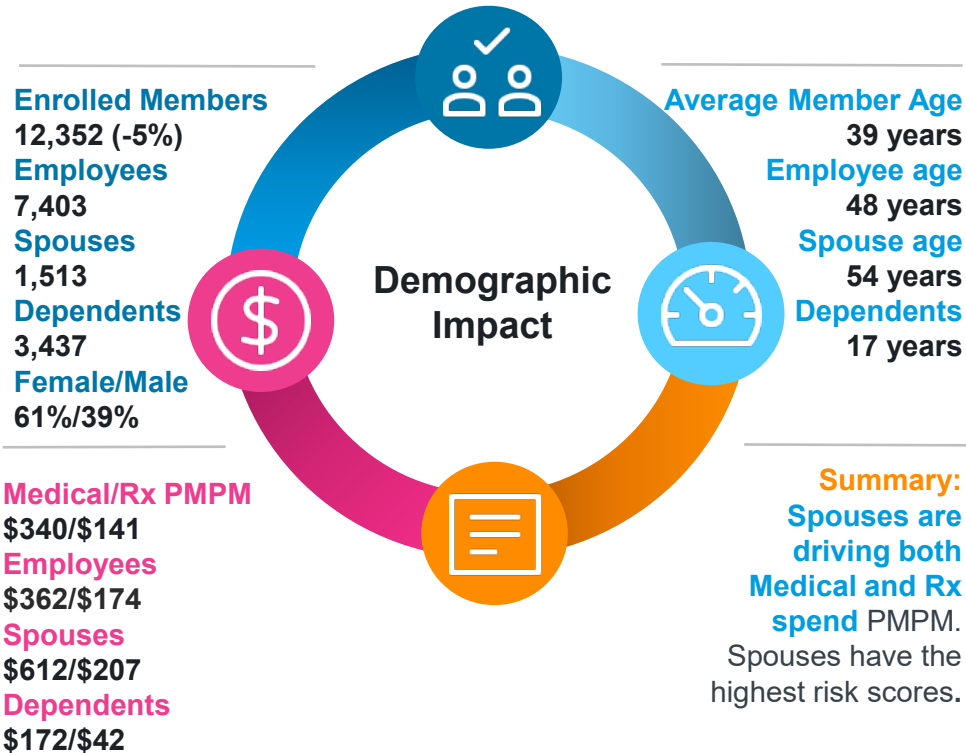
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 **MMA PATH**™
Planning & Analytics for Total Health

