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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

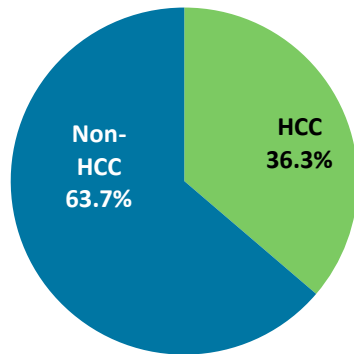
Net Paid Claims - Total										
Total Participants										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 25,668,868	\$ 5,951,660	\$ 3,344,550	\$ 34,965,078	\$ 30,917,061	\$ 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	

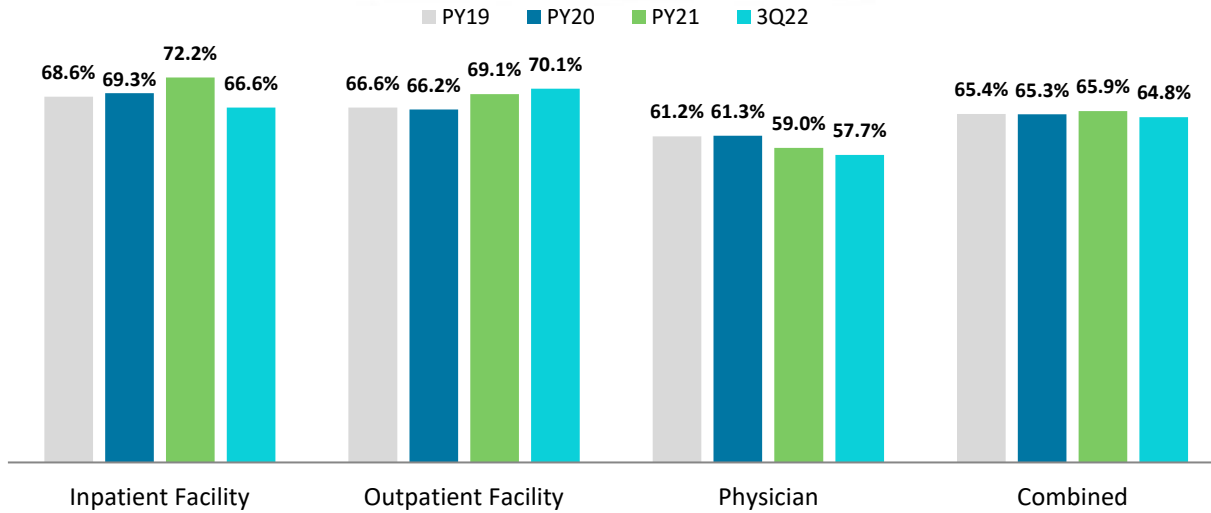
Utilization Summary (p. 2 of 2)

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

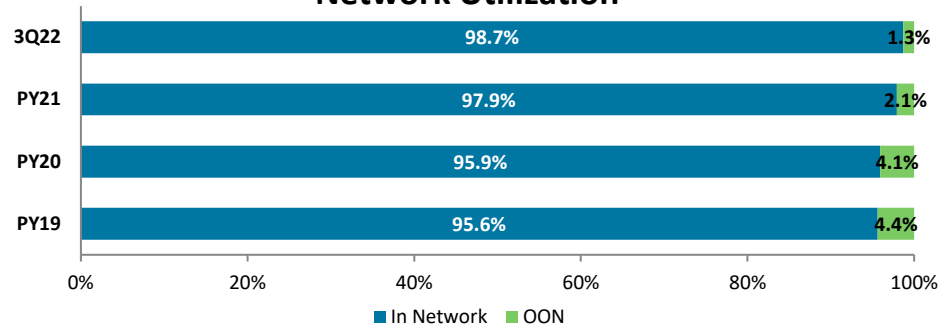
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year	
Inpatient Summary									
# of Admits	252	195	235		82	42	34		
# of Bed Days	1,590	1,250	1,444		410	241	192		
Paid Per Admit	\$28,523	\$29,537	\$27,063	-8.4%	\$17,428	\$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

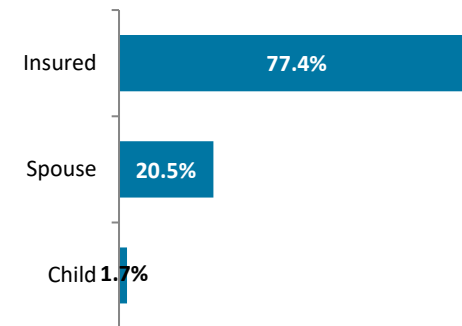
Grouper	PY19		PY20		PY21		3Q22	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	1,438	\$960,442	1,578	\$1,202,510	1,622	\$1,042,887	1,097	\$832,767
Developmental Disorders	132	\$376,873	155	\$796,920	190	\$1,169,559	133	\$660,889
Eating Disorders	46	\$77,221	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

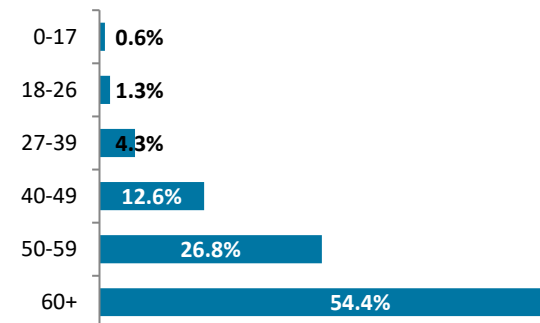
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Cancer Therapies	112	687	\$3,533,603	35.2%
Cancers, Other	373	1,638	\$1,803,638	18.0%
Breast Cancer	212	1,538	\$942,288	9.4%
Leukemias	31	453	\$523,671	5.2%
Secondary Cancers	70	332	\$422,654	4.2%
Brain Cancer	15	188	\$384,376	3.8%
Cervical/Uterine 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

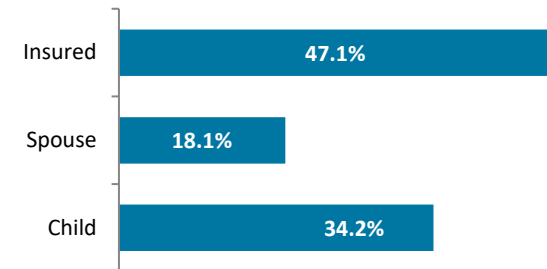


Diagnosis Grouper – Pregnancy-related Disorders

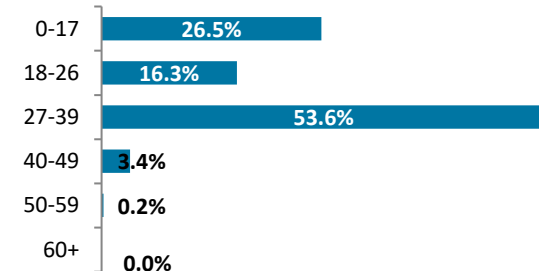
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	118	390	\$2,671,588	27.0%
Prematurity and Low Birth Weight	10	23	\$2,566,382	26.0%
Pregnancy Complications	376	1,444	\$1,460,226	14.8%
Labor and Delivery Related	262	627	\$1,400,963	14.2%
Liveborn Infants	191	327	\$1,294,920	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

