

2010 CHAT Dashboard

Plan Sponsor Participation and Plan Types

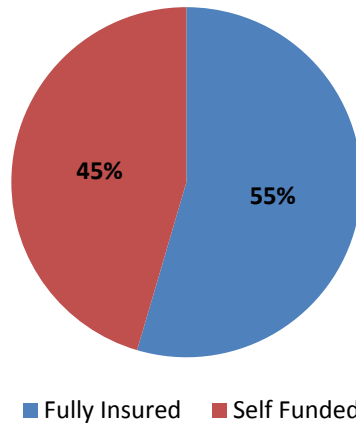
Plan Sponsor Reporting Eligibility	
All Plan Sponsors	79%
Health Flex Sponsors	77%
Other Plan Sponsors	81%

Key Findings

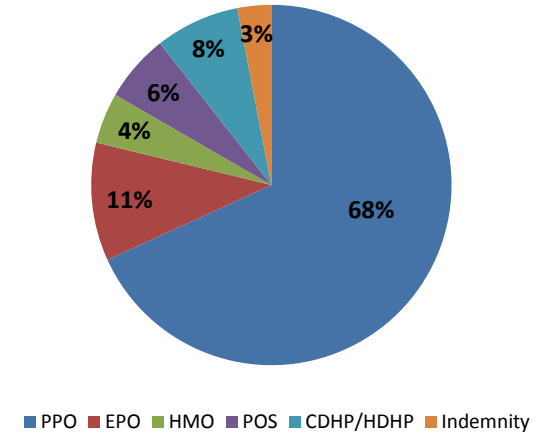
Across the UMC, there was a 79% participation rate in the Center for Health Awareness Tool (CHAT). Participation was highest in the Southeastern and South Central jurisdictions.

The vast majority of reported plans were PPO plans (68%), while 11% were EPO plans. As a result, denominational averages are only available for PPO and EPO plans.

