Nevada PEBP FY24 Report

7/1/2023 - 6/30/2024

Report Includes:

- CDHP Comparison Data from FY23 to FY24
- EPO Comparison Data from FY23 to FY24
- PPO Comparison Data from FY23 to FY24
- CDHP, EPO, PPO Breakout Data from FY23 to FY24
- Summary Comparison Data from FY24
- Key Metric Breakout Data from FY24

The data contained herein is pulled from a specific point-in-time and is subject to change at any time without notice due to a variety of factors, including but not limited to changes related to Member behavior, population demographics, system updates, and product availability. The data does not represent a guarantee and should not be used for audit purposes.

PREPARED BY CLIENT ANALYTICS

Cynthia Eaton (Cynthia.eaton@express-scripts.com) 9/13/24







- + TOTAL PLAN
- + FY24 vs FY23

Membership Summary	FY 2024	FY 2023	Change
Member Count (Membership)	49,065	48,303	1.6%
Utilizing Member Count (Patients)	37,636	38,417	-2.0%
Percent Utilizing (Utilization)	76.7%	79.5%	-2.8

Claim Summary	FY 2024	FY 2023	Change
Net Claims (Total Adjusted Rx's)	746,853	715,955	4.3%
Claims per Elig Member per Month (Claims PMPM)	1.27	1.24	2.7%
Total Claims for Generic (Generic ARx)	649,591	615,235	5.6%
Total Claims for Brand (Brand ARx)	97,262	100,720	-3.4%
Total Claims for Multisource Brand Claims (MSB ARx)	3,169	3,243	-2.3%
Total Non-Specialty Claims	737,808	708,178	4.2%
Total Specialty Claims	9,045	7,777	16.3%
Generic % of Total Claims (GFR)	87.0%	85.9%	1.0
Generic Effective Rate (GCR)	99.5%	99.5%	0.0
Mail Order Claims	209,789	208,522	0.6%
Mail Penetration Rate*	31.6%	33.0%	-1.4

Claims Cost Summary	FY 2024	FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$107,007,335	\$88,706,897	20.6%
Total Generic Gross Cost	\$11,202,461	\$10,287,463	8.9%
Total Brand Gross Cost	\$95,804,875	\$78,419,434	22.2%
Total MSB Gross Cost	\$1,833,053	\$1,799,701	1.9%
Total Ingredient Cost	\$103,921,159	\$85,844,240	21.1%
Total Dispensing Fee	\$3,005,678	\$2,765,356	8.7%
Total Other (e.g. tax)	\$80,498	\$97,301	-17.3%
Avg Total Cost per Claim (Gross Cost/ARx)	\$143.28	\$123.90	15.6%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.25	\$16.72	3.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$985.02	\$778.59	26.5%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$578.43	\$554.95	4.2%



- + TOTAL PLAN
- + FY24 vs FY23

Express	Scri	pts

	Expi	ess
C	By EVERI Confidential	

			Public Employees' Benefits Program
Member Cost Summary	FY 2024	FY 2023	Change
Total Member Cost Share	\$18,849,606	\$17,252,302	9.3%
Generic Cost Share	\$4,290,369	\$3,938,966	8.9%
Brand Cost Share	\$14,559,238	\$13,313,336	9.4%
MSB Cost Share	\$238,097	\$326,899	-27.2%
Total Copay	\$17,237,956	\$15,430,999	11.7%
Total Deductible	\$1,611,650	\$1,821,304	-11.5%
Avg Copay per Claim (Member Cost Share/ARx)	\$25.24	\$24.10	4.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.60	\$6.40	3.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$149.69	\$132.18	13.2%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$75.13	\$100.80	-25.5%
Copay % of Total Prescription Cost (Member Cost Share %)	17.6%	19.4%	-1.8
Plan Cost Summary	FY 2024	FY 2023	Change
Total Plan Cost (Plan Cost)	\$88,157,729	\$71,454,594	23.4%
Generic Plan Cost	\$6,912,092	\$6,348,496	8.9%
Brand Plan Cost	\$81,245,637	\$65,106,098	24.8%
MSB Plan Cost	\$1,594,956	\$1,472,802	8.3%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$41,810,194	\$35,018,889	19.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$46,347,535	\$36,435,706	27.2%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$118.04	\$99.80	18.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.64	\$10.32	3.1%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$835.33	\$646.41	29.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$503.30	\$454.15	10.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$56.67	\$49.45	14.6%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,124.11	\$4,685.06	9.4%
Plan Cost PMPM	\$149.73	\$123.27	21.5%
Non-Specialty Plan Cost PMPM	\$71.01	\$60.42	17.5%
Specialty Plan Cost PMPM	\$78.72	\$62.86	25.2%
Specialty % of Plan Cost	52.6%	51.0%	1.6
Net Plan Cost PMPM (factoring Rebates)	\$99.27	\$85.58	16.0%
Non-Specialty Plan Cost PMPM	\$45.91	\$38.87	18.1%
Specialty Plan Cost PMPM	\$53.36	\$46.71	14.2%



