

COST PRESENTS

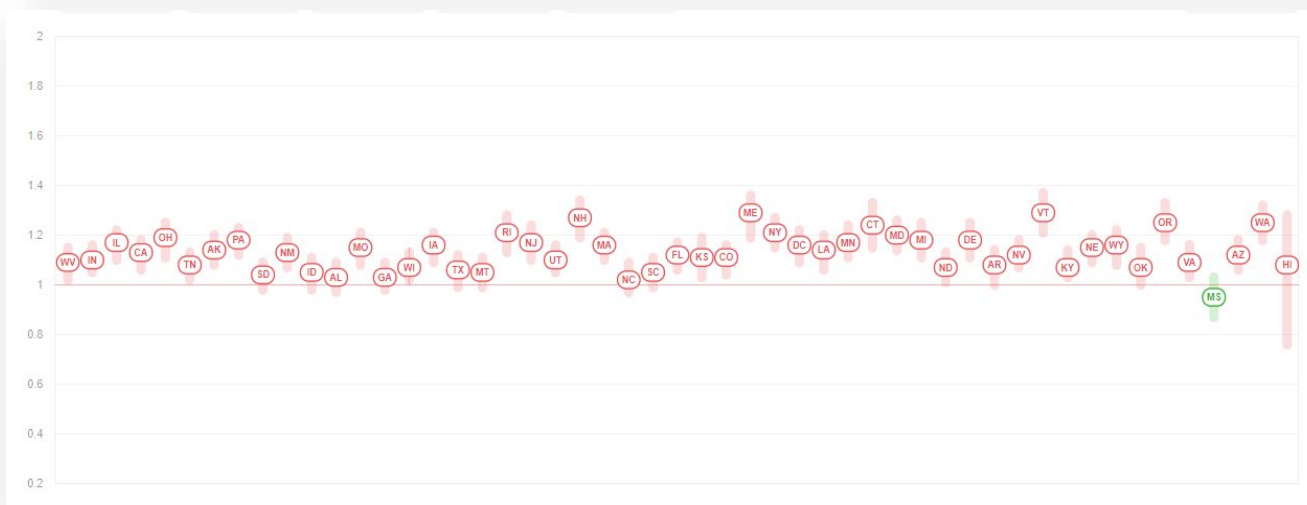
# Trends in Benefits in a COVID-19 Environment

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# Agenda

- COVID General Landscape
- COVID and Healthcare Budgeting
  - What's covered?
  - How had it effected communities overall claim spend?
  - How long will it effect budgeting cycles?
  - What's next?

# COVID GENERAL LANDSCAPE



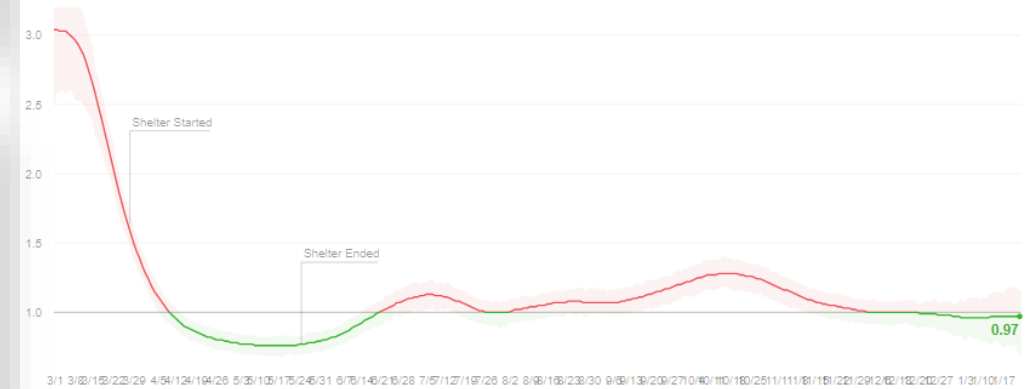
## Connecticut

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Current  $R_t$  **0.97** Cases **232,062** Tests **5,342,387**

### Effective Reproduction Rate - $R_t$

$R_t$  is the average number of people who become infected by an infectious person. If it's above 1.0, COVID-19 will spread quickly. If it's below 1.0, infections will slow. [Learn More](#)



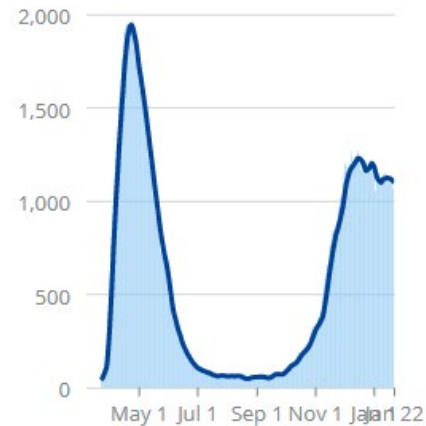
Source 1 and 2: <https://rt.live/>  
Source 2: <https://rt.live/us/CT>