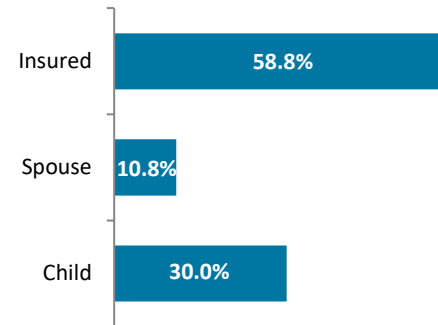


Diagnosis Grouper – Infections

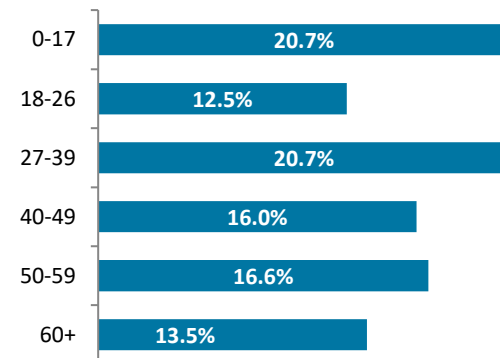
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Infectious Diseases	7,996	17,553	\$5,543,585	58.2%
Septicemia	129	328	\$3,660,696	38.4%
Osteomyelitis	21	383	\$295,495	3.1%
HIV	38	131	\$13,718	0.1%
Influenza	41	48	\$7,214	0.1%
Hepatitis B	18	52	\$5,322	0.1%
Clostridium Difficile	3	4	\$4,968	0.1%
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

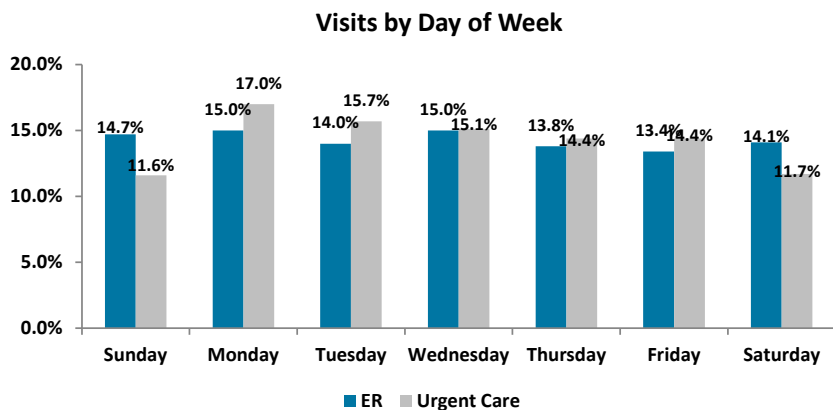


Emergency Room / Urgent Care Summary

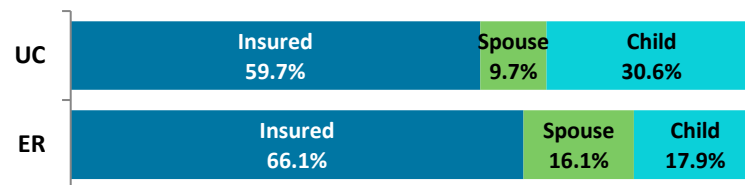
ER/Urgent Care	3Q21		3Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	3,573	6,898	3,711	6,759		
Visits Per Member	0.11	0.22	0.15	0.27	0.17	0.24
Visits/1000 Members	112	217	147	268	174	242
Avg Paid Per Visit	\$2,012	\$73	\$1,799	\$67	\$1,684	\$74
% with OV*	82.7%	79.3%	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



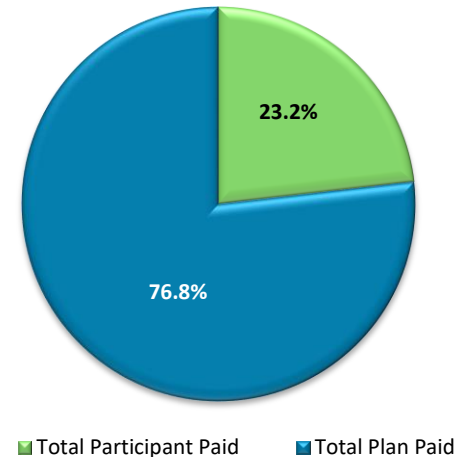
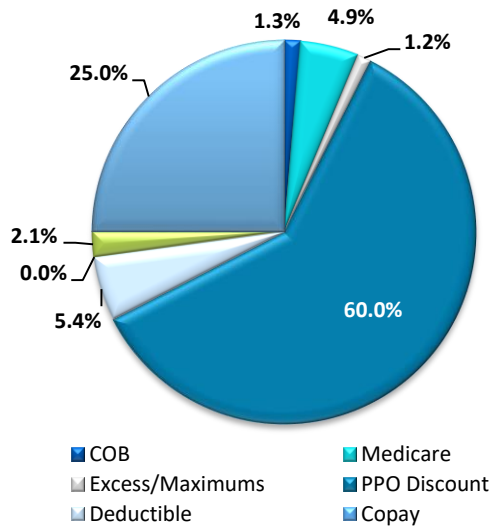
Relationship	ER / UC Visits by Relationship					
	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	2,230	116	4,056	4,380	6,286	327
Spouse	523	125	664	863	1,187	284
Child	958	93	2,039	1,655	2,997	292
Total	3,711	110	6,759	201	10,470	311

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

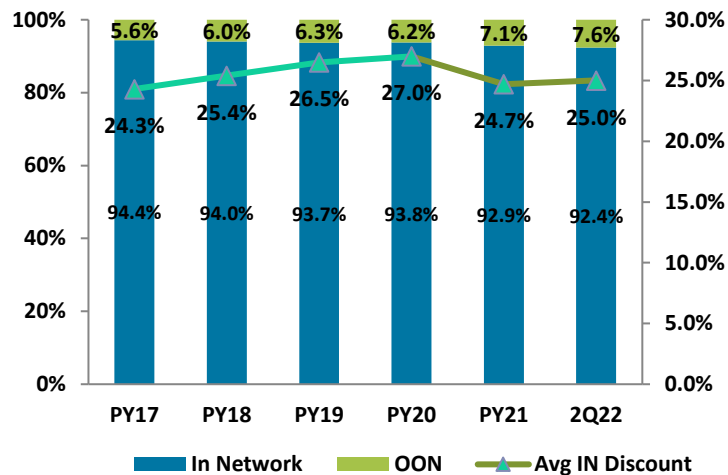
Dental Paid Claims - Total										
Total Participants										
	3Q22				3Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 13,250,310	\$ 1,769,042	\$ 601,858	\$ 15,621,209	\$ 12,656,888	\$ 1,769,172	\$ 574,816	\$ 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	Change	
Dental	\$ 54	\$ 49	\$ 48	\$ 53	\$ 54	\$ 52	\$ 54	\$ 53	0.6%	
Dental Exchange	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ 49	\$ 49	3.6%	