- + CDHP PLAN
- + FY24 vs FY23

Membership Summary	FY 2024	FY 2023	Change
Member Count (Membership)	24,149	27,535	-12.3%
Utilizing Member Count (Patients)	17,575	21,017	-16.4%
Percent Utilizing (Utilization)	72.8%	76.3%	-3.6

Claim Summary	FY 2024	FY 2023	Change
Net Claims (Total Adjusted Rx's)	340,521	376,677	-9.6%
Claims per Elig Member per Month (Claims PMPM)	1.18	1.14	3.1%
Total Claims for Generic (Generic ARx)	299,405	325,987	-8.2%
Total Claims for Brand (Brand ARx)	41,116	50,690	-18.9%
Total Claims for Multisource Brand Claims (MSB ARx)	1,117	1,493	-25.2%
Total Non-Specialty Claims	336,537	372,744	-9.7%
Total Specialty Claims	3,984	3,933	1.3%
Generic % of Total Claims (GFR)	87.9%	86.5%	1.4
Generic Effective Rate (GCR)	99.6%	99.5%	0.1
Mail Order Claims	92,626	105,990	-12.6%
Mail Penetration Rate*	30.7%	32.0%	-1.3

Claims Cost Summary	FY 2024	FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$44,003,462	\$43,484,642	1.2%
Total Generic Gross Cost	\$4,531,341	\$5,089,899	-11.0%
Total Brand Gross Cost	\$39,472,121	\$38,394,743	2.8%
Total MSB Gross Cost	\$523,824	\$817,422	-35.9%
Total Ingredient Cost	\$42,593,561	\$41,986,449	1.4%
Total Dispensing Fee	\$1,380,824	\$1,453,215	-5.0%
Total Other (e.g. tax)	\$29,076	\$44,979	-35.4%
Avg Total Cost per Claim (Gross Cost/ARx)	\$129.22	\$115.44	11.9%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$15.13	\$15.61	-3.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$960.02	\$757.44	26.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$468.96	\$547.50	-14.3%





Change

-4.1%

-7.4%

-3.2%

-2.5%

6.1%

0.8%

19.3%

-21.2%

Change

-1.2

-41.0%

-11.5%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

- + CDHP PLAN
- + FY24 vs FY23

ZAHON	Total Plan Cost (Plan Cost)	\$34,554,726	\$33,629,673	2.8%
	Generic Plan Cost	\$2,602,836	\$3,007,456	-13.5%
	Brand Plan Cost	\$31,951,890	\$30,622,217	4.3%
	MSB Plan Cost	\$389,426	\$589,578	-33.9%
	Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$14,723,453	\$14,934,338	-1.4%
	Total Specialty Drug Cost (Specialty Plan Cost)	\$19,831,273	\$18,695,335	6.1%
	Avg Plan Cost per Claim (Plan Cost/ARx)	\$101.48	\$89.28	13.7%
	Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$8.69	\$9.23	-5.8%
	Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$777.12	\$604.11	28.6%
	Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$348.64	\$394.89	-11.7%
	Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$43.75	\$40.07	9.2%
	Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,977.73	\$4,753.45	4.7%
	Plan Cost PMPM	\$119.24	\$101.78	17.2%
	Non-Specialty Plan Cost PMPM	\$50.81	\$45.20	12.4%
	Specialty Plan Cost PMPM	\$68.43	\$56.58	20.9%
	Specialty % of Plan Cost	57.4%	55.6%	1.8
	Net Plan Cost PMPM (factoring Rebates)	\$77.25	\$70.54	9.5%
	Non-Specialty Plan Cost PMPM	\$31.36	\$27.96	12.2%

