



STEVE SISOLAK
Governor



STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701
Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028
www.pebp.state.nv.us

LAURA RICH
Executive Officer

LAURA FREED
Board Chair

MEETING NOTICE AND AGENDA

Name of Organization: Public Employees' Benefits Program Board

Date and Time of Meeting: July 29, 2021 9:00 a.m.

Place of Meeting: The Legislative Building
401 S Carson St, Room #3137
Carson City, NV 89701

Livestream: <https://www.leg.state.nv.us/App/Calendar/A/>

Members of the public are encouraged to submit public comment in writing by emailing wlunz@peb.nv.gov at least two business days prior to the meeting.

To view the PEBP Board Meeting please click on the link located in "Livestream" field above.

There are two agenda items designated for public comment. If you are not attending in person and wish to provide verbal public comment during those agenda items, please follow the instructions below:

Prior to the meeting, or start of the agenda item, register for the webinar as an attendee using the following link:

https://us02web.zoom.us/webinar/register/WN_VJM3a4imR5GoO1n3tYuDDg

Once registered, you will receive an email with call-in information and instructions. This link is only for those who are not attending in-person and want to make public comment.

Participants that register will be muted until it is time for public comment. A moderator will then unmute callers one at a time for public comment. If you experience technical difficulties, call 775-684-6990 for assistance.

Meeting materials can be accessed here: <https://pebp.state.nv.us/meetings-events/board-meetings/>

AGENDA

1. Open Meeting; Roll Call

2. Public Comment

Public comment will be taken during this agenda item. No action may be taken on any matter raised under this item unless the matter is included on a future agenda as an item on which action may be taken. Public comments to the Board will be taken under advisement but will not be answered during the meeting. Comments may be limited to three minutes per person at the discretion of the chairperson. Additional three minute comment periods may be allowed on individual agenda items at the discretion of the chairperson. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. As noted above, members of the public may make public comment by using the call-in number provided above. Persons unable to attend the meeting by telephone and persons whose comments may extend past the three minute time limit may submit their public comment in writing to PEBP Attn: Wendi Lunz 901 S. Stewart St, Suite 1001 Carson City NV 89701, Fax: (775) 684-7028 or wlunz@peb.state.nv.us at least two business days prior to the meeting. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Peter Keegan, Senior Deputy Attorney General) (Information/Discussion)

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

4.1 Approval of Action Minutes from the June 11, 2021 PEBP Board Meeting.

4.2 Receipt of quarterly staff reports for the period ending March 31, 2021:

4.2.1 Budget Report

4.2.2 Utilization Report

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2021:

4.3.1 HealthSCOPE Benefits – Obesity Care Management

4.3.2 HealthSCOPE Benefits – Diabetes Care Management

4.3.3 American Health Holdings – Utilization and Large Case Management

4.3.4 The Standard Insurance – Basic Life and Long-Term Disability Insurance

4.3.5 Willis Towers Watson's Individual Marketplace Enrollment and Performance Report Q3 2021

4.3.6 Hometown Health Providers and Sierra Healthcare Options – PPO Network

4.3.7 HealthPlan of Nevada, Inc. – Southern Nevada HMO

- 4.3.8 Doctor on Demand Engagement Report through March 2021
- 4.4 Accept the Fiscal Year 2021 Other Post-Employment Benefits (OPEB) valuation prepared by Aon in conformance with the Governmental Accounting Standards Board (GASB) requirements.
- 5. Executive Officer Report (Laura Rich, Executive Officer) (Information/Discussion)
- 6. Presentation and possible action on the Northwest Prescription Drug Consortium (Laura Rich, Executive Officer) (**For Possible Action**)
- 7. Presentation and possible action on the status and approval of PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer) (**For Possible Action**)
 - 7.1 Contract Overview
 - 7.2 New Contracts
 - 7.3 Contract Amendments
 - 7.4 Contract Solicitations
 - 7.5 Status of Current Solicitations
- 8. Discussion and possible action relating to PEBP's request for American Rescue Plan funding (Laura Rich, Executive Officer) (**For Possible Action**)
- 9. Public Comment

Public comment will be taken during this agenda item. Comments may be limited to three minutes per person at the discretion of the chairperson. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.
- 10. Adjournment

<p>The supporting material to this agenda, also known as the Board Packet, is available, at no charge, on the PEBP website at www.pebp.state.nv.us/meetings-events/board-/meetings (under the Board Meeting date referenced above).</p>
<p>An item raised during a report or public comment may be discussed but may not be deliberated or acted upon unless it is on the agenda as an action item.</p>
<p>All times are approximate. The Board reserves the right to take items in a different order or to combine two or more agenda items for consideration to accomplish business in the most efficient manner. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.</p>
<p>We are pleased to make reasonable efforts to assist and accommodate persons with physical disabilities who wish to participate in the meeting. If special arrangements for the meeting are necessary, please notify the PEBP in writing, at 901 South Stewart Street, Suite 1001, Carson City, NV 89701, or call Wendi Lunz at (775) 684-7020 or (800) 326-5496, as soon as possible so that reasonable efforts can be made to accommodate the request.</p>
<p>Copies of both the PEBP Meeting Action Minutes and Meeting Transcripts, if such transcripts are prepared, are available for inspection, at no charge, at the PEBP Office, 901 South Stewart Street, Suite 1001, Carson City, Nevada, 89701 or on the PEBP website at</p>

www.pebp.state.nv.us. For additional information, contact Wendi Lunz at (775) 684-7020 or (800) 326-5496.

Notice of this meeting was posted on or before 9:00 a.m. on the third working day before the meeting on the PEBP website at www.pebp.state.nv.us, and also posted to the public notice website for meetings at <https://notice.nv.gov>. In addition, the agenda was mailed to groups and individuals as requested.

1.

1. Open Meeting; Roll Call

2.

2. Public Comment

3.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Peter Keegan, Senior Deputy Attorney General)
(Information/Discussion)

4.

4. Consent Agenda (Laura Freed, Board Chair) **(All Items for Possible Action)**

Consent Items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

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 - 4.2.1 Budget Report
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 - 4.3.3 American Health Holdings – Utilization and Large Case Management
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 - 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment and Performance Report Q3 2021
 - 4.3.6 Hometown Health Providers and Sierra Healthcare Options – PPO Network
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 - 4.3.8 Doctor on Demand Engagement Report through March 31, 2021
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4.1

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.1 Approval of Action Minutes from the June 11, 2021 PEBP Board Meeting.

**STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
BOARD MEETING**

Video/Telephonic Open Meeting
Carson City

ACTION MINUTES (Subject to Board Approval)

June 11, 2021

MEMBERS PRESENT

VIA TELECONFERENCE:

Ms. Laura Freed, Board Chair
Ms. Linda Fox, Vice Chair
Ms. Michelle Kelley, Member
Mr. Tom Verducci, Member
Ms. Jennifer Krupp, Member
Ms. Betsy Aiello, Member
Ms. April Caughron, Member
Mr. Tim Lindley, Member
Mr. Don Bailey, Member
Dr. Marsha Urban, Member

FOR THE BOARD:

Mr. Peter Keegan, Deputy Attorney General

FOR STAFF:

Ms. Laura Rich, Executive Officer
Mr. Nik Proper, Operations Officer
Ms. Cari Eaton, Chief Financial Officer
Mr. Steven Martin, Chief Information Officer
Ms. Nancy Spinelli, Quality Control Officer
Ms. Wendi Lunz, Executive Assistant

OTHER PRESENTERS:

Ms. Stephanie Messier, AON

1. Open Meeting; Roll Call

- Board Chair Freed opened the meeting at 8:30 a.m.

2. Public Comment

- Brooke Maylath
- Doug Unger – Nevada Faculty Alliance
- Kent Ervin – Nevada Faculty Alliance
- Marlene Lockard – RPEN
- Kevin Ranft – AFSCME
- Priscilla Maloney - AFSCME

3. PEBP Board disclosures for applicable Board meeting agenda items. (Peter Keegan, Deputy Attorney General) (Information/Discussion)

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

- 4.1 Approval of Minutes from the March 11, March 25 and April 7, 2021 PEBP Board Meetings.

BOARD ACTION ON ITEM 4

MOTION: Motion to approve the minutes from the March 11, March 25 and April 7, 2021 Board Meetings.

BY: Vice Chair Linda Fox

SECOND: Member Tim Lindley

VOTE: Unanimous; the motion carried

5. Executive Officer Report, including discussion and possible action regarding budget approved by the legislature. (Laura Rich, Executive Officer) (**For Possible Action**)

BOARD ACTION ON ITEM 5

MOTION: Motion to direct PEBP staff to extend the premium holiday to participants in the month of October 2021 and October 2022, and that as part of this process that the premium holiday be directed at active employees and retirees and exclude the COBRA population.

BY: Member Michelle Kelley

SECOND: Member Marsha Urban

VOTE: Yes – 8, No – 1, Member Jennifer Krupp voting no; the motion carried

6. Presentation and possible action on PEBP's participation in the Patient Protection Commission Peterson-Milbank Program for Sustainable Health Care Costs (Laura Rich, Executive Officer/Sara Chalhagian, PPC) **(For Possible Action)**

BOARD ACTION ON ITEM 6

MOTION: Motion to approve PEBP staff to move forward in working with Patient Protection Commission and Medicaid to develop a data warehouse solution in conjunction with Aon.

BY: Member Betsy Aiello

SECOND: Member Tim Lindley

VOTE: Unanimous; the motion carried

7. Presentation and possible action on the status and approval of PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer) **(For Possible Action)**

- 7.1 Contract Overview

- 7.2 New Contracts

- 7.3 Contract Amendments

- 7.3.1 Hometown Health

- 7.3.2 The Standard

- 7.3.3 Express Scripts

- 7.4 Contract Solicitations

- 7.5 Status of Current Solicitations

BOARD ACTION ON ITEM 7.3.1

MOTION: Motion to approve the Hometown Health contract amendment to extend contract authority for claims run-out.

BY: Member Betsy Aiello

SECOND: Member Marsha Urban

VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 7.3.2

MOTION: Motion to approve the retroactive approval of contract amendment between PEBP and the Standard on Contract 12746.

BY: Member Tim Lindley

SECOND: Member Don Bailey

VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 7.3.3

MOTION: Motion to approve the contract extension for Express Scripts as outlined in the Board documents.

BY: Member Michelle Kelley

SECOND: Member Marsha Urban

VOTE: Unanimous; the motion carried

8. Legislative update (Laura Rich, Executive Officer) (Information/Discussion)
9. Discussion and possible action regarding the implementation of Assembly Bill 48, including the option of a special enrollment period for certain retirees. (Laura Rich, Executive Officer) (**For Possible Action**)

BOARD ACTION ON ITEM 9

MOTION: Motion to request PEBP staff to move forward with a special enrollment period from July 1st, 2021 to May 31st, 2022 for non-state retirees who are eligible for reinstatement pursuant to Assembly Bill 48.

BY: Member Tom Verducci

SECOND: Member Don Bailey

VOTE: Unanimous; the motion carried

10. Discussion and possible action on remote participation options for PEBP Board meetings after June 1, 2021. (Laura Rich, Executive Officer) (**For Possible Action**)

BOARD ACTION ON ITEM 10

MOTION: Motion to approve PEBP staff to implement a hybrid approach for future Board meetings, giving Board members, vendors and members of the public a choice to participate at a physical location or virtually using remote technology. In person meetings may be mandated by the Board Chair.

BY: Member Tom Verducci

SECOND: Member Tim Lindley

VOTE: Unanimous; the motion carried

11. Public Comment

- Priscilla Maloney – AFSCME
- Terri Laird - RPEN
- Doug Unger – Nevada Faculty Alliance
- Carter Bundy - AFSCME
- Marlene Lockard – RPEN

12. Adjournment

- Board Chair Freed adjourned the meeting at 12:49 p.m.

4.2

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.1 Approval of Action Minutes from the June 11, 2021 PEBP Board Meeting.

4.2 Receipt of quarterly staff reports for the period ending March 31, 2021

4.2.1

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.2 Receipt of quarterly staff reports for the period ending March 31, 2021:

4.2.1 Budget Report



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LAURA FREED
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: July 29, 2021

Item Number: IV.II.I

Title: Chief Financial Officer Budget Report

Summary

This report addresses the Operational Budget as of March 31, 2021 to include:

1. Budget Status
2. Budget Totals
3. Claims Summary

Budget Account 1338 – Operational Budget – Shown below is a summary of the operational budget account status as of March 31, 2021 with comparisons to the same period in Fiscal Year 2020. The budget status is reported on a cash basis and does not include incurred expenses and income owed to the fund.

The budget status report reflects actual income of \$309.3 million as of March 31, 2021 compared to \$270.4 million as of March 31, 2020 or an increase of 14.4%. Total expenses for the period have decreased by \$11.1 million or 3.7% for the same period.

The budget status report shows Realized Funding Available (cash) at \$176.2 million. This compares to \$122.0 million for last year. The table below reflects the actual revenue and expenditures for the period.

Operational Budget 1338

	FISCAL YEAR 2021			FISCAL YEAR 2020		
	Actual as of 3/31/2021	Work Program	Percent	Actual as of 3/31/2020	Fiscal Year 2020 Close	Percent
Beginning Cash	154,541,329	154,541,329	100%	150,276,433	150,276,433	100%
Premium Income	293,157,908	375,455,443	78%	258,232,490	378,746,198	68%
All Other Income	16,127,096	20,863,995	77%	12,213,121	17,070,199	72%
Total Income	309,285,004	396,319,438	78%	270,445,611	395,816,398	68%
Personnel Services	1,674,531	2,896,914	58%	1,852,664	2,603,314	71%
Operating - Other than Personnel	1,661,928	2,383,918	70%	1,441,925	2,073,172	70%
Insurance Program Expenses	283,914,993	418,644,286	68%	294,976,801	386,256,172	76%
All Other Expenses	384,945	647,864	59%	444,061	618,845	72%
Total Expenses	287,636,397	424,572,982	68%	298,715,452	391,551,503	76%
Change in Cash	21,648,607	(28,253,544)		(28,269,841)	4,264,895	
REALIZED FUNDING AVAILABLE	176,189,936	126,287,785	140%	122,006,592	154,541,328	79%
Incurring But Not Reported Liability	(51,514,000)	(51,514,000)		(58,790,000)	(58,790,000)	
Catastrophic Reserve	(34,835,000)	(34,835,000)		(24,201,541)	(24,201,541)	
HRA Reserve	(30,550,651)	(30,550,651)		(36,204,203)	(36,204,203)	
NET REALIZED FUNDING AVAILABLE	59,290,285	9,388,134		2,810,848	35,345,584	

Current Budget Projections

The following table represents projections for FY 2021. The projection reflects total income to be less than budgeted by 1.1% (\$544.9 million vs \$550.9 million), total expenditures are projected to be less than budgeted by 6.3% (\$398.0 million vs \$424.7 million); total reserves are projected to be more than budgeted by 16.5% (\$147.0 million vs \$126.1 million).

State Subsidies are projected to be less than the budgeted amount by \$8.2 million (3.0%), Non-State Subsidies are projected to be less than budgeted by \$4.7 million (16.3%), and Premium Income is projected to be more than budgeted by \$4.0 million (5.8%). This overall decrease in budgeted revenue is due in part to a reduction in State Subsidies as a result of average enrollment as compared to budgeted enrollment and a change in the mix of plan tiers. The mix of participants is as follows:

- 3.47% fewer state actives,
- 0.76% fewer state non-Medicare retirees,
- 4.17% fewer non-state actives,
- 3.59% fewer non-state, non-Medicare retirees
- 4.72% fewer state Medicare retirees, and
- 6.79% fewer non-state Medicare retirees

Budgeted and Projected Income (Budget Account 1338)					
Description	Budget	Actual 3/31/21	Projected	Difference	
Carryforward	154,541,329	154,541,329	154,541,329	0	0.0%
State Subsidies	278,042,182	220,400,954	269,832,747	(8,209,435)	-3.0%
Non-State Subsidies	29,075,407	18,387,543	24,343,234	(4,732,173)	-16.3%
Premium	68,337,854	54,369,411	72,316,032	3,978,178	5.8%
All Other	20,863,995	16,127,096	23,858,249	2,994,254	14.4%
Total	550,860,767	463,826,333	544,891,591	(5,969,176)	-1.1%
	0				
Budgeted and Projected Expenses (Budget Account 1338)					
Description	Budget	Actual 3/31/21	Projected	Difference	
Operating	6,191,653	3,721,405	5,674,158	517,495	8.4%
State Employee Ins Cost	303,197,159	209,066,755	280,889,357	22,307,802	7.4%
State Retirees Ins Cost	58,349,658	38,224,152	58,349,658	0	0.0%
Non-State Employees Ins Cost	150,234	110,757	150,234	0	0.0%
Non-State Retirees Ins Cost	13,453,450	8,185,545	13,227,447	226,003	1.7%
State Medicare Ret Ins Cost	25,382,152	17,132,729	22,440,387	2,941,765	11.6%
Non-State Medicare Ret Ins Cost	17,991,547	11,195,055	17,210,146	781,401	4.3%
Total Insurance Costs	418,524,200	283,914,993	392,267,230	26,256,970	6.3%
Total Expenses	424,715,853	287,636,397	397,941,387	26,774,465	6.3%
Restricted Reserves	116,899,651	116,899,651	110,646,917	6,252,734	5.3%
Differential Cash Available	9,245,263	59,290,285	36,303,286	(27,058,023)	-292.7%
Total Reserves	126,144,914	176,189,936	146,950,203	(20,805,289)	-16.5%
Total of Expenses and Reserves	550,860,767	463,826,333	544,891,591	5,969,176	1.1%

Expenses for Fiscal Year 2021 are projected to be \$26.8 million (6.3%) less than budgeted when changes to reserves are excluded. Operating expenses are projected to be less than budgeted by \$0.5 million (8.4%). Employee and Retiree insurances costs are projected to be less than budgeted by \$26.3 million (6.3%) when taken in total (see table above for specific information). The significant reduction in projected expenditures compared to the budget is substantially due to the claims suppression experienced between July and December during the COVID-19 shutdown.

Recommendations

None.

4.2.2

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.2 Receipt of quarterly staff reports for the period ending March 31, 2021:

4.2.1 Budget Report

4.2.2 Utilization Report



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LAURA FREED
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: July 29, 2021

Item Number: IV.II.II

Title: Self-Funded CDHP and EPO Plan Utilization Report for the period ending March 31, 2021

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2021 period ending March 31, 2021. Included are:

- Executive Summary – provides a utilization overview.
- HealthSCOPE CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- HealthSCOPE EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix C for Q3 Plan Year 2021 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q3 of Plan Year 2021 compared to Q3 of Plan Year 2020 is summarized below.

- Population:
 - 1.2% decrease for primary participants
 - 1.0% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 9.8% decrease for primary participants
 - 9.9% decrease for primary participants plus dependents (members)
- High Cost Claims:
 - There were 32 High Cost Claimants accounting for 43.6% of the total plan paid for Q3 in Plan Year 2021
 - 24.9% decrease in High Cost Claimants per 1,000 members
 - 13.4% decrease in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$5.7 million) – 19.0% of paid claims
 - Neurological Disorders (\$2.9 million) – 9.6% of paid claims
 - Renal/Urologic Disorders (\$2.6 million) – 8.6% of paid claims
- Emergency Room:
 - ER visits per 1,000 members decreased 25.4%
 - Average paid per ER visit decreased 2.5%
- Urgent Care:
 - Urgent Care visits per 1,000 members decreased by 31.8%
 - Average paid per Urgent Care visit increased 97.3% (increase from \$37 to \$73)
- Network Utilization:
 - 97.5% of claims are from In-Network providers
 - Q3 of Plan Year 2021 In-Network utilization increased 1.6% over PY 2020
 - Q3 of Plan Year 2021 In-Network discounts increased 2.2% over PY 2020
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 3.2%
 - Total Gross Claims Costs increased 7.6% (\$2.8 million)
 - Average Total Cost per Claim increased 11.2%
 - From \$92.86 to \$103.22
 - Member:
 - Total Member Cost decreased 3.3%
 - Average Participant Share per Claim decreased 0.1%
 - Net Member PMPM decreased 2.3%
 - From \$27.13 to \$26.52

- Plan
 - Total Plan Cost increased 11.9%
 - Average Plan Share per Claim increased 15.6%
 - Net Plan PMPM increased 13.1%
 - From \$69.44 to \$78.56
 - Net Plan PMPM factoring rebates increase 20.5%
 - From \$49.72 to \$59.92

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q3 of Plan Year 2021 compared to the Q3 of Plan Year 2020 is summarized below.

- Population:
 - 2.8% decrease for primary participants
 - 2.3% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 5.0% increase for primary participants
 - 4.3% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 44 High Cost Claimants accounting for 26.3% of the total plan paid for Q3 in Plan Year 2021
 - 28.6% increase in High Cost Claimants per 1,000 members
 - 29.0% increase in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$2.3 million) – 22.6% of paid claims
 - Renal/Urologic Disorders (\$1.2 million) – 11.3% of paid claims
 - Hematological Disorders (\$1.1 million) – 11.1% of paid claims
- Emergency Room:
 - ER visits per 1,000 members decreased by 29.2%
 - Average paid per ER visit decreased by 4.4%
- Urgent Care:
 - Urgent Care visits per 1,000 members decreased by 35.1%
 - Average paid per Urgent Care visit increased 8.6%
- Network Utilization:
 - 99.9% of claims are from In-Network providers
 - In-Network utilization increased 2.5%
 - In-Network discounts decreased 2.9%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 3.4%
 - Total Gross Claims Costs increased 7.9% (\$1.2 million)
 - Average Total Cost per Claim increased 11.7%
 - From \$112.59 to \$125.74

- Member:
 - Total Member Cost increased 27%
 - Average Participant Share per Claim increased 31.5%
 - Net Member PMPM increased 30.0%
 - From \$27.05 to \$35.15
- Plan
 - Total Plan Cost increased 4.7%
 - Average Plan Share per Claim increased 8.3%
 - Net Plan PMPM increased 7.1%
 - From \$160.84 to \$172.25
 - Net Plan PMPM factoring rebates increased 5.9%
 - From \$125.10 to \$132.50

DENTAL PLAN

The Dental Plan experience for Q3 of Plan Year 2021 is summarized below.

- Dental Cost:
 - Total of \$18,570,157 paid for Dental claims
 - Preventative claims account for 43.7% (\$8.1 million)
 - Basic claims account for 29.4% (\$5.5 million)
 - Major claims account for 20.2% (\$3.7 million)
 - Periodontal claims account for 6.7% (\$1.2 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of March 31, 2021.

HRA Account Balances as of March 31, 2021			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	1,471	0	0
\$.01 - \$500.00	2,687	521,845	194
\$500.01 - \$1,000	1,932	1,397,494	723
\$1,000.01 - \$1,500	917	1,122,855	1,224
\$1,500.01 - \$2,000	658	1,157,764	1,760
\$2,000.01 - \$2,500	518	1,173,667	2,266
\$2,500.01 - \$3,000	350	957,845	2,737
\$3,000.01 - \$3,500	268	861,339	3,214
\$3,500.01 - \$4,000	176	659,075	3,745
\$4,000.01 - \$4,500	156	662,314	4,246
\$4,500.01 - \$5,000	119	564,156	4,741
\$5,000.01 +	807	6,480,757	223,988
Total	10,059	\$ 15,559,110	\$ 1,547

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP) and the PEBP Premier Plan (EPO) for the third quarter of Plan Year 2021. The CDHP total plan paid costs decreased 10.7% over the same time for Plan Year 2020. The EPO total plan paid costs increased 5.0% over the third quarter of Plan Year 2020. For HMO utilization and cost data please see the report provided in Appendix C.

PEBP staff and its partners continue to monitor data, research options, and implement measures to provide cost savings to the plan while also providing the care our participants require.

Appendix A

Index of Tables HealthSCOPE – CDHP Utilization Review for PEBP July 1, 2020 – March 31, 2021

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program HDHP Plan

July 2020 – March 2021

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 3Q21 was \$97,083,780 of which 75.2% was spent in the State Active population. When compared to 3Q20, this quarter reflected a decrease of 10.7% in plan spend, with State Actives having a decrease of 7.1%.
 - When compared to 3Q19, 3Q21 reflected an increase of 2.4% in plan spend, with State Actives having an increase of 4.8%.
- On a PEPY basis, 3Q21 reflected a decrease of 9.6% when compared to 3Q20. The largest group, State Actives, decreased 15.5%.
 - When compared to 3Q19, 3Q21 reflected an increase in PEPY of 3.0%, with State Actives decreasing by 5.8%.
- 89.8% of the Average Membership had paid Medical claims less than \$2,500, with 21.7% of those having no claims paid at all during the reporting period.
- There were 129 high-cost Claimants (HCC's) over \$100K, that accounted for 30.9% of the total spend. HCC's accounted for 31.2% of total spend during 3Q20, with 142 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 19.0% of high-cost claimant dollars.
- IP Paid per Admit was \$24,648 which is a decrease of 1.6% compared to 3Q20.
- ER Paid per Visit is \$2,012, which is a decrease of 2.5% compared to 3Q20.
- 97.5% of all Medical spend dollars were to In Network providers. The average In Network discount was 67.5%, which is 3.4% higher than the PY20 average discount of 65.3%.

Paid Claims by Age Group (p. 1 of 2)

Paid Claims by Age Group								
3Q20								
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM
<1	\$ 4,656,377	\$ 1,478	\$ 60,016	\$ 19	\$ 11,447	\$ 2	\$ 4,727,839	\$ 1,500
1	\$ 638,379	\$ 181	\$ 14,515	\$ 4	\$ 37,735	\$ 8	\$ 690,629	\$ 193
2 - 4	\$ 983,913	\$ 82	\$ 409,088	\$ 34	\$ 313,076	\$ 19	\$ 1,706,077	\$ 135
5 - 9	\$ 1,244,088	\$ 54	\$ 121,675	\$ 5	\$ 989,682	\$ 31	\$ 2,355,444	\$ 91
10 - 14	\$ 2,625,760	\$ 102	\$ 398,223	\$ 16	\$ 962,569	\$ 27	\$ 3,986,552	\$ 145
15 - 19	\$ 3,856,680	\$ 142	\$ 703,428	\$ 26	\$ 1,157,646	\$ 31	\$ 5,717,754	\$ 199
20 - 24	\$ 4,585,968	\$ 149	\$ 701,924	\$ 23	\$ 770,925	\$ 19	\$ 6,058,818	\$ 191
25 - 29	\$ 4,510,221	\$ 180	\$ 811,926	\$ 32	\$ 767,118	\$ 24	\$ 6,089,265	\$ 237
30 - 34	\$ 5,615,717	\$ 208	\$ 1,315,927	\$ 49	\$ 899,017	\$ 26	\$ 7,830,661	\$ 283
35 - 39	\$ 5,147,255	\$ 172	\$ 2,439,602	\$ 82	\$ 1,061,225	\$ 27	\$ 8,648,082	\$ 281
40 - 44	\$ 5,918,972	\$ 218	\$ 1,618,685	\$ 60	\$ 1,078,206	\$ 29	\$ 8,615,863	\$ 307
45 - 49	\$ 8,116,195	\$ 278	\$ 2,568,411	\$ 88	\$ 1,262,488	\$ 31	\$ 11,947,094	\$ 397
50 - 54	\$ 9,140,377	\$ 300	\$ 3,456,281	\$ 113	\$ 1,395,373	\$ 32	\$ 13,992,031	\$ 446
55 - 59	\$ 12,989,223	\$ 388	\$ 4,757,409	\$ 142	\$ 1,682,153	\$ 36	\$ 19,428,785	\$ 566
60 - 64	\$ 26,932,000	\$ 715	\$ 5,931,841	\$ 157	\$ 2,066,968	\$ 39	\$ 34,930,810	\$ 911
65+	\$ 11,732,779	\$ 566	\$ 3,641,965	\$ 176	\$ 4,980,290	\$ 42	\$ 20,355,034	\$ 783
Total	\$ 108,693,905	\$ 282	\$ 28,950,916	\$ 75	\$ 19,435,917	\$ 31	\$ 157,080,737	\$ 388

Paid Claims by Age Group (p. 2 of 2)

Paid Claims by Age Group										
Age Range	3Q21								% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 3,957,626	\$ 1,305	\$ 40,006	\$ 13	\$ 8,321	\$ 2	\$ 4,005,953	\$ 1,320	-15.3%	-12.0%
1	\$ 621,579	\$ 179	\$ 161,939	\$ 47	\$ 39,895	\$ 8	\$ 823,413	\$ 234	19.2%	21.3%
2 - 4	\$ 960,591	\$ 81	\$ 197,839	\$ 17	\$ 292,939	\$ 18	\$ 1,451,369	\$ 115	-14.9%	-14.6%
5 - 9	\$ 1,431,121	\$ 65	\$ 323,073	\$ 15	\$ 934,629	\$ 31	\$ 2,688,823	\$ 110	14.2%	20.9%
10 - 14	\$ 2,002,208	\$ 78	\$ 382,937	\$ 15	\$ 997,101	\$ 28	\$ 3,382,246	\$ 122	-15.2%	-15.9%
15 - 19	\$ 2,358,293	\$ 88	\$ 537,487	\$ 20	\$ 1,202,197	\$ 32	\$ 4,097,977	\$ 140	-28.3%	-29.3%
20 - 24	\$ 3,474,771	\$ 116	\$ 873,794	\$ 29	\$ 736,119	\$ 18	\$ 5,084,684	\$ 163	-16.1%	-14.5%
25 - 29	\$ 6,494,608	\$ 274	\$ 1,150,540	\$ 49	\$ 734,063	\$ 24	\$ 8,379,211	\$ 347	37.6%	46.4%
30 - 34	\$ 4,610,879	\$ 166	\$ 1,730,329	\$ 62	\$ 909,526	\$ 25	\$ 7,250,734	\$ 254	-7.4%	-10.2%
35 - 39	\$ 4,988,946	\$ 167	\$ 2,570,795	\$ 86	\$ 1,055,789	\$ 27	\$ 8,615,530	\$ 280	-0.4%	-0.3%
40 - 44	\$ 5,117,863	\$ 182	\$ 1,820,758	\$ 65	\$ 1,023,789	\$ 27	\$ 7,962,410	\$ 273	-7.6%	-10.8%
45 - 49	\$ 6,929,621	\$ 244	\$ 2,541,988	\$ 89	\$ 1,128,435	\$ 29	\$ 10,600,044	\$ 361	-11.3%	-8.9%
50 - 54	\$ 11,764,960	\$ 388	\$ 3,712,844	\$ 122	\$ 1,292,287	\$ 30	\$ 16,770,091	\$ 540	19.9%	21.2%
55 - 59	\$ 13,103,612	\$ 398	\$ 4,781,416	\$ 145	\$ 1,518,974	\$ 33	\$ 19,404,002	\$ 576	-0.1%	1.8%
60 - 64	\$ 18,661,979	\$ 510	\$ 5,915,516	\$ 162	\$ 1,895,692	\$ 37	\$ 26,473,187	\$ 709	-24.2%	-22.2%
65+	\$ 10,605,123	\$ 496	\$ 3,984,437	\$ 186	\$ 4,800,400	\$ 39	\$ 19,389,960	\$ 721	-4.7%	-8.0%
Total	\$ 97,083,780	\$ 254	\$ 30,725,699	\$ 80	\$ 18,570,157	\$ 30	\$ 146,379,635	\$ 365	-6.8%	-6.0%

Financial Summary - (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year
Enrollment												
Avg # Employees	23,523	23,655	23,383	-1.2%	19,549	19,776	19,580	-1.0%	4	4	4	-5.5%
Avg # Members	42,747	42,850	42,429	-1.0%	37,090	37,262	36,871	-1.1%	7	7	8	19.0%
Ratio	1.8	1.8	1.8	-0.6%	1.9	1.9	1.9	0.0%	1.8	1.8	2.2	26.3%
Financial Summary												
Gross Cost	\$126,187,313	\$143,839,796	\$127,271,396	-11.5%	\$94,673,980	\$106,842,232	\$97,371,699	-8.9%	\$28,186	\$40,378	\$32,915	-18.5%
Client Paid	\$94,830,736	\$108,693,905	\$97,083,780	-10.7%	\$69,590,772	\$78,511,281	\$72,963,088	-7.1%	\$21,172	\$30,241	\$20,807	-31.2%
Employee Paid	\$31,356,576	\$35,145,891	\$30,187,616	-14.1%	\$25,083,207	\$28,330,951	\$24,408,611	-13.8%	\$7,014	\$10,137	\$12,109	19.5%
Client Paid-PEPY	\$5,375	\$6,127	\$5,536	-9.6%	\$4,746	\$5,293	\$4,472	-15.5%	\$7,057	\$10,080	\$6,609	-34.4%
Client Paid-PMPY	\$2,958	\$3,382	\$3,051	-9.8%	\$2,502	\$2,809	\$2,375	-15.5%	\$4,033	\$5,760	\$2,996	-48.0%
Client Paid-PEPM	\$448	\$511	\$461	-9.8%	\$396	\$441	\$373	-15.4%	\$588	\$840	\$551	-34.4%
Client Paid-PMPM	\$246	\$282	\$254	-9.9%	\$208	\$234	\$198	-15.4%	\$336	\$480	\$250	-47.9%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	141	142	129	-9.2%	88	101	92	-8.9%	0	0	0	0.0%
HCC's / 1,000	3.3	3.3	3.0	-8.2%	2.4	2.7	2.5	-7.7%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$211,913	\$239,171	\$232,888	-2.6%	\$216,402	\$196,453	\$212,165	8.0%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	31.5%	31.2%	30.9%	-1.0%	27.4%	25.3%	26.8%	5.9%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,048	\$1,179	\$915	-22.4%	\$844	\$866	\$675	-22.1%	\$937	\$0	\$18	0.0%
Facility Outpatient	\$858	\$1,040	\$970	-6.7%	\$717	\$871	\$716	-17.8%	\$378	\$2,423	\$2,553	5.4%
Physician	\$987	\$1,082	\$1,106	2.2%	\$891	\$1,004	\$936	-6.8%	\$2,596	\$3,045	\$424	-86.1%
Other	\$65	\$81	\$61	-24.7%	\$50	\$68	\$47	-30.9%	\$121	\$292	\$1	0.0%
Total	\$2,958	\$3,382	\$3,051	-9.8%	\$2,502	\$2,809	\$2,375	-15.5%	\$4,033	\$5,760	\$2,996	-48.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary - (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year	
Enrollment									
Avg # Employees	3,225	3,247	3,268	0.6%	745	629	532	-15.4%	
Avg # Members	4,803	4,856	4,923	1.4%	847	725	627	-13.5%	
Ratio	1.5	1.5	1.5	0.7%	1.1	1.2	1.2	2.6%	1.6
Financial Summary									
Gross Cost	\$24,697,760	\$32,275,680	\$25,322,036	-21.5%	\$6,787,387	\$4,681,506	\$4,544,745	-2.9%	
Client Paid	\$19,493,426	\$26,541,571	\$20,386,030	-23.2%	\$5,725,366	\$3,610,812	\$3,713,855	2.9%	
Employee Paid	\$5,204,334	\$5,734,109	\$4,936,006	-13.9%	\$1,062,021	\$1,070,694	\$830,891	-22.4%	
Client Paid-PEPY	\$8,060	\$10,900	\$7,486	-31.3%	\$10,253	\$7,658	\$8,375	9.4%	\$6,297
Client Paid-PMPY	\$5,412	\$7,287	\$4,969	-31.8%	\$9,008	\$6,641	\$7,107	7.0%	\$3,879
Client Paid-PEPM	\$672	\$908	\$624	-31.3%	\$854	\$638	\$698	9.4%	\$525
Client Paid-PMPM	\$451	\$607	\$414	-31.8%	\$751	\$553	\$592	7.1%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	40	42	32	-23.8%	13	4	7	75.0%	
HCC's / 1,000	8.3	8.7	6.5	-24.9%	15.3	5.5	11.2	102.2%	
Avg HCC Paid	\$203,103	\$320,627	\$277,594	-13.4%	\$208,635	\$163,538	\$234,345	43.3%	
HCC's % of Plan Paid	41.7%	50.7%	43.6%	-14.0%	47.4%	18.1%	44.2%	144.2%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,963	\$3,344	\$1,571	-53.0%	\$4,793	\$2,789	\$3,674	31.7%	\$1,149
Facility Outpatient	\$1,685	\$2,170	\$1,961	-9.6%	\$2,336	\$2,162	\$1,508	-30.2%	\$1,333
Physician	\$1,605	\$1,596	\$1,334	-16.4%	\$1,701	\$1,601	\$1,810	13.1%	\$1,301
Other	\$159	\$177	\$103	-41.8%	\$178	\$89	\$115	29.2%	\$96
Total	\$5,412	\$7,287	\$4,969	-31.8%	\$9,008	\$6,641	\$7,107	7.0%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Financial Summary - Prior Year comparison (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year
Enrollment												
Avg # Employees	23,569	23,673	23,383	-1.2%	19,612	19,809	19,580	-1.2%	4	4	4	-1.3%
Avg # Members	42,776	42,865	42,429	-1.0%	37,138	37,291	36,871	-1.1%	7	7	8	22.0%
Ratio	1.8	1.8	1.8	-0.6%	1.9	1.9	1.9	0.0%	1.8	1.8	2.2	24.2%
Financial Summary												
Gross Cost	\$172,993,213	\$185,251,114	\$127,271,396	-31.3%	\$129,947,874	\$139,774,757	\$97,371,699	-30.3%	\$105,325	\$46,064	\$32,915	-28.5%
Client Paid	\$133,179,670	\$143,667,208	\$97,083,780	-32.4%	\$97,851,639	\$106,095,205	\$72,963,088	-31.2%	\$96,469	\$35,053	\$20,807	-40.6%
Employee Paid	\$39,813,543	\$41,583,906	\$30,187,616	-27.4%	\$32,096,235	\$33,679,553	\$24,408,611	-27.5%	\$8,857	\$11,011	\$12,109	10.0%
Client Paid-PEPY	\$5,651	\$6,069	\$5,536	-8.8%	\$4,989	\$5,356	\$4,472	-16.5%	\$24,117	\$9,144	\$6,609	-27.7%
Client Paid-PMPY	\$3,113	\$3,352	\$3,051	-9.0%	\$2,635	\$2,845	\$2,375	-16.5%	\$13,781	\$5,130	\$2,996	-41.6%
Client Paid-PEPM	\$471	\$506	\$461	-8.9%	\$416	\$446	\$373	-16.4%	\$2,010	\$762	\$551	-27.7%
Client Paid-PMPM	\$259	\$279	\$254	-9.0%	\$220	\$237	\$198	-16.5%	\$1,148	\$427	\$250	-41.5%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	198	206	129		124	151	92		0	0	0	
HCC's / 1,000	4.6	4.8	3.0		3.3	4.1	2.5		0.0	0.0	0.0	
Avg HCC Paid	\$219,374	\$236,642	\$232,888	-1.6%	\$218,720	\$206,591	\$212,165	2.7%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	32.6%	33.9%	30.9%	-8.8%	27.7%	29.4%	26.8%	-8.8%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,071	\$1,139	\$915	-19.7%	\$847	\$883	\$675	-23.6%	\$3,087	\$0	\$18	0.0%
Facility Outpatient	\$925	\$1,040	\$970	-6.7%	\$782	\$880	\$716	-18.6%	\$6,561	\$2,087	\$2,553	22.3%
Physician	\$1,045	\$1,093	\$1,106	1.2%	\$948	\$1,014	\$936	-7.7%	\$4,006	\$2,777	\$424	-84.7%
Other	\$72	\$80	\$61	-23.8%	\$58	\$68	\$47	-30.9%	\$129	\$266	\$1	0.0%
Total	\$3,113	\$3,352	\$3,051	-9.0%	\$2,635	\$2,845	\$2,375	-16.5%	\$13,781	\$5,130	\$2,996	-41.6%
			Annualized				Annualized				Annualized	

Financial Summary - Prior Year comparison (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	3,224	3,246	3,268	0.7%	729	615	532	-13.4%	
Avg # Members	4,799	4,858	4,923	1.3%	832	710	627	-11.7%	
Ratio	1.5	1.5	1.5	0.7%	1.1	1.2	1.2	1.7%	1.6
Financial Summary									
Gross Cost	\$34,175,219	\$39,350,569	\$25,322,036	-35.7%	\$8,764,794	\$6,079,723	\$4,544,745	-25.2%	
Client Paid	\$27,761,940	\$32,691,908	\$20,386,030	-37.6%	\$7,469,622	\$4,845,042	\$3,713,855	-23.3%	
Employee Paid	\$6,413,280	\$6,658,661	\$4,936,006	-25.9%	\$1,295,172	\$1,234,681	\$830,891	-32.7%	
Client Paid-PEPY	\$8,612	\$10,070	\$7,486	-25.7%	\$10,246	\$7,882	\$8,375	6.3%	\$6,297
Client Paid-PMPY	\$5,785	\$6,730	\$4,969	-26.2%	\$8,983	\$6,821	\$7,107	4.2%	\$3,879
Client Paid-PEPM	\$718	\$839	\$624	-25.6%	\$854	\$657	\$698	6.2%	\$525
Client Paid-PMPM	\$482	\$561	\$414	-26.2%	\$749	\$568	\$592	4.2%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	58	60	32		16	8	7		
HCC's / 1,000	12.1	12.4	6.5		19.2	11.3	11.2		
Avg HCC Paid	\$220,380	\$271,721	\$277,594	2.2%	\$220,793	\$156,233	\$234,345	50.0%	
HCC's % of Plan Paid	46.0%	49.9%	43.6%	-12.6%	47.3%	25.8%	44.2%	71.3%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,155	\$2,853	\$1,571	-44.9%	\$4,794	\$2,835	\$3,674	29.6%	\$1,149
Facility Outpatient	\$1,787	\$2,107	\$1,961	-6.9%	\$2,295	\$2,143	\$1,508	-29.6%	\$1,333
Physician	\$1,677	\$1,600	\$1,334	-16.6%	\$1,732	\$1,745	\$1,810	3.7%	\$1,301
Other	\$166	\$170	\$103	-39.4%	\$163	\$98	\$115	17.3%	\$96
Total	\$5,785	\$6,730	\$4,969	-26.2%	\$8,983	\$6,821	\$7,107	4.2%	\$3,879
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	3Q20				3Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 28,646,209	\$ 10,922,760	\$ 2,226,347	\$ 41,795,316	\$ 25,668,741	\$ 4,607,956	\$ 2,592,414	\$ 32,869,111		-21.4%
Outpatient	\$ 49,865,072	\$ 11,970,906	\$ 1,421,558	\$ 63,257,536	\$ 47,294,347	\$ 10,989,555	\$ 2,196,105	\$ 60,480,007		-4.4%
Total - Medical	\$ 78,511,281	\$ 22,893,665	\$ 3,647,906	\$ 105,052,852	\$ 72,963,089	\$ 15,597,511	\$ 4,788,519	\$ 93,349,119		-11.1%
Dental	\$ 13,248,160	\$ 1,534,360	\$ 424,290	\$ 15,206,811	\$ 12,679,126	\$ 1,482,073	\$ 402,257	\$ 14,563,456		-4.2%
Dental Exchange	\$ -	\$ -	\$ 2,368,216	\$ 2,368,216	\$ -	\$ -	\$ 2,328,614	\$ 2,328,614		-1.7%
Total	\$ 91,759,441	\$ 24,428,026	\$ 6,440,412	\$ 122,627,878	\$ 85,642,214	\$ 17,079,584	\$ 7,519,390	\$ 110,241,189		-10.1%

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 441	\$ 964	\$ 665	\$ 507	\$ 414	\$ 662	\$ 817	\$ 454		-10.5%
Dental	\$ 54	\$ 50	\$ 48	\$ 53	\$ 52	\$ 49	\$ 57	\$ 52		-2.6%
Dental Exchange	\$ -	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ 47	\$ 47		-5.9%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 204	\$ 645,476	\$ 962,537	\$ 1,608,217	\$ 126	\$ 1,343,704	\$ 752,137	\$ 2,095,967	30.3%	
Outpatient	\$ 30,037	\$ 1,518,942	\$ 483,857	\$ 2,032,836	\$ 20,680	\$ 1,191,545	\$ 426,470	\$ 1,638,695	-19.4%	
Total - Medical	\$ 30,241	\$ 2,164,418	\$ 1,446,394	\$ 3,641,053	\$ 20,807	\$ 2,535,249	\$ 1,178,606	\$ 3,734,662	2.6%	
Dental	\$ 2,149	\$ 234,681	\$ 177,568	\$ 414,399	\$ 3,341	\$ 159,556	\$ 159,148	\$ 322,045	-22.3%	
Dental Exchange	\$ -	\$ -	\$ 1,446,492	\$ 1,446,492	\$ -	\$ -	\$ 1,356,042	\$ 1,356,042	-6.3%	
Total	\$ 32,391	\$ 2,399,099	\$ 3,070,454	\$ 5,501,944	\$ 24,147	\$ 2,694,805	\$ 2,693,797	\$ 5,412,749	-1.6%	

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 840	\$ 654	\$ 617	\$ 639	\$ 612	\$ 1,068	\$ 488	\$ 774	21.1%	
Dental	\$ 30	\$ 43	\$ 47	\$ 44	\$ 48	\$ 40	\$ 41	\$ 41	-7.7%	
Dental Exchange	\$ -	\$ -	\$ 45	\$ 45	\$ -	\$ -	\$ 43	\$ 43	-3.8%	