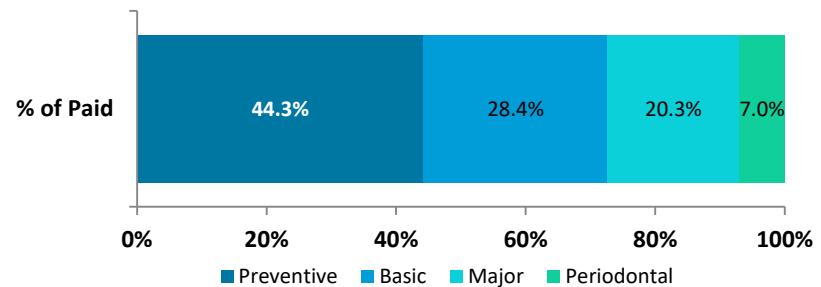
Dental Claims Analysis

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



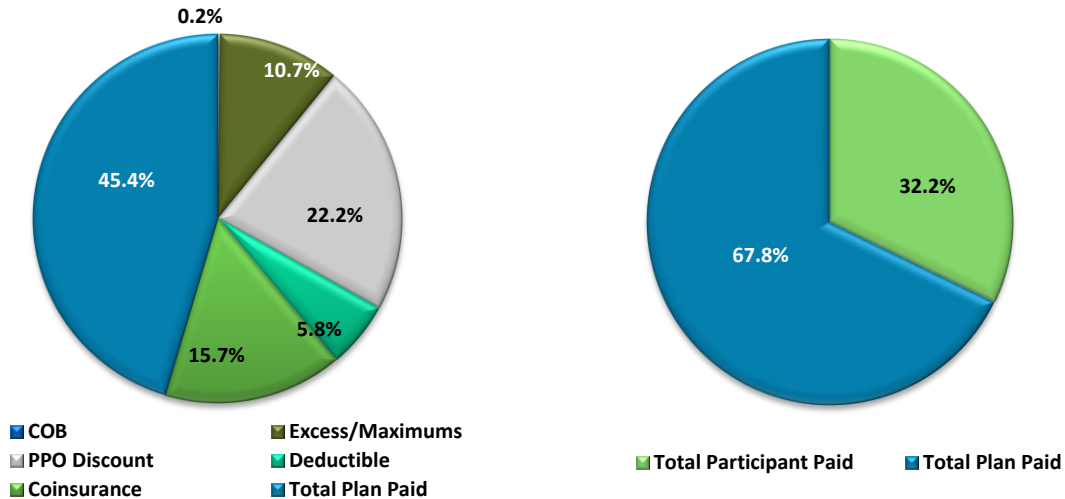
Claim Category	Total Paid	% of Paid
Preventive	\$8,441,174	44.3%
Basic	\$5,420,064	28.4%
Major	\$3,867,334	20.3%
Periodontal	\$1,342,593	7.0%
Total	\$19,071,166	100.0%



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

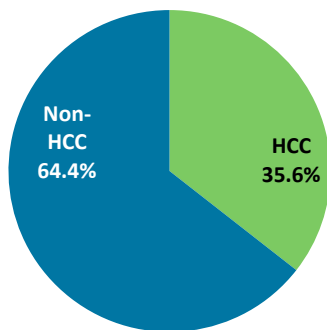
Net Paid Claims - Total					
Total Participants					
	3Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical					
Inpatient	\$ 7,227,368	\$ 862,368	\$ 6,717	\$	8,096,452
Outpatient	\$ 11,300,657	\$ 2,055,840	\$ 67,048	\$	13,423,546
Total - Medical	\$ 18,528,024	\$ 2,918,208	\$ 73,765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

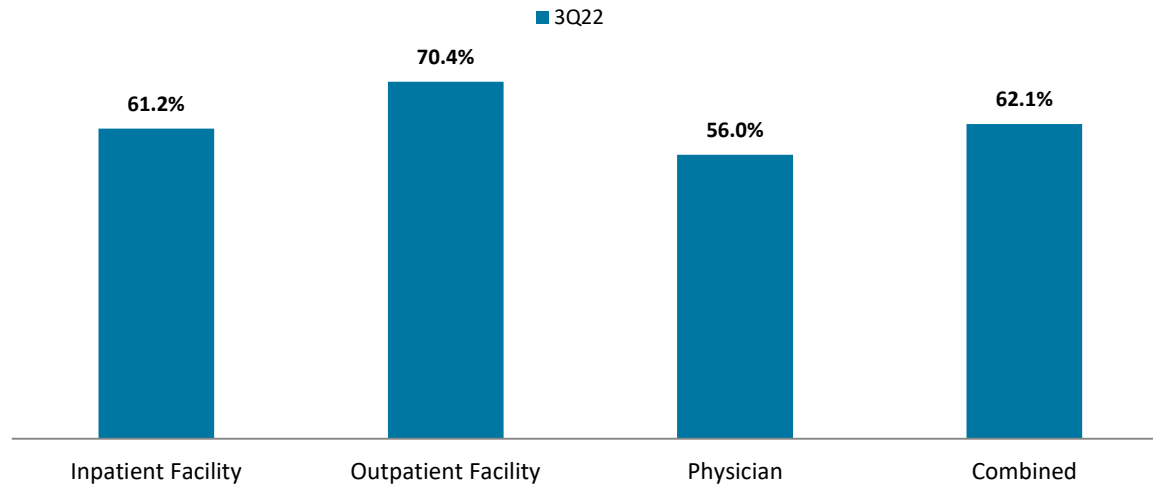
Utilization Summary

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

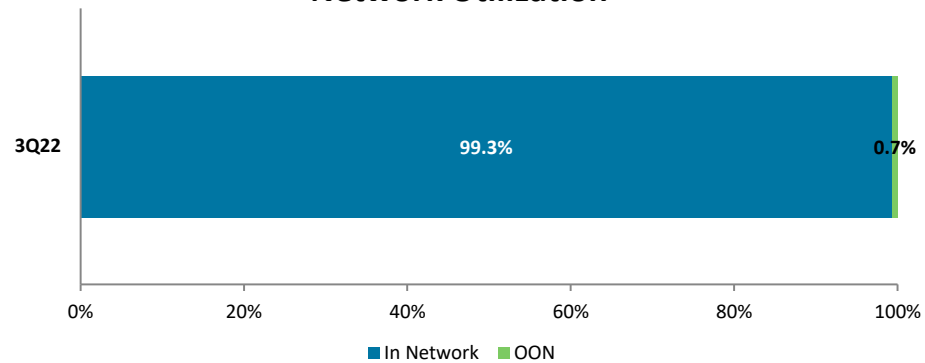
	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	3Q22	3Q22	3Q22	3Q22	3Q22	HSB Peer Index
Inpatient Facility						
# of Admits	214	184	1	24	5	
# of Bed Days	985	881	1	89	14	
Paid Per Admit	\$30,907	\$30,753	\$1,051	\$38,705	\$5,130	\$16,173
Paid Per Day	\$6,715	\$6,423	\$1,051	\$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

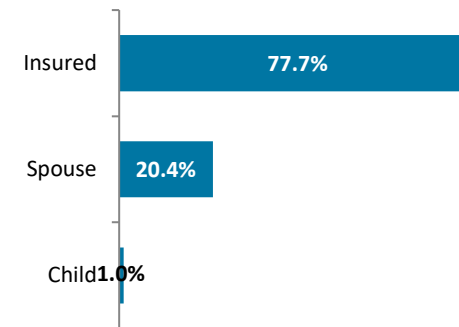
Group	3Q22	
	Patients	Total Paid
Depression	333	\$326,156
Mental Health Conditions, Other	316	\$221,900
Mood and Anxiety Disorders	421	\$156,721
Developmental Disorders	41	\$152,193
Eating Disorders	15	\$102,010
Bipolar Disorder	83	\$66,496
Attention Deficit Disorder	147	\$46,258
Substance Abuse/Dependence	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

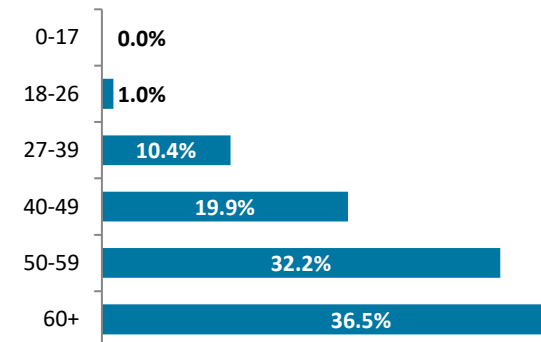
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	24	187	\$837,378	79.6%
Melanoma	14	89	\$480,775	45.7%
Brain Cancer	1	59	\$315,093	29.9%
Breast Cancer	46	388	\$220,137	20.9%
Cancers, Other	66	295	\$213,163	20.3%
Secondary Cancers	15	62	\$90,347	8.6%
Lung Cancer	6	74	\$47,100	4.5%
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

