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Executive Officer

JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
www.pebp.state.nv.us

JACK ROBB
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: May 23, 2024

Item Number: 4.2.1

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

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2024 period ending December 31, 2023. Included are:

- Executive Summary – provides a utilization overview.
- UMR Inc. CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. LDPPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix D for Q2 Plan Year 2024 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q2 of Plan Year 2024 compared to Q2 of Plan Year 2023 is summarized below.

- Population:
 - 10.7% decrease for primary participants
 - 12.8% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 1.8% decrease for primary participants
 - 0.4% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 40 High-Cost Claimants accounting for 21.7% of the total plan paid for Q2 of Plan Year 2024
 - 0.6% decrease in High-Cost Claimants per 1,000 members
 - 31.1% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$2.2 million) – 30.4% of paid claims
 - Neurological Disorders (\$0.7 million) – 9.9% of paid claims
 - Cardiac Disorders (\$0.6million) – 8.9% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 9.9%
 - Average paid per ER visit increased by 10.8%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased 5.1%
 - Average paid per Urgent Care visit decreased 20.5% (decrease from \$39 to \$31)
- Network Utilization:
 - 97.0% of claims are from In-Network providers
 - Q2 of Plan Year 2024 In-Network utilization decreased 0.4% over PY 2023
 - Q2 of Plan Year 2024 In-Network discounts remained at 68.4 as in PY 2023
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 11.6%
 - Total Gross Claims Costs increased 0.1% (\$0.3 million)
 - Average Total Cost per Claim increased 13.0%
 - From \$111.27 to \$125.69
 - Member:
 - Total Member Cost decreased 5.7%
 - Average Participant Share per Claim increased 6.6%
 - Net Member PMPM increased 8.7%
 - From \$30.14 to \$32.76

- Plan
 - Total Plan Cost increase 1.6%
 - Average Plan Share per Claim increased 14.7%
 - Net Plan PMPM increased 17.1%
 - From \$97.90 to \$114.66
 - Net Plan PMPM factoring rebates increased 52.4%
 - From \$62.93 to \$95.90
 -

LOW DEDUCTIBLE PPO PLAN (LDPPPO)

The Low Deductible PPO Plan (LDPPPO) experience for Q2 of Plan Year 2024 compared to Q2 of Plan Year 2023 is summarized below.

- Population:
 - 35.4% increase for primary participants
 - 33.3% increase for primary participants plus dependents (members)
- Medical Cost:
 - 14.0% increase for primary participants
 - 15.7% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 34 High-Cost Claimants accounting for 19.7% of the total plan paid for Q2 of Plan Year 2024
 - 41.9% increase in High-Cost Claimants per 1,000 members
 - 8.4% decrease in average cost of High-Cost Claimant paid.
- Top three highest cost clinical classifications include:
 - Cancer (\$2.0 million) – 27.3% of paid claims
 - Cardiac Disorders (\$1.2 million) – 16.5% of paid claims
 - Pregnancy-related Disorders (\$1.1 million) – 15.2% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 20.3%
 - Average paid per ER visit decreased 1.7%
- Urgent Care:
 - Urgent Care visits per 1,000 members decreased by 0.8%
 - Average paid per Urgent Care visit increased 3.0% (decrease from \$101 to \$104)
- Network Utilization:
 - 98.3% of claims are from In-Network providers
 - Q2 of Plan Year 2024 In-Network utilization increased 0.5% over PY 2023
 - Q2 of Plan Year 2024 In-Network discounts increased 0.8% over PY 2023
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 34.8%
 - Total Gross Claims Costs increased 65.9% (\$7.8 million)
 - Average Total Cost per Claim increased 23.1%
 - From \$118.37 to \$145.70

- Member:
 - Total Member Cost increased 51.2%
 - Average Participant Share per Claim increased 12.2%
 - Net Member PMPM increased 13.3%
 - From \$21.59 to \$24.45
- Plan
 - Total Plan Cost increased 68.5%
 - Average Plan Share per Claim increased 25.0%
 - Net Plan PMPM increased 26.3%
 - From \$120.36 to \$152.00
 - Net Plan PMPM factoring rebates increased 72.3%
 - From \$79.92 to \$137.67

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q2 of Plan Year 2024 compared to Q2 of Plan Year 2023 is summarized below.

- Population:
 - 10.9% decrease for primary participants
 - 11.3% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 7.5% increase for primary participants
 - 8.1% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 25 High-Cost Claimants accounting for 24.6% of the total plan paid for Q2 Plan Year 2024
 - 17.4% increase in High-Cost Claimants per 1,000 members
 - 19.3% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$1.2 million) – 26.4% of paid claims
 - Infections (\$0.7 million) – 15.3% of paid claims
 - Cardiac Disorders (\$0.6 million) – 13.9% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 8.5%
 - Average paid per ER visit increased by 12.8%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased 10.3%
 - Average paid per Urgent Care visit increased 5.6%
- Network Utilization:
 - 96.6% of claims are from In-Network providers
 - Q2 of Plan Year 2024 In-Network utilization increased 0.5% over PY 2023
 - Q2 of Plan Year 2024 In-Network discounts increased 0.9% over PY 2023
- Prescription Drug Utilization:
 - Overall:

- Total Net Claims decreased 8.9%
- Total Gross Claims Costs increased 1.7% (\$ 0.2 million)
- Average Total Cost per Claim increased 11.7%
 - From \$142.12 to \$158.71
- Member:
 - Total Member Cost decreased 9.3%
 - Average Participant Share per Claim decreased 0.4%
 - Net Member PMPM increased 2.6%
 - From \$37.33 to \$38.29
- Plan
 - Total Plan Cost increased 3.6%
 - Average Plan Share per Claim increased 13.8%
 - Net Plan PMPM increased 17.2%
 - From \$213.70 to \$250.51
 - Net Plan PMPM factoring rebates increased 25.4%
 - From \$134.77 to \$169.05

DENTAL PLAN

The Dental Plan experience for Q2 of Plan Year 2024 is summarized below.

- Dental Cost:
 - Total of \$13,219,088 paid for Dental claims.
 - Preventative claims account for 24.6% (\$3.3 million)
 - Basic claims account for 33.7% (\$4.5 million)
 - Major claims account for 19.8% (\$2.6 million)
 - Diagnostic claims account for 21.9% (\$2.9 million)

HEALTH REIMBURSEMENT ARRANGEMENT

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

HRA Account Balances as of September 30, 2023			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
\$ -	1,006	\$ (3,059.03)	\$ (3.04)
\$.01 - \$500.00	4,624	\$ 1,262,583.92	\$ 273.05
\$500.01 - \$1,000	13,031	\$ 8,421,381.87	\$ 646.26
\$1,000.01 - \$1,500	2,085	\$ 2,558,321.01	\$ 1,227.01
\$1,500.01 - \$2,000	1,082	\$ 1,866,658.34	\$ 1,725.19
\$2,000.01 - \$2,500	474	\$ 1,056,882.40	\$ 2,229.71
\$2,500.01 - \$3,000	305	\$ 823,003.40	\$ 2,698.37
\$3,000.01 - \$3,500	239	\$ 774,003.54	\$ 3,238.51
\$3,500.01 - \$4,000	171	\$ 637,300.57	\$ 3,726.90
\$4,000.01 - \$4,500	174	\$ 739,307.90	\$ 4,248.90
\$4,500.01 - \$5,000	123	\$ 582,638.48	\$ 4,736.90
\$5,000.01 +	772	\$ 6,475,565.40	\$ 8,388.04
Total	24,086	\$ 25,194,587.80	\$ 33,135.80

HRA Account Balances as of Dec. 31, 2023			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	14,331	0.00	0.00
\$.01 - \$500.00	35,046	9,506,880.62	271.27
\$500.01 - \$1,000	3,341	2,255,413.80	675.07
\$1,000.01 - \$1,500	1,086	1,309,077.61	1,205.41
\$1,500.01 - \$2,000	520	897,394.16	1,725.76
\$2,000.01 - \$2,500	311	703,212.68	2,261.13
\$2,500.01 - \$3,000	233	642,119.65	2,755.88
\$3,000.01 - \$3,500	153	493,117.79	3,222.99
\$3,500.01 - \$4,000	190	709,796.34	3,735.77
\$4,000.01 - \$4,500	139	589,217.67	4,238.98
\$4,500.01 - \$5,000	107	510,327.02	4,769.41
\$5,000.01 +	676	5,749,510.34	224,591.36
Total	56,133	\$ 23,366,068	\$ 416

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP), Low Deductible PPO Plan (LDPPPO) and the PEBP Premier Plan (EPO) through the second quarter of Plan Year 2024. The total medical spend for the CDHP was \$49.5 million of which the plan paid \$33.5 million or a decrease of 12.3% over the same time for Plan Year 2023. The total medical spend for the LDPPPO was \$43.3 million of which the plan paid \$37.0 million or an increase of 54.3% over Q2 of Plan Year 2023. The total medical spend for the EPO was \$19.8 million of which the plan paid \$17.7 million or a decrease of 4.1% over Q2 of Plan Year 2023. For HMO utilization and cost data please see the report provided in Appendix D.

Appendix A

Index of Tables UMR Inc. – CDHP Utilization Review for PEBP July 1, 2023 – December 31, 2023

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DATASCOPE™

Nevada Public Employees' Benefits Program

HDHP Plan

July – December 2023 Incurred,

Paid through February 2024

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Overview

- Total Medical Spend for 2Q24 was \$33,464,827 of which 77.9% was spent in the State Active population. When compared to 2Q23, this reflected a decrease of 12.3% in plan spend, with State Actives having a decrease of 10.7%.
 - When compared to 2Q22, 2Q24 decreased 24.5%, with State Actives having a decrease of 23.6%.
- On a PEPY basis, 2Q24 reflected a decrease of 1.8% when compared to 2Q23. The largest group, State Actives, was right in line with the 2Q23 PEPY%.
 - When compared to 2Q22, 2Q24 decreased 2.1%, with State Actives decreasing .4%.
- 92.8% of the Average Membership had paid Medical claims less than \$2,500, with 32.5% having no claims paid at all during the reporting period.
- There were 40 high-cost Claimants (HCC's) over \$100K, that accounted for 21.7% of the total spend. HCCs accounted for 31.8% of total spend during 2Q23, with 46 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 30.4% of high-cost claimant dollars.
- IP Paid per Admit was \$20,864 which is a decrease of 17.7% compared to 2Q23.
- ER Paid per Visit is \$2,316, which is an increase of 10.8% compared to 2Q23.
- 97.0% of all Medical spend dollars were to In Network providers. The average In Network discount was 68.4%, which is equal to the PY23 average discount of 68.4%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	2Q23						2Q24						% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 3,470,181	\$ 3,343	\$ 14,085	\$ 14	\$3,484,266	\$ 3,357	\$ 363,189	\$ 496	\$ 194	\$ 0	\$ 363,383	\$ 496	-89.6%	-85.2%
1	\$ 174,061	\$ 134	\$ 1,800	\$ 1	\$175,861	\$ 136	\$ 191,331	\$ 229	\$ 55,766	\$ 67	\$ 247,097	\$ 296	40.5%	118.3%
2 - 4	\$ 346,615	\$ 90	\$ 89,301	\$ 23	\$435,916	\$ 113	\$ 290,723	\$ 90	\$ 67,111	\$ 21	\$ 357,834	\$ 111	-17.9%	-1.7%
5 - 9	\$ 668,479	\$ 79	\$ 131,232	\$ 15	\$799,711	\$ 94	\$ 653,810	\$ 96	\$ 159,963	\$ 24	\$ 813,773	\$ 120	1.8%	27.5%
10 - 14	\$ 720,821	\$ 72	\$ 155,167	\$ 16	\$875,988	\$ 88	\$ 852,063	\$ 102	\$ 309,078	\$ 37	\$ 1,161,141	\$ 139	32.6%	58.2%
15 - 19	\$ 2,396,355	\$ 217	\$ 384,782	\$ 35	\$2,781,137	\$ 252	\$ 1,216,268	\$ 123	\$ 253,633	\$ 26	\$ 1,469,901	\$ 149	-47.1%	-41.0%
20 - 24	\$ 1,472,721	\$ 109	\$ 501,925	\$ 37	\$1,974,646	\$ 146	\$ 1,475,015	\$ 126	\$ 853,532	\$ 73	\$ 2,328,547	\$ 199	17.9%	36.1%
25 - 29	\$ 1,435,151	\$ 155	\$ 510,509	\$ 55	\$1,945,660	\$ 210	\$ 1,057,088	\$ 134	\$ 218,724	\$ 28	\$ 1,275,812	\$ 162	-34.4%	-22.7%
30 - 34	\$ 2,691,308	\$ 236	\$ 518,871	\$ 46	\$3,210,179	\$ 282	\$ 1,834,514	\$ 189	\$ 429,312	\$ 44	\$ 2,263,826	\$ 233	-29.5%	-17.2%
35 - 39	\$ 1,285,040	\$ 104	\$ 834,785	\$ 68	\$2,119,825	\$ 172	\$ 2,183,365	\$ 204	\$ 724,258	\$ 68	\$ 2,907,623	\$ 272	37.2%	58.2%
40 - 44	\$ 1,965,468	\$ 151	\$ 1,023,455	\$ 79	\$2,988,923	\$ 230	\$ 1,939,012	\$ 166	\$ 973,762	\$ 83	\$ 2,912,774	\$ 249	-2.5%	8.5%
45 - 49	\$ 2,175,094	\$ 177	\$ 1,154,443	\$ 94	\$3,329,537	\$ 270	\$ 2,146,981	\$ 198	\$ 1,342,442	\$ 124	\$ 3,489,423	\$ 322	4.8%	19.0%
50 - 54	\$ 4,020,905	\$ 285	\$ 1,881,357	\$ 133	\$5,902,262	\$ 419	\$ 3,598,631	\$ 290	\$ 2,180,135	\$ 176	\$ 5,778,766	\$ 465	-2.1%	11.1%
55 - 59	\$ 4,795,542	\$ 308	\$ 2,757,859	\$ 177	\$7,553,401	\$ 486	\$ 4,416,214	\$ 326	\$ 2,030,603	\$ 150	\$ 6,446,817	\$ 475	-14.7%	-2.1%
60 - 64	\$ 7,146,628	\$ 389	\$ 3,569,646	\$ 194	\$10,716,274	\$ 583	\$ 7,172,190	\$ 434	\$ 3,629,795	\$ 220	\$ 10,801,985	\$ 653	0.8%	12.1%
65+	\$ 3,384,807	\$ 279	\$ 2,923,753	\$ 241	\$6,308,560	\$ 520	\$ 4,074,431	\$ 358	\$ 3,488,142	\$ 306	\$ 7,562,573	\$ 664	19.9%	27.6%
Total	\$ 38,149,177	\$ 228	\$ 16,452,971	\$ 98	\$ 54,602,148	\$ 326	\$ 33,464,827	\$ 229	\$ 16,716,452	\$ 114	\$ 50,181,279	\$ 343	-8.1%	5.4%

Financial Summary (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year
Average Enrollment												
Employees	19,199	16,565	14,801	-10.7%	15,753	13,433	11,986	-10.8%	3	3	4	16.7%
Spouses	4,089	3,335	2,805	-15.9%	3,246	2,554	2,130	-16.6%	1	1	1	0.0%
Children	10,413	8,044	6,760	-16.0%	9,656	7,397	6,194	-16.3%	4	4	4	-12.5%
Total Members	33,701	27,944	24,365	-12.8%	28,655	23,384	20,310	-13.1%	8	8	8	0.0%
Family Size	1.8	1.7	1.7	-2.1%	1.8	1.7	1.7	-0.6%	2.7	2.7	2.3	-15.2%
Financial Summary												
Gross Cost	\$63,975,609	\$54,222,932	\$49,473,997	-8.8%	\$49,236,488	\$41,211,985	\$37,898,786	-8.0%	\$21,822	\$29,248	\$21,774	-25.6%
Client Paid	\$44,327,868	\$38,149,177	\$33,464,827	-12.3%	\$34,143,038	\$29,210,832	\$26,075,515	-10.7%	\$12,232	\$19,651	\$12,870	-34.5%
Employee Paid	\$19,647,740	\$16,073,754	\$16,009,170	-0.4%	\$15,093,450	\$12,001,153	\$11,823,272	-1.5%	\$9,589	\$9,597	\$8,903	-7.2%
Client Paid-PEPY	\$4,618	\$4,606	\$4,522	-1.8%	\$4,335	\$4,349	\$4,351	0.0%	\$8,155	\$13,101	\$4,142	-68.4%
Client Paid-PMPY	\$2,631	\$2,731	\$2,747	0.6%	\$2,383	\$2,498	\$2,568	2.8%	\$3,058	\$4,913	\$3,574	-27.3%
Client Paid-PEPM	\$385	\$384	\$377	-1.8%	\$361	\$362	\$363	0.3%	\$680	\$1,092	\$345	-68.4%
Client Paid-PMPM	\$219	\$228	\$229	0.4%	\$199	\$208	\$214	2.9%	\$255	\$409	\$298	-27.1%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	68	46	40	-13.0%	50	35	34	-2.9%	0	0	0	0.0%
HCC's / 1,000	2.0	1.7	1.6	-0.6%	1.7	1.5	1.7	11.3%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$190,516	\$263,874	\$181,855	-31.1%	\$197,233	\$271,047	\$178,848	-34.0%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	29.2%	31.8%	21.7%	-31.8%	28.9%	32.5%	23.3%	-28.3%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$924	\$981	\$684	-30.3%	\$816	\$899	\$663	-26.3%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$799	\$851	\$1,037	21.9%	\$691	\$767	\$951	24.0%	\$2,389	\$2,937	\$2,367	-19.4%
Physician	\$863	\$899	\$1,025	14.0%	\$834	\$832	\$954	14.7%	\$646	\$1,975	\$851	0.0%
Other	\$46	\$0	\$0	0.0%	\$42	\$0	\$0	0.0%	\$23	\$0	\$0	0.0%
Total	\$2,631	\$2,731	\$2,747	0.6%	\$2,383	\$2,498	\$2,568	2.8%	\$3,058	\$4,913	\$3,218	-34.5%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	
Average Enrollment									
Employees	2,996	2,750	2,483	-9.7%	448	379	328	-13.5%	
Spouses	777	729	636	-12.8%	65	51	38	-24.9%	
Children	735	627	549	-12.4%	18	17	14	-15.2%	
Total Members	4,508	4,105	3,667	-10.7%	531	447	380	-14.9%	
Family Size	1.5	1.5	1.5	-1.3%	1.2	1.2	1.2	-3.3%	1.6
Financial Summary									
Gross Cost	\$13,239,264	\$10,973,139	\$10,274,227	-6.4%	\$1,478,034	\$2,008,560	\$1,279,210	-36.3%	
Client Paid	\$9,296,905	\$7,549,558	\$6,697,118	-11.3%	\$875,694	\$1,369,136	\$679,324	-50.4%	
Employee Paid	\$3,942,360	\$3,423,581	\$3,577,109	4.5%	\$602,341	\$639,424	\$599,886	-6.2%	
Client Paid-PEPY	\$6,206	\$5,492	\$5,395	-1.8%	\$3,912	\$7,222	\$4,142	-42.6%	\$6,258
Client Paid-PMPY	\$4,125	\$3,679	\$3,652	-0.7%	\$3,300	\$6,133	\$3,574	-41.7%	\$3,830
Client Paid-PEPM	\$517	\$458	\$450	-1.7%	\$326	\$602	\$345	-42.7%	\$521
Client Paid-PMPM	\$344	\$307	\$304	-1.0%	\$275	\$511	\$298	-41.7%	\$319
High Cost Claimants (HCC's) > \$100k									
# of HCC's	17	9	7	-22.2%	1	3	0	-100.0%	
HCC's / 1,000	3.8	2.2	1.9	-12.8%	1.9	6.7	0.0	-100.0%	
Avg HCC Paid	\$167,653	\$216,838	\$170,481	-21.4%	\$243,333	\$233,344	\$0	-100.0%	
HCC's % of Plan Paid	30.7%	25.8%	17.8%	-31.0%	27.8%	51.1%	0.0%	-100.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,603	\$1,183	\$782	-33.9%	\$956	\$3,405	\$898	-73.6%	\$1,044
Facility Outpatient	\$1,422	\$1,264	\$1,458	15.3%	\$1,289	\$1,383	\$1,545	11.7%	\$1,310
Physician	\$1,033	\$1,231	\$1,412	14.7%	\$984	\$1,344	\$1,130	-15.9%	\$1,404
Other	\$67	\$0	\$0	0.0%	\$72	\$0	\$0	0.0%	\$72
Total	\$4,125	\$3,679	\$3,652	-0.7%	\$3,300	\$6,133	\$3,574	-41.7%	\$3,830
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

Summary	Total				State Active				Non-State Active			
	PY22	PY23	2Q24	Variance to Prior Year	PY22	PY23	2Q24	Variance to Prior Year	PY22	PY23	2Q24	Variance to Prior Year
Average Enrollment												
Employees	18,943	16,411	14,801	-9.8%	15,526	13,332	11,986	-10.1%	3	3	4	16.7%
Spouses	3,974	7,866	2,805	-64.3%	3,134	7,223	2,130	-70.5%	1	4	1	-75.0%
Children	10,172	3,266	6,760	107.0%	9,421	2,504	6,194	147.4%	4	1	4	250.0%
Total Members	33,089	27,544	24,365	-11.5%	28,082	23,059	20,310	-11.9%	8	8	8	0.0%
Family Size	1.8	1.7	1.7	-1.8%	1.8	1.7	1.7	-2.3%	2.7	2.7	2.3	-14.2%
Financial Summary												
Gross Cost	\$138,077,453	\$116,590,277	\$49,473,997	-57.6%	\$106,593,460	\$87,356,314	\$37,898,786	-56.6%	\$55,484	\$42,591	\$21,774	-48.9%
Client Paid	\$104,706,277	\$88,479,381	\$33,464,827	-62.2%	\$80,561,976	\$66,125,338	\$26,075,515	-60.6%	\$38,304	\$30,890	\$12,870	-58.3%
Employee Paid	\$33,371,175	\$28,110,896	\$16,009,170	-43.0%	\$26,031,484	\$21,230,976	\$11,823,272	-44.3%	\$17,181	\$11,702	\$8,903	-23.9%
Client Paid-PEPY	\$5,527	\$5,391	\$4,522	-16.1%	\$5,189	\$4,960	\$4,351	-12.3%	\$12,768	\$10,297	\$4,142	-59.8%
Client Paid-PMPY	\$3,164	\$3,212	\$2,747	-14.5%	\$2,869	\$2,868	\$2,568	-10.5%	\$4,788	\$3,861	\$3,574	-7.4%
Client Paid-PEPM	\$461	\$449	\$377	-16.0%	\$432	\$413	\$363	-12.1%	\$1,064	\$858	\$345	-59.8%
Client Paid-PMPM	\$264	\$268	\$229	-14.6%	\$239	\$239	\$214	-10.5%	\$399	\$322	\$298	-7.5%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	160	126	40		115	94	34		0	0	0	
HCC's / 1,000	4.8	4.6	1.6		4.1	4.1	1.7		0.0	0.0	0.0	
Avg HCC Paid	\$251,190	\$238,643	\$181,855	-23.8%	\$262,921	\$233,021	\$178,848	-23.2%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	38.4%	34.0%	21.7%	-36.2%	37.5%	33.1%	23.3%	-29.6%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,153	\$995	\$684	-31.3%	\$1,028	\$895	\$663	-25.9%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$939	\$1,074	\$1,037	-3.4%	\$821	\$930	\$951	2.3%	\$3,554	\$2,208	\$2,367	7.2%
Physician	\$1,011	\$1,143	\$1,025	-10.3%	\$964	\$1,043	\$954	-8.5%	\$1,200	\$1,653	\$851	-48.5%
Other	\$62	\$0	\$0	0.0%	\$56	\$0	\$0	0.0%	\$34	\$0	\$0	0.0%
Total	\$3,164	\$3,212	\$2,747	-14.5%	\$2,869	\$2,868	\$2,568	-10.5%	\$4,788	\$3,861	\$3,218	-16.7%
			Annualized				Annualized				Annualized	

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

Summary	State Retirees				Non-State Retirees				Peer Index
	PY22	PY23	2Q24	Variance to Prior Year	PY22	PY23	2Q24	Variance to Prior Year	
Average Enrollment									
Employees	2,981	2,711	2,483	-8.4%	433	366	328	-10.3%	
Spouses	776	624	636	1.9%	62	16	38	146.3%	
Children	729	715	549	-23.2%	18	46	14	-69.7%	
Total Members	4,486	4,049	3,667	-9.4%	514	427	380	-11.0%	
Family Size	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	-0.9%	1.6
Financial Summary									
Gross Cost	\$27,879,066	\$25,102,026	\$10,274,227	-59.1%	\$3,549,442	\$4,089,345	\$1,279,210	-68.7%	
Client Paid	\$21,491,378	\$19,194,786	\$6,697,118	-65.1%	\$2,614,619	\$3,128,367	\$679,324	-78.3%	
Employee Paid	\$6,387,688	\$5,907,239	\$3,577,109	-39.4%	\$934,823	\$960,978	\$599,886	-37.6%	
Client Paid-PEPY	\$7,210	\$7,082	\$5,395	-23.8%	\$6,033	\$8,557	\$4,142	-51.6%	\$6,258
Client Paid-PMPY	\$4,791	\$4,740	\$3,652	-23.0%	\$5,091	\$7,321	\$3,574	-51.2%	\$3,830
Client Paid-PEPM	\$601	\$590	\$450	-23.7%	\$503	\$713	\$345	-51.6%	\$521
Client Paid-PMPM	\$399	\$395	\$304	-23.0%	\$424	\$610	\$298	-51.1%	\$319
High Cost Claimants (HCC's) > \$100k									
# of HCC's	44	31	7		5	5	0		
HCC's / 1,000	9.8	7.7	1.9		9.7	11.7	0.0		
Avg HCC Paid	\$199,873	\$213,853	\$170,481	-20.3%	\$231,987	\$307,109	\$0	-100.0%	
HCC's % of Plan Paid	40.9%	34.5%	17.8%	-48.4%	44.4%	49.1%	0.0%	-100.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,808	\$1,250	\$782	-37.4%	\$2,262	\$4,005	\$898	-77.6%	\$1,044
Facility Outpatient	\$1,612	\$1,838	\$1,458	-20.7%	\$1,488	\$1,591	\$1,545	-2.9%	\$1,310
Physician	\$1,280	\$1,652	\$1,412	-14.5%	\$1,227	\$1,724	\$1,130	-34.5%	\$1,404
Other	\$91	\$0	\$0	0.0%	\$115	\$0	\$0	0.0%	\$72
Total	\$4,791	\$4,740	\$3,652	-23.0%	\$5,091	\$7,321	\$3,574	-51.2%	\$3,830
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 12,054,589	\$ 201,931	\$ 2,457,895	\$ 14,714,415	\$ 7,847,100	\$ 1,510,553	\$ 172,351	\$ 9,530,004	-35.2%	
Outpatient	\$ 17,156,243	\$ 582,669	\$ 4,307,062	\$ 22,045,975	\$ 18,228,415	\$ 3,920,624	\$ 1,093,590	\$ 23,242,629	5.4%	
Total - Medical	\$ 29,210,832	\$ 784,601	\$ 6,764,958	\$ 36,760,390	\$ 26,075,515	\$ 5,431,178	\$ 1,265,940	\$ 32,772,633	-10.8%	

