

# 2020-2021 Student Injury and Sickness Insurance

Prepared for:

## Kansas Board of Regents



**Matthew Brinson, Vice President of Sales**  
Phone: 800-237-0903, ext. 33476  
Email: MBrinson@uhcsr.com

**Dale Burns, Vice President of Sales**  
Phone: 800-237-0903, ext. 33485  
Email: DBurns@uhcsr.com

**UnitedHealthcare StudentResources**  
805 Executive Center Drive West  
Suite 220  
St. Petersburg, FL 33702  
[www.uhcsr.com](http://www.uhcsr.com)

Confidential Proposal: This proposal is intended only for the use of the individual or entity to which it is addressed. Please treat this information as confidential and proprietary unless required to release such information by applicable statute or court order.



# Table of Contents

---

## Reporting

Standard Report

Utilization Review Report

Dependent Report

## Proposed Rates & Benefits

## Historical Review of KBOR

2016-2017

Rates:

Benefit Changes:

2017-2018

Rates:

Benefit Changes:

2018-2019

Rates:

Benefit Changes:

2019-2020

Rates:

Benefit Changes:

**United Strength**

Our mission is to help people live healthier lives.

Our role is to make health care work for everyone.

# Reporting

---

[Standard Report](#)

[Utilization Review Report](#)

[Dependent Report](#)



# Kansas State System (200118)

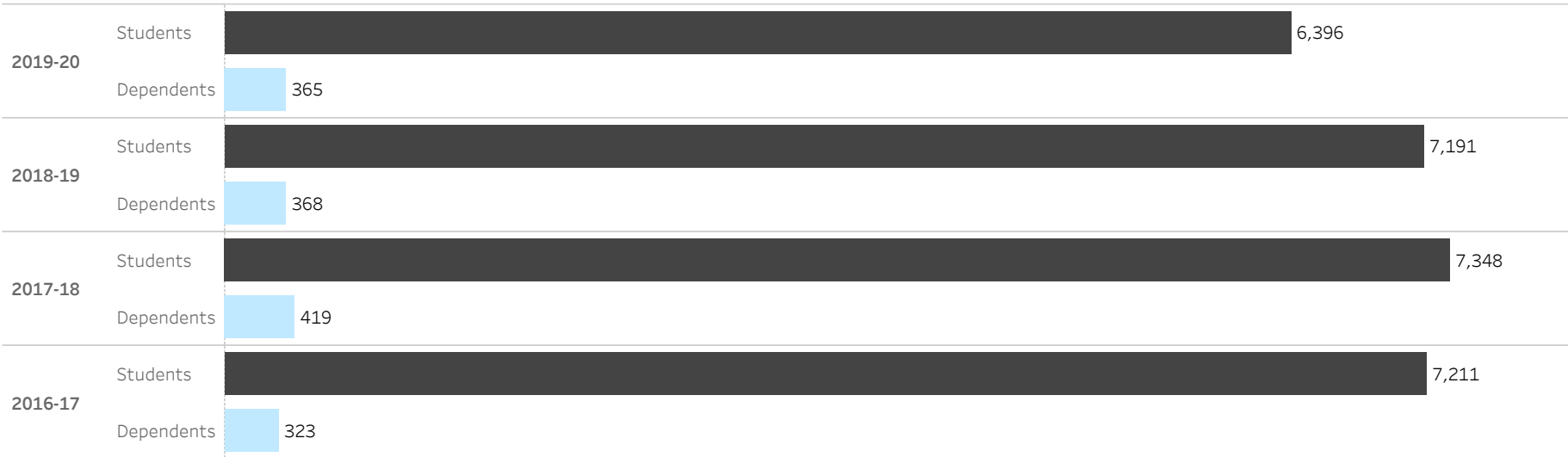
**Kansas State System (200118) - Utilization as of January 01, 2020**

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Annualized Membership

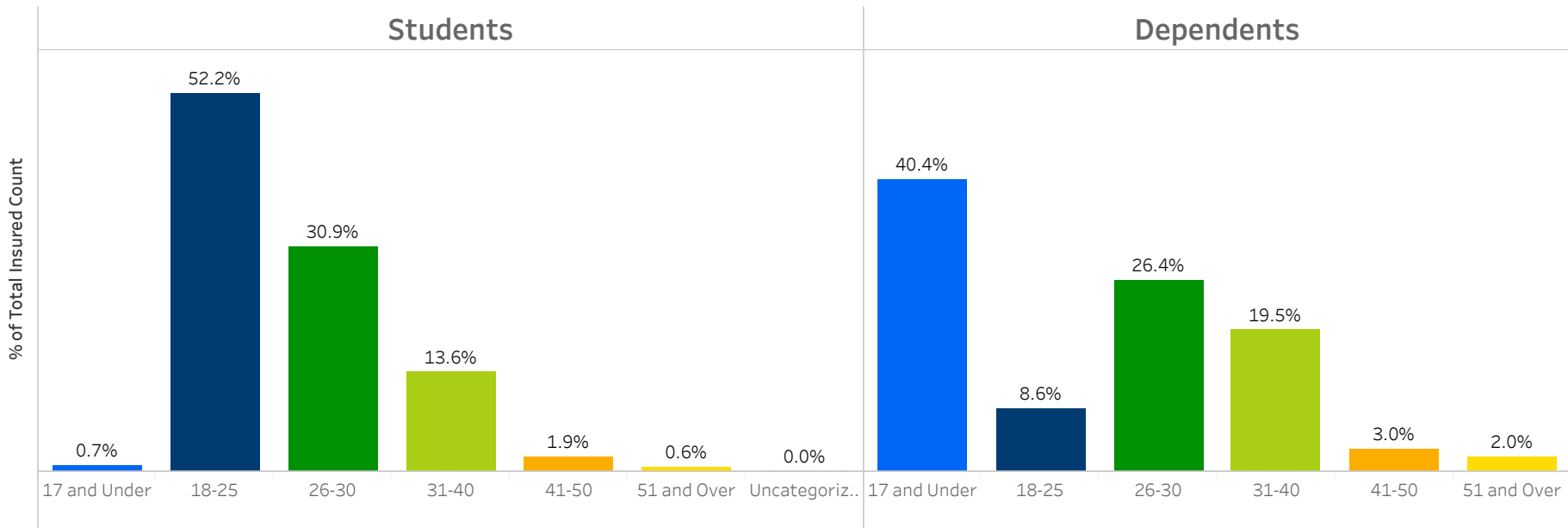
2019-20 policy year is an estimate.

■ Students ■ Dependents



## 2019-20 Membership by Age Group

■ 17 and Under ■ 26-30 ■ 41-50  
 ■ 18-25 ■ 31-40 ■ 51 and Over



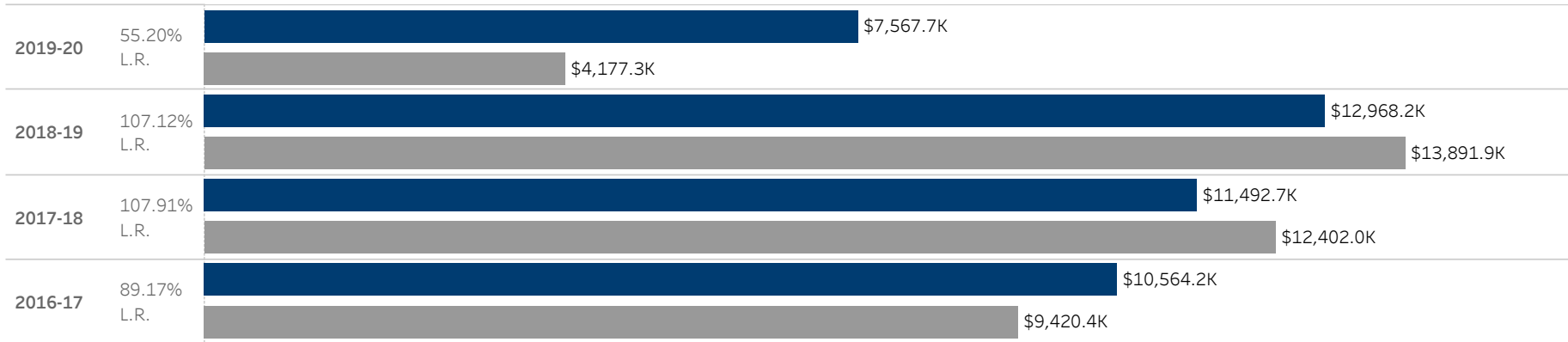
Kansas State System (200118) - Membership as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Plan Experience Overview

## All Insureds P&L

■ Premium    ■ Paid Claims

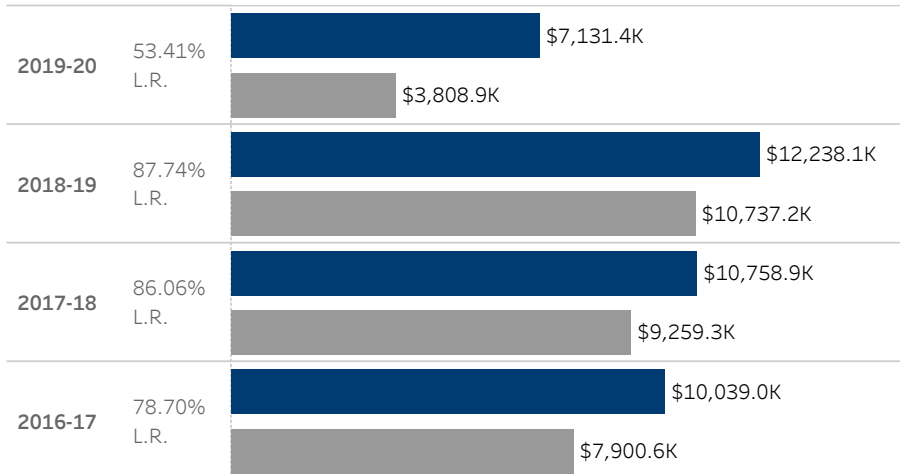


Values are displayed in thousands

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions (if applicable.)

## Students - P&L

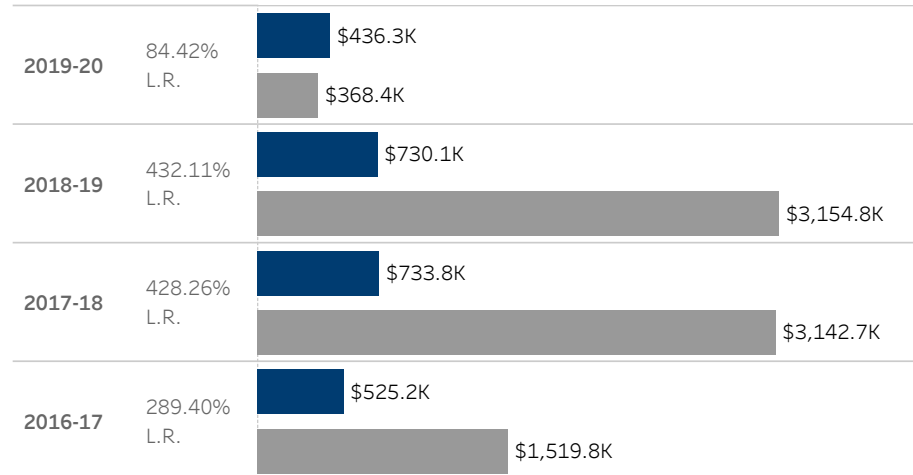
■ Premium    ■ Paid Claims



Values are displayed in thousands

## Dependents - P&L

■ Premium    ■ Paid Claims

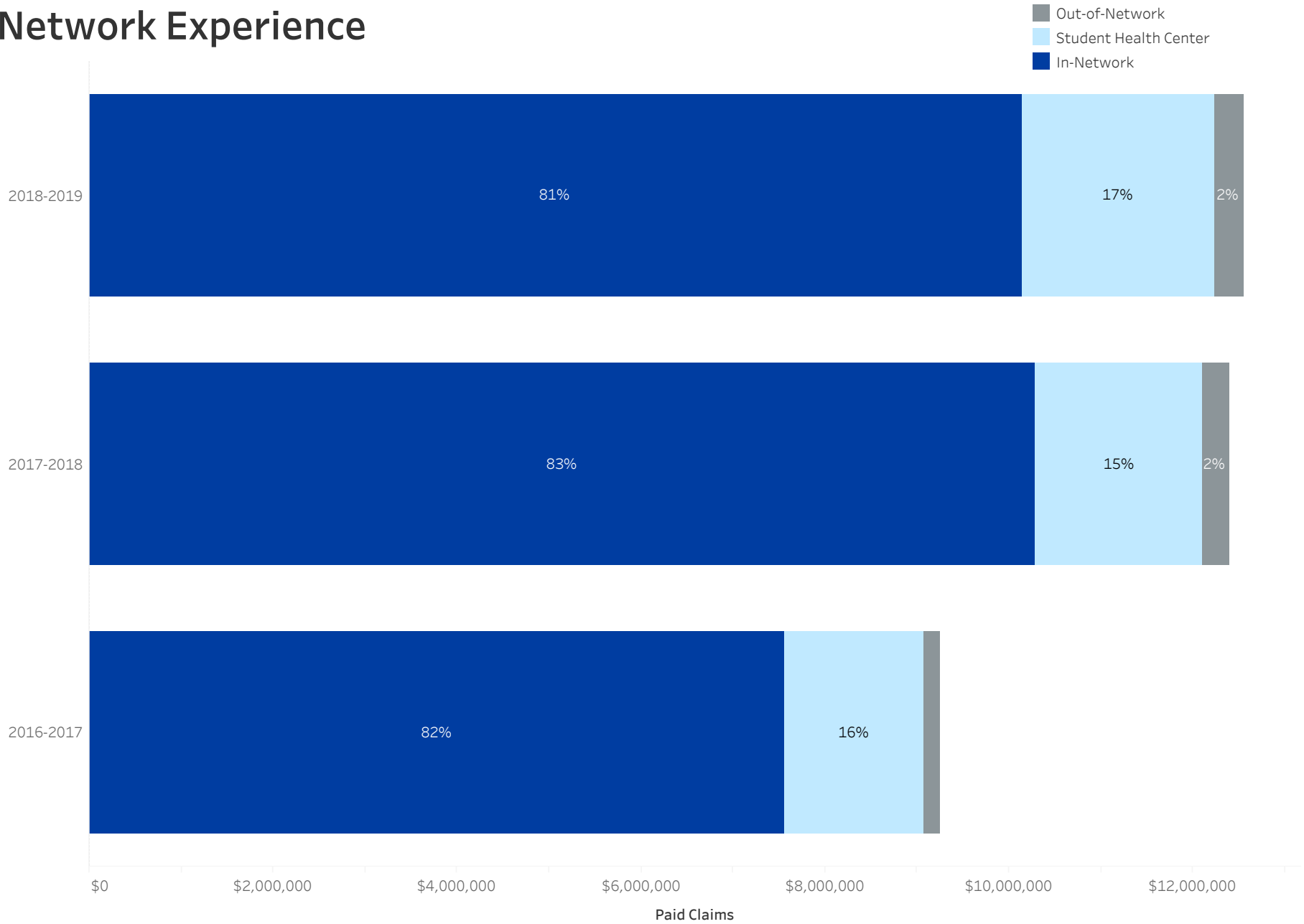


Values are displayed in thousands

Kansas State System (200118) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Network Experience



Kansas State System (200118) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Network Utilization by SR Charge Category