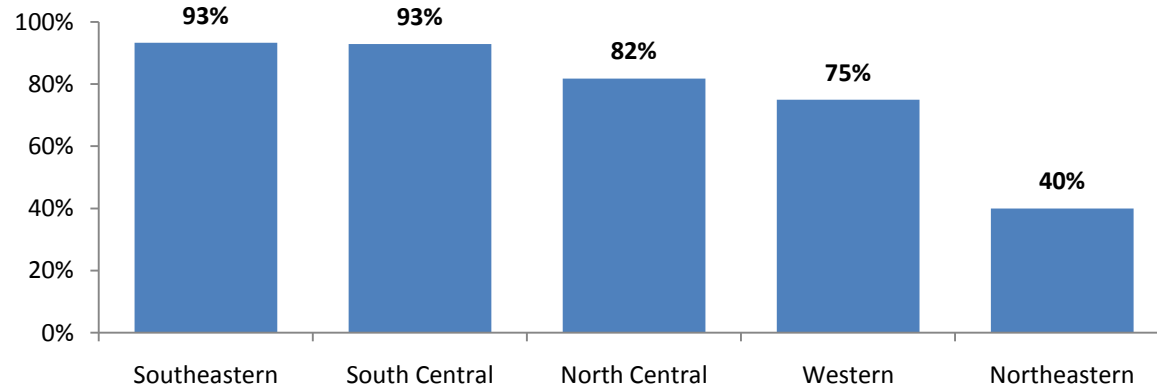
Reported Plans by Funding Type



Reported Plan Types

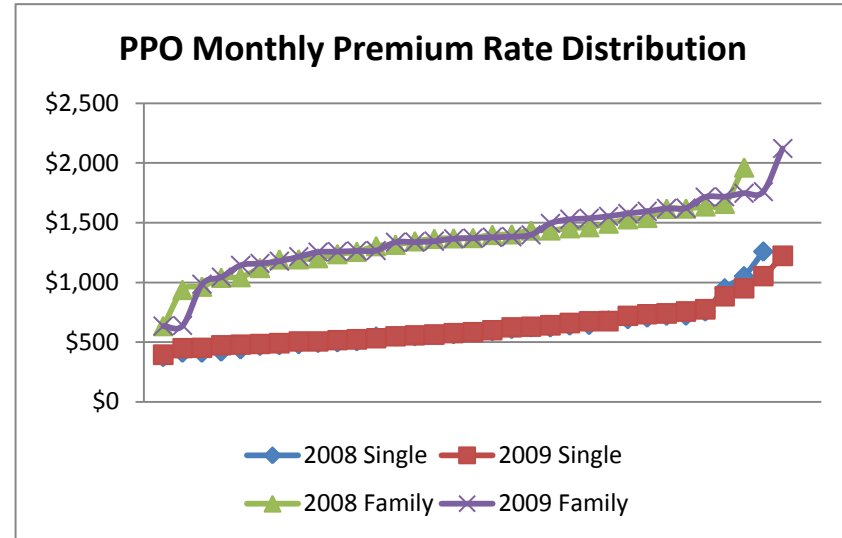
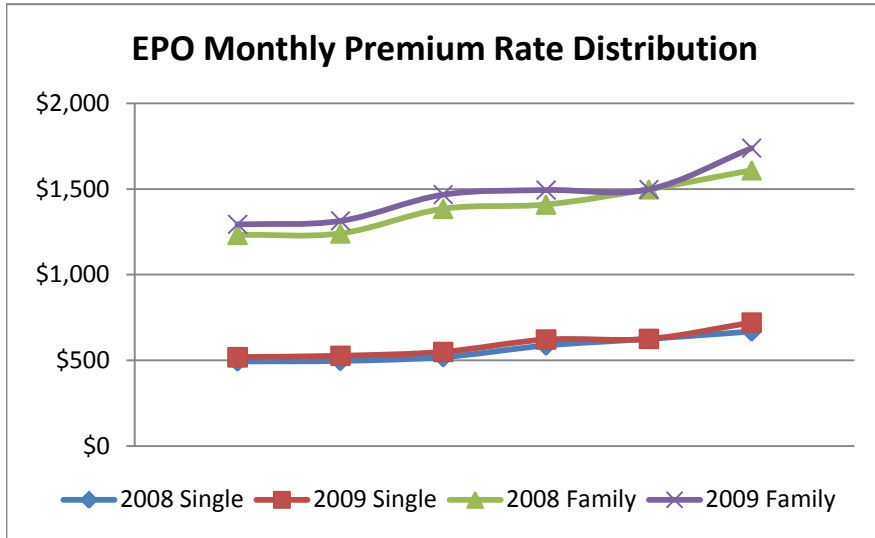


CHAT Participation by Jurisdiction



2010 CHAT Dashboard

Monthly Premium Rates



