



# Kansas State System (200118)

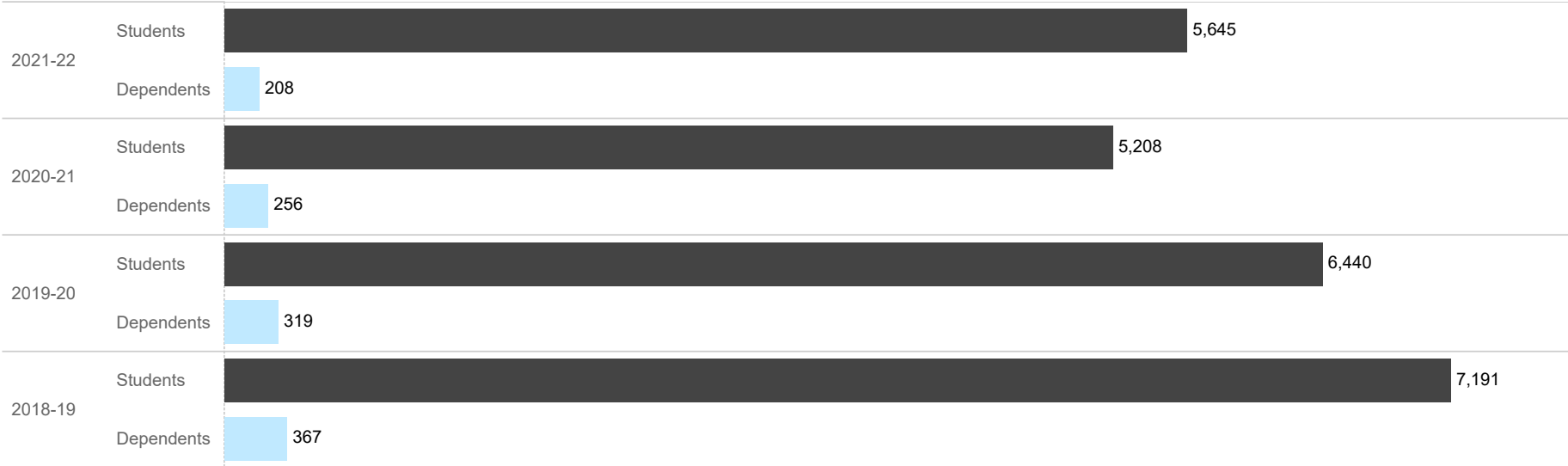
Policy Option(s)

1  
2  
3  
4

# Annualized Membership

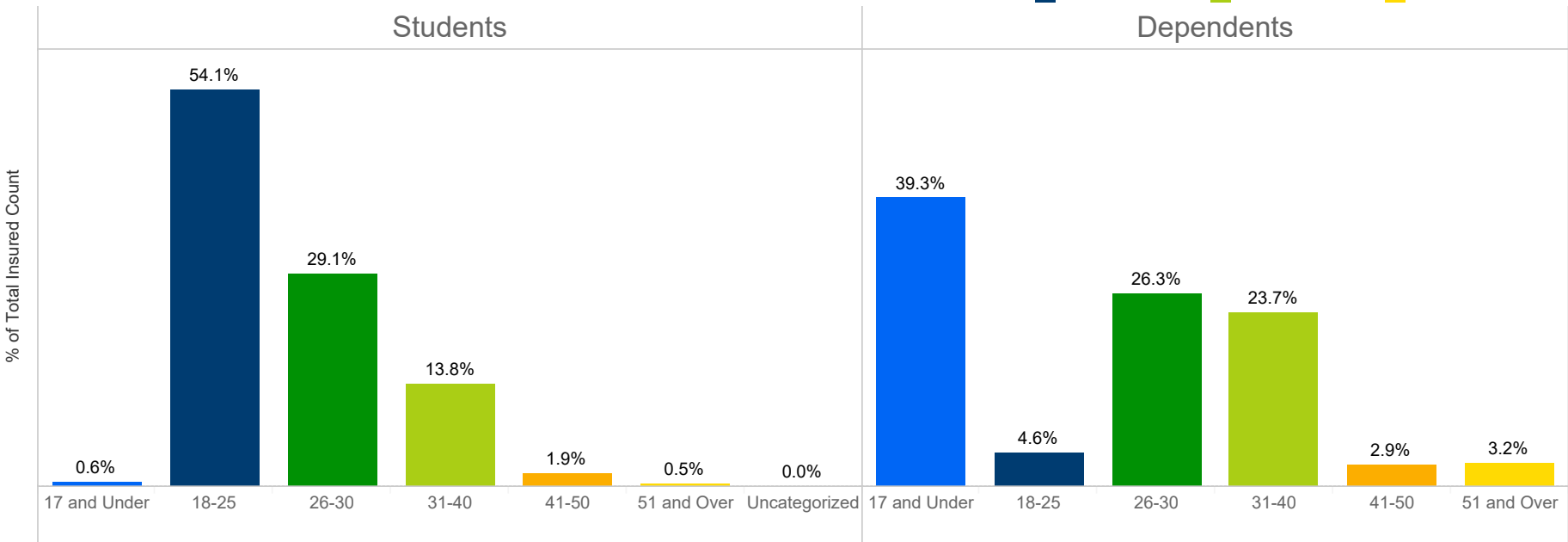
2021-22 policy year is an estimate.

