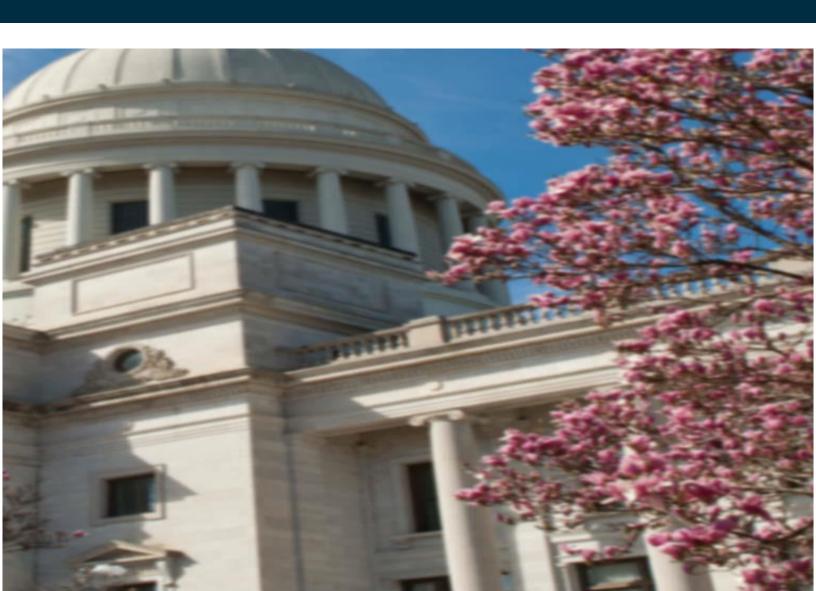


State of Arkansas

Alliant Employee Benefits proposal response to RFP # BLR-210001 – Employee Health Benefits Consulting Services

April 12, 2021





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EXECUTIVE SUMMARY

Alliant Employee Benefits appreciates the opportunity to respond to the State of Arkansas RFP for Employee Health Benefits Consulting Services.

If we are fortunate enough to earn your business, the State of Arkansas will be working with one of the largest and most respected insurance broker/consultants in the United States. Our success as an employee benefits consultant is grounded in the fact that we are a nimble, flexible, and innovative organization that places the needs of our clients at the center of everything we do as a professional service organization. Not only are we the trusted employee benefits advisor to thousands of large and middle market employers, but approximately 25% of our total book of business in the United States are public sector organizations. We represent more than 1,000 public entity clients. Alliant's expertise in the public entity sector is unmatched by any other consulting organization. We continuously work to develop plans and products to help public sector clients reduce costs, enhance services and maintain benefits.

Our diverse client base and extensive experience across all market segments has enabled us to provide all of our clients with the same world-class service platform, unparalleled level of expertise, and innovative consulting strategies that we deliver to public sector clients. As importantly, we combine our unsurpassed service platform with the hands-on, day-to-day support of a local broker. Alliant truly embodies the concept of "National in Scope, Local in Service."

In addition, we are proud of the fact that Alliant is 53% employee owned. We believe this is a unique differentiator in today's Private Equity driven, highly consolidated, and commoditized insurance brokerage landscape. It helps to keep our employee culture vested and motivated. We stay focused and committed to putting the needs of our clients first, instead of being distracted by private capital, shortsighted shareholders, or disinterested third parties.

In responding to your RFP, we identify and detail our specific qualifications as well as emphasize the differentiating factors that truly distinguish us from our competitors. Highlights from that wide-ranging list include the following:

- Experience in the public sector: We have knowledge and experience working with public sector clients combined with a nuanced understanding of the challenges and dynamic benefits landscape that you face. In addition to Alliant's experience in the public sector, our understanding includes your needs to enhance and modernize the benefits experience for your employees and implement creative and evidence-based cost containment strategies to save the State money while still providing outstanding benefits to your employees. We leverage our size and expertise in the public sector to create exclusive programs that are designed specifically for states, cities, schools, and counties.
- **Strength of your service team:** Our seasoned professionals meet and exceed all of the requirements of an experienced team. Their diverse industry expertise encompass all of the disciplines needed to meet your employee benefit objectives, with senior team members averaging 20+ years of industry experience.



- Innovation: Alliant aggressively pursues—and invests in—the most innovative and cutting-edge solutions to deliver the greatest value to our clients. Many of these solutions are specifically designed to deliver results for public sector clients like the State of Arkansas.
- Analytics: Our health informatics platform and clinical analysis services are unmatched in the market.
 (For example, we are the only consultant in the country that utilizes the Johns' Hopkins University
 Adjusted Clinical Grouping System to power our rate validation and large claims predictive analytics systems.)
- Compliance: You will have direct communication with a dedicated consulting attorney regarding benefits and ERISA issues, who is backed by the ongoing research and resources provided by our National Compliance Practice.
- Strategic planning: The depth and experience of your consulting team members make them uniquely qualified to offer creative plan management strategies to address both your immediate needs and long-term goals.
- Value-added services: These include, but are not limited to, customized, multi-channel, mixed media, employee communications; comprehensive compliance services and an assigned ERISA consulting attorney on staff; market-leading data analytics via Alliant Analytics; all-inclusive consulting approach; online HR consulting and training services support.
- Our capacity vs. our competitors: Alliant has a lower client-to-service team ratio than our competitors (many of whom are controlled and pressured by shareholder and investor demands for increased EBITDA/stock price/higher margins). We have a far greater capacity to deliver more responsive and attentive client service, and the time needed to provide thoughtful, creative solutions to your most complicated benefits challenges.
- **Cost certainty and value:** We offer transparent and highly competitive pricing—with no undisclosed or hidden charges.

Thank you in advance for your consideration of Alliant's employee benefits brokerage and consultancy services. We look forward to advancing to the next stage of the State's selection process, with the ultimate goal of serving as your trusted benefits broker and advisor for years to come.

ALLIANT OVERVIEW AND EXPERTISE

One of the nation's leading distributors of diversified insurance products and provider of expert consulting services, **Alliant Insurance Services** was originally established in 1925 in San Diego, California as the Robert F. Driver Company. Today, it is a privately held corporation with more than 53 percent ownership by its own employees and the remaining investment provided by Stone Point Capital LLC. Headquartered in Newport Beach, California, Alliant has over 4,000 employees, 110+ offices nationwide, and places \$18.4 billion in premium. Business Insurance annually ranks Alliant among the ten largest broker/consultants in the United States.

Alliant offers a comprehensive portfolio of services to clients, which includes:

- Employee Benefits
- Retirement Consulting
- Property & Casualty
- Mergers & Acquisitions
- Global Consulting
- Worker's Compensation
- Liability
- Surety and Financial Services
- Risk Management Consulting
- Specialty Insurance Programs
- Underwriting & Financial Services
- Specialized Business Services
- Preferred Vendor Program
- Loss Control
- Property Appraisal
- Third-Party Administration

Alliant's business model combines organic growth with the friendly acquisition of firms that share the same client-centric values, as we continually increase our service offerings and footprint.

Alliant Employee Benefits is a division of Alliant Insurance Services. We provide state-of-the-art benefits brokerage and consulting services nationwide and internationally, both to our own client base and to the accounts we jointly serve with Alliant's commercial insurance division. The employee benefits practice of Alliant is also the ninth largest in the nation, generating approximately 30% of Alliant's more than \$1.7 billion in annual revenue.

Our benefits practice is "National in Scope, Local in Service." We provide all the resources and expertise of a national consultant, but with the responsiveness and hands-on customer service our clients would expect from a local broker.

We are passionate about helping employers tackle their complex insurance challenges. We pride ourselves on



innovative and custom solutions that support our clients and their employees, and are extremely proud of our long-term success in this area.

To this end, Alliant delivers the depth of resources of the largest consulting firms while also executing on the implementation of strategy for your team. We have in-house specialists who will support you in every aspect of benefits management, including actuaries, underwriters, pharmacists, clinicians, data scientists, benefits technology experts, outsourced benefits administrators, and communication experts.

At the same time, we also align ourselves with several of the industry's finest vendor partners. We are only interested in long-term business relationships. We look for partners who know more than we do in their area of specialization—but, at the same time, share our entrepreneurial energy and excitement for their work.

Alliant's mission is simple: provide exceptional value to your team, your stakeholders, and your employees. We commit to you we will:

- Listen to your unique needs and challenges
- Treat your problems as our problems
- Leverage our deep knowledge of the employee benefits industry to provide relevant guidance and strategy
- Provide you with creative and progressive ideas but will respect your capacity for change
- Provide you with the lead time and analysis you need to make informed, fact-based benefit decisions
- Negotiate hard on your behalf while also promoting your long term relationships with your vendors
- Design plans, recommend vendors, and develop communication campaigns that enhance employee appreciation and understanding of benefits
- Promote ideas and programs to improve your employee's health and reduce your health-based risks.

