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AGENDA ITEM

Action Item

Information Only

Date: July 27, 2023

Item Number: IV.II.II

Title: Self-Funded CDHP, LDPPO, and EPO Plan Utilization Report for the period ending March 31, 2023

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2023 period ending March 31, 2023. Included are:

- Executive Summary – provides a utilization overview.
- UMR Inc. CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. LDPPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. 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 2023 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q3 of Plan Year 2023 compared to Q3 of Plan Year 2022 is summarized below.

- Population:
 - 13.6% decrease for primary participants
 - 17.0% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 2.8% increase for primary participants
 - 7.1% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 87 High-Cost Claimants accounting for 34.3% of the total plan paid for Q3 of Plan Year 2023
 - 10.5% decrease in High-Cost Claimants per 1,000 members
 - 16.2% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$5.2 million) – 23.5% of paid claims
 - Cardiac Disorders (\$2.1 million) – 9.3% of paid claims
 - Infections (\$1.8 million) – 8.3% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 1.4%
 - Average paid per ER visit increased 19.0%
- Urgent Care:
 - Urgent Care visits per 1,000 members decreased at 0.4%
 - Average paid per Urgent Care visit decreased 31.8% (decrease from \$66 to \$45)
- Network Utilization:
 - 99.7% of claims are from In-Network providers
 - Q3 of Plan Year 2023 In-Network utilization increased 0.3% over PY 2022
 - Q3 of Plan Year 2023 In-Network discounts increased 2.8% over PY 2022
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 13.8%
 - Total Gross Claims Costs decreased 5.0% (\$1.7 million)
 - Average Total Cost per Claim increased 10.2%
 - From \$104.39 to \$115.05
 - Member:
 - Total Member Cost decreased 12.7%
 - Average Participant Share per Claim increased 1.3%
 - Net Member PMPM increased 5.4%
 - From \$29.02 to \$30.58

- Plan
 - Total Plan Cost decreased 2.4%
 - Average Plan Share per Claim increased 13.3%
 - Net Plan PMPM increased 17.8%
 - From \$85.32 to \$100.53
 - Net Plan PMPM factoring rebates increased 11.2%
 - From \$59.30 to \$65.97

LOW DEDUCTIBLE PPO PLAN (LDPPPO)

The Low Deductible PPO Plan (LDPPPO) experience for Q3 of Plan Year 2023 compared to Q3 of Plan Year 2022 is summarized below.

- Population:
 - 73.0% increase for primary participants
 - 66.6% increase for primary participants plus dependents (members)
- Medical Cost:
 - 6.6% decrease for primary participants
 - 3.0% decrease for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 43 High-Cost Claimants accounting for 30.3% of the total plan paid for Q3 of Plan Year 2023
 - 21.9% decrease in High-Cost Claimants per 1,000 members
 - 17.2% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$3.5 million) – 36.9% of paid claims
 - Endocrine/Metabolic Disorders (\$1.1 million) – 12.1% of paid claims
 - Trauma/Accidents (\$1.1 million) – 11.4% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 9.0%
 - Average paid per ER visit increased 27.1%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 19.4%
 - Average paid per Urgent Care visit decreased 16.1% (decrease from \$1188 to \$99)
- Network Utilization:
 - 99.3% of claims are from In-Network providers
 - Q3 of Plan Year 2023 In-Network utilization increased 0.5% over PY 2022
 - Q3 of Plan Year 2023 In-Network discounts increased 0.3% over PY 2022
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 75.6%
 - Total Gross Claims Costs increased 102.5% (\$9.2 million)
 - Average Total Cost per Claim increased 15.3%
 - From \$104.26 to \$120.20

- Member:
 - Total Member Cost increased 77.3%
 - Average Participant Share per Claim decreased 1.0%
 - Net Member PMPM increased 3.5%
 - From \$22.39 to \$23.18
- Plan
 - Total Plan Cost increased 108.2%
 - Average Plan Share per Claim increased 18.6%
 - Net Plan PMPM increased 21.6%
 - From \$98.33 to \$119.56
 - Net Plan PMPM factoring rebates decreased 6.5%
 - From \$84.07 to \$78.59

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q3 of Plan Year 2023 compared to Q3 of Plan Year 2022 is summarized below.

- Population:
 - 14.3% decrease for primary participants
 - 14.1% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 27.2% increase for primary participants
 - 27.2% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 42 High-Cost Claimants accounting for 32.5% of the total plan paid for Q3 of Plan Year 2023
 - 20% increase in High-Cost Claimants per 1,000 members
 - 7.9% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$2.2 million) – 21.3% of paid claims
 - Pregnancy-related Disorders (\$1.7 million) – 16.2% of paid claims
 - Cardiac Disorders (\$1.5 million) – 14.5% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 2.8%
 - Average paid per ER visit increased by 42.7%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 1.7%
 - Average paid per Urgent Care visit decreased 15.2%
- Network Utilization:
 - 96.3% of claims are from In-Network providers
 - In-Network utilization decreased 3.7% over PY 2022
 - In-Network discounts decreased 3.3% over PY 2022

- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 11.1%
 - Total Gross Claims Costs increased 2.8% (\$0.4 million)
 - Average Total Cost per Claim increased 15.6%
 - From \$126.12 to \$145.79
 - Member:
 - Total Member Cost decreased 4.3%
 - Average Participant Share per Claim decreased 7.7%
 - Net Member PMPM increased 11.5%
 - From \$36.74 to \$40.97
 - Plan
 - Total Plan Cost increased 4.2%
 - Average Plan Share per Claim increased 17.2%
 - Net Plan PMPM increased 21.4%
 - From \$176.34 to \$214.11
 - Net Plan PMPM factoring rebates increased 3.7%
 - From \$134.75 to \$139.74

DENTAL PLAN

The Dental Plan experience for Q3 of Plan Year 2023 is summarized below.

- Dental Cost:
 - Total of \$18,531,014 paid for Dental claims
 - Basic claims account for 32.4% (\$5.6 million)
 - Preventive claims account for 27.4% (\$4.7 million)
 - Diagnostic claims account for 24.1% (\$4.2 million)
 - Major claims account for 16.1% (\$2.8 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of March 31, 2023.

HRA Account Balances as of March 31, 2023			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	1,069	0	0
\$.01 - \$500.00	2,798	633,345	226
\$500.01 - \$1,000	1,985	1,326,709	668
\$1,000.01 - \$1,500	662	804,150	1,215
\$1,500.01 - \$2,000	373	649,229	1,741
\$2,000.01 - \$2,500	319	714,019	2,238
\$2,500.01 - \$3,000	196	543,889	2,775
\$3,000.01 - \$3,500	194	633,154	3,264
\$3,500.01 - \$4,000	183	681,225	3,723
\$4,000.01 - \$4,500	122	519,141	4,255
\$4,500.01 - \$5,000	91	434,509	4,775
\$5,000.01 +	636	5,377,428	224,132
Total	8,628	\$12,316,799	\$1,428

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 2023. The CDHP total plan paid decreased 11.1% over the same time for Plan Year 2022, however on a PMPM basis the plan experienced an increase of 7.1%. The LDPPO total plan paid increased 61.5% over Q3 of Plan Year 2022 however on a PMPM basis the plan experienced a decrease of 3.0%. The EPO total plan paid increased 9.1% over Q3 of Plan Year 2022 and on a PMPM basis the plan experienced an increase of 27.2%. For HMO utilization and cost data please see the report provided in Appendix D.

Appendix A

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UMR Inc. – CDHP Utilization Review for PEBP January 1, 2023 – March 31, 2023

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DATASCOPE™

Nevada Public Employees' Benefits Program

HDHP Plan

July 2022 – March 2023 Incurred,

Paid through May 31, 2023

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Overview

- Total Medical Spend for 3Q23 was \$64,366,069 of which 75.3% was spent in the State Active population. When compared to 3Q22, this reflected a decrease of 11.1% in plan spend, with State Actives having a decrease of 13.3%.
 - When compared to 3Q21, 3Q23 decreased 28.3%, with State Actives having a decrease of 30.0%.
- On a PEPY basis (annualized), 3Q23 reflected an increase of 3.0% when compared to 3Q22. The largest group, State Actives, had an increase of 1.4%.
 - When compared to 3Q21, 3Q23 increased 1.5%, with State Actives increasing 2.2%.
- 89.8% of the Average Membership had paid Medical claims less than \$2,500, with 25.3% having no claims paid at all during the reporting period.
- There were 87 high-cost Claimants (HCC's) over \$100K, that accounted for 34.3% of the total spend. HCCs accounted for 35.3% of total spend during 3Q22, with 117 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 23.5% of high-cost claimant dollars.
- IP Paid per Admit was \$27,014 which is a decrease of 26.6% compared to 3Q22.
- ER Paid per Visit is \$2,283, which is an increase of 19.0% compared to 3Q22.
- 99.7% of all Medical spend dollars were to In Network providers. The average In Network discount was 67.9%, which is an increase of 4.3% compared to the PY22 average discount of 65.1%.

Paid Claims by Age Group

Paid Claims by Age Group														
3Q22						3Q23						% Change		
Age Range	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	\$ 2,108,956	\$ 926	\$ 20,673	\$ 9	\$ 2,129,629	\$ 935	\$ 4,636,463	\$ 3,161	\$ 33,929	\$ 23	\$ 4,670,392	\$ 3,184	119.3%	240.4%
1	\$ 383,043	\$ 164	\$ 21,786	\$ 9	\$ 404,829	\$ 173	\$ 295,269	\$ 158	\$ 17,144	\$ 9	\$ 312,413	\$ 168	-22.8%	-3.1%
2 - 4	\$ 864,495	\$ 105	\$ 178,489	\$ 22	\$ 1,042,984	\$ 127	\$ 622,175	\$ 109	\$ 124,473	\$ 22	\$ 746,648	\$ 131	-28.4%	3.0%
5 - 9	\$ 821,727	\$ 50	\$ 531,588	\$ 32	\$ 1,353,315	\$ 82	\$ 985,888	\$ 79	\$ 200,278	\$ 16	\$ 1,186,166	\$ 95	-12.4%	15.6%
10 - 14	\$ 2,047,288	\$ 109	\$ 323,156	\$ 17	\$ 2,370,444	\$ 126	\$ 1,275,224	\$ 86	\$ 238,634	\$ 16	\$ 1,513,858	\$ 102	-36.1%	-19.1%
15 - 19	\$ 2,592,756	\$ 127	\$ 633,125	\$ 31	\$ 3,225,881	\$ 158	\$ 3,588,200	\$ 219	\$ 555,472	\$ 34	\$ 4,143,672	\$ 253	28.5%	60.2%
20 - 24	\$ 2,249,291	\$ 97	\$ 702,835	\$ 30	\$ 2,952,126	\$ 127	\$ 2,479,557	\$ 123	\$ 914,832	\$ 45	\$ 3,394,389	\$ 168	15.0%	32.3%
25 - 29	\$ 3,125,327	\$ 172	\$ 648,291	\$ 36	\$ 3,773,618	\$ 207	\$ 2,726,306	\$ 198	\$ 717,660	\$ 52	\$ 3,443,966	\$ 251	-8.7%	20.8%
30 - 34	\$ 3,815,513	\$ 179	\$ 1,232,238	\$ 58	\$ 5,047,751	\$ 236	\$ 4,203,153	\$ 249	\$ 750,398	\$ 45	\$ 4,953,551	\$ 294	-1.9%	24.4%
35 - 39	\$ 4,397,149	\$ 192	\$ 1,079,150	\$ 47	\$ 5,476,299	\$ 239	\$ 2,672,843	\$ 146	\$ 1,236,947	\$ 67	\$ 3,909,790	\$ 213	-28.6%	-10.8%
40 - 44	\$ 4,775,233	\$ 211	\$ 1,493,552	\$ 66	\$ 6,268,785	\$ 277	\$ 3,331,268	\$ 172	\$ 1,607,018	\$ 83	\$ 4,938,286	\$ 255	-21.2%	-7.8%
45 - 49	\$ 5,685,606	\$ 262	\$ 1,962,152	\$ 90	\$ 7,647,758	\$ 352	\$ 3,803,016	\$ 206	\$ 1,677,703	\$ 91	\$ 5,480,719	\$ 297	-28.3%	-15.5%
50 - 54	\$ 7,557,223	\$ 306	\$ 2,879,089	\$ 117	\$ 10,436,312	\$ 423	\$ 6,754,006	\$ 322	\$ 2,982,170	\$ 142	\$ 9,736,176	\$ 463	-6.7%	9.6%
55 - 59	\$ 10,706,665	\$ 402	\$ 4,151,665	\$ 156	\$ 14,858,330	\$ 558	\$ 7,948,416	\$ 343	\$ 4,172,614	\$ 180	\$ 12,121,030	\$ 523	-18.4%	-6.4%
60 - 64	\$ 13,547,590	\$ 436	\$ 5,840,171	\$ 188	\$ 19,387,761	\$ 623	\$ 12,907,547	\$ 472	\$ 5,434,512	\$ 199	\$ 18,342,059	\$ 670	-5.4%	7.6%
65+	\$ 7,685,809	\$ 398	\$ 3,932,792	\$ 204	\$ 11,618,601	\$ 601	\$ 6,136,737	\$ 339	\$ 4,422,523	\$ 244	\$ 10,559,260	\$ 583	-9.1%	-3.0%
Total	\$ 72,363,670	\$ 241	\$ 25,630,754	\$ 85	\$ 97,994,424	\$ 326	\$ 64,366,069	\$ 258	\$ 25,086,307	\$ 101	\$ 89,452,376	\$ 359	-8.7%	10.0%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year
Enrollment												
Avg # Employees	23,300	19,061	16,465	-13.6%	19,498	15,625	13,359	-14.5%	4	3	3	0.0%
Avg # Members	42,277	33,380	27,711	-17.0%	36,719	28,347	23,187	-18.2%	8	8	8	0.0%
Ratio	1.8	1.8	1.7	-4.0%	1.9	1.8	1.7	-3.9%	2.2	2.7	2.7	0.0%
Financial Summary												
Gross Cost	\$119,929,648	\$99,158,042	\$86,994,559	-12.3%	\$93,517,553	\$76,691,001	\$65,464,986	-14.6%	\$33,890	\$49,469	\$34,301	-30.7%
Client Paid	\$89,725,067	\$72,363,670	\$64,366,069	-11.1%	\$69,187,243	\$55,885,730	\$48,458,781	-13.3%	\$21,436	\$33,462	\$23,704	-29.2%
Employee Paid	\$30,204,581	\$26,794,372	\$22,628,491	-15.5%	\$24,330,310	\$20,805,272	\$17,006,205	-18.3%	\$12,454	\$16,008	\$10,596	-33.8%
Client Paid-PEPY	\$5,134	\$5,062	\$5,212	3.0%	\$4,731	\$4,769	\$4,837	1.4%	\$7,566	\$14,872	\$10,535	-29.2%
Client Paid-PMPY	\$2,830	\$2,890	\$3,097	7.2%	\$2,512	\$2,629	\$2,787	6.0%	\$3,430	\$5,577	\$3,951	-29.2%
Client Paid-PEPM	\$428	\$422	\$434	2.8%	\$394	\$397	\$403	1.5%	\$630	\$1,239	\$878	-29.1%
Client Paid-PMPM	\$236	\$241	\$258	7.1%	\$209	\$219	\$232	5.9%	\$286	\$465	\$329	-29.2%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	113	117	87	-25.6%	81	81	63	-22.2%	0	0	0	0.0%
HCC's / 1,000	2.7	3.5	3.1	-10.5%	2.2	2.9	2.7	-4.9%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$247,427	\$218,227	\$253,617	16.2%	\$241,137	\$235,740	\$256,535	8.8%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	31.2%	35.3%	34.3%	-2.8%	28.2%	34.2%	33.4%	-2.3%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$852	\$1,041	\$1,049	0.8%	\$737	\$923	\$956	3.6%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$846	\$867	\$1,000	15.3%	\$706	\$768	\$869	13.2%	\$2,826	\$4,236	\$2,164	-48.9%
Physician	\$1,074	\$930	\$1,049	12.8%	\$1,019	\$890	\$962	8.1%	\$603	\$1,306	\$1,786	36.8%
Other	\$58	\$52	\$0	-100.0%	\$50	\$48	\$0	-100.0%	\$1	\$35	\$0	0.0%
Total	\$2,830	\$2,890	\$3,097	7.2%	\$2,512	\$2,629	\$2,787	6.0%	\$3,430	\$5,577	\$3,951	-29.2%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	3,267	2,991	2,732	-8.7%	531	442	371	-15.9%	
Avg # Members	4,926	4,502	4,081	-9.4%	625	523	436	-16.7%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	-0.8%	1.6
Financial Summary									
Gross Cost	\$22,376,015	\$20,279,351	\$18,225,283	-10.1%	\$4,002,190	\$2,138,221	\$3,269,990	52.9%	
Client Paid	\$17,349,714	\$15,085,396	\$13,455,139	-10.8%	\$3,166,674	\$1,359,082	\$2,428,444	78.7%	
Employee Paid	\$5,026,301	\$5,193,955	\$4,770,144	-8.2%	\$835,516	\$779,138	\$841,546	8.0%	
Client Paid-PEPY	\$7,080	\$6,724	\$6,567	-2.3%	\$7,958	\$4,104	\$8,722	112.5%	\$6,297
Client Paid-PMPY	\$4,697	\$4,468	\$4,397	-1.6%	\$6,760	\$3,464	\$7,430	114.5%	\$3,879
Client Paid-PEPM	\$590	\$560	\$547	-2.3%	\$663	\$342	\$727	112.6%	\$525
Client Paid-PMPM	\$391	\$372	\$366	-1.6%	\$563	\$289	\$619	114.2%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	28	34	25	-26.5%	5	3	3	0.0%	
HCC's / 1,000	5.7	7.6	6.1	-18.8%	8.0	5.7	6.9	20.1%	
Avg HCC Paid	\$251,403	\$175,686	\$188,781	7.5%	\$277,565	\$154,760	\$394,479	154.9%	
HCC's % of Plan Paid	40.6%	39.6%	35.1%	-11.4%	43.8%	34.2%	48.7%	42.4%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,426	\$1,787	\$1,246	-30.3%	\$3,112	\$1,032	\$4,134	300.6%	\$1,149
Facility Outpatient	\$1,782	\$1,442	\$1,670	15.8%	\$1,637	\$1,258	\$1,695	34.7%	\$1,333
Physician	\$1,377	\$1,160	\$1,480	27.6%	\$1,899	\$1,097	\$1,601	45.9%	\$1,301
Other	\$112	\$79	\$0	-100.0%	\$113	\$76	\$0	-100.0%	\$96
Total	\$4,697	\$4,468	\$4,397	-1.6%	\$6,760	\$3,464	\$7,430	114.5%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

Summary	Total				State Active				Non-State Active			
	PY21	PY22	3Q23	Variance to Prior Year	PY21	PY22	3Q23	Variance to Prior Year	PY21	PY22	3Q23	Variance to Prior Year
Enrollment												
Avg # Employees	23,242	18,943	16,465	-13.1%	19,450	15,526	13,359	-14.0%	4	3	3	0.0%
Avg # Members	42,168	33,089	27,711	-16.3%	36,612	28,082	23,187	-17.4%	9	8	8	0.0%
Ratio	1.8	1.8	1.7	-4.0%	1.9	1.8	1.7	-3.9%	2.3	2.7	2.7	0.0%
Financial Summary												
Gross Cost	\$167,612,161	\$138,077,453	\$86,994,559	-37.0%	\$131,056,101	\$106,593,460	\$65,464,986	-38.6%	\$45,142	\$55,484	\$34,301	-38.2%
Client Paid	\$129,698,896	\$104,706,277	\$64,366,069	-38.5%	\$100,360,791	\$80,561,976	\$48,458,781	-39.8%	\$31,594	\$38,304	\$23,704	-38.1%
Employee Paid	\$37,913,265	\$33,371,175	\$22,628,491	-32.2%	\$30,695,310	\$26,031,484	\$17,006,205	-34.7%	\$13,548	\$17,181	\$10,596	-38.3%
Client Paid-PEPY	\$5,580	\$5,527	\$5,212	-5.7%	\$5,160	\$5,189	\$4,837	-6.8%	\$7,898	\$12,768	\$10,535	-17.5%
Client Paid-PMPY	\$3,076	\$3,164	\$3,097	-2.1%	\$2,741	\$2,869	\$2,787	-2.9%	\$3,510	\$4,788	\$3,951	-17.5%
Client Paid-PEPM	\$465	\$461	\$434	-5.9%	\$430	\$432	\$403	-6.7%	\$658	\$1,064	\$878	-17.5%
Client Paid-PMPM	\$256	\$264	\$258	-2.3%	\$228	\$239	\$232	-2.9%	\$293	\$399	\$329	-17.5%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	173	160	87		124	115	63		0	0	0	
HCC's / 1,000	4.1	4.8	3.1		3.4	4.1	2.7		0.0	0.0	0.0	
Avg HCC Paid	\$253,370	\$251,190	\$253,617	1.0%	\$251,442	\$262,921	\$256,535	-2.4%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	33.8%	38.4%	34.3%	-10.7%	31.1%	37.5%	33.4%	-10.9%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$893	\$1,153	\$1,049	-9.0%	\$778	\$1,028	\$956	-7.0%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$942	\$939	\$1,000	6.5%	\$794	\$821	\$869	5.8%	\$2,124	\$3,554	\$2,164	-39.1%
Physician	\$1,176	\$1,011	\$1,049	3.8%	\$1,112	\$964	\$962	-0.2%	\$1,339	\$1,200	\$1,786	48.8%
Other	\$65	\$62	\$0	-100.0%	\$56	\$56	\$0	-100.0%	\$48	\$34	\$0	0.0%
Total	\$3,076	\$3,164	\$3,097	-2.1%	\$2,741	\$2,869	\$2,787	-2.9%	\$3,510	\$4,788	\$3,951	-17.5%
			Annualized				Annualized				Annualized	

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

Summary	State Retirees				Non-State Retirees				Peer Index
	PY21	PY22	3Q23	Variance to Prior Year	PY21	PY22	3Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	3,269	2,981	2,732	-8.3%	519	433	371	-14.4%	
Avg # Members	4,936	4,486	4,081	-9.0%	611	514	436	-15.1%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	-0.8%	1.6
Financial Summary									
Gross Cost	\$31,611,056	\$27,879,066	\$18,225,283	-34.6%	\$4,899,862	\$3,549,442	\$3,269,990	-7.9%	
Client Paid	\$25,416,793	\$21,491,378	\$13,455,139	-37.4%	\$3,889,718	\$2,614,619	\$2,428,444	-7.1%	
Employee Paid	\$6,194,263	\$6,387,688	\$4,770,144	-25.3%	\$1,010,144	\$934,823	\$841,546	-10.0%	
Client Paid-PEPY	\$7,774	\$7,210	\$6,567	-8.9%	\$7,501	\$6,033	\$8,722	44.6%	\$6,642
Client Paid-PMPY	\$5,149	\$4,791	\$4,397	-8.2%	\$6,362	\$5,091	\$7,430	45.9%	\$4,116
Client Paid-PEPM	\$648	\$601	\$547	-9.0%	\$625	\$503	\$727	44.5%	\$553
Client Paid-PMPM	\$429	\$399	\$366	-8.3%	\$530	\$424	\$619	46.0%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	48	44	25		5	5	3		
HCC's / 1,000	9.7	9.8	6.1		8.2	9.7	6.9		
Avg HCC Paid	\$234,370	\$199,873	\$188,781	-5.5%	\$280,896	\$231,987	\$394,479	70.0%	
HCC's % of Plan Paid	44.3%	40.9%	35.1%	-14.2%	36.1%	44.4%	48.7%	9.7%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,515	\$1,808	\$1,246	-31.1%	\$2,727	\$2,262	\$4,134	82.8%	\$1,190
Facility Outpatient	\$1,954	\$1,612	\$1,670	3.6%	\$1,599	\$1,488	\$1,695	13.9%	\$1,376
Physician	\$1,555	\$1,280	\$1,480	15.6%	\$1,925	\$1,227	\$1,601	30.5%	\$1,466
Other	\$125	\$91	\$0	-100.0%	\$110	\$115	\$0	-100.0%	\$84
Total	\$5,149	\$4,791	\$4,397	-8.2%	\$6,362	\$5,091	\$7,430	45.9%	\$4,116

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	3Q22				3Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 22,226,208	\$ 5,736,832	\$ 822,495	\$ 28,785,535	\$ 19,003,003	\$ 3,794,559	\$ 393,683	\$ 23,191,246	-19.4%	
Outpatient	\$ 33,659,521	\$ 7,459,530	\$ 1,066,539	\$ 42,185,591	\$ 29,455,778	\$ 8,187,369	\$ 1,079,528	\$ 38,722,675	-8.2%	
Total - Medical	\$ 55,885,730	\$ 13,196,362	\$ 1,889,034	\$ 70,971,125	\$ 48,458,781	\$ 11,981,929	\$ 1,473,211	\$ 61,913,921	-12.8%	

Net Paid Claims - Per Participant per Month										
	3Q22				3Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 397	\$ 619	\$ 338	\$ 424	\$ 403	\$ 612	\$ 295	\$ 427	0.9%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 435	\$ 409,616	\$ 58,330	\$ 468,381	\$ -	\$ 361,518	\$ 1,082,334	\$ 1,443,852	208.3%	
Outpatient	\$ 33,026	\$ 574,298	\$ 316,838	\$ 924,163	\$ 23,704	\$ 580,477	\$ 404,115	\$ 1,008,296	9.1%	
Total - Medical	\$ 33,462	\$ 983,914	\$ 375,168	\$ 1,392,544	\$ 23,704	\$ 941,995	\$ 1,486,449	\$ 2,452,148	76.1%	

Net Paid Claims - Per Participant per Month										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 1,239	\$ 649	\$ 153	\$ 348	\$ 878	\$ 898	\$ 649	\$ 728	109.2%	

Paid Claims by Claim Type – Total Participants

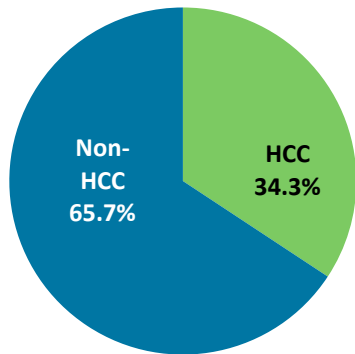
Net Paid Claims - Total										
Total Participants										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 22,226,643	\$ 6,146,448	\$ 880,825	\$ 29,253,916	\$ 19,003,003	\$ 4,156,077	\$ 1,476,017	\$ 24,635,097	-15.8%	
Outpatient	\$ 33,692,548	\$ 8,033,829	\$ 1,383,377	\$ 43,109,753	\$ 29,479,482	\$ 8,767,846	\$ 1,483,643	\$ 39,730,971	-7.8%	
Total - Medical	\$ 55,919,191	\$ 14,180,276	\$ 2,264,202	\$ 72,363,669	\$ 48,482,486	\$ 12,923,923	\$ 2,959,660	\$ 64,366,069	-11.1%	

