PEBA
SC Retirement Systems and State Health Plan

South Carolina Public Employee Benefit Authority
Serving those who serve South Carolina

Meeting Agenda

|Health Care Policy Committee |Finance, Administration, Audit and Compliance Committee |Retirement Policy Committee| Board of Directors

Wednesday, December 7, 2022 | 202 Arbor Lake Drive., Columbia, SC 29223| 1st Floor Conference Room

Health Care Policy Committee |10:00 a.m.

I. Call to Order
II. Approval of Meeting Minutes – October 5, 2022
III. Insurance Operations Open Enrollment Review
IV. Value-Based Program Update
V. Third-party Service Provider Review (EyeMed)
VI. Old Business/Director's Report
VII. Adjournment

Finance, Administration, Audit and Compliance Committee |11:00 a.m.

I. Call to Order
II. Approval of Meeting Minutes- October 5, 2022
III. Financial Statements Audit Review by the External Auditor
    i. Insurance Benefits and Other Post-Employment Benefits Trust Funds
    ii. South Carolina Retirement Systems
    iii. Deferred Compensation Program
IV. Internal Audit Reports
    i. Memo to FAAC - OFAC Compliance Testing
    ii. Memo to FAAC - Annual Conflict of Interest Certification
    iii. Internal Audit Plan Update - December 2022
V. Old Business/Director's Report
VI. Adjournment

LUNCH

Notice of public meeting

This notice is given to meet the requirements of the S.C. Freedom of Information Act and the Americans with Disabilities Act. Furthermore, this facility is accessible to individuals with disabilities, and special accommodations will be provided if requested in advance.

Retirement Policy Committee |1:00 p.m.

I. Call to Order
II. Approval of Meeting Minutes – October 5, 2022
III. Investment Policy Statement Review and Approval
IV. Defined Contribution Plans Quarterly Investment Performance Report
    i. Deferred Compensation Program
    ii. State ORP
V. Deferred Compensation Program Quarterly Plan Summary
VI. Presentation of the 2022 Actuarial Valuations by the External Actuary
    i. South Carolina Retirement Systems Valuations
VII. Old Business/Director's Report
VIII. Adjournment

Board of Directors | 3:00 p.m.

I. Call to Order
II. Approval of Meeting Minutes- October 5, 2022 and October 25, 2022
III. Retirement Systems Investment Report Update
IV. 2023 Board Meeting Schedule Review and Approval
V. Presentation of the 2022 Actuarial Valuations by the External Actuary
    i. South Carolina Retirement Systems Valuations
VI. Committee Reports
    i. Health Care Policy Committee
    ii. Finance, Administration, Audit and Compliance Committee
    iii. Retirement Policy Committee
        a) Investment Policy Statement Approval
        b) Investment Lineup Changes
VII. Old Business
    i. Director's Report
    ii. RoundTable Discussion
VIII. Executive Session for the Purpose of Discussing IT Security Plans and Devices Pursuant to S.C. Code of Laws Section 30-4-70(a)(3)
IX. Adjournment

PUBLIC EMPLOYEE BENEFIT AUTHORITY AGENDA ITEM
Health Care Policy Committee

Meeting Date: December 7, 2022

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1. Subject: Open Enrollment Update

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2. Summary: Ms. Phyllis Buie, PEBA Director of Insurance Operations, will present statistics and observations regarding the just-completed open enrollment period for 2023.

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3. What is Committee asked to do? Receive as information

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4. Supporting Documents:

(a) Attached: 1. 2022 Insurance Open Enrollment Review

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2022 Insurance open enrollment review

PEBA Board of Directors

December 7, 2022

Open enrollment changes

Health	Enroll in, drop or change plans
Vision	Enroll in or drop coverage
Life insurance	**Optional Life** Enroll in or increase coverage up to $50k without medical evidence; cancel or decrease coverage **Dependent Life-Spouse** Enroll in or increase coverage with medical evidence; cancel or decrease coverage **Dependent Life-Child** Enroll in or cancel coverage
Long term disability	Apply for or change benefit waiting period.[1]
MoneyPlus	Enroll in or re-enroll in flexible spending accounts.
Health Savings Account	Enroll in, change election amount or stop contributions.

[1]New enrollments and decreasing benefit waiting period require medical evidence. SLTD coverage changes may also be made throughout the year.
[2]Available only to Savings Plan subscribers.

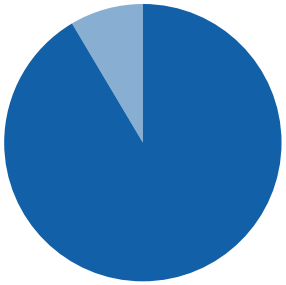
Transactions processed

	OE 2022	OE 2021	September 2022
Total transactions	56,835	60,883	7,747
Electronic	55,040	58,433	4,290
Paper	1,795	2,450	3,457
Documents scanned and indexed	30,886	42,395	13,485

Active employee enrollment

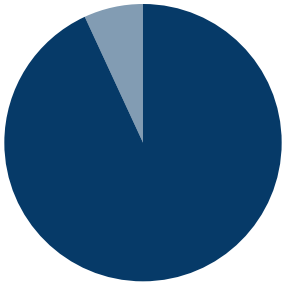
214,631 total active employees

91.46%



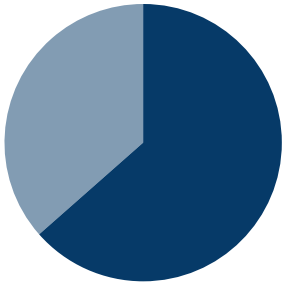
Health 196,295

93.10%



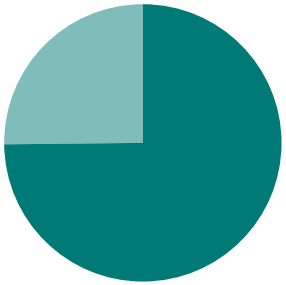
Basic Dental 199,818

63.50%



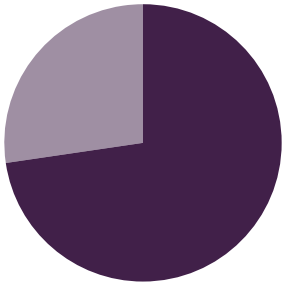
Dental Plus 136,298

74.83%



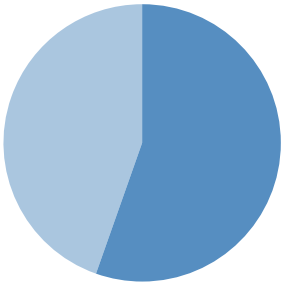
Vision 160,618

72.68%



Optional Life 155,998

55.47%

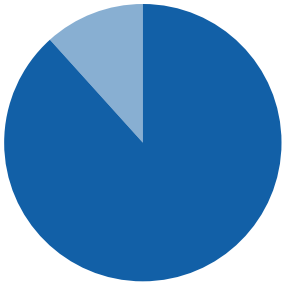


Supplemental LTD 119,062

Retiree, COBRA and survivor enrollment

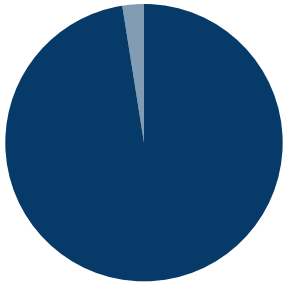
109,903 total retirees, COBRAs and survivors

88.32%



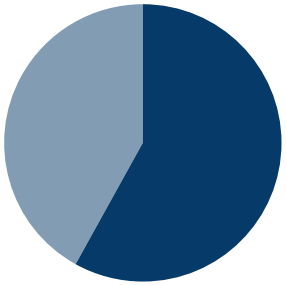
Health 97,071

97.49%



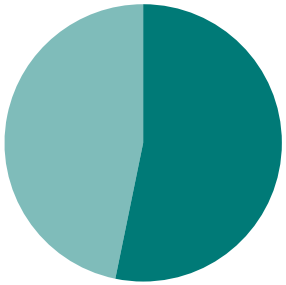
Basic Dental 107,140

58.05%



Dental Plus 63,804

53.22%



Vision 58,490

MoneyPlus and HSA enrollment

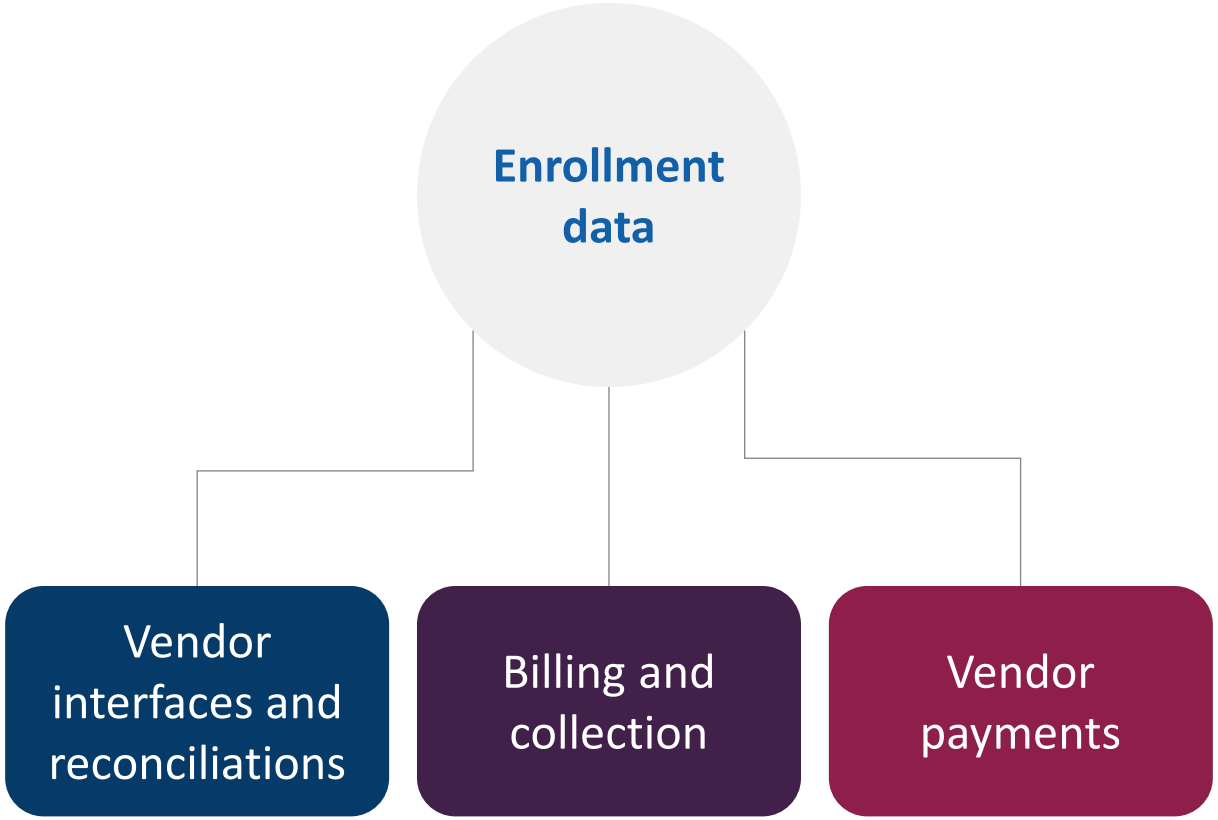
	OE 2022	OE 2021	Average annual contribution for PY 2022	Total annual contributions for PY 2022
Total enrollment	34,001	31,880		
Medical Spending Account	28,117	26,287	$1,621	$45,574,036
Dependent Care Spending Account	1,841	1,830	$3,512	$6,465,616
Health Savings Account	4,043	3,763	$2,098	$8,483,572

Other operational monthly activity

	October 2022
Enrollment rejections processed	379
Requests for review processed	211
Eligibility determinations for retirees, COBRA and survivors	549
Communications with employers and individuals	787

- Operations staff communicates daily with employers to obtain information to prevent rejecting *Notice of Election* (NOE) forms.
- Operations staff receives daily emails and visits from Customer Service to resolve enrollment issues.
- One Operations staff member is dedicated to working with Medicare-eligible retirees and survivors on coverage issues.

Enrollment data drives operations



Vendor interfaces

- Daily files
  - BlueCross BlueShield of South Carolina (health, dental and vision)
  - Selman and Co. (TRICARE)
  - Express Scripts (prescriptions)
  - ASIFlex (flexible spending accounts and HSAs)
  - SCEIS (payroll)
- Weekly file
  - MetLife (life insurance)
  - The Standard (long term disability)
- Medicare
  - Retirees (monthly)
  - Active (quarterly)

Monthly billing and collection

- Bill and collect for:
  - Health (including tobacco-use premiums);
  - Dental;
  - Vision;
  - Life insurance;
  - Long term disability; and
  - Administrative fees.

- 835 employer statements.
  - 207 automatic bank draft.
  - 367 EBS online payments.
- 94,345 retirement pension deductions.
- 2,656 direct pay mailers (retirees, COBRAs and survivors).
  - 633 MyBenefits online payments.
- 3,740 automatic bank draft (retirees, COBRAs and survivors).

Monthly vendor payments

Claims

- Health
- Prescriptions
- Dental
- Basic LTD

Premiums

- Dental Plus
- Vision
- Life insurance
- Supplemental LTD
- TRICARE

Admin fees

- BlueCross BlueShield of South Carolina
- Express Scripts (Commercial Plan and EGWP Plan)
- The Standard

Customer Service

	OE 2022	OE 2021	Monthly average (Jan-Sept 2022)
Total calls	27,700	31,705	23,439
Satisfaction rate	99.43%	98.54%	99.11%
Insurance emails	1,849	2,527	878

Benefits consultations

	OE 2022	OE 2021	Monthly average (Jan-Sept 2022)
Scheduled appointments			
Phone consultations	327	267	268
Video consultations	134	116	113
Walk-ins			
In-person consultations	806	745	546
Total consultations	**1,267**	**1,128**	**927**

Disclaimer

This presentation does not constitute a comprehensive or binding representation of the employee benefit programs PEBA administers. The terms and conditions of the employee benefit programs PEBA administers are set out in the applicable statutes and plan documents and are subject to change. Benefits administrators and others chosen by your employer to assist you with your participation in these employee benefit programs are not agents or employees of PEBA and are not authorized to bind PEBA or make representations on behalf of PEBA. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.

PUBLIC EMPLOYEE BENEFIT AUTHORITY AGENDA ITEM
Health Care Policy Committee

Meeting Date: December 7, 2022

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1. Subject: Value-Based Program Update

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2. Summary*:* PEBA staff has recently completed its annual exercise quantifying the output and expense derived from the State Health Plan's value-based benefits and health initiatives. Analytics and Health Initiatives' Director Laura Smoak will discuss this report, which this year for the first time includes information obtained from the State's vaccine registry.

3. What is Committee asked to do? Receive as information

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4. Supporting Documents:
A. Health Initiatives and Value-Based Benefits Annual Review

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State Health Plan

Health initiatives & value-based benefits annual review

November 2022

Health initiatives & value-based benefits annual review

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Patient-Centered Medical Home **22-23**

Health initiatives & value-based benefits annual review

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Health initiatives & value-based benefits annual review

Background information

PEBA's Health Initiatives Unit provides programs and services designed to enable covered State Health Plan members to lead healthier, happier lives. This unit's focus is on disease prevention, early detection of disease and disease management. From preventive worksite screenings to health management programming and beyond, the Health Initiatives unit coordinates a variety of resources for promoting health within the workplace. In recent years, more efforts have been made toward removing the financial hurdles of many value-based benefits and programs for State Health Plan members. To promote these benefits, PEBA collaborated with BlueCross BlueShield of South Carolina (BlueCross) to create the PEBA Health Hub, an online resource that provides employers with turnkey toolkits they can share with employees.

1989	Establishment of the Mammography Testing Program for employees only
1991	The Mammography Testing Program is expanded to provide routine mammograms for female employees and retirees and their eligible dependents, ages 35 through 74, at no member cost
	Began covering the cost of the lab work associated with a Pap test each calendar year at no member cost
1996	Addition of coverage for well child visits and immunizations
1998	Began offering preventive biometric screenings at a cost of $10 to active employees (copay increased to $15 in 2001)
2002	Addition of coverage for birth control for members and spouses with member cost sharing
2004	Began offering preventive biometric screenings for retirees for whom the State Health Plan is primary
2006	Began offering tobacco use treatment program, Free & Clear Quit for Life, at no cost to eligible members
	Entered into contract with Active Health, which provides evidence-based medicine promotion using claims data analysis for the State Health Plan; the contractor applies the latest evidence-based clinical research and guidelines to the Plan's participants' medical (including laboratory claims) and prescription drug claims data with the purpose of communicating specific and timely treatment improvement recommendations to health care providers that will improve quality of care for participants, identify gaps and errors in care and reduce aggregate costs
2008	Began coverage of routine colonoscopies for members 50 and older with member cost
	Began covering Zostavax shingles vaccine with member cost for age 60 and older
	Began offering preventive biometric screenings for covered spouses for whom the State Health Plan is primary

Health initiatives & value-based benefits annual review

Background information

2011	Establishment of the No-Pay Copay program
	The Birth Outcomes Initiative (BOI) launched in July as a public/private collaboration with the goal of reducing the state's high preterm birth and NICU utilization rates; the first initiative of BOI was to end payments for elective inductions prior to 39 weeks gestation; the focus of BOI was then the implementation of Centering Pregnancy and Screening, Brief Intervention and Referral to Treatment (SBIRT); Centering Pregnancy is a group model for prenatal care that targets low risk mothers and has demonstrated reductions in preterm deliveries; SBIRT is an approach to intervention and treatment for pregnant women who have substance abuse disorders, depression, anxiety or who are at risk for developing these conditions
2015	Began offering preventive biometric screenings with no member cost to eligible subscribers and spouses
	Began covering Zostavax shingles vaccine with no member cost for ages 60 and older
	Began coverage of diabetes education with certified diabetes educators with member cost
	Extended coverage of flu vaccine to Standard Plan members with member cost
2016	Began coverage of CDC-recommended adult immunizations, including the flu vaccine, at no member cost
	Removed member cost for both diagnostic and routine colonoscopy, consultation, generic prep kit and anesthesia
	Removed member cost for diabetes education with certified diabetes educators
	Removed member cost for birth control for members and spouses
	Removed member cost for tobacco cessation prescription drug products
	Removed $12 office visit copayment and reduced Savings Plan and Standard Plan coinsurance to 10% for care received at a BlueCross-affiliated Patient-Centered Medical Home
2017	Provided manual and electric breast pumps and lactation counseling received from a participating provider at no cost to eligible subscribers and covered spouses
	Began offering telehealth services through Blue CareOnDemand; services are treated like office visits
	Began offering Rally Health digital wellness platform (full implementation April 1) through BlueCross
	Added HPV test every five years at no member cost in conjunction with Pap test screening per United States Preventive Services Task Force (USPSTF) recommendation
	Added fecal immunochemical test (FIT) and fecal occult blood test (FOBT) at no member cost to colorectal cancer screening benefit
	Began coverage of Shingrix shingles vaccine at no member cost for ages 50 and older in December (CDC changed recommended age based on new vaccine)

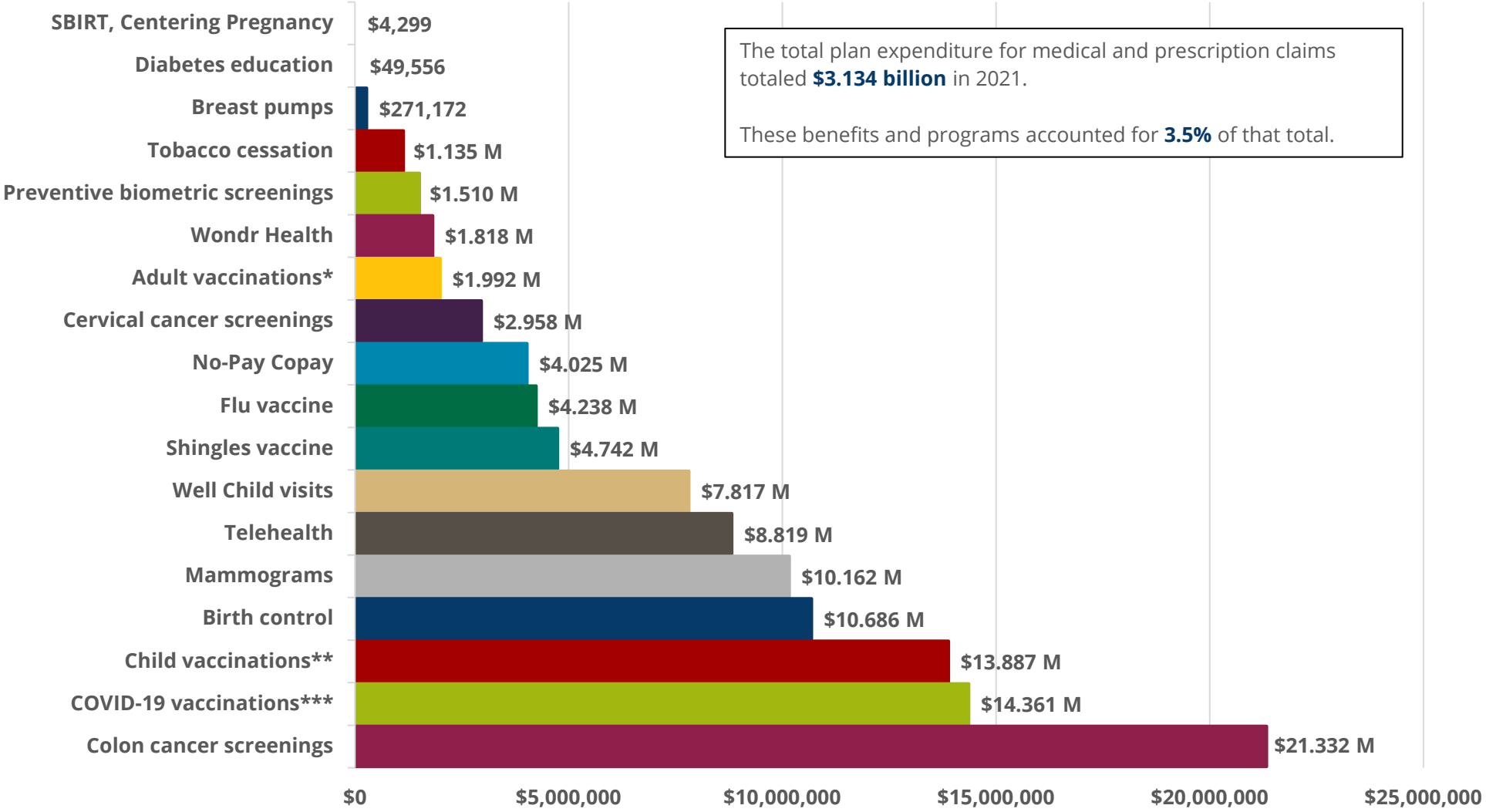
Health initiatives & value-based benefits annual review

Background information

2018	Blue CareOnDemand began offering breastfeeding lactation support at no member cost. It also began offering behavioral health counseling, care and medication management
	The Naturally Slim program became available at no cost to members
2019	Moved to ESI's Preferred90 Network for members enrolled in the Express Scripts Medicare plan
	Added adult well visits as a covered benefit, subject to copayments, deductibles and coinsurance in covered years
	Added site-of-care program, through which SHP-primary members who are receiving specialty drugs at a higher cost site of service (such as the outpatient hospital setting) are moved to an equally appropriate but less costly site of service (such as an infusion center or home)
2020	Beginning March 17, and in response to the COVID-19 pandemic, special provisions were made regarding telehealth services for network providers credentialed by BlueCross (these special provisions were monitored and extended as needed; effective May 1, 2021, normal plan provisions regarding telehealth services resumed)
	Began covering administration of COVID-19 vaccines at no member cost
2021	Began offering BioIQ, an at-home colorectal cancer screening program for members over age 55 who have not had a recent colorectal cancer screening
	Began offering Meru Health, a 12-week mental health treatment program designed to reduce anxiety, stress, depression and burnout
	Began offering No Obsessive-Compulsive Disorder program, an online therapy program designed to reduce OCD severity and comorbid anxiety and depression

Health initiatives & value-based benefits annual review

Plan spending for value-based benefits and programs | incurred 2021, paid through June 2022



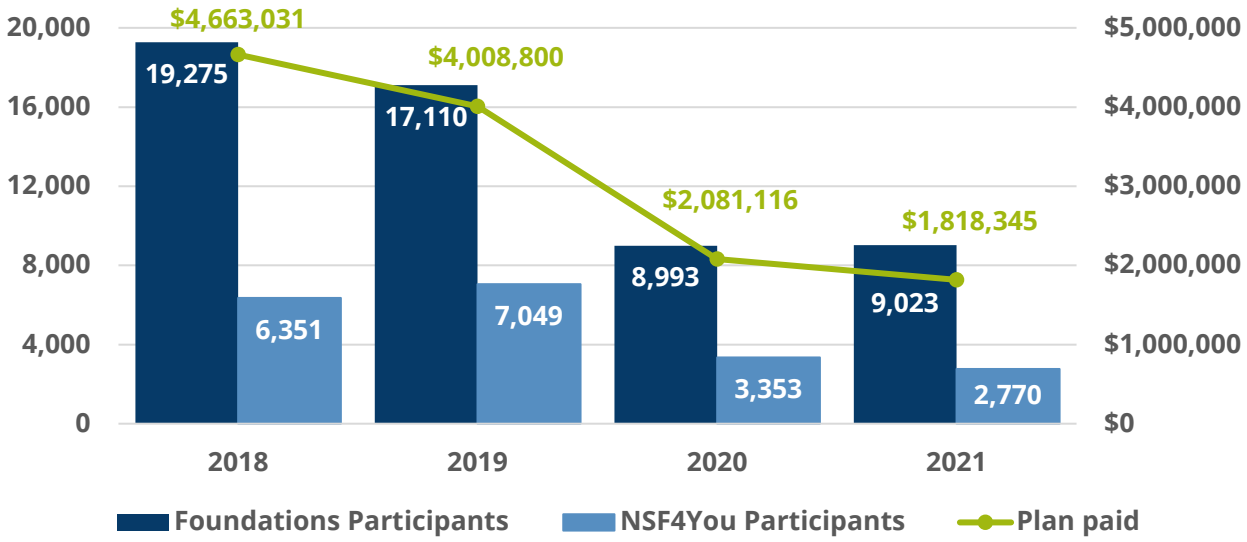
The total plan expenditure for medical and prescription claims totaled **$3.134 billion** in 2021.