As mentioned earlier, approximately 25% of our total book of business in the United States are public sector organizations. We represent more than 1,000 public entity clients. Alliant's expertise in the public entity sector is unmatched by any other consulting organization. A sampling of our State public sector clients includes, but is not limited to:

- State of California
- State of Illinois
- State of Maine
- State of Michigan
- State of Minnesota
- State of Montana
- State of NevadaState of Ohio
- State of South Carolina
- State of Washington

OUR SERVICE APPROACH

STRATEGY, DESIGN, VENDOR PROCUREMENT AND VENDOR MANAGEMENT

Part of the onboarding process will be to work with the appropriate stakeholders to refine your employee benefit strategy ensuring perfect alignment with your core values. We want you to attract and retain the best talent – and benefits are a key part of that strategy. We view this strategic planning process as an iterative process.

The process will be led by your consultants and account managers, but also include input from subject matter experts on your account team, representing each of their specialty disciplines.

We need all stakeholders at the table. We will listen to your current strategy, respectfully challenge where appropriate, and begin to share and consider some alternative pathways. Among the questions we address include the following:

- Where does the State of Arkansas want to be benchmarked, and who are your real competitors for talent?
- Where do gaps exist in the current benefit delivery model?
- Which groups within your company are most impacted?
- Are there opportunities for cost savings?
- What are the potential risks (i.e., compliance, waiver, etc.)?
- How will administration be handled?
- What are your administrative & enrollment requirements?
- What are the implications to collective bargaining agreements if any?
- Are there additional costs that factor into the overall recommendation?

Having a well-defined longer-term strategy is mission critical. However, before we begin to execute we must have good, basic plan management. We follow a simple formula to secure a solid foundation of plan management:

- 1. The first step is to "know thyself." We use our proprietary data and analytics engine as the core foundation of everything we do referred to as **Alliant Analytics**. This platform will allow us to enter into the **Initial Strategy & Planning session** armed with data. Our team will work closely with your existing vendors to collect 36 months of historical claim data. We will load this data into our platform within 60 days. We will use this platform to model potential strategies.
- Following our Strategy & Planning sessions, we will move into Benchmarking, Design and Analysis.
 This is really the stress testing of our ideas and initiatives, where we take our ideas out of the "lab" and see if they make good common sense.
- 3. This leads us into the **Strategic Roadmap** phase. During this phase, we will create a three-year, priority-based strategy. We will create performance dashboards and metrics to measure our success.
- 4. In the **Vendor Procurement** phase, we begin to identify and select vendors to supplement or replace your existing vendors. We also work with your vendor relations department to renew and extend contracts, where appropriate.



5. In the **Implementation & Ongoing Monitoring** phase, we will jointly implement new vendors, finalize all financials, measure enrollment success and establish governance protocols for vendors.

Throughout this entire five-step process, we are completely accountable for execution and results. Together we can determine the strategic roadmap towards creating a happier and healthier population and ensuring that employees can "be in control of their benefits."

As importantly, the above is not a static, one-time activity. Alliant continually monitors the progress of your strategic plan through the year. We will:

- Recommend and make adjustments as needed with the State's approval.
- Discuss final results for the completed plan year in an annual stewardship meeting.
- Further refine and update our strategy in response to any new information, changing conditions, and/or client priorities for each upcoming plan year.

A graphical depiction of our five-step process is detailed below. This provides a framework for our process, but would be modified to meet the specific needs for the State of Arkansas.

STRATEGY & PLANNING	BENCHMARKING, DESIGN, & ANALYSIS	3 STRATEGIC ROADMAP	VENDOR MANAGEMENT	implementation & ongoing monitoring
Objectives and future state for total well-being and consumer driven benefits Leading market trends and drivers Regulatory and compliance considerations Success criteria and current results Core foundation: Culture of well-being	Benchmark current state environment against industry norms Custom peer company benchmarking study inclusive of current state and prospective view Gaps between benchmarking and desired future state Prevalence of emerging new initiatives & solutions Design and program enhancements evaluated Future strategy refinement	Three-year strategic roadmap with details to achieve desired future state Describes and initiatives are prioritized Leading indicators and performance dashboards Specific criteria and requirements defined Implementation planning and timing	Best in class vendors identified Vendor relationships leveraged at the highest level Customized RFP deployed through online RFP tool Alliant annual RFI supplements RFP Annual renewal process Respo	Vendor and program implementation including onsite reviews Funding, rates and contributions finalized Annual enrollment support Guidepost early results and real time monitoring Retrospective results, performance and reporting On-going management for continued success or course correction Quarterly sessions Audits

Alliant maintains a keen focus on managing plan costs for every benefit plan that we touch. Our strategy includes a broad approach to plan management including effective procurement, smart plan design, improving health, and competitive benchmarking.

Effective procurement: Alliant will closely manage all aspects of the plan vendor procurement and renewal process. This includes competitive bidding, detailed negotiations, leveraging coalition pricing or group



purchasing where appropriate, and more. Our goal in managing procurement is to make sure administrative fees and other back end pricing is as cost effective as possible, while at the same time ensuring strong vendor partnerships that are focused on long term shared goals. We believe that through our comprehensive cost management approach, we can tightly manage vendors to shave significant costs from your health and welfare plans.

Smart plan design: Designing plans where incentives are aligned means better cost trends over time. In the market, it is surprisingly common to see actuarial costs that are not in line with employee contributions, or plan design elements that are not aligned with the employee behavior goals. By helping the State of Arkansas think through each detail of its plans, from network design to deductibles to plan details and exclusions, we will help make sure that incentives are all aligned and your plan costs will be appropriate over the long term.

Improving health: The best way to manage cost is to make sure your population is as healthy as possible over the long term. Alliant is an expert at developing and executing proven strategies to improve health, including plan design, disease management, and wellbeing programs. We can help you understand which approaches are statistically proven to improve health and reduce cost, and which are not. Ultimately, if we can provide resources and strategies to help employees stay as healthy as possible and support employees which chronic conditions, everyone wins.

Benchmarking: In an ultra-competitive industry where recruiting and retention is a top key to success, competitive positioning is critical. We will situate all recommended strategies within a competitive landscape to help you understand how best to compete when it comes to benefits. It is easy to cut costs by making benefits worse; our goal with clients is to manage cost while keeping benefits highly competitive.

Actuarial Resources: Complete actuarial services and support surrounding rate setting, budgeting, IBNR calculations, contributions, and plan design change impact, etc. will be provided by Alliant as part of our standard scope of services. Our Financial and Analytics practice will work to develop rates and budget projections that will be reflected in your custom reporting package.

Alliant's actuarial and underwriting resources will assist the State of Arkansas in effectively managing your healthcare budgets and properly identifying any key drivers of claim cost. Without this careful evaluation, it is difficult to determine if fluctuations are a result of an aberration or the beginning of a new trend. The primary components of this evaluation are plan eligibility, member enrollment, plan utilization, vendor pricing, plan changes, and high-cost claimants. By analyzing these factors, our team can more effectively suggest the deployment of strategies, tools, and resources to mitigate future aberrations. The Alliant team servicing the State of Arkansas includes an FSA credentialed actuary who will set budget rates, contributions, and reserves providing a reserve letter suitable for auditors.

Pharmacy: Alliant's national pharmacy practice includes experts with decades of experience working with pharmacy benefit managers, carriers, and specialty consultancies. This team evaluates all aspects of pharmacy contract pricing and supports your account team in evaluating and negotiating contract terms, formulary management and pharmacy audits. With pharmacy costs exceeding one fifth of medical cost and increasing at almost 2x the rate of medical inflation, managing pharmacy programs is an increasing important part of



managing plan costs. Further, the lack of transparency inherent to the PBM industry requires experts who can most effectively procure and manage costs for large employers

Alliant's pharmacy team manages a number of accounts with populations similar in size to the State of Arkansas, including a high profile employer with nearly 400,000 members in its Rx program. Additionally, we work with a number of pharmacy coalitions that leverage scale to drive lower costs and better outcomes for participants. Our position of independence allows us unprecedented access to benchmarking to employ for our clients, whether that be through a coalition or in a direct relationship. Rx purchasing coalitions often cover millions of employees, leveraging economies of scale to drive lowest price and driving increased transparency for employer participants.

Voluntary Benefits: Services include collaborating with the State of Arkansas in the development of the voluntary benefits strategic direction, vendor and plan design review, the availability of our proprietary voluntary benefits platform for program enrollment and ongoing participant management. With this partnership, we will:

- Develop and implement a robust voluntary benefits strategy customized to the State of Arkansas benefit offerings, priorities and associate profile;
- Efficiently address ongoing participant issues related to voluntary benefits (issue resolution, vendor management, etc.);
- Achieve continuous vendor service improvement;
- If desired, establish a specific enrollment and self-service website for the voluntary benefits program that includes a simple online shopping experience, customized branding, and provides the flexibility to add future benefits:
- Deliver simplified administration with one eligibility file, one bill and one payroll slot within the current payroll administration solution, regardless of how many voluntary benefits each associate has elected;
- Have a single point of contact for end-to-end administration and a variety of benefit offerings;
- Develop and produce ongoing associate communications to educate them about their benefits and ensure associates file for the benefits as they incur voluntary benefit claim events;
- Have a dedicated customer service team and call center that supports all voluntary benefit program offerings.

