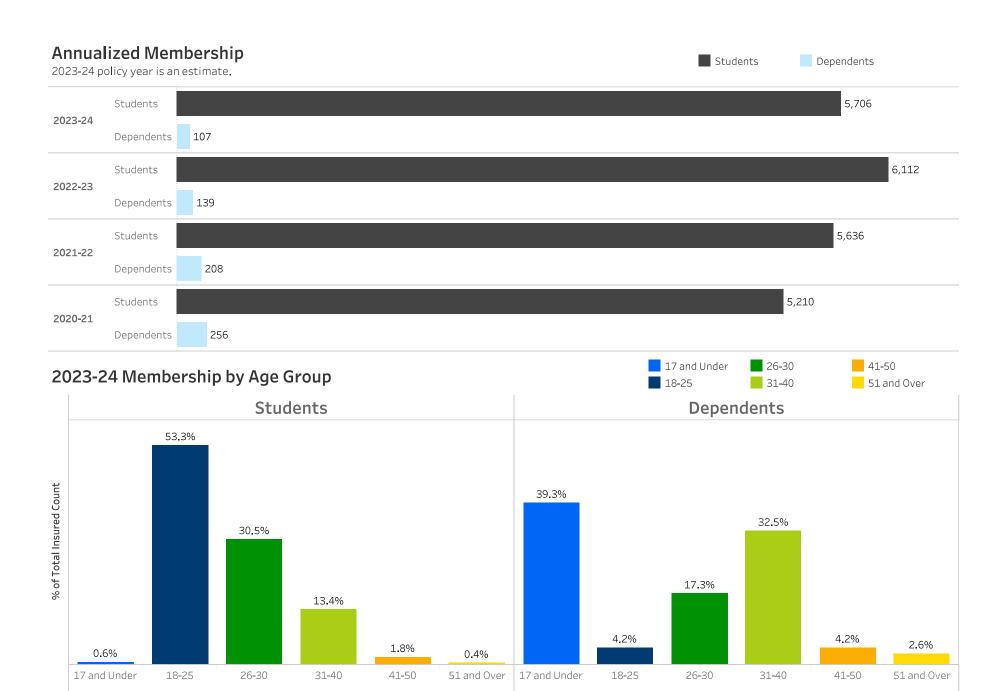
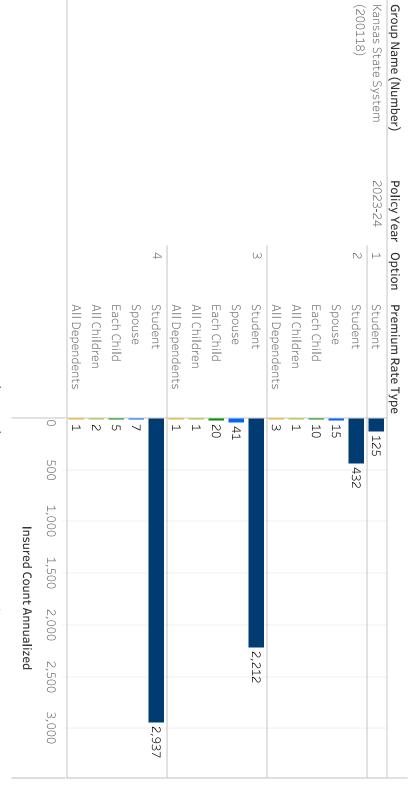
Kansas State System (200118) Policy Option(s)



Kansas State System (200118) - Membership as of April 1, 2024

Annualized Insured Counts

*2023-24 Policy Year Annualized Insured Count is an estimate.



Kansas State System (200118) - Annualized Membership as of April 19, 2024

Annualized Membership by Rate Type

*2023-24 Policy Year Annualized Insured Count is an estimate.

Group Name (Number)	Premium Rate Type	2023-24
Kansas State System (200118)	Student	5,706
	Spouse	63
	Each Child	35
	All Children	4
	All Dependents	5
Grand Total		5,813

^{*}Annualized Membership is calculated by dividing the total premium received by the annual rate. For the in-progress policy year (2023-24) 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 April 19, 2024

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 2023-24

Total Number of Insureds with active coverage as of April 22, 2024

Group Name (Number)	Client Name (Num	Premium Rate Type	1	2	3	4	Total
Kansas State System	Emporia State	Student	6	5	72	135	213
(200118)	University (197)	Total	6	5	72	135	213
	Fort Hays State	Student	8	4		191	203
	University (2005)	Total	8	4		191	203
	Kansas State	Student	28	108	867	417	1,383
	University (470)	Spouse		4	28	4	35
		Each Child			3		3
		All Children				4	4
		All Dependents		3			3
		Total	28	115	898	425	1,428
	Pittsburg State	Student	3		86	322	401
	University (2009)	Spouse			2	2	4
		Each Child			3	3	6
		All Children			2		2
		All Dependents				3	3
		Total	3		91	327	411
	University of	Student	7	306	193	10	514
	Kansas - Medical	Spouse		11	7	1	19
	Center (2070)	Each Child		8	4		12
		All Children		2	2		4
		All Dependents		6			6
		Total	7	333	206	11	553
	University of	Student	88	45	1,168	1,099	2,347
	Kansas (471)	Spouse			27	11	38
		Each Child			16	10	25
		All Children		2	2	4	8
		All Dependents		7	4		11

