

**Employee Medical Benefits Board
Regular Meeting**

Monday, April 6, 2015 @ 6:15 p.m.

Newtown Municipal Center
Newtown, CT

THESE MINUTES ARE SUBJECT TO APPROVAL BY THE
EMPLOYEE MEDICAL BENEFITS BOARD

The Employee Medical Benefits Board held a regular meeting on Monday, April 6, 2015 in Meeting Room #1 of the Newtown Municipal Center, Newtown, CT. The meeting was called to order at 6:15 p.m.

Present: Donna Van Waalwijk, Jim Loring, Dan McAloon

Absent: Mark Mattioli, Paul Smith

Also Present: Bob Tait, Ron Bienkowski, Joe Spurgeon (insurance consultant), Clerk Ann LoBosco, and Anthem Representatives Sharon Ober and Matt Bowker

Mr. Loring made a motion to accept the minutes from the March 2, 2105 Special Meeting, Mr. McAloon seconded and unanimously approved.

New Business: (see attachments)

Review Updated Claim Months of February/March:

Bob Tait shared the following:

- Claims experience report: Feb = \$1.093 MM; March = \$1.143 MM
- Claims for March 2015 are \$49,000 less than prior year.
- Estimated annual amount is 0.7% less than prior year.
- First 3 days in April are down \$30,000 from prior year.

Review Status of Self-Insurance Reserve Fund: The estimated fund balance for 6/30/15 is \$3.035 MM. The actual revenue as of March 31, 2015 was \$14,198,589. The actual expenses through March 31, 2015 were \$13,373,877.

Review Updated Renewal Data with Carrier Representatives and Consultant: Joe Spurgeon did not update renewal data and confident with going with the Anthem renewal that was presented. He made a couple of corrections and corrected/updated Item #5 to show 85.71% as of February.

Anthem's Utilization Trend and Health & Wellness Program Review: Sharon Ober (Anthem) reported data through the end of October 2014 which covers a 5 month period. The impact of high cost claimants (HCC) on PMPM was down 3.5%. The number one reason for this decline is because HCC was down 7 members and \$925,000 less was spent. The total PMPM was \$484.95 and professional services were a little higher than the norm which is positive. Ms. Ober stated that members should be encouraged to go to the doctor to reduce ER visits and inpatient costs. Ms. Ober also reported that prescriptions are expected to go up due to the use of more specialty drugs. In general, we are a healthy group with a Health Risk Index of 0.98 compared to the Benchmark of 1.00.

Matt Bowker (Anthem) reported on financial and demographic details:

- 93.3% of members are utilizing the plan.
- Of the 152 people not using the plan, 99 are men between the ages of 20-34.
- Average age of a member was 36.0 and for an employee it was 48.3.
- Employees accounted for 51.7% of medical expenses.

Ms. Ober indicated that:

- Inpatient Admits were down to 87 from last year at 132.
- Professional visits were higher but cost was lower resulting from more visits for less money.
- Diabetes is the #1 indication in pharmacy costs.
- Emergency Room Utilization was 14.1% which is 38.4% higher than Prior Period (PP).
- Of the 138 children using the ER, 78 were over 18.
- Of the Top 5 Health Condition Categories by Expenditures, Neoplasms (cancer) was number one.
- Almost 50% of all costs were spent in Professional Setting. More members are seeing their Primary Care Physician (PCP) on a regular basis which is the best way to improve outcomes and manage costs.
- All Chronic Conditions (cancer, low back pain, depression, hyperlipidemia, diabetes) PMPM was \$70.18 compared to \$56.38 in PP and \$46.80 for Benchmark.

Anthem Recommendations Include:

- Utilizing Anthem's Enhanced Personal Health Care Program which helps doctors make the best decisions and helps patients find a PCP who will focus on "whole" health.
- Promoting Future Moms Program which helps women have healthy pregnancies.

- LiveHealth Online which employees can to talk to doctors through their mobile device or online to use for health care questions.

Announcements:

The Board discussed ways to communicate Anthem's recommendations to employees and decided to have a special meeting in May 2015 to determine the best course of action. Once a date is agreed upon, the meeting will be scheduled.

Meeting Adjourned at 7:55 p.m.

Respectfully submitted,

Ann M. LoBosco, Clerk



Newtown: Town and Board of Education

UTILIZATION TREND AND HEALTH & WELLNESS
PROGRAM REVIEW

FEBRUARY 2, 2015

Data Definitions

Reporting Period(s)
 Financial Reports Periods Reviewed:
 Current Period (CP): November 1, 2013 - October 31, 2014
 Prior Period (PP): November 1, 2012 - October 31, 2013

BOB
 The Benchmark used in this analysis is our Enterprise Book of Business

PMPM
 PMPM paid amount is the metric used throughout this analysis to understand paid amount trends by individual plan participants (per member) over the duration of the plan period (per month)
 Members are defined as all participants in the plan including Employees, Spouses and Child(ren)

High Cost Claimants
 High cost claimants (HCC) are referenced in this analysis and are defined as those members with a cumulative total paid amount of medical claims in excess of \$75,000 during the current reporting period

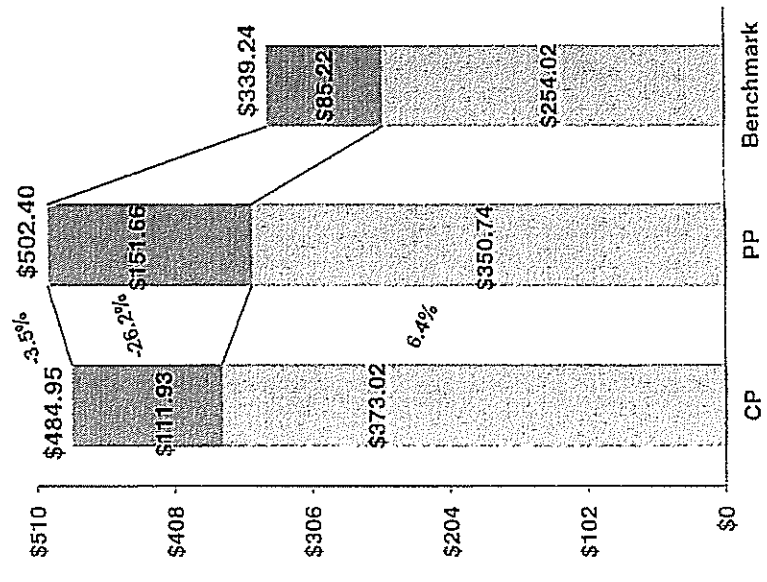
Settings
 Plan expenditures and utilization are broken down into the following settings:
 Inpatient facility, Outpatient facility, Professional and Pharmacy

Financial and Clinical Highlights

- Total Medical Paid was \$10,305,509
- Total Pharmacy Paid was \$1,660,853
 - Total PMPM was \$484.95
 - Inpatient Facility = \$2,438,754 (20.4%) - Norm: 21.8%
 - Outpatient Facility = \$3,014,848 (25.2%) - Norm: 29.9%
 - Professional = \$4,851,907 (40.5%) - Norm: 38.6%
 - Pharmacy = \$1,660,853 (13.9%) - Norm: 9.7%
- High cost claims account for 23.3% of the total paid amount (Benchmark = 27.1%)
 - Total HCC = \$2,785,638 compared to \$3,713,297 (25.0% decrease)
 - High Cost Claimants (HCC) represent 0.8% of the total membership (17 members)
 - Benchmark = 0.5%
- Most costly Health Condition: Health Status (\$1,667,338 by 1,616 members - 16.2%)
- Most costly Chronic Condition: Cancer (\$999,789 by 128 members - 57.7%)
- Most costly Lifestyle Condition: Osteoarthritis (\$369,502 by 94 members - 18.8%)
- Health Risk Index is 0.98 compared to Benchmark (1.00) - Prior Period was 0.92
- 93.3% of members utilized the health plan
- In-Network Utilization:
 - Inpatient - 99.4%
 - Outpatient - 94.2%
 - Professional - 85.5% (Primary Care - 88.6% and Specialty Care - 84.8%)
 - Total Percent Paid In-Network: 91.3% compared to Benchmark 89.2%

