



# Kansas State System (200118)

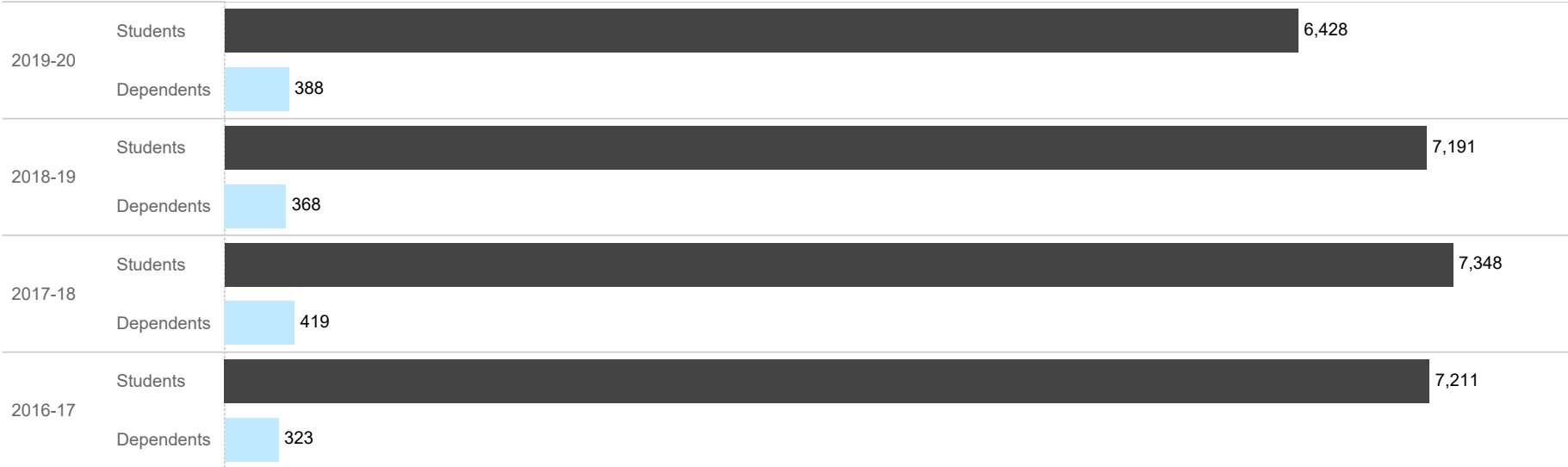
Policy Option(s)

1  
2  
3  
4

# Annualized Membership

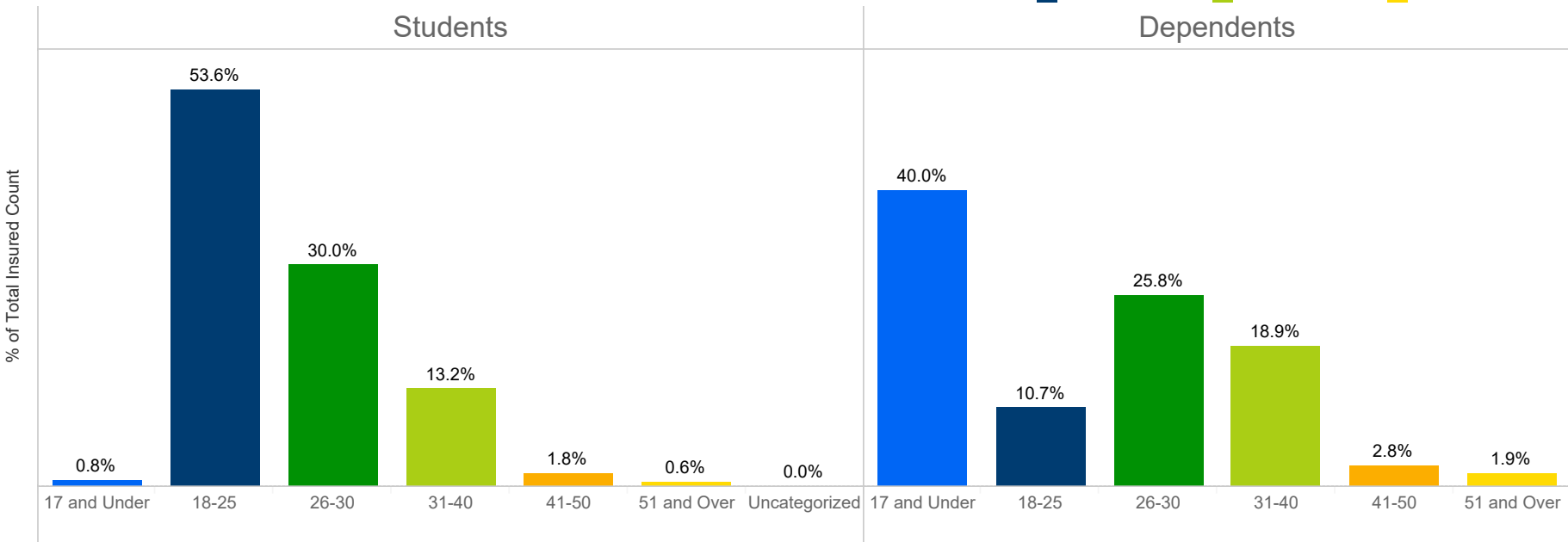
2019-20 policy year is an estimate.

■ 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 August 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

