



# Kansas State System (200118)

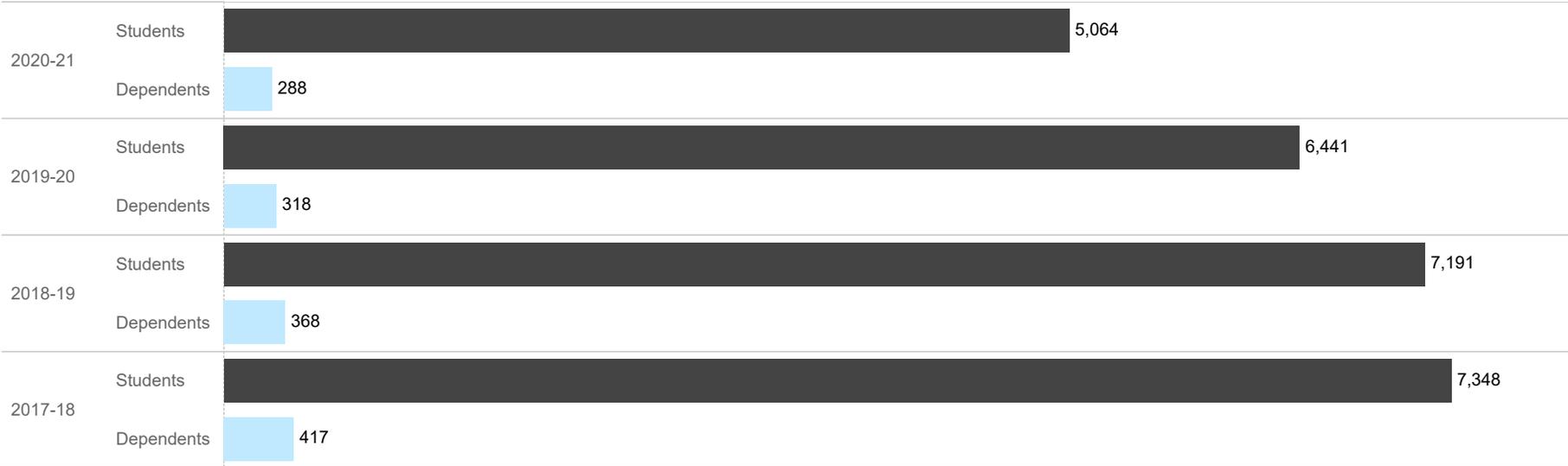
Policy Option(s)

1  
2  
3  
4

# Annualized Membership

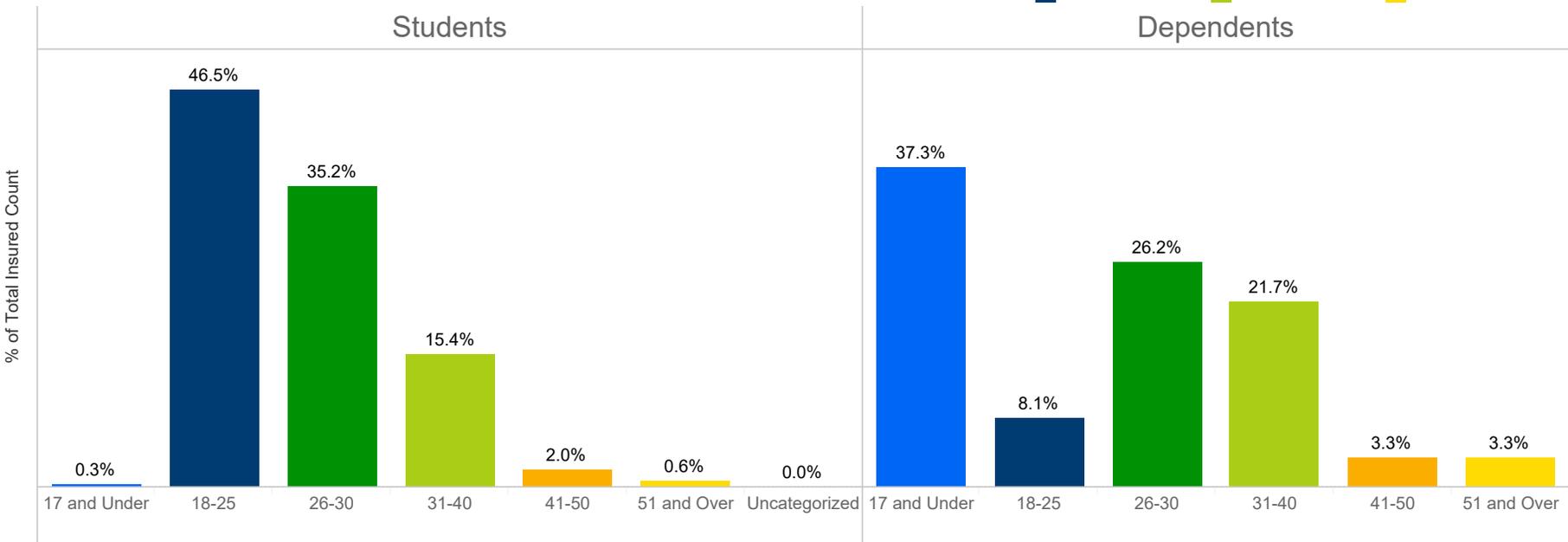
2020-21 policy year is an estimate.