■ Students ■ Dependents



## 2021-22 Membership by Age Group

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

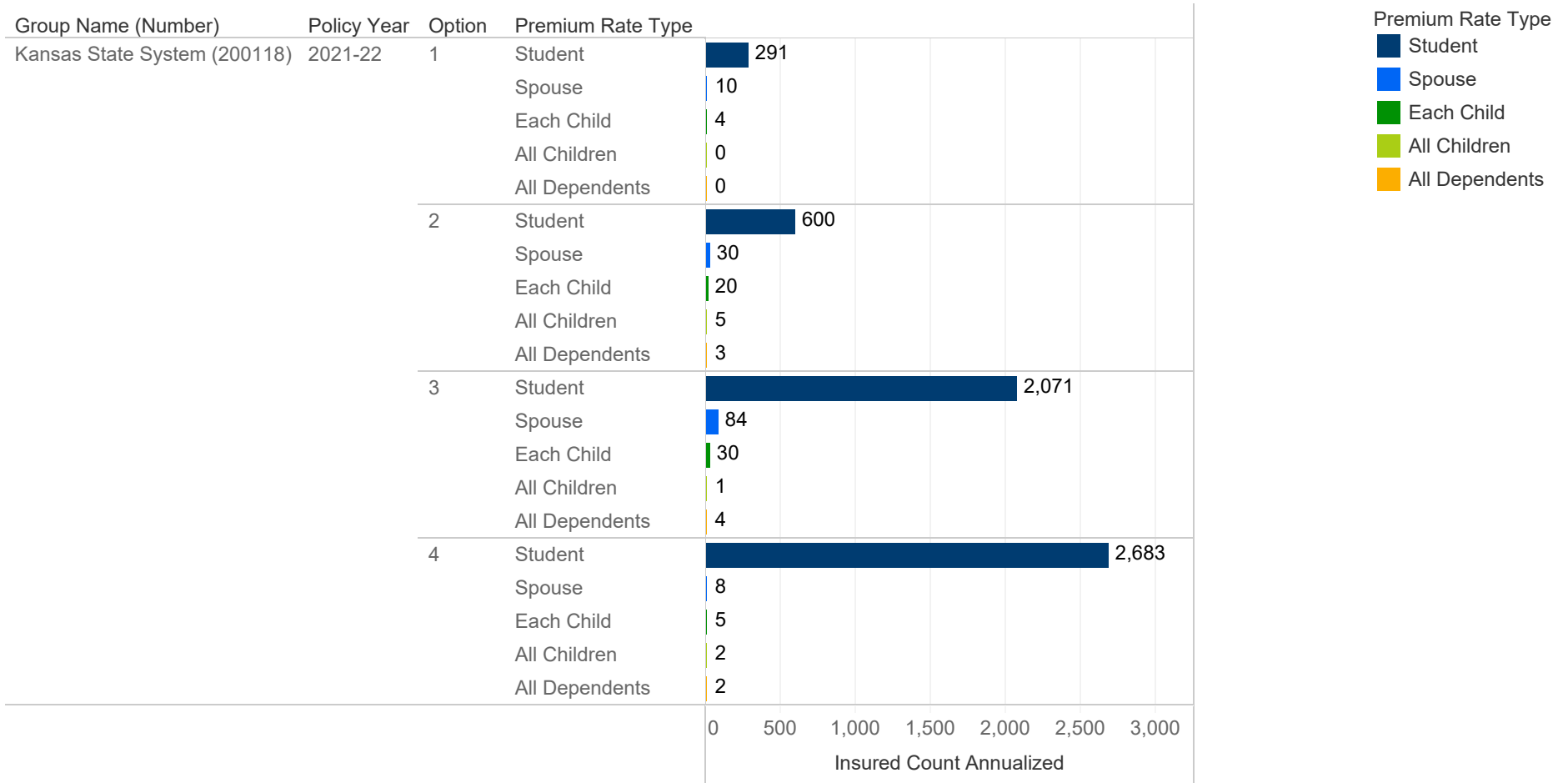


Kansas State System (200118) - Membership as of August 1, 2022

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

\*2022-23 Policy Year Annualized Insured Count is an estimate.



Kansas State System (200118) - Annualized Membership as of August 27, 2022

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

**\*2022-23 Policy Year Annualized Insured Count is an estimate.**

Group Name (Number)	Premium Rate Type	2021-22
Kansas State System (200118)	Student	5,645
	Spouse	132
	Each Child	59
	All Children	8
	All Dependents	9

\*Annualized Membership is calculated by dividing the total premium received by the annual rate. For the in-progress policy year (2022-23) 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 27, 2022

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 2021-22

Data as of August 1, 2022

Client Name (Number)	Rate Type	Option				Grand Total
		1	2	3	4	
Emporia State University (197)	Student	11	7	61	175	243
	Total	11	7	61	175	243
Fort Hays State University (2005)	Student	15	2		130	147
	Total	15	2		130	147
Kansas State University (470)	Student	79	111	885	492	1,521
	Spouse	2	6	47	3	57
	Each Child		2	16		18
	All Children			2	2	4
	All Dependents		3	14		17
	Total	81	122	955	497	1,608
Pittsburg State University (2009)	Student	11	2	52	216	267
	Spouse		1	1	1	3
	Each Child		1	1	1	3
	All Children				2	2
	All Dependents				6	6
	Total	11	4	54	223	278
University of Kansas - Medical Center (2070)	Student	39	440	153	28	627
	Spouse	2	24	7		32
	Each Child	1	17	1		18
	All Children		13		2	15
	All Dependents		13			13
	Total	42	500	160	30	696
University of Kansas (471)	Student	229	91	1,131	1,162	2,530
	Spouse	10	4	63	6	82

*\*# 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, 2022

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 2021-22

Data as of August 1, 2022

Client Name (Number)	Rate Type	Option				Grand Total
		1	2	3	4	
University of Kansas (471)	Each Child	4	2	27	5	37
	All Children		2	2	2	6
	All Dependents			17	3	20
	Total	243	99	1,235	1,178	2,668
Wichita State University (180)	Student	47	89	346	1,624	2,026
	Spouse		5	9	1	15
	Each Child		6	4	1	11
	All Dependents				3	3
	Total	47	100	359	1,629	2,055
# of Unique Members*		450	834	2,824	3,861	7,690