Avg Copay for Generic (Generic Member Cost Share/Generic ARx)

Avg Copay for Brand (Brand Member Cost Share/Brand ARx)

Avg Copay for MSB (MSB Member Cost Share/MSB ARx)

Copay % of Total Prescription Cost (Member Cost Share %)

Member Cost Summary

Total Member Cost Share

Generic Cost Share

Avg Copay per Claim (Member Cost Share/ARx)

Brand Cost Share

MSB Cost Share

Plan Cost Summary

Specialty Plan Cost PMPM

Total Copay

Total Deductible





\$45.89

FY 2024

\$9,448,736

\$1,928,505

\$7,520,231

\$7,839,056

\$1,609,680

\$27.75

\$6.44

21.5%

\$182.90

\$120.32

FY 2024

\$134,398

FY 2023

\$9,854,969

\$2,082,443

\$7,772,526

\$8,036,153

\$1,818,817

\$26.16

\$153.33

\$152.61

FY 2023

\$6.39

22.7%

\$227,843

\$42.58

7.8%



- + EPO PLAN
- + FY24 vs FY23

Membership Summary	FY 2024	FY 2023	Change
Member Count (Membership)	5,730	6,437	-11.0%
Utilizing Member Count (Patients)	4,735	5,546	-14.6%
Percent Utilizing (Utilization)	82.6%	86.2%	-3.5

Claim Summary	FY 2024	FY 2023	Change
Net Claims (Total Adjusted Rx's)	126,270	134,884	-6.4%
Claims per Elig Member per Month (Claims PMPM)	1.84	1.75	5.2%
Total Claims for Generic (Generic ARx)	108,916	115,470	-5.7%
Total Claims for Brand (Brand ARx)	17,354	19,414	-10.6%
Total Claims for Multisource Brand Claims (MSB ARx)	644	666	-3.3%
Total Non-Specialty Claims	124,671	133,202	-6.4%
Total Specialty Claims	1,599	1,682	-4.9%
Generic % of Total Claims (GFR)	86.3%	85.6%	0.6
Generic Effective Rate (GCR)	99.4%	99.4%	0.0
Mail Order Claims	37,164	38,666	-3.9%
Mail Penetration Rate*	32.3%	31.6%	0.7

Claims Cost Summary	FY 2024	FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$21,118,865	\$20,089,644	5.1%
Total Generic Gross Cost	\$1,921,950	\$1,995,532	-3.7%
Total Brand Gross Cost	\$19,196,915	\$18,094,112	6.1%
Total MSB Gross Cost	\$473,029	\$402,866	17.4%
Total Ingredient Cost	\$20,595,503	\$19,554,173	5.3%
Total Dispensing Fee	\$505,904	\$516,518	-2.1%
Total Other (e.g. tax)	\$17,458	\$18,954	-7.9%
Avg Total Cost per Claim (Gross Cost/ARx)	\$167.25	\$148.94	12.3%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.65	\$17.28	2.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,106.20	\$932.01	18.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$734.52	\$604.90	21.4%







