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AGENDA ITEM

Action Item

Information Only

Date: May 25, 2023

Item Number: IV.II.II

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

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2023 period ending December 31, 2022. 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. LDPPPO 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 Q2 Plan Year 2023 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q2 of Plan Year 2023 compared to Q2 of Plan Year 2022 is summarized below.

- Population:
 - 13.7% decrease for primary participants
 - 17.1% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 0.3% decrease for primary participants
 - 4.1% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 46 High-Cost Claimants accounting for 31.8% of the total plan paid for Q2 of Plan Year 2023
 - 18.3% decrease in High-Cost Claimants per 1,000 members
 - 38.5% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$2.7 million) – 22.2% of paid claims
 - Congenital/Chromosomal Anomalies (\$1.5 million) – 12.2% of paid claims
 - Pregnancy-related Disorders (\$1.03 million) – 8.5% of paid claims
- Emergency Room:
 - ER visits per 1,000 members decreased 5.3%
 - Average paid per ER visit increased 14.0%
- Urgent Care:
 - Urgent Care visits per 1,000 members remained the same at 0.0%
 - Average paid per Urgent Care visit decreased 38.1% (decrease from \$63 to \$39)
- Network Utilization:
 - 99.1% of claims are from In-Network providers
 - Q2 of Plan Year 2023 In-Network utilization increased 0.7% over PY 2022
 - Q2 of Plan Year 2023 In-Network discounts increased 1.6% over PY 2022
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 13.6%
 - Total Gross Claims Costs decreased 4.4% (\$1.0 million)
 - Average Total Cost per Claim increased 10.6%
 - From \$100.58 to \$111.27
 - Member:
 - Total Member Cost decreased 11.4%
 - Average Participant Share per Claim increased 2.5%
 - Net Member PMPM increased 6.8%
 - From \$28.21 to \$30.14

- Plan
 - Total Plan Cost decreased 2.0%
 - Average Plan Share per Claim increased 13.4%
 - Net Plan PMPM increased 18.2%
 - From \$82.83 to \$97.90
 - Net Plan PMPM factoring rebates decreased 2.3%
 - From \$64.39 to \$62.93

LOW DEDUCTIBLE PPO PLAN (LDPPPO)

The Low Deductible PPO Plan (LDPPPO) experience for Q2 of Plan Year 2023 compared to Q2 of Plan Year 2022 is summarized below.

- Population:
 - 78.4% increase for primary participants
 - 70.7% increase for primary participants plus dependents (members)
- Medical Cost:
 - 18.6% decrease for primary participants
 - 14.8% decrease for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 18 High-Cost Claimants accounting for 17.6% of the total plan paid for Q2 of Plan Year 2023
 - 54.3% decrease in High-Cost Claimants per 1,000 members
 - 11.9% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$1.7 million) – 40.1% of paid claims
 - Endocrine/Metabolic Disorders (\$0.7 million) – 17.1% of paid claims
 - Neurological Disorders (\$0.4 million) – 10.3% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 6.2%
 - Average paid per ER visit increased 36.0%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 19.9%
 - Average paid per Urgent Care visit decreased 15.1% (decrease from \$119 to \$101)
- Network Utilization:
 - 99.3% of claims are from In-Network providers
 - Q2 of Plan Year 2023 In-Network utilization increased 0.7% over PY 2022
 - Q2 of Plan Year 2023 In-Network discounts increased 1.2% over PY 2022
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 78.4%
 - Total Gross Claims Costs increased 110.5% (\$6.2 million)
 - Average Total Cost per Claim increased 18.0%
 - From \$100.30 to \$118.37

- Member:
 - Total Member Cost increased 71.7%
 - Average Participant Share per Claim decreased 3.7%
 - Net Member PMPM decreased 1.8%
 - From \$21.98 to \$21.59
- Plan
 - Total Plan Cost increased 119.4%
 - Average Plan Share per Claim increased 23.0%
 - Net Plan PMPM increased 25.5%
 - From \$95.94 to \$120.36
 - Net Plan PMPM factoring rebates increased 8.4%
 - From \$73.75 to \$79.92

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q2 of Plan Year 2023 compared to Q2 of Plan Year 2022 is summarized below.

- Population:
 - 14.3% decrease for primary participants
 - 14.0% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 8.8% increase for primary participants
 - 8.5% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 24 High-Cost Claimants accounting for 28.1% of the total plan paid for Q2 of Plan Year 2023
 - 7.3% increase in High-Cost Claimants per 1,000 members
 - 1.7% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cardiac Disorders (\$1.01 million) – 19.5% of paid claims
 - Cancer (\$1.0 million) – 19.5% of paid claims
 - Pregnancy-related Disorders (\$0.9 million) – 18.4% of paid claims
- Emergency Room:
 - ER visits per 1,000 members decreased by 3.3%
 - Average paid per ER visit increased by 41.5%
- Urgent Care:
 - Urgent Care visits per 1,000 members decreased by 1.2%
 - Average paid per Urgent Care visit decreased 19.2%
- Network Utilization:
 - 97.2% of claims are from In-Network providers
 - In-Network utilization decreased 2.8%
 - In-Network discounts decreased 3.2%

- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 10.5%
 - Total Gross Claims Costs increased 1.0% (\$0.1 million)
 - Average Total Cost per Claim increased 12.9%
 - From \$125.87 to \$142.12
 - Member:
 - Total Member Cost decreased 7.6%
 - Average Participant Share per Claim increased 3.3%
 - Net Member PMPM increased 7.6%
 - From \$34.71 to \$37.33
 - Plan
 - Total Plan Cost increased 2.7%
 - Average Plan Share per Claim increased 14.8%
 - Net Plan PMPM increased 19.6%
 - From \$178.71 to \$213.70
 - Net Plan PMPM factoring rebates decreased 1.7%
 - From \$137.14 to \$134.77

DENTAL PLAN

The Dental Plan experience for Q2 of Plan Year 2023 is summarized below.

- Dental Cost:
 - Total of \$11,486,516 paid for Dental claims
 - Preventative claims account for 26.4% (\$3.03 million)
 - Periodontal claims account for 6.2% (\$0.7 million)
 - All other claims account for 67.4% (\$7.7 million)

HEALTH REIMBURSEMENT ARRANGEMENT

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

HRA Account Balances as of December 31, 2022			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	697	0	0
\$.01 - \$500.00	2,304	583,891	253
\$500.01 - \$1,000	2,193	1,460,537	666
\$1,000.01 - \$1,500	737	896,301	1,216
\$1,500.01 - \$2,000	404	707,225	1,751
\$2,000.01 - \$2,500	321	718,938	2,240
\$2,500.01 - \$3,000	212	588,265	2,775
\$3,000.01 - \$3,500	208	676,959	3,255
\$3,500.01 - \$4,000	193	719,848	3,730
\$4,000.01 - \$4,500	138	586,781	4,252
\$4,500.01 - \$5,000	87	415,017	4,770
\$5,000.01 +	661	5,555,902	223,958
Total	8,155	\$ 12,909,664	\$ 1,583

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 second quarter of Plan Year 2023. The CDHP total plan paid costs decreased 13.9% over the same time for Plan Year 2022. The LDPPO total plan paid costs decreased 30.4% over Q2 of Plan Year 2022. The EPO total plan paid costs decreased 6.8% over Q2 of Plan Year 2022. 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
October 1, 2022 – December 31, 2022

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DATASCOPE™

Nevada Public Employees' Benefits Program

HDHP Plan

July – December 2022 Incurred,

Paid through February 28, 2023

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 2Q23 was \$38,149,177 of which 76.6% was spent in the State Active population. When compared to 2Q22, this reflected a decrease of 13.9% in plan spend, with State Actives having a decrease of 14.4%.
 - When compared to 2Q21, 2Q23 decreased 30.0%, with State Actives having a decrease of 30.0%.
- On a PEPY basis (annualized), 2Q23 reflected a decrease of .3% when compared to 2Q22. The largest group, State Actives, had a slight increase of .3%.
 - When compared to 2Q21, 2Q23 decreased 1.2%, with State Actives increasing 1.9%.
- 93.9% of the Average Membership had paid Medical claims less than \$2,500, with 33.3% of those having no claims paid at all during the reporting period.
- There were 46 high-cost Claimants (HCC's) over \$100K, that accounted for 31.8% of the total spend. HCCs accounted for 29.2% of total spend during 2Q22, with 68 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 22.2% of high-cost claimant dollars.
- IP Paid per Admit was \$25,366 which is a decrease of 17.6% compared to 2Q22.
- ER Paid per Visit is \$2,091, which is an increase of 14.0% compared to 2Q22.
- 99.1% of all Medical spend dollars were to In Network providers. The average In Network discount was 66.7%, which is an increase of 2.5% compared to the PY22 average discount of 65.1%.

Paid Claims by Age Group

Paid Claims by Age Group

Age Range	2Q22						2Q23						% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,277,944	\$ 801	\$ 11,261	\$ 7	\$ 1,289,205	\$ 808	\$ 3,470,181	\$ 3,343	\$ 14,085	\$ 14	\$ 3,484,266	\$ 3,357	170.3%	315.6%
1	\$ 218,064	\$ 140	\$ 10,546	\$ 7	\$ 228,610	\$ 147	\$ 174,061	\$ 134	\$ 1,800	\$ 1	\$ 175,861	\$ 136	-23.1%	-7.4%
2 - 4	\$ 596,537	\$ 106	\$ 133,432	\$ 24	\$ 729,969	\$ 130	\$ 346,615	\$ 90	\$ 89,301	\$ 23	\$ 435,916	\$ 113	-40.3%	-12.9%
5 - 9	\$ 552,495	\$ 50	\$ 346,252	\$ 31	\$ 898,747	\$ 81	\$ 668,479	\$ 79	\$ 131,232	\$ 15	\$ 799,711	\$ 94	-11.0%	16.8%
10 - 14	\$ 1,372,587	\$ 108	\$ 214,797	\$ 17	\$ 1,587,384	\$ 125	\$ 720,821	\$ 72	\$ 155,167	\$ 16	\$ 875,988	\$ 88	-44.8%	-29.8%
15 - 19	\$ 1,501,518	\$ 110	\$ 362,227	\$ 26	\$ 1,863,745	\$ 136	\$ 2,396,355	\$ 217	\$ 384,782	\$ 35	\$ 2,781,137	\$ 252	49.2%	85.3%
20 - 24	\$ 1,332,931	\$ 85	\$ 472,228	\$ 30	\$ 1,805,159	\$ 115	\$ 1,472,721	\$ 109	\$ 501,925	\$ 37	\$ 1,974,646	\$ 146	9.4%	26.6%
25 - 29	\$ 2,121,688	\$ 172	\$ 423,653	\$ 34	\$ 2,545,341	\$ 206	\$ 1,435,151	\$ 155	\$ 510,509	\$ 55	\$ 1,945,660	\$ 210	-23.6%	2.0%
30 - 34	\$ 2,517,372	\$ 173	\$ 848,675	\$ 58	\$ 3,366,047	\$ 232	\$ 2,691,308	\$ 236	\$ 518,871	\$ 46	\$ 3,210,179	\$ 282	-4.6%	21.6%
35 - 39	\$ 3,030,234	\$ 196	\$ 723,282	\$ 47	\$ 3,753,516	\$ 243	\$ 1,285,040	\$ 104	\$ 834,785	\$ 68	\$ 2,119,825	\$ 172	-43.5%	-29.3%
40 - 44	\$ 2,877,343	\$ 190	\$ 971,764	\$ 64	\$ 3,849,107	\$ 255	\$ 1,965,468	\$ 151	\$ 1,023,455	\$ 79	\$ 2,988,923	\$ 230	-22.3%	-9.7%
45 - 49	\$ 3,136,604	\$ 215	\$ 1,309,218	\$ 90	\$ 4,445,822	\$ 305	\$ 2,175,094	\$ 177	\$ 1,154,443	\$ 94	\$ 3,329,537	\$ 270	-25.1%	-11.3%
50 - 54	\$ 4,526,244	\$ 274	\$ 1,978,561	\$ 120	\$ 6,504,805	\$ 393	\$ 4,020,905	\$ 285	\$ 1,881,357	\$ 133	\$ 5,902,262	\$ 419	-9.3%	6.5%
55 - 59	\$ 7,092,823	\$ 397	\$ 2,762,899	\$ 155	\$ 9,855,722	\$ 552	\$ 4,795,542	\$ 308	\$ 2,757,859	\$ 177	\$ 7,553,401	\$ 486	-23.4%	-12.0%
60 - 64	\$ 8,289,933	\$ 396	\$ 3,782,094	\$ 181	\$ 12,072,027	\$ 577	\$ 7,146,628	\$ 389	\$ 3,569,646	\$ 194	\$ 10,716,274	\$ 583	-11.2%	1.0%
65+	\$ 3,883,551	\$ 301	\$ 2,398,426	\$ 186	\$ 6,281,977	\$ 487	\$ 3,384,807	\$ 279	\$ 2,923,753	\$ 241	\$ 6,308,560	\$ 520	0.4%	6.7%
Total	\$ 44,327,868	\$ 219	\$ 16,749,315	\$ 83	\$ 61,077,183	\$ 302	\$ 38,149,177	\$ 228	\$ 16,452,971	\$ 98	\$ 54,602,148	\$ 326	-10.6%	7.8%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year
Enrollment												
Avg # Employees	23,374	19,199	16,564	-13.7%	19,563	15,753	13,432	-14.7%	4	3	3	0.0%
Avg # Members	42,417	33,701	27,942	-17.1%	36,860	28,655	23,383	-18.4%	8	8	8	0.0%
Ratio	1.8	1.8	1.7	-4.0%	1.9	1.8	1.7	-4.4%	2.2	2.7	2.7	0.0%
Financial Summary												
Gross Cost	\$76,401,647	\$63,975,609	\$54,222,932	-15.2%	\$59,270,027	\$49,236,488	\$41,211,985	-16.3%	\$6,447	\$21,822	\$29,248	34.0%
Client Paid	\$54,485,410	\$44,327,868	\$38,149,177	-13.9%	\$41,733,234	\$34,143,038	\$29,210,832	-14.4%	\$2,531	\$12,232	\$19,651	60.7%
Employee Paid	\$21,916,237	\$19,647,740	\$16,073,754	-18.2%	\$17,536,793	\$15,093,450	\$12,001,153	-20.5%	\$3,916	\$9,589	\$9,597	0.1%
Client Paid-PEPY	\$4,662	\$4,618	\$4,606	-0.3%	\$4,267	\$4,335	\$4,349	0.3%	\$1,380	\$8,155	\$13,101	60.6%
Client Paid-PMPY	\$2,569	\$2,631	\$2,731	3.8%	\$2,264	\$2,383	\$2,498	4.8%	\$633	\$3,058	\$4,913	60.7%
Client Paid-PEPM	\$389	\$385	\$384	-0.3%	\$356	\$361	\$362	0.3%	\$115	\$680	\$1,092	60.6%
Client Paid-PMPM	\$214	\$219	\$228	4.1%	\$189	\$199	\$208	4.5%	\$53	\$255	\$409	60.4%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	65	68	46	-32.4%	46	50	35	-30.0%	0	0	0	0.0%
HCC's / 1,000	1.5	2.0	1.7	-18.3%	1.3	1.7	1.5	-13.8%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$216,173	\$190,516	\$263,874	38.5%	\$200,836	\$197,233	\$271,047	37.4%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	25.8%	29.2%	31.8%	8.9%	22.1%	28.9%	32.5%	12.5%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$774	\$924	\$981	6.2%	\$669	\$816	\$899	10.2%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$797	\$799	\$851	6.5%	\$658	\$691	\$767	11.0%	\$366	\$2,389	\$2,937	22.9%
Physician	\$946	\$863	\$899	4.2%	\$895	\$834	\$832	-0.2%	\$266	\$646	\$1,975	205.7%
Other	\$52	\$46	\$0	-100.0%	\$42	\$42	\$0	-100.0%	\$1	\$23	\$0	0.0%
Total	\$2,569	\$2,631	\$2,731	3.8%	\$2,264	\$2,383	\$2,498	4.8%	\$633	\$3,058	\$4,913	60.7%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	3,264	2,996	2,749	-8.2%	543	448	379	-15.3%	
Avg # Members	4,911	4,508	4,105	-8.9%	638	531	447	-15.9%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	-0.8%	1.6
Financial Summary									
Gross Cost	\$14,171,257	\$13,239,264	\$10,973,139	-17.1%	\$2,953,916	\$1,478,034	\$2,008,560	35.9%	
Client Paid	\$10,442,899	\$9,296,905	\$7,549,558	-18.8%	\$2,306,745	\$875,694	\$1,369,136	56.3%	
Employee Paid	\$3,728,357	\$3,942,360	\$3,423,581	-13.2%	\$647,171	\$602,341	\$639,424	6.2%	
Client Paid-PEPY	\$6,399	\$6,206	\$5,492	-11.5%	\$8,496	\$3,912	\$7,222	84.6%	\$6,297
Client Paid-PMPY	\$4,253	\$4,125	\$3,679	-10.8%	\$7,227	\$3,300	\$6,133	85.8%	\$3,879
Client Paid-PEPM	\$533	\$517	\$458	-11.4%	\$708	\$326	\$602	84.7%	\$525
Client Paid-PMPM	\$354	\$344	\$307	-10.8%	\$602	\$275	\$511	85.8%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	17	17	9	-47.1%	2	1	3	200.0%	
HCC's / 1,000	3.5	3.8	2.2	-41.9%	3.1	1.9	6.7	257.4%	
Avg HCC Paid	\$229,644	\$167,653	\$216,838	29.3%	\$454,420	\$243,333	\$233,344	-4.1%	
HCC's % of Plan Paid	37.4%	30.7%	25.8%	-16.0%	39.4%	27.8%	51.1%	83.8%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,221	\$1,603	\$1,183	-26.2%	\$3,435	\$956	\$3,405	256.2%	\$1,149
Facility Outpatient	\$1,710	\$1,422	\$1,264	-11.1%	\$1,757	\$1,289	\$1,383	7.3%	\$1,333
Physician	\$1,206	\$1,033	\$1,231	19.2%	\$1,903	\$984	\$1,344	36.6%	\$1,301
Other	\$116	\$67	\$0	-100.0%	\$133	\$72	\$0	-100.0%	\$96
Total	\$4,253	\$4,125	\$3,679	-10.8%	\$7,227	\$3,300	\$6,133	85.8%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

	Total				State Active				Non-State Active			
Summary	PY21	PY22	2Q23	Variance to Prior Year	PY21	PY22	2Q23	Variance to Prior Year	PY21	PY22	2Q23	Variance to Prior Year
Enrollment												
Avg # Employees	23,242	18,943	16,564	-12.6%	19,450	15,526	13,432	-13.5%	4	3	3	0.0%
Avg # Members	42,168	33,089	27,942	-15.6%	36,612	28,082	23,383	-16.7%	9	8	8	0.0%
Ratio	1.8	1.8	1.7	-3.4%	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	\$54,222,932	-60.7%	\$131,056,101	\$106,593,460	\$41,211,985	-61.3%	\$45,142	\$55,484	\$29,248	-47.3%
Client Paid	\$129,698,896	\$104,706,277	\$38,149,177	-63.6%	\$100,360,791	\$80,561,976	\$29,210,832	-63.7%	\$31,594	\$38,304	\$19,651	-48.7%
Employee Paid	\$37,913,265	\$33,371,175	\$16,073,754	-51.8%	\$30,695,310	\$26,031,484	\$12,001,153	-53.9%	\$13,548	\$17,181	\$9,597	-44.1%
Client Paid-PEPY	\$5,580	\$5,527	\$4,606	-16.7%	\$5,160	\$5,189	\$4,349	-16.2%	\$7,898	\$12,768	\$13,101	2.6%
Client Paid-PMPY	\$3,076	\$3,164	\$2,731	-13.7%	\$2,741	\$2,869	\$2,498	-12.9%	\$3,510	\$4,788	\$4,913	2.6%
Client Paid-PEPM	\$465	\$461	\$384	-16.7%	\$430	\$432	\$362	-16.2%	\$658	\$1,064	\$1,092	2.6%
Client Paid-PMPM	\$256	\$264	\$228	-13.6%	\$228	\$239	\$208	-13.0%	\$293	\$399	\$409	2.5%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	173	160	46		124	115	35		0	0	0	
HCC's / 1,000	4.1	4.8	1.7		3.4	4.1	1.5		0.0	0.0	0.0	
Avg HCC Paid	\$253,370	\$251,190	\$263,874	5.0%	\$251,442	\$262,921	\$271,047	3.1%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	33.8%	38.4%	31.8%	-17.2%	31.1%	37.5%	32.5%	-13.3%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$893	\$1,153	\$981	-14.9%	\$778	\$1,028	\$899	-12.5%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$942	\$939	\$851	-9.4%	\$794	\$821	\$767	-6.6%	\$2,124	\$3,554	\$2,937	-17.4%
Physician	\$1,176	\$1,011	\$899	-11.1%	\$1,112	\$964	\$832	-13.7%	\$1,339	\$1,200	\$1,975	64.6%
Other	\$65	\$62	\$0	-100.0%	\$56	\$56	\$0	-100.0%	\$48	\$34	\$0	0.0%
Total	\$3,076	\$3,164	\$2,731	-13.7%	\$2,741	\$2,869	\$2,498	-12.9%	\$3,510	\$4,788	\$4,913	2.6%
			Annualized				Annualized				Annualized	

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

Summary	State Retirees				Non-State Retirees				Peer Index
	PY21	PY22	2Q23	Variance to Prior Year	PY21	PY22	2Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	3,269	2,981	2,749	-7.8%	519	433	379	-12.5%	
Avg # Members	4,936	4,486	4,105	-8.5%	611	514	447	-13.1%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	0.0%	1.6
Financial Summary									
Gross Cost	\$31,611,056	\$27,879,066	\$10,973,139	-60.6%	\$4,899,862	\$3,549,442	\$2,008,560	-43.4%	
Client Paid	\$25,416,793	\$21,491,378	\$7,549,558	-64.9%	\$3,889,718	\$2,614,619	\$1,369,136	-47.6%	
Employee Paid	\$6,194,263	\$6,387,688	\$3,423,581	-46.4%	\$1,010,144	\$934,823	\$639,424	-31.6%	
Client Paid-PEPY	\$7,774	\$7,210	\$5,492	-23.8%	\$7,501	\$6,033	\$7,222	19.7%	\$6,642
Client Paid-PMPY	\$5,149	\$4,791	\$3,679	-23.2%	\$6,362	\$5,091	\$6,133	20.5%	\$4,116
Client Paid-PEPM	\$648	\$601	\$458	-23.8%	\$625	\$503	\$602	19.7%	\$553
Client Paid-PMPM	\$429	\$399	\$307	-23.1%	\$530	\$424	\$511	20.5%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	48	44	9		5	5	3		
HCC's / 1,000	9.7	9.8	2.2		8.2	9.7	6.7		
Avg HCC Paid	\$234,370	\$199,873	\$216,838	8.5%	\$280,896	\$231,987	\$233,344	0.6%	
HCC's % of Plan Paid	44.3%	40.9%	25.8%	-36.9%	36.1%	44.4%	51.1%	15.1%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,515	\$1,808	\$1,183	-34.6%	\$2,727	\$2,262	\$3,405	50.5%	\$1,190
Facility Outpatient	\$1,954	\$1,612	\$1,264	-21.6%	\$1,599	\$1,488	\$1,383	-7.1%	\$1,376
Physician	\$1,555	\$1,280	\$1,231	-3.8%	\$1,925	\$1,227	\$1,344	9.5%	\$1,466
Other	\$125	\$91	\$0	-100.0%	\$110	\$115	\$0	-100.0%	\$84
Total	\$5,149	\$4,791	\$3,679	-23.2%	\$6,362	\$5,091	\$6,133	20.5%	\$4,116

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$13,249,458.52	\$3,414,145.78	\$558,581.69	\$ 17,222,186	\$ 12,054,589	\$ 201,931	\$ 2,457,895	\$ 14,714,415		-14.6%
Outpatient	\$20,893,579.39	\$4,706,894.68	\$617,282.48	\$ 26,217,757	\$ 17,156,243	\$ 582,669	\$ 4,307,062	\$ 22,045,975		-15.9%
Total - Medical	\$ 34,143,038	\$ 8,121,040	\$ 1,175,864	\$ 43,439,943	\$ 29,210,832	\$ 784,601	\$ 6,764,958	\$ 36,760,390		-15.4%

Net Paid Claims - Per Participant per Month										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 361	\$ 572	\$ 311	\$ 386	\$ 362	\$ 60	\$ 2,016	\$ 379		-2.0%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 435	\$ 22,515	\$ 270,320	\$ 293,270	\$ -	\$ 307,550	\$ 528,292	\$ 835,842	185.0%	
Outpatient	\$ 11,797	\$ 192,910	\$ 389,949	\$ 594,656	\$ 19,651	\$ 297,967	\$ 235,327	\$ 552,945	-7.0%	
Total - Medical	\$ 12,232	\$ 215,424	\$ 660,269	\$ 887,926	\$ 19,651	\$ 605,517	\$ 763,619	\$ 1,388,787	56.4%	

Net Paid Claims - Per Participant per Month										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 680	\$ 208	\$ 400	\$ 328	\$ 1,092	\$ 832	\$ 494	\$ 606	84.4%	

Paid Claims by Claim Type – Total Participants

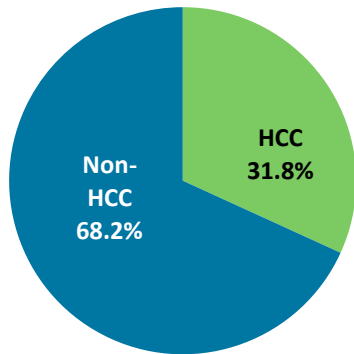
Net Paid Claims - Total										
Total Participants										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 13,249,894	\$ 3,436,660	\$ 828,902	\$ 17,515,456	\$ 12,054,589	\$ 509,481	\$ 2,986,187	\$ 15,550,258		-11.2%
Outpatient	\$ 20,905,376	\$ 4,899,804	\$ 1,007,232	\$ 26,812,413	\$ 17,175,894	\$ 880,636	\$ 4,542,389	\$ 22,598,920		-15.7%
Total - Medical	\$ 34,155,270	\$ 8,336,465	\$ 1,836,134	\$ 44,327,868	\$ 29,230,483	\$ 1,390,117	\$ 7,528,577	\$ 38,149,177		-13.9%

Net Paid Claims - Per Participant per Month										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 361	\$ 547	\$ 338	\$ 385	\$ 363	\$ 100	\$ 1,536	\$ 384		-0.3%