*\*# 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, 2022

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

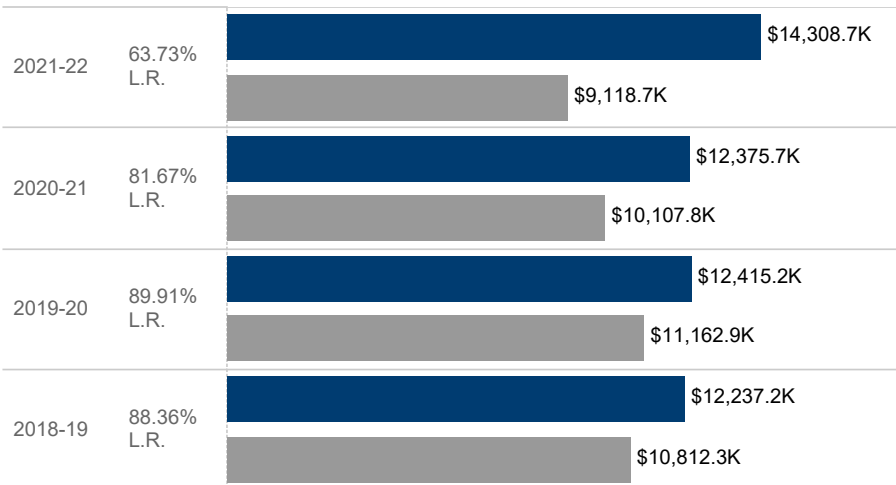


Values are displayed in thousands

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

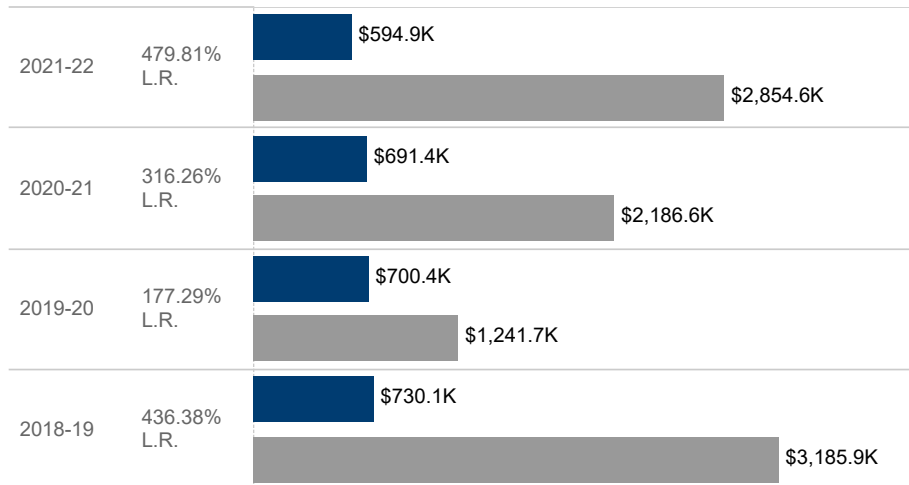
■ Premium    ■ Paid Claims



Values are displayed in thousands

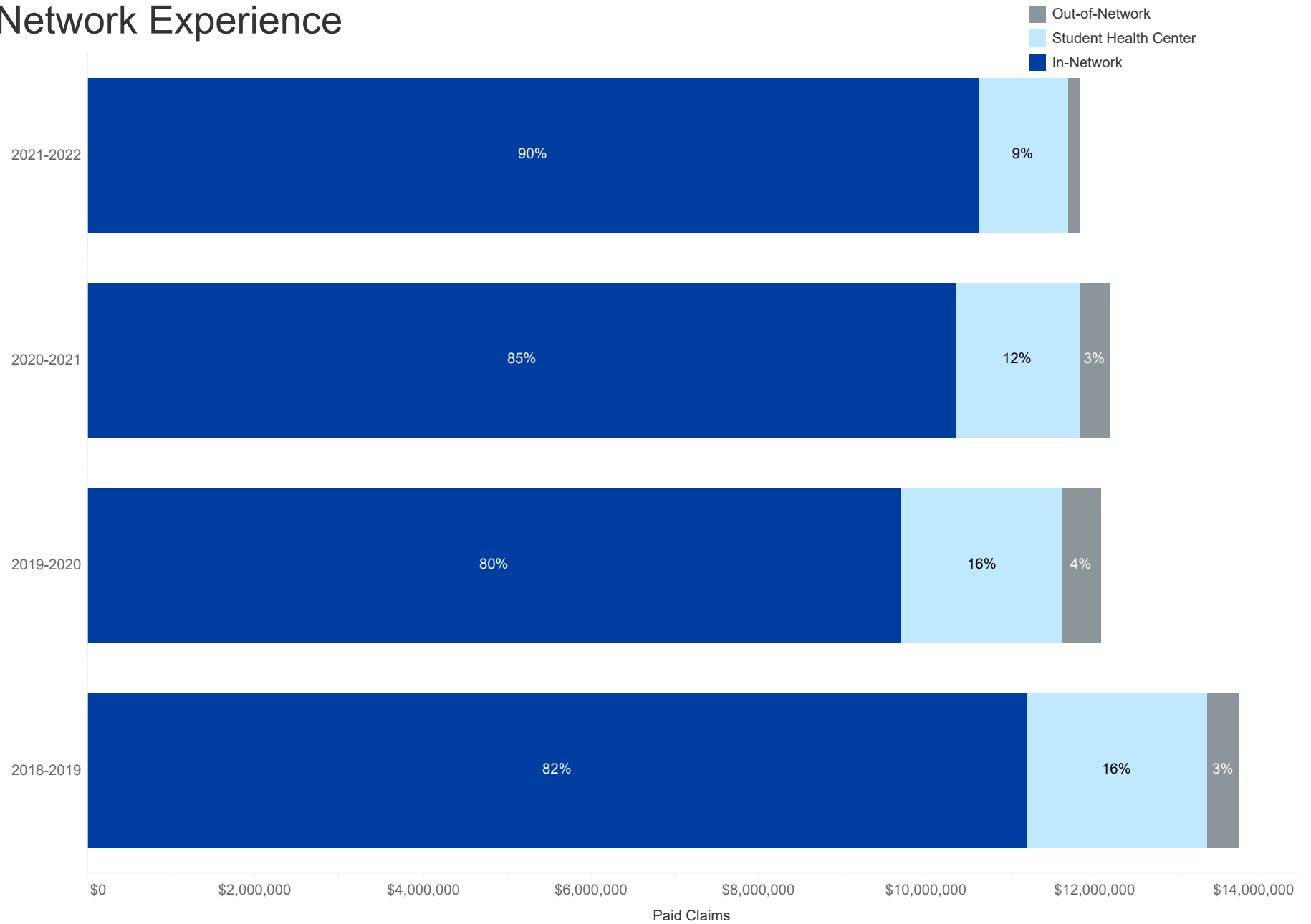
## Dependents - P&L

■ Premium    ■ Paid Claims



Values are displayed in thousands

# Network Experience





# SR Charge Category Utilization as of 8/1/2022

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

Charge Service Type	Charge Description Category	2020-2021				2021-2022			
		Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Grand Total				\$30,047,165	\$12,294,383			\$30,371,168	\$11,973,295
Outpatient	Total			\$23,836,648	\$9,161,686			\$20,758,919	\$8,243,240
	Null	6	9	\$128	(\$222)	3	7	\$372	\$0
	ADJUSTMENTS	627	1,933	\$0	(\$670,386)	496	1,517	\$0	(\$88,848)
	AMBULANCE	32	57	\$38,995	\$27,137	23	27	\$69,746	\$46,524
	ANESTHETIST	162	212	\$190,775	\$72,314	118	160	\$138,589	\$50,940
	ASSISTANT SURGEON	17	17	\$39,078	\$2,445	19	24	\$52,147	\$3,079
	CAT SCAN / MRI	304	687	\$1,581,609	\$465,466	262	563	\$1,561,109	\$359,106
	CHEMOTHERAPY	12	124	\$1,493,633	\$562,714	10	42	\$924,027	\$158,929
	CLAIM INTEREST	216	491	\$48	\$2,375	718	1,649	\$0	\$7,513
	CONSULTANT	4	6	\$1,009	\$167	2	2	\$657	\$278
	DENTAL	17	24	\$3,736	\$95	17	20	\$3,747	\$73
	DURABLE MED/BRACES/APPL	112	181	\$122,227	\$36,727	136	224	\$124,402	\$38,336
	GROUP LEDGER BILLING	3	3	\$0	\$0	5	13	\$19,136	\$18,986
	HOSPITAL MISCELLANEOUS	119	166	\$124,529	\$30,881	36	43	\$163,590	\$66,382
	INJECTIONS	1,226	3,754	\$399,404	\$209,409	1,589	3,095	\$493,301	\$328,232
	LABORATORY	2,050	6,683	\$3,222,082	\$1,042,547	3,130	10,219	\$3,136,550	\$1,207,127
	MEDICAL EMERGENCY	301	380	\$1,058,970	\$283,347	242	286	\$970,460	\$257,176
	MEDICAL RECORDS	1	1	\$9	\$9	2	2	\$138	\$138
	OTHER	57	197	\$24,881	\$24,881	29	121	\$17,650	\$17,650
	OTHER INSURANCE	5	15	\$0	(\$1,828)	7	18	\$0	(\$437)
	OUTPATIENT SURGERY	504	821	\$702,180	\$188,509	539	796	\$652,997	\$169,880
	OUTPATIENT SURGICAL FACILITI..	180	238	\$3,264,974	\$747,695	129	157	\$2,359,879	\$557,577
	PHYSICIAN VISITS	2,457	10,392	\$2,207,609	\$1,001,132	2,803	10,517	\$2,087,413	\$957,014
	PHYSIOTHERAPY	282	1,459	\$387,364	\$76,077	232	1,088	\$309,846	\$68,108
	PRESCRIPTIONS	3,342	24,437	\$6,401,338	\$3,323,147	3,802	28,451	\$5,810,391	\$2,746,612
	RADIATION THERAPY	1	49	\$150,118	\$44,510	1	4	\$49,443	\$2,919