■ Students ■ Dependents



## 2020-21 Membership by Age Group

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

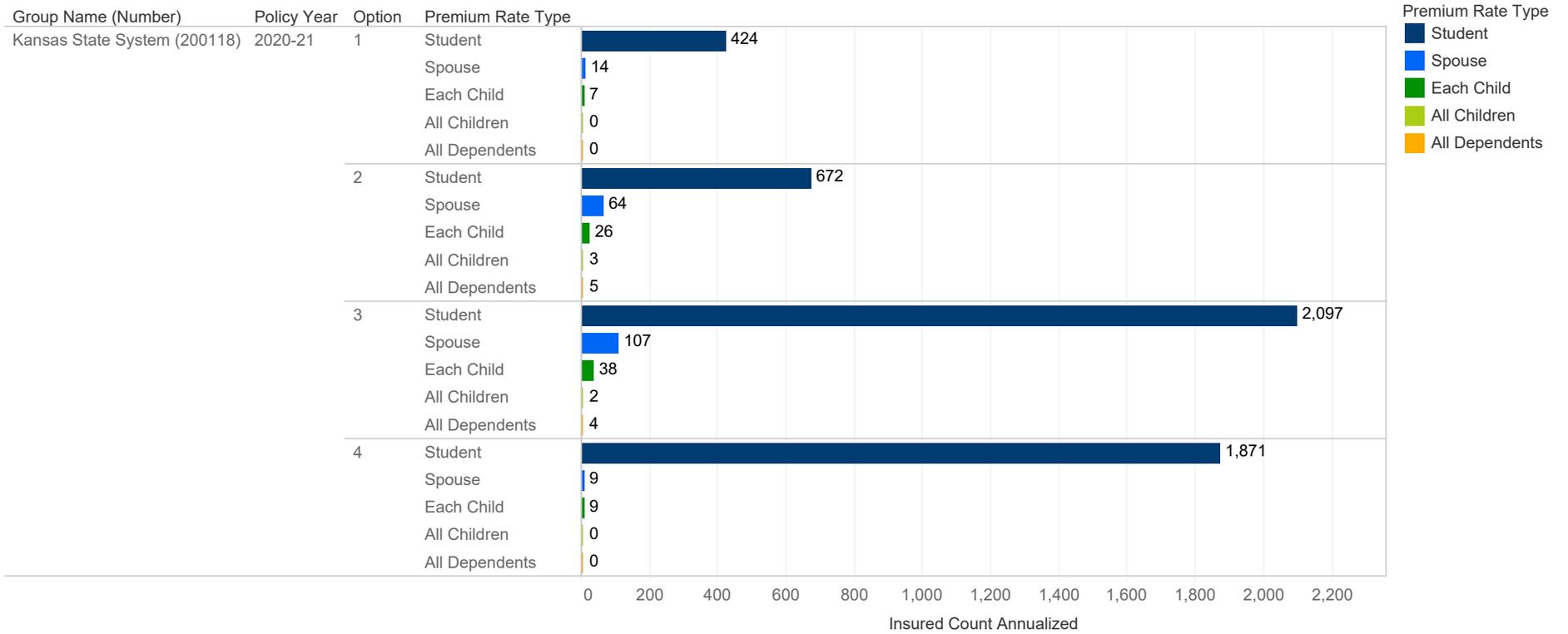


Kansas State System (200118) - Membership as of January 1, 2021

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

\*2020-21 Policy Year Annualized Insured Count is an estimate.



Kansas State System (200118) - Annualized Membership as of January 23, 2021

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## Annualized Membership by Rate Type

**\*2020-21 Policy Year Annualized Insured Count is an estimate.**

Group Name (Number)	Premium Rate Type	2020-21
Kansas State System (200118)	Student	5,064
	Spouse	194
	Each Child	80
	All Children	5
	All Dependents	9

\*Annualized Membership is calculated by dividing the total premium received by the annual rate. For the in-progress policy year (2020-21) 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.

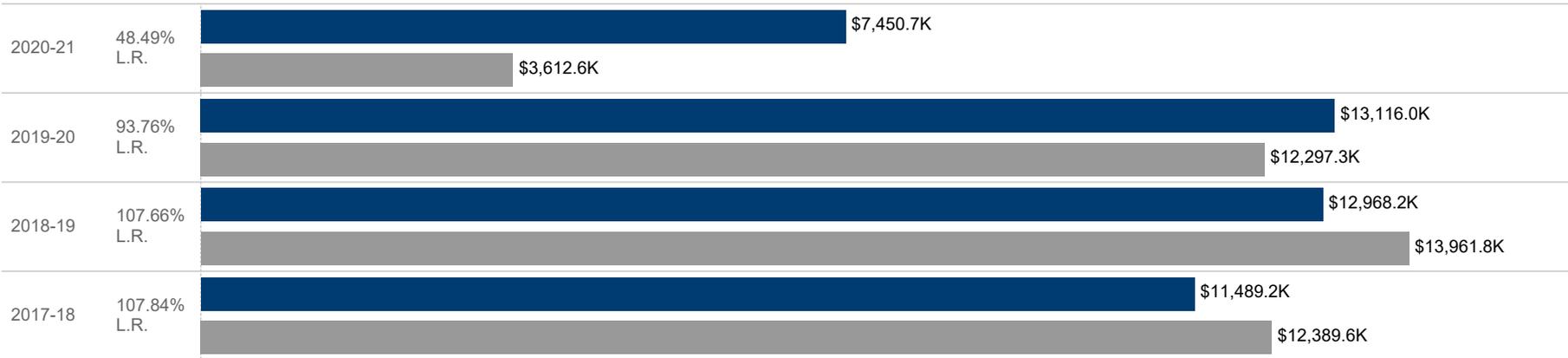
Kansas State System (200118) - Annualized Membership as of January 23, 2021