Cost Distribution – Medical Claims

2Q22						2Q23						
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
65	0.2%	\$12,955,097	29.2%	\$476,522	2.4%	\$100,000.01 Plus	44	0.2%	\$12,138,215	31.8%	\$255,290	1.6%
82	0.2%	\$6,129,722	13.8%	\$510,514	2.6%	\$50,000.01-\$100,000.00	62	0.2%	\$4,801,280	12.6%	\$340,002	2.1%
160	0.5%	\$5,864,701	13.2%	\$945,274	4.8%	\$25,000.01-\$50,000.00	140	0.5%	\$5,076,275	13.3%	\$846,964	5.3%
359	1.1%	\$5,669,134	12.8%	\$1,912,823	9.7%	\$10,000.01-\$25,000.00	343	1.2%	\$5,474,220	14.3%	\$1,710,395	10.6%
554	1.6%	\$3,980,318	9.0%	\$2,026,177	10.3%	\$5,000.01-\$10,000.00	446	1.6%	\$3,208,248	8.4%	\$1,644,691	10.2%
861	2.6%	\$3,137,903	7.1%	\$2,219,116	11.3%	\$2,500.01-\$5,000.00	662	2.4%	\$2,431,970	6.4%	\$1,710,878	10.6%
14,915	44.3%	\$6,540,851	14.8%	\$8,651,515	44.0%	\$0.01-\$2,500.00	10,973	39.3%	\$5,018,970	13.2%	\$7,076,094	44.0%
6,238	18.5%	\$0	0.0%	\$2,892,823	14.7%	\$0.00	5,954	21.3%	\$0	0.0%	\$2,489,439	15.5%
10,468	31.1%	\$50,142	0.1%	\$12,976	0.1%	No Claims	9,319	33.3%	\$0	0.0%	\$0	0.0%
33,701	100.0%	\$44,327,868	100.0%	\$19,647,740	100.0%		27,942	100.0%	\$38,149,177	100.0%	\$16,073,754	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	\$2,691,510	22.2%
Congenital/Chromosomal Anomalies	5	\$1,482,570	12.2%
Pregnancy-related Disorders	3	\$1,034,465	8.5%
Infections	28	\$977,123	8.0%
Cardiac Disorders	34	\$946,830	7.8%
Spine-related Disorders	10	\$842,634	6.9%
Neurological Disorders	22	\$720,104	5.9%
Gastrointestinal Disorders	27	\$648,613	5.3%
Mental Health	16	\$537,313	4.4%
Endocrine/Metabolic Disorders	18	\$509,697	4.2%
All Other		\$1,747,357	14.4%
Overall	----	\$12,138,215	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			
	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year
Inpatient Summary												
# of Admits	845	699	525		688	513	379		0	0	0	
# of Bed Days	6,175	4,347	3,283		5,172	3,269	2,403		0	0	0	
Paid Per Admit	\$37,523	\$30,798	\$25,366	-17.6%	\$36,517	\$31,757	\$25,842	-18.6%	\$0	\$0	\$0	0.0%
Paid Per Day	\$5,135	\$4,952	\$4,056	-18.1%	\$4,858	\$4,984	\$4,076	-18.2%	\$0	\$0	\$0	0.0%
Admits Per 1,000	40	41	38	-7.3%	37	36	32	-11.1%	0	0	0	0.0%
Days Per 1,000	291	258	235	-8.9%	281	228	206	-9.6%	0	0	0	0.0%
Avg LOS	7.3	6.2	6.3	1.6%	7.5	6.4	6.3	-1.6%	0	0	0	0.0%
# Admits From ER	445	393	309		349	261	205		0	0	0	
Physician Office												
OV Utilization per Member	3.8	3.7	3.5	-5.4%	3.6	3.5	3.2	-8.6%	3.5	3.5	3.0	-14.3%
Avg Paid per OV	\$66	\$71	\$71	0.0%	\$67	\$74	\$69	-6.8%	\$53	\$48	\$49	2.1%
Avg OV Paid per Member	\$249	\$262	\$246	-6.1%	\$241	\$256	\$222	-13.3%	\$185	\$166	\$148	-10.8%
DX&L Utilization per Member	7.3	7.2	8.7	20.8%	6.9	6.8	7.9	16.2%	3.5	14.5	5	0.0%
Avg Paid per DX&L	\$50	\$45	\$41	-8.9%	\$47	\$41	\$40	-2.4%	\$128	\$41	\$97	0.0%
Avg DX&L Paid per Member	\$366	\$322	\$358	11.2%	\$325	\$282	\$318	12.8%	\$447	\$594	\$483	0.0%
Emergency Room												
# of Visits	2,462	2,520	1,985		2,104	2,102	1,587		0	3	3	
Visits Per Member	0.12	0.15	0.14	-6.7%	0.11	0.15	0.14	-6.7%	0	0.75	0.75	0.0%
Visits Per 1,000	116	150	142	-5.3%	114	147	136	-7.5%	0	750	750	0.0%
Avg Paid per Visit	\$2,141	\$1,835	\$2,091	14.0%	\$2,131	\$1,847	\$2,116	14.6%	\$0	\$1,489	\$4,167	0.0%
Urgent Care												
# of Visits	4,895	4,606	3,821		4,406	4,072	3,389		0	2	2	
Visits Per Member	0.23	0.27	0.27	0.0%	0.24	0.28	0.29	3.6%	0.00	0.50	0.50	0.0%
Visits Per 1,000	231	273	273	0.0%	239	284	290	2.1%	0	500	500	0.0%
Avg Paid per Visit	\$68	\$63	\$39	-38.1%	\$67	\$63	\$39	-38.1%	\$0	\$102	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

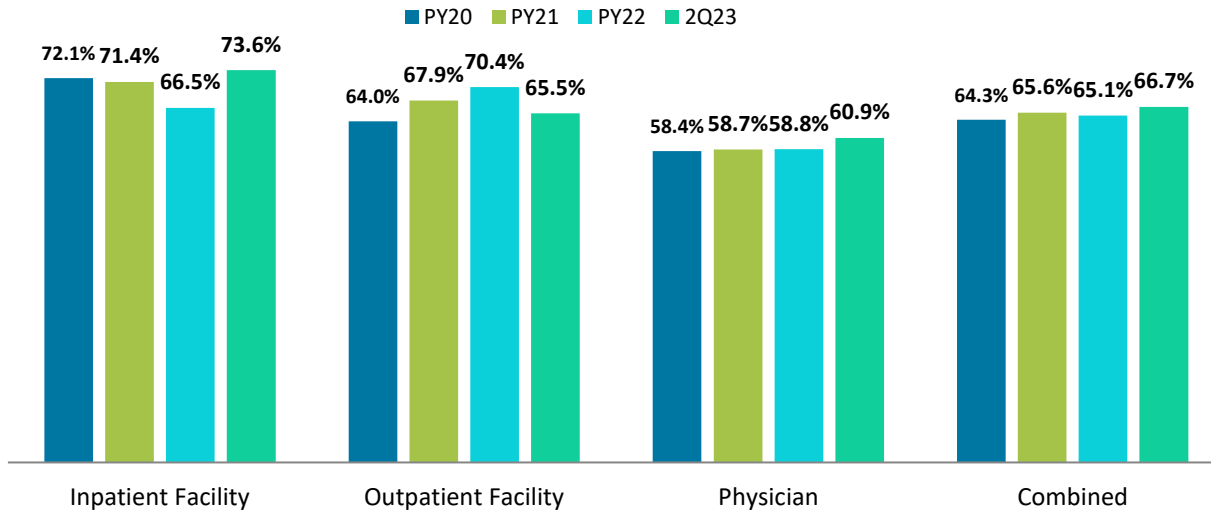
Utilization Summary (p. 2 of 2)

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

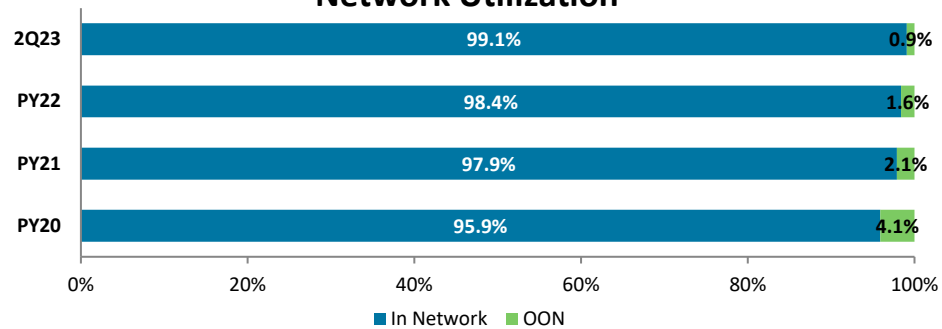
Summary	State Retirees				Non-State Retirees				Peer Index
	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year	
Inpatient Summary									
# of Admits	128	166	113		29	20	33		
# of Bed Days	827	954	654		176	124	226		
Paid Per Admit	\$40,813	\$29,106	\$23,741	-18.4%	\$46,879	\$20,260	\$25,460	25.7%	\$16,632
Paid Per Day	\$6,317	\$5,065	\$4,102	-19.0%	\$7,724	\$3,268	\$3,718	13.8%	\$3,217
Admits Per 1,000	52	74	55	-25.7%	91	75	148	97.3%	76
Days Per 1,000	337	423	319	-24.6%	551	467	1,012	116.7%	391
Avg LOS	6.5	5.7	5.8	1.8%	6.1	6.2	6.8	9.7%	5.2
# Admits From ER	80	122	82		16	10	22		
Physician Office									
OV Utilization per Member	4.9	4.8	4.7	-2.1%	6.3	6.6	7.3	10.6%	5.0
Avg Paid per OV	\$61	\$64	\$83	29.7%	\$54	\$26	\$25	-3.8%	\$57
Avg OV Paid per Member	\$301	\$308	\$390	26.6%	\$340	\$173	\$183	5.8%	\$286
DX&L Utilization per Member	9.9	9.6	11.9	24.0%	11.7	9.7	18.9	94.8%	10.5
Avg Paid per DX&L	\$62	\$58	\$46	-20.7%	\$72	\$47	\$37	-21.3%	\$50
Avg DX&L Paid per Member	\$615	\$560	\$550	-1.8%	\$835	\$456	\$700	53.5%	\$522
Emergency Room									
# of Visits	315	358	336		43	57	59		
Visits Per Member	0.13	0.16	0.16	0.0%	0.13	0.21	0.26	23.8%	0.24
Visits Per 1,000	128	159	164	3.1%	135	215	264	22.8%	235
Avg Paid per Visit	\$2,068	\$1,795	\$1,993	11.0%	\$3,170	\$1,677	\$1,865	11.2%	\$943
Urgent Care									
# of Visits	422	479	382		67	53	48		
Visits Per Member	0.17	0.21	0.19	-9.5%	0.21	0.20	0.22	10.0%	0.3
Visits Per 1,000	172	213	186	-12.7%	210	200	215	7.5%	300
Avg Paid per Visit	\$72	\$60	\$40	-33.3%	\$73	\$39	\$27	-30.8%	\$84
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$4,610,633	12.1%	\$3,148,959	\$779,106	\$682,568	\$2,495,533	\$2,115,100
Health Status/Encounters	\$3,353,732	8.8%	\$1,998,347	\$403,867	\$951,518	\$1,265,853	\$2,087,879
Gastrointestinal Disorders	\$2,922,487	7.7%	\$1,742,664	\$632,777	\$547,046	\$1,434,888	\$1,487,599
Cardiac Disorders	\$2,745,292	7.2%	\$1,997,590	\$693,362	\$54,340	\$1,169,778	\$1,575,514
Pregnancy-related Disorders	\$2,545,947	6.7%	\$833,857	\$282,401	\$1,429,689	\$802,167	\$1,743,780
Infections	\$2,075,907	5.4%	\$1,389,984	\$271,379	\$414,544	\$1,299,106	\$776,801
Spine-related Disorders	\$2,060,331	5.4%	\$1,077,536	\$216,080	\$766,715	\$466,967	\$1,593,365
Neurological Disorders	\$1,991,191	5.2%	\$1,279,459	\$366,834	\$344,897	\$833,183	\$1,158,008
Trauma/Accidents	\$1,844,771	4.8%	\$1,225,049	\$267,839	\$351,883	\$886,805	\$957,966
Musculoskeletal Disorders	\$1,792,954	4.7%	\$1,382,147	\$255,108	\$155,698	\$624,844	\$1,168,111
Congenital/Chromosomal Anomalies	\$1,656,219	4.3%	\$43,202	\$26,136	\$1,586,882	\$1,567,265	\$88,954
Mental Health	\$1,624,516	4.3%	\$411,559	\$178,575	\$1,034,381	\$467,940	\$1,156,575
Pulmonary Disorders	\$1,272,188	3.3%	\$797,802	\$107,377	\$367,009	\$694,160	\$578,028
Renal/Urologic Disorders	\$1,254,206	3.3%	\$745,105	\$307,657	\$201,445	\$795,238	\$458,968
Endocrine/Metabolic Disorders	\$1,131,011	3.0%	\$696,387	\$362,251	\$72,374	\$662,799	\$468,212
Eye/ENT Disorders	\$1,056,172	2.8%	\$612,591	\$184,653	\$258,929	\$501,401	\$554,771
Medical/Surgical Complications	\$883,846	2.3%	\$717,706	\$40,970	\$125,171	\$626,314	\$257,533
Gynecological/Breast Disorders	\$634,068	1.7%	\$403,824	\$173,395	\$56,849	\$5,877	\$628,191
Hematological Disorders	\$509,219	1.3%	\$119,342	\$326,793	\$63,084	\$372,726	\$136,494
Diabetes	\$449,980	1.2%	\$377,237	\$33,529	\$39,214	\$289,762	\$160,218
Non-malignant Neoplasm	\$446,507	1.2%	\$374,518	\$36,125	\$35,864	\$56,352	\$390,155
Dermatological Disorders	\$336,288	0.9%	\$265,138	\$28,263	\$42,887	\$184,258	\$152,030
Vascular Disorders	\$326,348	0.9%	\$175,526	\$142,930	\$7,892	\$87,313	\$239,035
Miscellaneous	\$285,282	0.7%	\$177,880	\$37,766	\$69,636	\$95,680	\$189,603
Abnormal Lab/Radiology	\$175,638	0.5%	\$139,971	\$29,565	\$6,101	\$70,232	\$105,406
Dental Conditions	\$51,120	0.1%	\$2,225	\$64	\$48,831	\$48,267	\$2,853
Medication Related Conditions	\$48,637	0.1%	\$17,317	\$11,788	\$19,532	\$23,938	\$24,699
Cholesterol Disorders	\$30,522	0.1%	\$25,222	\$4,465	\$834	\$15,246	\$15,276
Allergic Reaction	\$20,471	0.1%	\$4,488	\$7,010	\$8,973	\$3,246	\$17,225
External Hazard Exposure	\$13,469	0.0%	\$11,866	\$1,242	\$361	\$6,660	\$6,810
Cause of Morbidity	\$194	0.0%	\$70	\$0	\$125	\$70	\$125
Social Determinants of Health	\$29	0.0%	\$29	\$0	\$0	\$29	\$0
Total	\$38,149,177	100.0%	\$22,194,597	\$6,209,306	\$9,745,275	\$17,853,893	\$20,295,284

Mental Health Drilldown

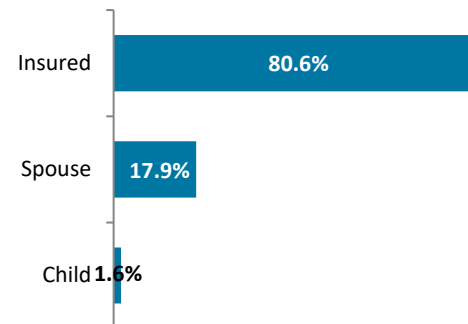
Group	PY20		PY21		PY22		2Q23	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Developmental Disorders	144	\$790,389	179	\$1,179,402	113	\$719,871	76	\$473,868
Depression	1,485	\$1,137,444	1,597	\$1,103,414	1,156	\$1,279,244	601	\$435,640
Mental Health Conditions, Other	1,222	\$686,307	1,220	\$771,034	911	\$431,490	463	\$160,654
Alcohol Abuse/Dependence	125	\$868,472	136	\$1,288,204	101	\$873,612	72	\$118,010
Psychoses	55	\$78,740	54	\$86,357	32	\$70,201	14	\$98,118
Mood and Anxiety Disorders	1,791	\$437,001	1,920	\$638,818	1,486	\$406,189	771	\$93,699
Complications of Substance Abuse	47	\$257,582	42	\$202,208	22	\$89,081	15	\$73,377
Bipolar Disorder	327	\$340,422	315	\$464,418	225	\$197,224	138	\$47,845
Schizophrenia	31	\$43,420	26	\$141,033	25	\$110,357	12	\$39,244
Substance Abuse/Dependence	121	\$1,068,150	140	\$213,345	86	\$540,594	45	\$36,997
Sexually Related Disorders	51	\$24,993	68	\$90,021	42	\$11,305	35	\$14,247
Eating Disorders	47	\$74,872	55	\$647,596	44	\$596,928	22	\$11,300
Attention Deficit Disorder	433	\$58,455	482	\$72,965	374	\$57,319	239	\$8,932
Sleep Disorders	526	\$40,584	564	\$76,491	371	\$46,254	181	\$8,270
Tobacco Use Disorder	149	\$6,011	126	\$8,010	106	\$6,184	43	\$3,926
Personality Disorders	19	\$18,981	25	\$16,690	19	\$13,480	5	\$388
Total		\$5,931,821		\$7,000,007		\$5,449,334		\$1,624,516

Diagnosis Grouper – Cancer

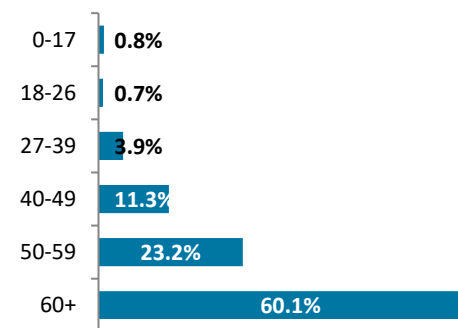
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	57	268	\$1,611,522	35.0%
Breast Cancer	140	945	\$584,308	12.7%
Cancers, Other	76	590	\$517,611	11.2%
Secondary Cancers	47	286	\$507,597	11.0%
Lymphomas	31	314	\$255,839	5.5%
Thyroid Cancer	38	173	\$189,570	4.1%
Leukemias	27	338	\$168,023	3.6%
Bladder Cancer	14	131	\$126,845	2.8%
Prostate Cancer	72	338	\$122,819	2.7%
Colon Cancer	29	229	\$122,527	2.7%
Brain Cancer	8	118	\$112,714	2.4%
Carcinoma in Situ	64	220	\$96,263	2.1%
Cervical/Uterine Cancer	37	181	\$49,082	1.1%
Lung Cancer	19	114	\$42,728	0.9%
Non-Melanoma Skin Cancers	169	336	\$34,764	0.8%
Ovarian Cancer	19	147	\$26,639	0.6%
Myeloma	7	76	\$17,253	0.4%
Kidney Cancer	14	46	\$14,939	0.3%
Melanoma	28	70	\$9,536	0.2%
Pancreatic Cancer	2	2	\$52	0.0%
Overall	----	----	\$4,610,633	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

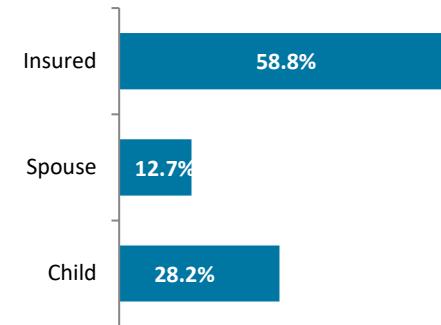


Diagnosis Grouper – Health Status/Encounters

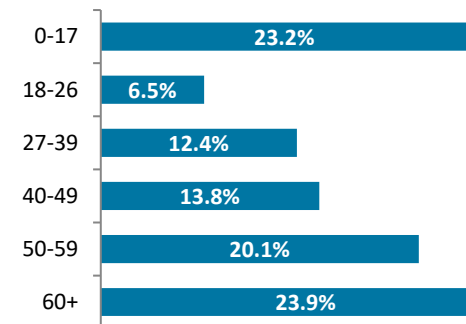
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Screenings	3,708	6,710	\$1,173,190	35.0%
Exams	4,987	8,587	\$823,293	24.5%
Prophylactic Measures	3,126	3,908	\$599,939	17.9%
Encounters - Infants/Children	1,798	2,280	\$341,652	10.2%
Prosthetics/Devices/Implants	273	927	\$146,460	4.4%
Personal History of Condition	426	621	\$90,654	2.7%
Aftercare	233	493	\$62,323	1.9%
Encounter - Procedure	30	35	\$51,706	1.5%
Family History of Condition	92	124	\$36,975	1.1%
Encounter - Transplant Related	29	129	\$13,994	0.4%
Lifestyle/Situational Issues	59	100	\$4,646	0.1%
Counseling	110	168	\$3,443	0.1%
Miscellaneous Examinations	12	19	\$1,746	0.1%
Acquired Absence	28	35	\$1,603	0.0%
Health Status, Other	55	80	\$1,196	0.0%
Follow-Up Encounters	7	13	\$858	0.0%
Blood Type	2	2	\$53	0.0%
Donors	1	1	\$0	0.0%
Overall	----	----	\$3,353,732	100.0%

*Patient and claim counts are unique only within the category

Relationship



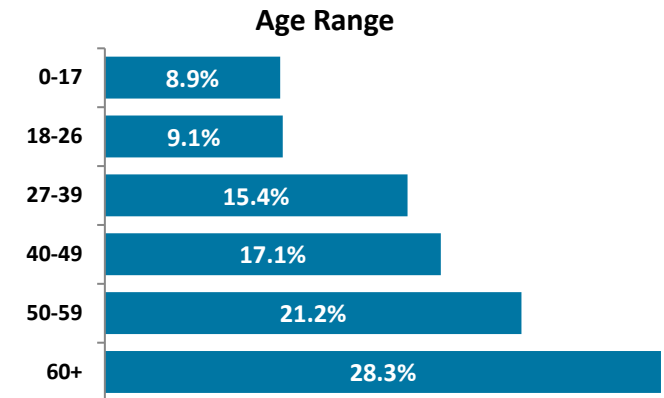
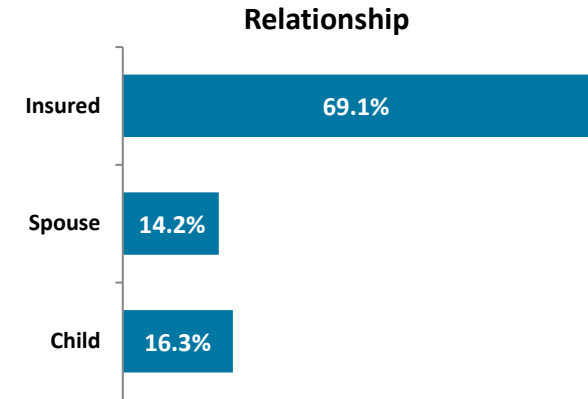
Age Range



Diagnosis Grouper – Gastrointestinal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Hernias	111	341	\$457,596	15.7%
Abdominal Disorders	916	1,932	\$400,937	13.7%
Liver Diseases	178	310	\$314,739	10.8%
Inflammatory Bowel Disease	57	227	\$304,485	10.4%
GI Disorders, Other	432	925	\$291,214	10.0%
Upper GI Disorders	443	937	\$270,198	9.2%
GI Symptoms	549	1,094	\$237,395	8.1%
Gallbladder and Biliary Disease	96	348	\$229,731	7.9%
Appendicitis	24	129	\$167,917	5.7%
Diverticulitis	87	169	\$63,756	2.2%
Constipation	133	209	\$54,869	1.9%
Ostomies	29	145	\$51,119	1.7%
Pancreatic Disorders	20	63	\$29,952	1.0%
Hemorrhoids	97	155	\$19,098	0.7%
Hepatic Cirrhosis	20	69	\$17,356	0.6%
Esophageal Varices	7	16	\$9,696	0.3%
Peptic Ulcer/Related Disorders	25	31	\$2,430	0.1%
	----	----	\$2,922,487	100.0%

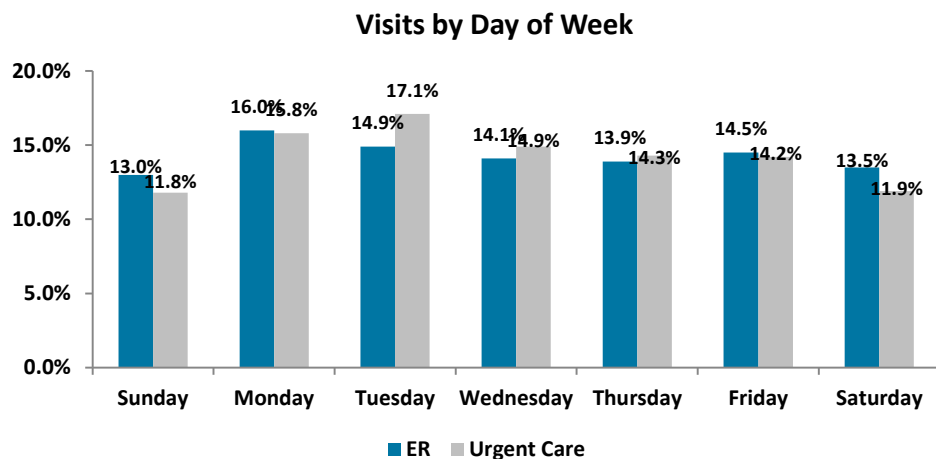
*Patient and claim counts are unique only within the category



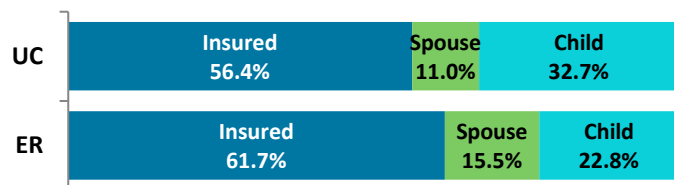
Emergency Room / Urgent Care Summary

ER/Urgent Care	2Q22		2Q23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	2,520	4,606	1,985	3,821		
Visits Per Member	0.15	0.27	0.14	0.27	0.22	0.35
Visits/1000 Members	150	273	142	273	221	352
Avg Paid Per Visit	\$1,835	\$63	\$2,091	\$39	\$968	\$135
% with OV*	84.2%	80.1%	80.2%	78.5%		
% Avoidable	13.5%	32.0%	15.1%	40.2%		
Total Member Paid	\$2,794,834	\$507,083	\$2,812,684	\$522,853		
Total Plan Paid	\$4,624,216	\$287,916	\$4,126,032	\$149,367		
	Annualized	Annualized	Annualized	Annualized		