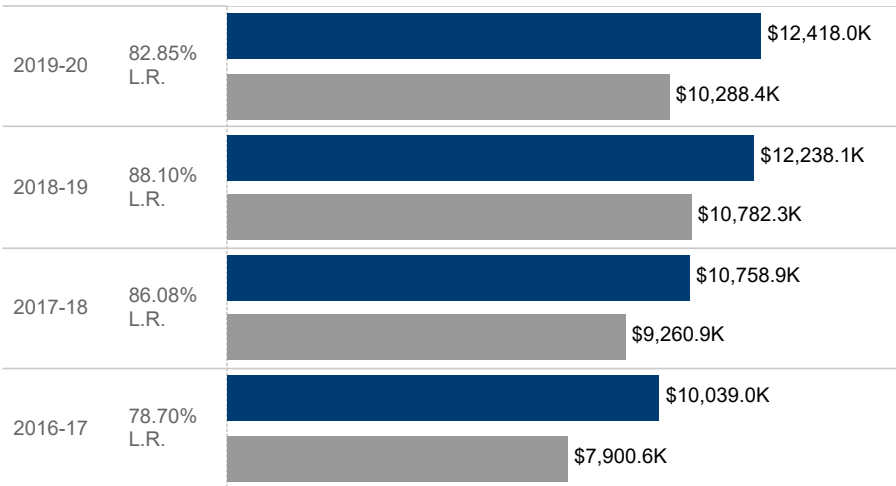


Values are displayed in thousands

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

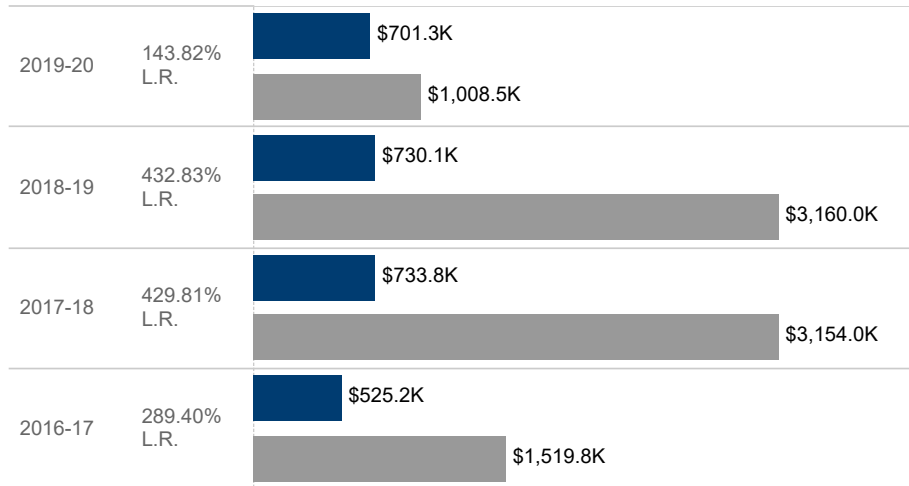
■ Premium    ■ Paid Claims



Values are displayed in thousands

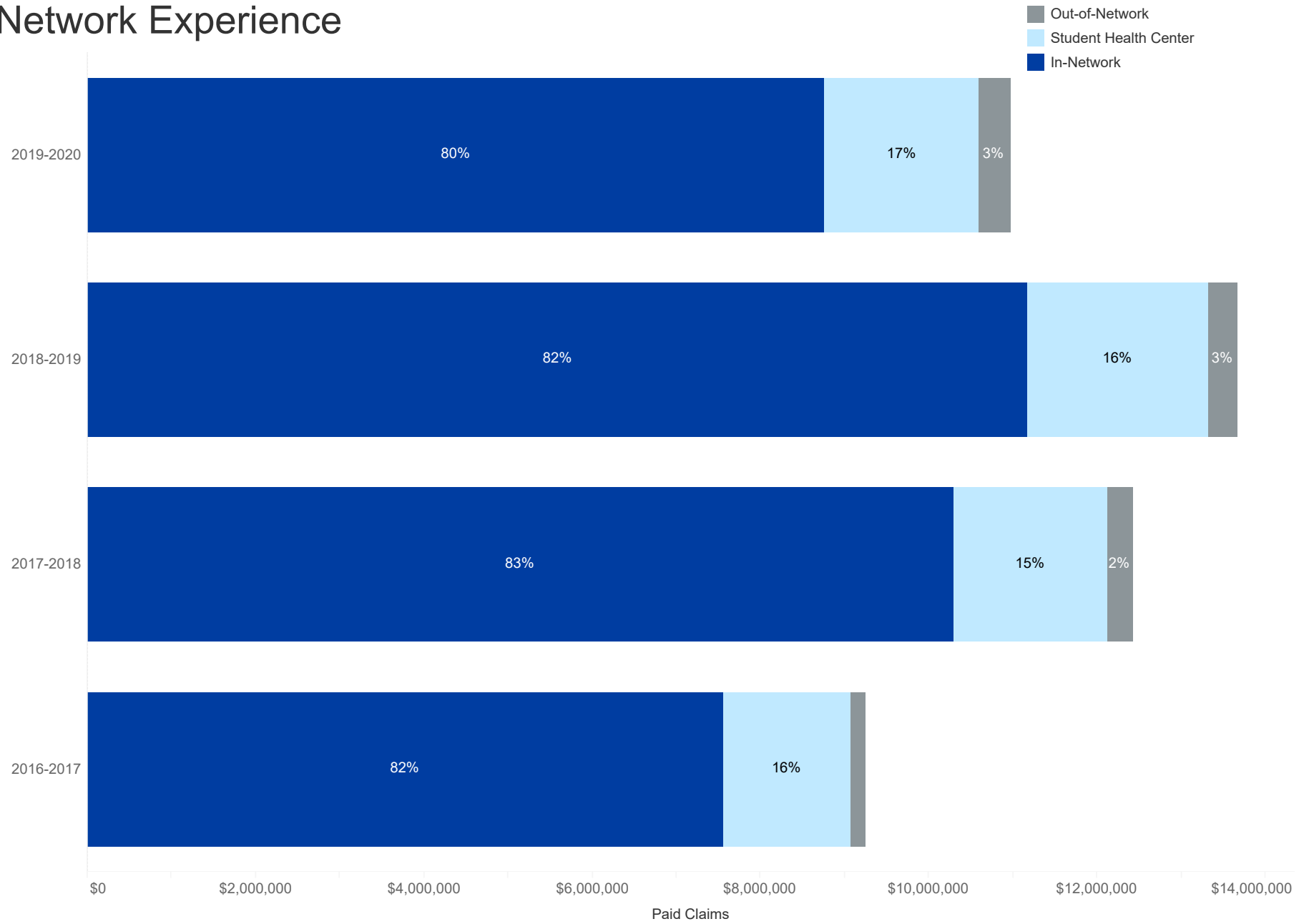
## Dependents - P&L

■ Premium    ■ Paid Claims



Values are displayed in thousands

# Network Experience



# SR Charge Category Utilization as of 8/19/2020

Kansas State System (200118)