# Cases, Hospitalizations & Deaths

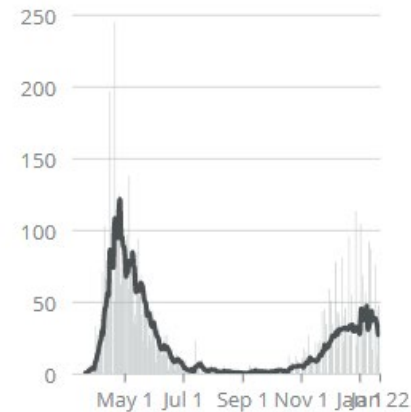
New cases



Current hospitalizations



New deaths



## COVID-19 Cases, Hospitalizations, and Deaths, by Race/Ethnicity

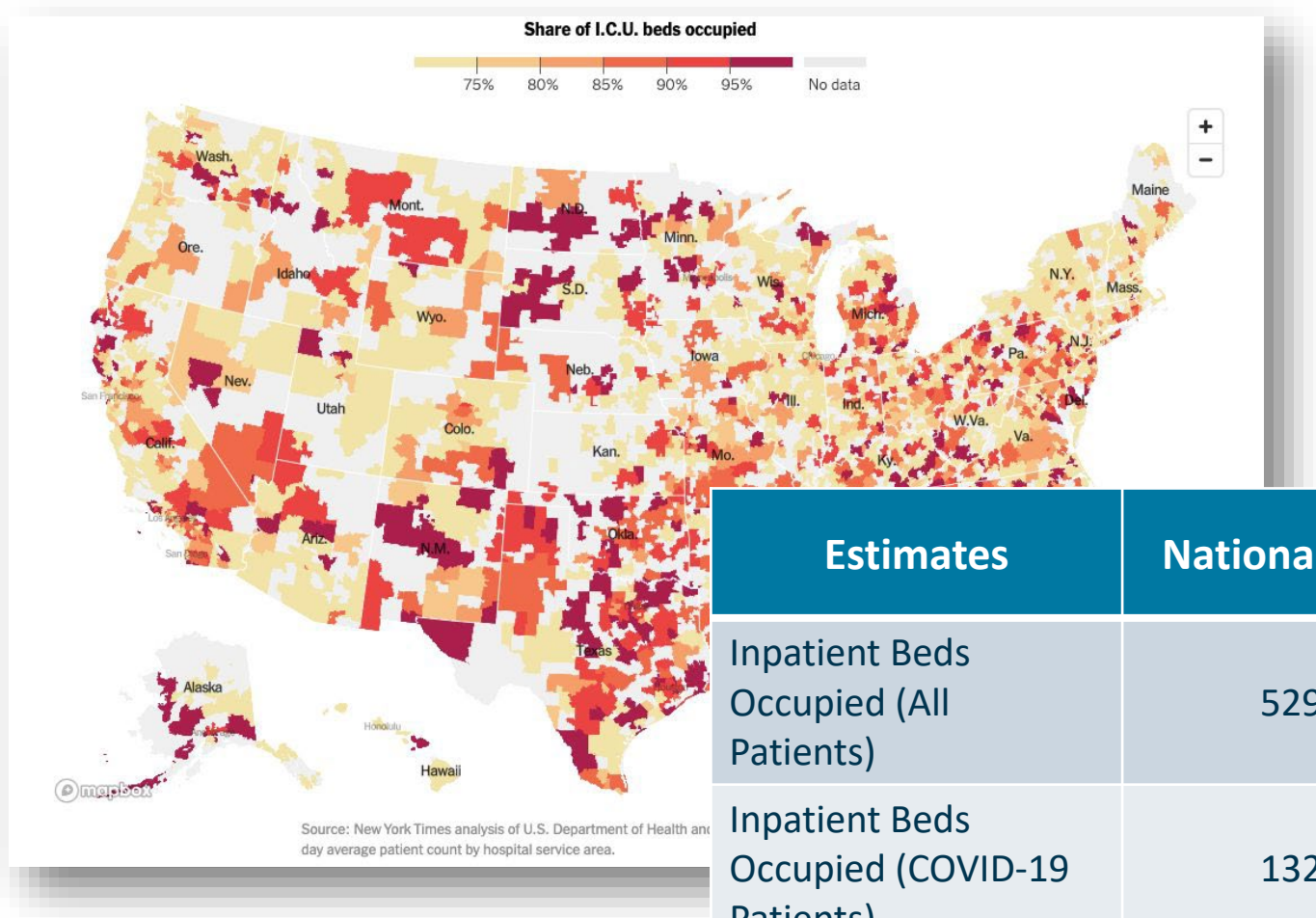
Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases <sup>1</sup>	1.8x	0.6x	1.4x	1.7x
Hospitalization <sup>2</sup>	4.0x	1.2x	3.7x	4.1x
Death <sup>3</sup>	2.6x	1.1x	2.8x	2.8x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