*looks back 12 months



% of Paid



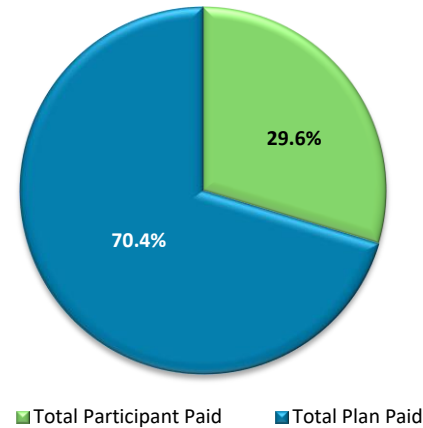
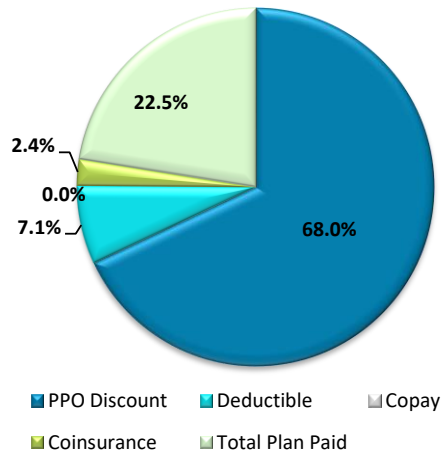
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	1,160	70	2,224	4,380	3,384	204
Spouse	265	79	386	863	651	195
Child	560	70	1,211	1,655	1,771	220
Total	1,985	71	3,821	137	5,806	208

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	\$178,811,725	\$1,802	100.0%
PPO Discount	\$115,416,119	\$1,163	64.5%
Deductible	\$11,996,076	\$121	6.7%
Copay	\$37,493	\$0	0.0%
Coinsurance	\$4,040,186	\$41	2.3%
Total Participant Paid	\$16,073,754	\$162	9.0%
Total Plan Paid	\$38,149,177	\$384	21.3%

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



Paid Claims by Age Range – Dental

Dental Paid Claims by Age Group								
	2Q21		2Q22		2Q23		% Change	
Age Range	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM
<1	\$ 5,068	\$ 2	\$ 4,624	\$ 2	\$ 3,677	\$ 1	-20.5%	-30.2%
1	\$ 24,408	\$ 7	\$ 24,384	\$ 8	\$ 25,586	\$ 9	4.9%	13.9%
2 - 4	\$ 181,971	\$ 17	\$ 197,775	\$ 19	\$ 196,205	\$ 21	-0.8%	8.3%
5 - 9	\$ 595,727	\$ 29	\$ 615,077	\$ 32	\$ 544,872	\$ 29	-11.4%	-8.3%
10 - 14	\$ 653,228	\$ 28	\$ 632,173	\$ 28	\$ 597,828	\$ 27	-5.4%	-2.0%
15 - 19	\$ 816,303	\$ 33	\$ 758,700	\$ 31	\$ 711,743	\$ 29	-6.2%	-7.0%
20 - 24	\$ 490,797	\$ 18	\$ 461,202	\$ 18	\$ 442,530	\$ 17	-4.0%	-5.9%
25 - 29	\$ 491,651	\$ 24	\$ 434,828	\$ 23	\$ 372,460	\$ 21	-14.3%	-8.6%
30 - 34	\$ 603,798	\$ 25	\$ 568,428	\$ 25	\$ 477,840	\$ 22	-15.9%	-11.8%
35 - 39	\$ 704,019	\$ 27	\$ 714,163	\$ 28	\$ 600,599	\$ 24	-15.9%	-12.8%
40 - 44	\$ 683,674	\$ 27	\$ 694,624	\$ 28	\$ 659,885	\$ 26	-5.0%	-6.9%
45 - 49	\$ 750,892	\$ 28	\$ 726,434	\$ 29	\$ 661,311	\$ 26	-9.0%	-8.7%
50 - 54	\$ 859,163	\$ 30	\$ 919,786	\$ 32	\$ 833,773	\$ 29	-9.4%	-9.1%
55 - 59	\$ 1,036,572	\$ 34	\$ 1,035,663	\$ 35	\$ 957,492	\$ 33	-7.5%	-6.4%
60 - 64	\$ 1,280,570	\$ 37	\$ 1,313,464	\$ 40	\$ 1,162,161	\$ 36	-11.5%	-9.1%
65+	\$ 3,251,369	\$ 40	\$ 3,423,389	\$ 42	\$ 3,238,556	\$ 40	-5.4%	-4.9%
Total	\$ 12,429,210	\$30	\$ 12,524,714	\$ 31	\$ 11,486,516	\$ 29	-8.3%	-5.3%

Dental Paid Claims – State Participants

Dental Paid Claims - Total										
State Participants										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 8,296,587	\$ 1,078,805	\$ 266,431	\$ 9,641,823	\$ 7,540,918	\$ 1,042,467	\$ 222,772	\$ 8,806,158	-8.7%	
Dental Exchange	\$ -	\$ -	\$ 1,747,567	\$ 1,747,567	\$ -	\$ -	\$ 1,666,037	\$ 1,666,037	-4.7%	
Total	\$ 8,296,587	\$ 1,078,805	\$ 2,013,999	\$ 11,389,391	\$ 7,540,918	\$ 1,042,467	\$ 1,888,809	\$ 10,472,194	-13.3%	

Dental Paid Claims - Per Participant per Month										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 53	\$ 53	\$ 57	\$ 53	\$ 48	\$ 50	\$ 52	\$ 49	-8.4%	
Dental Exchange	\$ -	\$ -	\$ 51	\$ 51	\$ -	\$ -	\$ 48	\$ 48	-6.3%	

Dental Paid Claims – Non-State Participants

Dental Paid Claims - Total									
Non-State Participants									
	2Q22				2Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 4,123	\$ 79,390	\$ 116,768	\$ 200,281	\$ 2,321	\$ 45,795	\$ 107,321	\$ 155,437	-22.4%
Dental Exchange	\$ -	\$ -	\$ 935,043	\$ 935,043	\$ -	\$ -	\$ 858,884	\$ 858,884	-8.1%
Total	\$ 4,123	\$ 79,390	\$ 1,051,812	\$ 1,135,324	\$ 2,321	\$ 45,795	\$ 966,205	\$ 1,014,321	-10.7%

Dental Paid Claims - Per Participant per Month									
	2Q22				2Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 55	\$ 42	\$ 43	\$ 42	\$ 64	\$ 37	\$ 43	\$ 41	-2.8%
Dental Exchange	\$ -	\$ -	\$ 43	\$ 43	\$ -	\$ -	\$ 42	\$ 42	-1.1%

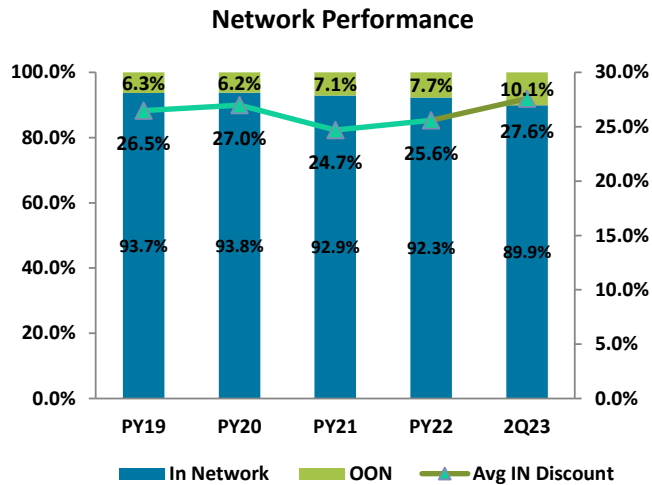
Dental Paid Claims – Total Participants

Dental Paid Claims - Total										
Total Participants										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 8,300,709	\$ 1,158,195	\$ 383,200	\$ 9,842,104	\$ 7,543,240	\$ 1,088,262	\$ 330,093	\$ 8,961,594	-8.9%	
Dental Exchange	\$ -	\$ -	\$ 2,682,611	\$ 2,682,611	\$ -	\$ -	\$ 2,524,921	\$ 2,524,921	-5.9%	
Total	\$ 8,300,709	\$ 1,158,195	\$ 3,065,811	\$ 12,524,715	\$ 7,543,240	\$ 1,088,262	\$ 2,855,014	\$ 11,486,516	-8.3%	

Dental Paid Claims - Per Participant per Month										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 53	\$ 52	\$ 52	\$ 53	\$ 48	\$ 49	\$ 49	\$ 48	-8.4%	
Dental Exchange	\$ -	\$ -	\$ 49	\$ 49	\$ -	\$ -	\$ 46	\$ 46	-6.1%	

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	2,686	4.1%	8,981	15.1%	\$3,883,796	33.8%	\$2,484,324	43.3%
\$750.01-\$1,000.00	1,155	1.8%	3,265	5.5%	\$1,009,373	8.8%	\$648,582	11.3%
\$500.01-\$750.00	2,097	3.2%	5,417	9.1%	\$1,305,763	11.4%	\$805,391	14.1%
\$250.01-\$500.00	5,672	8.7%	12,286	20.7%	\$1,953,913	17.0%	\$744,905	13.0%
\$0.01-\$250.00	22,459	34.4%	28,804	48.5%	\$3,333,671	29.0%	\$980,872	17.1%
\$0.00	614	0.9%	659	1.1%	\$0	0.0%	\$67,880	1.2%
No Claims	30,538	46.8%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	65,221	100.0%	59,412	100.0%	\$11,486,516	100.0%	\$5,731,955	100.0%

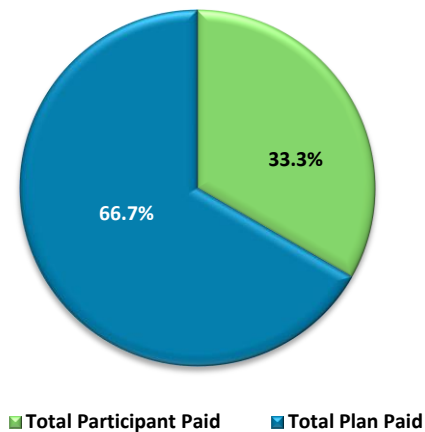
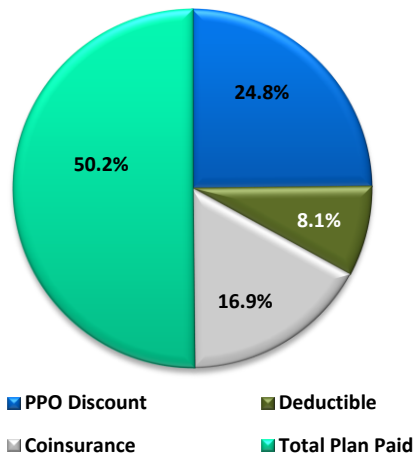


Dental Category	2Q22	2Q23	% of Paid	Variance to PY
PREVENTIVE SERVICES	\$3,278,191	\$3,031,641	26.4%	-7.5%
RESTORATIVE PROCEDURES	\$3,075,145	\$2,641,138	23.0%	-14.1%
DIAGNOSTIC PROCEDURES	\$2,619,356	\$2,630,286	22.9%	0.4%
PERIODONTICS	\$817,527	\$712,444	6.2%	-12.9%
ORAL AND MAXILLOFACIAL SURGERY	\$705,807	\$708,210	6.2%	0.3%
ENDODONICS	\$617,174	\$620,729	5.4%	0.6%
IMPLANT SERVICES	\$671,287	\$534,886	4.7%	-20.3%
ADJUNCTIVE GENERAL SERVICES	\$394,365	\$294,562	2.6%	-25.3%
PROSTHODONTICS	\$239,465	\$187,863	1.6%	-21.5%
PROSTHODONTICS - REMOVABLE	\$105,413	\$122,913	1.1%	16.6%
OTHER	\$18	\$1,845	0.0%	10023.8%
MAXILLOFACIAL PROSTHETICS	\$452	\$0	0.0%	-100.0%
ORTHODONTICS	\$515	\$0	0.0%	0.0%
Total	\$12,524,715	\$11,486,516	100.0%	-8.3%

Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$22,633,983	\$94	100.0%
PPO Discount	\$5,683,432	\$24	25.1%
Deductible	\$1,863,776	\$8	8.2%
Coinsurance	\$3,868,179	\$16	17.1%
Total Participant Paid	\$5,731,955	\$24	25.3%
Total Plan Paid	\$11,486,516	\$48	50.7%

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



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	982	941	41	96.2%
	<2 asthma related ER Visits in the last 6 months	982	980	2	99.8%
	No asthma related admit in last 12 months	982	981	1	99.9%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	210	201	9	95.7%
	Members with COPD who had an annual spirometry test	210	36	174	17.1%
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	192	189	3	98.4%
	Follow-up OV within 4 weeks of discharge from HF admission	6	5	1	83.3%
Diabetes	Annual office visit	933	889	44	95.3%
	Annual dilated eye exam	933	373	560	40.0%
	Annual foot exam	933	379	554	40.6%
	Annual HbA1c test done	933	768	165	82.3%
	Diabetes Annual lipid profile	933	694	239	74.4%
	Annual microalbumin urine screen	933	650	283	69.7%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	3,910	3,075	835	78.6%
Hypertension	Annual lipid profile	4,064	2,695	1,369	66.3%
	Annual serum creatinine test	3,939	3,085	854	78.3%
Wellness	Well Child Visit - 15 months	206	199	7	96.6%
	Routine office visit in last 6 months (All Ages)	27,522	16,091	11,431	58.5%
	Colorectal cancer screening ages 45-75 within the appropriate time period	11,434	5,043	6,391	44.1%
	Women age 25-65 with recommended cervical cancer/HPV screening	8,602	5,829	2,773	67.8%
	Males age greater than 49 with PSA test in last 24 months	4,511	2,188	2,323	48.5%
	Routine exam in last 24 months (All Ages)	27,522	22,660	4,862	82.3%
	Women age 40 to 75 with a screening mammogram last 24 months	7,274	4,191	3,083	57.6%

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	183	0.66%	6.55	\$12,790
Asthma	1,096	3.98%	39.22	\$10,387
Atrial Fibrillation	304	1.10%	10.88	\$24,267
Blood Disorders	1,561	5.67%	55.87	\$22,642
CAD	590	2.14%	21.11	\$16,233
COPD	208	0.76%	7.44	\$19,040
Cancer	1,059	3.84%	37.90	\$23,863
Chronic Pain	644	2.34%	23.05	\$20,705
Congestive Heart Failure	194	0.70%	6.94	\$43,175
Demyelinating Diseases	63	0.23%	2.25	\$41,456
Depression	1,624	5.90%	58.12	\$12,233
Diabetes	1,678	6.09%	60.05	\$14,460
ESRD	40	0.15%	1.43	\$57,425
Eating Disorders	84	0.30%	3.01	\$25,318
HIV/AIDS	35	0.13%	1.25	\$60,871
Hyperlipidemia	4,859	17.64%	173.89	\$8,283
Hypertension	4,096	14.87%	146.59	\$10,786
Immune Disorders	87	0.32%	3.11	\$58,230
Inflammatory Bowel Disease	95	0.34%	3.40	\$40,575
Liver Diseases	523	1.90%	18.72	\$24,734
Morbid Obesity	719	2.61%	25.73	\$15,824
Osteoarthritis	1,032	3.75%	36.93	\$14,684
Peripheral Vascular Disease	161	0.58%	5.76	\$14,043
Rheumatoid Arthritis	157	0.57%	5.62	\$24,718

*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 December 31, 2022**

Express Scripts

1Q-2Q FY2023 CDHP		1Q-2Q FY2022 CDHP	Difference	% Change
Membership Summary				
Member Count (Membership)	28,010	33,790	(5,780)	-17.1%
Utilizing Member Count (Patients)	18,037	22,823	(4,786)	-21.0%
Percent Utilizing (Utilization)	64.4%	67.5%	(0.03)	-4.7%
Claim Summary				
Net Claims (Total Rx's)	193,380	223,830	(30,450)	-13.6%
Claims per Elig Member per Month (Claims PMPM)	1.15	1.10	0.05	4.5%
Total Claims for Generic (Generic Rx)	163,487	186,470	(22,983.00)	-12.3%
Total Claims for Brand (Brand Rx)	29,893	37,360	(7,467.00)	-20.0%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	769	1,628	(859.00)	-52.8%
Total Non-Specialty Claims	190,774	221,127	(30,353.00)	-13.7%
Total Specialty Claims	2,606	2,703	(97.00)	-3.6%
Generic % of Total Claims (GFR)	84.5%	83.3%	0.01	1.5%
Generic Effective Rate (GCR)	99.5%	99.1%	0.00	0.4%
Mail Order Claims	51,531	52,584	(1,053.00)	-2.0%
Mail Penetration Rate*	31.1%	28.0%	0.03	3.1%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$21,518,275	\$22,513,009	(\$994,734.00)	-4.4%
Total Generic Gross Cost	\$2,494,885	\$3,134,559	(\$639,674.00)	-20.4%
Total Brand Gross Cost	\$19,023,390	\$19,378,449	(\$355,059.00)	-1.8%
Total MSB Gross Cost	\$441,855	\$588,035	(\$146,180.00)	-24.9%
Total Ingredient Cost	\$21,173,079	\$21,903,908	(\$730,829.00)	-3.3%
Total Dispensing Fee	\$323,875	\$599,819	(\$275,944.00)	-46.0%
Total Other (e.g. tax)	\$21,320	\$9,282	\$12,038.00	129.7%
Avg Total Cost per Claim (Gross Cost/Rx)	\$111.27	\$100.58	\$10.69	10.6%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$15.26	\$17.06	(\$1.80)	-10.6%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$636.38	\$518.70	\$117.68	22.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$574.58	\$361.20	\$213.38	59.1%
Member Cost Summary				
Total Member Cost	\$5,065,371	\$5,719,476	(\$654,105.00)	-11.4%
Total Copay	\$3,685,708	\$3,971,473	(\$285,765.00)	-7.2%
Total Deductible	\$1,379,663	\$1,748,003	(\$368,340.00)	-21.1%
Avg Copay per Claim (Copay/Rx)	\$19.06	\$17.74	\$1.32	7.4%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$26.19	\$25.55	\$0.64	2.5%
Avg Copay for Generic (Copay/Generic Rx)	\$7.64	\$9.21	(\$1.57)	-17.0%
Avg Copay for Brand (Copay/Brand Rx)	\$127.69	\$107.14	\$20.55	19.2%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$174.98	\$95.58	\$79.40	83.1%
Net PMPM (Participant Cost PMPM)	\$30.14	\$28.21	\$1.93	6.8%
Copay % of Total Prescription Cost (Member Cost Share %)	23.5%	25.4%	-1.9%	-7.3%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$16,452,903	\$16,793,533	(\$340,630.00)	-2.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$5,830,693	\$5,961,007	(\$130,314.00)	-2.2%
Total Specialty Drug Cost (Specialty Plan Cost)	\$10,622,210	\$10,832,526	(\$210,316.00)	-1.9%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$85.08	\$75.03	\$10.05	13.4%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$7.62	\$7.60	\$0.02	0.3%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$508.69	\$411.55	\$97.14	23.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$399.60	\$265.62	\$133.98	50.4%
Net PMPM (Plan Cost PMPM)	\$97.90	\$82.83	\$15.07	18.2%
PMPM without Specialty (Non-Specialty PMPM)	\$34.69	\$29.40	\$4.02	17.3%
PMPM for Specialty Only (Specialty PMPM)	\$63.20	\$53.43	\$9.77	18.3%
Specialty % of Plan Cost	64.6%	64.50%	\$0.00	0.2%
Rebates Received (Q1-Q2 FY2023 actual)	\$5,876,725	\$3,738,137	\$2,138,588.01	57.2%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$62.93	\$64.39	(\$1.46)	-2.3%
PMPM without Specialty (Non-Specialty PMPM)	\$14.27	\$17.25	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$48.87	\$46.90	\$1.97	4.2%

Appendix B

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UMR Inc. – LDPPPO Utilization Review for PEBP October 1, 2022 – December 31, 2022

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DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July – December 2022 Incurred,

Paid through February 28, 2023

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 2Q23 was \$23,959,484 with an annualized plan cost per employee per year (PEPY) of \$6,759. This is a decrease of 18.5% when compared to 2Q22.
 - IP Cost per Admit is \$23,315 which is 36.3% lower than 2Q22.
 - ER Cost per Visit is \$3,179 which is 36.0% higher than 2Q22.
- Employees shared in 14.6% of the medical cost.
- Inpatient facility costs were 19.9% of the plan spend.
- 90.2% of the Average Membership had paid Medical claims less than \$2,500, with 27.0% of those having no claims paid at all during the reporting period.
- 18 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 17.6% of the plan spend. The highest diagnosis category was Cancer, accounting for 40.1% of the high-cost claimant dollars.
- Total spending with in-network providers was 99.3%. The average In Network discount was 64.4%, which is 1.9% higher than the PY22 average discount of 63.2%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	2Q22					2Q23					% 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	\$ 2,309,271	\$ 4,998	\$ 1,306	\$ 3	\$ 2,310,577	\$ 5,001	\$ 952,206	\$ 1,037	\$ 12,813	\$ 14	\$ 965,019	\$ 1,051	-58.2%	-79.0%
1	\$ 93,751	\$ 155	\$ 3,150	\$ 5	\$ 96,901	\$ 160	\$ 200,437	\$ 235	\$ 4,730	\$ 6	\$ 205,167	\$ 241	111.7%	50.6%
2 - 4	\$ 217,849	\$ 112	\$ 31,015	\$ 16	\$ 248,864	\$ 128	\$ 519,289	\$ 159	\$ 24,713	\$ 8	\$ 544,002	\$ 167	118.6%	30.0%
5 - 9	\$ 178,334	\$ 54	\$ 40,388	\$ 12	\$ 218,722	\$ 66	\$ 461,813	\$ 80	\$ 291,974	\$ 51	\$ 753,787	\$ 131	244.6%	97.2%
10 - 14	\$ 444,900	\$ 111	\$ 104,294	\$ 26	\$ 549,194	\$ 137	\$ 840,770	\$ 135	\$ 164,248	\$ 26	\$ 1,005,018	\$ 161	83.0%	17.7%
15 - 19	\$ 554,002	\$ 138	\$ 168,892	\$ 42	\$ 722,894	\$ 181	\$ 1,017,142	\$ 144	\$ 252,305	\$ 36	\$ 1,269,447	\$ 179	75.6%	-0.7%
20 - 24	\$ 679,085	\$ 171	\$ 137,337	\$ 35	\$ 816,422	\$ 206	\$ 1,074,808	\$ 160	\$ 356,576	\$ 53	\$ 1,431,384	\$ 213	75.3%	3.5%
25 - 29	\$ 678,350	\$ 237	\$ 203,045	\$ 71	\$ 881,395	\$ 308	\$ 894,828	\$ 168	\$ 500,318	\$ 94	\$ 1,395,146	\$ 262	58.3%	-14.8%
30 - 34	\$ 854,172	\$ 239	\$ 306,656	\$ 86	\$ 1,160,828	\$ 325	\$ 1,698,193	\$ 266	\$ 468,856	\$ 73	\$ 2,167,049	\$ 339	86.7%	4.4%
35 - 39	\$ 1,556,544	\$ 371	\$ 337,103	\$ 80	\$ 1,893,647	\$ 451	\$ 1,949,915	\$ 267	\$ 718,780	\$ 98	\$ 2,668,695	\$ 365	40.9%	-19.0%
40 - 44	\$ 1,372,079	\$ 333	\$ 435,256	\$ 106	\$ 1,807,335	\$ 438	\$ 2,008,733	\$ 286	\$ 1,134,778	\$ 162	\$ 3,143,511	\$ 448	73.9%	2.1%
45 - 49	\$ 1,222,592	\$ 330	\$ 372,765	\$ 101	\$ 1,595,357	\$ 430	\$ 2,542,958	\$ 401	\$ 1,026,465	\$ 162	\$ 3,569,423	\$ 563	123.7%	30.8%
50 - 54	\$ 998,387	\$ 247	\$ 589,314	\$ 146	\$ 1,587,701	\$ 392	\$ 2,872,067	\$ 423	\$ 1,435,335	\$ 211	\$ 4,307,402	\$ 634	171.3%	61.8%
55 - 59	\$ 2,537,124	\$ 671	\$ 552,278	\$ 146	\$ 3,089,402	\$ 817	\$ 2,848,976	\$ 468	\$ 1,251,320	\$ 205	\$ 4,100,296	\$ 673	32.7%	-17.6%
60 - 64	\$ 1,928,053	\$ 606	\$ 1,000,909	\$ 315	\$ 2,928,962	\$ 921	\$ 3,233,417	\$ 594	\$ 1,923,145	\$ 353	\$ 5,156,562	\$ 948	76.1%	2.9%
65+	\$ 862,275	\$ 708	\$ 281,482	\$ 231	\$ 1,143,757	\$ 939	\$ 843,930	\$ 412	\$ 471,496	\$ 230	\$ 1,315,426	\$ 643	15.0%	-31.5%
Total	\$ 16,486,768	\$ 337	\$ 4,565,189	\$ 93	\$21,051,957	\$ 430	\$ 23,959,484	\$ 287	\$ 10,037,853	\$ 120	\$ 33,997,337	\$ 407	61.5%	-5.4%

Financial Summary (p. 1 of 2)