Kansas State System (200118) - Total Insured Counts - Active Coverage as of April 22, 2024

Insured Count by Rate Type and Option

Kansas State System (200118)

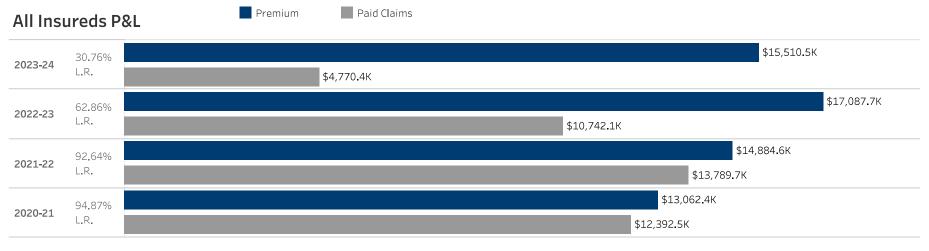
Policy Year 2023-24

Total Number of Insureds with active coverage as of April 22, 2024

Group Name (Number)	Client Name (Num	Premium Rate Type	1	2	3	4	Total
Kansas State System	Kansas (471)	Total	88	54	1,217	1,122	2,427
(200118)	Wichita State	Student	22	43	407	1,796	2,188
	University (180)	Spouse		3	5	2	10
		Each Child		1		1	2
		All Dependents		3			3
		Total	22	50	412	1,799	2,203
	Total		162	561	2,894	4,008	7,433
# of Unique Members			162	561	2,894	4,008	7,433

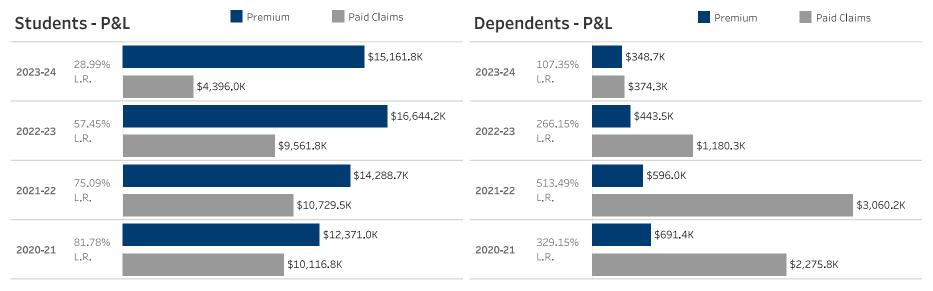
Kansas State System (200118) - Total Insured Counts - Active Coverage as of April 22, 2024

Plan Experience Overview



Values are displayed in thousands

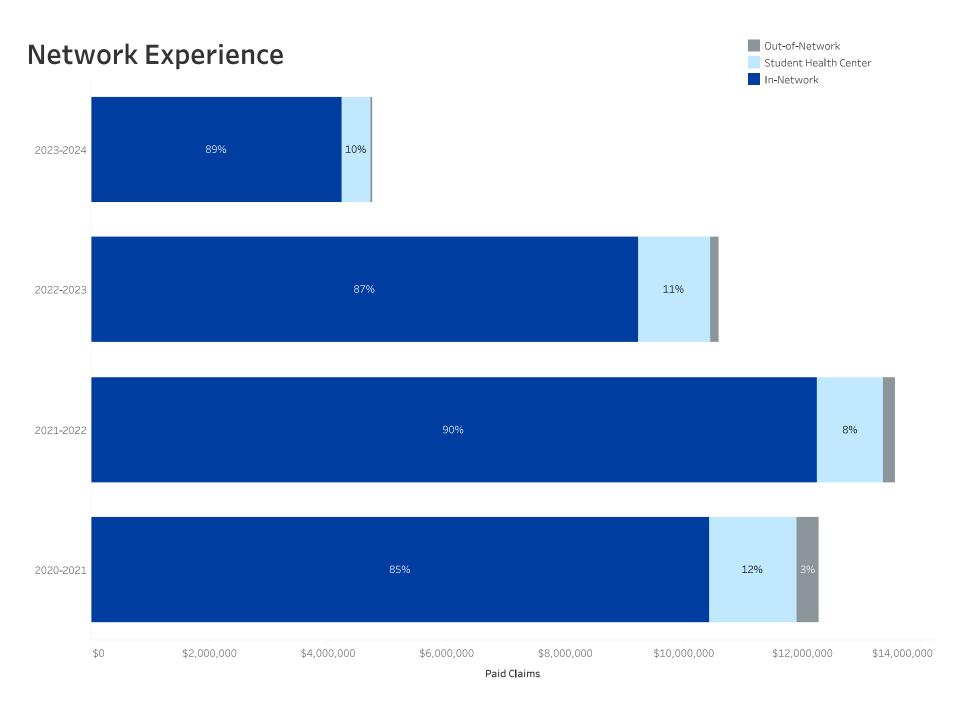
The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions (if applicable.)