- + EPO PLAN
- + FY24 vs FY23

Express	Scri	ots

			Public Employees' Benefits Program
Member Cost Summary	FY 2024	FY 2023	Change
Total Member Cost Share	\$3,109,910	\$3,268,246	-4.8%
Generic Cost Share	\$748,686	\$767,716	-2.5%
Brand Cost Share	\$2,361,224	\$2,500,531	-5.6%
MSB Cost Share	\$50,090	\$56,010	-10.6%
Total Copay	\$3,107,939	\$3,265,760	-4.8%
Total Deductible	\$1,971	\$2,487	-20.8%
Avg Copay per Claim (Member Cost Share/ARx)	\$24.63	\$24.23	1.6%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.87	\$6.65	3.4%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$136.06	\$128.80	5.6%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$77.78	\$84.10	-7.5%
Copay % of Total Prescription Cost (Member Cost Share %)	14.7%	16.3%	-1.5
Plan Cost Summary	FY 2024	FY 2023	Change
Total Plan Cost (Plan Cost)	\$18,008,955	\$16,821,398	7.1%
Generic Plan Cost	\$1,173,264	\$1,227,817	-4.4%
Brand Plan Cost	\$16,835,691	\$15,593,581	8.0%
MSB Plan Cost	\$422,939	\$346,856	21.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$8,482,448	\$8,293,300	2.3%
Total Specialty Drug Cost (Specialty Plan Cost)	\$9,526,508	\$8,528,097	11.7%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$142.62	\$124.71	14.4%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.77	\$10.63	1.3%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$970.13	\$803.21	20.8%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$656.74	\$520.80	26.1%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$68.04	\$62.26	9.3%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,957.79	\$5,070.21	17.5%
Plan Cost PMPM	\$261.91	\$217.77	20.3%
Non-Specialty Plan Cost PMPM	\$123.36	\$107.36	14.9%
Specialty Plan Cost PMPM	\$138.55	\$110.40	25.5%
Specialty % of Plan Cost	52.9%	50.7%	2.2
Net Plan Cost PMPM (factoring Rebates)	\$178.45	\$152.99	16.6%
Non-Specialty Plan Cost PMPM	\$78.63	\$69.35	13.4%
Specialty Plan Cost PMPM	\$99.81	\$83.64	19.3%



- + PPO PLAN
- + FY24 vs FY23

Membership Summary	FY 2024	FY 2023	Change
Member Count (Membership)	19,192	14,339	33.8%
Utilizing Member Count (Patients)	15,413	12,019	28.2%
Percent Utilizing (Utilization)	80.3%	83.8%	-3.5

Claim Summary	FY 2024	FY 2023	Change
Net Claims (Total Adjusted Rx's)	280,062	204,394	37.0%
Claims per Elig Member per Month (Claims PMPM)	1.22	1.19	2.4%
Total Claims for Generic (Generic ARx)	241,270	173,778	38.8%
Total Claims for Brand (Brand ARx)	38,792	30,616	26.7%
Total Claims for Multisource Brand Claims (MSB ARx)	1,408	1,084	29.9%
Total Non-Specialty Claims	276,600	202,232	36.8%
Total Specialty Claims	3,462	2,162	60.1%
Generic % of Total Claims (GFR)	86.1%	85.0%	1.1
Generic Effective Rate (GCR)	99.4%	99.4%	0.0
Mail Order Claims	79,999	63,866	25.3%
Mail Penetration Rate*	32.5%	35.8%	-3.3

Claims Cost Summary	FY 2024	FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$41,885,009	\$25,132,611	66.7%
Total Generic Gross Cost	\$4,749,170	\$3,202,031	48.3%
Total Brand Gross Cost	\$37,135,839	\$21,930,579	69.3%
Total MSB Gross Cost	\$836,201	\$579,414	44.3%
Total Ingredient Cost	\$40,732,095	\$24,303,619	67.6%
Total Dispensing Fee	\$1,118,949	\$795,623	40.6%
Total Other (e.g. tax)	\$33,965	\$33,369	1.8%
Avg Total Cost per Claim (Gross Cost/ARx)	\$149.56	\$122.96	21.6%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.68	\$18.43	6.8%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$957.31	\$716.31	33.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$593.89	\$534.51	11.1%