	Total			State Active			Non-State Active		
Summary	2Q22	2Q23	Variance to Prior Year	2Q22	2Q23	Variance to Prior Year	2Q22	2Q23	Variance to Prior Year
Enrollment									
Avg # Employees	3,974	7,089	78.4%	3,595	6,434	79.0%	1	1	0.0%
Avg # Members	8,161	13,931	70.7%	7,531	12,824	70.3%	2	2	0.0%
Ratio	2.1	2.0	-3.9%	2.1	2.0	-5.2%	2.0	2.0	0.0%
Financial Summary									
Gross Cost	\$19,582,093	\$28,044,415	43.2%	\$16,875,837	\$24,386,794	44.5%	\$20,089	\$9,392	-53.2%
Client Paid	\$16,486,768	\$23,959,484	45.3%	\$14,156,779	\$20,789,498	46.9%	\$16,221	\$7,316	-54.9%
Employee Paid	\$3,095,325	\$4,084,930	32.0%	\$2,719,057	\$3,597,296	32.3%	\$3,869	\$2,077	-46.3%
Client Paid-PEPY	\$8,298	\$6,759	-18.5%	\$7,876	\$6,462	-18.0%	\$32,442	\$14,632	-54.9%
Client Paid-PMPY	\$4,040	\$3,440	-14.9%	\$3,759	\$3,242	-13.8%	\$16,221	\$7,316	-54.9%
Client Paid-PEPM	\$692	\$563	-18.6%	\$656	\$539	-17.8%	\$2,703	\$1,219	-54.9%
Client Paid-PMPM	\$337	\$287	-14.8%	\$313	\$270	-13.7%	\$1,352	\$610	-54.9%
High Cost Claimants (HCC's) > \$100k									
# of HCC's	23	18	-21.7%	18	14	-22.2%	0	0	0.0%
HCC's / 1,000	2.8	1.3	-54.3%	2.4	1.1	-54.4%	0.0	0.0	0.0%
Avg HCC Paid	\$265,379	\$233,855	-11.9%	\$283,321	\$248,746	-12.2%	\$0	\$0	0.0%
HCC's % of Plan Paid	37.0%	17.6%	-52.4%	36.0%	16.8%	-53.3%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,461	\$683	-53.3%	\$1,401	\$619	-55.8%	\$0	\$0	0.0%
Facility Outpatient	\$970	\$1,194	23.1%	\$861	\$1,112	29.2%	\$5,328	\$491	0.0%
Physician	\$1,557	\$1,563	0.4%	\$1,447	\$1,512	4.5%	\$10,893	\$6,825	-37.3%
Other	\$52	\$0	-100.0%	\$51	\$0	-100.0%	\$0	\$0	0.0%
Total	\$4,040	\$3,440	-14.9%	\$3,759	\$3,242	-13.8%	\$16,221	\$7,316	-54.9%
	Annualized	Annualized		Annualized	Annualized		Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees			Non-State Retirees			Peer Index
	2Q22	2Q23	Variance to Prior Year	2Q22	2Q23	Variance to Prior Year	
Enrollment							
Avg # Employees	357	627	75.8%	21	27	26.7%	
Avg # Members	596	1,066	78.8%	32	39	20.7%	
Ratio	1.7	1.7	1.8%	1.5	1.5	-4.6%	1.6
Financial Summary							
Gross Cost	\$2,523,590	\$3,554,103	40.8%	\$162,576	\$94,126	-42.1%	
Client Paid	\$2,184,001	\$3,088,200	41.4%	\$129,767	\$74,470	-42.6%	
Employee Paid	\$339,589	\$465,903	37.2%	\$32,809	\$19,656	-40.1%	
Client Paid-PEPY	\$12,241	\$9,845	-19.6%	\$12,261	\$5,551	-54.7%	\$6,642
Client Paid-PMPY	\$7,329	\$5,795	-20.9%	\$8,068	\$3,835	-52.5%	\$4,116
Client Paid-PEPM	\$1,020	\$820	-19.6%	\$1,022	\$463	-54.7%	\$553
Client Paid-PMPM	\$611	\$483	-20.9%	\$672	\$320	-52.4%	\$343
High Cost Claimants (HCC's) > \$100k							
# of HCC's	6	4	-33.3%	0	0	0.0%	
HCC's / 1,000	10.1	3.8	-62.8%	0.0	0.0	0.0%	
Avg HCC Paid	\$167,323	\$181,739	8.6%	\$0	\$0	0.0%	
HCC's % of Plan Paid	46.0%	23.5%	-48.9%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)							
Facility Inpatient	\$2,281	\$1,469	-35.6%	\$552	\$324	-41.3%	\$1,190
Facility Outpatient	\$2,141	\$2,179	1.8%	\$4,599	\$1,368	-70.3%	\$1,376
Physician	\$2,842	\$2,147	-24.5%	\$2,852	\$2,143	-24.9%	\$1,466
Other	\$65	\$0	-100.0%	\$65	\$0	-100.0%	\$84
Total	\$7,329	\$5,795	-20.9%	\$8,068	\$3,835	-52.5%	\$4,116
	Annualized	Annualized		Annualized	Annualized		

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

	Total			State Active			Non-State Active		
Summary	PY22	2Q23	Variance to Prior Year	PY22	2Q23	Variance to Prior Year	PY22	2Q23	Variance to Prior Year
Enrollment									
Avg # Employees	4,336	7,089	63.5%	3,926	6,434	63.9%	1	1	0.0%
Avg # Members	8,762	13,931	59.0%	8,071	12,824	58.9%	2	2	0.0%
Ratio	2.0	2.0	-2.5%	2.1	2.0	-3.4%	2.0	2.0	0.0%
Financial Summary									
Gross Cost	\$40,570,436	\$28,044,415	-30.9%	\$35,366,785	\$24,386,794	-31.0%	\$38,494	\$9,392	-75.6%
Client Paid	\$34,446,692	\$23,959,484	-30.4%	\$29,933,591	\$20,789,498	-30.5%	\$33,556	\$7,316	-78.2%
Employee Paid	\$6,123,744	\$4,084,930	-33.3%	\$5,433,194	\$3,597,296	-33.8%	\$4,938	\$2,077	-57.9%
Client Paid-PEPY	\$7,944	\$6,759	-14.9%	\$7,624	\$6,462	-15.2%	\$33,556	\$14,632	-56.4%
Client Paid-PMPY	\$3,931	\$3,440	-12.5%	\$3,709	\$3,242	-12.6%	\$16,778	\$7,316	-56.4%
Client Paid-PEPM	\$662	\$563	-15.0%	\$635	\$539	-15.1%	\$2,796	\$1,219	-56.4%
Client Paid-PMPM	\$328	\$287	-12.5%	\$309	\$270	-12.6%	\$1,398	\$610	-56.4%
High Cost Claimants (HCC's) > \$100k									
# of HCC's	41	18	-56.1%	33	14	-57.6%	0	0	0.0%
HCC's / 1,000	4.7	1.3	-72.4%	4.1	1.1	-73.3%	0.0	0.0	0.0%
Avg HCC Paid	\$286,071	\$233,855	-18.3%	\$305,172	\$248,746	-18.5%	\$0	\$0	0.0%
HCC's % of Plan Paid	34.0%	17.6%	-48.2%	33.6%	16.8%	-50.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,269	\$683	-46.2%	\$1,257	\$619	-50.8%	\$424	\$0	-100.0%
Facility Outpatient	\$1,043	\$1,194	14.5%	\$933	\$1,112	19.2%	\$5,152	\$491	-90.5%
Physician	\$1,567	\$1,563	-0.3%	\$1,468	\$1,512	3.0%	\$9,883	\$6,825	-30.9%
Other	\$53	\$0	-100.0%	\$50	\$0	-100.0%	\$1,319	\$0	-100.0%
Total	\$3,931	\$3,440	-12.5%	\$3,709	\$3,242	-12.6%	\$16,778	\$7,316	-56.4%
	Annualized			Annualized			Annualized		

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

	State Retirees			Non-State Retirees			
Summary	PY22	2Q23	Variance to Prior Year	PY22	2Q23	Variance to Prior Year	Peer Index
Enrollment							
Avg # Employees	388	627	61.8%	21	27	26.3%	
Avg # Members	657	1,066	62.2%	32	39	20.4%	
Ratio	1.7	1.7	0.6%	1.5	1.5	-4.6%	1.6
Financial Summary							
Gross Cost	\$4,886,927	\$3,554,103	-27.3%	\$278,229	\$94,126	-66.2%	
Client Paid	\$4,252,910	\$3,088,200	-27.4%	\$226,635	\$74,470	-67.1%	
Employee Paid	\$634,017	\$465,903	-26.5%	\$51,594	\$19,656	-61.9%	
Client Paid-PEPY	\$10,968	\$9,845	-10.2%	\$10,665	\$5,551	-48.0%	\$6,642
Client Paid-PMPY	\$6,473	\$5,795	-10.5%	\$7,027	\$3,835	-45.4%	\$4,116
Client Paid-PEPM	\$914	\$820	-10.3%	\$889	\$463	-47.9%	\$553
Client Paid-PMPM	\$539	\$483	-10.4%	\$586	\$320	-45.4%	\$343
High Cost Claimants (HCC's) > \$100k							
# of HCC's	8	4	-50.0%	1	0	-100.0%	
HCC's / 1,000	12.2	3.8	-69.2%	31.0	0.0	-100.0%	
Avg HCC Paid	\$193,399	\$181,739	-6.0%	\$111,053	\$0	-100.0%	
HCC's % of Plan Paid	36.4%	23.5%	-35.4%	49.0%	0.0%	-100.0%	
Cost Distribution by Claim Type (PMPY)							
Facility Inpatient	\$1,452	\$1,469	1.2%	\$675	\$324	-52.0%	\$1,190
Facility Outpatient	\$2,262	\$2,179	-3.7%	\$3,333	\$1,368	-59.0%	\$1,376
Physician	\$2,676	\$2,147	-19.8%	\$2,969	\$2,143	-27.8%	\$1,466
Other	\$83	\$0	-100.0%	\$50	\$0	-100.0%	\$84
Total	\$6,473	\$5,795	-10.5%	\$7,027	\$3,835	-45.4%	\$4,116
	Annualized			Annualized			

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$6,020,449.91	\$718,877.11	\$1,882.65	\$ 6,741,210	\$ 4,809,745	\$ 4,304	\$ 874,647	\$ 5,688,696	-15.6%	
Outpatient	\$8,136,329.46	\$1,440,040.70	\$23,200.70	\$ 9,599,571	\$ 15,979,754	\$ 50,099	\$ 2,159,150	\$ 18,189,003	89.5%	
Total - Medical	\$ 14,156,779	\$ 2,158,918	\$ 25,083	\$ 16,340,781	\$ 20,789,498	\$ 54,403	\$ 3,033,797	\$ 23,877,699	46.1%	

Net Paid Claims - Per Participant per Month										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 656	\$ 1,091	\$ 154	\$ 689	\$ 539	\$ 15	\$ 12,855	\$ 564	-18.2%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	2Q22				2Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 4,782	\$ 6,547	\$ 11,329	\$ -	\$ 6,740	\$ 564	\$ 7,304	-35.5%	
Outpatient	\$ 16,221	\$ 31,706	\$ 86,731	\$ 134,658	\$ 7,316	\$ 47,465	\$ 19,700	\$ 74,481	-44.7%	
Total - Medical	\$ 16,221	\$ 36,488	\$ 93,279	\$ 145,988	\$ 7,316	\$ 54,205	\$ 20,265	\$ 81,786	-44.0%	

Net Paid Claims - Per Participant per Month										
	2Q22				2Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 4,056	\$ 521	\$ 1,636	\$ 1,114	\$ 1,219	\$ 630	\$ 270	\$ 490	-56.1%	

Paid Claims by Claim Type – Total Participants

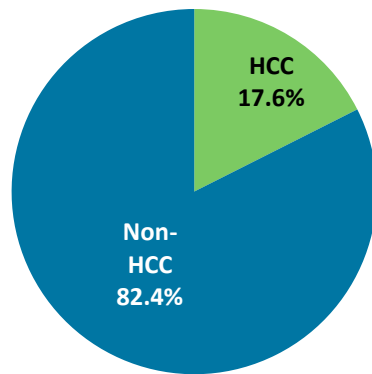
Net Paid Claims - Total										
Total Participants										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 6,020,450	\$ 723,659	\$ 8,430	\$ 6,752,539	\$ 4,809,745	\$ 11,044	\$ 875,211	\$ 5,696,000		-15.6%
Outpatient	\$ 8,152,550	\$ 1,471,747	\$ 109,932	\$ 9,734,229	\$ 15,987,070	\$ 97,564	\$ 2,178,850	\$ 18,263,484		87.6%
Total - Medical	\$ 14,173,000	\$ 2,195,406	\$ 118,362	\$ 16,486,768	\$ 20,796,814	\$ 108,608	\$ 3,054,062	\$ 23,959,484		45.3%

Net Paid Claims - Per Participant per Month										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 657	\$ 1,072	\$ 538	\$ 692	\$ 539	\$ 30	\$ 9,820	\$ 563		-18.5%

Cost Distribution – Medical Claims

2Q22						2Q23						
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
22	0.3%	\$6,103,717	37.0%	\$102,621	3.3%	\$100,000.01 Plus	17	0.1%	\$4,209,398	17.6%	\$72,124	1.8%
21	0.3%	\$1,468,741	8.9%	\$90,455	2.9%	\$50,000.01-\$100,000.00	41	0.3%	\$3,128,054	13.1%	\$174,984	4.3%
39	0.5%	\$1,450,384	8.8%	\$140,078	4.5%	\$25,000.01-\$50,000.00	67	0.5%	\$2,366,111	9.9%	\$246,522	6.0%
125	1.5%	\$1,979,591	12.0%	\$391,303	12.6%	\$10,000.01-\$25,000.00	269	1.9%	\$4,293,330	17.9%	\$710,874	17.4%
207	2.5%	\$1,508,625	9.2%	\$395,618	12.8%	\$5,000.01-\$10,000.00	356	2.6%	\$2,549,174	10.6%	\$571,665	14.0%
313	3.8%	\$1,162,097	7.0%	\$432,717	14.0%	\$2,500.01-\$5,000.00	624	4.5%	\$2,315,355	9.7%	\$636,009	15.6%
4,992	61.2%	\$2,810,917	17.0%	\$1,521,800	49.2%	\$0.01-\$2,500.00	8,683	62.3%	\$5,098,063	21.3%	\$1,667,131	40.8%
130	1.6%	\$0	0.0%	\$20,021	0.6%	\$0.00	121	0.9%	\$0	0.0%	\$5,623	0.1%
2,312	28.3%	\$2,696	0.0%	\$712	0.0%	No Claims	3,754	27.0%	\$0	0.0%	\$0	0.0%
8,161	100.0%	\$16,486,768	100.0%	\$3,095,325	100.0%		13,931	100.0%	\$23,959,484	100.0%	\$4,084,930	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	10	\$1,689,626	40.1%
Endocrine/Metabolic Disorders	6	\$719,159	17.1%
Neurological Disorders	7	\$433,385	10.3%
Medical/Surgical Complications	7	\$312,929	7.4%
Spine-related Disorders	2	\$189,918	4.5%
Gastrointestinal Disorders	8	\$188,312	4.5%
Congenital/Chromosomal Anomalies	3	\$131,527	3.1%
Infections	9	\$126,083	3.0%
Renal/Urologic Disorders	4	\$120,589	2.9%
Cardiac Disorders	8	\$96,953	2.3%
All Other		\$200,916	4.8%
Overall	----	\$4,209,398	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		
	2Q22	2Q23	Variance to Prior Year	2Q22	2Q23	Variance to Prior Year	2Q22	2Q23	Variance to Prior Year
Inpatient Facility									
# of Admits	157	239		132	215		0	0	
# of Bed Days	779	1,039		694	940		0	0	
Paid Per Admit	\$36,610	\$23,315	-36.3%	\$36,703	\$21,956	-40.2%	\$0	\$0	0.0%
Paid Per Day	\$7,378	\$5,363	-27.3%	\$6,981	\$5,022	-28.1%	\$0	\$0	0.0%
Admits Per 1,000	38	34	-10.5%	35	34	-2.9%	0	0	0.0%
Days Per 1,000	191	149	-22.0%	184	147	-20.1%	0	0	0.0%
Avg LOS	5	4.3	-14.0%	5.3	4.4	-17.0%	0	0	0.0%
# Admits From ER	79	111		63	97		0	0	
Physician Office									
OV Utilization per Member	4.6	4.5	-2.2%	4.5	4.4	-2.2%	11.0	12.0	9.1%
Avg Paid per OV	\$133	\$116	-12.8%	\$124	\$115	-7.3%	\$228	\$340	49.1%
Avg OV Paid per Member	\$616	\$525	-14.8%	\$560	\$508	-9.3%	\$2,513	\$4,076	62.2%
DX&L Utilization per Member	8.1	9.5	17.3%	7.7	9.1	18.2%	33	30	-9.1%
Avg Paid per DX&L	\$48	\$59	22.9%	\$45	\$58	28.9%	\$111	\$63	-43.2%
Avg DX&L Paid per Member	\$387	\$562	45.2%	\$345	\$523	51.6%	\$3,658	\$1,876	-48.7%
Emergency Room									
# of Visits	532	958		496	878		0	0	
Visits Per Member	0.13	0.14	7.7%	0.13	0.14	7.7%	0	0	0.0%
Visits Per 1,000	130	138	6.2%	132	137	3.8%	0	0	0.0%
Avg Paid per Visit	\$2,338	\$3,179	36.0%	\$2,302	\$3,204	39.2%	\$0	\$0	0.0%
Urgent Care									
# of Visits	1,270	2,596		1,188	2,465		0	1	
Visits Per Member	0.31	0.37	19.4%	0.32	0.38	18.8%	0.00	1.00	0.0%
Visits Per 1,000	311	373	19.9%	315	384	21.9%	0	1,000	0.0%
Avg Paid per Visit	\$119	\$101	-15.1%	\$118	\$101	-14.4%	\$0	\$170	0.0%
	Annualized	Annualized		Annualized	Annualized		Annualized	Annualized	

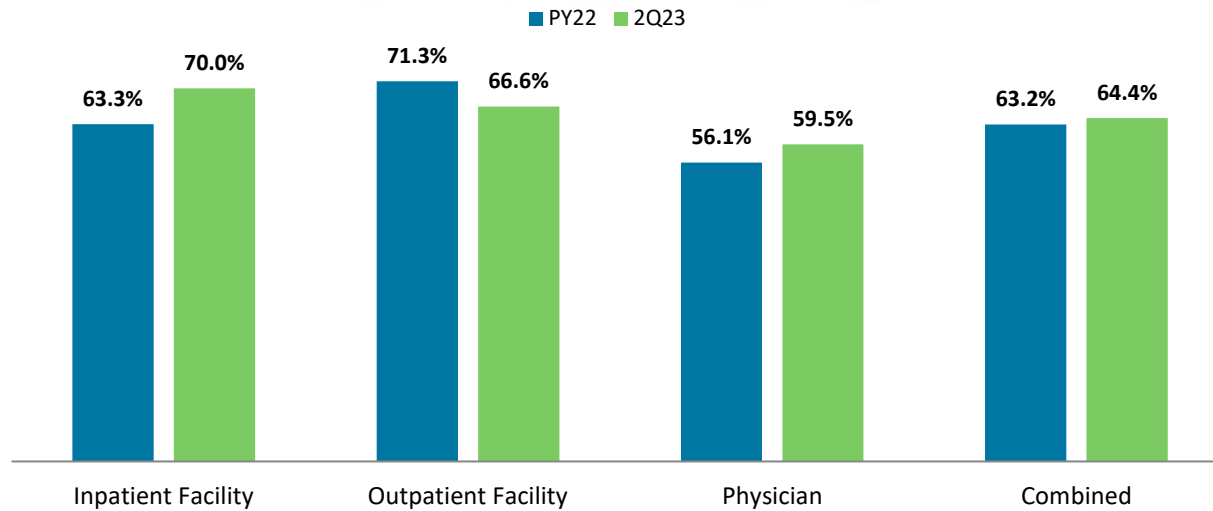
Utilization Summary (p. 2 of 2)

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

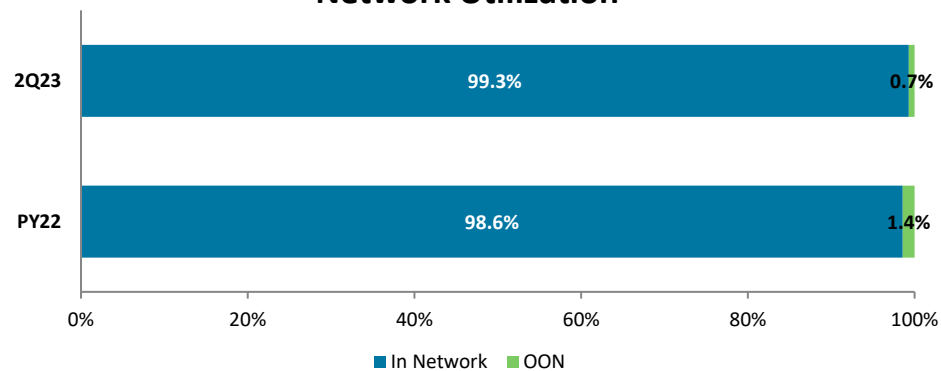
Summary	State Retirees			Non-State Retirees			Peer Index
	2Q22	2Q23	Variance to Prior Year	2Q22	2Q23	Variance to Prior Year	
Inpatient Facility							
# of Admits	20	23		5	1		
# of Bed Days	71	96		14	3		
Paid Per Admit	\$43,865	\$36,656	-16.4%	\$5,130	\$8,577	67.2%	\$18,822
Paid Per Day	\$12,356	\$8,782	-28.9%	\$1,832	\$2,859	56.1%	\$3,265
Admits Per 1,000	67	43	-35.8%	311	52	-83.3%	70
Days Per 1,000	238	180	-24.4%	870	155	-82.2%	402
Avg LOS	3.6	4.2	16.7%	2.8	3.0	7.1%	5.8
# Admits From ER	14	14		2	0		
Physician Office							
OV Utilization per Member	6.3	6.1	-3.2%	6.2	7.5	21.0%	5.4
Avg Paid per OV	\$209	\$118	-43.5%	\$108	\$83	-23.1%	\$96
Avg OV Paid per Member	\$1,318	\$719	-45.4%	\$671	\$625	-6.9%	\$515
DX&L Utilization per Member	13	14.2	9.2%	14.4	17	18.1%	11.0
Avg Paid per DX&L	\$67	\$72	7.5%	\$77	\$45	-41.6%	\$50
Avg DX&L Paid per Member	\$875	\$1,018	16.3%	\$1,107	\$763	-31.1%	\$543
Emergency Room							
# of Visits	35	77		1	3		
Visits Per Member	0.12	0.14	16.7%	0.06	0.15	0.0%	0.22
Visits Per 1,000	117	144	23.1%	62	155	0.0%	221
Avg Paid per Visit	\$2,860	\$2,961	3.5%	\$1,827	\$1,260	0.0%	\$968
Urgent Care							
# of Visits	80	129		2	1		
Visits Per Member	0.27	0.24	-11.1%	0.12	0.05	0.0%	0.35
Visits Per 1,000	268	242	-9.7%	124	52	0.0%	352
Avg Paid per Visit	\$146	\$101	-30.8%	\$70	\$52	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	\$2,909,945	12.1%	\$1,565,239	\$1,031,901	\$312,804	\$982,445	\$1,927,500
Gastrointestinal Disorders	\$2,125,866	8.9%	\$1,495,710	\$322,493	\$307,663	\$689,766	\$1,436,099
Health Status/Encounters	\$2,065,926	8.6%	\$1,086,216	\$253,796	\$725,913	\$739,816	\$1,326,110
Pregnancy-related Disorders	\$1,549,936	6.5%	\$838,362	\$245,091	\$466,483	\$285,887	\$1,264,049
Neurological Disorders	\$1,501,800	6.3%	\$914,819	\$179,375	\$407,606	\$478,656	\$1,023,145
Cardiac Disorders	\$1,433,501	6.0%	\$1,010,739	\$304,449	\$118,313	\$775,719	\$657,782
Endocrine/Metabolic Disorders	\$1,229,533	5.1%	\$614,495	\$530,151	\$84,887	\$138,630	\$1,090,903
Mental Health	\$1,201,630	5.0%	\$501,076	\$126,498	\$574,057	\$400,530	\$801,100
Musculoskeletal Disorders	\$1,143,673	4.8%	\$792,394	\$171,149	\$180,130	\$368,227	\$775,447
Trauma/Accidents	\$1,140,907	4.8%	\$601,022	\$184,729	\$355,156	\$650,992	\$489,916
Eye/ENT Disorders	\$1,128,639	4.7%	\$585,791	\$153,760	\$389,088	\$414,897	\$713,742
Infections	\$872,996	3.6%	\$448,815	\$125,403	\$298,777	\$472,007	\$400,989
Spine-related Disorders	\$844,404	3.5%	\$461,344	\$283,634	\$99,426	\$534,741	\$309,663
Gynecological/Breast Disorders	\$772,422	3.2%	\$563,687	\$112,659	\$96,076	\$21,849	\$750,573
Renal/Urologic Disorders	\$699,093	2.9%	\$374,325	\$114,884	\$209,884	\$244,997	\$454,096
Pulmonary Disorders	\$648,883	2.7%	\$316,201	\$69,541	\$263,141	\$347,655	\$301,228
Non-malignant Neoplasm	\$562,445	2.3%	\$379,659	\$159,077	\$23,709	\$127,487	\$434,958
Medical/Surgical Complications	\$511,538	2.1%	\$397,777	\$5,660	\$108,101	\$444,801	\$66,737
Dermatological Disorders	\$290,256	1.2%	\$165,421	\$43,873	\$80,962	\$126,166	\$164,089
Miscellaneous	\$262,318	1.1%	\$156,732	\$37,680	\$67,906	\$97,511	\$164,807
Diabetes	\$236,844	1.0%	\$131,640	\$90,021	\$15,184	\$146,665	\$90,180
Congenital/Chromosomal Anomalies	\$204,420	0.9%	\$17,434	\$136,122	\$50,865	\$158,414	\$46,006
Abnormal Lab/Radiology	\$190,719	0.8%	\$123,849	\$52,941	\$13,929	\$63,109	\$127,610
Hematological Disorders	\$143,741	0.6%	\$86,718	\$30,607	\$26,416	\$92,081	\$51,660
Medication Related Conditions	\$106,433	0.4%	\$51,690	\$4,336	\$50,406	\$54,555	\$51,877
Vascular Disorders	\$82,410	0.3%	\$53,589	\$23,139	\$5,682	\$32,587	\$49,823
Cholesterol Disorders	\$60,845	0.3%	\$47,480	\$11,088	\$2,276	\$32,174	\$28,671
Allergic Reaction	\$18,021	0.1%	\$5,510	\$169	\$12,342	\$7,675	\$10,346
External Hazard Exposure	\$13,187	0.1%	\$9,058	\$0	\$4,129	\$4,741	\$8,446
Dental Conditions	\$6,583	0.0%	\$1,324	\$196	\$5,063	\$2,849	\$3,734
Social Determinants of Health	\$545	0.0%	\$435	\$110	\$0	\$435	\$110
Cause of Morbidity	\$26	0.0%	\$26	\$0	\$0	\$0	\$26
Total	\$23,959,484	100.0%	\$13,798,578	\$4,804,533	\$5,356,374	\$8,938,064	\$15,021,420