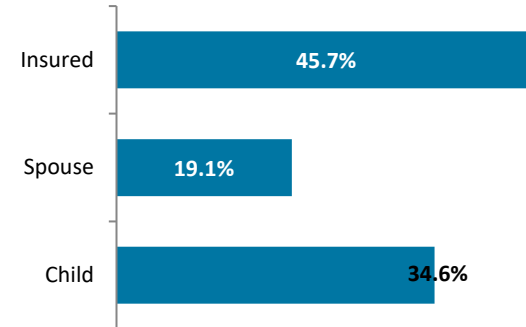


Diagnosis Grouper – Pregnancy-related Disorders

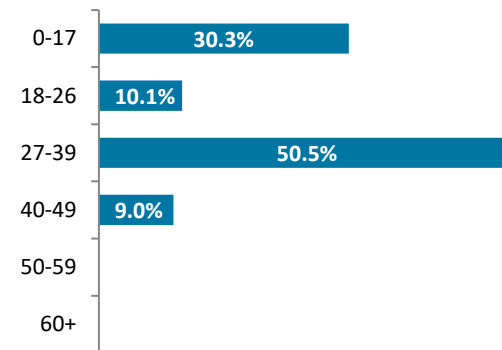
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	31	83	\$915,259	43.8%
Labor and Delivery Related	60	216	\$464,839	22.2%
Pregnancy Complications	90	375	\$422,003	20.2%
Liveborn Infants	52	89	\$182,435	8.7%
Supervision of Pregnancy	106	552	\$69,988	3.3%
Multiple Gestation Related	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

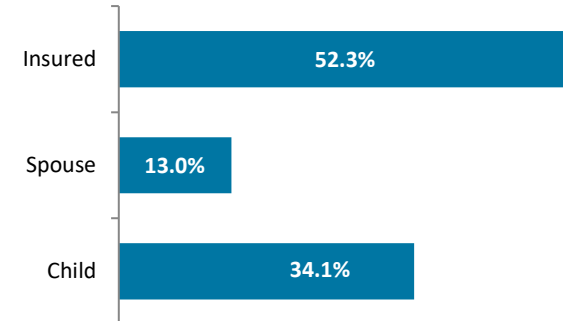


Diagnosis Groupers – Health Status/Encounters

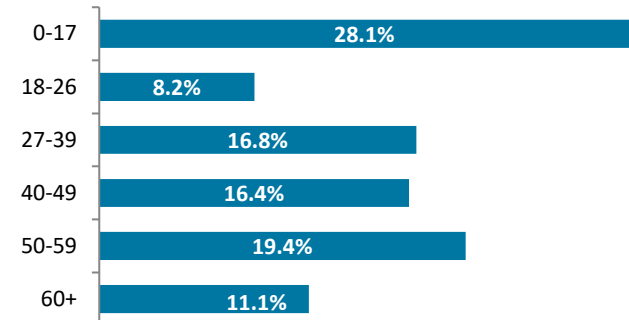
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	1,512	2,817	\$541,886	30.5%
Prophylactic Measures	1,483	1,964	\$416,422	23.4%
Exams	2,121	3,758	\$407,224	22.9%
Encounters - Infants/Children	913	1,283	\$201,130	11.3%
History of Condition	44	60	\$59,122	3.3%
Personal History of Condition	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



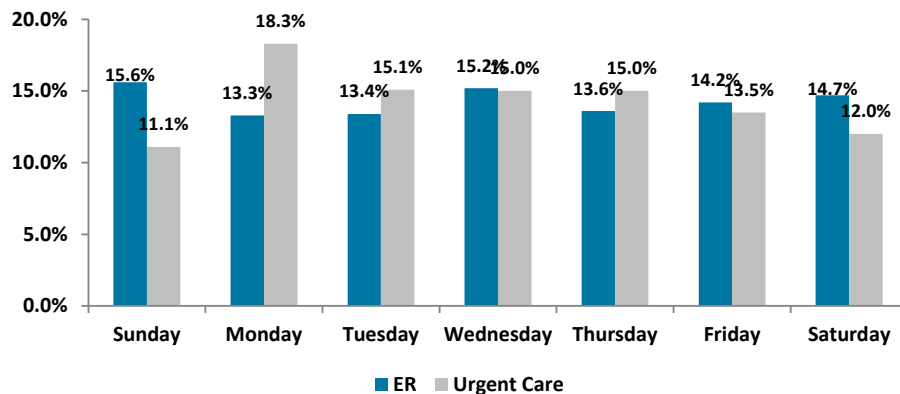
Emergency Room / Urgent Care Summary

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		

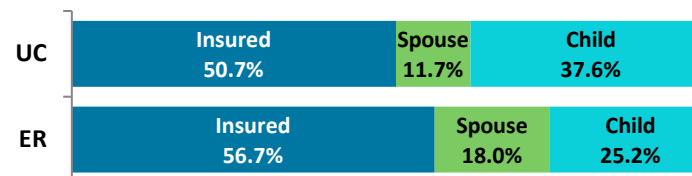
*looks back 12 months from ER visit

Annualized Annualized

Visits by Day of Week



% of Paid

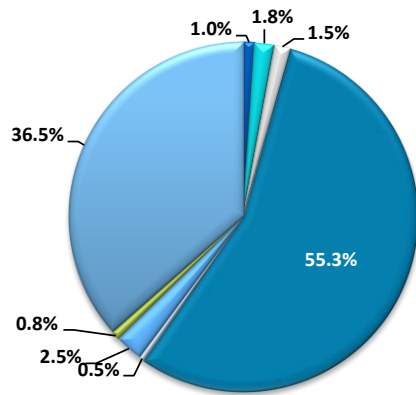


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	370	91	825	202	1,056	259
Spouse	102	87	184	157	202	173
Child	258	84	626	203	513	166
Total	730	88	1,635	196	1,771	212

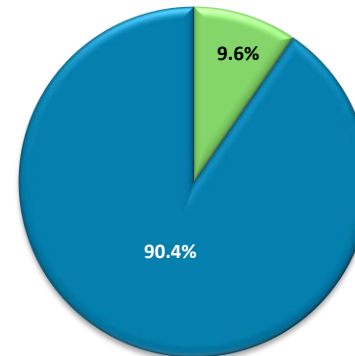
Hospital and physician urgent care centers are included in the data.
Paid amount includes facility and professional fees.

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%



- COB
- Medicare
- Excess/Maximums
- PPO Discount
- Deductible
- Copay



- Total Participant Paid
- Total Plan Paid

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)

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	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

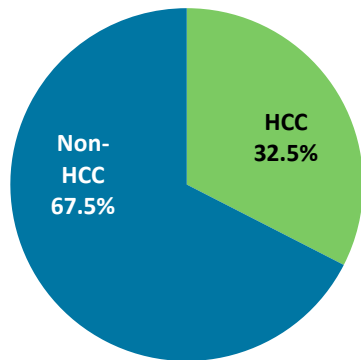
Net Paid Claims - Total										
Total Participants										
	3Q21				3Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 7,408,080	\$ 2,652,155	\$ 284,525	\$ 10,344,760	\$ 11,691,863	\$ 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	

