



Kansas State System (200118)

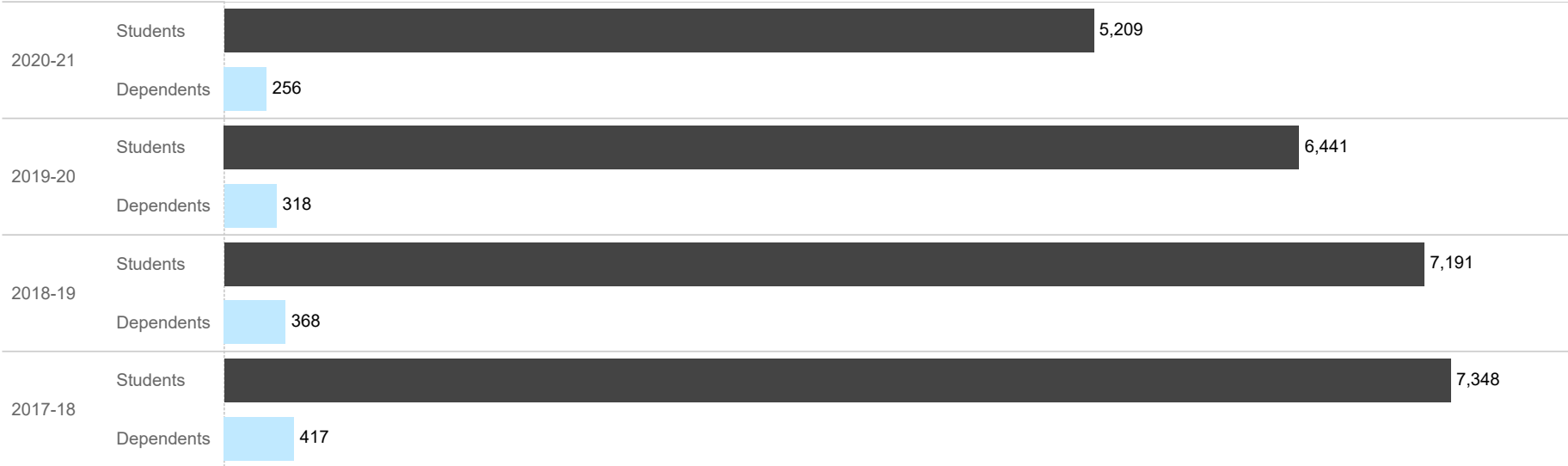
Policy Option(s)

1
2
3
4

Annualized Membership

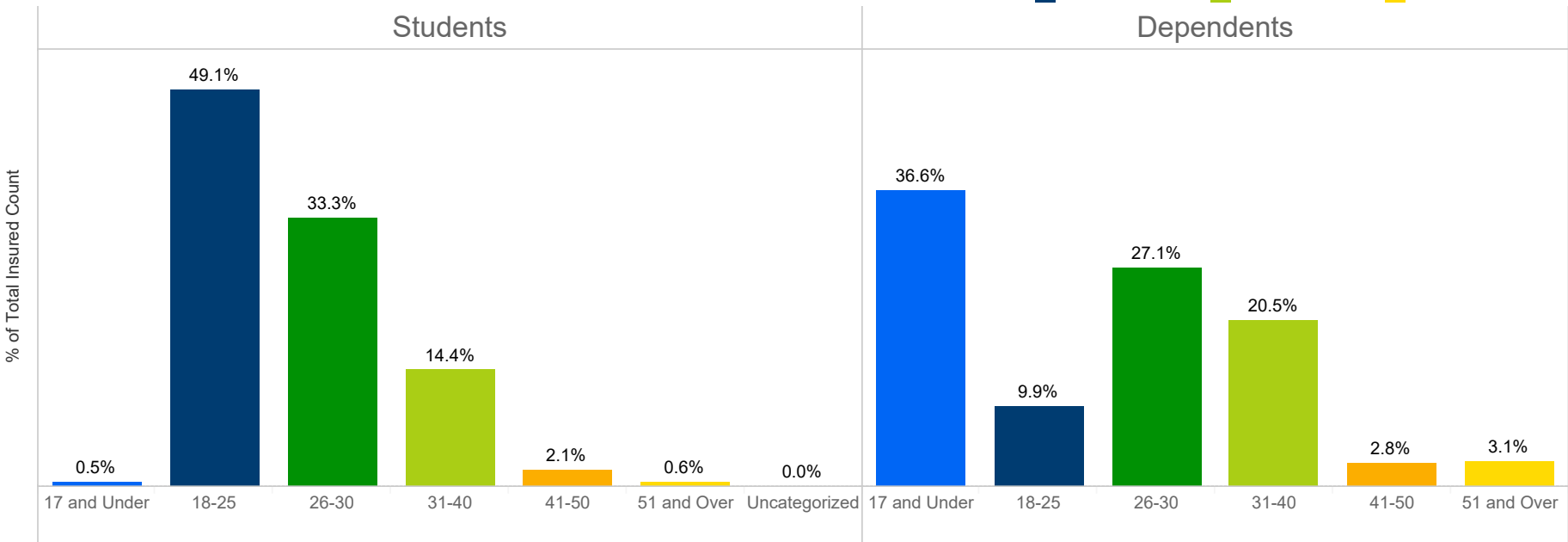
2020-21 policy year is an estimate.

■ Students ■ Dependents



2020-21 Membership by Age Group

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

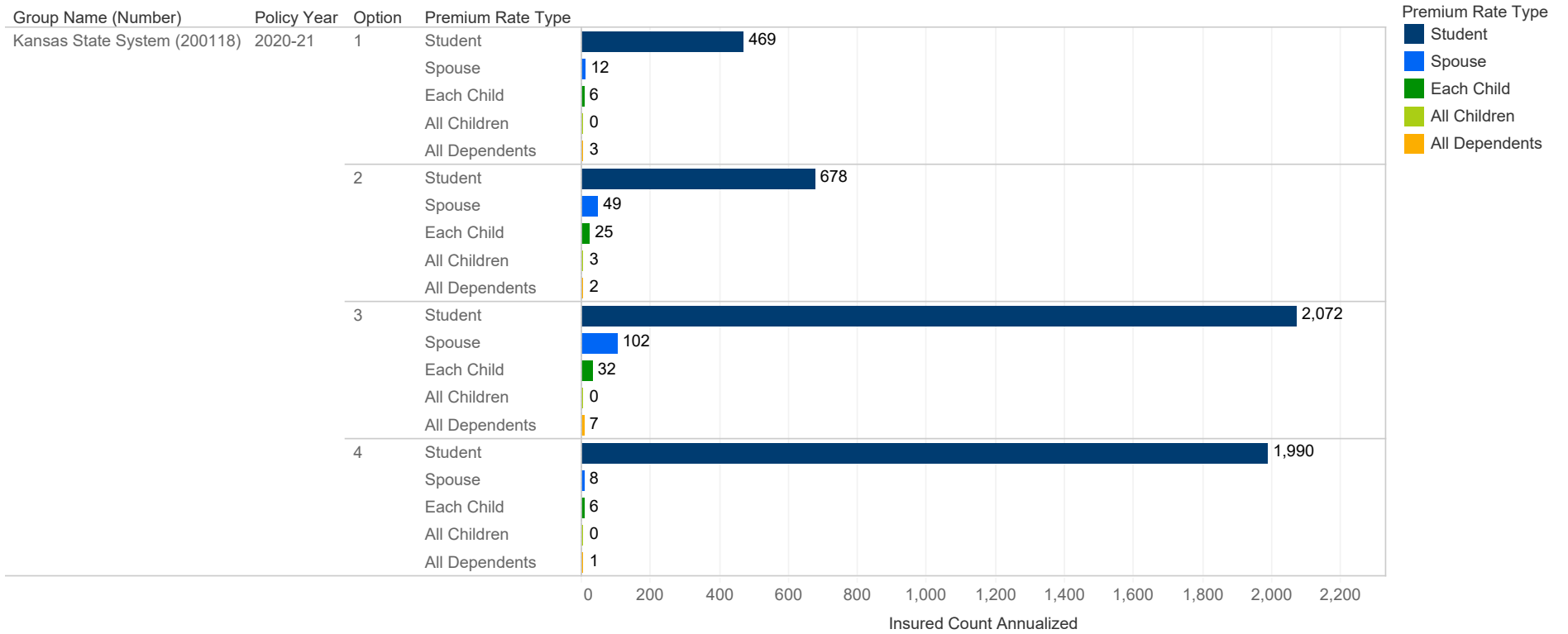


Kansas State System (200118) - Membership as of August 1, 2021

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

Annualized Insured Counts

*2021-22 Policy Year Annualized Insured Count is an estimate.