Key Findings

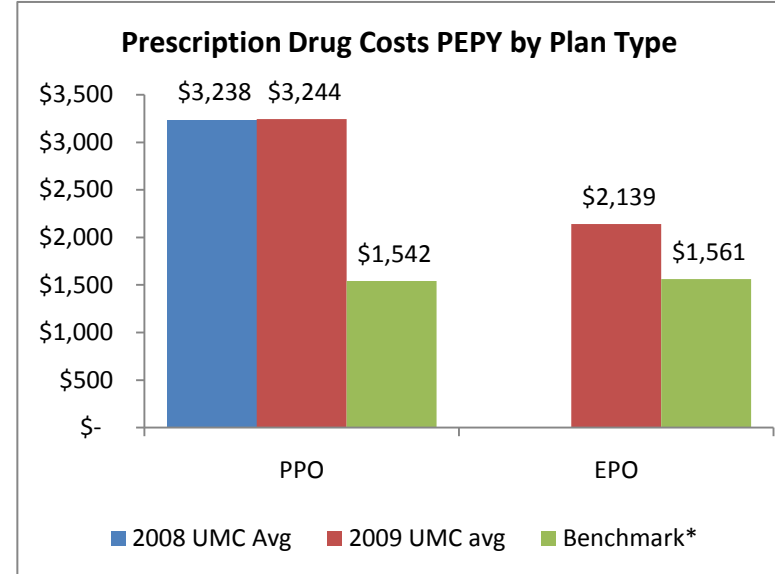
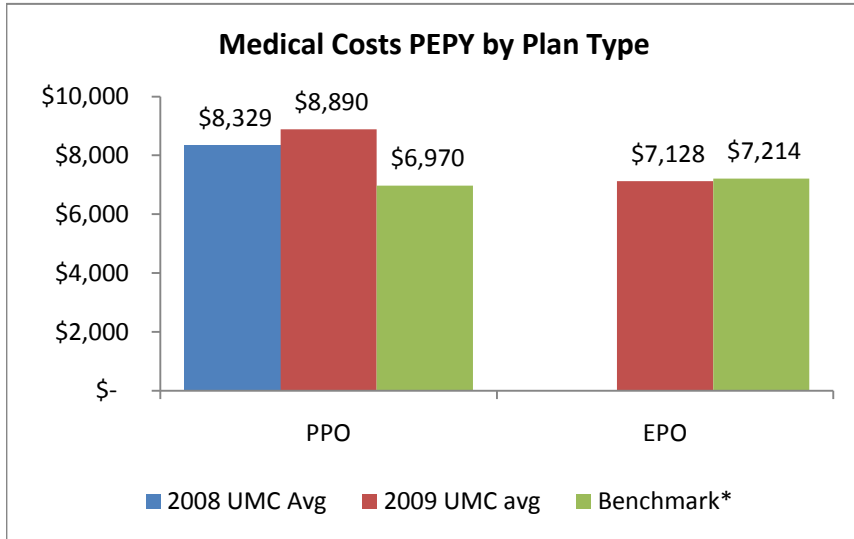
Average EPO premium rates increased slightly from 2008 to 2009 to an average of \$593 per employee per year (PEPY) for single coverage and to \$1,470 PEPY for family coverage.

