BCS RiskNavigator

High Cost Claimant Trends & Insights

2023

A Message from BCS Leadership

Mehb A. Khoja

Since its inception in 2015, BCS has brought together actuaries, underwriters, sales, product, claims and more for an annual conference focused on stop loss, reinsurance, and large claims. Whether you know it as the Stop Loss Conference or RiskNavigator Conference as it is named today, the event has continued to bring experts from various backgrounds and unique perspectives together to discuss and share insights into the trends and issues impacting our industries.

But it doesn't stop there. Together with these experts, we've extended beyond discussions and are actively working to solve some of the most challenging problems facing our industry, including gene therapy risks. In 2023, in partnership with Synergie Medication Collective, we launched the Gene+ Risk Protection Pool to Blue Plans, offering a unique structure to efficiently protect Plans across the BCBS System from new gene therapy risk. 15 Plans are participating in the Pool in 2023, covering nearly 9M lives. BCS also developed a stop loss gene therapy product for large employers who do not typically purchase stop loss, to provide protection from these unpredictable, large claims.

These product advancements and other gene therapy initiatives were again hot topics at this year's Conference. The pipeline is as strong as ever – since the August event, three more therapies received FDA approval, bringing the total number of gene therapies in market to 11. These therapies continue to be a focus for large claims concern, due to their exorbitant costs, but we are also seeing a shift in focus to rising first-dollar impacts, with sessions around the cost pressures like GLP-1 drugs, inflation, and more. You'll find recaps of all these discussions, along with trends and key learnings, included in this report.

Highlights from the 2023 RIskNavigator High Cost Claimants Trends and Insights include:

- First-dollar medical trend was 1%, after a significant swing the prior year due to COVID
- Claims in excess of $2M have doubled in the last three years (2019 to 2022 with completion), and gene therapy is expected to add to this trend in 2024
- Advancements in analytics are helping to forecast gene therapy uptake for hemophilia and other rare diseases
- Insurance marketing frequency is increasing, with consultants and brokers shopping almost every year; meanwhile, larger clients who have traditionally not purchased stop loss are evaluating coverage due to high risks (e.g., GT)

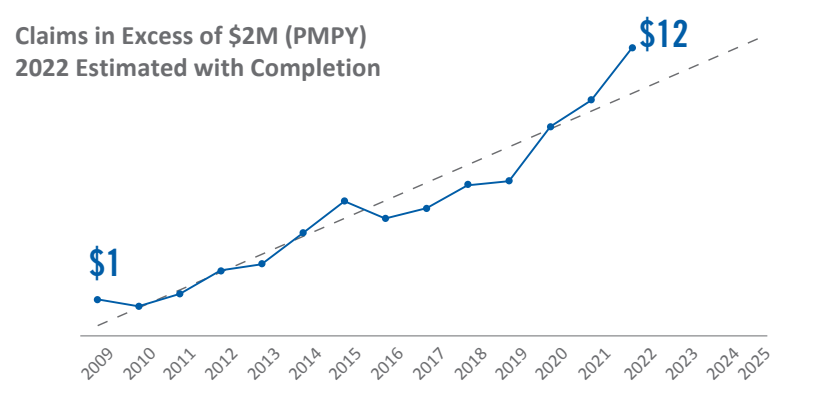
We hope that providing you with this report gives your Plan insights to continue the large claim discussion, and we hope you will save the date for the 2024 RiskNavigator Conference September 17, 2024. As you read through, please reach out with any questions.

Mehb A. Khoja
Head of Large Claim Solutions
BCS Financial

About the Data
The primary statistics featured in this report are based on data from over 40 million commercial members (Federal Employees Health Benefit Programs, Medicare, and Medicaid are excluded) and over $2.2 Trillion in incurred claims with run-out through April 2023. Additional data was used from a variety of sources selected by our presenters. They include brokers/consulting firms and external carriers/reinsurers. Specific sources are highlighted throughout the report.

Executive Summary

High cost claims continue to increase exponentially, with claims in excess of $2M doubled in the last three years

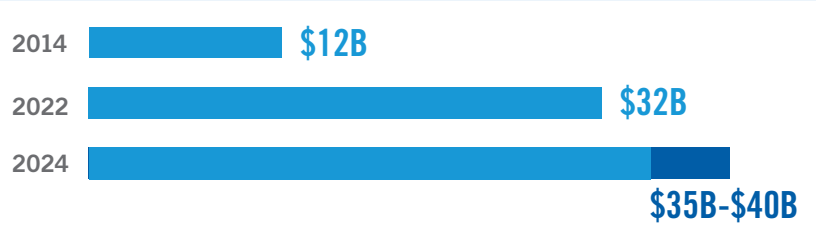


With the rapid growth and approval of gene therapy treatments, we expect this trend to continue. Recent projections indicate that GT drugs will add 2 points to the leveraged trend in excess $300K and 6 points to the leveraged trend at excess $1M.