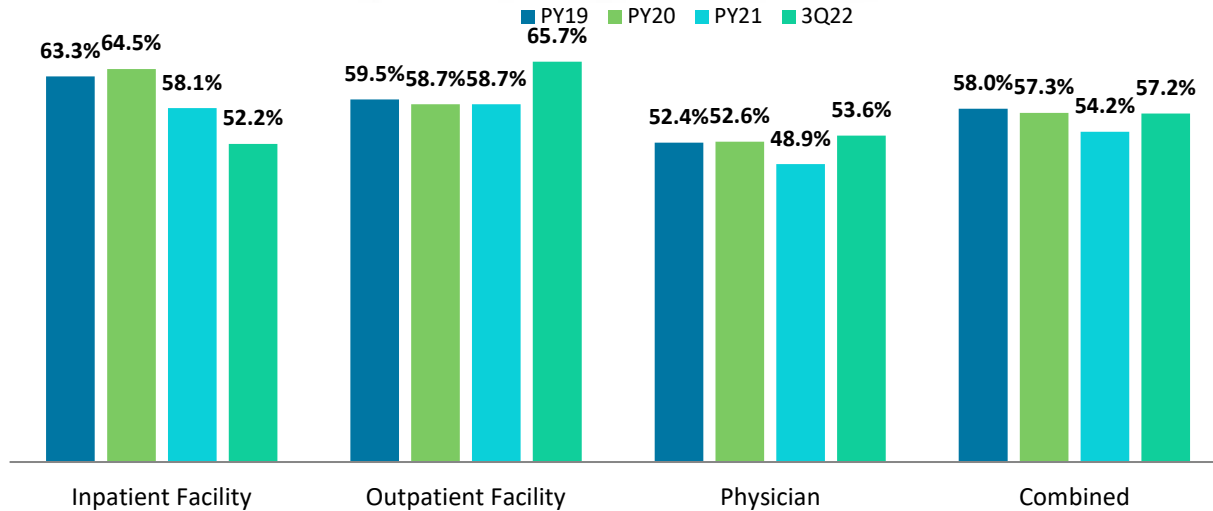
Utilization Summary (p. 2 of 2)

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

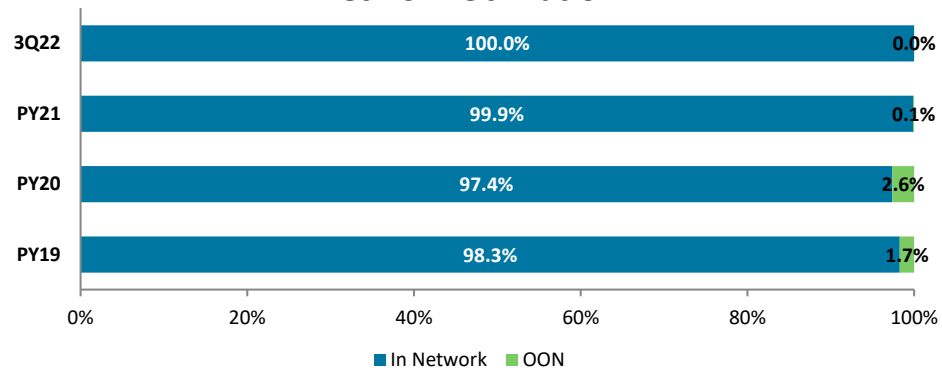
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q20	3Q21	3Q22	Variance to Prior Year	3Q20	3Q21	3Q22	Variance to Prior Year	
Inpatient Summary									
# of Admits	63	45	34		8	6	10		
# of Bed Days	310	253	210		156	163	72		
Paid Per Admit	\$31,158	\$24,425	\$26,389	8.0%	\$18,975	\$498,010	\$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

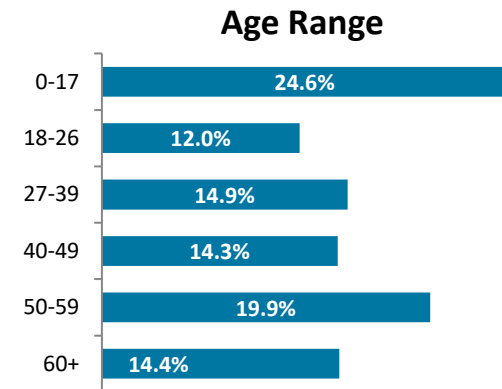
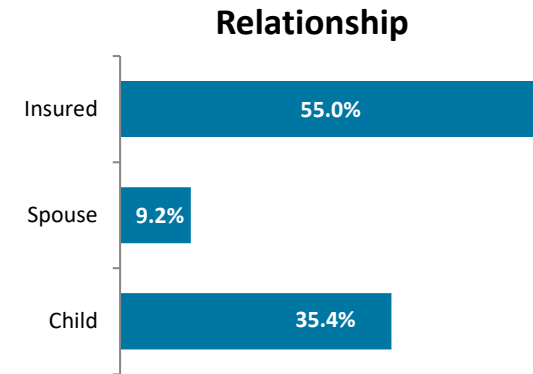
Mental Health Drilldown

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

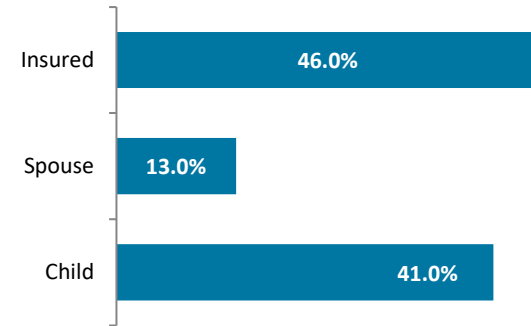


Diagnosis Grouper – Pregnancy-related Disorders

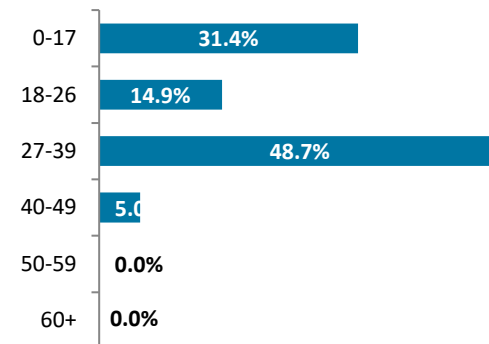
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Liveborn Infants	76	145	\$1,389,512	49.8%
Labor and Delivery Related	86	224	\$632,857	22.7%
Pregnancy Complications	100	452	\$319,501	11.4%
Fetal Distress	4	83	\$225,792	8.1%
Supervision of Pregnancy	128	505	\$115,584	4.1%
Perinatal Disorders	39	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

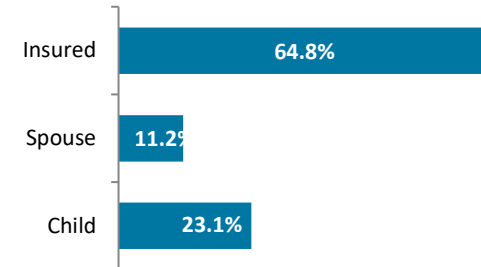


Diagnosis Grouper – Pulmonary Disorders

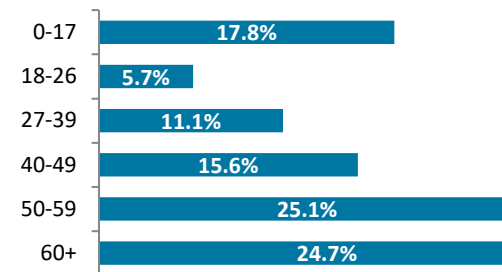
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Respiratory Failure	53	266	\$1,749,016	65.8%
Lung Conditions, Other	141	263	\$225,649	8.5%
Sleep Apnea	466	2,227	\$211,718	8.0%
Respiratory Symptoms	676	1,223	\$177,233	6.7%
Bronchitis	107	148	\$91,448	3.4%
Pneumonia	69	130	\$84,949	3.2%
Asthma	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

