

## Cost Containment

## Customized Management Report



Summary of Current Programs		Timeline Dates
Current Coverage	Possible and Plan Benefits	
<b>Medical</b>	<b>BCBS Community Blue PPO Plan:</b> • \$250 Office Visit Copay • \$100 Emergency Room Copay • 90% Co-insurance • \$1000 Deductible  • \$1000 Out-of-Pocket Maximum per Year • Subsidized Rx (with EBT) • Rx • Rx Deductible after Deductible • Rx Emergency Room Copay • Rx Co-insurance • \$1000 Annual Deductible • \$1000 Out-of-Pocket Maximum per Year	January 2011
<b>Dental</b>	<b>Community Blue PPO Plan 14</b> • \$250 Office Visit Copay • \$100 Emergency Room Copay • Rx Co-insurance • \$1000 Out-of-Pocket Maximum per Year • Subsidized Rx (with EBT) • Rx • Rx Deductible after Deductible • Rx Emergency Room Copay • Rx Co-insurance • \$1000 Annual Deductible • \$1000 Out-of-Pocket Maximum per Year	January 2012
<b>2010 Totals A</b>	<b>2011 Budget B</b>	
\$26,740	\$26,890	
\$75,000	\$75,000	
\$21,400	\$21,400	
\$2,770	\$2,770	
\$8,520	\$8,520	
\$2,620	\$2,620	
\$1,480	\$1,480	
\$2,830	\$2,830	
\$2,140	\$2,140	
<b>\$200,000</b>	<b>\$200,000</b>	
<b>2010 Actual</b>	<b>2011 Budget</b>	
\$200,000	\$200,000	
\$0.00	\$0.00	
\$0.00	\$0.00	
	1st participants	
	Estimated cost as of today after investing the first \$100,000 of the budget	
	<b>2010 Actual Plan</b>	
	• 100% BCBS/100% BCBS	
	• For reference: 2010/2011 BCBS/BCBS	
	• Total Max: \$1,200	

ABC Construction  
Review Analysis  
January 2013

**Management Report**  
Detect key areas of cost or utilization concerns.  
Easy-to-Understand graphics simplifies the complex.

# Cost Containment

**PlanAdvisor**

**Emergency Room**

The analysis compares your company's emergency room costs compared to the rates.

**Methodology**

The comparative study includes studies that have been performed with a place of service of emergency room (ER).

**Values per 10000**

**Average Paid per Visit**

**Average Total Paid**

**Next Steps...**

If you see high charges and materials are not consistent to the rates, consider whether there may be areas of unnecessary cost or services for inappropriate admissions.

Investigate and take corrective action to correct these costs such as reduce our admissions, and charge at appropriate rates throughout the year.

Encourage use of urgent care centers.

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**PlanAdvisor**

**Health Plan Cost**

The analysis compares your company's health plan costs compared to the national rate.

**Methodology**

The comparative study includes studies that have been performed with a place of service of hospital outpatient, physician, and dental.

The chart displays the percentage difference between Actual and National Average for various categories. The legend indicates: Actual (Blue), National Average (Green), and National Standard Deviation (Red). The categories include:

Category	Actual (%)	National Average (%)	National Std Dev (%)
Hospital Outpatient	-10	-10	-10
Physician	-10	-10	-10
Dental	-10	-10	-10
Total	-10	-10	-10

**PlanAdvisor**

**Top Office & Clinic Providers**

The analysis uses company office and clinic providers.

**Methodology**

The analysis compares your company's office and clinic providers compared to the national average.