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

Kansas State System (200118) - Utilization as of 8/1/2022

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 8/1/2022

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

Charge Service Type	Charge Description Category	2020-2021				2021-2022			
		Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Outpatient	REFUNDS	14	17	\$0	(\$2,008)	1	1	\$0	(\$35)
	SHC-ADJUSTMENTS	30	134	\$105	\$105	10	50	\$0	\$0
	SHC-CONSULTANT	2	2	\$172	\$150				
	SHC-DENTAL	1	1	\$27	\$27				
	SHC-DURABLE MED/BRACES/AP..					1	1	\$21	\$21
	SHC-GROUP LEDGER BILLING	5	0		\$98	4	0		\$28,558
	SHC-HOSPITAL MISCELLANEOUS	117	965	\$43,399	\$43,399	140	1,067	\$56,193	\$56,193
	SHC-INJECTIONS	1,650	4,626	\$234,635	\$229,417	735	1,748	\$87,882	\$87,881
	SHC-LABORATORY	2,386	13,049	\$410,390	\$374,465	2,502	9,643	\$282,827	\$269,739
	SHC-PHYSICIAN VISITS	1,346	2,552	\$131,812	\$131,759	1,315	2,707	\$135,565	\$135,565
	SHC-PHYSIOTHERAPY	1	1	(\$68)	(\$68)	2	4	(\$161)	(\$161)
	SHC-PRESCRIPTIONS	1,597	9,193	\$569,847	\$543,689	986	3,646	\$421,451	\$421,339
	SHC-PROFESSIONAL FEE	79	285	\$25,665	\$15,074	4	22	(\$530)	(\$530)
	SHC-PSYCHOTHERAPY	96	826	\$13,300	\$13,300	14	50	\$1,327	\$1,327
	SHC-RADIATION THERAPY	1	1	(\$100)	(\$100)				
	SHC-STATE MANDATE TAX	1	1	\$14	\$14				
	SHC-SUPPLIES/MISC	168	204	\$69,985	\$69,918	125	141	\$32,711	\$32,711
	SHC-SURGERY	173	227	\$25,847	\$25,847	138	207	\$20,267	\$20,267
	SHC-XRAYS	208	255	\$18,284	\$17,198	108	128	\$9,208	\$8,713
	SUPPLIES/MISC	75	103	\$127,148	\$64,030	101	127	\$107,084	\$68,522
URGENT CARE	31	47	\$16,922	\$3,836	43	55	\$13,782	\$2,406	
XRAYS	761	1,868	\$734,569	\$162,387	1,352	2,750	\$645,701	\$137,430	
Inpatient	Total			\$6,210,517	\$3,132,697			\$9,612,249	\$3,730,055
	ADJUSTMENTS	33	49	\$0	\$683,181	10	11	\$0	\$103,236
	ANESTHETIST	60	71	\$124,359	\$49,114	51	64	\$119,648	\$51,822
	ASSISTANT SURGEON	16	21	\$33,789	\$3,661	12	12	\$20,429	\$1,680
	CLAIM INTEREST	15	43	\$0	\$1,203	19	43	\$0	\$213

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

Kansas State System (200118) - Utilization as of 8/1/2022

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 8/1/2022

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

Charge Service Type	Charge Description Category	2020-2021				2021-2022			
		Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Inpatient	CONSULTANT	1	3	\$834	\$520	1	1	\$269	\$214
	DENTAL	40	57	\$28,909	\$3,157	26	34	\$24,436	\$1,960
	HOME HEALTH CARE	4	11	\$6,723	\$3,071	6	19	\$13,474	\$5,119
	HOSPITAL	158	282	\$5,321,827	\$2,138,864	108	184	\$8,788,888	\$3,311,594
	INJECTIONS	16	16	\$5,396	\$3,507	2	3	\$238	\$131
	INPATIENT SURGERY	79	112	\$279,803	\$124,126	58	89	\$237,503	\$103,941
	MEDICAL EMERGENCY	23	30	\$96,602	\$32,847	13	20	\$65,322	\$19,805
	PHYSICIAN VISITS	166	529	\$276,325	\$78,260	110	436	\$287,518	\$108,269
	PRESCRIPTIONS					64	285	\$25,099	\$15,329
	PROFESSIONAL FEE	62	160	\$35,951	\$11,185	42	141	\$29,425	\$6,742