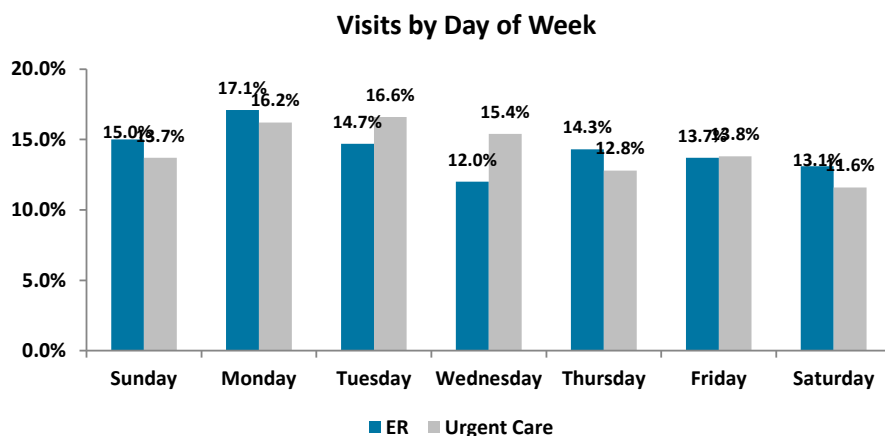


Emergency Room / Urgent Care Summary

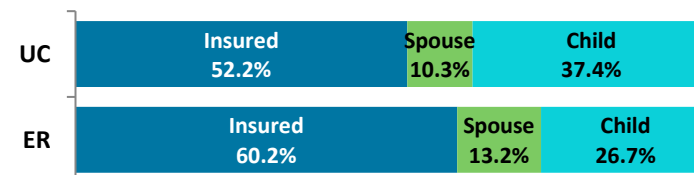
ER/Urgent Care	3Q21		3Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	946	1,771	1,051	2,175		
Visits Per Member	0.15	0.27	0.18	0.38	0.17	0.24
Visits/1000 Members	147	275	185	382	174	242
Avg Paid Per Visit	\$2,416	\$151	\$1,837	\$156	\$1,684	\$74
% with OV*	91.5%	87.1%	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



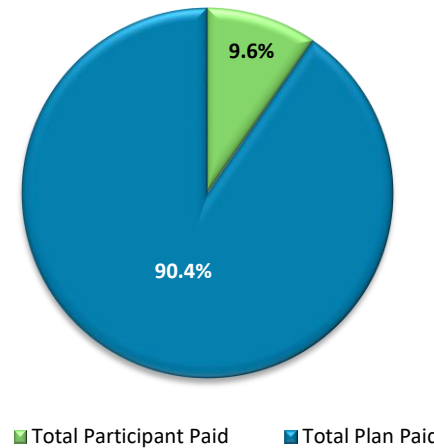
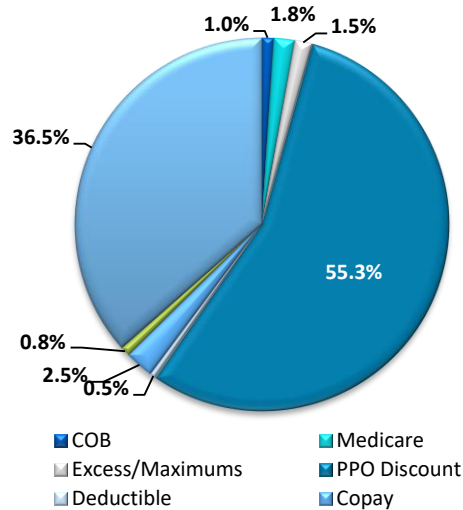
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	566	139	1,148	281	1,056	259
Spouse	127	154	221	268	202	245
Child	358	133	806	300	513	191
Total	1,051	138	2,175	286	1,771	233

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

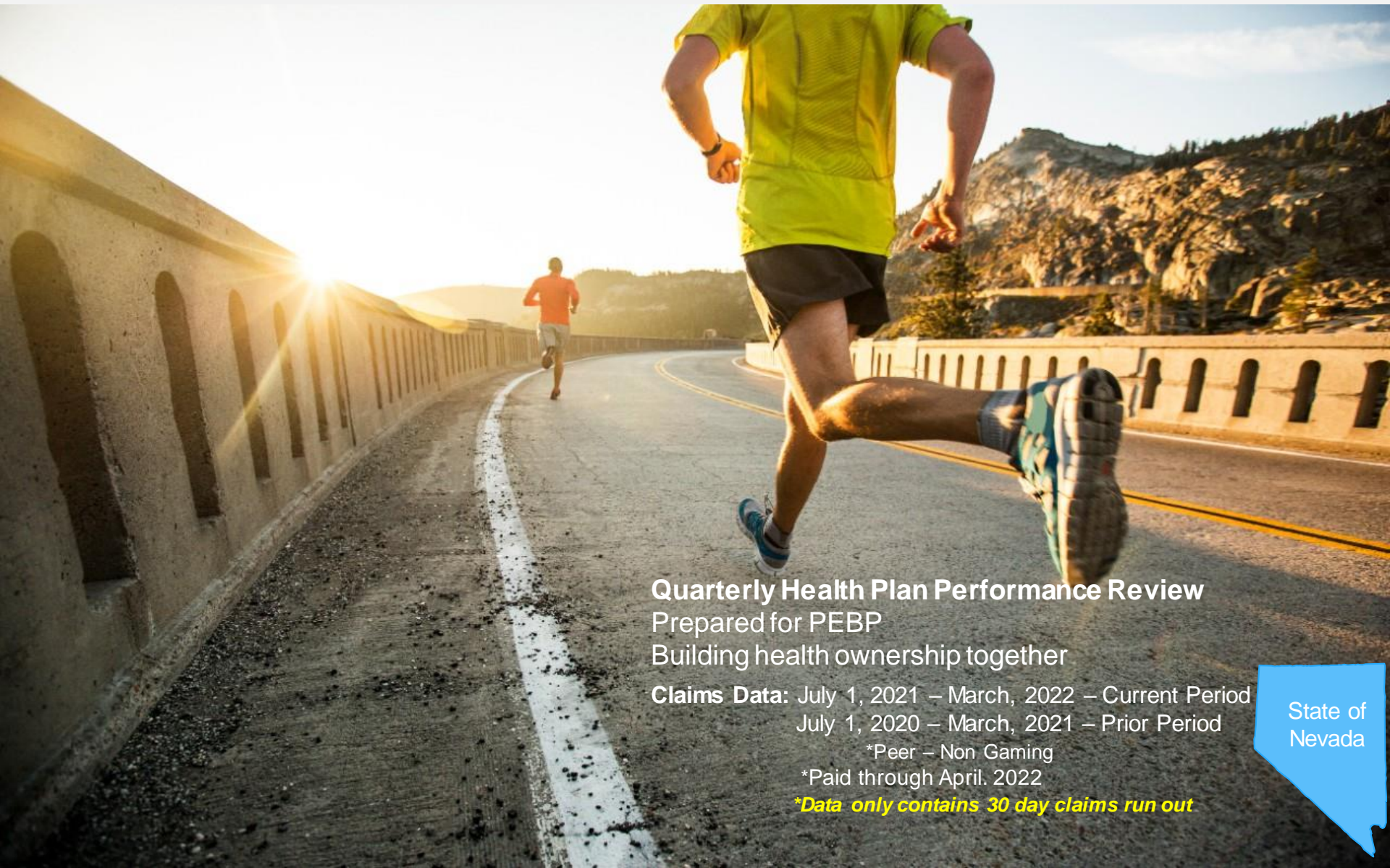
KEY PERFORMANCE INDICATORS

Demographic Overview	3
Utilization Highlights.....	6
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High Cost Claimants.....	11