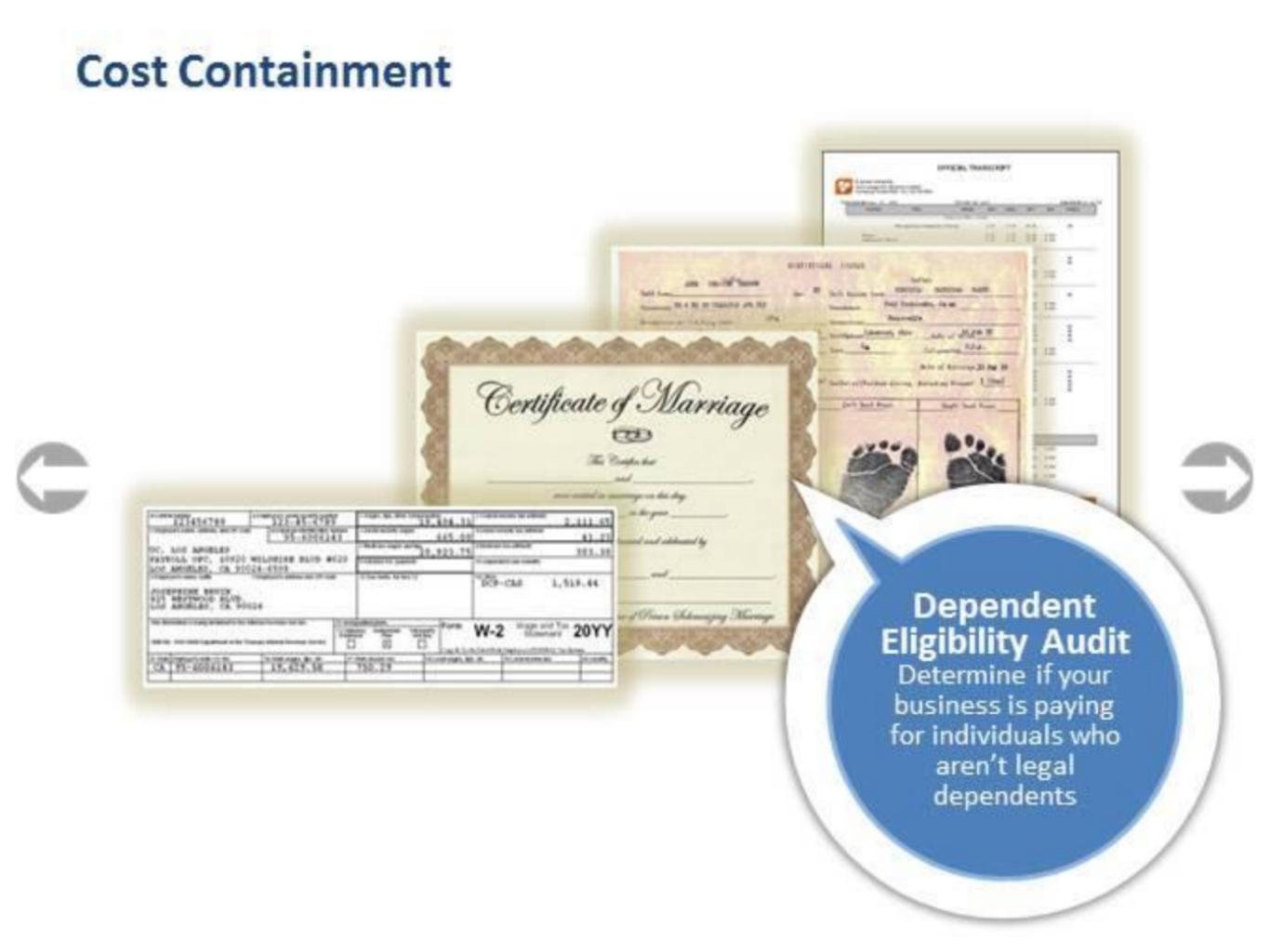
The table lists the top 10 office and clinic providers along with their total paid amount and the number of visits.

Provider	# of Visits	Total Paid	# of Visits
Provider A	100	\$1,230	100
Provider B	100	\$1,230	100
Provider C	100	\$1,230	100
Provider D	100	\$1,230	100
Provider E	100	\$1,230	100
Provider F	100	\$1,230	100
Provider G	100	\$1,230	100
Provider H	100	\$1,230	100
Provider I	100	\$1,230	100
Provider J	100	\$1,230	100

**Customized Management Report**

**Management Report**  
Identify key areas of cost or utilization concerns

# Cost Containment



W-2 FORM  
Employee's Social Security Number: 123-45-6789  
Employer's Federal Identification Number: 123-45-6789  
Name of Employee: MC CALLISTER, JAMES  
Address: 123 Main Street, Anytown, USA  
City, State: Anytown, USA  
Zip Code: 12345  
Date of Birth: 01/01/1980  
Sex: Male  
Marital Status: Single  
Filing Status: Single  
Number of Dependents: 0  
Number of Exemptions: 0  
Gross Income: \$30,000.00  
Less: Standard Deduction: \$4,000.00  
Less: Personal Exemption: \$1,000.00  
Less: Dependent Exemption: \$0.00  
Less: Charitable Contribution Deduction: \$0.00  
Less: Retirement Savings Incentive Deduction: \$0.00  
Less: State Income Tax Deduction: \$0.00  
Less: Federal Income Tax Deduction: \$0.00  
Less: Other Deductions: \$0.00  
Less: Total Deductions: \$4,000.00  
Net Income: \$26,000.00  
Less: Federal Income Tax: \$3,000.00  
Less: State Income Tax: \$0.00  
Less: Social Security Tax: \$1,500.00  
Less: Medicare Tax: \$300.00  
Less: Federal Unemployment Tax: \$0.00  
Less: State Unemployment Tax: \$0.00  
Less: Other Taxes: \$0.00  
Less: Total Taxes: \$1,830.00  
Net Pay: \$24,170.00  
Less: FICA Tax: \$1,500.00  
Less: Medicare Tax: \$300.00  
Less: Total FICA Tax: \$1,800.00  
Net Pay After FICA: \$22,370.00  
Less: Health Insurance Premium: \$1,000.00  
Less: Retirement Plan Contribution: \$1,000.00  
Less: Total Deductions: \$2,000.00  
Net Pay After Deductions: \$20,370.00  
Form W-2  
State and Tax  
Employer  
20YY



**Dependent Eligibility Audit**  
Determine if your business is paying for individuals who aren't legal dependents

# Cost Containment



## Generic

- **Formulary Preferred**
- Drugs made with the same active ingredients
- Available in the same strength and dosage form



## Preferred Brand

- Formulary options
- Includes brand-name medication found in the custom formulary



## Non Preferred Brand

- Non-Formulary
- Includes higher cost medications



**Prescription  
Drug Analysis**  
Identify and analyze  
cost and utilization  
problem areas