Mental Health Drilldown

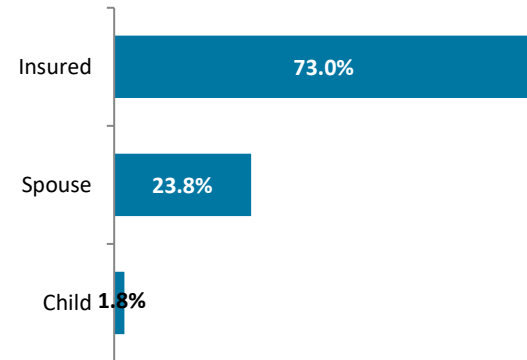
Group	PY22		2Q23	
	Patients	Total Paid	Patients	Total Paid
Depression	453	\$568,975	518	\$302,978
Mood and Anxiety Disorders	613	\$271,735	638	\$279,854
Mental Health Conditions, Other	431	\$351,519	465	\$209,018
Alcohol Abuse/Dependence	20	\$75,926	34	\$103,461
Developmental Disorders	59	\$215,640	65	\$71,548
Bipolar Disorder	107	\$247,201	131	\$60,713
Attention Deficit Disorder	199	\$80,894	265	\$52,176
Schizophrenia	4	\$2,259	9	\$32,392
Sleep Disorders	124	\$26,517	122	\$29,023
Eating Disorders	24	\$147,776	24	\$15,755
Sexually Related Disorders	28	\$8,553	36	\$14,976
Substance Abuse/Dependence	29	\$68,285	27	\$11,362
Psychoses	6	\$10,965	8	\$9,942
Personality Disorders	14	\$15,495	12	\$6,166
Tobacco Use Disorder	16	\$4,458	27	\$1,641
Complications of Substance Abuse	6	\$27,466	4	\$627
Total		\$2,123,665		\$1,201,630

Diagnosis Grouper – Cancer

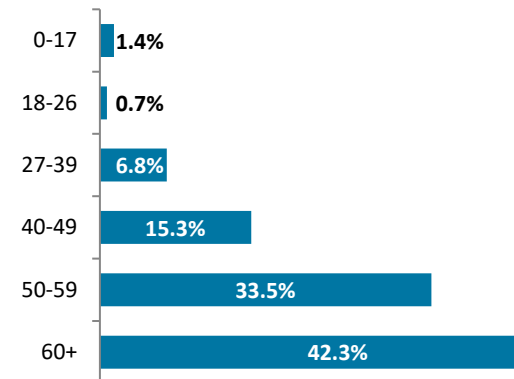
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	20	101	\$1,577,785	90.4%
Breast Cancer	66	497	\$461,682	26.4%
Non-Melanoma Skin Cancers	50	160	\$183,375	10.5%
Cancers, Other	42	232	\$162,922	9.3%
Brain Cancer	3	102	\$127,579	7.3%
Prostate Cancer	23	127	\$107,130	6.1%
Secondary Cancers	17	103	\$61,335	3.5%
Thyroid Cancer	22	86	\$53,237	3.0%
Lymphomas	14	113	\$52,817	3.0%
Colon Cancer	6	53	\$31,346	1.8%
Carcinoma in Situ	26	52	\$26,407	1.5%
Myeloma	2	56	\$18,351	1.1%
Leukemias	7	48	\$14,609	0.8%
Lung Cancer	10	79	\$13,368	0.8%
Melanoma	15	31	\$10,404	0.6%
Cervical/Uterine Cancer	12	24	\$4,660	0.3%
Kidney Cancer	8	19	\$2,068	0.1%
Ovarian Cancer	2	6	\$479	0.0%
Pancreatic Cancer	1	2	\$389	0.0%
Overall	----	----	\$2,909,945	100.0%

*Patient and claim counts are unique only within the category

Relationship



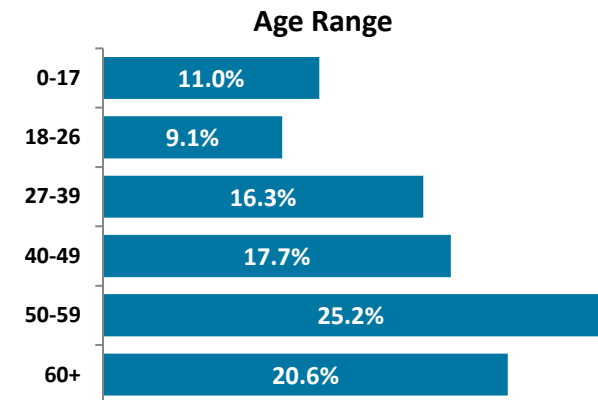
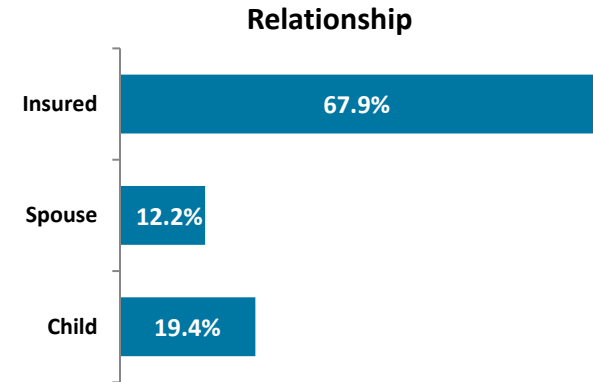
Age Range



Diagnosis Grouper – Gastrointestinal Orders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
GI Disorders, Other	272	611	\$473,001	75.8%
Abdominal Disorders	513	1,093	\$413,995	66.3%
Gallbladder and Biliary Disease	53	234	\$225,708	36.2%
Hernias	64	175	\$224,642	36.0%
Upper GI Disorders	283	541	\$168,219	27.0%
Appendicitis	9	48	\$130,587	20.9%
GI Symptoms	327	602	\$119,394	19.1%
Diverticulitis	44	98	\$101,408	16.2%
Inflammatory Bowel Disease	45	147	\$82,171	13.2%
Pancreatic Disorders	12	48	\$61,920	9.9%
Constipation	92	165	\$51,804	8.3%
Liver Diseases	94	161	\$27,207	4.4%
Ostomies	8	40	\$16,898	2.7%
Hemorrhoids	60	101	\$14,445	2.3%
Peptic Ulcer/Related Disorders	12	19	\$11,300	1.8%
Esophageal Varices	2	3	\$1,935	0.3%
Hepatic Cirrhosis	10	13	\$1,232	0.2%
	----	----	\$2,125,866	340.6%

*Patient and claim counts are unique only within the category

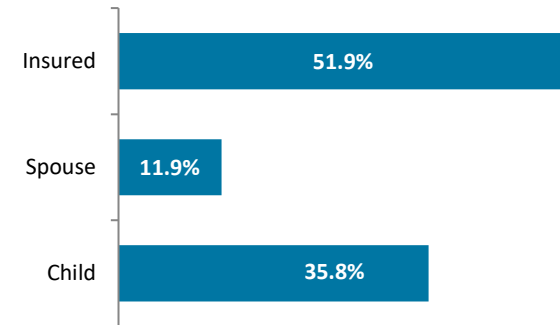


Diagnosis Groupers – Health Status/Encounters

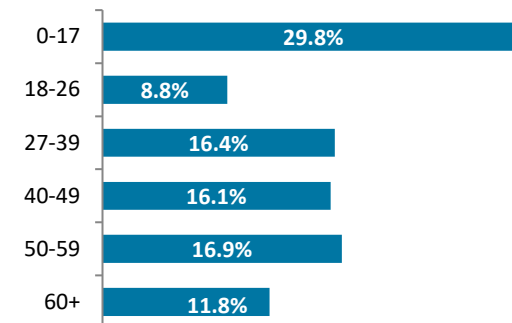
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	2,083	3,780	\$606,136	29.3%
Exams	2,768	4,692	\$515,633	25.0%
Prophylactic Measures	2,063	2,602	\$450,436	21.8%
Encounters - Infants/Children	1,350	1,782	\$266,611	12.9%
Personal History of Condition	250	443	\$98,816	4.8%
Prosthetics/Devices/Implants	102	283	\$50,685	2.5%
Aftercare	108	202	\$30,952	1.5%
Family History of Condition	62	79	\$17,585	0.9%
Encounter - Transplant Related	9	38	\$13,960	0.7%
Counseling	54	84	\$3,667	0.2%
Encounter - Procedure	30	37	\$3,295	0.2%
Donors	1	1	\$2,589	0.1%
Lifestyle/Situational Issues	35	59	\$2,482	0.1%
Follow-Up Encounters	2	5	\$1,477	0.1%
Miscellaneous Examinations	16	31	\$833	0.0%
Acquired Absence	7	8	\$390	0.0%
Health Status, Other	19	24	\$378	0.0%
Overall	----	----	\$2,065,926	313.1%

*Patient and claim counts are unique only within the category

Relationship



Age Range

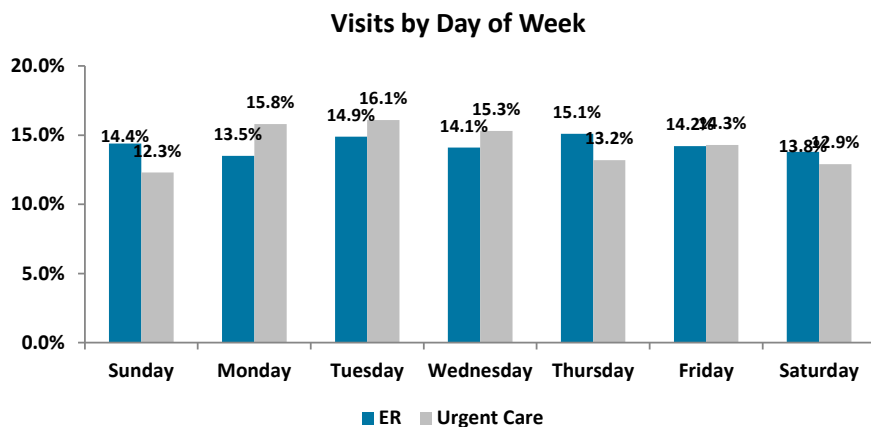


Emergency Room / Urgent Care Summary

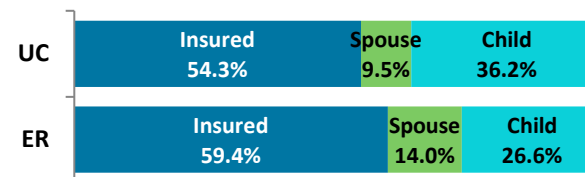
ER/Urgent Care	2Q22		2Q23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	532	1,270	958	2,596		
Visits Per Member	0.13	0.31	0.14	0.37	0.22	0.35
Visits/1000 Members	130	311	138	373	221	352
Avg Paid Per Visit	\$2,338	\$119	\$3,179	\$101	\$968	\$135
% with OV*	80.4%	77.6%	78.9%	75.5%		
% Avoidable	12.4%	34.0%	14.3%	41.4%		
Total Member Paid	\$304,525	\$83,973	\$665,547	\$189,724		
Total Plan Paid	\$1,243,955	\$151,485	\$3,045,918	\$262,539		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized



% of Paid



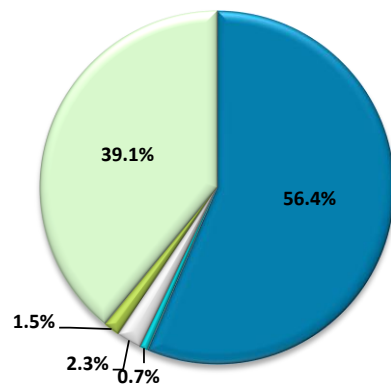
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	497	70	1,407	198	1,904	269
Spouse	126	69	253	139	379	209
Child	335	67	936	186	1,271	253
Total	958	69	2,596	186	3,554	255

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

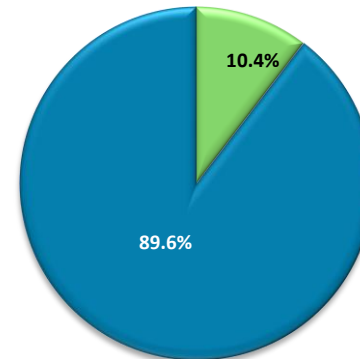
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$80,520,989	\$3,818	100.0%
PPO Discount	\$51,410,587	\$2,438	63.8%
Deductible	\$0	\$0	0.0%
Copay	\$2,190,670	\$104	2.7%
Coinsurance	\$1,894,260	\$90	2.4%
Total Participant Paid	\$4,084,930	\$194	5.1%
Total Plan Paid	\$23,959,484	\$563	29.8%

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



■ PPO Discount
 ■ Deductible
 ■ Copay
■ Coinsurance
 ■ Total Plan 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	578	571	7	98.8%
	<2 asthma related ER Visits in the last 6 months	578	577	1	99.8%
	No asthma related admit in last 12 months	578	578	0	100.0%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	60	57	3	95.0%
	Members with COPD who had an annual spirometry test	60	10	50	16.7%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	3	3	0	100.0%
	No ER Visit for Heart Failure in last 90 days	58	57	1	98.3%
	Follow-up OV within 4 weeks of discharge from HF admission	3	2	1	66.7%
Diabetes	Annual office visit	436	418	18	95.9%
	Annual dilated eye exam	436	161	275	36.9%
	Annual foot exam	436	181	255	41.5%
	Annual HbA1c test done	436	377	59	86.5%
	Diabetes Annual lipid profile	436	342	94	78.4%
	Annual microalbumin urine screen	436	320	116	73.4%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,658	1,375	283	82.9%
Hypertension	Annual lipid profile	1,527	1,128	399	73.9%
	Annual serum creatinine test	1,334	1,140	194	85.5%
Wellness	Well Child Visit - 15 months	113	100	13	88.5%
	Routine office visit in last 6 months (All Ages)	14,323	9,235	5,088	64.5%
	Colorectal cancer screening ages 45-75 within the appropriate time period	4,506	1,877	2,629	41.7%
	Women age 25-65 with recommended cervical cancer/HPV screening	4,758	2,890	1,868	60.7%
	Males age greater than 49 with PSA test in last 24 months	1,412	669	743	47.4%
	Routine exam in last 24 months (All Ages)	14,323	11,643	2,680	81.3%
	Women age 40 to 75 with a screening mammogram last 24 months	3,348	1,922	1,426	57.4%

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	131	0.91%	9.40	\$9,810
Asthma	623	4.35%	44.72	\$11,506
Atrial Fibrillation	89	0.62%	6.39	\$31,700
Blood Disorders	666	4.65%	47.81	\$21,761
CAD	179	1.25%	12.85	\$22,480
COPD	57	0.40%	4.09	\$33,664
Cancer	389	2.71%	27.92	\$28,714
Chronic Pain	287	2.00%	20.60	\$16,792
Congestive Heart Failure	58	0.40%	4.16	\$39,773
Demyelinating Diseases	42	0.29%	3.01	\$51,703
Depression	1,065	7.43%	76.45	\$9,236
Diabetes	700	4.88%	50.25	\$15,548
ESRD	9	0.06%	0.65	\$83,702
Eating Disorders	72	0.50%	5.17	\$9,714
HIV/AIDS	9	0.06%	0.65	\$28,178
Hyperlipidemia	2,009	14.02%	144.21	\$11,546
Hypertension	1,535	10.71%	110.19	\$14,306
Immune Disorders	62	0.43%	4.45	\$54,646
Inflammatory Bowel Disease	63	0.44%	4.52	\$21,383
Liver Diseases	236	1.65%	16.94	\$20,899
Morbid Obesity	398	2.78%	28.57	\$14,787
Osteoarthritis	400	2.79%	28.71	\$13,790
Peripheral Vascular Disease	38	0.27%	2.73	\$13,245
Rheumatoid Arthritis	78	0.54%	5.60	\$27,824

*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 December 31, 2022**

Express Scripts

1Q-2Q FY2023 LDPPO		1Q-2Q FY2022 LDPPO	Difference	% Change
Membership Summary				
Member Count (Membership)	13,900	7,947	5,953	74.9%
Utilizing Member Count (Patients)	9,685	5,804	3,881	66.9%
Percent Utilizing (Utilization)	69.7%	73.0%	(0)	-4.6%
Claim Summary				
Net Claims (Total Rx's)	100,013	56,061	43,952	78.4%
Claims per Elig Member per Month (Claims PMPM)	1.20	1.18	0.02	1.7%
Total Claims for Generic (Generic Rx)	83,074	45,647	37,427.00	82.0%
Total Claims for Brand (Brand Rx)	16,939	10,414	6,525.00	62.7%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	506	472	34.00	7.2%
Total Non-Specialty Claims	98,690	55,410	43,280.00	78.1%
Total Specialty Claims	1,323	651	672.00	103.2%
Generic % of Total Claims (GFR)	83.1%	81.4%	0.02	2.0%
Generic Effective Rate (GCR)	99.4%	99.0%	0.00	0.4%
Mail Order Claims	29,609	14,370	15,239.00	106.0%
Mail Penetration Rate*	34.8%	30.7%	0.04	4.1%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$11,838,596	\$5,622,737	\$6,215,859.00	110.5%
Total Generic Gross Cost	\$1,641,190	\$1,070,845	\$570,345.00	53.3%
Total Brand Gross Cost	\$10,197,406	\$4,551,891	\$5,645,515.00	124.0%
Total MSB Gross Cost	\$221,796	\$153,809	\$67,987.00	44.2%
Total Ingredient Cost	\$11,663,636	\$5,475,128	\$6,188,508.00	113.0%
Total Dispensing Fee	\$158,542	\$143,783	\$14,759.00	10.3%
Total Other (e.g. tax)	\$16,417	\$3,826	\$12,591.00	329.1%
Avg Total Cost per Claim (Gross Cost/Rx)	\$118.37	\$100.30	\$18.07	18.0%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$19.76	\$23.46	(\$3.70)	-15.8%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$602.01	\$437.09	\$164.92	37.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$438.33	\$325.87	\$112.46	34.5%
Member Cost Summary				
Total Member Cost	\$1,800,382	\$1,048,272	\$752,110.00	71.7%
Total Copay	\$1,800,382	\$1,048,272	\$752,110.00	71.7%
Total Deductible	\$0	\$0	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$18.00	\$18.70	(\$0.70)	-3.7%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$18.00	\$18.70	(\$0.70)	-3.7%
Avg Copay for Generic (Copay/Generic Rx)	\$6.60	\$7.52	(\$0.92)	-12.2%
Avg Copay for Brand (Copay/Brand Rx)	\$73.90	\$67.69	\$6.21	9.2%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$14.93	\$43.17	(\$28.24)	-65.4%
Net PMPM (Participant Cost PMPM)	\$21.59	\$21.98	(\$0.40)	-1.8%
Copay % of Total Prescription Cost (Member Cost Share %)	15.2%	18.6%	-3.4%	-18.4%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$10,038,214	\$4,574,465	\$5,463,749.00	119.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,997,512	\$2,624,883	\$2,372,629.00	90.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$5,040,702	\$1,949,582	\$3,091,120.00	158.6%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$100.37	\$81.60	\$18.77	23.0%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$13.15	\$15.94	(\$2.79)	-17.5%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$528.10	\$369.41	\$158.69	43.0%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$423.41	\$282.70	\$140.71	49.8%
Net PMPM (Plan Cost PMPM)	\$120.36	\$95.94	\$24.43	25.5%
PMPM without Specialty (Non-Specialty PMPM)	\$59.92	\$55.05	\$4.87	8.8%
PMPM for Specialty Only (Specialty PMPM)	\$60.44	\$40.89	\$19.55	47.8%
Rebates Received (Q1-Q2 FY2023 actual)	\$3,373,251	\$1,057,776	\$2,315,474.84	218.9%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$79.92	\$73.75	\$6.16	8.4%
PMPM without Specialty (Non-Specialty PMPM)	\$34.67	\$38.01	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$44.75	\$35.49	\$9.26	26.1%

Appendix C

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UMR Inc. – EPO Utilization Review for PEBP

October 1, 2022 – December 31, 2022

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DATASCOPE™

Nevada Public Employees' Benefits Program

EPO Plan

July – December 2022 Incurred,

Paid through February 28, 2023

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 2Q23 was \$18,443,519 with an annualized plan cost per employee per year (PEPY) of \$10,495. This is an increase of 8.7% when compared to 2Q22.
 - IP Cost per Admit is \$38,964 which is 5.7% higher than 2Q22.
 - ER Cost per Visit is \$2,818 which is 41.5% higher than 2Q22.
- Employees shared in 10.4% of the medical cost.
- Inpatient facility costs were 30.7% of the plan spend.
- 86.2% of the Average Membership had paid Medical claims less than \$2,500, with 19.6% of those having no claims paid at all during the reporting period.
- 24 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 28.1% of the plan spend. The highest diagnosis category was Cardiac Disorders, accounting for 19.5% of the high-cost claimant dollars.
- Total spending with in-network providers was 97.2%. The average In Network discount was 56.7%, which is 5.3% lower than the PY22 average discount of 59.9%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	2Q22						2Q23						% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,502,921	\$ 3,479	\$ 1,695	\$ 4	\$ 1,504,616	\$3,483	\$ 1,303,974	\$ 3,150	\$ 482	\$ 1	\$ 1,304,456	\$ 3,151	-13.3%	-9.5%
1	\$ 149,079	\$ 319	\$ 1,283	\$ 3	\$ 150,362	\$321	\$ 117,093	\$ 331	\$ 444	\$ 1	\$ 117,537	\$ 332	-21.8%	3.3%
2 - 4	\$ 239,999	\$ 155	\$ 8,097	\$ 5	\$ 248,096	\$160	\$ 278,943	\$ 221	\$ 7,836	\$ 6	\$ 286,779	\$ 228	15.6%	42.0%
5 - 9	\$ 198,942	\$ 79	\$ 28,481	\$ 11	\$ 227,423	\$90	\$ 182,513	\$ 85	\$ 43,015	\$ 20	\$ 225,528	\$ 105	-0.8%	16.9%
10 - 14	\$ 373,457	\$ 113	\$ 107,627	\$ 32	\$ 481,084	\$145	\$ 373,107	\$ 132	\$ 70,752	\$ 25	\$ 443,859	\$ 157	-7.7%	8.6%
15 - 19	\$ 825,587	\$ 208	\$ 168,246	\$ 42	\$ 993,833	\$250	\$ 586,215	\$ 171	\$ 272,470	\$ 79	\$ 858,685	\$ 250	-13.6%	0.0%
20 - 24	\$ 510,327	\$ 143	\$ 166,295	\$ 47	\$ 676,622	\$190	\$ 683,903	\$ 216	\$ 116,004	\$ 37	\$ 799,907	\$ 253	18.2%	33.5%
25 - 29	\$ 579,795	\$ 349	\$ 369,444	\$ 222	\$ 949,239	\$571	\$ 376,254	\$ 277	\$ 147,145	\$ 109	\$ 523,399	\$ 386	-44.9%	-32.4%
30 - 34	\$ 883,737	\$ 397	\$ 231,492	\$ 104	\$ 1,115,229	\$501	\$ 772,250	\$ 425	\$ 821,679	\$ 452	\$ 1,593,929	\$ 877	42.9%	75.0%
35 - 39	\$ 1,564,613	\$ 515	\$ 332,717	\$ 110	\$ 1,897,330	\$625	\$ 1,365,816	\$ 555	\$ 444,333	\$ 181	\$ 1,810,149	\$ 736	-4.6%	17.7%
40 - 44	\$ 1,239,803	\$ 400	\$ 927,601	\$ 299	\$ 2,167,404	\$699	\$ 1,455,516	\$ 559	\$ 754,980	\$ 290	\$ 2,210,496	\$ 849	2.0%	21.5%
45 - 49	\$ 1,399,285	\$ 402	\$ 559,975	\$ 161	\$ 1,959,260	\$563	\$ 1,094,520	\$ 372	\$ 599,433	\$ 203	\$ 1,693,953	\$ 575	-13.5%	2.1%
50 - 54	\$ 2,044,705	\$ 479	\$ 1,177,620	\$ 276	\$ 3,222,325	\$754	\$ 2,136,084	\$ 537	\$ 1,040,649	\$ 262	\$ 3,176,733	\$ 799	-1.4%	5.9%
55 - 59	\$ 3,314,803	\$ 742	\$ 1,114,582	\$ 249	\$ 4,429,385	\$991	\$ 2,652,993	\$ 678	\$ 1,330,969	\$ 340	\$ 3,983,962	\$ 1,018	-10.1%	2.8%
60 - 64	\$ 3,385,013	\$ 644	\$ 2,011,815	\$ 383	\$ 5,396,828	\$1,027	\$ 3,767,595	\$ 839	\$ 1,894,677	\$ 422	\$ 5,662,272	\$ 1,262	4.9%	22.9%
65+	\$ 1,572,791	\$ 686	\$ 972,422	\$ 424	\$ 2,545,213	\$1,110	\$ 1,296,743	\$ 616	\$ 864,926	\$ 411	\$ 2,161,669	\$ 1,026	-15.1%	-7.6%
Total	\$ 19,784,855	\$ 433	\$ 8,179,390	\$ 179	\$27,964,245	\$613	\$ 18,443,519	\$ 470	\$ 8,409,793	\$ 214	\$ 26,853,312	\$ 684	-4.0%	11.6%