Net Paid Claims - Per Participant per Month										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change	
Medical	\$ 398	\$ 621	\$ 281	\$ 422	\$ 403	\$ 626	\$ 406	\$ 434	3.0%	

Cost Distribution – Medical Claims

3Q22						3Q23						
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
107	0.3%	\$25,533,404	35.3%	\$805,272	3.0%	\$100,000.01 Plus	81	0.3%	\$22,061,710	34.3%	\$539,659	2.4%
132	0.4%	\$9,560,695	13.2%	\$936,099	3.5%	\$50,000.01-\$100,000.00	107	0.4%	\$8,068,065	12.5%	\$677,496	3.0%
218	0.7%	\$7,897,303	10.9%	\$1,279,622	4.8%	\$25,000.01-\$50,000.00	235	0.8%	\$8,528,547	13.3%	\$1,286,496	5.7%
573	1.7%	\$9,198,850	12.7%	\$3,085,994	11.5%	\$10,000.01-\$25,000.00	561	2.0%	\$9,156,663	14.2%	\$2,859,035	12.6%
882	2.6%	\$6,423,732	8.9%	\$3,108,317	11.6%	\$5,000.01-\$10,000.00	766	2.8%	\$5,558,687	8.6%	\$2,596,454	11.5%
1,334	4.0%	\$4,895,855	6.8%	\$3,289,271	12.3%	\$2,500.01-\$5,000.00	1,093	3.9%	\$4,026,747	6.3%	\$2,719,630	12.0%
17,183	51.5%	\$8,792,734	12.2%	\$11,649,056	43.5%	\$0.01-\$2,500.00	12,940	46.7%	\$6,965,649	10.8%	\$9,658,452	42.7%
5,062	15.2%	\$0	0.0%	\$2,628,644	9.8%	\$0.00	4,925	17.8%	\$0	0.0%	\$2,291,268	10.1%
7,889	23.6%	\$61,096	0.1%	\$12,099	0.0%	No Claims	7,004	25.3%	\$0	0.0%	\$0	0.0%
33,380	100.0%	\$72,363,670	100.0%	\$26,794,372	100.0%		27,711	100.0%	\$64,366,069	100.0%	\$22,628,491	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	36	\$5,191,253	23.5%
Cardiac Disorders	63	\$2,056,065	9.3%
Infections	43	\$1,839,004	8.3%
Pregnancy-related Disorders	6	\$1,709,189	7.7%
Spine-related Disorders	17	\$1,608,853	7.3%
Congenital/Chromosomal Anomalies	6	\$1,496,105	6.8%
Neurological Disorders	49	\$1,244,326	5.6%
Gastrointestinal Disorders	52	\$1,065,347	4.8%
Endocrine/Metabolic Disorders	35	\$891,734	4.0%
Mental Health	29	\$860,409	3.9%
All Other		\$4,102,396	18.6%
Overall	----	\$22,064,683	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			
	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year
Inpatient Summary												
# of Admits	1,246	1,036	820		996	758	612		0	0	0	
# of Bed Days	8,564	7,071	4,956		6,914	5,152	3,665		0	0	0	
Paid Per Admit	\$34,400	\$36,824	\$27,014	-26.6%	\$33,763	\$38,349	\$27,718	-27.7%	\$0	\$0	\$0	0.0%
Paid Per Day	\$5,005	\$5,395	\$4,470	-17.1%	\$4,864	\$5,642	\$4,628	-18.0%	\$0	\$0	\$0	0.0%
Admits Per 1,000	39	41	39	-4.9%	36	36	35	-2.8%	0	0	0	0.0%
Days Per 1,000	270	282	238	-15.6%	251	242	211	-12.8%	0	0	0	0.0%
Avg LOS	6.9	6.8	6.0	-11.8%	6.9	6.8	6.0	-11.8%	0	0	0	0.0%
# Admits From ER	658	572	475		500	376	328		0	0	0	
Physician Office												
OV Utilization per Member	3.9	3.7	3.7	0.0%	3.7	3.5	3.4	-2.9%	3.8	3.7	3.2	-13.5%
Avg Paid per OV	\$74	\$77	\$80	3.9%	\$75	\$79	\$76	-3.8%	\$78	\$79	\$71	-10.1%
Avg OV Paid per Member	\$286	\$286	\$293	2.4%	\$276	\$276	\$256	-7.2%	\$301	\$290	\$224	-22.8%
DX&L Utilization per Member	7.5	7.2	9.2	27.8%	7.1	6.8	8.4	23.5%	8	15.5	6.2	0.0%
Avg Paid per DX&L	\$52	\$50	\$46	-8.0%	\$49	\$47	\$43	-8.5%	\$323	\$204	\$92	0.0%
Avg DX&L Paid per Member	\$387	\$366	\$423	15.6%	\$346	\$322	\$366	13.7%	\$2,582	\$3,161	\$566	0.0%
Emergency Room												
# of Visits	3,660	3,691	3,088		3,118	3,077	2,461		1	4	3	
Visits Per Member	0.12	0.15	0.15	0.0%	0.11	0.14	0.14	0.0%	0.16	0.67	0.50	0.0%
Visits Per 1,000	115	147	149	1.4%	113	145	142	-2.1%	160	667	500	0.0%
Avg Paid per Visit	\$2,208	\$1,918	\$2,283	19.0%	\$2,225	\$1,948	\$2,379	22.1%	\$15,692	\$1,117	\$4,167	0.0%
Urgent Care												
# of Visits	6,927	6,732	5,566		6,217	5,944	4,920		3	5	3	
Visits Per Member	0.22	0.27	0.27	0.0%	0.23	0.28	0.28	0.0%	0.48	0.83	0.50	0.0%
Visits Per 1,000	218	269	268	-0.4%	226	280	283	1.1%	480	833	500	0.0%
Avg Paid per Visit	\$75	\$66	\$45	-31.8%	\$74	\$66	\$45	-31.8%	\$104	\$106	\$42	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

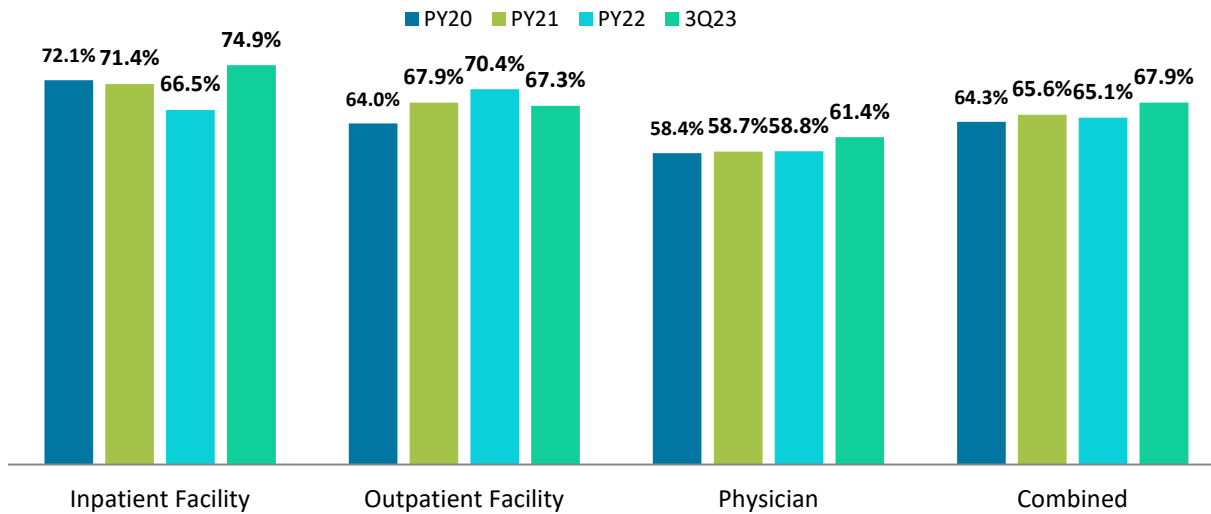
Utilization Summary (p. 2 of 2)

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

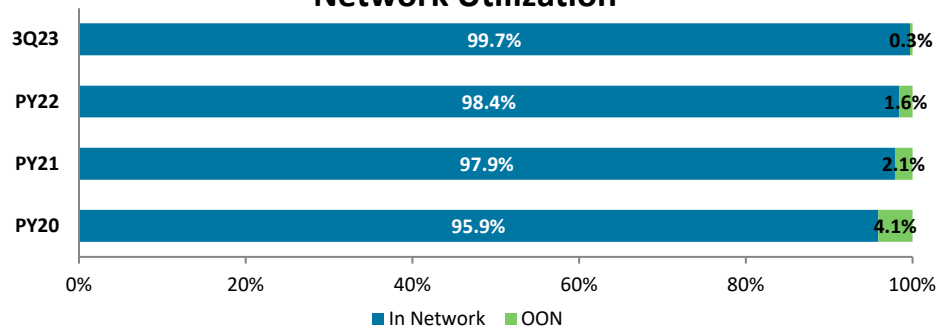
Summary	State Retirees				Non-State Retirees				Peer Index
	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year	
Inpatient Summary									
# of Admits	209	238	165		41	40	43		
# of Bed Days	1,411	1,697	966		239	222	325		
Paid Per Admit	\$35,678	\$34,238	\$25,474	-25.6%	\$43,377	\$23,317	\$22,909	-1.7%	\$16,632
Paid Per Day	\$5,285	\$4,802	\$4,351	-9.4%	\$7,441	\$4,201	\$3,031	-27.9%	\$3,217
Admits Per 1,000	57	70	54	-22.9%	88	102	132	29.4%	76
Days Per 1,000	382	503	316	-37.2%	510	566	994	75.6%	391
Avg LOS	6.8	7.1	5.9	-16.9%	5.8	5.6	7.6	35.7%	5.2
# Admits From ER	134	168	118		24	28	29		
Physician Office									
OV Utilization per Member	5.0	4.9	4.9	0.0%	6.6	6.6	7.5	13.6%	5.0
Avg Paid per OV	\$71	\$73	\$102	39.7%	\$56	\$34	\$37	8.8%	\$57
Avg OV Paid per Member	\$355	\$355	\$503	41.7%	\$372	\$227	\$279	22.9%	\$286
DX&L Utilization per Member	10.1	9.7	12.8	32.0%	11.9	9.5	19.7	107.4%	10.5
Avg Paid per DX&L	\$63	\$63	\$56	-11.1%	\$68	\$52	\$35	-32.7%	\$50
Avg DX&L Paid per Member	\$639	\$618	\$719	16.3%	\$801	\$499	\$692	38.7%	\$522
Emergency Room									
# of Visits	476	530	523		65	80	101		
Visits Per Member	0.13	0.16	0.17	6.3%	0.14	0.20	0.31	55.0%	0.24
Visits Per 1,000	129	157	171	8.9%	139	204	309	51.5%	235
Avg Paid per Visit	\$1,990	\$1,821	\$1,987	9.1%	\$2,767	\$1,441	\$1,441	0.0%	\$943
Urgent Care									
# of Visits	625	718	573		82	65	70		
Visits Per Member	0.17	0.21	0.19	-9.5%	0.18	0.17	0.21	23.5%	0.3
Visits Per 1,000	169	213	187	-12.2%	175	166	214	28.9%	300
Avg Paid per Visit	\$79	\$62	\$48	-22.6%	\$86	\$38	\$37	-2.6%	\$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
Cancer	\$7,875,987	12.2%	\$5,214,994	\$1,994,307	\$666,686	\$3,705,858	\$4,170,129
Gastrointestinal Disorders	\$5,291,936	8.2%	\$3,548,767	\$884,420	\$858,749	\$2,484,979	\$2,806,956
Health Status/Encounters	\$5,086,346	7.9%	\$3,095,765	\$704,577	\$1,286,004	\$1,909,308	\$3,177,038
Cardiac Disorders	\$5,002,603	7.8%	\$3,566,677	\$1,340,067	\$95,859	\$2,472,615	\$2,529,988
Pregnancy-related Disorders	\$4,154,176	6.5%	\$1,350,083	\$488,504	\$2,315,590	\$893,370	\$3,260,806
Spine-related Disorders	\$3,558,966	5.5%	\$1,816,661	\$381,615	\$1,360,691	\$898,715	\$2,660,251
Infections	\$3,438,252	5.3%	\$2,509,135	\$403,701	\$525,415	\$2,132,900	\$1,305,352
Musculoskeletal Disorders	\$3,411,288	5.3%	\$2,501,758	\$575,800	\$333,731	\$1,390,566	\$2,020,722
Trauma/Accidents	\$3,375,635	5.2%	\$2,413,678	\$385,832	\$576,125	\$1,852,448	\$1,523,187
Neurological Disorders	\$3,192,739	5.0%	\$1,874,660	\$779,049	\$539,030	\$1,075,421	\$2,117,318
Mental Health	\$2,904,513	4.5%	\$837,690	\$329,541	\$1,737,282	\$862,860	\$2,041,653
Renal/Urologic Disorders	\$2,101,065	3.3%	\$1,291,269	\$525,743	\$284,053	\$1,274,210	\$826,855
Pulmonary Disorders	\$2,083,165	3.2%	\$1,284,272	\$185,473	\$613,420	\$1,104,187	\$978,978
Eye/ENT Disorders	\$1,934,709	3.0%	\$1,218,529	\$295,755	\$420,425	\$888,117	\$1,046,592
Endocrine/Metabolic Disorders	\$1,894,222	2.9%	\$1,265,520	\$528,137	\$100,565	\$1,087,892	\$806,330
Congenital/Chromosomal Anomalies	\$1,820,390	2.8%	\$69,482	\$29,017	\$1,721,891	\$1,666,223	\$154,167
Medical/Surgical Complications	\$1,158,797	1.8%	\$972,912	\$59,828	\$126,056	\$761,798	\$396,998
Gynecological/Breast Disorders	\$1,150,823	1.8%	\$821,878	\$217,810	\$111,135	\$19,007	\$1,131,816
Hematological Disorders	\$899,795	1.4%	\$265,051	\$561,993	\$72,751	\$640,907	\$258,888
Diabetes	\$810,033	1.3%	\$636,373	\$66,437	\$107,223	\$427,803	\$382,230
Dermatological Disorders	\$747,964	1.2%	\$589,601	\$80,765	\$77,598	\$446,774	\$301,190
Non-malignant Neoplasm	\$744,158	1.2%	\$638,452	\$73,392	\$32,314	\$221,480	\$522,678
Vascular Disorders	\$573,194	0.9%	\$278,905	\$283,836	\$10,453	\$226,645	\$346,549
Miscellaneous	\$458,002	0.7%	\$285,010	\$63,811	\$109,181	\$166,632	\$291,369
Abnormal Lab/Radiology	\$367,163	0.6%	\$302,359	\$51,932	\$12,872	\$154,907	\$212,256
Medication Related Conditions	\$123,386	0.2%	\$50,015	\$18,181	\$55,191	\$75,168	\$48,218
Cholesterol Disorders	\$91,735	0.1%	\$76,853	\$12,672	\$2,211	\$45,899	\$45,836
Dental Conditions	\$66,308	0.1%	\$13,525	\$84	\$52,698	\$53,586	\$12,721
Allergic Reaction	\$34,524	0.1%	\$11,779	\$10,245	\$12,499	\$7,946	\$26,578
External Hazard Exposure	\$13,946	0.0%	\$12,151	\$1,374	\$421	\$6,945	\$7,001
Cause of Morbidity	\$220	0.0%	\$70	\$26	\$125	\$96	\$125
Social Determinants of Health	\$29	0.0%	\$29	\$0	\$0	\$29	\$0
Total	\$64,366,069	100.0%	\$38,813,901	\$11,333,922	\$14,218,246	\$28,955,292	\$35,410,777

Mental Health Drilldown

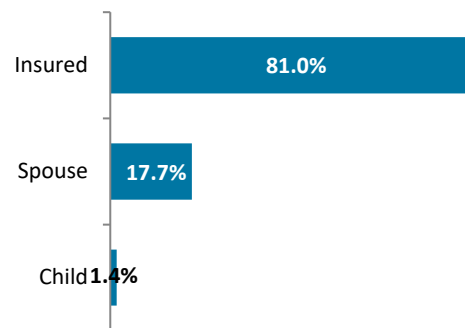
Group	PY20		PY21		PY22		3Q23	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	1,485	\$1,137,444	1,597	\$1,103,414	1,156	\$1,279,244	798	\$735,082
Developmental Disorders	144	\$790,389	179	\$1,179,402	113	\$719,871	93	\$671,088
Alcohol Abuse/Dependence	125	\$868,472	136	\$1,288,204	101	\$873,612	105	\$335,942
Mental Health Conditions, Other	1,222	\$686,307	1,220	\$771,034	911	\$431,490	649	\$274,941
Mood and Anxiety Disorders	1,791	\$437,001	1,920	\$638,818	1,486	\$406,189	1,043	\$230,788
Bipolar Disorder	327	\$340,422	315	\$464,418	225	\$197,224	166	\$141,524
Psychoses	55	\$78,740	54	\$86,357	32	\$70,201	27	\$107,308
Eating Disorders	47	\$74,872	55	\$647,596	44	\$596,928	27	\$104,377
Complications of Substance Abuse	47	\$257,582	42	\$202,208	22	\$89,081	24	\$87,042
Substance Abuse/Dependence	121	\$1,068,150	140	\$213,345	86	\$540,594	62	\$63,743
Schizophrenia	31	\$43,420	26	\$141,033	25	\$110,357	18	\$50,206
Sexually Related Disorders	51	\$24,993	68	\$90,021	42	\$11,305	49	\$47,911
Attention Deficit Disorder	433	\$58,455	482	\$72,965	374	\$57,319	315	\$25,759
Sleep Disorders	526	\$40,584	564	\$76,491	371	\$46,254	266	\$22,728
Tobacco Use Disorder	149	\$6,011	126	\$8,010	106	\$6,184	75	\$5,071
Personality Disorders	19	\$18,981	25	\$16,690	19	\$13,480	8	\$1,005
Total		\$5,931,821		\$7,000,007		\$5,449,334		\$2,904,513

Diagnosis Grouper – Cancer

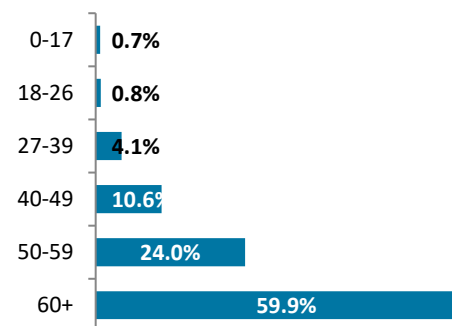
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	72	494	\$2,764,964	35.1%
Breast Cancer	160	1,652	\$1,067,905	13.6%
Cancers, Other	91	919	\$903,260	11.5%
Secondary Cancers	57	405	\$735,723	9.3%
Lymphomas	36	422	\$335,605	4.3%
Brain Cancer	10	206	\$295,325	3.7%
Prostate Cancer	95	612	\$224,768	2.9%
Colon Cancer	34	361	\$222,232	2.8%
Thyroid Cancer	52	229	\$202,785	2.6%
Cervical/Uterine Cancer	42	311	\$184,968	2.3%
Leukemias	31	483	\$184,630	2.3%
Carcinoma in Situ	87	345	\$173,283	2.2%
Bladder Cancer	15	177	\$142,229	1.8%
Ovarian Cancer	23	222	\$135,460	1.7%
Lung Cancer	22	184	\$130,292	1.7%
Non-Melanoma Skin Cancers	225	489	\$63,968	0.8%
Myeloma	9	124	\$58,545	0.7%
Kidney Cancer	16	61	\$28,033	0.4%
Melanoma	40	122	\$21,456	0.3%
Pancreatic Cancer	3	6	\$555	0.0%
Overall	----	----	\$7,875,987	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

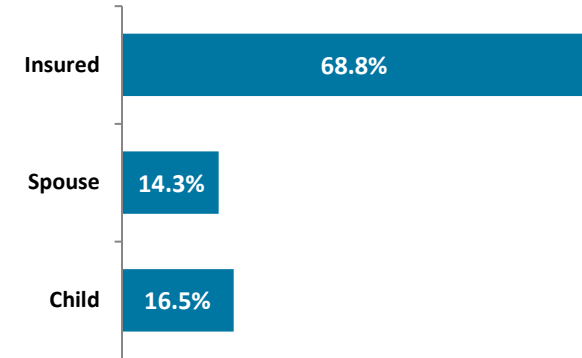


Diagnosis Grouper – Gastrointestinal Disorders

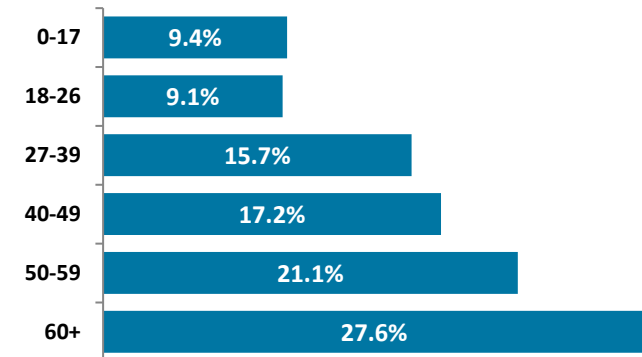
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
GI Disorders, Other	664	1,524	\$833,153	15.7%
Abdominal Disorders	1,312	3,153	\$787,024	14.9%
Hernias	175	565	\$724,153	13.7%
Upper GI Disorders	642	1,522	\$579,662	11.0%
Inflammatory Bowel Disease	73	364	\$462,599	8.7%
GI Symptoms	812	1,713	\$394,122	7.4%
Liver Diseases	256	473	\$356,383	6.7%
Gallbladder and Biliary Disease	141	522	\$344,662	6.5%
Appendicitis	35	210	\$326,533	6.2%
Diverticulitis	138	280	\$143,092	2.7%
Constipation	202	335	\$85,189	1.6%
Ostomies	33	225	\$70,793	1.3%
Hemorrhoids	146	243	\$60,602	1.1%
Hepatic Cirrhosis	23	134	\$57,039	1.1%
Pancreatic Disorders	32	102	\$45,054	0.9%
Peptic Ulcer/Related Disorders	35	49	\$10,965	0.2%
Esophageal Varices	7	17	\$10,911	0.2%
	----	----	\$5,291,936	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

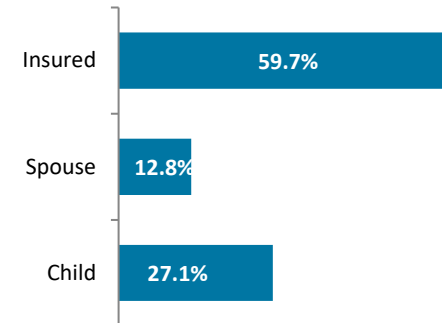


Diagnosis Grouper – Health Status/Encounters

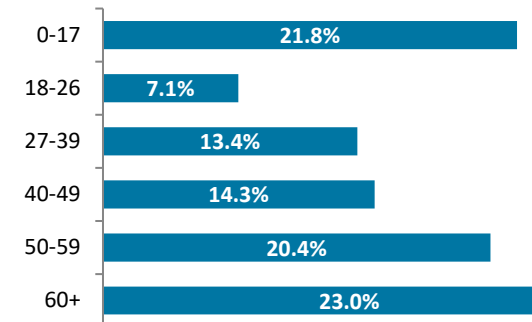
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Screenings	5,443	10,716	\$1,879,755	37.0%
Exams	7,180	13,507	\$1,301,203	25.6%
Prophylactic Measures	3,752	5,040	\$820,062	16.1%
Encounters - Infants/Children	2,316	3,307	\$491,977	9.7%
Prosthetics/Devices/Implants	379	1,363	\$210,699	4.1%
Personal History of Condition	630	1,023	\$147,453	2.9%
Aftercare	365	772	\$113,431	2.2%
Family History of Condition	127	188	\$61,045	1.2%
Encounter - Transplant Related	36	226	\$22,774	0.4%
Encounter - Procedure	45	55	\$11,902	0.2%
Lifestyle/Situational Issues	83	177	\$8,405	0.2%
Counseling	172	263	\$6,016	0.1%
Acquired Absence	44	55	\$4,469	0.1%
Health Status, Other	92	132	\$4,017	0.1%
Miscellaneous Examinations	17	26	\$1,755	0.0%
Follow-Up Encounters	12	22	\$1,330	0.0%
Blood Type	2	2	\$53	0.0%
Donors	1	1	\$0	0.0%
Patient Non-compliance	1	1	\$0	0.0%
Overall	----	----	\$5,086,346	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range



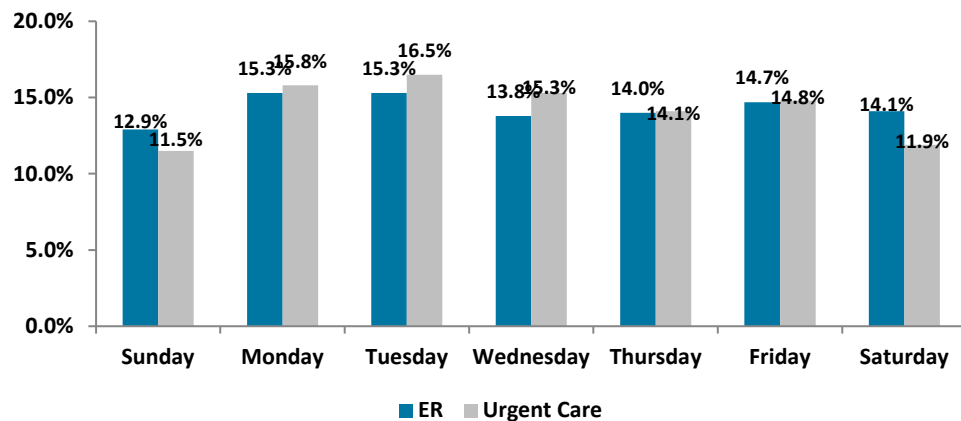
Emergency Room / Urgent Care Summary

ER/Urgent Care	3Q22		3Q23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	3,691	6,732	3,088	5,566		
Visits Per Member	0.15	0.27	0.15	0.27	0.22	0.35
Visits/1000 Members	147	269	149	268	221	352
Avg Paid Per Visit	\$1,918	\$66	\$2,283	\$45	\$968	\$135
% with OV*	84.2%	79.9%	80.7%	78.5%		
% Avoidable	14.0%	32.2%	16.1%	41.4%		
Total Member Paid	\$3,937,212	\$732,746	\$3,940,686	\$708,013		
Total Plan Paid	\$7,079,338	\$444,312	\$7,051,027	\$250,789		