These benefits and programs accounted for **3.5%** of that total.

*** Amount does not include flu, shingles or COVID-19 vaccinations**
**** Amount does not include flu or COVID-19 vaccinations**
***** Amount includes only the administration cost**

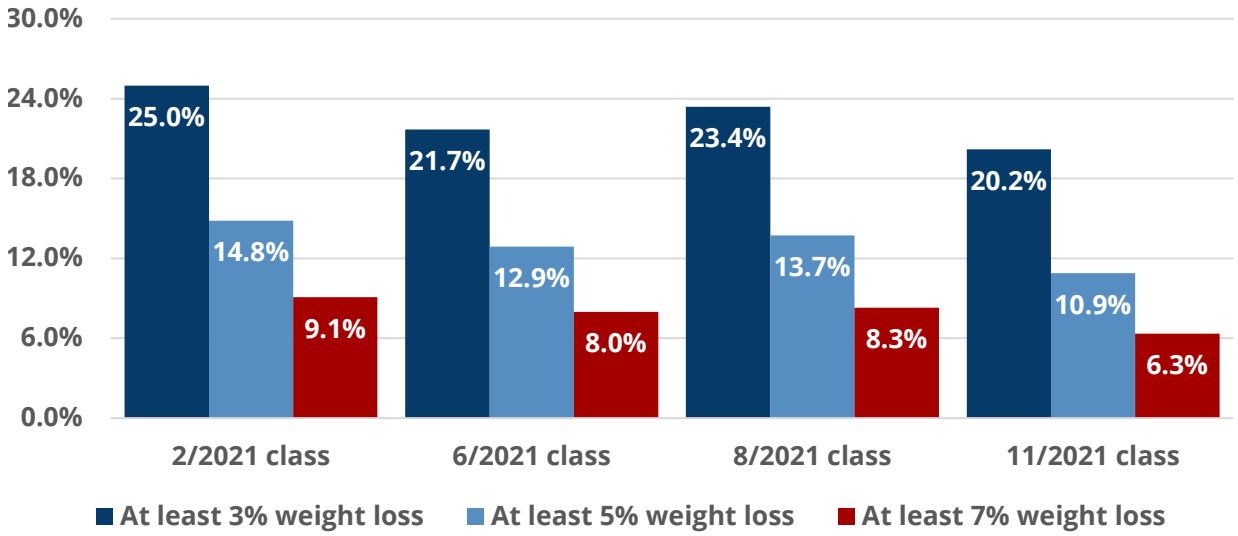
Home-based technology

Wondr Health | 2018 - 2021



Wondr Health, formerly Naturally Slim, is a 10-week, online program that uses weekly video lessons and interactive tools to teach the behavioral skills necessary to lose weight and keep it off long-term. The first quarterly class began in September 2018.

Participants weight loss | 2021



The data in the chart include all participants who met a 3%, 5% or 7% weight loss at any time during the year.

Home-based technology

Telehealth utilization, plan expenditures | 2021



Telehealth Top 10 diagnoses | 2021

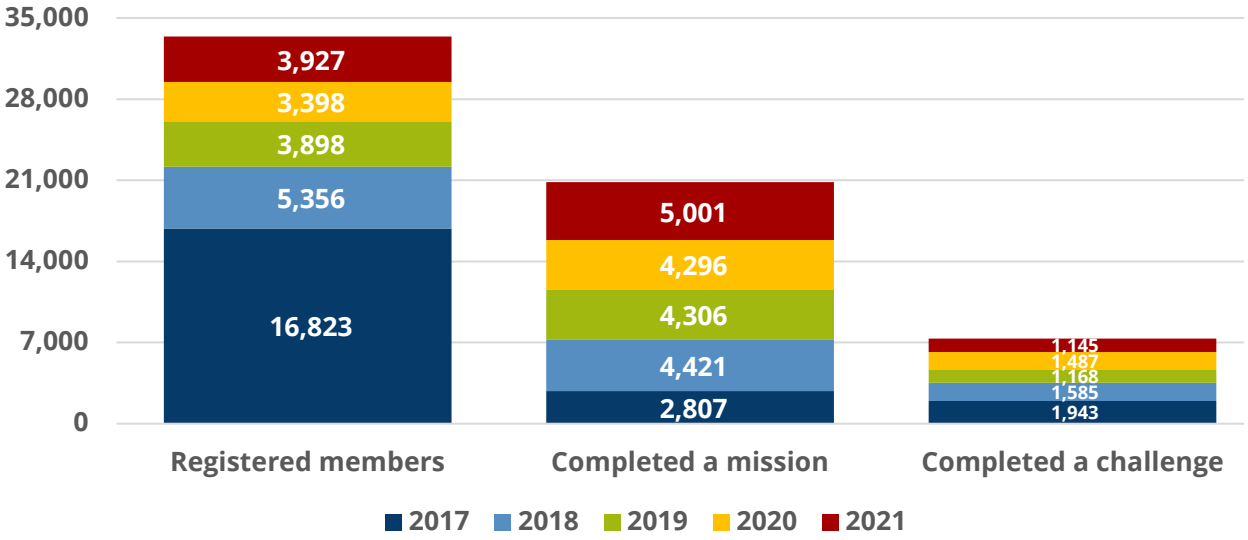
Diagnoses	Count
Anxiety and fear-related disorders	31,828
Depressive disorders	27,245
Trauma- and stressor-related disorders	25,634
Neurodevelopment disorders	15,927
Exposure, encounters, screening or contact with infectious disease	6,856
Bipolar and related disorders	6,471
Essential hypertension	5,832
COVID-19	5,734
Sinusitis	5,145
Other specified upper respiratory infections	4,687
Total	**135,359**

Telehealth services, also known as video visits, include in-office virtual visits with providers in the State Health Plan network as well as services through Blue CareOnDemand. These services were first available to State Health Plan members through Blue CareOnDemand beginning in 2017. In response to the COVID-19 pandemic, special provisions were made to expand telehealth services in 2020.

In 2018, Blue CareOnDemand expanded to include behavioral health counseling, and those services accounted for less than 1% of the telehealth visits in 2018, and 3.0% of the telehealth visits in 2019. With the expansion of telehealth services in 2020, behavioral health visits accounted for 42.2% of all telehealth visits during 2020, and 52.5% of all telehealth visits during 2021.

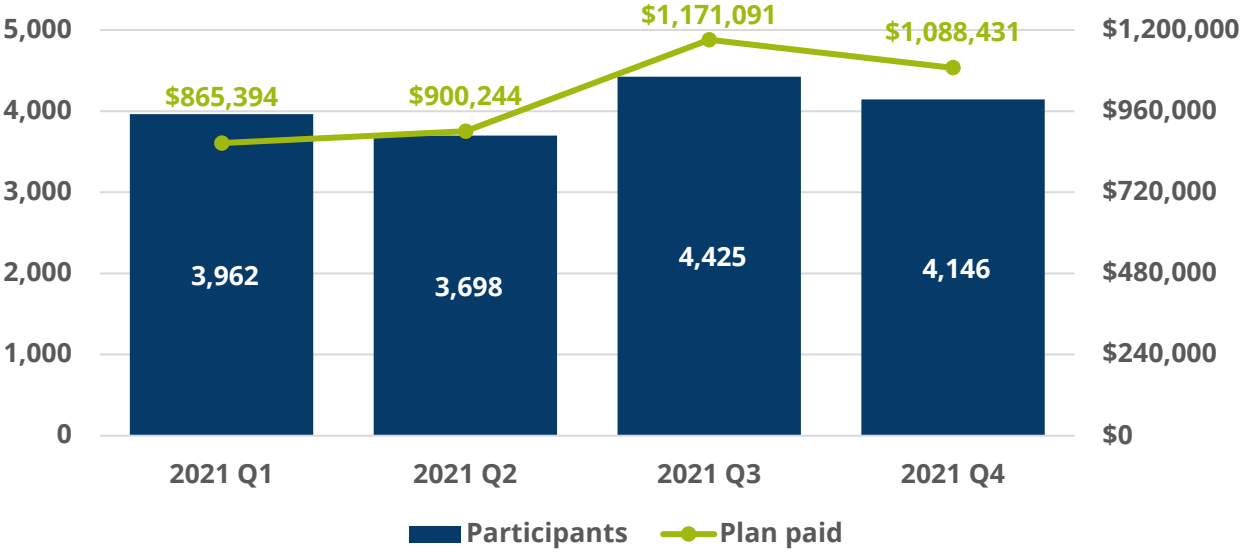
Home-based technology

Rally | 2017 - 2021



Rally is a digital health platform for health and well-being that inspires individuals to take steps that lead to better health through behavior change. It was fully launched April 1, 2017 for all eligible State Health Plan members.

No-Pay Copay | 2021

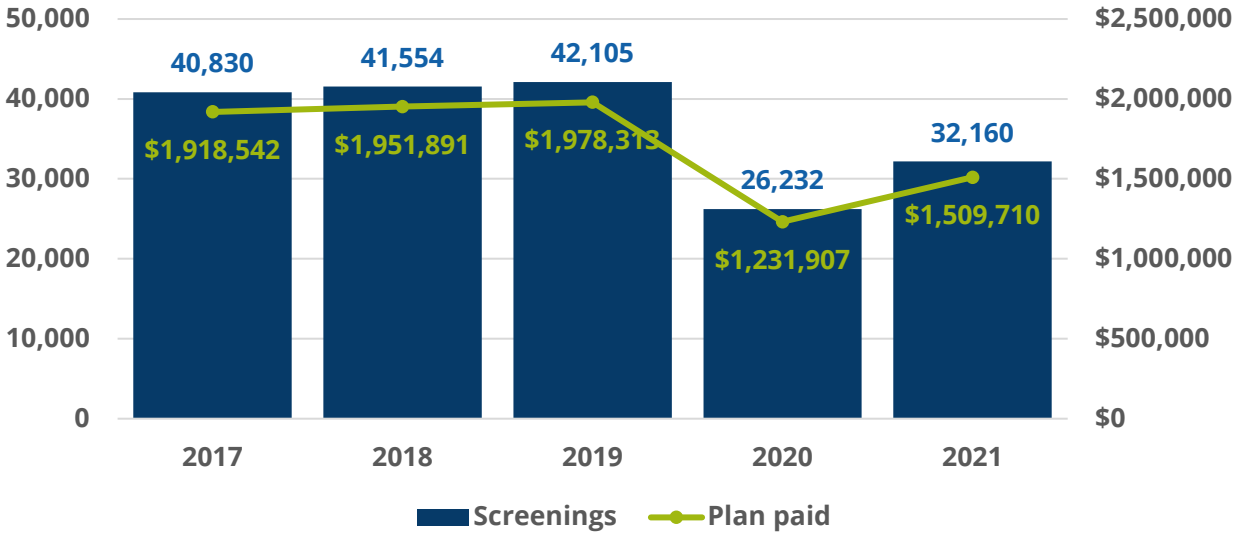


The **No-Pay Copay** was introduced in 2011. It moved to the Rally platform during the third quarter of 2017.

Members are required to do quarterly and annual activities to continue receiving certain generic drugs at no member cost.

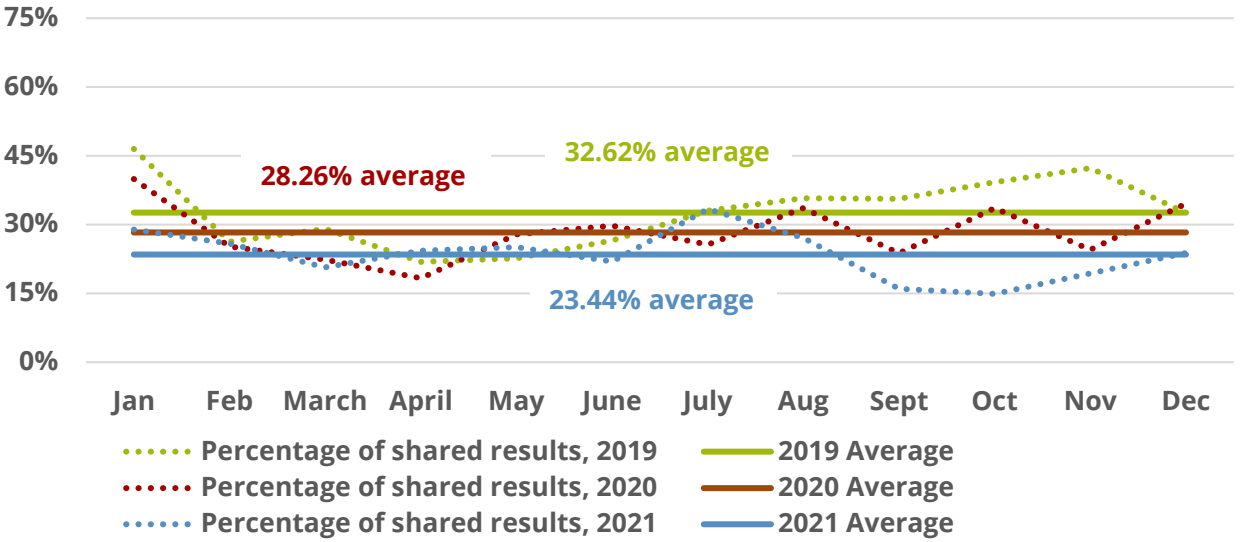
Value-based benefits

Preventive biometric screenings | 2017 - 2021



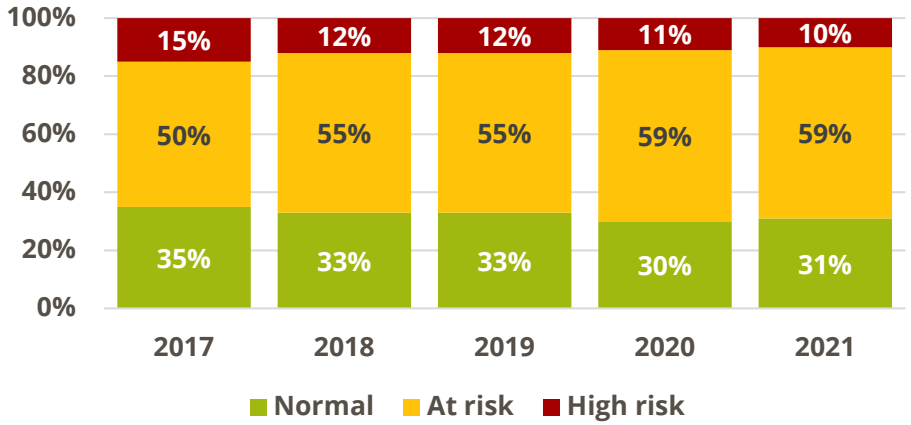
The number of **worksite screening events** has averaged about 1,000 a year since 2015. For 2015, there were 1,026; for 2016, there were 980; for 2017, there were 1,022; for 2018, there were 1,045; for 2019, there were 1,117; for 2020, there were fewer than 800; for 2021, there were 906.

Percentage of screening data shared | 2019 - 2021



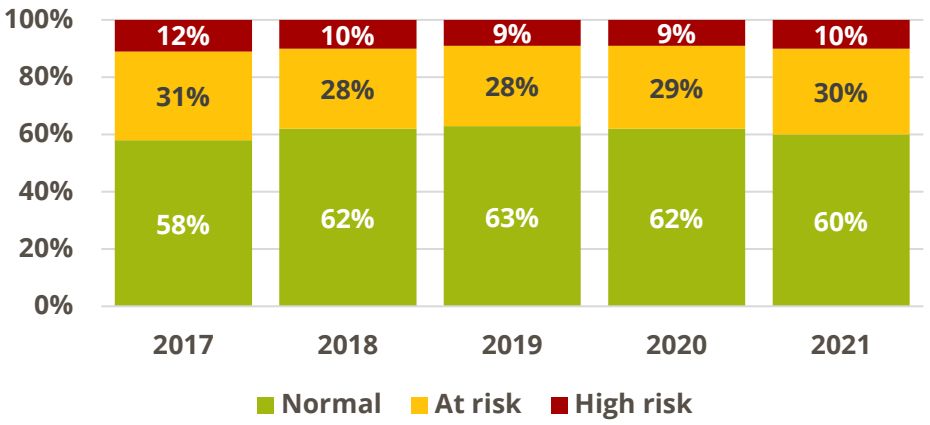
Value-based benefits

Blood pressure biometrics | 2017 - 2021



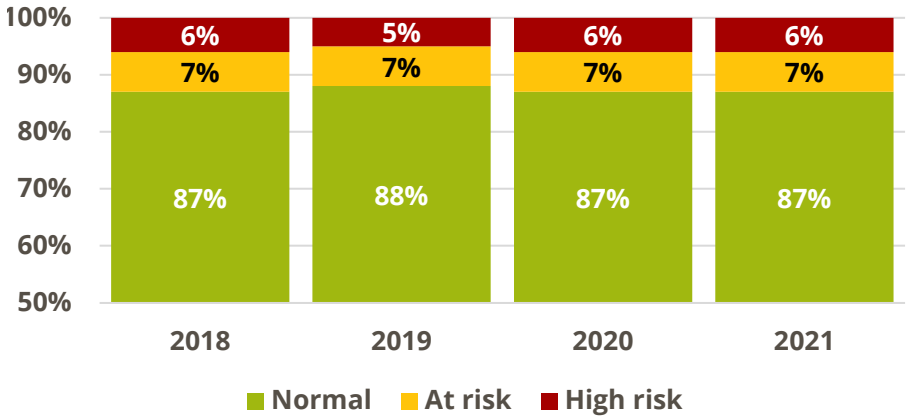
Normal: blood pressure is in the normal range (SBP<120 and DBP<80)
At risk: blood pressure is in the pre-hypertension range (SBP is 120-139 or DBP is 80-89)
High risk: blood pressure is in stage 1 hypertension (SBP is 140-159 or DBP is 90-99) and stage 2 hypertension (SBP>=160 or DBP >=100)

Cholesterol biometrics | 2017 - 2021



Normal: cholesterol is in the normal range (<200)
At risk: cholesterol is in the borderline range (200-239)
High risk: cholesterol is in the high risk range (>=240)

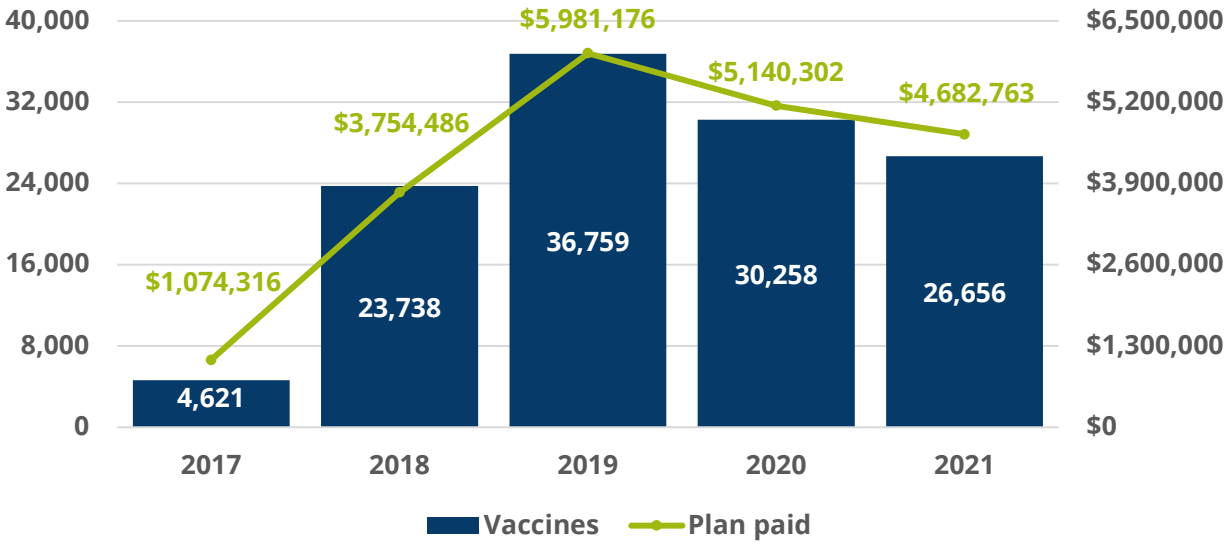
Blood glucose biometrics | 2018 - 2021



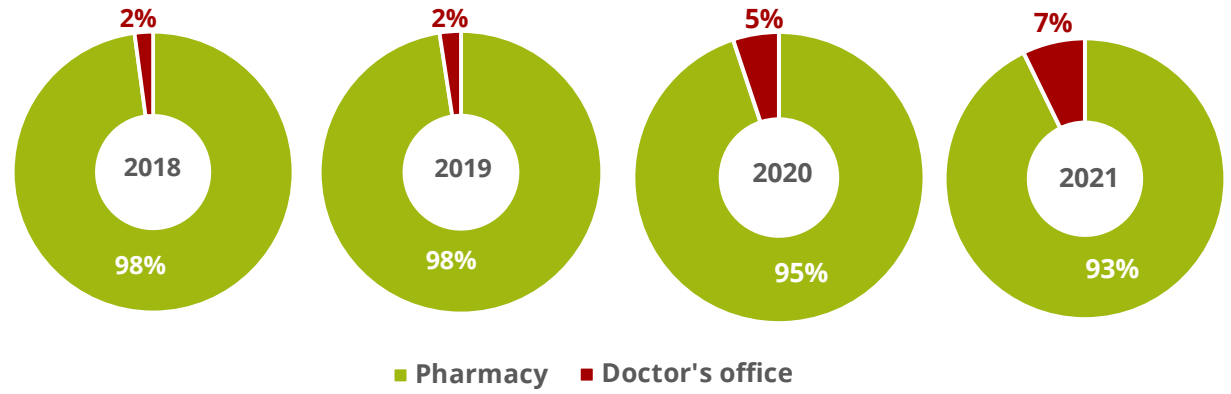
Normal: blood glucose is in the normal range (<110)
At risk: blood glucose is in the borderline range (110-130)
High risk: blood glucose is high range (131-199) and immediate follow-up (>=200)

Value-based benefits

Shingles vaccine | 2017 - 2021



Service providers | 2018 - 2021



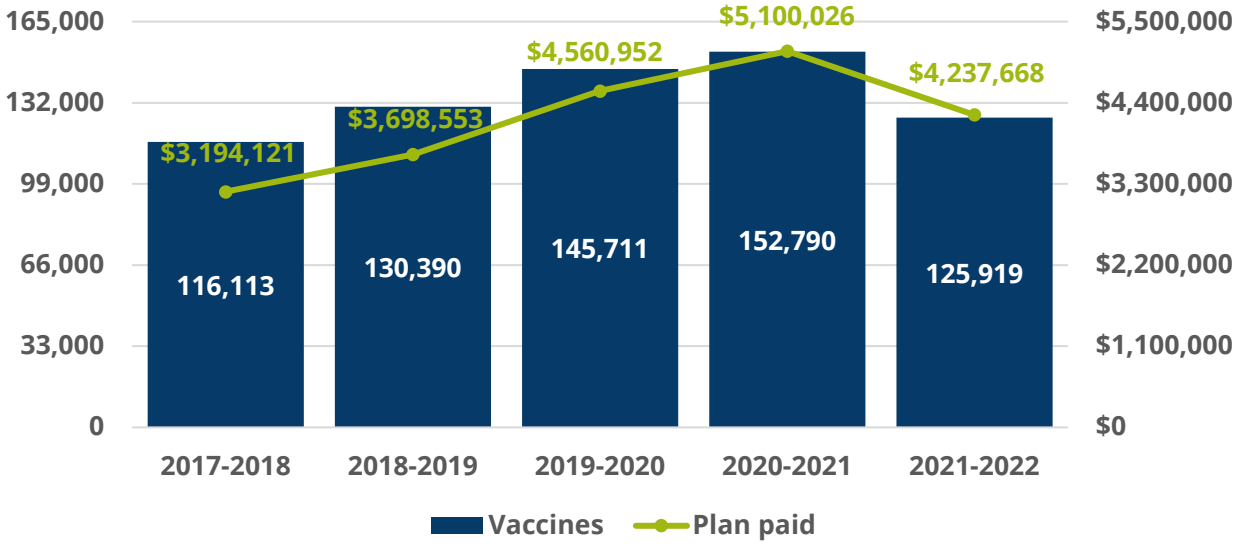
From 2008 to 2014, **Zostavax** was covered with member cost sharing. Since 2015, it has been covered at no member cost. **Shingrix**, also covered with no patient liability, became available in December 2017.