Change

52.4%

48.2%

53.9%

24.5%

52.4%

NA

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

- + PPO PLAN
- + FY24 vs FY23

Avg Copay per Claim (Member Cost Share/ARx)	\$22.46	\$20.20	11.2%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.69	\$6.27	6.7%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$120.59	\$99.30	21.4%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$38.07	\$39.71	-4.1%
Copay % of Total Prescription Cost (Member Cost Share %)	15.0%	16.4%	-1.4
Plan Cost Summary	FY 2024	FY 2023	Change
Total Plan Cost (Plan Cost)	\$35,594,048	\$21,003,524	69.5%
Generic Plan Cost	\$3,135,992	\$2,113,224	48.4%
Brand Plan Cost	\$32,458,056	\$18,890,300	71.8%
MSB Plan Cost	\$782,591	\$536,368	45.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$18,604,293	\$11,791,250	57.8%
Total Specialty Drug Cost (Specialty Plan Cost)	\$16,989,755	\$9,212,274	84.4%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$127.09	\$102.76	23.7%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$13.00	\$12.16	6.9%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$836.72	\$617.01	35.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$555.82	\$494.80	12.3%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$67.26	\$58.31	15.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,907.50	\$4,261.00	15.2%
Plan Cost PMPM	\$154.55	\$122.07	26.6%
Non-Specialty Plan Cost PMPM	\$80.78	\$68.53	17.9%
Specialty Plan Cost PMPM	\$73.77	\$53.54	37.8%
Specialty % of Plan Cost	47.7%	43.9%	3.9
Net Plan Cost PMPM (factoring Rebates)	\$103.31	\$84.15	22.8%

Member Cost Summary

Generic Cost Share

Non-Specialty Plan Cost PMPM

Specialty Plan Cost PMPM

Total Member Cost Share

Brand Cost Share

MSB Cost Share

Total Copay

Total Deductible





\$54.44

\$48.87

FY 2024

\$6,290,961

\$1,613,178

\$4,677,783

\$6,290,961

\$53,610

FY 2023

\$4,129,087

\$1,088,808

\$3,040,279

\$4,129,087

\$43,046

\$46.14

\$38.02

18.0%

28.5%



- + EPO, CDHP, & PPO PLAN
- + FY24 vs FY23

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	49,065	5,730	24,149	19,192
Utilizing Member Count (Patients)	37,636	4,735	17,575	15,413
Percent Utilizing (Utilization)	76.7%	82.6%	72.8%	80.3%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	746,853	126,270	340,521	280,062
Claims per Elig Member per Month (Claims PMPM)	1.27	1.84	1.18	1.22
Total Claims for Generic (Generic Rx)	649,591	108,916	299,405	241,270
Total Claims for Brand (Brand Rx)	97,262	17,354	41,116	38,792
Total Claims for Multisource Brand Claims (MSB Rx)	3,169	644	1,117	1,408
Total Non-Specialty Claims	737,808	124,671	336,537	276,600
Total Specialty Claims	9,045	1,599	3,984	3,462
Generic % of Total Claims (GFR)	87.0%	86.3%	87.9%	86.1%
Generic Effective Rate (GCR)	99.5%	99.4%	99.6%	99.4%
Mail Order Claims	209,789	37,164	92,626	79,999
Mail Penetration Rate*	31.6%	32.3%	30.7%	32.5%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$107,007,335	\$21,118,865	\$44,003,462	\$41,885,009
Total Generic Gross Cost	\$11,202,461	\$1,921,950	\$4,531,341	\$4,749,170
Total Brand Gross Cost	\$95,804,875	\$19,196,915	\$39,472,121	\$37,135,839
Total MSB Gross Cost	\$1,833,053	\$473,029	\$523,824	\$836,201
Total Ingredient Cost	\$103,921,159	\$20,595,503	\$42,593,561	\$40,732,095
Total Dispensing Fee	\$1,886,729	\$505,904	\$1,380,824	\$1,118,949
Total Other (e.g. tax)	\$80,498	\$17,458	\$29,076	\$33,965
Avg Total Cost per Claim (Gross Cost/Rx)	\$143.28	\$167.25	\$129.22	\$149.56
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$17.25	\$17.65	\$15.13	\$19.68
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$985.02	\$1,106.20	\$960.02	\$957.31
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$578.43	\$734.52	\$468.96	\$593.89