To support our large employer voluntary benefits clients, Alliant developed a single destination, multi-carrier benefits platform that supports an end-to end, comprehensive voluntary benefits program. It is designed to keep your confidence high, administration low, and your people satisfied. We refer to the solution as our *Added Benefits* platform.

A proven platform

The technology, processes, and service model used for Added Benefits have proven to be a successful basis for implementing a sustainable, highly valued voluntary benefits program. In servicing more than 500,000 eligible lives over the past 10 years—we've exceeded the expectations of our largest clients—and now we're prepared to exceed yours.

A platform that makes it simple

When clients choose Added Benefits, they receive one eligibility file, one bill, one payroll slot, simplified end-to-end administration, and a variety of quality benefits from name-brand carriers for your employees.



Additionally, Added Benefits looks like you because it is built with your logo, brand color, and custom introductory messages.

Employees will thank you for offering a simple, online shopping experience. They click on the benefits they want, confirm their selections, and then enjoy the convenience of automated payment through payroll deductions. Employees also receive ongoing communications to keep them educated on their benefits and they have access to ongoing call center support for assistance with enrollment, benefits, and claims questions.

A turnkey solution

Added Benefits provides an easy and turnkey packaged solution. With up to ten benefit products available through one access point, you offer your employees a high level of convenience and the additional benefits they want beyond traditional insurance plans. All of this, complemented by the full support you need—from program management (including eligibility management and billing reconciliation) to employee education campaigns.

Available programs include:

- Auto & Home Insurance
- Hospital Indemnity Insurance
- Vision Coverage
- Purchasing Program
- ID Theft Insurance
- Pet Insurance
- Critical Illness Insurance
- Group Legal Plan
- Discount Program
- Accident Insurance

A great value

This platform is offered at no cost to our clients. A communications campaign strategy outline will be provided as part of the implementation process to ensure a smooth launch and employee experience.

A unique offering

Added Benefits offers a combination of guaranteed issue rates and product features that is unique in the market. We have leveraged our inforce volume with carriers to negotiate product solutions unique to the large employer marketplace.

Lastly, in recognition of the health and wellbeing needs of our clients and their employees, Alliant provides the LifeBalance Program to all of our voluntary benefits large employer clients. LifeBalance is a customized savings platform that offers employees and members exclusive discounts on healthy, fun, and fulfilling activities and purchases. With its unrivaled local focus, thousands of savings options, and outstanding level of service, LifeBalance provides meaningful, exciting benefits that employees and members love. LifeBalance partners with employers, associations, and health plans to provide a unique, engaging benefit that improves well-being and retention.



More than just an Employee Discount Network. Savings around the corner and across the country, all with a well-being focus. With the LifeBalance Program, you can offer diverse benefits for groups with diverse needs, including discounts at local and nationally recognizable businesses and well-being options that boost motivation and satisfaction.

- Weight Management
- Healthy Eating
- Personal Growth
- Sports & Exercise
- Arts & Culture
- Home & Relaxation
- Outdoor Adventure
- Travel & Tourism

From fitness clubs and family attractions to weight management and whitewater rafting, the LifeBalance program offer discounts on purchases and activities that help our members stay active, reduce stress, and live life to the fullest.

LifeBalance's client focus sets it apart from other discount programs. Our teams work closely with clients to ensure the program is tailored to suit their needs, which we believe offers an excellent complement to the State of Arkansas' intention to leverage vendor partner programs to deliver well-being support to associates. From providing outstanding member services and support, to building localized discount networks, to creating customized communications that support client initiatives, LifeBalance is unrivalled when it comes to client satisfaction. We have provided a brochure in our uploaded documents for the LifeBalance program.

BENCHMARKING AND DATA ANALYTICS

We use numerous databases to stay up-to-date with markets and opportunities. These databases allow us to benchmark your benefit plans against those offered by other similar employers, defined by size range, industry, geographic location and plan types. We have an internally developed client database used for benchmarking. This database is evergreen and is updated as clients' plans are modified. We also subscribe to other databases for benchmarking information including IBM (previously Truven). IBM is the largest database of claims information in the country. We use IBM Health Analytics in benchmarking claims costs, utilization and clinical information with the same type of clients for more accurate comparisons. Additionally, we subscribe to numerous industry and national highly recognizable databases.

Our firm also maintains strategic partnerships with all national healthcare groups such as the National Business Group on Health (NBGH), American Benefits Council (ABC), Disability Management Employer Coalition (DMEC), Health Enhancement Research Organization (HERO), Integrated Benefits Institute (IBI), Council on Employee Benefits (CEB) and other regional healthcare groups such as the Midwest Business Group on Health (MBGH). We hold board seats on the Healthcare Task Force as well as HERO. These organizations provide valuable tools and research to our consulting teams as we seek out comprehensive solutions that are tested in real world applications. In addition to these industry groups, we are also members of the Board of Advisors for all national health plans in the U.S. These advisory boards serve to foster relationships with the key leadership teams within



the national vendor landscape. These positions allow us to drive innovation and policy change within the large, national health plan vendors.

We also rely on the Alliant Analytics Platform which is Alliant's proprietary data warehouse solution for our clients. Reports provide clients with data insights on key elements of plan performance including year over year utilization changes, demographic changes, top drug utilization, leading chronic conditions, clinical adherence metrics, and prospective risk assessments. It is designed to receive data from many different sources, linking them in a meaningful and actionable way.

Alliant takes a systematic approach when consulting with clients on current plan offerings and making any recommendations to alter programs to be more cost effective. This requires Alliant to be more creative in reducing costs while maintaining benefits, and we feel this differentiates us from other consultants. Clear and concise reporting is essential to understanding the components and cost indicators that drive your benefit plan performance. Available claims experience data is monitored and reports are prepared to keep you appraised of utilization patterns, claim experience, plan costs, and trends. These comprehensive reports are the basis of plan design, renewal strategy, and alternative funding recommendations.

Alliant's platform includes full-service, in-house underwriting and actuarial support for all our clients. We have the expertise needed to challenge carrier assumptions and ensure you get the best value for your benefit plan costs. Some or all of these reports would be provided, dependent upon what data is available from your specific insurance carriers. There are no additional fees for reporting customization or ad-hoc reports. A demo of Alliant Analytics can be viewed at https://tinyurl.com/sampleAIS. Sample reports form Alliant Analytics are included in the Appendix.

Actionable Alliant Analytics: Statistics show that for any given company, 5% of your people drive more than 50% of your claims. 60% or more of those are new people each year. Alliant has contracted with Deerwalk for data mining. Deerwalk, a leader in medical analytics and reporting technology, provides us with the platform to take an even deeper look into the forces driving many of our clients' healthcare costs. There has never been a more poignant time to address population health. We are seeing in real time how a comorbidity adversely affects someone with a COVID-19 diagnosis. With this platform, we are able to determine what the current risk is in your population; where your emerging risk is; and how to develop plans, targeted communications, and targeted outreach to mitigate your current and future risk. It also shows you what your modifiable behavior range is, how that tracks year over year, and what can be done about it (targeting diabetes, musculoskeletal, obesity, hypertension, etc.). The reports show how the claims are being incurred to better negotiate the renewal. We partner with many TPAs in order to access the data needed in order to provide you with these reports.

Claims Experience Reports: Alliant will provide you with claims experience reports on a monthly or quarterly basis. These reports, customized to your needs and using data provided by your vendors, allow us to review how your plan is performing against your budget and identify emerging high-risk claimants. We will review these reports with you at each quarterly meeting (or more frequently if desired).



Underwriting Reports: Alliant has a variety of underwriting reports we produce, depending on the data that is made available by your vendors. Reports may include:

- Renewal Projection: A renewal projection provides you with a projected estimate of your renewal, based on your year-to-date claims experience. This projection, while not a guarantee of your renewal, is useful in planning the following year's benefits budget and can be used as a negotiating tool once the renewal is received. A renewal projection is provided annually.
- Premium Modeler: Understanding the impact to employee premium contributions is part of the renewal
 decision process. Our model will generate premium rates, show employee contributions based on your
 current model, and allow for you to make adjustments to the plans and/or the contributions to levels so
 that you know you stay on budget.
- Benefit Design Modeler: The benefit design modeler is valuable in helping employers make the best
 plan design decisions (e.g., whether to implement a new consumer-directed healthcare program or
 modify existing benefit program designs). The model provides actuarially based predictions for the
 relative claims cost impact of making plan design changes. If applicable, this model is typically available
 annually.
- **IBNR Analysis:** Incurred But Not Reported reports provide you with awareness of the amount incurred claims currently in the pipeline, yet to be paid. This analysis is helpful to clients attempting to establish appropriate reserves for their benefits balance sheet.

COVID-19 Modeler: Alliant most recently created a COVID-19 cost modeler for employers in Deerwalk. The modeler is based on most of the most recently published data from the CDC and the prior published data from the Chinese CDC. It also includes Alliant Analytics data for estimating pharmacy expense and ICU costs.