Values are displayed in thousands

Values are displayed in thousands

Kansas State System (200118) - Utilization as of April 1, 2024



Kansas State System (200118) - Utilization as of April 1, 2024

SR Charge Category Utilization as of 4/1/2024

Kansas State System (200118)

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

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

		2022-2023				2023-2024			
Charge Service Type	Charge Description Category	Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Grand Total				\$29,190,567	\$10,742,085			\$12,833,187	\$4,770,356
Outpatient	Total			\$23,321,839	\$8,400,183			\$10,760,738	\$3,900,289
	Null					0	0		(\$12)
	ADJUSTMENTS	287	1,126	\$0	(\$400,318)	358	867	\$0	(\$156,349)
	AMBULANCE	50	58	\$119,418	\$68,073	16	20	\$17,202	\$9,398
	ANESTHETIST	141	197	\$157,527	\$59,054	54	73	\$53,102	\$21,054
	ASSISTANT SURGEON	18	20	\$82,137	\$5,598	4	4	\$6,554	\$616
	CAT SCAN / MRI	300	670	\$1,811,076	\$378,972	171	357	\$984,704	\$195,287
	CHEMOTHERAPY	10	58	\$1,332,605	\$278,363	8	31	\$549,541	\$94,840
	CLAIM INTEREST	341	754	\$0	\$16,851	139	197	\$0	\$440
	DENTAL	11	15	\$11,144	\$238	10	11	\$3,452	\$41
	DURABLE MED/BRACES/APPL	160	291	\$145,891	\$39,462	94	154	\$45,101	\$8,318
	GROUP LEDGER BILLING	6	29	\$0	\$0	1	1	\$0	\$0
	HOSPITAL MISCELLANEOUS	17	39	\$603,422	\$202,588				
	INJECTIONS	1,383	2,547	\$594,516	\$417,216	1,353	2,081	\$336,698	\$251,667
	INVESTIGATIONS/LEGAL					1	1	\$996	\$996
	LABORATORY	3,067	13,716	\$3,585,612	\$1,212,779	3,152	7,061	\$1,646,639	\$539,373
	MEDICAL EMERGENCY	328	435	\$1,338,112	\$322,017	177	222	\$598,173	\$117,412
	MEDICAL RECORDS	3	3	\$826	\$826				
	OTHER	21	136	\$12,086	\$12,086	17	54	\$2,101	\$2,101
	OTHER INSURANCE	4	9	\$0	(\$1,026)	1	1	\$0	(\$765)
	OUTPATIENT SURGERY	545	833	\$675,685	\$183,448	308	394	\$219,171	\$53,077
	OUTPATIENT SURGICAL FACILITIES	152	221	\$2,830,443	\$727,765	62	67	\$867,414	\$200,228
	PHYSICIAN VISITS	3,111	11,422	\$2,067,103	\$934,151	2,768	7,315	\$1,167,308	\$547,665
	PHYSIOTHERAPY	216	1,100	\$438,830	\$124,724	185	778	\$249,677	\$64,941
	PRESCRIPTIONS	2,836	22,707	\$5,384,443	\$2,395,752	2,451	14,831	\$2,831,764	\$1,243,393
	RADIATION THERAPY					1	5	\$161,520	\$68,493

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

Kansas State System (200118) - Utilization as of 4/1/2024

SR Charge Category Utilization as of 4/1/2024

Kansas State System (200118)

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

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

		2022-2023					2023-2024				
Charge Service Type	Charge Description Category	Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims		
Outpatient	REFUNDS	6	8	\$0	(\$5,133)	1	1	\$0	(\$112)		
	SHC-ADJUSTMENTS	50	240	\$189	\$0	4	24	\$0	\$0		
	SHC-CONSULTANT	3	3	\$45	\$45	1	1	\$45	\$45		
	SHC-GROUP LEDGER BILLING	3	2	\$42,110	\$42,334	1	0		\$12		
	SHC-HOSPITAL MISCELLANEOUS	65	74	\$3,165	\$3,165	13	16	\$882	\$882		
	SHC-INJECTIONS	794	2,199	\$209,211	\$118,554	215	605	\$35,927	\$35,927		
	SHC-LABORATORY	25	108	(\$3,615)	(\$3,565)	3	11	\$285	\$300		
	SHC-PHYSICIAN VISITS	1,311	2,381	\$146,841	\$146,841	60	69	\$11,604	\$11,604		
	SHC-PHYSIOTHERAPY	148	998	\$62,521	\$62,521	47	252	\$18,180	\$18,180		
	SHC-PRESCRIPTIONS	936	3,849	\$457,492	\$457,505	425	1,952	\$346,123	\$346,123		
	SHC-PROFESSIONAL FEE	2,492	10,053	\$331,949	\$316,245	302	1,317	\$69,066	\$65,231		
	SHC-PSYCHOTHERAPY	18	77	\$1,426	\$1,426						
	SHC-SUPPLIES/MISC	90	99	\$21,855	\$21,830	10	11	\$1,627	\$1,627		
	SHC-SURGERY	126	230	\$23,870	\$23,870	16	36	\$3,306	\$3,306		
	SHC-UNKNOWN	4	11	\$719	\$0	2	9	\$2,033	\$0		
	SHC-XRAYS	275	305	\$25,753	\$25,213	46	48	\$3,814	\$3,649		
	STATE MANDATE TAX	3	11	\$183	\$151						
	SUPPLIES/MISC	100	118	\$90,828	\$52,236	290	361	\$80,344	\$38,650		
	URGENT CARE	8	8	\$10,336	\$1,556	2	2	\$699	\$0		
	XRAYS	1,255	2,646	\$706,085	\$156,770	1,061	1,873	\$445,686	\$112,650		
Inpatient	Total			\$5,868,728	\$2,341,902			\$2,072,449	\$870,068		
	ADJUSTMENTS	14	23	\$0	\$428,097	5	5	\$0	\$163,828		
	ANESTHETIST	55	80	\$129,903	\$51,233	24	35	\$56,766	\$28,921		
	ASSISTANT SURGEON	13	17	\$21,772	\$2,034	5	5	\$4,161	\$707		
	CLAIM INTEREST	23	49	\$0	\$2,996	1	1	\$0	\$0		
	DENTAL	20	32	\$14,088	\$1,500	11	14	\$13,199	\$1,116		
	HOME HEALTH CARE	13	59	\$62,338	\$15,263	8	16	\$8,091	\$402		