Charge Type	Charge Description	2018-19				2019-20			
		Claims	Claimed	Deductible	Paid Claims	Claims	Claimed	Deductible	Paid Claims
Inpatient-Preferred Provider	<b>Total</b>		<b>\$10,691,410</b>	<b>\$84,023</b>	<b>\$4,101,533</b>		<b>\$1,215,358</b>	<b>\$22,092</b>	<b>\$449,581</b>
	HOSPITAL	604	\$9,610,763	\$60,996	\$3,600,579	117	\$997,146	\$12,069	\$364,201
	INPATIENT SURGERY	146	\$439,878	\$2,994	\$227,108	23	\$72,069	\$3,783	\$29,005
	PHYSICIAN VISITS	539	\$267,529	\$14,293	\$100,599	163	\$70,069	\$4,895	\$25,765
	ANESTHETIST	106	\$184,754	\$2,132	\$99,165	13	\$20,763	\$0	\$11,919
	MEDICAL EMERGENCY	31	\$104,453	\$0	\$43,900	12	\$39,268	\$403	\$16,280
	HOME HEALTH CARE	23	\$29,865	\$60	\$17,727	2	\$120	\$0	\$48
	PROFESSIONAL FEE	180	\$32,111	\$2,646	\$10,063	36	\$4,127	\$230	\$1,413
	ASSISTANT SURGEON	22	\$21,984	\$903	\$2,339	8	\$11,738	\$712	\$903
	INJECTIONS	1	\$73	\$0	\$54	2	\$57	\$0	\$46
Outpatient-Preferred Provider	<b>Total</b>		<b>\$18,905,253</b>	<b>\$1,551,965</b>	<b>\$7,021,588</b>		<b>\$6,050,456</b>	<b>\$630,843</b>	<b>\$2,440,751</b>
	PRESCRIPTIONS	25,122	\$5,541,334	\$614,074	\$2,583,843	8,580	\$2,196,743	\$311,554	\$993,441
	OUTPATIENT SURGICAL FACILITIES	292	\$2,982,458	\$13,579	\$881,764	77	\$861,745	\$5,158	\$222,545
	PHYSICIAN VISITS	8,839	\$1,530,098	\$181,343	\$714,929	3,040	\$527,480	\$68,892	\$245,146
	CAT SCAN / MRI	718	\$1,688,532	\$85,546	\$552,130	230	\$471,150	\$31,177	\$169,138
	LABORATORY	5,454	\$2,187,711	\$212,520	\$489,419	1,616	\$537,786	\$67,459	\$113,411
	MEDICAL EMERGENCY	522	\$1,353,477	\$161,857	\$423,280	104	\$229,051	\$41,841	\$71,222
	CHEMOTHERAPY	37	\$632,133	\$857	\$347,799	20	\$478,100	\$761	\$385,175
	OUTPATIENT SURGERY	987	\$764,773	\$63,446	\$232,766	268	\$190,841	\$20,591	\$53,310
	INJECTIONS	1,587	\$404,209	\$10,881	\$220,025	670	\$124,840	\$6,803	\$78,863
	XRAYs	2,084	\$748,506	\$153,064	\$184,556	615	\$198,560	\$48,303	\$43,286
	SUPPLIES/MISC	154	\$172,047	\$4,210	\$103,896	58	\$41,165	\$1,929	\$24,478
	PHYSIOTHERAPY	1,262	\$357,318	\$39,374	\$89,081	416	\$134,988	\$22,329	\$21,017

Block: Kansas State System (200118) - School Year: 2019 - Claims as of December 2019 - Report Execution Time: 1/7/2020 3:11:03 PM



		2018-19				2019-20			
Charge Type	Charge Description	Claims	Claimed	Deductible	Paid Claims	Claims	Claimed	Deductible	Paid Claims
Outpatient-Preferred Provider	ANESTHETIST	219	\$194,183	\$10,713	\$86,804	56	\$42,112	\$3,798	\$17,449
	HOSPITAL MISCELLANEOUS	28	\$159,200	\$500	\$67,238				
	RADIATION THERAPY	51	\$141,368	\$0	\$39,907	3	\$9,273	\$50	\$1,918
	ASSISTANT SURGEON	22	\$47,906	\$0	\$4,151	4	\$6,622	\$200	\$350
	<b>Total</b>		<b>\$2,246,085</b>	<b>\$0</b>	<b>\$2,147,990</b>		<b>\$1,040,421</b>	<b>\$120</b>	<b>\$998,532</b>
Student Health Center	SHC-PRESCRIPTIONS	33	\$695,678	\$0	\$662,759	32	\$264,804	\$19	\$251,468
	SHC-INJECTIONS	29	\$498,519	\$0	\$498,555	32	\$276,353	\$0	\$276,353
	SHC-LABORATORY	56	\$548,993	\$0	\$493,466	55	\$278,661	\$101	\$253,190
	SHC-PHYSICIAN VISITS	29	\$176,721	\$0	\$176,721	27	\$86,649	\$0	\$86,649
	SHC-MISC	17	\$98,546	\$0	\$98,546	15	\$43,875	\$0	\$43,857
	SHC-PHYSIOTHERAPY	16	\$90,160	\$0	\$90,160	9	\$40,139	\$0	\$40,139
	SHC-SURGERY	21	\$56,007	\$0	\$56,007	16	\$20,463	\$0	\$20,463
	SHC-XRAYS	18	\$38,441	\$0	\$36,206	12	\$17,233	\$0	\$16,283
	SHC-PSYCHOTHERAPY	13	\$33,240	\$0	\$33,240	7	\$9,995	\$0	\$9,995
	SHC-OTHER	1	\$5,116	\$0	\$5,116				
	SHC-ADJUSTMENTS	4	\$775	\$0	\$775	8	\$250	\$0	\$250
	SHC-STATE MANDATE TAX	1	\$68	\$0	\$68				
	SHC-MEDICAL EMERGENCY	1	\$22	\$0	\$22				
	SHC-CONSULTANT	2	\$80	\$0	\$10				
SHC-UNKNOWN	9	\$7,399	\$0	\$0	3	\$2,114	\$0	\$0	
GROUP LEDGER BILLING	17	(\$3,680)	\$0	(\$3,660)	3	(\$115)	\$0	(\$115)	
	<b>Total</b>		<b>\$348,731</b>	<b>\$25,044</b>	<b>\$190,887</b>		<b>\$314,318</b>	<b>\$6,927</b>	<b>\$227,080</b>
Inpatient-NonPreferred Provider	HOSPITAL	49	\$213,389	\$6,121	\$130,418	7	\$298,032	\$902	\$225,627
	PHYSICIAN VISITS	80	\$59,853	\$4,757	\$27,372	11	\$7,688	\$2,713	\$938
	INPATIENT SURGERY	4	\$29,921	\$1,948	\$14,957				
	MEDICAL EMERGENCY	6	\$11,526	\$353	\$8,119				

Block: Kansas State System (200118) - School Year: 2019 - Claims as of December 2019 - Report Execution Time: 1/7/2020 3:11:03 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

		2018-19				2019-20			
Charge Type	Charge Description	Claims	Claimed	Deductible	Paid Claims	Claims	Claimed	Deductible	Paid Claims
Inpatient- NonPreferred Provider	PROFESSIONAL FEE	113	\$17,998	\$5,394	\$6,485	12	\$908	\$277	\$178
	ASSISTANT SURGEON	1	\$5,080	\$0	\$3,048				
	ANESTHETIST	9	\$10,550	\$6,289	\$468	4	\$7,690	\$3,034	\$338
	INJECTIONS	1	\$20	\$0	\$20				
	HOME HEALTH CARE	1	\$395	\$180	\$0				
	<b>Total</b>		<b>\$513,899</b>	<b>\$119,137</b>	<b>\$139,170</b>		<b>\$145,655</b>	<b>\$40,309</b>	<b>\$45,047</b>
Outpatient- NonPreferred Provider	PHYSICIAN VISITS	678	\$219,463	\$55,312	\$73,422	288	\$78,483	\$26,760	\$20,822
	LABORATORY	272	\$114,080	\$24,003	\$21,365	38	\$18,493	\$4,284	\$4,235
	OUTPATIENT SURGICAL FACILITIES	6	\$33,506	\$618	\$12,526				
	CAT SCAN / MRI	76	\$44,014	\$10,883	\$8,157	2	\$6,415	\$1,000	\$432
	MEDICAL EMERGENCY	4	\$17,929	\$2,007	\$6,907	3	\$11,975	\$750	\$8,731
	PHYSIOTHERAPY	150	\$22,667	\$9,305	\$4,831	15	\$3,186	\$2,246	\$312
	ANESTHETIST	36	\$21,776	\$4,813	\$4,125	6	\$6,770	\$2,724	\$0
	OUTPATIENT SURGERY	26	\$23,714	\$3,411	\$4,061	8	\$2,622	\$1,458	\$508
	PRESCRIPTIONS	18	\$2,992	\$460	\$2,484	7	\$290	\$121	\$168
	XRAYs	110	\$10,619	\$7,992	\$763	1	\$170	\$0	\$68
	HOSPITAL MISCELLANEOUS	3	\$398	\$0	\$318	1	\$17,250	\$965	\$9,771
	INJECTIONS	12	\$581	\$170	\$211				
	ASSISTANT SURGEON	1	\$2,161	\$163	\$0				
		<b>Total</b>		<b>\$10,139</b>	<b>(\$25)</b>	<b>\$28,745</b>		<b>\$122</b>	<b>\$0</b>
Non Service Charges	ADJUSTMENTS	383	\$0	(\$25)	\$22,808	26	\$0	\$0	(\$1,690)
	CLAIM INTEREST	297	\$9,964	\$0	\$9,964	22	\$119	\$0	\$119
	MEDICAL RECORDS	3	\$163	\$0	\$163	1	\$3	\$0	\$3
	STATE MANDATE TAX	1	\$12	\$0	\$12				
	REFUNDS	5	\$0	\$0	(\$364)				
	OTHER INSURANCE	53	\$0	\$0	(\$3,837)	6	\$0	\$0	(\$312)

Block: Kansas State System (200118) - School Year: 2019 - Claims as of December 2019 - Report Execution Time: 1/7/2020 3:11:03 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

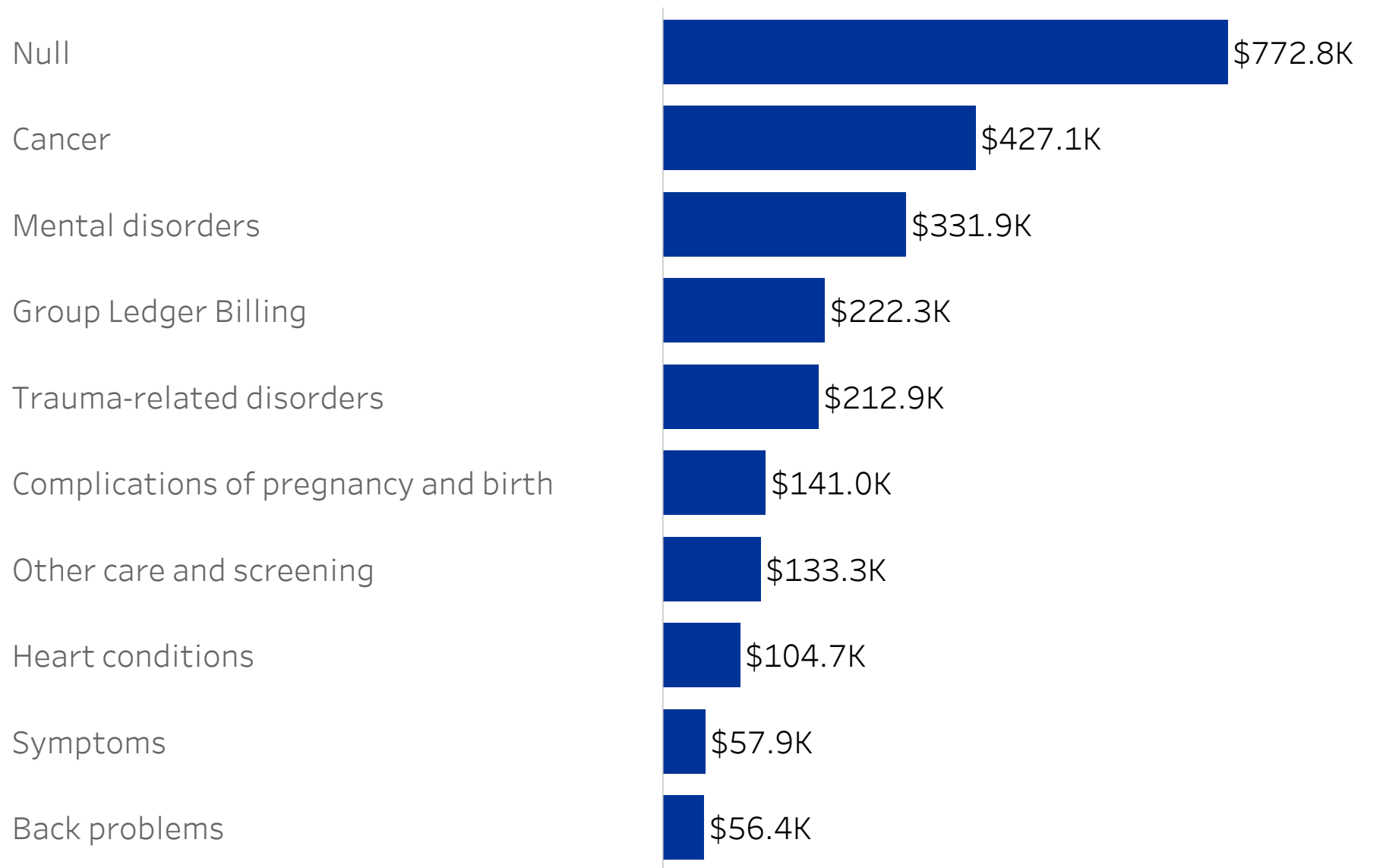
Charge Type	Charge Description	2018-19				2019-20			
		Claims	Claimed	Deductible	Paid Claims	Claims	Claimed	Deductible	Paid Claims
Other Charges	<b>Total</b>		<b>\$537,245</b>	<b>\$52,051</b>	<b>\$262,023</b>		<b>\$65,788</b>	<b>\$12,883</b>	<b>\$18,171</b>
	AMBULANCE	62	\$171,361	\$5,813	\$149,116	13	\$18,966	\$2,000	\$11,120
	DURABLE MED/BRACES/APPL	269	\$156,069	\$12,078	\$43,280	52	\$36,368	\$5,668	\$8,389
	OTHER	177	\$23,358	\$0	\$23,358	36	\$5,154	\$0	\$5,154
	CONSULTANT	219	\$70,047	\$19,665	\$22,656	19	\$5,251	\$3,341	\$625
	DENTAL	144	\$86,486	\$11,212	\$10,752	33	\$10,267	\$1,720	\$1,295
	GROUP LEDGER BILLING	2,262	\$3,286	\$0	\$9,569	1,042	(\$10,989)	\$0	(\$8,682)
	URGENT CARE	28	\$26,638	\$3,283	\$3,293	2	\$772	\$154	\$269
<b>Total</b>		<b>\$33,252,763</b>	<b>\$1,832,195</b>	<b>\$13,891,937</b>		<b>\$8,832,117</b>	<b>\$713,173</b>	<b>\$4,177,282</b>	

Block: Kansas State System (200118) - School Year: 2019 - Claims as of December 2019 - Report Execution Time: 1/7/2020 3:11:03 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Top 10 Diagnoses 2019-20 Policy Year

Clinical Classification Software (CCS) Condition Descriptions group relevant International Classification of Diseases (ICD) Codes into clinically meaningful categories.