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

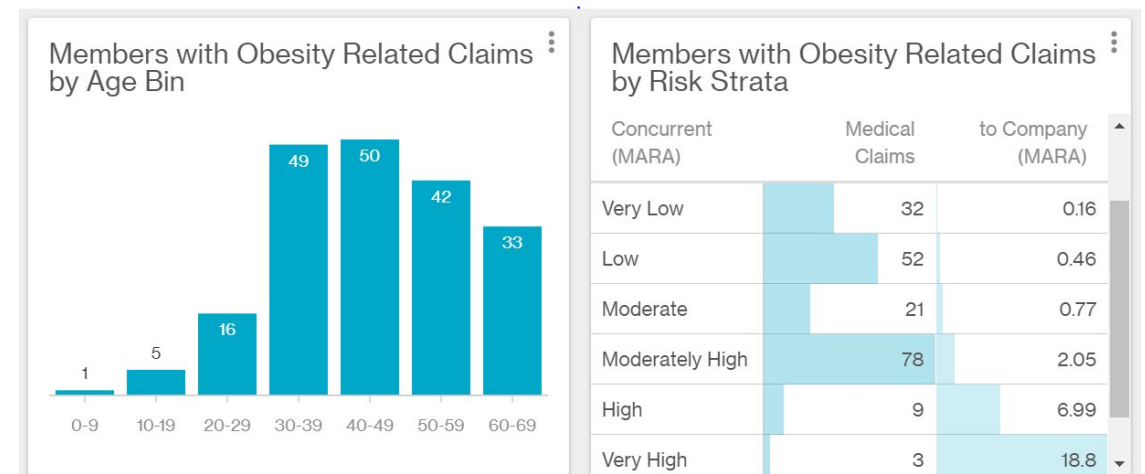
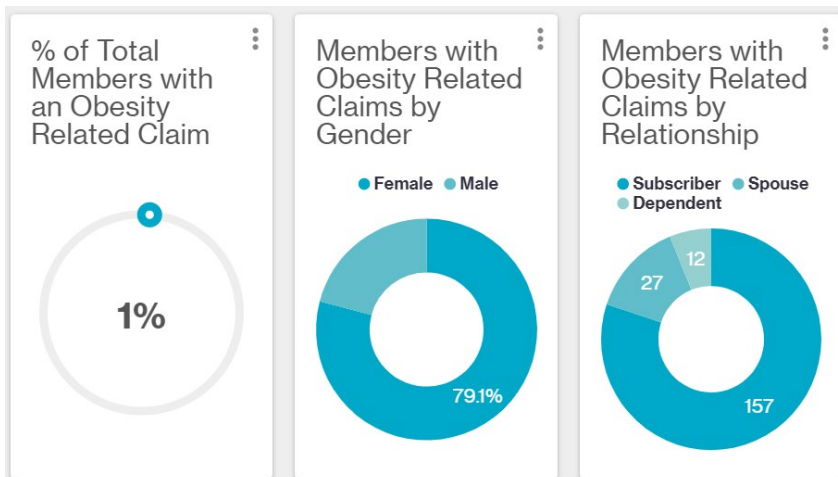
The impact of weight-related issues

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.