- + EPO, CDHP, & PPO PLAN
- + FY24 vs FY23

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$18,849,606	\$3,109,910	\$9,448,736	\$6,290,961
Generic Cost Share	\$4,290,369	\$748,686	\$1,928,505	\$1,613,178
Brand Cost Share	\$14,559,238	\$2,361,224	\$7,520,231	\$4,677,783
MSB Cost Share	\$238,097	\$50,090	\$134,398	\$53,610
Total Copay	\$17,237,956	\$3,107,939	\$7,839,056	\$6,290,961
Total Deductible	\$1,611,650	\$1,971	\$1,609,680	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$25.24	\$24.63	\$27.75	\$22.46
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$6.60	\$6.87	\$6.44	\$6.69
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$149.69	\$136.06	\$182.90	\$120.59
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$75.13	\$77.78	\$120.32	\$38.07
Copay % of Total Prescription Cost (Member Cost Share %)	17.6%	14.7%	21.5%	15.0%

Plan Cost Summary	I otal	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$88,157,729	\$18,008,955	\$34,554,726	\$35,594,048
Generic Plan Cost	\$6,912,092	\$1,173,264	\$2,602,836	\$3,135,992
Brand Plan Cost	\$81,245,637	\$16,835,691	\$31,951,890	\$32,458,056
MSB Plan Cost	\$1,594,956	\$422,939	\$389,426	\$782,591
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$41,810,194	\$8,482,448	\$14,723,453	\$18,604,293
Total Specialty Drug Cost (Specialty Plan Cost)	\$46,347,535	\$9,526,508	\$19,831,273	\$16,989,755
Avg Plan Cost per Claim (Plan Cost/Rx)	\$118.04	\$142.62	\$101.48	\$127.09
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$10.64	\$10.77	\$8.69	\$13.00
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$835.33	\$970.13	\$777.12	\$836.72
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$503.30	\$656.74	\$348.64	\$555.82
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$56.67	\$68.04	\$43.75	\$67.26
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$5,124.11	\$5,957.79	\$4,977.73	\$4,907.50
Plan Cost PMPM	\$149.73	\$261.91	\$119.24	\$154.55
Non-Specialty Plan Cost PMPM	\$71.01	\$123.36	\$50.81	\$80.78
Specialty Plan Cost PMPM	\$78.72	\$138.55	\$68.43	\$73.77
Specialty % of Plan Cost	52.6%	52.9%	57.4%	47.7%
Net Plan Cost PMPM (factoring Rebates)	\$99.27	\$178.45	\$77.25	\$103.31
Non-Specialty Net Plan Cost PMPM	\$45.91	\$78.63	\$31.36	\$54.44
Specialty Net Plan Cost PMPM	\$53.36	\$99.81	\$45.89	\$48.87





- + TOTAL PLAN
- + FY24 vs FY23

State of Nevada PEBP							
FY2024							
Description	Grand Total	PPO					
Avg Members per Month	49,065	5,730	24,149	19,192			
Pct Members Utilizing Benefit	76.7%	82.6%	72.8%	80.3%			
Total Plan Cost	\$ 88,157,729	\$ 18,008,955	\$ 34,554,726	\$ 35,594,048			
Total Days	19,647,902	3,409,284	8,947,514	7,291,104			
Total Adjusted Rxs	746,853	126,270	340,521	280,062			
Plan Cost PMPM	\$ 149.73	\$ 261.91	\$ 119.24	\$ 154.55			
Plan Cost Net PMPM	\$ 99.27	\$ 178.45	\$ 77.25	\$ 103.31			
Plan Cost/Day	\$ 4.49	\$ 5.28	\$ 3.86	\$ 4.88			
Plan Cost per Adjusted Rx	\$ 118.04	\$ 142.62	\$ 101.48	\$ 127.09			
Nbr Rxs PMPM	1.27	1.84	1.18	1.22			
Generic Fill Rate	87.0%	86.3%	87.9%	86.1%			
Home Delivery Utilization	31.6%	32.3%	30.7%	32.5%			
Member Cost %	17.6%	14.7%	21.5%	15.0%			
Specialty Percent of Plan Cost	52.6%	52.9%	57.4%	47.7%			
Specialty Plan Cost PMPM	\$ 78.72	\$ 138.55	\$ 68.43	\$ 73.77			
Formulary Compliance Rate	99.5%	99.3%	99.7%	99.3%			