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# Plan Experience Overview

## All Insureds P&L

■ Premium    ■ Paid Claims

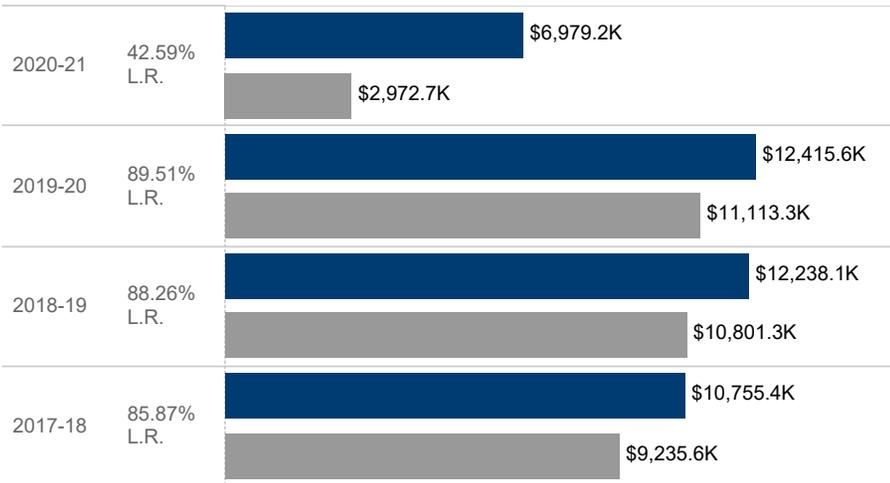


Values are displayed in thousands

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

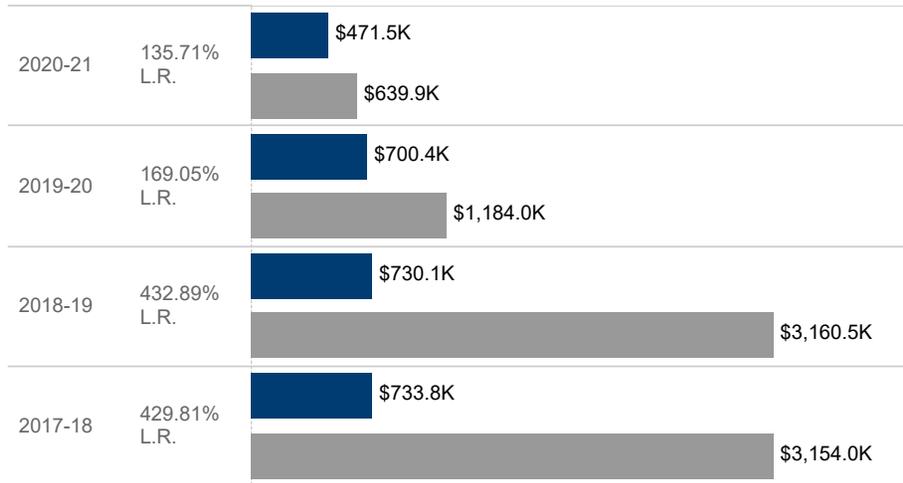
■ Premium    ■ Paid Claims



Values are displayed in thousands

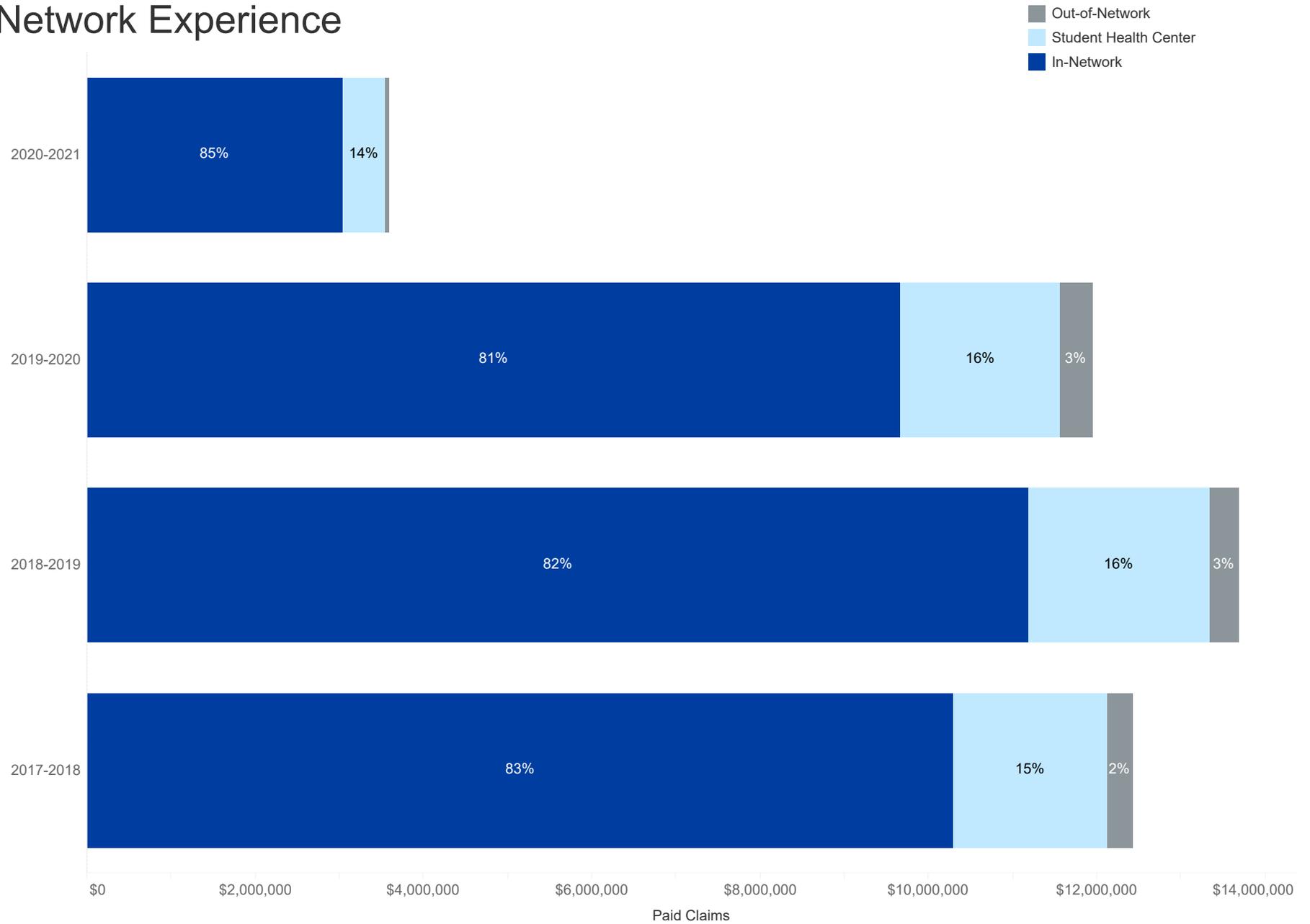
## Dependents - P&L

■ Premium    ■ Paid Claims



Values are displayed in thousands

# Network Experience



# SR Charge Category Utilization as of 1/1/2021

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					\$28,932,952	\$12,297,310			\$8,727,610	\$3,612,564
Total					\$25,522,220	\$9,667,231			\$7,860,909	\$3,039,090
In-Network	Outpatient	Total			\$18,125,678	\$7,287,252			\$6,281,422	\$2,406,741
		ANESTHETIST	127	171	\$139,818	\$60,860	42	49	\$36,751	\$14,089
		ASSISTANT SURGEON	14	16	\$26,405	\$1,977	3	3	\$5,470	\$304
		CAT SCAN / MRI	295	665	\$1,596,397	\$560,968	127	236	\$475,362	\$146,706
		CHEMOTHERAPY	12	82	\$1,358,387	\$828,783	8	31	\$295,814	\$111,239
		HOSPITAL MISCELLANEOUS	111	144	\$80,303	\$47,006	43	51	\$12,739	\$3,618
		INJECTIONS	736	1,421	\$374,144	\$212,448	408	585	\$135,205	\$67,145
		LABORATORY	1,661	4,991	\$1,673,658	\$385,112	1,022	2,251	\$774,482	\$241,963
		MEDICAL EMERGENCY	313	383	\$891,241	\$243,718	96	118	\$301,627	\$81,344
		OUTPATIENT SURGERY	497	801	\$619,872	\$177,179	182	241	\$177,385	\$40,812
		OUTPATIENT SURGICAL FACILITI..	173	248	\$2,591,802	\$652,297	56	62	\$670,379	\$170,400
		PHYSICIAN VISITS	2,367	8,722	\$1,528,316	\$762,474	1,332	3,390	\$638,288	\$313,250
		PHYSIOTHERAPY	258	1,188	\$378,469	\$79,213	117	482	\$116,443	\$14,856
		PRESCRIPTIONS	2,407	22,785	\$6,110,331	\$3,035,973	1,513	8,132	\$2,342,809	\$1,134,039
		RADIATION THERAPY	1	3	\$9,273	\$1,918				
		SUPPLIES/MISC	114	177	\$161,710	\$91,884	27	38	\$44,201	\$18,354
		XRAYS	703	1,673	\$585,553	\$145,441	326	616	\$254,467	\$48,624
	Inpatient	Total			\$7,396,542	\$2,379,979			\$1,579,487	\$632,349
		ANESTHETIST	57	75	\$134,269	\$72,410	18	23	\$39,377	\$18,987
		ASSISTANT SURGEON	13	13	\$19,404	\$1,624	7	7	\$14,734	\$1,190
		HOME HEALTH CARE	8	21	\$25,954	\$8,292	2	7	\$2,853	\$1,061
		HOSPITAL	149	284	\$6,419,588	\$1,972,602	50	65	\$1,316,358	\$540,339
		INJECTIONS	3	3	\$215	\$109	15	15	\$5,368	\$3,487
		INPATIENT SURGERY	72	99	\$365,321	\$159,026	25	27	\$73,774	\$30,730