Paid Claims by Claim Type – Total

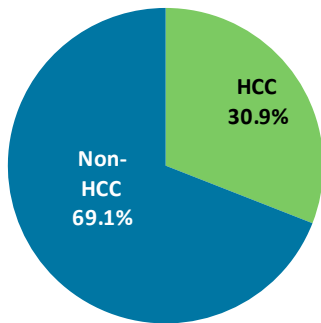
Net Paid Claims - Total										
Total Participants										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 28,646,412	\$ 11,568,236	\$ 3,188,885	\$ 43,403,533	\$ 25,668,868	\$ 5,951,660	\$ 3,344,550	\$ 34,965,078		-19.4%
Outpatient	\$ 49,895,110	\$ 13,489,847	\$ 1,905,415	\$ 65,290,372	\$ 47,315,028	\$ 12,181,100	\$ 2,622,575	\$ 62,118,702		-4.9%
Total - Medical	\$ 78,541,522	\$ 25,058,083	\$ 5,094,300	\$ 108,693,905	\$ 72,983,895	\$ 18,132,760	\$ 5,967,126	\$ 97,083,780		-10.7%
Dental	\$ 13,250,310	\$ 1,769,042	\$ 601,858	\$ 15,621,209	\$ 12,682,466	\$ 1,641,629	\$ 561,405	\$ 14,885,501		-4.7%
Dental Exchange	\$ -	\$ -	\$ 3,814,708	\$ 3,814,708	\$ -	\$ -	\$ 3,684,657	\$ 3,684,657		-3.4%
Total	\$ 91,791,832	\$ 26,827,125	\$ 9,510,866	\$ 128,129,821	\$ 85,666,362	\$ 19,774,389	\$ 10,213,187	\$ 115,653,937		-9.7%

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 441	\$ 926	\$ 651	\$ 511	\$ 414	\$ 700	\$ 721	\$ 461		-9.6%
Dental	\$ 54	\$ 49	\$ 48	\$ 53	\$ 52	\$ 48	\$ 52	\$ 52		-2.6%
Dental Exchange	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ 45	\$ 45		-5.0%

Cost Distribution – Medical Claims

3Q20						3Q21						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
121	0.3%	\$33,962,230	31.2%	\$790,791	2.3%	\$100,000.01 Plus	110	0.3%	\$30,016,412	30.9%	\$762,651	2.5%
179	0.4%	\$13,580,650	12.5%	\$1,088,988	3.1%	\$50,000.01-\$100,000.00	157	0.4%	\$12,111,596	12.5%	\$942,075	3.1%
386	0.9%	\$14,437,844	13.3%	\$2,049,744	5.8%	\$25,000.01-\$50,000.00	356	0.8%	\$13,080,289	13.5%	\$1,685,139	5.6%
1,037	2.4%	\$17,232,031	15.9%	\$4,688,759	13.3%	\$10,000.01-\$25,000.00	894	2.1%	\$14,716,004	15.2%	\$4,042,839	13.4%
1,371	3.2%	\$10,279,425	9.5%	\$4,485,520	12.8%	\$5,000.01-\$10,000.00	1,150	2.7%	\$8,594,907	8.9%	\$3,759,794	12.5%
1,856	4.3%	\$7,019,835	6.5%	\$4,320,982	12.3%	\$2,500.01-\$5,000.00	1,685	4.0%	\$6,320,992	6.5%	\$3,744,758	12.4%
22,760	53.1%	\$12,181,891	11.2%	\$14,870,180	42.3%	\$0.01-\$2,500.00	24,441	57.6%	\$12,243,580	12.6%	\$13,284,450	44.0%
6,416	15.0%	\$0	0.0%	\$2,850,927	8.1%	\$0.00	4,444	10.5%	\$0	0.0%	\$1,965,911	6.5%
8,723	20.4%	\$0	0.0%	\$0	0.0%	No Claims	9,192	21.7%	\$0	0.0%	\$0	0.0%
42,850	100.0%	\$108,693,905	100.0%	\$35,145,891	100.0%		42,429	100.0%	\$97,083,780	100.0%	\$30,187,616	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	50	\$5,714,540	19.0%
Neurological Disorders	79	\$2,882,966	9.6%
Renal/Urologic Disorders	65	\$2,569,471	8.6%
Gastrointestinal Disorders	72	\$2,523,312	8.4%
Infections	75	\$2,082,919	6.9%
Pregnancy-related Disorders	12	\$1,983,045	6.6%
Spine-related Disorders	38	\$1,868,614	6.2%
Medical/Surgical Complications	38	\$1,790,031	6.0%
Mental Health	33	\$1,662,232	5.5%
Cardiac Disorders	77	\$1,557,774	5.2%
All Other		\$5,407,699	18.0%
Overall	----	\$30,042,604	100.0%

Utilization Summary (p. 1 of 2)

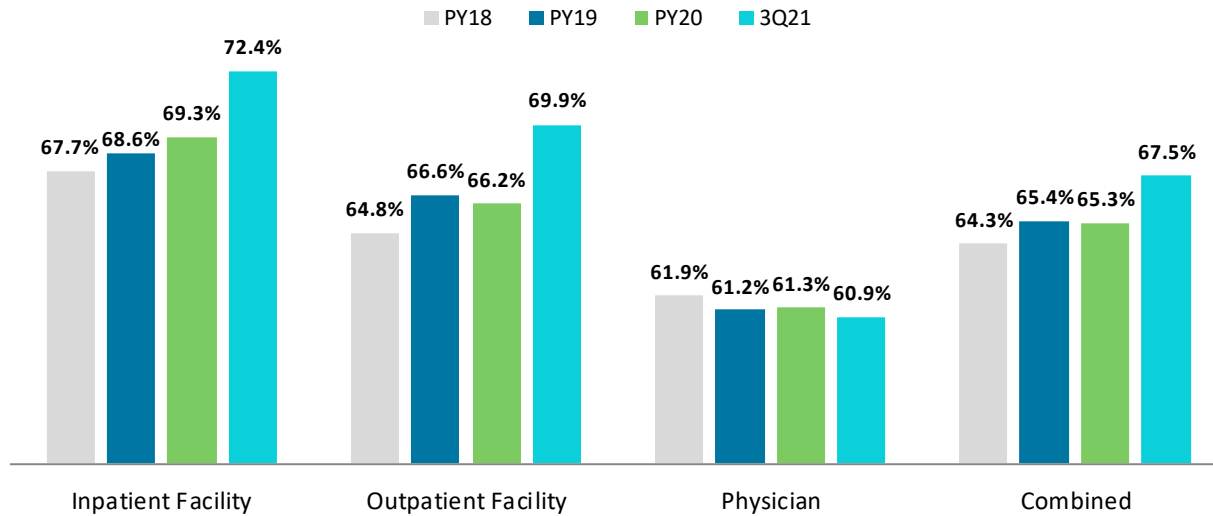
Summary	Total				State Active				Non-State Active			
	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year
Inpatient Summary												
# of Admits	1,411	1,404	1,218		1,066	1,070	981		1	0	0	
# of Bed Days	8,830	8,031	7,707		6,516	6,031	6,216		7	0	0	
Paid Per Admit	\$26,791	\$25,040	\$24,648	-1.6%	\$24,776	\$24,802	\$23,196	-6.5%	\$24,018	\$0	\$0	0.0%
Paid Per Day	\$4,281	\$4,377	\$3,895	-11.0%	\$4,053	\$4,400	\$3,661	-16.8%	\$3,431	\$0	\$0	0.0%
Admits Per 1,000	44	43	38	-11.6%	38	38	35	-7.9%	190	0	0	0.0%
Days Per 1,000	273	248	242	-2.4%	232	214	225	5.1%	1333	0	0	0.0%
Avg LOS	6.3	5.7	6.3	10.5%	6.1	5.6	6.3	12.5%	7	0	0	0.0%
# Admits From ER	755	714	649		539	503	497		1	0	0	
Physician Office												
OV Utilization per Member	3.8	4.2	3.8	-9.5%	3.6	3.9	3.6	-7.7%	6.5	10.9	3.7	-66.1%
Avg Paid per OV	\$70	\$74	\$75	1.4%	\$70	\$73	\$76	4.1%	\$93	\$103	\$87	-15.5%
Avg OV Paid per Member	\$268	\$307	\$287	-6.5%	\$249	\$284	\$277	-2.5%	\$601	\$1,122	\$321	-71.4%
DX&L Utilization per Member	7.3	8.3	7.7	-7.2%	6.7	7.7	7.3	-5.2%	7.6	0	0	0.0%
Avg Paid per DX&L	\$57	\$54	\$55	1.9%	\$52	\$51	\$51	0.0%	\$61	\$0	\$0	0.0%
Avg DX&L Paid per Member	\$415	\$445	\$422	-5.2%	\$347	\$392	\$372	-5.1%	\$463	\$0	\$0	0.0%
Emergency Room												
# of Visits	4,533	4,872	3,573		3,768	4,076	3,071		1	2	1	
Visits Per Member	0.14	0.15	0.11	-26.7%	0.13	0.14	0.11	-21.4%	0.19	0.38	0.16	0.0%
Visits Per 1,000	140	151	112	-25.4%	134	145	111	-23.4%	190	381	160	0.0%
Avg Paid per Visit	\$1,856	\$2,063	\$2,012	-2.5%	\$1,840	\$2,079	\$2,028	-2.5%	\$500	\$1,803	\$15,692	0.0%
Urgent Care												
# of Visits	8,509	10,295	6,898		7,675	9,335	6,015		4	1	1	
Visits Per Member	0.26	0.32	0.22	-31.3%	0.28	0.33	0.22	-34.1%	0.76	0.19	0.16	0.0%
Visits Per 1,000	263	318	217	-31.8%	276	334	218	-34.7%	762	190	160	0.0%
Avg Paid per Visit	\$30	\$37	\$73	97.3%	\$29	\$36	\$74	106.4%	\$102	\$170	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

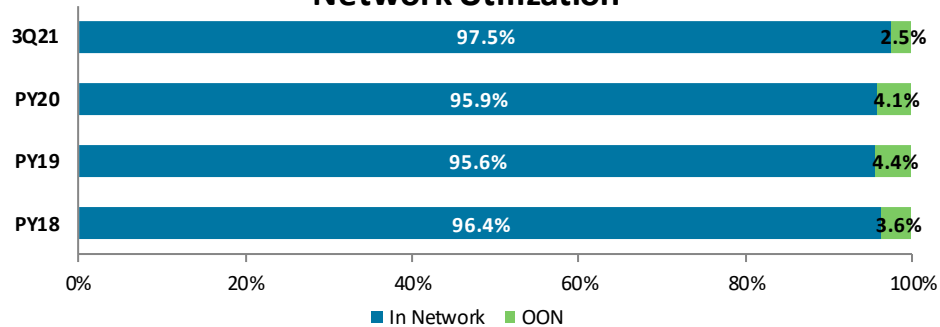
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year	
Inpatient Summary									
# of Admits	267	252	195		77	82	42		
# of Bed Days	1,752	1,590	1,250		555	410	241		
Paid Per Admit	\$34,118	\$28,523	\$29,537	3.6%	\$29,318	\$17,428	\$35,848	105.7%	\$16,632
Paid Per Day	\$5,200	\$4,521	\$4,608	1.9%	\$4,068	\$3,486	\$6,247	79.2%	\$3,217
Admits Per 1,000	74	69	53	-23.2%	121	152	89	-41.4%	76
Days Per 1,000	488	437	339	-22.4%	874	759	512	-32.5%	391
Avg LOS	6.6	6.3	6.4	1.6%	7.2	5.0	5.7	14.0%	5.2
# Admits From ER	161	151	127		54	60	25		
Physician Office									
OV Utilization per Member	5.2	5.7	5.0	-12.3%	6.4	7.5	6.6	-12.0%	5.0
Avg Paid per OV	\$78	\$77	\$71	-7.8%	\$49	\$76	\$60	-21.1%	\$57
Avg OV Paid per Member	\$409	\$439	\$351	-20.0%	\$313	\$572	\$399	-30.2%	\$286
DX&L Utilization per Member	10.6	11.7	10.4	-11.1%	13.5	13.6	12.5	-8.1%	10.5
Avg Paid per DX&L	\$80	\$69	\$72	4.3%	\$72	\$54	\$68	25.9%	\$50
Avg DX&L Paid per Member	\$849	\$815	\$744	-8.7%	\$966	\$726	\$842	16.0%	\$522
Emergency Room									
# of Visits	614	648	439		150	146	62		
Visits Per Member	0.17	0.18	0.12	-33.3%	0.24	0.27	0.13	-51.9%	0.24
Visits Per 1,000	171	178	119	-33.1%	236	270	132	-51.1%	235
Avg Paid per Visit	\$2,033	\$2,120	\$1,820	-14.2%	\$1,531	\$1,362	\$2,350	72.5%	\$943
Urgent Care									
# of Visits	685	822	633		145	137	83		
Visits Per Member	0.19	0.23	0.17	-24.7%	0.23	0.25	0.18	-28.6%	0.3
Visits Per 1,000	190	226	171	-24.2%	228	252	176	-30.1%	300
Avg Paid per Visit	\$35	\$48	\$79	63.4%	\$44	\$36	\$81	125.8%	\$84
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

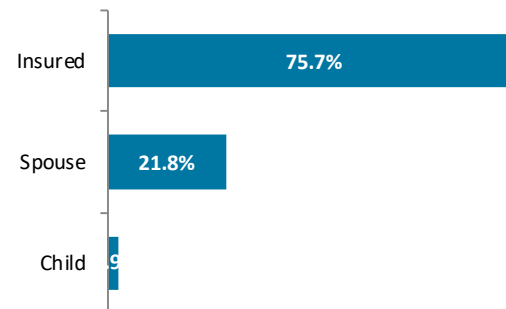
Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$11,122,680	11.5%	\$8,979,946	\$1,966,051	\$176,684	\$4,199,245	\$6,923,435
Health Status/Encounters	\$8,246,976	8.5%	\$4,725,480	\$1,244,481	\$2,277,015	\$2,889,102	\$5,353,189
Gastrointestinal Disorders	\$7,957,694	8.2%	\$5,156,525	\$1,988,900	\$812,269	\$3,504,871	\$4,452,519
Infections	\$6,888,270	7.1%	\$4,765,860	\$1,426,328	\$696,083	\$3,501,931	\$3,386,238
Musculoskeletal Disorders	\$6,660,381	6.9%	\$4,601,098	\$1,484,070	\$575,213	\$2,366,264	\$4,294,117
Neurological Disorders	\$6,418,721	6.6%	\$4,594,898	\$1,194,761	\$629,062	\$2,089,404	\$4,327,774
Cardiac Disorders	\$6,246,810	6.4%	\$4,540,243	\$1,508,856	\$197,711	\$3,797,123	\$2,446,139
Pregnancy-related Disorders	\$5,868,743	6.0%	\$2,091,866	\$917,971	\$2,858,906	\$2,039,837	\$3,677,575
Mental Health	\$5,334,229	5.5%	\$2,459,119	\$531,563	\$2,343,547	\$2,503,356	\$2,823,764
Spine-related Disorders	\$5,036,408	5.2%	\$3,775,520	\$989,976	\$270,912	\$1,488,289	\$3,548,118
Renal/Urologic Disorders	\$4,677,404	4.8%	\$3,806,137	\$672,181	\$199,085	\$3,200,457	\$1,476,504
Trauma/Accidents	\$3,775,206	3.9%	\$2,273,819	\$746,662	\$754,724	\$1,959,918	\$1,815,287
Eye/ENT Disorders	\$3,051,547	3.1%	\$1,954,399	\$508,164	\$588,984	\$1,330,666	\$1,720,881
Medical/Surgical Complications	\$2,502,491	2.6%	\$1,072,988	\$1,243,652	\$185,850	\$901,418	\$1,601,073
Pulmonary Disorders	\$2,188,171	2.3%	\$1,397,243	\$319,301	\$471,627	\$1,033,130	\$1,155,041
Gynecological/Breast Disorders	\$1,994,303	2.1%	\$1,374,724	\$334,040	\$285,539	\$22,840	\$1,971,463
Endocrine/Metabolic Disorders	\$1,721,673	1.8%	\$1,349,649	\$210,519	\$161,506	\$669,221	\$1,052,453
Non-malignant Neoplasm	\$1,244,247	1.3%	\$1,004,233	\$158,793	\$81,221	\$430,034	\$814,213
Diabetes	\$1,210,971	1.2%	\$733,630	\$319,878	\$157,464	\$646,348	\$564,624
Congenital/Chromosomal Anomalies	\$1,147,184	1.2%	\$112,777	\$45,899	\$988,508	\$224,471	\$751,628
Miscellaneous	\$938,988	1.0%	\$573,518	\$204,321	\$161,148	\$452,571	\$486,325
Vascular Disorders	\$816,475	0.8%	\$500,545	\$308,252	\$7,678	\$470,215	\$346,261
Dermatological Disorders	\$727,017	0.7%	\$447,901	\$129,740	\$149,376	\$427,309	\$299,708
Abnormal Lab/Radiology	\$482,746	0.5%	\$372,821	\$78,214	\$31,711	\$203,577	\$279,169
Hematological Disorders	\$412,075	0.4%	\$305,343	\$62,302	\$44,430	\$141,043	\$271,032
Medication Related Conditions	\$136,445	0.1%	\$70,605	\$11,397	\$54,443	\$57,145	\$79,300
Cholesterol Disorders	\$97,064	0.1%	\$73,289	\$21,350	\$2,424	\$41,397	\$55,667
Allergic Reaction	\$91,238	0.1%	\$70,620	\$8,019	\$12,599	\$69,322	\$21,917
Dental Conditions	\$77,067	0.1%	\$20,090	\$1,736	\$55,241	\$41,631	\$35,436
External Hazard Exposure	\$5,293	0.0%	\$1,022	\$2,197	\$2,074	\$2,303	\$2,990
Ungroupable	\$5,264	0.0%	\$4,905	\$219	\$140	\$3,144	\$2,120
Total	\$97,083,780	100.0%	\$63,210,813	\$18,639,792	\$15,233,175	\$40,707,581	\$56,035,957

Diagnosis Grouper – Cancer

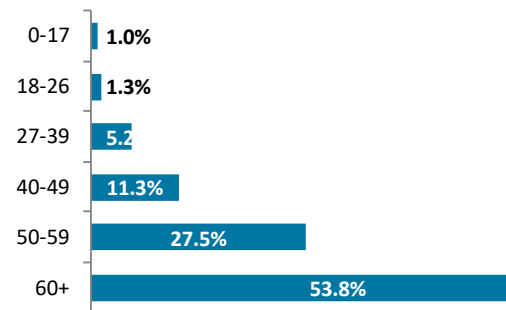
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	102	622	\$2,743,732	2.8%
Breast Cancer	254	2,359	\$1,865,731	1.9%
Cancers, Other	413	1,700	\$1,461,594	1.5%
Secondary Cancers	73	362	\$910,362	0.9%
Prostate Cancer	122	969	\$763,803	0.8%
Brain Cancer	22	309	\$610,689	0.6%
Bladder Cancer	22	351	\$432,796	0.4%
Lung Cancer	27	289	\$430,340	0.4%
Colon Cancer	54	442	\$391,874	0.4%
Ovarian Cancer	27	262	\$363,001	0.4%
Cervical/Uterine Cancer	48	424	\$342,263	0.4%
Myeloma	17	218	\$243,542	0.3%
Melanoma	60	277	\$215,946	0.2%
Carcinoma in Situ	103	284	\$95,151	0.1%
Lymphomas	53	376	\$90,513	0.1%
Thyroid Cancer	83	296	\$58,632	0.1%
Leukemias	39	312	\$49,922	0.1%
Kidney Cancer	24	63	\$30,572	0.0%
Pancreatic Cancer	7	55	\$22,216	0.0%
Overall	----	----	\$11,122,680	100.0%

*Patient and claim counts are unique only within the category

Relationship



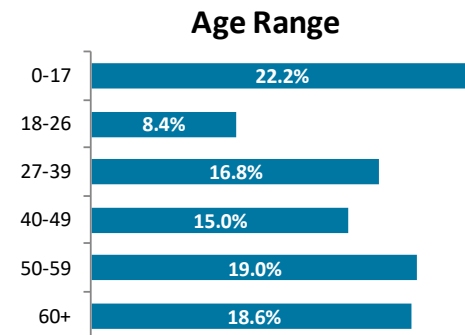
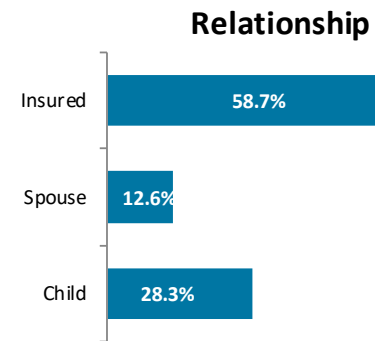
Age Range



Diagnosis Grouper – Health Status / Encounters

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Screenings	8,683	15,950	\$2,432,135	29.5%
Exams	11,327	20,944	\$2,071,252	25.1%
Prophylactic Measures	9,295	13,321	\$1,470,773	17.8%
Encounters - Infants/Children	3,974	5,809	\$836,793	10.1%
Prosthetics/Devices/Implants	450	1,074	\$376,342	4.6%
Aftercare	432	778	\$256,653	3.1%
Personal History of Condition	672	1,033	\$218,993	2.7%
Encounter - Procedure	105	117	\$147,636	1.8%
History of Condition	257	426	\$134,569	1.6%
Family History of Condition	180	249	\$91,481	1.1%
Follow-Up Encounters	32	135	\$72,567	0.9%
Encounter - Transplant Related	43	328	\$61,039	0.7%
Counseling	311	599	\$36,269	0.4%
Lifestyle/Situational Issues	239	344	\$17,307	0.2%
Replacements	72	225	\$14,906	0.2%
Health Status, Other	119	151	\$5,217	0.1%
Donors	9	10	\$1,698	0.0%
Miscellaneous Examinations	48	75	\$1,278	0.0%
Coronary Artery Disease	4	4	\$68	0.0%
Overall	----	----	\$8,246,976	100.0%

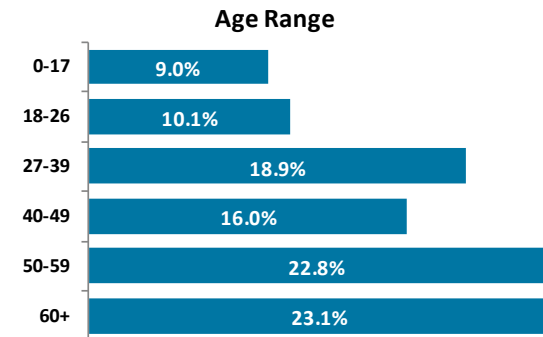
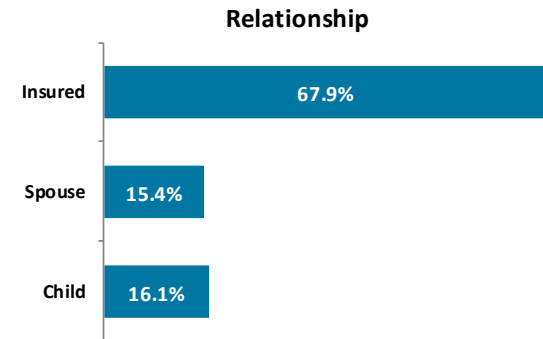
*Patient and claim counts are unique only within the category



Diagnosis Grouper – Gastrointestinal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Hepatic Cirrhosis	40	147	\$1,513,947	19.0%
Abdominal Disorders	2,054	4,622	\$986,508	12.4%
GI Disorders, Other	1,270	2,718	\$952,748	12.0%
Appendicitis	53	260	\$842,036	10.6%
Gallbladder and Biliary Disease	229	648	\$622,457	7.8%
Hernias	273	690	\$574,502	7.2%
Upper GI Disorders	1,032	2,228	\$559,552	7.0%
GI Symptoms	1,174	2,274	\$529,776	6.7%
Inflammatory Bowel Disease	111	488	\$450,919	5.7%
Pancreatic Disorders	47	236	\$216,006	2.7%
Ostomies	41	223	\$209,369	2.6%
Liver Diseases	311	571	\$180,243	2.3%
Diverticulitis	71	170	\$176,392	2.2%
Peptic Ulcer/Related Disorders	38	81	\$84,283	1.1%
Hemorrhoids	202	329	\$47,472	0.6%
Esophageal Varices	5	22	\$11,483	0.1%
	----	----	\$7,957,694	100.0%

*Patient and claim counts are unique only within the category

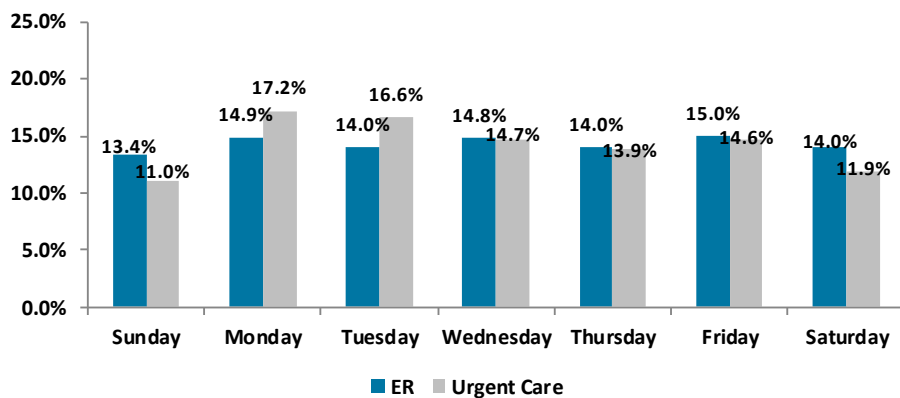


Emergency Room / Urgent Care Summary

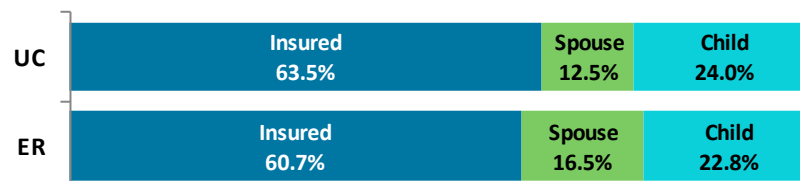
ER/Urgent Care	3Q20		3Q21		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	4,872	10,295	3,573	6,898		
Visits Per Member	0.15	0.32	0.11	0.22	0.17	0.24
Visits/1000 Members	151	318	112	217	174	242
Avg Paid Per Visit	\$2,063	\$37	\$2,012	\$73	\$1,684	\$74
% with OV*	83.7%	80.0%	82.7%	79.3%		
% Avoidable	15.2%	40.0%	10.3%	23.9%		
Total Member Paid	\$5,386,432	\$1,447,731	\$3,809,127	\$719,964		
Total Plan Paid	\$10,049,672	\$379,451	\$7,188,435	\$505,077		
	Annualized	Annualized	Annualized	Annualized		

*looks back 12 months

Visits by Day of Week



% of Paid

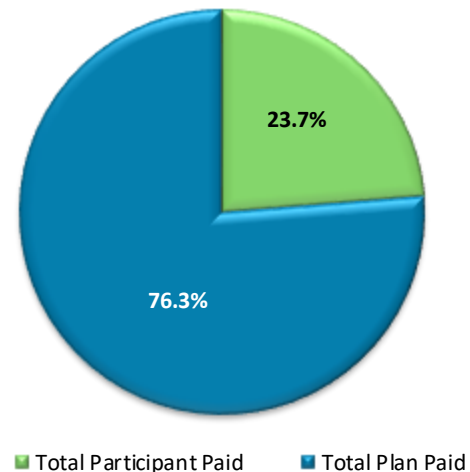
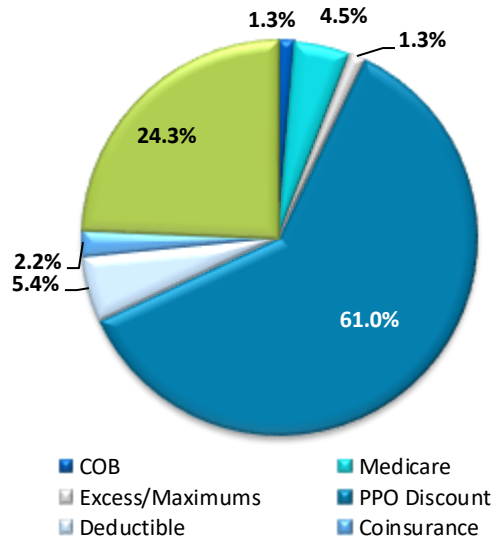


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	2,168	93	2,794	4,380	4,962	212
Spouse	589	107	558	863	1,147	208
Child	816	60	1,098	1,655	1,914	141
Total	3,573	84	4,450	105	8,023	189

Savings Summary – Medical Claims

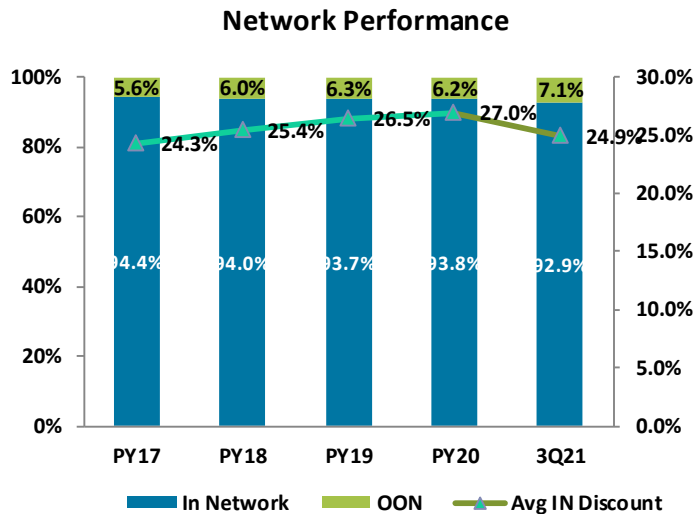
Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$398,947,497	\$1,896	100.0%
COB	\$5,172,121	\$25	1.3%
Medicare	\$17,990,728	\$85	4.5%
Excess/Maximums	\$5,232,679	\$25	1.3%
PPO Discount	\$243,285,071	\$1,156	61.0%
Deductible	\$21,605,848	\$103	5.4%
Coinsurance	\$8,581,768	\$41	2.2%
Total Participant Paid	\$30,187,616	\$143	7.6%
Total Plan Paid	\$97,083,780	\$461	24.3%

Total Participant Paid - PY20	\$146
Total Plan Paid - PY20	\$506

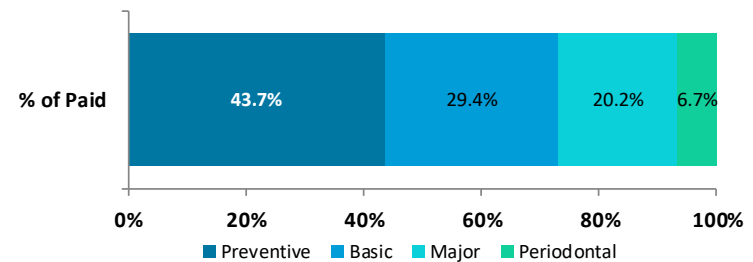


Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	# of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	4,990	7.3%	66,565	25.0%	\$7,500,955	40.4%	\$4,826,982	55.0%
\$750.01-\$1,000.00	2,047	3.0%	20,077	7.5%	\$1,811,296	9.8%	\$984,916	11.2%
\$500.01-\$750.00	3,651	5.4%	31,891	12.0%	\$2,291,114	12.3%	\$1,109,378	12.6%
\$250.01-\$500.00	12,172	17.8%	82,885	31.1%	\$4,258,333	22.9%	\$1,029,135	11.7%
\$0.01-\$250.00	16,898	24.7%	64,386	24.1%	\$2,708,459	14.6%	\$802,873	9.2%
\$0.00	443	0.7%	933	0.4%	\$0	0.0%	\$22,322	0.3%
No Claims	28,081	41.1%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	68,283	100.0%	266,737	100.0%	\$18,570,157	100.0%	\$8,775,606	100.0%



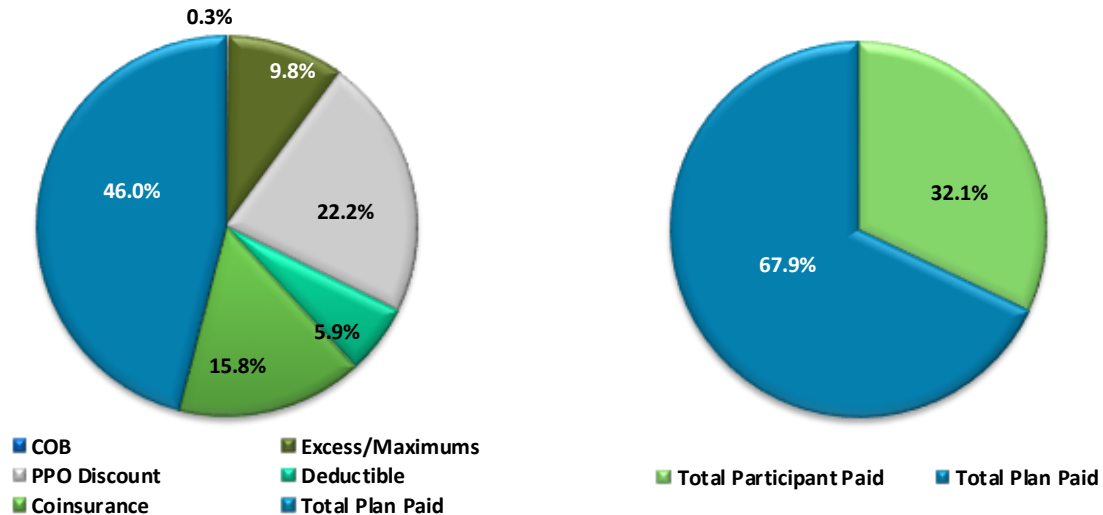
Claim Category	Total Paid	% of Paid
Preventive	\$8,113,164	43.7%
Basic	\$5,468,582	29.4%
Major	\$3,742,231	20.2%
Periodontal	\$1,246,180	6.7%
Total	\$18,570,157	100.0%



Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$40,270,440	\$109	100.0%
COB	\$111,160	\$0	0.3%
Excess/Maximums	\$3,959,679	\$11	9.8%
PPO Discount	\$8,971,730	\$24	22.3%
Deductible	\$2,402,611	\$7	6.0%
Coinsurance	\$6,372,996	\$17	15.8%
Total Participant Paid	\$8,775,606	\$24	21.8%
Total Plan Paid	\$18,570,157	\$50	46.1%

Total Participant Paid - PY20	\$22
Total Plan Paid - PY20	\$46



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	1,472	1,391	91	94.5%
	<2 asthma related ER Visits in the last 6 months	1,472	1,469	3	99.8%
	No asthma related admit in last 12 months	1,472	1,471	1	99.9%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	291	287	4	98.6%
	Members with COPD who had an annual spirometry test	291	40	251	13.7%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	9	8	1	88.9%
	No ER Visit for Heart Failure in last 90 days	238	227	11	95.4%
	Follow-up OV within 4 weeks of discharge from HF admission	9	6	3	66.7%
Diabetes	Annual office visit	1,977	1,886	91	95.4%
	Annual dilated eye exam	1,977	1,285	692	65.0%
	Annual foot exam	1,977	743	1,234	37.6%
	Annual HbA1c test done	1,977	1,571	406	79.5%
	Diabetes Annual lipid profile	1,977	1,487	490	75.2%
	Annual microalbumin urine screen	1,977	1,323	654	66.9%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	5,009	3,787	1,222	75.6%
Hypertension	Annual lipid profile	5,488	3,552	1,936	64.7%
	Annual serum creatinine test	5,370	4,185	1,185	77.9%
Wellness	Well Child Visit - 15 months	353	324	29	91.8%
	Routine office visit in last 6 months	42,166	24,069	18,097	57.1%
	Age 50 to 75 years with colorectal cancer screening	12,796	3,265	9,531	25.5%
	Women age 21-65 with recommended cervical cancer screening	14,727	10,065	4,662	68.3%
	Males age greater than 49 with PSA test in last 24 months	6,035	2,789	3,246	46.2%
	Routine exam in last 24 months	42,166	34,953	7,213	82.9%
	Women age 40 to 75 with a screening mammogram last 24 months	10,367	5,776	4,591	55.7%

All member counts represent members active at the end of the report period.
Quality Metrics are always calculated on an incurred basis.

Chronic Conditions Prevalence

A member is identified as having a chronic condition if any one of the following three conditions is met within a 24 month service date period:

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	248	0.59%	5.82	\$8,562
Asthma	1,651	3.91%	38.77	\$10,168
Atrial Fibrillation	375	0.89%	8.81	\$40,814
Blood Disorders	2,088	4.95%	49.03	\$24,902
CAD	791	1.87%	18.57	\$20,195
COPD	289	0.69%	6.79	\$31,014
Cancer	1,462	3.47%	34.33	\$20,640
Chronic Pain	720	1.71%	16.91	\$20,821
Congestive Heart Failure	237	0.56%	5.57	\$46,688
Demyelinating Diseases	103	0.24%	2.42	\$39,681
Depression	2,366	5.61%	55.56	\$12,905
Diabetes	2,153	5.10%	50.56	\$13,923
ESRD	50	0.12%	1.17	\$130,455
Eating Disorders	130	0.31%	3.05	\$20,711
HIV/AIDS	45	0.11%	1.06	\$34,321
Hyperlipidemia	5,215	12.36%	122.46	\$8,735
Hypertension	5,505	13.05%	129.27	\$11,880
Immune Disorders	116	0.27%	2.72	\$86,475
Inflammatory Bowel Disease	148	0.35%	3.48	\$24,093
Liver Diseases	658	1.56%	15.45	\$22,202
Morbid Obesity	972	2.30%	22.82	\$14,695
Osteoarthritis	1,374	3.26%	32.26	\$15,873
Peripheral Vascular Disease	209	0.50%	4.91	\$31,441
Rheumatoid Arthritis	176	0.42%	4.13	\$24,970

*For Diabetes only, one or more Rx claims can also be used to identify the condition.

Data Includes Medical and Pharmacy Based on 24 months incurred dates

Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
 - Inpatient Facility
 - Outpatient Facility
 - Physician
 - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
 - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
 - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
 - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
 - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of “Urgent Care”.
 - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
 - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
 - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

**Public Employees' Benefits Program - RX Costs
PY 2021 - Quarter Ending March 31, 2021**

Express Scripts

3Q FY2021		3Q FY2020	Difference	% Change
Membership Summary				
Member Count (Membership)	42,361	42,840	(479)	-1.1%
Utilizing Member Count (Patients)	27,263	29,405	(2,142)	-7.3%
Percent Utilizing (Utilization)	64.4%	68.6%	(0.04)	-6.2%
Claim Summary				
Net Claims (Total Rx's)	388,123	400,989	(12,866)	-3.2%
Claims per Elig Member per Month (Claims PMPM)	1.02	1.04	(0.02)	-1.9%
Total Claims for Generic (Generic Rx)	334,454	347,846	(13,392.00)	-3.8%
Total Claims for Brand (Brand Rx)	53,669	53,143	526.00	1.0%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	5,891	6,089	(198.00)	-3.3%
Total Non-Specialty Claims	383,407	396,330	(12,923.00)	-3.3%
Total Specialty Claims	4,716	4,659	57.00	1.2%
Generic % of Total Claims (GFR)	86.2%	86.7%	(0.01)	-0.7%
Generic Effective Rate (GCR)	98.3%	98.3%	(0.00)	0.0%
Mail Order Claims	85,872	70,681	15,191.00	21.5%
Mail Penetration Rate*	24.9%	20.2%	0.05	4.7%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$40,063,117.00	\$37,234,590.00	\$2,828,527.00	7.6%
Total Generic Gross Cost	\$6,440,855.00	\$6,145,263.00	\$295,592.00	4.8%
Total Brand Gross Cost	\$33,622,262.00	\$31,089,327.00	\$2,532,935.00	8.1%
Total MSB Gross Cost	\$1,577,824.00	\$1,251,036.00	\$326,788.00	26.1%
Total Ingredient Cost	\$39,712,347.00	\$36,944,051.00	\$2,768,296.00	7.5%
Total Dispensing Fee	\$332,903.00	\$275,989.00	\$56,914.00	20.6%
Total Other (e.g. tax)	\$17,866.00	\$14,550.00	\$3,316.00	22.8%
Avg Total Cost per Claim (Gross Cost/Rx)	\$103.22	\$92.86	\$10.37	11.2%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$19.26	\$17.67	\$1.59	9.0%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$626.47	\$585.01	\$41.46	7.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$267.84	\$205.46	\$62.38	30.4%
Member Cost Summary				
Total Member Cost	\$10,111,520.00	\$10,461,400.00	(\$349,880.00)	-3.3%
Total Copay	\$3,078,521.00	\$3,182,520.00	(\$103,999.00)	-3.3%
Total Deductible	\$7,032,999.00	\$7,278,880.00	(\$245,881.00)	-3.4%
Avg Copay per Claim (Copay/Rx)	\$7.93	\$7.94	(\$0.00)	-0.1%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$26.05	\$26.09	(\$0.04)	-0.1%
Avg Copay for Generic (Copay/Generic Rx)	\$9.20	\$9.15	\$0.05	0.5%
Avg Copay for Brand (Copay/Brand Rx)	\$131.04	\$136.97	(\$5.93)	-4.3%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$72.85	\$74.24	(\$1.39)	-1.9%
Net PMPM (Participant Cost PMPM)	\$26.52	\$27.13	(\$0.61)	-2.3%
Copay % of Total Prescription Cost (Member Cost Share %)	25.2%	28.1%	-2.9%	-10.2%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$29,951,597.00	\$26,773,190.00	\$3,178,407.00	11.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$11,004,501.00	\$2,962,744.00	\$8,041,757.00	271.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$18,947,095.00	\$23,810,447.00	(\$4,863,352.00)	-20.4%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$77.17	\$66.77	\$10.40	15.6%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$10.05	\$8.52	\$1.53	18.0%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$495.43	\$448.04	\$47.39	10.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$194.98	\$131.21	\$63.77	48.6%
Net PMPM (Plan Cost PMPM)	\$78.56	\$69.44	\$9.12	13.1%
PMPM for Specialty Only (Specialty PMPM)	\$49.70	\$43.67	\$6.03	13.8%
PMPM without Specialty (Non-Specialty PMPM)	\$28.86	\$25.77	\$4.02	17.3%
PMPM without Specialty (Non-Specialty PMPM)	63.3%	62.89%	\$0.00	0.7%
Rebates (Q1-Q3 FY2021 actual)	\$7,108,591.60	\$7,604,275.35	(\$495,683.75)	-6.5%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$59.92	\$49.72	\$10.20	20.5%
PMPM for Specialty Only (Specialty PMPM)	\$42.38	\$37.63	\$4.75	12.6%
PMPM without Specialty (Non-Specialty PMPM)	\$15.73	\$13.47	\$2.26	16.8%