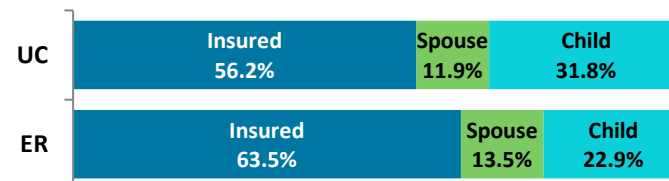
*looks back 12 months

Annualized Annualized Annualized Annualized

Visits by Day of Week



% of Paid



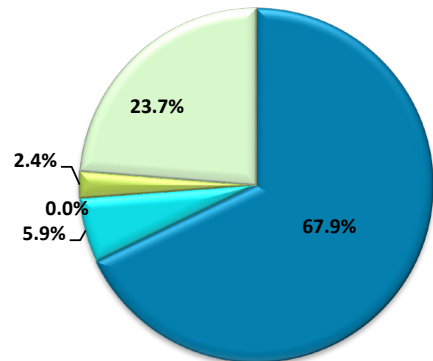
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	1,844	112	3,268	4,380	5,112	310
Spouse	377	118	570	863	947	296
Child	867	108	1,728	1,655	2,595	322
Total	3,088	111	5,566	201	8,654	312

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

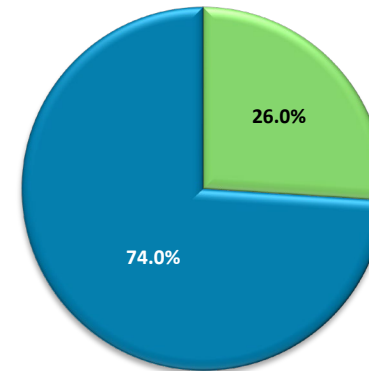
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$284,721,117	\$1,921	100.0%
PPO Discount	\$184,120,095	\$1,243	64.7%
Deductible	\$15,986,523	\$108	5.6%
Copay	\$58,825	\$0	0.0%
Coinsurance	\$6,583,143	\$44	2.3%
Total Participant Paid	\$22,628,491	\$153	7.9%
Total Plan Paid	\$64,366,069	\$434	22.6%

Total Participant Paid - PY22	\$147
Total Plan Paid - PY22	\$461



■ PPO Discount
 ■ Deductible
 ■ Copay
■ Coinsurance
 ■ Total Plan Paid



■ Total Participant Paid
 ■ Total Plan Paid

Paid Claims by Age Range – Dental

Dental Paid Claims by Age Group								
Age Range	3Q21		3Q22		3Q23		% Change	
	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM
<1	\$ 6,732	\$ 1	\$ 8,125	\$ 2	\$ 6,193	\$ 2	-23.8%	-20.2%
1	\$ 39,930	\$ 8	\$ 38,589	\$ 8	\$ 37,555	\$ 9	-2.7%	12.7%
2 - 4	\$ 292,346	\$ 18	\$ 304,460	\$ 20	\$ 297,020	\$ 21	-2.4%	5.3%
5 - 9	\$ 946,052	\$ 31	\$ 942,227	\$ 32	\$ 868,316	\$ 31	-7.8%	-1.9%
10 - 14	\$ 996,686	\$ 28	\$ 951,380	\$ 28	\$ 953,784	\$ 29	0.3%	4.4%
15 - 19	\$ 1,183,780	\$ 32	\$ 1,076,080	\$ 29	\$ 1,072,350	\$ 29	-0.3%	0.0%
20 - 24	\$ 744,485	\$ 18	\$ 678,238	\$ 17	\$ 650,075	\$ 17	-4.2%	-2.6%
25 - 29	\$ 735,064	\$ 24	\$ 646,038	\$ 23	\$ 555,431	\$ 21	-14.0%	-8.7%
30 - 34	\$ 907,351	\$ 25	\$ 857,552	\$ 25	\$ 724,862	\$ 22	-15.5%	-10.5%
35 - 39	\$ 1,058,840	\$ 27	\$ 1,038,679	\$ 27	\$ 919,981	\$ 25	-11.4%	-7.6%
40 - 44	\$ 1,032,669	\$ 27	\$ 1,025,864	\$ 27	\$ 995,763	\$ 26	-2.9%	-2.9%
45 - 49	\$ 1,120,566	\$ 28	\$ 1,080,130	\$ 29	\$ 989,198	\$ 26	-8.4%	-8.8%
50 - 54	\$ 1,292,156	\$ 30	\$ 1,343,834	\$ 31	\$ 1,263,941	\$ 29	-5.9%	-5.1%
55 - 59	\$ 1,513,204	\$ 33	\$ 1,519,728	\$ 34	\$ 1,414,266	\$ 32	-6.9%	-5.0%
60 - 64	\$ 1,887,026	\$ 37	\$ 1,934,543	\$ 39	\$ 1,717,029	\$ 36	-11.2%	-7.8%
65+	\$ 4,841,824	\$ 40	\$ 5,085,544	\$ 42	\$ 4,764,184	\$ 39	-6.3%	-6.7%
Total	\$ 18,598,711	\$ 30	\$ 18,531,011	\$ 31	\$ 17,229,950	\$ 29	-7.0%	-5.1%

Dental Paid Claims – State Participants

Dental Paid Claims - Total										
State Participants										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 12,252,482	\$ 1,616,498	\$ 381,149	\$ 14,250,129	\$ 11,370,567	\$ 1,583,426	\$ 342,505	\$ 13,296,498	-6.7%	
Dental Exchange	\$ -	\$ -	\$ 2,598,995	\$ 2,598,995	\$ -	\$ -	\$ 2,453,723	\$ 2,453,723	-5.6%	
Total	\$ 12,252,482	\$ 1,616,498	\$ 2,980,145	\$ 16,849,125	\$ 11,370,567	\$ 1,583,426	\$ 2,796,228	\$ 15,750,221	-12.3%	

Dental Paid Claims - Per Participant per Month										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 52	\$ 52	\$ 55	\$ 52	\$ 49	\$ 51	\$ 53	\$ 49	-6.4%	
Dental Exchange	\$ -	\$ -	\$ 51	\$ 51	\$ -	\$ -	\$ 47	\$ 47	-6.8%	

Dental Paid Claims – Non-State Participants

Dental Paid Claims - Total										
Non-State Participants										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 4,512	\$ 114,130	\$ 171,607	\$ 290,248	\$ 3,120	\$ 69,024	\$ 156,068	\$ 228,212	-21.4%	
Dental Exchange	\$ -	\$ -	\$ 1,391,641	\$ 1,391,641	\$ -	\$ -	\$ 1,251,517	\$ 1,251,517	-10.1%	
Total	\$ 4,512	\$ 114,130	\$ 1,563,247	\$ 1,681,889	\$ 3,120	\$ 69,024	\$ 1,407,586	\$ 1,479,729	-12.0%	

Dental Paid Claims - Per Participant per Month										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 55	\$ 42	\$ 43	\$ 42	\$ 58	\$ 39	\$ 42	\$ 41	-2.8%	
Dental Exchange	\$ -	\$ -	\$ 43	\$ 43	\$ -	\$ -	\$ 41	\$ 41	-3.4%	

Dental Paid Claims – Total Participants

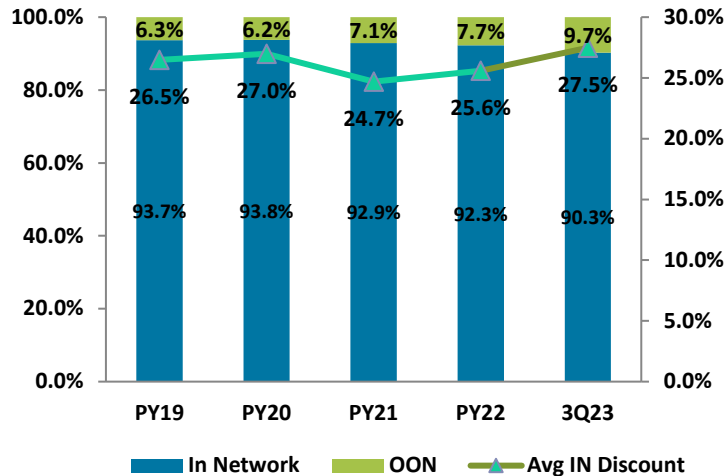
Dental Paid Claims - Total										
Total Participants										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 12,256,993	\$ 1,730,629	\$ 552,756	\$ 14,540,378	\$ 11,373,687	\$ 1,652,449	\$ 498,574	\$ 13,524,710	-7.0%	
Dental Exchange	\$ -	\$ -	\$ 3,990,636	\$ 3,990,636	\$ -	\$ -	\$ 3,705,240	\$ 3,705,240	-7.2%	
Total	\$ 12,256,993	\$ 1,730,629	\$ 4,543,392	\$ 18,531,014	\$ 11,373,687	\$ 1,652,449	\$ 4,203,814	\$ 17,229,950	-7.0%	

Dental Paid Claims - Per Participant per Month										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change	
Dental	\$ 52	\$ 51	\$ 51	\$ 52	\$ 49	\$ 50	\$ 49	\$ 49	-6.3%	
Dental Exchange	\$ -	\$ -	\$ 49	\$ 49	\$ -	\$ -	\$ 45	\$ 45	-7.0%	

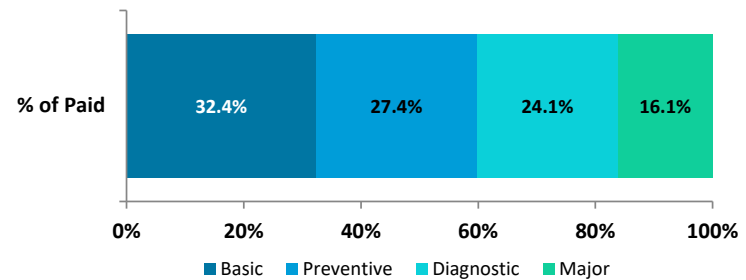
Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	# of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	4,312	6.6%	17,410	19.3%	\$6,453,537	37.5%	\$3,933,161	49.2%
\$750.01-\$1,000.00	1,829	2.8%	6,343	7.1%	\$1,619,202	9.4%	\$907,552	11.3%
\$500.01-\$750.00	3,376	5.2%	10,532	11.7%	\$2,112,144	12.3%	\$1,042,218	13.0%
\$250.01-\$500.00	11,639	17.9%	29,155	32.4%	\$4,127,595	24.0%	\$1,096,202	13.7%
\$0.01-\$250.00	18,186	27.9%	26,126	29.0%	\$2,917,472	16.9%	\$975,435	12.2%
\$0.00	394	0.6%	442	0.5%	\$0	0.0%	\$44,158	0.6%
No Claims	25,354	39.0%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	65,089	100.0%	90,008	100.0%	\$17,229,950	100.0%	\$7,998,726	100.0%

Network Performance



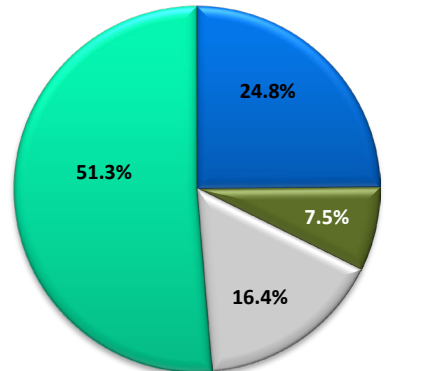
Claim Category	Total Paid	% of Paid
Basic	\$5,574,552	32.4%
Preventive	\$4,723,810	27.4%
Diagnostic	\$4,155,975	24.1%
Major	\$2,775,613	16.1%
Total	\$17,229,950	100.0%



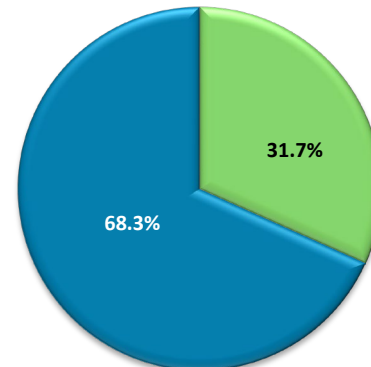
Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$33,187,097	\$113	100.0%
PPO Discount	\$8,338,811	\$28	25.1%
Deductible	\$2,506,083	\$9	7.6%
Coinsurance	\$5,492,643	\$19	16.6%
Total Participant Paid	\$7,998,726	\$27	24.1%
Total Plan Paid	\$17,229,950	\$59	51.9%

Total Participant Paid - PY22	\$23
Total Plan Paid - PY22	\$51



■ PPO Discount ■ Deductible
■ Coinsurance ■ Total Participant Paid



■ 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	1,002	973	29	96.2%
	<2 asthma related ER Visits in the last 6 months	1,002	1,001	1	99.9%
	No asthma related admit in last 12 months	1,002	1,000	2	99.8%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	214	205	9	95.8%
	Members with COPD who had an annual spirometry test	214	39	175	18.2%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	6	6	0	100.0%
	No ER Visit for Heart Failure in last 90 days	189	182	7	96.3%
	Follow-up OV within 4 weeks of discharge from HF admission	6	6	0	100.0%
Diabetes	Annual office visit	946	899	47	95.0%
	Annual dilated eye exam	946	369	577	39.0%
	Annual foot exam	946	383	563	40.5%
	Annual HbA1c test done	946	787	159	83.2%
	Diabetes Annual lipid profile	946	716	230	75.7%
	Annual microalbumin urine screen	946	669	277	70.7%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	3,989	3,200	789	80.2%
Hypertension	Annual lipid profile	4,086	2,797	1,289	68.5%
	Annual serum creatinine test	3,948	3,166	782	80.2%
Wellness	Well Child Visit - 15 months	198	192	6	97.0%
	Routine office visit in last 6 months (All Ages)	27,181	15,926	11,255	58.6%
	Colorectal cancer screening ages 45-75 within the appropriate time period	11,255	5,080	6,175	45.1%
	Women age 25-65 with recommended cervical cancer/HPV screening	8,457	5,734	2,723	67.8%
	Males age greater than 49 with PSA test in last 24 months	4,440	2,166	2,274	48.8%
	Routine exam in last 24 months (All Ages)	27,181	22,448	4,733	82.6%
	Women age 40 to 75 with a screening mammogram last 24 months	7,188	4,221	2,967	58.7%

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

Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	178	0.65%	6.42	\$13,370
Asthma	1,125	4.13%	40.60	\$11,999
Atrial Fibrillation	294	1.08%	10.61	\$30,493
Blood Disorders	1,605	5.90%	57.92	\$25,346
CAD	596	2.19%	21.51	\$20,797
COPD	212	0.78%	7.65	\$22,998
Cancer	1,074	3.95%	38.76	\$25,752
Chronic Pain	660	2.43%	23.82	\$22,011
Congestive Heart Failure	190	0.70%	6.86	\$56,001
Demyelinating Diseases	64	0.24%	2.31	\$39,128
Depression	1,633	6.00%	58.93	\$13,010
Diabetes	1,702	6.26%	61.42	\$15,996
ESRD	39	0.14%	1.41	\$76,576
Eating Disorders	84	0.31%	3.03	\$27,968
HIV/AIDS	36	0.13%	1.30	\$74,712
Hyperlipidemia	4,961	18.23%	179.02	\$9,284
Hypertension	4,125	15.16%	148.85	\$12,119
Immune Disorders	104	0.38%	3.75	\$67,604
Inflammatory Bowel Disease	93	0.34%	3.36	\$39,715
Liver Diseases	525	1.93%	18.94	\$26,529
Morbid Obesity	755	2.77%	27.24	\$17,691
Osteoarthritis	1,076	3.95%	38.83	\$15,533
Peripheral Vascular Disease	167	0.61%	6.03	\$21,957
Rheumatoid Arthritis	155	0.57%	5.59	\$24,680

*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 2023 - Through Quarter Ending March 31, 2023**

Express Scripts

1Q-3Q FY2023 CDHP		1Q-3Q FY2022 CDHP	Difference	% Change
Membership Summary				
Member Count (Membership)	27,720	33,449	(5,729)	-17.1%
Utilizing Member Count (Patients)	19,723	25,050	(5,327)	-21.3%
Percent Utilizing (Utilization)	71.2%	74.9%	(0.04)	-5.0%
Claim Summary				
Net Claims (Total Rx's)	284,290	329,736	(45,446)	-13.8%
Claims per Elig Member per Month (Claims PMPM)	1.14	1.10	0.04	3.6%
Total Claims for Generic (Generic Rx)	243,426	279,555	(36,129.00)	-12.9%
Total Claims for Brand (Brand Rx)	40,864	50,181	(9,317.00)	-18.6%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	1,130	2,021	(891.00)	-44.1%
Total Non-Specialty Claims	280,345	325,562	(45,217.00)	-13.9%
Total Specialty Claims	3,945	4,174	(229.00)	-5.5%
Generic % of Total Claims (GFR)	85.6%	84.8%	0.01	1.0%
Generic Effective Rate (GCR)	99.5%	99.3%	0.00	0.3%
Mail Order Claims	79,194	79,645	(451.00)	-0.6%
Mail Penetration Rate*	32.0%	28.3%	0.04	3.7%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$32,708,629	\$34,421,341	(\$1,712,712.00)	-5.0%
Total Generic Gross Cost	\$3,738,579	\$4,676,045	(\$937,466.00)	-20.0%
Total Brand Gross Cost	\$28,970,050	\$29,745,295	(\$775,245.00)	-2.6%
Total MSB Gross Cost	\$629,317	\$825,870	(\$196,553.00)	-23.8%
Total Ingredient Cost	\$32,225,558	\$33,678,814	(\$1,453,256.00)	-4.3%
Total Dispensing Fee	\$447,194	\$726,082	(\$278,888.00)	-38.4%
Total Other (e.g. tax)	\$35,878	\$16,445	\$19,433.00	118.2%
Avg Total Cost per Claim (Gross Cost/Rx)	\$115.05	\$104.39	\$10.66	10.2%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$15.36	\$16.73	(\$1.37)	-8.2%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$708.94	\$592.76	\$116.18	19.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$556.92	\$408.64	\$148.28	36.3%
Member Cost Summary				
Total Member Cost	\$7,629,342	\$8,737,701	(\$1,108,359.00)	-12.7%
Total Copay	\$6,005,466	\$6,585,546	(\$580,080.00)	-8.8%
Total Deductible	\$1,623,877	\$2,152,158	(\$528,281.00)	-24.5%
Avg Copay per Claim (Copay/Rx)	\$21.12	\$19.97	\$1.15	5.8%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$26.84	\$26.50	\$0.34	1.3%
Avg Copay for Generic (Copay/Generic Rx)	\$6.85	\$8.54	(\$1.69)	-19.8%
Avg Copay for Brand (Copay/Brand Rx)	\$145.87	\$126.56	\$19.31	15.3%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$162.88	\$103.55	\$59.33	57.3%
Net PMPM (Participant Cost PMPM)	\$30.58	\$29.02	\$1.56	5.4%
Copay % of Total Prescription Cost (Member Cost Share %)	23.3%	25.4%	-2.1%	-8.1%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$25,079,287	\$25,683,639	(\$604,352.00)	-2.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$9,098,426	\$9,400,461	(\$302,035.00)	-3.2%
Total Specialty Drug Cost (Specialty Plan Cost)	\$15,980,860	\$16,283,178	(\$302,318.00)	-1.9%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$88.22	\$77.89	\$10.33	13.3%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$8.50	\$8.19	\$0.31	3.8%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$563.06	\$466.20	\$96.86	20.8%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$394.03	\$305.09	\$88.94	29.2%
Net PMPM (Plan Cost PMPM)	\$100.53	\$85.32	\$15.21	17.8%
PMPM without Specialty (Non-Specialty PMPM)	\$36.47	\$31.23	\$4.02	17.3%
PMPM for Specialty Only (Specialty PMPM)	\$64.06	\$54.09	\$9.97	18.4%
Specialty % of Plan Cost	63.7%	63.40%	\$0.00	0.5%
Rebates Received (Q1-Q3 FY2023 actual)	\$8,622,319	\$7,831,838	\$790,481.62	10.1%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$65.97	\$59.30	\$6.66	11.2%
PMPM without Specialty (Non-Specialty PMPM)	\$15.36	\$18.20	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$50.00	\$46.73	\$3.27	7.0%

Appendix B

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UMR Inc. – LDPPPO Utilization Review for PEBP January 1, 2023 – March 31, 2023

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DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July 2022 – March 2023 Incurred,

Paid through May 31, 2023

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 3Q23 was \$40,641,821 with an annualized plan cost per employee per year (PEPY) of \$7,500. This is a decrease of 6.6% when compared to 3Q22.
 - IP Cost per Admit is \$25,147 which is 43.1% lower than 3Q22.
 - ER Cost per Visit is \$3,164 which is 27.1% higher than 3Q22.
- Employees shared in 13.8% of the medical cost.
- Inpatient facility costs were 21.5% of the plan spend.
- 83.3% of the Average Membership had paid Medical claims less than \$2,500, with 19.0% of those having no claims paid at all during the reporting period.
- 43 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 23.1% of the plan spend. The highest diagnosis category was Cancer, accounting for 36.9% of the high-cost claimant dollars.
- Total spending with in-network providers was 99.5%. The average In Network discount was 63.5%, which is .5% higher than the PY22 average discount of 63.2%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	3Q22						3Q23						% 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	\$ 2,510,787	\$ 3,361	\$ 2,590	\$ 3	\$ 2,513,377	\$ 3,365	\$ 1,518,680	\$ 1,096	\$ 32,133	\$ 23	\$ 1,550,813	\$ 1,119	-38.3%	-66.7%
1	\$ 141,285	\$ 155	\$ 5,402	\$ 6	\$ 146,687	\$ 161	\$ 316,887	\$ 241	\$ 6,767	\$ 5	\$ 323,654	\$ 246	120.6%	52.6%
2 - 4	\$ 297,529	\$ 100	\$ 37,317	\$ 13	\$ 334,846	\$ 113	\$ 827,960	\$ 171	\$ 36,202	\$ 7	\$ 864,162	\$ 178	158.1%	57.8%
5 - 9	\$ 362,472	\$ 70	\$ 118,464	\$ 23	\$ 480,936	\$ 93	\$ 722,944	\$ 83	\$ 408,937	\$ 47	\$ 1,131,881	\$ 130	135.3%	40.0%
10 - 14	\$ 678,264	\$ 111	\$ 145,125	\$ 24	\$ 823,389	\$ 134	\$ 1,122,395	\$ 119	\$ 254,200	\$ 27	\$ 1,376,595	\$ 146	67.2%	8.5%
15 - 19	\$ 913,464	\$ 146	\$ 266,479	\$ 43	\$ 1,179,943	\$ 189	\$ 1,829,743	\$ 169	\$ 384,266	\$ 36	\$ 2,214,009	\$ 205	87.6%	8.6%
20 - 24	\$ 994,840	\$ 159	\$ 216,750	\$ 35	\$ 1,211,590	\$ 194	\$ 1,888,855	\$ 184	\$ 569,764	\$ 56	\$ 2,458,619	\$ 240	102.9%	23.6%
25 - 29	\$ 1,048,733	\$ 225	\$ 308,742	\$ 66	\$ 1,357,475	\$ 292	\$ 1,739,117	\$ 214	\$ 830,260	\$ 102	\$ 2,569,377	\$ 316	89.3%	8.4%
30 - 34	\$ 1,417,621	\$ 250	\$ 566,223	\$ 100	\$ 1,983,844	\$ 349	\$ 2,973,992	\$ 304	\$ 786,743	\$ 80	\$ 3,760,735	\$ 385	89.6%	10.1%
35 - 39	\$ 2,418,723	\$ 369	\$ 553,538	\$ 84	\$ 2,972,261	\$ 453	\$ 3,032,290	\$ 272	\$ 1,056,147	\$ 95	\$ 4,088,437	\$ 367	37.6%	-19.0%
40 - 44	\$ 2,266,667	\$ 353	\$ 758,455	\$ 118	\$ 3,025,122	\$ 471	\$ 3,483,133	\$ 324	\$ 1,560,761	\$ 145	\$ 5,043,894	\$ 469	66.7%	-0.5%
45 - 49	\$ 1,919,035	\$ 335	\$ 592,479	\$ 103	\$ 2,511,514	\$ 438	\$ 3,701,372	\$ 386	\$ 1,613,085	\$ 168	\$ 5,314,457	\$ 554	111.6%	26.4%
50 - 54	\$ 1,857,615	\$ 294	\$ 939,584	\$ 149	\$ 2,797,199	\$ 443	\$ 4,438,374	\$ 427	\$ 2,139,231	\$ 206	\$ 6,577,605	\$ 632	135.1%	42.8%
55 - 59	\$ 3,370,313	\$ 576	\$ 852,916	\$ 146	\$ 4,223,229	\$ 722	\$ 4,890,498	\$ 524	\$ 1,967,460	\$ 211	\$ 6,857,958	\$ 735	62.4%	1.8%
60 - 64	\$ 3,169,026	\$ 644	\$ 1,499,096	\$ 305	\$ 4,668,122	\$ 948	\$ 6,626,446	\$ 801	\$ 2,764,763	\$ 334	\$ 9,391,209	\$ 1,135	101.2%	19.7%
65+	\$ 1,792,081	\$ 962	\$ 417,242	\$ 224	\$ 2,209,323	\$ 1,186	\$ 1,529,135	\$ 487	\$ 775,753	\$ 247	\$ 2,304,888	\$ 734	4.3%	-38.1%
Total	\$ 25,158,456	\$ 329	\$ 7,280,402	\$ 95	\$ 32,438,858	\$ 424	\$ 40,641,821	\$ 319	\$ 15,186,469	\$ 119	\$ 55,828,290	\$ 439	72.1%	3.3%

Financial Summary (p. 1 of 2)