Stop Loss industry dynamics are shifting going into 2024

- Larger clients who have not traditionally purchased stop loss are evaluating coverage due to the increasing frequency of multi-million dollar claims
- Inflation, as well as rise in GLP-1 drugs for diabetes and weight loss, have added cost pressures for employers and carriers
- Carve out programs for telehealth and mental health are becoming more prevalent as employers look to point solutions to decrease costs and increase utilization
- Continued expansion of self-funding down market will mean a growth in small group products like level-funded and small group captives

Trends seen in high-cost claims coupled with growth in self-funding have led to massive growth in the stop loss market



Since the full adoption of the Affordable Care Act, the stop loss market has grown from $12B in 2014 to $32B in 2022[1], and is projected to grow to $35B-$40B in 2024[2]

(1) 2014-2022 NAIC Countrywide Stop Loss/Excess Loss Data;
(2) BCS predictions

Forecasting Gene Therapy Uptake: Overview and Challenges

Brett Sahli, Chief Analytics Officer, Synergie Medication Collective. Brett has more than 15 years of experience in leading the strategy for pharmaceutical trade relations, health outcomes, strategic analytic services, and gene therapy.

Pat Gleason, AVP - Health Outcomes, Prime Therapeutics. Dr. Pat leads Prime's clinical health outcomes assessment team in developing and improving pharmacy benefit management programs.

Cell and gene therapy (C&GT) represent overlapping fields of biomedical research to treat disease at microscopic levels within the body. Guest speakers from Synergie Medication Collective and Prime Therapeutics walked participants through the basics of gene therapy, approved and anticipated therapies, the operational steps to forecasting uptake, and the challenges associated with forecasting.

Presentation Key Learnings

- The recent advancement across cell and gene therapies have shown great progress and promise in potentially curing life-threatening diseases and genetic conditions. There are over 1,000 cell and gene therapy candidates in clinical trials worldwide and the U.S. Food and Drug Administration (FDA) expects to approve between 10 and 20 new cell and gene therapy treatments yearly by 2025. An estimated 90 cell and gene therapies can potentially be approved by 2031, which represent around $30 billion in healthcare spending.
- The current marketed ten single treatment gene therapies are the most costly of all cell and gene therapies, averaging $2.4 million; etranacogene dezaparvovec (Hemgenix®) is the most expensive at $3.5 million.
- The first marketed single-treatment gene therapy products – voretigene neparvovec (Luxturna®) to treat a specific form of blindness and onasemnogene abeparvovec (Zolgensma®) to treat spinal muscular atrophy in infants – have delivered revoluntary outcomes. However, long-term therapy durability and safety remains a question, especially with a large upfront cost and life-long cure incorporated into the pricing rationale.

Gene Therapy Approved Products

Gene Therapy	Condition	Technology/Vector	List Price (WAC)
Luxturna® (voretigene neparvovec) *FDA approved: 2017*	Retinal Dystrophy (*RPE65* mutation) [1]	AAV2 (subretinal injection)	$425K (per eye)
Zolgensma® (onasemnogene abeparvovec) *FDA approved: 2019*	Spinal Muscular Atrophy [2]	AAV9	$2.1M
Zynteglo® (betibeglogene autotemcel) *FDA approved: 2022*	Transfusion-Dependent Beta Thalassemia [3]	Lentiviral (ex-vivo)	$2.8M
Skysona® (elivaldogene autotemcel) *FDA approved: 2022*	Childhood Cerebral Adrenoleukodystrophy [4]	Lentiviral (ex-vivo)	$3M
Hemgenix® (etranacogene dezaparvovec) *FDA approved: 2022*	Hemophilia B [5]	AAV5	$3.5M
Adstiladrin® *(nadofaragene firadenovec-vncg)* *FDA approved: December 2022*	Non-muscle-invasive bladder cancer [6]	AAV5	$60,000 per unit (ongoing, every three months)

Gene Therapy Approved Products (Continued)

Gene Therapy	Condition	Technology/Vector	List Price (WAC)
Vyjuvek® (beremagene geperpavec-svdt) *FDA approved: May 2023*	Dystrophic Epidermalysis Bullosa [7]	HSV-1 (topical admin)	$24K / vial (~$600K up to $1.2M max, annually)
Elevidys (delandistrogene moxeparvovec-rokl) *FDA approved: June 2023*	Duchenne Muscular Dystrophy [8]	rAAVrh74	$3.2M
Roctavian™ (valoctocogene roxaparvovec) *FDA approved: June 2023*	Hemophilia A [5]	AAV5	$2.9M
Casgevy™ (exagaglogene autotemcel) *FDA approved: December 2023*	Sickle Cell Disease (SCD) [9]	CRISPR/Cas9 (ex-vivo)	$2.2M
Casgevy™ (exagaglogene autotemcel) *FDA approved: January 2024*	Transfusion-Dependent Beta Thalassemia (TDBT) [3]	CRISPR/Cas9 (ex-vivo)	$2.2M
Lyfgenia™ (lovotibeglogene autotemcel) *FDA approved: 2023*	Sickle Cell Disease (SCD) [9]	Lentiviral (ex-vivo)	$3.1M

Anticipated Therapies

Gene Therapy	Condition	Population Impact	Technology/Vector
RP-L201 (marnetegragene autotemcel) *Anticipated FDA approval: Q1 2024*	Severe leukocyte adhesion deficiency type 1	~1 per million [10]	Lentiviral (ex-vivo)
AGTC-501 (laruparetigene zosaparovec) *Anticipated FDA approval: Q1 2024*	X-linked Retinitis pigmentosa	~40 per million [11]	rAAV2tYf (retinal injection)
Upstaza™ (eladocagene exuparvovec) *Anticipated FDA approval: Q1 2024*	Aromatic l-amino acid decarboxylase	~1 to 3 per 100,000 live births [12]	AAV2 (intracranial infusion)
Libmeldy® (atidarsagene autotemcel) *Anticipated FDA approval: Q1 2024*	Metachromatic leukodystrophy	~1 to 9 per million [13]	Lentiviral (ex-vivo)
Lumevoq® (lenadogene nolparvovec) *Anticipated FDA approval: Q1 2024*	Leber's hereditary optic neuropathy (ND4 mutation)	~20 per million [14]	AAV2 (intravitreal injection)
UX111/ABO-102 (rebisufligene etisparvovec) *Anticipated FDA approval: Q3 2024*	Mucopolysaccaridosis Type IIIa (Sanfilippo Syndrome)	~1.4 per 100,000 live births [15]	AAV9