Financial Summary (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year
Enrollment												
Avg # Employees	4,679	4,100	3,515	-14.3%	3,977	3,440	2,932	-14.8%	4	3	2	-36.9%
Avg # Members	8,593	7,607	6,541	-14.0%	7,640	6,692	5,703	-14.8%	5	3	2	-36.9%
Ratio	1.8	1.9	1.9	0.0%	1.9	2.0	1.9	-0.5%	1.2	1.0	1.0	0.0%
Financial Summary												
Gross Cost	\$26,486,851	\$22,421,549	\$20,580,358	-8.2%	\$20,782,214	\$19,253,441	\$17,206,132	-10.6%	\$34,259	\$3,180	\$1,987	-37.5%
Client Paid	\$24,689,442	\$19,784,855	\$18,443,519	-6.8%	\$19,286,436	\$17,081,090	\$15,460,924	-9.5%	\$32,155	\$2,330	\$1,551	-33.4%
Employee Paid	\$1,797,409	\$2,636,694	\$2,136,839	-19.0%	\$1,495,778	\$2,172,351	\$1,745,208	-19.7%	\$2,103	\$850	\$436	-48.7%
Client Paid-PEPY	\$10,553	\$9,652	\$10,495	8.7%	\$9,699	\$9,930	\$10,546	6.2%	\$16,078	\$1,471	\$1,551	5.4%
Client Paid-PMPY	\$5,747	\$5,202	\$5,640	8.4%	\$5,049	\$5,105	\$5,422	6.2%	\$13,781	\$1,471	\$1,551	5.4%
Client Paid-PEPM	\$879	\$804	\$875	8.8%	\$808	\$828	\$879	6.2%	\$1,340	\$123	\$129	4.9%
Client Paid-PMPM	\$479	\$433	\$470	8.5%	\$421	\$425	\$452	6.4%	\$1,148	\$123	\$129	4.9%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	28	26	24	-7.7%	20	23	20	-13.0%	0	0	0	0.0%
HCC's / 1,000	3.3	3.4	3.7	7.3%	2.6	3.4	3.5	2.0%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$228,769	\$211,967	\$215,676	1.7%	\$198,593	\$224,122	\$215,064	-4.0%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	25.9%	27.9%	28.1%	0.7%	20.6%	30.2%	27.8%	-7.9%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,212	\$1,511	\$1,734	14.8%	\$868	\$1,500	\$1,682	12.1%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,846	\$1,294	\$1,882	45.4%	\$1,663	\$1,261	\$1,784	41.5%	\$8,332	\$49	\$242	0.0%
Physician	\$2,504	\$2,291	\$2,024	-11.7%	\$2,371	\$2,247	\$1,957	-12.9%	\$4,648	\$1,314	\$1,309	-0.4%
Other	\$184	\$106	\$0	-100.0%	\$147	\$97	\$0	-100.0%	\$801	\$108	\$0	-100.0%
Total	\$5,747	\$5,202	\$5,640	8.4%	\$5,049	\$5,105	\$5,422	6.2%	\$13,781	\$1,471	\$1,551	5.4%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	570	565	515	-8.9%	128	91	66	-28.0%	
Avg # Members	784	791	743	-6.0%	164	121	93	-23.2%	
Ratio	1.4	1.4	1.4	2.9%	1.3	1.3	1.4	6.8%	1.6
Financial Summary									
Gross Cost	\$3,947,123	\$2,777,883	\$3,166,544	14.0%	\$1,723,255	\$387,046	\$205,696	-46.9%	
Client Paid	\$3,692,480	\$2,394,965	\$2,829,500	18.1%	\$1,678,371	\$306,470	\$151,543	-50.6%	
Employee Paid	\$254,643	\$382,918	\$337,043	-12.0%	\$44,884	\$80,576	\$54,153	-32.8%	
Client Paid-PEPY	\$12,952	\$8,475	\$10,988	29.7%	\$26,225	\$6,723	\$4,616	-31.3%	\$6,297
Client Paid-PMPY	\$9,420	\$6,059	\$7,615	25.7%	\$20,468	\$5,059	\$3,259	-35.6%	\$3,879
Client Paid-PEPM	\$1,079	\$706	\$916	29.7%	\$2,185	\$560	\$385	-31.3%	\$525
Client Paid-PMPM	\$785	\$505	\$635	25.7%	\$1,706	\$422	\$272	-35.5%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	7	4	4	0.0%	1	0	0	0.0%	
HCC's / 1,000	8.9	5.1	5.4	0.0%	6.1	0.0	0.0	0.0%	
Avg HCC Paid	\$150,209	\$89,083	\$218,734	0.0%	\$1,382,203	\$0	\$0	0.0%	
HCC's % of Plan Paid	28.5%	14.9%	30.9%	0.0%	82.4%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,551	\$1,536	\$2,313	50.6%	\$15,626	\$2,008	\$310	-84.6%	\$1,149
Facility Outpatient	\$3,616	\$1,618	\$2,717	67.9%	\$1,743	\$1,064	\$1,256	18.0%	\$1,333
Physician	\$3,768	\$2,735	\$2,585	-5.5%	\$2,628	\$1,811	\$1,692	-6.6%	\$1,301
Other	\$485	\$171	\$0	-100.0%	\$470	\$176	\$0	-100.0%	\$96
Total	\$9,420	\$6,059	\$7,615	25.7%	\$20,468	\$5,059	\$3,259	-35.6%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

	Total				State Active				Non-State Active			
Summary	PY21	PY22	2Q23	Variance to Prior Year	PY21	PY22	2Q23	Variance to Prior Year	PY21	PY22	2Q23	Variance to Prior Year
Enrollment												
Avg # Employees	4,635	4,021	3,515	-12.6%	3,934	3,370	2,932	-13.0%	4	3	2	-29.3%
Avg # Members	8,519	7,491	6,541	-12.7%	7,566	6,579	5,703	-13.3%	4	3	2	-29.3%
Ratio	1.8	1.9	1.9	0.0%	1.9	2.0	1.9	-0.5%	1.1	1.0	1.0	0.0%
Financial Summary												
Gross Cost	\$57,531,667	\$44,187,042	\$20,580,358	-53.4%	\$45,628,807	\$37,820,607	\$17,206,132	-54.5%	\$41,511	\$4,744	\$1,987	-58.1%
Client Paid	\$53,783,772	\$39,320,787	\$18,443,519	-53.1%	\$42,531,149	\$33,797,612	\$15,460,924	-54.3%	\$39,013	\$3,622	\$1,551	-57.2%
Employee Paid	\$3,747,895	\$4,866,255	\$2,136,839	-56.1%	\$3,097,659	\$4,022,996	\$1,745,208	-56.6%	\$2,498	\$1,122	\$436	-61.1%
Client Paid-PEPY	\$11,605	\$9,779	\$10,495	7.3%	\$10,811	\$10,030	\$10,546	5.1%	\$9,753	\$1,278	\$1,551	21.4%
Client Paid-PMPY	\$6,314	\$5,249	\$5,640	7.4%	\$5,621	\$5,137	\$5,422	5.5%	\$9,003	\$1,278	\$1,551	21.4%
Client Paid-PEPM	\$967	\$815	\$875	7.4%	\$901	\$836	\$879	5.1%	\$813	\$107	\$129	20.6%
Client Paid-PMPM	\$526	\$437	\$470	7.6%	\$468	\$428	\$452	5.6%	\$750	\$107	\$129	20.6%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	58	46	24	-47.8%	43	40	20	-50.0%	0	0	0	0.0%
HCC's / 1,000	6.8	6.1	3.7	-40.2%	5.7	6.1	3.5	-42.3%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$290,301	\$237,083	\$215,676	-9.0%	\$270,803	\$246,357	\$215,064	-12.7%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	31.3%	27.7%	28.1%	1.4%	27.4%	29.2%	27.8%	-4.8%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,531	\$1,432	\$1,734	21.1%	\$1,194	\$1,437	\$1,682	17.0%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,988	\$1,442	\$1,882	30.5%	\$1,813	\$1,382	\$1,784	29.1%	\$4,568	\$27	\$242	796.3%
Physician	\$2,609	\$2,259	\$2,024	-10.4%	\$2,458	\$2,209	\$1,957	-11.4%	\$3,917	\$1,142	\$1,309	14.6%
Other	\$185	\$116	\$0	-100.0%	\$156	\$109	\$0	-100.0%	\$518	\$109	\$0	-100.0%
Total	\$6,314	\$5,249	\$5,640	7.4%	\$5,621	\$5,137	\$5,422	5.5%	\$9,003	\$1,278	\$1,551	21.4%
			Annualized				Annualized				Annualized	

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

Summary	State Retirees				Non-State Retirees				Peer Index
	PY21	PY22	2Q23	Variance to Prior Year	PY21	PY22	2Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	574	564	515	-8.6%	122	85	66	-22.7%	
Avg # Members	791	796	743	-6.6%	158	114	93	-18.1%	
Ratio	1.4	1.4	1.4	2.1%	1.3	1.3	1.4	6.0%	1.6
Financial Summary									
Gross Cost	\$8,174,556	\$5,794,991	\$3,166,544	-45.4%	\$3,686,792	\$566,699	\$205,696	-63.7%	
Client Paid	\$7,625,090	\$5,071,309	\$2,829,500	-44.2%	\$3,588,520	\$448,244	\$151,543	-66.2%	
Employee Paid	\$549,466	\$723,682	\$337,043	-53.4%	\$98,272	\$118,455	\$54,153	-54.3%	
Client Paid-PEPY	\$13,276	\$8,998	\$10,988	22.1%	\$29,354	\$5,279	\$4,616	-12.6%	\$6,642
Client Paid-PMPY	\$9,643	\$6,373	\$7,615	19.5%	\$22,748	\$3,946	\$3,259	-17.4%	\$4,116
Client Paid-PEPM	\$1,106	\$750	\$916	22.1%	\$2,446	\$440	\$385	-12.5%	\$553
Client Paid-PMPM	\$804	\$531	\$635	19.6%	\$1,896	\$329	\$272	-17.3%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	15	8	4	-50.0%	2	0	0	0.0%	
HCC's / 1,000	19.0	10.1	5.4	-46.5%	12.7	0.0	0.0	0.0%	
Avg HCC Paid	\$144,889	\$131,446	\$218,734	66.4%	\$1,509,798	\$0	\$0	0.0%	
HCC's % of Plan Paid	28.5%	20.7%	30.9%	49.3%	84.1%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,565	\$1,443	\$2,313	60.3%	\$17,532	\$1,101	\$310	-71.8%	\$1,190
Facility Outpatient	\$3,680	\$2,015	\$2,717	34.8%	\$1,836	\$940	\$1,256	33.6%	\$1,376
Physician	\$3,977	\$2,742	\$2,585	-5.7%	\$2,993	\$1,800	\$1,692	-6.0%	\$1,466
Other	\$420	\$174	\$0	-100.0%	\$388	\$106	\$0	-100.0%	\$84
Total	\$9,643	\$6,373	\$7,615	19.5%	\$22,748	\$3,946	\$3,259	-17.4%	\$4,116
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total									
State Participants									
	2Q22				2Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$6,075,273.72	\$684,985.07	\$4,114.77	\$ 6,764,374	\$ 5,586,527	\$ 463,550	\$ 518,318	\$ 6,568,395	-2.9%
Outpatient	\$11,005,816.58	\$1,593,657.21	\$112,207.95	\$ 12,711,682	\$ 9,874,397	\$ 159,110	\$ 1,688,522	\$ 11,722,029	-7.8%
Total - Medical	\$ 17,081,090	\$ 2,278,642	\$ 116,323	\$ 19,476,055	\$ 15,460,924	\$ 622,660	\$ 2,206,840	\$ 18,290,424	-6.1%

Net Paid Claims - Per Participant per Month									
	2Q22				2Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 828	\$ 779	\$ 249	\$ 810	\$ 879	\$ 233	\$ 5,305	\$ 884	9.1%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	2Q22				2Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 91,549	\$ 35,605	\$ 127,154	\$ -	\$ 14,081	\$ 2,403	\$ 16,484	-87.0%	
Outpatient	\$ 2,330	\$ 86,274	\$ 93,042	\$ 181,645	\$ 1,551	\$ 55,496	\$ 79,563	\$ 136,610	-24.8%	
Total - Medical	\$ 2,330	\$ 177,823	\$ 128,647	\$ 308,800	\$ 1,551	\$ 69,577	\$ 81,966	\$ 153,094	-50.4%	

Net Paid Claims - Per Participant per Month										
	2Q22				2Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 123	\$ 770	\$ 407	\$ 546	\$ 129	\$ 689	\$ 280	\$ 377	-30.9%	

Paid Claims by Claim Type – Total

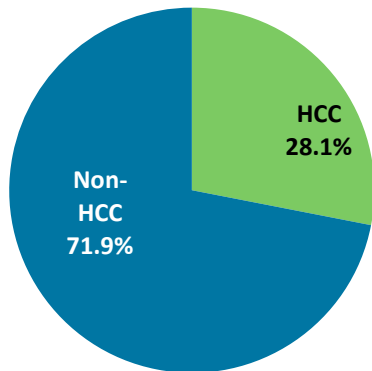
Net Paid Claims - Total										
Total Participants										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 6,075,274	\$ 776,534	\$ 39,720	\$ 6,891,528	\$ 5,586,527	\$ 477,631	\$ 520,722	\$ 6,584,880		-4.4%
Outpatient	\$ 11,008,146	\$ 1,679,931	\$ 205,250	\$ 12,893,327	\$ 9,875,948	\$ 214,606	\$ 1,768,085	\$ 11,858,639		-8.0%
Total - Medical	\$ 17,083,420	\$ 2,456,465	\$ 244,970	\$ 19,784,855	\$ 15,462,475	\$ 692,237	\$ 2,288,807	\$ 18,443,519		-6.8%

Net Paid Claims - Per Participant per Month										
	2Q22				2Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 827	\$ 779	\$ 313	\$ 804	\$ 878	\$ 249	\$ 3,228	\$ 875		8.7%

Cost Distribution – Medical Claims

2Q22						2Q23						
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
25	0.3%	\$5,511,145	27.9%	\$77,586	2.9%	\$100,000.01 Plus	22	0.3%	\$5,176,214	28.1%	\$68,514	3.2%
22	0.3%	\$1,533,155	7.7%	\$83,271	3.2%	\$50,000.01-\$100,000.00	21	0.3%	\$1,396,775	7.6%	\$66,125	3.1%
66	0.9%	\$2,426,263	12.3%	\$144,978	5.5%	\$25,000.01-\$50,000.00	79	1.2%	\$2,702,541	14.7%	\$167,270	7.8%
187	2.5%	\$3,039,152	15.4%	\$347,574	13.2%	\$10,000.01-\$25,000.00	211	3.2%	\$3,507,644	19.0%	\$375,402	17.6%
273	3.6%	\$1,971,791	10.0%	\$381,232	14.5%	\$5,000.01-\$10,000.00	211	3.2%	\$1,524,074	8.3%	\$270,107	12.6%
516	6.8%	\$1,816,112	9.2%	\$458,247	17.4%	\$2,500.01-\$5,000.00	364	5.6%	\$1,317,297	7.1%	\$305,730	14.3%
5,016	65.9%	\$3,485,015	17.6%	\$1,139,057	43.2%	\$0.01-\$2,500.00	4,232	64.7%	\$2,818,973	15.3%	\$881,235	41.2%
58	0.8%	\$0	0.0%	\$4,461	0.2%	\$0.00	122	1.9%	\$0	0.0%	\$2,455	0.1%
1,444	19.0%	\$2,223	0.0%	\$290	0.0%	No Claims	1,279	19.6%	\$0	0.0%	\$0	0.0%
7,607	100.0%	\$19,784,855	100.0%	\$2,636,694	100.0%		6,541	100.0%	\$18,443,519	100.0%	\$2,136,839	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
Cardiac Disorders	17	\$1,011,313	19.5%
Cancer	5	\$1,008,433	19.5%
Pregnancy-related Disorders	2	\$953,996	18.4%
Infections	11	\$828,594	16.0%
Medical/Surgical Complications	6	\$300,714	5.8%
Neurological Disorders	8	\$273,721	5.3%
Hematological Disorders	9	\$246,816	4.8%
Spine-related Disorders	5	\$244,280	4.7%
Diabetes	5	\$89,913	1.7%
Health Status/Encounters	19	\$73,894	1.4%
All Other		\$144,540	2.8%
Overall	----	\$5,176,214	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			
	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year
Inpatient Summary												
# of Admits	240	225	172		199	192	143		0	0	0	
# of Bed Days	1,640	1,311	926		1,122	1,093	763		0	0	0	
Paid Per Admit	\$38,855	\$36,860	\$38,964	5.7%	\$25,933	\$37,853	\$37,904	0.1%	\$0	\$0	\$0	0.0%
Paid Per Day	\$5,686	\$6,326	\$7,237	14.4%	\$4,600	\$6,649	\$7,104	6.8%	\$0	\$0	\$0	0.0%
Admits Per 1,000	56	59	53	-10.2%	52	57	50	-12.3%	0	0	0	0.0%
Days Per 1,000	382	345	283	-18.0%	294	327	268	-18.0%	0	0	0	0.0%
Avg LOS	6.8	5.8	5.4	-6.9%	5.6	5.7	5.3	-7.0%	0.0	0.0	0.0	0.0%
# Admits From ER	114	116	78		85	94	63		0	0	0	
Physician Office												
OV Utilization per Member	6.0	5.6	5.1	-8.9%	5.8	5.4	4.9	-9.3%	5.1	6.3	7.0	11.1%
Avg Paid per OV	\$145	\$155	\$150	-3.2%	\$146	\$155	\$157	1.3%	\$138	\$164	\$112	-31.7%
Avg OV Paid per Member	\$865	\$866	\$768	-11.3%	\$844	\$836	\$775	-7.3%	\$709	\$1,039	\$786	-24.4%
DX&L Utilization per Member	9.8	9.6	10.5	9.4%	9.3	9.1	10	9.9%	21	3.8	32	742.1%
Avg Paid per DX&L	\$69	\$54	\$69	27.8%	\$68	\$56	\$72	28.6%	\$59	\$33	\$12	-63.6%
Avg DX&L Paid per Member	\$677	\$521	\$729	39.9%	\$631	\$513	\$723	40.9%	\$1,233	\$126	\$396	214.3%
Emergency Room												
# of Visits	639	696	579		566	595	496		2	0	0	
Visits Per Member	0.15	0.18	0.18	0.0%	0.15	0.18	0.17	-5.6%	0.86	0.00	0.00	0.0%
Visits Per 1,000	149	183	177	-3.3%	148	178	174	-2.2%	857	0	0	0.0%
Avg Paid per Visit	\$2,633	\$1,992	\$2,818	41.5%	\$2,559	\$1,982	\$2,837	43.1%	\$5,449	\$0	\$0	0.0%
Urgent Care												
# of Visits	1,254	1,530	1,297		1,141	1,387	1,157		0	0	0	
Visits Per Member	0.29	0.40	0.40	0.0%	0.30	0.41	0.41	0.0%	0.00	0.00	0.00	0.0%
Visits Per 1,000	292	402	397	-1.2%	299	415	406	-2.2%	0	0	0	0.0%
Avg Paid per Visit	\$149	\$156	\$126	-19.2%	\$150	\$158	\$127	-19.6%	\$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

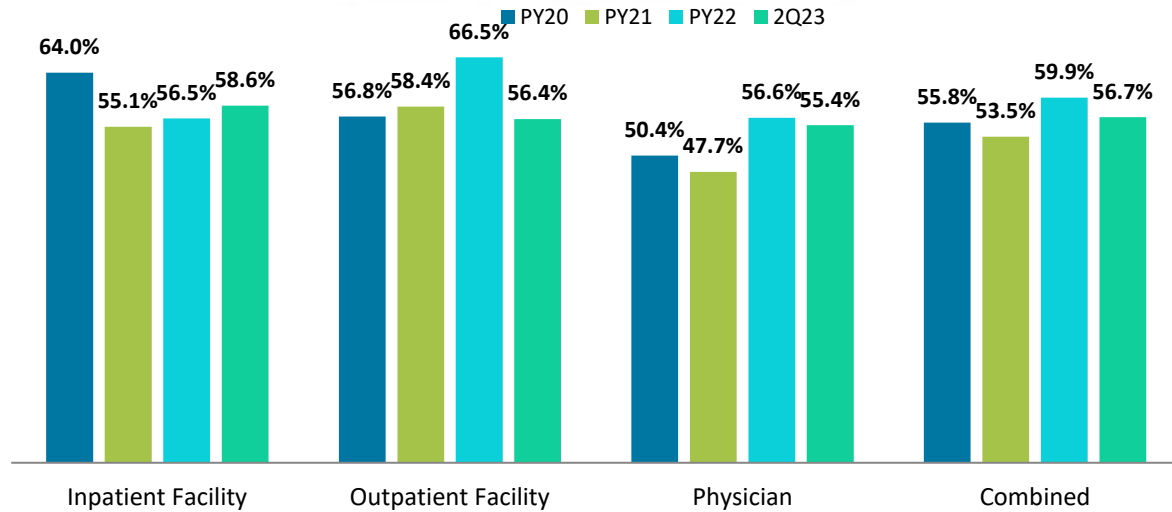
Summary	State Retirees				Non-State Retirees				Peer Index
	2Q21	2Q22	2Q23	Variance to Prior Year	2Q21	2Q22	2Q23	Variance to Prior Year	
Inpatient Summary									
# of Admits	36	25	27		5	8	2		
# of Bed Days	382	153	156		136	65	7		
Paid Per Admit	\$37,010	\$35,722	\$46,841	31.1%	\$566,443	\$16,574	\$8,442	-49.1%	\$16,632
Paid Per Day	\$3,488	\$5,837	\$8,107	38.9%	\$20,825	\$2,040	\$2,412	18.2%	\$3,217
Admits Per 1,000	92	63	73	15.9%	61	132	43	-67.4%	76
Days Per 1,000	974	387	420	8.5%	1,659	1,073	151	-85.9%	391
Avg LOS	10.6	6.1	5.8	-4.9%	27.2	8.1	3.5	-56.8%	5.2
# Admits From ER	26	17	14		3	5	1		
Physician Office									
OV Utilization per Member	7.8	6.9	6.2	-10.1%	6.8	7.0	6.3	-10.0%	5.0
Avg Paid per OV	\$137	\$163	\$122	-25.2%	\$127	\$117	\$65	-44.4%	\$57
Avg OV Paid per Member	\$1,074	\$1,123	\$755	-32.8%	\$866	\$817	\$410	-49.8%	\$286
DX&L Utilization per Member	13.9	13.2	14.5	9.8%	11.4	11.5	12.6	9.6%	10.5
Avg Paid per DX&L	\$80	\$44	\$55	25.0%	\$64	\$47	\$41	-12.8%	\$50
Avg DX&L Paid per Member	\$1,118	\$583	\$802	37.6%	\$729	\$538	\$514	-4.5%	\$522
Emergency Room									
# of Visits	60	84	72		11	17	11		
Visits Per Member	0.15	0.21	0.19	-9.5%	0.13	0.28	0.24	-14.3%	0.24
Visits Per 1,000	153	213	194	-8.9%	134	281	237	-15.7%	235
Avg Paid per Visit	\$3,442	\$2,301	\$2,967	28.9%	\$1,480	\$817	\$983	20.3%	\$943
Urgent Care									
# of Visits	95	122	125		18	21	15		
Visits Per Member	0.24	0.31	0.34	9.7%	0.22	0.35	0.32	-8.6%	0.3
Visits Per 1,000	242	309	336	8.7%	220	347	323	-6.9%	300
Avg Paid per Visit	\$140	\$151	\$123	-18.5%	\$143	\$62	\$57	-8.1%	\$84

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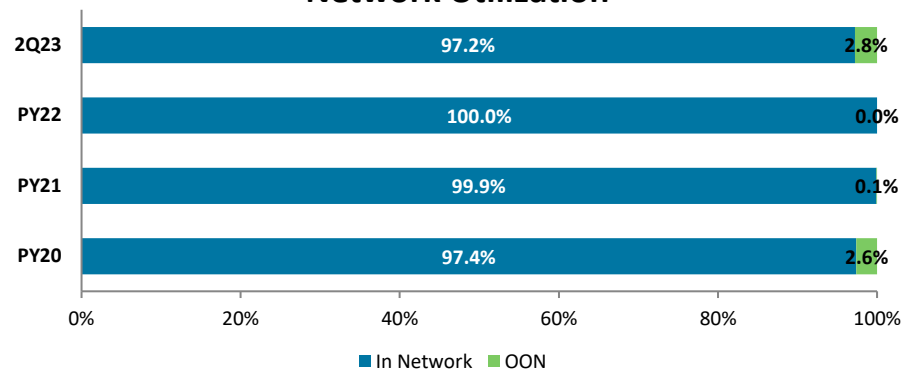
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Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cardiac Disorders	\$2,010,746	10.9%	\$1,702,431	\$196,757	\$111,558	\$1,206,431	\$804,315
Pregnancy-related Disorders	\$1,837,239	10.0%	\$519,565	\$156,609	\$1,161,065	\$368,551	\$1,468,687
Cancer	\$1,745,743	9.5%	\$1,308,977	\$199,433	\$237,333	\$508,102	\$1,237,642
Infections	\$1,365,658	7.4%	\$931,750	\$292,308	\$141,600	\$680,656	\$685,001
Health Status/Encounters	\$1,251,354	6.8%	\$726,424	\$123,475	\$401,456	\$532,426	\$718,928
Gastrointestinal Disorders	\$1,163,911	6.3%	\$877,838	\$124,464	\$161,609	\$513,988	\$649,923
Musculoskeletal Disorders	\$1,068,988	5.8%	\$777,414	\$236,088	\$55,486	\$433,658	\$635,330
Neurological Disorders	\$916,974	5.0%	\$546,157	\$260,650	\$110,167	\$274,992	\$641,982
Eye/ENT Disorders	\$888,767	4.8%	\$483,246	\$96,386	\$309,136	\$349,329	\$539,438
Spine-related Disorders	\$855,838	4.6%	\$667,933	\$142,852	\$45,053	\$279,990	\$575,847
Pulmonary Disorders	\$584,213	3.2%	\$350,336	\$64,905	\$168,972	\$200,610	\$383,603
Mental Health	\$576,225	3.1%	\$242,835	\$36,486	\$296,904	\$176,818	\$399,408
Trauma/Accidents	\$556,377	3.0%	\$338,446	\$77,614	\$140,318	\$243,322	\$313,056
Endocrine/Metabolic Disorders	\$547,776	3.0%	\$480,236	\$31,482	\$36,058	\$174,795	\$372,981
Gynecological/Breast Disorders	\$454,572	2.5%	\$361,920	\$50,046	\$42,606	\$5,023	\$449,549
Medical/Surgical Complications	\$390,004	2.1%	\$86,750	\$298,472	\$4,783	\$7,589	\$382,415
Diabetes	\$342,879	1.9%	\$291,454	\$37,728	\$13,697	\$273,085	\$69,794
Renal/Urologic Disorders	\$304,200	1.6%	\$219,210	\$37,639	\$47,351	\$143,352	\$160,848
Hematological Disorders	\$296,844	1.6%	\$289,960	\$2,854	\$4,030	\$258,407	\$38,437
Non-malignant Neoplasm	\$270,905	1.5%	\$175,511	\$85,845	\$9,549	\$84,363	\$186,542
Dermatological Disorders	\$216,967	1.2%	\$141,899	\$39,889	\$35,179	\$102,817	\$114,150
Miscellaneous	\$197,795	1.1%	\$111,842	\$23,278	\$62,676	\$91,099	\$106,696
Vascular Disorders	\$188,627	1.0%	\$89,775	\$96,312	\$2,540	\$129,275	\$59,352
Abnormal Lab/Radiology	\$143,197	0.8%	\$107,990	\$21,610	\$13,598	\$58,635	\$84,562
Congenital/Chromosomal Anomalies	\$136,638	0.7%	\$13,722	\$22,416	\$100,501	\$71,820	\$64,819
Cholesterol Disorders	\$55,457	0.3%	\$49,591	\$4,441	\$1,425	\$16,945	\$38,512
Medication Related Conditions	\$31,559	0.2%	\$18,034	\$8,178	\$5,347	\$12,559	\$19,000
Allergic Reaction	\$29,605	0.2%	\$6,958	\$90	\$22,558	\$19,094	\$10,512
Dental Conditions	\$11,155	0.1%	\$5,766	\$459	\$4,930	\$7,428	\$3,726
External Hazard Exposure	\$3,304	0.0%	\$1,649	\$326	\$1,329	\$1,015	\$2,289
Cause of Morbidity	\$0	0.0%	\$0	\$0	\$0	\$0	\$0
Social Determinants of Health	\$0	0.0%	\$0	\$0	\$0	\$0	\$0
Total	\$18,443,519	100.0%	\$11,925,617	\$2,769,091	\$3,748,810	\$7,226,176	\$11,217,343