	Total			State Active			Non-State Active		
Summary	3Q22	3Q23	Variance to Prior Year	3Q22	3Q23	Variance to Prior Year	3Q22	3Q23	Variance to Prior Year
Enrollment									
Avg # Employees	4,175	7,226	73.0%	3,780	6,561	73.6%	1	1	0.0%
Avg # Members	8,493	14,150	66.6%	7,830	13,028	66.4%	2	2	0.0%
Ratio	2.0	2.0	-3.4%	2.1	2.0	-3.9%	2.0	2.0	0.0%
Financial Summary									
Gross Cost	\$29,751,991	\$47,147,759	58.5%	\$25,837,154	\$40,990,958	58.7%	\$31,539	\$12,127	-61.5%
Client Paid	\$25,158,456	\$40,641,821	61.5%	\$21,781,871	\$35,216,533	61.7%	\$26,601	\$9,284	-65.1%
Employee Paid	\$4,593,536	\$6,505,938	41.6%	\$4,055,283	\$5,774,424	42.4%	\$4,938	\$2,842	-42.4%
Client Paid-PEPY	\$8,034	\$7,500	-6.6%	\$7,683	\$7,156	-6.9%	\$35,468	\$12,379	-65.1%
Client Paid-PMPY	\$3,949	\$3,830	-3.0%	\$3,709	\$3,604	-2.8%	\$17,734	\$6,190	-65.1%
Client Paid-PEPM	\$669	\$625	-6.6%	\$640	\$596	-6.9%	\$2,956	\$1,032	-65.1%
Client Paid-PMPM	\$329	\$319	-3.0%	\$309	\$300	-2.9%	\$1,478	\$516	-65.1%
High Cost Claimants (HCC's) > \$100k									
# of HCC's	33	43	30.3%	27	34	25.9%	0	0	0.0%
HCC's / 1,000	3.9	3.0	-21.9%	3.5	2.6	-24.3%	0.0	0.0	0.0%
Avg HCC Paid	\$263,630	\$218,375	-17.2%	\$273,797	\$225,632	-17.6%	\$0	\$0	0.0%
HCC's % of Plan Paid	34.6%	23.1%	-33.2%	33.9%	21.8%	-35.7%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,330	\$822	-38.2%	\$1,299	\$769	-40.8%	\$566	\$0	0.0%
Facility Outpatient	\$1,023	\$1,366	33.5%	\$915	\$1,252	36.8%	\$6,869	\$584	0.0%
Physician	\$1,545	\$1,642	6.3%	\$1,447	\$1,582	9.3%	\$10,299	\$5,606	-45.6%
Other	\$52	\$0	-100.0%	\$49	\$0	-100.0%	\$0	\$0	0.0%
Total	\$3,949	\$3,830	-3.0%	\$3,709	\$3,604	-2.8%	\$17,734	\$6,190	-65.1%
	Annualized	Annualized		Annualized	Annualized		Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees			Non-State Retirees			Peer Index
	3Q22	3Q23	Variance to Prior Year	3Q22	3Q23	Variance to Prior Year	
Enrollment							
Avg # Employees	374	637	70.4%	21	27	26.3%	
Avg # Members	630	1,080	71.4%	32	39	21.5%	
Ratio	1.7	1.7	0.6%	1.5	1.5	-3.9%	1.6
Financial Summary							
Gross Cost	\$3,641,943	\$5,851,517	60.7%	\$241,355	\$293,157	21.5%	
Client Paid	\$3,152,224	\$5,156,304	63.6%	\$197,759	\$259,699	31.3%	
Employee Paid	\$489,719	\$695,213	42.0%	\$43,596	\$33,458	-23.3%	
Client Paid-PEPY	\$11,248	\$10,800	-4.0%	\$12,490	\$12,985	4.0%	\$6,642
Client Paid-PMPY	\$6,669	\$6,364	-4.6%	\$8,211	\$8,879	8.1%	\$4,116
Client Paid-PEPM	\$937	\$900	-3.9%	\$1,041	\$1,082	3.9%	\$553
Client Paid-PMPM	\$556	\$530	-4.7%	\$684	\$740	8.2%	\$343
High Cost Claimants (HCC's) > \$100k							
# of HCC's	6	9	50.0%	1	1	0.0%	
HCC's / 1,000	9.5	8.3	-12.5%	31.1	25.6	0.0%	
Avg HCC Paid	\$199,468	\$179,387	-10.1%	\$110,440	\$104,131	0.0%	
HCC's % of Plan Paid	38.0%	31.3%	-17.6%	55.8%	40.1%	0.0%	
Cost Distribution by Claim Type (PMPY)							
Facility Inpatient	\$1,743	\$1,435	-17.7%	\$901	\$1,517	68.4%	\$1,190
Facility Outpatient	\$2,188	\$2,600	18.8%	\$4,088	\$5,214	27.5%	\$1,376
Physician	\$2,649	\$2,330	-12.0%	\$3,174	\$2,148	-32.3%	\$1,466
Other	\$89	\$0	-100.0%	\$48	\$0	-100.0%	\$84
Total	\$6,669	\$6,364	-4.6%	\$8,211	\$8,879	8.1%	\$4,116
	Annualized	Annualized		Annualized	Annualized		

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

	Total			State Active			Non-State Active		
Summary	PY22	3Q23	Variance to Prior Year	PY22	3Q23	Variance to Prior Year	PY22	3Q23	Variance to Prior Year
Enrollment									
Avg # Employees	4,336	7,226	66.6%	3,926	6,561	67.1%	1	1	0.0%
Avg # Members	8,762	14,150	61.5%	8,071	13,028	61.4%	2	2	0.0%
Ratio	2.0	2.0	-3.0%	2.1	2.0	-3.4%	2.0	2.0	0.0%
Financial Summary									
Gross Cost	\$40,570,436	\$47,147,759	16.2%	\$35,366,785	\$40,990,958	15.9%	\$38,494	\$12,127	-68.5%
Client Paid	\$34,446,692	\$40,641,821	18.0%	\$29,933,591	\$35,216,533	17.6%	\$33,556	\$9,284	-72.3%
Employee Paid	\$6,123,744	\$6,505,938	6.2%	\$5,433,194	\$5,774,424	6.3%	\$4,938	\$2,842	-42.4%
Client Paid-PEPY	\$7,944	\$7,500	-5.6%	\$7,624	\$7,156	-6.1%	\$33,556	\$12,379	-63.1%
Client Paid-PMPY	\$3,931	\$3,830	-2.6%	\$3,709	\$3,604	-2.8%	\$16,778	\$6,190	-63.1%
Client Paid-PEPM	\$662	\$625	-5.6%	\$635	\$596	-6.1%	\$2,796	\$1,032	-63.1%
Client Paid-PMPM	\$328	\$319	-2.7%	\$309	\$300	-2.9%	\$1,398	\$516	-63.1%
High Cost Claimants (HCC's) > \$100k									
# of HCC's	41	43	4.9%	33	34	3.0%	0	0	0.0%
HCC's / 1,000	4.7	3.0	-35.0%	4.1	2.6	-36.2%	0.0	0.0	0.0%
Avg HCC Paid	\$286,071	\$218,375	-23.7%	\$305,172	\$225,632	-26.1%	\$0	\$0	0.0%
HCC's % of Plan Paid	34.0%	23.1%	-32.1%	33.6%	21.8%	-35.1%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,269	\$822	-35.2%	\$1,257	\$769	-38.8%	\$424	\$0	-100.0%
Facility Outpatient	\$1,043	\$1,366	31.0%	\$933	\$1,252	34.2%	\$5,152	\$584	-88.7%
Physician	\$1,567	\$1,642	4.8%	\$1,468	\$1,582	7.8%	\$9,883	\$5,606	-43.3%
Other	\$53	\$0	-100.0%	\$50	\$0	-100.0%	\$1,319	\$0	-100.0%
Total	\$3,931	\$3,830	-2.6%	\$3,709	\$3,604	-2.8%	\$16,778	\$6,190	-63.1%

Annualized

Annualized

Annualized

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

	State Retirees			Non-State Retirees			
Summary	PY22	3Q23	Variance to Prior Year	PY22	3Q23	Variance to Prior Year	Peer Index
Enrollment							
Avg # Employees	388	637	64.2%	21	27	25.5%	
Avg # Members	657	1,080	64.4%	32	39	20.9%	
Ratio	1.7	1.7	0.6%	1.5	1.5	-3.9%	1.6
Financial Summary							
Gross Cost	\$4,886,927	\$5,851,517	19.7%	\$278,229	\$293,157	5.4%	
Client Paid	\$4,252,910	\$5,156,304	21.2%	\$226,635	\$259,699	14.6%	
Employee Paid	\$634,017	\$695,213	9.7%	\$51,594	\$33,458	-35.2%	
Client Paid-PEPY	\$10,968	\$10,800	-1.5%	\$10,665	\$12,985	21.8%	\$6,642
Client Paid-PMPY	\$6,473	\$6,364	-1.7%	\$7,027	\$8,879	26.4%	\$4,116
Client Paid-PEPM	\$914	\$900	-1.5%	\$889	\$1,082	21.7%	\$553
Client Paid-PMPM	\$539	\$530	-1.7%	\$586	\$740	26.3%	\$343
High Cost Claimants (HCC's) > \$100k							
# of HCC's	8	9	12.5%	1	1	0.0%	
HCC's / 1,000	12.2	8.3	-31.6%	31.0	25.6	-17.3%	
Avg HCC Paid	\$193,399	\$179,387	-7.2%	\$111,053	\$104,131	-6.2%	
HCC's % of Plan Paid	36.4%	31.3%	-14.0%	49.0%	40.1%	-18.2%	
Cost Distribution by Claim Type (PMPY)							
Facility Inpatient	\$1,452	\$1,435	-1.2%	\$675	\$1,517	124.7%	\$1,190
Facility Outpatient	\$2,262	\$2,600	14.9%	\$3,333	\$5,214	56.4%	\$1,376
Physician	\$2,676	\$2,330	-12.9%	\$2,969	\$2,148	-27.7%	\$1,466
Other	\$83	\$0	-100.0%	\$50	\$0	-100.0%	\$84
Total	\$6,473	\$6,364	-1.7%	\$7,027	\$8,879	26.4%	\$4,116
	Annualized			Annualized			

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	3Q22				3Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,667,213	\$ 880,840	\$ 1,944	\$ 9,549,997	\$ 8,889,971	\$ 1,283,201	\$ 10,531	\$ 10,183,702	6.6%	
Outpatient	\$ 13,114,658	\$ 2,234,103	\$ 35,337	\$ 15,384,099	\$ 26,326,563	\$ 3,708,372	\$ 154,199	\$ 30,189,135	96.2%	
Total - Medical	\$ 21,781,871	\$ 3,114,943	\$ 37,281	\$ 24,934,095	\$ 35,216,533	\$ 4,991,574	\$ 164,730	\$ 40,372,837	61.9%	

Net Paid Claims - Per Participant per Month										
	3Q22				3Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 640	\$ 997	\$ 156	\$ 667	\$ 596	\$ 932	\$ 443	\$ 623	-6.6%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 1,051	\$ 19,252	\$ 5,164	\$ 25,467	\$ -	\$ 47,476	\$ 564	\$ 48,040	88.6%	
Outpatient	\$ 25,550	\$ 133,244	\$ 40,099	\$ 198,893	\$ 9,284	\$ 88,780	\$ 122,879	\$ 220,943	11.1%	
Total - Medical	\$ 26,601	\$ 152,496	\$ 45,263	\$ 224,360	\$ 9,284	\$ 136,256	\$ 123,444	\$ 268,984	19.9%	

Net Paid Claims - Per Participant per Month										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 3,801	\$ 1,439	\$ 539	\$ 1,139	\$ 1,032	\$ 1,117	\$ 1,046	\$ 1,080	-5.1%	

Paid Claims by Claim Type – Total Participants

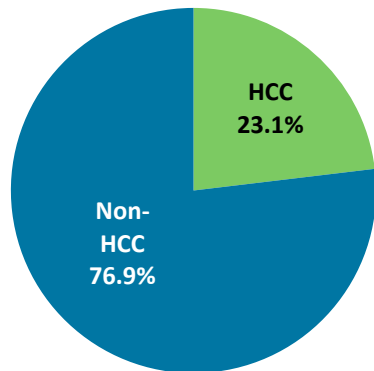
Net Paid Claims - Total										
Total Participants										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,668,264	\$ 900,092	\$ 7,107	\$ 9,575,463	\$ 8,889,971	\$ 1,330,677	\$ 11,095	\$ 10,231,743	6.9%	
Outpatient	\$ 13,140,208	\$ 2,367,347	\$ 75,437	\$ 15,582,992	\$ 26,335,847	\$ 3,797,152	\$ 277,079	\$ 30,410,078	95.1%	
Total - Medical	\$ 21,808,472	\$ 3,267,439	\$ 82,544	\$ 25,158,456	\$ 35,225,818	\$ 5,127,829	\$ 288,174	\$ 40,641,821	61.5%	

Net Paid Claims - Per Participant per Month										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 641	\$ 1,012	\$ 256	\$ 669	\$ 596	\$ 936	\$ 588	\$ 625	-6.6%	

Cost Distribution – Medical Claims

3Q22						3Q23						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
31	0.4%	\$8,699,776	34.6%	\$165,116	3.6%	\$100,000.01 Plus	39	0.3%	\$9,291,746	22.9%	\$164,028	2.5%
34	0.4%	\$2,484,479	9.9%	\$163,320	3.6%	\$50,000.01-\$100,000.00	52	0.4%	\$4,157,579	10.2%	\$222,857	3.4%
77	0.9%	\$2,782,530	11.1%	\$299,336	6.5%	\$25,000.01-\$50,000.00	132	0.9%	\$4,738,511	11.7%	\$472,032	7.3%
203	2.4%	\$3,289,052	13.1%	\$680,467	14.8%	\$10,000.01-\$25,000.00	468	3.3%	\$7,607,951	18.7%	\$1,281,956	19.7%
320	3.8%	\$2,398,248	9.5%	\$654,879	14.3%	\$5,000.01-\$10,000.00	600	4.2%	\$4,426,192	10.9%	\$1,069,593	16.4%
510	6.0%	\$1,909,754	7.6%	\$726,862	15.8%	\$2,500.01-\$5,000.00	1,061	7.5%	\$3,927,204	9.7%	\$1,132,702	17.4%
5,283	62.2%	\$3,594,300	14.3%	\$1,882,433	41.0%	\$0.01-\$2,500.00	9,004	63.6%	\$6,492,638	16.0%	\$2,157,654	33.2%
100	1.2%	\$0	0.0%	\$21,043	0.5%	\$0.00	103	0.7%	\$0	0.0%	\$5,115	0.1%
1,935	22.8%	\$317	0.0%	\$80	0.0%	No Claims	2,690	19.0%	\$0	0.0%	\$0	0.0%
8,493	100.0%	\$25,158,456	100.0%	\$4,593,536	100.0%		14,150	100.0%	\$40,641,821	100.0%	\$6,505,938	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	20	\$3,464,099	36.9%
Endocrine/Metabolic Disorders	16	\$1,139,955	12.1%
Trauma/Accidents	15	\$1,072,564	11.4%
Cardiac Disorders	26	\$740,927	7.9%
Neurological Disorders	20	\$623,665	6.6%
Medical/Surgical Complications	12	\$446,002	4.7%
Gastrointestinal Disorders	23	\$316,499	3.4%
Renal/Urologic Disorders	14	\$244,858	2.6%
Pulmonary Disorders	23	\$237,628	2.5%
Spine-related Disorders	10	\$196,756	2.1%
All Other		\$907,154	9.7%
Overall	----	\$9,390,106	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		
	3Q22	3Q23	Variance to Prior Year	3Q22	3Q23	Variance to Prior Year	3Q22	3Q23	Variance to Prior Year
Inpatient Facility									
# of Admits	239	411		206	370		1	0	
# of Bed Days	1,294	1,781		1,181	1,585		1	0	
Paid Per Admit	\$44,229	\$25,147	-43.1%	\$45,460	\$24,333	-46.5%	\$2,303	\$0	0.0%
Paid Per Day	\$8,169	\$5,803	-29.0%	\$7,930	\$5,680	-28.4%	\$2,303	\$0	0.0%
Admits Per 1,000	38	39	2.6%	35	38	8.6%	667	0	0.0%
Days Per 1,000	203	168	-17.2%	201	162	-19.4%	667	0	0.0%
Avg LOS	5.4	4.3	-20.4%	5.7	4.3	-24.6%	1	0	0.0%
# Admits From ER	120	205		99	179		0	0	
Physician Office									
OV Utilization per Member	4.6	4.9	6.5%	4.5	4.8	6.7%	14.7	12.7	-13.6%
Avg Paid per OV	\$126	\$116	-7.9%	\$120	\$116	-3.3%	\$299	\$295	-1.3%
Avg OV Paid per Member	\$586	\$571	-2.6%	\$539	\$553	2.6%	\$4,385	\$3,740	-14.7%
DX&L Utilization per Member	8.1	10.1	24.7%	7.7	9.7	26.0%	29.3	25.3	-13.7%
Avg Paid per DX&L	\$51	\$58	13.7%	\$48	\$57	18.8%	\$97	\$57	-41.2%
Avg DX&L Paid per Member	\$408	\$589	44.4%	\$368	\$552	50.0%	\$2,845	\$1,452	-49.0%
Emergency Room									
# of Visits	850	1,536		788	1,406		1	0	
Visits Per Member	0.13	0.14	7.7%	0.13	0.14	7.7%	0.67	0	0.0%
Visits Per 1,000	133	145	9.0%	134	144	7.5%	667	0	0.0%
Avg Paid per Visit	\$2,490	\$3,164	27.1%	\$2,466	\$3,192	29.4%	\$4,222	\$0	0.0%
Urgent Care									
# of Visits	1,972	3,925		1,847	3,719		0	2	
Visits Per Member	0.31	0.37	19.4%	0.31	0.38	22.6%	0.00	1.33	0.0%
Visits Per 1,000	310	370	19.4%	315	381	21.0%	0	1,333	0.0%
Avg Paid per Visit	\$118	\$99	-16.1%	\$117	\$98	-16.2%	\$0	\$154	0.0%
	Annualized	Annualized		Annualized	Annualized		Annualized	Annualized	

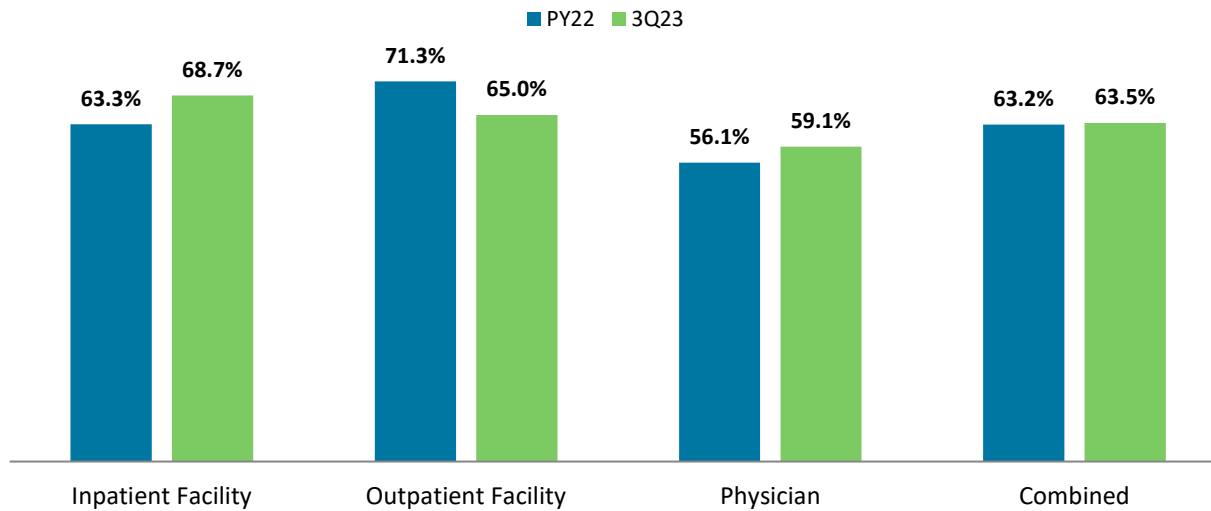
Utilization Summary (p. 2 of 2)

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

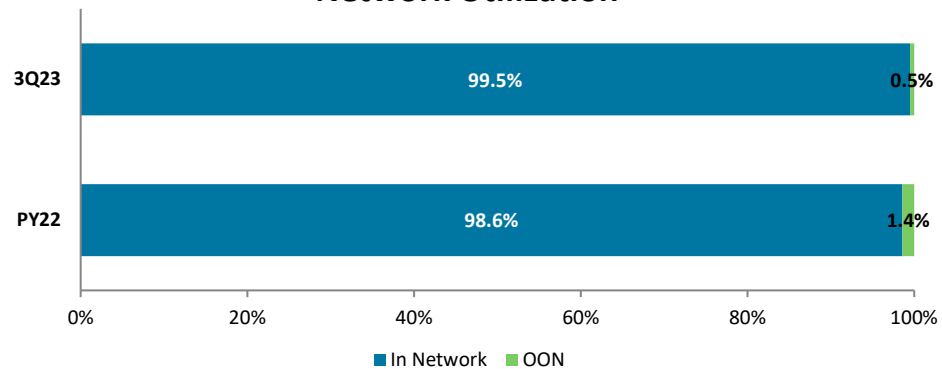
Summary	State Retirees			Non-State Retirees			Peer Index
	3Q22	3Q23	Variance to Prior Year	3Q22	3Q23	Variance to Prior Year	
Inpatient Facility							
# of Admits	25	40		7	1		
# of Bed Days	91	193		21	3		
Paid Per Admit	\$41,443	\$32,111	-22.5%	\$23,928	\$47,476	98.4%	\$18,822
Paid Per Day	\$11,385	\$6,655	-41.5%	\$7,976	\$15,825	98.4%	\$3,265
Admits Per 1,000	53	49	-7.5%	291	34	-88.3%	70
Days Per 1,000	193	238	23.3%	872	103	-88.2%	402
Avg LOS	3.6	4.8	33.3%	3.0	3.0	0.0%	5.8
# Admits From ER	17	26		4	0		
Physician Office							
OV Utilization per Member	6.2	6.5	4.8%	6.9	7.8	13.0%	5.4
Avg Paid per OV	\$185	\$120	-35.1%	\$100	\$87	-13.0%	\$96
Avg OV Paid per Member	\$1,153	\$775	-32.8%	\$694	\$683	-1.6%	\$515
DX&L Utilization per Member	12.5	15.1	20.8%	13	17.6	35.4%	11.0
Avg Paid per DX&L	\$69	\$67	-2.9%	\$85	\$68	-20.0%	\$50
Avg DX&L Paid per Member	\$857	\$1,012	18.1%	\$1,103	\$1,197	8.5%	\$543
Emergency Room							
# of Visits	60	126		1	4		
Visits Per Member	0.13	0.16	23.1%	0.04	0.14	0.0%	0.22
Visits Per 1,000	127	156	22.8%	42	137	0.0%	221
Avg Paid per Visit	\$2,785	\$2,921	4.9%	\$1,827	\$1,034	0.0%	\$968
Urgent Care							
# of Visits	123	200		2	4		
Visits Per Member	0.26	0.25	-3.8%	0.08	0.14	0.0%	0.35
Visits Per 1,000	260	247	-5.0%	83	137	0.0%	352
Avg Paid per Visit	\$139	\$102	-26.6%	\$70	\$69	0.0%	\$135
	Annualized	Annualized		Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$4,535,958	11.2%	\$2,488,676	\$1,897,238	\$150,043	\$1,489,826	\$3,046,131
Gastrointestinal Disorders	\$3,541,650	8.7%	\$2,280,620	\$791,137	\$469,894	\$1,247,494	\$2,294,156
Health Status/Encounters	\$3,229,906	7.9%	\$1,740,454	\$430,132	\$1,059,320	\$1,153,027	\$2,076,879
Trauma/Accidents	\$2,892,534	7.1%	\$1,147,893	\$1,134,306	\$610,335	\$1,220,739	\$1,671,795
Cardiac Disorders	\$2,625,002	6.5%	\$1,718,474	\$740,874	\$165,654	\$1,572,479	\$1,052,523
Pregnancy-related Disorders	\$2,546,229	6.3%	\$1,257,899	\$480,128	\$808,202	\$381,126	\$2,165,103
Neurological Disorders	\$2,477,942	6.1%	\$1,481,739	\$340,473	\$655,730	\$795,477	\$1,682,465
Mental Health	\$2,342,514	5.8%	\$985,502	\$404,607	\$952,405	\$854,521	\$1,487,993
Musculoskeletal Disorders	\$2,253,249	5.5%	\$1,450,313	\$463,419	\$339,517	\$851,636	\$1,401,613
Endocrine/Metabolic Disorders	\$2,034,050	5.0%	\$1,326,191	\$583,800	\$124,060	\$426,416	\$1,607,634
Eye/ENT Disorders	\$1,876,181	4.6%	\$969,961	\$220,792	\$685,427	\$721,094	\$1,155,086
Spine-related Disorders	\$1,506,481	3.7%	\$1,083,037	\$311,536	\$111,908	\$823,177	\$683,303
Gynecological/Breast Disorders	\$1,337,008	3.3%	\$952,423	\$210,450	\$174,135	\$37,900	\$1,299,109
Pulmonary Disorders	\$1,261,260	3.1%	\$614,739	\$209,120	\$437,401	\$660,113	\$601,147
Infections	\$1,159,103	2.9%	\$615,146	\$175,804	\$368,152	\$592,501	\$566,601
Renal/Urologic Disorders	\$1,033,062	2.5%	\$568,579	\$194,766	\$269,717	\$406,602	\$626,460
Non-malignant Neoplasm	\$777,324	1.9%	\$554,268	\$191,797	\$31,260	\$176,875	\$600,449
Medical/Surgical Complications	\$659,298	1.6%	\$513,223	\$39,985	\$106,090	\$474,132	\$185,166
Dermatological Disorders	\$452,478	1.1%	\$260,520	\$72,972	\$118,986	\$188,760	\$263,718
Diabetes	\$375,801	0.9%	\$223,971	\$130,252	\$21,577	\$208,041	\$167,760
Miscellaneous	\$369,171	0.9%	\$223,052	\$59,795	\$86,324	\$133,968	\$235,204
Congenital/Chromosomal Anomalies	\$317,080	0.8%	\$26,889	\$145,645	\$144,546	\$255,152	\$61,929
Abnormal Lab/Radiology	\$313,117	0.8%	\$226,110	\$67,990	\$19,017	\$92,453	\$220,663
Hematological Disorders	\$245,957	0.6%	\$156,732	\$45,120	\$44,106	\$141,993	\$103,964
Vascular Disorders	\$157,391	0.4%	\$95,100	\$52,265	\$10,026	\$80,842	\$76,549
Medication Related Conditions	\$127,753	0.3%	\$66,805	\$6,599	\$54,349	\$60,506	\$67,247
Cholesterol Disorders	\$106,009	0.3%	\$83,618	\$19,210	\$3,182	\$55,670	\$50,339
Allergic Reaction	\$42,762	0.1%	\$13,809	\$818	\$28,134	\$13,446	\$29,316
External Hazard Exposure	\$25,889	0.1%	\$11,094	\$150	\$14,644	\$5,783	\$20,105
Dental Conditions	\$18,634	0.0%	\$3,452	\$2,057	\$13,125	\$9,945	\$8,689
Social Determinants of Health	\$941	0.0%	\$831	\$110	\$0	\$435	\$506
Cause of Morbidity	\$87	0.0%	\$26	\$61	\$0	\$0	\$87
Total	\$40,641,821	100.0%	\$23,141,145	\$9,423,408	\$8,077,267	\$15,132,129	\$25,509,692

Mental Health Drilldown

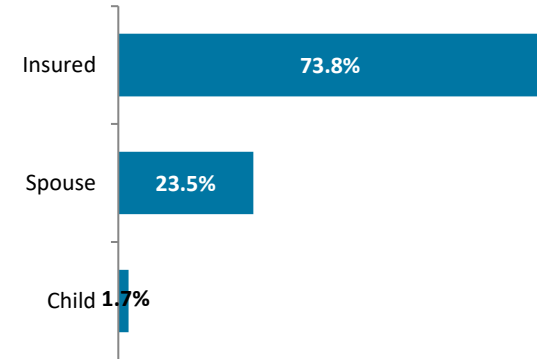
Group	PY22		3Q23	
	Patients	Total Paid	Patients	Total Paid
Depression	453	\$568,975	711	\$612,628
Mood and Anxiety Disorders	613	\$271,735	924	\$491,263
Mental Health Conditions, Other	431	\$351,519	642	\$379,079
Alcohol Abuse/Dependence	20	\$75,926	57	\$223,326
Developmental Disorders	59	\$215,640	90	\$159,032
Bipolar Disorder	107	\$247,201	160	\$138,419
Attention Deficit Disorder	199	\$80,894	356	\$92,308
Eating Disorders	24	\$147,776	38	\$90,077
Schizophrenia	4	\$2,259	10	\$42,786
Sleep Disorders	124	\$26,517	187	\$41,612
Substance Abuse/Dependence	29	\$68,285	42	\$26,112
Sexually Related Disorders	28	\$8,553	46	\$20,270
Psychoses	6	\$10,965	10	\$11,694
Personality Disorders	14	\$15,495	15	\$8,696
Tobacco Use Disorder	16	\$4,458	40	\$2,663
Complications of Substance Abuse	6	\$27,466	10	\$2,548
Total		\$2,123,665		\$2,342,514