Impact of HCC on PMPM

▨ Non-HCC ▨ HCC > \$75k

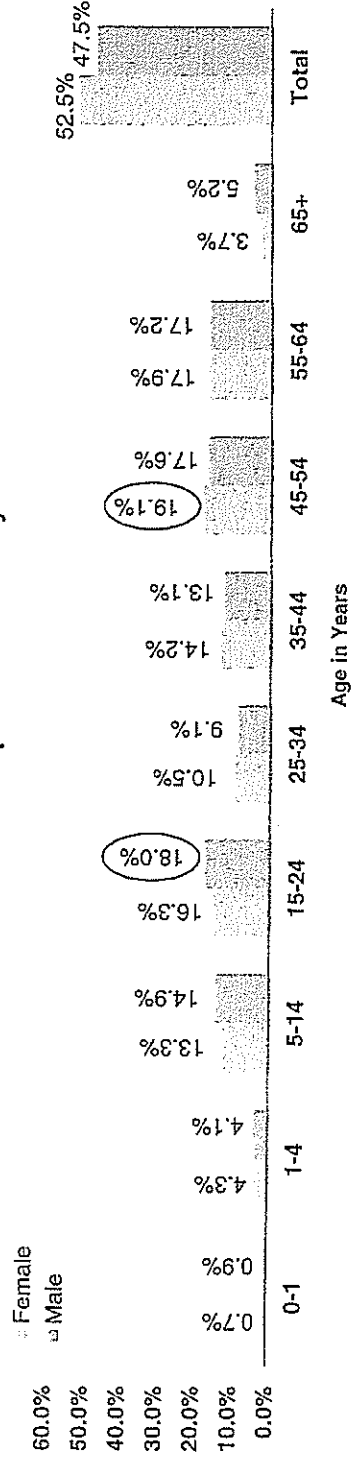


Demographic Highlights

Demographics:

- Average Membership = 2,056; Females = 1,078 (52.5%); Males = 977 (47.5%)
- Current contract ratio was 2.64, Benchmark is 2.05
- Average age of a member was 36.0, Benchmark is 37.9
- Average age of an Employee was 48.3, Benchmark is 49.1
- Employees accounted for 51.7% of medical expenses
- Spouses accounted for 30.0% of medical expenses
- Children accounted for 18.3% of medical expenses
 - Employee PMPM = \$567.62
 - Spouses PMPM = \$512.72
 - Child PMPM = \$203.67
- 6.7% of members did not utilize the medical health plan in the current period

Membership Distribution by Gender



Financial & Demographic Details

Financials	CP	PP	Trend
Total Claims (Medical)	\$10,305,509	\$10,760,496	-4.2%
Total Claims (Pharmacy)	\$1,660,853	\$1,542,601	+7.7%
Grand Total Claims	\$11,966,362	\$12,303,097	-2.7%
High Cost Claimant Paid (>\$75K)	17 @ \$2,785,638	24 @ \$3,713,297	-29.2% @ -25.0%
HCC Paid as % of Total	23.3%	30.2%	-22.8%
Total PMPM	\$484.95	\$502.40	-3.5%
Non-HCC PMPM	\$373.02	\$350.74	6.4%
HCC PMPM	\$111.93	\$151.66	-26.2%
Total In Network Utilization	91.3%	91.2%	0.1%
Utilization of Plan	93.3%	92.4%	1.0%
Demographics	CP	PP	Trend
Membership	2,056	2,040	0.7%
Contract Size	2.64	2.65	-0.3%
Average Member Age	36.0	35.9	0.2%
Average Employee Age	48.3	48.2	0.1%



Utilization Overview

Cost and Utilization by Setting

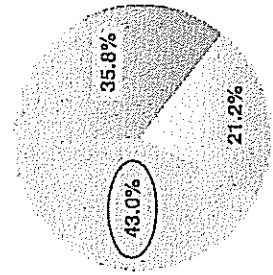
Metric	CP	PP	Trend
Inpatient	\$2,438,754	\$2,776,952	-12.2%
Admits	87	132	-34.1%
Outpatient	\$27,117	\$21,056	28.8%
Expense/Admit	\$3,014,848	\$2,841,458	6.1%
Visits	2,609	2,674	-2.4%
Professional	\$1,156	\$1,063	8.7%
Expense/Visit	\$4,851,907	\$5,142,086	-5.6%
Visits	32,232	30,735	4.9%
Pharmacy	\$151	\$167	-10.0%
Expense/Visit	\$1,660,853	\$1,542,601	7.7%
#1 Indication (Diabetes - PMPM)	\$8.19	\$7.47	9.6%
#1 Drug by Cost (Revlimid - PMPM)	\$4.50	\$3.58	25.7%
#1 Specialty Drug Indication (Cancer - PMPM)	\$5.01	\$4.11	21.9%

Emergency Room Utilization

- Total paid amount for the ER was \$423,732 or 14.1% of total outpatient claims experience (BOB = 16.0%) compared to \$306,100 in PP (38.4% higher than PP)
- Total number of ER visits was 321 compared to 340 in PP (5.6% lower)
- Paid amount/visit was \$1,320 compared to \$900 in PP (46.6% higher)
- Male Employee /Female Spouse = 66 visits (20.6%)
- Female Employee /Male Spouse = 117 visits = (36.4%)
- Of the 138 children using the ER, 78 (56.6%) were between the ages of 18-26

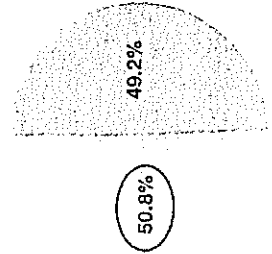
ER Visits By Relationship

Employee - Spouse - Child



% by Gender

Male Female



Reason for Visit	# of Visits	Total Paid	Ave Cost Per Visit
Symptoms involving respiratory system & chest	51	\$90,261.78	\$1,770
Other symptoms involving abdomen & pelvis	20	\$27,622.17	\$1,381
Acute appendicitis	2	\$26,407.99	\$13,204
Septicemia	6	\$18,289.25	\$3,048
Intervertebral disc disorders	3	\$14,193.04	\$4,731
Contusion trunk	5	\$14,095.04	\$2,819
Injury NEC & NOS	28	\$11,561.11	\$413
General symptoms	21	\$11,454.23	\$545
Cardiac dysrhythmias	17	\$8,452.36	\$497
Pilonidal cyst	1	\$8,084.50	\$8,085

Day of Week	# of Visits
Monday	54
Tuesday	51
Wednesday	28
Thursday	45
Friday	41
Saturday	58
Sunday	44
Total	321

NEC = Not Elsewhere Classified while NOS = Not Otherwise Specified



Clinical Cost Drivers Overview

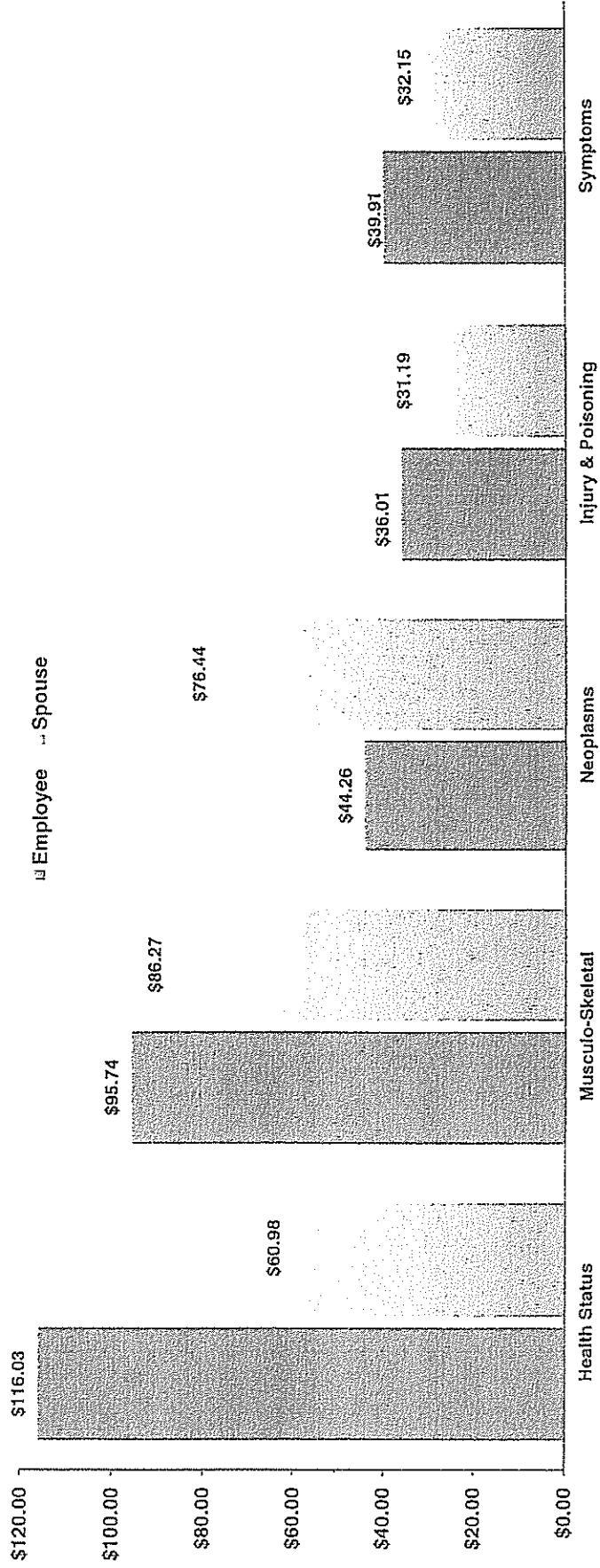
Top Five Health Condition Categories By Expenditures