		MEDICAL EMERGENCY	27	45	\$136,621	\$50,708	10	10	\$35,962	\$13,892
		PHYSICIAN VISITS	148	497	\$267,260	\$102,591	57	146	\$77,661	\$18,499
		PROFESSIONAL FEE	34	119	\$27,910	\$12,617	17	50	\$13,400	\$4,164
Total					\$913,524	\$392,029			\$277,786	\$46,166
Out of Network	Outpatient	Total			\$475,240	\$156,795			\$269,744	\$45,143

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

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

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# SR Charge Category Utilization as of 1/1/2021

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	3	3	\$2,697	\$132
		CAT SCAN / MRI	5	5	\$17,459	\$5,343				
		HOSPITAL MISCELLANEOUS INJECTIONS	4	4	\$18,160	\$10,417				
		LABORATORY	95	142	\$66,179	\$14,967	26	28	\$200,595	\$32,530
		MEDICAL EMERGENCY	8	9	\$36,799	\$22,893				
		OUTPATIENT SURGERY	21	28	\$38,599	\$10,301	5	5	\$3,731	\$267
		OUTPATIENT SURGICAL FACILITY	2	3	\$49,157	\$19,663				
		PHYSICIAN VISITS	194	740	\$204,037	\$68,993	80	221	\$59,574	\$12,065
		PHYSIOTHERAPY	24	100	\$16,394	\$2,161	5	15	\$1,540	\$30
		PRESCRIPTIONS	13	15	\$503	\$264	6	11	\$237	\$0
		SUPPLIES/MISC	2	2	\$1,158	\$0				
		XRAYS	8	8	\$1,978	\$86	2	2	\$104	\$94
	Inpatient	Total			\$438,284	\$235,234			\$8,042	\$1,023
		ANESTHETIST	8	9	\$18,659	\$3,294	3	3	\$4,800	\$39
		HOME HEALTH CARE	1	1	\$960	\$339				
		HOSPITAL	16	23	\$374,222	\$217,076				
		INPATIENT SURGERY	1	1	\$2,000	\$240				
		MEDICAL EMERGENCY	2	4	\$5,710	\$4,403				
		PHYSICIAN VISITS	16	39	\$31,301	\$9,607	3	7	\$2,350	\$898
PROFESSIONAL FEE	26	44	\$5,432	\$276	5	7	\$891	\$85		
Total				\$504,164	\$347,088			\$56,764	\$16,147	
Other Charges	Outpatient	Total			\$480,488	\$344,117			\$49,551	\$15,627
		AMBULANCE	31	42	\$276,337	\$260,749	7	8	\$7,843	\$4,850
		CONSULTANT	17	17	\$4,722	\$375	1	1	\$776	\$10
		DENTAL	31	42	\$9,775	\$2,788	9	12	\$1,028	\$44
		DURABLE MED/BRACES/APPL	124	213	\$140,720	\$41,515	29	44	\$38,114	\$10,497
		GROUP LEDGER BILLING	1	2	\$16,918	\$16,918	1	1	\$0	\$0
		OTHER	32	159	\$19,857	\$19,857	13	17	\$157	\$157
		URGENT CARE	14	18	\$12,160	\$1,915	10	10	\$1,633	\$70
	Inpatient	Total			\$23,676	\$2,971			\$7,213	\$520

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

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

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# SR Charge Category Utilization as of 1/1/2021