The rate of SHP members who received an initial dose of the Shingrix vaccine and received a second or follow-up dose was 79.3% in 2021.

When Shingrix was released, the CDC lowered the recommended age to get the vaccine from 60 to 50. As a result, more members became eligible for the vaccine, impacting the rate for which members are current.

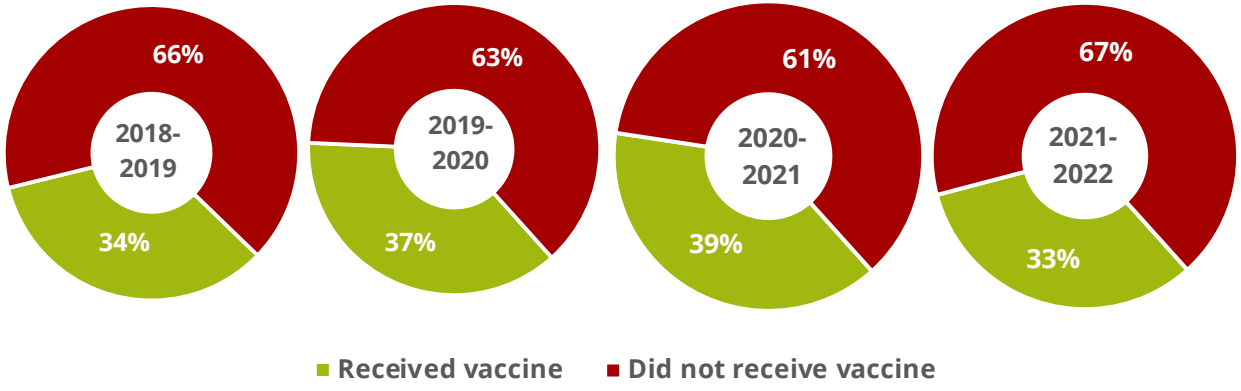
Value-based benefits

Flu vaccines for adults and children | 2017 - 2022



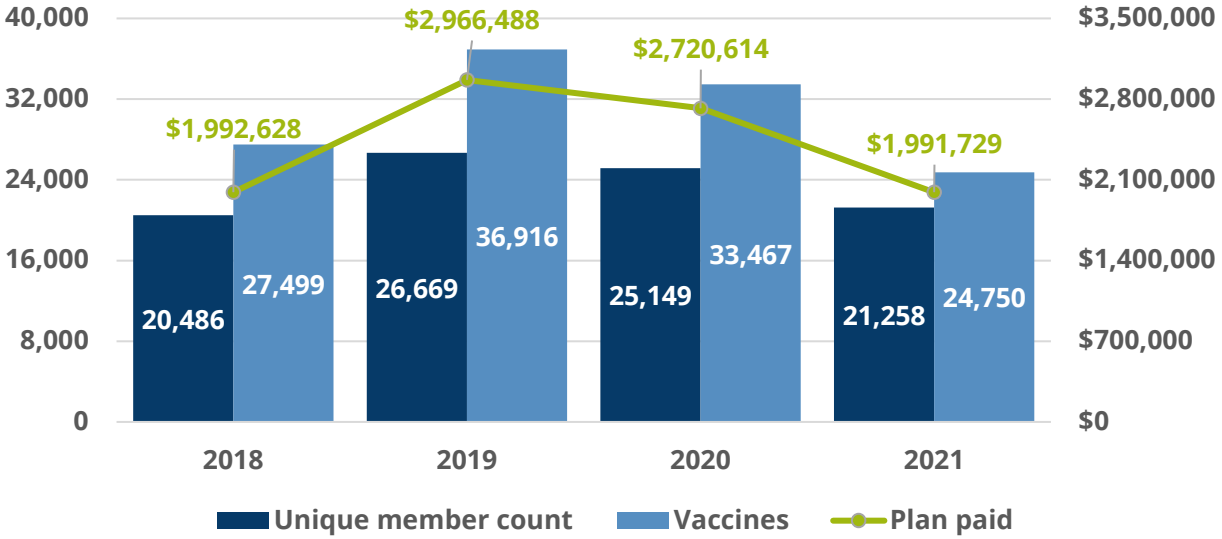
Adults 19 and older accounted for 76.3% of the **flu vaccines** during the 2021-2022 season. Flu season is defined as July-June.

Member utilization | 2018 - 2022



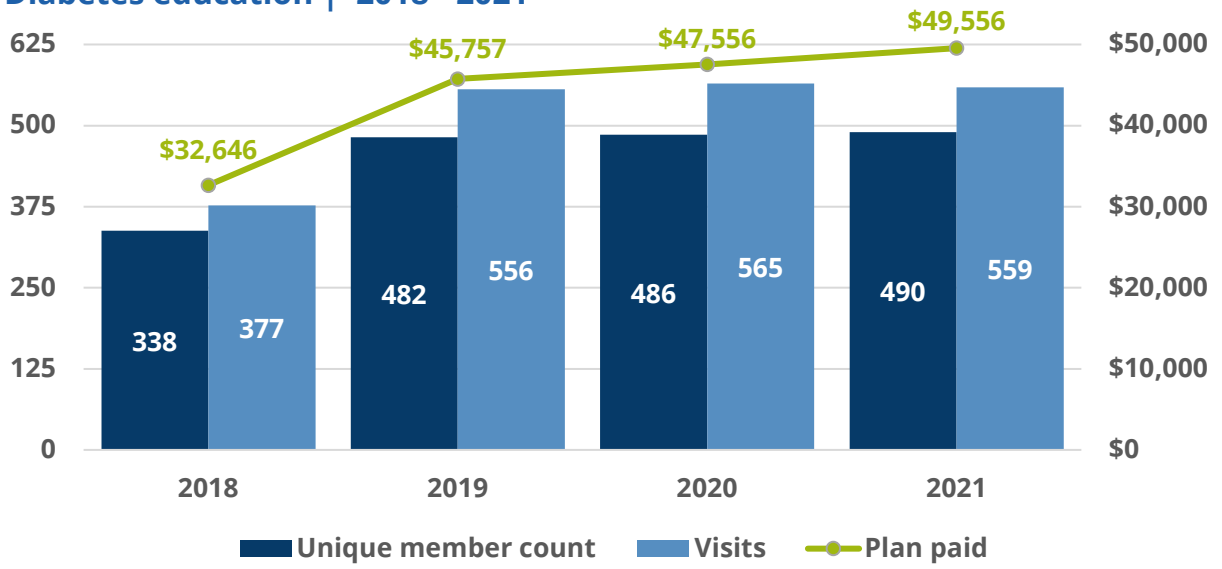
Value-based benefits

Adult vaccines (excludes flu and shingles) | 2018 - 2021



Beginning in 2016, **adult vaccinations** at the intervals recommended by the Centers for Disease Control were offered at no cost to Savings Plan and Standard Plan members.

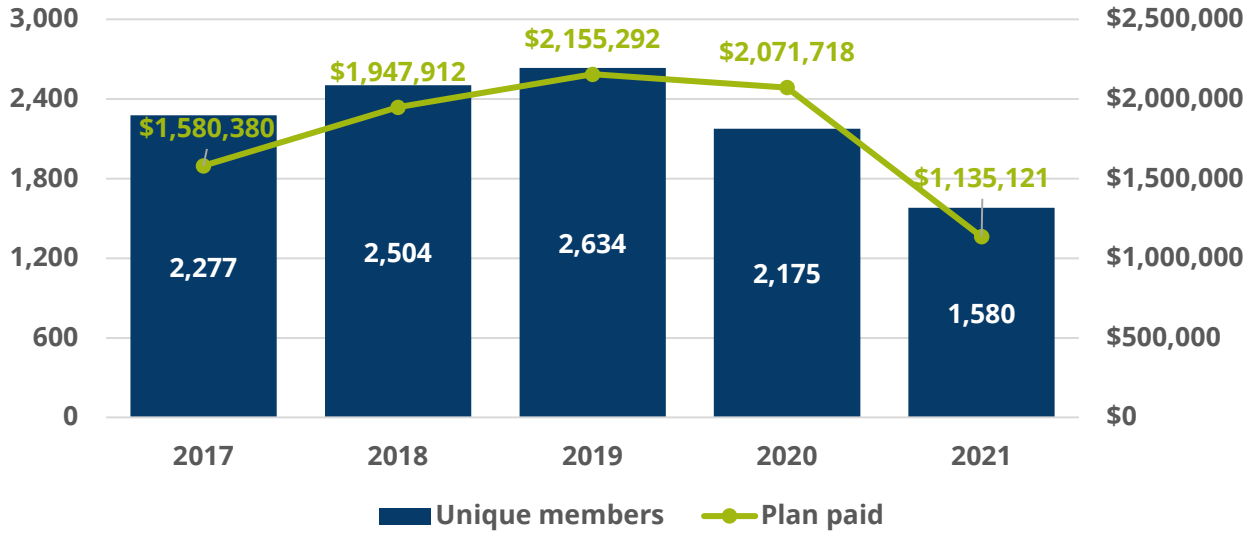
Diabetes education | 2018 - 2021



Beginning in 2016, **diabetes education services** offered by network providers were covered at no cost to Savings Plan and Standard Plan members.

Value-based benefits

Tobacco cessation | 2017 - 2021

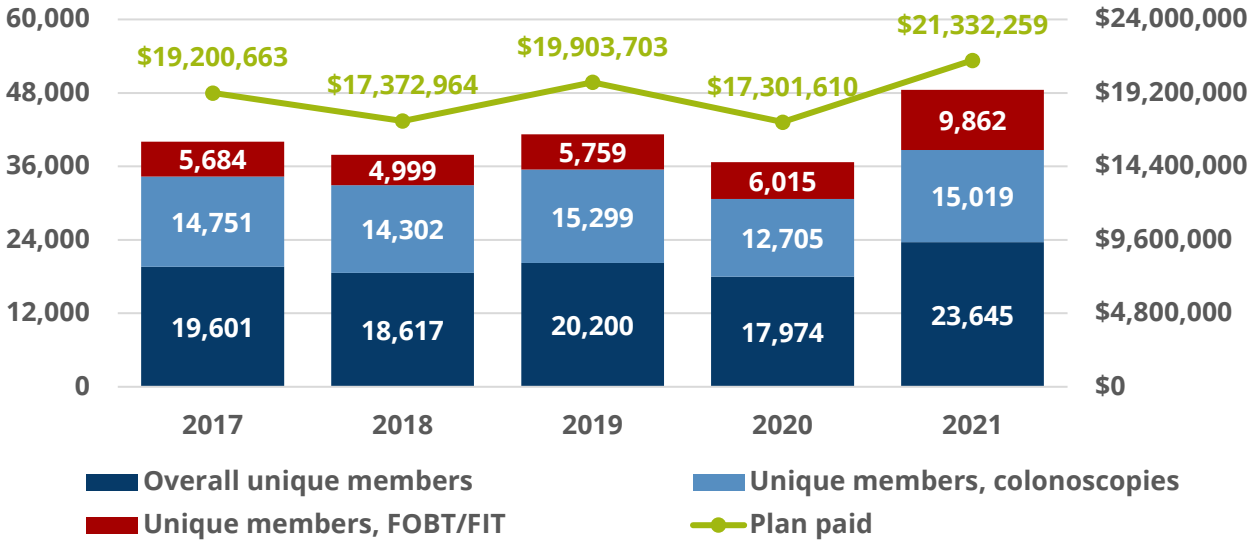


Member count includes those who are enrolled in the Quit for Life cessation program, those who are receiving prescription smoking cessation medications, and those who fall into both categories.

The percentage of unique members who participated in tobacco cessation that received a prescription drug was 91.3% in 2017, 95.2% in 2018, 94.2% in 2019, 90.5% in 2020 and 89.2% in 2021.

Value-based benefits

Colon cancer screenings | 2017 - 2021



The rate for which eligible subscribers were current for colon cancer screenings was 64.6% in 2021. The rate for members who had a take-home FOBT/FIT test and a follow-up colonoscopy within six months of the test was 11.0% in 2021. (The data in the chart reflect unique members who got a screening or an FOBT/FIT and the overall unique members who got one or both types. BioIQ results are also included.)

The plan covers routine colonoscopies for State Health Plan-primary members ages 50 and older.

BioIQ utilization | 2021

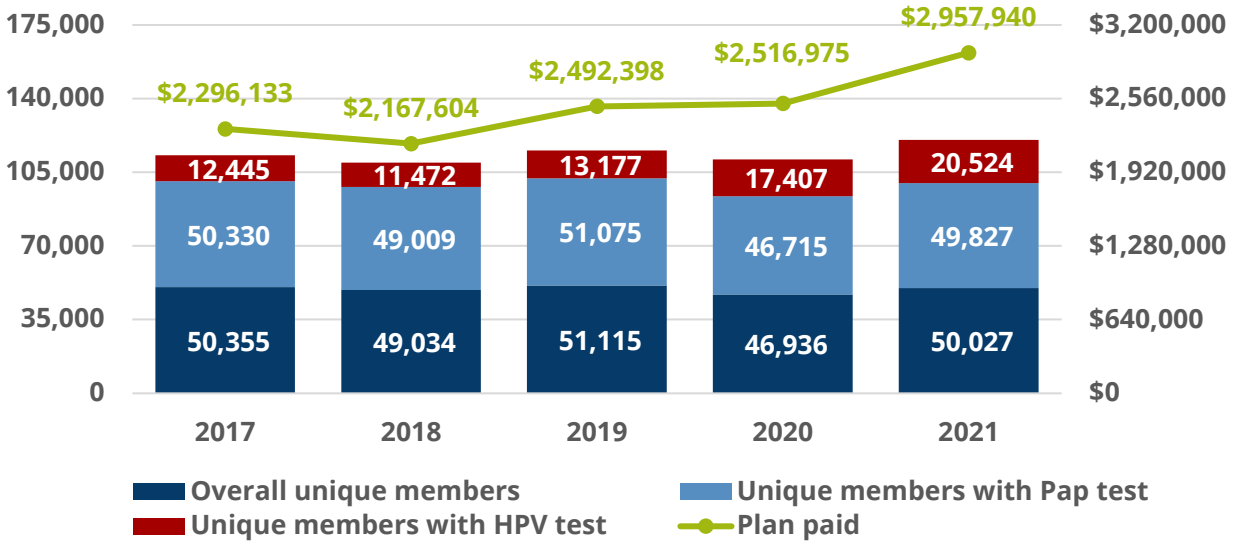
Number of kits shipped	27,360
Number of kits with results	4,262
Number of kits with positive test	300
Number of members who got a followup colonoscopy	188
Percentage of members who got a followup colonoscopy	**62.7%**

BioIQ is an at-home colorectal cancer screening program for members over age 55 who have not had a recent colorectal cancer screening.

Beginning in 2021, the BioIQ program is an at-home colorectal cancer screening program for members over age 55 who have not had a recent colorectal cancer screening. Eligible members receive a letter in the mail explaining the program, along with an at-home colorectal cancer screening kit, or FIT test.

Value-based benefits

Cervical cancer screenings | 2017 - 2021

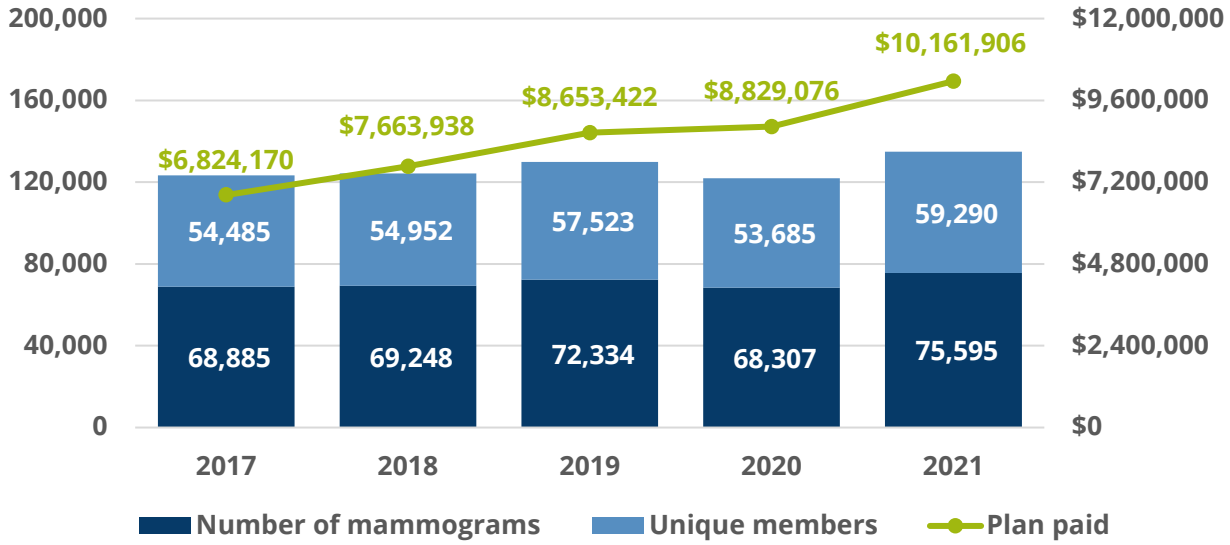


The rate for which eligible subscribers were current for cervical cancer screenings was 62.8% in 2016, 62.9% in 2017, 63.0% in 2018, 64.0% in 2019, 64.0% in 2020 and 64.5% in 2021.

The plan covers a Pap test yearly for ages 18-65. (The data in the chart reflect services paid for ages 21-64, the recommended ages for the screening.)

The plan will pay a benefit for the HPV test once every five years for ages 30-65 with or without a Pap test.

Mammograms | 2017 - 2021

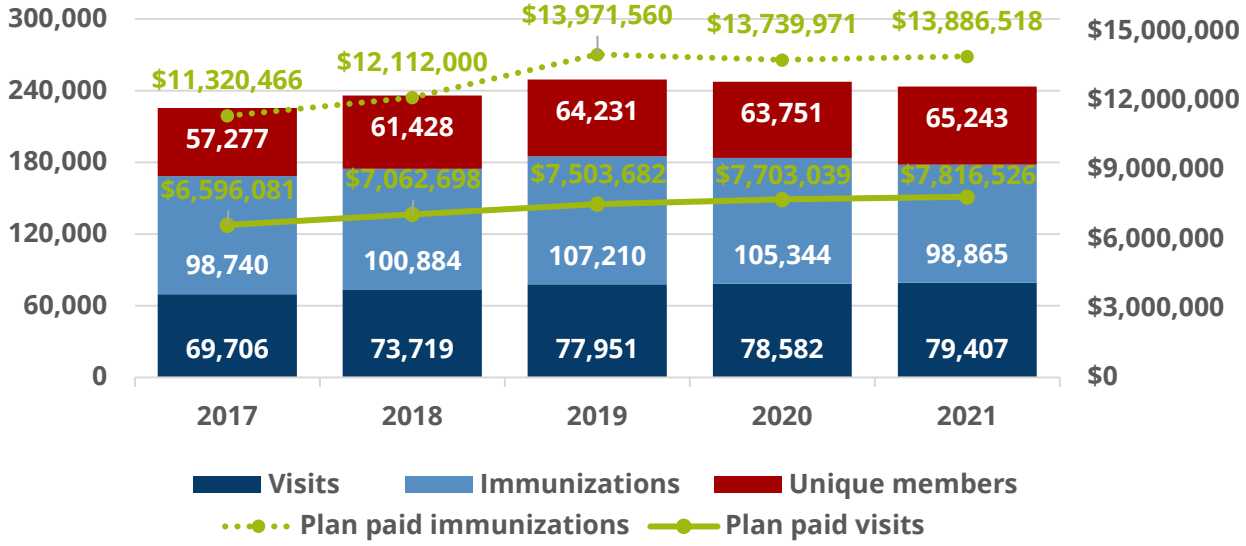


The rate for which eligible subscribers were current for mammograms was 70.6% in 2016, 70.4% in 2017, 70.9% in 2018, 72.2% in 2019, 71.3% in 2020 and 72.4% in 2021.

The plan covers one baseline routine mammogram for women ages 35-39. Women ages 40 and older can receive one routine mammogram each calendar year.