Net Paid Claims - Per Participant per Month										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 362	\$ 60	\$ 2,016	\$ 379	\$ 363	\$ 465	\$ 392	\$ 377	-0.3%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	2Q23				2Q24				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 307,550	\$ 528,292	\$ 835,842	\$ -	\$ 46,918	\$ 144,082	\$ 191,000		-77.1%
Outpatient	\$ 19,651	\$ 297,967	\$ 235,327	\$ 552,945	\$ 12,870	\$ 241,337	\$ 246,987	\$ 501,195		-9.4%
Total - Medical	\$ 19,651	\$ 605,517	\$ 763,619	\$ 1,388,787	\$ 12,870	\$ 288,255	\$ 391,069	\$ 692,194		-50.2%

Net Paid Claims - Per Participant per Month										
	2Q23				2Q24				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 1,092	\$ 832	\$ 494	\$ 606	\$ 613	\$ 591	\$ 264	\$ 348		-42.5%

Paid Claims by Claim Type – Total Participants

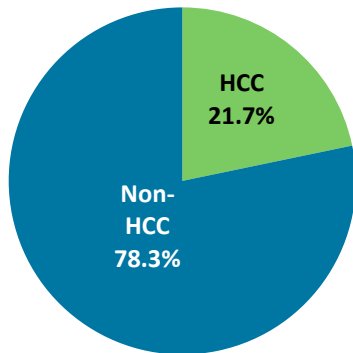
Net Paid Claims - Total										
Total Participants										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 12,054,589	\$ 509,481	\$ 2,986,187	\$ 15,550,258	\$ 7,847,100	\$ 1,557,471	\$ 316,432	\$ 9,721,003	-37.5%	
Outpatient	\$ 17,175,894	\$ 880,636	\$ 4,542,389	\$ 22,598,920	\$ 18,241,285	\$ 4,161,961	\$ 1,340,577	\$ 23,743,823	5.1%	
Total - Medical	\$ 29,230,483	\$ 1,390,117	\$ 7,528,577	\$ 38,149,176	\$ 26,088,385	\$ 5,719,432	\$ 1,657,009	\$ 33,464,827	-12.3%	

Net Paid Claims - Per Participant per Month										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		
Medical	\$ 363	\$ 100	\$ 1,536	\$ 384	\$ 363	\$ 470	\$ 352	\$ 377	-1.8%	

Cost Distribution – Medical Claims

2Q23						2Q24						
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
44	0.2%	\$12,138,215	31.8%	\$255,290	1.6%	\$100,000.01 Plus	37	0.2%	\$7,274,195	21.7%	\$219,567	1.4%
62	0.2%	\$4,801,280	12.6%	\$340,002	2.1%	\$50,000.01-\$100,000.00	79	0.3%	\$5,564,706	16.6%	\$458,382	2.9%
140	0.5%	\$5,076,275	13.3%	\$846,964	5.3%	\$25,000.01-\$50,000.00	130	0.5%	\$4,645,229	13.9%	\$744,755	4.7%
343	1.2%	\$5,474,220	14.3%	\$1,710,395	10.6%	\$10,000.01-\$25,000.00	334	1.4%	\$5,421,852	16.2%	\$1,678,264	10.5%
446	1.6%	\$3,208,248	8.4%	\$1,644,691	10.2%	\$5,000.01-\$10,000.00	490	2.0%	\$3,518,018	10.5%	\$1,771,361	11.1%
662	2.4%	\$2,431,970	6.4%	\$1,710,878	10.6%	\$2,500.01-\$5,000.00	689	2.8%	\$2,504,712	7.5%	\$1,839,057	11.5%
10,973	39.3%	\$5,018,970	13.2%	\$7,076,094	44.0%	\$0.01-\$2,500.00	8,815	36.2%	\$4,536,115	13.6%	\$6,760,879	42.2%
5,954	21.3%	\$0	0.0%	\$2,489,439	15.5%	\$0.00	5,861	24.1%	\$0	0.0%	\$2,536,906	15.8%
9,319	33.3%	\$0	0.0%	\$0	0.0%	No Claims	7,931	32.5%	\$0	0.0%	\$0	0.0%
27,942	100.0%	\$38,149,177	100.0%	\$16,073,754	100.0%		24,365	100.0%	\$33,464,827	100.0%	\$16,009,170	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	16	\$2,209,720	30.4%
Neurological Disorders	25	\$717,895	9.9%
Cardiac Disorders	30	\$648,228	8.9%
Infections	18	\$532,252	7.3%
Gastrointestinal Disorders	25	\$496,338	6.8%
Hematological Disorders	16	\$441,309	6.1%
Pulmonary Disorders	26	\$351,238	4.8%
Non-malignant Neoplasm	5	\$299,523	4.1%
Endocrine/Metabolic Disorders	15	\$286,483	3.9%
Renal/Urologic Disorders	13	\$275,175	3.8%
All Other		\$1,016,034	14.0%
Overall	----	\$7,274,195	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	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year
Inpatient Summary												
# of Admits	699	525	456		513	379	348		0	0	0	
# of Bed Days	4,347	3,283	2,338		3,269	2,403	1,670		0	0	0	
Paid Per Admit	\$30,798	\$25,366	\$20,864	-17.7%	\$31,757	\$25,842	\$21,746	-15.9%	\$0	\$0	\$0	0.0%
Paid Per Day	\$4,952	\$4,056	\$4,069	0.3%	\$4,984	\$4,076	\$4,532	11.2%	\$0	\$0	\$0	0.0%
Admits Per 1,000	41	38	37	-2.6%	36	32	34	6.3%	0	0	0	0.0%
Days Per 1,000	258	235	192	-18.3%	228	206	164	-20.4%	0	0	0	0.0%
Avg LOS	6.2	6.3	5.1	-19.0%	6.4	6.3	4.8	-23.8%	0	0	0	0.0%
# Admits From ER	393	309	313	1.3%	261	205	232	13.2%	0	0	0	0.0%
Physician Office												
OV Utilization per Member	3.7	3.5	3.9	11.4%	3.5	3.2	3.6	12.5%	3.5	3.0	2.8	-6.7%
Avg Paid per OV	\$71	\$71	\$68	-4.2%	\$74	\$69	\$66	-4.3%	\$48	\$49	\$118	0.0%
Avg OV Paid per Member	\$262	\$246	\$263	6.9%	\$256	\$222	\$236	6.3%	\$166	\$148	\$324	0.0%
DX&L Utilization per Member	7.2	8.7	9.3	6.9%	6.8	7.9	8.7	10.1%	14.5	5	5.3	6.0%
Avg Paid per DX&L	\$45	\$41	\$46	12.2%	\$41	\$40	\$45	12.5%	\$41	\$97	\$299	0.0%
Avg DX&L Paid per Member	\$322	\$358	\$428	19.6%	\$282	\$318	\$395	24.2%	\$594	\$483	\$1,569	0.0%
Emergency Room												
# of Visits	2,520	1,985	1,901		2,102	1,587	1,536		3	3	1	
Visits Per Member	0.15	0.14	0.16	14.3%	0.15	0.14	0.15	7.1%	0.75	0.75	0.25	-66.7%
Visits Per 1,000	150	142	156	9.9%	147	136	151	11.0%	750	750	250	-66.7%
Avg Paid per Visit	\$1,835	\$2,091	\$2,316	10.8%	\$1,847	\$2,116	\$2,430	14.8%	\$1,489	\$4,167	\$6,492	55.8%
Urgent Care												
# of Visits	4,606	3,821	3,502		4,072	3,389	3,034		2	2	2	
Visits Per Member	0.27	0.27	0.29	7.4%	0.28	0.29	0.30	3.4%	0.50	0.50	0.50	0.0%
Visits Per 1,000	273	273	287	5.1%	284	290	299	3.1%	500	500	500	0.0%
Avg Paid per Visit	\$63	\$39	\$31	-20.5%	\$63	\$39	\$32	-17.9%	\$102	\$0	\$130	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

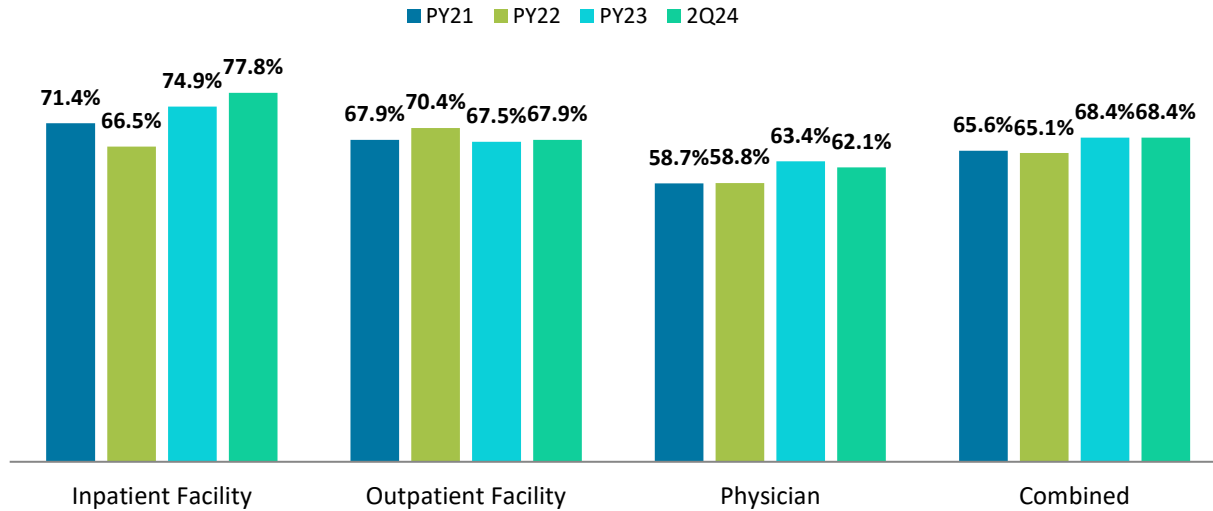
Utilization Summary (p. 2 of 2)

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

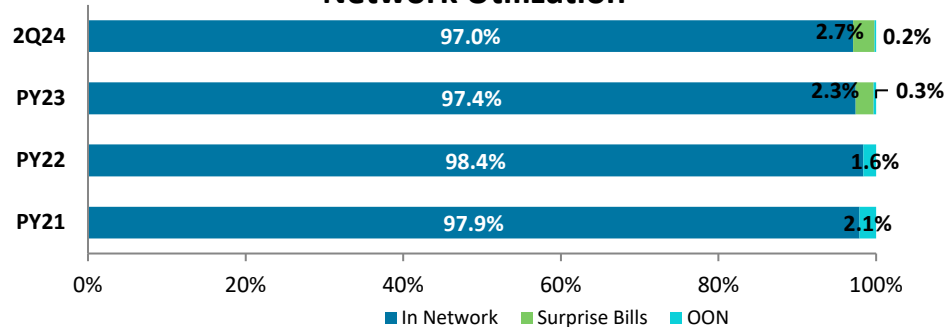
Summary	State Retirees				Non-State Retirees				Peer Index
	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	
Inpatient Summary									
# of Admits	166	113	85		20	33	23		
# of Bed Days	954	654	565		124	226	103		
Paid Per Admit	\$29,106	\$23,741	\$20,301	-14.5%	\$20,260	\$25,460	\$9,596	-62.3%	\$19,305
Paid Per Day	\$5,065	\$4,102	\$3,054	-25.5%	\$3,268	\$3,718	\$2,143	-42.4%	\$3,615
Admits Per 1,000	74	55	46	-16.4%	75	148	121	-18.2%	64
Days Per 1,000	423	319	308	-3.4%	467	1,012	542	-46.4%	342
Avg LOS	5.7	5.8	6.6	13.8%	6.2	6.8	4.5	-33.8%	5.3
# Admits From ER	122	82	62	-24.4%	10	22	19	-13.6%	
Physician Office									
OV Utilization per Member	4.8	4.7	4.9	4.3%	6.6	7.3	7.8	6.8%	5.2
Avg Paid per OV	\$64	\$83	\$85	2.4%	\$26	\$25	\$28	12.0%	\$97
Avg OV Paid per Member	\$308	\$390	\$418	7.2%	\$173	\$183	\$217	18.6%	\$502
DX&L Utilization per Member	9.6	11.9	11.8	-0.8%	9.7	18.9	17.6	-6.9%	9.0
Avg Paid per DX&L	\$58	\$46	\$49	6.5%	\$47	\$37	\$41	10.8%	\$46
Avg DX&L Paid per Member	\$560	\$550	\$580	5.5%	\$456	\$700	\$715	2.1%	\$412
Emergency Room									
# of Visits	358	336	306		57	59	58		
Visits Per Member	0.16	0.16	0.17	6.3%	0.21	0.26	0.31	19.2%	0.23
Visits Per 1,000	159	164	167	1.8%	215	264	305	15.5%	228
Avg Paid per Visit	\$1,795	\$1,993	\$2,043	2.5%	\$1,677	\$1,865	\$681	-63.5%	\$1,035
Urgent Care									
# of Visits	479	382	423		53	48	43		
Visits Per Member	0.21	0.19	0.23	21.1%	0.20	0.22	0.23	4.5%	0.38
Visits Per 1,000	213	186	231	24.2%	200	215	226	5.1%	379
Avg Paid per Visit	\$60	\$40	\$28	-30.0%	\$39	\$27	\$12	-55.6%	\$132
	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	\$4,507,602	13.5%	\$3,794,796	\$660,612	\$52,195	\$1,502,328	\$3,005,274
Health Status/Encounters	\$3,258,521	9.7%	\$2,047,908	\$439,424	\$771,189	\$1,133,537	\$2,124,984
Gastrointestinal Disorders	\$2,769,240	8.3%	\$1,982,950	\$387,663	\$398,627	\$902,238	\$1,867,003
Cardiac Disorders	\$2,736,168	8.2%	\$1,911,082	\$740,468	\$84,618	\$1,676,612	\$1,059,556
Neurological Disorders	\$2,157,480	6.4%	\$1,223,771	\$229,060	\$704,648	\$696,024	\$1,461,456
Trauma/Accidents	\$1,721,113	5.1%	\$1,085,447	\$162,290	\$473,375	\$825,131	\$895,981
Musculoskeletal Disorders	\$1,620,150	4.8%	\$1,288,207	\$191,358	\$140,585	\$510,759	\$1,109,392
Infections	\$1,452,660	4.3%	\$1,194,916	\$188,378	\$69,366	\$645,901	\$806,759
Mental Health	\$1,444,130	4.3%	\$572,612	\$161,912	\$709,605	\$743,335	\$700,795
Spine-related Disorders	\$1,424,716	4.3%	\$1,172,383	\$199,953	\$52,381	\$746,531	\$678,185
Renal/Urologic Disorders	\$1,305,065	3.9%	\$974,356	\$122,037	\$208,672	\$627,838	\$677,227
Pulmonary Disorders	\$1,204,975	3.6%	\$778,703	\$125,420	\$300,852	\$577,139	\$627,836
Pregnancy-related Disorders	\$1,125,948	3.4%	\$754,908	\$136,782	\$234,258	\$68,879	\$1,057,069
Eye/ENT Disorders	\$1,108,283	3.3%	\$690,685	\$233,134	\$184,464	\$400,126	\$708,158
Endocrine/Metabolic Disorders	\$741,721	2.2%	\$654,116	\$80,437	\$7,167	\$389,217	\$352,504
Gynecological/Breast Disorders	\$733,894	2.2%	\$553,536	\$113,478	\$66,880	\$16,910	\$716,985
Medical/Surgical Complications	\$686,638	2.1%	\$559,483	\$94,350	\$32,805	\$166,453	\$520,185
Non-malignant Neoplasm	\$677,525	2.0%	\$592,977	\$55,535	\$29,013	\$357,881	\$319,644
Hematological Disorders	\$651,881	1.9%	\$203,968	\$421,600	\$26,313	\$438,415	\$213,466
Diabetes	\$402,119	1.2%	\$299,192	\$18,819	\$84,108	\$127,182	\$274,938
Dermatological Disorders	\$358,435	1.1%	\$228,928	\$65,344	\$64,164	\$161,146	\$197,289
Vascular Disorders	\$338,754	1.0%	\$227,457	\$30,945	\$80,352	\$136,284	\$202,471
Miscellaneous	\$297,856	0.9%	\$210,515	\$33,680	\$53,661	\$125,145	\$172,711
Medication Related Conditions	\$238,476	0.7%	\$81,517	\$22,975	\$133,984	\$26,297	\$212,179
Abnormal Lab/Radiology	\$230,948	0.7%	\$199,988	\$22,034	\$8,926	\$93,514	\$137,434
Congenital/Chromosomal Anomalies	\$111,482	0.3%	\$32,153	\$420	\$78,909	\$44,251	\$67,231
External Hazard Exposure	\$92,248	0.3%	\$2,561	\$2,297	\$87,390	\$87,890	\$4,358
Cholesterol Disorders	\$46,189	0.1%	\$39,839	\$5,927	\$423	\$29,859	\$16,329
Allergic Reaction	\$12,638	0.0%	\$5,367	\$718	\$6,554	\$3,857	\$8,782
Dental Conditions	\$7,724	0.0%	\$4,308	\$263	\$3,153	\$4,995	\$2,729
Cause of Morbidity	\$241	0.0%	\$0	\$0	\$241	\$241	\$0
Social Determinants of Health	\$6	0.0%	\$6	\$0	\$0	\$0	\$6
Total	\$33,464,827	100.0%	\$23,368,635	\$4,947,314	\$5,148,877	\$13,265,914	\$20,198,913

Mental Health Drilldown

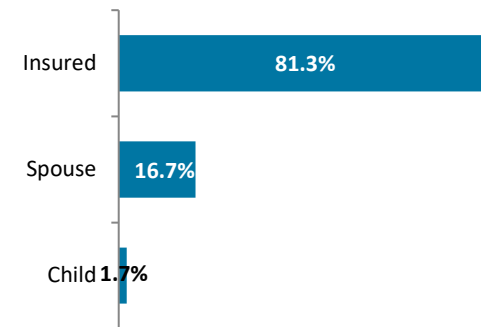
Grouper	PY21		PY22		PY23		2Q24	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Alcohol Abuse/Dependence	136	\$1,288,204	101	\$873,612	129	\$434,007	75	\$354,518
Developmental Disorders	179	\$1,179,402	113	\$719,871	106	\$1,143,180	71	\$347,777
Depression	1,597	\$1,103,414	1,156	\$1,279,244	974	\$1,005,022	685	\$268,724
Mood and Anxiety Disorders	1,920	\$638,818	1,486	\$406,189	1,263	\$370,422	787	\$118,833
Mental Health Conditions, Other	1,220	\$771,034	911	\$431,490	774	\$383,973	490	\$101,689
Bipolar Disorder	315	\$464,418	225	\$197,224	193	\$202,937	147	\$50,912
Eating Disorders	55	\$647,596	44	\$596,928	34	\$112,463	15	\$46,310
Sexually Related Disorders	68	\$90,021	42	\$11,305	56	\$109,156	33	\$42,372
Complications of Substance Abuse	42	\$202,208	22	\$89,081	26	\$88,753	19	\$26,607
Psychoses	54	\$86,357	32	\$70,201	35	\$108,586	17	\$23,396
Substance Abuse/Dependence	140	\$213,345	86	\$540,594	81	\$99,940	45	\$15,487
Sleep Disorders	564	\$76,491	371	\$46,254	347	\$39,783	163	\$15,408
Attention Deficit Disorder	482	\$72,965	374	\$57,319	369	\$42,820	268	\$15,357
Schizophrenia	26	\$141,033	25	\$110,357	21	\$81,413	12	\$11,108
Personality Disorders	25	\$16,690	19	\$13,480	8	\$1,502	12	\$3,706
Tobacco Use Disorder	126	\$8,010	106	\$6,184	103	\$7,184	55	\$1,925
Total		\$7,000,007		\$5,449,334		\$4,231,141		\$1,444,130

Diagnosis Grouper – Cancer

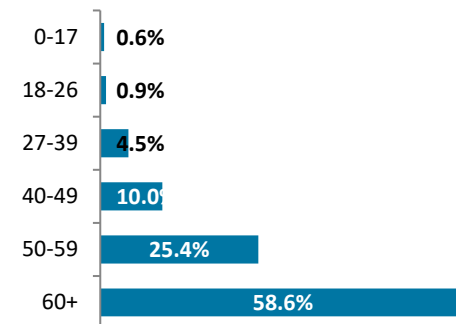
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Cancer Therapies	56	236	\$1,832,115	40.6%
Cancers, Other	62	508	\$539,212	12.0%
Breast Cancer	131	875	\$439,927	9.8%
Secondary Cancers	38	265	\$337,869	7.5%
Colon Cancer	32	259	\$274,842	6.1%
Prostate Cancer	78	400	\$208,573	4.6%
Lung Cancer	16	122	\$143,050	3.2%
Carcinoma in Situ	50	169	\$92,396	2.0%
Lymphomas	25	198	\$86,476	1.9%
Ovarian Cancer	15	122	\$83,037	1.8%
Cervical/Uterine Cancer	37	161	\$81,439	1.8%
Thyroid Cancer	29	119	\$75,057	1.7%
Leukemias	21	215	\$64,693	1.4%
Non-Melanoma Skin Cancers	154	362	\$61,409	1.4%
Kidney Cancer	17	115	\$55,964	1.2%
Myeloma	9	93	\$41,185	0.9%
Pancreatic Cancer	2	96	\$29,287	0.6%
Melanoma	24	90	\$27,341	0.6%
Brain Cancer	4	9	\$24,449	0.5%
Bladder Cancer	15	65	\$9,281	0.2%
Overall	----	----	\$4,507,602	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

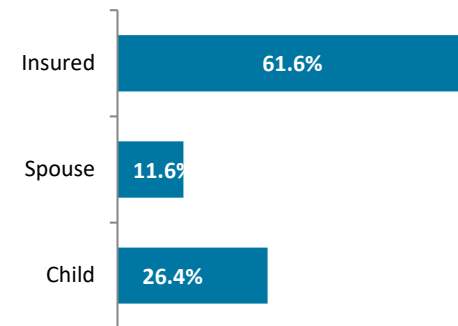


Diagnosis Grouper – Health Status/Encounters

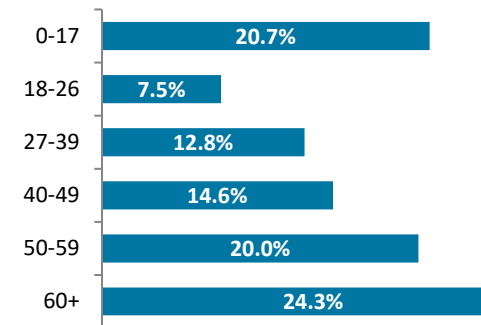
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Screenings	3,741	6,601	\$1,177,592	36.1%
Exams	4,602	7,795	\$753,810	23.1%
Prophylactic Measures	2,324	2,792	\$510,155	15.7%
Encounters - Infants/Children	1,554	1,986	\$291,659	9.0%
Aftercare	238	525	\$140,046	4.3%
Counseling	536	2,035	\$132,631	4.1%
Prosthetics/Devices/Implants	273	749	\$64,847	2.0%
Personal History of Condition	455	727	\$61,541	1.9%
Family History of Condition	86	126	\$40,754	1.3%
Acquired Absence	43	68	\$30,465	0.9%
Encounter - Transplant Related	26	101	\$18,968	0.6%
Encounter - Procedure	28	45	\$17,974	0.6%
Health Status, Other	51	85	\$13,349	0.4%
Lifestyle/Situational Issues	52	102	\$4,292	0.1%
Miscellaneous Examinations	13	19	\$274	0.0%
Donors	1	1	\$113	0.0%
Blood Type	1	2	\$51	0.0%
Patient Non-compliance	1	1	\$0	0.0%
Follow-Up Encounters	1	2	\$0	0.0%
Overall	----	----	\$3,258,521	100.0%

*Patient and claim counts are unique only within the category

Relationship



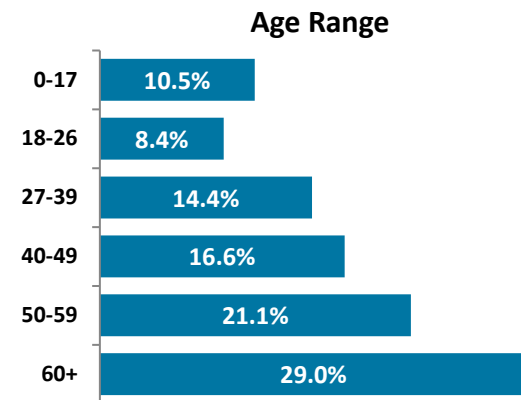
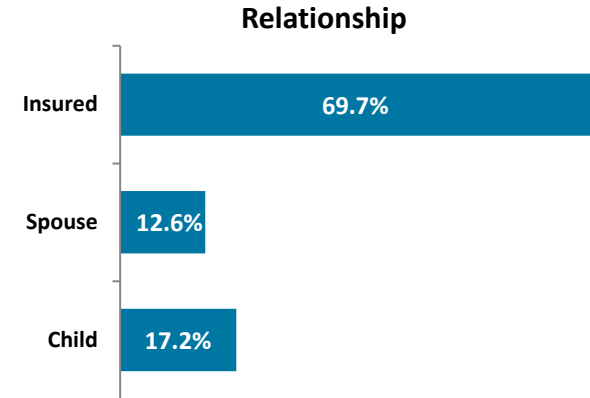
Age Range



Diagnosis Grouper – Gastrointestinal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Abdominal Disorders	848	1,949	\$435,958	15.7%
Hernias	139	422	\$412,353	14.9%
GI Disorders, Other	429	961	\$386,915	14.0%
GI Symptoms	532	1,091	\$234,642	8.5%
Upper GI Disorders	447	925	\$224,099	8.1%
Gallbladder and Biliary Disease	90	314	\$213,885	7.7%
Appendicitis	28	176	\$139,843	5.0%
Inflammatory Bowel Disease	56	194	\$131,530	4.7%
Pancreatic Disorders	29	150	\$120,096	4.3%
Hepatic Cirrhosis	21	79	\$105,762	3.8%
Diverticulitis	84	187	\$98,619	3.6%
Liver Diseases	172	294	\$94,436	3.4%
Constipation	121	192	\$81,346	2.9%
Hemorrhoids	84	144	\$47,488	1.7%
Ostomies	25	152	\$34,389	1.2%
Peptic Ulcer/Related Disorders	16	22	\$6,496	0.2%
Esophageal Varices	4	9	\$1,383	0.0%
	----	----	\$2,769,240	100.0%

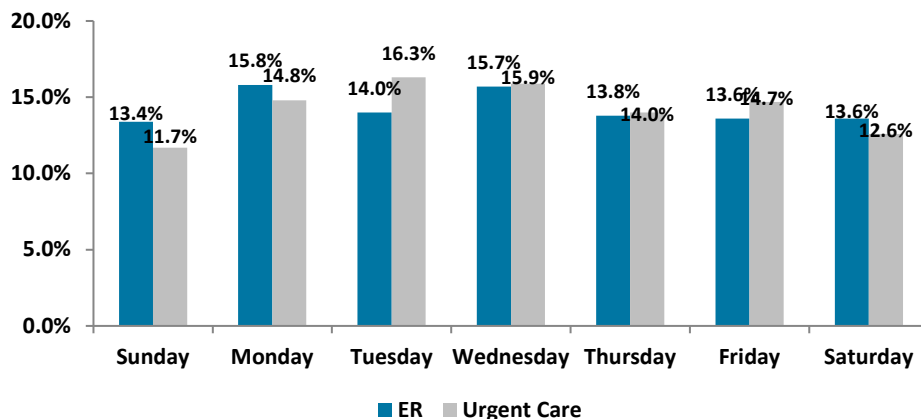
*Patient and claim counts are unique only within the category