Diagnosis Grouper – Cancer

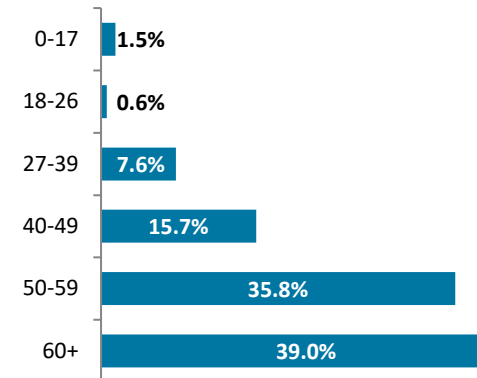
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	25	158	\$2,302,858	50.8%
Breast Cancer	79	737	\$769,818	17.0%
Secondary Cancers	21	170	\$253,811	5.6%
Non-Melanoma Skin Cancers	67	227	\$214,191	4.7%
Cancers, Other	50	316	\$204,159	4.5%
Brain Cancer	4	140	\$201,966	4.5%
Prostate Cancer	28	192	\$133,635	2.9%
Thyroid Cancer	28	124	\$129,143	2.8%
Colon Cancer	7	91	\$95,693	2.1%
Lymphomas	16	205	\$70,281	1.5%
Cervical/Uterine Cancer	14	43	\$36,928	0.8%
Carcinoma in Situ	35	86	\$31,156	0.7%
Leukemias	7	77	\$26,534	0.6%
Lung Cancer	10	110	\$24,257	0.5%
Myeloma	2	60	\$18,680	0.4%
Melanoma	18	40	\$13,472	0.3%
Kidney Cancer	11	36	\$7,679	0.2%
Pancreatic Cancer	1	17	\$1,189	0.0%
Ovarian Cancer	2	6	\$479	0.0%
Bladder Cancer	1	1	\$29	0.0%
Overall	----	----	\$4,535,958	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

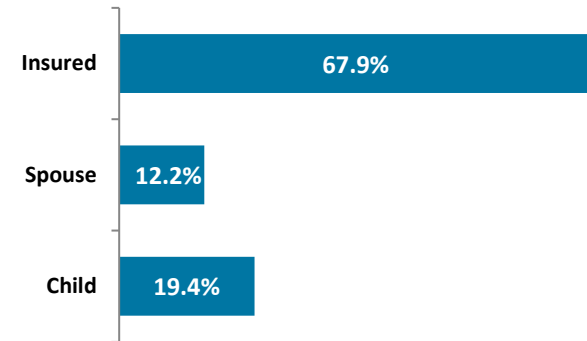


Diagnosis Grouper – Gastrointestinal Orders

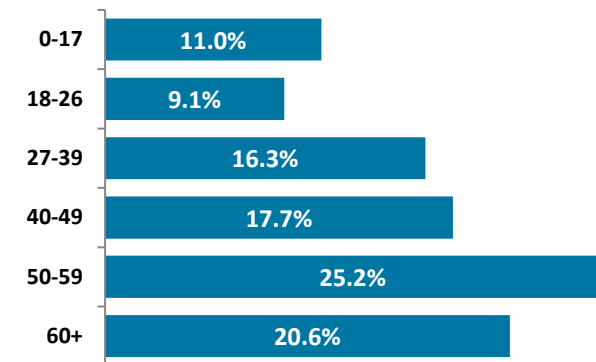
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
GI Disorders, Other	419	1,033	\$661,795	18.7%
Abdominal Disorders	834	1,923	\$640,960	18.1%
Gallbladder and Biliary Disease	88	409	\$519,266	14.7%
Upper GI Disorders	431	953	\$371,953	10.5%
Hernias	87	261	\$344,911	9.7%
GI Symptoms	514	1,006	\$218,532	6.2%
Appendicitis	13	70	\$168,272	4.8%
Diverticulitis	71	163	\$165,023	4.7%
Inflammatory Bowel Disease	55	245	\$131,680	3.7%
Pancreatic Disorders	20	84	\$107,678	3.0%
Constipation	141	265	\$74,454	2.1%
Liver Diseases	159	305	\$53,300	1.5%
Hemorrhoids	97	189	\$36,003	1.0%
Ostomies	12	70	\$21,982	0.6%
Peptic Ulcer/Related Disorders	19	34	\$19,237	0.5%
Hepatic Cirrhosis	12	23	\$4,668	0.1%
Esophageal Varices	2	3	\$1,935	0.1%
	----	----	\$3,541,650	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

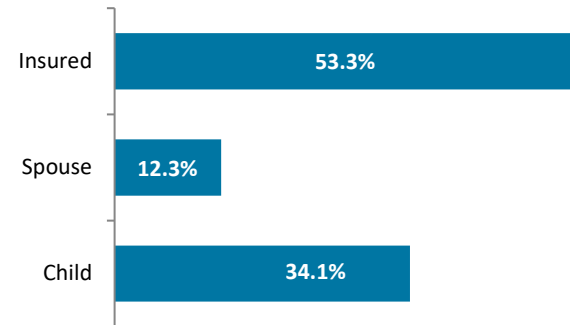


Diagnosis Groupers – Health Status/Encounters

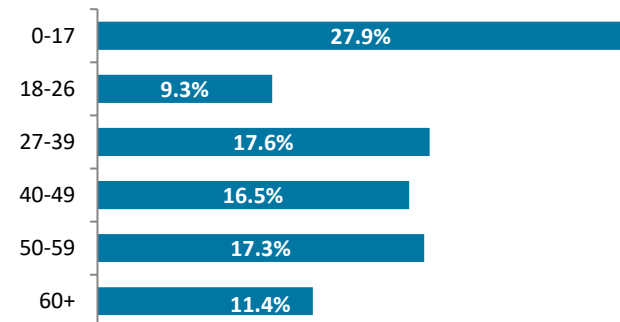
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	3,102	6,139	\$1,005,949	31.1%
Exams	4,074	7,542	\$804,738	24.9%
Prophylactic Measures	2,535	3,513	\$644,462	20.0%
Encounters - Infants/Children	1,785	2,718	\$400,554	12.4%
Personal History of Condition	377	715	\$152,744	4.7%
Prosthetics/Devices/Implants	154	510	\$72,278	2.2%
Aftercare	170	349	\$60,248	1.9%
Family History of Condition	101	145	\$39,707	1.2%
Encounter - Transplant Related	13	63	\$16,941	0.5%
Encounter - Procedure	51	64	\$8,421	0.3%
Counseling	87	150	\$6,600	0.2%
Lifestyle/Situational Issues	49	95	\$4,696	0.1%
Acquired Absence	14	19	\$4,583	0.1%
Follow-Up Encounters	3	9	\$3,190	0.1%
Donors	2	2	\$2,625	0.1%
Miscellaneous Examinations	21	44	\$1,436	0.0%
Health Status, Other	36	43	\$736	0.0%
Overall	----	----	\$3,229,906	489.5%

*Patient and claim counts are unique only within the category

Relationship



Age Range

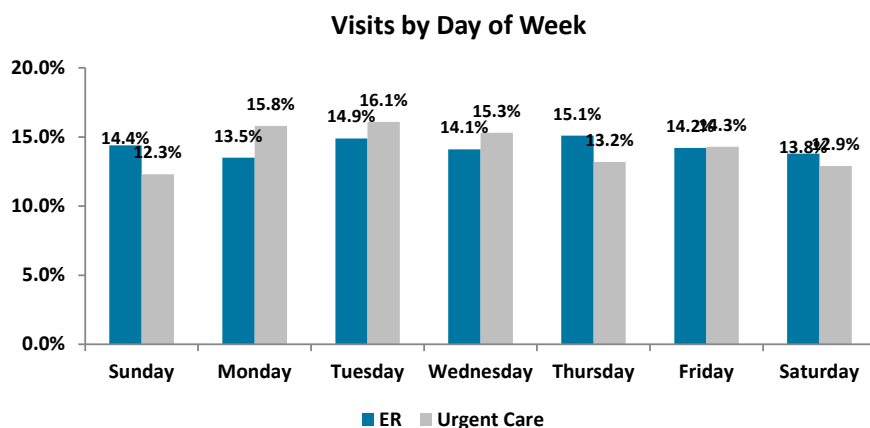


Emergency Room / Urgent Care Summary

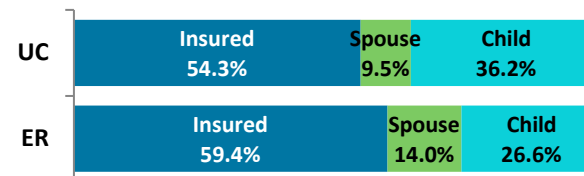
ER/Urgent Care	3Q22		3Q23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	850	1,972	1,536	3,925		
Visits Per Member	0.13	0.31	0.14	0.37	0.22	0.35
Visits/1000 Members	133	310	145	370	221	352
Avg Paid Per Visit	\$2,490	\$118	\$3,164	\$99	\$968	\$135
% with OV*	79.4%	76.6%	80.6%	75.2%		
% Avoidable	12.0%	34.7%	14.8%	43.2%		
Total Member Paid	\$506,025	\$135,239	\$1,045,041	\$286,090		
Total Plan Paid	\$2,116,500	\$232,696	\$4,860,123	\$386,704		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized



% of Paid



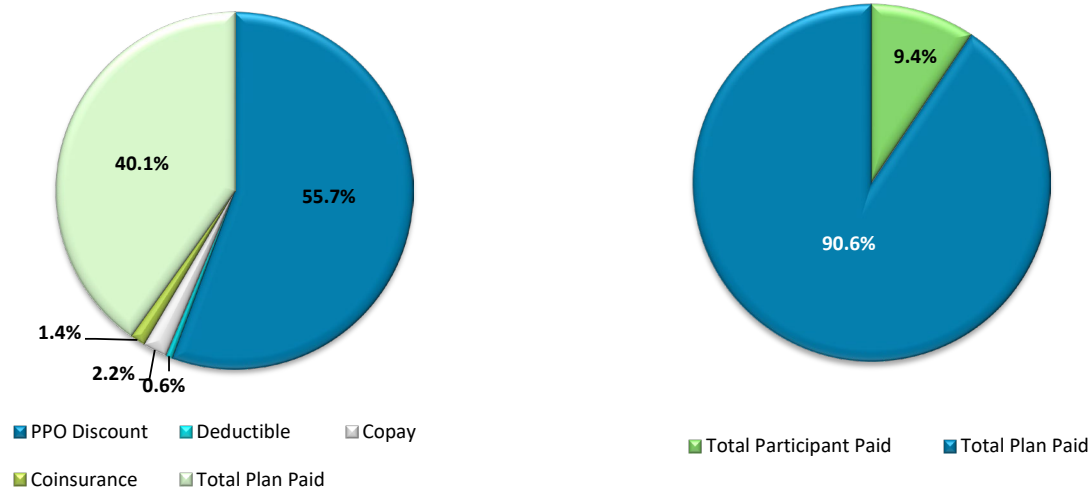
Relationship	ER / UC Visits by Relationship					
	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	798	110	2,115	293	2,913	403
Spouse	212	119	413	232	625	351
Child	526	102	1,397	272	1,923	374
Total	1,536	109	3,925	277	5,461	386

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	\$132,903,113	\$4,244	100.0%
PPO Discount	\$83,776,441	\$2,675	63.0%
Deductible	\$0	\$0	0.0%
Copay	\$3,568,455	\$114	2.7%
Coinsurance	\$2,937,483	\$94	2.2%
Total Participant Paid	\$6,505,938	\$208	4.9%
Total Plan Paid	\$40,641,821	\$625	30.6%

Total Participant Paid - PY22	\$136
Total Plan Paid - PY22	\$539



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	653	638	15	97.7%
	<2 asthma related ER Visits in the last 6 months	653	652	1	99.8%
	No asthma related admit in last 12 months	653	648	5	99.2%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	59	57	2	96.6%
	Members with COPD who had an annual spirometry test	59	11	48	18.6%
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	63	58	5	92.1%
	Follow-up OV within 4 weeks of discharge from HF admission	4	4	0	100.0%
Diabetes	Annual office visit	492	470	22	95.5%
	Annual dilated eye exam	492	175	317	35.6%
	Annual foot exam	492	214	278	43.5%
	Annual HbA1c test done	492	418	74	85.0%
	Diabetes Annual lipid profile	492	375	117	76.2%
	Annual microalbumin urine screen	492	340	152	69.1%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,821	1,532	289	84.1%
Hypertension	Annual lipid profile	1,631	1,245	386	76.3%
	Annual serum creatinine test	1,411	1,220	191	86.5%
Wellness	Well Child Visit - 15 months	130	116	14	89.2%
	Routine office visit in last 6 months (All Ages)	14,704	9,701	5,003	66.0%
	Colorectal cancer screening ages 45-75 within the appropriate time period	4,646	2,009	2,637	43.2%
	Women age 25-65 with recommended cervical cancer/HPV screening	4,884	3,046	1,838	62.4%
	Males age greater than 49 with PSA test in last 24 months	1,468	711	757	48.4%
	Routine exam in last 24 months (All Ages)	14,704	12,200	2,504	83.0%
	Women age 40 to 75 with a screening mammogram last 24 months	3,469	2,025	1,444	58.4%

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	145	0.99%	10.25	\$11,513
Asthma	701	4.77%	49.54	\$13,037
Atrial Fibrillation	96	0.65%	6.78	\$21,339
Blood Disorders	728	4.95%	51.45	\$23,176
CAD	196	1.33%	13.85	\$27,005
COPD	56	0.38%	3.96	\$33,715
Cancer	394	2.68%	27.85	\$29,156
Chronic Pain	333	2.26%	23.53	\$20,084
Congestive Heart Failure	63	0.43%	4.45	\$54,214
Demyelinating Diseases	41	0.28%	2.90	\$55,107
Depression	1,207	8.20%	85.30	\$11,212
Diabetes	758	5.15%	53.57	\$17,012
ESRD	8	0.05%	0.57	\$62,945
Eating Disorders	81	0.55%	5.72	\$11,565
HIV/AIDS	16	0.11%	1.13	\$37,407
Hyperlipidemia	2,192	14.90%	154.92	\$12,455
Hypertension	1,643	11.17%	116.12	\$14,808
Immune Disorders	72	0.49%	5.09	\$50,579
Inflammatory Bowel Disease	71	0.48%	5.02	\$24,021
Liver Diseases	277	1.88%	19.58	\$24,393
Morbid Obesity	449	3.05%	31.73	\$16,347
Osteoarthritis	428	2.91%	30.25	\$17,540
Peripheral Vascular Disease	37	0.25%	2.61	\$16,215
Rheumatoid Arthritis	87	0.59%	6.15	\$28,738

*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 2023 - Through Quarter Ending March 31, 2023

Express Scripts

1Q-3Q FY2023 LDPPO		1Q-3Q FY2022 LDPPO	Difference	% Change
Membership Summary				
Member Count (Membership)	14,114	8,243	5,871	71.2%
Utilizing Member Count (Patients)	10,992	6,652	4,340	65.2%
Percent Utilizing (Utilization)	77.9%	80.7%	(0)	-3.5%
Claim Summary				
Net Claims (Total Rx's)	150,839	85,898	64,941	75.6%
Claims per Elig Member per Month (Claims PMPM)	1.19	1.16	0.03	2.6%
Total Claims for Generic (Generic Rx)	126,915	71,440	55,475.00	77.7%
Total Claims for Brand (Brand Rx)	23,924	14,458	9,466.00	65.5%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	791	615	176.00	28.6%
Total Non-Specialty Claims	148,712	84,846	63,866.00	75.3%
Total Specialty Claims	2,127	1,052	1,075.00	102.2%
Generic % of Total Claims (GFR)	84.1%	83.2%	0.01	1.2%
Generic Effective Rate (GCR)	99.4%	99.1%	0.00	0.2%
Mail Order Claims	46,900	22,863	24,037.00	105.1%
Mail Penetration Rate*	36.0%	31.3%	0.05	4.7%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$18,130,993	\$8,955,427	\$9,175,566.00	102.5%
Total Generic Gross Cost	\$2,397,534	\$1,691,335	\$706,199.00	41.8%
Total Brand Gross Cost	\$15,733,460	\$7,264,092	\$8,469,368.00	116.6%
Total MSB Gross Cost	\$385,529	\$211,758	\$173,771.00	82.1%
Total Ingredient Cost	\$17,877,625	\$8,769,974	\$9,107,651.00	103.9%
Total Dispensing Fee	\$227,143	\$179,227	\$47,916.00	26.7%
Total Other (e.g. tax)	\$26,225	\$6,226	\$19,999.00	321.2%
Avg Total Cost per Claim (Gross Cost/Rx)	\$120.20	\$104.26	\$15.94	15.3%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$18.89	\$23.67	(\$4.78)	-20.2%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$657.64	\$502.43	\$155.21	30.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$487.39	\$344.32	\$143.07	41.6%
Member Cost Summary				
Total Member Cost	\$2,944,180	\$1,660,829	\$1,283,351.00	77.3%
Total Copay	\$2,944,180	\$1,660,829	\$1,283,351.00	77.3%
Total Deductible	\$0	\$0	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$19.52	\$19.33	\$0.18	1.0%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$19.52	\$19.33	\$0.18	1.0%
Avg Copay for Generic (Copay/Generic Rx)	\$6.30	\$7.38	(\$1.08)	-14.6%
Avg Copay for Brand (Copay/Brand Rx)	\$89.65	\$78.42	\$11.23	14.3%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$26.74	\$36.34	(\$9.60)	-26.4%
Net PMPM (Participant Cost PMPM)	\$23.18	\$22.39	\$0.79	3.5%
Copay % of Total Prescription Cost (Member Cost Share %)	16.2%	18.5%	-2.3%	-12.4%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$15,186,813	\$7,294,598	\$7,892,215.00	108.2%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$7,646,094	\$4,135,189	\$3,510,905.00	84.9%
Total Specialty Drug Cost (Specialty Plan Cost)	\$7,540,719	\$3,159,409	\$4,381,310.00	138.7%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$100.68	\$84.92	\$15.76	18.6%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$12.59	\$16.30	(\$3.71)	-22.8%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$567.99	\$424.01	\$143.98	34.0%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$460.66	\$307.98	\$152.68	49.6%
Net PMPM (Plan Cost PMPM)	\$119.56	\$98.33	\$21.23	21.6%
PMPM without Specialty (Non-Specialty PMPM)	\$60.19	\$55.74	\$4.45	8.0%
PMPM for Specialty Only (Specialty PMPM)	\$59.36	\$42.59	\$16.77	39.4%
Rebates Received (Q1-Q3FY2023 actual)	\$5,203,910	\$1,057,776	\$4,146,134.40	392.0%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$78.59	\$84.07	(\$5.48)	-6.5%
PMPM without Specialty (Non-Specialty PMPM)	\$34.20	\$38.12	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$43.75	\$36.57	\$7.18	19.6%

Appendix C

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UMR Inc. – EPO Utilization Review for PEBP January 1, 2023 – March 31, 2023

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DATASCOPE™

Nevada Public Employees' Benefits Program

EPO Plan

July 2022 – March 2023 Incurred,

Paid through May 31, 2023



Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 3Q23 was \$31,354,299 with an annualized plan cost per employee per year (PEPY) of \$12,015. This is an increase of 27.2% when compared to 3Q22.
 - IP Cost per Admit is \$36,091 which is 1.0% higher than 3Q22.
 - ER Cost per Visit is \$2,969 which is 42.7% higher than 3Q22.
- Employees shared in 9.4% of the medical cost.
- Inpatient facility costs were 29.6% of the plan spend.
- 76.9% of the Average Membership had paid Medical claims less than \$2,500, with 13.5% having no claims paid at all during the reporting period.
- 42 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 Cancer, accounting for 21.3% of the high-cost claimant dollars.
- Total spending with in-network providers was 96.3%. The average In Network discount was 56.6%, which is 5.5% lower than the PY22 average discount of 59.9%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	3Q22						3Q23						% 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	\$ 2,001,147	\$ 3,046	\$ 2,715	\$ 4	\$ 2,003,862	\$ 3,050	\$ 2,379,872	\$ 3,724	\$ 13,867	\$ 22	\$ 2,393,739	\$ 3,746	19.5%	22.8%
1	\$ 191,946	\$ 284	\$ 2,337	\$ 3	\$ 194,283	\$ 288	\$ 227,152	\$ 428	\$ 622	\$ 1	\$ 227,774	\$ 429	17.2%	49.0%
2 - 4	\$ 367,663	\$ 161	\$ 12,468	\$ 5	\$ 380,131	\$ 167	\$ 420,955	\$ 227	\$ 11,697	\$ 6	\$ 432,652	\$ 233	13.8%	39.8%
5 - 9	\$ 344,358	\$ 92	\$ 41,655	\$ 11	\$ 386,013	\$ 103	\$ 280,221	\$ 88	\$ 58,186	\$ 18	\$ 338,407	\$ 106	-12.3%	3.0%
10 - 14	\$ 636,567	\$ 129	\$ 157,887	\$ 32	\$ 794,454	\$ 161	\$ 671,772	\$ 159	\$ 114,048	\$ 27	\$ 785,820	\$ 186	-1.1%	15.5%
15 - 19	\$ 1,203,297	\$ 202	\$ 261,248	\$ 44	\$ 1,464,545	\$ 246	\$ 1,053,568	\$ 207	\$ 442,665	\$ 87	\$ 1,496,233	\$ 294	2.2%	19.7%
20 - 24	\$ 831,880	\$ 156	\$ 240,741	\$ 45	\$ 1,072,621	\$ 201	\$ 1,002,478	\$ 212	\$ 168,786	\$ 36	\$ 1,171,264	\$ 248	9.2%	23.1%
25 - 29	\$ 763,543	\$ 307	\$ 677,677	\$ 273	\$ 1,441,220	\$ 580	\$ 870,027	\$ 439	\$ 207,726	\$ 105	\$ 1,077,753	\$ 544	-25.2%	-6.2%
30 - 34	\$ 1,176,433	\$ 359	\$ 329,699	\$ 101	\$ 1,506,132	\$ 460	\$ 1,122,946	\$ 422	\$ 1,177,122	\$ 442	\$ 2,300,068	\$ 863	52.7%	87.8%
35 - 39	\$ 2,204,180	\$ 490	\$ 518,534	\$ 115	\$ 2,722,714	\$ 605	\$ 2,625,510	\$ 720	\$ 649,214	\$ 178	\$ 3,274,724	\$ 898	20.3%	48.5%
40 - 44	\$ 1,692,313	\$ 369	\$ 1,313,542	\$ 286	\$ 3,005,855	\$ 655	\$ 2,270,331	\$ 584	\$ 1,163,597	\$ 299	\$ 3,433,928	\$ 883	14.2%	34.9%
45 - 49	\$ 2,468,106	\$ 476	\$ 838,196	\$ 162	\$ 3,306,302	\$ 638	\$ 1,846,880	\$ 424	\$ 958,636	\$ 220	\$ 2,805,516	\$ 644	-15.1%	1.0%
50 - 54	\$ 2,890,648	\$ 452	\$ 1,660,941	\$ 260	\$ 4,551,589	\$ 711	\$ 3,853,217	\$ 652	\$ 1,570,454	\$ 266	\$ 5,423,671	\$ 917	19.2%	29.0%
55 - 59	\$ 4,970,624	\$ 743	\$ 1,699,257	\$ 254	\$ 6,669,881	\$ 997	\$ 4,104,232	\$ 707	\$ 1,918,213	\$ 330	\$ 6,022,445	\$ 1,037	-9.7%	4.0%
60 - 64	\$ 4,885,999	\$ 626	\$ 2,858,483	\$ 366	\$ 7,744,482	\$ 993	\$ 6,368,155	\$ 957	\$ 2,769,661	\$ 416	\$ 9,137,816	\$ 1,374	18.0%	38.4%
65+	\$ 2,109,465	\$ 617	\$ 1,389,204	\$ 406	\$ 3,498,669	\$ 1,023	\$ 2,256,983	\$ 714	\$ 1,307,445	\$ 414	\$ 3,564,428	\$ 1,128	1.9%	10.3%
Total	\$ 28,738,168	\$ 423	\$ 12,004,585	\$ 177	\$ 40,742,753	\$ 600	\$ 31,354,299	\$ 538	\$ 12,531,941	\$ 215	\$ 43,886,240	\$ 753	7.7%	25.5%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year
Enrollment												
Avg # Employees	4,654	4,058	3,479	-14.3%	3,953	3,403	2,903	-14.7%	4	3	2	-35.7%
Avg # Members	8,552	7,549	6,481	-14.1%	7,599	6,635	5,653	-14.8%	4	3	2	-35.7%
Ratio	1.8	1.9	1.9	0.0%	1.9	2.0	2.0	0.0%	1.1	1.0	1.0	0.0%
Financial Summary												
Gross Cost	\$41,440,953	\$32,474,418	\$34,617,679	6.6%	\$32,245,097	\$27,933,037	\$28,755,420	2.9%	\$37,532	\$4,170	\$3,859	-7.5%
Client Paid	\$38,712,086	\$28,738,168	\$31,354,299	9.1%	\$29,990,996	\$24,842,309	\$26,085,488	5.0%	\$35,154	\$3,120	\$3,050	-2.2%
Employee Paid	\$2,728,868	\$3,736,250	\$3,263,380	-12.7%	\$2,254,101	\$3,090,728	\$2,669,933	-13.6%	\$2,378	\$1,050	\$810	-22.9%
Client Paid-PEPY	\$11,090	\$9,443	\$12,015	27.2%	\$10,115	\$9,734	\$11,982	23.1%	\$11,718	\$1,337	\$2,033	52.1%
Client Paid-PMPY	\$6,036	\$5,076	\$6,451	27.1%	\$5,262	\$4,992	\$6,153	23.3%	\$10,546	\$1,337	\$2,033	52.1%
Client Paid-PEPM	\$924	\$787	\$1,001	27.2%	\$843	\$811	\$998	23.1%	\$977	\$111	\$169	52.3%
Client Paid-PMPM	\$503	\$423	\$538	27.2%	\$439	\$416	\$513	23.3%	\$879	\$111	\$169	52.3%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	39	35	42	20.0%	30	30	33	10.0%	0	0	0	0.0%
HCC's / 1,000	4.6	4.6	6.5	39.7%	4.0	4.5	5.8	29.2%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$284,578	\$224,770	\$242,425	7.9%	\$236,048	\$238,978	\$246,809	3.3%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	28.7%	27.4%	32.5%	18.6%	23.6%	28.9%	31.2%	8.0%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,416	\$1,409	\$1,910	35.6%	\$997	\$1,425	\$1,787	25.4%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,905	\$1,331	\$2,168	62.9%	\$1,720	\$1,282	\$2,065	61.1%	\$5,899	\$33	\$210	0.0%
Physician	\$2,536	\$2,232	\$2,373	6.3%	\$2,399	\$2,188	\$2,301	5.2%	\$3,977	\$1,172	\$1,823	55.5%
Other	\$179	\$103	\$0	-100.0%	\$146	\$97	\$0	-100.0%	\$670	\$132	\$0	-100.0%
Total	\$6,036	\$5,076	\$6,451	27.1%	\$5,262	\$4,992	\$6,153	23.3%	\$10,546	\$1,337	\$2,033	52.1%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year	Peer Index
Enrollment									
Avg # Employees	571	564	511	-9.4%	126	88	63	-28.1%	
Avg # Members	786	794	736	-7.3%	162	117	90	-23.0%	
Ratio	1.4	1.4	1.4	2.1%	1.3	1.3	1.4	6.7%	1.6
Financial Summary									
Gross Cost	\$5,883,954	\$4,047,960	\$5,579,441	37.8%	\$3,274,369	\$489,251	\$278,958	-43.0%	
Client Paid	\$5,487,651	\$3,504,302	\$5,063,279	44.5%	\$3,198,284	\$388,437	\$202,482	-47.9%	
Employee Paid	\$396,303	\$543,658	\$516,162	-5.1%	\$76,085	\$100,814	\$76,476	-24.1%	
Client Paid-PEPY	\$12,809	\$8,281	\$13,200	59.4%	\$33,874	\$5,900	\$4,278	-27.5%	\$6,297
Client Paid-PMPY	\$9,304	\$5,888	\$9,174	55.8%	\$26,341	\$4,418	\$2,992	-32.3%	\$3,879
Client Paid-PEPM	\$1,067	\$690	\$1,100	59.4%	\$2,823	\$492	\$356	-27.6%	\$525
Client Paid-PMPM	\$775	\$491	\$764	55.6%	\$2,195	\$368	\$249	-32.3%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	9	6	10	0.0%	2	0	0	0.0%	
HCC's / 1,000	11.4	7.6	13.6	0.0%	12.4	0.0	0.0	0.0%	
Avg HCC Paid	\$140,131	\$116,268	\$203,715	0.0%	\$1,377,955	\$0	\$0	0.0%	
HCC's % of Plan Paid	23.0%	19.9%	40.2%	0.0%	86.2%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,444	\$1,280	\$3,065	139.5%	\$20,963	\$1,403	\$213	-84.8%	\$1,149
Facility Outpatient	\$3,615	\$1,794	\$3,091	72.3%	\$2,164	\$1,047	\$1,150	9.8%	\$1,333
Physician	\$3,807	\$2,667	\$3,018	13.2%	\$2,774	\$1,839	\$1,629	-11.4%	\$1,301
Other	\$437	\$147	\$0	-100.0%	\$440	\$129	\$0	-100.0%	\$96
Total	\$9,304	\$5,888	\$9,174	55.8%	\$26,341	\$4,418	\$2,992	-32.3%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