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

Kansas State System (200118) - Utilization as of 4/1/2024

SR Charge Category Utilization as of 4/1/2024

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

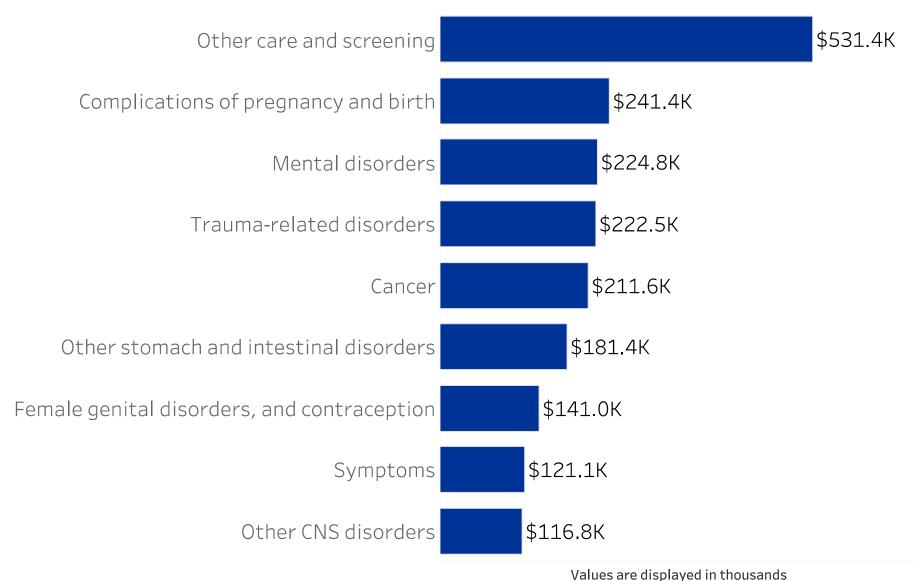
			2022-2	.023		2023-2024			
Charge Service Type	Charge Description Category	Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Inpatient	HOSPITAL	135	207	\$4,757,331	\$1,562,270	48	71	\$1,634,608	\$557,157
	INJECTIONS	2	2	\$322	\$143				
	INPATIENT SURGERY	64	89	\$260,776	\$110,477	30	39	\$97,694	\$42,443
	MEDICAL EMERGENCY	25	36	\$205,361	\$56,318	13	18	\$105,720	\$34,624
	PHYSICIAN VISITS	135	447	\$372,971	\$94,838	55	154	\$134,569	\$33,596
	PRESCRIPTIONS	74	262	\$18,580	\$10,989	52	113	\$7,771	\$4,662
	PROFESSIONAL FEE	43	121	\$25,285	\$5,743	22	37	\$9,871	\$2,610