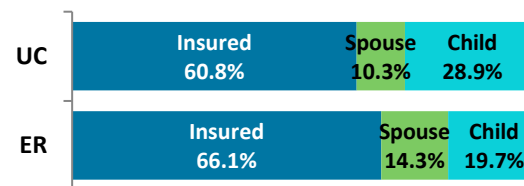
Emergency Room / Urgent Care Summary

	2Q23		2Q24		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,985	3,821	1,901	3,502		
Visits Per Member	0.14	0.27	0.16	0.29	0.23	0.38
Visits/1000 Members	142	273	156	287	228	379
Avg Paid Per Visit	\$2,091	\$39	\$2,316	\$31	\$1,085	\$132
% with OV*	80.2%	78.5%	83.0%	77.6%		
% Avoidable	15.1%	40.2%	14.8%	38.3%		
Total Member Paid	\$2,812,684	\$522,853	\$2,802,309	\$538,359		
Total Plan Paid	\$4,126,032	\$149,367	\$4,403,297	\$109,878		
*looks back 12 months	Annualized	Annualized	Annualized	Annualized		

Visits by Day of Week



% of Paid



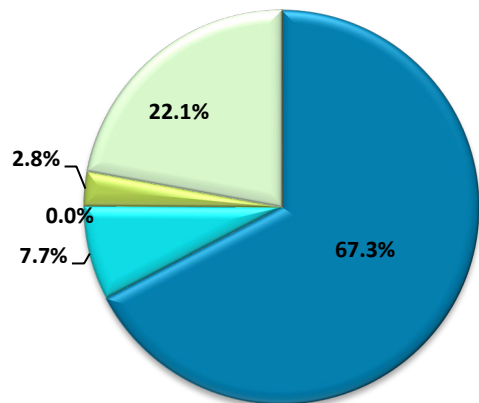
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	1,180	80	2,192	4,380	3,372	228
Spouse	231	85	970	863	1,201	443
Child	490	72	340	1,655	830	121
Total	1,901	78	3,502	144	5,403	222

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

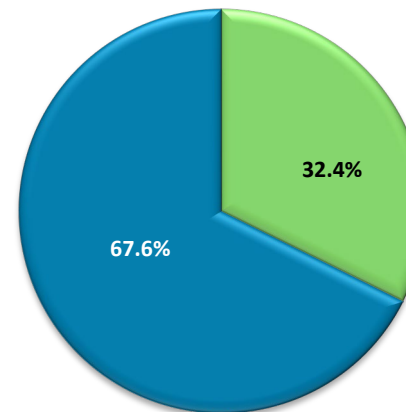
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$157,459,129	\$1,773	100.0%
PPO Discount	\$102,051,463	\$1,149	64.8%
Deductible	\$11,723,087	\$132	7.4%
Copay	\$223	\$0	0.0%
Coinsurance	\$4,285,860	\$48	2.7%
Total Participant Paid	\$16,009,170	\$180	10.2%
Total Plan Paid	\$33,464,827	\$377	21.3%

Total Participant Paid - PY23	\$143
Total Plan Paid - PY23	\$449



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



■ Total Participant Paid
 ■ Total Plan Paid

Paid Claims by Age Range – Dental

Dental Paid Claims by Age Group								
Age Range	2Q22		2Q23		2Q24		% Change	
	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM
<1	\$ 4,624	\$ 2	\$ 3,677	\$ 1	\$ 4,733	\$ 2	28.7%	48.3%
1	\$ 24,384	\$ 8	\$ 25,586	\$ 9	\$ 24,078	\$ 9	-5.9%	2.9%
2 - 4	\$ 197,775	\$ 19	\$ 196,205	\$ 21	\$ 209,307	\$ 22	6.7%	8.9%
5 - 9	\$ 615,077	\$ 32	\$ 544,872	\$ 29	\$ 590,519	\$ 33	8.4%	11.6%
10 - 14	\$ 632,173	\$ 28	\$ 597,828	\$ 27	\$ 643,970	\$ 30	7.7%	8.0%
15 - 19	\$ 758,700	\$ 31	\$ 711,743	\$ 29	\$ 895,557	\$ 35	25.8%	22.7%
20 - 24	\$ 461,202	\$ 18	\$ 442,530	\$ 17	\$ 537,029	\$ 20	21.4%	20.5%
25 - 29	\$ 434,828	\$ 23	\$ 372,460	\$ 21	\$ 427,153	\$ 24	14.7%	13.2%
30 - 34	\$ 568,428	\$ 25	\$ 477,840	\$ 22	\$ 565,469	\$ 26	18.3%	18.4%
35 - 39	\$ 714,163	\$ 28	\$ 600,599	\$ 24	\$ 706,257	\$ 28	17.6%	16.5%
40 - 44	\$ 694,624	\$ 28	\$ 659,885	\$ 26	\$ 778,984	\$ 30	18.0%	14.2%
45 - 49	\$ 726,434	\$ 29	\$ 661,311	\$ 26	\$ 801,755	\$ 32	21.2%	21.2%
50 - 54	\$ 919,786	\$ 32	\$ 833,773	\$ 29	\$ 926,052	\$ 32	11.1%	10.0%
55 - 59	\$ 1,035,663	\$ 35	\$ 957,492	\$ 33	\$ 1,105,227	\$ 38	15.4%	16.0%
60 - 64	\$ 1,313,464	\$ 40	\$ 1,162,161	\$ 36	\$ 1,278,537	\$ 41	10.0%	11.8%
65+	\$ 3,423,389	\$ 42	\$ 3,238,556	\$ 40	\$ 3,724,461	\$ 46	15.0%	15.3%
Total	\$12,524,714	\$ 31	\$11,486,516	\$ 29	\$ 13,219,088	\$ 34	15.1%	15.3%

Dental Paid Claims – State Participants

Dental Paid Claims - Total									
State Participants									
	2Q23				2Q24				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 7,540,918	\$ 1,042,467	\$ 222,772	\$ 8,806,158	\$ 9,209,301	\$ 785,078	\$ 190,961	\$ 10,185,340	15.7%
Dental Exchange	\$ -	\$ -	\$ 1,666,037	\$ 1,666,037	\$ -	\$ -	\$ 1,915,468	\$ 1,915,468	15.0%
Total	\$ 7,540,918	\$ 1,042,467	\$ 1,888,809	\$ 10,472,194	\$ 9,209,301	\$ 785,078	\$ 2,106,429	\$ 12,100,808	30.6%

Dental Paid Claims - Per Participant per Month									
	2Q23				2Q24				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 48	\$ 50	\$ 52	\$ 49	\$ 58	\$ 39	\$ 45	\$ 56	14.4%
Dental Exchange	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ 55	\$ 55	13.6%

Dental Paid Claims – Non-State Participants

Dental Paid Claims - Total										
Non-State Participants										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 2,321	\$ 45,795	\$ 107,321	\$ 155,437	\$ 11,563	\$ 32,571	\$ 97,366	\$ 141,499	-9.0%	
Dental Exchange	\$ -	\$ -	\$ 858,884	\$ 858,884	\$ -	\$ -	\$ 976,782	\$ 976,782	13.7%	
Total	\$ 2,321	\$ 45,795	\$ 966,205	\$ 1,014,321	\$ 11,563	\$ 32,571	\$ 1,074,147	\$ 1,118,281	10.2%	

Dental Paid Claims - Per Participant per Month										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 64	\$ 37	\$ 43	\$ 41	\$ 296	\$ 38	\$ 40	\$ 42	3.0%	
Dental Exchange	\$ -	\$ -	\$ 42	\$ 42	\$ -	\$ -	\$ 50	\$ 50	17.4%	

Dental Paid Claims – Total Participants

Dental Paid Claims - Total

Total Participants

	2Q23				2Q24				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 7,543,240	\$ 1,088,262	\$ 330,093	\$ 8,961,594	\$ 9,220,864	\$ 817,648	\$ 288,327	\$ 10,326,839	15.2%
Dental Exchange	\$ -	\$ -	\$ 2,524,921	\$ 2,524,921	\$ -	\$ -	\$ 2,892,249	\$ 2,892,249	14.5%
Total	\$ 7,543,240	\$ 1,088,262	\$ 2,855,014	\$ 11,486,515	\$ 9,220,864	\$ 817,648	\$ 3,180,576	\$ 13,219,088	15.1%

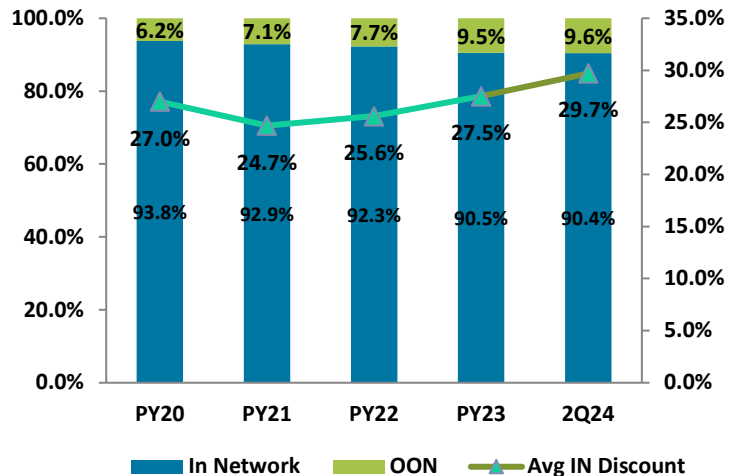
Dental Paid Claims - Per Participant per Month

	2Q23				2Q24				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 48	\$ 49	\$ 49	\$ 48	\$ 58	\$ 39	\$ 43	\$ 55	14.3%
Dental Exchange	\$ -	\$ -	\$ 46	\$ 46	\$ -	\$ -	\$ 53	\$ 53	15.0%

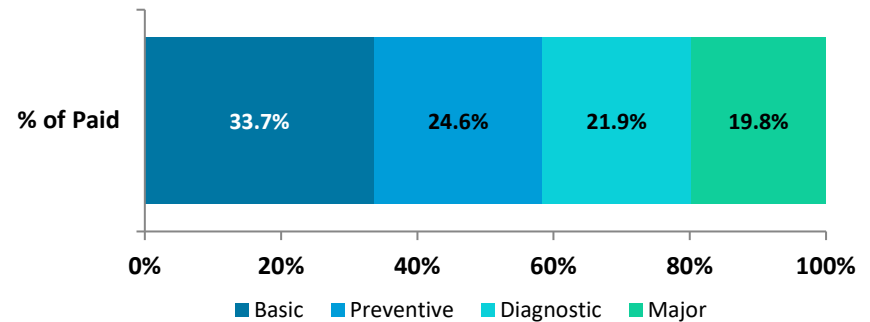
Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	# of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	3,202	4.9%	12,798	19.1%	\$5,234,024	39.6%	\$3,122,895	50.0%
\$750.01-\$1,000.00	1,388	2.1%	4,288	6.4%	\$1,214,790	9.2%	\$731,656	11.7%
\$500.01-\$750.00	2,146	3.3%	5,854	8.7%	\$1,342,922	10.2%	\$752,913	12.1%
\$250.01-\$500.00	5,891	9.0%	12,898	19.2%	\$2,022,635	15.3%	\$662,513	10.6%
\$0.01-\$250.00	22,777	34.9%	30,276	45.1%	\$3,404,717	25.8%	\$925,572	14.8%
\$0.00	686	1.1%	996	1.5%	\$0	0.0%	\$47,599	0.8%
No Claims	29,153	44.7%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	65,243	100.0%	67,110	100.0%	\$13,219,088	100.0%	\$6,243,148	100.0%

Network Performance



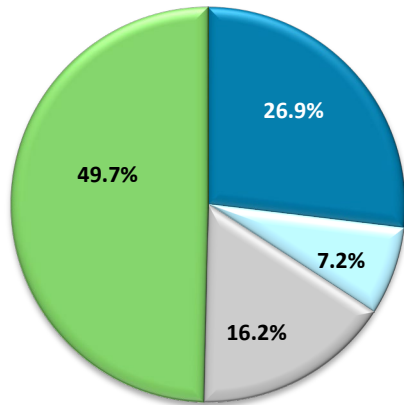
Claim Category	Total Paid	% of Paid
Basic	\$4,457,088	33.7%
Preventive	\$3,257,124	24.6%
Diagnostic	\$2,889,420	21.9%
Major	\$2,615,456	19.8%
Total	\$13,219,088	100.0%



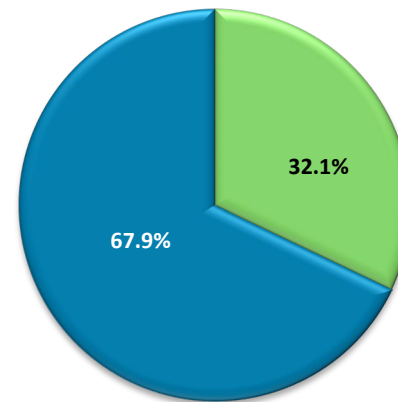
Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$26,669,192	\$111	100.0%
PPO Discount	\$7,160,982	\$30	26.9%
Deductible	\$1,925,442	\$8	7.2%
Coinsurance	\$4,317,706	\$18	16.2%
Total Participant Paid	\$6,243,148	\$26	23.4%
Total Plan Paid	\$13,219,088	\$55	49.6%

Total Participant Paid - PY23	\$25
Total Plan Paid - PY23	\$57



- PPO Discount
- Coinsurance
- Deductible
- 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	1,000	975	25	97.5%
	<2 asthma related ER Visits in the last 6 months	1,000	1	999	0.1%
	No asthma related admit in last 12 months	1,000	5	995	0.5%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	234	9	225	3.8%
	Members with COPD who had an annual spirometry test	234	32	202	13.7%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	8	0	8	0.0%
	No ER Visit for Heart Failure in last 90 days	199	6	193	3.0%
	Follow-up OV within 4 weeks of discharge from HF admission	8	5	3	62.5%
Diabetes	Annual office visit	1,384	1,281	103	92.6%
	Annual dilated eye exam	1,384	499	885	36.1%
	Annual foot exam	1,384	631	753	45.6%
	Annual HbA1c test done	1,384	1,154	230	83.4%
	Diabetes Annual lipid profile	1,384	1,068	316	77.2%
	Annual microalbumin urine screen	1,384	940	444	67.9%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	3,981	3,173	808	79.7%
Hypertension	Annual lipid profile	3,893	2,652	1,241	68.1%
	Annual serum creatinine test	3,809	3,007	802	78.9%
Wellness	Well Child Visit - 15 months	933	528	405	56.6%
	Routine office visit in last 6 months (All Ages)	5,735	5,332	403	93.0%
	Colorectal cancer screening ages 45-75 within the appropriate time period	1,645	1,142	503	69.4%
	Women age 25-65 with recommended cervical cancer/HPV screening	1,703	1,336	367	78.4%
	Males age greater than 49 with PSA test in last 24 months	24,219	14,604	9,615	60.3%
	Routine exam in last 24 months (All Ages)	7,419	5,041	2,378	67.9%
	Women age 40 to 75 with a screening mammogram last 24 months	10,178	4,898	5,280	48.1%

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

Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1,000	Admits per 1,000	ER Visits per 1,000	PMPY
Affective Psychosis	175	0.72%	7.18	285.62	772.28	\$18,806
Asthma	1,128	4.65%	46.30	133.67	658.51	\$16,003
Atrial Fibrillation	285	1.18%	11.70	336.93	654.40	\$34,359
Blood Disorders	1,625	6.70%	66.69	315.09	641.72	\$33,500
CAD	596	2.46%	24.46	318.74	589.10	\$30,912
COPD	231	0.95%	9.48	384.22	797.40	\$33,598
Cancer	984	4.06%	40.39	229.83	344.31	\$40,262
Chronic Pain	683	2.82%	28.03	194.01	716.09	\$24,278
Congestive Heart Failure	198	0.82%	8.13	678.92	875.14	\$57,415
Demyelinating Diseases	62	0.26%	2.54	154.06	423.51	\$61,691
Depression	1,574	6.49%	64.60	156.33	482.07	\$14,334
Diabetes	1,545	6.37%	63.41	143.85	393.68	\$19,450
ESRD	36	0.15%	1.48	1,005.32	1,090.73	\$123,351
Eating Disorders	78	0.32%	3.20	272.88	725.41	\$23,410
HIV/AIDS	34	0.14%	1.40	121.13	405.80	\$44,802
Hyperlipidemia	4,914	20.26%	201.68	96.11	303.98	\$14,153
Hypertension	3,921	16.17%	160.93	118.54	391.44	\$15,635
Immune Disorders	130	0.54%	5.34	436.58	635.75	\$72,162
Inflammatory Bowel Disease	92	0.38%	3.78	198.22	462.77	\$48,730
Liver Diseases	520	2.14%	21.34	294.66	707.13	\$31,530
Morbid Obesity	760	3.13%	31.19	205.24	534.03	\$19,940
Osteoarthritis	1,070	4.41%	43.91	142.68	440.05	\$21,606
Peripheral Vascular Disease	167	0.69%	6.85	349.85	600.89	\$33,028
Rheumatoid Arthritis	142	0.59%	5.83	135.02	448.80	\$35,088

*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 2024 - Through Quarter Ending December 31, 2023**

Express Scripts

1Q-2Q FY2024 CDHP		1Q-2Q FY2023 CDHP	Difference	% Change
Membership Summary				
Member Count (Memberships)	24,297	28,010	(3,713)	-13.3%
Utilizing Member Count (Patients)	14,819	18,037	(3,218)	-17.8%
Percent Utilizing (Utilization)	61.0%	64.4%	(0.03)	-5.3%
Claim Summary				
Net Claims (Total Rx's)	170,990	193,380	(22,390)	-11.6%
Claims per Elig Member per Month (Claims PMPM)	1.17	1.15	0.02	1.7%
Total Claims for Generic (Generic Rx)	147,083	163,487	(16,404.00)	-10.0%
Total Claims for Brand (Brand Rx)	23,907	29,893	(5,986.00)	-20.0%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	754	769	(15.00)	-2.0%
Total Non-Specialty Claims	169,049	190,774	(21,725.00)	-11.4%
Total Specialty Claims	1,941	2,606	(665.00)	-25.5%
Generic % of Total Claims (GFR)	86.0%	84.5%	0.01	1.7%
Generic Effective Rate (GCR)	99.5%	99.5%	(0.00)	0.0%
Mail Order Claims	46,573	51,531	(4,958.00)	-9.6%
Mail Penetration Rate*	31.4%	31.1%	0.00	0.3%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$21,492,348	\$21,518,275	(\$25,927.00)	-0.1%
Total Generic Gross Cost	\$2,170,769	\$2,494,885	(\$324,116.00)	-13.0%
Total Brand Gross Cost	\$19,321,579	\$19,023,390	\$298,189.00	1.6%
Total MSB Gross Cost	\$322,777	\$441,855	(\$119,078.00)	-26.9%
Total Ingredient Cost	\$20,692,082	\$21,173,079	(\$480,997.00)	-2.3%
Total Dispensing Fee	\$786,385	\$323,875	\$462,510.00	142.8%
Total Other (e.g. tax)	\$13,880	\$21,320	(\$7,440.00)	-34.9%
Avg Total Cost per Claim (Gross Cost/Rx)	\$125.69	\$111.27	\$14.42	13.0%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$14.76	\$15.26	(\$0.50)	-3.3%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$808.20	\$636.38	\$171.82	27.0%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$428.09	\$574.58	(\$146.49)	-25.5%
Member Cost Summary				
Total Member Cost	\$4,776,329	\$5,065,371	(\$289,042.00)	-5.7%
Total Copay	\$3,630,113	\$3,685,708	(\$55,595.00)	-1.5%
Total Deductible	\$1,146,216	\$1,379,663	(\$233,447.00)	-16.9%
Avg Copay per Claim (Copay/Rx)	\$27.93	\$19.06	\$8.87	46.5%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$27.93	\$26.19	\$1.74	6.6%
Avg Copay for Generic (Copay/Generic Rx)	\$7.17	\$7.64	(\$0.47)	-6.2%
Avg Copay for Brand (Copay/Brand Rx)	\$155.67	\$127.69	\$27.98	21.9%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$98.33	\$174.98	(\$76.65)	-43.8%
Net PMPM (Participant Cost PMPM)	\$32.76	\$30.14	\$2.62	8.7%
Copay % of Total Prescription Cost (Member Cost Share %)	22.2%	23.5%	-1.3%	-5.6%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$16,716,019	\$16,452,903	\$263,116.00	1.6%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$6,877,440	\$5,830,693	\$1,046,747.00	18.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$9,838,579	\$10,622,210	(\$783,631.00)	-7.4%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$97.76	\$85.08	\$12.68	14.9%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$7.59	\$7.62	(\$0.03)	-0.4%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$652.53	\$508.69	\$143.84	28.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$329.76	\$399.60	(\$69.84)	-17.5%
Net PMPM (Plan Cost PMPM)	\$114.66	\$97.90	\$16.77	17.1%
PMPM without Specialty (Non-Specialty PMPM)	\$47.18	\$34.69	\$4.02	17.3%
PMPM for Specialty Only (Specialty PMPM)	\$67.49	\$63.20	\$4.29	6.8%
Specialty % of Plan Cost	58.9%	64.6%	(\$0.06)	-8.8%
Rebates Received (Q1-Q2 FY2024 actual)	\$2,734,938	\$5,876,725	(\$3,141,786.94)	-53.5%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$95.90	\$62.93	\$32.97	52.4%
PMPM without Specialty (Non-Specialty PMPM)	\$27.76	\$14.27	\$9.02	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$45.63	\$48.87	(\$3.24)	-6.6%

Appendix B

Index of Tables

UMR Inc. – LDPPO Utilization Review for PEBP July 1, 2023 – December 31, 2023

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DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July – December 2023 Incurred,

Paid through February 2024



Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 2Q24 was \$36,980,422 with a plan cost per employee per year (PEPY) of \$7,706. This is an increase of 14.0% when compared to 2Q23.
 - IP Cost per Admit is \$23,559 which is 1.0% higher than 2Q23.
 - ER Cost per Visit is \$3,125 which is 1.7% lower than 2Q23.
- Employees shared in 14.5% of the medical cost.
- Inpatient facility costs were 17.7% of the plan spend.
- 87.6% of the Average Membership had paid Medical claims less than \$2,500, with 25.1% of those having no claims paid at all during the reporting period.
- 34 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 19.7% of the plan spend. The highest diagnosis category was Cancer, accounting for 27.3% of the high-cost claimant dollars.
- Total spending with in-network providers was 98.3%. The average In Network discount was 65.1%, which is 1.2% higher than the PY23 average discount of 64.3%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	2Q23						2Q24						% 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	\$ 952,206	\$ 1,037	\$ 12,813	\$ 14	\$ 965,019	\$ 1,051	\$ 2,801,418	\$ 2,394	\$ 3,784	\$ 3	\$ 2,805,202	\$ 2,398	190.7%	128.1%
1	\$ 200,437	\$ 235	\$ 4,730	\$ 6	\$ 205,167	\$ 241	\$ 238,701	\$ 206	\$ 2,062	\$ 2	\$ 240,763	\$ 208	17.3%	-13.7%
2 - 4	\$ 519,289	\$ 159	\$ 24,713	\$ 8	\$ 544,002	\$ 167	\$ 506,184	\$ 126	\$ 23,240	\$ 6	\$ 529,424	\$ 132	-2.7%	-20.9%
5 - 9	\$ 461,813	\$ 80	\$ 291,974	\$ 51	\$ 753,787	\$ 131	\$ 1,003,724	\$ 135	\$ 298,836	\$ 40	\$ 1,302,560	\$ 175	72.8%	33.6%
10 - 14	\$ 840,770	\$ 135	\$ 164,248	\$ 26	\$ 1,005,018	\$ 161	\$ 1,150,756	\$ 142	\$ 243,615	\$ 30	\$ 1,394,371	\$ 172	38.7%	6.9%
15 - 19	\$ 1,017,142	\$ 144	\$ 252,305	\$ 36	\$ 1,269,447	\$ 179	\$ 1,450,433	\$ 154	\$ 377,061	\$ 40	\$ 1,827,494	\$ 194	44.0%	8.4%
20 - 24	\$ 1,074,808	\$ 160	\$ 356,576	\$ 53	\$ 1,431,384	\$ 213	\$ 1,847,112	\$ 207	\$ 477,139	\$ 54	\$ 2,324,251	\$ 261	62.4%	22.4%
25 - 29	\$ 894,828	\$ 168	\$ 500,318	\$ 94	\$ 1,395,146	\$ 262	\$ 1,938,318	\$ 260	\$ 899,762	\$ 121	\$ 2,838,080	\$ 381	103.4%	45.0%
30 - 34	\$ 1,698,193	\$ 266	\$ 468,856	\$ 73	\$ 2,167,049	\$ 339	\$ 2,394,013	\$ 273	\$ 1,893,236	\$ 216	\$ 4,287,249	\$ 489	97.8%	44.4%
35 - 39	\$ 1,949,915	\$ 267	\$ 718,780	\$ 98	\$ 2,668,695	\$ 365	\$ 2,984,988	\$ 312	\$ 1,316,943	\$ 138	\$ 4,301,931	\$ 450	61.2%	23.2%
40 - 44	\$ 2,008,733	\$ 286	\$ 1,134,778	\$ 162	\$ 3,143,511	\$ 448	\$ 2,943,297	\$ 308	\$ 1,577,528	\$ 165	\$ 4,520,825	\$ 473	43.8%	5.6%
45 - 49	\$ 2,542,958	\$ 401	\$ 1,026,465	\$ 162	\$ 3,569,423	\$ 563	\$ 2,657,480	\$ 321	\$ 1,686,994	\$ 204	\$ 4,344,474	\$ 525	21.7%	-6.7%
50 - 54	\$ 2,872,067	\$ 423	\$ 1,435,335	\$ 211	\$ 4,307,402	\$ 634	\$ 3,588,380	\$ 384	\$ 2,347,289	\$ 251	\$ 5,935,669	\$ 636	37.8%	0.3%
55 - 59	\$ 2,848,976	\$ 468	\$ 1,251,320	\$ 205	\$ 4,100,296	\$ 673	\$ 4,499,551	\$ 543	\$ 2,430,893	\$ 294	\$ 6,930,444	\$ 837	69.0%	24.3%
60 - 64	\$ 3,233,417	\$ 594	\$ 1,923,145	\$ 353	\$ 5,156,562	\$ 948	\$ 4,681,416	\$ 658	\$ 2,505,809	\$ 352	\$ 7,187,225	\$ 1,011	39.4%	6.7%
65+	\$ 843,930	\$ 412	\$ 471,496	\$ 230	\$ 1,315,426	\$ 643	\$ 2,294,651	\$ 805	\$ 830,919	\$ 292	\$ 3,125,570	\$ 1,097	137.6%	70.6%
Total	\$ 23,959,484	\$ 287	\$ 10,037,853	\$ 120	\$ 33,997,337	\$ 407	\$ 36,980,422	\$ 332	\$ 16,915,110	\$ 152	\$ 53,895,532	\$ 484	58.5%	18.9%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year
Average Enrollment												
Employees	3,075	7,088	9,598	35.4%	3,595	6,433	8,760	36.2%	0	1	1	0.0%
Spouses	1,113	1,817	2,372	30.6%	992	1,608	2,107	31.0%	0	1	1	0.0%
Children	3,974	5,025	6,594	31.2%	2,945	4,782	6,287	31.5%	0	0	0	0.0%
Total Members	8,161	13,930	18,564	33.3%	7,531	12,824	17,153	33.8%	1	2	2	0.0%
Family Size	2.1	2.0	1.9	-3.5%	2.1	2.0	2.0	-2.0%	2.0	2.0	2.0	0.0%
Financial Summary												
Gross Cost	\$19,582,093	\$28,044,415	\$43,255,350	54.2%	\$16,875,837	\$24,386,794	\$37,942,282	55.6%	\$20,089	\$9,392	\$16,700	77.8%
Client Paid	\$16,486,768	\$23,959,484	\$36,980,422	54.3%	\$14,156,779	\$20,789,498	\$32,352,329	55.6%	\$16,221	\$7,316	\$13,253	81.2%
Employee Paid	\$3,095,325	\$4,084,930	\$6,274,928	53.6%	\$2,719,057	\$3,597,296	\$5,589,952	55.4%	\$3,869	\$2,077	\$3,447	66.0%
Client Paid-PEPY	\$8,298	\$6,759	\$7,706	14.0%	\$7,876	\$6,462	\$7,387	14.3%	\$32,442	\$14,632	\$26,507	81.2%
Client Paid-PMPY	\$4,040	\$3,440	\$3,984	15.8%	\$3,759	\$3,242	\$3,772	16.3%	\$16,221	\$7,316	\$13,253	81.2%
Client Paid-PEPM	\$692	\$563	\$642	14.0%	\$656	\$539	\$616	14.3%	\$2,703	\$1,219	\$2,209	81.2%
Client Paid-PMPM	\$337	\$287	\$332	15.7%	\$313	\$270	\$314	16.3%	\$1,352	\$610	\$1,104	81.0%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	23	18	34	88.9%	18	14	28	100.0%	0	0	0	0.0%
HCC's / 1,000	2.8	1.3	1.8	41.9%	2.4	1.1	1.6	49.5%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$265,379	\$233,855	\$214,258	-8.4%	\$283,321	\$248,746	\$213,081	-14.3%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	37.0%	17.6%	19.7%	11.9%	36.0%	16.8%	18.4%	9.5%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,461	\$683	\$707	3.5%	\$1,401	\$619	\$672	8.6%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$970	\$1,194	\$1,561	30.7%	\$861	\$1,112	\$1,442	29.7%	\$5,328	\$491	\$1,027	109.2%
Physician	\$1,557	\$1,563	\$1,716	9.8%	\$1,447	\$1,512	\$1,658	9.7%	\$10,893	\$6,825	\$12,226	79.1%
Other	\$52	\$0	\$0	0.0%	\$51	\$0	\$0	0.0%	\$0	\$0	\$0	0.0%
Total	\$4,040	\$3,440	\$3,984	15.8%	\$3,759	\$3,242	\$3,772	16.3%	\$16,221	\$7,316	\$13,253	81.2%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	
Average Enrollment									
Employees	357	627	808	28.7%	21	27	30	11.8%	
Spouses	109	195	252	28.9%	11	12	13	6.9%	
Children	130	243	306	25.7%	0	0	1	0.0%	
Total Members	596	1,066	1,365	28.1%	32	39	44	12.4%	
Family Size	1.7	1.7	1.7	-0.6%	1.5	1.4	1.5	4.3%	1.6
Financial Summary									
Gross Cost	\$2,523,590	\$3,554,103	\$5,136,556	44.5%	\$162,576	\$94,126	\$159,812	69.8%	
Client Paid	\$2,184,001	\$3,088,200	\$4,504,317	45.9%	\$129,767	\$74,470	\$110,522	48.4%	
Employee Paid	\$339,589	\$465,903	\$632,239	35.7%	\$32,809	\$19,656	\$49,290	150.8%	
Client Paid-PEPY	\$12,241	\$9,845	\$11,156	13.3%	\$12,261	\$5,551	\$7,368	32.7%	\$6,258
Client Paid-PMPY	\$7,329	\$5,795	\$6,601	13.9%	\$8,068	\$3,835	\$5,043	31.5%	\$3,830
Client Paid-PEPM	\$1,020	\$820	\$930	13.4%	\$1,022	\$463	\$614	32.6%	\$521
Client Paid-PMPM	\$611	\$483	\$550	13.9%	\$672	\$320	\$420	31.3%	\$319
High Cost Claimants (HCC's) > \$100k									
# of HCC's	6	4	7	0.0%	0	0	0	0.0%	
HCC's / 1,000	10.1	3.8	5.1	0.0%	0.0	0.0	0.0	0.0%	
Avg HCC Paid	\$167,323	\$181,739	\$188,359	0.0%	\$0	\$0	\$0	0.0%	
HCC's % of Plan Paid	46.0%	23.5%	29.3%	0.0%	0.0%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,281	\$1,469	\$1,119	-23.8%	\$552	\$324	\$1,414	0.0%	\$1,044
Facility Outpatient	\$2,141	\$2,179	\$3,035	39.3%	\$4,599	\$1,368	\$2,159	57.8%	\$1,310
Physician	\$2,842	\$2,147	\$2,446	13.9%	\$2,852	\$2,143	\$1,470	-31.4%	\$1,404
Other	\$65	\$0	\$0	0.0%	\$65	\$0	\$0	0.0%	\$72
Total	\$7,329	\$5,795	\$6,601	13.9%	\$8,068	\$3,835	\$5,043	31.5%	\$3,830
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