(1) Food and Drug Administration News Release. Available at https://www.fda.gov/news-events/press-announcements/fda-approves-novel-gene-therapy-treat-patients-rare-form-inherited-vision-loss
(2) NORD Rare Disease Database. Spinal Muscular Atrophy. Available at https://rarediseases.org/rare-diseases/spinal-muscular-atrophy
(3) Bluebird bio. ZYNTEGLO® launch call. Aug 18, 2022. Available at https://investor.bluebirdbio.com/eents/event-details/zynteglor-launch-call
(4) Bluebird bio. Cerebral adrenoleukodystrophy. Available at https://www.bluebirdbio.com/our-focus/cerebral-adrenoleukodystrophy#:~:text=Adrenoleukodystrophy%20(ALD)%20is%20a%20rare,neurodegenerative%20form%20of%20this%20condition
(5) Centers for Disease Control and Prevention. Community Counts: Factor VIII and Factor IX. HTC Population Profile Patient Characteristics, Factor VIII and Factor IX Deficiencies. Data Reports from 1/1/2012 through 3/31/2022. Available at https://www.cdc.gov/ncbddd/hemophilia/communitycounts/data-reports/2022-03/table-2-factor.html
(6) https://www.formularywatch.com/view/gene-therapy-for-bladder-cancer-now-fully-available
(7) JAMA Dermatol. 2016; 152 (11): 1231-1238. doi: 10.1001/jamadermatol.2016.2473
(8) Giegerich and Stuntz (2019). Value in Health. Vol22 (S244). doi.org/10.1016/j.jval.2019.04.1140
(9) Data and Statistics on Sickle Cell Disease. Available at https://www.cdc.gov/ncbddd/sicklecell/data.html
(10) MedlinePlus: Leukocyte adhesion deficiency type 1. Available at https://medlineplus.gov/genetics/condition/leukoctye-adhesion-deficiency-type-1/#frequency
(11) The Burden of X-Linked Retinitis Pigmentosa on Patients and Society: A Narrative Literature Review. Clinicoecon Outcomes Res. 2021; 13: 565-572
(12) NORD Rare Disease Database. Aromatic L-Amino Acid Decarboxylase Deficiency. Available at https://rarediseases.org/rare-diseases-aromatic-l-amino-acid-decarboxylase-deficiency/
(13) Orphanet Rare Diseases. Metachromatic leukodystophy. Available at https://www.orpha.net/consor/cgi-bin/OC_Exp.php?Expert=512
(14) NORD Rare Disease Database. Leber Hereditary Optic Neuropathy. Available at https://ratediseases.org/rare-diseases/leber-hereditary-optic-neuropathy/#:~:text=Affected%20Populations,lose&%20vision%20and%20be%20affected
(15) Kidshealth: Sanfilippo Syndrome. Available at https://kidshealth.org/en/parents/sanfillippo-syndrome.html

Hemophilia Claimant and Gene Therapy

Kollet Koulianos, Chief Executive Officer, P3 Healthcare Benefit Consulting. Kollet is responsible for helping to develop NHF's healthcare payer education strategies, policies, programs and standards; as well as providing direction on implementation strategies.

Melody Bautista, Director, Clinical Data Analytics. Melody assists the Actuary, Claims and Underwriting departments in recognizing and managing potential large claim medical exposures.

Hemophilia is a genetic disorder preventing blood from clotting properly due to missing or deficient clotting factor that affects 33,000-33,000 people in the US. The evolution of hemophilia treatment has advanced over the past century from using whole blood to factor therapy to the advancement of durable gene therapy. Gene therapy for hemophilia A and hemophilia B consist of a one-time infusion that uses a vector to deliver a functional gene to replace the hemophilia patient's own defective gene or a therapeutic gene to provide a missing protein which results in better clotting factor activity resulting in protection against bleeding. With pricing at $3.5M for Hemgenix and $2.9M for Roctavian, evaluating risk by identifying potential gene therapy candidates through effective underwriting is crucial.