The complete actuarial services and support that surround our work around rate setting is also applied to creating your employee contribution strategy. It is a delicate balance of meeting your organization's financial objectives and offering employees valuable and cost-effective benefits. Your Alliant actuary and financial underwriting team will lead the end-to-end services for the financial and reporting components of our consulting work. Contributions are a critical element in the planning and development process and we will help you develop a contribution methodology designed to fit your Total Rewards Strategy. The options are endless. We have modeled a wide range of contribution methodologies for clients that include salary-banded, tenure-based, core/buy-up options, variable percentages by tier, and more. In addition to contribution modeling, we will discuss the importance of tier ratios in the rate-setting process. We will also review the role that surcharges and discounts can play in an overall strategy.

We use multiple tools for providing clients with actionable data that allow you to plan for cost and plan design changes proactively while ensuring that your benefit program remains competitive. We have a plethora of tools available for our account teams that include, but are not limited to the following:

Plan IQ: Alliant's method to improve plan performance by combining data analytics with clinical & predictive modeling to support well-being programs with targeted intervention strategies.

- Nationally Recognized Medical Institution and Leader in Medicine, Research and Innovation
- Powered by ACG® established in early 1970s
- 4.2T medical claim records analyzed and used by doctors, scientists, nurses and researchers



- Evaluates gender/age composition to develop lifestyle risk adjustment factors (LSRAFs)
- Uses evidence-based medicine to predict the future health care costs associated with large claims and determine plan's rate appropriateness
- Creates benchmarked, ACG-appropriate rates for upcoming 12 months
- Generates potential experience-rated rates and self-funding rates

Our Client Data: We also benchmark specific plan elements against our own client base. This allows us to give you specific data on costs, contribution and plan design attributes by industry. While this information is not statistically credible, it does provide you with specific insight. We do not share the identities of the clients against which you are benchmarked. We are able to aggregate the data by region, industry or client size.

Industry Surveys: Alliant conducts a nationwide perks and benefit surveys in order to provide benchmarking data to our clients. This allows our clients to compare their perks and benefit packages with their industry-specific competitors.

Alliant provides annual projections of plan costs for current plans and proposed changes as part of the comprehensive financial reporting package we will deliver to the State of Arkansas.

Our Underwriting & Analytics group consists of experienced financial analysts; access to this resource is a key component of Alliant's core service program. The responsibilities of these specialists assigned to work with you include, but are not limited to:

- Analyzing claims data
- Projecting claims volume
- Calculating the cost impact of plan design changes
- Helping market coverages and analyze marketing results
- Calculating contributions strategies
- Assessing funding options
- Providing budget projections
- Producing special analyses and reports

They also have access to various actuarial modeling tools developed by our national actuarial team. These models enable Alliant to build and develop client-specific financial scenarios that reflect different demographic and contribution factors, and will greatly assist you in understanding and comparing the impact of the plan options we present.

Plan design is arguably the primary component of a benefits program. Our goal is to strike a balance between what gives the State of Arkansas the best financial results, what gives Human Resources the strongest recruitment and retention tool, and what gives your employees an acceptable level of protection and peace-of-mind for themselves and their covered dependents. We start the process by applying these criteria:

- Understand your current plan designs and how they have developed over time.
- Become completely familiar with your goals, objectives, business culture, and employee population.
- Use benchmarking to see how your benefit levels and contributions compare to your industry, locations,



- and competitors for the same labor pool. (Too rich? Not rich enough?)
- Identify specific plan design features to support employee behaviors that both improve member health and reduce the frequency of claims (e.g., tobacco cessation or weight loss programs covered at 100%).

Based on all available information, we would review with the State of Arkansas the direction we believe your plan designs need to take as part of our overall strategic plan. With client input and approval, we typically proceed to test the carrier/vendor market and report on the marketing results, presenting a line-by-line comparison of plan design features and costs.

At the same time, Alliant does not evaluate plan design features in a vacuum. We take into account all other factors that impact cost and performance. For example, we will:

- Monitor utilization and claims activity throughout the year, looking to identify trends and recommend corrective actions.
- Integrate reviews of provider networks (for size and access, discount levels, and quality care), contribution scenarios (to promote cost savings but also consistency and fairness), pharmacy strategies, etc.
- Ensure that your plans are in compliance with Health Care Reform and other federal and state regulations, reducing your financial exposure to potential fines and/or legal actions
- Proactively educate employees to better understand their benefits and leverage available plan design options.

By addressing your "Total Cost of Benefits," we look to deliver the highest value at the lowest cost.

Alliant will:

- Evaluate the contribution strategy for our clients on an annual basis and develop a contribution modeling tool allowing for "what if" scenarios pertaining to how costs are shared with employees.
- Assess and price plan design changes. We will provide the actuarial value for any design change not solely relying on traditional underwriting decrement calculations.
- Use our national medical vendor discount database to assess underlying provider discount arrangements specific to your employee population's claims utilization (i.e. CPT Code Discount analysis) and weighted for your specific population footprint (geographic locations).
- Conduct comparative analyses against benchmarking database and industry trends.
- Incorporate the above as part of our ongoing financial analysis of plan performance on a monthly and quarterly basis.

Alliant models and compares multiple contribution scenarios to determine which approach best meets the needs of our clients. For example:

- Salary-banding
- Flat dollar amount or percentage of premium
- Incentive-based (e.g., tied to participation in wellness programs or health risk assessments)
- Tobacco user vs. non-tobacco user



- Base/buy-up arrangement
- Plan opt-out incentives

We model each scenario to determine the best approach for the State of Arkansas — both financially and by promoting internal consistency and fairness. We will also provide projections based on changing the cost-sharing percentages within any specific contribution method.

We can implement many cost-saving levers for you. When we develop our strategy process with you and complete our ResultsFirst analysis, it will provide us with a detailed SWOT analysis to focus on the areas most meaningful to the State of Arkansas based on your specific data. We will also want to balance the potential impact to employees.

COMPLIANCE

Our Employee Benefits Compliance department remains current with federal and state regulatory agencies, including the Internal Revenue Service (IRS), the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Centers for Medicare and Medicaid Services (CMS). The Employee Benefits Compliance department ensures our clients stay informed of all relevant developments by way of timely Compliance Alerts and Updates, and facilitates a practical understanding of these developments by quarterly client webinars, local in-person seminars, and attendance at client meetings. The Employee Benefits Compliance department provides hands-on support through resources such as our HIPAA Toolkit, Healthcare Reform Review Tool, ACA Employer Reporting Guide, and plan document support. Employee-directed materials are also available to help our clients educate their employees about the changes healthcare reform brings (these materials are also available in Spanish). In addition, and perhaps most importantly, the Employee Benefits Compliance Department is available to the employee benefits service teams and clients for daily compliance question and answer support.

Alliant is committed to client compliance by way of this dedicated in-house Employee Benefits Compliance Department. Through the robust resources this Department offers, the State of Arkansas will be informed in a timely manner of new developments and practically supported in the implementation of all employee benefits compliance mandates.

PROJECT MANAGEMENT

Your Alliant team will build and manage an annual strategic plan and benefit calendar that's custom tailored to your plans and business processes. We would expect to develop the Annual Strategic Plan in collaboration with the team and modify as needed upon a strategy review identifying the major initiatives for the year.

The annual strategic plan contains all key deliverables and milestones and typically also includes hundreds of scheduled tasks to ensure that all areas of benefit plan management are covered and important strategic and compliance deadlines are met. The strategic plan includes specific activities in several areas including strategic goal development, renewal planning, renewal delivery and financial modeling, open enrollment and communications, documentation development and delivery, and compliance.



As part of the strategic annual plan, the Alliant team will create and fulfill a multi-tiered Project Plan and client meeting schedule with the State of Arkansas to ensure a consistent and systematic approach to collaboration, status updates, and measuring success. This schedule includes:

- Weekly, bi-weekly, and monthly (as needed) Project Plan status calls
- Formal meetings as they pertain to milestone events (e.g., annual plan renewals and Open Enrollment)
- Ad hoc meetings requested by the State of Arkansas or Alliant as needed.
- An annual stewardship meeting to review program performance over the previous plan year, address any open issues, and to validate and/or adjust the strategic plan for the upcoming plan year).

We utilize the Project Plan for all meetings, take minutes, and maintain a living Project Plan tracking document, so there is always an up-to-date record of the issues discussed, any agreed-to follow-up actions, and the parties responsible for those actions.

In addition, Alliant's account management is available at all times to respond to individual questions or requests from the State of Arkansas (via phone, email, or text) throughout the plan year.



ACCOUNT MANAGEMENT AND STAFFING

In general, our teams have smaller caseloads, ranging from 4-6 clients, depending on complexity. For the State of Arkansas, we are pleased to state that the core team will work on only 3-4 clients to give you the attention you deserve.

