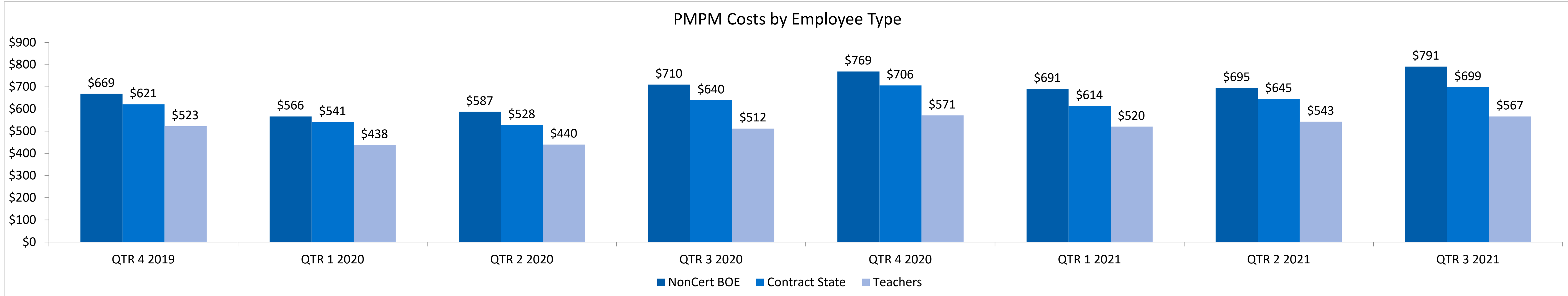
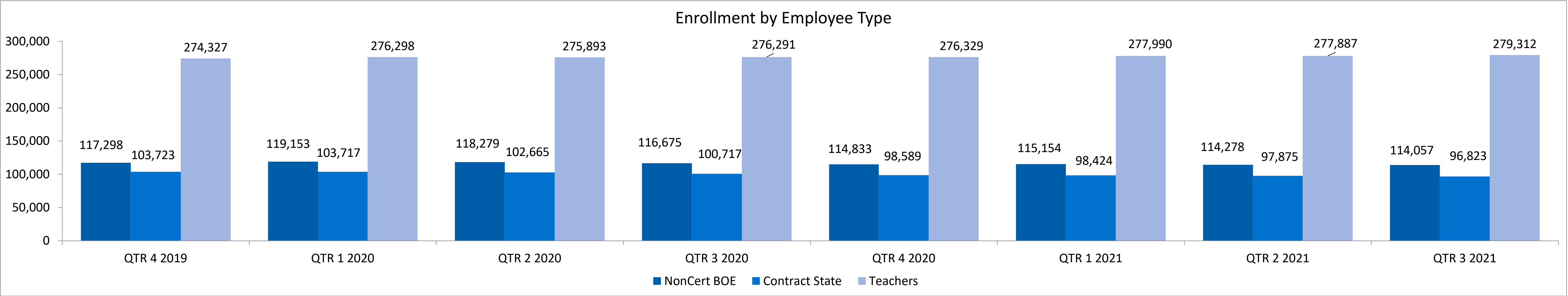


Georgia Department of Community Health - State Health Benefit Plan (SHBP)

Financial Results by Employee Type

Excludes members with Medicare Coverage and Medicare Advantage.