Summary	Total				State Active				Non-State Active			
	PY22	PY23	2Q24	Variance to Prior Year	PY22	PY23	2Q24	Variance to Prior Year	PY22	PY23	2Q24	Variance to Prior Year
Average Enrollment												
Employees	4,336	7,362	9,598	30.4%	3,926	6,690	8,760	30.9%	1	1	1	0.0%
Spouses	1,172	5,149	2,372	-53.9%	1,042	4,901	2,107	-57.0%	1	0	1	0.0%
Children	3,255	1,857	6,594	255.1%	3,103	1,645	6,287	282.3%	0	1	0	-100.0%
Total Members	8,762	14,368	18,564	29.2%	8,071	13,235	17,153	29.6%	2	2	2	0.0%
Family Size	2.0	2.0	1.9	-1.0%	2.1	2.0	2.0	-1.0%	2.0	2.0	2.0	0.0%
Financial Summary												
Gross Cost	\$40,570,436	\$64,817,531	\$43,255,350	-33.3%	\$35,366,785	\$56,350,280	\$37,942,282	-32.7%	\$38,494	\$17,911	\$16,700	-6.8%
Client Paid	\$34,446,692	\$55,997,776	\$36,980,422	-34.0%	\$29,933,591	\$48,495,839	\$32,352,329	-33.3%	\$33,556	\$13,953	\$13,253	-5.0%
Employee Paid	\$6,123,744	\$8,819,755	\$6,274,928	-28.9%	\$5,433,194	\$7,854,441	\$5,589,952	-28.8%	\$4,938	\$3,958	\$3,447	-12.9%
Client Paid-PEPY	\$7,944	\$7,606	\$7,706	1.3%	\$7,624	\$7,249	\$7,387	1.9%	\$33,556	\$13,953	\$26,507	90.0%
Client Paid-PMPY	\$3,931	\$3,897	\$3,984	2.2%	\$3,709	\$3,664	\$3,772	2.9%	\$16,778	\$6,976	\$13,253	90.0%
Client Paid-PEPM	\$662	\$634	\$642	1.3%	\$635	\$604	\$616	2.0%	\$2,796	\$1,163	\$2,209	89.9%
Client Paid-PMPM	\$328	\$325	\$332	2.2%	\$309	\$305	\$314	3.0%	\$1,398	\$581	\$1,104	90.0%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	41	54	34	-37.0%	33	43	28	-34.9%	0	0	0	0.0%
HCC's / 1,000	4.7	3.8	1.8	-51.3%	4.1	3.3	1.6	-49.8%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$286,071	\$238,672	\$214,258	-10.2%	\$305,172	\$238,047	\$213,081	-10.5%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	34.0%	23.0%	19.7%	-14.3%	33.6%	21.1%	18.4%	-12.8%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,269	\$783	\$707	-9.7%	\$1,257	\$725	\$672	-7.3%	\$424	\$0	\$0	0.0%
Facility Outpatient	\$1,043	\$1,412	\$1,561	10.6%	\$933	\$1,292	\$1,442	11.6%	\$5,152	\$1,007	\$1,027	2.0%
Physician	\$1,567	\$1,702	\$1,716	0.8%	\$1,468	\$1,647	\$1,658	0.7%	\$9,883	\$5,969	\$12,226	104.8%
Other	\$53	\$0	\$0	0.0%	\$50	\$0	\$0	0.0%	\$1,319	\$0	\$0	0.0%
Total	\$3,931	\$3,897	\$3,984	2.2%	\$3,709	\$3,664	\$3,772	2.9%	\$16,778	\$6,976	\$13,253	90.0%
		Annualized				Annualized				Annualized		

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

	State Retirees				Non-State Retirees				
Summary	PY22	PY23	2Q24	Variance to Prior Year	PY22	PY23	2Q24	Variance to Prior Year	Peer Index
Average Enrollment									
Employees	388	644	808	25.3%	21	27	30	12.5%	
Spouses	118	248	252	1.3%	11	0	13	7601.1%	
Children	152	199	306	54.0%	0	13	1	-92.0%	
Total Members	657	1,091	1,365	25.1%	32	39	44	11.4%	
Family Size	1.7	1.7	1.7	0.0%	1.5	1.5	1.5	-1.4%	1.6
Financial Summary									
Gross Cost	\$4,886,927	\$8,012,597	\$5,136,556	-35.9%	\$278,229	\$436,743	\$159,812	-63.4%	
Client Paid	\$4,252,910	\$7,107,682	\$4,504,317	-36.6%	\$226,635	\$380,303	\$110,522	-70.9%	
Employee Paid	\$634,017	\$904,915	\$632,239	-30.1%	\$51,594	\$56,440	\$49,290	-12.7%	
Client Paid-PEPY	\$10,968	\$11,032	\$11,156	1.1%	\$10,665	\$14,261	\$7,368	-48.3%	\$6,258
Client Paid-PMPY	\$6,473	\$6,514	\$6,601	1.3%	\$7,027	\$9,669	\$5,043	-47.8%	\$3,830
Client Paid-PEPM	\$914	\$919	\$930	1.2%	\$889	\$1,188	\$614	-48.3%	\$521
Client Paid-PMPM	\$539	\$543	\$550	1.3%	\$586	\$806	\$420	-47.9%	\$319
High Cost Claimants (HCC's) > \$100k									
# of HCC's	8	11	7	-36.4%	1	1	0	-100.0%	
HCC's / 1,000	12.2	10.1	5.1	-49.1%	31.0	25.4	0.0	-100.0%	
Avg HCC Paid	\$193,399	\$224,298	\$188,359	-16.0%	\$111,053	\$185,019	\$0	-100.0%	
HCC's % of Plan Paid	36.4%	34.7%	29.3%	-15.6%	49.0%	48.7%	0.0%	-100.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,452	\$1,476	\$1,119	-24.2%	\$675	\$1,128	\$1,414	25.4%	\$1,044
Facility Outpatient	\$2,262	\$2,697	\$3,035	12.5%	\$3,333	\$6,277	\$2,159	-65.6%	\$1,310
Physician	\$2,676	\$2,342	\$2,446	4.4%	\$2,969	\$2,264	\$1,470	-35.1%	\$1,404
Other	\$83	\$0	\$0	0.0%	\$50	\$0	\$0	0.0%	\$72
Total	\$6,473	\$6,514	\$6,601	1.3%	\$7,027	\$9,669	\$5,043	-47.8%	\$3,830
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 4,809,745	\$ 4,304	\$ 874,647	\$ 5,688,696	\$ 7,038,357	\$ 807,761	\$ 10,049	\$ 7,856,168	38.1%	
Outpatient	\$ 15,979,754	\$ 50,099	\$ 2,159,150	\$ 18,189,003	\$ 25,313,972	\$ 3,477,125	\$ 209,381	\$ 29,000,479	59.4%	
Total - Medical	\$ 20,789,498	\$ 54,403	\$ 3,033,797	\$ 23,877,699	\$ 32,352,329	\$ 4,284,886	\$ 219,431	\$ 36,856,646	54.4%	

Net Paid Claims - Per Participant per Month										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 539	\$ 15	\$ 12,855	\$ 564	\$ 616	\$ 953	\$ 627	\$ 642	13.9%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	2Q23				2Q24				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 6,740	\$ 564	\$ 7,304			\$ 31,856	\$ 31,856	0.0%	
Outpatient	\$ 7,316	\$ 47,465	\$ 19,700	\$ 74,481	\$ 13,253	\$ 5,742	\$ 72,924	\$ 91,919	23.4%	
Total - Medical	\$ 7,316	\$ 54,205	\$ 20,265	\$ 81,786	\$ 13,253	\$ 5,742	\$ 104,780	\$ 123,775	51.3%	

Net Paid Claims - Per Participant per Month										
	2Q23				2Q24				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 1,219	\$ 630	\$ 270	\$ 490	\$ 2,209	\$ 93	\$ 888	\$ 665	35.9%	

Paid Claims by Claim Type – Total Participants

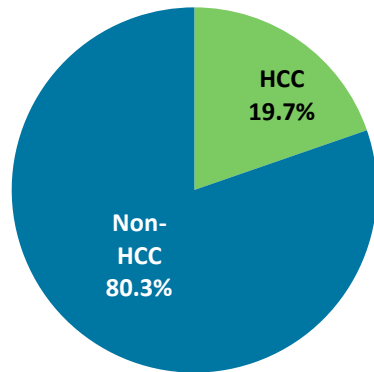
Net Paid Claims - Total										
Total Participants										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 4,809,745	\$ 11,044	\$ 875,211	\$ 5,696,000	\$ 7,038,357	\$ 807,761	\$ 41,906	\$ 7,888,024	38.5%	
Outpatient	\$ 15,987,070	\$ 97,564	\$ 2,178,850	\$ 18,263,484	\$ 25,327,225	\$ 3,482,867	\$ 282,305	\$ 29,092,398	59.3%	
Total - Medical	\$ 20,796,814	\$ 108,608	\$ 3,054,062	\$ 23,959,484	\$ 32,365,583	\$ 4,290,628	\$ 324,211	\$ 36,980,422	54.3%	

Net Paid Claims - Per Participant per Month										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 539	\$ 30	\$ 9,820	\$ 563	\$ 616	\$ 942	\$ 693	\$ 642	14.0%	

Cost Distribution – Medical Claims

2Q23						2Q24						
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
17	0.1%	\$4,209,398	17.6%	\$72,124	1.8%	\$100,000.01 Plus	28	0.2%	\$7,193,404	19.5%	\$124,977	2.0%
41	0.3%	\$3,128,054	13.1%	\$174,984	4.3%	\$50,000.01-\$100,000.00	48	0.3%	\$3,330,110	9.0%	\$200,409	3.2%
67	0.5%	\$2,366,111	9.9%	\$246,522	6.0%	\$25,000.01-\$50,000.00	118	0.6%	\$4,074,450	11.0%	\$408,795	6.5%
269	1.9%	\$4,293,330	17.9%	\$710,874	17.4%	\$10,000.01-\$25,000.00	431	2.3%	\$6,890,528	18.6%	\$1,089,431	17.4%
356	2.6%	\$2,549,174	10.6%	\$571,665	14.0%	\$5,000.01-\$10,000.00	614	3.3%	\$4,499,679	12.2%	\$926,383	14.8%
624	4.5%	\$2,315,355	9.7%	\$636,009	15.6%	\$2,500.01-\$5,000.00	1,048	5.6%	\$3,773,638	10.2%	\$1,032,085	16.4%
8,683	62.3%	\$5,098,063	21.3%	\$1,667,131	40.8%	\$0.01-\$2,500.00	11,368	61.2%	\$7,218,612	19.5%	\$2,468,508	39.3%
121	0.9%	\$0	0.0%	\$5,623	0.1%	\$0.00	240	1.3%	\$0	0.0%	\$24,339	0.4%
3,754	27.0%	\$0	0.0%	\$0	0.0%	No Claims	4,668	25.1%	\$0	0.0%	\$0	0.0%
13,931	100.0%	\$23,959,484	100.0%	\$4,084,930	100.0%		18,564	100.0%	\$36,980,422	100.0%	\$6,274,928	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	12	\$1,992,176	27.3%
Cardiac Disorders	9	\$1,205,259	16.5%
Pregnancy-related Disorders	8	\$1,106,565	15.2%
Neurological Disorders	14	\$1,090,100	15.0%
Endocrine/Metabolic Disorders	8	\$307,105	4.2%
Pulmonary Disorders	16	\$280,636	3.9%
Medication Related Conditions	3	\$259,129	3.6%
Spine-related Disorders	8	\$245,949	3.4%
Gastrointestinal Disorders	18	\$140,755	1.9%
Medical/Surgical Complications	5	\$121,716	1.7%
All Other		\$535,395	7.3%
Overall	----	\$7,284,785	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	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year
Inpatient Facility												
# of Admits	157	239	333		132	215	303		0	0	0	
# of Bed Days	779	1,039	1,667		694	940	1,486		0	0	0	
Paid Per Admit	\$36,610	\$23,315	\$23,559	1.0%	\$36,703	\$21,956	\$23,124	5.3%	\$0	\$0	\$0	0.0%
Paid Per Day	\$7,378	\$5,363	\$4,706	-12.3%	\$6,981	\$5,022	\$4,715	-6.1%	\$0	\$0	\$0	0.0%
Admits Per 1,000	38	34	36	5.9%	35	34	35	2.9%	0	0	0	0.0%
Days Per 1,000	191	149	180	20.8%	184	147	173	17.7%	0	0	0	0.0%
Avg LOS	5	4.3	5	16.3%	5.3	4.4	4.9	11.4%	0	0	0	0.0%
# Admits From ER	79	111	169	52.3%	63	97	151	55.7%	0	0	0	0.0%
Physician Office												
OV Utilization per Member	4.6	4.5	5.3	17.8%	4.5	4.4	5.2	18.2%	11.0	12.0	12.0	0.0%
Avg Paid per OV	\$133	\$116	\$120	3.4%	\$124	\$115	\$119	3.5%	\$228	\$340	\$492	44.7%
Avg OV Paid per Member	\$616	\$525	\$637	21.3%	\$560	\$508	\$619	21.9%	\$2,513	\$4,076	\$5,903	44.8%
DX&L Utilization per Member	8.1	9.5	10.4	9.5%	7.7	9.1	10	9.9%	33	30	22	-26.7%
Avg Paid per DX&L	\$48	\$59	\$65	10.2%	\$45	\$58	\$63	8.6%	\$111	\$63	\$150	138.1%
Avg DX&L Paid per Member	\$387	\$562	\$679	20.8%	\$345	\$523	\$628	20.1%	\$3,658	\$1,876	\$3,303	76.1%
Emergency Room												
# of Visits	532	958	1,544		496	878	1,427		0	0	0	
Visits Per Member	0.13	0.14	0.17	21.4%	0.13	0.14	0.17	21.4%	0	0	0	0.0%
Visits Per 1,000	130	138	166	20.3%	132	137	166	21.2%	0	0	0	0.0%
Avg Paid per Visit	\$2,338	\$3,179	\$3,125	-1.7%	\$2,302	\$3,204	\$3,121	-2.6%	\$0	\$0	\$0	0.0%
Urgent Care												
# of Visits	1,270	2,596	3,435		1,188	2,465	3,246		0	1	2	
Visits Per Member	0.31	0.37	0.37	0.0%	0.32	0.38	0.38	0.0%	0.00	1.00	2.00	0.0%
Visits Per 1,000	311	373	370	-0.8%	315	384	378	-1.6%	0	1,000	2,000	0.0%
Avg Paid per Visit	\$119	\$101	\$104	3.0%	\$118	\$101	\$105	4.0%	\$0	\$170	\$170	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

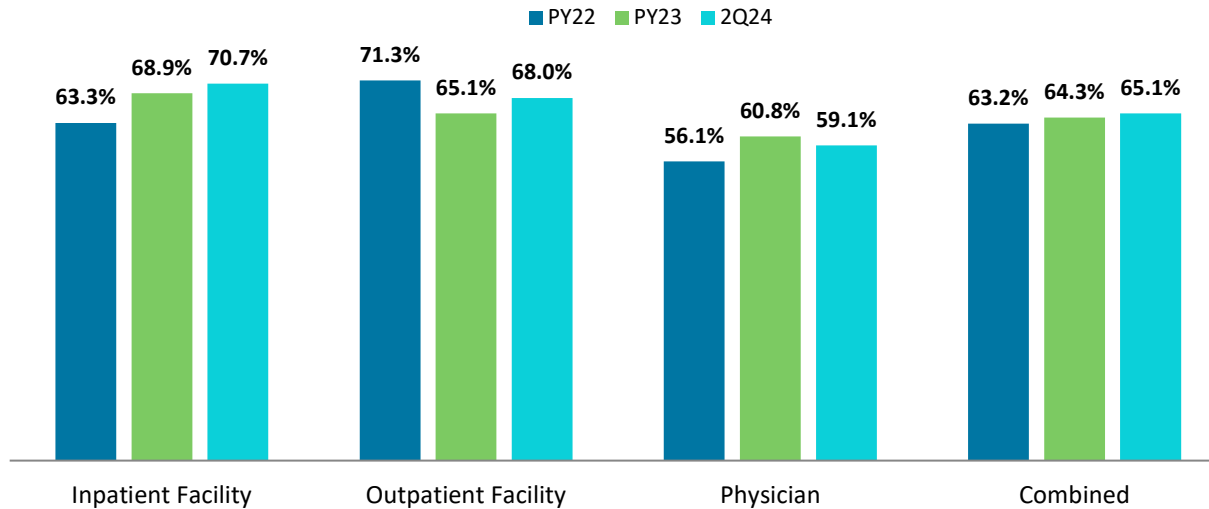
Utilization Summary (p. 2 of 2)

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

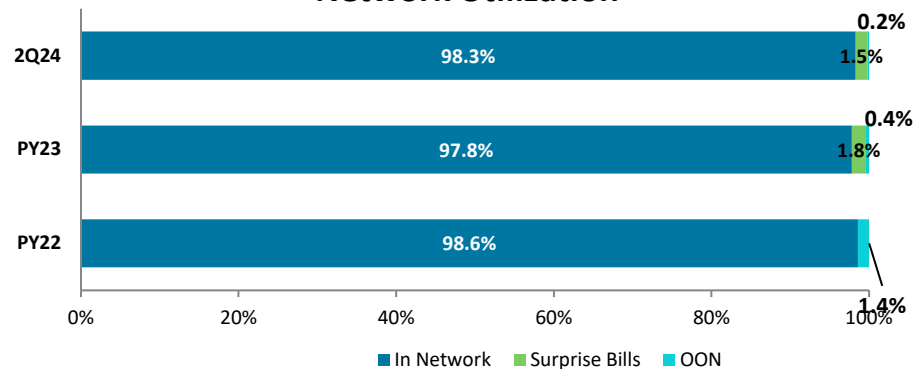
Summary	State Retirees				Non-State Retirees				Peer Index
	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	
Inpatient Facility									
# of Admits	20	23	28		5	1	2		
# of Bed Days	71	96	166		14	3	15		
Paid Per Admit	\$43,865	\$36,656	\$29,894	-18.4%	\$5,130	\$8,577	\$786	0.0%	\$19,305
Paid Per Day	\$12,356	\$8,782	\$5,042	-42.6%	\$1,832	\$2,859	\$105	0.0%	\$3,615
Admits Per 1,000	67	43	41	-4.7%	311	52	91	0.0%	64
Days Per 1,000	238	180	243	35.0%	870	155	684	0.0%	342
Avg LOS	3.6	4.2	5.9	40.5%	2.8	3.0	7.5	0.0%	5.3
# Admits From ER	14	14	17		2	0	1	0.0%	
Physician Office									
OV Utilization per Member	6.3	6.1	6.6	8.2%	6.2	7.5	7.8	4.0%	5.2
Avg Paid per OV	\$209	\$118	\$129	9.3%	\$108	\$83	\$77	-7.2%	\$97
Avg OV Paid per Member	\$1,318	\$719	\$847	17.8%	\$671	\$625	\$601	-3.8%	\$502
DX&L Utilization per Member	13	14.2	14	-1.4%	14.4	17	24.6	44.7%	9.0
Avg Paid per DX&L	\$67	\$72	\$93	29.2%	\$77	\$45	\$38	-15.6%	\$46
Avg DX&L Paid per Member	\$875	\$1,018	\$1,306	28.3%	\$1,107	\$763	\$932	22.1%	\$412
Emergency Room									
# of Visits	35	77	113		1	3	4		
Visits Per Member	0.12	0.14	0.17	21.4%	0.06	0.15	0.18	20.0%	0.23
Visits Per 1,000	117	144	166	15.3%	62	155	183	18.1%	228
Avg Paid per Visit	\$2,860	\$2,961	\$2,935	-0.9%	\$1,827	\$1,260	\$9,740	673.0%	\$1,035
Urgent Care									
# of Visits	80	129	184		2	1	3		
Visits Per Member	0.27	0.24	0.27	12.5%	0.12	0.05	0.14	180.0%	0.38
Visits Per 1,000	268	242	270	11.6%	124	52	137	163.5%	379
Avg Paid per Visit	\$146	\$101	\$102	1.0%	\$70	\$52	\$68	30.8%	\$132
	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	\$3,245,740	8.8%	\$1,757,762	\$1,483,467	\$4,512	\$1,414,837	\$1,830,903
Health Status/Encounters	\$3,179,689	8.6%	\$1,796,283	\$435,168	\$948,238	\$1,062,658	\$2,117,031
Gastrointestinal Disorders	\$3,139,405	8.5%	\$2,062,759	\$618,653	\$457,994	\$1,267,876	\$1,871,530
Cardiac Disorders	\$3,138,960	8.5%	\$2,253,334	\$425,563	\$460,062	\$707,981	\$2,430,978
Pregnancy-related Disorders	\$3,136,131	8.5%	\$1,078,448	\$576,845	\$1,480,838	\$731,771	\$2,404,360
Neurological Disorders	\$2,566,534	6.9%	\$1,188,910	\$283,152	\$1,094,472	\$1,321,244	\$1,245,290
Mental Health	\$2,549,000	6.9%	\$1,138,235	\$224,958	\$1,185,807	\$823,009	\$1,725,992
Musculoskeletal Disorders	\$2,106,645	5.7%	\$1,362,397	\$443,428	\$300,819	\$862,987	\$1,243,658
Trauma/Accidents	\$1,754,348	4.7%	\$879,303	\$213,252	\$661,792	\$873,727	\$880,620
Eye/ENT Disorders	\$1,750,968	4.7%	\$982,332	\$240,478	\$528,159	\$763,719	\$987,249
Spine-related Disorders	\$1,400,349	3.8%	\$985,751	\$314,240	\$100,358	\$567,309	\$833,040
Gynecological/Breast Disorders	\$1,355,362	3.7%	\$865,171	\$305,316	\$184,875	\$43,615	\$1,311,747
Pulmonary Disorders	\$1,258,453	3.4%	\$591,068	\$197,823	\$469,562	\$620,996	\$637,457
Endocrine/Metabolic Disorders	\$1,150,324	3.1%	\$1,001,002	\$107,689	\$41,633	\$157,398	\$992,926
Renal/Urologic Disorders	\$1,059,521	2.9%	\$665,402	\$215,938	\$178,182	\$537,878	\$521,644
Infections	\$597,093	1.6%	\$318,139	\$96,502	\$182,453	\$244,305	\$352,788
Non-malignant Neoplasm	\$529,110	1.4%	\$393,566	\$96,459	\$39,085	\$126,793	\$402,318
Miscellaneous	\$422,001	1.1%	\$248,508	\$75,066	\$98,426	\$192,054	\$229,947
Medical/Surgical Complications	\$396,465	1.1%	\$258,470	\$6,755	\$131,241	\$250,464	\$146,001
Medication Related Conditions	\$379,273	1.0%	\$54,884	\$275,482	\$48,907	\$52,420	\$326,852
Dermatological Disorders	\$372,594	1.0%	\$244,731	\$60,218	\$67,645	\$152,037	\$220,556
Diabetes	\$344,790	0.9%	\$234,641	\$44,890	\$65,258	\$155,716	\$189,074
Congenital/Chromosomal Anomalies	\$298,009	0.8%	\$100,172	\$47,621	\$150,215	\$154,297	\$143,712
Abnormal Lab/Radiology	\$288,467	0.8%	\$232,044	\$35,610	\$20,813	\$102,440	\$186,027
Vascular Disorders	\$231,889	0.6%	\$201,528	\$20,346	\$10,015	\$85,817	\$146,073
Hematological Disorders	\$165,625	0.4%	\$148,549	\$8,572	\$8,503	\$33,798	\$131,827
Cholesterol Disorders	\$91,989	0.2%	\$74,268	\$14,905	\$2,816	\$39,596	\$52,394
Allergic Reaction	\$34,412	0.1%	\$12,851	\$3,038	\$18,523	\$6,083	\$28,329
Dental Conditions	\$29,504	0.1%	\$12,200	\$2,874	\$14,429	\$7,630	\$21,873
External Hazard Exposure	\$7,344	0.0%	\$1,966	\$196	\$5,182	\$6,362	\$982
Social Determinants of Health	\$429	0.0%	\$0	\$139	\$289	\$133	\$295
Cause of Morbidity	\$0	0.0%	\$0	\$0	\$0	\$0	\$0
Total	\$36,980,422	100.0%	\$21,144,673	\$6,874,646	\$8,961,103	\$13,366,949	\$23,613,473