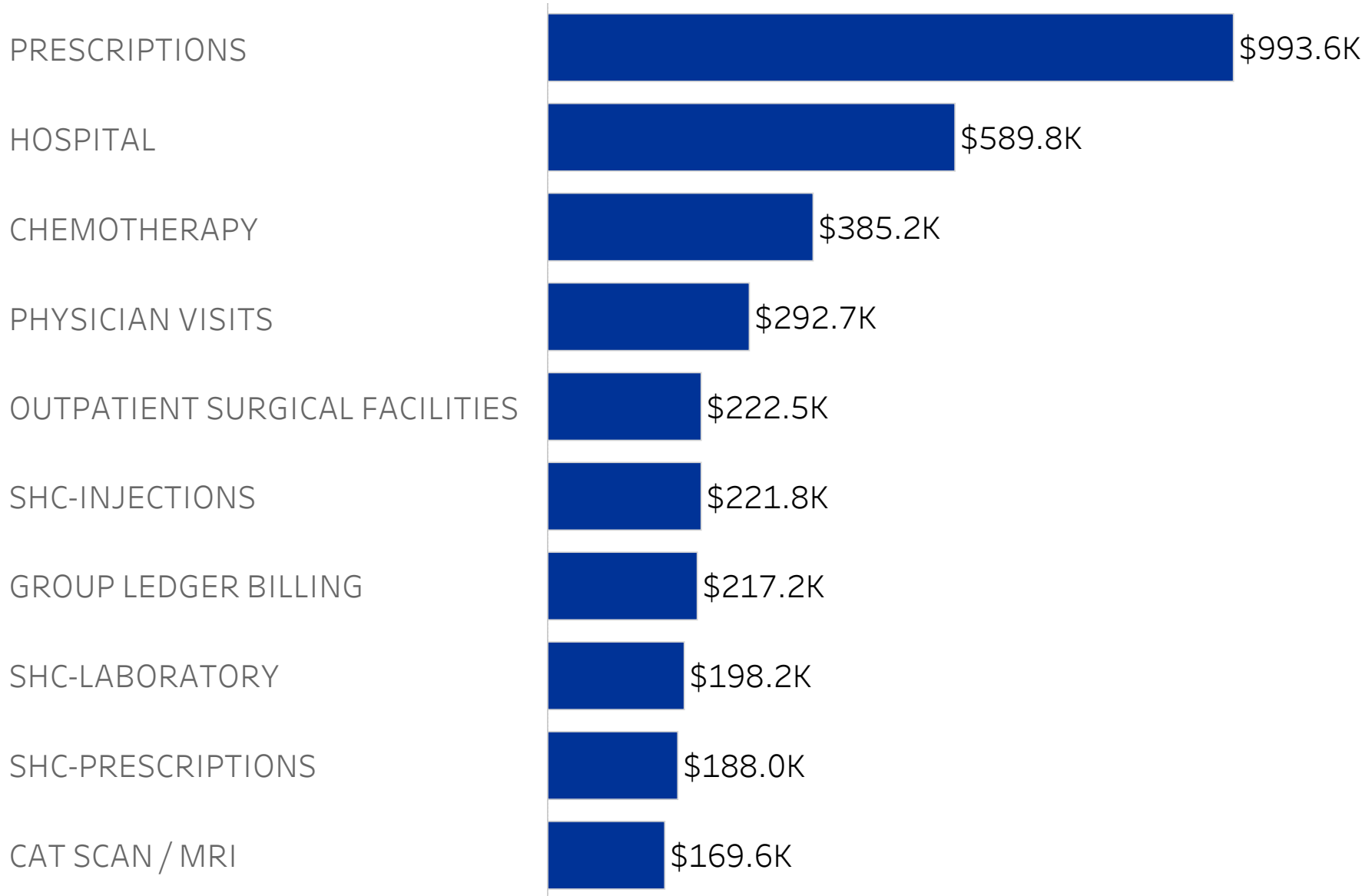


Values are displayed in thousands

Kansas State System (200118) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Top 10 SR Charge Categories 2019-20 Policy Year



Values are displayed in thousands

Kansas State System (200118) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

## Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	October 11, 2018	Dependent	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	\$106,660	\$55,160
	October 18, 2018	Student	PBM CLAIMS	\$88,170	\$65,772
	August 4, 2018	Student	MALIGNANT NEOPLASM OF CORPUS UTERI UNSPECIFIED	\$92,433	\$43,527
	January 3, 2019	Student	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	\$112,312	\$53,119
	April 10, 2019	Student	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	\$32,060	\$25,393
	August 16, 2018	Student	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	\$68,638	\$38,279
	January 26, 2019	Student	DSPL COMMNT FX RT PATELLA INIT OPEN TYPE I/II	\$228,806	\$81,221
	August 14, 2018	Student	CROHNS DISEASE SMALL INTESTINE W/O COMP	\$50,585	\$27,244
	December 29, 2018	Student	MODERATE LACERATION OF SPLEEN INITIAL ENCOUNTER	\$89,400	\$73,198
	February 7, 2019	Student	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	\$145,109	\$63,712
	August 6, 2018	Student	PBM CLAIMS	\$129,862	\$99,134
	August 8, 2018	Student	PBM CLAIMS	\$71,891	\$50,548
	March 27, 2018	Student	ABNORM HEMATOLOGICAL FIND ANTENATAL SCR MOTHER	\$122,797	\$60,790
	November 3, 2018	Student	PBM CLAIMS	\$79,084	\$58,448
	December 14, 2018	Student	BENIGN NEOPLASM OF RIGHT BREAST	\$42,694	\$25,919
	February 13, 2019	Student	CEREBRAL ANEURYSM NONRUPTURED	\$202,823	\$51,723
	April 19, 2019	Student	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	\$168,871	\$109,348
	September 5, 2018	Student	PBM CLAIMS	\$64,933	\$49,042
	October 30, 2018	Student	CALCULUS OF KIDNEY	\$58,699	\$25,050
	August 1, 2018	Student	PBM CLAIMS	\$148,152	\$125,730
	August 30, 2018	Student	PBM CLAIMS	\$96,267	\$68,873
	March 15, 2019	Student	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	\$277,415	\$130,712
	May 9, 2019	Student	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	\$212,946	\$100,324
	August 7, 2018	Dependent	PBM CLAIMS	\$105,688	\$77,826
	August 28, 2018	Student	PBM CLAIMS	\$105,427	\$77,691
	August 6, 2018	Student	PBM CLAIMS	\$119,831	\$86,070
	November 14, 2018	Student	PBM CLAIMS	\$58,150	\$38,385
	August 10, 2018	Student	PBM CLAIMS	\$46,870	\$31,054
	September 20, 2018	Student	PBM CLAIMS	\$146,436	\$108,120

Kansas State System (200118) - Claims greater than \$25,000 - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

## Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	August 7, 2018	Dependent	PBM CLAIMS	\$53,563	\$34,901
	September 5, 2018	Student	PBM CLAIMS	\$119,406	\$89,175
	September 6, 2018	Student	PBM CLAIMS	\$71,463	\$51,145
	September 18, 2018	Student	BENIGN NEOPLASM OF LIVER	\$60,220	\$28,260
	August 2, 2018	Student	CHRONIC PULMONARY EMBOLISM	\$330,762	\$229,955
	April 27, 2017	Student	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	\$205,937	\$70,368
	August 1, 2018	Student	DIARRHEA UNSPECIFIED	\$36,875	\$33,010
	May 24, 2019	Student	MC HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$152,057	\$125,436
	August 27, 2018	Dependent	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	\$565,727	\$226,714
	August 27, 2018	Dependent	BREAKDOWN VENTRICULAR INTRACRAN SHUNT INIT ENC	\$1,210,952	\$649,866
	August 3, 2018	Dependent	NEUTROPENIA UNSPECIFIED	\$33,650	\$27,181
	September 14, 2018	Student	ULCERATIVE COLITIS UNS W/UNS COMPLICATIONS	\$152,925	\$40,806
	October 25, 2018	Student	PBM CLAIMS	\$50,232	\$34,027
	January 11, 2019	Student	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	\$343,318	\$218,463
	November 21, 2018	Student	MULTIPLE SCLEROSIS	\$213,307	\$61,696
	September 6, 2018	Student	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	\$57,034	\$25,365
	October 11, 2018	Student	PBM CLAIMS	\$44,113	\$28,365
	August 3, 2018	Dependent	JUVENILE RA WITH SYSTEMIC ONSET UNSPECIFIED SITE	\$171,633	\$110,967
	September 21, 2018	Dependent	PBM CLAIMS	\$54,547	\$34,088
	September 11, 2018	Student	PBM CLAIMS	\$52,084	\$35,528
	September 12, 2018	Dependent	RESPIRATORY DISTRESS OF NEWBORN UNSPECIFIED	\$300,970	\$62,956
	April 18, 2018	Student	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	\$227,262	\$107,886
	October 3, 2018	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$945,178	\$119,428
	April 28, 2018	Dependent	HUMAN IMMUNODEFICIENCY VIRUS DZ COMP PG 3RD TRI	\$44,892	\$27,186
	April 9, 2019	Student	MALIGNANT NEOPLASM OF GALLBLADDER	\$55,005	\$25,365
	December 21, 2018	Dependent	SINGLE LIVEBORN INFANT DELIVERED VAGINALLY	\$344,432	\$112,779
	February 22, 2019	Student	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	\$280,177	\$204,307
	May 8, 2019	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$750,970	\$256,530
	May 22, 2019	Dependent	TWIN LIVEBORN INFANT DELIVERED BY CESAREAN	\$306,588	\$104,845

### Kansas State System (200118) - Claims greater than \$25,000 - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

## Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	May 22, 2019	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$259,347	\$61,850
2019-20	August 27, 2019	Student	PBM CLAIMS	\$48,953	\$32,936
	September 30, 2019	Student	ST ELEVATION MYOCARDIAL INFARCTION INVOLV LADCA	\$59,048	\$45,377
	July 19, 2019	Student	OTHER SPECIFIED EATING DISORDER	\$278,850	\$213,610
	October 20, 2019	Student	SEPSIS UNSPECIFIED ORGANISM	\$65,702	\$30,366
	September 9, 2019	Student	PBM CLAIMS	\$51,563	\$35,032
	September 6, 2019	Student	PBM CLAIMS	\$40,763	\$26,521
	September 23, 2019	Student	PBM CLAIMS	\$44,577	\$35,947
	August 7, 2019	Student	PBM CLAIMS	\$89,651	\$73,069
	August 1, 2019	Student	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	\$137,076	\$66,355
	August 7, 2019	Dependent	PBM CLAIMS	\$39,193	\$25,094
	August 9, 2019	Student	PBM CLAIMS	\$58,838	\$40,787
	August 6, 2019	Student	PBM CLAIMS	\$47,029	\$30,304
	October 2, 2019	Student	PBM CLAIMS	\$53,531	\$35,740
	August 27, 2019	Student	PBM CLAIMS	\$55,721	\$38,583
	August 1, 2019	Student	NS HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$342,048	\$305,652
	August 12, 2019	Dependent	BREAKDOWN IMPLANT ELEC NEUROSTIMULATOR GEN INIT	\$134,254	\$32,293
	September 30, 2019	Student	EPIDURAL HEMORRHAGE W/LOC UNS DUR INITIAL ENCNR	\$418,536	\$114,113
	August 12, 2019	Student	RADICULOPATHY LUMBAR REGION	\$72,062	\$38,985
October 23, 2019	Student	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	\$76,092	\$40,191	

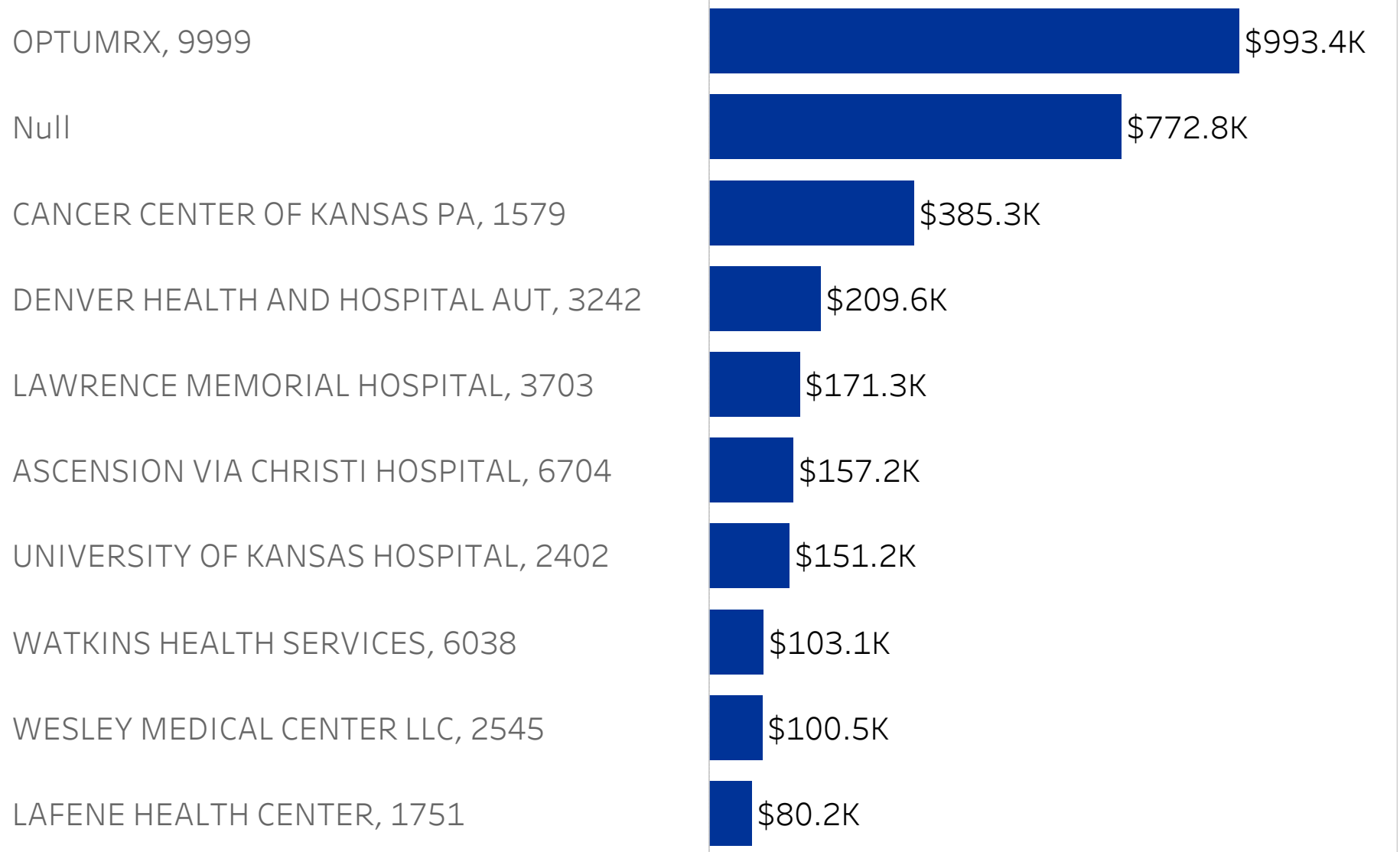
### Kansas State System (200118) - Claims greater than \$25,000 - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



# Top Billing Providers

2019-20 Policy Year



Values are displayed in thousands

Kansas State System (200118) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Top Rx Report

## Percentage of Members Utilizing Rx



## Top Drugs by Claimant Count

Drug Name	Tier	Script Count	Claimant Count	Copay	Paid Claims
AMPHETAMINE/DEXTROAMPHETAM..	1	295	99	\$3,962	\$13,295
ESCITALOPRAM OXALATE	1	255	72	\$2,178	\$293
BUPROPION HYDROCHLORIDE ER (XL)	1	210	68	\$2,622	\$1,909
VYVANSE	2	199	51	\$17,361	\$26,041
SPIRONOLACTONE	1	194	58	\$1,873	\$1,429
AMOXICILLIN	1	84	73	\$638	\$9
PREDNISONE	1	80	70	\$369	\$37
AZITHROMYCIN	1	66	58	\$769	\$242
AMOXICILLIN/CLAVULANATE POTAS..	1	65	61	\$900	\$1,122
FLUARIX QUADRIVALENT 2019-2020	3	57	57	\$0	\$1,083

## Top Drugs by Paid Claims

Drug Name	Tier	Claimant Count	Copay	Paid Claims
PROMACTA	3	2	\$12,700	\$101,051
TECFIDERA	2	3	\$18,820	\$98,807
XYREM	3	1	\$6,208	\$70,939
HUMIRA PEN	2	3	\$18,508	\$63,251
GILENYA	3	2	\$10,098	\$56,112
TRUVADA	3	13	\$22,389	\$33,583
ADDERALL XR	1	46	\$1,913	\$28,189
ENBREL	3	2	\$9,360	\$26,931
VYVANSE	2	51	\$17,361	\$26,041
SIMPONI	2	1	\$4,444	\$23,330

