



LAURA RICH
Executive Officer

STEVE SISOLAK
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
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www.pebp.state.nv.us

LAURA FREED
Board Chair

MEETING NOTICE AND AGENDA

Name of Organization: Public Employees' Benefits Program Board
Date and Time of Meeting: July 28, 2022 9:00 a.m.
Place of Meeting: This meeting will be conducted by means of a remote technology system pursuant to NRS 241.023 using video- and tele-conference. Instructions for both options are below. This meeting can be viewed live over the Internet on the PEBP YouTube channel at <https://youtu.be/mLhYkJWYagE>

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 listen to and view the PEBP Board Meeting please click on the YouTube Link located in "Place of Meeting" field above.

There are two agenda items designated for public comment. If you wish to provide verbal public comment during those agenda items, please follow the instructions below:

Option #1 Join the webinar as an attendee <https://us06web.zoom.us/j/83095066641>

This link is only for those who want to make public comment. If you are just listening to the webinar, please use the YouTube Link located in the "Place of Meeting" field above.

Option #2 Dial: (669) 900-6833. When prompted to provide your Meeting ID, please enter: 830 9506 6641 then press #. When prompted for a Participant ID, please enter #.

Participants that call in will be muted until it is time for public comment. A moderator will then unmute callers one at a time for public comment.

To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-7016 or email wlunz@peb.nv.gov

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. The total time allotted to public comment may be limited to one hour at the discretion of the chairperson. 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.nv.gov 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. (Radhika Kunnel, 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 May 26, 2022 PEBP Board Meeting
- 4.2 Receipt of quarterly staff reports for the period ending March 31, 2022:
 - 4.2.1 Budget Report
 - 4.2.2 Utilization Report
- 4.3 Receipt of quarterly vendor reports for the period ending March 31, 2022:
 - 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 Insurance
 - 4.3.5 Willis Towers Watson's Individual Marketplace Enrollment and Performance Report
 - 4.3.6 AETNA Signature Administrators – PPO Network
 - 4.3.7 HealthPlan of Nevada, Inc. – Southern Nevada HMO
 - 4.3.8 Doctor on Demand for January 2022 through June 2022

- 4.4 Fiscal Year 2022 Other Post-Employment Benefits (OPEB) valuation prepared by Aon in conformance with the Governmental Accounting Standards Board (GASB) requirements.
- 4.5 Proposed PEBP Language Access Plan per NRS 232.0081
5. Executive Officer Report (Laura Rich, Executive Officer) (Information/Discussion)
6. Presentation and possible action on the status and approval of PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer) (**For Possible Action**)
 - 6.1 Contract Overview
 - 6.2 New Contracts
 - 6.3 Contract Amendments
 - 6.3.1 Claim Technologies, Inc.
 - 6.4 Contract Solicitations
 - 6.5 Status of Current Solicitations
7. 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.
8. Adjournment

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). Contact Wendi Lunz at PEBP, 901 S Stewart Street, Suite 1001, Carson City NV 89701 (775) 684-7020 or (800) 326-5496

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.

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.

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.

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 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, at the office of the public body and 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. (Radhika Kunnel, 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.

4.1 Approval of Action Minutes from the May 26, 2022 PEBP Board Meeting

4.2 Receipt of quarterly staff reports for the period ending March 31, 2022:

4.2.1 Budget Report

4.2.2 Utilization Report

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2022:

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 Insurance

4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment and
Performance Report

4.3.6 AETNA Signature Administrators – PPO Network

4.3.7 Health Plan of Nevada, Inc. – Southern Nevada HMO

4.3.8 Doctor on Demand Engagement Report for January 2022 through June 2022

4.1

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

4.1 Approval of Action Minutes from the May 26, 2022 PEBP Board Meeting.

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

Video/Telephonic Open Meeting
Carson City

ACTION MINUTES (Subject to Board Approval)

May 26, 2022

MEMBERS PRESENT

VIA TELECONFERENCE:

Ms. Laura Freed, Board Chair
Ms. Linda Fox, Vice Chair
Mr. Tom Verducci, Member
Ms. April Caughron, Member
Mr. Jim Barnes, Member
Ms. Leslie Bittleston, Member
Ms. Janell Woodward, Member
Dr. Jennifer McClendon, Member

MEMBERS EXCUSED:

Ms. Betsy Aiello, Member
Ms. Michelle Kelley, Member

FOR THE BOARD:

Ms. Michelle Briggs, Chief Deputy Attorney General

FOR STAFF:

Ms. Laura Rich, Executive Officer
Mr. Nik Proper, Operations Officer
Ms. Cari Eaton, Chief Financial Officer
Mr. Tim Lindley, Quality Control Officer
Ms. Wendi Lunz, Executive Assistant

OTHER PRESENTERS:

Nathan Maier – UMR
Rhonda Huckaby – HSB
Barbara Richardson – Division of Insurance

1. Open Meeting; Roll Call

- Board Chair Freed opened the meeting at 9:07 a.m.

2. Public Comment

- Kent Ervin – Nevada Faculty Alliance
- Rett Smith – Active State Employee
- Brooke Maylath
- Tess Opferman - AFSCME
- Terri Laird – RPEN

3. PEBP Board disclosures for applicable Board meeting agenda items. (Michelle Briggs, Chief 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 March 24, 2022 PEBP Board Meeting

4.2 Acceptance of Claim Technologies Incorporated quarterly audit findings:

4.2.1 Audit of HealthSCOPE Benefits for the timeframe of July 1, 2021 – September 30, 2021.

4.2.2 Audit of HealthSCOPE Benefits for the timeframe of October 1, 2021 – December 31, 2021.

4.3 Approval of PEBP Master Plan Documents for Plan Year 2023 including Master Plan Documents for the Consumer Driven High Deductible (CHDP) Plan, Low Deductible (LD) Plan and Exclusive Provider Organization (EPO) Plan

BOARD ACTION ON ITEM 4

MOTION: Motion to approve Agenda items 4.1 and 4.2.

BY: Member Leslie Bittleston

SECOND: Member April Caughron

VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 4.3

MOTION: Motion to approve the Master Plan Documents.

BY: Member Jennifer McClendon

SECOND: Vice Chair Linda Fox

VOTE: Unanimous; the motion carried

5. Executive Officer Report (Laura Rich, Executive Officer) (Information/Discussion)
6. Enrollment and Eligibility System Transition Update (Nik Proper, Operations Officer) (Information/Discussion)
7. Discussion and possible action regarding the framework for development of the Agency Budget Request for the 2024-2025 Biennium (Laura Rich, Executive Officer) (**For Possible Action**)

BOARD ACTION ON ITEM 7

MOTION: Motion to instruct PEBP staff to submit an agency request budget that brings benefits to what they were in fiscal year '20, with the exception of retaining the low deductible plan that was introduced later and include the ability to make technical adjustments to the budget as necessary and trend the budget as our new actuaries project it for the 2023 – 2025 biennium.

BY: Member Jim Barnes

SECOND: Member Tom Verducci

VOTE: Aye – Members Barnes, Verducci and Woodward
Nay – Chair Freed, Members Bittleston, Caughron, Fox, McClendon

Motion Fails

BOARD ACTION ON ITEM 7

ALTERNATE MOTION: Motion to instruct PEBP staff to do two versions of agency request budget for the 2023 -2025 biennium. The first one would be based on existing benefit design and would include an enhancement request for the in-house counsel, upgrade two existing IT positions, the ability to do technical changes to the budget like replacement equipment and assessments and that sort of thing, and budget for trends as the actuaries predicted. The second budget would be a request to submit a request based on FY-20 plan design with retention of the low deductible plan design that was introduced after FY-20 with an enhancement for in-house counsel and the reclass of two IT positions, and technical adjustments and actuarially-predicted trends.

BY: Member Tom Verducci

SECOND: Member Jim Barnes

VOTE: Unanimous; the motion carried

8. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer) **(For Possible Action)**
 - 8.1 Contract Overview
 - 8.2 New Contracts
 - 8.2.1 Vivo
 - 8.3 Contract Amendments
 - 8.3.1 Segal
 - 8.3.2 Claims Technologies, Inc.
 - 8.4 Contract Solicitations
 - 8.5 Status of Current Solicitations

BOARD ACTION ON ITEM 8.2.1

MOTION: Motion to approve authorization of staff for a short-term contract between PEBP and Vivo.

BY: Member Leslie Bittleston

SECOND: Member April Caughron

VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 8.3.1

MOTION: Motion to approve a contract amendment between PEBP and Segal to retroactively increase the contract's total maximum.

BY: Vice Chair Linda Fox

SECOND: Member Leslie Bittleston

VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 8.3.2

MOTION: Motion to approve a contract amendment to 24030 (Additional \$30,000 of contract authority for Claim Technologies, Inc.).

BY: Member Leslie Bittleston

SECOND: Vice Chair Linda Fox

VOTE: Unanimous; the motion carried

9. Public Comment

- Kent Ervin – Nevada Faculty Alliance

10. Adjournment

- Board Chair Freed adjourned the meeting at 11:41 a.m.

4.2

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

4.1 Approval of Action Minutes from the May 26, 2022 PEBP Board Meeting.

4.2 Receipt of quarterly staff reports for the period ending March 31, 2022

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, 2022:

4.2.1 Budget Report



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LAURA FREED
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: July 28, 2022

Item Number: IV.II.I

Title: Chief Financial Officer Budget Report

Summary

This report addresses the Operational Budget as of March 31, 2022 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, 2022, with comparisons to the same period in Fiscal Year 2021. 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 \$264.0 million as of March 31, 2022, compared to \$309.3 million as of March 31, 2021, or a decrease of 14.6%. Total expenses for the period have increased by \$2.5 million or 0.9% for the same period.

The budget status report shows Realized Funding Available (cash) at \$133.0 million. This compares to \$176.2 million for last year. The table below reflects the actual revenue and expenditures for the period.

Operational Budget 1338

	FISCAL YEAR 2022			FISCAL YEAR 2021		
	Actual as of 3/31/2022	Work Program	Percent	Actual as of 3/31/2021	Fiscal Year 2021 Close	Percent
Beginning Cash	159,011,280	159,011,280	100%	154,541,329	154,541,329	100%
Premium Income	237,316,511	355,412,324	67%	293,157,908	368,807,766	79%
All Other Income	26,702,188	30,896,554	86%	16,127,096	24,098,398	67%
Total Income	264,018,699	386,308,878	68%	309,285,004	392,906,164	79%
Personnel Services	1,648,654	2,822,786	58%	1,674,531	2,413,496	69%
Operating - Other than Personnel	1,509,303	3,135,691	48%	1,661,928	2,340,118	71%
Insurance Program Expenses	285,845,630	389,943,547	73%	283,914,993	383,166,380	74%
All Other Expenses	1,083,114	1,199,300	90%	384,945	516,219	75%
Total Expenses	290,086,701	397,101,324	73%	287,636,397	388,436,213	74%
Change in Cash	(26,068,002)	(10,792,446)		21,648,607	4,469,951	
REALIZED FUNDING AVAILABLE	132,943,278	148,218,834	90%	176,189,936	159,011,280	111%
Incurred But Not Reported Liability	(52,286,000)	(52,286,000)		(51,514,000)	(51,514,000)	
Catastrophic Reserve	(34,875,000)	(34,875,000)		(34,835,000)	(34,835,000)	
HRA Reserve	(25,056,050)	(25,056,050)		(30,550,651)	(30,550,651)	
NET REALIZED FUNDING AVAILABLE	20,726,228	36,001,784		59,290,285	42,111,629	

Current Budget Projections

The following table represents projections for FY 2022. The projection reflects total income to be less than budgeted by 1.3% (\$538.5 million vs \$545.3 million), total expenditures are projected to be less than budgeted by 1.2% (\$392.4 million vs \$397.1 million); total reserves are projected to be less than budgeted by 1.4% (\$146.1 million vs \$148.2 million).

State Subsidies are projected to be less than the budgeted amount by \$0.9 million (0.3%), Non-State Subsidies are projected to be more than budgeted by \$3.1 million (15.7%), and Premium Income is projected to be less than budgeted by \$8.9 million (12.9%). This overall decrease in budgeted revenue is due in part to a planned 1-month employee premium holiday in October 2021 and 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:

- 4.18% fewer state actives,
- 1.60% more state non-Medicare retirees,
- 1.59% more non-state actives,
- 18.80% fewer non-state, non-Medicare retirees
- 5.12% more state Medicare retirees, and
- 1.98% fewer non-state Medicare retirees

Budgeted and Projected Income (Budget Account 1338)					
Description	Budget	Actual 3/31/22	Projected	Difference	
Carryforward	159,011,280	159,011,280	159,011,280	0	0.0%
State Subsidies	266,543,926	176,382,898	265,660,461	(883,465)	-0.3%
Non-State Subsidies	20,042,853	17,344,659	23,180,303	3,137,450	15.7%
Premium	68,825,545	43,588,954	59,965,734	(8,859,811)	-12.9%
COVID Funds	8,557,308	8,557,308	10,507,308	1,950,000	-8.2%
Appropriations	6,009,449	6,009,449	5,141,274	(868,175)	-1.3%
All Other	16,329,797	12,135,431	14,998,180	(1,331,617)	-8.2%
Total	545,320,158	423,029,979	538,464,542	(6,855,616)	-1.3%
Budgeted and Projected Expenses (Budget Account 1338)					
Description	Budget	Actual 3/31/22	Projected	Difference	
Operating	7,157,777	4,241,071	6,441,946	715,831	10.0%
State Insurance Costs	339,552,889	251,218,508	337,589,714	1,963,175	0.6%
Non-State Insurance Costs	11,507,187	6,004,200	8,217,946	3,289,241	28.6%
Medicare Retiree Insurance Costs	38,883,471	28,622,922	40,119,012	(1,235,541)	-3.2%
Total Insurance Costs	389,943,547	285,845,630	385,926,671	4,016,876	1.0%
Total Expenses	397,101,324	290,086,701	392,368,617	4,732,707	1.2%
Restricted Reserves	112,217,050	112,217,050	111,104,979	1,112,071	1.0%
Differential Cash Available	36,001,784	20,726,228	34,990,945	1,010,839	2.8%
Total Reserves	148,218,834	132,943,278	146,095,925	2,122,909	1.4%
Total of Expenses and Reserves	545,320,158	423,029,979	538,464,542	6,855,616	1.3%

Expenses for Fiscal Year 2022 are projected to be \$4.7 million (1.2%) less than budgeted when changes to reserves are excluded. Operating expenses are projected to be less than budgeted by \$2.0 million (0.6%). Employee and Retiree insurances costs are projected to be less than budgeted by \$4.0 million (1.0%) when taken in total (see table above for specific information).

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, 2022:

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 28, 2022

Item Number: IV.II.III

Title: Self-Funded CDHP, LDPPO, and EPO Plan Utilization Report for the period ending March 31, 2022

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2022 period ending March 31, 2022. 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 LDPPO 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 D for Q3 Plan Year 2022 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q3 of Plan Year 2022 compared to Q3 of Plan Year 2021 is summarized below.

- Population:
 - 17.9% decrease for primary participants
 - 20.7% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 15.4% increase for primary participants
 - 19.3% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 144 High-Cost Claimants accounting for 36.3% of the total plan paid for Q3 of Plan Year 2022
 - 40.8% increase in High-Cost Claimants per 1,000 members
 - 0.7% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$6.5 million) – 19.4% of paid claims
 - Pregnancy-related Disorders (\$5.7 million) – 17.2% of paid claims
 - Infections (\$4.0 million) – 11.9% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 30.9%
 - Average paid per ER visit decreased 10.6%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 23.6%
 - Average paid per Urgent Care visit decreased 8.2% (decrease from \$73 to \$67)
- Network Utilization:
 - 98.7% of claims are from In-Network providers
 - Q3 of Plan Year 2022 In-Network utilization increased 0.8% over PY 2021
 - Q3 of Plan Year 2022 In-Network discounts decreased 1.1% over PY 2021
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 15.2%
 - Total Gross Claims Costs decreased 14.8% (\$6.0 million)
 - Average Total Cost per Claim increased 0.5%
 - From \$104.48 to \$103.99
 - Member:
 - Total Member Cost decreased 14.2%
 - Average Participant Share per Claim increased 1.2%
 - Net Member PMPM increased 8.6%
 - From \$28.91 to \$26.61

- Plan
 - Total Plan Cost decreased 15.1%
 - Average Plan Share per Claim increased 0.2%
 - Net Plan PMPM increased 7.6%
 - From \$79.14 to \$85.14
 - Net Plan PMPM factoring rebates decreased 2.3%
 - From \$60.50 to \$59.12

LOW DEDUCTIBLE PPO PLAN (LDPPPO)

The Low Deductible PPO Plan (LDPPPO) experience for Q3 of Plan Year 2022 is summarized below.

- Population:
 - 4,080 primary participants
 - 8,336 primary participants plus dependents (members)
- Medical Cost:
 - \$586 PEPM for primary participants
 - \$287 PMPM for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 33 High-Cost Claimants accounting for 35.6% of the total plan paid for Q3 of Plan Year 2022
 - High-Cost Claimants per 1,000 members was 4.0
 - Average cost of High-Cost Claimant paid was \$231,898
- Top three highest cost clinical classifications include:
 - Cancer (\$1.8 million) – 22.9% of paid claims
 - Congenital / Chromosomal Anomalies (\$1.1 million) – 14.6% of paid claims
 - Pregnancy-related Disorders (\$0.8 million) – 11.1% of paid claims
- Emergency Room:
 - 117 ER visits per 1,000 members
 - Average paid per ER visit was \$2,206
- Urgent Care:
 - 262 Urgent Care visits per 1,000 members
 - Average paid per Urgent Care visit was \$118
- Network Utilization:
 - 99.3% of claims are from In-Network providers
 - Q3 of Plan Year 2022 In-Network discounts was 62.1%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims through Q3 was 85,353
 - Total Gross Claims Costs was \$8.9 million
 - Average Total Cost per Claim was \$104.58
 - Member:
 - Total Member Cost through Q3 was \$1.6 million
 - Average Participant Share per Claim was \$19.32
 - Net Member PMPM was \$22.23

- Plan
 - Total Plan Cost through Q3 was \$7.3 million
 - Average Plan Share per Claim was \$85.25
 - Net Plan PMPM was \$98.08

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q3 of Plan Year 2022 compared to Q3 of Plan Year 2021 is summarized below.

- Population:
 - 12.6% decrease for primary participants
 - 11.6% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 6.3% increase for primary participants
 - 5.0% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 46 High-Cost Claimants accounting for 32.5% of the total plan paid for Plan Year 2022
 - 18.4% increase in High-Cost Claimants per 1,000 members
 - 23.6% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Infections (\$2.3 million) – 19.4% of paid claims
 - Pulmonary Disorders (\$1.8 million) – 15.6% of paid claims
 - Pregnancy-related Disorders (\$1.5 million) – 12.5% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 26.0%
 - Average paid per ER visit decreased by 24.0%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 38.9%
 - Average paid per Urgent Care visit increased 3.3%
- Network Utilization:
 - 100% of claims are from In-Network providers
 - In-Network utilization increased 0.1%
 - In-Network discounts increased 3.0%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 9.7%
 - Total Gross Claims Costs decreased 10.6% (\$1.7 million)
 - Average Total Cost per Claim decreased 1.0%
 - From \$127.40 to \$126.17
 - Member:
 - Total Member Cost decreased 9.2%
 - Average Participant Share per Claim increased 0.6%
 - Net Member PMPM increased 3.0%
 - From \$35.60 to \$36.68

- Plan
 - Total Plan Cost decreased 10.9%
 - Average Plan Share per Claim decreased 1.3%
 - Net Plan PMPM increased 1.1%
 - From \$174.17 to \$176.14
 - Net Plan PMPM factoring rebates increased 0.1%
 - From \$134.41 to \$134.55

DENTAL PLAN

The Dental Plan experience for Q3 of Plan Year 2022 is summarized below.

- Dental Cost:
 - Total Dental claims paid increased 3.1% (from \$12.7 million for Q3 of PY21 to \$13.1 million for Q3 of PY22)
 - Preventative claims account for 44.3% (\$8.4 million)
 - Basic claims account for 28.4% (\$5.4 million)
 - Major claims account for 20.3% (\$3.9 million)
 - Periodontal claims account for 7.0% (\$1.3 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of March 31, 2022.

HRA Account Balances as of March 31, 2022			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	1,320	0	0
\$.01 - \$500.00	2,984	652,259	219
\$500.01 - \$1,000	1,556	1,058,336	680
\$1,000.01 - \$1,500	748	925,702	1,238
\$1,500.01 - \$2,000	481	836,649	1,739
\$2,000.01 - \$2,500	313	711,303	2,273
\$2,500.01 - \$3,000	303	828,520	2,734
\$3,000.01 - \$3,500	256	826,964	3,230
\$3,500.01 - \$4,000	176	656,915	3,732
\$4,000.01 - \$4,500	150	635,464	4,236
\$4,500.01 - \$5,000	108	515,431	4,773
\$5,000.01 +	703	5,867,953	224,058
Total	9,098	\$ 13,515,495	\$ 1,486

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP), Low Deductible PPO Plan (LDPPO) and the PEBP Premier Plan (EPO) through the third quarter of Plan Year 2022. The CDHP total plan paid costs decreased 7.0% over the same time for Plan Year 2021. The EPO total plan paid costs decreased 7.2% over Q3 of Plan Year 2021. For HMO utilization and cost data please see the report provided in Appendix D.

Appendix A

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program HDHP Plan

July 2021 – March 2022

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 3Q22 was \$91,863,420 of which 77.3% was spent in the State Active population. When compared to 3Q21, this reflected a decrease of 5.4% in plan spend, with State Actives having a decrease of 2.6%.
 - When compared to 3Q20, 3Q22 decreased 15.5%, with State Actives having a decrease of 9.5%.
- On a PEPY basis (annualized), 3Q22 reflected an increase of 15.2% when compared to 3Q21. The largest group, State Actives, increased 34.4%.
 - When compared to 3Q20, 3Q22 increased 4.1%, with State Actives increasing by 13.5%.
- 89.1% of the Average Membership had paid Medical claims less than \$2,500, with 21.9% of those having no claims paid at all during the reporting period.
- There were 144 high-cost Claimants (HCC's) over \$100K, that accounted for 36.3% of the total spend. HCCs accounted for 30.9% of total spend during 3Q21, with 129 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 19.4% of high-cost claimant dollars.
- IP Paid per Admit was \$26,785 which is an increase of 8.7% compared to 3Q21.
- ER Paid per Visit is \$1,799, which is a decrease of 10.6% compared to 3Q21.
- 98.7% of all Medical spend dollars were to In Network providers. The average In Network discount was 64.8%, which is a decrease of 1.7% compared to the PY21 average discount of 65.9%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	3Q21						3Q22						% 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	\$ 3,957,626	\$ 1,305	\$ 40,006	\$ 13	\$ 3,997,632	\$ 1,318	\$ 7,996,811	\$ 3,444	\$ 20,591	\$ 9	\$ 8,017,402	\$ 3,453	100.6%	162.0%
1	\$ 621,579	\$ 179	\$ 161,939	\$ 47	\$ 783,518	\$ 226	\$ 390,272	\$ 165	\$ 21,983	\$ 9	\$ 412,255	\$ 174	-47.4%	-23.0%
2 - 4	\$ 960,591	\$ 81	\$ 197,839	\$ 17	\$ 1,158,430	\$ 97	\$ 959,094	\$ 116	\$ 178,352	\$ 22	\$ 1,137,446	\$ 137	-1.8%	40.9%
5 - 9	\$ 1,431,121	\$ 65	\$ 323,073	\$ 15	\$ 1,754,194	\$ 79	\$ 910,527	\$ 55	\$ 520,992	\$ 31	\$ 1,431,519	\$ 86	-18.4%	8.2%
10 - 14	\$ 2,002,208	\$ 78	\$ 382,937	\$ 15	\$ 2,385,145	\$ 93	\$ 2,621,715	\$ 138	\$ 335,410	\$ 18	\$ 2,957,125	\$ 156	24.0%	66.4%
15 - 19	\$ 2,358,293	\$ 88	\$ 537,487	\$ 20	\$ 2,895,780	\$ 108	\$ 2,817,297	\$ 137	\$ 597,973	\$ 29	\$ 3,415,270	\$ 166	17.9%	53.0%
20 - 24	\$ 3,474,771	\$ 116	\$ 873,794	\$ 29	\$ 4,348,565	\$ 145	\$ 2,983,758	\$ 127	\$ 715,259	\$ 31	\$ 3,699,017	\$ 158	-14.9%	8.8%
25 - 29	\$ 6,494,608	\$ 274	\$ 1,150,540	\$ 49	\$ 7,645,148	\$ 322	\$ 4,064,296	\$ 219	\$ 661,696	\$ 36	\$ 4,725,992	\$ 255	-38.2%	-21.1%
30 - 34	\$ 4,610,879	\$ 166	\$ 1,730,329	\$ 62	\$ 6,341,208	\$ 229	\$ 4,066,350	\$ 188	\$ 1,233,008	\$ 57	\$ 5,299,358	\$ 246	-16.4%	7.3%
35 - 39	\$ 4,988,946	\$ 167	\$ 2,570,795	\$ 86	\$ 7,559,741	\$ 253	\$ 5,216,415	\$ 226	\$ 1,086,025	\$ 47	\$ 6,302,440	\$ 273	-16.6%	7.7%
40 - 44	\$ 5,117,863	\$ 182	\$ 1,820,758	\$ 65	\$ 6,938,621	\$ 246	\$ 5,688,856	\$ 250	\$ 1,502,512	\$ 66	\$ 7,191,368	\$ 315	3.6%	28.1%
45 - 49	\$ 6,929,621	\$ 244	\$ 2,541,988	\$ 89	\$ 9,471,609	\$ 333	\$ 5,909,520	\$ 269	\$ 1,991,469	\$ 91	\$ 7,900,989	\$ 360	-16.6%	8.2%
50 - 54	\$ 11,764,960	\$ 388	\$ 3,712,844	\$ 122	\$ 15,477,804	\$ 511	\$ 8,709,989	\$ 351	\$ 2,905,698	\$ 117	\$ 11,615,687	\$ 468	-25.0%	-8.4%
55 - 59	\$ 13,103,612	\$ 398	\$ 4,781,416	\$ 145	\$ 17,885,028	\$ 543	\$ 14,054,335	\$ 525	\$ 4,171,989	\$ 156	\$ 18,226,324	\$ 681	1.9%	25.6%
60 - 64	\$ 18,661,979	\$ 510	\$ 5,915,516	\$ 162	\$ 24,577,495	\$ 671	\$ 16,399,773	\$ 525	\$ 5,889,162	\$ 189	\$ 22,288,935	\$ 714	-9.3%	6.4%
65+	\$ 10,605,123	\$ 496	\$ 3,984,437	\$ 186	\$ 14,589,560	\$ 682	\$ 9,074,413	\$ 469	\$ 3,924,421	\$ 203	\$ 12,998,834	\$ 671	-10.9%	-1.5%
Total	\$ 97,083,780	\$ 254	\$ 30,725,699	\$ 80	\$ 127,809,479	\$ 335	\$ 91,863,420	\$ 303	\$ 25,756,538	\$ 85	\$ 117,619,959	\$ 388	-8.0%	16.0%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year
Enrollment												
Avg # Employees	23,655	23,383	19,202	-17.9%	19,776	19,580	15,766	-19.5%	4	4	3	-20.6%
Avg # Members	42,850	42,429	33,647	-20.7%	37,262	36,871	28,613	-22.4%	7	8	8	-4.0%
Ratio	1.8	1.8	1.8	-2.8%	1.9	1.9	1.8	-3.7%	1.8	2.2	2.7	20.8%
Financial Summary												
Gross Cost	\$143,839,796	\$127,271,396	\$119,583,123	-6.0%	\$106,842,232	\$97,371,699	\$92,729,416	-4.8%	\$40,378	\$32,915	\$54,048	64.2%
Client Paid	\$108,693,905	\$97,083,780	\$91,863,420	-5.4%	\$78,511,281	\$72,963,088	\$71,055,333	-2.6%	\$30,241	\$20,807	\$38,722	86.1%
Employee Paid	\$35,145,891	\$30,187,616	\$27,719,704	-8.2%	\$28,330,951	\$24,408,611	\$21,674,083	-11.2%	\$10,137	\$12,109	\$15,327	26.6%
Client Paid-PEPY	\$6,127	\$5,536	\$6,379	15.2%	\$5,293	\$4,472	\$6,009	34.4%	\$10,080	\$6,609	\$17,210	160.4%
Client Paid-PMPY	\$3,382	\$3,051	\$3,640	19.3%	\$2,809	\$2,375	\$3,311	39.4%	\$5,760	\$2,996	\$6,454	115.4%
Client Paid-PEPM	\$511	\$461	\$532	15.4%	\$441	\$373	\$501	34.3%	\$840	\$551	\$1,434	160.3%
Client Paid-PMPM	\$282	\$254	\$303	19.3%	\$234	\$198	\$276	39.4%	\$480	\$250	\$538	115.2%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	142	129	144	11.6%	101	92	108	17.4%	0	0	0	0.0%
HCC's / 1,000	3.3	3.0	4.3	40.8%	2.7	2.5	3.8	50.8%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$239,171	\$232,888	\$231,326	-0.7%	\$196,453	\$212,165	\$236,855	11.6%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	31.2%	30.9%	36.3%	17.5%	25.3%	26.8%	36.0%	34.3%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,179	\$915	\$1,434	56.7%	\$866	\$675	\$1,297	92.1%	\$0	\$18	\$0	0.0%
Facility Outpatient	\$1,040	\$970	\$1,058	9.1%	\$871	\$716	\$921	28.6%	\$2,423	\$2,553	\$4,236	65.9%
Physician	\$1,082	\$1,106	\$1,076	-2.7%	\$1,004	\$936	\$1,030	10.0%	\$3,045	\$424	\$2,171	412.0%
Other	\$81	\$61	\$71	16.4%	\$68	\$47	\$64	36.2%	\$292	\$1	\$46	0.0%
Total	\$3,382	\$3,051	\$3,640	19.3%	\$2,809	\$2,375	\$3,311	39.4%	\$5,760	\$2,996	\$6,454	115.4%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year	
Enrollment									
Avg # Employees	3,247	3,268	2,990	-8.5%	629	532	443	-16.8%	
Avg # Members	4,856	4,923	4,500	-8.6%	725	627	525	-16.2%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	0.8%	1.6
Financial Summary									
Gross Cost	\$32,275,680	\$25,322,036	\$24,195,067	-4.5%	\$4,681,506	\$4,544,745	\$2,604,592	-42.7%	
Client Paid	\$26,541,571	\$20,386,030	\$18,956,057	-7.0%	\$3,610,812	\$3,713,855	\$1,813,308	-51.2%	
Employee Paid	\$5,734,109	\$4,936,006	\$5,239,010	6.1%	\$1,070,694	\$830,891	\$791,285	-4.8%	
Client Paid-PEPY	\$10,900	\$7,486	\$8,452	12.9%	\$7,658	\$8,375	\$5,462	-34.8%	\$6,297
Client Paid-PMPY	\$7,287	\$4,969	\$5,616	13.0%	\$6,641	\$7,107	\$4,602	-35.2%	\$3,879
Client Paid-PEPM	\$908	\$624	\$704	12.8%	\$638	\$698	\$455	-34.8%	\$525
Client Paid-PMPM	\$607	\$414	\$468	13.0%	\$553	\$592	\$384	-35.1%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	42	32	39	21.9%	4	7	3	-57.1%	
HCC's / 1,000	8.7	6.5	8.7	33.4%	5.5	11.2	5.7	-48.8%	
Avg HCC Paid	\$320,627	\$277,594	\$188,925	-31.9%	\$163,538	\$234,345	\$120,840	-48.4%	
HCC's % of Plan Paid	50.7%	43.6%	38.9%	-10.8%	18.1%	44.2%	20.0%	-54.8%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$3,344	\$1,571	\$2,278	45.0%	\$2,789	\$3,674	\$1,737	-52.7%	\$1,149
Facility Outpatient	\$2,170	\$1,961	\$1,877	-4.3%	\$2,162	\$1,508	\$1,498	-0.7%	\$1,333
Physician	\$1,596	\$1,334	\$1,347	1.0%	\$1,601	\$1,810	\$1,283	-29.1%	\$1,301
Other	\$177	\$103	\$114	10.7%	\$89	\$115	\$84	-27.0%	\$96
Total	\$7,287	\$4,969	\$5,616	13.0%	\$6,641	\$7,107	\$4,602	-35.2%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

Summary	Total				State Active				Non-State Active			
	PY20	PY21	3Q22	Variance to Prior Year	PY20	PY21	3Q22	Variance to Prior Year	PY20	PY21	3Q22	Variance to Prior Year
Enrollment												
Avg # Employees	23,673	23,322	19,202	-17.7%	19,809	19,529	15,766	-19.3%	4	4	3	-25.0%
Avg # Members	42,865	42,317	33,647	-20.5%	37,291	36,761	28,613	-22.2%	7	9	8	-11.1%
Ratio	1.8	1.8	1.8	-3.3%	1.9	1.9	1.8	-3.7%	1.8	2.3	2.7	18.7%
Financial Summary												
Gross Cost	\$185,251,114	\$169,798,016	\$119,583,123	-29.6%	\$139,774,757	\$131,033,700	\$92,729,416	-29.2%	\$46,064	\$40,353	\$54,048	33.9%
Client Paid	\$143,667,208	\$132,093,355	\$91,863,420	-30.5%	\$106,095,205	\$100,467,765	\$71,055,333	-29.3%	\$35,053	\$26,699	\$38,722	45.0%
Employee Paid	\$41,583,906	\$37,704,661	\$27,719,704	-26.5%	\$33,679,553	\$30,565,935	\$21,674,083	-29.1%	\$11,011	\$13,654	\$15,327	12.3%
Client Paid-PEPY	\$6,069	\$5,664	\$6,379	12.6%	\$5,356	\$5,144	\$6,009	16.8%	\$9,144	\$6,675	\$17,210	157.8%
Client Paid-PMPY	\$3,352	\$3,122	\$3,640	16.6%	\$2,845	\$2,733	\$3,311	21.1%	\$5,130	\$2,967	\$6,454	117.5%
Client Paid-PEPM	\$506	\$472	\$532	12.7%	\$446	\$429	\$501	16.8%	\$762	\$556	\$1,434	157.9%
Client Paid-PMPM	\$279	\$260	\$303	16.5%	\$237	\$228	\$276	21.1%	\$427	\$247	\$538	117.8%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	206	178	144		151	128	108		0	0	0	
HCC's / 1,000	4.8	4.2	4.3		4.1	3.5	3.8		0.0	0.0	0.0	
Avg HCC Paid	\$236,642	\$246,763	\$231,326	-6.3%	\$206,591	\$237,270	\$236,855	-0.2%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	33.9%	33.3%	36.3%	9.0%	29.4%	30.2%	36.0%	19.2%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,139	\$893	\$1,434	60.6%	\$883	\$750	\$1,297	72.9%	\$0	\$14	\$0	0.0%
Facility Outpatient	\$1,040	\$991	\$1,058	6.8%	\$880	\$822	\$921	12.0%	\$2,087	\$2,152	\$4,236	96.8%
Physician	\$1,093	\$1,174	\$1,076	-8.3%	\$1,014	\$1,105	\$1,030	-6.8%	\$2,777	\$770	\$2,171	181.9%
Other	\$80	\$64	\$71	10.9%	\$68	\$56	\$64	14.3%	\$266	\$30	\$46	0.0%
Total	\$3,352	\$3,122	\$3,640	16.6%	\$2,845	\$2,733	\$3,311	21.1%	\$5,130	\$2,967	\$6,454	117.5%
			Annualized				Annualized				Annualized	

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

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY20	PY21	3Q22	Variance to Prior Year	PY20	PY21	3Q22	Variance to Prior Year	
Enrollment									
Avg # Employees	3,246	3,268	2,990	-8.5%	615	521	443	-15.0%	
Avg # Members	4,858	4,933	4,500	-8.8%	710	614	525	-14.5%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	0.8%	1.6
Financial Summary									
Gross Cost	\$39,350,569	\$33,024,994	\$24,195,067	-26.7%	\$6,079,723	\$5,698,970	\$2,604,592	-54.3%	
Client Paid	\$32,691,908	\$26,900,984	\$18,956,057	-29.5%	\$4,845,042	\$4,697,908	\$1,813,308	-61.4%	
Employee Paid	\$6,658,661	\$6,124,010	\$5,239,010	-14.5%	\$1,234,681	\$1,001,063	\$791,285	-21.0%	
Client Paid-PEPY	\$10,070	\$8,231	\$8,452	2.7%	\$7,882	\$9,024	\$5,462	-39.5%	\$6,297
Client Paid-PMPY	\$6,730	\$5,454	\$5,616	3.0%	\$6,821	\$7,646	\$4,602	-39.8%	\$3,879
Client Paid-PEPM	\$839	\$686	\$704	2.6%	\$657	\$752	\$455	-39.5%	\$525
Client Paid-PMPM	\$561	\$454	\$468	3.1%	\$568	\$637	\$384	-39.7%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	60	44	39		8	9	3		
HCC's / 1,000	12.4	8.9	8.7		11.3	14.7	5.7		
Avg HCC Paid	\$271,721	\$261,318	\$188,925	-27.7%	\$156,233	\$228,360	\$120,840	-47.1%	
HCC's % of Plan Paid	49.9%	42.7%	38.9%	-8.9%	25.8%	43.7%	20.0%	-54.2%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,853	\$1,597	\$2,278	42.6%	\$2,835	\$3,771	\$1,737	-53.9%	\$1,149
Facility Outpatient	\$2,107	\$2,154	\$1,877	-12.9%	\$2,143	\$1,733	\$1,498	-13.6%	\$1,333
Physician	\$1,600	\$1,586	\$1,347	-15.1%	\$1,745	\$2,022	\$1,283	-36.5%	\$1,301
Other	\$170	\$116	\$114	-1.7%	\$98	\$120	\$84	-30.0%	\$96
Total	\$6,730	\$5,454	\$5,616	3.0%	\$6,821	\$7,646	\$4,602	-39.8%	\$3,879
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 25,668,741	\$ 4,607,956	\$ 2,592,414	\$ 32,869,111	\$30,916,625.35	\$7,000,198.00	\$1,341,520.97	\$ 39,258,344	19.4%	
Outpatient	\$ 47,294,347	\$ 10,989,555	\$ 2,196,105	\$ 60,480,007	\$40,138,708.02	\$9,393,824.23	\$1,220,514.05	\$ 50,753,046	-16.1%	
Total - Medical	\$ 72,963,089	\$ 15,597,511	\$ 4,788,519	\$ 93,349,119	\$ 71,055,333	\$ 16,394,022	\$ 2,562,035	\$ 90,011,391	-3.6%	

Net Paid Claims - Per Participant per Month										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 414	\$ 662	\$ 817	\$ 454	\$ 501	\$ 762	\$ 475	\$ 533	17.5%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	3Q21				3Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 126	\$ 1,343,704	\$ 752,137	\$ 2,095,967	\$ 435	\$ 477,281	\$ 272,162	\$ 749,878	-64.2%	
Outpatient	\$ 20,680	\$ 1,191,545	\$ 426,470	\$ 1,638,695	\$ 38,286	\$ 653,848	\$ 410,016	\$ 1,102,151	-32.7%	
Total - Medical	\$ 20,807	\$ 2,535,249	\$ 1,178,606	\$ 3,734,662	\$ 38,722	\$ 1,131,129	\$ 682,178	\$ 1,852,029	-50.4%	

Net Paid Claims - Per Participant per Month										
	3Q21				3Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 612	\$ 1,068	\$ 488	\$ 774	\$ 1,434	\$ 727	\$ 281	\$ 462	-40.4%	

Paid Claims by Claim Type – Total Participants

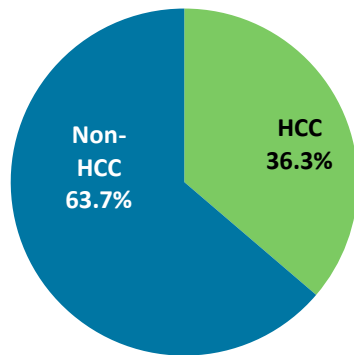
Net Paid Claims - Total										
Total Participants										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 25,668,868	\$ 5,951,660	\$ 3,344,550	\$ 34,965,078	\$ 30,917,061	\$ 7,477,479	\$ 1,613,683	\$ 40,008,223	14.4%	
Outpatient	\$ 47,315,028	\$ 12,181,100	\$ 2,622,575	\$ 62,118,702	\$ 40,176,994	\$ 10,047,673	\$ 1,630,530	\$ 51,855,197	-16.5%	
Total - Medical	\$ 72,983,895	\$ 18,132,760	\$ 5,967,126	\$ 97,083,780	\$ 71,094,055	\$ 17,525,151	\$ 3,244,213	\$ 91,863,420	-5.4%	

Net Paid Claims - Per Participant per Month										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 414	\$ 700	\$ 721	\$ 461	\$ 501	\$ 759	\$ 415	\$ 532	15.2%	

Cost Distribution – Medical Claims

3Q21						3Q22						
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
110	0.3%	\$30,016,412	30.9%	\$762,651	2.5%	\$100,000.01 Plus	110	0.3%	\$32,869,538	35.8%	\$789,270	2.8%
157	0.4%	\$12,111,596	12.5%	\$942,075	3.1%	\$50,000.01-\$100,000.00	148	0.4%	\$12,248,470	13.3%	\$974,268	3.5%
356	0.8%	\$13,080,289	13.5%	\$1,685,139	5.6%	\$25,000.01-\$50,000.00	262	0.8%	\$10,763,242	11.7%	\$1,503,607	5.4%
894	2.1%	\$14,716,004	15.2%	\$4,042,839	13.4%	\$10,000.01-\$25,000.00	668	2.0%	\$11,905,667	13.0%	\$3,367,135	12.1%
1,150	2.7%	\$8,594,907	8.9%	\$3,759,794	12.5%	\$5,000.01-\$10,000.00	1,022	3.0%	\$8,065,809	8.8%	\$3,511,846	12.7%
1,685	4.0%	\$6,320,992	6.5%	\$3,744,758	12.4%	\$2,500.01-\$5,000.00	1,455	4.3%	\$5,658,525	6.2%	\$3,448,993	12.4%
24,441	57.6%	\$12,243,580	12.6%	\$13,284,450	44.0%	\$0.01-\$2,500.00	18,260	54.3%	\$10,352,169	11.3%	\$11,980,891	43.2%
4,444	10.5%	\$0	0.0%	\$1,965,911	6.5%	\$0.00	4,347	12.9%	\$0	0.0%	\$2,143,693	7.7%
9,192	21.7%	\$0	0.0%	\$0	0.0%	No Claims	7,375	21.9%	\$0	0.0%	\$0	0.0%
42,429	100.0%	\$97,083,780	100.0%	\$30,187,616	100.0%		33,647	100.0%	\$91,863,420	100.0%	\$27,719,704	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	49	\$6,458,402	19.4%
Pregnancy-related Disorders	8	\$5,744,497	17.2%
Infections	70	\$3,975,201	11.9%
Cardiac Disorders	95	\$2,895,750	8.7%
Gastrointestinal Disorders	73	\$1,867,023	5.6%
Renal/Urologic Disorders	57	\$1,612,097	4.8%
Spine-related Disorders	28	\$1,330,306	4.0%
Neurological Disorders	69	\$1,230,642	3.7%
Mental Health	37	\$1,178,538	3.5%
Trauma/Accidents	36	\$1,093,841	3.3%
All Other		\$5,924,613	17.8%
Overall	----	\$33,310,909	100.0%

Utilization Summary (p. 1 of 2)

Inpatient data reflects facility charges and professional services.
DX&L = Diagnostics, X-Ray and Laboratory

Summary	Total				State Active				Non-State Active			
	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year
Inpatient Summary												
# of Admits	1,404	1,218	1,052		1,070	981	783		0	0	0	
# of Bed Days	8,031	7,707	6,522		6,031	6,216	4,886		0	0	0	
Paid Per Admit	\$25,040	\$24,648	\$26,785	8.7%	\$24,802	\$23,196	\$27,256	17.5%	\$0	\$0	\$0	0.0%
Paid Per Day	\$4,377	\$3,895	\$4,320	10.9%	\$4,400	\$3,661	\$4,368	19.3%	\$0	\$0	\$0	0.0%
Admits Per 1,000	43	38	42	10.5%	38	35	36	2.9%	0	0	0	0.0%
Days Per 1,000	248	242	258	6.6%	214	225	228	1.3%	0	0	0	0.0%
Avg LOS	5.7	6.3	6.2	-1.6%	5.6	6.3	6.2	-1.6%	0	0	0	0.0%
# Admits From ER	714	649	596		503	497	400		0	0	0	
Physician Office												
OV Utilization per Member	4.2	3.8	3.9	2.6%	3.9	3.6	3.7	2.8%	10.9	3.7	3.5	-5.4%
Avg Paid per OV	\$74	\$75	\$80	6.7%	\$73	\$76	\$82	7.9%	\$103	\$87	\$71	-18.4%
Avg OV Paid per Member	\$307	\$287	\$314	9.4%	\$284	\$277	\$302	9.0%	\$1,122	\$321	\$250	-22.1%
DX&L Utilization per Member	8.3	7.7	7.8	1.3%	7.7	7.3	7.3	0.0%	0	0	15.8	0.0%
Avg Paid per DX&L	\$54	\$55	\$56	1.8%	\$51	\$51	\$52	2.0%	\$0	\$0	\$259	0.0%
Avg DX&L Paid per Member	\$445	\$422	\$437	3.6%	\$392	\$372	\$382	2.7%	\$0	\$0	\$4,098	0.0%
Emergency Room												
# of Visits	4,872	3,573	3,711		4,076	3,071	3,102		2	1	4	
Visits Per Member	0.15	0.11	0.15	36.4%	0.14	0.11	0.14	27.3%	0.38	0.16	0.67	0.0%
Visits Per 1,000	151	112	147	30.9%	145	111	145	30.6%	381	160	667	0.0%
Avg Paid per Visit	\$2,063	\$2,012	\$1,799	-10.6%	\$2,079	\$2,028	\$1,822	-10.2%	\$1,803	\$15,692	\$1,139	0.0%
Urgent Care												
# of Visits	10,295	6,898	6,759		9,335	6,015	5,987		1	1	3	
Visits Per Member	0.32	0.22	0.27	22.7%	0.33	0.22	0.28	27.3%	0.19	0.16	0.50	0.0%
Visits Per 1,000	318	217	268	23.6%	334	218	279	28.0%	190	160	500	0.0%
Avg Paid per Visit	\$37	\$73	\$67	-8.2%	\$36	\$74	\$68	-8.1%	\$170	\$0	\$115	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

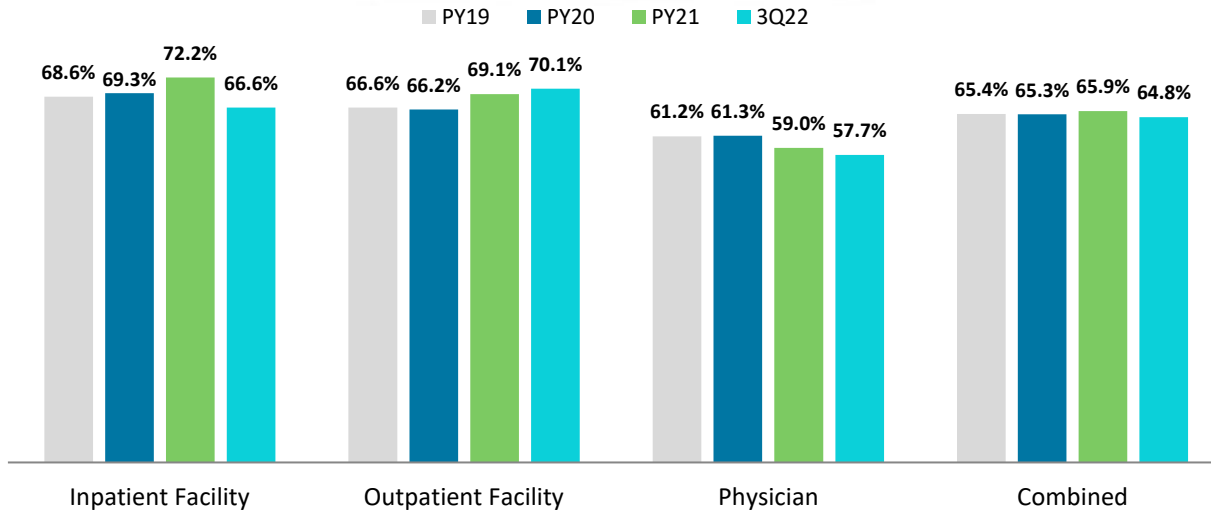
Utilization Summary (p. 2 of 2)

Inpatient data reflects facility charges and professional services.
DX&L = Diagnostics, X-Ray and Laboratory

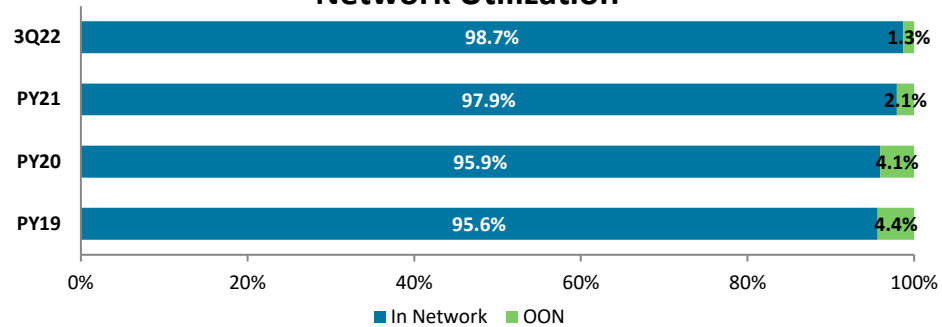
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year	
Inpatient Summary									
# of Admits	252	195	235		82	42	34		
# of Bed Days	1,590	1,250	1,444		410	241	192		
Paid Per Admit	\$28,523	\$29,537	\$27,063	-8.4%	\$17,428	\$35,848	\$14,001	-60.9%	\$16,632
Paid Per Day	\$4,521	\$4,608	\$4,404	-4.4%	\$3,486	\$6,247	\$2,479	-60.3%	\$3,217
Admits Per 1,000	69	53	70	32.1%	152	89	86	-3.4%	76
Days Per 1,000	437	339	428	26.3%	759	512	487	-4.9%	391
Avg LOS	6.3	6.4	6.1	-4.7%	5	5.7	5.6	-1.8%	5.2
# Admits From ER	151	127	173		60	25	23		
Physician Office									
OV Utilization per Member	5.7	5.0	5.1	2.0%	7.5	6.6	7	6.1%	5.0
Avg Paid per OV	\$77	\$71	\$79	11.3%	\$76	\$60	\$37	-38.3%	\$57
Avg OV Paid per Member	\$439	\$351	\$400	14.0%	\$572	\$399	\$255	-36.1%	\$286
DX&L Utilization per Member	11.7	10.4	10.4	0.0%	13.6	12.5	10.7	-14.4%	10.5
Avg Paid per DX&L	\$69	\$72	\$73	1.4%	\$54	\$68	\$60	-11.8%	\$50
Avg DX&L Paid per Member	\$815	\$744	\$753	1.2%	\$726	\$842	\$647	-23.2%	\$522
Emergency Room									
# of Visits	648	439	530		146	62	75		
Visits Per Member	0.18	0.12	0.16	33.3%	0.27	0.13	0.19	46.2%	0.24
Visits Per 1,000	178	119	157	31.9%	270	132	190	43.9%	235
Avg Paid per Visit	\$2,120	\$1,820	\$1,759	-3.4%	\$1,362	\$2,350	\$1,145	-51.3%	\$943
Urgent Care									
# of Visits	822	633	703		137	83	66		
Visits Per Member	0.23	0.17	0.21	23.5%	0.25	0.18	0.17	-5.6%	0.3
Visits Per 1,000	226	171	208	21.6%	252	176	168	-4.5%	300
Avg Paid per Visit	\$48	\$79	\$65	-17.7%	\$36	\$81	\$36	-55.6%	\$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	Unassigned
Cancer	\$10,044,155	10.9%	\$8,421,828	\$1,149,192	\$473,134	\$5,044,967	\$4,999,188	\$0
Pregnancy-related Disorders	\$9,877,735	10.8%	\$2,469,154	\$671,886	\$6,736,695	\$5,878,315	\$3,769,523	\$229,897
Infections	\$9,532,720	10.4%	\$6,313,305	\$2,347,481	\$871,934	\$5,379,158	\$4,153,492	\$70
COVID-19, Confirmed	\$4,141,881	4.5%	\$2,905,921	\$1,032,572	\$203,388	\$2,141,557	\$2,000,324	\$0
Health Status/Encounters	\$7,087,597	7.7%	\$4,132,957	\$1,029,897	\$1,924,743	\$2,682,617	\$4,401,541	\$3,439
Gastrointestinal Disorders	\$6,735,446	7.3%	\$4,849,543	\$1,252,420	\$633,483	\$3,292,285	\$3,443,150	\$11
Cardiac Disorders	\$6,351,351	6.9%	\$4,962,163	\$1,313,711	\$75,477	\$4,102,611	\$2,245,704	\$3,037
Musculoskeletal Disorders	\$6,004,218	6.5%	\$4,438,253	\$887,863	\$678,102	\$2,430,492	\$3,573,726	\$0
Mental Health	\$4,330,000	4.7%	\$1,470,093	\$301,428	\$2,558,479	\$1,646,773	\$2,683,227	\$0
Spine-related Disorders	\$4,244,514	4.6%	\$2,829,374	\$978,370	\$436,770	\$1,321,317	\$2,923,197	\$0
Neurological Disorders	\$4,140,599	4.5%	\$2,871,358	\$703,414	\$565,828	\$1,351,287	\$2,789,262	\$51
Trauma/Accidents	\$4,005,774	4.4%	\$2,530,024	\$544,046	\$931,704	\$1,858,984	\$2,146,789	\$0
Renal/Urologic Disorders	\$3,405,512	3.7%	\$2,223,755	\$936,490	\$245,266	\$1,900,082	\$1,505,430	\$0
Eye/ENT Disorders	\$2,487,263	2.7%	\$1,826,160	\$263,241	\$397,863	\$995,593	\$1,491,574	\$96
Endocrine/Metabolic Disorders	\$2,035,825	2.2%	\$1,684,534	\$231,470	\$119,821	\$729,657	\$1,306,168	\$0
Pulmonary Disorders	\$1,986,935	2.2%	\$1,274,821	\$235,063	\$477,051	\$915,962	\$1,070,859	\$115
Gynecological/Breast Disorders	\$1,478,981	1.6%	\$955,367	\$323,945	\$199,669	\$51,352	\$1,425,598	\$2,030
Medical/Surgical Complications	\$1,172,999	1.3%	\$955,154	\$175,262	\$42,583	\$624,214	\$548,785	\$0
Non-malignant Neoplasm	\$1,053,839	1.1%	\$771,056	\$259,761	\$23,022	\$333,731	\$720,108	\$0
Dermatological Disorders	\$1,048,225	1.1%	\$629,269	\$138,427	\$280,529	\$625,234	\$422,990	\$0
Hematological Disorders	\$902,359	1.0%	\$840,041	\$32,238	\$30,080	\$288,397	\$613,962	\$0
Congenital/Chromosomal Anomalies	\$896,891	1.0%	\$133,729	\$2,593	\$760,569	\$485,897	\$410,457	\$537
Diabetes	\$839,071	0.9%	\$543,121	\$188,701	\$107,249	\$518,271	\$320,800	\$0
Miscellaneous	\$778,419	0.8%	\$449,139	\$216,239	\$113,042	\$366,334	\$393,034	\$19,052
Vascular Disorders	\$649,717	0.7%	\$526,097	\$117,853	\$5,767	\$164,739	\$484,978	\$0
Abnormal Lab/Radiology	\$441,781	0.5%	\$333,092	\$96,643	\$12,046	\$182,723	\$258,701	\$357
Medication Related Conditions	\$147,166	0.2%	\$80,997	\$29,010	\$37,159	\$59,247	\$87,919	\$0
Cholesterol Disorders	\$75,045	0.1%	\$60,859	\$12,896	\$1,289	\$36,537	\$38,508	\$0
Allergic Reaction	\$49,684	0.1%	\$36,460	\$3,795	\$9,429	\$12,220	\$37,464	\$0
Dental Conditions	\$35,199	0.0%	\$24,543	\$1,501	\$9,156	\$11,943	\$23,256	\$0
External Hazard Exposure	\$24,402	0.0%	\$8,317	\$10,481	\$5,604	\$16,265	\$8,137	\$0
Total	\$91,863,420	100.0%	\$58,644,564	\$14,455,316	\$18,763,540	\$43,307,202	\$48,297,525	\$258,692