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

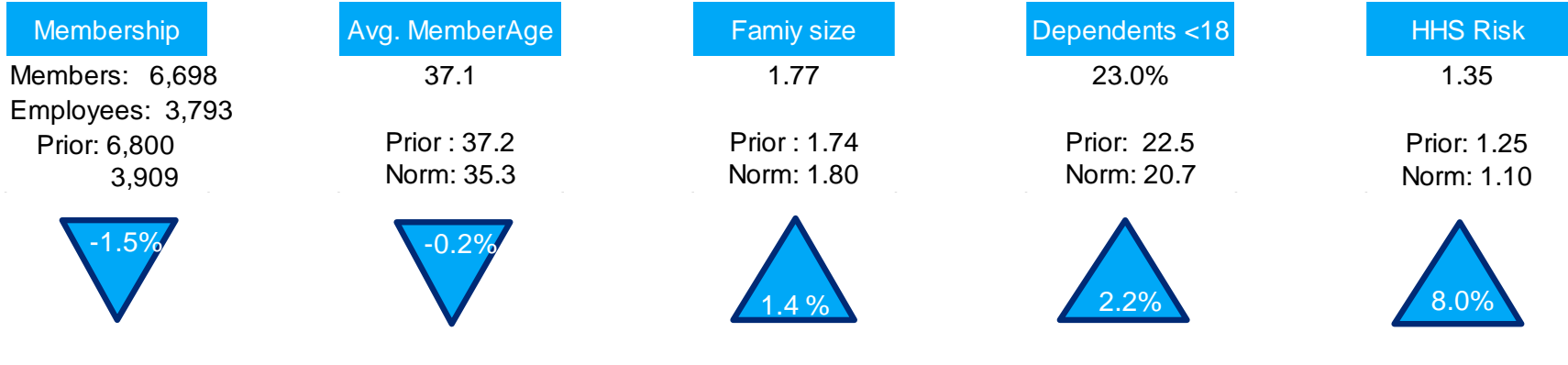
Enhancements Made for Your Members

- ✓ 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

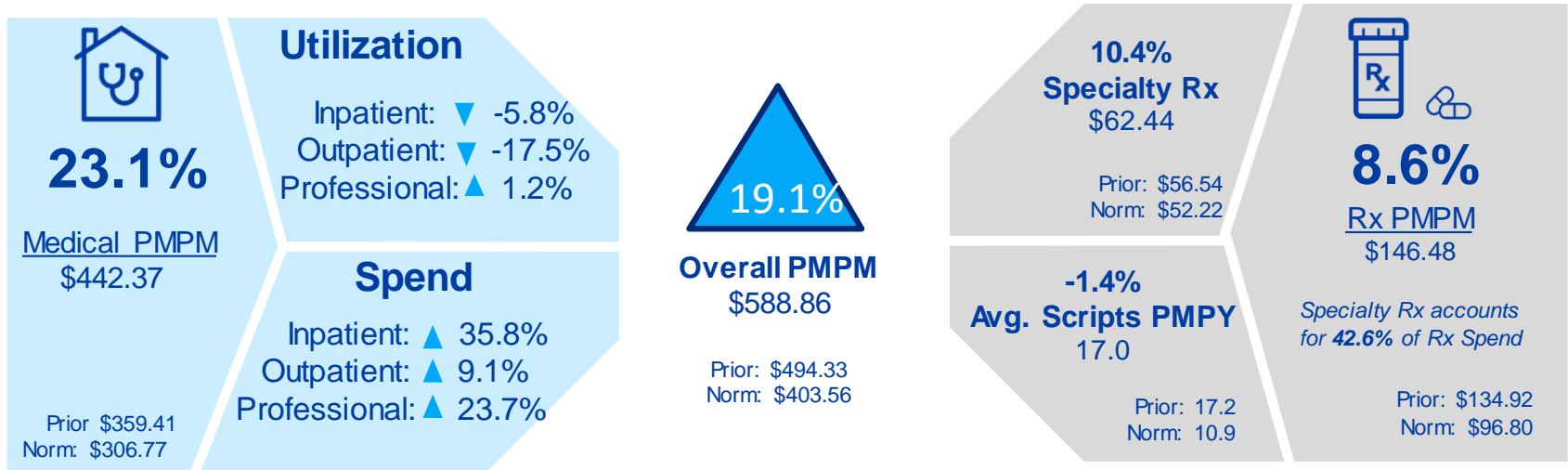
Demographic and Financial Overview



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*

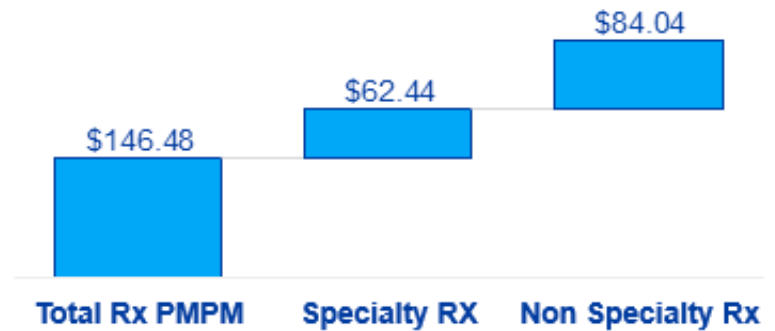
Highlights

- 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

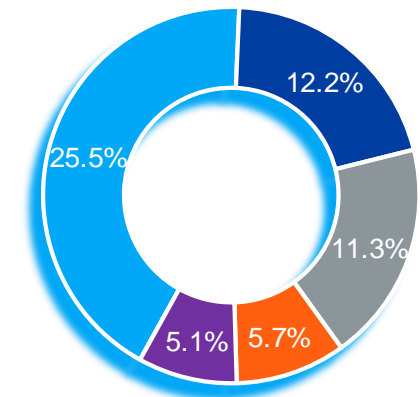


Pharmacy Spend is up 8.6% (\$11.56 PMPM)