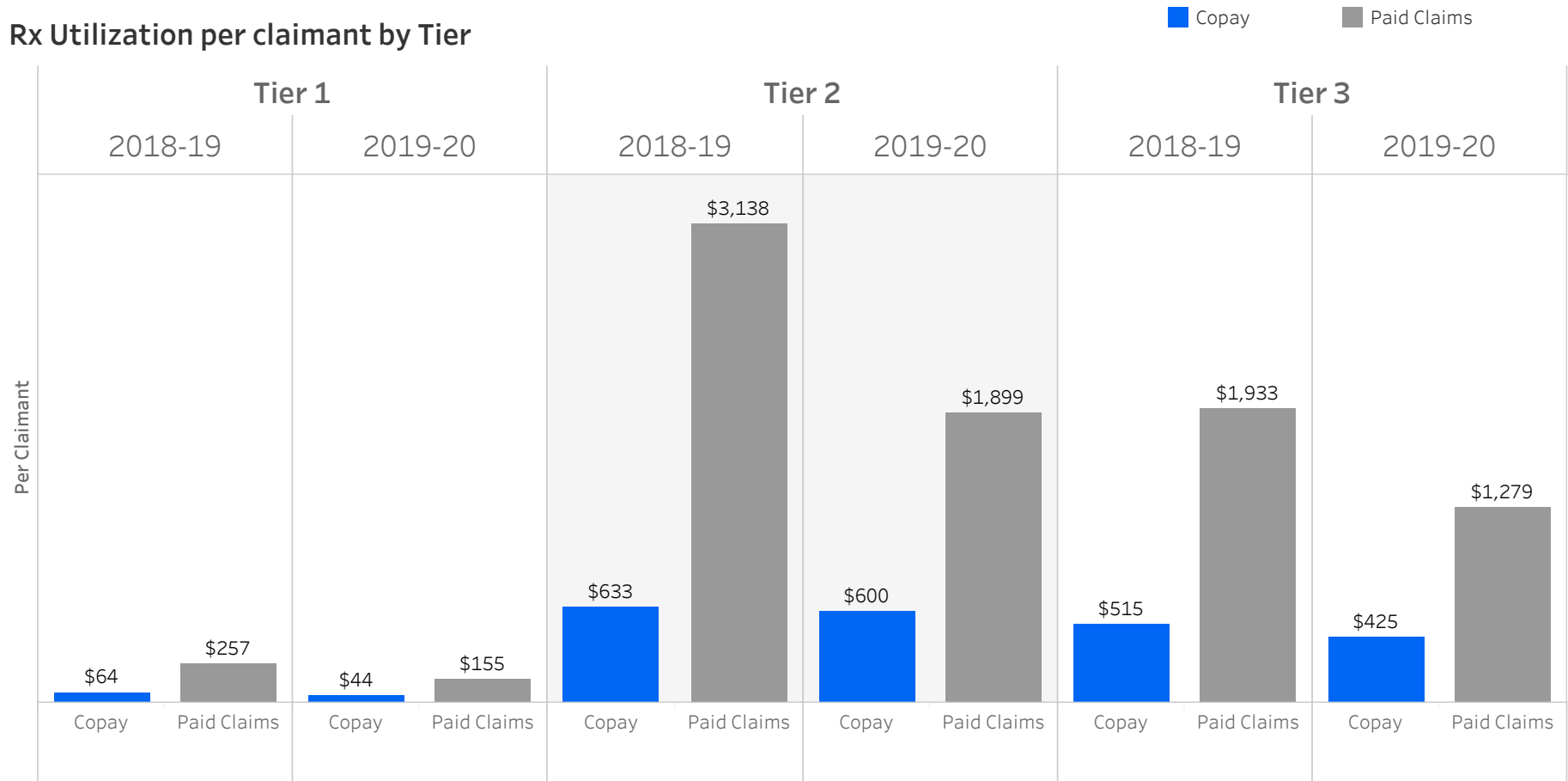
## Top Therapeutic Classes by Claimant Count

	Claimant Count	Copay	Paid Claims
SYSTEMIC CONTRACEPTIVES	405	\$3,199	\$58,708
PSYCHOSTIMULANTS-ANTIDEPRESSANTS	381	\$18,129	\$15,451
AMPHETAMINE PREPARATIONS	159	\$23,467	\$68,471
BIOLOGICALS	150	\$0	\$4,022
GLUCOCORTICIDS	145	\$2,305	\$3,917
PENICILLINS	133	\$1,629	\$1,169
BRONCHIAL DILATORS	102	\$7,769	\$16,299
ATARACTICS-TRANQUILIZERS	101	\$12,594	\$20,610
ANTIARTHRITICS	84	\$39,370	\$123,544
MISCELLANEOUS	84	\$45,960	\$205,071

Kansas State System (200118) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

## Rx Utilization per claimant by Tier



## Rx Utilization by Tier

Tier	2018-19			2019-20		
	Claimant Count	Copay	Paid Claims	Claimant Count	Copay	Paid Claims
1	2,533	\$160,962	\$650,794	1,395	\$61,080	\$216,537
2	328	\$207,593	\$1,029,368	166	\$99,629	\$315,203
3	459	\$236,590	\$887,203	352	\$149,768	\$450,214

Kansas State System (200118) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Premium, Paid Claims and Loss Ratio

utilization as of December 01, 2019

Group Name (Number)	Client Name (Number)	Policy Year	Loss Ratio	Measure Names	Premium	Paid Claims
Kansas State System (200118)	Emporia State University (197)	2016-17	42.97%	Premium	\$448,156	
				Paid Claims	\$192,565	
		2017-18	53.15%	Premium	\$544,633	
				Paid Claims	\$289,457	
	2018-19	47.13%	Premium	\$586,617		
			Paid Claims	\$276,495		
	2019-20	22.44%	Premium	\$253,267		
			Paid Claims	\$56,835		
Fort Hays State University (2005)	Fort Hays State University (2005)	2016-17	84.44%	Premium	\$355,104	
				Paid Claims	\$299,842	
		2017-18	59.92%	Premium	\$407,090	
				Paid Claims	\$243,943	
	2018-19	82.49%	Premium	\$466,728		
			Paid Claims	\$384,994		
	2019-20	22.78%	Premium	\$200,903		
			Paid Claims	\$45,757		

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

## Premium & Paid Claims

### Kansas State System (200118) Utilization as of December 01, 2019

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Premium, Paid Claims and Loss Ratio

utilization as of December 01, 2019

Group Name (Number)	Client Name (Number)	Policy Year	Loss Ratio		Measure Names
Kansas State System (200118)	Kansas State University (470)	2016-17	90.71%	Premium	\$2,744,095
				Paid Claims	\$2,489,241
	2017-18	103.81%	Premium	\$2,938,556	
			Paid Claims	\$3,050,656	
	2018-19	123.79%	Premium	\$3,292,773	
			Paid Claims	\$4,075,987	
	2019-20	62.34%	Premium	\$1,702,192	
			Paid Claims	\$1,061,195	
Pittsburg State University (2009)	2016-17	60.51%	Premium	\$359,908	
			Paid Claims	\$217,781	
	2017-18	54.40%	Premium	\$375,571	
			Paid Claims	\$204,299	
	2018-19	36.84%	Premium	\$400,541	
			Paid Claims	\$147,574	
	2019-20	12.76%	Premium	\$219,436	
			Paid Claims	\$28,007	

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

## Premium & Paid Claims

### Kansas State System (200118) Utilization as of December 01, 2019

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Premium, Paid Claims and Loss Ratio

utilization as of December 01, 2019

Group Name (Number)	Client Name (Number)	Policy Year	Loss Ratio	Measure Names	Premium	Paid Claims
Kansas State System (200118)	University of Kansas - Medical Center (2070)	2016-17	106.12%	Premium	\$854,312	
				Paid Claims		\$906,621
	2017-18	153.68%	Premium	\$1,088,084		
			Paid Claims		\$1,672,138	
	2018-19	153.45%	Premium	\$1,175,927		
			Paid Claims		\$1,804,492	
	2019-20	76.31%	Premium	\$785,950		
			Paid Claims		\$599,737	
University of Kansas (471)	2016-17	93.79%	Premium	\$4,258,118		
			Paid Claims		\$3,993,660	
	2017-18	133.43%	Premium	\$4,509,283		
			Paid Claims		\$6,016,582	
	2018-19	125.50%	Premium	\$5,075,164		
			Paid Claims		\$6,369,288	
	2019-20	36.53%	Premium	\$2,675,348		
			Paid Claims		\$977,346	

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

## Premium & Paid Claims

### Kansas State System (200118) Utilization as of December 01, 2019

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Premium, Paid Claims and Loss Ratio

utilization as of December 01, 2019

Group Name (Number)	Client Name (Number)	Policy Year	Loss Ratio	Measure Names		
Kansas State System (200118)	Wichita State University (180)	2016-17	85.52%	Premium		\$1,544,471
				Paid Claims		\$1,320,793
	2017-18	56.69%	Premium		\$1,629,517	
			Paid Claims		\$923,790	
	2018-19	41.36%	Premium		\$1,970,435	
			Paid Claims		\$815,068	
	2019-20	18.83%	Premium		\$1,016,366	
			Paid Claims		\$191,336	

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

### Premium & Paid Claims

### Kansas State System (200118) Utilization as of December 01, 2019

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



---

# Wichita State University (180)

Wichita State University (180) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



## Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	February 7, 2019	Student	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	\$145,109	\$63,712
	August 30, 2018	Student	PBM CLAIMS	\$96,267	\$68,873
2019-20	September 30, 2019	Student	EPIDURAL HEMORRHAGE W/LOC UNS DUR INITIAL ENCNTR	\$418,536	\$114,113
	October 23, 2019	Student	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	\$76,092	\$40,191

### Wichita State University (180) - Claims greater than \$25,000 - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



---

# Emporia State University (197)

**Emporia State University (197) - Utilization as of January 01, 2020**

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	January 26, 2019	Student	DSPL COMMNT FX RT PATELLA INIT OPEN TYPE I/II	\$228,806	\$81,221

**Emporia State University (197) - Claims greater than \$25,000 - Utilization as of January 01, 2020**

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



---

# Kansas State University (470)

**Kansas State University (470) - Utilization as of January 01, 2020**

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

## Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	October 18, 2018	Student	PBM CLAIMS	\$88,170	\$65,772
	August 4, 2018	Student	MALIGNANT NEOPLASM OF CORPUS UTERI UNSPECIFIED	\$92,433	\$43,527
	January 3, 2019	Student	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	\$112,312	\$53,119
	April 10, 2019	Student	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	\$32,060	\$25,393
	August 16, 2018	Student	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	\$68,638	\$38,279
	May 9, 2019	Student	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	\$212,946	\$100,324
	August 6, 2018	Student	PBM CLAIMS	\$119,831	\$86,070
	September 5, 2018	Student	PBM CLAIMS	\$119,406	\$89,175
	September 6, 2018	Student	PBM CLAIMS	\$71,463	\$51,145
	September 18, 2018	Student	BENIGN NEOPLASM OF LIVER	\$60,220	\$28,260
	May 24, 2019	Student	MC HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$152,057	\$125,436
	January 11, 2019	Student	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	\$343,318	\$218,463
	August 3, 2018	Dependent	JUVENILE RA WITH SYSTEMIC ONSET UNSPECIFIED SITE	\$171,633	\$110,967
	September 11, 2018	Student	PBM CLAIMS	\$52,084	\$35,528
	April 28, 2018	Dependent	HUMAN IMMUNODEFICIENCY VIRUS DZ COMP PG 3RD TRI	\$44,892	\$27,186
February 22, 2019	Student	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	\$280,177	\$204,307	
2019-20	August 27, 2019	Student	PBM CLAIMS	\$48,953	\$32,936
	August 1, 2019	Student	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	\$137,076	\$66,355
	August 6, 2019	Student	PBM CLAIMS	\$47,029	\$30,304
	August 27, 2019	Student	PBM CLAIMS	\$55,721	\$38,583
	August 1, 2019	Student	NS HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$342,048	\$305,652

### Kansas State University (470) - Claims greater than \$25,000 - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



---

# University of Kansas (471)

University of Kansas (471) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

## Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	October 11, 2018	Dependent	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	\$106,660	\$55,160
	August 14, 2018	Student	CROHNS DISEASE SMALL INTESTINE W/O COMP	\$50,585	\$27,244
	December 29, 2018	Student	MODERATE LACERATION OF SPLEEN INITIAL ENCOUNTER	\$89,400	\$73,198
	March 27, 2018	Student	ABNORM HEMATOLOGICAL FIND ANTENATAL SCR MOTHER	\$122,797	\$60,790
	November 3, 2018	Student	PBM CLAIMS	\$79,084	\$58,448
	December 14, 2018	Student	BENIGN NEOPLASM OF RIGHT BREAST	\$42,694	\$25,919
	February 13, 2019	Student	CEREBRAL ANEURYSM NONRUPTURED	\$202,823	\$51,723
	April 19, 2019	Student	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	\$168,871	\$109,348
	September 5, 2018	Student	PBM CLAIMS	\$64,933	\$49,042
	October 30, 2018	Student	CALCULUS OF KIDNEY	\$58,699	\$25,050
	March 15, 2019	Student	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	\$277,415	\$130,712
	November 14, 2018	Student	PBM CLAIMS	\$58,150	\$38,385
	September 20, 2018	Student	PBM CLAIMS	\$146,436	\$108,120
	April 27, 2017	Student	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	\$205,937	\$70,368
	August 1, 2018	Student	DIARRHEA UNSPECIFIED	\$36,875	\$33,010
	August 27, 2018	Dependent	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	\$565,727	\$226,714
	August 27, 2018	Dependent	BREAKDOWN VENTRICULAR INTRACRAN SHUNT INIT ENC	\$1,210,952	\$649,866
	August 3, 2018	Dependent	NEUTROPENIA UNSPECIFIED	\$33,650	\$27,181
	October 11, 2018	Student	PBM CLAIMS	\$44,113	\$28,365
	September 21, 2018	Dependent	PBM CLAIMS	\$54,547	\$34,088
	September 12, 2018	Dependent	RESPIRATORY DISTRESS OF NEWBORN UNSPECIFIED	\$300,970	\$62,956
	April 18, 2018	Student	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	\$227,262	\$107,886
	October 3, 2018	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$945,178	\$119,428
December 21, 2018	Dependent	SINGLE LIVEBORN INFANT DELIVERED VAGINALLY	\$344,432	\$112,779	
May 8, 2019	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$750,970	\$256,530	
May 22, 2019	Dependent	TWIN LIVEBORN INFANT DELIVERED BY CESAREAN	\$306,588	\$104,845	
May 22, 2019	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$259,347	\$61,850	
2019-20	October 20, 2019	Student	SEPSIS UNSPECIFIED ORGANISM	\$65,702	\$30,366
	September 6, 2019	Student	PBM CLAIMS	\$40,763	\$26,521

### University of Kansas (471) - Claims greater than \$25,000 - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

## Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2019-20	September 23, 2019	Student	PBM CLAIMS	\$44,577	\$35,947
	October 2, 2019	Student	PBM CLAIMS	\$53,531	\$35,740
	August 12, 2019	Dependent	BREAKDOWN IMPLANT ELEC NEUROSTIMULATOR GEN INIT	\$134,254	\$32,293

### University of Kansas (471) - Claims greater than \$25,000 - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.





# Fort Hays State University (2005)

**Fort Hays State University (2005) - Utilization as of January 01, 2020**

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

## Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	September 6, 2018	Student	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	\$57,034	\$25,365
2019-20	September 30, 2019	Student	ST ELEVATION MYOCARDIAL INFARCTION INVOLV LADCA	\$59,048	\$45,377

### Fort Hays State University (2005) - Claims greater than \$25,000 - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



---

# Pittsburg State University (2009)

**Pittsburg State University (2009) - Utilization as of January 01, 2020**

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	April 9, 2019	Student	MALIGNANT NEOPLASM OF GALLBLADDER	\$55,005	\$25,365

**Pittsburg State University (2009) - Claims greater than \$25,000 - Utilization as of January 01, 2020**

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



---

# University of Kansas - Medical Center (2070)

University of Kansas - Medical Center (2070) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

## Claims greater than \$25,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	August 6, 2018	Student	PBM CLAIMS	\$129,862	\$99,134
	August 8, 2018	Student	PBM CLAIMS	\$71,891	\$50,548
	August 1, 2018	Student	PBM CLAIMS	\$148,152	\$125,730
	August 7, 2018	Dependent	PBM CLAIMS	\$105,688	\$77,826
	August 28, 2018	Student	PBM CLAIMS	\$105,427	\$77,691
	August 10, 2018	Student	PBM CLAIMS	\$46,870	\$31,054
	August 7, 2018	Dependent	PBM CLAIMS	\$53,563	\$34,901
	August 2, 2018	Student	CHRONIC PULMONARY EMBOLISM	\$330,762	\$229,955
	September 14, 2018	Student	ULCERATIVE COLITIS UNS W/UNS COMPLICATIONS	\$152,925	\$40,806
	October 25, 2018	Student	PBM CLAIMS	\$50,232	\$34,027
	November 21, 2018	Student	MULTIPLE SCLEROSIS	\$213,307	\$61,696
2019-20	July 19, 2019	Student	OTHER SPECIFIED EATING DISORDER	\$278,850	\$213,610
	September 9, 2019	Student	PBM CLAIMS	\$51,563	\$35,032
	August 7, 2019	Student	PBM CLAIMS	\$89,651	\$73,069
	August 7, 2019	Dependent	PBM CLAIMS	\$39,193	\$25,094
	August 9, 2019	Student	PBM CLAIMS	\$58,838	\$40,787
	August 12, 2019	Student	RADICULOPATHY LUMBAR REGION	\$72,062	\$38,985

### University of Kansas - Medical Center (2070) - Claims greater than \$25,000 - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Kansas State System

Cover Page	Annualized Membership	Premium & Paid Claims with Loss Ratio	Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization
------------	-----------------------	---------------------------------------	---	------------------------------	----------------------------	-----------------------------	-------------------------------	---	--	---------------------------------	--------------------------------