Health Condition	Inpatient	Outpatient	Professional	Total	% of Total	Unique Claimants	Paid Amt / Unique Claimant
Health Status	\$294,064	\$593,968	\$779,907	\$1,667,938	16.20%	1,616	\$1,032
Musculo-Skeletal System	\$352,501	\$358,821	\$789,123	\$1,500,445	14.60%	670	\$2,239
Neoplasms	\$135,248	\$368,955	\$387,499	\$891,702	8.70%	289	\$3,085
Injury & Poisoning	\$279,157	\$163,409	\$300,441	\$743,006	7.20%	513	\$1,448
Symptoms / Signs/ Ill-Define	\$38,415	\$298,645	\$374,742	\$711,802	6.90%	848	\$839

- While "Health Status" has the **highest** Unique Claimant count (see page 19 for detailed diagnoses associated with this health condition), the **highest** Paid Amount/Unique Claimant is found for those members with "Neoplasm"
- 47.7% of all costs for the Top 5 Health Conditions were spent in the Professional Setting - seeing the Primary Care Physician / Health Care Professional to manage illness is the best way to improve outcomes and manage costs
- 32.3% of all costs for the Top 5 Health Conditions were spent in the Outpatient Setting - a timely consequence of early management of health issues with PCP / HCP

Top Five Health Conditions Categories By Relationship

Per Member Per Month



- Employees had higher PMPM's for 3 of the top 5 health conditions when compared to Spouses
- Spouses had higher PMPM's for 2 of the top 5 health conditions
- Top 5 Employee PMPM = \$331.95 compared to Spouse = \$287.05 (15.6% higher than Spouses)

High Cost Claimants (>\$75,000)

- Total paid amount for HCCs in the CP was \$2,785,638 - 17 Unique Claimants
- Total paid amount for HCCs in the PP was \$3,713,297 - 24 Unique Claimants
 - CP HCC PMPM = \$111.93; PP HCC PMPM = \$151.66; Benchmark PMPM is \$85.22
- 51.1% of the total paid for HCCs was incurred in the Inpatient setting
- 24.9% in the Outpatient setting
- 18.5% in the Professional setting
- 5.5% in the Pharmacy setting
- By Relationship:
 - 7 Employees (\$1,121,692 or 40.3%)
 - 6 Spouses (\$860,617 or 30.9%)
 - 4 Children (\$803,330 or 28.8%)

Note:

- 6 Members were High Cost Claimants in both periods
- In Prior Period, Claims = \$563,255
- In Current Period, Claims = \$694,032
- 4 Members terminated coverage = \$765,874
- 2 of the 4 Members were in both periods = \$320,871

Top Five Chronic Health Conditions

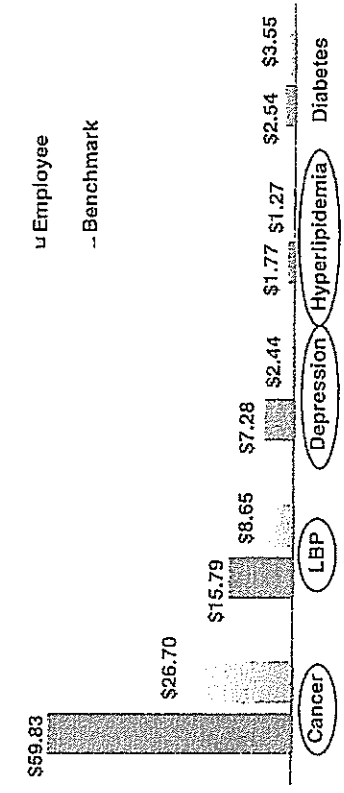
NOTE:
The PMPM in the Current Period increased 24.5% over the Prior Period

Chronic Condition	Total Costs	Number of Claimants	Paid Amount Current PMPM	Paid Amount Prior PMPM	Benchmark PMPM	Prevalence/1000	Benchmark Prevalence/1000
Cancer	\$999,789	128	\$40.48	\$23.74	\$20.09	57.6	43.7
Low Back Pain	\$240,108	261	\$9.72	\$13.32	\$6.84	117.5	66.5
Depression	\$149,953	180	\$6.07	\$6.56	\$2.57	81.0	32.3
Hyperlipidemia	\$115,033	211	\$4.66	\$4.11	\$0.92	95.0	63.1
Diabetes	\$55,331	122	\$2.24	\$2.84	\$2.82	54.9	50.2

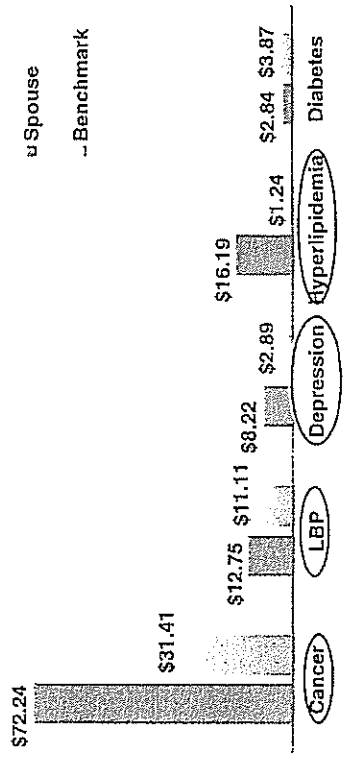
All Chronic Conditions PMPM was \$70.18 compared to \$56.38 in the Prior Period and \$46.80 for Benchmark

- Prevalence rates are higher than BM in all of the top 5 chronic condition categories
- Employees accounted for 55.4% of claimants and 52.7% of the spend with a top 5 chronic condition
- Spouses accounted for 34.9% of claimants and 43.2% of the spend with a top 5 chronic condition

Employee PMPM



Spouse PMPM



Top Ten Lifestyle Conditions

Lifestyle Condition	Paid Amount	Unique Claimants	Average Paid Amount Per Claimant	Paid Amount PMPM	Prevalence Per 1000	Benchmark Paid/Amount PMPM	Benchmark Prevalence Per 1000
Osteoarthritis	\$369,502	94	\$3,931	\$14.96	45.7	\$6.87	33.3
Cancer - Trachea/Bronchus/Lung	\$331,089	5	\$66,218	\$13.41	2.4	\$1.36	1.5
Cancer - Breast	\$259,526	24	\$10,814	\$10.51	11.7	\$4.02	7.3
Cancer - Lip/Oral Cavity/Pharynx	\$147,226	1	\$147,226	\$5.96	0.5	\$0.48	0.6
Lipid Metabolism Disorders	\$114,761	209	\$549	\$4.65	101.6	\$0.74	80.7
Venous Embolism/Thrombosis	\$94,145	10	\$9,415	\$3.81	4.9	\$1.00	5.6
Cancer - Prostate	\$65,205	5	\$13,041	\$2.64	2.4	\$1.34	4.7
Diverticular Disease	\$63,851	21	\$3,041	\$2.59	10.2	\$1.16	6.9
Coronary Artery Disease	\$57,290	27	\$2,122	\$2.32	13.1	\$8.37	27.1
Sleep Apnea	\$53,336	56	\$952	\$2.16	27.2	\$1.48	22.8

