

SHERLOCK BENCHMARKS

Larger Plans Edition



Volume I
Financial Metrics

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SHERLOCK BENCHMARKS

Larger Plans Edition - 2021

Volume I: Financial Metrics



SHERLOCK COMPANY

July 2021

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TABLE OF CONTENTS

	<u>Tab</u>
Introduction and Background	1
▪ <i>Background, Organization, Conventions, Calculations and Procedures</i>	
Summary Analyses	2
▪ <i>Summary of Medians</i>	
▪ <i>High Level Functional Expenses and Navigator Reconciliation</i>	
▪ <i>Data Corresponding to Navigator Publication, PMPM</i>	
▪ <i>Longitudinal Comparison</i>	
▪ <i>Plan Specific Administrative Cost Growth</i>	
Functional Expenses, across Products	3
▪ <i>Identification of Variances due to Product Mix</i>	
▪ <i>PMPM and Percent of Revenue Analyses on Facing Pages</i>	
Functional Expenses of Each Product, PMPM	4
▪ <i>Identification of Cost Variances of Functions within Products, expressed PMPM</i>	
Functional Expenses of Each Product, Percent of Premiums or Fees	5
▪ <i>Identification of Cost Variances of Functions within Products, expressed Percent of Revenues</i>	
Expenses of Specialty Services and Other Self-Contained Activities	6
▪ <i>Includes Pharmacy and Behavioral Health and COVID Expenses</i>	
▪ <i>PMPM and Percent of Revenue Analyses on Facing Pages</i>	
Functional Expenses of Market Segments	7
▪ <i>Includes Individual, Small Group, Middle Market, Large Group, National Account (Insured and ASO) and Local ASO</i>	
▪ <i>Individual segmented into On Public Exchange, Off Public Exchange and Grandfathered</i>	
Finance and Accounting Details	8
▪ <i>Use of Stop Loss, and its Profitability</i>	
▪ <i>Selected Balance Sheet Metrics, Capitalization Policy of Strategic Projects in Information Systems and Other Investments, Analysis of Strategic Projects, Metrics of Capital Intensity and Aging of PP&E, Cost of Out of Area Claims, Broker Overrides and Bonuses and Cost of Claims Outside of Service Area.</i>	
▪ <i>Analysis of ACA Taxes</i>	
Information Systems Expenses, Allocated by Supported Functional Area	9
▪ <i>IS Allocations and Applications Summarized and Allocated to Functional Areas</i>	
▪ <i>Analyzed Relative to Functional Area, as Allocated</i>	
▪ <i>Staffing Costs analyzed Relative to Functional Area Costs Adjusted for Information Systems Allocations</i>	
Participant Characteristics	10
▪ <i>Selected Characteristics of Participants</i>	
▪ <i>Membership, Product Mix, Number of Groups Served, Revenues, Health Care Costs, Margins and Segment Characteristics Summary</i>	

 Tabs 2-10 contain their own Tables of Contents, with links, to locate specific product lines, expense categories or respondent characteristics.

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Tab 2

Summary Analyses

This section summarizes the Financial Metrics volume of the *Sherlock Benchmarks*. It includes a summary of median values, a functional area summary, a longitudinal (year-over-year) comparison and changes in participant Plan cost growth.

The median values for each functional area and product are shown in this section. The summary of medians is intended to provide an immediate and accessible metric of central tendency for administrative costs in each product / expense cell. If your plan has submitted data to this survey, median values are printed in black if the plan has low costs and red if it has high costs.

The functional area summary provides a high level analysis by four high-level clusters of functional areas. Results are presented on a per member per month and percent of revenue basis. All of the expense classifications reported by the respondents have been summarized in this section.

Revenues are defined as premiums and/or self-funded fees. Premiums and fees exclude those of pharmacy and behavioral health, as do their associated expenses. Also, administrative cost growth is analysed for health plans that participated in both this and the prior years.

Sherlock Benchmark values are provided in a slightly different form in *Plan Management Navigator*. Figures 2-14 to 2-16 in this section facilitate their comparison.

Administrative cost growth is analyzed for health plans that participated this year and the prior year.