Summary	Total				State Active				Non-State Active			
	PY21	PY22	3Q23	Variance to Prior Year	PY21	PY22	3Q23	Variance to Prior Year	PY21	PY22	3Q23	Variance to Prior Year
Enrollment												
Avg # Employees	4,635	4,021	3,479	-13.5%	3,934	3,370	2,903	-13.9%	4	3	2	-29.3%
Avg # Members	8,519	7,491	6,481	-13.5%	7,566	6,579	5,653	-14.1%	4	3	2	-29.3%
Ratio	1.8	1.9	1.9	0.0%	1.9	2.0	2.0	0.0%	1.1	1.0	1.0	0.0%
Financial Summary												
Gross Cost	\$57,531,667	\$44,187,042	\$34,617,679	-21.7%	\$45,628,807	\$37,820,607	\$28,755,420	-24.0%	\$41,511	\$4,744	\$3,859	-18.7%
Client Paid	\$53,783,772	\$39,320,787	\$31,354,299	-20.3%	\$42,531,149	\$33,797,612	\$26,085,488	-22.8%	\$39,013	\$3,622	\$3,050	-15.8%
Employee Paid	\$3,747,895	\$4,866,255	\$3,263,380	-32.9%	\$3,097,659	\$4,022,996	\$2,669,933	-33.6%	\$2,498	\$1,122	\$810	-27.8%
Client Paid-PEPY	\$11,605	\$9,779	\$12,015	22.9%	\$10,811	\$10,030	\$11,982	19.5%	\$9,753	\$1,278	\$2,033	59.1%
Client Paid-PMPY	\$6,314	\$5,249	\$6,451	22.9%	\$5,621	\$5,137	\$6,153	19.8%	\$9,003	\$1,278	\$2,033	59.1%
Client Paid-PEPM	\$967	\$815	\$1,001	22.8%	\$901	\$836	\$998	19.4%	\$813	\$107	\$169	57.9%
Client Paid-PMPM	\$526	\$437	\$538	23.1%	\$468	\$428	\$513	19.9%	\$750	\$107	\$169	57.9%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	58	46	42	-8.7%	43	40	33	-17.5%	0	0	0	0.0%
HCC's / 1,000	6.8	6.1	6.5	5.5%	5.7	6.1	5.8	-3.9%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$290,301	\$237,083	\$242,425	2.3%	\$270,803	\$246,357	\$246,809	0.2%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	31.3%	27.7%	32.5%	17.3%	27.4%	29.2%	31.2%	6.8%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,531	\$1,432	\$1,910	33.4%	\$1,194	\$1,437	\$1,787	24.4%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,988	\$1,442	\$2,168	50.3%	\$1,813	\$1,382	\$2,065	49.4%	\$4,568	\$27	\$210	677.8%
Physician	\$2,609	\$2,259	\$2,373	5.0%	\$2,458	\$2,209	\$2,301	4.2%	\$3,917	\$1,142	\$1,823	59.6%
Other	\$185	\$116	\$0	-100.0%	\$156	\$109	\$0	-100.0%	\$518	\$109	\$0	-100.0%
Total	\$6,314	\$5,249	\$6,451	22.9%	\$5,621	\$5,137	\$6,153	19.8%	\$9,003	\$1,278	\$2,033	59.1%
			Annualized				Annualized				Annualized	

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

Summary	State Retirees				Non-State Retirees				Peer Index
	PY21	PY22	3Q23	Variance to Prior Year	PY21	PY22	3Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	574	564	511	-9.3%	122	85	63	-25.7%	1.6
Avg # Members	791	796	736	-7.5%	158	114	90	-20.6%	
Ratio	1.4	1.4	1.4	2.1%	1.3	1.3	1.4	6.7%	
Financial Summary									
Gross Cost	\$8,174,556	\$5,794,991	\$5,579,441	-3.7%	\$3,686,792	\$566,699	\$278,958	-50.8%	\$6,642
Client Paid	\$7,625,090	\$5,071,309	\$5,063,279	-0.2%	\$3,588,520	\$448,244	\$202,482	-54.8%	
Employee Paid	\$549,466	\$723,682	\$516,162	-28.7%	\$98,272	\$118,455	\$76,476	-35.4%	
Client Paid-PEPY	\$13,276	\$8,998	\$13,200	46.7%	\$29,354	\$5,279	\$4,278	-19.0%	
Client Paid-PMPY	\$9,643	\$6,373	\$9,174	44.0%	\$22,748	\$3,946	\$2,992	-24.2%	
Client Paid-PEPM	\$1,106	\$750	\$1,100	46.7%	\$2,446	\$440	\$356	-19.1%	
Client Paid-PMPM	\$804	\$531	\$764	43.9%	\$1,896	\$329	\$249	-24.3%	
Client Paid-PMPM	\$804	\$531	\$764	43.9%	\$1,896	\$329	\$249	-24.3%	
High Cost Claimants (HCC's) > \$100k									
# of HCC's	15	8	10	25.0%	2	0	0	0.0%	\$4,116
HCC's / 1,000	19.0	10.1	13.6	35.2%	12.7	0.0	0.0	0.0%	
Avg HCC Paid	\$144,889	\$131,446	\$203,715	55.0%	\$1,509,798	\$0	\$0	0.0%	
HCC's % of Plan Paid	28.5%	20.7%	40.2%	94.2%	84.1%	0.0%	0.0%	0.0%	
HCC's % of Plan Paid	28.5%	20.7%	40.2%	94.2%	84.1%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,565	\$1,443	\$3,065	112.4%	\$17,532	\$1,101	\$213	-80.7%	\$1,190
Facility Outpatient	\$3,680	\$2,015	\$3,091	53.4%	\$1,836	\$940	\$1,150	22.3%	\$1,376
Physician	\$3,977	\$2,742	\$3,018	10.1%	\$2,993	\$1,800	\$1,629	-9.5%	\$1,466
Other	\$420	\$174	\$0	-100.0%	\$388	\$106	\$0	-100.0%	\$84
Total	\$9,643	\$6,373	\$9,174	44.0%	\$22,748	\$3,946	\$2,992	-24.2%	\$4,116

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	3Q22				3Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,471,031	\$ 873,780	\$ 4,115	\$ 9,348,925	\$ 9,033,701	\$ 1,090,193	\$ 798,039	\$ 10,921,934	16.8%	
Outpatient	\$ 16,371,278	\$ 2,440,402	\$ 186,005	\$ 18,997,686	\$ 17,051,786	\$ 2,918,420	\$ 256,627	\$ 20,226,833	6.5%	
Total - Medical	\$ 24,842,309	\$ 3,314,182	\$ 190,120	\$ 28,346,611	\$ 26,085,488	\$ 4,008,613	\$ 1,054,666	\$ 31,148,767	9.9%	

Net Paid Claims - Per Participant per Month										
	3Q22				3Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 811	\$ 752	\$ 283	\$ 794	\$ 998	\$ 1,005	\$ 1,715	\$ 1,014	27.7%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 36,771	\$ 94,213	\$ 130,985	\$ -	\$ 14,081	\$ 3,066	\$ 17,147	-86.9%	
Outpatient	\$ 3,120	\$ 136,249	\$ 121,204	\$ 260,572	\$ 3,050	\$ 68,241	\$ 117,094	\$ 188,385	-27.7%	
Total - Medical	\$ 3,120	\$ 173,020	\$ 215,417	\$ 391,557	\$ 3,050	\$ 82,323	\$ 120,159	\$ 205,532	-47.5%	

Net Paid Claims - Per Participant per Month										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 111	\$ 536	\$ 461	\$ 479	\$ 169	\$ 601	\$ 279	\$ 351	-26.7%	

Paid Claims by Claim Type – Total

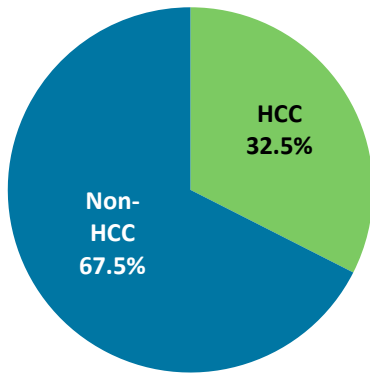
Net Paid Claims - Total										
Total Participants										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,471,031	\$ 910,551	\$ 98,328	\$ 9,479,910	\$ 9,033,701	\$ 1,104,274	\$ 801,105	\$ 10,939,081	15.4%	
Outpatient	\$ 16,374,398	\$ 2,576,652	\$ 307,209	\$ 19,258,258	\$ 17,054,836	\$ 2,986,662	\$ 373,720	\$ 20,415,218	6.0%	
Total - Medical	\$ 24,845,429	\$ 3,487,203	\$ 405,537	\$ 28,738,168	\$ 26,088,537	\$ 4,090,936	\$ 1,174,826	\$ 31,354,299	9.1%	

Net Paid Claims - Per Participant per Month										
	3Q22				3Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 811	\$ 737	\$ 356	\$ 787	\$ 998	\$ 992	\$ 1,123	\$ 1,001	27.2%	

Cost Distribution – Medical Claims

3Q22						3Q23						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
31	0.4%	\$7,866,946	27.4%	\$112,834	3.0%	\$100,000.01 Plus	39	0.6%	\$10,181,843	32.5%	\$159,612	4.9%
32	0.4%	\$2,371,079	8.3%	\$118,610	3.2%	\$50,000.01-\$100,000.00	42	0.7%	\$2,968,710	9.5%	\$139,181	4.3%
111	1.5%	\$3,995,292	13.9%	\$303,463	8.1%	\$25,000.01-\$50,000.00	149	2.3%	\$5,198,545	16.6%	\$384,316	11.8%
286	3.8%	\$4,547,462	15.8%	\$561,133	15.0%	\$10,000.01-\$25,000.00	299	4.6%	\$4,798,981	15.3%	\$554,771	17.0%
420	5.6%	\$3,134,834	10.9%	\$665,249	17.8%	\$5,000.01-\$10,000.00	370	5.7%	\$2,694,737	8.6%	\$518,302	15.9%
763	10.1%	\$2,777,473	9.7%	\$688,247	18.4%	\$2,500.01-\$5,000.00	600	9.3%	\$2,235,486	7.1%	\$531,489	16.3%
4,879	64.6%	\$4,043,507	14.1%	\$1,283,224	34.3%	\$0.01-\$2,500.00	4,031	62.2%	\$3,275,996	10.4%	\$974,103	29.8%
32	0.4%	\$0	0.0%	\$3,369	0.1%	\$0.00	76	1.2%	\$0	0.0%	\$1,605	0.0%
996	13.2%	\$1,575	0.0%	\$120	0.0%	No Claims	875	13.5%	\$0	0.0%	\$0	0.0%
7,549	100.0%	\$28,738,168	100.0%	\$3,736,250	100.0%		6,481	100.0%	\$31,354,299	100.0%	\$3,263,380	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	15	\$2,167,205	21.3%
Pregnancy-related Disorders	3	\$1,654,292	16.2%
Cardiac Disorders	27	\$1,479,023	14.5%
Infections	17	\$854,311	8.4%
Medical/Surgical Complications	12	\$740,869	7.3%
Gastrointestinal Disorders	24	\$594,273	5.8%
Trauma/Accidents	12	\$488,393	4.8%
Hematological Disorders	17	\$465,025	4.6%
Spine-related Disorders	9	\$326,595	3.2%
Neurological Disorders	19	\$303,251	3.0%
All Other		\$1,108,606	10.9%
Overall	----	\$10,181,843	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			
	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year
Inpatient Summary												
# of Admits	352	312	293		292	269	240		0	0	0	
# of Bed Days	2,494	1,857	1,444		1,824	1,577	1,103		0	0	0	
Paid Per Admit	\$40,766	\$35,747	\$36,091	1.0%	\$33,199	\$36,815	\$35,866	-2.6%	\$0	\$0	\$0	0.0%
Paid Per Day	\$5,754	\$6,006	\$7,323	21.9%	\$5,315	\$6,280	\$7,804	24.3%	\$0	\$0	\$0	0.0%
Admits Per 1,000	55	55	60	9.1%	51	54	57	5.6%	0	0	0	0.0%
Days Per 1,000	389	328	297	-9.5%	320	317	260	-18.0%	0	0	0	0.0%
Avg LOS	7.1	6.0	4.9	-18.3%	6.2	5.9	4.6	-22.0%	0.0	0.0	0.0	0.0%
# Admits From ER	176	158	133		136	129	103		0	0	0	
Physician Office												
OV Utilization per Member	6.1	5.6	5.5	-1.8%	5.9	5.4	5.3	-1.9%	5.1	5.6	6.0	7.1%
Avg Paid per OV	\$147	\$152	\$158	3.9%	\$149	\$153	\$163	6.5%	\$136	\$158	\$132	-16.5%
Avg OV Paid per Member	\$898	\$853	\$863	1.2%	\$878	\$829	\$866	4.5%	\$693	\$881	\$793	-10.0%
DX&L Utilization per Member	10.2	9.6	11.4	18.8%	9.7	9.2	10.9	18.5%	17.4	4.7	29.3	523.4%
Avg Paid per DX&L	\$68	\$56	\$70	25.0%	\$66	\$57	\$73	28.1%	\$61	\$40	\$17	-57.5%
Avg DX&L Paid per Member	\$692	\$540	\$806	49.3%	\$640	\$524	\$794	51.5%	\$1,059	\$189	\$513	171.4%
Emergency Room												
# of Visits	938	1,021	897		822	877	763		2	0	0	
Visits Per Member	0.15	0.18	0.18	0.0%	0.14	0.18	0.18	0.0%	0.60	0.00	0.00	0.0%
Visits Per 1,000	146	180	185	2.8%	144	176	180	2.3%	600	0	0	0.0%
Avg Paid per Visit	\$2,788	\$2,080	\$2,969	42.7%	\$2,789	\$2,057	\$3,026	47.1%	\$5,449	\$0	\$0	0.0%
Urgent Care												
# of Visits	1,859	2,343	2,046		1,695	2,121	1,838		0	0	0	
Visits Per Member	0.29	0.41	0.42	2.4%	0.30	0.43	0.43	0.0%	0.00	0.00	0.00	0.0%
Visits Per 1,000	290	414	421	1.7%	297	426	434	1.9%	0	0	0	0.0%
Avg Paid per Visit	\$153	\$151	\$128	-15.2%	\$154	\$153	\$130	-15.0%	\$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

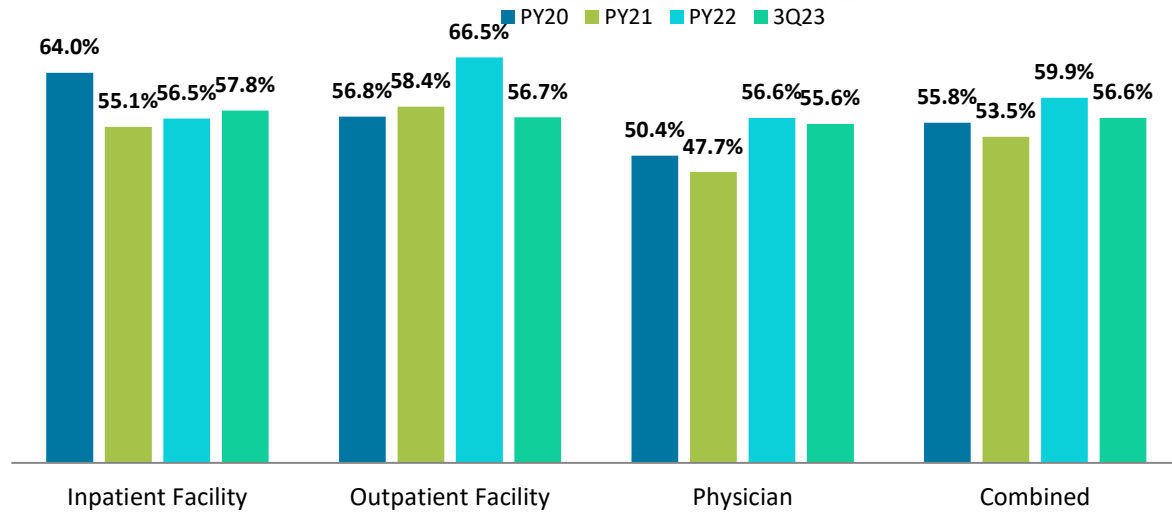
Summary	State Retirees				Non-State Retirees				Peer Index
	3Q21	3Q22	3Q23	Variance to Prior Year	3Q21	3Q22	3Q23	Variance to Prior Year	
Inpatient Summary									
# of Admits	53	35	51		7	8	2		
# of Bed Days	457	215	334		213	65	7		
Paid Per Admit	\$32,554	\$31,922	\$38,220	19.7%	\$418,577	\$16,574	\$8,773	-47.1%	\$16,632
Paid Per Day	\$3,775	\$5,197	\$5,836	12.3%	\$13,756	\$2,040	\$2,507	22.9%	\$3,217
Admits Per 1,000	90	59	92	55.9%	58	91	30	-67.0%	76
Days Per 1,000	775	361	605	67.6%	1,754	739	103	-86.1%	391
Avg LOS	8.6	6.1	6.5	6.6%	30.4	8.1	3.5	-56.8%	5.2
# Admits From ER	36	24	29		4	5	1		
Physician Office									
OV Utilization per Member	8.0	6.9	6.6	-4.3%	6.7	7.1	6.5	-8.5%	5.0
Avg Paid per OV	\$136	\$153	\$134	-12.4%	\$144	\$117	\$73	-37.6%	\$57
Avg OV Paid per Member	\$1,080	\$1,059	\$883	-16.6%	\$972	\$826	\$473	-42.7%	\$286
DX&L Utilization per Member	14.7	13.3	15.6	17.3%	12.8	9.9	13.1	32.3%	10.5
Avg Paid per DX&L	\$79	\$52	\$60	15.4%	\$65	\$49	\$37	-24.5%	\$50
Avg DX&L Paid per Member	\$1,159	\$684	\$941	37.6%	\$837	\$481	\$480	-0.2%	\$522
Emergency Room									
# of Visits	96	125	113		18	19	21		
Visits Per Member	0.16	0.21	0.20	-4.8%	0.15	0.22	0.31	40.9%	0.24
Visits Per 1,000	163	210	205	-2.4%	148	216	310	43.5%	235
Avg Paid per Visit	\$2,976	\$2,428	\$2,933	20.8%	\$1,452	\$825	\$1,092	32.4%	\$943
Urgent Care									
# of Visits	142	193	187		22	29	21		
Visits Per Member	0.24	0.32	0.34	6.3%	0.18	0.33	0.31	-6.1%	0.3
Visits Per 1,000	241	324	339	4.6%	181	330	310	-6.1%	300
Avg Paid per Visit	\$143	\$148	\$121	-18.2%	\$133	\$63	\$62	-1.6%	\$84

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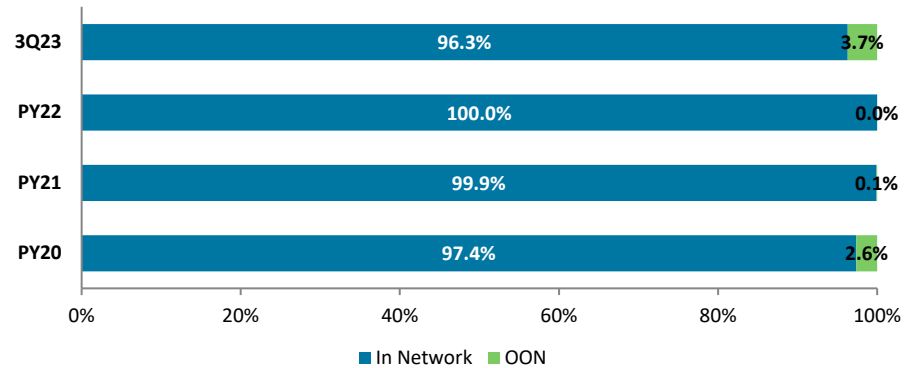
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Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid				Male	Female
			Insured	Spouse	Child		
Cardiac Disorders	\$3,344,788	10.7%	\$2,719,237	\$512,089	\$113,463	\$2,086,213	\$1,258,575
Pregnancy-related Disorders	\$3,073,179	9.8%	\$857,496	\$275,862	\$1,939,822	\$784,931	\$2,288,248
Cancer	\$3,071,101	9.8%	\$2,101,849	\$358,644	\$610,608	\$1,052,275	\$2,018,826
Gastrointestinal Disorders	\$2,267,422	7.2%	\$1,742,647	\$282,486	\$242,289	\$998,115	\$1,269,308
Health Status/Encounters	\$2,023,487	6.5%	\$1,223,792	\$218,365	\$581,331	\$818,970	\$1,204,517
Musculoskeletal Disorders	\$1,790,860	5.7%	\$1,191,568	\$477,366	\$121,925	\$765,368	\$1,025,492
Spine-related Disorders	\$1,542,214	4.9%	\$1,180,625	\$288,112	\$73,477	\$500,734	\$1,041,480
Trauma/Accidents	\$1,536,634	4.9%	\$649,382	\$586,985	\$300,268	\$935,375	\$601,260
Infections	\$1,519,247	4.8%	\$1,042,508	\$315,771	\$160,967	\$765,635	\$753,612
Eye/ENT Disorders	\$1,481,219	4.7%	\$828,053	\$146,148	\$507,018	\$592,114	\$889,105
Neurological Disorders	\$1,404,669	4.5%	\$919,038	\$353,961	\$131,670	\$456,475	\$948,194
Mental Health	\$1,182,281	3.8%	\$463,537	\$154,442	\$564,302	\$365,566	\$816,715
Pulmonary Disorders	\$961,429	3.1%	\$536,479	\$106,007	\$318,942	\$304,959	\$656,470
Endocrine/Metabolic Disorders	\$913,006	2.9%	\$804,824	\$64,304	\$43,879	\$324,194	\$588,812
Medical/Surgical Complications	\$883,058	2.8%	\$575,518	\$302,992	\$4,548	\$27,342	\$855,716
Gynecological/Breast Disorders	\$758,406	2.4%	\$614,754	\$80,288	\$63,363	\$7,850	\$750,555
Diabetes	\$553,487	1.8%	\$413,563	\$114,218	\$25,706	\$419,319	\$134,168
Hematological Disorders	\$549,385	1.8%	\$515,167	\$7,408	\$26,810	\$457,064	\$92,321
Renal/Urologic Disorders	\$526,782	1.7%	\$404,504	\$55,930	\$66,347	\$282,491	\$244,290
Non-malignant Neoplasm	\$344,242	1.1%	\$224,176	\$109,090	\$10,977	\$116,342	\$227,900
Dermatological Disorders	\$322,782	1.0%	\$209,909	\$58,895	\$53,978	\$145,782	\$177,000
Congenital/Chromosomal Anomalies	\$309,051	1.0%	\$17,535	\$22,532	\$268,984	\$130,251	\$178,800
Miscellaneous	\$299,434	1.0%	\$153,743	\$51,535	\$94,156	\$129,597	\$169,837
Vascular Disorders	\$243,155	0.8%	\$132,626	\$106,368	\$4,162	\$141,722	\$101,433
Abnormal Lab/Radiology	\$237,628	0.8%	\$191,363	\$31,866	\$14,399	\$76,857	\$160,771
Cholesterol Disorders	\$84,009	0.3%	\$74,292	\$8,369	\$1,347	\$28,397	\$55,612
Medication Related Conditions	\$69,569	0.2%	\$26,919	\$26,285	\$16,365	\$17,337	\$52,232
Allergic Reaction	\$38,070	0.1%	\$9,022	\$584	\$28,464	\$23,440	\$14,629
Dental Conditions	\$18,194	0.1%	\$10,577	\$930	\$6,688	\$9,691	\$8,502
External Hazard Exposure	\$5,454	0.0%	\$3,799	\$326	\$1,329	\$1,194	\$4,260
Social Determinants of Health	\$58	0.0%	\$58	\$0	\$0	\$40	\$18
Cause of Morbidity	\$0	0.0%	\$0	\$0	\$0	\$0	\$0
Total	\$31,354,299	100.0%	\$19,838,560	\$5,118,155	\$6,397,584	\$12,765,640	\$18,588,659