Source 1: <https://covidtracking.com/data/state/connecticut>

Source 2: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

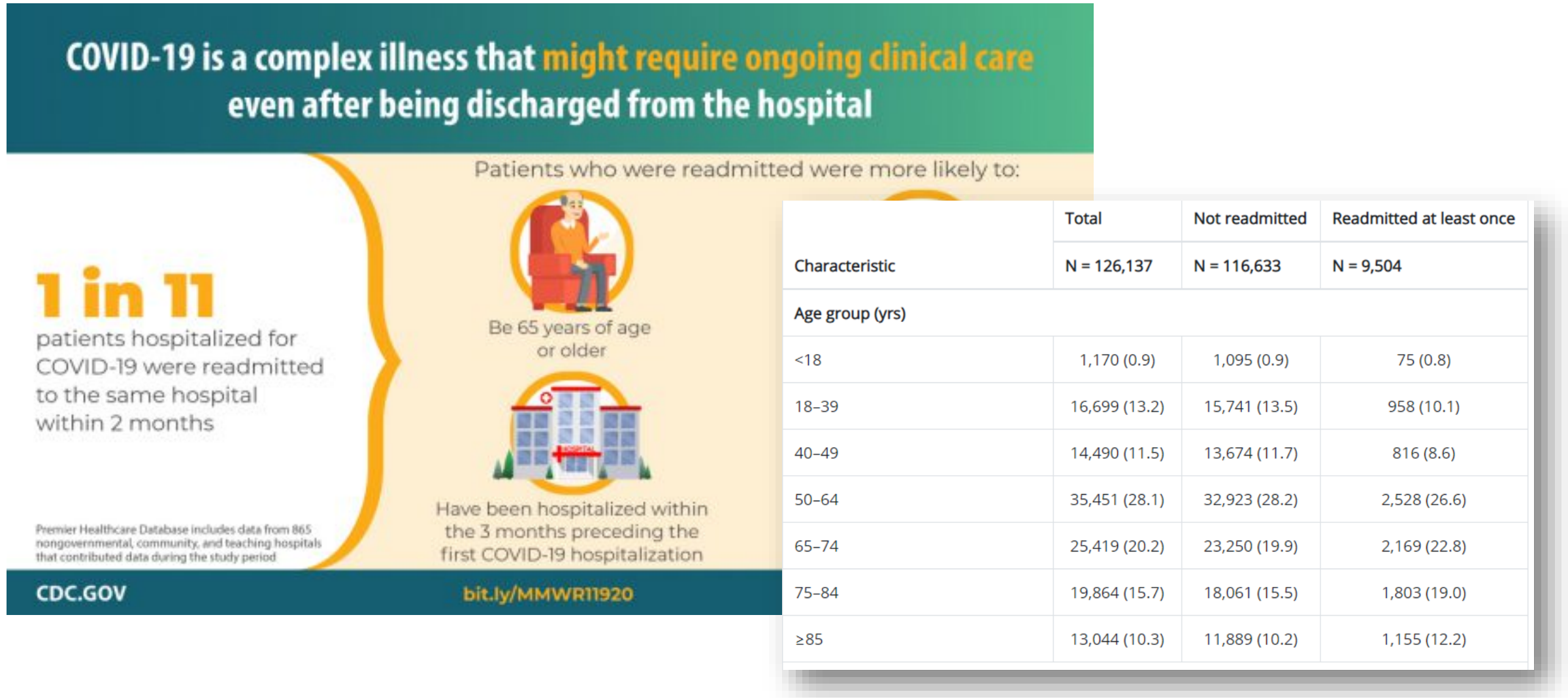
# Hospitalization Capacity



Estimates	National Number	National Percentage (%)	CT Percentage (%)
Inpatient Beds Occupied (All Patients)	529,318	74.53%	78.4%
Inpatient Beds Occupied (COVID-19 Patients)	132,172	18.61%	N/A
ICU Beds Occupied (All Patients)	70,352	78.88%	61.1%

Table: <https://protect-public.hhs.gov/pages/hospital-capacity#hospital-occupancy> and Source: <https://www.nbcconnecticut.com/news/coronavirus/breakdown-of-hospital-capacity-in-connecticut/2400037/>

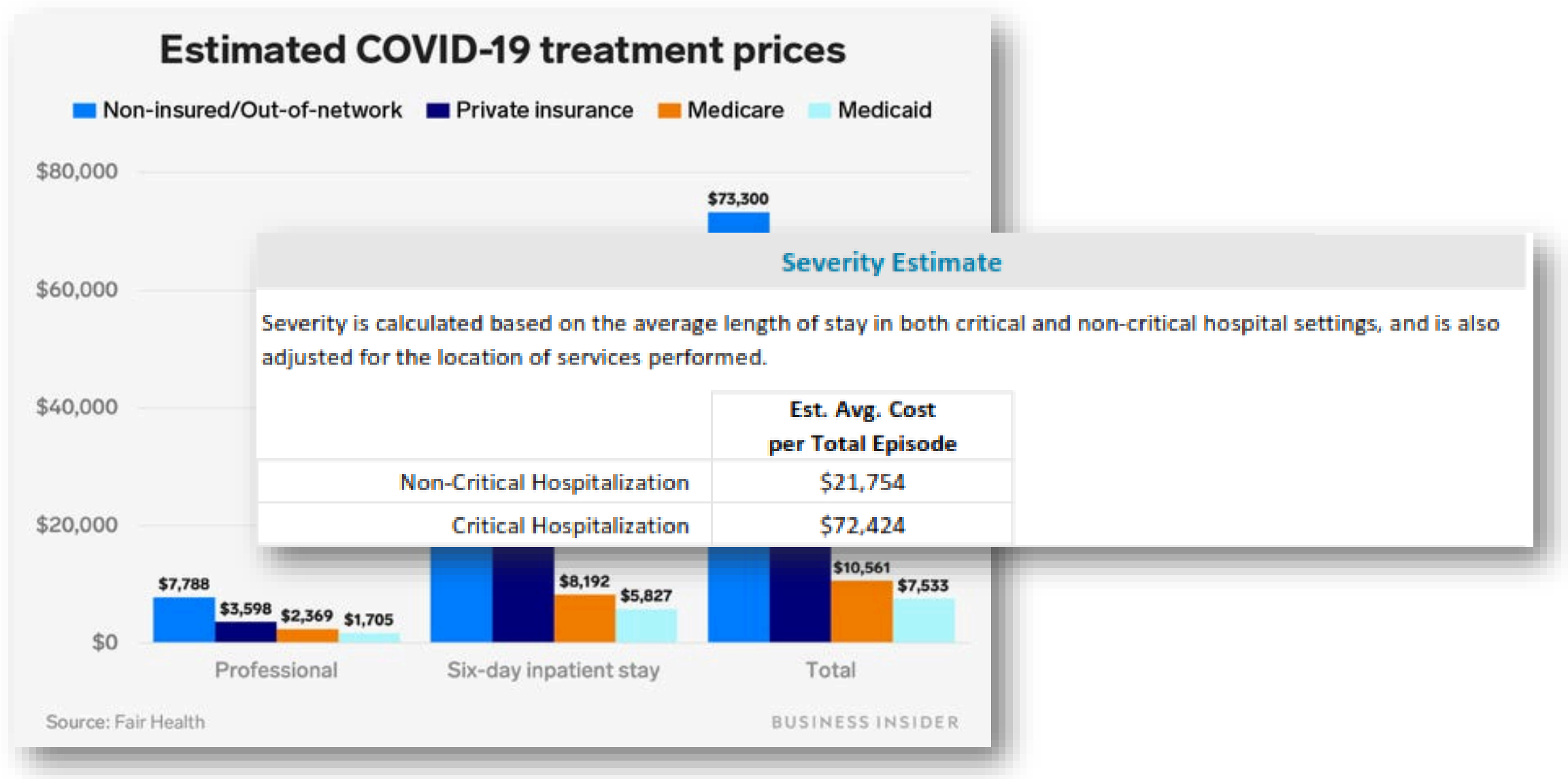
# Re-admissions for COVID-19 Patients According to the CDC