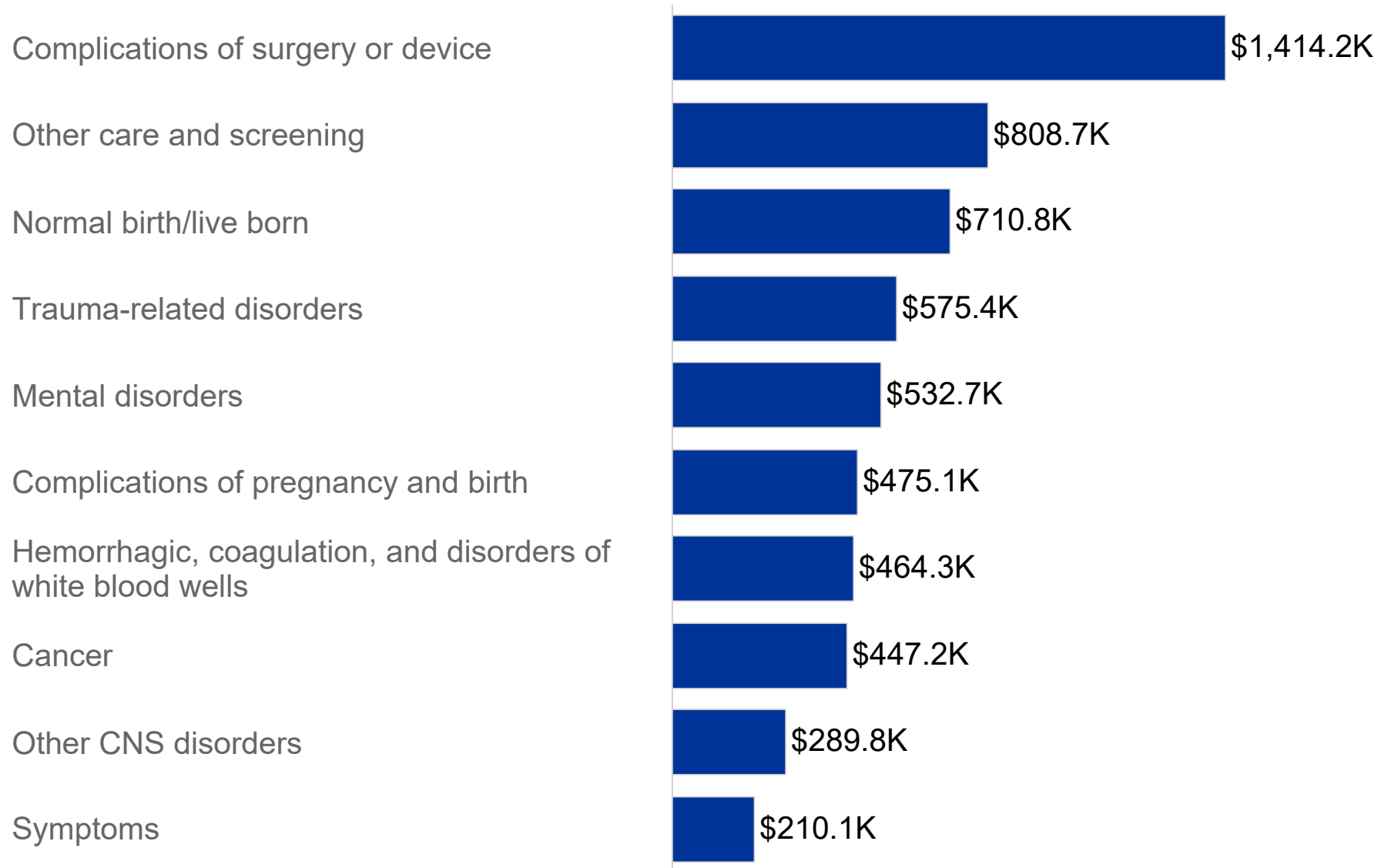
Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Kansas State System (200118) - Utilization as of 8/1/2022