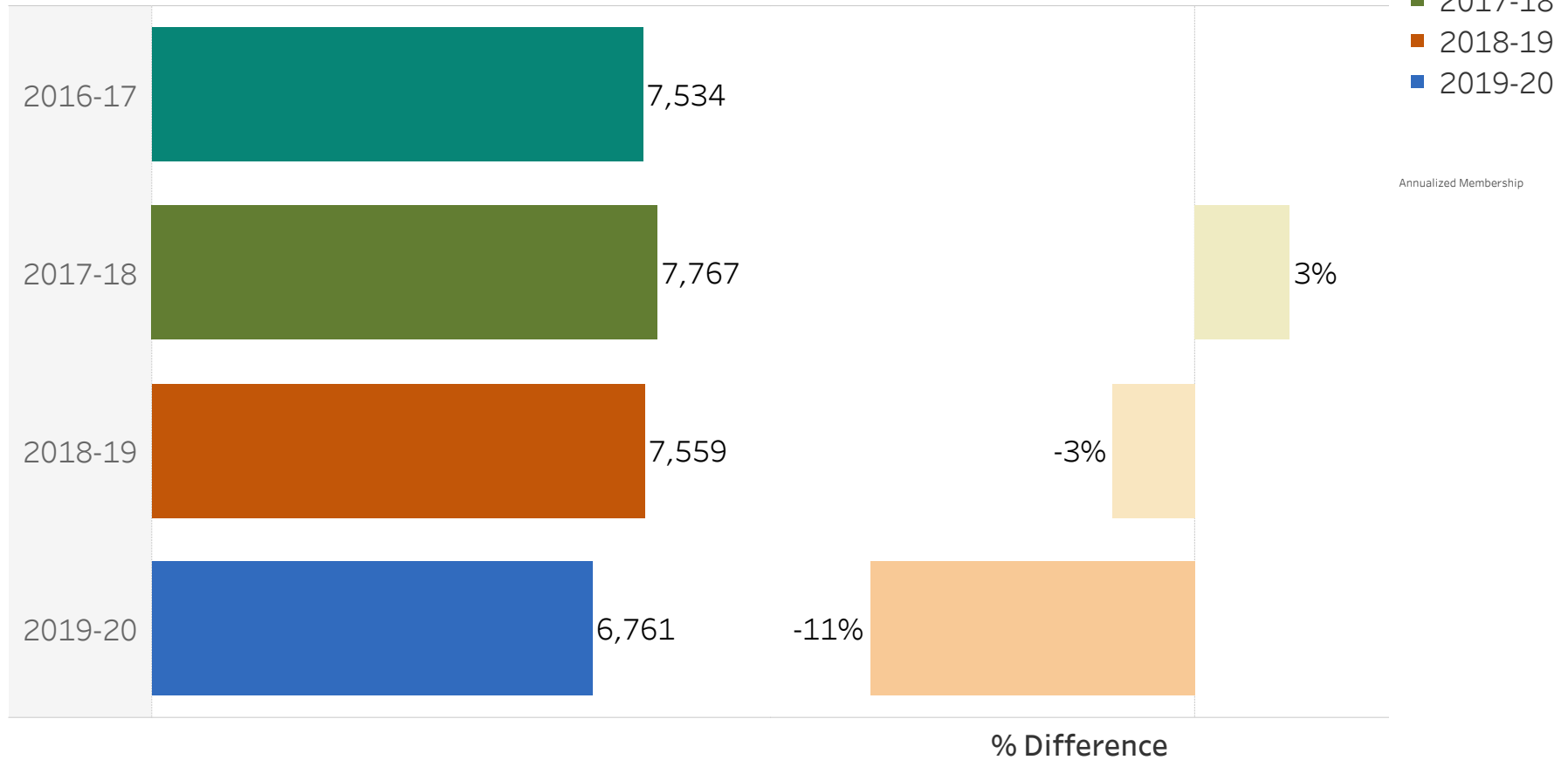
## Kansas State System (200118)

2019-20 Policy Year Utilization Review with Point-in-Time Comparisons as of January 1, 20xx



Cover Page	<b>Annualized Membership</b>	Premium & Paid Claims with Loss Ratio	Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization
------------	------------------------------	---------------------------------------	---	------------------------------	----------------------------	-----------------------------	-------------------------------	---	--	---------------------------------	--------------------------------

# Annualized Membership



Insured count for any in-progress policy years reflects an estimate based on total memberships received year-to-date.

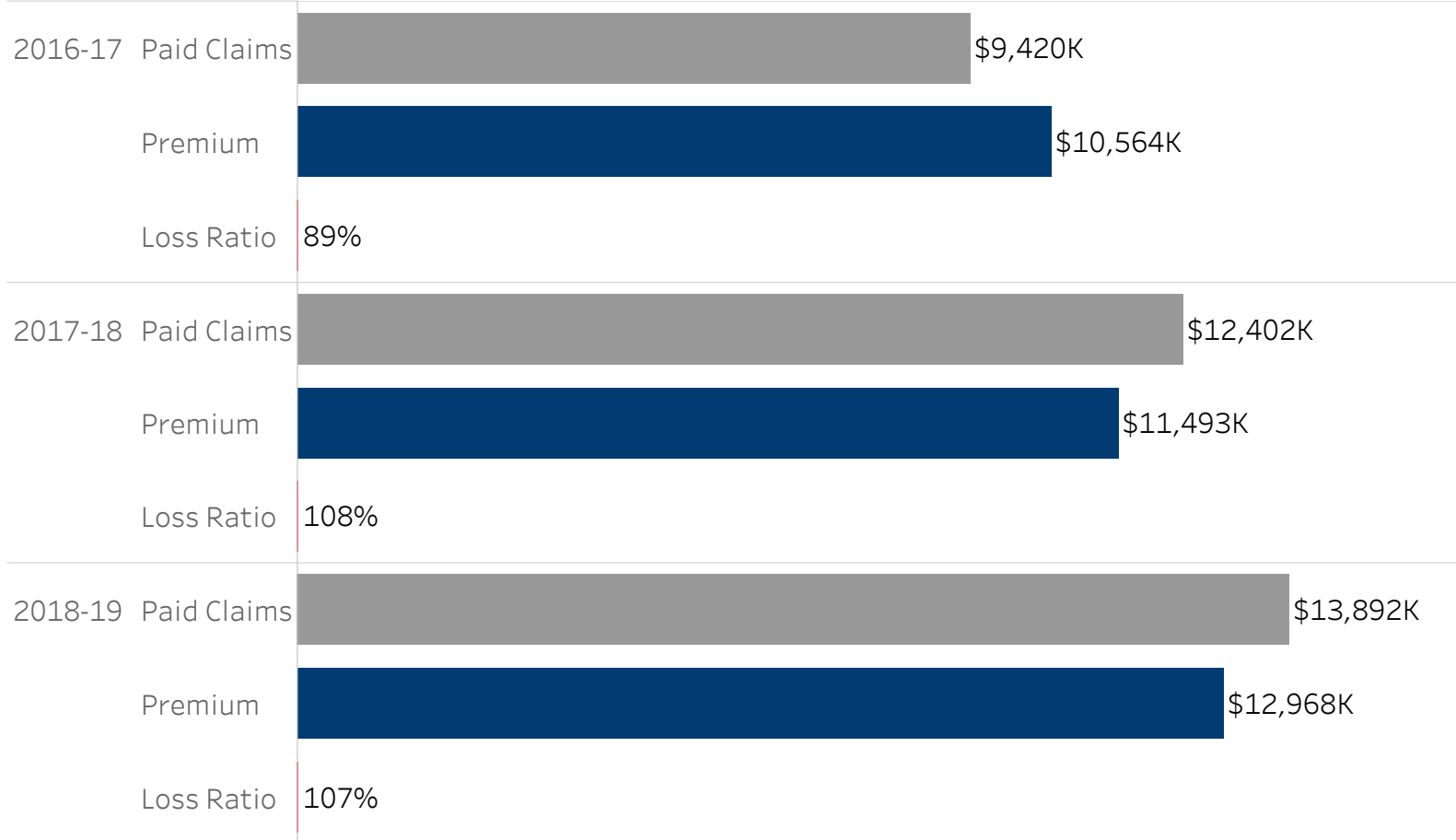


Cover Page	Annualized Membership	<b>Premium &amp; Paid Claims with Loss Ratio</b>	Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization
------------	-----------------------	--	---	------------------------------	----------------------------	-----------------------------	-------------------------------	---	--	---------------------------------	--------------------------------

## Premium and Paid Claims Paid thru December 2019

- Paid Claims
- Premium
- Loss Ratio

Policy Year  
Multiple values




















Cover Page	Annualized Membership	Premium & Paid Claims with Loss Ratio	Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization
------------	-----------------------	---------------------------------------	---	------------------------------	----------------------------	-----------------------------	-------------------------------	---	--	---------------------------------	--------------------------------

## Premium and Paid Claims Point-in-time Comparison

Select Policy Year  
2019

Claims as of Date  
January 01, 2020

	Paid thru December 20xx	Paid thru December 2019
2016-17 Paid Claims	 \$2,505K	 \$9,420K
Premium	 \$5,982K	 \$10,564K
Loss Ratio	42%	89%
2017-18 Paid Claims	 \$2,916K	 \$12,402K
Premium	 \$6,746K	 \$11,493K
Loss Ratio	43%	108%
2018-19 Paid Claims	 \$4,123K	 \$13,892K
Premium	 \$7,885K	 \$12,968K
Loss Ratio	52%	107%
2019-20 Paid Claims	 \$4,177K	
Premium	 \$7,568K	
Loss Ratio	55%	

-  Paid Claims
-  Premium
-  Loss Ratio

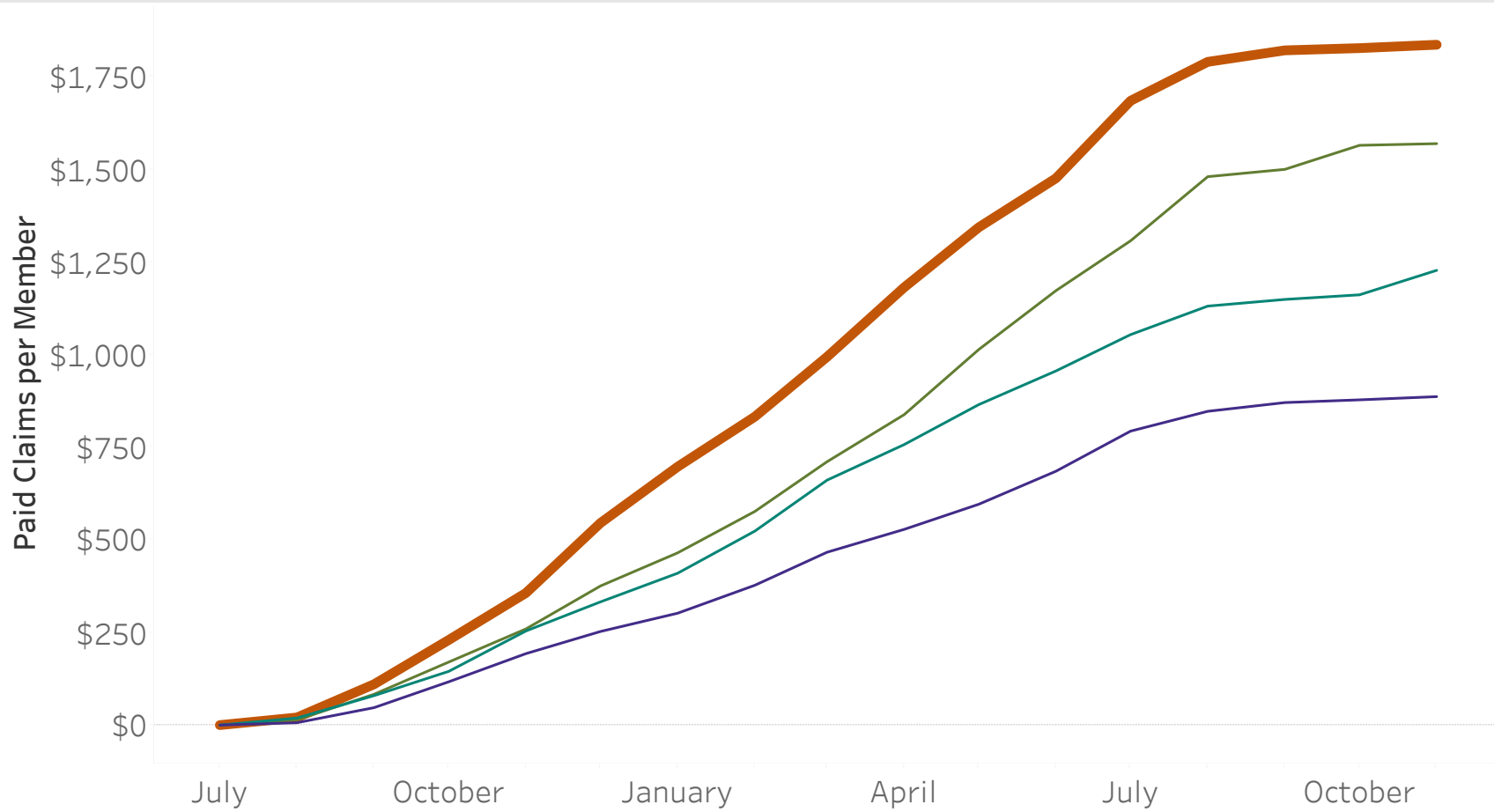
Cover Page	Annualized Membership	Premium & Paid Claims with Loss Ratio	Premium & Paid Claims Point-in-Time Comparisons	<b>Paid Claims per member Trend</b>	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization
------------	-----------------------	---------------------------------------	---	-------------------------------------	----------------------------	-----------------------------	-------------------------------	---	--	---------------------------------	--------------------------------

## Paid Claims per Member Trend

■ 2015-16 ■ 2016-17 ■ 2017-18 ■ 2018-19

Select Policy Year 2018

Policy Year Multiple values



Cover Page	Annualized Membership	Premium & Paid Claims with Loss Ratio	Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	<b>Top Cause Codes Paid Trend</b>	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization	Utilization and Paid Claims per Claimant trend
------------	-----------------------	---------------------------------------	---	------------------------------	-----------------------------------	-----------------------------	-------------------------------	---	--	---------------------------------	--------------------------------	--

## Top 5 Cause Codes Overview

**46% of Paid Claims.**

\$1,912,922 +57%

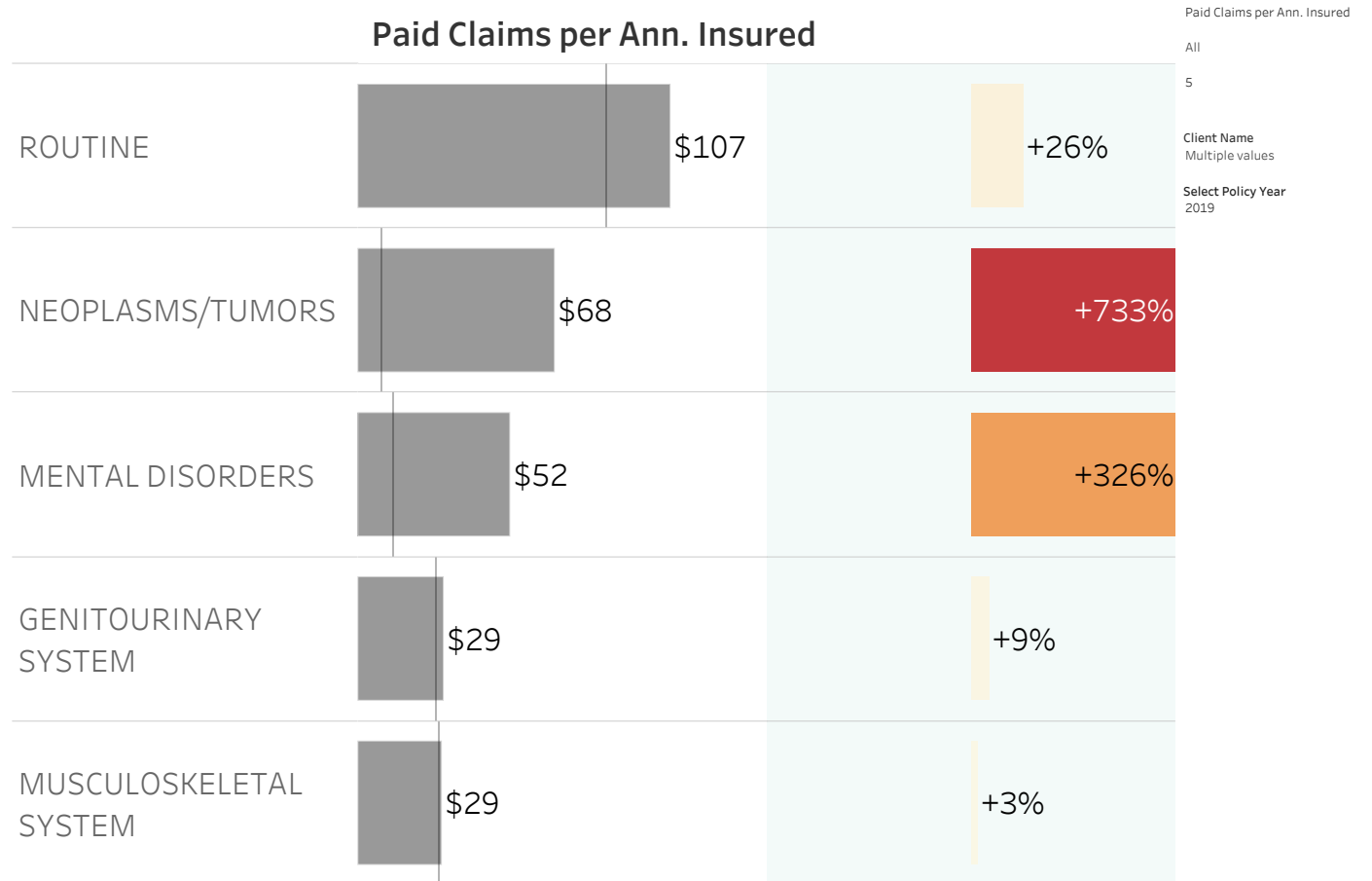
\$286 per member +78%

77% of total  
**Claimants.**

3,782 +2%

565.0 per 1,000 members +16%

### Paid Claims per Ann. Insured



Data from policy years prior to 2019-20 reflects utilization as of the same point-in-time (January 1,20xx) of the prior year to allow for comparison. Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Cover Page	Annualized Membership	Premium & Paid Claims with Loss Ratio	Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	<b>Top Charge Codes Paid Trend</b>	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization	Utilization and Paid Claims per...
------------	-----------------------	---------------------------------------	---	------------------------------	----------------------------	------------------------------------	-------------------------------	---	--	---------------------------------	--------------------------------	------------------------------------