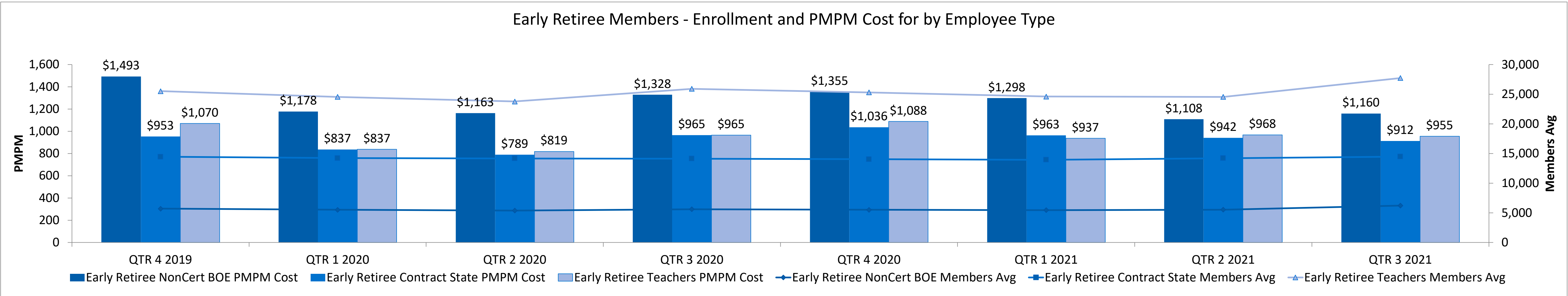
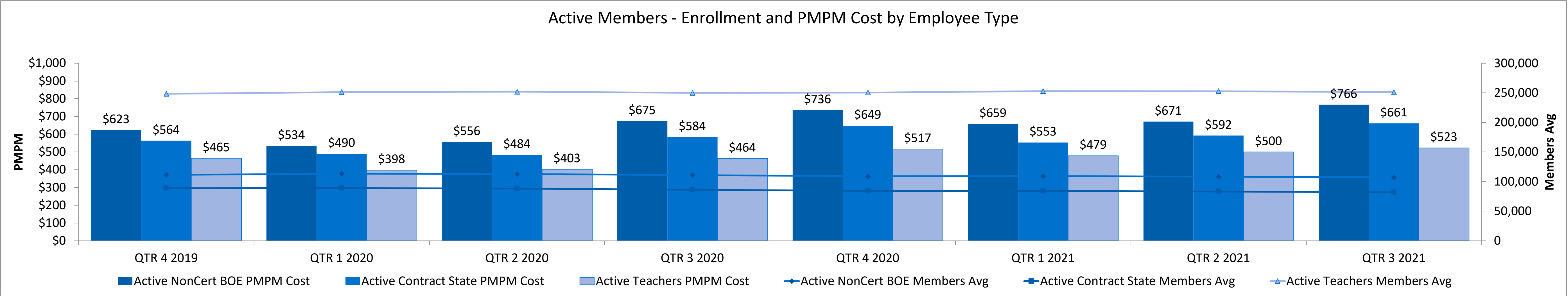
Cost reflects Net Payment + CMO Plan Paid Amount + Healthcare Reimbursement Amount + Healthcare Incentive Amount.

Georgia Department of Community Health - State Health Benefit Plan (SHBP)

Finance Report Claims Incurred through September 2021 and Paid through December 2021

Financial Results by Employee Status

Excludes members with Medicare coverage and Medicare Advantage.



Cost reflects Net Payment + CMO Plan Paid Amount + Healthcare Reimbursement Amount + Healthcare Incentive Amount.

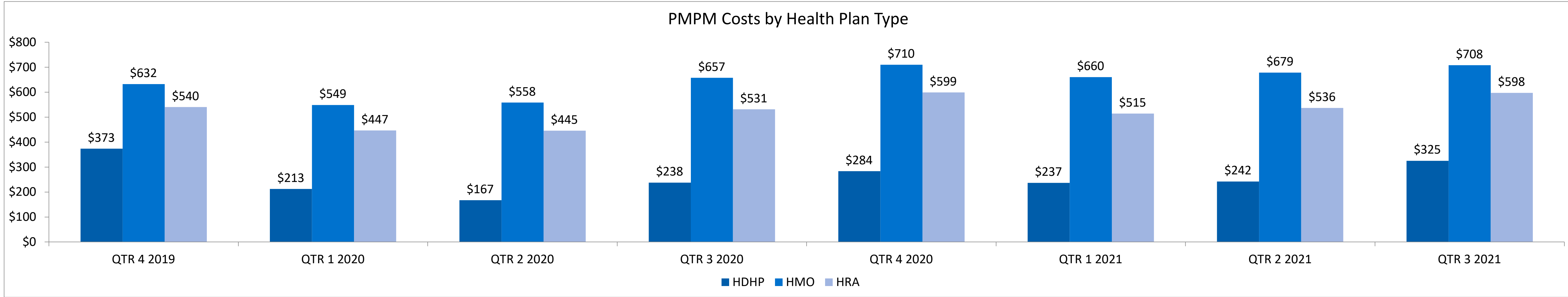
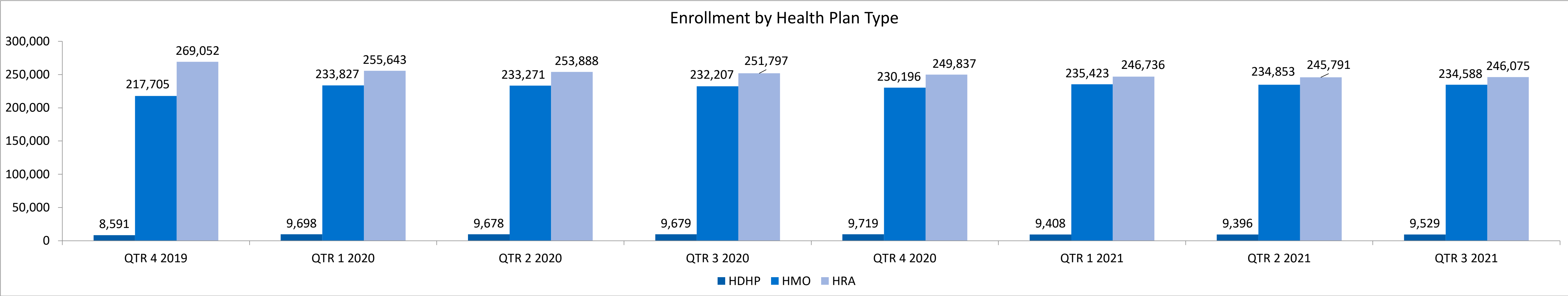
Georgia Department of Community Health - State Health Benefit Plan (SHBP)

Finance Report

Claims Incurred through September 2021 and Paid through December 2021

Financial Results by Health Plan Type

Excludes members with Medicare coverage and Medicare Advantage.