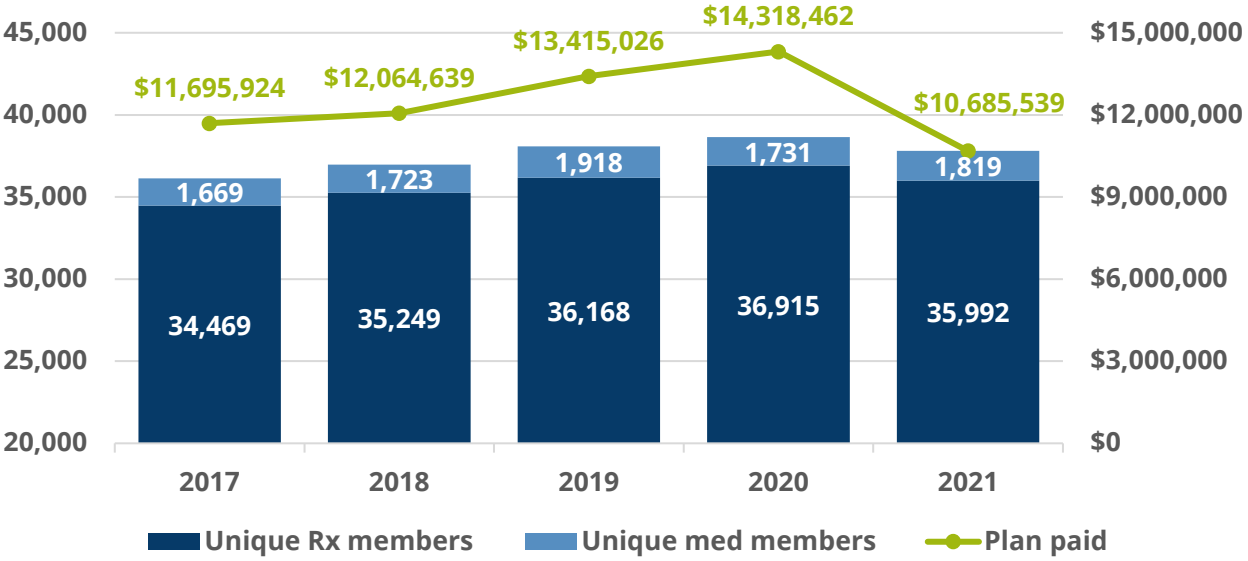
Value-based benefits

Well-child visits | 2017 - 2021



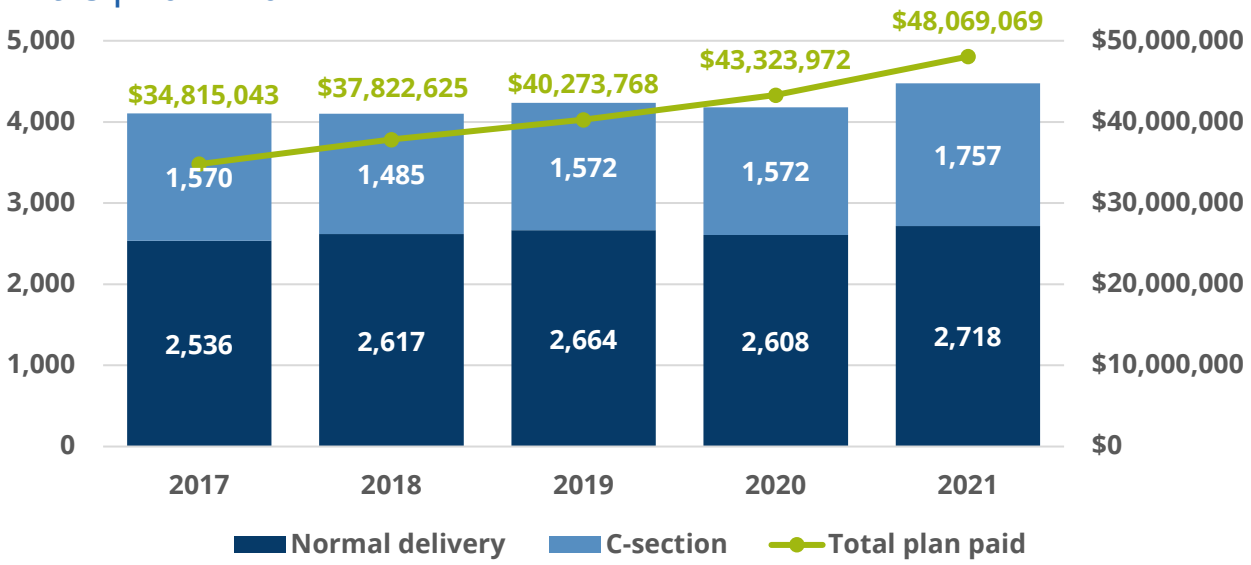
Covered children are eligible for Well Child Care check-ups until they turn age 19. This benefit covers Well Child Care exams and immunizations recommended by the Centers for Disease Control.

Birth control | 2017 - 2021



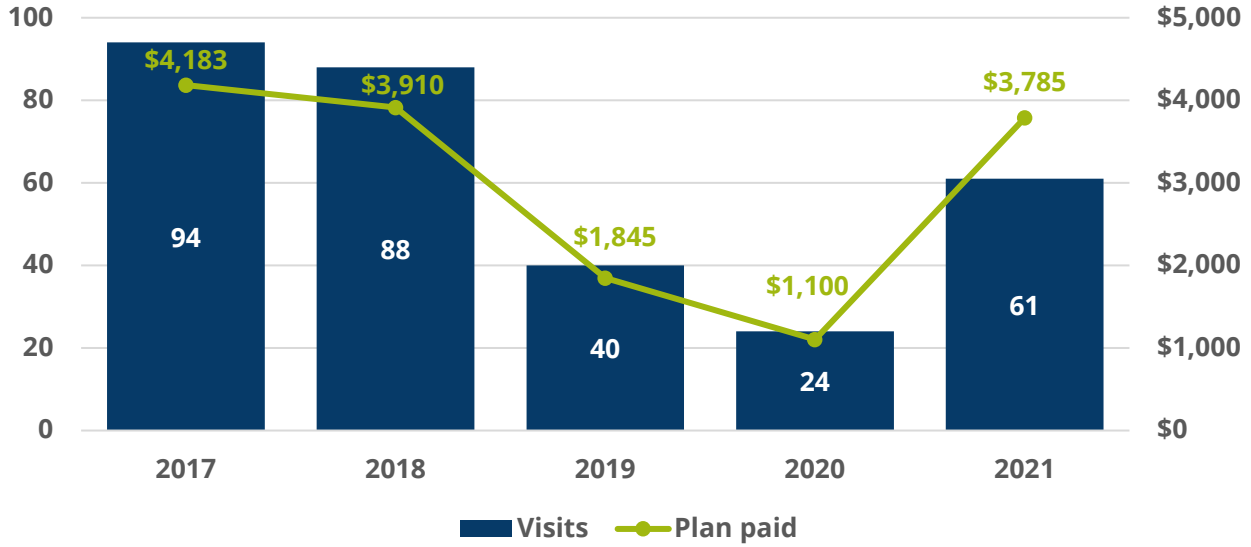
Maternity Management

Births | 2017 - 2021



Launched in July 2011, the goal of the **Birth Outcomes Initiative (BOI)** is to reduce South Carolina's high elective cesarean section birth rate and to reduce Neonatal Intensive Care Unit admissions. It is a statewide initiative involving public and private stakeholders.

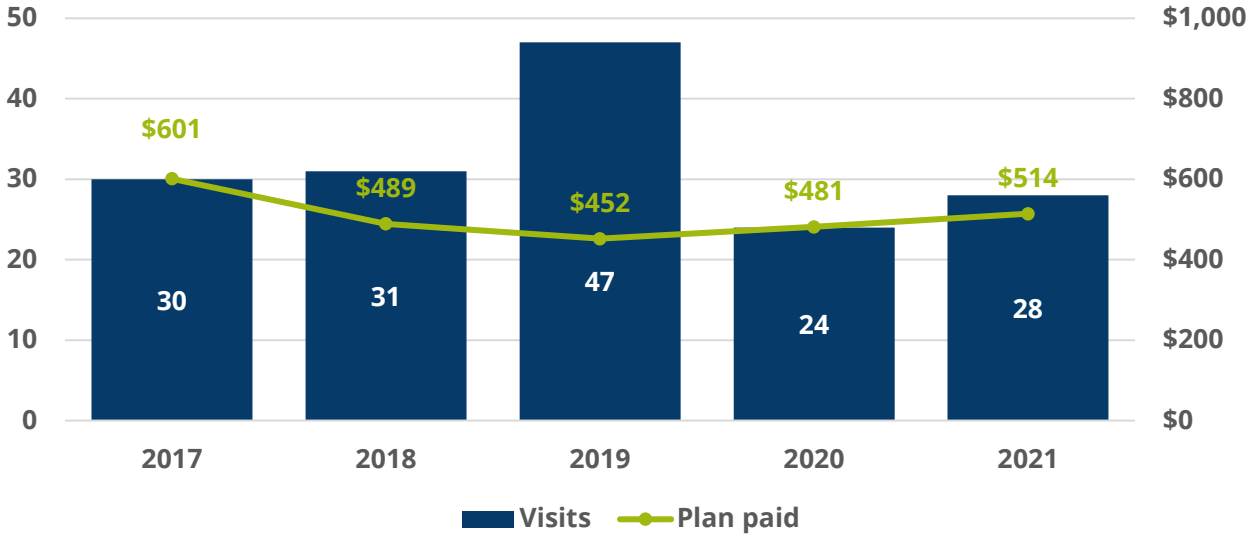
Centering Pregnancy | 2017 - 2021



An approach of the Birth Outcomes Initiative, **Centering Pregnancy** is a nationally recognized model of group prenatal care supported by the Centering Healthcare Institute. Patients are organized into groups of eight to 12 women who have due dates in the same month. Groups meet for 10 two-hour sessions that include a physical assessment, childbirth education and time for socializing.

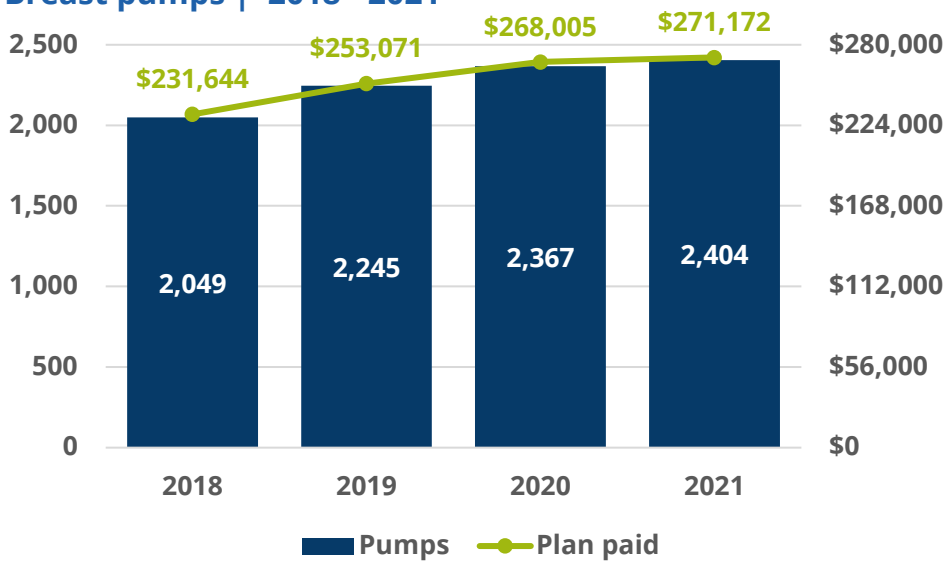
Maternity Management

SBIRT | 2017 - 2021

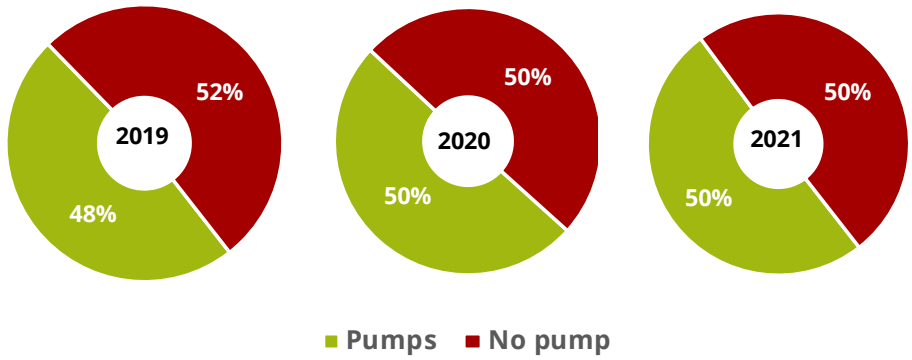


Another approach of the Birth Outcomes Initiative is **SBIRT (Screening, Brief Intervention, and Referral to Treatment)**. Screening assesses the severity of substance abuse and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance abuse and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Breast pumps | 2018 - 2021

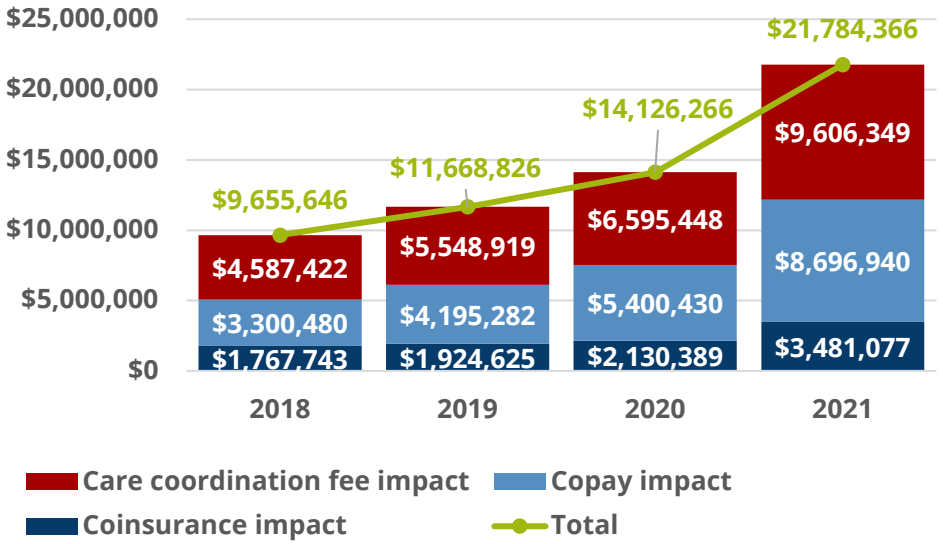


Member utilization by birth year | 2019 - 2021

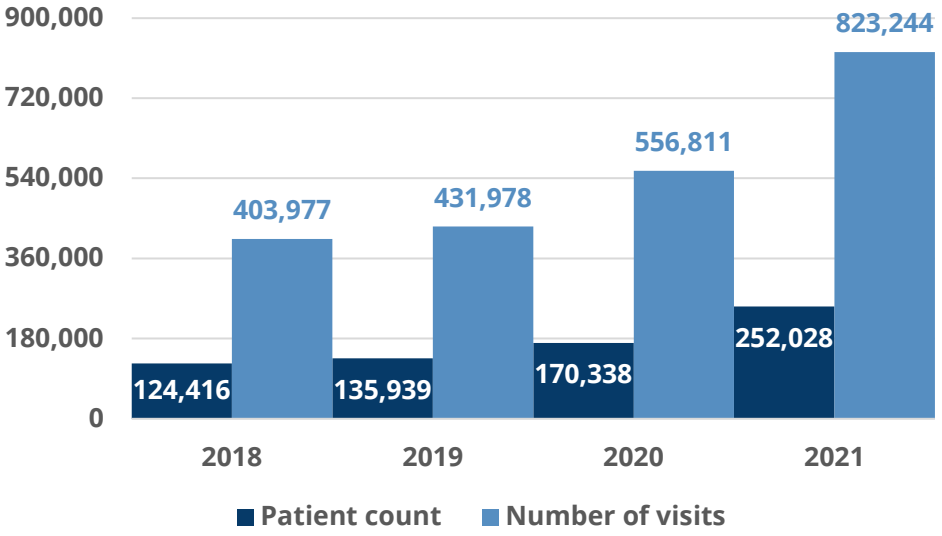


Patient-Centered Medical Home

Financial impact to the plan | 2018 - 2021



Utilization of all patients | 2018 - 2021



Plan cost of care (risk-adjusted) for all PCMH patients | 2021

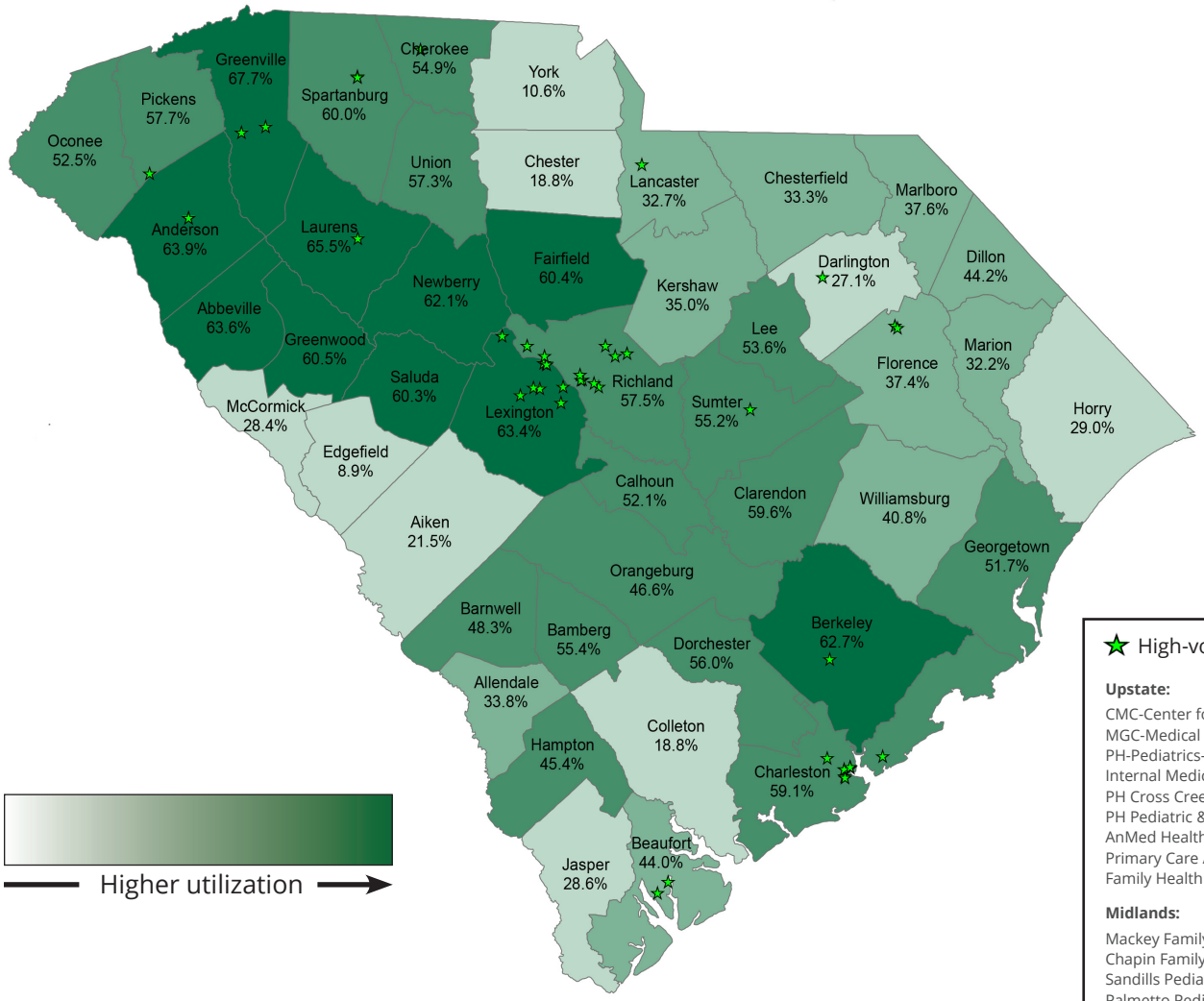
	PCMH	Non-PCMH	Difference	% Difference
All claims	$6,458	$6,446	-$12	-0.18%
All drug claims	$2,254	$2,201	-$53	-2.41%
All medical claims	$3,779	$3,824	$45	1.18%
Inpatient claims	$667	$680	$14	1.99%
Outpatient claims	$1,039	$1,053	$14	1.31%
All office claims	$983	$984	$1	0.07%
Emergency room claims	$167	$171	$4	2.32%
Other claims	$360	$362	$2	0.49%

Per-patient claims are annualized.

The State Health Plan assumes more financial liability with a **Patient-Centered Medical Home**. It absorbs the patient's typical $14 copayment for the doctor's office visit and it pays 90% coinsurance for the in-person visit instead of 80% in a non-PCMH setting. The plan also pays a care coordination fee to PCMH providers.

Patient-Centered Medical Home

Percentage of all SHP members utilizing PCMH practice by county | 2021



The State Health Plan began participating in BlueCross' **Patient-Centered Medical Home (PCMH)** pilot in 2009. The pilot began with one provider practice serving about 500 State Health Plan adult members.

Beginning Jan. 1, 2016, the PCMH program was fully implemented, and financial incentives for using a PCMH were offered to all State Health Plan members. During that year, there were 237 PCMH practices and 2,785 PCMH practitioners. The program has grown steadily over the years. As of 2021, there were 548 PCMH practices and 6,872 PCMH practitioners.

★ High-volume PCMH practices (1,000 patients or more)

Upstate:

CMC-Center for Family Medicine-Peachview
MGC-Medical Affiliates-North Grove
PH-Pediatrics-Spartanburg
Internal Medicine Associates
PH Cross Creek Internal Medicine
PH Pediatric & Internal Medicine - PatrickSquare
AnMed Health Pediatric Associates
Primary Care Associates - PC
Family Health Clinton

Midlands:

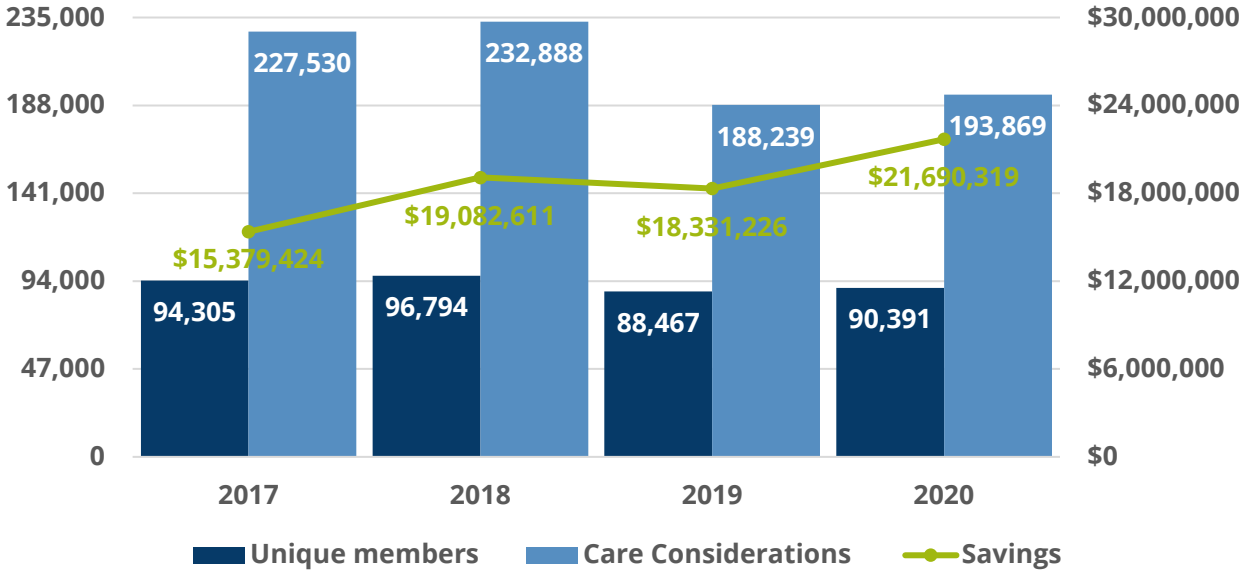
Mackey Family Practice
Chapin Family Practice
Sandills Pediatrics (2 locations)
Palmetto Pediatrics (2 locations)
Lexington Family Practice (6 locations)
Internal Medicine Associates
Harbison Medical Associates
Palmetto Primary Care Physicians
SC Internal Medicine Assoc & Rehab
Southernmed Pediatrics Lake Murray
Spring Valley Family Practice
Sterling Sharpe Pediatrics
The Columbia Medical Group

Lowcountry/Pee Dee:

CareSouth Carolina
HopeHealth Irby
Medical Plaza Family Medicine
Colonial Family Practice LLC
Berkeley Family Practice
Coastal Pediatric Associates PA (2 locations)
MUSC Physicians
Roper St Francis Physician Partners
Liberty Doctors LLC
Carolina Family Care Inc
MUSC Physicians University Family Medicine
MUSC Physicians PCP James Island
Beaufort Memorial Primary Care
Beaufort Memorial Lowcountry Medical Group

Active Health

Active Health recommendations and savings | 2017 - 2020



After analyzing claims data, **Active Health** sends Care Considerations to providers to help close gaps in care. Improved clinical outcomes lead to plan savings.

The Care Consideration compliance rate was 31.5% in 2016, 40.0% in 2017, 48.6% in 2018, 48.6% in 2019, 51.4% in 2020 and 54.9% in 2021.