- Overall, prevalence rates for 6 of the Top Ten Lifestyle Conditions were above Benchmark
- Many of these conditions are often co-morbid and / or chronic conditions
- Lipid Metabolism Disorders (High Cholesterol) had the largest prevalence / 1000 at 101.6
- The second highest was Osteoarthritis at 45.7 prevalence / 1000
- The 2 highlighted conditions have a lower Prevalence/1000 than BM but a higher PMPM - may indicate a more advanced disease, requiring more health care services



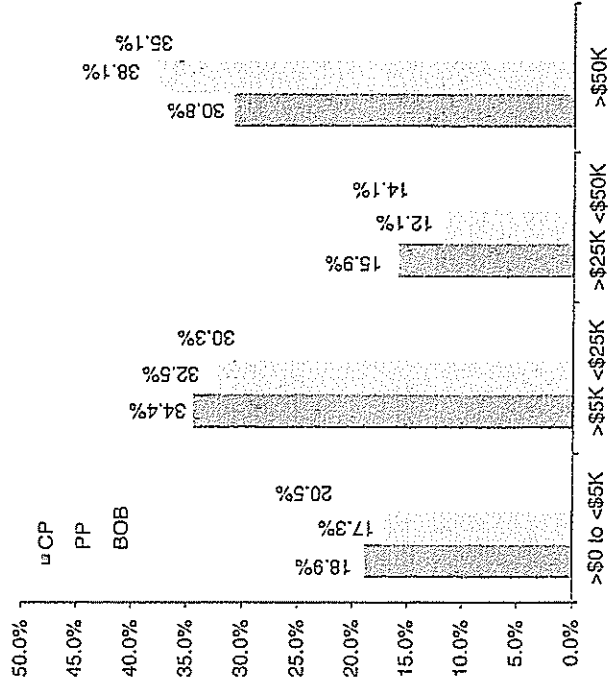
**CLOSING REMARKS &
DISCUSSION OF
RECOMMENDATIONS**

HCR Band	Norm	Newtown PP	Newtown CP
>\$0 - <\$5K	80.5%	77.6%	77.3%
>\$5K - <\$25K	16.1%	18.4%	18.6%
>\$25K - <\$50K	2.0%	2.1%	2.5%
>\$50K	1.4%	1.9%	1.6%

Closing Remarks & Discussion

Programs often focus on treatment at the expense of prevention:

- >\$0 to \$4,999 consumes 20.5% of HCR
- \$5,000 to \$24,999 consumes 30.3% of HCR
- \$25,000 to \$49,999 consumes 14.1% of HCR
- >\$50,000 consumes 35.1% of HCR



Findings:

- 30.8% of claims are driven by members spending >\$50K (Benchmark = 35.1%)
- At 15.9% for the >\$25K to <\$50K dollar band, a higher % of expenses than Prior Period and BM is noted
- For >\$5K to <\$25K, experience is higher than the PP but still higher than BM - this is a dollar band for beginning of chronic illness and / or acute events with limited health issues
- For >\$0 to <\$5K, experience is higher than PP but still lower than BM. This is a metric indicating a population of preventive, annual, sick and screening visits
- 6.7% of members had \$0 medical claims (152 members - see next page for profile)

!!! This is your target population for Wellness Exams !!!

Interpretations:

- In the \$0 to \$5K dollar range, expenditures are for those services related to annual exams, preventive and sick visits, and health screenings - slight increase noted in spend but decline in % of claimants
- The \$5K to \$25K dollar range indicates that once disease is identified or for limited acute care needs, membership shows the management of those conditions effectively since there is higher than expected medical services - expenses here may prevent further development and/or keep well managed once diagnosed - good % of population here as well - may indicate higher % of membership with health issues
- For those members in the \$25K to \$50K dollar range, it would appear that there are members with some complicated health issues that may be managing those needs increasingly, since costs are above the norm - higher % of population noted
- Lower High cost claimant activity has impacted the exposure in the >\$50K dollar band with lower than expected current period experience - and lower % of population
- Focus of attention should be on encouragement of Annual visits, Preventive care visits, Sick visits and Screenings in order to early identify health issues, provide treatment and management while limiting expenditures and maximizing the quality of the outcome

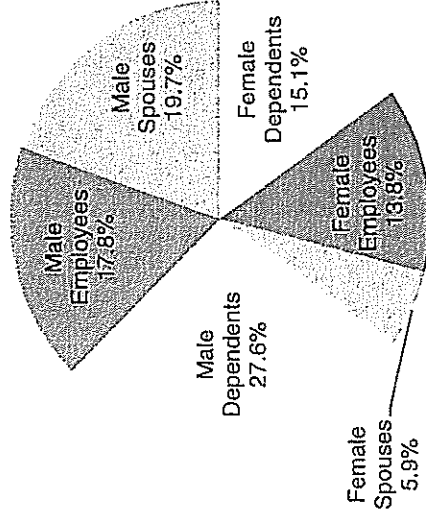
*Awareness, early intervention and condition management
decrease overall health care costs*

Profile of Non-Users

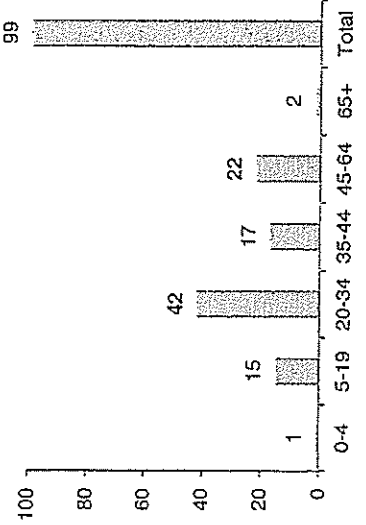
Non-Users by Relationship/Gender Type - Actual %

Non-Users by Relationship/Gender Type - Actual #

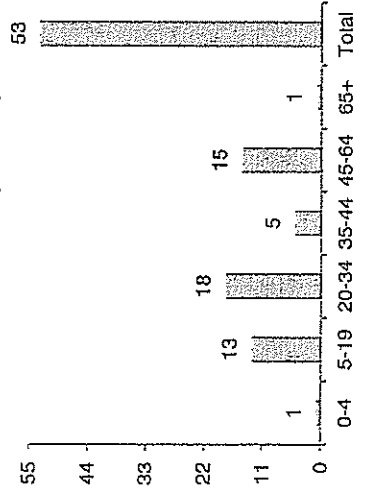
Relationship	Male	Female	Total
Employee	27	21	48
Spouse	30	9	39
Child	42	23	65
Total	99 (65.1%)	53 (34.9%)	152 (100%)



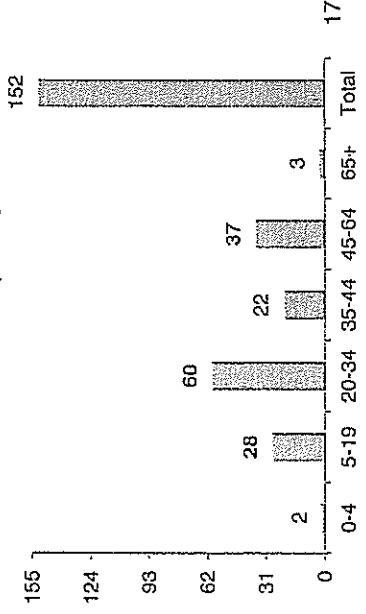
Non Utilizers (Male)



Non Utilizers (Female)



Non Utilizers (Total)