Importantly, our consultants are rewarded for client retention, not sales. Lastly, we provide the level of expertise that matches the level of your needs and we are not driven by billable hours. The Alliant team based approach ensures access to all consultants whenever, and however, they are needed. We are not hung up on titles and all team members are involved in all work to ensure the best outcome for you. Our business model fosters a culture that values and allows our experienced team to apply their passion to their work – by doing the right thing for our clients without compromising the end result or time commitment.

We have assembled a multidisciplinary, experienced team to support an engagement with the State of Arkansas. The team includes individuals who are subject matter experts in employee benefits, well-being, data analytics, pharmacy, compliance, and voluntary benefits — including deep expertise in all aspects of the design and administration of these programs. Detailed bios for the Alliant team members that will be working with the State of Arkansas are summarized in the Appendix.

APPENDIX - TEAM BIOS

Kristine K. Blanco, J.D.

Attorney and Director of Compliance

Kristine is an attorney and the Director of Compliance for Alliant Employee Benefits. She directs ongoing compliance research and communications programs for the firm's client base, and provides support and escalation to the Compliance Consultant on your account.

Kristine has been working in employer health and welfare plan compliance since 2006. She is experienced in a broad range of employee benefits topics, including HIPAA, ERISA, COBRA, and the ACA. Kristine previously practiced law at a national management-side labor and employment law firm. While in private practice, Kristine provided counsel to a broad range of clients and represented them before governmental agencies and in state and federal courts. She regularly advised on such topics as integrating state and federal leaves of absence, workplace discrimination and harassment laws, and disability protections and accommodations.

Kristine is a graduate of the University of Arizona, College of Law. She is a frequent speaker on Health Care Reform and a range of other employee benefits topics from a compliance perspective.

Kevin Collins

Executive Vice President, ADL (Absence, Disability, and Life Insurance) Practice

Kevin is an Executive Vice President with Alliant and services as one of the national practice leaders for large employer Absence, Disability and Life Insurance (ADL) specialty consulting practice.

He works with a team of specialists and tenured consultants dedicated to this niche area and who are familiar with the complexities large employers experience in balancing effective time away from work benefits with effective workforce productivity solutions.

This extra level of program specialization creates the ability to leverage data analysis, integration, compliance and administrative solutions to provide fresh insight into the business value of these programs to large employers.

Areas of specialization include purchasing and plan design, leave of absence program development, PTO design and cost modeling, benchmarking, health and productivity management, strategic data analysis and compliance best practices.

Kevin has 35 years of employee benefits experience and is a graduate of Lake Forest College. He lives in Chicago, IL with his wife and three sons.

Puneet Dixit

Senior Vice President, ResultsFirst Practice Leader

Puneet Dixit is a Senior Vice President at Alliant, where he leads Alliant's proprietary diligence process, ResultsFirst. He is also responsible for leading client teams, relationship management, and serving as a National subject-matter expert for multiple areas within the Benefits Consulting practice.

Prior to joining Alliant, Puneet spent two years at CLS Partners and twelve years at Mercer in the Health & Benefits Practice. He focused on strategic health care consulting for mid-size and large multi-national employers in technology, professional services, public sector, manufacturing, retail, and construction industries.

Puneet received his BA from Boston University and his MBA in Finance & Organizational Behavior from the University of Massachusetts.

Tony Garavaglia – *Executive Consultant*Senior Vice President, Employee Benefits Consultant

Tony Garavaglia is a Senior Vice President in the Alliant Employee Benefits Division residing in our St. Louis office. Tony has over 28 years of experience in health and welfare consulting. Prior to joining Alliant, Tony was the Health & Benefits Market Leader for a global consulting organization.

He is experienced in the design, selection, funding, administration, and financial analysis of employee benefit plans. He has extensive experience with benefit strategies, vendor negotiations, procurement, and implementations. He also has extensive experience in assisting with mergers and acquisitions both domestically and globally.

He has served clients in several industries including Food/Beverage, Retail, Pharmaceutical, Agribusiness, Health Care, Utilities, Association Health Plans, Manufacturing, Legal, Higher Education, Engineering & Construction, and Chemicals.

He is a member of the Employee Benefits Association and the St. Louis chapter of WEB, Professionals Working in Employee Benefits. He also served as Vice President of the Webster University Alumni Board of Directors, is a member of the Frank Wyman Society, a member of the Human Rights Campaign National Board of Governors/Executive Committee, and a Board member/Chair for the Human Capital Committee at the Covenant House of Missouri. He received the Outstanding Alumni Award in 2016 from the Webster University School of Business & Technology.

He received both a bachelor's degree in mathematics and a bachelor's degree in computer science.

Margaret Gee

Vice President, Employee Communications

Margaret is a leader of the employee benefits communications practice for Alliant. Her focus is on developing communications that increase employee understanding of benefits and enhance employee satisfaction and engagement. She develops best practice standards, templates, and staff training to ensure that Alliant clients have access to the latest developments in high quality, turnkey materials for open enrollment and throughout the plan year.

Margaret has over 35 years in the communication field and hands-on experience developing creative campaigns to help employees embrace, comprehend, and utilize their benefits. Before joining the insurance brokerage industry, Margaret developed software documentation and user interface design.

Kelsey Hartman – *Public Sector Specialist*Account Manager

Kelsey Hartman is an Account Manager in the Alliant Employee Benefits division residing in our St. Louis office. As an Account Manager, Kelsey works closely with the consultative team to assist in all aspects of the client lifecycle. She is responsible for the implementation of new carriers and benefits, assists in the marketing and renewal process, preparation of open enrollment materials and communications, enrollment processing and resolution of escalated support issues.

Kelsey has been in the employee benefits industry since 2018. Kelsey has been a part of a Public Entities & Academic Institutions team that specialized in public organizations and large self-funded clients. Each client benefits from Kelsey's skills in procurement, vendor negotiations, operational efficiencies and client satisfaction, as well as her proficiency in creating and proactively maintaining an evolving scope or timeline.

Outside of work, Kelsey enjoys spending time with her family and two dogs doing anything active outside. She enjoys traveling to new places and meeting new people. She also enjoys volunteering on the SSM Cardinal Glennon Children's Hospital Guild.

Doug Levit, FSA MAAA, FCA

EVP, National Director of Analytics

Doug Levit specializes in Financial and Analytics for Alliant's National Employee Benefits Consulting Practice and has been with Alliant since 2005. He focuses on providing actionable analytics for our clients and the development of actuarial tools to support Alliant's financial consultants in the areas of underwriting, reserving, plan design development and risk analysis. Some of Doug's current clients include Sava Healthcare, the American Cancer Society, and Rheem.



Prior to joining Alliant, Doug was a consultant at a leading benefits firm. Doug is a graduate of Northwestern University and holds a B.S. in Math and Economics, and is a member of the American Academy of Actuaries, the Society of Actuaries and the Conference of Consulting Actuaries.

Kriste Martin - Education Sector Specialist

Assistant Vice President, Employee Benefits

Kriste Martin is an Assistant Vice President, specializing in Public Education, in the Alliant Employee Benefits Division residing in our St. Louis office. Kriste has 15 years of experience in risk management and employee benefits. Prior to joining Alliant, Kriste was an Employee Benefits Consultant for a global organization as well as a Sales Representative for a regional broker firm.

She is experienced in employee benefit plan design, funding, administration, implementation, and communication. She has vast experience working with Academic Institutions and in-depth understanding of the challenges faced by educators and administrators.

She resides in Jackson Missouri, is a member of both Cape Girardeau and Jackson Chamber of Commerce, and the Downtown Merchants Association. She is an avid supporter of the Southeast Women's Shelter, Mac's Mission animal rescue, and local food banks.

Kriste earned her Bachelor of Science degree from Southeast Missouri State

Lori Nilsen - Lead Consultant

First Vice President, Employee Benefits

Lori Nilsen is a First Vice President in the Alliant Employee Benefits Division residing in our St. Louis office. Lori has over 20 years of experience in the consulting and risk management industry. Prior to joining Alliant, Lori has been a Health & Benefits Consultant for a global consulting organization as well as regional broker firms. The foundation of Lori's experience was built on ten years of providing protection for lives and valuables of families in Missouri.

She is experienced in partnering with each client to custom design, illustrate, communicate, and execute comprehensive employee benefits plans. She has extensive experience with Public Entities and Academic Institutions regarding benefit strategies, vendor negotiations, procurement, and implementations. Lori has a deep understanding of the unique challenges faced by public sector clients and is passionate about providing solutions that meet financial and strategic goals and objectives. In addition to School Districts, Higher Education, and Governmental Entities, Lori has successfully collaborated with clients in the Healthcare, Manufacturing, Retail and Construction Industries.

Lori has been a long time member of MOASBO, MASA, MSTA, and provided presentations on topics related to health care at State Conferences and Regional Meetings. She is a past Chamber of Commerce President, and Vacation Bible School Director.



She holds a degree in Holistic Healing, specializing in Mind/Body Wellness and Spiritual Life Coaching. In addition, Lori is an Ordained Minister and Master Reiki Practitioner.

