

SPRING 2018 trends

State Health Plan's per-capita costs rise 5 percent in 2017

Plan spends more than \$4,800 per member for medical, drug costs

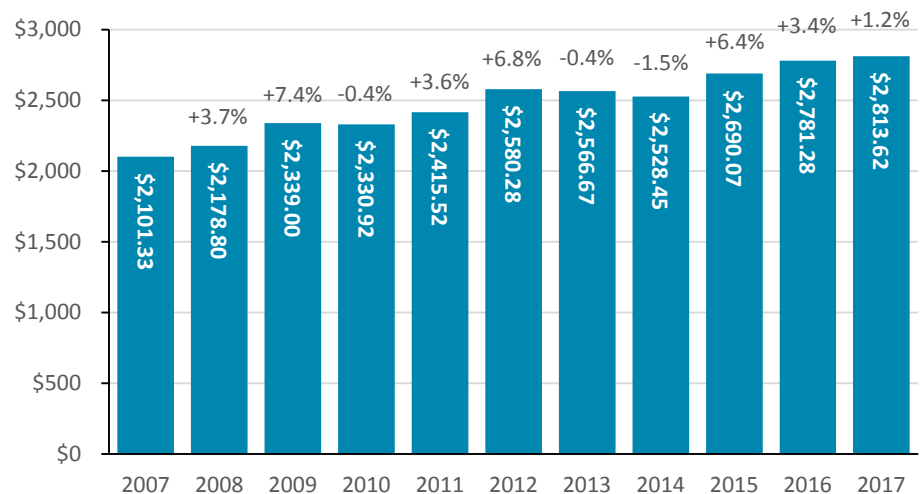
The State Health Plan paid an average of \$4,867.17 per member in 2017, up 5.00 percent from \$4,635.42 in 2016. It was the sixth time in the past 10 years that cost percentage growth was less than 6 percent. Enrollment in the Plan increased 1.75 percent, from 455,665 in 2016 to 463,657 in 2017.

The Plan paid an average of \$2,813.62 per member in medical claims in 2017, up 1.16 percent from \$2,781.28 in 2016. The per-capita medical spending has increased an average of 3.90 percent in the past five years.

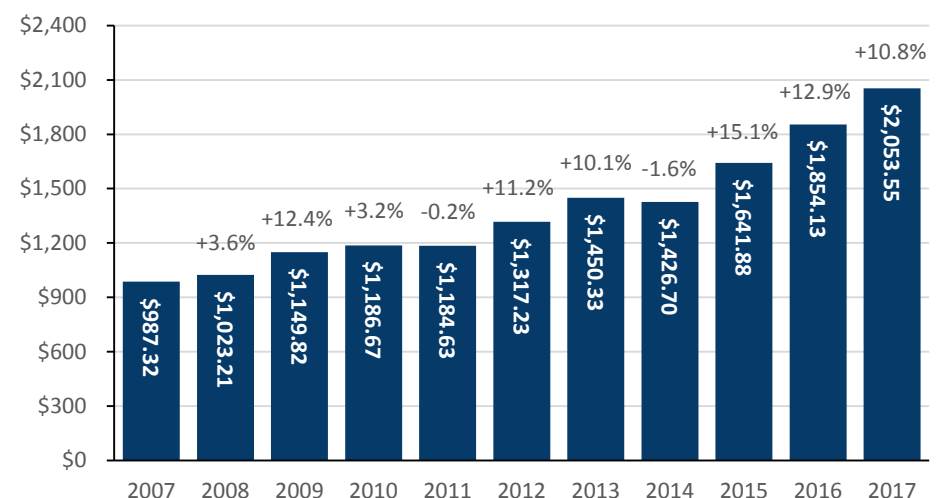
The Plan's per-member prescription drug costs rose from \$1,854.13 in 2016 to \$2,053.55 in 2017, an increase of 10.76 percent. The

Continued on Page 2

Annual medical payment per member



Annual prescription drug payment per member



Per-capita costs

Continued from Page 1

per-capita prescription drug spending has increased an average of 9.45 percent in the past five years.

More than 63 percent of the Plan's medical spending went toward subscribers' health care in 2017, while spouses accounted for 23.4 percent and children accounted for 13.3 percent. In 2017, the Plan spent an average of \$3,174.46 per subscriber, \$4,069.90 per spouse and \$1,438.82 per child.

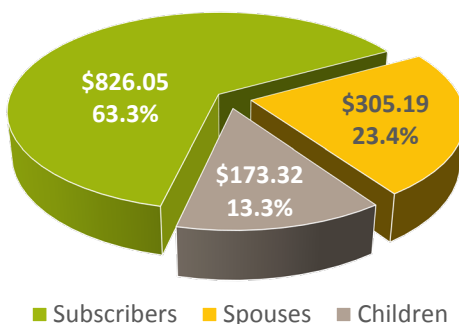
Medical costs accounted for 57.81 percent of total plan costs in 2017, down from 60.00 percent in 2016.