Presentation Key Learnings

Hemophilia Gene Therapy

- The main goal for gene therapy is to achieve normal hemostasis for a sustained period, that would eliminate the need for any factor or non-factor therapies
- Hemophilia Gene Therapy Pipeline:
  - Hemophilia A: Roctavian (FDA Approved), SPK-8011, SB-525
  - Hemophilia B: Hemgenix (FDA Approved), SPK-9001
- Eligibility by the Numbers: Hemophilia A (1700-2500), Hemophilia B (615-1123)
- Recommendations include: performance guarantees/outcomes-based agreements, expert-derived guidance on outcomes measurements, central collection site for data/access to that data, COEs managing high-cost claimants
- Hemophilia Treatment Centers (HTCs) have the expertise and specialization in the management of bleeding disorders that make HTCs the model setting for all three work streams in hemophilia gene therapy (supervising, infusion, and follow up)

Evaluate Risk by Identifying Potential Gene Therapy Candidates

- Staying educated and informed regarding gene therapy FDA approved guidelines:
  - Assist Health Plans/Payers develop appropriate medical policies and procedures
  - Assist in effectively evaluating risk by identifying potential candidates
- Identify appropriate data available for evaluating risk:
  - Claims Data: inclusion diagnosis, gender, age, drug treatment type/duration, exclusion diagnoses
  - Other Accessible Data Sources: lab results, diagnostic test results, medical records, etc

Risk Assessment Panel

Jill Cullen, VP and Chief Actuary, BCBS Alabama. Jill is responsible for the underwriting and pricing of all products and services, establishing reserves for financial reporting, and more.

Joe Korabik, Chief Actuary, BCBS Association. Joe leads the actuary team for he Blue Cross Blue Shield Association.

Andrew Martin, AVP Underwriting and A&U Systems, BlueCross NC. Andrew is responsible for leading all underwriting (including Stop Loss and level funding), group systems implementation and more.

Judy Lipinski (moderator), VP of Actuarial, BCS Financial. Judy leads the actuarial team which covers the full range of actuarial services.

In this Risk Assessment Panel, BCS brought together industry experts about macro trends, the biggest challenges facing the industry, and other trends they are seeing that Plans should consider as they approach pricing for large claims.

Panel Discussion Key Learnings

Some common views on industry pricing challenges

- Double-digit pharmacy trends are not sustainable and a large concern for Plans, especially for specialty drugs
- Inflation is putting more pressure on operating costs but the trend impact is yet to be fully seen due to the contracting lage, most specifically for hospitals
- It's more difficult to predict what the "new normal" is for medical costs since the onset of COVID. Approaches such as two-year average and going off of 2019 data still lead to concerns about under/over pricing.

Areas to watch that are primarily impacting first-dollar trends

- GLP-1s are having a large first dollar impact. Diabetes is seeing a high uptick in fraud, and future competition for these drugs are areas to monitor
- Double-digit increases in mental health trends are common but remain mostly on first-dollar side. Contributing factors to this added usage are the pandemic and expanded access with telehealth.

Pressures for carve out and vendor programs exist for jumbo employers

- Decisions can be size and market driven for where this can occur
- With vendor programs come requests for either coordination or pricing credits for vendor anticipated ROI

Producer Panel Discussion: Health Insurance and Benefits Strategies

Cynthia McKee, AVP - Voluntary Benefits & Stop Loss, Aon. She is managing the marketing teams at Aon's Broking Center of Excellence (COE).

Ben Wagner, SVP, Lockton. Ben is responsible for the employee benefit strategies and management, and practice operations.

Jeff Yehle, Area EVP, Gallagher. Jeff leads sales and account management team for Gallagher.

Pete Laio (moderator), VP, BCS Financial. Pete leads the business development function for BCS Financial.

Blake Schraft (moderator), Director, BCS Financial. Blake is responsible for large claims business development for BCS Financial.

Once again, BCS Financial brought together a group of experienced health insurance industry consultants to participate in the 2023 Risk Navigator conference discussion. These consultants speak to employers about health insurance and health benefits strategies on a daily basis and have valuable insight to share about the buying habits and priorities of our customers.

Panel Discussion Key Learnings

Stop loss insurance industry dynamics going into 2024

- Carrier capacity is still strong – brokers and consultants are able to obtain competitive proposals for their clients
- Frequency of insurance marketing has increased – in order to manage the premium of stop loss insurance effectively, consultants and brokers are marketing the coverage for their clients almost every year
- Larger clients considering stop loss insurance – self funded clients that have traditionally not purchased stop loss insurance have expressed an interest in evaluating coverage due to the increasing frequency of multi-million dollar claims (for gene therapy treatments, for example)

Use of diabetes drugs for weight-loss has pressured employer medical costs

- Drugs such as Wegovy and Ozempic, originally developed to help treat diabetes, have exploded in demand due to the weight loss results experienced by patients
- Non-diabetics have been seeking supply for their own weight loss purposes
- Some employers are seeing 100% - 200% increases in use of Ozempic
- At a cost of thousands of dollars per year, employers are having to make difficult coverage decisions in order to manage their medical expense budgets

Point solution vendor saturation

- The healthcare market has exploded with point solution vendors over the past 5 years
- Consultants, brokers and employers are having to try and stay on top of all the vendors available and the value they may bring to a health plan's members
- The most common focus of point solution vendors are provider navigation, wellness, and virtual care
- Employers have to weigh the value of a vendor versus the cost of the program – stacking multiple point solution vendors can add substantial fixed cost to an employer's budget
- ROI can be difficult, if not impossible, to measure

Voluntary benefit offerings

- Employer interest in VB products remains robust
- Critical Illness coverage seems to generate the most employer interest

High Cost Claimant Trends and Insights[1]

Chuck Harvey, Director of Actuarial, BCS Financial. Chuck is responsible for actuarial pricing and risk assessment for large claim solutions.