Policy Option(s): All | Insured Location: All

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Network Type	Charge Service Type	Charge Description Category	2018-2019				2019-2020			
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Grand Total					\$33,437,736	\$13,942,818			\$27,078,437	\$11,606,660
Total					\$29,746,261	\$11,171,946			\$23,765,345	\$8,973,182
In-Network	Outpatient	Total			\$18,979,475	\$7,042,307			\$17,235,709	\$6,901,703
		ANESTHETIST	168	221	\$194,878	\$87,142	120	162	\$136,088	\$59,255
		ASSISTANT SURGEON	22	22	\$47,906	\$4,151	13	14	\$26,405	\$1,977
		CAT SCAN / MRI	353	725	\$1,714,363	\$557,206	289	638	\$1,493,997	\$514,114
		CHEMOTHERAPY	13	39	\$632,133	\$347,880	11	59	\$1,212,116	\$712,342
		HOSPITAL MISCELLANEOUS	3	28	\$159,200	\$67,238	92	109	\$32,046	\$15,785
		INJECTIONS	931	1,601	\$403,931	\$219,731	713	1,321	\$368,944	\$221,790
		LABORATORY	1,853	5,484	\$2,195,627	\$490,814	1,599	4,686	\$1,586,818	\$353,927
		MEDICAL EMERGENCY	423	527	\$1,365,803	\$425,147	298	356	\$790,941	\$215,460
		OUTPATIENT SURGERY	626	988	\$765,348	\$233,210	480	749	\$540,000	\$156,058
		OUTPATIENT SURGICAL FACILITI..	215	294	\$2,989,598	\$885,272	164	226	\$2,412,341	\$599,610
		PHYSICIAN VISITS	2,669	8,958	\$1,546,122	\$723,055	2,312	8,099	\$1,482,270	\$735,761
		PHYSIOTHERAPY	256	1,275	\$361,422	\$89,952	251	1,113	\$358,824	\$74,288
		PRESCRIPTIONS	2,736	25,150	\$5,542,448	\$2,583,970	2,401	22,692	\$6,081,015	\$3,015,326
		RADIATION THERAPY	1	51	\$141,368	\$39,907	1	3	\$9,273	\$1,918
		SUPPLIES/MISC	109	158	\$170,528	\$103,280	108	161	\$148,718	\$84,017
		XRAYS	894	2,089	\$748,800	\$184,353	690	1,613	\$555,913	\$140,077
		Inpatient	Total			\$10,766,786	\$4,129,639			\$6,529,636
	ANESTHETIST		84	112	\$193,391	\$104,253	54	66	\$128,419	\$67,177
	ASSISTANT SURGEON		22	22	\$21,984	\$2,339	13	13	\$19,404	\$1,624
	HOME HEALTH CARE		8	23	\$29,865	\$17,727	7	15	\$15,953	\$5,233
	HOSPITAL		231	348	\$9,676,939	\$3,623,417	141	256	\$5,606,223	\$1,695,794
	INJECTIONS		1	1	\$73	\$54	3	3	\$215	\$109
	INPATIENT SURGERY		108	146	\$439,878	\$227,108	69	88	\$351,741	\$147,706
	MEDICAL EMERGENCY		30	31	\$104,453	\$43,900	25	39	\$127,560	\$45,898
	PHYSICIAN VISITS		177	547	\$268,091	\$100,777	144	458	\$256,502	\$98,789
	PROFESSIONAL FEE		45	180	\$32,111	\$10,063	32	115	\$23,618	\$9,150
Total					\$891,107	\$345,092			\$858,436	\$369,949
Out of Network	Outpatient	Total			\$523,807	\$144,526			\$447,484	\$138,911

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Kansas State System (200118) - Utilization as of 8/19/2020

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# SR Charge Category Utilization as of 8/19/2020

Kansas State System (200118)

Policy Option(s): All | Insured Location: All

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Network Type	Charge Service Type	Charge Description Category	2018-2019				2019-2020				
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims	
Out of Network	Outpatient	ANESTHETIST	14	36	\$21,776	\$4,125	11	16	\$23,880	\$1,321	
		ASSISTANT SURGEON	1	1	\$2,161	\$0					
		CAT SCAN / MRI	68	78	\$48,219	\$9,986	4	4	\$17,284	\$5,343	
		HOSPITAL MISCELLANEOUS	1	3	\$398	\$318	3	3	\$17,565	\$10,020	
		INJECTIONS	12	13	\$630	\$211					
		LABORATORY	164	285	\$117,769	\$21,686	88	128	\$60,878	\$10,763	
		MEDICAL EMERGENCY	5	6	\$19,808	\$7,264	7	8	\$29,739	\$18,011	
		OUTPATIENT SURGERY	21	30	\$25,397	\$4,981	18	22	\$36,585	\$9,482	
		OUTPATIENT SURGICAL FACILITI..	2	7	\$26,278	\$11,730	2	3	\$49,157	\$19,663	
		PHYSICIAN VISITS	227	706	\$224,657	\$75,989	175	688	\$192,719	\$61,796	
		PHYSIOTHERAPY	29	150	\$22,667	\$4,831	23	94	\$16,274	\$2,161	
		PRESCRIPTIONS	7	18	\$2,992	\$2,484	12	14	\$496	\$264	
		SUPPLIES/MISC					2	2	\$1,158	\$0	
	XRAYS	94	111	\$11,057	\$922	7	7	\$1,748	\$86		
		Inpatient	Total			\$367,299	\$200,565			\$410,953	\$231,038
			ANESTHETIST	10	10	\$17,370	\$5,378	8	9	\$18,659	\$3,294
			ASSISTANT SURGEON	1	1	\$5,080	\$3,048				
			HOME HEALTH CARE	1	1	\$395	\$0				
			HOSPITAL	22	32	\$215,527	\$131,371	11	17	\$349,277	\$213,109
			INJECTIONS	1	1	\$20	\$20				
	INPATIENT SURGERY		3	4	\$29,921	\$14,957	1	1	\$2,000	\$240	
	MEDICAL EMERGENCY	5	6	\$11,526	\$8,119	2	4	\$5,710	\$4,403		
	PHYSICIAN VISITS	30	99	\$69,708	\$31,187	14	35	\$29,989	\$9,512		
	PROFESSIONAL FEE	49	114	\$17,753	\$6,485	22	40	\$5,318	\$481		
Total				\$549,153	\$264,441			\$478,646	\$337,028		
Other Charges	Outpatient	Total			\$455,642	\$246,948			\$456,365	\$334,057	
		AMBULANCE	47	63	\$171,545	\$149,226	26	35	\$266,238	\$252,962	
		CONSULTANT	147	169	\$53,677	\$15,643	17	17	\$4,722	\$375	
		DENTAL	47	64	\$11,727	\$272	28	37	\$7,413	\$2,100	
		DURABLE MED/BRACES/APPL	166	273	\$157,533	\$43,993	115	196	\$127,737	\$39,027	
		GROUP LEDGER BILLING	4	4	\$5,909	\$5,909	4	9	\$19,905	\$19,022	

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Kansas State System (200118) - Utilization as of 8/19/2020

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# SR Charge Category Utilization as of 8/19/2020

Kansas State System (200118)