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

Kansas State System (200118) - Utilization as of 4/1/2024

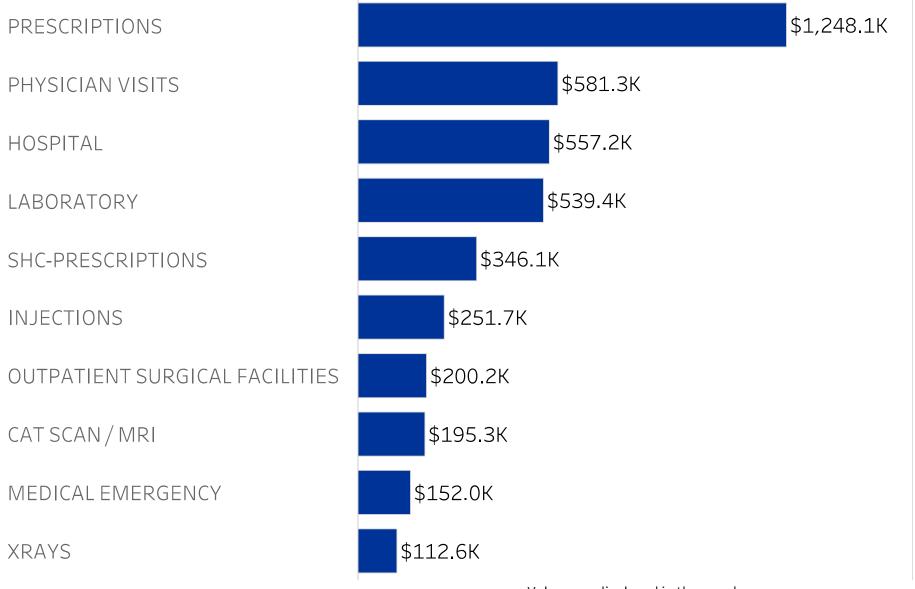
Top 10 Diagnoses 2023-24 Policy Year

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



Kansas State System (200118) - Utilization as of April 1, 2024

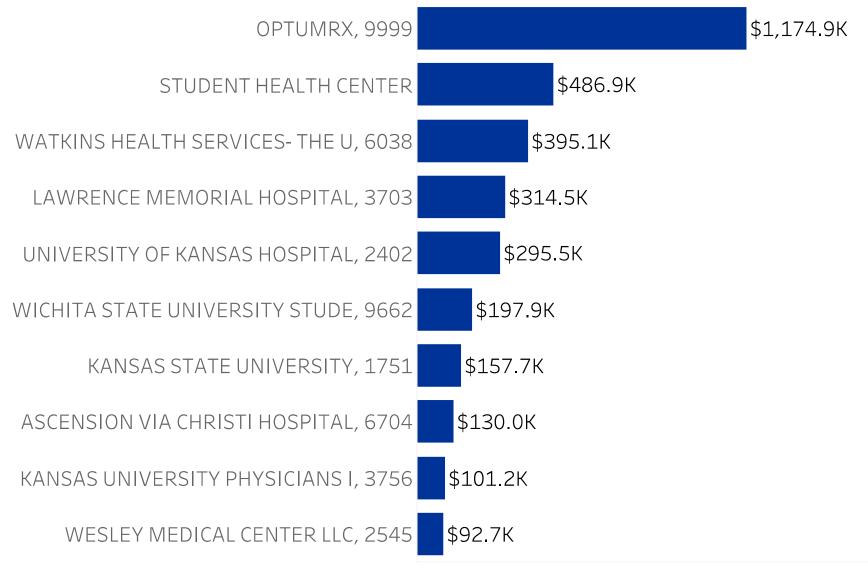
Top 10 SR Charge Categories 2023-24 Policy Year



Values are displayed in thousands

Top Billing Providers

2023-24 Policy Year



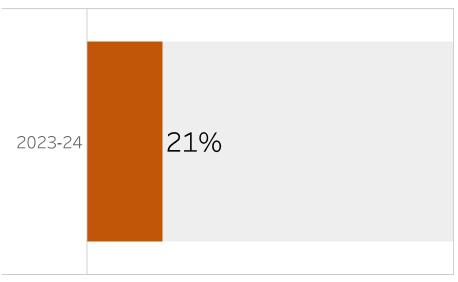
Values are displayed in thousands

Policy Year	Day of Date Diagnosis	Student-De	ICD Code Description	Claimed Amount	Paid Claims
2022-23	January 16, 2023	Student	SPINAL STENOSIS CERVICAL REGION	\$262,035	\$180,478
	August 16, 2022	Student	PBM CLAIMS	\$252,528	\$196,822
	February 18, 2023	Student	CONTUSION OF LUNG UNSPECIFIED INITIAL ENCOUNTER	\$708,659	\$182,728
	August 15, 2022	Student	PBM CLAIMS	\$173,829	\$123,278
	September 19, 2022	Student	SICKLE-CELL DISEASE WITHOUT CRISIS	\$510,233	\$321,979
	July 20, 2022	Student	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	\$544,286	\$245,056
	September 3, 2022	Dependent	PBM CLAIMS	\$228,199	\$165,279
	January 1, 2022	Student	MALIGNANT NEOPLASM OF SIGMOID COLON	\$226,046	\$105,526
	January 30, 2023	Student	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	\$453,575	\$176,419
	August 14, 2022	Dependent	CHOANAL ATRESIA	\$248,216	\$155,353
2023-24	September 14, 2023	Student	PBM CLAIMS	\$131,308	\$102,944
	August 12, 2023	Dependent	PBM CLAIMS	\$167,389	\$119,230
	August 8, 2023	Student	PBM CLAIMS	\$243,577	\$170,495

Kansas State System (200118) - Claims greater than \$100,000 - Utilization as of April 1, 2024