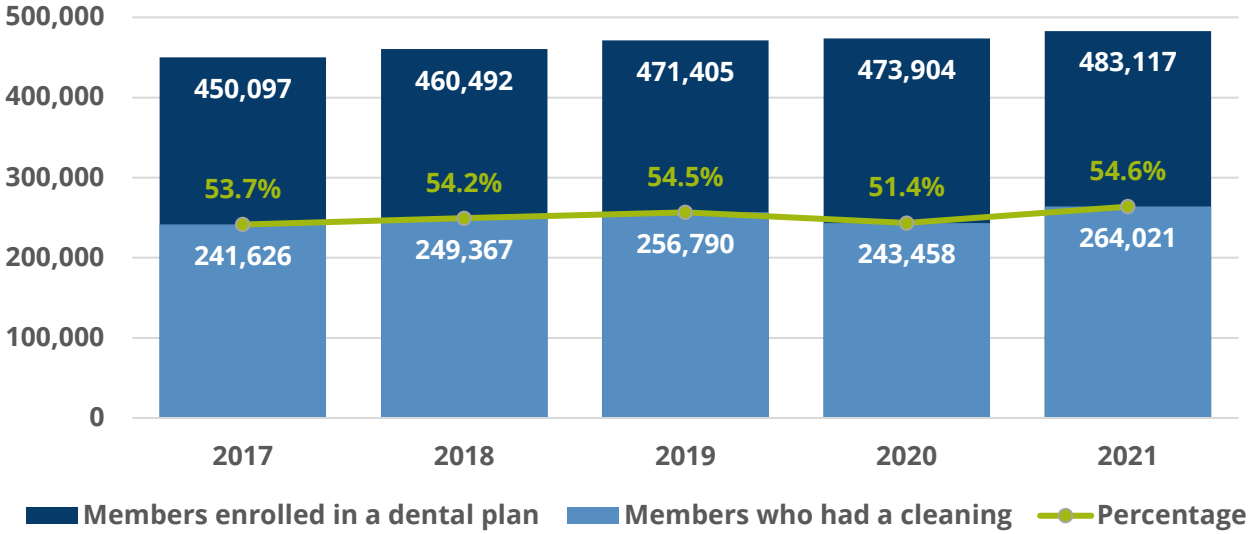
Active Health recommendations and savings | 2021

Gaps in care	83,341
Care Considerations	192,934
Savings	$21,241,667
Compliance Rate	54.9%

The modified methodology for data being reported on by Active Heath for 2021 and beyond better reflects a representation of what this program is focused on for individualized patient care.

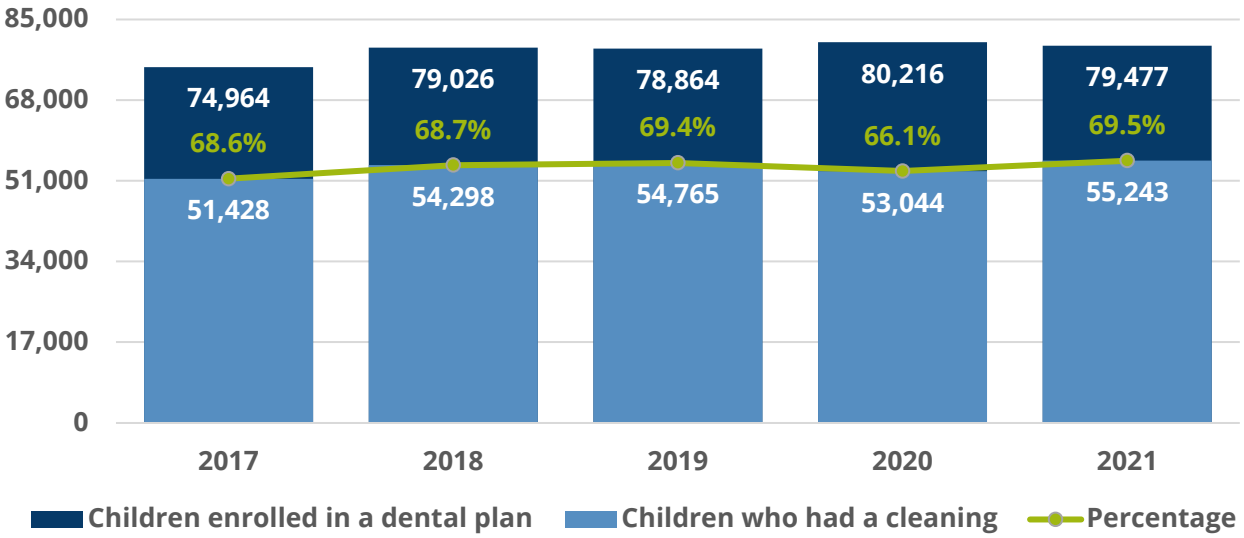
Dental exams

Adults who had a dental cleaning | 2017 - 2021



Adults are defined as those ages 18 and older for this chart. The total count is the number of adults who had at least one cleaning. They are enrolled in Dental Plus or in Basic Dental.

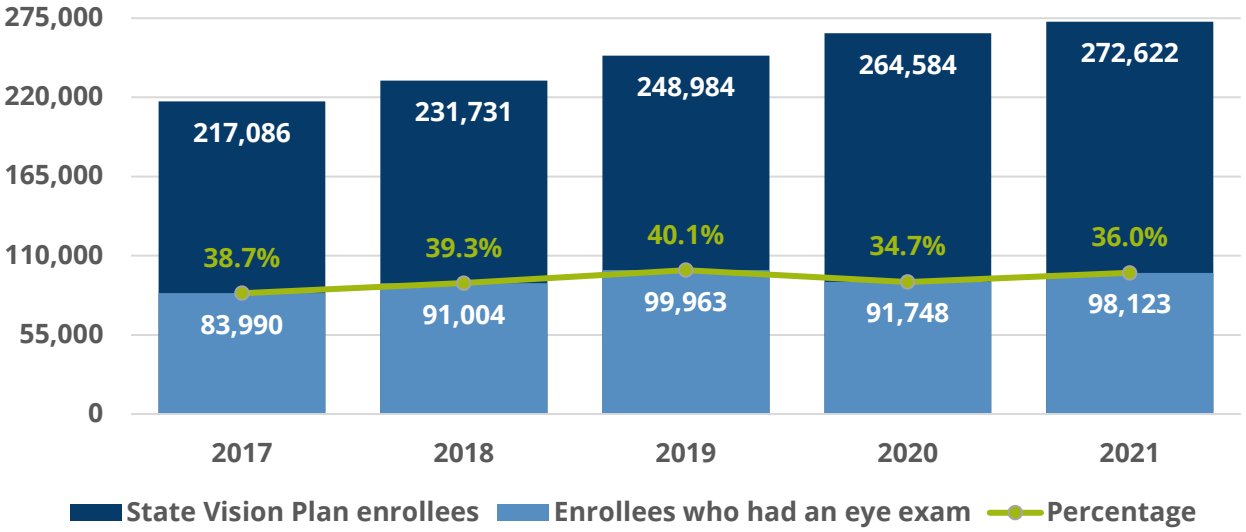
Children who had a dental cleaning | 2017 - 2021



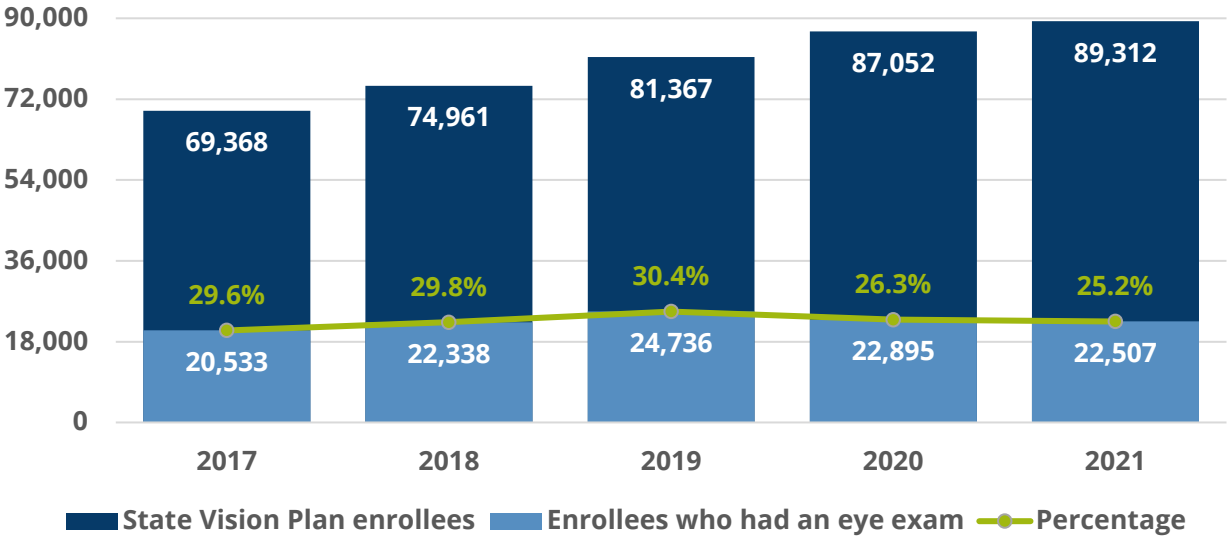
Children are defined as those ages 2 through 17 for this chart. The total count is the number of children who had at least one cleaning. They are enrolled in Dental Plus or in Basic Dental.

Eye exams

Subscribers, spouses who had annual eye exam | 2017 - 2021



Dependent children who had annual eye exam | 2017 - 2021



The State Vision Plan covers a comprehensive eye exam once a year with a $10 copay. A comprehensive eye exam not only detects the need for vision correction, but it can also reveal early signs of many medical conditions, including diabetes, high blood pressure and heart disease.

Appendix

IMMUNIZATION REGISTRY OVERVIEW

Updated: November 16, 2022

Appendix

South Carolina Department of Health and Environmental Control Immunization Registry Overview

https://scdhec.gov/health-professionals/electronic-health-records-meaningful-use/immunization-registry

Information on South Carolina's Immunization Registry from the above website: *"The Immunization Registry for the State of South Carolina is mandated in the SC Code Section 44-29-40 (B) Regulation 61-120. As such, the Immunization Registry consolidates the vaccination history for patients who visit multiple providers and protects the public from over- or under-immunization. SCDHEC currently accepts Immunization Registry messages from all certified immunization providers. This includes the following provider types: Eligible Hospitals and Critical Access Hospitals and Eligible Providers."*

Through a data sharing agreement, the South Carolina Revenue and Fiscal Affairs Office links State Health Plan eligibility records with SCDHEC immunization registry data and provides immunization coverage reports to PEBA's health analytic team. Although immunization coverage rates can be determined using the claims system, vaccine rates may vary between the two sources if members are vaccinated outside of Plan benefits.

This report provides immunization coverage rates for COVID-19 using the linked eligibility records and immunization registry data. Comparison coverage rates from SCDHEC COVID-19 vaccination dashboard are also provided.

Appendix

First Dose/Number of People with at least 1 COVID-19 Vaccination – Point-in-Time Eligibility

	SHP Eligibility Linked to Immunization Registry			*DHEC COVID Dashboard*			
Age Group	**Number SHP Members**	**Number SHP Vaccinated**	**Percentage Vaccinated**	**South Carolina Population**	**Number Vaccinated**	**Percentage Vaccinated**	**# SHP Members Vaccinated/ # Vaccinated SC Population**
Under 5	18,727	1,782	9.5%	291,296	12,356	4.0%	14.4%
5 to 11	33,143	12,531	37.8%	439,755	101,862	23.1%	12.3%
12 to 17	35,094	21,481	61.2%	391,558	194,406	49.6%	11.0%
18 to 34	100,936	67,704	67.1%	1,153,713	604,040	52.2%	11.2%
35 to 49	95,242	75,259	79.0%	944,102	615,240	65.1%	12.2%
50 to 64	115,283	97,189	84.3%	1,021,241	791,641	77.4%	12.3%
65 to 84	95,450	83,309	87.3%	882,081	814,395	92.1%	10.2%
85 & Older	7,349	6,274	85.4%	94,294	81,477	86.2%	7.7%
Total	501,224	365,529	72.9%	5,218,040	3,215,417	61.5%	11.4%

Number SHP Members: (single point-in-time count) All South Carolina residents with SHP (primary or secondary) health eligibility on September 1, 2022. Age calculated as of September 1, 2022. Only SHP members who reside in South Carolina were included.
Number SHP Vaccinated: counted if eligible for SHP at the time of the vaccination. Age determined at first vaccination service date. Member does not have to be counted in the denominator to be counted in the numerator. Vaccination data date of service thru 9/30/2022.
DHEC COVID dashboard numbers accessed on 11/16/2022.

Appendix

Completed/Number of People with Completed COVID-19 Vaccination Series – Members with Continuous SHP Eligibility During Study Period

	SHP Eligibility Linked to Immunization Registry			*DHEC COVID Dashboard*			
Age Group	**Number SHP Members**	**Number SHP Vaccinated**	**Percentage Vaccinated**	**South Carolina Population**	**Number Vaccinated**	**Percentage Vaccinated**	**# SHP Members Vaccinated/ # Vaccinated SC Population**
Under 5	14,936	1,132	7.6%	291,296	4,600	1.6%	24.6%
5 to 11	28,531	8,786	30.8%	439,755	84,398	19.2%	10.4%
12 to 17	30,967	15,486	50.0%	391,558	168,858	43.1%	9.2%
18 to 34	82,207	44,846	54.6%	1,153,713	502,607	43.6%	8.9%
35 to 49	82,213	55,954	68.1%	944,102	531,973	56.3%	10.5%
50 to 64	106,071	78,413	73.9%	1,021,241	703,004	68.8%	11.2%
65 to 84	95,895	82,221	85.7%	882,081	727,944	82.5%	11.3%
85 & Older	7,698	6,637	86.2%	94,294	70,774	75.1%	9.4%
Total	448,518	293,475	65.4%	5,218,040	2,794,158	53.5%	10.5%

Number SHP Members: All South Carolina residents with SHP (primary or secondary) health eligibility from December 2020 until September 2022. Age calculated as of September 30, 2022. Only SHP members who reside in South Carolina were included. Member must have SHP health eligibility (primary or secondary) at least 85% of the time.
Number SHP Vaccinated: counted if eligible for SHP at the time of the vaccination and met above eligibility inclusion criteria. Age calculated as of September 30, 2022. Member must be in the denominator to be counted in the numerator. Vaccination data date of service thru 9/30/2022.
Completed COVID-19 Vaccination Series includes 1 Janssen shot or mRNA shots at least 20 days apart.
DHEC COVID dashboard numbers accessed on 11/16/2022.

Appendix

Completed/Number of People with Completed COVID-19 Vaccination Series & First Booster – Members with Continuous SHP Eligibility During Study Period

	SHP Eligibility Linked to Immunization Registry			*DHEC COVID Dashboard*			
Age Group	**Number SHP Members**	**Number SHP Vaccinated**	**Percentage Vaccinated**	**South Carolina Population**	**Number Vaccinated**	**Percentage Vaccinated**	**# SHP Members Vaccinated/ # Vaccinated SC Population**
5 to 11	28,531	1,684	5.9%	439,755	11,855	2.7%	14.2%
12 to 17	30,967	5,005	16.2%	391,558	42,707	10.9%	11.7%
18 to 34	82,207	18,003	21.9%	1,153,713	139,141	12.1%	12.9%
35 to 49	82,213	29,721	36.2%	944,102	202,544	21.5%	14.7%
50 to 64	106,071	47,664	44.9%	1,021,241	366,596	35.9%	13.0%
65 to 84	95,895	65,448	68.2%	882,081	497,243	56.4%	13.2%
85 & Older	7,698	5,422	70.4%	94,294	45,015	47.7%	12.0%
Total	433,582	172,947	39.9%	5,218,040	1,305,101	25.0%	13.3%

Number SHP Members: All South Carolina residents with SHP (primary or secondary) health eligibility from December 2020 until September 2022. Age calculated as of September 30, 2022. Only SHP members who reside in South Carolina were included. Member must have SHP health eligibility (primary or secondary) at least 85% of the time.
Number SHP Vaccinated: counted if eligible for SHP at the time of the vaccination and met above eligibility inclusion criteria. Age calculated as of September 30, 2022. Member must be in the denominator to be counted in the numerator. Vaccination data date of service thru 9/30/2022.
Completed COVID-19 Vaccination Series includes 1 Janssen shot or mRNA shots at least 20 days apart. Members with completed vaccination series and a total of 3 mRNA shot records are included in count.
DHEC COVID dashboard numbers accessed on 11/16/2022.

Appendix

Completed/Number of People with Completed COVID-19 Vaccination Series & Second Booster – Members with Continuous SHP Eligibility During Study Period

	SHP Eligibility Linked to Immunization Registry			*DHEC COVID Dashboard*			
Age Group	**Number SHP Members**	**Number SHP Vaccinated**	**Percentage Vaccinated**	**South Carolina Population**	**Number Vaccinated**	**Percentage Vaccinated**	**# SHP Members Vaccinated/ # Vaccinated SC Population**
5 to 11	28,531	31	0.1%	439,755	103	0.0%	30.1%
12 to 17	30,967	131	0.4%	391,558	4,093	1.0%	3.2%
18 to 34	82,207	1,012	1.2%	1,153,713	14,129	1.2%	7.2%
35 to 49	82,213	2,706	3.3%	944,102	31,955	3.4%	8.5%
50 to 64	106,071	13,312	12.6%	1,021,241	111,701	10.9%	11.9%
65 to 84	95,895	29,579	30.8%	882,081	223,680	25.4%	13.2%
85 & Older	7,698	2,528	32.8%	94,294	18,846	20.0%	13.4%
Total	433,582	49,299	11.4%	5,218,040	404,507	7.8%	12.2%

Number SHP Members: All South Carolina residents with SHP (primary or secondary) health eligibility from December 2020 until September 2022. Age calculated as of September 30, 2022. Only SHP members who reside in South Carolina were included. Member must have SHP health eligibility (primary or secondary) at least 85% of the time.
Number SHP Vaccinated: counted if eligible for SHP at the time of the vaccination and met above eligibility inclusion criteria. Age calculated as of September 30, 2022. Member must be in the denominator to be counted in the numerator. Vaccination data date of service thru 9/30/2022.
Completed COVID-19 Vaccination Series includes 1 Janssen shot or mRNA shots at least 20 days apart. Members with completed vaccination series and a total of 4 mRNA shot records are included in count.
DHEC COVID dashboard numbers accessed on 11/16/2022.

Appendix

HEDIS PERFORMANCE MEASURES

Updated: September 21, 2022

Appendix

Information contained on this page taken directly from NCQA website

https://www.ncqa.org/hedis/measures/

HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measures in the United States. The term "HEDIS" originated in the late 1980s and was entrusted to NCQA in the early 1990s. NCQA has expanded the size and scope of HEDIS to include measures for physicians, Accountable Care Organizations, and other organizations. HEDIS 2021 is published across several volumes and includes more than 90 measures across 5 domains of care:

1. Effectiveness of Care.
2. Access/Availability of Care.
3. Utilization
4. Risk Adjusted Utilization.
5. Measures Collected Using Electronic Clinical Data Systems.

How HEDIS Is Developed

NCQA's Committee on Performance Measurement, which includes representation from purchasers, consumers, health plans, health care providers and policy makers, oversees the evolution of the measurement set. Multiple Measurement Advisory Panels provide clinical and technical knowledge required to develop the measures. Additional HEDIS Expert Panels and the Technical Measurement Advisory Panel provide invaluable assistance by identifying methodological issues and providing feedback on new and existing measures.

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Technical Notes

Members with SHP primary coverage as determined by eligibility files were selected for the performance measures included in this report (i.e., members with Medicare primary coverage were excluded from the analysis). Members with the following health plan categories were selected: 1) Blue Cross/Blue Shield Standard Plan, 2) Blue Cross/Blue Shield Savings Plan and 3) MUSC Health Plan. Unless a HEDIS measure specifically notes to include rejected or reversed claims, only non-rejected, non-reversed medical, dental and pharmacy claims were used in the analyses for this report.

Most measures allow for one gap in enrollment of up to 45 days during each measurement year. *Opioid measures do not allow for any gap in enrollment.* Age is calculated as of December 31 of the measurement year except for opioid measures. Age is calculated as of January 1 of each measurement year for opioid measures. Inpatient claims and emergency department claims are not included in well child and adolescent well care measures. HEDIS guidelines require specialty of primary care physician for well child visit measures and primary care or OB/GYN physician for the adolescent measure. Due to the number of practice groups reporting multi-specialty instead of a specific specialty designation, as well as data quality issues inherent in the specialty data field, this requirement was not included in the creation of child and adolescent well-care for this report.

When a measure specified an exclusion "to be any time during the member's history through December 31 of the measurement year", a lookback of seven years including the measurement year was applied. Eligibility was not a factor for member history (i.e., member did not have to have at least 320 days of coverage in each year of the lookback if the excluding diagnosis or procedure was identified in the claims).

There are more than 191 million people enrolled in plans that report HEDIS results. Rates for several measures by plan type - commercial HMO, commercial PPO, Medicaid HMO, Medicare HMO, and Medicare PPO - are provided on the NCQA website. For the purposes of this report, these results are included and are used as a comparison or benchmark.

Measure descriptions and "Why it Matters?" information on the following pages is taken directly from HEDIS Technical Specifications for Health Plans. https://www.ncqa.org/hedis/measures/

Appendix

Adults' Access to Preventive/Ambulatory Health Services (AAP)

DESCRIPTION

The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

WHY IT MATTERS?

This measure assesses whether adult health plan members had a preventive or ambulatory visit to their physician. Health care visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can address acute issues or manage chronic conditions.

RESULTS

Percentage of Adult SHP Primary Members with at least 1 Preventive/Ambulatory Health Service in Current Year or Two Years Prior to the Measurement Year (Time Frame: 2019-2021)

Age Group	Total Members	# Members with at least 1 Visit	AAP%
20-44 years	103,807	98,055	94.5%
45-64 years	123,953	120,377	97.1%
65 years & older	11,736	11,463	97.7%
Total	239,496	229,895	96.0%

AAP 3-Year Commercial HMO/PPO Benchmark: no results available.

Appendix

Annual Dental Visit (ADV)

DESCRIPTION

The percentage of members 2–20 years of age who had at least one dental visit during the measurement year for Medicaid members. This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.
Measure modified to assess all active SHP members 2 years of age and older who had at least one dental visit during the measurement year for members with dental coverage.

WHY IT MATTERS?

Regular dental visits provide access to cleaning, early diagnosis, treatment, and education about caring for teeth to prevent problems.

RESULTS

Percentage of Active SHP Members with Dental Coverage (Includes Members with Basic and Dental Plus) with at least 1 Dental Claim.

	2020			2021		
Age Group	Total Members	Members with Dental Claim	Dental Claim Rate	Total Members	Members with Dental Claim	Dental Claim Rate
2 to 20 years	86,038	59,543	69.2%	82,054	60,438	73.7%
21 to 39 years	97,445	47,193	48.4%	93,842	48,790	52.0%
40 to 64 years	148,753	83,312	56.0%	146,161	87,595	59.9%
65 years & older	14,431	8,666	60.1%	14,644	9,319	63.6%
All Ages	346,667	198,714	57.3%	336,701	206,142	61.2%

ADV Total Rate 2-20 years of age for Medicaid HMO 2020: 42.8% (no commercial benchmark results are available).