Policy Option(s): All | Insured Location: All

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Network Type	Charge Service Type	Charge Description Category	2018-2019				2019-2020			
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Other Charges	Outpatient	OTHER	20	181	\$28,612	\$28,612	26	128	\$18,768	\$18,768
		URGENT CARE	23	28	\$26,638	\$3,293	12	16	\$11,581	\$1,802
	Inpatient	Total			\$93,512	\$17,494			\$22,281	\$2,971
		CONSULTANT	31	50	\$16,370	\$7,013	5	6	\$1,614	\$954
		DENTAL	56	82	\$77,142	\$10,481	33	42	\$20,667	\$2,017
	OTHER					1	1	\$0	\$0	
Total				\$10,896	\$14,683			\$2,677	\$37,245	
Non-Service Charges	Outpatient	Total			\$6,613	(\$207,956)			\$1,034	(\$458,167)
		ADJUSTMENTS	175	480	\$0	(\$205,536)	73	190	\$0	(\$434,493)
		CLAIM INTEREST	140	338	\$6,439	\$6,439	70	141	\$974	\$974
		MEDICAL RECORDS	3	3	\$163	\$163	3	3	\$24	\$24
		OTHER INSURANCE	16	58	\$0	(\$6,142)	8	23	\$0	(\$23,898)
		REFUNDS	7	9	\$0	(\$2,892)	5	5	\$0	(\$810)
		STATE MANDATE TAX	1	1	\$12	\$12	2	3	\$36	\$36
	Inpatient	Total			\$4,283	\$222,639			\$1,643	\$495,412
		ADJUSTMENTS	20	27	\$0	\$227,587	15	21	\$0	\$493,769
		CLAIM INTEREST	29	46	\$4,283	\$4,283	14	31	\$1,643	\$1,643
REFUNDS		1	1	\$0	(\$9,231)					
Total				\$2,240,318	\$2,146,656			\$1,973,332	\$1,889,255	
Student Health Center	Outpatient	Total			\$2,240,318	\$2,146,656			\$1,973,332	\$1,889,255
		Null	35	81	\$2,964	\$55	28	65	\$2,165	(\$65)
		SHC-ADJUSTMENTS	57	294	\$462	\$497	57	245	\$250	\$250
		SHC-CONSULTANT	2	2	\$80	\$10	1	1	\$18	\$0
		SHC-GROUP LEDGER BILLING	3	0		\$14	3	0		\$156
		SHC-HOSPITAL MISCELLANEOUS	182	231	\$9,100	\$9,100	170	234	\$10,634	\$10,634
		SHC-INJECTIONS	2,511	8,218	\$498,996	\$498,996	2,652	7,693	\$413,907	\$413,906
		SHC-INTENSIVE CARE UNIT					1	1	\$18	\$0
		SHC-LABORATORY	3,626	18,089	\$540,433	\$484,846	3,336	16,448	\$504,657	\$454,909
		SHC-MEDICAL EMERGENCY	1	1	\$22	\$22				
		SHC-PHYSICIAN VISITS	2,199	4,207	\$176,823	\$176,823	1,896	3,337	\$164,550	\$164,550
		SHC-PHYSIOTHERAPY	317	2,006	\$90,160	\$90,160	210	1,504	\$71,500	\$71,500

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Kansas State System (200118) - Utilization as of 8/19/2020

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# SR Charge Category Utilization as of 8/19/2020

Kansas State System (200118)

Policy Option(s): All | Insured Location: All

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Network Type	Charge Service Type	Charge Description Category	2018-2019				2019-2020			
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Student Health Center	Outpatient	SHC-PRESCRIPTIONS	2,689	12,687	\$694,882	\$661,973	2,234	10,607	\$618,649	\$588,025
		SHC-PSYCHOTHERAPY	206	2,034	\$33,230	\$33,230	164	1,340	\$22,025	\$22,025
		SHC-STATE MANDATE TAX	1	1	\$68	\$68				
		SHC-SUPPLIES/MISC	421	582	\$98,575	\$98,575	301	394	\$90,742	\$90,742
		SHC-SURGERY	335	472	\$56,027	\$56,027	267	362	\$45,216	\$45,216
		SHC-XRAYS	443	557	\$38,496	\$36,261	353	420	\$29,001	\$27,406

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

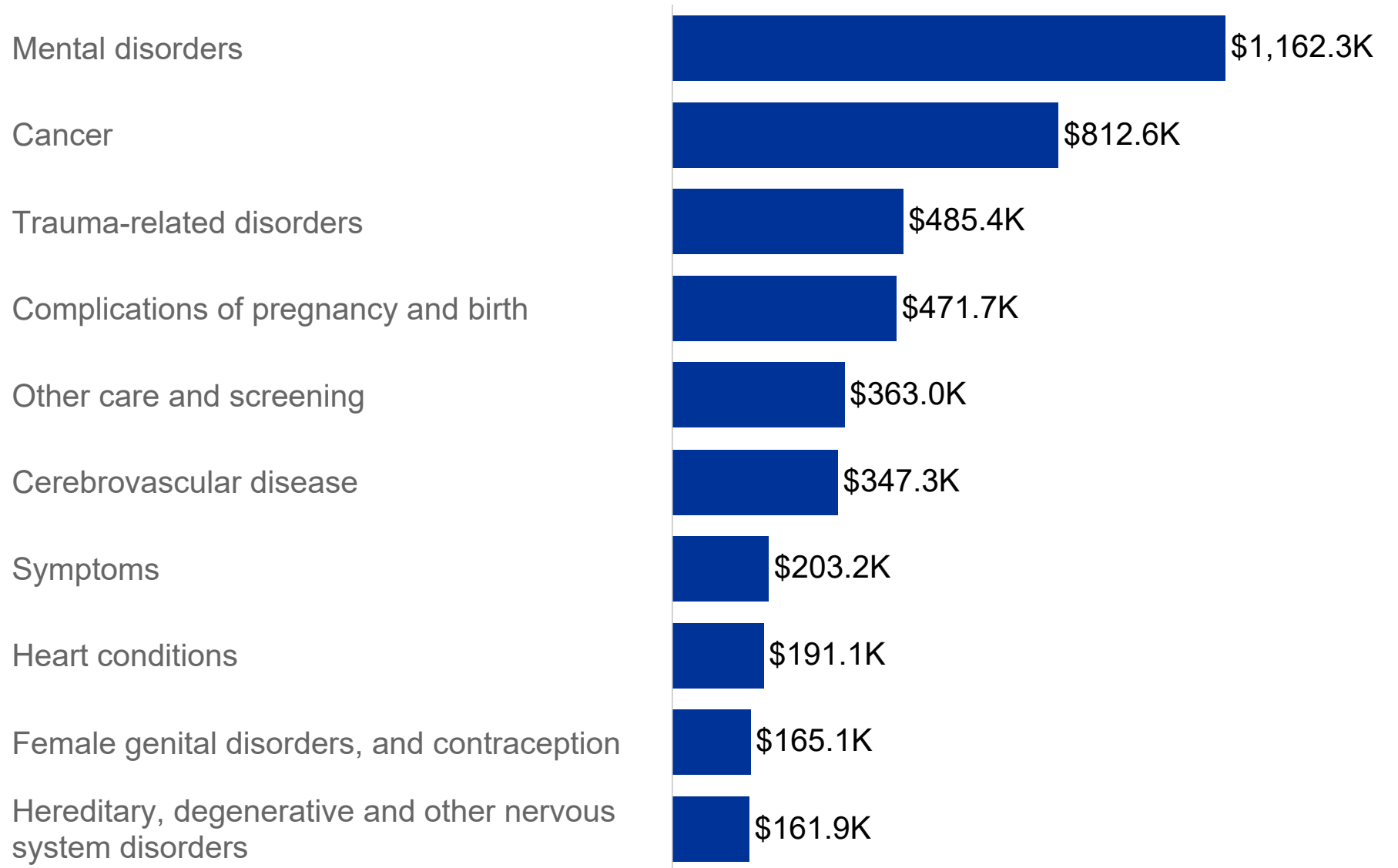
Kansas State System (200118) - Utilization as of 8/19/2020