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

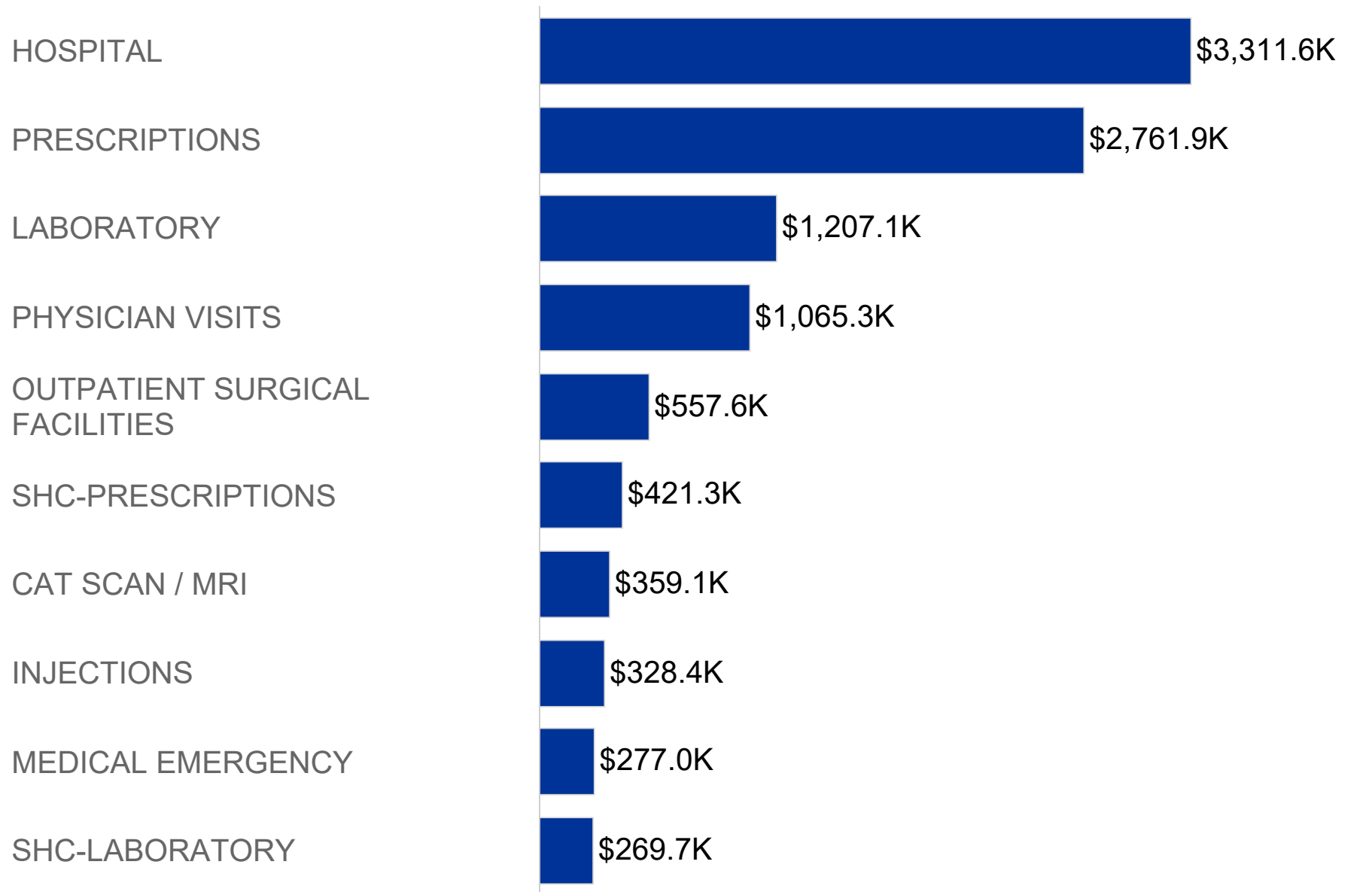
# Top 10 Diagnoses 2021-22 Policy Year

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 2021-22 Policy Year



Values are displayed in thousands

## Claims greater than \$100,000

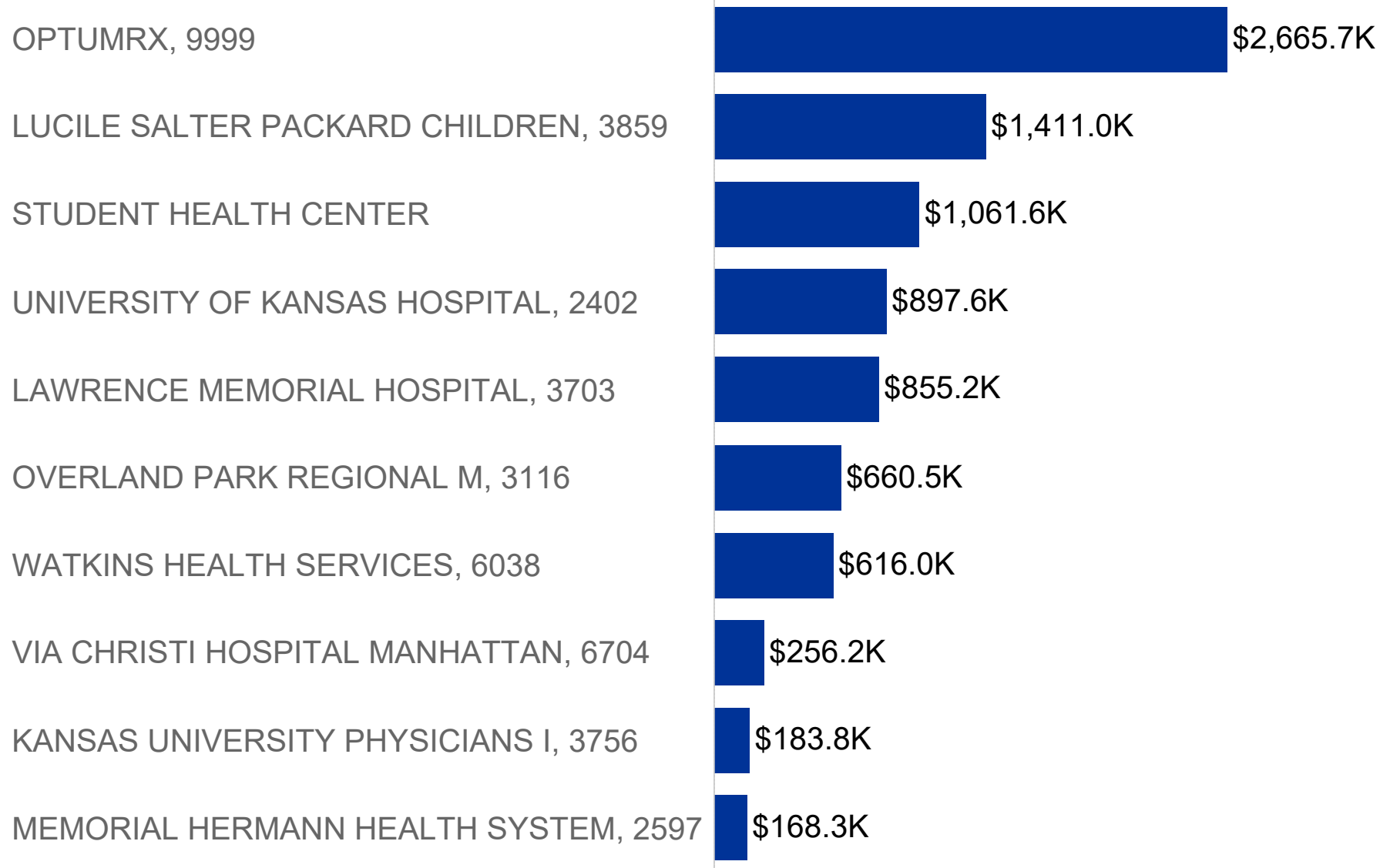
Policy Year	Day of Date Diagnosis	Student-Dep..	ICD Code Description	Claimed Amount	Paid Claims
2020-21	August 4, 2020	Student	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	\$375,761	\$342,046
	August 24, 2020	Student	PBM CLAIMS	\$197,483	\$161,295
	August 15, 2020	Student	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	\$392,004	\$178,371
	October 19, 2020	Student	PBM CLAIMS	\$199,175	\$153,866
	August 7, 2020	Student	PBM CLAIMS	\$372,144	\$317,444
	August 20, 2020	Student	PBM CLAIMS	\$213,539	\$159,031
	September 3, 2020	Student	PBM CLAIMS	\$130,065	\$102,945
	August 5, 2020	Dependent	TINNITUS BILATERAL	\$1,299,746	\$652,224
	October 7, 2020	Dependent	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	\$670,386	\$357,491
	August 23, 2020	Student	PBM CLAIMS	\$398,956	\$310,305
	August 13, 2020	Student	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	\$529,780	\$104,660
	August 3, 2020	Student	PBM CLAIMS	\$209,956	\$158,561
	August 3, 2020	Student	SICKLE-CELL DISEASE WITHOUT CRISIS	\$742,437	\$500,981
	2021-22	September 20, 2021	Student	PBM CLAIMS	\$142,036
August 31, 2021		Student	PBM CLAIMS	\$159,108	\$125,475
December 29, 2021		Dependent	OTH MECH COMP VENTRICLR INTRACRAN SHUNT INIT ENC	\$2,622,222	\$1,396,841
August 18, 2021		Student	PBM CLAIMS	\$406,759	\$317,781
August 24, 2021		Student	PBM CLAIMS	\$189,732	\$138,517
August 27, 2021		Student	SICKLE-CELL DISEASE WITHOUT CRISIS	\$622,220	\$420,949
March 10, 2022		Student	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	\$545,741	\$291,213
January 15, 2022		Student	DSPLCD TRNS FX SHAFT HUM LT ARM INIT ENC OPEN FX	\$325,219	\$175,382
January 10, 2022		Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$2,417,936	\$574,845
February 14, 2022	Student	OTH SPEC DEMYELINATING DZ OF CENTRAL NERVOUS SYS	\$401,417	\$194,790	

Kansas State System (200118) - Claims greater than \$100,000 - Utilization as of August 1, 2022