Cost reflects Net Payment + CMO Plan Paid Amount + Healthcare Reimbursement Amount + Healthcare Incentive Amount.

Georgia Department of Community Health - State Health Benefit Plan (SHBP)

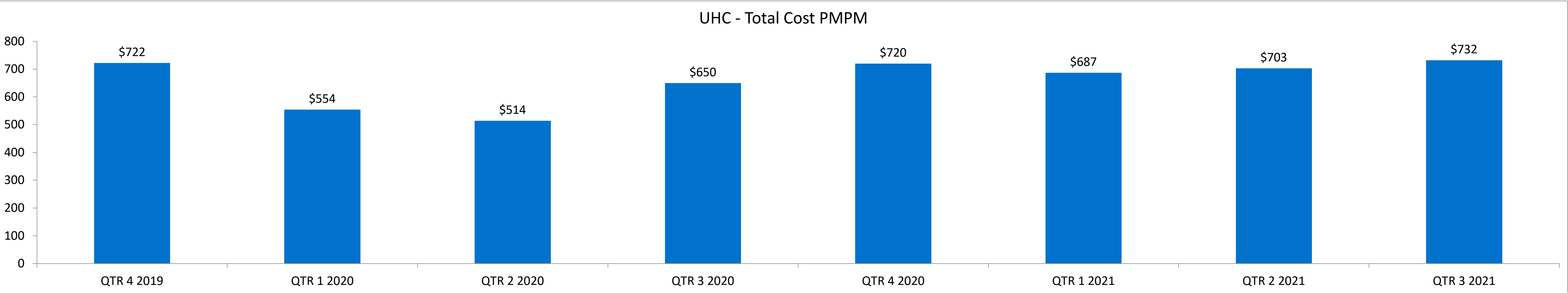
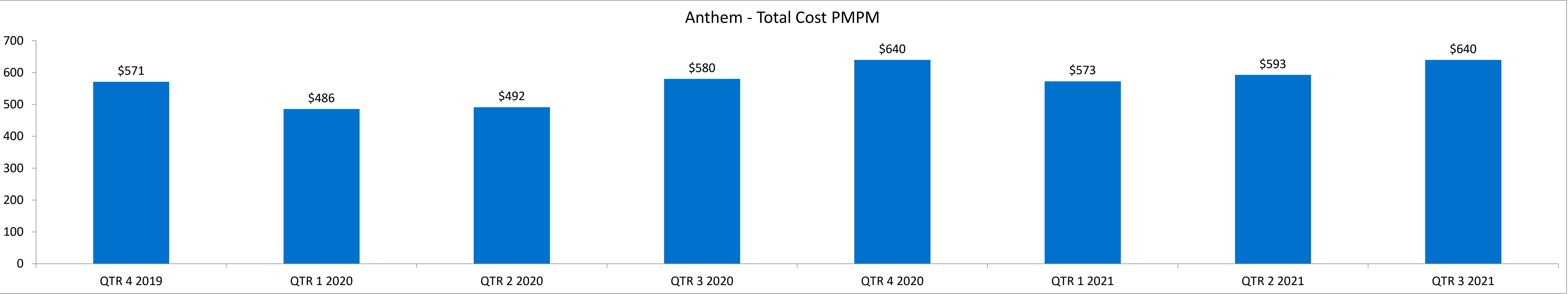
Finance Report

Claims Incurred through September 2021 and Paid through December 2021

Financial Results by Plan Group

Excludes members with Medicare coverage and Medicare Advantage.

Cost reflects Net Payment + CMO Plan Paid Amount + Healthcare Reimbursement Amount + Healthcare Incentive Amount.