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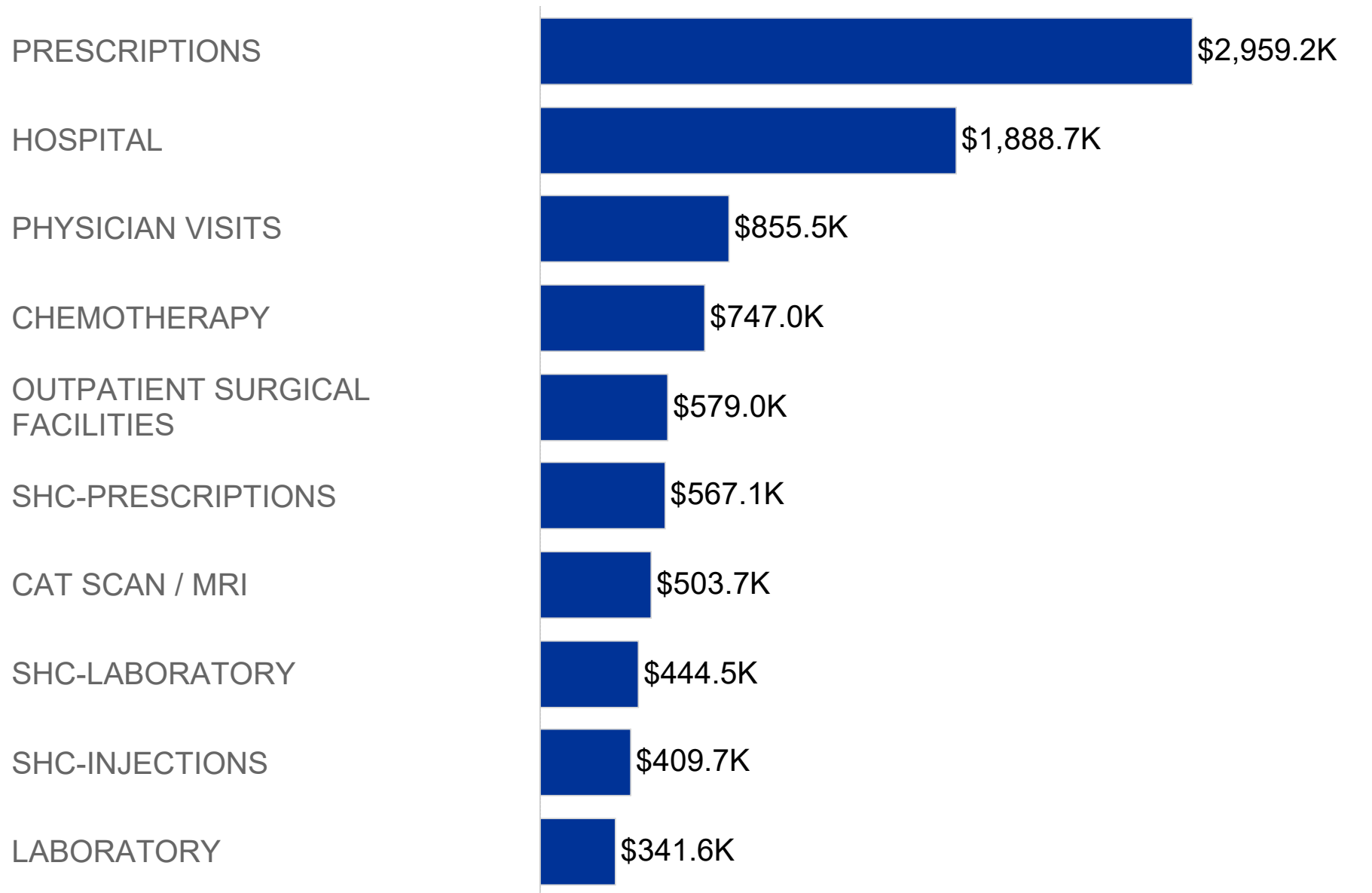
# Top 10 Diagnoses 2019-20 Policy Year

Clinical Classification Software (CCS) Condition Descriptions group relevant International Classification of Diseases (ICD) Codes into clinically meaningful categories. Information does not include Student Health Center ledger billed claims.



Values are displayed in thousands

# Top 10 SR Charge Categories 2019-20 Policy Year



Values are displayed in thousands

## Claims greater than \$100,000

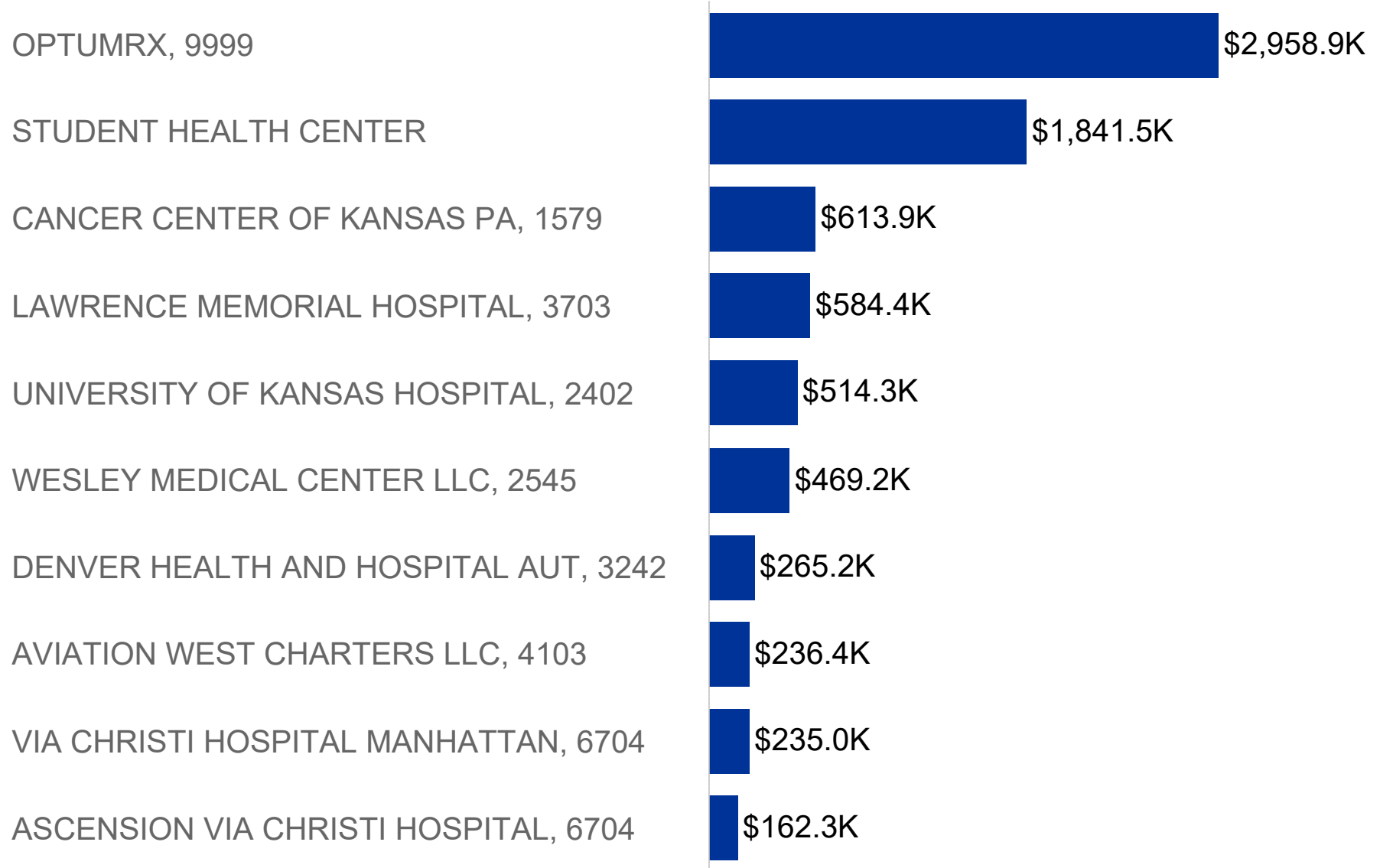
Policy Year	Day of Date Diagnosis	Student-Dep..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	April 19, 2019	Student	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	\$168,871	\$109,348
	August 1, 2018	Student	PBM CLAIMS	\$148,152	\$125,730
	March 15, 2019	Student	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	\$277,558	\$130,807
	May 9, 2019	Student	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	\$212,946	\$100,324
	September 20, 2018	Student	PBM CLAIMS	\$146,436	\$108,120
	August 2, 2018	Student	CHRONIC PULMONARY EMBOLISM	\$330,762	\$229,955
	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
	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
	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
	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
2019-20	July 19, 2019	Student	OTHER SPECIFIED EATING DISORDER	\$663,896	\$585,244
	September 6, 2019	Student	PBM CLAIMS	\$252,279	\$197,088
	August 7, 2019	Student	PBM CLAIMS	\$226,842	\$194,640
	August 1, 2019	Student	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	\$313,335	\$179,670
	October 2, 2019	Student	PBM CLAIMS	\$167,629	\$125,172
	November 11, 2019	Student	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	\$1,893,857	\$343,828
	August 1, 2019	Student	NS HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$387,516	\$348,270
	November 8, 2019	Student	TRANSSEXUALISM	\$334,446	\$196,751
	November 15, 2019	Student	MULTIPLE SCLEROSIS	\$467,099	\$141,831
	September 30, 2019	Student	EPIDURAL HEMORRHAGE W/LOC UNS DUR INITIAL ENC NTR	\$420,649	\$115,323
	October 23, 2019	Student	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	\$332,903	\$175,984
	November 6, 2019	Student	PBM CLAIMS	\$143,098	\$107,821