Key Recommendations

1. **Primary Care Physician Relationship Building Campaign:** Promote and educate about importance of having a PCP for annual exams, preventive exams, sick visits and screenings - Target Young Adults and Non-Utilizing Population
2. **Emergency Room Campaign:** Campaign on how / when to use ER and Urgent Care Centers - Female Employee + Male Spouse are the highest relationship of ER services and Saturday and Monday are the highest visit days!! -
3. **Emergency Room Campaign:** Campaign on how / when to use ER and Urgent Care Centers - Saturday and Monday were highest utilized days - Educate Employees on Nurse Line availability, Urgent Care Centers, Live Health Online - 2 unique callers to Nurse Line from Oct-Sept 2014 (56.6% use of ER by older children 18-26 year olds) - LHO may be an good option for this population
4. **Promotion of Condition Care Programs for Disease Management** - 325 members were engaged from Oct-Sept - Prevalence was 13.3% of Newtown population compared to 12.5% for BM
5. **Promotion of Future Moms Programs** - 0 woman Enrolled - 22 Maternity admissions
6. **Onsite Smoking Cessation and/or Weight Management / Exercise Campaigns** to promote healthy lifestyle choices, improve quality of life, and reduce costly, chronic health condition expenditures (> \$300K was spent on Respiratory care - 781 unique members had respiratory health issues - 38.0% of population) - **Asthma prevalence 7.5% vs BM of 4.7%; COPD prevalence 1.2% vs BM of 0.9%**
7. **Health Fairs** at workplace may identify unknown health issues - screening for B/P, Cholesterol, Diabetes, BMI - Share the BMI table at time clock, lunch room, inside the Men's and Lady's Room Doors - Consider HA completion as part of Health Fair Campaign
8. **Educate** on importance of Sun Screen, Hats, Eye Wear, Seat Belts, Bike Helmets, (\$172K spent on members treated for Skin health issues - 482 unique members - 23.4% of population) - 112 members had skin cancer (\$122K spent)
9. **Share EAP Program offerings** frequently and seasonally - (\$703K was spent on Behavioral Health services - 433 unique members - 21.1% of population) - Mental Health claims were apparent in Chronic Health Conditions
10. **Promotion of Dental Health Screenings / Cleanings** x2/year
11. **Musculo-Skeletal:** Importance of Diet and Exercise to the Joints - 32.6% of total membership with claims have Ortho issue (670 members) - \$1.5mil was spent - Employees spent 60.0% of all M/S claims - (LBP claims were \$240K for 261 members - 62.0% of all costs were employees - Consider Ergonomics/Body Mechanic updated training - Chiro claims were \$6.07 PMPM vs BM \$0.72)
12. **Circulatory:** Dietary changes can impact blood pressure, cholesterol levels, cardiac output, respiratory function, mental health outlook - 338 members (16.4% of total population) had Cardiology health issue - \$703K spent - High Cholesterol had highest prevalence for Lifestyle Conditions
13. **Endocrinology:** Diabetes, Obesity, High Cholesterol - 437 unique members were noted to have a Endocrine health condition (21.3% of total population spending \$291K) - 122 Members were identified in Chronic Health Conditions report - 71 members are in Disease Management



Appendix

NEG = NOT ELSEWHERE CLASSIFIED; NCS = NOT OTHERWISE SPECIFIED

Top Ten Diagnoses: Health Status

Health Status	# of Members	Total Paid	Average Cost Per Member
Special screening for malignant neoplasms	446	\$325,414.29	\$730
Encounter for procedure/aftercare NEC & NOS	76	\$323,870.26	\$4,261
Twin, male liveborn	2	\$239,026.00	\$119,513
Special investigations & examinations	646	\$167,747.58	\$260
General medical exam	524	\$150,408.92	\$287
Health supervision infant or child	393	\$113,003.31	\$288
Single liveborn	20	\$61,006.41	\$3,050
Normal pregnancy	32	\$30,079.10	\$940
Vaccination & inoculat against certain viral dis	559	\$28,370.47	\$51
Follow-up examination	26	\$24,197.47	\$931

Top Ten Diagnoses: Musculo-Skeletal

Musculo-Skeletal System	# of Members	Total Paid	Average Cost Per Member
Osteoarthritis & allied disorders	88	\$411,369.76	\$4,675
Intervertebral disc disorders	102	\$150,861.27	\$1,479
Peripheral enthesopathies & allied syndromes	124	\$136,711.28	\$1,103
Other & unspecified back disorder	159	\$129,612.38	\$815
Acquired toe deformities	26	\$83,120.04	\$3,197
Joint disorder NEC & NOS	191	\$80,163.88	\$420
Other disorder synovium, tendon & bursa	82	\$78,316.41	\$955
RA/inflam polyarthropathies NEC	9	\$62,836.94	\$6,982
Other disorders cervical region	119	\$56,031.53	\$471
Spondylosis & allied disorders	47	\$52,368.99	\$1,114
Other soft tissue disorders	121	\$47,551.23	\$393

Top Ten Diagnoses: Neoplasm

Neoplasm	# of Members	Total Paid	Average Cost Per Member
Malignant neoplasm trachea, bronchus & lung	4	\$287,222.13	\$71,806
Malignant neoplasm female breast	24	\$205,284.33	\$8,554
Malignant neoplasm tongue	1	\$102,992.03	\$102,992
Malignant neoplasm thyroid gland	7	\$58,808.40	\$8,401
Secondary malignant neoplasm other site	3	\$26,313.32	\$8,771
Malignant neoplasm prostate	5	\$25,968.21	\$5,194
Benign neoplasm skin	112	\$22,014.32	\$197
Benign neoplasm digestive system NEC	37	\$18,346.83	\$496
Uterine leiomyoma	14	\$15,480.80	\$1,106
Unc behav neopl sites NEC & NOS	53	\$13,354.76	\$252

Top Ten Diagnoses: Injury & Poisoning

Injury & Poisoning	# of Members	Total Paid	Average Cost Per Member
Complications peculiar to certain specified procedure	10	\$194,599.71	\$19,460
Back sprains & strains NEC & NOS	108	\$70,200.12	\$650
Other complications procedures NEC	8	\$68,530.80	\$8,566
Radius & ulna fracture	15	\$35,103.10	\$2,340
Dislocation knee	25	\$32,620.41	\$1,305
Sacroiliac region sprains & strains	34	\$24,656.15	\$725
Shoulder & upper arm sprains & strains	25	\$24,265.14	\$971
Injury NEC & NOS	57	\$20,047.12	\$352
Knee & leg sprains & strains	18	\$19,532.87	\$1,085
Certain adverse effects NEC	34	\$16,380.56	\$482

Top Ten Diagnoses: Symptoms

Symptoms/Signs/III Defined Conditions	# of Members	Total Paid	Average Cost Per Member
Symptoms involving respiratory system & chest	238	\$187,766.14	\$789
General symptoms	233	\$123,957.52	\$532
Other symptoms involving abdomen & pelvis	136	\$96,689.32	\$711
Nonspecific findings X-ray / other exam body structure	126	\$57,032.34	\$453
Symptoms involving digestive system	92	\$56,881.03	\$618
Nonspecific abnormal result function studies	41	\$35,671.65	\$870
Symptoms involving head & neck	84	\$32,356.67	\$385
Symptoms involving cardiovascular system	62	\$26,939.62	\$435
Symptoms involving skin & integument tissue NEC	105	\$20,724.67	\$197
Nonspecific findings on exam blood	74	\$18,771.00	\$254