The top reason members went to the emergency room in 2016 was respiratory and other chest symptoms. More than 8,800 visits fell into this category, and the plan spent \$8.54 million on these visits. The combined cost to the Plan for the top five emergency room costs equaled \$22.17 million.

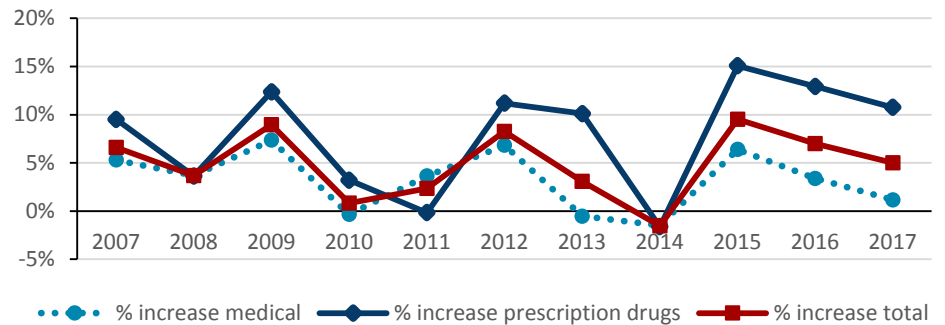
Childbirth accounted for more than 5,600 hospital inpatient services, costing the Plan \$18.39 million. The top five types of inpatient services altogether cost the plan \$90.53 million.

Cost by member type

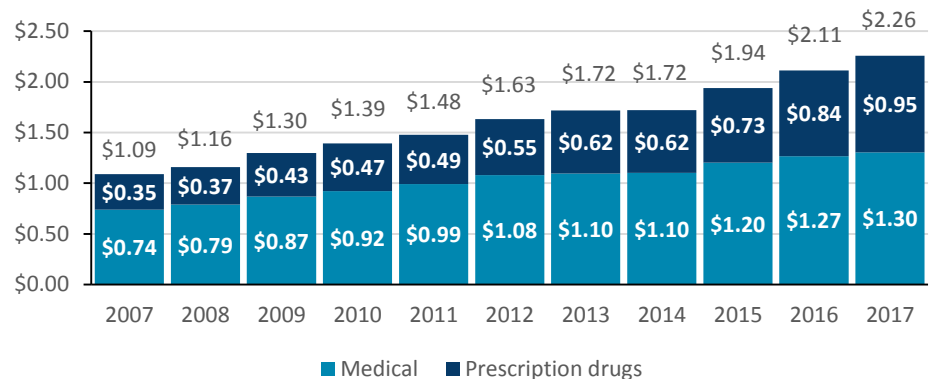
(in millions of dollars)



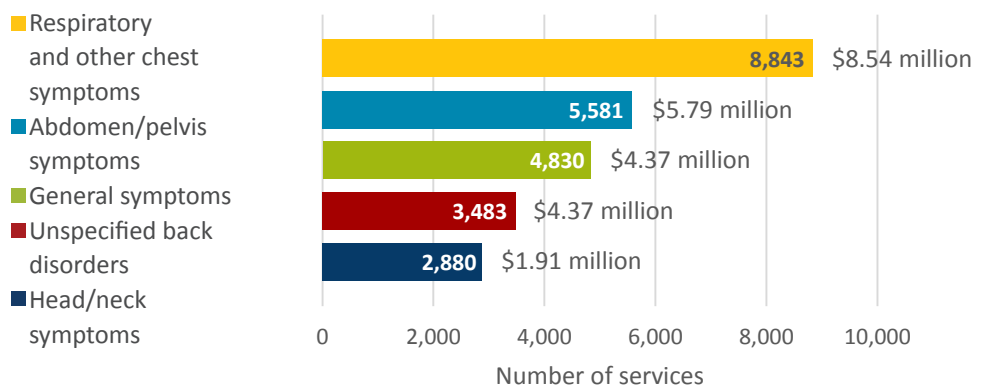
Percentage growth of Plan spending per member