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	Inpatient	CONSULTANT	5	6	\$1,614	\$954	1	3	\$834	\$520
		DENTAL	35	46	\$22,062	\$2,017	18	23	\$6,379	\$0
		OTHER	1	1	\$0	\$0				
Total				\$3,859	(\$13,407)			\$48	\$3,518	
Non-Service Charges	Outpatient	Total			\$2,199	(\$605,233)			\$48	(\$6,232)
		ADJUSTMENTS	250	742	\$0	(\$573,950)	41	63	\$0	(\$6,283)
		CLAIM INTEREST	121	253	\$2,138	\$2,869	18	26	\$48	\$73
		MEDICAL RECORDS	3	3	\$24	\$24				
		OTHER INSURANCE	8	24	\$0	(\$23,898)	2	6	\$0	(\$22)
		REFUNDS	9	10	\$0	(\$10,314)				
		STATE MANDATE TAX	2	3	\$36	\$36				
	Inpatient	Total			\$1,660	\$591,826			\$0	\$9,750
		ADJUSTMENTS	21	34	\$0	\$590,165	5	5	\$0	\$9,733
		CLAIM INTEREST	17	36	\$1,660	\$1,661	1	1	\$0	\$17
Total				\$1,989,185	\$1,904,369			\$532,104	\$507,643	
Student Health Center	Outpatient	Total			\$1,989,185	\$1,904,369			\$532,104	\$507,643
		Null	28	65	\$2,165	(\$65)	1	1	\$22	(\$42)
		SHC-ADJUSTMENTS	57	245	\$250	\$250	5	5	\$100	\$100
		SHC-CONSULTANT	1	1	\$18	\$0	1	1	\$22	\$0
		SHC-GROUP LEDGER BILLING	3	0		\$156				
		SHC-HOSPITAL MISCELLANEOUS	301	394	\$90,742	\$90,742	60	73	\$17,961	\$17,961
		SHC-INJECTIONS	2,655	7,705	\$415,129	\$415,128	1,067	2,565	\$103,455	\$103,454
		SHC-INTENSIVE CARE UNIT	1	1	\$18	\$0				
		SHC-LABORATORY	266	501	\$36,026	\$24,607	48	87	\$7,946	\$5,097
		SHC-PHYSICIAN VISITS	1,916	3,408	\$168,178	\$168,178	563	823	\$42,307	\$42,254
		SHC-PHYSIOTHERAPY	210	1,520	\$72,596	\$72,596	45	265	\$12,046	\$12,046
		SHC-PRESCRIPTIONS	2,241	10,699	\$622,327	\$591,369	904	3,159	\$193,345	\$184,175
		SHC-PROFESSIONAL FEE	3,339	16,381	\$483,438	\$444,705	998	4,528	\$136,920	\$124,943
		SHC-PSYCHOTHERAPY	168	1,412	\$23,105	\$23,105	52	242	\$3,665	\$3,665
		SHC-RADIATION THERAPY					1	1	(\$100)	(\$100)
SHC-SUPPLIES/MISC	2	2	\$775	\$775						

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

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

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# SR Charge Category Utilization as of 1/1/2021

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-SURGERY	269	366	\$45,416	\$45,416	64	71	\$8,456	\$8,456
		SHC-XRAYS	353	420	\$29,001	\$27,406	76	84	\$5,959	\$5,634

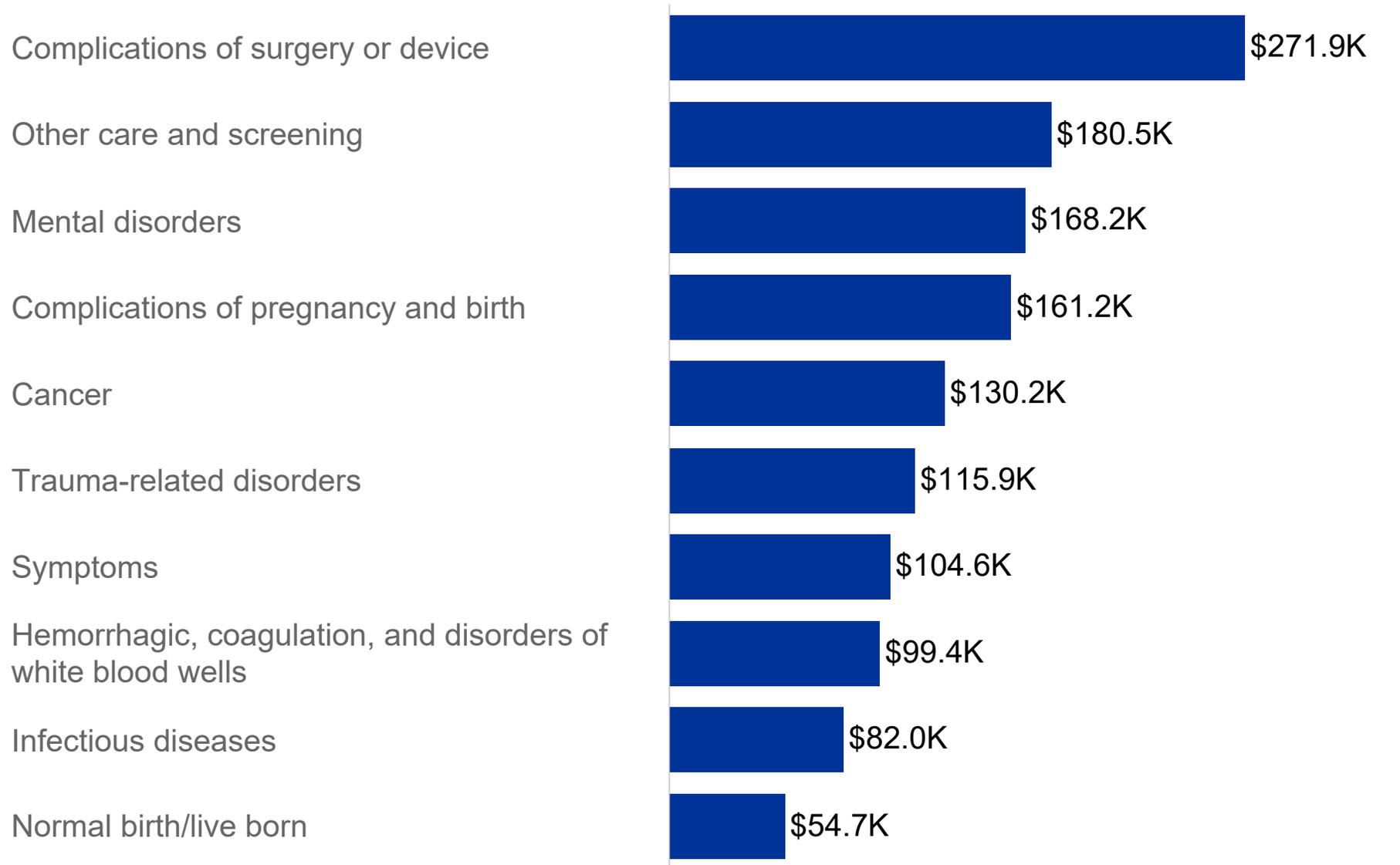
Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