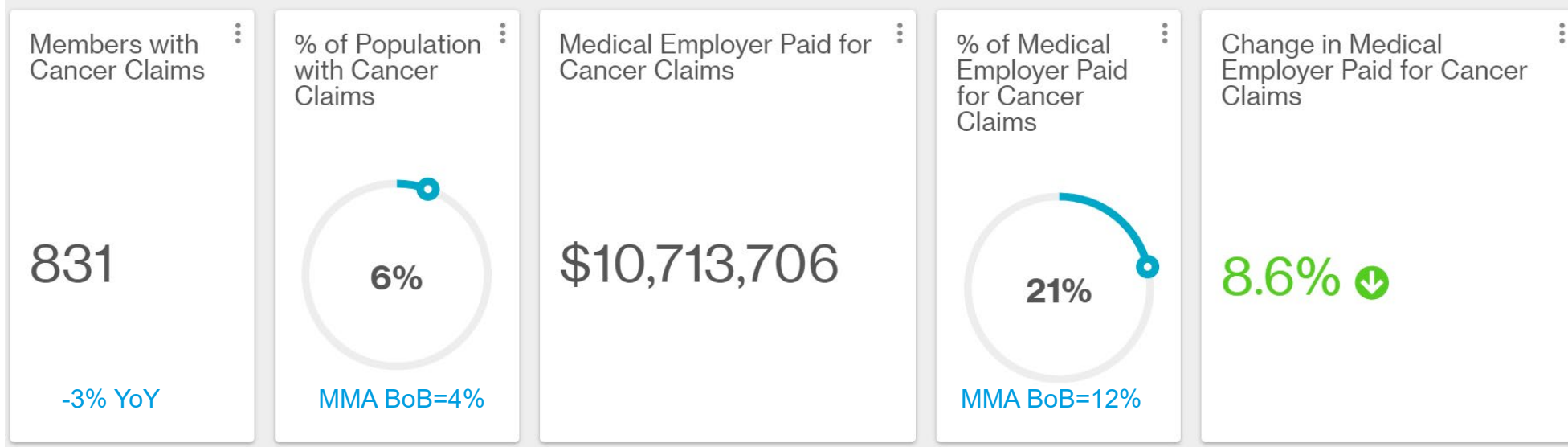
Clinical Consultant Observations

- **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

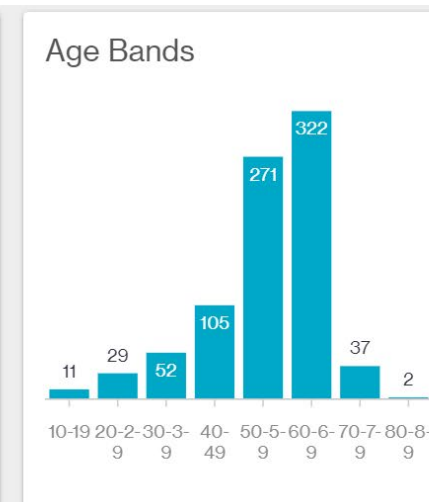
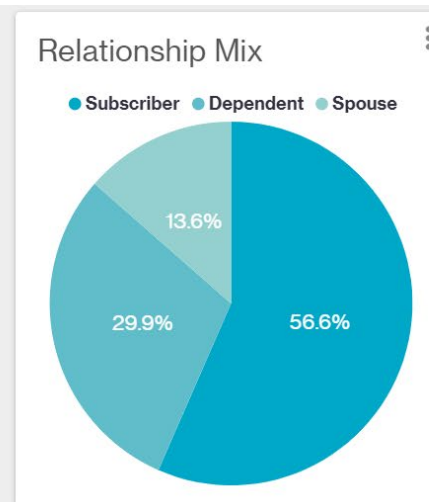
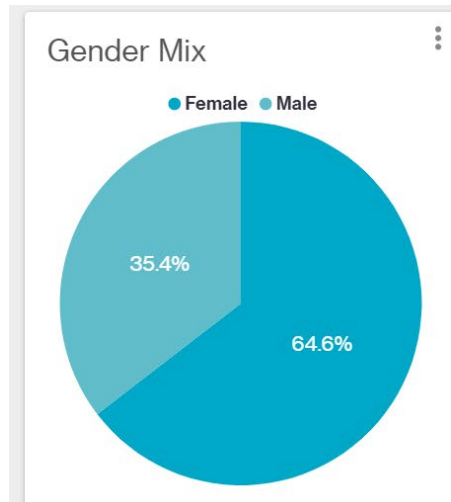
ICD-10 Diagnosis Chapter (CMS) (Primary Diagnosis)	CY 2020	CY 2021	CY 2022	Total
Neoplasms (Cancer)	\$7,943,699.10	\$6,157,928.11	\$6,078,774.05	\$20,180,401.26
Diseases of the musculoskeletal system and connective tissue	\$4,870,176.82	\$3,512,415.47	\$2,907,911.70	\$11,290,503.99
Diseases of the circulatory 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