Appendix B

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July 2020 – March 2021

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 3Q21 was \$38,982,237 with an annualized plan cost per employee per year of \$11,128. This is an increase of 5.0% when compared to 3Q20.
 - IP Cost per Admit is \$31,506 which is 35.9% higher than 3Q20.
 - ER Cost per Visit is \$2,416 which is 4.4% lower than 3Q20.
- Employees shared in 6.6% of the medical cost.
- Inpatient facility costs were 21.8% of the plan spend.
- 75.6% of the Average Membership had paid Medical claims less than \$2,500, with 12.7% of those having no claims paid at all during the reporting period.
- 44 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 26.3% of the plan spend. The highest diagnosis category was Cancer, accounting for 22.6% of the high-cost claimant dollars.
- Total spending with in-network providers was 99.9%. The average In Network discount was 56.0%, which is 2.3% lower than the PY20 average discount of 57.3%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	3Q20						3Q21						% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,550,690	\$ 1,538	\$ 34,773	\$ 34	\$ 1,585,463	\$ 1,573	\$ 1,017,295	\$ 1,215	\$ 25,981	\$ 31	\$ 1,043,276	\$ 1,246	-34.2%	-20.8%
1	\$ 258,450	\$ 312	\$ 9,325	\$ 11	\$ 267,775	\$ 323	\$ 138,837	\$ 150	\$ 1,713	\$ 2	\$ 140,550	\$ 152	-47.5%	-53.1%
2 - 4	\$ 417,928	\$ 160	\$ 17,226	\$ 7	\$ 435,154	\$ 166	\$ 230,434	\$ 92	\$ 10,287	\$ 4	\$ 240,721	\$ 96	-44.7%	-42.3%
5 - 9	\$ 577,460	\$ 123	\$ 101,893	\$ 22	\$ 679,353	\$ 145	\$ 390,978	\$ 87	\$ 61,724	\$ 14	\$ 452,702	\$ 100	-33.4%	-31.0%
10 - 14	\$ 1,140,369	\$ 195	\$ 197,376	\$ 34	\$ 1,337,745	\$ 229	\$ 730,694	\$ 132	\$ 163,584	\$ 30	\$ 894,278	\$ 161	-33.2%	-29.6%
15 - 19	\$ 1,999,570	\$ 310	\$ 284,789	\$ 44	\$ 2,284,359	\$ 354	\$ 1,660,201	\$ 259	\$ 340,214	\$ 53	\$ 2,000,415	\$ 313	-12.4%	-11.8%
20 - 24	\$ 1,493,670	\$ 270	\$ 422,433	\$ 76	\$ 1,916,103	\$ 346	\$ 1,329,643	\$ 223	\$ 473,969	\$ 80	\$ 1,803,612	\$ 303	-5.9%	-12.6%
25 - 29	\$ 1,098,141	\$ 325	\$ 291,025	\$ 86	\$ 1,389,166	\$ 412	\$ 902,219	\$ 283	\$ 775,573	\$ 243	\$ 1,677,792	\$ 527	20.8%	27.9%
30 - 34	\$ 1,900,017	\$ 435	\$ 281,313	\$ 64	\$ 2,181,330	\$ 500	\$ 2,821,573	\$ 676	\$ 608,740	\$ 146	\$ 3,430,313	\$ 821	57.3%	64.4%
35 - 39	\$ 2,790,735	\$ 545	\$ 644,074	\$ 126	\$ 3,434,809	\$ 671	\$ 2,628,119	\$ 507	\$ 612,229	\$ 118	\$ 3,240,348	\$ 625	-5.7%	-6.8%
40 - 44	\$ 2,234,457	\$ 442	\$ 1,076,982	\$ 213	\$ 3,311,439	\$ 655	\$ 2,369,086	\$ 458	\$ 1,176,207	\$ 227	\$ 3,545,293	\$ 685	7.1%	4.6%
45 - 49	\$ 3,281,830	\$ 511	\$ 1,142,389	\$ 178	\$ 4,424,219	\$ 688	\$ 3,181,481	\$ 545	\$ 905,009	\$ 155	\$ 4,086,490	\$ 700	-7.6%	1.6%
50 - 54	\$ 4,114,440	\$ 575	\$ 1,809,508	\$ 253	\$ 5,923,948	\$ 828	\$ 3,918,655	\$ 531	\$ 1,900,831	\$ 258	\$ 5,819,486	\$ 789	-1.8%	-4.8%
55 - 59	\$ 5,698,392	\$ 708	\$ 2,603,855	\$ 324	\$ 8,302,247	\$ 1,032	\$ 6,688,472	\$ 891	\$ 1,954,291	\$ 260	\$ 8,642,763	\$ 1,151	4.1%	11.6%
60 - 64	\$ 7,171,198	\$ 803	\$ 3,239,439	\$ 363	\$ 10,410,637	\$ 1,166	\$ 8,097,754	\$ 955	\$ 3,042,015	\$ 359	\$ 11,139,769	\$ 1,314	7.0%	12.7%
65+	\$ 2,471,850	\$ 678	\$ 1,229,804	\$ 337	\$ 3,701,654	\$ 1,016	\$ 2,876,794	\$ 780	\$ 1,359,903	\$ 369	\$ 4,236,697	\$ 1,148	14.5%	13.1%
Total	\$ 38,199,199	\$ 483	\$ 13,386,205	\$ 169	\$51,585,402	\$ 652	\$ 38,982,237	\$ 504	\$ 13,412,268	\$ 173	\$ 52,394,503	\$ 678	1.6%	3.9%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year
Enrollment												
Avg # Employees	4,653	4,806	4,671	-2.8%	3,878	4,060	3,969	-2.2%	4	4	4	0.0%
Avg # Members	8,488	8,787	8,589	-2.3%	7,445	7,777	7,637	-1.8%	5	5	4	-11.2%
Ratio	1.8	1.8	1.8	-1.6%	1.9	1.9	1.9	0.0%	1.3	1.3	1.1	-11.2%
Financial Summary												
Gross Cost	\$45,094,672	\$42,277,795	\$41,753,020	-1.2%	\$35,711,039	\$35,353,224	\$33,392,316	-5.5%	\$45,961	\$50,833	\$38,042	-25.2%
Client Paid	\$40,764,731	\$38,199,199	\$38,982,237	2.0%	\$32,097,283	\$31,941,420	\$31,092,301	-2.7%	\$40,931	\$46,051	\$35,333	-23.3%
Employee Paid	\$4,329,941	\$4,078,597	\$2,770,783	-32.1%	\$3,613,757	\$3,411,804	\$2,300,015	-32.6%	\$5,030	\$4,782	\$2,708	-43.4%
Client Paid-PEPY	\$8,745	\$10,599	\$11,128	5.0%	\$8,277	\$10,491	\$9,402	-10.4%	\$10,233	\$15,350	\$10,600	-30.9%
Client Paid-PMPY	\$4,794	\$5,796	\$6,051	4.4%	\$4,311	\$5,476	\$4,885	-10.8%	\$8,186	\$12,280	\$9,540	-22.3%
Client Paid-PEPM	\$729	\$883	\$927	5.0%	\$690	\$874	\$783	-10.4%	\$853	\$1,279	\$883	-31.0%
Client Paid-PMPM	\$400	\$483	\$504	4.3%	\$359	\$456	\$407	-10.7%	\$682	\$1,023	\$795	-22.3%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	39	35	44	25.7%	27	28	36	28.6%	0	0	0	0.0%
HCC's / 1,000	4.6	4.0	5.1	28.6%	3.6	3.6	4.7	30.8%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$180,354	\$232,686	29.0%	\$246,453	\$163,867	\$192,491	17.5%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	16.5%	26.3%	59.4%	20.7%	14.4%	22.3%	54.9%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,218	\$1,099	\$1,321	20.2%	\$944	\$1,001	\$922	-7.9%	\$3,360	\$3,904	\$0	0.0%
Facility Outpatient	\$1,506	\$1,869	\$1,955	4.6%	\$1,395	\$1,761	\$1,619	-8.1%	\$1,369	\$1,746	\$5,359	206.9%
Physician	\$1,923	\$2,630	\$2,579	-1.9%	\$1,844	\$2,548	\$2,202	-13.6%	\$3,030	\$6,426	\$3,578	-44.3%
Other	\$148	\$198	\$197	-0.5%	\$127	\$165	\$143	-13.3%	\$427	\$204	\$603	195.6%
Total	\$4,794	\$5,796	\$6,051	4.4%	\$4,311	\$5,476	\$4,885	-10.8%	\$8,186	\$12,280	\$9,540	-22.3%
		Annualized	Annualized			Annualized	Annualized			Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year	
Enrollment									
Avg # Employees	599	591	572	-3.2%	181	151	126	-16.6%	
Avg # Members	826	813	785	-3.4%	227	191	162	-15.4%	
Ratio	1.4	1.4	1.4	-0.7%	1.3	1.3	1.3	1.6%	1.6
Financial Summary									
Gross Cost	\$7,418,807	\$6,105,347	\$5,894,048	-3.5%	\$1,918,864	\$768,391	\$2,428,615	216.1%	
Client Paid	\$6,863,148	\$5,556,654	\$5,500,084	-1.0%	\$1,763,370	\$655,074	\$2,354,519	259.4%	
Employee Paid	\$555,659	\$548,693	\$393,964	-28.2%	\$155,495	\$113,318	\$74,096	-34.6%	
Client Paid-PEPY	\$11,461	\$12,534	\$11,534	-8.0%	\$9,769	\$5,789	\$22,444	287.7%	\$6,297
Client Paid-PMPY	\$8,313	\$9,109	\$8,403	-7.8%	\$7,777	\$4,562	\$17,453	282.6%	\$3,879
Client Paid-PEPM	\$955	\$1,044	\$961	-8.0%	\$814	\$482	\$1,870	288.0%	\$525
Client Paid-PMPM	\$693	\$759	\$700	-7.8%	\$648	\$380	\$1,454	282.6%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	9	12	13	0.0%	3	0	1	0.0%	
HCC's / 1,000	10.9	14.8	16.6	0.0%	13.2	0.0	6.2	0.0%	
Avg HCC Paid	\$339,256	\$143,676	\$114,231	0.0%	\$334,114	\$0	\$1,823,526	0.0%	
HCC's % of Plan Paid	44.5%	31.0%	27.0%	0.0%	56.8%	0.0%	77.4%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$3,028	\$2,120	\$1,337	-36.9%	\$3,554	\$647	\$13,098	1924.4%	\$1,149
Facility Outpatient	\$2,243	\$3,056	\$3,165	3.6%	\$2,477	\$1,221	\$1,483	21.5%	\$1,333
Physician	\$2,713	\$3,432	\$3,446	0.4%	\$1,587	\$2,438	\$2,476	1.6%	\$1,301
Other	\$328	\$502	\$455	-9.4%	\$158	\$256	\$395	54.3%	\$96
Total	\$8,313	\$9,109	\$8,403	-7.8%	\$7,777	\$4,562	\$17,453	282.6%	\$3,879
		Annualized	Annualized			Annualized	Annualized		

Financial Summary – Prior Year Comparison (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year
Enrollment												
Avg # Employees	4,653	4,794	4,671	-2.6%	3,878	4,054	3,969	-2.1%	4	4	4	0.0%
Avg # Members	8,488	8,768	8,589	-2.0%	7,445	7,768	7,637	-1.7%	5	5	4	-11.2%
Ratio	1.8	1.8	1.8	-1.6%	1.9	1.9	1.9	0.0%	1.3	1.3	1.1	-11.2%
Financial Summary												
Gross Cost	\$45,094,672	\$55,523,229	\$41,753,020	-24.8%	\$35,711,039	\$45,961,999	\$33,392,316	-27.3%	\$45,961	\$70,916	\$38,042	-46.4%
Client Paid	\$40,764,731	\$50,293,887	\$38,982,237	-22.5%	\$32,097,283	\$41,579,805	\$31,092,301	-25.2%	\$40,931	\$65,329	\$35,333	-45.9%
Employee Paid	\$4,329,941	\$5,229,342	\$2,770,783	-47.0%	\$3,613,757	\$4,382,194	\$2,300,015	-47.5%	\$5,030	\$5,587	\$2,708	-51.5%
Client Paid-PEPY	\$8,745	\$10,492	\$11,128	6.1%	\$8,277	\$10,256	\$9,402	-8.3%	\$10,233	\$16,332	\$10,600	-35.1%
Client Paid-PMPY	\$4,794	\$5,736	\$6,051	5.5%	\$4,311	\$5,352	\$4,885	-8.7%	\$8,186	\$13,066	\$9,540	-27.0%
Client Paid-PEPM	\$729	\$874	\$927	6.1%	\$690	\$855	\$783	-8.4%	\$853	\$1,361	\$883	-35.1%
Client Paid-PMPM	\$400	\$478	\$504	5.4%	\$359	\$446	\$407	-8.7%	\$682	\$1,089	\$795	-27.0%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	39	51	44	-13.7%	27	40	36	-10.0%	0	0	0	0.0%
HCC's / 1,000	4.6	5.8	5.1	-12.0%	3.6	5.2	4.7	-8.5%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$202,775	\$232,686	14.8%	\$246,453	\$179,535	\$192,491	7.2%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	20.6%	26.3%	27.7%	20.7%	17.3%	22.3%	28.9%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,218	\$1,169	\$1,321	13.0%	\$944	\$1,036	\$922	-11.0%	\$3,360	\$2,928	\$0	-100.0%
Facility Outpatient	\$1,506	\$1,832	\$1,955	6.7%	\$1,395	\$1,693	\$1,619	-4.4%	\$1,369	\$4,817	\$5,359	11.3%
Physician	\$1,923	\$2,541	\$2,579	1.5%	\$1,844	\$2,461	\$2,202	-10.5%	\$3,030	\$5,153	\$3,578	-30.6%
Other	\$148	\$194	\$197	1.5%	\$127	\$163	\$143	-12.3%	\$427	\$168	\$603	258.9%
Total	\$4,794	\$5,736	\$6,051	5.5%	\$4,311	\$5,352	\$4,885	-8.7%	\$8,186	\$13,066	\$9,540	-27.0%
			Annualized				Annualized				Annualized	

Financial Summary – Prior Year Comparison (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	599	588	572	-2.7%	181	148	126	-14.7%	
Avg # Members	826	807	785	-2.6%	227	188	162	-13.7%	
Ratio	1.4	1.4	1.4	0.0%	1.3	1.3	1.3	1.6%	1.6
Financial Summary									
Gross Cost	\$7,418,807	\$8,514,643	\$5,894,048	-30.8%	\$1,918,864	\$975,672	\$2,428,615	148.9%	
Client Paid	\$6,863,148	\$7,803,114	\$5,500,084	-29.5%	\$1,763,370	\$845,639	\$2,354,519	178.4%	
Employee Paid	\$555,659	\$711,529	\$393,964	-44.6%	\$155,495	\$130,033	\$74,096	-43.0%	
Client Paid-PEPY	\$11,461	\$13,272	\$11,534	-13.1%	\$9,769	\$5,730	\$22,444	291.7%	\$6,297
Client Paid-PMPY	\$8,313	\$9,674	\$8,403	-13.1%	\$7,777	\$4,508	\$17,453	287.2%	\$3,879
Client Paid-PEPM	\$955	\$1,106	\$961	-13.1%	\$814	\$477	\$1,870	292.0%	\$525
Client Paid-PMPM	\$693	\$806	\$700	-13.2%	\$648	\$376	\$1,454	286.7%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	9	18	13	-27.8%	3	0	1	0.0%	
HCC's / 1,000	10.9	22.3	16.6	-25.9%	13.2	0.0	6.2	0.0%	
Avg HCC Paid	\$339,256	\$175,561	\$114,231	-34.9%	\$334,114	\$0	\$1,823,526	0.0%	
HCC's % of Plan Paid	44.5%	40.5%	27.0%	-33.3%	56.8%	0.0%	77.4%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$3,028	\$2,529	\$1,337	-47.1%	\$3,554	\$787	\$13,098	1564.3%	\$1,149
Facility Outpatient	\$2,243	\$3,276	\$3,165	-3.4%	\$2,477	\$1,314	\$1,483	12.9%	\$1,333
Physician	\$2,713	\$3,385	\$3,446	1.8%	\$1,587	\$2,165	\$2,476	14.4%	\$1,301
Other	\$328	\$484	\$455	-6.0%	\$158	\$242	\$395	63.2%	\$96
Total	\$8,313	\$9,674	\$8,403	-13.1%	\$7,777	\$4,508	\$17,453	287.2%	\$3,879
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 7,701,769	\$ 1,204,716	\$ 377,971	\$ 9,284,456	\$ 7,406,689	\$ 887,436	\$ 205,614	\$ 8,499,740		-8.5%
Outpatient	\$ 24,239,651	\$ 3,283,466	\$ 690,501	\$ 28,213,618	\$ 23,685,612	\$ 4,021,803	\$ 385,231	\$ 28,092,645		-0.4%
Total - Medical	\$ 31,941,420	\$ 4,488,182	\$ 1,068,472	\$ 37,498,074	\$ 31,092,301	\$ 4,909,239	\$ 590,845	\$ 36,592,385		-2.4%

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 874	\$ 987	\$ 1,382	\$ 896	\$ 871	\$ 1,113	\$ 797	\$ 895		-0.1%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 22,498	\$ 42,373	\$ 74,741	\$ 139,612	\$ 1,391	\$ 1,764,719	\$ 78,911	\$ 1,845,020	1221.5%	
Outpatient	\$ 23,553	\$ 451,178	\$ 86,782	\$ 561,513	\$ 33,943	\$ 391,888	\$ 119,002	\$ 544,832	-3.0%	
Total - Medical	\$ 46,051	\$ 493,551	\$ 161,523	\$ 701,124	\$ 35,333	\$ 2,156,606	\$ 197,913	\$ 2,389,852	240.9%	

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 1,279	\$ 563	\$ 336	\$ 503	\$ 981	\$ 3,434	\$ 392	\$ 2,044	306.5%	

Paid Claims by Claim Type – Total

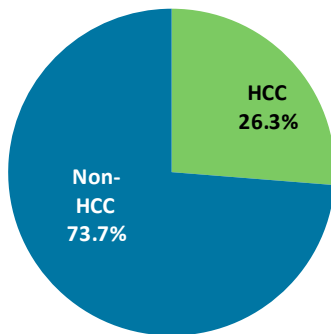
Net Paid Claims - Total										
Total Participants										
	3Q20				3Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 7,724,267	\$ 1,247,089	\$ 452,712	\$ 9,424,068	\$ 7,408,080	\$ 2,652,155	\$ 284,525	\$ 10,344,760		9.8%
Outpatient	\$ 24,263,204	\$ 3,734,644	\$ 777,283	\$ 28,775,131	\$ 23,719,555	\$ 4,413,690	\$ 504,232	\$ 28,637,477		-0.5%
Total - Medical	\$ 31,987,471	\$ 4,981,733	\$ 1,229,995	\$ 38,199,199	\$ 31,127,635	\$ 7,065,845	\$ 788,758	\$ 38,982,237		2.0%

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 875	\$ 918	\$ 981	\$ 883	\$ 871	\$ 1,403	\$ 633	\$ 927		5.0%

Cost Distribution – Medical Claims

3Q20						3Q21						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
31	0.4%	\$6,311,716	16.5%	\$176,755	4.3%	\$100,000.01 Plus	36	0.4%	\$10,235,615	26.3%	\$119,031	4.3%
61	0.7%	\$4,231,671	11.1%	\$205,798	5.0%	\$50,000.01-\$100,000.00	61	0.7%	\$4,693,764	12.0%	\$142,691	5.1%
175	2.0%	\$6,324,765	16.6%	\$444,065	10.9%	\$25,000.01-\$50,000.00	150	1.7%	\$5,445,368	14.0%	\$269,264	9.7%
535	6.1%	\$8,454,387	22.1%	\$776,277	19.0%	\$10,000.01-\$25,000.00	426	5.0%	\$7,058,367	18.1%	\$505,459	18.2%
605	6.9%	\$4,510,798	11.8%	\$612,142	15.0%	\$5,000.01-\$10,000.00	544	6.3%	\$3,930,642	10.1%	\$468,528	16.9%
997	11.3%	\$3,679,697	9.6%	\$750,958	18.4%	\$2,500.01-\$5,000.00	868	10.1%	\$3,176,507	8.1%	\$502,395	18.1%
5,428	61.8%	\$4,686,166	12.3%	\$1,100,852	27.1%	\$0.01-\$2,500.00	5,388	62.7%	\$4,441,974	11.4%	\$762,966	27.6%
24	0.3%	\$0	0.0%	\$11,750	0.3%	\$0.00	20	0.2%	\$0	0.0%	\$449	0.0%
933	10.6%	\$0	0.0%	\$0	0.0%	No Claims	1,095	12.7%	\$0	0.0%	\$0	0.0%
8,787	100.0%	\$38,199,199	100.0%	\$4,078,597	100.0%		8,589	100.0%	\$38,982,237	100.0%	\$2,770,783	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	12	\$2,309,903	22.6%
Renal/Urologic Disorders	12	\$1,154,990	11.3%
Hematological Disorders	11	\$1,131,822	11.1%
Medical/Surgical Complications	11	\$861,359	8.4%
Endocrine/Metabolic Disorders	18	\$686,950	6.7%
Gastrointestinal Disorders	25	\$570,514	5.6%
Infections	22	\$551,017	5.4%
Trauma/Accidents	12	\$509,192	5.0%
Pregnancy-related Disorders	4	\$414,300	4.0%
Cardiac Disorders	24	\$328,235	3.2%
All Other		\$1,719,902	16.8%
Overall	----	\$10,238,184	100.0%

Utilization Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year
Inpatient Summary												
# of Admits	491	432	337		405	360	286		1	1	0	
# of Bed Days	2,966	2,184	2,010		2,370	1,716	1,594		2	2	0	
Paid Per Admit	\$29,649	\$23,181	\$31,506	35.9%	\$25,254	\$21,880	\$22,834	4.4%	\$25,642	\$22,498	\$0	0.0%
Paid Per Day	\$4,908	\$4,585	\$5,282	15.2%	\$4,316	\$4,590	\$4,097	-10.7%	\$12,821	\$11,249	\$0	0.0%
Admits Per 1,000	58	65	52	-20.0%	54	62	50	-19.4%	200	267	0	0.0%
Days Per 1,000	348	331	312	-5.7%	317	293	278	-5.1%	400	533	0	0.0%
Avg LOS	6.0	5.1	6.0	17.6%	5.9	4.8	5.6	16.7%	2.0	2.0	0.0	0.0%
# Admits From ER	227	208	166		170	159	130		0	0	0	
Physician Office												
OV Utilization per Member	5.2	6.2	6.0	-3.2%	5.1	6.0	5.8	-3.3%	6.0	9.1	5.7	-37.4%
Avg Paid per OV	\$136	\$147	\$150	2.0%	\$136	\$151	\$152	0.7%	\$186	\$117	\$115	-1.7%
Avg OV Paid per Member	\$710	\$914	\$904	-1.1%	\$694	\$908	\$882	-2.9%	\$1,113	\$1,060	\$655	-38.2%
DX&L Utilization per Member	8.7	11.1	10.4	-6.3%	8.3	10.5	9.8	-6.7%	14	17.6	18	2.3%
Avg Paid per DX&L	\$73	\$69	\$69	0.0%	\$70	\$70	\$68	-2.9%	\$106	\$105	\$64	-39.0%
Avg DX&L Paid per Member	\$637	\$762	\$719	-5.6%	\$577	\$738	\$669	-9.3%	\$1,491	\$1,851	\$1,144	-38.2%
Emergency Room												
# of Visits	1,588	1,370	946		1,405	1,214	839		0	2	2	
Visits Per Member	0.19	0.21	0.15	-28.6%	0.19	0.21	0.15	-28.6%	0.00	0.53	0.60	0.0%
Visits Per 1,000	186	207	147	-29.2%	188	207	146	-29.5%	0	533	600	0.0%
Avg Paid per Visit	\$2,494	\$2,528	\$2,416	-4.4%	\$2,484	\$2,551	\$2,395	-6.1%	\$0	\$2,359	\$8,986	0.0%
Urgent Care												
# of Visits	2,763	2,797	1,771		2,516	2,566	1,610		0	0	0	
Visits Per Member	0.32	0.42	0.27	-35.7%	0.34	0.44	0.28	-36.4%	0.00	0.00	0.00	0.0%
Visits Per 1,000	324	424	275	-35.1%	337	438	281	-35.8%	0	0	0	0.0%
Avg Paid per Visit	\$114	\$139	\$151	8.6%	\$116	\$140	\$152	8.6%	\$0	\$0	\$0	0.0%

Annualized Annualized

Annualized Annualized

Annualized Annualized

Utilization Summary (p. 2 of 2)

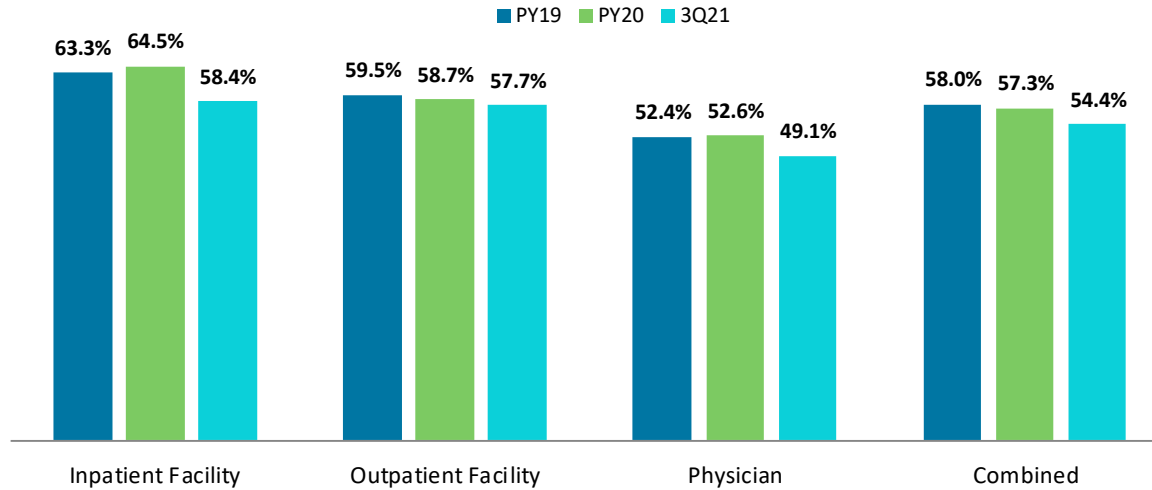
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year	
Inpatient Summary									
# of Admits	69	63	45		16	8	6		
# of Bed Days	480	310	253		114	156	163		
Paid Per Admit	\$48,337	\$31,158	\$24,425	-21.6%	\$60,553	\$18,975	\$498,010	2524.6%	\$16,632
Paid Per Day	\$6,948	\$6,332	\$4,344	-31.4%	\$8,499	\$973	\$18,332	1784.1%	\$3,217
Admits Per 1,000	85	105	76	-27.6%	71	56	49	-12.5%	76
Days Per 1,000	591	514	429	-16.5%	503	1,088	1,342	23.3%	391
Avg LOS	7	4.9	5.6	14.3%	7.1	19.5	27.2	39.5%	5.2
# Admits From ER	46	45	32		11	4	4		
Physician Office									
OV Utilization per Member	6.3	8.1	8.0	-1.2%	5.3	7.0	7.0	0.0%	5.0
Avg Paid per OV	\$138	\$124	\$143	15.3%	\$124	\$110	\$119	8.2%	\$57
Avg OV Paid per Member	\$877	\$1,003	\$1,139	13.6%	\$655	\$773	\$831	7.5%	\$286
DX&L Utilization per Member	12.1	15.9	14.9	-6.3%	12	15.7	13.1	-16.6%	10.5
Avg Paid per DX&L	\$85	\$61	\$80	31.1%	\$102	\$55	\$59	7.3%	\$50
Avg DX&L Paid per Member	\$1,021	\$967	\$1,196	23.7%	\$1,222	\$869	\$771	-11.3%	\$522
Emergency Room									
# of Visits	150	134	89		33	20	16		
Visits Per Member	0.18	0.22	0.15	-31.8%	0.15	0.14	0.13	-7.1%	0.24
Visits Per 1,000	185	222	151	-32.0%	146	139	132	-5.0%	235
Avg Paid per Visit	\$2,536	\$2,393	\$2,599	8.6%	\$2,699	\$2,061	\$1,679	-18.5%	\$943
Urgent Care									
# of Visits	186	179	138		61	52	23		
Visits Per Member	0.23	0.30	0.23	-23.3%	0.27	0.36	0.19	-47.2%	0.3
Visits Per 1,000	229	297	234	-21.2%	269	363	189	-47.9%	300
Avg Paid per Visit	\$106	\$134	\$143	6.7%	\$79	\$88	\$121	37.5%	\$84

Annualized Annualized

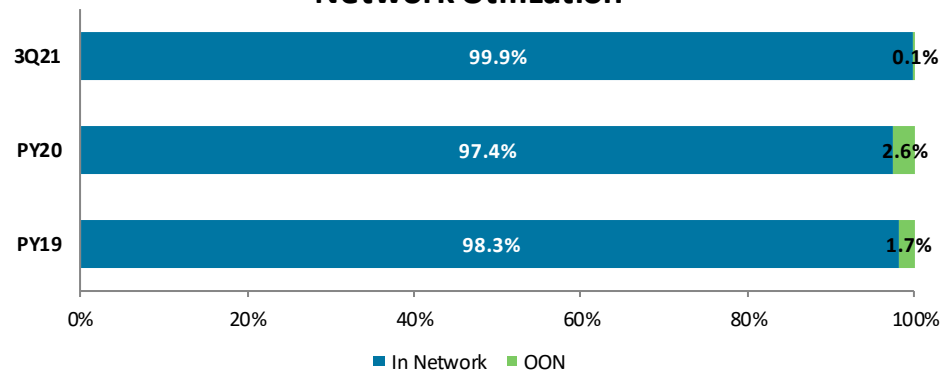
Annualized Annualized

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

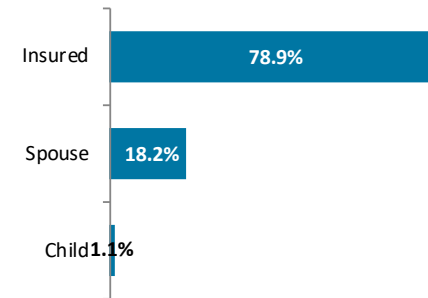
Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$3,380,071	8.7%	\$2,731,460	\$631,072	\$17,539	\$1,127,981	\$2,252,090
Musculoskeletal Disorders	\$3,019,578	7.7%	\$2,089,947	\$648,180	\$281,451	\$1,218,611	\$1,800,966
Gastrointestinal Disorders	\$2,782,562	7.1%	\$1,994,960	\$455,761	\$331,841	\$1,409,125	\$1,373,437
Mental Health	\$2,632,648	6.8%	\$1,322,539	\$281,058	\$1,029,050	\$861,095	\$1,771,553
Spine-related Disorders	\$2,427,409	6.2%	\$1,888,520	\$497,590	\$41,300	\$778,065	\$1,649,344
Health Status/Encounters	\$2,386,977	6.1%	\$1,367,477	\$254,084	\$765,416	\$811,090	\$1,574,049
Cardiac Disorders	\$2,109,435	5.4%	\$1,553,662	\$477,396	\$78,378	\$965,317	\$1,143,774
Renal/Urologic Disorders	\$1,968,515	5.0%	\$1,472,656	\$152,621	\$343,238	\$926,382	\$1,042,133
Pregnancy-related Disorders	\$1,868,412	4.8%	\$866,504	\$176,225	\$825,683	\$137,706	\$1,725,078
Infections	\$1,865,381	4.8%	\$1,361,097	\$338,137	\$166,147	\$822,921	\$1,042,460
Eye/ENT Disorders	\$1,816,313	4.7%	\$1,235,225	\$169,181	\$411,907	\$818,009	\$998,204
Neurological Disorders	\$1,595,921	4.1%	\$1,077,519	\$327,305	\$191,096	\$575,772	\$1,020,149
Trauma/Accidents	\$1,567,545	4.0%	\$961,977	\$313,581	\$291,988	\$595,488	\$972,057
Endocrine/Metabolic Disorders	\$1,479,048	3.8%	\$1,219,810	\$197,637	\$61,601	\$377,516	\$1,101,531
Hematological Disorders	\$1,268,344	3.3%	\$724,122	\$525,162	\$19,060	\$672,114	\$596,230
Pulmonary Disorders	\$1,234,810	3.2%	\$960,690	\$205,804	\$68,316	\$656,033	\$578,594
Medical/Surgical Complications	\$1,107,137	2.8%	\$968,528	\$105,535	\$33,075	\$245,379	\$861,758
Gynecological/Breast Disorders	\$908,927	2.3%	\$656,955	\$123,678	\$128,294	\$20,441	\$888,486
Non-malignant Neoplasm	\$783,861	2.0%	\$602,532	\$165,317	\$16,012	\$356,579	\$427,282
Vascular Disorders	\$587,712	1.5%	\$465,102	\$117,747	\$4,864	\$344,986	\$242,726
Diabetes	\$571,138	1.5%	\$368,669	\$147,692	\$54,777	\$283,323	\$287,815
Dermatological Disorders	\$528,593	1.4%	\$318,471	\$93,284	\$116,839	\$219,910	\$308,683
Miscellaneous	\$377,315	1.0%	\$215,910	\$90,258	\$71,147	\$202,333	\$174,981
Abnormal Lab/Radiology	\$232,458	0.6%	\$185,285	\$37,173	\$10,001	\$68,587	\$163,871
Congenital/Chromosomal Anomalies	\$165,799	0.4%	\$20,470	\$20,643	\$124,687	\$107,916	\$57,009
Cholesterol Disorders	\$131,534	0.3%	\$110,325	\$18,342	\$2,867	\$41,022	\$90,512
Dental Conditions	\$83,701	0.2%	\$56,723	\$6,119	\$20,859	\$64,607	\$19,094
Medication Related Conditions	\$71,236	0.2%	\$44,213	\$14,254	\$12,769	\$25,062	\$46,175
Allergic Reaction	\$21,291	0.1%	\$8,608	\$2,906	\$9,778	\$9,512	\$11,779
External Hazard Exposure	\$5,434	0.0%	\$3,174	\$31	\$2,228	\$1,750	\$3,684
Ungroupable	\$3,133	0.0%	\$2,352	\$381	\$400	\$678	\$2,454
Total	\$38,982,237	100.0%	\$26,855,477	\$6,594,152	\$5,532,608	\$14,745,310	\$24,227,957

Diagnosis Grouper – Cancer

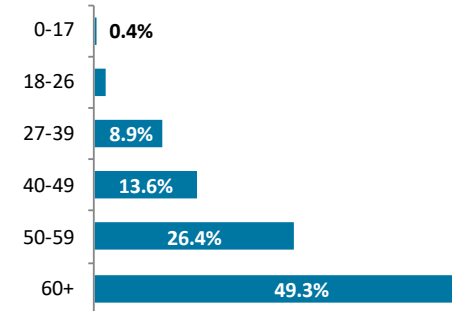
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Breast Cancer	42	417	\$1,052,043	31.1%
Cancers, Other	115	375	\$620,600	18.4%
Leukemias	12	182	\$513,959	15.2%
Cancer Therapies	14	66	\$266,033	7.9%
Lung Cancer	5	76	\$179,524	5.3%
Prostate Cancer	23	159	\$140,935	4.2%
Secondary Cancers	8	22	\$138,825	4.1%
Cervical/Uterine Cancer	4	37	\$129,962	3.8%
Brain Cancer	2	35	\$127,478	3.8%
Carcinoma in Situ	37	83	\$55,791	1.7%
Myeloma	4	31	\$49,485	1.5%
Colon Cancer	9	88	\$47,514	1.4%
Lymphomas	12	55	\$35,057	1.0%
Thyroid Cancer	16	53	\$12,380	0.4%
Melanoma	12	35	\$8,101	0.2%
Kidney Cancer	3	11	\$1,841	0.1%
Bladder Cancer	1	1	\$310	0.0%
Ovarian Cancer	2	2	\$155	0.0%
Pancreatic Cancer	1	2	\$80	0.0%
Overall	----	----	\$3,380,071	100.0%

*Patient and claim counts are unique only within the category

Relationship



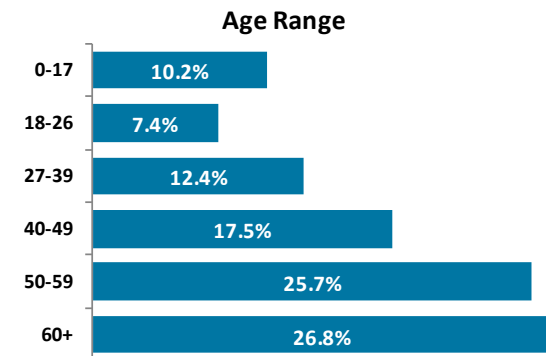
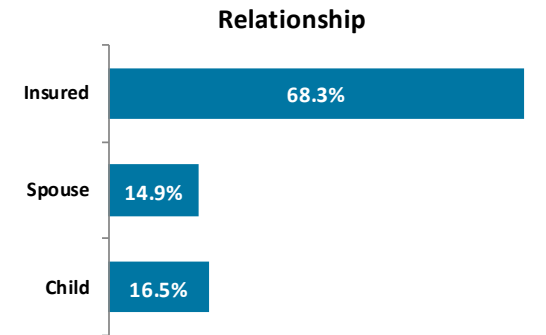
Age Range



Diagnosis Group – Musculoskeletal Disorders

Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Musculoskeletal Disorders, Other	1,125	3,584	\$907,609	30.1%
Osteoarthritis	339	911	\$834,817	27.6%
Arthropathies, Other	950	3,210	\$569,153	18.8%
Foot Problems	66	139	\$120,674	4.0%
Infectious Arthropathies	3	34	\$115,234	3.8%
Joint Disorders, Other	172	772	\$104,793	3.5%
Musculoskeletal, Aftercare	205	586	\$102,855	3.4%
Limb Pain	422	903	\$91,446	3.0%
Rheumatoid Arthritis	73	230	\$76,183	2.5%
Joint Derangement	55	115	\$66,513	2.2%
Connective Tissue Disorders	40	131	\$22,659	0.8%
Musculoskeletal Deformities, Other	10	16	\$6,150	0.2%
Muscle Disorders	3	5	\$771	0.0%
Aseptic Necrosis	1	1	\$719	0.0%
	----	----	\$3,019,578	100.0%

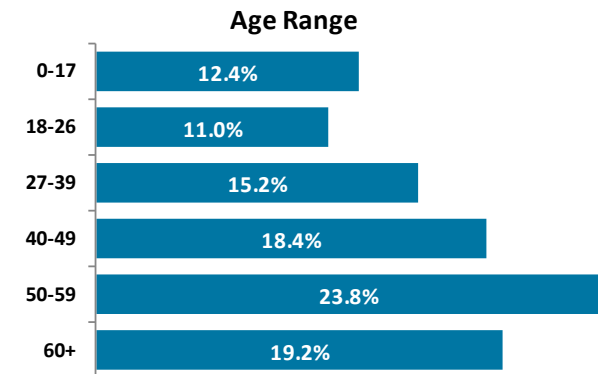
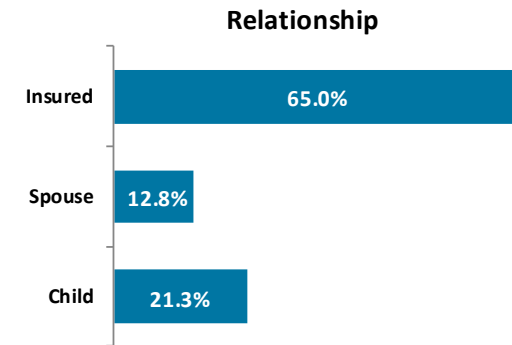
*Patient and claim counts are unique only within the category



Diagnosis Grouper – Gastrointestinal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Abdominal Disorders	596	1,410	\$449,413	16.2%
Hernias	72	223	\$360,844	13.0%
Gallbladder and Biliary Disease	57	256	\$298,285	10.7%
Hepatic Cirrhosis	19	62	\$283,517	10.2%
GI Disorders, Other	295	642	\$245,002	8.8%
Upper GI Disorders	312	638	\$185,267	6.7%
Appendicitis	20	89	\$168,324	6.0%
Inflammatory Bowel Disease	42	153	\$163,102	5.9%
Pancreatic Disorders	14	78	\$150,679	5.4%
Diverticulitis	25	75	\$144,267	5.2%
GI Symptoms	319	611	\$143,177	5.1%
Liver Diseases	122	260	\$76,713	2.8%
Ostomies	11	69	\$37,952	1.4%
Peptic Ulcer/Related Disorders	13	36	\$30,436	1.1%
Hemorrhoids	46	74	\$26,716	1.0%
Esophageal Varices	1	2	\$18,866	0.7%
	----	----	\$2,782,562	100.0%

*Patient and claim counts are unique only within the category

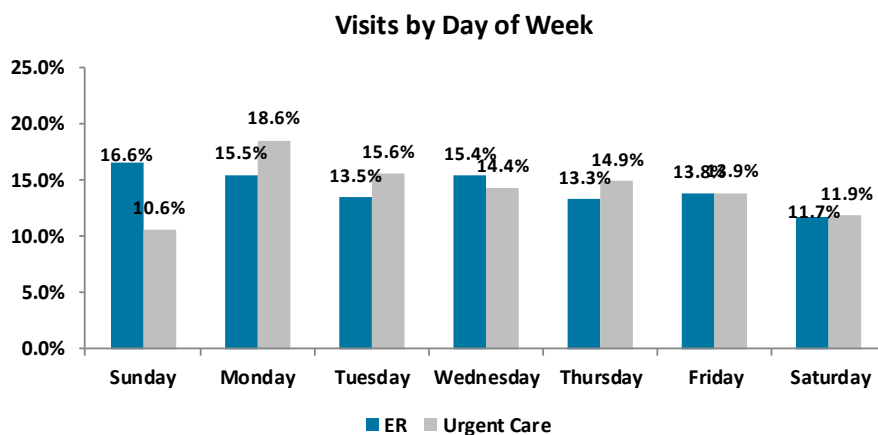


Emergency Room / Urgent Care Summary

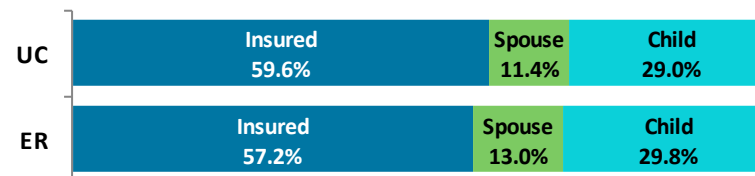
ER/Urgent Care	3Q20		3Q21		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,370	2,797	946	1,771		
Visits Per Member	0.21	0.42	0.15	0.27	0.17	0.24
Visits/1000 Members	207	424	147	275	174	242
Avg Paid Per Visit	\$2,528	\$139	\$2,416	\$151	\$1,684	\$74
% with OV*	89.4%	87.2%	91.5%	87.1%		
% Avoidable	12.8%	42.5%	8.5%	29.0%		
Total Member Paid	\$551,724	\$134,810	\$367,360	\$70,998		
Total Plan Paid	\$3,463,473	\$388,721	\$2,285,654	\$267,775		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized



% of Paid

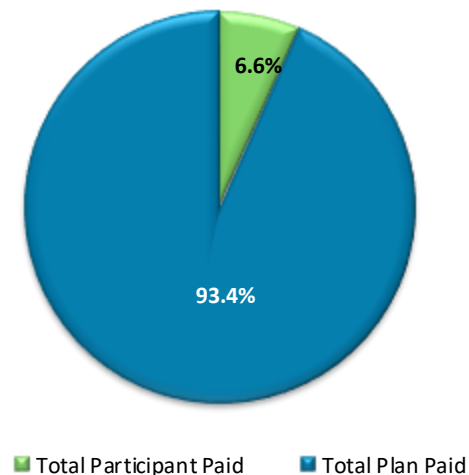
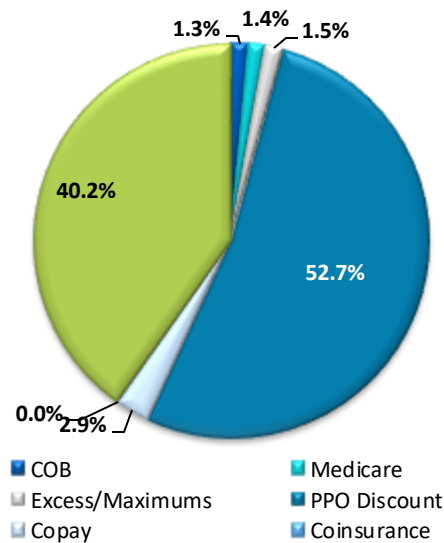


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	541	116	639	137	1,056	226
Spouse	123	133	132	142	202	218
Child	282	94	320	107	513	172
Total	946	110	1,091	127	1,771	206

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$96,032,852	\$2,285	100.0%
COB	\$1,288,119	\$31	1.3%
Medicare	\$1,332,183	\$32	1.4%
Excess/Maximums	\$1,481,041	\$35	1.5%
PPO Discount	\$51,134,317	\$1,216	53.2%
Copay	\$2,770,783	\$66	2.9%
Coinsurance	\$0	\$0	0.0%
Total Participant Paid	\$2,770,783	\$66	2.9%
Total Plan Paid	\$38,982,237	\$927	40.6%

Total Participant Paid - PY20	\$91
Total Plan Paid - PY20	\$874



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	572	550	22	96.2%
	<2 asthma related ER Visits in the last 6 months	572	572	0	100.0%
	No asthma related admit in last 12 months	572	572	0	100.0%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	95	91	4	95.8%
	Members with COPD who had an annual spirometry test	95	21	74	22.1%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	3	3	0	100.0%
	No ER Visit for Heart Failure in last 90 days	58	56	2	96.6%
	Follow-up OV within 4 weeks of discharge from HF admission	3	2	1	66.7%
Diabetes	Annual office visit	595	584	11	98.2%
	Annual dilated eye exam	595	414	181	69.6%
	Annual foot exam	595	207	388	34.8%
	Annual HbA1c test done	595	488	107	82.0%
	Diabetes Annual lipid profile	595	462	133	77.6%
	Annual microalbumin urine screen	595	409	186	68.7%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,315	1,026	289	78.0%
Hypertension	Annual lipid profile	1,410	948	462	67.2%
	Annual serum creatinine test	1,379	1,109	270	80.4%
Wellness	Well Child Visit - 15 months	95	92	3	96.8%
	Routine office visit in last 6 months	8,501	5,980	2,521	70.3%
	Age 50 to 75 years with colorectal cancer screening	2,900	774	2,126	26.7%
	Women age 21-65 with recommended cervical cancer screening	3,085	2,197	888	71.2%
	Males age greater than 49 with PSA test in last 24 months	1,266	636	630	50.2%
	Routine exam in last 24 months	8,501	7,770	731	91.4%
	Women age 40 to 75 with a screening mammogram last 24 months	2,360	1,442	918	61.1%

All member counts represent members active at the end of the report period.
Quality Metrics are always calculated on an incurred basis.

Chronic Conditions Prevalence

A member is identified as having a chronic condition if any one of the following three conditions is met within a 24 month service date period:

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	126	1.48%	14.62	\$11,549
Asthma	619	7.28%	71.80	\$14,382
Atrial Fibrillation	90	1.06%	10.44	\$41,047
Blood Disorders	548	6.45%	63.56	\$25,073
CAD	174	2.05%	20.18	\$29,069
COPD	94	1.11%	10.90	\$36,709
Cancer	345	4.06%	40.02	\$25,083
Chronic Pain	409	4.81%	47.44	\$23,382
Congestive Heart Failure	58	0.68%	6.73	\$41,445
Demyelinating Diseases	28	0.33%	3.25	\$43,817
Depression	905	10.64%	104.97	\$12,124
Diabetes	626	7.36%	72.61	\$19,140
ESRD	10	0.12%	1.16	\$127,197
Eating Disorders	36	0.42%	4.18	\$19,713
HIV/AIDS	11	0.13%	1.28	\$30,290
Hyperlipidemia	1,339	15.75%	155.32	\$13,926
Hypertension	1,410	16.58%	163.55	\$15,126
Immune Disorders	40	0.47%	4.64	\$42,032
Inflammatory Bowel Disease	61	0.72%	7.08	\$32,460
Liver Diseases	213	2.51%	24.71	\$29,118
Morbid Obesity	352	4.14%	40.83	\$20,552
Osteoarthritis	471	5.54%	54.63	\$20,257
Peripheral Vascular Disease	49	0.58%	5.68	\$21,029
Rheumatoid Arthritis	77	0.91%	8.93	\$29,660

*For Diabetes only, one or more Rx claims can also be used to identify the condition.