Mental Health Drilldown

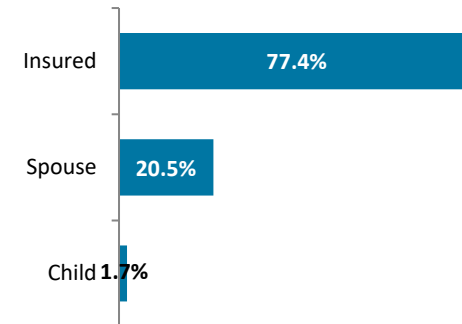
Grouper	PY19		PY20		PY21		3Q22	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	1,438	\$960,442	1,578	\$1,202,510	1,622	\$1,042,887	1,097	\$832,767
Developmental Disorders	132	\$376,873	155	\$796,920	190	\$1,169,559	133	\$660,889
Eating Disorders	46	\$77,221	49	\$159,855	50	\$598,404	52	\$535,621
Alcohol Abuse/Dependence	127	\$888,930	134	\$689,963	129	\$999,750	83	\$532,827
Substance Abuse/Dependence	115	\$1,226,970	131	\$1,029,390	138	\$370,274	82	\$386,677
Mental Health Conditions, Other	1,243	\$504,177	1,341	\$786,711	1,278	\$792,762	897	\$355,985
Mood and Anxiety Disorders	1,646	\$366,935	1,860	\$484,244	1,957	\$609,469	1,345	\$321,222
Complications of Substance Abuse	85	\$578,454	94	\$713,276	74	\$456,459	49	\$241,847
Bipolar Disorder	343	\$314,670	349	\$379,745	319	\$507,979	220	\$211,581
Schizophrenia	26	\$49,918	30	\$46,596	26	\$136,199	26	\$79,670
Psychoses	47	\$102,096	59	\$71,859	52	\$115,493	35	\$78,632
Attention Deficit Disorder	428	\$49,357	460	\$60,539	493	\$68,592	351	\$37,055
Sleep Disorders	529	\$48,331	568	\$45,329	549	\$70,710	345	\$36,704
Personality Disorders	18	\$13,066	24	\$18,327	26	\$17,095	17	\$7,631
Sexually Related Disorders	53	\$27,530	60	\$20,133	67	\$164,428	49	\$6,856
Tobacco Use Disorder	172	\$13,424	161	\$6,997	124	\$8,023	97	\$4,036
Total		\$5,598,394		\$6,512,394		\$7,128,082		\$4,330,000

Diagnosis Grouper – Cancer

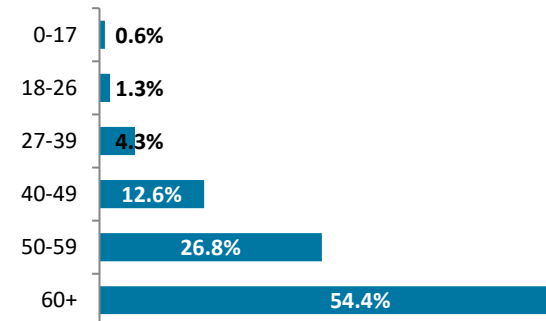
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	112	687	\$3,533,603	35.2%
Cancers, Other	373	1,638	\$1,803,638	18.0%
Breast Cancer	212	1,538	\$942,288	9.4%
Leukemias	31	453	\$523,671	5.2%
Secondary Cancers	70	332	\$422,654	4.2%
Brain Cancer	15	188	\$384,376	3.8%
Cervical/Uterine Cancer	52	284	\$367,472	3.7%
Prostate Cancer	113	560	\$362,081	3.6%
Lymphomas	40	347	\$275,122	2.7%
Lung Cancer	25	204	\$273,616	2.7%
Melanoma	53	198	\$250,861	2.5%
Colon Cancer	46	324	\$215,548	2.1%
Thyroid Cancer	77	321	\$201,791	2.0%
Ovarian Cancer	23	144	\$169,882	1.7%
Pancreatic Cancer	10	89	\$124,333	1.2%
Myeloma	9	131	\$75,982	0.8%
Carcinoma in Situ	88	157	\$54,835	0.5%
Kidney Cancer	18	67	\$34,109	0.3%
Bladder Cancer	21	166	\$28,294	0.3%
Overall	----	----	\$10,044,155	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

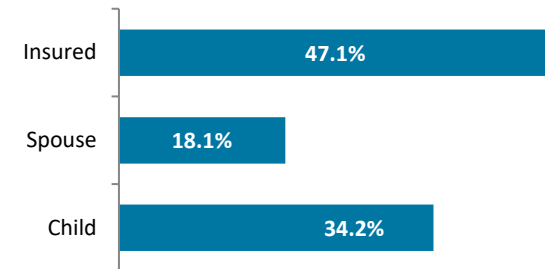


Diagnosis Grouper – Pregnancy-related Disorders

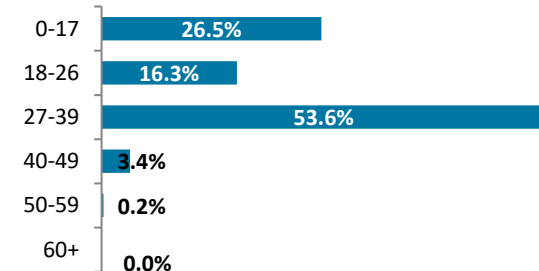
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	118	390	\$2,671,588	27.0%
Prematurity and Low Birth Weight	10	23	\$2,566,382	26.0%
Pregnancy Complications	376	1,444	\$1,460,226	14.8%
Labor and Delivery Related	262	627	\$1,400,963	14.2%
Liveborn Infants	191	327	\$1,294,920	13.1%
Supervision of Pregnancy	447	1,788	\$260,975	2.6%
Fetal Distress	11	47	\$132,292	1.3%
Multiple Gestation Related	10	69	\$39,541	0.4%
Abortion Related	37	95	\$27,171	0.3%
Cesarean Delivery	20	21	\$18,803	0.2%
Ectopic Pregnancy	4	8	\$4,580	0.0%
Birth Injury	1	3	\$294	0.0%
Overall	----	----	\$9,877,735	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

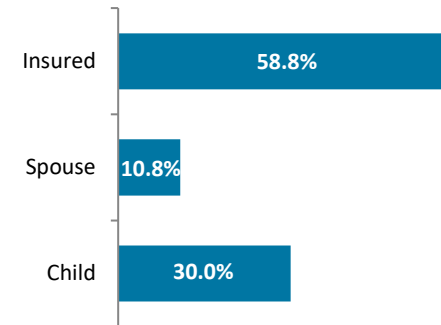


Diagnosis Grouper – Infections

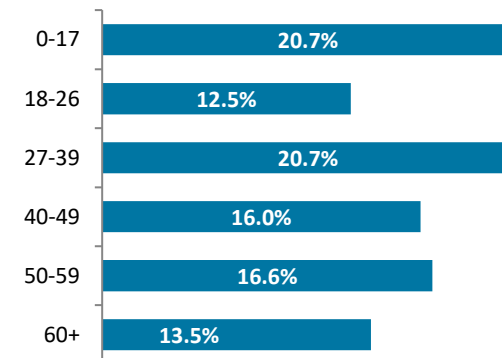
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Infectious Diseases	7,996	17,553	\$5,543,585	58.2%
Septicemia	129	328	\$3,660,696	38.4%
Osteomyelitis	21	383	\$295,495	3.1%
HIV	38	131	\$13,718	0.1%
Influenza	41	48	\$7,214	0.1%
Hepatitis B	18	52	\$5,322	0.1%
Clostridium Difficile	3	4	\$4,968	0.1%
Central Nervous System Infection	3	14	\$1,496	0.0%
Tuberculosis	4	6	\$212	0.0%
Hepatitis C	7	9	\$13	0.0%
Overall	----	----	\$9,532,720	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

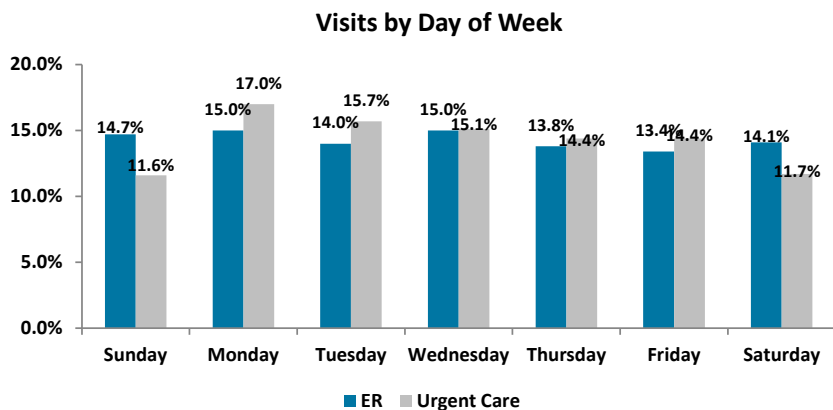


Emergency Room / Urgent Care Summary

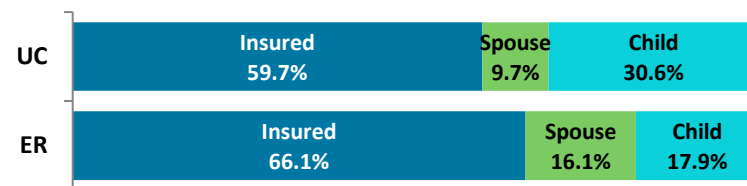
ER/Urgent Care	3Q21		3Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	3,573	6,898	3,711	6,759		
Visits Per Member	0.11	0.22	0.15	0.27	0.17	0.24
Visits/1000 Members	112	217	147	268	174	242
Avg Paid Per Visit	\$2,012	\$73	\$1,799	\$67	\$1,684	\$74
% with OV*	82.7%	79.3%	85.1%	80.8%		
% Avoidable	10.3%	23.9%	11.2%	29.7%		
Total Member Paid	\$3,809,127	\$719,964	\$3,723,631	\$722,457		
Total Plan Paid	\$7,188,435	\$505,077	\$6,674,298	\$455,061		

*looks back 12 months

Annualized Annualized Annualized Annualized



% of Paid



ER / UC Visits by Relationship

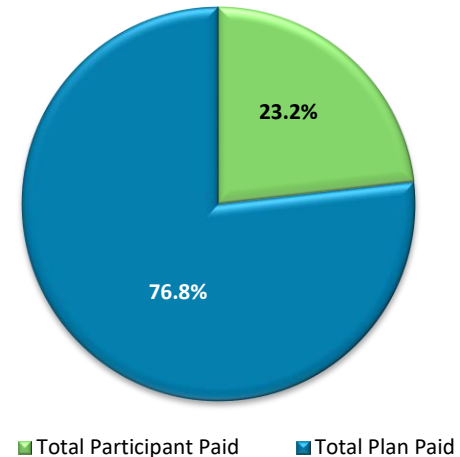
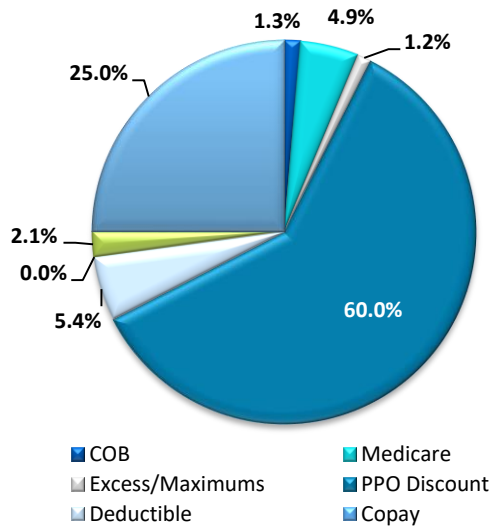
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	2,230	116	4,056	4,380	6,286	327
Spouse	523	125	664	863	1,187	284
Child	958	93	2,039	1,655	2,997	292
Total	3,711	110	6,759	201	10,470	311

Hospital and physician urgent care centers are included in the data.
Paid amount includes facility and professional fees.

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$366,785,502	\$2,122	100.0%
COB	\$4,873,723	\$28	1.3%
Medicare	\$17,997,125	\$104	4.9%
Excess/Maximums	\$4,468,838	\$26	1.2%
PPO Discount	\$220,781,429	\$1,278	60.2%
Deductible	\$19,885,458	\$115	5.4%
Copay	\$101,762	\$1	0.0%
Coinsurance	\$7,732,484	\$45	2.1%
Total Participant Paid	\$27,719,703	\$160	7.6%
Total Plan Paid	\$91,863,420	\$532	25.0%

Total Participant Paid - PY21	\$135
Total Plan Paid - PY21	\$472



Paid Claims by Age Range – Dental

Dental Paid Claims by Age Group								
Age Range	3Q20		3Q21		3Q22		% Change	
	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM
<1	\$ 11,447	\$ 2	\$ 8,321	\$ 2	\$ 8,449	\$ 2	1.5%	9.8%
1	\$ 37,735	\$ 8	\$ 39,895	\$ 8	\$ 41,163	\$ 9	3.2%	11.3%
2 - 4	\$ 313,076	\$ 19	\$ 292,939	\$ 18	\$ 313,961	\$ 20	7.2%	13.9%
5 - 9	\$ 989,682	\$ 31	\$ 934,629	\$ 31	\$ 969,919	\$ 33	3.8%	8.0%
10 - 14	\$ 962,569	\$ 27	\$ 997,101	\$ 28	\$ 980,097	\$ 29	-1.7%	0.7%
15 - 19	\$ 1,157,646	\$ 31	\$ 1,202,197	\$ 32	\$ 1,135,193	\$ 30	-5.6%	-5.2%
20 - 24	\$ 770,925	\$ 19	\$ 736,119	\$ 18	\$ 708,600	\$ 18	-3.7%	-1.4%
25 - 29	\$ 767,118	\$ 24	\$ 734,063	\$ 24	\$ 668,810	\$ 23	-8.9%	-3.5%
30 - 34	\$ 899,017	\$ 26	\$ 909,526	\$ 25	\$ 876,659	\$ 26	-3.6%	1.3%
35 - 39	\$ 1,061,225	\$ 27	\$ 1,055,789	\$ 27	\$ 1,067,656	\$ 28	1.1%	3.8%
40 - 44	\$ 1,078,206	\$ 29	\$ 1,023,789	\$ 27	\$ 1,049,768	\$ 28	2.5%	1.9%
45 - 49	\$ 1,262,488	\$ 31	\$ 1,128,435	\$ 29	\$ 1,101,539	\$ 29	-2.4%	2.3%
50 - 54	\$ 1,395,373	\$ 32	\$ 1,292,287	\$ 30	\$ 1,384,282	\$ 32	7.1%	7.4%
55 - 59	\$ 1,682,153	\$ 36	\$ 1,518,974	\$ 33	\$ 1,570,714	\$ 35	3.4%	5.8%
60 - 64	\$ 2,066,968	\$ 39	\$ 1,895,692	\$ 37	\$ 1,994,865	\$ 40	5.2%	8.4%
65+	\$ 4,980,290	\$ 42	\$ 4,800,400	\$ 39	\$ 5,199,490	\$ 42	8.3%	7.8%
Total	\$19,435,917	\$ 31	\$ 18,570,157	\$ 30	\$19,071,166	\$ 32	2.7%	4.9%

Dental Paid Claims – State Participants

Dental Paid Claims - Total										
State Participants										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 13,248,160	\$ 1,534,360	\$ 424,290	\$ 15,206,811	\$ 12,652,388	\$ 1,650,846	\$ 396,457	\$ 14,699,691	-3.3%	
Dental Exchange	\$ -	\$ -	\$ 2,368,216	\$ 2,368,216			\$ 2,650,884	\$ 2,650,884	11.9%	
Total	\$ 13,248,160	\$ 1,534,360	\$ 2,792,506	\$ 17,575,027	\$ 12,652,388	\$ 1,650,846	\$ 3,047,342	\$ 17,350,575	8.6%	

Dental Paid Claims - Per Participant per Month										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 54	\$ 50	\$ 48	\$ 53	\$ 54	\$ 53	\$ 59	\$ 54	0.4%	
Dental Exchange	\$ -	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ 52	\$ 52	3.8%	

Dental Paid Claims – Non-State Participants

Dental Paid Claims - Total										
Non-State Participants										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 2,149	\$ 234,681	\$ 177,568	\$ 414,399	\$ 4,501	\$ 118,326	\$ 178,358	\$ 301,185	-27.3%	
Dental Exchange	\$ -	\$ -	\$ 1,446,492	\$ 1,446,492		\$ 1,419,406	\$ 1,419,406	\$ 1,419,406	-1.9%	
Total	\$ 2,149	\$ 234,681	\$ 1,624,060	\$ 1,860,891	\$ 4,501	\$ 118,326	\$ 1,597,764	\$ 1,720,591	-7.5%	

Dental Paid Claims - Per Participant per Month										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 30	\$ 43	\$ 47	\$ 44	\$ 73	\$ 45	\$ 46	\$ 46	2.6%	
Dental Exchange	\$ -	\$ -	\$ 45	\$ 45	\$ -	\$ -	\$ 46	\$ 46	2.4%	

Dental Paid Claims – Total Participants

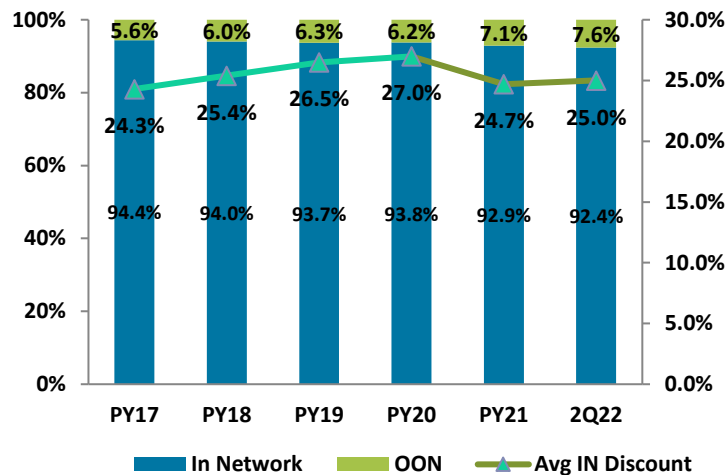
Dental Paid Claims - Total										
Total Participants										
	3Q22				3Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	Change
Dental	\$ 13,250,310	\$ 1,769,042	\$ 601,858	\$ 15,621,209	\$ 12,656,888	\$ 1,769,172	\$ 574,816	\$ 15,000,876		-4.0%
Dental Exchange	\$ -	\$ -	\$ 3,814,708	\$ 3,814,708	\$ -	\$ -	\$ 4,070,290	\$ 4,070,290		6.7%
Total	\$ 13,250,310	\$ 1,769,042	\$ 4,416,566	\$ 19,435,917	\$ 12,656,888	\$ 1,769,172	\$ 4,645,106	\$ 19,071,166		-1.9%

Dental Paid Claims - Per Participant per Month										
	3Q22				3Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	Change
Dental	\$ 54	\$ 49	\$ 48	\$ 53	\$ 54	\$ 52	\$ 54	\$ 53		0.6%
Dental Exchange	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ 49	\$ 49		3.6%

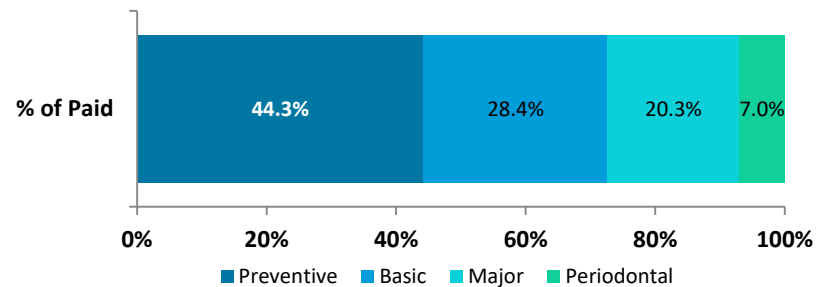
Dental Claims Analysis

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	5,082	7.6%	22,196	22.4%	\$7,689,350	40.3%	\$5,077,263	56.1%
\$750.01-\$1,000.00	2,070	3.1%	7,281	7.4%	\$1,837,667	9.6%	\$991,758	11.0%
\$500.01-\$750.00	3,574	5.4%	11,106	11.2%	\$2,242,992	11.8%	\$1,049,957	11.6%
\$250.01-\$500.00	12,588	18.8%	32,121	32.4%	\$4,454,009	23.4%	\$1,055,370	11.7%
\$0.01-\$250.00	17,513	26.2%	25,798	26.1%	\$2,847,148	14.9%	\$843,788	9.4%
\$0.00	439	0.7%	500	0.5%	\$0	0.0%	\$33,257	0.4%
No Claims	25,587	38.3%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	66,854	100.0%	99,002	100.0%	\$19,071,166	100.0%	\$9,051,393	100.0%

Network Performance



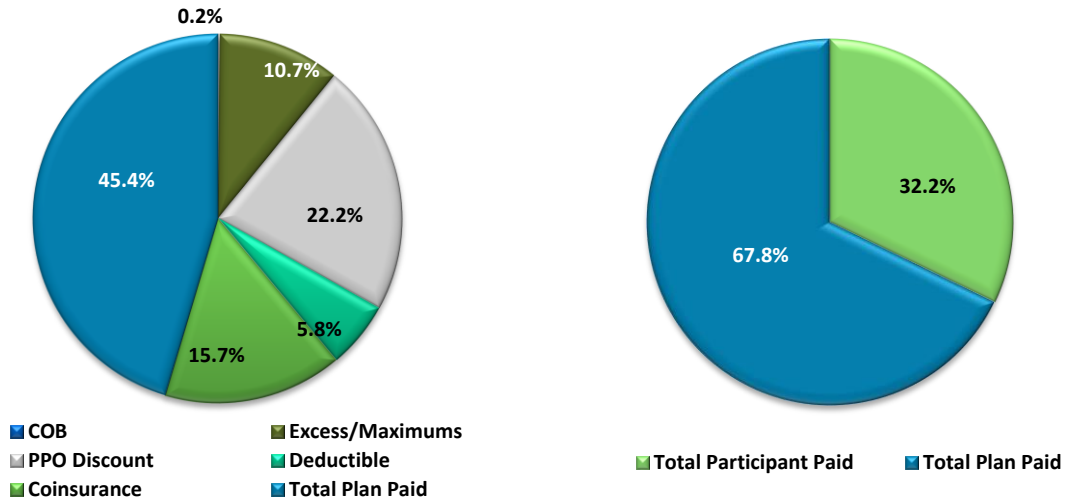
Claim Category	Total Paid	% of Paid
Preventive	\$8,441,174	44.3%
Basic	\$5,420,064	28.4%
Major	\$3,867,334	20.3%
Periodontal	\$1,342,593	7.0%
Total	\$19,071,166	100.0%



Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$41,889,344	\$115	100.0%
COB	\$73,969	\$0	0.2%
Excess/Maximums	\$4,503,768	\$12	10.8%
PPO Discount	\$9,306,146	\$26	22.2%
Deductible	\$2,455,811	\$7	5.9%
Coinsurance	\$6,595,582	\$18	15.7%
Total Participant Paid	\$9,051,393	\$25	21.6%
Total Plan Paid	\$19,071,166	\$53	45.5%

Total Participant Paid - PY21	\$23
Total Plan Paid - PY21	\$51



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	1,124	1,088	36	96.2%
	<2 asthma related ER Visits in the last 6 months	1,124	1,124	0	100.0%
	No asthma related admit in last 12 months	1,124	1,123	1	99.9%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	220	213	7	96.8%
	Members with COPD who had an annual spirometry test	220	34	186	15.5%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	7	7	0	100.0%
	No ER Visit for Heart Failure in last 90 days	222	216	6	97.3%
	Follow-up OV within 4 weeks of discharge from HF admission	7	6	1	85.7%
Diabetes	Annual office visit	1,701	1,624	77	95.5%
	Annual dilated eye exam	1,701	701	1,000	41.2%
	Annual foot exam	1,701	715	986	42.0%
	Annual HbA1c test done	1,701	1,374	327	80.8%
	Diabetes Annual lipid profile	1,701	1,274	427	74.9%
	Annual microalbumin urine screen	1,701	1,163	538	68.4%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	4,233	3,352	881	79.2%
Hypertension	Annual lipid profile	4,641	3,102	1,539	66.8%
	Annual serum creatinine test	4,572	3,599	973	78.7%
Wellness	Well Child Visit - 15 months	250	238	12	95.2%
	Routine office visit in last 6 months	33,148	19,011	14,137	57.4%
	Age 45 to 75 years with colorectal cancer screening	13,082	2,976	10,106	22.7%
	Women age 25-65 with recommended cervical cancer screening	10,455	7,221	3,234	69.1%
	Males age greater than 49 with PSA test in last 24 months	5,085	2,355	2,730	46.3%
	Routine exam in last 24 months	33,148	27,462	5,686	82.8%
	Women age 40 to 75 with a screening mammogram last 24 months	8,437	4,756	3,681	56.4%

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	210	0.63%	6.24	\$14,881
Asthma	1,267	3.82%	37.66	\$13,185
Atrial Fibrillation	331	1.00%	9.84	\$30,100
Blood Disorders	1,726	5.20%	51.30	\$27,641
CAD	647	1.95%	19.23	\$22,331
COPD	219	0.66%	6.51	\$26,612
Cancer	1,188	3.58%	35.31	\$24,342
Chronic Pain	640	1.93%	19.02	\$22,261
Congestive Heart Failure	221	0.67%	6.57	\$48,478
Demyelinating Diseases	73	0.22%	2.17	\$48,728
Depression	1,924	5.80%	57.18	\$13,845
Diabetes	1,868	5.63%	55.52	\$16,650
ESRD	50	0.15%	1.49	\$104,606
Eating Disorders	99	0.30%	2.94	\$34,584
HIV/AIDS	38	0.11%	1.13	\$50,932
Hyperlipidemia	4,474	13.48%	132.97	\$9,921
Hypertension	4,677	14.10%	139.00	\$12,905
Immune Disorders	85	0.26%	2.53	\$67,615
Inflammatory Bowel Disease	106	0.32%	3.15	\$41,146
Liver Diseases	591	1.78%	17.56	\$20,599
Morbid Obesity	784	2.36%	23.30	\$18,288
Osteoarthritis	1,103	3.32%	32.78	\$15,929
Peripheral Vascular Disease	162	0.49%	4.81	\$20,817
Rheumatoid Arthritis	149	0.45%	4.43	\$27,501

*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 2022 - Quarter Ending March 31, 2021

Express Scripts

3Q FY2022 CDHP		3Q FY2021 CDHP	Difference	% Change
Membership Summary				
Member Count (Membership)	33,449	42,361	(8,912)	-21.0%
Utilizing Member Count (Patients)	24,857	27,293	(2,436)	-8.9%
Percent Utilizing (Utilization)	74.3%	64.4%	0.10	15.3%
Claim Summary				
Net Claims (Total Rx's)	328,606	387,724	(59,118)	-15.2%
Claims per Elig Member per Month (Claims PMPM)	1.09	1.02	0.07	6.9%
Total Claims for Generic (Generic Rx)	278,712	333,923	(55,211.00)	-16.5%
Total Claims for Brand (Brand Rx)	49,894	53,801	(3,907.00)	-7.3%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	2,018	5,876	(3,858.00)	-65.7%
Total Non-Specialty Claims	324,449	382,943	(58,494.00)	-15.3%
Total Specialty Claims	4,157	4,781	(624.00)	-13.1%
Generic % of Total Claims (GFR)	84.8%	86.1%	(0.01)	-1.5%
Generic Effective Rate (GCR)	99.3%	98.3%	0.01	1.0%
Mail Order Claims	79,641	86,189	(6,548.00)	-7.6%
Mail Penetration Rate*	28.3%	25.0%	0.03	3.3%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$34,332,275	\$40,318,854	(\$5,986,579.00)	-14.8%
Total Generic Gross Cost	\$4,654,284	\$6,432,803	(\$1,778,519.00)	-27.6%
Total Brand Gross Cost	\$29,677,991	\$33,886,051	(\$4,208,060.00)	-12.4%
Total MSB Gross Cost	\$825,858	\$1,577,996	(\$752,138.00)	-47.7%
Total Ingredient Cost	\$33,595,854	\$39,965,266	(\$6,369,412.00)	-15.9%
Total Dispensing Fee	\$720,013	\$335,683	\$384,330.00	114.5%
Total Other (e.g. tax)	\$16,408	\$17,905	(\$1,497.00)	-8.4%
Avg Total Cost per Claim (Gross Cost/Rx)	\$104.48	\$103.99	\$0.49	0.5%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$16.70	\$19.26	(\$2.56)	-13.3%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$594.82	\$629.84	(\$35.02)	-5.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$409.25	\$268.55	\$140.70	52.4%
Member Cost Summary				
Total Member Cost	\$8,703,115	\$10,145,250	(\$1,442,135.00)	-14.2%
Total Copay	\$6,560,681	\$7,236,966	(\$676,285.00)	-9.3%
Total Deductible	\$2,142,434	\$2,908,284	(\$765,850.00)	-26.3%
Avg Copay per Claim (Copay/Rx)	\$19.97	\$18.67	\$1.30	7.0%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$26.48	\$26.17	\$0.32	1.2%
Avg Copay for Generic (Copay/Generic Rx)	\$8.51	\$9.19	(\$0.68)	-7.4%
Avg Copay for Brand (Copay/Brand Rx)	\$126.91	\$131.54	(\$4.63)	-3.5%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$103.70	\$72.97	\$30.73	42.1%
Net PMPM (Participant Cost PMPM)	\$28.91	\$26.61	\$2.30	8.6%
Copay % of Total Prescription Cost (Member Cost Share %)	25.3%	25.2%	0.2%	0.7%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$25,629,160	\$30,173,604	(\$4,544,444.00)	-15.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$9,387,418	\$10,988,741	(\$1,601,323.00)	-14.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$16,241,742	\$19,184,863	(\$2,943,121.00)	-15.3%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$77.99	\$77.82	\$0.17	0.2%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$8.19	\$10.08	(\$1.89)	-18.8%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$467.91	\$498.30	(\$30.39)	-6.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$305.54	\$195.58	\$109.96	56.2%
Net PMPM (Plan Cost PMPM)	\$85.14	\$79.14	\$5.99	7.6%
PMPM for Specialty Only (Specialty PMPM)	\$53.95	\$50.32	\$3.63	7.2%
PMPM without Specialty (Non-Specialty PMPM)	\$31.18	\$28.82	\$4.02	17.3%
Specialty % of Plan Cost	63.4%	63.60%	(\$0.00)	-0.3%
Rebates Received (Q1-Q3 FY2022 actual)	\$7,831,838	\$7,108,592	\$723,245.96	10.2%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$59.12	\$60.50	(\$1.38)	-2.3%
PMPM for Specialty Only (Specialty PMPM)	\$44.26	\$42.96	\$1.30	3.0%
PMPM without Specialty (Non-Specialty PMPM)	\$19.47	\$15.53	\$3.94	25.4%

Appendix B

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HealthSCOPE – LDPPPO Utilization Review for PEBP July 1, 2021 – March 31, 2022

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July 2021 – March 2022

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 3Q22 was \$21,519,998 with an annualized plan cost per employee per year (PEPY) of \$7,032.
 - IP Cost per Admit is \$30,907.
 - ER Cost per Visit is \$2,206.
- Employees shared in 15.8% of the medical cost.
- Inpatient facility costs were 33.2% of the plan spend.
- 87.8% of the Average Membership had paid Medical claims less than \$2,500, with 22.7% of those having no claims paid at all during the reporting period.
- 33 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 35.6% of the plan spend. The highest diagnosis category was Cancer, accounting for 11.2% of the high-cost claimant dollars.
- Total spending with in-network providers was 99.3%. The average In Network discount was 62.1%.

Paid Claims by Age Group

Paid Claims by Age Group						
3Q22						
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM
<1	\$ 2,394,165	\$ 3,284	\$ 2,636	\$ 4	\$ 2,396,801	\$ 3,288
1	\$ 121,071	\$ 136	\$ 4,704	\$ 5	\$ 125,775	\$ 141
2 - 4	\$ 265,977	\$ 90	\$ 36,556	\$ 12	\$ 302,533	\$ 102
5 - 9	\$ 251,702	\$ 49	\$ 94,828	\$ 18	\$ 346,530	\$ 68
10 - 14	\$ 527,477	\$ 88	\$ 136,059	\$ 23	\$ 663,536	\$ 110
15 - 19	\$ 785,012	\$ 129	\$ 245,729	\$ 40	\$ 1,030,741	\$ 169
20 - 24	\$ 846,177	\$ 138	\$ 193,045	\$ 32	\$ 1,039,222	\$ 170
25 - 29	\$ 938,241	\$ 209	\$ 298,374	\$ 67	\$ 1,236,615	\$ 276
30 - 34	\$ 1,179,800	\$ 213	\$ 491,108	\$ 89	\$ 1,670,908	\$ 302
35 - 39	\$ 2,180,397	\$ 337	\$ 515,699	\$ 80	\$ 2,696,096	\$ 417
40 - 44	\$ 2,017,145	\$ 319	\$ 713,177	\$ 113	\$ 2,730,322	\$ 432
45 - 49	\$ 1,666,549	\$ 296	\$ 555,399	\$ 99	\$ 2,221,948	\$ 395
50 - 54	\$ 1,497,162	\$ 243	\$ 859,676	\$ 139	\$ 2,356,838	\$ 382
55 - 59	\$ 3,002,868	\$ 516	\$ 796,967	\$ 137	\$ 3,799,835	\$ 653
60 - 64	\$ 2,736,542	\$ 565	\$ 1,417,011	\$ 293	\$ 4,153,553	\$ 858
65+	\$ 1,109,714	\$ 596	\$ 396,030	\$ 213	\$ 1,505,744	\$ 808
Total	\$ 21,519,998	\$ 287	\$ 6,757,000	\$ 90	\$ 28,276,998	\$ 377

Financial Summary

	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	3Q22	3Q22	3Q22	3Q22	3Q22	HSB Peer Index
Enrollment						
Avg # Employees	4,080	3,694	1	365	20	
Avg # Members	8,336	7,686	2	618	30	
Ratio	2.0	2.1	2.0	1.7	1.5	1.8
Financial Summary						
Gross Cost	\$25,567,903	\$22,066,248	\$30,438	\$3,242,491	\$228,725	
Client Paid	\$21,519,998	\$18,502,524	\$25,500	\$2,803,599	\$188,375	
Employee Paid	\$4,047,904	\$3,563,724	\$4,938	\$438,892	\$40,350	
Client Paid-PEPY	\$7,032	\$6,679	\$34,000	\$10,229	\$12,489	\$6,209
Client Paid-PMPY	\$3,442	\$3,210	\$17,000	\$6,044	\$8,341	\$3,437
Client Paid-PEPM	\$586	\$557	\$2,833	\$852	\$1,041	\$517
Client Paid-PMPM	\$287	\$267	\$1,417	\$504	\$695	\$286
High Cost Claimants (HCC's) > \$100k						
# of HCC's	33	26	0	7	1	
HCC's / 1,000	4.0	3.4	0.0	11.3	33.2	
Avg HCC Paid	\$231,898	\$243,388	\$0	\$173,488	\$110,143	
HCC's % of Plan Paid	35.6%	34.2%	0.0%	43.3%	58.5%	
Cost Distribution by Claim Type (PMPY)						
Facility Inpatient	\$1,142	\$1,098	\$566	\$1,697	\$956	\$1,057
Facility Outpatient	\$872	\$775	\$6,869	\$1,898	\$4,349	\$1,145
Physician	\$1,387	\$1,297	\$9,565	\$2,400	\$2,991	\$1,122
Other	\$41	\$40	\$0	\$50	\$46	\$113
Total	\$3,442	\$3,210	\$17,000	\$6,044	\$8,341	\$3,437
	Annualized	Annualized	Annualized	Annualized	Annualized	

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total				
State Participants				
	3Q22			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical				
Inpatient	\$7,226,518.77	\$843,115.94	\$1,882.65	\$ 8,071,517
Outpatient	\$11,276,005.69	\$1,927,121.67	\$31,478.47	\$ 13,234,606
Total - Medical	\$ 18,502,524	\$ 2,770,238	\$ 33,361	\$ 21,306,123

Net Paid Claims - Per Participant per Month				
	3Q22			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical	\$ 557	\$ 897	\$ 167	\$ 583

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total					
Non-State Participants					
	3Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical					
Inpatient	\$ 849	\$ 19,252	\$ 4,835	\$ 24,935	
Outpatient	\$ 24,651	\$ 128,719	\$ 35,570	\$ 188,940	
Total - Medical	\$ 25,500	\$ 147,971	\$ 40,404	\$ 213,875	

Net Paid Claims - Per Participant per Month					
	3Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 2,833	\$ 1,525	\$ 481	\$ 1,126	

Paid Claims by Claim Type – Total Participants

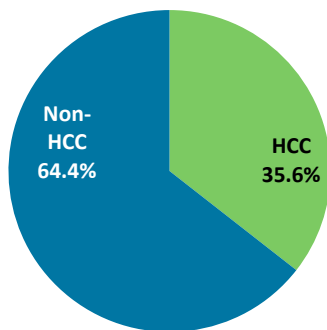
Net Paid Claims - Total					
Total Participants					
	3Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical					
Inpatient	\$ 7,227,368	\$ 862,368	\$ 6,717	\$	8,096,452
Outpatient	\$ 11,300,657	\$ 2,055,840	\$ 67,048	\$	13,423,546
Total - Medical	\$ 18,528,024	\$ 2,918,208	\$ 73,765	\$	21,519,998

Net Paid Claims - Per Participant per Month					
	3Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 557	\$ 916	\$ 260	\$	586

Cost Distribution – Medical Claims

3Q22						
Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
\$100,000.01 Plus	26	0.3%	\$7,343,334	34.1%	\$127,022	3.1%
\$50,000.01-\$100,000.00	31	0.4%	\$2,197,795	10.2%	\$144,282	3.6%
\$25,000.01-\$50,000.00	53	0.6%	\$2,001,957	9.3%	\$198,417	4.9%
\$10,000.01-\$25,000.00	177	2.1%	\$2,866,215	13.3%	\$588,184	14.5%
\$5,000.01-\$10,000.00	282	3.4%	\$2,091,236	9.7%	\$562,139	13.9%
\$2,500.01-\$5,000.00	452	5.4%	\$1,648,989	7.7%	\$632,324	15.6%
\$0.01-\$2,500.00	5,299	63.6%	\$3,370,473	15.7%	\$1,776,658	43.9%
\$0.00	121	1.5%	\$0	0.0%	\$18,877	0.5%
No Claims	1,894	22.7%	\$0	0.0%	\$0	0.0%
	8,336	100.0%	\$21,519,998	100.0%	\$4,047,904	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	12	\$1,753,239	22.9%
Congenital/Chromosomal Anomalies	4	\$1,113,612	14.6%
Pregnancy-related Disorders	2	\$849,936	11.1%
Vascular Disorders	6	\$699,108	9.1%
Cardiac Disorders	19	\$531,921	7.0%
Trauma/Accidents	3	\$377,705	4.9%
Non-malignant Neoplasm	6	\$339,492	4.4%
Pulmonary Disorders	18	\$297,347	3.9%
Medication Related Conditions	6	\$246,078	3.2%
Endocrine/Metabolic Disorders	9	\$212,813	2.8%
All Other		\$1,231,385	16.1%
Overall	----	\$7,652,636	100.0%

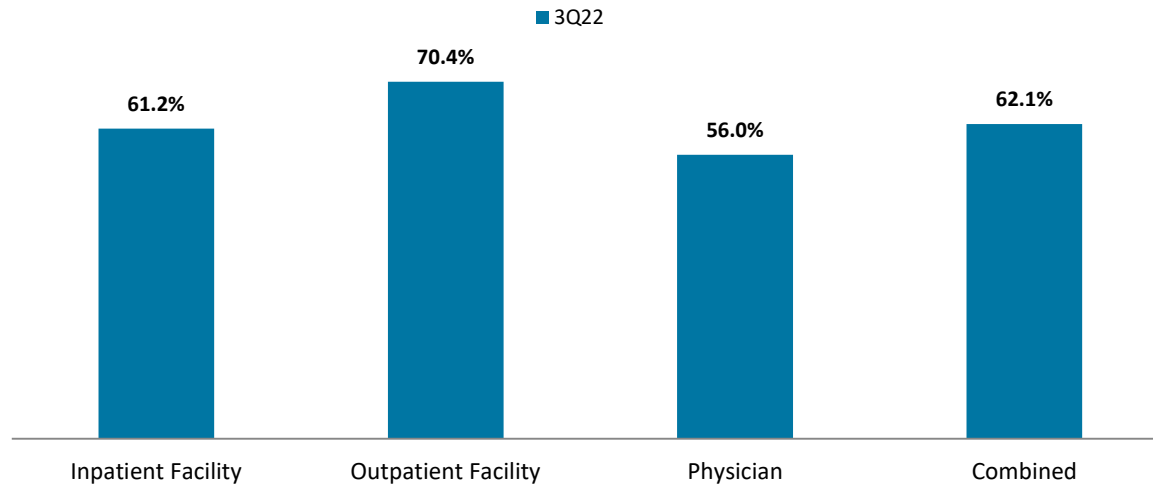
Utilization Summary

Inpatient data reflects facility charges and professional services.
DX&L = Diagnostics, X-Ray and Laboratory

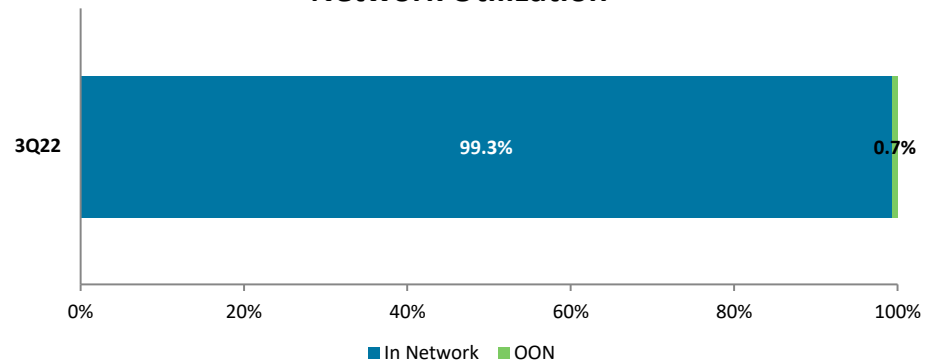
	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	3Q22	3Q22	3Q22	3Q22	3Q22	HSB Peer Index
Inpatient Facility						
# of Admits	214	184	1	24	5	
# of Bed Days	985	881	1	89	14	
Paid Per Admit	\$30,907	\$30,753	\$1,051	\$38,705	\$5,130	\$16,173
Paid Per Day	\$6,715	\$6,423	\$1,051	\$10,437	\$1,832	\$3,708
Admits Per 1,000	34	32	667	52	221	61
Days Per 1,000	158	153	667	192	620	264
Avg LOS	4.6	4.8	1	3.7	2.8	4.3
# Admits From ER	109	91	0	16	2.0	
Physician Office						
OV Utilization per Member	4.2	4.1	12.7	5.6	6.3	3.3
Avg Paid per OV	\$128	\$121	\$246	\$194	\$104	\$50
Avg OV Paid per Member	\$537	\$491	\$3,117	\$1,094	\$657	\$167
DX&L Utilization per Member	7.2	6.8	28	11.2	13.2	8.3
Avg Paid per DX&L	\$50	\$47	\$101	\$70	\$80	\$67
Avg DX&L Paid per Member	\$361	\$323	\$2,832	\$782	\$1,055	\$554
Emergency Room						
# of Visits	730	675	1	53	1	
Visits Per Member	0.12	0.12	0.67	0.11	0.04	0.17
Visits Per 1,000	117	117	667	114	44	174
Avg Paid per Visit	\$2,206	\$2,173	\$5,209	\$2,583	\$1,827	\$1,684
Urgent Care						
# of Visits	1,635	1,529	0	105	1	
Visits Per Member	0.26	0.27	0.00	0.23	0.04	0.24
Visits Per 1,000	262	265	0	226	44	242
Avg Paid per Visit	\$118	\$117	\$0	\$139	\$65	\$74
	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	Unassigned
Cancer	\$2,414,420	11.2%	\$1,186,653	\$1,138,022	\$89,745	\$1,018,231	\$1,396,189	\$0
Pregnancy-related Disorders	\$2,091,378	9.7%	\$636,313	\$278,721	\$1,176,344	\$1,028,981	\$1,045,251	\$17,146
Health Status/Encounters	\$1,776,205	8.3%	\$920,528	\$287,603	\$568,074	\$625,175	\$1,150,198	\$832
Cardiac Disorders	\$1,391,393	6.5%	\$1,009,865	\$339,957	\$41,571	\$914,139	\$477,254	\$0
Infections	\$1,340,981	6.2%	\$886,921	\$305,051	\$149,009	\$427,072	\$913,909	\$0
COVID-19, Confirmed	\$904,417	4.2%	\$648,028	\$227,417	\$28,971	\$258,965	\$645,452	\$0
Gastrointestinal Disorders	\$1,318,070	6.1%	\$769,591	\$406,939	\$141,540	\$454,402	\$863,668	\$0
Musculoskeletal Disorders	\$1,216,387	5.7%	\$729,784	\$358,302	\$128,301	\$556,598	\$659,790	\$0
Congenital/Chromosomal Anomalies	\$1,150,996	5.3%	\$319,340	\$9,118	\$822,538	\$823,161	\$325,620	\$2,214
Mental Health	\$1,147,745	5.3%	\$356,499	\$85,816	\$705,429	\$403,271	\$744,474	\$0
Trauma/Accidents	\$869,314	4.0%	\$545,526	\$87,508	\$236,280	\$217,733	\$651,582	\$0
Eye/ENT Disorders	\$808,919	3.8%	\$401,729	\$109,675	\$297,516	\$380,806	\$428,030	\$83
Vascular Disorders	\$747,112	3.5%	\$212,943	\$421,331	\$112,839	\$709,941	\$37,171	\$0
Spine-related Disorders	\$691,479	3.2%	\$415,578	\$112,375	\$163,526	\$224,244	\$467,235	\$0
Pulmonary Disorders	\$680,844	3.2%	\$298,338	\$84,877	\$297,628	\$382,351	\$298,493	\$0
Neurological Disorders	\$678,498	3.2%	\$353,695	\$185,580	\$139,224	\$224,303	\$454,195	\$0
Non-malignant Neoplasm	\$599,450	2.8%	\$227,603	\$355,025	\$16,822	\$152,747	\$446,703	\$0
Endocrine/Metabolic Disorders	\$531,261	2.5%	\$430,180	\$89,390	\$11,691	\$98,394	\$432,867	\$0
Renal/Urologic Disorders	\$497,971	2.3%	\$338,942	\$94,939	\$64,090	\$363,236	\$134,736	\$0
Gynecological/Breast Disorders	\$492,570	2.3%	\$324,336	\$98,986	\$69,248	\$11,159	\$481,410	\$0
Medication Related Conditions	\$256,312	1.2%	\$250,930	\$1,326	\$4,057	\$247,959	\$8,354	\$0
Miscellaneous	\$199,156	0.9%	\$79,873	\$32,073	\$87,210	\$101,643	\$97,514	\$0
Dermatological Disorders	\$174,690	0.8%	\$103,384	\$23,759	\$47,547	\$67,417	\$107,273	\$0
Diabetes	\$129,862	0.6%	\$68,076	\$35,840	\$25,947	\$58,451	\$71,411	\$0
Abnormal Lab/Radiology	\$107,503	0.5%	\$75,070	\$27,444	\$4,989	\$44,115	\$63,389	\$0
Hematological Disorders	\$72,764	0.3%	\$55,379	\$9,785	\$7,601	\$13,984	\$58,781	\$0
Medical/Surgical Complications	\$64,616	0.3%	\$7,814	\$13,283	\$43,518	\$9,819	\$54,797	\$0
Cholesterol Disorders	\$41,465	0.2%	\$31,556	\$8,487	\$1,422	\$19,451	\$22,014	\$0
Allergic Reaction	\$14,158	0.1%	\$10,365	\$821	\$2,972	\$825	\$13,333	\$0
Dental Conditions	\$8,944	0.0%	\$1,176	\$1,586	\$6,181	\$3,748	\$5,195	\$0
External Hazard Exposure	\$5,534	0.0%	\$600	\$0	\$4,934	\$4,367	\$1,167	\$0
Total	\$21,519,998	100.0%	\$11,048,586	\$5,003,618	\$5,467,794	\$9,587,721	\$11,912,001	\$20,276

Mental Health Drilldown

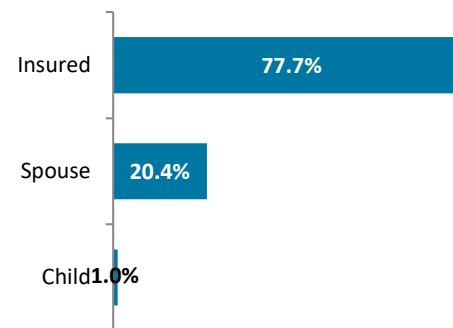
Grouper	3Q22	
	Patients	Total Paid
Depression	333	\$326,156
Mental Health Conditions, Other	316	\$221,900
Mood and Anxiety Disorders	421	\$156,721
Developmental Disorders	41	\$152,193
Eating Disorders	15	\$102,010
Bipolar Disorder	83	\$66,496
Attention Deficit Disorder	147	\$46,258
Substance Abuse/Dependence	22	\$27,678
Sleep Disorders	87	\$12,677
Psychoses	5	\$10,571
Personality Disorders	10	\$8,100
Sexually Related Disorders	20	\$5,740
Tobacco Use Disorder	12	\$4,353
Alcohol Abuse/Dependence	10	\$3,067
Complications of Substance Abuse	4	\$2,088
Schizophrenia	2	\$1,734
Total		\$1,147,745

Diagnosis Grouper – Cancer

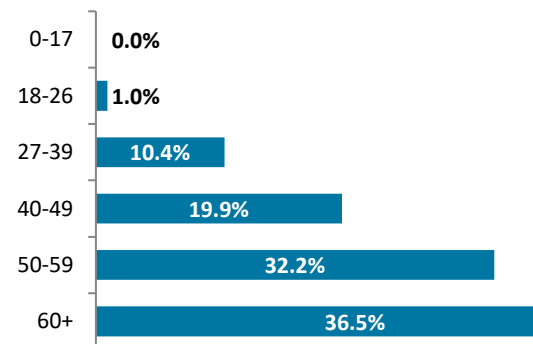
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Cancer Therapies	24	187	\$837,378	79.6%
Melanoma	14	89	\$480,775	45.7%
Brain Cancer	1	59	\$315,093	29.9%
Breast Cancer	46	388	\$220,137	20.9%
Cancers, Other	66	295	\$213,163	20.3%
Secondary Cancers	15	62	\$90,347	8.6%
Lung Cancer	6	74	\$47,100	4.5%
Carcinoma in Situ	22	91	\$39,513	3.8%
Thyroid Cancer	15	53	\$36,514	3.5%
Colon Cancer	4	106	\$31,857	3.0%
Prostate Cancer	18	95	\$30,492	2.9%
Bladder Cancer	3	68	\$26,644	2.5%
Kidney Cancer	4	16	\$13,239	1.3%
Myeloma	2	25	\$12,925	1.2%
Cervical/Uterine Cancer	8	28	\$9,254	0.9%
Lymphomas	12	46	\$5,360	0.5%
Leukemias	12	35	\$4,478	0.4%
Pancreatic Cancer	1	2	\$152	0.0%
Overall	----	----	\$2,414,420	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

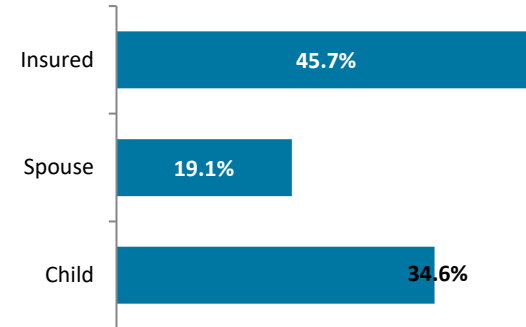


Diagnosis Grouper – Pregnancy-related Disorders

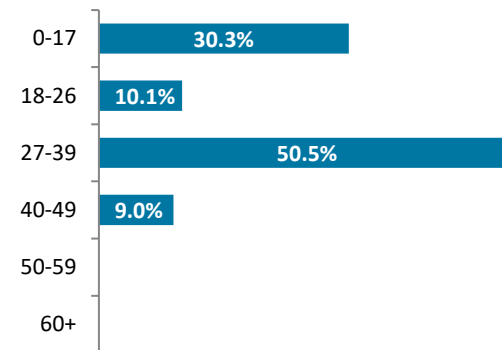
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	31	83	\$915,259	43.8%
Labor and Delivery Related	60	216	\$464,839	22.2%
Pregnancy Complications	90	375	\$422,003	20.2%
Liveborn Infants	52	89	\$182,435	8.7%
Supervision of Pregnancy	106	552	\$69,988	3.3%
Multiple Gestation Related	2	23	\$21,470	1.0%
Abortion Related	8	18	\$9,836	0.5%
Ectopic Pregnancy	2	10	\$5,340	0.3%
Prematurity and Low Birth Weight	3	4	\$196	0.0%
Cesarean Delivery	1	1	\$12	0.0%
Overall	----	----	\$2,091,378	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

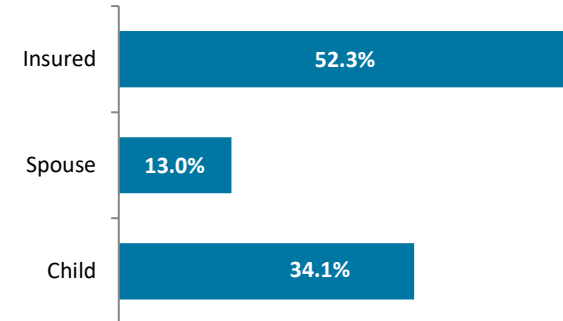


Diagnosis Grouper – Health Status/Encounters

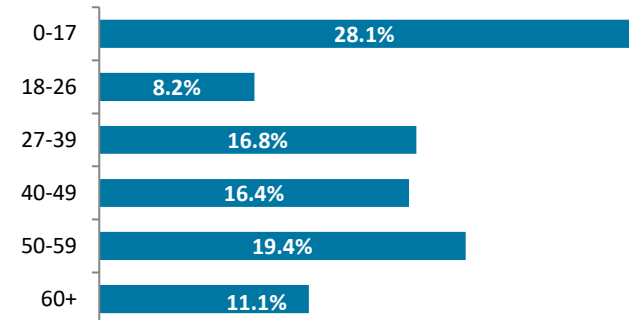
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	1,512	2,817	\$541,886	30.5%
Prophylactic Measures	1,483	1,964	\$416,422	23.4%
Exams	2,121	3,758	\$407,224	22.9%
Encounters - Infants/Children	913	1,283	\$201,130	11.3%
History of Condition	44	60	\$59,122	3.3%
Personal History of Condition	149	213	\$40,090	2.3%
Prosthetics/Devices/Implants	78	190	\$38,652	2.2%
Aftercare	76	112	\$33,032	1.9%
Family History of Condition	41	61	\$14,811	0.8%
Counseling	76	126	\$7,970	0.4%
Lifestyle/Situational Issues	69	79	\$4,331	0.2%
Follow-Up Encounters	5	14	\$3,354	0.2%
Donors	2	4	\$3,096	0.2%
Encounter - Procedure	15	16	\$2,461	0.1%
Health Status, Other	24	28	\$1,221	0.1%
Replacements	15	32	\$1,191	0.1%
Encounter - Transplant Related	4	7	\$114	0.0%
Miscellaneous Examinations	8	11	\$98	0.0%
Overall	----	----	\$1,776,205	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range



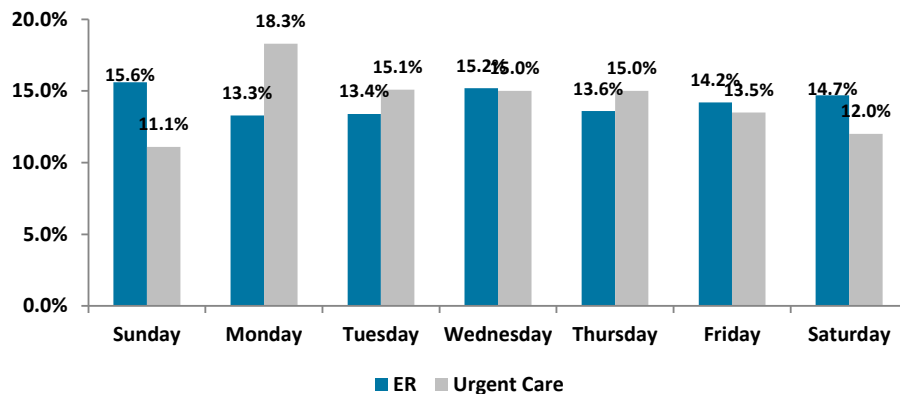
Emergency Room / Urgent Care Summary

ER/Urgent Care	3Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care
Number of Visits	730	1,635		
Visits Per Member	0.12	0.26	0.17	0.24
Visits/1000 Members	117	262	174	242
Avg Paid Per Visit	\$2,206	\$118	\$1,684	\$74
% with OV*	80.5%	77.6%		
% Avoidable	10.3%	31.9%		
Total Member Paid	\$415,417	\$107,398		
Total Plan Paid	\$1,610,618	\$193,088		

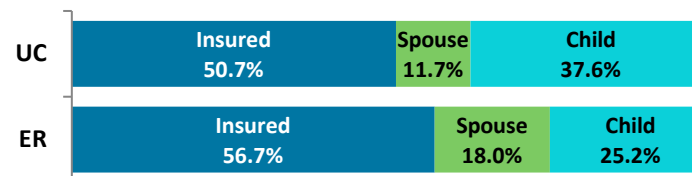
*looks back 12 months from ER visit

Annualized Annualized

Visits by Day of Week



% of Paid

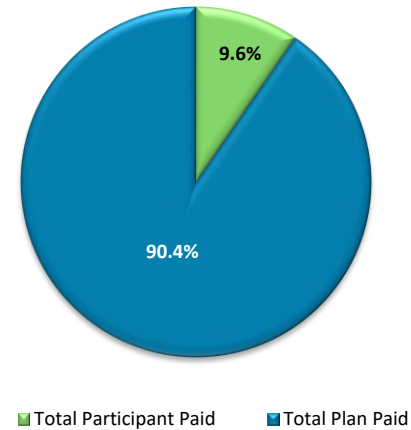
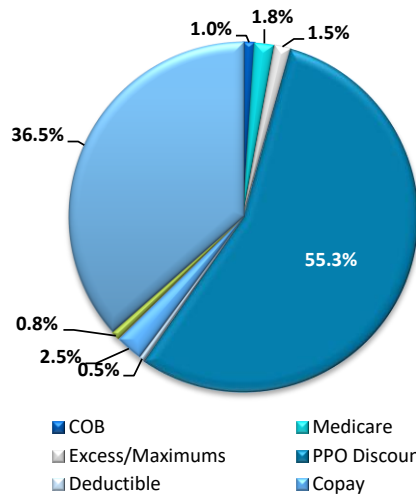


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	370	91	825	202	1,056	259
Spouse	102	87	184	157	202	173
Child	258	84	626	203	513	166
Total	730	88	1,635	196	1,771	212

Hospital and physician urgent care centers are included in the data.
Paid amount includes facility and professional fees.