TOWN OF NEWTOWN CLAIMS ANALYSIS

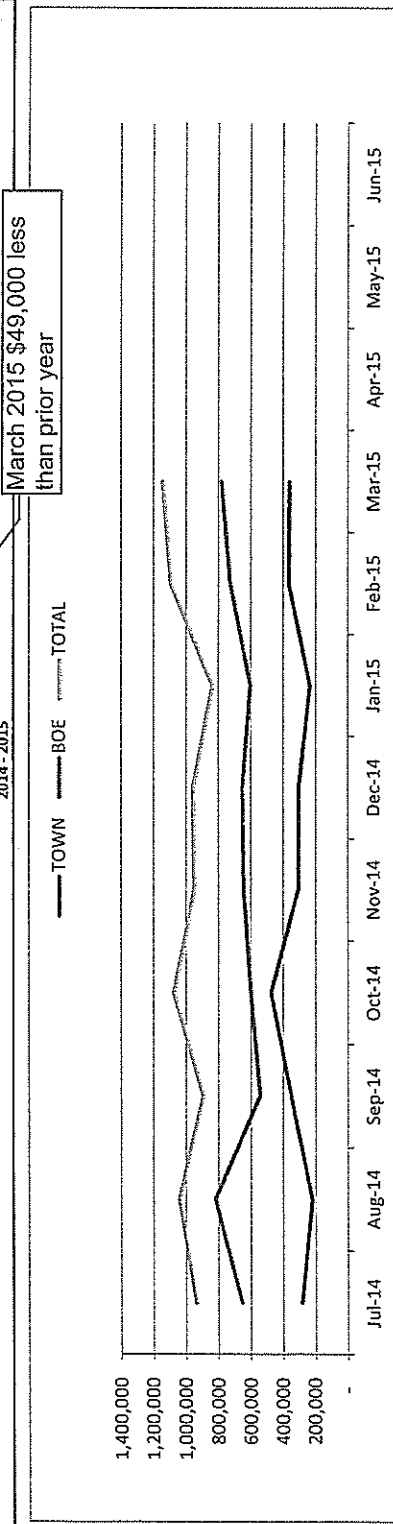
FISCAL YEAR 2012 - 2013													
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	TOTALS
TOWN	247,000	226,000	168,000	198,000	190,000	266,000	242,000	246,000	279,000	267,000	304,000	215,000	2,843,000
BOE	722,000	784,000	611,000	812,000	694,000	739,000	596,000	754,000	677,000	763,000	843,000	709,000	8,684,000
TOTAL	969,000	990,000	779,000	1,010,000	884,000	1,005,000	838,000	1,000,000	956,000	1,035,000	1,147,000	924,000	11,527,000
													MAR = 73.1%
FISCAL YEAR 2011 - 2012													
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	TOTALS
TOWN	213,000	304,000	266,000	171,000	223,000	302,000	238,000	227,000	298,000	276,000	312,000	318,000	3,148,000
BOE	860,000	618,000	742,000	561,000	573,000	621,000	601,000	657,000	692,000	726,000	659,000	802,000	8,112,000
TOTAL	1,073,000	922,000	1,008,000	732,000	796,000	923,000	839,000	884,000	990,000	1,002,000	971,000	1,120,000	11,260,000
													MAR = 72.5%
FISCAL YEAR 2013 - 2014													
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	TOTALS
TOWN	275,000	238,000	389,000	180,000	276,000	280,000	220,000	203,000	336,000	261,000	403,000	462,000	3,523,000
BOE	958,000	865,000	493,000	741,000	649,000	804,000	546,000	721,000	856,000	739,000	623,000	803,000	8,798,000
TOTAL	1,233,000	1,103,000	882,000	921,000	925,000	1,084,000	766,000	924,000	1,192,000	1,000,000	1,026,000	1,265,000	12,321,000
													MAR = 73.3%
FISCAL YEAR 2014 - 2015													
	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	TOTALS
TOWN	284,000	221,000	352,000	475,000	307,000	304,000	234,000	365,000	361,000	-	-	-	2,903,000
BOE	655,000	821,000	543,000	599,000	644,000	652,000	603,000	728,000	782,000	-	-	-	6,027,000
TOTAL	939,000	1,042,000	895,000	1,074,000	951,000	956,000	837,000	1,093,000	1,143,000	-	-	-	8,930,000
													MAR = 67%

Estimated annual amount is 0.7% less than prior year

12,232,877 -0.7%

STRAIGHT LINE = 67%

**First 3 days in April - down \$30,000 from prior year



TOWN OF NEWTOWN
 MEDICAL SELF INSURANCE FUND ANALYSIS @ MAR 31, 2015
 FISCAL YEAR 2014 - 2015 FORECAST

FUND BALANCE @ JULY 1, 2014 2,210,990

ESTIMATED REVENUES

EMPLOYER CONTRIBUTIONS:

MUNICIPAL	2,967,280
EDUCATION	<u>8,267,309</u>
	11,234,589

EMPLOYEE CONTRIBUTIONS:

MUNICIPAL	310,000
EDUCATION	<u>2,034,000</u>
	2,344,000

RETIREE/COBRA/AGENCY CONTRIBUTIONS:

MUNICIPAL	265,000
EDUCATION	<u>350,000</u>
	615,000

INTEREST EARNED ON INVESTMENTS 5,000

TOTAL REVENUES

14,198,589

ESTIMATED EXPENSES

CLAIMS/NAF:

MUNICIPAL	12,233,877	<<<<<FROM CLAIMS ANALYSIS
EDUCATION		

ADMINISTRATIVE FEES:

MUNICIPAL	1,085,000
EDUCATION	

CONSULTANT FEES 55,000

TOTAL EXPENSES

13,373,877

ESTIMATED FUND BALANCE @ JUNE 30, 2015

3,035,702

25% OF TOTAL CLAIMS = 3,058,469

TOWN OF NEWTOWN
 MEDICAL SELF INSURANCE FUND ANALYSIS @ MAR 31, 2015
 FISCAL YEAR 2015 - 2016 FORECAST

ESTIMATED FUND BALANCE @ JULY 1, 2015 3,035,702

<u>ESTIMATED REVENUES</u>	
EMPLOYER CONTRIBUTIONS:	
MUNICIPAL	2,892,280
EDUCATION	<u>8,042,309</u>
EMPLOYEE CONTRIBUTIONS:	
MUNICIPAL	328,600
EDUCATION	<u>2,125,163</u>
RETIREE/COBRA/AGENCY CONTRIBUTIONS:	
MUNICIPAL	265,000
EDUCATION	<u>376,313</u>
INTEREST EARNED ON INVESTMENTS	10,000

TOTAL REVENUES 14,039,665

<u>ESTIMATED EXPENSES</u>	
CLAIMS/NAF:	
MUNICIPAL	
EDUCATION	13,065,781 (6.8%)
ADMINISTRATIVE FEES:	
MUNICIPAL	
EDUCATION	1,085,000
CONSULTANT FEES	55,000

TOTAL EXPENSES 14,205,781

ESTIMATED FUND BALANCE @ JUNE 30, 2016 2,869,586

25% OF TOTAL CLAIMS = 3,266,445

VI. July 2015 Initial Projected Anthem ASO Renewal *(4/6 corrected 2014 to 2015 & EP to 12/31/14)*

Experience Period (EP) thru 12/31/14

a. EP Average Members	2,056	0.38%	-vs-in-force renewal
d. EP Average Contracts	780	0.66%	-vs-in-force renewal
c. Current Members	2,060	-0.72%	-vs-in-force renewal
d. Current Contracts	782	-1.01%	-vs-in-force renewal
e. Paid Claims	\$12,082,634	-1.91%	-vs-in-force renewal
f. Excess Claims	\$306,923		
g. Net Claims	\$11,775,711	-1.53%	-vs-in-force renewal
h. Claims PMPM	\$477.37	-1.90%	-vs-in-force renewal

Anthem Initial Projection

i. Total Projected Claims	\$13,206,912	-1.16%	-vs-in-force renewal (down 0.15% pcpm)
j. Admin/NAF Fees	\$499,041	-8.11%	-vs-in-force renewal (down 7.17% pcpm)
k. Stop Loss Fees	\$810,113	6.05%	-vs-in-force renewal (up 7.13% pcpm)
l. Total Projected Cost	\$14,516,066	-1.04%	-vs-in-force renewal (down 0.03% pcpm)

VII. Town/BOE Break Out (estimated)

	Cost	%
a. Total	\$14,516,066	100%
b. BOE	\$11,032,210	76% From Town and BOE 2014
c. Town	\$3,483,856	24% From Town and BOE 2014

VIII.