Appendix

Annual Dental Visit (ADV) Additional Results

Additional results: Total Members, # of Members with a Dental Claim, Dental Claim Rate, Total Members Enrolled in Dental Basic, # of Members Enrolled in Dental Basic with a Dental Claim, Dental Basic Claim Rate, Enrolled in Dental Plus, # of Members Enrolled in Dental Plus with a Dental Claim, Dental Plus Claim Rate

		Dental Basic & Dental Plus			Dental Basic			Dental Plus		
Year	Age Group	Total Members	Members with Dental Claim	Dental Claim Rate	Total Members	Members with Dental Claim	Dental Claim Rate	Total Members	Members with Dental Claim	Dental Claim Rate
2020	2 to 3 years	5,332	2,576	48.3	1,883	713	37.9	3,449	1,863	54.0
2020	4 to 6 years	10,469	7,540	72.0	3,415	2,089	61.2	7,054	5,451	77.3
2020	7 to 10 years	16,495	12,805	77.6	4,781	3,188	66.7	11,714	9,617	82.1
2020	11 to 14 years	20,177	15,223	75.4	5,756	3,740	65.0	14,421	11,483	79.6
2020	15 to 18 years	22,151	15,153	68.4	6,403	3,754	58.6	15,748	11,399	72.4
2020	19 to 20 years	11,414	6,246	54.7	3,310	1,457	44.0	8,104	4,789	59.1
2020	21 to 29 years	45,080	20,154	44.7	17,559	6,067	34.6	27,521	14,087	51.2
2020	30 to 39 years	52,365	27,039	51.6	19,822	7,639	38.5	32,543	19,400	59.6
2020	40 to 49 years	62,150	34,179	55.0	20,502	8,652	42.2	41,648	25,527	61.3
2020	50 to 64 years	86,603	49,133	56.7	28,111	12,144	43.2	58,492	36,989	63.2
2020	65 years & older	14,431	8,666	60.1	4,362	1,877	43.0	10,069	6,789	67.4
2021	2 to 3 years	4,562	2,369	51.9	1,727	720	41.7	2,835	1,649	58.2
2021	4 to 6 years	9,707	7,546	77.7	3,336	2,243	67.2	6,371	5,303	83.2
2021	7 to 10 years	15,975	13,195	82.6	4,781	3,480	72.8	11,194	9,715	86.8
2021	11 to 14 years	19,111	15,268	79.9	5,395	3,768	69.8	13,716	11,500	83.8
2021	15 to 18 years	21,735	15,734	72.4	6,176	3,838	62.1	15,559	11,896	76.5
2021	19 to 20 years	10,964	6,326	57.7	3,217	1,555	48.3	7,747	4,771	61.6
2021	21 to 29 years	43,760	20,844	47.6	16,890	6,452	38.2	26,870	14,392	53.6
2021	30 to 39 years	50,082	27,946	55.8	19,434	8,266	42.5	30,648	19,680	64.2
2021	40 to 49 years	60,121	35,548	59.1	19,835	9,175	46.3	40,286	26,373	65.5
2021	50 to 64 years	86,040	52,047	60.5	27,917	13,067	46.8	58,123	38,980	67.1
2021	65 years & older	14,644	9,319	63.6	4,402	2,042	46.4	10,242	7,277	71.1

Appendix

Well-Child Visits in the First 15 Months & 15 - 30 Months of Life (W15 & W30)

Child and Adolescent Well-Care Visits (WCV)

DESCRIPTION

Well-Child Visits in the First 15 Months of Life **(W15)**: Assesses children who turned 15 months old during the measurement year and had 0–6 well-child visits with a primary care physician during their first 15 months of life.

Well-Child Visits for Age 15 Months–30 Months **(W30)**: Assesses children who turned 30 months old during the measurement year and had two or more well-child visits with a primary care physician from their first 15 months plus one day through 30 months of life.

Child and Adolescent Well-Care Visits **(WCV)**: The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Report three age stratifications and total rate: 3–11 years, 12–17 years, 18–21 years and the sum of the age stratifications.

For purposes of SHP, the maximum age for the Child and Adolescent Well-Care Visit Measure is 19.

WHY IT MATTERS?

Assessing physical, emotional, and social development is important at every stage of life, particularly with children and adolescents.[1] Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood.[2] Well-care visits provide an opportunity for providers to influence health and development. They are a critical opportunity for screening and counseling.

1) Child Trends. 2012. "Well-child visits." http://www.childtrends.org/?indicators=well-child-visits
2) Centers for Disease Control and Prevention (CDC). 2014. "Youth Risk Behavior Surveillance—United States, 2013." http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf

Appendix

RESULTS

Number & percentage of SHP members who turned 15 months old during the measurement year and had 0–6 well-child visits during their first 15 months (W15).

Year	Total Members	No Well-Child		1 Well-Child		2 Well-Child		3 Well-Child		4 Well-Child		5 Well-Child		6 Well-Child	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
2020	3,396	31	0.9%	3,365	99.1%	3,354	98.8%	3,334	98.2%	3,287	96.8%	3,211	94.6%	2,828	83.3%
2021	3,303	27	0.8%	3,276	99.2%	3,253	98.5%	3,229	97.7%	3,189	96.5%	3,105	94.0%	2,808	85.0%

W15 Commercial Benchmark 2020 – HMO: 78.5%, PPO: 78.5%

Number & percentage of SHP members who turned 30 months during the measurement year and had 0–2 well-child visits from 15 months to 30 months (W30).

Year	Total Members	No Well-Child		1 Well-Child		2 Well-Child	
		#	%	#	%	#	%
2020	3,465	85	2.5%	3,380	97.5%	3,211	92.7%
2021	3,525	127	3.6%	3,398	96.4%	3,181	90.2%

W30 Commercial Benchmark 2020 – HMO: 87.0%, PPO: 88.0%

Number & percentage of SHP members 3-19 years of age who received one or more well-child visits during the measurement year (WCV).

Year	Members 3 to 11 years			Members 12 to 17 years			Members 18 to 19 years			Members 3 to 19 years		
	Total Members	# 1 Well-Child	% 1 Well-Child	Total Members	# 1 Well-Child	% 1 Well-Child	Total Members	# 1 Well-Child	% 1 Well-Child	Total Members	# 1 Well-Child	% 1 Well-Child
2020	39,244	24,049	61.3%	34,224	16,889	49.3%	12,331	3,697	30.0%	85,799	44,635	52.0%
2021	38,236	23,988	62.7%	33,373	16,849	50.5%	12,302	3,813	31.0%	83,911	44,650	53.2%

WCV Commercial Benchmark 2020 – HMO: 53.7%, PPO: 53.1 %

Appendix

Childhood Immunization Status (CIS)

DESCRIPTION

The percentage of children 2 years of age who had a four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three *Haemophilus* influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugates (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

The measure calculates a rate for each vaccine plus separate combination rates.

Methodology change: Measures follow HEDIS guidelines with one exception. HEDIS specifies eligibility in the 12 months prior to member's second birthday with one allowable gap. For measure below, eligibility in the 24 months prior to a member's second birthday was used with one allowable gap of 45 days per year.

A child's initial HepB vaccination is often recorded under the mother's hospital stay. Therefore, only 2 HepB vaccinations were required.

WHY IT MATTERS?

Childhood vaccines protect children from several serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus, and whooping cough, at a time in their lives when they are most vulnerable to disease.[1,2] Approximately 300 children in the United States die each year from vaccine preventable diseases.[3]

Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained to prevent a resurgence of vaccine-preventable diseases.[4]

1. Mayo Clinic. 2014. "Infant and Toddler Health.Childhood Vaccines: Tough questions, straight answers. Do vaccines cause autism? Is it OK to skip certain vaccines? Get the facts on these and other common questions." http://www.mayoclinic.com/health/vaccines/CC00014
2. Institute of Medicine. January 2013. "The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies." Report Brief.
3. gov. 2013. "Immunizations and Infectious Diseases." http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23
4. Diekema, D.S. 2012. "Improving Childhood Vaccination Rates." *N Engl J Med 366:39;1-3* http://www.nejm.org/doi/full/10.1056/NEJMp1113008

Appendix

Percentage of SHP Children who had Vaccinations	Year	# Members Eligible	# Members Vaccinated	% Members Vaccinated	Benchmark
Four diphtheria (DTaP) vaccinations during their first 2 years of life	2020	2,996	2,560	85.5%	2020 HMO: 83.4%
	2021	3,133	2,654	84.7%	2020 PPO: 79.2%
Three polio (IPV) vaccinations during their first 2 years of life	2020	2,996	2,702	90.1%	2020 HMO: 89.4%
	2021	3,133	2,825	90.2%	2020 PPO: 85.1%
One measles, mumps, and rubella (MMR) vaccination between first and second birthdays	2020	2,990	2,815	94.2%	2020 HMO: 92.4%
	2021	3,126	2,904	92.9%	2020 PPO: 90.5%.
Three Haemophilus influenza type B (HiB) vaccinations during their first 2 years of life	2020	2,996	2,731	91.2%	2020 HMO: 89.7%
	2021	3,133	2,848	90.9%	2020 PPO: 85.8%.
Two hepatitis B (HepB) vaccinations during their first 2 years of life	2020	2,996	2,771	92.5%	2020 HMO: 83.7%
	2021	3,133	2,905	92.7%	2020 PPO: 75.3%
One chicken pox (VZV) vaccination between first and second birthdays	2020	2,990	2,812	94.1%	2020 HMO: 91.5%
	2021	3,126	2,890	92.5%	2020 PPO: 89.8%
Four pneumococcal conjugate (PCV) vaccinations during their first 2 years of life	2020	2,996	2,615	87.3%	2020 HMO: 84.2%
	2021	3,133	2,724	87.0%	2020 PPO: 80.1%
One hepatitis A (HepA) vaccination between member's first and second birthdays	2020	2,996	2,819	94.1%	2020 HMO: 89.5%
	2021	3,133	2,923	93.3%	2020 PPO: 87.7%
Three rotavirus (RV) vaccinations during their first 2 years of life	2020	2,994	2,542	84.9%	2020 HMO: 82.2%
	2021	3,127	2,646	84.6%	2020 PPO: 77.7%
Two influenza vaccinations during their first 2 years of life	2020	2,996	2,168	72.4%	2020 HMO: 71.8%
	2021	3,133	2,253	71.9%	2020 PPO: 69.6%
Combination 10: four DTaP, three IPV, one MMR, three HiB, two HepB, one VZV by their second birthday	2020	2,990	2,474	82.7%	2020 HMO: 58.0%
	2021	3,126	2,573	82.3%	2020 PPO: 51.4%

Appendix

Immunizations for Adolescents (IMA)

DESCRIPTION

Assesses adolescents 13 years of age who had one dose of meningococcal vaccine, one TDaP/TD vaccine and the complete human papillomavirus vaccine series by their 13th birthday.

WHY IT MATTERS?

Vaccines are a safe and effective way to protect adolescents against potential deadly diseases.[1] Receiving recommended vaccinations is the best defense against vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough) and human papillomavirus. These are serious diseases that can cause breathing difficulties, heart problems, nerve damage, pneumonia, seizures, cancer—and even death.[2]

1. National Foundation for Infectious Diseases. AdolescentVaccination.org. 2013. "10 Reasons to be Vaccinated." http://adolescentvaccination.org/10-reasons
2. 2017. "2017 Recommended Immunizations for Children 7–18 Years Old." https://www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf

RESULTS

Methodology change: HEDIS specifies eligibility in the 12 months prior to member's 13th birthday with one allowable gap. For measures above, eligibility from 11th to 13th birthday was used for MCV4 measure, from 10th to 13th birthday for TDAP, and from 9th to 13th for HPV measure (w/ an allowable gap of 45 days per year for each measure).

Percentage of Adolescents who had Vaccinations	Year	# Members Eligible	# Members Vaccinated	% Members Vaccinated	Benchmark
One dose of Meningococcal vaccine (MCV4)	2020	4,672	3,489	74.7%	2020 HMO: 83.4%
	2021	4,756	3,640	76.5%	2020 PPO: 78.4%
One dose of diphtheria, tetanus, and acellular pertussis (TDAP/TD)	2020	4,178	3,616	86.6%	2020 HMO: 88.2%
	2021	4,242	3,524	83.1%	2020 PPO: 83.2%
Human Papillomavirus for Adolescents (HPV)	2020	3,774	1,077	28.5%	2020 HMO: 33.4%
	2021	3,853	1,178	30.6%	2020 PPO: 29.2%.
Adolescent Immunization Combination 2 (MCV4, TDaP/TD, HPV)	2020	3,774	1,001	26.5%	2020 HMO: 31.9%
	2021	3,853	1,078	28.0%	2020 PPO: 27.4%.

Appendix

Breast Cancer Screening (BCS)

DESCRIPTION

The percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

WHY IT MATTERS?

Aside from some forms of skin cancer, breast cancer is the most common cancer among American women, regardless of race or ethnicity.[1] Screening can improve outcomes: Early detection reduces the risk of dying from breast cancer and can lead to a greater range of treatment options and lower health care costs.[2]

1. Centers for Disease Control and Prevention (CDC). 2018. "Breast Cancer Statistics." http://www.cdc.gov/cancer/breast/statistics/index.htm
2. American Cancer Society. 2017. "American Cancer Society Recommendations for the Early Detection of Breast Cancer." https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html

RESULTS

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

Year	# Members	# At Least 1 Mammogram	Rate
2020	57,688	41,102	71.3%
2021	58,196	42,118	72.4%

BCS Commercial Benchmark 2020 – HMO: 71.2%, PPO: 69.5%

Appendix

Cervical Cancer Screening (CCS)

DESCRIPTION

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

1. Women 21–64 years of age who had cervical cytology performed every 3 years.
2. Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
3. Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

WHY IT MATTERS?

Cervical cancer is a disease in which the cells in the cervix grow out of control. Cervical cancer used to be one of the most common causes of cancer death for American women; effective screening has reduced the mortality rate by more than 50 percent over the last 30 years.[1] Cervical cancer is preventable in most cases because effective screening tests exist. If detected early, cervical cancer is highly treatable.[1]

1) American Cancer Society. 2014. "Cervical Cancer Prevention and Early Detection." http://www.cancer.org/acs/groups/cid/documents/webcontent/003167-pdf.pdf

RESULTS

The percentage of women 21–64 years of age who were screened for cervical cancer.

Year	# Members	# Screened for Cervical Cancer	Rate
2020	112,149	71,742	64.0%
2021	113,014	72,928	64.5%

CCS Commercial Benchmark 2020 – HMO: 73.8%, PPO: 72.4%

Appendix

Colorectal Cancer Screening (COL)

DESCRIPTION

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

WHY IT MATTERS?

Treatment for colorectal cancer in its earliest stage can lead to a 90 percent survival rate after five years. However, more than a third of adults 50-75 do not get recommended screenings.[1] Colorectal cancer screening of asymptomatic adults in that age group can catch polyps before they become cancerous or detect colorectal cancer in its early states, when treatment is most effective.

1. American Cancer Society. 2017. "Colorectal Cancer Facts & Figures 2017-2019." https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf

RESULTS

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

Year	# Members	# Screened for Colorectal Cancer	Rate
2020	106,112	64,370	60.7%
2021	107,439	69,437	64.6%

Percentage of members screened for colorectal cancer via colonoscopy (had colonoscopy last 10 years):

2020 – 60,807 (94.5%) of the 64,370 members screened

2021 – 61,641 (88.8%) of the 69,437 members screened

COL Commercial Benchmark 2020 – HMO: 62.0%, PPO: 60.7%

Appendix

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

DESCRIPTION

The percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer. *A lower rate indicates better performance.*

WHY IT MATTERS?

Cervical cancer screening can result in more harm than benefits for adolescent females. Adolescent females tend to have high rates of transient HPV infection and regressive cervical abnormalities. This may produce false-positive results and lead to unnecessary and potentially detrimental follow-up tests and treatment.[1]

1. Kulasingam, S.L, L. Havrilesky, R. Ghebre, E.R Myers. 2011. "Screening for Cervical Cancer: A Decision Analysis for the U.S. Preventive Services Task Force." Agency for Healthcare Research and Quality. Report No.: 11-05157-EF-1. Rockville, MD

RESULTS

The percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer.

Year	# Members	# Screened for Cervical Cancer	Rate
2020	14,967	136	0.9%
2021	14,685	123	0.8%

NCS Commercial Benchmark 2020 – HMO: 0.7%, PPO: 0.7%

Appendix

Use of Imaging Studies for Low Back Pain (LBP)

DESCRIPTION

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

WHY IT MATTERS?

Evidence shows that unnecessary or routine imaging (X-ray, MRI, CT scan) for low back pain is not associated with improved outcomes. It also exposes patients to unnecessary harms such as radiation and further unnecessary treatment. For most individuals who experience severe low back pain, pain improves within the first two weeks of onset. Avoiding imaging for patients when there is no indication of an underlying condition can prevent unnecessary harm and unintended consequences to patients and can reduce health care costs.

RESULTS

The percentage of members 18-50 years with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Year	# Members with Primary Diagnosis of Low Back Pain	# Members with Primary Diagnosis of Low Back Pain with an Imaging Study	Rate [1-(numerator/ eligible population)]*100
2020	10,265	2,699	73.7%
2021	10,456	2,797	73.3%

LBP Commercial Benchmark 2020 – HMO: 79.6%, PPO: 77.3%

Appendix

Use of Opioids at High Dosage (HDO)

Adapted with financial support from CMS and with permission from the measure developer, Pharmacy Quality Alliance (PQA).

DESCRIPTION

Assesses potentially high-risk opioid analgesic prescribing practices: The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year. *A lower rate indicates better performance.*

RESULTS

The proportion of members receiving prescription opioids for ≥15 days during the measurement year at a high dosage (average milligram morphine dose [MME] ≥ 90). Members must be 18 years of age or older.

Year	# of 18 & older SHP Primary Members with 365 Days of Coverage*	# Members with at Least 1 Opioid Prescription Fill	# Members with ≥2 Opioid Prescription Fills with ≥15 Days Supply	# Members with Average MME ≥90 mg in Treatment Period	# Members with Average MME ≥90 mg / *# Members with ≥2 Opioid Prescription Fills with ≥15 Days Supply*
2020	284,985	43,523	7,890	413	5.2%
2021	279,481	43,048	7,391	344	4.7%

***Members with cancer and sickle cell disease in measurement year are excluded.**

HDO Commercial Benchmark 2020 – HMO: 5.2%, PPO: 5.8%

Appendix

Use of Opioids from Multiple Providers (UOP)

Adapted with financial support from CMS and with permission from the measure developer, Pharmacy Quality Alliance (PQA).

DESCRIPTION

The proportion of members receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported. Members must be 18 years of age or older. *A lower rate indicates better performance for all three rates.*

1. **Multiple Prescribers:** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. **Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. **Multiple Prescribers and Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

RESULTS

The proportion of members receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three percentages are reported. Members must be 18 years of age or older.

Year	# of 18 and older SHP Primary Members with 365 Days of Coverage (No Exclusions)	# Members with at Least 1 Opioid Prescription Fill	# Members with 15 Days or More Supply of Opioid Prescription	# Members Receiving Opioid Prescriptions from 4 or More Different Prescribers** / *# Members with 15 Days or More Supply of Opioid Prescription*		# Members Receiving Opioid Prescriptions from 4 or More Different Pharmacies / *# Members 15 Days or More Supply of Opioid Prescription*		# Members Receiving Opioid Prescriptions from 4 or More Different Prescribers *and* Pharmacies / *# Members 15 Days or More Supply of Opioid Prescription*	
				N	%	N	%	N	%
2020	296,826	47,407	9,332	1,243	13.3	256	2.7	118	1.3
2021	291,622	47,070	8,744	1,217	13.9	103	1.2	64	0.7

*** If the provider NPI or pharmacy NPI is missing, count each dispensing event with a missing NPI number as a new prescriber or pharmacy when reporting the measure (e.g., if a member's NPI prescriber is missing for all 5 opioid prescription fill events, the number of unique prescribers for member will be set to 5). Additionally, prescribers can be from same group practice.**

UOP Commercial Benchmark 2020 Multiple Prescribers – HMO: 13.4%, PPO: 13.4%, UOP Commercial Benchmark 2020 Multiple Pharmacies – HMO: 2.1%, PPO: 2.1%
UOP Commercial Benchmark 2020 Multiple Prescribers & Multiple Pharmacies – HMO: 0.9%, PPO: 1.0%

Appendix

Risk of Continued Opioid Use (COU)

Adapted with financial support from CMS from a measure developed by the Minnesota Department of Human Services.

DESCRIPTION

The percentage of members 18 years of age and older who have a new episode of opioid use that lasts at least 31 days in a 62-day period and puts them at risk for continued opioid use.

RESULTS

The percentage of members 18 years of age and older who have a new episode of opioid use that lasts at least 31 days in a 62-day period.

Measurement Year*	# SHP Primary Members with a New Episode of Opioid Use During Treatment Period	# Members with a New Episode of Opioid Use where Episode ≥31 Days in 62-Day Period	% Members with a New Episode of Opioid Use where Episode ≥31 Days in 62-Day Period
2020	19,756	237	1.2%
	18,669	197	1.1%

***This measure looks at a 12-month window starting on November 1 of the year prior to the measurement year and ending on October 31 of the measurement year.**

COU Commercial Benchmark 2020 Risk of Continued Opioid Use at least 31 days in a 62-day period – HMO: 2.4%, PPO: 2.3%

Appendix

	Benchmark	State Health Plan
Measures for behavior or services that improve member health outcomes and reduce costs		
Adults who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.	Not available	**96.0%** (2021)
Adults and children ages 2 through 20 who had at least one dental claim during the measurement year.	**42.8%** (2020)	**69.2%** (2020) **73.7%** (2021)
At least six well child visits in the first 15 months of life with a primary care physician.	**78.5%** (2020)	**83.3%** (2020) **85.0%** (2021)
Well child visits in the first 30 months of life (15 months to 30 months).	**88.0%** (2020)	**92.7%** (2020) **90.2%** (2021)
Child and adolescent well care between ages 3 and 21 who had at least one comprehensive well-care visit with a primary care physician or OB/GYN practitioner during the measurement year.	**53.1%** (2020)	**52.0%** (2020) **53.2%** (2021)
Childhood Immunization Status Vaccine Combination 10 (four DTaP, three IPV, one MMR, three HiB, two HepB, one VZV) by member's second birthday.	**51.4%** (2020)	**82.7%** (2020) **82.3%** (2021)
Adolescent Immunization Status Vaccine Combination 2 (one MCV4, one TDaP/TD, and HPV series) by member's 13th birthday.	**27.4%** (2020)	**26.5%** (2020) **28.0%** (2021)
Women ages 50 through 74 who had at least one mammogram to screen for breast cancer in the past two years.	**69.5%** (2020)	**71.3%** (2020) **72.4%** (2021)
Women ages 21 through 64 who were screened for cervical cancer using either of the following criteria: • Women ages 21 through 64 who had cervical cytology performed every three years. • Women ages 30 through 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.	**72.4%** (2020)	**64.0%** (2020) **64.5%** (2021)
Adults ages 50 through 75 who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test; flexible sigmoidoscopy every five years; colonoscopy every 10 years; computed tomography colonography every five years; or stool DNA test every three years.	**60.7%** (2020)	**60.7%** (2020) **64.6%** (2021)

Appendix

	Benchmark	State Health Plan
Measures for behavior or services that improve member health outcomes and reduce costs		
Adolescent females ages 16 through 20 who were screened unnecessarily for cervical cancer.	**0.7%** (2020)	**0.9%** (2020) **0.8%** (2021)
Adults ages 18 through 50 who had a primary diagnosis of low back pain and did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis (a higher score indicates better performance).	**77.3%** (2020)	**73.7%** (2020) **73.3%** (2021)

Appendix

	Benchmark	State Health Plan
Measures for behavior or services that improve member health outcomes and reduce costs		
Among opioid users, the percentage of members ages 18 and older who receive prescription opioids at a high dosage for greater than or equal to 15 days during the measurement year (average morphine equivalent dose [MED] greater than 90 mg).	**5.8%** (2020)	**5.2%** (2020) **4.7%** (2021)
Among opioid users, the percentage of members ages 18 and older who receive prescriptions for opioids for greater than or equal to 15 days from four or more prescribers during the measurement year.	**13.4%** (2020)	**13.3%** (2020) **13.9%** (2021)
Among opioid users, the percentage of members ages 18 and older who receive prescriptions for opioids for greater than or equal to 15 days from four or more pharmacies during the measurement year.	**2.1%** (2020)	**2.7%** (2020) **1.2%** (2021)
Among opioid users, the percentage of members ages 18 and older who receive prescriptions for opioids for greater than or equal to 15 days from four or more prescribers and four or more pharmacies during the measurement.	**1.0%** (2020)	**1.3%** (2020) **0.7%** (2021)
Among opioid users, the percentage of members ages 18 and older whose new episode of opioid use lasts at least 31 days in a 62-day period.	**2.3%** (2020)	**1.2%** (2020) **1.1%** (2021)

PUBLIC EMPLOYEE BENEFIT AUTHORITY AGENDA ITEM
Health Care Policy Committee

Meeting Date: December 7, 2022

---

1. Subject: Third Party Service Provider Review (Eye-Med)

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2. Summary: Representatives from EyeMed, the carrier for the State's voluntary vision plan since the program's inception in 2010, will present an overview of the company, its operations as pertaining to our business, and the vision benefits offered to our employees and retirees.