Mental Health Drilldown

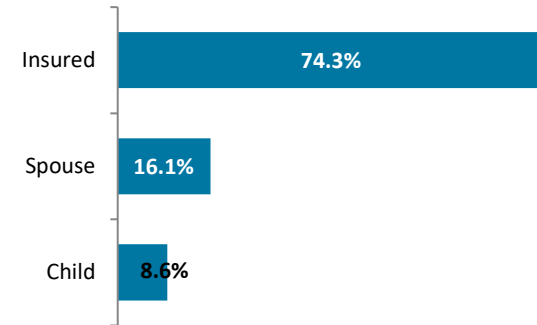
Group	PY20		PY21		PY22		3Q23	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	598	\$910,160	625	\$833,183	505	\$720,907	397	\$390,860
Mood and Anxiety Disorders	665	\$513,247	711	\$655,375	636	\$361,898	499	\$230,123
Mental Health Conditions, Other	572	\$599,986	609	\$876,606	458	\$367,897	324	\$199,620
Alcohol Abuse/Dependence	47	\$243,386	43	\$163,692	37	\$110,736	23	\$105,841
Bipolar Disorder	149	\$206,258	127	\$261,349	107	\$171,696	93	\$52,326
Developmental Disorders	50	\$123,894	65	\$155,300	58	\$89,043	40	\$52,187
Attention Deficit Disorder	178	\$84,996	180	\$98,736	179	\$76,754	173	\$44,881
Eating Disorders	16	\$86,923	24	\$370,761	23	\$51,995	18	\$29,690
Sleep Disorders	180	\$35,203	187	\$38,478	148	\$43,716	111	\$19,540
Substance Abuse/Dependence	45	\$74,263	57	\$45,039	39	\$14,853	33	\$18,170
Schizophrenia	10	\$9,300	9	\$10,631	6	\$2,286	9	\$13,346
Complications of Substance Abuse	21	\$116,313	14	\$63,661	8	\$12,407	5	\$9,292
Personality Disorders	10	\$10,154	14	\$20,064	17	\$47,043	12	\$5,902
Psychoses	10	\$6,353	7	\$55,219	6	\$9,762	7	\$4,215
Sexually Related Disorders	16	\$5,705	27	\$81,154	27	\$85,457	24	\$3,983
Tobacco Use Disorder	45	\$3,028	38	\$4,775	36	\$4,114	34	\$2,306
Total		\$3,029,167		\$3,734,023		\$2,170,566		\$1,182,281

Diagnosis Grouper – Cardiac Disorders

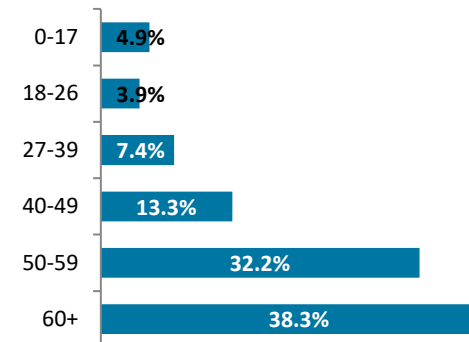
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Atrial Fibrillation	56	241	\$776,074	23.2%
Heart Valve Disorders	58	163	\$451,300	13.5%
Chest Pain	220	586	\$396,749	11.9%
Congestive Heart Failure	35	154	\$329,555	9.9%
Myocardial Infarction	15	78	\$306,523	9.2%
Coronary Artery Disease	91	240	\$278,896	8.3%
Cardiac Arrhythmias	154	293	\$276,064	8.3%
Hypertension	542	1,076	\$179,366	5.4%
Pulmonary Embolism	14	68	\$112,860	3.4%
Cardio-Respiratory Arrest	19	60	\$97,337	2.9%
Cardiac Conditions, Other	127	279	\$84,476	2.5%
Ventricular Fibrillation	2	3	\$20,665	0.6%
Shock	5	50	\$17,697	0.5%
Cardiomyopathy	17	44	\$17,226	0.5%
Overall	----	----	\$3,344,788	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

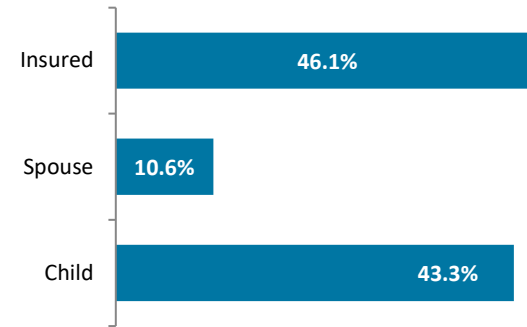


Diagnosis Grouper – Pregnancy-related Disorders

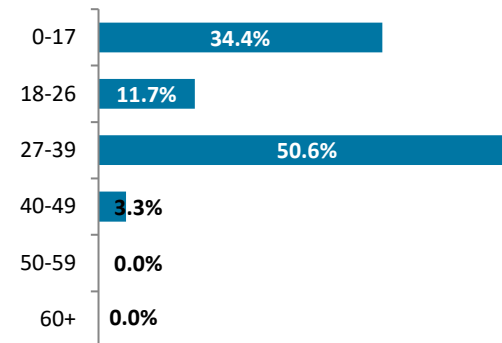
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	29	181	\$1,176,517	38.3%
Pregnancy Complications	89	498	\$575,887	18.7%
Labor and Delivery Related	59	182	\$548,965	17.9%
Liveborn Infants	62	181	\$453,883	14.8%
Fetal Distress	3	177	\$203,285	6.6%
Supervision of Pregnancy	100	502	\$96,212	3.1%
Abortion Related	9	20	\$9,274	0.3%
Cesarean Delivery	7	9	\$5,968	0.2%
Birth Injury	1	1	\$1,973	0.1%
Prematurity and Low Birth Weight	1	3	\$1,124	0.0%
Ectopic Pregnancy	1	1	\$93	0.0%
Overall	----	----	\$3,073,179	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

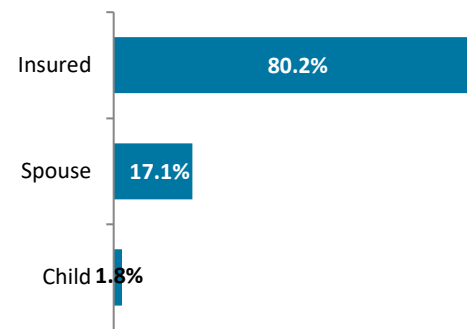


Diagnosis Grouper – Cancer

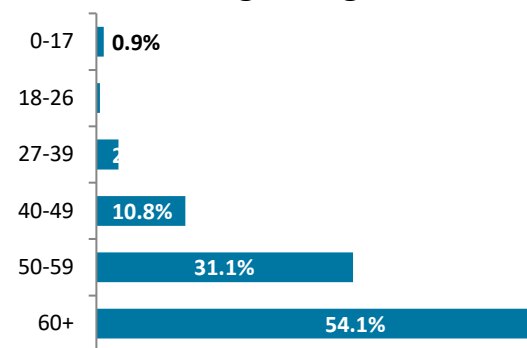
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	18	91	\$872,339	28.4%
Melanoma	8	70	\$519,571	16.9%
Breast Cancer	38	372	\$412,243	13.4%
Brain Cancer	2	71	\$233,565	7.6%
Secondary Cancers	9	83	\$220,494	7.2%
Cancers, Other	24	153	\$140,415	4.6%
Carcinoma in Situ	27	84	\$133,885	4.4%
Leukemias	6	86	\$113,391	3.7%
Prostate Cancer	18	188	\$112,645	3.7%
Colon Cancer	5	118	\$68,226	2.2%
Non-Melanoma Skin Cancers	76	175	\$54,435	1.8%
Lung Cancer	3	44	\$48,368	1.6%
Cervical/Uterine Cancer	6	30	\$36,158	1.2%
Lymphomas	9	70	\$28,794	0.9%
Ovarian Cancer	4	28	\$19,306	0.6%
Pancreatic Cancer	3	40	\$19,001	0.6%
Kidney Cancer	8	22	\$16,174	0.5%
Thyroid Cancer	12	36	\$14,167	0.5%
Myeloma	1	6	\$7,636	0.2%
Bladder Cancer	1	1	\$285	0.0%
Overall	----	----	\$3,071,101	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

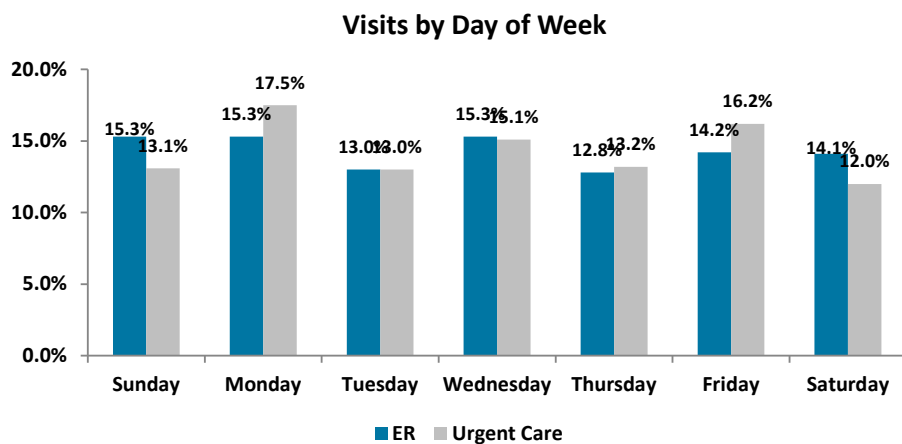


Emergency Room / Urgent Care Summary

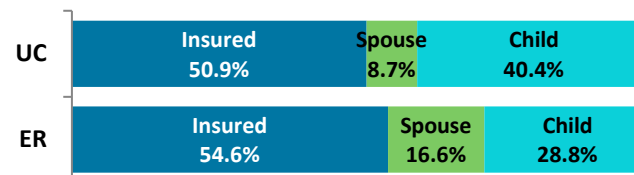
ER/Urgent Care	3Q22		3Q23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,021	2,343	897	2,046		
Visits Per Member	0.18	0.41	0.18	0.42	0.22	0.35
Visits/1000 Members	180	414	185	421	221	352
Avg Paid Per Visit	\$2,080	\$151	\$2,969	\$128	\$968	\$135
% with OV*	91.1%	89.4%	89.9%	88.9%		
% Avoidable	12.6%	34.6%	14.5%	43.2%		
Total Member Paid	\$571,079	\$104,063	\$498,378	\$97,039		
Total Plan Paid	\$2,140,421	\$357,667	\$2,662,933	\$262,221		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized



% of Paid



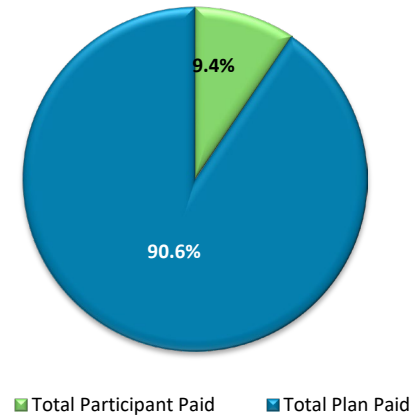
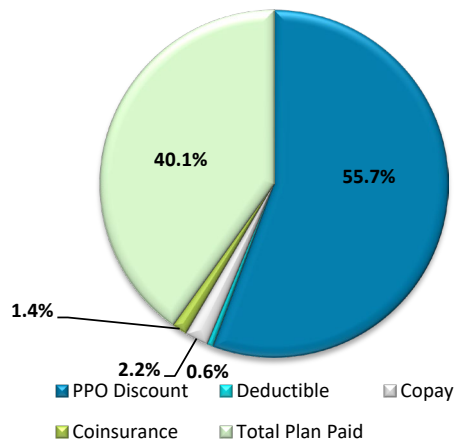
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	468	135	1,047	301	1,515	436
Spouse	120	183	187	285	307	467
Child	309	132	812	346	1,121	478
Total	897	138	2,046	316	2,943	454

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	\$79,658,140	\$2,544	100.0%
PPO Discount	\$43,503,732	\$1,389	54.6%
Deductible	\$474,786	\$15	0.6%
Copay	\$1,689,434	\$54	2.1%
Coinsurance	\$1,099,160	\$35	1.4%
Total Participant Paid	\$3,263,380	\$104	4.1%
Total Plan Paid	\$31,354,299	\$1,001	39.4%

Total Participant Paid - PY22	\$101
Total Plan Paid - PY22	\$815



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	403	397	6	98.5%
	<2 asthma related ER Visits in the last 6 months	403	403	0	100.0%
	No asthma related admit in last 12 months	403	403	0	100.0%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	72	70	2	97.2%
	Members with COPD who had an annual spirometry test	72	7	65	9.7%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	3	2	1	66.7%
	No ER Visit for Heart Failure in last 90 days	59	56	3	94.9%
	Follow-up OV within 4 weeks of discharge from HF admission	3	2	1	66.7%
Diabetes	Annual office visit	357	349	8	97.8%
	Annual dilated eye exam	357	177	180	49.6%
	Annual foot exam	357	140	217	39.2%
	Annual HbA1c test done	357	321	36	89.9%
	Diabetes Annual lipid profile	357	276	81	77.3%
	Annual microalbumin urine screen	357	276	81	77.3%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,135	903	232	79.6%
Hypertension	Annual lipid profile	1,161	822	339	70.8%
	Annual serum creatinine test	1,118	942	176	84.3%
Wellness	Well Child Visit - 15 months	57	55	2	96.5%
	Routine office visit in last 6 months (All Ages)	6,335	4,644	1,691	73.3%
	Colorectal cancer screening ages 45-75 within the appropriate time period	2,726	1,359	1,367	49.9%
	Women age 25-65 with recommended cervical cancer/HPV screening	1,940	1,468	472	75.7%
	Males age greater than 49 with PSA test in last 24 months	1,009	548	461	54.3%
	Routine exam in last 24 months (All Ages)	6,335	5,853	482	92.4%
	Women age 40 to 75 with a screening mammogram last 24 months	1,777	1,180	597	66.4%

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	107	1.69%	16.51	\$31,087
Asthma	454	7.17%	70.05	\$16,891
Atrial Fibrillation	74	1.17%	11.42	\$40,062
Blood Disorders	449	7.09%	69.28	\$44,344
CAD	160	2.53%	24.69	\$37,964
COPD	71	1.12%	10.96	\$35,252
Cancer	299	4.72%	46.13	\$38,225
Chronic Pain	390	6.16%	60.18	\$22,817
Congestive Heart Failure	59	0.93%	9.10	\$70,601
Demyelinating Diseases	23	0.36%	3.55	\$49,788
Depression	759	11.98%	117.11	\$14,691
Diabetes	559	8.82%	86.25	\$23,705
ESRD	9	0.14%	1.39	\$35,747
Eating Disorders	37	0.58%	5.71	\$14,928
HIV/AIDS	11	0.17%	1.70	\$38,124
Hyperlipidemia	1,415	22.33%	218.33	\$17,266
Hypertension	1,171	18.48%	180.68	\$19,707
Immune Disorders	45	0.71%	6.94	\$59,041
Inflammatory Bowel Disease	37	0.58%	5.71	\$33,956
Liver Diseases	159	2.51%	24.53	\$31,088
Morbid Obesity	326	5.15%	50.30	\$21,619
Osteoarthritis	362	5.71%	55.86	\$21,803
Peripheral Vascular Disease	44	0.69%	6.79	\$21,357
Rheumatoid Arthritis	75	1.18%	11.57	\$38,903

*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 2023 - Through Quarter Ending March 31, 2023**

Express Scripts

1Q-3Q FY2023 EPO		1Q-3Q FY2022 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	6,498	7,570	(1,072)	-14.2%
Utilizing Member Count (Patients)	5,300	6,308	(1,008)	-16.0%
Percent Utilizing (Utilization)	81.6%	83.3%	(0)	-2.1%
Claim Summary				
Net Claims (Total Rx's)	102,323	115,100	(12,777)	-11.1%
Claims per Elig Member per Month (Claims PMPM)	1.75	1.69	0.06	3.6%
Total Claims for Generic (Generic Rx)	87,084	97,782	(10,698.00)	-10.9%
Total Claims for Brand (Brand Rx)	15,239	17,318	(2,079.00)	-12.0%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	500	774	(274.00)	-35.4%
Total Non-Specialty Claims	100,666	113,480	(12,814.00)	-11.3%
Total Specialty Claims	1,657	1,620	37.00	2.3%
Generic % of Total Claims (GFR)	85.1%	85.0%	0.00	0.2%
Generic Effective Rate (GCR)	99.4%	99.2%	0.00	0.2%
Mail Order Claims	28,562	24,482	4,080.00	16.7%
Mail Penetration Rate*	31.0%	23.8%	0.07	7.2%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$14,917,970	\$14,516,907	\$401,063.00	2.8%
Total Generic Gross Cost	\$1,577,469	\$2,110,079	(\$532,610.00)	-25.2%
Total Brand Gross Cost	\$13,340,501	\$12,406,828	\$933,673.00	7.5%
Total MSB Gross Cost	\$296,707	\$210,375	\$86,332.00	41.0%
Total Ingredient Cost	\$14,784,656	\$14,355,821	\$428,835.00	3.0%
Total Dispensing Fee	\$118,673	\$155,096	(\$36,423.00)	-23.5%
Total Other (e.g. tax)	\$14,642	\$5,990	\$8,652.00	144.4%
Avg Total Cost per Claim (Gross Cost/Rx)	\$145.79	\$126.12	\$19.67	15.6%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$18.11	\$21.58	(\$3.47)	-16.1%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$875.42	\$716.40	\$159.02	22.2%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$593.41	\$271.80	\$321.61	118.3%
Member Cost Summary				
Total Member Cost	\$2,396,124	\$2,502,929	(\$106,805.00)	-4.3%
Total Copay	\$2,393,649	\$2,492,832	(\$99,183.00)	-4.0%
Total Deductible	\$2,474	\$10,097	(\$7,623.00)	0.0%
Avg Copay per Claim (Copay/Rx)	\$23.39	\$21.66	\$1.74	8.0%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$23.42	\$21.75	\$1.67	7.7%
Avg Copay for Generic (Copay/Generic Rx)	\$6.67	\$7.52	(\$0.85)	-11.3%
Avg Copay for Brand (Copay/Brand Rx)	\$119.12	\$102.05	\$17.07	16.7%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$70.83	\$34.86	\$35.97	103.2%
Net PMPM (Participant Cost PMPM)	\$40.97	\$36.74	\$4.23	11.5%
Copay % of Total Prescription Cost (Member Cost Share %)	16.1%	17.2%	-1.2%	-6.8%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$12,521,847	\$12,013,978	\$507,869.00	4.2%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$5,711,902	\$6,136,249	(\$424,347.00)	-6.9%
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,809,944	\$5,877,728	\$932,216.00	15.9%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$122.38	\$104.38	\$18.00	17.2%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$11.44	\$14.06	(\$2.62)	-18.6%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$756.30	\$614.37	\$141.93	23.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$522.59	\$236.94	\$285.65	120.6%
Net PMPM (Plan Cost PMPM)	\$214.11	\$176.34	\$37.78	21.4%
PMPM without Specialty (Non-Specialty PMPM)	\$97.67	\$90.07	\$7.60	8.4%
PMPM for Specialty Only (Specialty PMPM)	\$116.45	\$86.27	\$30.18	35.0%
Rebates Received (Q1-Q3 FY2023 actual)	\$4,349,325	\$2,833,415	\$1,515,910.21	53.5%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$139.74	\$134.75	\$4.99	3.7%
PMPM without Specialty (Non-Specialty PMPM)	\$54.31	\$59.39	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$89.06	\$72.95	\$16.11	22.1%

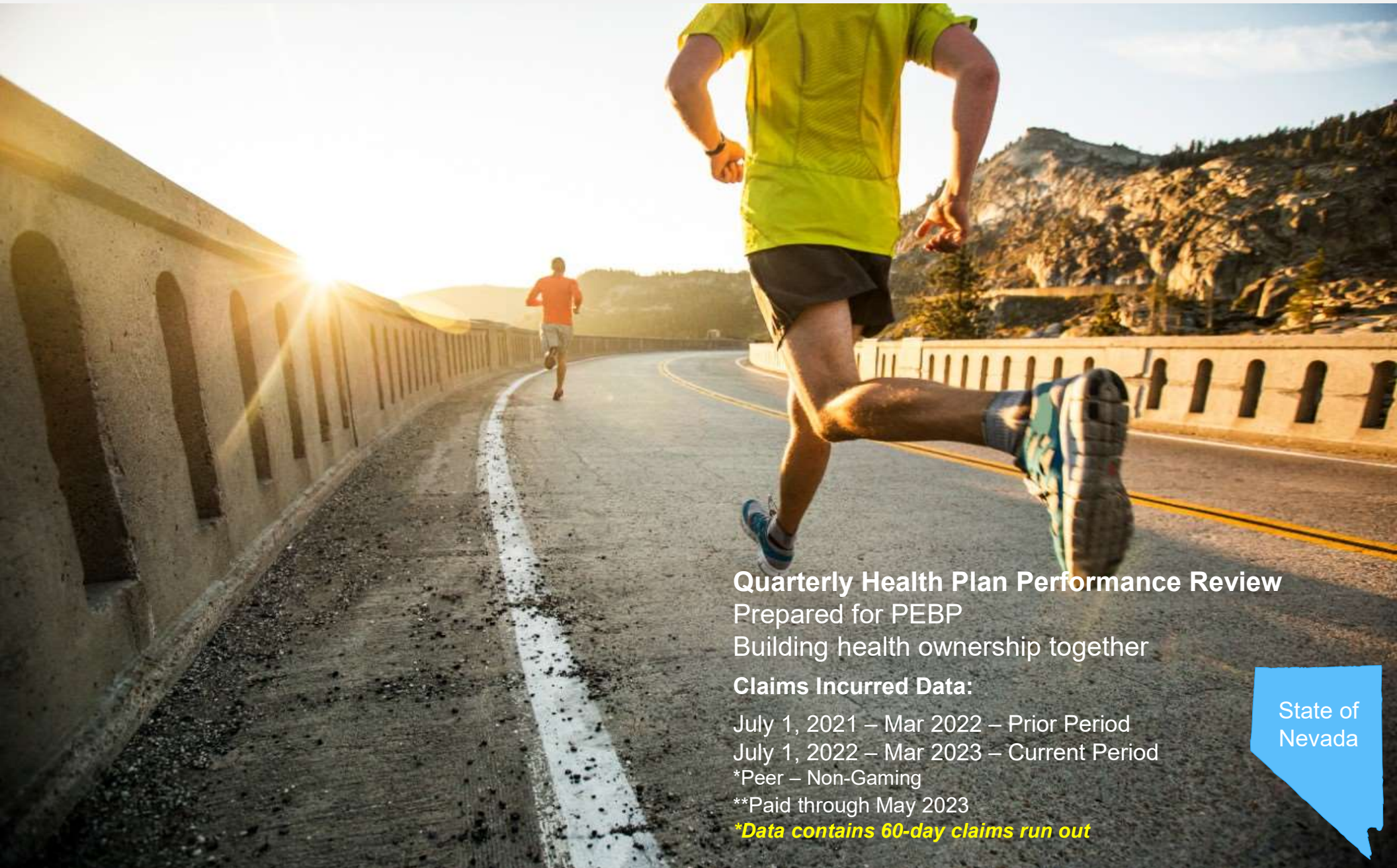
Appendix D

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Health Plan of Nevada –Utilization Review for PEBP January 1, 2023 – March 31, 2023

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Power Of Partnership.