Average PPO premium rates increased between 2008 and 2009 to an average of \$635 PEPY for single coverage and to \$1,380 PEPY for family coverage.

PPO plans: n = 45
 EPO plans: n = 7
 Due to the small sample size, comparisons should not be made between PPO and EPO plans.

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Medical and Rx Plan Experience



Top Conditions by Total Cost	
Rank	Condition
1	Circulatory system
2	Musculoskeletal and connective tissue
3	Digestive system
4	Factors influencing health status (prevention)
5	Nervous system

Top Drugs by Cost	
Rank	Drug Name - Used to Treat
1	Nexium - GERD
2	Lipitor - High Cholesterol
3	Skelaxin - Musculoskeletal Pain
4	Enbrel - Rheumatoid Arthritis
5	Humira - Rheumatoid Arthritis

Key Findings

200 PPO Findings - Medical costs 28% above national average. Rx costs 110% above national average.

2009 EPO Findings - Medical costs were comparable to the national average. Rx costs 37% above national average.

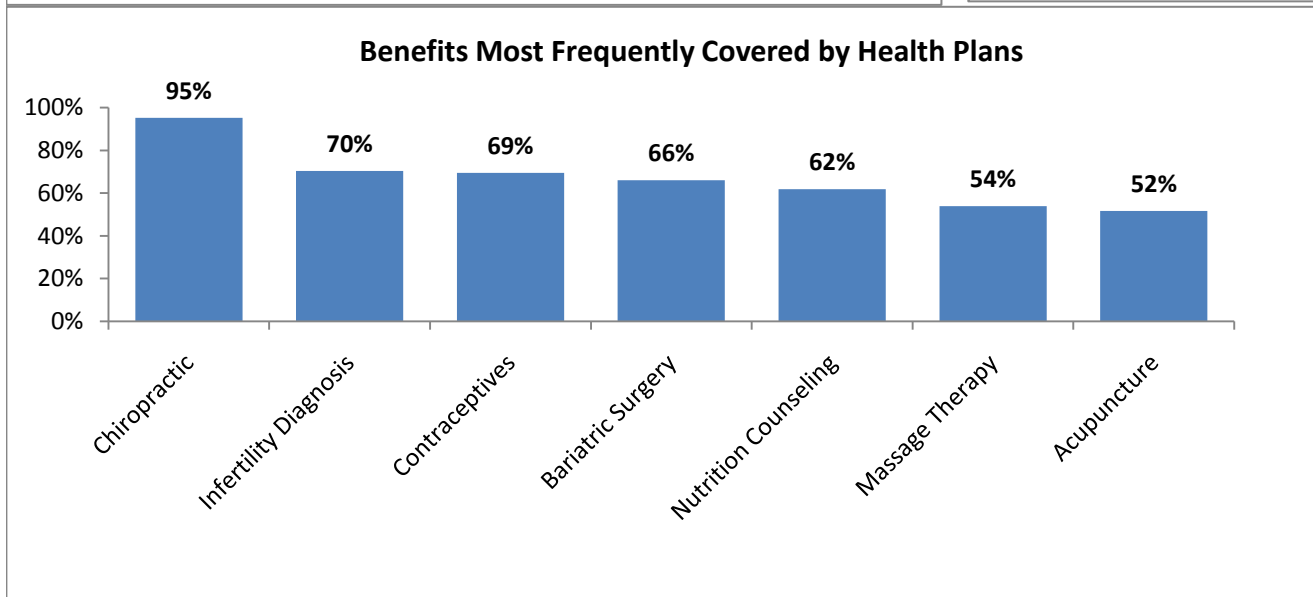
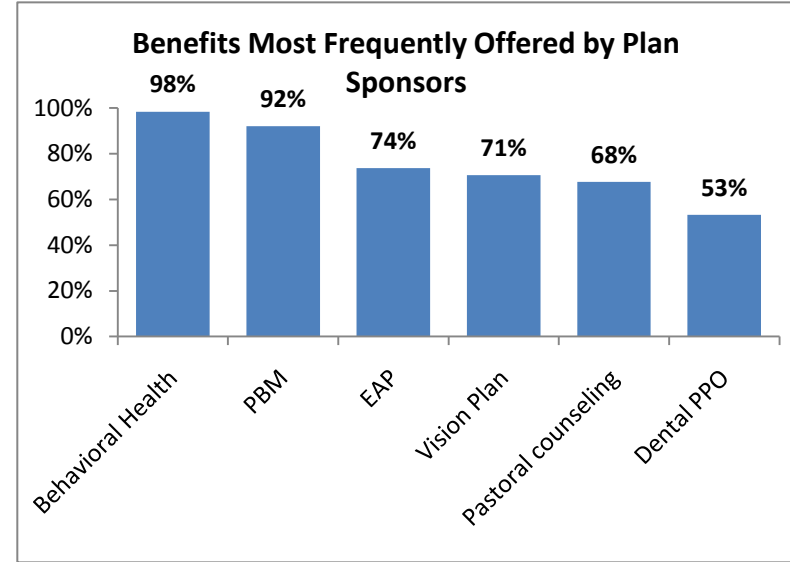
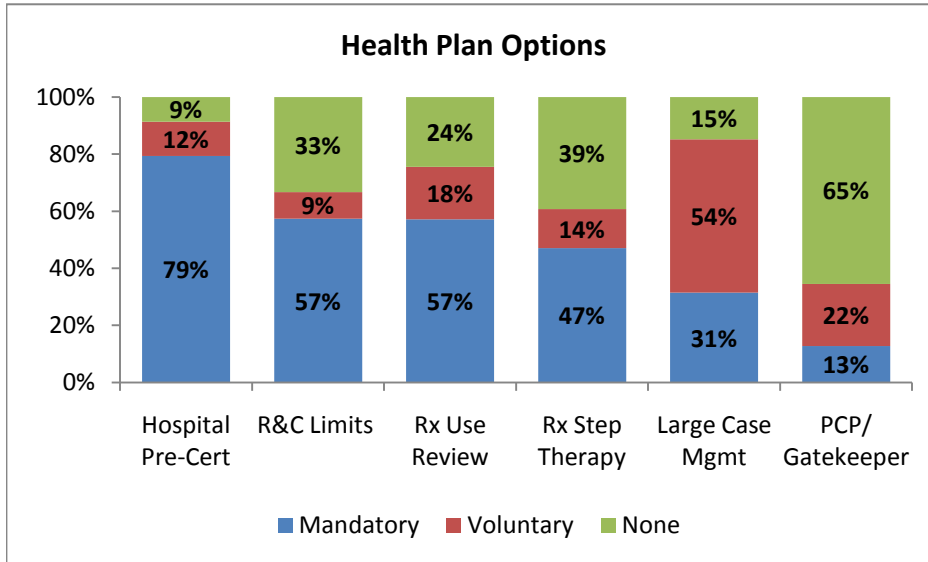
High use of Hydrocodone-Acetaminophen (Vicodin) reported across all conferences should be monitored as there is a high risk of dependence. Both of the top two most costly drugs (Nexium and Lipitor) have therapeutic equivalents available as generics and may be considered for step therapy.