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

2021-22 Policy Year



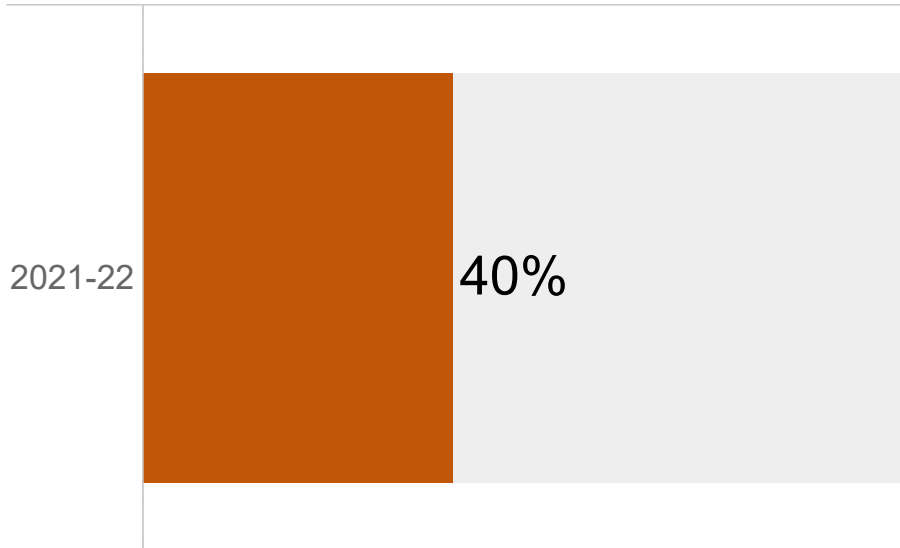
Values are displayed in thousands

Kansas State System (200118) - Utilization as of August 1, 2022

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
PFIZER-BIONTECH COVID-19 VACCINE	3	1,397	1,147	\$0	\$50,760
MODERNA COVID-19 VACCINE	3	761	699	\$0	\$28,520
AMPHETAMINE/DEXTROAMPHETA..	1	663	122	\$3,487	\$9,641
BUPROPION HYDROCHLORIDE ER (XL)	1	589	117	\$3,744	\$1,619
PFIZER-BIONTECH COVID-19 VACCINE/ADULT RTU	3	234	219	\$0	\$9,120
PREDNISON	1	222	146	\$155	\$93
AMOXICILLIN	1	166	142	\$133	\$42
FLUZONE QUADRIVALENT 2021-2022	3	156	152	\$0	\$3,750
FLUARIX QUADRIVALENT 2021-2022	3	126	125	\$0	\$3,100
FLUCELVAX QUADRIVALENT 2021-2022	3	124	121	\$0	\$3,136

## Top Drugs by Paid Claims

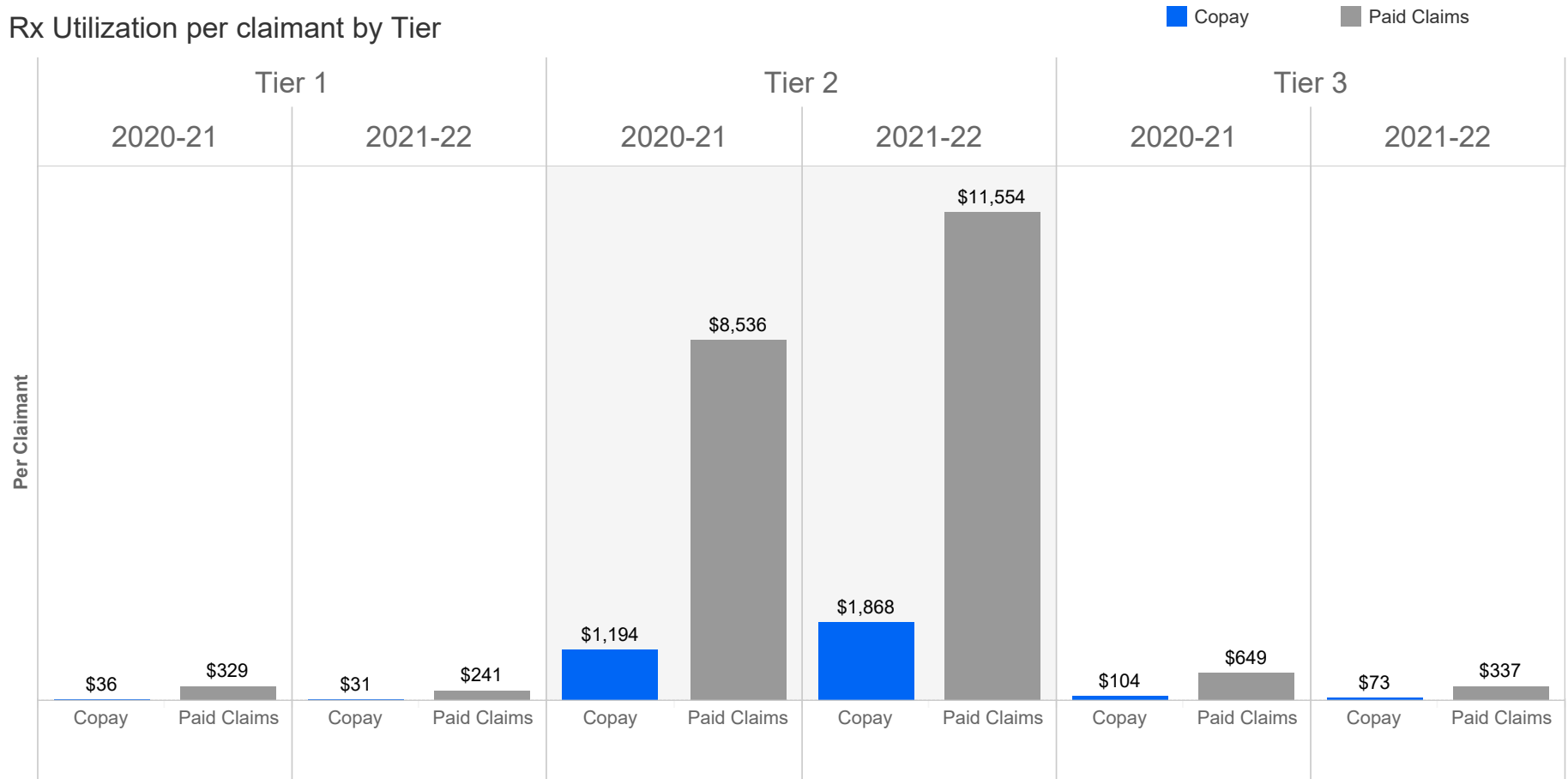
Drug Name	Tier	Claimant Count	Copay	Paid Claims
HUMIRA PEN	2	9	\$51,300	\$423,930
KALYDECO	2	1	\$8,000	\$314,377
STELARA	2	2	\$13,884	\$155,677
DOPTELET	3	1	\$7,975	\$125,475
DUPIXENT	3	4	\$29,703	\$102,373
SIMPONI	2	1	\$6,897	\$85,081
ENBREL	3	1	\$7,096	\$78,911
COSENTYX SENSOREADY PEN	3	1	\$7,750	\$71,761
HUMALOG	1	11	\$1,155	\$66,654
BAFIERTAM	2	1	\$7,027	\$58,218

## Top Therapeutic Classes by Claimant Count

	Claimant Count	Copay	Paid Claims
BIOLOGICALS	2,234	\$0	\$119,422
PSYCHOSTIMULANTS-ANTIDEPRESSANT..	526	\$29,323	\$35,828
SYSTEMIC CONTRACEPTIVES	386	\$6,803	\$85,933
MISCELLANEOUS	246	\$54,584	\$646,319
PENICILLINS	236	\$389	\$243
GLUCOCORTICOIDS	234	\$1,295	\$11,066
ANTIARTHRITICS	227	\$107,952	\$690,274
NARCOTIC ANALGESICS	204	\$253	\$296
AMPHETAMINE PREPARATIONS	187	\$39,430	\$112,422
ATARACTICS-TRANQUILIZERS	150	\$20,363	\$41,754