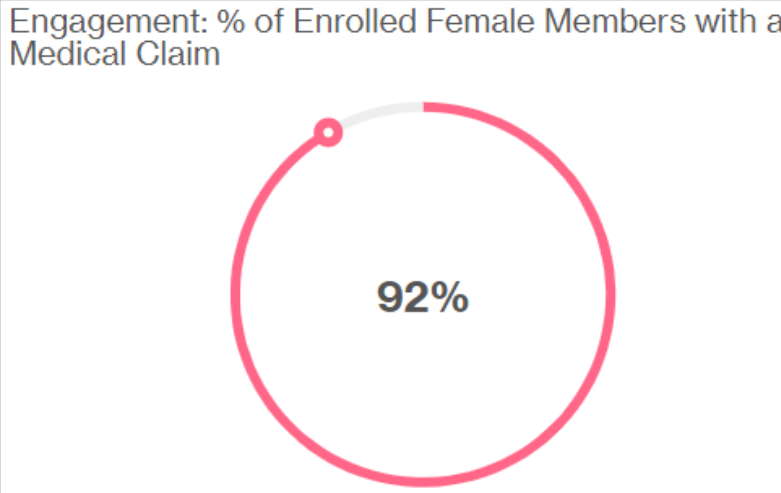
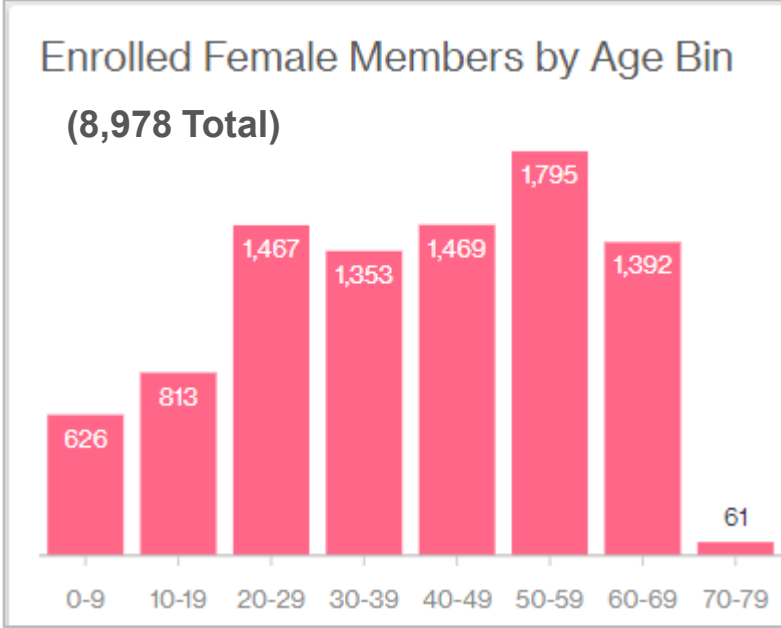
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May '21-Apr '22 PAID May '22-Apr '23 PAID

Med + Rx Cost and Utilization Trend for Enrolled Female Members

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 in a meeting. The man, on the left, has dark hair, a beard, and glasses, and is wearing a dark jacket. The woman, on the right, has long blonde hair and is wearing a dark blue jacket. They are both looking at each other and appear to be in a discussion. The background shows a modern office interior with large windows and a lamp.

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 Chronic 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