Source 1: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945e2.htm>

Source 2: page 17 FAIR health study:

Costs for COVID- 19 Treatment pricing are rising



Source: <https://www.businessinsider.com/coronavirus-covid-19-treatment-testing-costs-2020-3>

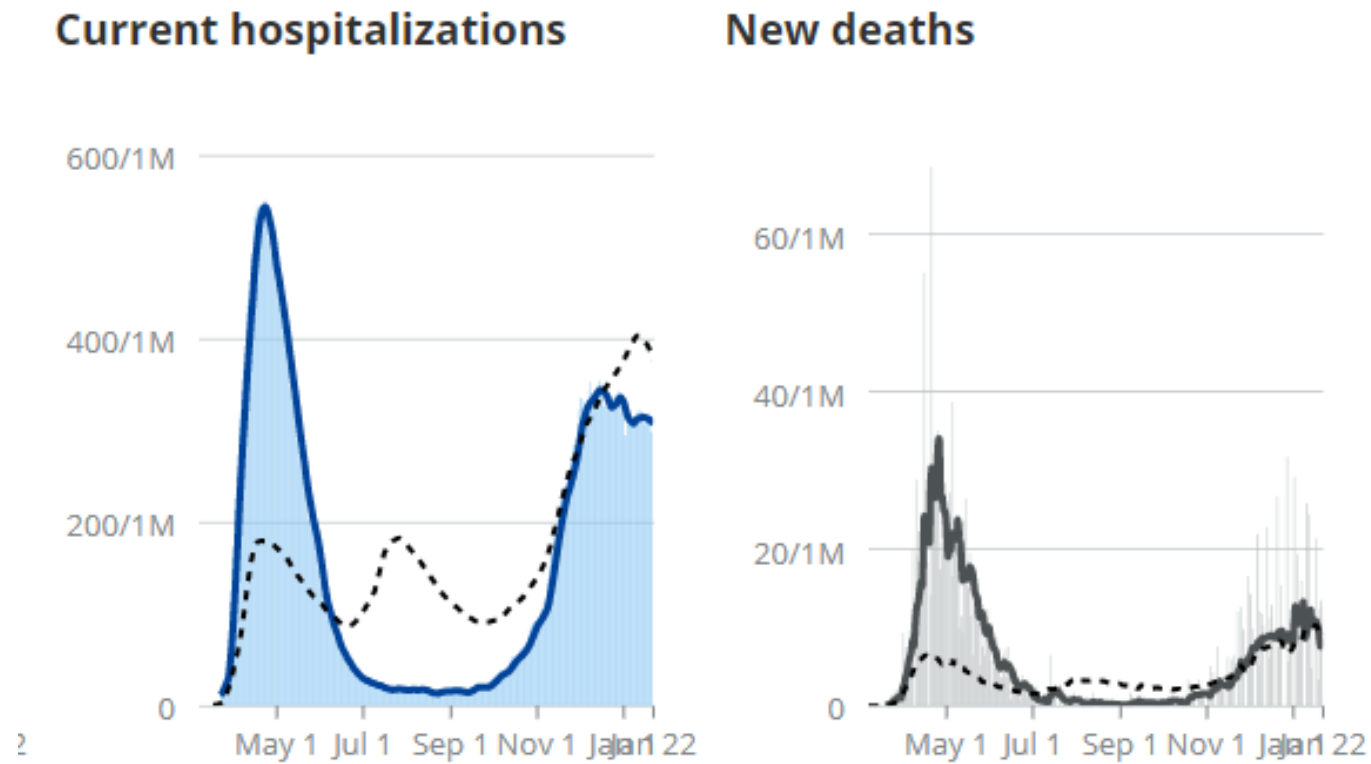


## Patient's Age, Type/Length of Stay Factor Heavily in Cost





# COVID-19 THERAPEUTICS DRIVING THE DEATH RATE DOWN



## Early Vaccine Results are Positive

### How coronavirus vaccines compare to vaccines for other viruses

VACCINE	VACCINE EFFECTIVENESS ▲	# OF RECOMMENDED DOSES
Flu (Influenza)	<div><div>44.0%</div></div>	1
AstraZeneca novel coronavirus	<div><div>70.0%</div></div>	2
Chickenpox (Varicella)	<div><div>92.0%</div></div>	2
Moderna novel coronavirus	<div><div>94.1%</div></div>	2
Pfizer novel coronavirus	<div><div>95.0%</div></div>	2
Measles (MMR)	<div><div>97.0%</div></div>	2
Polio	<div><div>99.0%</div></div>	3–4