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

Claims Incurred Data:

July 1, 2021 – Mar 2022 – Prior Period

July 1, 2022 – Mar 2023 – Current Period

*Peer – Non-Gaming

**Paid through May 2023

****Data contains 60-day claims run out***

State of
Nevada



Executive Summary
Spend and Utilization

Executive Summary Utilization & Spend



Population

- -4.0% decrease for employees
- -4.2% decrease for members

Medical Paid PMPM

- -31.4% decrease in overall medical paid
- -3.2% decrease in non-Catastrophic spend
- -52.2% decrease in Catastrophic spend

High-Cost Claimants

- 65 High-Cost Claimants accounted for 35.5% of medical spend
- -13.3% decrease in HCC from prior period
- Avg. Paid per case decreased -47.2%

Emergency Room

- ER Visits Per 1,000 members increased 6.5%
- Avg. paid per ER Visit increased 9.9%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -15.8%
- Avg. paid per Urgent care visit increased 8.0%

Rx Drivers

- Rx Net Paid PMPM increased 18.5%
- Specialty Spend increased 40.1%
- Specialty Rx driving 44.3% of total Rx Spend

Overall Medical / Rx

- Total Medical/Rx decreased -18.0% on PMPM basis

Executive Summary Utilization & Spend



Claims Paid by Age Group														
Claims data through 3Q22							Claims data through 3Q23						Change	
Age Band	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Med/Rx Net Paid	Med/Rx Net PMPM
<1	\$7,199,621	\$14,489	\$2,063	\$4	\$7,201,684	\$14,493	\$271,027	\$542	\$1,396	\$3	\$272,423	\$545	-96.2%	-32.8%
01	\$127,282	\$194	\$3,683	\$6	\$130,966	\$200	\$259,829	\$567	\$3,745	\$8	\$263,575	\$575	192.4%	45.6%
02-04	\$475,467	\$264	\$10,969	\$6	\$486,436	\$270	\$521,267	\$304	\$14,552	\$8	\$535,819	\$313	15.5%	39.7%
05-09	\$560,209	\$156	\$45,568	\$13	\$605,777	\$169	\$679,073	\$209	\$52,705	\$16	\$731,778	\$225	34.0%	27.8%
10-14	\$1,927,685	\$437	\$232,599	\$53	\$2,160,284	\$490	\$685,727	\$166	\$268,527	\$65	\$954,254	\$232	-61.9%	23.6%
15-19	\$1,359,654	\$292	\$185,189	\$40	\$1,544,844	\$331	\$864,221	\$182	\$166,599	\$35	\$1,030,820	\$217	-37.6%	-11.7%
20-24	\$857,919	\$193	\$265,462	\$60	\$1,123,381	\$252	\$601,522	\$145	\$156,344	\$38	\$757,866	\$183	-24.6%	-36.6%
25-29	\$773,829	\$281	\$275,814	\$100	\$1,049,642	\$381	\$1,171,902	\$446	\$268,596	\$102	\$1,440,499	\$548	58.8%	2.1%
30-34	\$954,174	\$292	\$607,096	\$186	\$1,561,270	\$477	\$1,085,870	\$349	\$423,275	\$136	\$1,509,145	\$485	19.5%	-26.8%
35-39	\$1,707,777	\$413	\$491,375	\$119	\$2,199,152	\$531	\$1,228,361	\$328	\$709,470	\$190	\$1,937,832	\$518	-20.4%	59.8%
40-44	\$1,438,952	\$331	\$512,553	\$118	\$1,951,505	\$449	\$1,322,702	\$329	\$590,563	\$147	\$1,913,265	\$475	-0.9%	24.3%
45-49	\$1,622,656	\$330	\$632,329	\$129	\$2,254,985	\$459	\$1,920,122	\$381	\$829,803	\$165	\$2,749,926	\$546	15.3%	27.9%
50-54	\$3,691,228	\$642	\$1,662,670	\$289	\$5,353,898	\$931	\$3,016,331	\$532	\$1,819,533	\$321	\$4,835,864	\$853	-17.0%	11.1%
55-59	\$3,082,250	\$539	\$1,521,893	\$266	\$4,604,143	\$805	\$2,405,469	\$438	\$1,762,399	\$321	\$4,167,868	\$758	-18.7%	20.6%
60-64	\$2,859,891	\$517	\$1,324,889	\$239	\$4,184,781	\$756	\$3,279,506	\$617	\$1,754,007	\$330	\$5,033,513	\$947	19.4%	37.8%
65+	\$2,603,636	\$694	\$1,055,598	\$281	\$3,659,233	\$976	\$2,132,898	\$565	\$1,201,271	\$318	\$3,334,169	\$883	-18.7%	13.0%
Total	\$31,242,230	\$518	\$8,829,751	\$147	\$40,071,981	\$665	\$21,445,829	\$371	\$10,022,786	\$174	\$31,468,615	\$545	-21.5%	-18.0%

Financial Summary



Financial and Demographic												
	Total				State Active				Retiree (State/Non-State)			
Summary	Thru 3Q21	Thru 3Q22	Thru 3Q23	▲	Thru 3Q21	Thru 3Q22	Thru 3Q23	▲	Thru 3Q21	Thru 3Q22	Thru 3Q23	▲
Avg. # Employees	3,906	3,793	3,640	-4.0%	3,414	3,322	3,214	-3.3%	493	471	427	-9.4%
Avg. # Members	6,801	6,695	6,415	-4.2%	6,168	6,075	5,837	-3.9%	632	620	578	-6.7%
Ratio	1.7	1.8	1.8	-0.2%	1.8	1.8	1.8	-0.7%	1.3	1.3	1.4	3.0%
Financial												
Medical Paid	\$21,978,818	\$31,242,230	\$21,445,829	-31.4%	\$19,279,451	\$26,987,289	\$19,028,441	-29.5%	\$2,699,367	\$4,254,942	\$2,417,389	-43.2%
Member Paid	\$1,450,050	\$2,057,876	\$1,395,822	-32.2%	\$862,183	\$1,470,431	\$1,081,007	-26.5%	\$587,867	\$587,445	\$314,814	-46.4%
Net Paid PEPY	\$7,502	\$10,981	\$7,855	-28.5%	\$7,530	\$10,842	\$7,881	-27.3%	\$7,307	\$11,964	\$7,656	-36.0%
Net Paid PMPY	\$4,309	\$6,222	\$4,457	-28.4%	\$4,167	\$5,929	\$4,339	-26.8%	\$5,691	\$9,157	\$5,578	-39.1%
Net Paid PEPM	\$625	\$915	\$655	-28.5%	\$628	\$904	\$657	-27.3%	\$609	\$997	\$638	-36.0%
Net Paid PMPM	\$359	\$519	\$371	-28.4%	\$347	\$494	\$362	-26.8%	\$474	\$758	\$471	-37.9%
High Cost Claimants												
# of HCC's > \$50k	54	75	65	-13.3%	41	60	57	-5.0%	13	15	8	-46.7%
Avg. paid per claimant	\$127,627	\$222,114	\$117,290	-47.2%	\$142,393	\$237,795	\$116,041	-51.2%	\$81,059	\$159,389	\$126,193	-20.8%
HCC % of Spend	31.1%	52.9%	35.5%	-32.8%	30.2%	52.5%	34.8%	-33.7%	37.7%	55.2%	41.2%	-25.3%
Spend by Location (PMPY)												
Inpatient	\$1,431	\$2,917	\$1,258	-56.9%	\$1,370	\$2,734	\$1,203	-56.0%	\$2,024	\$4,706	\$1,172	-75.1%
Outpatient	\$1,064	\$1,143	\$1,249	9.3%	\$1,027	\$1,109	\$1,163	4.9%	\$1,419	\$1,483	\$2,170	46.3%
Professional	\$1,815	\$2,162	\$1,951	-9.8%	\$1,770	\$2,086	\$1,973	-5.4%	\$2,248	\$2,968	\$2,235	-24.7%
Total	\$4,309	\$6,222	\$4,457	-28.4%	\$4,167	\$5,929	\$4,339	-26.8%	\$5,691	\$9,157	\$5,578	-39.1%

Paid Claims by Claim Type



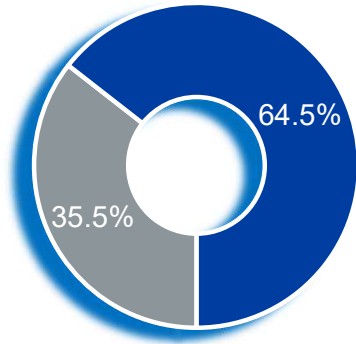
Net Paid Claims - Total									
Total Participants									
	Thru 3Q22				Thru 3Q23				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	\$12,965,406	\$294,747	\$1,386,205	\$14,646,358	\$4,937,757	\$113,796	\$998,745	\$6,050,297	-58.7%
OutPatient	\$15,070,134	\$313,373	\$1,212,365	\$16,595,872	\$13,554,409	\$691,676	\$1,149,447	\$15,395,532	-7.2%
Total - Medical	\$28,035,540	\$608,120	\$2,598,569	\$31,242,230	\$18,492,166	\$805,472	\$2,148,192	\$21,445,829	-31.4%
Net Paid Claims - Total									
Total Participants									
	Thru 3Q22				Thru 3Q23				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	\$507	\$490	\$2,096	\$518	\$350	\$716	\$569	\$371	-28.4%

Cost Distribution – Medical Claims > \$50K



Thru 3Q22						Thru 3Q23						
# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid	Paid Claims	# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid
16	0.2%	\$9,844,218	31.5%	\$1,038,241	10.5%	> \$100k	10	0.2%	\$1,616,525	7.5%	\$971,593	60.1%
29	0.4%	\$2,778,252	8.9%	\$1,071,368	38.6%	\$50k- \$100k	26	0.4%	\$2,649,247	12.4%	\$1,062,094	40.1%
53	0.8%	\$2,486,199	8.0%	\$1,471,734	59.2%	\$25k - \$50k	55	0.9%	\$2,175,965	10.1%	\$1,113,084	51.2%
202	3.0%	\$4,180,262	13.4%	\$2,055,078	49.2%	\$10k - \$25k	167	2.6%	\$3,527,109	16.4%	\$1,837,691	52.1%
302	4.5%	\$2,661,353	8.5%	\$1,080,408	40.6%	\$5k - \$10k	316	4.9%	\$2,722,222	12.7%	\$1,268,169	46.6%

% Paid Attributed to Catastrophic Cases



■ HCC ■ NON HCC

HCC > \$50k - AHRQ Chapter Conditions - Thru 3Q23			
Top 5 AHRQ Category conditions	# of Patients	Total Paid	% of Med Paid
Endocrine; nutritional; and metabolic diseases	7	\$1,461,751	6.8%
Injury and poisoning	7	\$1,086,685	5.1%
Neoplasms	10	\$1,071,384	5.0%
Diseases of the circulatory system	11	\$966,039	4.5%
Infectious and parasitic diseases	7	\$816,824	3.8%

Utilization Summary



Utilization Summary									
	Total			State Active			Retiree State/Non-State		
	Thru 3Q22	Thru 3Q23	▲	Thru 3Q22	Thru 3Q23	▲	Thru 3Q22	Thru 3Q23	▲
<u>Inpatient</u>									
# of Admits	341	278	-18.6%	266	254	-4.6%	75	24	-67.9%
# of Bedays	2,583	1,620	-37.3%	1,969	1,500	-23.8%	615	120	-80.5%
Avg. Paid per Admit	\$42,733	\$21,401	-49.9%	\$46,635	\$21,400	-54.1%	\$28,945	\$21,414	-26.0%
Avg. Paid per Day	\$5,642	\$3,669	-35.0%	\$6,297	\$3,618	-42.5%	\$3,543	\$4,314	21.8%
Admits Per K	67.9	57.7	-15.0%	58.3	57.9	-0.7%	161.9	55.7	-65.6%
Days Per K	514.5	336.7	-34.6%	432.1	342.6	-20.7%	1,322.6	276.2	-79.1%
ALOS	7.6	5.8	-23.0%	7.4	5.9	-20.1%	5.5	5.9	7.3%
Admits from ER	168	131	-22.0%	125	115	-8.0%	43	16	-62.8%
<u>Physician Office Visits</u>									
Per Member Per Year	2.7	2.3	-14.9%	2.6	2.2	-14.8%	3.2	2.7	-16.0%
Paid Per Visit	\$134	\$151	12.2%	\$139	\$156	12.1%	\$97	\$107	10.5%
Net Paid PMPM	\$30	\$29	-4.6%	\$31	\$29	-4.4%	\$26	\$24	-7.2%
<u>Emergency Room</u>									
# of Visits	546	557	2.0%	498	509	2.2%	48	48	0.0%
Visits Per K	108.7	115.8	6.5%	109.3	116.3	6.4%	103.3	110.7	7.2%
Avg Paid Per Visit	\$2,501	\$2,749	9.9%	\$2,543	\$2,775	9.1%	\$2,063	\$2,475	20.0%
<u>Urgent Care</u>									
# of Visits	3,604	2,909	-19.3%	3,213	2,641	-17.8%	391	268	-31.5%
Visits Per K	717.7	604.6	-15.8%	705.1	603.3	-14.4%	841.5	618.3	-26.5%
Avg Paid Per Visit	\$115	\$117	2.1%	\$86	\$90	5.1%	\$84	\$79	-6.3%

*Not Representative of all utilization

*Data based on medical spend only

Diagnosis Grouper Summary – Top 25



Top 25 AHRQ Category	Total Paid	% Paid	Insured	Spouse	Dependent	Male	Female	Unassigned
Thyroid disorders	\$1,187,242	7.0%	\$821,939	\$358,866	\$6,437	\$1,244	\$1,185,999	\$0
Septicemia (except in labor)	\$932,976	5.5%	\$687,174	\$93,516	\$152,286	\$266,455	\$666,521	\$0
Complication of device; implant or graft	\$547,028	3.2%	\$204,885	\$89,191	\$252,952	\$232,750	\$314,279	\$0
Disorders usually diagnosed in infancy childhood or adol	\$390,805	2.3%	\$0		\$390,805	\$326,349	\$64,456	\$0
Spondylosis; intervertebral disc disorders; other back pro	\$356,693	2.1%	\$311,385	\$37,243	\$8,065	\$127,270	\$229,422	\$0
Diabetes mellitus with complications	\$340,919	2.0%	\$183,411	\$79,858	\$77,649	\$255,708	\$85,211	\$0
Non-Hodgkin`s lymphoma	\$320,022	1.9%	\$298,643	\$21,380		\$31,003	\$289,019	\$0
Other nervous system disorders	\$316,223	1.9%	\$172,651	\$135,467	\$8,105	\$31,182	\$285,041	\$0
Acute myocardial infarction	\$307,934	1.8%	\$121,979	\$185,954		\$242,036	\$65,898	\$0
Cardiac dysrhythmias	\$283,721	1.7%	\$221,100	\$62,250	\$370	\$125,867	\$157,854	\$0
Complications of surgical procedures or medical care	\$282,054	1.7%	\$268,791	\$13,155	\$109	\$204,227	\$77,827	\$0
Other nutritional; endocrine; and metabolic disorders	\$266,775	1.6%	\$155,260	\$108,748	\$2,767	\$34,084	\$232,691	\$0
Viral infection	\$265,888	1.6%	\$61,641	\$156,941	\$47,306	\$29,064	\$236,824	\$0
Mood disorders	\$263,216	1.6%	\$100,062	\$18,686	\$144,468	\$108,465	\$154,750	\$0
Other screening for suspected conditions (not mental dis	\$257,460	1.5%	\$214,007	\$38,952	\$4,501	\$76,422	\$181,038	\$0
Cancer of breast	\$253,627	1.5%	\$209,101	\$44,525			\$253,627	\$0
Maintenance chemotherapy; radiotherapy	\$252,781	1.5%	\$238,144	\$14,637		\$74,114	\$178,667	\$0
Other gastrointestinal disorders	\$225,936	1.3%	\$157,224	\$44,770	\$23,942	\$53,256	\$172,680	\$0
Osteoarthritis	\$222,452	1.3%	\$186,006	\$36,446		\$50,486	\$171,966	\$0
Cancer of prostate	\$214,248	1.3%	\$134,514	\$79,733		\$214,248		\$0
Nonspecific chest pain	\$212,570	1.3%	\$124,147	\$69,123	\$19,300	\$91,010	\$121,560	\$0
Medical examination/evaluation	\$204,757	1.2%	\$59,585	\$11,307	\$133,864	\$82,246	\$122,511	\$0
Abdominal pain	\$201,756	1.2%	\$158,147	\$15,464	\$28,146	\$58,718	\$143,039	\$0
Abdominal hernia	\$185,010	1.1%	\$147,247	\$32,133	\$5,630	\$44,935	\$140,075	\$0
Polyhydramnios and other problems of amniotic cavity	\$182,838	1.1%	\$172,951	\$9,887	\$0		\$182,838	\$0

*Not Representative of all utilization

*Data based on medical spend only

Mental Health Drilldown



Top 10 Mental Health				
AHRQ Category Description	Thru 3Q22		Thru 3Q23	
	Patients	Total Paid	Patients	Total Paid
Disorders usually diagnosed in infancy childhood or	46	\$502,596	38	\$390,805
Mood disorders	469	\$277,888	412	\$263,216
Anxiety disorders	445	\$121,142	385	\$158,454
Adjustment disorders	173	\$44,910	127	\$46,964
Substance-related disorders	38	\$24,130	30	\$46,694
Attention-deficit conduct and disruptive behavior diso	119	\$18,930	133	\$27,794
Suicide and intentional self-inflicted injury	14	\$33,295	12	\$21,469
Schizophrenia and other psychotic disorders	20	\$238,524	11	\$20,479
Miscellaneous mental health disorders	49	\$69,136	44	\$16,940
Alcohol-related disorders	25	\$277,533	14	\$14,890

**Not Representative of all utilization*

**Data based on medical spend only*

Respiratory Disorders

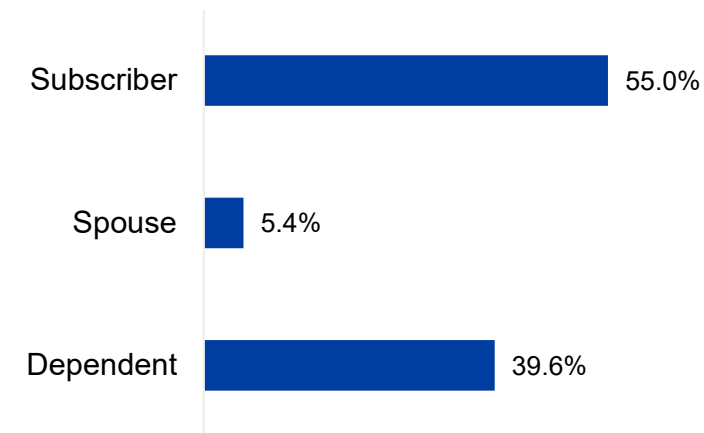


Respiratory Disorders				
AHRQ Category Description	Patients	Claims	Total Paid	% Paid
Other upper respiratory infections	899	1,286	\$158,990	17.2%
Acute bronchitis	126	174	\$133,066	14.4%
Other lower respiratory disease	462	878	\$118,104	12.8%
Asthma	232	459	\$107,586	11.6%
Other upper respiratory disease	384	1,199	\$107,009	11.6%
Respiratory failure; insufficiency; arrest (adult)	21	112	\$95,430	10.3%
Pneumonia (except that caused by tuberculosis)	36	114	\$93,108	10.1%
Chronic obstructive pulmonary disease	94	217	\$51,640	5.6%
Acute and chronic tonsillitis	53	97	\$27,761	3.0%
Influenza	61	69	\$23,061	2.5%

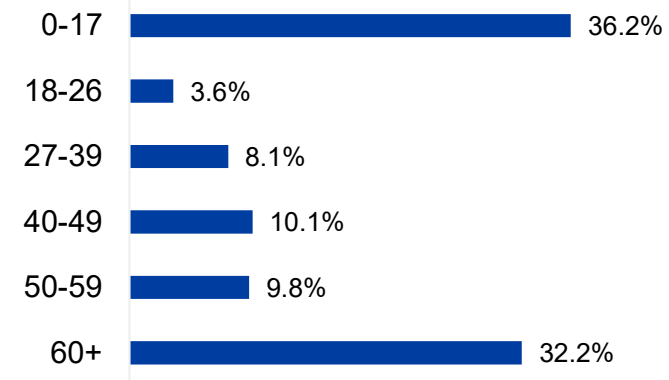
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Spend by Relationship



Spend by Age



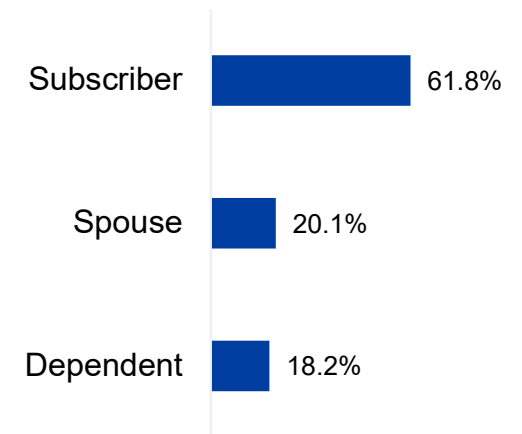
Infectious and Parasitic Diseases

AHRQ Description	Patients	Claims	Total Paid	% Paid
Septicemia (except in labor)	16	47	\$556,753	41.2%
Immunizations and screening for infectious disease	843	1,287	\$101,930	7.5%
Viral infection	344	501	\$96,374	7.1%
HIV infection	17	49	\$5,748	0.4%
Mycoses	71	102	\$2,151	0.2%
Hepatitis	13	41	\$2,011	0.1%
Bacterial infection; unspecified site	7	11	\$1,104	0.1%
Other infections; including parasitic	7	13	\$640	0.0%
Tuberculosis	4	11	\$0	0.0%
Sexually transmitted infections (not HIV or hepatitis)	8	11	\$0	0.0%

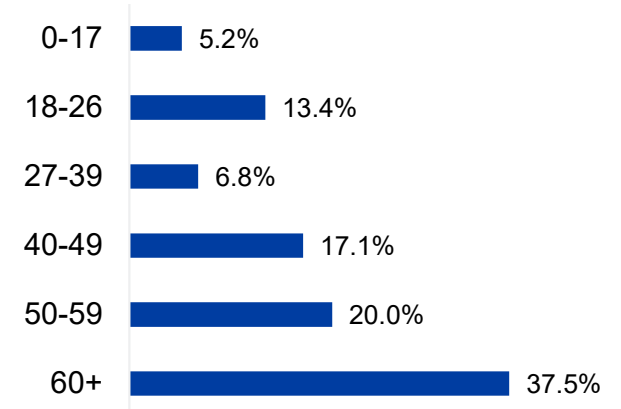
**Not Representative of all utilization*

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Spend by Relationship



Spend by Age



Pregnancy Related Disorders

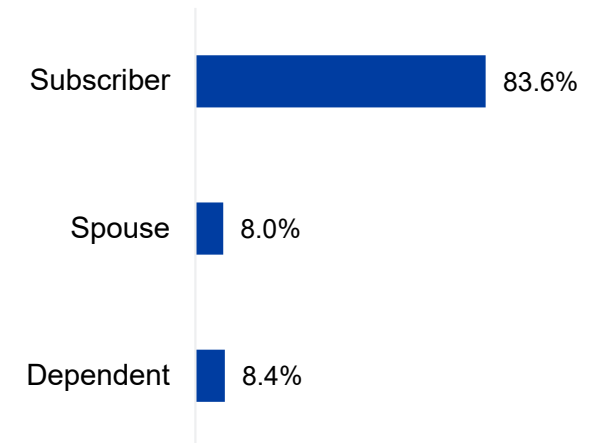


Top 10 Complications of Pregnancy				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Polyhydramnios and other problems of amniotic cavity	12	32	\$182,838	19.3%
Other complications of birth;	31	55	\$169,847	17.9%
Other complications of pregnancy	68	308	\$105,125	11.1%
Other pregnancy and delivery including normal	79	360	\$97,759	10.3%
Contraceptive and procreative management	174	368	\$55,806	5.9%
Previous C-section	7	19	\$52,130	5.5%
Prolonged pregnancy	6	8	\$46,103	4.9%
Malposition; malpresentation	5	8	\$44,733	4.7%
OB-related trauma to perineum and vulva	6	7	\$41,522	4.4%
Umbilical cord complication	6	11	\$38,760	4.1%

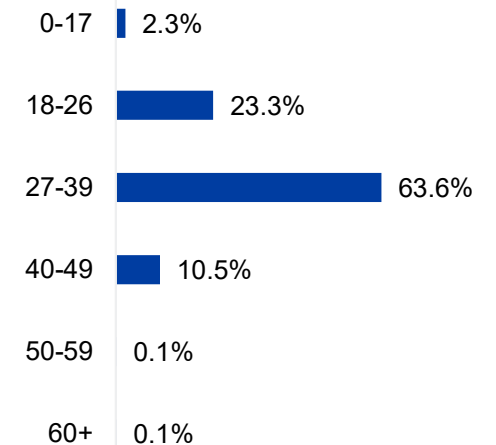
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**Data based on medical spend only*

Spend by Relationship



Spend by Age



Emergency Room and Urgent Care



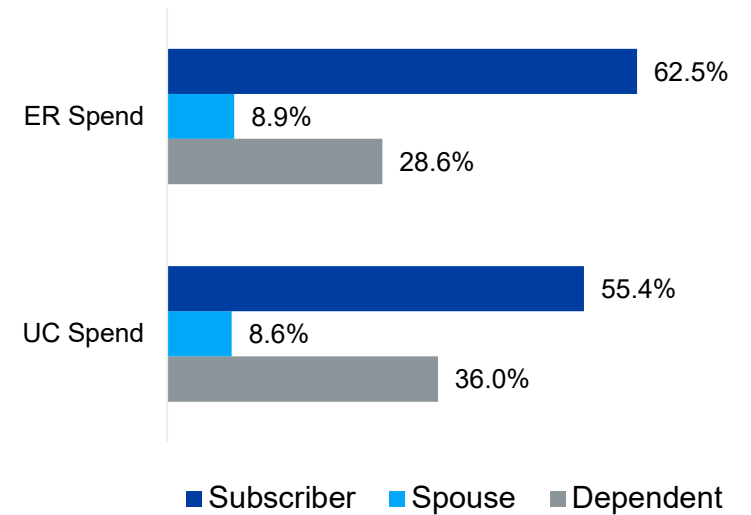
Metric	Thru 3Q22		Thru 3Q23		Peer	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	546	3,604	557	2,909		
Visits Per Member	0.08	0.48	0.09	0.54	0.09	0.16
Visits Per K	108.7	717.7	115.8	604.6	93.5	445.52
Avg. Paid Per Visit	\$2,501	\$112	\$2,749	\$121	\$2,589	\$125

**Not Representative of all utilization*

**Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships - Thru 3Q23				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	300	62.4	1,797	373.5
Spouse	53	11.0	243	50.5
Dependent	204	42.4	869	180.6
Total	557	115.8	2,909	604.6

ER / UC Spend by Relationship



Clinical Conditions by Medical Spend



Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental Disorders	675	3.5%	35.1	\$12.75
Intervertebral Disc Disorders	584	3.0%	30.3	\$6.18
Diabetes with complications	390	2.0%	20.3	\$5.90
Acute Myocardial Infarction	576	3.0%	29.9	\$5.33
Breast Cancer	9	0.0%	0.5	\$4.39
Prostate Cancer	58	0.3%	3.0	\$3.71
Hypertension	71	0.4%	3.7	\$2.99
Chronic Renal Failure	100	0.5%	5.2	\$2.08
Asthma	227	1.2%	11.8	\$1.86
Coronary Atherosclerosis	37	0.2%	1.9	\$1.48
Diabetes without complications	7	0.0%	0.4	\$1.36
COPD	437	2.3%	22.7	\$0.89
Congestive Heart Failure (CHF)	94	0.5%	4.9	\$0.41
Colon Cancer	26	0.1%	1.4	\$0.03
Cervical Cancer	27	0.1%	1.4	\$0.03

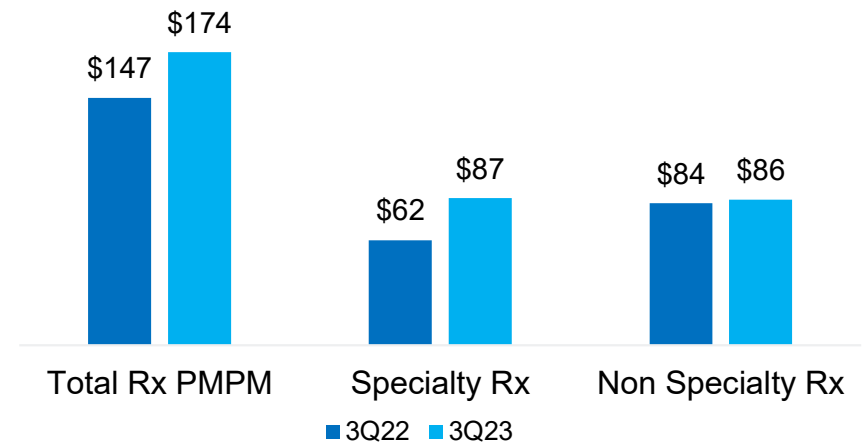
**Not Representative of all utilization*

**Data based on medical spend only*

Pharmacy Drivers

	Thru 3Q22	Thru 3Q23	Δ
Enrolled Members	6,695	6,415	-4.2%
Average Prescriptions PMPY	17.0	16.9	-0.6%
Formulary Rate	89.0%	89.8%	0.9%
Generic Use Rate	83.0%	84.6%	2.0%
Generic Substitution Rate	98.2%	98.2%	0.1%
Avg Net Paid per Prescription	\$103	\$123	19.2%
Net Paid PMPM	\$147	\$174	18.5%

Total Rx Spend by Benefit and Type



Pharmacy Performance

- Rx spend increased of **18.5%**, (**\$27 PMPM**) from prior period
- Avg. paid per Script increased **19.2%** (**\$20 PMPM**) year over year
- Specialty Rx spend driving **44.3%** of Rx Spend
- Specialty Rx spend increased **40.1%** from prior period
Specialty Rx Drivers:
 - Stelara** (Dermatologic) Spend up **4.1%**
 - Jardiance** (Antidiabetic) Spend up **1.2%**
- Tier 1 Rx drove **76.4%** of total claim volume, but only accounts for **8.5%** of overall Rx Spend

Top 5 Therapeutic Classes by Spend

- Antidiabetics
- Dermatologicals
- Analgesics
- Psychotherapeutic / Neurological
- Antivirals