## Top 5 Charge Codes Overview

**59% of total Paid Claims.**

\$2,483,828 +1%

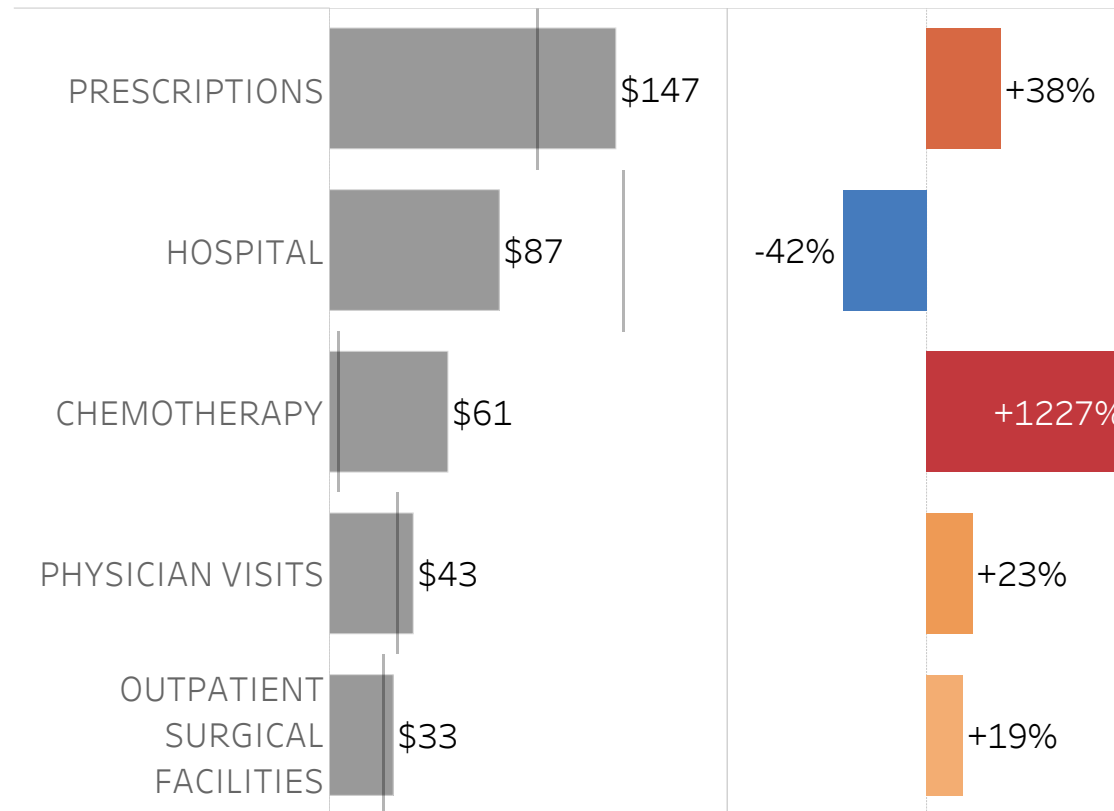
\$371 per member +14%

**44% of total Claimants.**

2,034 -5%

303.9 per 1,000 members +8%

### Paid Claims per Ann. Insured



Paid Claims per

All

All

Cause Code Description

All

Select Policy Year

2019

Data from policy years prior to 2019-20 reflects utilization as of the same point-in-time (January 1, 20xx) of the prior year to allow for comparison.  
Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Kansas State System

Annualized Membership	Premium & Paid Claims with Loss Ratio	Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	<b>Hospital Charge Code Overview</b>	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization	Utilization and Paid Claims per Claimant trend	Dependent Utilization and Paid C..
-----------------------	---------------------------------------	---	------------------------------	----------------------------	-----------------------------	--------------------------------------	---	--	---------------------------------	--------------------------------	--	------------------------------------

## HOSPITAL represents 16% of Paid Claims.

\$589,828 -48%

\$110 per member -30%

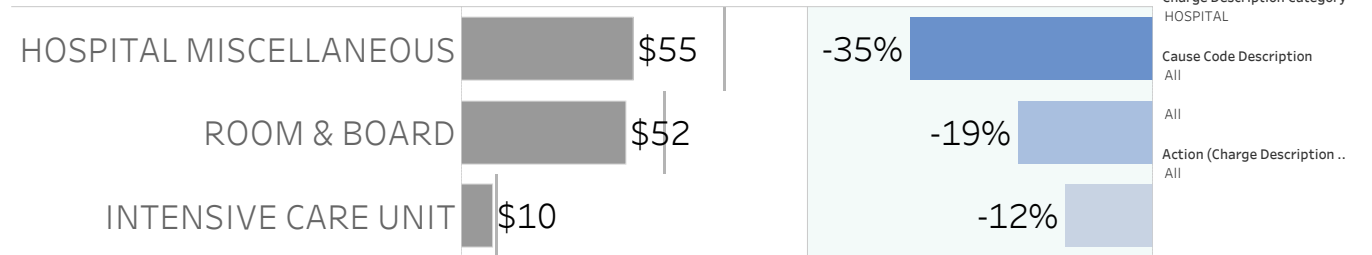
## 1% of total Claimants.

43 -35%

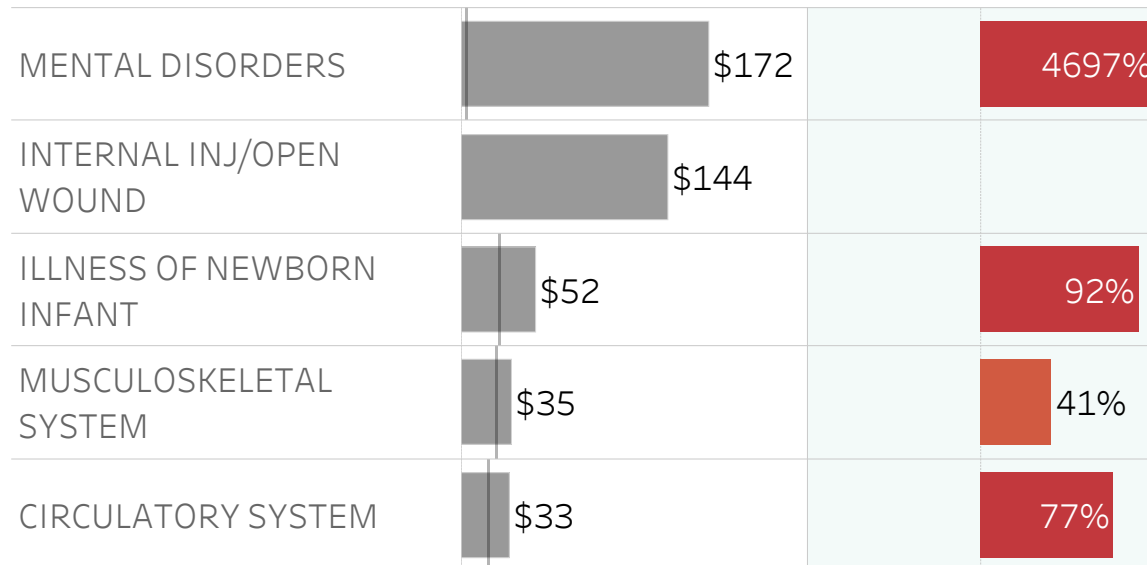
8.034 per 1,000 members -11%

### Charge Code Types

### Paid Claims per Ann. Insured



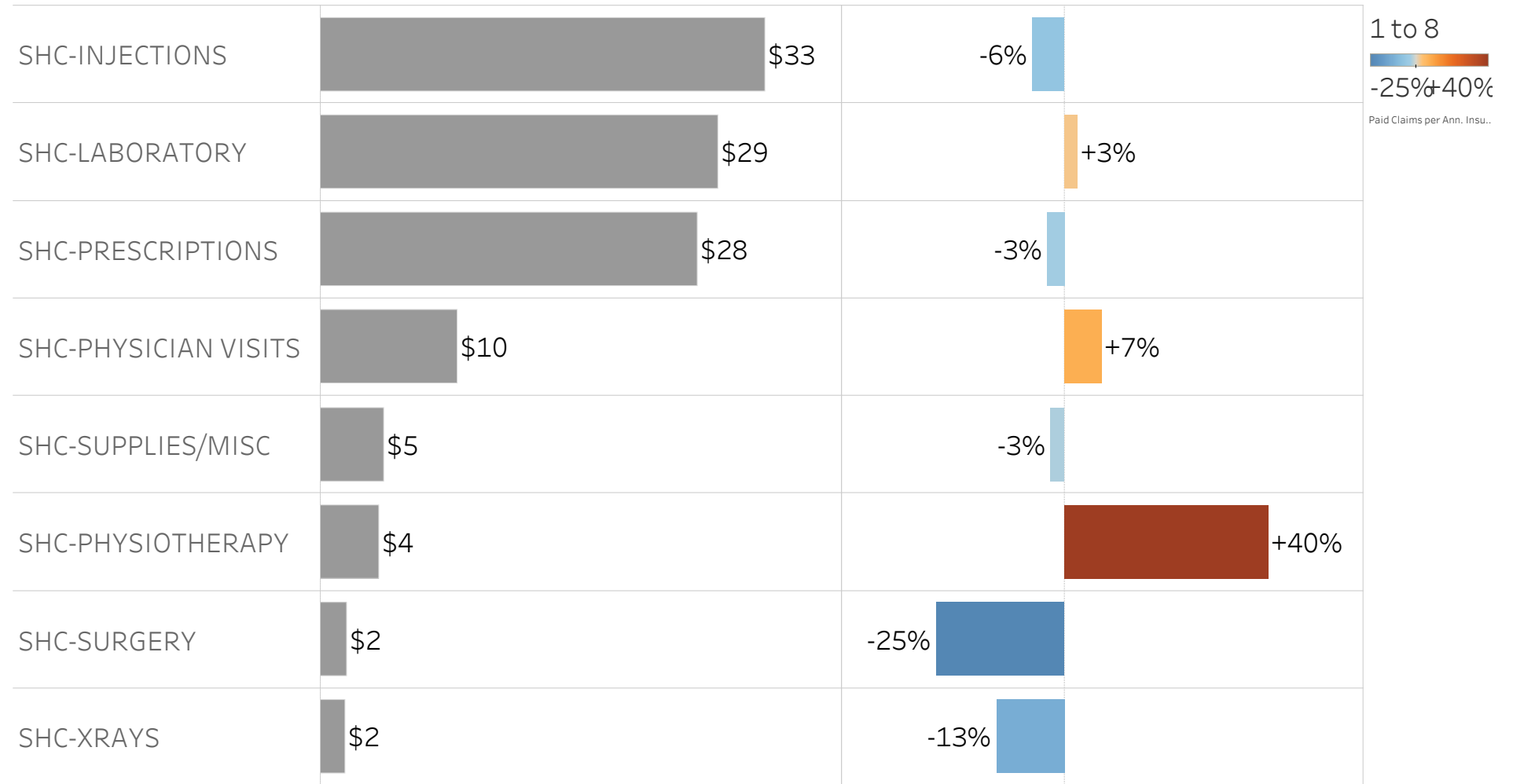
### Top 5 Related Cause Code Descriptions



Data from policy years prior to 2019-20 reflects utilization as of the same point-in-time (January 1,20xx) of the prior year to allow for comparison.  
Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

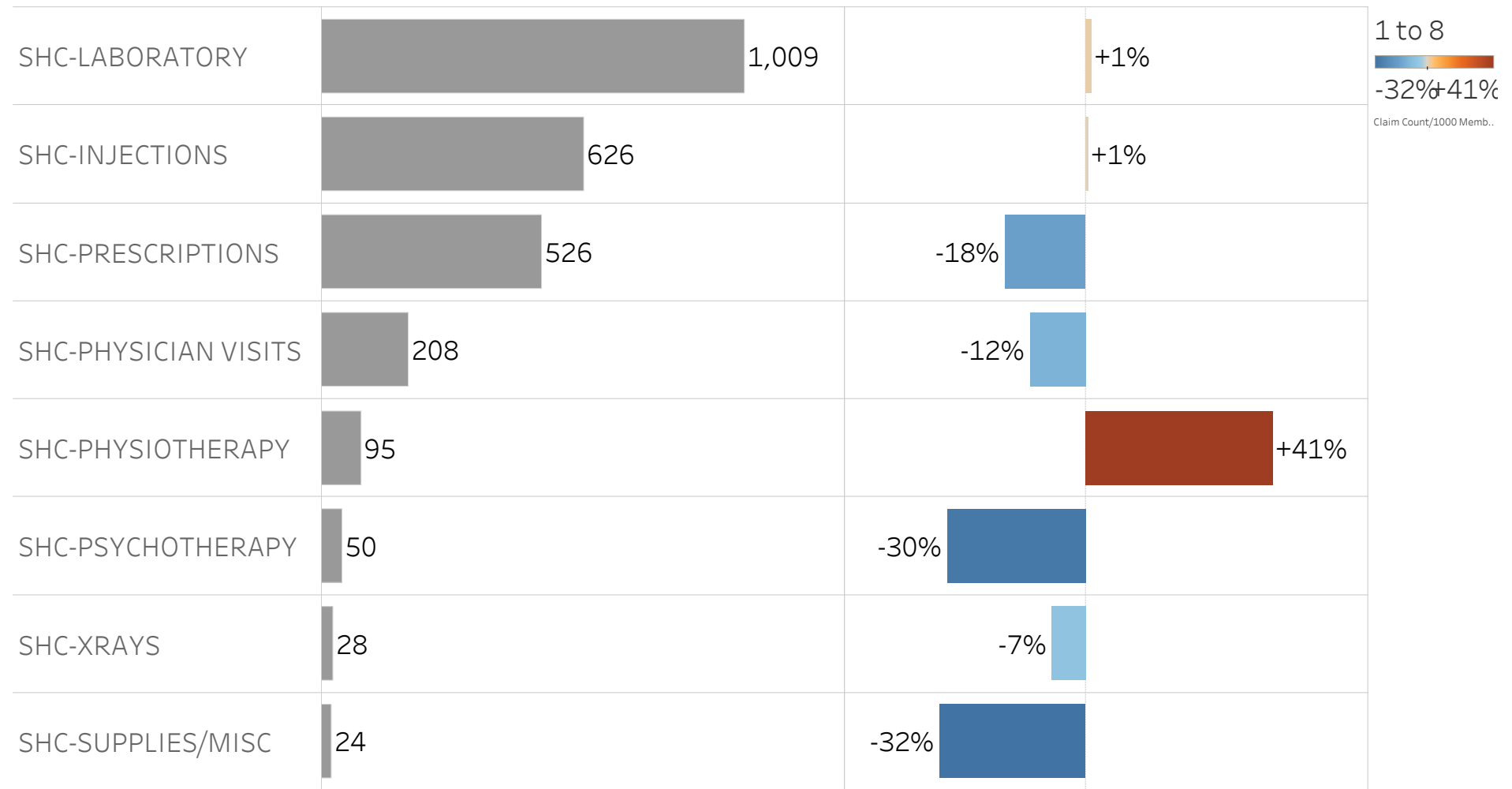
# Kansas State System

Premium & Paid Claims...	Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	<b>Student Health Center Paid Trend Overview</b>	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization	Utilization and Paid Claims per Claimant trend	Dependent Utilization and Paid Claims per Claimant trend	2018-19 Dependents premium c...
--------------------------	---	------------------------------	----------------------------	-----------------------------	-------------------------------	--	--	---------------------------------	--------------------------------	--	--	---------------------------------