Kansas State System (200118) - Claims greater than \$100,000 - Utilization as of August 01, 2020

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# Top Billing Providers

2019-20 Policy Year



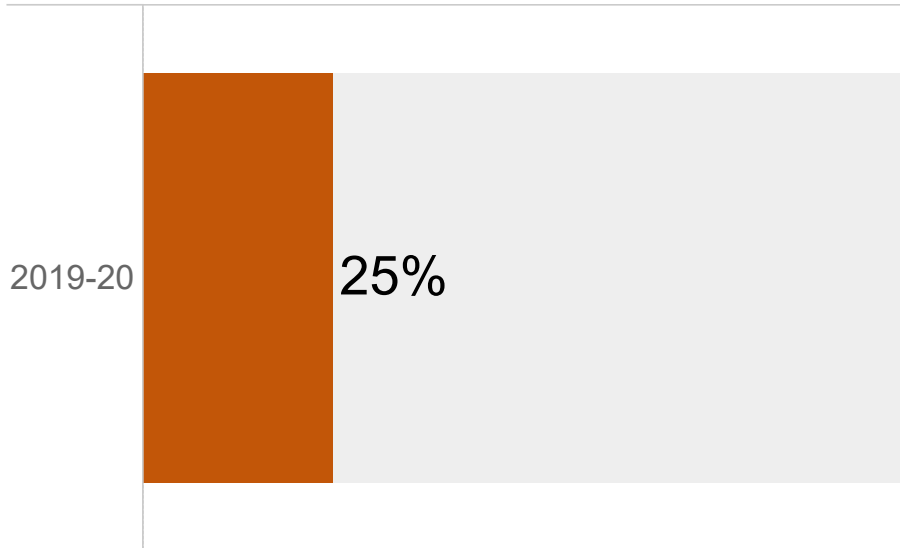
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Kansas State System (200118) - Utilization as of August 01, 2020

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# Top Rx Report

## Percentage of Members Utilizing Rx



## Top Drugs by Claimant Count

Drug Name	Tier	Script Count	Claimant Count	Copay	Paid Claims
AMPHETAMINE/DEXTROAMPHETA..	1	765	148	\$10,018	\$33,137
ESCITALOPRAM OXALATE	1	622	108	\$5,312	\$603
BUPROPION HYDROCHLORIDE ER (XL)	1	615	113	\$7,650	\$5,899
AMOXICILLIN	1	221	178	\$1,554	\$96
PREDNISONE	1	182	136	\$766	\$86
AMOXICILLIN/CLAVULANATE POTASSIUM	1	155	139	\$2,111	\$2,416
AZITHROMYCIN	1	154	126	\$1,702	\$546
IBUPROFEN	1	133	103	\$665	\$24
CEPHALEXIN	1	118	99	\$1,042	\$413
HYDROCODONE/ACETAMINOPHEN	1	118	101	\$717	\$10