Summary of Key Findings in 2022

- First dollar medical trend of 1.0%
  - Stark contrast to the 14.8% observed for 2021
  - RX First Dollar Trend was at 10.5%
- Both First Dollar and large claim impact from COVID has decreased
- Largest ground up claim was $14M
- Excess $2M claims cost has doubled in the last 3 years (2019 to 2022 with completion)
- Gene therapy costs are expected to increase large claim trends in 2024
- Claimants over $5M are increasing
- Newborn claims continue to be a large percentage of all excess $1M claim costs
- Mental Health related claims appear to be increasing
- 11% of the claimants over $1M had injectable drug costs over $1M
- We see a 45% increase in claimants with prescription RX costs over $1M

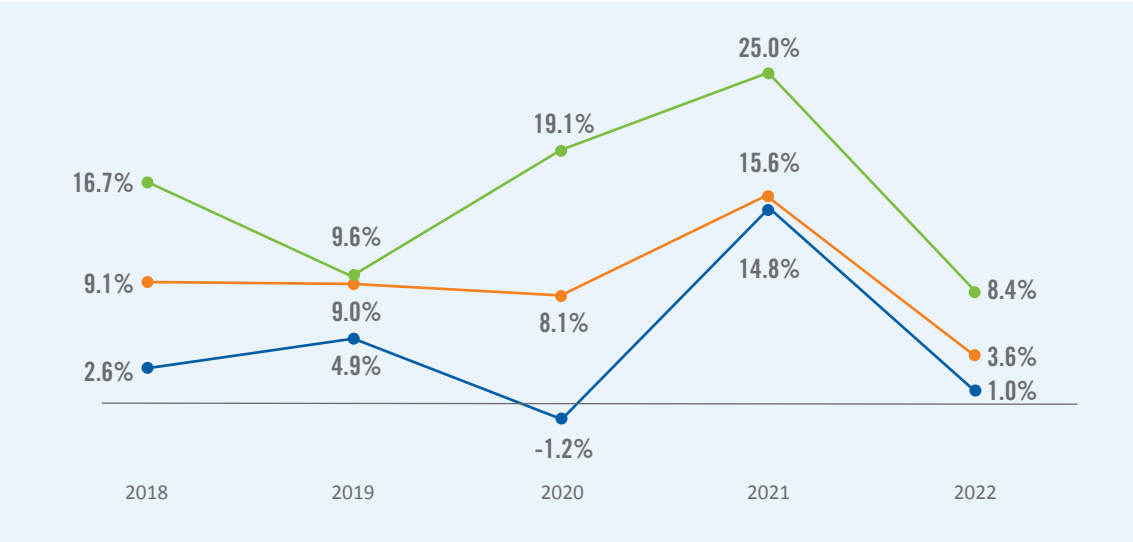
Medical Trends

First Dollar Medical

Excess $100K Medical

Excess $1M Medical

Medical Trends – Excess $1M & $100K are estimated with completion for 2022



- Medical trends have decreased for 2022
- Inflationary pressures do not seem to be exerting full impact
- Significant drivers for First dollar and Excess $100K reductions include Lung Disease and Disorders of Fluid and Electrolytes
- Significant drivers for Excess $1M reduction include Lung Disease, Cardiovascular, and Pneumonia

(1) BCS Internal High Cost Claims Analysis

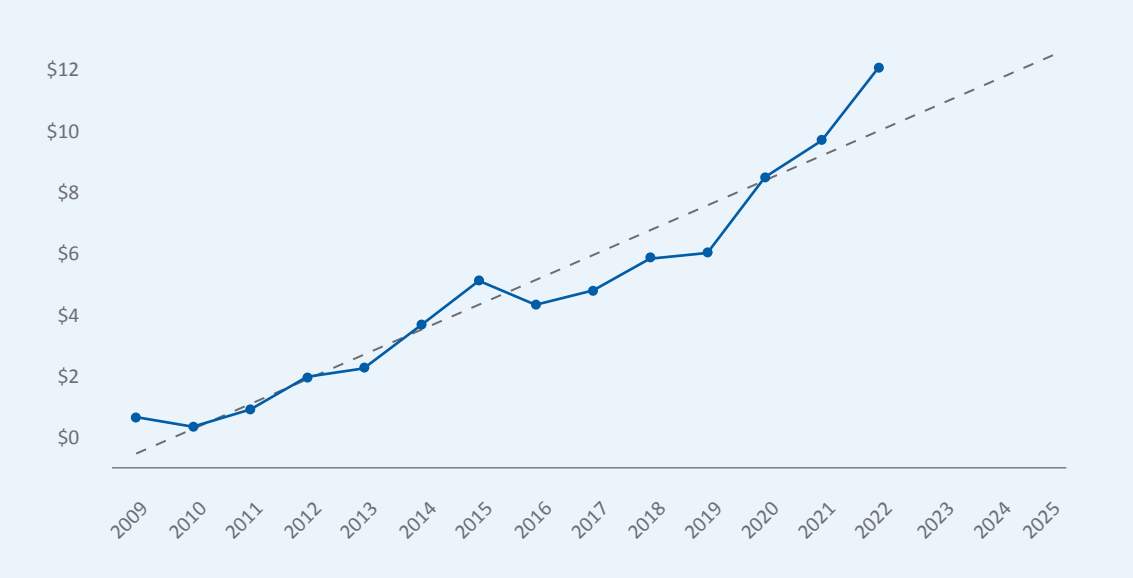
Largest Claims Incurred within a Calendar Year