Top Drugs by Use	
Rank	Drug Name - Used to Treat
1	Azithromycin - Infections
2	Hydrocodone Acetaminophen - Pain
3	Amoxicillin - Infections
4	Fluticasone Propionate - Nasal allergy symptoms
5	Simvastatin - High cholesterol

*Benchmark = Ingenix national average adjusted for age/gender of UMC population
Due to the small sample size, comparisons should not be made between PPO and EPO plans. EPO UMC average available for 2009 only.

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Benefit Types - All Health Plans



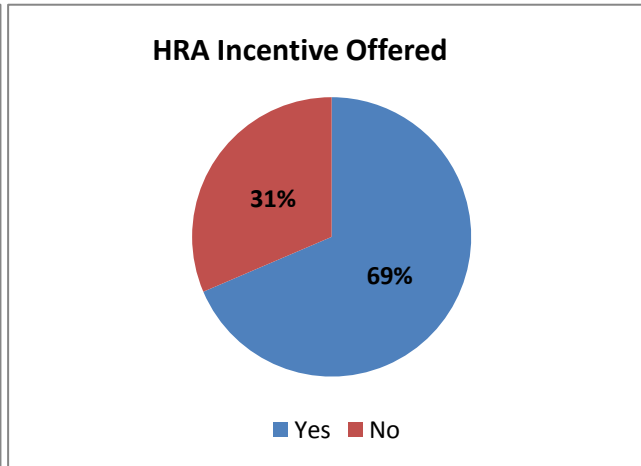
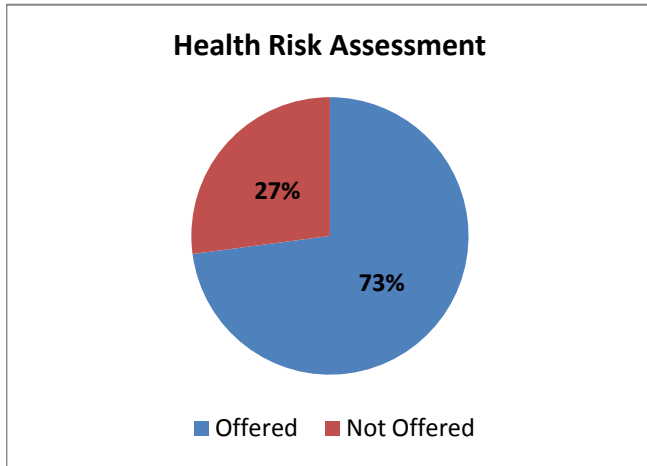
Key Findings

Less than one-third of plans require large case management, which can help manage the patient's care and reduce the cost of complex and costly cases.

Although nearly all plans offer behavioral health services, only 74% offer EAP services and 68% offer pastoral counseling. Given the high incidence of clergy vocational stress, many clergy members are left without treatment options in the absence of an EAP and/or pastoral counseling.