Kansas State System (200118) - Annualized Membership as of August 12, 2021

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

Annualized Membership by Rate Type

***2021-22 Policy Year Annualized Insured Count is an estimate.**

Group Name (Number)	Premium Rate Type	2020-21
Kansas State System (200118)	Student	5,209
	Spouse	171
	Each Child	69
	All Children	3
	All Dependents	13

*Annualized Membership is calculated by dividing the total premium received by the annual rate. For the in-progress policy year (2021-22) annualized membership is estimated for each rate type by totaling the monthly membership count year-to-date divided by the prior years membership received year-to-date.

Kansas State System (200118) - Annualized Membership as of August 12, 2021

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

Insured Count by Rate Type and Option

Kansas State System (200118)

Policy Year 2020-21

Data as of August 1, 2021

Client Name (Number)	Rate Type	Option				Grand Total
		1	2	3	4	
Emporia State University (197)	Student	13	6	57	163	225
	Spouse	1	1			2
	All Dependents			4		4
	Total	14	7	61	163	231
Fort Hays State University (2005)	Student	22	11		109	142
	Spouse		1			1
	Each Child		1			1
	Total	22	13		109	144
Kansas State University (470)	Student	131	129	936	560	1,661
	Spouse	3	7	58	4	70
	Each Child		5	17	1	23
	All Children			3		3
	All Dependents	3		8	3	14
	Total	137	141	1,019	568	1,767
Pittsburg State University (2009)	Student	23	5	45	173	241
	Spouse	1	1			2
	Each Child		3		2	5
	Total	24	9	45	175	248
University of Kansas - Medical Center (2070)	Student	52	497	114	22	674
	Spouse	3	38	6	1	48
	Each Child	1	20	2	2	25
	All Children		6			6
	All Dependents	3	12			15
	Total	59	573	122	25	768

**# of Unique Members reflects the number of unique insureds whom enrolled on the plan. Example: If a member enrolls in Option 3 for the Fall and Option 4 for the Summer - they will appear in the count for both Option 3 and Option 4, but only be counted once in the Grand Total column. Therefore the Grand Total only reflects unique insureds and may be slightly less than if you add up all the options together.*

Kansas State System (200118) - Insured Counts as of August 1, 2021

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

Insured Count by Rate Type and Option

Kansas State System (200118)

Policy Year 2020-21

Data as of August 1, 2021

Client Name (Number)	Rate Type	Option				Grand Total
		1	2	3	4	
University of Kansas (471)	Student	314	110	1,177	1,065	2,582
	Spouse	10	5	82	8	101
	Each Child	11	4	26	10	47
	All Children				3	3
	All Dependents	5		26	10	41
	Total	340	119	1,305	1,093	2,765
Wichita State University (180)	Student	62	114	321	821	1,246
	Spouse	2	6	8	3	18
	Each Child		4	6	4	13
	Total	64	124	335	828	1,277
# of Unique Members*		659	985	2,883	2,961	7,193

*# of Unique Members reflects the number of unique insureds whom enrolled on the plan. Example: If a member enrolls in Option 3 for the Fall and Option 4 for the Summer - they will appear in the count for both Option 3 and Option 4, but only be counted once in the Grand Total column. Therefore the Grand Total only reflects unique insureds and may be slightly less than if you add up all the options together.