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$69,555,838	\$1,893	100.0%
COB	\$226,714	\$6	0.3%
Medicare	\$683,089	\$19	1.0%
Excess/Maximums	\$1,022,934	\$28	1.5%
PPO Discount	\$42,085,220	\$1,146	60.5%
Deductible	\$1,276,162	\$35	1.8%
Copay	\$1,765,588	\$48	2.5%
Coinsurance	\$1,006,154	\$27	1.4%
Total Participant Paid	\$4,047,904	\$110	5.8%
Total Plan Paid	\$21,519,998	\$586	30.9%



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	332	324	8	97.6%
	<2 asthma related ER Visits in the last 6 months	332	332	0	100.0%
	No asthma related admit in last 12 months	332	331	1	99.7%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	28	26	2	92.9%
	Members with COPD who had an annual spirometry test	28	1	27	3.6%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	2	2	0	100.0%
	No ER Visit for Heart Failure in last 90 days	36	35	1	97.2%
	Follow-up OV within 4 weeks of discharge from HF admission	2	1	1	50.0%
Diabetes	Annual office visit	385	356	29	92.5%
	Annual dilated eye exam	385	165	220	42.9%
	Annual foot exam	385	166	219	43.1%
	Annual HbA1c test done	385	321	64	83.4%
	Diabetes Annual lipid profile	385	295	90	76.6%
	Annual microalbumin urine screen	385	274	111	71.2%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	963	813	150	84.4%
Hypertension	Annual lipid profile	898	646	252	71.9%
	Annual serum creatinine test	789	675	114	85.6%
Wellness	Well Child Visit - 15 months	81	66	15	81.5%
	Routine office visit in last 6 months	9,226	5,465	3,761	59.2%
	Age 45 to 75 years with colorectal cancer screening	2,907	672	2,235	23.1%
	Women age 25-65 with recommended cervical cancer screening	3,148	1,869	1,279	59.4%
	Males age greater than 49 with PSA test in last 24 months	920	413	507	44.9%
	Routine exam in last 24 months	9,226	7,136	2,090	77.3%
	Women age 40 to 75 with a screening mammogram last 24 months	2,177	1,176	1,001	54.0%

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	72	0.78%	8.64	\$12,091
Asthma	340	3.97%	42.57	\$11,467
Atrial Fibrillation	56	0.65%	7.01	\$33,310
Blood Disorders	408	4.77%	51.08	\$22,051
CAD	90	1.05%	11.27	\$44,479
COPD	26	0.30%	3.26	\$24,036
Cancer	247	2.89%	30.93	\$25,743
Chronic Pain	133	1.55%	16.65	\$17,291
Congestive Heart Failure	35	0.41%	4.38	\$71,147
Demyelinating Diseases	20	0.23%	2.50	\$40,233
Depression	580	6.78%	72.62	\$8,796
Diabetes	377	4.41%	47.20	\$15,676
ESRD	4	0.05%	0.50	\$179,584
Eating Disorders	35	0.41%	4.38	\$9,700
HIV/AIDS	4	0.05%	0.50	\$32,379
Hyperlipidemia	934	10.92%	116.94	\$10,819
Hypertension	856	10.01%	107.17	\$12,797
Immune Disorders	31	0.36%	3.88	\$33,228
Inflammatory Bowel Disease	37	0.43%	4.63	\$21,542
Liver Diseases	117	1.37%	14.65	\$22,344
Morbid Obesity	221	2.58%	27.67	\$10,378
Osteoarthritis	189	2.21%	23.66	\$18,802
Peripheral Vascular Disease	31	0.36%	3.88	\$7,489
Rheumatoid Arthritis	38	0.44%	4.76	\$23,222

*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 2022 - Quarter Ending March 31, 2022

Express Scripts

3Q FY2022 LDPP0			Difference	% Change
Membership Summary			Membership Summary	
Member Count (Membership)	8,243		8,243	#DIV/0!
Utilizing Member Count (Patients)	6,591		6,591	#DIV/0!
Percent Utilizing (Utilization)	80.0%	#DIV/0!	#DIV/0!	#DIV/0!
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	85,353		85,353	#DIV/0!
Claims per Elig Member per Month (Claims PMPM)	1.15		1.15	#DIV/0!
Total Claims for Generic (Generic Rx)	71,004		71,004.00	#DIV/0!
Total Claims for Brand (Brand Rx)	14,349		14,349.00	#DIV/0!
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	614		614.00	#DIV/0!
Total Non-Specialty Claims	84,302		84,302.00	#DIV/0!
Total Specialty Claims	1,051		1,051.00	#DIV/0!
Generic % of Total Claims (GFR)	83.2%	#DIV/0!	#DIV/0!	#DIV/0!
Generic Effective Rate (GCR)	99.1%	#DIV/0!	#DIV/0!	#DIV/0!
Mail Order Claims	22,868		22,868.00	#DIV/0!
Mail Penetration Rate*	31.5%		0.32	31.5%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$8,925,981		\$8,925,981.00	#DIV/0!
Total Generic Gross Cost	\$1,682,060		\$1,682,060.00	#DIV/0!
Total Brand Gross Cost	\$7,243,921		\$7,243,921.00	#DIV/0!
Total MSB Gross Cost	\$209,505		\$209,505.00	#DIV/0!
Total Ingredient Cost	\$8,742,718		\$8,742,718.00	#DIV/0!
Total Dispensing Fee	\$177,040		\$177,040.00	#DIV/0!
Total Other (e.g. tax)	\$6,223		\$6,223.00	#DIV/0!
Avg Total Cost per Claim (Gross Cost/Rx)	\$104.58	#DIV/0!	#DIV/0!	#DIV/0!
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$23.69		\$23.69	#DIV/0!
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$504.84		\$504.84	#DIV/0!
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$341.21		\$341.21	#DIV/0!
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$1,649,417		\$1,649,417.00	#DIV/0!
Total Copay	\$1,626,111	\$0.00	\$1,626,111.00	#DIV/0!
Total Deductible	\$23,306	\$0.00	\$23,306.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$19.05	#DIV/0!	#DIV/0!	#DIV/0!
Avg Participant Share per Claim (Copay+Deductible/RX)	\$19.32	#DIV/0!	#DIV/0!	#DIV/0!
Avg Copay for Generic (Copay/Generic Rx)	\$7.37		\$7.37	#DIV/0!
Avg Copay for Brand (Copay/Brand Rx)	\$78.48		\$78.48	#DIV/0!
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$36.28		\$36.28	#DIV/0!
Net PMPM (Participant Cost PMPM)	\$22.23	#DIV/0!	#DIV/0!	#DIV/0!
Copay % of Total Prescription Cost (Member Cost Share %)	18.5%	#DIV/0!	#DIV/0!	#DIV/0!
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$7,276,564		\$7,276,564.00	#DIV/0!
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,119,869		\$4,119,869.00	#DIV/0!
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,117,854		\$6,117,854.00	#DIV/0!
Avg Plan Cost per Claim (Plan Cost/Rx)	\$85.25	#DIV/0!	#DIV/0!	#DIV/0!
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$16.32		\$16.32	#DIV/0!
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$426.36		\$426.36	#DIV/0!
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$304.94		\$304.94	#DIV/0!
Net PMPM (Plan Cost PMPM)	\$98.08	#DIV/0!	#DIV/0!	#DIV/0!
PMPM for Specialty Only (Specialty PMPM)	\$32.93		\$32.93	#DIV/0!
PMPM without Specialty (Non-Specialty PMPM)	\$39.79		\$39.79	#DIV/0!
Rebates Received (Q1-Q3 FY2022 actual)	\$1,057,775.76		\$1,057,775.76	#DIV/0!
Net PMPM (Plan Cost PMPM factoring Rebates)	\$83.83	#DIV/0!	#DIV/0!	#DIV/0!
PMPM for Specialty Only (Specialty PMPM)	\$32.93		\$32.93	#DIV/0!
PMPM without Specialty (Non-Specialty PMPM)	\$39.79		\$39.79	#DIV/0!

Appendix C

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July 2021 – March 2022

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 3Q22 was \$36,175,046 with an annualized plan cost per employee per year (PEPY) of \$11,817. This is an increase of 6.2% when compared to 3Q21.
 - IP Cost per Admit is \$31,093 which is 1.3% lower than 3Q21.
 - ER Cost per Visit is \$1,837 which is 24.0% lower than 3Q21.
- Employees shared in 9.6% of the medical cost.
- Inpatient facility costs were 33.2% of the plan spend.
- 76.7% of the Average Membership had paid Medical claims less than \$2,500, with 12.1% of those having no claims paid at all during the reporting period.
- 46 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 32.5% of the plan spend. The highest diagnosis category was Infections, accounting for 19.4% of the high-cost claimant dollars.
- Total spending with in-network providers was 100.0%. The average In Network discount was 57.2%, which is 5.5% higher than the PY21 average discount of 54.2%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	3Q21						3Q22						% 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	\$ 1,017,295	\$1,215	\$ 25,981	\$31	\$ 1,043,276	\$1,246	\$ 2,015,349	\$ 2,986	\$ 2,511	\$ 4	\$ 2,017,860	\$ 2,989	93.4%	139.8%
1	\$ 138,837	\$150	\$ 1,713	\$2	\$ 140,550	\$152	\$ 196,151	\$ 291	\$ 2,679	\$ 4	\$ 198,830	\$ 295	41.5%	94.3%
2 - 4	\$ 230,434	\$92	\$ 10,287	\$4	\$ 240,721	\$96	\$ 391,477	\$ 170	\$ 12,005	\$ 5	\$ 403,482	\$ 175	67.6%	82.7%
5 - 9	\$ 390,978	\$87	\$ 61,724	\$14	\$ 452,702	\$100	\$ 293,435	\$ 78	\$ 40,666	\$ 11	\$ 334,101	\$ 89	-26.2%	-11.6%
10 - 14	\$ 730,694	\$132	\$ 163,584	\$30	\$ 894,278	\$161	\$ 1,101,565	\$ 223	\$ 156,900	\$ 32	\$ 1,258,465	\$ 254	40.7%	57.6%
15 - 19	\$ 1,660,201	\$259	\$ 340,214	\$53	\$ 2,000,415	\$313	\$ 1,285,701	\$ 214	\$ 270,515	\$ 45	\$ 1,556,216	\$ 259	-22.2%	-17.2%
20 - 24	\$ 1,329,643	\$223	\$ 473,969	\$80	\$ 1,803,612	\$303	\$ 980,606	\$ 181	\$ 258,707	\$ 48	\$ 1,239,313	\$ 229	-31.3%	-24.4%
25 - 29	\$ 902,219	\$283	\$ 775,573	\$243	\$ 1,677,792	\$527	\$ 925,182	\$ 377	\$ 634,626	\$ 258	\$ 1,559,808	\$ 635	-7.0%	20.6%
30 - 34	\$ 2,821,573	\$676	\$ 608,740	\$146	\$ 3,430,313	\$821	\$ 1,490,730	\$ 450	\$ 320,486	\$ 97	\$ 1,811,216	\$ 547	-47.2%	-33.4%
35 - 39	\$ 2,628,119	\$507	\$ 612,229	\$118	\$ 3,240,348	\$625	\$ 2,515,903	\$ 557	\$ 522,911	\$ 116	\$ 3,038,814	\$ 673	-6.2%	7.6%
40 - 44	\$ 2,369,086	\$458	\$ 1,176,207	\$227	\$ 3,545,293	\$685	\$ 2,078,021	\$ 448	\$ 1,352,257	\$ 292	\$ 3,430,278	\$ 740	-3.2%	8.0%
45 - 49	\$ 3,181,481	\$545	\$ 905,009	\$155	\$ 4,086,490	\$700	\$ 2,836,516	\$ 546	\$ 845,220	\$ 163	\$ 3,681,736	\$ 709	-9.9%	1.3%
50 - 54	\$ 3,918,655	\$531	\$ 1,900,831	\$258	\$ 5,819,486	\$789	\$ 5,190,541	\$ 805	\$ 1,679,375	\$ 261	\$ 6,869,916	\$ 1,066	18.1%	35.2%
55 - 59	\$ 6,688,472	\$891	\$ 1,954,291	\$260	\$ 8,642,763	\$1,151	\$ 5,603,691	\$ 835	\$ 1,668,766	\$ 249	\$ 7,272,457	\$ 1,083	-15.9%	-5.9%
60 - 64	\$ 8,097,754	\$955	\$ 3,042,015	\$359	\$ 11,139,769	\$1,314	\$ 6,047,496	\$ 771	\$ 2,811,587	\$ 359	\$ 8,859,083	\$ 1,130	-20.5%	-14.0%
65+	\$ 2,876,794	\$780	\$ 1,359,903	\$369	\$ 4,236,697	\$1,148	\$ 3,222,682	\$ 940	\$ 1,398,876	\$ 408	\$ 4,621,558	\$ 1,348	9.1%	17.4%
Total	\$38,982,237	\$504	\$13,412,268	\$173	\$52,394,505	\$678	\$ 36,175,046	\$ 529	\$ 11,978,086	\$ 175	\$ 48,153,132	\$ 705	-8.1%	4.0%

Financial Summary (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year
Enrollment												
Avg # Employees	4,806	4,671	4,082	-12.6%	4,060	3,969	3,423	-13.8%	4	4	3	-22.3%
Avg # Members	8,787	8,589	7,595	-11.6%	7,777	7,637	6,679	-12.6%	5	4	3	-30.0%
Ratio	1.8	1.8	1.9	3.3%	1.9	1.9	2.0	1.6%	1.3	1.1	1.0	-9.9%
Financial Summary												
Gross Cost	\$42,277,795	\$41,753,020	\$40,010,454	-4.2%	\$35,353,224	\$33,392,316	\$33,893,106	1.5%	\$50,833	\$38,042	\$4,448	-88.3%
Client Paid	\$38,199,199	\$38,982,237	\$36,175,046	-7.2%	\$31,941,420	\$31,092,301	\$30,719,296	-1.2%	\$46,051	\$35,333	\$3,348	-90.5%
Employee Paid	\$4,078,597	\$2,770,783	\$3,835,408	38.4%	\$3,411,804	\$2,300,015	\$3,173,810	38.0%	\$4,782	\$2,708	\$1,100	-59.4%
Client Paid-PEPY	\$10,599	\$11,128	\$11,817	6.2%	\$10,491	\$9,402	\$11,967	27.3%	\$15,350	\$10,600	\$1,435	-86.5%
Client Paid-PMPY	\$5,796	\$6,051	\$6,351	5.0%	\$5,476	\$4,885	\$6,133	25.5%	\$12,280	\$9,540	\$1,435	-85.0%
Client Paid-PEPM	\$883	\$927	\$985	6.3%	\$874	\$783	\$997	27.3%	\$1,279	\$883	\$120	-86.4%
Client Paid-PMPM	\$483	\$504	\$529	5.0%	\$456	\$407	\$511	25.6%	\$1,023	\$795	\$120	-84.9%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	35	44	46	4.5%	28	36	38	5.6%	0	0	0	0.0%
HCC's / 1,000	4.0	5.1	6.1	18.4%	3.6	4.7	5.7	20.8%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$180,354	\$232,686	\$255,798	9.9%	\$163,867	\$192,491	\$276,307	43.5%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	16.5%	26.3%	32.5%	23.6%	14.4%	22.3%	34.2%	53.4%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,099	\$1,321	\$2,111	59.8%	\$1,001	\$922	\$2,029	120.1%	\$3,904	\$0	\$0	0.0%
Facility Outpatient	\$1,869	\$1,955	\$1,666	-14.8%	\$1,761	\$1,619	\$1,617	-0.1%	\$1,746	\$5,359	\$33	-99.4%
Physician	\$2,630	\$2,579	\$2,435	-5.6%	\$2,548	\$2,202	\$2,360	7.2%	\$6,426	\$3,578	\$1,270	-64.5%
Other	\$198	\$197	\$139	-29.4%	\$165	\$143	\$127	-11.2%	\$204	\$603	\$132	-78.1%
Total	\$5,796	\$6,051	\$6,351	5.0%	\$5,476	\$4,885	\$6,133	25.5%	\$12,280	\$9,540	\$1,435	-85.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	591	572	567	-0.8%	151	126	88	-29.7%	
Avg # Members	813	785	796	1.3%	191	162	117	-27.5%	
Ratio	1.4	1.4	1.4	2.2%	1.3	1.3	1.3	3.1%	1.6
Financial Summary									
Gross Cost	\$6,105,347	\$5,894,048	\$5,363,658	-9.0%	\$768,391	\$2,428,615	\$749,243	-69.1%	
Client Paid	\$5,556,654	\$5,500,084	\$4,810,248	-12.5%	\$655,074	\$2,354,519	\$642,155	-72.7%	
Employee Paid	\$548,693	\$393,964	\$553,410	40.5%	\$113,318	\$74,096	\$107,088	44.5%	
Client Paid-PEPY	\$12,534	\$11,534	\$11,303	-2.0%	\$5,789	\$22,444	\$9,681	-56.9%	\$6,297
Client Paid-PMPY	\$9,109	\$8,403	\$8,060	-4.1%	\$4,562	\$17,453	\$7,290	-58.2%	\$3,879
Client Paid-PEPM	\$1,044	\$961	\$942	-2.0%	\$482	\$1,870	\$807	-56.8%	\$525
Client Paid-PMPM	\$759	\$700	\$672	-4.0%	\$380	\$1,454	\$608	-58.2%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	12	13	8	0.0%	0	1	1	0.0%	
HCC's / 1,000	14.8	16.6	10.1	0.0%	0.0	6.2	8.5	0.0%	
Avg HCC Paid	\$143,676	\$114,231	\$132,406	0.0%	\$0	\$1,823,526	\$207,778	0.0%	
HCC's % of Plan Paid	31.0%	27.0%	22.0%	0.0%	0.0%	77.4%	32.4%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,120	\$1,337	\$2,571	92.3%	\$647	\$13,098	\$3,728	-71.5%	\$1,149
Facility Outpatient	\$3,056	\$3,165	\$2,161	-31.7%	\$1,221	\$1,483	\$1,153	-22.3%	\$1,333
Physician	\$3,432	\$3,446	\$3,101	-10.0%	\$2,438	\$2,476	\$2,217	-10.5%	\$1,301
Other	\$502	\$455	\$226	-50.3%	\$256	\$395	\$192	-51.4%	\$96
Total	\$9,109	\$8,403	\$8,060	-4.1%	\$4,562	\$17,453	\$7,290	-58.2%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

	Total				State Active				Non-State Active			
Summary	PY20	PY21	3Q22	Variance to Prior Year	PY20	PY21	3Q22	Variance to Prior Year	PY20	PY21	3Q22	Variance to Prior Year
Enrollment												
Avg # Employees	4,794	4,650	4,082	-12.2%	4,054	3,949	3,423	-13.3%	4	4	3	-22.3%
Avg # Members	8,768	8,553	7,595	-11.2%	7,768	7,602	6,679	-12.1%	5	4	3	-28.2%
Ratio	1.8	1.8	1.9	1.1%	1.9	1.9	2.0	1.0%	1.3	1.1	1.0	-7.4%
Financial Summary												
Gross Cost	\$55,523,229	\$56,804,046	\$40,010,454	-29.6%	\$45,961,999	\$44,805,657	\$33,893,106	-24.4%	\$70,916	\$44,403	\$4,448	-90.0%
Client Paid	\$50,293,887	\$53,113,944	\$36,175,046	-31.9%	\$41,579,805	\$41,757,107	\$30,719,296	-26.4%	\$65,329	\$41,594	\$3,348	-92.0%
Employee Paid	\$5,229,342	\$3,690,102	\$3,835,408	3.9%	\$4,382,194	\$3,048,550	\$3,173,810	4.1%	\$5,587	\$2,808	\$1,100	-60.8%
Client Paid-PEPY	\$10,492	\$11,422	\$11,817	3.5%	\$10,256	\$10,575	\$11,967	13.2%	\$16,332	\$10,399	\$1,435	-86.2%
Client Paid-PMPY	\$5,736	\$6,210	\$6,351	2.3%	\$5,352	\$5,493	\$6,133	11.7%	\$13,066	\$9,599	\$1,435	-85.1%
Client Paid-PEPM	\$874	\$952	\$985	3.5%	\$855	\$881	\$997	13.2%	\$1,361	\$867	\$120	-86.2%
Client Paid-PMPM	\$478	\$518	\$529	2.1%	\$446	\$458	\$511	11.6%	\$1,089	\$800	\$120	-85.0%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	51	61	46	-24.6%	40	49	38	-22.4%	0	0	0	0.0%
HCC's / 1,000	5.8	7.1	6.1	-15.0%	5.2	6.5	5.7	-11.8%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$202,775	\$257,989	\$255,798	-0.8%	\$179,535	\$212,968	\$276,307	29.7%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	20.6%	29.6%	32.5%	9.8%	17.3%	25.0%	34.2%	36.8%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,169	\$1,457	\$2,111	44.9%	\$1,036	\$1,091	\$2,029	86.0%	\$2,928	\$0	\$0	0.0%
Facility Outpatient	\$1,832	\$1,951	\$1,666	-14.6%	\$1,693	\$1,779	\$1,617	-9.1%	\$4,817	\$4,611	\$33	-99.3%
Physician	\$2,541	\$2,608	\$2,435	-6.6%	\$2,461	\$2,464	\$2,360	-4.2%	\$5,153	\$4,469	\$1,270	-71.6%
Other	\$194	\$194	\$139	-28.4%	\$163	\$159	\$127	-20.1%	\$168	\$518	\$132	-74.5%
Total	\$5,736	\$6,210	\$6,351	2.3%	\$5,352	\$5,493	\$6,133	11.7%	\$13,066	\$9,599	\$1,435	-85.1%
			Annualized				Annualized				Annualized	

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

	State Retirees				Non-State Retirees				
Summary	PY20	PY21	3Q22	Variance to Prior Year	PY20	PY21	3Q22	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	588	576	567	-1.4%	148	122	88	-27.7%	
Avg # Members	807	789	796	0.9%	188	158	117	-25.6%	
Ratio	1.4	1.4	1.4	2.2%	1.3	1.3	1.3	3.1%	1.6
Financial Summary									
Gross Cost	\$8,514,643	\$7,966,596	\$5,363,658	-32.7%	\$975,672	\$3,987,390	\$749,243	-81.2%	
Client Paid	\$7,803,114	\$7,426,217	\$4,810,248	-35.2%	\$845,639	\$3,889,026	\$642,155	-83.5%	
Employee Paid	\$711,529	\$540,380	\$553,410	2.4%	\$130,033	\$98,364	\$107,088	8.9%	
Client Paid-PEPY	\$13,272	\$12,904	\$11,303	-12.4%	\$5,730	\$31,812	\$9,681	-69.6%	\$6,297
Client Paid-PMPY	\$9,674	\$9,413	\$8,060	-14.4%	\$4,508	\$24,653	\$7,290	-70.4%	\$3,879
Client Paid-PEPM	\$1,106	\$1,075	\$942	-12.4%	\$477	\$2,651	\$807	-69.6%	\$525
Client Paid-PMPM	\$806	\$784	\$672	-14.3%	\$376	\$2,054	\$608	-70.4%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	18	18	8	-55.6%	0	2	1	0.0%	
HCC's / 1,000	22.3	22.8	10.1	-56.0%	0.0	12.7	8.5	0.0%	
Avg HCC Paid	\$175,561	\$113,454	\$132,406	16.7%	\$0	\$1,629,851	\$207,778	0.0%	
HCC's % of Plan Paid	40.5%	27.5%	22.0%	-20.0%	0.0%	83.8%	32.4%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,529	\$1,454	\$2,571	76.8%	\$787	\$19,176	\$3,728	-80.6%	\$1,149
Facility Outpatient	\$3,276	\$3,575	\$2,161	-39.6%	\$1,314	\$2,010	\$1,153	-42.6%	\$1,333
Physician	\$3,385	\$3,897	\$3,101	-20.4%	\$2,165	\$3,054	\$2,217	-27.4%	\$1,301
Other	\$484	\$487	\$226	-53.6%	\$242	\$413	\$192	-53.5%	\$96
Total	\$9,674	\$9,413	\$8,060	-14.4%	\$4,508	\$24,653	\$7,290	-70.4%	\$3,879
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total									
State Participants									
	3Q21				3Q22				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 7,406,689	\$ 887,436	\$ 205,614	\$ 8,499,740	\$11,691,862.76	\$1,532,795.98	\$184,276.75	\$ 13,408,935	57.8%
Outpatient	\$ 23,685,612	\$ 4,021,803	\$ 385,231	\$ 28,092,645	\$19,027,433.35	\$2,869,696.52	\$223,478.45	\$ 22,120,608	-21.3%
Total - Medical	\$ 31,092,301	\$ 4,909,239	\$ 590,845	\$ 36,592,385	\$ 30,719,296	\$ 4,402,493	\$ 407,755	\$ 35,529,544	-2.9%

Net Paid Claims - Per Participant per Month									
	3Q21				3Q22				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 871	\$ 1,113	\$ 797	\$ 895	\$ 997	\$ 993	\$ 607	\$ 989	10.5%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	3Q21				3Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 1,391	\$ 1,764,719	\$ 78,911	\$ 1,845,020	\$ -	\$ 237,790	\$ 102,616	\$ 340,406		-81.6%
Outpatient	\$ 33,943	\$ 391,888	\$ 119,002	\$ 544,832	\$ 3,348	\$ 151,315	\$ 150,434	\$ 305,097		-44.0%
Total - Medical	\$ 35,333	\$ 2,156,606	\$ 197,913	\$ 2,389,852	\$ 3,348	\$ 389,105	\$ 253,049	\$ 645,502		-73.0%

Net Paid Claims - Per Participant per Month										
	3Q21				3Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 981	\$ 3,434	\$ 392	\$ 2,044	\$ 120	\$ 1,186	\$ 541	\$ 783		-61.7%

Paid Claims by Claim Type – Total

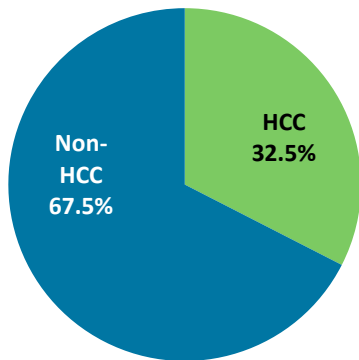
Net Paid Claims - Total										
Total Participants										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 7,408,080	\$ 2,652,155	\$ 284,525	\$ 10,344,760	\$ 11,691,863	\$ 1,770,586	\$ 286,892	\$ 13,749,341	32.9%	
Outpatient	\$ 23,719,555	\$ 4,413,690	\$ 504,232	\$ 28,637,477	\$ 19,030,781	\$ 3,021,012	\$ 373,912	\$ 22,425,705	-21.7%	
Total - Medical	\$ 31,127,635	\$ 7,065,845	\$ 788,758	\$ 38,982,237	\$ 30,722,644	\$ 4,791,598	\$ 660,804	\$ 36,175,046	-7.2%	

Net Paid Claims - Per Participant per Month										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 871	\$ 1,403	\$ 633	\$ 927	\$ 996	\$ 1,006	\$ 580	\$ 985	6.2%	

Cost Distribution – Medical Claims

3Q21						3Q22						
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
36	0.4%	\$10,235,615	26.3%	\$119,031	4.3%	\$100,000.01 Plus	35	0.5%	\$11,762,642	32.5%	\$136,786	3.6%
61	0.7%	\$4,693,764	12.0%	\$142,691	5.1%	\$50,000.01-\$100,000.00	42	0.5%	\$3,193,091	8.8%	\$157,306	4.1%
150	1.7%	\$5,445,368	14.0%	\$269,264	9.7%	\$25,000.01-\$50,000.00	134	1.8%	\$4,755,489	13.1%	\$330,714	8.6%
426	5.0%	\$7,058,367	18.1%	\$505,459	18.2%	\$10,000.01-\$25,000.00	349	4.6%	\$5,931,364	16.4%	\$660,856	17.2%
544	6.3%	\$3,930,642	10.1%	\$468,528	16.9%	\$5,000.01-\$10,000.00	444	5.8%	\$3,372,553	9.3%	\$629,792	16.4%
868	10.1%	\$3,176,507	8.1%	\$502,395	18.1%	\$2,500.01-\$5,000.00	775	10.2%	\$2,895,292	8.0%	\$669,258	17.4%
5,388	62.7%	\$4,441,974	11.4%	\$762,966	27.6%	\$0.01-\$2,500.00	4,865	64.1%	\$4,264,615	11.8%	\$1,246,294	32.5%
20	0.2%	\$0	0.0%	\$449	0.0%	\$0.00	37	0.5%	\$0	0.0%	\$4,404	0.1%
1,095	12.7%	\$0	0.0%	\$0	0.0%	No Claims	916	12.1%	\$0	0.0%	\$0	0.0%
8,589	100.0%	\$38,982,237	100.0%	\$2,770,783	100.0%		7,595	100.0%	\$36,175,046	100.0%	\$3,835,408	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
Infections	26	\$2,285,929	19.4%
Pulmonary Disorders	33	\$1,839,688	15.6%
Pregnancy-related Disorders	4	\$1,466,040	12.5%
Cancer	12	\$1,409,984	12.0%
Endocrine/Metabolic Disorders	17	\$1,327,463	11.3%
Congenital/Chromosomal Anomalies	6	\$799,588	6.8%
Hematological Disorders	10	\$487,677	4.1%
Mental Health	8	\$318,015	2.7%
Medical/Surgical Complications	8	\$310,769	2.6%
Renal/Urologic Disorders	11	\$250,358	2.1%
All Other		\$1,271,178	10.8%
Overall	----	\$11,766,689	100.0%

Utilization Summary (p. 1 of 2)

Inpatient data reflects facility charges and professional services.
DX&L = Diagnostics, X-Ray and Laboratory

Summary	Total				State Active				Non-State Active			
	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year
Inpatient Summary												
# of Admits	432	337	308		360	286	264		1	0	0	
# of Bed Days	2,184	2,010	1,724		1,716	1,594	1,442		2	0	0	
Paid Per Admit	\$23,181	\$31,506	\$31,093	-1.3%	\$21,880	\$22,834	\$32,359	41.7%	\$22,498	\$0	\$0	0.0%
Paid Per Day	\$4,585	\$5,282	\$5,555	5.2%	\$4,590	\$4,097	\$5,924	44.6%	\$11,249	\$0	\$0	0.0%
Admits Per 1,000	65	52	54	3.8%	62	50	53	6.0%	267	0	0	0.0%
Days Per 1,000	331	312	303	-2.9%	293	278	288	3.6%	533	0	0	0.0%
Avg LOS	5.1	6.0	5.6	-6.7%	4.8	5.6	5.5	-1.8%	2.0	0.0	0.0	0.0%
# Admits From ER	208	166	164		159	130	131		0	0	0	
Physician Office												
OV Utilization per Member	6.2	6	5.8	-3.3%	6.0	5.8	5.6	-3.4%	9.1	5.7	6.4	12.3%
Avg Paid per OV	\$147	\$150	\$153	2.0%	\$151	\$152	\$154	1.3%	\$117	\$115	\$149	29.6%
Avg OV Paid per Member	\$914	\$904	\$883	-2.3%	\$908	\$882	\$858	-2.7%	\$1,060	\$655	\$955	45.8%
DX&L Utilization per Member	11.1	10.4	10.2	-1.9%	10.5	9.8	9.7	-1.0%	17.6	18	0	-100.0%
Avg Paid per DX&L	\$69	\$69	\$62	-10.1%	\$70	\$68	\$63	-7.4%	\$105	\$64	\$0	-100.0%
Avg DX&L Paid per Member	\$762	\$719	\$637	-11.4%	\$738	\$669	\$612	-8.5%	\$1,851	\$1,144	\$0	-100.0%
Emergency Room												
# of Visits	1,370	946	1,051		1,214	839	906		2	2	0	
Visits Per Member	0.21	0.15	0.18	20.0%	0.21	0.15	0.18	20.0%	0.53	0.60	0.00	0.0%
Visits Per 1,000	207	147	185	26.0%	207	146	181	24.0%	533	600	0	0.0%
Avg Paid per Visit	\$2,528	\$2,416	\$1,837	-24.0%	\$2,551	\$2,395	\$1,832	-23.5%	\$2,359	\$8,986	\$0	0.0%
Urgent Care												
# of Visits	2,797	1,771	2,175		2,566	1,610	1,962		0	0	0	
Visits Per Member	0.42	0.27	0.38	40.7%	0.44	0.28	0.39	39.3%	0.00	0.00	0.00	0.0%
Visits Per 1,000	424	275	382	38.9%	438	281	392	39.5%	0	0	0	0.0%
Avg Paid per Visit	\$139	\$151	\$156	3.3%	\$140	\$152	\$158	3.9%	\$0	\$0	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

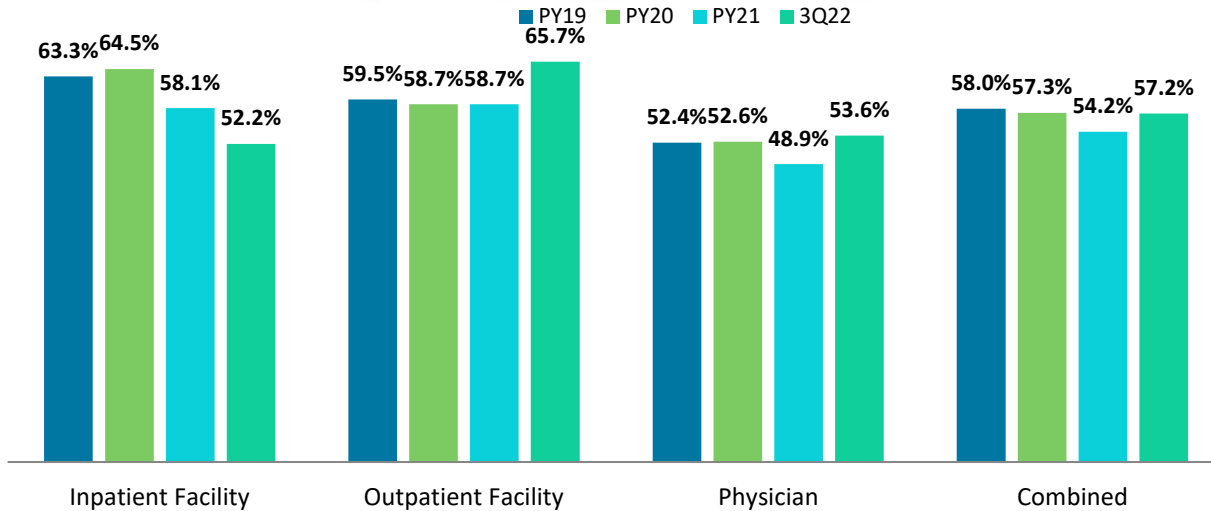
Utilization Summary (p. 2 of 2)

Inpatient data reflects facility charges and professional services.
DX&L = Diagnostics, X-Ray and Laboratory

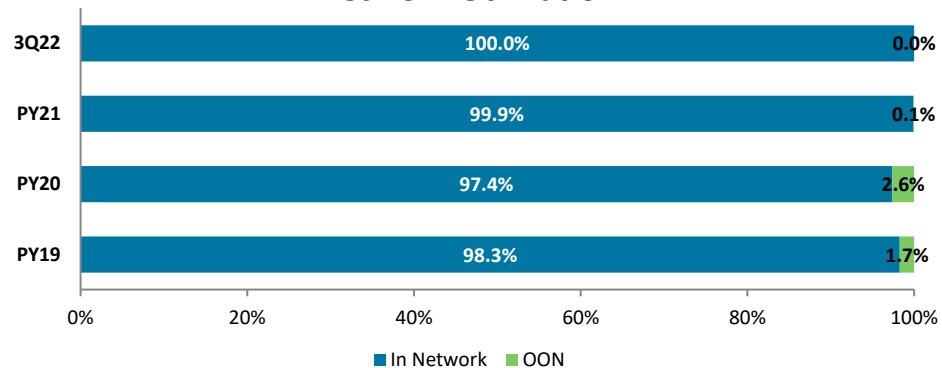
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year	
Inpatient Summary									
# of Admits	63	45	34		8	6	10		
# of Bed Days	310	253	210		156	163	72		
Paid Per Admit	\$31,158	\$24,425	\$26,389	8.0%	\$18,975	\$498,010	\$13,650	-97.3%	\$16,632
Paid Per Day	\$6,332	\$4,344	\$4,272	-1.7%	\$973	\$18,332	\$1,896	-89.7%	\$3,217
Admits Per 1,000	105	76	57	-25.0%	56	49	114	132.7%	76
Days Per 1,000	514	429	352	-17.9%	1,088	1,342	817	-39.1%	391
Avg LOS	4.9	5.6	6.2	10.7%	19.5	27.2	7.2	-73.5%	5.2
# Admits From ER	45	32	25		4	4	8		
Physician Office									
OV Utilization per Member	8.1	8.0	7.0	-12.5%	7.0	7.0	7.6	8.6%	5.0
Avg Paid per OV	\$124	\$143	\$155	8.4%	\$110	\$119	\$118	-0.8%	\$57
Avg OV Paid per Member	\$1,003	\$1,139	\$1,083	-4.9%	\$773	\$831	\$902	8.5%	\$286
DX&L Utilization per Member	15.9	14.9	14	-6.0%	15.7	13.1	12.2	-6.9%	10.5
Avg Paid per DX&L	\$61	\$80	\$61	-23.8%	\$55	\$59	\$52	-11.9%	\$50
Avg DX&L Paid per Member	\$967	\$1,196	\$848	-29.1%	\$869	\$771	\$633	-17.9%	\$522
Emergency Room									
# of Visits	134	89	124		20	16	21		
Visits Per Member	0.22	0.15	0.21	40.0%	0.14	0.13	0.24	84.6%	0.24
Visits Per 1,000	222	151	208	37.7%	139	132	238	80.3%	235
Avg Paid per Visit	\$2,393	\$2,599	\$2,026	-22.0%	\$2,061	\$1,679	\$974	-42.0%	\$943
Urgent Care									
# of Visits	179	138	184		52	23	29		
Visits Per Member	0.30	0.23	0.31	34.8%	0.36	0.19	0.33	73.7%	0.3
Visits Per 1,000	297	234	308	31.6%	363	189	329	74.1%	300
Avg Paid per Visit	\$134	\$143	\$151	5.6%	\$88	\$121	\$67	-44.6%	\$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	Unassigned
Infections	\$3,665,789	10.1%	\$2,892,903	\$506,480	\$266,406	\$1,544,725	\$2,121,064	\$0
COVID-19, Confirmed	\$2,105,989	5.8%	\$1,919,570	\$94,133	\$92,286	\$606,919	\$1,499,070	\$0
Pregnancy-related Disorders	\$2,790,617	7.7%	\$824,716	\$196,490	\$1,769,411	\$509,178	\$2,275,310	\$6,129
Pulmonary Disorders	\$2,657,883	7.3%	\$2,329,635	\$114,688	\$213,560	\$2,011,198	\$646,685	\$0
Musculoskeletal Disorders	\$2,412,232	6.7%	\$1,723,351	\$391,789	\$297,093	\$982,281	\$1,429,952	\$0
Health Status/Encounters	\$2,348,561	6.5%	\$1,347,223	\$250,946	\$750,391	\$861,084	\$1,485,250	\$2,226
Cancer	\$2,206,555	6.1%	\$1,428,956	\$715,242	\$62,357	\$1,286,035	\$920,520	\$0
Gastrointestinal Disorders	\$2,202,456	6.1%	\$1,654,884	\$297,897	\$249,675	\$825,289	\$1,377,124	\$43
Endocrine/Metabolic Disorders	\$2,176,507	6.0%	\$1,895,001	\$209,412	\$72,093	\$650,642	\$1,525,865	\$0
Mental Health	\$1,938,586	5.4%	\$1,229,564	\$137,108	\$571,913	\$856,503	\$1,082,083	\$0
Cardiac Disorders	\$1,882,480	5.2%	\$1,571,003	\$272,724	\$38,753	\$892,985	\$989,430	\$65
Neurological Disorders	\$1,481,571	4.1%	\$1,020,843	\$196,463	\$264,266	\$388,082	\$1,093,076	\$414
Spine-related Disorders	\$1,392,335	3.8%	\$978,977	\$374,640	\$38,719	\$616,267	\$776,068	\$0
Eye/ENT Disorders	\$1,391,311	3.8%	\$817,546	\$145,665	\$428,100	\$597,561	\$793,749	\$0
Renal/Urologic Disorders	\$1,281,151	3.5%	\$969,626	\$180,837	\$130,688	\$672,107	\$608,983	\$61
Trauma/Accidents	\$1,034,348	2.9%	\$646,024	\$151,343	\$236,982	\$535,264	\$499,084	\$0
Congenital/Chromosomal Anomalies	\$967,728	2.7%	\$456,445	\$1,206	\$510,076	\$86,133	\$881,594	\$0
Gynecological/Breast Disorders	\$882,839	2.4%	\$692,653	\$76,412	\$113,774	\$15,351	\$867,488	\$0
Hematological Disorders	\$614,640	1.7%	\$583,654	\$27,824	\$3,162	\$509,894	\$104,746	\$0
Medical/Surgical Complications	\$575,677	1.6%	\$425,547	\$52,062	\$98,068	\$215,755	\$359,922	\$0
Diabetes	\$402,353	1.1%	\$290,730	\$65,748	\$45,875	\$239,291	\$163,062	\$0
Non-malignant Neoplasm	\$399,314	1.1%	\$298,101	\$74,465	\$26,747	\$94,625	\$304,689	\$0
Dermatological Disorders	\$379,257	1.0%	\$246,781	\$62,170	\$70,307	\$163,715	\$215,542	\$0
Miscellaneous	\$346,738	1.0%	\$254,117	\$34,138	\$58,483	\$148,583	\$198,155	\$0
Vascular Disorders	\$214,838	0.6%	\$205,562	\$8,850	\$426	\$141,622	\$73,216	\$0
Abnormal Lab/Radiology	\$194,260	0.5%	\$158,900	\$26,988	\$8,372	\$68,269	\$125,991	\$0
Cholesterol Disorders	\$122,472	0.3%	\$111,030	\$9,194	\$2,249	\$32,469	\$90,004	\$0
Medication Related Conditions	\$111,759	0.3%	\$67,920	\$33,041	\$10,798	\$38,917	\$72,842	\$0
Dental Conditions	\$67,787	0.2%	\$41,046	\$4,160	\$22,581	\$5,748	\$62,039	\$0
Allergic Reaction	\$17,564	0.0%	\$6,460	\$544	\$10,560	\$7,219	\$10,345	\$0
External Hazard Exposure	\$15,438	0.0%	\$5,805	\$253	\$9,379	\$11,315	\$4,123	\$0
Total	\$36,175,046	100.0%	\$25,175,002	\$4,618,780	\$6,381,264	\$15,008,107	\$21,158,000	\$8,939

Mental Health Drilldown

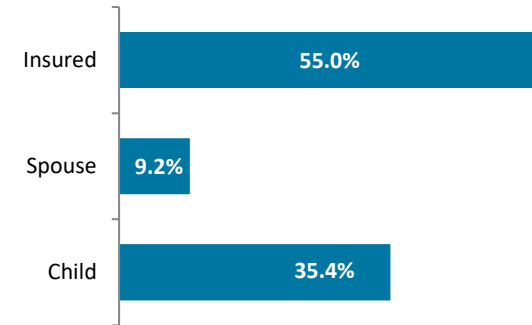
Grouper	PY19		PY20		PY21		3Q22	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	532	\$751,739	632	\$1,048,452	655	\$861,117	475	\$418,640
Complications of Substance Abuse	26	\$319,764	34	\$325,820	30	\$138,433	22	\$393,143
Mental Health Conditions, Other	464	\$493,299	595	\$616,280	662	\$938,742	386	\$318,111
Mood and Anxiety Disorders	551	\$333,099	694	\$531,718	716	\$636,220	461	\$291,628
Bipolar Disorder	121	\$202,469	151	\$279,948	135	\$252,449	80	\$139,819
Sexually Related Disorders	11	\$3,408	20	\$167,866	26	\$81,490	16	\$82,976
Developmental Disorders	53	\$61,872	64	\$149,263	64	\$155,167	47	\$61,290
Attention Deficit Disorder	153	\$58,480	187	\$95,843	190	\$94,546	133	\$59,598
Alcohol Abuse/Dependence	33	\$24,550	43	\$162,989	39	\$168,417	27	\$57,527
Eating Disorders	14	\$268,532	17	\$111,963	25	\$376,295	20	\$49,872
Sleep Disorders	165	\$29,028	186	\$36,835	187	\$38,393	90	\$30,201
Personality Disorders	9	\$10,876	10	\$10,468	15	\$18,725	15	\$16,040
Substance Abuse/Dependence	40	\$20,086	48	\$107,498	54	\$44,537	26	\$10,577
Psychoses	7	\$3,308	14	\$18,805	8	\$54,549	3	\$4,305
Tobacco Use Disorder	49	\$5,087	54	\$5,349	42	\$4,779	20	\$3,011
Schizophrenia	9	\$10,155	11	\$16,662	10	\$10,630	6	\$1,848
Total		\$2,595,750		\$3,685,761		\$3,874,490		\$1,938,586

Diagnosis Grouper – Infections

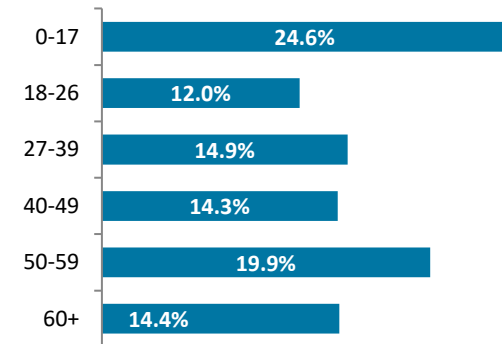
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Infectious Diseases	2,062	4,469	\$2,524,084	68.9%
Septicemia	40	91	\$1,122,455	30.6%
Osteomyelitis	6	18	\$7,873	0.2%
Central Nervous System Infection	1	4	\$3,907	0.1%
HIV	8	23	\$3,861	0.1%
Influenza	11	13	\$2,851	0.1%
Hepatitis B	4	7	\$528	0.0%
Clostridium Difficile	1	1	\$115	0.0%
Hepatitis C	2	2	\$104	0.0%
Tuberculosis	2	2	\$11	0.0%
Overall	----	----	\$3,665,789	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

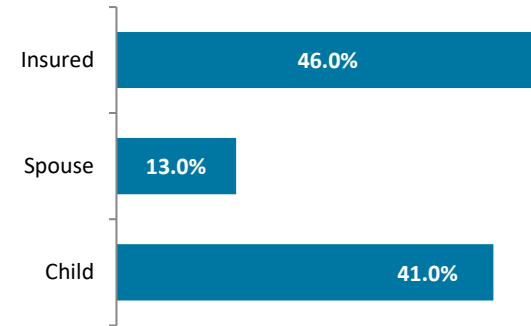


Diagnosis Grouper – Pregnancy-related Disorders

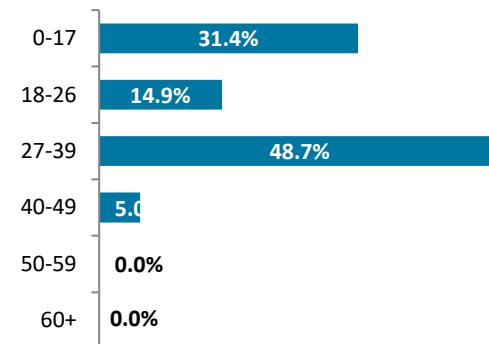
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Liveborn Infants	76	145	\$1,389,512	49.8%
Labor and Delivery Related	86	224	\$632,857	22.7%
Pregnancy Complications	100	452	\$319,501	11.4%
Fetal Distress	4	83	\$225,792	8.1%
Supervision of Pregnancy	128	505	\$115,584	4.1%
Perinatal Disorders	39	86	\$50,346	1.8%
Abortion Related	10	28	\$25,342	0.9%
Multiple Gestation Related	3	26	\$17,202	0.6%
Cesarean Delivery	12	14	\$8,443	0.3%
Prematurity and Low Birth Weight	6	10	\$4,017	0.1%
Ectopic Pregnancy	2	3	\$2,023	0.1%
Overall	---	---	\$2,790,617	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

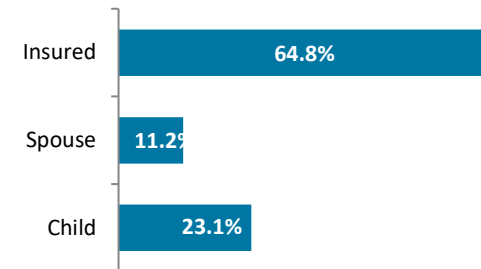


Diagnosis Grouper – Pulmonary Disorders

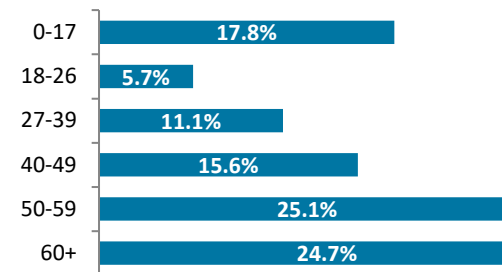
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Respiratory Failure	53	266	\$1,749,016	65.8%
Lung Conditions, Other	141	263	\$225,649	8.5%
Sleep Apnea	466	2,227	\$211,718	8.0%
Respiratory Symptoms	676	1,223	\$177,233	6.7%
Bronchitis	107	148	\$91,448	3.4%
Pneumonia	69	130	\$84,949	3.2%
Asthma	253	450	\$80,736	3.0%
COPD	63	209	\$35,098	1.3%
Aspiration Related	7	11	\$2,035	0.1%
Cystic Fibrosis	0	0	\$0	0.0%
Overall	----	----	\$2,657,883	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

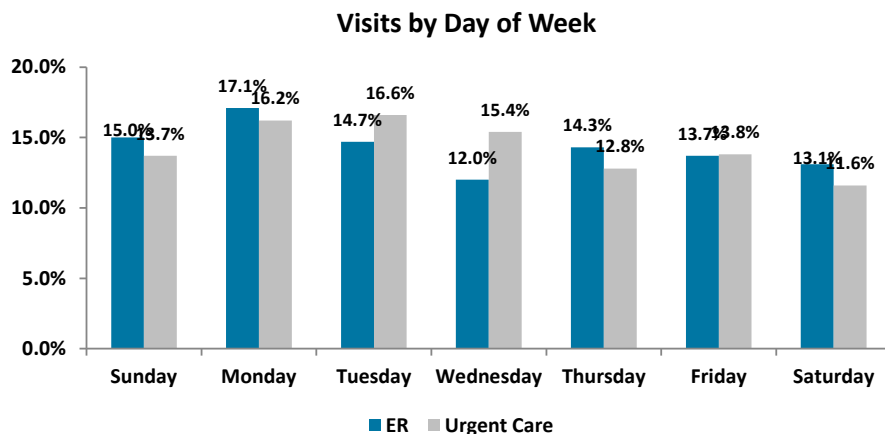


Emergency Room / Urgent Care Summary

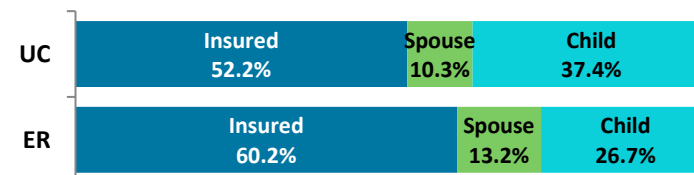
ER/Urgent Care	3Q21		3Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	946	1,771	1,051	2,175		
Visits Per Member	0.15	0.27	0.18	0.38	0.17	0.24
Visits/1000 Members	147	275	185	382	174	242
Avg Paid Per Visit	\$2,416	\$151	\$1,837	\$156	\$1,684	\$74
% with OV*	91.5%	87.1%	91.1%	89.2%		
% Avoidable	8.5%	29.0%	10.9%	33.8%		
Total Member Paid	\$367,360	\$70,998	\$550,462	\$93,496		
Total Plan Paid	\$2,285,654	\$267,775	\$1,931,192	\$338,674		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized



% of Paid



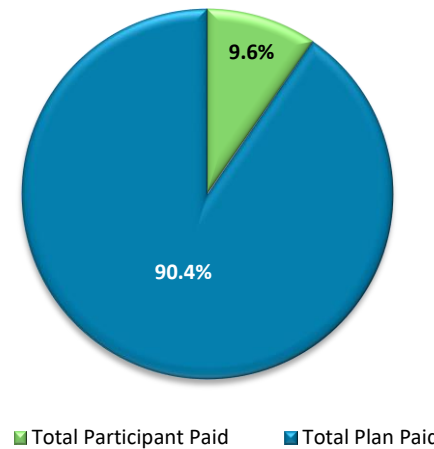
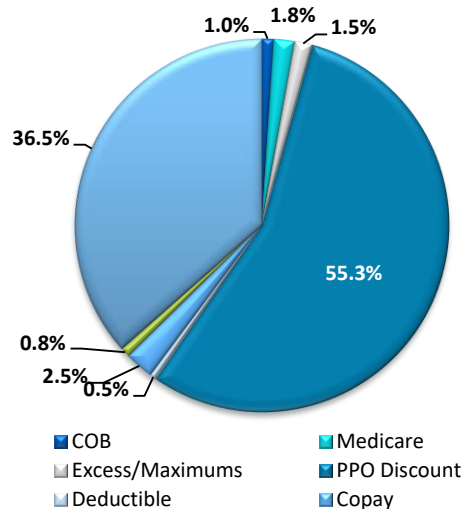
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	566	139	1,148	281	1,056	259
Spouse	127	154	221	268	202	245
Child	358	133	806	300	513	191
Total	1,051	138	2,175	286	1,771	233

Hospital and physician urgent care centers are included in the data.
Paid amount includes facility and professional fees.