- + TOTAL PLAN
- + FY24 vs FY23

State of Nevada PEBP						
FY2024 - Grand Total						
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees	
Avg Members per Month	49,065	42,873	5,705	11	482	
Pct Members Utilizing Benefit	76.7%	75.5%	88.5%	90.9%	97.5%	
Total Plan Cost	\$ 88,157,729	\$ 69,070,336	\$ 16,997,355	\$ 276,750	\$ 1,813,287	
Total Days	19,647,902	14,705,145	4,332,070	8,565	602,122	
Total Adjusted Rxs	746,853	566,919	157,898	318	21,718	
Plan Cost PMPM	\$ 149.73	\$ 134.25	\$ 248.28	\$ 2,096.59	\$ 313.50	
Plan Cost Net PMPM	\$ 99.27	\$ 87.64	\$ 156.68	\$ 1,847.08	\$ 165.41	
Plan Cost/Day	\$ 4.49	\$ 4.70	\$ 3.92	\$ 32.31	\$ 3.01	
Plan Cost per Adjusted Rx	\$ 118.04	\$ 121.83	\$ 107.65	\$ 870.28	\$ 83.49	
Nbr Rxs PMPM	1.27	1.10	2.31	2.41	3.75	
Generic Fill Rate	87.0%	86.7%	87.8%	86.2%	87.9%	
Home Delivery Utilization	31.6%	29.4%	38.4%	89.8%	36.4%	
Member Cost %	17.6%	17.4%	18.5%	21.9%	17.0%	
Specialty Percent of Plan Cost	52.6%	52.9%	52.1%	93.8%	38.7%	
Specialty Plan Cost PMPM	\$ 78.72	\$ 71.02	\$ 129.25	\$ 1,966.00	\$ 121.47	
Formulary Compliance Rate	99.5%	99.4%	99.6%	100.0%	99.6%	



- + CDHP PLAN
- + FY24 vs FY23

State of Nevada PEBP						
FY2024 - CDHP						
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees	
Avg Members per Month	24,149	20,155	3,618	10	369	
Pct Members Utilizing Benefit	72.8%	70.5%	85.9%	50.0%	97.6%	
Total Plan Cost	\$ 34,554,726	\$ 23,847,934	\$ 9,264,292	\$ 149,764	\$ 1,292,735	
Total Days	8,947,514	5,928,965	2,543,557	1,945	473,047	
Total Adjusted Rxs	340,521	230,585	92,756	77	17,103	
Plan Cost PMPM	\$ 119.24	\$ 98.60	\$ 213.38	\$ 1,872.06	\$ 291.95	
Plan Cost Net PMPM	\$ 77.25	\$ 61.74	\$ 136.51	\$ 1,787.83	\$ 136.06	
Plan Cost/Day	\$ 3.86	\$ 4.02	\$ 3.64	\$ 77.00	\$ 2.73	
Plan Cost per Adjusted Rx	\$ 101.48	\$ 103.42	\$ 99.88	\$ 1,944.99	\$ 75.59	
Nbr Rxs PMPM	1.18	0.95	2.14	0.64	3.86	
Generic Fill Rate	87.9%	87.6%	88.7%	88.3%	87.4%	
Home Delivery Utilization	30.7%	27.2%	37.7%	96.2%	36.6%	
Member Cost %	21.5%	22.1%	20.2%	26.2%	18.2%	
Specialty Percent of Plan Cost	57.4%	57.7%	58.9%	99.6%	35.8%	
Specialty Plan Cost PMPM	\$ 68.43	\$ 56.89	\$ 125.74	\$ 1,865.10	\$ 104.52	
Formulary Compliance Rate	99.7%	99.6%	99.7%	100.0%	99.7%	