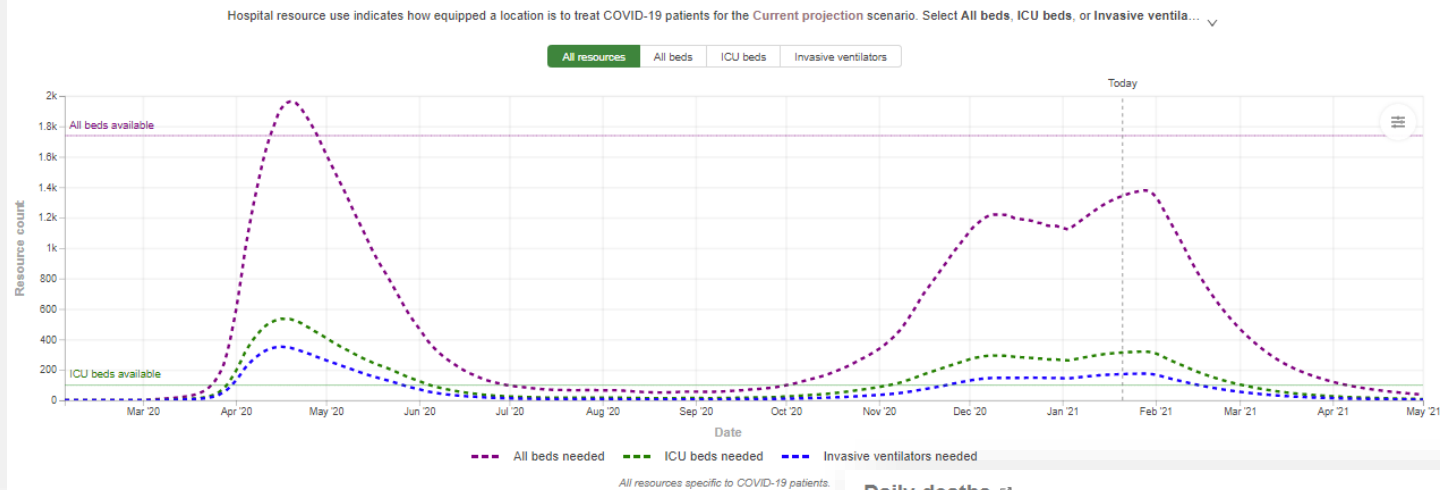
**Note:** Flu vaccine effectiveness calculated based on yearly average from 2009 to 2019. AstraZeneca, Moderna, and Pfizer coronavirus vaccine efficacy based on early clinical trial results. AstraZeneca results based on an average of two different vaccine dose regimens.