Kansas State System (200118) - Insured Counts as of August 1, 2021

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

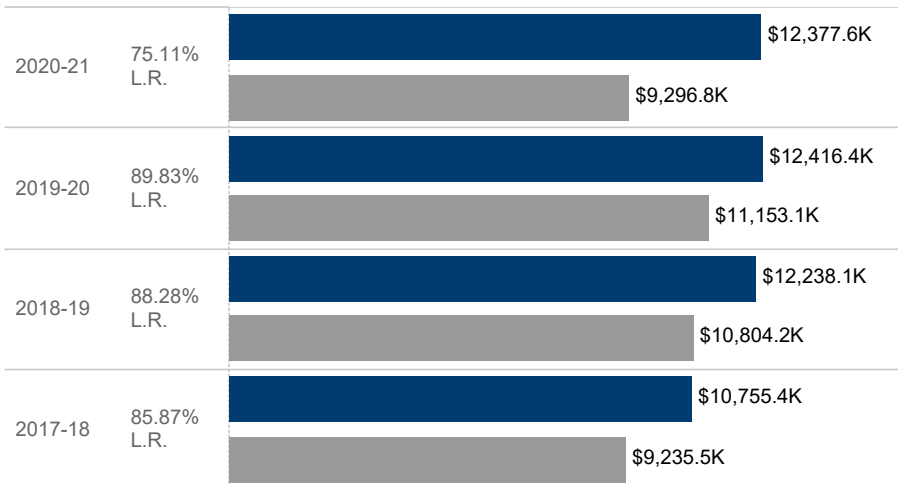


Values are displayed in thousands

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

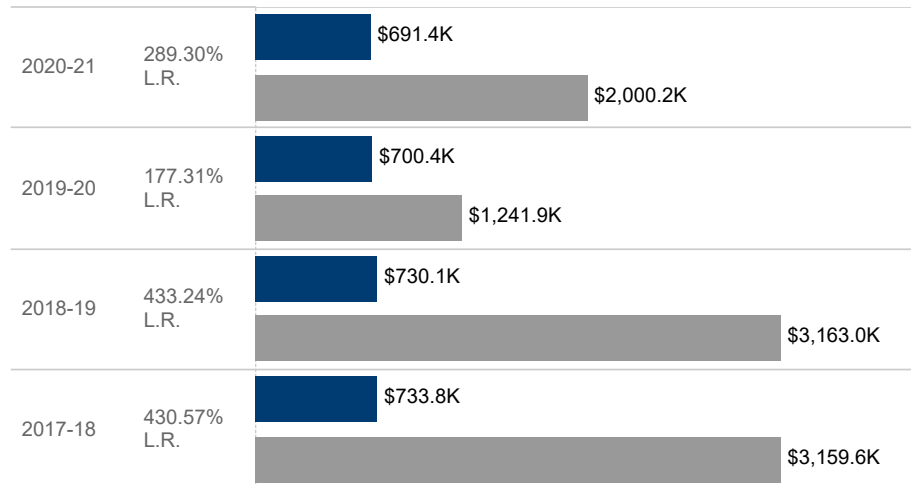
■ Premium ■ Paid Claims



Values are displayed in thousands

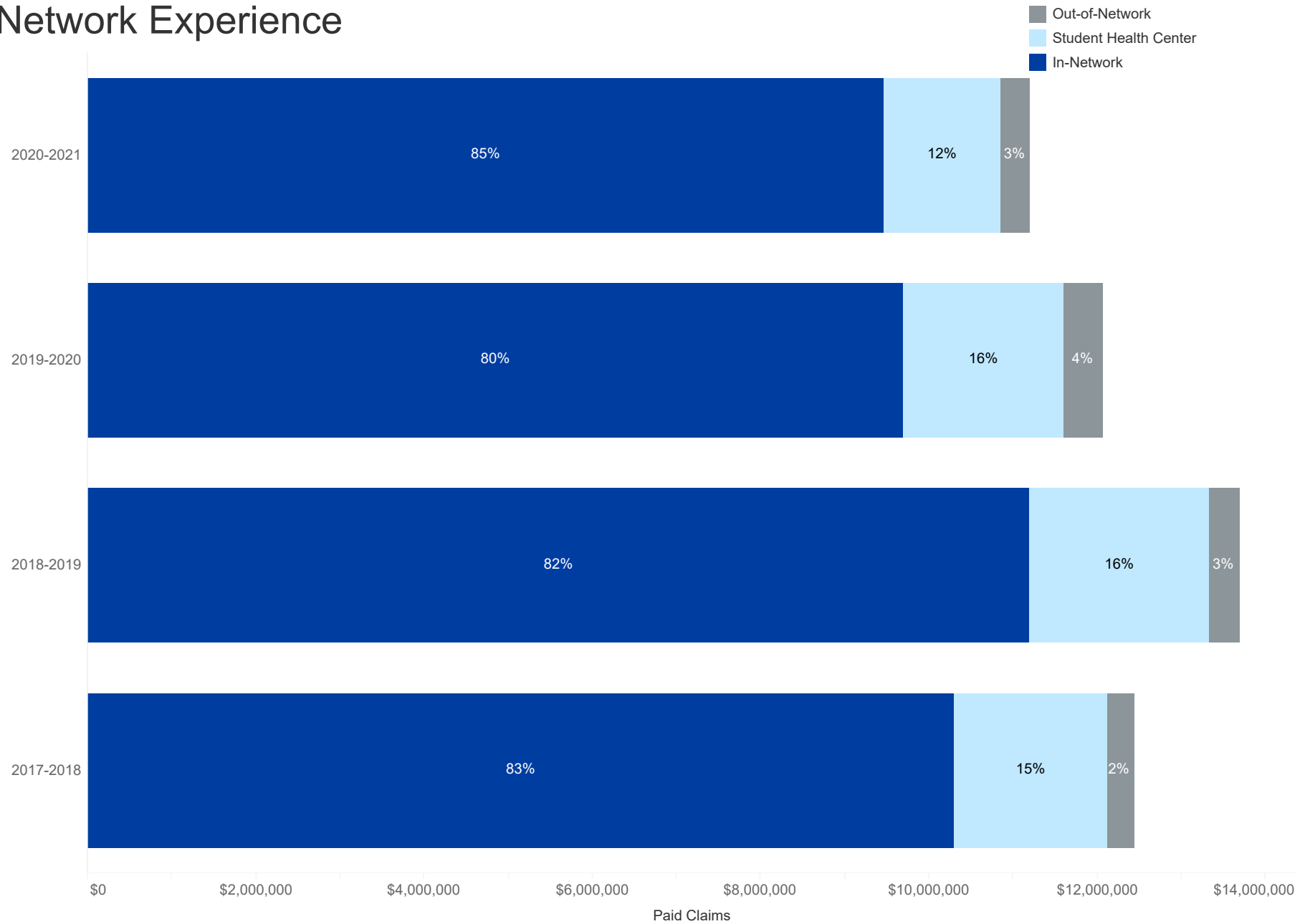
Dependents - P&L

■ Premium ■ Paid Claims



Values are displayed in thousands

Network Experience



SR Charge Category Utilization as of 8/1/2021

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	2019-2020				2020-2021			
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Grand Total					\$29,219,415	\$12,394,971			\$27,535,434	\$11,297,086
Total					\$25,603,632	\$9,700,716			\$24,753,792	\$9,467,646
In-Network	Outpatient	Total			\$18,202,473	\$7,319,155			\$19,663,374	\$7,463,530
		ANESTHETIST	129	176	\$141,958	\$62,047	126	161	\$147,742	\$61,445
		ASSISTANT SURGEON	16	18	\$29,926	\$2,387	15	15	\$36,611	\$2,328
		CAT SCAN / MRI	297	677	\$1,613,443	\$567,672	281	612	\$1,353,827	\$411,999
		CHEMOTHERAPY	12	84	\$1,358,407	\$828,785	11	109	\$1,393,709	\$507,839
		HOSPITAL MISCELLANEOUS	112	146	\$80,261	\$46,938	114	153	\$120,742	\$30,267
		INJECTIONS	738	1,434	\$373,860	\$212,939	1,135	2,144	\$352,130	\$177,606
		LABORATORY	1,667	5,023	\$1,686,200	\$389,900	1,890	5,905	\$2,578,082	\$821,146
		MEDICAL EMERGENCY	315	386	\$896,058	\$245,298	264	332	\$881,748	\$226,585
		OUTPATIENT SURGERY	501	817	\$627,891	\$180,292	443	694	\$628,946	\$171,614
		OUTPATIENT SURGICAL FACILITI..	174	252	\$2,602,905	\$657,935	152	198	\$2,829,579	\$636,888
		PHYSICIAN VISITS	2,372	8,805	\$1,540,807	\$768,466	2,280	8,761	\$1,801,145	\$853,176
		PHYSIOTHERAPY	259	1,214	\$382,160	\$80,802	247	1,258	\$318,364	\$56,017
		PRESCRIPTIONS	2,407	22,785	\$6,110,331	\$3,035,973	3,281	23,720	\$6,273,426	\$3,252,989
		RADIATION THERAPY	1	3	\$9,273	\$1,918	1	49	\$150,118	\$44,510
		SUPPLIES/MISC	115	179	\$161,599	\$91,767	71	98	\$120,311	\$60,694
		XRAYS	707	1,687	\$587,393	\$146,037	726	1,713	\$676,893	\$148,427
		Inpatient	Total			\$7,401,159	\$2,381,561			\$5,090,419
	ANESTHETIST		57	75	\$134,269	\$72,410	46	56	\$98,716	\$45,360
	ASSISTANT SURGEON		13	13	\$19,404	\$1,624	16	16	\$26,286	\$2,738
	HOME HEALTH CARE		8	21	\$25,954	\$8,292	4	9	\$4,923	\$1,451
	HOSPITAL		149	284	\$6,419,588	\$1,972,602	137	219	\$4,336,305	\$1,733,172
	INJECTIONS		3	3	\$215	\$109	15	15	\$5,368	\$3,487
	INPATIENT SURGERY		72	105	\$369,352	\$160,282	73	97	\$254,322	\$113,032
	MEDICAL EMERGENCY		27	45	\$136,621	\$50,708	23	25	\$95,586	\$30,448
	PHYSICIAN VISITS		148	499	\$267,846	\$102,918	139	440	\$240,964	\$65,918
	PROFESSIONAL FEE		34	119	\$27,910	\$12,617	40	109	\$27,949	\$8,510
Total					\$1,114,598	\$454,931			\$1,112,172	\$345,654
Out of Network	Outpatient	Total			\$490,174	\$165,574			\$552,840	\$129,595