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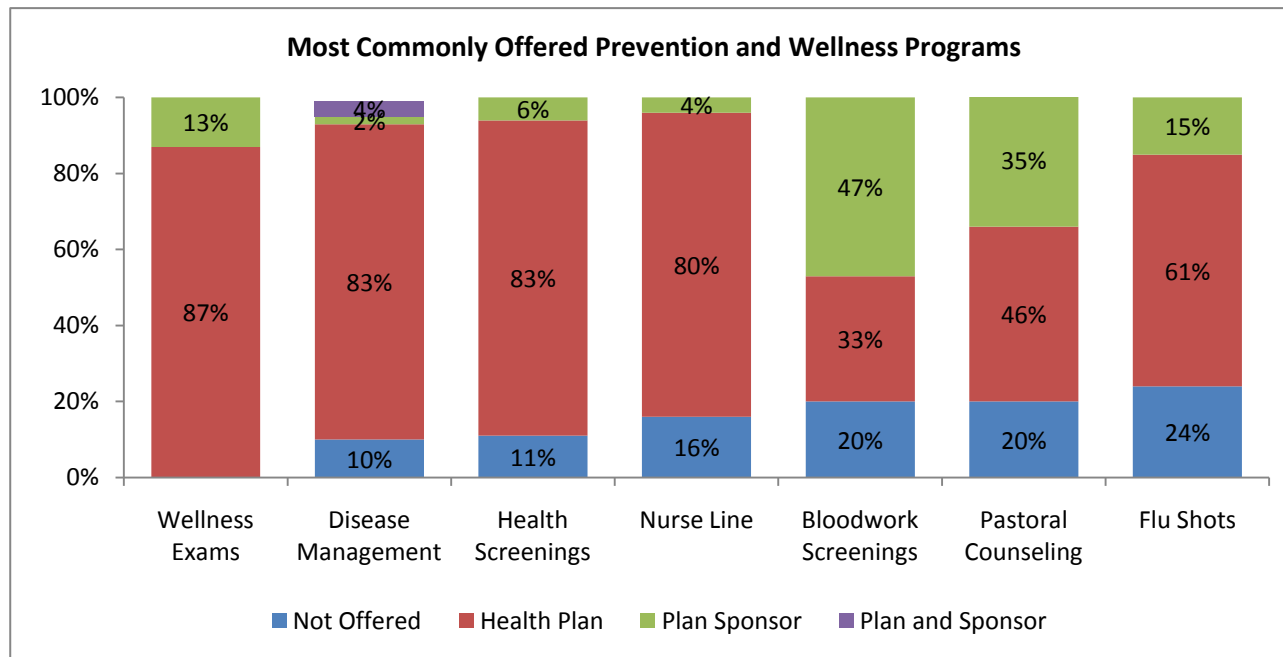
Health Risk Assessment and Prevention & Wellness Programs