# Kansas State System

Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	<b>Student Health Center Utilization Trend Overview</b>	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization	Utilization and Paid Claims per Claimant trend	Dependent Utilization and Paid Claims per Claimant trend	2018-19 Dependents premium compared to paid claims
---	------------------------------	----------------------------	-----------------------------	-------------------------------	---	---	---------------------------------	--------------------------------	--	--	--

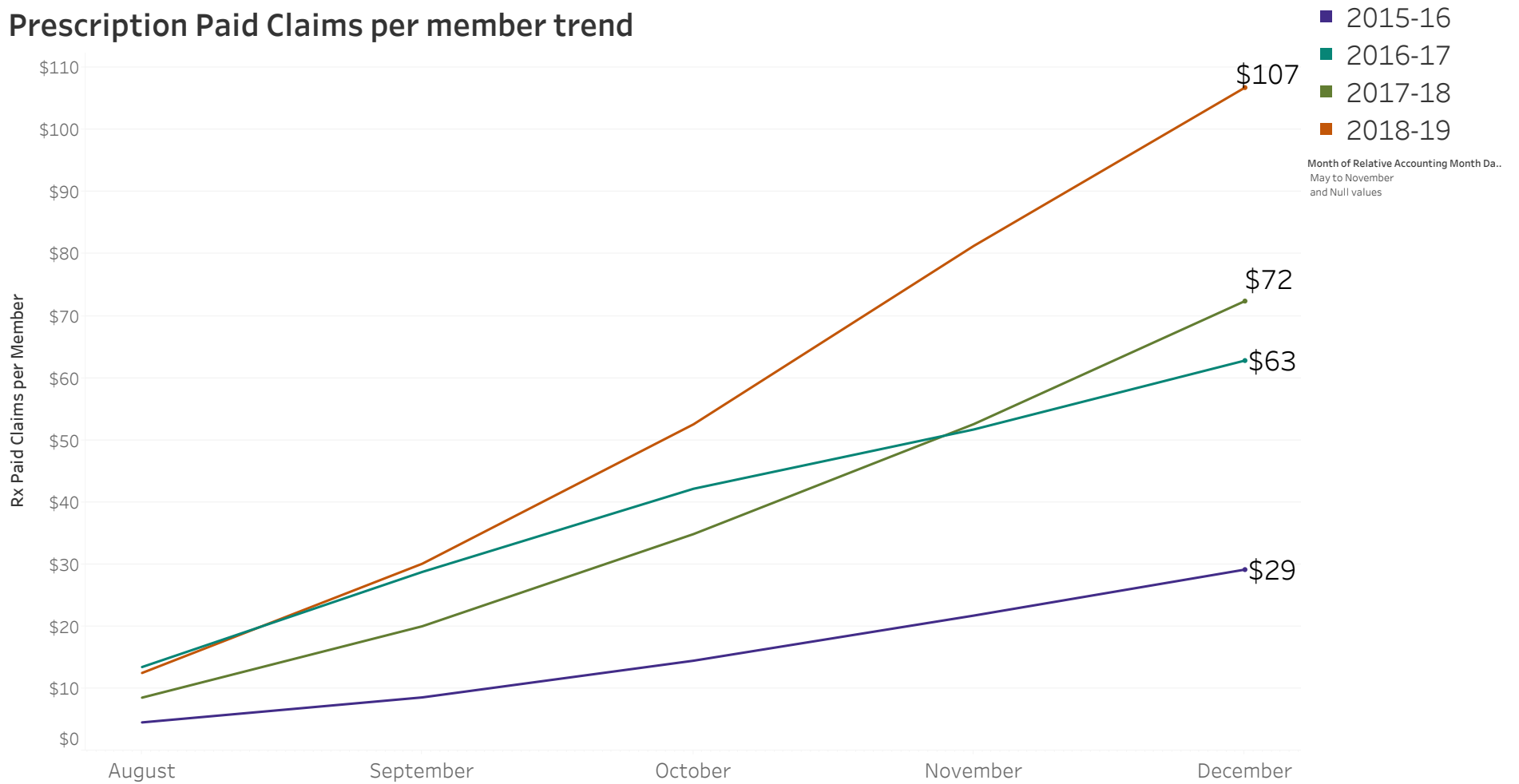




# Kansas State System

Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	<b>Rx Paid Claims per member Trend</b>	Rx Paid Claims and Utilization	Utilization and Paid Claims per Claimant trend	Dependent Utilization and Paid Claims per Claimant trend	2018-19 Dependents premium compared to paid claims
---	------------------------------	----------------------------	-----------------------------	-------------------------------	---	--	--	--------------------------------	--	--	--

## Prescription Paid Claims per member trend



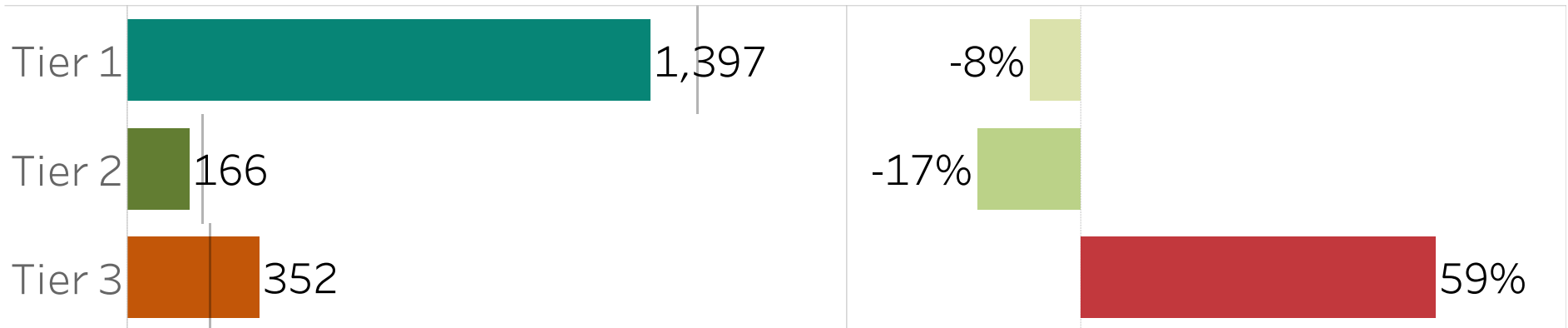
# Kansas State System

Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	<b>Rx Paid Claims and Utilization</b>	Utilization and Paid Claims per Claimant trend	Dependent Utilization and Paid Claims per Claimant trend	2018-19 Dependents premium compared to paid claims
---	------------------------------	----------------------------	-----------------------------	-------------------------------	---	--	---------------------------------	---------------------------------------	--	--	--

## Rx Paid Claims: 2019-20 Policy Year comparisons as of January 1, 20xx



## Rx Claimant Count: 2019-20 Policy Year comparisons as of January 1, 20xx

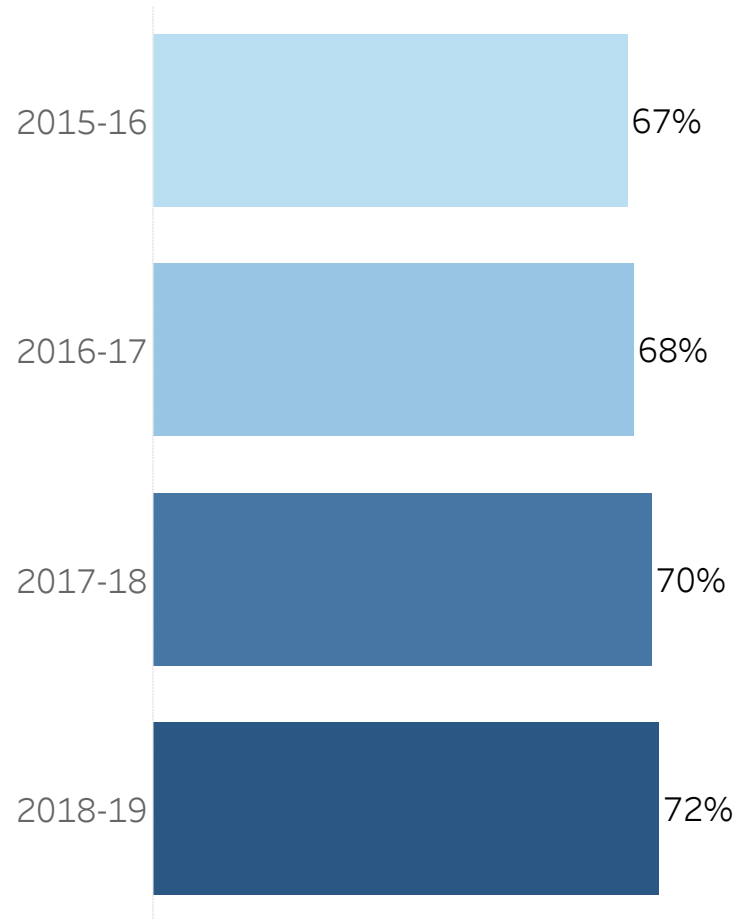


Data from policy years prior to 2019-20 reflects utilization as of the same point-in-time (January 1, 20xx) of the prior year to allow for comparison.  
 Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

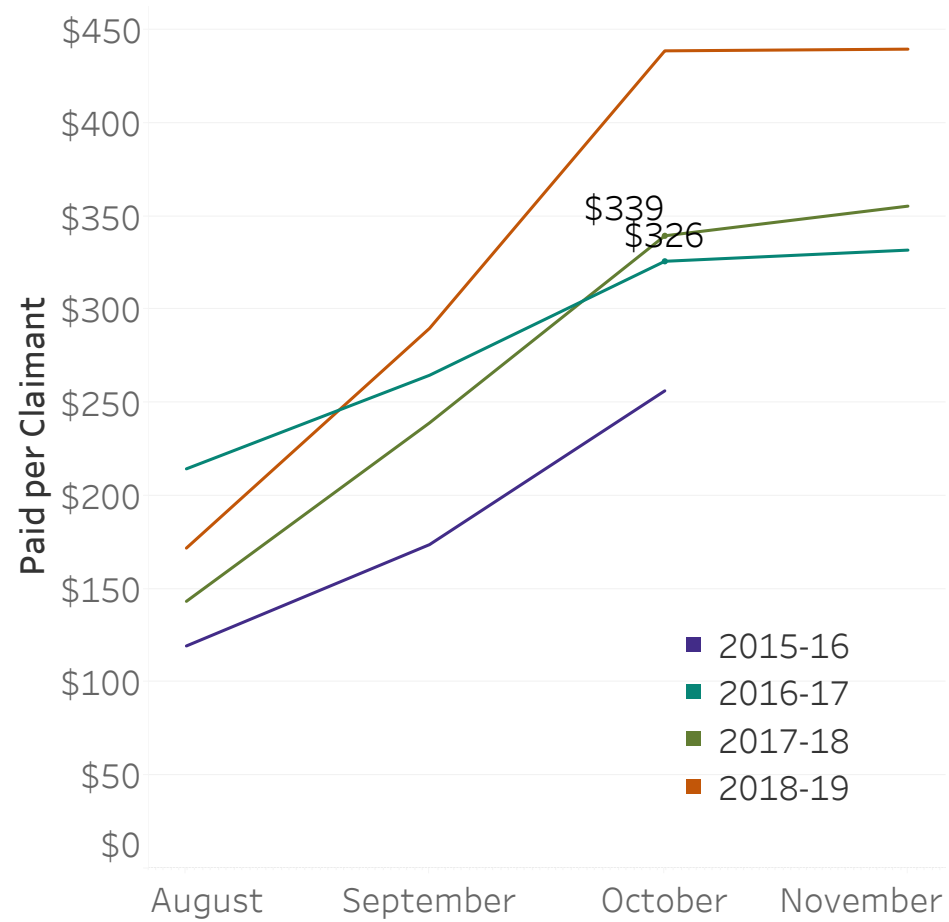
# Kansas State System

Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization	<b>Utilization and Paid Claims per Claimant trend</b>	Dependent Utilization and Paid Claims per Claimant trend	2018-19 Dependents premium compared to paid claims
---	------------------------------	----------------------------	-----------------------------	-------------------------------	---	--	---------------------------------	--------------------------------	---	--	--

## Percentage of Members Utilizing Plan



## Paid per Claimant

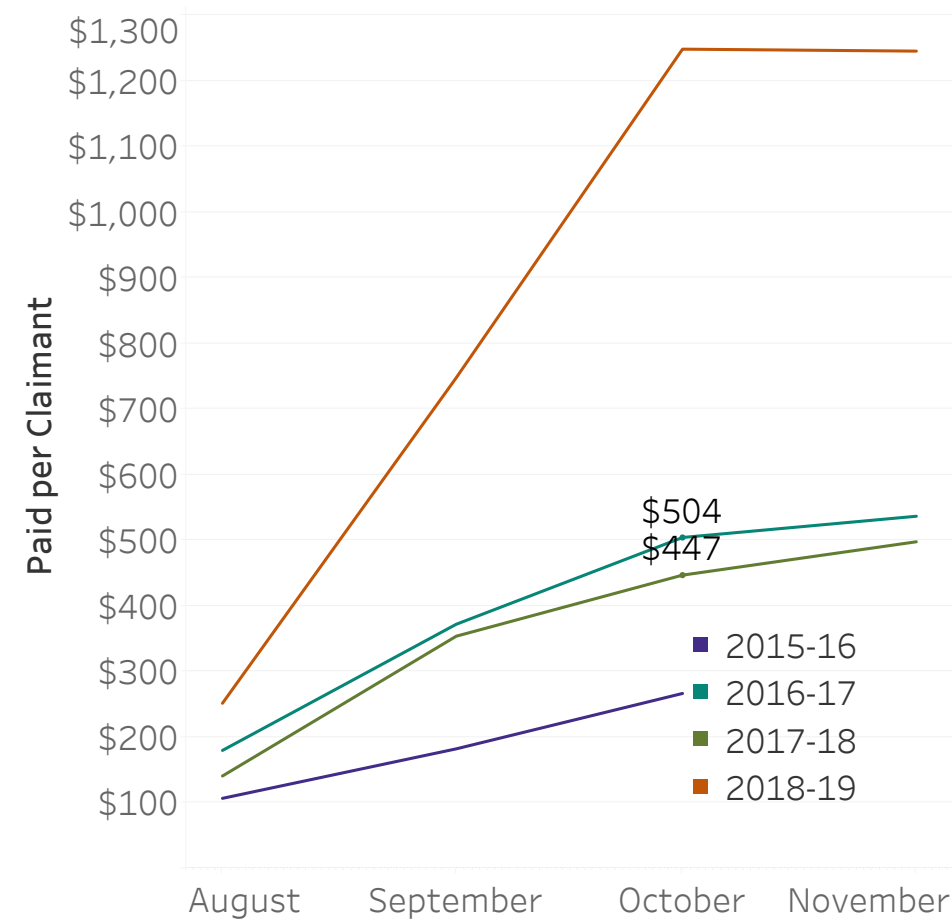
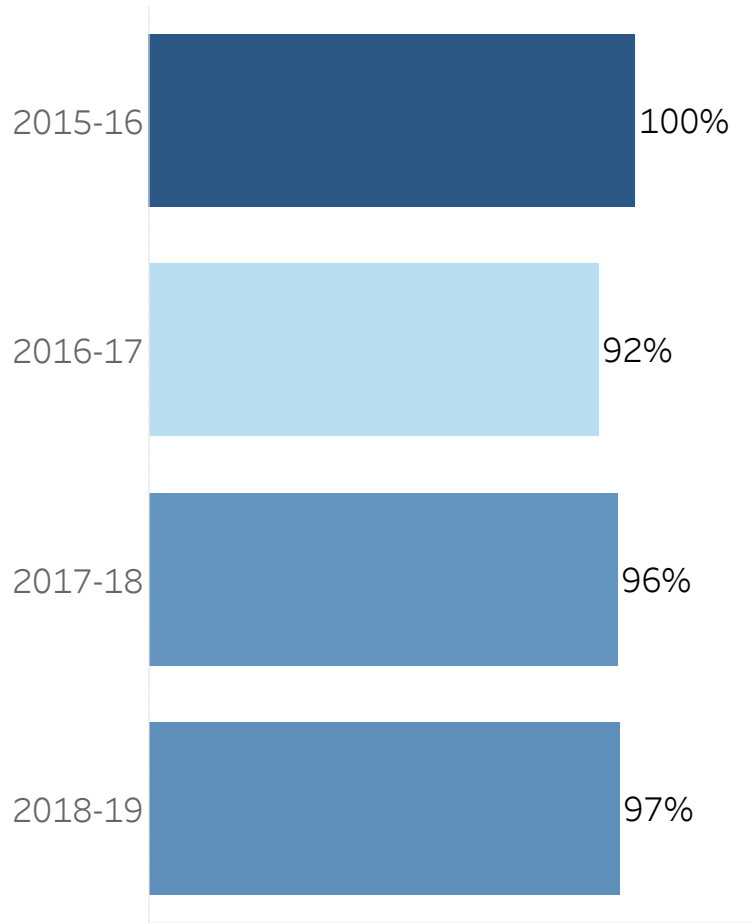