Reserve Model: Carrier IBNR/ 50% ASO Corridor

Medical IBNR:	8.00%	Approx 1 Month (Standard Anthem Factor)
ASO Claim Corridor:	12.50%	1/2 Corridor to 125%
Budget Stabilization:	5.00%	Margin

Fiscal Year Ending June 30	2012	2013	2014	2015	2016
Total Projected Claims	\$ 11,820,024	\$ 11,530,392	\$ 12,162,204	\$ 13,361,652	\$ 13,206,912
Claim IBNR:	\$ 945,602	\$ 922,431	\$ 972,976	\$ 1,068,932	\$ 1,056,553
ASO Corridor:	\$ 1,477,503	\$ 1,441,299	\$ 1,520,276	\$ 1,670,207	\$ 1,650,864
Stabilization:	\$ 591,001	\$ 576,520	\$ 608,110	\$ 668,083	\$ 660,346
Combined Reserve:	\$ 3,014,106	\$ 2,940,250	\$ 3,101,362	\$ 3,407,221	\$ 3,367,763

2015 & 2016 FY Ending Assumes Anthem's Renewal Projection

**Newtown: Town and BOE
Self Insurance Plan-July 2015
3/2/2015 (updated/corrected 4/6/15)**

I. July 2010 Projected ASO Cost

a. Total Projected Claims	\$12,002,724
b. Admin/NAF Fees	\$559,667
c. Stop Loss Fees	<u>\$569,394</u>
d. Total Projected Cost	\$13,131,785

Actual Pd Claims: \$9,651,892 *immature*
% of Expected: 80.41% *immature*

II. July 2011 Projected ASO Cost

a. Total Projected Claims	\$11,820,024	-1.52% vs 2010
b. Admin/NAF Fees	\$550,127	-1.70% vs 2010
c. Stop Loss Fees	<u>\$587,598</u>	<u>3.20%</u> vs 2010
d. Total Projected Cost	\$12,957,749	-1.33% vs 2010

Actual Pd Claims: \$10,927,859
% of Expected: 92.45%

III. July 2012 Projected ASO Cost

a. Total Projected Claims	\$11,530,392	-2.45% vs 2011
b. Admin/NAF Fees	\$435,108	-20.91% vs 2011
c. Stop Loss Fees	<u>\$651,989</u>	<u>10.96%</u> vs 2011
d. Total Projected Cost	\$12,617,489	-2.63% vs 2011

Actual Pd Claims: \$11,278,153
% of Expected: 97.81%

IV. July 2013 Projected ASO Cost

a. Total Projected Claims	\$12,162,204	5.48% vs 2012
b. Admin/NAF Fees	\$480,838	10.51% vs 2012
c. Stop Loss Fees	<u>\$668,336</u>	<u>2.51%</u> vs 2012
d. Total Projected Cost	\$13,311,378	5.50% vs 2012

Actual Pd Claims: \$12,065,172
% of Expected: 99.20%

V. July 2014 Projected ASO Cost

a. Total Projected Claims	\$13,361,652	9.86% vs 2013
b. Admin/NAF Fees	\$543,097	12.95% vs 2013
c. Stop Loss Fees	<u>\$763,898</u>	<u>14.30%</u> vs 2013
d. Total Projected Cost	\$14,668,647	10.20% vs 2013

Actual Pd Claims: \$11,452,745 *Thru Feb 2015*
% of Expected: 85.71% *Annualized*
Updated 4/6

Talking Points

Town Employee Wellness initiatives

Anthem – The Anthem site is available to all members and has many offers for wellness – such as information regarding all aspects of health – diabetes, weight control, cancer treatments, hypertension etc. Many employees do take advantage of this site. There are some discounts offered for gyms/eye glasses/weight control.

Safety Meetings – Generally safety meetings are held for our larger departments for outside workers – PD, Parks and Rec, Highway. These are usually held with videos which we obtain free from CCM. A large library is available and is easy to use. Best practice for slip & falls, driving safety, machinery handling, etc. are some of the topics which are presented.

The Employee Safety Committee as required by OSHA meets every quarter to discuss issues with workers compensation injuries and employee concerns about each of our buildings. This was mandated many years ago. Every year a building inspection is performed with the Fire Marshal with the Committee. In addition to this the Municipal Center has just recently formed an Employee Safety Committee to oversee specific concerns in this building.

With the Recovery and Resiliency Team we have now held 3 events and will continue to do monthly seminars and group sessions. These have been very well received by our employees.

Our first kickoff event in November and December was a stress relief workshop and introduction to our big event – “The Path to Living Well Passport – a wellness day for all Town Employees. The stress relief workshop was quite helpful and our employees gave us great feedback. The Wellness day was attended by at least 75 employees with 10-12 vendors in our Town Hall. It was very well received.

In February of this year we held the “Getting Fit for Good in 2015”. Cody Foss from the Youth Academy presented information and direction for the different types of fitness. This was held in 2 sessions so many employees were able to attend. Again, this was very well received.

This spring we are starting the “Spring Into Action, Walking Club”. This will be every Wednesday for 8 weeks and the walk will be around our campus. This type of activity is usually well attended.

The Recovery Team has been amazing with their diversity, enthusiasm and leadership for these events.

Every month the Health District offers the “know your numbers” health screening in our building. This is for all employees of the Town and includes cholesterol, blood sugar, blood pressure, BMI, weight etc. This month is Heart Health Month and a representative from the YMCA Diabetes Prevention Program will be here to provide information.



Enhanced Personal Health Care

Helping your doctor help you



Enhanced Personal Health Care is our approach to patient-centered care. It helps doctors do what they do best — take care of their patients. And it helps you get the right level of care, from the right kind of health care provider, at the right time. All of that helps you live a better, healthier life.

It's about your health, your way. And you can count on your primary care physician (PCP) to be there for you at every step.

How does Enhanced Personal Health Care work?

We help the doctors who are part of Enhanced Personal Health Care treat you as a whole person — not as a sore throat or a backache.

We do this by giving your doctor tools and information to help you make the best decisions for your health care together. And we encourage your doctor to be available by phone or email, so you don't need an office visit when you just want to ask a quick question. If you do need to see a doctor, you may be able to see one when it's best for you — early mornings, evenings or weekends.

This is the kind of approach to care that a lot of the PCPs in our networks give.

Looking for a doctor who's part of our Enhanced Personal Health Care approach?

Use the *Find a Doctor* tool at anthem.com. Just follow the steps to search for a doctor and be sure to click the box for *Offers Enhanced Personal Health Care* under *Additional Options*. You can also call the Customer Service number on your ID card.

Why do you need a PCP?

Simple. A PCP helps you get and stay healthy. This doctor is your health champion.

Whether you go to your doctor rarely or often, you should find a PCP you like and trust. Your PCP will be there for you whenever you need care, focusing on your "whole" health — not just your symptoms. This doctor knows you well, understands how you want to get care and will work with other health care providers when you need more care. Your PCP will also focus on preventive care and wellness to keep you healthy.

Who is a PCP?

There are different kinds of PCPs:

- *Family practitioners* work with people of all ages and give a wide range of care.
- *Pediatricians* treat children.
- *Internists* give general and preventive care, mostly for adults. They also may have special knowledge about specific health problems.
- An *obstetrician* or *gynecologist* treats women, especially those who want or are having kids.
- *Nurse practitioners* and *physician assistants* aren't doctors, but they've had lots of training. They can do many of the same things that doctors do.



How should you choose a PCP?

There are lots of things to think about. What works for one person might not work for you. It's a personal decision based on what matters most to you. Think about things like:

- Do you want a doctor who's close to home or work?
- Are weekend and evening hours important to you?
- Will your doctor contact you when you are due for checkups or tests?
- Do they call you back quickly?
- Do you want a doctor whose style is friendly and warm or more formal?
- What do other medical professionals and patients say about the doctor and the office staff?
- Will your doctor support your active involvement in your health care?
- Will your doctor be your partner in your health care needs?

It all depends on what qualities you want in a doctor and the kind of relationship you desire.

If you want a doctor who wants you to be actively involved in your health care and who will become your guide and supporter, you may want to choose an Enhanced Personal Health Care PCP.

An Enhanced Personal Health Care PCP:

- **Gives you care that doesn't just treat an illness; it also helps prevent it.** Your PCP wants you to get healthy and stay that way. And that includes making sure there are no gaps in your care. Things like, did you get the treatment you were supposed to have? Do you need your yearly exam? Are you overdue to have your eye exam?
- **Gives you personalized care that helps you get the care you need.** Your PCP helps set up any appointments with specialists and follows up with those doctors to make sure you get the care that's right for you. And we'll do our part by letting your PCP know if you've ever gone to the emergency room or had to stay in the hospital for care.
- **Is a real partner in your health.** Your PCP wants to get to know you and answer your questions. We provide support and resources to help with that.
- **Offers lots of ways you can get care.** There's more to your care than an office visit. You may be able to use online access for web visits or see your doctor during extended office hours.