Figure	Analysis	Page
	Summary of Medians	
2-1	Per Member Per Month.....	4
2-2	Percent of Revenues.....	8
2-3	Participant Characteristics.....	11
	High Level Functional Expenses	
2-4 & 2-5	Sales and Marketing.....	12
	Rating and Underwriting	
	Marketing	
	Sales	
	External Broker Commissions	
	Advertising and Promotion	
2-6 & 2-7	Medical and Provider Management.....	14
	Provider Network Management and Services	
	Medical Management / Quality Assurance / Wellness	
2-8 & 2-9	Account and Membership Administration.....	16
	Enrollment / Membership / Billing	
	Customer Services	
	Claim and Encounter Capture and Adjudication	
	Information Systems Expenses	
2-10 & 2-11	Corporate Services Cluster.....	18
	Finance and Accounting	
	Actuarial	
	Corporate Services Function	
	Corporate Executive & Governance	
	Association Dues and License / Filing Fees	
2-12 & 2-13	Subtotal Expenses (Excluding Miscellaneous Business Taxes).....	20

Summary Analyses (continued)

Figure	Analysis	Page
	Data Corresponding to Navigator Publication, PMPM	
2-14	Pharmacy and Behavioral Health.....	22
2-15	Account and Membership Administration, Including Pharmacy and Behavioral Health.....	23
2-16	Total Expenses, Including Pharmacy and Behavioral Health, Excluding Misc. Business Taxes.....	24
	Longitudinal Comparison	
2-17	As-Reported.....	26
2-18	Holding Product Mix Constant.....	27
	Plan Specific Administrative Cost Growth	
2-19	Percent Changes in Per Member Per Month Expenses.....	28
2-20	Percent Changes in Per Member Per Month Expenses, Constant Mix.....	31
2-21	PMPM Changes as a Percent of Total PMPM Changes.....	33
2-22	Dollar Changes in Administrative Expenses.....	35
2-23	Dollar Changes in Administrative Expenses as Percent of Total.....	37

Tab 3

Functional Expenses, Across Products

This section provides an analysis of specific functional expenses across product lines. Costs are presented on a per member per month and percent of premiums and/or fees basis. Premiums and fees exclude those attributable to pharmacy and behavioral health.

Functional Area	Page
Sales and Marketing	
1. Rating and Underwriting.....	42
(a) Employer Group Reporting.....	44
(b) Risk Adjustment.....	46
(c) All Other Rating and Underwriting.....	48
2. Marketing.....	50
(a) Product Development and Market Research.....	52
(b) Member and Group Communication.....	54
(c) Other Marketing.....	56
3. Sales.....	58
(a) Account Services.....	60
(b) Internal Sales Commissions.....	62
(c) Other Sales.....	64
4. External Broker Commissions.....	66
5. Advertising and Promotion.....	68
(a) Media and Advertising.....	70
(b) Charitable Contributions.....	72
Medical and Provider Management	
6. Provider Network Management and Services.....	74
(a) Provider Relations Services.....	76
(b) Provider Contracting.....	78
(1) Provider Configuration.....	80
(2) Other Provider Contracting.....	82
(c) Provider Audit / Billing Validation.....	84
(d) Other Provider Network Management and Services.....	86
7. Medical Management / QA / Wellness.....	88
(a) Precertification.....	90
(b) Case Management.....	92
(c) Disease Management.....	94
(d) Nurse Information Line.....	96
(e) Health and Wellness.....	98
(f) Quality Components.....	100
(g) Medical Informatics.....	102
(h) Utilization Review.....	104
(i) Other Medical Management.....	106

Functional Expenses, Across Products, continued

Functional Area	Page
Account and Membership Administration	
8. Enrollment / Membership / Billing.....	108
9. Customer Services.....	110
(a) Member Services.....	112
(c) Grievances and Appeals.....	114
10. Claim and Encounter Capture and Adjudication.....	116
(a) Coordination of Benefits (COB) and Subrogation.....	118
(b) BlueCard Home and Custom Par Fees.....	120
(c) Medicare Crossover Fees.....	122
(d) Other Claim and Encounter Capture and Adjudication.....	124
11. Information Systems Expenses.....	126
(a) Operations and Support Services.....	128
(b) Applications Maintenance.....	130
(1) Benefit Configuration.....	132
(2) Other Applications Maintenance.....	134
(c) Applications Acquisition and Development.....	136
(1) Applications Amortization and Licensing Expenses.....	138
(2) Pre-Planning Project Costs.....	140
(d) Security Administration and Enforcement.....	142
Corporate Services Cluster	
12. Finance and Accounting.....	144
(a) Credit Card Fees.....	146
(b) All Other Finance and Accounting.....	148
13. Actuarial.....	150
14. Corporate Services Function.....	152
(a) Human Resources.....	154
(b) Legal.....	156
(1) Compliance.....	158
(2) Government Affairs.....	160
(3) Outside Litigation.....	162
(4) Fraud, Waste & Abuse.....	164
(5) All Other Legal.....	166
(c) Facilities.....	168
(d) OPEB.....	170
(e) Audit.....	172
(f) Purchasing.....	174
(g) Imaging.....	176
(h) Printing and Mailroom.....	178
(i) Risk Management.....	180
(j) Other Corporate Services Function.....	182
15. Corporate Executive & Governance.....	184
16. Association Dues and License/Filing Fees	186
Subtotal Expenses	188
17. Miscellaneous Business Taxes.....	190
Total Expenses	192