Data Includes Medical and Pharmacy Based on 24 months incurred dates

Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
 - Inpatient Facility
 - Outpatient Facility
 - Physician
 - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
 - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
 - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
 - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
 - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of "Urgent Care".
 - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
 - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
 - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

**Public Employees' Benefits Program - RX Costs
PY 2021 - Quarter Ending March 31, 2021**

Express Scripts

3Q FY2021 EPO		3Q FY2020 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	8,590	8,790	(200)	-2.3%
Utilizing Member Count (Patients)	6,578	7,101	(523)	-7.4%
Percent Utilizing (Utilization)	76.6%	80.8%	(0)	-5.2%
Claim Summary				
Net Claims (Total Rx's)	127,521	132,013	(4,492)	-3.4%
Claims per Elig Member per Month (Claims PMPM)	1.65	1.67	(0.02)	-1.2%
Total Claims for Generic (Generic Rx)	109,207	113,798	(4,591.00)	-4.0%
Total Claims for Brand (Brand Rx)	18,314	18,215	99.00	0.5%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	2,032	2,186	(154.00)	-7.0%
Total Non-Specialty Claims	125,827	130,306	(4,479.00)	-3.4%
Total Specialty Claims	1,694	1,707	(13.00)	-0.8%
Generic % of Total Claims (GFR)	85.6%	86.2%	(0.01)	-0.7%
Generic Effective Rate (GCR)	98.2%	98.1%	0.00	0.1%
Mail Order Claims	14,593	13,062	1,531.00	11.7%
Mail Penetration Rate*	12.5%	11.0%	0.02	1.5%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$16,034,211.00	\$14,863,970.00	\$1,170,241.00	7.9%
Total Generic Gross Cost	\$2,521,187.00	\$2,577,642.00	(\$56,455.00)	-2.2%
Total Brand Gross Cost	\$13,513,023.00	\$12,286,328.00	\$1,226,695.00	10.0%
Total MSB Gross Cost	\$459,589.00	\$491,898.00	(\$32,309.00)	-6.6%
Total Ingredient Cost	\$15,957,651.00	\$14,796,914.00	\$1,160,737.00	7.8%
Total Dispensing Fee	\$72,532.00	\$63,838.00	\$8,694.00	13.6%
Total Other (e.g. tax)	\$4,028.00	\$3,217.00	\$811.00	25.2%
Avg Total Cost per Claim (Gross Cost/Rx)	\$125.74	\$112.59	\$13.14	11.7%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$23.09	\$22.65	\$0.44	1.9%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$737.85	\$674.52	\$63.33	9.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$226.18	\$225.02	\$1.16	0.5%
Member Cost Summary				
Total Member Cost	\$2,717,300.00	\$2,139,670.00	\$577,630.00	27.0%
Total Copay	\$2,717,300.00	\$2,139,670.00	\$577,630.00	27.0%
Total Deductible	\$0.00	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$21.31	\$16.21	\$5.10	31.5%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$21.31	\$16.21	\$5.10	31.5%
Avg Copay for Generic (Copay/Generic Rx)	\$7.34	\$7.19	\$0.15	2.1%
Avg Copay for Brand (Copay/Brand Rx)	\$104.60	\$72.53	\$32.07	44.2%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$29.55	\$28.78	\$0.77	2.7%
Net PMPM (Participant Cost PMPM)	\$35.15	\$27.05	\$8.10	30.0%
Copay % of Total Prescription Cost (Member Cost Share %)	16.9%	14.4%	2.6%	17.7%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$13,316,911.00	\$12,724,299.00	\$592,612.00	4.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$6,647,433.00	\$5,982,169.00	\$665,264.00	11.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,669,478.00	\$6,742,130.00	(\$72,652.00)	-1.1%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$104.43	\$96.39	\$8.04	8.3%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$15.74	\$15.46	\$0.28	1.8%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$633.26	\$601.99	\$31.27	5.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$196.62	\$196.24	\$0.38	0.2%
Net PMPM (Plan Cost PMPM)	\$172.25	\$160.84	\$11.41	7.1%
PMPM for Specialty Only (Specialty PMPM)	\$86.27	\$85.22	\$1.05	1.2%
PMPM without Specialty (Non-Specialty PMPM)	\$85.98	\$75.62	\$10.36	13.7%
Rebates (Q1-Q3 FY2021 actual)	\$3,073,495.44	\$2,827,614.74	\$245,880.70	8.7%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$132.50	\$125.10	\$7.40	5.9%
PMPM for Specialty Only (Specialty PMPM)	\$72.95	\$74.10	(\$1.15)	-1.6%
PMPM without Specialty (Non-Specialty PMPM)	\$60.03	\$50.45	\$9.58	19.0%

Appendix C

Index of Tables

Health Plan of Nevada –Utilization Review for PEBP July 1, 2020 – March 31, 2021

KEY PERFORMANCE INDICATORS

Demographic Overview	2
Utilization Highlights.....	5
Clinical Drivers.....	8
High Cost Claimants.....	11

PRESCRIPTION DRUG COSTS

Prescription Drug Cost	7
------------------------------	---

Power Of Partnership.

State of
Nevada



Quarterly Health Plan Performance Review
Prepared for: PEBP

Claims Data:

Jul. 1, 2020 – Mar. 31, 2021 – Current

Jul. 1, 2019 – Mar. 31, 2020 – Prior

**Paid through April 2021 – *30 Day run out*



Key Performance Indicators
Includes Demographics And
Financials

39 years experience caring for Nevadans and their families



**Member Centered
Solutions**



**Access to
Southwest
Medical/OptumCare**



**Cost Structure
& Network
Strength**



**Local Service
& Wellness
Resources**



**On-Site Hospital
Case Managers**

Our Care Delivery Assets in Nevada

- ✓ 45 OptumCare locations and expanding
- ✓ Over 450 providers practicing evidence-based medicine
- ✓ 6 high acuity urgent cares with home waiting room option
- ✓ Patient portal with e-visit capabilities
- ✓ Robust integrated EMR
- ✓ Access to schedule, renew script and view test results
- ✓ 7 convenient care walk-in locations
- ✓ 2 ambulatory surgery centers
- ✓ 55,000 sq ft state-of-the-art cancer center
- ✓ Saturday appointments with primary care

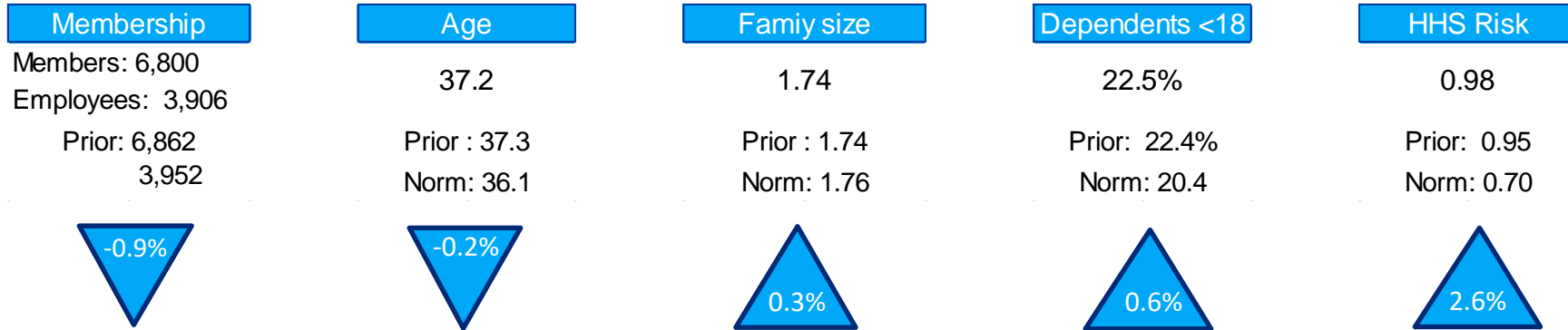
Enhancements Made for Your Members

- ✓ NowClinic and Walgreens now offering same-day medication delivery
- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Launched new HPN App
- ✓ Continued expansion of specialty network
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits
- ✓ Pilot on continuous glucose monitoring for diabetics to improve outcomes and management of medication
- ✓ NV Orthopedic and Spine Center's Fast Track Clinic for patients with acute injuries

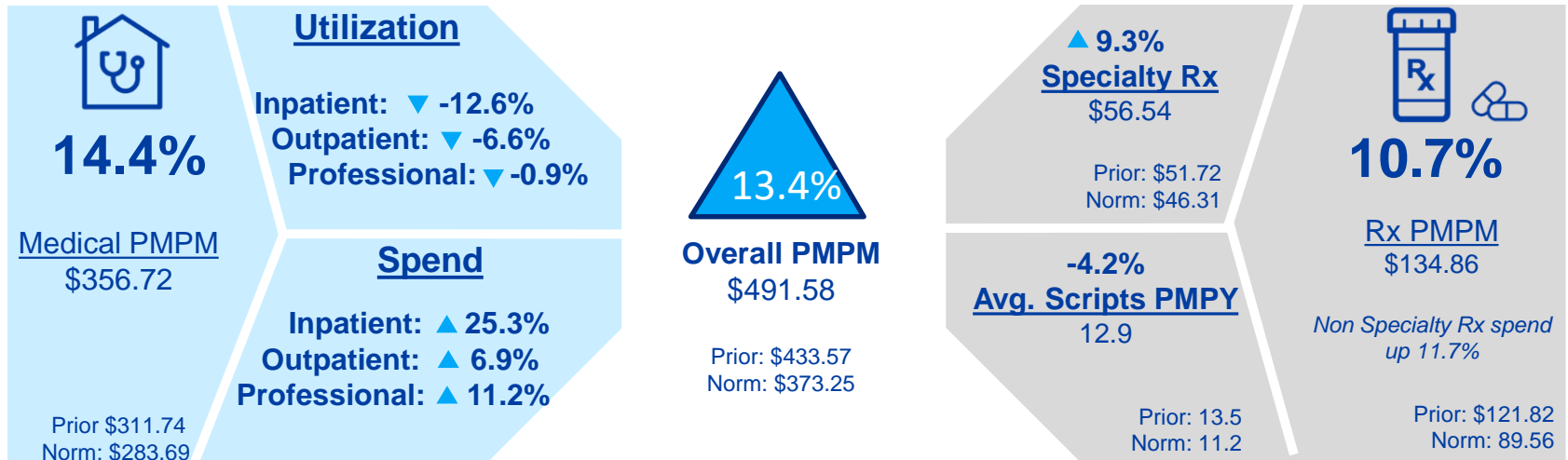
Demographic and Financial Overview



Demographics



Medical and Rx Spend





Medical and Rx Plan Experience
What Happened

Highlights of Utilization



Utilization Metric	Prior	Current	Δ
Physician Office Visits PMPY	1.8	1.7	-5.6%
Specialist Office Visits PMPY	3.5	3.0	-14.3%
ER Visits per K	88.9	70.9	-20.2%
Urgent Care Visits per K	474.8	365.1	-23.1%
OutPatient Surgery			
ASC	98.2	70.7	-28.0%
Facility	29.9	27.9	-6.5%
Inpatient Utilization			
Admissions Per K	48.0	47.7	-0.6%
Bed Days Per K	229.6	280.0	22.0%
Average Length of Stay	4.8	5.9	22.7%
On Demand			
Now Clinic Visits	544	737	35.5%
TAN Calls	459	676	47.3%

*Not representative of all Utilization

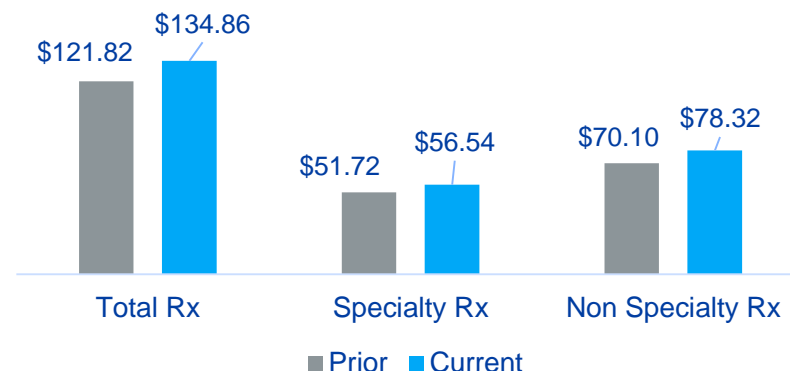
Utilization Highlights

- PCP & Specialist Utilization decreased YOY
 - Decreased utilization across book of business during pandemic
- **76.8%** of the population engaged with their PCP
- ER Dropped **-20.2%**
- Urgent Care utilization also decreased **-23.1%**.
- Know Where to Go... Good appropriation of use with conditions being treated in Urgent Care as an alternate to ER.
- High Utilization at ASC but down - **28.0%** in current period, but well above OP surgeries at facility settings.
- IP Utilization stayed flat from prior period, but more complex cases and longer lengths of stay increased spend

Pharmacy Spend and Utilization

	Prior	Current	Δ	Peer
Enrolled Members	6,862	6,800	-0.9%	
Average Prescriptions PMPY	13.5	12.9	-4.2%	11.2
Generic Use Rate	87.1%	85.6%	-1.7%	85.6%
Generic Substitution Rate	97.1%	97.2%	0.1%	96.9%
Employee Cost Share PMPM	\$19.38	\$22.47	15.9%	\$13.51
Avg Net Paid per Prescription	\$81.31	\$93.94	15.5%	\$95.93
Net Paid PMPM	\$121.82	\$134.86	10.7%	\$89.56

Rx Spend by Benefits and Specialty Type

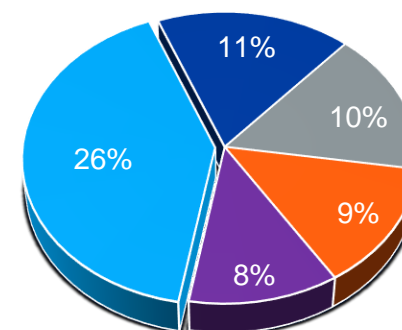


Pharmacy PMPM trend is 10.7%

- Rx spend is up **10.7%** (**\$13.03**) from prior period, below peer
- Avg. paid per Script increased **15.5%** year over year
- Specialty Rx spend increased **9.3%** from prior period
 - Specialty Rx Drivers:
 - Humira Pen (Analgesics, Arthritis), Stelara (Dermatological, Arthritis), Aubagio (Psychotherapeutic, MS)
- Consistent with market trends; diabetic compliance on the rise
Antidiabetic Rx Spend increased **12.4%**, utilization remained relatively flat YOY
- Tier 1 Rx Utilization accounts for **80.3%** of total Rx, but only accounts for **10.8%** of Total Rx Spend
- Tier 2 Rx Utilization increased **15.0%** YOY
 - Spend increased **14.3%**

Top 5 Therapeutic Classes by Spend

- Antidiabetics
- Analgesics
- Antineoplastics
- Antivirals
- Dermatologicals



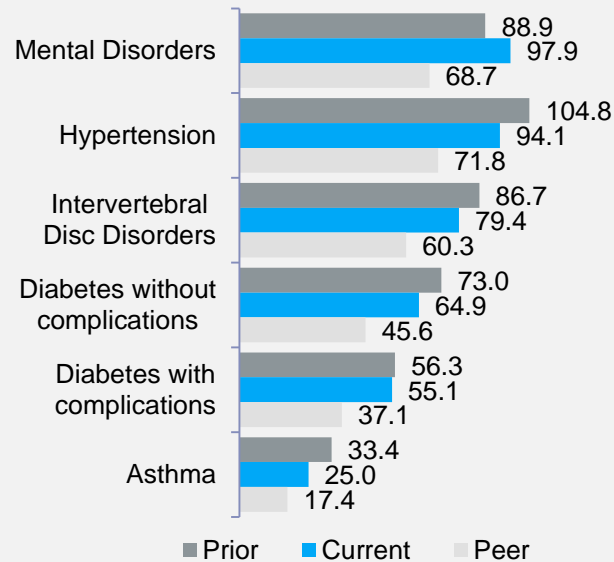


Condition Prevalence
Clinical Drivers

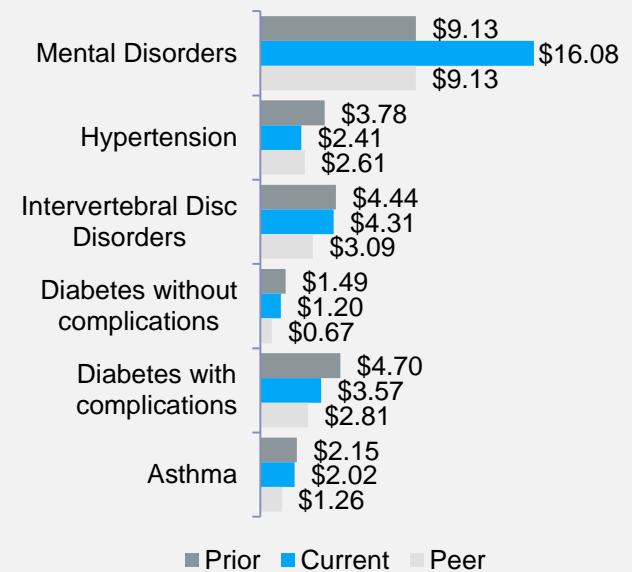
Clinical Conditions and Diagnosis



Top Common Conditions by Prevalence



Common Conditions by PMPM



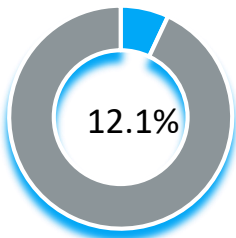
- Mental Disorders, Hypertension and Intervertebral Disc Disorder are the most prevalent clinical conditions within this population
- Mental Disorder Spend increased 76.0% from prior period. Prevalence also increased 0.2%
- Mental Disorder Spend driven by Autism (60% of Spend) and Anxiety Disorders
- Diabetes with and without complications had a slight drop in prevalence and spend from the prior period

Chronic Condition Cost Drivers

87% Of medical spend driven by members with these 4 Chronic Conditions and overall 97%+ engaged with PCP

Asthma

6.1% of Members



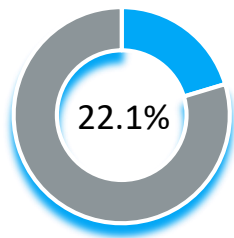
- Condition Paid
- Total Medical Paid

Average paid Per Claimant
\$9,128

Member Engagement
96.3%

Cancer

13.1% of Members



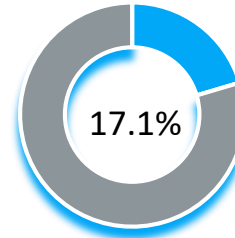
- Condition Paid
- Total Medical Paid

Average paid Per Claimant
\$10,364

Member Engagement
99.1%

Cardio Hypertension

11.6% of Members



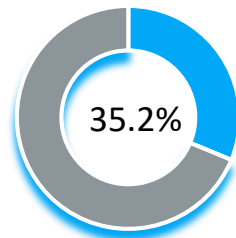
- Condition Paid
- Total Medical Paid

Average paid Per Claimant
\$9,090

Member Engagement
97.2%

Diabetes

20.7% of Members



- Condition Paid
- Total Medical Paid

Average paid Per Claimant
\$8,601

Member Engagement
94.6%

*Chronic Condition Data as of 2021-04



Catastrophic Cases
High Cost Claimants

Catastrophic Cases Summary (>\$50k)



9.0 Catastrophic Cases Per 1000

Prior: **7.2** ▲ 24.9%

66 Individuals (55 Prior)
.90% of the population



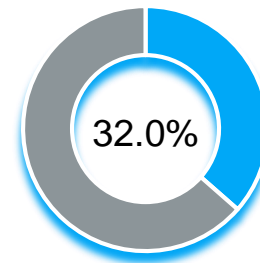
\$109,164
Average Paid Per Case

Prior: \$98,168 ▲ 11.2%

Avg. Med Cost \$105,991
Avg. Rx Cost: \$3,173

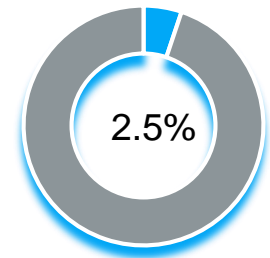
% Paid Attributed to Catastrophic Cases

Medical



■ HCC ■ Non HCC

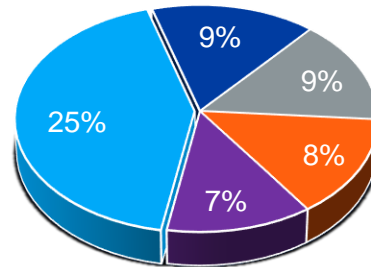
Pharmacy



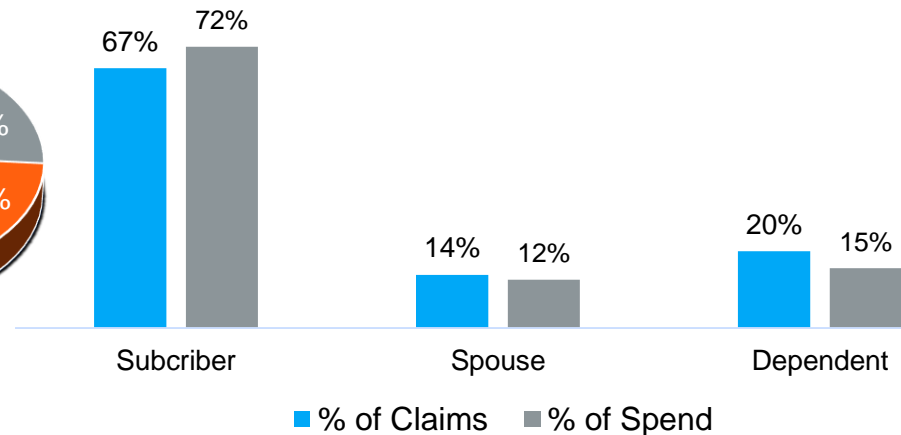
■ HCC Rx ■ Non HCC Rx

Top 5 AHRQ Chapter Conditions by Spend

- Neoplasms
- Diseases of the circulatory system
- ill-defined conditions influencing health status
- Infectious and parasitic diseases
- Injury and poisoning



High Cost Utilization and Spend by Relationship



4.3

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2021:

- 4.3.1 HealthSCOPE Benefits – Obesity Care Management
- 4.3.2 HealthSCOPE Benefits – Diabetes Care Management
- 4.3.3 American Health Holdings – Utilization and Large Case Management
- 4.3.4 The Standard Insurance – Basic Life and Long-Term Disability Insurance
- 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report Q3 2021
- 4.3.6 Hometown Health Providers and Sierra Healthcare Options – PPO Network
- 4.3.7 HealthPlan of Nevada, Inc. – Southern HMO
- 4.3.8 Doctor on Demand Engagement Reports through March 2021

4.3.1

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2021:

4.3.1 HealthSCOPE Benefits – Obesity Care Management

HSB DATASCOPE™

Obesity Care Management Report

Nevada Public Employees' Benefits Program

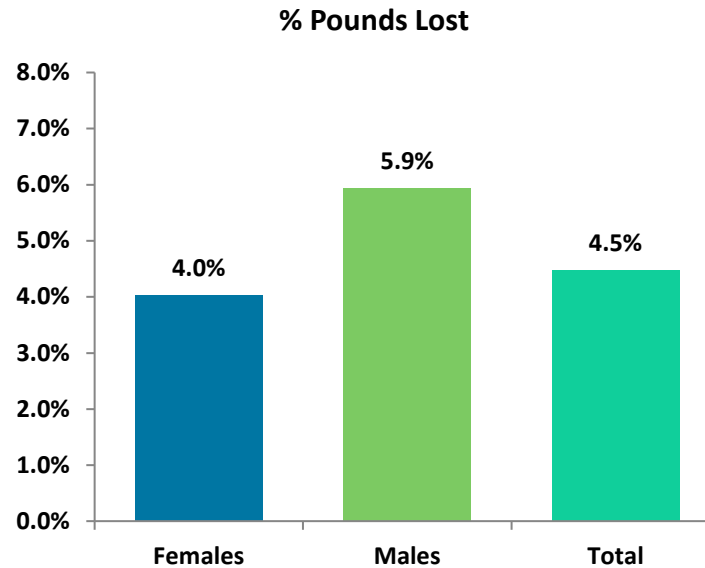
July 2020 – March 2021

Reimagine | Rediscover **Benefits**



Obesity Care Management Overview

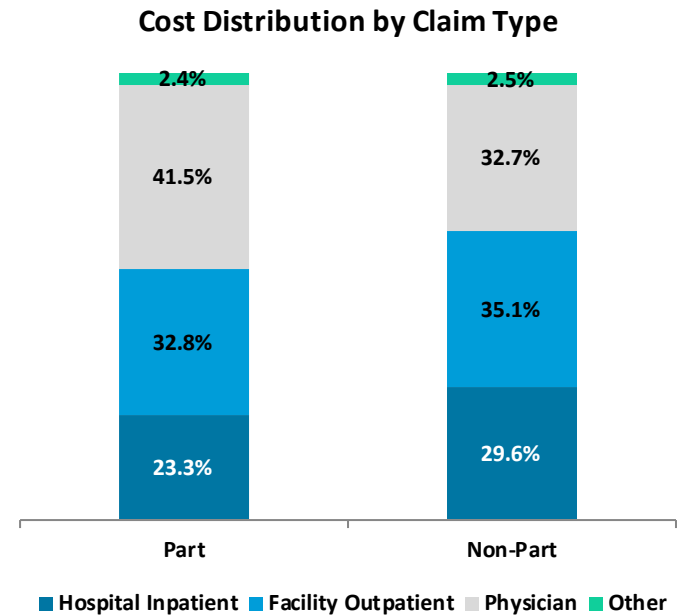
PEBP 3Q21			
Weight Management Summary	Females	Males	Total
# Mbrs Enrolled in Program	962	255	1,217
Average # Lbs. Lost	8.6	14.7	9.9
Total # Lbs. Lost	8,287.5	3,746.1	12,033.6
% Lbs. Lost	4.0%	5.9%	4.5%
Average Cost/ Member	\$4,729	\$5,679	\$4,928



*Non-participant is defined as a member with morbid obesity chronic condition flag, but is not enrolled in the Obesity Care Management Program

Obesity Care Management – Financial Summary

Summary	Participants	Non-Participants	Variance
Enrollment			
Avg # Employees	1,041	791	31.7%
Avg # Members	1,163	1,008	15.4%
Member/Employee Ratio	1.1	1.3	-12.5%
Financial Summary			
Gross Cost	\$5,936,205	\$12,608,601	
Client Paid	\$4,664,719	\$11,158,369	
Employee Paid	\$1,271,486	\$1,450,231	
Client Paid-PEPY	\$5,972	\$18,819	-68.3%
Client Paid-PMPY	\$5,347	\$14,760	-63.8%
Client Paid-PEPM	\$498	\$1,568	-68.2%
Client Paid-PMPM	\$446	\$1,230	-63.7%
High Cost Claimants (HCC's) > \$100k			
# of HCC's	4	19	
HCC's / 1,000	3.4	18.9	0.0%
Avg HCC Paid	\$199,860	\$212,041	0.0%
HCC's % of Plan Paid	17.1%	36.1%	0.0%
Cost Distribution - PMPY			
Hospital Inpatient	\$1,248	\$4,376	-71.5%
Facility Outpatient	\$1,752	\$5,184	-66.2%
Physician	\$2,217	\$4,832	-54.1%
Other	\$131	\$368	-64.4%
Total	\$5,347	\$14,760	-63.8%
	Annualized	Annualized	



*Non-participant is defined as a member with morbid obesity chronic condition flag, but is not enrolled in the Obesity Care Management Program

Obesity Care Management – Utilization Summary

Summary	Participants	Non-Participants	Variance
Inpatient Facility			
# of Admits	66	149	
# of Bed Days	510	870	
Paid Per Admit	\$18,866	\$22,618	-16.6%
Paid Per Day	\$2,441	\$3,874	-37.0%
Admits Per 1,000	76	197	-61.4%
Days Per 1,000	585	1151	-49.2%
Avg LOS	7.7	5.8	32.8%
# of Admits From ER	33	100	-67.0%
Physician Office			
OV Utilization per Member	10.0	8.9	12.4%
Avg Paid per OV	\$90	\$120	-25.0%
Avg OV Paid per Member	\$902	\$1,068	-15.5%
DX&L Utilization per Member	16.0	22.3	-28.3%
Avg Paid per DX&L	\$49	\$81	-39.5%
Avg DX&L Paid per Member	\$785	\$1,795	-56.3%
Emergency Room			
# of Visits	182	215	
Visits Per Member	0.21	0.28	-25.0%
Visits Per 1,000	209	284	-26.4%
Avg Paid per Visit	\$2,276	\$2,642	-13.9%
Urgent Care			
# of Visits	351	308	
Visits Per Member	0.4	0.41	-2.4%
Visits Per 1,000	402	407	-1.2%
Avg Paid per Visit	\$80	\$112	-28.6%
	Annualized	Annualized	

*Non-participant is defined as a member with morbid obesity chronic condition flag, but is not enrolled in the Obesity Care Management Program

4.3.2

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2021:

4.3.1 HealthSCOPE Benefits – Obesity Care Management

4.3.2 HealthSCOPE Benefits – Diabetes Care Management

HSB DATASCOPE™

Diabetes Care Management Report

Nevada Public Employees' Benefits Program

July 2020 – March 2021

Reimagine | Rediscover **Benefits**

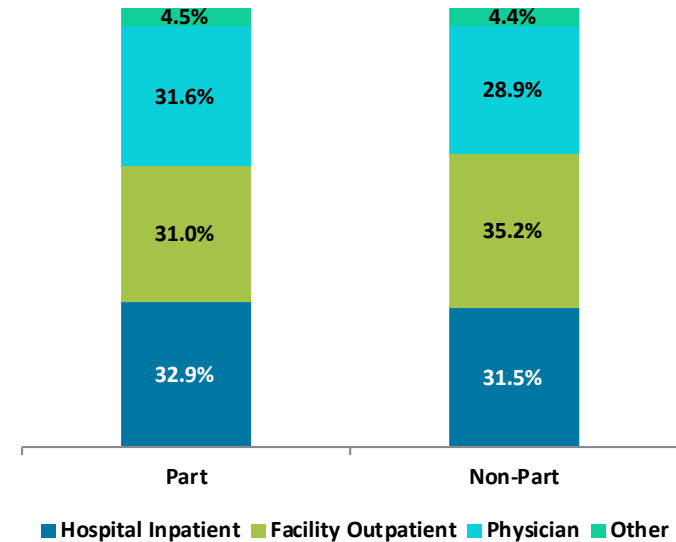


Diabetes Care Management – Financial Summary

*Non-Participant is defined as a member who has been diagnosed with diabetes, but is not enrolled in the program
 *Analysis based on active members

Summary	Participants	Non-Participants	Variance
Enrollment			
Avg # Employees	408	1,803	-77.4%
Avg # Members	589	2,277	-74.2%
Member/Employee Ratio	1.4	1.3	14.3%
Financial Summary			
Gross Cost	\$3,763,761	\$21,257,750	
Client Paid	\$3,042,555	\$18,389,642	
Employee Paid	\$721,206	\$2,868,108	
Client Paid-PEPY	\$9,954	\$13,603	-26.8%
Client Paid-PMPY	\$6,893	\$10,767	-36.0%
Client Paid-PEPM	\$829	\$1,134	-26.9%
Client Paid-PMPM	\$574	\$897	-36.0%
High Cost Claimants (HCC's) > \$100k			
# of HCC's	5	32	
HCC's / 1,000	8.5	14.1	0.0%
Avg HCC Paid	\$247,249	\$223,970	0.0%
HCC's % of Plan Paid	40.6%	39.0%	0.0%
Cost Distribution - PMPY			
Hospital Inpatient	\$2,270	\$3,395	-33.1%
Facility Outpatient	\$2,137	\$3,793	-43.7%
Physician	\$2,176	\$3,110	-30.0%
Other	\$309	\$469	-34.1%
Total	\$6,893	\$10,767	-36.0%
	Annualized	Annualized	

Cost Distribution by Claim Type



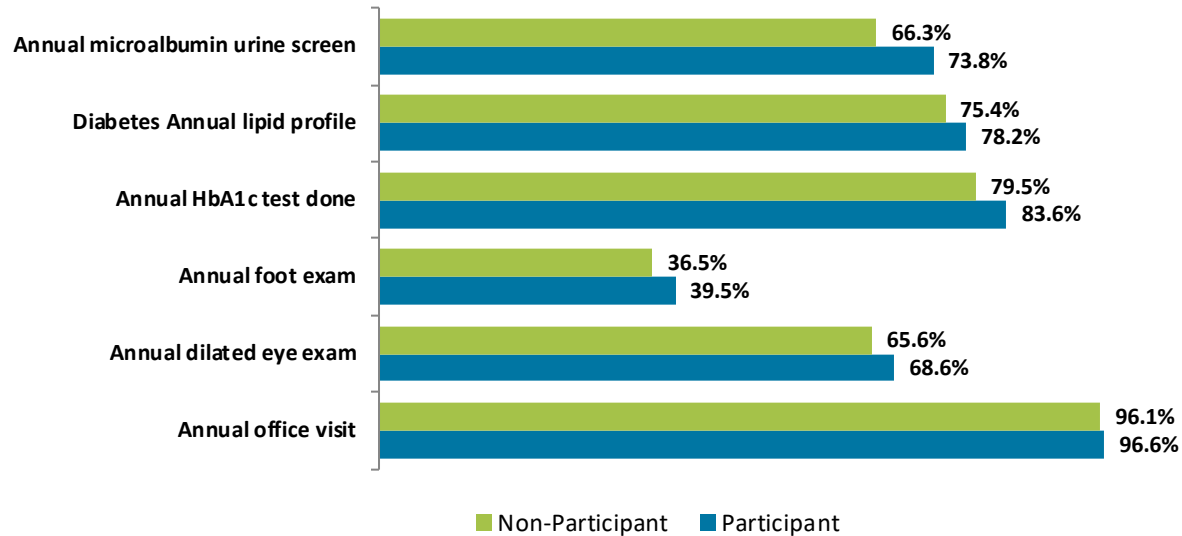
Diabetes Care Management – Utilization Summary

*Non-Participant is defined as a member who has been diagnosed with diabetes, but is not enrolled in the program
 *Analysis based on active members

Summary	Participants	Non-Participants	Variance
Inpatient Facility			
# of Admits	23	241	
# of Bed Days	173	1,847	
Paid Per Admit	\$46,381	\$29,135	59.2%
Paid Per Day	\$6,166	\$3,802	62.2%
Admits Per 1,000	52	141	-63.1%
Days Per 1,000	392	1,081	-63.7%
Avg LOS	7.5	7.7	-2.6%
# of Admits From ER	18	169	-89.3%
Physician Office			
OV Utilization per Member	6.9	8.1	-14.8%
Avg Paid per OV	\$76	\$88	-13.6%
Avg OV Paid per Member	\$520	\$714	-27.2%
DX&L Utilization per Member	16	21.7	-26.3%
Avg Paid per DX&L	\$47	\$60	-21.7%
Avg DX&L Paid per Member	\$747	\$1,293	-42.2%
Emergency Room			
# of Visits	62	395	
Visits Per Member	0.14	0.23	-39.1%
Visits Per 1,000	140	231	-39.4%
Avg Paid per Visit	\$2,212	\$2,594	-14.7%
Urgent Care			
# of Visits	95	548	
Visits Per Member	0.22	0.32	-31.3%
Visits Per 1,000	215	321	-33.0%
Avg Paid per Visit	\$72	\$107	-32.7%
	Annualized	Annualized	

Quality Metrics

Condition	Metric	Participant				Non-Participant			
		#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Diabetes	Annual office visit	408	394	14	96.6%	2,161	2,076	85	96.1%
	Annual dilated eye exam	408	280	128	68.6%	2,161	1,418	743	65.6%
	Annual foot exam	408	161	247	39.5%	2,161	788	1,373	36.5%
	Annual HbA1c test done	408	341	67	83.6%	2,161	1,717	444	79.5%
	Diabetes Annual lipid profile	408	319	89	78.2%	2,161	1,629	532	75.4%
	Annual microalbumin urine screen	408	301	107	73.8%	2,161	1,432	729	66.3%



All member counts represent members active at the end of the report period.
Quality Metrics are always calculated on an incurred basis.

4.3.3

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2021:

4.3.1 HealthSCOPE Benefits – Obesity Care Management

4.3.2 HealthSCOPE Benefits – Diabetes Care Management

4.3.3 American Health Holdings – Utilization and Large Case Management

Public Employees Benefit Program – State of Nevada

Medical Management Review
January 1, 2021 – March 31, 2021

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Summary

- Utilization Management
- Case Management
- Post-Discharge Counseling

Executive Overview

Overview

This presentation contains information for **Public Employees Benefit Program** and provides an overview of the **Utilization Management, Case Management, and Post-Discharge Counseling**.

All data included is as of **March 31, 2021** and covers the reporting period of **January 1, 2021 – March 31, 2021**; all tables and graphs reflect the reporting period unless expressly noted. When requested, prior period comparison details are provided and indicated on the associated graphs or charts.

Return on Investment – Year Over Year Comparison

- ▶ Summary of medical management savings and ROI
 - ▶ Utilization Management savings are achieved through medical necessity reviews of inpatient bed days and outpatient services
 - ▶ Case Management savings are estimated costs that would have been incurred to the plan, had we not intervened

October 1, 2020 - December 31, 2020			
	Fees	Estimated Savings	ROI
Utilization Management	\$195,233	\$2,059,708	10.5 to 1
Case Management	\$292,015	\$538,991	1.8 to 1
Total	\$487,248	\$2,598,699	5.3 to 1

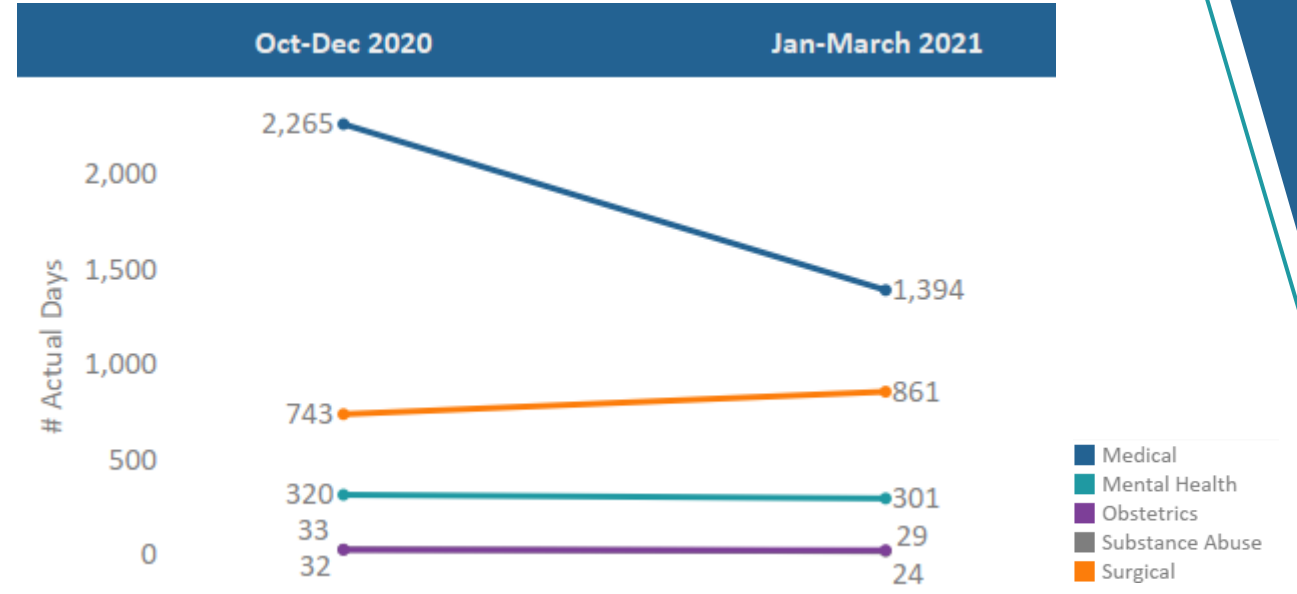
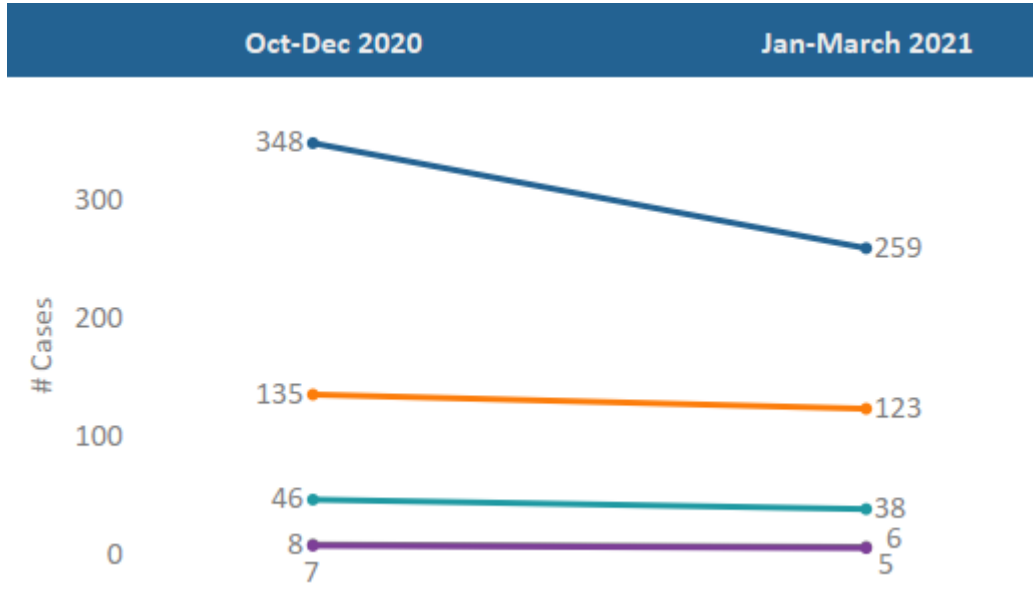
Utilization Management Breakout	
Inpatient Savings	\$1,612,418
Outpatient Savings	\$447,290

January 1, 2021 - March 31, 2021			
	Fees	Estimated Savings	ROI
Utilization Management	\$192,119	\$3,151,396	16.4 to 1
Case Management	\$287,357	\$690,145	2.4 to 1
Total	\$479,476	\$3,841,541	8.0 to 1

Utilization Management Breakout	
Inpatient Savings	\$1,392,721
Outpatient Savings	\$1,758,675

Utilization Management

Acute Inpatient Activity Summary



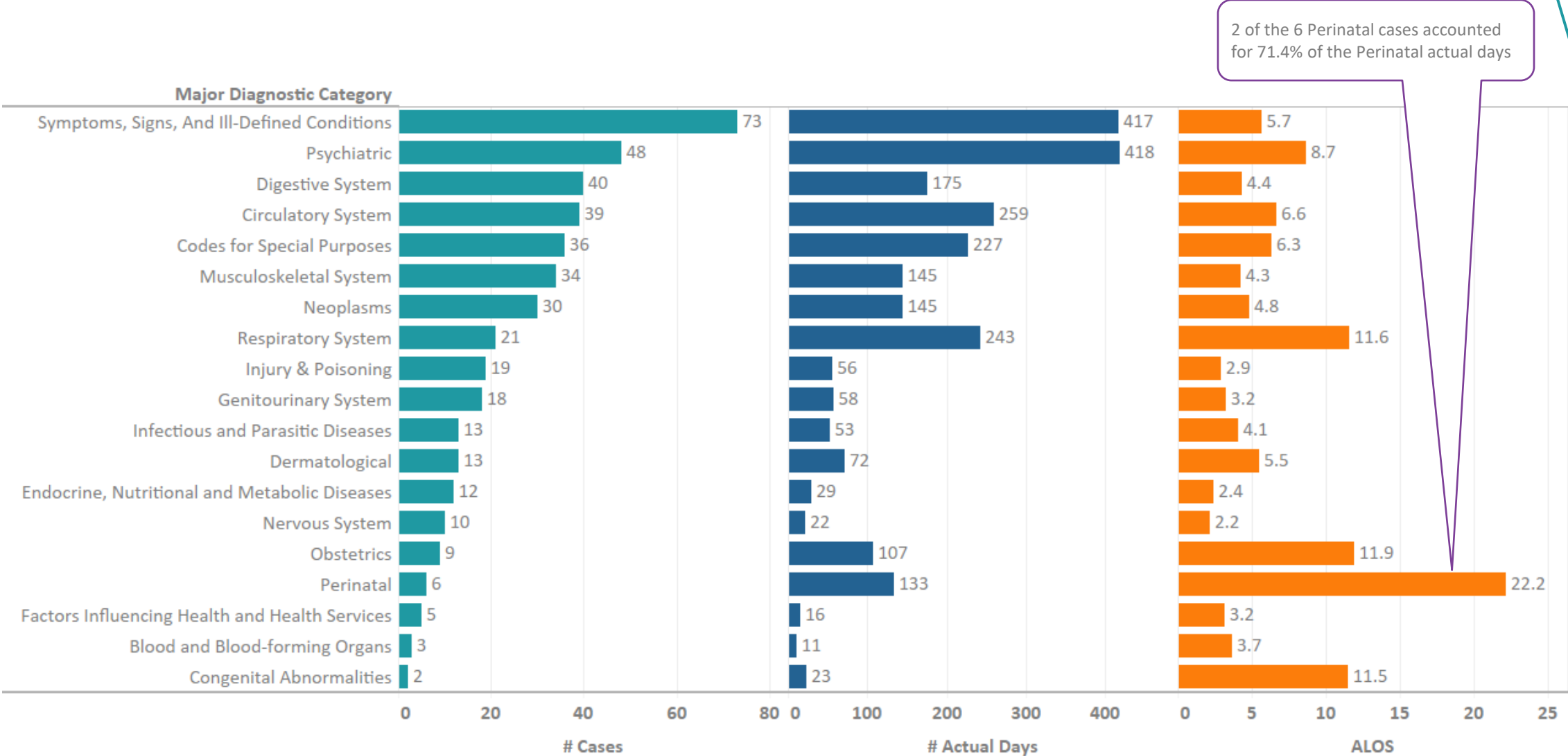
Symptoms, Signs, and Ill-Defined Conditions (318 days) followed by Codes for Special Purposes (199 days) represented the two largest diagnostic categories in Medical actual days