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

Kansas State System (200118) - Utilization as of 8/1/2021

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

SR Charge Category Utilization as of 8/1/2021

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	2019-2020				2020-2021			
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Out of Network	Outpatient	ANESTHETIST	12	19	\$24,816	\$1,706	13	17	\$14,631	\$868
		CAT SCAN / MRI	5	5	\$17,459	\$5,343	5	8	\$9,858	\$3,833
		HOSPITAL MISCELLANEOUS	4	5	\$18,045	\$10,368	8	13	\$3,906	\$734
		INJECTIONS					5	8	\$9,170	\$3,069
		LABORATORY	97	146	\$68,618	\$20,079	124	167	\$249,290	\$47,680
		MEDICAL EMERGENCY	9	10	\$40,301	\$23,463	5	5	\$14,765	\$7,434
		OUTPATIENT SURGERY	23	30	\$39,372	\$10,301	20	25	\$14,589	\$1,302
		OUTPATIENT SURGICAL FACILITI..	2	3	\$49,157	\$19,663				
		PHYSICIAN VISITS	201	757	\$208,821	\$70,365	218	808	\$227,077	\$64,105
		PHYSIOTHERAPY	25	114	\$18,742	\$3,025	19	67	\$5,464	\$30
	PRESCRIPTIONS	13	15	\$503	\$264	12	18	\$438	\$0	
	SUPPLIES/MISC	2	4	\$1,158	\$910					
	XRAYS	10	10	\$3,182	\$86	10	16	\$3,653	\$540	
	Inpatient	Total			\$624,423	\$289,357			\$559,332	\$216,059
		ANESTHETIST	9	11	\$21,459	\$3,294	8	8	\$14,500	\$60
		ASSISTANT SURGEON					1	3	\$8,948	\$1,050
		HOME HEALTH CARE	1	1	\$960	\$339	1	1	\$450	\$405
		HOSPITAL	20	29	\$541,253	\$265,893	6	17	\$517,977	\$209,146
		INJECTIONS					1	1	\$28	\$20
		INPATIENT SURGERY	1	1	\$2,000	\$240				
MEDICAL EMERGENCY		2	4	\$5,710	\$4,403	1	1	\$1,016	\$914	
PHYSICIAN VISITS		23	62	\$47,515	\$14,907	12	35	\$11,302	\$3,117	
PROFESSIONAL FEE		29	48	\$5,527	\$282	18	37	\$5,111	\$1,346	
Total			\$506,739	\$349,482			\$206,011	\$84,718		
Other Charges	Outpatient	Total			\$483,063	\$346,511			\$180,140	\$81,239
		AMBULANCE	31	50	\$276,337	\$262,060	22	46	\$27,656	\$20,973
		CONSULTANT	17	17	\$4,722	\$375	3	3	\$1,459	\$267
		DENTAL	31	43	\$9,800	\$2,804	16	23	\$3,496	\$95
		DURABLE MED/BRACES/APPL	125	217	\$142,135	\$42,054	96	155	\$108,633	\$32,702
		GROUP LEDGER BILLING	1	2	\$16,918	\$16,918	3	3	\$0	\$0
		OTHER	33	167	\$20,384	\$20,384	31	129	\$23,616	\$23,616

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

Kansas State System (200118) - Utilization as of 8/1/2021

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

SR Charge Category Utilization as of 8/1/2021

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	2019-2020				2020-2021			
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Other Charges	Outpatient	URGENT CARE	16	20	\$12,767	\$1,915	30	43	\$15,281	\$3,586
		Total			\$23,676	\$2,971			\$25,871	\$3,479
	Inpatient	CONSULTANT	5	6	\$1,614	\$954	1	3	\$834	\$520
		DENTAL	35	46	\$22,062	\$2,017	38	54	\$25,037	\$2,958
		OTHER	1	1	\$0	\$0				
Total				\$3,859	(\$15,900)			\$56	\$10,991	
Non-Service Charges	Outpatient	Total			\$2,199	(\$613,490)			\$56	(\$380,402)
		ADJUSTMENTS	265	807	\$0	(\$581,783)	155	381	\$0	(\$378,984)
		CLAIM INTEREST	132	307	\$2,138	\$3,477	172	354	\$48	\$1,140
		MEDICAL RECORDS	3	3	\$24	\$24	1	1	\$9	\$9
		OTHER INSURANCE	8	24	\$0	(\$23,898)	4	10	\$0	(\$1,718)
		REFUNDS	11	12	\$0	(\$11,346)	3	6	\$0	(\$848)
		STATE MANDATE TAX	2	3	\$36	\$36				
	Inpatient	Total			\$1,660	\$597,590			\$0	\$391,392
		ADJUSTMENTS	23	38	\$0	\$596,265	25	36	\$0	\$390,289
		CLAIM INTEREST	17	36	\$1,660	\$1,661	10	32	\$0	\$1,104
		REFUNDS	1	1	\$0	(\$336)				
Total				\$1,990,587	\$1,905,742			\$1,463,402	\$1,388,077	
Student Health Center	Outpatient	Total			\$1,990,587	\$1,905,742			\$1,463,402	\$1,388,077
		Null	28	65	\$2,165	(\$65)	6	9	\$128	(\$222)
		SHC-ADJUSTMENTS	58	246	\$245	\$245	30	134	\$105	\$105
		SHC-CONSULTANT	1	1	\$18	\$0	2	2	\$172	\$150
		SHC-DENTAL					1	1	\$27	\$27
		SHC-GROUP LEDGER BILLING	3	0		\$156	4	0		\$94
		SHC-HOSPITAL MISCELLANEOUS	301	394	\$90,742	\$90,742	157	190	\$64,129	\$64,062
		SHC-INJECTIONS	2,655	7,709	\$415,372	\$415,371	1,623	4,506	\$226,250	\$221,155
		SHC-INTENSIVE CARE UNIT	1	1	\$18	\$0				
		SHC-LABORATORY	3,378	16,903	\$519,867	\$469,695	2,328	12,729	\$416,293	\$372,547
		SHC-PHYSICIAN VISITS	1,917	3,412	\$168,278	\$168,278	1,287	2,390	\$121,857	\$121,803
		SHC-PHYSIOTHERAPY	210	1,520	\$72,596	\$72,596	109	904	\$40,658	\$40,658
		SHC-PRESCRIPTIONS	2,241	10,706	\$622,959	\$591,991	1,545	8,717	\$539,953	\$514,904

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

Kansas State System (200118) - Utilization as of 8/1/2021

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

SR Charge Category Utilization as of 8/1/2021

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	2019-2020				2020-2021			
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Student Health Center	Outpatient	SHC-PSYCHOTHERAPY	168	1,414	\$23,135	\$23,135	91	759	\$12,270	\$12,270
		SHC-RADIATION THERAPY					1	1	(\$100)	(\$100)
		SHC-STATE MANDATE TAX					1	1	\$14	\$14
		SHC-SUPPLIES/MISC	2	2	\$775	\$775	1	1	(\$29)	(\$29)
		SHC-SURGERY	269	366	\$45,416	\$45,416	163	212	\$24,496	\$24,496
		SHC-XRAYS	353	420	\$29,001	\$27,406	196	239	\$17,180	\$16,144