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

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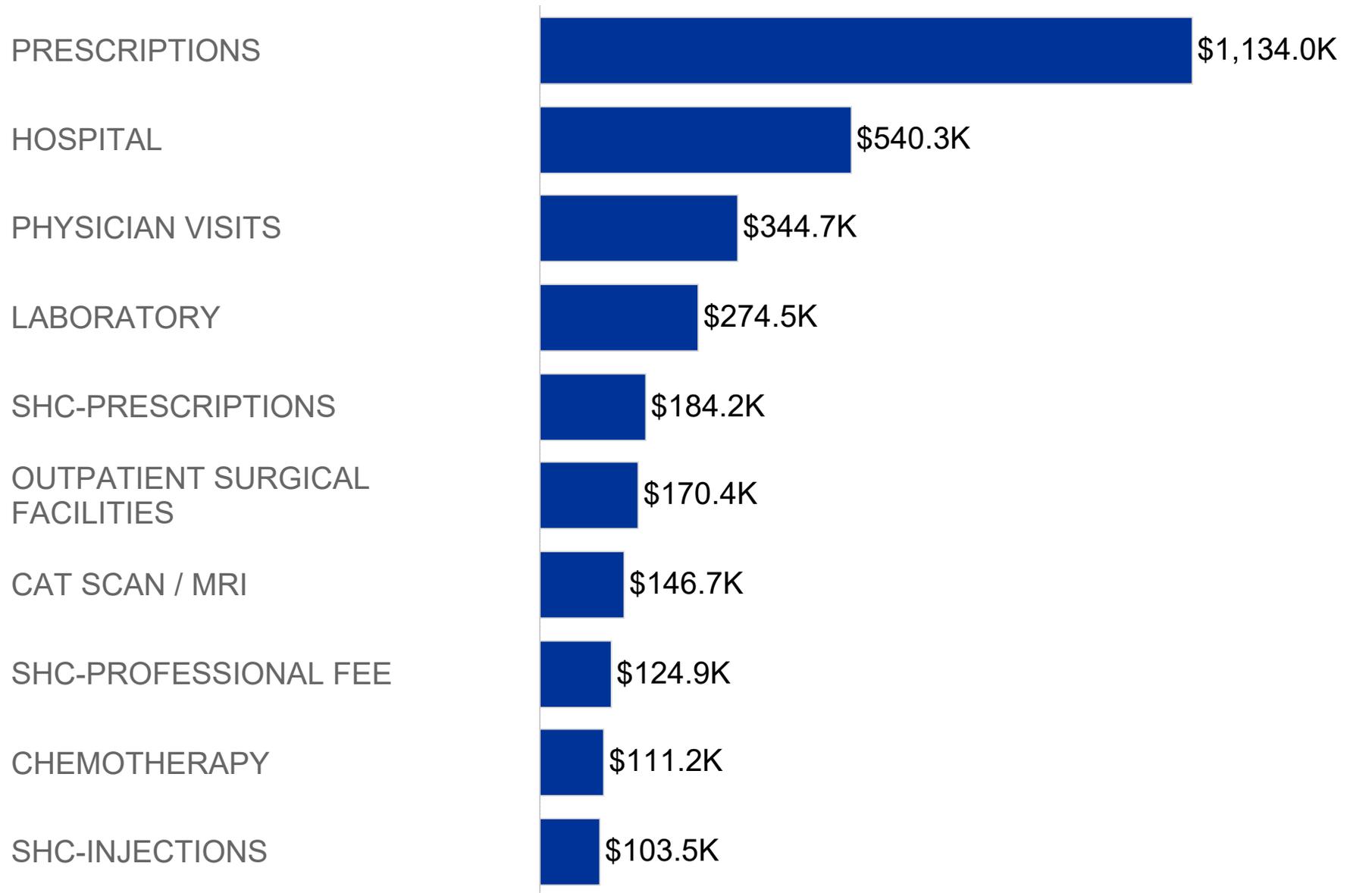
# Top 10 Diagnoses 2020-21 Policy Year

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

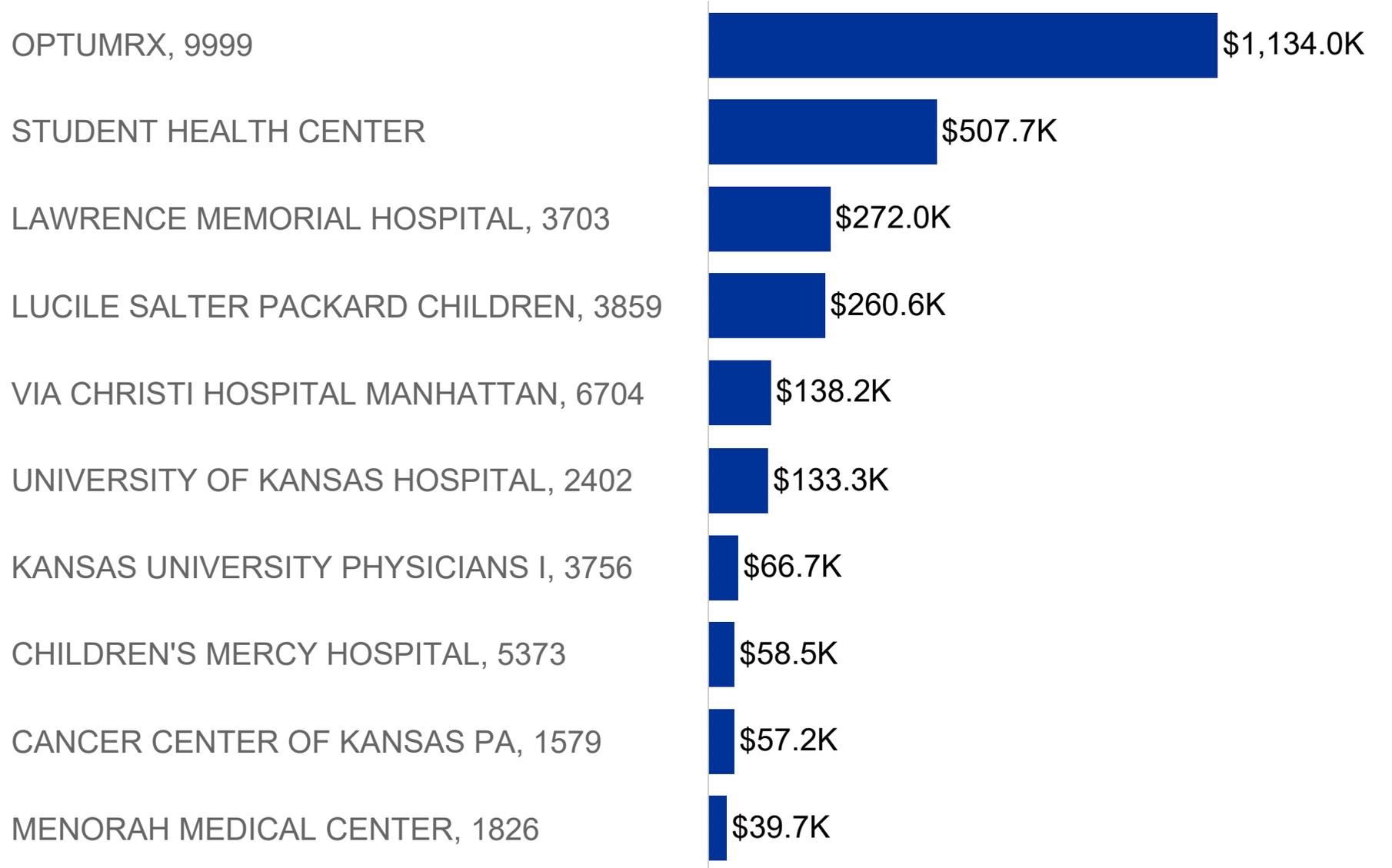
Policy Year	Day of Date Diagnosis	Student-Dep..	ICD Code Description	Claimed Amount	Paid Claims
2019-20	July 19, 2019	Student	OTHER SPECIFIED EATING DISORDER	\$663,896	\$585,244
	May 5, 2020	Student	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	\$244,020	\$184,147
	September 6, 2019	Student	PBM CLAIMS	\$299,976	\$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	\$1,893,857	\$343,828
	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	\$410,370	\$201,965
	November 6, 2019	Student	PBM CLAIMS	\$143,098	\$107,821
2020-21	October 7, 2020	Dependent	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	\$490,857	\$262,932
	August 23, 2020	Student	PBM CLAIMS	\$153,600	\$114,650