# Kansas State System

Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization	Utilization and Paid Claims per Claimant trend	<b>Dependent Utilization and Paid Claims per Claimant trend</b>	2018-19 Dependents premium compared to paid claims
---	------------------------------	----------------------------	-----------------------------	-------------------------------	---	--	---------------------------------	--------------------------------	--	---	--

## Percentage of Dependents Utilizing Plan Dependents - Paid per Claimant

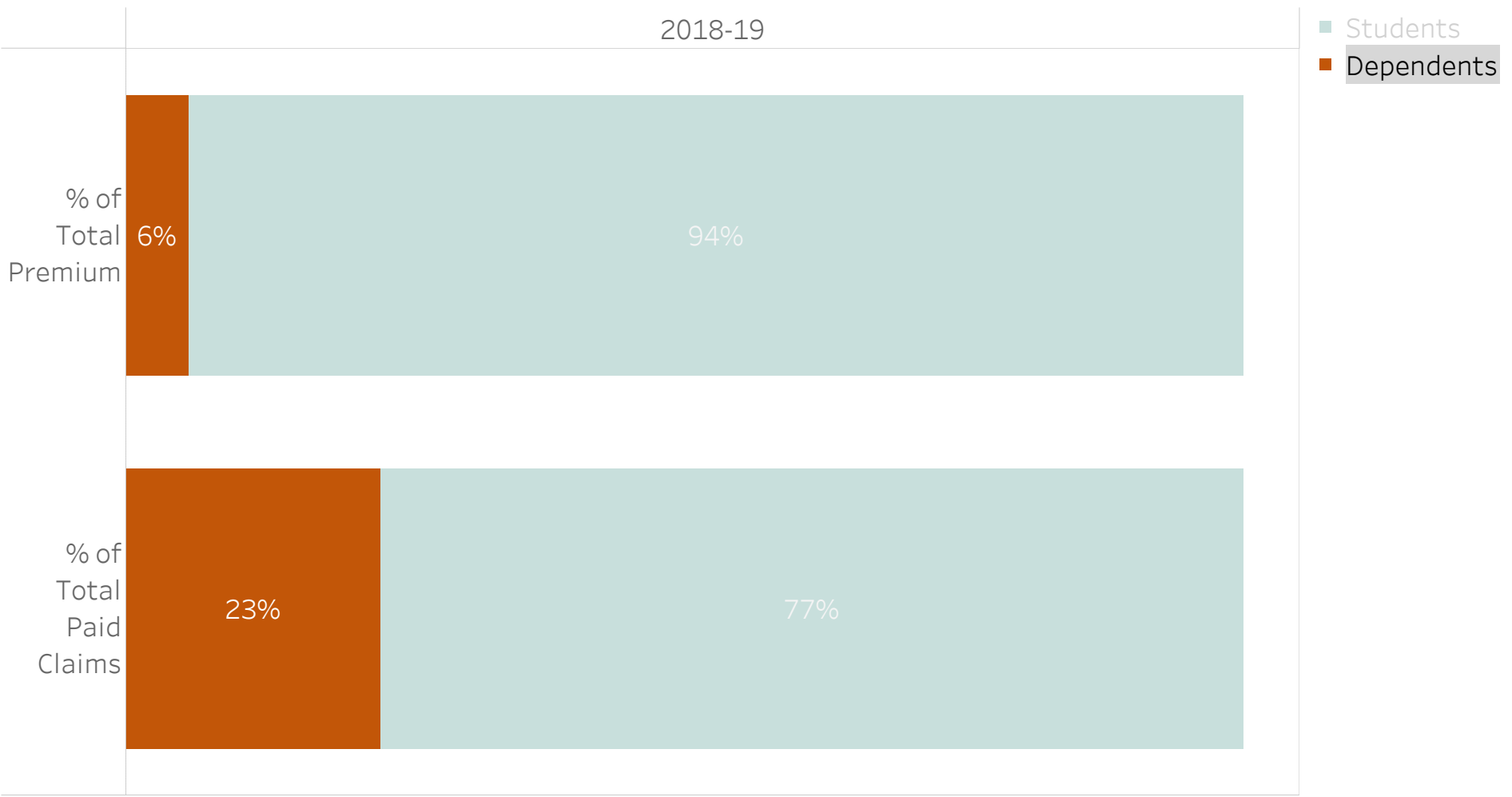
Students-Dependents Dependents



# Kansas State System

Premium & Paid Claims Point-in-Time Comparisons	Paid Claims per member Trend	Top Cause Codes Paid Trend	Top Charge Codes Paid Trend	Hospital Charge Code Overview	Student Health Center Paid Trend Overview	Student Health Center Utilization Trend Overview	Rx Paid Claims per member Trend	Rx Paid Claims and Utilization	Utilization and Paid Claims per Claimant trend	Dependent Utilization and Paid Claims per Claimant trend	2018-19 Dependents premium compared to paid claims
---	------------------------------	----------------------------	-----------------------------	-------------------------------	---	--	---------------------------------	--------------------------------	--	--	--

2018-19



# Premium, Paid Claims, Annualized Membership and Loss Ratio

utilization as of January 01, 2020

					Annualized M..	Premium	Paid Claims	Loss Ratio	
Kansas State System (200118)	Emporia State University (197)	1	2017-18	Dependents	2	\$2,562	\$1,624	63.37%	
			2018-19	Dependents	3	\$4,397	\$24,843	565.01%	
		2	2019-20	Dependents	0	\$738	\$5	0.68%	
			2018-19	Dependents	0	\$2,127	\$3,851	181.05%	
		4	2017-18	Dependents	3	\$4,514	\$6,486	143.69%	
			2018-19	Dependents	0	\$1,561	\$0	0.00%	
	Fort Hays State University (2005)	1	2017-18	Dependents	3	\$5,315	\$8,878	167.03%	
			2018-19	Dependents	2	\$3,830	\$3,207	83.74%	
		2	2019-20	Dependents	2	\$3,544	\$275	7.75%	
			2018-19	Dependents	0	\$0	\$0		
	Kansas State University (470)	1	2017-18	Dependents	12	\$25,718	\$31,119	121.00%	
			2018-19	Dependents	13	\$24,699	\$14,644	59.29%	
			2019-20	Dependents	5	\$5,161	\$0	0.00%	
		2	2019-20	Dependents	10	\$18,162	\$16,380	90.19%	
			3	2017-18	Dependents	63	\$102,480	\$250,873	244.80%
				2018-19	Dependents	71	\$130,053	\$436,247	335.44%
		4	2019-20	Dependents	62	\$58,304	\$83,115	142.55%	
			2017-18	Dependents	16	\$30,948	\$50,993	164.77%	
2018-19			Dependents	8	\$16,759	\$51,407	306.74%		
2019-20			Dependents	6	\$4,880	\$22,903	469.32%		
Pittsburg State University (2009)	1	2017-18	Dependents	4	\$5,490	\$9,154	166.74%		
		2018-19	Dependents	4	\$9,362	\$1,610	17.20%		
		2019-20	Dependents	4	\$4,554	\$740	16.25%		
	2	2019-20	Dependents	1	\$6,054	\$492	8.12%		
		3	2017-18	Dependents	0	\$610	\$0	0.00%	

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

\*2019-20 Policy Year Annualized Insured Count is an estimate.

## Premium, Paid Claims, Annualized Membership and Loss Ratio Kansas State System (200118) Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Premium, Paid Claims, Annualized Membership and Loss Ratio

utilization as of January 01, 2020

				Annualized M..	Premium	Paid Claims	Loss Ratio
Kansas State System (200118)	Pittsburg State University (2009)	3	2018-19 Dependents	1	\$2,127	\$350	16.46%
		4	2017-18 Dependents	4	\$7,808	\$9,449	121.02%
			2018-19 Dependents	1	\$1,277	\$598	46.79%
	University of Kansas - Medical Center (2070)	1	2017-18 Dependents	69	\$129,474	\$275,798	213.01%
			2018-19 Dependents	66	\$147,245	\$216,816	147.25%
		2	2019-20 Dependents	48	\$96,568	\$89,136	92.30%
		3	2017-18 Dependents	7	\$12,322	\$76,740	622.79%
			2018-19 Dependents	7	\$12,198	\$87,660	718.64%
			2019-20 Dependents	8	\$8,268	\$31,387	379.62%
		4	2017-18 Dependents	10	\$20,984	\$66,285	315.89%
			2018-19 Dependents	1	\$1,844	\$7,443	403.66%
			2019-20 Dependents	1	\$1,476	\$124	8.40%
	University of Kansas (471)	1	2017-18 Dependents	58	\$97,425	\$1,177,724	1208.85%
			2018-19 Dependents	49	\$100,561	\$1,003,143	997.55%
			2019-20 Dependents	25	\$50,397	\$67,072	133.09%
		2	2019-20 Dependents	5	\$9,894	\$4,653	47.03%
		3	2017-18 Dependents	88	\$142,374	\$903,334	634.48%
			2018-19 Dependents	90	\$164,241	\$1,054,271	641.90%
			2019-20 Dependents	92	\$111,744	\$37,730	33.76%
		4	2017-18 Dependents	43	\$80,764	\$170,560	211.18%
			2018-19 Dependents	24	\$53,338	\$167,436	313.91%
			2019-20 Dependents	7	\$18,036	\$6,122	33.94%
	Wichita State University (180)	1	2017-18 Dependents	23	\$37,698	\$64,212	170.33%
		2018-19 Dependents	18	\$35,742	\$17,604	49.25%	
		2019-20 Dependents	6	\$22,162	\$3,261	14.71%	

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

\*2019-20 Policy Year Annualized Insured Count is an estimate.

## Premium, Paid Claims, Annualized Membership and Loss Ratio Kansas State System (200118) Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Premium, Paid Claims, Annualized Membership and Loss Ratio

utilization as of January 01, 2020

					Annualized M..	Premium	Paid Claims	Loss Ratio
Kansas State System (200118)	Wichita State University (180)	2	2019-20	Dependents	3	\$5,316	\$1,062	19.98%
		3	2017-18	Dependents	6	\$14,762	\$12,680	85.89%
	4	2018-19	Dependents	5	\$9,501	\$49,562	521.65%	
		2019-20	Dependents	3	\$5,166	\$2,054	39.77%	
		2017-18	Dependents	8	\$12,566	\$26,757	212.93%	
		2018-19	Dependents	5	\$9,220	\$14,079	152.70%	
		2019-20	Dependents	4	\$5,908	\$1,850	31.31%	

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

\*2019-20 Policy Year Annualized Insured Count is an estimate.

**Premium, Paid Claims, Annualized Membership and Loss Ratio  
Kansas State System (200118) Utilization as of January 01, 2020**

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



# Proposed Rates & Benefits



<b>Client Name</b>	Kansas Board of Regents	<b>Proposal #</b>	1
Administrator	UHCSR	<b>Version #</b>	1
Account #	200118	<b>Date of Proposal</b>	1/24/2020
Option #	1/2/3/4	<b>State</b>	Kansas
Policy Effective Date	8/1/2020	<b>Actuarial Value</b>	0.00%
Administrator	UHCSR	<b>Metallic Level</b>	Pending
PPO Network	UHC Choice Plus		

	Option 1			Option 2, 3, 4		
	2019-2020 Policy Year	2020-2021 Policy Year	% Change	2019-2020 Policy Year	2020-2021 Policy Year	% Change
<b>Basic</b>	<b>Gross</b>	<b>Gross</b>		<b>Gross</b>	<b>Gross</b>	
Student	\$3,643.00	\$4,997.00	37.17%	\$1,772.00	\$2,431.00	37.19%
Spouse	\$3,643.00	\$4,997.00	37.17%	\$1,772.00	\$2,431.00	37.19%
Each Child	\$3,643.00	\$4,997.00	37.17%	\$1,772.00	\$2,431.00	37.19%
All Children	\$7,286.00	\$9,994.00	37.17%	\$3,544.00	\$4,862.00	37.19%
All Dependents	\$10,929.00	\$14,991.00	37.17%	\$5,316.00	\$7,293.00	37.19%

	Option 1		Option 2, 3, 4	
	2020-2021 Policy Year		2020-2021 Policy Year	
<b>Basic</b>	<b>Gross</b>	<b>% Change</b>	<b>Gross</b>	<b>% Change</b>
<b>Student Only – NO DEPENDENTS</b>	\$4,364.22	19.80%	\$2,122	19.80%

NOTE: The rates quoted are applicable to the plan design attached. UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Policyholder; and (iii) as otherwise permitted in our policy.

Bid Proposal: 1      Version: 1      Date: 1/24/2020

## Modifications:

1. Truvada has been changed from subject to a copay to being paid with no copay, coinsurance or deductible being applicable.
2. The following Prescription Drug programs have been added to the plan: Prior Authorization and Step Therapy.

## Alternate Quotes:

1. Increase the Rx copays (outside the SHC) to \$30/50% -\$15.00
  2. 3 tier at \$30/40%/60% -\$21.00
  3. Increase the OOP max to highest level, \$8,200 Single/\$16,400 Family -\$79.00
  4. Implement a waiver for undergrad students
- This would result in a single rate for eligible students at annual rate of \$2,248 per student. This is a -55.02% of the 2020/21 proposed -1 voluntary rates and a -7.52% off of the 2020/21 proposed hard waiver rates for options -2, -3 and -4

# Historical Review of KBOR

---

## 2016-2017

### **Rates:**

Insured Type	Rates
Student	\$1,392.00
Spouse	\$1,392.00
One Child	\$1,392.00
Two or More Children	\$2,784.00
Spouse or 2 or more Children	\$4,176.00

### **Benefit Changes:**

Modifications:	
1.	Tier 2/brand name coins@SHC and UHC from 30% to 40%. OON tier 2 changes from 40% to 50%.
2.	Above modification was made to keep plan in Gold AV band
3.	The out of network physician visit benefit changes from 60% to 70% of Usual and Customary

## 2017-2018

### **Rates:**

Insured Type	Rates
Student	\$1,464.00
Spouse	\$1,464.00
One Child	\$1,464.00
Two or More Children	\$2,928.00
Spouse or 2 or more Children	\$4,392.00

### **Benefit Changes:**

Modifications:	
1.	Pricing includes coverage for all additional state required Essential Health Benefits that are being included with our 2017-18 policy filing, including the medically necessary treatment of gender identity disorder including surgery.

## 2018-2019

### **Rates:**

Insured Type	Rates
Student	\$1,702.00
Spouse	\$1,702.00
One Child	\$1,702.00
Two or More Children	\$3,404.00
Spouse or 2 or more Children	\$5,106.00

### **Benefit Changes:**

Modifications:	
1.	The Per Insured Person, Per Policy Year Deductible has changed from \$300 Preferred Provider \$600 Out-of-Network Provider to \$500 Preferred Provider \$1,000 Out-of-Network Provider.
2.	The Medical Emergency Expenses Copay per Visit has changed from \$100 to \$250.
3.	The Inpatient Room & Board Expense benefit has changed from 80% of Preferred Allowance 60% of Usual and Customary Charges to 80% of Preferred Allowance after \$250 Copay per Hospital Confinement 60% of Usual and Customary Charges after \$250 Copay per Hospital Confinement.
4.	The rates have changed.

## 2019-2020

### **Rates:**

Insured Type	Rates Option 1	Rates Option 2, 3, 4
Student	\$3,643.00	\$1,772.00
Spouse	\$3,643.00	\$1,772.00
One Child	\$3,643.00	\$1,772.00
Two or More Children	\$7,286.00	\$3,544.00
Spouse or 2 or more Children	\$10,929.00	\$5,316.00

### **Benefit Changes:**

Modifications:	
1.	The rates have changed.
2.	The eligibility statement was changed to accommodate adding option 2