3. What is Committee asked to do? Receive as information

---

4. Supporting Documents:
A. EyeMed Presentation



DECEMBER 7, 2022

Hello, South Carolina PEBA

Nice to see you

south carolina peba SM
state health plan | retirement systems

What we'll discuss

1. EyeMed overview
2. Benefits that take your employees' dollars further
3. The network your employees utilize
4. An easy and transparent experience
5. Wrap-up and Q&A



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EssilorLuxottica
Our family of companies

Recognized by FORTUNE

100 Most Innovative Companies, 2012-2019
50 Companies to Change the World, 2018-2019

Lens technologies	Eyewear brands	Direct to consumer	Philanthropic partners
Crizal ESSILOR SUN SOLUTION essilor Eyezen Kodak LENS OAKLEY Ray-Ban OPTIFOG Transitions light intelligent lenses Xperio VARILUX	A|X ARMANI EXCHANGE arnette EYEWEAR Brooks Brothers BURBERRY LONDON ENGLAND BVLGARI CHANEL COACH COSTA FOSTER GRANT EMPORIO ARMANI DOLCE & GABBANA GIORGIO ARMANI MICHAEL KORS MIU MIU EYEWEAR OAKLEY OLIVER PEOPLES Persol PRADA Ray-Ban POLO RALPH LAUREN RALPH LAUREN Sferoflex TORY BURCH TIFFANY & CO. VERSACE VALENTINO VOGUE eyewear	contactsdirect EYEBUY DIRECT eyeMed FRAMESDIRECT.COM premium eyewear ILORI OPTICAL GLASSES.COM LENSCRAFTERS OPTICAL SHOP of ASPEN OPTICAL PEARLE EST. 1961 VISION sunglass hut OAKLEY VISION SOURCE SIGNATURE EYE CARE	OneSight ESSILOR VISION FOUNDATION

[1] Under EyeMed vision care [2] Internal analysis of EyeMed membership data, 2021

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eyeMed



OneSight transcends a sponsorship or corporate cause. **It's our passion.**

OneSight is a global vision nonprofit, dedicated to creating a world where access to vision care is no longer a barrier to human achievement.

Together with OneSight, we bring on-site vision care services and prescription eyewear to people across the U.S. and around the globe.

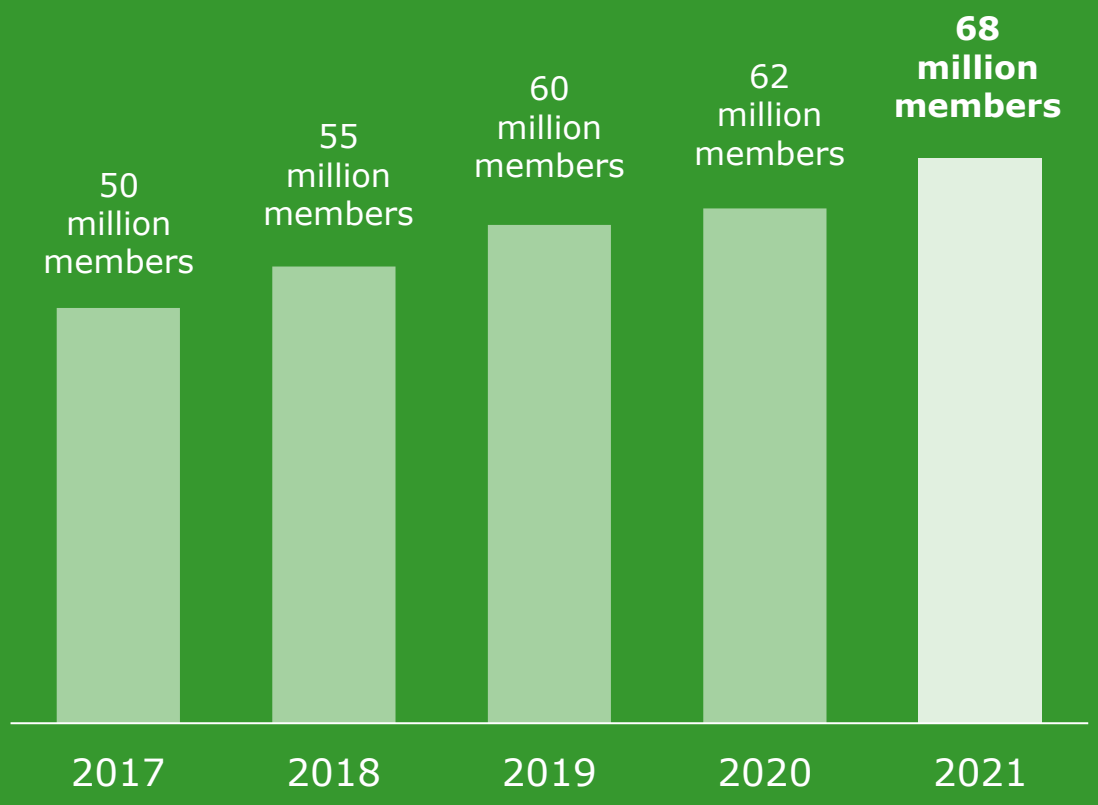
Since 1988, OneSight has helped:

37+ million people

53+ countries

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EyeMed – a story of growth



- America's fastest growing vision benefits company[1]
- Membership has more than doubled in the past 10 years[2]
- 98% client retention[2]
- Benefits for more than half the states in the U.S. are administered on the EyeMed platform – more than with any other vision care plan – examples:
  - Colorado
  - Michigan
  - North Dakota
  - Delaware
  - Washington
  - North Carolina
  - Illinois
  - Nebraska
  - Ohio
  - Utah
  - Tennessee
  - And, of course, **PEBA** (12 years!)

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[1] Based on the EyeMed Insight network and analysis of competitor networks via Netminder data, October 2020. [2] EyeMed internal book of business analysis, 2021.

It’s all because we continue to focus on…



The right network for your employees

- America’s largest network[3]
- The right mix of providers
- Bringing eye care and eyewear to our clients

98% of members visit in-network providers[1]



Benefits to help take your employees’ dollars further

- Flexibility with freedom of choice
- Enhanced benefits at PLUS Providers[4]
- Members-only special offers*

98% agree our benefits result in low out-of-pocket costs[2]



And an easy and transparent experience

- Educational communications
- Digital tools
- Industry-first cost transparency tool

99% agree our benefits are easy to understand[2]

While we continue to innovate and grow, our core value proposition hasn’t changed

[1] EyeMed book of business data, 2020. [2] EyeMed Client Satisfaction Survey completed by customers, conducted by Walker, 2020. [3] Based on the EyeMed Insight network and analysis of competitors’ largest networks via Netminder data, 2020. [4] Not available in all states.

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Partnership with EyeMed

In the past year alone, our partnership saved PEBA members $58.1 million*

History

- 12 years with EyeMed
- Partner with BlueCross BlueShield of South Carolina to bring an insured vision benefit to PEBA
- 2020 migrated to custom PEBA network
- 98% in-network utilization
- 330% membership growth since 2010

  Subscriber count 2010 – 63,736
  Subscriber count 2022 – 216,775

*PEBA utilization report; year ending December 2021

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Partnership with EyeMed



Innovation

- EyeManage and eyemed.com
- Virtual network
- Mobile app and text alerts
- Virtual benefit fair



Current value adds

- Diabetic care benefit
- 40% off additional complete pairs of glasses
- 20% off any item not covered by the benefit
- Special offers
- Ability to use contact and frame allowances in the same benefit period



New value adds

- Enhanced member web
- Know Before You Go out-of-pocket cost estimator

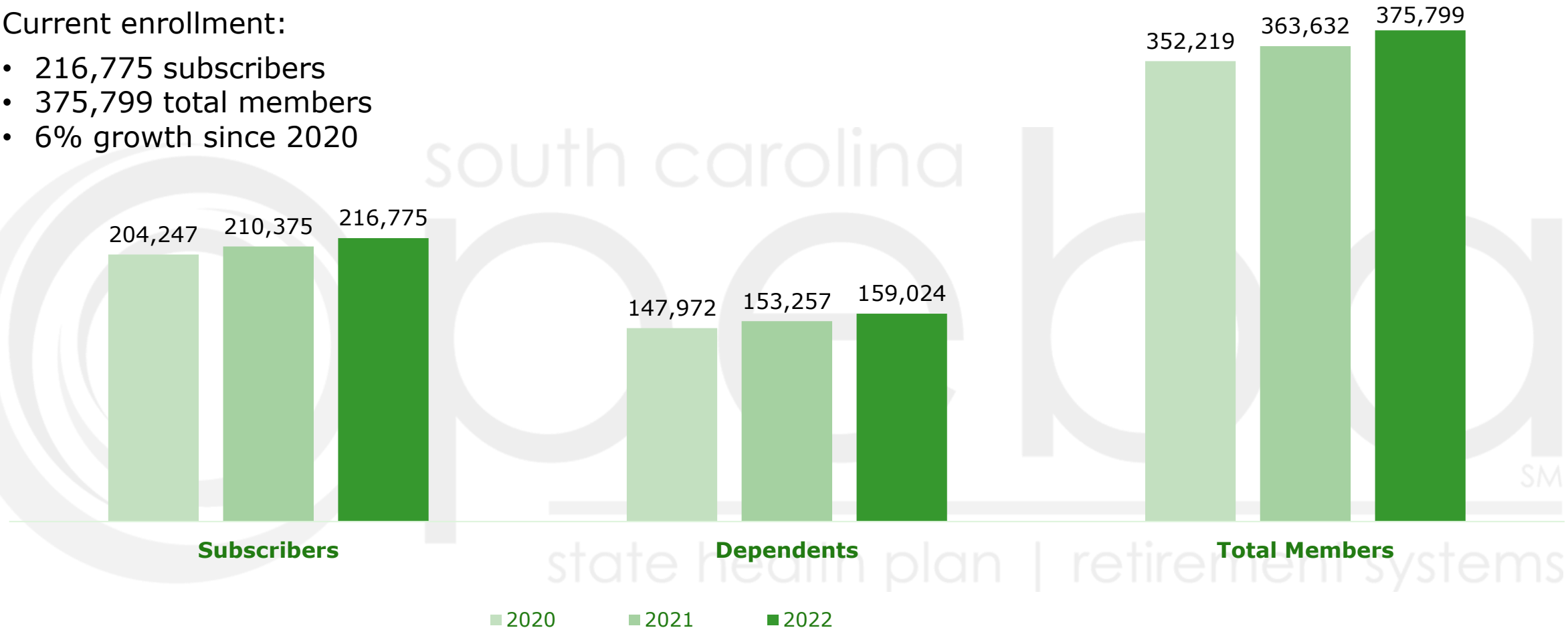
*PEBA utilization report; year ending December 2021

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Your enrollment

Current enrollment:

- 216,775 subscribers
- 375,799 total members
- 6% growth since 2020



Based on PEBA data, Jan-Sep 2022

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Benefits that take your employees' dollars further

Benefit options at a glance

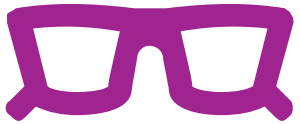
PEBA members saved an average of 73% off retail charges in 2021

97% of members are satisfied with their benefits*



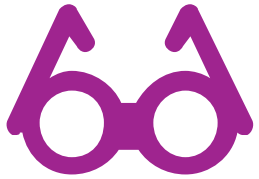
Vision care exam – with a $10 copay, every 12 months

+



$150 frame allowance – every 12 months

AND



Lenses – with a $10 copay plus fixed pricing on options, every 12 months

OR



$130 contact lens allowance – with coverage for fit & follow-up, every 12 months

Additional highlights:

- Frame and contacts in the same benefit year
- Fixed copays for high-cost items such as progressive lenses and anti-reflective coatings
- Diabetic eye care benefit

*EyeMed Client Satisfaction Survey conducted by Convergys, 2021. This includes SMB, National and Strategic segments. Fully insured clients are underwritten by: Fidelity Security Life Insurance Company®, Kansas City, MO 64111.

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Your vision benefits

Service	In-network member cost
Exam with dilation (Once every calendar year)	$10 copay
Frames (Once every calendar year)	$150 allowance with $0 copay and 20% off balance over allowance

Lenses and Lens Options (Once every calendar year)

Standard plastic lenses		Lens options	
Single vision	$10 copay	UV treatment	$0 copay
Bifocal	$10 copay	Tint	$0 copay
Trifocal	$10 copay	Standard scratch coating	$0 copay
Standard progressive	$35 copay	Polycarbonate Adults Polycarbonate Kids	$30 copay $0 copay
Premium progressive Tier 1-3	$55 - $80 copay	Standard anti-reflective	$45
Tier 4	$35 copay, 80% of charge less $120 allowance	Photochromic	$60
		Polarized	20% off retail
		Other	20% off retail

Contact lenses (Once every calendar year)	
Contact lenses – conventional	$130 allowance with $0 copay and 15% off balance over allowance
Contact lenses – disposable	$130 allowance with $0 copay
Contact lens fit & follow-up – standard	$0 copay, paid-in-full and two follow-up visits
Contact lens fit & follow-up – premium	$0 copay,10% off retail price, then apply $40 allowance

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Additional savings puts money back in employees' pockets[1]

- 40% off additional pairs of glasses
- Discounted, set pricing on hearing aids with Amplifon – up to 64% savings[2]
- 20% off any remaining frame balance
- 20% off noncovered items
- 15% off LASIK or 5% off promotional pricing
- Low fixed pricing for blue light-filtration lens coating
- Discounts through EyeRewards member program



[1] Discounts are in-network only and are not insured benefits. May not be available on all plans. Confirm if offered by your provider. See offer for exclusions. [2] Average EyeMed member savings off manufacturer's suggested retail price as of 2020 through Amplifon Hearing. Prices differ based on hearing aid model purchased. Your actual savings may vary.

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Plus, rotating offers that can be combined with the benefit[1]

Special Offers for 2022 include:[2]

- LensCrafters®: Extra $50 off a complete pair purchase
- Target Optical®: $25 off everyday low prices
- Contactsdirect.com: Save 10%
- Glasses.com: Get up to $50 off any pair of designer sunglasses
- LasikPlus®: $800 off LASIK[3]

[1] Discounts are in-network only and are not insured benefits. May not be available on all plans; confirm if offered by your provider. [2] See Special Offers on Member Web for details. Listed offers expire 12/31/2022. See offer for exclusions. [3] Offer can be combined with vision benefit but cannot be combined with other offers.

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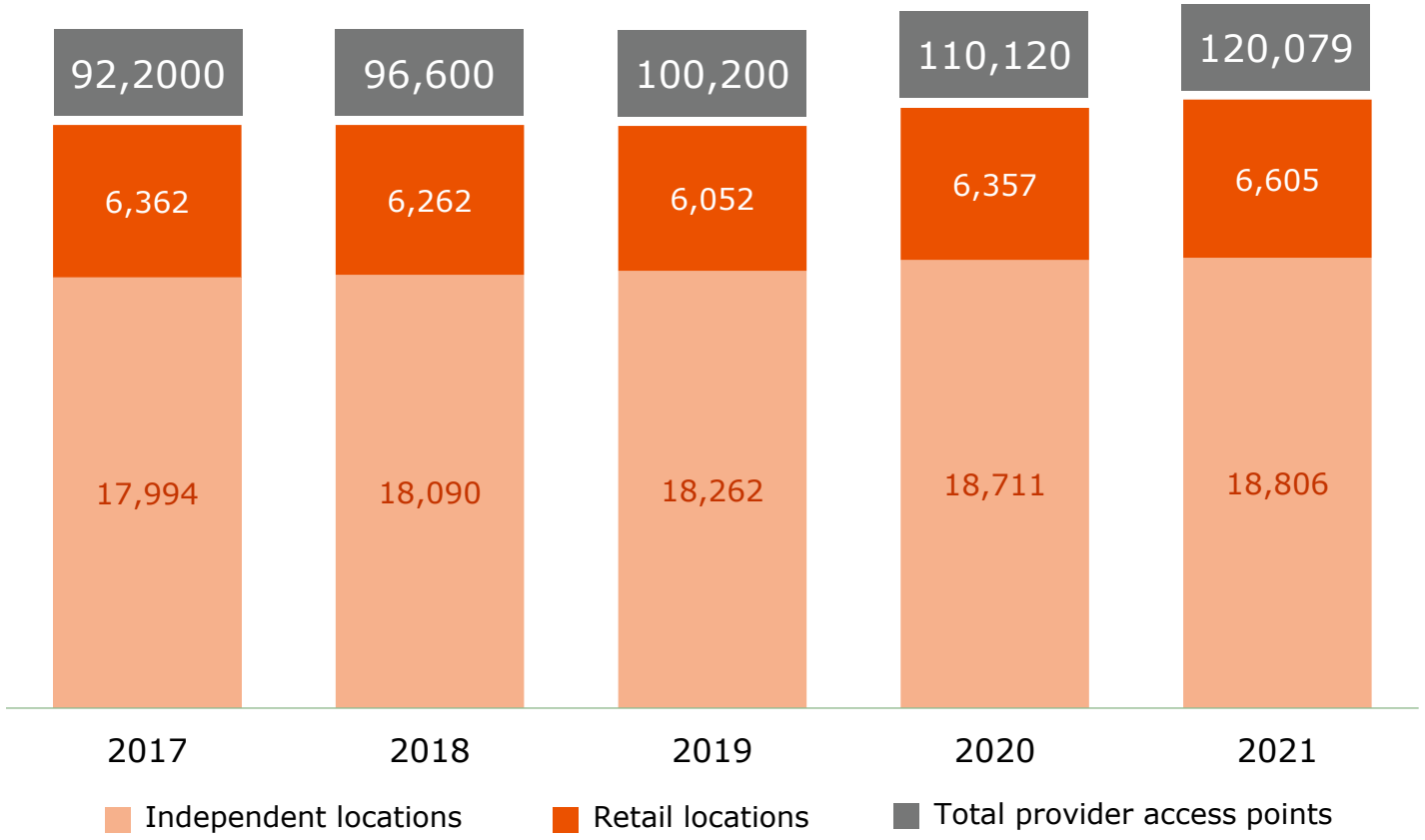


- ✓ **Competitive solution**
- ✓ **Network savings**
- ✓ **More choice and convenience**

Image: selectregistry.com, May 2021

The network your employees utilize

Our network continues to deliver



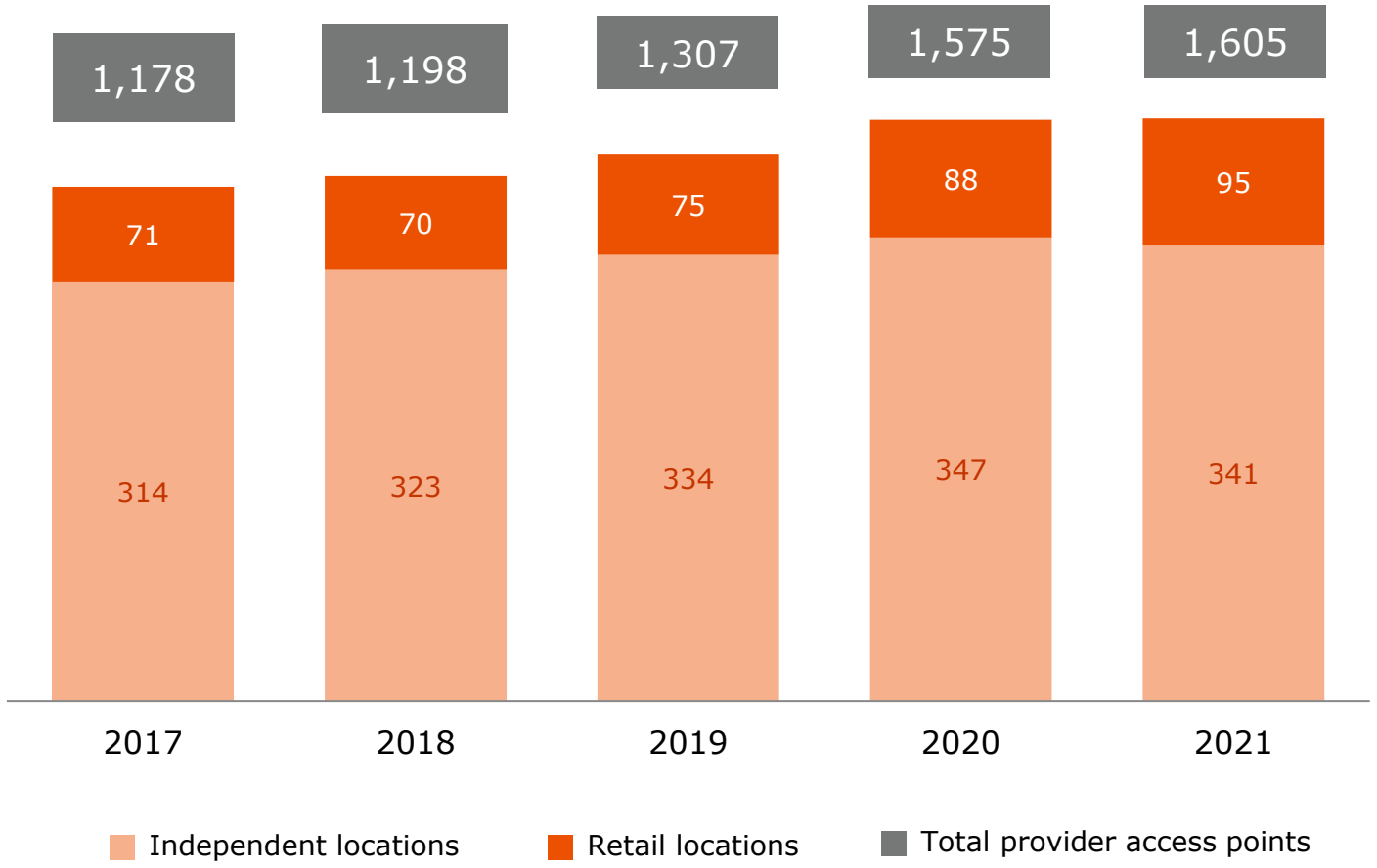
99%

member satisfaction with EyeMed doctors*

EyeMed network data as of December 2020; *EyeMed internal member satisfaction survey conducted by Convergys, 2020

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South Carolina Providers



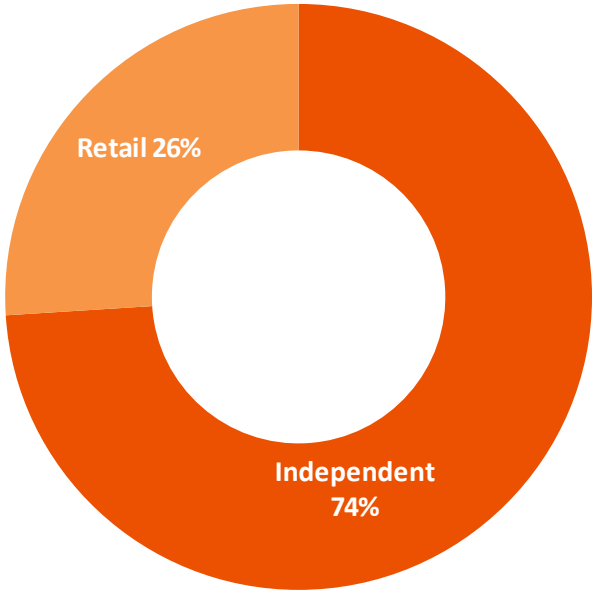
EyeMed network data as of January 2022; [1]EyeMed internal member satisfaction survey conducted by Concentrix, 2021