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

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# Top Billing Providers

2020-21 Policy Year



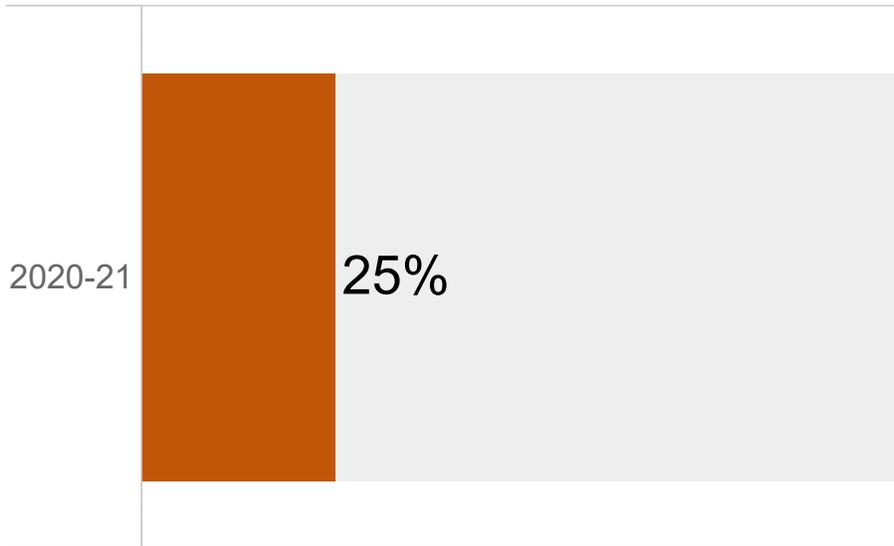
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Kansas State System (200118) - Utilization as of January 1, 2021

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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	277	89	\$1,677	\$4,069
BUPROPION HYDROCHLORIDE ER (XL)	1	270	69	\$911	\$804
ESCITALOPRAM OXALATE	1	225	72	\$533	\$97
SPIRONOLACTONE	1	157	49	\$475	\$549
FLUCELVAX QUADRIVALENT 2020-2021	3	118	113	\$0	\$2,090
FLUZONE QUADRIVALENT 2020-2021	3	96	93	\$0	\$1,710
SPRINTEC 28	1	95	47	\$0	\$2,636
FLUARIX QUADRIVALENT 2020-2021	3	84	84	\$0	\$1,596
AFLURIA QUADRIVALENT 2020-2021	3	83	79	\$0	\$1,463
FLUBLOK QUADRIVALENT 2020-2021	3	76	74	\$0	\$3,026