Top Rx Report

Percentage of Members Utilizing Rx



Top Drugs by Claimant Count

Drug Name	Tier	Script Count	Claimant Count	Copay	Paid Claims
COMIRNATY 2023-24	3	227	205	\$0	\$27,782
FLUCELVAX QUADRIVALENT 2023-20	3	192	175	\$0	\$6,778
SPIKEVAX COVID-19 VACCINE/2023	3	130	122	\$0	\$17,083
AMPHETAMINE/DEXTROAMPHETAM	1	383	98	\$1,984	\$4,360
AMOXICILLIN	1	115	94	\$39	\$26
ESCITALOPRAM OXALATE	1	359	81	\$937	\$187
BUPROPION HYDROCHLORIDE ER (XL)	1	358	71	\$1,020	\$454
FLUZONE QUADRIVALENT 2023-2024	3	71	69	\$0	\$2,059
PREDNISONE	1	82	61	\$46	\$4
DOXYCYCLINE HYCLATE	1	83	55	\$204	\$407

Top Drugs by Paid Claims

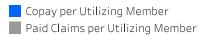
Drug Name	Tier	Claimant Count	Copay	Paid Claims
STELARA	2	4	\$30,975	\$326,568
VERZENIO	2	1	\$0	\$102,858
NUCALA	3	1	\$7,857	\$80,802
HUMIRA PEN	2	3	\$23,592	\$56,644
COSENTYX SENSOREADY PEN	3	1	\$8,000	\$54,552
RINVOQ	2	1	\$7,561	\$40,580
BIKTARVY	3	2	\$7,564	\$37,370
SKYRIZI	2	2	\$7,531	\$30,123
COMIRNATY 2023-24	3	205	\$0	\$27,782
TREMFYA	2	1	\$1,759	\$24,710

Top Therapeutic Classes by Claimant Count

Top Therapeutic classes by Claimant Count											
	Claimant Count	Copay	Paid Claims								
BIOLOGICALS	504	\$0	\$68,571								
PSYCHOSTIMULANTS-ANTIDEPRESSANTS	374	\$16,650	\$25,824								
SYSTEMIC CONTRACEPTIVES	236	\$819	\$41,804								
GLUCOCORTICOIDS	160	\$505	\$1,130								
AMPHETAMINE PREPARATIONS	148	\$12,253	\$44,511								
PENICILLINS	143	\$197	\$192								
ANTIARTHRITICS	111	\$36,709	\$105,381								
NARCOTIC ANALGESICS	90	\$121	\$163								
MISCELLANEOUS	89	\$52,962	\$557,511								
ANTIFUNGALS	87	\$123	\$246								

Kansas State System (200118) - Utilization as of April 1, 2024

Rx Copay and Paid Claims per Utilizing Member (per Claimant) by Tier



		Tie	r 1			Tie	r 2			Tie	r3	
	202	2-23	202	3-24	202	2-23	202	3-24	202	2-23	202	3-24
Per Claimant						\$11,836		\$6,873				
	\$31	\$195	\$19	\$106	\$2,054		\$1,376		\$145	\$482	\$111	\$533
	Copay per Utilizing Member	Paid Claims per Utilizing Member										

Rx Utilization by Tier

		2022-23		2023-24			
Tier	Claimant Count	Copay	Paid Claims	Claimant Count	Copay	Paid Claims	
1	1,802	\$55,708	\$351,756	1,271	\$23,558	\$134,242	
2	128	\$262,849	\$1,514,961	101	\$138,999	\$694,170	
3	988	\$143,733	\$476,136	591	\$65,566	\$314,981	