Utilization Review Process

Days Saved: 188
Estimated Savings: \$1,388,862

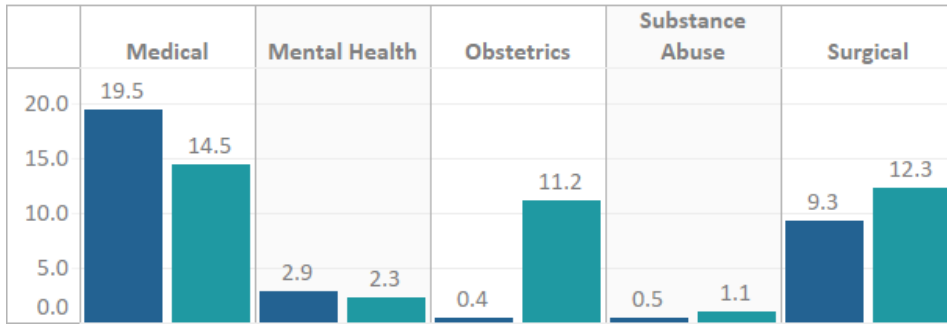
January 1, 2021 - March 31, 2021						
	Cases	Actual Days	Requested Days	Approved Days	Saved Days	Estimated Savings
Medical	259	1,394	1,404	1,306	98	\$603,516
Surgical	123	861	867	810	57	\$737,066
Mental Health	38	301	303	277	26	\$36,054
Substance Abuse	6	24	24	18	6	\$7,449
Obstetrics	5	29	30	29	1	\$4,776
Grand Total	431	2,609	2,628	2,440	188	\$1,388,862

Acute Inpatient – Case and Actual Days by Diagnostic Categories

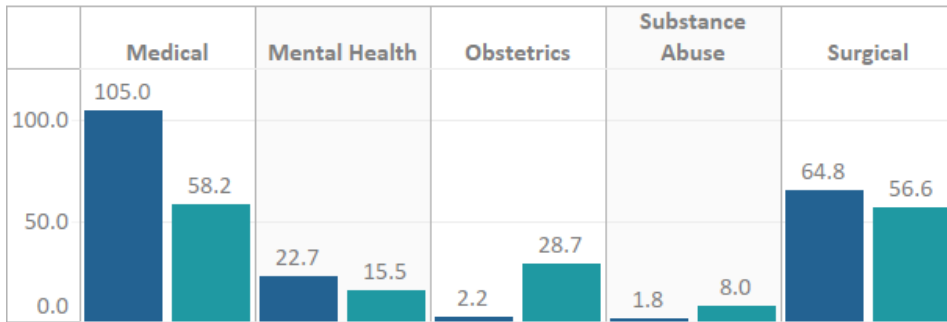


Acute Inpatient Activity – Utilization Benchmarks

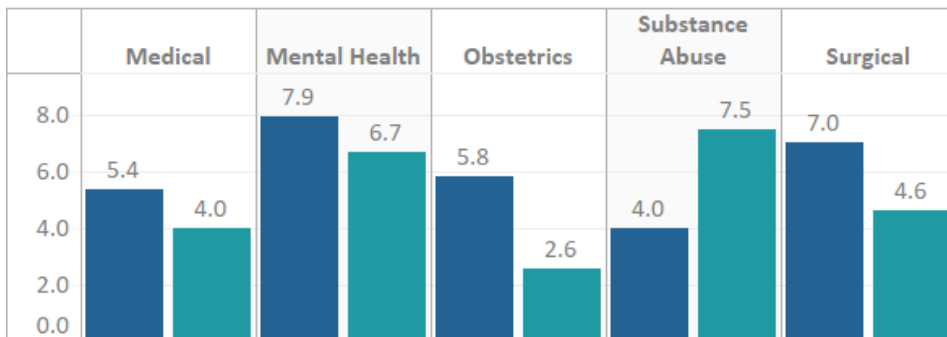
Admissions per 1,000



Days per 1,000



ALOS



Admissions per 1,000

- During the report period, all admissions per 1,000 were at or below the Milliman Benchmark except for Medical.
 - **26** medical members had **2 or more** inpatient admissions

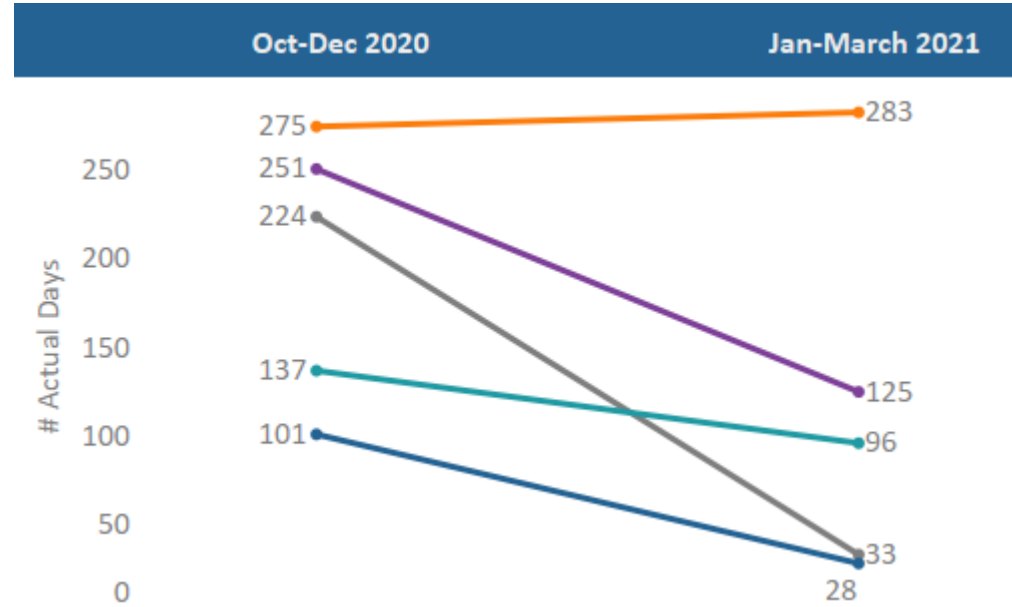
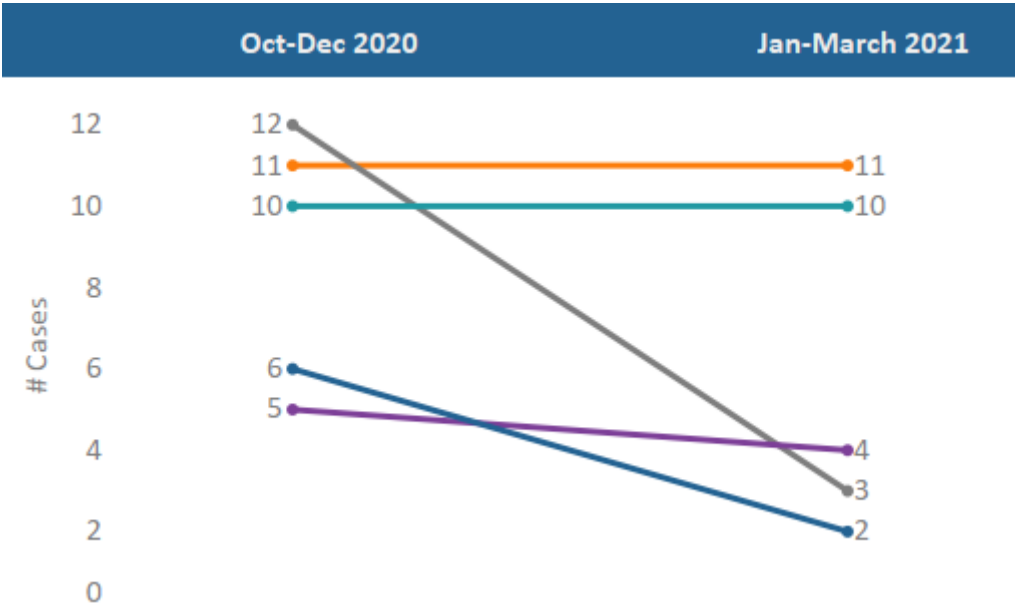
Days per 1,000

- During the report period, medical, mental health, and surgical acute inpatient days per 1,000 were above the Milliman benchmarks
 - **22** medical cases utilized **14 or more** days during the report period
 - **3** mental health cases utilized **21 or more** days during the report period
 - **1** surgical case utilized **88** days during the report period

Average Length of Stay

- During the report period, the average length of stay for medical, mental health, obstetrics, and surgical were above the Milliman benchmarks
 - **84** of the **259** medical cases were above the benchmark
 - **17** of the **38** mental health cases were above the benchmark
 - **3** of the **5** obstetrics cases were above the benchmark
 - **41** of the **123** surgical cases were above the benchmark

Non-Acute Inpatient Activity Summary



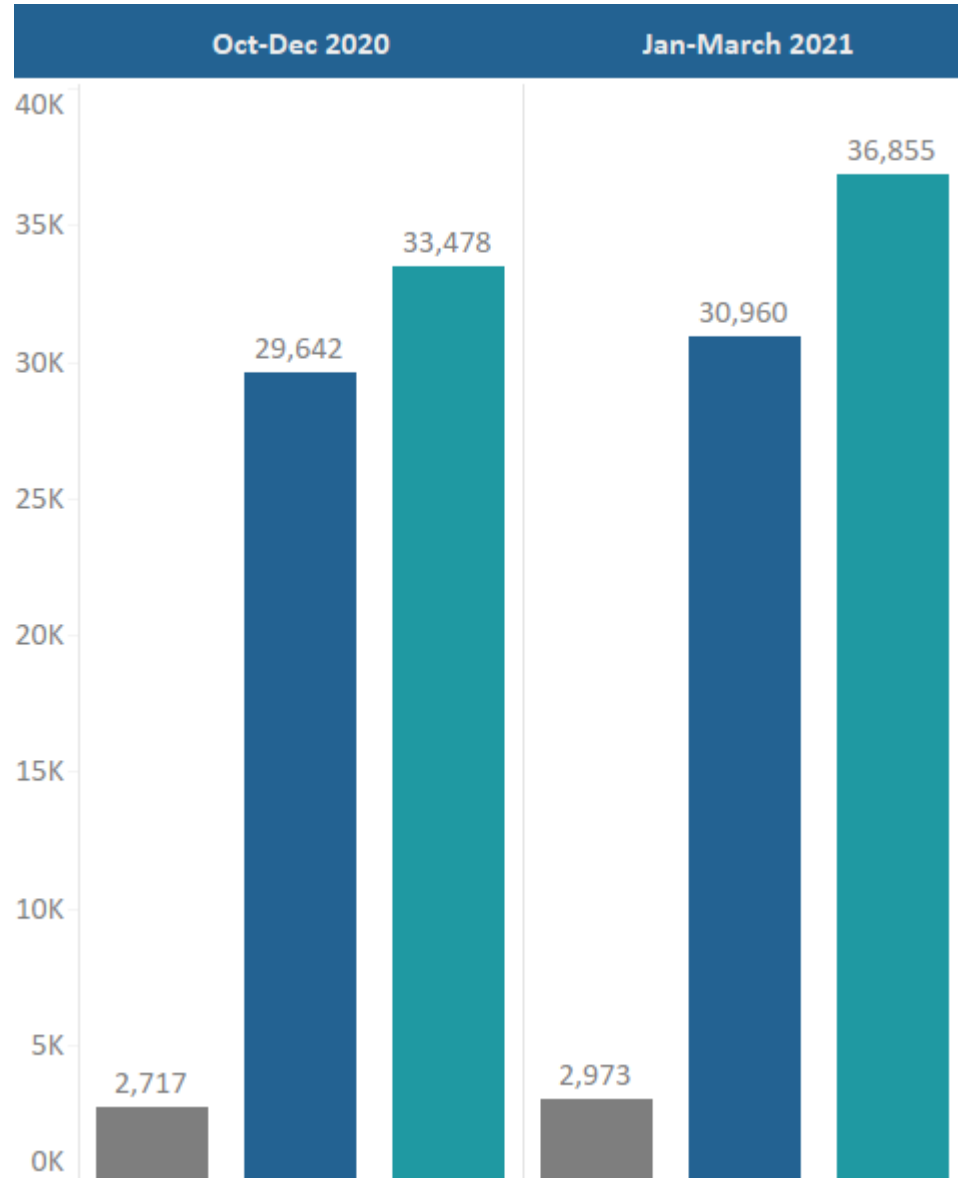
- Long Term Acute
- Medical Rehab
- Residential Mental Health
- Residential Substance Abuse
- Skilled Nsg Facility

Utilization Review Process

Days Saved: 1
Estimated Savings: \$3,859

January 1, 2021 - March 31, 2021						
	Cases	Actual Days	Requested Days	Approved Days	Saved Days	Estimated Savings
Skilled Nsg Facility	11	283	283	283	0	\$0
Medical Rehab	10	96	96	96	0	\$0
Residential Mental Health	4	125	125	125	0	\$0
Residential Substance Abuse	3	33	33	33	0	\$0
Long Term Acute	2	28	28	27	1	\$3,859
Grand Total	30	565	565	564	1	\$3,859

Outpatient Activity Summary



January 1, 2021 - March 31, 2021					
Outpatient Setting	# Cases	# Units Requested	# Units Approved	# Units Saved	Outpatient Savings
Diagnostic Test	1,782	2,321	2,078	243	\$253,764
Surgery	591	1,078	1,055	23	\$34,245
DME	226	25,248	20,159	5,089	\$28,623
Med Treatment	225	4,570	4,233	337	\$1,400,286
Home Health	72	973	862	111	\$25,961
Home Infusion	33	1,392	1,386	6	\$0
MH/SA	26	419	409	10	\$0
PT/OT/ST	13	630	554	76	\$15,796
Home Enteral Feeding	3	93	93	0	\$0
Hospice Home	2	131	131	0	\$0
Grand Total	2,973	36,855	30,960	5,895	\$1,758,675

- # Cases
- # Units Approved
- # Units Requested

Utilization Review Process

Units Saved: 5,895
 Estimated Savings: \$1,758,675

Case Management Referrals from Utilization Management

A critical function of Utilization Management is to identify members who are in need of more extensive Case Management services. One procedure that fulfills this function is the trigger of Utilization Management cases that meet specific requirements to Case Management.



Inpatient Referrals					
	# Cases	# Cases Referred to CM	% Cases Referred to CM	# Referrals Accepted in CM	% Referrals Accepted in CM
Q1 2021	461	277	60.1%	191	69.0%

Outpatient Referrals					
	# Cases	# Cases Referred to CM	% Cases Referred to CM	# Referrals Accepted in CM	% Referrals Accepted in CM
Q1 2021	2,973	722	24.3%	21	2.9%

Case Management

Case Management Summary

The following tables illustrate overall case activity and total savings achieved for the report period

Total Case Management Savings

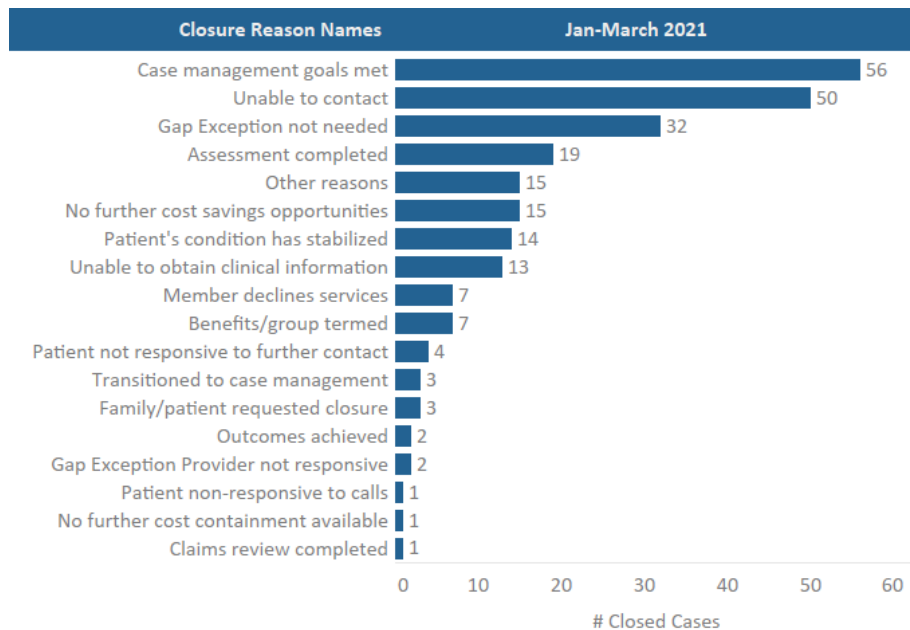
\$690,145

Average Savings per Case = \$1,721

Based on 401 cases in an open state between 01/01/2021 – 03/31/2021

Number of Cases

Case Activity	Oct-Dec 2020	Jan-March 2021
# Beginning Cases	180	193
# Opened Cases	213	208
# Closed Cases	200	218
# Ending Cases	193	183



Case Type	Jan-March 2021
Short Term CM	101
Continuing Care Coordination	90
Bariatric	48
Advocacy	48
Oncology	40
Medical Case Management	20
Psych/SA	17
Neonatology/Peds	16
Transplant	10
Rehabilitation	6
Maternity Case Management	3
Research and Review	2
Grand Total	401

Total number of closure reasons may be greater than the number of cases as cases may have more than one closure reason.

Case Management – Savings by Case Type

Case Type	Oct-Dec 2020	Jan-March 2021
Continuing Care Coordination	\$20,710	\$397,073
Oncology	\$259,375	\$228,057
Neonatology/Peds	\$29,486	\$39,852
Medical Case Management	\$16,792	\$14,808
Research and Review	\$0	\$10,355
Transplant	\$178,745	\$0
Maternity Case Management	\$12,868	\$0
Rehabilitation	\$11,435	\$0
Psych/SA	\$9,580	\$0
Grand Total	\$538,991	\$690,145


Case Management – Savings by Source

Savings Type	Case Type	Oct-Dec 2020	Jan-March 2021
Managed	Transition to Alternate Level of Care	\$12,694	\$213,389
	Averted Inpatient Admission	\$163,220	\$125,920
	Averted Medical Complications	\$37,502	\$80,881
	Averted Usage of Services	\$77,185	\$47,190
	Services Not Medically Necessary	\$80,000	\$34,793
	Steerage to Network Providers	\$0	\$31,979
	Days Saved via Intervention	\$20,710	\$31,065
	Services Reduced via Intervention	\$0	\$12,122
	Steerage to Transplant Network	\$147,200	\$0
	Alternative Payer Source Identified	\$480	\$0
Negotiated	Acute Care	\$0	\$107,806
	Transportation	\$0	\$5,000
Grand Total		\$538,991	\$690,145

Post-Discharge Counseling

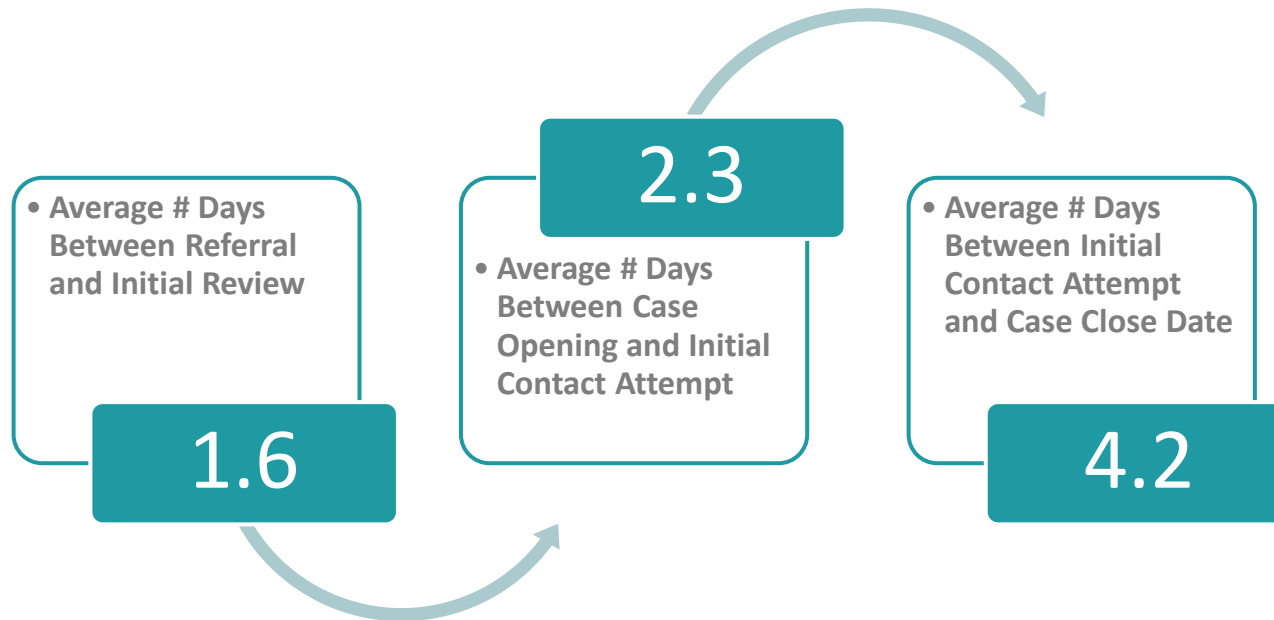
Post-Discharge Counseling – Participation Summary

Program Metric	January 1, 2021 – March 31, 2021	AHH BOB
# Cases Identified	230	AHH BOB Percent of Cases with Successful Outreach
# Participating Cases	63	
% of Cases with Successful Outreach	27.4%	51.5%



Post-Discharge Counseling – Turnaround Time

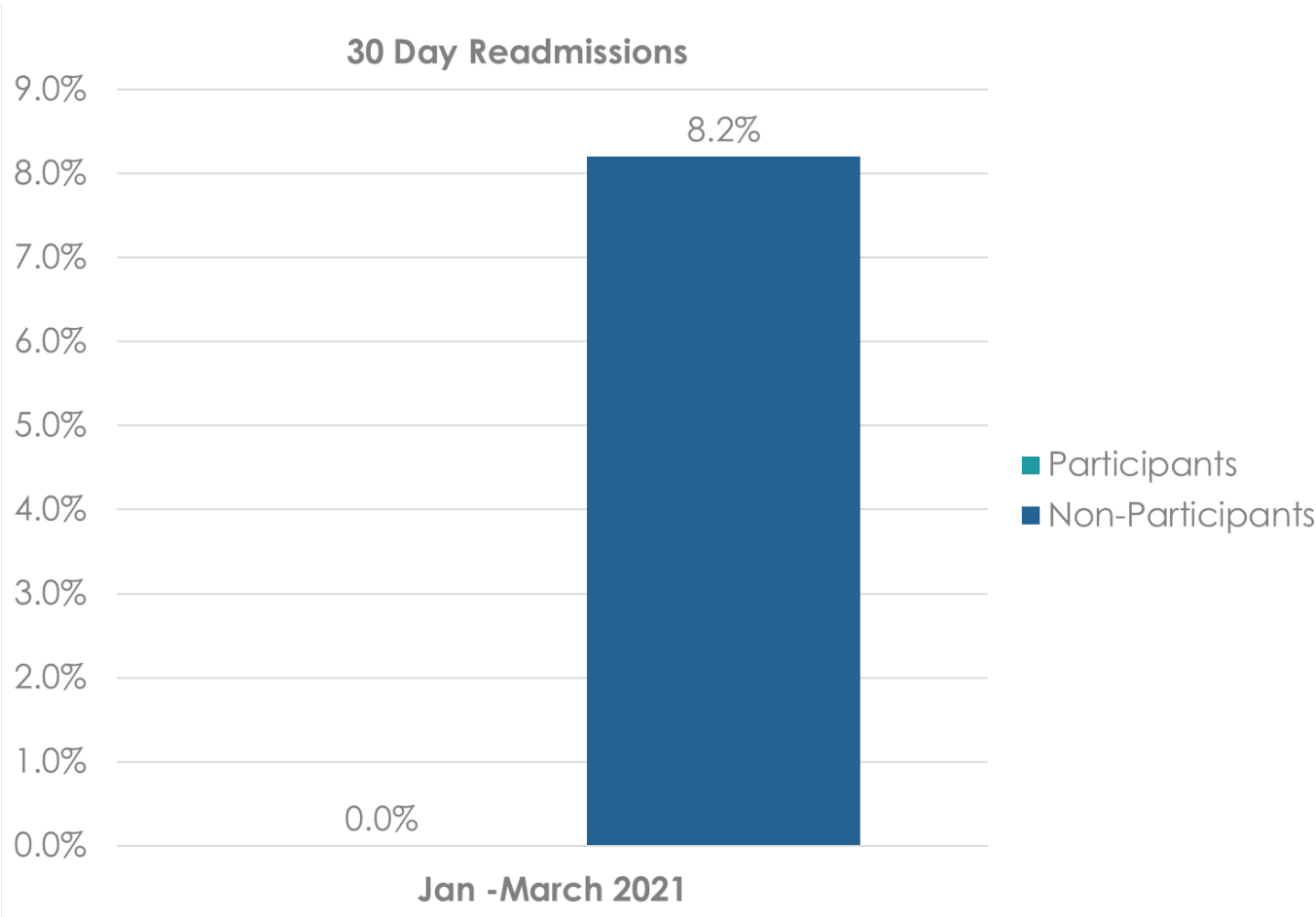
Below is a summary of the average turnaround times for the Post-Discharge Counseling program. Following a referral to the Post-Discharge Counseling program, the CMC will complete an initial review of the case and determine if the case is appropriate for the program. Once the case is reviewed and deemed appropriate, the case will be referred to a case manager who will review the case and subsequently make an initial contact attempt.



*Note that the average number of days between a referral for the Post-Discharge Counseling program and the initial contact attempt was 7.6 days

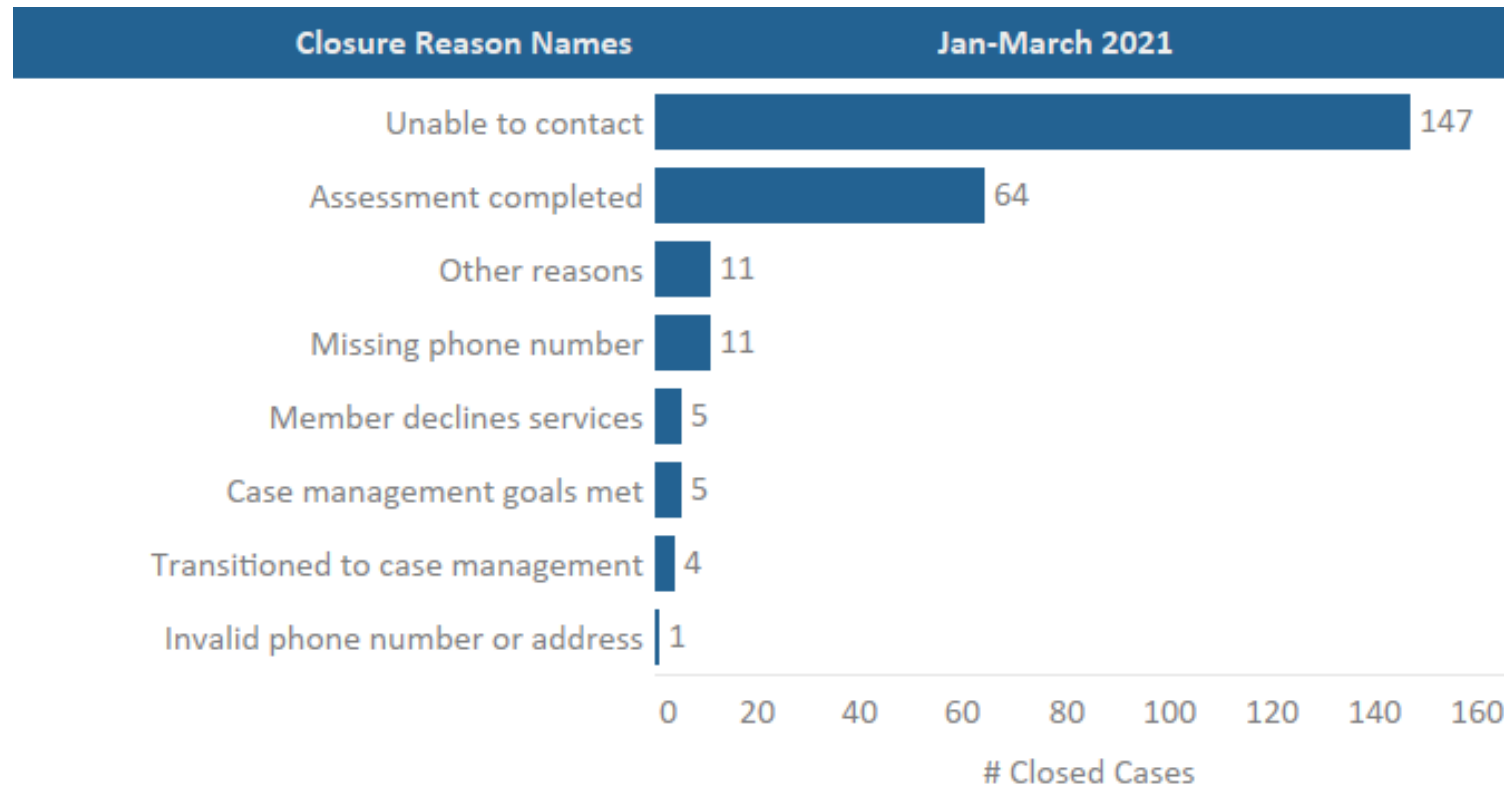
Post-Discharge Counseling – 30-Day Readmission Rate

There were zero (0) members with 30-day readmissions that participated in the Post-Discharge Counseling program during the report period. The 30-day readmission rates for participants in the program were below the rates for non-participation, illustrating the effectiveness of the Post-Discharge program.



Post-Discharge Counseling – Case Closure Reason

Post-Discharge Counseling cases are closed for a variety of reasons and a case may have more than one closure reason. The following graph presents the number of closed cases by closure reason during the report period.



4.3.4

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2021:

4.3.1 HealthSCOPE Benefits – Obesity Care Management

4.3.2 HealthSCOPE Benefits – Diabetes Care Management

4.3.3 American Health Holdings – Utilization and Large Case Management

4.3.4 The Standard Insurance – Basic Life and Long-Term Disability Insurance

The Standard

Quarterly Report: Basic Life
Insurance and Long Term
Disability:
Quarter Ending
March 31, 2021



Board Meeting Date: July 22, 2021

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Basic Life Insurance Claims by Diagnostic Category	Page 4
Basic Life Insurance Earned Premiums & Liability by Participant Type	Page 5
Basic Life Retiree Insurance Earned Premiums & Liability by Participant Type	Page 6
Long Term Disability Claims by Plan Year	Page 7
Long Term Disability Claims by Diagnostic Category	Page 7
Long Term Disability Earned Premiums & Liability	Page 8
Claim Appeals	Page 9

Board Meeting Date: July 22, 2021

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Basic Life Insurance & Long Term Disability Executive Summary

Most Recent Five Plan Years: July 01, 2016 to March 31, 2021

This is the third quarter report for the 2020-21 plan year, providing information for the period beginning July 1, 2016 and ending March 31, 2021.

Basic Life

At this point of the current plan year, Basic Life incidence (page 4) is up year-over-year for active members and for retirees. At this time last year, the overall incidence rate was 4.0 claims/1,000 lives; this year, it has increased to 5.4. From a loss ratio perspective (page 5), the loss ratio for active members is up from 26% last year to 33% this year. For retirees, the loss ratio is up, from 242% to 362%. Historically, the highest claim activity for PEBP is in the 3rd quarter of the plan year, and so far, the overall claim incidence is higher. We will see how the final quarter impacts results.

PEBP's life claims are very consistent year-over-year from a diagnosis standpoint (page 4) when compared to the rest of The Standard's public sector block. Incidence and liability continue to remain slightly higher than our block for Circulatory and Respiratory claims and lower for Cancer.

Long Term Disability

LTD claim incidence (page 7) is reported on an incurred basis, and claims are charged to the plan year in which a disability started. At this time last year, there were 11 new LTD claims for the 2019-20 plan year. For the 2020-21 plan year thus far, we have had 8 new claims incurred (down from the same time period last year). The 2019-20 total plan year resulted in 25 total claims, so we will see how the final quarter results end up.

LTD loss ratios (page 8) are reported on a cash basis, without regard for the incurred date. The loss ratio for the 2020-21 plan year is 16%, which is significantly lower than the loss ratio for this period last year of 115% and the entire 2019-20 plan year of 96%. The 16% loss ratio is much lower than each of the last 4 plan years as well, driven by a positive change in active claim reserves.

PEBP's LTD incidence for Circulatory and Cancer claims is higher than our block. Cancer liability is also close to 3 times higher than our public block. PEBP continues to have significantly better liability results for Musculoskeletal claims when compared to our block, by over 50%.

Board Meeting Date: July 22, 2021

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Basic Life Insurance Claims by Plan Year and Participant Type

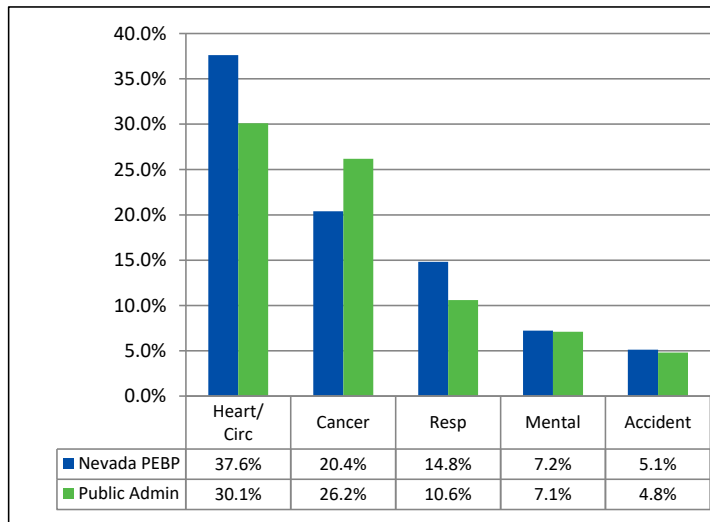
Most Recent Five Plan Years: July 01, 2016 to March 31, 2021

Participant Type	From Jul-16		From Jul-17		From Jul-18		From Jul-19		From Jul-20	
	Through Jun-17		Through Jun-18		Through Jun-19		Through Jun-20		Through Jun-21	
Participant Type	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000
Actives	51	2.0	41	1.6	47	1.8	47	1.7	39	1.5
Retirees	325	21.8	295	19.5	279	17.8	296	18.8	190	11.9
Totals	376	9.6	336	8.4	326	7.9	343	8.0	229	5.4

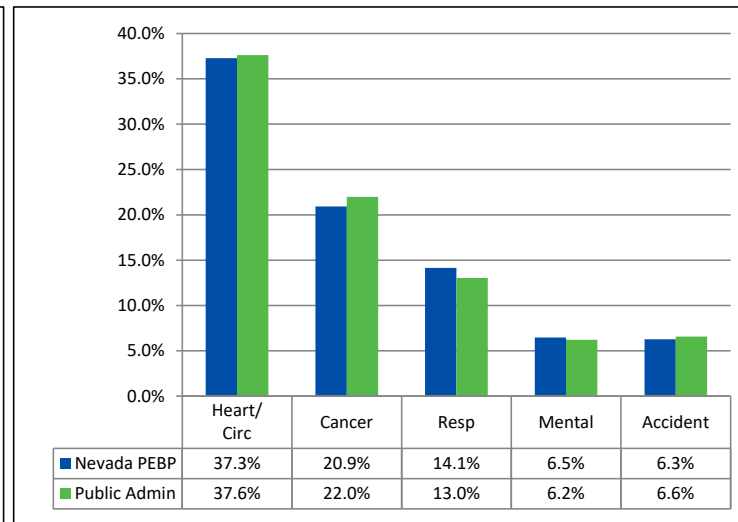
Basic Life Insurance Claims by Diagnostic Category

Public Admin benchmark is from SIC book of business for most recent 5 calendar years

Top Five Diagnostic Categories by Incidence



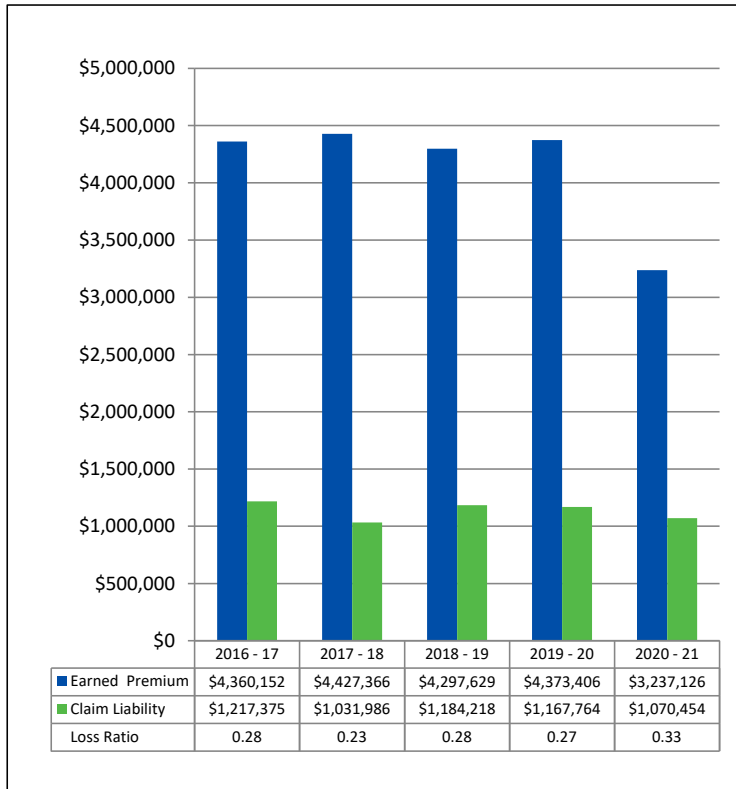
Top Five Diagnostic Categories by Liability



Basic Life Insurance Earned Premiums & Liability by Participant Type

Most Recent Five Plan Years: July 01, 2016 to March 31, 2021

Active Participants



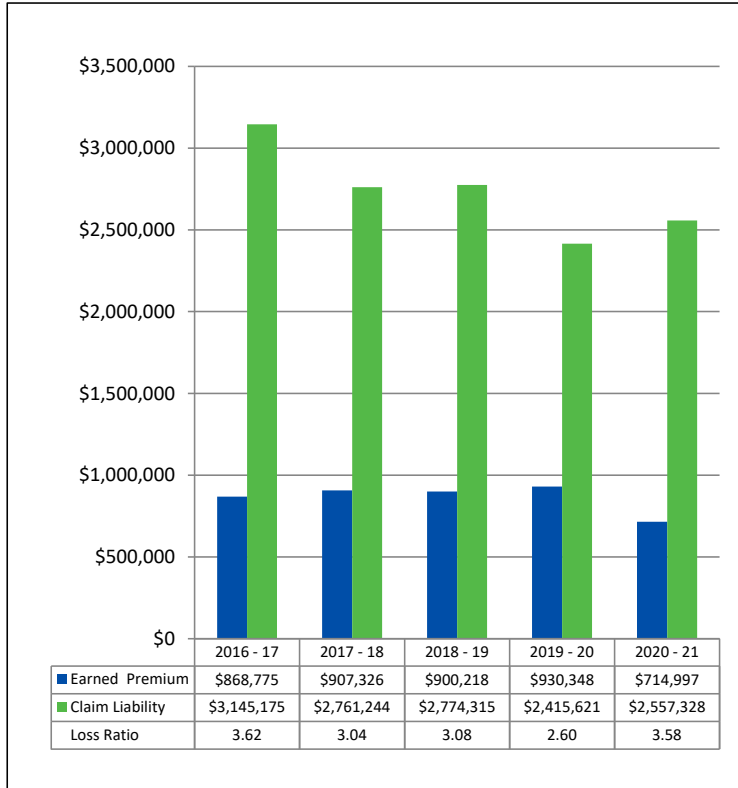
Retired Participants



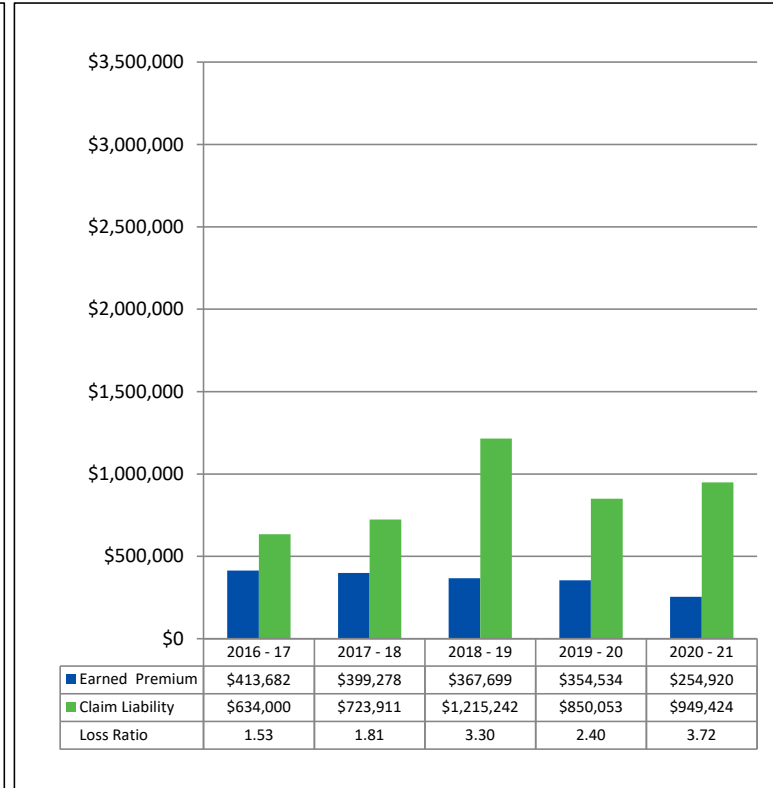
Basic Life Retiree Insurance Earned Premiums & Liability by Participant Type

Most Recent Five Plan Years: July 01, 2016 to March 31, 2021

State Retired Participants



Non-State Retired Participants



Long Term Disability Claims by Plan Year

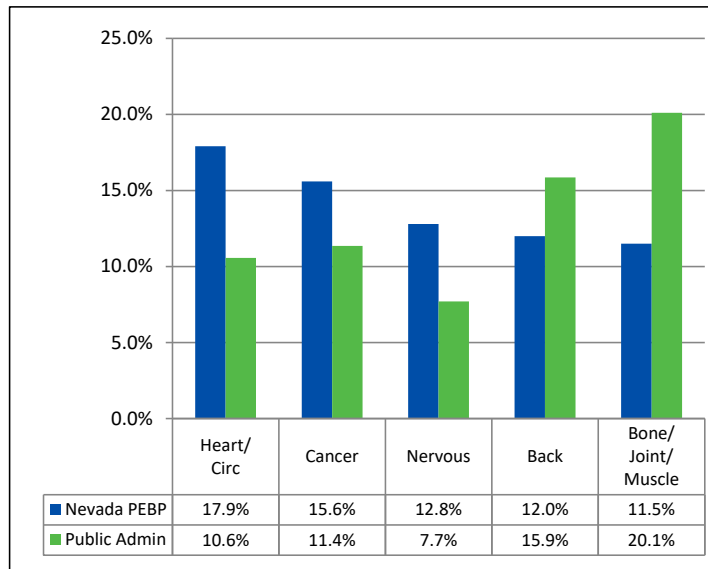
Most Recent Five Plan Years: July 01, 2016 to March 31, 2021

	From Jul-16		From Jul-17		From Jul-18		From Jul-19		From Jul-20	
	Through Jun-17		Through Jun-18		Through Jun-19		Through Jun-20		Through Jun-21	
	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000
LTD Claims	36	1.4	29	1.1	26	1.0	25	0.9	8	0.3