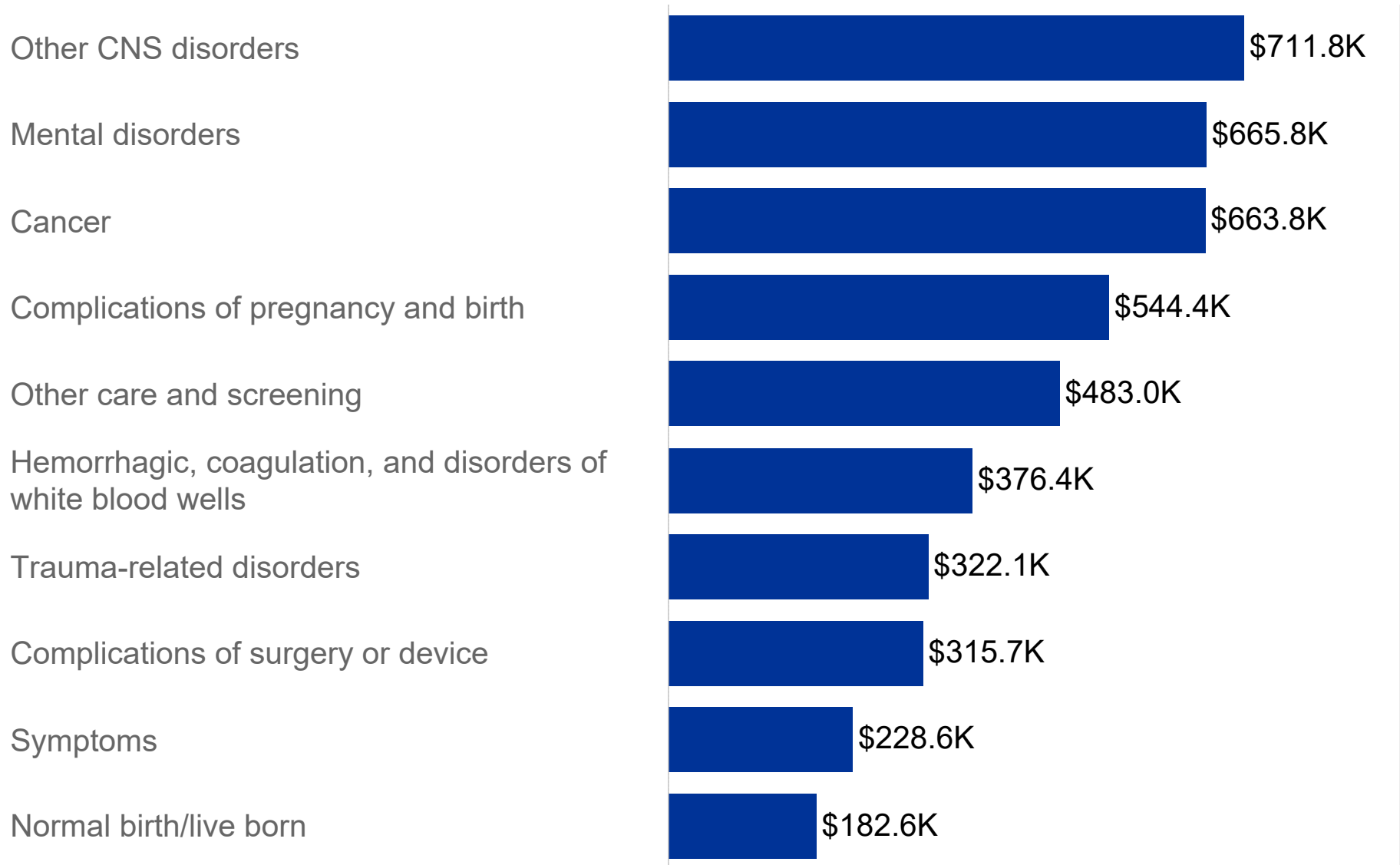
Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Kansas State System (200118) - Utilization as of 8/1/2021