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$98,918,077	\$2,693	100.0%
COB	\$985,790	\$27	1.0%
Medicare	\$1,803,638	\$49	1.8%
Excess/Maximums	\$1,516,797	\$41	1.5%
PPO Discount	\$54,754,910	\$1,491	55.4%
Deductible	\$520,773	\$14	0.5%
Copay	\$2,490,065	\$68	2.5%
Coinsurance	\$824,569	\$22	0.8%
Total Participant Paid	\$3,835,407	\$104	3.9%
Total Plan Paid	\$36,175,046	\$985	36.6%

Total Participant Paid - PY21	\$66
Total Plan Paid - PY21	\$952



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	468	456	12	97.4%
	<2 asthma related ER Visits in the last 6 months	468	468	0	100.0%
	No asthma related admit in last 12 months	468	466	2	99.6%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	84	82	2	97.6%
	Members with COPD who had an annual spirometry test	84	14	70	16.7%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	4	4	0	100.0%
	No ER Visit for Heart Failure in last 90 days	64	61	3	95.3%
	Follow-up OV within 4 weeks of discharge from HF admission	4	4	0	100.0%
Diabetes	Annual office visit	569	564	5	99.1%
	Annual dilated eye exam	569	267	302	46.9%
	Annual foot exam	569	238	331	41.8%
	Annual HbA1c test done	569	489	80	85.9%
	Diabetes Annual lipid profile	569	433	136	76.1%
	Annual microalbumin urine screen	569	395	174	69.4%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,214	951	263	78.3%
Hypertension	Annual lipid profile	1,268	870	398	68.6%
	Annual serum creatinine test	1,240	1,035	205	83.5%
Wellness	Well Child Visit - 15 months	77	73	4	94.8%
	Routine office visit in last 6 months	7,495	5,380	2,115	71.8%
	Age 45 to 75 years with colorectal cancer screening	3,179	772	2,407	24.3%
	Women age 25-65 with recommended cervical cancer screening	2,426	1,809	617	74.6%
	Males age greater than 49 with PSA test in last 24 months	1,132	587	545	51.9%
	Routine exam in last 24 months	7,495	6,864	631	91.6%
	Women age 40 to 75 with a screening mammogram last 24 months	2,138	1,358	780	63.5%

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	119	1.59%	15.67	\$13,559
Asthma	537	7.14%	70.32	\$15,544
Atrial Fibrillation	83	1.10%	10.87	\$26,997
Blood Disorders	465	6.19%	60.89	\$33,649
CAD	161	2.14%	21.08	\$18,333
COPD	90	1.20%	11.78	\$52,861
Cancer	320	4.26%	41.90	\$20,911
Chronic Pain	377	5.01%	49.37	\$21,865
Congestive Heart Failure	68	0.90%	8.90	\$29,450
Demyelinating Diseases	26	0.35%	3.40	\$40,564
Depression	851	11.32%	111.43	\$13,039
Diabetes	600	7.98%	78.57	\$21,897
ESRD	9	0.12%	1.18	\$86,586
Eating Disorders	34	0.45%	4.45	\$12,764
HIV/AIDS	11	0.15%	1.44	\$33,096
Hyperlipidemia	1,282	17.05%	167.87	\$15,749
Hypertension	1,300	17.29%	170.23	\$15,235
Immune Disorders	32	0.43%	4.19	\$39,433
Inflammatory Bowel Disease	51	0.68%	6.68	\$38,057
Liver Diseases	175	2.33%	22.92	\$31,675
Morbid Obesity	323	4.30%	42.30	\$19,820
Osteoarthritis	420	5.59%	55.00	\$18,566
Peripheral Vascular Disease	44	0.59%	5.76	\$26,428
Rheumatoid Arthritis	74	0.98%	9.69	\$35,688

*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 2022 - Quarter Ending March 31, 2021**

Express Scripts

3Q FY2022 EPO		3Q FY2021 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	7,570	8,590	(1,020)	-11.9%
Utilizing Member Count (Patients)	6,292	6,582	(290)	-4.4%
Percent Utilizing (Utilization)	83.1%	76.6%	0	8.5%
Claim Summary				
Net Claims (Total Rx's)	114,919	127,290	(12,371)	-9.7%
Claims per Elig Member per Month (Claims PMPM)	1.69	1.65	0.04	2.4%
Total Claims for Generic (Generic Rx)	97,647	108,912	(11,265.00)	-10.3%
Total Claims for Brand (Brand Rx)	17,272	18,378	(1,106.00)	-6.0%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	774	2,031	(1,257.00)	-61.9%
Total Non-Specialty Claims	113,304	125,570	(12,266.00)	-9.8%
Total Specialty Claims	1,615	1,720	(105.00)	-6.1%
Generic % of Total Claims (GFR)	85.0%	85.6%	(0.01)	-0.7%
Generic Effective Rate (GCR)	99.2%	98.2%	0.01	1.0%
Mail Order Claims	24,478	14,668	9,810.00	66.9%
Mail Penetration Rate*	23.9%	12.6%	0.11	11.3%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$14,499,314	\$16,217,231	(\$1,717,917.00)	-10.6%
Total Generic Gross Cost	\$2,107,568	\$2,518,298	(\$410,730.00)	-16.3%
Total Brand Gross Cost	\$12,391,746	\$13,698,933	(\$1,307,187.00)	-9.5%
Total MSB Gross Cost	\$210,375	\$459,716	(\$249,341.00)	-54.2%
Total Ingredient Cost	\$14,339,276	\$16,139,521	(\$1,800,245.00)	-11.2%
Total Dispensing Fee	\$154,048	\$73,633	\$80,415.00	109.2%
Total Other (e.g. tax)	\$5,990	\$4,077	\$1,913.00	46.9%
Avg Total Cost per Claim (Gross Cost/Rx)	\$126.17	\$127.40	(\$1.23)	-1.0%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$21.58	\$23.12	(\$1.54)	-6.7%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$717.45	\$745.40	(\$27.95)	-3.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$271.80	\$226.35	\$45.45	20.1%
Member Cost Summary				
Total Member Cost	\$2,498,901	\$2,752,468	(\$253,567.00)	-9.2%
Total Copay	\$2,488,804	\$2,752,468	(\$263,664.00)	-9.6%
Total Deductible	\$10,097	\$0	\$10,097.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$21.66	\$21.62	\$0.03	0.2%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$21.74	\$21.62	\$0.12	0.6%
Avg Copay for Generic (Copay/Generic Rx)	\$7.53	\$7.35	\$0.18	2.4%
Avg Copay for Brand (Copay/Brand Rx)	\$102.12	106.19	#VALUE!	#VALUE!
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$34.86	\$29.53	\$5.33	18.0%
Net PMPM (Participant Cost PMPM)	\$36.68	\$35.60	\$1.08	3.0%
Copay % of Total Prescription Cost (Member Cost Share %)	17.2%	17.0%	0.3%	1.5%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$12,000,414	\$13,464,762	(\$1,464,348.00)	-10.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$6,128,050	\$6,634,530	(\$506,480.00)	-7.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$5,872,363	\$6,830,233	(\$957,870.00)	-14.0%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$104.42	\$105.78	(\$1.36)	-1.3%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$14.06	\$15.77	(\$1.71)	-10.8%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$615.32	\$639.21	(\$23.89)	-3.7%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$236.94	\$196.82	\$40.12	20.4%
Net PMPM (Plan Cost PMPM)	\$176.14	\$174.17	\$1.97	1.1%
PMPM for Specialty Only (Specialty PMPM)	\$86.19	\$88.35	(\$2.16)	-2.4%
PMPM without Specialty (Non-Specialty PMPM)	\$89.95	\$85.82	\$4.13	4.8%
Rebates Received (Q1-Q3 FY2022 actual)	\$2,833,414.52	\$3,073,495.44	(\$240,080.92)	-7.8%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$134.55	\$134.41	\$0.14	0.1%
PMPM for Specialty Only (Specialty PMPM)	\$72.31	\$76.03	(\$3.72)	-4.9%
PMPM without Specialty (Non-Specialty PMPM)	\$62.13	\$58.74	\$3.39	5.8%

Appendix D

Index of Tables Health Plan of Nevada –Utilization Review for PEBP July 1, 2021 – March 31, 2022

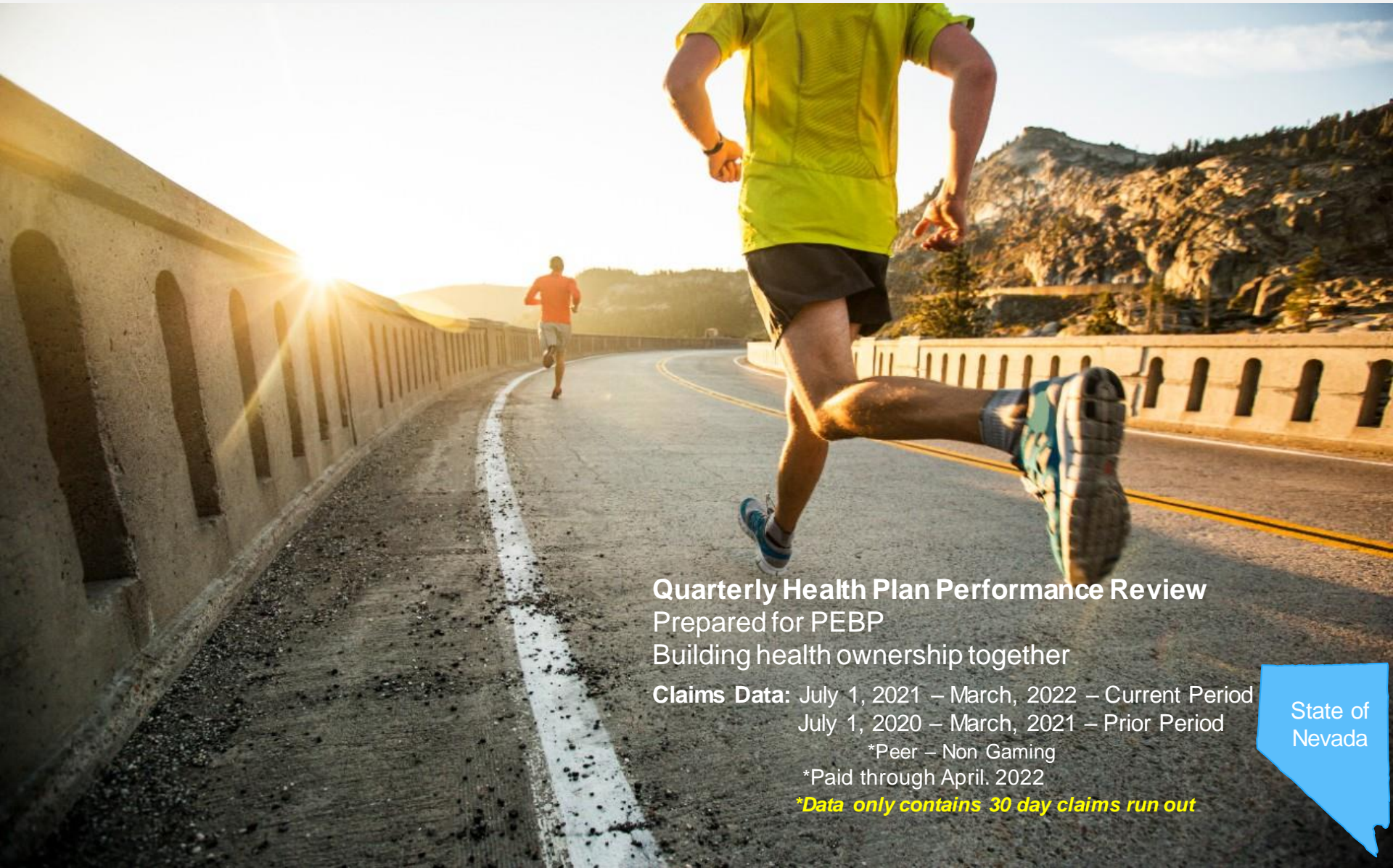
KEY PERFORMANCE INDICATORS

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PRESCRIPTION DRUG COSTS

Prescription Drug Cost	7
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Power Of Partnership.



Quarterly Health Plan Performance Review
Prepared for PEBP
Building health ownership together

Claims Data: July 1, 2021 – March, 2022 – Current Period
July 1, 2020 – March, 2021 – Prior Period

*Peer – Non Gaming

*Paid through April, 2022

****Data only contains 30 day claims run out***

State of
Nevada



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
- ✓ 2 ambulatory surgery centers
- ✓ 55,000 sq ft state-of-the-art cancer center
- ✓ Saturday appointments with primary care

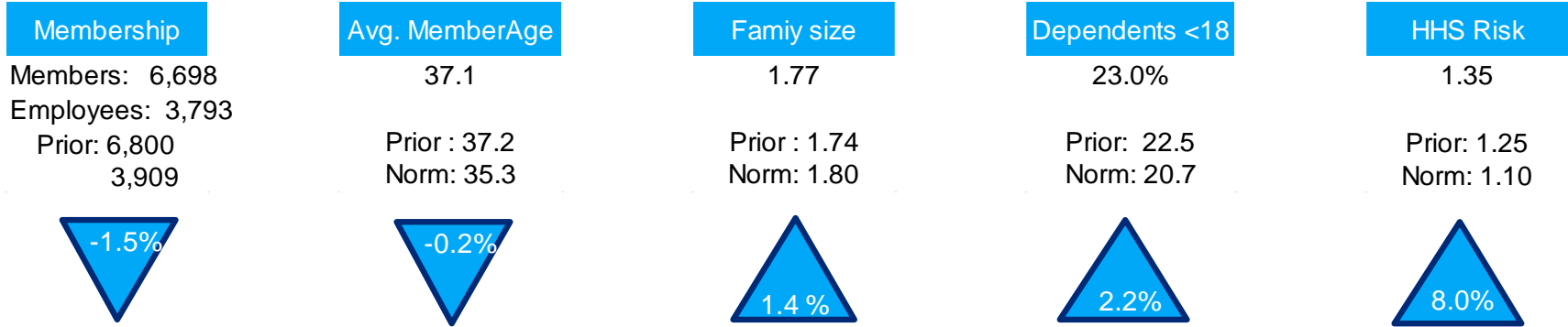
Enhancements Made for Your Members

- ✓ Provided COVID-19 testing and vaccinations at multiple locations throughout the Las Vegas area, including drive through locations.
- ✓ Introduced the **Tummy2Toddler pregnancy support app** helping mothers stay healthy during every step of pregnancy and early childhood.
- ✓ NowClinic and Walgreens now offering same-day medication delivery
- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits

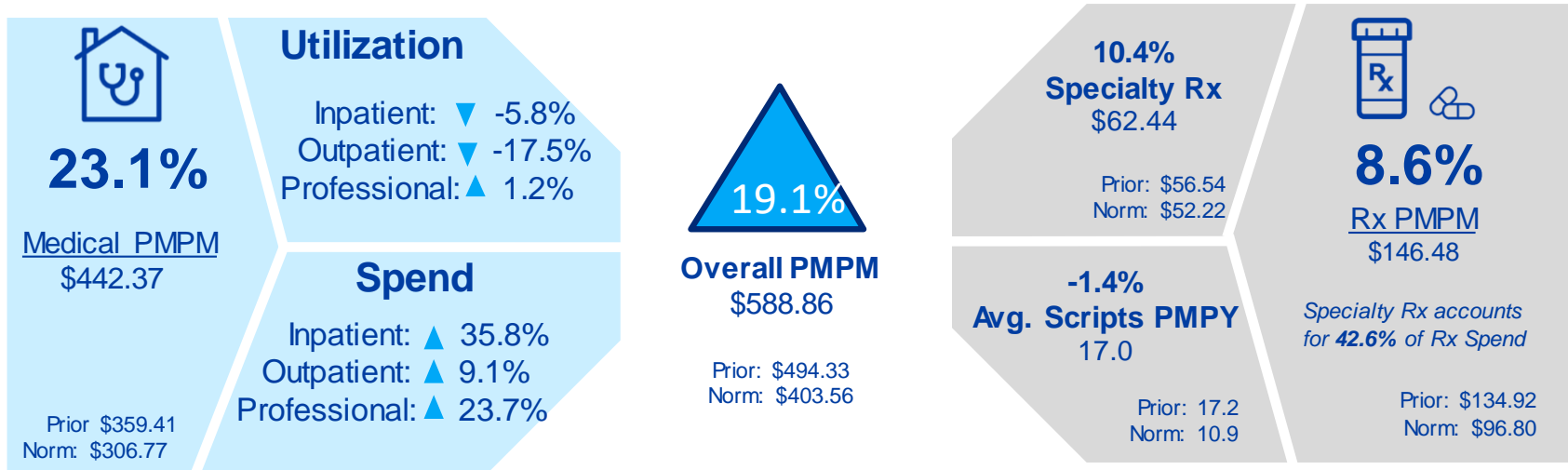
Demographic and Financial Overview



Demographics



Medical and Rx Spend





Medical and Rx Plan Experience
What Happened

Highlights of Utilization



Key Metrics			
Utilization Metric	Prior	Current	Δ
Physician Office Vists PMPY	2.8	2.5	-9.9%
Specialist Office Vists PMPY	4.8	5.1	5.8%
ER Visits per K	77.3	77.6	0.4%
UC Visits per K	425.6	569.8	33.9%
On Demand	553.7	418.7	-24.4%
OutPatient Surgery			
ASC	91.6	89.3	-2.5%
Facility	31.8	26.7	-16.0%
Inpatient Utilization			
Admissions Per K	47.5	49.0	3.0%
Bed Days Per K	268.1	358.6	33.7%
Average Length of Stay	5.6	7.3	29.8%

**Not representative of all Utilization*

Highlights

- PCP Visits decreased in the current period, down -9.9%
- Specialist Office visits increased 5.8%
- ER utilization remained relatively flat
 - Average paid per visit decreased -19.3%, due to less emergent cases
- Urgent Care Utilization increased 33.9%
- Outpatient surgeries had decreases at both ASC and OP Facility settings
 - Procedures in ASC settings are more than double than those at OP setting
- On Demand utilization dropped -24.4%. Consistent with our book of business. More people heading to physician offices.
- IP Admits increased 3.0% from the prior period
- Overall IP spend jumped 35.8%
 - Average length of stay went from an average of 5.6 to 7.3 days per stay
Average length of stay increased 29.8%
 - Acute stays increased 22.8% and
 - 2 Less NICU visits in the current period, but more complicated cases. 1 NICU approx. 106 days and other NICU approx. 98 days.

Pharmacy Data

	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,800	6,698	-1.5%		
Average Prescriptions PMPY	17.2	17.0	-1.4%	10.9	55.4%
Formulary Rate	92.0%	89.0%	-3.2%	86.9%	2.4%
Generic Use Rate	85.6%	83.0%	-3.1%	82.3%	0.9%
Generic Substitution Rate	97.2%	98.1%	0.9%	98.0%	0.2%
Employee Cost Share PMPM	\$22.48	\$27.70	23.2%	\$14.13	96.1%
Avg Net Paid per Prescription	\$93.88	\$103.41	10.2%	\$106.19	-2.6%
Net Paid PMPM	\$134.92	\$146.48	8.6%	\$96.80	51.3%

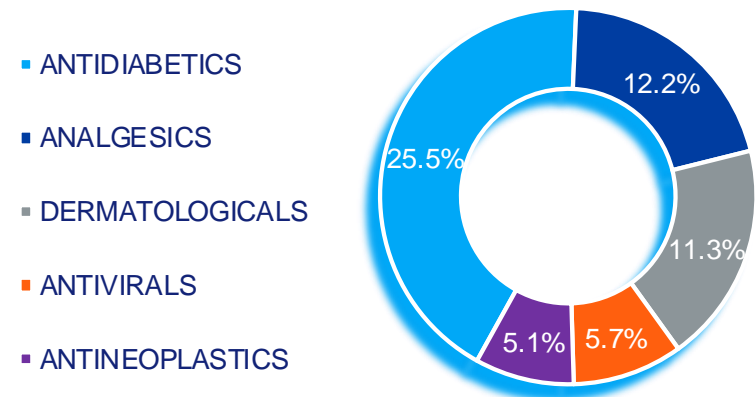
Paid Benefit by Type



Pharmacy Spend is up 8.6% (\$11.56 PMPM)

- Average net paid per script increased 10.2% (up \$9.54 PMPM from prior period)
- Consistent with market trends; diabetic compliance is on the rise Antidiabetic Rx Spend increased 4.9%
- Specialty Rx Spend increased 10.4%
Specialty Rx Drivers:
*Jardiance (Antidiabetics, spend up 24.1%)
*Humira Pen (Analgesics, spend down -3.6%)
*Ozempic (Antidiabetics, spend up 52.4%)
- Avg. Prescriptions PMPY decreased -1.4%

Top 5 Therapeutic Classes by Spend

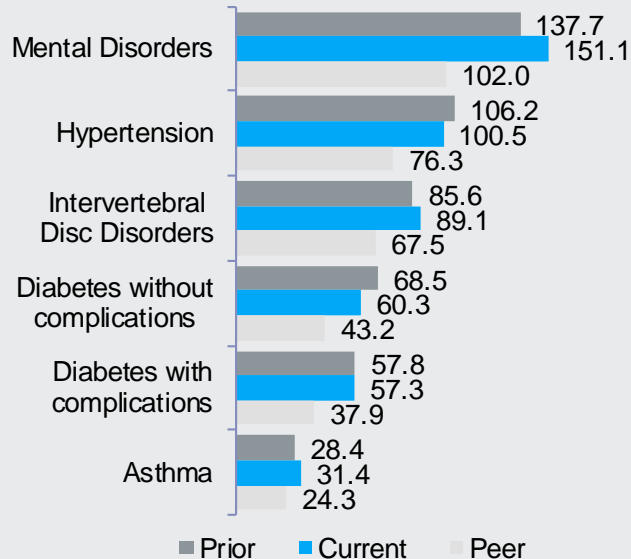




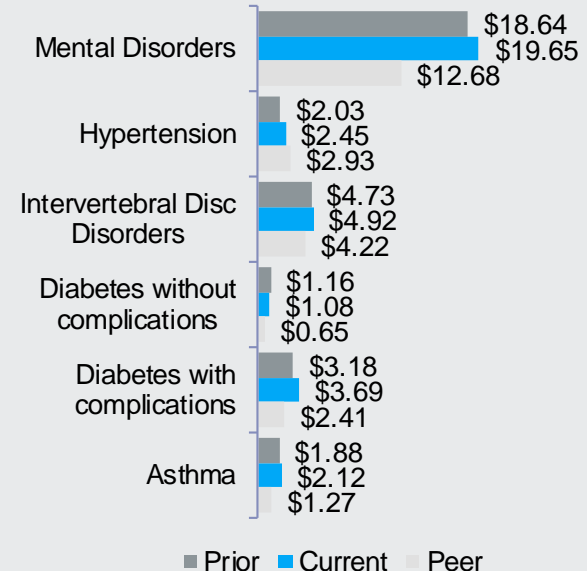
Condition Prevalence
Clinical Drivers

Clinical Conditions and Diagnosis

Top Common Conditions by Prevalence



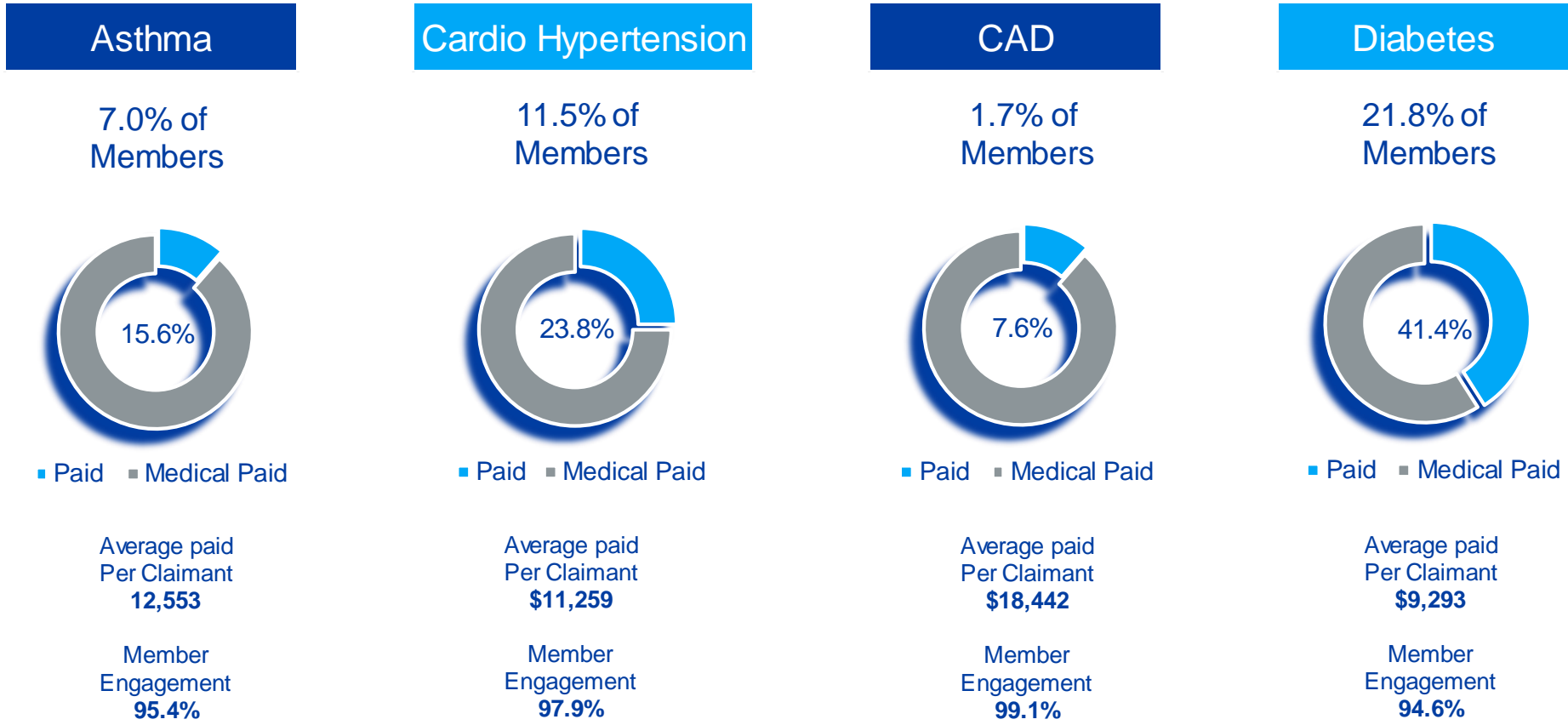
Common Conditions by PMPM



- Chronic illnesses continue to drive the top common conditions
- Mental Disorders, Hypertension and Intervertebral Disc Disorders are the most prevalent clinical conditions within this population for this period
- Mental Disorder prevalence increased 9.8% and had an increased in overall spend increased 5.4% (up, \$1.01 PMPM) from prior period
 - Spend on Mood disorders increased 79.9%, up \$2.12 PMPM from prior period
 - Autism spend accounts for 43.6% of Mental Disorder spend. Autism/ABA Therapy spend down -5.0% in the current period

Chronic Condition Cost Drivers

88.0% Of Medical spend driven by members with these 4 Chronic Conditions. Average Engagement 97.0%

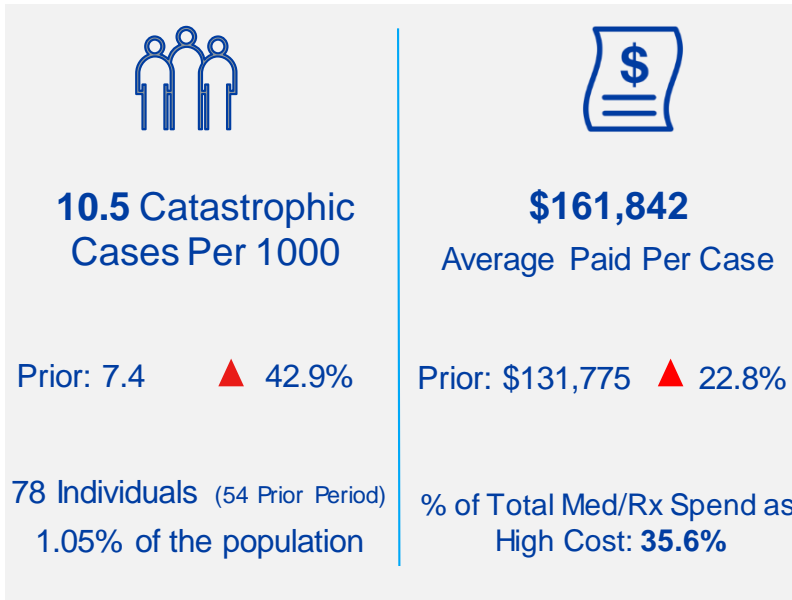


*Data obtained for this slide is for Eval period May-2021 thru April-2022

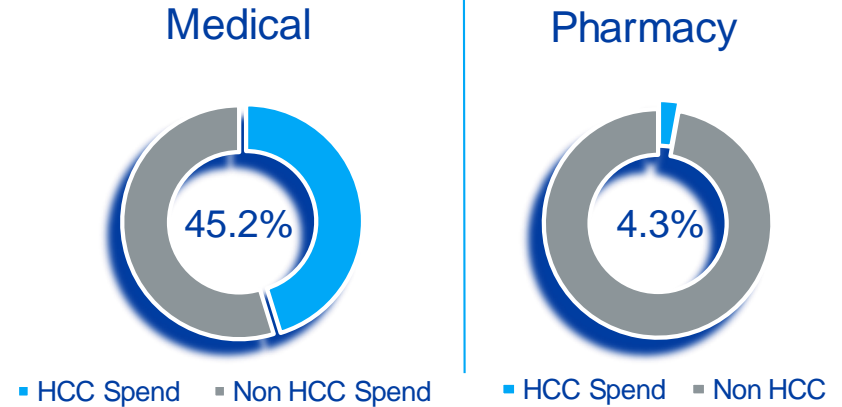


Catastrophic Cases
High Cost Claimants

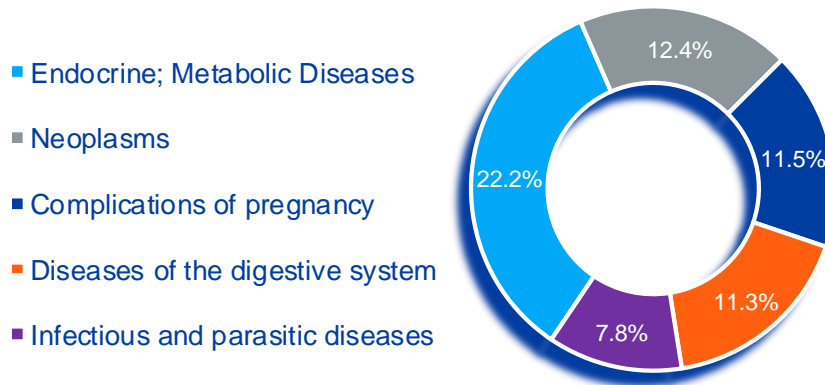
Catastrophic Cases Summary (>\$50k)



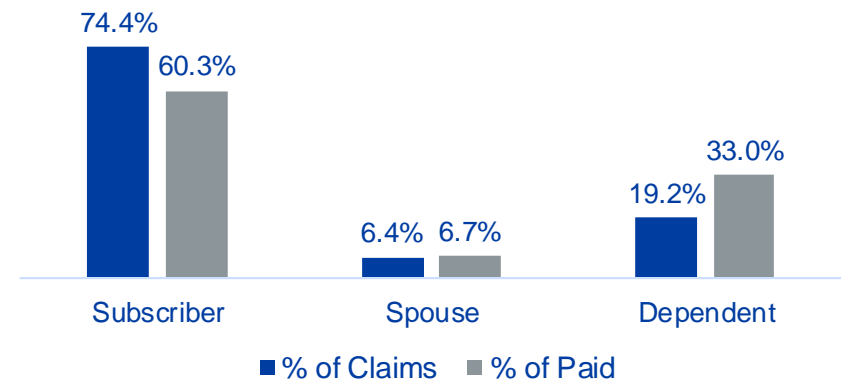
% Paid Attributed to Catastrophic Cases



Top 5 AHRQ Chapter Description by Paid



Claims 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, 2022:

- 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 Insurance
- 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report
- 4.3.6 AETNA Signature Administrators – PPO Network
- 4.3.7 HealthPlan of Nevada, Inc. – Southern HMO
- 4.3.8 Doctor on Demand Engagement Report January 2022 through June 2022

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, 2022:

4.3.1 HealthSCOPE Benefits – Obesity Care Management

HSB DATASCOPE™

Obesity Care Management Report

Nevada Public Employees' Benefits Program

July 2021 - March 2022

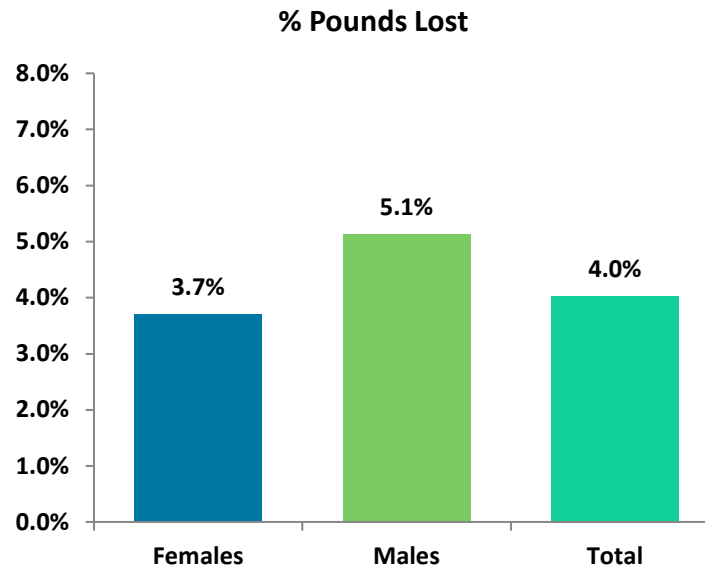
Reimagine | Rediscover **Benefits**



Obesity Care Management Overview

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

PEBP 3Q22			
Weight Management Summary	Females	Males	Total
# Mbrs Enrolled in Program	880	219	1,099
Average # Lbs. Lost	7.9	12.6	8.8
Total # Lbs. Lost	6,953.1	2,761.0	9,714.1
% Lbs. Lost	3.7%	5.1%	4.0%
Average Cost/ Member	\$4,470	\$5,693	\$4,866

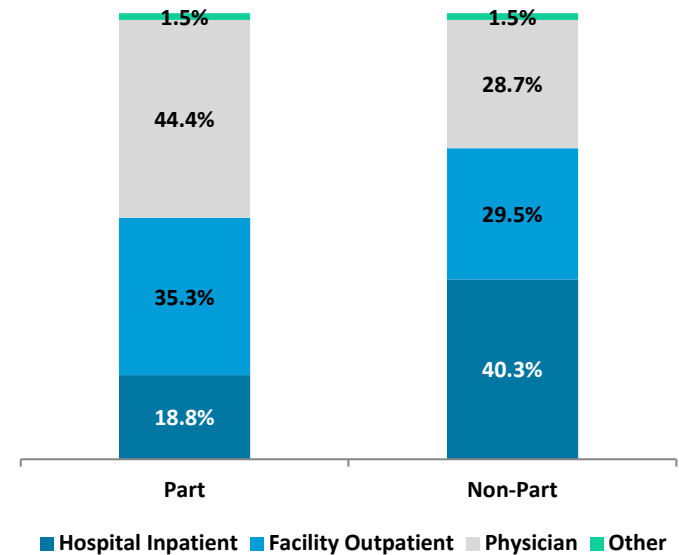


Obesity Care Management – Financial Summary

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

Summary	Participants	Non-Participants	Variance
Enrollment			
Avg # Employees	959	820	17.0%
Avg # Members	1,061	1,055	0.5%
Member/Employee Ratio	1.1	1.3	-14.0%
Financial Summary			
Gross Cost	\$4,940,649	\$14,029,450	
Client Paid	\$3,809,336	\$12,225,478	
Employee Paid	\$1,131,313	\$1,803,972	
Client Paid-PEPY	\$5,296	\$19,884	-73.4%
Client Paid-PMPY	\$4,789	\$15,451	-69.0%
Client Paid-PEPM	\$441	\$1,657	-73.4%
Client Paid-PMPM	\$399	\$1,288	-69.0%
High Cost Claimants (HCC's) > \$100k			
# of HCC's	2	20	
HCC's / 1,000	1.9	19.0	0.0%
Avg HCC Paid	\$307,177	\$207,147	0.0%
HCC's % of Plan Paid	16.1%	33.9%	0.0%
Cost Distribution - PMPY			
Hospital Inpatient	\$902	\$6,223	-85.5%
Facility Outpatient	\$1,690	\$4,551	-62.9%
Physician	\$2,126	\$4,439	-52.1%
Other	\$72	\$238	-69.7%
Total	\$4,789	\$15,451	-69.0%
	Annualized	Annualized	

Cost Distribution by Claim Type



Obesity Care Management – Utilization Summary

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

Summary	Participants	Non-Participants	Variance
Inpatient Facility			
# of Admits	37	159	
# of Bed Days	117	967	
Paid Per Admit	\$18,866	\$33,981	-44.5%
Paid Per Day	\$5,966	\$5,587	6.8%
Admits Per 1,000	47	201	-76.6%
Days Per 1,000	147	1222	-88.0%
Avg LOS	3.2	6.1	-47.5%
# of Admits From ER	18	99	-81.8%
Physician Office			
OV Utilization per Member	9.7	9.5	2.1%
Avg Paid per OV	\$111	\$112	-0.9%
Avg OV Paid per Member	\$1,075	\$1,064	1.0%
DX&L Utilization per Member	15.5	22.2	-30.2%
Avg Paid per DX&L	\$41	\$81	-49.4%
Avg DX&L Paid per Member	\$640	\$1,802	-64.5%
Emergency Room			
# of Visits	162	315	
Visits Per Member	0.2	0.40	-50.0%
Visits Per 1,000	204	398	-48.7%
Avg Paid per Visit	\$2,255	\$2,257	-0.1%
Urgent Care			
# of Visits	351	464	
Visits Per Member	0.44	0.59	-25.4%
Visits Per 1,000	441	586	-24.7%
Avg Paid per Visit	\$88	\$120	-26.7%

Annualized Annualized

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, 2022:

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 2021 – March 2022

Reimagine | Rediscover **Benefits**

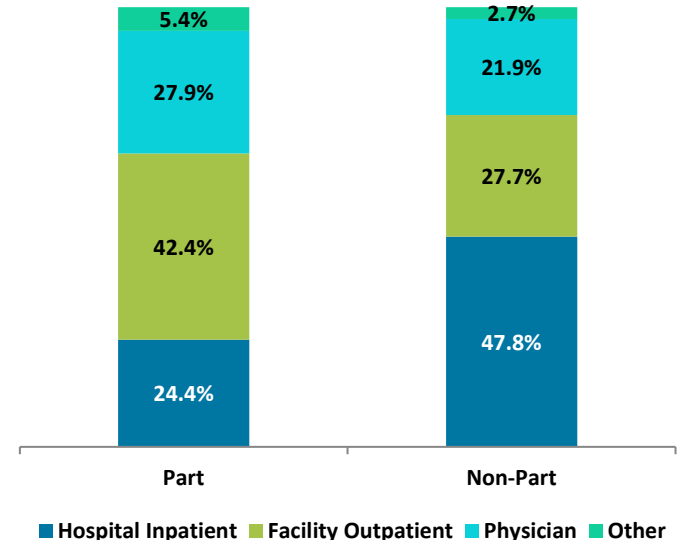


Diabetes Care Management – Financial Summary

*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	315	1,964	-83.9%
Avg # Members	434	2,480	-82.5%
Member/Employee Ratio	1.4	1.3	9.5%
Financial Summary			
Gross Cost	\$3,302,128	\$26,401,767	
Client Paid	\$2,636,682	\$22,833,368	
Employee Paid	\$665,446	\$3,568,399	
Client Paid-PEPY	\$11,149	\$15,505	-28.1%
Client Paid-PMPY	\$8,094	\$12,275	-34.1%
Client Paid-PEPM	\$929	\$1,292	-28.1%
Client Paid-PMPM	\$675	\$1,023	-34.0%
High Cost Claimants (HCC's) > \$100k			
# of HCC's	5	43	
HCC's / 1,000	11.5	17.3	0.0%
Avg HCC Paid	\$204,411	\$266,313	0.0%
HCC's % of Plan Paid	38.8%	50.2%	0.0%
Cost Distribution - PMPY			
Hospital Inpatient	\$1,972	\$5,867	-66.4%
Facility Outpatient	\$3,430	\$3,395	1.0%
Physician	\$2,256	\$2,683	-15.9%
Other	\$436	\$331	31.7%
Total	\$8,094	\$12,275	-34.1%
	Annualized	Annualized	

Cost Distribution by Claim Type



Diabetes Care Management – Utilization Summary

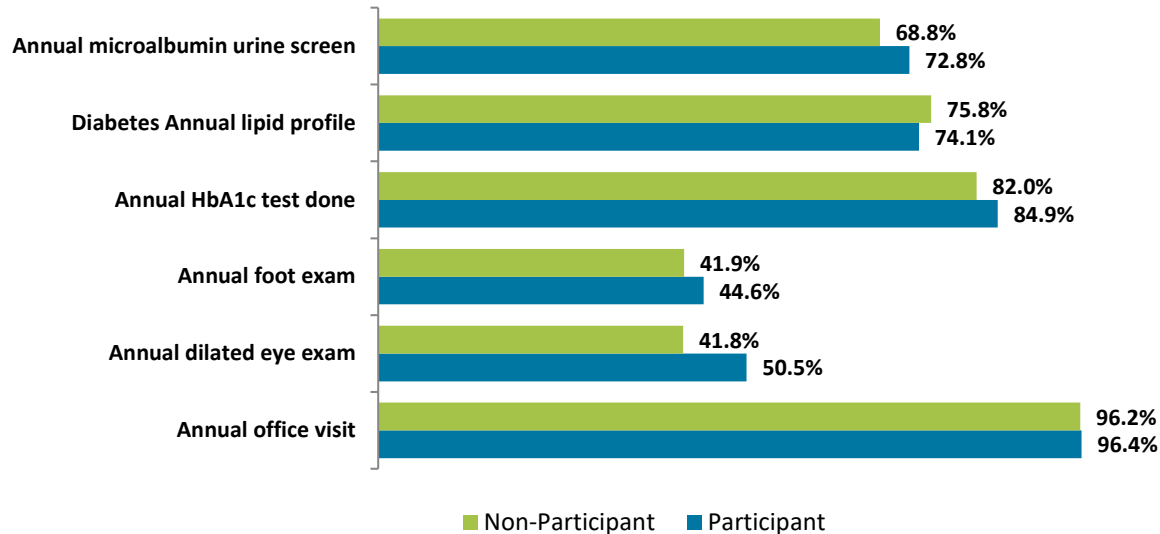
*Non-Participant is defined as a member who has been diagnosed with diabetes, but is not enrolled in the program
 *Analysis based on active members

Summary	Participants	Non-Participants	Variance
Inpatient Facility			
# of Admits	29	246	
# of Bed Days	178	1,567	
Paid Per Admit	\$19,091	\$36,601	-47.8%
Paid Per Day	\$3,110	\$5,746	-45.9%
Admits Per 1,000	89	132	-32.6%
Days Per 1,000	546	842	-35.2%
Avg LOS	6.1	6.4	-4.7%
# of Admits From ER	19	177	-89.3%
Physician Office			
OV Utilization per Member	7.6	8.1	-6.2%
Avg Paid per OV	\$82	\$94	-12.8%
Avg OV Paid per Member	\$623	\$760	-18.0%
DX&L Utilization per Member	16.5	20.8	-20.7%
Avg Paid per DX&L	\$54	\$63	-14.3%
Avg DX&L Paid per Member	\$892	\$1,311	-32.0%
Emergency Room			
# of Visits	55	502	
Visits Per Member	0.17	0.27	-37.0%
Visits Per 1,000	169	270	-37.4%
Avg Paid per Visit	\$2,217	\$2,607	-15.0%
Urgent Care			
# of Visits	90	658	
Visits Per Member	0.28	0.35	-20.0%
Visits Per 1,000	276	354	-22.0%
Avg Paid per Visit	\$53	\$110	-51.8%

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	305	294	11	96.4%	2,352	2,263	89	96.2%
	Annual dilated eye exam	305	154	151	50.5%	2,352	983	1,369	41.8%
	Annual foot exam	305	136	169	44.6%	2,352	986	1,366	41.9%
	Annual HbA1c test done	305	259	46	84.9%	2,352	1,929	423	82.0%
	Diabetes Annual lipid profile	305	226	79	74.1%	2,352	1,782	570	75.8%
	Annual microalbumin urine screen	305	222	83	72.8%	2,352	1,617	735	68.8%



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, 2022:

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, 2022 – March 31, 2022

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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 **Utilization Management, Case Management, and Post-Discharge Counseling**.