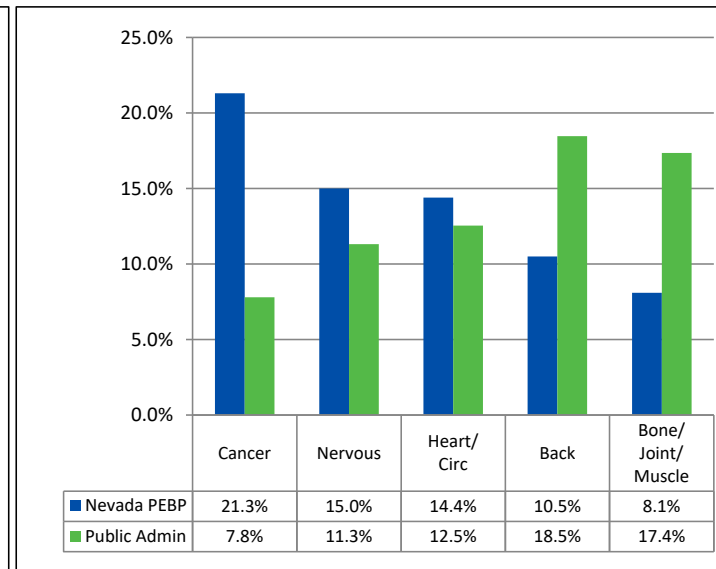
Long Term Disability Claims by Diagnostic Category

Public Admin benchmark is from SIC book of business for most recent 5 calendar years

Top Five Diagnostic Categories by Incidence

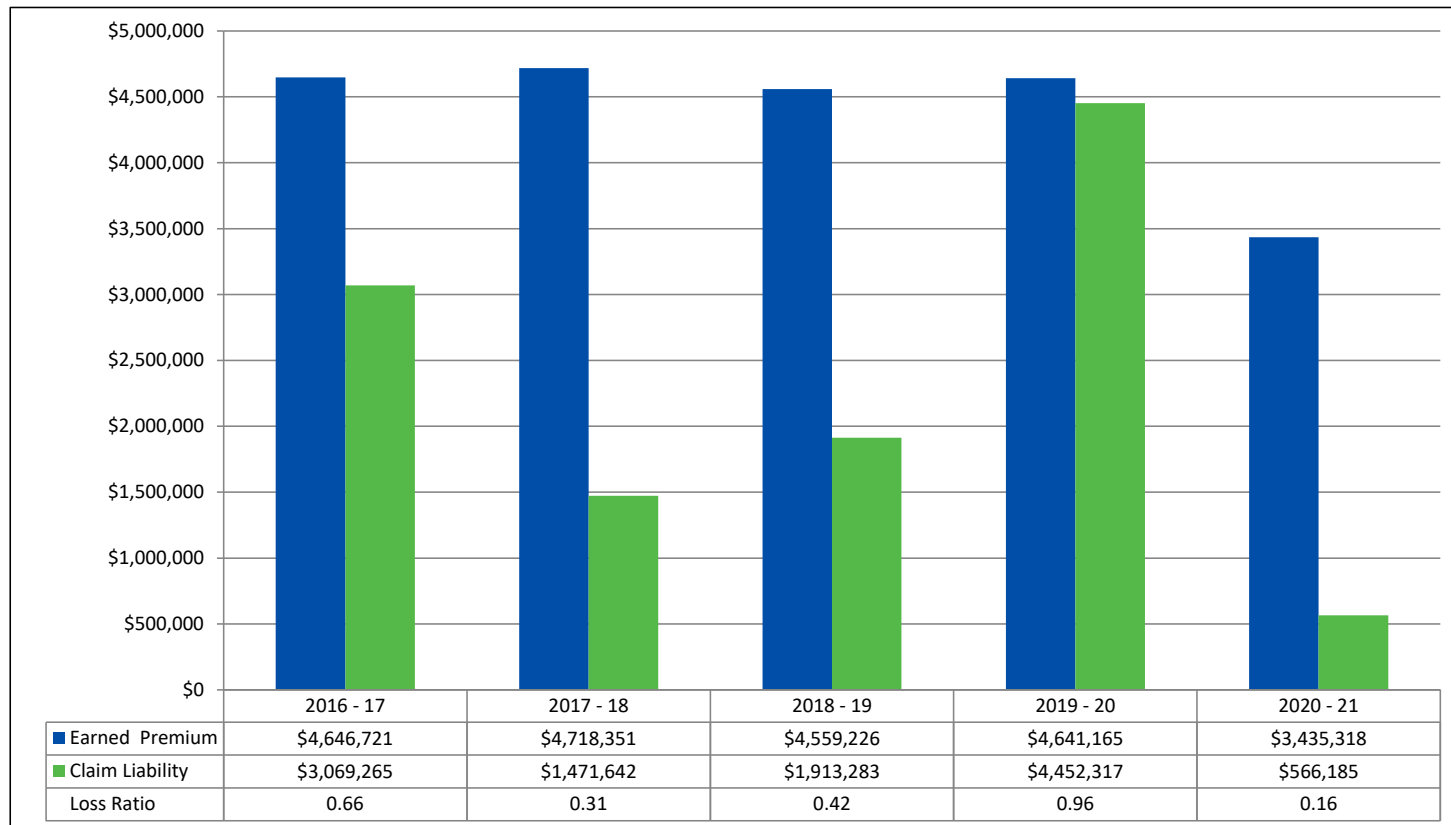


Top Five Diagnostic Categories by Liability



Long Term Disability Earned Premiums & Liability

Most Recent Five Plan Years: July 01, 2016 to March 31, 2021



Board Meeting Date: July 22, 2021

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Claim Appeals

Quarterly Update for Plan Year to Date July 01, 2020 to March 31, 2021

	In Process	Decision	Decision	Total
		Upheld	Overtured	
Claim Appeals				
Life Insurance Claims	0	0	0	0
Long-Term Disability Claims	0	3	2	5
Short-Term Disability Claims	0	0	0	0
Total Appeals	0	3	2	5

Board Meeting Date: July 22, 2021

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4.3.5

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2021:

4.3.1 HealthSCOPE Benefits – Obesity Care Management

4.3.2 HealthSCOPE Benefits – Diabetes Care Management

4.3.3 American Health Holdings – Utilization and Large Case Management

4.3.4 The Standard Insurance – Basic Life and Long-Term Disability Insurance

4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report Q3 2021

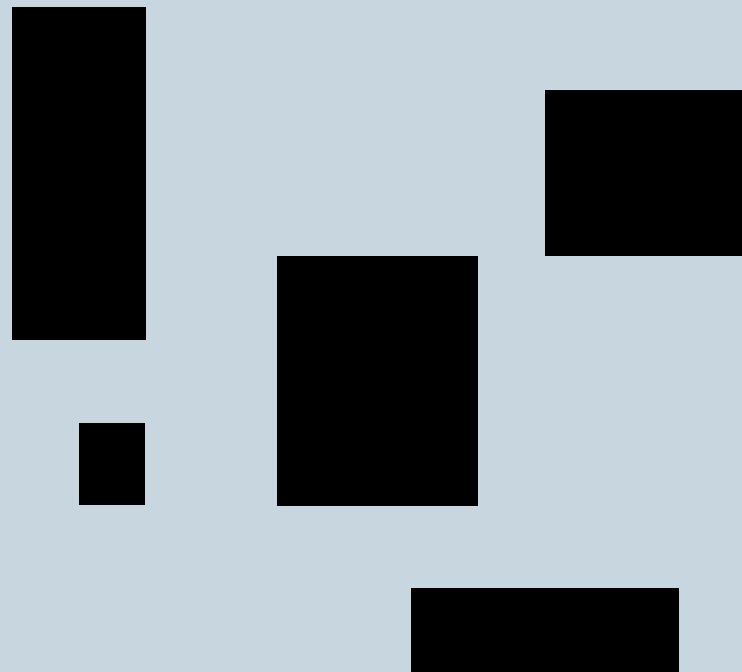
Nevada Public Employees Benefit Program

Quarterly Update – 3rd Quarter Plan Year 2021

Willis Towers Watson's Individual Marketplace



May 7, 2021



The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 3rd Quarter Plan Year 2021

Executive Summary

Plan Enrollment:

- At the end of Q3 2021, PEBP's total enrollment into Medicare policies through Willis Towers Watson's Individual Marketplace decreased to 11,882. Since inception, 110 carriers have been selected by PEBP's retirees with current enrollment in 1,557 different plans.
- Medicare Supplement (MS) plan selection increased to 86% of the total population with the majority of participants selecting AARP and Anthem BCBS of Nevada as their insurer; each carrier holds plans for 6,312 and 2,197 enrollees respectively. The average monthly premium cost for MS plans remained consistent at \$147.
- The percentage of Medicare Advantage (MA or MAPD) plans selected decreased to 14%. Top MA carriers include Hometown Health Plan with 686 individual plan selections and Aetna with 409 individual plan selections. The average monthly premium cost to PEBP participants decreased to \$15 compared to the prior quarter.

Customer Satisfaction:

- In Q3 2021, PEBP participant satisfaction with Enrollment Calls had an average satisfaction score result of 4.8 out of 5.0 based on 40 surveys returned.
- For Q3 2021, the average satisfaction score for Service Calls was 4.0 out of 5.0 based on 681 surveys returned.
- The combined average satisfaction score for Enrollment Calls and Service Calls was 4.0 out of 5.0 for Q3 2021.

Health Reimbursement Arrangement:

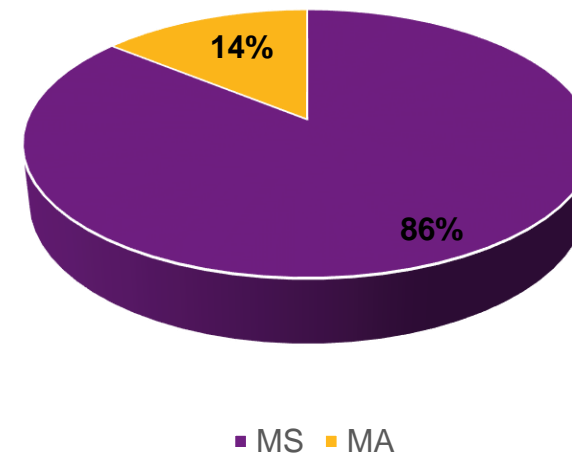
- At the end of Q3 2021 there were 12,994 Health Reimbursement Arrangement (HRA) accounts for PEBP participants.
- There were 83,216 claims processed in Q3, with 94% being submitted via Auto-Reimbursement, meaning that participants did not have to manually submit 77,676 claims for Premium Reimbursement.
- The total reimbursement amount processed for Q3 was \$8,257,382.

Summary of Retiree Decisions and Costs

Retiree Plan Selection Through 3/31/2021		Previous Qtr.
Total enrolled through individual marketplace	11,882	11,912
Number of carriers**	110	109
Number of plans**	1,557	1,504

Plan Type Selection Through 3/31/2021		Previous Qtr.
Medicare Advantage (MA, MAPD)	1,688	1,687
Medicare Supplement (MS)	10,236	10,225

Medical Enrollment



"The percentage of Medicare Advantage plans selected by PEBP's retiree population is now slightly below the average for Willis Towers Watson's Book of Business."

Plan Type	Number Enrolled	Average Premium
Medicare Supplement	10,236	\$147
Medicare Advantage (MA,MAPD)	1,688	\$0 / \$15
Part D drug coverage	7,486	\$24
Dental coverage	1,093	\$37
Vision coverage	2,044	\$14

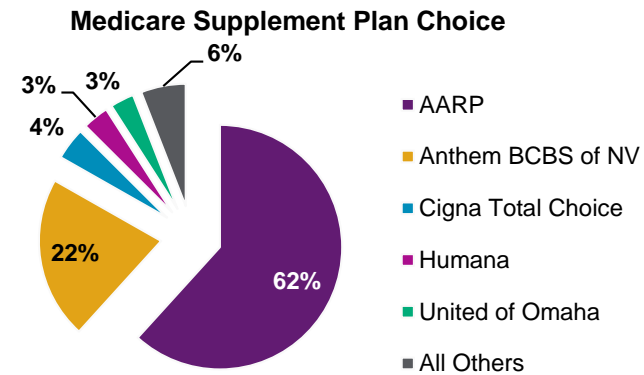
** Reflects total carriers and plans that PEBP participants have enrolled in nationwide, since inception.

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 3rd Quarter Plan Year 2021

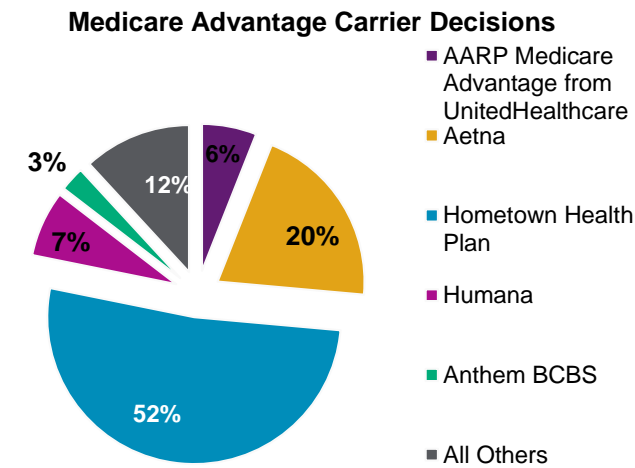
Summary of Retiree Carrier Choice

Top Medicare Supplement Plans	Total
AARP	6,312
Anthem BCBS of NV	2,197
Cigna Total Choice	425
Humana	353
United of Omaha	322



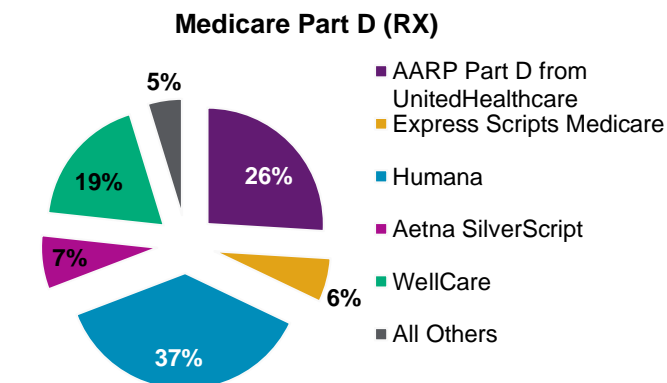
Cost Data For MS Plans	Cost
Minimum	\$22
Average	\$147
Median	\$141
Maximum	\$481

Top Medicare Advantage Plans	Total
AARP Medicare Advantage	163
Aetna	409
Hometown Health Plan	686
Humana	178
Anthem BCBS	65



Cost Data For MA Plans	Cost
Minimum	\$0
Average	\$15
Median	\$0
Maximum	\$194

Top Medicare Part D (RX)	Total
AARP Part D from United Healthcare	1,822
Aetna Medicare Rx (SilverScript)	780
Express Scripts Medicare	506
Humana	2,580
WellCare	1,418



Cost Data For Part D (RX)	Cost
Minimum	\$6
Average	\$24
Median	\$18
Maximum	\$130

The Public Employees Benefit Program Executive Dashboard

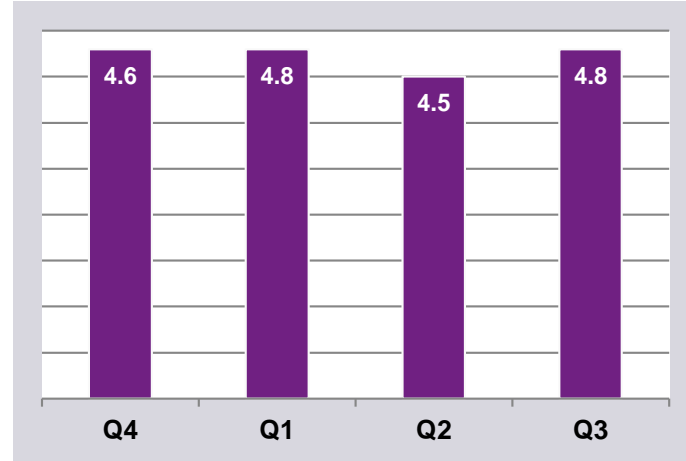
Quarterly Update – 3rd Quarter Plan Year 2021

Customer Service – Voice of the Customer (VoC)

Individual Marketplace conducts phone and email surveys of all participant transactions. Each survey contains approximately 12-16 questions. Responses are scanned by IBM Mindshare Analytics which expose trends within an hour, alerting Individual Marketplace of issues and allowing for real-time feedback and adjustments

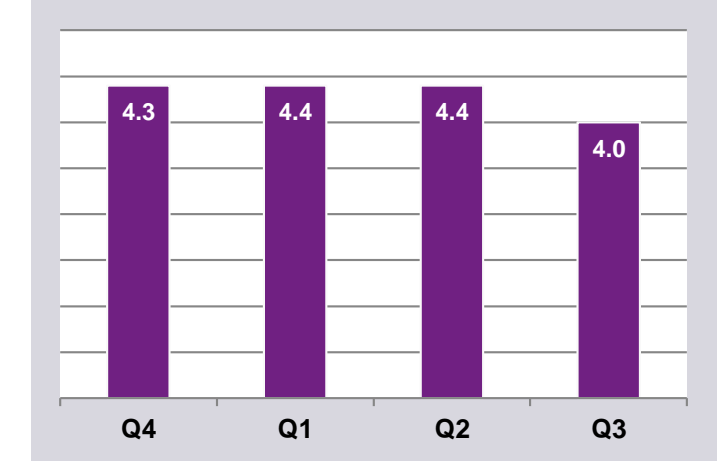
Q3 Enrollment Satisfaction

CSAT score	Count	%
5	33	83%
4	6	15%
3	1	3%
2	0	0%
1	0	0%
	40	100%



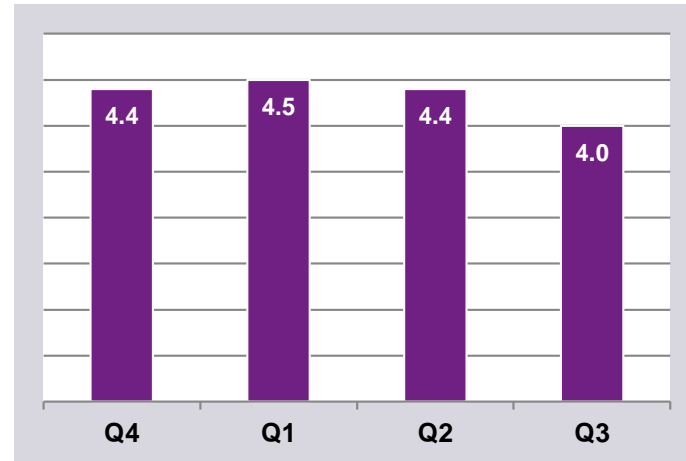
Q3 Service Satisfaction

CSAT score	Count	%
5	436	68%
4	104	16%
3	53	8%
2	19	3%
1	29	5%
	641	100%



Q3 Enrollment & Service Combined

CSAT score	Count	%
5	469	69%
4	110	16%
3	54	8%
2	19	3%
1	29	4%
	681	100%

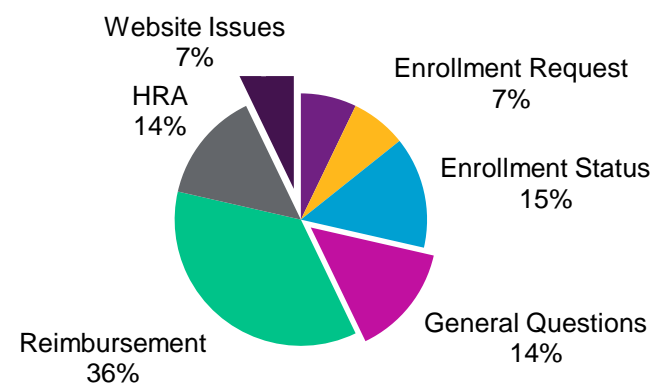
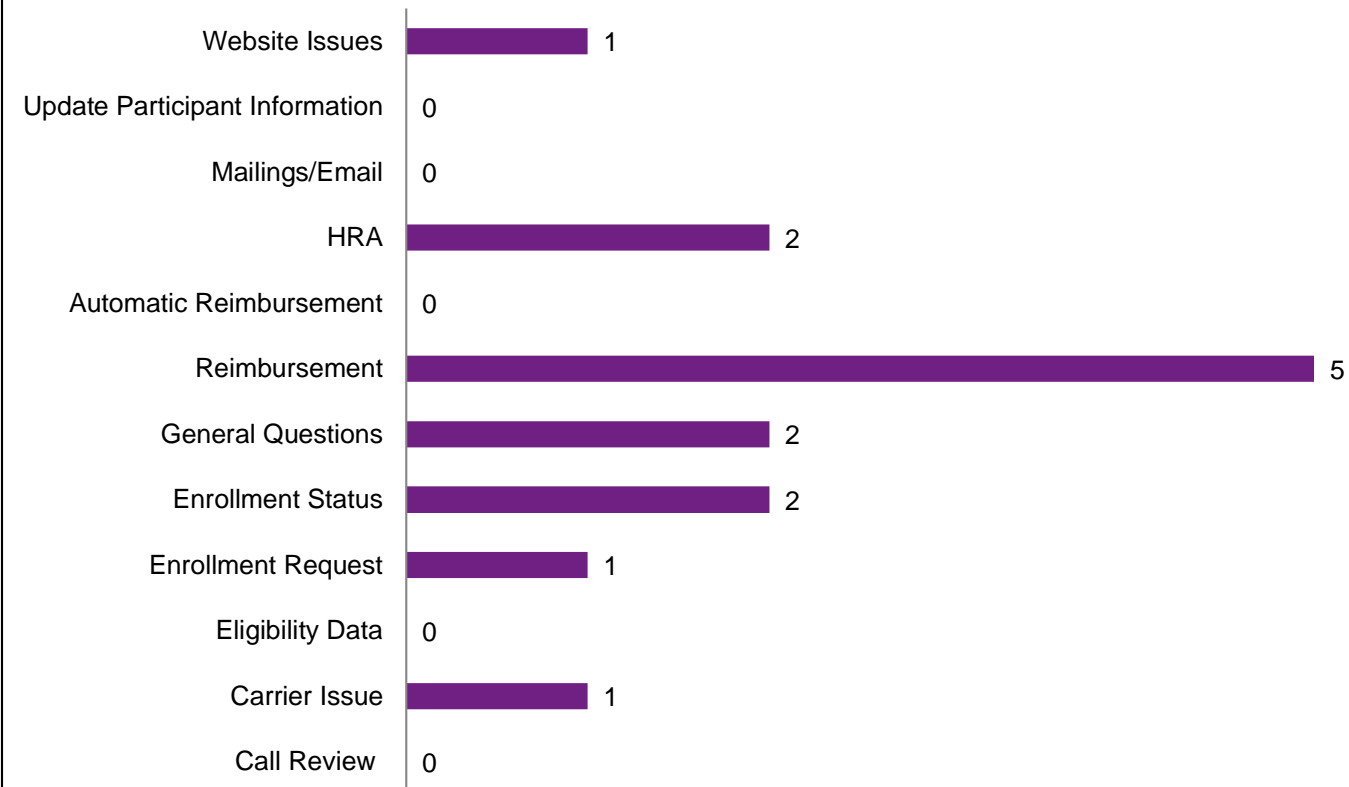


The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 3rd Quarter Plan Year 2021

Customer Service – Issues Log Resolution

Each quarter a certain number of participant inquiries are received by both PEBP and Willis Towers Watson that require escalation to Individual Marketplace Issues Log. Items on the Issues Log are carefully evaluated and continuously monitored by seasoned Willis Towers Watson staff until resolution is reached. The total number of inquiries reviewed during Q3-PY21 is 13 and are associated with the following categories:



Health Reimbursement Account (HRA)

Claim Activity for the Qtr.	Total
HRA accounts	12,994
Number of payments	53,039
Accounts with no balance	234
Claims paid amount	\$8,257,382

Claims By Source	Total 82,316
A/R file	77,676
Mail	2,266
Web	2,261
Mobile App	113

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 3rd Quarter Plan Year 2021

Performance Guarantees*

Category	Commitment	Outcome	PG MET
Claims Turnaround Time	≤ 2 days	0.54 Days	Yes
Claim Financial Accuracy	≥ 98%	99.47%	Yes
Claim Processing Payment Precision	≥ 98%	Results not Reported on Benefits Accounts	Yes
Reports	≤ 15 business days	Met	Yes
HRA Web Services	≥ 99%	99.91%	Yes
Benefits Administration Customer Service Avg. Speed to Answer	≤ 2 min. in Q1 ≤ 90 sec in Q3 and Q3 ≤ 5 minutes in Q4 Note - Quarters listed are based on calendar year.	2 Minutes 30 Seconds	No
Benefits Administration Customer Service Abandonment Rate Annual	≤ 5%	Annual	N/A
Customer Satisfaction	≥ 80%	92.95%	Yes
Disclosure of Subcontractors	100%	100%	Yes
Unauthorized Transfer of PEBP Data	100%	100%	Yes

*Please note that the performance guarantees are ultimately measured based on the annual audit period.

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 3rd Quarter Plan Year 2021

Operations Report

Spring Retiree Meetings

Willis Towers Watson and Nevada PEBP held two days of virtual retiree meetings on March 22 and 23, with 2 meetings being held each day. The meetings focused on participants ageing into Medicare as well as those already enrolled but who may need help with their HRA. The meetings were very successful for those that attended. Recordings of each type meeting were made and are available for participants to review on the WTW Nevada PEBP website : <https://my.viabenefits.com/PEBP>

Meeting	Date/Time	Registrants	Attendees	Attendance Rate
Age-in to Medicare	3/22/2021 – 9 pm PT	294	215	73%
HRA Focused	3/22/2021 – 11:30 pm PT	82	50	61%
Age-in to Medicare	3/23/2021 – 11:30 pm PT	226	184	81%
HRA Focused	3/23/2021 – 1:30 pm PT	87	51	70%

Communications:

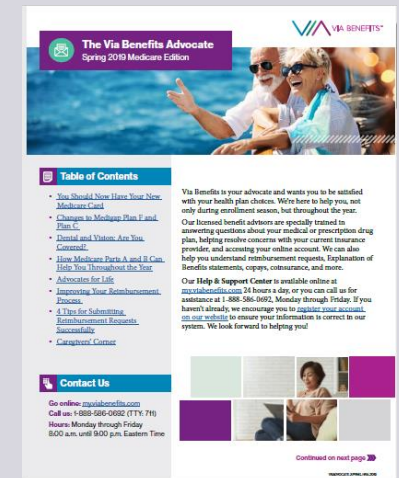
Below is information on communications that were mailed or will be coming up.

- Spring Newsletter
 - This communication is sent to participants via email and is designed to educate participants on different areas like Medicare, HRA, Direct Deposit, and Auto-Reimbursement functionality. The newsletter will start to be delivered on May 10, 2021.

New \$8,000 HRA Available Balance Cap:

Effective May 31, 2021, Nevada PEBP will be implementing an \$8,000 HRA Available Balance Cap. Nevada PEBP has sent several communications related to this Cap, and we coordinated with PEBP to have outbound calls place to participant who were sent an email in early February. The recipients of the email were those participants that had a current balance of \$7,000 or greater as they are expected to be the ones who will potentially be impacted by the new HRA Balance Cap once it goes live.

Multiple attempts were made to contact the participant over the phone and help educate them on the new HRA Balance Cap and how they can submit claims for eligible expenses to help decrease their available balance.



4.3.6

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2021:

4.3.1 HealthSCOPE Benefits – Obesity Care Management

4.3.2 HealthSCOPE Benefits – Diabetes Care Management

4.3.3 American Health Holdings – Utilization and Large Case Management

4.3.4 The Standard Insurance – Basic Life and Long-Term Disability Insurance

4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report Q3 2021

4.3.6 Hometown Health Providers and Sierra Healthcare Options – PPO Network

Hometown Health Providers & Sierra Healthcare Options

Q3 Plan Year 2021

January 1, 2021 – March 31, 2021

*Hometown
Health* 



SIERRA HEALTH-CARE OPTIONS, INC.SM

N e v a d a PUBLIC EMPLOYEES' BENEFITS PROGRAM



July 22, 2021

Service Performance	Guarantee Measurement	Actual	Pass/Fail	Standard(Metric)
I. EDI claims repricing	95%- Turnaround time frame for repricing of medical claims within 3 business days of receipt from PEBP's TPA		89%	Fail
	97%- Accuracy of claims repriced by the PPO Network must be accurate and must not cause a claim adjustment by PEBP's TPA		100%	Pass
II. A. Hometown Health Provider Data Changes*	100%- Data changes must be provided to PEBP's TPA within 30 calendar days following the effective date of the change		100%	Pass
	100%- Provider fee schedule revisions must be provided to PEBP's TPA within 30 calendar days following the effective date of the change		100%	Pass
II. B. Sierra Healthcare Options (SHO) Provider Data Changes*	100%- Data changes must be provided to PEBP's TPA within 30 calendar days following the effective date of the change		100%	Pass
	100%- Provider fee schedule revisions must be provided to PEBP's TPA within 30 calendar days following the effective date of the change (100% of the ACT's are routed to the State of Nevada within 30 days of notification of the add, change or term. Please note: the effective date of add, change or term can be greater than 30 days based on the date SHO receives the notification or signed document from the provider)		100%	Pass
III. Data Reporting	A. Standard reports must be delivered within 10 days of end of reporting period or event as determined by PEBP.		100%	Pass
	B. Special reports requested by PEBP and/or PEBP's Consultant/Actuary must be delivered within 10 days of agreed response date.		100%	Pass
IV. Subcontractor disclosure	100%- of all subcontractors utilized by vendor are disclosed prior to any work being done on behalf of PEBP. Business Associate Agreements completed by all subcontractors.		100%	Pass
V. Website	100%- Network website must be updated within 30 calendar days as provider information changes take effect		100%	Pass

7/22/2021



4.3.7

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2021:

- 4.3.1 HealthSCOPE Benefits – Obesity Care Management
- 4.3.2 HealthSCOPE Benefits – Diabetes Care Management
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- 4.3.4 The Standard Insurance – Basic Life and Long-Term Disability Insurance
- 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report Q3 2021
- 4.3.6 Hometown Health Providers and Sierra Healthcare Options – PPO Network
- 4.3.7 **HealthPlan of Nevada, Inc. – Southern Nevada HMO**

Health Plan of Nevada

Quarterly
Update for
January-March 2021



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



May 14th, 2021

Health Plan of Nevada HMO

Performance Standards and Guarantees- Self Reported

Quarterly Report for January– March 2021

Service Performance Standard (Metric)	Guarantee Measurement	Actual	Pass/Fail
I. Claims Processing	97% - Claims Financial Accuracy	100%	Pass
	95% - Claims Procedural Accuracy	100%	Pass
	95% in 30 working days - Clean claims turnaround for unaffiliated providers	96%	Pass
II. Participant Correspondence	ID Card Turnaround- Mailed within 10 working days of date of eligibility input	2.91 days	Pass
	Membership materials (electronic)- Available within 10 working days of date of eligibility input	6.98 days	Pass
III. Customer Service- Telephone	Speed to queue and answer by live voice- Within 60 seconds	4 sec	Pass
	5% or less - Telephone abandonment rate	1%	Pass
IV. Other Customer Service	98% - Resolved resolution within 30 days of receipt of written correspondence (i.e. complaint or appeal)	100%	Pass
	Notification to member regarding PCP disenrollment - within 30 working days	100%	Pass
	Primary Care Physician /Member Ratio - 1 to 2450	1 to 228	Pass

May 14th, 2021



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

4.3.8

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2021:

- 4.3.1 HealthSCOPE Benefits – Obesity Care Management
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- 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report Q3 2021
- 4.3.6 Hometown Health Providers and Sierra Healthcare Options – PPO Network
- 4.3.7 HealthPlan of Nevada, Inc. – Southern Nevada HMO
- 4.3.8 Doctor on Demand Engagement Reports through March 2021**

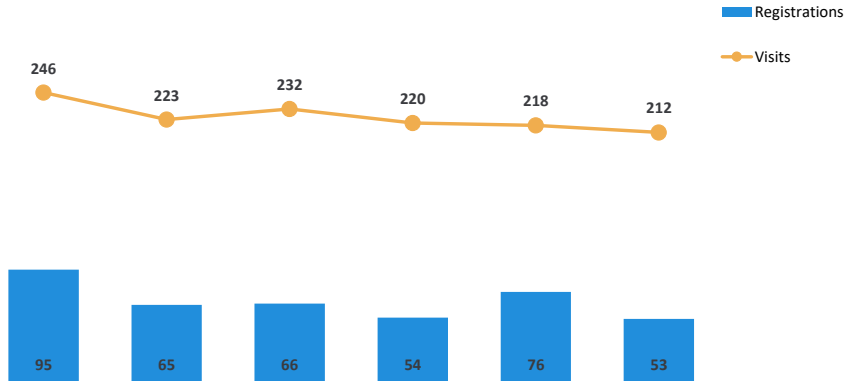
Note: Only Doctor On Demand visits with an associated claim submission to the Payer are included in the Engagement Report -- any free, discounted, uncovered, or other non-claim visits are not included. This is true of all metrics, trends, and aggregations.

Year To Date Activity

Registration Summary	YTD
# Registered	409

Visit Summary	YTD
# Unique Visitors	815
# Visits	1,351

Monthly Activity



Registration Summary	Prior	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	LTD
# Registered	8,985	95	65	66	54	76	53	9,394

Note: Registration month is captured per the date of Doctor On Demand registration, not the date when the member entered health insurance to his/her profile.

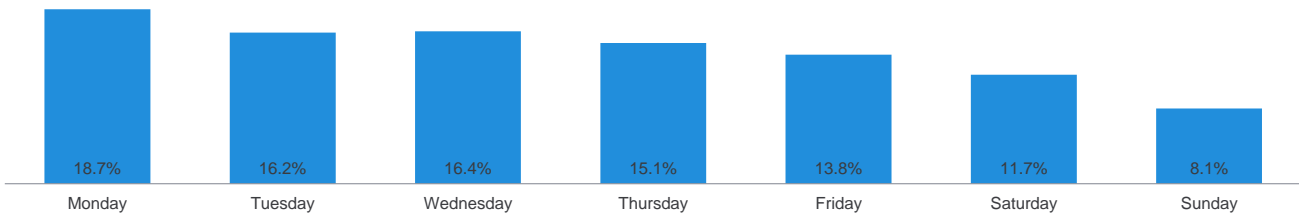
Visit Summary	Prior	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	LTD	
# Unique Visitors	3,521	204	177	195	185	194	185	3,866	
# Visits	7,674	246	223	232	220	218	212	9,025	
Visit Frequency	% 1 Visit	58.1%	82.8%	79.1%	86.2%	84.9%	88.1%	88.6%	55.1%
	% 2 Visits	18.4%	13.7%	17.5%	9.7%	11.9%	11.3%	8.1%	18.9%
	% 3 Visits Or More	23.5%	3.4%	3.4%	4.1%	3.2%	0.5%	3.2%	26.0%

Note: Because a visitor can be unique in multiple months, but only once over history, Prior + Monthly "# Unique Visitors" will not sum to the Total.

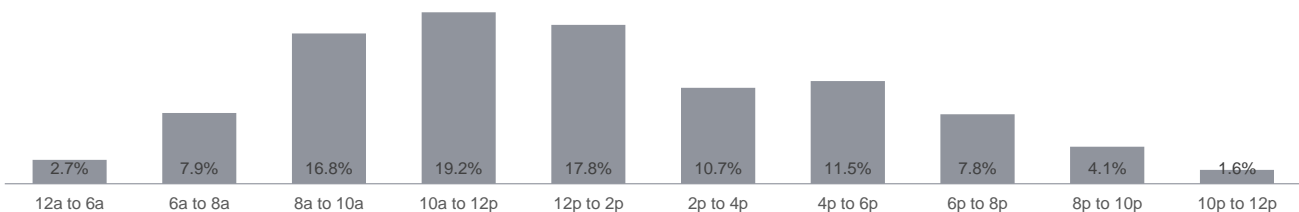
Visit Type Summary	Prior	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	LTD	
Medical	6,365	186	168	168	158	164	164	7,373	
Mental Health	Therapy	713	28	22	36	33	20	25	877
	Psychiatry	596	32	33	28	29	34	23	775

Six Month Trends: Visit Time And Demographics

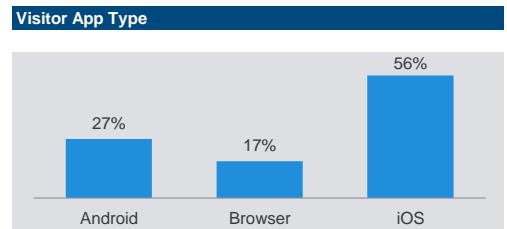
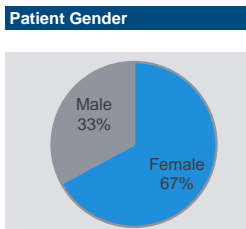
Day Of Week



Hour Of Day



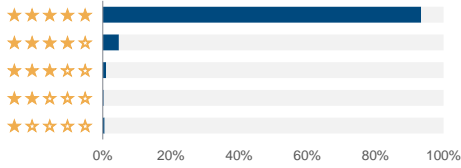
Patient Age	Percentage
0 to 17 (Custodial)	5%
18 to 29	22%
30 to 49	50%
50 and over	23%



Historical Visit Experience

6,750 Visit Ratings (1-5 Stars):

Average: **4.9**
Stars:



Avg Connection Time (On Demand Visits Only): **8.6 Minutes**

Historical Post Visit Survey Results

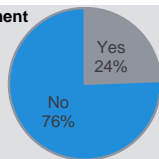
Without Doctor On Demand, where would you have gone to get this issue treated?

Note: Survey presented only when no other post visit action was required

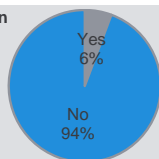
Response	# Responses	% Responses
Emergency Room	108	3%
Urgent Care	1,754	50%
Doctor's Office	986	28%
Stayed Home	474	14%
Other	161	5%

Six Month Trends: Visit Initiation

Initiated By Appointment
(Medical Visits Only)

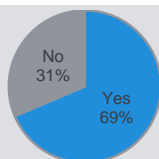


Initiated By Custodian

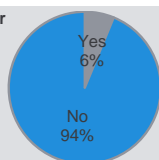


Six Month Trends: Visit Result

Resulted In Rx



Resulted In Lab Order



Historical Top 15 Symptoms

Symptom	# Symptoms	% of All Sym
Head / Neck: Headache	1,996	6.0%
General Symptoms: Fatigue / weakness	1,990	5.9%
Chest: Cough	1,903	5.7%
Head / Neck: Sore throat	1,773	5.3%
General Symptoms: Difficulty sleeping	1,645	4.9%
Head / Neck: Nasal discharge	1,430	4.3%
Head / Neck: Congestion / sinus problem	1,317	3.9%
General Symptoms: Fever	1,064	3.2%
Head / Neck: Congestion/sinus problem	1,002	3.0%
General Symptoms: Loss of appetite	930	2.8%
Genitourinary: Discomfort / burning with urination	911	2.7%
Genitourinary: Frequent urination	895	2.7%
Chest: Shortness of breath	593	1.8%
Skin: Skin rashes / bumps	573	1.7%
Head / Neck: Ear pain	572	1.7%

Historical Top 15 ICD10 Codes

ICD10 Code And Description	# ICD10s	% of All ICD10
N39.0 - Urinary tract infection, site not specified	854	7.3%
J01.90 - Acute sinusitis, unspecified	558	4.7%
J06.9 - Acute upper respiratory infection, unspecified	546	4.6%
F41.1 - Generalized anxiety disorder	344	2.9%
J02.9 - Acute pharyngitis, unspecified	339	2.9%
Z76.0 - Encounter for issue of repeat prescription	293	2.5%
R05 - Cough	291	2.5%
F43.23 - Adjustment disorder with mixed anxiety and depressed mood	244	2.1%
J20.9 - Acute bronchitis, unspecified	230	2.0%
F41.9 - Anxiety disorder, unspecified	202	1.7%
J01.80 - Other acute sinusitis	164	1.4%
F33.1 - Major depressive disorder, recurrent, moderate	157	1.3%
Z63.0 - Problems in relationship with spouse or partner	149	1.3%
F33.9 - Major depressive disorder, recurrent, unspecified	128	1.1%
F34.1 - Dysthymic disorder	126	1.1%

Historical Top 15 Rx

Rx	# Visits	% of All Rx
nitrofurantoin	622	6.6%
amoxicillin-clavulanate	609	6.5%
predniSONE	602	6.4%
benzonatate	589	6.2%
albuterol	548	5.8%
fluticasone nasal	255	2.7%
fluconazole	248	2.6%
sulfamethoxazole-trimethoprim	245	2.6%
methylPREDNISolone	223	2.4%
amoxicillin	221	2.3%
azithromycin	221	2.3%
FLUoxetine	197	2.1%
doxycycline	192	2.0%
escitalopram	187	2.0%
sertraline	184	2.0%

Historical Top 15 Lab Orders

Lab Name	# Lab Orders	% of All Orders
TSH with Reflex to Free T4	103	10.2%
Comprehensive Metabolic Panel	92	9.1%
CBC+diff	77	7.6%
Urinalysis, Complete with Reflex	74	7.3%
Lipid Panel	68	6.7%
Urine Culture, Routine	61	6.1%
Hemoglobin A1c	57	5.7%
Vitamin D	45	4.5%
Chlamydia/GC, Urine	35	3.5%
Urinalysis, Complete	35	3.5%
B12/Folate	28	2.8%
Basic Metabolic Panel	22	2.2%
RPR w/ Reflex	16	1.6%
T. Vaginalis, Urine FEMALE	14	1.4%
T. Vaginalis, Urine MALE	13	1.3%

4.4

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

4.4 Accept the Fiscal Year 2021 Other Post-Employment Benefits (OPEB) valuation prepared by Aon in conformance with the Governmental Accounting Standards Board (GASB) requirements.



July 13, 2021

Ms. Cari Eaton
Chief Financial Officer
State of Nevada
Public Employees' Benefits Program
901 S. Stewart Street, Suite 1001
Carson City, NV 89701

Re: GASB 75 Employer Allocations for Fiscal Year Ending June 30, 2021

Dear Ms. Eaton,

Attached are the fiscal 2021 GASB 75 employer allocations for the State of Nevada Postretirement Health and Life Insurance Plan. The employer allocations are based on the results of the fiscal 2021 GASB 75 valuation provided on June 30, 2021, and the fiscal 2020 employer contributions provided by the State. Fiscal 2020 employer contributions are used for allocation purposes as this is the "measurement period" for the fiscal 2021 GASB 75 valuation.

Please see the fiscal 2021 GASB 75 actuarial valuation report for a summary of the census data, plan provisions and actuarial assumptions used in our calculations.

Please let us know if you have any questions or need further assistance. I can be reached at (314) 719-3836.

Sincerely,

A handwritten signature in black ink that reads "Andrew Witte".

Andrew Witte, FSA
Aon

Enclosure

cc: Laura Rich, State of Nevada
Nicholas Balassi, Aon
Brain Blalock, Aon
Stephanie Messier, Aon

State of Nevada
 Schedule of Employer Allocations
 For the Fiscal Year Ending June 30, 2021

Employer I.D.	Employer	Contribution Amount	Allocation Percentage
101	Board of Medical Examiners	\$ 56,916	0.1297%
102	Nevada State Board of Nursing	43,878	0.1000%
103	Board of Pharmacy	42,134	0.0960%
104	Board of Chiropractors	2,864	0.0065%
105	Board of Dental Examiners	9,381	0.0214%
106	Legislative Counsel Bureau	531,670	1.2116%
108	Board of Osteopathic Medicine	5,515	0.0126%
109	Board of Massage Therapist	8,767	0.0200%
111	Funeral and Cemetery Board	4,105	0.0094%
113	Public Employee Retirement System	114,270	0.2604%
116	Central Payroll	22,866,963	52.1103%
118	NDOT	2,418,473	5.5113%
128	Board of Accountancy	5,318	0.0121%
129	Board of Cosmetology	29,186	0.0665%
134	Board of Professional Engineers	9,498	0.0216%
139/140	UNLV/UNR	17,706,931	40.3514%
141	Board of Architecture	6,992	0.0159%
146	Board of Examiners for Social Workers	5,295	0.0121%
147	Liquified Petroleum Gas Board	3,817	0.0087%
148	Board of Optometry	3,155	0.0072%
149	Board of Veterinary Examiners	4,276	0.0097%
150	Board of Examiners - Alcohol, Drugs & Gambling	2,400	0.0055%
Total		\$ 43,881,808	100.0000%

Numbers may not add due to rounding.

State of Nevada
Schedule of Deferred Inflows / Outflows by Employer
For the Fiscal Year Ending June 30, 2021

Employer I.D.	Net OPEB Liability	Deferred Outflow of Resources				Deferred Inflow of Resources			
		Liability Experience	Assumption Changes	Asset Experience	Total	Liability Experience	Assumption Changes	Asset Experience	Total
101	\$ 1,950,373	\$ -	\$ 156,151	\$ -	\$ 156,151	\$ 98,652	\$ 39,451	\$ 410	\$ 138,512
102	1,503,585	-	120,380	-	120,380	76,053	30,413	316	106,782
103	1,443,826	-	115,596	-	115,596	73,030	29,205	303	102,538
104	98,125	-	7,856	-	7,856	4,963	1,985	21	6,969
105	321,477	-	25,738	-	25,738	16,261	6,503	68	22,831
106	18,218,896	-	1,458,644	-	1,458,644	921,528	368,518	3,829	1,293,875
108	188,995	-	15,131	-	15,131	9,560	3,823	40	13,422
109	300,418	-	24,052	-	24,052	15,195	6,077	63	21,335
111	140,680	-	11,263	-	11,263	7,116	2,846	30	9,991
113	3,915,733	-	313,502	-	313,502	198,061	79,204	823	278,089
116	783,588,661	-	62,735,812	-	62,735,812	39,634,609	15,849,831	164,680	55,649,121
118	82,874,511	-	6,635,114	-	6,635,114	4,191,866	1,676,322	17,417	5,885,605
128	182,245	-	14,591	-	14,591	9,218	3,686	38	12,943
129	1,000,141	-	80,073	-	80,073	50,588	20,230	210	71,028
134	325,474	-	26,058	-	26,058	16,463	6,583	68	23,115
139/140	606,768,408	-	48,579,198	-	48,579,198	30,690,884	12,273,247	127,519	43,091,650
141	239,613	-	19,184	-	19,184	12,120	4,847	50	17,017
146	181,448	-	14,527	-	14,527	9,178	3,670	38	12,886
147	130,804	-	10,472	-	10,472	6,616	2,646	27	9,289
148	108,098	-	8,655	-	8,655	5,468	2,187	23	7,677
149	146,538	-	11,732	-	11,732	7,412	2,964	31	10,407
150	82,241	-	6,584	-	6,584	4,160	1,664	17	5,841
Total	\$ 1,503,710,290	\$ -	\$ 120,390,316	\$ -	\$ 120,390,316	\$ 76,059,000	\$ 30,415,900	\$ 316,022	\$ 106,790,922

Numbers may not add due to rounding.