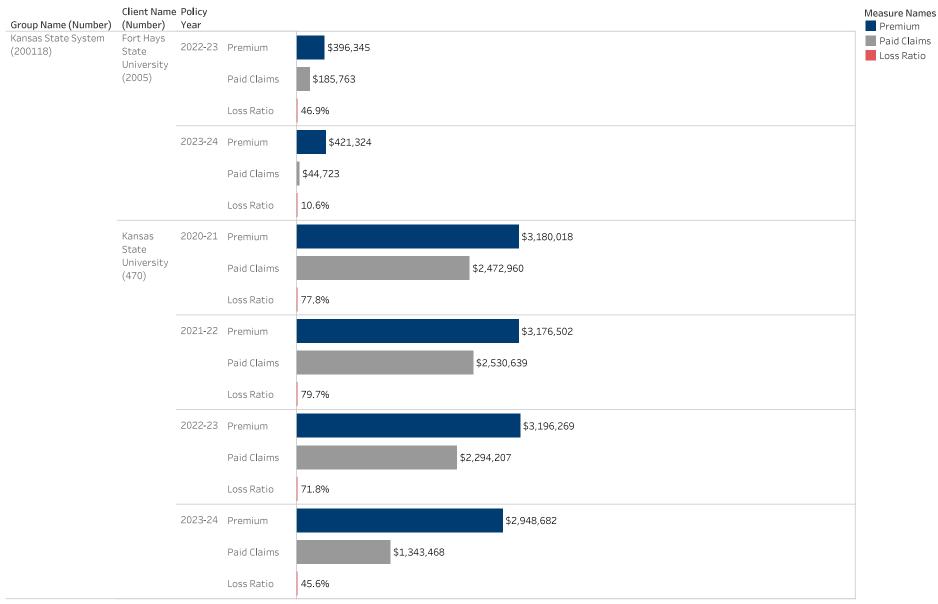
utilization as of April 1, 2024



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

utilization as of April 1, 2024

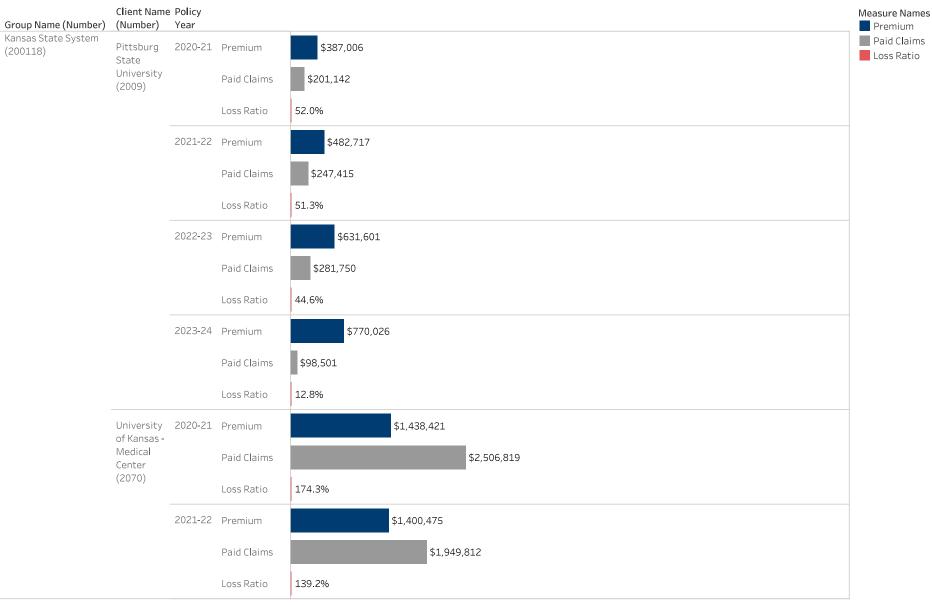


The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

Premium & Paid Claims

Kansas State System (200118) Utilization as of April 1, 2024

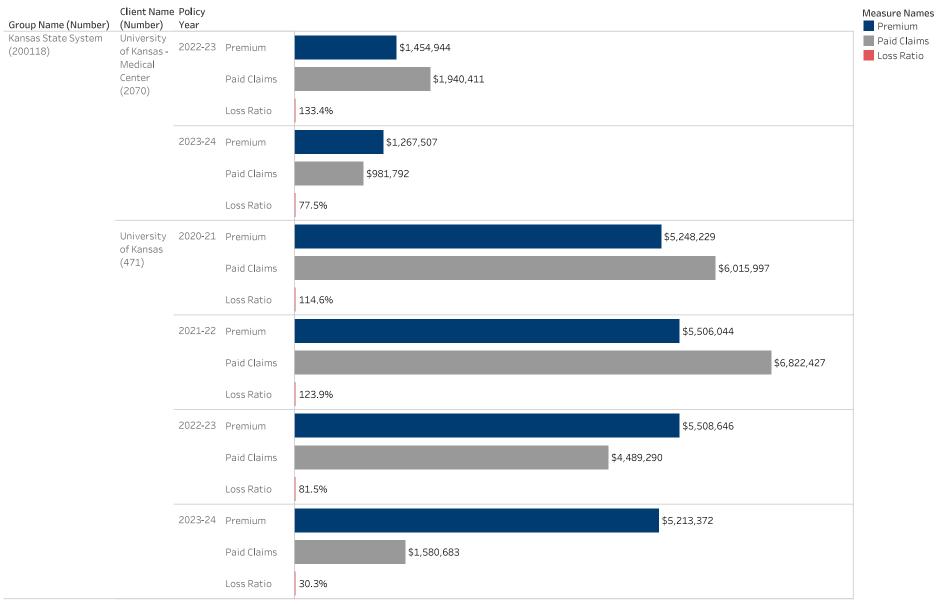
utilization as of April 1, 2024



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

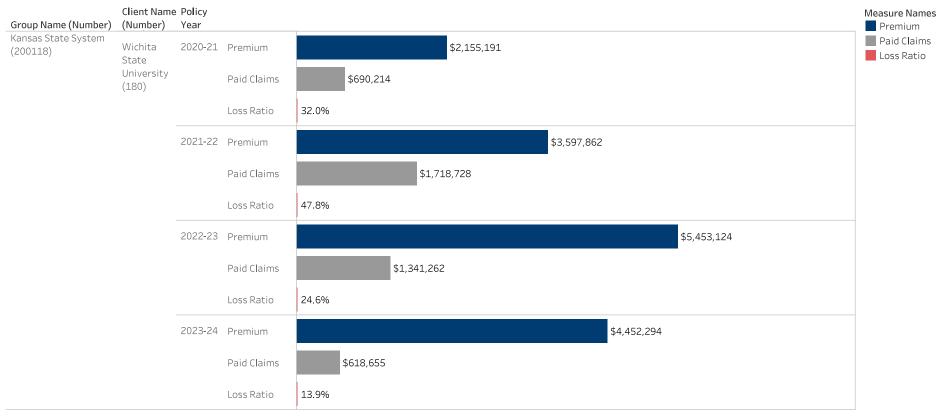
utilization as of April 1, 2024



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 April 1, 2024

utilization as of April 1, 2024



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 April 1, 2024

Wichita State University (180) Policy Option(s)