All data included is as of **April 30, 2022** and covers the reporting period of **January 1, 2022 – March 31, 2022**; 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 – 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, 2021 - December 31, 2021			
	Fees	Estimated Savings	ROI
Utilization Management	\$187,628	\$3,164,029	16.9 to 1
Case Management	\$282,531	\$2,474,943	8.8 to 1
Total	\$470,159	\$5,638,972	12.0 to 1

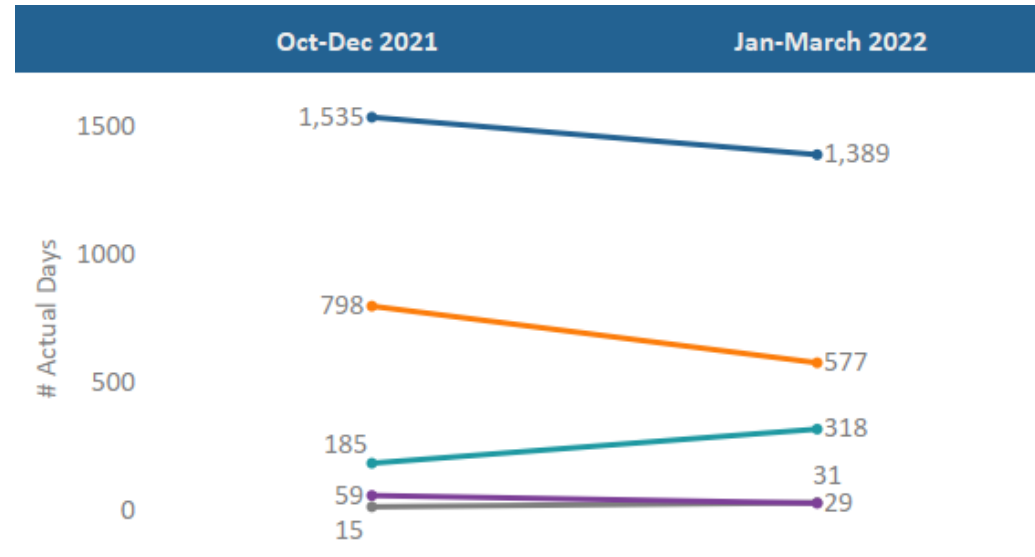
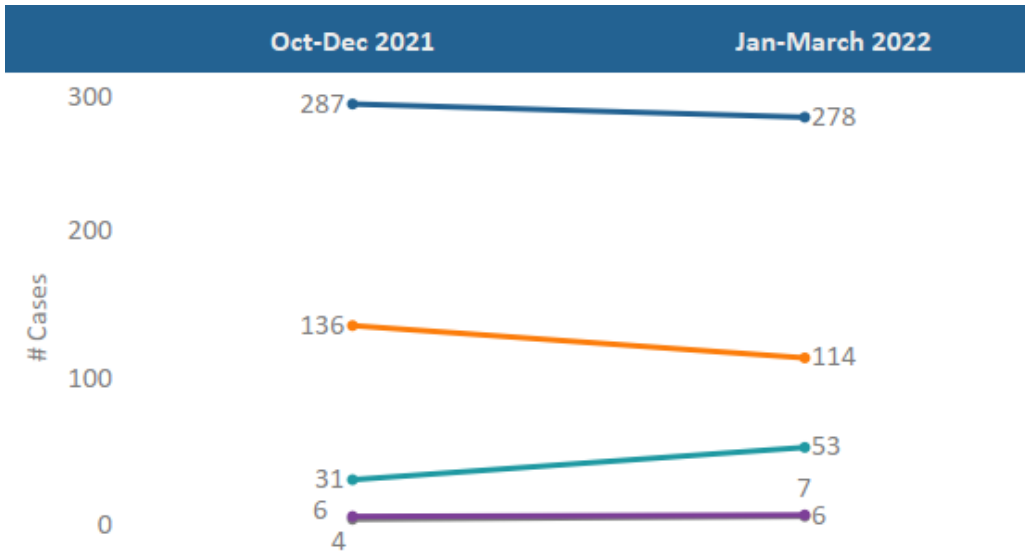
Utilization Management Breakout	
Inpatient Savings	\$2,217,081
Outpatient Savings	\$946,948

January 1, 2022 - March 31, 2022			
	Fees	Estimated Savings	ROI
Utilization Management	\$189,215	\$3,143,856	16.6 to 1
Case Management	\$283,014	\$2,409,052	8.5 to 1
Total	\$472,229	\$5,552,908	11.8 to 1

Utilization Management Breakout	
Inpatient Savings	\$1,266,610
Outpatient Savings	\$1,877,246

Utilization Management

Acute Inpatient Activity Summary



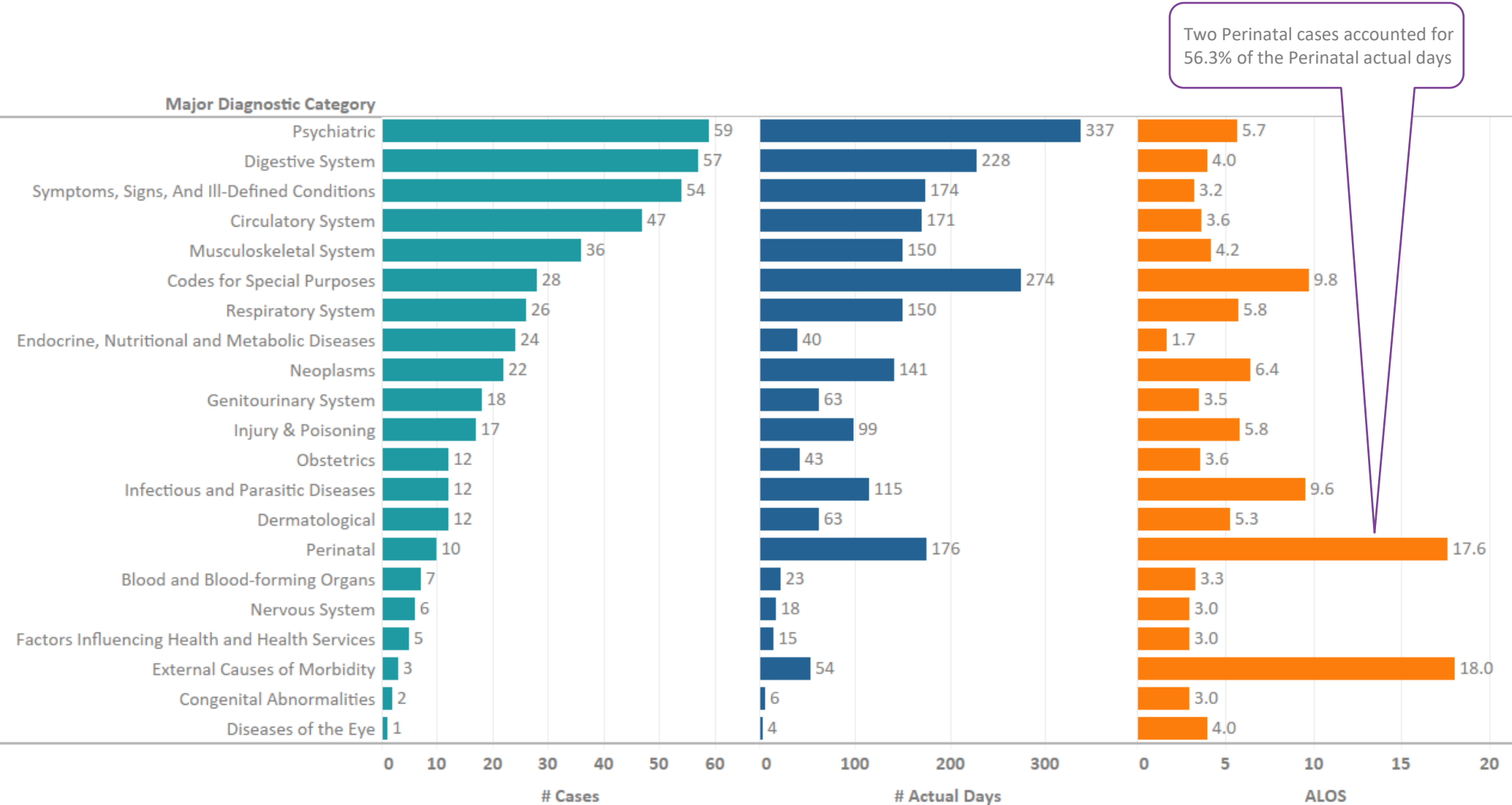
- Medical
- Mental Health
- Obstetrics
- Substance Abuse
- Surgical

Utilization Review Process

Days Saved: 165
Estimated Savings: \$1,232,220

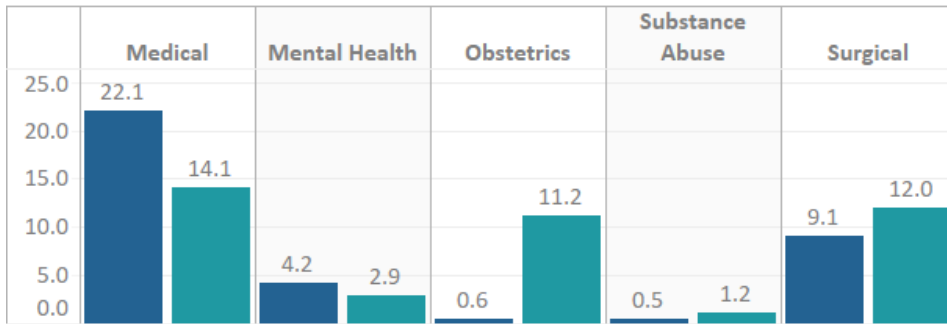
	Cases	Actual Days	Requested Days	Approved Days	Saved Days	Estimated Savings
Medical	278	1,389	1,407	1,303	104	\$685,776
Surgical	114	577	579	544	35	\$501,795
Mental Health	53	318	320	297	23	\$36,455
Obstetrics	7	29	29	28	1	\$5,650
Substance Abuse	6	31	33	31	2	\$2,544
Grand Total	458	2,344	2,368	2,203	165	\$1,232,220

Acute Inpatient – Case and Actual Days by Diagnostic Categories

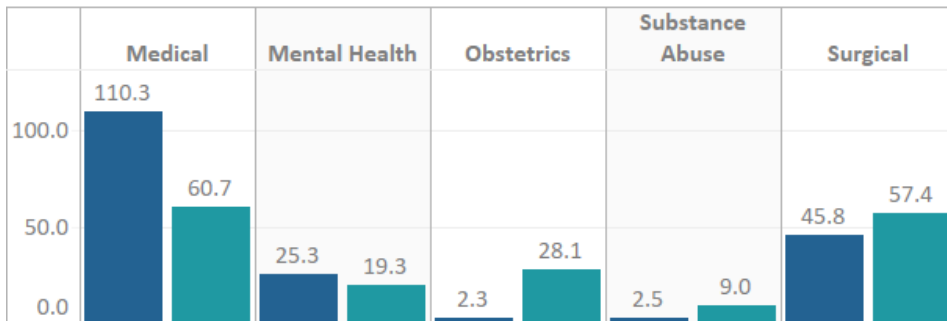


Acute Inpatient Activity – Utilization Benchmarks

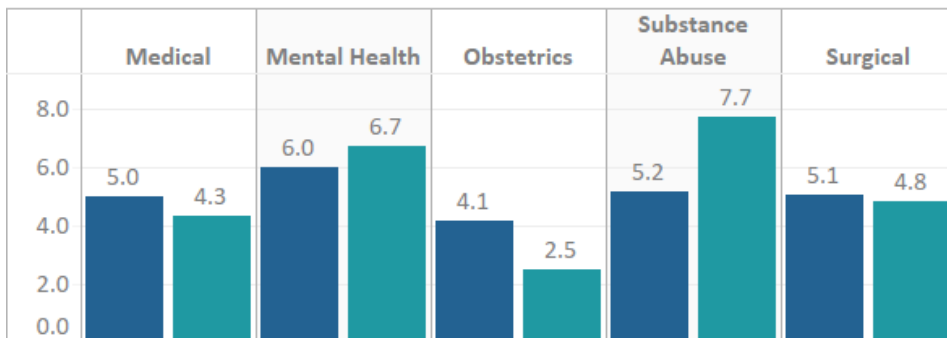
Admissions per 1,000



Days per 1,000



ALOS



Admissions per 1,000

- During the report period, medical and mental health acute inpatient admissions were above the Milliman benchmarks
 - **Medical: 21** members had **2 or more** inpatient admissions
 - **Mental Health: 5** members had **2 or more** inpatient admissions

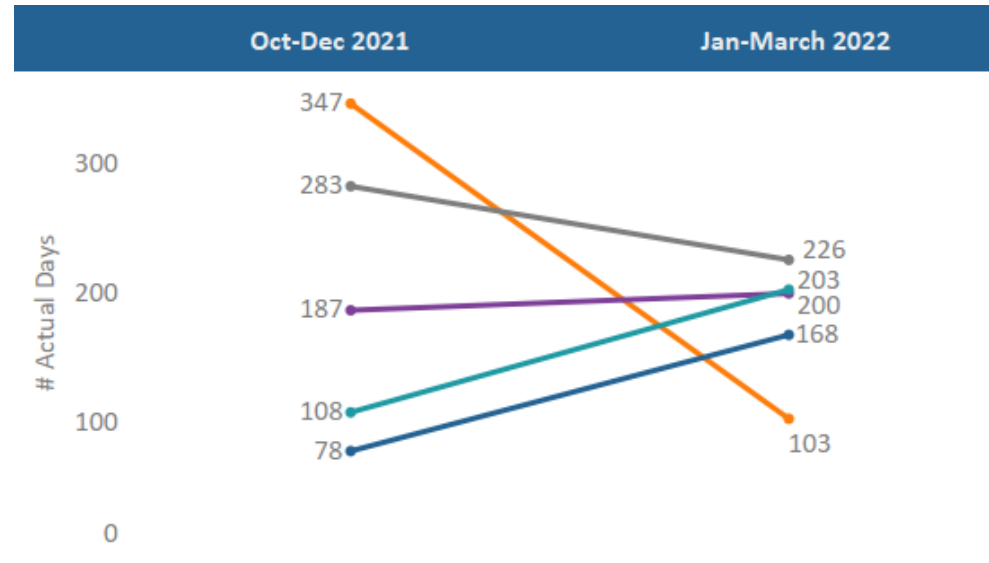
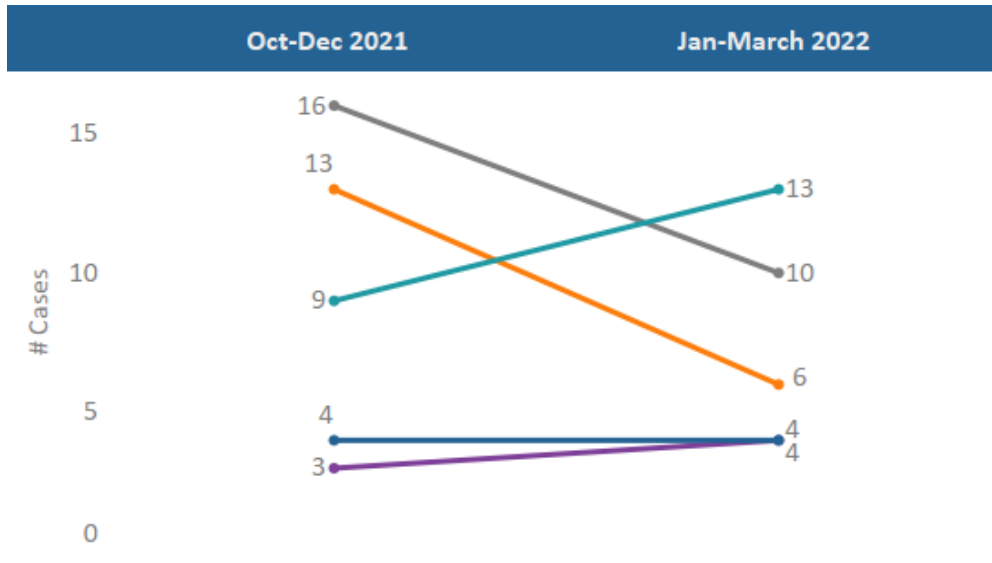
Days per 1,000

- During the report period, medical and mental health acute inpatient days per 1,000 were above the Milliman benchmarks
 - **Medical: 28** cases utilized **10 or more** days during the report period
 - **Mental Health: 2** cases utilized **23 or more** days during the report period

Average Length of Stay

- During the report period, medical, obstetrics, and surgical ALOS were above the Milliman benchmark
 - **Medical: 84 of the 278** cases were above the benchmark during the report period
 - **Obstetrics: 5 of the 7** cases were above the benchmark during the report period
 - **Surgical: 36 of the 114** cases were above the benchmark during the report period

Non-Acute Inpatient Activity Summary



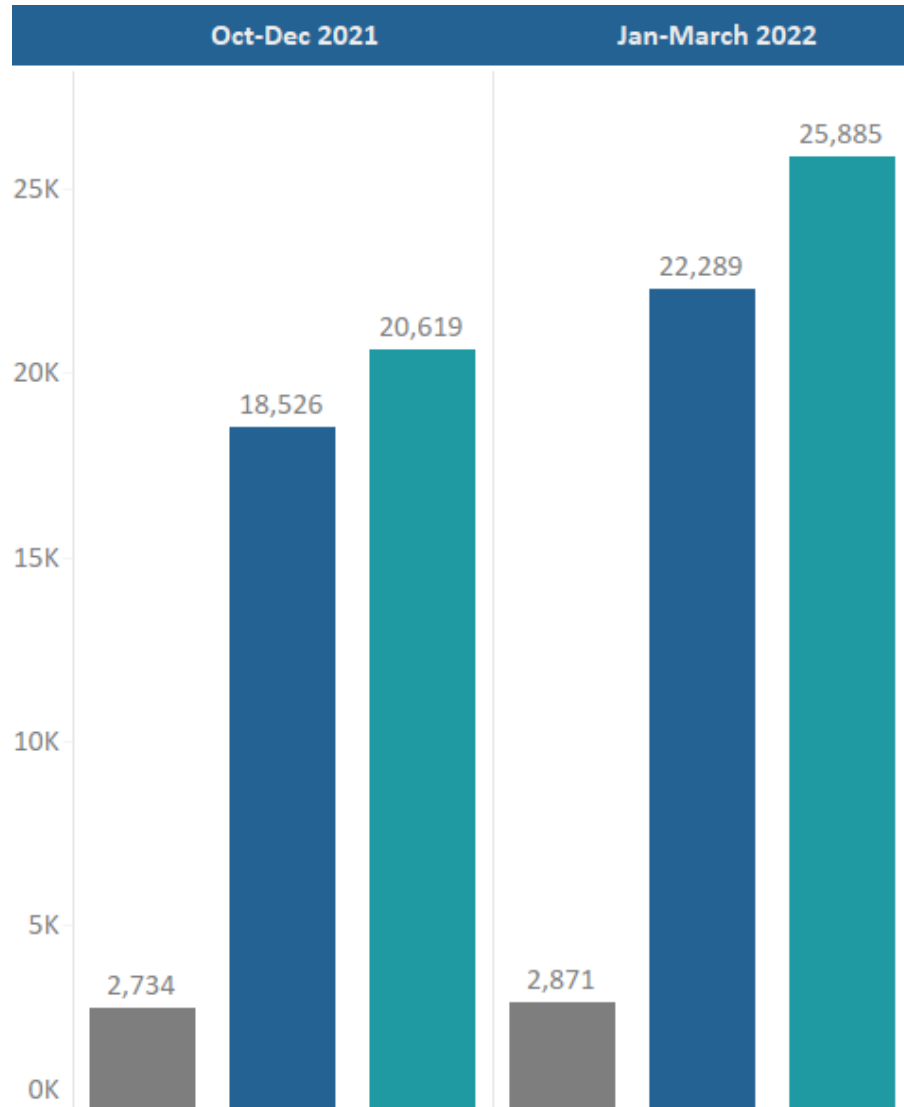
- Long Term Acute
- Medical Rehab
- Residential Mental Health
- Residential Substance Abuse
- Skilled Nsg Facility

Utilization Review Process

Days Saved: 22
 Estimated Savings: \$34,390

	Cases	Actual Days	Requested Days	Approved Days	Saved Days	Estimated Savings
Medical Rehab	13	203	203	194	9	\$24,102
Residential Substance Abuse	10	226	228	225	3	\$3,024
Skilled Nsg Facility	6	103	105	104	1	\$667
Long Term Acute	4	168	168	168	0	\$0
Residential Mental Health	4	200	204	195	9	\$6,597
Grand Total	37	900	908	886	22	\$34,390

Outpatient Activity Summary



Outpatient Setting	# Cases	# Units Requested	# Units Approved	# Units Saved	Outpatient Savings
Diagnostic Test	1,711	2,140	1,901	239	\$317,345
Surgery	678	1,145	1,112	33	\$71,729
Med Treatment	198	4,662	4,331	331	\$1,400,242
DME	166	13,107	10,396	2,711	\$32,084
Home Health	60	829	740	89	\$18,465
Home Infusion	27	737	677	60	\$0
MH/SA	21	379	378	1	\$71
PT/OT/ST	8	266	194	72	\$8,576
Home Private Duty	2	2,620	2,560	60	\$28,735
Grand Total	2,871	25,885	22,289	3,596	\$1,877,246

2 cases accounted for 62.2% of the Med Treatment savings

- # Cases
- # Units Approved
- # Units Requested

Utilization Review Process

Units Saved: 3,596
 Estimated Savings: \$1,877,246

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
495	327	66.1%	222	67.9%

Outpatient Referrals

# Cases	# Cases Referred to CM	% Cases Referred to CM	# Referrals Accepted in CM	% Referrals Accepted in CM
2,871	620	21.6%	11	1.8%

Case Management

Case Management Summary

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

Total Case Management Savings

\$2,409,052

Average Savings per Case = \$7,771

Based on 310 cases in an open state
between 1/1/2022 – 3/31/2022

Number of Cases

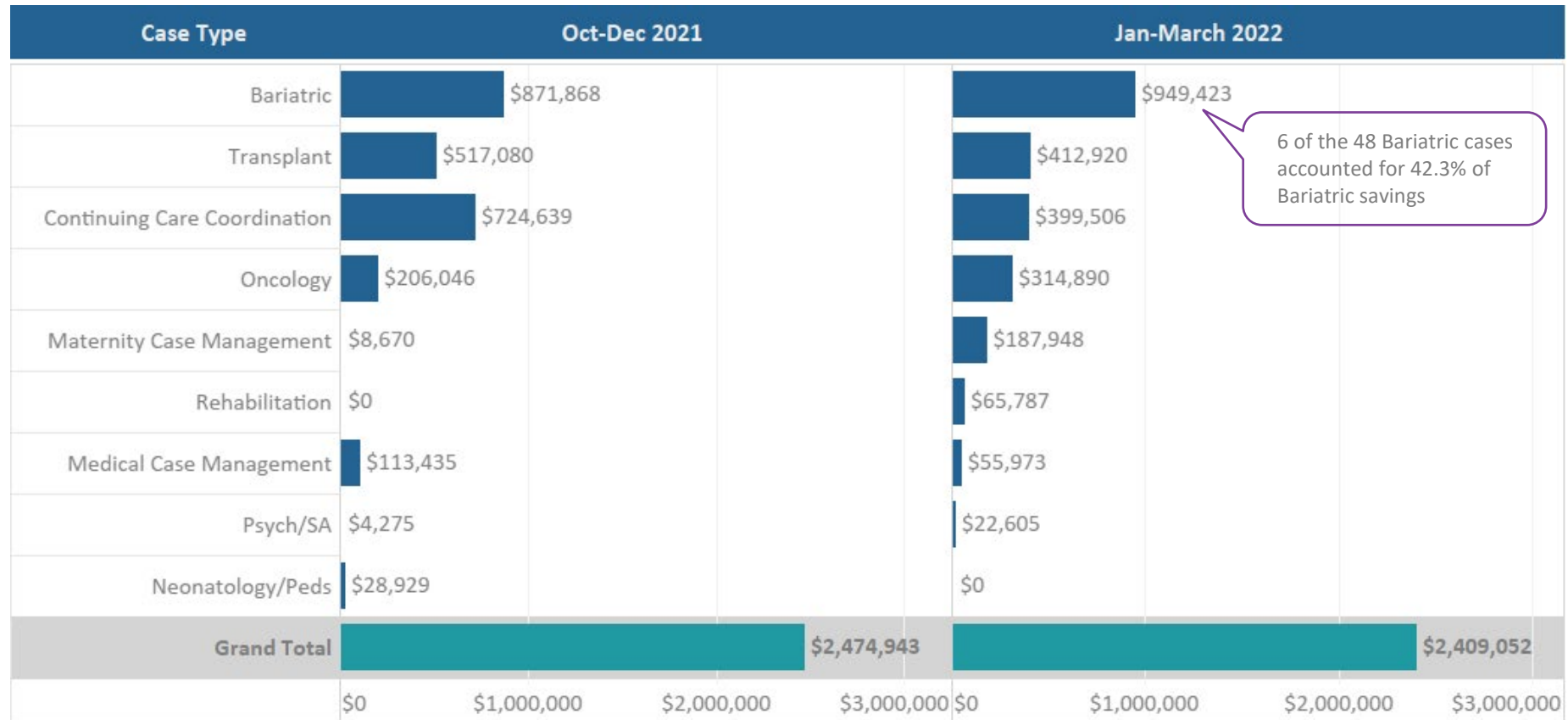
Case Activity	Oct-Dec 2021	Jan-March 2022
# Beginning Cases	189	176
# Opened Cases	167	134
# Closed Cases	180	124
# Ending Cases	176	186



Case Type

Continuing Care Coordination	94
Oncology	51
Bariatric	48
Short Term CM	30
Advocacy	28
Psych/SA	19
Medical Case Management	17
Transplant	11
Neonatology/Peds	5
Maternity Case Management	4
Rehabilitation	2
Research and Review	1
Grand Total	310

Case Management – Savings by Case Type



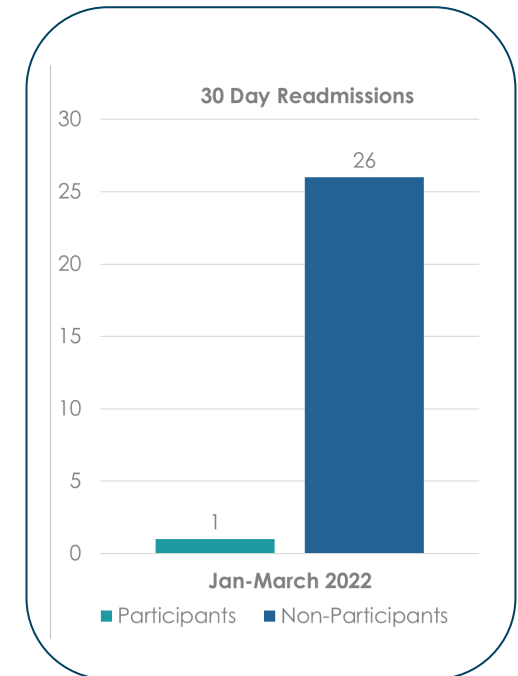
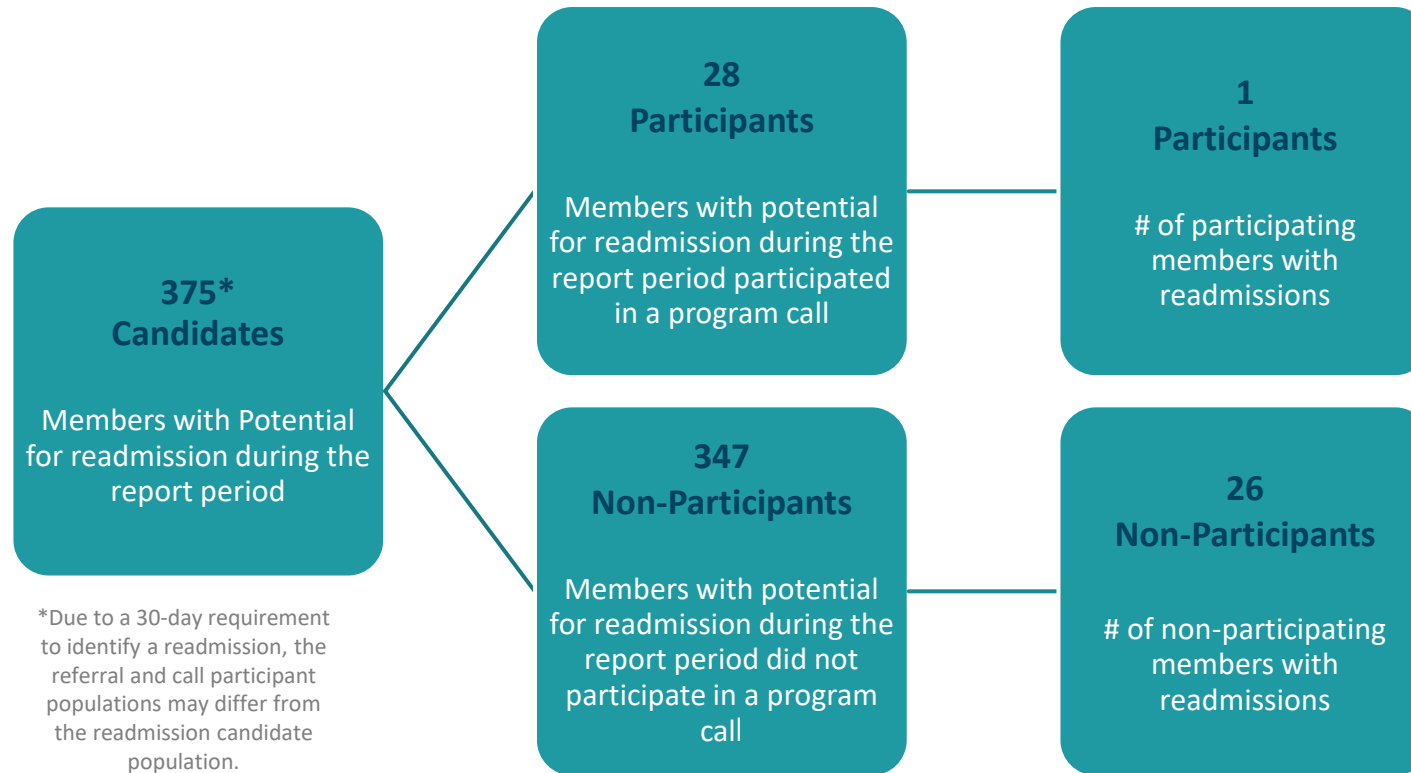
Case Management – Savings by Source

Savings Type		Case Type		Oct-Dec 2021		Jan-March 2022			
Managed	Averted Inpatient Admission	\$912,719		\$1,248,824					
	Steerage to Transplant Network	\$788,080		\$561,267					
	Services Not Medically Necessary	\$459,778		\$266,907					
	Averted Medical Complications	\$220,254		\$208,979					
	Days Saved via Intervention	\$0		\$70,087					
	Averted Usage of Services	\$79,340		\$33,858					
	Transition to Alternate Level of Care	\$0		\$6,275					
	Steerage to Network Providers	\$14,771		\$6,105					
Negotiated	Residential Treatment	\$0		\$6,750					
Grand Total			\$2,474,943		\$2,409,052				
		\$0	\$1,000,000	\$2,000,000	\$3,000,000	\$0	\$1,000,000	\$2,000,000	\$3,000,000

Post-Discharge Counseling

Post-Discharge Counseling Summary

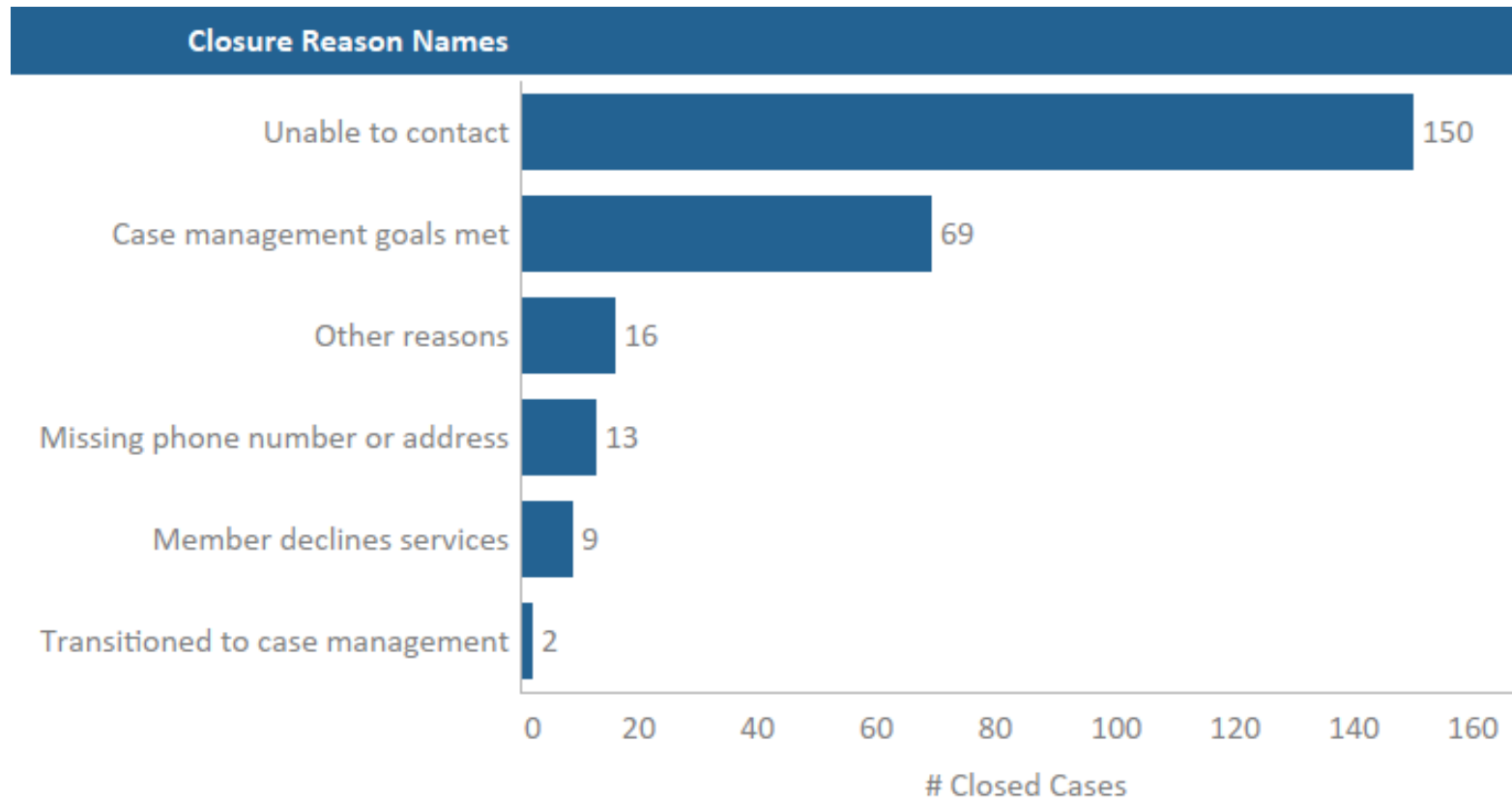
The diagram below illustrates the total number of candidates for readmission within the reporting period identified for Post-Discharge Counseling, regardless of whether the member participated in a counseling call and whether the member experienced readmission within 30 days after discharge.



Due to the small number of participants, any conclusions regarding outcomes must be interpreted with caution.

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, 2022:

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 Insurance

The Standard

Quarterly Report: Basic Life
Insurance:
Quarter Ending
March 31, 2022



Board Meeting Date: July 28, 2022

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Report Table of Contents

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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
Claim Appeals	Page 7

Board Meeting Date: July 28, 2022

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Basic Life Insurance Executive Summary

Most Recent Five Plan Years: July 01, 2017 to March 31, 2022

This is the third quarter report for the 2021-22 plan year, providing information for the period beginning July 1, 2017 and ending March 31, 2022.

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 5.4 claims/1,000 lives; this year, it has decreased to 3.8. From a loss ratio perspective (page 5), the loss ratio for active members is down from 33% last year to 16% this year. For retirees, the loss ratio is down, from 362% to 311%. Historically, the highest claim activity for PEBP is in the 3rd quarter of the plan year, and so far, the overall claim incidence is lower. 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.

Board Meeting Date: July 28, 2022

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Basic Life Insurance Claims by Plan Year and Participant Type

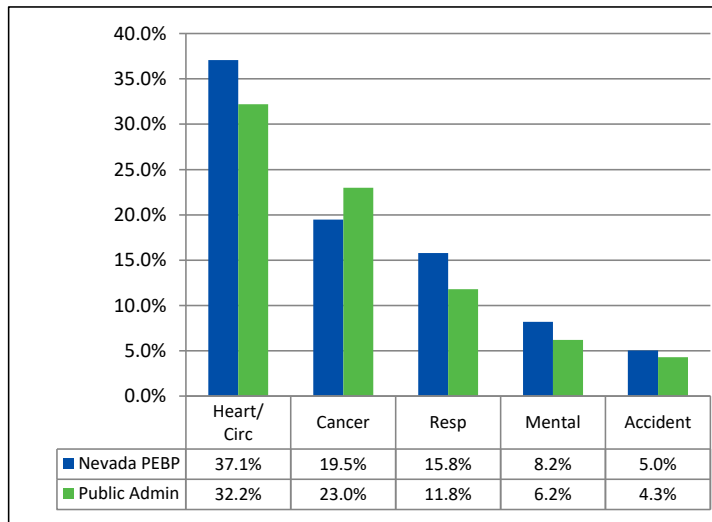
Most Recent Five Plan Years: July 01, 2017 to March 31, 2022

Participant Type	From Jul-17 Through Jun-18		From Jul-18 Through Jun-19		From Jul-19 Through Jun-20		From Jul-20 Through Jun-21		From Jul-21 Through Jun-22	
	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000
Actives	41	1.6	47	1.8	47	1.7	66	2.5	24	0.9
Retirees	295	19.5	279	17.8	298	18.9	342	21.4	133	8.3
Totals	336	8.6	326	8.1	345	8.4	408	9.5	157	3.8

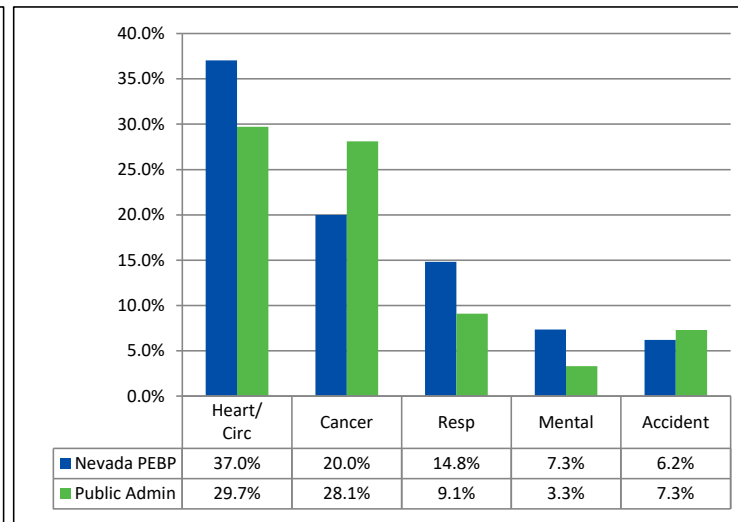
Basic Life Insurance Claims by Diagnostic Category

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

Top Five Diagnostic Categories by Incidence



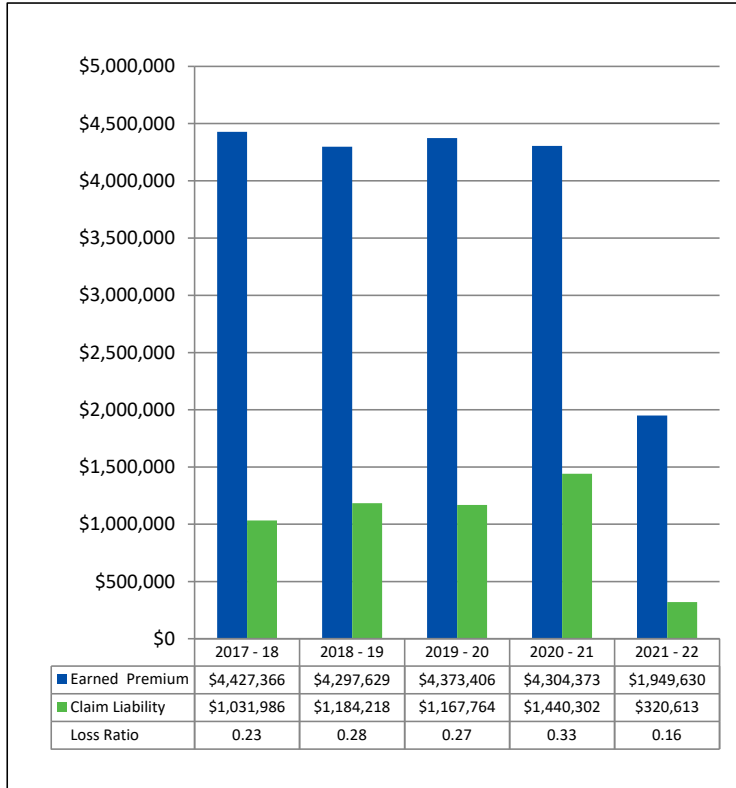
Top Five Diagnostic Categories by Liability



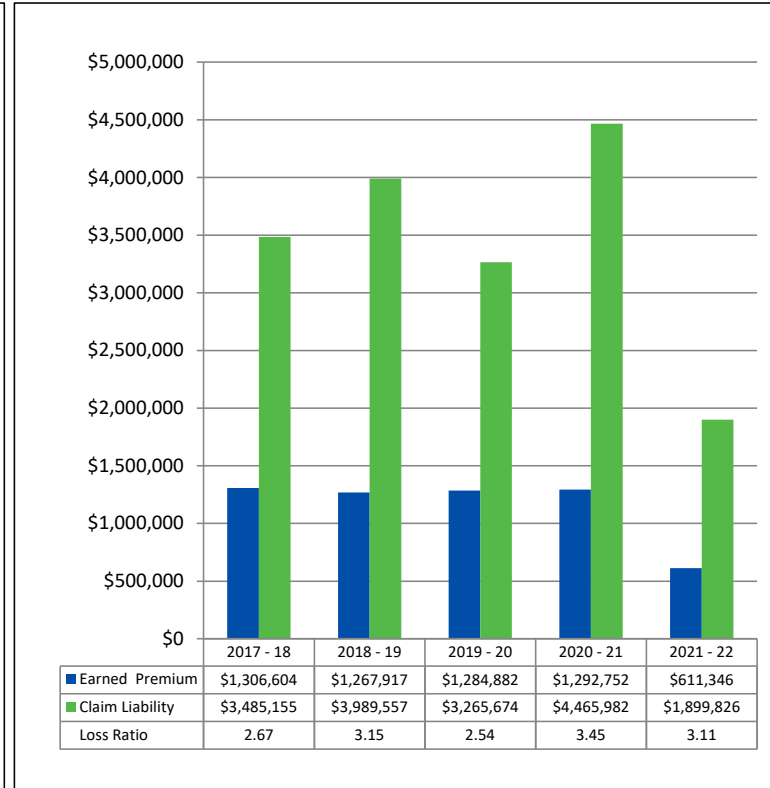
Basic Life Insurance Earned Premiums & Liability by Participant Type

Most Recent Five Plan Years: July 01, 2017 to March 31, 2022

Active Participants



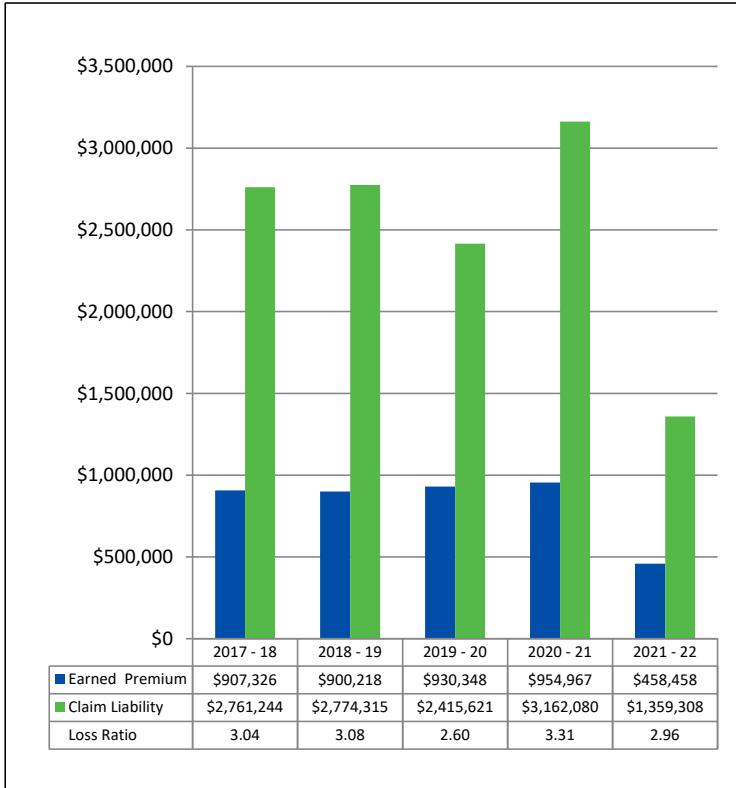
Retired Participants



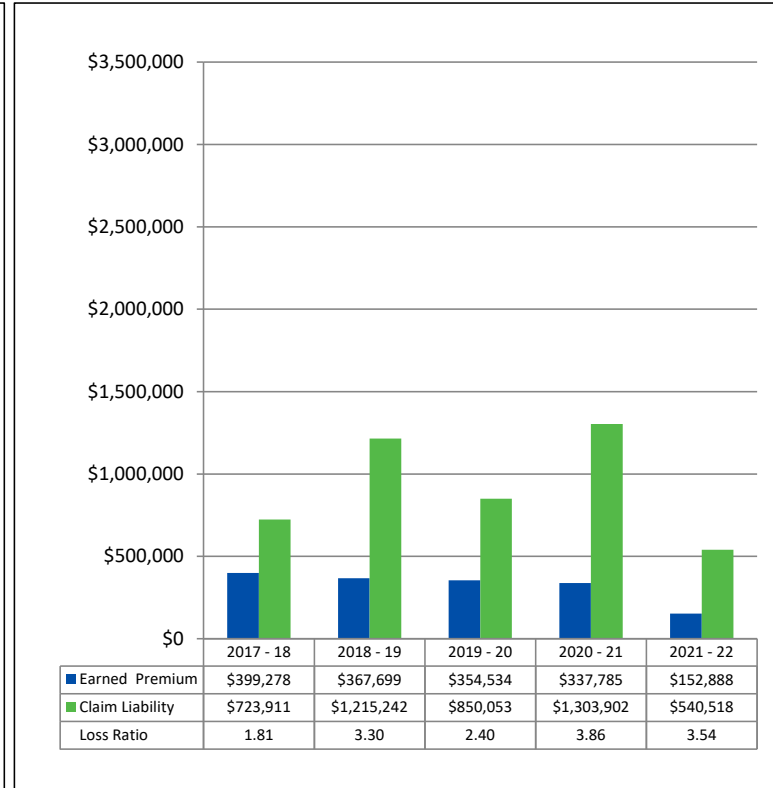
Basic Life Retiree Insurance Earned Premiums & Liability by Participant Type

Most Recent Five Plan Years: July 01, 2017 to March 31, 2022

State Retired Participants



Non-State Retired Participants



Claim Appeals

Quarterly Update for Plan Year to Date July 01, 2021 to March 31, 2022

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

Board Meeting Date: July 28, 2022

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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, 2022:

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4.3.2 HealthSCOPE Benefits – Diabetes Care Management

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4.3.4 The Standard Insurance – Basic Life Insurance

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



Public Employees Benefit Program

April 26, 2022

Quarterly Update –3rd Quarter Plan Year 2022

WTW's Individual Marketplace

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 3rd Quarter Plan Year 2022

Executive Summary

Plan Enrollment:

- At the end of FY Q3 2022, PEBP's total enrollment into Medicare policies through WTW's Individual Marketplace decreased to 11,283. Since inception, 114 carriers have been selected by PEBP's retirees with current enrollment in 1,717 different plans.
- Medicare Supplement (MS) plan selection decreased to 88% of the total population with the majority of participants selecting AARP and Anthem BCBS of Nevada as their insurer; each carrier holds plans for 6,223 and 2,075 enrollees respectively. The average monthly premium cost for MS plans remained consistent at \$146.
- The percentage of Medicare Advantage (MA or MAPD) plans selected increased to 12%. Top MA carriers include Aetna with 493 individual plan selections and AARP with 269 individual plan selections. The average monthly premium cost to PEBP participants decreased to \$12 compared to the prior quarter of \$13.

Customer Satisfaction:

- In Q3 2022, PEBP participant satisfaction with Enrollment Calls had an average satisfaction score result of 4.7 out of 5.0 based on 39 surveys returned.
- For Q3 2022, the average satisfaction score for Service Calls was 4.3 out of 5.0 based on 492 surveys returned.
- The combined average satisfaction score for Enrollment Calls and Service Calls was 4.3 out of 5.0 for Q3 2022.

Health Reimbursement Arrangement:

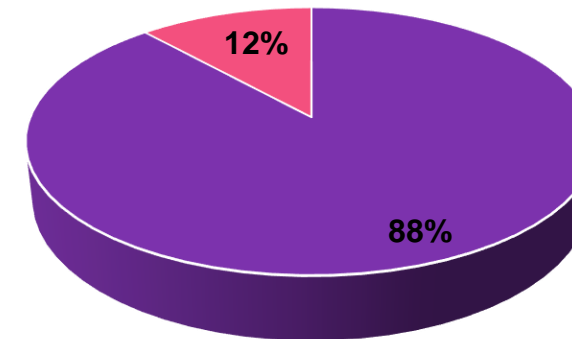
- At the end of Q3 2022 there were 13,254 Health Reimbursement Arrangement (HRA) accounts for PEBP participants.
- There were 85,427 claims processed in Q3, with 96% being submitted via Auto-Reimbursement, meaning that participants did not have to manually submit 81,744 claims for Premium Reimbursement.
- The total reimbursement amount processed for Q3 was \$8,047,314.

Summary of Retiree Decisions and Costs

Retiree Plan Selection Through 03/31/2022		Previous Qtr.
Total enrolled through individual marketplace	11,283	11,374
Number of carriers**	114	114
Number of plans**	1,717	1,708

Plan Type Selection Through 03/31/2022		Previous Qtr.
Medicare Advantage (MA, MAPD)	1,320	1,306
Medicare Supplement (MS)	9,968	10,088

Medical Enrollment



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

■ MS ■ MA

Plan Type	Number Enrolled	Average Premium
Medicare Supplement	9,968	\$146
Medicare Advantage (MA, MAPD)	1,320	\$0 / \$12
Part D drug coverage	6,592	\$23
Dental coverage	1,057	\$38
Vision coverage	2,014	\$11

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

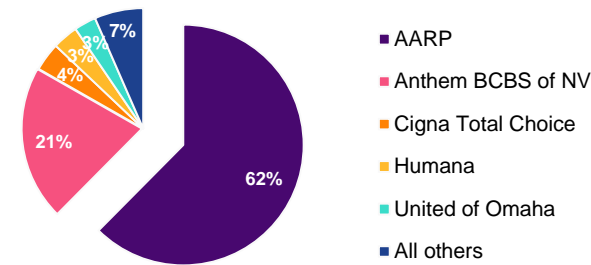
The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 3rd Quarter Plan Year 2022

Summary of Retiree Carrier Choice

Top Medicare Supplement Plans	Total
AARP	6,223
Anthem BCBS of NV	2,075
Cigna Total Choice	380
Humana	343
United of Omaha	294

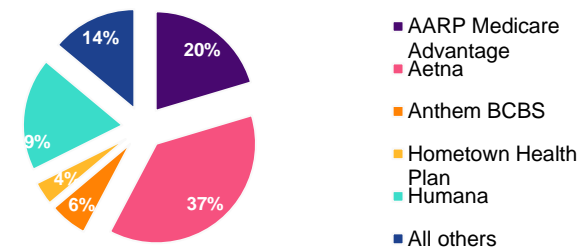
Medicare Supplement Carrier Choice



Cost Data For MS Plans	Cost
Minimum	\$22
Average	\$146
Median	\$140
Maximum	\$481

Top Medicare Advantage Plans	Total
AARP Medicare Advantage	269
Aetna	493
Anthem BCBS	81
Hometown Health Plan	50
Humana	243

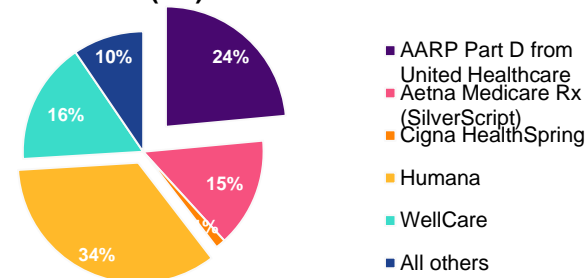
Medicare Advantage Carrier Choice



Cost Data For MA Plans	Cost
Minimum	\$0
Average	\$12
Median	\$0
Maximum	\$194

Top Medicare Part D (RX)	Total
AARP Part D from United Healthcare	1,667
Aetna Medicare Rx (SilverScript)	1,041
Cigna HealthSpring	95
Humana	2,442
WellCare	1,165

Part D (RX) Carrier Choice



Cost Data For Part D (RX)	Cost
Minimum	\$6
Average	\$23
Median	\$16
Maximum	\$127

The Public Employees Benefit Program Executive Dashboard

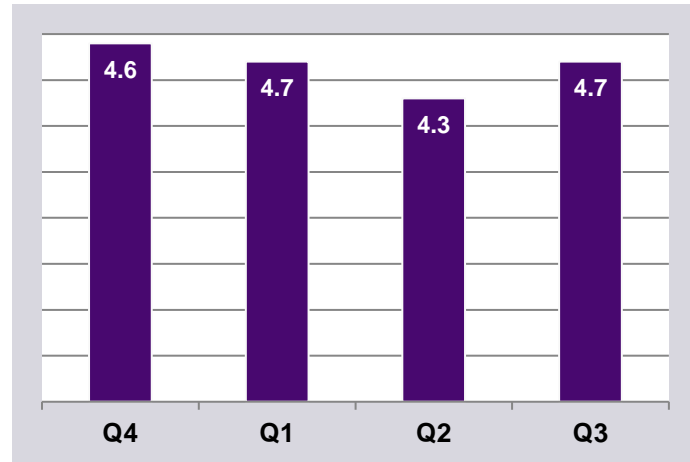
Quarterly Update – 3rd Quarter Plan Year 2022

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

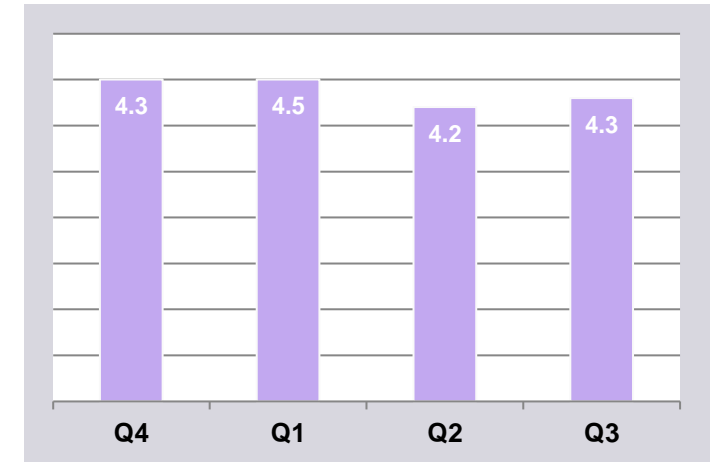
Q3 Enrollment Satisfaction

CSAT score	Count	%
5	32	82%
4	4	10%
3	2	5%
2	0	0%
1	1	3%
	39	100%



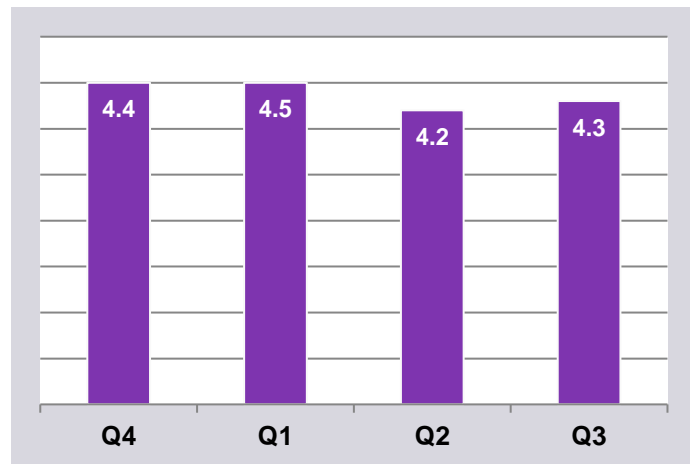
Q3 Service Satisfaction

CSAT score	Count	%
5	314	64%
4	85	17%
3	45	9%
2	15	3%
1	33	7%
	492	100%



Q3 Enrollment & Service Combined

CSAT score	Count	%
5	346	65%
4	89	17%
3	47	9%
2	15	3%
1	34	6%
	531	100%

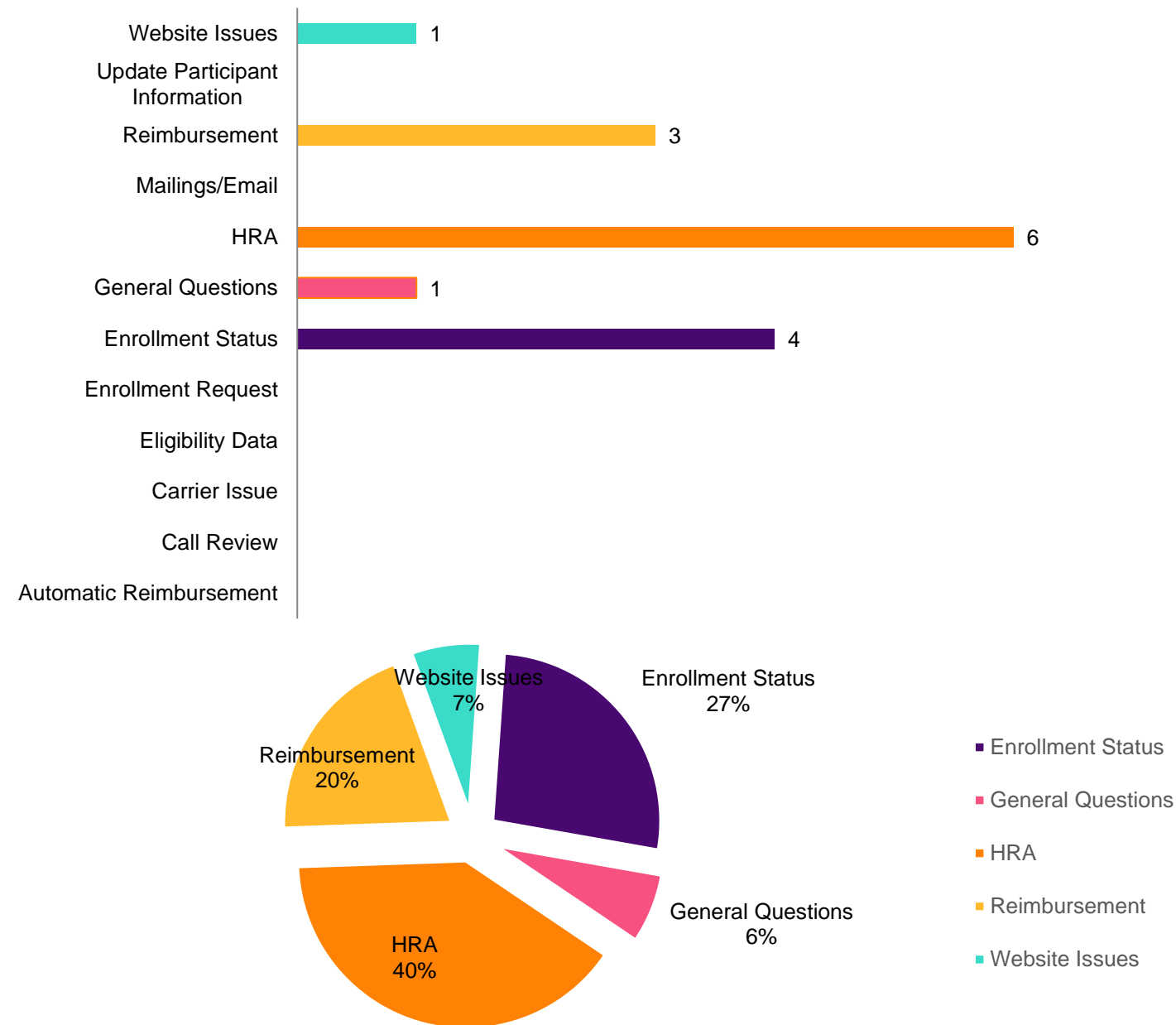


The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 3rd Quarter Plan Year 2022

Customer Service – Issues Log Resolution

Each quarter a certain number of participant inquiries are received by both PEBP and WTW that require escalation to Individual Marketplace Issues Log. Items on the Issues Log are carefully evaluated and continuously monitored by seasoned WTW staff until resolution is reached. The total number of inquiries reviewed during Q3-PY22 is 15 and are associated with the following categories:



Health Reimbursement Account (HRA)

Claim Activity for the Qtr.	Total
HRA accounts	13,254
Number of payments	48,280
Accounts with no balance	7,340
Claims paid amount	\$8,047,314

Claims By Source	Total 85,427
A/R file	81,744
Mail	15,477
Web	9,825
Mobile App	2,551

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 3rd Quarter Plan Year 2022

Performance Guarantees*

Category	Commitment	Outcome	PG MET
Claims Turnaround Time	≤ 2 days	0.49 Days	Yes
Claim Financial Accuracy	≥ 98%	99.67%	Yes
Claim Processing Payment Precision	≥ 98%	Results not Reported on Benefits Accounts	Yes
Reports	≤ 15 business days	Met	Yes
HRA Web Services	≥ 99%	99.87%	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.	4 Minutes 16 Seconds	No
Benefits Administration Customer Service Abandonment Rate Annual	≤ 5%	Annual	N/A
Customer Satisfaction	≥ 80%	90.77%	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 2022

Operations Report

Nevada PEBP Dental Premium File Delays

Historically, WTW received a monthly dental premium file for the Nevada PEBP dental plan where the premium information included in the file was loaded as claims against the participants Health Reimbursement Arrangement (HRA) and would be reimbursed to the participant accordingly. With the transition from LifeWorks to Benefitfocus for 2022, the files stopped due to issues that Benefitfocus faced with the transition. Nevada PEBP communicated the file delays to participants and encouraged them to submit manual claims for reimbursement if they needed to receive reimbursement for their dental premiums while the file issues were being resolved. With the transition of Nevada PEBPs data vendor back to Lifeworks we are hopeful that the previously used dental premium file can be quickly reestablished so WTW can start to receive the file, load claims, and reimburse participants.