- + EPO PLAN
- + FY24 vs FY23

State of Nevada PEBP						
FY2024 - EPO						
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees	
Avg Members per Month	5,730	4,961	696	2	71	
Pct Members Utilizing Benefit	82.6%	81.5%	97.1%	100.0%	93.0%	
Total Plan Cost	\$ 18,008,955	\$ 13,813,801	\$ 3,932,983	\$ 14,080	\$ 248,092	
Total Days	3,409,284	2,591,306	738,247	3,246	76,485	
Total Adjusted Rxs	126,270	96,824	26,606	112	2,728	
Plan Cost PMPM	\$ 261.91	\$ 232.04	\$ 470.90	\$ 703.99	\$ 291.19	
Plan Cost Net PMPM	\$ 178.45	\$ 154.32	\$ 321.99	\$ 404.79	\$ 194.55	
Plan Cost/Day	\$ 5.28	\$ 5.33	\$ 5.33	\$ 4.34	\$ 3.24	
Plan Cost per Adjusted Rx	\$ 142.62	\$ 142.67	\$ 147.82	\$ 125.71	\$ 90.94	
Nbr Rxs PMPM	1.84	1.63	3.19	4.67	3.75	
Generic Fill Rate	86.3%	86.2%	86.3%	77.7%	89.4%	
Home Delivery Utilization	32.3%	31.2%	35.3%	99.0%	37.1%	
Member Cost %	14.7%	14.2%	16.5%	7.4%	16.3%	
Specialty Percent of Plan Cost	52.9%	53.3%	52.5%	0.0%	40.5%	
Specialty Plan Cost PMPM	\$ 138.55	\$ 123.66	\$ 247.17	\$ -	\$ 117.95	
Formulary Compliance Rate	99.3%	99.2%	99.5%	100.0%	99.0%	



- + PPO PLAN
- + FY24 vs FY23

State of Nevada PEBP						
FY2024 - PPO						
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees	
Avg Members per Month	19,192	17,757	1,391	3	42	
Pct Members Utilizing Benefit	80.3%	79.8%	91.5%	100.0%	104.8%	
Total Plan Cost	\$ 35,594,048	\$ 31,408,601	\$ 3,800,081	\$ 112,906	\$ 272,460	
Total Days	7,291,104	6,184,874	1,050,266	3,374	52,590	
Total Adjusted Rxs	280,062	239,510	38,536	129	1,887	
Plan Cost PMPM	\$ 154.55	\$ 147.40	\$ 227.66	\$ 3,136.27	\$ 540.60	
Plan Cost Net PMPM	\$ 103.31	\$ 98.41	\$ 126.42	\$ 2,574.77	\$ 373.95	
Plan Cost/Day	\$ 4.88	\$ 5.08	\$ 3.62	\$ 33.46	\$ 5.18	
Plan Cost per Adjusted Rx	\$ 127.09	\$ 131.14	\$ 98.61	\$ 875.24	\$ 144.39	
Nbr Rxs PMPM	1.22	1.12	2.31	3.58	3.74	
Generic Fill Rate	86.1%	86.1%	86.5%	92.2%	90.4%	
Home Delivery Utilization	32.5%	30.7%	42.4%	77.2%	33.4%	
Member Cost %	15.0%	14.9%	16.3%	17.0%	11.4%	
Specialty Percent of Plan Cost	47.7%	49.1%	34.9%	97.7%	51.1%	
Specialty Plan Cost PMPM	\$ 73.77	\$ 72.34	\$ 79.40	\$ 3,064.00	\$ 276.32	
Formulary Compliance Rate	99.3%	99.3%	99.4%	100.0%	100.0%	