Key Findings

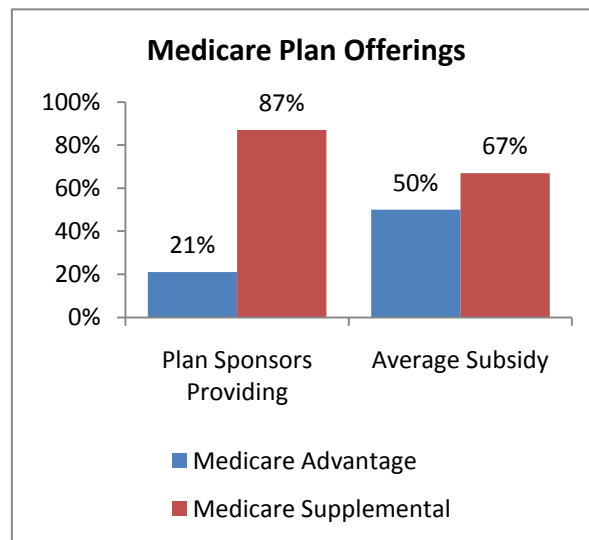
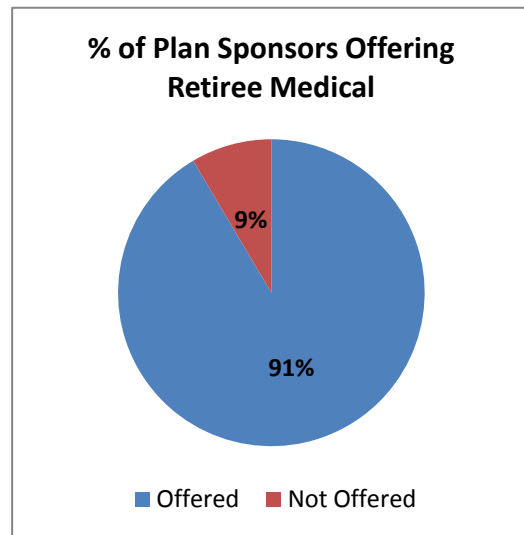
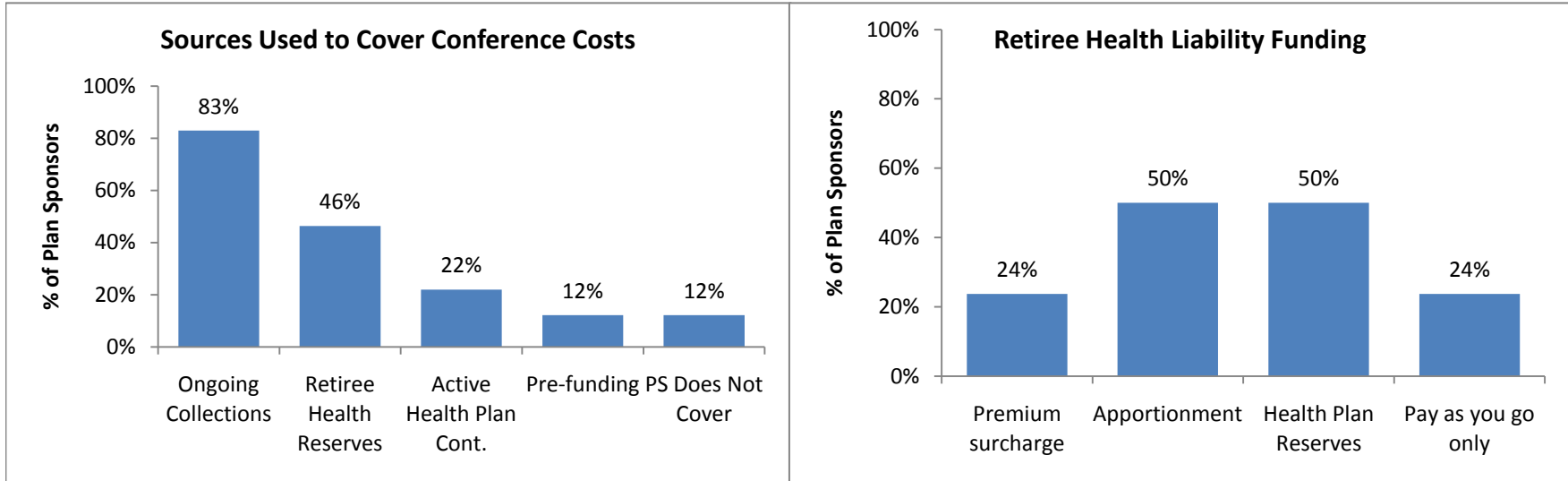
HRA - nearly three-fourths of plan sponsors offer their participants a health risk assessment (HRA). Of those that offer an HRA, nearly 70% incentivize participation.

Prevention & Wellness - all plan sponsors offer wellness exams either through the plan sponsor or through the health plan. Approximately 90% of plan sponsors offer disease management and health screenings, most commonly through the health plan. Health screenings can help inform participants of their health risks while disease management provides participants with tools to better manage their chronic conditions. High participation in these programs is critical to realize population-wide health benefits.



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Retiree Medical



Key Findings

Across plan sponsors and employee types (lay, elders, deacons), approximately 8.5 years of service is required for retiree medical coverage.

The majority of plan sponsors (91%) offer retiree medical coverage. Most do so in the form of a Medicare supplemental/companion plan (87%) and 21% offer a Medicare Advantage plan.

Plan sponsors most commonly utilize ongoing collections to cover the conference's costs for retiree medical coverage. About half of plan sponsors use apportionments and/or health plan reserves to fund future retiree health care liability costs.

2010 CHAT Dashboard

Glossary

PPO - Preferred Provider Organization

EPO - Exclusive Provider Organization

HMO - Health Maintenance Organization

POS - Point of Service plan

CDHP - Consumer Driven Health Plan

HDHP - High Deductible Health Plan

PEPY - Per Employee Per Year: spreads total medical and prescription drug costs across all covered employees regardless of services received

UMC Avg - the plan sponsor average across all UMC plan sponsors based upon CHAT results

Benchmark - US National Benchmark from Ingenix based upon their Book of Business. Age/gender adjusted to the UMC population

R&C Limits - Reasonable and Customary Limits

PBM - Pharmacy Benefits Manager

EAP - Employee Assistance Program

HRA - Health Risk Assessment