Spring Retiree Meetings

WTW and Nevada PEBP held two days of retiree meetings on March 21 and 22 focusing on participants ageing into Medicare as well as those already enrolled but who may need help with their HRA. Due to the pandemic, the meetings were held virtually, and recordings of the meetings were added to the main page of our Nevada PEBP specific Website at <https://my.viabenefits.com/PEBP> for participants to reference and review. The below chart includes data on the number of members who registered for the meeting and who attended.

Meeting Date/Time	Meeting Type	Registered	Attended
March 21 - 9:30 am PT	Pre-Medicare/Ageing into Medicare	126	104
March 21 – 12:00 pm PT	HRA/Medicare Open Enrollment	77	54
March 22 – 11:30 am PT	Pre-Medicare/Ageing into Medicare	96	93
March 22 - 2:00 pm PT	HRA/Medicare Open Enrollment	74	45

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 3rd Quarter Plan Year 2022

Operations Report

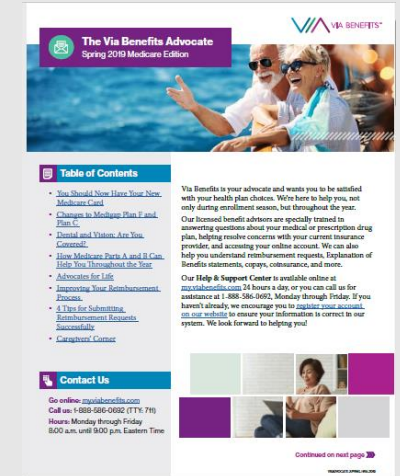
Communications:

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

- Spring Newsletter
 - The newsletters that WTW sends to participant is being renamed The Groove. The spring version of the newsletter is sent to participants via email will be sent starting in mid-May. The intent of this communication is to educate participants on Medicare.

HRA Available Balance Cap of \$8,000:

Effective May 31, 2022, we will process the annual \$8,000 HRA Available Balance Cap reduction on accounts with a balance of more than \$8,000. Nevada PEBP sent communications related to this Cap in late March to participants with balances of \$7,000 or greater as they are expected to be the ones who will potentially be impacted by the Cap this year. The goal of the communication was to remind participants to submit claims against their balance to reduce it below the \$8,000 threshold so they do not lose any of their HRA balance. Once funds are removed because they are over the \$8,000 cap, they cannot be added back.



4.3.6

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

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4.3.6 AETNA Signature Administrators – PPO Network

ASA Performance Guarantee Summary

HealthSCOPE-State of Nevada

	Frequency	Standard	January	February	March	Q1
Reporting by Aetna						
Repricing Accuracy	Quarterly	97%		----		100%
Timely Claims Repricing within 3 Days	Quarterly	97%		----		98%
Timely Claims Repricing within 5 Days	Quarterly	99%		----		99%

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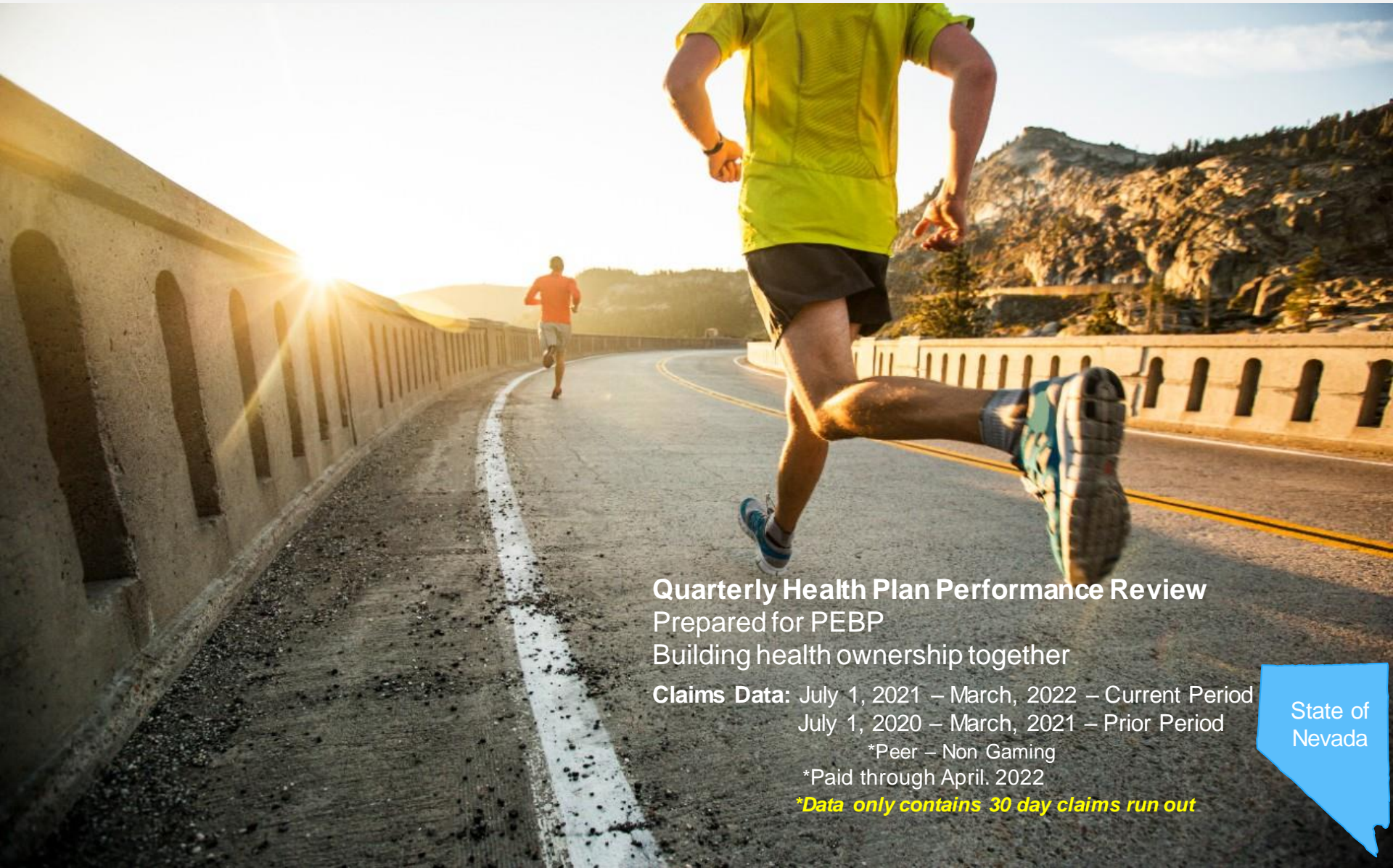
4.3.7

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- 4.3.3 American Health Holdings – Utilization and Large Case Management
- 4.3.4 The Standard Insurance – Basic Life Insurance
- 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report
- 4.3.6 Hometown Health Providers and Sierra Healthcare Options – PPO Network
- 4.3.7 **HealthPlan of Nevada, Inc. – Southern Nevada HMO**

Power Of Partnership.



Quarterly Health Plan Performance Review
Prepared for PEBP
Building health ownership together

Claims Data: July 1, 2021 – March, 2022 – Current Period
July 1, 2020 – March, 2021 – Prior Period

*Peer – Non Gaming

*Paid through April, 2022

****Data only contains 30 day claims run out***

State of
Nevada



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
- ✓ 2 ambulatory surgery centers
- ✓ 55,000 sq ft state-of-the-art cancer center
- ✓ Saturday appointments with primary care

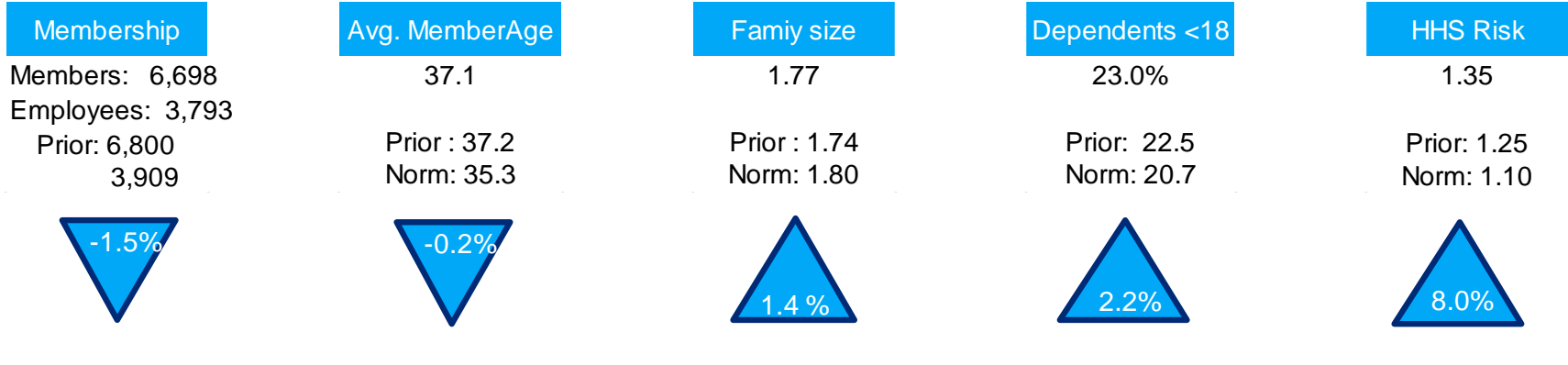
Enhancements Made for Your Members

- ✓ Provided COVID-19 testing and vaccinations at multiple locations throughout the Las Vegas area, including drive through locations.
- ✓ Introduced the **Tummy2Toddler pregnancy support app** helping mothers stay healthy during every step of pregnancy and early childhood.
- ✓ NowClinic and Walgreens now offering same-day medication delivery
- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits

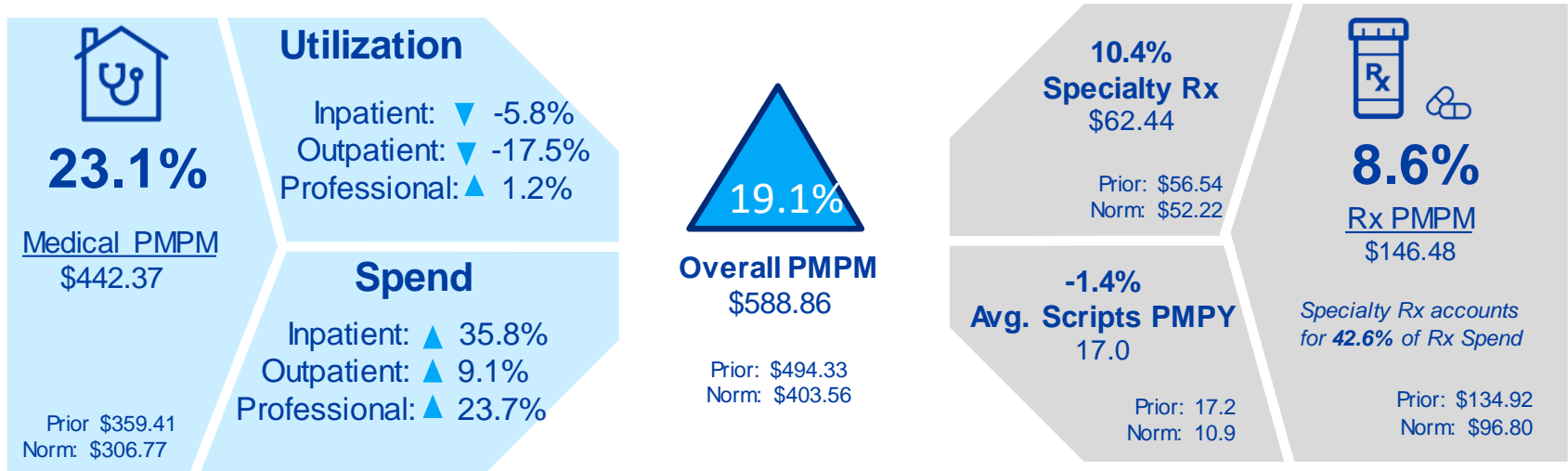
Demographic and Financial Overview



Demographics



Medical and Rx Spend





Medical and Rx Plan Experience
What Happened

Highlights of Utilization



Key Metrics			
Utilization Metric	Prior	Current	Δ
Physician Office Vists PMPY	2.8	2.5	-9.9%
Specialist Office Vists PMPY	4.8	5.1	5.8%
ER Visits per K	77.3	77.6	0.4%
UC Visits per K	425.6	569.8	33.9%
On Demand	553.7	418.7	-24.4%
OutPatient Surgery			
ASC	91.6	89.3	-2.5%
Facility	31.8	26.7	-16.0%
Inpatient Utilization			
Admissions Per K	47.5	49.0	3.0%
Bed Days Per K	268.1	358.6	33.7%
Average Length of Stay	5.6	7.3	29.8%

**Not representative of all Utilization*

Highlights

- PCP Visits decreased in the current period, down -9.9%
- Specialist Office visits increased 5.8%
- ER utilization remained relatively flat
 - Average paid per visit decreased -19.3%, due to less emergent cases
- Urgent Care Utilization increased 33.9%
- Outpatient surgeries had decreases at both ASC and OP Facility settings
 - Procedures in ASC settings are more than double than those at OP setting
- On Demand utilization dropped -24.4%. Consistent with our book of business. More people heading to physician offices.
- IP Admits increased 3.0% from the prior period
- Overall IP spend jumped 35.8%
 - Average length of stay went from an average of 5.6 to 7.3 days per stay
Average length of stay increased 29.8%
 - Acute stays increased 22.8% and
 - 2 Less NICU visits in the current period, but more complicated cases. 1 NICU approx. 106 days and other NICU approx. 98 days.

Pharmacy Data

	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,800	6,698	-1.5%		
Average Prescriptions PMPY	17.2	17.0	-1.4%	10.9	55.4%
Formulary Rate	92.0%	89.0%	-3.2%	86.9%	2.4%
Generic Use Rate	85.6%	83.0%	-3.1%	82.3%	0.9%
Generic Substitution Rate	97.2%	98.1%	0.9%	98.0%	0.2%
Employee Cost Share PMPM	\$22.48	\$27.70	23.2%	\$14.13	96.1%
Avg Net Paid per Prescription	\$93.88	\$103.41	10.2%	\$106.19	-2.6%
Net Paid PMPM	\$134.92	\$146.48	8.6%	\$96.80	51.3%

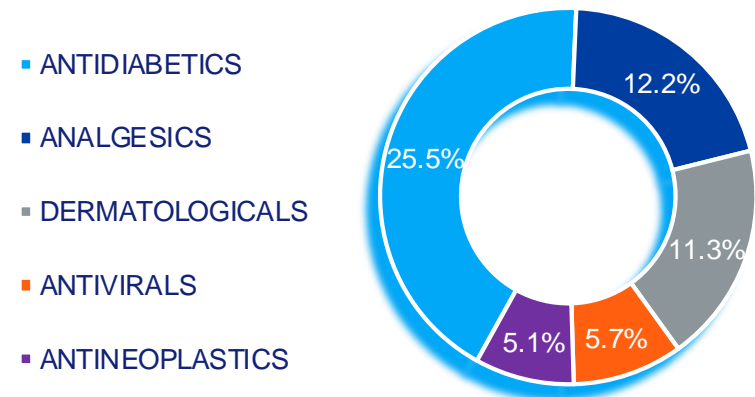
Paid Benefit by Type



Pharmacy Spend is up 8.6% (\$11.56 PMPM)

- Average net paid per script increased 10.2% (up \$9.54 PMPM from prior period)
- Consistent with market trends; diabetic compliance is on the rise Antidiabetic Rx Spend increased 4.9%
- Specialty Rx Spend increased 10.4%
Specialty Rx Drivers:
*Jardiance (Antidiabetics, spend up 24.1%)
*Humira Pen (Analgesics, spend down -3.6%)
*Ozempic (Antidiabetics, spend up 52.4%)
- Avg. Prescriptions PMPY decreased -1.4%

Top 5 Therapeutic Classes by Spend

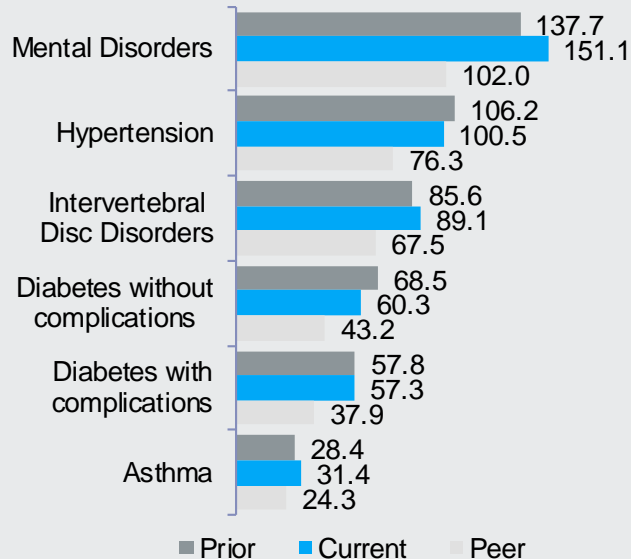




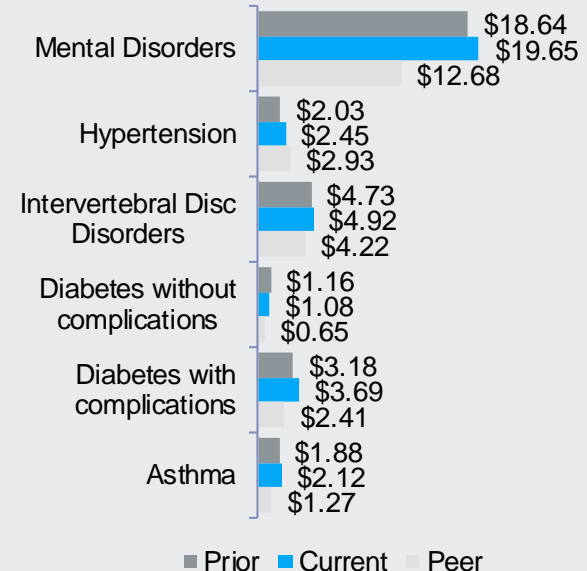
Condition Prevalence
Clinical Drivers

Clinical Conditions and Diagnosis

Top Common Conditions by Prevalence



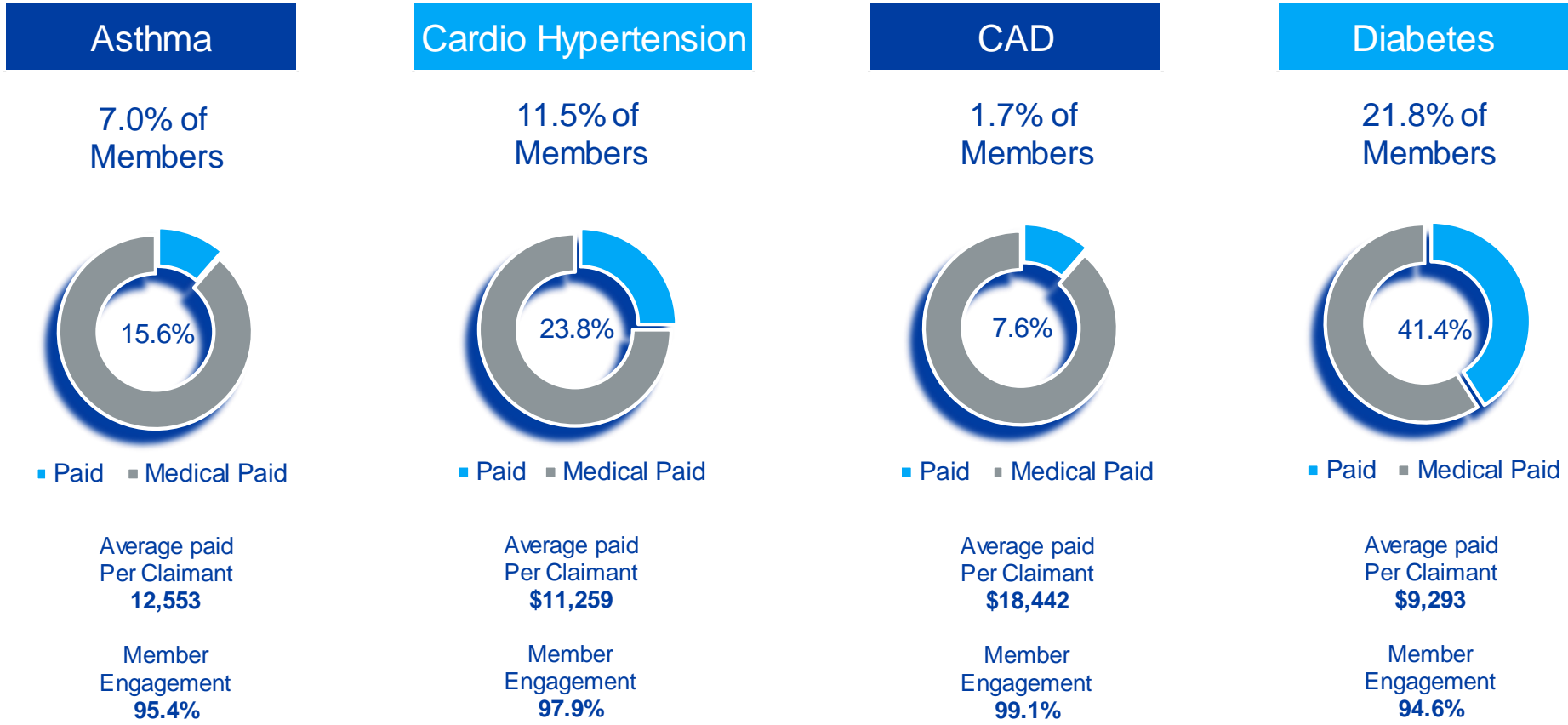
Common Conditions by PMPM



- Chronic illnesses continue to drive the top common conditions
- Mental Disorders, Hypertension and Intervertebral Disc Disorders are the most prevalent clinical conditions within this population for this period
- Mental Disorder prevalence increased 9.8% and had an increased in overall spend increased 5.4% (up, \$1.01 PMPM) from prior period
 - Spend on Mood disorders increased 79.9%, up \$2.12 PMPM from prior period
 - Autism spend accounts for 43.6% of Mental Disorder spend. Autism/ABA Therapy spend down -5.0% in the current period

Chronic Condition Cost Drivers

88.0% Of Medical spend driven by members with these 4 Chronic Conditions. Average Engagement 97.0%

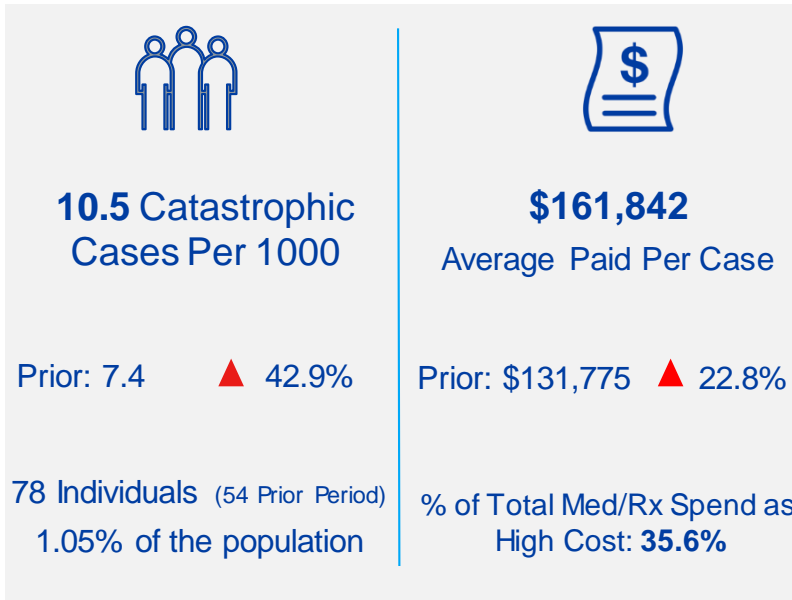


*Data obtained for this slide is for Eval period May-2021 thru April-2022

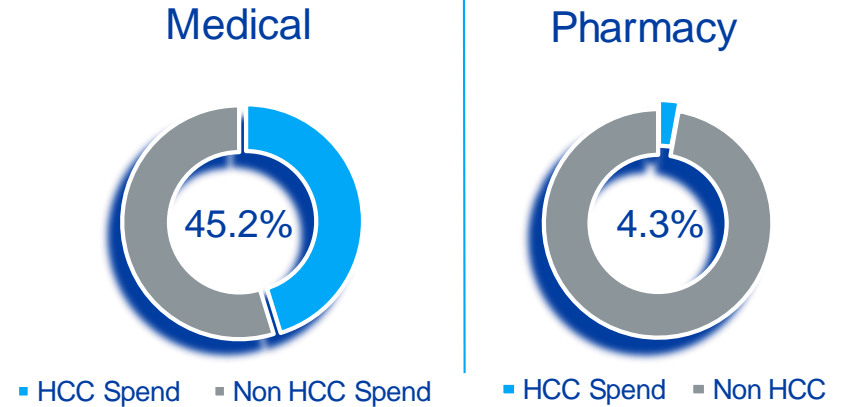


Catastrophic Cases
High Cost Claimants

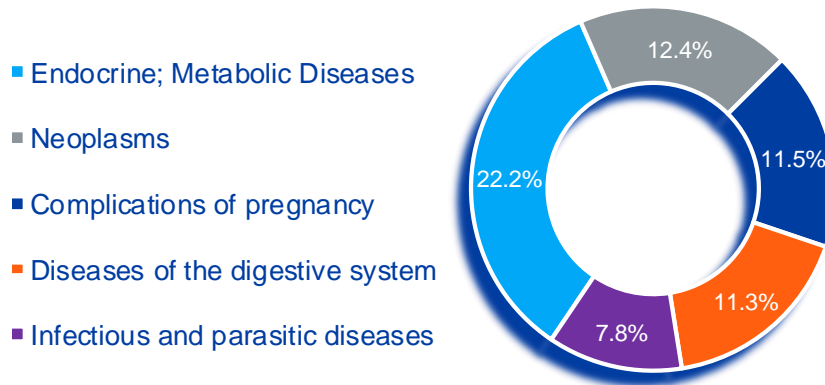
Catastrophic Cases Summary (>\$50k)



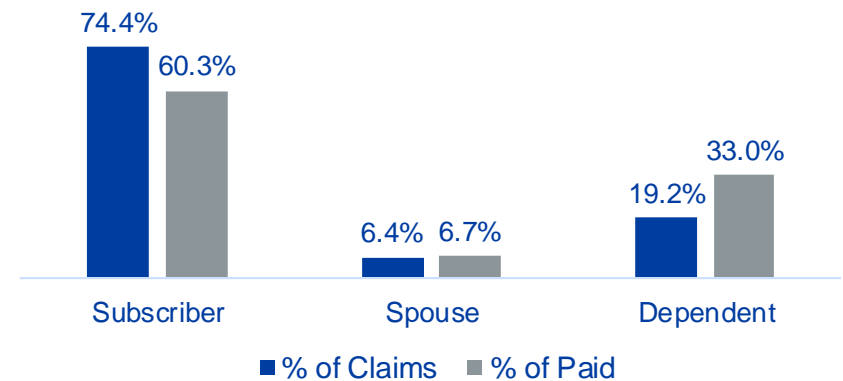
% Paid Attributed to Catastrophic Cases



Top 5 AHRQ Chapter Description by Paid



Claims and Spend by Relationship



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, 2022:

- 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 Insurance
- 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report
- 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 January 2022 through June 2022**

Engagement Summary

Engagement Metric
% Registered
% Unique Engagement (Visitors / Lives)
% Overall Engagement (Visits / Lives)

As % Of Employee Population: 29,930		
2022-01	YTD Annualized	LTD
0.5%	5.5%	34.3%
0.8%	10.1%	14.7%
1.1%	12.7%	38.8%

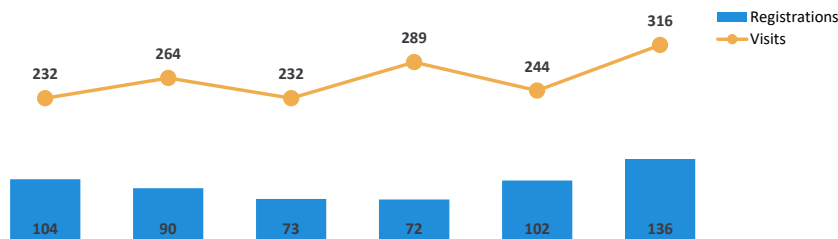
As % Of Total Population: 51,831		
2022-01	YTD Annualized	LTD
0.3%	3.1%	19.8%
0.5%	5.9%	8.5%
0.6%	7.3%	22.4%

Year To Date Activity

Registration Summary	YTD
# Registered	136

Visit Summary	YTD
# Unique Visitors	253
# Visits	316

Monthly Activity Last Six Months



Registration Summary	Prior	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	LTD
# Registered	9,693	104	90	73	72	102	136	10,270

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

Visit Summary	Prior	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	LTD	
# Unique Visitors	3,976	196	196	187	231	209	253	4,401	
# Visits	10,043	232	264	232	289	244	316	11,620	
Visit Frequency	% 1 Visit	52.3%	84.2%	78.1%	84.0%	83.1%	88.5%	83.0%	51.3%
	% 2 Visits	19.3%	14.3%	13.8%	10.2%	10.8%	8.1%	11.9%	18.9%
	% 3+ Visits	28.4%	1.5%	8.2%	5.9%	6.1%	3.3%	5.1%	29.9%

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.

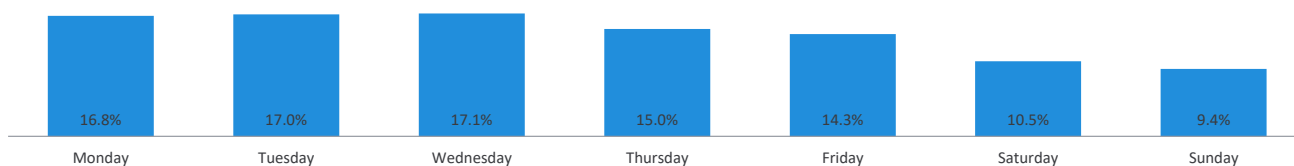
Visit Type Summary	Prior	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	LTD	
Medical	7,973	190	190	179	246	196	254	9,228	
Mental Health	Therapy	1,070	22	49	36	29	28	37	1,271
	Psychiatry	1,000	20	25	17	14	20	25	1,121

Benefit Summary	Prior	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	LTD
# Visits With Benefit Applied	9,782	228	260	227	283	241	312	11,333
# Visits Without Benefit Applied	261	4	4	5	6	3	4	287

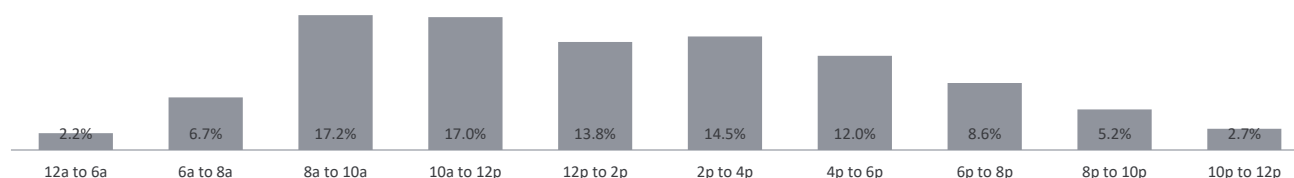
Note: Benefit not applied on visits by ineligible members, visits by members not properly associated to organization / insurance, or on visits where a discount has been applied

Six Month Trends: Visit Time And Demographics

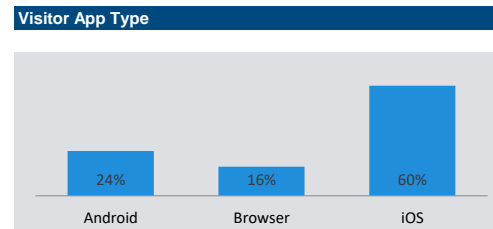
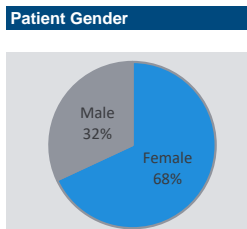
Day Of Week



Hour Of Day



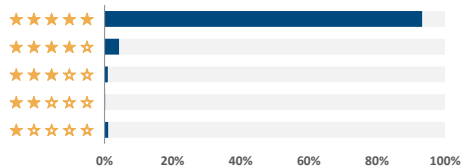
Patient Age	Percentage
0 to 17 (Custodial)	10%
18 to 29	18%
30 to 49	48%
50 and over	24%



Historical Visit Experience

8,197 Visit Ratings (1-5 Stars):

Average: **4.9**
Stars:



Avg Connection Time (On Demand Visits Only): **11.0 Minutes**

Historical Post Visit Survey Results

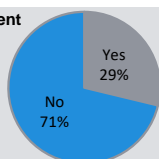
Without Doctor On Demand, where would you have gone to get this issue treated?

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

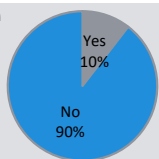
Response	# Responses	% Responses
Emergency Room	161	4%
Urgent Care	2,164	49%
Doctor's Office	1,196	27%
Stayed Home	640	15%
Other	247	6%

Six Month Trends: Visit Initiation

Initiated By Appointment
(Medical Visits Only)

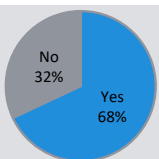


Initiated By Custodian

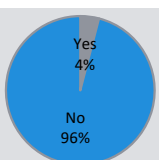


Six Month Trends: Visit Result

Resulted In Rx



Resulted In Lab Order



Historical Top 15 Symptoms

Symptom	# Symptoms	% of All Sym
General Symptoms: Fatigue / weakness	2,458	6%
Head / Neck: Headache	2,416	6%
Chest: Cough	2,366	6%
Head / Neck: Sore throat	2,147	5%
General Symptoms: Difficulty sleeping	2,049	5%
Head / Neck: Congestion / sinus problem	1,863	4%
Head / Neck: Nasal discharge	1,683	4%
General Symptoms: Fever	1,273	3%
General Symptoms: Loss of appetite	1,145	3%
Genitourinary: Discomfort / burning with urination	1,113	3%
Genitourinary: Frequent urination	1,094	3%
Head / Neck: Congestion/sinus problem	989	2%
Head / Neck: Ear pain	778	2%
Head / Neck: Difficulty / pain swallowing	732	2%
Chest: Shortness of breath	724	2%

Historical Top 15 ICD10 Codes

ICD10 Code And Description	# ICD10s	% of All ICD10
N390 - Urinary tract infection, site not specified	1,049	7%
J0190 - Acute sinusitis, unspecified	697	5%
J069 - Acute upper respiratory infection, unspecified	648	5%
F411 - Generalized anxiety disorder	446	3%
J029 - Acute pharyngitis, unspecified	419	3%
Z760 - Encounter for issue of repeat prescription	355	3%
R05 - Cough	337	2%
J209 - Acute bronchitis, unspecified	285	2%
F4323 - Adjustment disorder with mixed anxiety and depressed mood	275	2%
F419 - Anxiety disorder, unspecified	270	2%
J0180 - Other acute sinusitis	214	2%
F331 - Major depressive disorder, recurrent, moderate	202	1%
F339 - Major depressive disorder, recurrent, unspecified	180	1%
U071 - COVID-19	170	1%
Z630 - Problems in relationship with spouse or partner	154	1%

Historical Top 15 Rx

Rx Name	# Rx	% of All Rx
nitrofurantoin	755	7%
predniSONE	755	7%
benzonatate	747	6%
amoxicillin-clavulanate	711	6%
albuterol	689	6%
fluticasone nasal	308	3%
fluconazole	299	3%
sulfamethoxazole-trimethoprim	288	3%
azithromycin	259	2%
FLUoxetine	256	2%
amoxicillin	244	2%
methyIPREDNISolone	242	2%
doxycycline	235	2%
sertraline	224	2%
escitalopram	222	2%

Historical Top 15 Lab Orders

Lab Name	# Lab Orders	% of All Orders
TSH with Reflex to Free T4	121	9%
Comprehensive Metabolic Panel	120	9%
CBC+diff	94	7%
Urinalysis, Complete with Reflex	93	7%
Lipid Panel	85	7%
Urine Culture, Routine	81	6%
Hemoglobin A1c	79	6%
Vitamin D	61	5%
Chlamydia/GC, Urine	45	4%
Urinalysis, Complete	44	3%
B12/Folate	34	3%
Basic Metabolic Panel	27	2%
RPR w/ Reflex	23	2%
Stool O&P	19	2%
Stool Culture	18	1%

Engagement Summary

Engagement Metric
% Registered
% Unique Engagement (Visitors / Lives)
% Overall Engagement (Visits / Lives)

As % Of Employee Population: 29,930		
2022-02	YTD Annualized	LTD
0.3%	4.5%	34.6%
0.6%	8.0%	14.9%
0.7%	10.6%	39.5%

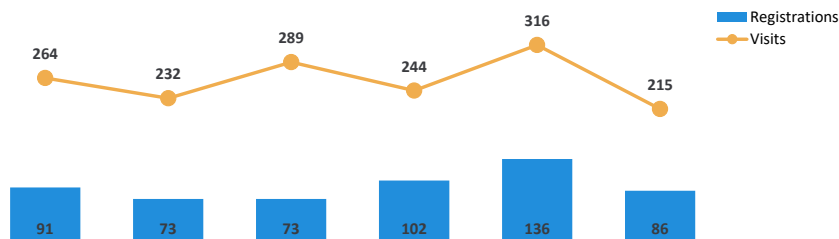
As % Of Total Population: 51,831		
2022-02	YTD Annualized	LTD
0.2%	2.6%	20.0%
0.4%	4.6%	8.6%
0.4%	6.1%	22.8%

Year To Date Activity

Registration Summary	YTD
# Registered	222

Visit Summary	YTD
# Unique Visitors	398
# Visits	531

Monthly Activity Last Six Months



Registration Summary	Prior	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	LTD
# Registered	9,793	91	73	73	102	136	86	10,354

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

Visit Summary	Prior	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	LTD	
# Unique Visitors	4,044	196	187	231	209	253	187	4,457	
# Visits	10,275	264	232	289	244	316	215	11,835	
Visit Frequency	% 1 Visit	51.9%	78.1%	84.0%	83.1%	88.5%	83.0%	87.2%	51.1%
	% 2 Visits	19.5%	13.8%	10.2%	10.8%	8.1%	11.9%	10.7%	18.9%
	% 3+ Visits	28.6%	8.2%	5.9%	6.1%	3.3%	5.1%	2.1%	30.0%

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.

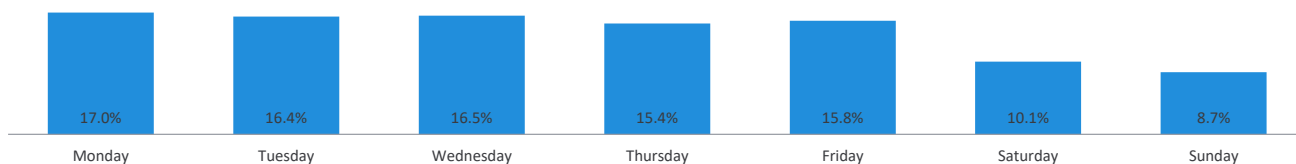
Visit Type Summary	Prior	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	LTD
Medical	8,163	190	179	246	196	254	172	9,400
Mental Health	Therapy	1,092	49	36	29	28	37	1,301
	Psychiatry	1,020	25	17	14	20	25	1,134

Benefit Summary	Prior	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	LTD
# Visits With Benefit Applied	10,010	260	227	283	241	312	204	11,537
# Visits Without Benefit Applied	265	4	5	6	3	4	11	298

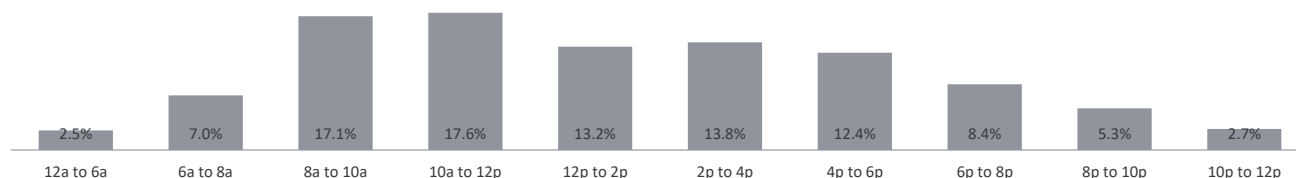
Note: Benefit not applied on visits by ineligible members, visits by members not properly associated to organization / insurance, or on visits where a discount has been applied

Six Month Trends: Visit Time And Demographics

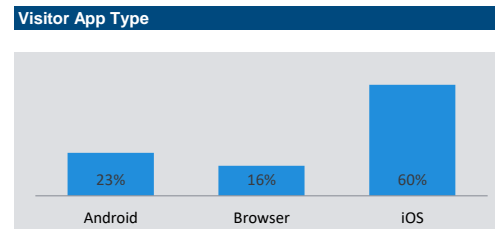
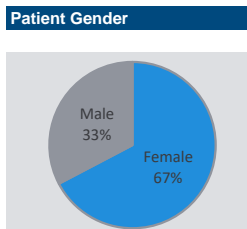
Day Of Week



Hour Of Day



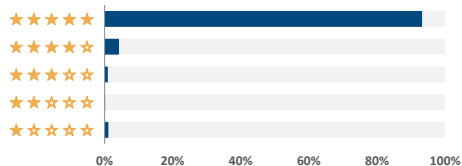
Patient Age	Percentage
0 to 17 (Custodial)	11%
18 to 29	18%
30 to 49	49%
50 and over	23%



Historical Visit Experience

8,342 Visit Ratings (1-5 Stars):

Average: **4.9**
Stars:



Avg Connection Time (On Demand Visits Only): **10.9 Minutes**

Historical Post Visit Survey Results

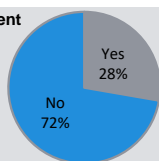
Without Doctor On Demand, where would you have gone to get this issue treated?

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

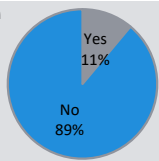
Response	# Responses	% Responses
Emergency Room	162	4%
Urgent Care	2,189	49%
Doctor's Office	1,219	27%
Stayed Home	656	15%
Other	254	6%

Six Month Trends: Visit Initiation

Initiated By Appointment
(Medical Visits Only)

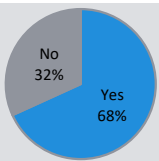


Initiated By Custodian

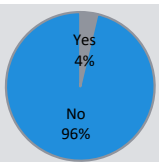


Six Month Trends: Visit Result

Resulted In Rx



Resulted In Lab Order



Historical Top 15 Symptoms

Symptom	# Symptoms	% of All Sym
General Symptoms: Fatigue / weakness	2,487	6%
Head / Neck: Headache	2,458	6%
Chest: Cough	2,399	6%
Head / Neck: Sore throat	2,185	5%
General Symptoms: Difficulty sleeping	2,080	5%
Head / Neck: Congestion / sinus problem	1,918	5%
Head / Neck: Nasal discharge	1,712	4%
General Symptoms: Fever	1,291	3%
General Symptoms: Loss of appetite	1,159	3%
Genitourinary: Discomfort / burning with urination	1,130	3%
Genitourinary: Frequent urination	1,111	3%
Head / Neck: Congestion/sinus problem	989	2%
Head / Neck: Ear pain	792	2%
Head / Neck: Difficulty / pain swallowing	756	2%
Chest: Shortness of breath	733	2%

Historical Top 15 ICD10 Codes

ICD10 Code And Description	# ICD10s	% of All ICD10
N390 - Urinary tract infection, site not specified	1,067	7%
J0190 - Acute sinusitis, unspecified	713	5%
J069 - Acute upper respiratory infection, unspecified	655	5%
F411 - Generalized anxiety disorder	460	3%
J029 - Acute pharyngitis, unspecified	429	3%
Z760 - Encounter for issue of repeat prescription	371	3%
R05 - Cough	337	2%
J209 - Acute bronchitis, unspecified	292	2%
F4323 - Adjustment disorder with mixed anxiety and depressed mood	280	2%
F419 - Anxiety disorder, unspecified	277	2%
J0180 - Other acute sinusitis	218	2%
F331 - Major depressive disorder, recurrent, moderate	209	1%
F339 - Major depressive disorder, recurrent, unspecified	183	1%
U071 - COVID-19	177	1%
Z630 - Problems in relationship with spouse or partner	155	1%

Historical Top 15 Rx

Rx Name	# Rx	% of All Rx
predniSONE	770	7%
nitrofurantoin	768	7%
benzonatate	767	7%
amoxicillin-clavulanate	727	6%
albuterol	708	6%
fluticasone nasal	313	3%
fluconazole	303	3%
sulfamethoxazole-trimethoprim	293	3%
FLUoxetine	262	2%
azithromycin	260	2%
amoxicillin	245	2%
methyIPREDNISolone	245	2%
doxycycline	240	2%
sertraline	230	2%
escitalopram	227	2%

Historical Top 15 Lab Orders

Lab Name	# Lab Orders	% of All Orders
Comprehensive Metabolic Panel	124	9%
TSH with Reflex to Free T4	123	9%
CBC+diff	97	7%
Urinalysis, Complete with Reflex	94	7%
Lipid Panel	89	7%
Urine Culture, Routine	81	6%
Hemoglobin A1c	79	6%
Vitamin D	62	5%
Chlamydia/GC, Urine	45	3%
Urinalysis, Complete	44	3%
B12/Folate	34	3%
Basic Metabolic Panel	27	2%
RPR w/ Reflex	23	2%
Stool O&P	19	1%
Stool Culture	18	1%

Engagement Summary

Engagement Metric
% Registered
% Unique Engagement (Visitors / Lives)
% Overall Engagement (Visits / Lives)

As % Of Employee Population: 29,930		
2022-03	YTD Annualized	LTD
0.4%	4.4%	35.0%
0.9%	8.0%	15.2%
1.0%	11.1%	40.6%

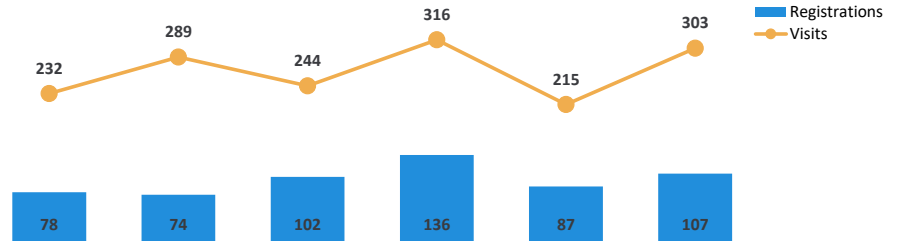
As % Of Total Population: 51,831		
2022-03	YTD Annualized	LTD
0.2%	2.5%	20.2%
0.5%	4.6%	8.8%
0.6%	6.4%	23.4%

Year To Date Activity

Registration Summary	YTD
# Registered	330

Visit Summary	YTD
# Unique Visitors	597
# Visits	834

Monthly Activity Last Six Months



Registration Summary	Prior	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	LTD
# Registered	9,887	78	74	102	136	87	107	10,471

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

Visit Summary	Prior	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	LTD
# Unique Visitors	4,110	187	231	209	253	187	255	4,547
# Visits	10,539	232	289	244	316	215	303	12,138
Visit Frequency	% 1 Visit	52.0%	84.0%	83.1%	88.5%	83.0%	87.2%	51.0%
	% 2 Visits	18.9%	10.2%	10.8%	8.1%	11.9%	10.7%	18.6%
	% 3+ Visits	29.1%	5.9%	6.1%	3.3%	5.1%	2.1%	30.4%

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.