Top 10 Most Expensive Claims

Total Paid Amount	Year Incurred	Diagnosis (Highest Cost)
$18.3M	2015	Diseases of White Blood Cells
$14.2M	2022	Encounter for Other and Unspecified Procedures and Aftercare
$13.7M	2020	Heart Failure
$11.6M	2015	Coagulation Defects
$10.0M	2015	Intervertebral Disc Disorders
$9.6M	2017	Other Respiratory Conditions of Fetus and Newborn
$9.5M	2021	Lymphoid Leukemia
$9.3M	2021	Other Congenital Anomalies of Circulatory System
$9.3M	2013	Coagulation Defects
$9.2M	2022	Myeloid Leukemia

Catastrophic Claims Continue to Increase

Claims in Excess of $2M (PMPY) – 2022 Estimated with Completion



- From 2019 to 2022, the PMPY cost for claims in excess of $2M has consistently increased and is estimated to have nearly doubled over that time
- In recent years the growth of claims in excess of $2M has exceeded the historical linear pattern, and we expect a similar result for 2023.

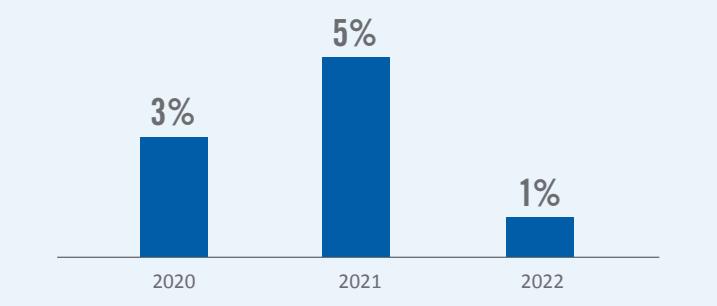
Gene Therapy Expected Impact to 2024 Excess Costs

- We expect over 20 gene therapy (GT) drugs in total will be approved before year end 2024
- GT drugs are likely to add a significant impact to excess claim costs
- Our most recent projection indicates that GT drugs will add 2 points to the leveraged trend at excess $300K and 6 points to the leveraged trend at excess $1M
  - For example, if excess $300K leveraged trend without GT impact was estimated to be x%, then the trend impact with expected GT would be (x+2%)
  - This impact takes into account uncertainty of drug approval as well as potential offset of other excess costs as a result of the GT drug
- Given that even more drugs are expected to be approved during 2025 and later, this increase in trend may persist for several years

COVID Related Large Claims

- 1% of all excess $1M claim costs in 2022 were from claimants with a COVID diagnosis (2% in 2020 and 5% in 2021)

Excess $1M Claims with COVID Diagnosis

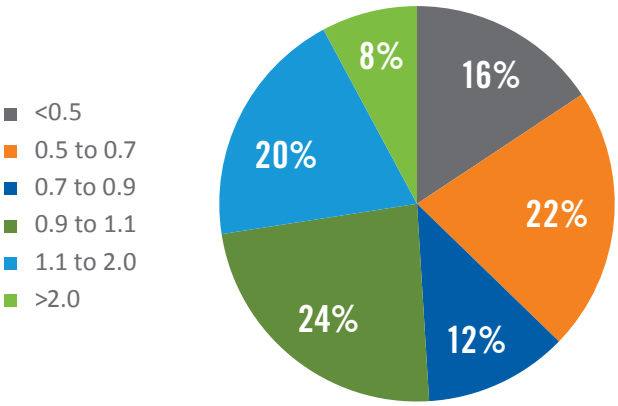


High Cost Claims Vary by Geography

- Large claim costs can vary significantly by area. This difference by area can also vary a lot by deductible level
- The chart displays the percentage of states that are above or below the average of all 50 states in terms of excess $1M claim costs (2020-2022 average)

Excess $1M Cost Variances of States

Percentage of States by Variance Category, 1.0 represents the average for all 50 states.