Kryz Novotnaj, CCNP, CPHIMS, MPH, ACNP, DNP

First Vice President, National Director of Health Informatics

Kryz has over 20 years of experience in employee benefits, healthcare, and wellness. Prior to joining Alliant, he has held the positions of Regional Vice President of Health Informatics and Wellness and Clinical Content Manager, and has led several key initiatives based on analytic reporting and clinical methodology to assist employers with understanding their population's health/illness burden.

Kryz has been recognized at the state and local level for innovation around health and wellness. He received a congressional award from Congresswoman Lois Capps for his work at Reiter Affiliated Companies. Additionally, he has published in the Journal of Agromedicine regarding his work with food safety and foodborne illnesses.

Kryz holds seven advanced degrees in health management and nursing, including two doctorates. He is a Certified Professional in Health Information Management Systems (by the Health Information and Management Systems Society; a Certified Corporate Nutrition Professional (by the Corporate Health & Wellness Association); and a Certified Wellness Specialist (by the American College of Wellness).

Dave Runkel, PharmD

Dave serves as Executive Vice President and National Director, Pharmacy within Alliant. He leads a national team of consultants who specialize in prescription drug benefits, guiding and setting the strategic direction for his team while also delivering on client consulting assignments for a diverse set of employer clients. His insights help Alliant's clients navigate the dynamic pharmacy benefit management (PBM) marketplace, balancing the need for cost containment with his deep understanding of clinical need to ensure plan members see value from their pharmacy benefits.

As a recognized thought leader in the industry, Dave serves on several vendor consultant advisory boards, allowing him to help shape the market to meet employer needs and maintain a keen awareness of vendor capabilities and priorities. Additionally, he actively collaborates with other Alliant National Employee Benefits Specialty Practice leaders to address issues of broad importance including COVID-19 and evolving national health care policy.

In addition to nine years at Alliant, Dave spent thirteen years as a leader in the pharmacy practice of another national consulting firm. He received his Bachelor of Pharmacy and Doctor of Pharmacy degrees from West Virginia University, and completed a clinical pharmacy practice residency prior to entering benefits consulting.



Jennifer Spence

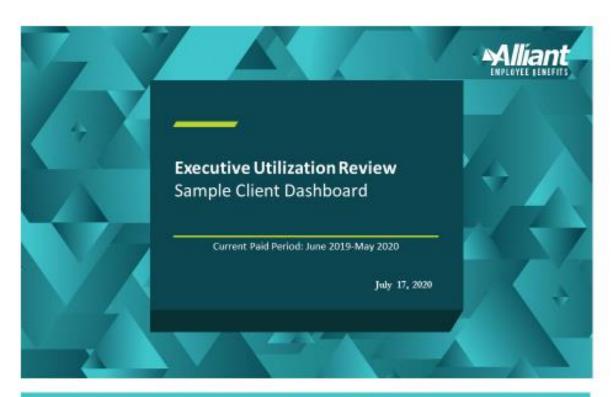
Vice President, National Director of Health & Productivity

Jennifer leads the national Health & Productivity practice for Alliant. Her primary responsibilities are the evaluation, implementation and management of clinical programs, consumerism strategies, and prevention initiatives. This includes the analysis of health management programs, network & plan design, coverage policies, workplace policies, communication strategies, and outcome scorecards. Jennifer also collaborates with Alliant's Health Informatics, Underwriting & Data Analytics, Marketing, and Compliance practices to help ensure the most comprehensive solutions and the highest level of service for our clients.

Jennifer has over two decades of experience as a health and wellness professional. She holds an MS in Management with a focus on Public Health from Daniels College of Business, University of Denver. Jennifer has also received Alliant's Employee Leadership Award in 2017.



APPENDIX - SAMPLE REPORTS FROM ALLIANT ANALYTICS



The identities in this former is colorited unity by mirror makes a popular, will be suprect colorities that he desired instantial manufact or and by any popular than the interest colories when content of littles.

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Sample Client Dashboard Executive Utilization Review



Report Parameters

Population: All Members Current Paid Period: June 2019-May 2020 Prior Paid Period: June 2018-May 2019 Comparative Norm Used: Truven Commercial

Report Key (Unless Otherwise Noted)

Prior Period
Current Period
Norm

® Members

☐ Decrease of 10% or more

↑ Decrease of 2-10%

Within 2% + or - of prior

↑ Increase of 2-10%

Increase of 10% or more

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V. Top Ten Claimant Report

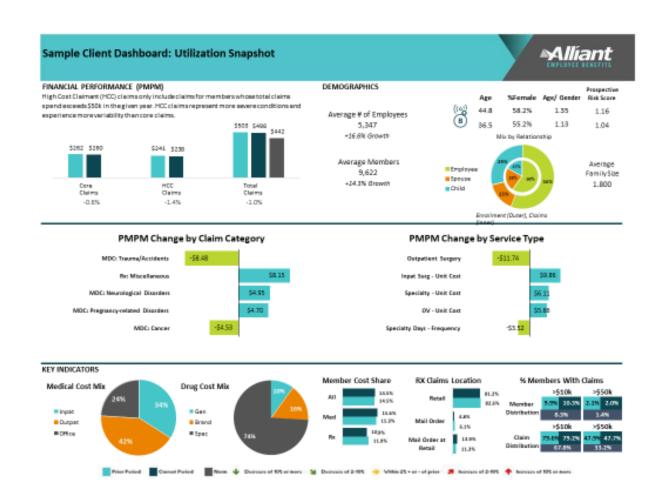
Top 10 Claimonts for the most recent time period, showing medical and Rx mix, cost sharing, top diagnosis, top drug, risk score and trending

VI. Top Drug Report

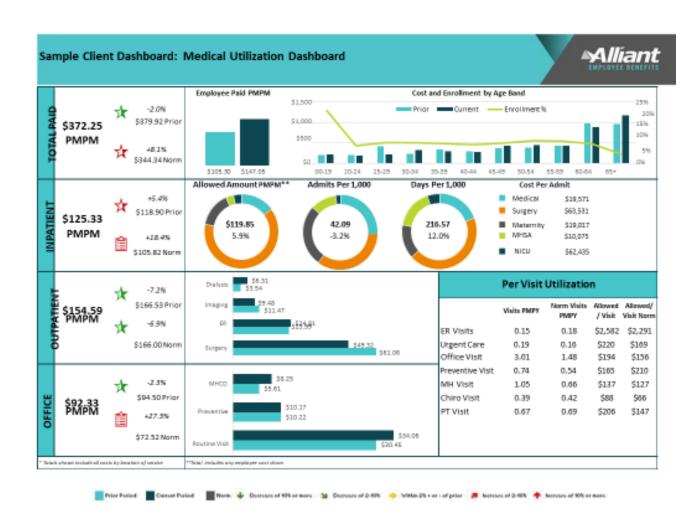
Top 20 Drugs for the most recent time period including name, therapeutic class, plan expense, utilization factors, changes from prior time period and two year trending

VII. Glossary of Terms











≱Alliant Sample Client Dashboard: Pharmacy Utilization Dashboard Employee Paid PMPM Cost and Enrollment by Age Band 5400 +2.2% Prior Current — Enrollment % 20% \$122.77 Prior **€**125.45 1996 5200 Б МРМ 30% 576 +27.7% 50 \$97.59 Norm 00-19 \$25.41 \$33.68 9.0 19.0% Metric Current Norm % Change Prior \$11.11 Prior 9.75 17.0% **€**12.10 % Cost Generic 9.15 +0.6% % Scripts Generic 80.45 82.5% 75.0% +2.0% MPM 78.99 74.4% 34.5% +0.4% % of Cost Specialty % Scripts Specialty -0.2% 5.49 -26.9% Aparth A \$16.56 Norm % of Days Mail Order 10.89 8.5% 15.8% -2.8% % Users 88.19 81.6% 78.2% -6.5% \$1,834 +10.5% Cast Per User \$1,660 \$1,208 -3.9% Scripts Per User 9.3 10.2 10.3 +9.2% 28.79 \$20.65 Prior 27,4% 12.0% €19.84 €MPM Cost Share Retail -1.89Cost Share Mail Order 22.6% 12.7% 24.99 -2.8% Cost Share Specialty 4.09 -0.59 \$143.40 PAID CLAIMS PMPM BY THERAPEUTIC CLASS -58.1% Cost/ Meath Drug Class \$47.56 Norm Users Prior Current % Change \$17.6 Antiarthritics \$18.00 Diabetic Therapy \$14.69 579 \$13.16 11.6% +2.9% Antineoplastics \$17.20 \$12,79 -25.7% 146 Antivirals All Other Dermatologicals <u>≥</u> **2**92.72 -25.9% 770 \$90.13 Prior \$10.66 \$7.90 63.7 \$3.63 10.7% 340 MPM Bronchial Dilators \$2.46 \$2.55 3.6% 1,122 \$100,05 \$2.35 Systemic Contraceptives \$1.9 973 +275.4% E So Amphetamine Preparation \$2.00 \$2.34 11.9% 349 \$33.67 Norm 48 Other Hormones \$3.23 \$2,32 -28.1% Anticonvulsants \$1.86 \$2.24 20.5% 551 Scripts are defined as a 30 day supply, 2 mail order=3 retail All Other \$48.89 856.95 +16.5% Prior Fusied 📕 Current Puriod 📕 Horm 🌵 Decrease of 10% or more. 😭 Decrease of 24% 🧇 Within 2% + or - of prior 🍠 Section of 24% 💠 Section of 24%