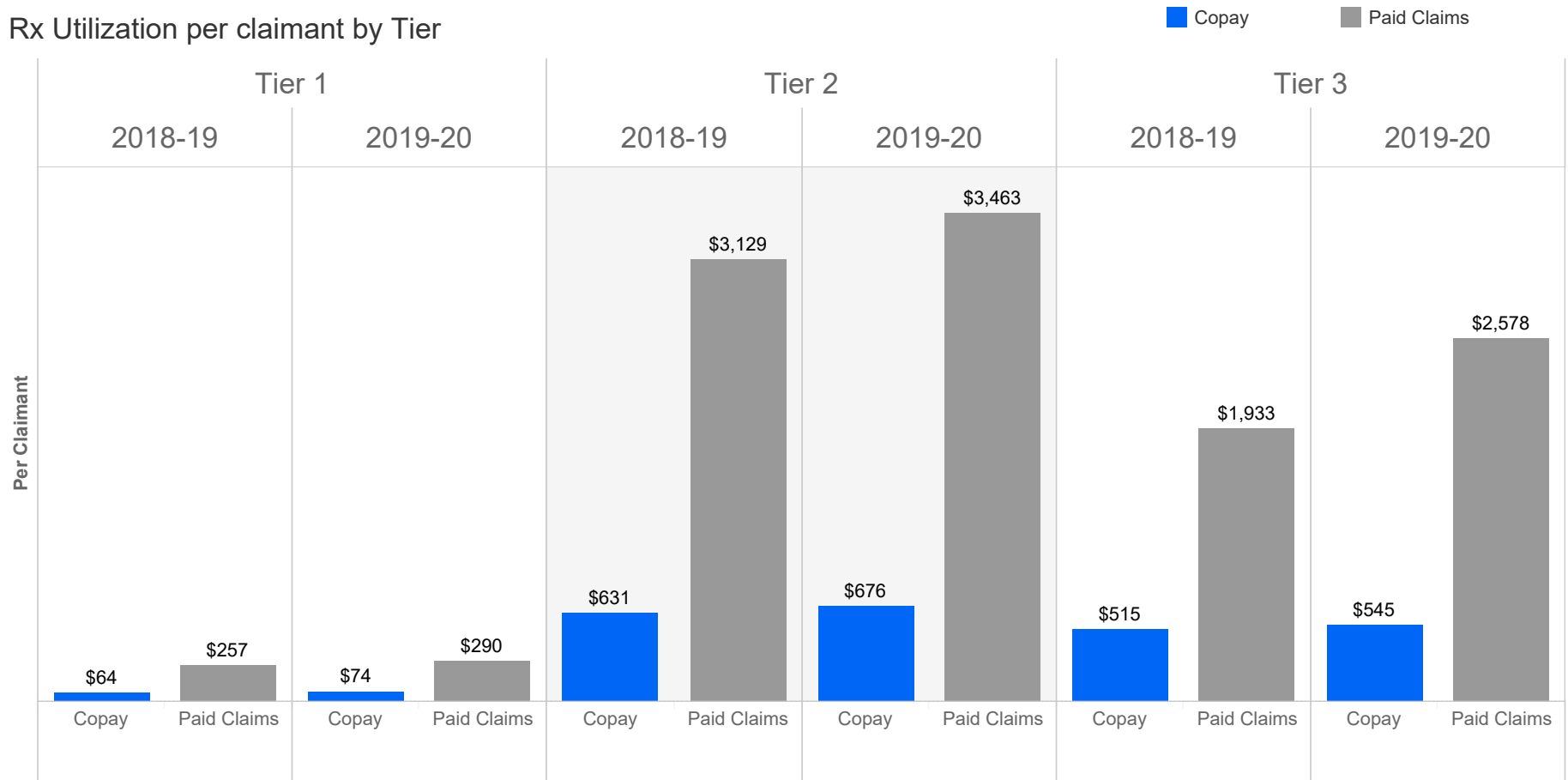
## Top Drugs by Paid Claims

Drug Name	Tier	Claimant Count	Copay	Paid Claims
PROMACTA	3	2	\$12,700	\$245,287
XYREM	3	2	\$12,255	\$237,879
TECFIDERA	2	3	\$24,971	\$217,043
HUMIRA PEN	2	4	\$18,508	\$216,357
GILENYA	3	2	\$10,098	\$108,190
STELARA	2	1	\$6,263	\$107,244
ADDERALL XR	1	81	\$5,508	\$84,598
BIKTARVY	3	3	\$13,935	\$80,772
COSENTYX SENSOREADY PEN	3	3	\$15,644	\$72,997
VYVANSE	2	81	\$46,896	\$70,656

## Top Therapeutic Classes by Claimant Count

	Claimant Count	Copay	Paid Claims
PSYCHOSTIMULANTS-ANTIDEPRESSANT..	578	\$51,652	\$49,123
SYSTEMIC CONTRACEPTIVES	565	\$9,674	\$148,705
PENICILLINS	311	\$4,007	\$2,716
GLUCOCORTICOIDS	293	\$7,096	\$13,071
AMPHETAMINE PREPARATIONS	237	\$63,091	\$190,769
MISCELLANEOUS	227	\$64,401	\$533,723
ANTIARTHRITICS	217	\$54,272	\$418,326
BRONCHIAL DILATORS	195	\$23,911	\$52,773
NARCOTIC ANALGESICS	191	\$1,684	\$387
BIOLOGICALS	178	\$0	\$5,431

### 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	2,537	\$161,126	\$650,889	2,170	\$160,199	\$629,116
2	329	\$207,615	\$1,029,401	276	\$186,586	\$955,658
3	459	\$236,590	\$887,203	510	\$277,710	\$1,314,529

# Premium, Paid Claims and Loss Ratio

utilization as of August 1, 2020

Group Name (Number)	Client Name (Number)	Policy Year	Measure	Value
Kansas State System (200118)	Emporia State University (197)	2016-17	Premium	\$448,156
			Paid Claims	\$192,565
			Loss Ratio	43.0%
	2017-18	Premium	\$544,633	
		Paid Claims	\$289,457	
		Loss Ratio	53.1%	
	2018-19	Premium	\$586,617	
		Paid Claims	\$276,804	
		Loss Ratio	47.2%	
	2019-20	Premium	\$490,662	
		Paid Claims	\$170,632	
		Loss Ratio	34.8%	
Fort Hays State University (2005)	2016-17	Premium	\$355,104	
		Paid Claims	\$299,734	
		Loss Ratio	84.4%	
	2017-18	Premium	\$407,090	
		Paid Claims	\$243,943	
		Loss Ratio	59.9%	
	2018-19	Premium	\$466,728	
		Paid Claims	\$387,363	
		Loss Ratio	83.0%	
	2019-20	Premium	\$399,538	
		Paid Claims	\$173,980	
		Loss Ratio	43.5%	
Kansas State University (470)	2016-17	Premium	\$2,744,095	
		Paid Claims	\$2,489,241	
		Loss Ratio	90.7%	
	2017-18	Premium	\$2,938,556	

Measure Names  
■ Premium  
■ Paid Claims  
■ Loss Ratio

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 August 1, 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 August 1, 2020

Group Name (Number)	Client Name (Number)	Policy Year	Measure	Value
Kansas State System (200118)	Kansas State University (470)	2017-18	Paid Claims	\$3,052,371
			Loss Ratio	103.9%
		2018-19	Premium	\$3,292,773
		Paid Claims	\$4,095,556	
		Loss Ratio	124.4%	
	2019-20	Premium	\$3,254,517	
		Paid Claims	\$3,198,282	
		Loss Ratio	98.3%	
	Pittsburg State University (2009)	2016-17	Premium	\$359,908
Paid Claims			\$217,781	
Loss Ratio			60.5%	
2017-18		Premium	\$375,571	
		Paid Claims	\$205,273	
		Loss Ratio	54.7%	
2018-19		Premium	\$400,541	
		Paid Claims	\$147,973	
		Loss Ratio	36.9%	
2019-20	Premium	\$449,778		
	Paid Claims	\$136,961		
	Loss Ratio	30.5%		
University of Kansas - Medical Center (2070)	2016-17	Premium	\$854,312	
		Paid Claims	\$906,621	
		Loss Ratio	106.1%	
	2017-18	Premium	\$1,088,084	
		Paid Claims	\$1,672,046	
		Loss Ratio	153.7%	
	2018-19	Premium	\$1,175,927	
		Paid Claims	\$1,823,244	

Measure Names  
■ Premium  
■ Paid Claims  
■ Loss Ratio

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 August 1, 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 August 1, 2020