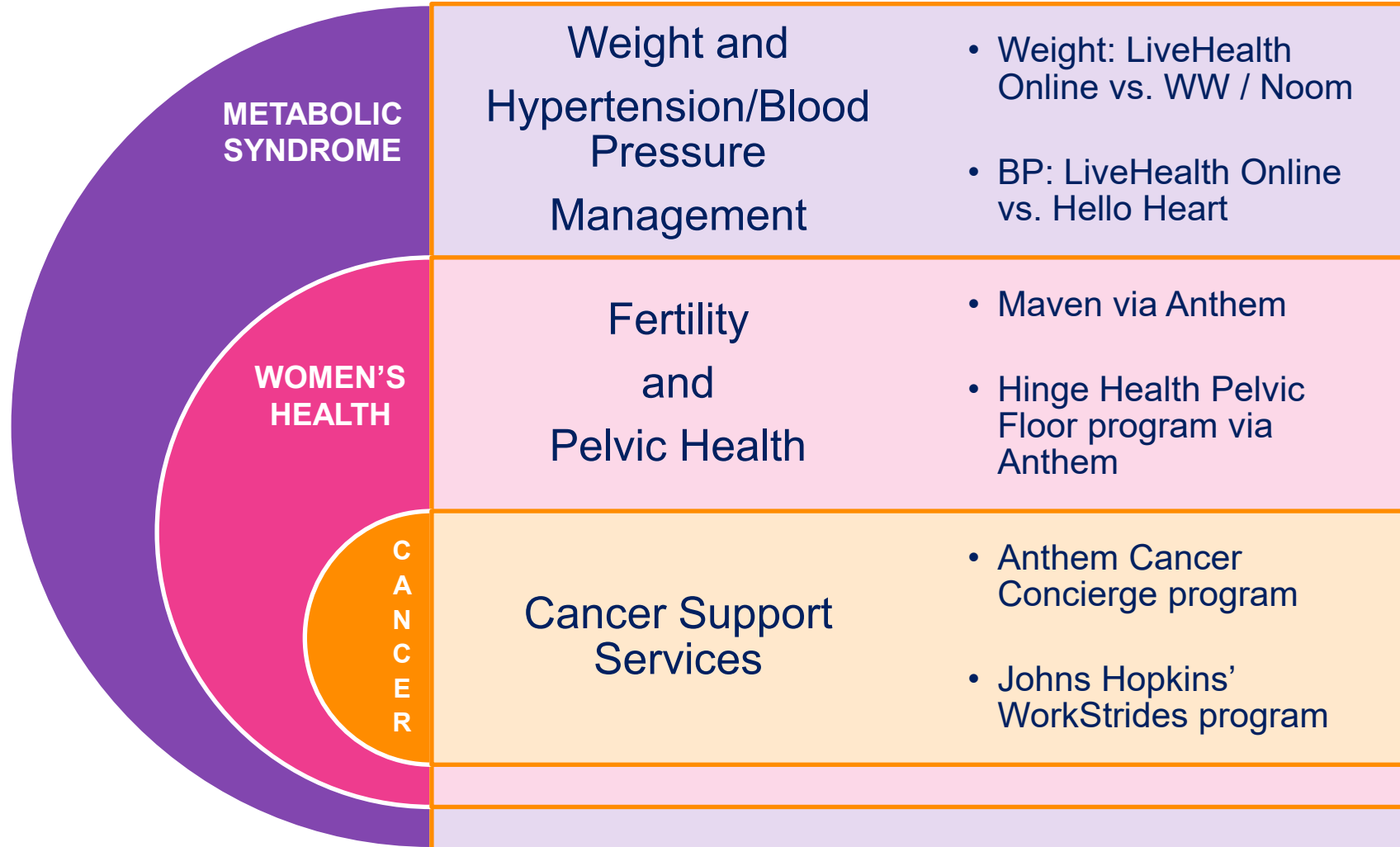
Data-driven action plan: *cancer support*