**Source:** CDC; AstraZeneca; Moderna; Pfizer

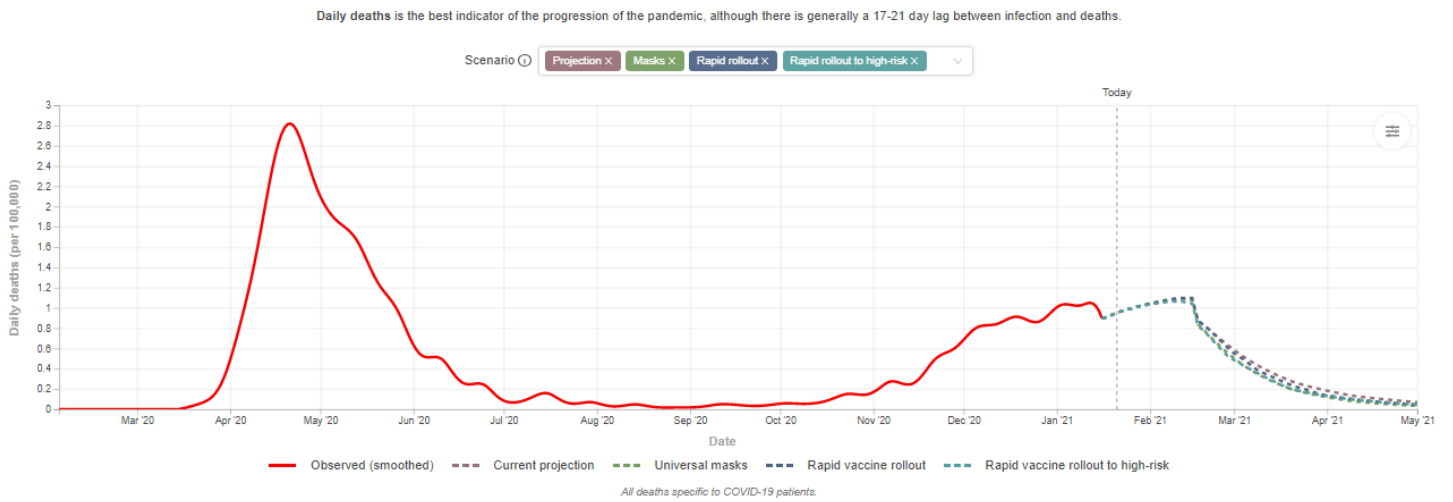
INSIDER

# COVID FORECASTS FOR '21 ARE CAUTIOUSLY OPTIMISTIC

## Hospital resource use

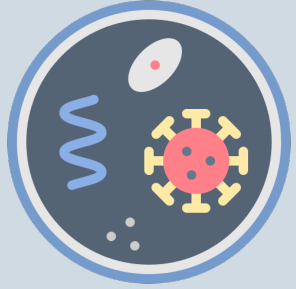


## Daily deaths

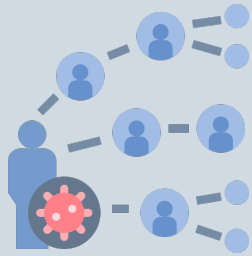


<https://covid19.healthdata.org/united-states-of-america/connecticut?view=total-deaths&tab=trend>

[https://covid19.healthdata.org/united-states-of-america/connecticut?view=resource-use&tab=trend&resource=all\\_resources](https://covid19.healthdata.org/united-states-of-america/connecticut?view=resource-use&tab=trend&resource=all_resources)



The spread rate of the virus has finally started to show improvement in the last 90 days where we currently sit at .97 in CT.



Due to the aggressive spread, the number of COVID-19 cases, hospitalization and deaths remains high and further, there are alarming statistics when this broken down by race.



The increase in hospitalizations across this country and locally in CT place significant pressure on hospital workers and general and ICU bed capacity.

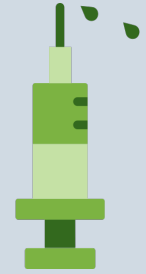
Many individual hospitals across this county have ICU utilization at more than 95%.



Length of stay and patient age directly impact re-admission as well as treatment costs.



COVID-19 therapeutics are having a positive affect on driving down the death rate.



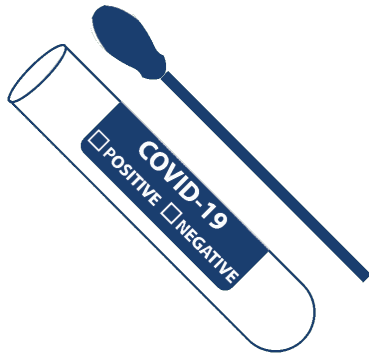
Vaccine distribution that is underway is shown to be effective.

(notes: early rollout results are mixed and will be discussed later in this presentation)

# So, what does all this mean for your healthcare budgeting?

1. What is covered related to COVID?
2. How did COVID affect the overall spend on my healthcare plan?
3. How long will COVID costs affect my healthcare budgeting cycle?
4. What's Next?

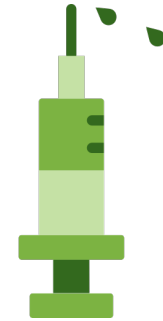
## What is Covered?