Group Name (Number)	Client Name (Number)	Policy Year	Measure	Value
Kansas State System (200118)	University of Kansas - Medical Center (2070)	2018-19	Loss Ratio	155.0%
			Premium	\$1,192,034
		2019-20	Paid Claims	\$2,779,413
			Loss Ratio	233.2%
University of Kansas (471)	2016-17	Premium	\$4,258,118	
		Paid Claims	\$3,993,660	
		Loss Ratio	93.8%	
	2017-18	Premium	\$4,509,283	
		Paid Claims	\$6,026,745	
		Loss Ratio	133.7%	
	2018-19	Premium	\$5,075,164	
		Paid Claims	\$6,392,444	
		Loss Ratio	126.0%	
	2019-20	Premium	\$5,271,764	
		Paid Claims	\$3,623,575	
		Loss Ratio	68.7%	
Wichita State University (180)	2016-17	Premium	\$1,544,471	
		Paid Claims	\$1,320,793	
	2017-18	Premium	\$1,629,517	
		Paid Claims	\$925,040	
2018-19	Premium	\$1,970,435		
	Paid Claims	\$818,938		
2019-20	Premium	\$2,060,972		
	Paid Claims	\$1,214,097		
	Loss Ratio	58.9%		

Measure Names  
■ Premium  
■ Paid Claims  
■ Loss Ratio

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 August 1, 2020

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) (COL)

2019-20 School Year  
Utilization as of July 2020

 UnitedHealthcare® | StudentResources

Client: Wichita State University (180) (COL) - School Year: 2019 - Claims as of July 2020 - Report Execution Time: 8/18/2020 3:17:11 PM

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

# Large Claims - \$100,000 Threshold

2018-19

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		

2019-20

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Student	11/11/2019	I609 - NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	\$1,893,857	\$343,828
Student	10/23/2019	C50212 - MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	\$332,903	\$175,984
Student	9/30/2019	S064X9A - EPIDURAL HEMORRHAGE W/LOC UNS DUR INITIAL ENCNR	\$420,649	\$115,323

Client: Wichita State University (180) (COL) - School Year: 2019 - Claims as of July 2020 - Report Execution Time: 8/18/2020 3:17:11 PM

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) (COL)

2019-20 School Year  
Utilization as of July 2020

 UnitedHealthcare® | StudentResources

Client: Emporia State University (197) (COL) - School Year: 2019 - Claims as of July 2020 - Report Execution Time: 8/18/2020 3:22:23 PM

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

# Large Claims - \$100,000 Threshold

2018-19

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		

2019-20

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		



# Kansas State University (470) (COL)

2019-20 School Year  
Utilization as of July 2020

 UnitedHealthcare® | StudentResources

Client: Kansas State University (470) (COL) - School Year: 2019 - Claims as of July 2020 - Report Execution Time: 8/18/2020 3:25:22 PM

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

# Large Claims - \$100,000 Threshold

2018-19				
Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Dependent	8/3/2018	M0820 - JUVENILE RA WITH SYSTEMIC ONSET UNSPECIFIED SITE	\$171,633	\$110,967
Student	1/11/2019	I619 - NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	\$343,318	\$218,463
Student	2/22/2019	I2699 - OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	\$280,177	\$204,307
Student	5/24/2019	C8121 - MC HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$152,057	\$125,436
Student	5/9/2019	D496 - NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	\$212,946	\$100,324

2019-20				
Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Student	8/1/2019	C8111 - NS HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$387,516	\$348,270
Student	11/8/2019	F640 - TRANSSEXUALISM	\$334,446	\$196,751
Student	8/1/2019	C719 - MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	\$313,335	\$179,670

Client: Kansas State University (470) (COL) - School Year: 2019 - Claims as of July 2020 - Report Execution Time: 8/18/2020 3:25:22 PM

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) (COL)

2019-20 School Year  
Utilization as of July 2020

 UnitedHealthcare® | StudentResources

Client: University of Kansas (471) (COL) - School Year: 2019 - Claims as of July 2020 - Report Execution Time: 8/18/2020 3:27:06 PM

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



# Large Claims - \$100,000 Threshold

2018-19				
Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Dependent	8/27/2018	T8501XA - BREAKDOWN VENTRICULAR INTRACRAN SHUNT INIT ENC	\$1,210,952	\$649,866
Dependent	5/8/2019	Z3801 - SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$750,970	\$256,530
Dependent	8/27/2018	Z982 - PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	\$565,727	\$226,714
Dependent	10/3/2018	Z3801 - SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$945,178	\$119,428
Dependent	12/21/2018	Z3800 - SINGLE LIVEBORN INFANT DELIVERED VAGINALLY	\$344,432	\$112,779
Dependent	5/22/2019	Z3831 - TWIN LIVEBORN INFANT DELIVERED BY CESAREAN	\$306,588	\$104,845
Student	3/15/2019	K8050 - CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	\$277,558	\$130,807
Student	4/19/2019	Z5112 - ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	\$168,871	\$109,348
Student	9/20/2018	00010 - PBM CLAIMS	\$146,436	\$108,120
Student	4/18/2018	F332 - MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	\$227,262	\$107,886

2019-20				
Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Student	9/6/2019	00010 - PBM CLAIMS	\$252,279	\$197,088
Student	10/2/2019	00010 - PBM CLAIMS	\$167,629	\$125,172

Client: University of Kansas (471) (COL) - School Year: 2019 - Claims as of July 2020 - Report Execution Time: 8/18/2020 3:27:06 PM

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) (COL)

2019-20 School Year  
Utilization as of July 2020

 UnitedHealthcare® | StudentResources

Client: Fort Hays State University (2005) (COL) - School Year: 2019 - Claims as of July 2020 - Report Execution Time: 8/18/2020 3:27:27 PM

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

# Large Claims - \$100,000 Threshold

2018-19

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		

2019-20

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		

Client: Fort Hays State University (2005) (COL) - School Year: 2019 - Claims as of July 2020 - Report Execution Time: 8/18/2020 3:27:27 PM

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) (COL)

2019-20 School Year  
Utilization as of July 2020

 UnitedHealthcare® | StudentResources

Client: Pittsburg State University (2009) (COL) - School Year: 2019 - Claims as of July 2020 - Report Execution Time: 8/18/2020 3:27:46 PM

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


# Large Claims - \$100,000 Threshold

2018-19

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		

2019-20

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		



# University of Kansas - Medical Center (2070) (COL)

2019-20 School Year  
Utilization as of July 2020

 UnitedHealthcare® | StudentResources

# Large Claims - \$100,000 Threshold

## 2018-19

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Student	8/2/2018	I2782 - CHRONIC PULMONARY EMBOLISM	\$330,762	\$229,955
Student	8/1/2018	00010 - PBM CLAIMS	\$148,152	\$125,730

## 2019-20

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Student	7/19/2019	F5089 - OTHER SPECIFIED EATING DISORDER	\$663,896	\$585,244
Student	8/7/2019	00010 - PBM CLAIMS	\$226,842	\$194,640
Student	11/15/2019	G35 - MULTIPLE SCLEROSIS	\$467,099	\$141,831
Student	11/6/2019	00010 - PBM CLAIMS	\$143,098	\$107,821