State of Nevada
Schedule of GASB 75 Expense by Employer
For the Fiscal Year Ending June 30, 2021

Employer I.D.	GASB 75 Expense									
	Service Cost	Interest Cost	Expected Inv. Return	Contributions from NECE	Administrative Expenses	Plan Changes	Amortization of Unrecognized (Gain)/Loss			Total
							Liability Experience	Asset Experience	Assumption Changes	
101	\$ 68,794	\$ 64,742	\$ (11)	\$ -	\$ -	\$ -	\$ (28,306)	\$ (151)	\$ 6,188	\$ 111,256
102	53,035	49,911	(8)	-	-	-	(21,822)	(117)	4,771	85,770
103	50,927	47,927	(8)	-	-	-	(20,955)	(112)	4,581	82,361
104	3,461	3,257	(1)	-	-	-	(1,424)	(8)	311	5,597
105	11,339	10,671	(2)	-	-	-	(4,666)	(25)	1,020	18,338
106	642,619	604,770	(98)	-	-	-	(264,416)	(1,413)	57,806	1,039,267
108	6,666	6,274	(1)	-	-	-	(2,743)	(15)	600	10,781
109	10,596	9,972	(2)	-	-	-	(4,360)	(23)	953	17,137
111	4,962	4,670	(1)	-	-	-	(2,042)	(11)	446	8,025
113	138,116	129,981	(21)	-	-	-	(56,830)	(304)	12,424	223,367
116	27,638,808	26,010,943	(4,232)	-	-	-	(11,372,424)	(60,777)	2,486,220	44,698,539
118	2,923,157	2,750,990	(448)	-	-	-	(1,202,779)	(6,428)	262,950	4,727,441
128	6,428	6,050	(1)	-	-	-	(2,645)	(14)	578	10,396
129	35,277	33,199	(5)	-	-	-	(14,515)	(78)	3,173	57,051
134	11,480	10,804	(2)	-	-	-	(4,724)	(25)	1,033	18,566
139/140	21,401,989	20,141,459	(3,277)	-	-	-	(8,806,186)	(47,062)	1,925,194	34,612,115
141	8,452	7,954	(1)	-	-	-	(3,478)	(19)	760	13,668
146	6,400	6,023	(1)	-	-	-	(2,633)	(14)	576	10,350
147	4,614	4,342	(1)	-	-	-	(1,898)	(10)	415	7,461
148	3,813	3,588	(1)	-	-	-	(1,569)	(8)	343	6,166
149	5,169	4,864	(1)	-	-	-	(2,127)	(11)	465	8,359
150	2,901	2,730	(0)	-	-	-	(1,194)	(6)	261	4,691
Total	\$ 53,039,002	\$ 49,915,121	\$ (8,122)	\$ -	\$ -	\$ -	\$ (21,823,734)	\$ (116,631)	\$ 4,771,068	\$ 85,776,704

Numbers may not add due to rounding.

State of Nevada
 Schedule of Total OPEB Liability by Employer
 For the Fiscal Year Ending June 30, 2021

Total OPEB Liability (TOL)										
Employer I.D.	Service Cost	Interest Cost	Benefit Changes	Liability Experience	Assumption Changes	Benefit Payments	Changes in Proportion	Net Changes	TOL (Beginning)	TOL (Ending)
101	\$ 68,794	\$ 64,742	\$ -	\$ (94,664)	\$ 161,151	\$ (64,812)	\$ (163,731)	\$ (28,521)	\$ 1,971,564	\$ 1,943,043
102	53,035	49,911	-	(72,978)	124,234	(49,965)	(46,416)	57,821	1,440,113	1,497,934
103	50,927	47,927	-	(70,078)	119,297	(47,979)	(6,524)	93,570	1,344,829	1,438,399
104	3,461	3,257	-	(4,763)	8,108	(3,261)	1,449	8,251	89,505	97,756
105	11,339	10,671	-	(15,603)	26,562	(10,683)	(40,702)	(18,416)	338,685	320,269
106	642,619	604,770	-	(884,277)	1,505,345	(605,424)	(121,693)	1,141,340	17,009,082	18,150,422
108	6,666	6,274	-	(9,173)	15,616	(6,280)	5,001	18,103	170,182	188,285
109	10,596	9,972	-	(14,581)	24,822	(9,983)	(18,733)	2,094	297,195	299,289
111	4,962	4,670	-	(6,828)	11,624	(4,675)	2,867	12,619	127,532	140,151
113	138,116	129,981	-	(190,055)	323,539	(130,122)	(43,410)	228,050	3,672,966	3,901,016
116	27,638,808	26,010,943	-	(38,032,442)	64,744,389	(26,039,071)	6,961,089	61,283,716	719,359,868	780,643,585
118	2,923,157	2,750,990	-	(4,022,417)	6,847,546	(2,753,964)	496,742	6,242,053	76,320,978	82,563,032
128	6,428	6,050	-	(8,845)	15,058	(6,056)	(8,519)	4,115	177,445	181,560
129	35,277	33,199	-	(48,543)	82,637	(33,235)	36,639	105,974	890,408	996,382
134	11,480	10,804	-	(15,797)	26,892	(10,816)	(8,437)	14,126	310,124	324,250
139/140	21,401,989	20,141,459	-	(29,450,253)	50,134,531	(20,163,239)	(6,939,645)	35,124,841	569,363,061	604,487,902
141	8,452	7,954	-	(11,630)	19,798	(7,962)	(2,738)	13,874	224,839	238,712
146	6,400	6,023	-	(8,807)	14,992	(6,030)	(4,713)	7,866	172,900	180,766
147	4,614	4,342	-	(6,349)	10,808	(4,347)	(7,780)	1,289	129,024	130,312
148	3,813	3,588	-	(5,247)	8,932	(3,592)	775	8,269	99,423	107,692
149	5,169	4,864	-	(7,112)	12,108	(4,870)	(86,012)	(75,854)	221,840	145,987
150	2,901	2,730	-	(3,992)	6,795	(2,733)	(5,507)	195	81,738	81,932
Total	\$ 53,039,002	\$ 49,915,121	\$ -	\$ (72,984,434)	\$ 124,244,784	\$ (49,969,098)	\$ -	\$ 104,245,375	\$ 1,393,813,300	\$ 1,498,058,675

Numbers may not add due to rounding.

State of Nevada
Schedule of Plan Fiduciary Net Position by Employer
For the Fiscal Year Ending June 30, 2021

Plan Fiduciary Net Position (PFNP)									
Employer I.D.	Employer Contributions	Investment Experience	Benefit Payments	Administrative Expenses	Changes in Proportion	Net Changes	PFNP (Beginning)	PFNP (Ending)	
101	\$ 56,916	\$ 265	\$ (64,812)	\$ -	\$ (27)	\$ (7,658)	\$ 327	\$ (7,330)	
102	43,878	204	(49,965)	-	(8)	(5,890)	239	(5,651)	
103	42,134	196	(47,979)	-	(1)	(5,650)	223	(5,427)	
104	2,864	13	(3,261)	-	0	(384)	15	(369)	
105	9,381	44	(10,683)	-	(7)	(1,264)	56	(1,208)	
106	531,670	2,475	(605,424)	-	(20)	(71,299)	2,824	(68,475)	
108	5,515	26	(6,280)	-	1	(739)	28	(710)	
109	8,767	41	(9,983)	-	(3)	(1,178)	49	(1,129)	
111	4,105	19	(4,675)	-	0	(550)	21	(529)	
113	114,270	532	(130,122)	-	(7)	(15,327)	610	(14,717)	
116	22,866,963	106,448	(26,039,071)	-	1,156	(3,064,504)	119,428	(2,945,076)	
118	2,418,473	11,258	(2,753,964)	-	82	(324,150)	12,671	(311,479)	
128	5,318	25	(6,056)	-	(1)	(714)	29	(685)	
129	29,186	136	(33,235)	-	6	(3,907)	148	(3,759)	
134	9,498	44	(10,816)	-	(1)	(1,275)	51	(1,223)	
139/140	17,706,931	82,428	(20,163,239)	-	(1,152)	(2,375,032)	94,525	(2,280,507)	
141	6,992	33	(7,962)	-	(0)	(938)	37	(901)	
146	5,295	25	(6,030)	-	(1)	(711)	29	(682)	
147	3,817	18	(4,347)	-	(1)	(513)	21	(492)	
148	3,155	15	(3,592)	-	0	(423)	17	(406)	
149	4,276	20	(4,870)	-	(14)	(588)	37	(551)	
150	2,400	11	(2,733)	-	(1)	(323)	14	(309)	
Total	\$ 43,881,808	\$ 204,275	\$ (49,969,098)	\$ -	\$ -	\$ (5,883,015)	\$ 231,400	\$ (5,651,615)	

Numbers may not add due to rounding.

State of Nevada
Schedule of Discount Rate Sensitivity by Employer
For the Fiscal Year Ending June 30, 2021

Employer I.D.	1% Decrease (1.21%)			Current Discount Rate (2.21%)			1% Increase (3.21%)		
	Total OPEB Liability	Plan Fiduciary Net Position	Net OPEB Liability	Total OPEB Liability	Plan Fiduciary Net Position	Net OPEB Liability	Total OPEB Liability	Plan Fiduciary Net Position	Net OPEB Liability
101	\$ 2,175,235	\$ (7,330)	\$ 2,182,565	\$ 1,943,043	\$ (7,330)	\$ 1,950,373	\$ 1,746,856	\$ (7,330)	\$ 1,754,186
102	1,676,936	(5,651)	1,682,587	1,497,934	(5,651)	1,503,585	1,346,690	(5,651)	1,352,341
103	1,610,287	(5,427)	1,615,713	1,438,399	(5,427)	1,443,826	1,293,166	(5,427)	1,298,592
104	109,438	(369)	109,807	97,756	(369)	98,125	87,886	(369)	88,255
105	358,541	(1,208)	359,749	320,269	(1,208)	321,477	287,932	(1,208)	289,140
106	20,319,385	(68,475)	20,387,860	18,150,422	(68,475)	18,218,896	16,317,796	(68,475)	16,386,271
108	210,785	(710)	211,495	188,285	(710)	188,995	169,274	(710)	169,984
109	335,054	(1,129)	336,183	299,289	(1,129)	300,418	269,070	(1,129)	270,199
111	156,899	(529)	157,428	140,151	(529)	140,680	126,000	(529)	126,529
113	4,367,185	(14,717)	4,381,902	3,901,016	(14,717)	3,915,733	3,507,135	(14,717)	3,521,852
116	873,929,995	(2,945,076)	876,875,071	780,643,585	(2,945,076)	783,588,661	701,822,990	(2,945,076)	704,768,067
118	92,429,261	(311,479)	92,740,741	82,563,032	(311,479)	82,874,511	74,226,747	(311,479)	74,538,226
128	203,256	(685)	203,941	181,560	(685)	182,245	163,228	(685)	163,913
129	1,115,449	(3,759)	1,119,208	996,382	(3,759)	1,000,141	895,779	(3,759)	899,538
134	362,998	(1,223)	364,221	324,250	(1,223)	325,474	291,511	(1,223)	292,735
139/140	676,723,820	(2,280,507)	679,004,327	604,487,902	(2,280,507)	606,768,408	543,453,524	(2,280,507)	545,734,030
141	267,238	(901)	268,139	238,712	(901)	239,613	214,610	(901)	215,510
146	202,367	(682)	203,049	180,766	(682)	181,448	162,514	(682)	163,196
147	145,884	(492)	146,376	130,312	(492)	130,804	117,155	(492)	117,646
148	120,561	(406)	120,967	107,692	(406)	108,098	96,818	(406)	97,224
149	163,432	(551)	163,983	145,987	(551)	146,538	131,247	(551)	131,797
150	91,723	(309)	92,032	81,932	(309)	82,241	73,660	(309)	73,969
Total	\$ 1,677,075,730	\$ (5,651,615)	\$ 1,682,727,345	\$ 1,498,058,675	\$ (5,651,615)	\$ 1,503,710,290	\$ 1,346,801,587	\$ (5,651,615)	\$ 1,352,453,202

Numbers may not add due to rounding.

State of Nevada
Schedule of Trend Rate Sensitivity by Employer
For the Fiscal Year Ending June 30, 2021

Employer I.D.	1% Decrease			Current Trend Rates			1% Increase		
	Total OPEB Liability	Plan Fiduciary Net Position	Net OPEB Liability	Total OPEB Liability	Plan Fiduciary Net Position	Net OPEB Liability	Total OPEB Liability	Plan Fiduciary Net Position	Net OPEB Liability
101	\$ 1,816,918	\$ (7,330)	\$ 1,824,248	\$ 1,943,043	\$ (7,330)	\$ 1,950,373	\$ 2,094,034	\$ (7,330)	\$ 2,101,364
102	1,400,702	(5,651)	1,406,353	1,497,934	(5,651)	1,503,585	1,614,336	(5,651)	1,619,988
103	1,345,031	(5,427)	1,350,458	1,438,399	(5,427)	1,443,826	1,550,175	(5,427)	1,555,601
104	91,411	(369)	91,780	97,756	(369)	98,125	105,353	(369)	105,722
105	299,480	(1,208)	300,688	320,269	(1,208)	321,477	345,157	(1,208)	346,365
106	16,972,261	(68,475)	17,040,736	18,150,422	(68,475)	18,218,896	19,560,864	(68,475)	19,629,339
108	176,063	(710)	176,774	188,285	(710)	188,995	202,916	(710)	203,627
109	279,862	(1,129)	280,991	299,289	(1,129)	300,418	322,546	(1,129)	323,675
111	131,054	(529)	131,583	140,151	(529)	140,680	151,042	(529)	151,571
113	3,647,797	(14,717)	3,662,514	3,901,016	(14,717)	3,915,733	4,204,158	(14,717)	4,218,875
116	729,971,309	(2,945,076)	732,916,385	780,643,585	(2,945,076)	783,588,661	841,306,257	(2,945,076)	844,251,333
118	77,203,791	(311,479)	77,515,271	82,563,032	(311,479)	82,874,511	88,978,884	(311,479)	89,290,364
128	169,775	(685)	170,460	181,560	(685)	182,245	195,669	(685)	196,354
129	931,706	(3,759)	935,465	996,382	(3,759)	1,000,141	1,073,809	(3,759)	1,077,568
134	303,203	(1,223)	304,426	324,250	(1,223)	325,474	349,447	(1,223)	350,671
139/140	565,250,049	(2,280,507)	567,530,556	604,487,902	(2,280,507)	606,768,408	651,461,773	(2,280,507)	653,742,280
141	223,217	(901)	224,118	238,712	(901)	239,613	257,262	(901)	258,163
146	169,032	(682)	169,714	180,766	(682)	181,448	194,813	(682)	195,495
147	121,853	(492)	122,345	130,312	(492)	130,804	140,438	(492)	140,930
148	100,701	(406)	101,107	107,692	(406)	108,098	116,060	(406)	116,466
149	136,511	(551)	137,061	145,987	(551)	146,538	157,331	(551)	157,882
150	76,614	(309)	76,923	81,932	(309)	82,241	88,299	(309)	88,608
Total	\$ 1,400,818,341	\$ (5,651,615)	\$ 1,406,469,956	\$ 1,498,058,675	\$ (5,651,615)	\$ 1,503,710,290	\$ 1,614,470,625	\$ (5,651,615)	\$ 1,620,122,240

Numbers may not add due to rounding.

State of Nevada
Schedule of Deferred Inflows / Outflows Recognition by Employer
For the Fiscal Year Ending June 30, 2021

Employer I.D.	Amounts to be Recognized in Deferred Inflows/Outflows				
	Year-End 6/30/2022	Year-End 6/30/2023	Year-End 6/30/2024	Year-End 6/30/2025	Year-End 6/30/2026
101	\$ (16,162)	\$ 7,723	\$ 15,164	\$ 10,915	\$ -
102	(12,460)	5,954	11,690	8,414	-
103	(11,965)	5,717	11,226	8,080	-
104	(813)	389	763	549	-
105	(2,664)	1,273	2,499	1,799	-
106	(150,977)	72,140	141,651	101,956	-
108	(1,566)	748	1,469	1,058	-
109	(2,490)	1,190	2,336	1,681	-
111	(1,166)	557	1,094	787	-
113	(32,449)	15,505	30,445	21,913	-
116	(6,493,469)	3,102,704	6,092,379	4,385,078	-
118	(686,767)	328,151	644,347	463,778	-
128	(1,510)	722	1,417	1,020	-
129	(8,288)	3,960	7,776	5,597	-
134	(2,697)	1,289	2,531	1,821	-
139/140	(5,028,189)	2,402,565	4,717,606	3,395,566	-
141	(1,986)	949	1,863	1,341	-
146	(1,504)	718	1,411	1,015	-
147	(1,084)	518	1,017	732	-
148	(896)	428	840	605	-
149	(1,214)	580	1,139	820	-
150	(682)	326	639	460	-
Total	\$ (12,460,997)	\$ 5,954,103	\$ 11,691,303	\$ 8,414,985	\$ -

Numbers may not add due to rounding.



Actuarial Valuation Report

State of Nevada

State of Nevada Postretirement Health and Life Insurance Plan

For the Fiscal Year Ending June 30, 2021

Measurement Date July 1, 2020

Introduction

This report documents the results of the actuarial valuation for the fiscal year ending June 30, 2021 of the State of Nevada Postretirement Health and Life Insurance Plan for the State of Nevada. The plan is a single-employer plan and does not issue a separate financial statement. As a result, all reporting requirements are included in the employer's financial statement. These results are based on a Measurement Date of July 1, 2020. The information provided in this report is intended strictly for documenting information relating to company and plan disclosure and reporting requirements.

Determinations for purposes other than the financial accounting requirements may be significantly different from the results in this report. Thus, the use of this report for purposes other than those expressed here may not be appropriate.

This valuation has been conducted in accordance with generally accepted actuarial principles and practices, including the applicable Actuarial Standards of Practice as issued by the Actuarial Standards Board. In addition, the valuation results are based on our understanding of the financial accounting and reporting requirements under U.S. Generally Accepted Accounting Principles as set forth in Government Accounting Standards Board Statement 75 (GASB 75) including any guidance or interpretations provided by the Company and/or its audit partners prior to the issuance of this report. The information in this report is not intended to supersede or supplant the advice and interpretations of the State of Nevada's auditors. Additional disclosures may be required under GASB 74.

A valuation model was used to develop the liabilities for the July 1, 2020 valuation. The valuation model relies on ProVal software, which was developed by Winklevoss Technologies, LLC. Experts within Aon selected this software and determined it is appropriate for performing valuations. We coded and reviewed the software for the provisions, assumptions, methods, and data of the State of Nevada Postretirement Health and Life Insurance Plan.

The valuation model outputs various cost scenarios. The "1% increase" and "1% decrease" interest rate scenarios vary only the discount rate assumption, in order to illustrate the impact of a change in that assumption in isolation. In practice, certain other assumptions, such as the expected or realized asset returns, would also be expected to vary when the discount rate changes. Therefore, the output from these scenarios should be used solely for assessing the impact of the discount rate in isolation and may not represent a realistic set of results for other purposes.

The "1% increase" and "1% decrease" healthcare cost trend scenarios vary only the healthcare cost trend assumption, in order to illustrate the impact of a change in that assumption in isolation. Therefore, the output from these scenarios should be used solely for assessing the impact of the healthcare cost trend in isolation and may not represent a realistic set of results for other purposes.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to (but not limited to) such factors as the following:

- Plan experience differing from that anticipated by the economic or demographic assumptions;
- Changes in actuarial methods or in economic or demographic assumptions;
- Increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period); and
- Changes in plan provisions or applicable law.

Due to the limited scope of our assignment, we did not perform an analysis of the potential range of such future measurements.

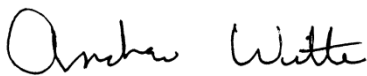
Funded status measurements shown in this report are determined based on various measures of plan assets and liabilities. For entity and plan disclosure and reporting purposes, funded status is determined using plan assets measured at market value. Plan liabilities are measured based on the interest rates and other assumptions summarized in the Actuarial Assumptions and Methods section of this report.

These funded status measurements may not be appropriate for assessing the sufficiency of plan assets to cover the estimated cost of settling the plan's benefit obligations, and funded status measurements for State of Nevada and plan disclosure and reporting purposes may not be appropriate for assessing the need for or the amount of future contributions. In conducting the valuation, we have relied on personnel, plan design, health care claim cost, and asset information supplied by State of Nevada as of the valuation date. While we cannot verify the accuracy of all the information, the supplied information was reviewed for consistency and reasonableness. As a result of this review, we have no reason to doubt the substantial accuracy or completeness of the information and believe that it has produced appropriate results.

The actuarial assumptions and methods used in this valuation are described in the Actuarial Assumptions and Methods section of this report. State of Nevada selected the economic and demographic assumptions and prescribed them for use for purposes of compliance with GASB 75. Aon provided guidance with respect to these assumptions, and it is our belief that the assumptions represent reasonable expectations of anticipated plan experience.

The undersigned are familiar with the near-term and long-term aspects of OPEB valuations and collectively meet the Qualification Standards of the American Academy of Actuaries necessary to render the actuarial opinions contained herein. The information provided in this report is dependent upon various factors as documented throughout this report, which may be subject to change. Each section of this report is considered to be an integral part of the actuarial opinions.

To our knowledge, no colleague of Aon providing services to State of Nevada has any material direct or indirect financial interest in State of Nevada. Thus, we believe there is no relationship existing that might affect our capacity to prepare and certify this actuarial report for State of Nevada.



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June 2021

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Accounting Requirements

Development of GASB 75 Net OPEB Expense

Calculation Details

The following table illustrates the Net OPEB Liability under GASB 75.

	Fiscal Year Ending 6/30/2020	Fiscal Year Ending 6/30/2021
(1) OPEB Liability		
(a) Retired Participants and Beneficiaries Receiving Payment	\$ 703,651,800	\$ 945,882,039
(b) Active Participants	<u>690,161,500</u>	<u>552,176,636</u>
(c) Total	\$ 1,393,813,300	\$ 1,498,058,675
(2) Plan Fiduciary Net Position	<u>231,400</u>	<u>(5,651,615)</u>
(3) Net OPEB Liability	\$ 1,393,581,900	\$ 1,503,710,290
(4) Plan Fiduciary Net Position as a Percentage of the Total OPEB Liability	0.00%	0.00%
(5) Deferred Outflow of Resources for Contributions Made After Measurement Date	\$ 43,881,800	TBD

Expense

The following table illustrates the OPEB expense under GASB 75.

	Fiscal Year Ending 6/30/2020	Fiscal Year Ending 6/30/2021
(1) Service Cost	\$ 51,348,800	\$ 53,039,002
(2) Interest Cost	52,488,200	49,915,121
(3) Expected Investment Return	(32,200)	(8,122)
(4) Employee Contributions	0	0
(5) Administrative Expense	0	0
(6) Plan Changes	0	0
(7) Amortization of Unrecognized		
(a) Liability (Gain)/Loss	(6,586,900)	(21,823,734)
(b) Asset (Gain)/Loss	(77,400)	(116,631)
(c) Assumption Change (Gain)/Loss	<u>(21,167,300)</u>	<u>4,771,068</u>
(8) Total Expense	\$ 75,973,200	\$ 85,776,704

Shown below are details regarding the calculation of Service Cost, Interest Cost and Expected Investment Return components of the Expense.

	Fiscal Year Ending 6/30/2020	Fiscal Year Ending 6/30/2021
(1) Development of Service Cost:		
(a) Normal Cost at Beginning of Measurement Period	\$ 51,348,800	\$ 53,039,002
(2) Development of Interest Cost:		
(a) Total OPEB Liability at Beginning of Measurement Period	\$ 1,325,979,800	\$ 1,393,813,300
(b) Normal Cost at Beginning of Measurement Period	51,348,800	53,039,002
(c) Actual Benefit Payments	(42,689,800)	(49,969,098)
(d) Discount Rate	<u>3.87%</u>	<u>3.51%</u>
(e) Interest Cost	\$ 52,488,200	\$ 49,915,121
(3) Development of Expected Investment Return:		
(a) Plan Fiduciary Net Position at Beginning of Measurement Period	\$ 1,597,300	\$ 231,400
(b) Actual Contributions—Employer	40,942,400	43,881,808
(c) Actual Contributions—Employee	0	0
(d) Actual Benefit Payments	(42,689,800)	(49,969,098)
(e) Administrative Expenses	0	0
(f) Other	0	0
(g) Expected Return on Assets	<u>3.87%</u>	<u>3.51%</u>
(h) Expected Return	\$ 32,200	\$ 8,122

Reconciliation of Net OPEB Liability

Shown below are details regarding the Total OPEB Liability, Plan Fiduciary Net Position, and Net OPEB Liability for the Measurement Period from June 30, 2020 to June 30, 2021:

	Increase (Decrease)		
	Total OPEB Liability (a)	Plan Fiduciary Net Position (b)	Net OPEB Liability (c) = (a) – (b)
Balance Recognized at 6/30/2020 (Based on 6/30/2019 Measurement Date)	\$ 1,393,813,300	\$ 231,400	\$1,393,581,900
Changes Recognized for the Fiscal Year:			
Service Cost	\$ 53,039,002	N/A	\$ 53,039,002
Interest on the Total OPEB Liability	49,915,121	N/A	49,915,121
Changes of Benefit Terms	0	N/A	0
Differences Between Expected and Actual Experience	(72,984,434)	N/A	(72,984,434)
Changes of Assumptions	124,244,784	N/A	124,244,784
Benefit Payments	(49,969,098)	(49,969,098)	0
Contributions From the Employer	N/A	43,881,808	(43,881,808)
Contributions From the Employee	N/A	0	0
Net Investment Income	N/A	204,275	(204,275)
Administrative Expense	N/A	0	0
Net Changes	\$ 104,245,375	(5,883,015)	\$ 110,128,390
Balance Recognized at 6/30/2021 (Based on 6/30/2020 Measurement Date)	\$ 1,498,058,675	\$ (5,651,615)	\$1,503,710,290

Liability (Gain)/Loss

The following table illustrates the liability gain/loss under GASB 75.

	Fiscal Year Ending 6/30/2020	Fiscal Year Ending 6/30/2021
(1) OPEB Liability at Beginning of Measurement Period	\$ 1,325,979,800	\$ 1,393,813,300
(2) Service Cost	51,348,800	53,039,002
(3) Interest on the Total OPEB Liability	52,488,200	49,915,121
(4) Changes of Benefit Terms	0	0
(5) Changes of Assumptions	37,971,500	124,244,784
(6) Benefit Payments	<u>(42,689,800)</u>	<u>(49,969,098)</u>
(7) Expected OPEB Liability at End of Measurement Period	\$ 1,425,298,500	\$ 1,571,043,109
(8) Actual OPEB Liability at End of Measurement Period	<u>1,393,813,300</u>	<u>1,498,058,675</u>
(9) OPEB Liability (Gain)/Loss	\$ (31,485,200)	\$ (72,984,434)
(10) Average Future Working Life Expectancy	<u>4.78</u>	<u>4.79</u>
(11) OPEB Liability (Gain)/Loss Amortization	\$ (6,586,900)	\$ (15,236,834)

Asset (Gain)/Loss

The following table illustrates the asset gain/loss under GASB 75.

	Fiscal Year Ending 6/30/2020	Fiscal Year Ending 6/30/2021
(1) OPEB Asset at Beginning of Measurement Period	\$ 1,597,300	\$ 231,400
(2) Contributions—Employer	40,942,400	43,881,808
(3) Contributions—Employee	0	0
(4) Expected Investment Income	32,200	8,122
(5) Benefit Payments	(42,689,800)	(49,969,098)
(6) Administrative Expense	0	0
(7) Other	<u>0</u>	<u>0</u>
(8) Expected OPEB Asset at End of Measurement Period	\$ 82,100	\$ (5,847,768)
(9) Actual OPEB Asset at End of Measurement Period	<u>231,400</u>	<u>(5,651,615)</u>
(10) OPEB Asset (Gain)/Loss	\$ (149,300)	\$ (196,153)
(11) Amortization Factor	<u>5.00</u>	<u>5.00</u>
(12) OPEB Asset (Gain)/Loss Amortization	\$ (29,900)	\$ (39,231)

Deferred Outflows/Inflows

The following table illustrates the Deferred Inflows and Outflows as of June 30, 2021 under GASB 75.

	Deferred Outflows	Deferred Inflows
(1) Difference Between Actual and Expected Experience	\$ 0	\$ 76,059,000
(2) Net Difference Between Expected and Actual Earnings on OPEB Plan Investments	0	316,022
(3) Assumption Changes	<u>120,390,316</u>	<u>30,415,900</u>
(4) Sub Total	\$ 120,390,316	\$ 106,790,922
(5) Contributions Made in Fiscal Year Ending 6/30/2021 After Measurement Date	<u>TBD</u>	<u>N/A</u>
(6) Total	\$ 120,390,316	\$ 106,790,922

Amortization of Deferred Inflows/Outflows

The table below lists the amortization bases included in the deferred inflows/outflows as of June 30, 2021.

Date Established	Type of Base	Period		Balance		Annual Payment
		Original	Remaining	Original	Remaining	
7/1/2017	Liability (Gain)/Loss	4.78	0.78	0	0	0
7/1/2017	Assumption Changes	4.78	0.78	(102,299,500)	(16,693,100)	(21,401,600)
7/1/2017	Assets (Gain)/Loss	5.00	1.00	(127,200)	(25,600)	(25,400)
7/1/2018	Liability (Gain)/Loss	4.78	1.78	0	0	0
7/1/2018	Assumption Changes	4.78	1.78	(36,851,300)	(13,722,800)	(7,709,500)
7/1/2018	Assets (Gain)/Loss	5.00	2.00	(110,300)	(44,000)	(22,100)
7/1/2019	Liability (Gain)/Loss	4.78	2.78	(31,485,200)	(18,311,400)	(6,586,900)
7/1/2019	Assumption Changes	4.78	2.78	37,971,500	22,083,900	7,943,800
7/1/2019	Assets (Gain)/Loss	5.00	3.00	(149,300)	(89,500)	(29,900)
7/1/2020	Liability (Gain)/Loss	4.79	3.79	(72,984,434)	(57,747,600)	(15,236,834)
7/1/2020	Assumption Changes	4.79	3.79	124,244,784	98,306,416	25,938,368
7/1/2020	Assets (Gain)/Loss	5.00	4.00	<u>(196,153)</u>	<u>(156,922)</u>	<u>(39,231)</u>
	Total Changes			(81,987,103)	13,599,394	(17,169,297)

Amounts Recognized in the deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in the OPEB expense as follows:

Year End June 30:

2022	\$ (12,460,997)
2023	\$ 5,954,103
2024	\$ 11,691,303
2025	\$ 8,414,985
2026	\$ 0
Total Thereafter	\$ 0

Interest Rate Sensitivity

The following table illustrates the impact of interest rate sensitivity on the Net OPEB Liability for fiscal year ending June 30, 2020:

	1% Decrease (2.51%)	Current Rate (3.51%)	1% Increase (4.51%)
(1) Total OPEB Liability	\$1,536,766,900	\$1,393,813,300	\$1,269,785,600
(2) Plan Fiduciary Net Position	<u>231,400</u>	<u>231,400</u>	<u>231,400</u>
(3) Net OPEB Liability	\$1,536,535,500	\$1,393,581,900	\$1,269,554,200

The following table illustrates the impact of interest rate sensitivity on the Net OPEB Liability for fiscal year ending June 30, 2021:

	1% Decrease (1.21%)	Current Rate (2.21%)	1% Increase (3.21%)
(1) Total OPEB Liability	\$1,677,075,730	\$1,498,058,675	\$1,346,801,587
(2) Plan Fiduciary Net Position	<u>(5,651,615)</u>	<u>(5,651,615)</u>	<u>(5,651,615)</u>
(3) Net OPEB Liability	\$1,682,727,345	\$1,503,710,290	\$1,352,453,202

Healthcare Cost Trend Sensitivity

The following table illustrates the impact of healthcare cost trend sensitivity on the Net OPEB Liability for fiscal year ending June 30, 2020:

	1% Decrease	Trend Rate	1% Increase
(1) Total OPEB Liability	\$1,293,175,000	\$1,393,813,300	\$1,513,360,000
(2) Plan Fiduciary Net Position	<u>231,400</u>	<u>231,400</u>	<u>231,400</u>
(3) Net OPEB Liability	\$1,292,943,600	\$1,393,851,900	\$1,513,128,600

The following table illustrates the impact of healthcare cost trend sensitivity on the Net OPEB Liability for fiscal year ending June 30, 2021:

	1% Decrease	Trend Rate	1% Increase
(1) Total OPEB Liability	\$1,400,818,341	\$1,498,058,675	\$1,614,470,625
(2) Plan Fiduciary Net Position	<u>(5,651,615)</u>	<u>(5,651,615)</u>	<u>(5,651,615)</u>
(3) Net OPEB Liability	\$1,406,469,956	\$1,503,710,290	\$1,620,122,240

Disclosure—Changes in the Net OPEB Liability and Related Ratios

Changes in the Net OPEB Liability and Related Ratios¹

	Fiscal Year Ending			
	2018	2019	2020	2021
Total OPEB Liability				
Service Cost	\$ 59,309,600	\$ 51,881,500	\$ 51,348,800	\$ 53,039,002
Interest Cost	39,468,600	47,795,300	52,488,200	49,915,121
Changes of Benefit Terms	0	0	0	0
Differences Between Expected and Actual Experiences	0	0	(31,485,200)	(72,984,434)
Changes of Assumptions	(102,299,500)	(36,851,300)	37,971,500	124,244,784
Benefit Payments	(38,069,200)	(39,710,200)	(42,489,800)	(49,969,098)
Net Change in Total OPEB Liability	\$ (41,590,500)	\$ 23,115,300	\$ 67,833,500	\$ 104,245,375
Total OPEB Liability (Beginning)	1,344,455,000	1,302,864,500	1,325,979,800	1,393,813,300
Total OPEB Liability (Ending)	\$ 1,302,864,500	\$ 1,325,979,800	\$ 1,393,813,300	\$ 1,498,058,675
Plan Fiduciary Net Position				
Contributions—Employer	\$ 38,048,600	\$ 39,668,900	\$ 40,942,400	\$ 43,881,808
Contributions—Member	0	0	0	0
Net Investment Income	164,800	162,400	181,500	204,275
Benefit Payments	(38,069,200)	(39,710,200)	(42,489,800)	(49,969,098)
Administrative Expense	0	0	0	0
Other	0	0	0	0
Net Change in Plan Fiduciary Net Position	\$ 144,300	\$ 121,100	\$ (1,365,900)	\$ (5,883,015)
Plan Fiduciary Net Position (Beginning)	1,331,900	1,476,200	1,597,300	231,400
Plan Fiduciary Net Position (Ending)	\$ 1,476,200	\$ 1,597,300	\$ 231,400	\$ (5,651,615)
Net OPEB Liability (Ending)	\$ 1,301,388,300	\$ 1,324,382,500	\$ 1,393,581,900	\$ 1,503,710,290
Net Position as a Percentage of OPEB Liability	N/A	N/A	N/A	N/A
Covered-Employee Payroll	\$ 1,663,856,400	\$ 1,890,946,300	\$ 1,991,456,200	\$ 2,046,677,655
Net OPEB Liability as a Percentage of Payroll	78%	70%	70%	73%

¹ GASB 75 was effective first for employer fiscal years beginning after June 15, 2017.

Disclosure—Contribution Schedule

Contributions

	Fiscal Year Ending							
	2018		2019		2020		2021	
Actuarially Determined Contribution	\$	N/A	\$	N/A	\$	N/A	\$	N/A
Contributions Made in Relation to the Actuarially Determined Contribution		N/A		N/A		N/A		N/A
Contribution Deficiency (Excess)	\$	N/A	\$	N/A	\$	N/A	\$	N/A
Covered-Employee Payroll	\$	1,663,856,400	\$	1,890,946,300	\$	1,991,456,200	\$	2,046,677,655
Contributions as a Percentage of Payroll		N/A		N/A		N/A		N/A

Notes to Schedule:

Valuation Date: There is no actuarially determined contribution

Methods and assumptions used to determine contribution rates:

- Actuarial Cost Method: Entry Age Normal Level % of Salary
- Asset Valuation Method: Market Value of Assets
- Salary Increases: 2.75%
- Investment Rate of Return: 3.51%, net of OPEB plan investment expense, including inflation.
- Retirement Rates: Varies by age and service
- Mortality Rates: Pub-2010 Public Retirement Plans Mortality Table weighted by Headcount, projected by MP-2019 (See Actuarial Assumptions and Methods section for additional details)

Appendix

Participant Data

The actuarial valuation was based on personnel information from State of Nevada records as of January 1, 2020. Following are some of the pertinent characteristics from the personnel data as of that date. Prior year characteristics are also provided for comparison purposes. Both age and service have been determined using years and months as of the valuation date.

	January 1, 2018	January 1, 2020
Health Care Participants		
Active Participants ¹		
Number	13,190	10,183
Average Age	51.5	52.1
Average Service	14.4	15.9
Inactive Participants ²		
State Retirees and Surviving Spouses Under Age 65	3,355	3,726
Average Age	59.4	59.7
State Retirees and Surviving Spouses Age 65 and Older	7,129	7,924
Average Age	73.7	74.4
Terminated Vested	2,272	2,280
Average Age	53.4	56.4
State Covered Spouses	2,067	2,250
Average Age	63.6	66.7
Total Participants		
Number	28,013	26,363
Life Insurance Participants		
Active Participants		
Number	13,190	10,183
Average Age	51.5	52.1
Average Service	14.4	15.9
State Inactive Participants		
Number	12,375	13,961
Average Age	62.7	67.6
Non-State Inactive Participants		
Number	7,354	4,233
Average Age	68.2	73.2

¹ Active counts reflect those hired prior to January 1, 2012.

² Inactive counts include terminated vested participants.

Active Participants By Age and Service

The following table summarizes the distribution of the future retiree population by age and service as of January 1, 2020:

(AS OF JANUARY 1, 2020)

Age	COMPLETED YEARS OF SERVICE										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	19	2	0	0	0	0	0	0	21
30-34	0	0	159	147	7	0	0	0	0	0	313
35-39	0	0	231	505	148	3	0	0	0	0	887
40-44	0	0	176	635	375	95	3	0	0	1	1,285
45-49	0	0	208	677	544	275	56	3	0	1	1,764
50-54	0	0	204	656	537	357	110	11	1	0	1,876
55-59	0	0	189	579	502	322	129	33	3	1	1,758
60-64	0	0	138	444	343	221	117	55	15	5	1,338
65-69	0	0	61	171	153	117	58	46	16	5	627
70+	0	0	17	62	75	43	35	43	18	21	314
Total	0	0	1,402	3,878	2,684	1,433	508	191	53	34	10,183

Plan Provisions

Eligibility

For a retiree to participate in the PEBP program, the participant must be receiving a PERS, LRS, JRS, or RPA benefit. PERS eligibility requirements vary by employee group and benefit type. Actives hired after December 31, 2011 are not eligible for any subsidy from PEBP. In addition, actives hired after December 31, 2009 and who retire with less than 15 years of continuous service (except a disability retirement) are not eligible for a subsidy from PEBP.

Normal Retirement—Regular Employees

- Minimum age of 65 with 5+ years of service
- Minimum age of 60 with 10+ years of service
- Minimum 30 years of service, regardless of age

Normal Retirement—Police & Fire Employees

- Minimum age of 65 with 5+ years of service
- Minimum age of 55 with 10+ years of service
- Minimum age of 50 and 20+ years of service
- Minimum 25 years of service, regardless of age

Disability Benefit

- Minimum 5 years of service, regardless of age

Reduced Benefit

- Minimum 5 years of service, regardless of age

For this valuation, Regular Employees were considered eligible for retirement at a minimum age of 50 with 5 years of service and Police & Fire Employees were considered eligible for retirement at a minimum age of 45 with 5 years of service.

Surviving spouses are not eligible to receive post-Medicare benefits.

Medical and Rx Benefits

▪ Pre-Medicare Retirees

For retirees with younger spouses, retirees and spouses will move to the Exchange once the spouse becomes Medicare eligible (age 65). For retirees with older spouse, retirees and spouses will both move to the Exchange when the retiree becomes Medicare eligible.

▪ Medicare Retirees

Certain retirees over age 65 are not eligible for Medicare Part A as indicated on the data. For these participants, we have assumed they will not become eligible for Medicare Part A at any time in the future. Current active employees are assumed to be eligible for Medicare Part A. Medicare eligible retirees will go to the Exchange.

Medical and Rx Benefits

▪ Terminated Vested

If service is less than 10 years, Terminated Vested (TVs) participants are assumed to retire at age 65 and go directly to the Exchange. If service is ten years or more, TVs are assumed to retire at age 60 and move to the Exchange in the same manner as actives outlines above.

▪ Current Actives

Actives enrolled in the CDHP are assumed to participate in this plan upon retirement. It is assumed 5% of pre-Medicare actives enrolled in the HPN Plan will participate in the CDHP upon retirement. Likewise, it is assumed 20% of pre-Medicare actives enrolled in the HTH Plan will participate in the CDHP upon retirement. The balance of the HMO populations will remain in the HMO plan as early retirees. These assumptions were based upon actual PEBP census. For all plans, when actives retire and then reach age 65, it is assumed they become Medicare eligible. Once both the participant and spouse become Medicare eligible, it is assumed they will both participate in the Exchange.

Dental Benefits

Pre-Medicare retirees will participate in PEBP's Dental Plan. Those enrolled in the EHPD plan will assume to enroll in PEBP's dental plan. For those future Exchange retirees, we assume 55% will participate in PEBP's Dental program.

Life Insurance Benefits

If you participate in a PEBP medical plan, your benefits include \$12,500 life insurance. Zero retiree contributions have been assumed for the life insurance. The life insurance retiree contribution for non-Medicare retirees is included in the medical premium. For Medicare retirees, the premium is paid by PEBP.

HRA Benefit

The following monthly amount will be credited on behalf of Medicare Eligible Retirees, effective July 1, 2020:

- For those who retired prior to January 1, 1994, the dollar amount is equal to \$195 (previously was \$180).
- For those who retired on or after January 1, 1994, the dollar amount is equal to the base amount (\$13) multiplied by the years of service credit up to a maximum of 20 years of service. Prior to this plan year, the base amount was \$12.

Retiree Medical Contributions (Effective 7/1/2020-6/30/2021)

<ul style="list-style-type: none"> ▪ State Non-Medicare Retirees and Survivors 		CDHP	HMO
	Retiree	\$233.59	\$419.79
	Retiree + Spouse	\$553.84	\$994.97
	Surviving Spouse	\$627.31	\$855.12
<ul style="list-style-type: none"> ▪ Non-State Non-Medicare Retirees and Survivors 		CDHP	HMO
	Retiree	\$233.59	\$419.79
	Retiree + Spouse	\$553.84	\$994.97
	Surviving Spouse	\$1,022.49	\$813.22
<ul style="list-style-type: none"> ▪ Voluntary Dental Rates for Medicare Exchange Retirees 		State	Non-State
	Retiree	\$40.44	\$41.67
	Retiree + Spouse	\$80.87	\$83.33
	Surviving Spouse	\$40.44	\$41.67
Subsidy for Retirees Enrolled in CDHP or HMO Plans	Years of Service	7/1/2020	
	5		\$358.61
	6		\$322.75
	7		\$286.89
	8		\$251.03
	9		\$215.17
	10		\$179.31
	11		\$143.45
	12		\$107.58
	13		\$71.72
	14		\$35.86
	15		\$0.00
	16		(\$35.86)
	17		(\$71.72)
18		(\$107.58)	
19		(\$143.45)	
20		(\$179.31)	

Part B Premium	The State of Nevada pays the Part B premium for eligible participants in the CDHP and HMO Plans. If not specifically indicated on the data, it is assumed any retiree over age 65 and participating in these plans will receive the Part B premium and the State pays the premium. For retirees indicated on the data file as eligible for Part B, it is assumed they will receive the Part B premium subsidy. The Part B premium subsidy in effect for 2020 calendar year is \$135.50 per month.
Administrative Fees (Per Employee Basis)	Effective as of January 1, 2020 <ul style="list-style-type: none">▪ CDHP: \$672.12▪ HMO: \$673.68
HRA Account Reversions	<ul style="list-style-type: none">▪ Pre-65 CDHP: 5.0%▪ Medicare HRA: 0.5%

Health Care Claims Development

On March 23, 2010, the “Patient Protection and Affordable Care Act” was signed into law, followed by the passage of the “Health Care and Education Affordability Reconciliation Act of 2010” on March 30, 2010 (“Acts”). The health care reforms contained in these Acts have wide-spread impact on health care programs, including those covering retirees. This valuation reflects Aon’s interpretation of the Acts based on information currently available. Future regulations on each aspect of the Acts may be different than Aon’s initial interpretations.