### Rx Utilization per claimant by Tier



### Rx Utilization by Tier

Tier	2020-21			2021-22		
	Claimant Count	Copay	Paid Claims	Claimant Count	Copay	Paid Claims
1	1,930	\$70,113	\$635,435	1,872	\$58,639	\$451,013
2	154	\$183,885	\$1,314,520	120	\$224,105	\$1,386,471
3	2,099	\$218,041	\$1,361,420	2,353	\$171,051	\$792,752

# Premium, Paid Claims and Loss Ratio

utilization as of August 1, 2022

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	Emporia State University (197)	2018-19	Premium	\$586,617
			Paid Claims	\$277,019
			Loss Ratio	47.2%
	2019-20	Premium	\$490,958	
		Paid Claims	\$184,563	
		Loss Ratio	37.6%	
	2020-21	Premium	\$380,571	
		Paid Claims	\$379,742	
		Loss Ratio	99.8%	
2021-22	Premium	\$421,993		
	Paid Claims	\$195,644		
	Loss Ratio	46.4%		
Fort Hays State University (2005)	2018-19	Premium	\$466,728	
		Paid Claims	\$387,385	
		Loss Ratio	83.0%	
2019-20	Premium	\$399,538		

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, 2022

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, 2022

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	Fort Hays State University (2005)	2019-20	Paid Claims	\$174,285
			Loss Ratio	43.6%
		2020-21	Premium	\$272,999
	Paid Claims		\$125,881	
	Loss Ratio		46.1%	
	2021-22	Premium	\$314,315	
		Paid Claims	\$164,056	
		Loss Ratio	52.2%	
	Kansas State University (470)	2018-19	Premium	\$3,291,886
Paid Claims			\$4,118,310	
Loss Ratio			125.1%	
2019-20		Premium	\$3,253,378	
		Paid Claims	\$3,418,436	
		Loss Ratio	105.1%	
2020-21		Premium	\$3,180,018	
		Paid Claims	\$2,398,560	

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, 2022

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, 2022

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	Kansas State University (470)	2020-21	Loss Ratio	75.4%
		2021-22	Premium	\$3,178,557
		2021-22	Paid Claims	\$2,318,274
	2021-22	Loss Ratio	72.9%	
	Pittsburg State University (2009)	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	\$201,051		
	Loss Ratio	52.0%		
2021-22	Premium	\$482,717		
	Paid Claims	\$242,325		
	Loss Ratio	50.2%		

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, 2022

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, 2022

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	University of Kansas - Medical Center (2070)	2018-19	Premium	\$1,175,927
			Paid Claims	\$1,828,158
			Loss Ratio	155.5%
		2019-20	Premium	\$1,192,034
			Paid Claims	\$2,922,901
			Loss Ratio	245.2%
	2020-21	Premium	\$1,438,421	
		Paid Claims	\$2,504,663	
		Loss Ratio	174.1%	
	2021-22	Premium	\$1,400,710	
		Paid Claims	\$1,811,607	
		Loss Ratio	129.3%	
University of Kansas (471)	2018-19	Premium	\$5,075,164	
		Paid Claims	\$6,408,616	
		Loss Ratio	126.3%	
	2019-20	Premium	\$5,268,510	

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, 2022

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, 2022

Group Name (Number)	Client Name (Number)	Policy Year	Measure Names	Value
Kansas State System (200118)	University of Kansas (471)	2019-20	Paid Claims	\$4,249,480
			Loss Ratio	80.7%
			Premium	\$5,253,096
2020-21			Paid Claims	\$5,996,633
			Loss Ratio	114.2%
			Premium	\$5,507,897
2021-22			Paid Claims	\$6,144,590
			Loss Ratio	111.6%
			Premium	\$1,970,435
Wichita State University (180)	2018-19		Paid Claims	\$830,707
			Loss Ratio	42.2%
			Premium	\$2,061,414
2019-20			Paid Claims	\$1,302,775
			Loss Ratio	63.2%
			Premium	\$2,155,009
2020-21			Paid Claims	\$687,853
			Premium	\$2,155,009

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, 2022

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, 2022

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	Wichita State University (180)	2020-21	Loss Ratio	31.9%
		2021-22	Premium	\$3,597,451
			Paid Claims	\$1,096,800
			Loss Ratio	30.5%

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, 2022

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
2021-22	January 15, 2022	Student	DSPLCD TRNS FX SHAFT HUM LT ARM INIT ENC OPEN FX	\$325,219	\$175,382

Wichita State University (180) - Claims greater than \$100,000 - Utilization as of August 1, 2022

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	\$392,004	\$178,371

Emporia State University (197) - Claims greater than \$100,000 - Utilization as of August 1, 2022

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
2020-21	September 3, 2020	Student	PBM CLAIMS	\$130,065	\$102,945
2021-22	August 31, 2021	Student	PBM CLAIMS	\$159,108	\$125,475

Kansas State University (470) - Claims greater than \$100,000 - Utilization as of August 1, 2022

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
2020-21	August 4, 2020	Student	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	\$375,761	\$342,046
	August 24, 2020	Student	PBM CLAIMS	\$197,483	\$161,295
	October 19, 2020	Student	PBM CLAIMS	\$199,175	\$153,866
	August 20, 2020	Student	PBM CLAIMS	\$213,539	\$159,031
	August 5, 2020	Dependent	TINNITUS BILATERAL	\$1,299,746	\$652,224
	October 7, 2020	Dependent	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	\$670,386	\$357,491
	August 13, 2020	Student	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	\$529,780	\$104,660
	August 3, 2020	Student	SICKLE-CELL DISEASE WITHOUT CRISIS	\$742,437	\$500,981
2021-22	September 20, 2021	Student	PBM CLAIMS	\$142,036	\$103,011
	December 29, 2021	Dependent	OTH MECH COMP VENTRICLR INTRACRAN SHUNT INIT ENC	\$2,622,222	\$1,396,841
	August 27, 2021	Student	SICKLE-CELL DISEASE WITHOUT CRISIS	\$622,220	\$420,949
	March 10, 2022	Student	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	\$545,741	\$291,213
	January 10, 2022	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$2,417,936	\$574,845
	February 14, 2022	Student	OTH SPEC DEMYELINATING DZ OF CENTRAL NERVOUS SYS	\$401,417	\$194,790

University of Kansas (471) - Claims greater than \$100,000 - Utilization as of August 1, 2022

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, 2022

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, 2022

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
2020-21	August 7, 2020	Student	PBM CLAIMS	\$372,144	\$317,444
	August 23, 2020	Student	PBM CLAIMS	\$398,956	\$310,305
	August 3, 2020	Student	PBM CLAIMS	\$209,956	\$158,561
2021-22	August 18, 2021	Student	PBM CLAIMS	\$406,759	\$317,781
	August 24, 2021	Student	PBM CLAIMS	\$189,732	\$138,517

University of Kansas - Medical Center (2070) - Claims greater than \$100,000 - Utilization as of August 1, 2022  
 Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.