Mental Health Drilldown

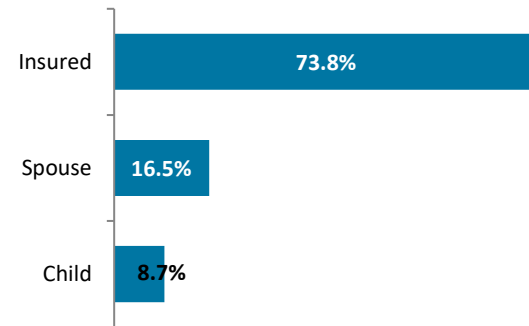
Group	PY20		PY21		PY22		2Q23	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	598	\$910,160	625	\$833,183	505	\$720,907	316	\$174,436
Mood and Anxiety Disorders	665	\$513,247	711	\$655,375	636	\$361,898	378	\$122,192
Mental Health Conditions, Other	572	\$599,986	609	\$876,606	458	\$367,897	261	\$113,357
Alcohol Abuse/Dependence	47	\$243,386	43	\$163,692	37	\$110,736	18	\$55,001
Attention Deficit Disorder	178	\$84,996	180	\$98,736	179	\$76,754	139	\$23,237
Eating Disorders	16	\$86,923	24	\$370,761	23	\$51,995	12	\$21,474
Bipolar Disorder	149	\$206,258	127	\$261,349	107	\$171,696	74	\$19,519
Substance Abuse/Dependence	45	\$74,263	57	\$45,039	39	\$14,853	28	\$13,637
Sleep Disorders	180	\$35,203	187	\$38,478	148	\$43,716	72	\$11,719
Developmental Disorders	50	\$123,894	65	\$155,300	58	\$89,043	33	\$11,003
Complications of Substance Abuse	21	\$116,313	14	\$63,661	8	\$12,407	3	\$3,167
Personality Disorders	10	\$10,154	14	\$20,064	17	\$47,043	8	\$2,631
Sexually Related Disorders	16	\$5,705	27	\$81,154	27	\$85,457	16	\$2,017
Schizophrenia	10	\$9,300	9	\$10,631	6	\$2,286	8	\$1,133
Tobacco Use Disorder	45	\$3,028	38	\$4,775	36	\$4,114	17	\$1,098
Psychoses	10	\$6,353	7	\$55,219	6	\$9,762	4	\$605
Total		\$3,029,167		\$3,734,023		\$2,170,566		\$576,225

Diagnosis Grouper – Cardiac Disorders

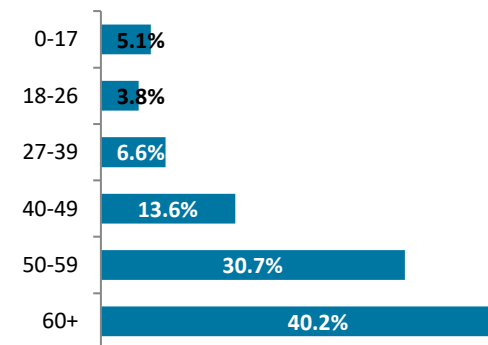
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Heart Valve Disorders	39	104	\$429,804	21.4%
Atrial Fibrillation	46	155	\$278,081	13.8%
Myocardial Infarction	8	48	\$266,096	13.2%
Cardiac Arrhythmias	105	197	\$208,661	10.4%
Coronary Artery Disease	67	155	\$194,712	9.7%
Chest Pain	141	316	\$181,683	9.0%
Hypertension	407	681	\$131,568	6.5%
Congestive Heart Failure	24	64	\$127,590	6.3%
Pulmonary Embolism	13	51	\$83,878	4.2%
Cardio-Respiratory Arrest	11	30	\$57,582	2.9%
Cardiac Conditions, Other	85	167	\$39,546	2.0%
Cardiomyopathy	8	25	\$7,333	0.4%
Shock	4	5	\$4,048	0.2%
Ventricular Fibrillation	1	2	\$166	0.0%
Overall	----	----	\$2,010,746	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

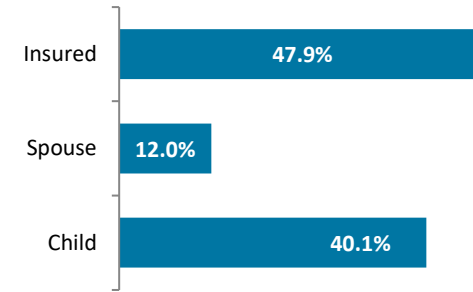


Diagnosis Grouper – Pregnancy-related Disorders

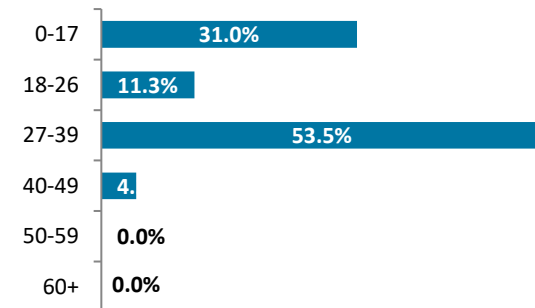
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	19	125	\$582,151	31.7%
Liveborn Infants	45	114	\$391,565	21.3%
Labor and Delivery Related	47	124	\$336,249	18.3%
Pregnancy Complications	71	358	\$333,681	18.2%
Fetal Distress	3	139	\$109,350	6.0%
Supervision of Pregnancy	80	346	\$68,637	3.7%
Abortion Related	8	18	\$7,530	0.4%
Cesarean Delivery	6	8	\$5,931	0.3%
Birth Injury	1	1	\$1,973	0.1%
Prematurity and Low Birth Weight	1	1	\$171	0.0%
Overall	---	---	\$1,837,239	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

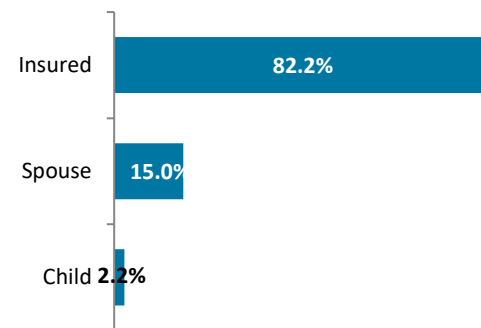


Diagnosis Grouper – Cancer

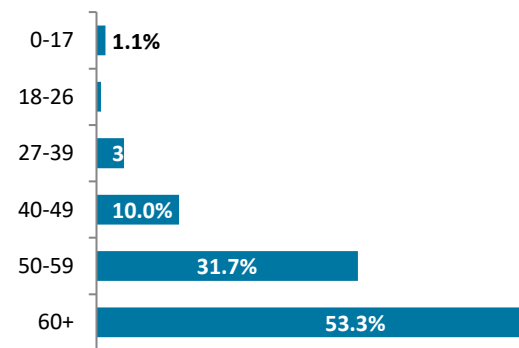
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	11	35	\$381,016	21.8%
Breast Cancer	33	276	\$330,594	18.9%
Melanoma	7	46	\$286,567	16.4%
Secondary Cancers	8	68	\$212,051	12.1%
Brain Cancer	2	31	\$207,900	11.9%
Carcinoma in Situ	21	67	\$84,270	4.8%
Colon Cancer	5	73	\$50,266	2.9%
Cancers, Other	16	69	\$32,027	1.8%
Non-Melanoma Skin Cancers	54	110	\$26,859	1.5%
Cervical/Uterine Cancer	6	20	\$25,538	1.5%
Leukemias	6	53	\$23,819	1.4%
Lung Cancer	3	30	\$18,788	1.1%
Prostate Cancer	17	63	\$18,458	1.1%
Lymphomas	9	47	\$15,924	0.9%
Thyroid Cancer	10	21	\$12,296	0.7%
Kidney Cancer	4	11	\$9,728	0.6%
Ovarian Cancer	4	16	\$9,012	0.5%
Bladder Cancer	1	1	\$285	0.0%
Pancreatic Cancer	1	1	\$273	0.0%
Myeloma	1	1	\$70	0.0%
Overall	----	----	\$1,745,743	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

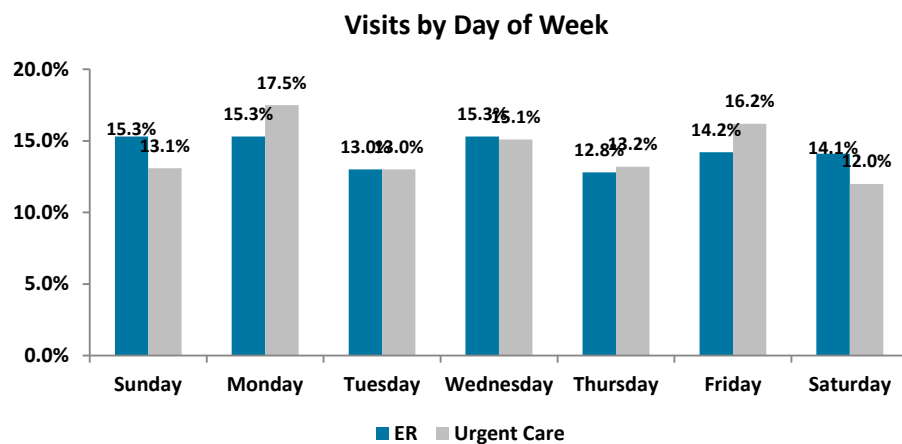


Emergency Room / Urgent Care Summary

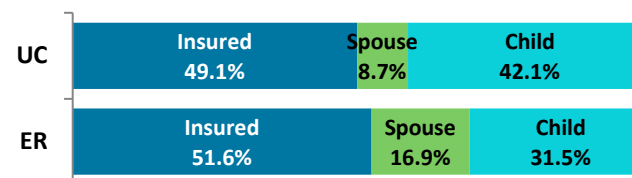
ER/Urgent Care	2Q22		2Q23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	696	1,530	579	1,297		
Visits Per Member	0.18	0.40	0.18	0.40	0.22	0.35
Visits/1000 Members	183	402	177	397	221	352
Avg Paid Per Visit	\$1,992	\$156	\$2,818	\$126	\$968	\$135
% with OV*	91.7%	89.2%	91.3%	87.7%		
% Avoidable	12.4%	34.5%	15.3%	38.4%		
Total Member Paid	\$387,339	\$65,777	\$323,841	\$60,981		
Total Plan Paid	\$1,386,184	\$238,791	\$1,629,881	\$163,516		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized



% of Paid



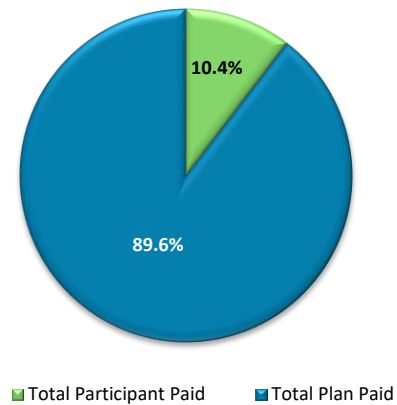
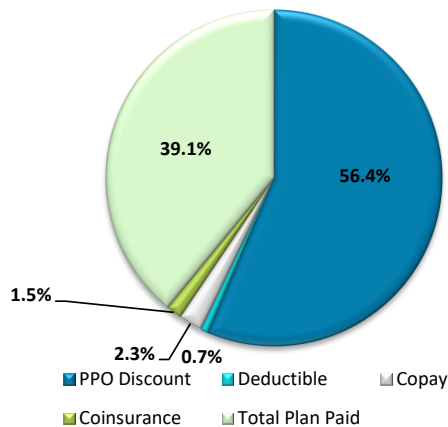
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	282	80	650	185	932	265
Spouse	76	109	118	170	194	279
Child	221	95	529	227	750	322
Total	579	89	1,297	198	1,876	287

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	\$48,372,235	\$2,294	100.0%
PPO Discount	\$26,636,046	\$1,263	55.1%
Deductible	\$353,593	\$17	0.7%
Copay	\$1,083,172	\$51	2.2%
Coinsurance	\$700,074	\$33	1.4%
Total Participant Paid	\$2,136,839	\$101	4.4%
Total Plan Paid	\$18,443,519	\$875	38.1%

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	393	391	2	99.5%
	<2 asthma related ER Visits in the last 6 months	393	393	0	100.0%
	No asthma related admit in last 12 months	393	393	0	100.0%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	75	74	1	98.7%
	Members with COPD who had an annual spirometry test	75	8	67	10.7%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	0	0	0	0.0%
	No ER Visit for Heart Failure in last 90 days	51	51	0	100.0%
	Follow-up OV within 4 weeks of discharge from HF admission	0	0	0	0.0%
Diabetes	Annual office visit	345	338	7	98.0%
	Annual dilated eye exam	345	171	174	49.6%
	Annual foot exam	345	136	209	39.4%
	Annual HbA1c test done	345	301	44	87.2%
	Diabetes Annual lipid profile	345	269	76	78.0%
	Annual microalbumin urine screen	345	266	79	77.1%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,092	858	234	78.6%
Hypertension	Annual lipid profile	1,168	816	352	69.9%
	Annual serum creatinine test	1,134	933	201	82.3%
Wellness	Well Child Visit - 15 months	58	55	3	94.8%
	Routine office visit in last 6 months (All Ages)	6,446	4,732	1,714	73.4%
	Colorectal cancer screening ages 45-75 within the appropriate time period	2,795	1,299	1,496	46.5%
	Women age 25-65 with recommended cervical cancer/HPV screening	2,019	1,495	524	74.0%
	Males age greater than 49 with PSA test in last 24 months	1,037	565	472	54.5%
	Routine exam in last 24 months (All Ages)	6,446	5,922	524	91.9%
	Women age 40 to 75 with a screening mammogram last 24 months	1,820	1,171	649	64.3%

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

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

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	101	1.57%	15.44	\$21,832
Asthma	439	6.81%	67.12	\$15,914
Atrial Fibrillation	74	1.15%	11.31	\$28,125
Blood Disorders	431	6.69%	65.89	\$38,153
CAD	146	2.26%	22.32	\$34,829
COPD	74	1.15%	11.31	\$22,533
Cancer	294	4.56%	44.95	\$31,689
Chronic Pain	376	5.83%	57.49	\$20,219
Congestive Heart Failure	50	0.78%	7.64	\$49,854
Demyelinating Diseases	25	0.39%	3.82	\$37,062
Depression	742	11.51%	113.44	\$13,932
Diabetes	543	8.42%	83.02	\$22,620
ESRD	8	0.12%	1.22	\$45,926
Eating Disorders	31	0.48%	4.74	\$9,384
HIV/AIDS	11	0.17%	1.68	\$36,646
Hyperlipidemia	1,371	21.27%	209.61	\$15,889
Hypertension	1,177	18.26%	179.95	\$17,260
Immune Disorders	45	0.70%	6.88	\$46,807
Inflammatory Bowel Disease	38	0.59%	5.81	\$37,850
Liver Diseases	152	2.36%	23.24	\$17,456
Morbid Obesity	307	4.76%	46.94	\$21,660
Osteoarthritis	361	5.60%	55.19	\$21,743
Peripheral Vascular Disease	41	0.64%	6.27	\$16,644
Rheumatoid Arthritis	73	1.13%	11.16	\$43,916

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 December 31, 2022**

Express Scripts

1Q-2Q FY2023 EPO		1Q-2Q FY2022 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	6,559	7,635	(1,076)	-14.1%
Utilizing Member Count (Patients)	4,944	5,892	(948)	-16.1%
Percent Utilizing (Utilization)	75.4%	77.2%	(0)	-2.3%
Claim Summary				
Net Claims (Total Rx's)	69,510	77,672	(8,162)	-10.5%
Claims per Elig Member per Month (Claims PMPM)	1.77	1.70	0.07	4.1%
Total Claims for Generic (Generic Rx)	58,771	65,067	(6,296.00)	-9.7%
Total Claims for Brand (Brand Rx)	10,739	12,605	(1,866.00)	-14.8%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	326	650	(324.00)	-49.8%
Total Non-Specialty Claims	68,402	76,573	(8,171.00)	-10.7%
Total Specialty Claims	1,108	1,099	9.00	0.8%
Generic % of Total Claims (GFR)	84.6%	83.8%	0.01	0.9%
Generic Effective Rate (GCR)	99.4%	99.0%	0.00	0.4%
Mail Order Claims	18,173	15,491	2,682.00	17.3%
Mail Penetration Rate*	29.3%	22.6%	0.07	6.7%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$9,878,987	\$9,776,796	\$102,191.00	1.0%
Total Generic Gross Cost	\$1,102,017	\$1,443,044	(\$341,027.00)	-23.6%
Total Brand Gross Cost	\$8,776,970	\$8,333,752	\$443,218.00	5.3%
Total MSB Gross Cost	\$207,200	\$147,078	\$60,122.00	40.9%
Total Ingredient Cost	\$9,794,585	\$9,644,809	\$149,776.00	1.6%
Total Dispensing Fee	\$75,843	\$128,548	(\$52,705.00)	-41.0%
Total Other (e.g. tax)	\$8,559	\$3,439	\$5,120.00	148.9%
Avg Total Cost per Claim (Gross Cost/Rx)	\$142.12	\$125.87	\$16.25	12.9%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$18.75	\$22.18	(\$3.43)	-15.5%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$817.30	\$661.15	\$156.15	23.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$635.58	\$226.27	\$409.31	180.9%
Member Cost Summary				
Total Member Cost	\$1,469,205	\$1,589,882	(\$120,677.00)	-7.6%
Total Copay	\$1,466,995	\$1,580,115	(\$113,120.00)	-7.2%
Total Deductible	\$2,210	\$9,768	(\$7,558.00)	0.0%
Avg Copay per Claim (Copay/Rx)	\$21.10	\$20.34	\$0.76	3.7%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$21.14	\$20.47	\$0.67	3.3%
Avg Copay for Generic (Copay/Generic Rx)	\$6.79	\$7.65	(\$0.86)	-11.2%
Avg Copay for Brand (Copay/Brand Rx)	\$99.66	\$86.63	\$13.03	15.0%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$75.43	\$32.34	\$43.09	133.2%
Net PMPM (Participant Cost PMPM)	\$37.33	\$34.71	\$2.63	7.6%
Copay % of Total Prescription Cost (Member Cost Share %)	14.9%	16.3%	-1.4%	-8.5%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$8,409,782	\$8,186,914	\$222,868.00	2.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$3,759,704	\$4,101,928	(\$342,224.00)	-8.3%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,650,079	\$4,084,986	\$565,093.00	13.8%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$120.99	\$105.40	\$15.58	14.8%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$11.96	\$14.53	(\$2.57)	-17.7%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$717.64	\$574.52	\$143.12	24.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$560.15	\$193.94	\$366.21	188.8%
Net PMPM (Plan Cost PMPM)	\$213.70	\$178.71	\$34.98	19.6%
PMPM without Specialty (Non-Specialty PMPM)	\$95.54	\$89.54	\$6.00	6.7%
PMPM for Specialty Only (Specialty PMPM)	\$118.16	\$89.17	\$28.99	32.5%
Rebates Received (Q1 FY2023 actual)	\$3,106,125	\$1,904,485	\$1,201,639.56	63.1%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$134.77	\$137.14	(\$2.37)	-1.7%
PMPM without Specialty (Non-Specialty PMPM)	\$53.53	\$59.85	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$88.90	\$76.58	\$12.32	16.1%

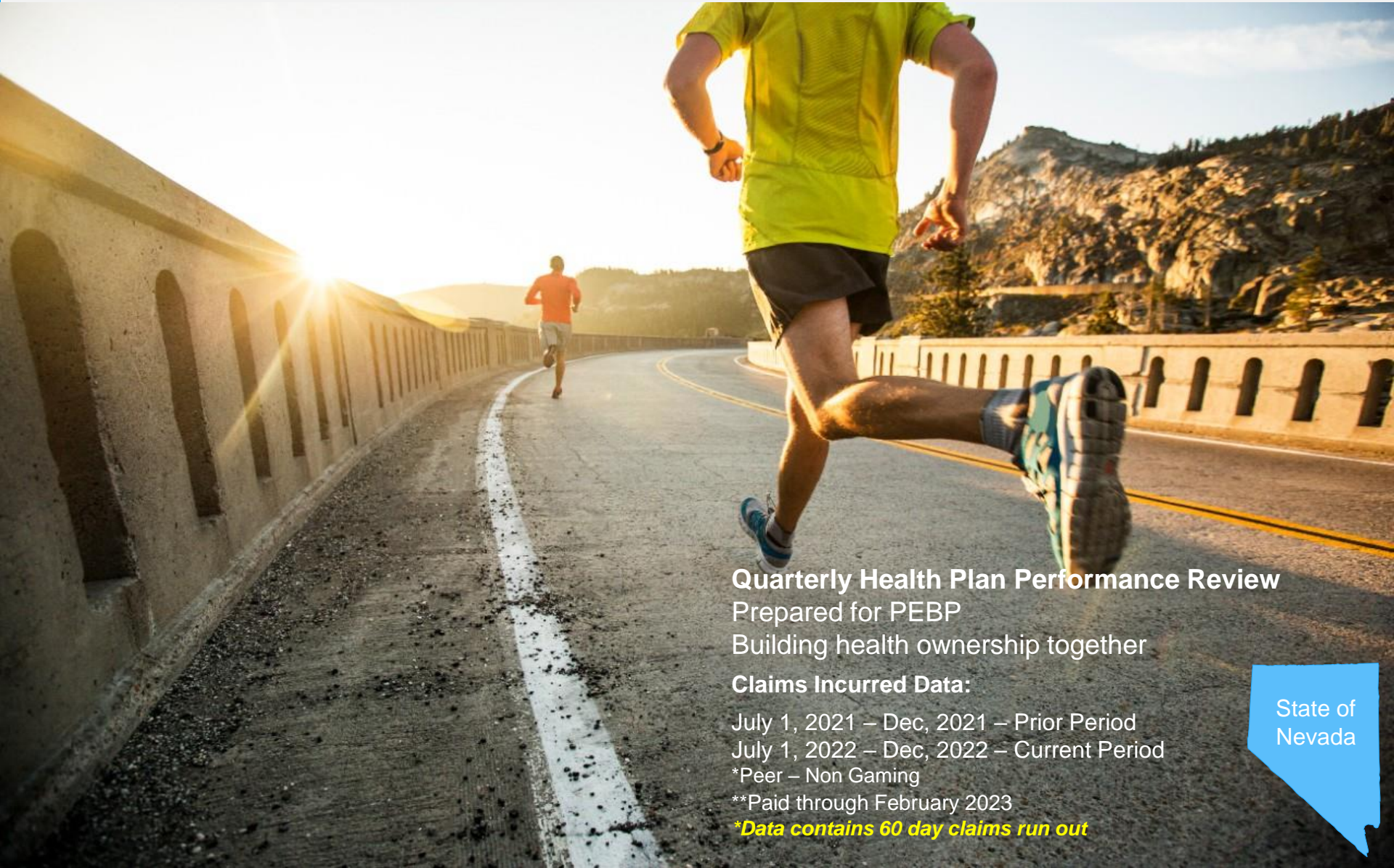
Appendix D

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Health Plan of Nevada –Utilization Review for PEBP October 1, 2022 – December 31, 2022

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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 – Dec, 2021 – Prior Period

July 1, 2022 – Dec, 2022 – Current Period

*Peer – Non Gaming

**Paid through February 2023

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

State of
Nevada



Executive Summary
Spend and Utilization

Population

- -2.0% decrease for employees
- -1.7% decrease for members

Medical Rx Paid PMPM

- -33.3% decrease in overall medical paid
- -1.5% decrease in non Catastrophic spend
- 2.6% increase in Catastrophic spend

High Cost Claimants

- 36 High Cost Claimants accounted for 29.3% of medical spend
- -21.7% decrease in HCC from prior period
- Avg. Paid per claimant decreased -54.6%

Emergency Room

- ER Visits Per 1,000 members increased 9.3%
- Avg. paid per ER Visit increased 15.1%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -20.6%
- Avg. paid per Urgent care visit increased 6.2%

Rx Drivers

- Rx Net Paid PMPM increased 13.9%
- Specialty Spend increased 41.0%
- Specialty Rx driving 52.4% of total Rx Spend

Overall Medical / Rx

- Total Medical/Rx decreased -23.5% on PMPM basis

Executive Summary Utilization & Spend



Claims Paid by Age Group														
Through December 2021 Q1 and Q2							Through December 2022 Q1 and Q2						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	\$6,964,278	\$21,737	\$1,161	\$4	\$6,965,439	\$21,740	\$253,386	\$720	\$1,086	\$3	\$254,472	\$723	-96.3%	-14.8%
01	\$84,586	\$183	\$2,517	\$5	\$87,103	\$189	\$222,493	\$701	\$2,631	\$8	\$225,124	\$709	282.3%	51.9%
02-04	\$318,908	\$266	\$6,960	\$6	\$325,869	\$272	\$356,170	\$298	\$8,538	\$7	\$364,707	\$305	12.0%	23.0%
05-09	\$371,876	\$153	\$34,199	\$14	\$406,075	\$167	\$497,123	\$222	\$33,003	\$15	\$530,126	\$236	44.7%	4.4%
10-14	\$1,374,158	\$466	\$131,134	\$44	\$1,505,292	\$510	\$507,272	\$182	\$184,547	\$66	\$691,819	\$248	-60.9%	48.9%
15-19	\$865,770	\$280	\$148,091	\$48	\$1,013,861	\$328	\$653,434	\$204	\$106,742	\$33	\$760,176	\$237	-27.4%	-30.7%
20-24	\$616,996	\$205	\$199,291	\$66	\$816,287	\$271	\$411,105	\$144	\$106,283	\$37	\$517,389	\$182	-29.6%	-43.6%
25-29	\$520,749	\$284	\$167,317	\$91	\$688,066	\$375	\$670,999	\$355	\$189,175	\$100	\$860,174	\$455	25.1%	9.7%
30-34	\$584,499	\$262	\$416,881	\$187	\$1,001,380	\$450	\$840,948	\$381	\$256,434	\$116	\$1,097,382	\$497	45.0%	-38.0%
35-39	\$1,327,284	\$482	\$301,591	\$109	\$1,628,875	\$591	\$899,310	\$346	\$531,983	\$205	\$1,431,293	\$551	-28.2%	87.0%
40-44	\$1,005,079	\$344	\$338,199	\$116	\$1,343,278	\$460	\$947,639	\$341	\$415,297	\$149	\$1,362,936	\$491	-0.9%	29.0%
45-49	\$832,002	\$253	\$413,026	\$125	\$1,245,028	\$378	\$1,224,074	\$355	\$508,773	\$148	\$1,732,847	\$503	40.7%	17.8%
50-54	\$2,346,478	\$613	\$1,146,954	\$299	\$3,493,432	\$912	\$1,850,906	\$483	\$1,213,698	\$317	\$3,064,605	\$799	-21.2%	5.7%
55-59	\$1,914,870	\$501	\$1,003,819	\$262	\$2,918,689	\$763	\$1,733,694	\$467	\$1,136,564	\$306	\$2,870,258	\$773	-6.7%	16.7%
60-64	\$1,852,871	\$497	\$885,709	\$238	\$2,738,580	\$735	\$1,888,335	\$526	\$1,136,218	\$316	\$3,024,553	\$842	5.8%	33.1%
65+	\$1,340,467	\$533	\$701,698	\$279	\$2,042,165	\$813	\$1,626,923	\$633	\$755,719	\$294	\$2,382,642	\$927	18.6%	5.3%
Total	\$22,320,873	\$553	\$5,898,545	\$146	\$28,219,418	\$699	\$14,583,811	\$368	\$6,586,692	\$166	\$21,170,503	\$535	-25.0%	-23.5%