Tab 4

Functional Expenses of Each Product, PMPM

This section provides an analysis of the expense composition of each product. All expenses for each product are included in each table. Costs are presented on a per member per month basis. Each figure includes a statistical analysis of product expenses. Expenses exclude those of pharmacy and behavioral health. See Tab 6 for those expenses. "Comprehensive Total" excludes Medicare Advantage SNP, Stand-Alone Dental, Stand-Alone Medicare Part D and Host Expenses.

Figure	Product	Page
	Total	
4-1	All Products.....	196
4-2	Comprehensive Total.....	198
	Commercial	
4-3	Commercial HMO, Insured.....	200
4-4	Commercial POS, Insured.....	202
4-5	Commercial Indemnity & PPO, Insured.....	204
4-6	Total Commercial, Insured.....	206
4-7	Commercial HMO, ASO/ASC.....	208
4-8	Commercial POS, ASO/ASC.....	210
4-9	Commercial Indemnity & PPO, ASO/ASC.....	212
4-10	Total Commercial, ASO/ASC.....	214
4-11	Total Commercial.....	216
4-12	FEP	218
	Medicare	
4-13	Medicare Advantage Individual.....	220
4-14	Medicare Advantage Group.....	222
4-15	Medicare Advantage Total.....	224
4-16	Medicare Advantage SNP.....	226
4-17	Medicare Supplement.....	228
4-18	Stand-Alone Medicare Part D.....	230
	Medicaid	
4-19	Medicaid HMO.....	232
	Other	
4-20	Stand-Alone Dental.....	234
4-21	Host Expenses.....	236

Tab 5

Functional Expenses of Each Product, Percent of Premiums and/or Fees

This section provides an analysis of the expense composition of each product. All expenses for each product are included in each table. Each figure includes a statistical analysis of each expense of that product. Costs are presented on a percent of premiums and/or fees basis. Premiums and fees exclude those of pharmacy and behavioral health, as do associated expenses. "Comprehensive Total" excludes Medicare Advantage SNP, Stand-Alone Dental, Stand-Alone Medicare Part D and Host Expenses.

Figure	Product	Page
	Total	
5-1	All Products.....	240
5-2	Comprehensive Total.....	242
	Commercial	
5-3	Commercial HMO, Insured.....	244
5-4	Commercial POS, Insured.....	246
5-5	Commercial Indemnity & PPO, Insured.....	248
5-6	Total Commercial, Insured.....	250
5-7	Commercial HMO, ASO/ASC.....	252
5-8	Commercial POS, ASO/ASC.....	254
5-9	Commercial Indemnity & PPO, ASO/ASC.....	256
5-10	Total Commercial, ASO/ASC	258
5-11	Total Commercial.....	260
5-12	FEP	262
	Medicare	
5-13	Medicare Advantage Individual.....	264
5-14	Medicare Advantage Group.....	266
5-15	Medicare Advantage Total.....	268
5-16	Medicare Advantage SNP.....	270
5-17	Medicare Supplement.....	272
5-18	Stand-Alone Medicare Part D.....	274
	Medicaid	
5-19	Medicaid HMO.....	276
	Other	
5-20	Stand-Alone Dental.....	278
5-21	Host Expenses.....	280

Tab 6

Expenses of Specialty Services and Other Self-Contained Activities

This section provides an analysis of specialty and other self-contained expenses across products. These activities are Pharmacy and Behavioral Health management. Values are presented on a per member per month and percent of premium equivalents or premium and/or fees basis.

Normally when calculating ratios, premiums, fees and equivalents exclude pharmacy and behavioral health. For these services they are included. Membership refers to all members except in the case of pharmacy in which only members covered under those services are used, if available.