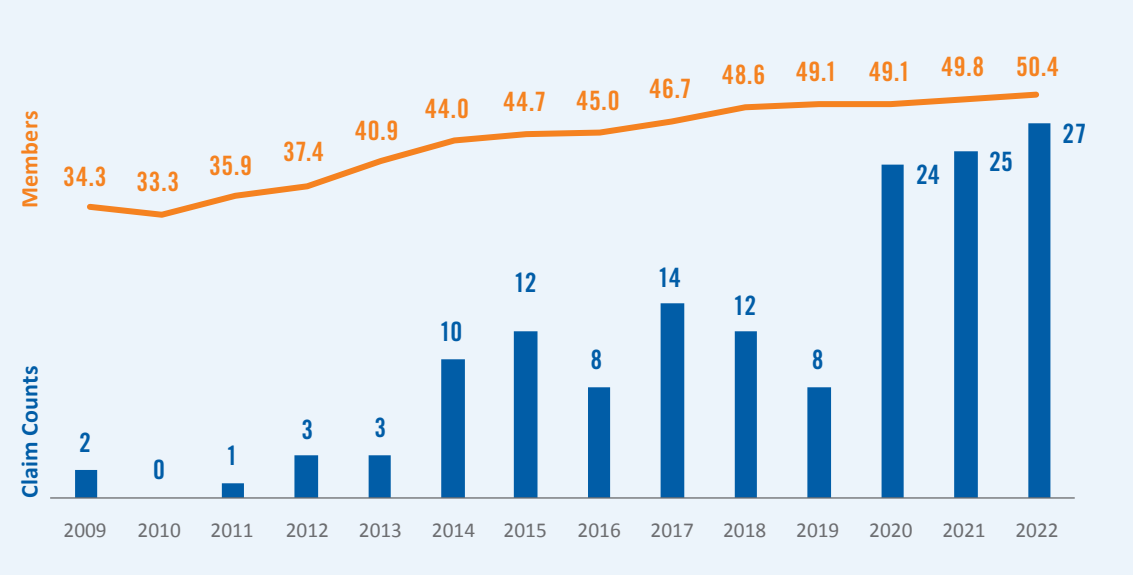


Incidence of $5M Claims

Incurred within a Calendar Year

- Incidence of claims $5M+ remained at a historically high level in 2022 – both 2021 and 2020 reflect a significant increase over prior years
- We see significantly more claims with additional paid runout
- Coagulation Defects and Lung Disease account for about 27% of these claims

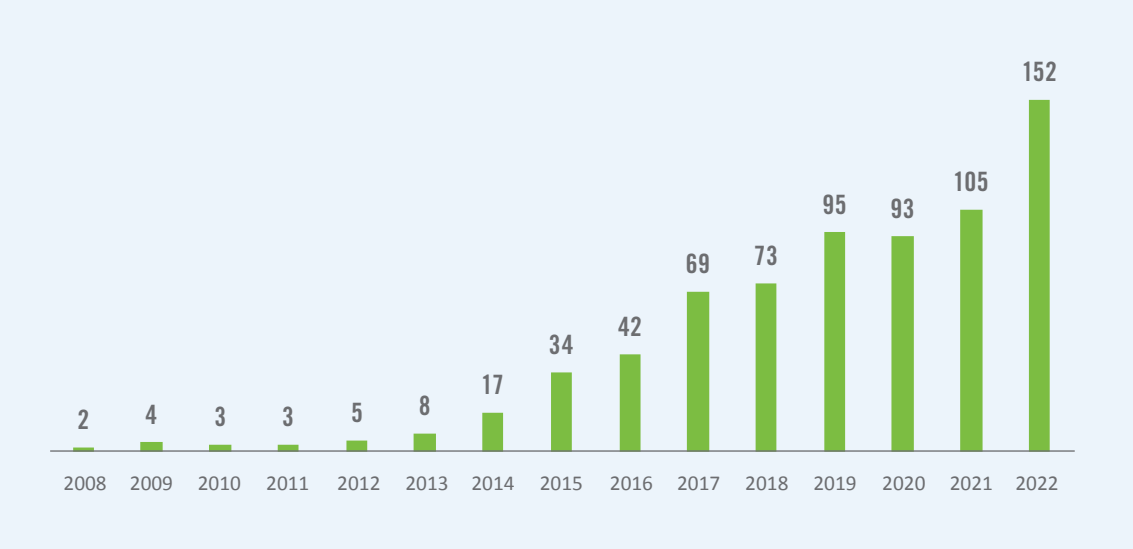
Claim Counts Over $5M – 2022 Estimated with Completion | Members (millions)



Claimants with Prescription Rx Paid > $1M

Within a Calendar Year

60% of membership has Rx data available (25M-30M members)
Excludes any drugs that are included in Medical Claims



Excess $100K Medical Only

- Excess $100K medical trend decreased significantly in 2022, down about 12% from the 2021 mark to an estimated 3.6%, and this cool-down was observed for both the top diagnoses and all other diagnoses

Excess $100K Trends – Paid Basis (2022 Estimated with Completion)

	Diagnosis Description	2019	2020	2021	2022	% of 2022 Total Excess $100K Claims
1	Encounter for Other and Unspecified Procedures and Aftercare	20%	12%	15%	28%	11%
2	Other Diseases of Lung	9%	31%	36%	-29%	6%
3	Malignant Neoplasm of Female Breast	7%	2%	5%	18%	3%
4	Diabetes Mellitus	3%	1%	17%	18%	3%
5	Chronic Kidney Disease (CKD)	11%	8%	4%	9%	3%
6	Disorders of Fluid Electrolyte and Acid-Base Balance	7%	37%	18%	-28%	3%
7	Secondary Malignant Neoplasm of Other Specified Sites	8%	0%	7%	18%	2%
8	Cardiac Dysrhythmias	5%	4%	9%	-5%	2%
9	Other Conditions of Brain	-4%	25%	16%	13%	2%
10	Other Respiratory Conditions of Fetus and Newborn	0%	12%	11%	-23%	2%
11	Disorders Relating to Short Gestation and Unspecified Low Birthweight	1%	2%	8%	18%	2%
12	Secondary Malignant Neoplasm of Respiratory and Digestive Systems	6%	-2%	3%	19%	2%
13	Malignant Neoplasm of Trachea Bronchus and Lung	26%	-6%	-1%	2%	2%
14	Multiple Myeloma and Immunoproliferative Neoplasms	3%	6%	22%	17%	2%
15	Symptoms Involving Cardiovascular System	14%	38%	39%	-15%	1%
16	Heart Failure	1%	15%	1%	33%	1%
17	Lymphoid Leukemia	2%	-5%	9%	10%	1%
18	Other Forms of Chronic Ischemic Heart Disease	11%	-6%	12%	13%	1%
19	Myeloid Leukemia	6%	-4%	11%	11%	1%
20	Lymphosarcoma and Reticulosarcoma and Other Specified Malignant Tumors	17%	2%	-2%	16%	1%
21	Complications Peculiar to Certain Specified Procedures	21%	1%	16%	21%	1%
22	Other Congenital Anomalies of Circulatory System	0%	-11%	27%	21%	1%
23	Other and Unspecified Disorders of Back	20%	8%	11%	7%	1%
24	Essential Hypertension	4%	6%	32%	23%	1%
25	Coagulation Defects	-1%	-8%	-4%	8%	1%
	Total Top 25	9%	10%	15%	4%	55%
	All Other Total*	9%	6%	16%	4%	45%
	Grand Total	**9%**	**8%**	**16%**	**4%**	**100%**