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

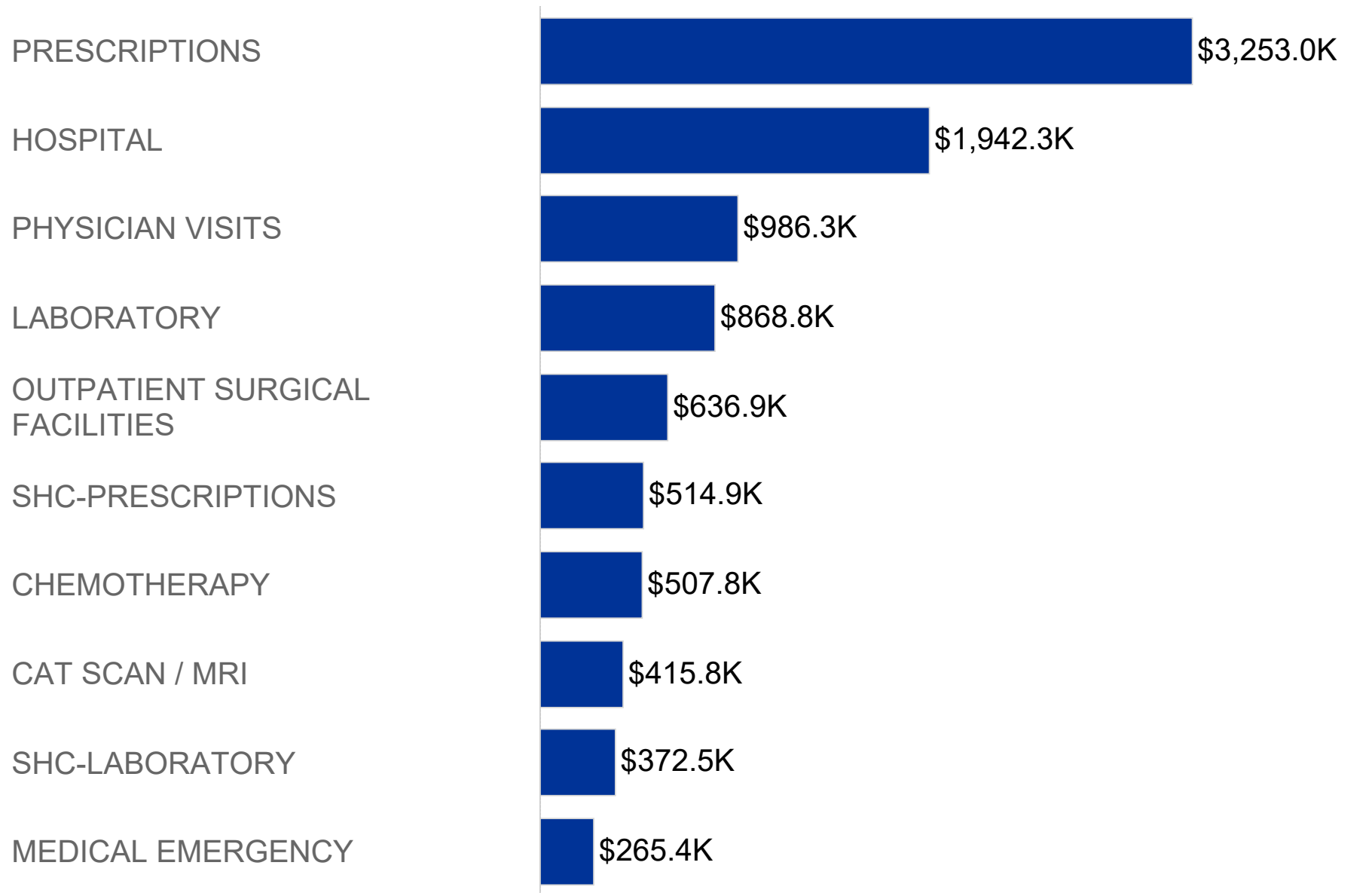
Top 10 Diagnoses 2020-21 Policy Year

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 2020-21 Policy Year



Values are displayed in thousands

Claims greater than \$100,000

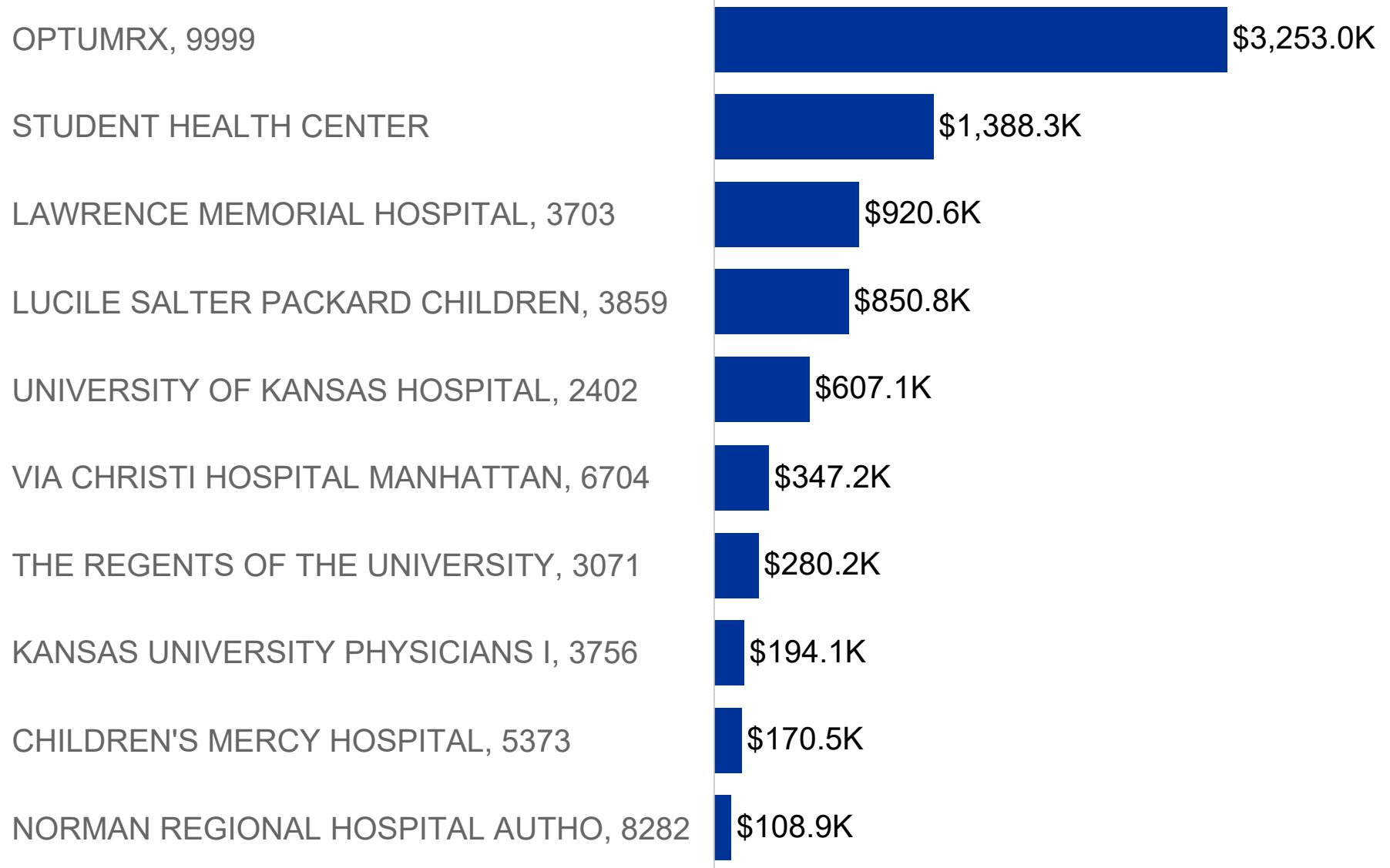
Policy Year	Day of Date Diagnosis	Student-Dep..	ICD Code Description	Claimed Amount	Paid Claims
2019-20	July 19, 2019	Student	OTHER SPECIFIED EATING DISORDER	\$663,896	\$585,244
	May 5, 2020	Student	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	\$244,020	\$184,147
	September 6, 2019	Student	PBM CLAIMS	\$299,976	\$235,551
	August 7, 2019	Student	PBM CLAIMS	\$226,842	\$194,640
	August 1, 2019	Student	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	\$342,467	\$203,643
	October 2, 2019	Student	PBM CLAIMS	\$167,629	\$125,172
	November 11, 2019	Student	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	\$1,898,759	\$345,062
	August 1, 2019	Student	NS HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$392,210	\$351,402
	November 8, 2019	Student	TRANSSEXUALISM	\$382,999	\$199,945
	November 15, 2019	Student	MULTIPLE SCLEROSIS	\$467,099	\$141,831
	September 30, 2019	Student	EPIDURAL HEMORRHAGE W/LOC UNS DUR INITIAL ENCINTR	\$421,704	\$115,767
	October 23, 2019	Student	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	\$410,390	\$201,967
	November 6, 2019	Student	PBM CLAIMS	\$143,098	\$107,821
2020-21	August 4, 2020	Student	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	\$322,515	\$293,294
	August 24, 2020	Student	PBM CLAIMS	\$179,422	\$146,644
	August 15, 2020	Student	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	\$389,794	\$176,452
	October 19, 2020	Student	PBM CLAIMS	\$199,175	\$153,866
	August 7, 2020	Student	PBM CLAIMS	\$372,293	\$317,456
	August 20, 2020	Student	PBM CLAIMS	\$181,785	\$133,988
	September 3, 2020	Student	PBM CLAIMS	\$130,065	\$102,945
	August 5, 2020	Dependent	TINNITUS BILATERAL	\$1,298,773	\$650,631
	October 7, 2020	Dependent	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	\$492,256	\$263,744
	August 23, 2020	Student	PBM CLAIMS	\$398,956	\$310,305
	August 13, 2020	Student	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	\$528,822	\$104,222
	August 3, 2020	Student	PBM CLAIMS	\$209,956	\$158,561
	August 3, 2020	Student	SICKLE-CELL DISEASE WITHOUT CRISIS	\$556,441	\$373,487

Kansas State System (200118) - Claims greater than \$100,000 - Utilization as of August 1, 2021

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

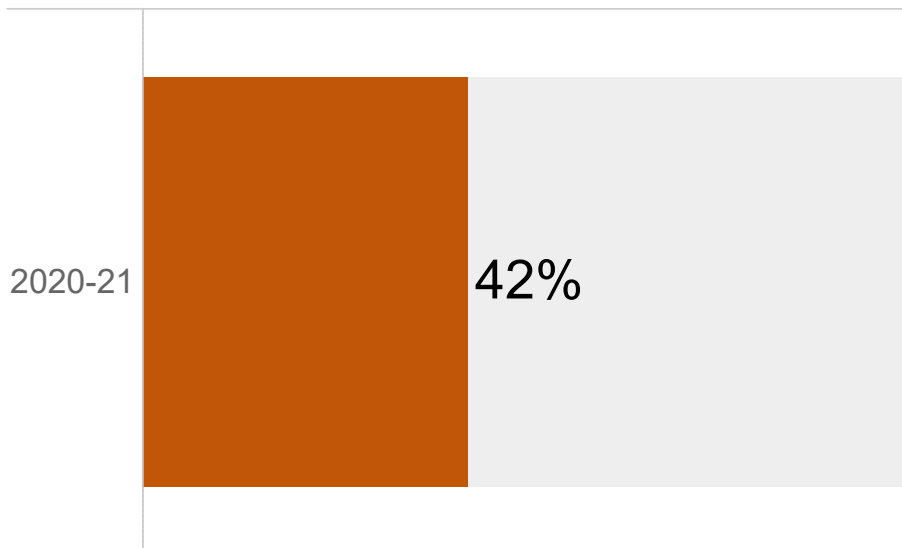
2020-21 Policy Year



Values are displayed in thousands

Top Rx Report

Percentage of Members Utilizing Rx



Top Drugs by Claimant Count

Drug Name	Tier	Script Count	Claimant Count	Copay	Paid Claims
PFIZER-BIONTECH COVID-19 VACCINE	3	2,101	964	\$0	\$47,665
MODERNA COVID-19 VACCINE	3	1,108	566	\$0	\$26,592
AMPHETAMINE/DEXTROAMPHETA..	1	770	146	\$5,460	\$11,616
BUPROPION HYDROCHLORIDE ER (XL)	1	684	114	\$3,331	\$2,546
ESCITALOPRAM OXALATE	1	683	129	\$1,933	\$421
IBUPROFEN	1	150	107	\$116	\$35
PREDNISONE	1	145	112	\$118	\$33
AMOXICILLIN	1	142	107	\$189	\$68
HYDROCODONE/ACETAMINOPHEN	1	129	103	\$204	\$77
FLUCELVAX QUADRIVALENT 2020-2021	3	120	115	\$0	\$2,140