In this section, we also report COVID expenses. These expenses are also included with expenses reported in the main administration schedule. This is intended to capture expenses incurred in 2020 stemming from the COVID-19 pandemic. While reported by function, examples of such expenses are Senior Health Services – Member Care packages, advertising/member communications, car management expansion and education Facilities – Enhanced cleaning and facility updates for safety, Operations – Additional staffing, including a 50% salary premium for “hazard pay” that lasted for several months, Information Systems – Services and Equipment costs related to WFH (work from home), extension of helpdesk vendor, IT security and Health Care Value – Telehealth change costs, COVID testing.

Figures	Function	Page
	Pharmacy	
6-1 & 6-2	Administration.....	284
6-3 & 6-4	Gross Benefits.....	286
6-5 & 6-6	Rebates.....	288
6-7 & 6-8	Net Benefits.....	290
6-9 & 6-10	Combined Total Benefits and Administration.....	292
	Behavioral Health	
6-11 & 6-12	Administration.....	294
6-13 & 6-14	Benefits.....	296
6-15 & 6-16	Total.....	298
	COVID Expenses	
6-17	Per Member Per Month.....	300
6-18	Percent of Premiums and Premium Equivalents.....	302

Tab 7

Functional Expenses of Market Segments

This provides an analysis of the functional expenses of all products sold to individuals, groups, and national accounts regardless of the products sold to them. Data is presented on a per member per month and on a percent of premiums and/or fees basis.

Individual Commercial Health Products exclude any government programs and/or Medicare Supplement (Individual Medigap and National Medigap). Stand Alone Dental and Stand Alone Medicare Part D are not included with Individual Commercial Health Products. Individuals with HSAs are included here.

The Individual Product is segmented to reflect the Affordable Care Act. The three categories are ACA-compliant “Metal Products” sold through a public exchange, ACA-compliant products sold off of a public exchange including those sold on a private exchange, and Grandfathered products.

Groups are segmented as follows.

- Small Group business is defined as groups having 2- 50 eligible employees and may include sole-proprietors if the Plan views them as small group business.
- Middle Market business is defined as groups having 51-99 eligible employees.
- Large Group business is defined as groups having 100 or more eligible employees.
- National Accounts are defined as Control Plan Accounts for the purposes of this study and should exclude FEP. National Accounts are customers (groups) with 5,000 or more employees and 10% or greater membership out of the plan’s service area. They may be Insured or ASO/ASC.
- Local ASO/ASC values are calculated based on reported ASO/ASC Totals, less National Accounts that are ASO/ASC.

In all schedules, revenues are defined as premiums and/or premium equivalents basis. Premiums and premium equivalents exclude those of pharmacy and behavioral health, as do their associated expenses.

Figure	Market Segment	Page
	Individual - ACA Under 65 - On Public Exchange	
7-1	Per Member Per Month.....	308
7-2	Percent of Premiums and Premium Equivalents.....	310
	Individual - ACA Under 65 - Off Public Exchange	
7-3	Per Member Per Month.....	312
7-4	Percent of Premiums and Premium Equivalents.....	314
	Individual - Non-ACA Under 65 - Grandfathered	
7-5	Per Member Per Month.....	316
7-6	Percent of Premiums and Premium Equivalents.....	318
	Total Individual Products	
7-7	Per Member Per Month.....	320
7-8	Percent of Premiums and Premium Equivalents.....	322

Functional Expenses of Market Segments (continued)

Figure	Market Segment	Page
Small Groups		
7-9	Per Member Per Month.....	324
7-10	Percent of Premiums and Premium Equivalents.....	326
Middle Market		
7-11	Per Member Per Month.....	328
7-12	Percent of Premiums and Premium Equivalents.....	330
Large Groups		
7-13	Per Member Per Month.....	332
7-14	Percent of Premiums and Premium Equivalents.....	334
National Accounts, Insured		
7-15	Per Member Per Month.....	336
7-16	Percent of Premiums and Premium Equivalents.....	338
National Accounts, ASO/ASC		
7-17	Per Member Per Month.....	340
7-18	Percent of Premium Equivalents.....	342
National Accounts, Total		
7-19	Per Member Per Month.....	344
7-20	Percent of Premiums and Premium Equivalents.....	346
Local ASO/ASC		
7-21	Per Member Per Month.....	348
7-22	Percent of Premium Equivalents.....	350

Tab 8

Finance and Accounting Details

This section analyzes a variety of financial management activities, typically at the enterprise level. This includes Stop Loss metrics, which relates to Plan working capital as well as product design. Other topics include metrics of financial condition and liquidity, value and aging of IS, Facilities and other assets, non-cash expenses, an analysis of taxes stemming from health care reform, Strategic Projects, Broker Overrides and Bonuses, and Per Member Claim Costs that occur Outside of Service Area.