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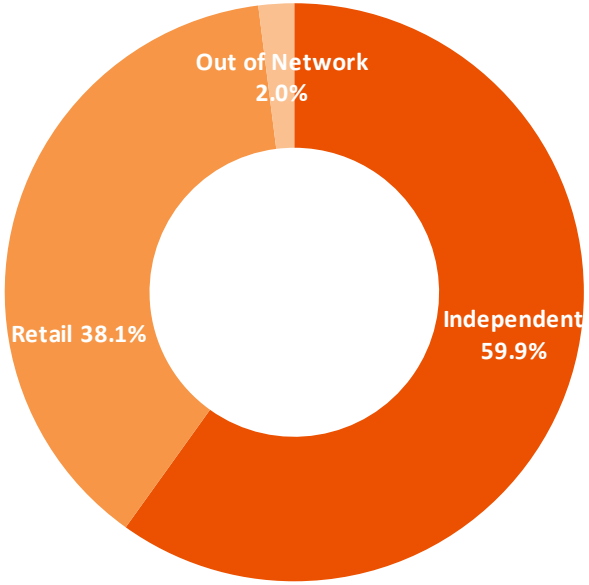
Your network utilization

COMPOSITION

EyeMed network choices

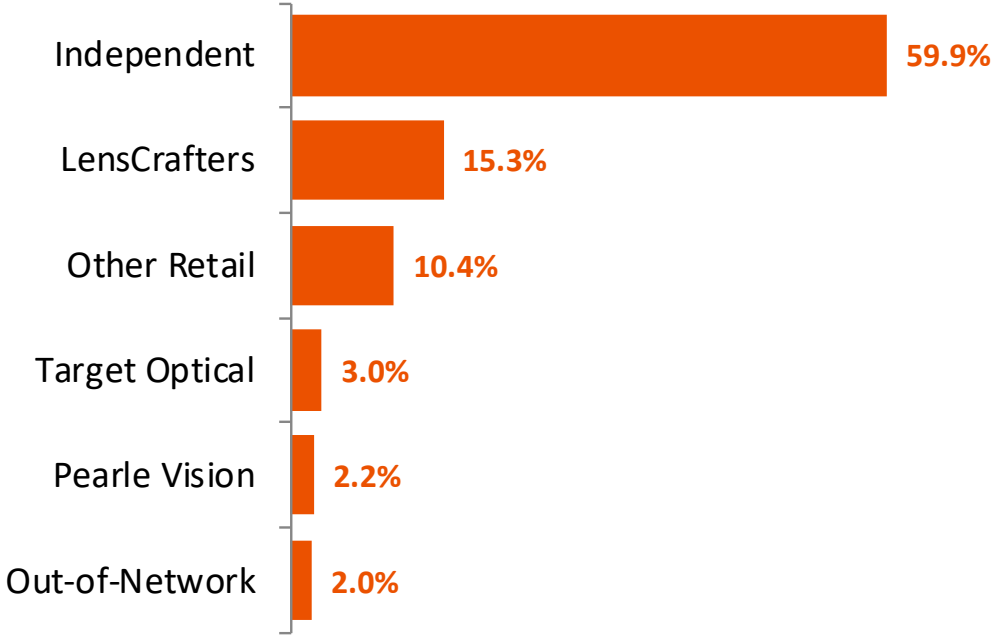


Provider PEBA employees are choosing



UTILIZATION

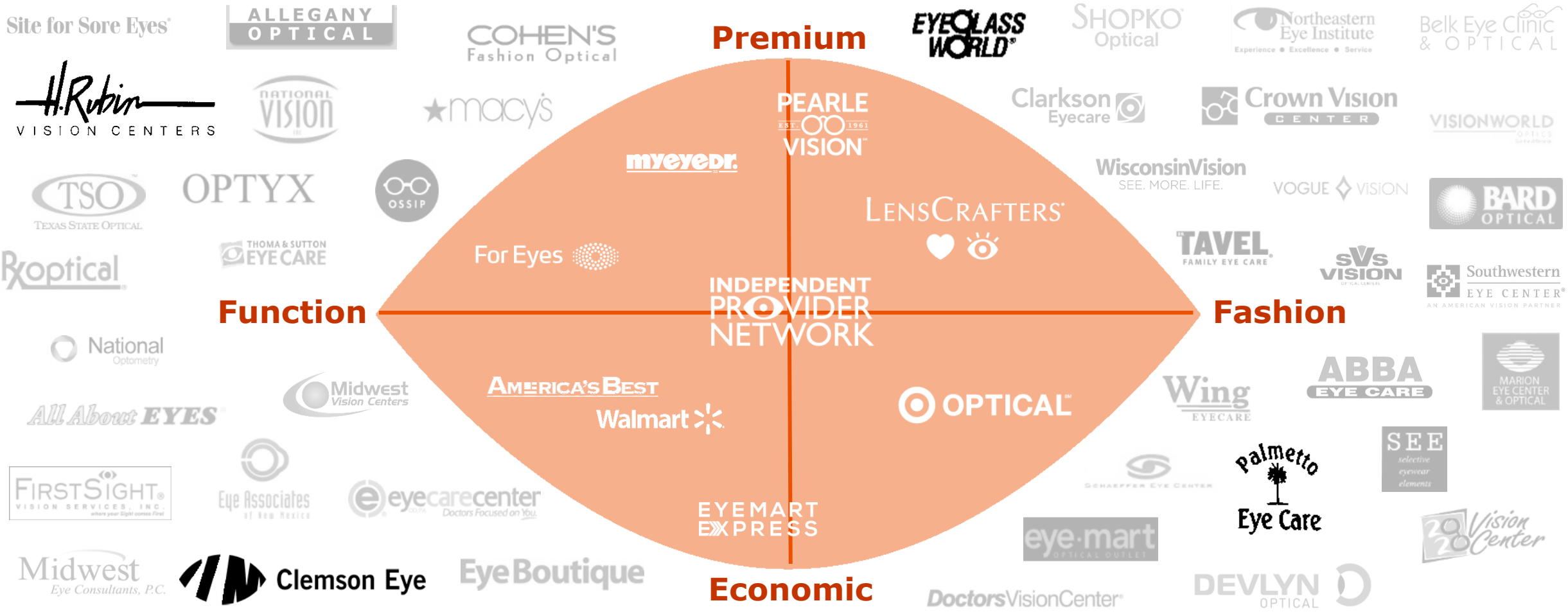
Where your employees are going



Based on PEBA data YE 2021

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No matter how employees buy, we have them covered



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Top providers utilized by your members

Local

Provider	Member Count	Location
VAUGHT EYE ASSOCIATES	2917	CONWAY, SC 29526
CAROLINA VISION ASSOCIATES	2050	SPARTANBURG, SC 29302
SANSBURY EYE CENTER INC.	1876	COLUMBIA, SC 29212
CLEMSON EYE	1561	EASLEY, SC 29642
EYE ASSOCIATES OF CAYCE	1504	CAYCE, SC 29033
GREENWOOD EYE CLINIC PA	1474	GREENWOOD, SC 29646
SANSBURY EYE CENTER INC.	1448	LEXINGTON, SC 29072
STOKES REGIONAL EYE CENTER	1395	FLORENCE, SC 29501
SANSBURY EYE CENTER	1273	COLUMBIA, SC 29229
CLEMSON EYE	1168	CLEMSON, SC 29633

Retail

Provider	Member Count	Location
LENSCRAFTERS	5805	FLORENCE, SC 29501
LENSCRAFTERS	4140	COLUMBIA, SC 29212
LENSCRAFTERS	3234	COLUMBIA, SC 29229
CONTACTS DIRECT	2732	ONLINE
LENSCRAFTERS	2686	CHARLESTON, SC 29406
LENSCRAFTERS	2418	CHARLESTON, SC 29407
TARGET OPTICAL	2290	COLUMBIA, SC 29229
LENSCRAFTERS	2266	SUMTER, SC 29150
LENSCRAFTERS	2158	COLUMBIA, SC 29204
LENSCRAFTERS	2018	MYRTLE BEACH, SC 29577

Based on your data YE 2021

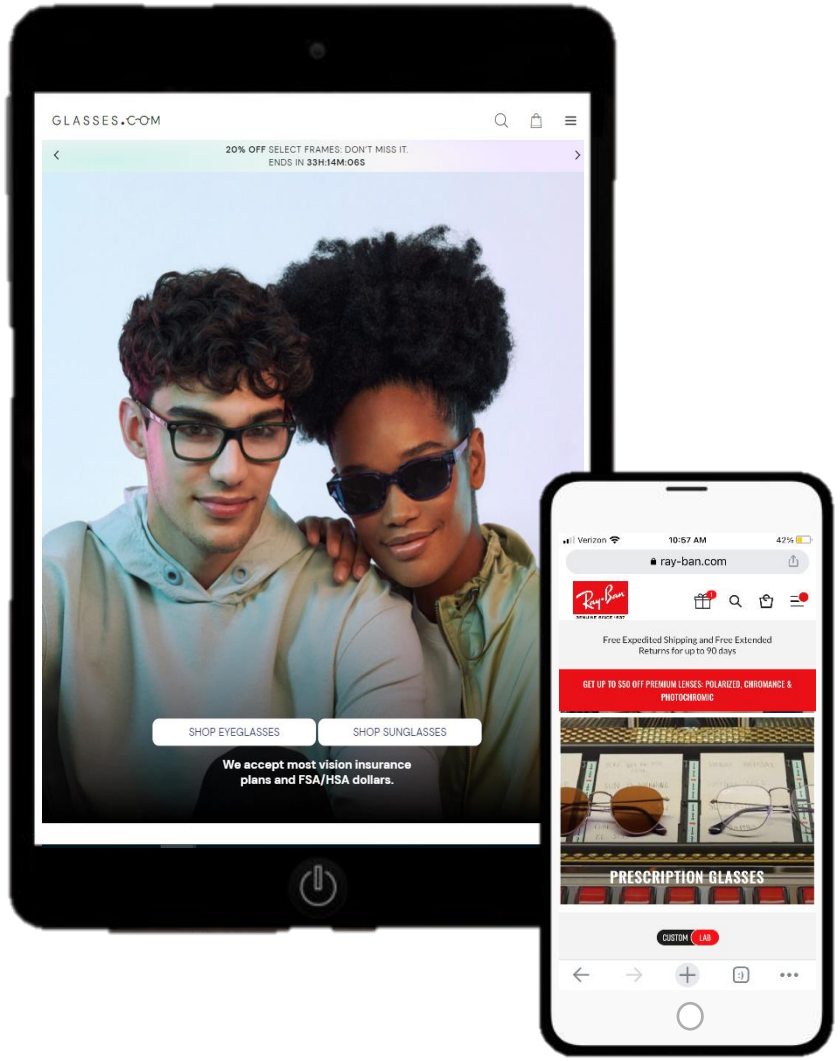
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In-network, online options

- An experience built specifically for using vision benefits
- Easy to view eligibility
- In-network benefits automatically applied in the shopping cart
- Huge selection of name brand frames, lenses and contact lenses

GLASSES.COM contactsdirect LENSCRAFTERS

OPTICAL Ray-Ban



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- ✓ **Comprehensive member communications and ID cards**
- ✓ **Innovative member tools**
- ✓ **Award-winning Customer Care Center support**

Image: visittheusa.com; photo by Anton Fresco

An easy and transparent experience

Comprehensive member communications

- Open enrollment material support and event representation
- **Welcome Packet with ID cards**
- Benefit Summary
- Custom microsite with link to virtual benefits fair:

https://memberashuat.eyemedvisioncare.com/peba/en

- Wellness emails and eye exam reminders
- Quarterly newsletter
- Toolkits for clients to share with their employees



98% of customers agree we offer resources that increase engagement*

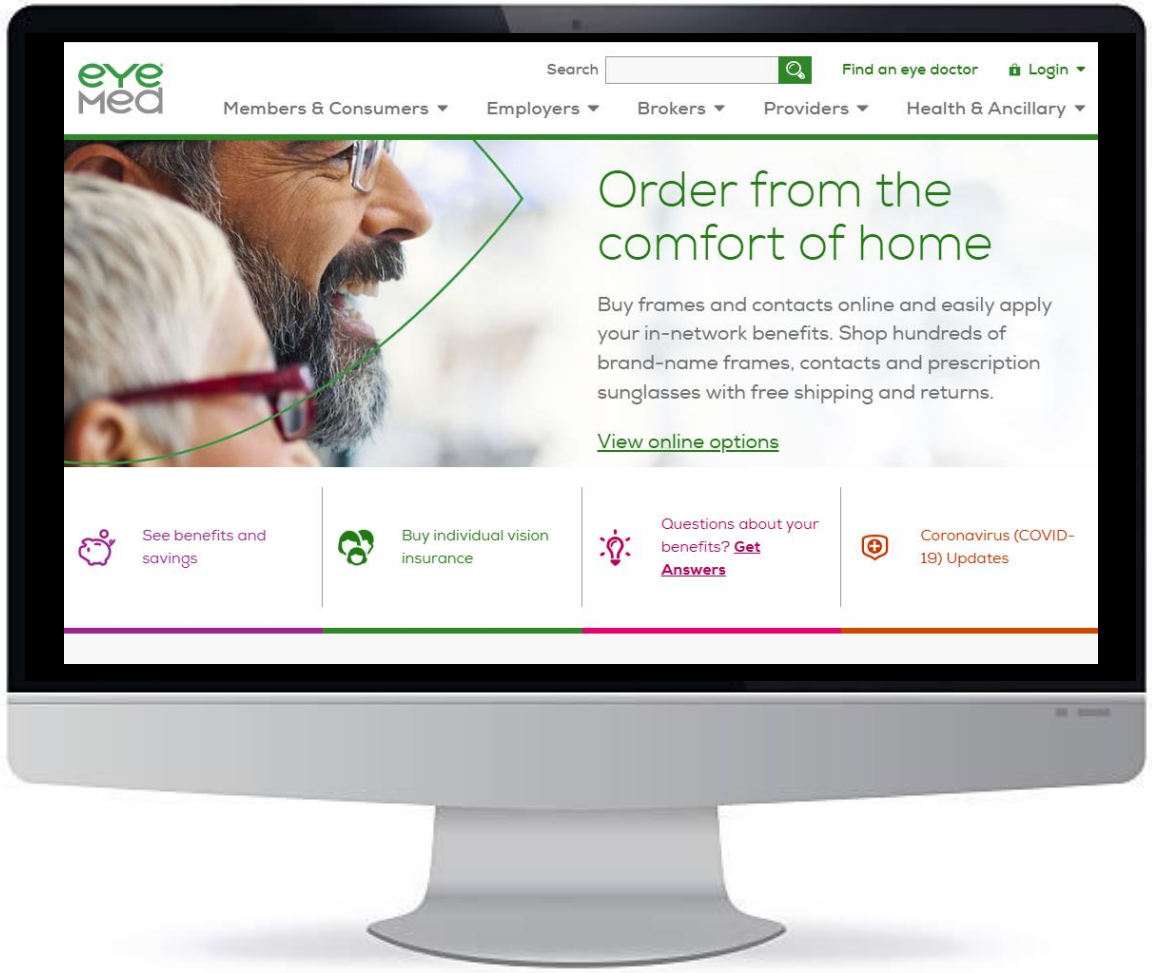
*EyeMed client satisfaction survey conducted by Walker, 2021; this includes SMB, National and Strategic segments

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EyeMed.com and Member Web

- View benefits and eligibility
- Download ID cards and EOBs
- Check claim status
- View wellness information
- Review LASIK information
- Access special offers
- View International Travel Solution support options
- Includes Enhanced Provider Search tool

Nearly 5 million EyeMed members log in to the member portal annually*



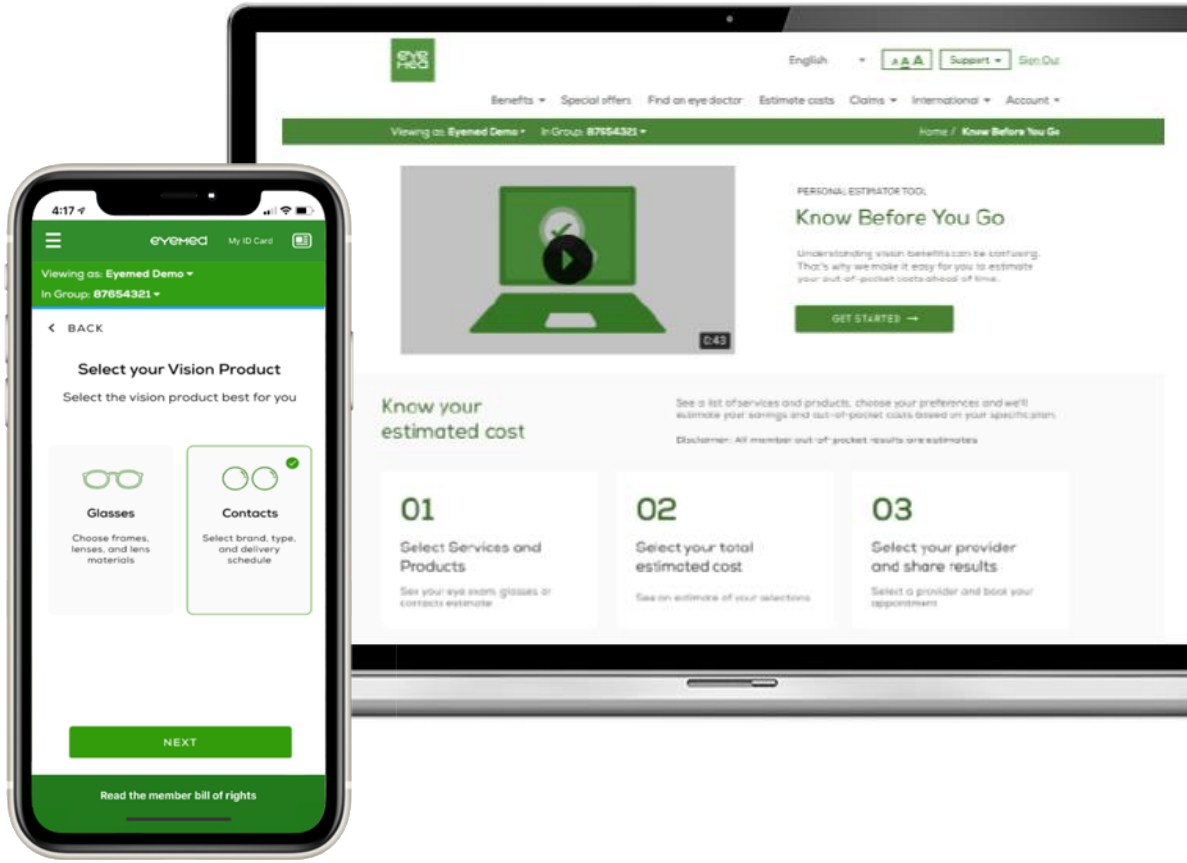
*EyeMed internal analysis of monthly member log-ins, 2020

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KBYG cost transparency tool

Our Know Before You Go calculator[1] lets members estimate their costs upfront:

- Members choose anticipated services and products
- Easy-to-understand explanations of different types of frames, lenses, add-ons and contacts are included
- They see their plan-specific estimated out-of-pocket cost total (if any)



Why 99% of customers agree our benefits are easy to understand[2]

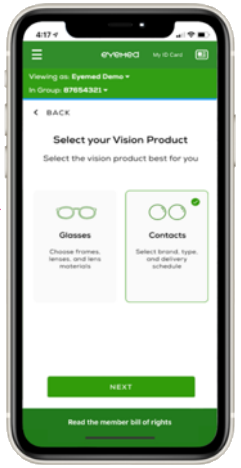
[1] Excludes the following plans: reseller, exam-only, safety and VDT, global allowance and declining balance. [2] EyeMed client satisfaction survey conducted by Walker, 2021. This includes SMB, National and Strategic segments.

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Know Before You Go Updates

Mobile friendly:

Responsive design adapts to any device

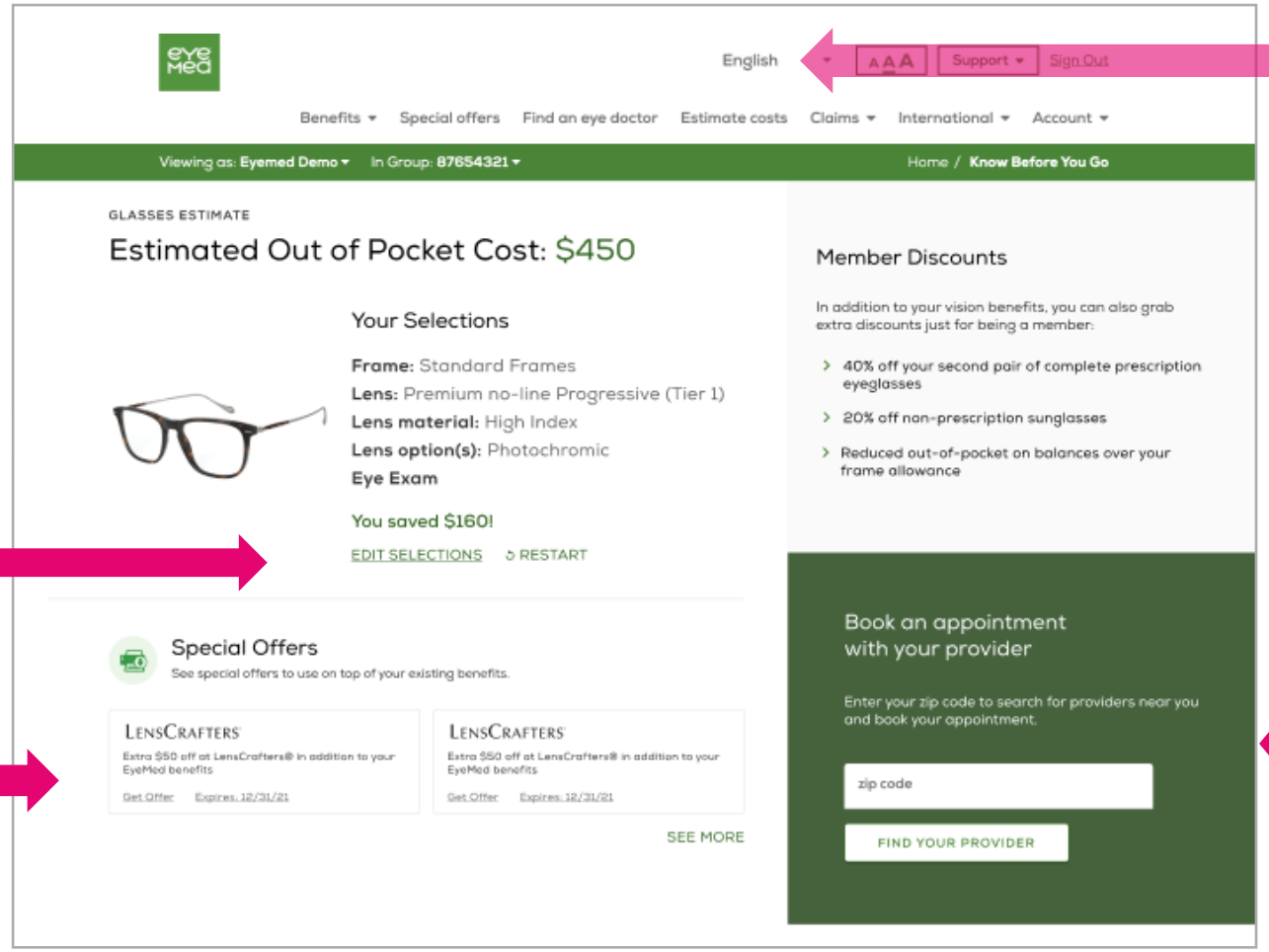


Easy editing:

Ability to edit choices or restart; image changes based on your selection

Special offers integration:

Highlights top 2 offers in groups' offers package



English and Spanish:

Toggle languages between English and Spanish

Enhanced Provider Locator Search:

When a member inserts their ZIP Code, they'll be taken to the search results page

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Award-winning Customer Care Center

13 years

as one of America's highest-rated call centers by Benchmark Portal[1]

25 seconds or less

waiting time to answer[2]



first-call resolution[3]

362 days

of availability per year

Mon-Fri: 7:30 am–11 pm EST
Sat: 8 am–11 pm EST
Sun: 11 am–8 pm EST

Closed Easter, Thanksgiving and Christmas

[1] Purdue University BenchmarkPortal independent assessment of call centers nationwide, 2021 [2] EyeMed Customer Care Center Reporting, 2021
[3] EyeMed incoming call analysis, 2021

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FINALLY, LET'S JUST TALK

Any questions?

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