Sample Client Dashboard: High Cost Claimant Report



Top 15 Claimants Current Period

Claimant	Total Plan Paid	Utilization	Relationship	Nisk	Top Diagnosis	Top Drug	12 Month Pattern
# and Status		DV, UC, ER, Admits, Days	Gender - Age	Score			
1: Active	\$762,185 \$725,789 \$36,597	22, 0, 0, 5, 19	Employee M - 48	31.9	Abdominal Disorders	Enbrel	
2: Active	\$757,620 \$183 \$757,487	4, 0, 0, 0, 0	Dependent M - 25	35.4	Sinustis	Hemiliora	
3:Termed	\$719,899 \$710,021 \$9,878	80, 0, 8, 5, 20	Spouse F-69	15.7	Peripheral Vascular Disease	Eliquis	
4: Active	\$654,252 \$628,540 \$5,712	25, 0, 0, 0, 0	Employee F-62	10.9	Lymphonias	Humalog	
5: Active	\$620,276 \$528,852 \$91,924	50, 1, 0, 0, 0	Spouse M - 61	80.9	Myeloma	Pomalyst	
6i Active	\$583,695 \$575,275 \$8,422	25, 0, 0, 8, 51	Spouse M - 50	52.4	Cardiac Arrhythmias	Valiganciclovir Hcl	
7: Termed	\$491,079 \$490,630 \$449	19, 0, 0, 2, 12	Employee M - 60	17.7	Leukemias	Tadalafii	
8: Active	\$437,099 \$424,222 \$12,877	11, 0, 0, 2, 8	Employee M - 63	21.7	Hepatic Cirrhosis	Tecrolimus	
9) Active	\$407,445 \$378,895 \$28,549	24, 0, 0, 0, 0	Employee F-59	21.4	Breast Cancer	Nertyru	
10: Termed	\$378,529 \$877,748 \$785	9, 0, 0, 1, 5	Dependent F-9	19.7	Chronic Renal Pailure	Sevelamer Carbonate	
11: Active	\$374,329 \$12,726 \$361,602	10, 0, 1, 0, 0	Dependent M - 20	57.0	Pneumonia	Orkembi	
12: Termed	\$363,708 \$363,708 \$0	15, 0, 0, 2, 60	Employee M - 64	14.0	Infection/Inflammation		
13: Active	\$324,139 \$307,183 \$16,956	40, 0, 1, 3, 36	Spouse M - 64	48.1	Septicenia	Oxycontin	
14: Termed	\$317,403 \$240,861 \$76,542	27, 0, 0, 0, 0	Dependent M - 26	55.9	Leukernias	Cresembs	
15: Active	\$317,286 \$801,159 \$16,127	29, 0, 0, 0, 0	Employee M - 60	40.0	Leukemiss	Voriconazole	



Sample Client Dashboard: Top Drug Report

Top 20 Drugs by Cost



				Plan Expere	ië	Üt	ilisation Fa	HITOIS	%0	ange from	Prior	
Rank	Drug Name	Top Treatments	Plan Paid	PMPM	% of Rx Spend	Users	Days	S\Day	PMPM	Days PMPM	Paid Per Day	Paid Claims by Quarter 2.25 Year History
1	Stelana	Plaque Popriasis, Popriatic Arthritis	\$679,122	\$5.87	4.7%	7	4,070	\$166.61	9.7%	105.1%	47.0%	
2	Humina Pen	Antienthyltica	\$674,555	\$5.84	4.7%	35	4,707	5145.39	161.1%	182.5%	-7.7%	
3	Hemiltea	HemophilisA	\$616,720	\$5.34	4.2%	i	12	\$61,360.22	N/A	N/A	N/A	
4	Humira	Antiantivitics	\$551,302	\$4.77	2.8%	13	2,164	\$174.24	-37.1%	-32.9%	-6.2%	
5	Gilenya	Multiple Sciences	\$448,758	\$3.69	3.1%	5	1,620	5277.13	-15.7%	-19.9%	4.0%	
6	Tagrisso	Antineoplestics	5381,620	\$3.30	2.6%	2	540	\$706.70	37.5%	75.0%	-21.5%	
7	Humalog	Diabetic The tapy	\$270,466	\$2.34	1.9%	79	15,927	\$16.97	-4.4%	2.9%	-7.1%	
8	Trikefte	Cystic Fibrosis	\$265,889	\$2.30	1.8%	2	202	\$863.28	N/A	N/A	N/A	_
9	Traficity	DiabeticTherapy	5248,485	52.15	1.7%	43	10,010	524.82	32.3%	21.5%	9.2%	
30	Biktarvy	Antivirals	\$217,295	\$1.88	1.5%	9	2,220	597.88	11.0%	9.7%	1.2%	
11	Pornalyst	Antineoplastics	\$216,497	\$1.87	1.5%	2	292	\$553.26	-15.0%	-5.8%	-10.6%	
12	Enbrei	Antiantivitics	\$212,277	\$1.84	1.5%	2	1,344	\$197.94	-38.7%	-29.2%	0.8%	
13	Ozempic	DiabeticTherapy	\$211,786	\$1.65	1.5%	42	8,421	\$25.15	227,4%	179.5%	17.1%	
14	lbrance	Antineoplestics	5210,208	\$1.82	1.5%	2	476	5441.61	55.1%	48.7%	2.9%	
15	Cosentyx Pen (2 Penn)	All Other Dermatologicals	\$203,779	\$1.76	1.4%	4	980	\$207.54	19.6%	22.5%	-2.5%	
16	Xenazine	Involuntary Movement Reducer	\$196,116	\$1.69	1.2%	i	1,410	\$138.38	11.1%	86.9%	40.5%	
17	Aralast Np	Protei rase Inhibitor	\$196,016	\$1.61	1.2%	i	264	\$611.09	5.8%	-12.5%	21.0%	
18	Symdeko	Cyatic Fibrosis	\$183,801	\$1.59	1.3%	1	224	5820.54	-22.5%	-22.2%	-0.4%	
19	Vyvanse	Ampheterrine Preparations	\$172,950	\$1.49	1.2%	127	21,160	\$8.15	5.5%	3.3%	6.4%	
20	Truvada	Antivirals	\$167,420	\$1.45	1.2%	20	2,950	\$57.53	-25.1%	-26.9%	2.3%	

The Top 20 drugs represent 48.6% of the Rx spend in this time frame for Sample Client Dashboard.



Sample Client Dashboard: High Risk Report



Top 15 Claimants By Risk Score (Active Members Only)

Claimant # Participation	Total Plan Paid Medical Rx	Utilization OV, UC, ER, Admits, Days	Relationship Gender - Age	Risk Score	Top Diagnosis Group	Top Drug	Risk Scoring Detail Inpet, Outpet, Phy, Rx, Oth
1:Non Par	\$620,276 \$528,852 \$91,924	55, 1, 0, 0, 0	Spouse M - 61	81.5	Myeloma	Pomalyst	9.44, 41.87, 8.95, 20.57, 0.91
2: Non Par	\$374,329 \$12,726 \$361,602	12, 0, 1, 0, 0	Dependent M - 20	57.0	Pneumonia	Orkambi	2.77, 0.10, 1.07, 51.80, 1.29
5: Non Par	\$583,695 \$575,278 \$8,422	35, 0, 0, 3, 51	Spouse M - 50	58.8	Cardiac Arrhythmias	Valganciclovir Hcl	29.31, 5.85, 14.86, 3.28, 0.53
4: Non Par	\$324,139 \$307,183 \$16,956	41, 0, 1, 3, 56	Spouse M - 64	49.3	Septicemia	Oxycontin	19.55, 14.0, 10.08, 3.74, 1.92
S: Non Par	\$317,286 \$301,159 \$16,127	80, 0, 0, 0, 0	Employee M - 60	39.9	Leukemias	Voriconazole	24.0, 10.35, 1.44, 3.50, 0.62
6: Non Par	\$300,526 \$277,050 \$28,476	38, 0, 3, 5, 37	Spouse F-62	36.9	GI Disorders, Other	Lingess	17.24, 4.41, 6.78, 3.06, 5.46
7: Non Par	\$757,620 \$133 \$757,487	4, 0, 0, 0, 0	Dependent M - 25	35.4	Sinustis	Hemilton	0.42, 0.60, 0.10, 34.24, 0.05
B: Non Par	\$307,078 \$81,157 \$275,920	17, 0, 3, 0, 0	Employee M - 53	34.6	Secondary Cancers	Tagrisso	3.79, 6.03, 5.96, 18.13, 0.70
9: Non Par	\$316,440 \$305,491 \$10,949	15, 0, 0, 5, 9	Employee M - 47	33.5	Orronic Renal Failure	Tecrolimus	4.14, 24.82, 1.75, 2.33, 0.52
10: Non Par	\$142,583 \$85,796 \$56,787	24, 0, 0, 0, 0	Employee F-63	82.5	Breast Cancer	Kisqali Femara Co-Pack	7.05, 10.31, 5.85, 8.45, 0.86
11: Non Par	\$762,185 \$725,789 \$36,397	27, 0, 0, 3, 19	Employee M - 46	31.9	Abdominel Disorders	Entirel	14.20, 3.84, 5.64, 6.58, 1.60
12: Non Par	\$113,284 \$110,291 \$2,995	35, 0, 2, 2, 17	Spouse M - 66	25.2	Radiologic Abnormalities	Dulers	12.95, 4.34, 2.69, 2.18, 1.05
13: Non Per	\$115,518 \$48,447 \$72,072	14, 0, 0, 1, 2	Employee F-67	23.0	Influence	Gammagard Liquid	1.62, 1.85, 3.51, 15.59, 0.42
14: Non Par	\$437,099 \$424,222 \$12,877	12, 0, 0, 2, 8	Employee M - 63	21.7	Hepatic Cirrhosis	Tacrolimus	9.33, 3.47, 3.07, 5.09, 0.76
15: Non Per	\$195,428 \$921 \$194,507	2, 1, 0, 0, 0	Employee M - 23	21.6	Oyetic Pilorosis	Trikefta	2.26, 0.84, 0.82, 17.18, 0.48