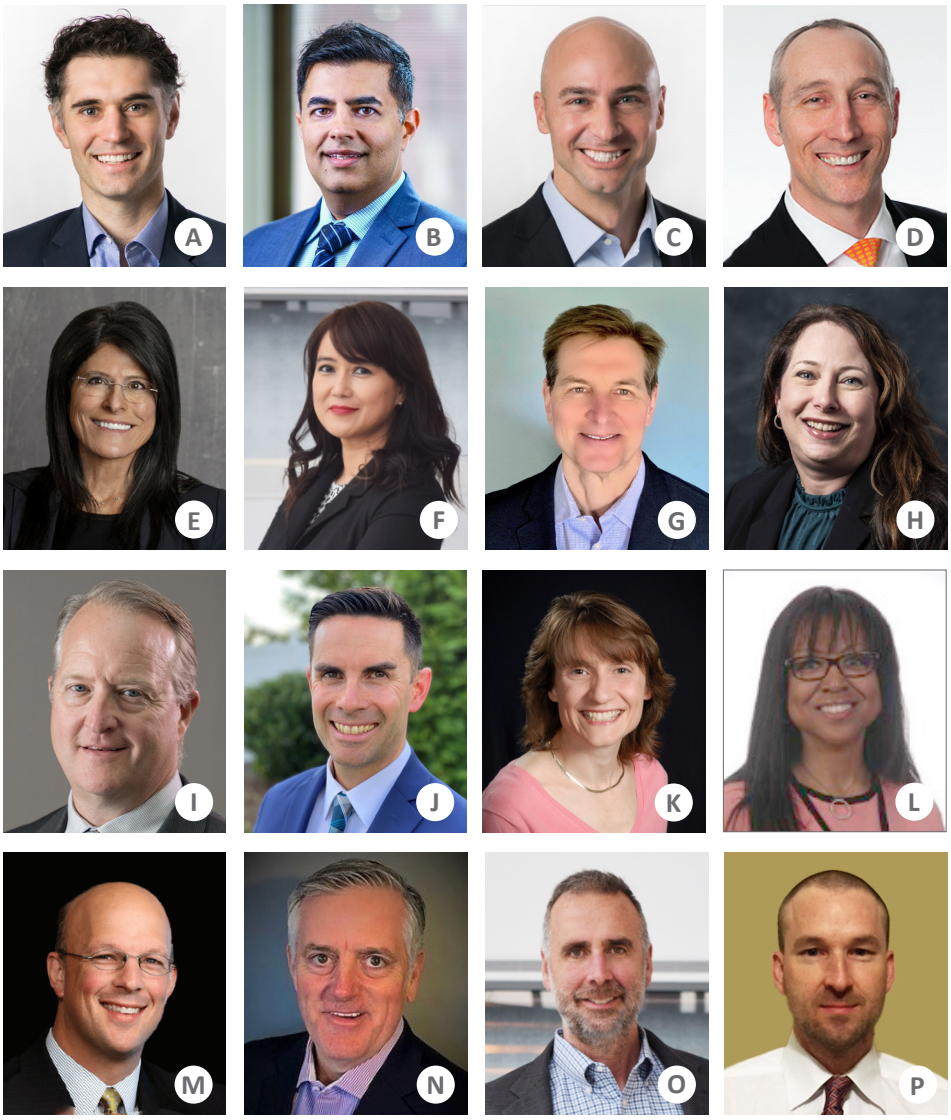
* Includes just over 881 diagnosis descriptions

The large drop in 2022 correlates with COVID claims reducing in 2022.

THANK YOU

TO THE PRESENTERS

2023 RISKNAVIGATOR CONFERENCE



Gene+ Risk Pool and the Synergie Portfolio
(A) **Chris Ford, Synergie Medication Collective**
(B) **Mehb Khoja, BCS Financial**

Gene Therapy Pipeline
(C) **Brett Sahli, Synergie Medication Collective**
(D) **Pat Gleason, Prime Therapeutics**

Is My Hemophilia Claimant Eligible for Gene Therapy?
(E) **Kollet Koulianos, P3 Healthcare Benefit Consulting**
(F) **Melody Bautista, BCS Financial**

Large Claim Trends
(G) **Chuck Harvey, BCS Financial**

Risk Panel
(H) **Jill Cullen, BCBS Alabama**
(I) **Joe Korabik, BCBS Association**
(J) **Andrew Martin, BlueCross NC**
(K) **Judy Lipinski, BCS Financial**

Consultant Panel
(L) **Cynthia McKee, Aon**
(M) **Ben Wagner, Lockton**
(N) **Jeff Yehle, Gallagher**
(O) **Pete Laio, BCS Financial**
(P) **Blake Schraft, BCS Financial**