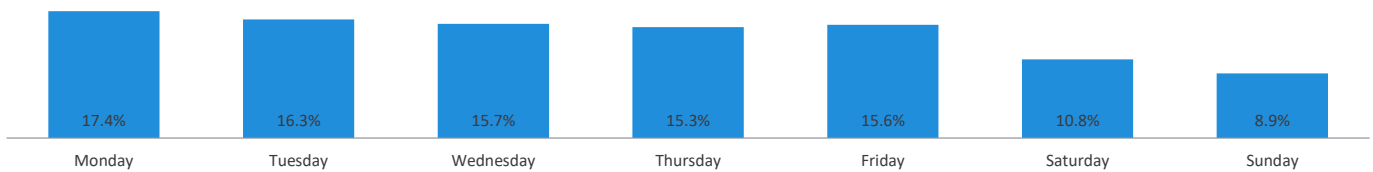
Visit Type Summary	Prior	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	LTD
Medical	8,353	179	246	196	254	172	244	9,644
Mental Health	Therapy	1,141	36	29	28	37	30	1,337
	Psychiatry	1,045	17	14	20	25	13	1,157

Benefit Summary	Prior	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	LTD
# Visits With Benefit Applied	10,270	227	283	241	312	204	299	11,836
# Visits Without Benefit Applied	269	5	6	3	4	11	4	302

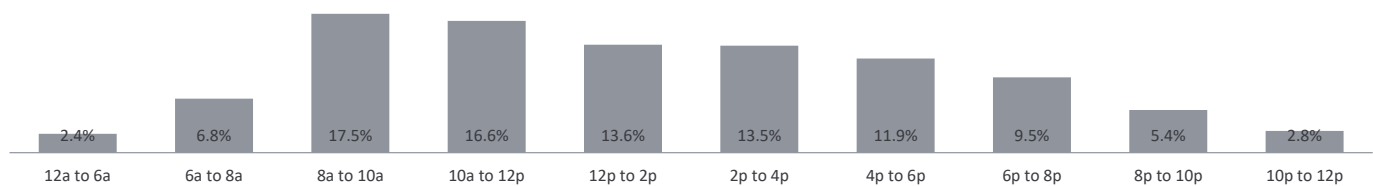
Note: Benefit not applied on visits by ineligible members, visits by members not properly associated to organization / insurance, or on visits where a discount has been applied

Six Month Trends: Visit Time And Demographics

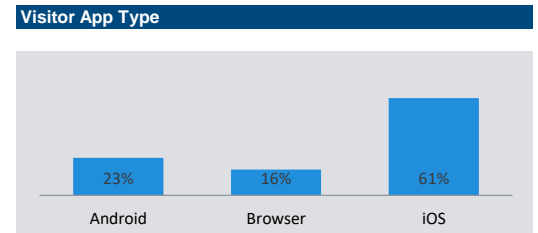
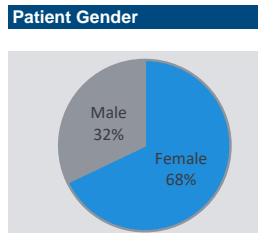
Day Of Week



Hour Of Day



Patient Age	Percentage
0 to 17 (Custodial)	11%
18 to 29	17%
30 to 49	50%
50 and over	22%

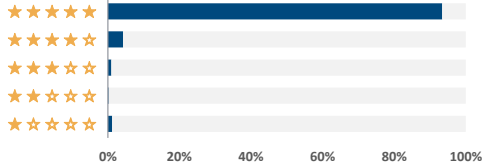


Historical Visit Experience

8,560 Visit Ratings (1-5 Stars):

Average: **4.9**

Stars:



Avg Connection Time (On Demand Visits Only): **10.8 Minutes**

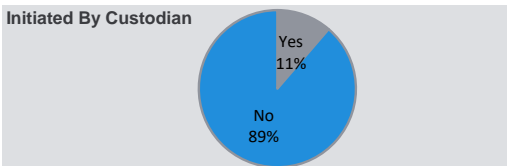
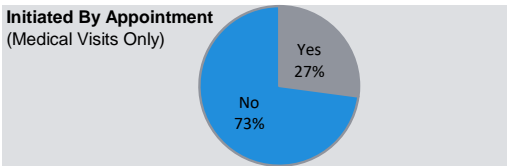
Historical Post Visit Survey Results

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

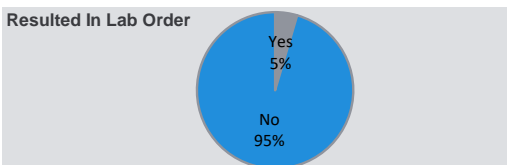
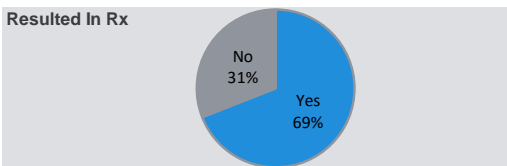
Note: Survey presented only when no other post visit action was required

Response	# Responses	% Responses
Emergency Room	166	4%
Urgent Care	2,231	49%
Doctor's Office	1,242	27%
Stayed Home	675	15%
Other	268	6%

Six Month Trends: Visit Initiation



Six Month Trends: Visit Result



Historical Top 15 Symptoms

Symptom	# Symptoms	% of All Sym
General Symptoms: Fatigue / weakness	2,544	6%
Head / Neck: Headache	2,515	6%
Chest: Cough	2,447	6%
Head / Neck: Sore throat	2,228	5%
General Symptoms: Difficulty sleeping	2,130	5%
Head / Neck: Congestion / sinus problem	1,998	5%
Head / Neck: Nasal discharge	1,754	4%
General Symptoms: Fever	1,316	3%
General Symptoms: Loss of appetite	1,180	3%
Genitourinary: Discomfort / burning with urination	1,163	3%
Genitourinary: Frequent urination	1,140	3%
Head / Neck: Congestion/sinus problem	989	2%
Head / Neck: Ear pain	825	2%
Head / Neck: Difficulty / pain swallowing	778	2%
Skin: Skin rashes / bumps	750	2%

Historical Top 15 ICD10 Codes

ICD10 Code And Description	# ICD10s	% of All ICD10
N390 - Urinary tract infection, site not specified	1,095	7%
J0190 - Acute sinusitis, unspecified	734	5%
J069 - Acute upper respiratory infection, unspecified	665	5%
F411 - Generalized anxiety disorder	471	3%
J029 - Acute pharyngitis, unspecified	440	3%
Z760 - Encounter for issue of repeat prescription	382	3%
R05 - Cough	337	2%
J209 - Acute bronchitis, unspecified	299	2%
F419 - Anxiety disorder, unspecified	289	2%
F4323 - Adjustment disorder with mixed anxiety and depressed mood	288	2%
J0180 - Other acute sinusitis	223	2%
F331 - Major depressive disorder, recurrent, moderate	218	2%
F339 - Major depressive disorder, recurrent, unspecified	185	1%
U071 - COVID-19	180	1%
Z630 - Problems in relationship with spouse or partner	157	1%

Historical Top 15 Rx

Rx Name	# Rx	% of All Rx
predniSONE	793	7%
benzonatate	784	7%
nitrofurantoin	784	7%
amoxicillin-clavulanate	740	6%
albuterol	719	6%
fluticasone nasal	327	3%
fluconazole	314	3%
sulfamethoxazole-trimethoprim	301	3%
FLUoxetine	263	2%
azithromycin	261	2%
amoxicillin	251	2%
methylPREDNISolone	250	2%
doxycycline	247	2%
sertraline	234	2%
escitalopram	229	2%

Historical Top 15 Lab Orders

Lab Name	# Lab Orders	% of All Orders
Comprehensive Metabolic Panel	132	9%
TSH with Reflex to Free T4	127	9%
CBC+diff	102	7%
Urinalysis, Complete with Reflex	100	7%
Lipid Panel	94	7%
Hemoglobin A1c	85	6%
Urine Culture, Routine	85	6%
Vitamin D	63	5%
Chlamydia/GC, Urine	49	4%
Urinalysis, Complete	46	3%
B12/Folate	35	3%
Basic Metabolic Panel	28	2%
RPR w/ Reflex	25	2%
Stool O&P	21	2%
Stool Culture	20	1%

Engagement Summary

Engagement Metric
% Registered
% Unique Engagement (Visitors / Lives)
% Overall Engagement (Visits / Lives)

As % Of Employee Population: 29,930		
2022-04	YTD Annualized	LTD
0.3%	4.2%	35.3%
0.7%	7.5%	15.4%
0.9%	11.1%	41.5%

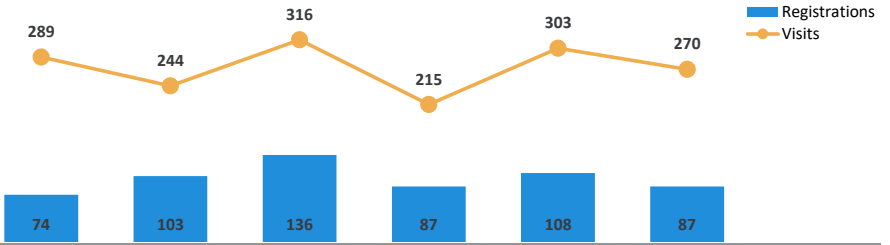
As % Of Total Population: 51,831		
2022-04	YTD Annualized	LTD
0.2%	2.4%	20.4%
0.4%	4.3%	8.9%
0.5%	6.4%	23.9%

Year To Date Activity

Registration Summary	YTD
# Registered	418

Visit Summary	YTD
# Unique Visitors	750
# Visits	1,104

Monthly Activity Last Six Months



Registration Summary	Prior	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	LTD
# Registered	9,971	74	103	136	87	108	87	10,566

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

Visit Summary	Prior	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	LTD	
# Unique Visitors	4,168	231	209	253	187	255	220	4,617	
# Visits	10,771	289	244	316	215	303	270	12,408	
Visit Frequency	% 1 Visit	51.9%	83.1%	88.5%	83.0%	87.2%	87.1%	83.2%	50.9%
	% 2 Visits	18.8%	10.8%	8.1%	11.9%	10.7%	9.4%	12.3%	18.5%
	% 3+ Visits	29.3%	6.1%	3.3%	5.1%	2.1%	3.5%	4.5%	30.7%

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.

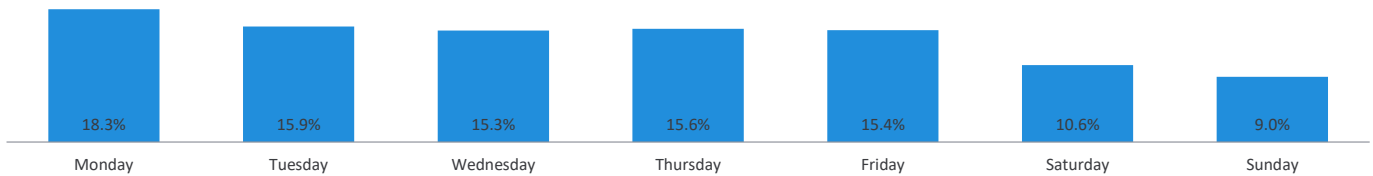
Visit Type Summary	Prior	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	LTD
Medical	8,532	246	196	254	172	244	218	9,862
Mental Health	Therapy	1,177	29	28	37	30	36	1,372
	Psychiatry	1,062	14	20	25	13	23	1,174

Benefit Summary	Prior	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	LTD
# Visits With Benefit Applied	10,497	283	241	312	204	299	265	12,101
# Visits Without Benefit Applied	274	6	3	4	11	4	5	307

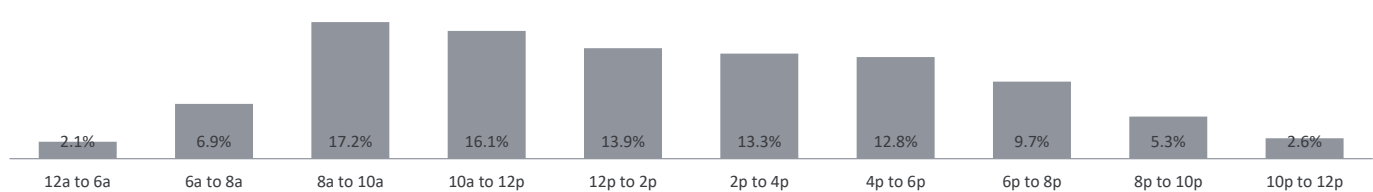
Note: Benefit not applied on visits by ineligible members, visits by members not properly associated to organization / insurance, or on visits where a discount has been applied

Six Month Trends: Visit Time And Demographics

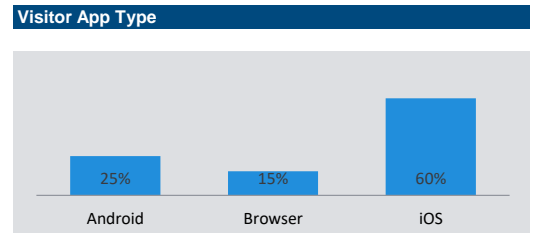
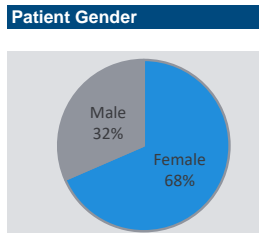
Day Of Week



Hour Of Day



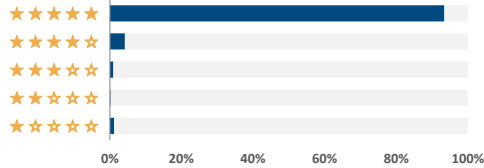
Patient Age	Percentage
0 to 17 (Custodial)	12%
18 to 29	17%
30 to 49	49%
50 and over	23%



Historical Visit Experience

8,741 Visit Ratings (1-5 Stars):

Average: **4.9**
Stars:



Avg Connection Time (On Demand Visits Only): **10.8 Minutes**

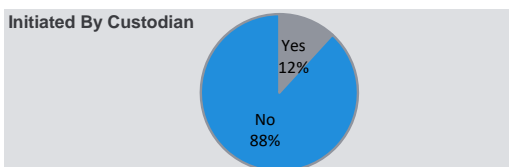
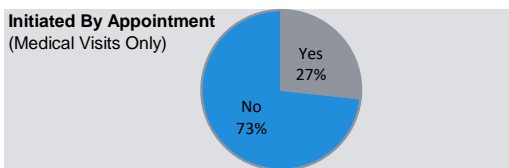
Historical Post Visit Survey Results

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

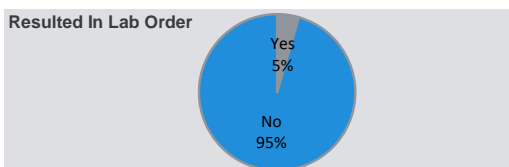
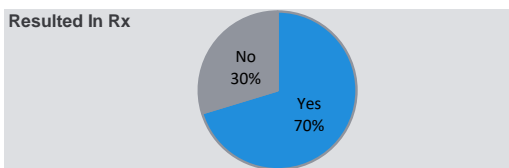
Note: Survey presented only when no other post visit action was required

Response	# Responses	% Responses
Emergency Room	167	4%
Urgent Care	2,272	49%
Doctor's Office	1,262	27%
Stayed Home	692	15%
Other	278	6%

Six Month Trends: Visit Initiation



Six Month Trends: Visit Result



Historical Top 15 Symptoms

Symptom	# Symptoms	% of All Sym
General Symptoms: Fatigue / weakness	2,599	6%
Head / Neck: Headache	2,569	6%
Chest: Cough	2,513	6%
Head / Neck: Sore throat	2,287	5%
General Symptoms: Difficulty sleeping	2,176	5%
Head / Neck: Congestion / sinus problem	2,091	5%
Head / Neck: Nasal discharge	1,802	4%
General Symptoms: Fever	1,349	3%
General Symptoms: Loss of appetite	1,199	3%
Genitourinary: Discomfort / burning with urination	1,188	3%
Genitourinary: Frequent urination	1,164	3%
Head / Neck: Congestion/sinus problem	989	2%
Head / Neck: Ear pain	852	2%
Head / Neck: Difficulty / pain swallowing	813	2%
Skin: Skin rashes / bumps	771	2%

Historical Top 15 ICD10 Codes

ICD10 Code And Description	# ICD10s	% of All ICD10
N390 - Urinary tract infection, site not specified	1,115	7%
J0190 - Acute sinusitis, unspecified	755	5%
J069 - Acute upper respiratory infection, unspecified	687	5%
F411 - Generalized anxiety disorder	479	3%
J029 - Acute pharyngitis, unspecified	453	3%
Z760 - Encounter for issue of repeat prescription	387	3%
R05 - Cough	337	2%
J209 - Acute bronchitis, unspecified	311	2%
F419 - Anxiety disorder, unspecified	301	2%
F4323 - Adjustment disorder with mixed anxiety and depressed m	295	2%
J0180 - Other acute sinusitis	231	2%
F331 - Major depressive disorder, recurrent, moderate	220	1%
F339 - Major depressive disorder, recurrent, unspecified	187	1%
U071 - COVID-19	184	1%
Z630 - Problems in relationship with spouse or partner	158	1%

Historical Top 15 Rx

Rx Name	# Rx	% of All Rx
predniSONE	824	7%
benzonatate	811	7%
nitrofurantoin	795	6%
amoxicillin-clavulanate	766	6%
albuterol	731	6%
fluticasone nasal	332	3%
fluconazole	323	3%
sulfamethoxazole-trimethoprim	307	3%
azithromycin	266	2%
FLUoxetine	266	2%
amoxicillin	263	2%
doxycycline	252	2%
methylPREDNISolone	250	2%
sertraline	238	2%
ipratropium nasal	231	2%

Historical Top 15 Lab Orders

Lab Name	# Lab Orders	% of All Orders
Comprehensive Metabolic Panel	134	9%
TSH with Reflex to Free T4	129	9%
CBC+diff	105	7%
Urinalysis, Complete with Reflex	103	7%
Lipid Panel	95	7%
Urine Culture, Routine	88	6%
Hemoglobin A1c	87	6%
Vitamin D	64	4%
Chlamydia/GC, Urine	49	3%
Urinalysis, Complete	48	3%
B12/Folate	35	2%
Basic Metabolic Panel	29	2%
RPR w/ Reflex	25	2%
Stool O&P	24	2%
Stool Culture	23	2%

Engagement Summary

Engagement Metric
% Registered
% Unique Engagement (Visitors / Lives)
% Overall Engagement (Visits / Lives)

As % Of Employee Population: 29,930		
2022-05	YTD Annualized	LTD
0.3%	4.2%	35.6%
0.8%	7.2%	15.7%
0.9%	11.1%	42.4%

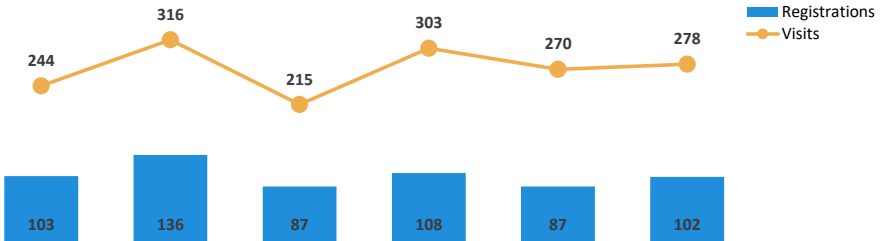
As % Of Total Population: 51,831		
2022-05	YTD Annualized	LTD
0.2%	2.4%	20.6%
0.5%	4.1%	9.0%
0.5%	6.4%	24.5%

Year To Date Activity

Registration Summary	YTD
# Registered	520

Visit Summary	YTD
# Unique Visitors	892
# Visits	1,382

Monthly Activity Last Six Months



Registration Summary	Prior	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	LTD
# Registered	10,041	103	136	87	108	87	102	10,664

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

Visit Summary	Prior	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	LTD	
# Unique Visitors	4,239	209	253	187	255	220	234	4,689	
# Visits	11,060	244	316	215	303	270	278	12,686	
Visit Frequency	% 1 Visit	51.4%	88.5%	83.0%	87.2%	87.1%	83.2%	86.8%	50.7%
	% 2 Visits	19.0%	8.1%	11.9%	10.7%	9.4%	12.3%	10.3%	18.4%
	% 3+ Visits	29.6%	3.3%	5.1%	2.1%	3.5%	4.5%	3.0%	30.8%

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.

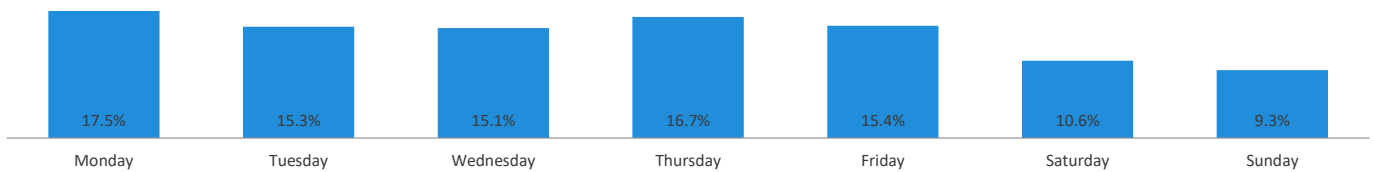
Visit Type Summary	Prior	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	LTD
Medical	8,778	196	254	172	244	218	224	10,086
Mental Health	Therapy	1,206	28	37	30	36	35	1,408
	Psychiatry	1,076	20	25	13	23	17	1,192

Benefit Summary	Prior	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	LTD
# Visits With Benefit Applied	10,780	241	312	204	299	265	265	12,366
# Visits Without Benefit Applied	280	3	4	11	4	5	13	320

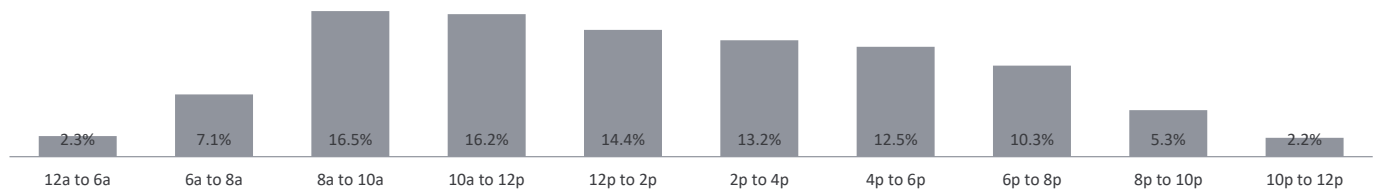
Note: Benefit not applied on visits by ineligible members, visits by members not properly associated to organization / insurance, or on visits where a discount has been applied

Six Month Trends: Visit Time And Demographics

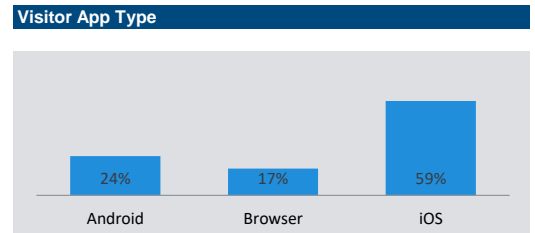
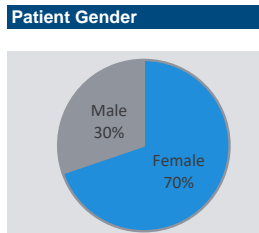
Day Of Week



Hour Of Day



Patient Age	Percentage
0 to 17 (Custodial)	11%
18 to 29	17%
30 to 49	51%
50 and over	21%



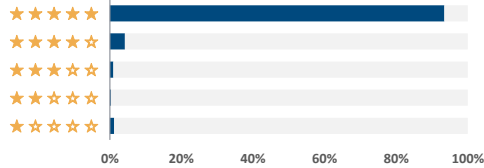
State of Nevada

2022-05 Engagement Report

Historical Visit Experience

8,920 Visit Ratings (1-5 Stars):

Average: **4.9**
Stars:



Avg Connection Time (On Demand Visits Only): **11.2 Minutes**

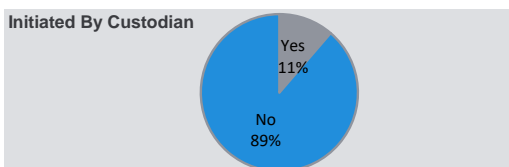
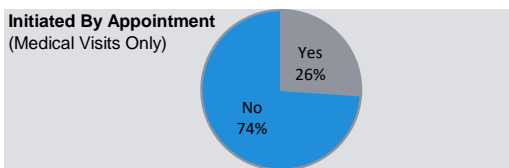
Historical Post Visit Survey Results

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

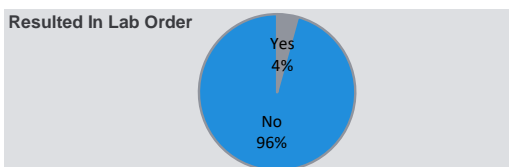
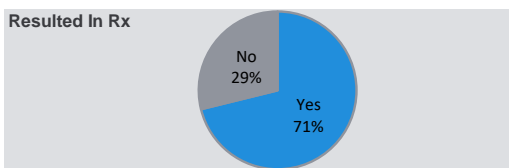
Note: Survey presented only when no other post visit action was required

Response	# Responses	% Responses
Emergency Room	170	4%
Urgent Care	2,303	48%
Doctor's Office	1,291	27%
Stayed Home	714	15%
Other	289	6%

Six Month Trends: Visit Initiation



Six Month Trends: Visit Result



Historical Top 15 Symptoms

Symptom	# Symptoms	% of All Sym
General Symptoms: Fatigue / weakness	2,662	6%
Head / Neck: Headache	2,628	6%
Chest: Cough	2,586	6%
Head / Neck: Sore throat	2,345	5%
General Symptoms: Difficulty sleeping	2,224	5%
Head / Neck: Congestion / sinus problem	2,179	5%
Head / Neck: Nasal discharge	1,847	4%
General Symptoms: Fever	1,381	3%
General Symptoms: Loss of appetite	1,217	3%
Genitourinary: Discomfort / burning with urination	1,210	3%
Genitourinary: Frequent urination	1,188	3%
Head / Neck: Congestion/sinus problem	989	2%
Head / Neck: Ear pain	881	2%
Head / Neck: Difficulty / pain swallowing	833	2%
Skin: Skin rashes / bumps	792	2%

Historical Top 15 ICD10 Codes

ICD10 Code And Description	# ICD10s	% of All ICD10
N390 - Urinary tract infection, site not specified	1,139	7%
J0190 - Acute sinusitis, unspecified	775	5%
J069 - Acute upper respiratory infection, unspecified	701	5%
F411 - Generalized anxiety disorder	488	3%
J029 - Acute pharyngitis, unspecified	468	3%
Z760 - Encounter for issue of repeat prescription	393	3%
R05 - Cough	337	2%
F419 - Anxiety disorder, unspecified	319	2%
J209 - Acute bronchitis, unspecified	317	2%
F4323 - Adjustment disorder with mixed anxiety and depressed mood	300	2%
J0180 - Other acute sinusitis	234	2%
F331 - Major depressive disorder, recurrent, moderate	225	1%
U071 - COVID-19	204	1%
F339 - Major depressive disorder, recurrent, unspecified	192	1%
R059 - Cough, unspecified	161	1%

Historical Top 15 Rx

Rx Name	# Rx	% of All Rx
predniSONE	849	7%
benzonatate	827	7%
nitrofurantoin	806	6%
amoxicillin-clavulanate	776	6%
albuterol	745	6%
fluticasone nasal	344	3%
fluconazole	324	3%
sulfamethoxazole-trimethoprim	310	3%
azithromycin	270	2%
amoxicillin	268	2%
FLUoxetine	267	2%
doxycycline	256	2%
methyl/PREDNISolone	252	2%
sertraline	240	2%
escitalopram	234	2%

Historical Top 15 Lab Orders

Lab Name	# Lab Orders	% of All Orders
Comprehensive Metabolic Panel	137	9%
TSH with Reflex to Free T4	131	9%
Urinalysis, Complete with Reflex	107	7%
CBC+diff	106	7%
Lipid Panel	98	7%
Urine Culture, Routine	89	6%
Hemoglobin A1c	88	6%
Vitamin D	65	4%
Chlamydia/GC, Urine	49	3%
Urinalysis, Complete	48	3%
B12/Folate	35	2%
Basic Metabolic Panel	30	2%
RPR w/ Reflex	25	2%
Stool O&P	24	2%
Stool Culture	23	2%

Engagement Summary

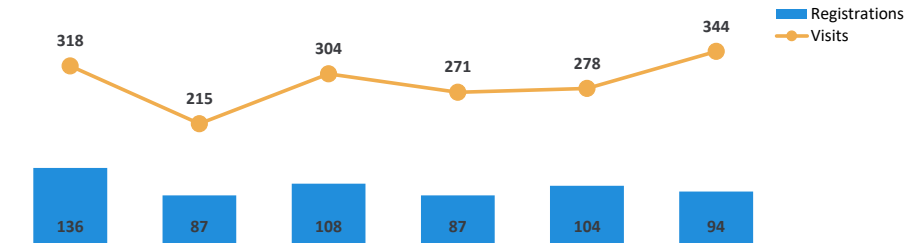
Engagement Metric	As % Of Total Population: 0		
	2022-06	YTD Annualized	LTD
% Registered	-	-	-
% Unique Engagement (Visitors / Lives)	-	-	-
% Overall Engagement (Visits / Lives)	-	-	-

Year To Date Activity

Registration Summary	YTD
# Registered	616

Visit Summary	YTD
# Unique Visitors	1,066
# Visits	1,730

Monthly Activity Last Six Months



Registration Summary	Prior	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	LTD
# Registered	10,137	136	87	108	87	104	94	10,753

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

Visit Summary	Prior	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	LTD	
# Unique Visitors	4,306	254	187	256	221	234	275	4,767	
# Visits	11,304	318	215	304	271	278	344	13,034	
Visit Frequency	% 1 Visit	51.4%	82.7%	87.2%	87.1%	83.3%	86.8%	80.7%	50.1%
	% 2 Visits	18.8%	12.2%	10.7%	9.4%	12.2%	10.3%	15.6%	18.8%
	% 3+ Visits	29.8%	5.1%	2.1%	3.5%	4.5%	3.0%	3.6%	31.1%

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.

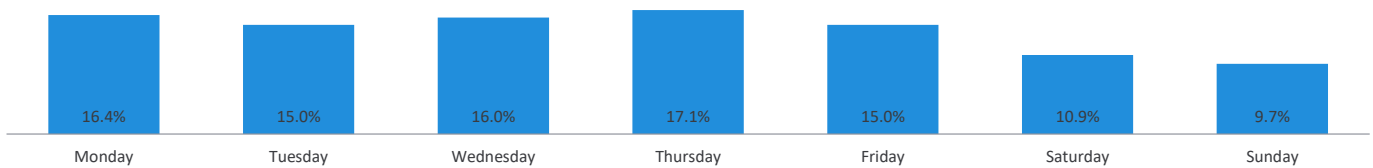
Visit Type Summary	Prior	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	LTD	
Medical	8,974	256	172	244	218	224	295	10,383	
Mental Health	Therapy	1,234	37	30	36	35	36	26	1,434
	Psychiatry	1,096	25	13	24	18	18	23	1,217

Benefit Summary	Prior	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	LTD
# Visits With Benefit Applied	11,021	312	204	299	265	265	335	12,701
# Visits Without Benefit Applied	283	6	11	5	6	13	9	333

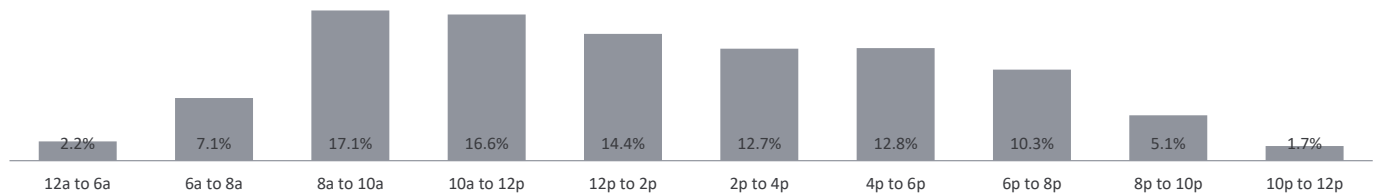
Note: Benefit not applied on visits by ineligible members, visits by members not properly associated to organization / insurance, or on visits where a discount has been applied

Six Month Trends: Visit Time And Demographics

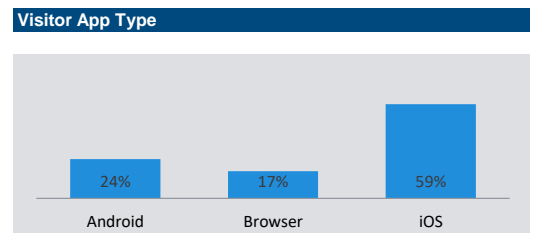
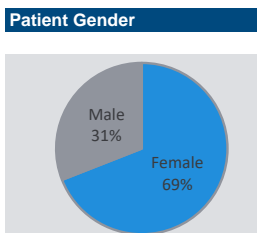
Day Of Week



Hour Of Day



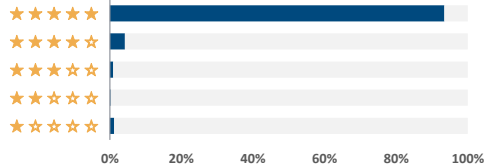
Patient Age	Percentage
0 to 17 (Custodial)	10%
18 to 29	16%
30 to 49	52%
50 and over	22%



Historical Visit Experience

9,163 Visit Ratings (1-5 Stars):

Average: **4.9**
Stars:



Avg Connection Time (On Demand Visits Only): **11.9 Minutes**

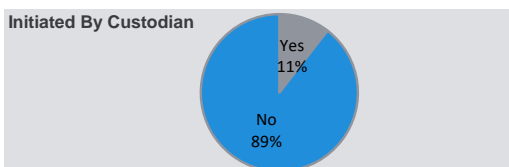
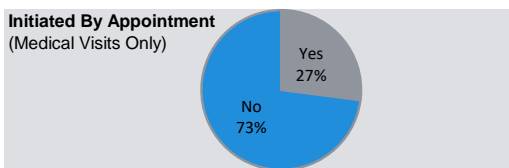
Historical Post Visit Survey Results

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

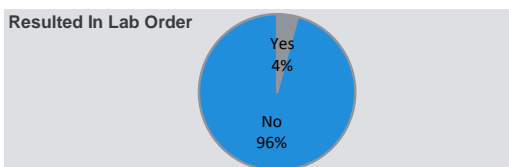
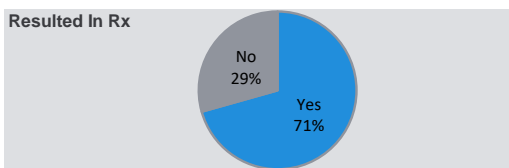
Note: Survey presented only when no other post visit action was required

Response	# Responses	% Responses
Emergency Room	177	4%
Urgent Care	2,368	48%
Doctor's Office	1,312	27%
Stayed Home	734	15%
Other	300	6%

Six Month Trends: Visit Initiation



Six Month Trends: Visit Result



Historical Top 15 Symptoms

Symptom	# Symptoms	% of All Sym
General Symptoms: Fatigue / weakness	2,753	6%
Head / Neck: Headache	2,717	6%
Chest: Cough	2,680	6%
Head / Neck: Sore throat	2,436	5%
General Symptoms: Difficulty sleeping	2,294	5%
Head / Neck: Congestion / sinus problem	2,294	5%
Head / Neck: Nasal discharge	1,913	4%
General Symptoms: Fever	1,435	3%
General Symptoms: Loss of appetite	1,251	3%
Genitourinary: Discomfort / burning with urination	1,235	3%
Genitourinary: Frequent urination	1,216	3%
Head / Neck: Congestion/sinus problem	989	2%
Head / Neck: Ear pain	911	2%
Head / Neck: Difficulty / pain swallowing	871	2%
Skin: Skin rashes / bumps	803	2%

Historical Top 15 ICD10 Codes

ICD10 Code And Description	# ICD10s	% of All ICD10
N390 - Urinary tract infection, site not specified	1,162	7%
J0190 - Acute sinusitis, unspecified	794	5%
J069 - Acute upper respiratory infection, unspecified	714	4%
F411 - Generalized anxiety disorder	497	3%
J029 - Acute pharyngitis, unspecified	484	3%
Z760 - Encounter for issue of repeat prescription	402	3%
F419 - Anxiety disorder, unspecified	342	2%
R05 - Cough	337	2%
J209 - Acute bronchitis, unspecified	323	2%
F4323 - Adjustment disorder with mixed anxiety and depressed mood	305	2%
U071 - COVID-19	266	2%
J0180 - Other acute sinusitis	249	2%
F331 - Major depressive disorder, recurrent, moderate	229	1%
F339 - Major depressive disorder, recurrent, unspecified	197	1%
R059 - Cough, unspecified	179	1%

Historical Top 15 Rx

Rx Name	# Rx	% of All Rx
predniSONE	855	7%
benzonatate	836	7%
nitrofurantoin	811	6%
amoxicillin-clavulanate	783	6%
albuterol	751	6%
fluticasone nasal	345	3%
fluconazole	329	3%
sulfamethoxazole-trimethoprim	314	3%
azithromycin	272	2%
amoxicillin	271	2%
FLUoxetine	268	2%
doxycycline	258	2%
methylPREDNISolone	254	2%
sertraline	243	2%
escitalopram	237	2%

Historical Top 15 Lab Orders

Lab Name	# Lab Orders	% of All Orders
Comprehensive Metabolic Panel	141	9%
TSH with Reflex to Free T4	133	9%
CBC+diff	110	7%
Urinalysis, Complete with Reflex	110	7%
Lipid Panel	101	7%
Urine Culture, Routine	94	6%
Hemoglobin A1c	91	6%
Vitamin D	65	4%
Chlamydia/GC, Urine	49	3%
Urinalysis, Complete	48	3%
B12/Folate	36	2%
Basic Metabolic Panel	33	2%
RPR w/ Reflex	25	2%
Stool O&P	25	2%
Stool Culture	24	2%

4.4

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

- 4.4 **Fiscal Year 2022 Other Post-Employment Benefits (OPEB) valuation prepared by Aon in conformance with the Governmental Accounting Standard Board (GASB) requirements.**



Actuarial Valuation Report

State of Nevada

State of Nevada Postretirement Health and Life Insurance Plan

For the Fiscal Year Ending June 30, 2022

Measurement Date July 1, 2021

Introduction

This report documents the results of the actuarial valuation for the fiscal year ending June 30, 2022 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, 2021. 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 this 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 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.

Models are used to estimate underlying per capita medical and prescription drug claims costs, subsequently utilized as assumption inputs for valuation models used to develop the liabilities for the 2020 and future valuations. Models are also used to develop underlying future trend rates for Medical plans. 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.

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 2022

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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 6/30/2021	Fiscal Year Ending 6/30/2022
(1) OPEB Liability		
(a) Retired Participants and Beneficiaries Receiving Payment	\$ 945,882,039	\$ 919,816,989
(b) Active Participants	<u>552,176,636</u>	<u>620,365,738</u>
(c) Total	\$ 1,498,058,675	\$ 1,540,182,727
(2) Plan Fiduciary Net Position	<u>(5,651,615)</u>	<u>(9,967,828)</u>
(3) Net OPEB Liability	\$ 1,503,710,290	\$ 1,550,150,555
(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	\$ 39,563,787	TBD

Expense

The following table illustrates the OPEB expense under GASB 75.

	Fiscal Year Ending 6/30/2021	Fiscal Year Ending 6/30/2022
(1) Service Cost	\$ 53,039,002	\$ 55,710,061
(2) Interest Cost	49,915,121	33,852,685
(3) Expected Investment Return	(8,122)	124,901
(4) Employee Contributions	0	0
(5) Administrative Expense	0	0
(6) Plan Changes	0	0
(7) Amortization of Unrecognized		
(a) Liability (Gain)/Loss	(21,823,734)	(22,404,928)
(b) Asset (Gain)/Loss	(116,631)	(203,321)
(c) Assumption Change (Gain)/Loss	<u>4,771,068</u>	<u>9,243,892</u>
(8) Total Expense	\$ 85,776,704	\$ 76,323,290

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

	Fiscal Year Ending 6/30/2021	Fiscal Year Ending 6/30/2022
(1) Development of Service Cost:		
(a) Normal Cost at Beginning of Measurement Period	\$ 53,039,002	\$ 55,710,061
(2) Development of Interest Cost:		
(a) Total OPEB Liability at Beginning of Measurement Period	\$ 1,393,813,300	\$ 1,498,058,675
(b) Normal Cost at Beginning of Measurement Period	53,039,002	55,710,061
(c) Actual Benefit Payments	(49,969,098)	(44,187,551)
(d) Discount Rate	<u>3.51%</u>	<u>2.21%</u>
(e) Interest Cost	\$ 49,915,121	\$ 33,852,685
(3) Development of Expected Investment Return:		
(a) Plan Fiduciary Net Position at Beginning of Measurement Period	\$ 231,400	\$ (5,651,615)
(b) Actual Contributions—Employer	43,881,808	39,563,787
(c) Actual Contributions—Employee	0	0
(d) Actual Benefit Payments	(49,969,098)	(44,187,551)
(e) Administrative Expenses	0	0
(f) Other	0	0
(g) Expected Return on Assets	<u>3.51%</u>	<u>2.21%</u>
(h) Expected Return	\$ 8,122	\$ (124,901)

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, 2021 to June 30, 2022:

	Increase (Decrease)		
	Total OPEB Liability (a)	Plan Fiduciary Net Position (b)	Net OPEB Liability (c) = (a) – (b)
Balance Recognized at 6/30/2021 (Based on 6/30/2020 Measurement Date)	\$ 1,498,058,675	\$ (5,651,615)	\$ 1,503,710,290
Changes Recognized for the Fiscal Year:			
Service Cost	\$ 55,710,061	N/A	\$ 55,710,061
Interest on the Total OPEB Liability	33,852,685	N/A	33,852,685
Changes of Benefit Terms	0	N/A	0
Differences Between Expected and Actual Experience	(2,313,154)	N/A	(2,313,154)
Changes of Assumptions	(937,989)	N/A	(937,989)
Benefit Payments	(44,187,551)	(44,187,551)	0
Contributions From the Employer	N/A	39,563,787	(39,563,787)
Contributions From the Employee	N/A	0	0
Net Investment Income	N/A	307,551	(307,551)
Administrative Expense	N/A	0	0
Net Changes	\$ 42,124,052	\$ (4,316,213)	\$ 46,440,265
Balance Recognized at 6/30/2022 (Based on 6/30/2021 Measurement Date)	\$ 1,540,182,727	\$ (9,967,828)	\$ 1,550,150,555

Liability (Gain)/Loss

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

	Fiscal Year Ending 6/30/2021	Fiscal Year Ending 6/30/2022
(1) OPEB Liability at Beginning of Measurement Period	\$ 1,393,813,300	\$ 1,498,058,675
(2) Service Cost	53,039,002	55,710,061
(3) Interest on the Total OPEB Liability	49,915,121	33,852,685
(4) Changes of Benefit Terms	0	0
(5) Changes of Assumptions	124,244,784	(937,989)
(6) Benefit Payments	<u>(49,969,098)</u>	<u>(44,187,551)</u>
(7) Expected OPEB Liability at End of Measurement Period	\$ 1,571,043,109	\$ 1,542,495,881
(8) Actual OPEB Liability at End of Measurement Period	<u>1,498,058,675</u>	<u>1,540,182,727</u>
(9) OPEB Liability (Gain)/Loss	\$ (72,984,434)	\$ (2,313,154)
(10) Average Future Working Life Expectancy	<u>4.79</u>	<u>3.98</u>
(11) OPEB Liability (Gain)/Loss Amortization	\$ (15,236,834)	\$ (581,194)

Asset (Gain)/Loss

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

	Fiscal Year Ending 6/30/2021	Fiscal Year Ending 6/30/2022
(1) OPEB Asset at Beginning of Measurement Period	\$ 231,400	\$ (5,651,615)
(2) Contributions—Employer	43,881,808	39,563,787
(3) Contributions—Employee	0	0
(4) Expected Investment Income	8,122	(124,901)
(5) Benefit Payments	(49,969,098)	(44,187,551)
(6) Administrative Expense	0	0
(7) Other	<u>0</u>	<u>0</u>
(8) Expected OPEB Asset at End of Measurement Period	\$ (5,847,768)	\$ (10,400,280)
(9) Actual OPEB Asset at End of Measurement Period	<u>(5,651,615)</u>	<u>(9,967,828)</u>
(10) OPEB Asset (Gain)/Loss	\$ (196,153)	\$ (432,452)
(11) Amortization Factor	<u>5.00</u>	<u>5.00</u>
(12) OPEB Asset (Gain)/Loss Amortization	\$ (39,231)	\$ (86,490)

Deferred Outflows/Inflows

The following table illustrates the Deferred Inflows and Outflows as of June 30, 2022 under GASB 75.

	Deferred Outflows	Deferred Inflows
(1) Difference Between Actual and Expected Experience	\$ 0	\$ 55,967,226
(2) Net Difference Between Expected and Actual Earnings on OPEB Plan Investments	0	545,153
(3) Assumption Changes	<u>86,508,148</u>	<u>6,715,613</u>
(4) Sub Total	\$ 86,508,148	\$ 63,227,992
(5) Contributions Made in Fiscal Year Ending 6/30/2022 After Measurement Date	<u>TBD</u>	<u>N/A</u>
(6) Total	\$ TBD	\$ 63,227,992

Amortization of Deferred Inflows/Outflows

The table below lists the amortization bases included in the deferred inflows/outflows as of June 30, 2022.

Date Established	Type of Base	Period		Balance		Annual Payment
		Original	Remaining	Original	Remaining	
7/1/2017	Liability (Gain)/Loss	4.78	0.00	0	0	0
7/1/2017	Assumption Changes	4.78	0.00	(102,299,500)	0	(16,693,100)
7/1/2017	Assets (Gain)/Loss	5.00	0.00	(127,200)	0	(25,600)
7/1/2018	Liability (Gain)/Loss	4.78	0.78	0	0	0
7/1/2018	Assumption Changes	4.78	0.78	(36,851,300)	(6,013,300)	(7,709,500)
7/1/2018	Assets (Gain)/Loss	5.00	1.00	(110,300)	(21,900)	(22,100)
7/1/2019	Liability (Gain)/Loss	4.78	1.78	(31,485,200)	(11,724,500)	(6,586,900)
7/1/2019	Assumption Changes	4.78	1.78	37,971,500	14,140,100	7,943,800
7/1/2019	Assets (Gain)/Loss	5.00	2.00	(149,300)	(59,600)	(29,900)
7/1/2020	Liability (Gain)/Loss	4.79	2.79	(72,984,434)	(42,510,766)	(15,236,834)
7/1/2020	Assumption Changes	4.79	2.79	124,244,784	72,368,048	25,938,368
7/1/2020	Assets (Gain)/Loss	5.00	3.00	(196,153)	(117,691)	(39,231)
7/1/2021	Liability (Gain)/Loss	3.98	2.98	(2,313,154)	(1,731,960)	(581,194)
7/1/2021	Assumption Changes	3.98	2.98	(937,989)	(702,313)	(235,676)
7/1/2021	Assets (Gain)/Loss	5.00	4.00	<u>(432,452)</u>	<u>(345,962)</u>	<u>(86,490)</u>
	Total Changes			(85,670,698)	23,280,156	(13,364,357)

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:

2023	\$ 5,050,743
2024	\$ 10,787,943
2025	\$ 7,527,962
2026	\$ (86,492)
2027	\$ 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, 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 (Asset)	\$ 1,682,727,345	\$ 1,503,710,290	\$ 1,352,453,202

The following table illustrates the impact of interest rate sensitivity on the Net OPEB Liability for fiscal year ending June 30, 2022:

	1% Decrease (1.16%)	Current Rate (2.16%)	1% Increase (3.16%)
(1) Total OPEB Liability	\$ 1,695,388,420	\$ 1,540,182,727	\$ 1,370,270,197
(2) Plan Fiduciary Net Position	<u>(9,967,828)</u>	<u>(9,967,828)</u>	<u>(9,967,828)</u>
(3) Net OPEB Liability (Asset)	\$ 1,705,356,248	\$ 1,550,150,555	\$ 1,380,238,025

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, 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 (Asset)	\$ 1,406,469,956	\$ 1,503,710,290	\$ 1,620,122,240

The following table illustrates the impact of healthcare cost trend sensitivity on the Net OPEB Liability for fiscal year ending June 30, 2022:

	1% Decrease	Trend Rate	1% Increase
(1) Total OPEB Liability	\$ 1,415,313,394	\$ 1,540,182,727	\$ 1,644,385,247
(2) Plan Fiduciary Net Position	<u>(9,967,828)</u>	<u>(9,967,828)</u>	<u>(9,967,828)</u>
(3) Net OPEB Liability (Asset)	\$ 1,425,281,222	\$ 1,550,150,555	\$ 1,654,353,075

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	2022
Total OPEB Liability					
Service Cost	\$ 59,309,600	\$ 51,881,500	\$ 51,348,800	\$ 53,039,002	\$ 55,710,061
Interest Cost	39,468,600	47,795,300	52,488,200	49,915,121	33,852,685
Changes of Benefit Terms	0	0	0	0	0
Differences Between Expected and Actual Experiences	0	0	(31,485,200)	(72,984,434)	(2,313,154)
Changes of Assumptions	(102,299,500)	(36,851,300)	37,971,500	124,244,784	(937,989)
Benefit Payments	(38,069,200)	(39,710,200)	(42,489,800)	(49,969,098)	(44,187,551)
Net Change in Total OPEB Liability	\$ (41,590,500)	\$ 23,115,300	\$ 67,833,500	\$ 104,245,375	\$ 42,124,052
Total OPEB Liability (Beginning)	1,344,455,000	1,302,864,500	1,325,979,800	1,393,813,300	1,498,058,675
Total OPEB Liability (Ending)	\$ 1,302,864,500	\$ 1,325,979,800	\$ 1,393,813,300	\$ 1,498,058,675	\$ 1,540,182,727
Plan Fiduciary Net Position					
Contributions—Employer	\$ 38,048,600	\$ 39,668,900	\$ 40,942,400	\$ 43,881,808	\$ 39,563,787
Contributions—Member	0	0	0	0	0
Net Investment Income	164,800	162,400	181,500	204,275	307,551
Benefit Payments	(38,069,200)	(39,710,200)	(42,489,800)	(49,969,098)	(44,187,551)
Administrative Expense	0	0	0	0	0
Other	0	0	0	0	0
Net Change in Plan Fiduciary Net Position	\$ 144,300	\$ 121,100	\$ (1,365,900)	\$ (5,883,015)	\$ (4,316,213)
Plan Fiduciary Net Position (Beginning)	1,331,900	1,476,200	1,597,300	231,400	(5,651,615)
Plan Fiduciary Net Position (Ending)	\$ 1,476,200	\$ 1,597,300	\$ 231,400	\$ (5,651,615)	\$ (9,967,828)
Net OPEB Liability (Ending)	\$ 1,301,388,300	\$ 1,324,382,500	\$ 1,393,581,900	\$ 1,503,710,290	\$ 1,550,150,555
Net Position as a Percentage of OPEB Liability	N/A	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	\$ 2,090,281,552
Net OPEB Liability as a Percentage of Payroll	78%	70%	70%	73%	74%

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	2022
Actuarially Determined Contribution	\$ N/A	\$ 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	N/A
Contribution Deficiency (Excess)	\$ N/A	\$ 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	\$ 2,090,281,552
Contributions as a Percentage of Payroll	N/A	N/A	N/A	N/A	N/A

Notes to Schedule: 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 2.21%, 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-2020 (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, 2022 valuation are stated below.

Valuation Date	January 1, 2020
Census Date	January 1, 2020
Measurement Date	June 30, 2021
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, 2020: 2.21% ▪ Measurement Date June 30, 2021: 2.16%

Health Care Trend Rates

<ul style="list-style-type: none"> ▪ Medical, Rx and Administrative Fees 	<table border="1"> <thead> <tr> <th style="border-bottom: 1px solid black;">Year</th> <th style="border-bottom: 1px solid black;">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	Census data was provided by the State and adjustments were made for missing data, which have an insignificant effect on the liability.
	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.
	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:
	<ul style="list-style-type: none"> ▪ State: 94% ▪ Non-State Retiree: 13%
Spouse Age Difference & Marriage Percentage	Male participants are assumed to be four years older than spouses; female participants are assumed to be two years younger than spouses.
	30% of active males and 15% of active females will elect retiree spouse coverage.

Actuarial Assumptions and Methods

Healthy Mortality Officers: Pub-2010 Public Retirement Plans Safety Mortality Table weighted by Headcount, projected by MP-2020
 Civilians: Pub-2010 Public Retirement Plans General Mortality Table weighted by Headcount, projected by MP-2020

Disabled Mortality Officers: Pub-2010 Public Retirement Plans Safety Disabled Mortality Table weighted by Headcount, projected by MP-2020
 Civilians: Pub-2010 Public Retirement Plans General Disabled Mortality Table weighted by Headcount, projected by MP-2020

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

State of Nevada
 Schedule of Employer Allocations
 For the Fiscal Year Ending June 30, 2022

Employer I.D.	Employer	Contribution Amount	Allocation Percentage
101	Board of Medical Examiners	\$ 56,223	0.1421%
102	Nevada State Board of Nursing	41,902	0.1059%
103	Board of Pharmacy	46,312	0.1171%
104	Board of Chiropractors	2,611	0.0066%
105	Board of Dental Examiners	9,682	0.0245%
106	Legislative Counsel Bureau	461,344	1.1661%
108	Board of Osteopathic Medicine	6,009	0.0152%
109	Board of Massage Therapist	6,578	0.0166%
111	Funeral and Cemetery Board	3,928	0.0099%
113	Public Employee Retirement System	103,765	0.2623%
116	Central Payroll	20,746,976	52.4393%
118	NDOT	2,146,050	5.4243%
128	Board of Accountancy	6,149	0.0155%
129	Board of Cosmetology	28,187	0.0712%
134	Board of Professional Engineers	8,525	0.0215%
139/140	UNLV/UNR	15,863,427	40.0958%
141	Board of Architecture	6,386	0.0161%
146	Board of Examiners for Social Workers	4,937	0.0125%
147	Liquified Petroleum Gas Board	4,751	0.0120%
148	Board of Optometry	3,026	0.0076%
149	Board of Veterinary Examiners	3,619	0.0091%
150	Board of Examiners - Alcohol, Drugs & Gambling	2,009	0.0051%
171	Nevada Physical Therapy Board	1,393	0.0035%
Total		\$ 39,563,787	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, 2022

Employer I.D.	Deferred Outflow of Resources					Deferred Inflow of Resources				
	Net OPEB Liability	Liability Experience	Assumption Changes	Asset Experience	Total	Liability Experience	Assumption Changes	Asset Experience	Total	
101	\$ 2,202,881	\$ -	\$ 122,935	\$ -	\$ 122,935	\$ 79,534	\$ 9,543	\$ 775	\$ 89,852	
102	1,641,783	-	91,622	-	91,622	59,276	7,113	577	66,966	
103	1,814,540	-	101,263	-	101,263	65,513	7,861	638	74,012	
104	102,313	-	5,710	-	5,710	3,694	443	36	4,173	
105	379,336	-	21,169	-	21,169	13,696	1,643	133	15,472	
106	18,075,925	-	1,008,750	-	1,008,750	652,620	78,309	6,357	737,286	
108	235,448	-	13,139	-	13,139	8,501	1,020	83	9,604	
109	257,715	-	14,382	-	14,382	9,305	1,116	91	10,512	
111	153,894	-	8,588	-	8,588	5,556	667	54	6,277	
113	4,065,603	-	226,886	-	226,886	146,786	17,613	1,430	165,829	
116	812,888,199	-	45,364,273	-	45,364,273	29,348,825	3,521,621	285,874	33,156,320	
118	84,084,478	-	4,692,443	-	4,692,443	3,035,818	364,274	29,571	3,429,662	
128	240,924	-	13,445	-	13,445	8,698	1,044	85	9,827	
129	1,104,389	-	61,632	-	61,632	39,873	4,784	388	45,046	
134	334,023	-	18,641	-	18,641	12,060	1,447	117	13,624	
139/140	621,545,663	-	34,686,156	-	34,686,156	22,440,521	2,692,680	218,584	25,351,785	
141	250,201	-	13,963	-	13,963	9,033	1,084	88	10,205	
146	193,420	-	10,794	-	10,794	6,983	838	68	7,889	
147	186,135	-	10,388	-	10,388	6,720	806	65	7,592	
148	118,552	-	6,616	-	6,616	4,280	514	42	4,836	
149	141,810	-	7,914	-	7,914	5,120	614	50	5,784	
150	78,733	-	4,394	-	4,394	2,843	341	28	3,211	
171	54,591	-	3,047	-	3,047	1,971	237	19	2,227	
Total	\$ 1,550,150,555	\$ -	\$ 86,508,148	\$ -	\$ 86,508,148	\$ 55,967,226	\$ 6,715,613	\$ 545,153	\$ 63,227,992	

Numbers may not add due to rounding.

State of Nevada
Schedule of GASB 75 Expense by Employer
For the Fiscal Year Ending June 30, 2022

Employer I.D.	GASB 75 Expense										Total
	Service Cost	Interest Cost	Expected Inv. Return	Contributions from NECE	Administrative Expenses	Plan Changes	Amortization of Unrecognized (Gain)/Loss				
							Liability Experience	Asset Experience	Assumption Changes		
101	\$ 79,168	\$ 48,107	\$ 177	\$ -	\$ -	\$ -	\$ (31,839)	\$ (289)	\$ 13,136	\$	\$ 108,461
102	59,003	35,854	132	-	-	-	(23,729)	(215)	9,790		80,835
103	65,212	39,627	146	-	-	-	(26,226)	(238)	10,821		89,341
104	3,677	2,234	8	-	-	-	(1,479)	(13)	610		5,037
105	13,633	8,284	31	-	-	-	(5,483)	(50)	2,262		18,677
106	649,621	394,748	1,456	-	-	-	(261,258)	(2,371)	107,791		889,987
108	8,462	5,142	19	-	-	-	(3,403)	(31)	1,404		11,593
109	9,262	5,628	21	-	-	-	(3,725)	(34)	1,537		12,689
111	5,531	3,361	12	-	-	-	(2,224)	(20)	918		7,577
113	146,112	88,786	328	-	-	-	(58,762)	(533)	24,244		200,174
116	29,213,970	17,752,113	65,497	-	-	-	(11,748,989)	(106,620)	4,847,433		40,023,404
118	3,021,869	1,836,264	6,775	-	-	-	(1,215,306)	(11,029)	501,414		4,139,988
128	8,658	5,261	19	-	-	-	(3,482)	(32)	1,437		11,862
129	39,690	24,118	89	-	-	-	(15,962)	(145)	6,586		54,376
134	12,004	7,295	27	-	-	-	(4,828)	(44)	1,992		16,446
139/140	22,337,409	13,573,514	50,080	-	-	-	(8,983,441)	(81,523)	3,706,415		30,602,453
141	8,992	5,464	20	-	-	-	(3,616)	(33)	1,492		12,319
146	6,951	4,224	16	-	-	-	(2,796)	(25)	1,153		9,523
147	6,689	4,065	15	-	-	-	(2,690)	(24)	1,110		9,165
148	4,261	2,589	10	-	-	-	(1,713)	(16)	707		5,837
149	5,096	3,097	11	-	-	-	(2,050)	(19)	846		6,982
150	2,830	1,719	6	-	-	-	(1,138)	(10)	470		3,876
171	1,962	1,192	4	-	-	-	(789)	(7)	326		2,688
Total	\$ 55,710,061	\$ 33,852,685	\$ 124,901	\$ -	\$ -	\$ -	\$ (22,404,928)	\$ (203,321)	\$ 9,243,892	\$	\$ 76,323,290

Numbers may not add due to rounding.