Status in column 1 indicates whether the member is participating in any in bishing for which data is integrated. A value of -- indicates data is not received for your group. Risk scoring datall anticipated where a claiments predicted costs are assumed to correstrom in the near future. The total individual risk scores equal the MASA Total Risk score.



Sample Client Dashboard: Clinical Overview Dashboard



	CLINICAL GUIDELINE ADHI					RISK SCORE O		
lot Meeting Metric	m#Meeting Metric m#N		Current r Age\Gender	Prior Age\Gende		nt Prospective Risk	Concurrent Risk	Category
290 573	Mailes age 49+ 8. PSA test in lax 24		1.13	1.15		1.04	0.98	Overall
	months		1.26	1.28	_	1.09	1.00	řemale
1,248 820	Women age 40 to 75 with a screening mammogram last 24	8	0.97	0.98		0.98	0.94	Male
	Women age 21-65 with	Welhess	1.35	1.39	_	1.16	1.01	Employee
2100 1146	recommended cervicalicancer	á				1.45	1.82	ipouse
2,122 1,200	Members aged 40 - 64 years with					0.61	0.74	:hild(ren)
	preventive visit in last 24 months	1—		nd PMPM	Thousands ar	osis: Total \$ in T	Top 6 Diagno	
506 249	Annual serum creatinine test	١			10,460	56k		
147 150	Prescribed statin and no gaps in prescription refills	Hypertension	55			\$60	51.162	55k
438 471	Annual lipid profile	Hyper	\$5	12.12		1	tiat .	\$8: T
653 258	On antihypertensive medication		\$30					\$2k
169 136	Prescribed statin and gaps in		\$10					S1k
	prescription refills.		Candiac Disorders 50	Pregnancy-related	Musculoskeletal	Health M	Gastrointestinal	50 Cancer
525 383	prescription refils On liipid-lowering medication		Cardiac Disorders 50	Pregnancy-related Disorders	Musculoskeletal Disorders	Health M tatus/Encounters		50 Cancer
525 583 410 225			Cardi ac Disorders 50 Sonchmark PMPH	_	Disorders		Disorders Sta	Prior Pald
410 225	On liipid-lowering medication Annual Haid profile Home glucos testing supplies in			Disorders	Disorders (00%) Cu	tatus/Encounters Current Fold Claims (1.00)	Disorders Sta	_
410 225 111 229	On lipid-lowering medication Through lipid profile Home glucost testing supplies in last 2 months		Sonchmark PMPHI	Disorders non PelPM Total Pai	Disorders (00%) Cu	tatus/Encounters Current Fold Claims (1.00)	Oteordes Sta	Frier Pale Top 10 Impactable Conditions
410 225	On liipid-lowering medication Annual Haid profile Home glucos testing supplies in		Joschmark PMPHI d Per Claimant	Disorders non: PhiPM Total Pai	Disorders (00h) Cu e Norm	tatus/Encounters Current Fold Claims (1806 Prevalence	Disorders Sta Ozin (1808s) Co Claiments	Fior Pair (op 10 Impactable conditions Hypertension
410 225 111 229	On lipid-loweringmedication Princial Lipid profile Home glucosetesting supplies in last 2 months Ennual Lipid profile		Jenchmurk PMPHI d Per Claimant 11,680	Disorders Total Pai	Disorders Co Norm 10.4%	Correct Poid China (1000 Prevalence 11.4%	Otsorders Sta Osin (1888s) Co Claiments 909	Fig. Put- Fop 10 Impactable Conditions Hypertension Hyperlipidemia
410 225 111 229 177 165 240 123	On lipid-lowering medication Annual I lpid profile Home glucost testing supplies in last 2 months Annual I lpid profile Annual I HAAls best done		Deschmark PMPH d Per Claimant 11,680 10,011	Disorders Total Pai	Disorders Cu Norm 10.4% 8.6%	tatus/Encounters Corrore Fold Chims (1000 Prevalence 11.4% 9.4%	Okorden Sta Okorden Ok	Frior Puls Fop 10 Impactable Conditions Hypertension Hypertipidemia Depression
410 225 111 229 177 865	On lipid-lowering medication Annual Lipid profile Home glucost esting supplies in last 22 months Annual Lipid profile Annual HbA3c test done Currently taking a prexciption		Deschmark PMPH d Per Claimant 11,680 10,011 18,923	Disorders Total Pai S S S S	Disorders (00h) Ca R Norm 10.4% 8.6% 3.6%	tatus/Encounters Corone Fold Colons (1000) Prevalence 11.4% 9.4% 6.3%	Oborders Sta Obin (1800s) Co Claiments 909 752 503	Prior hist Fop 10 Impactable Conditions hypertension hypertipidemia Depression Lower Back Pain
410 225 111 229 177 165 240 123	On lipid-lowering medication Annual Lipid profile Home glucost esting supplies in last 22 months Annual Lipid profile Annual HbA3c test done Currently taking a prexciption	hrra	Bonchmart PMPH d Per Claimant 11,680 10,011 18,923 11,351	Disorders Total Pai S S S S S S	Disorders (00%) Cu 8 Norm 10.4% 8.6% 3.6% 4.7%	tatus/Encourters Correct Fold Colms (1000) Prevalence 11,4% 9,4% 5,3% 4,8%	Other dept	Prior hide Conditions Hypertension Hypertipidemia Depression Lower Back Pain Diabetes
410 23E 331 389 477 465 240 433 491 73	On lipid-lowering medication Annual I lpid profile Home glucost testing supplies in last 2 months Annual I lpid profile Annual I HbA1c test done Currently teking a prexription auth test medication Routine provider until i in the leat 12	Authma	Berchner FMHH d Per Claiment 11,680 10,011 13,923 11,351 14,499	Disorders Total Pair \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Disorders (00h) Cu Norm 10.4% 8.6% 3.6% 4.7% 4.9%	tatus/Encourbers Correct Fold Colons (1000) Prevalence 11.4% 9.4% 6.3% 4.8% 4.4%	Disorder State	Fig. Paid Fop 10 Impactable Conditions Hypertension Hypertipidemia Depression Lower Back Pain Diabetes Authma
410 235 331 289 477 465 240 432 191 73	On lipid-lowering medication Annual lipid profile Home glucost testing supplies in last 2 months Annual lipid profile Annual HbA3c best done Currency testing a prescription author medication Routing provider just in the last 12 Avoided visit to ED/Urgent care	Authma	60xchmax PMPH d Per Claimant 11,680 10,011 18,923 11,351 14,499 12,110	Disorders Total Pair \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Disorders 0001 Ca Norm 10.4% 8.6% 3.6% 4.7% 4.9% 2.6%	tatus/Encounters Corone Field Chiese (1000) a Prevalence 11.4% 9.4% 6.3% 4.8% 4.4% 3.6%	Observed State	Prior Paid: Fop 10 Impactable Conditions Hypertinidemia Depression Depression Diabetes Authma Osteoarthribis
410 225 131 292 477 865 240 423 191 73	On lipid-lowering medication Annual lipid profile Home glucost resting supplies in lase 2 months Annual lipid profile Annual HbA3c best done Currently things prescription such the medication Routine provider just in the last 12 Availed wish to ED/Urgent care office for asth main the last 6.	Asthma	60xchmax PMPH d Per Claimant 11,680 10,011 88,923 11,351 14,499 12,110 18,094	Disorders Total Pair S S S S S S S S S S S S S S S S S S	Disorders Norm	tatus/Encounters Corone Field Chains (1006 Prevalence 11.4% 9.4% 6.3% 4.8% 4.4% 3.6% 8.1%	Objection State	Top 10 impactable