Mental Health Drilldown

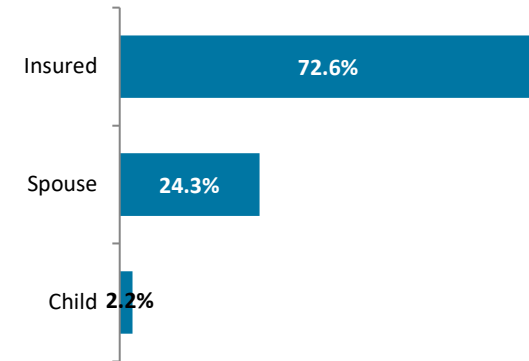
Group	PY22		PY23		2Q24	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	453	\$568,975	883	\$898,381	890	\$764,613
Mood and Anxiety Disorders	613	\$271,735	1,144	\$681,784	1,102	\$419,620
Mental Health Conditions, Other	431	\$351,519	805	\$558,645	776	\$402,811
Developmental Disorders	59	\$215,640	108	\$250,524	103	\$294,434
Alcohol Abuse/Dependence	20	\$75,926	77	\$344,280	51	\$177,031
Bipolar Disorder	107	\$247,201	189	\$253,234	191	\$144,819
Sexually Related Disorders	28	\$8,553	55	\$30,340	58	\$110,751
Attention Deficit Disorder	199	\$80,894	414	\$132,119	444	\$95,850
Eating Disorders	24	\$147,776	44	\$141,298	30	\$69,354
Sleep Disorders	124	\$26,517	242	\$63,421	180	\$24,959
Substance Abuse/Dependence	29	\$68,285	51	\$34,292	41	\$17,193
Schizophrenia	4	\$2,259	12	\$47,488	7	\$9,922
Personality Disorders	14	\$15,495	17	\$12,003	20	\$8,061
Psychoses	6	\$10,965	17	\$18,602	7	\$5,119
Tobacco Use Disorder	16	\$4,458	54	\$3,385	60	\$2,859
Complications of Substance Abuse	6	\$27,466	13	\$3,466	9	\$1,604
Total		\$2,123,665		\$3,473,262		\$2,549,000

Diagnosis Grouper – Cancer

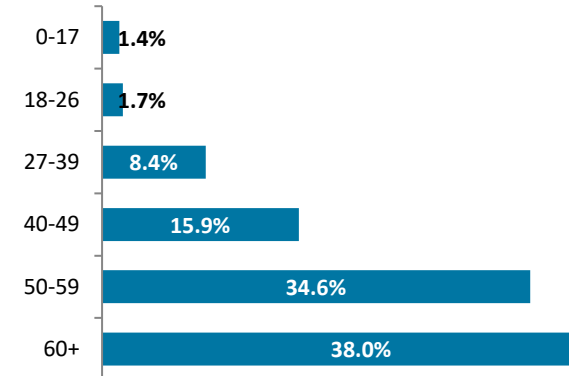
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Cancer Therapies	26	105	\$1,302,577	40.1%
Breast Cancer	79	560	\$482,160	14.9%
Colon Cancer	14	210	\$334,500	10.3%
Prostate Cancer	37	218	\$252,164	7.8%
Cancers, Other	44	268	\$201,487	6.2%
Non-Melanoma Skin Cancers	75	147	\$107,017	3.3%
Secondary Cancers	21	108	\$100,389	3.1%
Pancreatic Cancer	3	60	\$84,383	2.6%
Lung Cancer	5	155	\$78,967	2.4%
Lymphomas	24	196	\$78,231	2.4%
Carcinoma in Situ	30	87	\$52,951	1.6%
Kidney Cancer	9	30	\$45,069	1.4%
Cervical/Uterine Cancer	12	43	\$43,108	1.3%
Thyroid Cancer	30	128	\$26,842	0.8%
Leukemias	8	50	\$24,618	0.8%
Brain Cancer	6	62	\$14,302	0.4%
Melanoma	10	31	\$6,566	0.2%
Myeloma	3	10	\$4,042	0.1%
Ovarian Cancer	4	9	\$3,759	0.1%
Bladder Cancer	2	5	\$2,610	0.1%
Overall	----	----	\$3,245,740	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

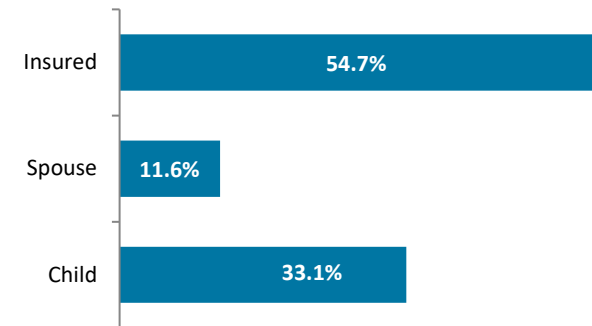


Diagnosis Groupers – Health Status/Encounters

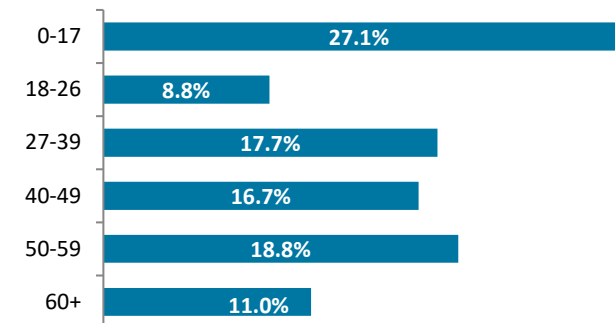
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	3,134	5,571	\$920,318	28.9%
Exams	3,956	6,759	\$734,805	23.1%
Prophylactic Measures	2,546	3,102	\$579,592	18.2%
Encounters - Infants/Children	1,770	2,392	\$367,756	11.6%
Counseling	550	2,170	\$154,387	4.9%
Prosthetics/Devices/Implants	133	347	\$107,655	3.4%
Personal History of Condition	362	589	\$104,258	3.3%
Family History of Condition	97	142	\$69,953	2.2%
Aftercare	156	261	\$67,584	2.1%
Follow-Up Encounters	2	11	\$23,205	0.7%
Acquired Absence	28	40	\$16,396	0.5%
Encounter - Procedure	36	38	\$15,414	0.5%
Encounter - Transplant Related	16	88	\$12,793	0.4%
Health Status, Other	48	73	\$2,756	0.1%
Lifestyle/Situational Issues	30	48	\$2,078	0.1%
Miscellaneous Examinations	14	25	\$714	0.0%
Blood Type	1	1	\$24	0.0%
Donors	2	2	\$0	0.0%
Overall	----	----	\$3,179,689	100.0%

*Patient and claim counts are unique only within the category

Relationship



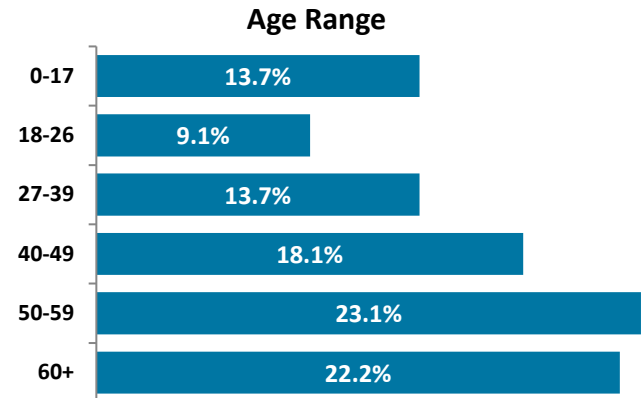
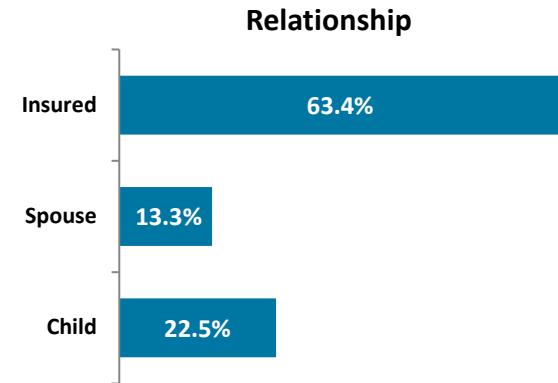
Age Range



Diagnosis Grouper – Gastrointestinal Orders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Abdominal Disorders	800	1,788	\$646,847	20.6%
GI Disorders, Other	457	898	\$542,488	17.3%
Gallbladder and Biliary Disease	94	429	\$471,473	15.0%
Upper GI Disorders	406	819	\$309,896	9.9%
GI Symptoms	547	982	\$293,558	9.4%
Hernias	67	149	\$162,588	5.2%
Inflammatory Bowel Disease	63	240	\$151,132	4.8%
Appendicitis	11	77	\$145,680	4.6%
Diverticulitis	76	180	\$80,820	2.6%
Constipation	145	254	\$74,835	2.4%
Liver Diseases	162	280	\$67,199	2.1%
Peptic Ulcer/Related Disorders	7	10	\$65,382	2.1%
Hemorrhoids	101	176	\$49,955	1.6%
Pancreatic Disorders	20	87	\$34,759	1.1%
Ostomies	16	64	\$32,761	1.0%
Hepatic Cirrhosis	16	31	\$6,344	0.2%
Esophageal Varices	2	8	\$3,689	0.1%
	----	----	\$3,139,405	100.0%

*Patient and claim counts are unique only within the category



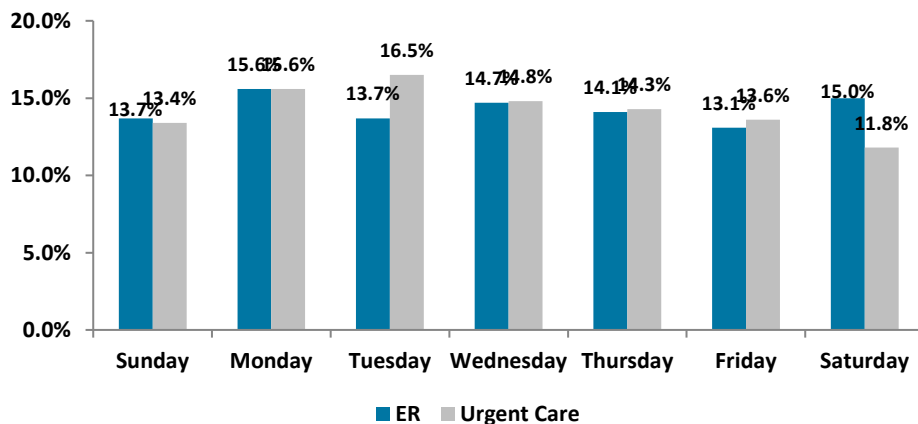
Emergency Room / Urgent Care Summary

ER/Urgent Care	2Q23		2Q24		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	958	2,596	1,544	3,435		
Visits Per Member	0.14	0.37	0.17	0.37	0.23	0.38
Visits/1000 Members	138	373	166	370	228	379
Avg Paid Per Visit	\$3,179	\$101	\$3,125	\$104	\$1,085	\$132
% with OV*	78.9%	75.5%	81.0%	79.4%		
% Avoidable	14.3%	41.4%	16.2%	38.0%		
Total Member Paid	\$665,547	\$189,724	\$1,089,671	\$265,822		
Total Plan Paid	\$3,045,918	\$262,539	\$4,824,504	\$358,842		

*looks back 12 months

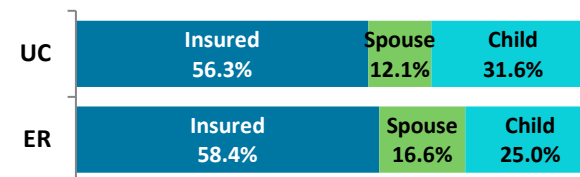
Annualized Annualized Annualized Annualized

Visits by Day of Week



ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	836	87	1,938	202	2,774	289
Spouse	215	94	407	178	622	272
Child	493	74	1,090	163	1,583	237
Total	1,544	83	3,435	185	4,979	268

% of Paid

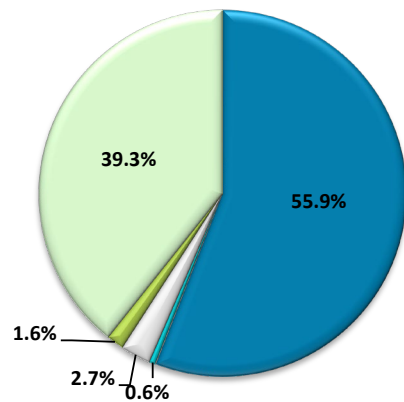


Hospital and physician urgent care centers are included in the data.
Paid amount includes facility and professional fees.

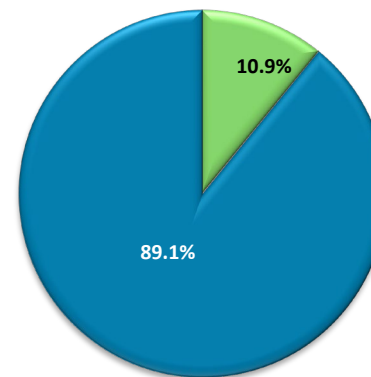
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$124,970,410	\$6,649	100.0%
PPO Discount	\$80,604,840	\$4,288	64.5%
Deductible	\$306,763	\$16	0.2%
Copay	\$3,566,868	\$190	2.9%
Coinsurance	\$2,401,297	\$128	1.9%
Total Participant Paid	\$6,274,927	\$334	5.0%
Total Plan Paid	\$36,980,422	\$642	29.6%

Total Participant Paid - PY23	\$213
Total Plan Paid - PY23	\$634



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



■ Total Participant Paid
 ■ Total Plan Paid

Quality Metrics

Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma and a routine provider visit in the last 12 months	945	929	16	98.3%
<2 asthma related ER Visits in the last 6 months	945	0	945	0.0%
No asthma related admit in last 12 months	945	6	939	0.6%
No exacerbations in last 12 months	81	6	75	7.4%
Members with COPD who had an annual spirometry test	81	10	71	12.3%
No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	1	0	1	0.0%
No ER Visit for Heart Failure in last 90 days	83	0	83	0.0%
Follow-up OV within 4 weeks of discharge from HF admission	1	1	0	100.0%
Annual office visit	1,043	1,013	30	97.1%
Annual dilated eye exam	1,043	390	653	37.4%
Annual foot exam	1,043	502	541	48.1%
Annual HbA1c test done	1,043	876	167	84.0%
Diabetes Annual lipid profile	1,043	804	239	77.1%
Annual microalbumin urine screen	1,043	747	296	71.6%
Hyperlipidemia Annual lipid profile	2,656	2,244	412	84.5%
Annual lipid profile	2,318	1,782	536	76.9%
Annual serum creatinine test	2,068	1,775	293	85.8%
Well Child Visit - 15 months	161	148	13	91.9%
Routine office visit in last 6 months (All Ages)	18,956	12,776	6,180	67.4%
Colorectal cancer screening ages 45-75 within the appropriate time period	6,040	2,747	3,293	45.5%
Women age 25-65 with recommended cervical cancer/HPV screening	6,311	4,038	2,273	64.0%
Males age greater than 49 with PSA test in last 24 months	1,947	979	968	50.3%
Routine exam in last 24 months (All Ages)	18,956	15,890	3,066	83.8%
Women age 40 to 75 with a screening mammogram last 24 months	4,423	2,682	1,741	60.6%

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 1,000	Admits per 1,000	ER Visits per 1,000	PMPY
Affective Psychosis	207	1.09%	11.15	285.62	772.28	\$18,806
Asthma	1,008	5.32%	54.30	133.67	658.51	\$16,003
Atrial Fibrillation	136	0.72%	7.33	336.93	654.40	\$34,359
Blood Disorders	1,057	5.57%	56.94	315.09	641.72	\$33,500
CAD	301	1.59%	16.21	318.74	589.10	\$30,912
COPD	78	0.41%	4.20	384.22	797.40	\$33,598
Cancer	502	2.65%	27.04	229.83	344.31	\$40,262
Chronic Pain	535	2.82%	28.82	194.01	716.09	\$24,278
Congestive Heart Failure	81	0.43%	4.36	678.92	875.14	\$57,415
Demyelinating Diseases	55	0.29%	2.96	154.06	423.51	\$61,691
Depression	1,815	9.57%	97.77	156.33	482.07	\$14,334
Diabetes	1,081	5.70%	58.23	143.85	393.68	\$19,450
ESRD	17	0.09%	0.92	1,005.32	1,090.73	\$123,351
Eating Disorders	105	0.55%	5.66	272.88	725.41	\$23,410
HIV/AIDS	24	0.13%	1.29	121.13	405.80	\$44,802
Hyperlipidemia	3,179	16.77%	171.25	96.11	303.98	\$14,153
Hypertension	2,339	12.34%	126.00	118.54	391.44	\$15,635
Immune Disorders	117	0.62%	6.30	436.58	635.75	\$72,162
Inflammatory Bowel Disease	95	0.50%	5.12	198.22	462.77	\$48,730
Liver Diseases	409	2.16%	22.03	294.66	707.13	\$31,530
Morbid Obesity	686	3.62%	36.95	205.24	534.03	\$19,940
Osteoarthritis	606	3.20%	32.64	142.68	440.05	\$21,606
Peripheral Vascular Disease	67	0.35%	3.61	349.85	600.89	\$33,028
Rheumatoid Arthritis	123	0.65%	6.63	135.02	448.80	\$35,088

*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 2024 - Through Quarter Ending December 31, 2023**

Express Scripts

1Q-2Q FY2024 LDPPO		1Q-2Q FY2023 LDPPO	Difference	% Change
Membership Summary				
Member Count (Membership)	18,549	13,900	4,649	33.4%
Utilizing Member Count (Patients)	12,302	9,685	2,617	27.0%
Percent Utilizing (Utilization)	66.3%	69.7%	(0)	-4.8%
Claim Summary				
Net Claims (Total Rx's)	134,780	100,013	34,767	34.8%
Claims per Elig Member per Month (Claims PMPM)	1.21	1.20	0.01	0.8%
Total Claims for Generic (Generic Rx)	113,404	83,074	30,330.00	36.5%
Total Claims for Brand (Brand Rx)	21,376	16,939	4,437.00	26.2%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	823	506	317.00	62.6%
Total Non-Specialty Claims	133,098	98,690	34,408.00	34.9%
Total Specialty Claims	1,682	1,323	359.00	27.1%
Generic % of Total Claims (GFR)	84.1%	83.1%	0.01	1.3%
Generic Effective Rate (GCR)	99.3%	99.4%	(0.00)	-0.1%
Mail Order Claims	388,934	29,609	359,325.00	1213.6%
Mail Penetration Rate*	33.5%	34.8%	(0.01)	-1.3%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$19,637,591	\$11,838,596	\$7,798,995.00	65.9%
Total Generic Gross Cost	\$2,257,816	\$1,641,190	\$616,626.00	37.6%
Total Brand Gross Cost	\$17,379,775	\$10,197,406	\$7,182,369.00	70.4%
Total MSB Gross Cost	\$375,742	\$221,796	\$153,946.00	69.4%
Total Ingredient Cost	\$19,003,397	\$11,663,636	\$7,339,761.00	62.9%
Total Dispensing Fee	\$618,608	\$158,542	\$460,066.00	290.2%
Total Other (e.g. tax)	\$15,587	\$16,417	(\$830.00)	-5.1%
Avg Total Cost per Claim (Gross Cost/Rx)	\$145.70	\$118.37	\$27.33	23.1%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$19.91	\$19.76	\$0.15	0.8%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$813.05	\$602.01	\$211.04	35.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$456.55	\$438.33	\$18.22	4.2%
Member Cost Summary				
Total Member Cost	\$2,721,339	\$1,800,382	\$920,957.00	51.2%
Total Copay	\$2,721,339	\$1,800,382	\$920,957.00	51.2%
Total Deductible	\$0	\$0	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$20.19	\$18.00	\$2.19	12.2%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$20.19	\$18.00	\$2.19	12.2%
Avg Copay for Generic (Copay/Generic Rx)	\$6.71	\$6.60	\$0.11	1.7%
Avg Copay for Brand (Copay/Brand Rx)	\$91.69	\$73.90	\$17.79	24.1%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$30.62	\$14.93	\$15.69	105.1%
Net PMPM (Participant Cost PMPM)	\$24.45	\$21.59	\$2.86	13.3%
Copay % of Total Prescription Cost (Member Cost Share %)	13.9%	15.2%	-1.3%	-8.9%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$16,916,252	\$10,038,214	\$6,878,038.00	68.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$8,740,916	\$4,997,512	\$3,743,404.00	74.9%
Total Specialty Drug Cost (Specialty Plan Cost)	\$8,175,336	\$5,040,702	\$3,134,634.00	62.2%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$125.51	\$100.37	\$25.14	25.0%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$13.20	\$13.15	\$0.05	0.4%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$721.36	\$528.10	\$193.26	36.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$425.93	\$423.41	\$2.52	0.6%
Net PMPM (Plan Cost PMPM)	\$152.00	\$120.36	\$31.63	26.3%
PMPM without Specialty (Non-Specialty PMPM)	\$78.54	\$59.92	\$18.62	31.1%
PMPM for Specialty Only (Specialty PMPM)	\$73.46	\$60.44	\$13.02	21.5%
Rebates Received (Q1-Q2 FY2024 actual)	\$1,594,679	\$3,373,251	(\$1,778,571.88)	-52.7%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$137.67	\$79.92	\$57.75	72.3%
PMPM without Specialty (Non-Specialty PMPM)	\$34.67	\$34.67	\$0.00	0.0%
PMPM for Specialty Only (Specialty PMPM)	\$44.75	\$44.75	\$0.00	0.0%

Appendix C

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UMR Inc. – EPO Utilization Review for PEBP July 1, 2023 – December 31, 2023