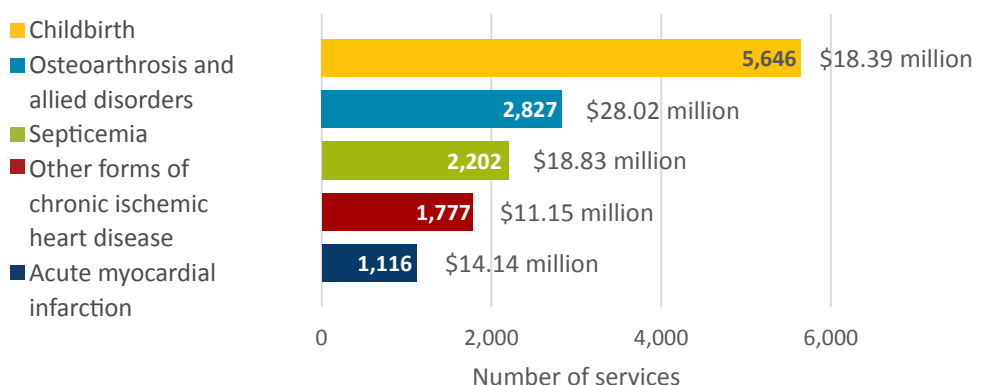
Plan spending (in billions of dollars)



Top five emergency room costs paid by the Plan



Top five hospital inpatient services paid by the Plan



Top 10 prescription drugs in 2017

Drug	Therapeutic class	Plan cost (in millions)
Tier 1		
Metformin HCL ER	Non-sulfonylureas	\$11.57
Esomeprazole Magnesium	Proton pump inhibitors	\$5.39
Dextroamphetamine-Amph	CNS stimulants	\$5.22
Ezetimibe	Cholesterol absorption inhibitors	\$4.79
Imatinib Mesylate	BCR-ABL tyrosine kinase inhibitors	\$4.19
Rosuvastatin Calcium	Statins	\$2.85
Duloxetine HCL	Serotonin-norepinephrine reuptake inhibitors	\$2.62
Methylphenidate ER	CNS stimulants	\$2.46
Desvenlafaxine Succina	Serotonin-norepinephrine reuptake inhibitors	\$2.02
Oseltamivir Phosphate	Neuraminidase inhibitors	\$1.92
Tier 2		
Humira Pen	Antirheumatics, TNF alfa inhibitors	\$44.39
Enbrel	Antirheumatics, TNF alfa inhibitors	\$20.54
Trulicity	Incretin mimetics	\$17.22
Revlimid	Antineoplastics, other immunosuppressants	\$16.64
Januvia	Dipeptidyl peptidase 4 inhibitors	\$14.65
Eliquis	Factor Xa inhibitors	\$13.42
Humalog Kwipen U-100	Insulin	\$12.52
Lantus Solostar	Insulin	\$11.97
Lyrica	Gamma-aminobutyric acid analogs	\$11.78
Stelara	Interleukin inhibitors	\$11.40
Tier 3		
Concerta	CNS stimulants	\$2.11
Compounds	Miscellaneous	\$1.21
Gleevec	BCR-ABL tyrosine kinase inhibitors	\$0.96
Nexium	Proton pump inhibitors	\$0.68
Glumetza	Non-sulfonylureas	\$0.57
Zetia	Cholesterol absorption inhibitors	\$0.53
Effient	Platelet aggregation inhibitors	\$0.49
Lialda	5-aminosalicylates	\$0.41
Renvela	Phosphate binders	\$0.39
Crestor	Statins	\$0.35

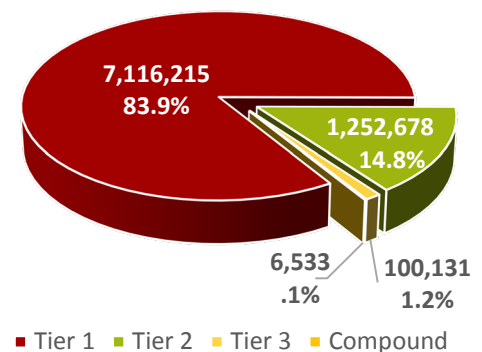
Plan spending on prescription drugs rises 12.70 percent

The State Health Plan's spending on prescription drugs accounted grew from \$844.86 million in 2016 to \$952.14 million in 2017, an increase of 12.70 percent. The plan's increase in per-capita prescription drug costs in 2017 was 10.76 percent.

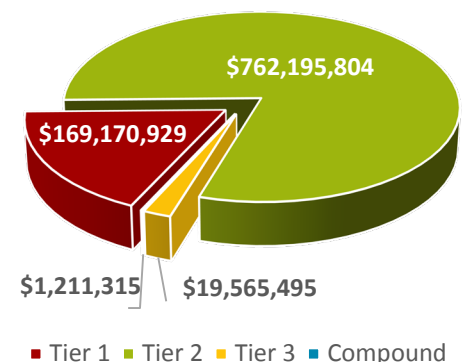
More than seven million generic, or Tier 1, drugs were filled in 2017. The generic dispensing rate (GDR) was 85.60 percent in 2017. The GDR has been higher than 75 percent since 2013.

The plan spent the most money, \$762.20 million, on Tier 2 drugs in 2017.

Fills by prescription tier



Cost by prescription tier



202 Arbor Lake Drive
Columbia, SC 29223

Patient-Centered Medical Home practitioners as of April 2018