**TESTING**

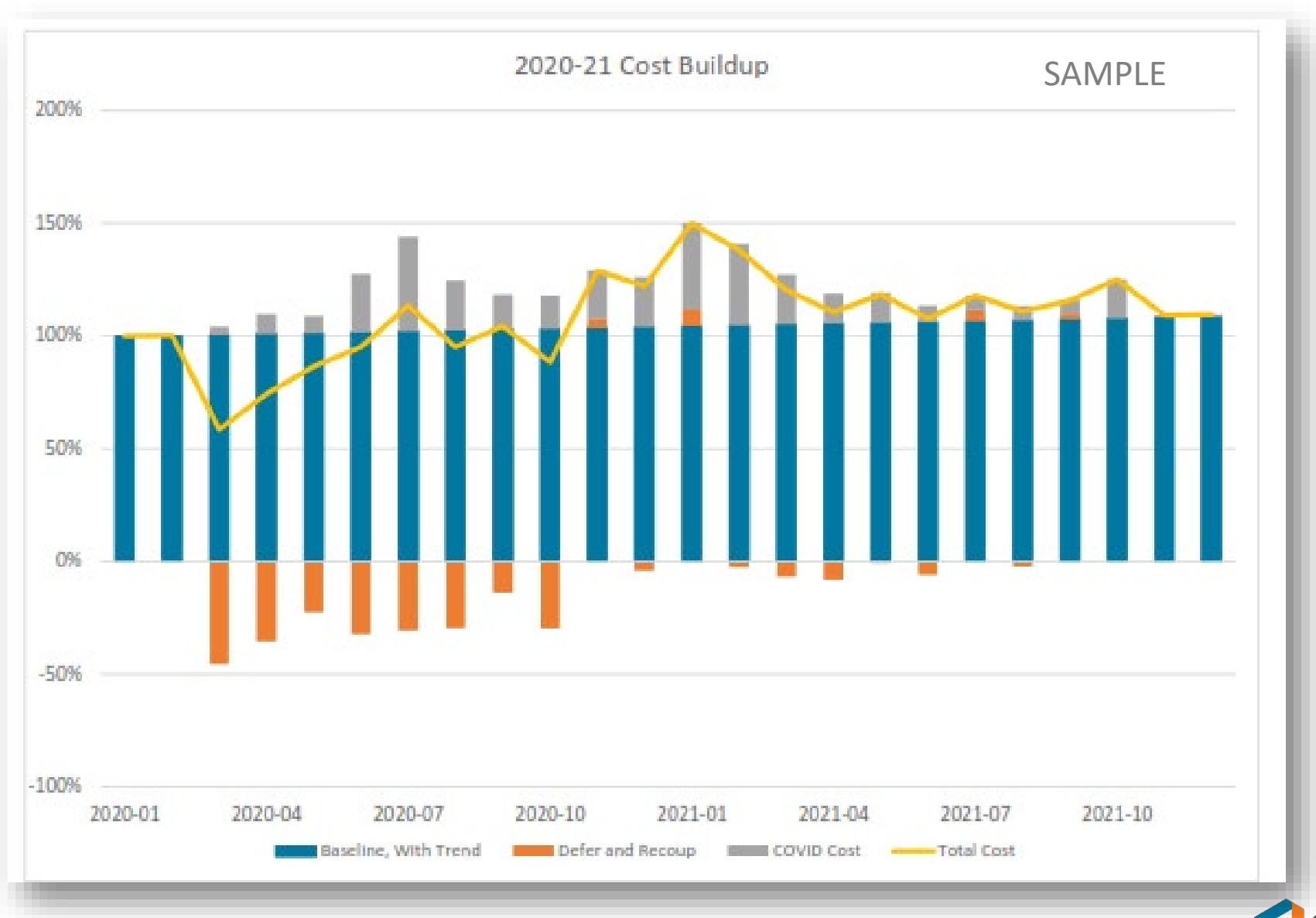


**TREATMENT**



**VACCINES**

## How Did/Does COVID affect Healthcare Plan Cost?

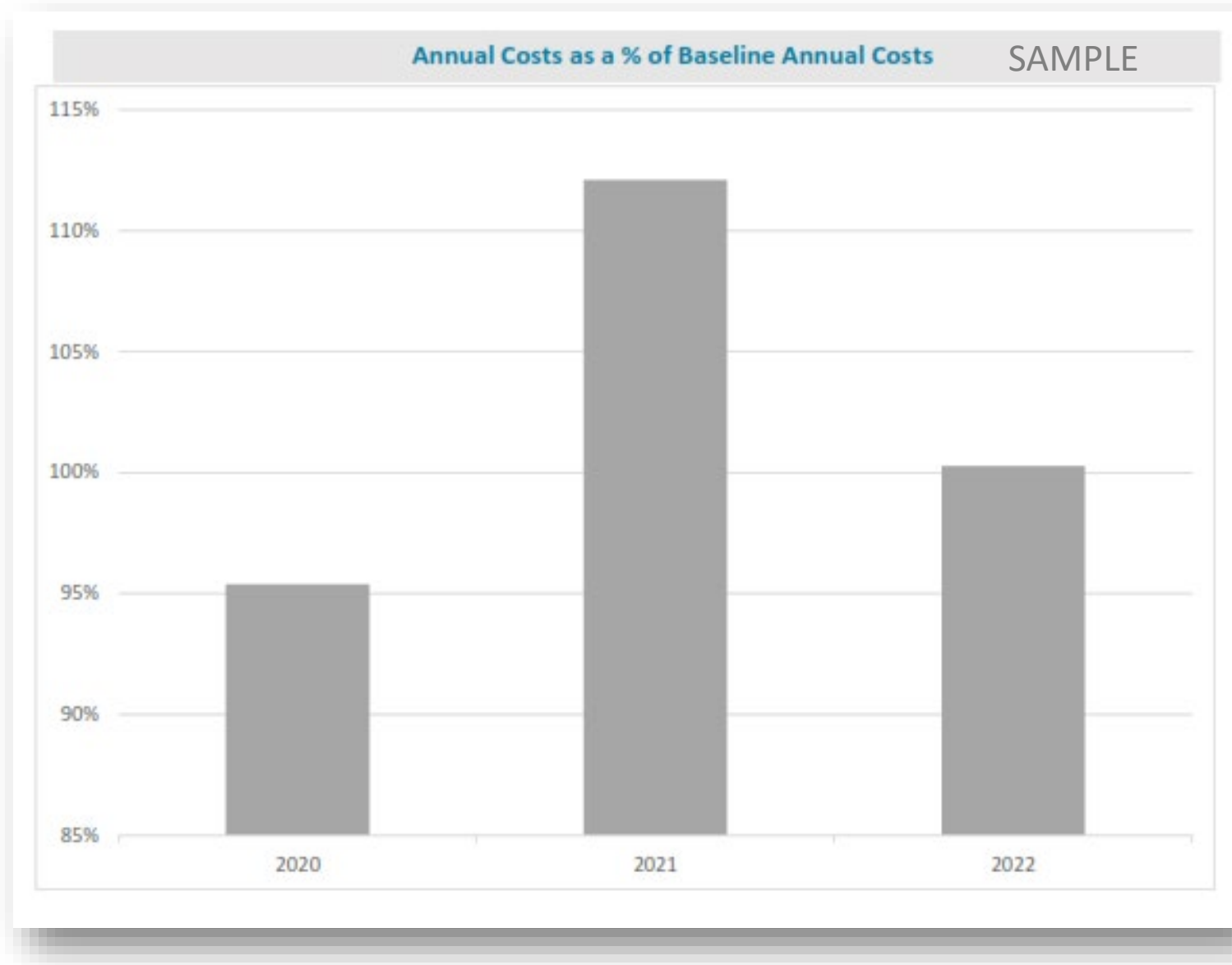




# Key Spend Areas where COVID Impacted Cost

1. Deferred and/or delayed care (i.e. surgeries, procedures, check-up's)
2. Cancelled care (i.e. dental cleaning)
3. Increased utilization of telemedicine
4. Switch Mail order drugs
5. New COVID testing, hospitalizations, and emergency FDA treatment plan
6. New Vaccinations
7. Masking/social distancing decreasing seasonal influenza and other communicable diseases