Stop-Loss insurance is often sold to self-insured (ASO/ASC) customers of health plans. Since stop-loss has different economic characteristics than ASO/ASC but they are often sold together, it can be illuminating to look at stop-loss and ASO/ASC products as though they were combined.

In this section, we report the proportion of ASO/ASC membership that purchases stop-loss coverage and the costs and revenues of the product on a stand-alone basis. We also report the combined economics of the ASO/ASC plus the stop loss insurance to get a complete view of these complementary products. These analyses are performed with and without prescription drug and behavioral health benefits, expenses and associated revenues.

Figure	Schedule	Page
Stop-Loss		
8-1	Stop-Loss Sold Members as a Percent of Self-Insured Members.....	355
8-1	Stop-Loss Only.....	355
8-1	Self-Insured Fees Plus Stop-Loss.....	355
8-1	Self-Insured Premium-Equivalents Plus Stop-Loss.....	356
Finance and Accounting Metrics		
8-2	Equity Turnover.....	357
8-2	Operating Return on Equity.....	357
8-2	Days of Accounts Receivable.....	357
8-2	Days of Premiums Receivable.....	357
8-2	Current Ratio.....	357
8-2	RBC Ratio.....	357
	Days to Close	
8-2	Month.....	357
8-2	Quarter.....	357
8-2	Year-End.....	357
IS, Facilities and Other Asset Values and Age		
8-3	IS, Facilities and Other Assets Value, PMPM.....	358
8-3	Average Age in Years of IS, Facilities and Other Assets.....	358
8-3	Non-Cash Expenses of IS, Facilities and Other Assets, PMPM.....	359
8-3	Non-Cash Expenses of IS, Facilities and Other Assets as a Percent of Total Function Administrative Expenses.....	359

Finance and Accounting Details (continued)

Figure	Schedule	Page
8-4	Centralized Project Management Expenses	360
	Strategic Projects	
8-4	Information Systems.....	360
8-4	Other Functions.....	360
8-4	Total Functions.....	360
8-4	Capitalized Strategic Project Value, All Years.....	360
8-4	Current Year Amortization of All Years Capitalized Project Value.....	360
	ACA-Related Taxes and Fees	
8-5	Comparative Effectiveness Research Fees (CERF).....	361
8-5	Transitional Reinsurance Fee.....	361
8-5	Risk Adjuster User Fee.....	361
8-5	Exchange User Fee.....	361
8-5	Annual Fee on Health Insurers.....	361
8-5	Total ACA-Related Taxes and Fees.....	361
	Broker Overrides and Bonuses	
8-6	Per Member Per Month.....	362
8-7	Percent of Premiums or Fees.....	363
8-8	Percent of Broker Commissions.....	364
	Per Member Claim Costs, Outside of Service Area	
8-9	BlueCard Home and Custom Par Fees.....	365

Tab 9

Information Systems, Allocated by Supported Functional Areas

Information Systems are part of health insurers end-to-end production chain for Claims, Customer Services and other functions. This section provides an analysis of functional expenses, allocating Information Systems expense to the functional areas that it supports. These allocations are then analyzed to determine the impact on each functional area, how it varies between functional areas and the importance of staffing costs relative to the reallocated expenses.

The first analysis, "Information Systems Allocations," includes all IS expenses such as infrastructure and software. The second analysis is only for applications that can be traced to specific functional areas.

This analysis is based on Comprehensive Total data. Revenues are defined as premiums and self-funded fees. Premiums and fees exclude those of pharmacy and behavioral health, as do associated expenses. "Loaded" means that the information systems allocations have been added to the reported functional area costs.