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

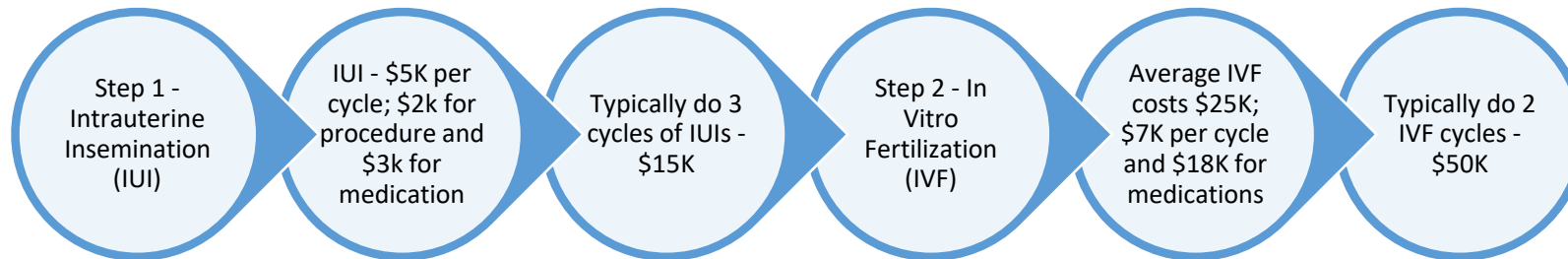




Fertility

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

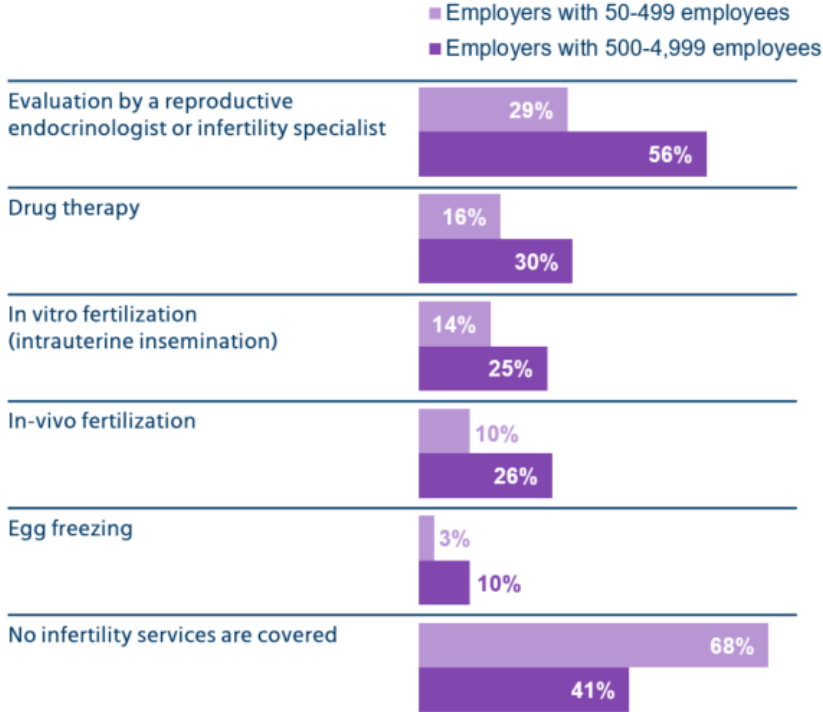
Infertility – carrier support and vendor options

- **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



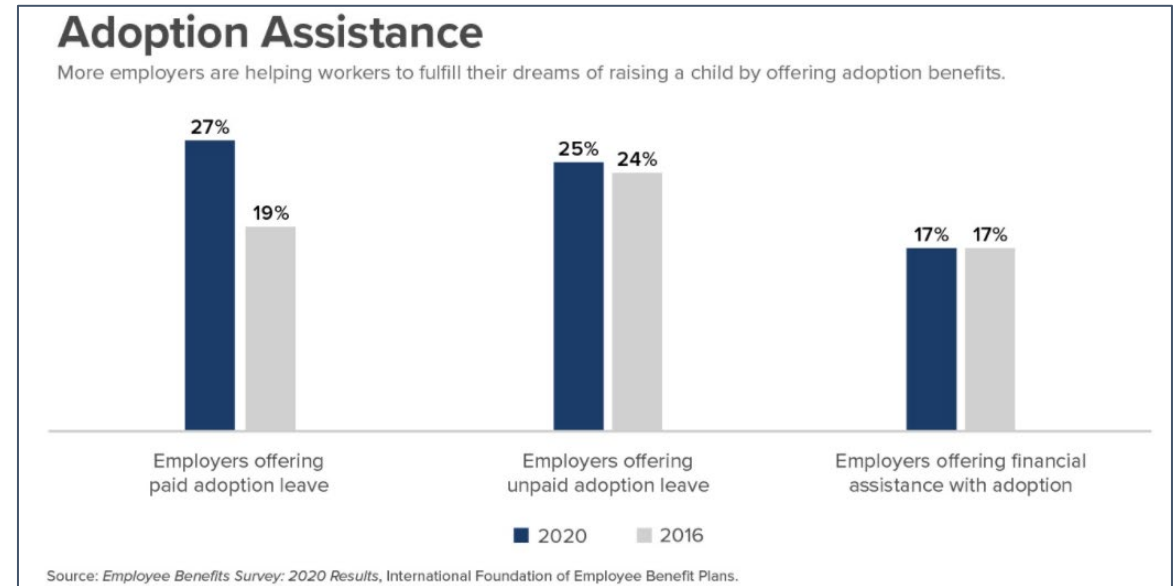
Limits on infertility benefits		
Among respondents that provide coverage beyond an evaluation		
	50-499 employees	500-4,999 employees
Have lifetime benefit maximum on infertility treatment	21%	37%
Median lifetime maximum	\$15,000	\$15,000
Other coverage limitation in place	35%	20%

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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