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DATASCOPE™

Nevada Public Employees' Benefits Program

EPO Plan

July – December 2023 Incurred,

Paid through February 2024

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 2Q24 was \$17,689,075 with an annualized plan cost per employee per year (PEPY) of \$11,293. This is an increase of 7.6% when compared to 2Q23.
 - IP Cost per Admit is \$28,768 which is 26.2% lower than 2Q23.
 - ER Cost per Visit is \$3,178 which is 12.8% higher than 2Q23.
- Employees shared in 10.9% of the medical cost.
- Inpatient facility costs were 22.4% of the plan spend.
- 82.5% of the Average Membership had paid Medical claims less than \$2,500, with 18.5% having no claims paid at all during the reporting period.
- 25 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 24.6% of the plan spend. The highest diagnosis category was Cancer, accounting for 26.4% of the high-cost claimant dollars.
- Total spending with in-network providers was 96.6%. The average In Network discount was 56.8%, which is 3.5% higher than the PY23 average discount of 54.9%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	2Q23					2Q24					% 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	\$ 1,303,974	\$ 3,150	\$ 482	\$ 1	\$ 1,304,456	\$ 3,151	\$ 460,733	\$ 1,449	\$ 3,151	\$ 10	\$ 463,884	\$ 1,459	-64.4%	-53.7%
1	\$ 117,093	\$ 331	\$ 444	\$ 1	\$ 117,537	\$ 332	\$ 99,941	\$ 347	\$ 1,597	\$ 6	\$ 101,538	\$ 353	-13.6%	6.2%
2 - 4	\$ 278,943	\$ 221	\$ 7,836	\$ 6	\$ 286,779	\$ 228	\$ 219,933	\$ 195	\$ 5,195	\$ 5	\$ 225,128	\$ 200	-21.5%	-12.3%
5 - 9	\$ 182,513	\$ 85	\$ 43,015	\$ 20	\$ 225,528	\$ 105	\$ 195,929	\$ 104	\$ 28,525	\$ 15	\$ 224,454	\$ 119	-0.5%	13.1%
10 - 14	\$ 373,107	\$ 132	\$ 70,752	\$ 25	\$ 443,859	\$ 157	\$ 443,755	\$ 172	\$ 73,803	\$ 29	\$ 517,558	\$ 201	16.6%	27.7%
15 - 19	\$ 586,215	\$ 171	\$ 272,470	\$ 79	\$ 858,685	\$ 250	\$ 814,488	\$ 276	\$ 319,301	\$ 108	\$ 1,133,789	\$ 385	32.0%	53.8%
20 - 24	\$ 683,903	\$ 216	\$ 116,004	\$ 37	\$ 799,907	\$ 253	\$ 551,210	\$ 193	\$ 105,245	\$ 37	\$ 656,455	\$ 230	-17.9%	-9.1%
25 - 29	\$ 376,254	\$ 277	\$ 147,145	\$ 109	\$ 523,399	\$ 386	\$ 411,259	\$ 375	\$ 197,051	\$ 179	\$ 608,310	\$ 554	16.2%	43.5%
30 - 34	\$ 772,250	\$ 425	\$ 821,679	\$ 452	\$ 1,593,929	\$ 877	\$ 593,642	\$ 423	\$ 726,005	\$ 517	\$ 1,319,647	\$ 940	-17.2%	7.2%
35 - 39	\$ 1,365,816	\$ 555	\$ 444,333	\$ 181	\$ 1,810,149	\$ 736	\$ 1,168,191	\$ 532	\$ 348,835	\$ 159	\$ 1,517,026	\$ 691	-16.2%	-6.1%
40 - 44	\$ 1,455,516	\$ 559	\$ 754,980	\$ 290	\$ 2,210,496	\$ 849	\$ 972,085	\$ 409	\$ 773,428	\$ 326	\$ 1,745,513	\$ 735	-21.0%	-13.5%
45 - 49	\$ 1,094,520	\$ 372	\$ 599,433	\$ 203	\$ 1,693,953	\$ 575	\$ 1,345,654	\$ 511	\$ 965,902	\$ 367	\$ 2,311,556	\$ 878	36.5%	52.6%
50 - 54	\$ 2,136,084	\$ 537	\$ 1,040,649	\$ 262	\$ 3,176,733	\$ 799	\$ 2,173,318	\$ 635	\$ 855,527	\$ 250	\$ 3,028,845	\$ 886	-4.7%	10.9%
55 - 59	\$ 2,652,993	\$ 678	\$ 1,330,969	\$ 340	\$ 3,983,962	\$ 1,018	\$ 2,285,018	\$ 655	\$ 1,476,425	\$ 424	\$ 3,761,443	\$ 1,079	-5.6%	6.0%
60 - 64	\$ 3,767,595	\$ 839	\$ 1,894,677	\$ 422	\$ 5,662,272	\$ 1,262	\$ 4,432,817	\$ 1,082	\$ 1,943,878	\$ 474	\$ 6,376,695	\$ 1,556	12.6%	23.3%
65+	\$ 1,296,743	\$ 616	\$ 864,926	\$ 411	\$ 2,161,669	\$ 1,026	\$ 1,521,102	\$ 728	\$ 889,303	\$ 426	\$ 2,410,405	\$ 1,154	11.5%	12.5%
Total	\$ 18,443,519	\$ 470	\$ 8,409,793	\$ 214	\$ 26,853,312	\$ 684	\$ 17,689,075	\$ 508	\$ 8,713,171	\$ 250	\$ 26,402,246	\$ 759	-1.7%	10.9%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year
Average Enrollment												
Employees	4,100	3,515	3,133	-10.9%	3,440	2,932	2,589	-11.7%	3	12	2	-83.3%
Spouses	799	695	604	-13.1%	689	594	513	-13.7%	0	0	0	0.0%
Children	2,709	2,331	2,062	-11.5%	2,563	2,176	1,922	-11.7%	0	0	0	0.0%
Total Members	7,607	6,541	5,799	-11.3%	6,692	5,703	5,024	-11.9%	3	12	2	-83.3%
Family Size	1.9	1.9	1.9	-2.6%	2.0	1.9	1.9	2.1%	1.0	1.0	1.0	0.0%
Financial Summary												
Gross Cost	\$22,421,549	\$20,580,358	\$19,848,431	-3.6%	\$19,253,441	\$17,206,132	\$16,691,145	-3.0%	\$3,180	\$1,987	\$2,826	42.2%
Client Paid	\$19,784,855	\$18,443,519	\$17,689,075	-4.1%	\$17,081,090	\$15,460,924	\$14,923,635	-3.5%	\$2,330	\$1,551	\$2,234	44.0%
Employee Paid	\$2,636,694	\$2,136,839	\$2,159,356	1.1%	\$2,172,351	\$1,745,208	\$1,767,510	1.3%	\$850	\$436	\$592	35.8%
Client Paid-PEPY	\$9,652	\$10,495	\$11,293	7.6%	\$9,930	\$10,546	\$11,528	9.3%	\$1,471	\$1,551	\$2,234	44.0%
Client Paid-PMPY	\$5,202	\$5,640	\$6,101	8.2%	\$5,105	\$5,422	\$5,941	9.6%	\$1,471	\$1,551	\$2,234	44.0%
Client Paid-PEPM	\$804	\$875	\$941	7.5%	\$828	\$879	\$961	9.3%	\$123	\$129	\$186	44.2%
Client Paid-PMPM	\$433	\$470	\$508	8.1%	\$425	\$452	\$495	9.5%	\$123	\$129	\$186	44.2%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	26	24	25	4.2%	23	20	22	10.0%	0	0	0	0.0%
HCC's / 1,000	3.4	3.7	4.3	17.4%	3.4	3.5	4.4	24.8%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$211,967	\$215,676	\$174,149	-19.3%	\$224,122	\$215,064	\$176,823	-17.8%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	27.9%	28.1%	24.6%	-12.5%	30.2%	27.8%	26.1%	-6.1%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,511	\$1,734	\$1,369	-21.0%	\$1,500	\$1,682	\$1,393	-17.2%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,294	\$1,882	\$2,362	25.5%	\$1,261	\$1,784	\$2,278	27.7%	\$49	\$242	\$370	0.0%
Physician	\$2,291	\$2,024	\$2,370	17.1%	\$2,247	\$1,957	\$2,270	16.0%	\$1,314	\$1,309	\$1,864	42.4%
Other	\$106	\$0	\$0	0.0%	\$97	\$0	\$0	0.0%	\$108	\$0	\$0	0.0%
Total	\$5,202	\$5,640	\$6,101	8.2%	\$5,105	\$5,422	\$5,941	9.6%	\$1,471	\$1,551	\$2,234	44.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	
Average Enrollment									
Employees	565	515	489	-5.1%	91	66	53	-19.3%	
Spouses	89	86	81	-6.4%	20	15	11	-29.2%	
Children	136	142	128	-10.1%	10	13	12	-4.0%	
Total Members	791	743	697	-6.2%	121	93	76	-18.8%	
Family Size	1.4	1.4	1.4	-0.7%	1.3	1.4	1.4	1.4%	1.6
Financial Summary									
Gross Cost	\$2,777,883	\$3,166,544	\$3,002,209	-5.2%	\$387,046	\$205,696	\$152,250	-26.0%	
Client Paid	\$2,394,965	\$2,829,500	\$2,650,199	-6.3%	\$306,470	\$151,543	\$113,007	-25.4%	
Employee Paid	\$382,918	\$337,043	\$352,010	4.4%	\$80,576	\$54,153	\$39,243	-27.5%	
Client Paid-PEPY	\$8,475	\$10,988	\$10,850	-1.3%	\$6,723	\$4,616	\$4,264	-7.6%	\$6,258
Client Paid-PMPY	\$6,059	\$7,615	\$7,606	-0.1%	\$5,059	\$3,259	\$2,994	-8.1%	\$3,830
Client Paid-PEPM	\$706	\$916	\$904	-1.3%	\$560	\$385	\$355	-7.8%	\$521
Client Paid-PMPM	\$505	\$635	\$634	-0.2%	\$422	\$272	\$249	-8.5%	\$319
High Cost Claimants (HCC's) > \$100k									
# of HCC's	4	4	4	0.0%	0	0	0	0.0%	
HCC's / 1,000	5.1	5.4	5.7	0.0%	0.0	0.0	0.0	0.0%	
Avg HCC Paid	\$89,083	\$218,734	\$115,905	0.0%	\$0	\$0	\$0	0.0%	
HCC's % of Plan Paid	14.9%	30.9%	17.5%	0.0%	0.0%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,536	\$2,313	\$1,275	-44.9%	\$2,008	\$310	\$728	134.8%	\$1,044
Facility Outpatient	\$1,618	\$2,717	\$3,114	14.6%	\$1,064	\$1,256	\$1,083	-13.8%	\$1,310
Physician	\$2,735	\$2,585	\$3,217	24.4%	\$1,811	\$1,692	\$1,182	-30.1%	\$1,404
Other	\$171	\$0	\$0	0.0%	\$176	\$0	\$0	0.0%	\$72
Total	\$6,059	\$7,615	\$7,606	-0.1%	\$5,059	\$3,259	\$2,994	-8.1%	\$3,830
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

Summary	Total				State Active				Non-State Active			
	PY22	PY23	2Q24	Variance to Prior Year	PY22	PY23	2Q24	Variance to Prior Year	PY22	PY23	2Q24	Variance to Prior Year
Average Enrollment												
Employees	4,021	3,447	3,133	-9.1%	3,370	2,876	2,589	-10.0%	3	2	2	0.0%
Spouses	786	2,297	604	-73.7%	678	2,145	513	-76.1%	0	0	0	0.0%
Children	2,683	676	2,062	204.8%	2,531	580	1,922	231.2%	0	0	0	0.0%
Total Members	7,491	6,421	5,799	-9.7%	6,579	5,601	5,024	-10.3%	3	2	2	0.0%
Family Size	1.9	1.9	1.9	-0.5%	2.0	2.0	1.9	-0.5%	1.0	1.0	1.0	0.0%
Financial Summary												
Gross Cost	\$44,187,042	\$46,490,212	\$19,848,431	-57.3%	\$37,820,607	\$38,595,575	\$16,691,145	-56.8%	\$4,744	\$4,201	\$2,826	-32.7%
Client Paid	\$39,320,787	\$42,257,152	\$17,689,075	-58.1%	\$33,797,612	\$35,128,252	\$14,923,635	-57.5%	\$3,622	\$3,335	\$2,234	-33.0%
Employee Paid	\$4,866,255	\$4,233,060	\$2,159,356	-49.0%	\$4,022,996	\$3,467,323	\$1,767,510	-49.0%	\$1,122	\$866	\$592	-31.6%
Client Paid-PEPY	\$9,779	\$12,259	\$11,293	-7.9%	\$10,030	\$12,216	\$11,528	-5.6%	\$1,278	\$1,667	\$2,234	34.0%
Client Paid-PMPY	\$5,249	\$6,581	\$6,101	-7.3%	\$5,137	\$6,272	\$5,941	-5.3%	\$1,278	\$1,667	\$2,234	34.0%
Client Paid-PEPM	\$815	\$1,022	\$941	-7.9%	\$836	\$1,018	\$961	-5.6%	\$107	\$139	\$186	33.8%
Client Paid-PMPM	\$437	\$548	\$508	-7.3%	\$428	\$523	\$495	-5.4%	\$107	\$139	\$186	33.8%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	46	54	25	-53.7%	40	43	22	-48.8%	0	0	0	0.0%
HCC's / 1,000	6.1	8.4	4.3	-48.8%	6.1	7.7	4.4	-43.0%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$237,083	\$257,429	\$174,149	-32.4%	\$246,357	\$257,598	\$176,823	-31.4%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	27.7%	32.9%	24.6%	-25.2%	29.2%	31.5%	26.1%	-17.1%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,432	\$1,804	\$1,369	-24.1%	\$1,437	\$1,735	\$1,393	-19.7%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,442	\$2,319	\$2,362	1.9%	\$1,382	\$2,176	\$2,278	4.7%	\$27	\$158	\$370	134.2%
Physician	\$2,259	\$2,458	\$2,370	-3.6%	\$2,209	\$2,361	\$2,270	-3.9%	\$1,142	\$1,510	\$1,864	23.4%
Other	\$116	\$0	\$0	0.0%	\$109	\$0	\$0	0.0%	\$109	\$0	\$0	0.0%
Total	\$5,249	\$6,581	\$6,101	-7.3%	\$5,137	\$6,272	\$5,941	-5.3%	\$1,278	\$1,667	\$2,234	34.0%

Annualized

Annualized

Annualized

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

	State Retirees				Non-State Retirees				
Summary	PY22	PY23	2Q24	Variance to Prior Year	PY22	PY23	2Q24	Variance to Prior Year	Peer Index
Average Enrollment									
Employees	564	509	489	-3.9%	85	61	53	-13.2%	
Spouses	90	139	81	-42.2%	19	13	11	-19.2%	
Children	142	83	128	54.3%	10	13	12	-10.0%	
Total Members	796	731	697	-4.6%	114	87	76	-13.6%	
Family Size	1.4	1.4	1.4	-0.7%	1.3	1.4	1.4	-0.7%	1.6
Financial Summary									
Gross Cost	\$5,794,991	\$7,535,647	\$3,002,209	-60.2%	\$566,699	\$354,790	\$152,250	-57.1%	
Client Paid	\$5,071,309	\$6,861,336	\$2,650,199	-61.4%	\$448,244	\$264,230	\$113,007	-57.2%	
Employee Paid	\$723,682	\$674,311	\$352,010	-47.8%	\$118,455	\$90,560	\$39,243	-56.7%	
Client Paid-PEPY	\$8,998	\$13,493	\$10,850	-19.6%	\$5,279	\$4,326	\$4,264	-1.4%	\$6,258
Client Paid-PMPY	\$6,373	\$9,392	\$7,606	-19.0%	\$3,946	\$3,023	\$2,994	-1.0%	\$3,830
Client Paid-PEPM	\$750	\$1,124	\$904	-19.6%	\$440	\$360	\$355	-1.4%	\$521
Client Paid-PMPM	\$531	\$783	\$634	-19.0%	\$329	\$252	\$249	-1.2%	\$319
High Cost Claimants (HCC's) > \$100k									
# of HCC's	8	12	4	-66.7%	0	0	0	0.0%	
HCC's / 1,000	10.1	16.4	5.7	-65.1%	0.0	0.0	0.0	0.0%	
Avg HCC Paid	\$131,446	\$235,373	\$115,905	-50.8%	\$0	\$0	\$0	0.0%	
HCC's % of Plan Paid	20.7%	41.2%	17.5%	-57.5%	0.0%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,443	\$2,534	\$1,275	-49.7%	\$1,101	\$183	\$728	297.8%	\$1,044
Facility Outpatient	\$2,015	\$3,585	\$3,114	-13.1%	\$940	\$1,007	\$1,083	7.5%	\$1,310
Physician	\$2,742	\$3,273	\$3,217	-1.7%	\$1,800	\$1,832	\$1,182	-35.5%	\$1,404
Other	\$174	\$0	\$0	0.0%	\$106	\$0	\$0	0.0%	\$72
Total	\$6,373	\$9,392	\$7,606	-19.0%	\$3,946	\$3,023	\$2,994	-1.0%	\$3,830
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 5,586,527	\$ 463,550	\$ 518,318	\$ 6,568,395	\$ 4,042,195	\$ 446,592	\$ 48,797	\$ 4,537,584	-30.9%	
Outpatient	\$ 9,874,397	\$ 159,110	\$ 1,688,522	\$ 11,722,029	\$ 10,881,440	\$ 2,003,136	\$ 151,673	\$ 13,036,250	11.2%	
Total - Medical	\$ 15,460,924	\$ 622,660	\$ 2,206,840	\$ 18,290,424	\$ 14,923,635	\$ 2,449,728	\$ 200,470	\$ 17,573,834	-3.9%	

Net Paid Claims - Per Participant per Month										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 879	\$ 233	\$ 5,305	\$ 884	\$ 961	\$ 975	\$ 478	\$ 952	7.6%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total

Non-State Participants

	2Q23				2Q24				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ -	\$ 14,081	\$ 2,403	\$ 16,484	\$ -	\$ 31,328	\$ 31,328		90.0%
Outpatient	\$ 1,551	\$ 55,496	\$ 79,563	\$ 136,610	\$ 2,234	\$ 13,144	\$ 68,535	\$ 83,913	-38.6%
Total - Medical	\$ 1,551	\$ 69,577	\$ 81,966	\$ 153,094	\$ 2,234	\$ 13,144	\$ 99,862	\$ 115,241	-24.7%

Net Paid Claims - Per Participant per Month

	2Q23				2Q24				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 129	\$ 689	\$ 280	\$ 377	\$ 186	\$ 258	\$ 374	\$ 349	-7.4%

Paid Claims by Claim Type – Total

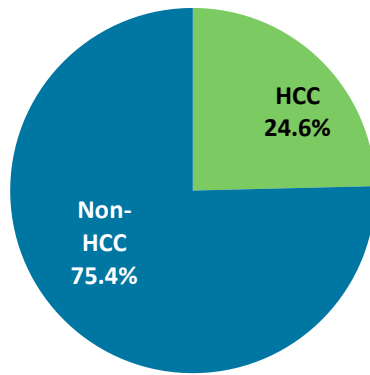
Net Paid Claims - Total										
Total Participants										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 5,586,527	\$ 477,631	\$ 520,722	\$ 6,584,880	\$ 4,042,195	\$ 446,592	\$ 80,125	\$ 4,568,912	-30.6%	
Outpatient	\$ 9,875,948	\$ 214,606	\$ 1,768,085	\$ 11,858,639	\$ 10,883,675	\$ 2,016,281	\$ 220,208	\$ 13,120,163	10.6%	
Total - Medical	\$ 15,462,475	\$ 692,237	\$ 2,288,807	\$ 18,443,519	\$ 14,925,869	\$ 2,462,873	\$ 300,333	\$ 17,689,075	-4.1%	

Net Paid Claims - Per Participant per Month										
	2Q23				2Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 878	\$ 249	\$ 3,228	\$ 875	\$ 960	\$ 961	\$ 438	\$ 941	7.6%	

Cost Distribution – Medical Claims

2Q23						2Q24						
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%	\$5,176,214	28.1%	\$68,514	3.2%	\$100,000.01 Plus	24	0.4%	\$4,353,726	24.6%	\$93,132	4.3%
21	0.3%	\$1,396,775	7.6%	\$66,125	3.1%	\$50,000.01-\$100,000.00	24	0.4%	\$1,753,136	9.9%	\$79,124	3.7%
79	1.2%	\$2,702,541	14.7%	\$167,270	7.8%	\$25,000.01-\$50,000.00	62	1.1%	\$2,299,592	13.0%	\$161,889	7.5%
211	3.2%	\$3,507,644	19.0%	\$375,402	17.6%	\$10,000.01-\$25,000.00	209	3.6%	\$3,386,104	19.1%	\$363,206	16.8%
211	3.2%	\$1,524,074	8.3%	\$270,107	12.6%	\$5,000.01-\$10,000.00	228	3.9%	\$1,635,817	9.2%	\$313,949	14.5%
364	5.6%	\$1,317,297	7.1%	\$305,730	14.3%	\$2,500.01-\$5,000.00	466	8.0%	\$1,685,778	9.5%	\$398,092	18.4%
4,232	64.7%	\$2,818,973	15.3%	\$881,235	41.2%	\$0.01-\$2,500.00	3,650	62.9%	\$2,574,922	14.6%	\$748,396	34.7%
122	1.9%	\$0	0.0%	\$2,455	0.1%	\$0.00	64	1.1%	\$0	0.0%	\$1,568	0.1%
1,279	19.6%	\$0	0.0%	\$0	0.0%	No Claims	1,071	18.5%	\$0	0.0%	\$0	0.0%
6,541	100.0%	\$18,443,519	100.0%	\$2,136,839	100.0%		5,799	100.0%	\$17,689,075	100.0%	\$2,159,356	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	12	\$1,150,547	26.4%
Infections	6	\$665,869	15.3%
Cardiac Disorders	15	\$605,173	13.9%
Neurological Disorders	12	\$350,057	8.0%
Pregnancy-related Disorders	2	\$303,076	7.0%
Hematological Disorders	8	\$292,132	6.7%
Gastrointestinal Disorders	9	\$229,913	5.3%
Renal/Urologic Disorders	6	\$196,986	4.5%
Diabetes	3	\$145,698	3.3%
Trauma/Accidents	10	\$137,020	3.1%
All Other		\$277,257	6.4%
Overall	----	\$4,353,726	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	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year
Inpatient Summary												
# of Admits	225	172	164		192	143	136		0	0	0	
# of Bed Days	1,311	926	836		1,093	763	693		0	0	0	
Paid Per Admit	\$36,860	\$38,964	\$28,768	-26.2%	\$37,853	\$37,904	\$30,391	-19.8%	\$0	\$0	\$0	0.0%
Paid Per Day	\$6,326	\$7,237	\$5,644	-22.0%	\$6,649	\$7,104	\$5,964	-16.0%	\$0	\$0	\$0	0.0%
Admits Per 1,000	59	53	57	7.5%	57	50	54	8.0%	0	0	0	0.0%
Days Per 1,000	345	283	288	1.8%	327	268	276	3.0%	0	0	0	0.0%
Avg LOS	5.8	5.4	5.1	-5.6%	5.7	5.3	5.1	-3.8%	0.0	0.0	0.0	0.0%
# Admits From ER	116	78	94	20.5%	94	63	77	22.2%	0	0	0	0.0%
Physician Office												
OV Utilization per Member	5.6	5.1	6.1	19.6%	5.4	4.9	6.0	22.4%	6.3	7.0	5.0	-28.6%
Avg Paid per OV	\$155	\$150	\$155	3.3%	\$155	\$157	\$151	-3.8%	\$164	\$112	\$205	83.0%
Avg OV Paid per Member	\$866	\$768	\$953	24.1%	\$836	\$775	\$901	16.3%	\$1,039	\$786	\$1,025	30.4%
DX&L Utilization per Member	9.6	10.5	11.6	10.5%	9.1	10	11	10.0%	3.8	32	18	-43.8%
Avg Paid per DX&L	\$54	\$69	\$79	14.5%	\$56	\$72	\$78	8.3%	\$33	\$12	\$42	250.0%
Avg DX&L Paid per Member	\$521	\$729	\$913	25.2%	\$513	\$723	\$865	19.6%	\$126	\$396	\$753	90.2%
Emergency Room												
# of Visits	696	579	557		595	496	498		0	0	0	
Visits Per Member	0.18	0.18	0.19	5.6%	0.18	0.17	0.20	17.6%	0.00	0.00	0.00	0.0%
Visits Per 1,000	183	177	192	8.5%	178	174	198	13.8%	0	0	0	0.0%
Avg Paid per Visit	\$1,992	\$2,818	\$3,178	12.8%	\$1,982	\$2,837	\$3,212	13.2%	\$0	\$0	\$0	0.0%
Urgent Care												
# of Visits	1,530	1,297	1,271		1,387	1,157	1,131		0	0	0	
Visits Per Member	0.40	0.40	0.44	10.0%	0.41	0.41	0.45	9.8%	0.00	0.00	0.00	0.0%
Visits Per 1,000	402	397	438	10.3%	415	406	450	10.8%	0	0	0	0.0%
Avg Paid per Visit	\$156	\$126	\$133	5.6%	\$158	\$127	\$135	6.3%	\$0	\$0	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

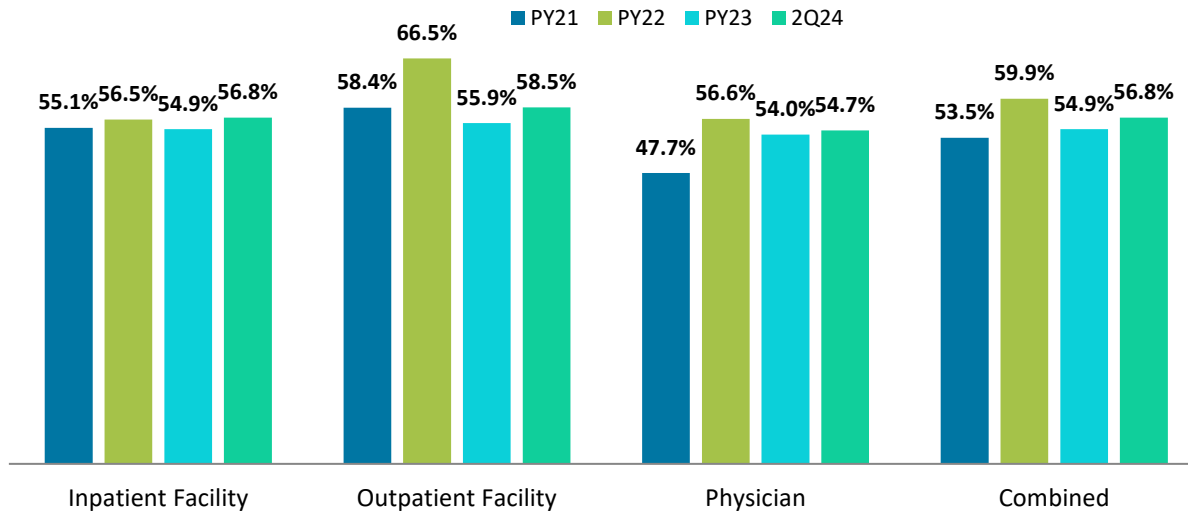
Utilization Summary (p. 2 of 2)