## How long will COVID effect my healthcare costs?



## Likely The Next 2 Renewal Cycles



# Considerations

- 1. What is changing in underwriting assumptions this year that affects total cost?**
  - a) COVID maturation factor to claims
  - b) Increased future trend
  - c) Non-credible claims factor
  
- 2. How will this affect the marketplace for Insurance Plans?**
  - a) Market Expectation

## What's Next?



### Phase 1a Get the Details

- Healthcare Personnel
- Longer Term Care Facility Residents
- Medical First Responders



### Phase 1b Get the Details

#### Currently Scheduling

- [Individuals 75 and older](#)

#### Scheduling Soon

- Front line essential workers
- Individuals and staff in congregate settings
- Individuals between the ages of 65 and 74
- Individuals between the ages of 16 and 64 with comorbidities



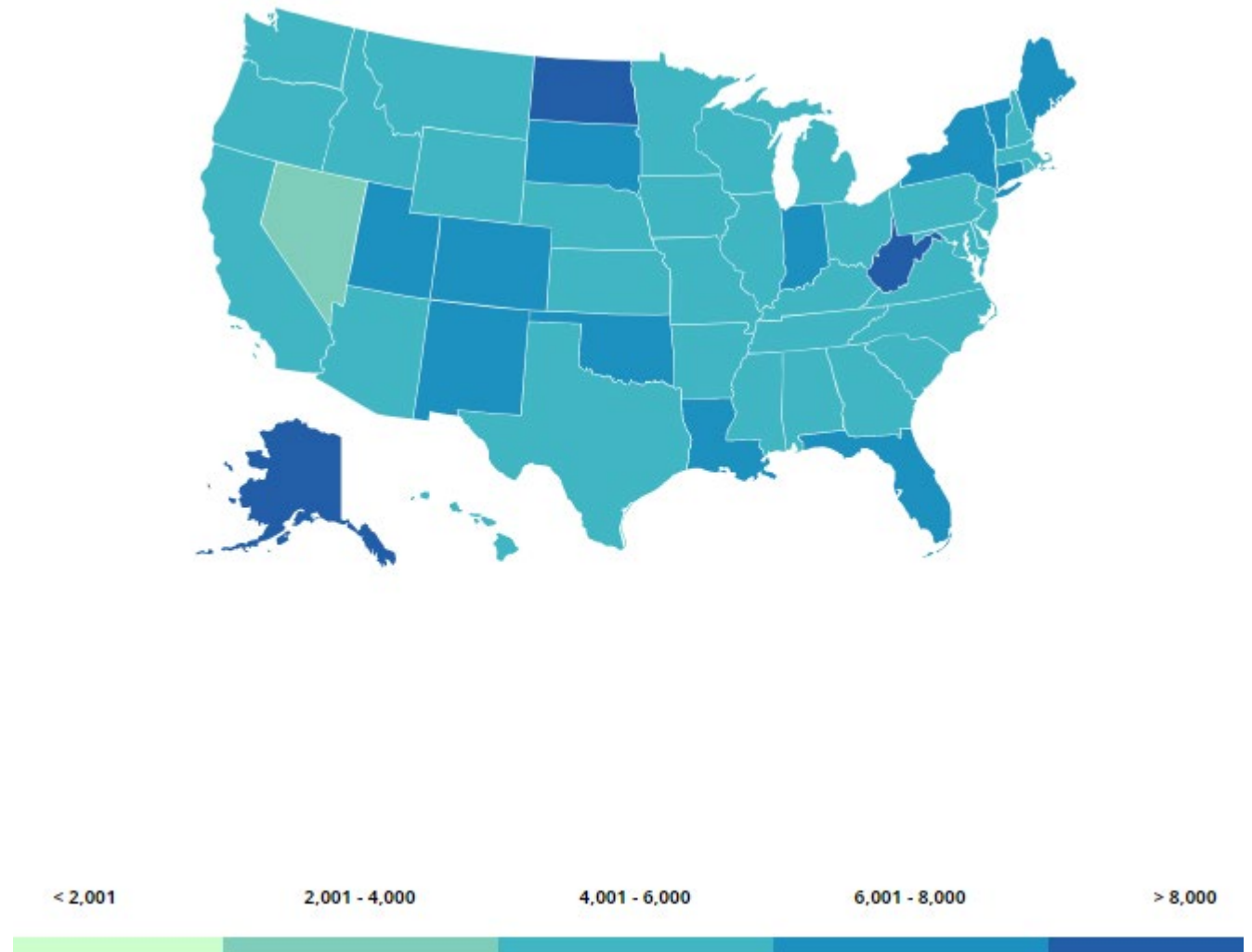
### Phase 1c Coming Soon

- More Information Coming Soon!

## What's Next, cont.

- How often will we vaccinate?
- New Strains
  - UK, Brazil, etc.
  - More severity of disease?
  - Resistance to current vaccine?

District	Distributed	Administered	% Administered	Administered / 100k
Alabama	493,125	202,643	41.1%	4,133
Alaska	154,325	81,836	53%	11,187
Arizona	797,550	347,013	43.5%	4,768
Arkansas	361,550	173,312	47.9%	5,743
California	4,379,500	1,633,875	37.3%	4,135
Colorado	657,250	353,194	53.7%	6,133
Connecticut	435,075	264,707	60.8%	7,425



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