- 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

- ANTIDIABETICS
- ANALGESICS
- DERMATOLOGICALS
- ANTIVIRALS
- ANTINEOPLASTICS



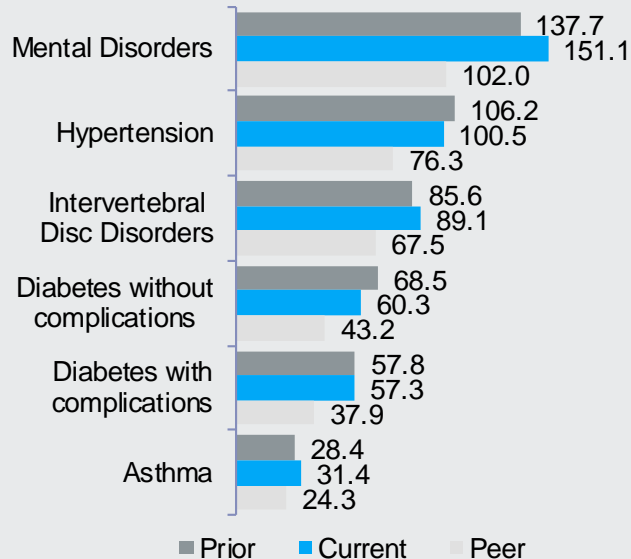


Condition Prevalence
Clinical Drivers

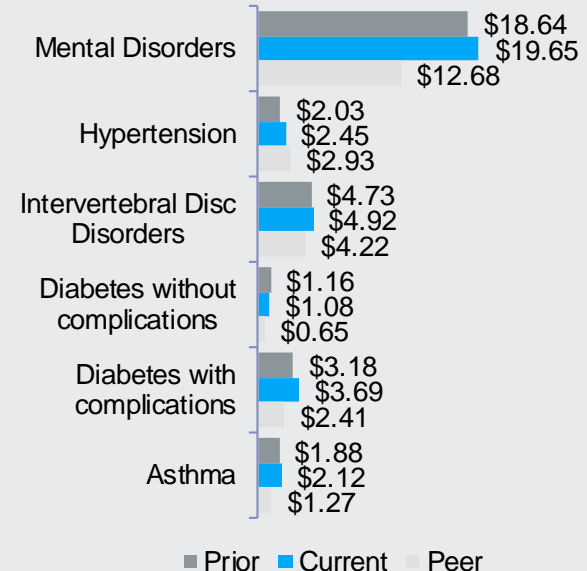
Clinical Conditions and Diagnosis



Top Common Conditions by Prevalence



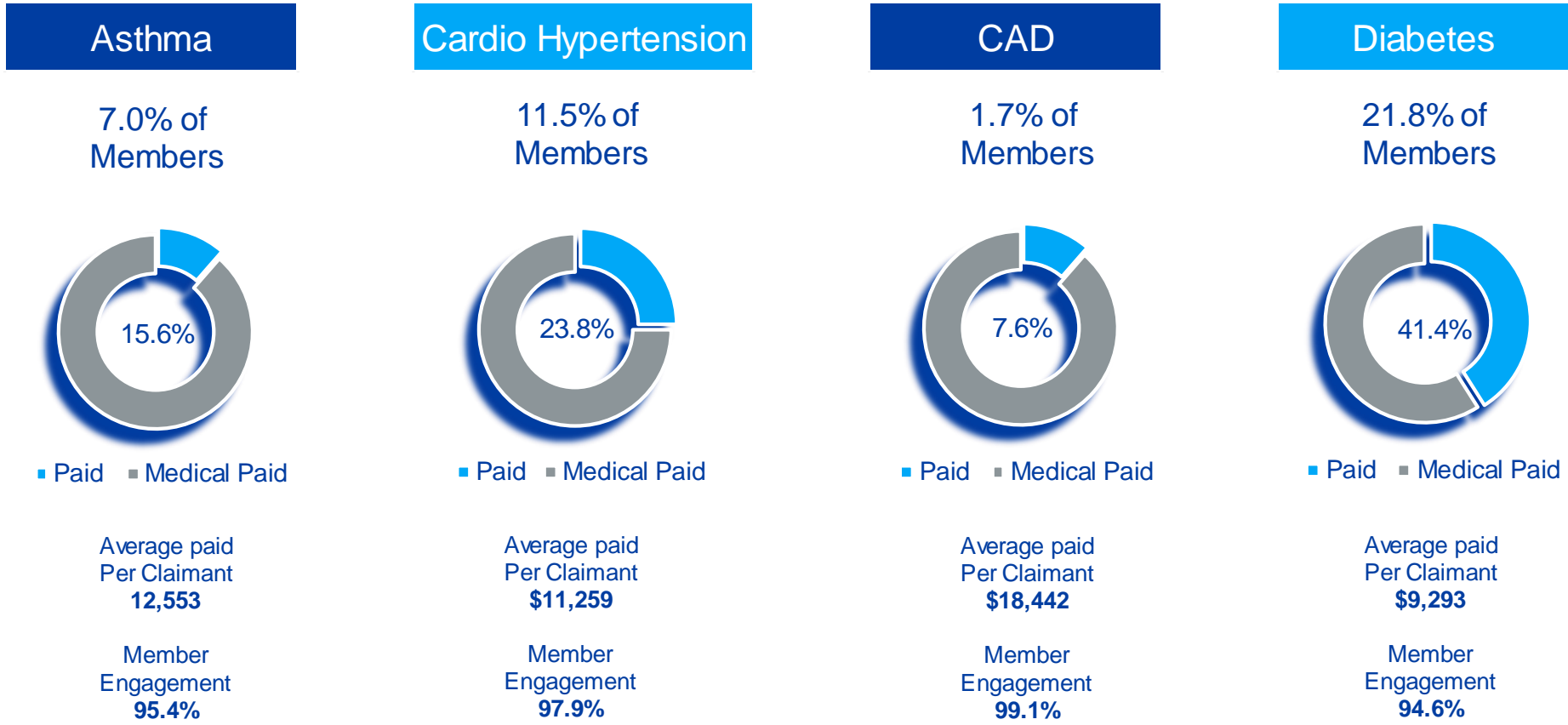
Common Conditions by PMPM



- 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%

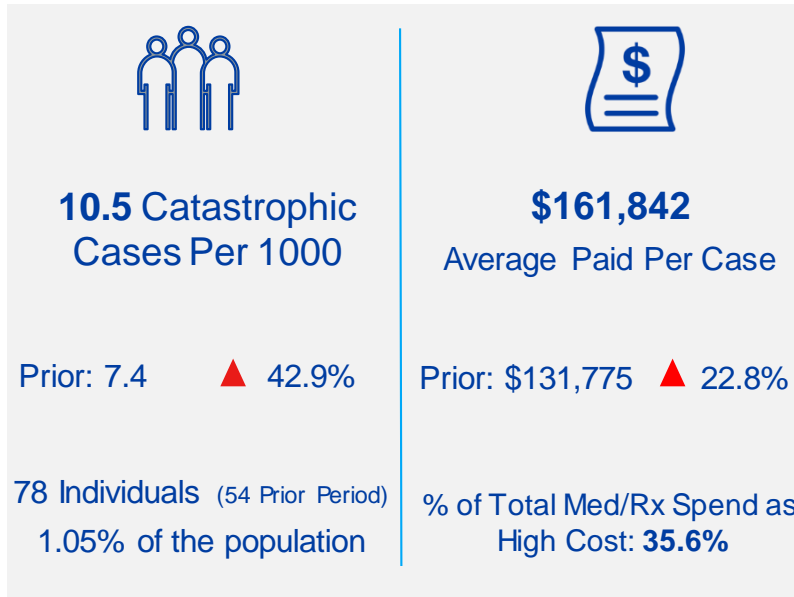


*Data obtained for this slide is for Eval period May-2021 thru April-2022

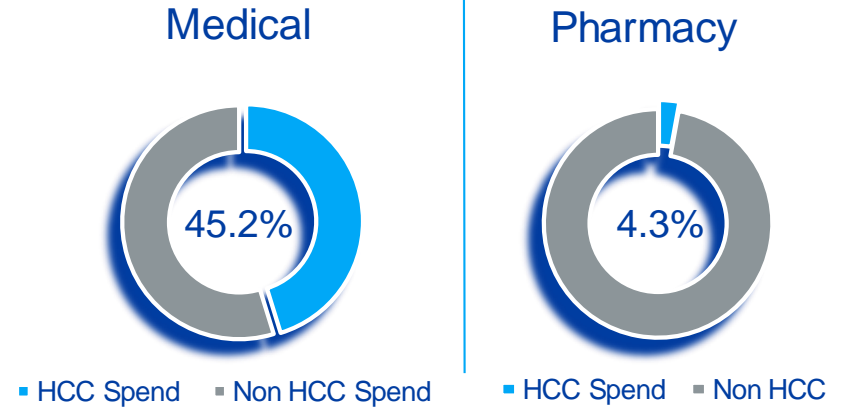


Catastrophic Cases
High Cost Claimants

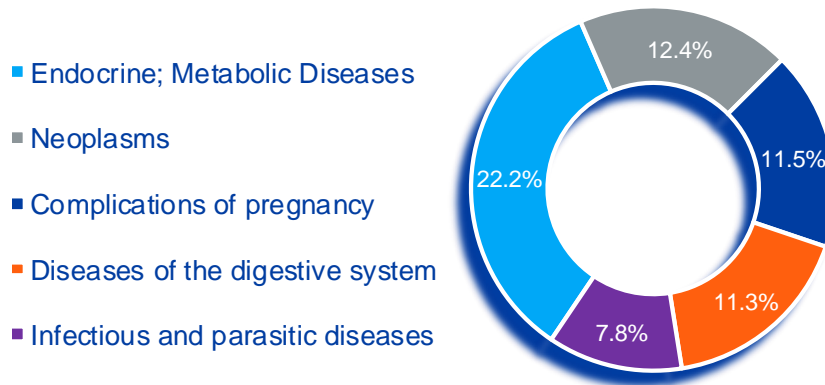
Catastrophic Cases Summary (>\$50k)



% Paid Attributed to Catastrophic Cases



Top 5 AHRQ Chapter Description by Paid



Claims and Spend by Relationship