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

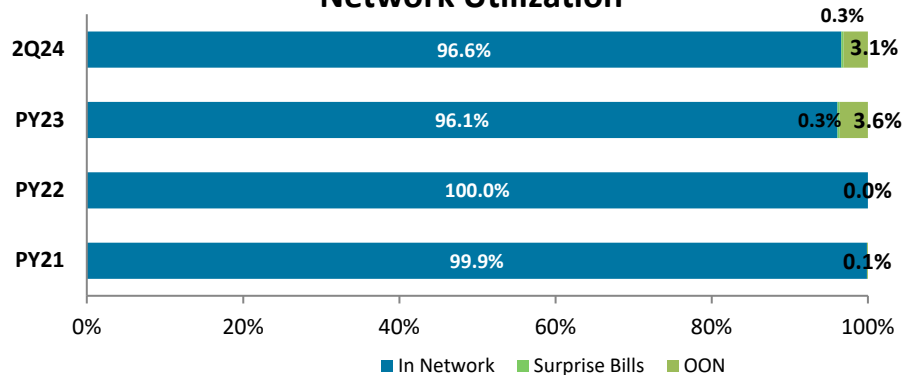
Summary	State Retirees				Non-State Retirees				Peer Index
	2Q22	2Q23	2Q24	Variance to Prior Year	2Q22	2Q23	2Q24	Variance to Prior Year	
Inpatient Summary									
# of Admits	25	27	24		8	2	4		
# of Bed Days	153	156	131		65	7	12		
Paid Per Admit	\$35,722	\$46,841	\$22,176	-52.7%	\$16,574	\$8,442	\$13,149	55.8%	\$19,305
Paid Per Day	\$5,837	\$8,107	\$4,063	-49.9%	\$2,040	\$2,412	\$4,383	81.7%	\$3,615
Admits Per 1,000	63	73	69	-5.5%	132	43	106	146.5%	64
Days Per 1,000	387	420	376	-10.5%	1,073	151	318	110.6%	342
Avg LOS	6.1	5.8	5.5	-5.2%	8.1	3.5	3.0	-14.3%	5.3
# Admits From ER	17	14	15	7.1%	5	1	2	0.0%	
Physician Office									
OV Utilization per Member	6.9	6.2	7.4	19.4%	7.0	6.3	6.2	-1.6%	5.2
Avg Paid per OV	\$163	\$122	\$188	54.1%	\$117	\$65	\$55	-15.4%	\$97
Avg OV Paid per Member	\$1,123	\$755	\$1,390	84.1%	\$817	\$410	\$337	-17.8%	\$502
DX&L Utilization per Member	13.2	14.5	16	10.3%	11.5	12.6	9.7	-23.0%	9.0
Avg Paid per DX&L	\$44	\$55	\$82	49.1%	\$47	\$41	\$47	14.6%	\$46
Avg DX&L Paid per Member	\$583	\$802	\$1,314	63.8%	\$538	\$514	\$461	-10.3%	\$412
Emergency Room									
# of Visits	84	72	57		17	11	2		
Visits Per Member	0.21	0.19	0.16	-15.8%	0.28	0.24	0.05	-79.2%	0.23
Visits Per 1,000	213	194	164	-15.5%	281	237	53	-77.6%	228
Avg Paid per Visit	\$2,301	\$2,967	\$2,987	0.7%	\$817	\$983	\$291	-70.4%	\$1,035
Urgent Care									
# of Visits	122	125	126		21	15	14		
Visits Per Member	0.31	0.34	0.36	5.9%	0.35	0.32	0.37	15.6%	0.38
Visits Per 1,000	309	336	362	7.7%	347	323	371	14.9%	379
Avg Paid per Visit	\$151	\$123	\$118	-4.1%	\$62	\$57	\$39	-31.6%	\$132
	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	\$1,656,973	9.4%	\$1,030,928	\$475,790	\$150,255	\$738,107	\$918,866
Gastrointestinal Disorders	\$1,410,261	8.0%	\$829,497	\$376,623	\$204,140	\$654,667	\$755,594
Cardiac Disorders	\$1,346,268	7.6%	\$860,277	\$466,380	\$19,612	\$682,768	\$663,500
Health Status/Encounters	\$1,229,590	7.0%	\$744,393	\$148,133	\$337,065	\$473,866	\$755,724
Musculoskeletal Disorders	\$1,211,235	6.8%	\$952,762	\$175,274	\$83,199	\$523,265	\$687,970
Trauma/Accidents	\$1,206,422	6.8%	\$856,826	\$110,266	\$239,329	\$679,928	\$526,494
Mental Health	\$1,048,165	5.9%	\$453,663	\$102,331	\$492,171	\$308,756	\$739,409
Neurological Disorders	\$1,020,326	5.8%	\$722,036	\$174,429	\$123,860	\$199,914	\$820,412
Pregnancy-related Disorders	\$928,382	5.2%	\$485,009	\$33,398	\$409,975	\$323,483	\$604,898
Infections	\$898,595	5.1%	\$745,993	\$110,252	\$42,351	\$430,115	\$468,480
Spine-related Disorders	\$734,816	4.2%	\$623,561	\$98,799	\$12,456	\$291,954	\$442,862
Eye/ENT Disorders	\$717,827	4.1%	\$447,141	\$68,324	\$202,362	\$307,979	\$409,848
Renal/Urologic Disorders	\$666,987	3.8%	\$536,213	\$20,953	\$109,821	\$262,032	\$404,955
Pulmonary Disorders	\$652,978	3.7%	\$479,657	\$78,848	\$94,473	\$214,407	\$438,571
Gynecological/Breast Disorders	\$441,415	2.5%	\$309,242	\$87,479	\$44,693	\$3,885	\$437,530
Diabetes	\$403,526	2.3%	\$173,214	\$154,229	\$76,084	\$280,526	\$123,000
Hematological Disorders	\$388,463	2.2%	\$336,206	\$12,992	\$39,266	\$303,247	\$85,217
Endocrine/Metabolic Disorders	\$343,812	1.9%	\$303,732	\$31,033	\$9,047	\$109,147	\$234,665
Non-malignant Neoplasm	\$329,766	1.9%	\$294,668	\$25,868	\$9,229	\$59,417	\$270,349
Medical/Surgical Complications	\$257,030	1.5%	\$235,921	\$11,998	\$9,111	\$127,512	\$129,518
Dermatological Disorders	\$199,865	1.1%	\$120,076	\$33,211	\$46,578	\$86,770	\$113,095
Miscellaneous	\$162,124	0.9%	\$88,580	\$30,674	\$42,870	\$67,061	\$95,064
Abnormal Lab/Radiology	\$151,698	0.9%	\$121,007	\$24,740	\$5,950	\$67,299	\$84,399
Vascular Disorders	\$120,570	0.7%	\$89,550	\$30,974	\$45	\$49,839	\$70,731
Cholesterol Disorders	\$49,985	0.3%	\$43,500	\$5,923	\$562	\$22,902	\$27,083
Congenital/Chromosomal Anomalies	\$46,570	0.3%	\$5,926	\$1,068	\$39,576	\$38,234	\$8,336
Medication Related Conditions	\$29,572	0.2%	\$19,437	\$3,493	\$6,642	\$6,857	\$22,714
Allergic Reaction	\$17,048	0.1%	\$3,084	\$345	\$13,620	\$9,966	\$7,082
Dental Conditions	\$8,727	0.0%	\$7,113	\$0	\$1,615	\$5,912	\$2,816
External Hazard Exposure	\$7,680	0.0%	\$5,225	\$0	\$2,455	\$6,844	\$836
Social Determinants of Health	\$2,400	0.0%	\$73	\$0	\$2,327	\$0	\$2,400
Total	\$17,689,075	100.0%	\$11,924,509	\$2,893,827	\$2,870,738	\$7,336,658	\$10,352,416

Mental Health Drilldown

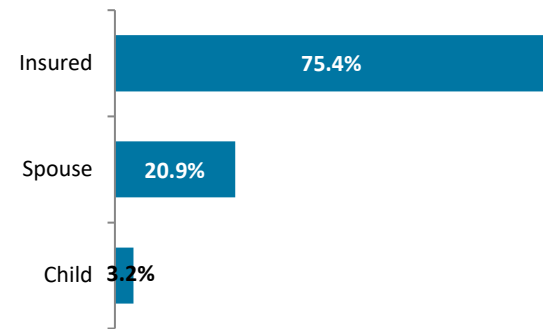
Grouper	PY21		PY22		PY23		2Q24	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	625	\$833,183	505	\$720,907	454	\$529,695	311	\$269,918
Mood and Anxiety Disorders	711	\$655,375	636	\$361,898	591	\$339,214	363	\$230,353
Mental Health Conditions, Other	609	\$876,606	458	\$367,897	394	\$287,517	251	\$195,704
Developmental Disorders	65	\$155,300	58	\$89,043	47	\$93,123	34	\$70,400
Alcohol Abuse/Dependence	43	\$163,692	37	\$110,736	30	\$167,010	24	\$64,185
Bipolar Disorder	127	\$261,349	107	\$171,696	109	\$84,620	69	\$63,962
Complications of Substance Abuse	14	\$63,661	8	\$12,407	7	\$9,434	7	\$41,414
Attention Deficit Disorder	180	\$98,736	179	\$76,754	202	\$61,595	144	\$33,915
Psychoses	7	\$55,219	6	\$9,762	9	\$6,025	6	\$22,830
Sexually Related Disorders	27	\$81,154	27	\$85,457	26	\$8,339	14	\$18,321
Sleep Disorders	187	\$38,478	148	\$43,716	141	\$25,583	71	\$15,507
Substance Abuse/Dependence	57	\$45,039	39	\$14,853	35	\$72,695	15	\$10,904
Eating Disorders	24	\$370,761	23	\$51,995	19	\$32,076	11	\$5,225
Schizophrenia	9	\$10,631	6	\$2,286	9	\$13,689	4	\$2,539
Tobacco Use Disorder	38	\$4,775	36	\$4,114	42	\$3,344	26	\$2,437
Personality Disorders	14	\$20,064	17	\$47,043	15	\$7,832	4	\$551
Total		\$3,734,023		\$2,170,566		\$1,741,788		\$1,048,165

Diagnosis Grouper – Cancer

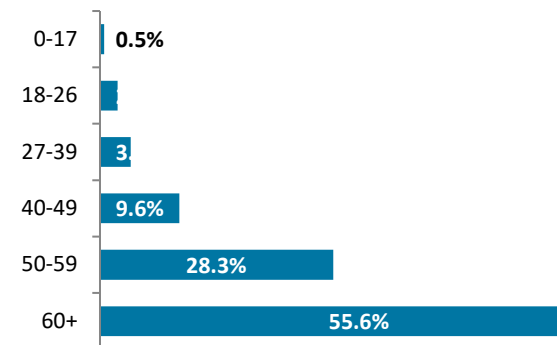
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	15	61	\$670,849	40.5%
Breast Cancer	39	209	\$158,945	9.6%
Kidney Cancer	5	34	\$149,816	9.0%
Pancreatic Cancer	4	89	\$137,244	8.3%
Cancers, Other	22	131	\$137,109	8.3%
Lung Cancer	4	115	\$93,268	5.6%
Cervical/Uterine Cancer	4	16	\$49,869	3.0%
Prostate Cancer	18	118	\$42,588	2.6%
Melanoma	11	85	\$42,558	2.6%
Colon Cancer	6	34	\$35,984	2.2%
Secondary Cancers	7	34	\$32,772	2.0%
Carcinoma in Situ	16	58	\$26,888	1.6%
Brain Cancer	2	33	\$24,968	1.5%
Non-Melanoma Skin Cancers	38	84	\$22,052	1.3%
Leukemias	7	41	\$14,201	0.9%
Ovarian Cancer	4	21	\$9,233	0.6%
Lymphomas	9	25	\$5,944	0.4%
Thyroid Cancer	11	24	\$2,531	0.2%
Myeloma	1	1	\$152	0.0%
Overall	----	----	\$1,656,973	100.0%

*Patient and claim counts are unique only within the category

Relationship



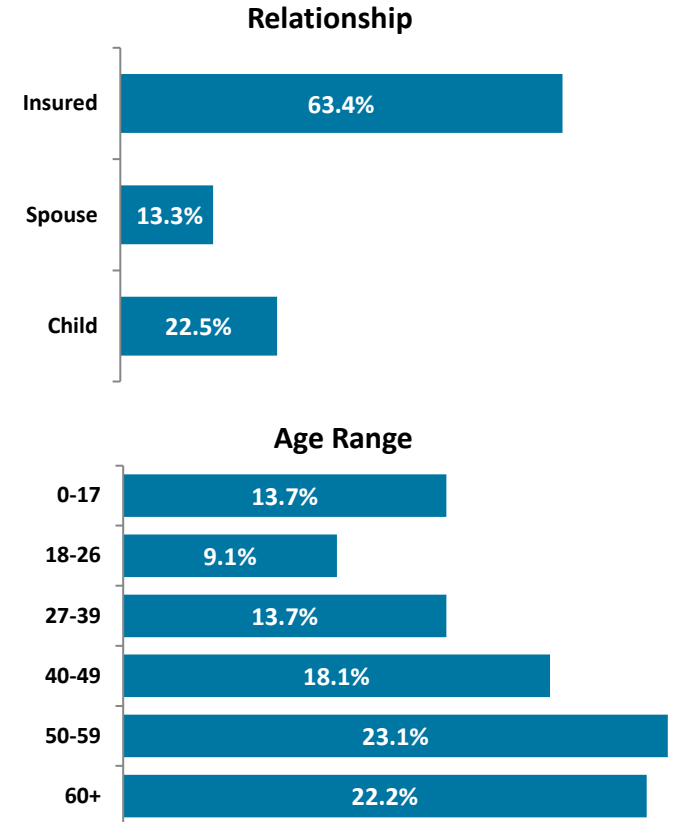
Age Range



Diagnosis Grouper – Gastrointestinal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Abdominal Disorders	257	562	\$299,438	21.2%
GI Disorders, Other	137	312	\$264,635	18.8%
Diverticulitis	38	99	\$125,989	8.9%
Inflammatory Bowel Disease	25	73	\$114,893	8.1%
Appendicitis	5	30	\$114,715	8.1%
Gallbladder and Biliary Disease	26	92	\$99,525	7.1%
GI Symptoms	177	290	\$82,631	5.9%
Liver Diseases	64	120	\$74,702	5.3%
Upper GI Disorders	126	248	\$71,640	5.1%
Hernias	21	51	\$58,595	4.2%
Hepatic Cirrhosis	9	15	\$35,788	2.5%
Pancreatic Disorders	5	27	\$32,309	2.3%
Constipation	46	74	\$26,175	1.9%
Hemorrhoids	24	36	\$6,663	0.5%
Ostomies	8	19	\$1,637	0.1%
Peptic Ulcer/Related Disorders	4	4	\$925	0.1%
	---	---	\$1,410,261	100.0%

*Patient and claim counts are unique only within the category

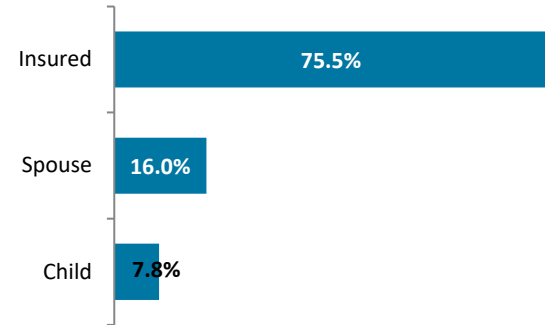


Diagnosis Grouper – Cardiac Disorders

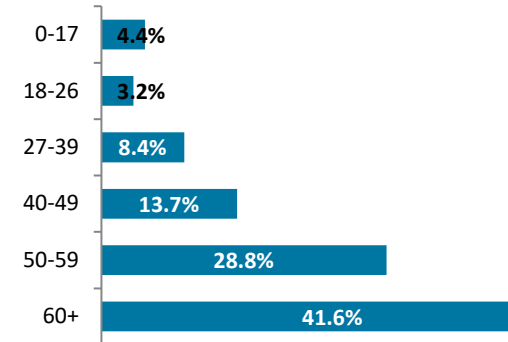
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Atrial Fibrillation	40	227	\$492,960	36.6%
Myocardial Infarction	6	46	\$198,133	14.7%
Chest Pain	120	271	\$140,221	10.4%
Heart Valve Disorders	34	89	\$121,987	9.1%
Congestive Heart Failure	27	145	\$82,495	6.1%
Hypertension	389	645	\$77,616	5.8%
Cardiac Arrhythmias	104	182	\$58,369	4.3%
Cardiac Conditions, Other	81	165	\$45,912	3.4%
Pulmonary Embolism	11	32	\$43,859	3.3%
Coronary Artery Disease	62	107	\$42,759	3.2%
Shock	3	11	\$27,511	2.0%
Cardio-Respiratory Arrest	16	37	\$8,579	0.6%
Cardiomyopathy	10	15	\$5,866	0.4%
Overall	----	----	\$1,346,268	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range



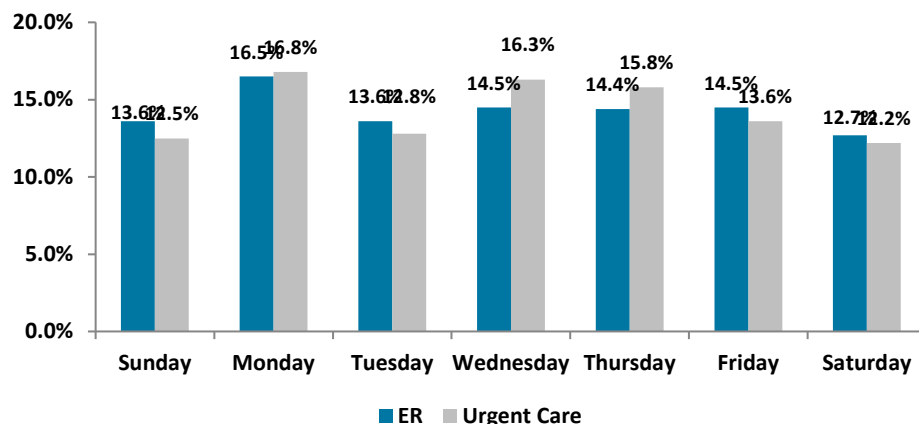
Emergency Room / Urgent Care Summary

ER/Urgent Care	2Q23		2Q24		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	579	1,297	557	1,271		
Visits Per Member	0.18	0.40	0.19	0.44	0.23	0.38
Visits/1000 Members	177	397	192	438	228	379
Avg Paid Per Visit	\$2,818	\$126	\$3,178	\$133	\$1,085	\$132
% with OV*	91.3%	87.7%	89.4%	88.4%		
% Avoidable	15.3%	38.4%	13.8%	39.9%		
Total Member Paid	\$323,841	\$60,981	\$323,920	\$63,040		
Total Plan Paid	\$1,629,881	\$163,516	\$1,770,309	\$168,622		

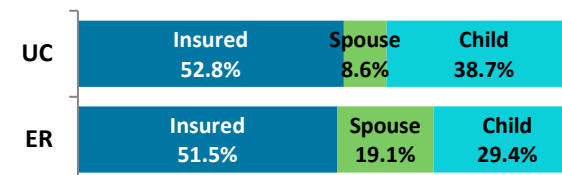
*looks back 12 months

Annualized Annualized Annualized Annualized

Visits by Day of Week



% of Paid



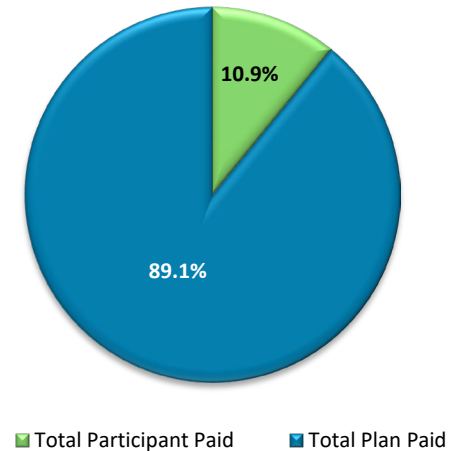
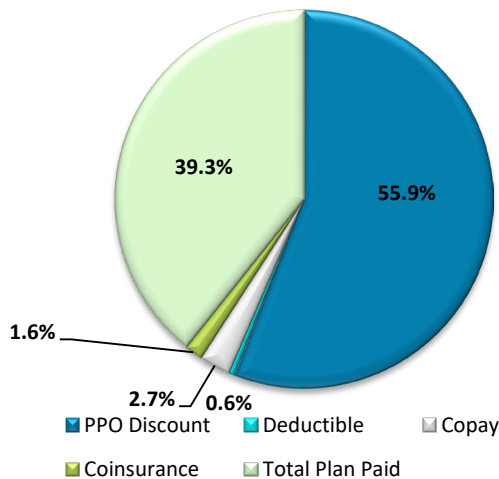
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	282	90	688	220	970	310
Spouse	76	131	115	198	191	329
Child	199	95	468	224	667	320
Total	557	96	1,271	219	1,828	315

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	\$46,074,223	\$2,451	100.0%
PPO Discount	\$25,170,758	\$1,339	54.6%
Deductible	\$257,906	\$14	0.6%
Copay	\$1,200,257	\$64	2.6%
Coinsurance	\$701,193	\$37	1.5%
Total Participant Paid	\$2,159,356	\$115	4.7%
Total Plan Paid	\$17,689,075	\$941	38.4%

Total Participant Paid - PY23	\$102
Total Plan Paid - PY23	\$1,022



Quality Metrics

Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma and a routine provider visit in the last 12 months	429	421	8	98.1%
<2 asthma related ER Visits in the last 6 months	429	0	429	0.0%
No asthma related admit in last 12 months	429	3	426	0.7%
No exacerbations in last 12 months	71	4	67	5.6%
Members with COPD who had an annual spirometry test	71	11	60	15.5%
No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	1	0	1	0.0%
No ER Visit for Heart Failure in last 90 days	53	1	52	1.9%
Follow-up OV within 4 weeks of discharge from HF admission	1	1	0	100.0%
Annual office visit	519	507	12	97.7%
Annual dilated eye exam	519	254	265	48.9%
Annual foot exam	519	251	268	48.4%
Annual HbA1c test done	519	462	57	89.0%
Diabetes Annual lipid profile	519	417	102	80.3%
Annual microalbumin urine screen	519	382	137	73.6%
Hyperlipidemia Annual lipid profile	1,151	911	240	79.1%
Annual lipid profile	1,113	804	309	72.2%
Annual serum creatinine test	1,091	925	166	84.8%
Well Child Visit - 15 months	49	49	0	100.0%
Routine office visit in last 6 months (All Ages)	5,735	4,289	1,446	74.8%
Colorectal cancer screening ages 45-75 within the appropriate time period	2,512	1,389	1,123	55.3%
Women age 25-65 with recommended cervical cancer/HPV screening	1,703	1,336	367	78.4%
Males age greater than 49 with PSA test in last 24 months	933	528	405	56.6%
Routine exam in last 24 months (All Ages)	5,735	5,332	403	93.0%
Women age 40 to 75 with a screening mammogram last 24 months	1,645	1,142	503	69.4%

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 1,000	Admits per 1,000	ER Visits per 1,000	PMPY
Affective Psychosis	92	1.58%	15.79	314.61	584.27	\$19,000
Asthma	439	7.56%	75.33	140.52	477.75	\$19,423
Atrial Fibrillation	71	1.22%	12.18	229.67	459.33	\$26,114
Blood Disorders	478	8.23%	82.02	272.73	501.47	\$29,479
CAD	160	2.75%	27.46	261.44	470.59	\$24,767
COPD	68	1.17%	11.67	482.41	844.22	\$30,239
Cancer	276	4.75%	47.36	239.10	239.10	\$32,694
Chronic Pain	377	6.49%	64.69	143.65	497.24	\$20,871
Congestive Heart Failure	55	0.95%	9.44	296.30	814.81	\$38,637
Demyelinating Diseases	18	0.31%	3.09	444.44	666.67	\$68,767
Depression	699	12.03%	119.95	171.43	390.15	\$15,083
Diabetes	538	9.26%	92.32	97.74	240.60	\$19,930
ESRD	11	0.19%	1.89	375.00	750.00	\$40,529
Eating Disorders	35	0.60%	6.01	606.06	727.27	\$24,660
HIV/AIDS	8	0.14%	1.37	0.00	1,043.48	\$29,512
Hyperlipidemia	1,384	23.83%	237.49	74.24	204.90	\$14,931
Hypertension	1,088	18.73%	186.70	90.03	303.84	\$16,819
Immune Disorders	49	0.84%	8.41	345.32	604.32	\$52,915
Inflammatory Bowel Disease	35	0.60%	6.01	466.02	466.02	\$48,124
Liver Diseases	160	2.75%	27.46	259.74	337.66	\$29,478
Morbid Obesity	323	5.56%	55.43	128.48	282.66	\$20,603
Osteoarthritis	334	5.75%	57.31	160.99	346.75	\$22,267
Peripheral Vascular Disease	38	0.65%	6.52	110.09	550.46	\$23,225
Rheumatoid Arthritis	67	1.15%	11.50	60.61	303.03	\$34,063

*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 2024 - Through Quarter Ending December 31, 2023**

Express Scripts

1Q-2Q FY2024 EPO		1Q-2Q FY2023 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	5,797	6,559	(762)	-11.6%
Utilizing Member Count (Patients)	4,161	4,944	(783)	-15.8%
Percent Utilizing (Utilization)	71.8%	75.4%	(0)	-4.8%
Claim Summary				
Net Claims (Total Rx's)	63,291	69,510	(6,219)	-8.9%
Claims per Elig Member per Month (Claims PMPM)	1.82	1.77	0.05	2.8%
Total Claims for Generic (Generic Rx)	53,768	58,771	(5,003.00)	-8.5%
Total Claims for Brand (Brand Rx)	9,523	10,739	(1,216.00)	-11.3%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	413	326	87.00	26.7%
Total Non-Specialty Claims	62,523	68,402	(5,879.00)	-8.6%
Total Specialty Claims	768	1,108	(340.00)	-30.7%
Generic % of Total Claims (GFR)	85.0%	84.6%	0.00	0.5%
Generic Effective Rate (GCR)	99.2%	99.4%	(0.00)	-0.2%
Mail Order Claims	18,689	18,173	516.00	2.8%
Mail Penetration Rate*	32.7%	29.3%	0.03	3.4%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$10,045,058	\$9,878,987	\$166,071.00	1.7%
Total Generic Gross Cost	\$933,816	\$1,102,017	(\$168,201.00)	-15.3%
Total Brand Gross Cost	\$9,111,242	\$8,776,970	\$334,272.00	3.8%
Total MSB Gross Cost	\$223,146	\$207,200	\$15,946.00	7.7%
Total Ingredient Cost	\$9,763,024	\$9,794,585	(\$31,561.00)	-0.3%
Total Dispensing Fee	\$273,452	\$75,843	\$197,609.00	260.6%
Total Other (e.g. tax)	\$8,581	\$8,559	\$22.00	0.3%
Avg Total Cost per Claim (Gross Cost/Rx)	\$158.71	\$142.12	\$16.59	11.7%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$17.37	\$18.75	(\$1.38)	-7.4%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$956.76	\$817.30	\$139.46	17.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$540.31	\$635.58	(\$95.27)	-15.0%
Member Cost Summary				
Total Member Cost	\$1,331,951	\$1,469,205	(\$137,254.00)	-9.3%
Total Copay	\$1,330,062	\$1,466,995	(\$136,933.00)	-9.3%
Total Deductible	\$1,889	\$2,210	(\$321.00)	0.0%
Avg Copay per Claim (Copay/Rx)	\$21.04	\$21.10	(\$0.06)	-0.3%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$21.04	\$21.14	(\$0.09)	-0.4%
Avg Copay for Generic (Copay/Generic Rx)	\$6.84	\$6.79	\$0.05	0.7%
Avg Copay for Brand (Copay/Brand Rx)	\$101.25	\$99.66	\$1.59	1.6%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$52.63	\$75.43	(\$22.80)	-30.2%
Net PMPM (Participant Cost PMPM)	\$38.29	\$37.33	\$0.96	2.6%
Copay % of Total Prescription Cost (Member Cost Share %)	13.3%	14.9%	-1.6%	-10.8%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$8,713,107	\$8,409,782	\$303,325.00	3.6%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,140,543	\$3,759,704	\$380,839.00	10.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,572,564	\$4,650,079	(\$77,515.00)	-1.7%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$137.67	\$120.99	\$16.68	13.8%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$10.53	\$11.96	(\$1.43)	-12.0%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$855.51	\$717.64	\$137.87	19.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$487.68	\$560.15	(\$72.47)	-12.9%
Net PMPM (Plan Cost PMPM)	\$250.51	\$213.70	\$36.81	17.2%
PMPM without Specialty (Non-Specialty PMPM)	\$119.04	\$95.54	\$23.50	24.6%
PMPM for Specialty Only (Specialty PMPM)	\$131.46	\$118.16	\$13.30	11.3%
Rebates Received (Q1 FY2024 actual)	\$2,833,099	\$3,106,125	(\$273,026.09)	-8.8%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$169.05	\$134.77	\$34.29	25.4%
PMPM without Specialty (Non-Specialty PMPM)	\$75.05	\$53.53	\$21.52	40.2%
PMPM for Specialty Only (Specialty PMPM)	\$92.97	\$88.90	\$4.07	4.6%

Appendix D

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Health Plan of Nevada –Utilization Review for PEBP July 1, 2023 – December 31, 2023

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Power Of Partnership.