Financial Summary



Financial and Demographic												
	Total				State Active				Retiree (State/Non-State)			
Summary	Thru 2Q20	Thru 2Q21	Thru 2Q22	▲	Thru 2Q20	Thru 2Q21	Thru 2Q22	▲	Thru 2Q20	Thru 2Q21	Thru 2Q22	▲
Avg. # Employees	3,918	3,815	3,750	-1.7%	3,424	3,342	3,312	-0.9%	494	472	439	-7.1%
Avg. # Members	6,816	6,730	6,597	-2.0%	6,183	6,112	6,005	-1.8%	634	618	592	-4.1%
Ratio	1.7	1.8	1.8	-0.3%	1.8	1.8	1.8	-0.8%	1.3	1.3	1.4	3.2%
Financial												
Medical Paid	\$14,578,321	\$22,366,163	\$14,570,566	-34.9%	\$12,908,385	\$19,787,795	\$12,961,296	-34.5%	\$1,670,307	\$2,578,368	\$1,609,270	-37.6%
Member Paid	\$947,046	\$1,401,195	\$979,192	-30.1%	\$548,967	\$1,057,289	\$766,937	-27.5%	\$398,079	\$343,906	\$212,255	-38.3%
Net Paid PEPY	\$7,442	\$11,702	\$7,777	-33.5%	\$7,540	\$11,834	\$7,832	-33.8%	\$6,758	\$10,767	\$7,359	-31.7%
Net Paid PMPY	\$4,277	\$6,633	\$4,421	-33.3%	\$4,176	\$6,471	\$4,320	-33.3%	\$5,270	\$8,232	\$5,450	-33.8%
Net Paid PEPM	\$620	\$975	\$648	-33.5%	\$628	\$986	\$653	-33.8%	\$563	\$897	\$613	-31.7%
Net Paid PMPM	\$356	\$554	\$368	-33.5%	\$348	\$539	\$360	-33.3%	\$439	\$686	\$454	-33.8%
High Cost Claimants												
# of HCC's > \$50k	31	46	36	-21.7%	24	36	32	-11.1%	7	10	4	-60.0%
Avg. paid per claimant	\$134,412	\$261,295	\$118,743	-54.6%	\$151,276	\$299,331	\$116,221	-61.2%	\$76,592	\$124,366	\$138,918	11.7%
HCC % of Spend	28.5%	53.6%	29.3%	-45.3%	28.1%	54.4%	28.7%	-47.3%	31.4%	47.5%	34.4%	-27.6%
Spend by Location (PMPY)												
Inpatient	\$1,462	\$3,408	\$1,257	-63.1%	\$1,418	\$3,647	\$1,345	-63.1%	\$1,896	\$3,660	\$2,036	-44.4%
Outpatient	\$1,042	\$1,141	\$1,192	4.4%	\$1,026	\$971	\$1,141	17.5%	\$1,195	\$1,629	\$1,236	-24.1%
Professional	\$1,774	\$2,097	\$1,969	-6.1%	\$1,732	\$1,332	\$1,375	3.2%	\$2,179	\$3,055	\$2,160	-29.3%
Total	\$4,277	\$6,646	\$4,417	-33.5%	\$4,176	\$6,475	\$4,317	-33.3%	\$5,270	\$8,344	\$5,432	-34.9%

Paid Claims by Claim Type



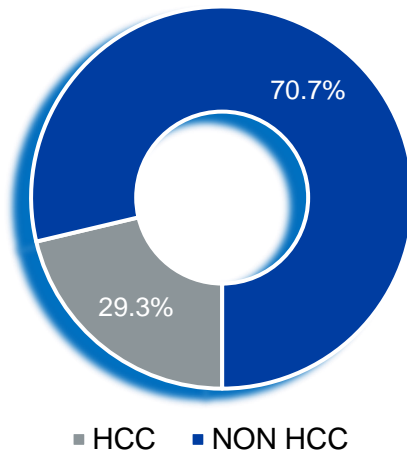
Net Paid Claims - Total									
Total Participants									
	Thru 2Q21				Thru 2Q22				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	\$10,582,813	\$275,414	\$611,296	\$11,469,523	\$3,206,599	\$100,642	\$837,802	\$4,145,043	-63.9%
OutPatient	\$9,945,374	\$221,839	\$729,427	\$10,896,641	\$9,216,166	\$408,719	\$800,638	\$10,425,523	-4.3%
Total - Medical	\$20,528,187	\$497,253	\$1,340,723	\$22,366,163	\$12,422,765	\$509,361	\$1,638,441	\$14,570,566	-34.9%
Net Paid Claims - Total									
Total Participants									
	Thru 2Q21				Thru 2Q22				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	\$554	\$600	\$1,618	\$554	\$343	\$682	\$637	\$368	-33.5%

Cost Distribution – Medical Claims > \$50K



Thru 2Q21						Thru 2Q22						
# 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
11	0.2%	\$8,424,261	37.7%	\$1,038,241	12.3%	> \$100k	8	0.1%	\$1,344,474	9.2%	\$971,593	72.3%
18	0.3%	\$1,476,668	6.6%	\$1,071,368	72.6%	\$50k- \$100k	14	0.2%	\$1,325,776	9.1%	\$1,062,094	80.1%
41	0.6%	\$1,800,609	8.1%	\$1,471,734	81.7%	\$25k - \$50k	39	0.6%	\$1,441,751	9.9%	\$1,113,084	77.2%
143	2.1%	\$2,722,483	12.2%	\$2,055,078	75.5%	\$10k - \$25k	141	2.1%	\$2,645,108	18.2%	\$1,837,691	69.5%
208	3.1%	\$1,715,638	7.7%	\$1,080,408	63.0%	\$5k - \$10k	223	3.4%	\$1,852,983	12.7%	\$1,268,169	68.4%

% Paid Attributed to Catastrophic Cases



HCC > \$50k - AHRQ Chapter Conditions - Thru 2Q22

Top 5 AHRQ Category conditions	# of Patients	Total Paid	% of Med Paid
Neoplasms	7	\$778,851	5.3%
Endocrine; nutritional; and metabolic diseases	3	\$544,858	3.7%
Diseases of the digestive system	5	\$482,143	3.3%
Injury and poisoning	2	\$457,944	3.1%
Infectious and parasitic diseases	3	\$388,294	2.7%

Utilization Summary



Utilization Summary									
	Total			State Active			Retiree State/Non-State		
	Thru 2Q21	Thru 2Q22	▲	Thru 2Q21	Thru 2Q22	▲	Thru 2Q21	Thru 2Q22	▲
Inpatient									
# of Admits	226	188	-16.8%	176	168	-4.3%	50	20	-60.4%
# of Bedays	1,752	1,064	-39.3%	1,352	936	-30.8%	400	128	-67.9%
Avg. Paid per Admit	\$50,488	\$22,286	-55.9%	\$58,465	\$21,202	-63.7%	\$22,561	\$31,472	39.5%
Avg. Paid per Day	\$6,511	\$3,938	-39.5%	\$7,600	\$3,810	-49.9%	\$2,831	\$4,872	72.1%
Admits Per K	67.1	57.0	-15.1%	57.5	56.0	-2.6%	162.4	67.0	-58.7%
Days Per K	520.6	322.6	-38.0%	442.4	311.7	-29.5%	1,294.6	433.0	-66.6%
ALOS	7.8	5.7	-27.0%	7.7	5.6	-27.7%	5.5	5.9	7.3%
Admits from ER	119	83	-30.3%	88	73	-17.0%	31	10	-67.7%
Physician Office Visits									
Per Member Per Year	2.7	2.2	-17.0%	2.6	2.2	-16.8%	3.2	2.6	-18.7%
Paid Per Visit	\$136	\$153	13.1%	\$141	\$159	13.0%	\$95	\$107	12.7%
Net Paid PMPM	\$30	\$29	-6.1%	\$31	\$29	-6.0%	\$25	\$23	-8.4%
Emergency Room									
# of Visits	363	389	7.2%	331	360	8.8%	32	29	-9.4%
Visits Per K	107.9	117.9	9.3%	108.3	119.9	10.7%	103.6	97.9	-5.5%
Avg Paid Per Visit	\$2,459	\$2,831	15.1%	\$2,489	\$2,891	16.1%	\$2,151	\$2,085	-3.0%
Urgent Care									
# of Visits	2,518	1,960	-22.2%	2,259	1,777	-21.3%	259	183	-29.3%
Visits Per K	748.3	594.2	-20.6%	739.2	591.9	-19.9%	838.2	617.7	-26.3%
Avg Paid Per Visit	\$115	\$122	6.2%	\$86	\$92	6.1%	\$87	\$76	-13.1%

*Not Representative of all utilization

*Data based on medical spend only

Diagnosis Grouper Summary – Top 25



Top 25 AHRQ Category	Total Paid	% Paid
Septicemia (except in labor)	\$556,753	4.8%
Thyroid disorders	\$534,195	4.7%
Non-Hodgkin's Lymphoma	\$323,569	2.8%
Complication of device; implant or graft	\$285,455	2.5%
Disorders usually diagnosed in infancy childhood or adol	\$277,633	2.4%
Complications of surgical procedures or medical care	\$249,712	2.2%
Acute and unspecified renal failure	\$234,660	2.0%
Other nutritional; endocrine; and metabolic disorders	\$211,180	1.8%
Cancer of breast	\$205,111	1.8%
Spondylosis; intervertebral disc disorders; other back pro	\$204,070	1.8%
Maintenance chemotherapy; radiotherapy	\$200,775	1.7%
Mood disorders	\$190,781	1.7%
Polyhydramnios and other problems of amniotic cavity	\$165,876	1.4%
Osteoarthritis	\$165,836	1.4%
Abdominal pain	\$163,377	1.4%
Other nervous system disorders	\$162,980	1.4%
Other screening for suspected conditions (not mental dis	\$158,370	1.4%
Diabetes mellitus with complications	\$155,477	1.4%
Other gastrointestinal disorders	\$152,213	1.3%
Cancer of prostate	\$148,299	1.3%
Aortic; peripheral; and visceral artery aneurysms	\$146,383	1.3%
Acute bronchitis	\$141,428	1.2%
Liveborn	\$134,613	1.2%
Cardiac dysrhythmias	\$134,266	1.2%
Medical examination/evaluation	\$131,562	1.1%

Insured	Spouse	Dependent
\$503,357	\$50,230	\$3,166
\$478,293	\$49,832	\$6,070
\$301,220	\$22,350	
\$137,626	\$88,874	\$58,954
		\$277,633
\$248,187	\$1,412	\$114
\$230,049	\$4,565	\$46
\$156,688	\$52,580	\$1,912
\$193,061	\$12,050	
\$166,321	\$35,329	\$2,421
\$185,838	\$14,937	
\$62,299	\$14,548	\$113,934
\$155,716	\$10,160	\$0
\$137,731	\$28,105	
\$126,874	\$12,320	\$24,184
\$30,818	\$124,571	\$7,590
\$127,986	\$26,612	\$3,771
\$99,109	\$26,155	\$30,213
\$132,467	\$7,208	\$12,538
\$66,963	\$81,336	
\$16,329	\$130,055	
\$10,025	\$191	\$131,211
		\$134,613
\$99,838	\$34,133	\$295
\$27,265	\$8,546	\$95,751

Male	Female	Unassigned
\$227,300	\$329,453	\$0
\$1,057	\$533,138	\$0
\$27,499	\$296,070	\$0
\$168,596	\$116,859	\$0
\$226,382	\$51,251	\$0
\$208,817	\$40,895	\$0
\$231,888	\$2,772	\$0
\$34,137	\$177,043	\$0
	\$205,111	\$0
\$65,388	\$138,682	\$0
\$61,884	\$138,891	\$0
\$85,360	\$105,421	\$0
	\$165,876	\$0
\$50,002	\$115,835	\$0
\$48,173	\$115,204	\$0
\$13,955	\$149,025	\$0
\$50,328	\$108,042	\$0
\$109,633	\$45,844	\$0
\$13,416	\$138,797	\$0
\$148,299		\$0
\$18,208	\$128,176	\$0
\$44,177	\$97,251	\$0
\$112,521	\$22,091	\$0
\$82,162	\$52,103	\$0
\$55,135	\$76,428	\$0

*Not Representative of all utilization

*Data based on medical spend only

Mental Health Drilldown



Top 10 Mental Health				
AHRQ Category Description	Thru 2Q21		Thru 2Q22	
	Patients	Total Paid	Patients	Total Paid
Disorders usually diagnosed in infancy childhood	39	\$316,108	29	\$277,633
Mood disorders	388	\$208,659	358	\$190,781
Anxiety disorders	339	\$66,775	302	\$112,486
Substance-related disorders	26	\$20,909	20	\$33,371
Adjustment disorders	130	\$27,330	97	\$27,635
Attention-deficit conduct disorders	96	\$10,854	110	\$21,697
Suicide and intentional self-inflicted injury	11	\$25,157	9	\$18,529
Schizophrenia and other psychotic disorders	13	\$8,342	7	\$17,856
Miscellaneous mental health disorders	39	\$56,878	33	\$14,922
Alcohol-related disorders	18	\$60,090	9	\$14,841

**Not Representative of all utilization*

**Data based on medical spend only*

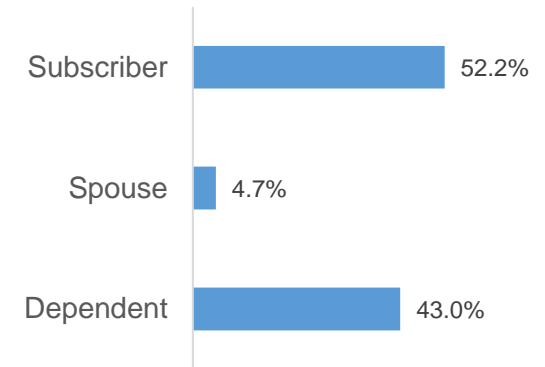
Respiratory Disorders

Respiratory Disorders				
AHRQ Category Description	Patients	Claims	Total Paid	% Paid
Acute bronchitis	95	127	\$141,428	21.3%
Other upper respiratory infections	622	839	\$98,236	14.8%
Other lower respiratory disease	319	571	\$94,511	14.2%
Asthma	165	295	\$72,128	10.9%
Other upper respiratory disease	277	756	\$71,128	10.7%
Pneumonia	25	66	\$64,987	9.8%
Chronic obstructive pulmonary disease	64	140	\$46,568	7.0%
Influenza	49	54	\$25,953	3.9%
Respiratory failure; insufficiency; arrest (adult)	16	47	\$21,144	3.2%
Acute and chronic tonsillitis	32	62	\$20,255	3.1%

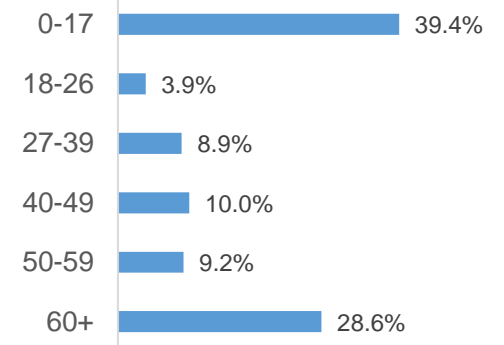
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Spend by Relationship



Spend by Age

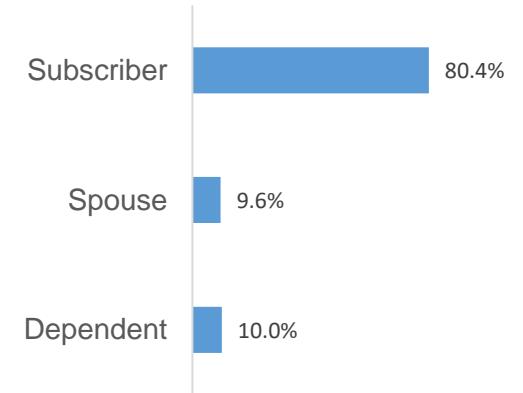


Infectious and Parasitic Diseases				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Septicemia (except in labor)	16	47	\$556,753	72.6%
Immunizations and screening for infectious disease	843	1,287	\$101,930	13.3%
Viral infection	344	501	\$96,374	12.6%
HIV infection	17	49	\$5,748	0.7%
Mycoses	71	102	\$2,151	0.3%
Hepatitis	13	41	\$2,011	0.3%
Bacterial infection; unspecified site	7	11	\$1,104	0.1%
Other infections; including parasitic	7	13	\$640	0.1%
Tuberculosis	4	11	\$0	0.0%
Sexually transmitted infections (not HIV or hepatitis)	8	11	\$0	0.0%

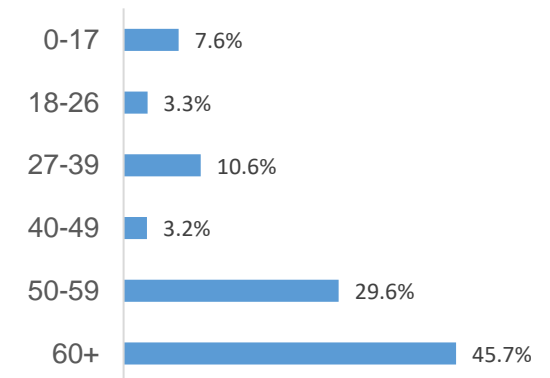
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Spend by Relationship



Spend by Age



Pregnancy Related Disorders

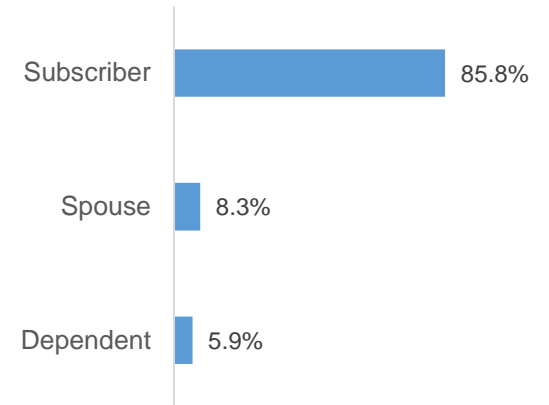


Top 10 Complications of Pregnancy				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Polyhydramnios and other problems of amniotic cavity	8	19	\$165,876	22.6%
Complications of birth; puerperium affecting management	21	37	\$129,773	17.7%
Other pregnancy and delivery including normal	65	260	\$73,108	10.0%
Other complications of pregnancy	49	198	\$68,388	9.3%
Previous C-section	5	18	\$56,360	7.7%
Umbilical cord complication	6	11	\$42,671	5.8%
Prolonged pregnancy	5	6	\$42,110	5.7%
Contraceptive and procreative management	125	250	\$38,077	5.2%
OB-related trauma to perineum and vulva	4	4	\$28,599	3.9%
Diabetes or abnormal glucose tolerance complicating pregnancy	11	44	\$27,369	3.7%

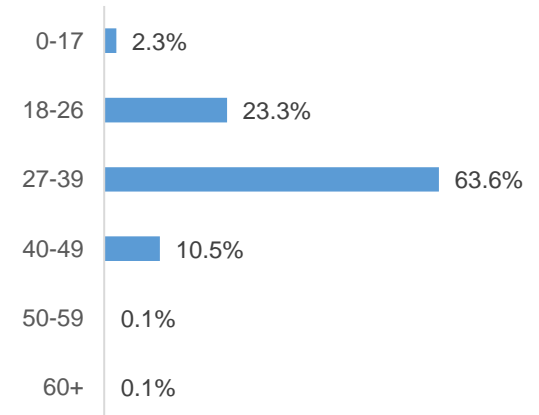
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Spend by Relationship



Spend by Age



Emergency Room and Urgent Care



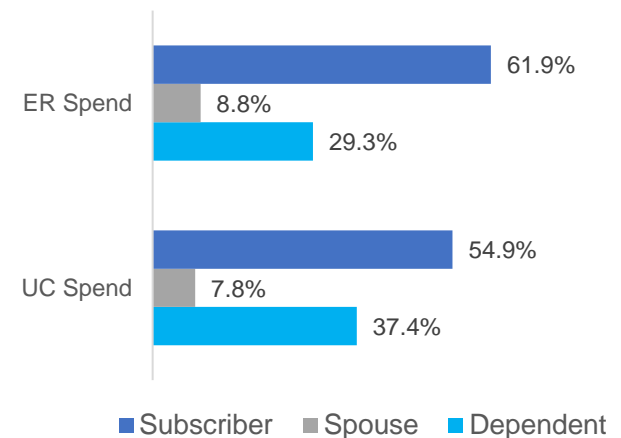
	Thru 2Q21		Thru 2Q22		Peer	
Metric	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	363	2,518	389	1,960		
Visits Per Member	0.05	0.48	0.06	0.54	0.08	0.14
Visits Per K	107.9	748.3	117.9	594.2	89.6	385.3
Avg. Paid Per Visit	\$2,459	\$112	\$2,831	\$121	\$2,607	\$118

**Not Representative of all utilization*

**Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships - Thru 2Q22				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	202	61.2	1,219	369.6
Spouse	35	10.6	157	47.6
Dependent	152	46.1	584	177.0
Total	389	117.9	1,960	594.2

ER / UC Spend by Relationship



Clinical Conditions by Medical Spend



Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental Disorders	542	4.1%	41.1	\$13.33
Intervertebral Disc Disorders	458	3.5%	34.7	\$5.16
Diabetes with complications	310	2.3%	23.5	\$3.93
Prostate Cancer	55	0.4%	4.2	\$5.18
Breast Cancer	424	3.2%	32.1	\$3.23
Acute Myocardial Infarction	62	0.5%	4.7	\$1.30
Asthma	6	0.0%	0.5	\$1.47
COPD	76	0.6%	5.8	\$1.99
Diabetes without complications	28	0.2%	2.1	\$0.23
Coronary Atherosclerosis	164	1.2%	12.4	\$1.82
Chronic Renal Failure	5	0.0%	0.4	\$0.05
Hypertension	64	0.5%	4.9	\$1.18
Congestive Heart Failure (CHF)	326	2.5%	24.7	\$1.18
Colon Cancer	24	0.2%	1.8	\$3.75
Cervical Cancer	17	0.1%	1.3	\$0.02

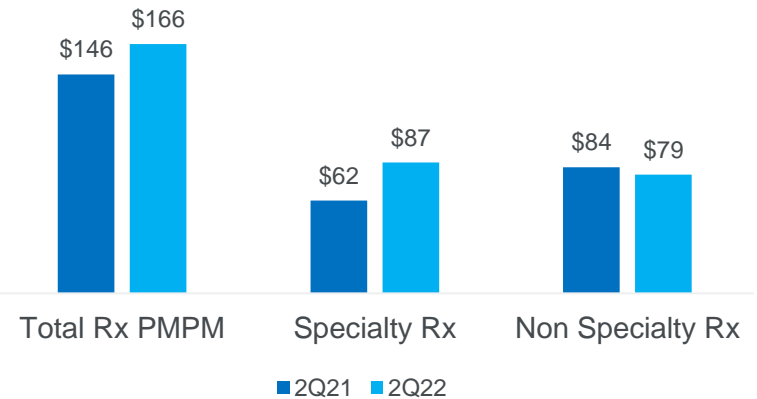
**Not Representative of all utilization*

**Data based on medical spend only*

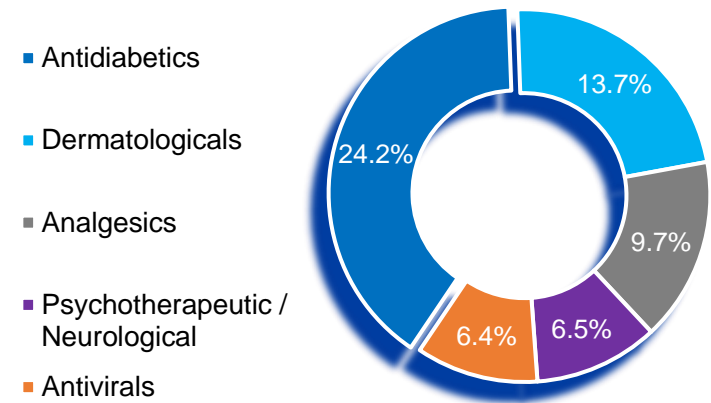
Pharmacy Drivers

	Thru 2Q21	Thru 2Q22	Δ
Enrolled Members	6,730	6,597	-2.0%
Average Prescriptions PMPY	17.3	16.7	-3.4%
Formulary Rate	87.6%	89.7%	2.4%
Generic Use Rate	81.8%	83.8%	2.6%
Generic Substitution Rate	98.2%	98.3%	0.1%
Avg Net Paid per Prescription	\$101	\$119	17.9%
Net Paid PMPM	\$146	\$166	13.9%

Total Rx Spend by Benefit and Type



Top 5 Therapeutic Classes by Spend



Pharmacy Performance

- Rx spend increased of **13.9%**, (\$20.33 pmpm) from prior period
- Avg. paid per Script increased **17.9%** (\$18.11 pmpm) year over year
- Specialty Rx Spend driving **52.4%** of Rx Spend
- Specialty Rx spend increased **23.8%** from prior period
Specialty Rx Drivers:
 - Jardiance** (Antidiabetic) Spend up **14.3%**
 - Ozempic** (Antidiabetic) Spend up **12.2%**