Georgia Department of Community Health - State Health Benefit Plan (SHBP)

Finance Report

Claims Incurred through September 2021 and Paid through December 2021

Cost by Plan Group and Type

Excludes members with Medicare coverage and Medicare Advantage

Plan Group and Type		Measures	Oct 2019 - Sep 2020	Oct 2020 - Sep 2021	% Change	Oct 2019 - Sep 2020 PMPM	Oct 2020 - Sep 2021 PMPM
Anthem HMO		Net Pay Med	\$1,066,283,874	\$1,264,893,553	19%	\$426	\$491
		Net Pay Rx	\$386,104,901	\$446,939,346	16%	\$154	\$173
		Healthcare Incentive Amount	\$6,495,920	\$9,215,643	42%	\$3	\$4
		Out of Pocket	\$171,522,152	\$182,911,031	7%	\$68	\$71
		Total Cost	\$1,630,406,847	\$1,903,959,573	17%	\$651	\$739
Anthem HRA		Net Pay Med	\$1,084,882,746	\$1,210,289,158	12%	\$351	\$408
		Net Pay Rx	\$388,860,687	\$412,575,029	6%	\$126	\$139
		Healthcare Reimbursement Amount	\$44,999,842	\$43,384,743	-4%	\$15	\$15
		Out of Pocket	\$328,746,111	\$326,897,033	-1%	\$106	\$110
		Total Cost	\$1,847,489,386	\$1,993,145,963	8%	\$598	\$672
UHC HDHP		Net Pay Med	\$22,648,018	\$25,109,086	11%	\$201	\$220
		Net Pay Rx	\$4,739,414	\$5,741,646	21%	\$42	\$50
		Healthcare Incentive Amount	\$171,837	\$227,997	33%	\$2	\$2
		Out of Pocket	\$11,406,924	\$11,871,851	4%	\$101	\$104
		Total Cost	\$38,966,193	\$42,950,579	10%	\$345	\$376
UHC HMO		Net Pay Med	\$132,385,456	\$154,511,219	17%	\$539	\$680
		Net Pay Rx	\$54,342,633	\$55,998,401	3%	\$221	\$246
		Healthcare Incentive Amount	\$1,066,107	\$1,162,326	9%	\$4	\$5
		Out of Pocket	\$20,529,998	\$19,954,238	-3%	\$84	\$88
		Total Cost	\$208,324,195	\$231,626,183	11%	\$848	\$1,019

Measures
Net Pay Med is the sum of facility and professional net payments.
Net Pay Rx is the net amount paid for prescriptions filled and exclude rebates and clawbacks.
Healthcare Reimbursement Amount is the amount paid from the Healthcare Reimbursement Arrangement (HRA) fund.
Healthcare Incentive Amount (HIA) is the healthcare incentive or medical incentive amount (MIA) paid.
Out of Pocket is the sum of copayment, coinsurance, and deductible amounts paid.
Total Cost is the sum of Net Payment, HRA amount, HIA, copayment, coinsurance and deductible.

Georgia Department of Community Health - State Health Benefit Plan (SHBP)

Finance Report

Claims Incurred through September 2021 and Paid through December 2021

Categories of Service Groupings

Excludes members with Medicare coverage and Medicare Advantage.

Category of Service	Patients	Payments	Cost Per Patient	Service Count	Cost Per Service	Claims Paid	Providers	Claims Per Provider
Inpatient Hospital Services	28,129	\$916,677,694	\$32,588	25,041	\$36,607	259,839	9,869	26
Outpatient Hospital Services	199,850	\$954,431,773	\$4,776	4,438,818	\$215	1,063,395	17,194	62
Professional Services	471,287	\$563,889,938	\$1,196	3,606,527	\$156	3,987,463	49,158	81
Pharmacy	429,349	\$932,338,671	\$2,172	6,199,142	\$150	6,199,219	14,740	421
Skilled Care in a Nursing Facility	1,607	\$2,806,089	\$1,746	5,574	\$503	5,116	518	10
Behavioral Health	448	\$136,949	\$306	2,003	\$68	1,639	105	16
Other	329,385	\$259,810,976	\$789	3,796,775	\$68	1,484,164	10,080	147
Total	501,638	\$3,630,092,090	\$7,236	18,073,880	\$201	13,000,835	85,676	152

Category of Service Groupings

Category of Service is mapped from Place of Service

Inpatient services are identified by Category of Service codes 001 and 010. Service Count reflects Admits.

Outpatient services are identified by Category of Service code 070. Service Count reflects Service Count.

Professional services are identified by Category of Service codes 330, 400, 410, 420, 430, 431, 432, 470, 480, 490, 550, 560, 570, 721 and 740. Service Counts reflects Visits Patient

Skilled Care in a Nursing Facility services are identified by Category of Service codes 110,140,170 and 180. Service Count reflects Days.

Pharmacy services are identified by category of service codes 300 and 321. Service Count reflects Scripts Rx. Payments exclude rebates and clawbacks.

Behavioral Health services are identified by Category of Service codes 440, 442, 445. Service Count reflects Service Count.

All other services are identified by excluding the Category of Service codes used in aforementioned groups. Service Count reflects Service Count.

Payments = Net Payment + Healthcare Reimbursement Amount + Healthcare Incentive Amount.