Top Drugs by Paid Claims

Drug Name	Tier	Claimant Count	Copay	Paid Claims
KALYDECO	2	1	\$8,000	\$304,935
HUMIRA PEN	2	9	\$39,202	\$250,830
XYREM	3	2	\$13,135	\$225,616
STELARA	2	1	\$8,000	\$157,953
PROMACTA	3	1	\$7,903	\$153,826
LYNPARZA	2	1	\$0	\$146,644
WAKIX	3	1	\$0	\$111,057
DOPTELET	3	1	\$6,110	\$102,945
COSENTYX SENSOREADY PEN	3	3	\$16,119	\$92,549
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	1	20	\$0	\$85,746

Top Therapeutic Classes by Claimant Count

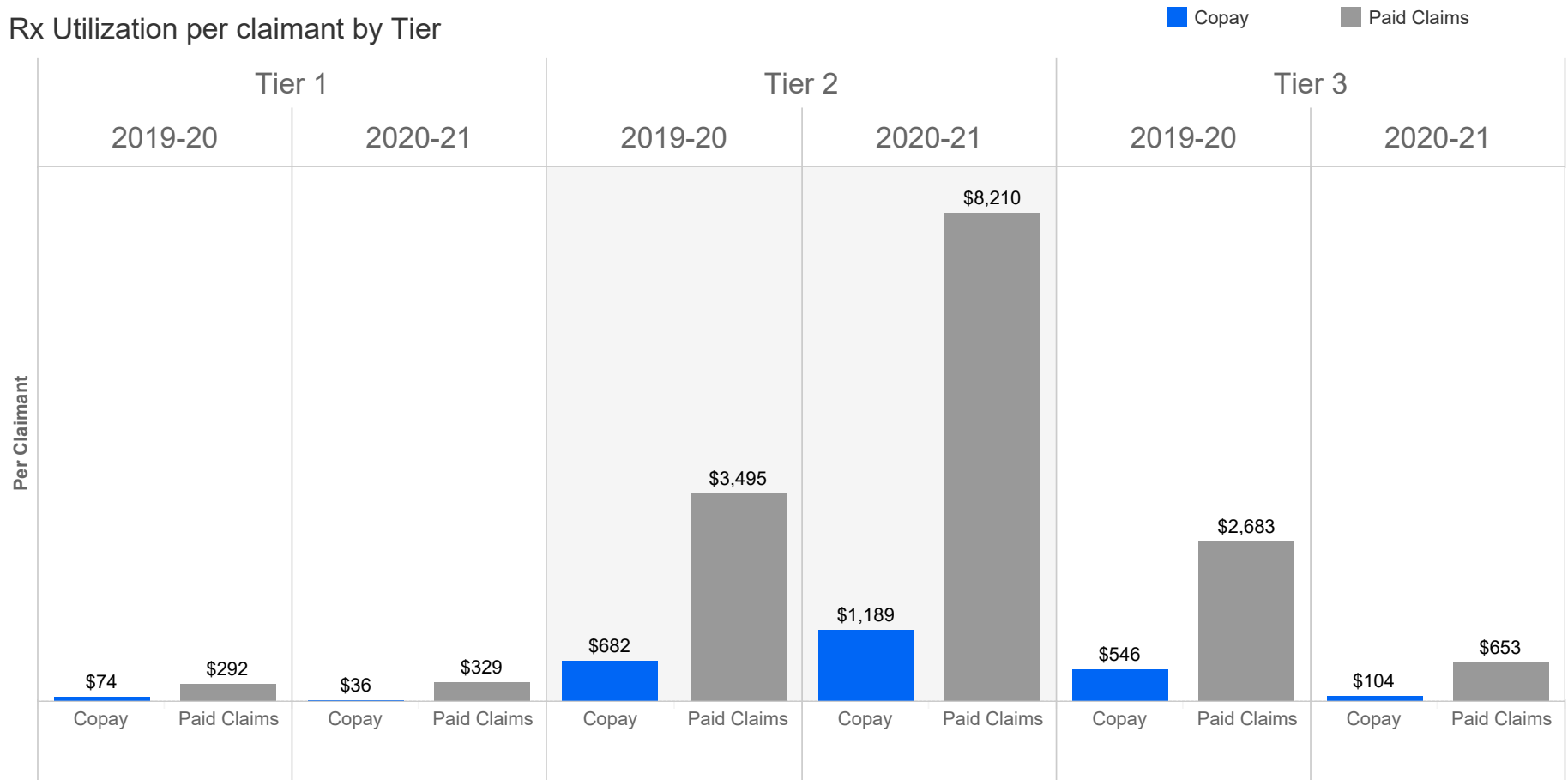
	Claimant Count	Copay	Paid Claims
BIOLOGICALS	1,914	\$0	\$90,192
PSYCHOSTIMULANTS-ANTIDEPRESSANT..	590	\$31,426	\$157,958
SYSTEMIC CONTRACEPTIVES	503	\$8,793	\$123,846
GLUCOCORTICOIDS	287	\$1,793	\$12,042
MISCELLANEOUS	225	\$71,159	\$945,042
AMPHETAMINE PREPARATIONS	218	\$42,619	\$126,033
ANTIARTHRITICS	213	\$100,052	\$499,632
NARCOTIC ANALGESICS	201	\$530	\$168
PENICILLINS	180	\$538	\$417
ATARACTICS-TRANQUILIZERS	159	\$18,478	\$39,161

Kansas State System (200118) - Utilization as of August 1, 2021

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	2019-20			2020-21		
	Claimant Count	Copay	Paid Claims	Claimant Count	Copay	Paid Claims
1	2,179	\$161,782	\$635,341	1,901	\$68,392	\$624,891
2	278	\$189,597	\$971,576	154	\$183,114	\$1,264,395
3	510	\$278,506	\$1,368,484	2,071	\$214,621	\$1,351,688

Premium, Paid Claims and Loss Ratio

utilization as of August 1, 2021

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	Emporia State University (197)	2017-18	Premium	\$544,633
			Paid Claims	\$289,457
			Loss Ratio	53.1%
	2018-19	Premium	\$586,617	
		Paid Claims	\$277,019	
		Loss Ratio	47.2%	
	2019-20	Premium	\$490,958	
		Paid Claims	\$184,494	
		Loss Ratio	37.6%	
2020-21	Premium	\$380,571		
	Paid Claims	\$368,695		
	Loss Ratio	96.9%		
Fort Hays State University (2005)	2017-18	Premium	\$407,090	
		Paid Claims	\$243,943	
		Loss Ratio	59.9%	
2018-19	Premium	\$466,728		