Key issues in Health Care Reform that have an effect on the valuation include:

- Excise tax on high-cost health plans
- Group market reforms
- Early Retiree Reimbursement Program
- Taxation of Retiree Drug Subsidy for post-65 coverage

The valuation issues related to each of these topics are discussed below.

Health Care Reform Excise Tax Adjustment:

The “Further Consolidated Appropriations Act, 2020” signed into law on December 20, 2019, included a permanent repeal of the excise tax on high-cost plans (a.k.a. “the Cadillac tax”) originally imposed by the Affordable Care Act in 2010. As a result, there is no impact from the excise tax in the valuation.

Group Market Reforms

- Requirement to Cover Children to Age 26
 - The Acts requires that a group health plan that provides dependent coverage of children shall continue to make such coverage available for an adult child until the child turns 26 years of age. Current and future dependent children are valued implicitly in the valuation. Per capita claims costs were developed using claims information for all covered lives and adult headcounts. As such, the impact of child coverage is built into the per capita claims for retirees and spouses.
- Elimination of Benefit Limitations
 - The Acts include a number of other provisions that may increase the cost of retiree health care including the elimination of lifetime maximum benefits and “restrictive” annual benefit limitations. We have made no adjustment for these additional benefits because there are no material limits in the plans.

Medicare Part D reimbursements and the Early Retiree Reinsurance program do not fall under GASB 75.

Claims Cost Development

The first step in determining the liabilities under a postretirement welfare plan is to calculate the expected average claims cost per participant in the coming year. The preliminary per capita costs were developed as follows:

- The average medical/Rx and dental per capita claims costs were developed from the fiscal year 2021 premium rates for the HMO plan and premium-equivalent rates for the other plans. Premium/premium-equivalent rates were provided by the State of Nevada health pricing actuary. The

expected medical/Rx and dental per capita “adult-equivalent” claims costs were based on the respective active, pre-65 retiree, and non-Medicare eligible post-65 retiree enrollment weighted average of the four-tier rate structure including the cost of dependent children as provided by the State of Nevada, and were already centered at the mid-point of the annual period following the valuation date. Average medical/Rx per capita claims costs were then age-adjusted based on the demographics of the population, and the assumed health care aging factors shown in the table below. Average dental per capita claims costs were not adjusted for aging.

- Participants who are eligible for Medicare Part A and not yet eligible to participate in the retiree medical exchange are assumed to experience per capita costs 50% lower than post65 participants not eligible for Medicare Part A.
- Fiscal year 2021 per capita administrative costs are assumed to be \$432 and \$485 for CDHP and HMO, respectively. Administrative expenses were based on actual fiscal 2021 administrative costs, converted to a per member per year rate.

Models are used to estimate underlying per capita medical, prescription drug, and dental claims costs, subsequently utilized as assumption inputs for valuation models used to develop the liabilities for the 2020 and future valuations. The Aon consulting team leveraged expertise of Health experts within Aon as it relates to reviewing the models used for development of the per capita claims costs and future trend rates.

The sample per capita medical/Rx and dental claims cost assumptions shown below by age, benefit, and plan represent the true underlying baseline experience for non-Medicare eligible participants, not including administrative expenses, estimated for the State of Nevada's sponsored postretirement benefits and costs. These rates are used in the expense calculation for the period 7/1/2020 – 6/30/2021 and disclosures as of 6/30/2021.

Age	State CDHP/PPO	State EPO/HMO	Non-State CDHP/PPO	Non-State EPO/HMO	Dental
50	\$7,129	\$9,440	\$7,276	\$5,803	\$490
55	8,800	11,652	8,980	7,162	490
60	10,914	14,451	11,138	8,882	490
65	13,152	17,413	13,420	10,703	490
70	15,321	20,286	15,633	12,469	490
75	16,999	22,507	17,344	13,835	490
80	18,223	24,128	18,593	14,831	490
85	19,438	25,738	19,834	15,820	490
90+	20,028	26,518	20,436	16,300	490

Age Grading Factors

Age	Composite
Under 44	3.3%
45–49	3.8%
50–54	4.3%
55–59	4.4%
60–64	3.8%
65–69	3.1%
70–74	2.1%
75–79	1.4%
80–84	1.3%
85–89	0.6%
90 and Over	0.0%

Actuarial Assumptions and Methods

The actuarial assumptions and methods used in the June 30, 2021 valuation are stated below.

Valuation Date	January 1, 2020
Census Date	January 1, 2020
Measurement Date	June 30, 2020
Actuarial Method	Entry Age Normal Level % of Pay
Inflation (CPI)	2.50%
Discount Rate	Based on Bond Buyer General Obligation 20-Bond Municipal Bond Index: <ul style="list-style-type: none"> ▪ Measurement Date June 30, 2019: 3.51% ▪ Measurement Date June 30, 2020: 2.21%

Health Care Trend Rates

<ul style="list-style-type: none"> ▪ Medical, Rx and Administrative Fees 	<table> <thead> <tr> <th style="text-align: left;">Year</th> <th style="text-align: left;">Trend</th> </tr> </thead> <tbody> <tr><td>2020</td><td>6.25%</td></tr> <tr><td>2021</td><td>6.25%</td></tr> <tr><td>2022</td><td>6.00%</td></tr> <tr><td>2023</td><td>5.75%</td></tr> <tr><td>2024</td><td>5.75%</td></tr> <tr><td>2025</td><td>5.50%</td></tr> <tr><td>2026</td><td>5.25%</td></tr> <tr><td>2027</td><td>5.25%</td></tr> <tr><td>2028</td><td>5.00%</td></tr> <tr><td>2029</td><td>4.75%</td></tr> <tr><td>2030</td><td>4.75%</td></tr> <tr><td>2031</td><td>4.50%</td></tr> </tbody> </table>	Year	Trend	2020	6.25%	2021	6.25%	2022	6.00%	2023	5.75%	2024	5.75%	2025	5.50%	2026	5.25%	2027	5.25%	2028	5.00%	2029	4.75%	2030	4.75%	2031	4.50%
Year	Trend																										
2020	6.25%																										
2021	6.25%																										
2022	6.00%																										
2023	5.75%																										
2024	5.75%																										
2025	5.50%																										
2026	5.25%																										
2027	5.25%																										
2028	5.00%																										
2029	4.75%																										
2030	4.75%																										
2031	4.50%																										
<ul style="list-style-type: none"> ▪ Dental 	4.00%																										
<ul style="list-style-type: none"> ▪ Admin 	3.00%																										
<ul style="list-style-type: none"> ▪ HRA Accounts 	0.00%																										
<ul style="list-style-type: none"> ▪ Part B Premiums 	4.50%																										
Life Insurance Administrative Load	10.00%																										

Actuarial Assumptions and Methods

Health Benefits Participation	90% of current eligible actives and 60% of current terminated vested employees will elect retiree plan coverage. Additionally, 60% of future retirees who have declined coverage are assumed to elect to participate in the plan upon retirement. 60% of actives decremented to withdrawal from the plan with at least five years of service will elect retiree medical and dental coverage.
Life Insurance Participation	All active employees and current retirees that elected healthcare coverage. Reinstated retirees and survivors are not eligible to receive the life insurance benefit.
Plan Election Percentage	Future retiree election percentage is based on the current retiree plan enrollment distribution.
Demographic Assumptions	<p>Census data was provided by the State and adjustments were made for missing data, which have an insignificant effect on the liability.</p> <p>The census provided did not include gender for every terminated vested participant, so it was assumed that the percentage of males among the terminated vested population is consistent with the percentage of males among the retiree population.</p> <p>All actives are assumed to accumulate State service only. A factor has been applied to total service for State and Non-State retirees which represents the percentage of a retiree's total service that is attributable to service with the State:</p> <ul style="list-style-type: none"> <li data-bbox="628 1205 1016 1232">▪ State: 94% <li data-bbox="628 1251 1016 1278">▪ Non-State Retiree: 13%
Spouse Age Difference & Marriage Percentage	<p>Male participants are assumed to be four years older than spouses; female participants are assumed to be two years younger than spouses.</p> <p>30% of active males and 15% of active females will elect retiree spouse coverage.</p>

Actuarial Assumptions and Methods

Healthy Mortality Officers: Pub-2010 Public Retirement Plans Safety Mortality Table weighted by Headcount, projected by MP-2019
 Civilians: Pub-2010 Public Retirement Plans General Mortality Table weighted by Headcount, projected by MP-2019

Disabled Mortality Officers: Pub-2010 Public Retirement Plans Safety Disabled Mortality Table weighted by Headcount, projected by MP-2019
 Civilians: Pub-2010 Public Retirement Plans General Disabled Mortality Table weighted by Headcount, projected by MP-2019

Retirement Rates See Table A.

Withdrawal Rates See Table B.

Disability Rates See Table C.

Salary Scale

▪ Inflation 2.75%

▪ Productivity Pay Increases 0.50%

▪ Promotional and Merit Salary Increase

Years of Service	Regular	Police & Fire
Under 1	5.90%	10.65%
1	4.80%	7.15%
2	4.00%	5.20%
3	3.60%	4.60%
4	3.30%	4.30%
5	3.00%	4.15%
6	2.80%	3.90%
7	2.70%	3.50%
8	2.50%	3.15%
9	2.35%	2.90%
10	2.15%	2.50%
11	1.75%	1.90%
12	1.50%	1.50%
13	1.25%	1.30%
14	1.10%	1.30%
15+	1.00%	1.30%

Actuarial Assumptions and Methods

Table A—Retirement Rates

Age	Regular Years of Service (%)				
	5-9	10-19	20-24	25-29	30+
45-49	0.00	0.00	0.75	6.50	16.00
50-54	0.50	1.50	1.50	8.50	18.00
55-59	1.50	3.50	5.00	12.00	20.00
60-61	6.50	11.00	17.00	22.00	22.00
62-64	9.00	13.00	17.00	22.00	22.00
65-69	20.00	20.00	22.00	25.00	25.00
70-74	30.00	30.00	40.00	40.00	40.00
75+	100.00	100.00	100.00	100.00	100.00

Age	Police/Fire Years of Service (%)				
	5-9	10-19	20-24	25-29	30+
Under 40	0.00	0.00	0.00	0.00	0.00
40-44	0.00	0.50	3.50	0.00	0.00
45-49	0.00	1.00	6.50	18.00	18.00
50-54	1.50	4.50	13.00	20.00	24.00
55-59	3.50	10.00	20.00	25.00	28.00
60-64	9.00	18.00	25.00	35.00	35.00
65-69	50.00	50.00	60.00	60.00	60.00
70+	100.00	100.00	100.00	100.00	100.00

Actuarial Assumptions and Methods

Table B—Withdrawal Rates

Years of Service	% Regular	% Police/Fire
0-1	16.00	15.00
1-2	12.50	8.00
2-3	10.25	7.50
3-4	8.00	6.00
4-5	7.50	5.00
5-6	6.00	3.75
6-7	5.25	3.50
7-8	4.25	2.50
8-9	4.00	2.25
9-10	3.75	1.90
10-11	3.25	1.50
11-12	3.00	1.30
12-13	2.75	1.00
13-14	2.50	0.90
14-15	2.25	0.80
15-16	2.00	0.70
16-17	2.00	0.60
17-18	1.75	0.50
18-19	1.75	0.50
19-20	1.75	0.50
20+	1.75	0.45

Actuarial Assumptions and Methods

Table C—Disability Rates

Age	% Regular	% Police/Fire
20-24	0.01	0.00
25-29	0.03	0.06
30-34	0.06	0.12
35-39	0.10	0.30
40-44	0.21	0.45
45-49	0.35	0.65
50-54	0.60	0.80
55-59	0.75	0.65
60-64	0.40	0.50
65+	0.00	0.00

5.

5. Executive Officer Report (Laura Rich, Executive Officer) (Information/Discussion)



LAURA RICH
Executive Officer

STEVE SISOLAK
Governor

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LAURA FREED
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: July 29, 2021

Item Number: V

Title: Executive Officer Report

SUMMARY

This report will provide the Board, participants, public, and other stakeholders information on the overall activities of PEBP.

REPORT

OPERATIONS

Staff have continued their efforts with the LSI and BenefitFocus teams to ensure a seamless transition to the new eligibility and enrollment system that will be going live January 1, 2022. The system, which manages most of the functionality at PEBP and is used by members, staff and agency HR representatives, is an integral part of PEBP operations at all levels so the rigorous staff dedication to this project is critical.

In addition, staff and our vendor partners have been heavily involved in smoothing the transition from the Hometown Health network to the Aetna network. Members received various communications alerting them of this change leading up to July 1 and HTH network providers received alerts regarding PEBP's switch to the Aetna network encouraging providers who would not be in-network after July 1 to properly inform their patients. HealthScope Benefits (HSB) and American Health Holding (AHH) have identified members undergoing active treatment whose providers are no longer in-network and have coordinated with the various parties to ensure those members continue to receive treatment at the in-network benefit level without changing providers as required under NRS 695G.164. When an out-of-network provider is identified, HSB reaches out with instructions on how to contract with the network. HSB and staff have also

assisted members with locating appropriate alternative in-network providers, as well as supporting providers who wish to contract with Aetna in order to ensure they can continue providing care to their existing PEBP members.

FEDERAL FUNDING OPPORTUNITIES

Since learning that the state continues to have unspent Coronavirus Relief Funds (CRF), PEBP has resumed discussions with the Governor’s Finance Office regarding the possibility of receiving additional funding. PEBP originally received \$5.6M in CRF reimbursements for COVID related testing and treatment through December 31, 2020. To date, PEBP has incurred an additional ~\$4.5M (including vaccination costs) which has been requested for reimbursement using any remaining CRF dollars. At this time, no additional information from the GFO has been received.

PEBP also applied for FEMA assistance to cover the cost of vaccines absorbed by the program, however PEBP received notification from FEMA that this request was not approved.

ENROLLMENT DATA

PEBP Migration as of 7/1 – Primary Members

Plan	PY2021 Enrollment	PY2022 Enrollment
HMO	3,919	3,634
CDHP	23,323	19,410
EPO	4,716	4,185
LD	N/A	3,354
Dental Only	9,772	9,111
Declined	2,068	1,975

6.

6. Presentation and possible action on the Northwest Prescription Drug Consortium (Laura Rich, Executive Officer) (**For Possible Action**)



LAURA RICH
Executive Officer

STEVE SISOLAK
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LAURA FREED
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: July 29, 2021

Item Number: VI

Title: Northwest Prescription Drug Consortium

SUMMARY

This report will provide the Board, participants, public, and other stakeholders information on PEBP's option to join the Northwest Prescription Drug Consortium.

BACKGROUND

During the last several legislative sessions, the legislature has passed various legislation providing state agencies increasing authority to leverage their buying power by joining purchasing coalitions. For example, NRS 277.110 authorizes public agencies to exercise any power jointly with a public agency of any other state and NRS 333.435 specifically allows a state agency to join with governmental agencies of other states for the collaborative purchasing of prescription drugs. Senate Bill 396, which passed last session, expands this authority to include private entities.

PEBP's Pharmacy Benefit Manager contract with Express Scripts is due to expire on June 30, 2022. In addition to planning and preparation for a Request for Proposal (RFP) release, PEBP has also explored and analyzed the option of joining an established prescription drug purchasing group through the Northwest Prescription Drug Consortium.

REPORT

The Northwest Prescription Drug Consortium is a group created as part of an inter-state agreement between Oregon and Washington as a means to leverage purchasing power between

the two states. The consortium was formed to allow Oregon and Washington State agencies, local governments, businesses and labor organizations to pool their purchasing power to get better pricing on prescription drugs. It strives to achieve full transparency using fixed costs and a 100% pass through model. This ensures that participating programs pay exactly what a pharmacy is paid for a medication. This pricing model is beginning to be offered among the traditional PBM's, however it is not standard and not what PEBP's contract with ESI offers today. Instead, PEBP participates in the more common pricing model, which is where the payer (PEBP) is billed more than pharmacies and the PBM keeps the difference (this is referred to as the spread). Although PEBP receives aggregate data, this type of model lacks transparency because only aggregate pricing is typically provided. From a member perspective, the Consortium functions similarly to a traditional PBM model by offering retail and specialty pharmacy access, including all the typical customer service tools and amenities offered by other PBM's.

PEBP has completed an extensive analysis using actual claims data and has determined from a cost perspective that the Consortium option (in comparison to PEBP's current contract with ESI), is significantly more cost effective. However, it is extremely important to note that although PEBP has completed a general comparison of non-cost related factors (member tools, pharmacy network, cost containment programs, formulary options, reporting abilities, etc.), the comparison has not undergone the scrutiny that would be required in a typical RFP evaluation. It appears, based on discussions with the Consortium staff and vendors that the Consortium could conform to PEBP requirements quite easily but in-depth contractual discussions, which could uncover unforeseen challenges, have not occurred.

PEBP has several options on how it can proceed and ultimately contract:

1. Recognizing that existing statute allows PEBP to join the Consortium absent of a formal solicitation, PEBP can move forward with this option and elect to not proceed with a PBM solicitation.
2. PEBP continues course by releasing a formal solicitation for a PBM. The Consortium will only be considered if a proposal is submitted through the normal solicitation process.
3. PEBP continues course by releasing a formal solicitation for a PBM. Once a winning bidder is selected, the Board can then choose to compare the winning bid against the Consortium option. If the Consortium is selected, the RFP is cancelled and PEBP will contract directly with the Consortium. If not, PEBP will move forward with negotiations with the winning bidder.

Attachment A: Northwest Drug Consortium Presentation

Recommendation: Although a formal solicitation requires tremendous time and effort, it is in PEBP's best interest to release an RFP to ensure the program is able to consider all pricing and options the market is willing to offer.



Northwest Prescription Drug Consortium
Integrating Solutions for Best Value

Administered by **moda**
HEALTH

Nevada PEBP PBM Discussion
July 29, 2021

Agenda

- Introductions
- Northwest Prescription Drug Consortium Overview
- Pharmacy Benefit Manager Responsibilities
- Northwest Consortium PBM Services
- Public Sector Member States
- Q &A

Northwest Prescription Drug Consortium Overview

Northwest Prescription Drug Consortium

Created for States by States



- An inter-state agreement between the States of Oregon and Washington.
- Intended to meet the pharmacy needs for public entities where stewardship of tax dollars is our highest priority.
- Overseen by a team of experienced public officials with over 100 years of experience in pharmacy supply chain and pharmacy benefit management and contracting.
- Available to public sector entities and municipalities nationally.

Procurement Standards and Process

- Operating since 2006
- Regularly scheduled public procurements
- Procurement officer oversight
- State of Oregon Chief Procurement Officer engagement
- Oregon Department of Justice and Washington Office of the Attorney General oversight
- Statutory approval to conduct cooperative inter-state agreements

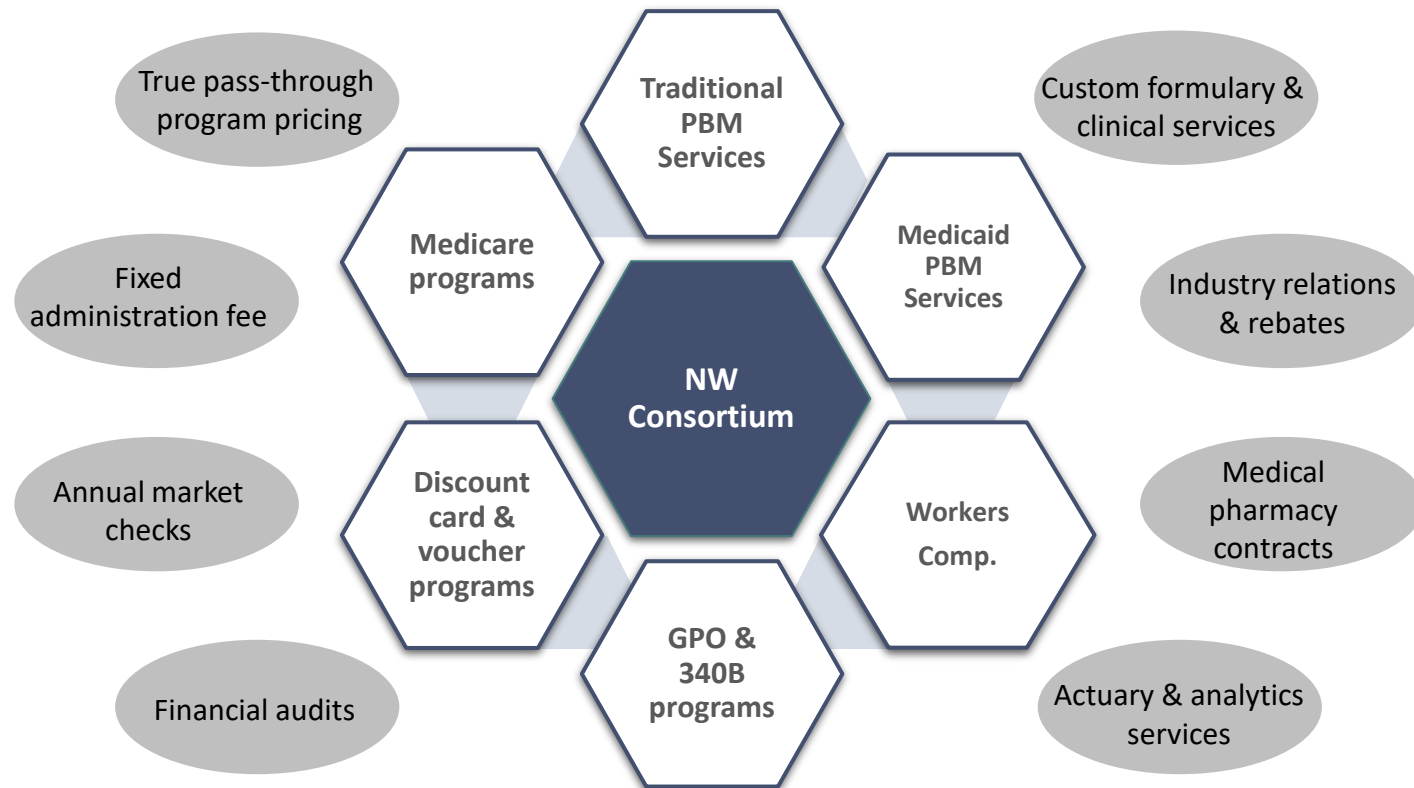
Program Services

Broad range of prescription drug cost and pharmacy solutions



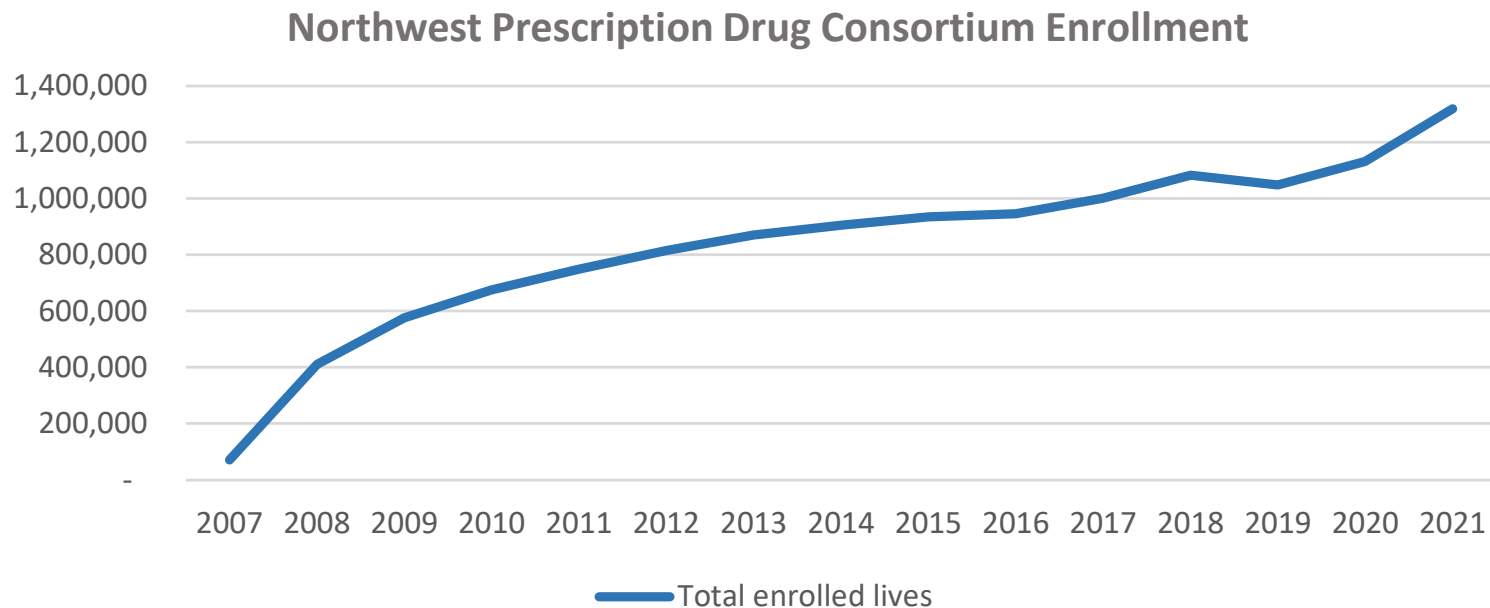
Range of Programs & Service Offerings

Oversight and governance focused on openness, transparency and auditability



Over a Decade of Sustained Growth

Almost 15 years of service and more than 1.3 million members served



Pharmacy Benefit Manager Responsibilities

Responsibilities of Pharmacy Benefit Managers (PBM)

A PBM :

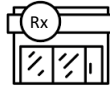
- Administers the prescription drug portion of a health plan/benefit
- Is the entity that negotiates drug prices with pharmacies and creates/administers drug formularies
- Is a middleman between the health plan and members, pharmacies and drug manufacturers for rebates



Process claims. Establish member eligibility and authorize claims submitted by pharmacies for payment.



Manage formularies. Administer pharmacy & therapeutic committee reviews to select drugs that will be covered by the pharmacy and medical benefit.



Create and administer networks of pharmacies. Ensure that members have broad access to retail pharmacies.



Ensure patient compliance. Administer programs to monitor and track that medications are taken as prescribed.



Operate mail order and specialty pharmacies. Responsible for having medications delivered directly to a patient's door.



Administer rebate programs. Negotiate rebates with manufacturers to leverage financial performance.

PBM Transparency

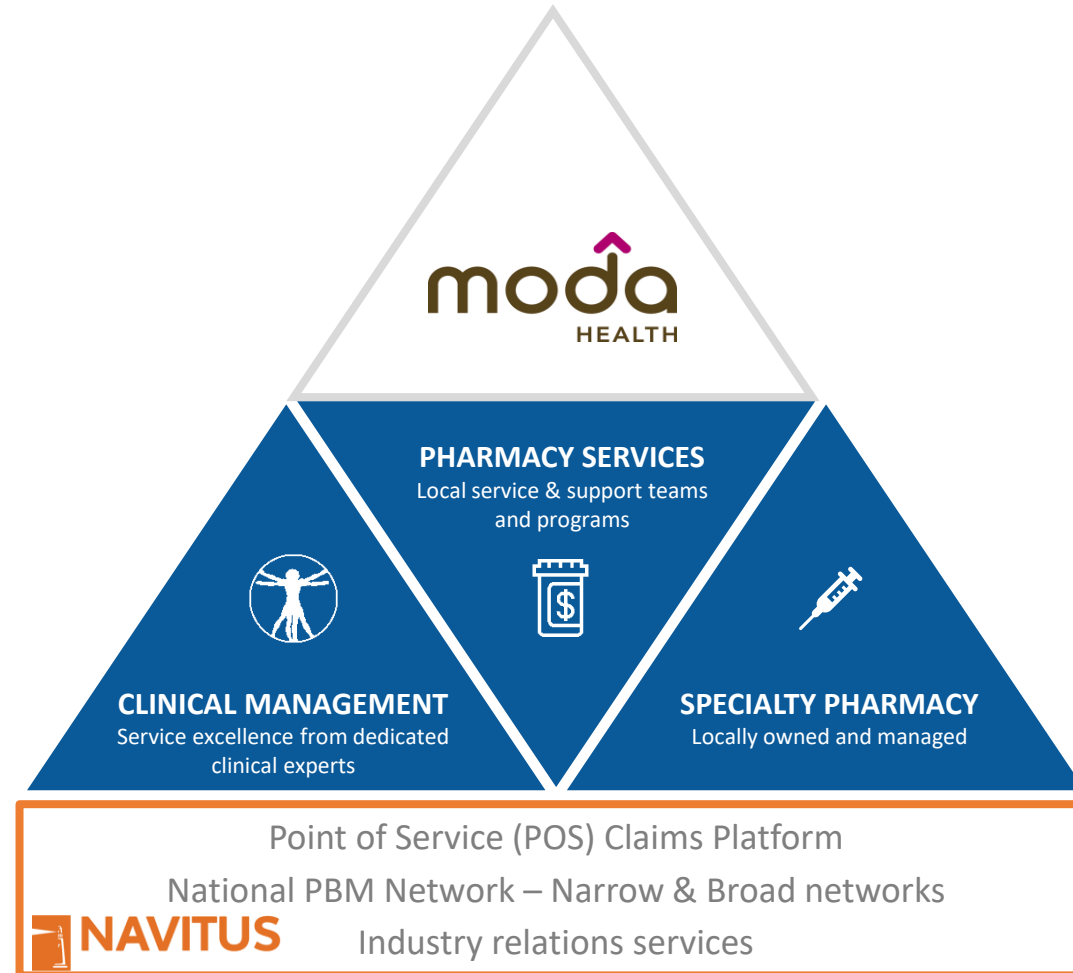
- Historically, PBMs have operated in the dark without a lot of visibility into how they charge for their services, and the money they make.
 - Services are usually offered with no administrative fees
 - Typically capture undisclosed spread pricing between what they charge health plans and what they pay pharmacies
 - Capture undisclosed revenue from manufacturers for products on their drug formularies (or have ways to limit discovery of this revenue)
 - Have very limited oversight or audit rights that they grant to payers

Northwest Consortium PBM Services

Northwest Consortium PBM Solution Elements

- Benefit administration
- Clinical management
- Network administration
- Rebate program administration
- Reporting
- Member services
- Administrative fees
- Optional services

Northwest Consortium PBM Services

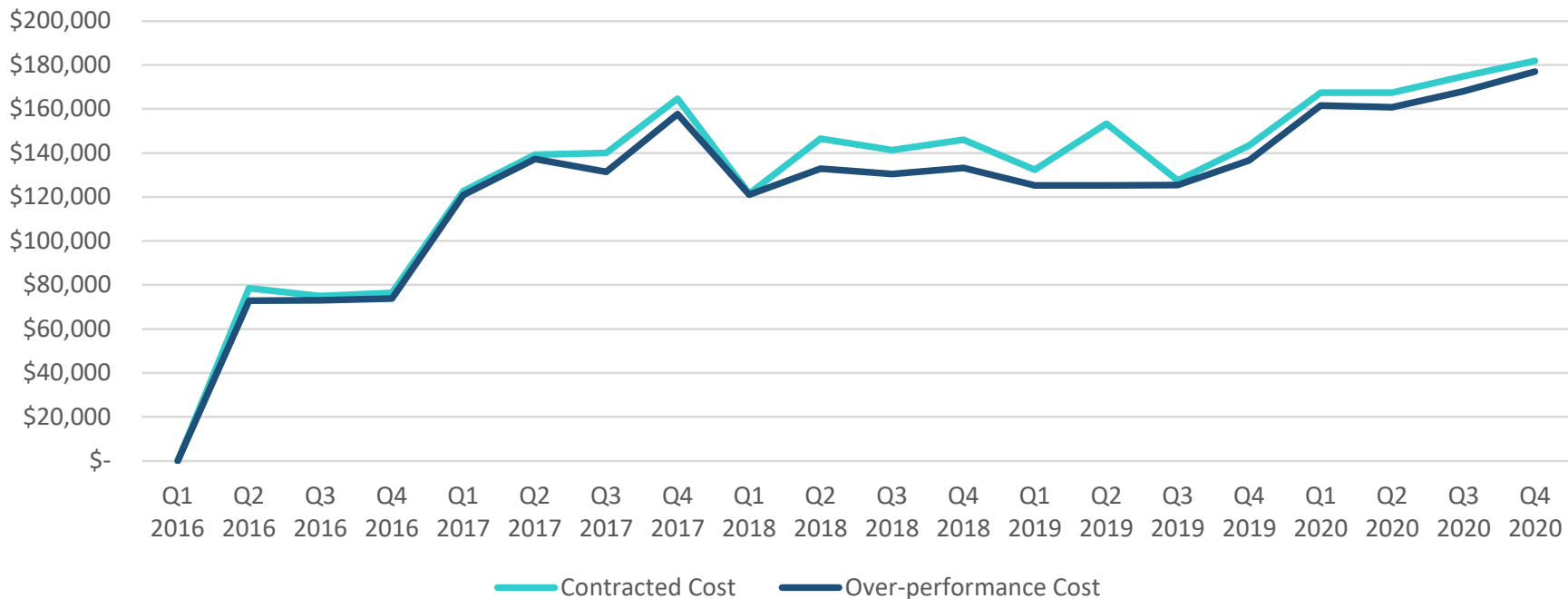


Northwest Consortium Operating Principles

- Built for public sector purchasers
- Comprehensive audit rights
- Fully transparent operations
- Pure pass-through pricing from pharmacies
- 100% pass-through of all manufacturer rebates and fee payments
- Predictability around administration fees (per Rx per paid claim or PMPM)
- Annual market checks
- Governance and oversight
- Highly customizable (formularies and clinical services)

Value of Pass-Through Over-Performance

Over \$135 million in additional savings on pharmacy benefits through network over-performance since 2016



Public Sector Member States

Northwest Consortium Member State Program

- Participation in scheduled governance and oversight reviews
- Participation in and voting rights on Consortium-sponsored initiatives
- Attendance in steering committee meetings
- Attendance at Consortium-sponsored events and meetings
- Access to Consortium reporting portal and de-identified reports

Summary

- Northwest Consortium – a pharmacy services purchasing alliance designed to work across states with public and private partners.
- Pursuing participation from other states to benefit from the programs and services we offer to public purchasers.
- Continue to evaluate and innovate to improve the pharmaceutical supply chain:
 - Fulfillment
 - Wholesaler distribution
 - Manufacturer

Q&A and Next Steps



Washington
Prescription
Drug Program

Northwest Prescription Drug Consortium

Integrating Solutions for Best Value

Administered by **moda**
HEALTH

7.

- 7. Presentation and possible action on the status and approval of PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer) **(For Possible Action)**
 - 7.1 Contract Overview
 - 7.2 New Contracts
 - 7.3 Contract Amendments
 - 7.4 Contract Solicitations
 - 7.5 Status of Current Solicitations



LAURA RICH
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LAURA FREED
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: July 29, 2021
Item Number: VII
Title: Contract Status Report

Summary

This report addresses the status of PEBP contracts to include:

1. Contract Overview
2. New Contracts for approval
3. Contract Amendments for approval
4. Contract Solicitations for approval
5. Status of Current Solicitations

7.1 Contracts Overview

Below is a listing of the active PEBP contracts as of June 30, 2021.

PEBP Active Contracts Summary							
Vendor	Service	Contract #	Effective Date	Termination Date	Contract Max	Current Expenditures	Amount Remaining
HealthScope Benefits	TPA	11825	2/8/2011	6/30/2022	\$ 62,600,000	\$ 57,208,041	\$ 5,391,959
Health Claim Auditors Inc.	Health Plan Auditor	12614	10/11/2011	9/30/2022	\$ 2,827,910	\$ 1,535,497	\$ 1,292,413
HealthScope Benefits	National PPO	13330	7/1/2012	6/30/2022	\$ 15,455,000	\$ 11,202,909	\$ 4,252,091
The Standard	Group Basic Life Insurance	14276	7/1/2013	6/30/2022	\$ 80,587,091	\$ 76,307,632	\$ 4,279,459
HealthScope Benefits	Voluntary Flexible Spending Account	14465	7/1/2013	6/30/2022	\$ 125,000	\$ -	\$ 125,000
Diversified Dental Services Inc.	Dental Contract	14563	7/9/2013	6/30/2021	\$ 3,081,984	\$ 2,533,604	\$ 548,380
HealthScope Benefits	Dental Claims	14574	7/9/2013	6/30/2022	\$ 6,100,000	\$ 5,050,894	\$ 1,049,106
Hometown Health Providers	In-state PPO Network	15510	7/1/2014	6/30/2022	\$ 9,955,139	\$ 8,535,716	\$ 1,419,423
Standard Insurance Company	Voluntary Life Insurance	15503	7/1/2014	6/30/2023	\$ 22,500,000	\$ -	\$ 22,500,000
Morneau Shepell LTD	Benefits Management System	15941	1/1/2015	12/31/2023	\$ 8,623,789	\$ 6,007,334	\$ 2,616,455
Extend Health, Inc	Medicare Exchange	16468	7/1/2015	6/30/2025	\$ 1,546,000	\$ 1,233,742	\$ 312,258
KPS3	Website Redesign	17226	11/1/2015	6/30/2021	\$ 80,775	\$ 69,783	\$ 10,992
Casey,Neilon & Associates	Financial Auditor	17424	3/8/2016	12/31/2021	\$ 236,500	\$ 225,052	\$ 11,448
Express Scripts, Inc.	Pharmacy Benefit Manager	17551	4/12/2016	6/30/2022	\$291,134,666	\$ 236,057,102	\$ 55,077,564
AON Consulting	Consulting Services	17596	7/1/2016	6/30/2022	\$ 3,601,585	\$ 2,777,740	\$ 823,845
Health Plan of Nevada Inc	Southern Nevada HMO	18362	7/1/2017	6/30/2021	\$231,000,000	\$ 149,562,738	\$ 81,437,262
American Health Holdings	PPO Utilization Management Case Management	21376	7/1/2019	6/30/2023	\$ 8,000,000	\$ 3,869,465	\$ 4,130,535
Labyrinth Solutions, Inc.	Benefits Management System	23678	12/8/2020	6/30/2027	\$ 6,849,000	\$ -	\$ 6,849,000
Aetna	PPO Network	23846	7/1/2021	6/30/2026	\$ 7,127,250	\$ -	\$ 7,127,250
Health Plan of Nevada Inc	HMO Provider	23802	7/1/2021	6/30/2025	\$192,093,848	\$ -	\$192,093,848
Diversified Dental Services Inc.	Dental Provider	23810	7/1/2021	6/30/2026	\$ 1,601,613	\$ -	\$ 1,601,613
Claim Technologies	Health Plan Auditor	24030	4/13/2021	6/30/2027	\$ 1,407,656	\$ -	\$ 1,407,656
CliftonLarsonAllen	Financial Auditor	24088	5/15/2021	12/31/2024	\$ 212,485	\$ -	\$ 212,485

Recommendation

No action necessary

7.2 New Contracts

PEBP does not currently have any new contracts for ratification.

7.3 Contract Amendment Ratifications

The following active PEBP contracts require amendments:

7.3.1 HEALTHSCOPE PPO NETWORK

PEBP contracted with HealthScope Benefits for National Preferred Provider Organization (PPO) Network services for participants who reside outside of Nevada and for those who live in Nevada and choose to seek medical services out of state which began July 1, 2012, resulting from RFP 1963.

This contract amendment is required to amend the fee schedule to keep out of state PPO Network fees at the same cost for the last year of the contract as a result of negotiated reduction of Aetna network fees.

Recommendation

PEBP recommends the Board authorize staff to complete a contract amendment between PEBP and HealthScope Benefits for National PPO Network Services in contract #13330 to update the fee schedule.

7.4 Contract Solicitation Ratifications

PEBP does not currently have any contract solicitations for ratification.

7.5 Status of Current Solicitations

The chart below provides information on the status of PEBP’s in-progress solicitations:

Service	Anticipated RFP release date	Anticipated/Actual NOI	Anticipated Board Approval
Medical TPA	04/26/2021	08/15/2021	Nov 2021
Dental TPA	04/26/2021	08/15/2021	Nov 2021
Medical National Network	04/26/2021	08/15/2021	Nov 2021
Medical Statewide Network (option)	04/26/2021	08/15/2021	Nov 2021
HSA HRA Admin	07/02/2021	09/16/2021	Nov 2021
2nd Opinion	08/02/2021	10/25/2021	Jan 2022
Telemedicine	08/13/2021	11/15/2021	Jan 2022
Transparency	08/13/2021	12/01/2021	Jan 2022
Pharmacy	08/27/2021	12/05/2021	Jan 2022
Actuary	10/12/2021	12/07/2022	Mar 2022
Life Insurance	09/27/2021	12/14/2021	Mar 2022

Recommendation

No action necessary

8.

8. Discussion and possible action relating to PEBP's request for American Rescue Plan funding (Laura Rich, Executive Officer) (**For Possible Action**)



LAURA RICH
Executive Officer

STEVE SISOLAK
Governor

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LAURA FREED
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: July 29, 2021

Item Number: VIII

Title: American Rescue Plan Funding Request

SUMMARY

This report will provide the Board, participants, public, and other stakeholders information on PEBP's strategy to leverage American Rescue Plan funding.

REPORT

State agency directors were recently provided further direction and information by the State Treasurer's Office (STO) regarding the distribution of the \$2.7B awarded to Nevada through the American Rescue Plan Act (ARP). Last April, the state developed the "Every Nevadan Recovery Framework" (https://nvhealthresponse.nv.gov/wp-content/uploads/2021/04/Every-Nevadan-Recovery-Framework_final.pdf), intended to serve as a foundation to ensure the best use of the funds. The document lays the framework by identifying Nevada's priorities and guiding principles. Additionally, it provides an avenue for stakeholder engagement by permitting members of the public, legislators, and executive branch agencies to submit ideas for ARP spending. The framework was further deliberated in SB 461 during the 81st legislative session and was subsequently signed by the Governor.

The STO reports that in addition to the ARP funds, there are 99 additional "buckets" of funding available, however the staffing required to interpret and apply the constantly updated guidance and FAQ's on how each of these funding categories can be spent to the growing volume of requests that have been submitted is extensive. As a result, a contract has been awarded to a vendor to assist in the development of the Nevada Roadmap to Recovery. This vendor will help

manage the volume of requests, determine if they are eligible and assist in the stakeholder engagement process.

Due to the complexity and different funding sources available, the STO has discouraged those submitting ideas from attempting to determine whether the idea is eligible or not. Instead, it is strongly encouraging the submission of all ideas and allowing those with the expertise the ability to make the final determination.

The STO and Governor’s Office will begin this process by scheduling 75 days of stakeholder engagement meetings. Through the course of these conversations, executive and legislative branch staff tasked with leading this effort will be gathering information and identifying prioritization and recommendations. Factors such as the States’ ability to commit to funding ongoing costs and prioritization as identified in SB461 may be considered. While these stakeholder meetings have not yet commenced, PEBP anticipates being invited to participate in any conversations surrounding employee benefits.

POSSIBLE RECOMMENDATIONS

In order to receive consideration, PEBP will need to submit its own requests through the “Every Nevadan Recovery Framework” portal. With the assistance of Aon Consulting, PEBP has provided recommendations for potential requests. The recommendations include plan design changes that fully or partially restore plan design back to pre-pandemic levels, the restoration of ancillary benefits and monthly premium credits in PY23. Each request must be submitted separately to ensure each option can be evaluated and considered independently.

It is important to note that the expected cost of each of these requests is a **very** premature estimate and is likely to fluctuate as claims utilization and trend stabilizes.

Possible Options	Plan	Estimated Cost (FY23 only)
Revert deductible back to pre-pandemic \$1,500/\$3,000 (CDHP), \$0 (EPO/HMO) Decrease LD plan deductible to \$300/\$600	CDHP/EPO/HMO/LD	\$3.5M*
Change deductible to leaner alternative \$1,600/\$3,200 (CDHP), \$100/\$200 (EPO/HMO)	CDHP/EPO/HMO	\$1.4M*
Revert OOPM back to pre-pandemic \$3,900/\$7,800 (CDHP), \$7,150/\$14,300 (EPO/HMO) Decrease LD plan OOPM to \$4,000/\$8,000	CDHP/EPO/HMO/LD	\$2.3M*

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Change OOPM to leaner alternative \$4,100/\$8,200 (CDHP), retain EPO/HMO OOPM at current (lower) levels	CDHP/EPO/HMO	\$2.3M*
Revert coinsurance from 20% to 0% (EPO/HMO) Decrease LD plan coinsurance from 20%/50% to 10%/40%	EPO/HMO/LD	\$3.1M*
Revert PCP/inpatient/ER copays to pre-pandemic \$20/\$500/\$500	EPO/HMO	\$1.5M*
Restore LTD, 1 year	All members	\$4.6M**
Restore Basic Life, 1 year	All members	\$3.0M**
\$44 Premium Credit (possible suggestion of 11 month credit to supplement the already approved 1 month premium holiday)	CHDP/EPO/HMO/LD	\$1.4M (monthly) \$15.3M (annual)

For all proposed EPO/HMO changes, it includes an estimated plan design change cost to the HPN HMO plan based on actuarial value changes. Final cost impacts would have to be priced out by UHC.

Based on incurred claims trended to PY2023 based on a **very aggressive 3% medical, and 7% Rx trends. The actual PY2023 claims costs could vary significantly from Aon's projections due to changes in utilizations, enrollment, discounts, and plan designs as well as more industry standard medical trends of 6%.*

***Life Insurance and LTD rates are subject to change and will be dependent on the results of the new contract which will go into effect on July 1, 2022.*

9.

9. Public Comment

10.

10. Adjournment