Enhanced Personal Health Care won't work without you

Even though Enhanced Personal Health Care PCPs are partners in your health, you won't be able to reach your health goals without doing your part. There's no paperwork and you don't have to sign up to get Enhanced Personal Health Care. All you have to do is be involved in your care. Here's how you can help:

- Learn about any health condition you have and what you can do to get and stay as healthy as you can.
- Follow the care plan that you and your doctor create.
- Bring any questions you have to each visit. Also, bring a list of any medicines, vitamins or treatments you use.
- Ask your doctor to explain anything you don't understand.
- Tell your doctor when you get care from other health professionals. That way, your doctor can work with them for the best care possible.
- Let your doctor know what you liked and didn't like about your care. That will help your doctor work on making it even better.

What does all of this mean for you?

It means we're cooperating with doctors to make it easier to get the care you need where and when you need it. With Enhanced Personal Health Care, we pay doctors for quality of care, not just for the number of patients they see. That means they can take more time to listen to you. And that helps you not feel as rushed – whether it's in the office, after hours, on the weekends or maybe even on the web. And we're not just saying that; Enhanced Personal Health Care doctors have committed to it.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightChoiceSM Managed Care, Inc. (RIT), Healthy AllianceSM Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. SMANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



What if your employees could see a doctor on a lunch break without leaving work?

They can with LiveHealth Online!

You know what it's like when your employees need to see a doctor. They may have to take a longer lunch break, work a shortened day or even take a day off. And if they can't get in to see their doctors, they might come to work sick and expose others to their illness. In some cases, they might even go to the emergency room. All of this can hurt workplace productivity and make everyone's health care costs go up.

Introducing LiveHealth Online — the quick and easy way to see a doctor anywhere your employees have an Internet connection

Now when your employees have health care questions or are under the weather, they don't have to schedule an appointment, drive to the doctor's office or hang around in waiting rooms. In fact, they don't even have to leave their home or work.

LiveHealth Online is a new communications tool that lets your employees talk to doctors through their mobile device or online by two-way video on a computer. Doctors can answer questions, make a diagnosis and may prescribe basic medications.

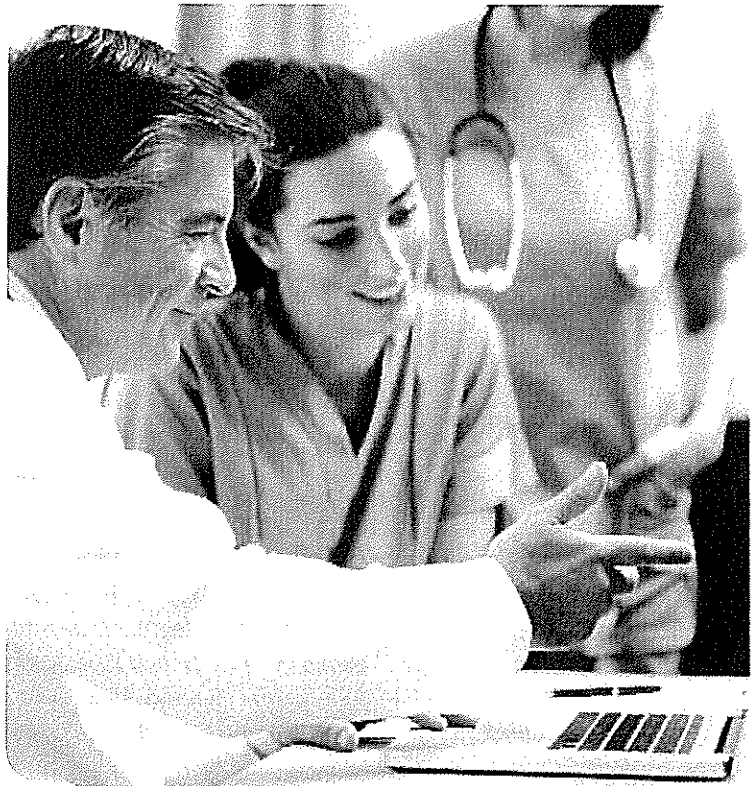
Here's why your employees will love LiveHealth Online:

- They can use it at work, at home, anywhere and never need an appointment.
- It's fast. They can log in and talk to a doctor within a few minutes.
- Doctors are available seven days a week, 24 hours per day.
- It's private and secure, and they can choose a board-certified doctor from an available group.
- When needed, prescriptions are emailed right to employees' local pharmacies, if that information is given to the doctor. (Note: Some states limit prescriptions to in-person visits.)
- It's affordable. Employee members can use the tool, as part of their health plan, at no charge or pay their standard office visit copay. (Options depend on your health plan).
- Employees and family who aren't members can use it, too, but pay the full price for the visit. Doctors using the LiveHealth Online tool charge an average fee of \$49.



Here's why you'll love LiveHealth Online:

- *Reduced health care costs.* When employees choose to see doctors online instead of going to urgent care centers or retail health clinics, everyone saves money.
- *Higher productivity.* Employees may be absent less and not come to work sick because they can't find time to get to the doctor.
- *Less stressed employees.* Employees will enjoy how fast and easy it is to see a doctor online and get the care they need.
- *High satisfaction rates.* Users of online care report high satisfaction results: 92% report a "good", "very good" or "excellent" experience.¹



See how easy it is to get started with LiveHealth Online!

Contact your Sales representative for more information and visit livehealthonline.com. LiveHealth Online is not available in all states.

Not available with HRA plans. Plans purchased through the Connecticut Health Insurance Marketplace known as Access Health CT will have access to LiveHealth Online starting on January 1, 2015.

Your employees can use LiveHealth Online for non-urgent matters like:

- Cold and flu symptoms including a cough and fever
- Allergies
- Sinus infections
- Bronchitis
- Urinary tract infections
- Diarrhea

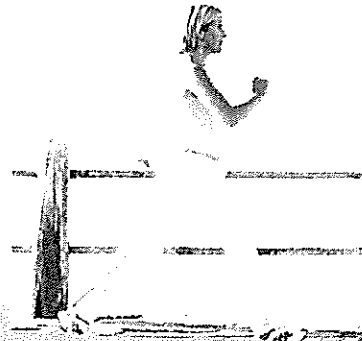
¹ 2011 study by American Well, Inc.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

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Anthem Alliance

4 ways Anthem is creating a better state of health in Connecticut



- 1. Pay-for-Performance**
A value-based payment model rewards physicians when they improve patient health AND affordability.
- 2. Value-based Payment**
Incentivizing providers once nationally established quality standards are met and health costs are lower than projected.
- 3. Personalized Care Plans**
Providing the tools and strategies to help strengthen the doctor-patient relationship, even outside of office visits.
- 4. Provider Empowerment**
Giving primary-care providers the information, tools, practice support and resources to thrive under an outcome-based compensation model.

THE PAYOFF: Better quality and lower costs provide up to 6% savings over the first three years.

Brokers: To learn more, contact your Anthem Representative or Matt Bowker at xxx-xxx-xxxx.

Employers: To get a quote, contact your broker or Anthem at xxx-xxx-xxxx.

For the second year in a row, in 2013 the NCOA ranked Anthem's Connecticut HMO plan first among the state's 11 private insurers.



NCOA Health Plans Insurance Plan Rankings 2013-2014
<http://healthplans.ncoa.org/>

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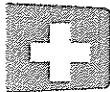
Anthem. 
BlueCross BlueShield

Anthem Alliance

Nearly 90% of Connecticut's public sector employers choose Anthem. Here's why:



A total benefits solution. Our portfolio includes medical, dental, vision, life, disability, EAP and integrated pharmacy products designed to meet your cost and benefit specifications. New 2014 bundling discounts available.*



Network breadth. 92% of all primary care physicians and specialists are in our local BlueCare HMO/POS network. And 94% are in our local Century Preferred PPO network.



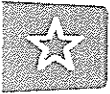
A high-touch dedicated account management team. From install to renewal, employers will have one contact for all benefits, a dedicated wellness coordinator and nurse consultant, plus a locally based team of RN care managers — all with an average 15-year tenure in the public sector.



Enhanced reporting and analytics. Access to comprehensive and reliable experience data, custom reporting and our exclusive public sector blinded benchmark report that lets you compare your plan experience with other municipal accounts.



Strong preventive care and no-cost health improvement programs, including ConditionCare, Complex Care, 24/7 NurseLine, Future Moms and MyHealth Advantage (Silver).



Incentive programs and transparency resources, which inform employers on a range of care options and costs — such as Anthem Cost and Quality. Estimate your Cost and Quick Care Options.