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, 2021

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, 2021

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	Fort Hays State University (2005)	2018-19	Paid Claims	\$387,385
			Loss Ratio	83.0%
		2019-20	Premium	\$399,538
			Paid Claims	\$174,285
			Loss Ratio	43.6%
		2020-21	Premium	\$272,999
Paid Claims	\$115,833			
Loss Ratio	42.4%			
Kansas State University (470)	2017-18	Premium	\$2,938,403	
		Paid Claims	\$3,028,073	
		Loss Ratio	103.1%	
	2018-19	Premium	\$3,292,773	
		Paid Claims	\$4,096,908	
		Loss Ratio	124.4%	
	2019-20	Premium	\$3,254,515	
		Paid Claims	\$3,419,663	

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, 2021

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, 2021

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	Kansas State University (470)	2019-20	Loss Ratio	105.1%
			Premium	\$3,183,227
			Paid Claims	\$2,212,190
			Loss Ratio	69.5%
Pittsburg State University (2009)	2017-18	Premium	\$375,571	
		Paid Claims	\$205,273	
		Loss Ratio	54.7%	
	2018-19	Premium	\$400,541	
		Paid Claims	\$148,042	
		Loss Ratio	37.0%	
	2019-20	Premium	\$449,778	
		Paid Claims	\$152,162	
		Loss Ratio	33.8%	
2020-21	Premium	\$387,006		
	Paid Claims	\$181,797		
	Loss Ratio	47.0%		

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, 2021

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, 2021

Group Name (Number)	Client Name (Number)	Policy Year	Measure Names	Premium	Paid Claims	Loss Ratio
Kansas State System (200118)	University of Kansas - Medical Center (2070)	2017-18	Premium	\$1,088,084		
			Paid Claims		\$1,672,046	
			Loss Ratio			153.7%
		2018-19	Premium	\$1,175,927		
			Paid Claims		\$1,828,196	
			Loss Ratio			155.5%
		2019-20	Premium	\$1,192,034		
			Paid Claims		\$2,926,316	
			Loss Ratio			245.5%
		2020-21	Premium	\$1,438,043		
			Paid Claims		\$2,438,733	
			Loss Ratio			169.6%
	University of Kansas (471)	2017-18	Premium	\$4,505,927		
		Paid Claims		\$6,028,926		
		Loss Ratio			133.8%	
	2018-19	Premium	\$5,075,164			

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, 2021

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, 2021

Group Name (Number)	Client Name (Number)	Policy Year	Measure Names	Value
Kansas State System (200118)	University of Kansas (471)	2018-19	Paid Claims	\$6,408,429
			Loss Ratio	126.3%
			Premium	\$5,268,510
2019-20	2019-20	2019-20	Paid Claims	\$4,235,351
			Loss Ratio	80.4%
			Premium	\$5,253,467
2020-21	2020-21	2020-21	Paid Claims	\$5,353,864
			Loss Ratio	101.9%
			Premium	\$1,629,517
Wichita State University (180)	2017-18	2017-18	Paid Claims	\$927,417
			Loss Ratio	56.9%
			Premium	\$1,970,435
2018-19	2018-19	2018-19	Paid Claims	\$821,221
			Loss Ratio	41.7%
			Premium	\$2,061,414
2019-20	2019-20	2019-20	Paid Claims	\$1,302,700
			Premium	\$2,061,414

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, 2021

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, 2021

Group Name (Number)	Client Name (Number)	Policy Year	Measure Names	Value
Kansas State System (200118)	Wichita State University (180)	2019-20	Loss Ratio	63.2%
		2020-21	Premium	\$2,153,690
			Paid Claims	\$625,973
			Loss Ratio	29.1%

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, 2021

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)

Policy Option(s)

1
2
3
4

Claims greater than \$100,000

Policy Year	Day of Date Diagnosis	Student-Dep..	ICD Code Description	Claimed Amount	Paid Claims
2019-20	November 11, 2019	Student	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	\$1,898,759	\$345,062
	September 30, 2019	Student	EPIDURAL HEMORRHAGE W/LOC UNS DUR INITIAL ENCINTR	\$421,704	\$115,767
	October 23, 2019	Student	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	\$410,390	\$201,967

Wichita State University (180) - Claims greater than \$100,000 - Utilization as of August 1, 2021

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)

Policy Option(s)

- | | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Claims greater than \$100,000

Policy Year	Day of Date Diagnosis	Student-Dep..	ICD Code Description	Claimed Amount	Paid Claims
2020-21	August 15, 2020	Student	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	\$389,794	\$176,452

Emporia State University (197) - Claims greater than \$100,000 - Utilization as of August 1, 2021

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)

Policy Option(s)

- | | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Claims greater than \$100,000

Policy Year	Day of Date Diagnosis	Student-Dep..	ICD Code Description	Claimed Amount	Paid Claims
2019-20	August 1, 2019	Student	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	\$342,467	\$203,643
	August 1, 2019	Student	NS HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$392,210	\$351,402
	November 8, 2019	Student	TRANSSEXUALISM	\$382,999	\$199,945
2020-21	September 3, 2020	Student	PBM CLAIMS	\$130,065	\$102,945

Kansas State University (470) - Claims greater than \$100,000 - Utilization as of August 1, 2021

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)

Policy Option(s)

- | | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Claims greater than \$100,000

Policy Year	Day of Date Diagnosis	Student-Dep..	ICD Code Description	Claimed Amount	Paid Claims
2019-20	May 5, 2020	Student	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	\$244,020	\$184,147
	September 6, 2019	Student	PBM CLAIMS	\$299,976	\$235,551
	October 2, 2019	Student	PBM CLAIMS	\$167,629	\$125,172
2020-21	August 4, 2020	Student	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	\$322,515	\$293,294
	August 24, 2020	Student	PBM CLAIMS	\$179,422	\$146,644
	October 19, 2020	Student	PBM CLAIMS	\$199,175	\$153,866
	August 20, 2020	Student	PBM CLAIMS	\$181,785	\$133,988
	August 5, 2020	Dependent	TINNITUS BILATERAL	\$1,298,773	\$650,631
	October 7, 2020	Dependent	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	\$492,256	\$263,744
	August 13, 2020	Student	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	\$528,822	\$104,222
	August 3, 2020	Student	SICKLE-CELL DISEASE WITHOUT CRISIS	\$556,441	\$373,487

University of Kansas (471) - Claims greater than \$100,000 - Utilization as of August 1, 2021

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)

Policy Option(s)

1
2
4

Claims greater than \$100,000

None - Claims greater than \$100,000 - Utilization as of August 1, 2021

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)

Policy Option(s)

1
2
3
4

Claims greater than \$100,000

None - Claims greater than \$100,000 - Utilization as of August 1, 2021

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)

Policy Option(s)

1
2
3
4

Claims greater than \$100,000

Policy Year	Day of Date Diagnosis	Student-Dep..	ICD Code Description	Claimed Amount	Paid Claims
2019-20	July 19, 2019	Student	OTHER SPECIFIED EATING DISORDER	\$663,896	\$585,244
	August 7, 2019	Student	PBM CLAIMS	\$226,842	\$194,640
	November 15, 2019	Student	MULTIPLE SCLEROSIS	\$467,099	\$141,831
	November 6, 2019	Student	PBM CLAIMS	\$143,098	\$107,821
2020-21	August 7, 2020	Student	PBM CLAIMS	\$372,293	\$317,456
	August 23, 2020	Student	PBM CLAIMS	\$398,956	\$310,305
	August 3, 2020	Student	PBM CLAIMS	\$209,956	\$158,561

University of Kansas - Medical Center (2070) - Claims greater than \$100,000 - Utilization as of August 1, 2021

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