Quarterly Health Plan Performance Review

Prepared for PEBP

Building health ownership together

Claims Incurred Data:

July 1, 2022 – Dec. 2022 – Prior Period

July 1, 2023 – Dec. 2023 – Current Period

*Peer – Non-Gaming

**Paid through March 2024

State of
Nevada



Executive Summary
Spend and Utilization

Population

- -3.4% decrease for employees
- -3.9% decrease for members

Medical Paid PMPM

- -.5% decrease in overall medical paid from prior period
- 3.4% increase in non-Catastrophic spend
- -9.1% decrease in Catastrophic spend

High-Cost Claimants

- 34 HCC in 2Q23, flat from prior period
- % of HCC spend saw a small decrease of -9.4%
- Avg. Paid per case increased -12.8%

Emergency Room

- ER Visits Per 1,000 members decreased -8.7%
- Avg. paid per ER Visit increased 19.1%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -1.3%
- Avg. paid per Urgent care visit increased 4.8%

Rx Drivers

- Rx Net Paid PMPM increased 10.5%
- Specialty Spend decreased -17.1%
- Specialty Rx driving 37.7% of total Rx Spend

Overall Medical / Rx

- Total Medical/Rx increased 3.1% on PMPM basis

Executive Summary Utilization & Spend



Claims Paid by Age Group														
July - Dec. 2022 Q1							July - Dec 2023 Q1						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	\$256,229	\$756	\$1,086	\$3	\$257,315	\$759	\$290,068	\$1,131	\$896	\$3	\$290,964	\$1,135	13.1%	9.0%
01	\$200,439	\$654	\$2,631	\$9	\$203,069	\$663	\$89,932	\$304	\$1,948	\$7	\$91,880	\$310	-53.6%	-23.4%
02-04	\$336,416	\$289	\$8,512	\$7	\$344,927	\$296	\$259,197	\$267	\$9,240	\$10	\$268,437	\$276	-7.8%	30.0%
05-09	\$499,568	\$229	\$33,012	\$15	\$532,580	\$244	\$378,725	\$196	\$33,250	\$17	\$411,975	\$214	-14.2%	14.0%
10-14	\$528,937	\$192	\$184,464	\$67	\$713,401	\$259	\$457,878	\$170	\$93,057	\$35	\$550,935	\$205	-11.4%	-48.4%
15-19	\$627,833	\$198	\$106,741	\$34	\$734,574	\$231	\$583,069	\$187	\$155,738	\$50	\$738,807	\$237	-5.3%	48.8%
20-24	\$417,437	\$150	\$106,253	\$38	\$523,689	\$188	\$601,553	\$208	\$62,015	\$21	\$663,568	\$229	38.4%	-43.9%
25-29	\$613,268	\$341	\$189,243	\$105	\$802,511	\$446	\$685,575	\$443	\$111,206	\$72	\$796,781	\$514	29.9%	-31.7%
30-34	\$778,591	\$370	\$271,106	\$129	\$1,049,696	\$499	\$636,503	\$350	\$281,969	\$155	\$918,472	\$506	-5.4%	20.4%
35-39	\$846,103	\$335	\$531,234	\$210	\$1,377,337	\$545	\$592,764	\$248	\$656,698	\$275	\$1,249,462	\$524	-25.8%	30.9%
40-44	\$883,755	\$327	\$415,338	\$154	\$1,299,093	\$480	\$1,142,527	\$449	\$331,735	\$130	\$1,474,263	\$579	37.4%	-15.1%
45-49	\$1,200,479	\$354	\$508,972	\$150	\$1,709,451	\$504	\$1,191,037	\$368	\$702,104	\$217	\$1,893,141	\$584	3.8%	44.3%
50-54	\$1,657,246	\$437	\$1,212,836	\$320	\$2,870,082	\$757	\$1,135,862	\$304	\$1,087,464	\$291	\$2,223,326	\$595	-30.5%	-9.0%
55-59	\$1,661,587	\$453	\$1,134,788	\$309	\$2,796,376	\$762	\$1,548,130	\$415	\$1,361,709	\$365	\$2,909,839	\$780	-8.4%	17.9%
60-64	\$1,870,219	\$525	\$1,138,988	\$320	\$3,009,207	\$844	\$1,809,242	\$502	\$1,092,091	\$303	\$2,901,332	\$805	-4.3%	-5.2%
65+	\$1,277,782	\$508	\$755,719	\$300	\$2,033,501	\$808	\$1,663,694	\$664	\$1,031,550	\$412	\$2,695,244	\$1,076	30.7%	37.1%
Total	\$13,655,888	\$352	\$6,600,922	\$170	\$20,256,811	\$523	\$13,065,756	\$351	\$7,012,669	\$188	\$20,078,425	\$539	-0.9%	3.1%

Financial Summary



Financial and Demographic (July 2023 thru Dec 2023 Q2)												
	Total				State Active				Retiree (State/Non-State)			
Summary	Thru 2Q21	Thru 2Q22	Thru 2Q23	▲	Thru 2Q21	Thru 2Q22	Thru 2Q23	▲	Thru 2Q21	Thru 2Q22	Thru 2Q23	▲
Avg. # Employees	3,815	3,666	3,540	-3.4%	3,342	3,233	3,095	-4.3%	472	433	445	2.9%
Avg. # Members	6,730	6,461	6,212	-3.9%	6,112	5,875	5,602	-4.6%	618	586	610	4.1%
Ratio	1.8	1.8	1.8	-0.5%	1.8	1.8	1.8	-0.4%	1.3	1.4	1.4	1.2%
Financial												
Medical Paid	\$22,269,875	\$13,655,888	\$13,065,756	-4.3%	\$19,729,431	\$12,426,807	\$11,035,603	-11.2%	\$2,540,444	\$1,229,082	\$2,030,153	65.2%
Member Paid	\$1,391,413	\$953,762	\$1,055,158	10.6%	\$1,054,375	\$724,645	\$799,275	10.3%	\$337,038	\$229,118	\$255,883	11.7%
Net Paid PEPY	\$11,675	\$7,450	\$7,381	-0.9%	\$11,796	\$7,675	\$7,117	-7.3%	\$10,818	\$5,771	\$9,216	59.7%
Net Paid PMPY	\$6,618	\$4,227	\$4,206	-0.5%	\$6,451	\$4,224	\$3,932	-6.9%	\$8,271	\$4,259	\$6,723	57.8%
Net Paid PEPM	\$973	\$621	\$615	-0.9%	\$983	\$640	\$593	-7.3%	\$902	\$481	\$768	59.7%
Net Paid PMPM	\$551	\$352	\$351	-0.5%	\$538	\$352	\$328	-6.9%	\$689	\$355	\$560	57.8%
High Cost Claimants												
# of HCC's > \$50k	46	34	34	0.0%	36	32	23	-28.1%	10	2	11	450.0%
Avg. paid per claimant	\$260,233	\$109,760	\$95,672	-12.8%	\$298,059	\$109,823	\$98,331	-10.5%	\$124,058	\$108,762	\$90,110	-17.1%
HCC % of Spend	53.5%	27.3%	24.9%	-9.1%	54.4%	28.3%	20.5%	-27.6%	47.2%	17.4%	48.0%	175.4%
Spend by Location (PMPY)												
Inpatient	\$3,393	\$1,121	\$1,151	2.7%	\$3,362	\$1,276	\$1,031	-19.2%	\$3,701	\$1,055	\$2,698	155.7%
Outpatient	\$1,144	\$1,181	\$1,073	-9.2%	\$1,095	\$1,128	\$893	-20.8%	\$1,627	\$1,143	\$1,500	31.3%
Professional	\$2,081	\$1,925	\$1,982	3.0%	\$1,999	\$1,321	\$1,253	-5.2%	\$3,054	\$2,061	\$2,529	22.7%
Total	\$6,618	\$4,227	\$4,206	-0.5%	\$6,456	\$4,230	\$3,940	-6.9%	\$8,382	\$4,259	\$6,727	57.9%

Paid Claims by Claim Type



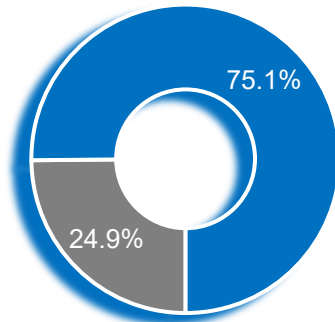
Net Paid Claims - Total									
Total Participants									
	July - Dec 2022 Q2				July - Dec 2023 Q2				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	\$3,020,633	\$82,666	\$517,650	\$3,620,949	\$2,611,089	\$260,696	\$704,630	\$3,576,414	-1.2%
OutPatient	\$8,889,293	\$404,813	\$740,832	\$10,034,938	\$8,280,345	\$271,618	\$937,380	\$9,489,342	-5.4%
Total - Medical	\$11,909,927	\$487,479	\$1,258,482	\$13,655,888	\$10,891,433	\$532,313	\$1,642,009	\$13,065,756	-4.3%
Net Paid Claims - Total									
Total Participants									
	July - Dec 2022 Q2				July - Dec 2023 Q2				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	\$335	\$656	\$1,694	\$352	\$320	\$708	\$655	\$351	-0.5%

Cost Distribution – Medical Claims > \$50K



July - Dec 2Q22						July - Dec 2Q23						
# 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
7	0.1%	\$1,081,869	7.9%	\$601,829	55.6%	> \$100k	4	0.1%	\$630,759	4.8%	\$102,843	16.3%
11	0.2%	\$1,103,299	8.1%	\$736,269	66.7%	\$50k - \$100k	12	0.2%	\$912,484	7.0%	\$306,920	33.6%
264	4.1%	\$1,193,867	8.7%	\$808,799	67.7%	\$25k - \$50k	276	4.4%	\$1,260,687	9.6%	\$831,921	66.0%
34	0.5%	\$1,227,846	9.0%	\$970,038	79.0%	\$10k - \$25k	197	3.2%	\$1,603,756	12.3%	\$992,146	61.9%
200	3.1%	\$1,708,895	12.5%	\$1,182,950	69.2%	\$5k - \$10k	45	0.7%	\$1,687,899	12.9%	\$1,120,857	66.4%

% Paid Attributed to Catastrophic Cases



■ HCC ■ NON HCC

HCC > \$50k - AHRQ Chapter Conditions - Thru 2Q23

Complications of pregnancy;	# of Patients	Total Paid	% of Med Paid
Diseases of the circulatory system	4	\$360,969	2.8%
Diseases of the nervous system	1	\$252,881	1.9%
Neoplasms	4	\$248,344	1.9%
Complications of pregnancy;	3	\$239,180	1.8%
Diseases of the digestive system	2	\$177,975	1.4%

Utilization Summary



Utilization Summary									
	Total			State Active			Retiree State/Non-State		
	July - Dec 2Q22	July - Dec 2Q23	▲	July - Dec 2Q22	July - Dec 2Q23	▲	July - Dec 2Q22	July - Dec 2Q23	▲
Inpatient									
# of Admits	176	203	15.3%	161	164	2.1%	15	39	156.7%
# of Bedays	961	1,127	17.2%	900	789	-12.3%	61	337	450.3%
Avg. Paid per Admit	\$20,750	\$17,987	-13.3%	\$20,711	\$17,023	-17.8%	\$21,174	\$22,082	4.3%
Avg. Paid per Day	\$3,789	\$3,233	-14.7%	\$3,693	\$3,534	-4.3%	\$5,199	\$2,529	-51.4%
Admits Per K	54.3	65.2	20.0%	54.6	58.5	7.1%	51.3	126.6	146.7%
Days Per K	297.6	362.7	21.9%	306.4	281.8	-8.0%	209.1	1,105.7	428.8%
ALOS	5.5	5.6	1.6%	5.6	4.8	-14.1%	5.5	5.9	7.3%
Admits from ER	86	96	11.6%	76	77	1.3%	10	19	90.0%
Physician Office Visits									
Per Member Per Year	2.3	2.2	-3.5%	2.3	2.2	-2.9%	2.7	2.5	-9.5%
Paid Per Visit	\$148	\$152	2.5%	\$153	\$158	2.9%	\$106	\$105	-0.9%
Net Paid PMPM	\$29	\$28	-1.1%	\$29	\$29	-0.2%	\$24	\$21	-10.3%
Emergency Room									
# of Visits	416	380	-8.7%	383	350	-8.6%	33	30	-9.1%
Visits Per K	128.8	122.3	-5.0%	130.4	124.9	-4.2%	112.6	98.4	-12.6%
Avg Paid Per Visit	\$2,486	\$2,959	19.1%	\$2,551	\$3,033	18.9%	\$1,726	\$2,098	21.6%
Urgent Care									
# of Visits	2,039	2,012	-1.3%	1,845	1,800	-2.4%	194	212	9.3%
Visits Per K	631.1	647.7	2.6%	628.1	642.6	2.3%	661.9	695.1	5.0%
Avg Paid Per Visit	\$119	\$125	4.8%	\$92	\$92	0.0%	\$75	\$90	19.9%

*Not Representative of all utilization

*Data based on medical spend only

Diagnosis Grouper Summary – Top 25



Top 25 AHRQ Category	Total Paid	% Paid
Other nervous system disorders	\$325,940	3.2%
Other nutritional; endocrine; and metabolic disorders	\$307,137	3.0%
Spondylosis; intervertebral disc disorders	\$299,611	2.9%
Disorders usually diagnosed in infancy childhood	\$266,786	2.6%
Osteoarthritis	\$259,613	2.5%
Diabetes mellitus with complications	\$238,923	2.3%
Mood disorders	\$226,842	2.2%
Cancer of breast	\$205,097	2.0%
Cancer of esophagus	\$192,935	1.9%
Liveborn	\$181,551	1.8%
Acute cerebrovascular disease	\$177,667	1.7%
Transient cerebral ischemia	\$161,044	1.6%
Other gastrointestinal disorders	\$158,151	1.5%
Other screening for suspected conditions	\$156,807	1.5%
Nonspecific chest pain	\$155,688	1.5%
Other female genital disorders	\$150,515	1.5%
Urinary tract infections	\$146,814	1.4%
Heart valve disorders	\$140,322	1.4%
Abdominal pain	\$139,711	1.4%
Cardiac dysrhythmias	\$131,945	1.3%
Coronary atherosclerosis and other heart disease	\$128,073	1.3%
Regional enteritis and ulcerative colitis	\$127,388	1.2%
Residual codes; unclassified	\$122,188	1.2%
Anxiety disorders	\$120,779	1.2%
Hypertension with complications / secondary hypertension	\$120,766	1.2%

Insured	Spouse	Dependent
\$72,302	\$250,012	\$3,626
\$134,976	\$137,925	\$34,236
\$207,579	\$89,910	\$2,122
\$0		\$266,786
\$245,062	\$14,551	\$0
\$178,505	\$44,865	\$15,554
\$94,635	\$12,759	\$119,448
\$117,711	\$87,386	
	\$192,935	
		\$181,551
\$175,336	\$1,902	\$429
\$8,040	\$153,004	
\$41,655	\$103,951	\$12,545
\$121,185	\$31,775	\$3,846
\$79,425	\$73,761	\$2,503
\$143,631	\$4,693	\$2,191
\$67,302	\$56,125	\$23,387
\$94,605	\$45,716	\$0
\$101,685	\$10,091	\$27,934
\$119,326	\$9,125	\$3,495
\$56,303	\$71,769	
\$27,506	\$2,547	\$97,335
\$101,174	\$10,616	\$10,397
\$66,515	\$12,924	\$41,340
\$95,727	\$25,039	

Male	Female	Unassigned
\$66,802	\$259,138	\$0
\$68,004	\$239,133	\$0
\$142,638	\$156,973	\$0
\$201,896	\$64,890	\$0
\$107,321	\$152,292	\$0
\$135,089	\$103,834	\$0
\$45,318	\$181,525	\$0
	\$205,097	\$0
\$192,935		\$0
\$172,512	\$9,039	\$0
\$118,258	\$59,409	\$0
\$153,613	\$7,431	\$0
\$136,945	\$21,205	\$0
\$53,242	\$103,564	\$0
\$97,642	\$58,046	\$0
	\$150,515	\$0
\$70,394	\$76,420	\$0
\$140,107	\$214	\$0
\$36,653	\$103,057	\$0
\$75,510	\$56,435	\$0
\$101,312	\$26,761	\$0
\$99,060	\$28,328	\$0
\$41,839	\$80,348	\$0
\$33,256	\$87,524	\$0
\$96,723	\$24,043	\$0

*Not Representative of all utilization

*Data based on medical spend only

Mental Health Drilldown



Top 10 Mental Health				
AHRQ Category Description	July - Dec 2Q22		July - Dec 2Q23	
	Patients	Total Paid	Patients	Total Paid
Disorders usually diagnosed in infancy childhood or adolescence	29	\$254,668	37	\$266,786
Mood disorders	356	\$223,095	293	\$226,842
Anxiety disorders	308	\$113,077	316	\$120,779
Alcohol-related disorders	9	\$13,880	22	\$70,549
Adjustment disorders	103	\$28,074	111	\$45,299
Suicide and intentional self-inflicted injury	9	\$17,838	9	\$27,343
Attention-deficit conduct and disruptive behavior disorders	111	\$19,380	124	\$26,669
Schizophrenia and other psychotic disorders	8	\$16,946	12	\$13,719
Miscellaneous mental health disorders	33	\$33,422	38	\$7,574
Substance-related disorders	21	\$26,923	21	\$4,281

**Not Representative of all utilization*

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Respiratory Disorders



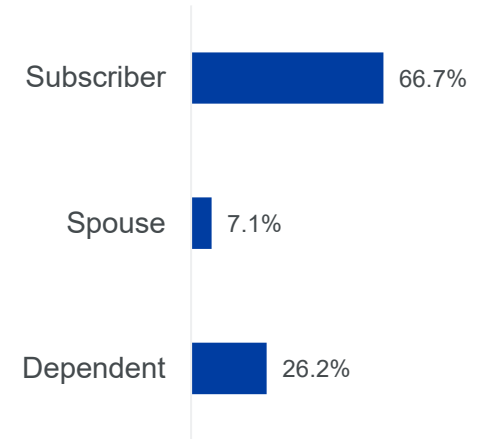
Top 10 Respiratory Disorders

AHRQ Category Description	Patients	Claims	Total Paid	% Paid
Pneumonia	22	79	\$89,277	18.9%
Other upper respiratory infections	568	726	\$88,693	18.8%
Other upper respiratory disease	267	669	\$83,310	17.6%
Other lower respiratory disease	314	527	\$65,982	14.0%
Asthma	175	293	\$63,043	13.4%
Pleurisy; pneumothorax; pulmonary collapse	26	76	\$40,384	8.6%
Influenza	38	45	\$13,646	2.9%
Acute and chronic tonsillitis	25	40	\$8,366	1.8%
Chronic obstructive pulmonary disease and bronchiectasis	75	149	\$7,722	1.6%
Respiratory failure; insufficiency; arrest (adult)	16	44	\$5,466	1.2%

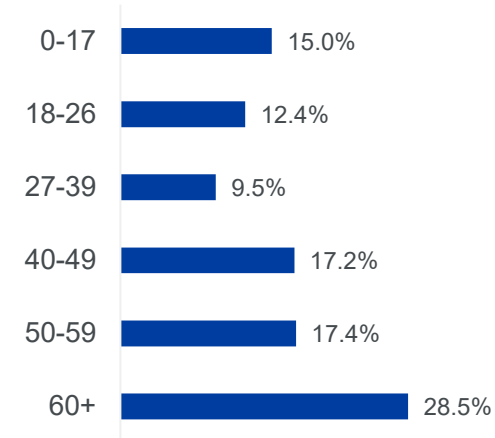
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range

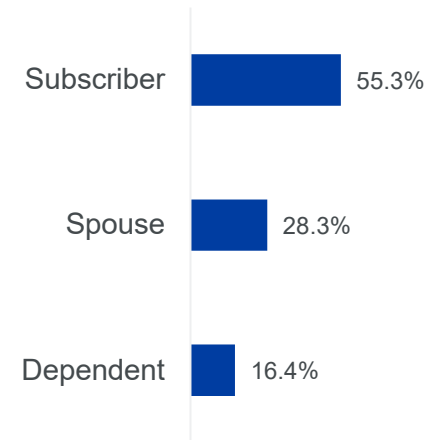


Top 10 Infectious and Parasitic Diseases				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Septicemia (except in labor)	13	41	\$108,632	44.4%
Viral infection	254	372	\$91,625	37.5%
Immunizations	395	589	\$38,379	15.7%
Mycoses	77	99	\$2,298	0.9%
HIV infection	22	80	\$1,156	0.5%
Bacterial infection; unspecified site	16	20	\$830	0.3%
Hepatitis	11	29	\$729	0.3%
Sexually transmitted infections	8	16	\$638	0.3%
Other infections; including parasitic	9	12	\$158	0.1%
Tuberculosis	1	6	\$0	0.0%

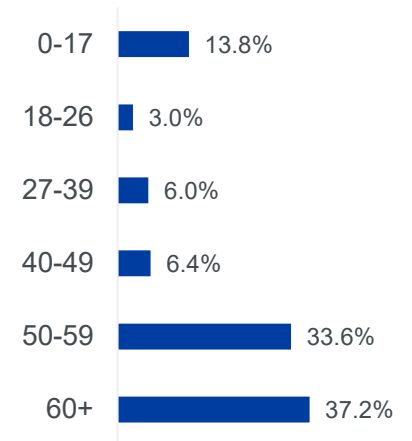
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**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



Pregnancy Related Disorders

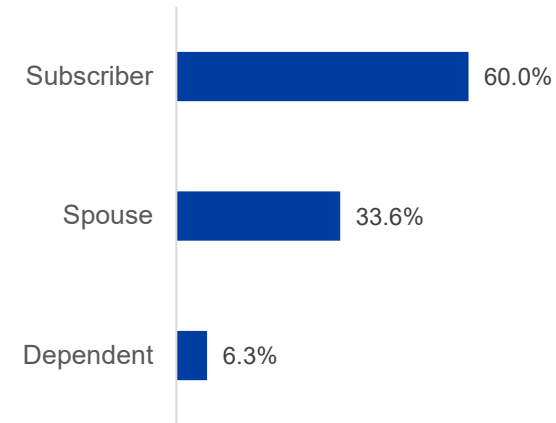


Top 10 Complications of Pregnancy				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Diabetes or abnormal glucose tolerance complicating pregnancy	6	50	\$91,427	21.9%
Fetal distress and abnormal forces of labor	5	13	\$44,897	10.8%
Hypertension complicating pregnancy; childbirth and the puerperium	4	15	\$43,392	10.4%
Malposition; malpresentation	2	4	\$40,887	9.8%
Other complications of pregnancy	32	105	\$39,927	9.6%
Previous C-section	2	8	\$30,942	7.4%
Polyhydramnios and other problems of amniotic cavity	3	13	\$30,627	7.3%
Contraceptive and procreative management	72	122	\$27,743	6.6%
Prolonged pregnancy	3	11	\$25,923	6.2%
Other pregnancy and delivery including normal	38	96	\$18,014	4.3%

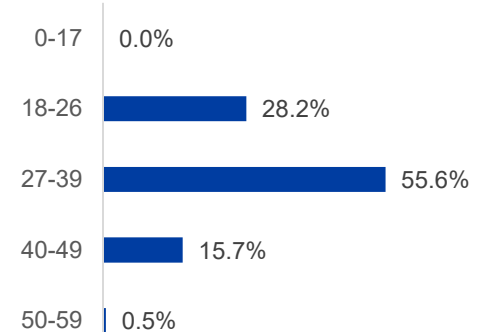
**Not Representative of all utilization*

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Spend by Relationship



Spend by Age Range



Emergency Room and Urgent Care



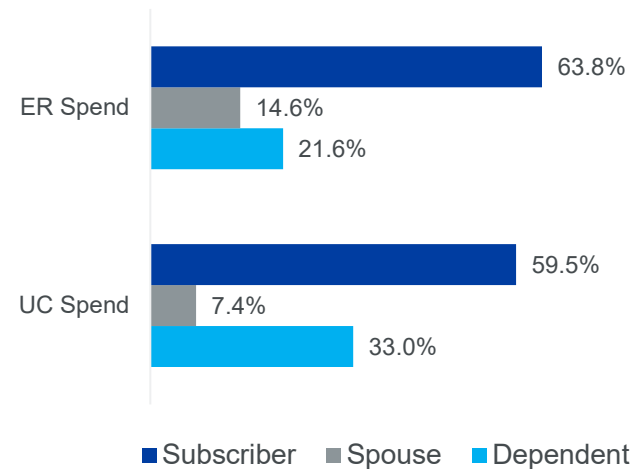
Metric	July - Dec 2Q22		July - Dec 2Q23		Peer	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	416	2,039	380	2,012		
Visits Per Member	0.06	0.32	0.06	0.32	0.09	0.014
Visits Per K	128.8	631.1	122.3	647.7	89.3	384.9
Avg. Paid Per Visit	\$2,486	\$112	\$2,959.33	\$121	\$2,605	\$116

**Not Representative of all utilization*

**Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships - 2Q23				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	219	70.5	1,275	410.5
Spouse	62	20.0	197	63.4
Dependent	99	31.9	540	173.8
Total	380	122.3	2,012	647.7

ER / UC Spend by Relationship



Clinical Conditions by Medical Spend



Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental Disorders	591	9.5%	95.1	\$15.68
Intervertebral Disc Disorders	425	6.8%	68.4	\$8.04
Diabetes with complications	360	5.8%	57.9	\$5.50
Breast Cancer	63	1.0%	10.1	\$6.41
Hypertension	429	6.9%	69.1	\$3.44
Coronary Atherosclerosis	78	1.3%	12.6	\$0.71
Diabetes without complications	297	4.8%	47.8	\$4.35
Asthma	175	2.8%	28.2	\$1.09
Prostate Cancer	22	0.4%	3.5	\$1.69
Acute Myocardial Infarction	5	0.1%	0.8	\$1.98
Chronic Renal Failure	56	0.9%	9.0	\$0.51
Congestive Heart Failure (CHF)	35	0.6%	5.6	\$1.37
Colon Cancer	3	0.0%	0.5	\$0.21
COPD	75	1.2%	12.1	\$0.05
Cervical Cancer	26	0.4%	4.2	\$0.67

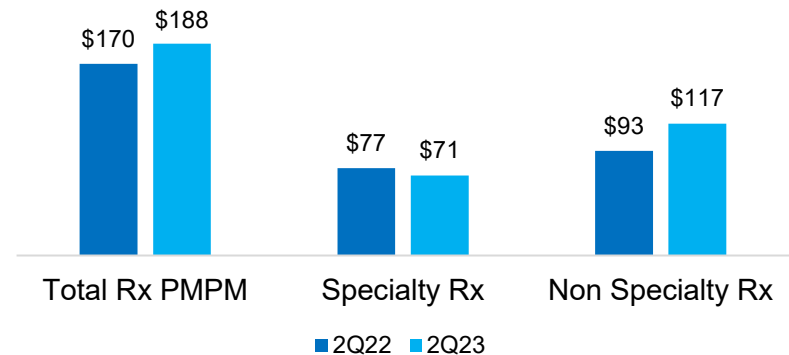
**Not Representative of all utilization*

**Data based on medical spend only*

Pharmacy Drivers

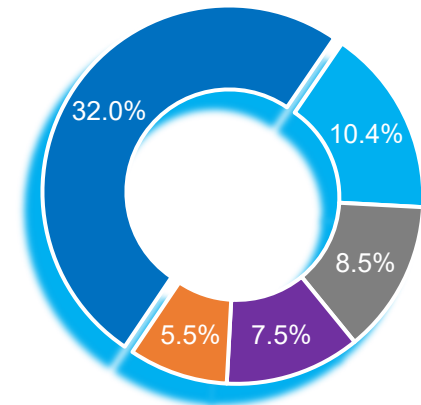
	July - Dec 2Q22	July - Dec 2Q23	Δ
Enrolled Members	6,461	6,212	-3.9%
Average Prescriptions PMPY	17.1	17.3	1.0%
Formulary Rate	89.7%	86.9%	-3.2%
Generic Use Rate	83.9%	84.0%	0.2%
Generic Substitution Rate	98.3%	98.1%	-0.2%
Avg Net Paid per Prescription	\$119	\$131	9.4%
Net Paid PMPM	\$170	\$188	10.5%

Total Rx Spend by Benefit and Type



Top 5 Therapeutic Classes by Spend

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



Pharmacy Performance

- Rx spend increased of **10.5%**, (**\$18 PMPM**) from prior period
- Avg. paid per Script increased **9.4%** (**\$11 PMPM**) year over year
- Specialty Rx spend driving **37.7%** of Rx Spend
- Specialty Rx spend decreased **-17.08%** from prior period
Specialty Rx Drivers:
 - **Ozempic** (Antidiabetic) Spend up **45.2%**
 - **Jardiance** (Antidiabetic) Spend up **18.1%**
- Tier 1 Rx drove **74.8%** of total claim volume, but only accounts for **10.8%** of overall Rx Spend