Figure	Schedule	Page
Information Systems Allocations		
9-1	Information Systems Allocations, PMPM.....	368
9-2	IS Allocations as a Percent of Revenue.....	369
9-3	Percent of IS Costs Allocated to Each Functional Area.....	370
9-4	IS Loaded Functional Area Expenses PMPM.....	371
9-5	IS Costs as a Percent of Loaded Functional Area Costs.....	372
9-6	IS Loaded Staffing Costs as a Percent of Loaded Functional Area Costs.....	373
Information Systems Applications Allocations		
9-7	Applications Information Systems Dollar Allocations, PMPM.....	374
9-8	Applications IS Dollar Allocations as a Percent of Revenue.....	375
9-9	Percent of Applications IS Costs Allocated to Each Functional Area.....	376
9-10	Applications IS Loaded Functional Area Expenses PMPM.....	377
9-11	Applications IS Costs as a Percent of Loaded Functional Area Costs.....	378

Tab 10

Participant Characteristics

This section provides a profile of the respondents to this edition of the Benchmarking Study. We summarize membership, product mix, groups served, revenues, medical expenses, profit margin and other key attributes. In addition, characteristics of market segments (e.g., Individual, Small Group, etc.) are also provided.

Figure	Characteristic	Page
Membership		
10-1	Member Months - Individual and Group.....	381
10-2	Average Members - Individual and Group.....	382
10-3	Average Members - Individual.....	383
10-4	Average Members - Group.....	384
10-5	Change in Average Membership.....	385
10-6	Member Months Outside of Service Area.....	386
10-7	Average Members Outside of Service Area.....	387
10-8	Mix - Product Membership as a Percent of Comprehensive Total Membership.....	388
10-9	Mix - Individual Membership as Percent of Total Product Membership.....	389
10-10	Mix - Group Membership as Percent of Total Product Membership.....	390
10-11	Mix - Membership Outside of Service Area as Percent of Total Product Membership.....	391
10-12	Average Number of Groups Served.....	392
10-13	Average Group Size (Member Months / Groups Months).....	393
10-14	Change in Average Number of Groups Served.....	394
Revenues		
10-15	Premiums and/or Self Funded Fees.....	395
10-16	Premiums and/or Premium Equivalents.....	396
10-17	Premiums and/or Self Funded Fees (Excluding Rx and B.H.).....	397
10-18	Premiums and/or Premium Equivalents (Excluding Rx and B.H.).....	398
10-19	Premiums and/or Self Funded Fees, PMPM.....	399
10-20	Premiums and/or Premium Equivalents, PMPM.....	400
10-21	Premiums and/or Self Funded Fees PMPM (Excluding Rx and B.H.).....	401
10-22	Premiums and/or Premium Equivalents PMPM (Excluding Rx and B.H.).....	402
10-23	Mix - Premiums and Self-Funded Fees as a Percent of Overall Total Premiums and Self-Funded Fees.....	403
10-24	Mix - Premiums and Premium Equivalents as a Percent of Overall Total Prem. and Prem. Equivalents.....	404

Participant Characteristics (continued)

Figure	Characteristic	Page
Health Care Costs		
10-25	Health and Other Benefit Costs, PMPM.....	405
10-26	Health and Other Benefit Costs, PMPM (Excluding Rx and B.H.).....	406
10-27	Health Benefits Ratio (Benefits / Premiums & Premium Equivalents).....	407
10-28	Health Benefits Ratio (Benefits / Premiums & Premium Equivalents) (Excluding Rx and B.H.).....	408
Administrative Expenses		
10-29	Administrative Costs PMPM	409
10-30	Administrative Costs PMPM (Excluding Rx and B.H.).....	410
10-31	Administrative Expense Ratio (Premium and/or Fees)	411
10-32	Administrative Expense Ratio (Premiums and/or Fees) (Excluding Rx and B.H.).....	412
10-33	Administrative Expense Ratio (Premium Equivalents)	413
10-34	Administrative Expense Ratio (Premium Equivalents) (Excluding Rx and B.H.).....	414
Profit		
10-35	Operating Earnings PMPM.....	415
10-36	Operating Earnings PMPM (Excluding Pharmacy and Behavioral Health).....	416
10-37	Operating Margin.....	417
10-38	Operating Margin (Excluding Pharmacy and Behavioral Health).....	418
Characteristics by Segment		
10-39	ACA Under 65 - On Public Exchange.....	419
10-40	ACA Under 65 - Off Public Exchange.....	420
10-41	Non-ACA Under 65 - Grandfathered.....	421
10-42	Total Individual.....	422
10-43	Small Groups.....	423
10-44	Middle Market.....	424
10-45	Large Groups.....	425
10-46	National Accounts, Insured.....	426
10-47	National Accounts, ASO/ASC.....	427
10-48	National Accounts, Total.....	428
10-49	Local ASO/ASC.....	429

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SHERLOCK BENCHMARKS

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Volume I – Financial Metrics