State of Nevada
Schedule of Total OPEB Liability by Employer
For the Fiscal Year Ending June 30, 2022

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	\$ 79,168	\$ 48,107	\$ -	\$ (3,287)	\$ (1,333)	\$ (62,794)	\$ 185,811	\$ 245,673	\$ 1,943,043	\$ 2,188,716
102	59,003	35,854	-	(2,450)	(993)	(46,800)	88,678	133,292	1,497,934	1,631,226
103	65,212	39,627	-	(2,708)	(1,098)	(51,724)	315,165	364,474	1,438,399	1,802,873
104	3,677	2,234	-	(153)	(62)	(2,916)	1,118	3,899	97,756	101,655
105	13,633	8,284	-	(566)	(230)	(10,813)	46,319	56,628	320,269	376,896
106	649,621	394,748	-	(26,973)	(10,938)	(515,260)	(681,927)	(190,729)	18,150,422	17,959,692
108	8,462	5,142	-	(351)	(142)	(6,712)	39,251	45,649	188,285	233,934
109	9,262	5,628	-	(385)	(156)	(7,346)	(50,235)	(43,231)	299,289	256,057
111	5,531	3,361	-	(230)	(93)	(4,387)	8,571	12,753	140,151	152,905
113	146,112	88,786	-	(6,067)	(2,460)	(115,891)	27,965	138,444	3,901,016	4,039,460
116	29,213,970	17,752,113	-	(1,213,002)	(491,875)	(23,171,645)	4,927,994	27,017,555	780,643,585	807,661,140
118	3,021,869	1,836,264	-	(125,472)	(50,879)	(2,396,856)	(1,304,163)	980,763	82,563,032	83,543,795
128	8,658	5,261	-	(360)	(146)	(6,868)	51,268	57,815	181,560	239,375
129	39,690	24,118	-	(1,648)	(668)	(31,481)	70,895	100,906	996,382	1,097,288
134	12,004	7,295	-	(498)	(202)	(9,521)	(1,452)	7,625	324,250	331,875
139/140	22,337,409	13,573,514	-	(927,478)	(376,094)	(17,717,363)	(3,828,908)	13,061,078	604,487,902	617,548,980
141	8,992	5,464	-	(373)	(151)	(7,132)	3,081	9,880	238,712	248,592
146	6,951	4,224	-	(289)	(117)	(5,513)	6,155	11,411	180,766	192,176
147	6,689	4,065	-	(278)	(113)	(5,306)	49,568	54,626	130,312	184,938
148	4,261	2,589	-	(177)	(72)	(3,379)	6,876	10,098	107,692	117,789
149	5,096	3,097	-	(212)	(86)	(4,042)	(8,942)	(5,089)	145,987	140,898
150	2,830	1,719	-	(117)	(48)	(2,244)	(5,845)	(3,706)	81,932	78,226
171	1,962	1,192	-	(81)	(33)	(1,556)	52,756	54,240	-	54,240
Total	\$ 55,710,061	\$ 33,852,685	\$ -	\$ (2,313,154)	\$ (937,989)	\$ (44,187,551)	\$ -	\$ 42,124,052	\$ 1,498,058,675	\$ 1,540,182,727

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, 2022

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	\$ 56,223	\$ 437	\$ (62,794)	\$ -	\$ (701)	\$ (6,835)	\$ (7,330)	\$ (14,165)		
102	41,902	326	(46,800)	-	(335)	(4,906)	(5,651)	(10,557)		
103	46,312	360	(51,724)	-	(1,189)	(6,241)	(5,427)	(11,668)		
104	2,611	20	(2,916)	-	(4)	(289)	(369)	(658)		
105	9,682	75	(10,813)	-	(175)	(1,231)	(1,208)	(2,439)		
106	461,344	3,586	(515,260)	-	2,573	(47,758)	(68,475)	(116,232)		
108	6,009	47	(6,712)	-	(148)	(804)	(710)	(1,514)		
109	6,578	51	(7,346)	-	190	(528)	(1,129)	(1,657)		
111	3,928	31	(4,387)	-	(32)	(461)	(529)	(990)		
113	103,765	807	(115,891)	-	(106)	(11,426)	(14,717)	(26,143)		
116	20,746,975	161,278	(23,171,645)	-	(18,591)	(2,281,984)	(2,945,076)	(5,227,060)		
118	2,146,050	16,682	(2,396,856)	-	4,920	(229,203)	(311,479)	(540,683)		
128	6,149	48	(6,868)	-	(193)	(864)	(685)	(1,549)		
129	28,187	219	(31,481)	-	(267)	(3,343)	(3,759)	(7,101)		
134	8,525	66	(9,521)	-	5	(925)	(1,223)	(2,148)		
139/140	15,863,427	123,315	(17,717,363)	-	14,445	(1,716,176)	(2,280,507)	(3,996,683)		
141	6,386	50	(7,132)	-	(12)	(708)	(901)	(1,609)		
146	4,937	38	(5,513)	-	(23)	(562)	(682)	(1,244)		
147	4,751	37	(5,306)	-	(187)	(705)	(492)	(1,197)		
148	3,026	24	(3,379)	-	(26)	(356)	(406)	(762)		
149	3,619	28	(4,042)	-	34	(361)	(551)	(912)		
150	2,009	16	(2,244)	-	22	(197)	(309)	(506)		
171	1,393	11	(1,556)	-	(199)	(351)	-	(351)		
Total	\$ 39,563,787	\$ 307,551	\$ (44,187,551)	\$ -	\$ -	\$ (4,316,213)	\$ (5,651,615)	\$ (9,967,828)		

Numbers may not add due to rounding.

State of Nevada
Schedule of Discount Rate Sensitivity by Employer
For the Fiscal Year Ending June 30, 2022

Employer I.D.	1% Decrease (1.16%)			Current Discount Rate (2.16%)			1% Increase (3.16%)		
	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	\$ 2,409,275	\$ (14,165)	\$ 2,423,440	\$ 2,188,716	\$ (14,165)	\$ 2,202,881	\$ 1,947,257	\$ (14,165)	\$ 1,961,422
102	1,795,607	(10,557)	1,806,164	1,631,226	(10,557)	1,641,783	1,451,270	(10,557)	1,461,827
103	1,984,550	(11,668)	1,996,218	1,802,873	(11,668)	1,814,540	1,603,980	(11,668)	1,615,648
104	111,899	(658)	112,557	101,655	(658)	102,313	90,440	(658)	91,098
105	414,877	(2,439)	417,316	376,896	(2,439)	379,336	335,317	(2,439)	337,757
106	19,769,508	(116,232)	19,885,740	17,959,692	(116,232)	18,075,925	15,978,384	(116,232)	16,094,617
108	257,508	(1,514)	259,022	233,934	(1,514)	235,448	208,127	(1,514)	209,641
109	281,860	(1,657)	283,518	256,057	(1,657)	257,715	227,809	(1,657)	229,466
111	168,313	(990)	169,302	152,905	(990)	153,894	136,036	(990)	137,026
113	4,446,520	(26,143)	4,472,663	4,039,460	(26,143)	4,065,603	3,593,828	(26,143)	3,619,971
116	889,049,929	(5,227,060)	894,276,988	807,661,140	(5,227,060)	812,888,199	718,560,187	(5,227,060)	723,787,247
118	91,962,583	(540,683)	92,503,266	83,543,795	(540,683)	84,084,478	74,327,267	(540,683)	74,867,949
128	263,497	(1,549)	265,046	239,375	(1,549)	240,924	212,967	(1,549)	214,516
129	1,207,862	(7,101)	1,214,964	1,097,288	(7,101)	1,104,389	976,235	(7,101)	983,337
134	365,319	(2,148)	367,467	331,875	(2,148)	334,023	295,263	(2,148)	297,411
139/140	679,779,984	(3,996,683)	683,776,667	617,548,980	(3,996,683)	621,545,663	549,421,148	(3,996,683)	553,417,831
141	273,643	(1,609)	275,252	248,592	(1,609)	250,201	221,168	(1,609)	222,777
146	211,542	(1,244)	212,786	192,176	(1,244)	193,420	170,975	(1,244)	172,219
147	203,575	(1,197)	204,771	184,938	(1,197)	186,135	164,536	(1,197)	165,733
148	129,659	(762)	130,421	117,789	(762)	118,552	104,795	(762)	105,557
149	155,096	(912)	156,008	140,898	(912)	141,810	125,354	(912)	126,266
150	86,109	(506)	86,616	78,226	(506)	78,733	69,597	(506)	70,103
171	59,706	(351)	60,057	54,240	(351)	54,591	48,256	(351)	48,607
Total	\$ 1,695,388,420	\$ (9,967,828)	\$ 1,705,356,248	\$ 1,540,182,727	\$ (9,967,828)	\$ 1,550,150,555	\$ 1,370,270,197	\$ (9,967,828)	\$ 1,380,238,025

Numbers may not add due to rounding.

State of Nevada
Schedule of Trend Rate Sensitivity by Employer
For the Fiscal Year Ending June 30, 2022

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	\$ 2,011,267	\$ (14,165)	\$ 2,025,432	\$ 2,188,716	\$ (14,165)	\$ 2,202,881	\$ 2,336,795	\$ (14,165)	\$ 2,350,960
102	1,498,976	(10,557)	1,509,533	1,631,226	(10,557)	1,641,783	1,741,588	(10,557)	1,752,146
103	1,656,706	(11,668)	1,668,374	1,802,873	(11,668)	1,814,540	1,924,848	(11,668)	1,936,515
104	93,413	(658)	94,071	101,655	(658)	102,313	108,532	(658)	109,190
105	346,340	(2,439)	348,779	376,896	(2,439)	379,336	402,396	(2,439)	404,835
106	16,503,622	(116,232)	16,619,854	17,959,692	(116,232)	18,075,925	19,174,772	(116,232)	19,291,005
108	214,968	(1,514)	216,482	233,934	(1,514)	235,448	249,761	(1,514)	251,275
109	235,298	(1,657)	236,955	256,057	(1,657)	257,715	273,381	(1,657)	275,038
111	140,508	(990)	141,497	152,905	(990)	153,894	163,249	(990)	164,239
113	3,711,963	(26,143)	3,738,106	4,039,460	(26,143)	4,065,603	4,312,754	(26,143)	4,338,896
116	742,180,527	(5,227,060)	747,407,587	807,661,140	(5,227,060)	812,888,199	862,304,218	(5,227,060)	867,531,278
118	76,770,535	(540,683)	77,311,218	83,543,795	(540,683)	84,084,478	89,196,029	(540,683)	89,736,712
128	219,968	(1,549)	221,517	239,375	(1,549)	240,924	255,570	(1,549)	257,119
129	1,008,326	(7,101)	1,015,427	1,097,288	(7,101)	1,104,389	1,171,526	(7,101)	1,178,627
134	304,969	(2,148)	307,117	331,875	(2,148)	334,023	354,329	(2,148)	356,476
139/140	567,481,590	(3,996,683)	571,478,273	617,548,980	(3,996,683)	621,545,663	659,329,841	(3,996,683)	663,326,524
141	228,438	(1,609)	230,047	248,592	(1,609)	250,201	265,411	(1,609)	267,020
146	176,596	(1,244)	177,839	192,176	(1,244)	193,420	205,178	(1,244)	206,422
147	169,944	(1,197)	171,141	184,938	(1,197)	186,135	197,450	(1,197)	198,647
148	108,240	(762)	109,002	117,789	(762)	118,552	125,758	(762)	126,521
149	129,475	(912)	130,387	140,898	(912)	141,810	150,431	(912)	151,343
150	71,884	(506)	72,391	78,226	(506)	78,733	83,519	(506)	84,025
171	49,842	(351)	50,193	54,240	(351)	54,591	57,910	(351)	58,261
Total	\$ 1,415,313,394	\$ (9,967,828)	\$ 1,425,281,222	\$ 1,540,182,727	\$ (9,967,828)	\$ 1,550,150,555	\$ 1,644,385,247	\$ (9,967,828)	\$ 1,654,353,075

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, 2022

Amounts to be Recognized in Deferred Inflows/Outflows					
Employer I.D.	Year-End 6/30/2023	Year-End 6/30/2024	Year-End 6/30/2025	Year-End 6/30/2026	Year-End 6/30/2027
101	\$ 7,177	\$ 15,330	\$ 10,698	\$ (123)	-
102	5,349	11,426	7,973	(92)	-
103	5,912	12,628	8,812	(101)	-
104	333	712	497	(6)	-
105	1,236	2,640	1,842	(21)	-
106	58,895	125,796	87,782	(1,009)	-
108	767	1,639	1,143	(13)	-
109	840	1,794	1,252	(14)	-
111	501	1,071	747	(9)	-
113	13,247	28,294	19,744	(227)	-
116	2,648,575	5,657,122	3,947,611	(45,356)	-
118	273,966	585,168	408,338	(4,692)	-
128	785	1,677	1,170	(13)	-
129	3,598	7,686	5,363	(62)	-
134	1,088	2,325	1,622	(19)	-
139/140	2,025,137	4,325,515	3,018,399	(34,680)	-
141	815	1,741	1,215	(14)	-
146	630	1,346	939	(11)	-
147	606	1,295	904	(10)	-
148	386	825	576	(7)	-
149	462	987	689	(8)	-
150	257	548	382	(4)	-
171	178	380	265	(3)	-
Total	\$ 5,050,743	\$ 10,787,943	\$ 7,527,962	\$ (86,492)	\$ -

Numbers may not add due to rounding.

State of Nevada
 Postretirement Health and Life Insurance Plan
 —Employer Allocation of Estimated Implicit Subsidy

Employer I.D.	Employer	Fiscal Year Ending June 30, 2021			Fiscal Year Ending June 30, 2022		
		Contribution Amount	Allocation Percentage	Estimated Implicit Subsidy	Contribution Amount	Allocation Percentage	Estimated Implicit Subsidy
101	Board of Medical Examiners	\$ 56,916	0.1297%	\$ 17,700	\$ 56,223	0.1421%	\$ 20,000
102	Nevada State Board of Nursing	43,878	0.1000%	13,600	41,902	0.1059%	14,900
103	Board of Pharmacy	42,134	0.0960%	13,100	46,312	0.1171%	16,400
104	Board of Chiropractors	2,864	0.0065%	900	2,611	0.0066%	900
105	Board of Dental Examiners	9,381	0.0214%	2,900	9,682	0.0245%	3,400
106	Legislative Counsel Bureau	531,670	1.2116%	165,100	461,344	1.1661%	163,800
108	Board of Osteopathic Medicine	5,515	0.0126%	1,700	6,009	0.0152%	2,100
109	Board of Massage Therapist	8,767	0.0200%	2,700	6,578	0.0166%	2,300
111	Funeral and Cemetery Board	4,105	0.0094%	1,300	3,928	0.0099%	1,400
113	Public Employee Retirement System	114,270	0.2604%	35,500	103,765	0.2623%	36,900
116	Central Payroll	22,866,963	52.1103%	7,101,600	20,746,976	52.4393%	7,368,200
118	NDOT	2,418,473	5.5113%	751,100	2,146,050	5.4243%	762,200
128	Board of Accountancy	5,318	0.0121%	1,700	6,149	0.0155%	2,200
129	Board of Cosmetology	29,186	0.0665%	9,100	28,187	0.0712%	10,000
134	Board of Professional Engineers	9,498	0.0216%	2,900	8,525	0.0215%	3,000
139/140	UNLV/UNR	17,706,931	40.3514%	5,499,100	15,863,427	40.0958%	5,633,900
141	Board of Architecture	6,992	0.0159%	2,200	6,386	0.0161%	2,300
146	Board of Examiners for Social Workers	5,295	0.0121%	1,600	4,937	0.0125%	1,800
147	Liquified Petroleum Gas Board	3,817	0.0087%	1,200	4,751	0.0120%	1,700
148	Board of Optometry	3,155	0.0072%	1,000	3,026	0.0076%	1,100
149	Board of Veterinary Examiners	4,276	0.0097%	1,300	3,619	0.0091%	1,300
150	Board of Examiners - Alcohol, Drugs & Gambling	2,400	0.0055%	700	2,009	0.0051%	700
171	Nevada Physical Therapy Board	-	0.0000%	-	1,393	0.0035%	500
Total		\$ 43,881,808	100.0000%	\$ 13,628,000	\$ 39,563,787	100.0000%	\$ 14,051,000

The implicit subsidy was estimated based on the ratio of the blended pre-65 retiree premiums to the full cost pre-65 retiree premiums as determined by the Plan's health care actuary, and the projected gross pre-65 retiree costs from the fiscal 2021 and fiscal 2022 GASB 75 actuarial valuations.

Employer allocations are based on the employer contributions provided by the State for the "measurement" period applicable to each fiscal year.

Please see the fiscal 2021 and fiscal 2022 actuarial valuation reports for a summary of the census data, plan provisions, and actuarial assumptions used in the calculations.

4.5

4.5 Proposed PEBP Language Access Plan per
NRS 232.0081



LAURA RICH
Executive Officer

STEVE SISOLAK
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
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Board Chair

AGENDA ITEM

- Action Item
- Information Only

Date: July 28, 2022

Item Number: IV.V

Title: Language Access Plan

SUMMARY

This report provides a summary of PEBP’s Language Access Plan required under NRS 232.0081, which was implemented under Senate Bill 318 during the 2021 Legislative Session (<https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7943/Overview>).

REPORT

BACKGROUND

The Office of New Americans (ONA), working with the Nevada Initiative for Language Access (NILA), has spearheaded helping Executive Branch agencies in completing a Language Access Plan (LAP). This includes frameworks and recommended verbiage. The LAP helps ensure that Limited-English Proficiency (LEP) Nevadans have the access that they need from PEBP.

COMPLIANCE

PEBP is subject to several laws, including, but not limited to, Health Insurance Portability and Accountability Act (HIPAA) and the Patient Protection and Affordable Care Act (PPACA). These federal laws require various degrees of language access for PEBP constituents such as plain language, translation, language that is linguistically and culturally appropriate, etc.

Senate Bill 318 does not require agencies to implement the LAP, but only to develop and revise the plan. This allows the Legislature to consider the full funding required for implementation in

2023. The plan includes a survey of existing language access needs, services, training, and certifications needed.

THE LANGUAGE ACCESS PLAN

The attached Language Access Plan is PEBP's initial plan to ensure compliance with SB 318. Section 7 of this bill requires each agency of the Executive Department of the State Government to develop and biennially revise a language access plan. Additionally, the bill requires PEBP to include the funding necessary to carry out a language access plan in the proposed agency budget. Currently, the proposed budget to enact the language access plan is \$522,580.00.

The language access plan is attached.



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LANGUAGE ACCESS PLAN (LAP)

Public Employees' Benefits Program
901 S. Stewart Street, Suite 1001
Carson City, Nevada 89701



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Introduction

Senate Bill 318 (SB 318), passed during the 2021 Legislative Session states: "persons with Limited English Proficiency require and deserve meaningful, timely access to government services in their preferred language," and "State and local agencies and entities that receive public money have an obligation to provide meaningful, timely access for persons with Limited English Proficiency to the programs and services of those agencies and entities." SB 318 created NRS 232.0081.

A Language Access Plan (LAP) can help ensure that persons with Limited English Proficiency (LEP) in Nevada have the access that they need to Public Employees' Benefits Program (PEBP).

This document is tailored to PEBP and the members PEBP serves.

I. Purpose and Authority

The purpose of this document is to establish an effective plan and protocol for PEBP personnel to follow when providing services to, or interacting with, individuals who have Limited English Proficiency. Following this plan and protocol is essential to the success of our mission to administer a “group health and life insurance program which offers comprehensive medical, prescription drug, dental, vision, life, and long-term disability insurance.”

Nevada’s Senate Bill 318 (SB 318) and the federal guidance on Title VI of the Civil Rights Act of 1964, 2 C.S. § 561 et seq. (Act 172 of 2006) both agree that language should not be a barrier to accessing governmental programs and services. As stated in SB318,, “Persons with Limited English Proficiency require and deserve meaningful, timely access to government services in their preferred language.” Moreover, the legislation makes it clear that it is the responsibility of government to provide that access.

State and local agencies and entities that receive public money have an obligation to provide meaningful, timely access for persons with Limited English Proficiency to the programs and services of those agencies and entities.

PEBP is committed to compliance with NRS 232.0081and Title VI of the Civil Rights Act of 1964, 2 C.S. § 561 et seq. (Act 172 of 2006) in ensuring meaningful access to State services and programs for individuals with Limited English Proficiency.

NRS 232.0081

NRS 232.0081 Language access plan: Development and biennial revision; requirements; public comment; legislative recommendations; inclusion of necessary funding in proposed budget of agency. [Effective 2 years after the date on which the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020.]

1. The head of each agency of the Executive Department shall designate one or more employees of the agency to be responsible for developing and biennially revising a language access plan for the agency that meets the requirements of subsection 2.

2. A language access plan must assess existing needs of persons served by the agency for language services and the degree to which the agency has met those needs. The plan must include recommendations to expand language services if needed to improve access to the services provided by the agency. The plan must:

(a) Outline the compliance of the agency and any contractors, grantees, assignees, transferees or successors of the agency with existing federal and state laws and regulations and any requirements associated with funding received by the agency concerning the availability of language services and accessibility of the services provided by the agency or any contractors, grantees, assignees, transferees or successors to persons with Limited English Proficiency;

(b) List the relevant demographics of persons served by or eligible to receive services from the agency, including, without limitation:

(1) The types of services received by such persons or for which such persons are eligible;

- (2) The preferred language and literacy level of such persons;
 - (3) The ability of such persons to access the services of the agency electronically;
 - (4) The number and percentage of such persons who are indigenous; and
 - (5) The number and percentage of such persons who are refugees;
- (c) Provide an inventory of language services currently provided, including, without limitation:
- (1) Procedures for designating certain information and documents as vital and providing such information and documents to persons served by the agency in the preferred language of such persons, in aggregate and disaggregated by language and type of service to which the information and documents relate;
 - (2) Oral language services offered by language and type;
 - (3) A comparison of the number of employees of the agency who regularly have contact with the public to the number of such employees who are fluent in more than one language, in aggregate and disaggregated by language;
 - (4) A description of any position at the agency designated for a dual-role interpreter;
 - (5) Procedures and resources used by the agency for outreach to persons with Limited English Proficiency who are served by the agency or eligible to receive services from the agency, including, without limitation, procedures for building relationships with community-based organizations that serve such persons; and
 - (6) Any resources made available to employees of the agency related to cultural competency;
- (d) Provide an inventory of the training and resources provided to employees of the agency who serve persons with Limited English Proficiency, including, without limitation, training and resources regarding:
- (1) Obtaining language services internally or from a contractor;
 - (2) Responding to persons with Limited English Proficiency over the telephone, in writing or in person;
 - (3) Ensuring the competency of interpreters and translation services;
 - (4) Recording in the electronic records of the agency that a person served by the agency is a person with Limited English Proficiency, the preferred language of the person and his or her literacy level in English and in his or her preferred language;
 - (5) Communicating with the persons in charge of the agency concerning the needs of the persons served by and eligible to receive the services from the agency for language services; and
 - (6) Notifying persons with Limited English Proficiency who are eligible for or currently receiving services from the agency of the services available from the agency in the preferred language of those persons at a literacy level and in a format that is likely to be understood by such persons; and
- (e) Identify areas in which the services described in paragraph (c) and the training and resources described in paragraph (d) do not meet the needs of persons with Limited English Proficiency served by the agency, including, without limitation:
- (1) Estimates of additional funding required to meet those needs;
 - (2) Targets for employing persons who are fluent in more than one language;

- (3) Additional requirements necessary to ensure:
 - (I) Adequate credentialing and oversight of translators and interpreters employed by or serving as independent contractors for the agency; and
 - (II) That translators and interpreters used by the agency adequately represent the preferred languages spoken by persons served by the agency or eligible to receive services from the agency; and
 - (4) Additional requirements, trainings, incentives and recruiting initiatives to employ or contract with interpreters who speak the preferred languages of persons with Limited English Proficiency who are eligible for or currently receiving services from the agency and ways to partner with entities involved in workforce development in imposing those requirements, offering those trainings and incentives and carrying out those recruiting initiatives.
3. If there is insufficient information available to develop or update the language access plan in accordance with the requirements of this section, the employee or employees designated pursuant to subsection 1 shall develop procedures to obtain that information and include the information in any revision to the language access plan.
4. Each agency of the Executive Department shall:
- (a) Solicit public comment concerning the language access plan developed pursuant to this section and each revision thereof;
 - (b) Make recommendations to the Legislature concerning any statutory changes necessary to implement or improve a language access plan; and
 - (c) Include any funding necessary to carry out a language access plan, including, without limitation, any additional funding necessary to meet the needs of persons with Limited English Proficiency served by the agency as identified pursuant to paragraph (e) of subsection 2, in the proposed budget for the agency submitted pursuant to [NRS 353.210](#).
5. As used in this section:
- (a) “Agency of the Executive Department” means an agency, board, commission, bureau, council, department, division, authority or other unit of the Executive Department of the State Government. The term does not include the Nevada System of Higher Education.
 - (b) “Dual-role interpreter” means a multilingual employee who:
 - (1) Has been tested for language skills and trained as an interpreter; and
 - (2) Engages in interpreting as part of his or her job duties.
 - (c) “Language services” means oral language services and translation services.
 - (d) “Oral language services” means services to convey verbal information to persons with Limited English Proficiency. The term:
 - (1) Includes, without limitation, staff interpreters, dual-role interpreters, other multilingual employees, telephone interpreter programs, audiovisual interpretation services and non-governmental interpreters.
 - (2) Does not include family members, friends and other acquaintances of persons with Limited English Proficiency who have no formal training in interpreting.
 - (e) “Person with Limited English Proficiency” means a person who reads, writes or speaks a language other than English and who cannot readily understand or communicate in the English

language in written or spoken form, as applicable, based on the manner in which information is being communicated.

(f) “Translation services” means services used to provide written information to persons with Limited English Proficiency. The term does not include translation tools that are accessed using the Internet.

(Added to NRS by [2021, 3234](#); A [2021, 3237](#), effective 2 years after the date on which the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020).

II. General Policy

Public Employees' Benefits Program (PEBP) recognizes that the population eligible to receive its services includes LEP individuals. It is the policy of PEBP to ensure meaningful access for LEP individuals. PEBP adopts the following policies and procedures in this LAP to ensure that LEP individuals can gain equal access to PEBP services and communicate effectively. This Plan applies to PEBP's programs and services including, but not limited to:

Online member portal, communication with PEBP staff, new hire education, Plan Documents, Notices, etc.

It is Nevada's policy to grant access to services or programs to every person regardless of their ability to speak, understand, read, or write English. PEBP intends to take reasonable steps to provide LEP individuals with meaningful access to its services and programs. PEBP seeks to reduce barriers by increasing its capacity to deliver services and benefits to people in their preferred languages.

Toward this end, PEBP endorses the following policies:

- PEBP is committed to equity and will take all reasonable steps to provide limited English proficient (LEP) individuals with meaningful access to all its services, programs, and activities.
- The agency, rather than the LEP individual, bears the responsibility for providing appropriate language services, regardless of the LEP individual's preferred language, at no cost to the LEP individual.
- PEBP will not require an LEP individual to provide an interpreter in order to receive agency services.

PEBP Language Access Coordinator:

Compliance unit
901 S Stewart, Ste 1001,
Carson City, NV 89701
775-684-7020

PEBP's Compliance unit acts to ensure the PEBP compliance with several laws and regulations including the Patient Protection and Affordable Care Act, Health Insurance Portability and Accountability Act, and relevant statutes and regulations.

When receiving a language access request, the Compliance unit coordinates with a preferred translation and interpretation service indicated in the state's purchasing division website:

https://purchasing.nv.gov/Contracts/Documents/Translation_Interpretation/.

III. Profile of PEBP's LEP Clients

PEBP primarily serves members who are eligible for or covered by a PEBP-sponsored plan. This includes state and non-state active employees and retirees as well as their dependents.

NRS 232.0081 specifically requires PEBP to report:

1. Type of services received by the relevant groups.
2. Preferred languages of your LEP clients.
3. Literacy levels of your LEP clients in their preferred language and in English.
4. Ability of the relevant groups to access agency services electronically.
5. Number and percentage of clients who are indigenous.
6. Number and percentage of clients who are refugees.

PEBP recognizes consideration for indigenous people, refugees, and limited English proficient (LEP) communities. There may well be some overlap between these groups.

The table below helps organize and report required data. Reporting data like this will allow PEBP to easily compare data and more readily see trends or changes in the groups PEBP serves in future revisions of the LAP.

PEBP is committed to tracking the languages preferred for communication among our Limited English Proficient (LEP) clients so that we can better provide meaningful, timely access to our services and programs without regard to any language impediments. Below is a data table summarizing relevant client data for PEBP for the period of as of 04/30/2022.

Profile of PEBP's LEP Clients

Unfortunately, PEBP currently collects little to no information related to Limited-English Proficient persons, Indigenous, and Refugees who attempt to access programs or services. Because PEBP participants are generally state and local government employees, participants are typically English proficient.

In the event PEBP is required to obtain specific data, the primary method to collect this data relies on inter-agency coordination with the Department of Administration's Division of Human Resources Management and other agency partners, such as the Nevada System of Higher Education to provide PEBP with this information. Regardless of whether this information is collected through agency partners or directly through PEBP systems, PEBP will be required to request system enhancements through the vendor to populate, store and report on the data.

In the event PEBP is able to collect data in the future, PEBP will complete the chart below based on self-reported information from members and other data sources that may be accessible to PEBP.



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Language Access Plan

<u>Language/Group Served</u>	<u>Total #</u>	<u>% of Total</u>	<u>% of Total LEP</u>	<u>“Safe Harbor”?</u>	<u>Services/Programs Accessed</u>	<u>Notes (include literacy level data)</u>
Total Clients	75,421	n/a	n/a	n/a	Online member portal, communication with PEBP staff, new hire education, Vendor Access, Plan Documents, Notices, etc.	Literacy level is unknown
Total Indigenous	n/a	n/a	n/a	n/a		
Total Refugees	n/a	n/a	n/a	n/a		
Total LEP Clients	n/a	n/a	n/a	n/a		
Specific Languages:						
- English	n/a	100%				
- Spanish	n/a	n/a	n/a	n/a		
- Chinese (incl. Cantonese, Mandarin, etc.)	n/a	n/a	n/a	n/a		
- Tagalog	n/a	n/a	n/a	n/a		
• Other	n/a	n/a	n/a	n/a		

*Figures are effective 04/30/2022: 47,087 primary members and 28,334 dependents.

PEBPs most common methods of communication with LEP individuals include website, mail, e-mail, and telephone communications.

IV. PEBP Language Access Services and Procedures

PEBP utilizes the Purchasing Divisions language access services described below to enable our LEP clients to access our services and programs more fully. In every case, PEBP ensures that all language service providers are fully competent to provide these services.

A mandatory notice for non-discrimination notices outlines services available in numerous languages to individuals with LEP. This is located at <https://pebp.state.nv.us/plans/mandatory-notices/>. Currently, upon request, PEBP contacts a contracted vendor identified on the Department of Administration’s Purchasing Division Statewide Contracts for Translation and Interpretation services to fulfill requests for language translation services.

A historical lookback of language access requests, including translation was conducted with PEBP’s accounting team for the last five years. This review has revealed no language access requests.

Oral/Sign Language Services

In the event professional language services are required, PEBP utilizes the Department of Administration’s Purchasing Division Statewide Contracts for Translation and Interpretation services. While there are several vendors contracted, the initial vendor is noted:

Vendor Name	Corporate Translation Services, Inc. (CTS) dba Language Link (99SWC-NV20-4360)
Vendor Number	T32000889
Contract Period	02/06/2020 through 11/03/2022
Vendor Specific Instructions	This statewide contract provides over the phone Language Interpretation and document translation for State agencies and political subdivisions. Users can contact the vendor directly using the vendor contact information below to schedule service statewide.
Vendor Contact(s)	Kimberly Paukert contracts@language.link 701 NE 136th Avenue Suite 200 Vancouver, WA 98684 (360) 314-0025

Competency of the oral and sign language services relies on the State of Nevada’s Bid Solicitation that requires satisfaction of technical and minimum requirements.

According to the solicitation response for the above contract, oral language services are offered in the following: Spanish, Tagalog, Traditional Chinese, Korean, Vietnamese, Amharic, Thai, Japanese, Arabic, Russian, French, Persian, Samoan, German, etc. Per contract RFQ 99SWC-S1847, this vendor also provides sign language interpretation.

Written Language Services

PEBP uses the following procedures to identify vital written information used in the provision of its services and programs, including both paper and electronic communications. The procedures for identifying vital written communication between PEBP and individuals as well as the procedure for identifying vital communication targeting the broader public are both presented.

Vital Documents are identified as documents required for members to use services offered by PEBP. Additionally, vital documents include any documentation required under state and federal law.

Based on the above vital documents' identification procedure, PEBP has identified the following documents:

Master Plan Documents

1. Enrollment and Eligibility
2. Consumer Driven Health Plan PPO Plan
3. Low Deductible PPO Plan
4. Exclusive Provider Organization Plan
5. Dental Plan and Summary of Benefits for Life Insurance
6. Flexible Spending Account
7. Active Employee Health and Welfare Wrap Plan Document
8. Retiree Employee Health and Welfare Wrap Plan Document
9. Medicare Exchange Health Reimbursement Arrangement Plan
10. Section 125 Document

These documents contain an excess of 342,000 words. An estimate of based on three vendors under the respective contracts are noted:

Vendor	Spanish	Chinese (Mandarin & Cantonese), Arabic, Russian, Farsi, Vietnamese, Swahili, Somali, Korean, French, Portuguese, German, Italian	Bosnian-Serbo Croatian, Bulgarian, Czech, Danish, Dutch, Finnish, Flemish, Greek, Hungarian, Norwegian, Polish, Romanian, Slovak, Slovenian, Swedish, Turkish, Ukrainian	all other language
99SWC-NV22-11678	\$0.12/word	\$0.15 / word	\$0.18 / word	\$0.21 / word
99SWE-NV22-11691	\$0.09/word	\$0.16 / word	\$0.16 / word	\$0.16 / word
99SWC-NV22-11693	\$0.09/word	\$0.14 / word	\$0.15 / word	\$0.20 / word
Highest Estimated Cost	\$41,040	\$54,720	\$61,560	\$71,820

These estimated costs are based on the highest of the three vendors for the respective languages. This is not inclusive of any expedited translation requests. Based on the above chart, to translate the 10 plan documents into the top three languages¹: Spanish, Tagalog, Chinese, would have a highest estimated cost projected to be \$167,580. This is not inclusive of other languages. Expedited translations requests were noted to have significantly higher cost per word.

Due to cost, this has not been preemptively translated. In the event translation is required, then this cost could become an annual expense and is included in subsequent PEBP budgets.

The Office of New Americans, directed to implement language access for state agencies, states that PEBP language access is subject to the safe harbor guidelines from the US Department of Housing and Urban Development regarding written translations. This is summarized in the follow graphic:

¹ <https://guinncenter.org/the-census-2020-in-nevada-snapshot-7/>

Size of Language Group	Recommended Provision of Writing Language Assistance
If there are 1,000 or more LEP Nevadans are eligible for that service, program, or activity	Translate vital document to that language
More than 5% of the eligible population <i>and</i> more than 50 in number	Translate vital document to that language
More than 5% of the eligible population <i>and</i> less than 50 in number	Translate written notice of right to receive free oral interpretation of documents
5% or less of the eligible population and less than 1,000 in number	No translation required *

Due to the lack of language access requests, it is determined that limited-English proficient people constitute 5% or less of the eligible population and less than 1,000 in number. Therefore, no proactive translation is required at this time. In the event this changes, PEBP may be subject to translation of vital documents.

PEBP vendors

Vendors are generally compliant with language access requirements in NRS 232.0081 fulfilling requirements under federal law: Health Insurance Portability and Accountability Act, Section 1331, and the Patient Protection and Affordable Care Act. This includes the following, member facing vendors:

- Pharmacy Benefit Manager
- Third Party Administrator
- Utilization management and case management
- HSA/HRA administrator
- Enrollment and Eligibility System vendor

Community Outreach and Engagement

PEBP is committed to ensuring that the larger LEP community is aware of and able to access all available language services. In doing so, PEBP has taken steps to publicize the availability of its language services in the community. Additionally, PEBP has provided notification of its services at all relevant points of contacts, inclusive of Agency Representatives. Additionally, PEBP has provided resources for its staff to improve their cultural competency and ability to work with diverse groups.

Procedures and Resources for LEP Community Outreach

PEBP does not have community outreach as its primary customers are public employees and retirees.

Providing Notice of Language Assistance Services

PEBP provides the following notifications within its office and online.

- Non-Discrimination Notice.
This notice can be found here: <https://pebp.state.nv.us/plans/mandatory-notices/> and in the PEBP office lobby.

Cultural Competency Resources:

PEBP has provided the following resources to its staff to improve their ability to work with diverse groups:

State Learning Courses through SuccessFactors

- NNAMHS Dignity and Respect Training
Description: This training will cover the following: The Consumer Movement as it pertains to respect and dignity Language and labeling Person first language Conversation etiquette Stigma and actions Creating a culture of recovery
- Respect in the Workplace
Description: We all spend many hours together as coworkers and colleagues. A workplace characterized by trust and respectful treatment at every level provides an environment for job satisfaction, employee engagement and productivity. That culture promotes the efforts needed to drive high performance at both individual and organizational levels. This training is designed to identify the value of a respectful workplace from both a personal perspective, as well as informing you about the legal and emotional ramifications of harassment, bullying, bias, discrimination, and incivility.

V. Implementing PEBP's Language Access Services

PEBP is committed to providing our LEP clients full access to our services and programs in accordance with NRS 232.0081. To accomplish this goal, PEBP requires its staff to follow the procedures described below to ensure meaningful access to available language services. Moreover, PEBP is committed to compliance with these procedures and provides the staff with the training described below to help ensure that all staff are familiar with these procedures and recognize their importance to PEBP's mission.

Language Access Procedures

Identifying Client Language Needs and Preferred Language

The following procedures should be followed to 1. interact appropriately with LEP clients, 2. inform clients of the availability of language services, 3. determine clients' preferred languages, and 4. record and track LEP client language preferences so that the data will follow them throughout their interactions with PEBP staff.

1. Initial interactions with LEP clients are to be taken seriously and the Compliance unit should be notified.
2. The available language services can be presented by providing a printout of the Non-Discrimination Notice that states language access for LEP individuals is available.
3. To determine the clients' preferred language, the Non-Discrimination Notice shall be marked to indicate the clients preferred language.
4. The preferred language is noted in the member's account.

Accessing Appropriate Oral/Sign Language Services

Staff should seek appropriate oral/sign language services in this order:

1. The preferred method of serving LEP clients is by using staff, capable of conversing in another language, to provide services directly to in the client's preferred language without the need for an interpreter. Handwritten paper shall be provided for members seeking sign language services for appropriate assistance.
2. Available, trained, competent bilingual staff may be used for in-person or telephone interpreting to support other staff.
3. Recognizing unforeseen circumstances, PEBP authorizes staff to utilize translation applications, such as Google Translate, to triage the initial interaction and proceed to the next step.
4. Due to the nature of PEBP's services, it is recommended to route staff to seek assistance from professional in-person or telephone interpreters when staff cannot meet language needs. PEBP recognizes that certain circumstances may require specialized interpretation and translation services even when staff with

bilingual abilities are available.

5. Staff must be authorized to provide language services to communicate effectively even when such assistance is not requested by the customer.

Accessing Appropriate Written Language Services

According to PEBP's stated policy on the determination of "vital" documents, the following procedures should be followed to access qualified written language services. This applies both to written information intended for broad distribution as well as written communications between PEBP and individual clients.

1. Identify the LEP client's preferred language by utilizing the Non-Discrimination Notice as a template for assistance.
2. Inform the member that the documents will be provided in their preferred written language.
3. Recognizing unforeseen circumstances, PEBP authorizes staff to utilize online translation applications, such as Google Translate, to triage the initial interaction and proceed to the next step.
4. Due to the nature of PEBP's services, it is recommended to route staff to seek assistance from professional interpreters. PEBP recognizes that certain circumstances may require specialized interpretation and translation services. This should be escalated to PEBP Quality Control where an urgent request from the designated language translation service will provide document translation.
5. Once completed, a phone call will be made to the PEBP member informing them the document is ready to be delivered either by USPS or digitally sent by e-mail.

Language Services Quality Assurance:

PEBP is committed to ensuring that language service providers it uses are qualified and competent to provide those services. The following procedures are in place to (1) establish provider qualifications and (2) track provider performance.

1. Provider qualifications are documented on the Department of Administration's Purchasing Division Statewide Contracts for Translation and Interpretation.
2. Provider performance tracking is general held by Department of Administration's Purchasing Division Statewide Contracts for Translation and Interpretation. Any dissatisfaction will be relayed to the Purchasing Division.

Staff Training Policies and Procedures

PEBP believes that the appropriate provision of language services is vital to the fulfillment of its mission. Towards that end, PEBP ensures that its staff are familiar with its language access

policies and the above procedures for providing said services. Relevant training includes the following:

State Learning Courses through SuccessFactors

- **NNAMHS Dignity and Respect Training**
Description: This training will cover the following: The Consumer Movement as it pertains to respect and dignity Language and labeling Person first language Conversation etiquette Stigma and actions Creating a culture of recovery
- **Respect in the Workplace**
Description: We all spend many hours together as coworkers and colleagues. A workplace characterized by trust and respectful treatment at every level provides an environment for job satisfaction, employee engagement and productivity. That culture promotes the efforts needed to drive high performance at both individual and organizational levels. This training is designed to identify the value of a respectful workplace from both a personal perspective, as well as informing you about the legal and emotional ramifications of harassment, bullying, bias, discrimination, and incivility.

VI. Evaluation of and Recommendations for PEBP's Language Access Plan

PEBP is committed to monitoring the performance of the above policies, procedures, and resources to ensure that its LAP is responsive to the needs of both PEBP and the people it serves. At a minimum, PEBP will review, evaluate, and update (if needed) its LAP biennially.

Processes for Monitoring and Evaluation

Parties Responsible for LAP Maintenance

The Quality Control Officer and staff, including a Management Analyst 1 and Management Analyst 3, are tasked with maintenance and following this LAP.

Ultimately, the LAP requires Board approval, therefore, the PEBP Board also holds responsibility for LAP maintenance.

Criteria and Methods for LAP Evaluation

PEBP will track its LAP's performance using the criteria indicated below. The methods for gathering/tracking the relevant data for these criteria are likewise described.

- Requests for language access are generally recorded in the member's notes; however, this is not easily retrievable. To that end, PEBP Compliance Unit will track language access requests.
- Annual vendor compliance reviews to measure response times for language services including translation and sign language services.

Evaluation Outcomes and Proposed Changes

Performance Monitoring Data

PEBP's analysis of the above performance measure data has found the following:

- PEBP currently does not have performance measures on the aforementioned data.

Proposed LAP Revisions

Based on PEBP's LAP performance assessment, the following changes to the LAP are proposed:

- PEBP recommends securing funding to track language preferences in PEBP systems.
- PEBP should self-track Language Access needs from LEP.
- PEBP should allow bilingual employees a method to receive certification to translate in other languages.

Proposed Budgetary Implications

1. For PEBP to proactively translate documents in another language, for example, to translate PEBP documents the top three common languages in NV, aside from English: Spanish, Tagalog, Chinese, this would incur estimated cost that is projected to be **\$167,580 per year**. This is not inclusive of other languages or expedited costs.
2. In the event PEBP is required to track LEP, PEPB's enrollment and eligibility system can be upgraded to request member's preferred language for data tracking purposes. This is handled by a vendor and would be subject to contract amendments. According to the vendor, this would incur a one-time cost of **\$15,000**.
3. PEPB's enrollment and eligibility system can be upgraded to request member's identification if they are Indigenous, Refugee, or Neither/Undeclared. According to the vendor, this would incur a one-time cost of **\$20,000**.
4. PEBP can make a request to enhance the enrollment and eligibility system to display the online member portal in other languages. PEBP's current vendor estimates to translation to a Spanish would incur a one-time cost of **\$300,000**.
 - a. In the event other language translation is required, such as Chinese, Tagalog, etc., this would incur a cost of **\$1,000,000**.
5. In the event PEBP employees receive certification to translate in other languages, they would be eligible for a special adjustment to pay per NAC 284.206, which is a five percent (5%) pay bump per certified employee. The approximate recurring payroll cost is estimated to be **\$20,000 per year**.

Total estimated cost to implement the LAP as proposed: **\$522,580**
\$187,580 per year + \$335,000 one-time costs (only for Spanish).

Suggested Legislative Amendments

Based on PEBP's experience with language access to date, the following revisions to NRS 232.0081 or other legislation are recommended:

- None

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 28, 2022

Item Number: V

Title: Executive Officer Report

SUMMARY

This report provides updates to the Board and Public on PEBP Operations.

REPORT

STAFFING

Staffing at PEBP, and across all state agencies, continues to be a challenge. As of the date this report was written, 11 (or roughly 32%) of the available positions at PEBP remain vacant.

There are several hurdles, beginning with delays related to the challenges associated with the Division of Human Resource Management's transition to new HR software (Success Factors). Similar to PEBP, the State recently terminated its contract with LSI Inc. for its statewide Smart 21 ERP implementation. Success Factors will, however, continue to be utilized but problems within the system continue to lead to delays in the recruiting process.

While Success Factors has delayed PEBP's ability to conduct recruitments expeditiously, it is only one small component of a bigger problem. Once the recruitment has posted and a list of eligible candidates becomes available, it is challenging to fill interview slots. In the most recent round of interviews, only 2 candidates accepted an interview of the 12 that were invited, Of those, only 1 showed up for their scheduled interview and once offered the position, the candidate declined citing low compensation. A similar experience occurred in a different recruitment where of the 17 candidates who were offered interviews, only 2 accepted but neither showed up.

Although this has impacted PEBP in all areas, the most noticeable impact has been in the Member Services unit (call center). These positions are front line positions meant to assist members by answering questions and providing information on PEBP eligibility and processes. These positions are especially crucial during Open Enrollment when the call volume is high and members have a limited time to make plan selections. Unfortunately, the staffing shortage created long wait times, sometimes up to an hour long. During OE members who had emailed questions in were waiting up to 3 weeks to get responses. PEBP attempted to divert resources, but with the various competing implementations happening concurrently as well as the normal duties, there were limited options. The high call volume and long wait times continue to exist even beyond OE and will likely continue until the staffing challenges are no longer a factor.

Moving forward, there are some options that have been presented by DHRM through emergency regulations that will allow PEBP to retain good, knowledgeable staff by offering promotional opportunities that they previously would not have qualified for. We are excited about this because it allows PEBP to promote from within and avoid the long learning curve associated with bringing on new staff. It also rewards good employees for their efforts and allows recognition of those efforts. The unintended downside to promoting entry level staff is that it creates more vacancies in the hard to fill positions such as MSU. Unfortunately, this problem is largely out of the control of PEBP and will have to be addressed on a legislative level during the upcoming legislative session.

IMPLEMENTATIONS

As PEBP wrapped up its long list of solicitations, it meant that newly awarded contracts would require complex implementations. Typically, PEBP would try to limit these implementations to one or two a year because of the extra efforts, increased risk of member disruption and increased need for member communication. This year, however, PEBP had many implementations to juggle at once; the Third-Party Administrator, Medical Network, Life Insurance, HSA/HRA administrator, Actuarial Consultant, and the reversion of the eligibility and enrollment system. PEBP is pleased to announce that all the implementations were successfully implemented with only minor issues.

While no implementation went without its challenges, overall, no major setbacks occurred and members were able to access services without disruption on July 1. This could not have happened without the tremendous efforts of our vendor partners and PEBP staff, who worked extensively to ensure the integrations with PEBP and between vendors went smoothly. The coordination and commitment at all levels should be celebrated and as Executive Officer I want to ensure PEBP staff and partners receive recognition for making this a success.

OPEN ENROLLMENT UPDATE

Almost 7000 members made open enrollment selections, which is consistent from previous years OE activity. As illustrated in the migration chart below, members migrated largely from the CDHP to the LD plan.

PEBP Migration

PLAN	PY2022 Enrollment Count*	PY2023 Enrollment Count*
HMO (HPN)	3716	3730
CDHP	18350	16792
EPO	3889	3674
LD	4730	6447
Exchange Dental	9274	9197

*Primary Members

REPORTING SCHEDULE

Historically, PEBP has struggled to align reporting between vendors due inconsistent methodologies and timing. As a result, we have used the transition to new partners as an opportunity to more closely align reporting across the board and to improve the consistency in data. One simple but highly effective change was the decision to report solely on an incurred basis – meaning that data is reported based on the date of the claim (date of service) versus the date the claim is paid. In order to account for claim lag time, some changes will be made to the reporting schedule moving forward. These changes will allow for claims run-out and capture more accurate experience. As shown below, the schedule will only be impacted in Q4 where instead of presenting in September, the reports will be provided at the November Board meeting.

Current Schedule			Proposed Schedule		
Report Period	Due to PEBP	Board Mtg.	Report Period	Due to PEBP	Board Mtg.
Q1 7/22-9/22	11/12/2022	January	Q1 7/22-9/22	12/16/2022	January
Q2 7/22-12/22	2/11/2023	March	Q2 7/22-12/22	3/17/2023	May
Q3 7/22-3/23	5/15/2023	July	Q3 7/22-3/23	6/16/2023	July
Q4 7/23-6/23	8/13/2023	September	Q4 7/23-6/23	9/15/2023*	November

*Allows for 2 months of runout

COMPLIANCE REVIEW

PEBP is required to undergo a compliance audit every other year. This review is performed by PEBP’s consultant and focuses on the program’s compliance with federal and state laws. This year, however, PEBP has asked Segal to perform a more in-depth review to include best practices throughout the plan. This includes recommendations on the language and presentation of the master plan documents as well as an assessment on some of the clinical aspects of the plan. Because of this more extensive analysis, the findings will be presented separately by subject matter

Executive Officer Report

July 28, 2022

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as each section is completed. PEBP and Segal have already begun discussions and work on this project and hope to have a more definitive timeline of deliverables in the coming weeks.

6.

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

6.1 Contract Overview

6.2 New Contracts

6.3 Contract Amendments

6.3.1 Claim Technologies, Inc.

6.4 Contract Solicitations

6.5 Status of Current Solicitations



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Board Chair

AGENDA ITEM

Action Item

Information Only

Date: July 28, 2022
Item Number: VI
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

6.1 Contracts Overview

Below is a listing of the active PEBP contracts as of June 30, 2022.

PEBP Active Contracts Summary							
Vendor	Service	Contract #	Effective Date	Termination Date	Contract Max	Current Expenditures	Amount Remaining
CliftonLarsonAllen	Financial Auditor	24088	5/1/2021	12/31/2024	\$ 212,485.00	\$ 50,710.00	\$ 161,775.00
Health Plan of Nevada Inc	Southern Nevada HMO	23802	7/1/2021	6/30/2025	\$ 192,093,848.00	\$ 39,719,305.85	\$ 152,374,542.15
Diversified Dental Services Inc.	Dental PPO	23810	7/1/2021	6/30/2026	\$ 1,601,613.00	\$ 306,397.44	\$ 1,295,215.56
Lifeworks	Benefits Management System	25935	5/10/2022	12/31/2026	\$ 6,145,600.00	\$ 703,667.90	\$ 5,441,932.10
Express Scripts, Inc.	Pharmacy Benefit Manager	25582	5/10/2022	06/30/206	\$ 332,109,496.00	\$ -	\$ 332,109,496.00
United Healthcare Insurance	Group Basic Life Insurance	25607	7/1/2022	6/30/2026	\$ 12,824,248.00	\$ -	\$ 12,824,248.00
Claim Technologies	Health Plan Auditor	24030	4/13/2021	6/30/2027	\$ 1,581,662.00	\$ 108,000.00	\$ 1,473,662.00
Segal Company, Inc.	Consulting Services	25557	7/1/2022	6/30/2027	\$ 3,990,000.00	\$ -	\$ 3,990,000.00
UMR, Inc.	TPA and Other Services	25155	7/1/2022	6/30/2028	\$ 65,413,106.00	\$ -	\$ 65,413,106.00
Carson City Airport Authority	NRS 287.025	10335	2/1/2010	2/1/2034	\$ 146,160.00	\$ -	\$ 146,160.00
Clean Water Coalition	NRS 287.025	11373	10/1/2010	6/1/2050	\$ 359,040.00	\$ -	\$ 359,040.00

Recommendation

No action necessary

6.2 New Contracts

PEBP does not currently have any new contracts for ratification.

6.3 Contract Amendment Ratifications

Below are the contract amendment ratification requests.

6.3.1 CLAIM TECHNOLOGIES, INC.

PEBP contracted with Claim Technologies Inc. for health claim auditing services which became effective November 9, 2021 and has a termination date of June 30, 2027. Effective May 1, 2022 Claim Technologies Inc. has been acquired by Brown & Brown of Massachusetts, LLC. This amendment is necessary to document the name change of the company and does not make any other changes to the contract.

Recommendation

PEBP recommends the Board authorize staff to amend the contract between PEBP and Claim Technologies, Inc. for health claim auditing services in contract #24030 to change the vendor name to Brown & Brown of Massachusetts, LLC.

6.4 Contract Solicitation Ratifications

PEBP does not currently have any contract solicitations for ratification.

6.5 Status of Current Solicitations

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

Service	Anticipated/ Actual RFP release date	Anticipated/ Actual NOI	Winning Vendor	Anticipated Board Approval
Eligibility and Enrollment System	TBD			

7.

7. Public Comment

8.

8. Adjournment