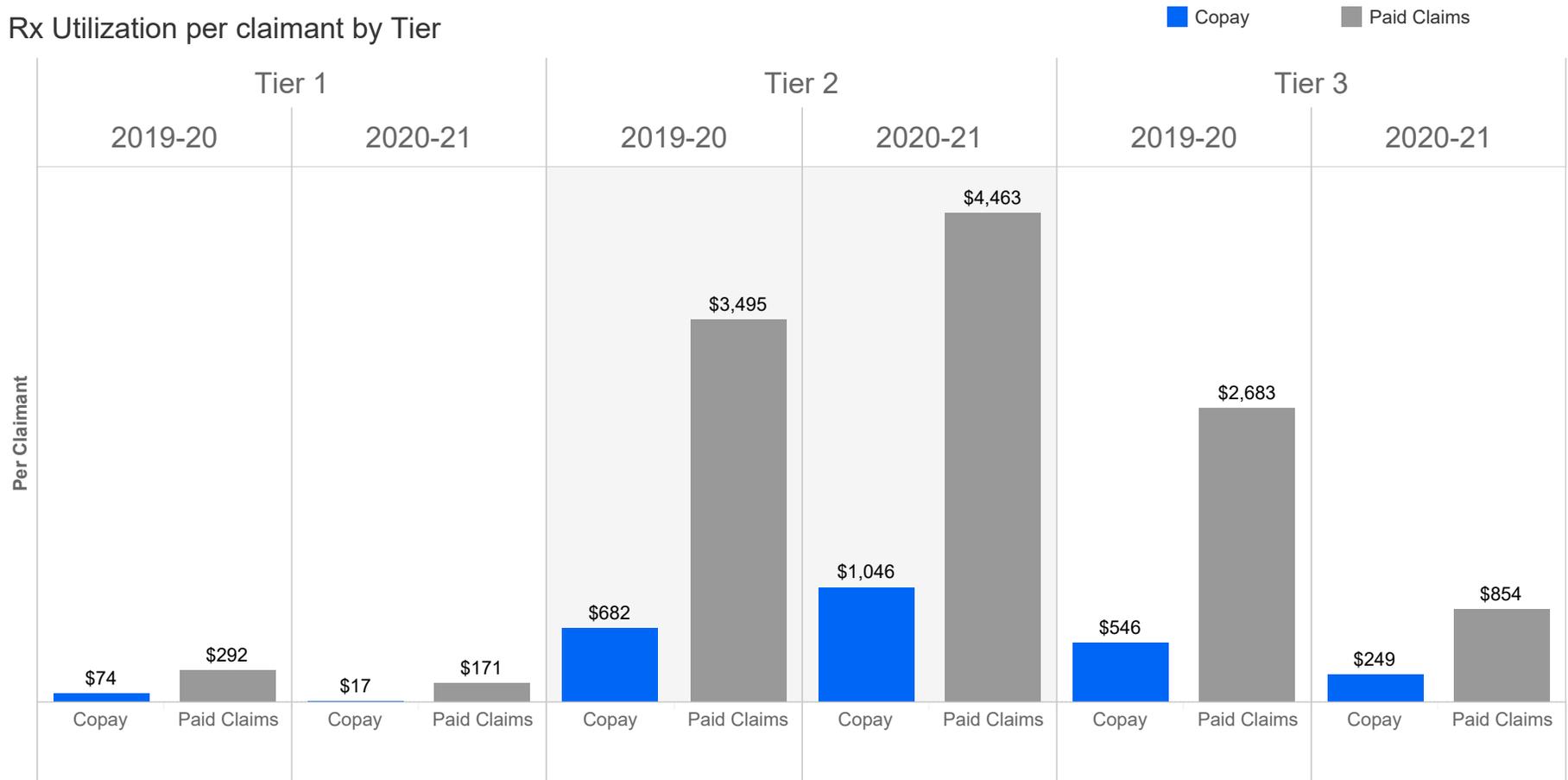
## Top Drugs by Paid Claims

Drug Name	Tier	Claimant Count	Copay	Paid Claims
KALYDECO	2	1	\$8,000	\$112,237
XYREM	3	2	\$13,135	\$98,470
HUMIRA PEN	2	4	\$28,467	\$85,585
TECFIDERA	2	2	\$9,345	\$65,087
STELARA	2	1	\$8,000	\$61,112
JADENU	3	1	\$5,918	\$47,513
COSENTYX SENSOREADY PEN	3	3	\$16,119	\$44,735
LYNPARZA	2	1	\$0	\$44,086
DOPTELET	3	1	\$6,110	\$33,172
PROMACTA	3	1	\$7,903	\$30,360

## Top Therapeutic Classes by Claimant Count

	Claimant Count	Copay	Paid Claims
BIOLOGICALS	444	\$0	\$11,751
PSYCHOSTIMULANTS-ANTIDEPRESSANT..	399	\$10,669	\$36,353
SYSTEMIC CONTRACEPTIVES	365	\$3,332	\$52,696
AMPHETAMINE PREPARATIONS	136	\$14,335	\$42,510
GLUCOCORTICOIDS	133	\$498	\$4,694
ANTIARTHRITICS	91	\$59,934	\$153,504
BRONCHIAL DILATORS	82	\$3,448	\$12,710
NARCOTIC ANALGESICS	82	\$183	\$57
ATARACTICS-TRANQUILIZERS	78	\$7,122	\$14,182
MISCELLANEOUS	72	\$47,328	\$325,037

### 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	1,217	\$20,195	\$208,085
2	278	\$189,597	\$971,576	102	\$106,661	\$455,212
3	510	\$278,506	\$1,368,484	548	\$136,424	\$468,171

# Premium, Paid Claims and Loss Ratio

utilization as of January 1, 2021

Group Name (Number)	Client Name (Number)	Policy Year		Measure Names
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	 \$184,489	
		Loss Ratio	37.6%	
2020-21	Premium	 \$189,582		
	Paid Claims	 \$86,636		
	Loss Ratio	45.7%		
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 January 1, 2021

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# Premium, Paid Claims and Loss Ratio

utilization as of January 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	\$174,262
		2020-21	Premium	\$140,772
			Paid Claims	\$53,577
Kansas State University (470)	Kansas State University (470)	2017-18	Premium	\$2,938,403
			Paid Claims	\$3,027,108
			Loss Ratio	103.0%
		2018-19	Premium	\$3,292,773
			Paid Claims	\$4,096,598
			Loss Ratio	124.4%
2019-20	Premium	\$3,253,777		
	Paid Claims	\$3,412,712		

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 January 1, 2021

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# Premium, Paid Claims and Loss Ratio

utilization as of January 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	104.9%
		2020-21	Premium	\$1,691,523
		2020-21	Paid Claims	\$836,744
	Pittsburg State University (2009)	2017-18	Premium	\$375,571
		2017-18	Paid Claims	\$205,273
		2017-18	Loss Ratio	54.7%
		2018-19	Premium	\$400,541
		2018-19	Paid Claims	\$148,042
		2018-19	Loss Ratio	37.0%
		2019-20	Premium	\$449,778
		2019-20	Paid Claims	\$144,815
		2019-20	Loss Ratio	32.2%
		2020-21	Premium	\$190,303
		2020-21	Paid Claims	\$58,060
		2020-21	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 January 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 January 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		\$1,824,471	
			Loss Ratio			155.2%
	2019-20	Premium	\$1,192,034			
		Paid Claims		\$2,920,215		
		Loss Ratio			245.0%	
	2020-21	Premium	\$1,127,902			
		Paid Claims		\$752,539		
		Loss Ratio			66.7%	
University of Kansas (471)	2017-18	Premium	\$4,505,927			
		Paid Claims		\$6,026,712		
		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 January 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 January 1, 2021

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	University of Kansas (471)	2018-19	Paid Claims	\$6,408,232
			Loss Ratio	126.3%
		2019-20	Premium	\$5,268,510
			Paid Claims	\$4,163,270
			Loss Ratio	79.0%
		2020-21	Premium	\$2,977,810
Paid Claims	\$1,621,773			
Loss Ratio	54.5%			
Wichita State University (180)	Wichita State University (180)	2017-18	Premium	\$1,629,517
			Paid Claims	\$925,040
			Loss Ratio	56.8%
		2018-19	Premium	\$1,970,435
			Paid Claims	\$820,073
			Loss Ratio	41.6%
2019-20	Premium	\$2,061,414		
	Paid Claims	\$1,297,549		

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 January 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 January 1, 2021

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	Wichita State University (180)	2019-20	Loss Ratio	62.9%
		2020-21	Premium	\$1,132,790
			Paid Claims	\$203,277
			Loss Ratio	17.9%

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 January 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	\$1,893,857	\$343,828
	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	\$410,370	\$201,965

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

None - Claims greater than \$100,000 - Utilization as of January 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

Kansas State University (470) - Claims greater than \$100,000 - Utilization as of January 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	October 7, 2020	Dependent	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	\$490,857	\$262,932

University of Kansas (471) - Claims greater than \$100,000 - Utilization as of January 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 January 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 January 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 23, 2020	Student	PBM CLAIMS	\$153,600	\$114,650

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

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