Policy Year	Day of Date Diagnosis	Student-De.	. ICD Code Description	Claimed Amount	Paid Claims
2022-23	January 1, 2022	Student	MALIGNANT NEOPLASM OF SIGMOID COLON	\$226,046	\$105,526
	January 30, 2023	Student	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	\$453,575	\$176,419

Wichita State University (180) - Claims greater than \$100,000 - Utilization as of April 1, 2024

Emporia State University (197) Policy Option(s)

None - Claims greater than \$100,000 - Utilization as of April 1, 2024

Kansas State University (470) Policy Option(s)

None - Claims greater than \$100,000 - Utilization as of April 1, 2024

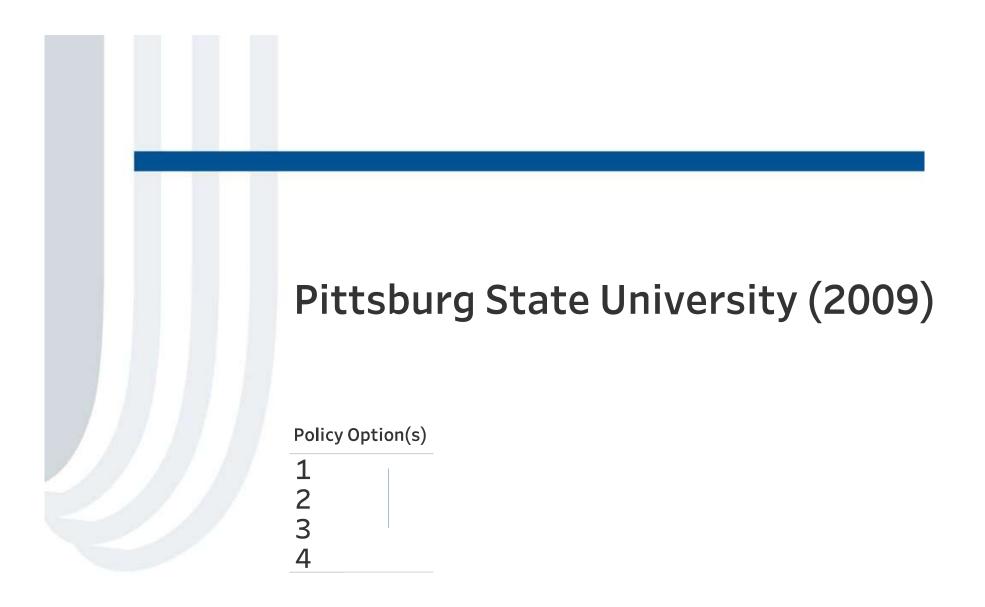
University of Kansas (471) Policy Option(s)

Policy Year	Day of Date Diagnosis	Student-De	ICD Code Description	Claimed Amount	Paid Claims
2022-23	January 16, 2023	Student	SPINAL STENOSIS CERVICAL REGION	\$262,035	\$180,478
	August 16, 2022	Student	PBM CLAIMS	\$252,528	\$196,822
	February 18, 2023	Student	CONTUSION OF LUNG UNSPECIFIED INITIAL ENCOUNTER	\$708,659	\$182,728
	September 19, 2022	Student	SICKLE-CELL DISEASE WITHOUT CRISIS	\$510,233	\$321,979
	July 20, 2022	Student	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	\$544,286	\$245,056
	August 14, 2022	Dependent	CHOANAL ATRESIA	\$248,216	\$155,353
2023-24	September 14, 2023	Student	PBM CLAIMS	\$131,308	\$102,944

University of Kansas (471) - Claims greater than \$100,000 - Utilization as of April 1, 2024
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)

None - Claims greater than \$100,000 - Utilization as of April 1, 2024



None - Claims greater than \$100,000 - Utilization as of April 1, 2024

University of Kansas - Medical **Center (2070)** Policy Option(s)

Policy Year	Day of Date Diagnosis	Student-De	ICD Code Description	Claimed Amount	Paid Claims
2022-23	August 15, 2022	Student	PBM CLAIMS	\$173,829	\$123,278
	September 3, 2022	Dependent	PBM CLAIMS	\$228,199	\$165,279
2023-24	August 12, 2023	Dependent	PBM CLAIMS	\$167,389	\$119,230
	August 8, 2023	Student	PBM CLAIMS	\$243,577	\$170,495

University of Kansas - Medical Center (2070) - Claims greater than \$100,000 - Utilization as of April 1, 2024

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